HealthPlan OF SAN MATEO
Healthy is for everyone

Formulary

Formulary is subject to change. All previous versions of this formulary are no longer in effect. You can view the most current HealthWorx formulary on our website at **https://www.hpsm.org/member/resources/handbooks**

For more details on HealthWorx HMO prescription benefits, visit our website at **https://www.hpsm.org/member/healthworx/prescriptions-pharmacies**

HealthWorx HMO

Formulary ID: 00017203
Formulary Version: 1

Effective Date: 01/01/2024

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ATTENTION: Over The Counter (OTC) prescriptions are excluded for Healthworx HMO

Our Member Services department Is Available to Help You

Call us at **1-800-750-4776** (toll free)
or **650-616-2133**

Hearing Impaired:
TTY 1-800-735-2929 or dial **7-1-1**

Monday-Friday:
Phone 8:00am-6:00pm
Office hours 8:00am-5:00pm

Large-print Request
If you would like a large-print copy of this book, please call Member Services

Privacy Statement
Health Plan of San Mateo ensures the privacy of your medical record. For questions and more information, please call Member Services.

Nuestra Unidad de Servicios al Miembro está disponible para ayudarlo

Llámenos al **1-800-750-4776** (número telefónico gratuito) o al **650-616-2133**

Miembros con dificultades auditivas:
TTY 1-800-855-3000 o marque el **7-1-1**

De lunes a Viernes:
Por teléfono 8:00am-6:00pm
Horario de oficina 8:00am-5:00pm

Solicitud de impresión en caracteres grandes
Si desea una copia de este manual en letra grande, llame al Departamento de Servicios al Miembro.

Declaración de privacidad
El Health Plan of San Mateo garantiza la privacidad de su registro médico. Si tiene alguna pregunta o desea obtener más información, llame a Servicios al Miembro.

我們的會員服務部可為您提供協助

請撥打我們的電話 **1-800-750-4776** (免費) 或 **650-616-2133**

有聽力障礙者：
TTY **1-800-735-2929** 或撥 **7-1-1**

星期一到星期五
電話：上午 8:00 至晚上 6:00
辦公室服務時間：上午 8:00 至下午 5:00

大字版需求
若您需要本手冊的大字版，請致電會員服務部

隱私權聲明
聖馬刁健康計劃 (HPSM) 會為您保密病歷資訊。如有疑問或需要更多資訊，請致電會員服務部

Handa kayong Tulungan ng aming Yunit para sa mga Serbisyo sa mga Miyembro

Tawagan kami sa **1-800-750-4776** (walang bayad) o sa **650-616-2133**

May Kapansanan sa Pandinig:
TTY **1-800-735-2929** o i-dial ang **7-1-1**

Lunes hanggang Biyernes
Telepono: 8:00 a.m. hanggang 6:00 p.m.
Mga oras ng opisina: 8:00 a.m. hanggang 5:00 p.m.

Paghiling para sa Pagkakalimbag na may Malalaking Letra
Kung gusto ninyong makakuha ng librong ito na malalaki ang mga letra sa pagkakalimbag, mangyaring tawagan ang mga Serbisyo para sa mga Miyembro

Pahayag tungkol sa pagiging pribado ng impormasyon
Tinitiyak ng Health Plan of San Mateo ang pagiging pribado ng inyong medikal na rekord. Para sa karagdagang katanungan at impormasyon, mangyaring tawagan ang Mga Serbisyo para sa mga Miyembro.

2024 Formulary

Covering HealthWorx HMO

Table of Contents:

Definitions

Term	Definition
Brand name drug	A drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
Coinsurance	A percentage of the cost of a covered health care benefit that a member pays after the member has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit?
Copayment	A fixed dollar amount that a member pays for a covered health care benefit after the member has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
Deductible	The amount a member pays for covered health care benefits before the member's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
Drug Tier	A group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the member's portion of the cost for the drug.
Member	A person enrolled in a health plan who is entitled to receive services from the plan. All references to members in this formulary template shall also include subscribers as defined in this section below.
Exception request	A request for coverage of a prescription drug. If a member, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the member's condition.
Exigent circumstances	When a member is suffering from a health condition that may seriously jeopardize the member's life, health, or ability to regain maximum function, or when a member is undergoing a current course of treatment using a non-formulary drug.
Formulary	The complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.
Generic drug	The same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.
Non-formulary drug	A prescription drug that is not listed on the health plan's formulary.
Out-of-pocket costs	All costs for health care services that are not covered by the health plan. Examples include copayments, coinsurance, and the applicable deductibles.
Prescribing provider	A health care provider authorized to write a prescription to treat a medical condition for a health plan member.

Prescription	An oral, written, or electronic order by a prescribing provider for a specific member that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, and the signature of the prescribing provider if the prescription is in writing, and if requested by the member, the medical condition or purpose for which the drug is being prescribed.
Prescription drug	A drug that is prescribed by the member's prescribing provider and requires a prescription under applicable law.
Prior Authorization	A health plan's requirement that the member or the member's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the member to obtain the drug.
Step Therapy	A process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the member to try one or more drugs to treat the member's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the member's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.
Subscriber	The person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Health Plan of San Mateo
HealthWorx HMO Medication Formulary

Introduction

What is a formulary?

A formulary is a complete list of medications covered by Health Plan of San Mateo (HPSM). The drugs on the formulary have been evaluated to ensure they are safe, effective and economical. This formulary is also available online at www.hpsm.org/member view-my-medication-benefits. Both brand name drugs and generic drugs are included on the formulary. Note: Not every brand name drug has a generic equivalent (equal), but if it is available, the use of the generic equivalent drug is required.

The prescription drugs listed on this formulary apply to members of the HealthWorx HMO program. Please note that HPSM will not cover certain over-the- counter (OTC) medications for members in the HealthWorx HMO program. Please refer to the Evidence of Coverage (EOC) handbooks for OTC items that are not covered by HPSM.

Use the formulary as reference material

The formulary is to help you understand what drugs are covered by HPSM. It will help you to be more involved in your health care choices. Use it as a quick reference and a reminder. If you have any questions, please call a Member Service Representative at **1-800-750-4776** or **650-616-2133**.

How often is the formulary updated?

The formulary can change as often as monthly. These changes include, but are not limited, adding or removing drugs from the formulary or changing other restrictions such as quantity limits, prior authorization, or step therapy requirements. HPSM will notify you by mail if any changes affect you. You may also find out about the most recent updates on our website at www.hpsm.org/drug-benefits or call a Member Service Representative at **1-800-750-4776** or **650-616-2133**.

How to look for your drugs in the formulary

There are three ways to find your drug in the formulary:

1. **By medical condition:** The formulary begins on page 2. The drugs in this formulary are grouped based on the U.S. Pharmacopeial Convention (USP) which is related to the type of medical conditions they are used to treat. For example, drugs used for pain are listed under the category “Analgesics.” If you know what your drug is used for, look for the category name in the list that begins on page 2 for your drug.

2. **By alphabetical listing:** If you are not sure what category of medical condition to look under, you can look for your drug in the Index that follows the covered drug list pages. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed. If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name.

    a. Look in the Index and find your drug.

    b. Next to your drug, you will see the page number where you can find coverage information.

c. Turn to the page listed in the Index and look for the name of your drug in the first column of the list.

The formulary will also have separate columns for drugs that have restrictions such as prior authorizations, quantity limits, step therapy requirements, and Code 1 restrictions. The meaning of quantity limits and step therapy, and Code 1 restrictions are described below. For a full list of formulary restrictions, along with their descriptions, please refer to Page 1.

- Prior Authorization (PA): Some drugs require you (or your physician) to get a prior authorization before you fill your prescription for this drug. Without prior approval, this drug may not be covered.
- Quantity limits (QL): For certain drugs, HPSM limits the amount of the drug that it will cover. For example, HPSM provides 9 tablets per prescription for SUMATRIPTAN 50 mg. This may be in addition to a standard one month or three-month supply.
- Step therapy (ST): In some cases, HPSM requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, HPSM may not cover drug B unless you try Drug A first. If Drug A does not work for you, HPSM will then cover Drug B.
- Code 1 restriction (*): For certain drugs HPSM restricts the use to a specified condition (diagnosis) or specified criteria. For example, diclofenac sodium (generic for Voltaren) tablet is covered for "use in arthritis only."

Please Note: The presence of a drug on the formulary does not guarantee that a member will be prescribed that drug by his or her prescribing provider for a particular medical condition.

What is an outpatient prescription drug benefit and what is covered under this?

Outpatient prescription drug benefit coverage generally includes those drugs, devices, and FDA-approved products that you fill at a retail pharmacy or by mail through a mail-order pharmacy. In order to obtain coverage through your outpatient prescription drug benefit, you will need a prescription from your doctor before having it filled at any network pharmacy. The formulary is a list of drugs which can be covered under the outpatient prescription drug benefit unless otherwise noted that it is covered under the medical benefit.

Filling prescriptions

If you are filling or refilling a prescription, you must get your prescribed drugs from a network pharmacy which is a pharmacy that works with HPSM. You can find a list of network pharmacies in the HPSM Provider Directory at www.hpsm.org/directory-search. You can also find a pharmacy near you by calling **1-800-750-4776** (TTY **1-800-735-2929** or dial **7-1-1**).

Once you choose a pharmacy, take your prescription to the pharmacy. Give the pharmacy your prescription with your HPSM ID card. Make sure the pharmacy knows about all medications you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.

What is a medical benefit drug versus a drug covered under the outpatient prescription drug benefit?

Drugs covered under the medical benefit usually include those drugs that are not generally self-administered and are instead administered by a healthcare professional. Drugs covered under the outpatient prescription drug benefit usually include drugs that are self-administered such as oral or self-injectable drugs, not otherwise excluded from coverage. To obtain coverage of drugs covered under the medical benefit, please have your doctor submit a Prior Authorization Request form and fax it to **650-829-2079.** The Prior Authorization Request form can be found online at www.hpsm.org/provider-forms.

What if my prescription is not on the formulary?

If your doctor prescribes a drug not found in the formulary, your pharmacist can call your doctor. The doctor may either change the prescription to another drug already on the formulary. The doctor may also submit a Prescription Drug Prior Authorization or Step Therapy Exception Request form to HPSM to request the non- formulary drug. See a copy of a Prescription Drug Prior Authorization or Step Therapy Exception Request form on page viii. In most circumstances, HPSM will review and decide on these requests within 72 hours if they are non-urgent and within 24 hours if they are urgent. If HPSM fails respond within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request will be approved. A copy of the form is also available online at www.hpsm.org/provider-forms. Completed forms should be faxed to Pharmacy Services, Health Plan of San Mateo at 650-829-2045.

Bring the formulary with you to doctor appointments to avoid problems when you take your prescription to the pharmacy. Check the formulary to make sure the drug your doctor prescribes is on the list before you leave the doctor's office. If it is not, you can tell the doctor right away so that he or she can decide whether or not to change the prescription to another drug that has the same effect and is on the formulary.

Member's right to file an appeal and/or a complaint (or grievance)

If you are denied a request for a non-formulary drug or a step therapy exception, and if you or your doctor disagree with our decision, you can appeal. An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.

If you have a problem or are unhappy with services you are receiving from HPSM or a provider, you can file a complaint (or grievance).

You can file an appeal or compliant (or grievance) by phone, in writing or online.

If you have any question, you can contact HPSM Member Services at **1-800-750-4776** (TTY **1-800-735-2929** or dial **7-1-1**) between Monday through Friday, 8:00 a.m. to 6:00 p.m. or you can also read Section 8 of the HealthWorx HMO Evidence of Coverage www.hpsm.org/member/resources to learn how to appeal a decision and file a complaint.

Member's right to step therapy exceptions

When there is more than one drug that is appropriate for the treatment of a medical condition, HPSM may require step therapy. Step therapy is a process which requires a member try one or more drugs first before the health plan covers a particular drug. If you or your doctor do not feel that these requirements are appropriate for you, you can ask for an exception to the step therapy requirement.

Exceptions to the step therapy requirement can also be granted if you are currently on the medication and are new to HPSM and you and/or your doctor feel that the drug is safe and effective for the treatment of your condition. To request for a step therapy exception, your doctor needs to submit a Prescription Drug Prior Authorization or Step Therapy Exception Request form to HPSM and fax the completed form to **650-829-2045**. A copy of the form is provided on page viii and also available online at www.hpsm.org/provider-forms.

Member's right to continuity of care

A health plan my not limit or exclude coverage for a drug if the health plan previously approved coverage of the drug for the member's medical condition and the prescriber provider continues to prescribe the drug for the medical condition, provided the drug is appropriately prescribed and safe and effective for treating the member's medical condition.

How much will I pay for my medications?

Members have to pay a copayment for their medications. Please refer to the most recent version of the Evidence of Coverage (EOC) available at www.hpsm.org/member/resources to find out the copayments for brand drug and generic drugs.

Are there any limits on cost sharing for orally administered anti-cancer drugs by the health plan?

Members have to pay a copayment for their medications. Please refer to the most recent version of the Evidence of Coverage (EOC) available at www.hpsm.org/member/resources to find out the copayments for brand drug and generic drugs.

For More Information

For more detailed information about pharmacy benefits, drugs covered under the medical benefit, copayment amounts, or the formulary and how to submit prior authorizations and step therapy exceptions requests, please review your Member Handbook. You can also call HPSM Member Services at:

Phone: **1-800-750-4776** or **650-616-2133**

Call Center Hours: Monday through Friday, 8:00 a.m. to 6:00 p.m. Office Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m.

Members with hearing or speech impairments can use the California Relay Service (CRS) at **1-800-735-2929** (TTY) or dial **7-1-1**.

HealthPlan OF SAN MATEO
Healthy is for everyone

Prescription Drug Prior Authorization or Step Therapy Exception Request Form

Plan/Medical Group Name: _ Plan/Medical Group Phone#: _

Plan/Medical Group Fax#: Non Urgent ☐ Exigent Circumstances ☐

Instructions: Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization or step-therapy exception request.
Information contained in this form is Protected Health Information under HIPAA.

Patient Information: This must be filled out completely to ensure HIPAA compliance

First Name:	Last Name:	MI:	Phone Number:
Address: ☐	City:	State:	Zip Code:
Date of Birth:	☐ Male ☐ Female	Circle unit of measure Height (in/cm):_____ Weight (lb/kg):_____	Allergies:
Patient's Authorized Representative (if applicable):		Authorized Representative Phone Number:	

Insurance Information

Primary Insurance Name:	Patient ID Number:
Secondary Insurance Name:	Patient ID Number:

Prescriber Information

First Name:	Last Name:	Specialty:	
Address:	City:	State:	Zip Code:
Requestor (if different than prescriber):		Office Contact Person:	
NPI Number (individual):		Phone Number:	
DEA Number (if required):		Fax Number (in HIPAA compliant area):	

Email Address:

Medication / Medical and Dispensing Information

Medication Name:

☐ ☐ ☐

New Therapy Renewal Step Therapy Exception Request

If Renewal: Date Therapy Initiated: Duration of Therapy (specific dates):

How did the patient receive the medication?

☐ Paid under Insurance Name:_____ Prior Auth Number (if known):_____

Other (explain):

Dose/Strength:	Frequency:	Length of Therapy/#Refills:	Quantity:

Administration:

☐ Oral/SL ☐ Topical ☐ Injection ☐ IV ☐ Other:

Administration Location:	☐ Patient's Home	☐ Long Term Care
☐ Physician's Office	☐ Home Care Agency	☐ Other (explain):_____
☐ Ambulatory Infusion Center	☐ Outpatient Hospital Care	_____

Prescription Drug Prior Authorization or Step Therapy Exception Request Form

Patient Name:	ID#:

Instructions: Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization or step therapy exception request.

1. Has the patient tried any other medications for this condition? ☐ **YES (if yes, complete below)** ☐ **NO**

Medication/Therapy (Specify Drug Name and Dosage)	**Duration of Therapy** (Specify Dates)	**Response/Reason for Failure/Allergy**

2. List Diagnoses:	**ICD-10:**

3. <u>Required clinical information</u> - Please provide all relevant clinical information to support a prior authorization step therapy exception request review.

Please provide symptoms, lab results with dates and/or justification for initial or ongoing therapy or increased dose and if patient has any
contraindications for the health plan/insurer preferred drug. Lab results with dates must be provided if needed to establish diagnosis, or evaluate response. Please provide any additional clinical information or comments pertinent to this request for coverage, including information related to exigent circumstances, or required under state and federal laws.

☐

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan, insurer, Medical Group or its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature:_____ **Date**:_____

Plan Use Only: Date of Decision:_____

☐ Approved ☐ Denied Comments/Information Requested: _____

Lista de medicamentos aprobados 2024

Correspondiente a HealthWorx HMO

Índice:

Definiciones

Término	Definición
Medicamento de marca	Un medicamento que se comercializa bajo un nombre patentado y protegido como marca registrada. El medicamento de marca aparecerá todo en letras MAYÚSCULAS.
Coseguro	Un porcentaje del costo de un beneficio de atención médica cubierto que un miembro paga después de que el miembro ha pagado el deducible, si se aplica un deducible al beneficio de atención médica, por ejemplo el beneficio de medicamentos recetados.
Copago	Una cantidad fija de dinero que un miembro paga por un beneficio de atención médica cubierto después de que el miembro ha pagado el deducible, si se aplica un deducible al beneficio de atención médica, por ejemplo el beneficio de medicamentos recetados.
Deducible	La cantidad que un miembro paga por los beneficios de atención médica cubiertos antes de que el plan de salud del miembro comience a pagar la totalidad o parte del costo del beneficio de atención médica según los términos de la póliza.
Nivel del medicamento	Un grupo de medicamentos con receta que corresponde a un nivel de costo compartido especificado en la cobertura de medicamentos con receta del plan de salud. El nivel en el que se coloca un medicamento recetado determina la parte del costo del medicamento que le corresponde al miembro.
Miembro	Una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a los miembros en esta plantilla de la lista de medicamentos aprobados también incluirán a suscriptores según se define en esta sección a continuación.
Solicitud de excepción	Una solicitud de cobertura de un medicamento con receta. Si un miembro, una persona que este designe, o el proveedor de atención médica que le emitió una receta presentan una solicitud de excepción para la cobertura de un medicamento con receta, el plan de salud debe cubrir el medicamento recetado cuando se determine que este es médicamente necesario para tratar la afección del miembro.
Circunstancias urgentes	Cuando un miembro padece una afección de salud que puede poner en grave peligro su vida, su salud o su capacidad para recuperar la función máxima, o cuando un miembro se somete a un tratamiento con un medicamento que no figura en la lista de medicamentos aprobados.
Lista de medicamentos aprobados	La lista completa de medicamentos preferentes para su uso y elegibles para cobertura bajo un producto del plan de salud, e incluye todos los medicamentos cubiertos bajo el beneficio de medicamentos con receta para pacientes ambulatorios del producto del plan de salud. La lista de medicamentos aprobados también se conoce con el nombre de “formulary” en inglés.
Medicamento genérico	El mismo medicamento que su equivalente de marca en dosis, seguridad, concentración, cómo se toma, calidad, desempeño y uso previsto. Un medicamento genérico aparece en letras minúsculas en negrita y cursiva.

Medicamento que no se encuentra en la lista	Un medicamento con receta que no figura en la lista de medicamentos aprobados del plan de salud.
Costos de desembolso	Todos los costos por servicios de atención médica que no están cubiertos por el plan de salud. Entre los ejemplos se cuentan los copagos, el coseguro y los deducibles aplicables.
Proveedor que emite recetas médicas	Un proveedor de atención médica autorizado para escribir una receta médica para tratar una afección médica de un miembro del plan de salud.
Receta médica	Una orden verbal, escrita o en formato electrónico de un proveedor que emite recetas para un miembro específico que contiene el nombre del medicamento con receta, la cantidad del medicamento con receta, la fecha de emisión, el nombre y la información de contacto del proveedor que receta, y la firma del proveedor que receta si la receta es por escrito y, si el miembro lo solicita, la afección médica o el propósito para el cual se receta el medicamento.
Medicamento con receta	Un medicamento que es recetado por el proveedor que emite recetas del miembro y que requiere una receta según la ley aplicable.
Autorización previa	El requisito de un plan de salud de que el miembro o el proveedor que emite recetas del miembro obtenga la autorización del plan de salud para un medicamento con receta antes de que el plan de salud cubra el medicamento. El plan de salud otorgará una autorización previa cuando sea médicamente necesario que el miembro obtenga el medicamento.
Terapia de pasos	Un proceso que especifica la secuencia en la que se recetan diferentes medicamentos con receta para una afección médica determinada y médicamente apropiados para un paciente en particular. El plan de salud puede requerir que el miembro pruebe uno o más medicamentos para tratar la afección médica del miembro antes de que el plan de salud cubra un medicamento en particular para la afección de conformidad con una solicitud de terapia de pasos. Si el proveedor que emite recetas del miembro presenta una solicitud de excepción de terapia de pasos, el plan de salud hará excepciones a la terapia de pasos cuando se cumplan los criterios.
Suscriptor	La persona responsable del pago a un plan o cuyo empleo u otra situación, a excepción de la dependencia familiar, es el fundamento para la elegibilidad para la membresía en el plan.

Health Plan of San Mateo
Lista de medicamentos aprobados de HealthWorx HMO

Introducción

¿Qué es una lista de medicamentos aprobados?

Es una lista completa de medicamentos cubiertos por Health Plan of San Mateo (HPSM). Los medicamentos de esta lista han sido evaluados para asegurar que sean seguros, eficaces y económicos. Esta lista de medicamentos aprobados también está disponible por Internet en www.hpsm.org/member view-my-medication-benefits. En la lista de medicamentos aprobados se incluyen tanto medicamentos de marca como medicamentos genéricos. Tome en cuenta: No todos los medicamentos de marca tienen un equivalente genérico (igual), pero si está disponible, se requiere el uso del medicamento genérico equivalente.

Los medicamentos detallados en la lista de medicamentos aprobados se aplican a los miembros del programa HealthWorx HMO. Tenga en cuenta que HPSM no cubrirá ciertos medicamentos sin receta médica (OTC, por sus siglas en inglés) para miembros del programa HealthWorx HMO. Por favor, consulte los manuales de Evidencia de obertura (EOC, por sus siglas en inglés) en cuanto a los artículos OTC que no están cubiertos por HPSM.

Use la lista de medicamentos aprobados como material de referencia

La lista de medicamentos aprobados tiene como fin ayudarle a comprender qué medicamentos están cubiertos por HPSM. Le ayudará a participar más en sus elecciones de cuidado de la salud. Úsela como una referencia rápida y como un recordatorio. Si tiene alguna pregunta, llame a un representante de Servicios al miembro al **1-800-750-4776** o al **650-616-2133**.

¿Con qué frecuencia se actualiza la lista de medicamentos aprobados?

La lista de medicamentos aprobados puede cambiar con una frecuencia mensual. Estos cambios incluyen, entre otros, agregar o quitar medicamentos de la lista de medicamentos aprobados o cambiar otras restricciones, por ejemplo límites de cantidad y requisitos de autorización previa o de terapia de pasos. HPSM le notificará por correo si algún cambio le afecta a usted. También puede encontrar información sobre las actualizaciones más recientes en nuestro sitio web, www.hpsm.org/drug-benefits,
o llame a un representante de Servicios al miembro al **1-800-750-4776** o al **650-616-2133**.

Cómo buscar sus medicamentos en la lista de medicamentos aprobados

Hay tres maneras de buscar su medicamento en esta lista:

1. **Por condición médica:** La lista de medicamentos aprobados comienza en la página 2. Los medicamentos en esta lista de medicamentos aprobados se agrupan de conformidad con la Convención de Farmacopeas de Estados Unidos (USP) que se relaciona con el tipo de afecciones médicas para cuyo tratamiento se utilizan estos medicamentos. Por ejemplo, los medicamentos administrados para calmar el dolor se mencionan dentro de la categoría “analgésicos”. Si usted sabe para qué se usa su medicamento, busque el nombre de esa categoría en la lista que comienza en la página 2 para encontrar su medicamento.

2. **Por orden alfabético:** Si no está seguro en qué categoría de condición médica buscar, puede buscar su medicamento en el Índice que sigue a las páginas que listan los medicamentos cubiertos. El Índice proporciona un listado alfabético de todos los medicamentos incluidos en este documento. Se incluyen tanto medicamentos de marca como medicamentos genéricos. Si un equivalente genérico para un medicamento de marca no está disponible o no está cubierto, el medicamento no se incluirá por separado por su nombre genérico.

    a. Busque en el Índice y encuentre su medicamento.
    b. Junto a su medicamento encontrará el número de página donde puede localizar la información de cobertura.
    c. Vaya a la página indicada en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

La lista de medicamentos aprobados también tendrá columnas separadas para los medicamentos que tienen restricciones tales como autorizaciones previas, límites de cantidad, requisitos de terapia de pasos y restricciones del Código 1. El significado de límites de cantidad, terapia de pasos y restricciones del Código 1 se indica a continuación. Para obtener una lista completa de las restricciones de la lista de medicamentos aprobados, junto con sus descripciones, consulte la página 1.

- Autorización previa (PA): Para algunos medicamentos se requiere que usted (o su médico) obtengan una autorización previa antes de que le puedan surtir su receta de estos medicamentos. Sin aprobación previa, es posible que no se cubra este medicamento.
- Límites de cantidad (QL): Para ciertos medicamentos, HPSM limita la cantidad de medicamento que cubrirá. Por ejemplo, HPSM proporciona 9 tabletas por receta de SUMATRIPTÁN 50 mg. Esto puede agregarse al suministro estándar de uno o tres meses.
- Terapia de pasos (ST): En algunos casos, HPSM requiere que usted primero pruebe ciertos medicamentos para tratar su condición médica antes de que nosotros cubramos otro medicamento para esa condición. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan su condición médica, HPSM podría no cubrir el Medicamento B, a menos que primero pruebe el Medicamento A. Si el Medicamento A no es efectivo en su caso, HPSM cubrirá entonces el Medicamento B.
- Restricción de Código 1 (*): Para ciertos medicamentos, HPSM restringe su uso a una condición (diagnóstico) o criterios específicos. Por ejemplo, la tableta de diclofenaco sódico (nombre genérico de Voltaren) está cubierta para “uso con artritis únicamente”.

Por favor, tenga en cuenta lo siguiente: La presencia de un medicamento en la lista de medicamentos aprobados no garantiza que el proveedor de un miembro le recetará ese medicamento para una condición médica específica.

¿Qué es un beneficio de medicamentos con receta para pacientes ambulatorios y qué es lo que cubre?

La cobertura del beneficio de medicamentos con receta para pacientes ambulatorios generalmente incluye aquellos medicamentos, dispositivos y productos aprobados por la FDA que se surten en una farmacia minorista o por correo a través de una farmacia de pedidos por correo. Para obtener cobertura a través de su beneficio de medicamentos con receta para pacientes ambulatorios, usted necesitará una receta de su médico para que se la surtan en cualquier farmacia de la red. La lista de medicamentos aprobados es una lista de los medicamentos que pueden estar cubiertos por el beneficio de medicamentos con receta para pacientes ambulatorios, a menos que se indique que están cubiertos por el beneficio médico.

Surtido de recetas

Si necesita que le surtan o resurtan una receta, debe obtener sus medicamentos en una farmacia de la red, es decir, una farmacia que trabaja con HPSM. Puede encontrar una lista de farmacias de la red en el Directorio de proveedores de HPSM en www.hpsm.org/directory-search. También puede encontrar una farmacia cerca de usted llamando al **1-800-750-4776** (TTY **1-800-855-3000** o marcar **7-1-1**).

Una vez que elija una farmacia, lleve su receta a la farmacia. Presente la receta con su tarjeta de identificación de HPSM. Asegúrese de que la farmacia sepa cuáles son todos los medicamentos que está tomando y cualquier alergia que tenga. Si tiene alguna pregunta sobre su receta, asegúrese de preguntarle al farmacéutico.

¿Qué es un medicamento de beneficio médico comparado con un medicamento cubierto por el beneficio de medicamentos con receta para pacientes ambulatorios?

Los medicamentos cubiertos por el beneficio médico suelen incluir aquellos medicamentos que generalmente no se autoadministran y, en cambio, son administrados por un profesional de la salud. Los medicamentos cubiertos por el beneficio de medicamentos con receta para pacientes ambulatorios suelen incluir medicamentos autoadministrables, como los medicamentos orales o autoinyectables, que no están excluidos de la cobertura. Para obtener cobertura de medicamentos cubiertos por el beneficio médico, solicite a su médico que envíe un formulario de solicitud de autorización previa por fax al **650-829-2079**. El formulario de solicitud de autorización previa se puede encontrar por Internet en www.hpsm.org/provider-forms.

¿Qué ocurre si mi medicamento con receta no aparece en la lista de medicamentos aprobados?

Si su médico le receta un medicamento que no está en la lista de medicamentos aprobados, su farmacéutico puede llamar a su médico. El médico puede cambiar la receta médica por otro medicamento que ya esté en la lista de medicamentos aprobados. El médico también puede enviar a HPSM un formulario de solicitud de Autorización previa de medicamentos con receta o de Excepción de terapia de pasos para solicitar el medicamento que no aparece en la lista. Vea una copia de un formulario de solicitud de Autorización previa de medicamentos con receta o de Excepción de terapia de pasos en la página viii. En la mayoría de los casos, HPSM revisará y tomará una decisión sobre estas solicitudes en un plazo de 72 horas si se trata de un caso no urgente, y de 24 horas si es urgente.

Si HPSM no responde dentro de las 72 horas de haber recibido una solicitud no urgente y dentro de las 24 horas después de recibir una solicitud basada en circunstancias urgentes, la solicitud será aprobada. También están disponibles en línea copias de los formularios en www.hpsm.org/provider-forms. Los formularios completos se deben enviar por fax a Servicios de farmacia, Health Plan of San Mateo, al **650-829-2045**.

Lleve la lista de medicamentos aprobados con usted a las citas con el médico para evitar problemas cuando lleve su receta a la farmacia. Antes de retirarse del consultorio médico, revise la lista para asegurarse de que esta incluya el medicamento que su médico le haya recetado. Si no lo incluye, puede decírselo a su médico en ese mismo momento para que decida si cambia o no la receta médica por otro medicamento que tenga el mismo efecto y que esté incluido en el formulario.

Derecho del miembro a presentar una apelación y/o una queja (o reclamación)

Si se le niega una solicitud de un medicamento que no figura en la lista de medicamentos aprobados o una excepción de terapia de pasos, y usted o su médico no están de acuerdo con nuestra decisión, puede apelar. Una apelación es una manera formal de pedirnos que evaluemos una decisión que hemos tomado acerca de su cobertura y la cambiemos si usted considera que hemos cometido un error.

Si tiene un problema o no está satisfecho con los servicios que recibe de HPSM o de un proveedor, puede presentar una queja (o reclamación).

Puede presentar una apelación o queja (o reclamación) por teléfono, por escrito o por Internet.

Si tiene alguna pregunta, puede comunicarse con Servicios al miembro de HPSM al **1-800-750-4776** (TTY **1-800-855-3000** o marcar **7-1-1**) de lunes a viernes, de 8:00 a.m. a 6:00 a.m. p.m., o también puede leer la Sección 8 de la Evidencia de cobertura de HealthWorx HMO, en www.hpsm.org/member/resources para informarse sobre cómo apelar una decisión y presentar una queja.

Derecho del miembro a excepciones de terapia de pasos

Cuando existe más de un medicamento apropiado para el tratamiento de una afección médica, HPSM puede requerir la terapia de pasos. La terapia de pasos es un proceso que requiere que un miembro pruebe uno o más medicamentos antes de que el plan de salud cubra un medicamento en particular. Si usted o su médico no consideran que estos requisitos son apropiados para usted, pueden solicitar una excepción al requisito de terapia de pasos. También se pueden otorgar excepciones al requisito de terapia de pasos si actualmente está tomando el medicamento y es nuevo en HPSM, y usted y/o su médico consideran que el medicamento es seguro y eficaz para el tratamiento de su afección. Para solicitar una excepción de terapia de pasos, su médico debe enviar a HPSM un formulario de solicitud de Autorización previa de medicamentos con receta o de Excepción de terapia de pasos, enviando el formulario completo por fax al **650-829-2045**. En la página viii se proporciona una copia del formulario y también está disponible en línea en www.hpsm.org/provider-forms.

Derecho del miembro a la continuidad de la atención

Un plan de salud no puede limitar o excluir la cobertura de un medicamento si el plan de salud aprobó previamente la cobertura del medicamento para la afección médica del miembro y el proveedor que emite la receta continúa recetando el medicamento para la afección médica, siempre que el medicamento se recete de manera adecuada y sea seguro y eficaz para tratar la condición médica del miembro.

¿Cuánto pagaré por mis medicamentos?

Los miembros deben realizar un copago por sus medicamentos. Consulte la versión más reciente de la Evidencia de cobertura (EOC) disponible en www.hpsm.org/member/ resources para enterarse de los copagos en medicamentos de marca y medicamentos genéricos.

¿Existe algún límite que el plan de salud imponga en el costo compartido de los medicamentos contra el cáncer administrados por vía oral?

Los miembros deben realizar un copago por sus medicamentos. Consulte la versión más reciente de la Evidencia de cobertura (EOC) disponible en www.hpsm.org/member/ resources para enterarse de los copagos en medicamentos de marca y medicamentos genéricos.

Para más información

Para obtener información más detallada sobre los beneficios de farmacia, los medicamentos cubiertos por el beneficio médico, las cantidades copago o la lista de medicamentos aprobados y cómo presentar solicitudes de autorización previa y de excepción de terapia de pasos, revise su Manual del miembro. También puede llamar a Servicios al iembro de HPSM:

Teléfono: **1-800-750-4776** o **650-616-2133**

Horas del centro de atención telefónica: de lunes a viernes, de 8:00 a.m. a 6:00 p.m.
Horario de oficina: de lunes a viernes, de 8:00 a.m. a 5:00 p.m.

Los miembros con dificultades auditivas o del habla pueden utilizar el California Relay Service (CRS) llamando al **1-800-855-3000** (TTY) o marcar el **7-1-1**.

2024 年藥方集

適用於 HealthWorx HMO 計劃

目錄：

字詞定義

字詞	定義
專利藥(Brand name drug)	使用受專利商標保護的名稱在市場上銷售的藥物。專利藥以全大寫字母列出。
共同保險費(Coinsurance)	當會員達到自付額後，應為一項健康護理承保福利支付的費用百分比(若此健康護理福利(如處方藥福利) 有自付額)。
共付金(Copayment)	當會員達到自付額後，應為一項健康護理承保福利支付的固定金額(若此健康護理福利(如處方藥福利) 有自付額)。
自付額(Deductible)	在健康計劃開始根據本保單條款為健康護理承保福利支付全部或部分費用以前，會員必須為這些健康護理福利支付的金額。
藥物層級(Drug Tier)	在健康計劃承保的處方藥中，一組對應至特定分攤費用層級的處方藥。一種處方藥的所屬層級，決定了會員應為此藥物支付的費用份額。
會員(Member)	註冊加入一項健康計劃並有權獲得該計劃服務的人。本藥方集範本中所指的會員亦包括以下定義的投保人。
破例要求(Exception request)	要求健康計劃承保一種處方藥。如果一名會員、其指定代理人或開立處方的健康護理提供者對一種處方藥的承保提出破例要求，當該藥物被認定為治療該會員的病症在醫療上必須時，則健康計劃必須承保該處方藥。
特殊狀況(Exigent circumstances)	當一名會員出現可能嚴重危及生命、健康或恢復最大功能之能力的健康狀況時，或者當一名會員正在使用非藥方集藥物進行治療時。
藥方集(Formulary)	健康計劃偏好使用且符合其承保條件的完整藥物清單，其中包括該健康計劃的門診處方藥福利所承保的所有藥物。藥方集亦稱為處方藥清單。
非專利藥(Generic drug)	在劑量、安全性、強度、用法、品質、成效和適應症等方面均和專利藥相當的藥物。非專利藥以粗體和斜體小寫字母列出。
非藥方集藥物(Non-formulary drug)	健康計劃的藥方集中未列出的處方藥。
自付費用(Out-of-pocket costs)	健康計劃不予承保的所有健康護理服務費用。例如：共付金、共同保險費、適用的自付額。
藥方開立者(Prescribing provider)	經授權可開立處方單，以便為一名健康計劃會員治療其醫療狀況的健康護理提供者。
處方(Prescription)	由藥方開立者下達的口頭、書面或電子醫囑。書面處方包含：處方藥名稱、開立的藥物數量、開立日期，以及藥方開立者的姓名、聯絡資訊和簽名。若是依會員要求開立處方還會註明開立該藥物所要治療的醫療狀況或目的。

處方藥(Prescription drug)	由會員的藥方開立者開立，且相關法律規定必須要有處方才能提供的的藥物。
事先授權(Prior Authorization)	健康計劃可能要求在承保一種處方藥之前，會員或會員的藥方開立者必須先取得該健康計劃對此藥物的授權。如果會員在醫療上必須取得該藥物，則健康計劃會准予
循序用藥(Step Therapy)	針對幾種治療同樣醫療狀況，且在醫療上適合特定病人的處方藥指定開立順序的一項程序。健康計劃可能要求會員先試用一種或多種藥物治療其醫療狀況，然後才根據循序用藥要求，承保某種可治療該病症的特定藥物。如果會員的藥方開立者提出
投保人(Subscriber)	負責向健康計劃付費的人，或者其受僱或其他狀態(受撫養家屬除外) 是該計劃入會資格依據的人。

聖馬刁健康計劃
HealthWorx HMO 計劃藥方集
簡介

何謂藥方集？

藥方集是聖馬刁健康計劃(HPSM) 承保的完整藥物清單。藥方集上的藥物均經過評估，以確保這些藥物安全、有效且經濟實惠。

藥方集亦可上網瀏覽，網址：www.hpsm.org/member view-my-medication-benefits。藥方集包含了專利藥或非專利藥。請注意：並非所有專利藥都有非專利藥版本(等效)；但如果有的話，必須使用等效的非專利藥。

此藥方集所列處方藥適用於HealthWorx HMO 計劃會員。請注意，聖馬刁健康計劃(HPSM) 不為HealthWorx HMO 計劃會員承保某些非處方藥 (OTC)。要了解聖馬刁健康計劃(HPSM) 不承保哪些非處方藥，請參閱「承保說明」(EOC) 手冊。

本藥方集為參考資料

本藥方集旨在幫助您了解聖馬刁健康計劃(HPSM) 承保哪些藥物，讓您更深入參與自己的健康護理選擇。請將本藥方集作為快速參考和提醒資料使用。若有任何疑問，請與會員服務代表聯絡，電話是**1-800-750-4776** 或**650-616-2133**。

藥方集多常更新？

藥方集最常可能每月修訂。這些修訂包括(但不限於) 從藥方集中增加或移除藥物，或者變更其他限制，如數量限制、事先授權或循序用藥要求。如有任何修訂會影響到您，聖馬刁健康計劃(HPSM) 將寄信 通知。您可以上我們的網站www.hpsm.org/drug-benefits 查看最新更新，或致電會員服務代表：**1-800-750-4776** 或**650-616-2133**。

如何在藥方集中尋找您的藥物

您可以三種方法在藥方集中尋找藥物：

1. **按醫療狀況：**藥方集從第2 頁開始。此藥方集中的藥物根據《美國藥典》(U.S.Pharmacopeial Convention, USP) 依適應症分類。例如，疼痛所用的藥物列於「止痛藥」(Analgesics) 類別中。若知道藥物用途，可從第2 頁開始的清單中尋找藥物類別名稱，

2. **按字母排列：**如果您不確定要在哪個醫療狀況類別中尋找，則可在承保藥物列表頁面後的索引中尋找您的藥物。
   索引會按字母順序列出本文件中包含的所有藥物，不論是專利藥或非專利藥均可找到。如果一種專利藥 沒有等效的非專利版本，或者非專利版本不受承保，則該藥物不會另外列出非專利名稱。

a. 從索引中找到您的藥物名稱。

b. 藥物旁邊列有承保資訊所在的頁碼。

c. 翻到索引指示的頁面，在清單的第一欄中找到藥物名稱。

藥方集中還有個別欄位註明各種藥物的限制，例如事先授權、數量限制、循序用藥要求，以及Code 1 限制。數量限制、循序用藥，以及Code 1 限制的意義說明如下。如需查看完整的藥方集限制清單及其說明，請參閱第1 頁。

- 事先授權(PA)：部分處方藥在領取之前，您(或您的醫生) 必須先取得事先授權。若未經事先核准，該藥物不會獲得承保。
- 數量限制(QL)：聖馬刁健康計劃(HPSM) 會限制某些藥物的承保數量。例如，聖馬刁健康計劃(HPSM) 為每張處方提供9 片50 mg 的舒馬普坦(SUMATRIPTAN)。此藥量可以是在一或三個月標準供應量以外的增量。
- 循序用藥(ST)：在某些情況下，聖馬刁健康計劃(HPSM) 會要求您先試用某些特定藥物進行治療，然後才會承保適用於該病症的另一種藥物。例如，A 藥物和B 藥物都能治療您的醫療狀況，但您必須先試用A 藥物，否則聖馬刁健康計劃(HPSM) 不會承保B 藥物。如果A 藥物對您無效，則聖馬刁健康計劃(HPSM) 會承保B 藥物。
- Code 1 限制(*)：聖馬刁健康計劃(HPSM) 會限制某些藥物只能用於特定病症(診斷) 或條件。例如，雙氯酚酸钠(diclofenac sodium，Voltaren 的非專利藥) 藥錠的承保條件是「僅供關節炎用」。

請注意：即使一種處方藥列於藥方集內，也不保證藥方開立者一定會針對某種特定醫療狀況為會員開立該處方藥。

什麼是門診處方藥福利？該福利承保什麼？

門診處方藥福利承保一般包括您在零售藥房領取或透過郵購藥房訂購的藥物、裝置和經過食品及藥物管理局(FDA) 核准的產品。為了透過門診處方藥福利獲得承保，當您到任何網絡藥房領藥之前，必須先取得醫生開立的處方。除非另外註明由醫療福利承保，否則，本藥方集中所列的藥物均可由門診處方藥福利承保。

領取處方藥

若要領取或續配處方藥，您必須到一家網絡藥房(與聖馬刁健康計劃合作的藥房) 取得您的處方藥。您可以在聖馬刁健康計劃(HPSM) 的服務提供者名錄中找到網絡藥房名單，網址：www.hpsm.org/directory-search。如需查找附近藥房，您亦可致電**1-800-750-4776** (TTY 聽力及語言障礙裝置，請撥 **1-800-735-2929** 或**7-1-1**)。

當您選定藥房後，請將您的處方帶去藥房。將您的處方連同您的聖馬刁健康計劃(HPSM) 會員卡交給藥房。確保藥房知道您正在服用的所有藥物以及任何過敏問題。如果您對處方有任何疑問，請務必詢問藥劑師。

醫療福利承保藥物與門診處方藥福利承保藥物有何分別？

醫療福利承保藥物通常包括一般不自行施用，而是由專業醫療人員施用的藥物。門診處方藥福利承保藥物通常包括自行施用的藥物，如口服或自我注射藥物，除非該藥物有其他原因不獲承保。為了讓醫療福利承保藥物獲得承保，您必須請醫生填寫「事先授權申請表」，並傳真到 **650-829-2079**。「事先授權申請 表」可上網下載，網址：www.hpsm.org/provider-forms。

我的處方藥不在藥方集內，怎麼辦？

如果醫生開的處方藥不在藥方集內，您的藥劑師可打電話給您的醫生。醫生可將處方上的藥物更換成另一個已在藥方集內的藥物。或者，醫生可向聖馬刁健康計劃 (HPSM) 提交「處方藥事先授權或循序用藥破例申請表」，要求承保非處方集藥物。第 viii 頁有「處方藥事先授權或循序用藥破例申請表」。在大部分時候， 若為非緊急狀況，聖馬刁健康計劃 (HPSM) 將在 72 小時內審查並決定此類要求；若為緊急狀況，則為 24 小時。如果聖馬刁健康計劃 (HPSM) 在 收到非緊急要求後未在 72 小時內回覆，或在收到特殊狀況要求後未在 24 小時內回覆， 則此要求將會獲 得核准。申請表亦可上網下載， 網址：www.hpsm.org/provider-forms 。表格填妥後應傳真至聖馬刁健康 計劃的藥房服務部 (Pharmacy Services)，傳真號碼：**650-829-2045**。

為了避免到藥房領取處方藥時遇到問題，看醫生時請帶著藥方集。在離開醫生診所之前，請檢查並確認醫生開的處方藥在藥方集中。如果不在，您可以立刻告訴醫生，讓他/她決定是否改開藥方集上另一種藥 效相同的藥物。

會員的上訴和/或投訴 (申訴) 權利

如果您的非處方集藥物承保要求或循序用藥破例要求被駁回，且您或您的醫生不同意我們的決定，您可 以提出上訴。所謂上訴是指，當您認為我們做了錯誤決定時，您透過正式程序要求我們審查並變更我們 的承保決定。

如果您對聖馬刁健康計劃(HPSM) 或服務提供者的服務有所不滿，可提出投訴(申訴)。 您可打電話、寫信或上網提出上訴或投訴(申訴)。

如果您有任何疑問，可聯絡聖馬刁健康計劃(HPSM) 會員服務部，電話是**1-800-750-4776** (TTY 聽力及語言障礙裝置請撥**1-800-735-2929** 或撥7-1-1)，營業時間為週一至週五上午8:00 至下午6:00。或者，您亦可參閱「HealthWorx HMO 計劃承保說明」 第8 章(www.hpsm.org/member/resources)，了解如何對一項決定提出上訴和提出投訴。

會員的循序用藥破例權利

當一種醫療狀況有超過一種適用藥物時，聖馬刁健康計劃 (HPSM) 可能會要求進行循序用藥。循序用藥 是一種程序，它要求會員先試用一種或多種藥物，然後健康計劃才會承保某種特定藥物。如果您或您的 醫生覺得這種要求不適合您，可以對循序用藥要求申請破例。如果您目前正在使用該藥物，並且新加入 聖馬刁健康計劃(HPSM)，且您和/或您的醫生覺得該藥物對於治療您的病症安全且有效，則我們也可能 對循序用藥要求准予破例。如需申請循序用藥破例，您的醫生需要向聖馬刁健康計劃(HPSM) 提交「處 方藥事先授權或循序用藥破例申請表」。請將填妥的表格傳真至650-829-2045。申請表亦可在第viii 頁找 到或上網下載，網址：www.hpsm.org/provider-forms。

會員的持續護理權利

如果健康計劃先前對該會員的醫療狀況核准了某種藥物的承保，且藥方開立者繼續為同一醫療狀況開這 種藥物，則只要該藥物適合且能安全有效地治療該會員的醫療狀況，則健康計劃不得限制或排除該藥物 的承保。

我需要為我的藥物支付多少費用？

會員必須支付藥物共付金。關於專利藥和非專利藥的共付金資訊，請參考最新 版「承保說明」(EOC)，網址：www.hpsm.org/member/resources 。

健康計劃對口服抗癌藥物的分攤費用有任何限制嗎？

會員必須支付藥物共付金。關於專利藥和非專利藥的共付金資訊，請參考最新 版「承保說明」(EOC)，網址：www.hpsm.org/member/resources。

更多資訊

若想進一步了解有關藥房福利、醫療福利承保藥物、共付金金額、本藥方 集，以及如何提出事先授權和循序用藥破例要求的詳細資訊，請參閱您的會員手冊。您亦可致電聖馬刁健康計劃(HPSM) 會員服務部：

電話： **1-800-750-4776** 或**650-616-2133**

電話中心服務時間：週一至週五上午8:00 至下午6:00。
辦公時間： 週一至週五上午8:00 至下午5:00。

有聽力或語言障礙的會員可使用加州聽力及語言障礙傳譯服務(California Relay Services, CRS)
電話：**1-800-735-2929** (TTY) 或撥**7-1-1**。

2024 Pormularyo

Pagsakop ng HealthWorx HMO

Talaan ng Mga Nilalaman:

Mga Depinisyon

Termino	Depinisyon
May tatak na gamot	Gamot na minamarket sa ilalim ng isang pangalang inirehistro ng may-ari at pinoprotektahan ng trademark. Dapat ilista ang may tatak na gamot gamit ang MALALAKING titik.
Coinsurance (kabahagi sa seguro)	Porsiyento ng gastusin sa isang sakop na benepisyo sa pangangalagang pangkalusugan na binabayaran ng miyembro pagkatapos bayaran ng miyembro ang deductible, kung nalalapat ang deductible sa benepisyo sa pangangalagang pangkalusugan, gaya ng benepisyo sa inireresetang gamot.
Copayment (kabahagi sa binabayaran)	Nakatakdang halaga sa dolyar na binabayaran ng miyembro para sa isang sakop na benepisyo sa pangangalagang pangkalusugan pagkatapos bayaran ng miyembro ang deductible, kung nailalapat ang deductible sa benepisyo sa pangangalagang pangkalusugan, gaya ng benepisyo sa inireresetang gamot.
Deductible	Ang halagang binabayaran ng miyembro para sa mga sakop na benepisyo sa pangangalagang pangkalusugan bago simulan ng planong pangkalusugan ng miyembro na bayaran ang lahat o ang ilang porsyiento ng gastusin sa benepisyo sa pangangalagang pangkalusugan sa ilalim ng mga tuntunin ng patakaran.
Antas (Tier) ng Gamot	Pangkat ng mga inireresetang gamot na katapat ng isang nakasaad na antas sa cost-sharing (pagtutulungan sa babayaran) sa sakop na inireresetang gamot ng planong pangkalusugan. Ang tier na kinabibilangan ng isang inireresetang gamot ang makakapagpasya kung ilan ang porsiyento ng miyembro sa gastusin sa gamot.
Miyembro	Taong naka-enroll sa isang planong pangkalusugan na may karapatang makatanggap ng mga serbisyo mula sa plano. Ang lahat ng pagbanggit ng mga miyembro sa template na ito ng pormularyo ay kinabibilangan din ng mga subscriber gaya ng inilalarawan sa seksiyong ito sa ibaba.
Kahilingan sa eksepsiyon	Paghiling na sakupin ang isang inireresetang gamot. Kung magsusumite ang miyembro, ang kanyang itinalaga, o ang tagabigay ng serbisyo sa pangangalaga ng kalusugan ng kahilingan sa eksepsiyon upang sakupin ang isang inireresetang gamot, dapat sakupin ng planong pangkalusugan ang nasabing inireresetang gamot kapag natukoy na ang naturang gamot ay kailangan sa paggamot sa kondisyon ng miyembro.
Mga sitwasyong nangangailangan ng agarang atensyon	Kung nakakaranas ang isang miyembro ng kondisyon sa kalusugan na maaaring maglagay sa buhay, kalusugan, o kakayahan ng miyembrong maibalik ang pinakamahusay na paggana ng kanyang katawan sa matinding panganib, o kapag sumasailalim ang miyembro sa isang paggamot gamit ang isang gamot na wala sa pormularyo.
Pormularyo	Ang kompletong listahan ng mga gamot na mas pinipiling gamitin at kuwalipikado para sa pagsakop sa ilalim ng isang produkto sa planong pangkalusugan, at kinabibilangan ng lahat ng gamot na sakop sa ilalim ng benepisyo sa outpatient (pasyenteng hindi namamalagi sa ospital) na inireresetang gamot ng isang produkto ng pangangalagang pangkalusugan. Ang pormularyo ay tinatawag ding listahan ng inireresetang gamot.

Generik na gamot	Ang gamot na katumbas ng may tatak na gamot, na kapareho nito ng dosis, kaligtasan, tapang, paraan ng pag-inom, epekto, at paggamit. Generik na gamot na nakalista nang naka-bold at naka-italicize at nasa maliliit na titik.
Gamot na wala sa pormularyo	Inireresetang gamot na hindi nakalista sa pormularyo ng planong pangkalusugan.
Mga gastusin mula sa bulsa ng miyembro	Ang lahat ng gastusin para sa mga serbisyo sa pangangalagang pangkalusugan na hindi sakop ng planong pangkalusugan. Kasama sa mga ito ang mga copayment (kabahagi sa binabayaran), coinsurance (kabahagi sa seguro), at nalalapat na deductible.
Nagreresetang tagabigay ng serbisyo	Tagabigay ng serbisyo sa pangangalaga ng kalusugan na awtorisadong magreseta upang magamot ang karamdaman ng isang miyembro ng planong pangkalusugan.
Reseta	Pasalita, nakasulat, o electronic na kautusan ng isang nagreresetang tagabigay ng serbisyo para sa isang partikular na miyembro na nagsasaad sa pangalan ng inireresetang gamot, dami ng inireresetang gamot, petsa ng pagbibigay, pangalan at impormasyon sa pagkontak ng nagreresetang tagabigay ng serbisyo, at lagda ng nagreresetang tagabigay ng serbisyo kung nakasulat ang reseta, at kung hihilingin ng miyembro, ang karamdaman o layunin kung para saan ang pagrereseta sa gamot.
Inireresetang gamot	Gamot na inirereseta ng nagreresetang tagabigay ng serbisyo ng miyembro at nangangailangan ng reseta sa ilalim ng naaangkop na batas.
Paunang Awtorisasyon	Ang pag-aatas ng planong pangkalusugan na humingi ang miyembro o ang nagreresetang tagabigay ng serbisyo ng miyembro ng pahintulot sa planong pangkalusugan para sa isang inireresetang gamot bago sakupin ng planong pangkalusugan ang naturang gamot. Magbibigay ang planong pangkalusugan ng paunang awtorisasyon kung kailangan ang gamot sa paggamot sa miyembro.
Step Therapy (Mga Hakbang na Kailangan sa Paggamot)	Proseso kung saan itinatakda ang pagkakasunod-sunod sa pagbibigay ng iba't ibang inireresetang gamot para sa isang partikular na karamdaman at medikal na naaangkop para sa isang partikular na pasyente. Maaaring atasan ng planong pangkalusugan ang miyembro na sumubok ng isa o higit pang gamot upang magamot ang karamdaman ng miyembro bago sumakop ang planong pangkalusugan ng isang partikular na gamot para sa kondisyon alinsunod sa isang kahilingan para sa step therapy. Kung magsusumite ang nagreresetang tagabigay ng serbisyo ng miyembro ng kahilingan para sa eksepsiyon sa step therapy, gagawa ang mga planong pangkalusugan ng mga eksepsiyon sa step therapy kapag natugunan ang mga pamantayan.
Subscriber	Ang taong responsable para sa pagbabayad sa isang plano o na may trabaho o iba pang katayuan, maliban sa pagdepende ng pamilya, na siyang batayan para sa pagiging kuwalipikado para sa pagkamiyembro sa plano.

Health Plan of San Mateo
Pormularyo ng Gamot ng HealthWorx HMO

Introduksiyon

Ano ang pormularyo?

Ang pormularyo ay isang kompletong listahan ng mga gamot na sakop ng Health Plan of San Mateo (HPSM). Nasuri na ang mga gamot sa pormularyo upang matiyak na ligtas, mabisa, at matipid ang mga ito. Makikita rin ang pormularyong ito online sa www.hpsm.org/member view-my-medication-benefits. Parehong kasama sa pormularyo ang mga may tatak na gamot at generik na gamot. Tandaan: Hindi lahat ng may tatak na gamot ay may generik na katumbas (katapat), ngunit kung may available na katumbas, ang generik na katumbas na gamot ang gagamitin.

Nalalapat ang mga inireresetang gamot na nakalista sa pormularyong ito sa mga miyembro ng programang HealthWorx HMO. Pakitandaang hindi sasakop ang HPSM ng mga gamot na mabibili nang walang reseta (over-the-counter, OTC) para sa mga miyembro sa programang HealthWorx HMO. Mangyaring sumangguni sa mga aklat-gabay na Katibayan ng Pagkakasakop (Evidence of Coverage, EOC) para sa mga OTC na gamot na hindi sakop ng HPSM.

Gamitin ang pormularyo bilang sangguniang materyal

Makakatulong sa inyo ang pormularyo na maunawaan kung ano ang mga gamot na sakop ng HPSM. Makakatulong din ito sa iyo upang higit na makalahok sa pagpili para sa pangangalaga ng kalusugan. Gamitin ito bilang mabilisang sanggunian at paalala. Kung mayroon kayong anumang tanong, mangyaring tumawag sa isang Kinatawan ng Mga Serbisyo para sa Miyembro sa **1-800-750-4776** o **650-616-2133**.

Gaano kadalas na ginagawang bago ang pormularyo?

Maaaring magbago ang pormularyo bawat buwan. Ang mga pagbabagong ito ay kinabibilangan ng, ngunit hindi limitado sa, pagdaragdag o pag-aalis ng mga gamot sa pormularyo o pagbago sa iba pang restriksiyon gaya ng mga limitasyon sa dami, paunang awtorisasyon, o kinakailangan sa step therapy (mga hakbang na kailangan sa paggamot). Aabisuhan kayo ng HPSM sa pamamagitan ng koreo kung may anumang pagbabagong nakakaapekto sa inyo. Maaari din ninyong malaman ang tungkol sa mga pinakabagong update sa aming website sa www.hpsm.org/drug-benefits o maaari kayong tumawag sa isang Kinatawan ng Mga Serbisyo sa Miyembro sa **1-800-750-4776** o **650-616-2133**.

Paano hanapin ang inyong mga gamot sa pormularyo

May tatlong paraan upang mahanap ang inyong gamot sa pormularyo:

1. **Ayon sa karamdaman:** Nagsisimula ang pormularyo sa pahina 2. Nakagrupo ang mga gamot sa pormularyong ito batay sa U.S. Pharmacopeial Convention (USP) na nauugnay sa uri ng mga karamdaman na ginagamot ng mga ito. Halimbawa, ang mga gamot na ginagamit sa pananakit ay nakalista sa ilaim ng "Analgesics". Kung alam ninyo kung para saan ang inyong gamot, hanapin ang pangalan ng kategorya sa listahan na nagsisimula sa pahina 2 para sa inyong gamot.

2. **Ayon sa pagkakasunod-sunod sa alpabeto:** Kung hindi kayo sigurado sa kategorya ng karamdaman kung saan kayo maghahanap, hanapin ang inyong gamot sa Index na kasunod ng mga page ng listahan ng sakop na gamot. Nagbibigay ang Index ng listahan ng lahat ng gamot na kasama sa dokumentong ito, na nakaayos ayon sa alpabeto. Parehong nakalista ang mga may tatak at generik na gamot. Kung walang magamit o walang sakop na generik na gamot para sa isang may tatak na gamot, hindi hiwalay na ililista ang gamot ayon sa generik na pangalan nito.

    a. Tumingin sa Index at hanapin ang inyong gamot.
    b. Sa tabi ng inyong gamot, makikita ninyo ang numero ng pahina kung saan kayo makakakita ng impormasyon tungkol sa sakop.
    c. Pumunta sa nakalistang pahina sa Index at hanapin ang pangalan ng inyong gamot sa unang hanay ng listahan.

Ang pormularyo ay magkakaroon din ng magkakahiwalay na hanay para sa mga gamot na may mga restriksiyon, gaya ng paunang awtorisasyon, mga limitasyon sa dami, kinakailangan sa step therapy, at restriksiyon sa Kodigo 1. Inilalarawan sa ibaba ang ibig sabihin ng mga limitasyon sa dami at step therapy, at ang mga restriksiyon sa Kodigo 1. Para sa kompletong listahan ng mga restriksyon sa pormularyo, pati ng mga paglalarawan ng mga ito, mangyaring sumangguni sa Pahina 1.

- Paunang Awtorisasyon (PA): Sa ilang gamot, kailangan ninyo (o ng inyong doktor) na humingi ng paunang awtorisasyon upang makuha ninyo ang reseta para sa gamot na ito. Kung walang paunang aprobasyon, posibleng hindi sakupin ang gamot na ito.
- Mga limitasyon sa dami (quantity limits, QL): Para sa ilang partikular na gamot, nililimitahan ng HPSM ang dami ng gamot na sasaklawin nito. Halimbawa, nagbibigay ang HPSM ng 9 na tableta bawat reseta para sa 50 mg ng SUMATRIPTAN. Maaaring karagdagan ito sa karaniwang isang buwan o tatlong buwang suplay.
- Step therapy (ST): Sa ilang sitwasyon, hihilingin sa inyo ng HPSM na sumubok muna ng ilang partikular na gamot upang magamot ang inyong karamdaman bago kami sumakop ng ibang gamot para sa kondisyong iyon. Halimbawa, kung parehong nagagamot ng Gamot A at Gamot B ang inyong karamdaman, maaaring hindi sakupin ng HPSM ang Gamot B, maliban na lang kung susubukan muna ninyo ang Gamot A. Kung hindi mabisa ang Gamot A sa inyo, sasakupin ng HPSM ang Gamot B.
- Restriksiyon sa Kodigo 1 (*): Para sa ilang partikular na gamot, pinaghihigpitan ng HPSM ang paggamit sa isang partikular na kondisyon (diagnosis) o partikular na pamantayan. Halimbawa, sinasakop ang tableta na diclofenacsodium (generik para sa Voltaren) para sa “paggamit lang para sa rayuma.”

Pakitandaan: Ang pagkakalista ng isang gamot sa pormularyo ay hindi garantiyang iyon ang gamot na irereseta ng nagreresetang tagabigay ng serbisyo ng isang miyembro para sa isang partikular na karamdaman.

Ano ang benepisyo sa outpatient na inireresetang gamot at ano ang sakop nito?

Sa pangkalahatan, kasama sa sakop ng benepisyo sa outpatient na inireresetang gamot ang mga gamot, device, at produktong naaprubahan ng FDA na kinukuha ninyo sa isang retail na parmasya o sa pamamagitan ng koreo sa isang mail-order na parmasya. Upang masakop sa pamamagitan ng inyong benepisyo sa outpatient na inireresetang gamot, kakailanganin ninyo ng reseta mula sa inyong doktor upang makuha ninyo ito sa anumang parmasyang nasa samahan. Ang pormularyo ay isang listahan ng mga gamot na maaaring sakupin sa ilalim ng benepisyo sa outpatient na inireresetang gamot maliban na lang kung nakasaad na sakop ito sa ilalim ng medikal na benepisyo.

Pagkuha ng mga reseta

Kung kumukuha o nagpupuno kayo ng reseta, dapat ninyong kunin ang inyong mga inireresetang gamot sa isang parmasyang nasa samahan na isang parmasyang nakikipagtulungan sa HPSM. Makakakita kayo ng listahan ng mga parmasyang nasa samahan sa Direktoryo ng Tagabigay ng Serbisyo ng HPSM sa www.hpsm.org/directory-search. Makakakita rin kayo ng parmasyang malapit sa inyo sa pamamagitan ng pagtawag sa **1-800-750-4776** (TTY **1-800-735-2929** o pag-dial sa **7-1-1**).

Kapag nakapili na kayo ng parmasya, dalhin ang inyong reseta sa parmasya. Ibigay sa parmasya ang inyong reseta kasama ng inyong ID card sa HPSM. Tiyaking alam ng parmasya ang tungkol sa lahat ng gamot na iniinom ninyo at anumang allergy na mayroon kayo. Kung mayroon kayong anumang tanong tungkol sa inyong reseta, tiyaking magtatanong kayo sa parmasyutiko.

Ano ang medikal na benepisyo kumpara sa gamot na sakop sa ilalim ng benepisyo sa outpatient na inireresetang gamot?

Kadalasan, kasama sa mga gamot na sakop sa ilalim ng medikal na benepisyo ang mga gamot na hindi karaniwang ibinibigay sa sarili nang mag-isa at sa halip ay ibinibigay ng isang propesyonal sa pangangalagang pangkalusugan. Kadalasan, kasama sa mga gamot na sakop sa ilalim ng benepisyo sa outpatient na inireresetang gamot ang mga gamot na ibinibigay sa sarili nang mag-isa gaya ng mga iniinom na gamot o gamot na naituturok nang mag-isa, na hindi nakabukod sa pagsakop. Upang masakop ang mga gamot na sinasakop sa ilalim ng medikal na benepisyo, hilingin sa inyong doktor na magsumite ng form para sa Paghiling ng Paunang Awtorisasyon at i-fax ito sa **650-829-2079.** Makikita ang form para sa Paghiling ng Paunang Awtorisasyon online sa www.hpsm.org/provider-forms.

Paano kung wala sa pormularyo ang aking reseta?

Kung magrereseta ang inyong doktor ng gamot na wala sa pormularyo, maaaring tawagan ng parmasyutiko ang inyong doktor. Maaaring palitan ng doktor ang reseta ng ibang gamot na nasa pormularyo. Maaari ding magsumite ang doktor sa HPSM ng form para sa Paghiling ng Paunang Awtorisasyon para sa Inireresetang Gamot o Form para sa Paghiling ng Eksepsiyon sa Step Therapy upang mahiling ang gamot na wala sa pormularyo. Makakakita ng kopya ng form para sa Paghiling ng Paunang Awtorisasyon para sa Inireresetang Gamot o Form para sa Paghiling ng Eksepsiyon sa Step Therapy sa pahina viii. Sa karamihan ng mga sitwasyon, susuriin at pagpapasyahan ng HPSM ang mga kahilingang ito sa loob ng 72 oras kung hindi agaran ang mga ito at sa loob ng 24 na oras kung agaran ang mga ito. Kung hindi makakasagot ang HPSM sa loob ng 72 oras pagkatanggap nito ng kahilingang hindi nangangailangan ng agarang atensiyon at 24 na oras pagkatanggap nito ng kahilingang nakabatay sa mga sitwasyong nangangailangan ng agarang atensiyon, aaprubahan ang naturang kahilingan. Makakakita rin ng kopya ng form online sa www.hpsm.org/provider-forms. Dapat i-fax ang mga nakumpletong form sa Mga Serbisyo ng Parmasya, Health Plan of San Mateo sa **650-829-2045.**

Dalhin ang pormularyo sa mga konsultasyon sa doktor upang maiwasan ang mga problema kapag dinala ninyo ang inyong reseta sa parmasya. Tingnan ang pormularyo upang matiyak na nasa listahan ang gamot na inireseta ng inyong doktor bago kayo umalis sa tanggapan ng doktor. Kung wala ito roon, maaari ninyong sabihan kaagad ang doktor upang mapagpasyahan niya kung papalitan niya ang reseta ng ibang gamot na kasimbisa nito at nasa pormularyo.

Karapatan ng miyembrong maghain ng apela at/o reklamo (o karaingan)

Kung hindi ibinigay sa inyo ang isang gamot na wala sa pormularyo o kung hindi kayo binigyan ng eksepsiyon sa step therapy (mga hakbang na kailangan sa paggamot), o kung kayo o ang inyong doktor ay hindi sang-ayon sa aming pasya, maaari kayong mag-apela. Ang pag-apela ay isang pormal na paraan ng paghiling sa aming suriin ang naging pagpapasya namin sa inyong pagkakasakop at baguhin ito kung sa palagay ninyo ay mayroon kaming naging pagkakamali.

Kung mayroon kayong problema o kung hindi kayo nasisiyahan sa mga serbisyong natatanggap ninyo mula sa HPSM o isang tagabigay ng serbisyo, maaari kayong maghain ng reklamo (o karaingan).

Maaari kayong maghain ng apela o reklamo (o karaingan) sa pamamagitan ng telepono, pagsulat, o online.

Kung mayroon kayong anumang tanong, maaari ninyong kontakin ang Mga Serbisyo sa Miyembro ng HPSM sa **1-800-750-4776** (TTY **1-800-735-2929** o i-dial ang **7-1-1**) mula Lunes hanggang Biyernes, 8:00 a.m. hanggang 6:00 p.m. o maaari din ninyong basahin ang Seksiyon 8 ng Katibayan ng Pagkakasakop ng HealthWorx HMO www.hpsm.org/member/resources upang malaman kung paano mag-apela ng pasya at maghain ng reklamo.

Karapatan ng miyembro sa mga eksepsiyon sa step therapy

Kapag mahigit sa isa ang naaangkop na gamot para sa paggamot ng isang karamdaman, maaaring mag-atas ang HPSM ng step therapy. Ang step therapy ay isang prosesong nag-aatas sa isang miyembrong sumubok muna ng isa o higit pang gamot bago sumakop ang planong pangkalusugan ng isang partikular na gamot. Kung sa palagay ninyo o ng inyong doktor ay hindi naaangkop ang mga kinakailangang ito para sa inyo, maaari kayong humiling ng eksepsiyon sa kinakailangan sa step therapy. Maaari ding magbigay ng mga eksepsiyon sa step therapy kung tumatanggap kayo ng gamot sa kasalukuyan at bago kayo sa HPSM at sa palagay ninyo at/o ng inyong doktor ay ligtas at mabisa ang gamot para sa paggamot ng inyong kondisyon. Sa paghiling ng step therapy, kailangang magsumite ng inyong doktor sa HPSM ng form para sa Paghiling ng Paunang Awtorisasyon para sa Inireresetang Gamot o Form para sa Paghiling ng Eksepsiyon sa Step Therapy at i-fax ang nakompletong form sa **650-829-2045**. Makakakita rin ng kopya ng form sa pahina viii at online sa www.hpsm.org/provider-forms.

Karapatan ng miyembro sa pagpapatuloy ng pangangalaga

Maaaring hindi limitahan o ibukod ng planong pangkalusugan ang pagsakop sa isang gamot kung dati nang inaprubahan ng planong pangkalusugan ang pagsakop sa gamot para sa karamdaman ng miyembro at patuloy na inirereseta ng tagabigay ng serbisyo na nagbigay ng reseta ang naturang gamot para sa karamdaman, basta't naaangkop ang pagkakareseta sa gamot at ligtas at mabisa ito sa paggamot sa karamdaman ng miyembro.

Magkano ang babayaran ko para sa aking mga gamot?

Kailangang magbayad ng mga miyembro ng copayment para sa kanilang mga gamot. Mangyaring sumangguni sa pinakabagong bersiyon ng Katibayan ng Pagkakasakop (Evidence of Coverage, EOC) na makikita sa www.hpsm.org/member/resources upang malaman ang mga copayment para sa mga may tatak na gamot at generik na gamot.

Mayroon bang anumang limitasyon ang planong pangkalusugan sa cost sharing (pagtutulungan sa babayaran) para sa mga iniinom na gamot para sa kanser?

Kailangang magbayad ng mga miyembro ng copayment para sa kanilang mga gamot. Mangyaring sumangguni sa pinakabagong bersiyon ng Katibayan ng Pagkakasakop (Evidence of Coverage, EOC) na makikita sa www.hpsm.org/member/resources upang malaman ang mga copayment para sa mga may tatak na gamot at generik na gamot.

Para sa Karagdagang Impormasyon

Para sa karagdagang detalyadong impormasyon tungkol sa mga benepisyo sa parmasya, gamot na sakop sa ilalim ng medikal na benepisyo, halaga ng copayment, o pormularyo, at kung paano magsumite ng mga kahilingan para sa mga paunang awtorisasyon at eksepsiyon sa step therapy, pakibasa ang inyong Aklat-Gabay ng Miyembro. Maaari din kayong tumawag sa Mga Serbisyo para sa Miyembro ng HPSM sa:

Telepono: **1-800-750-4776** o **650-616-2133**

Mga Oras ng Call Center: Lunes hanggang Biyernes, 8:00 a.m. hanggang 6:00 p.m.
Mga Oras ng Opisina: Lunes hanggang Biyernes, 8:00 a.m. hanggang 5:00 p.m.

Maaaring gamitin ng mga miyembro na may mga problema sa pandinig o pananalita ang California Relay Service (CRS) sa **1-800-735-2929** (TTY) o maaari nilang i-dial ang **7-1-1**.

Comprehensive Formulary

Coverage	Definition
1	GENERIC
2	BRAND

Abbreviation	Program Name	Definition
AGE	Age	Certain age criteria apply for the coverage of this medication.
CODE-1	Code-1	A state mandated review applies.
G	Gender	Certain gender criteria apply for the coverage of this medication.
NDS	Non-Extended Day Supply	Medication is not available at extended days supply at the pharmacy.
PA	Prior Authorization	Approval is required before your plan will cover this medication.
QL	Quantity Limit	There is a limit on the amount that can be filled per prescription or over a period of time.
SP	Specialty	Specialty drugs are used to treat complex or rare conditions. Specialty drugs may have to be filled at a specialty pharmacy and may require a higher copayment.
ST	Step Therapy	You must try a preferred treatment alternative before coverage is available for this medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANALGESICS - NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
butalbital-aspirin-caffeine cp	1	QL (60 / 30 DAYS)
butalbital-aspirin-caffeine tb	1	
celecoxib 100 mg capsule	1	QL (2 / DAY)
celecoxib 200 mg capsule	1	QL (2 / DAY)
celecoxib 400 mg capsule	1	QL (1 / DAY)
celecoxib 50 mg capsule	1	QL (2 / DAY)
diclofenac pot 50 mg tablet	1	
diclofenac sod dr 25 mg tab	1	
diclofenac sod dr 50 mg tab	1	
diclofenac sod dr 75 mg tab	1	
diclofenac sod ec 25 mg tab	1	
diclofenac sod ec 50 mg tab	1	
diclofenac sod ec 75 mg tab	1	
diclofenac sod er 100 mg tab	1	
ec-naproxen dr 375 mg tablet	1	
ec-naproxen dr 500 mg tablet	1	
ibu 400 mg tablet	1	
ibu 600 mg tablet	1	
ibu 800 mg tablet	1	
ibuprofen 100 mg/5 ml susp	1	
ibuprofen 400 mg tablet	1	
ibuprofen 600 mg tablet	1	
ibuprofen 800 mg tablet	1	
indomethacin er 75 mg capsule	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
indomethacin 25 mg capsule	1	
indomethacin 25 mg/5 ml susp	1	
indomethacin 50 mg capsule	1	
meloxicam 15 mg tablet	1	
meloxicam 7.5 mg tablet	1	
nabumetone 500 mg tablet	1	
nabumetone 750 mg tablet	1	
naproxen dr 375 mg tablet	1	
naproxen dr 500 mg tablet	1	
naproxen sod cr 375 mg tablet	1	
naproxen sod cr 500 mg tablet	1	
naproxen sod cr 750 mg tablet	1	
naproxen sod er 375 mg tablet	1	
naproxen sod er 500 mg tablet	1	
naproxen sod er 750 mg tablet	1	
naproxen sodium 275 mg tab	1	
naproxen sodium 550 mg tab	1	
naproxen 125 mg/5 ml suspen	1	
naproxen 250 mg tablet	1	
naproxen 375 mg tablet	1	
naproxen 500 mg kit	1	
naproxen 500 mg tablet	1	
oxaprozin 600 mg caplet	1	
oxaprozin 600 mg tablet	1	
piroxicam 10 mg capsule	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
piroxicam 20 mg capsule	1	
salsalate 500 mg tablet	1	
salsalate 750 mg tablet	1	
sulindac 150 mg tablet	1	
sulindac 200 mg tablet	1	
tolmetin sodium 400 mg cap	1	
ANALGESICS - OPIOID ANALGESICS, LONG-ACTING		
buprenorphine 10 mcg/hr patch	1	QL (0.15 / DAY); NDS
buprenorphine 15 mcg/hr patch	1	QL (0.15 / DAY); NDS
buprenorphine 20 mcg/hr patch	1	QL (0.15 / DAY); NDS
buprenorphine 5 mcg/hr patch	1	QL (0.15 / DAY); NDS
buprenorphine 7.5 mcg/hr patch	1	QL (0.15 / DAY); NDS
fentanyl 100 mcg/hr patch	1	QL (0.34 / DAY); NDS
fentanyl 12 mcg/hr patch	1	QL (0.34 / DAY); NDS
fentanyl 25 mcg/hr patch	1	QL (0.34 / DAY); NDS
fentanyl 50 mcg/hr patch	1	QL (0.34 / DAY); NDS
fentanyl 75 mcg/hr patch	1	QL (0.34 / DAY); NDS
methadone intensol 10 mg/ml	1	QL (60 / DAY); NDS
methadone 10 mg/ml oral conc	1	QL (60 / DAY); NDS
morphine sulf er 100 mg tablet	1	QL (2 / DAY); NDS
morphine sulf er 15 mg tablet	1	QL (4 / DAY); NDS
morphine sulf er 200 mg tablet	1	QL (2 / DAY); NDS
morphine sulf er 30 mg tablet	1	QL (4 / DAY); NDS
morphine sulf er 60 mg tablet	1	QL (2 / DAY); NDS
oxycodone hcl er 10 mg tablet	1	QL (2 / DAY); NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
oxycodone hcl er 20 mg tablet	1	QL (2 / DAY); NDS
oxycodone hcl er 40 mg tablet	1	QL (2 / DAY); NDS
oxycodone hcl er 80 mg tablet	1	QL (2 / DAY); NDS
oxycodone hcl 100 mg/5 ml conc	1	QL (250 / 30 DAYS); NDS
tramadol hcl er 100 mg tablet	1	QL (1 / DAY); NDS
tramadol hcl er 200 mg tablet	1	QL (1 / DAY); NDS
tramadol hcl er 300 mg tablet	1	QL (1 / DAY); NDS
ANALGESICS - OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-cod #2 tablet	1	QL (120 / 30 DAYS); NDS
acetaminophen-cod #3 tablet	1	QL (120 / 30 DAYS); NDS
acetaminophen-cod #4 tablet	1	QL (120 / 30 DAYS); NDS
endocet 10-325 mg tablet	1	QL (120 / 30 DAYS); NDS
endocet 2.5-325 mg tablet	1	QL (120 / 30 DAYS); NDS
endocet 5-325 mg tablet	1	QL (120 / 30 DAYS); NDS
endocet 7.5-325 mg tablet	1	QL (120 / 30 DAYS); NDS
fentanyl 1,000 mcg/20 ml vial	1	NDS
fentanyl 100 mcg/2 ml ampul	1	NDS
fentanyl 100 mcg/2 ml vial	1	NDS
fentanyl 2,500 mcg/50 ml vial	1	NDS
fentanyl 250 mcg/5 ml ampul	1	NDS
fentanyl 250 mcg/5 ml vial	1	NDS
fentanyl 50 mcg/ml vial	1	NDS
fentanyl 500 mcg/10 ml vial	1	NDS
hydrocodone-acetamin 10-300 mg	1	QL (120 / 30 DAYS); NDS
hydrocodone-acetamin 10-325 mg	1	QL (120 / 30 DAYS); NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocodone-acetamin 10-325/15	1	QL (3593 / 30 DAYS); NDS
hydrocodone-acetamin 2.5-108/5	1	QL (2900 / 30 DAYS); NDS
hydrocodone-acetamin 5-217/10	1	QL (2900 / 30 DAYS); NDS
hydrocodone-acetamin 5-300 mg	1	QL (120 / 30 DAYS); NDS
hydrocodone-acetamin 5-325 mg	1	QL (120 / 30 DAYS); NDS
hydrocodone-acetamin 7.5-300	1	QL (120 / 30 DAYS); NDS
hydrocodone-acetamin 7.5-325	1	QL (120 / 30 DAYS); NDS
hydrocodone-acetamn 7.5-325/15	1	QL (2900 / 30 DAYS); NDS
hydrocodone-ibuprofen 7.5-200	1	NDS
hydromorphone 1 mg/ml solution	1	NDS
hydromorphone 2 mg tablet	1	QL (240 / 30 DAYS); NDS
hydromorphone 2 mg/ml vial	1	NDS
hydromorphone 4 mg tablet	1	QL (240 / 30 DAYS); NDS
hydromorphone 40 mg/20 ml vial	1	NDS
hydromorphone 5 mg/5 ml soln	1	NDS
hydromorphone 8 mg tablet	1	QL (240 / 30 DAYS); NDS
INFUMORPH 200 MG/20 ML AMPUL	2	NDS
INFUMORPH 500 MG/20 ML AMPUL	2	NDS
levorphanol 2 mg tablet	1	NDS
levorphanol 3 mg tablet	1	NDS
meperidine 50 mg tablet	1	QL (120 / 30 DAYS); NDS
methadone hcl 10 mg tablet	1	QL (8 / DAY); NDS
methadone hcl 5 mg tablet	1	QL (8 / DAY); NDS
methadone 10 mg/5 ml solution	1	QL (60 / DAY); NDS
methadone 5 mg/5 ml solution	1	QL (60 / DAY); NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
morphine sulf 10 mg suppos	1	NDS
morphine sulf 10 mg/5 ml cup	1	QL (1200 / 30 DAYS); NDS
morphine sulf 10 mg/5 ml soln	1	QL (1200 / 30 DAYS); NDS
morphine sulf 100 mg/5 ml conc	1	QL (120 / 30 DAYS); NDS
morphine sulf 20 mg suppos	1	NDS
morphine sulf 20 mg/5 ml soln	1	NDS
morphine sulf 30 mg suppos	1	NDS
morphine sulf 5 mg suppos	1	NDS
morphine sulfate ir 15 mg tab	1	QL (180 / 30 DAYS); NDS
morphine sulfate ir 30 mg tab	1	QL (180 / 30 DAYS); NDS
morphine sulfate 8 mg/ml vial	1	NDS
morphine 10 mg/10 ml vial	1	NDS
morphine 2 mg/ml syringe	1	NDS
morphine 30 mg/30 ml pca vial	1	NDS
morphine 4 mg/ml syringe	1	NDS
morphine 5 mg/10 ml vial	1	NDS
oxycodone hcl (ir) 10 mg tab	1	QL (180 / 30 DAYS); NDS
oxycodone hcl (ir) 15 mg tab	1	QL (180 / 30 DAYS); NDS
oxycodone hcl (ir) 20 mg tab	1	QL (180 / 30 DAYS); NDS
oxycodone hcl (ir) 30 mg tab	1	QL (180 / 30 DAYS); NDS
oxycodone hcl (ir) 5 mg cap	1	NDS
oxycodone hcl (ir) 5 mg tablet	1	QL (180 / 30 DAYS); NDS
oxycodone hcl 5 mg/5 ml cup	1	QL (250 / 30 DAYS); NDS
oxycodone hcl 5 mg/5 ml soln	1	QL (250 / 30 DAYS); NDS
oxycodone-acetaminophen 10-325	1	QL (120 / 30 DAYS); NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
oxycodone-acetaminophen 5-325	1	QL (120 / 30 DAYS); NDS
oxycodone-acetaminophn 2.5-325	1	QL (120 / 30 DAYS); NDS
oxycodone-acetaminophn 7.5-325	1	QL (120 / 30 DAYS); NDS
tramadol hcl 100 mg tablet	1	QL (120 / 30 DAYS); NDS
tramadol hcl 25 mg tablet	1	QL (16 / DAY); NDS
tramadol hcl 50 mg tablet	1	QL (240 / 30 DAYS); NDS
tramadol-acetaminophn 37.5-325	1	QL (240 / 30 DAYS); NDS
ANESTHETICS - LOCAL ANESTHETICS		
glydo 2% jelly syringe	1	
lidocaine hcl 0.5% vial	1	
lidocaine hcl 1% ampul	1	
lidocaine hcl 1% vial	1	
lidocaine hcl 1% 100 mg/10 ml	1	
lidocaine hcl 1% 20 mg/2 ml	1	
lidocaine hcl 1% 20 mg/2 ml vl	1	
lidocaine hcl 1% 200 mg/20 ml	1	
lidocaine hcl 1% 300 mg/30 ml	1	
lidocaine hcl 1% 50 mg/5 ml	1	
lidocaine hcl 1% 50 mg/5 ml vl	1	
lidocaine hcl 1% 500 mg/50 ml	1	
lidocaine hcl 2% jel urojet ac	1	
lidocaine hcl 2% jelly uro-jet	1	
lidocaine hcl 2% vial	1	
lidocaine hcl 2% 1,000 mg/50ml	1	
lidocaine hcl 2% 100 mg/5 ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lidocaine hcl 2% 1000 mg/50 ml	1	
lidocaine hcl 2% 200 mg/10 ml	1	
lidocaine hcl 2% 40 mg/2 ml	1	
lidocaine hcl 2% 40 mg/2 ml vl	1	
lidocaine hcl 2% 400 mg/20 ml	1	
lidocaine hcl 4% solution	1	
lidocaine 2% viscous soln	1	
lidocaine 2% viscous 15 ml cup	1	
lidocaine 5% ointment	1	
lidocaine 5% patch	1	QL (3 / DAY)
lidocaine-prilocaine cream	1	QL (60 / 30 DAYS)
lidoreal-30 4% patch	1	QL (3 / DAY)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calc dr 333 mg tab	1	
disulfiram 250 mg tablet	1	
disulfiram 500 mg tablet	1	
VIVITROL 380 MG VIAL-DILUENT	2	QL (1 / 28 DAYS); NDS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - OPIOID DEPENDENCE		
BRIXADI MONTH 128MG/0.36ML SYR	2	QL (0.036 / DAY)
BRIXADI MONTH 64 MG/0.18ML SYR	2	QL (0.036 / DAY)
BRIXADI MONTH 96 MG/0.27ML SYR	2	QL (0.036 / DAY)
BRIXADI WEEKLY 16MG/0.32ML SYR	2	QL (0.036 / DAY)
BRIXADI WEEKLY 24MG/0.48ML SYR	2	QL (0.036 / DAY)
BRIXADI WEEKLY 32MG/0.64ML SYR	2	QL (0.036 / DAY)
BRIXADI WEEKLY 8 MG/0.16ML SYR	2	QL (0.036 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
buprenorphine 2 mg tablet sl	1	
buprenorphine 8 mg tablet sl	1	
buprenorphine-nalox 12-3mg flm	1	QL (2 / DAY)
buprenorphine-nalox 2-0.5mg fm	1	QL (2 / DAY)
buprenorphine-nalox 2-0.5mg tb	1	
buprenorphine-nalox 4-1mg film	1	QL (2 / DAY)
buprenorphine-nalox 8-2 mg tab	1	
buprenorphine-nalox 8-2mg film	1	QL (2 / DAY)
SUBLOCADE 100 MG/0.5 ML SYRING	2	QL (0.5 / 30 DAYS)
SUBLOCADE 300 MG/1.5 ML SYRING	2	QL (1.5 / 30 DAYS)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - OPIOID REVERSAL AGENTS		
ft naloxone hcl 4 mg nasal spr	1	
gnp naloxone hcl 4 mg nasal sp	1	
KLOXXADO 8 MG NASAL SPRAY	2	
naloxone hcl 4 mg nasal spray	1	
naloxone 0.4 mg/ml carpuject	1	
naloxone 0.4 mg/ml vial	1	
naloxone 2 mg/2 ml syringe	1	
naloxone 4 mg/10 ml vial	1	
naltrexone 50 mg tablet	1	
OPVEE 2.7 MG NASAL SPRAY	2	
ZIMHI 5 MG/0.5 ML SYRINGE	2	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - SMOKING CESSATION AGENTS		
apo-varenicline 0.5 mg tablet	1	QL (2 / DAY)
apo-varenicline 1 mg tablet	1	QL (2 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bupropion hcl sr 150 mg tablet	1	
cvs nicotine 14 mg/24hr patch	1	QL (1 / DAY)
cvs nicotine 2 mg chewing gum	1	QL (12 / DAY)
cvs nicotine 2 mg lozenge	1	QL (12 / DAY)
cvs nicotine 2 mg mini lozenge	1	QL (12 / DAY)
cvs nicotine 21 mg/24hr patch	1	
cvs nicotine 4 mg chewing gum	1	QL (12 / DAY)
cvs nicotine 4 mg lozenge	1	QL (12 / DAY)
cvs nicotine 4 mg mini lozenge	1	QL (12 / DAY)
cvs nicotine 7 mg/24hr patch	1	QL (1 / DAY)
eq nicotine 14 mg/24hr patch	1	QL (1 / DAY)
eq nicotine 2 mg chewing gum	1	QL (12 / DAY)
eq nicotine 2 mg lozenge	1	QL (12 / DAY)
eq nicotine 2 mg mini lozenge	1	QL (12 / DAY)
eq nicotine 21 mg/24hr patch	1	
eq nicotine 4 mg chewing gum	1	QL (12 / DAY)
eq nicotine 4 mg lozenge	1	QL (12 / DAY)
eq nicotine 4 mg mini lozenge	1	QL (12 / DAY)
eq nicotine 7 mg/24hr patch	1	QL (1 / DAY)
ft nicotine 14 mg/24hr patch	1	QL (1 / DAY)
ft nicotine 2 mg chewing gum	1	QL (12 / DAY)
ft nicotine 2 mg lozenge	1	QL (12 / DAY)
ft nicotine 2 mg mini lozenge	1	QL (12 / DAY)
ft nicotine 21 mg/24hr patch	1	
ft nicotine 4 mg chewing gum	1	QL (12 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft nicotine 4 mg lozenge	1	QL (12 / DAY)
ft nicotine 4 mg mini lozenge	1	QL (12 / DAY)
ft nicotine 7 mg/24hr patch	1	QL (1 / DAY)
gnp nicotine 14 mg/24hr patch	1	QL (1 / DAY)
gnp nicotine 2 mg chewing gum	1	QL (12 / DAY)
gnp nicotine 2 mg lozenge	1	QL (12 / DAY)
gnp nicotine 2 mg mini lozenge	1	QL (12 / DAY)
gnp nicotine 21 mg/24hr patch	1	
gnp nicotine 4 mg chewing gum	1	QL (12 / DAY)
gnp nicotine 4 mg lozenge	1	QL (12 / DAY)
gnp nicotine 4 mg mini lozenge	1	QL (12 / DAY)
gnp nicotine 7 mg/24hr patch	1	QL (1 / DAY)
gs nicotine 2 mg chewing gum	1	QL (12 / DAY)
gs nicotine 2 mg lozenge	1	QL (12 / DAY)
gs nicotine 2 mg mini lozenge	1	QL (12 / DAY)
gs nicotine 4 mg chewing gum	1	QL (12 / DAY)
gs nicotine 4 mg lozenge	1	QL (12 / DAY)
gs nicotine 4 mg mini lozenge	1	QL (12 / DAY)
hm nicotine 14 mg/24hr patch	1	QL (1 / DAY)
hm nicotine 2 mg chewing gum	1	QL (12 / DAY)
hm nicotine 2 mg lozenge	1	QL (12 / DAY)
hm nicotine 2 mg mini lozenge	1	QL (12 / DAY)
hm nicotine 21 mg/24hr patch	1	
hm nicotine 4 mg chewing gum	1	QL (12 / DAY)
hm nicotine 4 mg lozenge	1	QL (12 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hm nicotine 4 mg mini lozenge	1	QL (12 / DAY)
hm nicotine 7 mg/24hr patch	1	QL (1 / DAY)
kro nicotine 14 mg/24hr patch	1	QL (1 / DAY)
kro nicotine 2 mg chewing gum	1	QL (12 / DAY)
kro nicotine 2 mg lozenge	1	QL (12 / DAY)
kro nicotine 21 mg/24hr patch	1	
kro nicotine 4 mg chewing gum	1	QL (12 / DAY)
kro nicotine 4 mg lozenge	1	QL (12 / DAY)
kro nicotine 4 mg mini lozenge	1	QL (12 / DAY)
kro nicotine 7 mg/24hr patch	1	QL (1 / DAY)
nicotine transdermal system	1	QL (1 / DAY)
nicotine 14 mg/24hr patch	1	QL (1 / DAY)
nicotine 2 mg chewing gum	1	QL (12 / DAY)
nicotine 2 mg lozenge	1	QL (12 / DAY)
nicotine 2 mg mini lozenge	1	QL (12 / DAY)
nicotine 21 mg/24hr patch	1	
nicotine 4 mg chewing gum	1	QL (12 / DAY)
nicotine 4 mg lozenge	1	QL (12 / DAY)
nicotine 4 mg mini lozenge	1	QL (12 / DAY)
nicotine 7 mg/24hr patch	1	QL (1 / DAY)
pub stop smoking aid 2 mg lozg	1	QL (12 / DAY)
pub stop smoking aid 4 mg lozg	1	QL (12 / DAY)
quit 2 mg chewing gum	1	QL (12 / DAY)
quit 2 mg lozenge	1	QL (12 / DAY)
quit 4 mg chewing gum	1	QL (12 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
quit 4 mg lozenge	1	QL (12 / DAY)
ra nicotine 14 mg/24hr patch	1	QL (1 / DAY)
ra nicotine 2 mg chewing gum	1	QL (12 / DAY)
ra nicotine 2 mg lozenge	1	QL (12 / DAY)
ra nicotine 2 mg mini lozenge	1	QL (12 / DAY)
ra nicotine 21 mg/24hr patch	1	
ra nicotine 4 mg chewing gum	1	QL (12 / DAY)
ra nicotine 4 mg lozenge	1	QL (12 / DAY)
ra nicotine 4 mg mini lozenge	1	QL (12 / DAY)
ra nicotine 7 mg/24hr patch	1	QL (1 / DAY)
sm nicotine 14 mg/24hr patch	1	QL (1 / DAY)
sm nicotine 2 mg chewing gum	1	QL (12 / DAY)
sm nicotine 2 mg lozenge	1	QL (12 / DAY)
sm nicotine 21 mg/24hr patch	1	
sm nicotine 4 mg chewing gum	1	QL (12 / DAY)
sm nicotine 4 mg lozenge	1	QL (12 / DAY)
sm nicotine 7 mg/24hr patch	1	QL (1 / DAY)
sw nicotine 2 mg chewing gum	1	QL (12 / DAY)
sw nicotine 2 mg lozenge	1	QL (12 / DAY)
sw nicotine 4 mg chewing gum	1	QL (12 / DAY)
sw nicotine 4 mg lozenge	1	QL (12 / DAY)
varenicline starting month box	1	QL (53 / 28 DAYS)
varenicline 0.5 mg tablet	1	QL (2 / DAY)
varenicline 1 mg cont month bx	1	QL (2 / DAY)
varenicline 1 mg tablet	1	QL (2 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIBACTERIALS - AMINOGLYCOSIDES		
amikacin sulf 1 gram/4 ml vial	1	
amikacin sulf 1,000 mg/4 ml vl	1	
amikacin sulf 500 mg/2 ml vial	1	
gentamicin 80 mg/2 ml vial	1	
gentamicin 800 mg/20 ml vial	1	
neomycin 500 mg tablet	1	
streptomycin sulf 1 gm vial	1	
tobramycin 1.2 gm vial	1	
tobramycin 1.2 gram/30 ml vial	1	
tobramycin 1,200 mg/30 ml vial	1	
tobramycin 20 mg/2 ml vial	1	
tobramycin 40 mg/ml vial	1	
tobramycin 80 mg/2 ml vial	1	
ANTIBACTERIALS - ANTIBACTERIALS, OTHER		
CLEOCIN 100 MG VAGINAL OVULE	2	
clindamycin (pedi) 75 mg/5 ml	1	
clindamycin hcl 150 mg capsule	1	
clindamycin hcl 300 mg capsule	1	
clindamycin hcl 75 mg capsule	1	
clindamycin ph 300 mg/2 ml vl	1	
clindamycin ph 600 mg/4 ml vl	1	
clindamycin ph 9 g/60 ml vial	1	
clindamycin ph 900 mg/6 ml vl	1	
clindamycin 2% vaginal cream	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fosfomycin 3 gm sachet	1	
linezolid 100 mg/5 ml susp	1	
linezolid 600 mg tablet	1	
methenamine hipp 1 gm tablet	1	
methenamine mand 1 gm tablet	1	
methenamine mand 500 mg tablet	1	
metronidazole vaginal 0.75% gl	1	
metronidazole 250 mg tablet	1	
metronidazole 375 mg capsule	1	
metronidazole 500 mg tablet	1	
metronidazole 500 mg/100 ml	1	
nitrofurantoin mcr 100 mg cap	1	
nitrofurantoin mcr 25 mg cap	1	
nitrofurantoin mcr 50 mg cap	1	
nitrofurantoin mono-mcr 100 mg	1	
nitrofurantoin 25 mg/5 ml susp	1	
PRIMSOL 50 MG/5 ML ORAL SOLN	2	
tinidazole 250 mg tablet	1	
tinidazole 500 mg tablet	1	
trimethoprim 100 mg tablet	1	
vancomycin hcl 10 gm vial	1	
vancomycin hcl 125 mg capsule	1	QL (56 / 14 DAYS)
vancomycin hcl 250 mg capsule	1	QL (56 / 14 DAYS)
vancomycin hcl 5 gm vial	1	
vancomycin hcl 750 mg vial	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
vancomycin 1 gm add-van vial	1	
vancomycin 1 gm vial	1	
vancomycin 500 mg add-van vial	1	
vancomycin 500 mg vial	1	
vancomycin 750 mg add-van vial	1	
ANTIBACTERIALS - BETA-LACTAM, CEPHALOSPORINS		
cefaclor 125 mg/5 ml susp	1	
cefaclor 250 mg capsule	1	
cefaclor 250 mg/5 ml susp	1	
cefaclor 375 mg/5 ml suspen	1	
cefaclor 500 mg capsule	1	
cefadroxil 1 gm tablet	1	
cefadroxil 250 mg/5 ml susp	1	
cefadroxil 500 mg capsule	1	
cefadroxil 500 mg/5 ml susp	1	
cefazolin 1 g/50 ml-dextrose	1	
cefazolin 1 gm add-van vial	1	
cefazolin 1 gm vial	1	
cefazolin 10 gm vial	1	
cefazolin 2 g/100 ml-dextrose	1	
cefazolin 2 g/50 ml-dextrose	1	
cefazolin 20 gm bulk vial	1	
CEFAZOLIN 3 G/150 ML-DEXTROSE	1	
cefazolin 500 mg vial	1	
cefdinir 125 mg/5 ml susp	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cefdinir 250 mg/5 ml susp	1	
cefdinir 300 mg capsule	1	
cefixime 100 mg/5 ml susp	1	
cefixime 200 mg/5 ml susp	1	
cefixime 400 mg capsule	1	
cefoxitin 1 gm vial	1	
cefoxitin 10 gm vial	1	
cefoxitin 2 gm vial	1	
cefpodoxime 100 mg tablet	1	
cefpodoxime 100 mg/5 ml susp	1	
cefpodoxime 200 mg tablet	1	
cefpodoxime 50 mg/5 ml susp	1	
ceftazidime 1 gm vial	1	
ceftazidime 2 gm vial	1	
ceftazidime 6 gm vial	1	
ceftriaxone 1 gm add-vant vial	1	
ceftriaxone 1 gm vial	1	
ceftriaxone 10 gm vial	1	
ceftriaxone 2 gm add vial	1	
ceftriaxone 2 gm vial	1	
ceftriaxone 250 mg vial	1	
ceftriaxone 500 mg vial	1	
cefuroxime axetil 250 mg tab	1	
cefuroxime axetil 500 mg tab	1	
cephalexin 125 mg/5 ml susp	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cephalexin 250 mg capsule	1	
cephalexin 250 mg/5 ml susp	1	
cephalexin 500 mg capsule	1	
tazicef 1 gm add-vantage vial	1	
tazicef 1 gram vial	1	
tazicef 2 gm add-vantage vial	1	
tazicef 2 gram vial	1	
tazicef 6 gram vial	1	
ANTIBACTERIALS - BETA-LACTAM, PENICILLINS		
amox-clav er 1,000-62.5 mg tab	1	
amox-clav 200-28.5 mg/5 ml sus	1	
amox-clav 250-125 mg tablet	1	
amox-clav 250-62.5 mg/5 ml sus	1	
amox-clav 400-57 mg/5 ml susp	1	
amox-clav 500-125 mg tablet	1	
amox-clav 600-42.9 mg/5 ml sus	1	
amox-clav 875-125 mg tablet	1	
amoxicillin 125 mg tab chew	1	
amoxicillin 125 mg/5 ml susp	1	
amoxicillin 200 mg/5 ml susp	1	
amoxicillin 250 mg capsule	1	
amoxicillin 250 mg tab chew	1	
amoxicillin 250 mg/5 ml susp	1	
amoxicillin 400 mg/5 ml susp	1	
amoxicillin 500 mg capsule	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amoxicillin 500 mg tablet	1	
amoxicillin 875 mg tablet	1	
ampicillin 500 mg capsule	1	
AUGMENTIN 125-31.25 MG/5 ML	2	
BICILLIN L-A 1,200,000 UNITS	2	
BICILLIN L-A 2,400,000 UNITS	2	
BICILLIN L-A 600,000 UNIT/ML	2	
dicloxacillin 250 mg capsule	1	
dicloxacillin 500 mg capsule	1	
nafcillin 1 gm vial	1	
nafcillin 10 gm bottle	1	
nafcillin 10 gm bulk vial	1	
nafcillin 2 gm vial	1	
penicillin g na 5 million unit	1	
penicillin gk 20 million unit	1	
penicillin gk 5 million unit	1	
penicillin vk 125 mg/5 ml soln	1	
penicillin vk 250 mg tablet	1	
penicillin vk 250 mg/5 ml soln	1	
penicillin vk 500 mg tablet	1	
pfizerpen 20 million unit vial	1	
pfizerpen 5 million unit vial	1	
piperacil-tazo 2.25 gm add vl	1	
piperacil-tazo 3.375 gm add vl	1	
piperacil-tazo 4.5 gm add vial	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
piperacil-tazobact 13.5 gm vl	1	
piperacil-tazobact 2.25 gm vl	1	
piperacil-tazobact 3.375 gm vl	1	
piperacil-tazobact 4.5 gm vial	1	
piperacil-tazobact 40.5 gram	1	
ANTIBACTERIALS - CARBAPENEMS		
ertapenem 1 gram vial	1	
ANTIBACTERIALS - MACROLIDES		
azithromycin 1 gm pwd packet	1	
azithromycin 100 mg/5 ml susp	1	
azithromycin 200 mg/5 ml susp	1	
azithromycin 250 mg tablet	1	
azithromycin 500 mg tablet	1	
azithromycin 600 mg tablet	1	
clarithromycin er 500 mg tab	1	
clarithromycin 125 mg/5 ml sus	1	
clarithromycin 250 mg tablet	1	
clarithromycin 250 mg/5 ml sus	1	
clarithromycin 500 mg tablet	1	
DIFICID 200 MG TABLET	2	QL (20 / 10 DAYS)
E.E.S. 400 MG TABLET	2	
erythromycin dr 250 mg cap	1	
erythromycin dr 250 mg tablet	1	
erythromycin dr 333 mg tablet	1	
erythromycin dr 500 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
erythromycin es 400 mg tab	1	
erythromycin 200 mg/5 ml susp	1	
erythromycin 250 mg tablet	1	
erythromycin 400 mg/5 ml susp	1	
erythromycin 500 mg tablet	1	
ANTIBACTERIALS - QUINOLONES		
ciprofloxacin hcl 250 mg tab	1	
ciprofloxacin hcl 500 mg tab	1	
ciprofloxacin hcl 750 mg tab	1	
ciprofloxacin 250 mg/5 ml susp	1	
ciprofloxacin 500 mg/5 ml susp	1	
levofloxacin 25 mg/ml solution	1	
levofloxacin 250 mg tablet	1	
levofloxacin 500 mg tablet	1	
levofloxacin 750 mg tablet	1	
moxifloxacin hcl 400 mg tablet	1	
ofloxacin 300 mg tablet	1	
ofloxacin 400 mg tablet	1	
ANTIBACTERIALS - SULFONAMIDES		
sulfadiazine 500 mg tablet	1	
sulfamethoxazole-tmp ds tablet	1	
sulfamethoxazole-tmp ss tablet	1	
sulfamethoxazole-tmp susp	1	
sulfamethoxazole-tmp 20 ml cup	1	
ANTIBACTERIALS - TETRACYCLINES		

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
avidoxy 100 mg tablet	1	
doxycycline hyc dr 100 mg tab	1	
doxycycline hyc dr 150 mg tab	1	
doxycycline hyc dr 200 mg tab	1	
doxycycline hyc dr 50 mg tab	1	
doxycycline hyc dr 75 mg tab	1	
doxycycline hyclate 100 mg cap	1	
doxycycline hyclate 100 mg tab	1	
doxycycline hyclate 150 mg tab	1	
doxycycline hyclate 50 mg cap	1	
doxycycline hyclate 75 mg tab	1	
doxycycline ir-dr 40 mg cap	1	
doxycycline mono 100 mg cap	1	
doxycycline mono 100 mg tablet	1	
doxycycline mono 150 mg cap	1	
doxycycline mono 150 mg tablet	1	
doxycycline mono 50 mg cap	1	
doxycycline mono 50 mg tablet	1	
doxycycline mono 75 mg capsule	1	
doxycycline mono 75 mg tablet	1	
doxycycline 25 mg/5 ml susp	1	
doxycycline 50 mg tablet	1	
minocycline 100 mg capsule	1	
minocycline 50 mg capsule	1	
minocycline 75 mg capsule	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mondoxyne nl 100 mg capsule	1	
mondoxyne nl 75 mg capsule	1	
morgidox 50 mg capsule	1	
tetracycline 250 mg capsule	1	
tetracycline 500 mg capsule	1	
ANTICONVULSANTS - ANTICONVULSANTS, OTHER		
divalproex dr 125 mg cap sprnk	1	
divalproex sod dr 125 mg tab	1	
divalproex sod dr 250 mg tab	1	
divalproex sod dr 500 mg tab	1	
divalproex sod er 250 mg tab	1	
divalproex sod er 500 mg tab	1	
felbamate 400 mg tablet	1	
felbamate 600 mg tablet	1	
felbamate 600 mg/5 ml susp	1	
felbamate 600 mg/5 ml susp cup	1	
lamotrigine er 100 mg tablet	1	ST
lamotrigine er 200 mg tablet	1	ST
lamotrigine er 25 mg tablet	1	ST
lamotrigine er 250 mg tablet	1	ST
lamotrigine er 300 mg tablet	1	ST
lamotrigine er 50 mg tablet	1	ST
lamotrigine odt 100 mg tablet	1	ST
lamotrigine odt 200 mg tablet	1	ST
lamotrigine odt 25 mg tablet	1	ST

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lamotrigine odt 50 mg tablet	1	ST
lamotrigine tab start kit-blue	1	
lamotrigine tab start kt-green	1	
lamotrigine tab start kt-orang	1	
lamotrigine 100 mg tablet	1	
lamotrigine 150 mg tablet	1	
lamotrigine 200 mg tablet	1	
lamotrigine 25 mg disper tab	1	
lamotrigine 25 mg tablet	1	
lamotrigine 5 mg disper tablet	1	
levetiracetam er 500 mg tablet	1	
levetiracetam er 750 mg tablet	1	
levetiracetam 1,000 mg tablet	1	
levetiracetam 1,000mg/10ml cup	1	
levetiracetam 100 mg/ml soln	1	
levetiracetam 250 mg tablet	1	
levetiracetam 500 mg tablet	1	
levetiracetam 750 mg tablet	1	
roweepra 500 mg tablet	1	
subvenite tab start kit (blue)	1	
subvenite tab start kit(green)	1	
subvenite tab start kt(orange)	1	
subvenite 100 mg tablet	1	
subvenite 150 mg tablet	1	
subvenite 200 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
subvenite 25 mg tablet	1	
topiramate 100 mg tablet	1	
topiramate 15 mg sprinkle cap	1	
topiramate 200 mg tablet	1	
topiramate 25 mg sprinkle cap	1	
topiramate 25 mg tablet	1	
topiramate 50 mg tablet	1	
valproate sod 500 mg/5 ml vl	1	
valproic acid 250 mg capsule	1	
valproic acid 250 mg/5 ml cup	1	
valproic acid 250 mg/5 ml soln	1	
valproic acid 500 mg/10 ml cup	1	
ANTICONVULSANTS - CALCIUM CHANNEL MODIFYING AGENTS		
ethosuximide 250 mg capsule	1	
ethosuximide 250 mg/5 ml soln	1	
methsuximide 300 mg capsule	1	
ZARONTIN 250 MG CAPSULE	2	
ZARONTIN 250 MG/5 ML SOLUTION	2	
ANTICONVULSANTS - GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
clobazam 10 mg tablet	1	QL (2 / DAY)
clobazam 2.5 mg/ml suspension	1	QL (16 / DAY)
clobazam 20 mg tablet	1	QL (2 / DAY)
diazepam 10mg rectal gel (2pk)	1	
diazepam 2.5mg rectal gel(2pk)	1	
diazepam 20mg rectal gel (2pk)	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gabapentin 100 mg capsule	1	QL (9 / DAY)
gabapentin 250 mg/5 ml soln	1	QL (72 / DAY)
gabapentin 300 mg capsule	1	QL (9 / DAY)
gabapentin 400 mg capsule	1	QL (9 / DAY)
gabapentin 600 mg tablet	1	QL (6 / DAY)
gabapentin 800 mg tablet	1	QL (4.5 / DAY)
phenobarbital 100 mg tablet	1	
phenobarbital 15 mg tablet	1	
phenobarbital 16.2 mg tablet	1	
phenobarbital 20 mg/5 ml cup	1	
phenobarbital 20 mg/5 ml elix	1	
phenobarbital 20 mg/5 ml soln	1	
phenobarbital 30 mg tablet	1	
phenobarbital 30 mg/7.5 ml cup	1	
phenobarbital 32.4 mg tablet	1	
phenobarbital 60 mg tablet	1	
phenobarbital 60 mg/15 ml cup	1	
phenobarbital 64.8 mg tablet	1	
phenobarbital 97.2 mg tablet	1	
primidone 250 mg tablet	1	
primidone 50 mg tablet	1	
tiagabine hcl 12 mg tablet	1	
tiagabine hcl 16 mg tablet	1	
tiagabine hcl 2 mg tablet	1	
tiagabine hcl 4 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTICONVULSANTS - SODIUM CHANNEL AGENTS		
carbamazepine er 100 mg cap	1	
carbamazepine er 100 mg tablet	1	
carbamazepine er 200 mg cap	1	
carbamazepine er 200 mg tablet	1	
carbamazepine er 300 mg cap	1	
carbamazepine er 400 mg tablet	1	
carbamazepine 100 mg tab chew	1	
carbamazepine 100 mg/5 ml susp	1	
carbamazepine 200 mg tablet	1	
carbamazepine 200 mg/10 ml cup	1	
DILANTIN 125 MG/5 ML SUSP	2	
DILANTIN 30 MG CAPSULE	2	
dilantin 30 mg capsule	2	
epitol 200 mg tablet	1	
oxcarbazepine 150 mg tablet	1	
oxcarbazepine 300 mg tablet	1	
oxcarbazepine 300 mg/5 ml cup	1	
oxcarbazepine 300 mg/5 ml susp	1	
oxcarbazepine 600 mg tablet	1	
phenytoin sod ext 100 mg cap	1	
phenytoin sod ext 200 mg cap	1	
phenytoin sod ext 300 mg cap	1	
phenytoin 125 mg/5 ml susp	1	
phenytoin 50 mg infatab chew	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
phenytoin 50 mg tablet chew	1	
TEGRETOL XR 100 MG TABLET	2	
TEGRETOL XR 200 MG TABLET	2	
TEGRETOL XR 400 MG TABLET	2	
TEGRETOL 100 MG/5 ML SUSP	2	
TEGRETOL 200 MG TABLET	2	
zonisamide 100 mg capsule	1	
zonisamide 25 mg capsule	1	
zonisamide 50 mg capsule	1	
ANTIDEMENTIA AGENTS - ANTIDEMENTIA AGENTS, OTHER		
ergoloid mesylates 1 mg tab	1	
ANTIDEMENTIA AGENTS - CHOLINESTERASE INHIBITORS		
donepezil hcl odt 10 mg tablet	1	
donepezil hcl odt 5 mg tablet	1	
donepezil hcl 10 mg tablet	1	
donepezil hcl 23 mg tablet	1	
donepezil hcl 5 mg tablet	1	
galantamine er 16 mg capsule	1	QL (1 / DAY)
galantamine er 24 mg capsule	1	QL (1 / DAY)
galantamine er 8 mg capsule	1	QL (1 / DAY)
galantamine hbr 12 mg tablet	1	
galantamine hbr 4 mg tablet	1	
galantamine hbr 8 mg tablet	1	
rivastigmine 1.5 mg capsule	1	
rivastigmine 13.3 mg/24hr ptch	1	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
rivastigmine 3 mg capsule	1	
rivastigmine 4.5 mg capsule	1	
rivastigmine 4.6 mg/24hr patch	1	QL (1 / DAY)
rivastigmine 6 mg capsule	1	
rivastigmine 9.5 mg/24hr patch	1	QL (1 / DAY)
ANTIDEMENTIA AGENTS - N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl er 14 mg capsule	1	QL (1 / DAY)
memantine hcl er 21 mg capsule	1	QL (1 / DAY)
memantine hcl er 28 mg capsule	1	QL (1 / DAY)
memantine hcl er 7 mg capsule	1	QL (1 / DAY)
memantine hcl 10 mg tablet	1	QL (2 / DAY)
memantine hcl 5 mg tablet	1	QL (2 / DAY)
memantine 5-10 mg titration pk	1	QL (1.75 / DAY)
ANTIDEPRESSANTS - ANTIDEPRESSANTS, OTHER		
bupropion hcl sr 100 mg tablet	1	
bupropion hcl sr 150 mg tablet	1	
bupropion hcl sr 200 mg tablet	1	
bupropion hcl xl 150 mg tablet	2	
bupropion hcl xl 300 mg tablet	1	
bupropion hcl 100 mg tablet	1	
bupropion hcl 75 mg tablet	1	
mirtazapine 15 mg odt	1	
mirtazapine 15 mg tablet	1	
mirtazapine 30 mg odt	1	
mirtazapine 30 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mirtazapine 45 mg odt	1	
mirtazapine 45 mg tablet	1	
mirtazapine 7.5 mg tablet	1	
perphen-amitrip 2 mg-10 mg tab	1	
perphen-amitrip 2 mg-25 mg tab	1	
perphen-amitrip 4 mg-10 mg tab	1	
perphen-amitrip 4 mg-25 mg tab	1	
perphen-amitrip 4 mg-50 mg tab	1	
ANTIDEPRESSANTS - SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
citalopram hbr 10 mg tablet	1	
citalopram hbr 10 mg/5 ml soln	1	
citalopram hbr 20 mg tablet	1	
citalopram hbr 20 mg/10 ml cup	1	
citalopram hbr 40 mg tablet	1	
escitalopram oxalate 5 mg/5 ml	1	
escitalopram 10 mg tablet	1	
escitalopram 10 mg/10 ml cup	1	
escitalopram 20 mg tablet	1	
escitalopram 5 mg tablet	1	
fluoxetine dr 90 mg capsule	1	
fluoxetine hcl 10 mg capsule	1	
fluoxetine hcl 10 mg tablet	1	
fluoxetine hcl 20 mg capsule	1	
fluoxetine hcl 20 mg tablet	1	
fluoxetine hcl 40 mg capsule	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluoxetine 20 mg/5 ml soln cup	1	
fluoxetine 20 mg/5 ml solution	1	
fluvoxamine maleate 100 mg tab	1	
fluvoxamine maleate 25 mg tab	1	
fluvoxamine maleate 50 mg tab	1	
nefazodone hcl 100 mg tablet	1	
nefazodone hcl 150 mg tablet	1	
nefazodone hcl 200 mg tablet	1	
nefazodone hcl 250 mg tablet	1	
nefazodone hcl 50 mg tablet	1	
paroxetine cr 12.5 mg tablet	1	QL (2 / DAY)
paroxetine cr 25 mg tablet	1	QL (2 / DAY)
paroxetine cr 37.5 mg tablet	1	QL (2 / DAY)
paroxetine er 12.5 mg tablet	1	QL (2 / DAY)
paroxetine er 25 mg tablet	1	QL (2 / DAY)
paroxetine er 37.5 mg tablet	1	QL (2 / DAY)
paroxetine hcl 10 mg tablet	1	
paroxetine hcl 20 mg tablet	1	
paroxetine hcl 30 mg tablet	1	
paroxetine hcl 40 mg tablet	1	
sertraline hcl 100 mg tablet	1	
sertraline hcl 25 mg tablet	1	
sertraline hcl 50 mg tablet	1	
sertraline 20 mg/ml oral conc	1	
trazodone 100 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
trazodone 150 mg tablet	1	
trazodone 300 mg tablet	1	
trazodone 50 mg tablet	1	
venlafaxine hcl er 150 mg cap	1	
venlafaxine hcl er 150 mg tab	1	
venlafaxine hcl er 225 mg tab	1	
venlafaxine hcl er 37.5 mg cap	1	
venlafaxine hcl er 37.5 mg tab	1	
venlafaxine hcl er 75 mg cap	1	
venlafaxine hcl er 75 mg tab	1	
venlafaxine hcl 100 mg tablet	1	
venlafaxine hcl 25 mg tablet	1	
venlafaxine hcl 37.5 mg tablet	1	
venlafaxine hcl 50 mg tablet	1	
venlafaxine hcl 75 mg tablet	1	
ANTIDEPRESSANTS - TRICYCLICS		
amitriptyline hcl 10 mg tab	1	
amitriptyline hcl 100 mg tab	1	
amitriptyline hcl 150 mg tab	1	
amitriptyline hcl 25 mg tab	1	
amitriptyline hcl 50 mg tab	1	
amitriptyline hcl 75 mg tab	1	
clomipramine 25 mg capsule	1	
clomipramine 50 mg capsule	1	
clomipramine 75 mg capsule	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desipramine 10 mg tablet	1	
desipramine 100 mg tablet	1	
desipramine 150 mg tablet	1	
desipramine 25 mg tablet	1	
desipramine 50 mg tablet	1	
desipramine 75 mg tablet	1	
doxepin 10 mg capsule	1	
doxepin 10 mg/ml oral conc	1	
doxepin 100 mg capsule	1	
doxepin 150 mg capsule	1	
doxepin 25 mg capsule	1	
doxepin 50 mg capsule	1	
doxepin 75 mg capsule	1	
imipramine hcl 10 mg tablet	1	
imipramine hcl 25 mg tablet	1	
imipramine hcl 50 mg tablet	1	
nortriptyline hcl 10 mg cap	1	
nortriptyline hcl 25 mg cap	1	
nortriptyline hcl 50 mg cap	1	
nortriptyline hcl 75 mg cap	1	
nortriptyline 10 mg/5 ml soln	1	
protriptyline hcl 10 mg tablet	1	
protriptyline hcl 5 mg tablet	1	
ANTIEMETICS - ANTIEMETICS, OTHER		
compro 25 mg suppository	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
meclizine 12.5 mg tablet	1	
meclizine 25 mg tablet	1	
metoclopramide 10 mg tablet	1	
metoclopramide 10 mg/10 ml cup	1	
metoclopramide 10 mg/10 ml sol	1	
metoclopramide 5 mg tablet	1	
metoclopramide 5 mg/5 ml soln	1	
perphenazine 16 mg tablet	1	
perphenazine 2 mg tablet	1	
perphenazine 4 mg tablet	1	
perphenazine 8 mg tablet	1	
prochlorperazine 10 mg tab	1	
prochlorperazine 25 mg supp	1	
prochlorperazine 5 mg tablet	1	
prochlorperazine 50 mg/10 ml	1	
promethazine 12.5 mg suppos	1	
promethazine 12.5 mg tablet	1	
promethazine 12.5 mg/10 ml cup	1	
promethazine 25 mg suppository	1	
promethazine 25 mg tablet	1	
promethazine 50 mg tablet	1	
promethazine 50 mg/ml ampul	1	
promethazine 50 mg/ml vial	1	
promethazine 6.25 mg/5 ml cup	1	
promethazine 6.25 mg/5 ml soln	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
promethazine 6.25 mg/5 ml syrp	1	
promethegan 12.5 mg suppos	1	
promethegan 25 mg suppository	1	
scopolamine 1 mg/3 day patch	1	
ANTIEMETICS - EMETOGENIC THERAPY ADJUNCTS		
aprepitant 125 mg capsule	1	QL (4 / 30 DAYS)
aprepitant 125-80-80 mg pack	1	QL (12 / 30 DAYS)
aprepitant 40 mg capsule	1	QL (16 / 30 DAYS)
aprepitant 80 mg capsule	1	QL (8 / 30 DAYS)
dronabinol 10 mg capsule	1	
dronabinol 2.5 mg capsule	1	
dronabinol 5 mg capsule	1	
granisetron hcl 1 mg tablet	1	QL (2 / DAY)
ondansetron hcl 4 mg tablet	1	
ondansetron hcl 8 mg tablet	1	
ondansetron odt 4 mg tablet	1	
ondansetron odt 8 mg tablet	1	
ondansetron 4 mg/5 ml soln cup	1	
ondansetron 4 mg/5 ml solution	1	
ANTIFUNGALS - ANTIFUNGALS		
caspofungin acetate 50 mg vial	1	
caspofungin acetate 70 mg vial	1	
clotrimazole 10 mg lozenge	1	
clotrimazole 10 mg troche	1	
fluconazole 10 mg/ml susp	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluconazole 100 mg tablet	1	
fluconazole 150 mg tablet	1	
fluconazole 200 mg tablet	1	
fluconazole 40 mg/ml susp	1	
fluconazole 50 mg tablet	1	
flucytosine 250 mg capsule	1	
flucytosine 500 mg capsule	1	
griseofulvin micro 500 mg tab	1	
griseofulvin ultra 125 mg tab	1	
griseofulvin ultra 250 mg tab	1	
griseofulvin 125 mg/5 ml susp	1	
itraconazole 100 mg capsule	1	
ketoconazole 200 mg tablet	1	
miconazole 3 200 mg vag supp	1	
nystatin 100,000 unit/ml susp	1	
nystatin 500,000 unit oral tab	1	
nystatin 500,000 unit/5 ml cup	1	
terbinafine hcl 250 mg tablet	1	QL (168 / 365 DAYS)
terconazole 0.4% cream	1	
terconazole 0.8% cream	1	
terconazole 80 mg suppository	1	
voriconazole 200 mg tablet	1	QL (2 / DAY)
voriconazole 40 mg/ml susp	1	
voriconazole 50 mg tablet	1	QL (2 / DAY)
ANTIGOUT AGENTS - ANTIGOUT AGENTS		

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
allopurinol 100 mg tablet	1	
allopurinol 300 mg tablet	1	
colchicine 0.6 mg capsule	1	QL (4 / DAY)
colchicine 0.6 mg tablet	1	QL (4 / DAY)
febuxostat 40 mg tablet	1	QL (1 / DAY)
febuxostat 80 mg tablet	1	QL (1 / DAY)
probenecid 500 mg tablet	1	
probenecid-colchicine tablet	1	QL (2 / DAY)
ANTIMIGRAINE AGENTS - ERGOT ALKALOIDS		
ergotamine-caffeine 1-100mg tb	1	
migergot 2-100 mg suppository	1	
ANTIMIGRAINE AGENTS - PROPHYLACTIC		
AIMOVIG 140 MG/ML AUTOINJECTOR	2	QL (0.034 / DAY); PA
AIMOVIG 70 MG/ML AUTOINJECTOR	2	QL (0.067 / DAY); PA
EMGALITY 120 MG/ML PEN	2	QL (7 / 180 DAYS); PA
EMGALITY 120 MG/ML SYRINGE	2	QL (7 / 180 DAYS); PA
EMGALITY 300 MG (100 MG X3SYR)	2	QL (3 / 30 DAYS); PA
QULIPTA 10 MG TABLET	2	QL (1 / DAY); PA
QULIPTA 30 MG TABLET	2	QL (1 / DAY); PA
QULIPTA 60 MG TABLET	2	QL (1 / DAY); PA
UBRELVY 100 MG TABLET	2	QL (16 / 30 DAYS); PA
UBRELVY 50 MG TABLET	2	QL (16 / 30 DAYS); PA
ANTIMIGRAINE AGENTS - SEROTONIN (5-HT) RECEPTOR AGONIST		
eletriptan hbr 20 mg tablet	1	QL (9 / 30 DAYS)
eletriptan hbr 40 mg tablet	1	QL (9 / 30 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
naratriptan hcl 1 mg tablet	1	QL (27 / 90 DAYS)
naratriptan hcl 2.5 mg tablet	1	QL (27 / 90 DAYS)
rizatriptan 10 mg odt	1	QL (12 / 30 DAYS)
rizatriptan 10 mg tablet	1	QL (12 / 30 DAYS)
rizatriptan 5 mg odt	1	QL (12 / 30 DAYS)
rizatriptan 5 mg tablet	1	QL (12 / 30 DAYS)
sumatriptan succ 100 mg tablet	1	QL (27 / 90 DAYS)
sumatriptan succ 25 mg tablet	1	QL (27 / 90 DAYS)
sumatriptan succ 50 mg tablet	1	QL (27 / 90 DAYS)
sumatriptan 20 mg nasal spray	1	QL (12 / 30 DAYS)
sumatriptan 4 mg/0.5 ml cart	1	QL (4 / 28 DAYS)
sumatriptan 4 mg/0.5 ml inject	1	QL (4 / 28 DAYS)
sumatriptan 5 mg nasal spray	1	QL (12 / 30 DAYS)
sumatriptan 6 mg/0.5 ml cart	1	QL (4 / 28 DAYS)
sumatriptan 6 mg/0.5 ml vial	1	QL (10 / 31 DAYS)
sumatriptan 6 mg/0.5ml autoinj	1	QL (4 / 28 DAYS)
ANTIMYASTHENIC AGENTS - PARASYMPATHOMIMETICS		
pyridostigmine br 30 mg tablet	1	
pyridostigmine br 60 mg tablet	1	
pyridostigmine er 180 mg tab	1	
pyridostigmine 60 mg/5 ml cup	1	
pyridostigmine 60 mg/5 ml soln	1	
REGONOL 10 MG/2 ML AMPUL	2	
ANTIMYCOBACTERIALS - ANTIMYCOBACTERIALS, OTHER		
dapsone 100 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dapsone 25 mg tablet	1	
rifabutin 150 mg capsule	1	
ANTIMYCOBACTERIALS - ANTITUBERCULARS		
cycloserine 250 mg capsule	1	
ethambutol hcl 100 mg tablet	1	
ethambutol hcl 400 mg tablet	1	
isoniazid 100 mg tablet	1	
isoniazid 300 mg tablet	1	
isoniazid 50 mg/5 ml solution	1	
PRIFTIN 150 MG TABLET	2	
pyrazinamide 500 mg tablet	1	
rifampin 150 mg capsule	1	
rifampin 300 mg capsule	1	
TRECATOR 250 MG TABLET	2	
ANTINEOPLASTICS - ALKYLATING AGENTS		
bendamustine 100 mg/4 ml vial	1	PA
cyclophosphamide 25 mg tablet	1	
cyclophosphamide 50 mg tablet	1	
GLEOSTINE 10 MG CAPSULE	1	PA
GLEOSTINE 100 MG CAPSULE	1	PA
GLEOSTINE 40 MG CAPSULE	1	PA
LEUKERAN 2 MG TABLET	2	PA; NDS
MATULANE 50 MG CAPSULE	2	PA; NDS
melphalan 2 mg tablet	1	
MYLERAN 2 MG TABLET	2	PA; NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
temozolomide 100 mg capsule	1	PA; NDS
temozolomide 140 mg capsule	1	PA; NDS
temozolomide 180 mg capsule	1	PA; NDS
temozolomide 20 mg capsule	1	PA; NDS
temozolomide 250 mg capsule	1	PA; NDS
temozolomide 5 mg capsule	1	PA; NDS
VALCHLOR 0.016% GEL	2	PA; NDS
ANTINEOPLASTICS - ANTIANDROGENS		
abiraterone acetate 250 mg tab	1	QL (4 / DAY); NDS
abirtega 250 mg tablet	1	QL (4 / DAY); PA; NDS
bicalutamide 50 mg tablet	1	
ERLEADA 240 MG TABLET	2	QL (1 / DAY); PA; NDS
ERLEADA 60 MG TABLET	2	QL (4 / DAY); PA; NDS
EULEXIN 125 MG CAPSULE	2	QL (6 / DAY); PA; NDS
nilutamide 150 mg tablet	1	QL (1 / DAY); PA; NDS
NUBEQA 300 MG TABLET	2	QL (4 / DAY); PA; NDS
XTANDI 40 MG CAPSULE	2	QL (4 / DAY); PA; NDS
XTANDI 40 MG TABLET	2	QL (4 / DAY); PA; NDS
XTANDI 80 MG TABLET	2	QL (2 / DAY); PA; NDS
YONSA 125 MG TABLET	2	QL (4 / DAY); PA; NDS
ANTINEOPLASTICS - ANTIANGIOGENIC AGENTS		
lenalidomide 10 mg capsule	1	QL (1 / DAY); PA; NDS
lenalidomide 15 mg capsule	1	QL (1 / DAY); PA; NDS
lenalidomide 2.5 mg capsule	1	QL (1 / DAY); PA; NDS
lenalidomide 20 mg capsule	1	QL (1 / DAY); PA; NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lenalidomide 25 mg capsule	1	QL (1 / DAY); PA; NDS
lenalidomide 5 mg capsule	1	QL (1 / DAY); PA; NDS
POMALYST 1 MG CAPSULE	2	QL (0.75 / DAY); PA; NDS
POMALYST 2 MG CAPSULE	2	QL (0.75 / DAY); PA; NDS
POMALYST 3 MG CAPSULE	2	QL (0.75 / DAY); PA; NDS
POMALYST 4 MG CAPSULE	2	QL (0.75 / DAY); PA; NDS
ANTINEOPLASTICS - ANTIESTROGENS/MODIFIERS		
ORSERDU 345 MG TABLET	2	QL (1 / DAY); PA; NDS
ORSERDU 86 MG TABLET	2	QL (3 / DAY); PA; NDS
SOLTAMOX 20 MG/10 ML SOLN	2	QL (10 / DAY); PA; NDS
tamoxifen 10 mg tablet	1	G
tamoxifen 20 mg tablet	1	G
toremifene citrate 60 mg tab	2	
ANTINEOPLASTICS - ANTIMETABOLITES		
capecitabine 150 mg tablet	1	
capecitabine 500 mg tablet	1	
hydroxyurea 500 mg capsule	1	
INQOVI 35 MG-100 MG TABLET	2	PA
LONSURF 15 MG-6.14 MG TABLET	2	QL (3.83 / DAY); PA; NDS
LONSURF 20 MG-8.19 MG TABLET	2	QL (2.86 / DAY); PA; NDS
mercaptopurine 20 mg/ml suspen	1	PA; NDS
mercaptopurine 50 mg tablet	1	
ONUREG 200 MG TABLET	2	QL (0.5 / DAY); PA; NDS
ONUREG 300 MG TABLET	2	QL (0.5 / DAY); PA; NDS
ANTINEOPLASTICS - ANTINEOPLASTICS, OTHER		

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AKEEGA 100-500 MG TABLET	2	QL (2 / DAY); PA; NDS
AKEEGA 50-500 MG TABLET	2	QL (2 / DAY); PA; NDS
AYVAKIT 100 MG TABLET	2	QL (2 / DAY); PA; NDS
AYVAKIT 200 MG TABLET	2	QL (2 / DAY); PA; NDS
AYVAKIT 25 MG TABLET	2	QL (2 / DAY); PA; NDS
AYVAKIT 300 MG TABLET	2	QL (2 / DAY); PA; NDS
AYVAKIT 50 MG TABLET	2	QL (2 / DAY); PA; NDS
BRUKINSA 80 MG CAPSULE	2	QL (4 / DAY); PA; NDS
CAMCEVI 42 MG SYRINGE	2	QL (1 / 180 DAYS); PA
FOTIVDA 0.89 MG CAPSULE	2	QL (0.75 / DAY); PA; NDS
FOTIVDA 1.34 MG CAPSULE	2	QL (0.75 / DAY); PA; NDS
GAVRETO 100 MG CAPSULE	2	QL (4 / DAY); PA; NDS
IDHIFA 100 MG TABLET	2	QL (1 / DAY); PA; NDS
IDHIFA 50 MG TABLET	2	QL (1 / DAY); PA; NDS
KISQALI FEMARA 200 MG CO-PACK	2	QL (1.75 / DAY); PA; NDS
KISQALI FEMARA 400 MG CO-PACK	2	QL (2.5 / DAY); PA; NDS
KISQALI FEMARA 600 MG CO-PACK	2	QL (3.25 / DAY); PA; NDS
LYTGOBI 12 MG DOSE (3X 4MG TB)	2	QL (3 / DAY); PA; NDS
LYTGOBI 16 MG DOSE (4X 4MG TB)	2	QL (4 / DAY); PA; NDS
LYTGOBI 20 MG DOSE (5X 4MG TB)	2	QL (5 / DAY); PA; NDS
mitomycin 20 mg/40 ml-water	2	PA
NINLARO 2.3 MG CAPSULE	2	QL (0.11 / DAY); PA; NDS
NINLARO 3 MG CAPSULE	2	QL (0.11 / DAY); PA; NDS
NINLARO 4 MG CAPSULE	2	QL (0.11 / DAY); PA; NDS
RETEVMO 120 MG TABLET	2	QL (2 / DAY); PA; NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETEVMO 160 MG TABLET	2	QL (2 / DAY); PA; NDS
RETEVMO 40 MG CAPSULE	2	QL (4 / DAY); PA; NDS
RETEVMO 40 MG TABLET	2	QL (3 / DAY); PA; NDS
RETEVMO 80 MG CAPSULE	2	QL (4 / DAY); PA; NDS
RETEVMO 80 MG TABLET	2	QL (2 / DAY); PA; NDS
TABRECTA 150 MG TABLET	2	QL (4 / DAY); PA; NDS
TABRECTA 200 MG TABLET	2	QL (4 / DAY); PA; NDS
TAZVERIK 200 MG TABLET	2	QL (8 / DAY); PA; NDS
VONJO 100 MG CAPSULE	2	QL (4 / DAY); PA; NDS
VORANIGO 10 MG TABLET	2	QL (2 / DAY); PA; NDS
VORANIGO 40 MG TABLET	2	QL (1 / DAY); PA; NDS
WELIREG 40 MG TABLET	2	QL (3 / DAY); PA; NDS
XPOVIO 100 MG ONCE WEEKLY DOSE (50 MG TABLETS)	2	QL (8 / 28 DAYS); PA; NDS
XPOVIO 40 MG ONCE WEEKLY DOSE (40 MG TABLETS)	2	QL (4 / 28 DAYS); PA; NDS
XPOVIO 40 MG TWICE WEEKLY DOSE (40 MG TABLETS)	2	QL (8 / 28 DAYS); PA; NDS
XPOVIO 60 MG ONCE WEEKLY DOSE (60 MG TABLETS)	2	QL (4 / 28 DAYS); PA; NDS
XPOVIO 60 MG TWICE WEEKLY DOSE (20 MG TABLETS)	2	QL (24 / 28 DAYS); PA; NDS
XPOVIO 80 MG ONCE WEEKLY DOSE (40 MG TABLETS)	2	QL (8 / 28 DAYS); PA; NDS
XPOVIO 80 MG TWICE WEEKLY DOSE (20 MG TABLETS)	2	QL (32 / 28 DAYS); PA; NDS
YESCARTA CASSETTE	2	PA
YESCARTA INFUSION BAG	2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZOLINZA 100 MG CAPSULE	2	QL (4 / DAY); PA; NDS
ANTINEOPLASTICS - AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole 1 mg tablet	1	G
exemestane 25 mg tablet	1	G
letrozole 2.5 mg tablet	1	
ANTINEOPLASTICS - ENZYME INHIBITORS		
etoposide 50 mg capsule	1	PA; NDS
HYCAMTIN 0.25 MG CAPSULE	2	PA; NDS
HYCAMTIN 1 MG CAPSULE	2	PA; NDS
ANTINEOPLASTICS - MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAPSULE	2	QL (8 / DAY); PA; NDS
ALUNBRIG 180 MG TABLET	2	QL (1 / DAY); PA; NDS
ALUNBRIG 30 MG TABLET	2	QL (6 / DAY); PA; NDS
ALUNBRIG 90 MG TABLET	2	QL (1 / DAY); PA; NDS
ALUNBRIG 90 MG-180 MG TAB PACK	2	QL (1 / DAY); PA; NDS
AUGTYRO 160 MG CAPSULE	2	QL (2 / DAY); PA; NDS
AUGTYRO 40 MG CAPSULE	2	QL (8 / DAY); PA; NDS
BALVERSA 3 MG TABLET	2	QL (3 / DAY); PA; NDS
BALVERSA 4 MG TABLET	2	QL (2 / DAY); PA; NDS
BALVERSA 5 MG TABLET	2	QL (1 / DAY); PA; NDS
BOSULIF 100 MG CAPSULE	2	QL (6 / DAY); PA; NDS
BOSULIF 100 MG TABLET	2	QL (6 / DAY); PA; NDS
BOSULIF 400 MG TABLET	2	QL (1 / DAY); PA; NDS
BOSULIF 50 MG CAPSULE	2	QL (1 / DAY); PA; NDS
BOSULIF 500 MG TABLET	2	QL (1 / DAY); PA; NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BRAFTOVI 75 MG CAPSULE	2	QL (6 / DAY); PA; NDS
CABOMETYX 20 MG TABLET	2	QL (1 / DAY); PA; NDS
CABOMETYX 40 MG TABLET	2	QL (1 / DAY); PA; NDS
CABOMETYX 60 MG TABLET	2	QL (1 / DAY); PA; NDS
CALQUENCE 100 MG TABLET	2	QL (2 / DAY); PA; NDS
CAPRELSA 100 MG TABLET	2	QL (2 / DAY); PA; NDS
CAPRELSA 300 MG TABLET	2	QL (1 / DAY); PA; NDS
COMETRIQ 100 MG DAILY-DOSE PK	2	QL (2 / DAY); PA; NDS
COMETRIQ 140 MG DAILY-DOSE PK	2	QL (4 / DAY); PA; NDS
COMETRIQ 60 MG DAILY-DOSE PACK	2	QL (3 / DAY); PA; NDS
COPIKTRA 15 MG CAPSULE	2	QL (2 / DAY); PA; NDS
COPIKTRA 25 MG CAPSULE	2	QL (2 / DAY); PA; NDS
COTELLIC 20 MG TABLET	2	QL (3 / DAY); PA; NDS
dasatinib 100 mg tablet	1	QL (1 / DAY); PA; NDS
dasatinib 140 mg tablet	1	QL (1 / DAY); PA; NDS
dasatinib 20 mg tablet	1	QL (1 / DAY); PA; NDS
dasatinib 50 mg tablet	1	QL (1 / DAY); PA; NDS
dasatinib 70 mg tablet	1	QL (2 / DAY); PA; NDS
dasatinib 80 mg tablet	1	QL (1 / DAY); PA; NDS
DAURISMO 100 MG TABLET	2	QL (1 / DAY); PA; NDS
DAURISMO 25 MG TABLET	2	QL (2 / DAY); PA; NDS
ERIVEDGE 150 MG CAPSULE	2	QL (1 / DAY); PA; NDS
erlotinib hcl 100 mg tablet	1	QL (1 / DAY); PA; NDS
erlotinib hcl 150 mg tablet	1	QL (1 / DAY); PA; NDS
erlotinib hcl 25 mg tablet	1	QL (1 / DAY); PA; NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
everolimus 10 mg tablet	1	QL (1 / DAY); PA; NDS
everolimus 2 mg tab for susp	1	QL (1 / DAY); PA; NDS
everolimus 2.5 mg tablet	1	QL (1 / DAY); PA; NDS
everolimus 3 mg tab for susp	1	QL (1 / DAY); PA; NDS
everolimus 5 mg tab for susp	1	QL (2 / DAY); PA; NDS
everolimus 5 mg tablet	1	QL (1 / DAY); PA; NDS
everolimus 7.5 mg tablet	1	QL (1 / DAY); PA; NDS
FRUZAQLA 1 MG CAPSULE	2	QL (84 / 28 DAYS); PA; NDS
FRUZAQLA 5 MG CAPSULE	2	QL (21 / 28 DAYS); PA; NDS
gefitinib 250 mg tablet	1	QL (2 / DAY); PA
GILOTRIF 20 MG TABLET	2	QL (1 / DAY); PA; NDS
GILOTRIF 30 MG TABLET	2	QL (1 / DAY); PA; NDS
GILOTRIF 40 MG TABLET	2	QL (1 / DAY); PA; NDS
IBRANCE 100 MG CAPSULE	2	QL (0.75 / DAY); PA; NDS
IBRANCE 100 MG TABLET	2	QL (0.75 / DAY); PA; NDS
IBRANCE 125 MG CAPSULE	2	QL (0.75 / DAY); PA; NDS
IBRANCE 125 MG TABLET	2	QL (0.75 / DAY); PA; NDS
IBRANCE 75 MG CAPSULE	2	QL (0.75 / DAY); PA; NDS
IBRANCE 75 MG TABLET	2	QL (0.75 / DAY); PA; NDS
ICLUSIG 10 MG TABLET	2	QL (1 / DAY); PA; NDS
ICLUSIG 15 MG TABLET	2	QL (1 / DAY); PA; NDS
ICLUSIG 30 MG TABLET	2	QL (1 / DAY); PA; NDS
ICLUSIG 45 MG TABLET	2	QL (1 / DAY); PA; NDS
imatinib mesylate 100 mg tab	1	QL (8 / DAY); PA; NDS
imatinib mesylate 400 mg tab	1	QL (2 / DAY); PA; NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMBRUVICA 140 MG CAPSULE	2	QL (4 / DAY); PA; NDS
IMBRUVICA 280 MG TABLET	2	QL (1 / DAY); PA; NDS
IMBRUVICA 420 MG TABLET	2	QL (1 / DAY); PA; NDS
IMBRUVICA 70 MG CAPSULE	2	QL (1 / DAY); PA; NDS
IMBRUVICA 70 MG/ML SUSPENSION	2	QL (7.2 / DAY); PA; NDS
IMKELDI 80 MG/ML SOLUTION	2	QL (5 / DAY); PA; NDS
INLYTA 1 MG TABLET	2	QL (7 / DAY); PA; NDS
INLYTA 5 MG TABLET	2	QL (4 / DAY); PA; NDS
INREBIC 100 MG CAPSULE	2	QL (4 / DAY); PA; NDS
ITOVEBI 3 MG TABLET	2	QL (2 / DAY); PA; NDS
ITOVEBI 9 MG TABLET	2	QL (1 / DAY); PA; NDS
IWILFIN 192 MG TABLET	2	QL (8 / DAY); PA; NDS
JAKAFI 10 MG TABLET	2	QL (2 / DAY); PA; NDS
JAKAFI 15 MG TABLET	2	QL (2 / DAY); PA; NDS
JAKAFI 20 MG TABLET	2	QL (2 / DAY); PA; NDS
JAKAFI 25 MG TABLET	2	QL (2 / DAY); PA; NDS
JAKAFI 5 MG TABLET	2	QL (2 / DAY); PA; NDS
JAYPIRCA 100 MG TABLET	2	QL (2 / DAY); PA; NDS
JAYPIRCA 50 MG TABLET	2	QL (1 / DAY); PA; NDS
KISQALI 200 MG DAILY DOSE	2	QL (0.75 / DAY); PA; NDS
KISQALI 400 MG DAILY DOSE	2	QL (1.5 / DAY); PA; NDS
KISQALI 600 MG DAILY DOSE	2	QL (2.25 / DAY); PA; NDS
KOSELUGO 10 MG CAPSULE	2	QL (8 / DAY); PA; NDS
KOSELUGO 25 MG CAPSULE	2	QL (4 / DAY); PA; NDS
KRAZATI 200 MG TABLET	2	QL (6 / DAY); PA; NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lapatinib 250 mg tablet	1	QL (6 / DAY); PA
LAZCLUZE 240 MG TABLET	2	QL (1 / DAY); PA; NDS
LAZCLUZE 80 MG TABLET	2	QL (2 / DAY); PA; NDS
LENVIMA 10 MG DAILY DOSE	2	QL (1 / DAY); PA; NDS
LENVIMA 12 MG DAILY DOSE	2	QL (3 / DAY); PA; NDS
LENVIMA 14 MG DAILY DOSE	2	QL (2 / DAY); PA; NDS
LENVIMA 18 MG DAILY DOSE	2	QL (3 / DAY); PA; NDS
LENVIMA 20 MG DAILY DOSE	2	QL (2 / DAY); PA; NDS
LENVIMA 24 MG DAILY DOSE	2	QL (3 / DAY); PA; NDS
LENVIMA 4 MG CAPSULE	2	QL (1 / DAY); PA; NDS
LENVIMA 8 MG DAILY DOSE	2	QL (2 / DAY); PA; NDS
LORBRENA 100 MG TABLET	2	QL (1 / DAY); PA; NDS
LORBRENA 25 MG TABLET	2	QL (3 / DAY); PA; NDS
LUMAKRAS 120 MG TABLET	2	QL (8 / DAY); PA; NDS
LUMAKRAS 240 MG TABLET	2	QL (4 / DAY); PA; NDS
LUMAKRAS 320 MG TABLET	2	QL (3 / DAY); PA; NDS
LYNPARZA 100 MG TABLET	2	QL (4 / DAY); PA; NDS
LYNPARZA 150 MG TABLET	2	QL (4 / DAY); PA; NDS
MEKINIST 0.05 MG/ML SOLUTION	2	QL (42 / DAY); PA; NDS
MEKINIST 0.5 MG TABLET	2	QL (3 / DAY); PA; NDS
MEKINIST 2 MG TABLET	2	QL (1 / DAY); PA; NDS
MEKTOVI 15 MG TABLET	2	QL (6 / DAY); PA; NDS
NERLYNX 40 MG TABLET	2	QL (6 / DAY); PA; NDS
nilotinib 150 mg capsule	1	QL (4 / DAY); PA; NDS
nilotinib 200 mg capsule	1	QL (4 / DAY); PA; NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ODOMZO 200 MG CAPSULE	2	QL (1 / DAY); PA; NDS
OGSIVEO 50 MG TABLET	2	QL (6 / DAY); PA; NDS
OJEMDA 100 MG TAB (400MG DOSE)	2	QL (0.58 / DAY); PA; NDS
OJEMDA 100 MG TAB (500MG DOSE)	2	QL (0.72 / DAY); PA; NDS
OJEMDA 100 MG TAB (600MG DOSE)	2	QL (0.86 / DAY); PA; NDS
OJEMDA 25 MG/ML ORAL SUSP	2	QL (3.43 / DAY); PA; NDS
OJJAARA 100 MG TABLET	2	QL (1 / DAY); PA; NDS
OJJAARA 150 MG TABLET	2	QL (1 / DAY); PA; NDS
OJJAARA 200 MG TABLET	2	QL (1 / DAY); PA; NDS
pazopanib hcl 200 mg tablet	1	QL (4 / DAY); PA
PEMAZYRE 13.5 MG TABLET	2	QL (0.67 / DAY); PA; NDS
PEMAZYRE 4.5 MG TABLET	2	QL (0.67 / DAY); PA; NDS
PEMAZYRE 9 MG TABLET	2	QL (0.67 / DAY); PA; NDS
PIQRAY 200 MG DAILY DOSE PACK	2	QL (1 / DAY); PA; NDS
PIQRAY 250 MG DAILY DOSE PACK	2	QL (2 / DAY); PA; NDS
PIQRAY 300 MG DAILY DOSE PACK	2	QL (2 / DAY); PA; NDS
QINLOCK 50 MG TABLET	2	QL (3 / DAY); PA; NDS
REVUFORJ 110 MG TABLET	2	QL (4 / DAY); PA; NDS
REVUFORJ 160 MG TABLET	2	QL (2 / DAY); PA; NDS
ROZLYTREK 100 MG CAPSULE	2	QL (5 / DAY); PA; NDS
ROZLYTREK 200 MG CAPSULE	2	QL (3 / DAY); PA; NDS
ROZLYTREK 50 MG PELLET PACKET	2	QL (12 / DAY); PA; NDS
RUBRACA 200 MG TABLET	2	QL (4 / DAY); PA; NDS
RUBRACA 250 MG TABLET	2	QL (4 / DAY); PA; NDS
RUBRACA 300 MG TABLET	2	QL (4 / DAY); PA; NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RYDAPT 25 MG CAPSULE	2	QL (8 / DAY); PA; NDS
SCEMBLIX 100 MG TABLET	2	QL (4 / DAY); PA; NDS
SCEMBLIX 20 MG TABLET	2	QL (2 / DAY); PA; NDS
SCEMBLIX 40 MG TABLET	2	QL (10 / DAY); PA; NDS
sorafenib 200 mg tablet	1	QL (4 / DAY); PA; NDS
STIVARGA 40 MG TABLET	2	QL (3 / DAY); PA; NDS
sunitinib malate 12.5 mg cap	1	QL (1 / DAY); PA; NDS
sunitinib malate 25 mg capsule	1	QL (1 / DAY); PA; NDS
sunitinib malate 37.5 mg cap	1	QL (1 / DAY); PA; NDS
sunitinib malate 50 mg capsule	1	QL (1 / DAY); PA; NDS
TAFINLAR 10 MG TABLET FOR SUSP	2	QL (30 / DAY); PA; NDS
TAFINLAR 50 MG CAPSULE	2	QL (4 / DAY); PA; NDS
TAFINLAR 75 MG CAPSULE	2	QL (4 / DAY); PA; NDS
TAGRISSO 40 MG TABLET	2	QL (1 / DAY); PA; NDS
TAGRISSO 80 MG TABLET	2	QL (1 / DAY); PA; NDS
TALZENNA 0.1 MG CAPSULE	2	QL (1 / DAY); PA; NDS
TALZENNA 0.1 MG SOFTGEL	2	QL (1 / DAY); PA; NDS
TALZENNA 0.25 MG CAPSULE	2	QL (3 / DAY); PA; NDS
TALZENNA 0.25 MG SOFTGEL	2	QL (3 / DAY); PA; NDS
TALZENNA 0.35 MG CAPSULE	2	QL (1 / DAY); PA; NDS
TALZENNA 0.35 MG SOFTGEL	2	QL (1 / DAY); PA; NDS
TALZENNA 0.5 MG CAPSULE	2	QL (1 / DAY); PA; NDS
TALZENNA 0.5 MG SOFTGEL	2	QL (1 / DAY); PA; NDS
TALZENNA 0.75 MG CAPSULE	2	QL (1 / DAY); PA; NDS
TALZENNA 0.75 MG SOFTGEL	2	QL (1 / DAY); PA; NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TALZENNA 1 MG CAPSULE	2	QL (1 / DAY); PA; NDS
TALZENNA 1 MG SOFTGEL	2	QL (1 / DAY); PA; NDS
TASIGNA 50 MG CAPSULE	2	QL (4 / DAY); PA; NDS
TEPMETKO 225 MG TABLET	2	QL (2 / DAY); PA; NDS
TIBSOVO 250 MG TABLET	2	QL (2 / DAY); PA; NDS
torpenz 10 mg tablet	1	QL (1 / DAY); PA; NDS
torpenz 2.5 mg tablet	1	QL (1 / DAY); PA; NDS
torpenz 5 mg tablet	1	QL (1 / DAY); PA; NDS
torpenz 7.5 mg tablet	1	QL (1 / DAY); PA; NDS
TRUQAP 160 MG TABLET	2	QL (64 / 28 DAYS); PA; NDS
TRUQAP 200 MG TABLET	2	QL (64 / 28 DAYS); PA; NDS
TUKYSA 150 MG TABLET	2	QL (4 / DAY); PA; NDS
TUKYSA 50 MG TABLET	2	QL (4 / DAY); PA; NDS
TURALIO 125 MG CAPSULE	2	QL (2 / DAY); PA; NDS
VANFLYTA 17.7 MG TABLET	2	QL (28 / 28 DAYS); PA; NDS
VANFLYTA 26.5 MG TABLET	2	QL (56 / 28 DAYS); PA; NDS
VENCLEXTA STARTING PACK	2	QL (1.5 / DAY); PA; NDS
VENCLEXTA 10 MG TAB (10MG X 2)	2	QL (2 / DAY); PA; NDS
VENCLEXTA 10 MG TABLET	2	QL (2 / DAY); PA; NDS
VENCLEXTA 100 MG TABLET	2	QL (4 / DAY); PA; NDS
VENCLEXTA 50 MG TABLET	2	QL (1 / DAY); PA; NDS
VERZENIO 100 MG TABLET	2	QL (2 / DAY); PA; NDS
VERZENIO 150 MG TABLET	2	QL (2 / DAY); PA; NDS
VERZENIO 200 MG TABLET	2	QL (2 / DAY); PA; NDS
VERZENIO 50 MG TABLET	2	QL (2 / DAY); PA; NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITRAKVI 100 MG CAPSULE	2	QL (2 / DAY); PA; NDS
VITRAKVI 20 MG/ML SOLUTION	2	QL (100 / DAY); PA; NDS
VITRAKVI 25 MG CAPSULE	2	QL (6 / DAY); PA; NDS
VIZIMPRO 15 MG TABLET	2	QL (1 / DAY); PA; NDS
VIZIMPRO 30 MG TABLET	2	QL (1 / DAY); PA; NDS
VIZIMPRO 45 MG TABLET	2	QL (1 / DAY); PA; NDS
XALKORI 150 MG PELLET	2	QL (6 / DAY); PA; NDS
XALKORI 20 MG PELLET	2	QL (4 / DAY); PA; NDS
XALKORI 200 MG CAPSULE	2	QL (2 / DAY); PA; NDS
XALKORI 250 MG CAPSULE	2	QL (2 / DAY); PA; NDS
XALKORI 50 MG PELLET	2	QL (4 / DAY); PA; NDS
XOSPATA 40 MG TABLET	2	QL (3 / DAY); PA; NDS
ZEJULA 100 MG TABLET	2	QL (1 / DAY); PA; NDS
ZEJULA 200 MG TABLET	2	QL (1 / DAY); PA; NDS
ZEJULA 300 MG TABLET	2	QL (1 / DAY); PA; NDS
ZELBORAF 240 MG TABLET	2	QL (8 / DAY); PA; NDS
ZYDELIG 100 MG TABLET	2	QL (2 / DAY); PA; NDS
ZYDELIG 150 MG TABLET	2	QL (2 / DAY); PA; NDS
ZYKADIA 150 MG TABLET	2	QL (3 / DAY); PA; NDS
ANTINEOPLASTICS - RETINOIDS		
bexarotene 1% gel	1	PA
bexarotene 75 mg capsule	2	QL (10 / DAY); PA; NDS
PANRETIN 0.1% GEL	2	PA; NDS
tretinoin 10 mg capsule	1	PA; NDS
ANTINEOPLASTICS - TREATMENT ADJUNCTS		

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
leucovorin cal 100 mg/10 ml vl	1	
leucovorin cal 500 mg/50 ml vl	1	
leucovorin calcium 10 mg tab	1	
leucovorin calcium 100 mg vial	1	
leucovorin calcium 15 mg tab	1	
leucovorin calcium 200 mg vial	1	
leucovorin calcium 25 mg tab	1	
leucovorin calcium 350 mg vial	1	
leucovorin calcium 5 mg tab	1	
leucovorin calcium 50 mg vial	1	
leucovorin calcium 500 mg vial	1	
levoleucovorin 175 mg/17.5 ml	1	
levoleucovorin 250 mg/25 ml vl	1	
levoleucovorin 50 mg vial	1	
ANTIPARASITICS - ANTHELMINTHICS		
emverm 100 mg tablet chew	1	
ivermectin 3 mg tablet	1	
ANTIPARASITICS - ANTIPROTOZOALS		
atovaquone-proguanil 250-100	1	
atovaquone-proguanil 62.5-25	1	
chloroquine ph 250 mg tablet	1	
chloroquine ph 500 mg tablet	1	
hydroxychloroquine 200 mg tab	1	
mefloquine hcl 250 mg tablet	1	
pentamidine 300 mg inject vial	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
primaquine 26.3 mg tablet	1	
pyrimethamine 25 mg tablet	1	
quinine sulfate 324 mg capsule	1	
ANTIPARKINSON AGENTS - ANTICHOLINERGICS		
benztropine mes 0.5 mg tab	1	
benztropine mes 1 mg tablet	1	
benztropine mes 2 mg tablet	1	
trihexyphenidyl 2 mg tablet	1	
trihexyphenidyl 2 mg/5 ml soln	1	
trihexyphenidyl 5 mg tablet	1	
ANTIPARKINSON AGENTS - ANTIPARKINSON AGENTS, OTHER		
amantadine 100 mg capsule	1	
amantadine 100 mg tablet	1	
amantadine 100 mg/10 ml cup	1	
amantadine 50 mg/5 ml solution	1	
entacapone 200 mg tablet	1	
ANTIPARKINSON AGENTS - DOPAMINE AGONISTS		
bromocriptine 2.5 mg tablet	1	
bromocriptine 5 mg capsule	1	
NEUPRO 1 MG/24 HR PATCH	2	QL (1 / DAY); ST
NEUPRO 2 MG/24 HR PATCH	2	QL (1 / DAY); ST
NEUPRO 3 MG/24 HR PATCH	2	QL (1 / DAY); ST
NEUPRO 4 MG/24 HR PATCH	2	QL (1 / DAY); ST
NEUPRO 6 MG/24 HR PATCH	2	QL (1 / DAY); ST
NEUPRO 8 MG/24 HR PATCH	2	QL (1 / DAY); ST

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pramipexole 0.125 mg tablet	1	
pramipexole 0.25 mg tablet	1	
pramipexole 0.5 mg tablet	1	
pramipexole 0.75 mg tablet	1	
pramipexole 1 mg tablet	1	
pramipexole 1.5 mg tablet	1	
ropinirole hcl 0.25 mg tablet	1	
ropinirole hcl 0.5 mg tablet	1	
ropinirole hcl 1 mg tablet	1	
ropinirole hcl 2 mg tablet	1	
ropinirole hcl 3 mg tablet	1	
ropinirole hcl 4 mg tablet	1	
ropinirole hcl 5 mg tablet	1	
ANTIPARKINSON AGENTS - DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa 25 mg tablet	1	QL (8 / DAY); ST
carbidopa-levo er 25-100 tab	1	
carbidopa-levo er 50-200 tab	1	
carbidopa-levo 10-100 mg odt	1	
carbidopa-levo 25-100 mg odt	1	
carbidopa-levo 25-250 mg odt	1	
carbidopa-levodopa 10-100 tab	1	
carbidopa-levodopa 25-100 tab	1	
carbidopa-levodopa 25-250 tab	1	
ANTIPARKINSON AGENTS - MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate 0.5 mg tab	1	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
rasagiline mesylate 1 mg tab	1	QL (1 / DAY)
selegiline hcl 5 mg capsule	1	QL (2 / DAY)
selegiline hcl 5 mg tablet	1	QL (2 / DAY)
ANTIPSYCHOTICS - TREATMENT-RESISTANT		
clozapine odt 100 mg tablet	1	PA
clozapine odt 12.5 mg tablet	1	PA
clozapine odt 150 mg tablet	1	PA
clozapine odt 200 mg tablet	1	PA
clozapine odt 25 mg tablet	1	PA
clozapine 100 mg tablet	1	PA
clozapine 200 mg tablet	1	PA
clozapine 25 mg tablet	1	PA
clozapine 50 mg tablet	1	PA
ANTIPSYCHOTICS - 1ST GENERATION/TYPICAL		
chlorpromazine 10 mg tablet	1	
chlorpromazine 100 mg tablet	1	
chlorpromazine 100 mg/ml conc	1	
chlorpromazine 200 mg tablet	1	
chlorpromazine 25 mg tablet	1	
chlorpromazine 30 mg/ml conc	1	
chlorpromazine 50 mg tablet	1	
fluphenazine dec 125 mg/5 ml	1	
fluphenazine 1 mg tablet	1	QL (4 / DAY)
fluphenazine 10 mg tablet	1	QL (4 / DAY)
fluphenazine 2.5 mg tablet	1	QL (4 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluphenazine 2.5 mg/ml vial	1	
fluphenazine 2.5 mg/5 ml elix	1	
fluphenazine 5 mg tablet	1	QL (4 / DAY)
fluphenazine 5 mg/ml conc	1	
haloperidol dec 100 mg/ml amp	1	
haloperidol dec 100 mg/ml vial	1	
haloperidol dec 250 mg/5 ml vl	1	
haloperidol dec 50 mg/ml ampul	1	
haloperidol dec 50 mg/ml vial	1	
haloperidol dec 500 mg/5 ml vl	1	
haloperidol lac 10 mg/5 ml cup	1	
haloperidol lac 2 mg/ml conc	1	
haloperidol lac 5 mg/ml syring	1	
haloperidol lac 5 mg/ml vial	1	
haloperidol lac 50 mg/10 ml vl	1	
haloperidol 0.5 mg tablet	1	
haloperidol 1 mg tablet	1	
haloperidol 10 mg tablet	1	
haloperidol 2 mg tablet	1	
haloperidol 20 mg tablet	1	
haloperidol 5 mg tablet	1	
loxapine 10 mg capsule	1	
loxapine 25 mg capsule	1	
loxapine 5 mg capsule	1	
loxapine 50 mg capsule	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
molindone hcl 10 mg tablet	1	
molindone hcl 25 mg tablet	1	
molindone hcl 5 mg tablet	1	
pimozide 1 mg tablet	1	
thioridazine 10 mg tablet	1	
thioridazine 100 mg tablet	1	
thioridazine 25 mg tablet	1	
thioridazine 50 mg tablet	1	
thiothixene 1 mg capsule	1	
thiothixene 10 mg capsule	1	
thiothixene 2 mg capsule	1	
thiothixene 5 mg capsule	1	
trifluoperazine 1 mg tablet	1	
trifluoperazine 10 mg tablet	1	
trifluoperazine 2 mg tablet	1	
trifluoperazine 5 mg tablet	1	
ANTIPSYCHOTICS - 2ND GENERATION/ATYPICAL		
ABILIFY ASIMTUFII 720 MG/2.4ML	2	QL (0.04 / DAY); PA
ABILIFY ASIMTUFII 960 MG/3.2ML	2	QL (0.017 / DAY); PA
ABILIFY MAINTENA ER 300 MG SYR	2	QL (0.036 / DAY)
ABILIFY MAINTENA ER 300 MG VL	2	QL (0.036 / DAY)
ABILIFY MAINTENA ER 400 MG SYR	2	QL (0.036 / DAY)
ABILIFY MAINTENA ER 400 MG VL	2	QL (0.036 / DAY)
aripiprazole 1 mg/ml solution	1	PA
aripiprazole 10 mg tablet	1	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aripiprazole 15 mg tablet	1	QL (1 / DAY)
aripiprazole 2 mg tablet	1	QL (1 / DAY)
aripiprazole 20 mg tablet	1	QL (1 / DAY)
aripiprazole 30 mg tablet	1	QL (1 / DAY)
aripiprazole 5 mg tablet	1	QL (1 / DAY)
ARISTADA ER 1064 MG/3.9 ML SYR	2	
ARISTADA ER 441 MG/1.6 ML SYRN	2	
ARISTADA ER 662 MG/2.4 ML SYRN	2	
ARISTADA ER 882 MG/3.2 ML SYRN	2	
ARISTADA INITIO ER 675 MG/2.4	2	QL (2.4 / 180 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	2	QL (3.5 / 180 DAYS)
INVEGA HAFYERA 1,560 MG/5 ML	2	QL (5 / 180 DAYS)
INVEGA SUSTENNA 117 MG/0.75 ML	2	QL (0.027 / DAY)
INVEGA SUSTENNA 156 MG/ML SYRG	2	QL (0.036 / DAY)
INVEGA SUSTENNA 234 MG/1.5 ML	2	QL (0.054 / DAY)
INVEGA SUSTENNA 39 MG/0.25 ML	2	QL (0.009 / DAY)
INVEGA SUSTENNA 78 MG/0.5 ML	2	QL (0.018 / DAY)
INVEGA TRINZA 273 MG/0.88 ML	2	QL (0.011 / DAY)
INVEGA TRINZA 410 MG/1.32 ML	2	QL (0.016 / DAY)
INVEGA TRINZA 546 MG/1.75 ML	2	QL (0.021 / DAY)
INVEGA TRINZA 819 MG/2.63 ML	2	QL (0.04 / DAY)
lurasidone hcl 120 mg tablet	1	QL (1 / DAY)
lurasidone hcl 20 mg tablet	1	QL (1 / DAY)
lurasidone hcl 40 mg tablet	1	QL (1 / DAY)
lurasidone hcl 60 mg tablet	1	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lurasidone hcl 80 mg tablet	1	QL (2 / DAY)
olanzapine odt 10 mg tablet	1	QL (1 / DAY)
olanzapine odt 15 mg tablet	1	QL (2 / DAY)
olanzapine odt 20 mg tablet	1	QL (1 / DAY)
olanzapine odt 5 mg tablet	1	QL (1 / DAY)
olanzapine 10 mg tablet	1	QL (1 / DAY)
olanzapine 10 mg vial	1	
olanzapine 15 mg tablet	1	QL (2 / DAY)
olanzapine 2.5 mg tablet	1	QL (1 / DAY)
olanzapine 20 mg tablet	1	QL (1 / DAY)
olanzapine 5 mg tablet	1	QL (1 / DAY)
olanzapine 7.5 mg tablet	1	QL (1 / DAY)
PERSERIS ER 120 MG SYRINGE KIT	2	QL (0.36 / DAY)
PERSERIS ER 90 MG SYRINGE KIT	2	QL (0.36 / DAY)
quetiapine fumarate 100 mg tab	1	QL (3 / DAY)
quetiapine fumarate 200 mg tab	1	QL (3 / DAY)
quetiapine fumarate 25 mg tab	1	QL (3 / DAY)
quetiapine fumarate 300 mg tab	1	QL (3 / DAY)
quetiapine fumarate 400 mg tab	1	QL (3 / DAY)
quetiapine fumarate 50 mg tab	1	QL (3 / DAY)
quetiapine 150 mg tablet	1	
risperidone er 12.5 mg vial	1	
risperidone er 25 mg vial	1	
risperidone er 37.5 mg vial	1	
risperidone er 50 mg vial	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
risperidone 0.25 mg odt	1	QL (2 / DAY)
risperidone 0.25 mg tablet	1	
risperidone 0.5 mg odt	1	QL (2 / DAY)
risperidone 0.5 mg tablet	1	
risperidone 1 mg odt	1	QL (2 / DAY)
risperidone 1 mg tablet	1	
risperidone 1 mg/ml solution	1	
risperidone 2 mg odt	1	QL (2 / DAY)
risperidone 2 mg tablet	1	
risperidone 3 mg odt	1	QL (2 / DAY)
risperidone 3 mg tablet	1	
risperidone 4 mg odt	1	QL (2 / DAY)
risperidone 4 mg tablet	1	
UZEDY ER 100 MG/0.28 ML SYRING	2	QL (0.034 / DAY); PA
UZEDY ER 125 MG/0.35 ML SYRING	2	QL (0.034 / DAY); PA
UZEDY ER 150 MG/0.42 ML SYRING	2	QL (0.017 / DAY); PA
UZEDY ER 200 MG/0.56 ML SYRING	2	QL (0.017 / DAY); PA
UZEDY ER 250 MG/0.7 ML SYRINGE	2	QL (0.017 / DAY); PA
UZEDY ER 50 MG/0.14 ML SYRINGE	2	QL (0.034 / DAY); PA
UZEDY ER 75 MG/0.21 ML SYRINGE	2	QL (0.034 / DAY); PA
ziprasidone hcl 20 mg capsule	1	
ziprasidone hcl 40 mg capsule	1	
ziprasidone hcl 60 mg capsule	1	
ziprasidone hcl 80 mg capsule	1	
ziprasidone 20 mg/ml vial	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTISPASTICITY AGENTS - ANTISPASTICITY AGENTS		
baclofen 10 mg tablet	1	
baclofen 20 mg tablet	1	
baclofen 5 mg tablet	1	
dantrolene sodium 100 mg cap	1	QL (4 / DAY); PA
dantrolene sodium 25 mg cap	1	QL (4 / DAY); PA
dantrolene sodium 50 mg cap	1	QL (4 / DAY); PA
tizanidine hcl 2 mg tablet	1	
tizanidine hcl 4 mg tablet	1	
ANTIVIRALS - ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
valganciclovir 450 mg tablet	1	QL (3.4 / DAY)
ANTIVIRALS - ANTI-HEPATITIS B (HBV) AGENTS		
entecavir 0.5 mg tablet	1	QL (1 / DAY)
entecavir 1 mg tablet	1	QL (1 / DAY)
lamivudine hbv 100 mg tablet	1	QL (2 / DAY)
ANTIVIRALS - ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET 100-40 MG TABLET	2	QL (3 / DAY); PA; NDS
MAVYRET 50-20 MG PELLET PACKET	2	QL (5 / DAY); PA; NDS
ribavirin 200 mg capsule	1	
ribavirin 200 mg tablet	1	
sofosbuvir-velpatasvir 400-100	1	QL (1 / DAY); PA; NDS
VOSEVI 400-100-100 MG TABLET	2	QL (1 / DAY); PA; NDS
ZEPATIER 50-100 MG TABLET	2	QL (1 / DAY); PA; NDS
ANTIVIRALS - ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
APRETUDE ER 600 MG/3 ML VIAL	2	QL (3 / 30 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BIKTARVY 30-120-15 MG TABLET	2	QL (1 / DAY)
BIKTARVY 50-200-25 MG TABLET	2	QL (1 / DAY)
CABENUVA ER 400 MG-600 MG SUSP	2	QL (0.2 / DAY)
CABENUVA ER 600 MG-900 MG SUSP	2	QL (0.14 / DAY)
DOVATO 50-300 MG TABLET	2	QL (1 / DAY)
GENVOYA TABLET	2	QL (1 / DAY)
ISENTRESS HD 600 MG TABLET	2	QL (2 / DAY)
ISENTRESS 100 MG POWDER PACKET	2	QL (2 / DAY)
ISENTRESS 100 MG TABLET CHEW	2	QL (6 / DAY)
ISENTRESS 25 MG TABLET CHEW	2	QL (6 / DAY)
ISENTRESS 400 MG TABLET	2	QL (2 / DAY)
JULUCA 50-25 MG TABLET	2	QL (1 / DAY)
STRIBILD TABLET	2	QL (1 / DAY)
TIVICAY PD 5 MG TAB FOR SUSP	2	QL (6 / DAY)
TIVICAY 50 MG TABLET	2	QL (2 / DAY)
ANTIVIRALS - ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
DELSTRIGO 100-300-300 MG TAB	2	QL (1 / DAY)
EDURANT 25 MG TABLET	2	QL (1 / DAY)
efavir-emtri-tenof 600-200-300	1	QL (1 / DAY)
efavir-lamiv-tenof 400-300-300	1	QL (1 / DAY)
efavir-lamiv-tenof 600-300-300	1	QL (1 / DAY)
efavirenz 600 mg tablet	1	QL (2 / DAY)
emtricit-rilp-tenof 200-25-300	1	QL (1 / DAY)
etravirine 100 mg tablet	1	QL (4 / DAY)
etravirine 200 mg tablet	1	QL (2 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INTELENCE 25 MG TABLET	2	QL (6 / DAY)
nevirapine er 400 mg tablet	1	QL (1 / DAY)
nevirapine 200 mg tablet	1	QL (2 / DAY)
nevirapine 50 mg/5 ml susp	1	QL (40 / DAY)
ODEFSEY TABLET	2	QL (1 / DAY)
PIFELTRO 100 MG TABLET	2	QL (1 / DAY)
ANTIVIRALS - ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir 20 mg/ml solution	1	QL (30 / DAY)
abacavir 300 mg tablet	1	QL (2 / DAY)
abacavir-lamivudine 600-300 mg	1	QL (1 / DAY)
CIMDUO 300-300 MG TABLET	2	QL (1 / DAY)
DESCOVY 120-15 MG TABLET	2	QL (1 / DAY)
DESCOVY 200-25 MG TABLET	2	QL (1 / DAY)
emtricitabine 200 mg capsule	1	QL (1 / DAY)
emtricitabine-tenofv 100-150mg	1	QL (1 / DAY)
emtricitabine-tenofv 133-200mg	1	QL (1 / DAY)
emtricitabine-tenofv 167-250mg	1	QL (1 / DAY)
emtricitabine-tenofv 200-300mg	1	QL (1 / DAY)
EMTRIVA 10 MG/ML SOLUTION	2	QL (24 / DAY)
lamivudine 10 mg/ml oral soln	2	QL (30 / DAY)
lamivudine 150 mg tablet	1	QL (2 / DAY)
lamivudine 300 mg tablet	1	QL (2 / DAY)
lamivudine 300 mg/30ml sol cup	2	QL (30 / DAY)
lamivudine-zidovudine tablet	1	QL (2 / DAY)
RETROVIR 200 MG/20 ML VIAL	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tenofovir disop fum 300 mg tb	1	QL (1 / DAY)
TRIUMEQ 600-50-300 MG TABLET	2	QL (1 / DAY)
VIREAD POWDER	2	
VIREAD 150 MG TABLET	2	
VIREAD 200 MG TABLET	2	
VIREAD 250 MG TABLET	2	
zidovudine 100 mg capsule	1	QL (6 / DAY)
zidovudine 300 mg tablet	1	QL (2 / DAY)
zidovudine 50 mg/5 ml syrup	1	QL (64 / DAY)
ANTIVIRALS - ANTI-HIV AGENTS, OTHER		
maraviroc 150 mg tablet	1	QL (4 / DAY)
maraviroc 300 mg tablet	1	QL (4 / DAY)
RUKOBIA ER 600 MG TABLET	2	QL (2 / DAY)
SELZENTRY 20 MG/ML ORAL SOLN	2	QL (61.34 / DAY)
SUNLENCA 300 MG TABLET	2	
SUNLENCA 4- 300 MG TABLET	2	
SUNLENCA 463.5 MG/1.5 ML VIAL	2	
SUNLENCA 5- 300 MG TABLET	2	
TYBOST 150 MG TABLET	2	QL (1 / DAY)
ANTIVIRALS - ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAPSULE	2	QL (4 / DAY)
atazanavir sulfate 150 mg cap	1	QL (2 / DAY)
atazanavir sulfate 200 mg cap	1	QL (2 / DAY)
atazanavir sulfate 300 mg cap	1	QL (1 / DAY)
darunavir 600 mg tablet	1	QL (2 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
darunavir 800 mg tablet	1	QL (1 / DAY)
EVOTAZ 300 MG-150 MG TABLET	2	QL (1 / DAY)
fosamprenavir 700 mg tablet	1	QL (4 / DAY)
lopinavir-ritonavir 80-20mg/ml	1	QL (13.34 / DAY)
lopinavir-ritonavr 100-25mg tb	1	QL (10 / DAY)
lopinavir-ritonavr 200-50mg tb	1	QL (4 / DAY)
NORVIR 100 MG POWDER PACKET	2	QL (12 / DAY)
PREZCOBIX 800 MG-150 MG TABLET	2	QL (1 / DAY)
PREZISTA 100 MG/ML SUSPENSION	2	QL (14 / DAY)
PREZISTA 150 MG TABLET	2	QL (6 / DAY)
PREZISTA 75 MG TABLET	2	QL (10 / DAY)
REYATAZ 50 MG POWDER PACKET	2	QL (8 / DAY)
ritonavir 100 mg tablet	1	QL (12 / DAY)
SYMTUZA 800-150-200-10 MG TAB	2	QL (1 / DAY)
VIRACEPT 250 MG TABLET	2	
VIRACEPT 625 MG TABLET	2	
ANTIVIRALS - ANTI-INFLUENZA AGENTS		
oseltamivir phos 30 mg capsule	1	QL (30 / 180 DAYS)
oseltamivir phos 45 mg capsule	1	QL (30 / 180 DAYS)
oseltamivir phos 75 mg capsule	1	QL (30 / 180 DAYS)
oseltamivir 6 mg/ml suspension	1	QL (225 / 180 DAYS)
RELENZA 5 MG DISKHALER	2	QL (60 / 180 DAYS)
rimantadine hcl 100 mg tablet	1	
XOFLUZA 40 MG TABLET	2	QL (1 / 30 DAYS)
XOFLUZA 80 MG TABLET	2	QL (1 / 30 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIVIRALS - ANTIHERPETIC AGENTS		
acyclovir 200 mg capsule	1	
acyclovir 200 mg/5 ml susp	1	
acyclovir 400 mg tablet	1	
acyclovir 800 mg tablet	1	
acyclovir 800 mg/20ml susp cup	1	
famciclovir 125 mg tablet	1	
famciclovir 250 mg tablet	1	
famciclovir 500 mg tablet	1	
valacyclovir hcl 1 gram tablet	1	
valacyclovir hcl 500 mg tablet	1	
ANTIVIRALS - ANTIVIRALS, OTHER		
PAXLOVID 150-100 MG (MODERATE)	2	QL (20 / 5 DAYS); NDS
PAXLOVID 150-100 MG PACK (EUA)	2	QL (20 / 5 DAYS); NDS
PAXLOVID 300-100 MG DOSE PACK	2	QL (30 / 5 DAYS); NDS
PAXLOVID 300-100 MG PACK (EUA)	2	QL (30 / 5 DAYS); NDS
ANXIOLYTICS - ANXIOLYTICS, OTHER		
buspirone hcl 10 mg tablet	1	
buspirone hcl 15 mg tablet	1	
buspirone hcl 30 mg tablet	1	
buspirone hcl 5 mg tablet	1	
buspirone hcl 7.5 mg tablet	1	
ANXIOLYTICS - BENZODIAZEPINES		
alprazolam 0.25 mg tablet	1	QL (4 / DAY); ST
alprazolam 0.5 mg tablet	1	QL (4 / DAY); ST

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
alprazolam 1 mg tablet	1	QL (4 / DAY); ST
alprazolam 2 mg tablet	1	QL (4 / DAY); ST
chlordiazepoxide 10 mg capsule	1	QL (4 / DAY)
chlordiazepoxide 25 mg capsule	1	QL (4 / DAY)
chlordiazepoxide 5 mg capsule	1	QL (4 / DAY)
clonazepam 0.125 mg dis tab	1	QL (4 / DAY)
clonazepam 0.125 mg odt	1	QL (4 / DAY)
clonazepam 0.25 mg odt	1	QL (4 / DAY)
clonazepam 0.5 mg dis tablet	1	QL (4 / DAY)
clonazepam 0.5 mg odt	1	QL (4 / DAY)
clonazepam 0.5 mg tablet	1	QL (4 / DAY)
clonazepam 1 mg dis tablet	1	QL (4 / DAY)
clonazepam 1 mg odt	1	QL (4 / DAY)
clonazepam 1 mg tablet	1	QL (4 / DAY)
clonazepam 2 mg odt	1	QL (4 / DAY)
clonazepam 2 mg tablet	1	QL (4 / DAY)
clorazepate 15 mg tablet	1	QL (4 / DAY)
clorazepate 3.75 mg tablet	1	QL (4 / DAY)
clorazepate 7.5 mg tablet	1	QL (4 / DAY)
diazepam 10 mg tablet	1	QL (4 / DAY); ST
diazepam 2 mg tablet	1	QL (4 / DAY); ST
diazepam 25 mg/5 ml oral conc	1	QL (4 / DAY); ST
diazepam 5 mg tablet	1	QL (4 / DAY); ST
diazepam 5 mg/ml oral conc	1	QL (4 / DAY); ST
diazepam 5 mg/5 ml oral cup	1	QL (40 / DAY); ST

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diazepam 5 mg/5 ml solution	1	QL (40 / DAY); ST
lorazepam intensol 2 mg/ml	1	QL (4 / DAY)
lorazepam 0.5 mg tablet	1	QL (4 / DAY)
lorazepam 1 mg tablet	1	QL (4 / DAY)
lorazepam 2 mg tablet	1	QL (4 / DAY)
lorazepam 2 mg/ml carpuject	1	
lorazepam 2 mg/ml oral concent	1	QL (4 / DAY)
lorazepam 2 mg/ml vial	1	
lorazepam 20 mg/10 ml vial	1	
lorazepam 4 mg/ml vial	1	
lorazepam 40 mg/10 ml vial	1	
oxazepam 10 mg capsule	1	QL (4 / DAY)
oxazepam 15 mg capsule	1	QL (4 / DAY)
oxazepam 30 mg capsule	1	QL (4 / DAY)
BIPOLAR AGENTS - MOOD STABILIZERS		
lithium carbonate er 300 mg tb	1	
lithium carbonate er 450 mg tb	1	
lithium carbonate 150 mg cap	1	
lithium carbonate 300 mg cap	1	
lithium carbonate 300 mg tab	1	
lithium carbonate 600 mg cap	1	
lithium 8 meq/5 ml soln cup	1	
lithium 8 meq/5 ml solution	1	
BLOOD GLUCOSE REGULATORS - ANTIDIABETIC AGENTS		
acarbose 100 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
acarbose 25 mg tablet	1	
acarbose 50 mg tablet	1	
alogliptin 12.5 mg tablet	2	QL (1 / DAY)
alogliptin 25 mg tablet	2	QL (1 / DAY)
alogliptin 6.25 mg tablet	2	QL (1 / DAY)
alogliptin-metformin 12.5-1000	2	QL (2 / DAY)
alogliptin-metformin 12.5-500	2	QL (2 / DAY)
alogliptin-pioglit 12.5-30 mg	2	QL (1 / DAY)
alogliptin-pioglit 25-15 mg tb	2	QL (1 / DAY)
alogliptin-pioglit 25-30 mg tb	2	QL (1 / DAY)
alogliptin-pioglit 25-45 mg tb	2	QL (1 / DAY)
dapagliflozin 10 mg tablet	2	QL (1 / DAY)
dapagliflozin 5 mg tablet	2	QL (1 / DAY)
dapagliflozin-metfo er 10-1000	2	QL (1 / DAY)
dapagliflozin-metfor er 5-1000	2	QL (2 / DAY)
glimepiride 1 mg tablet	1	QL (8 / DAY)
glimepiride 2 mg tablet	1	QL (4 / DAY)
glimepiride 4 mg tablet	1	QL (2 / DAY)
glipizide er 10 mg tablet	1	QL (2 / DAY)
glipizide er 2.5 mg tablet	1	QL (6 / DAY)
glipizide er 5 mg tablet	1	QL (4 / DAY)
glipizide xl 10 mg tablet	1	QL (2 / DAY)
glipizide xl 2.5 mg tablet	1	QL (6 / DAY)
glipizide xl 5 mg tablet	1	QL (4 / DAY)
glipizide 10 mg tablet	1	QL (4 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glipizide 2.5 mg tablet	1	QL (1 / DAY)
glipizide 5 mg tablet	1	QL (6 / DAY)
glipizide-metformin 2.5-250 mg	1	QL (6 / DAY)
glipizide-metformin 2.5-500 mg	1	QL (4 / DAY)
glipizide-metformin 5-500 mg	1	QL (4 / DAY)
glyburid-metformin 1.25-250 mg	1	QL (6 / DAY)
glyburide micro 1.5 mg tab	1	QL (6 / DAY)
glyburide micro 3 mg tablet	1	QL (4 / DAY)
glyburide micro 6 mg tablet	1	QL (2 / DAY)
glyburide 1.25 mg tablet	1	QL (4 / DAY)
glyburide 2.5 mg tablet	1	QL (6 / DAY)
glyburide 5 mg tablet	1	QL (4 / DAY)
glyburide-metformin 2.5-500 mg	1	QL (4 / DAY)
glyburide-metformin 5-500 mg	1	QL (4 / DAY)
GLYXAMBI 10 MG-5 MG TABLET	2	QL (1 / DAY)
GLYXAMBI 25 MG-5 MG TABLET	2	QL (1 / DAY)
JANUMET XR 100-1,000 MG TABLET	2	QL (1 / DAY); ST
JANUMET XR 50-1,000 MG TABLET	2	QL (2 / DAY); ST
JANUMET XR 50-500 MG TABLET	2	QL (2 / DAY); ST
JANUMET 50-1,000 MG TABLET	2	QL (2 / DAY); ST
JANUMET 50-500 MG TABLET	2	QL (2 / DAY); ST
JANUVIA 100 MG TABLET	2	QL (1 / DAY); ST
JANUVIA 25 MG TABLET	2	QL (1 / DAY); ST
JANUVIA 50 MG TABLET	2	QL (1 / DAY); ST
JARDIANCE 10 MG TABLET	2	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JARDIANCE 25 MG TABLET	2	QL (1 / DAY)
JENTADUETO XR 2.5 MG-1,000 MG	2	QL (1 / DAY); ST
JENTADUETO XR 5 MG-1,000 MG TB	2	QL (1 / DAY); ST
JENTADUETO 2.5 MG-1000 MG TAB	2	QL (2 / DAY); ST
JENTADUETO 2.5 MG-500 MG TAB	2	QL (2 / DAY); ST
JENTADUETO 2.5 MG-850 MG TAB	2	QL (2 / DAY); ST
metformin hcl er 500 mg tablet	2	QL (4 / DAY)
metformin hcl er 750 mg tablet	1	QL (3 / DAY)
metformin hcl 1,000 mg tablet	1	QL (2 / DAY)
metformin hcl 500 mg tablet	1	QL (5 / DAY)
metformin hcl 850 mg tablet	1	QL (3 / DAY)
miglitol 100 mg tablet	1	
miglitol 25 mg tablet	1	
miglitol 50 mg tablet	1	
MOUNJARO 10 MG/0.5 ML PEN	2	QL (0.072 / DAY); ST
MOUNJARO 12.5 MG/0.5 ML PEN	2	QL (0.072 / DAY); ST
MOUNJARO 15 MG/0.5 ML PEN	2	QL (0.072 / DAY); ST
MOUNJARO 2.5 MG/0.5 ML PEN	2	QL (0.072 / DAY); ST
MOUNJARO 5 MG/0.5 ML PEN	2	QL (0.072 / DAY); ST
MOUNJARO 7.5 MG/0.5 ML PEN	2	QL (0.072 / DAY); ST
nateglinide 120 mg tablet	1	QL (3 / DAY)
nateglinide 60 mg tablet	1	QL (3 / DAY)
OZEMPIC 1 MG/DOSE (4 MG/3 ML)	2	QL (0.11 / DAY); ST
OZEMPIC 2 MG/DOSE (8 MG/3 ML)	2	QL (0.11 / DAY); ST
pioglitazone hcl 15 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pioglitazone hcl 30 mg tablet	1	
pioglitazone hcl 45 mg tablet	1	
pioglitazone-metformin 15-500	1	
pioglitazone-metformin 15-850	1	
repaglinide 0.5 mg tablet	1	QL (4 / DAY)
repaglinide 1 mg tablet	1	QL (8 / DAY)
repaglinide 2 mg tablet	1	QL (8 / DAY)
RYBELSUS 14 MG TABLET	2	QL (1 / DAY); ST
RYBELSUS 3 MG TABLET	2	QL (1 / DAY); ST
RYBELSUS 7 MG TABLET	2	QL (1 / DAY); ST
saxagliptin hcl 2.5 mg tablet	1	QL (1 / DAY); ST
saxagliptin hcl 5 mg tablet	1	QL (1 / DAY); ST
saxagliptin-metformin er 5-500	1	QL (1 / DAY); ST
saxagliptin-metformn er 5-1000	1	QL (1 / DAY); ST
saxagliptn-metform er 2.5-1000	1	QL (2 / DAY); ST
SYNJARDY XR 10-1,000 MG TABLET	2	QL (2 / DAY)
SYNJARDY XR 12.5-1,000 MG TAB	2	QL (2 / DAY)
SYNJARDY XR 25-1,000 MG TABLET	2	QL (1 / DAY)
SYNJARDY XR 5-1,000 MG TABLET	2	QL (2 / DAY)
SYNJARDY 12.5-1,000 MG TABLET	2	QL (2 / DAY)
SYNJARDY 12.5-500 MG TABLET	2	QL (2 / DAY)
SYNJARDY 5-1,000 MG TABLET	2	QL (2 / DAY)
SYNJARDY 5-500 MG TABLET	2	QL (2 / DAY)
TRADJENTA 5 MG TABLET	2	QL (1 / DAY); ST
TRIJARDY XR 10-5-1,000 MG TAB	2	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIJARDY XR 12.5-2.5-1,000 MG	2	QL (1 / DAY)
TRIJARDY XR 25-5-1,000 MG TAB	2	QL (1 / DAY)
TRIJARDY XR 5-2.5-1,000 MG TAB	2	QL (1 / DAY)
TRULICITY 0.75 MG/0.5 ML PEN	2	QL (0.08 / DAY); ST
TRULICITY 1.5 MG/0.5 ML PEN	2	QL (0.08 / DAY); ST
TRULICITY 3 MG/0.5 ML PEN	2	QL (0.08 / DAY); ST
TRULICITY 4.5 MG/0.5 ML PEN	2	QL (0.08 / DAY); ST
BLOOD GLUCOSE REGULATORS - GLYCEMIC AGENTS		
BAQSIMI 3 MG SPRAY ONE PACK	2	
BAQSIMI 3 MG SPRAY TWO PACK	2	
diazoxide 50 mg/ml oral susp	1	
glucagon 1 mg emergency kit	1	
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	2	
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	2	
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	2	
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	2	
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	2	
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	2	
GVOKE 1 MG/0.2 ML KIT	2	
ZEGALOGUE 0.6 MG/0.6 ML SYRING	2	
ZEGALOGUE 0.6 MG/0.6ML AUTOINJ	2	
BLOOD GLUCOSE REGULATORS - INSULINS		
HUMALOG JR 100 UNIT/ML KWIKPEN	2	QL (2 / DAY)
HUMALOG MIX 50-50 KWIKPEN	2	QL (2 / DAY)
HUMALOG MIX 75-25 KWIKPEN	2	QL (2 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMALOG MIX 75-25 VIAL	2	QL (2 / DAY)
HUMALOG TEMPO PEN 100 UNIT/ML	2	QL (2 / DAY)
HUMALOG 100 UNIT/ML CARTRIDGE	2	QL (2 / DAY)
HUMALOG 100 UNIT/ML KWIKPEN	2	QL (2 / DAY)
HUMALOG 200 UNIT/ML KWIKPEN	2	QL (2 / DAY)
HUMULIN N 100 UNIT/ML KWIKPEN	2	QL (2 / DAY)
HUMULIN N 100 UNIT/ML VIAL	2	QL (2 / DAY)
HUMULIN R 100 UNIT/ML VIAL	2	QL (2 / DAY)
HUMULIN 70-30 VIAL	2	QL (2 / DAY)
HUMULIN 70/30 KWIKPEN	2	QL (2 / DAY)
INSULIN ASPART PRO MIX70-30 PN	1	QL (2 / DAY)
INSULIN ASPART PRO MIX70-30 VL	1	QL (2 / DAY)
INSULIN ASPART 100 UNIT/ML CRT	1	QL (2 / DAY)
INSULIN ASPART 100 UNIT/ML PEN	1	QL (2 / DAY)
INSULIN ASPART 100 UNIT/ML VL	1	QL (2 / DAY)
INSULIN GLARGINE-YFGN U100 PEN	1	QL (2 / DAY)
INSULIN GLARGINE-YFGN U100 VL	1	QL (2 / DAY)
INSULIN LISPRO JR 100 UNIT/ML	1	QL (2 / DAY)
INSULIN LISPRO MIX 75-25 KWKPN	1	QL (2 / DAY)
INSULIN LISPRO 100 UNIT/ML PEN	1	QL (2 / DAY)
INSULIN LISPRO 100 UNIT/ML VL	1	QL (2 / DAY)
LANTUS SOLOSTAR 100 UNIT/ML	2	QL (2 / DAY)
LANTUS 100 UNIT/ML VIAL	2	QL (2 / DAY)
NOVOLIN N 100 UNIT/ML FLEXPEN	2	QL (2 / DAY)
NOVOLIN N 100 UNIT/ML VIAL	2	QL (2 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOLIN R 100 UNIT/ML FLEXPEN	2	QL (2 / DAY)
NOVOLIN R 100 UNIT/ML VIAL	2	QL (2 / DAY)
NOVOLIN 70-30 FLEXPEN	2	QL (2 / DAY)
NOVOLIN 70-30 100 UNIT/ML VIAL	2	QL (2 / DAY)
NOVOLOG MIX 70-30 FLEXPEN	2	QL (2 / DAY)
NOVOLOG MIX 70-30 VIAL	2	QL (2 / DAY)
NOVOLOG PENFILL 100 UNIT/ML	2	QL (2 / DAY)
NOVOLOG 100 UNIT/ML FLEXPEN	2	QL (2 / DAY)
NOVOLOG 100 UNIT/ML VIAL	2	QL (2 / DAY)
RELION NOVOLIN N U-100 FLEXPEN	2	QL (2 / DAY)
RELION NOVOLIN N 100 UNIT/ML	2	QL (2 / DAY)
RELION NOVOLIN R U-100 FLEXPEN	2	QL (2 / DAY)
RELION NOVOLIN R 100 UNIT/ML	2	QL (2 / DAY)
RELION NOVOLIN 70-30 FLEXPEN	2	QL (2 / DAY)
RELION NOVOLIN 70-30 VIAL	2	QL (2 / DAY)
RELION NOVOLOG MIX 70-30 FLXPN	2	QL (2 / DAY)
RELION NOVOLOG MIX 70-30 VIAL	2	QL (2 / DAY)
RELION NOVOLOG U-100 FLEXPEN	2	QL (2 / DAY)
RELION NOVOLOG 100 UNIT/ML VL	2	QL (2 / DAY)
REZVOGLAR 100 UNIT/ML KWIKPEN	1	QL (2 / DAY)
BLOOD PRODUCTS AND MODIFIERS - ANTICOAGULANTS		
CATHFLO ACTIVASE 2 MG VIAL	2	
dabigatran etexilate 110 mg cp	1	QL (2 / DAY)
dabigatran etexilate 150 mg cp	1	QL (2 / DAY)
dabigatran etexilate 75 mg cap	1	QL (2 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELIQUIS DVT-PE TREAT START 5MG	2	QL (222 / 365 DAYS)
ELIQUIS 2.5 MG TABLET	2	QL (2 / DAY)
ELIQUIS 5 MG TABLET	2	QL (2.5 / DAY)
enoxaparin 100 mg/ml syringe	1	QL (2 / DAY)
enoxaparin 120 mg/0.8 ml syr	1	QL (1.6 / DAY)
enoxaparin 150 mg/ml syringe	1	QL (2 / DAY)
enoxaparin 30 mg/0.3 ml syr	1	QL (0.6 / DAY)
enoxaparin 40 mg/0.4 ml syr	1	QL (0.8 / DAY)
enoxaparin 60 mg/0.6 ml syr	1	QL (1.2 / DAY)
enoxaparin 80 mg/0.8 ml syr	1	QL (1.6 / DAY)
FRAGMIN 10,000 UNIT/ML SYRINGE	2	QL (30 / 30 DAYS)
FRAGMIN 10,000 UNIT/4 ML VIAL	2	QL (8 / 30 DAYS)
FRAGMIN 12,500 UNIT/0.5 ML SYR	2	
FRAGMIN 15,000 UNIT/0.6 ML SYR	2	QL (18 / 30 DAYS)
FRAGMIN 18,000 UNIT/0.72 ML	2	
FRAGMIN 2,500 UNIT/0.2 ML SYR	2	
FRAGMIN 5,000 UNIT/0.2 ML SYR	2	
FRAGMIN 7,500 UNIT/0.3 ML SYR	2	QL (9 / 30 DAYS)
FRAGMIN 95,000 UNIT/3.8 ML VL	2	
heparin flush 10 units/ml syr	1	
heparin iv flush 1 unit/ml syr	1	
heparin iv flush 100 units/ml	1	
heparin lock flush 10 units/ml	1	
heparin lock flush 100 unit/ml	1	
heparin sod 1,000 unit/ml vial	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
heparin sod 10,000 unit/ml vl	1	
heparin sod 20,000 unit/ml vl	1	
heparin sod 5,000 unit/ml syrg	1	
heparin sod 5,000 unit/ml vial	1	
heparin sod 5,000 unit/0.5 ml	1	
heparin 1,000 unit/10 (100/ml)	1	
heparin 1,000 unit/500 ml-ns	1	
heparin 10 unit/10 ml (1/ml)	1	
heparin 10,000 unit/10 ml vial	1	
heparin 100 unit/10 ml (10/ml)	1	
heparin 12,500 unit/250-1/2 ns	1	
heparin 2 unit/2 ml (1/ml) syr	1	
heparin 2,000 unit/1,000 ml-ns	1	
heparin 2,000 unit/2 ml vial	1	
heparin 20 units/2 ml (10/ml)	1	
heparin 20,000 unit/500 ml-d5w	1	
heparin 200 unit/2 ml (100/ml)	1	
heparin 25,000 unit/250 ml-d5w	1	
heparin 25,000 unit/250-1/2 ns	1	
heparin 25,000 unit/500 ml-d5w	1	
heparin 25,000 unit/500-1/2 ns	1	
heparin 3 unit/3 ml (1/ml) syr	1	
heparin 30 units/3 ml (10/ml)	1	
heparin 30,000 unit/30 ml vial	1	
heparin 300 unit/3 ml (100/ml)	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
heparin 40,000 unit/4 ml vial	1	
heparin 5 unit/5 ml (1/ml) syr	1	
heparin 5,000 unit/ml carpujct	1	
heparin 50 units/5 ml (10/ml)	1	
heparin 50,000 unit/10 ml vial	1	
heparin 50,000 unit/5 ml vial	1	
heparin 500 unit/5 ml (100/ml)	1	
jantoven 1 mg tablet	1	
jantoven 10 mg tablet	1	
jantoven 2 mg tablet	1	
jantoven 2.5 mg tablet	1	
jantoven 3 mg tablet	1	
jantoven 4 mg tablet	1	
jantoven 5 mg tablet	1	
jantoven 6 mg tablet	1	
jantoven 7.5 mg tablet	1	
protamine 250 mg/25 ml vial	1	
protamine 50 mg/5 ml vial	1	
warfarin sodium 1 mg tablet	1	
warfarin sodium 10 mg tablet	1	
warfarin sodium 2 mg tablet	1	
warfarin sodium 2.5 mg tablet	1	
warfarin sodium 3 mg tablet	1	
warfarin sodium 4 mg tablet	1	
warfarin sodium 5 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
warfarin sodium 6 mg tablet	1	
warfarin sodium 7.5 mg tablet	1	
XARELTO DVT-PE TREAT START 30D	2	QL (102 / 365 DAYS)
XARELTO 1 MG/ML SUSPENSION	2	QL (20 / DAY)
XARELTO 10 MG TABLET	2	QL (1 / DAY)
XARELTO 15 MG TABLET	2	QL (102 / 90 DAYS)
XARELTO 2.5 MG TABLET	2	QL (2 / DAY)
XARELTO 20 MG TABLET	2	QL (1 / DAY)
BLOOD PRODUCTS AND MODIFIERS - BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide hcl 0.5 mg capsule	1	
anagrelide hcl 1 mg capsule	1	
ARANESP 10 MCG/0.4 ML SYRINGE	2	QL (0.058 / DAY); PA
ARANESP 100 MCG/ML VIAL	2	QL (0.15 / DAY); PA
ARANESP 100 MCG/0.5 ML SYRINGE	2	QL (0.072 / DAY); PA
ARANESP 150 MCG/0.3 ML SYRINGE	2	QL (0.043 / DAY); PA
ARANESP 200 MCG/ML VIAL	2	QL (0.15 / DAY); PA
ARANESP 200 MCG/0.4 ML SYRINGE	2	QL (0.067 / DAY); PA
ARANESP 25 MCG/ML VIAL	2	QL (0.15 / DAY); PA
ARANESP 25 MCG/0.42 ML SYRING	2	QL (0.06 / DAY); PA
ARANESP 300 MCG/0.6 ML SYRINGE	2	QL (0.086 / DAY); PA
ARANESP 40 MCG/ML VIAL	2	QL (0.15 / DAY); PA
ARANESP 40 MCG/0.4 ML SYRINGE	2	QL (0.058 / DAY); PA
ARANESP 500 MCG/1 ML SYRINGE	2	QL (0.15 / DAY); PA
ARANESP 60 MCG/ML VIAL	2	QL (0.15 / DAY); PA
ARANESP 60 MCG/0.3 ML SYRINGE	2	QL (0.043 / DAY); PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DOPTELET (10 TAB PK) 20 MG TAB	2	QL (60 / 30 DAYS); PA
DOPTELET (15 TAB PK) 20 MG TAB	2	QL (60 / 30 DAYS); PA
DOPTELET (30 TAB PK) 20 MG TAB	2	QL (60 / 30 DAYS); PA
FULPHILA 6 MG/0.6 ML SYRINGE	2	
FYLNETRA 6 MG/0.6 ML SYRINGE	2	
NIVESTYM 300 MCG/ML VIAL	2	
NIVESTYM 300 MCG/0.5 ML SYRING	2	
NIVESTYM 480 MCG/0.8 ML SYRING	2	
NIVESTYM 480 MCG/1.6 ML VIAL	2	
NYPOZI 300 MCG/0.5 ML SYRINGE	2	
NYPOZI 480 MCG/0.8 ML SYRINGE	2	
NYVEPRIA 6 MG/0.6 ML SYRINGE	2	
PROMACTA 12.5 MG SUSPEN PACKET	2	QL (1 / DAY); PA
PROMACTA 12.5 MG TABLET	2	QL (1 / DAY); PA
PROMACTA 25 MG SUSPENSION PCKT	2	QL (1 / DAY); PA
PROMACTA 25 MG TABLET	2	QL (1 / DAY); PA
PROMACTA 50 MG TABLET	2	QL (2 / DAY); PA
PROMACTA 75 MG TABLET	2	QL (2 / DAY); PA
RELEUKO 300 MCG/0.5 ML SYRINGE	2	
RELEUKO 480 MCG/0.8 ML SYRINGE	2	
RETACRIT 10,000 UNIT/ML VIAL	2	QL (0.43 / DAY)
RETACRIT 2,000 UNIT/ML VIAL	2	QL (0.43 / DAY)
RETACRIT 20,000 UNIT/ML VIAL	2	QL (0.43 / DAY)
RETACRIT 20,000 UNIT/2 ML VIAL	2	QL (0.43 / DAY)
RETACRIT 3,000 UNIT/ML VIAL	2	QL (0.43 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETACRIT 4,000 UNIT/ML VIAL	2	QL (0.43 / DAY)
RETACRIT 40,000 UNIT/ML VIAL	2	QL (0.43 / DAY)
STIMUFEND 6 MG/0.6 ML SYRINGE	2	
UDENYCA 6 MG/0.6 ML AUTOINJECT	2	
UDENYCA 6 MG/0.6 ML SYRINGE	2	
ZARXIO 300 MCG/0.5 ML SYRINGE	2	
ZARXIO 480 MCG/0.8 ML SYRINGE	2	
ZIEXTENZO 6 MG/0.6 ML SYRINGE	2	
BLOOD PRODUCTS AND MODIFIERS - HEMOSTASIS AGENTS		
aminocaproic acid 0.25 gram/ml	1	
aminocaproic acid 1,000 mg tab	1	
aminocaproic acid 5 g/20 ml vl	1	
aminocaproic acid 500 mg tab	1	
phytonadione 10 mg/ml ampul	1	
phytonadione 5 mg tablet	1	
tranexamic acid 650 mg tablet	1	
vitamin k-1 10 mg/ml ampul	1	
vitamin k-1 1 mg/0.5 ml ampul	1	
BLOOD PRODUCTS AND MODIFIERS - PLATELET MODIFYING AGENTS		
aspirin-dipyridam er 25-200 mg	2	
cilostazol 100 mg tablet	1	
cilostazol 50 mg tablet	1	
clopidogrel 300 mg tablet	1	QL (1 / DAY)
clopidogrel 75 mg tablet	1	QL (1 / DAY)
prasugrel 10 mg tablet	1	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
prasugrel 5 mg tablet	1	QL (1 / DAY)
ticagrelor 60 mg tablet	1	QL (2 / DAY); ST
ticagrelor 90 mg tablet	1	QL (2 / DAY); ST
CARDIOVASCULAR AGENTS - ALPHA-ADRENERGIC AGONISTS		
clonidine hcl 0.1 mg tablet	1	
clonidine hcl 0.2 mg tablet	1	
clonidine hcl 0.3 mg tablet	1	
clonidine 0.1 mg/day patch	1	QL (0.143 / DAY)
clonidine 0.2 mg/day patch	1	QL (0.143 / DAY)
clonidine 0.3 mg/day patch	1	QL (0.143 / DAY)
guanfacine 1 mg tablet	1	
guanfacine 2 mg tablet	1	
methyldopa 250 mg tablet	1	
methyldopa 500 mg tablet	1	
methyldopate 250 mg/5 ml vial	1	
midodrine hcl 10 mg tablet	1	
midodrine hcl 2.5 mg tablet	1	
midodrine hcl 5 mg tablet	1	
CARDIOVASCULAR AGENTS - ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate 1 mg tab	1	
doxazosin mesylate 2 mg tab	1	
doxazosin mesylate 4 mg tab	1	
doxazosin mesylate 8 mg tab	1	
prazosin 1 mg capsule	1	
prazosin 2 mg capsule	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
prazosin 5 mg capsule	1	
terazosin 1 mg capsule	1	
terazosin 10 mg capsule	1	
terazosin 2 mg capsule	1	
terazosin 5 mg capsule	1	
CARDIOVASCULAR AGENTS - ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil 16 mg tb	1	
candesartan cilexetil 32 mg tb	1	
candesartan cilexetil 4 mg tab	1	
candesartan cilexetil 8 mg tab	1	
irbesartan 150 mg tablet	1	
irbesartan 300 mg tablet	1	
irbesartan 75 mg tablet	1	
losartan potassium 100 mg tab	1	
losartan potassium 25 mg tab	1	
losartan potassium 50 mg tab	1	
olmesartan medoxomil 20 mg tab	1	
olmesartan medoxomil 40 mg tab	1	
olmesartan medoxomil 5 mg tab	1	
telmisartan 20 mg tablet	1	
telmisartan 40 mg tablet	1	
telmisartan 80 mg tablet	1	
valsartan 160 mg tablet	1	
valsartan 320 mg tablet	1	
valsartan 40 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
valsartan 80 mg tablet	1	
CARDIOVASCULAR AGENTS - ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl 10 mg tablet	1	
benazepril hcl 20 mg tablet	1	
benazepril hcl 40 mg tablet	1	
benazepril hcl 5 mg tablet	1	
captopril 100 mg tablet	1	
captopril 12.5 mg tablet	1	
captopril 25 mg tablet	1	
captopril 50 mg tablet	1	
enalapril maleate 10 mg tab	1	
enalapril maleate 2.5 mg tab	1	
enalapril maleate 20 mg tab	1	
enalapril maleate 5 mg tablet	1	
lisinopril 10 mg tablet	1	
lisinopril 2.5 mg tablet	1	
lisinopril 20 mg tablet	1	
lisinopril 30 mg tablet	1	
lisinopril 40 mg tablet	1	
lisinopril 5 mg tablet	1	
moexipril hcl 15 mg tablet	1	
moexipril hcl 7.5 mg tablet	1	
perindopril erbumine 2 mg tab	1	
perindopril erbumine 4 mg tab	1	
perindopril erbumine 8 mg tab	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
quinapril 10 mg tablet	1	
quinapril 20 mg tablet	1	
quinapril 40 mg tablet	1	
quinapril 5 mg tablet	1	
ramipril 1.25 mg capsule	1	
ramipril 10 mg capsule	1	
ramipril 2.5 mg capsule	1	
ramipril 5 mg capsule	1	
CARDIOVASCULAR AGENTS - ANTIARRHYTHMICS		
amiodarone hcl 100 mg tablet	1	
amiodarone hcl 200 mg tablet	1	
amiodarone hcl 400 mg tablet	1	
amiodarone 150 mg/3 ml syringe	1	
amiodarone 150 mg/3 ml vial	1	
amiodarone 450 mg/9 ml vial	1	
amiodarone 900 mg/18 ml vial	1	
disopyramide 100 mg capsule	1	
disopyramide 150 mg capsule	1	
flecainide acetate 100 mg tab	1	
flecainide acetate 150 mg tab	1	
flecainide acetate 50 mg tab	1	
lidocaine hcl 2% vial	1	
mexiletine 150 mg capsule	1	
mexiletine 200 mg capsule	1	
mexiletine 250 mg capsule	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pacerone 200 mg tablet	1	
propafenone hcl er 225 mg cap	1	
propafenone hcl er 325 mg cap	1	
propafenone hcl er 425 mg cap	1	
propafenone hcl 150 mg tablet	1	
propafenone hcl 225 mg tab	1	
propafenone hcl 300 mg tab	1	
quinidine gluc er 324 mg tab	1	
quinidine sulfate 200 mg tab	1	
quinidine sulfate 300 mg tab	1	
sorine 240 mg tablet	1	
sorine 80 mg tablet	1	
sotalol af 120 mg tablet	1	
sotalol af 160 mg tablet	1	
sotalol af 80 mg tablet	1	
sotalol 120 mg tablet	1	
sotalol 160 mg tablet	1	
sotalol 240 mg tablet	1	
sotalol 80 mg tablet	1	
CARDIOVASCULAR AGENTS - BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol 200 mg capsule	1	
acebutolol 400 mg capsule	1	
atenolol 100 mg tablet	1	
atenolol 25 mg tablet	1	
atenolol 50 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
betaxolol 10 mg tablet	1	
betaxolol 20 mg tablet	1	
bisoprolol fumarate 10 mg tab	1	
bisoprolol fumarate 5 mg tab	1	
carvedilol 12.5 mg tablet	1	
carvedilol 25 mg tablet	1	
carvedilol 3.125 mg tablet	1	
carvedilol 6.25 mg tablet	1	
labetalol hcl 100 mg tablet	1	
labetalol hcl 200 mg tablet	1	
labetalol hcl 300 mg tablet	1	
metoprolol succ er 100 mg tab	1	
metoprolol succ er 200 mg tab	1	
metoprolol succ er 25 mg tab	1	
metoprolol succ er 50 mg tab	1	
metoprolol tartrate 100 mg tab	1	
metoprolol tartrate 25 mg tab	1	
metoprolol tartrate 37.5 mg tb	1	
metoprolol tartrate 50 mg tab	1	
metoprolol tartrate 75 mg tab	1	
nadolol 20 mg tablet	1	
nadolol 40 mg tablet	1	
nadolol 80 mg tablet	1	
nebivolol 10 mg tablet	2	QL (1 / DAY)
nebivolol 2.5 mg tablet	2	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nebivolol 20 mg tablet	2	QL (1 / DAY)
nebivolol 5 mg tablet	2	QL (1 / DAY)
pindolol 10 mg tablet	1	
pindolol 5 mg tablet	1	
propranolol er 120 mg capsule	1	
propranolol er 160 mg capsule	1	
propranolol er 60 mg capsule	1	
propranolol er 80 mg capsule	1	
propranolol 10 mg tablet	1	
propranolol 20 mg tablet	1	
propranolol 20 mg/5 ml soln	1	
propranolol 40 mg tablet	1	
propranolol 40 mg/5 ml soln	1	
propranolol 60 mg tablet	1	
propranolol 80 mg tablet	1	
CARDIOVASCULAR AGENTS - CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate 10 mg tab	1	
amlodipine besylate 2.5 mg tab	1	
amlodipine besylate 5 mg tab	1	
felodipine er 10 mg tablet	1	
felodipine er 2.5 mg tablet	1	
felodipine er 5 mg tablet	1	
isradipine 2.5 mg capsule	1	
isradipine 5 mg capsule	1	
nifedipine er 30 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nifedipine er 60 mg tablet	1	
nifedipine er 90 mg tablet	1	
nifedipine 10 mg capsule	1	
nifedipine 20 mg capsule	1	
CARDIOVASCULAR AGENTS - CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
cartia xt 120 mg capsule	1	
cartia xt 180 mg capsule	1	
cartia xt 240 mg capsule	1	
cartia xt 300 mg capsule	1	
dilt xr 120 mg capsule	1	
dilt xr 180 mg capsule	1	
dilt xr 240 mg capsule	1	
diltiazem 12hr er 120 mg cap	1	
diltiazem 12hr er 60 mg cap	1	
diltiazem 12hr er 90 mg cap	1	
diltiazem 120 mg tablet	1	
diltiazem 24h er(cd) 120 mg cp	1	
diltiazem 24h er(cd) 180 mg cp	1	
diltiazem 24h er(cd) 240 mg cp	1	
diltiazem 24h er(cd) 300 mg cp	1	
diltiazem 24h er(cd) 360 mg cp	1	
diltiazem 24h er(la) 180 mg tb	1	
diltiazem 24h er(la) 240 mg tb	1	
diltiazem 24h er(la) 300 mg tb	1	
diltiazem 24h er(la) 360 mg tb	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem 24h er(la) 420 mg tb	1	
diltiazem 24h er(xr) 120 mg cp	1	
diltiazem 24h er(xr) 180 mg cp	1	
diltiazem 24h er(xr) 240 mg cp	1	
diltiazem 24hr er 120 mg cap	1	
diltiazem 24hr er 180 mg cap	1	
diltiazem 24hr er 240 mg cap	1	
diltiazem 24hr er 300 mg cap	1	
diltiazem 24hr er 360 mg cap	1	
diltiazem 24hr er 420 mg cap	1	
diltiazem 30 mg tablet	1	
diltiazem 60 mg tablet	1	
diltiazem 90 mg tablet	1	
matzim la 180 mg tablet	1	
matzim la 240 mg tablet	1	
matzim la 300 mg tablet	1	
matzim la 360 mg tablet	1	
matzim la 420 mg tablet	1	
tiadylt er 120 mg capsule	1	
tiadylt er 180 mg capsule	1	
tiadylt er 240 mg capsule	1	
tiadylt er 300 mg capsule	1	
tiadylt er 360 mg capsule	1	
tiadylt er 420 mg capsule	1	
verapamil er pm 100 mg capsule	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
verapamil er pm 200 mg capsule	1	
verapamil er pm 300 mg capsule	1	
verapamil er 120 mg capsule	1	
verapamil er 120 mg tablet	1	
verapamil er 180 mg capsule	1	
verapamil er 180 mg tablet	1	
verapamil er 240 mg capsule	1	
verapamil er 240 mg tablet	1	
verapamil sr 120 mg capsule	1	
verapamil sr 180 mg capsule	1	
verapamil sr 240 mg capsule	1	
verapamil sr 360 mg capsule	1	
verapamil 120 mg tablet	1	
verapamil 40 mg tablet	1	
verapamil 80 mg tablet	1	
CARDIOVASCULAR AGENTS - CARDIOVASCULAR AGENTS, OTHER		
acetazolamide sod 500 mg vial	1	
acetazolamide 125 mg tablet	1	
acetazolamide 250 mg tablet	1	
amiloride hcl-hctz 5-50 mg tab	1	
amlod-valsa-hctz 10-160-12.5mg	1	QL (1 / DAY)
amlod-valsa-hctz 10-160-25 mg	1	QL (1 / DAY)
amlod-valsa-hctz 10-320-25 mg	1	QL (1 / DAY)
amlod-valsa-hctz 5-160-12.5 mg	1	QL (1 / DAY)
amlod-valsa-hctz 5-160-25 mg	1	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amlodipine-benazepril 10-20 mg	1	
amlodipine-benazepril 10-40 mg	1	
amlodipine-benazepril 2.5-10	1	
amlodipine-benazepril 5-10 mg	1	
amlodipine-benazepril 5-20 mg	1	
amlodipine-benazepril 5-40 mg	1	
amlodipine-olmesartan 10-20 mg	1	
amlodipine-olmesartan 10-40 mg	1	
amlodipine-olmesartan 5-20 mg	1	
amlodipine-olmesartan 5-40 mg	1	
amlodipine-valsartan 10-160 mg	1	
amlodipine-valsartan 10-320 mg	1	
amlodipine-valsartan 5-160 mg	1	
amlodipine-valsartan 5-320 mg	1	
atenolol-chlorthalidone 100-25	1	
atenolol-chlorthalidone 50-25	1	
benazepril-hctz 10-12.5 mg tab	1	
benazepril-hctz 20-12.5 mg tab	1	
benazepril-hctz 20-25 mg tab	1	
benazepril-hctz 5-6.25 mg tab	1	
bisoprolol-hctz 10-6.25 mg tab	1	
bisoprolol-hctz 2.5-6.25 mg tb	1	
bisoprolol-hctz 5-6.25 mg tab	1	
candesartan-hctz 16-12.5 mg tb	1	
candesartan-hctz 32-12.5 mg tb	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
candesartan-hctz 32-25 mg tab	1	
digoxin 0.05 mg/ml solution	1	
digoxin 0.125 mg tablet	1	
digoxin 0.25 mg tablet	1	
digoxin 125 mcg tablet	1	
digoxin 250 mcg tablet	1	
enalapril-hctz 10-25 mg tablet	1	
enalapril-hctz 5-12.5 mg tab	1	
ENTRESTO 24 MG-26 MG TABLET	2	QL (2 / DAY)
ENTRESTO 49 MG-51 MG TABLET	2	QL (2 / DAY)
ENTRESTO 97 MG-103 MG TABLET	2	QL (2 / DAY)
fosinopril-hctz 10-12.5 mg tab	1	
fosinopril-hctz 20-12.5 mg tab	1	
irbesartan-hctz 150-12.5 mg tb	1	
irbesartan-hctz 300-12.5 mg tb	1	
LANOXIN 125 MCG TABLET	2	
LANOXIN 250 MCG TABLET	2	
lisinopril-hctz 10-12.5 mg tab	1	
lisinopril-hctz 20-12.5 mg tab	1	
lisinopril-hctz 20-25 mg tab	1	
losartan-hctz 100-12.5 mg tab	1	
losartan-hctz 100-25 mg tab	1	
losartan-hctz 50-12.5 mg tab	1	
metoprolol-hctz 100-25 mg tab	1	
metoprolol-hctz 100-50 mg tab	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metoprolol-hctz 50-25 mg tab	1	
NEXLETOL 180 MG TABLET	2	QL (1 / DAY); PA
olmesartan-hctz 20-12.5 mg tab	1	
olmesartan-hctz 40-12.5 mg tab	1	
olmesartan-hctz 40-25 mg tab	1	
olmsrtn-amldpn-hctz 20-5-12.5	1	
olmsrtn-amldpn-hctz 40-10-12.5	1	
olmsrtn-amldpn-hctz 40-10-25mg	1	
olmsrtn-amldpn-hctz 40-5-12.5	1	
olmsrtn-amldpn-hctz 40-5-25 mg	1	
pentoxifylline er 400 mg tab	1	
quinapril-hctz 10-12.5 mg tab	1	
quinapril-hctz 20-12.5 mg tab	1	
quinapril-hctz 20-25 mg tab	1	
ranolazine er 1,000 mg tablet	1	QL (2 / DAY)
ranolazine er 500 mg tablet	1	QL (2 / DAY)
spironolactone-hctz 25-25 tab	1	
telmisartan-amlodipine 40-10	1	
telmisartan-amlodipine 40-5 mg	1	
telmisartan-amlodipine 80-10	1	
telmisartan-amlodipine 80-5 mg	1	
telmisartan-hctz 40-12.5 mg tb	1	
telmisartan-hctz 80-12.5 mg tb	1	
telmisartan-hctz 80-25 mg tab	1	
triamterene-hctz 37.5-25 mg cp	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
triamterene-hctz 37.5-25 mg tb	1	
triamterene-hctz 75-50 mg tab	1	
valsartan-hctz 160-12.5 mg tab	1	
valsartan-hctz 160-25 mg tab	1	
valsartan-hctz 320-12.5 mg tab	1	
valsartan-hctz 320-25 mg tab	1	
valsartan-hctz 80-12.5 mg tab	1	
CARDIOVASCULAR AGENTS - DIURETICS, LOOP		
bumetanide 0.5 mg tablet	1	
bumetanide 1 mg tablet	1	
bumetanide 2 mg tablet	1	
furosemide 10 mg/ml solution	1	
furosemide 20 mg tablet	1	
furosemide 40 mg tablet	1	
furosemide 40 mg/5 ml soln	1	
furosemide 80 mg tablet	1	
torsemide 10 mg tablet	1	
torsemide 100 mg tablet	1	
torsemide 20 mg tablet	1	
torsemide 5 mg tablet	1	
CARDIOVASCULAR AGENTS - DIURETICS, POTASSIUM-SPARING		
amiloride hcl 5 mg tablet	1	
eplerenone 25 mg tablet	1	QL (4 / DAY)
eplerenone 50 mg tablet	1	QL (2 / DAY)
spironolactone 100 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
spironolactone 25 mg tablet	1	
spironolactone 50 mg tablet	1	
CARDIOVASCULAR AGENTS - DIURETICS, THIAZIDE		
chlorthalidone 25 mg tablet	1	
chlorthalidone 50 mg tablet	1	
hydrochlorothiazide 12.5 mg cp	1	
hydrochlorothiazide 12.5 mg tb	1	
hydrochlorothiazide 25 mg tab	1	
hydrochlorothiazide 50 mg tab	1	
indapamide 1.25 mg tablet	1	
indapamide 2.5 mg tablet	1	
metolazone 10 mg tablet	1	
metolazone 2.5 mg tablet	1	
metolazone 5 mg tablet	1	
CARDIOVASCULAR AGENTS - DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate 130 mg capsule	1	
fenofibrate 134 mg capsule	1	
fenofibrate 145 mg tablet	1	
fenofibrate 160 mg tablet	1	
fenofibrate 200 mg capsule	1	
fenofibrate 43 mg capsule	1	
fenofibrate 48 mg tablet	1	
fenofibrate 54 mg tablet	1	
fenofibrate 67 mg capsule	1	
gemfibrozil 600 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIOVASCULAR AGENTS - DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin 10 mg tablet	1	
atorvastatin 20 mg tablet	1	
atorvastatin 40 mg tablet	1	
atorvastatin 80 mg tablet	1	
lovastatin 10 mg tablet	1	
lovastatin 20 mg tablet	1	
lovastatin 40 mg tablet	1	
pravastatin sodium 10 mg tab	1	
pravastatin sodium 20 mg tab	1	
pravastatin sodium 40 mg tab	1	
pravastatin sodium 80 mg tab	1	
rosuvastatin calcium 10 mg tab	1	
rosuvastatin calcium 20 mg tab	1	
rosuvastatin calcium 40 mg tab	1	
rosuvastatin calcium 5 mg tab	1	
simvastatin 10 mg tablet	1	
simvastatin 20 mg tablet	1	
simvastatin 40 mg tablet	1	
simvastatin 5 mg tablet	1	
CARDIOVASCULAR AGENTS - DYSLIPIDEMICS, OTHER		
cholestyramine packet	1	
cholestyramine powder	1	
colesevelam hcl 3.75 g packet	1	
colesevelam 625 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COLESTID FLAVORED GRANULES	2	
colestipol hcl granules	1	
colestipol hcl granules packet	1	
colestipol hcl 1 gm tablet	1	
ezetimibe 10 mg tablet	1	QL (1 / DAY)
ezetimibe-simvastatin 10-10 mg	1	QL (1 / DAY)
ezetimibe-simvastatin 10-20 mg	1	QL (1 / DAY)
ezetimibe-simvastatin 10-40 mg	1	QL (1 / DAY)
ezetimibe-simvastatin 10-80 mg	1	QL (1 / DAY)
icosapent ethyl 1 gram capsule	1	QL (4 / DAY)
NEXLIZET 180-10 MG TABLET	2	QL (1 / DAY); PA
niacin er 1,000 mg tablet	1	
niacin er 500 mg tablet	1	
niacin er 750 mg tablet	1	
niacor 500 mg tablet	1	
niavasc sr 500 mg tablet	1	
niavasc sr 750 mg tablet	1	
omega-3 ethyl esters 1 gm cap	1	QL (4 / DAY)
CARDIOVASCULAR AGENTS - VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine 10 mg tablet	1	
hydralazine 100 mg tablet	1	
hydralazine 20 mg/ml vial	1	
hydralazine 25 mg tablet	1	
hydralazine 50 mg tablet	1	
minoxidil 10 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
minoxidil 2.5 mg tablet	1	
CARDIOVASCULAR AGENTS - VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate 10 mg tab	1	
isosorbide dinitrate 20 mg tab	1	
isosorbide dinitrate 30 mg tab	1	
isosorbide dinitrate 5 mg tab	1	
isosorbide mononit er 120 mg	1	
isosorbide mononit er 30 mg tb	1	
isosorbide mononit er 60 mg tb	1	
isosorbide mononit 10 mg tab	1	
isosorbide mononit 20 mg tab	1	
NITRO-BID 2% OINTMENT	2	
nitro-time er 2.5 mg capsule	1	
nitro-time er 6.5 mg capsule	1	
nitro-time er 9 mg capsule	1	
nitroglycerin 0.3 mg tablet sl	1	
nitroglycerin 0.4 mg tablet sl	1	
nitroglycerin 0.4% ointment	1	QL (30 / 30 DAYS)
nitroglycerin 0.6 mg tablet sl	1	
nitroglycerin 400 mcg spray	1	
nitroglycerin 50 mg/10 ml vial	1	
CENTRAL NERVOUS SYSTEM AGENTS - ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
dextroamp-amphet er 10 mg cap	1	QL (1 / DAY)
dextroamp-amphet er 15 mg cap	1	QL (1 / DAY)
dextroamp-amphet er 20 mg cap	1	QL (2 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dextroamp-amphet er 25 mg cap	1	QL (2 / DAY)
dextroamp-amphet er 30 mg cap	1	QL (2 / DAY)
dextroamp-amphet er 5 mg cap	1	QL (1 / DAY)
dextroamp-amphetam 12.5 mg tab	1	QL (3 / DAY); AGE
dextroamp-amphetam 7.5 mg tab	1	QL (3 / DAY); AGE
dextroamp-amphetamin 10 mg tab	1	QL (3 / DAY); AGE
dextroamp-amphetamin 15 mg tab	1	QL (3 / DAY); AGE
dextroamp-amphetamin 20 mg tab	1	QL (3 / DAY); AGE
dextroamp-amphetamin 30 mg tab	1	QL (2 / DAY); AGE
dextroamp-amphetamine 5 mg tab	1	QL (3 / DAY); AGE
dextroamphetamine er 10 mg cap	1	QL (2 / DAY)
dextroamphetamine er 15 mg cap	1	QL (4 / DAY)
dextroamphetamine er 5 mg cap	1	QL (1 / DAY)
dextroamphetamine 10 mg tab	1	QL (4 / DAY); AGE
dextroamphetamine 15 mg tab	1	QL (4 / DAY); AGE
dextroamphetamine 2.5 mg tab	1	QL (4 / DAY); AGE
dextroamphetamine 20 mg tab	1	QL (4 / DAY); AGE
dextroamphetamine 30 mg tab	1	QL (4 / DAY); AGE
dextroamphetamine 5 mg tab	1	QL (4 / DAY); AGE
dextroamphetamine 7.5 mg tab	1	QL (4 / DAY); AGE
lisdexamfetamine 10 mg capsule	1	QL (1 / DAY)
lisdexamfetamine 10 mg tb chew	1	QL (1 / DAY)
lisdexamfetamine 20 mg capsule	1	QL (1 / DAY)
lisdexamfetamine 20 mg tb chew	1	QL (1 / DAY)
lisdexamfetamine 30 mg capsule	1	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lisdexamfetamine 30 mg tb chew	1	QL (1 / DAY)
lisdexamfetamine 40 mg capsule	1	QL (1 / DAY)
lisdexamfetamine 40 mg tb chew	1	QL (1 / DAY)
lisdexamfetamine 50 mg capsule	1	QL (1 / DAY)
lisdexamfetamine 50 mg tb chew	1	QL (1 / DAY)
lisdexamfetamine 60 mg capsule	1	QL (1 / DAY)
lisdexamfetamine 60 mg tb chew	1	QL (1 / DAY)
lisdexamfetamine 70 mg capsule	1	QL (1 / DAY)
XELSTRYM 13.5 MG/9 HR PATCH	2	QL (1 / DAY)
XELSTRYM 18 MG/9 HR PATCH	2	QL (1 / DAY)
XELSTRYM 4.5 MG/9 HR PATCH	2	QL (1 / DAY)
XELSTRYM 9 MG/9 HR PATCH	2	QL (1 / DAY)
zenzedi 10 mg tablet	1	QL (4 / DAY); AGE
zenzedi 5 mg tablet	1	QL (4 / DAY); AGE
CENTRAL NERVOUS SYSTEM AGENTS - ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl 10 mg capsule	1	QL (1 / DAY)
atomoxetine hcl 100 mg capsule	1	QL (1 / DAY)
atomoxetine hcl 18 mg capsule	1	QL (1 / DAY)
atomoxetine hcl 25 mg capsule	1	QL (1 / DAY)
atomoxetine hcl 40 mg capsule	1	QL (1 / DAY)
atomoxetine hcl 60 mg capsule	1	QL (1 / DAY)
atomoxetine hcl 80 mg capsule	1	QL (1 / DAY)
clonidine hcl er 0.1 mg tablet	1	QL (4 / DAY)
dexmethylphenidate er 10 mg cp	1	QL (1 / DAY)
dexmethylphenidate er 15 mg cp	1	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dexmethylphenidate er 20 mg cp	1	QL (1 / DAY)
dexmethylphenidate er 25 mg cp	1	QL (1 / DAY)
dexmethylphenidate er 30 mg cp	1	QL (1 / DAY)
dexmethylphenidate er 35 mg cp	1	QL (1 / DAY)
dexmethylphenidate er 40 mg cp	1	QL (1 / DAY)
dexmethylphenidate er 5 mg cap	1	QL (1 / DAY)
dexmethylphenidate 10 mg tab	1	QL (3 / DAY); AGE
dexmethylphenidate 2.5 mg tab	1	QL (3 / DAY); AGE
dexmethylphenidate 5 mg tab	1	QL (3 / DAY); AGE
guanfacine hcl er 1 mg tablet	1	QL (1 / DAY)
guanfacine hcl er 2 mg tablet	1	QL (1 / DAY)
guanfacine hcl er 3 mg tablet	1	QL (1 / DAY)
guanfacine hcl er 4 mg tablet	1	QL (1 / DAY)
metadate er 20 mg tablet	2	QL (3 / DAY)
methylphenidate cd 10 mg cap	1	QL (1 / DAY)
methylphenidate cd 20 mg cap	1	QL (1 / DAY)
methylphenidate cd 30 mg cap	1	QL (1 / DAY)
methylphenidate cd 40 mg cap	1	QL (1 / DAY)
methylphenidate cd 50 mg cap	1	QL (1 / DAY)
methylphenidate cd 60 mg cap	1	QL (1 / DAY)
methylphenidate er 10 mg tab	1	
methylphenidate er 18 mg tab	1	QL (1 / DAY)
methylphenidate er 20 mg tab	1	QL (3 / DAY)
methylphenidate er 27 mg tab	1	QL (1 / DAY)
methylphenidate er 36 mg tab	1	QL (2 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methylphenidate er 54 mg tab	1	QL (1 / DAY)
methylphenidate er(cd) 10mg cp	1	QL (1 / DAY)
methylphenidate er(cd) 20mg cp	1	QL (1 / DAY)
methylphenidate er(cd) 30mg cp	1	QL (1 / DAY)
methylphenidate er(cd) 40mg cp	1	QL (1 / DAY)
methylphenidate er(cd) 50mg cp	1	QL (1 / DAY)
methylphenidate er(cd) 60mg cp	1	QL (1 / DAY)
methylphenidate er(la) 10mg cp	1	QL (1 / DAY)
methylphenidate er(la) 20mg cp	1	QL (1 / DAY)
methylphenidate er(la) 30mg cp	1	QL (2 / DAY)
methylphenidate er(la) 40mg cp	1	QL (1 / DAY)
methylphenidate er(la) 60mg cp	1	QL (1 / DAY)
methylphenidate 10 mg chew tab	1	AGE
methylphenidate 10 mg tablet	1	QL (3 / DAY); AGE
methylphenidate 10 mg/5 ml sol	1	AGE
methylphenidate 2.5 mg chew tb	1	AGE
methylphenidate 20 mg tablet	1	QL (3 / DAY); AGE
methylphenidate 5 mg chew tab	1	AGE
methylphenidate 5 mg tablet	1	QL (3 / DAY); AGE
methylphenidate 5 mg/5 ml soln	1	AGE
CENTRAL NERVOUS SYSTEM AGENTS - CENTRAL NERVOUS SYSTEM, OTHER		
butalb-acetamin-caff 50-300-40	1	
butalb-acetamin-caff 50-325-40	1	QL (60 / 30 DAYS)
CONTRAVE ER 8-90 MG TABLET	2	QL (4 / DAY); PA; NDS
diethylpropion er 75 mg tablet	1	QL (1 / DAY); NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diethylpropion 25 mg tablet	1	QL (3 / DAY); NDS
lomaira 8 mg tablet	2	QL (3 / DAY); PA; NDS
phentermine 15 mg capsule	1	QL (1 / DAY); NDS
phentermine 30 mg capsule	1	QL (1 / DAY); NDS
phentermine 37.5 mg capsule	1	QL (1 / DAY); NDS
phentermine 37.5 mg tablet	1	QL (1 / DAY); NDS
phentermine-topir er 11.25-69	1	QL (1 / DAY); PA; NDS
phentermine-topir er 15-92 mg	1	QL (1 / DAY); PA; NDS
phentermine-topir er 3.75-23mg	1	QL (1 / DAY); PA; NDS
phentermine-topir er 7.5-46 mg	1	QL (1 / DAY); PA; NDS
riluzole 50 mg tablet	1	
CENTRAL NERVOUS SYSTEM AGENTS - FIBROMYALGIA AGENTS		
duloxetine hcl dr 20 mg cap	1	
duloxetine hcl dr 30 mg cap	1	
duloxetine hcl dr 40 mg cap	1	
duloxetine hcl dr 60 mg cap	1	
pregabalin 100 mg capsule	1	QL (3 / DAY)
pregabalin 150 mg capsule	1	QL (3 / DAY)
pregabalin 20 mg/ml solution	1	QL (32 / DAY)
pregabalin 200 mg capsule	1	QL (3 / DAY)
pregabalin 225 mg capsule	1	QL (2 / DAY)
pregabalin 25 mg capsule	1	QL (3 / DAY)
pregabalin 300 mg capsule	1	QL (2 / DAY)
pregabalin 50 mg capsule	1	QL (3 / DAY)
pregabalin 75 mg capsule	1	QL (3 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CENTRAL NERVOUS SYSTEM AGENTS - MULTIPLE SCLEROSIS AGENTS		
dalfampridine er 10 mg tablet	1	QL (2 / DAY)
dimethyl fumarate dr 120 mg cp	1	QL (2 / DAY); PA
dimethyl fumarate dr 240 mg cp	1	QL (2 / DAY); PA
dimethyl fumarate 30d start pk	1	QL (2 / DAY); PA
glatiramer 20 mg/ml syringe	1	QL (1 / DAY); PA
glatiramer 40 mg/ml syringe	1	QL (36 / 84 DAYS); PA
glatopa 20 mg/ml syringe	1	QL (1 / DAY); PA
glatopa 40 mg/ml syringe	1	QL (36 / 84 DAYS); PA
DENTAL AND ORAL AGENTS - DENTAL AND ORAL AGENTS		
chlorhexidine 0.12% 15 ml cup	1	
chlorhexidine 0.12% rinse	1	
denta 5000 plus cream	1	
dentagel 1.1% gel	1	
doxycycline hyclate 20 mg tab	1	
oralone 0.1% paste	1	
periogard 0.12% oral rinse	1	
pilocarpine hcl 5 mg tablet	1	
pilocarpine hcl 7.5 mg tablet	1	
prevident 1.1% gel	1	
PREVIDENT 5000 1.1% DRY MOUTH	2	
sf 1.1% gel	1	
sf 5000 plus cream	1	
sod fluoride enam prot 5000ppm	1	
sodium fluoride senstv 5000ppm	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sodium fluoride 0.2% rinse	1	
sodium fluoride 1.1% cream	1	
sodium fluoride 1.1% gel	1	
sodium fluoride 5000 dry mouth	1	
sodium fluoride 5000 plus crm	1	
sodium fluoride 5000 ppm cream	1	
sodium fluoride 5000 ppm paste	1	
sodium fluoride-potassium nitr	1	
triamcinolone 0.1% paste	1	
DERMATOLOGICAL AGENTS - ACNE AND ROSACEA AGENTS		
accutane 10 mg capsule	1	
accutane 20 mg capsule	1	
accutane 30 mg capsule	1	
accutane 40 mg capsule	1	
amnesteem 10 mg capsule	1	
amnesteem 20 mg capsule	1	
amnesteem 30 mg capsule	1	
amnesteem 40 mg capsule	1	
claravis 10 mg capsule	1	
claravis 20 mg capsule	1	
claravis 30 mg capsule	1	
claravis 40 mg capsule	1	
clind ph-benzoyl perox 1.2-5%	1	
clindacin etz 1% pledget	1	
clindacin p 1% pledgets	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clindamycin ph 1% gel	1	
clindamycin ph 1% solution	1	
clindamycin phos 1% pledget	1	
clindamycin phosp 1% lotion	1	
clindamycin phosphate 1% foam	1	
clindamycin-benzoyl perox 1-5%	1	
DIFFERIN 0.1% GEL	2	QL (45 / 30 DAYS); AGE
ery 2% pads	1	
erythromycin 2% gel	1	
erythromycin 2% solution	1	
erythromycin-benzoyl gel	1	
isotretinoin 10 mg capsule	1	
isotretinoin 20 mg capsule	1	
isotretinoin 30 mg capsule	1	
isotretinoin 40 mg capsule	1	
metronidazole topical 0.75% gl	1	
metronidazole topical 1% gel	1	
metronidazole 0.75% cream	1	
metronidazole 0.75% lotion	1	
rosadan 0.75% cream	1	
rosadan 0.75% gel	1	
tazarotene 0.1% cream	1	PA
tretinoin 0.01% gel	1	QL (45 / 25 DAYS); AGE
tretinoin 0.025% cream	1	QL (45 / 25 DAYS); AGE
tretinoin 0.025% gel	1	QL (45 / 25 DAYS); AGE

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tretinoin 0.05% cream	1	QL (45 / 25 DAYS); AGE
tretinoin 0.05% gel	1	QL (45 / 25 DAYS); AGE
tretinoin 0.1% cream	1	QL (45 / 25 DAYS); AGE
zenatane 10 mg capsule	1	
zenatane 20 mg capsule	1	
zenatane 30 mg capsule	1	
zenatane 40 mg capsule	1	
DERMATOLOGICAL AGENTS - DERMATITIS AND PRURITUS AGENTS		
alclometasone dipr 0.05% oint	1	
alclometasone dipro 0.05% crm	1	
anusol-hc 2.5% cream	1	
betamethasone dp aug 0.05% crm	1	
betamethasone dp aug 0.05% lot	1	
betamethasone dp aug 0.05% oin	1	
betamethasone dp 0.05% crm	1	
betamethasone dp 0.05% lot	1	
betamethasone dp 0.05% oint	1	
betamethasone va 0.1% cream	1	
betamethasone va 0.1% lotion	1	
betamethasone valer 0.1% ointm	1	
clobetasol emollient 0.05% crm	1	
clobetasol prop 0.05% foam	1	
clobetasol 0.05% cream	1	
clobetasol 0.05% gel	1	
clobetasol 0.05% ointment	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clobetasol 0.05% shampoo	1	
clobetasol 0.05% solution	1	
clobetasol 0.05% topical lotn	1	
clodan 0.05% shampoo	1	
desonide 0.05% cream	1	
desonide 0.05% lotion	1	
desonide 0.05% ointment	1	
desoximetasone 0.25% cream	1	
desoximetasone 0.25% ointment	1	
EUCRISA 2% OINTMENT	2	PA
fluocinolone 0.01% body oil	1	
fluocinolone 0.01% cream	1	
fluocinolone 0.01% scalp oil	1	
fluocinolone 0.01% solution	1	
fluocinolone 0.025% cream	1	
fluocinolone 0.025% ointment	1	
fluocinonide 0.05% cream	1	
fluocinonide 0.05% gel	1	
fluocinonide 0.05% ointment	1	
fluocinonide 0.05% solution	1	
fluocinonide 0.1% cream	1	
fluocinonide-e 0.05% cream	1	
fluticasone prop 0.005% oint	1	
fluticasone prop 0.05% cream	1	
halobetasol prop 0.05% cream	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
halobetasol prop 0.05% ointmnt	1	
hydrocortisone buty 0.1% cream	1	
hydrocortisone butyr 0.1% oint	1	
hydrocortisone val 0.2% cream	1	
hydrocortisone val 0.2% ointmt	1	
hydrocortisone 1% cream	1	
hydrocortisone 1% ointment	1	
hydrocortisone 2.5% cream	1	
hydrocortisone 2.5% lotion	1	
hydrocortisone 2.5% ointment	1	
mometasone furoate 0.1% cream	1	
mometasone furoate 0.1% oint	1	
mometasone furoate 0.1% soln	1	
procto-med hc 2.5% cream	1	
proctosol-hc 2.5% cream	1	
proctozone-hc 2.5% cream	1	
tacrolimus 0.03% ointment	1	QL (30 / 30 DAYS)
tacrolimus 0.1% ointment	1	QL (30 / 30 DAYS)
triamcinolone 0.025% cream	1	
triamcinolone 0.025% lotion	1	
triamcinolone 0.025% oint	1	
triamcinolone 0.1% cream	1	
triamcinolone 0.1% lotion	1	
triamcinolone 0.1% ointment	1	
triamcinolone 0.5% cream	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
triamcinolone 0.5% ointment	1	
triderm 0.1% cream	1	
triderm 0.5% cream	1	
DERMATOLOGICAL AGENTS - DERMATOLOGICAL AGENTS, OTHER		
ammonium lactate 12% cream	1	QL (400 / 25 DAYS)
ammonium lactate 12% lotion	1	QL (400 / 25 DAYS)
benzepro 6% foaming cloths	1	
benzepro 7% creamy wash	1	
benzoyl peroxide 9.8% foam	1	
bpo 4% gel	1	
bpo 8% gel	1	
calcipotriene 0.005% cream	1	
calcipotriene 0.005% solution	1	
clotrimazole-betamethasone crm	1	
cvs diclofenac sodium 1% gel	1	QL (3000 / 90 DAYS)
diclofenac epolamine 1.3% ptch	1	QL (2 / DAY); PA
diclofenac sodium 1% gel	1	QL (3000 / 90 DAYS)
diclofenac sodium 3% gel	1	
DRYSOL DAB-O-MATIC SOLUTION	2	
DRYSOL SOLUTION	2	
fluorouracil 2% topical soln	1	
fluorouracil 5% cream	1	
fluorouracil 5% topical soln	1	
gnp diclofenac sodium 1% gel	1	QL (3000 / 90 DAYS)
hydrocort-pramoxine 1%-1% crm	1	ST

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocort-pramoxine 2.5-1% crm	1	ST
hydrocort-pramoxine 2.5-1% crm	1	QL (30 / 30 DAYS); ST
imiquimod 5% cream packet	1	
podofilox 0.5% gel	1	
podofilox 0.5% topical soln	1	
pr benzoyl peroxide 7% wash	1	
PROCTOFOAM-HC 1%-1% FOAM	2	
QBREXZA 2.4% CLOTH	2	QL (1 / DAY); PA
qc diclofenac sodium 1% gel	1	QL (3000 / 90 DAYS)
SANTYL OINTMENT	2	PA
selenium sulfide 2.5% lotion	1	
silver sulfadiazine 1% cream	1	
SSD 1% CREAM	2	
DERMATOLOGICAL AGENTS - PEDICULICIDES/SCABICIDES		
crotan 10% lotion	1	
EURAX 10% CREAM	2	
malathion 0.5% lotion	1	
permethrin 5% cream	1	
DERMATOLOGICAL AGENTS - TOPICAL ANTI-INFECTIVES		
acyclovir 5% cream	1	QL (5 / 30 DAYS)
acyclovir 5% ointment	1	QL (30 / 30 DAYS)
CENTANY AT 2% OINTMENT KIT	2	
ciclodan 0.77% cream	1	
ciclodan 8% solution	1	
ciclopirox 0.77% cream	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ciclopirox 0.77% gel	1	
ciclopirox 0.77% topical susp	1	
ciclopirox 1% shampoo	1	
ciclopirox 8% solution	1	
clotrimazole 1% solution	1	
clotrimazole 1% topical cream	1	
econazole nitrate 1% cream	1	
gentamicin 0.1% cream	1	
gentamicin 0.1% ointment	1	
ketoconazole 2% cream	1	
ketoconazole 2% shampoo	1	
mupirocin 2% cream	1	
mupirocin 2% ointment	1	
nyamyc 100,000 unit/gm powder	1	
nystatin 100,000 unit/gm cream	1	
nystatin 100,000 unit/gm oint	1	
nystatin 100,000 unit/gm powd	1	
nystatin-triamcinolone cream	1	
nystatin-triamcinolone ointm	1	
nystop 100,000 unit/gm powder	1	
oxiconazole nitrate 1% cream	1	
OXISTAT 1% LOTION	2	
ELECTROLYTES/MINERALS/METALS/VITAMINS - ELECTROLYTE/MINERAL REPLACEMENT		
AMINOSYN II 10% IV SOLUTION	2	QL (15 DAYS SUPPLY / 30 DAYS)
AMINOSYN II 15% IV SOLUTION	2	QL (15 DAYS SUPPLY / 30 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMINOSYN-PF 10% IV SOLUTION	2	QL (15 DAYS SUPPLY / 30 DAYS)
AMINOSYN-PF 7% IV SOLUTION	2	QL (15 DAYS SUPPLY / 30 DAYS)
CLINIMIX E 2.75%-5% SOLUTION	2	
CLINIMIX E 4.25%-10% SOLUTION	2	
CLINIMIX E 4.25%-5% SOLUTION	2	
CLINIMIX E 5%-15% SOLUTION	2	
CLINIMIX E 5%-20% SOLUTION	2	
CLINIMIX 4.25%-10% SOLUTION	2	QL (15 DAYS SUPPLY / 30 DAYS)
CLINIMIX 4.25%-5% SOLUTION	2	QL (15 DAYS SUPPLY / 30 DAYS)
CLINIMIX 5%-15% SOLUTION	2	QL (15 DAYS SUPPLY / 30 DAYS)
CLINIMIX 5%-20% SOLUTION	2	QL (15 DAYS SUPPLY / 30 DAYS)
CLINISOL 15% SOLUTION	1	QL (15 DAYS SUPPLY / 30 DAYS)
dextrose 10%-water iv solution	1	QL (15 DAYS SUPPLY / 30 DAYS)
dextrose 10%-0.45% nacl iv sol	1	
dextrose 2.5%-0.45% nacl iv	1	
dextrose 20%-water iv soln	1	QL (15 DAYS SUPPLY / 30 DAYS)
dextrose 25%-water syringe	1	
dextrose 30%-water iv soln	1	QL (15 DAYS SUPPLY / 30 DAYS)
dextrose 40%-water iv soln	1	QL (15 DAYS SUPPLY / 30 DAYS)
dextrose 5%-electrolyte 48	1	
dextrose 5%-lr iv solution	1	
dextrose 5%-water iv soln	1	
dextrose 5%-water iv soln	1	QL (15 DAYS SUPPLY / 30 DAYS)
dextrose 5%-water 100 ml	1	
dextrose 5%-water 100 ml	1	QL (15 DAYS SUPPLY / 30 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dextrose 5%-water 50 ml	1	QL (15 DAYS SUPPLY / 30 DAYS)
dextrose 5%-0.2% nacl iv soln	1	
dextrose 5%-0.225% nacl iv sol	1	
dextrose 5%-0.3% nacl iv soln	1	
dextrose 5%-0.33% nacl iv soln	1	
dextrose 5%-0.45% nacl iv soln	1	
dextrose 5%-0.9% nacl iv soln	1	
dextrose 50%-water abboject	1	
dextrose 50%-water iv soln	1	QL (15 DAYS SUPPLY / 30 DAYS)
dextrose 50%-water syringe	1	
dextrose 50%-water vial	1	
dextrose 70%-water iv soln	1	QL (15 DAYS SUPPLY / 30 DAYS)
dextrose 70%-water 3,000 ml	1	QL (15 DAYS SUPPLY / 30 DAYS)
glucose 5%-water 100 ml	1	QL (15 DAYS SUPPLY / 30 DAYS)
glucose 5%-water 50 ml	1	QL (15 DAYS SUPPLY / 30 DAYS)
glucose 5%-0.9% nacl 1000 ml	1	
glucose 50%-water 3,000 ml	1	QL (15 DAYS SUPPLY / 30 DAYS)
GLYTACTIN RTD 10 PE LIQUID	2	PA
GLYTACTIN RTD 15 PE LIQUID	2	PA
hematogen fa softgel	1	
HEMATOGEN SOFTGEL	2	
INFED 100 MG/2 ML VIAL	2	
INTRALIPID 20% IV FAT EMUL	2	
INTRALIPID 30% IV FAT EMUL	2	
ISOLYTE P-DEXTROSE 5% SOLN	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ISOLYTE S IV SOLN PH7.4	2	
ISOLYTE S IV SOLUTION-EXCEL	2	
kcl 10 meq/l-d5w-0.45% nacl	1	
kcl 10 meq/500 ml-d5w-0.2%nacl	1	
kcl 10 meq/500ml-d5w-0.45%nacl	1	
kcl 10meq/500ml-d5w-0.225%nacl	1	
kcl 20 meq in d5w-lact ringer	1	
kcl 20 meq/l in d5w solution	1	
kcl 20 meq/l-d5w-0.2% nacl	1	
kcl 20 meq/l-d5w-0.225% nacl	1	
kcl 20 meq/l-d5w-0.45% nacl	1	
kcl 20 meq/l-d5w-0.9% nacl	1	
kcl 30 meq/l-d5w-0.45% nacl	1	
kcl 40 meq/l-d5w-0.45% nacl	1	
kcl 40 meq/l-d5w-0.9% nacl	1	
klor-con m10 tablet	1	
klor-con m20 tablet	1	
klor-con 20 meq packet	1	
lactated ringers injection	1	
lactated ringers 1,000 ml	1	
multiple electrolytes t1 ph5.5	1	
NORMOSOL-R IV SOLUTION	2	
NORMOSOL-R PH 7.4 IV SOLUTION	2	
NORMOSOL-R-DEXTROSE 5% IV SOLN	2	
NUTRILIPID 20% IV FAT EMULSION	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENYLADE AMINO ACID POWDER	2	PA
phospho-trin k500 500 mg tab	1	
PKU SPHERE15 POWDER PACKET	2	PA
PKU SPHERE20 POWDER PACKET	2	PA
potass cit-sod cit-citric soln	1	
potassium cit-citric acid soln	1	
potassium citrate er 10 meq tb	1	
potassium citrate er 15 meq tb	1	
potassium citrate er 5 meq tab	1	
potassium cl er 10 meq capsule	1	
potassium cl er 10 meq tablet	1	
potassium cl er 15 meq tablet	1	
potassium cl er 20 meq tablet	1	
potassium cl er 8 meq capsule	1	
potassium cl er 8 meq tablet	1	
potassium cl 10% (20 meq/15ml)	1	
potassium cl 10% (40 meq/30ml)	1	
potassium cl 20 meq packet	1	
potassium cl 20 meq-0.45% nacl	1	
potassium cl 20 meq/1,000ml-ns	1	
potassium cl 20% (40 meq/15ml)	1	
potassium cl 40 meq/1,000ml-ns	1	
potassium cl10%(20meq/15ml)cup	1	
potassium cl10%(40meq/30ml)cup	1	
potassium cl20%(40meq/15ml)cup	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREMASOL 10% IV SOLUTION	2	QL (15 DAYS SUPPLY / 30 DAYS)
PROSOL 20% INJECTION	2	QL (15 DAYS SUPPLY / 30 DAYS)
ringer's iv solution	1	
saline 0.45% soln-excel con	1	
sod citrate-citric acid cup	1	
sod citrate-citric acid soln	1	
sodium chloride 0.45% soln	1	
sodium chloride 0.9% sol-excel	1	
sodium chloride 0.9% soln	1	
sodium chloride 0.9% solution	1	
sodium chloride 0.9% 1,000 ml	1	
sodium chloride 0.9% 100 ml	1	
sodium chloride 0.9% 250 ml	1	
sodium chloride 0.9% 50 ml	1	
sodium chloride 0.9% 500 ml	1	
sodium chloride 0.9%-water	1	
sodium chloride 100 meq/40 ml	1	
sodium chloride 120 meq/30 ml	1	
sodium chloride 200 meq/50 ml	1	
sodium chloride 3% iv soln	1	
sodium chloride 4 meq/ml vl	1	
sodium chloride 400 meq/100 ml	1	
sodium chloride 5% iv soln	1	
sodium chloride 50 meq/20 ml	1	
sodium chloride 800 meq/200 ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TPN ELECTROLYTES VIAL	2	
TRAVASOL 10% SOLN VIAFLEX	2	QL (15 DAYS SUPPLY / 30 DAYS)
tricitrates oral soln 5 ml cup	1	
tricitrates oral solution	1	
trigels-f forte softgel	1	
TROPHAMINE 10% IV SOLUTION	2	QL (15 DAYS SUPPLY / 30 DAYS)
VITAFOL CAPLET	2	
ELECTROLYTES/MINERALS/METALS/VITAMINS - ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET 100 MG CAPSULE	2	
deferasirox 125 mg tb for susp	1	PA
deferasirox 180 mg tablet	1	PA
deferasirox 250 mg tb for susp	1	PA
deferasirox 360 mg tablet	1	PA
deferasirox 500 mg tb for susp	1	PA
deferasirox 90 mg tablet	1	PA
deferoxamine 2 gram vial	1	
deferoxamine 500 mg vial	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS - PHOSPHATE BINDERS		
calcium acetate 667 mg capsule	1	
calcium acetate 667 mg gelcap	1	
calcium acetate 667 mg tablet	1	
lanthanum carb 1,000 mg tb chw	1	
lanthanum carb 500 mg tab chew	1	
lanthanum carb 750 mg tab chew	1	
sevelamer carbonate 800 mg tab	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sevelamer 0.8 gm powder packet	1	
sevelamer 2.4 gm powder packet	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS - POTASSIUM BINDERS		
kionex 15 gm/60 ml suspension	1	
sodium polystyrene sulf powder	1	
SPS 15 GM/60 ML SUSPENSION	2	
SPS 30 GM/120 ML ENEMA SUSP	2	
VELTASSA 16.8 GM POWDER PACKET	2	QL (1 / DAY)
VELTASSA 25.2 GM POWDER PACKET	2	QL (1 / DAY)
VELTASSA 8.4 GM POWDER PACKET	2	QL (1 / DAY)
ELECTROLYTES/MINERALS/METALS/VITAMINS - VITAMINS		
ALIVE MEN'S MVI CHEW NO SUGAR	2	
ALIVE WOMEN MVI CHEW NO SUGAR	2	
ALIVE WOMEN'S ULTRA MV TABLET	2	
CLASSIC PRENATAL TABLET	2	
cvs prenatal multi-dha softgel	1	
cvs prenatal multivit-dha sfgl	1	
cvs prenatal vitamins tablet	1	
cvs women's prenatal plus dha	1	
cyanocobalamin 1,000 mcg/ml vl	1	
cyanocobalamin 10,000 mcg/10ml	1	
cyanocobalamin 30,000 mcg/30ml	1	
DIALYVITE TABLET	2	
DIALYVITE WITH ZINC TABLET	2	
folic acid 1 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
folic acid 1,000 mcg tablet	1	
folic acid 5 mg/ml vial	1	
folic acid 50 mg/10 ml vial	1	
ft prenatal tablet	1	
gnp prenatal vitamins tablet	1	
hydroxocobalamin 1,000 mcg/ml	1	
multivit-fluor 0.25 mg tab chw	1	AGE
multivit-fluor 0.5 mg tab chew	1	AGE
multivit-fluoride 1 mg tab chw	1	AGE
mynephrocaps softgel	1	
mynephron capsule	1	
NEPHPLEX RX TABLET	2	
niva-fol tablet	1	
niva-plus tablet	1	
prenatal + dha combo pack	1	
prenatal caplet	1	
prenatal complete caplet	1	
prenatal formula tablet	1	
prenatal gummies	1	
prenatal multi tablet	1	
prenatal multi-dha softgel	1	
prenatal multivitamin tablet	1	
prenatal multivitamin-dha sfgl	1	
prenatal one daily tablet	1	
prenatal tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
prenatal vitamin plus low iron	1	
prenatal vitamin tablet	1	
prenatal vitamins tablet	1	
ra one daily prenatal dha pack	1	
ra prenatal tablet	1	
rena-vite rx tablet	1	
renal caps softgel	1	
reno caps softgel	1	
sv prenatal tablet	1	
trinatal rx 1 tablet	1	
triphrocaps softgel	1	
true folic acid 1600mcg dfe tb	1	
vic-forte capsule	1	
virt-caps softgel	1	
virt-gard tablet	1	
vit a,c,d-fluoride 0.25 mg/ml	1	AGE
vit a,c,d-fluoride 0.5 mg/ml	1	
VITA-RESPA TABLET	2	
vp-vite rx tablet	1	
well folic acid 1,000 mcg tab	1	
wescaps capsule	1	
GASTROINTESTINAL AGENTS - ANTI-CONSTIPATION AGENTS		
CITROMA SOLUTION	2	
constulose 10 gm/15 ml soln	1	
cvs magnesium citrate solution	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
enulose 10 gm/15 ml solution	1	
eq magnesium citrate solution	1	
ft magnesium citrate solution	1	
generlac 10 gm/15 ml solution	1	
gnp magnesium citrate solution	1	
hm magnesium citrate solution	1	
lactulose 10 gm/15 ml soln cup	1	
lactulose 10 gm/15 ml solution	1	
lactulose 20 gm/30 ml soln cup	1	
lactulose 20 gm/30 ml solution	1	
lubiprostone 24 mcg capsule	1	QL (2 / DAY)
lubiprostone 8 mcg capsule	1	QL (2 / DAY)
magnesium citrate solution	1	
METAMUCIL FIBER SINGLES PACKET	2	
MOVANTIK 12.5 MG TABLET	2	QL (1 / DAY)
MOVANTIK 25 MG TABLET	2	QL (1 / DAY)
ra citrate of magnesia soln	1	
sm magnesium citrate solution	1	
TRULANCE 3 MG TABLET	2	QL (1 / DAY)
GASTROINTESTINAL AGENTS - ANTI-DIARRHEAL AGENTS		
diphenoxylat-atrop 2.5-0.025/5	1	
diphenoxylate-atrop 2.5-0.025	1	
loperamide 2 mg capsule	1	
GASTROINTESTINAL AGENTS - ANTISPASMODICS, GASTROINTESTINAL		
atropine 0.4 mg/ml vial	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
atropine 0.5 mg/5 ml abboject	1	
atropine 0.5 mg/5 ml syringe	1	
atropine 1 mg/ml vial	1	
atropine 1 mg/10 ml abboject	1	
atropine 1 mg/10 ml syringe	1	
atropine 8 mg/20 ml vial	1	
dicyclomine 10 mg capsule	1	
dicyclomine 10 mg/5 ml soln	1	
dicyclomine 20 mg tablet	1	
glycopyrrolate 0.2 mg/ml vial	1	
glycopyrrolate 0.4 mg/2 ml vl	1	
glycopyrrolate 1 mg tablet	1	
glycopyrrolate 1 mg/5 ml vial	1	
glycopyrrolate 1.5 mg tablet	1	
glycopyrrolate 2 mg tablet	1	
glycopyrrolate 4 mg/20 ml vial	1	
hyoscyamine sulf 0.125 mg tab	1	
hyoscyamine 0.125 mg odt	1	
hyoscyamine 0.125 mg tab sl	1	
methscopolamine brom 2.5 mg tb	1	
methscopolamine brom 5 mg tab	1	
oscimin sl 0.125 mg tablet	1	
oscimin 0.125 mg tablet	1	
symax fastabs 0.125 mg tablet	1	
symax-sl 0.125 mg tablet sl	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GASTROINTESTINAL AGENTS - GASTROINTESTINAL AGENTS, OTHER		
ALLI 60 MG CAPSULE	2	QL (6 / DAY); NDS
bismuth-metro-tetr 140-125-125	1	QL (12 / DAY)
gavilyte-c solution	1	QL (8000 / 365 DAYS)
gavilyte-g solution	1	QL (8000 / 365 DAYS)
gavilyte-n solution	1	QL (8000 / 365 DAYS)
GOLYTELY SOLUTION	2	QL (8000 / 365 DAYS)
peg 3350-electrolyte solution	1	QL (8000 / 365 DAYS)
peg-3350 and electrolytes soln	1	QL (8000 / 365 DAYS)
peg3350 100-7.5-2.691-1.01-5.9	1	QL (2 / 365 DAYS)
sod sul-potass sul-mag sul sol	1	QL (708 / 365 DAYS)
ursodiol 250 mg tablet	1	
ursodiol 300 mg capsule	1	
ursodiol 500 mg tablet	1	
GASTROINTESTINAL AGENTS - HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine 200 mg tablet	1	
cimetidine 300 mg tablet	1	
cimetidine 300 mg/5 ml cup	1	
cimetidine 300 mg/5 ml soln	1	
cimetidine 400 mg tablet	1	
cimetidine 800 mg tablet	1	
famotidine 20 mg tablet	1	
famotidine 20 mg/2 ml vial	1	
famotidine 200 mg/20 ml vial	1	
famotidine 40 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
famotidine 40 mg/4 ml vial	1	
famotidine 40 mg/5 ml susp	1	
famotidine 500 mg/50 ml vial	1	
nizatidine 150 mg capsule	1	
nizatidine 300 mg capsule	1	
pepcid 20 mg tablet	1	
GASTROINTESTINAL AGENTS - PROTECTANTS		
misoprostol 100 mcg tablet	1	
misoprostol 200 mcg tablet	1	
sucralfate 1 gm tablet	1	
sucralfate 1 gm/10 ml susp	1	
sucralfate 1 gm/10 ml susp cup	1	
GASTROINTESTINAL AGENTS - PROTON PUMP INHIBITORS		
cvs esomeprazole mag 20 mg cap	1	QL (1 / DAY)
cvs lansoprazole dr 15 mg cap	1	QL (2 / DAY)
cvs lansoprazole dr 15 mg odt	1	QL (1 / DAY)
cvs omeprazole dr 20 mg odt	1	QL (3 / DAY)
eq lansoprazole dr 15 mg cap	1	QL (2 / DAY)
eq omeprazole dr 20 mg odt	1	QL (3 / DAY)
eql esomeprazole mag dr 20 mg	1	QL (1 / DAY)
eql lansoprazole dr 15 mg cap	1	QL (2 / DAY)
eql omeprazole dr 20 mg odt	1	QL (3 / DAY)
esomeprazole mag dr 20 mg cap	1	QL (1 / DAY)
esomeprazole mag dr 40 mg cap	1	QL (2 / DAY)
gnp esomeprazole mag dr 20 mg	1	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gnp lansoprazole dr 15 mg cap	1	QL (2 / DAY)
gs esomeprazole mag dr 20 mg	1	QL (1 / DAY)
gs lansoprazole dr 15 mg cap	1	QL (2 / DAY)
gs lansoprazole dr 15 mg odt	1	QL (1 / DAY)
gs omeprazole dr 20 mg odt	1	QL (3 / DAY)
hm esomeprazole mag dr 20 mg	1	QL (1 / DAY)
hm lansoprazole dr 15 mg cap	1	QL (2 / DAY)
kro lansoprazole dr 15 mg cap	1	QL (2 / DAY)
lansoprazole dr 15 mg capsule	1	QL (2 / DAY)
lansoprazole dr 15 mg odt	1	QL (1 / DAY)
lansoprazole dr 30 mg capsule	1	QL (2 / DAY)
lansoprazole dr 30 mg odt	1	QL (1 / DAY)
omeprazole dr 10 mg capsule	1	QL (3 / DAY)
omeprazole dr 20 mg capsule	1	QL (3 / DAY)
omeprazole dr 20 mg odt	1	QL (3 / DAY)
omeprazole dr 40 mg capsule	1	QL (4 / DAY)
pantoprazole sod dr 20 mg tab	1	QL (2 / DAY)
pantoprazole sod dr 40 mg tab	1	QL (2 / DAY)
qc esomeprazole mag dr 20 mg	1	QL (1 / DAY)
qc lansoprazole dr 15 mg cap	1	QL (2 / DAY)
ra esomeprazole mag dr 20 mg	1	QL (1 / DAY)
ra lansoprazole dr 15 mg cap	1	QL (2 / DAY)
rabeprazole sod dr 20 mg tab	1	QL (2 / DAY)
sm esomeprazole mag dr 20 mg	1	QL (1 / DAY)
sm lansoprazole dr 15 mg cap	1	QL (2 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT - GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ATTRUBY 356 MG TABLET	2	QL (4 / DAY); PA; NDS
CREON DR 12,000 UNIT CAPSULE	2	
CREON DR 24,000 UNIT CAPSULE	2	
CREON DR 3,000 UNIT CAPSULE	2	
CREON DR 36,000 UNIT CAPSULE	2	
CREON DR 6,000 UNIT CAPSULE	2	
CYSTAGON 150 MG CAPSULE	2	
CYSTAGON 50 MG CAPSULE	2	
levocarnitine sf 1 g/10 ml sol	1	
levocarnitine 1 g/10 ml cup	1	
levocarnitine 1 g/10 ml soln	1	
levocarnitine 330 mg tablet	1	
levocarnitine 500 mg/5 ml cup	1	
nitisinone 10 mg capsule	1	PA; NDS
nitisinone 2 mg capsule	1	PA; NDS
nitisinone 5 mg capsule	1	PA; NDS
sodium phenylbutyrate powder	1	
sodium phenylbutyrate 500mg tb	1	
ZENPEP DR 10,000 UNIT CAPSULE	2	
ZENPEP DR 15,000 UNIT CAPSULE	2	
ZENPEP DR 20,000 UNIT CAPSULE	2	
ZENPEP DR 25,000 UNIT CAPSULE	2	
ZENPEP DR 3,000 UNIT CAPSULE	2	
ZENPEP DR 40,000 UNIT CAPSULE	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZENPEP DR 5,000 UNIT CAPSULE	2	
GENITOURINARY AGENTS - ANTISPASMODICS, URINARY		
darifenacin er 15 mg tablet	1	QL (1 / DAY); ST
darifenacin er 7.5 mg tablet	1	QL (1 / DAY); ST
mirabegron er 25 mg tablet	1	QL (1 / DAY)
mirabegron er 50 mg tablet	1	QL (1 / DAY)
oxybutynin cl er 10 mg tablet	1	QL (2 / DAY)
oxybutynin cl er 15 mg tablet	1	QL (2 / DAY)
oxybutynin cl er 5 mg tablet	1	QL (1 / DAY)
oxybutynin 5 mg tablet	1	
oxybutynin 5 mg/5 ml soln cup	1	
oxybutynin 5 mg/5 ml solution	1	
oxybutynin 5 mg/5 ml syrup	1	
solifenacin 10 mg tablet	1	QL (1 / DAY)
solifenacin 5 mg tablet	1	QL (1 / DAY)
tolterodine tart er 2 mg cap	1	QL (1 / DAY)
tolterodine tart er 4 mg cap	1	QL (1 / DAY)
tolterodine tartrate 1 mg tab	1	QL (2 / DAY)
tolterodine tartrate 2 mg tab	1	QL (2 / DAY)
trospium chloride 20 mg tablet	1	QL (2 / DAY)
GENITOURINARY AGENTS - BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er 10 mg tablet	1	
dutasteride 0.5 mg capsule	1	
finasteride 5 mg tablet	1	
tamsulosin hcl 0.4 mg capsule	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GENITOURINARY AGENTS - GENITOURINARY AGENTS, OTHER		
bethanechol 10 mg tablet	1	
bethanechol 25 mg tablet	1	
bethanechol 5 mg tablet	1	
bethanechol 50 mg tablet	1	
ELMIRON 100 MG CAPSULE	2	
phenazopyridine 100 mg tab	1	
phenazopyridine 200 mg tab	1	
PHEXXI 1.8-1-0.4% VAGINAL GEL	2	
tadalafil 5 mg tablet	1	QL (1 / DAY); PA
VCF CONTRACEPTIVE FILM	1	
vcf contraceptive gel	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
cortisone 25 mg tablet	1	
dexamethasone intensol 1 mg/ml	1	
dexamethasone 0.5 mg tablet	1	
dexamethasone 0.5 mg/5 ml elx	1	
dexamethasone 0.5 mg/5 ml liq	1	
dexamethasone 0.75 mg tablet	1	
dexamethasone 1 mg tablet	1	
dexamethasone 1.5 mg tablet	1	
dexamethasone 10 mg/ml vial	1	
dexamethasone 100 mg/10 ml vl	1	
dexamethasone 120 mg/30 ml vl	1	
dexamethasone 2 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dexamethasone 20 mg/2 ml-water	1	
dexamethasone 20 mg/5 ml vial	1	
dexamethasone 4 mg tablet	1	
dexamethasone 4 mg/ml vial	1	
dexamethasone 6 mg tablet	1	
fludrocortisone 0.1 mg tablet	1	
KENALOG-10 50 MG/5 ML VIAL	2	
methylprednisolone 16 mg tab	1	
methylprednisolone 32 mg tab	1	
methylprednisolone 4 mg dosepk	1	
methylprednisolone 4 mg tablet	1	
methylprednisolone 8 mg tablet	1	
mifepristone 200 mg tablet	1	
millipred 5 mg tablet	1	
prednisolone sod ph 25 mg/5 ml	1	
prednisolone 15 mg/5 ml soln	1	
prednisolone 15 mg/5 ml syrup	1	
prednisolone 15mg/5ml soln cup	1	
prednisolone 20 mg/5 ml soln	1	
prednisolone 5 mg/5 ml soln	1	
prednisone 1 mg tablet	1	
prednisone 10 mg tab dose pack	1	
prednisone 10 mg tablet	1	
prednisone 2.5 mg tablet	1	
prednisone 20 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
prednisone 5 mg tab dose pack	1	
prednisone 5 mg tablet	1	
prednisone 5 mg/5 ml solution	1	
prednisone 50 mg tablet	1	
SOLU-CORTEF 100 MG ACT-O-VIAL	2	
triamcinolone acet 200 mg/5 ml	2	
triamcinolone acet 40 mg/ml vl	2	
triamcinolone acet 400 mg/10ml	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONAD 10,000 UNIT VL	1	QL (1 / 28 DAYS); NDS
desmopressin ac 4 mcg/ml ampul	1	
desmopressin ac 4 mcg/ml vial	1	
desmopressin acetate 0.1 mg tb	1	
desmopressin acetate 0.2 mg tb	1	
desmopressin 0.01% solution	1	
desmopressin 1.5 mg/ml spray	1	
desmopressin 10 mcg/0.1 ml spr	1	
desmopressin 40 mcg/10 ml vial	1	
NORDITROPIN FLEXPRO 10 MG/1.5	2	PA
NORDITROPIN FLEXPRO 15 MG/1.5	2	PA
NORDITROPIN FLEXPRO 30 MG/3 ML	2	PA
NORDITROPIN FLEXPRO 5 MG/1.5	2	PA
NUTROPIN AQ NUSPIN 10 INJECTOR	2	PA
NUTROPIN AQ NUSPIN 20 INJECTOR	2	PA
NUTROPIN AQ NUSPIN 5 INJECTOR	2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORIAHNN 300-1-0.5MG/300MG CAPS	2	QL (2 / DAY); PA
ZOMACTON 10 MG VIAL	2	PA
ZOMACTON 5 MG VIAL	2	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - ANDROGENS		
KYZATREX 100 MG CAPSULE	2	QL (2 / DAY); PA
KYZATREX 150 MG CAPSULE	2	QL (4 / DAY); PA
KYZATREX 200 MG CAPSULE	2	QL (4 / DAY); PA
testosteron enan 1,000 mg/5 ml	1	
testosterone cyp 1,000 mg/10ml	1	
testosterone cyp 1,000 mg/5 ml	1	
testosterone cyp 2,000 mg/10ml	1	
testosterone cyp 200 mg/ml	1	
testosterone cyp 500 mg/2.5 ml	1	
testosterone cyp 6,000 mg/30ml	1	
testosterone enan 200 mg/ml	1	
testosterone 1.62% gel pump	1	QL (5 / DAY); PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - ESTROGENS		
afirmelle-28 tablet	1	
altavera-28 tablet	1	
alyacen 1-35 28 tablet	1	
alyacen 7-7-7-28 tablet	1	
amethia 0.15-0.03-0.01 mg tab	1	
amethyst 90-20 mcg tablet	1	
ANNOVERA VAGINAL RING	2	QL (1 / 365 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
apri 28 day tablet	1	
aranelle 28 tablet	1	
ashlyna 0.15-0.03-0.01 mg tab	1	
aubra eq-28 tablet	1	
aurovela fe 1.5 mg-30 mcg tab	1	
aurovela fe 1-20 tablet	1	
aurovela 1 mg-20 mcg tablet	1	
aurovela 21 1.5-30 tablet	1	
aurovela 24 fe 1 mg-20 mcg tab	1	
aviane-28 tablet	1	
ayuna-28 tablet	1	
azurette 28 day tablet	1	
balziva 28 tablet	1	
blisovi fe 1.5-30 tablet	1	
blisovi fe 1-20 tablet	1	
blisovi 24 fe tablet	1	
briellyn tablet	1	
camrese lo tablet	1	
camrese 0.15-0.03-0.01 mg tab	1	
charlotte 24 fe chewable tab	1	
chateal eq-28 tablet	1	
CLIMARA PRO PATCH	2	QL (0.143 / DAY)
COMBIPATCH 0.05-0.14 MG PTCH	2	QL (0.29 / DAY)
COMBIPATCH 0.05-0.25 MG PTCH	2	QL (0.29 / DAY)
cryselle-28 tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cyred eq 28 day tablet	1	
dasetta 1-35-28 tablet	1	
dasetta 7/7/7-28 tablet	1	
daysee 0.15-0.03-0.01 mg tab	1	
dolishale 90-20 mcg tablet	1	
dotti 0.025 mg patch	1	QL (0.29 / DAY)
dotti 0.0375 mg patch	1	QL (0.29 / DAY)
dotti 0.05 mg patch	1	QL (0.29 / DAY)
dotti 0.075 mg patch	1	QL (0.29 / DAY)
dotti 0.1 mg patch	1	QL (0.29 / DAY)
drosp-ee-levomef 3-0.02-0.451	1	
drosp-ee-levomef 3-0.03-0.451	1	
drospirenone-ee 3-0.02 mg tab	1	
drospirenone-ee 3-0.03 mg tab	1	
elinest-28 tablet	1	
eluryng vaginal ring	1	
enpresse-28 tablet	1	
enskyce 28 tablet	1	
estarylla 0.25-0.035 mg tablet	1	
estradiol valerate 100 mg/5 ml	1	
estradiol valerate 200 mg/5 ml	1	
estradiol 0.01% cream	1	
estradiol 0.025 mg patch(1/wk)	1	QL (0.143 / DAY)
estradiol 0.025 mg patch(2/wk)	1	QL (0.29 / DAY)
estradiol 0.0375mg patch(1/wk)	1	QL (0.143 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol 0.0375mg patch(2/wk)	1	QL (0.29 / DAY)
estradiol 0.05 mg patch (1/wk)	1	QL (0.143 / DAY)
estradiol 0.05 mg patch (2/wk)	1	QL (0.29 / DAY)
estradiol 0.06 mg patch (1/wk)	1	QL (0.143 / DAY)
estradiol 0.075 mg patch(1/wk)	1	QL (0.143 / DAY)
estradiol 0.075 mg patch(2/wk)	1	QL (0.29 / DAY)
estradiol 0.1 mg patch (1/wk)	1	QL (0.143 / DAY)
estradiol 0.1 mg patch (2/wk)	1	QL (0.29 / DAY)
estradiol 0.5 mg tablet	1	
estradiol 1 mg tablet	1	
estradiol 10 mcg vaginal insrt	1	QL (0.643 / DAY)
estradiol 2 mg tablet	1	
estradiol-noreth 0.5-0.1 mg tb	1	
estradiol-noreth 1-0.5 mg tab	1	
ESTRING 2 MG VAGINAL RING	2	QL (1 / 90 DAYS)
ESTRING 7.5 MCG/DAY (2MG) RING	2	QL (1 / 90 DAYS)
etonogestrel-ee vaginal ring	1	
falmina-28 tablet	1	
feirza 1 mg-20 mcg tablet	1	
feirza 1.5 mg-30 mcg tablet	1	
FEMLYV 1 MG-0.02 MG ODT	2	
finzala 1-0.02(24)-75 chew tab	1	
fyavolv 0.5 mg-2.5 mcg tablet	1	
fyavolv 1 mg-5 mcg tablet	1	
galbriela 0.8-0.025 mg chew tb	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gemmily 1 mg-20 mcg capsule	1	
hailey fe 1.5-30 tablet	1	
hailey fe 1-20 tablet	1	
hailey 21 1.5 mg-30 mcg tab	1	
hailey 24 fe 1 mg-20 mcg tab	1	
haloette vaginal ring	1	
iclevia 0.15 mg-0.03 mg tablet	1	
isibloom 28 day tablet	1	
jaimiess 0.15-0.03-0.01 mg tab	1	
jasmiel 3 mg-0.02 mg tablet	1	
jinteli 1 mg-5 mcg tablet	1	
jolessa 0.15 mg-0.03 mg tablet	1	
joyeaux-28 tablet	1	
juleber 28 day tablet	1	
junel fe 1 mg-20 mcg tablet	1	
junel fe 1.5 mg-30 mcg tablet	1	
junel fe 24 tablet	1	
junel 1 mg-20 mcg tablet	1	
junel 1.5 mg-30 mcg tablet	1	
kaitlib fe 0.8-0.025mg chew tb	1	
kalliga 28 day tablet	1	
kariva 28 day tablet	1	
kelnor 1-35 28 tablet	1	
kelnor 1-50 tablet	1	
kurvelo-28 tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
larin fe 1.5-30 tablet	1	
larin fe 1-20 tablet	1	
larin 1.5 mg-30 mcg tablet	1	
larin 21 1-20 tablet	1	
larin 24 fe 1 mg-20 mcg tablet	1	
leena 28 tablet	1	
lessina-28 tablet	1	
levonest-28 tablet	1	
levonor-e estrad 0.1-0.02-0.01	1	
levonor-eth estra 0.09-0.02 mg	1	
levonor-eth estrad triphasic	1	
levonor-eth estrad 0.1-0.02 mg	1	
levonor-eth estrad 0.15-0.03	1	
levonorg-ee-fe bis 0.1-0.02-36	1	QL (200 / 30 DAYS)
levora-28 tablet	1	
LO LOESTRIN FE 1-10 TABLET	2	
lo-zumandimine 3 mg-0.02 mg tb	1	
lojaimiess 0.1-0.02-0.01 tab	1	
loryna 3 mg-0.02 mg tablet	1	
low-ogestrel-28 tablet	1	
lutera-28 tablet	1	
lyllana 0.025 mg patch	1	QL (0.29 / DAY)
lyllana 0.0375 mg patch	1	QL (0.29 / DAY)
lyllana 0.05 mg patch	1	QL (0.29 / DAY)
lyllana 0.075 mg patch	1	QL (0.29 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lyllana 0.1 mg patch	1	QL (0.29 / DAY)
marlissa-28 tablet	1	
MENEST 0.3 MG TABLET	2	
MENEST 0.625 MG TABLET	2	
MENEST 1.25 MG TABLET	2	
MENEST 2.5 MG TABLET	2	
merzee 1 mg-20 mcg capsule	1	
mibelas 24 fe chewable tablet	1	
microgestin fe 1.5-30 tab	1	
microgestin fe 1-20 tablet	1	
microgestin 21 1.5-30 tab	1	
microgestin 21 1-20 tablet	1	
microgestin 24 fe 1 mg-20 mcg	1	
mili 0.25-0.035 mg tablet	1	
mimvey 1-0.5 mg tablet	1	
mono-linyah 28 tablet	1	
NATAZIA 28 TABLET	2	
necon 0.5-35-28 tablet	1	
NEXTSTELLIS 3-14.2 MG TABLET	2	
nikki 3 mg-0.02 mg tablet	1	
norelgestrom-ee 150-35 mcg/day	1	
noret-estr-fe 0.4-0.035(21)-75	1	
noreth-ee-fe 1 mg/20-30-35 mcg	1	
noreth-ee-fe 1-0.02(21)-75 tab	1	
noreth-ee-fe 1-0.02(24)-75 cap	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
noreth-ee-fe 1-0.02(24)-75 chw	1	
norethin-eth estrad 1 mg-5 mcg	1	
norethind-eth estrad 0.5-2.5	1	
norethind-eth estrad 1-0.02 mg	1	
norg-ee 0.18-0.215-0.25/0.025	1	
norg-ee 0.18-0.215-0.25/0.035	1	
norg-ethin estra 0.25-0.035 mg	1	
norgestimate-ee 0.25-0.035 mg	1	
nortrel 0.5-35-28 tablet	1	
nortrel 1-35 21 tablet	1	
nortrel 1-35 28 tablet	1	
nortrel 7-7-7-28 tablet	1	
nylia 1-35 28 tablet	1	
nylia 7-7-7-28 tablet	1	
nymyo 0.25-0.035 mg (28) tab	1	
ocella 3 mg-0.03 mg tablet	1	
philith 0.4-0.035 mg tablet	1	
pimtrea 28 day tablet	1	
portia-28 tablet	1	
PREMARIN VAGINAL CREAM-APPL	2	
PREMARIN 0.3 MG TABLET	2	
PREMARIN 0.45 MG TABLET	2	
PREMARIN 0.625 MG TABLET	2	
PREMARIN 0.9 MG TABLET	2	
PREMARIN 1.25 MG TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREMPHASE 0.625-5 MG TABLET	2	
PREMPRO 0.3 MG-1.5 MG TABLET	2	
PREMPRO 0.45-1.5 MG TABLET	2	
PREMPRO 0.625-2.5 MG TABLET	2	
PREMPRO 0.625-5 MG TABLET	2	
reclipsen 28 day tablet	1	
rivelsa tablet	1	
rosyrah tablet	1	
setlakin 0.15 mg-0.03 mg tab	1	
simliya 28 day tablet	1	
simpesse 0.15-0.03-0.01 mg tab	1	
sprintec 28 day tablet	1	
sronyx 0.10-0.02 mg tablet	1	
syeda 28 tablet	1	
tarina fe 1-20 eq tablet	1	
tarina 24 fe 1 mg-20 mcg tab	1	
tilia fe 28 tablet	1	
tri-estarylla tablet	1	
tri-legest fe-28 day tablet	1	
tri-linyah tablet	1	
tri-lo-estarylla tablet	1	
tri-lo-marzia tablet	1	
tri-lo-mili tablet	1	
tri-lo-sprintec tablet	1	
tri-mili 28 tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-nymyo 28 tablet	1	
tri-sprintec tablet	1	
tri-vylibra lo tablet	1	
tri-vylibra 28 tablet	1	
trivora-28 tablet	1	
turqoz-28 tablet	2	
TWIRLA 120-30 MCG/DAY PATCH	2	
TYBLUME 0.1-0.02 MG CHEW TAB	2	
tydemy 3-0.03-0.451 mg tablet	1	
valtya 1 mg-50 mcg tablet	1	
velivet 28 day tablet	1	
vestura 3 mg-0.02 mg tablet	1	
vienva-28 tablet	1	
viorele 28 day tablet	1	
volnea 0.15-0.02-0.01 mg tab	1	
vyfemla 0.4 mg-0.035 mg tablet	1	
vylibra 28 tablet	1	
wera 0.5/0.035 mg 28 tablet	1	
wymzya fe 0.4-0.035 mg chew tb	1	
xarah fe 1 mg/20-30-35 mcg tab	1	
xelria fe 0.4-0.035 mg chew tb	1	
xulane 150-35 mcg/day patch	1	
yuvafem 10 mcg vaginal insert	1	QL (0.643 / DAY)
zafemy 150-35 mcg/day patch	1	
zovia 1-35 tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zumandimine 3 mg-0.03 mg tab	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - NEUROKININ 3 (NK3) RECEPTOR ANTAGONIST		
VEOZAH 45 MG TABLET	2	QL (1 / DAY); PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - PROGESTINS		
after pill 1.5 mg tablet	1	
AFTERA 1.5 MG TABLET	1	
camila 0.35 mg tablet	1	
curae 1.5 mg tablet	1	
deblitane 0.35 mg tablet	1	
DEPO-SUBQ PROVERA 104 SYRINGE	2	
econtra ez 1.5 mg tablet	1	
econtra one-step 1.5 mg tablet	1	
ELLA 30 MG TABLET	2	
emzahh 0.35 mg tablet	1	
errin 0.35 mg tablet	1	
heather 0.35 mg tablet	1	
her style 1.5 mg tablet	1	
incassia 0.35 mg tablet	1	
jencycla 0.35 mg tablet	1	
levonorgestrel 1.5 mg tablet	1	
lyleq 0.35 mg tablet	1	
lyza 0.35 mg tablet	1	
medroxyprogesterone 10 mg tab	1	
medroxyprogesterone 150 mg/ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
medroxyprogesterone 2.5 mg tab	1	
medroxyprogesterone 5 mg tab	1	
megestrol acet 40 mg/ml susp	1	
megestrol 20 mg tablet	1	
megestrol 40 mg tablet	1	
megestrol 400 mg/10 ml cup	1	
megestrol 400 mg/10ml susp cup	1	
megestrol 625 mg/5 ml susp	1	
my choice 1.5 mg tablet	1	
my way 1.5 mg tablet	1	
new day 1.5 mg tablet	1	
NORA-BE TABLET	1	
nora-be tablet	1	
norethindrone 0.35 mg tablet	1	
norethindrone 5 mg tablet	1	
opcicon one-step 1.5 mg tablet	1	
option 2 1.5 mg tablet	1	
progesterone 100 mg capsule	1	
progesterone 200 mg capsule	1	
sharobel 0.35 mg tablet	1	
SLYND 4 MG TABLET	2	
TAKE ACTION 1.5 MG TABLET	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
clomiphene citrate 50 mg tab	1	
DUAVEE 0.45-20 MG TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
raloxifene hcl 60 mg tablet	1	QL (1 / DAY); G
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 120 MG TABLET	2	
ARMOUR THYROID 15 MG TABLET	2	
ARMOUR THYROID 180 MG TABLET	2	
ARMOUR THYROID 240 MG TABLET	2	
ARMOUR THYROID 30 MG TABLET	2	
ARMOUR THYROID 300 MG TABLET	2	
ARMOUR THYROID 60 MG TABLET	2	
ARMOUR THYROID 90 MG TABLET	2	
LEVO-T 100 MCG TABLET	2	
LEVO-T 112 MCG TABLET	2	
LEVO-T 125 MCG TABLET	2	
LEVO-T 137 MCG TABLET	2	
LEVO-T 150 MCG TABLET	2	
LEVO-T 175 MCG TABLET	2	
LEVO-T 200 MCG TABLET	2	
LEVO-T 25 MCG TABLET	2	
LEVO-T 300 MCG TABLET	2	
LEVO-T 50 MCG TABLET	2	
LEVO-T 75 MCG TABLET	2	
LEVO-T 88 MCG TABLET	2	
levothyroxine 100 mcg tablet	1	
levothyroxine 112 mcg tablet	1	
levothyroxine 125 mcg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levothyroxine 137 mcg tablet	1	
levothyroxine 150 mcg tablet	1	
levothyroxine 175 mcg tablet	1	
levothyroxine 200 mcg tablet	1	
levothyroxine 25 mcg tablet	1	
levothyroxine 300 mcg tablet	1	
levothyroxine 50 mcg tablet	1	
levothyroxine 75 mcg tablet	1	
levothyroxine 88 mcg tablet	1	
LEVOXYL 100 MCG TABLET	2	
LEVOXYL 112 MCG TABLET	2	
LEVOXYL 125 MCG TABLET	2	
LEVOXYL 137 MCG TABLET	2	
LEVOXYL 150 MCG TABLET	2	
LEVOXYL 175 MCG TABLET	2	
LEVOXYL 200 MCG TABLET	2	
LEVOXYL 25 MCG TABLET	2	
LEVOXYL 50 MCG TABLET	2	
LEVOXYL 75 MCG TABLET	2	
LEVOXYL 88 MCG TABLET	2	
liothyronine sod 25 mcg tab	1	ST
liothyronine sod 5 mcg tab	1	ST
liothyronine sod 50 mcg tab	1	ST
np thyroid 120 mg tablet	1	
np thyroid 15 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
np thyroid 30 mg tablet	1	
np thyroid 60 mg tablet	1	
np thyroid 90 mg tablet	1	
SYNTHROID 100 MCG TABLET	2	
SYNTHROID 112 MCG TABLET	2	
SYNTHROID 125 MCG TABLET	2	
SYNTHROID 137 MCG TABLET	2	
SYNTHROID 150 MCG TABLET	2	
SYNTHROID 175 MCG TABLET	2	
SYNTHROID 200 MCG TABLET	2	
SYNTHROID 25 MCG TABLET	2	
SYNTHROID 300 MCG TABLET	2	
SYNTHROID 50 MCG TABLET	2	
SYNTHROID 75 MCG TABLET	2	
SYNTHROID 88 MCG TABLET	2	
thyroid 120 mg tablet	1	
thyroid 15 mg tablet	1	
thyroid 30 mg tablet	1	
thyroid 60 mg tablet	1	
thyroid 90 mg tablet	1	
UNITHROID 100 MCG TABLET	2	
UNITHROID 112 MCG TABLET	2	
UNITHROID 125 MCG TABLET	2	
UNITHROID 137 MCG TABLET	2	
UNITHROID 150 MCG TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UNITHROID 175 MCG TABLET	2	
UNITHROID 200 MCG TABLET	2	
UNITHROID 25 MCG TABLET	2	
UNITHROID 300 MCG TABLET	2	
UNITHROID 50 MCG TABLET	2	
UNITHROID 75 MCG TABLET	2	
UNITHROID 88 MCG TABLET	2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN 500 MG TABLET	2	PA; NDS
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
cabergoline 0.5 mg tablet	1	
ELIGARD 22.5 MG SYRINGE KIT	2	QL (1 / 84 DAYS); PA; NDS
ELIGARD 30 MG SYRINGE KIT	2	QL (1 / 112 DAYS); PA; NDS
ELIGARD 45 MG SYRINGE KIT	2	QL (1 / 168 DAYS); PA; NDS
ELIGARD 7.5 MG SYRINGE KIT	2	QL (1 / 28 DAYS); PA; NDS
FIRMAGON 2 X 120 MG KIT	2	QL (2 / 365 DAYS); PA; NDS
FIRMAGON 80 MG KIT	2	QL (1 / 28 DAYS); PA; NDS
fyremadel 250 mcg/0.5 ml syr	1	PA; NDS
GANIRELIX ACET 250 MCG/0.5 ML	1	PA; NDS
ganirelix acet 250 mcg/0.5 ml	1	PA; NDS
lanreotide 120 mg/0.5 ml syrng	1	PA; NDS
leuprolide 2wk 14 mg/2.8 ml kt	1	PA; NDS
LUPRON DEPOT 11.25 MG 3MO KIT	2	QL (1 / 84 DAYS); PA
LUPRON DEPOT 22.5 MG 3MO KIT	2	QL (1 / 84 DAYS); PA
LUPRON DEPOT 3.75 MG KIT	2	QL (1 / 28 DAYS); PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LUPRON DEPOT 45 MG 6MO KIT	2	QL (1 / 180 DAYS); PA
LUPRON DEPOT 7.5 MG KIT	2	QL (1 / 28 DAYS); PA
LUPRON DEPOT-4 MONTH KIT	2	QL (1 / 120 DAYS); PA
octreotide acet 0.05 mg/ml vl	1	PA
octreotide acet 100 mcg/ml amp	1	PA
octreotide acet 100 mcg/ml syr	1	PA
octreotide acet 100 mcg/ml vl	1	PA
octreotide acet 200 mcg/ml vl	1	PA
octreotide acet 50 mcg/ml amp	1	PA
octreotide acet 50 mcg/ml syr	1	PA
octreotide acet 50 mcg/ml vial	1	PA
octreotide acet 500 mcg/ml amp	1	PA
octreotide acet 500 mcg/ml syr	1	PA
octreotide acet 500 mcg/ml vl	1	PA
octreotide 1,000 mcg/ml vial	1	PA
octreotide 1,000 mcg/5 ml vial	1	PA
octreotide 5,000 mcg/5 ml vial	1	PA
ORGOVYX 120 MG TABLET	2	QL (1 / DAY); PA; NDS
SOMATULINE DEPOT 60 MG/0.2 ML	2	PA; NDS
SOMATULINE DEPOT 90 MG/0.3 ML	2	PA; NDS
TRELSTAR 11.25 MG VIAL	2	QL (1 / 84 DAYS); PA; NDS
TRELSTAR 22.5 MG VIAL	2	QL (1 / 168 DAYS); PA; NDS
TRELSTAR 3.75 MG VIAL	2	QL (1 / 28 DAYS); PA; NDS
HORMONAL AGENTS, SUPPRESSANT (THYROID) - ANTITHYROID AGENTS		
methimazole 10 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methimazole 5 mg tablet	1	
propylthiouracil 50 mg tablet	1	
IMMUNOLOGICAL AGENTS - IMMUNOGLOBULINS		
GAMMAPLEX 10 GRAM/100 ML VIAL	2	
GAMMAPLEX 20 GRAM/200 ML VIAL	2	
GAMMAPLEX 5 GRAM/50 ML VIAL	2	
HYPERHEP B NEONATAL SYRINGE	2	
HYPERHEP B VIAL	2	
HYPERTET 250 UNIT/ML SYRINGE	2	
IMOGAM RABIES-HT 150 UNIT/ML	2	
MICRHOGAM ULTRA-FILTD PLUS SYR	2	
NABI-HB VIAL	2	
RHOGAM ULTRA-FILTERED PLUS SYR	2	
VARIZIG 125 UNIT/1.2 ML VIAL	2	
WINRHO SDF 1,500 UNIT VIAL	2	PA
WINRHO SDF 15,000 UNIT VIAL	2	PA
WINRHO SDF 2,500 UNIT VIAL	2	PA
WINRHO SDF 5,000 UNIT VIAL	2	PA
IMMUNOLOGICAL AGENTS - IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA ACTPEN 162 MG/0.9 ML	2	PA
ACTEMRA 162 MG/0.9 ML SYRINGE	2	PA
ACTEMRA 200 MG/10 ML VIAL	2	PA
ACTEMRA 400 MG/20 ML VIAL	2	PA
ACTEMRA 80 MG/4 ML VIAL	2	PA
auranofin 3 mg capsule	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSENTYX SENSOREADY 150 MG PEN	2	PA
COSENTYX SNRDY 300MG DOSE-2PEN	2	PA
COSENTYX UNOREADY 300 MG PEN	2	PA
COSENTYX 150 MG/ML SYRINGE	2	PA
COSENTYX 300 MG DOSE-2 SYRINGE	2	PA
COSENTYX 75 MG/0.5 ML SYRINGE	2	PA
DUPIXENT 200 MG/1.14 ML PEN	2	PA
DUPIXENT 200 MG/1.14 ML SYRING	2	PA
DUPIXENT 300 MG/2 ML PEN	2	PA
DUPIXENT 300 MG/2 ML SYRINGE	2	PA
ILUMYA 100 MG/ML SYRINGE	2	PA
KEVZARA 150 MG/1.14 ML PEN INJ	2	PA
KEVZARA 150 MG/1.14 ML SYRINGE	2	PA
KEVZARA 200 MG/1.14 ML PEN INJ	2	PA
KEVZARA 200 MG/1.14 ML SYRINGE	2	PA
KINERET 100 MG/0.67 ML SYRINGE	2	PA
OLUMIANT 1 MG TABLET	2	PA
OLUMIANT 2 MG TABLET	2	PA
ORENCIA CLICKJECT 125 MG/ML	2	PA
ORENCIA 125 MG/ML SYRINGE	2	PA
ORENCIA 250 MG VIAL	2	PA
ORENCIA 50 MG/0.4 ML SYRINGE	2	PA
ORENCIA 87.5 MG/0.7 ML SYRINGE	2	PA
RINVOQ ER 15 MG TABLET	2	PA
RINVOQ ER 30 MG TABLET	2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RINVOQ ER 45 MG TABLET	2	PA
RINVOQ LQ 1 MG/ML SOLUTION	2	PA
SILIQ 210 MG/1.5 ML SYRINGE	2	PA
SKYRIZI 150 MG/ML PEN	2	PA
SKYRIZI 150 MG/ML SYRINGE	2	PA
SKYRIZI 360 MG/2.4 ML ON-BODY	2	PA
SKYRIZI 600 MG/10 ML VIAL	2	PA
SOTYKTU 6 MG TABLET	2	QL (1 / DAY); PA
STELARA 130 MG/26 ML VIAL	2	PA
STELARA 45 MG/0.5 ML SYRINGE	2	PA
STELARA 45 MG/0.5 ML VIAL	2	PA
STELARA 90 MG/ML SYRINGE	2	PA
TALTZ 20 MG/0.25 ML SYRINGE	2	PA
TALTZ 40 MG/0.5 ML SYRINGE	2	PA
TALTZ 80 MG/ML AUTOINJ (2-PK)	2	PA
TALTZ 80 MG/ML AUTOINJ (3-PK)	2	PA
TALTZ 80 MG/ML AUTOINJECTOR	2	PA
TALTZ 80 MG/ML SYRINGE	2	PA
TREMFYA 100 MG/ML ONE-PRESS	2	PA
TREMFYA 100 MG/ML SYRINGE	2	PA
TREMFYA 200 MG/2 ML PEN	2	PA
TREMFYA 200 MG/2 ML SYRINGE	2	PA
TREMFYA 200 MG/20 ML VIAL	2	PA
TREMFYA 200MG/2ML PEN INDCT PK	2	PA
XELJANZ XR 11 MG TABLET	2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XELJANZ XR 22 MG TABLET	2	PA
XELJANZ 1 MG/ML SOLUTION	2	PA
XELJANZ 10 MG TABLET	2	PA
XELJANZ 5 MG TABLET	2	PA
XOLAIR 150 MG/ML AUTOINJECTOR	2	QL (8 / 28 DAYS); PA; NDS
XOLAIR 150 MG/ML SYRINGE	2	QL (8 / 28 DAYS); PA; NDS
XOLAIR 150 MG/1.2 ML POWDER VL	2	QL (8 / 28 DAYS); PA; NDS
XOLAIR 300 MG/2 ML AUTOINJECT	2	QL (8 / 28 DAYS); PA; NDS
XOLAIR 300 MG/2 ML SYRINGE	2	QL (8 / 28 DAYS); PA; NDS
XOLAIR 75 MG/0.5 ML AUTOINJECT	2	QL (2 / 28 DAYS); PA; NDS
XOLAIR 75 MG/0.5 ML SYRINGE	2	QL (2 / 28 DAYS); PA; NDS
IMMUNOLOGICAL AGENTS - IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5 ML VIAL	2	PA; NDS
IMMUNOLOGICAL AGENTS - IMMUNOSUPPRESSANTS		
ADALIMUMAB-ADAZ(CF) PEN 40 MG	2	PA
ADALIMUMAB-ADAZ(CF) PEN 80 MG	2	PA
ADALIMUMAB-ADAZ(CF) 10MG/0.1ML	2	PA
ADALIMUMAB-ADAZ(CF) 20MG/0.2ML	2	PA
ADALIMUMAB-ADAZ(CF) 40 MG SYRG	2	PA
ADALIMUMAB-ADBM(CF) CRHN 40MG	2	PA
ADALIMUMAB-ADBM(CF) PEN 40 MG	2	PA
ADALIMUMAB-ADBM(CF) PS-UV 40MG	2	PA
ADALIMUMAB-ADBM(CF) 10 MG SYRG	2	PA
ADALIMUMAB-ADBM(CF) 20 MG SYRG	2	PA
ADALIMUMAB-ADBM(CF) 40 MG SYRG	2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-RYVK(CF) AI 40 MG	2	PA
ADALIMUMAB-RYVK(CF) 40 MG SYRG	2	PA
azathioprine 50 mg tablet	1	
CIMZIA 2X200 MG VIAL KIT	2	PA
CIMZIA 2X200 MG/ML SYRINGE KIT	2	PA
CIMZIA 2X200 MG/ML(X3)START KT	2	PA
cyclosporine modified 100 mg	1	
cyclosporine modified 100mg/ml	1	
cyclosporine modified 25 mg	1	
cyclosporine modified 50 mg	1	
CYLTEZO(CF) PEN CRH-UC-HS 40MG	2	PA
CYLTEZO(CF) PEN PSORIA-UV 40MG	2	PA
CYLTEZO(CF) PEN 40 MG/0.4 ML	2	PA
CYLTEZO(CF) PEN 40 MG/0.8 ML	2	PA
CYLTEZO(CF) 10 MG/0.2 ML SYRNG	2	PA
CYLTEZO(CF) 20 MG/0.4 ML SYRNG	2	PA
CYLTEZO(CF) 40 MG/0.4 ML SYRNG	2	PA
CYLTEZO(CF) 40 MG/0.8 ML SYRNG	2	PA
ENBREL 25 MG/0.5 ML SYRINGE	2	PA
ENBREL 25 MG/0.5 ML VIAL	2	PA
ENBREL 50 MG/ML MINI CARTRIDGE	2	PA
ENBREL 50 MG/ML SURECLICK	2	PA
ENBREL 50 MG/ML SYRINGE	2	PA
gengraf 100 mg capsule	1	
gengraf 100 mg/ml solution	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gengraf 25 mg capsule	1	
JYLAMVO 2 MG/ML ORAL SOLUTION	2	PA; NDS
leflunomide 10 mg tablet	1	
leflunomide 20 mg tablet	1	
methotrexate 1 gram/40 ml vial	1	
methotrexate 2.5 mg tablet	1	
methotrexate 250 mg/10 ml vial	1	
methotrexate 50 mg/2 ml vial	1	
mycophenolate 200 mg/ml susp	1	
mycophenolate 250 mg capsule	1	
mycophenolate 500 mg tablet	1	
OTEZLA 10-20 MG STARTER 28 DAY	2	PA
OTEZLA 10-20-30MG START 28 DAY	2	PA
OTEZLA 20 MG TABLET	2	PA
OTEZLA 30 MG TABLET	2	PA
SIMLANDI(CF) AI 40 MG/0.4 ML	2	PA
SIMLANDI(CF) 40 MG/0.4 ML SYRG	2	PA
SIMPONI ARIA 50 MG/4 ML VIAL	2	PA
SIMPONI 100 MG/ML PEN INJECTOR	2	PA
SIMPONI 100 MG/ML SYRINGE	2	PA
SIMPONI 50 MG/0.5 ML PEN INJEC	2	PA
SIMPONI 50 MG/0.5 ML SYRINGE	2	PA
sirolimus 0.5 mg tablet	1	
sirolimus 1 mg tablet	1	
sirolimus 1 mg/ml oral soln	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sirolimus 1 mg/ml solution	1	
sirolimus 2 mg tablet	1	
tacrolimus 0.5 mg capsule (ir)	1	
tacrolimus 1 mg capsule (ir)	1	
tacrolimus 5 mg capsule (ir)	1	
XATMEP 2.5 MG/ML ORAL SOLUTION	2	PA; NDS
IMMUNOLOGICAL AGENTS - VACCINES		
ABRYSVO ACT-O-VIAL	2	
ABRYSVO VIAL WITH DILUENT SYRG	2	
ACTHIB VACCINE VIAL	2	
ACTHIB VACCINE WITH DILUENT	2	
ADACEL TDAP SYRINGE	2	
ADACEL TDAP VIAL	2	
AFLURIA TRIVA 2024-25 (3YR UP)	2	
AFLURIA TRIVALENT 2024-25 VIAL	2	
AREXVY VIAL KIT	2	
BCG VACCINE (TICE STRAIN) VIAL	2	
BEXSERO PREFILLED SYRINGE	2	
BIOTHRAX VACCINE VIAL	2	
BOOSTRIX TDAP VACCINE SYRINGE	2	
BOOSTRIX TDAP VACCINE VIAL	2	
CAPVAXIVE 0.5 ML SYRINGE	2	AGE
COMIRNATY 2024-25(12Y UP) SYRG	2	
DAPTACEL DTAP VACCINE	2	
DENGVAXIA VIAL	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DENGVAXIA VIAL WITH DILUENT	2	
ENGERIX-B PEDI 10 MCG/0.5 SYRN	2	
ENGERIX-B 20 MCG/ML SYRN	2	
ENGERIX-B 20 MCG/ML VIAL	2	
FLUAD TRIVALENT 2024-2025 SYR	2	
FLUARIX TRIVALENT 2024-25 SYRG	2	
FLUBLOK TRIVALENT 2024-25 SYRG	2	
FLUCELVAX TRIVAL 2024-2025 SYR	2	
FLUCELVAX TRIVAL 2024-2025 VL	2	
FLULAVAL TRIVALENT 2024-25 SYR	2	
FLUMIST TRIVALNT NASAL 2024-25	2	
FLUZONE HIGH-DOSE TRIV 2024-25	2	
FLUZONE TRIVALENT 2024-25 SYRG	2	
FLUZONE TRIVALENT 2024-25 VIAL	2	
GARDASIL 9 SYRINGE	2	AGE
GARDASIL 9 VIAL	2	AGE
HAVRIX 1,440 UNIT/ML SYRINGE	2	AGE
HAVRIX 720 UNIT/0.5 ML SYRINGE	2	AGE
HEPLISAV-B 20 MCG/0.5 ML SYRNG	2	
HIBERIX VIAL AND DILUENT SYRG	2	
HIBERIX VIAL WITH DILUENT VIAL	2	
IMOVAX RABIES VACCINE VIAL	2	
INFANRIX DTAP SYRINGE	2	
IPOL VIAL	2	
IXCHIQ VIAL	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IXIARO 6 UNIT(6 MCG)/0.5ML SYR	2	
JYNNEOS 0.5 ML VIAL	2	
JYNNEOS 0.5 ML VIAL(STOCKPILE)	2	
KINRIX TIP-LOK SYRINGE	2	
M-M-R II VACCINE VIAL	2	AGE
MENACTRA VIAL	2	
MENQUADFI VIAL	2	
MENVEO A-C-Y-W KIT (2 VIALS)	2	
MENVEO 1 VIAL-A-C-Y-W-135-DIP	2	
MODERNA COVID 24-25(6M-11Y)EUA	2	
MRESVIA 50 MCG/0.5 ML SYRINGE	2	
NOVAVAX COVID 2024-25 SYR(EUA)	2	
PEDIARIX 0.5 ML SYRINGE	2	
PEDVAXHIB VACCINE VIAL	2	
PENBRAYA KIT	2	
PENTACEL ACTHIB COMPONENT VIAL	2	
PENTACEL DTAP-IPV COMPONENT VL	2	
PENTACEL VIAL KIT	2	
PFIZER COVID 2024-25(5-11Y)EUA	2	
PFIZER COVID 2024-25(6M-4Y)EUA	2	
PNEUMOVAX 23 SYRINGE	2	AGE
PNEUMOVAX 23 VIAL	2	AGE
PREHEVBRIO 10 MCG/ML VIAL	2	AGE
PREVNAR 13 SYRINGE	2	AGE
PREVNAR 20 SYRINGE	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRIORIX VIAL	2	
PROQUAD VIAL	2	
QUADRACEL DTAP-IPV SYRINGE	2	
QUADRACEL DTAP-IPV VIAL	2	
RABAVERT RABIES VACC W-DILUENT	2	
RECOMBIVAX HB 10 MCG/ML SYR	2	AGE
RECOMBIVAX HB 10 MCG/ML VIAL	2	AGE
RECOMBIVAX HB 40 MCG/ML VIAL	2	AGE
RECOMBIVAX HB 5 MCG/0.5 ML SYR	2	AGE
RECOMBIVAX HB 5 MCG/0.5 ML VL	2	AGE
ROTARIX VACCINE ORAL SYRINGE	2	
ROTARIX VACCINE SUSPENSION	2	
ROTATEQ VACCINE	2	
SHINGRIX VIAL KIT	2	
SPIKEVAX 2024-25 (12Y UP) SYRG	2	
TENIVAC SYRINGE	2	
TENIVAC VIAL	2	
TICOVAC 1.2 MCG/0.25 ML SYRING	2	
TICOVAC 2.4 MCG/0.5 ML SYRINGE	2	
TRUMENBA 120 MCG/0.5 ML VACCIN	2	
TWINRIX VACCINE SYRINGE	2	AGE
TYPHIM VI 25 MCG/0.5 ML SYRNG	2	
TYPHIM VI 25 MCG/0.5 ML VIAL	2	
VAQTA 25 UNITS/0.5 ML SYRINGE	2	AGE
VAQTA 25 UNITS/0.5 ML VIAL	2	AGE

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VAQTA 50 UNITS/ML SYRINGE	2	
VAQTA 50 UNITS/ML VIAL	2	AGE
VARIVAX VACCINE WITH DILUENT	2	AGE
VAXCHORA VACCINE	2	
VAXELIS VACCINE SYRINGE	2	
VAXELIS VACCINE VIAL	2	
VAXNEUVANCE 0.5 ML SYRINGE	2	
VIVOTIF EC CAPSULE	2	QL (4 / 365 DAYS)
YF-VAX 1 DOSE VIAL	2	
YF-VAX 5 DOSE VIAL	2	
INFLAMMATORY BOWEL DISEASE AGENTS - AMINOSALICYLATES		
balsalazide disodium 750 mg cp	1	
mesalamine dr 1.2 gm tablet	1	QL (4 / DAY)
mesalamine dr 400 mg capsule	1	QL (6 / DAY)
mesalamine er 0.375 gram cap	1	QL (4 / DAY)
mesalamine 1,000 mg supp	1	QL (1 / DAY)
mesalamine 4 gm/60 ml enema	1	QL (60 / DAY)
mesalamine 4 gm/60 ml kit	1	QL (0.143 / DAY)
mesalamine 800 mg dr tablet	1	QL (6 / DAY)
sulfasalazine dr 500 mg tab	1	
sulfasalazine 500 mg tablet	1	
INFLAMMATORY BOWEL DISEASE AGENTS - GLUCOCORTICOIDS		
budesonide dr 3 mg capsule	1	QL (3 / DAY)
budesonide ec 3 mg capsule	1	QL (3 / DAY)
budesonide 2 mg rectal foam	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone 10 mg tablet	1	
hydrocortisone 100 mg/60 ml	1	
hydrocortisone 20 mg tablet	1	
hydrocortisone 5 mg tablet	1	
METABOLIC BONE DISEASE AGENTS - METABOLIC BONE DISEASE AGENTS		
alendronate sodium 10 mg tab	1	QL (1 / DAY)
alendronate sodium 35 mg tab	1	QL (0.15 / DAY)
alendronate sodium 70 mg tab	1	QL (0.15 / DAY)
calcitonin-salmon 200 unit spr	1	QL (0.13 / DAY)
calcitriol 0.25 mcg capsule	1	
calcitriol 0.5 mcg capsule	1	
calcitriol 1 mcg/ml ampul	1	
calcitriol 1 mcg/ml solution	1	
cinacalcet hcl 30 mg tablet	1	QL (4 / DAY)
cinacalcet hcl 60 mg tablet	1	QL (4 / DAY)
cinacalcet hcl 90 mg tablet	1	QL (4 / DAY)
doxercalciferol 0.5 mcg cap	1	
doxercalciferol 1 mcg capsule	1	
doxercalciferol 2.5 mcg cap	1	
ibandronate sodium 150 mg tab	1	QL (0.04 / DAY)
pamidronate disod 30 mg vial	1	
pamidronate disod 90 mg vial	1	
pamidronate 30 mg/10 ml vial	1	
pamidronate 60 mg/10 ml vial	1	
pamidronate 90 mg/10 ml vial	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
risedronate sodium 150 mg tab	1	QL (0.04 / DAY)
risedronate sodium 35 mg tab	1	QL (0.15 / DAY)
risedronate sodium 5 mg tablet	1	QL (1 / DAY)
TERIPARATIDE 620 MCG/2.48 ML	2	PA
TYMLOS 80 MCG DOSE PEN INJECTR	2	PA
vitamin d2 1.25mg(50,000 unit)	1	
zoledronic acid 4 mg/100 ml	1	PA
zoledronic acid 4 mg/5 ml vial	1	PA
MISCELLANEOUS THERAPEUTIC AGENTS - MISCELLANEOUS THERAPEUTIC AGENTS		
accu-chek fastclix lancet drum	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
accu-chek fastclix lancing dev	2	QL (1 / 180 DAYS)
accu-chek safe-t-pro plus 23g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
accu-chek safe-t-pro 23g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
accu-chek softclix lancet kit	2	QL (1 / 180 DAYS)
accu-chek softclix lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ace aerosol cloud enhancer	2	QL (1 / 365 DAYS)
acetic acid 0.25% irrig soln	1	
acti-lance lite 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
acti-lance special 17g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
acti-lance univers 23g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
adjustable lancing device	2	QL (1 / 180 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
advanced lancing device	2	QL (1 / 180 DAYS)
advanced travel 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
advanced travel 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
advin covid-19 ag home test	2	QL (8 / 30 DAYS)
advocate alcohol 70% prep pads	2	QL (200 / 25 DAYS)
advocate ins syr 1 ml 30gx5/16	2	
advocate ins 0.3 ml 30gx5/16"	2	
advocate ins 0.3 ml 31gx5/16"	2	
advocate ins 0.5 ml 30gx5/16"	2	
advocate ins 0.5 ml 31gx5/16"	2	
advocate ins 1 ml 31gx5/16"	2	
advocate lancing device	2	QL (1 / 180 DAYS)
advocate pen needle 32g 4mm	2	
advocate pen needle 4mm 33g	2	
advocate pen needles 5mm 31g	2	
advocate pen needles 8mm 31g	2	
advocate safety 21g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
advocate safety 23g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
advocate safety 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
advocate 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
advocate 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aerochamber mechanical vent	2	QL (1 / 365 DAYS)
aerochamber mini	2	QL (1 / 365 DAYS)
aerochamber mv hold chamber	2	QL (1 / 365 DAYS)
aerochamber plus flow-vu	2	QL (1 / 365 DAYS)
aerochamber plus flow-vu large	2	QL (1 / 365 DAYS)
aerochamber plus flow-vu med	2	QL (1 / 365 DAYS)
aerochamber plus flow-vu small	2	QL (1 / 365 DAYS)
aerochamber z-stat plus large	2	QL (1 / 365 DAYS)
aerochamber z-stat plus w-flow	2	QL (1 / 365 DAYS)
aerochamber z-stat plus-med	2	QL (1 / 365 DAYS)
aerochamber z-stat plus-small	2	QL (1 / 365 DAYS)
aerogear asthma action kit	2	QL (1 / 365 DAYS)
aerotrach holding chamber	2	QL (1 / 365 DAYS)
aerovent plus holding chamber	2	QL (1 / 365 DAYS)
aimsco latex condom	1	
airzone peak flow meter	2	QL (1 / 365 DAYS)
alcohol prep pads	2	QL (200 / 25 DAYS)
alcohol swab	2	QL (200 / 25 DAYS)
alcohol swabs	2	QL (200 / 25 DAYS)
alcohol 70% pads	2	QL (200 / 25 DAYS)
alcohol 70% prep pads	2	QL (200 / 25 DAYS)
alcohol 70% swabs	2	QL (200 / 25 DAYS)
alcohol 70% wipes	2	QL (200 / 25 DAYS)
alcohol,dehydrated 98% ampule	1	
alcohol,dehydrated 98% vial	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
allergy syringe 1 ml 27gx1/2"	2	
allergy syringe 1 ml 27gx3/8"	2	
alternate site lancing device	2	QL (1 / 180 DAYS)
alternate site 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
amber oral-top syringe 3 ml	2	
amber oral-top syringe 5 ml	2	
AMPHADASE 150 UNITS/ML VIAL	2	
aq insulin syr 0.5 ml 30g 8mm	2	
aq insulin syr 1 ml 31g 8mm	2	
aq insulin syrin 1 ml 29g 12mm	2	
aqinject luer lock 10 ml syr	2	
aqinject luer lock 20 ml syr	2	
aqinject luer lock 5 ml syr	2	
aqinject safety syr 3ml 25g 1"	2	
aqinject 3.0 lock 3 ml syringe	2	
aqua lance lancing device	2	QL (1 / 180 DAYS)
assure comfort 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
assure comfort 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
assure haemolance plus 18g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
assure haemolance plus 21g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
assure haemolance plus 25g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
assure haemolance plus 28g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
assure id duo pro ndl 31g 5mm	2	
assure id duo-shield 30gx3/16"	2	
assure id duo-shield 30gx5/16"	2	
assure id pen needle 30gx5/16"	2	
assure id pro pen ndl 30g 5mm	2	
assure id syr 0.5ml 31gx15/64"	2	
assure id syr 1 ml 31gx15/64"	2	
assure lance plus 21g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
assure lance plus 25g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
assure lance plus 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
assure lance 25g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
assure lance 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
assure lance 28g safety lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
asthma check peak flow mtr	2	QL (1 / 365 DAYS)
asthmapack children's care kit	2	QL (1 / 365 DAYS)
auto-lancet mini lancing dev	2	QL (1 / 180 DAYS)
autolet impress lancing device	2	QL (1 / 180 DAYS)
autolet impression lancing dev	2	QL (1 / 180 DAYS)
autolet lancing device	2	QL (1 / 180 DAYS)
autolet lite lancing device	2	QL (1 / 180 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
autolet plus lancing device	2	QL (1 / 180 DAYS)
autopen 1 to 21 units	2	QL (1 / 365 DAYS)
autopen 2 to 42 units	2	QL (1 / 365 DAYS)
bacteriostatic saline vial	1	
bacteriostatic water vial	1	
bd allergist tray	2	
bd allergy syringe-needle 1 ml	2	
bd autoshield duo ndl 5mmx30g	2	
bd bulk syringe 1 ml	2	
bd bulk syringe 10 ml	2	
bd bulk syringe 20 ml	2	
bd bulk syringe 5 ml	2	
bd eclipse luer-lok syr 1 ml	2	
bd eclipse luer-lok syr 3 ml	2	
bd eclipse syr 1 ml 25gx5/8	2	
bd eclipse syringe 3 ml 21gx1"	2	
bd eclipse syringe 3 ml 25gx1"	2	
bd eclipse syrng 3 ml 23g 40mm	2	
bd eclipse 30gx1/2" syringe	2	
bd home sharps container	2	QL (1 / 30 DAYS)
bd ins syr u-500 1/2ml 6mmx31g	2	
bd ins syr uf 0.3ml 12.7mmx30g	2	
bd ins syr uf 0.5ml 12.7mmx30g	2	
bd ins syr 0.3 ml 8mmx31g(1/2)	2	
bd ins syrn uf 1 ml 12.7mmx30g	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bd ins syrn uf 1 ml 30g 12.7mm	2	
bd ins syrng uf 0.3 ml 8mmx31g	2	
bd ins syrng uf 0.5 ml 8mmx31g	2	
bd ins syrng 0.3 ml 29gx12.7mm	2	
bd ins syrng 0.5 ml 29gx12.7mm	2	
bd insulin syr uf 1 ml 8mmx31g	2	
bd insulin syr 0.5 ml 28gx1/2"	2	
bd insulin syr 1 ml 27gx12.7mm	2	
bd insulin syr 1 ml 27gx5/8"	2	
bd insulin syr 1 ml 28gx1/2"	2	
bd insulin syr 1 ml 29gx12.7mm	2	
bd integra syr 3 ml 21gx1 1/2"	2	
bd integra syr 3 ml 25gx5/8"	2	
bd integra syringe 3 ml 21gx1"	2	
bd integra syringe 3 ml 23gx1"	2	
bd integra syringe 3 ml 25gx1"	2	
bd luer-lok syr 3 ml 25gx5/8"	2	
bd luer-lok syringe 1 ml	2	
bd luer-lok syringe 1ml 20gx1"	2	
bd luer-lok syringe 20 ml	2	
bd luer-lok syringe 3 ml	2	
bd luer-lok syringe 5 ml	2	
bd luer-lok tip syringe 30 ml	2	
bd luer-lok 10 ml syringe	2	
bd luer-lok 5 ml syringe	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bd luerslip syringe 1 ml	2	
bd microtainer 21g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
bd microtainer 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
bd nano 2 gen pen ndl 32g 4mm	2	
bd safetgld ins 0.3ml 29g 13mm	2	
bd safetgld ins 0.5ml 13mmx29g	2	
bd safetygld ins 0.3ml 31g 8mm	2	
bd safetygld ins 0.5ml 30g 8mm	2	
bd safetygld ins 1 ml 29g 13mm	2	
bd safetyglid ins 1 ml 6mmx31g	2	
bd safetyglide allergy syringe	2	
bd safetyglide allergy 27g syr	2	
bd safetyglide syr 3 ml 25gx1"	2	
bd safetyglide syringe 27gx5/8	2	
bd safetyglide tb 1 ml syr	2	
bd safetyglide tb 1ml 27g 10mm	2	
bd safetyglide tuberculin syr	2	
bd safetyglide 3 ml syringe	2	
bd saftygld ins 0.3 ml 6mmx31g	2	
bd saftygld ins 0.5 ml 6mmx31g	2	
bd saftygld ins 0.5ml 29g 13mm	2	
bd sharps collector 1 quart	2	QL (1 / 30 DAYS)
bd sharps collector 1.5 quart	2	QL (1 / 30 DAYS)
bd sharps collector 3.3 quart	2	QL (1 / 30 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bd sharps collector 5 gal	2	QL (1 / 30 DAYS)
bd sharps collector 5.4 quart	2	QL (1 / 30 DAYS)
bd sharps collector 6.9 quart	2	QL (1 / 30 DAYS)
bd sharps collector 8.2 quart	2	QL (1 / 30 DAYS)
bd sharps collector 9 gal	2	QL (1 / 30 DAYS)
bd sharps container 1.4qt	2	QL (1 / 30 DAYS)
bd single use swab	2	QL (200 / 25 DAYS)
bd slip tip 5 ml syringe	2	
bd slip-tip syringe 20 ml	2	
bd syringe catheter tip 50 ml	2	
bd syringe luer-lok 50 ml	2	
bd syringe slip tip 10 ml	2	
bd syringe slip tip 50 ml	2	
bd syringe 3 ml	2	
bd syringe 30 ml	2	
bd syringe-safety glide	2	
bd syrn cath tip non-ster 50ml	2	
bd syrn luer-lok non-ster 50ml	2	
bd syrn slip tip non-ster 50ml	2	
bd syrng luer-lok sterile 50ml	2	
bd tb st syringe 1 ml 27g 10mm	2	
bd tb syringe 21gx1"	2	
bd tb syringe 25gx5/8"	2	
bd tb syringe 26gx3/8"	2	
bd tb syringe 27gx1/2"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bd tb syrnge 27gx1/2"	2	
bd tuberculin 1 ml syringe	2	
bd uf micro pen needle 6mmx32g	2	
bd uf mini pen needle 5mmx31g	2	
bd uf nano pen needle 4mmx32g	2	
bd uf orig pen ndl 12.7mmx29g	2	
bd uf short pen needle 8mmx31g	2	
bd veo ins syring 1 ml 6mmx31g	2	
bd veo ins syrn 0.3 ml 6mmx31g	2	
bd veo ins syrn 0.5 ml 6mmx31g	2	
bd veo ins 0.3ml 6mmx31g (1/2)	2	
bd veritor at-home covid19 tst	2	QL (8 / 30 DAYS); NDS
bd veritor system sars-cov-2	2	QL (8 / 30 DAYS); NDS
bd 1 ml syringe with needle	2	
bd 10 ml control syringe	2	
bd 10 ml syringe	2	
bd 10 ml syringe bulk	2	
bd 10 ml syringe 20gx1-1/2"	2	
bd 10 ml syringe 20gx1"	2	
bd 10 ml syringe 21gx1-1/2"	2	
bd 10 ml syringe 21gx1"	2	
bd 20 ml syringe	2	
bd 20 ml syringe bulk	2	
bd 3 ml syringe	2	
bd 3 ml syringe with needle	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bd 3 ml syringe 18gx1-1/2"	2	
bd 3 ml syringe 20gx1-1/2"	2	
bd 3 ml syringe 25gx1-1/2"	2	
bd 3 ml syringe 25gx1"	2	
bd 5 ml syringe 20gx1-1/2"	2	
bd 5 ml syringe 20gx1"	2	
bd 5 ml syringe 21gx1-1/2"	2	
bd 5 ml syringe 21gx1"	2	
binaxnow covid-19 ag self test	2	QL (8 / 30 DAYS); NDS
binaxnow covid19 ag card (eua)	2	QL (8 / 30 DAYS); NDS
breatherite mdi spacer	2	QL (1 / 365 DAYS)
breatherite spacer-adult mask	2	QL (1 / 365 DAYS)
breatherite spacer-infant mask	2	QL (1 / 365 DAYS)
breatherite spacer-lg chld msk	2	QL (1 / 365 DAYS)
breatherite spacer-neonate msk	2	QL (1 / 365 DAYS)
breatherite spacer-sm chld msk	2	QL (1 / 365 DAYS)
breathrite valved mdi chamber	2	QL (1 / 365 DAYS)
breathrite valved mdi spacer	2	QL (1 / 365 DAYS)
bullseye mini safety 21g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
bullseye mini safety 25g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
bullseye mini safety 28g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
butterfly touch 30-36g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ca ins syr 0.3 ml 30gx5/16"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ca ins syr 0.3 ml 31gx5/16"	2	
ca ins syr 0.5 ml 30gx5/16"	2	
ca ins syr 0.5 ml 31gx5/16"	2	
ca insulin syr 0.3 ml 29gx1/2"	2	
ca insulin syr 0.5 ml 29gx1/2"	2	
ca insulin syr 1 ml 29gx1/2"	2	
ca insulin syr 1 ml 30gx5/16"	2	
ca insulin syr 1 ml 31gx5/16"	2	
carefine pen needle 12.7mm 29g	2	
carefine pen needle 4mm 32g	2	
carefine pen needle 5mm 32g	2	
carefine pen needle 6mm 31g	2	
carefine pen needle 8mm 30g	2	
carefine pen needles 6mm 32g	2	
carefine pen needles 8mm 31g	2	
careone lancing device	2	QL (1 / 180 DAYS)
careone syr 0.3 ml 30gx1/2"	2	
careone syr 0.5 ml 30gx1/2"	2	
careone syr 1 ml 30gx1/2"	2	
careone thin lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
careone ultra thin lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
careone unifine pentip 4mm 32g	2	
careone unifine pentip 5mm 31g	2	
careone unifine pentip 6mm 31g	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
careone unifine pentip 8mm 31g	2	
careone unifine pentp 29gx1/2"	2	
careone unifine pentp 31gx1/4"	2	
careone unifine pntp 12mm 29g	2	
careone unifine pntp 31gx3/16"	2	
careone unifine pntp 31gx5/16"	2	
careone unifine pntp 32gx5/32"	2	
carepoint ll syr 3 ml 21g 1.5"	2	
carepoint ll syr 3 ml 21g 1"	2	
carepoint ll syr 3 ml 22g 1"	2	
carepoint ll syr 3 ml 22g 38mm	2	
carepoint ll syr 3 ml 23g 1.5"	2	
carepoint ll syr 3 ml 23g 1"	2	
carepoint ll syr 3 ml 25g 1"	2	
carepoint ll syr 3 ml 25g 5/8"	2	
carepoint ls syr 1 ml 25g 5/8"	2	
carepoint luer lock syr 3 ml	2	
carepoint luer slip 1 ml syrng	2	
caresens ultra thin 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
caresens 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
caresoft lancing device	2	QL (1 / 180 DAYS)
carestart covid-19 ag home tst	2	QL (8 / 30 DAYS); NDS
caretouch alcohol 70% prep pad	2	QL (200 / 25 DAYS)
caretouch lancing device	2	QL (1 / 180 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
caretouch ll syr 3 ml 22g 1.5"	2	
caretouch ll syr 3 ml 22g 1"	2	
caretouch ll syr 3 ml 23g 1.5"	2	
caretouch ll syr 3 ml 23g 1"	2	
caretouch ll syr 3 ml 25g 1.5"	2	
caretouch ll syr 3 ml 25g 5/8"	2	
caretouch luer lock 1 ml syr	2	
caretouch luer lock 3 ml syr	2	
caretouch luer lock 5 ml syr	2	
caretouch luer slip 1 ml syrn	2	
caretouch luer slip 10 ml syr	2	
caretouch luer slip 3 ml syrn	2	
caretouch pen needle 29g 12mm	2	
caretouch pen needle 31gx1/4"	2	
caretouch pen needle 31gx3/16"	2	
caretouch pen needle 31gx5/16"	2	
caretouch pen needle 32gx3/16"	2	
caretouch pen needle 32gx5/32"	2	
caretouch syr 0.3 ml 31gx5/16"	2	
caretouch syr 0.5 ml 30gx5/16"	2	
caretouch syr 0.5 ml 31gx5/16"	2	
caretouch syr 1 ml 28gx5/16"	2	
caretouch syr 1 ml 29gx5/16"	2	
caretouch syr 1 ml 30gx5/16"	2	
caretouch syr 1 ml 31gx5/16"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
caretouch twist 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
caretouch twist 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
caretouch twist 33g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
caretouch 26g safety lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
caretouch 28g safety lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
caya contoured diaphragm	1	
chosen lancing device	2	QL (1 / 180 DAYS)
chosen safety 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
chosen 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
clearshield sodium chlor flush	1	
clever chek ultra thin 30g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
clever choice chamber-lrg mask	2	QL (1 / 365 DAYS)
clever choice chamber-med mask	2	QL (1 / 365 DAYS)
clever choice chamber-sm mask	2	QL (1 / 365 DAYS)
clever choice peak flow meter	2	QL (1 / 365 DAYS)
clickfine pen needle 32gx5/32"	2	
clickfine universal 31g x 1/4"	2	
clickfine 31g x 1/4" needles	2	
clickfine 31g x 5/16" needles	2	
clinitest covid-19 home test	2	QL (8 / 30 DAYS); NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
coaguchek lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
comfort ez ins 0.3ml 30gx1/2"	2	
comfort ez ins 0.3ml 30gx5/16"	2	
comfort ez ins 0.5ml 31gx5/16"	2	
comfort ez ins 1 ml 31g 15/64"	2	
comfort ez ins 1 ml 31gx5/16"	2	
comfort ez insulin syr 0.3 ml	2	
comfort ez insulin syr 0.5 ml	2	
comfort ez pen needle 12mm 29g	2	
comfort ez pen needles 4mm 32g	2	
comfort ez pen needles 4mm 33g	2	
comfort ez pen needles 5mm 31g	2	
comfort ez pen needles 5mm 32g	2	
comfort ez pen needles 5mm 33g	2	
comfort ez pen needles 6mm 31g	2	
comfort ez pen needles 6mm 32g	2	
comfort ez pen needles 6mm 33g	2	
comfort ez pen needles 8mm 31g	2	
comfort ez pen needles 8mm 32g	2	
comfort ez pen needles 8mm 33g	2	
comfort ez pressure activt 28g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
comfort ez pro pen ndl 30g 8mm	2	
comfort ez pro pen ndl 31g 4mm	2	
comfort ez pro pen ndl 31g 5mm	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
comfort ez safety 21g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
comfort ez safety 23g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
comfort ez safety 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
comfort ez syr 0.3 ml 29gx1/2"	2	
comfort ez syr 0.5 ml 28gx1/2"	2	
comfort ez syr 0.5 ml 29gx1/2"	2	
comfort ez syr 0.5 ml 30gx1/2"	2	
comfort ez syr 1 ml 28gx1/2"	2	
comfort ez syr 1 ml 29gx1/2"	2	
comfort ez syr 1 ml 30gx1/2"	2	
comfort ez syr 1 ml 30gx5/16"	2	
comfort ez 0.3 ml 31g 15/64"	2	
comfort ez 0.5 ml 31g 15/64"	2	
comfort lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
comfort point pen ndl 29gx1/2"	2	
comfort point pen ndl 31gx1/3"	2	
comfort point pen ndl 31gx1/4"	2	
comfort point pen ndl 31gx1/6"	2	
comfort touch pen ndl 31g 4mm	2	
comfort touch pen ndl 31g 5mm	2	
comfort touch pen ndl 31g 6mm	2	
comfort touch pen ndl 31g 8mm	2	
comfort touch pen ndl 32g 4mm	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
comfort touch pen ndl 32g 5mm	2	
comfort touch pen ndl 32g 6mm	2	
comfort touch pen ndl 32g 8mm	2	
comfort touch pen ndl 33g 4mm	2	
comfort touch pen ndl 33g 5mm	2	
comfort touch pen ndl 33g 6mm	2	
comfort touch pen ndl 33gx5mm	2	
comfort touch ult thin 31g lan	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
comforttouch plus saf 30g lanc	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
compact space chamber	2	QL (1 / 365 DAYS)
compact space chamber-lrg mask	2	QL (1 / 365 DAYS)
compact space chamber-med mask	2	QL (1 / 365 DAYS)
compact space chamber-sm mask	2	QL (1 / 365 DAYS)
cordx covid-19 ag home test	2	QL (8 / 30 DAYS); NDS
cordx tyfast covid-19 ag test	2	QL (8 / 30 DAYS); NDS
covid-19 at-home test (eua)	2	QL (8 / 30 DAYS); NDS
covid19 specimen collect ncpdp	2	QL (8 / 30 DAYS); NDS
cue covid-19 home test (eua)	2	QL (8 / 30 DAYS); NDS
curity alcohol preps	2	QL (200 / 25 DAYS)
cvs alcohol 70% prep pads	2	QL (200 / 25 DAYS)
cvs covid19 at-home test (eua)	2	QL (8 / 30 DAYS); NDS
cvs covid19 test by pharmacist	2	QL (8 / 30 DAYS); NDS
cvs isopropyl alcohol 70% wipe	2	QL (200 / 25 DAYS)
cvs ketone care test strip	2	QL (200 / 30 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cvs lancing device	2	QL (1 / 180 DAYS)
cvs micro thin 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
cvs thin 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
cvs ultra thin 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
dario 100 sterile lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
droplet genteel lancing device	2	QL (1 / 180 DAYS)
droplet ins syr 0.3 ml 30gx6mm	2	
droplet ins syr 0.3 ml 30gx8mm	2	
droplet ins syr 0.3 ml 31gx6mm	2	
droplet ins syr 0.3 ml 31gx8mm	2	
droplet ins syr 0.5ml 30g 8mm	1	
droplet ins syr 1 ml 30g 8mm	2	
droplet ins syr 1 ml 30gx6mm	2	
droplet ins syr 1 ml 30gx8mm	2	
droplet ins syr 1 ml 31g 8mm	2	
droplet ins syr 1 ml 31gx6mm	2	
droplet ins syr 1 ml 31gx8mm	2	
droplet ins syr 1ml 29g 12.7mm	2	
droplet ins syr 1ml 29gx12.5mm	2	
droplet ins syr 1ml 30g 12.7mm	2	
droplet ins syr 1ml 30gx12.5mm	2	
droplet ins 0.3 ml 29gx12.5mm	2	
droplet ins 0.3ml 30gx12.5mm	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
droplet ins 0.5 ml 29g 12.7mm	1	
droplet ins 0.5ml 30gx6mm(1/2)	2	
droplet ins 0.5ml 30gx8mm(1/2)	2	
droplet ins 0.5ml 31gx6mm(1/2)	2	
droplet ins 0.5ml 31gx8mm(1/2)	2	
droplet lancing device	2	QL (1 / 180 DAYS)
droplet micron 34g x 9/64"	2	
droplet micron 34g 3.5mm	2	
droplet pen needle 29g 10mm	2	
droplet pen needle 29g 12mm	2	
droplet pen needle 30g 8mm	2	
droplet pen needle 31g 5mm	2	
droplet pen needle 31g 6mm	2	
droplet pen needle 31g 8mm	2	
droplet pen needle 32g 4mm	2	
droplet pen needle 32g 5mm	2	
droplet pen needle 32g 6mm	2	
droplet pen needle 32g 8mm	2	
droplet 0.5 ml 29gx12.5mm(1/2)	2	
droplet 0.5 ml 30gx12.5mm(1/2)	2	
droplet 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
dropsafe ins syr 0.3ml 31g 6mm	2	
dropsafe ins syr 0.3ml 31g 8mm	2	
dropsafe ins syr 0.5ml 31g 6mm	2	
dropsafe ins syr 0.5ml 31g 8mm	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dropsafe insul syr 1ml 31g 6mm	2	
dropsafe insul syr 1ml 31g 8mm	2	
dropsafe insuln 1ml 29g 12.5mm	2	
dropsafe pen needle 31gx1/4"	2	
dropsafe pen needle 31gx3/16"	2	
dropsafe pen needle 31gx5/16"	2	
drug mart ultra comfort syr	2	
durex avanti real feel condom	1	
e-z ject colored lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
e-z ject lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
e-z pull & click lancing dev	2	QL (1 / 180 DAYS)
e-zject color 32g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
e-zject color 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
e-zject super thin 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
e-zject thin lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easivent holding chamber	2	QL (1 / 365 DAYS)
easivent mask-large	2	QL (1 / 365 DAYS)
easivent mask-medium	2	QL (1 / 365 DAYS)
easivent mask-small	2	QL (1 / 365 DAYS)
easy cmft sfty pen ndl 31g 5mm	2	
easy cmft sfty pen ndl 31g 6mm	2	
easy cmft sfty pen ndl 32g 4mm	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
easy comfort alcohol 70% pad	2	QL (200 / 25 DAYS)
easy comfort insulin 1 ml syr	2	
easy comfort pen ndl 31gx1/4"	2	
easy comfort pen ndl 31gx3/16"	2	
easy comfort pen ndl 31gx5/16"	2	
easy comfort pen ndl 32gx5/32"	2	
easy comfort pen ndl 33g 4mm	2	
easy comfort pen ndl 33g 5mm	2	
easy comfort pen ndl 33g 6mm	2	
easy comfort syr 1 ml 30gx1/2"	2	
easy comfort 0.5 ml syringe	2	
easy comfort 0.5 ml 30gx1/2"	2	
easy comfort 0.5 ml 31gx5/16"	2	
easy comfort 0.5 ml 32gx5/16"	2	
easy comfort 1 ml 31gx5/16"	2	
easy comfort 1 ml 32gx5/16"	2	
easy comfort 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy glide cath tip 60 ml syrn	2	
easy glide dental irr 10ml syr	2	
easy glide ins 0.3 ml 31gx6mm	2	
easy glide ins 0.5 ml 31gx6mm	2	
easy glide ins 1 ml 31gx6mm	2	
easy glide luer lock 1 ml syr	2	
easy glide luer lock 10 ml syr	2	
easy glide luer lock 3 ml syr	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
easy glide luer lock 60 ml syr	2	
easy glide luer slip tb 1 ml	2	
easy glide pen needle 4mm 33g	2	
easy mini eject lancing device	2	QL (1 / 180 DAYS)
easy touch alcohol 70% pads	2	QL (200 / 25 DAYS)
easy touch fliplk 5 ml 20gx1.5	2	
easy touch fliplk 5 ml 21gx1.5	2	
easy touch fliplk 5 ml 22gx1.5	2	
easy touch fliplk 5 ml 25gx5/8	2	
easy touch fliplock 1 ml 25gx1	2	
easy touch fliplock 3 ml 18gx1	2	
easy touch fliplock 3 ml 19gx1	2	
easy touch fliplock 3 ml 20gx1	2	
easy touch fliplock 3 ml 21gx1	2	
easy touch fliplock 3 ml 22gx1	2	
easy touch fliplock 3 ml 23gx1	2	
easy touch fliplock 3 ml 25gx1	2	
easy touch fliplock 5 ml 18gx1	2	
easy touch fliplock 5 ml 20gx1	2	
easy touch fliplock 5 ml 21gx1	2	
easy touch fliplock 5 ml 25gx1	2	
easy touch fliplok 1ml 26gx3/8	2	
easy touch fliplok 1ml 27gx0.5	2	
easy touch fliplok 3ml 18gx1.5	2	
easy touch fliplok 3ml 19gx1.5	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
easy touch fliplok 3ml 20gx1.5	2	
easy touch fliplok 3ml 21gx1.5	2	
easy touch fliplok 3ml 22gx1.5	2	
easy touch fliplok 3ml 23gx1.5	2	
easy touch fliplok 3ml 25gx5/8	2	
easy touch fluring 1ml 25gx5/8	2	
easy touch fluringe 1 ml 25gx1	2	
easy touch fluringe 25gx5/8"	2	
easy touch insulin syr 0.3 ml	2	
easy touch insulin syr 0.5 ml	2	
easy touch insulin syr 1 ml	2	
easy touch insulin 1ml 29gx1/2	2	
easy touch insulin 1ml 30gx1/2	2	
easy touch insuln 1ml 29gx1/2"	2	
easy touch insuln 1ml 30gx1/2"	2	
easy touch insuln 1ml 30gx5/16	2	
easy touch insuln 1ml 31gx5/16	2	
easy touch lancing device	2	QL (1 / 180 DAYS)
easy touch luer lock 1 ml syr	2	
easy touch luer lock 10 ml syr	2	
easy touch luer lock 20 ml syr	2	
easy touch luer lock 3 ml syr	2	
easy touch luer lock 5 ml syr	2	
easy touch luer lock 60 ml syr	2	
easy touch luer lok insul 1 ml	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
easy touch pen needle 29gx1/2"	2	
easy touch pen needle 30gx5/16	2	
easy touch pen needle 31gx1/4"	2	
easy touch pen needle 31gx3/16	2	
easy touch pen needle 31gx5/16	2	
easy touch pen needle 32gx1/4"	2	
easy touch pen needle 32gx3/16	2	
easy touch pen needle 32gx5/32	2	
easy touch pull-top 26g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy touch pull-top 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy touch pull-top 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy touch pull-top 32g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy touch saf pen ndl 29g 5mm	2	
easy touch saf pen ndl 30g 5mm	2	
easy touch safety 21g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy touch safety 23g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy touch safety 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy touch safety 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy touch safety 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy touch safety 32g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
easy touch sheath 3 ml 21gx1.5	2	
easy touch sheath 3 ml 21gx1"	2	
easy touch sheath 3 ml 22gx1.5	2	
easy touch sheath 3 ml 22gx1"	2	
easy touch sheath 3 ml 23gx1"	2	
easy touch sheath 3 ml 25gx1"	2	
easy touch sheath 3 ml 25gx5/8	2	
easy touch sheath 5 ml 21gx1.5	2	
easy touch sheath 5 ml 22gx1.5	2	
easy touch sheath 5 ml 25gx1"	2	
easy touch sheathlock 10ml syr	2	
easy touch sheathlock 3 ml syr	2	
easy touch sheathlock 5 ml syr	2	
easy touch syr 0.5ml 27g12.7mm	2	
easy touch syr 0.5ml 28g12.7mm	2	
easy touch syr 0.5ml 29g12.7mm	2	
easy touch syr 1 ml 25gx5/8"	2	
easy touch syr 1 ml 27g 12.7mm	2	
easy touch syr 1 ml 27g 16mm	2	
easy touch syr 1 ml 28g 12.7mm	2	
easy touch syr 1 ml 29g 12.7mm	2	
easy touch syr 3 ml 22gx1-1/2"	2	
easy touch syr 3 ml 25gx5/8"	2	
easy touch syringe 1 ml 25gx1"	2	
easy touch syringe 3 ml 20gx1"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
easy touch syringe 3 ml 21gx1"	2	
easy touch syringe 3 ml 22gx1"	2	
easy touch syringe 3 ml 23gx1"	2	
easy touch syringe 3 ml 25gx1"	2	
easy touch tb flp 1 ml 26gx5/8	2	
easy touch tb flp 1 ml 27gx1/2	2	
easy touch tb flp 1 ml 28gx1/2	2	
easy touch tb shlk 1ml 25gx5/8	2	
easy touch tb shlk 1ml 26gx5/8	2	
easy touch tb shlk 1ml 27gx1/2	2	
easy touch tb shlk 1ml 28gx1/2	2	
easy touch twist 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy touch twist 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy touch twist 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy touch twist 32g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy touch twist 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy touch uni-slip syr 1 ml	2	
easy touch uni-slip 10 ml syr	2	
easy touch uni-slip 3 ml syr	2	
easy touch uni-slip 5 ml syr	2	
easy touch 0.3 ml syr 30gx1/2"	2	
easy touch 0.5 ml syr 27gx1/2"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
easy touch 0.5 ml syr 29gx1/2"	2	
easy touch 0.5 ml syr 30gx1/2"	2	
easy touch 0.5 ml syr 30gx5/16	2	
easy touch 1 ml syr 27gx1/2"	2	
easy touch 1 ml syr 29gx1/2"	2	
easy touch 1 ml syr 30gx1/2"	2	
easy twist & cap 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
easy-touch ins 1 ml 31gx5/16"	2	
easytouch saf pen ndl 30g 6mm	2	
ellume covid19 home test (eua)	2	QL (8 / 30 DAYS); NDS
embrace lancing device	2	QL (1 / 180 DAYS)
embrace pen needle 29g 12mm	2	
embrace pen needle 30g 5mm	2	
embrace pen needle 30g 8mm	2	
embrace pen needle 31g 5mm	2	
embrace pen needle 31g 6mm	2	
embrace pen needle 31g 8mm	2	
embrace pen needle 32g 4mm	2	
embrace 21g safety lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
embrace 28g safety lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
embrace 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
eq space chamber	2	QL (1 / 365 DAYS)
eq space chamber-large mask	2	QL (1 / 365 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
eq space chamber-medium mask	2	QL (1 / 365 DAYS)
eq space chamber-small mask	2	QL (1 / 365 DAYS)
eql ins syr 1 ml 29gx1/2"	2	
eql insul syr 0.3 ml 31gx5/16"	2	
eql insul syr 0.5 ml 31gx5/16"	2	
eql insulin syr 1 ml 31gx5/16"	2	
eql insulin 0.3 ml syringe	2	
eql insulin 0.5 ml syringe	2	
eql insulin 1 ml syringe	2	
eql micro thin 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
exel ins syr u100 1 ml 28gx1/2	2	
exel syringe 10 ml	2	
exel syringe 20 ml	2	
exel syringe 20gx1-1/2" 3 ml	2	
exel syringe 20gx1" 3 ml	2	
exel syringe 21gx1-1/2" 3 ml	2	
exel syringe 21gx1" 3 ml	2	
exel syringe 22gx1-1/2" 3 ml	2	
exel syringe 22gx1" 3 ml	2	
exel syringe 22gx3/4" 3 ml	2	
exel syringe 23gx1-1/2" 3 ml	2	
exel syringe 23gx1" 3 ml	2	
exel syringe 25gx1" 3 ml	2	
exel syringe 25gx5/8" 3 ml	2	
exel syringe 3 ml	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
exel syringe 30 ml	2	
exel syringe 5 ml	2	
exel syringe 50 ml	2	
exel tb with needle 25gx5/8"	2	
exel tb with needle 26gx3/8"	2	
exel tb with needle 27gx1/2"	2	
exel tuberculin syringe 1 ml	2	
exel u100 ins syr 1 ml 29gx1/2	2	
exel u100 0.3 ml 29gx1/2"	2	
exel u100 0.3 ml 30gx5/16"	2	
exel u100 0.5 ml 28gx1/2"	2	
exel u100 0.5 ml 29gx1/2"	2	
exel u100 0.5 ml 30gx5/16"	2	
exel u100 1 ml 30gx5/16"	2	
exel 3 ml syrn 27g x 1 1/4"	2	
ez smart 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
fantasy condom	1	
fastep covid-19 ag home test	2	QL (8 / 30 DAYS); NDS
fc2 female condom	1	
femcap 22 mm cervical cap	1	
femcap 26 mm cervical cap	1	
femcap 30 mm cervical cap	1	
fifty50 alcohol prep pads	2	QL (200 / 25 DAYS)
fingerstix lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
flexichamber	2	QL (1 / 365 DAYS)
flowflex covid-19 ag home test	2	QL (8 / 30 DAYS); NDS
FORA BLOOD GLUCOSE TEST STRIP (NDC: 16042001040)	2	QL (10 per day for ages under 21 and on insulin, 5 per day for all others)
fora gtel ketone test strip	2	
fora g30a blood glucose system	2	QL (1 / 365 DAYS)
fora high control solution	2	QL (1 / 365 DAYS)
fora lancing device	2	QL (1 / 180 DAYS)
fora low control solution	2	QL (1 / 365 DAYS)
fora normal control solution	2	QL (1 / 365 DAYS)
fora premium v10 glucose meter	2	QL (1 / 365 DAYS)
fora tn'g adv voice keto strip	2	
fora v30a blood glucose system	2	QL (1 / 365 DAYS)
fora 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
fora 6 connect ketone strip	2	
foracare 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
freestyle libre 2 plus sensor	2	QL (0.067 / DAY); ST
freestyle libre 2 reader	2	QL (1 / 365 DAYS); ST
freestyle libre 2 sensor	2	QL (0.072 / DAY); ST
freestyle libre 3 plus sensor	2	QL (0.067 / DAY); ST
freestyle libre 3 reader	2	QL (1 / 365 DAYS); ST
freestyle libre 3 sensor	2	QL (0.072 / DAY); ST
freestyle prec 0.5 ml 30gx5/16	2	
freestyle prec 0.5 ml 31gx5/16	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
freestyle prec 1 ml 30gx5/16"	2	
freestyle prec 1 ml 31gx5/16"	2	
freestyle unistik 2 lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
freestyle 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ge lancing device	2	QL (1 / 180 DAYS)
genabio covid-19 rapid at-home	2	QL (8 / 30 DAYS); NDS
glucocom 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
glucocom 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
glucocom 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
gnp alcohol swab	2	QL (200 / 25 DAYS)
gnp clickfine 31g x 1/4" ndl	2	
gnp clickfine 31g x 5/16" ndl	2	
gnp ins syr 0.3 ml 29gx1/2"	2	
gnp ins syringe 1 ml 28g 1/2"	2	
gnp insul syr 0.3 ml 31gx5/16"	2	
gnp insul syr 0.5 ml 31gx5/16"	2	
gnp insulin syr 1 ml 31gx5/16"	2	
gnp lancing system device	2	QL (1 / 180 DAYS)
gnp pen needle 31g 5mm	2	
gnp pen needle 31g 8mm	2	
gnp pen needle 32g 4mm	2	
gnp pen needle 32g 6mm	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gnp sterile 33g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
gnp ult c 0.3ml 29gx1/2" (1/2)	2	
gnp ult cmfrt 0.5 ml 29gx1/2"	2	
gnp ulticare pen ndl 31g 5mm	2	
gnp ulticare pen ndl 31g 8mm	2	
gnp ulticare pen ndl 32g 4mm	2	
gnp ulticare pen ndl 32g 6mm	2	
gnp ultr cmfrt 0.5 ml 28gx1/2"	2	
gnp ultra comfort 0.5 ml syr	2	
gnp ultra comfort 1 ml syringe	2	
gnp ultra comfort 3/10 ml syr	2	
gnp universal 1 standard 21g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
gnp universal 1 thin 26g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
gojji blood ketone test strip	2	
gojji lancets 30g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
gojji lancing device	2	QL (1 / 180 DAYS)
gotoknow covid-19 ag home test	2	QL (8 / 30 DAYS); NDS
gs alcohol 70% swabs	2	QL (200 / 25 DAYS)
gs lancing device and lancets	2	QL (1 / 180 DAYS)
gs pen needle 31g x 1/4"	2	
gs pen needle 31g x 5/16"	2	
gs pen needle 31g x 5mm	2	
gs pen needle 31g x 6mm	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gs pen needle 31g x 8mm	2	
gs pen needle 32g x 4mm	2	
gs pen needle 32g x 6mm	2	
healthwise ins 0.3ml 30gx5/16"	2	
healthwise ins 0.3ml 31gx5/16"	2	
healthwise ins 0.5ml 30gx5/16"	2	
healthwise ins 0.5ml 31gx5/16"	2	
healthwise ins 1 ml 30gx5/16"	2	
healthwise ins 1 ml 31gx5/16"	2	
healthwise pen needle 31g 5mm	2	
healthwise pen needle 31g 8mm	2	
healthwise pen needle 32g 4mm	2	
healthy accents autolet device	2	QL (1 / 180 DAYS)
healthy accents pentip 4mm 32g	2	
healthy accents pentip 5mm 31g	2	
healthy accents pentip 6mm 31g	2	
healthy accents pentip 8mm 31g	2	
healthy accents pentp 12mm 29g	2	
healthy accents unilet 30g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
heb incontrol alcohol 70% pads	2	QL (200 / 25 DAYS)
heb micro thin 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
heb unifine pntp plus 31gx3/16	2	
heb unifine pntp plus 32gx5/32	2	
hm alcohol 70% prep pads	2	QL (200 / 25 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hm ulticare pen needle 4mm 32g	2	
hm ulticare pen needle 5mm 31g	2	
hm ulticare pen needle 6mm 31g	2	
hm ulticare pen needle 8mm 31g	2	
hydroxypropylcellulose powder	2	
hypolance ast lancing kit	2	QL (1 / 180 DAYS)
id now covid-19 test kit (eua)	2	QL (8 / 30 DAYS); NDS
ihealth covid-19 ag home test	2	QL (8 / 30 DAYS); NDS
in-check nasal with mask	2	QL (1 / 365 DAYS)
in-check oral flow meter	2	QL (1 / 365 DAYS)
incontrol lancing device	2	QL (1 / 180 DAYS)
incontrol pen needle 12mm 29g	2	
incontrol pen needle 4mm 32g	2	
incontrol pen needle 5mm 31g	2	
incontrol pen needle 6mm 31g	2	
incontrol pen needle 8mm 31g	2	
incontrol super thin 30g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
incontrol ulticare ndl 31g 6mm	2	
incontrol ulticare ndl 31g 8mm	2	
incontrol ulticare ndl 32g 4mm	2	
incontrol ultra thin 28g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
indicaid covid-19 ag home test	2	QL (8 / 30 DAYS); NDS
inject ease 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
inject ease 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
inpen (for humalog) blue	2	QL (1 / 365 DAYS)
inpen (for humalog) grey	2	QL (1 / 365 DAYS)
inpen (for humalog) pink	2	QL (1 / 365 DAYS)
inpen (novolog or fiasp) blue	2	QL (1 / 365 DAYS)
inpen (novolog or fiasp) grey	2	QL (1 / 365 DAYS)
inpen (novolog or fiasp) pink	2	QL (1 / 365 DAYS)
insulin syr 0.3 ml 30gx5/16"	2	
insulin syr 0.3ml 31gx1/4(1/2)	2	
insulin syr 0.5 ml 28g 12.7mm	2	
insulin syrin 0.3 ml 29gx1/2"	2	
insulin syrin 0.3 ml 30gx1/2"	2	
insulin syrin 0.3 ml 30gx5/16"	2	
insulin syrin 0.3 ml 31gx5/16"	2	
insulin syrin 0.5 ml 28g 1/2"	2	
insulin syrin 0.5 ml 28gx1/2"	2	
insulin syrin 0.5 ml 29gx1/2"	2	
insulin syrin 0.5 ml 30g 1/2"	2	
insulin syrin 0.5 ml 30g 5/16"	2	
insulin syrin 0.5 ml 30gx1/2"	2	
insulin syrin 0.5 ml 30gx5/16"	2	
insulin syrin 0.5 ml 31g 5/16"	2	
insulin syrin 0.5 ml 31gx5/16"	2	
insulin syrin 1 ml 29gx1/2"	2	
insulin syring 0.5 ml 27g 1/2"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
insulin syring 0.5 ml 27g 13mm	2	
insulin syring 0.5 ml 28g 1/2"	2	
insulin syring 0.5 ml 29g 1/2"	2	
insulin syring 0.5 ml 29gx1/2"	2	
insulin syringe 0.3 ml	2	
insulin syringe 0.3 ml 31gx1/4	2	
insulin syringe 0.5 ml	2	
insulin syringe 0.5 ml 31gx1/4	2	
insulin syringe 1 ml	2	
insulin syringe 1 ml 27g 1/2"	2	
insulin syringe 1 ml 27g 13mm	2	
insulin syringe 1 ml 27g 16mm	2	
insulin syringe 1 ml 27gx1/2"	2	
insulin syringe 1 ml 28g 1/2"	2	
insulin syringe 1 ml 28g 13mm	2	
insulin syringe 1 ml 28gx1/2"	2	
insulin syringe 1 ml 29g 1/2"	2	
insulin syringe 1 ml 29gx1/2"	2	
insulin syringe 1 ml 30g 1/2"	2	
insulin syringe 1 ml 30g 5/16"	2	
insulin syringe 1 ml 30gx1/2"	2	
insulin syringe 1 ml 30gx5/16"	2	
insulin syringe 1 ml 31g 5/16"	2	
insulin syringe 1 ml 31gx1/4"	2	
insulin syringe 1 ml 31gx5/16"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
insulin syringe 1ml 28g 12.7mm	2	
insulin 1 ml syringe	2	
insulin 1/2 ml syringe	2	
insulin 3/10 ml syringe	2	
insupen pen needle 29gx1/2"	2	
insupen pen needle 31g 5mm	2	
insupen pen needle 31g 8mm	2	
insupen pen needle 31gx3/16"	2	
insupen pen needle 31gx5/16"	2	
insupen pen needle 32g 4mm	2	
insupen pen needle 32gx5/32"	2	
inteliswab covid-19 home test	2	QL (8 / 30 DAYS); NDS
invacare lancing device	2	QL (1 / 180 DAYS)
invacare 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
iv antiseptic wipes	2	QL (200 / 25 DAYS)
iv prep antiseptic wipes	2	QL (200 / 25 DAYS)
kendall alcohol 70% prep pad	2	QL (200 / 25 DAYS)
keto-diastix reagent strips	2	QL (200 / 30 DAYS)
ketone test strip	2	QL (200 / 30 DAYS)
ketostix reagent strip	2	QL (200 / 30 DAYS)
kimono maxx condom	2	
kimono microthin aqua lube	1	
kimono microthin condom	1	
kimono microthin large condom	1	
kimono textured condom	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
kinray ins syr 1 ml 31gx5/16"	2	
kinray syring 0.3 ml 31gx5/16"	2	
kinray syring 0.5 ml 31gx5/16"	2	
kmart valu plus syr 1/2 ml	2	
kro alcohol 70% prep pads	2	QL (200 / 25 DAYS)
kro alcohol 70% swabs	2	QL (200 / 25 DAYS)
kro autolet lancing device	2	QL (1 / 180 DAYS)
kro ins syr 0.3 ml 29gx1/2"	2	
kro ins syrin 0.3 ml 30gx5/16"	2	
kro ins syrin 0.3 ml 31gx5/16"	2	
kro ins syrin 0.5 ml 30gx5/16"	2	
kro ins syrin 0.5 ml 31gx5/16"	2	
kro ins syring 0.5 ml 29gx1/2"	2	
kro ins syringe 1 ml 29gx1/2"	2	
kro ins syringe 1 ml 30gx5/16"	2	
kro ins syringe 1 ml 31gx5/16"	2	
kro insulin syr 1 ml 30gx5/16"	2	
kro lancing device	2	QL (1 / 180 DAYS)
kro pen needle 4mm x 32g	2	
kro pen needle 4mm x 33g	2	
kro pen needle 5mm x 31g	2	
kro pen needle 6mm x 31g	2	
kro pen needle 8mm x 31g	2	
kro universal 1 thin 26g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
kroger ins syr 0.3 ml 30gx5/16	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
kroger ins syr 0.5 ml 29gx1/2"	2	
kroger ins syr 1 ml 29gx1/2"	2	
kroger ins syr 1 ml 31gx5/16"	2	
kroger lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
kroger lancing device	2	QL (1 / 180 DAYS)
kroger pen needles 31g x 5/16"	2	
kroger super thin lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
kroger syr 0.5 ml 30gx5/16"	2	
kroger syring 0.3 ml 31gx5/16"	2	
lactated ringers irrigation	1	
lancets ultra fine 28g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
lancets 26g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
lancets 26g x 1.8mm	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
lancets 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
lancets 28g x 1.8mm	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
lancets 30g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
lancets 33g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
lancing device	2	QL (1 / 180 DAYS)
lanzo lancing device	2	QL (1 / 180 DAYS)
leader ins syr 0.3 ml 29gx1/2"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
leader ins syr 0.5 ml 28gx1/2"	2	
leader ins syr 0.5 ml 29gx1/2"	2	
leader ins syr 0.5 ml 30gx1/2"	2	
leader ins syr 1 ml 28gx1/2"	2	
leader ins syr 1 ml 29gx1/2"	2	
leader ins syr 1 ml 30gx5/16"	2	
leader ins syr 1 ml 31gx5/16"	2	
leader insulin syringe 0.3 ml	2	
leader syring 0.3 ml 31gx5/16"	2	
leader syring 0.5 ml 31gx5/16"	2	
lite touch insulin syr 0.3 ml	2	
lite touch insulin syr 0.5 ml	2	
lite touch insulin syr 1 ml	2	
lite touch insulin 0.5 ml syr	2	
lite touch insulin 1 ml syr	2	
lite touch lancing pen	2	QL (1 / 180 DAYS)
lite touch pen needle 29g	2	
lite touch pen needle 31g	2	
lite touch 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
lite touch 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
lite touch 31gx1/4" pen needle	2	
lite touch 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
liteaire mdi chamber	2	QL (1 / 365 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
litetouch ins 0.3 ml 29gx1/2"	2	
litetouch ins 0.3 ml 30gx5/16"	2	
litetouch ins 0.3 ml 31gx5/16"	2	
litetouch ins 0.5 ml 31gx5/16"	2	
litetouch syr 0.5 ml 28gx1/2"	2	
litetouch syr 0.5 ml 29gx1/2"	2	
litetouch syr 0.5 ml 30gx5/16"	2	
litetouch syrin 1 ml 28gx1/2"	2	
litetouch syrin 1 ml 29gx1/2"	2	
litetouch syrin 1 ml 30gx5/16"	2	
live better advanced lancing	2	QL (1 / 180 DAYS)
live better pen needles 8mm	2	
live better super thin lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
live better ultra thin lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
longs thin lancets 26g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
longs thin lancets 30g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
lucira check-it covid home tst	2	QL (8 / 30 DAYS); NDS
luer lock syringe 30 ml	2	
luer slip tip syr tray 1 ml	2	
luer-lock syringe 60 ml	2	
magellan insul syringe 0.3 ml	2	
magellan insul syringe 0.5 ml	2	
magellan insulin syr 0.3 ml	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
magellan insulin syr 0.5 ml	2	
magellan insulin syringe 1 ml	2	
magellan safety 1 ml 23gx1"	2	
magellan tb safe 1 ml 28gx1/2"	2	
magellan tuberculin syr 1 ml	2	
maxi-comfort ins 0.5 ml 28g	2	
maxi-comfort ins 1 ml 28gx1/2"	2	
maxicomfort ii pen ndl 31gx6mm	2	
maxicomfort ins 0.5ml 27gx1/2"	2	
maxicomfort ins 1 ml 27gx1/2"	2	
maxicomfort pen ndl 29g x 5mm	2	
maxicomfort pen ndl 29g x 8mm	2	
medisense thin lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
medisense thin 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
medlance plus extra 21g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
medlance plus lite 25g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
medlance plus 21g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
medlance plus 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
meijer lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
meijer lancing device	2	QL (1 / 180 DAYS)
meijer universal 1 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methylergonovine 0.2 mg tablet	1	
micro thin 33g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
micro thin 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
microchamber	2	QL (1 / 365 DAYS)
microdot pen needle 31gx6mm	2	
microdot pen needle 32gx4mm	2	
microdot pen needle 33gx4mm	2	
microdot readygard ndl 31g 5mm	2	
microdot safety 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
microlet lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
microlet next lancing device	2	QL (1 / 180 DAYS)
microlet 2 lancing device	2	QL (1 / 180 DAYS)
microlife peak flow meter	2	QL (1 / 365 DAYS)
microspacer for aerosol device	2	QL (1 / 365 DAYS)
mini lancing device	2	QL (1 / 180 DAYS)
mini pen needle 32g 4mm	2	
mini pen needle 32g 5mm	2	
mini pen needle 32g 6mm	2	
mini pen needle 32g 8mm	2	
mini pen needle 33g 4mm	2	
mini pen needle 33g 5mm	2	
mini pen needle 33g 6mm	2	
mini ultra-thin ii pen ndl 31g	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mini wright peak flow meter	2	QL (1 / 365 DAYS)
mobile 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
monoject control syringe 12ml	2	
monoject disp syringe 20 ml	2	
monoject insul syr u100	2	
monoject insul syr u100 0.5 ml	2	
monoject insul syr u100 1 ml	2	
monoject insulin syr u-100	2	
monoject insulin syr 0.3 ml	2	
monoject insulin syr 0.5 ml	2	
monoject insulin syr 1 ml	2	
monoject insulin syrn 3/10 ml	2	
monoject luer lock tb syr 1 ml	2	
monoject magellan syringe	2	
monoject magellan syringe 1 ml	2	
monoject magellan syringe 3 ml	2	
monoject pharmacy tray	2	
monoject prefill 0.9% na syr	1	
monoject safety syringe	2	
monoject sharps 8 qt container	2	QL (1 / 30 DAYS)
monoject sod chlor 0.9% flush	1	
monoject syr pharm tray pk	2	
monoject syringe 0.3 ml	2	
monoject syringe 0.5 ml	2	
monoject syringe 1 ml	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
monoject syringe 12 ml	2	
monoject syringe 140 ml	2	
monoject syringe 20 ml	2	
monoject syringe 3 ml	2	
monoject syringe 3 ml 20gx1	2	
monoject syringe 3 ml 22g 1"	2	
monoject syringe 3 ml 22gx1"	2	
monoject syringe 35 ml	2	
monoject syringe 6 ml	2	
monoject syrn 3 ml 20gx1-1/2"	2	
monoject syrn 3 ml 20gx3/4"	2	
monoject syrng 20gx1" 3 ml	2	
monoject tb safe 1 ml 28g 13mm	2	
monoject tb safety syrn 1 ml	2	
monoject tb syrn 25gx5/8"	2	
monoject tb syrn 26gx3/8"	2	
monoject tb syrn 27gx1/2"	2	
monoject tb 1 ml syrn 26x3/8"	2	
monoject tb 1 ml syrn 27gx1/2	2	
monoject tb 1 ml syrn 28gx1/2	2	
monoject tuberculin syr 1 ml	2	
monoject 0.5 ml syrn 28gx1/2"	2	
monoject 0.9% sodium cl syring	1	
monoject 1 ml syrn 27x1/2"	2	
monoject 1 ml syrn 28gx1/2"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
monoject 1 ml tb syrn 25x5/8"	2	
monoject 12 ml syringe 18gx1"	2	
monoject 12 ml syrn 20gx1.25	2	
monoject 12 ml syrn 21gx1.5"	2	
monoject 12 ml syrn 21gx1"	2	
monoject 3 ml syringe	2	
monoject 3 ml syringe 21gx1"	2	
monoject 3 ml syringe 23gx1"	2	
monoject 3 ml syringe 25gx1"	2	
monoject 3 ml syrn 21gx1-1/2"	2	
monoject 3 ml syrn 21gx1"	2	
monoject 3 ml syrn 21gx11/2"	2	
monoject 3 ml syrn 22gx1-1/2"	2	
monoject 3 ml syrn 22gx11/2"	2	
monoject 3 ml syrn 23gx1"	2	
monoject 3 ml syrn 25gx1.25"	2	
monoject 3 ml syrn 25gx1"	2	
monoject 3 ml syrn 25gx5/8"	2	
monoject 3 ml syrn 27gx1.25"	2	
monoject 3 ml syrn 27gx11/4"	2	
monoject 6 ml syringe	2	
monoject 6 ml syrn 20gx11/2"	2	
monoject 6 ml syrn 21gx1"	2	
monoject 6 ml syrn 21gx11/2"	2	
monoject 6 ml syrn 22gx11/2"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
monoject 6cc safety syringe	2	
monolet thin 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
monolet 21g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ms ins syr 0.5 ml 29gx1/2"	2	
ms ins syr 1 ml 29gx1/2"	2	
ms ins syringe 1 ml 30gx1/2"	2	
ms insul syr 0.3 ml 31gx5/16"	2	
ms insul syr 0.5 ml 30gx1/2"	2	
ms insul syr 0.5 ml 31gx5/16"	2	
ms insulin syr 0.3 ml 29gx1/2"	2	
ms insulin syr 1 ml 31gx5/16"	2	
ms insulin syringe 0.3 ml	2	
ms pen needle 6mm 31g	2	
multi-lancet device 2 kit	2	QL (1 / 180 DAYS)
myglucohealth 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
nano pen needle 32g 4mm	2	
nano 2 gen pen needle 32g 4mm	2	
nano-check covid-19 ag test	2	QL (8 / 30 DAYS); NDS
neomy-polymyxin b 40 mg/ml amp	1	
neomy-polymyxin b 40 mg/ml vl	1	
norm-ject syringe 20 ml	2	
normal saline flush 1 ml syr	1	
normal saline flush 10 ml syr	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
normal saline flush 2 ml syr	1	
normal saline flush 3 ml syr	1	
normal saline flush 5 ml syr	1	
nova safety 23g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
nova safety 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
nova sureflex lancing device	2	QL (1 / 180 DAYS)
nova sureflex thin lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
novamax plus ketone test strip	2	QL (200 / 30 DAYS)
novofine autocover 30g needle	2	
novofine plus pen ndl 32gx1/6"	2	
novofine 32g needles	2	
novopen echo insulin device	2	QL (1 / 365 DAYS)
ohc covid-19 antigen home test	2	QL (8 / 30 DAYS); NDS
omniflex diaphragm 65mm	2	
on call lancing device	2	QL (1 / 180 DAYS)
on call plus lancing device	2	QL (1 / 180 DAYS)
on call plus 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
on call 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
on-go covid-19 ag at home test	2	QL (8 / 30 DAYS); NDS
on-the-go 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
onetouch delica plus lanc dev	2	QL (1 / 180 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
onetouch delica plus 30g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
onetouch delica plus 33g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
onetouch delica saf 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
onetouch ultra test strip	2	QL (10 per day for ages under 21 and on insulin, 5 per day for all others)
onetouch ultrasoft2 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
optichamber diamond vhc	2	QL (1 / 365 DAYS)
optichamber diamond w-lrg mask	2	QL (1 / 365 DAYS)
optichamber diamond w-med mask	2	QL (1 / 365 DAYS)
optichamber diamond w-sml mask	2	QL (1 / 365 DAYS)
pc super thin 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
pc unifine pentips 12mm needle	2	
pc unifine pentips 6mm needle	2	
pc unifine pentips 8mm needle	2	
peak-air peak flow meter	2	QL (1 / 365 DAYS)
pen needle 12mm 29g	2	
pen needle 29g 12mm	2	
pen needle 30g x 5/16"	2	
pen needle 30g 5mm	2	
pen needle 30g 8mm	2	
pen needle 31g x 1/4"	2	
pen needle 31g x 3/16"	2	
pen needle 31g x 5/16"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pen needle 31g 5mm	2	
pen needle 31g 6mm	2	
pen needle 31g 8mm	2	
pen needle 32g x 5/32"	2	
pen needle 32g 4mm	2	
pen needle 33g 4mm	2	
pen needle 4mm 32g	2	
pen needle 5mm 31g	2	
pen needle 6mm 31g	2	
pen needles 12mm 29g	2	
pen needles 4mm 32g	2	
pen needles 5mm 31g	2	
pen needles 6mm 31g	2	
pen needles 8mm 31g	2	
pentips pen needle 29g 1/2"	2	
pentips pen needle 29g 12mm	2	
pentips pen needle 29gx1/2"	2	
pentips pen needle 31g 1/4"	2	
pentips pen needle 31g 3/16"	2	
pentips pen needle 31g 5/16"	2	
pentips pen needle 31g 5mm	2	
pentips pen needle 31g 6mm	2	
pentips pen needle 31g 8mm	2	
pentips pen needle 31gx1/4"	2	
pentips pen needle 31gx3/16"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pentips pen needle 31gx5/16"	2	
pentips pen needle 32g 1/4"	2	
pentips pen needle 32g 4mm	2	
pentips pen needle 32g 5/32"	2	
pentips pen needle 32gx5/32"	2	
personal best peak flow mtr	2	QL (1 / 365 DAYS)
pharm choice alcohol prep pads	2	QL (200 / 25 DAYS)
pharmacist choice 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
pharmacist choice 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
pharmacist choice 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
PHYSIOLYTE IRRIGATION SOLN	2	
PHYSIOSOL IRRIGATION SOLN	2	
piko 1 flow meter	2	QL (1 / 365 DAYS)
pilot covid-19 at-home test	2	QL (8 / 30 DAYS); NDS
pip pen needle 31g x 5mm	2	
pip pen needle 32g x 4mm	2	
pip 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
pip 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
pocket chamber	2	QL (1 / 365 DAYS)
pocket peak flow meter	2	QL (1 / 365 DAYS)
potassium iodide 1 gm/ml sol	1	
precision xtr b-ketone strip	2	QL (200 / 30 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pref plus ins 0.3 ml 29gx1/2"	2	
pref plus syr 0.5 ml 30gx5/16"	2	
pref plus syring 1 ml 29gx1/2"	2	
preferred plus lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
preferred plus syringe 0.5 ml	2	
preferred plus syringe 1 ml	2	
preferred plus thin lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
preferred plus 0.3 ml 30gx5/16	2	
preferred plus 0.5 ml 29gx1/2"	2	
prefpls ins syr 1 ml 30gx5/16"	2	
premium v10 blood glucose mtr	2	QL (1 / 365 DAYS)
prep ease alcohol pads	2	QL (200 / 25 DAYS)
pressure activated 21g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
pressure activated 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
prevent pen needle 31gx1/4"	2	
prevent pen needle 31gx5/16"	2	
primeaire chamber	2	QL (1 / 365 DAYS)
pro comfort alcohol 70% pads	2	QL (200 / 25 DAYS)
pro comfort pen ndl 31gx5/16"	2	
pro comfort pen ndl 32g x 1/4"	2	
pro comfort pen ndl 4mm 32g	2	
pro comfort pen ndl 5mm 32g	2	
pro comfort spacer-adult mask	2	QL (1 / 365 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pro comfort spacer-child mask	2	QL (1 / 365 DAYS)
pro comfort 0.5 ml 30g 5/16"	2	
pro comfort 0.5 ml 30gx1/2"	2	
pro comfort 0.5 ml 30gx5/16"	2	
pro comfort 0.5 ml 31g 5/16"	2	
pro comfort 0.5 ml 31gx5/16"	2	
pro comfort 1 ml 30g 5/16"	2	
pro comfort 1 ml 30gx1/2"	2	
pro comfort 1 ml 30gx5/16"	2	
pro comfort 1 ml 31g 5/16"	2	
pro comfort 1 ml 31gx5/16"	2	
pro comfort 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
pro comfort 30g safety lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
pro comfort 31g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
procare spacer with adult mask	2	QL (1 / 365 DAYS)
procare spacer with child mask	2	QL (1 / 365 DAYS)
prochamber holding chamber	2	QL (1 / 365 DAYS)
prodigy ins syr 1ml 28gx1/2"	2	
prodigy lancing device	2	QL (1 / 180 DAYS)
prodigy pressure activated 28g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
prodigy safety 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
prodigy syrng 0.5 ml 31gx5/16"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
prodigy syrnge 0.3ml 31gx5/16"	2	
prodigy twist top 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
pub advanced lancing device	2	QL (1 / 180 DAYS)
pub ins syrin 0.3 ml 30gx1/2"	2	
pub ins syringe 1 ml 30gx1/2"	2	
pub insul syr 0.3 ml 31gx5/16"	2	
pub insul syr 0.5 ml 30gx1/2"	2	
pub insul syr 0.5 ml 31gx5/16"	2	
pub insulin syr 1 ml 31gx5/16"	2	
pub micro thin 33g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
pub pen needle 6mm 31g	2	
pub pen 12mm 29g needles	2	
pub pen 8mm 31g needles	2	
pub unifine pntp plus 31gx3/16	2	
pub 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
pure cmft sfty pen ndl 31g 5mm	2	
pure cmft sfty pen ndl 31g 6mm	2	
pure cmft sfty pen ndl 32g 4mm	2	
pure comfort alcohol 70% pads	2	QL (200 / 25 DAYS)
pure comfort pen ndl 32g 4mm	2	
pure comfort pen ndl 32g 5mm	2	
pure comfort pen ndl 32g 6mm	2	
pure comfort pen ndl 32g 8mm	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pure comfort 30g safety lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
pure comfort 30g twist lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
purecomfort peak flow mtr adlt	2	QL (1 / 365 DAYS)
purecomfort peak flow mtr chld	2	QL (1 / 365 DAYS)
push button safety 21g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
push button safety 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
pv autolet lancing device	2	QL (1 / 180 DAYS)
pv unifine pentip plus 31gx5mm	2	
pv unifine pentip plus 31gx6mm	2	
pv unifine pentip plus 31gx8mm	2	
pv unifine pentip plus 32gx4mm	2	
pv unifine pentip plus 33gx4mm	2	
pv unilet micro thin 33g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
pv unilet super thin 30g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
qc alcohol 70% prep pads	2	QL (200 / 25 DAYS)
qc autolet lancing device	2	QL (1 / 180 DAYS)
qc unifine pentips 32gx5/32"	2	
qc unifine pentips 4mm 32g	2	
qc unilet super thin 30g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
qc unilet ultra thin 28g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
quickvue at-home covid-19 test	2	QL (8 / 30 DAYS); NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
quickvue sars antigen test	2	QL (8 / 30 DAYS); NDS
ra alcohol swabs	2	QL (200 / 25 DAYS)
ra e-zject color 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ra e-zject 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ra e-zject 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ra e-zject 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ra health care lancing device	2	QL (1 / 180 DAYS)
ra ins syr 0.5 ml 29gx1/2"	2	
ra ins syr 0.5 ml 30gx5/16"	2	
ra ins syr 1 ml 29gx1/2"	2	
ra ins syringe 1 ml 30gx5/16"	2	
ra isopropyl alcohol 70% wipes	2	QL (200 / 25 DAYS)
ra pen needle 31gx3/16"	2	
ra pen needle 31gx5/16"	2	
rapid sars-cov-2 ag home test	2	QL (8 / 30 DAYS); NDS
raya sure pen needle 29g 12mm	2	
raya sure pen needle 31g 4mm	2	
raya sure pen needle 31g 5mm	2	
raya sure pen needle 31g 6mm	2	
readylance 21g safety lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
readylance 23g safety lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
readylance 26g safety lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
readylance 28g safety lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
readylance 30g safety lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
reliamed lancing device	2	QL (1 / 180 DAYS)
reliamed mini lancing device	2	QL (1 / 180 DAYS)
reliamed safety seal 28g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
reliamed safety seal 30g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
reliamed safety 23g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
reliamed safety 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
reliamed twist&cap 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
reliamed 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
reliamed 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
relion alcohol 70% swabs	2	QL (200 / 25 DAYS)
relion ins syr 0.3 ml 29gx1/2"	2	
relion ins syr 0.3 ml 31gx6mm	2	
relion ins syr 0.5 ml 29gx1/2"	2	
relion ins syr 0.5 ml 31gx6mm	2	
relion ins syr 1 ml 29gx1/2"	2	
relion ins syr 1 ml 31gx15/64"	2	
relion ins syr 1 ml 31gx5/16"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
relion insulin syr 0.5 ml	2	
relion ketone test strip	2	QL (200 / 30 DAYS)
relion lancing device	2	QL (1 / 180 DAYS)
relion micro thin 33g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
relion mini pen 31g x 1/4" ndl	2	
relion pen needle 29gx1/2"	2	
relion pen needle 31g 6mm	2	
relion pen needle 31gx1/4"	2	
relion pen needle 31gx5/16"	2	
relion pen needle 32gx5/32"	2	
relion pen 29g needle	2	
relion pen 31g needle	2	
relion syring 0.3 ml 31gx5/16"	2	
relion syring 0.5 ml 31gx5/16"	2	
relion thin 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
relion ultra thin plus 33g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
relion ultra thin 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
relion 2-in-1 lancet device	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
rexall universal 1 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
rightest gd500 lancing device	2	QL (1 / 180 DAYS)
rightest gl300 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ringers irrigation solution	1	
riteflo spacer	2	QL (1 / 365 DAYS)
safesnap insul syringe 0.3 ml	2	
safesnap insul syringe 0.5 ml	2	
safesnap insulin syringe 1 ml	2	
safety pen needle 31g 4mm	2	
safety pen needle 31g 5mm	2	
safety pen needle 5mm x 31g	2	
safety seal 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
safety seal 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
safety syringe w-shield 3 ml	2	
safety 21g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
safety 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
safety-let 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
saline 0.9% flush 10 ml syr	1	
saline 0.9% flush 5 ml syr	1	
saps alcohol 70% prep pads	2	QL (200 / 25 DAYS)
saps twist top 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
saps twist top 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
securesafe pen ndl 30gx5/16"	2	
securesafe syr 0.5 ml 29g 1/2"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
securesafe syrng 1 ml 29g 1/2"	2	
sharps a gator container 5 qt	2	QL (1 / 30 DAYS)
sharps container 3.8 l	2	QL (1 / 30 DAYS)
sharps-a-gator container 1 gal	2	QL (1 / 30 DAYS)
sharpsafety 18 gal container	2	QL (1 / 30 DAYS)
sharpsafety 2 gallon container	2	QL (1 / 30 DAYS)
sharpsafety 2.2 qt container	2	QL (1 / 30 DAYS)
sharpsafety 3 gallon container	2	QL (1 / 30 DAYS)
sharpsafety 30 gal container	2	QL (1 / 30 DAYS)
sharpsafety 5 qt container	2	QL (1 / 30 DAYS)
shopko autolet lancing device	2	QL (1 / 180 DAYS)
shopko on-the-go 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
shopko unifine pentips 4mm 32g	2	
shopko unifine pentips 5mm 31g	2	
shopko unifine pentips 8mm 31g	2	
shopko unifine pntips 12mm 29g	2	
shopko unilet super thin 30g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
shopko unilet ultra thin 28g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
simple diagnstic lancet device	2	QL (1 / 180 DAYS)
single-let lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sky safety pen needle 30g 5mm	2	
sm color lancets 21g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sm ins syr 0.5 ml 29gx1/2"	2	
sm ins syr 0.5 ml 30gx5/16"	2	
sm ins syr 1 ml 29gx1/2"	2	
sm ins syring 0.3 ml 30gx5/16"	2	
sm ins syringe 1 ml 28gx1/2"	2	
sm ins syringe 1 ml 30gx5/16"	2	
sm insul syr 0.3 ml 31gx5/16"	2	
sm insul syr 0.5 ml 31gx5/16"	2	
sm insulin syr 0.3 ml 29gx1/2"	2	
sm insulin syr 0.5 ml 28gx1/2"	2	
sm insulin syr 1 ml 31gx5/16"	2	
sm lancets 21g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sm micro thin 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sm super thin 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sm thin lancets 26g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
smart sense color 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
smart sense standard 21g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
smart sense super thin 30g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
smart sense thin 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
smartest lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sodium chloride 0.9% (pwr inj)	1	
sodium chloride 0.9% irrig	1	
sodium chloride 0.9% irrig.	1	
sodium chloride 0.9% prcss sol	1	
sodium chloride 0.9% syringe	1	
sodium chloride 0.9% vial	1	
sodium chloride 0.9% zr syr	1	
sodium chloride 0.9% 10 ml syr	1	
sodium chloride 0.9%-water syr	1	
sofia sars antigen fia test	2	QL (8 / 30 DAYS); NDS
sofia2 flu-sars antigen fia	2	QL (8 / 30 DAYS); NDS
solus v2 lancing device	2	QL (1 / 180 DAYS)
solus v2 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
solus v2 30g twist lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
speedyswab covid-19 and flu	2	QL (8 / 30 DAYS); NDS
speedyswab covid-19 home test	2	QL (8 / 30 DAYS); NDS
sterilance tl twist 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sterilance tl twist 32g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sterile 33g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
strive peak flow meter	2	QL (1 / 365 DAYS)
super thin 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
super thin 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
super thin 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sure comfort alcohol prep pads	2	QL (200 / 25 DAYS)
sure comfort ins 0.3ml 31gx1/4	2	
sure comfort ins 0.5ml 31gx1/4	2	
sure comfort ins 1 ml 31gx1/4"	2	
sure comfort lancing pen	2	QL (1 / 180 DAYS)
sure comfort pen ndl 29gx1/2"	2	
sure comfort pen ndl 31g 5mm	2	
sure comfort pen ndl 31g 8mm	2	
sure comfort pen ndl 32g 4mm	2	
sure comfort pen ndl 32g 6mm	2	
sure comfort 0.3 ml syringe	2	
sure comfort 0.5 ml syringe	2	
sure comfort 1 ml syringe	2	
sure comfort 18g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sure comfort 21g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sure comfort 23g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sure comfort 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sure comfort 3/10 ml syringe	2	
sure comfort 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sure comfort 30g pen needle	2	
sure-fine pen needles 12.7mm	2	
sure-fine pen needles 5mm	2	
sure-fine pen needles 8mm	2	
sure-ject ins 0.3 ml 31gx5/16"	2	
sure-ject ins 0.5 ml 31gx5/16"	2	
sure-ject insu syr u100 0.3 ml	2	
sure-ject insu syr u100 0.5 ml	2	
sure-ject insu syr u100 1 ml	2	
sure-ject insul syr u100 1 ml	2	
sure-ject insulin syringe 1 ml	2	
sure-lance flat lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sure-lance thin 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sure-lance ultra thin 30g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sure-lance 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sure-pen lancing device	2	QL (1 / 180 DAYS)
sure-prep alcohol prep pads	2	QL (200 / 25 DAYS)
sure-touch lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
swi alcohol 70% prep pads	2	QL (200 / 25 DAYS)
swi twist top 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
syringe w-needle 1 ml 25x1"	2	
syringe w-o ndl 12 ml-non-strl	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
syringe w-o ndl 20 ml-non-strl	2	
syringe w-o ndl 3 ml non-strl	2	
syringe w-o ndl 35 ml-non-strl	2	
syringe w-o ndl 6 ml non-strl	2	
syringe w-o needle 140 ml	2	
syringe w-o needle 60 ml	2	
syringe 12ml,pharm tray pk	2	
syringe 20ml, pharm tray pk	2	
syringe 35 ml	2	
syringe 35ml, pharm tray pk	2	
syringe 60ml, pharm tray pk	2	
techlite ins syr 1 ml 29gx12mm	2	
techlite ins syr 1 ml 30gx12mm	2	
techlite ins syr 1 ml 31gx6mm	2	
techlite ins syr 1 ml 31gx8mm	2	
techlite pen needle 29gx1/2"	2	
techlite pen needle 29gx3/8"	2	
techlite pen needle 31gx1/4"	2	
techlite pen needle 31gx3/16"	2	
techlite pen needle 31gx5/16"	2	
techlite pen needle 32gx1/4"	2	
techlite pen needle 32gx5/16"	2	
techlite pen needle 32gx5/32"	2	
techlite plus pen ndl 32g 4mm	2	
techlite 0.3 ml 29gx12mm (1/2)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
techlite 0.3 ml 30gx8mm (1/2)	2	
techlite 0.3 ml 31gx6mm (1/2)	2	
techlite 0.3 ml 31gx8mm (1/2)	2	
techlite 0.5 ml 30gx12mm (1/2)	2	
techlite 0.5 ml 30gx8mm (1/2)	2	
techlite 0.5 ml 31gx6mm (1/2)	2	
techlite 0.5 ml 31gx8mm (1/2)	2	
techlite 25g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
techlite 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
techlite 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
techlite 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
telcare ultra thin 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
terumo allergy 1 ml 27gx1/2"	2	
terumo hypodermic ndl-syrin	2	
terumo ins syr 0.3 ml 29gx1/2"	2	
terumo ins syringe u100-1 ml	2	
terumo ins syringe u100-1/2 ml	2	
terumo ins syringe u100-1/3 ml	2	
terumo ins syrng u100-1/2 ml	2	
terumo surguard2 syr 20g-3 ml	2	
terumo surguard2 syr 20g-5 ml	2	
terumo surguard2 syr 21g 3 ml	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
terumo surguard2 syr 21g-3 ml	2	
terumo surguard2 syr 21g-5 ml	2	
terumo surguard2 syr 22g 3 ml	2	
terumo surguard2 syr 23g 3 ml	2	
terumo surguard2 syr 25g 3 ml	2	
terumo surguard2 syr 25g-1 ml	2	
terumo surguard2 syr 26g-1 ml	2	
terumo surguard2 syr 27g-1 ml	2	
terumo syringe 3 ml	2	
terumo syringe 30 ml	2	
thin lancets 28g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
thin 26g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
thin 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
thinpro ins syrin u100-0.3 ml	2	
thinpro ins syrin u100-0.5 ml	2	
thinpro ins syrin u100-1 ml	2	
today's hlth pn needle 6mm 31g	2	
topcare clickfine 31g x 1/4"	2	
topcare clickfine 31g x 5/16"	2	
topcare ultra comfort syringe	2	
topcare universal1 thin lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
topcare universal1 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
trojan bareskin pack condom	2	
trojan enz condom	2	
trojan pleasure pack condom	2	
trojan ultra ribbed condom	2	
trojan ultra thin condom	2	
trojan ultra thin-spermicidal	2	
true cmfrt pro 0.5ml 30g 5/16"	2	
true cmfrt pro 0.5ml 31g 5/16"	2	
true cmfrt pro 0.5ml 32g 5/16"	2	
true cmft sfty pen ndl 31g 5mm	2	
true cmft sfty pen ndl 31g 6mm	2	
true cmft sfty pen ndl 32g 4mm	2	
true comfort alcohol 70% pads	2	QL (200 / 25 DAYS)
true comfort pen ndl 31g 5mm	2	
true comfort pen ndl 31g 6mm	2	
true comfort pen ndl 31g 8mm	2	
true comfort pen ndl 31gx5mm	2	
true comfort pen ndl 31gx6mm	2	
true comfort pen ndl 32g 4mm	2	
true comfort pen ndl 32g 5mm	2	
true comfort pen ndl 32g 6mm	2	
true comfort pen ndl 32gx4mm	2	
true comfort pen ndl 33g 4mm	2	
true comfort pen ndl 33g 5mm	2	
true comfort pen ndl 33g 6mm	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
true comfort pro 1 ml 30g 1/2"	2	
true comfort pro 1ml 30g 5/16"	2	
true comfort pro 1ml 31g 5/16"	2	
true comfort pro 1ml 32g 5/16"	2	
true comfort sfty 1ml 30g 1/2"	2	
true comfort 0.5 ml 30g 1/2"	2	
true comfort 0.5 ml 31gx5/16"	2	
true comfort 0.5ml 30g 5/16"	2	
true comfort 0.5ml 31g 5/16"	2	
true comfort 1 ml 31gx5/16"	2	
true comfort 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
true comfort 30g safety lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
true comfort 30g twist lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
true comfrt pro 0.5ml 30g 1/2"	2	
true comfrt sfty 1ml 30g 5/16"	2	
true comfrt sfty 1ml 31g 5/16"	2	
true comfrt sfty 1ml 32g 5/16"	2	
truedraw lancing device	2	QL (1 / 180 DAYS)
trueplus ketone test strip	2	QL (200 / 30 DAYS)
trueplus pen needle 29g 12mm	2	
trueplus pen needle 29gx1/2"	2	
trueplus pen needle 31g x 1/4"	2	
trueplus pen needle 31g 5mm	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
trueplus pen needle 31g 8mm	2	
trueplus pen needle 31gx3/16"	2	
trueplus pen needle 31gx5/16"	2	
trueplus pen needle 32gx5/32"	2	
trueplus safety 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
trueplus super thin 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
trueplus syr 0.3ml 29gx1/2"	2	
trueplus syr 0.3ml 30gx5/16"	2	
trueplus syr 0.3ml 31gx5/16"	2	
trueplus syr 0.5ml 28gx1/2"	2	
trueplus syr 0.5ml 29gx1/2"	2	
trueplus syr 0.5ml 30gx5/16"	2	
trueplus syr 0.5ml 31gx5/16"	2	
trueplus syr 1ml 28gx1/2"	2	
trueplus syr 1ml 29gx1/2"	2	
trueplus syr 1ml 30gx5/16"	2	
trueplus syr 1ml 31gx5/16"	2	
trueplus ultra thin 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
trueplus 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
trustex condom	1	
trustex latex condom	1	
trustex-ria condom	1	
truzone peak flow meter	2	QL (1 / 365 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tuberculin syringe	2	
tuberculin syringes	2	
twist lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
twist lancets 30g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
twist lancets 32g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
twist top 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ult cft 0.3 ml 29gx1/2" (1/2)	2	
ult cft 0.3 ml 31gx5/16" (1/2)	2	
ultcare ins syr 1 ml 31gx5/16"	2	
ulti-lance auto-ad device	2	QL (1 / 180 DAYS)
ulti-lance automatic device	2	QL (1 / 180 DAYS)
ulticar ins 0.3ml 31gx1/4(1/2)	2	
ulticare ins safety 1ml 29x1/2	2	
ulticare ins syr 1 ml 28gx1/2"	2	
ulticare ins syr 1 ml 29gx1/2"	2	
ulticare ins syr 1 ml 30gx1/2"	2	
ulticare ins 0.3 ml 30gx1/2"	2	
ulticare ins 0.3 ml 31gx1/4"	2	
ulticare ins 0.5 ml 30gx1/2"	2	
ulticare ins 0.5 ml 31gx1/4"	2	
ulticare ins 1 ml 31gx1/4"	2	
ulticare lds syr 1 ml 22g 1.5"	2	
ulticare pen ndl 12.7 mm 29g	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ulticare pen needle 31gx3/16"	2	
ulticare pen needle 4mm 32g	2	
ulticare pen needle 6mm 31g	2	
ulticare pen needle 8 mm 31g	2	
ulticare pen needle 8mm 31g	2	
ulticare pen needles 12mm 29g	2	
ulticare pen needles 4mm 32g	2	
ulticare pen needles 6mm 31g	2	
ulticare pen needles 6mm 32g	2	
ulticare pen needles 8mm 31g	2	
ulticare safe pen ndl 30g 8mm	2	
ulticare safe pen ndl 5mm 30g	2	
ulticare safety 0.5 ml 29gx1/2	2	
ulticare safety 3 ml 21gx1-1/2	2	
ulticare safety 3 ml 22gx1-1/2	2	
ulticare safety 3 ml 22gx1"	2	
ulticare safety 3 ml 23gx1"	2	
ulticare safety 3 ml 25gx1"	2	
ulticare safety 3 ml 25gx5/8"	2	
ulticare syr 0.3 ml 30gx1/2"	2	
ulticare syr 0.3 ml 30gx5/16"	2	
ulticare syr 0.3 ml 31gx5/16"	2	
ulticare syr 0.5 ml 29gx1/2"	2	
ulticare syr 0.5 ml 30gx1/2"	2	
ulticare syr 0.5 ml 30gx5/16"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ulticare syr 0.5 ml 31gx5/16"	2	
ulticare syr 1 ml 30gx5/16"	2	
ulticare syr 1 ml 31gx5/16"	2	
ulticare syrin 0.3 ml 29gx1/2"	2	
ulticare syrin 0.5 ml 28gx1/2"	2	
ulticare syringe 1 ml 30gx1/2"	2	
ulticare tb safety 1 ml 25gx1"	2	
ulticare tb safety 1ml 25gx5/8	2	
ulticare tb safety 1ml 27gx1/2	2	
ulticare tb safety 1ml 27gx5/8	2	
ulticare tb safety 1ml 28gx1/2	2	
ultilet alcohol sterl swab	2	QL (200 / 25 DAYS)
ultilet basic 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultilet classic 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultilet classic 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultilet classic 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultilet classic 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultilet insulin syringe 0.3 ml	2	
ultilet insulin syringe 0.5 ml	2	
ultilet insulin syringe 1 ml	2	
ultilet pen needle	2	
ultilet pen needle 4mm 32g	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ultilet safety 23g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultilet 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultilet 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultilet 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultra comfort 0.3 ml syringe	2	
ultra comfort 0.3 ml 29gx1/2"	2	
ultra comfort 0.5 ml syringe	2	
ultra comfort 0.5 ml 28gx1/2"	2	
ultra comfort 0.5 ml 29gx1/2"	2	
ultra comfort 0.5 ml 31gx5/16"	2	
ultra comfort 1 ml syringe	2	
ultra comfort 1 ml 28gx1/2"	2	
ultra comfort 1 ml 29gx1/2"	2	
ultra comfort 1 ml 30gx5/16"	2	
ultra comfort 1 ml 31gx5/16"	2	
ultra fine 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultra flo pen needle 31g 5mm	2	
ultra flo pen needle 31g 8mm	2	
ultra flo pen needle 32g 4mm	2	
ultra flo pen needle 33g 4mm	2	
ultra flo pen needles 12mm 29g	2	
ultra flo syr 0.3 ml 29gx1/2"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ultra flo syr 0.3 ml 30g 5/16"	2	
ultra flo syr 0.3 ml 31g 5/16"	2	
ultra flo syr 0.5 ml 29g 1/2"	2	
ultra flo 0.3ml 30g 1/2" (1/2)	2	
ultra flo 0.3ml 30g 5/16"(1/2)	2	
ultra flo 0.3ml 31g 5/16"(1/2)	2	
ultra thin pen ndl 32g x 4mm	2	
ultra thin 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultra thin 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultra thin 31g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultra thin 31g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultra-care 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultra-fine ins syr 1ml 31g 6mm	2	
ultra-fine ins syr 1ml 31g 8mm	2	
ultra-fine pen ndl 29g 12.7mm	2	
ultra-fine pen needle 31g 5mm	2	
ultra-fine pen needle 31g 8mm	2	
ultra-fine pen needle 32g 6mm	2	
ultra-fine syr 0.3 ml 31g 6mm	2	
ultra-fine syr 0.3 ml 31g 8mm	2	
ultra-fine syr 0.5 ml 31g 6mm	2	
ultra-fine syr 0.5 ml 31g 8mm	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ultra-fine syr 1 ml 30g 12.7mm	2	
ultra-fine 0.3 ml 30g 12.7mm	2	
ultra-fine 0.3ml 31g 6mm (1/2)	1	
ultra-fine 0.3ml 31g 8mm (1/2)	1	
ultra-fine 0.5 ml 30g 12.7mm	2	
ultra-thin ii ins syr 1 ml 29g	2	
ultra-thin ii ins syr 1 ml 30g	2	
ultra-thin ii ins 0.3 ml 30g	2	
ultra-thin ii ins 0.3 ml 31g	2	
ultra-thin ii ins 0.5 ml 29g	2	
ultra-thin ii ins 0.5 ml 30g	2	
ultra-thin ii ins 0.5 ml 31g	2	
ultra-thin ii pen ndl 29gx1/2"	2	
ultra-thin ii pen ndl 31gx5/16	2	
ultra-thin ii 1 ml 31gx5/16"	2	
ultra-thin ii 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultra-thin ii 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultracare ins 0.3 ml 30gx5/16"	2	
ultracare ins 0.3 ml 31gx5/16"	2	
ultracare ins 0.5 ml 30gx1/2"	2	
ultracare ins 0.5 ml 30gx5/16"	2	
ultracare ins 0.5 ml 31gx5/16"	2	
ultracare ins 1 ml 30g x 5/16"	2	
ultracare ins 1 ml 30gx1/2"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ultracare ins 1 ml 31g x 5/16"	2	
ultracare pen needle 31gx1/4"	2	
ultracare pen needle 31gx3/16"	2	
ultracare pen needle 31gx5/16"	2	
ultracare pen needle 32gx1/4"	2	
ultracare pen needle 32gx3/16"	2	
ultracare pen needle 32gx5/32"	2	
ultracare pen needle 33gx5/32"	2	
ultralance 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultralance 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ultratlc lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unifine pen needle 32g 4mm	2	
unifine pentips max 30gx3/16"	2	
unifine pentips needles 29g	2	
unifine pentips plus 29gx1/2"	2	
unifine pentips plus 30gx3/16"	2	
unifine pentips plus 31g 5mm	2	
unifine pentips plus 31gx1/4"	2	
unifine pentips plus 31gx3/16"	2	
unifine pentips plus 31gx5/16"	2	
unifine pentips plus 32gx5/32"	2	
unifine pentips plus 33gx5/32"	2	
unifine pentips 12mm 29g	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
unifine pentips 29g 12mm	2	
unifine pentips 31g 5mm	2	
unifine pentips 31g 6mm	2	
unifine pentips 31g 8mm	2	
unifine pentips 31gx3/16"	2	
unifine pentips 32g 4mm	2	
unifine pentips 32g 6mm	2	
unifine pentips 32gx1/4"	2	
unifine pentips 32gx5/32"	2	
unifine pentips 33gx5/32"	2	
unifine pentips 6mm needle	2	
unifine pentips 6mm 31g	2	
unifine pentips 8mm needle	2	
unifine pentips 8mm 31g	2	
unifine protect 30g 5mm	2	
unifine protect 30g 8mm	2	
unifine protect 32g 4mm	2	
unifine safecontrol 30g 5mm	2	
unifine safecontrol 30g 8mm	2	
unifine safecontrol 31g 5mm	2	
unifine safecontrol 31g 6mm	2	
unifine safecontrol 31g 8mm	2	
unifine safecontrol 32g 4mm	2	
unifine ultra pen ndl 31g 5mm	2	
unifine ultra pen ndl 31g 6mm	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
unifine ultra pen ndl 31g 8mm	2	
unifine ultra pen ndl 32g 4mm	2	
unilet comfortouch lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unilet comfortouch 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unilet excelite ii lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unilet excelite lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unilet gp lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unilet gp lancet superlite	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unilet micro thin 33g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unilet micro thin 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unilet super thin 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unilet ultra thin 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik comfort 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik czt comfort 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik czt normal 23g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik extra 21g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik normal 23g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
unistik pro 21g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik pro 25g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik pro 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik safety 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik safety 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik touch 21g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik touch 23g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik touch 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik touch 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik 2 comfort 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik 2 extra 21g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik 2 normal 21g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik 3 comfort 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik 3 dual 18g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik 3 extra 21g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik 3 gentle on-the-go 30g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
unistik 3 gentle 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik 3 normal 23g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik 3 normal 23g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik 3 safety 21g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
unistik-2 3 mm device	2	QL (1 / 180 DAYS)
universal sharps container	2	QL (1 / 30 DAYS)
universal 1 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
value plus lancing device	2	QL (1 / 180 DAYS)
vanishpoint ins 1 ml 30gx3/16"	2	
vanishpoint syr 3 ml 25g 38mm	2	
vanishpoint syringe 1 ml 25x1"	2	
vanishpoint u-100 29x1/2 syr	2	
vanishpoint 0.5 ml 30gx1/2" sy	2	
vanishpoint 1 ml tb syr 25x5/8	2	
vanishpoint 1 ml tb syr 27x1/2	2	
vanishpoint 20gx1" 3 ml syring	2	
vanishpoint 21gx1.5" 3 ml syr	2	
vanishpoint 21gx1" 5 ml syring	2	
vanishpoint 22gx1-1/2" 5 ml sy	2	
vanishpoint 22gx1" 3 ml syr	2	
vanishpoint 23gx1-1/2 2 ml syr	2	
vanishpoint 23gx1-1/2 3 ml syr	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
vanishpoint 23gx1" 3 ml syring	2	
vanishpoint 25gx1" 3 ml syring	2	
vanishpoint 25gx5/8" 3 ml syr	2	
vanishpoint 3 ml 21gx1" syring	2	
vanishpoint 3 ml 22gx1.5" syrg	2	
vanishpoint 3 ml 27g 1-1/2"	2	
vanishpoint 5 ml 21gx1-1/2"	2	
vantage lancing device	2	QL (1 / 180 DAYS)
verifine in syr 0.5ml 29g 12mm	2	
verifine ins syr 0.3ml 31g 8mm	2	
verifine ins syr 0.5ml 31g 8mm	2	
verifine ins syr 1 ml 29g 1/2"	2	
verifine ins syr 1 ml 29g 12mm	2	
verifine ins syr 1 ml 31g 8mm	2	
verifine pen needle 29g 12mm	2	
verifine pen needle 31g x 6mm	2	
verifine pen needle 31g x 8mm	2	
verifine pen needle 31g 5mm	2	
verifine pen needle 31g 8mm	2	
verifine pen needle 32g x 4mm	2	
verifine pen needle 32g x 5mm	2	
verifine pen needle 32g 4mm	2	
verifine pen needle 32g 6mm	2	
verifine plus pen ndl 32g 4mm	2	
verifine safety 21g lanct mini	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
verifine safety 23g lanct mini	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
verifine safety 28g lanct mini	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
verifine safety 30g lanct mini	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
verifine syring 0.5ml 29g 1/2"	2	
verifine syring 1 ml 31g 5/16"	2	
verifine syrng 0.3ml 31g 5/16"	2	
verifine syrng 0.5ml 31g 5/16"	2	
verifine universal 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
verifine universal 33g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
veritor sars-cov-2 and flu a-b	2	QL (8 / 30 DAYS); NDS
vivaguard lancing device	2	QL (1 / 180 DAYS)
vivaguard safety 28g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
vivaguard 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
vortex holding chamber	2	QL (1 / 365 DAYS)
vortex vhc frog child mask	2	QL (1 / 365 DAYS)
vortex vhc ladybug toddler msk	2	QL (1 / 365 DAYS)
walgreens thin lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
walgreens ultra thin lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
water for injection vial	1	
webcol alcohol preps	2	QL (200 / 25 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
wm unifine pentip plus 4mm 32g	2	
wm unifine pentip plus 5mm 31g	2	
wm unifine pentip plus 6mm 31g	2	
wm unifine pentip plus 8mm 31g	2	
yourx ulticare pen ndl 4mm 32g	2	
yourx ulticare pen ndl 6mm 31g	2	
yourx ulticare pen ndl 8mm 31g	2	
ZEPBOUND 10 MG/0.5 ML PEN	2	QL (0.072 / DAY); PA; NDS
ZEPBOUND 12.5 MG/0.5 ML PEN	2	QL (0.072 / DAY); PA; NDS
ZEPBOUND 15 MG/0.5 ML PEN	2	QL (0.072 / DAY); PA; NDS
ZEPBOUND 2.5 MG/0.5 ML PEN	2	QL (0.072 / DAY); PA; NDS
ZEPBOUND 2.5 MG/0.5 ML VIAL	2	QL (0.072 / DAY); PA; NDS
ZEPBOUND 5 MG/0.5 ML PEN	2	QL (0.072 / DAY); PA; NDS
ZEPBOUND 5 MG/0.5 ML VIAL	2	QL (0.072 / DAY); PA; NDS
ZEPBOUND 7.5 MG/0.5 ML PEN	2	QL (0.072 / DAY); PA; NDS
1st tier comfortouch 28g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
1st tier comfortouch 30g lanct	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
1st tier unifine pentp 5mm 31g	2	
1st tier unifine pntip 4mm 32g	2	
1st tier unifine pntip 6mm 31g	2	
1st tier unifine pntip 8mm 31g	2	
1st tier unifine pntp 12mm 29g	2	
1st tier unifine pntp 29gx1/2"	2	
1st tier unifine pntp 31gx1/4"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
1st tier unifine pntp 31gx3/16	2	
1st tier unifine pntp 31gx5/16	2	
1st tier unifine pntp 32gx5/32	2	
OPHTHALMIC AGENTS - OPHTHALMIC AGENTS, OTHER		
atropine 1% eye drop	1	
atropine 1% eye drops	1	
bevacizumab 2.5 mg/0.1 ml syrg	2	PA
bevacizumab 3.25 mg/0.13 ml	2	PA
brimonidine-timolol 0.2%-0.5%	1	QL (0.36 / DAY); ST
cyclopentolate 1% eye drop	1	
cyclopentolate 1% eye drops	1	
cyclosporine 0.05% eye emuls	1	QL (2 / DAY); PA
dorzolamide-timolol eye drops	1	QL (0.36 / DAY)
dorzolamide-timolol 2%-0.5%	1	QL (2 / DAY)
homatropaire 5% eye drops	1	
neo-bacit-poly-hc eye ointment	1	
neo-polycin hc eye ointment	1	
neomyc-polym-dexamet eye ointm	1	
neomyc-polym-dexameth eye drop	1	
neomycin-poly-hc eye drops	1	
phenylephrine 10% eye drop	1	
phenylephrine 2.5% eye drop	1	
sulf-pred 10-0.23% eye drops	1	
timolol 0.5%-dorzolamide 2%	1	QL (0.36 / DAY)
TOBRADEX EYE OINTMENT	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tobramycin-dexameth ophth susp	1	
tropicamide 0.5% eye drop	1	
tropicamide 0.5% eye drops	1	
tropicamide 1% eye drop	1	
tropicamide 1% eye drops	1	
XDEMVY 0.25% DROP	2	QL (10 / 42 DAYS); PA
OPHTHALMIC AGENTS - OPHTHALMIC ANTI-ALLERGY AGENTS		
azelastine hcl 0.05% drops	1	
cromolyn 4% eye drops	1	
epinastine hcl 0.05% eye drops	1	QL (5 / 25 DAYS)
OPHTHALMIC AGENTS - OPHTHALMIC ANTI-INFECTIVES		
bacitracin 500 unit/gm ophth	1	
bacitracin-polymyxin eye oint	1	
CILOXAN 0.3% OINTMENT	2	
ciprofloxacin 0.3% eye drop	1	
erythromycin 0.5% eye ointment	1	
gatifloxacin 0.5% eye drops	1	
gentamicin 0.3% eye drop	1	
levofloxacin 0.5% eye drop	1	
moxifloxacin 0.5% eye drops	1	
NATACYN 5% EYE DROPS	2	
neo-polycin eye ointment	1	
neomyc-bacit-polymix eye oint	1	
neomyc-polym-gramicid eye drop	1	
ofloxacin 0.3% eye drops	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
polycin eye ointment	1	
polymyxin b-tmp eye drops	1	
sulfacetamide 10% eye drops	1	
tobramycin 0.3% eye drop	1	
trifluridine 1% eye drops	1	
OPHTHALMIC AGENTS - OPHTHALMIC ANTI-INFLAMMATORIES		
dexamethasone 0.1% eye drop	1	QL (10 / 30 DAYS)
diclofenac 0.1% eye drops	1	QL (10 / 30 DAYS)
difluprednate 0.05% eye drop	1	QL (10 / 30 DAYS)
FLAREX 0.1% EYE DROPS	2	QL (10 / 30 DAYS)
fluorometholone 0.1% eye drop	1	QL (10 / 30 DAYS)
flurbiprofen 0.03% eye drop	1	QL (2.5 / 30 DAYS)
FML FORTE 0.25% EYE DROPS	2	QL (10 / 30 DAYS)
ketorolac 0.4% ophth solution	1	QL (5 / 30 DAYS)
ketorolac 0.5% ophth solution	1	QL (10 / 30 DAYS)
loteprednol etabonate 0.5% drp	1	QL (10 / 30 DAYS)
loteprednol 0.5% ophthalmc gel	1	QL (0.34 / DAY)
MAXIDEX 0.1% EYE DROPS	2	QL (10 / 30 DAYS)
PRED MILD 0.12% EYE DROPS	2	QL (10 / 30 DAYS)
prednisolone ac 1% eye drop	1	QL (10 / 30 DAYS)
prednisolone acet 1% eye drop	1	
prednisolone sod 1% eye drop	1	QL (10 / 30 DAYS)
OPHTHALMIC AGENTS - OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl 0.5% eye drop	1	
BETOPTIC S 0.25% EYE DROP	2	QL (0.54 / DAY); ST

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carteolol hcl 1% eye drops	1	
levobunolol 0.5% eye drops	1	
timolol maleate 0.25% eye drop	1	
timolol maleate 0.5% eye drops	1	
OPHTHALMIC AGENTS - OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide er 500 mg cap	1	
apraclonidine hcl 0.5% drops	1	QL (0.36 / DAY)
brimonidine tartrate 0.15% drp	1	QL (0.54 / DAY); ST
brimonidine 0.2% eye drop	1	QL (0.54 / DAY)
brinzolamide 1% eye drops	1	QL (0.54 / DAY); ST
dorzolamide hcl 2% eye drops	1	
IOPIDINE 1% EYE DROPS	2	QL (0.36 / DAY)
methazolamide 25 mg tablet	1	
methazolamide 50 mg tablet	1	
PHOSPHOLINE IODIDE 0.125% DROP	2	
pilocarpine 1% eye drops	1	
pilocarpine 2% eye drops	1	
pilocarpine 4% eye drops	1	
RHOPRESSA 0.02% OPHTH SOLUTION	2	QL (0.17 / DAY); ST
SIMBRINZA 1%-0.2% EYE DROP	2	QL (0.29 / DAY); ST
OPHTHALMIC AGENTS - OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost 0.03% eye drops	1	QL (0.18 / DAY)
latanoprost 0.005% eye drops	1	
LUMIGAN 0.01% EYE DROPS	2	QL (0.18 / DAY); ST
tafluprost 0.0015% eye drop	1	QL (1 / DAY); ST

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
travoprost 0.004% eye drop	1	QL (0.18 / DAY); ST
VYZULTA 0.024% OPHTH SOLUTION	2	QL (0.18 / DAY); ST
OTIC AGENTS - OTIC AGENTS		
acetic acid 2% ear solution	1	
CIPRO HC OTIC SUSPENSION	2	
ciproflox-dexameth otic susp	1	
CORTISPORIN-TC EAR SUSPENSION	2	
flac otic oil 0.01% ear drop	1	QL (20 / 30 DAYS)
fluocinolone oil 0.01% ear drp	1	QL (20 / 30 DAYS)
hydrocortisone-acetic ear drop	1	
neomycin-polymyxin-hc ear soln	1	
neomycin-polymyxin-hc ear susp	1	
ofloxacin 0.3% ear drops	1	
RESPIRATORY TRACT/PULMONARY AGENTS - ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA 100 MCG INH	2	QL (1 / DAY)
ARNUITY ELLIPTA 200 MCG INH	2	QL (1 / DAY)
ARNUITY ELLIPTA 50 MCG INH	2	QL (1 / DAY)
ASMANEX HFA 100 MCG INHALER	2	QL (0.44 / DAY); ST
ASMANEX HFA 200 MCG INHALER	2	QL (0.44 / DAY); ST
ASMANEX HFA 50 MCG INHALER	2	QL (0.44 / DAY); ST
ASMANEX TWISTHALER 110 MCG #30	2	QL (0.07 / DAY); ST
ASMANEX TWISTHALER 220 MCG #14	2	QL (0.07 / DAY); ST
ASMANEX TWISTHALER 220 MCG #30	2	QL (0.07 / DAY); ST
ASMANEX TWISTHALER 220 MCG #60	2	QL (0.07 / DAY); ST
ASMANEX TWISTHALR 220 MCG #120	2	QL (0.07 / DAY); ST

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
budesonide 0.25 mg/2 ml susp	1	
budesonide 0.5 mg/2 ml susp	1	
budesonide 1 mg/2 ml inh susp	1	
flunisolide 0.025% spray	1	
fluticasone prop hfa 110 mcg	2	QL (0.4 / DAY); ST
fluticasone prop hfa 220 mcg	2	QL (0.8 / DAY); ST
fluticasone prop hfa 44 mcg	2	QL (0.4 / DAY); ST
fluticasone prop 100mcg diskus	1	QL (2 / DAY); ST
fluticasone prop 250 mcg disk	1	QL (2 / DAY); ST
fluticasone prop 50 mcg diskus	1	QL (2 / DAY); ST
fluticasone prop 50 mcg spray	1	
PULMICORT 180 MCG FLEXHALER	2	QL (0.034 / DAY)
PULMICORT 90 MCG FLEXHALER	2	QL (0.034 / DAY)
QVAR REDIHALER 40 MCG	2	QL (0.37 / DAY)
QVAR REDIHALER 80 MCG	2	QL (0.37 / DAY)
RESPIRATORY TRACT/PULMONARY AGENTS - ANTIHISTAMINES		
azelastin-flutic 137-50mcg spr	1	
azelastine 0.1% (137 mcg) spry	1	
cetirizine hcl 1 mg/ml soln	1	
cetirizine hcl 1 mg/ml syrup	1	
cyproheptadine 2 mg/5 ml soln	1	
cyproheptadine 2 mg/5 ml syrup	1	
cyproheptadine 4 mg tablet	1	
desloratadine 2.5 mg odt	1	ST
desloratadine 5 mg odt	1	ST

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desloratadine 5 mg tablet	1	ST
diphenhydramine 12.5mg/5ml cup	1	
diphenhydramine 25 mg/10ml cup	1	
diphenhydramine 50 mg/ml syrng	1	
diphenhydramine 50 mg/ml vial	1	
hydroxyzine hcl 10 mg tablet	1	
hydroxyzine hcl 25 mg tablet	1	
hydroxyzine hcl 50 mg tablet	1	
hydroxyzine pam 100 mg cap	1	
hydroxyzine pam 25 mg cap	1	
hydroxyzine pam 50 mg cap	1	
hydroxyzine 10 mg/5 ml soln	1	
hydroxyzine 10 mg/5 ml syrup	1	
hydroxyzine 50 mg/25 ml cup	1	
RESPIRATORY TRACT/PULMONARY AGENTS - ANTILEUKOTRIENES		
montelukast sod 10 mg tablet	1	
montelukast sod 4 mg granules	1	
montelukast sod 4 mg tab chew	1	
montelukast sod 5 mg tab chew	1	
zafirlukast 10 mg tablet	1	
zafirlukast 20 mg tablet	1	
RESPIRATORY TRACT/PULMONARY AGENTS - BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT 17 MCG HFA INHALER	2	QL (0.86 / DAY)
INCRUSE ELLIPTA 62.5 MCG INH	2	QL (1 / DAY)
ipratropium br 0.02% soln	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ipratropium 0.03% spray	1	
ipratropium 0.06% spray	1	
SPIRIVA RESPIMAT 1.25 MCG INH	2	QL (0.14 / DAY)
SPIRIVA RESPIMAT 2.5 MCG INH	2	QL (0.14 / DAY)
RESPIRATORY TRACT/PULMONARY AGENTS - BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol hfa 90 mcg inhaler (18 grams)	1	QL (1.2 / DAY)
albuterol hfa 90 mcg inhaler (6.7 grams)	1	QL (0.45 / DAY)
albuterol hfa 90 mcg inhaler (8.5 grams)	1	QL (0.57 / DAY)
albuterol hfa 90 mcg inhaler	1	QL (0.45 / DAY)
albuterol hfa 90 mcg inhaler	1	QL (0.57 / DAY)
albuterol sul 0.63 mg/3 ml sol	1	
albuterol sul 1.25 mg/3 ml sol	1	
albuterol sul 2.5 mg/3 ml soln	1	
albuterol sulf 2 mg/5 ml syrup	1	
albuterol sulfate 2 mg tab	1	
albuterol sulfate 4 mg tab	1	
albuterol 100 mg/20 ml soln	1	
albuterol 15 mg/3 ml solution	1	
albuterol 2 mg/5 ml syrup cup	1	
albuterol 2.5 mg/0.5 ml sol	1	
albuterol 25 mg/5 ml solution	1	
albuterol 75 mg/15 ml soln	1	
albuterol 8 mg/20 ml syrup cup	1	
epinephrine 0.15 mg auto-injct	1	QL (2 / 30 DAYS)
epinephrine 0.15 mg auto-injct	2	QL (2 / 30 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
epinephrine 0.3 mg auto-inject	1	QL (2 / 30 DAYS)
epinephrine 0.3 mg auto-inject	2	QL (2 / 30 DAYS)
isoproterenol 0.2 mg/ml ampul	1	
isoproterenol 0.2 mg/ml vial	1	
isoproterenol 1 mg/5 ml ampul	1	
isoproterenol 1 mg/5 ml vial	1	
levalbuterol conc 1.25 mg/0.5	1	
levalbuterol tar hfa 45mcg inh	1	QL (1 / DAY)
levalbuterol 0.31 mg/3 ml sol	1	
levalbuterol 0.63 mg/3 ml sol	1	
levalbuterol 1.25 mg/3 ml sol	1	
NEFFY 2 MG/0.1 ML NASAL SPRAY	2	
SEREVENT DISKUS 50 MCG	2	
terbutaline sulfate 2.5 mg tab	1	
terbutaline sulfate 5 mg tab	1	
RESPIRATORY TRACT/PULMONARY AGENTS - CYSTIC FIBROSIS AGENTS		
acetylcysteine 10% vial	1	
acetylcysteine 20% vial	1	
KALYDECO 150 MG TABLET	2	QL (2 / DAY); PA
KALYDECO 25 MG GRANULES PACKET	2	QL (2 / DAY); PA
KALYDECO 50 MG GRANULES PACKET	2	QL (2 / DAY); PA
KALYDECO 75 MG GRANULES PACKET	2	QL (2 / DAY); PA
tobramycin 300 mg/5 ml ampule	1	
TRIKAFTA 100-50-75 MG/150 MG	2	QL (3 / DAY); PA
TRIKAFTA 50-25-37.5 MG/75 MG	2	QL (3 / DAY); PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RESPIRATORY TRACT/PULMONARY AGENTS - MAST CELL STABILIZERS		
cromolyn 20 mg/2 ml neb soln	1	
RESPIRATORY TRACT/PULMONARY AGENTS - PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
THEO-24 ER 100 MG CAPSULE	2	
THEO-24 ER 300 MG CAPSULE	2	
THEO-24 ER 400 MG CAPSULE	2	
theophylline er 100 mg tablet	1	
theophylline er 200 mg tablet	1	
theophylline er 300 mg tablet	1	
theophylline er 400 mg tablet	1	
theophylline er 450 mg tablet	1	
theophylline er 600 mg tablet	1	
theophylline 80 mg/15 ml cup	1	
theophylline 80 mg/15 ml soln	1	
RESPIRATORY TRACT/PULMONARY AGENTS - PULMONARY ANTIHYPERTENSIVES		
ADEMPAS 0.5 MG TABLET	2	QL (3 / DAY); PA
ADEMPAS 1 MG TABLET	2	QL (3 / DAY); PA
ADEMPAS 1.5 MG TABLET	2	QL (3 / DAY); PA
ADEMPAS 2 MG TABLET	2	QL (3 / DAY); PA
ADEMPAS 2.5 MG TABLET	2	QL (3 / DAY); PA
alyq 20 mg tablet	1	QL (2 / DAY); PA
ambrisentan 10 mg tablet	1	QL (1 / DAY); PA
ambrisentan 5 mg tablet	1	QL (1 / DAY); PA
bosentan 125 mg tablet	1	QL (2 / DAY); PA
bosentan 62.5 mg tablet	1	QL (2 / DAY); PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sildenafil 20 mg tablet	1	QL (3 / DAY)
tadalafil 20 mg tablet	1	QL (2 / DAY); PA
RESPIRATORY TRACT/PULMONARY AGENTS - PULMONARY FIBROSIS AGENTS		
pirfenidone 267 mg tablet	1	QL (8 / DAY); PA
pirfenidone 801 mg tablet	1	QL (3 / DAY); PA
RESPIRATORY TRACT/PULMONARY AGENTS - RESPIRATORY TRACT AGENTS, OTHER		
benzonatate perle 100 mg cap	1	
benzonatate 100 mg capsule	1	
benzonatate 150 mg capsule	1	
benzonatate 200 mg capsule	1	
breyna 160-4.5 mcg inhaler	1	
breyna 80-4.5 mcg inhaler	1	
budesonide-formoterol 160-4.5	1	
budesonide-formoterol 80-4.5	1	
codeine-guaifen 10-100 mg/5 ml	1	
COMBIVENT RESPIMAT 20-100 MCG	2	QL (0.267 / DAY)
FASENRA PEN 30 MG/ML	2	PA
FASENRA 10 MG/0.5 ML SYRINGE	2	PA
FASENRA 30 MG/ML SYRINGE	2	PA
fluticasone-salmeterol 100-50	1	QL (2 / DAY)
fluticasone-salmeterol 113-14	1	QL (0.034 / DAY)
fluticasone-salmeterol 232-14	1	QL (0.034 / DAY)
fluticasone-salmeterol 250-50	1	QL (2 / DAY)
fluticasone-salmeterol 500-50	1	QL (2 / DAY)
fluticasone-salmeterol 55-14	1	QL (0.034 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
g tussin ac liquid	1	
guaifen-codeine 100-10 mg/5 ml	1	
guaifen-codeine 200-20 mg/10ml	1	
guaifenesin ac cough syrup	1	
iprat-albut 0.5-3(2.5) mg/3 ml	1	
maxi-tuss ac liquid	1	
nebusal 3% vial	1	
NUCALA 100 MG/ML AUTO-INJECTOR	2	QL (0.11 / DAY); PA
NUCALA 100 MG/ML POWDER VIAL	2	QL (0.11 / DAY); PA
NUCALA 100 MG/ML SYRINGE	2	QL (0.11 / DAY); PA
promethazine vc solution	1	
promethazine vc-codeine soln	1	
promethazine-codeine solution	1	
promethazine-codeine syrup	1	
promethazine-dm 6.25-15 mg/5ml	1	
promethazine-pe 6.25-5 mg/5 ml	1	
pulmosal 7% vial	1	
sodium chloride 0.9% inhal vl	1	
sodium chloride 10% vial	1	
sodium chloride 3% vial	1	
sodium chloride 7% vial	1	
STIOLTO RESPIMAT INHALER (10)	2	QL (0.14 / DAY)
STIOLTO RESPIMAT INHALER (60)	2	QL (0.14 / DAY)
TRELEGY ELLIPTA 100-62.5-25	2	QL (2 / DAY); ST
TRELEGY ELLIPTA 200-62.5-25	2	QL (60 / 30 DAYS); ST

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
umeclidinium-vilantero 62.5-25	1	QL (2 / DAY)
wixela 100-50 inhub	1	QL (2 / DAY)
wixela 250-50 inhub	1	QL (2 / DAY)
wixela 500-50 inhub	1	QL (2 / DAY)
SKELETAL MUSCLE RELAXANTS - SKELETAL MUSCLE RELAXANTS		
carisoprodol 250 mg tablet	1	QL (4 / DAY)
carisoprodol 350 mg tablet	1	
chlorzoxazone 500 mg tablet	1	
cyclobenzaprine 10 mg tablet	1	
cyclobenzaprine 5 mg tablet	1	
methocarbamol 500 mg tablet	1	
methocarbamol 750 mg tablet	1	
orphenadrine er 100 mg tablet	1	
SLEEP DISORDER AGENTS - SLEEP PROMOTING AGENTS		
BELSOMRA 10 MG TABLET	2	QL (1 / DAY)
BELSOMRA 15 MG TABLET	2	QL (1 / DAY)
BELSOMRA 20 MG TABLET	2	QL (1 / DAY)
BELSOMRA 5 MG TABLET	2	QL (1 / DAY)
eszopiclone 1 mg tablet	1	QL (1 / DAY)
eszopiclone 2 mg tablet	1	QL (1 / DAY)
eszopiclone 3 mg tablet	1	QL (1 / DAY)
ramelteon 8 mg tablet	1	QL (1 / DAY)
temazepam 15 mg capsule	1	QL (1 / DAY)
temazepam 30 mg capsule	1	QL (1 / DAY)
zaleplon 10 mg capsule	1	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zaleplon 5 mg capsule	1	QL (1 / DAY)
zolpidem tartrate 10 mg tablet	1	QL (1 / DAY)
zolpidem tartrate 5 mg tablet	1	QL (1 / DAY)
SLEEP DISORDER AGENTS - WAKEFULNESS PROMOTING AGENTS		
armodafinil 150 mg tablet	1	QL (1 / DAY)
armodafinil 200 mg tablet	1	QL (1 / DAY)
armodafinil 250 mg tablet	1	QL (1 / DAY)
armodafinil 50 mg tablet	1	QL (1 / DAY)
modafinil 100 mg tablet	1	QL (4 / DAY)
modafinil 200 mg tablet	1	QL (2 / DAY)
sodium oxybate 0.5 g/ml soln	1	QL (18 / DAY); PA
UNCATEGORIZED		
calcitriol 1 mcg/ml vial	1	
cefazolin 3 g/50 ml-dextrose	1	
cholestyramine light packet	1	
cholestyramine light powder	1	
FLORAFOL PEDI 0.5 MG CHEW TAB	2	
FLORAFOL PEDI 1 MG CHEW TAB	2	
GOMEKLI 1 MG CAPSULE	2	QL (4.5 / DAY); PA; NDS
GOMEKLI 1 MG TABLET FOR SUSP	2	QL (6 / DAY); PA; NDS
GOMEKLI 2 MG CAPSULE	2	QL (3 / DAY); PA; NDS
ivermectin 6 mg tablet	1	
JUBBONTI 60 MG/ML SYRINGE	2	
meloxicam 7.5 mg/5 ml susp	1	
naloxone 0.4 mg/ml syringe	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NANOVM ADULT MULTIVIT POWDER	2	
NEFFY 1 MG/0.1 ML NASAL SPRAY	2	
OPILL 0.075 MG TABLET	2	
PAXLOVID 300/150-100MG(SEVERE)	2	QL (11 / 5 DAYS); NDS
phytonadione 10 mg/ml vial	1	
prevalite packet	1	
REZLIDHIA 150 MG CAPSULE	2	QL (2 / DAY); PA; NDS
ROMVIMZA 14 MG CAPSULE	2	QL (0.29 / DAY); NDS
ROMVIMZA 20 MG CAPSULE	2	QL (0.29 / DAY); NDS
ROMVIMZA 30 MG CAPSULE	2	QL (0.29 / DAY); NDS
SIMLANDI(CF) AI 80 MG/0.8 ML	2	PA
SIMLANDI(CF) 20 MG/0.2 ML SYRG	2	PA
SIMLANDI(CF) 80 MG/0.8 ML SYRG	2	PA
TREMFYA 100 MG/ML PEN	2	PA
VIMKUNYA 40 MCG/0.8 ML SYRINGE	2	
ZEPBOUND 10 MG/0.5 ML VIAL	2	QL (0.072 / DAY); PA
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BALVERSA 4 MG TABLET - [45]

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bd 10 ml control syringe - [173]

bd 10 ml syringe - [173]

bd 10 ml syringe 20gx1" - [173]

bd 10 ml syringe 20gx1-1/2" - [173]

bd 10 ml syringe 21gx1" - [173]

bd 10 ml syringe 21gx1-1/2" - [173]

bd 10 ml syringe bulk - [173]

bd 20 ml syringe - [173]

bd 20 ml syringe bulk - [173]

bd 3 ml syringe - [173]

bd 3 ml syringe 18gx1-1/2" - [173]

bd 3 ml syringe 20gx1-1/2" - [174]

bd 3 ml syringe 25gx1" - [174]

bd 3 ml syringe 25gx1-1/2" - [174]

bd 3 ml syringe with needle - [173]

bd 5 ml syringe 20gx1" - [174]

bd 5 ml syringe 20gx1-1/2" - [174]

bd 5 ml syringe 21gx1" - [174]

bd 5 ml syringe 21gx1-1/2" - [174]

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bd allergy syringe-needle 1 ml - [169]

bd autoshield duo ndl 5mmx30g - [169]

bd bulk syringe 1 ml - [169]

bd bulk syringe 10 ml - [169]

bd bulk syringe 20 ml - [169]

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bd eclipse 30gx1/2" syringe - [169]

bd eclipse luer-lok syr 1 ml - [169]

bd eclipse luer-lok syr 3 ml - [169]

bd eclipse syr 1 ml 25gx5/8 - [169]

bd eclipse syringe 3 ml 21gx1" - [169]

bd eclipse syringe 3 ml 25gx1" - [169]

bd eclipse syrng 3 ml 23g 40mm - [169]

bd home sharps container - [169]

bd ins syr 0.3 ml 8mmx31g(1/2) - [169]

bd ins syr u-500 1/2ml 6mmx31g - [169]

bd ins syr uf 0.3ml 12.7mmx30g - [169]

bd ins syr uf 0.5ml 12.7mmx30g - [169]

bd ins syrn uf 1 ml 12.7mmx30g - [169]

bd ins syrn uf 1 ml 30g 12.7mm - [169]

bd ins syrng 0.3 ml 29gx12.7mm - [170]

bd ins syrng 0.5 ml 29gx12.7mm - [170]

bd ins syrng uf 0.3 ml 8mmx31g - [170]

bd ins syrng uf 0.5 ml 8mmx31g - [170]

bd insulin syr 0.5 ml 28gx1/2" - [170]

bd insulin syr 1 ml 27gx12.7mm - [170]

bd insulin syr 1 ml 27gx5/8" - [170]

bd insulin syr 1 ml 28gx1/2" - [170]

bd insulin syr 1 ml 29gx12.7mm - [170]

bd insulin syr uf 1 ml 8mmx31g - [170]

bd integra syr 3 ml 21gx1 1/2" - [170]

bd integra syr 3 ml 25gx5/8" - [170]

bd integra syringe 3 ml 21gx1" - [170]

bd integra syringe 3 ml 23gx1" - [170]

bd integra syringe 3 ml 25gx1" - [170]

bd luer-lok 10 ml syringe - [170]

bd luer-lok 5 ml syringe - [170]

bd luer-lok syr 3 ml 25gx5/8" - [170]

bd luer-lok syringe 1 ml - [170]

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bd luer-lok syringe 20 ml - [170]

bd luer-lok syringe 3 ml - [170]

bd luer-lok syringe 5 ml - [170]

bd luer-lok tip syringe 30 ml - [170]

bd luerslip syringe 1 ml - [170]

bd microtainer 21g lancets - [171]

bd microtainer 30g lancets - [171]

bd nano 2 gen pen ndl 32g 4mm - [171]

bd safetgld ins 0.3ml 29g 13mm - [171]

bd safetgld ins 0.5ml 13mmx29g - [171]

bd safetygld ins 0.3ml 31g 8mm - [171]

bd safetygld ins 0.5ml 30g 8mm - [171]

bd safetygld ins 1 ml 29g 13mm - [171]

bd safetyglid ins 1 ml 6mmx31g - [171]

bd safetyglide 3 ml syringe - [171]

bd safetyglide allergy 27g syr - [171]

bd safetyglide allergy syringe - [171]

bd safetyglide syr 3 ml 25gx1" - [171]

bd safetyglide syringe 27gx5/8 - [171]

bd safetyglide tb 1 ml syr - [171]

bd safetyglide tb 1ml 27g 10mm - [171]

bd safetyglide tuberculin syr - [171]

bd saftygld ins 0.3 ml 6mmx31g - [171]

bd saftygld ins 0.5 ml 6mmx31g - [171]

bd saftygld ins 0.5ml 29g 13mm - [171]

bd sharps collector 1 quart - [171]

bd sharps collector 1.5 quart - [171]

bd sharps collector 3.3 quart - [171]

bd sharps collector 5 gal - [171]

bd sharps collector 5.4 quart - [172]

bd sharps collector 6.9 quart - [172]

bd sharps collector 8.2 quart - [172]

bd sharps collector 9 gal - [172]

bd sharps container 1.4qt - [172]

bd single use swab - [172]

bd slip tip 5 ml syringe - [172]

bd slip-tip syringe 20 ml - [172]

bd syringe 3 ml - [172]

bd syringe 30 ml - [172]

bd syringe catheter tip 50 ml - [172]

bd syringe luer-lok 50 ml - [172]

bd syringe slip tip 10 ml - [172]

bd syringe slip tip 50 ml - [172]

bd syringe-safety glide - [172]

bd syrn cath tip non-ster 50ml - [172]

bd syrn luer-lok non-ster 50ml - [172]

bd syrn slip tip non-ster 50ml - [172]

bd syrng luer-lok sterile 50ml - [172]

bd tb st syringe 1 ml 27g 10mm - [172]

bd tb syringe 21gx1" - [172]

bd tb syringe 25gx5/8" - [172]

bd tb syringe 26gx3/8" - [172]

bd tb syringe 27gx1/2" - [172]

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bd tuberculin 1 ml syringe - [173]

bd uf micro pen needle 6mmx32g - [173]

bd uf mini pen needle 5mmx31g - [173]

bd uf nano pen needle 4mmx32g - [173]

bd uf orig pen ndl 12.7mmx29g - [173]

bd uf short pen needle 8mmx31g - [173]

bd veo ins 0.3ml 6mmx31g (1/2) - [173]

bd veo ins syring 1 ml 6mmx31g - [173]

bd veo ins syrn 0.3 ml 6mmx31g - [173]

bd veo ins syrn 0.5 ml 6mmx31g - [173]

bd veritor at-home covid19 tst - [173]

bd veritor system sars-cov-2 - [173]

BELSOMRA 10 MG TABLET - [261]

BELSOMRA 15 MG TABLET - [261]

BELSOMRA 20 MG TABLET - [261]

BELSOMRA 5 MG TABLET - [261]

benazepril hcl 10 mg tablet - [86]

benazepril hcl 20 mg tablet - [86]

benazepril hcl 40 mg tablet - [86]

benazepril hcl 5 mg tablet - [86]

benazepril-hctz 10-12.5 mg tab - [94]

benazepril-hctz 20-12.5 mg tab - [94]

benazepril-hctz 20-25 mg tab - [94]

benazepril-hctz 5-6.25 mg tab - [94]

bendamustine 100 mg/4 ml vial - [40]

benzepro 6% foaming cloths - [113]

benzepro 7% creamy wash - [113]

benzonatate 100 mg capsule - [259]

benzonatate 150 mg capsule - [259]

benzonatate 200 mg capsule - [259]

benzonatate perle 100 mg cap - [259]

benzoyl peroxide 9.8% foam - [113]

benztropine mes 0.5 mg tab - [55]

benztropine mes 1 mg tablet - [55]

benztropine mes 2 mg tablet - [55]

betamethasone dp 0.05% crm - [110]

betamethasone dp 0.05% lot - [110]

betamethasone dp 0.05% oint - [110]

betamethasone dp aug 0.05% crm - [110]

betamethasone dp aug 0.05% lot - [110]

betamethasone dp aug 0.05% oin - [110]

betamethasone va 0.1% cream - [110]

betamethasone va 0.1% lotion - [110]

betamethasone valer 0.1% ointm - [110]

betaxolol 10 mg tablet - [88]

betaxolol 20 mg tablet - [89]

betaxolol hcl 0.5% eye drop - [251]

bethanechol 10 mg tablet - [132]

bethanechol 25 mg tablet - [132]

bethanechol 5 mg tablet - [132]

bethanechol 50 mg tablet - [132]

BETOPTIC S 0.25% EYE DROP - [251]

bevacizumab 2.5 mg/0.1 ml syrg - [249]

bevacizumab 3.25 mg/0.13 ml - [249]

bexarotene 1% gel - [53]

bexarotene 75 mg capsule - [53]

BEXSERO PREFILLED SYRINGE - [158]

bicalutamide 50 mg tablet - [41]

BICILLIN L-A 1,200,000 UNITS - [20]

BICILLIN L-A 2,400,000 UNITS - [20]

BICILLIN L-A 600,000 UNIT/ML - [20]

BIKTARVY 30-120-15 MG TABLET - [63]

BIKTARVY 50-200-25 MG TABLET - [64]

bimatoprost 0.03% eye drops - [252]

binaxnow covid-19 ag self test - [174]

binaxnow covid19 ag card (eua) - [174]

BIOTHRAX VACCINE VIAL - [158]

bismuth-metro-tetr 140-125-125 - [127]

bisoprolol fumarate 10 mg tab - [89]

bisoprolol fumarate 5 mg tab - [89]

bisoprolol-hctz 10-6.25 mg tab - [94]

bisoprolol-hctz 2.5-6.25 mg tb - [94]

bisoprolol-hctz 5-6.25 mg tab - [94]

blisovi 24 fe tablet - [136]

blisovi fe 1-20 tablet - [136]

blisovi fe 1.5-30 tablet - [136]

BOOSTRIX TDAP VACCINE SYRINGE - [158]

BOOSTRIX TDAP VACCINE VIAL - [158]

bosentan 125 mg tablet - [258]

bosentan 62.5 mg tablet - [258]

BOSULIF 100 MG CAPSULE - [45]

BOSULIF 100 MG TABLET - [45]

BOSULIF 400 MG TABLET - [45]

BOSULIF 50 MG CAPSULE - [45]

BOSULIF 500 MG TABLET - [45]

bpo 4% gel - [113]

bpo 8% gel - [113]

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breatherite mdi spacer - [174]

breatherite spacer-adult mask - [174]

breatherite spacer-infant mask - [174]

breatherite spacer-lg chld msk - [174]

breatherite spacer-neonate msk - [174]

breatherite spacer-sm chld msk - [174]

breathrite valved mdi chamber - [174]

breathrite valved mdi spacer - [174]

breyna 160-4.5 mcg inhaler - [259]

breyna 80-4.5 mcg inhaler - [259]

briellyn tablet - [136]

brimonidine 0.2% eye drop - [252]

brimonidine tartrate 0.15% drp - [252]

brimonidine-timolol 0.2%-0.5% - [249]

brinzolamide 1% eye drops - [252]

BRIXADI MONTH 128MG/0.36ML SYR - [9]

BRIXADI MONTH 64 MG/0.18ML SYR - [9]

BRIXADI MONTH 96 MG/0.27ML SYR - [9]

BRIXADI WEEKLY 16MG/0.32ML SYR - [9]

BRIXADI WEEKLY 24MG/0.48ML SYR - [9]

BRIXADI WEEKLY 32MG/0.64ML SYR - [9]

BRIXADI WEEKLY 8 MG/0.16ML SYR - [9]

bromocriptine 2.5 mg tablet - [55]

bromocriptine 5 mg capsule - [55]

BRUKINSA 80 MG CAPSULE - [43]

budesonide 0.25 mg/2 ml susp - [253]

budesonide 0.5 mg/2 ml susp - [254]

budesonide 1 mg/2 ml inh susp - [254]

budesonide 2 mg rectal foam - [162]

budesonide dr 3 mg capsule - [162]

budesonide ec 3 mg capsule - [162]

budesonide-formoterol 160-4.5 - [259]

budesonide-formoterol 80-4.5 - [259]

bullseye mini safety 21g - [174]

bullseye mini safety 25g lanct - [174]

bullseye mini safety 28g lanct - [174]

bumetanide 0.5 mg tablet - [97]

bumetanide 1 mg tablet - [97]

bumetanide 2 mg tablet - [97]

buprenorphine 10 mcg/hr patch - [4]

buprenorphine 15 mcg/hr patch - [4]

buprenorphine 2 mg tablet sl - [9]

buprenorphine 20 mcg/hr patch - [4]

buprenorphine 5 mcg/hr patch - [4]

buprenorphine 7.5 mcg/hr patch - [4]

buprenorphine 8 mg tablet sl - [10]

buprenorphine-nalox 12-3mg flm - [10]

buprenorphine-nalox 2-0.5mg fm - [10]

buprenorphine-nalox 2-0.5mg tb - [10]

buprenorphine-nalox 4-1mg film - [10]

buprenorphine-nalox 8-2 mg tab - [10]

buprenorphine-nalox 8-2mg film - [10]

bupropion hcl 100 mg tablet - [30]

bupropion hcl 75 mg tablet - [30]

bupropion hcl sr 100 mg tablet - [30]

bupropion hcl sr 150 mg tablet - [10, 30]

bupropion hcl sr 200 mg tablet - [30]

bupropion hcl xl 150 mg tablet - [30]

bupropion hcl xl 300 mg tablet - [30]

buspirone hcl 10 mg tablet - [68]

buspirone hcl 15 mg tablet - [68]

buspirone hcl 30 mg tablet - [68]

buspirone hcl 5 mg tablet - [68]

buspirone hcl 7.5 mg tablet - [68]

butalb-acetamin-caff 50-300-40 - [105]

butalb-acetamin-caff 50-325-40 - [105]

butalbital-aspirin-caffeine cp - [2]

butalbital-aspirin-caffeine tb - [2]

butterfly touch 30-36g lancet - [174]

ca ins syr 0.3 ml 30gx5/16" - [174]

ca ins syr 0.3 ml 31gx5/16" - [174]

ca ins syr 0.5 ml 30gx5/16" - [175]

ca ins syr 0.5 ml 31gx5/16" - [175]

ca insulin syr 0.3 ml 29gx1/2" - [175]

ca insulin syr 0.5 ml 29gx1/2" - [175]

ca insulin syr 1 ml 29gx1/2" - [175]

ca insulin syr 1 ml 30gx5/16" - [175]

ca insulin syr 1 ml 31gx5/16" - [175]

CABENUVA ER 400 MG-600 MG SUSP - [64]

CABENUVA ER 600 MG-900 MG SUSP - [64]

cabergoline 0.5 mg tablet - [150]

CABOMETYX 20 MG TABLET - [46]

CABOMETYX 40 MG TABLET - [46]

CABOMETYX 60 MG TABLET - [46]

calcipotriene 0.005% cream - [113]

calcipotriene 0.005% solution - [113]

calcitonin-salmon 200 unit spr - [163]

calcitriol 0.25 mcg capsule - [163]

calcitriol 0.5 mcg capsule - [163]

calcitriol 1 mcg/ml ampul - [163]

calcitriol 1 mcg/ml solution - [163]

calcitriol 1 mcg/ml vial - [262]

calcium acetate 667 mg capsule - [121]

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calcium acetate 667 mg tablet - [121]

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CAMCEVI 42 MG SYRINGE - [43]

camila 0.35 mg tablet - [145]

camrese 0.15-0.03-0.01 mg tab - [136]

camrese lo tablet - [136]

candesartan cilexetil 16 mg tb - [85]

candesartan cilexetil 32 mg tb - [85]

candesartan cilexetil 4 mg tab - [85]

candesartan cilexetil 8 mg tab - [85]

candesartan-hctz 16-12.5 mg tb - [94]

candesartan-hctz 32-12.5 mg tb - [94]

candesartan-hctz 32-25 mg tab - [94]

capecitabine 150 mg tablet - [42]

capecitabine 500 mg tablet - [42]

CAPRELSA 100 MG TABLET - [46]

CAPRELSA 300 MG TABLET - [46]

captopril 100 mg tablet - [86]

captopril 12.5 mg tablet - [86]

captopril 25 mg tablet - [86]

captopril 50 mg tablet - [86]

CAPVAXIVE 0.5 ML SYRINGE - [158]

carbamazepine 100 mg tab chew - [28]

carbamazepine 100 mg/5 ml susp - [28]

carbamazepine 200 mg tablet - [28]

carbamazepine 200 mg/10 ml cup - [28]

carbamazepine er 100 mg cap - [28]

carbamazepine er 100 mg tablet - [28]

carbamazepine er 200 mg cap - [28]

carbamazepine er 200 mg tablet - [28]

carbamazepine er 300 mg cap - [28]

carbamazepine er 400 mg tablet - [28]

carbidopa 25 mg tablet - [56]

carbidopa-levo 10-100 mg odt - [56]

carbidopa-levo 25-100 mg odt - [56]

carbidopa-levo 25-250 mg odt - [56]

carbidopa-levo er 25-100 tab - [56]

carbidopa-levo er 50-200 tab - [56]

carbidopa-levodopa 10-100 tab - [56]

carbidopa-levodopa 25-100 tab - [56]

carbidopa-levodopa 25-250 tab - [56]

carefine pen needle 12.7mm 29g - [175]

carefine pen needle 4mm 32g - [175]

carefine pen needle 5mm 32g - [175]

carefine pen needle 6mm 31g - [175]

carefine pen needle 8mm 30g - [175]

carefine pen needles 6mm 32g - [175]

carefine pen needles 8mm 31g - [175]

careone lancing device - [175]

careone syr 0.3 ml 30gx1/2" - [175]

careone syr 0.5 ml 30gx1/2" - [175]

careone syr 1 ml 30gx1/2" - [175]

careone thin lancet - [175]

careone ultra thin lancet - [175]

careone unifine pentip 4mm 32g - [175]

careone unifine pentip 5mm 31g - [175]

careone unifine pentip 6mm 31g - [175]

careone unifine pentip 8mm 31g - [175]

careone unifine pentp 29gx1/2" - [176]

careone unifine pentp 31gx1/4" - [176]

careone unifine pntp 12mm 29g - [176]

careone unifine pntp 31gx3/16" - [176]

careone unifine pntp 31gx5/16" - [176]

careone unifine pntp 32gx5/32" - [176]

carepoint ll syr 3 ml 21g 1" - [176]

carepoint ll syr 3 ml 21g 1.5" - [176]

carepoint ll syr 3 ml 22g 1" - [176]

carepoint ll syr 3 ml 22g 38mm - [176]

carepoint ll syr 3 ml 23g 1" - [176]

carepoint ll syr 3 ml 23g 1.5" - [176]

carepoint ll syr 3 ml 25g 1" - [176]

carepoint ll syr 3 ml 25g 5/8" - [176]

carepoint ls syr 1 ml 25g 5/8" - [176]

carepoint luer lock syr 3 ml - [176]

carepoint luer slip 1 ml syrng - [176]

caresens 30g lancet - [176]

caresens ultra thin 30g lancet - [176]

caresoft lancing device - [176]

carestart covid-19 ag home tst - [176]

caretouch 26g safety lancets - [178]

caretouch 28g safety lancets - [178]

caretouch alcohol 70% prep pad - [176]

caretouch lancing device - [176]

caretouch ll syr 3 ml 22g 1" - [177]

caretouch ll syr 3 ml 22g 1.5" - [176]

caretouch ll syr 3 ml 23g 1" - [177]

caretouch ll syr 3 ml 23g 1.5" - [177]

caretouch ll syr 3 ml 25g 1.5" - [177]

caretouch ll syr 3 ml 25g 5/8" - [177]

caretouch luer lock 1 ml syr - [177]

caretouch luer lock 3 ml syr - [177]

caretouch luer lock 5 ml syr - [177]

caretouch luer slip 1 ml syrn - [177]

caretouch luer slip 10 ml syr - [177]

caretouch luer slip 3 ml syrn - [177]

caretouch pen needle 29g 12mm - [177]

caretouch pen needle 31gx1/4" - [177]

caretouch pen needle 31gx3/16" - [177]

caretouch pen needle 31gx5/16" - [177]

caretouch pen needle 32gx3/16" - [177]

caretouch pen needle 32gx5/32" - [177]

caretouch syr 0.3 ml 31gx5/16" - [177]

caretouch syr 0.5 ml 30gx5/16" - [177]

caretouch syr 0.5 ml 31gx5/16" - [177]

caretouch syr 1 ml 28gx5/16" - [177]

caretouch syr 1 ml 29gx5/16" - [177]

caretouch syr 1 ml 30gx5/16" - [177]

caretouch syr 1 ml 31gx5/16" - [177]

caretouch twist 28g lancet - [177]

caretouch twist 30g lancet - [178]

caretouch twist 33g lancet - [178]

carisoprodol 250 mg tablet - [261]

carisoprodol 350 mg tablet - [261]

carteolol hcl 1% eye drops - [251]

cartia xt 120 mg capsule - [91]

cartia xt 180 mg capsule - [91]

cartia xt 240 mg capsule - [91]

cartia xt 300 mg capsule - [91]

carvedilol 12.5 mg tablet - [89]

carvedilol 25 mg tablet - [89]

carvedilol 3.125 mg tablet - [89]

carvedilol 6.25 mg tablet - [89]

caspofungin acetate 50 mg vial - [36]

caspofungin acetate 70 mg vial - [36]

CATHFLO ACTIVASE 2 MG VIAL - [77]

caya contoured diaphragm - [178]

cefaclor 125 mg/5 ml susp - [17]

cefaclor 250 mg capsule - [17]

cefaclor 250 mg/5 ml susp - [17]

cefaclor 375 mg/5 ml suspen - [17]

cefaclor 500 mg capsule - [17]

cefadroxil 1 gm tablet - [17]

cefadroxil 250 mg/5 ml susp - [17]

cefadroxil 500 mg capsule - [17]

cefadroxil 500 mg/5 ml susp - [17]

cefazolin 1 g/50 ml-dextrose - [17]

cefazolin 1 gm add-van vial - [17]

cefazolin 1 gm vial - [17]

cefazolin 10 gm vial - [17]

cefazolin 2 g/100 ml-dextrose - [17]

cefazolin 2 g/50 ml-dextrose - [17]

cefazolin 20 gm bulk vial - [17]

CEFAZOLIN 3 G/150 ML-DEXTROSE - [17]

cefazolin 3 g/50 ml-dextrose - [262]

cefazolin 500 mg vial - [17]

cefdinir 125 mg/5 ml susp - [17]

cefdinir 250 mg/5 ml susp - [17]

cefdinir 300 mg capsule - [18]

cefixime 100 mg/5 ml susp - [18]

cefixime 200 mg/5 ml susp - [18]

cefixime 400 mg capsule - [18]

cefoxitin 1 gm vial - [18]

cefoxitin 10 gm vial - [18]

cefoxitin 2 gm vial - [18]

cefpodoxime 100 mg tablet - [18]

cefpodoxime 100 mg/5 ml susp - [18]

cefpodoxime 200 mg tablet - [18]

cefpodoxime 50 mg/5 ml susp - [18]

ceftazidime 1 gm vial - [18]

ceftazidime 2 gm vial - [18]

ceftazidime 6 gm vial - [18]

ceftriaxone 1 gm add-vant vial - [18]

ceftriaxone 1 gm vial - [18]

ceftriaxone 10 gm vial - [18]

ceftriaxone 2 gm add vial - [18]

ceftriaxone 2 gm vial - [18]

ceftriaxone 250 mg vial - [18]

ceftriaxone 500 mg vial - [18]

cefuroxime axetil 250 mg tab - [18]

cefuroxime axetil 500 mg tab - [18]

celecoxib 100 mg capsule - [2]

celecoxib 200 mg capsule - [2]

celecoxib 400 mg capsule - [2]

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cetirizine hcl 1 mg/ml soln - [254]

charlotte 24 fe chewable tab - [136]

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chlorhexidine 0.12% 15 ml cup - [107]

chloroquine ph 250 mg tablet - [54]

chlorpromazine 10 mg tablet - [57]

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chlorpromazine 25 mg tablet - [57]

chlorpromazine 50 mg tablet - [57]

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cholestyramine packet - [99]

CHORIONIC GONAD 10,000 UNIT VL - [134]

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ciclodan 0.77% cream - [114]

ciclopirox 0.77% cream - [114]

ciclopirox 0.77% topical susp - [115]

ciclopirox 8% solution - [115]

cilostazol 50 mg tablet - [83]

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cimetidine 300 mg tablet - [127]

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CENTANY AT 2% OINTMENT KIT - [114]

cephalexin 250 mg capsule - [18]

cephalexin 500 mg capsule - [19]

cetirizine hcl 1 mg/ml syrup - [254]

chateal eq-28 tablet - [136]

chlordiazepoxide 10 mg capsule - [69]

chlordiazepoxide 5 mg capsule - [69]

chlorhexidine 0.12% rinse - [107]

chloroquine ph 500 mg tablet - [54]

chlorpromazine 100 mg tablet - [57]

chlorpromazine 200 mg tablet - [57]

chlorpromazine 30 mg/ml conc - [57]

chlorthalidone 25 mg tablet - [98]

chlorzoxazone 500 mg tablet - [261]

cholestyramine light powder - [262]

cholestyramine powder - [99]

chosen 30g lancet - [178]

chosen safety 28g lancet - [178]

ciclodan 8% solution - [114]

ciclopirox 0.77% gel - [114]

ciclopirox 1% shampoo - [115]

cilostazol 100 mg tablet - [83]

CILOXAN 0.3% OINTMENT - [250]

cimetidine 200 mg tablet - [127]

cimetidine 300 mg/5 ml cup - [127]

cimetidine 400 mg tablet - [127]

cimetidine 800 mg tablet - [127]

CIMZIA 2X200 MG/ML SYRINGE KIT - [156]

cinacalcet hcl 30 mg tablet - [163]

cinacalcet hcl 90 mg tablet - [163]

ciproflox-dexameth otic susp - [253]

ciprofloxacin 250 mg/5 ml susp - [22]

ciprofloxacin hcl 250 mg tab - [22]

ciprofloxacin hcl 750 mg tab - [22]

citalopram hbr 10 mg/5 ml soln - [31]

citalopram hbr 20 mg/10 ml cup - [31]

CITROMA SOLUTION - [124]

claravis 20 mg capsule - [108]

claravis 40 mg capsule - [108]

clarithromycin 250 mg tablet - [21]

clarithromycin 500 mg tablet - [21]

CLASSIC PRENATAL TABLET - [122]

CLEOCIN 100 MG VAGINAL OVULE - [15]

clever choice chamber-lrg mask - [178]

clever choice chamber-sm mask - [178]

clickfine 31g x 1/4" needles - [178]

clickfine pen needle 32gx5/32" - [178]

CLIMARA PRO PATCH - [136]

clindacin etz 1% pledget - [108]

clindamycin (pedi) 75 mg/5 ml - [15]

clindamycin hcl 150 mg capsule - [15]

clindamycin hcl 75 mg capsule - [15]

CIMZIA 2X200 MG VIAL KIT - [156]

CIMZIA 2X200 MG/ML(X3)START KT - [156]

cinacalcet hcl 60 mg tablet - [163]

CIPRO HC OTIC SUSPENSION - [253]

ciprofloxacin 0.3% eye drop - [250]

ciprofloxacin 500 mg/5 ml susp - [22]

ciprofloxacin hcl 500 mg tab - [22]

citalopram hbr 10 mg tablet - [31]

citalopram hbr 20 mg tablet - [31]

citalopram hbr 40 mg tablet - [31]

claravis 10 mg capsule - [108]

claravis 30 mg capsule - [108]

clarithromycin 125 mg/5 ml sus - [21]

clarithromycin 250 mg/5 ml sus - [21]

clarithromycin er 500 mg tab - [21]

clearshield sodium chlor flush - [178]

clever chek ultra thin 30g - [178]

clever choice chamber-med mask - [178]

clever choice peak flow meter - [178]

clickfine 31g x 5/16" needles - [178]

clickfine universal 31g x 1/4" - [178]

clind ph-benzoyl perox 1.2-5% - [108]

clindacin p 1% pledgets - [108]

clindamycin 2% vaginal cream - [15]

clindamycin hcl 300 mg capsule - [15]

clindamycin ph 1% gel - [108]

clindamycin ph 1% solution - [109]

clindamycin ph 300 mg/2 ml vl - [15]

clindamycin ph 600 mg/4 ml vl - [15]

clindamycin ph 9 g/60 ml vial - [15]

clindamycin ph 900 mg/6 ml vl - [15]

clindamycin phos 1% pledget - [109]

clindamycin phosp 1% lotion - [109]

clindamycin phosphate 1% foam - [109]

clindamycin-benzoyl perox 1-5% - [109]

CLINIMIX 4.25%-10% SOLUTION - [116]

CLINIMIX 4.25%-5% SOLUTION - [116]

CLINIMIX 5%-15% SOLUTION - [116]

CLINIMIX 5%-20% SOLUTION - [116]

CLINIMIX E 2.75%-5% SOLUTION - [116]

CLINIMIX E 4.25%-10% SOLUTION - [116]

CLINIMIX E 4.25%-5% SOLUTION - [116]

CLINIMIX E 5%-15% SOLUTION - [116]

CLINIMIX E 5%-20% SOLUTION - [116]

CLINISOL 15% SOLUTION - [116]

clinitest covid-19 home test - [178]

clobazam 10 mg tablet - [26]

clobazam 2.5 mg/ml suspension - [26]

clobazam 20 mg tablet - [26]

clobetasol 0.05% cream - [110]

clobetasol 0.05% gel - [110]

clobetasol 0.05% ointment - [110]

clobetasol 0.05% shampoo - [110]

clobetasol 0.05% solution - [111]

clobetasol 0.05% topical lotn - [111]

clobetasol emollient 0.05% crm - [110]

clobetasol prop 0.05% foam - [110]

clodan 0.05% shampoo - [111]

clomiphene citrate 50 mg tab - [146]

clomipramine 25 mg capsule - [33]

clomipramine 50 mg capsule - [33]

clomipramine 75 mg capsule - [33]

clonazepam 0.125 mg dis tab - [69]

clonazepam 0.125 mg odt - [69]

clonazepam 0.25 mg odt - [69]

clonazepam 0.5 mg dis tablet - [69]

clonazepam 0.5 mg odt - [69]

clonazepam 0.5 mg tablet - [69]

clonazepam 1 mg dis tablet - [69]

clonazepam 1 mg odt - [69]

clonazepam 1 mg tablet - [69]

clonazepam 2 mg odt - [69]

clonazepam 2 mg tablet - [69]

clonidine 0.1 mg/day patch - [84]

clonidine 0.2 mg/day patch - [84]

clonidine 0.3 mg/day patch - [84]

clonidine hcl 0.1 mg tablet - [84]

clonidine hcl 0.2 mg tablet - [84]

clonidine hcl 0.3 mg tablet - [84]

clonidine hcl er 0.1 mg tablet - [103]

clopidogrel 300 mg tablet - [83]

clopidogrel 75 mg tablet - [83]

clorazepate 15 mg tablet - [69]

clorazepate 3.75 mg tablet - [69]

clorazepate 7.5 mg tablet - [69]

clotrimazole 1% solution - [115]

clotrimazole 1% topical cream - [115]

clotrimazole 10 mg lozenge - [36]

clotrimazole 10 mg troche - [36]

clotrimazole-betamethasone crm - [113]

clozapine 100 mg tablet - [57]

clozapine 200 mg tablet - [57]

clozapine 25 mg tablet - [57]

clozapine 50 mg tablet - [57]

clozapine odt 100 mg tablet - [57]

clozapine odt 12.5 mg tablet - [57]

clozapine odt 150 mg tablet - [57]

clozapine odt 200 mg tablet - [57]

clozapine odt 25 mg tablet - [57]

coaguchek lancets - [178]

codeine-guaifen 10-100 mg/5 ml - [259]

colchicine 0.6 mg capsule - [38]

colchicine 0.6 mg tablet - [38]

colesevelam 625 mg tablet - [99]

colesevelam hcl 3.75 g packet - [99]

COLESTID FLAVORED GRANULES - [99]

colestipol hcl 1 gm tablet - [100]

colestipol hcl granules - [100]

colestipol hcl granules packet - [100]

COMBIPATCH 0.05-0.14 MG PTCH - [136]

COMBIPATCH 0.05-0.25 MG PTCH - [136]

COMBIVENT RESPIMAT 20-100 MCG - [259]

COMETRIQ 100 MG DAILY-DOSE PK - [46]

COMETRIQ 140 MG DAILY-DOSE PK - [46]

COMETRIQ 60 MG DAILY-DOSE PACK - [46]

comfort ez 0.3 ml 31g 15/64" - [180]

comfort ez 0.5 ml 31g 15/64" - [180]

comfort ez ins 0.3ml 30gx1/2" - [179]

comfort ez ins 0.3ml 30gx5/16" - [179]

comfort ez ins 0.5ml 31gx5/16" - [179]

comfort ez ins 1 ml 31g 15/64" - [179]

comfort ez ins 1 ml 31gx5/16" - [179]

comfort ez insulin syr 0.3 ml - [179]

comfort ez insulin syr 0.5 ml - [179]

comfort ez pen needle 12mm 29g - [179]

comfort ez pen needles 4mm 32g - [179]

comfort ez pen needles 4mm 33g - [179]

comfort ez pen needles 5mm 31g - [179]

comfort ez pen needles 5mm 32g - [179]

comfort ez pen needles 5mm 33g - [179]

comfort ez pen needles 6mm 31g - [179]

comfort ez pen needles 6mm 32g - [179]

comfort ez pen needles 6mm 33g - [179]

comfort ez pen needles 8mm 31g - [179]

comfort ez pen needles 8mm 32g - [179]

comfort ez pen needles 8mm 33g - [179]

comfort ez pressure activt 28g - [179]

comfort ez pro pen ndl 30g 8mm - [179]

comfort ez pro pen ndl 31g 4mm - [179]

comfort ez pro pen ndl 31g 5mm - [179]

comfort ez safety 21g lancets - [179]

comfort ez safety 23g lancets - [180]

comfort ez safety 28g lancets - [180]

comfort ez syr 0.3 ml 29gx1/2" - [180]

comfort ez syr 0.5 ml 28gx1/2" - [180]

comfort ez syr 0.5 ml 29gx1/2" - [180]

comfort ez syr 0.5 ml 30gx1/2" - [180]

comfort ez syr 1 ml 28gx1/2" - [180]

comfort ez syr 1 ml 29gx1/2" - [180]

comfort ez syr 1 ml 30gx1/2" - [180]

comfort ez syr 1 ml 30gx5/16" - [180]

comfort lancets - [180]

comfort point pen ndl 29gx1/2" - [180]

comfort point pen ndl 31gx1/3" - [180]

comfort point pen ndl 31gx1/4" - [180]

comfort point pen ndl 31gx1/6" - [180]

comfort touch pen ndl 31g 4mm - [180]

comfort touch pen ndl 31g 5mm - [180]

comfort touch pen ndl 31g 6mm - [180]

comfort touch pen ndl 31g 8mm - [180]

comfort touch pen ndl 32g 4mm - [180]

comfort touch pen ndl 32g 5mm - [180]

comfort touch pen ndl 32g 6mm - [181]

comfort touch pen ndl 32g 8mm - [181]

comfort touch pen ndl 33g 4mm - [181]

comfort touch pen ndl 33g 5mm - [181]

comfort touch pen ndl 33g 6mm - [181]

comfort touch pen ndl 33gx5mm - [181]

comfort touch ult thin 31g lan - [181]

comforttouch plus saf 30g lanc - [181]

COMIRNATY 2024-25(12Y UP) SYRG - [158]

compact space chamber - [181]

compact space chamber-lrg mask - [181]

compact space chamber-med mask - [181]

compact space chamber-sm mask - [181]

compro 25 mg suppository - [34]

constulose 10 gm/15 ml soln - [124]

CONTRAVE ER 8-90 MG TABLET - [105]

COPIKTRA 15 MG CAPSULE - [46]

COPIKTRA 25 MG CAPSULE - [46]

cordx covid-19 ag home test - [181]

cordx tyfast covid-19 ag test - [181]

cortisone 25 mg tablet - [132]

COSENTYX 150 MG/ML SYRINGE - [153]

COSENTYX 75 MG/0.5 ML SYRINGE - [153]

COSENTYX SNRDY 300MG DOSE-2PEN - [153]

COTELLIC 20 MG TABLET - [46]

covid19 specimen collect ncpdp - [181]

CREON DR 24,000 UNIT CAPSULE - [130]

CREON DR 36,000 UNIT CAPSULE - [130]

cromolyn 20 mg/2 ml neb soln - [258]

crotan 10% lotion - [114]

cue covid-19 home test (eua) - [181]

curity alcohol preps - [181]

cvs covid19 at-home test (eua) - [181]

cvs diclofenac sodium 1% gel - [113]

cvs isopropyl alcohol 70% wipe - [181]

cvs lancing device - [181]

cvs lansoprazole dr 15 mg odt - [128]

cvs micro thin 33g lancets - [182]

cvs nicotine 2 mg chewing gum - [11]

cvs nicotine 2 mg mini lozenge - [11]

cvs nicotine 4 mg chewing gum - [11]

cvs nicotine 4 mg mini lozenge - [11]

cvs omeprazole dr 20 mg odt - [128]

cvs prenatal multivit-dha sfgl - [122]

cvs thin 26g lancets - [182]

cvs women's prenatal plus dha - [122]

CORTISPORIN-TC EAR SUSPENSION - [253]

COSENTYX 300 MG DOSE-2 SYRINGE - [153]

COSENTYX SENSOREADY 150 MG PEN - [152]

COSENTYX UNOREADY 300 MG PEN - [153]

covid-19 at-home test (eua) - [181]

CREON DR 12,000 UNIT CAPSULE - [130]

CREON DR 3,000 UNIT CAPSULE - [130]

CREON DR 6,000 UNIT CAPSULE - [130]

cromolyn 4% eye drops - [250]

cryselle-28 tablet - [136]

curae 1.5 mg tablet - [145]

cvs alcohol 70% prep pads - [181]

cvs covid19 test by pharmacist - [181]

cvs esomeprazole mag 20 mg cap - [128]

cvs ketone care test strip - [181]

cvs lansoprazole dr 15 mg cap - [128]

cvs magnesium citrate solution - [124]

cvs nicotine 14 mg/24hr patch - [11]

cvs nicotine 2 mg lozenge - [11]

cvs nicotine 21 mg/24hr patch - [11]

cvs nicotine 4 mg lozenge - [11]

cvs nicotine 7 mg/24hr patch - [11]

cvs prenatal multi-dha softgel - [122]

cvs prenatal vitamins tablet - [122]

cvs ultra thin 30g lancets - [182]

cyanocobalamin 1,000 mcg/ml vl - [122]

cyanocobalamin 10,000 mcg/10ml - [122]

cyanocobalamin 30,000 mcg/30ml - [122]

cyclobenzaprine 10 mg tablet - [261]

cyclobenzaprine 5 mg tablet - [261]

cyclopentolate 1% eye drop - [249]

cyclopentolate 1% eye drops - [249]

cyclophosphamide 25 mg tablet - [40]

cyclophosphamide 50 mg tablet - [40]

cycloserine 250 mg capsule - [40]

cyclosporine 0.05% eye emuls - [249]

cyclosporine modified 100 mg - [156]

cyclosporine modified 100mg/ml - [156]

cyclosporine modified 25 mg - [156]

cyclosporine modified 50 mg - [156]

CYLTEZO(CF) 10 MG/0.2 ML SYRNG - [156]

CYLTEZO(CF) 20 MG/0.4 ML SYRNG - [156]

CYLTEZO(CF) 40 MG/0.4 ML SYRNG - [156]

CYLTEZO(CF) 40 MG/0.8 ML SYRNG - [156]

CYLTEZO(CF) PEN 40 MG/0.4 ML - [156]

CYLTEZO(CF) PEN 40 MG/0.8 ML - [156]

CYLTEZO(CF) PEN CRH-UC-HS 40MG - [156]

CYLTEZO(CF) PEN PSORIA-UV 40MG - [156]

cyproheptadine 2 mg/5 ml soln - [254]

cyproheptadine 2 mg/5 ml syrup - [254]

cyproheptadine 4 mg tablet - [254]

cyred eq 28 day tablet - [136]

CYSTAGON 150 MG CAPSULE - [130]

CYSTAGON 50 MG CAPSULE - [130]

dabigatran etexilate 110 mg cp - [77]

dabigatran etexilate 150 mg cp - [77]

dabigatran etexilate 75 mg cap - [77]

dalfampridine er 10 mg tablet - [107]

dantrolene sodium 100 mg cap - [63]

dantrolene sodium 25 mg cap - [63]

dantrolene sodium 50 mg cap - [63]

dapagliflozin 10 mg tablet - [71]

dapagliflozin 5 mg tablet - [71]

dapagliflozin-metfo er 10-1000 - [71]

dapagliflozin-metfor er 5-1000 - [71]

dapsone 100 mg tablet - [39]

dapsone 25 mg tablet - [39]

DAPTACEL DTAP VACCINE - [158]

darifenacin er 15 mg tablet - [131]

darifenacin er 7.5 mg tablet - [131]

dario 100 sterile lancets - [182]

darunavir 600 mg tablet - [66]

darunavir 800 mg tablet - [66]

dasatinib 100 mg tablet - [46]

dasatinib 140 mg tablet - [46]

dasatinib 20 mg tablet - [46]

dasatinib 50 mg tablet - [46]

dasatinib 70 mg tablet - [46]

dasatinib 80 mg tablet - [46]

dasetta 1-35-28 tablet - [137]

dasetta 7/7/7-28 tablet - [137]

DAURISMO 100 MG TABLET - [46]

DAURISMO 25 MG TABLET - [46]

daysee 0.15-0.03-0.01 mg tab - [137]

deblitane 0.35 mg tablet - [145]

deferasirox 125 mg tb for susp - [121]

deferasirox 180 mg tablet - [121]

deferasirox 250 mg tb for susp - [121]

deferasirox 360 mg tablet - [121]

deferasirox 500 mg tb for susp - [121]

deferasirox 90 mg tablet - [121]

deferoxamine 2 gram vial - [121]

deferoxamine 500 mg vial - [121]

DELSTRIGO 100-300-300 MG TAB - [64]

DENGVAXIA VIAL - [158]

DENGVAXIA VIAL WITH DILUENT - [158]

denta 5000 plus cream - [107]

dentagel 1.1% gel - [107]

DEPO-SUBQ PROVERA 104 SYRINGE - [145]

DESCOVY 120-15 MG TABLET - [65]

DESCOVY 200-25 MG TABLET - [65]

desipramine 10 mg tablet - [33]

desipramine 100 mg tablet - [34]

desipramine 150 mg tablet - [34]

desipramine 25 mg tablet - [34]

desipramine 50 mg tablet - [34]

desipramine 75 mg tablet - [34]

desloratadine 2.5 mg odt - [254]

desloratadine 5 mg odt - [254]

desloratadine 5 mg tablet - [254]

desmopressin 0.01% solution - [134]

desmopressin 1.5 mg/ml spray - [134]

desmopressin 10 mcg/0.1 ml spr - [134]

desmopressin 40 mcg/10 ml vial - [134]

desmopressin ac 4 mcg/ml ampul - [134]

desmopressin ac 4 mcg/ml vial - [134]

desmopressin acetate 0.1 mg tb - [134]

desmopressin acetate 0.2 mg tb - [134]

desonide 0.05% cream - [111]

desonide 0.05% lotion - [111]

desonide 0.05% ointment - [111]

desoximetasone 0.25% cream - [111]

desoximetasone 0.25% ointment - [111]

dexamethasone 0.1% eye drop - [251]

dexamethasone 0.5 mg tablet - [132]

dexamethasone 0.5 mg/5 ml elx - [132]

dexamethasone 0.5 mg/5 ml liq - [132]

dexamethasone 0.75 mg tablet - [132]

dexamethasone 1 mg tablet - [132]

dexamethasone 1.5 mg tablet - [132]

dexamethasone 10 mg/ml vial - [132]

dexamethasone 100 mg/10 ml vl - [132]

dexamethasone 120 mg/30 ml vl - [132]

dexamethasone 2 mg tablet - [132]

dexamethasone 20 mg/2 ml-water - [132]

dexamethasone 20 mg/5 ml vial - [133]

dexamethasone 4 mg tablet - [133]

dexamethasone 4 mg/ml vial - [133]

dexamethasone 6 mg tablet - [133]

dexamethasone intensol 1 mg/ml - [132]

dexmethylphenidate 10 mg tab - [104]

dexmethylphenidate 2.5 mg tab - [104]

dexmethylphenidate 5 mg tab - [104]

dexmethylphenidate er 10 mg cp - [103]

dexmethylphenidate er 15 mg cp - [103]

dexmethylphenidate er 20 mg cp - [103]

dexmethylphenidate er 25 mg cp - [104]

dexmethylphenidate er 30 mg cp - [104]

dexmethylphenidate er 35 mg cp - [104]

dexmethylphenidate er 40 mg cp - [104]

dexmethylphenidate er 5 mg cap - [104]

dextroamp-amphet er 10 mg cap - [101]

dextroamp-amphet er 15 mg cap - [101]

dextroamp-amphet er 20 mg cap - [101]

dextroamp-amphet er 25 mg cap - [101]

dextroamp-amphet er 30 mg cap - [102]

dextroamp-amphet er 5 mg cap - [102]

dextroamp-amphetam 12.5 mg tab - [102]

dextroamp-amphetam 7.5 mg tab - [102]

dextroamp-amphetamin 10 mg tab - [102]

dextroamp-amphetamin 15 mg tab - [102]

dextroamp-amphetamin 20 mg tab - [102]

dextroamp-amphetamin 30 mg tab - [102]

dextroamp-amphetamine 5 mg tab - [102]

dextroamphetamine 10 mg tab - [102]

dextroamphetamine 15 mg tab - [102]

dextroamphetamine 2.5 mg tab - [102]

dextroamphetamine 20 mg tab - [102]

dextroamphetamine 30 mg tab - [102]

dextroamphetamine 5 mg tab - [102]

dextroamphetamine 7.5 mg tab - [102]

dextroamphetamine er 10 mg cap - [102]

dextroamphetamine er 15 mg cap - [102]

dextroamphetamine er 5 mg cap - [102]

dextrose 10%-0.45% nacl iv sol - [116]

dextrose 10%-water iv solution - [116]

dextrose 2.5%-0.45% nacl iv - [116]

dextrose 20%-water iv soln - [116]

dextrose 25%-water syringe - [116]

dextrose 30%-water iv soln - [116]

dextrose 40%-water iv soln - [116]

dextrose 5%-0.2% nacl iv soln - [117]

dextrose 5%-0.225% nacl iv sol - [117]

dextrose 5%-0.3% nacl iv soln - [117]

dextrose 5%-0.33% nacl iv soln - [117]

dextrose 5%-0.45% nacl iv soln - [117]

dextrose 5%-0.9% nacl iv soln - [117]

dextrose 5%-electrolyte 48 - [116]

dextrose 5%-lr iv solution - [116]

dextrose 5%-water 100 ml - [116, 116]

dextrose 5%-water 50 ml - [116]

dextrose 5%-water iv soln - [116, 116]

dextrose 50%-water abboject - [117]

dextrose 50%-water iv soln - [117]

dextrose 50%-water syringe - [117]

dextrose 50%-water vial - [117]

dextrose 70%-water 3,000 ml - [117]

dextrose 70%-water iv soln - [117]

DIALYVITE TABLET - [122]

DIALYVITE WITH ZINC TABLET - [122]

diazepam 10 mg tablet - [69]

diazepam 10mg rectal gel (2pk) - [26]

diazepam 2 mg tablet - [69]

diazepam 2.5mg rectal gel(2pk) - [26]

diazepam 20mg rectal gel (2pk) - [26]

diazepam 25 mg/5 ml oral conc - [69]

diazepam 5 mg tablet - [69]

diazepam 5 mg/5 ml oral cup - [69]

diazepam 5 mg/5 ml solution - [69]

diazepam 5 mg/ml oral conc - [69]

diazoxide 50 mg/ml oral susp - [75]

diclofenac 0.1% eye drops - [251]

diclofenac epolamine 1.3% ptch - [113]

diclofenac pot 50 mg tablet - [2]

diclofenac sod dr 25 mg tab - [2]

diclofenac sod dr 50 mg tab - [2]

diclofenac sod dr 75 mg tab - [2]

diclofenac sod ec 25 mg tab - [2]

diclofenac sod ec 50 mg tab - [2]

diclofenac sod ec 75 mg tab - [2]

diclofenac sod er 100 mg tab - [2]

diclofenac sodium 1% gel - [113]

diclofenac sodium 3% gel - [113]

dicloxacillin 250 mg capsule - [20]

dicloxacillin 500 mg capsule - [20]

dicyclomine 10 mg capsule - [126]

dicyclomine 10 mg/5 ml soln - [126]

dicyclomine 20 mg tablet - [126]

diethylpropion 25 mg tablet - [105]

diethylpropion er 75 mg tablet - [105]

DIFFERIN 0.1% GEL - [109]

DIFICID 200 MG TABLET - [21]

difluprednate 0.05% eye drop - [251]

digoxin 0.05 mg/ml solution - [95]

digoxin 0.125 mg tablet - [95]

digoxin 0.25 mg tablet - [95]

digoxin 125 mcg tablet - [95]

digoxin 250 mcg tablet - [95]

DILANTIN 125 MG/5 ML SUSP - [28]

DILANTIN 30 MG CAPSULE - [28]

dilantin 30 mg capsule - [28]

dilt xr 120 mg capsule - [91]

dilt xr 180 mg capsule - [91]

dilt xr 240 mg capsule - [91]

diltiazem 120 mg tablet - [91]

diltiazem 12hr er 120 mg cap - [91]

diltiazem 12hr er 60 mg cap - [91]

diltiazem 12hr er 90 mg cap - [91]

diltiazem 24h er(cd) 120 mg cp - [91]

diltiazem 24h er(cd) 180 mg cp - [91]

diltiazem 24h er(cd) 240 mg cp - [91]

diltiazem 24h er(cd) 300 mg cp - [91]

diltiazem 24h er(cd) 360 mg cp - [91]

diltiazem 24h er(la) 180 mg tb - [91]

diltiazem 24h er(la) 240 mg tb - [91]

diltiazem 24h er(la) 300 mg tb - [91]

diltiazem 24h er(la) 360 mg tb - [91]

diltiazem 24h er(la) 420 mg tb - [91]

diltiazem 24h er(xr) 120 mg cp - [92]

diltiazem 24h er(xr) 180 mg cp - [92]

diltiazem 24h er(xr) 240 mg cp - [92]

diltiazem 24hr er 120 mg cap - [92]

diltiazem 24hr er 180 mg cap - [92]

diltiazem 24hr er 240 mg cap - [92]

diltiazem 24hr er 300 mg cap - [92]

diltiazem 24hr er 360 mg cap - [92]

diltiazem 24hr er 420 mg cap - [92]

diltiazem 30 mg tablet - [92]

diltiazem 60 mg tablet - [92]

diltiazem 90 mg tablet - [92]

dimethyl fumarate 30d start pk - [107]

dimethyl fumarate dr 120 mg cp - [107]

dimethyl fumarate dr 240 mg cp - [107]

diphenhydramine 12.5mg/5ml cup - [255]

diphenhydramine 25 mg/10ml cup - [255]

diphenhydramine 50 mg/ml syrng - [255]

diphenhydramine 50 mg/ml vial - [255]

diphenoxylat-atrop 2.5-0.025/5 - [125]

diphenoxylate-atrop 2.5-0.025 - [125]

disopyramide 100 mg capsule - [87]

disopyramide 150 mg capsule - [87]

disulfiram 250 mg tablet - [9]

disulfiram 500 mg tablet - [9]

divalproex dr 125 mg cap sprnk - [24]

divalproex sod dr 125 mg tab - [24]

divalproex sod dr 250 mg tab - [24]

divalproex sod dr 500 mg tab - [24]

divalproex sod er 250 mg tab - [24]

divalproex sod er 500 mg tab - [24]

dolishale 90-20 mcg tablet - [137]

donepezil hcl 10 mg tablet - [29]

donepezil hcl 23 mg tablet - [29]

donepezil hcl 5 mg tablet - [29]

donepezil hcl odt 10 mg tablet - [29]

donepezil hcl odt 5 mg tablet - [29]

DOPTELET (10 TAB PK) 20 MG TAB - [81]

DOPTELET (15 TAB PK) 20 MG TAB - [82]

DOPTELET (30 TAB PK) 20 MG TAB - [82]

dorzolamide hcl 2% eye drops - [252]

dorzolamide-timolol 2%-0.5% - [249]

dorzolamide-timolol eye drops - [249]

dotti 0.025 mg patch - [137]

dotti 0.0375 mg patch - [137]

dotti 0.05 mg patch - [137]

dotti 0.075 mg patch - [137]

dotti 0.1 mg patch - [137]

DOVATO 50-300 MG TABLET - [64]

doxazosin mesylate 1 mg tab - [84]

doxazosin mesylate 2 mg tab - [84]

doxazosin mesylate 4 mg tab - [84]

doxazosin mesylate 8 mg tab - [84]

doxepin 10 mg capsule - [34]

doxepin 10 mg/ml oral conc - [34]

doxepin 100 mg capsule - [34]

doxepin 150 mg capsule - [34]

doxepin 25 mg capsule - [34]

doxepin 50 mg capsule - [34]

doxepin 75 mg capsule - [34]

doxercalciferol 0.5 mcg cap - [163]

doxercalciferol 1 mcg capsule - [163]

doxercalciferol 2.5 mcg cap - [163]

doxycycline 25 mg/5 ml susp - [23]

doxycycline 50 mg tablet - [23]

doxycycline hyc dr 100 mg tab - [23]

doxycycline hyc dr 150 mg tab - [23]

doxycycline hyc dr 200 mg tab - [23]

doxycycline hyc dr 50 mg tab - [23]

doxycycline hyc dr 75 mg tab - [23]

doxycycline hyclate 100 mg cap - [23]

doxycycline hyclate 100 mg tab - [23]

doxycycline hyclate 150 mg tab - [23]

doxycycline hyclate 20 mg tab - [107]

doxycycline hyclate 50 mg cap - [23]

doxycycline hyclate 75 mg tab - [23]

doxycycline ir-dr 40 mg cap - [23]

doxycycline mono 100 mg cap - [23]

doxycycline mono 100 mg tablet - [23]

doxycycline mono 150 mg cap - [23]

doxycycline mono 150 mg tablet - [23]

doxycycline mono 50 mg cap - [23]

doxycycline mono 50 mg tablet - [23]

doxycycline mono 75 mg capsule - [23]

doxycycline mono 75 mg tablet - [23]

dronabinol 10 mg capsule - [36]

dronabinol 2.5 mg capsule - [36]

dronabinol 5 mg capsule - [36]

droplet 0.5 ml 29gx12.5mm(1/2) - [183]

droplet 0.5 ml 30gx12.5mm(1/2) - [183]

droplet 30g lancets - [183]

droplet genteel lancing device - [182]

droplet ins 0.3 ml 29gx12.5mm - [182]

droplet ins 0.3ml 30gx12.5mm - [182]

droplet ins 0.5 ml 29g 12.7mm - [182]

droplet ins 0.5ml 30gx6mm(1/2) - [183]

droplet ins 0.5ml 30gx8mm(1/2) - [183]

droplet ins 0.5ml 31gx6mm(1/2) - [183]

droplet ins 0.5ml 31gx8mm(1/2) - [183]

droplet ins syr 0.3 ml 30gx6mm - [182]

droplet ins syr 0.3 ml 30gx8mm - [182]

droplet ins syr 0.3 ml 31gx6mm - [182]

droplet ins syr 0.3 ml 31gx8mm - [182]

droplet ins syr 0.5ml 30g 8mm - [182]

droplet ins syr 1 ml 30g 8mm - [182]

droplet ins syr 1 ml 30gx6mm - [182]

droplet ins syr 1 ml 30gx8mm - [182]

droplet ins syr 1 ml 31g 8mm - [182]

droplet ins syr 1 ml 31gx6mm - [182]

droplet ins syr 1 ml 31gx8mm - [182]

droplet ins syr 1ml 29g 12.7mm - [182]

droplet ins syr 1ml 29gx12.5mm - [182]

droplet ins syr 1ml 30g 12.7mm - [182]

droplet ins syr 1ml 30gx12.5mm - [182]

droplet lancing device - [183]

droplet micron 34g 3.5mm - [183]

droplet micron 34g x 9/64" - [183]

droplet pen needle 29g 10mm - [183]

droplet pen needle 29g 12mm - [183]

droplet pen needle 30g 8mm - [183]

droplet pen needle 31g 5mm - [183]

droplet pen needle 31g 6mm - [183]

droplet pen needle 31g 8mm - [183]

droplet pen needle 32g 4mm - [183]

droplet pen needle 32g 5mm - [183]

droplet pen needle 32g 6mm - [183]

droplet pen needle 32g 8mm - [183]

dropsafe ins syr 0.3ml 31g 6mm - [183]

dropsafe ins syr 0.3ml 31g 8mm - [183]

dropsafe ins syr 0.5ml 31g 6mm - [183]

dropsafe ins syr 0.5ml 31g 8mm - [183]

dropsafe insul syr 1ml 31g 6mm - [183]

dropsafe insul syr 1ml 31g 8mm - [184]

dropsafe insuln 1ml 29g 12.5mm - [184]

dropsafe pen needle 31gx1/4" - [184]

dropsafe pen needle 31gx3/16" - [184]

dropsafe pen needle 31gx5/16" - [184]

drosp-ee-levomef 3-0.02-0.451 - [137]

drosp-ee-levomef 3-0.03-0.451 - [137]

drospirenone-ee 3-0.02 mg tab - [137]

drospirenone-ee 3-0.03 mg tab - [137]

drug mart ultra comfort syr - [184]

DRYSOL DAB-O-MATIC SOLUTION - [113]

DRYSOL SOLUTION - [113]

DUAVEE 0.45-20 MG TABLET - [146]

duloxetine hcl dr 20 mg cap - [106]

duloxetine hcl dr 30 mg cap - [106]

duloxetine hcl dr 40 mg cap - [106]

duloxetine hcl dr 60 mg cap - [106]

DUPIXENT 200 MG/1.14 ML PEN - [153]

DUPIXENT 200 MG/1.14 ML SYRING - [153]

DUPIXENT 300 MG/2 ML PEN - [153]

DUPIXENT 300 MG/2 ML SYRINGE - [153]

durex avanti real feel condom - [184]

dutasteride 0.5 mg capsule - [131]

e-z ject colored lancets - [184]

e-z ject lancets - [184]

e-z pull & click lancing dev - [184]

e-zject color 32g lancets - [184]

e-zject color 33g lancets - [184]

e-zject super thin 30g lancets - [184]

e-zject thin lancets - [184]

E.E.S. 400 MG TABLET - [21]

easivent holding chamber - [184]

easivent mask-large - [184]

easivent mask-medium - [184]

easivent mask-small - [184]

easy cmft sfty pen ndl 31g 5mm - [184]

easy cmft sfty pen ndl 31g 6mm - [184]

easy cmft sfty pen ndl 32g 4mm - [184]

easy comfort 0.5 ml 30gx1/2" - [185]

easy comfort 0.5 ml 31gx5/16" - [185]

easy comfort 0.5 ml 32gx5/16" - [185]

easy comfort 0.5 ml syringe - [185]

easy comfort 1 ml 31gx5/16" - [185]

easy comfort 1 ml 32gx5/16" - [185]

easy comfort 30g lancets - [185]

easy comfort alcohol 70% pad - [184]

easy comfort insulin 1 ml syr - [185]

easy comfort pen ndl 31gx1/4" - [185]

easy comfort pen ndl 31gx3/16" - [185]

easy comfort pen ndl 31gx5/16" - [185]

easy comfort pen ndl 32gx5/32" - [185]

easy comfort pen ndl 33g 4mm - [185]

easy comfort pen ndl 33g 5mm - [185]

easy comfort pen ndl 33g 6mm - [185]

easy comfort syr 1 ml 30gx1/2" - [185]

easy glide cath tip 60 ml syrn - [185]

easy glide dental irr 10ml syr - [185]

easy glide ins 0.3 ml 31gx6mm - [185]

easy glide ins 0.5 ml 31gx6mm - [185]

easy glide ins 1 ml 31gx6mm - [185]

easy glide luer lock 1 ml syr - [185]

easy glide luer lock 10 ml syr - [185]

easy glide luer lock 3 ml syr - [185]

easy glide luer lock 60 ml syr - [185]

easy glide luer slip tb 1 ml - [186]

easy glide pen needle 4mm 33g - [186]

easy mini eject lancing device - [186]

easy touch 0.3 ml syr 30gx1/2" - [190]

easy touch 0.5 ml syr 27gx1/2" - [190]

easy touch 0.5 ml syr 29gx1/2" - [190]

easy touch 0.5 ml syr 30gx1/2" - [191]

easy touch 0.5 ml syr 30gx5/16 - [191]

easy touch 1 ml syr 27gx1/2" - [191]

easy touch 1 ml syr 29gx1/2" - [191]

easy touch 1 ml syr 30gx1/2" - [191]

easy touch alcohol 70% pads - [186]

easy touch fliplk 5 ml 20gx1.5 - [186]

easy touch fliplk 5 ml 21gx1.5 - [186]

easy touch fliplk 5 ml 22gx1.5 - [186]

easy touch fliplk 5 ml 25gx5/8 - [186]

easy touch fliplock 1 ml 25gx1 - [186]

easy touch fliplock 3 ml 18gx1 - [186]

easy touch fliplock 3 ml 19gx1 - [186]

easy touch fliplock 3 ml 20gx1 - [186]

easy touch fliplock 3 ml 21gx1 - [186]

easy touch fliplock 3 ml 22gx1 - [186]

easy touch fliplock 3 ml 23gx1 - [186]

easy touch fliplock 3 ml 25gx1 - [186]

easy touch fliplock 5 ml 18gx1 - [186]

easy touch fliplock 5 ml 20gx1 - [186]

easy touch fliplock 5 ml 21gx1 - [186]

easy touch fliplock 5 ml 25gx1 - [186]

easy touch fliplok 1ml 26gx3/8 - [186]

easy touch fliplok 1ml 27gx0.5 - [186]

easy touch fliplok 3ml 18gx1.5 - [186]

easy touch fliplok 3ml 19gx1.5 - [186]

easy touch fliplok 3ml 20gx1.5 - [186]

easy touch fliplok 3ml 21gx1.5 - [187]

easy touch fliplok 3ml 22gx1.5 - [187]

easy touch fliplok 3ml 23gx1.5 - [187]

easy touch fliplok 3ml 25gx5/8 - [187]

easy touch fluring 1ml 25gx5/8 - [187]

easy touch fluringe 1 ml 25gx1 - [187]

easy touch fluringe 25gx5/8" - [187]

easy touch insulin 1ml 29gx1/2 - [187]

easy touch insulin 1ml 30gx1/2 - [187]

easy touch insulin syr 0.3 ml - [187]

easy touch insulin syr 0.5 ml - [187]

easy touch insulin syr 1 ml - [187]

easy touch insuln 1ml 29gx1/2" - [187]

easy touch insuln 1ml 30gx1/2" - [187]

easy touch insuln 1ml 30gx5/16 - [187]

easy touch insuln 1ml 31gx5/16 - [187]

easy touch lancing device - [187]

easy touch luer lock 1 ml syr - [187]

easy touch luer lock 10 ml syr - [187]

easy touch luer lock 20 ml syr - [187]

easy touch luer lock 3 ml syr - [187]

easy touch luer lock 5 ml syr - [187]

easy touch luer lock 60 ml syr - [187]

easy touch luer lok insul 1 ml - [187]

easy touch pen needle 29gx1/2" - [187]

easy touch pen needle 30gx5/16 - [188]

easy touch pen needle 31gx1/4" - [188]

easy touch pen needle 31gx3/16 - [188]

easy touch pen needle 31gx5/16 - [188]

easy touch pen needle 32gx1/4" - [188]

easy touch pen needle 32gx3/16 - [188]

easy touch pen needle 32gx5/32 - [188]

easy touch pull-top 26g lancet - [188]

easy touch pull-top 28g lancet - [188]

easy touch pull-top 30g lancet - [188]

easy touch pull-top 32g lancet - [188]

easy touch saf pen ndl 29g 5mm - [188]

easy touch saf pen ndl 30g 5mm - [188]

easy touch safety 21g lancets - [188]

easy touch safety 23g lancets - [188]

easy touch safety 26g lancets - [188]

easy touch safety 28g lancets - [188]

easy touch safety 30g lancets - [188]

easy touch safety 32g lancets - [188]

easy touch sheath 3 ml 21gx1" - [189]

easy touch sheath 3 ml 21gx1.5 - [188]

easy touch sheath 3 ml 22gx1" - [189]

easy touch sheath 3 ml 22gx1.5 - [189]

easy touch sheath 3 ml 23gx1" - [189]

easy touch sheath 3 ml 25gx1" - [189]

easy touch sheath 3 ml 25gx5/8 - [189]

easy touch sheath 5 ml 21gx1.5 - [189]

easy touch sheath 5 ml 22gx1.5 - [189]

easy touch sheath 5 ml 25gx1" - [189]

easy touch sheathlock 10ml syr - [189]

easy touch sheathlock 3 ml syr - [189]

easy touch sheathlock 5 ml syr - [189]

easy touch syr 0.5ml 27g12.7mm - [189]

easy touch syr 0.5ml 28g12.7mm - [189]

easy touch syr 0.5ml 29g12.7mm - [189]

easy touch syr 1 ml 25gx5/8" - [189]

easy touch syr 1 ml 27g 12.7mm - [189]

easy touch syr 1 ml 27g 16mm - [189]

easy touch syr 1 ml 28g 12.7mm - [189]

easy touch syr 1 ml 29g 12.7mm - [189]

easy touch syr 3 ml 22gx1-1/2" - [189]

easy touch syr 3 ml 25gx5/8" - [189]

easy touch syringe 1 ml 25gx1" - [189]

easy touch syringe 3 ml 20gx1" - [189]

easy touch syringe 3 ml 21gx1" - [189]

easy touch syringe 3 ml 22gx1" - [190]

easy touch syringe 3 ml 23gx1" - [190]

easy touch syringe 3 ml 25gx1" - [190]

easy touch tb flp 1 ml 26gx5/8 - [190]

easy touch tb flp 1 ml 27gx1/2 - [190]

easy touch tb flp 1 ml 28gx1/2 - [190]

easy touch tb shlk 1ml 25gx5/8 - [190]

easy touch tb shlk 1ml 26gx5/8 - [190]

easy touch tb shlk 1ml 27gx1/2 - [190]

easy touch tb shlk 1ml 28gx1/2 - [190]

easy touch twist 26g lancets - [190]

easy touch twist 28g lancets - [190]

easy touch twist 30g lancets - [190]

easy touch twist 32g lancets - [190]

easy touch twist 33g lancets - [190]

easy touch uni-slip 10 ml syr - [190]

easy touch uni-slip 3 ml syr - [190]

easy touch uni-slip 5 ml syr - [190]

easy touch uni-slip syr 1 ml - [190]

easy twist & cap 28g lancets - [191]

easy-touch ins 1 ml 31gx5/16" - [191]

easytouch saf pen ndl 30g 6mm - [191]

ec-naproxen dr 375 mg tablet - [2]

ec-naproxen dr 500 mg tablet - [2]

econazole nitrate 1% cream - [115]

econtra ez 1.5 mg tablet - [145]

econtra one-step 1.5 mg tablet - [145]

EDURANT 25 MG TABLET - [64]

efavir-emtri-tenof 600-200-300 - [64]

efavir-lamiv-tenof 400-300-300 - [64]

efavir-lamiv-tenof 600-300-300 - [64]

efavirenz 600 mg tablet - [64]

eletriptan hbr 20 mg tablet - [38]

eletriptan hbr 40 mg tablet - [38]

ELIGARD 22.5 MG SYRINGE KIT - [150]

ELIGARD 30 MG SYRINGE KIT - [150]

ELIGARD 45 MG SYRINGE KIT - [150]

ELIGARD 7.5 MG SYRINGE KIT - [150]

elinest-28 tablet - [137]

ELIQUIS 2.5 MG TABLET - [78]

ELIQUIS 5 MG TABLET - [78]

ELIQUIS DVT-PE TREAT START 5MG - [77]

ellume covid19 home test (eua) - [191]

eluryng vaginal ring - [137]

embrace 28g safety lancet - [191]

embrace lancing device - [191]

embrace pen needle 30g 5mm - [191]

embrace pen needle 31g 5mm - [191]

embrace pen needle 31g 8mm - [191]

EMGALITY 120 MG/ML PEN - [38]

EMGALITY 300 MG (100 MG X3SYR) - [38]

emtricitabine 200 mg capsule - [65]

emtricitabine-tenofv 133-200mg - [65]

emtricitabine-tenofv 200-300mg - [65]

emverm 100 mg tablet chew - [54]

enalapril maleate 10 mg tab - [86]

enalapril maleate 20 mg tab - [86]

enalapril-hctz 10-25 mg tablet - [95]

ENBREL 25 MG/0.5 ML SYRINGE - [156]

ENBREL 50 MG/ML MINI CARTRIDGE - [156]

ENBREL 50 MG/ML SYRINGE - [156]

endocet 2.5-325 mg tablet - [5]

endocet 7.5-325 mg tablet - [5]

ENGERIX-B 20 MCG/ML VIAL - [159]

enoxaparin 100 mg/ml syringe - [78]

enoxaparin 150 mg/ml syringe - [78]

enoxaparin 40 mg/0.4 ml syr - [78]

ELLA 30 MG TABLET - [145]

ELMIRON 100 MG CAPSULE - [132]

embrace 21g safety lancet - [191]

embrace 30g lancets - [191]

embrace pen needle 29g 12mm - [191]

embrace pen needle 30g 8mm - [191]

embrace pen needle 31g 6mm - [191]

embrace pen needle 32g 4mm - [191]

EMGALITY 120 MG/ML SYRINGE - [38]

emtricit-rilp-tenof 200-25-300 - [64]

emtricitabine-tenofv 100-150mg - [65]

emtricitabine-tenofv 167-250mg - [65]

EMTRIVA 10 MG/ML SOLUTION - [65]

emzahh 0.35 mg tablet - [145]

enalapril maleate 2.5 mg tab - [86]

enalapril maleate 5 mg tablet - [86]

enalapril-hctz 5-12.5 mg tab - [95]

ENBREL 25 MG/0.5 ML VIAL - [156]

ENBREL 50 MG/ML SURECLICK - [156]

endocet 10-325 mg tablet - [5]

endocet 5-325 mg tablet - [5]

ENGERIX-B 20 MCG/ML SYRN - [159]

ENGERIX-B PEDI 10 MCG/0.5 SYRN - [159]

enoxaparin 120 mg/0.8 ml syr - [78]

enoxaparin 30 mg/0.3 ml syr - [78]

enoxaparin 60 mg/0.6 ml syr - [78]

enoxaparin 80 mg/0.8 ml syr - [78]

enskyce 28 tablet - [137]

entecavir 0.5 mg tablet - [63]

ENTRESTO 24 MG-26 MG TABLET - [95]

ENTRESTO 97 MG-103 MG TABLET - [95]

epinastine hcl 0.05% eye drops - [250]

epinephrine 0.3 mg auto-inject - [256, 257]

eplerenone 25 mg tablet - [97]

eq lansoprazole dr 15 mg cap - [128]

eq nicotine 14 mg/24hr patch - [11]

eq nicotine 2 mg lozenge - [11]

eq nicotine 21 mg/24hr patch - [11]

eq nicotine 4 mg lozenge - [11]

eq nicotine 7 mg/24hr patch - [11]

eq space chamber - [191]

eq space chamber-medium mask - [191]

eql esomeprazole mag dr 20 mg - [128]

eql insul syr 0.3 ml 31gx5/16" - [192]

eql insulin 0.3 ml syringe - [192]

eql insulin 1 ml syringe - [192]

eql lansoprazole dr 15 mg cap - [128]

eql omeprazole dr 20 mg odt - [128]

ergotamine-caffeine 1-100mg tb - [38]

ERLEADA 240 MG TABLET - [41]

erlotinib hcl 100 mg tablet - [46]

erlotinib hcl 25 mg tablet - [46]

enpresse-28 tablet - [137]

entacapone 200 mg tablet - [55]

entecavir 1 mg tablet - [63]

ENTRESTO 49 MG-51 MG TABLET - [95]

enulose 10 gm/15 ml solution - [124]

epinephrine 0.15 mg auto-injct - [256, 256]

epitol 200 mg tablet - [28]

eplerenone 50 mg tablet - [97]

eq magnesium citrate solution - [125]

eq nicotine 2 mg chewing gum - [11]

eq nicotine 2 mg mini lozenge - [11]

eq nicotine 4 mg chewing gum - [11]

eq nicotine 4 mg mini lozenge - [11]

eq omeprazole dr 20 mg odt - [128]

eq space chamber-large mask - [191]

eq space chamber-small mask - [192]

eql ins syr 1 ml 29gx1/2" - [192]

eql insul syr 0.5 ml 31gx5/16" - [192]

eql insulin 0.5 ml syringe - [192]

eql insulin syr 1 ml 31gx5/16" - [192]

eql micro thin 33g lancets - [192]

ergoloid mesylates 1 mg tab - [29]

ERIVEDGE 150 MG CAPSULE - [46]

ERLEADA 60 MG TABLET - [41]

erlotinib hcl 150 mg tablet - [46]

errin 0.35 mg tablet - [145]

ertapenem 1 gram vial - [21]

erythromycin 0.5% eye ointment - [250]

erythromycin 2% solution - [109]

erythromycin 250 mg tablet - [22]

erythromycin 500 mg tablet - [22]

erythromycin dr 250 mg tablet - [21]

erythromycin dr 500 mg tablet - [21]

erythromycin-benzoyl gel - [109]

escitalopram 10 mg/10 ml cup - [31]

escitalopram 5 mg tablet - [31]

esomeprazole mag dr 20 mg cap - [128]

estarylla 0.25-0.035 mg tablet - [137]

estradiol 0.025 mg patch(1/wk) - [137]

estradiol 0.0375mg patch(1/wk) - [137]

estradiol 0.05 mg patch (1/wk) - [138]

estradiol 0.06 mg patch (1/wk) - [138]

estradiol 0.075 mg patch(2/wk) - [138]

estradiol 0.1 mg patch (2/wk) - [138]

estradiol 1 mg tablet - [138]

estradiol 2 mg tablet - [138]

estradiol valerate 200 mg/5 ml - [137]

estradiol-noreth 1-0.5 mg tab - [138]

ESTRING 7.5 MCG/DAY (2MG) RING - [138]

eszopiclone 2 mg tablet - [261]

ethambutol hcl 100 mg tablet - [40]

ethosuximide 250 mg capsule - [26]

ery 2% pads - [109]

erythromycin 2% gel - [109]

erythromycin 200 mg/5 ml susp - [22]

erythromycin 400 mg/5 ml susp - [22]

erythromycin dr 250 mg cap - [21]

erythromycin dr 333 mg tablet - [21]

erythromycin es 400 mg tab - [21]

escitalopram 10 mg tablet - [31]

escitalopram 20 mg tablet - [31]

escitalopram oxalate 5 mg/5 ml - [31]

esomeprazole mag dr 40 mg cap - [128]

estradiol 0.01% cream - [137]

estradiol 0.025 mg patch(2/wk) - [137]

estradiol 0.0375mg patch(2/wk) - [137]

estradiol 0.05 mg patch (2/wk) - [138]

estradiol 0.075 mg patch(1/wk) - [138]

estradiol 0.1 mg patch (1/wk) - [138]

estradiol 0.5 mg tablet - [138]

estradiol 10 mcg vaginal insrt - [138]

estradiol valerate 100 mg/5 ml - [137]

estradiol-noreth 0.5-0.1 mg tb - [138]

ESTRING 2 MG VAGINAL RING - [138]

eszopiclone 1 mg tablet - [261]

eszopiclone 3 mg tablet - [261]

ethambutol hcl 400 mg tablet - [40]

ethosuximide 250 mg/5 ml soln - [26]

etonogestrel-ee vaginal ring - [138]

etoposide 50 mg capsule - [45]

etravirine 100 mg tablet - [64]

etravirine 200 mg tablet - [64]

EUCRISA 2% OINTMENT - [111]

EULEXIN 125 MG CAPSULE - [41]

EURAX 10% CREAM - [114]

everolimus 10 mg tablet - [46]

everolimus 2 mg tab for susp - [47]

everolimus 2.5 mg tablet - [47]

everolimus 3 mg tab for susp - [47]

everolimus 5 mg tab for susp - [47]

everolimus 5 mg tablet - [47]

everolimus 7.5 mg tablet - [47]

EVOTAZ 300 MG-150 MG TABLET - [67]

exel 3 ml syrn 27g x 1 1/4" - [193]

exel ins syr u100 1 ml 28gx1/2 - [192]

exel syringe 10 ml - [192]

exel syringe 20 ml - [192]

exel syringe 20gx1" 3 ml - [192]

exel syringe 20gx1-1/2" 3 ml - [192]

exel syringe 21gx1" 3 ml - [192]

exel syringe 21gx1-1/2" 3 ml - [192]

exel syringe 22gx1" 3 ml - [192]

exel syringe 22gx1-1/2" 3 ml - [192]

exel syringe 22gx3/4" 3 ml - [192]

exel syringe 23gx1" 3 ml - [192]

exel syringe 23gx1-1/2" 3 ml - [192]

exel syringe 25gx1" 3 ml - [192]

exel syringe 25gx5/8" 3 ml - [192]

exel syringe 3 ml - [192]

exel syringe 30 ml - [192]

exel syringe 5 ml - [193]

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exel tb with needle 25gx5/8" - [193]

exel tb with needle 26gx3/8" - [193]

exel tb with needle 27gx1/2" - [193]

exel tuberculin syringe 1 ml - [193]

exel u100 0.3 ml 29gx1/2" - [193]

exel u100 0.3 ml 30gx5/16" - [193]

exel u100 0.5 ml 28gx1/2" - [193]

exel u100 0.5 ml 29gx1/2" - [193]

exel u100 0.5 ml 30gx5/16" - [193]

exel u100 1 ml 30gx5/16" - [193]

exel u100 ins syr 1 ml 29gx1/2 - [193]

exemestane 25 mg tablet - [45]

ez smart 28g lancets - [193]

ezetimibe 10 mg tablet - [100]

ezetimibe-simvastatin 10-10 mg - [100]

ezetimibe-simvastatin 10-20 mg - [100]

ezetimibe-simvastatin 10-40 mg - [100]

ezetimibe-simvastatin 10-80 mg - [100]

falmina-28 tablet - [138]

famciclovir 125 mg tablet - [68]

famciclovir 250 mg tablet - [68]

famciclovir 500 mg tablet - [68]

famotidine 20 mg tablet - [127]

famotidine 20 mg/2 ml vial - [127]

famotidine 200 mg/20 ml vial - [127]

famotidine 40 mg tablet - [127]

famotidine 40 mg/4 ml vial - [127]

famotidine 40 mg/5 ml susp - [128]

famotidine 500 mg/50 ml vial - [128]

fantasy condom - [193]

FASENRA 10 MG/0.5 ML SYRINGE - [259]

FASENRA 30 MG/ML SYRINGE - [259]

FASENRA PEN 30 MG/ML - [259]

fastep covid-19 ag home test - [193]

fc2 female condom - [193]

febuxostat 40 mg tablet - [38]

febuxostat 80 mg tablet - [38]

feirza 1 mg-20 mcg tablet - [138]

feirza 1.5 mg-30 mcg tablet - [138]

felbamate 400 mg tablet - [24]

felbamate 600 mg tablet - [24]

felbamate 600 mg/5 ml susp - [24]

felbamate 600 mg/5 ml susp cup - [24]

felodipine er 10 mg tablet - [90]

felodipine er 2.5 mg tablet - [90]

felodipine er 5 mg tablet - [90]

femcap 22 mm cervical cap - [193]

femcap 26 mm cervical cap - [193]

femcap 30 mm cervical cap - [193]

FEMLYV 1 MG-0.02 MG ODT - [138]

fenofibrate 130 mg capsule - [98]

fenofibrate 134 mg capsule - [98]

fenofibrate 145 mg tablet - [98]

fenofibrate 160 mg tablet - [98]

fenofibrate 200 mg capsule - [98]

fenofibrate 43 mg capsule - [98]

fenofibrate 48 mg tablet - [98]

fenofibrate 54 mg tablet - [98]

fenofibrate 67 mg capsule - [98]

fentanyl 1,000 mcg/20 ml vial - [5]

fentanyl 100 mcg/2 ml ampul - [5]

fentanyl 100 mcg/2 ml vial - [5]

fentanyl 100 mcg/hr patch - [4]

fentanyl 12 mcg/hr patch - [4]

fentanyl 2,500 mcg/50 ml vial - [5]

fentanyl 25 mcg/hr patch - [4]

fentanyl 250 mcg/5 ml ampul - [5]

fentanyl 250 mcg/5 ml vial - [5]

fentanyl 50 mcg/hr patch - [4]

fentanyl 50 mcg/ml vial - [5]

fentanyl 500 mcg/10 ml vial - [5]

fentanyl 75 mcg/hr patch - [4]

fifty50 alcohol prep pads - [193]

finasteride 5 mg tablet - [131]

fingerstix lancets - [193]

finzala 1-0.02(24)-75 chew tab - [138]

FIRMAGON 2 X 120 MG KIT - [150]

FIRMAGON 80 MG KIT - [150]

flac otic oil 0.01% ear drop - [253]

FLAREX 0.1% EYE DROPS - [251]

flecainide acetate 100 mg tab - [87]

flecainide acetate 150 mg tab - [87]

flecainide acetate 50 mg tab - [87]

flexichamber - [193]

FLORAFOL PEDI 0.5 MG CHEW TAB - [262]

FLORAFOL PEDI 1 MG CHEW TAB - [262]

flowflex covid-19 ag home test - [194]

FLUAD TRIVALENT 2024-2025 SYR - [159]

FLUARIX TRIVALENT 2024-25 SYRG - [159]

FLUBLOK TRIVALENT 2024-25 SYRG - [159]

FLUCELVAX TRIVAL 2024-2025 SYR - [159]

FLUCELVAX TRIVAL 2024-2025 VL - [159]

fluconazole 10 mg/ml susp - [36]

fluconazole 100 mg tablet - [36]

fluconazole 150 mg tablet - [37]

fluconazole 200 mg tablet - [37]

fluconazole 40 mg/ml susp - [37]

fluconazole 50 mg tablet - [37]

flucytosine 250 mg capsule - [37]

flucytosine 500 mg capsule - [37]

fludrocortisone 0.1 mg tablet - [133]

FLULAVAL TRIVALENT 2024-25 SYR - [159]

FLUMIST TRIVALNT NASAL 2024-25 - [159]

flunisolide 0.025% spray - [254]

fluocinolone 0.01% body oil - [111]

fluocinolone 0.01% cream - [111]

fluocinolone 0.01% scalp oil - [111]

fluocinolone 0.01% solution - [111]

fluocinolone 0.025% cream - [111]

fluocinolone 0.025% ointment - [111]

fluocinolone oil 0.01% ear drp - [253]

fluocinonide 0.05% cream - [111]

fluocinonide 0.05% gel - [111]

fluocinonide 0.05% ointment - [111]

fluocinonide 0.05% solution - [111]

fluocinonide 0.1% cream - [111]

fluocinonide-e 0.05% cream - [111]

fluorometholone 0.1% eye drop - [251]

fluorouracil 2% topical soln - [113]

fluorouracil 5% cream - [113]

fluorouracil 5% topical soln - [113]

fluoxetine 20 mg/5 ml soln cup - [31]

fluoxetine 20 mg/5 ml solution - [32]

fluoxetine dr 90 mg capsule - [31]

fluoxetine hcl 10 mg capsule - [31]

fluoxetine hcl 10 mg tablet - [31]

fluoxetine hcl 20 mg capsule - [31]

fluoxetine hcl 20 mg tablet - [31]

fluoxetine hcl 40 mg capsule - [31]

fluphenazine 1 mg tablet - [57]

fluphenazine 10 mg tablet - [57]

fluphenazine 2.5 mg tablet - [57]

fluphenazine 2.5 mg/5 ml elix - [58]

fluphenazine 2.5 mg/ml vial - [57]

fluphenazine 5 mg tablet - [58]

fluphenazine 5 mg/ml conc - [58]

fluphenazine dec 125 mg/5 ml - [57]

flurbiprofen 0.03% eye drop - [251]

fluticasone prop 0.005% oint - [111]

fluticasone prop 0.05% cream - [111]

fluticasone prop 100mcg diskus - [254]

fluticasone prop 250 mcg disk - [254]

fluticasone prop 50 mcg diskus - [254]

fluticasone prop 50 mcg spray - [254]

fluticasone prop hfa 110 mcg - [254]

fluticasone prop hfa 220 mcg - [254]

fluticasone prop hfa 44 mcg - [254]

fluticasone-salmeterol 100-50 - [259]

fluticasone-salmeterol 113-14 - [259]

fluticasone-salmeterol 232-14 - [259]

fluticasone-salmeterol 250-50 - [259]

fluticasone-salmeterol 500-50 - [259]

fluticasone-salmeterol 55-14 - [259]

fluvoxamine maleate 100 mg tab - [32]

fluvoxamine maleate 25 mg tab - [32]

fluvoxamine maleate 50 mg tab - [32]

FLUZONE HIGH-DOSE TRIV 2024-25 - [159]

FLUZONE TRIVALENT 2024-25 SYRG - [159]

FLUZONE TRIVALENT 2024-25 VIAL - [159]

FML FORTE 0.25% EYE DROPS - [251]

folic acid 1 mg tablet - [122]

folic acid 1,000 mcg tablet - [122]

folic acid 5 mg/ml vial - [123]

folic acid 50 mg/10 ml vial - [123]

fora 30g lancets - [194]

fora 6 connect ketone strip - [194]

FORA BLOOD GLUCOSE TEST STRIP (NDC: 16042001040) - [194]

fora g30a blood glucose system - [194]

fora gtel ketone test strip - [194]

fora high control solution - [194]

fora lancing device - [194]

fora low control solution - [194]

fora normal control solution - [194]

fora premium v10 glucose meter - [194]

fora tn'g adv voice keto strip - [194]

fora v30a blood glucose system - [194]

foracare 30g lancets - [194]

fosamprenavir 700 mg tablet - [67]

fosfomycin 3 gm sachet - [15]

fosinopril-hctz 10-12.5 mg tab - [95]

fosinopril-hctz 20-12.5 mg tab - [95]

FOTIVDA 0.89 MG CAPSULE - [43]

FOTIVDA 1.34 MG CAPSULE - [43]

FRAGMIN 10,000 UNIT/4 ML VIAL - [78]

FRAGMIN 10,000 UNIT/ML SYRINGE - [78]

FRAGMIN 12,500 UNIT/0.5 ML SYR - [78]

FRAGMIN 15,000 UNIT/0.6 ML SYR - [78]

FRAGMIN 18,000 UNIT/0.72 ML - [78]

FRAGMIN 2,500 UNIT/0.2 ML SYR - [78]

FRAGMIN 5,000 UNIT/0.2 ML SYR - [78]

FRAGMIN 7,500 UNIT/0.3 ML SYR - [78]

FRAGMIN 95,000 UNIT/3.8 ML VL - [78]

freestyle 28g lancets - [195]

freestyle libre 2 plus sensor - [194]

freestyle libre 2 reader - [194]

freestyle libre 2 sensor - [194]

freestyle libre 3 plus sensor - [194]

freestyle libre 3 reader - [194]

freestyle libre 3 sensor - [194]

freestyle prec 0.5 ml 30gx5/16 - [194]

freestyle prec 0.5 ml 31gx5/16 - [194]

freestyle prec 1 ml 30gx5/16" - [194]

freestyle prec 1 ml 31gx5/16" - [195]

freestyle unistik 2 lancets - [195]

FRUZAQLA 1 MG CAPSULE - [47]

FRUZAQLA 5 MG CAPSULE - [47]

ft magnesium citrate solution - [125]

ft naloxone hcl 4 mg nasal spr - [10]

ft nicotine 14 mg/24hr patch - [11]

ft nicotine 2 mg chewing gum - [11]

ft nicotine 2 mg lozenge - [11]

ft nicotine 2 mg mini lozenge - [11]

ft nicotine 21 mg/24hr patch - [11]

ft nicotine 4 mg chewing gum - [11]

ft nicotine 4 mg lozenge - [11]

ft nicotine 4 mg mini lozenge - [12]

ft nicotine 7 mg/24hr patch - [12]

ft prenatal tablet - [123]

FULPHILA 6 MG/0.6 ML SYRINGE - [82]

furosemide 10 mg/ml solution - [97]

furosemide 20 mg tablet - [97]

furosemide 40 mg tablet - [97]

furosemide 40 mg/5 ml soln - [97]

furosemide 80 mg tablet - [97]

fyavolv 0.5 mg-2.5 mcg tablet - [138]

fyavolv 1 mg-5 mcg tablet - [138]

FYLNETRA 6 MG/0.6 ML SYRINGE - [82]

fyremadel 250 mcg/0.5 ml syr - [150]

g tussin ac liquid - [259]

gabapentin 100 mg capsule - [26]

gabapentin 250 mg/5 ml soln - [27]

gabapentin 300 mg capsule - [27]

gabapentin 400 mg capsule - [27]

gabapentin 600 mg tablet - [27]

gabapentin 800 mg tablet - [27]

galantamine er 16 mg capsule - [29]

galantamine er 24 mg capsule - [29]

galantamine er 8 mg capsule - [29]

galantamine hbr 12 mg tablet - [29]

galantamine hbr 4 mg tablet - [29]

galantamine hbr 8 mg tablet - [29]

galbriela 0.8-0.025 mg chew tb - [138]

GAMMAPLEX 10 GRAM/100 ML VIAL - [152]

GAMMAPLEX 20 GRAM/200 ML VIAL - [152]

GAMMAPLEX 5 GRAM/50 ML VIAL - [152]

GANIRELIX ACET 250 MCG/0.5 ML - [150]

ganirelix acet 250 mcg/0.5 ml - [150]

GARDASIL 9 SYRINGE - [159]

GARDASIL 9 VIAL - [159]

gatifloxacin 0.5% eye drops - [250]

gavilyte-c solution - [127]

gavilyte-g solution - [127]

gavilyte-n solution - [127]

GAVRETO 100 MG CAPSULE - [43]

ge lancing device - [195]

gefitinib 250 mg tablet - [47]

gemfibrozil 600 mg tablet - [98]

gemmily 1 mg-20 mcg capsule - [138]

genabio covid-19 rapid at-home - [195]

generlac 10 gm/15 ml solution - [125]

gengraf 100 mg capsule - [156]

gengraf 100 mg/ml solution - [156]

gengraf 25 mg capsule - [156]

gentamicin 0.1% cream - [115]

gentamicin 0.1% ointment - [115]

gentamicin 0.3% eye drop - [250]

gentamicin 80 mg/2 ml vial - [15]

gentamicin 800 mg/20 ml vial - [15]

GENVOYA TABLET - [64]

GILOTRIF 20 MG TABLET - [47]

GILOTRIF 30 MG TABLET - [47]

GILOTRIF 40 MG TABLET - [47]

glatiramer 20 mg/ml syringe - [107]

glatiramer 40 mg/ml syringe - [107]

glatopa 20 mg/ml syringe - [107]

glatopa 40 mg/ml syringe - [107]

GLEOSTINE 10 MG CAPSULE - [40]

GLEOSTINE 100 MG CAPSULE - [40]

GLEOSTINE 40 MG CAPSULE - [40]

glimepiride 1 mg tablet - [71]

glimepiride 2 mg tablet - [71]

glimepiride 4 mg tablet - [71]

glipizide 10 mg tablet - [71]

glipizide 2.5 mg tablet - [71]

glipizide 5 mg tablet - [72]

glipizide er 10 mg tablet - [71]

glipizide er 2.5 mg tablet - [71]

glipizide er 5 mg tablet - [71]

glipizide xl 10 mg tablet - [71]

glipizide xl 2.5 mg tablet - [71]

glipizide xl 5 mg tablet - [71]

glipizide-metformin 2.5-250 mg - [72]

glipizide-metformin 2.5-500 mg - [72]

glipizide-metformin 5-500 mg - [72]

glucagon 1 mg emergency kit - [75]

glucocom 28g lancets - [195]

glucocom 30g lancets - [195]

glucocom 33g lancets - [195]

glucose 5%-0.9% nacl 1000 ml - [117]

glucose 5%-water 100 ml - [117]

glucose 5%-water 50 ml - [117]

glucose 50%-water 3,000 ml - [117]

glyburid-metformin 1.25-250 mg - [72]

glyburide 1.25 mg tablet - [72]

glyburide 2.5 mg tablet - [72]

glyburide 5 mg tablet - [72]

glyburide micro 1.5 mg tab - [72]

glyburide micro 3 mg tablet - [72]

glyburide micro 6 mg tablet - [72]

glyburide-metformin 2.5-500 mg - [72]

glyburide-metformin 5-500 mg - [72]

glycopyrrolate 0.2 mg/ml vial - [126]

glycopyrrolate 0.4 mg/2 ml vl - [126]

glycopyrrolate 1 mg tablet - [126]

glycopyrrolate 1 mg/5 ml vial - [126]

glycopyrrolate 1.5 mg tablet - [126]

glycopyrrolate 2 mg tablet - [126]

glycopyrrolate 4 mg/20 ml vial - [126]

glydo 2% jelly syringe - [8]

GLYTACTIN RTD 10 PE LIQUID - [117]

GLYTACTIN RTD 15 PE LIQUID - [117]

GLYXAMBI 10 MG-5 MG TABLET - [72]

GLYXAMBI 25 MG-5 MG TABLET - [72]

gnp alcohol swab - [195]

gnp clickfine 31g x 1/4" ndl - [195]

gnp clickfine 31g x 5/16" ndl - [195]

gnp diclofenac sodium 1% gel - [113]

gnp esomeprazole mag dr 20 mg - [128]

gnp ins syr 0.3 ml 29gx1/2" - [195]

gnp ins syringe 1 ml 28g 1/2" - [195]

gnp insul syr 0.3 ml 31gx5/16" - [195]

gnp insul syr 0.5 ml 31gx5/16" - [195]

gnp insulin syr 1 ml 31gx5/16" - [195]

gnp lancing system device - [195]

gnp lansoprazole dr 15 mg cap - [128]

gnp magnesium citrate solution - [125]

gnp naloxone hcl 4 mg nasal sp - [10]

gnp nicotine 14 mg/24hr patch - [12]

gnp nicotine 2 mg chewing gum - [12]

gnp nicotine 2 mg lozenge - [12]

gnp nicotine 2 mg mini lozenge - [12]

gnp nicotine 21 mg/24hr patch - [12]

gnp nicotine 4 mg chewing gum - [12]

gnp nicotine 4 mg lozenge - [12]

gnp nicotine 4 mg mini lozenge - [12]

gnp nicotine 7 mg/24hr patch - [12]

gnp pen needle 31g 5mm - [195]

gnp pen needle 31g 8mm - [195]

gnp pen needle 32g 4mm - [195]

gnp pen needle 32g 6mm - [195]

gnp prenatal vitamins tablet - [123]

gnp sterile 33g lancet - [195]

gnp ult c 0.3ml 29gx1/2" (1/2) - [196]

gnp ult cmfrt 0.5 ml 29gx1/2" - [196]

gnp ulticare pen ndl 31g 5mm - [196]

gnp ulticare pen ndl 31g 8mm - [196]

gnp ulticare pen ndl 32g 4mm - [196]

gnp ulticare pen ndl 32g 6mm - [196]

gnp ultr cmfrt 0.5 ml 28gx1/2" - [196]

gnp ultra comfort 0.5 ml syr - [196]

gnp ultra comfort 1 ml syringe - [196]

gnp ultra comfort 3/10 ml syr - [196]

gnp universal 1 standard 21g - [196]

gnp universal 1 thin 26g lanct - [196]

gojji blood ketone test strip - [196]

gojji lancets 30g - [196]

gojji lancing device - [196]

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GOMEKLI 1 MG TABLET FOR SUSP - [262]

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gotoknow covid-19 ag home test - [196]

granisetron hcl 1 mg tablet - [36]

griseofulvin 125 mg/5 ml susp - [37]

griseofulvin micro 500 mg tab - [37]

griseofulvin ultra 125 mg tab - [37]

griseofulvin ultra 250 mg tab - [37]

gs alcohol 70% swabs - [196]

gs esomeprazole mag dr 20 mg - [129]

gs lancing device and lancets - [196]

gs lansoprazole dr 15 mg cap - [129]

gs lansoprazole dr 15 mg odt - [129]

gs nicotine 2 mg chewing gum - [12]

gs nicotine 2 mg lozenge - [12]

gs nicotine 2 mg mini lozenge - [12]

gs nicotine 4 mg chewing gum - [12]

gs nicotine 4 mg lozenge - [12]

gs nicotine 4 mg mini lozenge - [12]

gs omeprazole dr 20 mg odt - [129]

gs pen needle 31g x 1/4" - [196]

gs pen needle 31g x 5/16" - [196]

gs pen needle 31g x 5mm - [196]

gs pen needle 31g x 6mm - [196]

gs pen needle 31g x 8mm - [196]

gs pen needle 32g x 4mm - [197]

gs pen needle 32g x 6mm - [197]

guaifen-codeine 100-10 mg/5 ml - [260]

guaifen-codeine 200-20 mg/10ml - [260]

guaifenesin ac cough syrup - [260]

guanfacine 1 mg tablet - [84]

guanfacine 2 mg tablet - [84]

guanfacine hcl er 1 mg tablet - [104]

guanfacine hcl er 2 mg tablet - [104]

guanfacine hcl er 3 mg tablet - [104]

guanfacine hcl er 4 mg tablet - [104]

GVOKE 1 MG/0.2 ML KIT - [75]

GVOKE HYPOPEN 1-PK 1 MG/0.2 ML - [75]

GVOKE HYPOPEN 1PK 0.5MG/0.1 ML - [75]

GVOKE HYPOPEN 2-PK 1 MG/0.2 ML - [75]

GVOKE HYPOPEN 2PK 0.5MG/0.1 ML - [75]

GVOKE PFS 1-PK 1 MG/0.2 ML SYR - [75]

GVOKE PFS 2-PK 1 MG/0.2 ML SYR - [75]

hailey 21 1.5 mg-30 mcg tab - [139]

hailey 24 fe 1 mg-20 mcg tab - [139]

hailey fe 1-20 tablet - [139]

hailey fe 1.5-30 tablet - [139]

halobetasol prop 0.05% cream - [111]

halobetasol prop 0.05% ointmnt - [111]

haloette vaginal ring - [139]

haloperidol 0.5 mg tablet - [58]

haloperidol 1 mg tablet - [58]

haloperidol 10 mg tablet - [58]

haloperidol 2 mg tablet - [58]

haloperidol 20 mg tablet - [58]

haloperidol 5 mg tablet - [58]

haloperidol dec 100 mg/ml amp - [58]

haloperidol dec 100 mg/ml vial - [58]

haloperidol dec 250 mg/5 ml vl - [58]

haloperidol dec 50 mg/ml ampul - [58]

haloperidol dec 50 mg/ml vial - [58]

haloperidol dec 500 mg/5 ml vl - [58]

haloperidol lac 10 mg/5 ml cup - [58]

haloperidol lac 2 mg/ml conc - [58]

haloperidol lac 5 mg/ml syring - [58]

haloperidol lac 5 mg/ml vial - [58]

haloperidol lac 50 mg/10 ml vl - [58]

HAVRIX 1,440 UNIT/ML SYRINGE - [159]

HAVRIX 720 UNIT/0.5 ML SYRINGE - [159]

healthwise ins 0.3ml 30gx5/16" - [197]

healthwise ins 0.3ml 31gx5/16" - [197]

healthwise ins 0.5ml 30gx5/16" - [197]

healthwise ins 0.5ml 31gx5/16" - [197]

healthwise ins 1 ml 30gx5/16" - [197]

healthwise ins 1 ml 31gx5/16" - [197]

healthwise pen needle 31g 5mm - [197]

healthwise pen needle 31g 8mm - [197]

healthwise pen needle 32g 4mm - [197]

healthy accents autolet device - [197]

healthy accents pentip 4mm 32g - [197]

healthy accents pentip 5mm 31g - [197]

healthy accents pentip 6mm 31g - [197]

healthy accents pentip 8mm 31g - [197]

healthy accents pentp 12mm 29g - [197]

healthy accents unilet 30g - [197]

heather 0.35 mg tablet - [145]

heb incontrol alcohol 70% pads - [197]

heb micro thin 33g lancets - [197]

heb unifine pntp plus 31gx3/16 - [197]

heb unifine pntp plus 32gx5/32 - [197]

hematogen fa softgel - [117]

HEMATOGEN SOFTGEL - [117]

heparin 1,000 unit/10 (100/ml) - [79]

heparin 1,000 unit/500 ml-ns - [79]

heparin 10 unit/10 ml (1/ml) - [79]

heparin 10,000 unit/10 ml vial - [79]

heparin 100 unit/10 ml (10/ml) - [79]

heparin 12,500 unit/250-1/2 ns - [79]

heparin 2 unit/2 ml (1/ml) syr - [79]

heparin 2,000 unit/1,000 ml-ns - [79]

heparin 2,000 unit/2 ml vial - [79]

heparin 20 units/2 ml (10/ml) - [79]

heparin 20,000 unit/500 ml-d5w - [79]

heparin 200 unit/2 ml (100/ml) - [79]

heparin 25,000 unit/250 ml-d5w - [79]

heparin 25,000 unit/250-1/2 ns - [79]

heparin 25,000 unit/500 ml-d5w - [79]

heparin 25,000 unit/500-1/2 ns - [79]

heparin 3 unit/3 ml (1/ml) syr - [79]

heparin 30 units/3 ml (10/ml) - [79]

heparin 30,000 unit/30 ml vial - [79]

heparin 300 unit/3 ml (100/ml) - [79]

heparin 40,000 unit/4 ml vial - [79]

heparin 5 unit/5 ml (1/ml) syr - [80]

heparin 5,000 unit/ml carpujct - [80]

heparin 50 units/5 ml (10/ml) - [80]

heparin 50,000 unit/10 ml vial - [80]

heparin 50,000 unit/5 ml vial - [80]

heparin 500 unit/5 ml (100/ml) - [80]

heparin flush 10 units/ml syr - [78]

heparin iv flush 1 unit/ml syr - [78]

heparin iv flush 100 units/ml - [78]

heparin lock flush 10 units/ml - [78]

heparin lock flush 100 unit/ml - [78]

heparin sod 1,000 unit/ml vial - [78]

heparin sod 10,000 unit/ml vl - [78]

heparin sod 20,000 unit/ml vl - [79]

heparin sod 5,000 unit/0.5 ml - [79]

heparin sod 5,000 unit/ml syrg - [79]

heparin sod 5,000 unit/ml vial - [79]

HEPLISAV-B 20 MCG/0.5 ML SYRNG - [159]

her style 1.5 mg tablet - [145]

HIBERIX VIAL AND DILUENT SYRG - [159]

HIBERIX VIAL WITH DILUENT VIAL - [159]

hm alcohol 70% prep pads - [197]

hm esomeprazole mag dr 20 mg - [129]

hm lansoprazole dr 15 mg cap - [129]

hm magnesium citrate solution - [125]

hm nicotine 14 mg/24hr patch - [12]

hm nicotine 2 mg chewing gum - [12]

hm nicotine 2 mg lozenge - [12]

hm nicotine 2 mg mini lozenge - [12]

hm nicotine 21 mg/24hr patch - [12]

hm nicotine 4 mg chewing gum - [12]

hm nicotine 4 mg lozenge - [12]

hm nicotine 4 mg mini lozenge - [12]

hm nicotine 7 mg/24hr patch - [13]

hm ulticare pen needle 4mm 32g - [197]

hm ulticare pen needle 5mm 31g - [198]

hm ulticare pen needle 6mm 31g - [198]

hm ulticare pen needle 8mm 31g - [198]

homatropaire 5% eye drops - [249]

HUMALOG 100 UNIT/ML CARTRIDGE - [76]

HUMALOG 100 UNIT/ML KWIKPEN - [76]

HUMALOG 200 UNIT/ML KWIKPEN - [76]

HUMALOG JR 100 UNIT/ML KWIKPEN - [75]

HUMALOG MIX 50-50 KWIKPEN - [75]

HUMALOG MIX 75-25 KWIKPEN - [75]

HUMALOG MIX 75-25 VIAL - [75]

HUMALOG TEMPO PEN 100 UNIT/ML - [76]

HUMULIN 70-30 VIAL - [76]

HUMULIN 70/30 KWIKPEN - [76]

HUMULIN N 100 UNIT/ML KWIKPEN - [76]

HUMULIN N 100 UNIT/ML VIAL - [76]

HUMULIN R 100 UNIT/ML VIAL - [76]

HYCAMTIN 0.25 MG CAPSULE - [45]

HYCAMTIN 1 MG CAPSULE - [45]

hydralazine 10 mg tablet - [100]

hydralazine 100 mg tablet - [100]

hydralazine 20 mg/ml vial - [100]

hydralazine 25 mg tablet - [100]

hydralazine 50 mg tablet - [100]

hydrochlorothiazide 12.5 mg cp - [98]

hydrochlorothiazide 12.5 mg tb - [98]

hydrochlorothiazide 25 mg tab - [98]

hydrochlorothiazide 50 mg tab - [98]

hydrocodone-acetamin 10-300 mg - [5]

hydrocodone-acetamin 10-325 mg - [5]

hydrocodone-acetamin 10-325/15 - [5]

hydrocodone-acetamin 2.5-108/5 - [6]

hydrocodone-acetamin 5-217/10 - [6]

hydrocodone-acetamin 5-300 mg - [6]

hydrocodone-acetamin 5-325 mg - [6]

hydrocodone-acetamin 7.5-300 - [6]

hydrocodone-acetamin 7.5-325 - [6]

hydrocodone-acetamn 7.5-325/15 - [6]

hydrocodone-ibuprofen 7.5-200 - [6]

hydrocort-pramoxine 1%-1% crm - [113]

hydrocort-pramoxine 2.5-1% crm - [113, 114]

hydrocortisone 1% cream - [112]

hydrocortisone 1% ointment - [112]

hydrocortisone 10 mg tablet - [162]

hydrocortisone 100 mg/60 ml - [163]

hydrocortisone 2.5% cream - [112]

hydrocortisone 2.5% lotion - [112]

hydrocortisone 2.5% ointment - [112]

hydrocortisone 20 mg tablet - [163]

hydrocortisone 5 mg tablet - [163]

hydrocortisone buty 0.1% cream - [112]

hydrocortisone butyr 0.1% oint - [112]

hydrocortisone val 0.2% cream - [112]

hydrocortisone val 0.2% ointmt - [112]

hydrocortisone-acetic ear drop - [253]

hydromorphone 1 mg/ml solution - [6]

hydromorphone 2 mg tablet - [6]

hydromorphone 2 mg/ml vial - [6]

hydromorphone 4 mg tablet - [6]

hydromorphone 40 mg/20 ml vial - [6]

hydromorphone 5 mg/5 ml soln - [6]

hydromorphone 8 mg tablet - [6]

hydroxocobalamin 1,000 mcg/ml - [123]

hydroxychloroquine 200 mg tab - [54]

hydroxypropylcellulose powder - [198]

hydroxyurea 500 mg capsule - [42]

hydroxyzine 10 mg/5 ml soln - [255]

hydroxyzine 10 mg/5 ml syrup - [255]

hydroxyzine 50 mg/25 ml cup - [255]

hydroxyzine hcl 10 mg tablet - [255]

hydroxyzine hcl 25 mg tablet - [255]

hydroxyzine hcl 50 mg tablet - [255]

hydroxyzine pam 100 mg cap - [255]

hydroxyzine pam 25 mg cap - [255]

hydroxyzine pam 50 mg cap - [255]

hyoscyamine 0.125 mg odt - [126]

hyoscyamine 0.125 mg tab sl - [126]

hyoscyamine sulf 0.125 mg tab - [126]

HYPERHEP B NEONATAL SYRINGE - [152]

HYPERHEP B VIAL - [152]

HYPERTET 250 UNIT/ML SYRINGE - [152]

hypolance ast lancing kit - [198]

ibandronate sodium 150 mg tab - [163]

IBRANCE 100 MG CAPSULE - [47]

IBRANCE 100 MG TABLET - [47]

IBRANCE 125 MG CAPSULE - [47]

IBRANCE 125 MG TABLET - [47]

IBRANCE 75 MG CAPSULE - [47]

IBRANCE 75 MG TABLET - [47]

ibu 400 mg tablet - [2]

ibu 600 mg tablet - [2]

ibu 800 mg tablet - [2]

ibuprofen 100 mg/5 ml susp - [2]

ibuprofen 400 mg tablet - [2]

ibuprofen 600 mg tablet - [2]

ibuprofen 800 mg tablet - [2]

iclevia 0.15 mg-0.03 mg tablet - [139]

ICLUSIG 10 MG TABLET - [47]

ICLUSIG 15 MG TABLET - [47]

ICLUSIG 30 MG TABLET - [47]

ICLUSIG 45 MG TABLET - [47]

icosapent ethyl 1 gram capsule - [100]

id now covid-19 test kit (eua) - [198]

IDHIFA 100 MG TABLET - [43]

IDHIFA 50 MG TABLET - [43]

ihealth covid-19 ag home test - [198]

ILUMYA 100 MG/ML SYRINGE - [153]

imatinib mesylate 100 mg tab - [47]

imatinib mesylate 400 mg tab - [47]

IMBRUVICA 140 MG CAPSULE - [47]

IMBRUVICA 280 MG TABLET - [48]

IMBRUVICA 420 MG TABLET - [48]

IMBRUVICA 70 MG CAPSULE - [48]

IMBRUVICA 70 MG/ML SUSPENSION - [48]

imipramine hcl 10 mg tablet - [34]

imipramine hcl 25 mg tablet - [34]

imipramine hcl 50 mg tablet - [34]

imiquimod 5% cream packet - [114]

IMKELDI 80 MG/ML SOLUTION - [48]

IMOGAM RABIES-HT 150 UNIT/ML - [152]

IMOVAX RABIES VACCINE VIAL - [159]

in-check nasal with mask - [198]

in-check oral flow meter - [198]

incassia 0.35 mg tablet - [145]

incontrol lancing device - [198]

incontrol pen needle 12mm 29g - [198]

incontrol pen needle 4mm 32g - [198]

incontrol pen needle 5mm 31g - [198]

incontrol pen needle 6mm 31g - [198]

incontrol pen needle 8mm 31g - [198]

incontrol super thin 30g lanct - [198]

incontrol ulticare ndl 31g 6mm - [198]

incontrol ulticare ndl 31g 8mm - [198]

incontrol ulticare ndl 32g 4mm - [198]

incontrol ultra thin 28g lanct - [198]

INCRUSE ELLIPTA 62.5 MCG INH - [255]

indapamide 1.25 mg tablet - [98]

indapamide 2.5 mg tablet - [98]

indicaid covid-19 ag home test - [198]

indomethacin 25 mg capsule - [2]

indomethacin 25 mg/5 ml susp - [3]

indomethacin 50 mg capsule - [3]

indomethacin er 75 mg capsule - [2]

INFANRIX DTAP SYRINGE - [159]

INFED 100 MG/2 ML VIAL - [117]

INFUMORPH 200 MG/20 ML AMPUL - [6]

INFUMORPH 500 MG/20 ML AMPUL - [6]

inject ease 28g lancets - [198]

inject ease 30g lancets - [198]

INLYTA 1 MG TABLET - [48]

INLYTA 5 MG TABLET - [48]

inpen (for humalog) blue - [199]

inpen (for humalog) grey - [199]

inpen (for humalog) pink - [199]

inpen (novolog or fiasp) blue - [199]

inpen (novolog or fiasp) grey - [199]

inpen (novolog or fiasp) pink - [199]

INQOVI 35 MG-100 MG TABLET - [42]

INREBIC 100 MG CAPSULE - [48]

insulin 1 ml syringe - [201]

insulin 1/2 ml syringe - [201]

insulin 3/10 ml syringe - [201]

INSULIN ASPART 100 UNIT/ML CRT - [76]

INSULIN ASPART 100 UNIT/ML PEN - [76]

INSULIN ASPART 100 UNIT/ML VL - [76]

INSULIN ASPART PRO MIX70-30 PN - [76]

INSULIN ASPART PRO MIX70-30 VL - [76]

INSULIN GLARGINE-YFGN U100 PEN - [76]

INSULIN GLARGINE-YFGN U100 VL - [76]

INSULIN LISPRO 100 UNIT/ML PEN - [76]

INSULIN LISPRO 100 UNIT/ML VL - [76]

INSULIN LISPRO JR 100 UNIT/ML - [76]

INSULIN LISPRO MIX 75-25 KWKPN - [76]

insulin syr 0.3 ml 30gx5/16" - [199]

insulin syr 0.3ml 31gx1/4(1/2) - [199]

insulin syr 0.5 ml 28g 12.7mm - [199]

insulin syrin 0.3 ml 29gx1/2" - [199]

insulin syrin 0.3 ml 30gx1/2" - [199]

insulin syrin 0.3 ml 30gx5/16" - [199]

insulin syrin 0.3 ml 31gx5/16" - [199]

insulin syrin 0.5 ml 28g 1/2" - [199]

insulin syrin 0.5 ml 28gx1/2" - [199]

insulin syrin 0.5 ml 29gx1/2" - [199]

insulin syrin 0.5 ml 30g 1/2" - [199]

insulin syrin 0.5 ml 30g 5/16" - [199]

insulin syrin 0.5 ml 30gx1/2" - [199]

insulin syrin 0.5 ml 30gx5/16" - [199]

insulin syrin 0.5 ml 31g 5/16" - [199]

insulin syrin 0.5 ml 31gx5/16" - [199]

insulin syrin 1 ml 29gx1/2" - [199]

insulin syring 0.5 ml 27g 1/2" - [199]

insulin syring 0.5 ml 27g 13mm - [199]

insulin syring 0.5 ml 28g 1/2" - [200]

insulin syring 0.5 ml 29g 1/2" - [200]

insulin syring 0.5 ml 29gx1/2" - [200]

insulin syringe 0.3 ml - [200]

insulin syringe 0.3 ml 31gx1/4 - [200]

insulin syringe 0.5 ml - [200]

insulin syringe 0.5 ml 31gx1/4 - [200]

insulin syringe 1 ml - [200]

insulin syringe 1 ml 27g 1/2" - [200]

insulin syringe 1 ml 27g 13mm - [200]

insulin syringe 1 ml 27g 16mm - [200]

insulin syringe 1 ml 27gx1/2" - [200]

insulin syringe 1 ml 28g 1/2" - [200]

insulin syringe 1 ml 28g 13mm - [200]

insulin syringe 1 ml 28gx1/2" - [200]

insulin syringe 1 ml 29g 1/2" - [200]

insulin syringe 1 ml 29gx1/2" - [200]

insulin syringe 1 ml 30g 1/2" - [200]

insulin syringe 1 ml 30g 5/16" - [200]

insulin syringe 1 ml 30gx1/2" - [200]

insulin syringe 1 ml 30gx5/16" - [200]

insulin syringe 1 ml 31g 5/16" - [200]

insulin syringe 1 ml 31gx1/4" - [200]

insulin syringe 1 ml 31gx5/16" - [200]

insulin syringe 1ml 28g 12.7mm - [200]

insupen pen needle 29gx1/2" - [201]

insupen pen needle 31g 5mm - [201]

insupen pen needle 31g 8mm - [201]

insupen pen needle 31gx3/16" - [201]

insupen pen needle 31gx5/16" - [201]

insupen pen needle 32g 4mm - [201]

insupen pen needle 32gx5/32" - [201]

INTELENCE 25 MG TABLET - [64]

inteliswab covid-19 home test - [201]

INTRALIPID 20% IV FAT EMUL - [117]

INTRALIPID 30% IV FAT EMUL - [117]

invacare 30g lancets - [201]

invacare lancing device - [201]

INVEGA HAFYERA 1,560 MG/5 ML - [60]

INVEGA SUSTENNA 156 MG/ML SYRG - [60]

INVEGA SUSTENNA 39 MG/0.25 ML - [60]

INVEGA TRINZA 273 MG/0.88 ML - [60]

INVEGA TRINZA 546 MG/1.75 ML - [60]

IOPIDINE 1% EYE DROPS - [252]

iprat-albut 0.5-3(2.5) mg/3 ml - [260]

ipratropium 0.06% spray - [256]

irbesartan 150 mg tablet - [85]

irbesartan 75 mg tablet - [85]

irbesartan-hctz 300-12.5 mg tb - [95]

ISENTRESS 100 MG TABLET CHEW - [64]

ISENTRESS 400 MG TABLET - [64]

isibloom 28 day tablet - [139]

ISOLYTE S IV SOLN PH7.4 - [117]

isoniazid 100 mg tablet - [40]

isoniazid 50 mg/5 ml solution - [40]

isoproterenol 0.2 mg/ml vial - [257]

isoproterenol 1 mg/5 ml vial - [257]

isosorbide dinitrate 20 mg tab - [101]

isosorbide dinitrate 5 mg tab - [101]

isosorbide mononit 20 mg tab - [101]

isosorbide mononit er 30 mg tb - [101]

isotretinoin 10 mg capsule - [109]

isotretinoin 30 mg capsule - [109]

INVEGA HAFYERA 1,092 MG/3.5 ML - [60]

INVEGA SUSTENNA 117 MG/0.75 ML - [60]

INVEGA SUSTENNA 234 MG/1.5 ML - [60]

INVEGA SUSTENNA 78 MG/0.5 ML - [60]

INVEGA TRINZA 410 MG/1.32 ML - [60]

INVEGA TRINZA 819 MG/2.63 ML - [60]

IPOL VIAL - [159]

ipratropium 0.03% spray - [255]

ipratropium br 0.02% soln - [255]

irbesartan 300 mg tablet - [85]

irbesartan-hctz 150-12.5 mg tb - [95]

ISENTRESS 100 MG POWDER PACKET - [64]

ISENTRESS 25 MG TABLET CHEW - [64]

ISENTRESS HD 600 MG TABLET - [64]

ISOLYTE P-DEXTROSE 5% SOLN - [117]

ISOLYTE S IV SOLUTION-EXCEL - [118]

isoniazid 300 mg tablet - [40]

isoproterenol 0.2 mg/ml ampul - [257]

isoproterenol 1 mg/5 ml ampul - [257]

isosorbide dinitrate 10 mg tab - [101]

isosorbide dinitrate 30 mg tab - [101]

isosorbide mononit 10 mg tab - [101]

isosorbide mononit er 120 mg - [101]

isosorbide mononit er 60 mg tb - [101]

isotretinoin 20 mg capsule - [109]

isotretinoin 40 mg capsule - [109]

isradipine 2.5 mg capsule - [90]

ITOVEBI 3 MG TABLET - [48]

itraconazole 100 mg capsule - [37]

iv prep antiseptic wipes - [201]

ivermectin 6 mg tablet - [262]

IXCHIQ VIAL - [159]

jaimiess 0.15-0.03-0.01 mg tab - [139]

JAKAFI 15 MG TABLET - [48]

JAKAFI 25 MG TABLET - [48]

jantoven 1 mg tablet - [80]

jantoven 2 mg tablet - [80]

jantoven 3 mg tablet - [80]

jantoven 5 mg tablet - [80]

jantoven 7.5 mg tablet - [80]

JANUMET 50-500 MG TABLET - [72]

JANUMET XR 50-1,000 MG TABLET - [72]

JANUVIA 100 MG TABLET - [72]

JANUVIA 50 MG TABLET - [72]

JARDIANCE 25 MG TABLET - [72]

JAYPIRCA 100 MG TABLET - [48]

jencycla 0.35 mg tablet - [145]

JENTADUETO 2.5 MG-500 MG TAB - [73]

JENTADUETO XR 2.5 MG-1,000 MG - [73]

jinteli 1 mg-5 mcg tablet - [139]

joyeaux-28 tablet - [139]

juleber 28 day tablet - [139]

isradipine 5 mg capsule - [90]

ITOVEBI 9 MG TABLET - [48]

iv antiseptic wipes - [201]

ivermectin 3 mg tablet - [54]

IWILFIN 192 MG TABLET - [48]

IXIARO 6 UNIT(6 MCG)/0.5ML SYR - [159]

JAKAFI 10 MG TABLET - [48]

JAKAFI 20 MG TABLET - [48]

JAKAFI 5 MG TABLET - [48]

jantoven 10 mg tablet - [80]

jantoven 2.5 mg tablet - [80]

jantoven 4 mg tablet - [80]

jantoven 6 mg tablet - [80]

JANUMET 50-1,000 MG TABLET - [72]

JANUMET XR 100-1,000 MG TABLET - [72]

JANUMET XR 50-500 MG TABLET - [72]

JANUVIA 25 MG TABLET - [72]

JARDIANCE 10 MG TABLET - [72]

jasmiel 3 mg-0.02 mg tablet - [139]

JAYPIRCA 50 MG TABLET - [48]

JENTADUETO 2.5 MG-1000 MG TAB - [73]

JENTADUETO 2.5 MG-850 MG TAB - [73]

JENTADUETO XR 5 MG-1,000 MG TB - [73]

jolessa 0.15 mg-0.03 mg tablet - [139]

JUBBONTI 60 MG/ML SYRINGE - [262]

JULUCA 50-25 MG TABLET - [64]

junel 1 mg-20 mcg tablet - [139]

junel 1.5 mg-30 mcg tablet - [139]

junel fe 1 mg-20 mcg tablet - [139]

junel fe 1.5 mg-30 mcg tablet - [139]

junel fe 24 tablet - [139]

JYLAMVO 2 MG/ML ORAL SOLUTION - [157]

JYNNEOS 0.5 ML VIAL - [160]

JYNNEOS 0.5 ML VIAL(STOCKPILE) - [160]

kaitlib fe 0.8-0.025mg chew tb - [139]

kalliga 28 day tablet - [139]

KALYDECO 150 MG TABLET - [257]

KALYDECO 25 MG GRANULES PACKET - [257]

KALYDECO 50 MG GRANULES PACKET - [257]

KALYDECO 75 MG GRANULES PACKET - [257]

kariva 28 day tablet - [139]

kcl 10 meq/500 ml-d5w-0.2%nacl - [118]

kcl 10 meq/500ml-d5w-0.45%nacl - [118]

kcl 10 meq/l-d5w-0.45% nacl - [118]

kcl 10meq/500ml-d5w-0.225%nacl - [118]

kcl 20 meq in d5w-lact ringer - [118]

kcl 20 meq/l in d5w solution - [118]

kcl 20 meq/l-d5w-0.2% nacl - [118]

kcl 20 meq/l-d5w-0.225% nacl - [118]

kcl 20 meq/l-d5w-0.45% nacl - [118]

kcl 20 meq/l-d5w-0.9% nacl - [118]

kcl 30 meq/l-d5w-0.45% nacl - [118]

kcl 40 meq/l-d5w-0.45% nacl - [118]

kcl 40 meq/l-d5w-0.9% nacl - [118]

kelnor 1-35 28 tablet - [139]

kelnor 1-50 tablet - [139]

KENALOG-10 50 MG/5 ML VIAL - [133]

kendall alcohol 70% prep pad - [201]

keto-diastix reagent strips - [201]

ketoconazole 2% cream - [115]

ketoconazole 2% shampoo - [115]

ketoconazole 200 mg tablet - [37]

ketone test strip - [201]

ketorolac 0.4% ophth solution - [251]

ketorolac 0.5% ophth solution - [251]

ketostix reagent strip - [201]

KEVZARA 150 MG/1.14 ML PEN INJ - [153]

KEVZARA 150 MG/1.14 ML SYRINGE - [153]

KEVZARA 200 MG/1.14 ML PEN INJ - [153]

KEVZARA 200 MG/1.14 ML SYRINGE - [153]

kimono maxx condom - [201]

kimono microthin aqua lube - [201]

kimono microthin condom - [201]

kimono microthin large condom - [201]

kimono textured condom - [201]

KINERET 100 MG/0.67 ML SYRINGE - [153]

kinray ins syr 1 ml 31gx5/16" - [201]

kinray syring 0.3 ml 31gx5/16" - [202]

kinray syring 0.5 ml 31gx5/16" - [202]

kionex 15 gm/60 ml suspension - [122]

KISQALI 400 MG DAILY DOSE - [48]

KISQALI FEMARA 200 MG CO-PACK - [43]

KISQALI FEMARA 600 MG CO-PACK - [43]

klor-con m10 tablet - [118]

KLOXXADO 8 MG NASAL SPRAY - [10]

KOSELUGO 10 MG CAPSULE - [48]

KRAZATI 200 MG TABLET - [48]

kro alcohol 70% swabs - [202]

kro ins syr 0.3 ml 29gx1/2" - [202]

kro ins syrin 0.3 ml 31gx5/16" - [202]

kro ins syrin 0.5 ml 31gx5/16" - [202]

kro ins syringe 1 ml 29gx1/2" - [202]

kro ins syringe 1 ml 31gx5/16" - [202]

kro lancing device - [202]

kro nicotine 14 mg/24hr patch - [13]

kro nicotine 2 mg lozenge - [13]

kro nicotine 4 mg chewing gum - [13]

kro nicotine 4 mg mini lozenge - [13]

kro pen needle 4mm x 32g - [202]

kro pen needle 5mm x 31g - [202]

kro pen needle 8mm x 31g - [202]

kroger ins syr 0.3 ml 30gx5/16 - [202]

kroger ins syr 1 ml 29gx1/2" - [203]

kroger lancets - [203]

KINRIX TIP-LOK SYRINGE - [160]

KISQALI 200 MG DAILY DOSE - [48]

KISQALI 600 MG DAILY DOSE - [48]

KISQALI FEMARA 400 MG CO-PACK - [43]

klor-con 20 meq packet - [118]

klor-con m20 tablet - [118]

kmart valu plus syr 1/2 ml - [202]

KOSELUGO 25 MG CAPSULE - [48]

kro alcohol 70% prep pads - [202]

kro autolet lancing device - [202]

kro ins syrin 0.3 ml 30gx5/16" - [202]

kro ins syrin 0.5 ml 30gx5/16" - [202]

kro ins syring 0.5 ml 29gx1/2" - [202]

kro ins syringe 1 ml 30gx5/16" - [202]

kro insulin syr 1 ml 30gx5/16" - [202]

kro lansoprazole dr 15 mg cap - [129]

kro nicotine 2 mg chewing gum - [13]

kro nicotine 21 mg/24hr patch - [13]

kro nicotine 4 mg lozenge - [13]

kro nicotine 7 mg/24hr patch - [13]

kro pen needle 4mm x 33g - [202]

kro pen needle 6mm x 31g - [202]

kro universal 1 thin 26g lanct - [202]

kroger ins syr 0.5 ml 29gx1/2" - [202]

kroger ins syr 1 ml 31gx5/16" - [203]

kroger lancing device - [203]

kroger pen needles 31g x 5/16" - [203]

kroger super thin lancets - [203]

kroger syr 0.5 ml 30gx5/16" - [203]

kroger syring 0.3 ml 31gx5/16" - [203]

kurvelo-28 tablet - [139]

KYZATREX 100 MG CAPSULE - [135]

KYZATREX 150 MG CAPSULE - [135]

KYZATREX 200 MG CAPSULE - [135]

labetalol hcl 100 mg tablet - [89]

labetalol hcl 200 mg tablet - [89]

labetalol hcl 300 mg tablet - [89]

lactated ringers 1,000 ml - [118]

lactated ringers injection - [118]

lactated ringers irrigation - [203]

lactulose 10 gm/15 ml soln cup - [125]

lactulose 10 gm/15 ml solution - [125]

lactulose 20 gm/30 ml soln cup - [125]

lactulose 20 gm/30 ml solution - [125]

lamivudine 10 mg/ml oral soln - [65]

lamivudine 150 mg tablet - [65]

lamivudine 300 mg tablet - [65]

lamivudine 300 mg/30ml sol cup - [65]

lamivudine hbv 100 mg tablet - [63]

lamivudine-zidovudine tablet - [65]

lamotrigine 100 mg tablet - [25]

lamotrigine 150 mg tablet - [25]

lamotrigine 200 mg tablet - [25]

lamotrigine 25 mg disper tab - [25]

lamotrigine 25 mg tablet - [25]

lamotrigine 5 mg disper tablet - [25]

lamotrigine er 100 mg tablet - [24]

lamotrigine er 200 mg tablet - [24]

lamotrigine er 25 mg tablet - [24]

lamotrigine er 250 mg tablet - [24]

lamotrigine er 300 mg tablet - [24]

lamotrigine er 50 mg tablet - [24]

lamotrigine odt 100 mg tablet - [24]

lamotrigine odt 200 mg tablet - [24]

lamotrigine odt 25 mg tablet - [24]

lamotrigine odt 50 mg tablet - [24]

lamotrigine tab start kit-blue - [25]

lamotrigine tab start kt-green - [25]

lamotrigine tab start kt-orang - [25]

lancets 26g - [203]

lancets 26g x 1.8mm - [203]

lancets 28g lancets - [203]

lancets 28g x 1.8mm - [203]

lancets 30g - [203]

lancets 33g - [203]

lancets ultra fine 28g - [203]

lancing device - [203]

LANOXIN 125 MCG TABLET - [95]

LANOXIN 250 MCG TABLET - [95]

lansoprazole dr 15 mg capsule - [129]

lansoprazole dr 30 mg capsule - [129]

lanthanum carb 1,000 mg tb chw - [121]

lanthanum carb 750 mg tab chew - [121]

LANTUS SOLOSTAR 100 UNIT/ML - [76]

lapatinib 250 mg tablet - [48]

larin 21 1-20 tablet - [140]

larin fe 1-20 tablet - [140]

latanoprost 0.005% eye drops - [252]

LAZCLUZE 80 MG TABLET - [49]

leader ins syr 0.5 ml 28gx1/2" - [203]

leader ins syr 0.5 ml 30gx1/2" - [204]

leader ins syr 1 ml 29gx1/2" - [204]

leader ins syr 1 ml 31gx5/16" - [204]

leader syring 0.3 ml 31gx5/16" - [204]

leena 28 tablet - [140]

leflunomide 20 mg tablet - [157]

lenalidomide 15 mg capsule - [41]

lenalidomide 20 mg capsule - [41]

lenalidomide 5 mg capsule - [42]

LENVIMA 12 MG DAILY DOSE - [49]

LENVIMA 18 MG DAILY DOSE - [49]

LENVIMA 24 MG DAILY DOSE - [49]

LENVIMA 8 MG DAILY DOSE - [49]

letrozole 2.5 mg tablet - [45]

lanreotide 120 mg/0.5 ml syrng - [150]

lansoprazole dr 15 mg odt - [129]

lansoprazole dr 30 mg odt - [129]

lanthanum carb 500 mg tab chew - [121]

LANTUS 100 UNIT/ML VIAL - [76]

lanzo lancing device - [203]

larin 1.5 mg-30 mcg tablet - [140]

larin 24 fe 1 mg-20 mcg tablet - [140]

larin fe 1.5-30 tablet - [139]

LAZCLUZE 240 MG TABLET - [49]

leader ins syr 0.3 ml 29gx1/2" - [203]

leader ins syr 0.5 ml 29gx1/2" - [204]

leader ins syr 1 ml 28gx1/2" - [204]

leader ins syr 1 ml 30gx5/16" - [204]

leader insulin syringe 0.3 ml - [204]

leader syring 0.5 ml 31gx5/16" - [204]

leflunomide 10 mg tablet - [157]

lenalidomide 10 mg capsule - [41]

lenalidomide 2.5 mg capsule - [41]

lenalidomide 25 mg capsule - [41]

LENVIMA 10 MG DAILY DOSE - [49]

LENVIMA 14 MG DAILY DOSE - [49]

LENVIMA 20 MG DAILY DOSE - [49]

LENVIMA 4 MG CAPSULE - [49]

lessina-28 tablet - [140]

leucovorin cal 100 mg/10 ml vl - [53]

leucovorin cal 500 mg/50 ml vl - [54]

leucovorin calcium 10 mg tab - [54]

leucovorin calcium 100 mg vial - [54]

leucovorin calcium 15 mg tab - [54]

leucovorin calcium 200 mg vial - [54]

leucovorin calcium 25 mg tab - [54]

leucovorin calcium 350 mg vial - [54]

leucovorin calcium 5 mg tab - [54]

leucovorin calcium 50 mg vial - [54]

leucovorin calcium 500 mg vial - [54]

LEUKERAN 2 MG TABLET - [40]

leuprolide 2wk 14 mg/2.8 ml kt - [150]

levalbuterol 0.31 mg/3 ml sol - [257]

levalbuterol 0.63 mg/3 ml sol - [257]

levalbuterol 1.25 mg/3 ml sol - [257]

levalbuterol conc 1.25 mg/0.5 - [257]

levalbuterol tar hfa 45mcg inh - [257]

levetiracetam 1,000 mg tablet - [25]

levetiracetam 1,000mg/10ml cup - [25]

levetiracetam 100 mg/ml soln - [25]

levetiracetam 250 mg tablet - [25]

levetiracetam 500 mg tablet - [25]

levetiracetam 750 mg tablet - [25]

levetiracetam er 500 mg tablet - [25]

levetiracetam er 750 mg tablet - [25]

LEVO-T 100 MCG TABLET - [147]

LEVO-T 112 MCG TABLET - [147]

LEVO-T 125 MCG TABLET - [147]

LEVO-T 137 MCG TABLET - [147]

LEVO-T 150 MCG TABLET - [147]

LEVO-T 175 MCG TABLET - [147]

LEVO-T 200 MCG TABLET - [147]

LEVO-T 25 MCG TABLET - [147]

LEVO-T 300 MCG TABLET - [147]

LEVO-T 50 MCG TABLET - [147]

LEVO-T 75 MCG TABLET - [147]

LEVO-T 88 MCG TABLET - [147]

levobunolol 0.5% eye drops - [252]

levocarnitine 1 g/10 ml cup - [130]

levocarnitine 1 g/10 ml soln - [130]

levocarnitine 330 mg tablet - [130]

levocarnitine 500 mg/5 ml cup - [130]

levocarnitine sf 1 g/10 ml sol - [130]

levofloxacin 0.5% eye drop - [250]

levofloxacin 25 mg/ml solution - [22]

levofloxacin 250 mg tablet - [22]

levofloxacin 500 mg tablet - [22]

levofloxacin 750 mg tablet - [22]

levoleucovorin 175 mg/17.5 ml - [54]

levoleucovorin 250 mg/25 ml vl - [54]

levoleucovorin 50 mg vial - [54]

levonest-28 tablet - [140]

levonor-e estrad 0.1-0.02-0.01 - [140]

levonor-eth estra 0.09-0.02 mg - [140]

levonor-eth estrad 0.1-0.02 mg - [140]

levonor-eth estrad 0.15-0.03 - [140]

levonor-eth estrad triphasic - [140]

levonorg-ee-fe bis 0.1-0.02-36 - [140]

levonorgestrel 1.5 mg tablet - [145]

levora-28 tablet - [140]

levorphanol 2 mg tablet - [6]

levorphanol 3 mg tablet - [6]

levothyroxine 100 mcg tablet - [147]

levothyroxine 112 mcg tablet - [147]

levothyroxine 125 mcg tablet - [147]

levothyroxine 137 mcg tablet - [147]

levothyroxine 150 mcg tablet - [148]

levothyroxine 175 mcg tablet - [148]

levothyroxine 200 mcg tablet - [148]

levothyroxine 25 mcg tablet - [148]

levothyroxine 300 mcg tablet - [148]

levothyroxine 50 mcg tablet - [148]

levothyroxine 75 mcg tablet - [148]

levothyroxine 88 mcg tablet - [148]

LEVOXYL 100 MCG TABLET - [148]

LEVOXYL 112 MCG TABLET - [148]

LEVOXYL 125 MCG TABLET - [148]

LEVOXYL 137 MCG TABLET - [148]

LEVOXYL 150 MCG TABLET - [148]

LEVOXYL 175 MCG TABLET - [148]

LEVOXYL 200 MCG TABLET - [148]

LEVOXYL 25 MCG TABLET - [148]

LEVOXYL 50 MCG TABLET - [148]

LEVOXYL 75 MCG TABLET - [148]

LEVOXYL 88 MCG TABLET - [148]

lidocaine 2% viscous 15 ml cup - [9]

lidocaine 2% viscous soln - [9]

lidocaine 5% ointment - [9]

lidocaine 5% patch - [9]

lidocaine hcl 0.5% vial - [8]

lidocaine hcl 1% 100 mg/10 ml - [8]

lidocaine hcl 1% 20 mg/2 ml - [8]

lidocaine hcl 1% 20 mg/2 ml vl - [8]

lidocaine hcl 1% 200 mg/20 ml - [8]

lidocaine hcl 1% 300 mg/30 ml - [8]

lidocaine hcl 1% 50 mg/5 ml - [8]

lidocaine hcl 1% 50 mg/5 ml vl - [8]

lidocaine hcl 1% 500 mg/50 ml - [8]

lidocaine hcl 1% ampul - [8]

lidocaine hcl 1% vial - [8]

lidocaine hcl 2% 1,000 mg/50ml - [8]

lidocaine hcl 2% 100 mg/5 ml - [8]

lidocaine hcl 2% 1000 mg/50 ml - [8]

lidocaine hcl 2% 200 mg/10 ml - [9]

lidocaine hcl 2% 40 mg/2 ml - [9]

lidocaine hcl 2% 400 mg/20 ml - [9]

lidocaine hcl 2% jelly uro-jet - [8]

lidocaine hcl 4% solution - [9]

lidoreal-30 4% patch - [9]

linezolid 600 mg tablet - [16]

liothyronine sod 5 mcg tab - [148]

lisdexamfetamine 10 mg capsule - [102]

lisdexamfetamine 20 mg capsule - [102]

lisdexamfetamine 30 mg capsule - [102]

lisdexamfetamine 40 mg capsule - [103]

lisdexamfetamine 50 mg capsule - [103]

lisdexamfetamine 60 mg capsule - [103]

lisdexamfetamine 70 mg capsule - [103]

lisinopril 2.5 mg tablet - [86]

lisinopril 30 mg tablet - [86]

lisinopril 5 mg tablet - [86]

lisinopril-hctz 20-12.5 mg tab - [95]

lite touch 28g lancets - [204]

lite touch 31gx1/4" pen needle - [204]

lite touch insulin 0.5 ml syr - [204]

lite touch insulin syr 0.3 ml - [204]

lite touch insulin syr 1 ml - [204]

lite touch pen needle 29g - [204]

liteaire mdi chamber - [204]

litetouch ins 0.3 ml 30gx5/16" - [205]

lidocaine hcl 2% 40 mg/2 ml vl - [9]

lidocaine hcl 2% jel urojet ac - [8]

lidocaine hcl 2% vial - [8, 87]

lidocaine-prilocaine cream - [9]

linezolid 100 mg/5 ml susp - [16]

liothyronine sod 25 mcg tab - [148]

liothyronine sod 50 mcg tab - [148]

lisdexamfetamine 10 mg tb chew - [102]

lisdexamfetamine 20 mg tb chew - [102]

lisdexamfetamine 30 mg tb chew - [102]

lisdexamfetamine 40 mg tb chew - [103]

lisdexamfetamine 50 mg tb chew - [103]

lisdexamfetamine 60 mg tb chew - [103]

lisinopril 10 mg tablet - [86]

lisinopril 20 mg tablet - [86]

lisinopril 40 mg tablet - [86]

lisinopril-hctz 10-12.5 mg tab - [95]

lisinopril-hctz 20-25 mg tab - [95]

lite touch 30g lancets - [204]

lite touch 33g lancets - [204]

lite touch insulin 1 ml syr - [204]

lite touch insulin syr 0.5 ml - [204]

lite touch lancing pen - [204]

lite touch pen needle 31g - [204]

litetouch ins 0.3 ml 29gx1/2" - [204]

litetouch ins 0.3 ml 31gx5/16" - [205]

litetouch ins 0.5 ml 31gx5/16" - [205]

litetouch syr 0.5 ml 28gx1/2" - [205]

litetouch syr 0.5 ml 29gx1/2" - [205]

litetouch syr 0.5 ml 30gx5/16" - [205]

litetouch syrin 1 ml 28gx1/2" - [205]

litetouch syrin 1 ml 29gx1/2" - [205]

litetouch syrin 1 ml 30gx5/16" - [205]

lithium 8 meq/5 ml soln cup - [70]

lithium 8 meq/5 ml solution - [70]

lithium carbonate 150 mg cap - [70]

lithium carbonate 300 mg cap - [70]

lithium carbonate 300 mg tab - [70]

lithium carbonate 600 mg cap - [70]

lithium carbonate er 300 mg tb - [70]

lithium carbonate er 450 mg tb - [70]

live better advanced lancing - [205]

live better pen needles 8mm - [205]

live better super thin lancet - [205]

live better ultra thin lancet - [205]

LO LOESTRIN FE 1-10 TABLET - [140]

lo-zumandimine 3 mg-0.02 mg tb - [140]

lojaimiess 0.1-0.02-0.01 tab - [140]

lomaira 8 mg tablet - [106]

longs thin lancets 26g - [205]

longs thin lancets 30g - [205]

LONSURF 15 MG-6.14 MG TABLET - [42]

LONSURF 20 MG-8.19 MG TABLET - [42]

loperamide 2 mg capsule - [125]

lopinavir-ritonavir 80-20mg/ml - [67]

lopinavir-ritonavr 100-25mg tb - [67]

lopinavir-ritonavr 200-50mg tb - [67]

lorazepam 0.5 mg tablet - [70]

lorazepam 1 mg tablet - [70]

lorazepam 2 mg tablet - [70]

lorazepam 2 mg/ml carpuject - [70]

lorazepam 2 mg/ml oral concent - [70]

lorazepam 2 mg/ml vial - [70]

lorazepam 20 mg/10 ml vial - [70]

lorazepam 4 mg/ml vial - [70]

lorazepam 40 mg/10 ml vial - [70]

lorazepam intensol 2 mg/ml - [70]

LORBRENA 100 MG TABLET - [49]

LORBRENA 25 MG TABLET - [49]

loryna 3 mg-0.02 mg tablet - [140]

losartan potassium 100 mg tab - [85]

losartan potassium 25 mg tab - [85]

losartan potassium 50 mg tab - [85]

losartan-hctz 100-12.5 mg tab - [95]

losartan-hctz 100-25 mg tab - [95]

losartan-hctz 50-12.5 mg tab - [95]

loteprednol 0.5% ophthalmc gel - [251]

loteprednol etabonate 0.5% drp - [251]

lovastatin 10 mg tablet - [99]

lovastatin 20 mg tablet - [99]

lovastatin 40 mg tablet - [99]

low-ogestrel-28 tablet - [140]

loxapine 10 mg capsule - [58]

loxapine 25 mg capsule - [58]

loxapine 5 mg capsule - [58]

loxapine 50 mg capsule - [58]

lubiprostone 24 mcg capsule - [125]

lubiprostone 8 mcg capsule - [125]

lucira check-it covid home tst - [205]

luer lock syringe 30 ml - [205]

luer slip tip syr tray 1 ml - [205]

luer-lock syringe 60 ml - [205]

LUMAKRAS 120 MG TABLET - [49]

LUMAKRAS 240 MG TABLET - [49]

LUMAKRAS 320 MG TABLET - [49]

LUMIGAN 0.01% EYE DROPS - [252]

LUPRON DEPOT 11.25 MG 3MO KIT - [150]

LUPRON DEPOT 22.5 MG 3MO KIT - [150]

LUPRON DEPOT 3.75 MG KIT - [150]

LUPRON DEPOT 45 MG 6MO KIT - [150]

LUPRON DEPOT 7.5 MG KIT - [151]

LUPRON DEPOT-4 MONTH KIT - [151]

lurasidone hcl 120 mg tablet - [60]

lurasidone hcl 20 mg tablet - [60]

lurasidone hcl 40 mg tablet - [60]

lurasidone hcl 60 mg tablet - [60]

lurasidone hcl 80 mg tablet - [60]

lutera-28 tablet - [140]

lyleq 0.35 mg tablet - [145]

lyllana 0.025 mg patch - [140]

lyllana 0.0375 mg patch - [140]

lyllana 0.05 mg patch - [140]

lyllana 0.075 mg patch - [140]

lyllana 0.1 mg patch - [140]

LYNPARZA 100 MG TABLET - [49]

LYNPARZA 150 MG TABLET - [49]

LYSODREN 500 MG TABLET - [150]

LYTGOBI 12 MG DOSE (3X 4MG TB) - [43]

LYTGOBI 16 MG DOSE (4X 4MG TB) - [43]

LYTGOBI 20 MG DOSE (5X 4MG TB) - [43]

lyza 0.35 mg tablet - [145]

M-M-R II VACCINE VIAL - [160]

magellan insul syringe 0.3 ml - [205]

magellan insul syringe 0.5 ml - [205]

magellan insulin syr 0.3 ml - [205]

magellan insulin syr 0.5 ml - [205]

magellan insulin syringe 1 ml - [206]

magellan safety 1 ml 23gx1" - [206]

magellan tb safe 1 ml 28gx1/2" - [206]

magellan tuberculin syr 1 ml - [206]

magnesium citrate solution - [125]

maraviroc 150 mg tablet - [66]

marlissa-28 tablet - [141]

matzim la 180 mg tablet - [92]

matzim la 300 mg tablet - [92]

matzim la 420 mg tablet - [92]

MAVYRET 50-20 MG PELLET PACKET - [63]

maxi-comfort ins 1 ml 28gx1/2" - [206]

maxicomfort ii pen ndl 31gx6mm - [206]

maxicomfort ins 1 ml 27gx1/2" - [206]

maxicomfort pen ndl 29g x 8mm - [206]

meclizine 12.5 mg tablet - [34]

medisense thin 28g lancets - [206]

medlance plus 21g lancets - [206]

medlance plus extra 21g lancet - [206]

medroxyprogesterone 10 mg tab - [145]

medroxyprogesterone 2.5 mg tab - [145]

mefloquine hcl 250 mg tablet - [54]

megestrol 40 mg tablet - [146]

megestrol 400 mg/10ml susp cup - [146]

megestrol acet 40 mg/ml susp - [146]

meijer lancing device - [206]

MEKINIST 0.05 MG/ML SOLUTION - [49]

MEKINIST 2 MG TABLET - [49]

meloxicam 15 mg tablet - [3]

meloxicam 7.5 mg/5 ml susp - [262]

malathion 0.5% lotion - [114]

maraviroc 300 mg tablet - [66]

MATULANE 50 MG CAPSULE - [40]

matzim la 240 mg tablet - [92]

matzim la 360 mg tablet - [92]

MAVYRET 100-40 MG TABLET - [63]

maxi-comfort ins 0.5 ml 28g - [206]

maxi-tuss ac liquid - [260]

maxicomfort ins 0.5ml 27gx1/2" - [206]

maxicomfort pen ndl 29g x 5mm - [206]

MAXIDEX 0.1% EYE DROPS - [251]

meclizine 25 mg tablet - [35]

medisense thin lancets - [206]

medlance plus 30g lancets - [206]

medlance plus lite 25g lancets - [206]

medroxyprogesterone 150 mg/ml - [145]

medroxyprogesterone 5 mg tab - [146]

megestrol 20 mg tablet - [146]

megestrol 400 mg/10 ml cup - [146]

megestrol 625 mg/5 ml susp - [146]

meijer lancets - [206]

meijer universal 1 26g lancets - [206]

MEKINIST 0.5 MG TABLET - [49]

MEKTOVI 15 MG TABLET - [49]

meloxicam 7.5 mg tablet - [3]

melphalan 2 mg tablet - [40]

memantine 5-10 mg titration pk - [30]

memantine hcl 10 mg tablet - [30]

memantine hcl 5 mg tablet - [30]

memantine hcl er 14 mg capsule - [30]

memantine hcl er 21 mg capsule - [30]

memantine hcl er 28 mg capsule - [30]

memantine hcl er 7 mg capsule - [30]

MENACTRA VIAL - [160]

MENEST 0.3 MG TABLET - [141]

MENEST 0.625 MG TABLET - [141]

MENEST 1.25 MG TABLET - [141]

MENEST 2.5 MG TABLET - [141]

MENQUADFI VIAL - [160]

MENVEO 1 VIAL-A-C-Y-W-135-DIP - [160]

MENVEO A-C-Y-W KIT (2 VIALS) - [160]

meperidine 50 mg tablet - [6]

mercaptopurine 20 mg/ml suspen - [42]

mercaptopurine 50 mg tablet - [42]

merzee 1 mg-20 mcg capsule - [141]

mesalamine 1,000 mg supp - [162]

mesalamine 4 gm/60 ml enema - [162]

mesalamine 4 gm/60 ml kit - [162]

mesalamine 800 mg dr tablet - [162]

mesalamine dr 1.2 gm tablet - [162]

mesalamine dr 400 mg capsule - [162]

mesalamine er 0.375 gram cap - [162]

metadate er 20 mg tablet - [104]

METAMUCIL FIBER SINGLES PACKET - [125]

metformin hcl 1,000 mg tablet - [73]

metformin hcl 500 mg tablet - [73]

metformin hcl 850 mg tablet - [73]

metformin hcl er 500 mg tablet - [73]

metformin hcl er 750 mg tablet - [73]

methadone 10 mg/5 ml solution - [6]

methadone 10 mg/ml oral conc - [4]

methadone 5 mg/5 ml solution - [6]

methadone hcl 10 mg tablet - [6]

methadone hcl 5 mg tablet - [6]

methadone intensol 10 mg/ml - [4]

methazolamide 25 mg tablet - [252]

methazolamide 50 mg tablet - [252]

methenamine hipp 1 gm tablet - [16]

methenamine mand 1 gm tablet - [16]

methenamine mand 500 mg tablet - [16]

methimazole 10 mg tablet - [151]

methimazole 5 mg tablet - [151]

methocarbamol 500 mg tablet - [261]

methocarbamol 750 mg tablet - [261]

methotrexate 1 gram/40 ml vial - [157]

methotrexate 2.5 mg tablet - [157]

methotrexate 250 mg/10 ml vial - [157]

methotrexate 50 mg/2 ml vial - [157]

methscopolamine brom 2.5 mg tb - [126]

methscopolamine brom 5 mg tab - [126]

methsuximide 300 mg capsule - [26]

methyldopa 250 mg tablet - [84]

methyldopa 500 mg tablet - [84]

methyldopate 250 mg/5 ml vial - [84]

methylergonovine 0.2 mg tablet - [206]

methylphenidate 10 mg chew tab - [105]

methylphenidate 10 mg tablet - [105]

methylphenidate 10 mg/5 ml sol - [105]

methylphenidate 2.5 mg chew tb - [105]

methylphenidate 20 mg tablet - [105]

methylphenidate 5 mg chew tab - [105]

methylphenidate 5 mg tablet - [105]

methylphenidate 5 mg/5 ml soln - [105]

methylphenidate cd 10 mg cap - [104]

methylphenidate cd 20 mg cap - [104]

methylphenidate cd 30 mg cap - [104]

methylphenidate cd 40 mg cap - [104]

methylphenidate cd 50 mg cap - [104]

methylphenidate cd 60 mg cap - [104]

methylphenidate er 10 mg tab - [104]

methylphenidate er 18 mg tab - [104]

methylphenidate er 20 mg tab - [104]

methylphenidate er 27 mg tab - [104]

methylphenidate er 36 mg tab - [104]

methylphenidate er 54 mg tab - [104]

methylphenidate er(cd) 10mg cp - [105]

methylphenidate er(cd) 20mg cp - [105]

methylphenidate er(cd) 30mg cp - [105]

methylphenidate er(cd) 40mg cp - [105]

methylphenidate er(cd) 50mg cp - [105]

methylphenidate er(cd) 60mg cp - [105]

methylphenidate er(la) 10mg cp - [105]

methylphenidate er(la) 20mg cp - [105]

methylphenidate er(la) 30mg cp - [105]

methylphenidate er(la) 40mg cp - [105]

methylphenidate er(la) 60mg cp - [105]

methylprednisolone 16 mg tab - [133]

methylprednisolone 32 mg tab - [133]

methylprednisolone 4 mg dosepk - [133]

methylprednisolone 4 mg tablet - [133]

methylprednisolone 8 mg tablet - [133]

metoclopramide 10 mg tablet - [35]

metoclopramide 10 mg/10 ml cup - [35]

metoclopramide 10 mg/10 ml sol - [35]

metoclopramide 5 mg tablet - [35]

metoclopramide 5 mg/5 ml soln - [35]

metolazone 10 mg tablet - [98]

metolazone 2.5 mg tablet - [98]

metolazone 5 mg tablet - [98]

metoprolol succ er 100 mg tab - [89]

metoprolol succ er 200 mg tab - [89]

metoprolol succ er 25 mg tab - [89]

metoprolol succ er 50 mg tab - [89]

metoprolol tartrate 100 mg tab - [89]

metoprolol tartrate 25 mg tab - [89]

metoprolol tartrate 37.5 mg tb - [89]

metoprolol tartrate 50 mg tab - [89]

metoprolol tartrate 75 mg tab - [89]

metoprolol-hctz 100-25 mg tab - [95]

metoprolol-hctz 100-50 mg tab - [95]

metoprolol-hctz 50-25 mg tab - [95]

metronidazole 0.75% cream - [109]

metronidazole 0.75% lotion - [109]

metronidazole 250 mg tablet - [16]

metronidazole 375 mg capsule - [16]

metronidazole 500 mg tablet - [16]

metronidazole 500 mg/100 ml - [16]

metronidazole topical 0.75% gl - [109]

metronidazole topical 1% gel - [109]

metronidazole vaginal 0.75% gl - [16]

mexiletine 150 mg capsule - [87]

mexiletine 200 mg capsule - [87]

mexiletine 250 mg capsule - [87]

mibelas 24 fe chewable tablet - [141]

miconazole 3 200 mg vag supp - [37]

MICRHOGAM ULTRA-FILTD PLUS SYR - [152]

micro thin 33g lancet - [207]

micro thin 33g lancets - [207]

microchamber - [207]

microdot pen needle 31gx6mm - [207]

microdot pen needle 32gx4mm - [207]

microdot pen needle 33gx4mm - [207]

microdot readygard ndl 31g 5mm - [207]

microdot safety 28g lancet - [207]

microgestin 21 1-20 tablet - [141]

microgestin 21 1.5-30 tab - [141]

microgestin 24 fe 1 mg-20 mcg - [141]

microgestin fe 1-20 tablet - [141]

microgestin fe 1.5-30 tab - [141]

microlet 2 lancing device - [207]

microlet lancets - [207]

microlet next lancing device - [207]

microlife peak flow meter - [207]

microspacer for aerosol device - [207]

midodrine hcl 10 mg tablet - [84]

midodrine hcl 2.5 mg tablet - [84]

midodrine hcl 5 mg tablet - [84]

mifepristone 200 mg tablet - [133]

migergot 2-100 mg suppository - [38]

miglitol 100 mg tablet - [73]

miglitol 25 mg tablet - [73]

miglitol 50 mg tablet - [73]

mili 0.25-0.035 mg tablet - [141]

mimvey 1-0.5 mg tablet - [141]

mini pen needle 32g 4mm - [207]

mini pen needle 32g 6mm - [207]

mini pen needle 33g 4mm - [207]

mini pen needle 33g 6mm - [207]

mini wright peak flow meter - [207]

minocycline 50 mg capsule - [23]

minoxidil 10 mg tablet - [100]

mirabegron er 25 mg tablet - [131]

mirtazapine 15 mg odt - [30]

mirtazapine 30 mg odt - [30]

mirtazapine 45 mg odt - [30]

mirtazapine 7.5 mg tablet - [31]

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ms insul syr 0.5 ml 31gx5/16" - [211]

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naproxen dr 500 mg tablet - [3]

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naproxen sod cr 500 mg tablet - [3]

naproxen sod cr 750 mg tablet - [3]

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niavasc sr 500 mg tablet - [100]

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norethind-eth estrad 0.5-2.5 - [142]

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norg-ee 0.18-0.215-0.25/0.025 - [142]

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nymyo 0.25-0.035 mg (28) tab - [142]

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NUTROPIN AQ NUSPIN 20 INJECTOR - [134]

nyamyc 100,000 unit/gm powder - [115]

nylia 7-7-7-28 tablet - [142]

NYPOZI 300 MCG/0.5 ML SYRINGE - [82]

nystatin 100,000 unit/gm cream - [115]

nystatin 100,000 unit/gm powd - [115]

nystatin 500,000 unit oral tab - [37]

nystatin-triamcinolone cream - [115]

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octreotide acet 100 mcg/ml vl - [151]

octreotide acet 200 mcg/ml vl - [151]

octreotide acet 50 mcg/ml amp - [151]

octreotide acet 50 mcg/ml syr - [151]

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olmesartan-hctz 40-12.5 mg tab - [96]

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olmsrtn-amldpn-hctz 40-5-12.5 - [96]

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oxcarbazepine 300 mg tablet - [28]

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relion syring 0.5 ml 31gx5/16" - [222]

relion thin 26g lancets - [222]

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riteflo spacer - [223]

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rivastigmine 3 mg capsule - [29]

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risperidone 0.5 mg odt - [62]

risperidone 1 mg odt - [62]

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risperidone 2 mg tablet - [62]

risperidone 3 mg tablet - [62]

risperidone 4 mg tablet - [62]

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ritonavir 100 mg tablet - [67]

rivastigmine 13.3 mg/24hr ptch - [29]

rivastigmine 4.5 mg capsule - [30]

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rivelsa tablet - [143]

rizatriptan 10 mg odt - [39]

rizatriptan 10 mg tablet - [39]

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ropinirole hcl 1 mg tablet - [56]

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ropinirole hcl 4 mg tablet - [56]

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rosadan 0.75% cream - [109]

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rosuvastatin calcium 10 mg tab - [99]

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rosuvastatin calcium 40 mg tab - [99]

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safety pen needle 31g 4mm - [223]

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saline 0.45% soln-excel con - [120]

saline 0.9% flush 10 ml syr - [223]

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salsalate 500 mg tablet - [4]

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saps alcohol 70% prep pads - [223]

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sertraline hcl 25 mg tablet - [32]

setlakin 0.15 mg-0.03 mg tab - [143]

sevelamer 2.4 gm powder packet - [122]

sf 1.1% gel - [107]

sharobel 0.35 mg tablet - [146]

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sharpsafety 18 gal container - [224]

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shopko on-the-go 30g lancets - [224]

shopko unifine pentips 5mm 31g - [224]

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saps twist top 30g lancet - [223]

saxagliptin hcl 2.5 mg tablet - [74]

saxagliptin-metformin er 5-500 - [74]

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SCEMBLIX 20 MG TABLET - [51]

scopolamine 1 mg/3 day patch - [36]

securesafe syr 0.5 ml 29g 1/2" - [223]

selegiline hcl 5 mg capsule - [57]

selenium sulfide 2.5% lotion - [114]

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sertraline hcl 50 mg tablet - [32]

sevelamer 0.8 gm powder packet - [121]

sevelamer carbonate 800 mg tab - [121]

sf 5000 plus cream - [107]

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sildenafil 20 mg tablet - [258]

SILIQ 210 MG/1.5 ML SYRINGE - [154]

SIMBRINZA 1%-0.2% EYE DROP - [252]

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SIMLANDI(CF) AI 40 MG/0.4 ML - [157]

simliya 28 day tablet - [143]

simple diagnstic lancet device - [224]

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single-let lancets - [224]

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sm ins syr 0.5 ml 29gx1/2" - [224]

sm ins syr 1 ml 29gx1/2" - [225]

sm ins syringe 1 ml 28gx1/2" - [225]

sm insul syr 0.3 ml 31gx5/16" - [225]

sm insulin syr 0.3 ml 29gx1/2" - [225]

sm insulin syr 1 ml 31gx5/16" - [225]

sm lansoprazole dr 15 mg cap - [129]

sm micro thin 33g lancets - [225]

sm nicotine 2 mg chewing gum - [14]

silver sulfadiazine 1% cream - [114]

SIMLANDI(CF) 20 MG/0.2 ML SYRG - [263]

SIMLANDI(CF) 80 MG/0.8 ML SYRG - [263]

SIMLANDI(CF) AI 80 MG/0.8 ML - [263]

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SIMPONI ARIA 50 MG/4 ML VIAL - [157]

simvastatin 20 mg tablet - [99]

simvastatin 5 mg tablet - [99]

sirolimus 0.5 mg tablet - [157]

sirolimus 1 mg/ml oral soln - [157]

sirolimus 2 mg tablet - [158]

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sm esomeprazole mag dr 20 mg - [129]

sm ins syr 0.5 ml 30gx5/16" - [225]

sm ins syring 0.3 ml 30gx5/16" - [225]

sm ins syringe 1 ml 30gx5/16" - [225]

sm insul syr 0.5 ml 31gx5/16" - [225]

sm insulin syr 0.5 ml 28gx1/2" - [225]

sm lancets 21g - [225]

sm magnesium citrate solution - [125]

sm nicotine 14 mg/24hr patch - [14]

sm nicotine 2 mg lozenge - [14]

sm nicotine 21 mg/24hr patch - [14]

sm nicotine 4 mg chewing gum - [14]

sm nicotine 4 mg lozenge - [14]

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sm super thin 30g lancets - [225]

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sod citrate-citric acid cup - [120]

sod citrate-citric acid soln - [120]

sod fluoride enam prot 5000ppm - [107]

sod sul-potass sul-mag sul sol - [127]

sodium chloride 0.45% soln - [120]

sodium chloride 0.9% (pwr inj) - [225]

sodium chloride 0.9% 1,000 ml - [120]

sodium chloride 0.9% 10 ml syr - [226]

sodium chloride 0.9% 100 ml - [120]

sodium chloride 0.9% 250 ml - [120]

sodium chloride 0.9% 50 ml - [120]

sodium chloride 0.9% 500 ml - [120]

sodium chloride 0.9% inhal vl - [260]

sodium chloride 0.9% irrig - [226]

sodium chloride 0.9% irrig. - [226]

sodium chloride 0.9% prcss sol - [226]

sodium chloride 0.9% sol-excel - [120]

sodium chloride 0.9% soln - [120]

sodium chloride 0.9% solution - [120]

sodium chloride 0.9% syringe - [226]

sodium chloride 0.9% vial - [226]

sodium chloride 0.9% zr syr - [226]

sodium chloride 0.9%-water - [120]

sodium chloride 0.9%-water syr - [226]

sodium chloride 10% vial - [260]

sodium chloride 100 meq/40 ml - [120]

sodium chloride 120 meq/30 ml - [120]

sodium chloride 200 meq/50 ml - [120]

sodium chloride 3% iv soln - [120]

sodium chloride 3% vial - [260]

sodium chloride 4 meq/ml vl - [120]

sodium chloride 400 meq/100 ml - [120]

sodium chloride 5% iv soln - [120]

sodium chloride 50 meq/20 ml - [120]

sodium chloride 7% vial - [260]

sodium chloride 800 meq/200 ml - [120]

sodium fluoride 0.2% rinse - [107]

sodium fluoride 1.1% cream - [108]

sodium fluoride 1.1% gel - [108]

sodium fluoride 5000 dry mouth - [108]

sodium fluoride 5000 plus crm - [108]

sodium fluoride 5000 ppm cream - [108]

sodium fluoride 5000 ppm paste - [108]

sodium fluoride senstv 5000ppm - [107]

sodium fluoride-potassium nitr - [108]

sodium oxybate 0.5 g/ml soln - [262]

sodium phenylbutyrate 500mg tb - [130]

sodium phenylbutyrate powder - [130]

sodium polystyrene sulf powder - [122]

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sorafenib 200 mg tablet - [51]

sorine 240 mg tablet - [88]

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SPIRIVA RESPIMAT 2.5 MCG INH - [256]

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spironolactone 25 mg tablet - [97]

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spironolactone-hctz 25-25 tab - [96]

sprintec 28 day tablet - [143]

SPS 15 GM/60 ML SUSPENSION - [122]

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sronyx 0.10-0.02 mg tablet - [143]

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STELARA 130 MG/26 ML VIAL - [154]

STELARA 45 MG/0.5 ML SYRINGE - [154]

STELARA 45 MG/0.5 ML VIAL - [154]

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sterilance tl twist 30g lancet - [226]

sterilance tl twist 32g lancet - [226]

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STIVARGA 40 MG TABLET - [51]

streptomycin sulf 1 gm vial - [15]

STRIBILD TABLET - [64]

strive peak flow meter - [226]

SUBLOCADE 100 MG/0.5 ML SYRING - [10]

SUBLOCADE 300 MG/1.5 ML SYRING - [10]

subvenite 100 mg tablet - [25]

subvenite 150 mg tablet - [25]

subvenite 200 mg tablet - [25]

subvenite 25 mg tablet - [25]

subvenite tab start kit (blue) - [25]

subvenite tab start kit(green) - [25]

subvenite tab start kt(orange) - [25]

sucralfate 1 gm tablet - [128]

sucralfate 1 gm/10 ml susp - [128]

sucralfate 1 gm/10 ml susp cup - [128]

sulf-pred 10-0.23% eye drops - [249]

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sulfadiazine 500 mg tablet - [22]

sulfamethoxazole-tmp 20 ml cup - [22]

sulfamethoxazole-tmp ds tablet - [22]

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sulindac 150 mg tablet - [4]

sulindac 200 mg tablet - [4]

sumatriptan 20 mg nasal spray - [39]

sumatriptan 4 mg/0.5 ml cart - [39]

sumatriptan 4 mg/0.5 ml inject - [39]

sumatriptan 5 mg nasal spray - [39]

sumatriptan 6 mg/0.5 ml cart - [39]

sumatriptan 6 mg/0.5 ml vial - [39]

sumatriptan 6 mg/0.5ml autoinj - [39]

sumatriptan succ 100 mg tablet - [39]

sumatriptan succ 25 mg tablet - [39]

sumatriptan succ 50 mg tablet - [39]

sunitinib malate 12.5 mg cap - [51]

sunitinib malate 25 mg capsule - [51]

sunitinib malate 37.5 mg cap - [51]

sunitinib malate 50 mg capsule - [51]

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SUNLENCA 4- 300 MG TABLET - [66]

SUNLENCA 463.5 MG/1.5 ML VIAL - [66]

SUNLENCA 5- 300 MG TABLET - [66]

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super thin 30g lancet - [226]

super thin 30g lancets - [227]

sure comfort 0.3 ml syringe - [227]

sure comfort 0.5 ml syringe - [227]

sure comfort 1 ml syringe - [227]

sure comfort 18g lancets - [227]

sure comfort 21g lancets - [227]

sure comfort 23g lancets - [227]

sure comfort 28g lancets - [227]

sure comfort 3/10 ml syringe - [227]

sure comfort 30g lancets - [227]

sure comfort 30g pen needle - [227]

sure comfort alcohol prep pads - [227]

sure comfort ins 0.3ml 31gx1/4 - [227]

sure comfort ins 0.5ml 31gx1/4 - [227]

sure comfort ins 1 ml 31gx1/4" - [227]

sure comfort lancing pen - [227]

sure comfort pen ndl 29gx1/2" - [227]

sure comfort pen ndl 31g 5mm - [227]

sure comfort pen ndl 31g 8mm - [227]

sure comfort pen ndl 32g 4mm - [227]

sure comfort pen ndl 32g 6mm - [227]

sure-fine pen needles 12.7mm - [228]

sure-fine pen needles 5mm - [228]

sure-fine pen needles 8mm - [228]

sure-ject ins 0.3 ml 31gx5/16" - [228]

sure-ject ins 0.5 ml 31gx5/16" - [228]

sure-ject insu syr u100 0.3 ml - [228]

sure-ject insu syr u100 0.5 ml - [228]

sure-ject insu syr u100 1 ml - [228]

sure-ject insul syr u100 1 ml - [228]

sure-ject insulin syringe 1 ml - [228]

sure-lance 26g lancets - [228]

sure-lance flat lancets - [228]

sure-lance thin 28g lancets - [228]

sure-lance ultra thin 30g - [228]

sure-pen lancing device - [228]

sure-prep alcohol prep pads - [228]

sure-touch lancet - [228]

sv prenatal tablet - [124]

sw nicotine 2 mg chewing gum - [14]

sw nicotine 2 mg lozenge - [14]

sw nicotine 4 mg chewing gum - [14]

sw nicotine 4 mg lozenge - [14]

swi alcohol 70% prep pads - [228]

swi twist top 30g lancet - [228]

syeda 28 tablet - [143]

symax fastabs 0.125 mg tablet - [126]

symax-sl 0.125 mg tablet sl - [126]

SYMTUZA 800-150-200-10 MG TAB - [67]

SYNJARDY 12.5-1,000 MG TABLET - [74]

SYNJARDY 12.5-500 MG TABLET - [74]

SYNJARDY 5-1,000 MG TABLET - [74]

SYNJARDY 5-500 MG TABLET - [74]

SYNJARDY XR 10-1,000 MG TABLET - [74]

SYNJARDY XR 12.5-1,000 MG TAB - [74]

SYNJARDY XR 25-1,000 MG TABLET - [74]

SYNJARDY XR 5-1,000 MG TABLET - [74]

SYNTHROID 100 MCG TABLET - [149]

SYNTHROID 112 MCG TABLET - [149]

SYNTHROID 125 MCG TABLET - [149]

SYNTHROID 137 MCG TABLET - [149]

SYNTHROID 150 MCG TABLET - [149]

SYNTHROID 175 MCG TABLET - [149]

SYNTHROID 200 MCG TABLET - [149]

SYNTHROID 25 MCG TABLET - [149]

SYNTHROID 300 MCG TABLET - [149]

SYNTHROID 50 MCG TABLET - [149]

SYNTHROID 75 MCG TABLET - [149]

SYNTHROID 88 MCG TABLET - [149]

syringe 12ml,pharm tray pk - [229]

syringe 20ml, pharm tray pk - [229]

syringe 35 ml - [229]

syringe 35ml, pharm tray pk - [229]

syringe 60ml, pharm tray pk - [229]

syringe w-needle 1 ml 25x1" - [228]

syringe w-o ndl 12 ml-non-strl - [228]

syringe w-o ndl 20 ml-non-strl - [228]

syringe w-o ndl 3 ml non-strl - [229]

syringe w-o ndl 35 ml-non-strl - [229]

syringe w-o ndl 6 ml non-strl - [229]

syringe w-o needle 140 ml - [229]

syringe w-o needle 60 ml - [229]

TABRECTA 150 MG TABLET - [44]

TABRECTA 200 MG TABLET - [44]

tacrolimus 0.03% ointment - [112]

tacrolimus 0.1% ointment - [112]

tacrolimus 0.5 mg capsule (ir) - [158]

tacrolimus 1 mg capsule (ir) - [158]

tacrolimus 5 mg capsule (ir) - [158]

tadalafil 20 mg tablet - [259]

tadalafil 5 mg tablet - [132]

TAFINLAR 10 MG TABLET FOR SUSP - [51]

TAFINLAR 50 MG CAPSULE - [51]

TAFINLAR 75 MG CAPSULE - [51]

tafluprost 0.0015% eye drop - [252]

TAGRISSO 40 MG TABLET - [51]

TAGRISSO 80 MG TABLET - [51]

TAKE ACTION 1.5 MG TABLET - [146]

TALTZ 20 MG/0.25 ML SYRINGE - [154]

TALTZ 40 MG/0.5 ML SYRINGE - [154]

TALTZ 80 MG/ML AUTOINJ (2-PK) - [154]

TALTZ 80 MG/ML AUTOINJ (3-PK) - [154]

TALTZ 80 MG/ML AUTOINJECTOR - [154]

TALTZ 80 MG/ML SYRINGE - [154]

TALZENNA 0.1 MG CAPSULE - [51]

TALZENNA 0.1 MG SOFTGEL - [51]

TALZENNA 0.25 MG CAPSULE - [51]

TALZENNA 0.25 MG SOFTGEL - [51]

TALZENNA 0.35 MG CAPSULE - [51]

TALZENNA 0.35 MG SOFTGEL - [51]

TALZENNA 0.5 MG CAPSULE - [51]

TALZENNA 0.5 MG SOFTGEL - [51]

TALZENNA 0.75 MG CAPSULE - [51]

TALZENNA 0.75 MG SOFTGEL - [51]

TALZENNA 1 MG CAPSULE - [51]

TALZENNA 1 MG SOFTGEL - [52]

tamoxifen 10 mg tablet - [42]

tamoxifen 20 mg tablet - [42]

tamsulosin hcl 0.4 mg capsule - [131]

tarina 24 fe 1 mg-20 mcg tab - [143]

tarina fe 1-20 eq tablet - [143]

TASIGNA 50 MG CAPSULE - [52]

tazarotene 0.1% cream - [109]

tazicef 1 gm add-vantage vial - [19]

tazicef 1 gram vial - [19]

tazicef 2 gm add-vantage vial - [19]

tazicef 2 gram vial - [19]

tazicef 6 gram vial - [19]

TAZVERIK 200 MG TABLET - [44]

techlite 0.3 ml 29gx12mm (1/2) - [229]

techlite 0.3 ml 30gx8mm (1/2) - [229]

techlite 0.3 ml 31gx6mm (1/2) - [230]

techlite 0.3 ml 31gx8mm (1/2) - [230]

techlite 0.5 ml 30gx12mm (1/2) - [230]

techlite 0.5 ml 30gx8mm (1/2) - [230]

techlite 0.5 ml 31gx6mm (1/2) - [230]

techlite 0.5 ml 31gx8mm (1/2) - [230]

techlite 25g lancets - [230]

techlite 26g lancets - [230]

techlite 28g lancets - [230]

techlite 30g lancets - [230]

techlite ins syr 1 ml 29gx12mm - [229]

techlite ins syr 1 ml 30gx12mm - [229]

techlite ins syr 1 ml 31gx6mm - [229]

techlite ins syr 1 ml 31gx8mm - [229]

techlite pen needle 29gx1/2" - [229]

techlite pen needle 29gx3/8" - [229]

techlite pen needle 31gx1/4" - [229]

techlite pen needle 31gx3/16" - [229]

techlite pen needle 31gx5/16" - [229]

techlite pen needle 32gx1/4" - [229]

techlite pen needle 32gx5/16" - [229]

techlite pen needle 32gx5/32" - [229]

techlite plus pen ndl 32g 4mm - [229]

TEGRETOL 100 MG/5 ML SUSP - [29]

TEGRETOL 200 MG TABLET - [29]

TEGRETOL XR 100 MG TABLET - [29]

TEGRETOL XR 200 MG TABLET - [29]

TEGRETOL XR 400 MG TABLET - [29]

telmisartan 20 mg tablet - [85]

telmisartan 80 mg tablet - [85]

telmisartan-amlodipine 40-5 mg - [96]

telmisartan-amlodipine 80-5 mg - [96]

telmisartan-hctz 80-12.5 mg tb - [96]

temazepam 15 mg capsule - [261]

temozolomide 100 mg capsule - [40]

temozolomide 180 mg capsule - [41]

temozolomide 250 mg capsule - [41]

TENIVAC SYRINGE - [161]

tenofovir disop fum 300 mg tb - [65]

terazosin 1 mg capsule - [85]

terazosin 2 mg capsule - [85]

terbinafine hcl 250 mg tablet - [37]

terbutaline sulfate 5 mg tab - [257]

terconazole 0.8% cream - [37]

TERIPARATIDE 620 MCG/2.48 ML - [164]

terumo hypodermic ndl-syrin - [230]

terumo ins syringe u100-1 ml - [230]

terumo ins syringe u100-1/3 ml - [230]

terumo surguard2 syr 20g-3 ml - [230]

terumo surguard2 syr 21g 3 ml - [230]

terumo surguard2 syr 21g-5 ml - [231]

terumo surguard2 syr 23g 3 ml - [231]

terumo surguard2 syr 25g-1 ml - [231]

telcare ultra thin 30g lancets - [230]

telmisartan 40 mg tablet - [85]

telmisartan-amlodipine 40-10 - [96]

telmisartan-amlodipine 80-10 - [96]

telmisartan-hctz 40-12.5 mg tb - [96]

telmisartan-hctz 80-25 mg tab - [96]

temazepam 30 mg capsule - [261]

temozolomide 140 mg capsule - [41]

temozolomide 20 mg capsule - [41]

temozolomide 5 mg capsule - [41]

TENIVAC VIAL - [161]

TEPMETKO 225 MG TABLET - [52]

terazosin 10 mg capsule - [85]

terazosin 5 mg capsule - [85]

terbutaline sulfate 2.5 mg tab - [257]

terconazole 0.4% cream - [37]

terconazole 80 mg suppository - [37]

terumo allergy 1 ml 27gx1/2" - [230]

terumo ins syr 0.3 ml 29gx1/2" - [230]

terumo ins syringe u100-1/2 ml - [230]

terumo ins syrng u100-1/2 ml - [230]

terumo surguard2 syr 20g-5 ml - [230]

terumo surguard2 syr 21g-3 ml - [230]

terumo surguard2 syr 22g 3 ml - [231]

terumo surguard2 syr 25g 3 ml - [231]

terumo surguard2 syr 26g-1 ml - [231]

terumo surguard2 syr 27g-1 ml - [231]

terumo syringe 3 ml - [231]

terumo syringe 30 ml - [231]

testosteron enan 1,000 mg/5 ml - [135]

testosterone 1.62% gel pump - [135]

testosterone cyp 1,000 mg/10ml - [135]

testosterone cyp 1,000 mg/5 ml - [135]

testosterone cyp 2,000 mg/10ml - [135]

testosterone cyp 200 mg/ml - [135]

testosterone cyp 500 mg/2.5 ml - [135]

testosterone cyp 6,000 mg/30ml - [135]

testosterone enan 200 mg/ml - [135]

tetracycline 250 mg capsule - [24]

tetracycline 500 mg capsule - [24]

THEO-24 ER 100 MG CAPSULE - [258]

THEO-24 ER 300 MG CAPSULE - [258]

THEO-24 ER 400 MG CAPSULE - [258]

theophylline 80 mg/15 ml cup - [258]

theophylline 80 mg/15 ml soln - [258]

theophylline er 100 mg tablet - [258]

theophylline er 200 mg tablet - [258]

theophylline er 300 mg tablet - [258]

theophylline er 400 mg tablet - [258]

theophylline er 450 mg tablet - [258]

theophylline er 600 mg tablet - [258]

thin 26g lancet - [231]

thin 26g lancets - [231]

thin lancets 28g - [231]

thinpro ins syrin u100-0.3 ml - [231]

thinpro ins syrin u100-0.5 ml - [231]

thinpro ins syrin u100-1 ml - [231]

thioridazine 10 mg tablet - [59]

thioridazine 100 mg tablet - [59]

thioridazine 25 mg tablet - [59]

thioridazine 50 mg tablet - [59]

thiothixene 1 mg capsule - [59]

thiothixene 10 mg capsule - [59]

thiothixene 2 mg capsule - [59]

thiothixene 5 mg capsule - [59]

thyroid 120 mg tablet - [149]

thyroid 15 mg tablet - [149]

thyroid 30 mg tablet - [149]

thyroid 60 mg tablet - [149]

thyroid 90 mg tablet - [149]

tiadylt er 120 mg capsule - [92]

tiadylt er 180 mg capsule - [92]

tiadylt er 240 mg capsule - [92]

tiadylt er 300 mg capsule - [92]

tiadylt er 360 mg capsule - [92]

tiadylt er 420 mg capsule - [92]

tiagabine hcl 12 mg tablet - [27]

tiagabine hcl 16 mg tablet - [27]

tiagabine hcl 2 mg tablet - [27]

TIBSOVO 250 MG TABLET - [52]

ticagrelor 90 mg tablet - [84]

TICOVAC 2.4 MCG/0.5 ML SYRINGE - [161]

timolol 0.5%-dorzolamide 2% - [249]

timolol maleate 0.5% eye drops - [252]

tinidazole 500 mg tablet - [16]

TIVICAY PD 5 MG TAB FOR SUSP - [64]

tizanidine hcl 4 mg tablet - [63]

tobramycin 0.3% eye drop - [251]

tobramycin 1.2 gm vial - [15]

tobramycin 20 mg/2 ml vial - [15]

tobramycin 40 mg/ml vial - [15]

tobramycin-dexameth ophth susp - [249]

tolmetin sodium 400 mg cap - [4]

tolterodine tart er 4 mg cap - [131]

tolterodine tartrate 2 mg tab - [131]

topcare clickfine 31g x 5/16" - [231]

topcare universal1 33g lancets - [231]

topiramate 100 mg tablet - [26]

topiramate 200 mg tablet - [26]

topiramate 25 mg tablet - [26]

toremifene citrate 60 mg tab - [42]

torpenz 2.5 mg tablet - [52]

torpenz 7.5 mg tablet - [52]

torsemide 100 mg tablet - [97]

tiagabine hcl 4 mg tablet - [27]

ticagrelor 60 mg tablet - [84]

TICOVAC 1.2 MCG/0.25 ML SYRING - [161]

tilia fe 28 tablet - [143]

timolol maleate 0.25% eye drop - [252]

tinidazole 250 mg tablet - [16]

TIVICAY 50 MG TABLET - [64]

tizanidine hcl 2 mg tablet - [63]

TOBRADEX EYE OINTMENT - [249]

tobramycin 1,200 mg/30 ml vial - [15]

tobramycin 1.2 gram/30 ml vial - [15]

tobramycin 300 mg/5 ml ampule - [257]

tobramycin 80 mg/2 ml vial - [15]

today's hlth pn needle 6mm 31g - [231]

tolterodine tart er 2 mg cap - [131]

tolterodine tartrate 1 mg tab - [131]

topcare clickfine 31g x 1/4" - [231]

topcare ultra comfort syringe - [231]

topcare universal1 thin lancet - [231]

topiramate 15 mg sprinkle cap - [26]

topiramate 25 mg sprinkle cap - [26]

topiramate 50 mg tablet - [26]

torpenz 10 mg tablet - [52]

torpenz 5 mg tablet - [52]

torsemide 10 mg tablet - [97]

torsemide 20 mg tablet - [97]

torsemide 5 mg tablet - [97]

TRADJENTA 5 MG TABLET - [74]

tramadol hcl 25 mg tablet - [8]

tramadol hcl er 100 mg tablet - [5]

tramadol hcl er 300 mg tablet - [5]

tranexamic acid 650 mg tablet - [83]

travoprost 0.004% eye drop - [252]

trazodone 150 mg tablet - [32]

trazodone 50 mg tablet - [33]

TRELEGY ELLIPTA 100-62.5-25 - [260]

TRELSTAR 11.25 MG VIAL - [151]

TRELSTAR 3.75 MG VIAL - [151]

TREMFYA 100 MG/ML PEN - [263]

TREMFYA 200 MG/2 ML PEN - [154]

TREMFYA 200 MG/20 ML VIAL - [154]

tretinoin 0.01% gel - [109]

tretinoin 0.025% gel - [109]

tretinoin 0.05% gel - [110]

tretinoin 10 mg capsule - [53]

tri-legest fe-28 day tablet - [143]

tri-lo-estarylla tablet - [143]

tri-lo-mili tablet - [143]

tri-mili 28 tablet - [143]

tri-sprintec tablet - [144]

tri-vylibra lo tablet - [144]

triamcinolone 0.025% lotion - [112]

TPN ELECTROLYTES VIAL - [120]

tramadol hcl 100 mg tablet - [8]

tramadol hcl 50 mg tablet - [8]

tramadol hcl er 200 mg tablet - [5]

tramadol-acetaminophn 37.5-325 - [8]

TRAVASOL 10% SOLN VIAFLEX - [121]

trazodone 100 mg tablet - [32]

trazodone 300 mg tablet - [33]

TRECATOR 250 MG TABLET - [40]

TRELEGY ELLIPTA 200-62.5-25 - [260]

TRELSTAR 22.5 MG VIAL - [151]

TREMFYA 100 MG/ML ONE-PRESS - [154]

TREMFYA 100 MG/ML SYRINGE - [154]

TREMFYA 200 MG/2 ML SYRINGE - [154]

TREMFYA 200MG/2ML PEN INDCT PK - [154]

tretinoin 0.025% cream - [109]

tretinoin 0.05% cream - [109]

tretinoin 0.1% cream - [110]

tri-estarylla tablet - [143]

tri-linyah tablet - [143]

tri-lo-marzia tablet - [143]

tri-lo-sprintec tablet - [143]

tri-nymyo 28 tablet - [143]

tri-vylibra 28 tablet - [144]

triamcinolone 0.025% cream - [112]

triamcinolone 0.025% oint - [112]

triamcinolone 0.1% cream - [112]

triamcinolone 0.1% lotion - [112]

triamcinolone 0.1% ointment - [112]

triamcinolone 0.1% paste - [108]

triamcinolone 0.5% cream - [112]

triamcinolone 0.5% ointment - [112]

triamcinolone acet 200 mg/5 ml - [134]

triamcinolone acet 40 mg/ml vl - [134]

triamcinolone acet 400 mg/10ml - [134]

triamterene-hctz 37.5-25 mg cp - [96]

triamterene-hctz 37.5-25 mg tb - [96]

triamterene-hctz 75-50 mg tab - [97]

tricitrates oral soln 5 ml cup - [121]

tricitrates oral solution - [121]

triderm 0.1% cream - [113]

triderm 0.5% cream - [113]

trifluoperazine 1 mg tablet - [59]

trifluoperazine 10 mg tablet - [59]

trifluoperazine 2 mg tablet - [59]

trifluoperazine 5 mg tablet - [59]

trifluridine 1% eye drops - [251]

trigels-f forte softgel - [121]

trihexyphenidyl 2 mg tablet - [55]

trihexyphenidyl 2 mg/5 ml soln - [55]

trihexyphenidyl 5 mg tablet - [55]

TRIJARDY XR 10-5-1,000 MG TAB - [74]

TRIJARDY XR 12.5-2.5-1,000 MG - [74]

TRIJARDY XR 25-5-1,000 MG TAB - [75]

TRIJARDY XR 5-2.5-1,000 MG TAB - [75]

TRIKAFTA 100-50-75 MG/150 MG - [257]

TRIKAFTA 50-25-37.5 MG/75 MG - [257]

trimethoprim 100 mg tablet - [16]

trinatal rx 1 tablet - [124]

triphrocaps softgel - [124]

TRIUMEQ 600-50-300 MG TABLET - [66]

trivora-28 tablet - [144]

trojan bareskin pack condom - [231]

trojan enz condom - [232]

trojan pleasure pack condom - [232]

trojan ultra ribbed condom - [232]

trojan ultra thin condom - [232]

trojan ultra thin-spermicidal - [232]

TROPHAMINE 10% IV SOLUTION - [121]

tropicamide 0.5% eye drop - [250]

tropicamide 0.5% eye drops - [250]

tropicamide 1% eye drop - [250]

tropicamide 1% eye drops - [250]

trospium chloride 20 mg tablet - [131]

true cmfrt pro 0.5ml 30g 5/16" - [232]

true cmfrt pro 0.5ml 31g 5/16" - [232]

true cmfrt pro 0.5ml 32g 5/16" - [232]

true cmft sfty pen ndl 31g 5mm - [232]

true cmft sfty pen ndl 31g 6mm - [232]

true cmft sfty pen ndl 32g 4mm - [232]

true comfort 0.5 ml 30g 1/2" - [233]

true comfort 0.5 ml 31gx5/16" - [233]

true comfort 0.5ml 30g 5/16" - [233]

true comfort 0.5ml 31g 5/16" - [233]

true comfort 1 ml 31gx5/16" - [233]

true comfort 30g lancet - [233]

true comfort 30g safety lancet - [233]

true comfort 30g twist lancet - [233]

true comfort alcohol 70% pads - [232]

true comfort pen ndl 31g 5mm - [232]

true comfort pen ndl 31g 6mm - [232]

true comfort pen ndl 31g 8mm - [232]

true comfort pen ndl 31gx5mm - [232]

true comfort pen ndl 31gx6mm - [232]

true comfort pen ndl 32g 4mm - [232]

true comfort pen ndl 32g 5mm - [232]

true comfort pen ndl 32g 6mm - [232]

true comfort pen ndl 32gx4mm - [232]

true comfort pen ndl 33g 4mm - [232]

true comfort pen ndl 33g 5mm - [232]

true comfort pen ndl 33g 6mm - [232]

true comfort pro 1 ml 30g 1/2" - [232]

true comfort pro 1ml 30g 5/16" - [233]

true comfort pro 1ml 31g 5/16" - [233]

true comfort pro 1ml 32g 5/16" - [233]

true comfort sfty 1ml 30g 1/2" - [233]

true comfrt pro 0.5ml 30g 1/2" - [233]

true comfrt sfty 1ml 30g 5/16" - [233]

true comfrt sfty 1ml 31g 5/16" - [233]

true comfrt sfty 1ml 32g 5/16" - [233]

true folic acid 1600mcg dfe tb - [124]

truedraw lancing device - [233]

trueplus 33g lancets - [234]

trueplus ketone test strip - [233]

trueplus pen needle 29g 12mm - [233]

trueplus pen needle 29gx1/2" - [233]

trueplus pen needle 31g 5mm - [233]

trueplus pen needle 31g 8mm - [233]

trueplus pen needle 31g x 1/4" - [233]

trueplus pen needle 31gx3/16" - [234]

trueplus pen needle 31gx5/16" - [234]

trueplus pen needle 32gx5/32" - [234]

trueplus safety 28g lancet - [234]

trueplus super thin 28g lancet - [234]

trueplus syr 0.3ml 29gx1/2" - [234]

trueplus syr 0.3ml 30gx5/16" - [234]

trueplus syr 0.3ml 31gx5/16" - [234]

trueplus syr 0.5ml 28gx1/2" - [234]

trueplus syr 0.5ml 29gx1/2" - [234]

trueplus syr 0.5ml 30gx5/16" - [234]

trueplus syr 0.5ml 31gx5/16" - [234]

trueplus syr 1ml 28gx1/2" - [234]

trueplus syr 1ml 29gx1/2" - [234]

trueplus syr 1ml 30gx5/16" - [234]

trueplus syr 1ml 31gx5/16" - [234]

trueplus ultra thin 30g lancet - [234]

TRULANCE 3 MG TABLET - [125]

TRULICITY 0.75 MG/0.5 ML PEN - [75]

TRULICITY 1.5 MG/0.5 ML PEN - [75]

TRULICITY 3 MG/0.5 ML PEN - [75]

TRULICITY 4.5 MG/0.5 ML PEN - [75]

TRUMENBA 120 MCG/0.5 ML VACCIN - [161]

TRUQAP 160 MG TABLET - [52]

TRUQAP 200 MG TABLET - [52]

trustex condom - [234]

trustex latex condom - [234]

trustex-ria condom - [234]

truzone peak flow meter - [234]

tuberculin syringe - [234]

tuberculin syringes - [235]

TUKYSA 150 MG TABLET - [52]

TUKYSA 50 MG TABLET - [52]

TURALIO 125 MG CAPSULE - [52]

turqoz-28 tablet - [144]

TWINRIX VACCINE SYRINGE - [161]

TWIRLA 120-30 MCG/DAY PATCH - [144]

twist lancets - [235]

twist lancets 30g - [235]

twist lancets 32g - [235]

twist top 30g lancet - [235]

TYBLUME 0.1-0.02 MG CHEW TAB - [144]

TYBOST 150 MG TABLET - [66]

tydemy 3-0.03-0.451 mg tablet - [144]

TYMLOS 80 MCG DOSE PEN INJECTR - [164]

TYPHIM VI 25 MCG/0.5 ML SYRNG - [161]

TYPHIM VI 25 MCG/0.5 ML VIAL - [161]

UBRELVY 100 MG TABLET - [38]

UBRELVY 50 MG TABLET - [38]

UDENYCA 6 MG/0.6 ML AUTOINJECT - [83]

UDENYCA 6 MG/0.6 ML SYRINGE - [83]

ult cft 0.3 ml 29gx1/2" (1/2) - [235]

ult cft 0.3 ml 31gx5/16" (1/2) - [235]

ultcare ins syr 1 ml 31gx5/16" - [235]

ulti-lance auto-ad device - [235]

ulti-lance automatic device - [235]

ulticar ins 0.3ml 31gx1/4(1/2) - [235]

ulticare ins 0.3 ml 30gx1/2" - [235]

ulticare ins 0.3 ml 31gx1/4" - [235]

ulticare ins 0.5 ml 30gx1/2" - [235]

ulticare ins 0.5 ml 31gx1/4" - [235]

ulticare ins 1 ml 31gx1/4" - [235]

ulticare ins safety 1ml 29x1/2 - [235]

ulticare ins syr 1 ml 28gx1/2" - [235]

ulticare ins syr 1 ml 29gx1/2" - [235]

ulticare ins syr 1 ml 30gx1/2" - [235]

ulticare lds syr 1 ml 22g 1.5" - [235]

ulticare pen ndl 12.7 mm 29g - [235]

ulticare pen needle 31gx3/16" - [235]

ulticare pen needle 4mm 32g - [236]

ulticare pen needle 6mm 31g - [236]

ulticare pen needle 8 mm 31g - [236]

ulticare pen needle 8mm 31g - [236]

ulticare pen needles 12mm 29g - [236]

ulticare pen needles 4mm 32g - [236]

ulticare pen needles 6mm 31g - [236]

ulticare pen needles 6mm 32g - [236]

ulticare pen needles 8mm 31g - [236]

ulticare safe pen ndl 30g 8mm - [236]

ulticare safe pen ndl 5mm 30g - [236]

ulticare safety 0.5 ml 29gx1/2 - [236]

ulticare safety 3 ml 21gx1-1/2 - [236]

ulticare safety 3 ml 22gx1" - [236]

ulticare safety 3 ml 22gx1-1/2 - [236]

ulticare safety 3 ml 23gx1" - [236]

ulticare safety 3 ml 25gx1" - [236]

ulticare safety 3 ml 25gx5/8" - [236]

ulticare syr 0.3 ml 30gx1/2" - [236]

ulticare syr 0.3 ml 30gx5/16" - [236]

ulticare syr 0.3 ml 31gx5/16" - [236]

ulticare syr 0.5 ml 29gx1/2" - [236]

ulticare syr 0.5 ml 30gx1/2" - [236]

ulticare syr 0.5 ml 30gx5/16" - [236]

ulticare syr 0.5 ml 31gx5/16" - [236]

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ultracare ins 0.5 ml 31gx5/16" - [240]

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ZEPBOUND 2.5 MG/0.5 ML PEN - [248]

ZEPBOUND 5 MG/0.5 ML PEN - [248]

ZEPBOUND 7.5 MG/0.5 ML PEN - [248]

zidovudine 100 mg capsule - [66]

zidovudine 50 mg/5 ml syrup - [66]

ZIMHI 5 MG/0.5 ML SYRINGE - [10]

ziprasidone hcl 20 mg capsule - [62]

ziprasidone hcl 60 mg capsule - [62]

zoledronic acid 4 mg/100 ml - [164]

ZOLINZA 100 MG CAPSULE - [44]

zolpidem tartrate 5 mg tablet - [262]

ZOMACTON 5 MG VIAL - [135]

zonisamide 25 mg capsule - [29]

zovia 1-35 tablet - [144]

ZYDELIG 100 MG TABLET - [53]

ZYKADIA 150 MG TABLET - [53]

zenatane 40 mg capsule - [110]

ZENPEP DR 15,000 UNIT CAPSULE - [130]

ZENPEP DR 25,000 UNIT CAPSULE - [130]

ZENPEP DR 40,000 UNIT CAPSULE - [130]

zenzedi 10 mg tablet - [103]

ZEPATIER 50-100 MG TABLET - [63]

ZEPBOUND 10 MG/0.5 ML VIAL - [263]

ZEPBOUND 15 MG/0.5 ML PEN - [248]

ZEPBOUND 2.5 MG/0.5 ML VIAL - [248]

ZEPBOUND 5 MG/0.5 ML VIAL - [248]

ZEPBOUND 7.5 MG/0.5 ML VIAL - [263]

zidovudine 300 mg tablet - [66]

ZIEXTENZO 6 MG/0.6 ML SYRINGE - [83]

ziprasidone 20 mg/ml vial - [62]

ziprasidone hcl 40 mg capsule - [62]

ziprasidone hcl 80 mg capsule - [62]

zoledronic acid 4 mg/5 ml vial - [164]

zolpidem tartrate 10 mg tablet - [262]

ZOMACTON 10 MG VIAL - [135]

zonisamide 100 mg capsule - [29]

zonisamide 50 mg capsule - [29]

zumandimine 3 mg-0.03 mg tab - [144]

ZYDELIG 150 MG TABLET - [53]


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Changes Effective as of: 06/27/2025