



Formulary

San Mateo County ACE Access and Care for Everyone

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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.

Comprehensive Formulary

Coverage	Definition
1	GENERIC
2	BRAND

Abbreviation	Program Name	Definition
CODE-1	Code-1	A state mandated review applies.
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.
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		
<i>addaprin 200 mg tablet</i>	1	
<i>adult aspirin regimen ec 81 mg</i>	1	
<i>adult low dose asa ec 81 mg tb</i>	1	
ADVIL 200 MG CAPLET	1	
ADVIL 200 MG GEL CAPLET	1	
ADVIL 200 MG TABLET	1	
ARTHROTEC 50 MG-200 MCG TAB	2	
ARTHROTEC 75 MG-200 MCG TAB	2	
<i>aspirin ec 325 mg caplet</i>	1	
<i>aspirin ec 325 mg tablet</i>	1	
<i>aspirin ec 500 mg tablet</i>	1	
<i>aspirin ec 650 mg tablet</i>	1	
<i>aspirin ec 81 mg tablet</i>	1	
<i>aspirin regimen 81 mg ec tab</i>	1	
<i>aspirin 300 mg suppository</i>	1	
<i>aspirin 325 mg tablet</i>	1	
<i>aspirin 81 mg chewable tablet</i>	1	
<i>bayer advanced 500 mg tablet</i>	1	
<i>bayer aspirin ec 325 mg tablet</i>	1	
<i>bayer aspirin 325 mg caplet</i>	1	
<i>bayer aspirin 325 mg tablet</i>	1	
<i>bayer aspirin 500 mg caplet</i>	1	
<i>bayer aspirin 500 mg tablet</i>	1	
BAYER ASPIRIN 81 MG CHEW TAB	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bayer low dose ec 81 mg tab	1	
CELEBREX 100 MG CAPSULE	2	QL (2 / DAY); PA
CELEBREX 200 MG CAPSULE	2	QL (2 / DAY); PA
CELEBREX 400 MG CAPSULE	2	QL (1 / DAY); PA
CELEBREX 50 MG CAPSULE	2	QL (2 / DAY); PA
celecoxib 100 mg capsule	1	QL (2 / DAY); PA
celecoxib 200 mg capsule	1	QL (2 / DAY); PA
celecoxib 400 mg capsule	1	QL (1 / DAY); PA
celecoxib 50 mg capsule	1	QL (2 / DAY); PA
child aspirin 81 mg chew tab	1	
child aspirin 81 mg tab chew	1	
child ibuprofen 100 mg/5ml cup	1	
child ibuprofen 100mg/5ml syrg	1	
child ibuprofen 200mg/10ml cup	1	
children ibuprof 100mg/5ml cup	1	
children ibuprofen 100 mg/5 ml	1	
CHILDREN'S ADVIL 100 MG/5 ML	1	
CHILDREN'S MOTRIN 100 MG/5 ML	2	
cvx aspirin ec 325 mg tablet	1	
cvx aspirin ec 81 mg tablet	1	
cvx aspirin 325 mg caplet	1	
cvx aspirin 325 mg tablet	1	
cvx aspirin 81 mg chewable tab	1	
cvx chld ibuprofen 100 mg/5 ml	1	
cvx ibuprofen 200 mg caplet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cvs ibuprofen 200 mg tablet</i>	1	
<i>diclofenac pot 50 mg tablet</i>	1	
<i>diclofenac sod dr 25 mg tab</i>	1	
<i>diclofenac sod dr 50 mg tab</i>	1	
<i>diclofenac sod dr 75 mg tab</i>	1	
<i>diclofenac sod ec 25 mg tab</i>	1	
<i>diclofenac sod ec 50 mg tab</i>	1	
<i>diclofenac sod ec 75 mg tab</i>	1	
<i>diclofenac sod er 100 mg tab</i>	1	
<i>diclofenac-misoprost 50-0.2 mg</i>	1	
<i>diclofenac-misoprost 75-0.2 mg</i>	1	
DISALCID 500 MG TABLET	2	
DISALCID 750 MG TABLET	2	
ECOTRIN EC 325 MG TABLET	2	
<i>ecotrin ec 81 mg tablet</i>	1	
<i>eq aspirin ec 325 mg tablet</i>	1	
<i>eq aspirin ec 81 mg tablet</i>	1	
<i>eq aspirin 325 mg tablet</i>	1	
<i>eq aspirin 81 mg chewable tab</i>	1	
<i>eq child ibuprofen 100 mg/5 ml</i>	1	
<i>eq ibuprofen 200 mg caplet</i>	1	
<i>eq ibuprofen 200 mg tablet</i>	1	
<i>eql aspirin ec 325 mg tablet</i>	1	
<i>eql aspirin ec 81 mg tablet</i>	1	
<i>eql aspirin 325 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>eql aspirin 81 mg chewable tab</i>	1	
<i>eql child ibuprofen 100 mg/5ml</i>	1	
<i>eql ibuprofen 200 mg caplet</i>	1	
<i>eql ibuprofen 200 mg tablet</i>	1	
FELDENE 10 MG CAPSULE	2	
FELDENE 20 MG CAPSULE	2	
<i>ft aspirin ec 325 mg tablet</i>	1	
<i>ft aspirin ec 81 mg tablet</i>	1	
<i>ft aspirin 325 mg tablet</i>	1	
<i>ft child ibuprofen 100 mg/5 ml</i>	1	
<i>ft ibuprofen 200 mg caplet</i>	1	
<i>ft ibuprofen 200 mg tablet</i>	1	
<i>gnp aspirin ec 81 mg tablet</i>	1	
<i>gnp aspirin 325 mg tablet</i>	1	
<i>gnp aspirin 81 mg chewable tab</i>	1	
<i>gnp chld ibuprofen 100 mg/5 ml</i>	1	
<i>gnp ibuprofen 200 mg caplet</i>	1	
<i>gnp ibuprofen 200 mg tablet</i>	1	
<i>gs aspirin ec 325 mg tablet</i>	1	
<i>gs aspirin ec 81 mg tablet</i>	1	
<i>gs aspirin 325 mg tablet</i>	1	
<i>gs aspirin 81 mg chewable tab</i>	1	
<i>gs child ibuprofen 100 mg/5 ml</i>	1	
<i>gs ibuprofen 200 mg caplet</i>	1	
<i>gs ibuprofen 200 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hm aspirin ec 325 mg tablet</i>	1	
<i>hm aspirin ec 81 mg tablet</i>	1	
<i>hm aspirin 325 mg tablet</i>	1	
<i>hm aspirin 81 mg chewable tab</i>	1	
<i>hm child ibuprofen 100 mg/5 ml</i>	1	
<i>hm ibuprofen ib 200 mg tablet</i>	1	
<i>hm ibuprofen 200 mg caplet</i>	1	
<i>hm ibuprofen 200 mg tablet</i>	1	
<i>i-prin 200 mg tablet</i>	1	
<i>ibu 400 mg tablet</i>	1	
<i>ibu 600 mg tablet</i>	1	
<i>ibu 800 mg tablet</i>	1	
<i>ibu-200 200 mg tablet</i>	1	
<i>ibuprofen 100 mg/5 ml susp</i>	1	
<i>ibuprofen 200 mg caplet</i>	1	
<i>ibuprofen 200 mg tablet</i>	1	
<i>ibuprofen 400 mg tablet</i>	1	
<i>ibuprofen 600 mg tablet</i>	1	
<i>ibuprofen 800 mg tablet</i>	1	
INDOCIN 25 MG/5 ML SUSPENSION	2	
<i>indomethacin er 75 mg capsule</i>	1	
<i>indomethacin 25 mg capsule</i>	1	
<i>indomethacin 50 mg capsule</i>	1	
<i>kro aspirin ec 81 mg tablet</i>	1	
<i>kro aspirin 325 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>kro aspirin 81 mg chewable tab</i>	1	
<i>kro chld ibuprofen 100 mg/5 ml</i>	1	
<i>kro ibuprofen 200 mg caplet</i>	1	
<i>kro ibuprofen 200 mg tablet</i>	1	
<i>meloxicam 15 mg tablet</i>	1	
<i>meloxicam 7.5 mg tablet</i>	1	
MOTRIN IB 200 MG CAPLET	2	
<i>motrin ib 200 mg caplet</i>	1	
NAPROSYN 125 MG/5 ML SUSPEN	2	
NAPROSYN 500 MG TABLET	2	
<i>naproxen 125 mg/5 ml suspen</i>	1	
<i>naproxen 250 mg tablet</i>	1	
<i>naproxen 375 mg tablet</i>	1	
<i>naproxen 500 mg kit</i>	1	
<i>naproxen 500 mg tablet</i>	1	
<i>piroxicam 10 mg capsule</i>	1	
<i>piroxicam 20 mg capsule</i>	1	
<i>pub aspirin 325 mg tablet</i>	1	
<i>pub aspirin 81 mg chewable tab</i>	1	
<i>pub children's profen ib susp</i>	1	
<i>pub children's profenib susp</i>	1	
<i>pub ibuprofen 200 mg tablet</i>	1	
<i>qc aspirin ec 325 mg tablet</i>	1	
<i>qc aspirin ec 81 mg tablet</i>	1	
<i>qc aspirin 325 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>qc aspirin 81 mg chewable tab</i>	1	
<i>qc child ibuprofen 100 mg/5 ml</i>	1	
<i>qc ibuprofen 200 mg caplet</i>	1	
<i>qc ibuprofen 200 mg tablet</i>	1	
<i>ra aspirin ec 325 mg tablet</i>	1	
<i>ra aspirin ec 81 mg tablet</i>	1	
<i>ra aspirin 325 mg tablet</i>	1	
<i>ra aspirin 81 mg chewable tab</i>	1	
<i>ra child ibuprofen 100 mg/5 ml</i>	1	
<i>ra ibuprofen 100 mg/5 ml susp</i>	1	
<i>ra ibuprofen 200 mg caplet</i>	1	
<i>ra ibuprofen 200 mg tablet</i>	1	
<i>salsalate 500 mg tablet</i>	1	
<i>salsalate 750 mg tablet</i>	1	
<i>sm aspirin ec 325 mg tablet</i>	1	
<i>sm aspirin ec 81 mg tablet</i>	1	
<i>sm aspirin 325 mg tablet</i>	1	
<i>sm aspirin 81 mg chewable tab</i>	1	
<i>sm child aspirin 81 mg chw tab</i>	1	
<i>sm child ibuprofen 100 mg/5 ml</i>	1	
<i>sm ibuprofen ib 200 mg tablet</i>	1	
<i>sm ibuprofen 100 mg/5 ml susp</i>	1	
<i>sm ibuprofen 200 mg caplet</i>	1	
<i>sm ibuprofen 200 mg tablet</i>	1	
<i>st. joseph aspirin ec 81 mg tb</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>st. joseph aspirin 81 mg chew</i>	1	
<i>sulindac 150 mg tablet</i>	1	
<i>sulindac 200 mg tablet</i>	1	
<i>wal-profen 200 mg caplet</i>	1	
<i>wal-profen 200 mg tablet</i>	1	
ANALGESICS - OPIOID ANALGESICS, LONG-ACTING		
DISKETS 40 MG TABLET DISPR	2	QL (8 / DAY); NDS
<i>fentanyl 100 mcg/hr patch</i>	1	QL (0.34 / DAY); NDS
<i>fentanyl 12 mcg/hr patch</i>	1	QL (0.34 / DAY); NDS
<i>fentanyl 25 mcg/hr patch</i>	1	QL (0.34 / DAY); NDS
<i>fentanyl 37.5 mcg/hr patch</i>	1	QL (0.34 / DAY); NDS
<i>fentanyl 50 mcg/hr patch</i>	1	QL (0.34 / DAY); NDS
<i>fentanyl 75 mcg/hr patch</i>	1	QL (0.34 / DAY); NDS
<i>methadone 40 mg tablet dispr</i>	1	QL (8 / DAY); NDS
<i>methadose 40 mg tablet dispr</i>	1	QL (8 / DAY); NDS
<i>morphine sulf er 100 mg tablet</i>	1	QL (2 / DAY); NDS
<i>morphine sulf er 15 mg tablet</i>	1	QL (4 / DAY); NDS
<i>morphine sulf er 200 mg tablet</i>	1	QL (2 / DAY); NDS
<i>morphine sulf er 30 mg tablet</i>	1	QL (4 / DAY); NDS
<i>morphine sulf er 60 mg tablet</i>	1	QL (2 / DAY); NDS
MS CONTIN ER 100 MG TABLET	2	QL (2 / DAY); NDS
MS CONTIN ER 15 MG TABLET	2	QL (4 / DAY); NDS
MS CONTIN ER 200 MG TABLET	2	QL (2 / DAY); NDS
MS CONTIN ER 30 MG TABLET	2	QL (4 / DAY); NDS
MS CONTIN ER 60 MG TABLET	2	QL (2 / DAY); NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>oxycodone hcl er 10 mg tablet</i>	1	QL (2 / DAY); NDS
<i>oxycodone hcl er 20 mg tablet</i>	1	QL (2 / DAY); NDS
<i>oxycodone hcl er 40 mg tablet</i>	1	QL (2 / DAY); NDS
<i>oxycodone hcl er 80 mg tablet</i>	1	QL (2 / DAY); NDS
<i>oxycodone hcl 100 mg/5 ml conc</i>	1	QL (250 / 30 DAYS); NDS
OXYCONTIN ER 10 MG TABLET	2	QL (2 / DAY); NDS
OXYCONTIN ER 15 MG TABLET	2	QL (2 / DAY); NDS
OXYCONTIN ER 20 MG TABLET	2	QL (2 / DAY); NDS
OXYCONTIN ER 30 MG TABLET	2	QL (2 / DAY); NDS
OXYCONTIN ER 40 MG TABLET	2	QL (2 / DAY); NDS
OXYCONTIN ER 60 MG TABLET	2	QL (2 / DAY); NDS
OXYCONTIN ER 80 MG TABLET	2	QL (2 / DAY); NDS
ANALGESICS - OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-cod #2 tablet</i>	1	QL (120 / 30 DAYS); NDS
<i>acetaminophen-cod #3 tablet</i>	1	QL (120 / 30 DAYS); NDS
<i>acetaminophen-cod #4 tablet</i>	1	QL (120 / 30 DAYS); NDS
<i>codeine sulfate 15 mg tablet</i>	1	NDS
<i>codeine sulfate 30 mg tablet</i>	1	NDS
<i>codeine sulfate 60 mg tablet</i>	1	NDS
DILAUDID 2 MG TABLET	2	QL (240 / 30 DAYS); NDS
DILAUDID 4 MG TABLET	2	QL (240 / 30 DAYS); NDS
DILAUDID 5 MG/5 ML ORAL LIQUID	2	NDS
DILAUDID 8 MG TABLET	2	QL (240 / 30 DAYS); NDS
<i>endocet 10-325 mg tablet</i>	1	QL (120 / 30 DAYS); NDS
<i>endocet 2.5-325 mg tablet</i>	1	QL (120 / 30 DAYS); NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>endocet 5-325 mg tablet</i>	1	QL (120 / 30 DAYS); NDS
<i>endocet 7.5-325 mg tablet</i>	1	QL (120 / 30 DAYS); NDS
<i>hydrocodone-acetamin 10-300 mg</i>	1	QL (120 / 30 DAYS); NDS
<i>hydrocodone-acetamin 10-325 mg</i>	1	QL (120 / 30 DAYS); NDS
<i>hydrocodone-acetamin 5-300 mg</i>	1	QL (120 / 30 DAYS); NDS
<i>hydrocodone-acetamin 5-325 mg</i>	1	QL (120 / 30 DAYS); NDS
<i>hydrocodone-acetamin 7.5-300</i>	1	QL (120 / 30 DAYS); NDS
<i>hydrocodone-acetamin 7.5-325</i>	1	QL (120 / 30 DAYS); NDS
<i>hydromorphone 1 mg/ml solution</i>	1	NDS
<i>hydromorphone 2 mg tablet</i>	1	QL (240 / 30 DAYS); NDS
<i>hydromorphone 3 mg suppos</i>	1	NDS
<i>hydromorphone 4 mg tablet</i>	1	QL (240 / 30 DAYS); NDS
<i>hydromorphone 5 mg/5 ml soln</i>	1	NDS
<i>hydromorphone 8 mg tablet</i>	1	QL (240 / 30 DAYS); NDS
<i>methadone hcl 10 mg tablet</i>	1	QL (8 / DAY); NDS
<i>methadone hcl 5 mg tablet</i>	1	QL (8 / DAY); NDS
<i>methadone 10 mg/5 ml solution</i>	1	QL (60 / DAY); NDS
<i>methadone 5 mg/5 ml solution</i>	1	QL (60 / DAY); NDS
<i>morphine sulf 10 mg suppos</i>	1	NDS
<i>morphine sulf 10 mg/5 ml cup</i>	1	QL (1200 / 30 DAYS); NDS
<i>morphine sulf 10 mg/5 ml soln</i>	1	QL (1200 / 30 DAYS); NDS
<i>morphine sulf 100 mg/5 ml conc</i>	1	QL (120 / 30 DAYS); NDS
<i>morphine sulf 20 mg suppos</i>	1	NDS
<i>morphine sulf 20 mg/5 ml soln</i>	1	NDS
<i>morphine sulf 30 mg suppos</i>	1	NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>morphine sulf 5 mg suppos</i>	1	NDS
<i>morphine sulfate ir 15 mg tab</i>	1	QL (180 / 30 DAYS); NDS
<i>morphine sulfate ir 30 mg tab</i>	1	QL (180 / 30 DAYS); NDS
<i>nalocet 2.5-300 mg tablet</i>	1	NDS
<i>oxycodon-acetaminophen 7.5-300</i>	1	QL (120 / 30 DAYS); NDS
<i>oxycodone hcl (ir) 10 mg tab</i>	1	QL (180 / 30 DAYS); NDS
<i>oxycodone hcl (ir) 15 mg tab</i>	1	QL (180 / 30 DAYS); NDS
<i>oxycodone hcl (ir) 20 mg tab</i>	1	QL (180 / 30 DAYS); NDS
<i>oxycodone hcl (ir) 30 mg tab</i>	1	QL (180 / 30 DAYS); NDS
<i>oxycodone hcl (ir) 5 mg cap</i>	1	NDS
<i>oxycodone hcl (ir) 5 mg tablet</i>	1	QL (180 / 30 DAYS); NDS
<i>oxycodone hcl 5 mg/5 ml cup</i>	1	QL (250 / 30 DAYS); NDS
<i>oxycodone hcl 5 mg/5 ml soln</i>	1	QL (250 / 30 DAYS); NDS
<i>oxycodone-acetaminophen 10-300</i>	1	QL (120 / 30 DAYS); NDS
<i>oxycodone-acetaminophen 10-325</i>	1	QL (120 / 30 DAYS); NDS
<i>oxycodone-acetaminophen 5-300</i>	1	QL (120 / 30 DAYS); NDS
<i>oxycodone-acetaminophen 5-325</i>	1	QL (120 / 30 DAYS); NDS
<i>oxycodone-acetaminophn 2.5-300</i>	1	NDS
<i>oxycodone-acetaminophn 2.5-325</i>	1	QL (120 / 30 DAYS); NDS
<i>oxycodone-acetaminophn 7.5-325</i>	1	QL (120 / 30 DAYS); NDS
PERCOCET 10-325 MG TABLET	2	QL (120 / 30 DAYS); NDS
PERCOCET 2.5-325 MG TABLET	2	QL (120 / 30 DAYS); NDS
PERCOCET 5-325 MG TABLET	2	QL (120 / 30 DAYS); NDS
PERCOCET 7.5-325 MG TABLET	2	QL (120 / 30 DAYS); NDS
<i>primlev 10-300 mg tablet</i>	1	QL (120 / 30 DAYS); NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>primlev 5-300 mg tablet</i>	1	QL (120 / 30 DAYS); NDS
<i>primlev 7.5-300 mg tablet</i>	1	QL (120 / 30 DAYS); NDS
<i>prolate 10-300 mg tablet</i>	1	QL (120 / 30 DAYS); NDS
<i>prolate 5-300 mg tablet</i>	1	QL (120 / 30 DAYS); NDS
<i>prolate 7.5-300 mg tablet</i>	1	QL (120 / 30 DAYS); NDS
ROXICODONE 15 MG TABLET	2	QL (180 / 30 DAYS); NDS
ROXICODONE 30 MG TABLET	2	QL (180 / 30 DAYS); NDS
ROXICODONE 5 MG TABLET	2	QL (180 / 30 DAYS); NDS
<i>tramadol hcl 50 mg tablet</i>	1	QL (240 / 30 DAYS); NDS
<i>tramadol-acetaminophn 37.5-325</i>	1	QL (240 / 30 DAYS); NDS
ULTRACET TABLET	2	QL (240 / 30 DAYS); NDS
ULTRAM 50 MG TABLET	2	QL (240 / 30 DAYS); NDS
ANESTHETICS - LOCAL ANESTHETICS		
<i>cvs hemorrhoidal-analgesc oint</i>	1	
<i>dibucaine 1% ointment</i>	1	
<i>lidocaine 5% ointment</i>	1	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calc dr 333 mg tab</i>	1	
<i>disulfiram 250 mg tablet</i>	1	
<i>disulfiram 500 mg tablet</i>	1	
VIVITROL 380 MG VIAL-DILUENT	2	QL (1 / 28 DAYS); PA; NDS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - OPIOID DEPENDENCE		
<i>buprenorphine-nalox 12-3mg flm</i>	1	QL (2 / DAY)
<i>buprenorphine-nalox 2-0.5mg fm</i>	1	QL (2 / DAY)
<i>buprenorphine-nalox 4-1mg film</i>	1	QL (2 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>buprenorphine-nalox 8-2mg film</i>	1	QL (2 / DAY)
SUBOXONE 12 MG-3 MG SL FILM	2	QL (2 / DAY)
SUBOXONE 2 MG-0.5 MG SL FILM	2	QL (2 / DAY)
SUBOXONE 4 MG-1 MG SL FILM	2	QL (2 / DAY)
SUBOXONE 8 MG-2 MG SL FILM	2	QL (2 / DAY)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - OPIOID REVERSAL AGENTS		
<i>naltrexone 50 mg tablet</i>	1	
NARCAN 4 MG NASAL SPRAY	2	CODE-1
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - SMOKING CESSATION AGENTS		
<i>apo-varenicline 0.5 mg tablet</i>	1	QL (2 / DAY)
<i>apo-varenicline 1 mg tablet</i>	1	QL (2 / DAY)
<i>bupropion hcl sr 150 mg tablet</i>	1	
CHANTIX STARTING MONTH BOX	2	QL (53 / 28 DAYS)
CHANTIX 1 MG CONT MONTH BOX	2	QL (2 / DAY)
CHANTIX 1 MG TABLET	2	QL (2 / DAY)
<i>cvx nicotine 14 mg/24hr patch</i>	1	QL (1 / DAY)
<i>cvx nicotine 2 mg chewing gum</i>	2	QL (12 / DAY)
<i>cvx nicotine 2 mg lozenge</i>	1	QL (12 / DAY)
<i>cvx nicotine 2 mg mini lozenge</i>	1	QL (12 / DAY)
<i>cvx nicotine 21 mg/24hr patch</i>	1	QL (1 / DAY)
<i>cvx nicotine 4 mg chewing gum</i>	1	QL (12 / DAY)
<i>cvx nicotine 4 mg lozenge</i>	1	QL (12 / DAY)
<i>cvx nicotine 4 mg mini lozenge</i>	1	QL (12 / DAY)
<i>cvx nicotine 7 mg/24hr patch</i>	1	QL (1 / DAY)
<i>eq nicotine 14 mg/24hr patch</i>	1	QL (1 / DAY)

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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>gs nicotine 4 mg mini lozenge</i>	1	QL (12 / DAY)
<i>hm nicotine 14 mg/24hr patch</i>	1	QL (1 / DAY)
<i>hm nicotine 2 mg chewing gum</i>	2	QL (12 / DAY)
<i>hm nicotine 2 mg lozenge</i>	1	QL (12 / DAY)
<i>hm nicotine 2 mg mini lozenge</i>	1	QL (12 / DAY)
<i>hm nicotine 21 mg/24hr patch</i>	1	QL (1 / DAY)
<i>hm nicotine 4 mg chewing gum</i>	1	QL (12 / DAY)
<i>hm nicotine 4 mg lozenge</i>	1	QL (12 / DAY)
<i>hm nicotine 4 mg mini lozenge</i>	1	QL (12 / DAY)
<i>hm nicotine 7 mg/24hr patch</i>	1	QL (1 / DAY)
<i>kro nicotine 14 mg/24hr patch</i>	1	QL (1 / DAY)
<i>kro nicotine 2 mg chewing gum</i>	2	QL (12 / DAY)
<i>kro nicotine 2 mg lozenge</i>	1	QL (12 / DAY)
<i>kro nicotine 2 mg mini lozenge</i>	1	QL (12 / DAY)
<i>kro nicotine 21 mg/24hr patch</i>	1	QL (1 / DAY)
<i>kro nicotine 4 mg chewing gum</i>	1	QL (12 / DAY)
<i>kro nicotine 4 mg lozenge</i>	1	QL (12 / DAY)
<i>kro nicotine 4 mg mini lozenge</i>	1	QL (12 / DAY)
<i>kro nicotine 7 mg/24hr patch</i>	1	QL (1 / DAY)
NICODERM CQ 14 MG/24HR PATCH	2	QL (1 / DAY)
NICODERM CQ 21 MG/24HR PATCH	2	QL (1 / DAY)
NICODERM CQ 7 MG/24HR PATCH	2	QL (1 / DAY)
NICORETTE 2 MG CHEWING GUM	2	QL (12 / DAY)
NICORETTE 2 MG LOZENGE	2	QL (12 / DAY)
NICORETTE 2 MG MINI LOZENGE	2	QL (12 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NICORETTE 4 MG CHEWING GUM	2	QL (12 / DAY)
NICORETTE 4 MG LOZENGE	2	QL (12 / DAY)
NICORETTE 4 MG MINI LOZENGE	2	QL (12 / DAY)
<i>nicotine transdermal system</i>	1	QL (1 / DAY)
<i>nicotine 14 mg/24hr patch</i>	1	QL (1 / DAY)
<i>nicotine 2 mg chewing gum</i>	2	QL (12 / DAY)
<i>nicotine 2 mg lozenge</i>	1	QL (12 / DAY)
<i>nicotine 2 mg mini lozenge</i>	1	QL (12 / DAY)
<i>nicotine 21 mg/24hr patch</i>	1	QL (1 / DAY)
<i>nicotine 4 mg chewing gum</i>	1	QL (12 / DAY)
<i>nicotine 4 mg lozenge</i>	1	QL (12 / DAY)
<i>nicotine 4 mg mini lozenge</i>	1	QL (12 / DAY)
<i>nicotine 7 mg/24hr patch</i>	1	QL (1 / DAY)
NICOTROL CARTRIDGE INHALER	2	
<i>pub stop smoking aid 2 mg lozg</i>	1	QL (12 / DAY)
<i>pub stop smoking aid 4 mg lozg</i>	1	QL (12 / DAY)
<i>quit 2 mg chewing gum</i>	1	QL (12 / DAY)
<i>quit 2 mg lozenge</i>	1	QL (12 / DAY)
<i>quit 4 mg chewing gum</i>	1	QL (12 / DAY)
<i>quit 4 mg lozenge</i>	1	QL (12 / DAY)
<i>ra nicotine 14 mg/24hr patch</i>	1	QL (1 / DAY)
<i>ra nicotine 2 mg chewing gum</i>	2	QL (12 / DAY)
<i>ra nicotine 2 mg lozenge</i>	1	QL (12 / DAY)
<i>ra nicotine 2 mg mini lozenge</i>	1	QL (12 / DAY)
<i>ra nicotine 21 mg/24hr patch</i>	1	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ra nicotine 4 mg chewing gum</i>	1	QL (12 / DAY)
<i>ra nicotine 4 mg lozenge</i>	1	QL (12 / DAY)
<i>ra nicotine 4 mg mini lozenge</i>	1	QL (12 / DAY)
<i>ra nicotine 7 mg/24hr patch</i>	1	QL (1 / DAY)
<i>sm nicotine 14 mg/24hr patch</i>	1	QL (1 / DAY)
<i>sm nicotine 2 mg chewing gum</i>	2	QL (12 / DAY)
<i>sm nicotine 2 mg lozenge</i>	1	QL (12 / DAY)
<i>sm nicotine 21 mg/24hr patch</i>	1	QL (1 / DAY)
<i>sm nicotine 4 mg chewing gum</i>	1	QL (12 / DAY)
<i>sm nicotine 4 mg lozenge</i>	1	QL (12 / DAY)
<i>sm nicotine 7 mg/24hr patch</i>	1	QL (1 / DAY)
<i>sw nicotine 2 mg chewing gum</i>	2	QL (12 / DAY)
<i>sw nicotine 2 mg lozenge</i>	1	QL (12 / DAY)
<i>sw nicotine 4 mg chewing gum</i>	1	QL (12 / DAY)
<i>sw nicotine 4 mg lozenge</i>	1	QL (12 / DAY)
<i>varenicline starting month box</i>	1	QL (53 / 28 DAYS)
<i>varenicline 0.5 mg tablet</i>	1	QL (2 / DAY)
<i>varenicline 1 mg cont month bx</i>	1	QL (2 / DAY)
<i>varenicline 1 mg tablet</i>	1	QL (2 / DAY)
ANTIBACTERIALS - AMINOGLYCOSIDES		
<i>neomycin 500 mg tablet</i>	1	
ANTIBACTERIALS - ANTIBACTERIALS, OTHER		
CLEOCIN HCL 150 MG CAPSULE	2	
CLEOCIN HCL 300 MG CAPSULE	2	
CLEOCIN HCL 75 MG CAPSULE	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLEOCIN PEDIATRIC 75 MG/5 ML	2	
CLEOCIN 2% VAGINAL CREAM	2	
<i>clindamycin (pedi) 75 mg/5 ml</i>	1	
<i>clindamycin hcl 150 mg capsule</i>	1	
<i>clindamycin hcl 300 mg capsule</i>	1	
<i>clindamycin hcl 75 mg capsule</i>	1	
<i>clindamycin 2% vaginal cream</i>	1	
<i>fosfomycin 3 gm sachet</i>	1	
<i>linezolid 600 mg tablet</i>	1	
MACROBID 100 MG CAPSULE	2	
MACRODANTIN 100 MG CAPSULE	2	
MACRODANTIN 25 MG CAPSULE	2	
MACRODANTIN 50 MG CAPSULE	2	
<i>metronidazole vaginal 0.75% gl</i>	1	
<i>metronidazole 250 mg tablet</i>	1	
<i>metronidazole 500 mg tablet</i>	1	
MONUROL 3 GM SACHET	2	
<i>nitrofurantoin mcr 100 mg cap</i>	1	
<i>nitrofurantoin mcr 25 mg cap</i>	1	
<i>nitrofurantoin mcr 50 mg cap</i>	1	
<i>nitrofurantoin mono-mcr 100 mg</i>	1	
VANDAZOLE VAGINAL 0.75% GEL	2	
ZYVOX 600 MG TABLET	2	
ANTIBACTERIALS - BETA-LACTAM, CEPHALOSPORINS		
<i>cefdinir 125 mg/5 ml susp</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cefdinir 250 mg/5 ml susp</i>	1	
<i>cefpodoxime 100 mg tablet</i>	1	
<i>cefpodoxime 200 mg tablet</i>	1	
<i>ceftriaxone 1 gm add-vant vial</i>	1	PA
<i>ceftriaxone 1 gm piggyback</i>	1	PA
<i>ceftriaxone 1 gm vial</i>	1	PA
<i>ceftriaxone 1 gm-d5w bag</i>	1	PA
<i>ceftriaxone 10 gm vial</i>	1	PA
<i>ceftriaxone 2 gm add vial</i>	1	PA
<i>ceftriaxone 2 gm piggyback</i>	1	PA
<i>ceftriaxone 2 gm vial</i>	1	PA
<i>ceftriaxone 2 gm-d5w bag</i>	1	PA
<i>ceftriaxone 250 mg vial</i>	1	PA
<i>ceftriaxone 500 mg vial</i>	1	PA
<i>cefuroxime axetil 250 mg tab</i>	1	
<i>cefuroxime axetil 500 mg tab</i>	1	
<i>cephalexin 125 mg/5 ml susp</i>	1	
<i>cephalexin 250 mg capsule</i>	1	
<i>cephalexin 250 mg/5 ml susp</i>	1	
<i>cephalexin 500 mg capsule</i>	1	
<i>cephalexin 750 mg capsule</i>	1	
ANTIBACTERIALS - BETA-LACTAM, PENICILLINS		
<i>amox-clav er 1,000-62.5 mg tab</i>	1	
<i>amox-clav 200-28.5 mg tab chew</i>	1	
<i>amox-clav 200-28.5 mg/5 ml sus</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amox-clav 250-125 mg tablet</i>	1	
<i>amox-clav 250-62.5 mg/5 ml sus</i>	1	
<i>amox-clav 400-57 mg tab chew</i>	1	
<i>amox-clav 400-57 mg/5 ml susp</i>	1	
<i>amox-clav 500-125 mg tablet</i>	1	
<i>amox-clav 600-42.9 mg/5 ml sus</i>	1	
<i>amox-clav 875-125 mg tablet</i>	1	
<i>amoxicillin 125 mg tab chew</i>	1	
<i>amoxicillin 125 mg/5 ml susp</i>	1	
<i>amoxicillin 200 mg/5 ml susp</i>	1	
<i>amoxicillin 250 mg capsule</i>	1	
<i>amoxicillin 250 mg tab chew</i>	1	
<i>amoxicillin 250 mg/5 ml susp</i>	1	
<i>amoxicillin 400 mg/5 ml susp</i>	1	
<i>amoxicillin 500 mg capsule</i>	1	
<i>amoxicillin 500 mg tablet</i>	1	
<i>amoxicillin 875 mg tablet</i>	1	
<i>ampicillin 500 mg capsule</i>	1	
AUGMENTIN ES-600 SUSPENSION	1	
AUGMENTIN XR 1,000-62.5 TAB	2	
AUGMENTIN 125-31.25 MG/5 ML	2	
AUGMENTIN 250-62.5 MG/5 ML	2	
AUGMENTIN 500-125 TABLET	2	
BICILLIN L-A 1,200,000 UNITS	2	
BICILLIN L-A 2,400,000 UNITS	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BICILLIN L-A 600,000 UNIT/ML	2	
<i>dicloxacillin 250 mg capsule</i>	1	
<i>dicloxacillin 500 mg capsule</i>	1	
<i>pen g 1.2 million unit/2 ml</i>	1	
<i>penicillin g na 5 million unit</i>	1	
<i>penicillin g 600,000 unit/1 ml</i>	1	
<i>penicillin gk 20 million unit</i>	1	
<i>penicillin gk 5 million unit</i>	1	
<i>penicillin vk 125 mg/5 ml soln</i>	1	
<i>penicillin vk 250 mg tablet</i>	1	
<i>penicillin vk 250 mg/5 ml soln</i>	1	
<i>penicillin vk 500 mg tablet</i>	1	
<i>pfizerpen 20 million unit vial</i>	1	
<i>pfizerpen 5 million unit vial</i>	1	
ANTIBACTERIALS - MACROLIDES		
<i>azithromycin 100 mg/5 ml susp</i>	1	
<i>azithromycin 200 mg/5 ml susp</i>	1	
<i>azithromycin 250 mg tablet</i>	1	
<i>azithromycin 500 mg tablet</i>	1	
<i>azithromycin 600 mg tablet</i>	1	
<i>clarithromycin 250 mg tablet</i>	1	
<i>clarithromycin 500 mg tablet</i>	1	
E.E.S. 200 MG/5 ML SUSPENSION	2	
E.E.S. 400 MG TABLET	2	
ERY-TAB DR 250 MG TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ERY-TAB DR 333 MG TABLET	2	
ERY-TAB DR 500 MG TABLET	2	
ERYPED 200 MG/5 ML SUSPENSION	2	
ERYPED 400 MG/5 ML SUSPENSION	2	
ERYTHROCIN 250 MG TABLET	2	
<i>erythromycin dr 250 mg cap</i>	1	
<i>erythromycin dr 250 mg tablet</i>	1	
<i>erythromycin dr 333 mg tablet</i>	1	
<i>erythromycin dr 500 mg tablet</i>	1	
<i>erythromycin es 400 mg tab</i>	1	
<i>erythromycin 200 mg/5 ml susp</i>	1	
<i>erythromycin 250 mg tablet</i>	1	
<i>erythromycin 400 mg/5 ml susp</i>	1	
<i>erythromycin 500 mg tablet</i>	1	
ZITHROMAX TRI-PAK 500 MG TAB	2	
ZITHROMAX 100 MG/5 ML SUSP	2	
ZITHROMAX 200 MG/5 ML SUSP	2	
ZITHROMAX 250 MG TABLET	2	
ZITHROMAX 250 MG Z-PAK TABLET	2	
ZITHROMAX 500 MG TABLET	2	
ANTIBACTERIALS - QUINOLONES		
CIPRO 10% SUSPENSION	2	
CIPRO 250 MG TABLET	2	
CIPRO 5% SUSPENSION	2	
CIPRO 500 MG TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ciprofloxacin hcl 100 mg tab</i>	1	
<i>ciprofloxacin hcl 250 mg tab</i>	1	
<i>ciprofloxacin hcl 500 mg tab</i>	1	
<i>ciprofloxacin hcl 750 mg tab</i>	1	
<i>ciprofloxacin 250 mg/5 ml susp</i>	1	
<i>ciprofloxacin 500 mg/5 ml susp</i>	1	
<i>levofloxacin 250 mg tablet</i>	1	
<i>levofloxacin 500 mg tablet</i>	1	
<i>levofloxacin 750 mg tablet</i>	1	
<i>ofloxacin 300 mg tablet</i>	1	
<i>ofloxacin 400 mg tablet</i>	1	
ANTIBACTERIALS - SULFONAMIDES		
BACTRIM DS TABLET	2	
BACTRIM 400-80 MG TABLET	2	
<i>sulfadiazine 500 mg tablet</i>	1	
<i>sulfamethoxazole-tmp ds tablet</i>	1	
<i>sulfamethoxazole-tmp ss tablet</i>	1	
<i>sulfamethoxazole-tmp susp</i>	1	
<i>sulfamethoxazole-tmp 20 ml cup</i>	1	
SULFATRIM PEDIATRIC SUSPENSION	2	
ANTIBACTERIALS - TETRACYCLINES		
<i>doxycycline hyclate 100 mg cap</i>	1	
<i>doxycycline hyclate 100 mg tab</i>	1	
<i>doxycycline hyclate 50 mg cap</i>	1	
<i>minocycline 100 mg capsule</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>minocycline 50 mg capsule</i>	1	
<i>minocycline 75 mg capsule</i>	1	
<i>morgidox 100 mg capsule</i>	1	
<i>morgidox 50 mg capsule</i>	1	
<i>tetracycline 250 mg capsule</i>	1	
<i>tetracycline 500 mg capsule</i>	1	
VIBRAMYCIN 100 MG CAPSULE	2	
ANTICONVULSANTS - ANTICONVULSANTS, OTHER		
DEPAKOTE DR 125 MG SPRINKLE CP	2	
DEPAKOTE DR 125 MG TABLET	2	
DEPAKOTE DR 250 MG TABLET	2	
DEPAKOTE DR 500 MG TABLET	2	
DEPAKOTE ER 250 MG TABLET	2	
DEPAKOTE ER 500 MG TABLET	2	
<i>divalproex dr 125 mg cap sprnk</i>	1	
<i>divalproex sod dr 125 mg tab</i>	1	
<i>divalproex sod dr 250 mg tab</i>	1	
<i>divalproex sod dr 500 mg tab</i>	1	
<i>divalproex sod er 250 mg tab</i>	1	
<i>divalproex sod er 500 mg tab</i>	1	
KEPPRA XR 500 MG TABLET	2	
KEPPRA XR 750 MG TABLET	2	
KEPPRA 1,000 MG TABLET	2	
KEPPRA 250 MG TABLET	2	
KEPPRA 500 MG TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KEPPRA 750 MG TABLET	2	
LAMICTAL ODT START KIT (BLUE)	2	
LAMICTAL ODT START KIT (GREEN)	2	
LAMICTAL ODT START KT (ORANGE)	2	
LAMICTAL ODT 100 MG TABLET	2	
LAMICTAL ODT 200 MG TABLET	2	
LAMICTAL ODT 25 MG TABLET	2	
LAMICTAL ODT 50 MG TABLET	2	
LAMICTAL TAB START KIT (BLUE)	2	
LAMICTAL TAB START KIT (GREEN)	2	
LAMICTAL TB START KIT (ORANGE)	2	
LAMICTAL XR START KIT (BLUE)	2	
LAMICTAL XR START KIT (GREEN)	2	
LAMICTAL XR START KIT (ORANGE)	2	
LAMICTAL XR 100 MG TABLET	2	
LAMICTAL XR 200 MG TABLET	2	
LAMICTAL XR 25 MG TABLET	2	
LAMICTAL XR 300 MG TABLET	2	
LAMICTAL XR 50 MG TABLET	2	
LAMICTAL 100 MG TABLET	2	
LAMICTAL 150 MG TABLET	2	
LAMICTAL 200 MG TABLET	2	
LAMICTAL 25 MG DISPER TABLET	2	
LAMICTAL 25 MG TABLET	2	
LAMICTAL 5 MG DISPER TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lamotrigine er 100 mg tablet</i>	1	
<i>lamotrigine er 200 mg tablet</i>	1	
<i>lamotrigine er 25 mg tablet</i>	1	
<i>lamotrigine er 300 mg tablet</i>	1	
<i>lamotrigine er 50 mg tablet</i>	1	
<i>lamotrigine odt kit (blue)</i>	1	
<i>lamotrigine odt kit (green)</i>	1	
<i>lamotrigine odt kit (orange)</i>	1	
<i>lamotrigine odt 100 mg tablet</i>	1	
<i>lamotrigine odt 200 mg tablet</i>	1	
<i>lamotrigine odt 25 mg tablet</i>	1	
<i>lamotrigine odt 50 mg tablet</i>	1	
<i>lamotrigine tab start kit-blue</i>	1	
<i>lamotrigine tab start kt-green</i>	1	
<i>lamotrigine tab start kt-orang</i>	1	
<i>lamotrigine 100 mg tablet</i>	1	
<i>lamotrigine 150 mg tablet</i>	1	
<i>lamotrigine 200 mg tablet</i>	1	
<i>lamotrigine 25 mg disper tab</i>	1	
<i>lamotrigine 25 mg tablet</i>	1	
<i>lamotrigine 5 mg disper tablet</i>	1	
<i>levetiracetam er 500 mg tablet</i>	1	
<i>levetiracetam er 750 mg tablet</i>	1	
<i>levetiracetam 1,000 mg tablet</i>	1	
<i>levetiracetam 250 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>levetiracetam 500 mg tablet</i>	1	
<i>levetiracetam 750 mg tablet</i>	1	
<i>roweepra xr 500 mg tablet</i>	1	
<i>roweepra xr 750 mg tablet</i>	1	
<i>roweepra 1,000 mg tablet</i>	1	
<i>roweepra 500 mg tablet</i>	1	
<i>roweepra 750 mg tablet</i>	1	
<i>subvenite tab start kit (blue)</i>	1	
<i>subvenite tab start kit(green)</i>	1	
<i>subvenite tab start kt(orange)</i>	1	
<i>subvenite 100 mg tablet</i>	1	
<i>subvenite 150 mg tablet</i>	1	
<i>subvenite 200 mg tablet</i>	1	
<i>subvenite 25 mg tablet</i>	1	
TOPAMAX 100 MG TABLET	2	
TOPAMAX 15 MG SPRINKLE CAP	2	
TOPAMAX 200 MG TABLET	2	
TOPAMAX 25 MG SPRINKLE CAP	2	
TOPAMAX 25 MG TABLET	2	
TOPAMAX 50 MG TABLET	2	
<i>topiramate 100 mg tablet</i>	1	
<i>topiramate 15 mg sprinkle cap</i>	1	
<i>topiramate 200 mg tablet</i>	1	
<i>topiramate 25 mg sprinkle cap</i>	1	
<i>topiramate 25 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>topiramate 50 mg tablet</i>	1	
<i>valproic acid 250 mg capsule</i>	1	
<i>valproic acid 250 mg/5 ml soln</i>	1	
ANTICONVULSANTS - CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide 250 mg capsule</i>	1	
<i>ethosuximide 250 mg/5 ml soln</i>	1	
ZARONTIN 250 MG CAPSULE	2	
ZARONTIN 250 MG/5 ML SOLUTION	1	
ANTICONVULSANTS - GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
DIASTAT ACUDIAL 12.5-15-20 MG	2	PA
DIASTAT ACUDIAL 5-7.5-10 MG KT	2	PA
DIASTAT 2.5 MG PEDI SYSTEM	2	PA
<i>diazepam 10 mg rectal gel syst</i>	1	PA
<i>diazepam 2.5 mg rectal gel sys</i>	1	PA
<i>diazepam 20 mg rectal gel syst</i>	1	PA
<i>gabapentin 100 mg capsule</i>	1	QL (9 / DAY)
<i>gabapentin 250 mg/5 ml soln</i>	1	QL (72 / DAY)
<i>gabapentin 300 mg capsule</i>	1	QL (9 / DAY)
<i>gabapentin 400 mg capsule</i>	1	QL (9 / DAY)
<i>gabapentin 600 mg tablet</i>	1	QL (6 / DAY)
<i>gabapentin 800 mg tablet</i>	1	QL (4.5 / DAY)
MYSOLINE 250 MG TABLET	2	
MYSOLINE 50 MG TABLET	2	
NEURONTIN 100 MG CAPSULE	2	QL (9 / DAY)
NEURONTIN 250 MG/5 ML SOLUTION	2	QL (72 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEURONTIN 300 MG CAPSULE	2	QL (9 / DAY)
NEURONTIN 400 MG CAPSULE	2	QL (9 / DAY)
NEURONTIN 600 MG TABLET	2	QL (6 / DAY)
NEURONTIN 800 MG TABLET	2	QL (4.5 / DAY)
<i>phenobarbital 100 mg tablet</i>	1	
<i>phenobarbital 15 mg tablet</i>	1	
<i>phenobarbital 16.2 mg tablet</i>	1	
<i>phenobarbital 20 mg/5 ml cup</i>	1	
<i>phenobarbital 20 mg/5 ml elix</i>	1	
<i>phenobarbital 20 mg/5 ml soln</i>	1	
<i>phenobarbital 30 mg tablet</i>	1	
<i>phenobarbital 30 mg/7.5 ml cup</i>	1	
<i>phenobarbital 32.4 mg tablet</i>	1	
<i>phenobarbital 60 mg tablet</i>	1	
<i>phenobarbital 60 mg/15 ml cup</i>	1	
<i>phenobarbital 64.8 mg tablet</i>	1	
<i>phenobarbital 97.2 mg tablet</i>	1	
<i>primidone 250 mg tablet</i>	1	
<i>primidone 50 mg tablet</i>	1	
ANTICONVULSANTS - SODIUM CHANNEL AGENTS		
<i>carbamazepine er 100 mg cap</i>	1	
<i>carbamazepine er 100 mg tablet</i>	1	
<i>carbamazepine er 200 mg cap</i>	1	
<i>carbamazepine er 200 mg tablet</i>	1	
<i>carbamazepine er 300 mg cap</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
CARBATROL ER 100 MG CAPSULE	2	
CARBATROL ER 200 MG CAPSULE	2	
CARBATROL ER 300 MG CAPSULE	2	
DILANTIN 100 MG CAPSULE	2	
DILANTIN 125 MG/5 ML SUSP	2	
DILANTIN 30 MG CAPSULE	2	
DILANTIN 50 MG INFATAB	1	
epitol 200 mg tablet	1	
oxcarbazepine 150 mg tablet	1	PA
oxcarbazepine 300 mg tablet	1	PA
oxcarbazepine 300 mg/5 ml cup	1	PA
oxcarbazepine 300 mg/5 ml susp	1	PA
oxcarbazepine 600 mg tablet	1	PA
PHENYTEK 200 MG CAPSULE	1	
PHENYTEK 300 MG CAPSULE	1	
phenytoin sod ext 100 mg cap	1	
phenytoin sod ext 200 mg cap	1	
phenytoin sod ext 300 mg cap	1	
phenytoin 100 mg/2 ml vial	1	
phenytoin 100 mg/4 ml susp cup	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phenytoin 125 mg/5 ml susp</i>	1	
<i>phenytoin 250 mg/5 ml vial</i>	1	
<i>phenytoin 50 mg infatab chew</i>	1	
<i>phenytoin 50 mg tablet chew</i>	1	
<i>phenytoin 50 mg/ml syringe</i>	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	
TRILEPTAL 150 MG TABLET	2	PA
TRILEPTAL 300 MG TABLET	2	PA
TRILEPTAL 300 MG/5 ML SUSP	2	PA
TRILEPTAL 600 MG TABLET	2	PA
ANTIDEMENTIA AGENTS - CHOLINESTERASE INHIBITORS		
ARICEPT 10 MG TABLET	2	
ARICEPT 23 MG TABLET	2	
ARICEPT 5 MG TABLET	2	
<i>donepezil hcl odt 10 mg tablet</i>	1	
<i>donepezil hcl odt 5 mg tablet</i>	1	
<i>donepezil hcl 10 mg tablet</i>	1	
<i>donepezil hcl 23 mg tablet</i>	1	
<i>donepezil hcl 5 mg tablet</i>	1	
ANTIDEPRESSANTS - ANTIDEPRESSANTS, OTHER		
APLENZIN ER 174 MG TABLET	2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
APLENZIN ER 348 MG TABLET	2	PA
APLENZIN ER 522 MG TABLET	2	PA
<i>bupropion hcl sr 100 mg tablet</i>	1	
<i>bupropion hcl sr 150 mg tablet</i>	1	
<i>bupropion hcl sr 200 mg tablet</i>	1	
<i>bupropion hcl xl 150 mg tablet</i>	1	
<i>bupropion hcl xl 300 mg tablet</i>	1	
<i>bupropion hcl 100 mg tablet</i>	1	
<i>bupropion hcl 75 mg tablet</i>	1	
<i>mirtazapine 15 mg odt</i>	1	
<i>mirtazapine 15 mg tablet</i>	1	
<i>mirtazapine 30 mg odt</i>	1	
<i>mirtazapine 30 mg tablet</i>	1	
<i>mirtazapine 45 mg odt</i>	1	
<i>mirtazapine 45 mg tablet</i>	1	
<i>mirtazapine 7.5 mg tablet</i>	1	
REMERON 15 MG SOLTAB	2	
REMERON 15 MG TABLET	2	
REMERON 30 MG SOLTAB	2	
REMERON 30 MG TABLET	2	
REMERON 45 MG SOLTAB	2	
WELLBUTRIN SR 100 MG TABLET	2	
WELLBUTRIN SR 150 MG TABLET	2	
WELLBUTRIN SR 200 MG TABLET	2	
WELLBUTRIN XL 150 MG TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WELLBUTRIN XL 300 MG TABLET	2	
ANTIDEPRESSANTS - MONOAMINE OXIDASE INHIBITORS		
EMSAM 12 MG/24 HOURS PATCH	2	PA
EMSAM 6 MG/24 HOURS PATCH	2	PA
EMSAM 9 MG/24 HOURS PATCH	2	PA
MARPLAN 10 MG TABLET	2	
PARNATE 10 MG TABLET	2	
<i>tranylcypromine sulf 10 mg tab</i>	1	
ANTIDEPRESSANTS - SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
CELEXA 10 MG TABLET	2	
CELEXA 20 MG TABLET	2	
CELEXA 40 MG TABLET	2	
<i>citalopram hbr 10 mg tablet</i>	1	
<i>citalopram hbr 10 mg/5 ml soln</i>	1	
<i>citalopram hbr 20 mg tablet</i>	1	
<i>citalopram hbr 20 mg/10 ml cup</i>	1	
<i>citalopram hbr 40 mg tablet</i>	1	
<i>desvenlafaxine succnt er 100mg</i>	1	PA
<i>desvenlafaxine succnt er 50 mg</i>	1	PA
EFFEXOR XR 150 MG CAPSULE	2	
EFFEXOR XR 37.5 MG CAPSULE	2	
EFFEXOR XR 75 MG CAPSULE	2	
<i>escitalopram oxalate 5 mg/5 ml</i>	1	
<i>escitalopram 10 mg tablet</i>	1	
<i>escitalopram 20 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>escitalopram 5 mg tablet</i>	1	
<i>fluoxetine dr 90 mg capsule</i>	1	
<i>fluoxetine hcl 10 mg capsule</i>	1	
<i>fluoxetine hcl 10 mg tablet</i>	1	
<i>fluoxetine hcl 20 mg capsule</i>	1	
<i>fluoxetine hcl 20 mg tablet</i>	1	
<i>fluoxetine hcl 40 mg capsule</i>	1	
<i>fluoxetine hcl 60 mg tablet</i>	1	
<i>fluoxetine 20 mg/5 ml soln cup</i>	1	
<i>fluoxetine 20 mg/5 ml solution</i>	1	
<i>fluvoxamine er 100 mg capsule</i>	1	
<i>fluvoxamine er 150 mg capsule</i>	1	
<i>fluvoxamine maleate 100 mg tab</i>	1	
<i>fluvoxamine maleate 25 mg tab</i>	1	
<i>fluvoxamine maleate 50 mg tab</i>	1	
LEXAPRO 10 MG TABLET	2	
LEXAPRO 20 MG TABLET	2	
LEXAPRO 5 MG TABLET	2	
<i>nefazodone hcl 100 mg tablet</i>	1	
<i>nefazodone hcl 150 mg tablet</i>	1	
<i>nefazodone hcl 200 mg tablet</i>	1	
<i>nefazodone hcl 250 mg tablet</i>	1	
<i>nefazodone hcl 50 mg tablet</i>	1	
<i>paroxetine cr 12.5 mg tablet</i>	1	QL (2 / DAY); PA
<i>paroxetine cr 25 mg tablet</i>	1	QL (2 / DAY); PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>paroxetine cr 37.5 mg tablet</i>	1	QL (2 / DAY); PA
<i>paroxetine er 12.5 mg tablet</i>	1	QL (2 / DAY); PA
<i>paroxetine er 25 mg tablet</i>	1	QL (2 / DAY); PA
<i>paroxetine er 37.5 mg tablet</i>	1	QL (2 / DAY); PA
<i>paroxetine hcl 10 mg tablet</i>	1	
<i>paroxetine hcl 20 mg tablet</i>	1	
<i>paroxetine hcl 30 mg tablet</i>	1	
<i>paroxetine hcl 40 mg tablet</i>	1	
PAXIL CR 12.5 MG TABLET	2	QL (2 / DAY); PA
PAXIL CR 25 MG TABLET	2	QL (2 / DAY); PA
PAXIL CR 37.5 MG TABLET	1	QL (2 / DAY); PA
PAXIL 10 MG TABLET	2	
PAXIL 10 MG/5 ML SUSPENSION	2	
PAXIL 20 MG TABLET	2	
PAXIL 30 MG TABLET	2	
PAXIL 40 MG TABLET	2	
PEXEVA 10 MG TABLET	2	
PEXEVA 20 MG TABLET	2	
PEXEVA 30 MG TABLET	2	
PEXEVA 40 MG TABLET	2	
PRISTIQ ER 100 MG TABLET	2	PA
PRISTIQ ER 50 MG TABLET	2	PA
PROZAC 10 MG PULVULE	2	
PROZAC 20 MG PULVULE	2	
PROZAC 40 MG PULVULE	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sertraline hcl 100 mg tablet</i>	1	
<i>sertraline hcl 25 mg tablet</i>	1	
<i>sertraline hcl 50 mg tablet</i>	1	
<i>sertraline 20 mg/ml oral conc</i>	1	
<i>trazodone 100 mg tablet</i>	1	
<i>trazodone 150 mg tablet</i>	1	
<i>trazodone 300 mg tablet</i>	1	
<i>trazodone 50 mg tablet</i>	1	
<i>venlafaxine hcl er 150 mg cap</i>	1	
<i>venlafaxine hcl er 150 mg tab</i>	2	
<i>venlafaxine hcl er 225 mg tab</i>	2	
<i>venlafaxine hcl er 37.5 mg cap</i>	1	
<i>venlafaxine hcl er 37.5 mg tab</i>	2	
<i>venlafaxine hcl er 75 mg cap</i>	1	
<i>venlafaxine hcl er 75 mg tab</i>	2	
<i>venlafaxine hcl 100 mg tablet</i>	1	
<i>venlafaxine hcl 25 mg tablet</i>	1	
<i>venlafaxine hcl 37.5 mg tablet</i>	1	
<i>venlafaxine hcl 50 mg tablet</i>	1	
<i>venlafaxine hcl 75 mg tablet</i>	1	
ZOLOFT 100 MG TABLET	2	
ZOLOFT 20 MG/ML ORAL CONC	2	
ZOLOFT 25 MG TABLET	2	
ZOLOFT 50 MG TABLET	2	
ANTIDEPRESSANTS - TRICYCLICS		

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amitriptyline hcl 10 mg tab</i>	1	
<i>amitriptyline hcl 100 mg tab</i>	1	
<i>amitriptyline hcl 150 mg tab</i>	1	
<i>amitriptyline hcl 25 mg tab</i>	1	
<i>amitriptyline hcl 50 mg tab</i>	1	
<i>amitriptyline hcl 75 mg tab</i>	1	
<i>amoxapine 100 mg tablet</i>	1	
<i>amoxapine 150 mg tablet</i>	1	
<i>amoxapine 25 mg tablet</i>	1	
<i>amoxapine 50 mg tablet</i>	1	
ANAFRANIL 25 MG CAPSULE	2	
ANAFRANIL 50 MG CAPSULE	2	
ANAFRANIL 75 MG CAPSULE	2	
<i>clomipramine 25 mg capsule</i>	1	
<i>clomipramine 50 mg capsule</i>	1	
<i>clomipramine 75 mg capsule</i>	1	
<i>desipramine 10 mg tablet</i>	1	
<i>desipramine 100 mg tablet</i>	1	
<i>desipramine 150 mg tablet</i>	1	
<i>desipramine 25 mg tablet</i>	1	
<i>desipramine 50 mg tablet</i>	1	
<i>desipramine 75 mg tablet</i>	1	
<i>doxepin 10 mg capsule</i>	1	
<i>doxepin 10 mg/ml oral conc</i>	1	
<i>doxepin 100 mg capsule</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>doxepin 150 mg capsule</i>	1	
<i>doxepin 25 mg capsule</i>	1	
<i>doxepin 50 mg capsule</i>	1	
<i>doxepin 75 mg capsule</i>	1	
<i>imipramine hcl 10 mg tablet</i>	1	
<i>imipramine hcl 25 mg tablet</i>	1	
<i>imipramine hcl 50 mg tablet</i>	1	
<i>imipramine pamoate 100 mg cap</i>	1	
<i>imipramine pamoate 125 mg cap</i>	1	
<i>imipramine pamoate 150 mg cap</i>	1	
<i>imipramine pamoate 75 mg cap</i>	1	
NORPRAMIN 10 MG TABLET	2	
NORPRAMIN 25 MG TABLET	2	
<i>nortriptyline hcl 10 mg cap</i>	1	
<i>nortriptyline hcl 25 mg cap</i>	1	
<i>nortriptyline hcl 50 mg cap</i>	1	
<i>nortriptyline hcl 75 mg cap</i>	1	
<i>nortriptyline 10 mg/5 ml soln</i>	1	
PAMELOR 10 MG CAPSULE	2	
PAMELOR 25 MG CAPSULE	2	
PAMELOR 50 MG CAPSULE	2	
PAMELOR 75 MG CAPSULE	2	
<i>protriptyline hcl 10 mg tablet</i>	1	
<i>protriptyline hcl 5 mg tablet</i>	1	
<i>trimipramine maleate 100 mg cp</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>trimipramine maleate 25 mg cap</i>	1	
<i>trimipramine maleate 50 mg cap</i>	1	
ANTIEMETICS - ANTIEMETICS, OTHER		
ANTIVERT 50 MG TABLET	2	
<i>bonine 25 mg chewable tablet</i>	2	
COMPAZINE 10 MG TABLET	2	
COMPAZINE 25 MG SUPPOSITORY	2	
COMPAZINE 5 MG TABLET	2	
<i>compro 25 mg suppository</i>	1	
<i>cvs motion sickness 25 mg tab</i>	1	
<i>cvs motion sickness 25mg chwtb</i>	1	
<i>cvs motion sickness 50 mg tab</i>	1	
<i>dimenhydrinate 50 mg tablet</i>	1	
<i>dramamine less drowsy 25 mg tb</i>	1	
DRAMAMINE 50 MG TABLET	2	
<i>driminate 50 mg tablet</i>	1	
<i>eq motion sickness 25 mg tab</i>	1	
<i>eql motion sickness 25 mg tab</i>	1	
<i>ft motion sickness 25 mg tab</i>	1	
<i>ft motion sickness 50 mg tab</i>	1	
<i>gnp motion sickness 25 mg tab</i>	1	
<i>gnp motion sickness 50 mg tab</i>	1	
<i>gs motion sickness 50 mg tab</i>	1	
<i>hm motion relief 25 mg tablet</i>	1	
<i>hm motion sickness 50 mg tab</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>meclizine 12.5 mg caplet</i>	1	
<i>meclizine 12.5 mg tablet</i>	1	
<i>meclizine 25 mg tablet</i>	1	
<i>meclizine 25 mg tablet chew</i>	1	
<i>medi-meclizine 25 mg tablet</i>	1	
<i>metoclopramide 10 mg tablet</i>	1	
<i>metoclopramide 10 mg/10 ml cup</i>	1	
<i>metoclopramide 10 mg/10 ml sol</i>	1	
<i>metoclopramide 10 mg/2 ml syr</i>	1	
<i>metoclopramide 10 mg/2 ml vial</i>	1	
<i>metoclopramide 5 mg tablet</i>	1	
<i>metoclopramide 5 mg/5 ml soln</i>	1	
<i>motion sickness rlf 25 mg tab</i>	1	
<i>motion sickness 25 mg chew tab</i>	1	
<i>motion sickness 50 mg tablet</i>	1	
<i>motion-time 25 mg tablet chew</i>	1	
<i>perphenazine 16 mg tablet</i>	1	
<i>perphenazine 2 mg tablet</i>	1	
<i>perphenazine 4 mg tablet</i>	1	
<i>perphenazine 8 mg tablet</i>	1	
PHENERGAN 25 MG/ML AMPUL	2	
PHENERGAN 25 MG/ML VIAL	2	
PHENERGAN 50 MG/ML AMPUL	1	
PHENERGAN 50 MG/ML VIAL	1	
<i>prochlorperazine 10 mg tab</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prochlorperazine 25 mg supp</i>	1	
<i>prochlorperazine 5 mg tablet</i>	1	
<i>prochlorperazine 50 mg/10 ml</i>	1	
<i>promethazine 12.5 mg suppos</i>	1	
<i>promethazine 12.5 mg tablet</i>	1	
<i>promethazine 25 mg suppository</i>	1	
<i>promethazine 25 mg tablet</i>	1	
<i>promethazine 25 mg/ml ampul</i>	1	
<i>promethazine 25 mg/ml vial</i>	1	
<i>promethazine 50 mg suppository</i>	1	
<i>promethazine 50 mg tablet</i>	1	
<i>promethazine 50 mg/ml ampul</i>	1	
<i>promethazine 50 mg/ml vial</i>	1	
<i>promethazine 6.25 mg/5 ml soln</i>	1	
<i>promethazine 6.25 mg/5 ml syrp</i>	1	
<i>promethegan 12.5 mg suppos</i>	1	
<i>promethegan 25 mg suppository</i>	1	
<i>promethegan 50 mg suppository</i>	1	
<i>ra motion sickness 25 mg chwtb</i>	1	
<i>ra motion sickness 50 mg tab</i>	1	
<i>ra travel sickness 50 mg tab</i>	1	
REGLAN 10 MG TABLET	2	
REGLAN 5 MG TABLET	2	
<i>sm motion sickness 25 mg tab</i>	1	
<i>sm motion sickness 50 mg tab</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>travel-ease 25 mg tablet</i>	1	
<i>verticalm 25 mg tablet</i>	1	
<i>wal-dram 50 mg tablet</i>	1	
ANTIEMETICS - EMETOGENIC THERAPY ADJUNCTS		
<i>ondansetron hcl 4 mg tablet</i>	1	
<i>ondansetron hcl 8 mg tablet</i>	1	
<i>ondansetron odt 4 mg tablet</i>	1	
<i>ondansetron odt 8 mg tablet</i>	1	
ANTIFUNGALS - ANTIFUNGALS		
<i>clotrimazole 1% vaginal cream</i>	1	
<i>clotrimazole 10 mg troche</i>	1	
<i>clotrimazole-7 vaginal cream</i>	1	
<i>cvs miconazole 7 cream</i>	1	
DIFLUCAN 100 MG TABLET	2	
DIFLUCAN 150 MG TABLET	2	
DIFLUCAN 200 MG TABLET	2	
DIFLUCAN 50 MG TABLET	2	
<i>eq miconazole 2% vaginal cream</i>	1	
<i>eq miconazole 7 cream</i>	1	
<i>eqi miconazole 7 cream</i>	1	
<i>fluconazole 100 mg tablet</i>	1	
<i>fluconazole 150 mg tablet</i>	1	
<i>fluconazole 200 mg tablet</i>	1	
<i>fluconazole 50 mg tablet</i>	1	
<i>ft miconazole 7 cream</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gnp miconazole 7 cream	1	
griseofulvin micro 500 mg tab	1	
griseofulvin ultra 125 mg tab	1	
griseofulvin ultra 250 mg tab	1	
gs miconazole 7 cream	1	
gyne-lotrimin-7 1% cream	1	
kro miconazole 7 cream	1	
miconazole 2% vaginal cream	1	
miconazole 3 4% cream	1	
miconazole 7 cream	1	
miconazole-7 cream	1	
MONISTAT 7 CREAM	2	
nystatin 100,000 unit/ml susp	1	
nystatin 500,000 unit oral tab	1	
nystatin 500,000 unit/5 ml cup	1	
qc clotrimazole 1% vag cream	1	
qc miconazole-7 cream	1	
ra clotrimazole 1% vag cream	1	
ra miconazole 7 cream	1	
sm clotrimazole 1% vag cream	1	
sm miconazole 2% vaginal cream	1	
sm miconazole 7 cream	1	
terbinafine hcl 250 mg tablet	1	QL (168 / 365 DAYS)
terconazole 0.4% cream	1	
terconazole 0.8% cream	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>terconazole 80 mg suppository</i>	1	
ANTIGOUT AGENTS - ANTIGOUT AGENTS		
<i>allopurinol 100 mg tablet</i>	1	
<i>allopurinol 300 mg tablet</i>	1	
<i>colchicine 0.6 mg tablet</i>	1	QL (4 / DAY)
COLCRYS 0.6 MG TABLET	2	QL (4 / DAY)
<i>probenecid 500 mg tablet</i>	1	
ZYLOPRIM 100 MG TABLET	2	
ANTIMIGRAINE AGENTS - ERGOT ALKALOIDS		
<i>ergotamine-caffeine 1-100mg tb</i>	1	PA
<i>migergot 2-100 mg suppository</i>	1	
ANTIMIGRAINE AGENTS - SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>eletriptan hbr 20 mg tablet</i>	1	QL (9 / 30 DAYS)
<i>eletriptan hbr 40 mg tablet</i>	1	QL (9 / 30 DAYS)
IMITREX 100 MG TABLET	2	QL (27 / 90 DAYS)
IMITREX 20 MG NASAL SPRAY	2	QL (12 / 30 DAYS)
IMITREX 25 MG TABLET	2	QL (27 / 90 DAYS)
IMITREX 4 MG/0.5 ML CARTRIDGES	2	QL (4 / 28 DAYS)
IMITREX 4 MG/0.5 ML PEN INJECT	2	QL (4 / 28 DAYS)
IMITREX 5 MG NASAL SPRAY	2	QL (12 / 30 DAYS)
IMITREX 50 MG TABLET	2	QL (27 / 90 DAYS)
IMITREX 6 MG/0.5 ML CARTRIDGES	2	QL (4 / 28 DAYS)
IMITREX 6 MG/0.5 ML PEN INJECT	2	QL (4 / 28 DAYS)
IMITREX 6 MG/0.5 ML VIAL	2	QL (10 / 31 DAYS)
RELPAX 20 MG TABLET	2	QL (9 / 30 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RELPAX 40 MG TABLET	2	QL (9 / 30 DAYS)
<i>sumatriptan succ 100 mg tablet</i>	1	QL (27 / 90 DAYS)
<i>sumatriptan succ 25 mg tablet</i>	1	QL (27 / 90 DAYS)
<i>sumatriptan succ 50 mg tablet</i>	1	QL (27 / 90 DAYS)
<i>sumatriptan 20 mg nasal spray</i>	1	QL (12 / 30 DAYS)
<i>sumatriptan 4 mg/0.5 ml cart</i>	1	QL (4 / 28 DAYS)
<i>sumatriptan 4 mg/0.5 ml inject</i>	1	QL (4 / 28 DAYS)
<i>sumatriptan 5 mg nasal spray</i>	1	QL (12 / 30 DAYS)
<i>sumatriptan 6 mg/0.5 ml cart</i>	1	QL (4 / 28 DAYS)
<i>sumatriptan 6 mg/0.5 ml syrng</i>	1	QL (4 / 28 DAYS)
<i>sumatriptan 6 mg/0.5 ml vial</i>	1	QL (10 / 31 DAYS)
<i>sumatriptan 6 mg/0.5ml autoinj</i>	1	QL (4 / 28 DAYS)
TOSYMRA 10 MG NASAL SPRAY	2	QL (12 / 30 DAYS)
ANTIMYCOBACTERIALS - ANTIMYCOBACTERIALS, OTHER		
<i>dapsone 100 mg tablet</i>	1	
<i>dapsone 25 mg tablet</i>	1	
MYCOBUTIN 150 MG CAPSULE	2	
<i>rifabutin 150 mg capsule</i>	1	
ANTIMYCOBACTERIALS - ANTITUBERCULARS		
<i>ethambutol hcl 100 mg tablet</i>	1	
<i>ethambutol hcl 400 mg tablet</i>	1	
<i>isoniazid 100 mg tablet</i>	1	
<i>isoniazid 300 mg tablet</i>	1	
MYAMBUTOL 400 MG TABLET	2	
<i>pyrazinamide 500 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>rifampin 150 mg capsule</i>	1	
<i>rifampin 300 mg capsule</i>	1	
ANTINEOPLASTICS - ALKYLATING AGENTS		
ALKERAN 50 MG VIAL	2	PA
<i>bendamustine 100 mg vial</i>	1	PA
<i>bendamustine 25 mg vial</i>	1	PA
<i>busulfan 60 mg/10 ml vial</i>	1	PA
BUSULFEX 60 MG/10 ML VIAL	2	PA
<i>carboplatin 150 mg vial</i>	1	PA
<i>carboplatin 150 mg/15 ml vial</i>	1	PA
<i>carboplatin 450 mg/45 ml vial</i>	1	PA
<i>carboplatin 50 mg/5 ml vial</i>	1	PA
<i>carboplatin 600 mg/60 ml vial</i>	1	PA
MATULANE 50 MG CAPSULE	2	PA; NDS
<i>melphalan hcl 50 mg vial</i>	1	PA
<i>melphalan 50 mg vial w-diluent</i>	1	PA
<i>oxaliplatin 100 mg/20 ml vial</i>	1	PA
<i>oxaliplatin 50 mg/10 ml vial</i>	1	PA
TEMODAR 100 MG CAPSULE	2	PA; NDS
TEMODAR 140 MG CAPSULE	2	PA; NDS
TEMODAR 180 MG CAPSULE	2	PA; NDS
TEMODAR 250 MG CAPSULE	2	PA; NDS
<i>temozolomide 100 mg capsule</i>	1	PA; NDS
<i>temozolomide 140 mg capsule</i>	1	PA; NDS
<i>temozolomide 180 mg capsule</i>	1	PA; NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>temozolomide 20 mg capsule</i>	1	PA; NDS
<i>temozolomide 250 mg capsule</i>	1	PA; NDS
<i>temozolomide 5 mg capsule</i>	1	PA; NDS
TREANDA 100 MG VIAL	2	PA
TREANDA 25 MG VIAL	2	PA
ANTINEOPLASTICS - ANTIESTROGENS/MODIFIERS		
FASLODEX 250 MG/5 ML SYRINGE	2	PA; NDS
<i>fulvestrant 250 mg/5 ml syring</i>	1	PA; NDS
<i>tamoxifen 10 mg tablet</i>	1	
<i>tamoxifen 20 mg tablet</i>	1	
ANTINEOPLASTICS - ANTIMETABOLITES		
ARRANON 250 MG/50 ML VIAL	2	PA
<i>azacitidine 100 mg vial</i>	1	PA
<i>capecitabine 150 mg tablet</i>	1	PA
<i>capecitabine 500 mg tablet</i>	1	PA
<i>cladribine 10 mg/10 ml vial</i>	1	PA
DACOGEN 50 MG VIAL	2	PA
<i>decitabine 50 mg vial</i>	1	PA
<i>fludarabine 50 mg vial</i>	1	PA
<i>fludarabine 50 mg/2 ml vial</i>	1	PA
<i>gemcitabine hcl 1 gram vial</i>	1	PA
<i>gemcitabine hcl 200 mg vial</i>	1	PA
<i>nelarabine 250 mg/50 ml vial</i>	1	PA
NIPENT 10 MG VIAL	2	PA
VIDAZA 100 MG VIAL	2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XELODA 150 MG TABLET	2	PA
XELODA 500 MG TABLET	2	PA
ANTINEOPLASTICS - ANTINEOPLASTICS, OTHER		
ABRAXANE 100 MG VIAL	2	
ADRIAMYCIN 50 MG VIAL	1	PA
<i>bortezomib 3.5 mg vial</i>	1	PA
<i>daunorubicin 20 mg/4 ml vial</i>	1	PA
<i>daunorubicin 50 mg/10 ml vial</i>	1	PA
<i>docetaxel 20 mg/ml vial</i>	1	PA
<i>docetaxel 80 mg/4 ml vial</i>	1	PA
DOXIL 20 MG/10 ML VIAL	2	PA
DOXIL 50 MG/25 ML VIAL	2	PA
<i>doxorubicin liposome 20mg/10ml</i>	1	PA
<i>doxorubicin liposome 50mg/25ml</i>	1	PA
<i>doxorubicin 10 mg vial</i>	1	PA
<i>doxorubicin 10 mg/5 ml vial</i>	1	PA
<i>doxorubicin 150 mg/75 ml vial</i>	1	PA
<i>doxorubicin 20 mg/10 ml vial</i>	1	PA
<i>doxorubicin 200 mg/100 ml vial</i>	1	PA
<i>doxorubicin 50 mg vial</i>	1	PA
<i>doxorubicin 50 mg/25 ml vial</i>	1	PA
ELLENCE 2 MG/ML VIAL	2	PA
<i>epirubicin hcl 200 mg vial</i>	1	PA
<i>epirubicin 200 mg/100 ml vial</i>	1	PA
<i>epirubicin 50 mg/25 ml vial</i>	1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IXEMPRA 15 MG KIT	2	PA
IXEMPRA 45 MG KIT	2	PA
<i>mitoxantrone 20 mg/10 ml vial</i>	1	PA
<i>mitoxantrone 25 mg/12.5 ml vial</i>	1	PA
<i>mitoxantrone 30 mg/15 ml vial</i>	1	PA
<i>paclitaxel 100 mg/16.7 ml vial</i>	1	PA
<i>paclitaxel 150 mg/25 ml vial</i>	1	PA
<i>paclitaxel 30 mg/5 ml vial</i>	1	PA
<i>paclitaxel 300 mg/50 ml vial</i>	1	PA
PROLEUKIN 22 MILLION UNIT VIAL	2	PA
VELCADE 3.5 MG VIAL	2	PA
<i>vinorelbine 10 mg/ml vial</i>	1	PA
<i>vinorelbine 50 mg/5 ml vial</i>	1	PA
ZOLINZA 100 MG CAPSULE	2	QL (4 / DAY); PA; NDS
ANTINEOPLASTICS - ENZYME INHIBITORS		
CAMPTOSAR 100 MG/5 ML VIAL	2	PA
CAMPTOSAR 40 MG/2 ML VIAL	2	PA
<i>etoposide 50 mg capsule</i>	1	PA; NDS
HYCANTIN 4 MG VIAL	2	PA
<i>irinotecan hcl 100 mg/5 ml vial</i>	1	PA
<i>irinotecan hcl 40 mg/2 ml vial</i>	1	PA
<i>topotecan hcl 4 mg vial</i>	1	PA
ANTINEOPLASTICS - MOLECULAR TARGET INHIBITORS		
<i>erlotinib hcl 100 mg tablet</i>	1	QL (1 / DAY); PA; NDS
<i>erlotinib hcl 150 mg tablet</i>	1	QL (1 / DAY); PA; NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
erlotinib hcl 25 mg tablet	1	QL (1 / DAY); PA; NDS
GLEEVEC 100 MG TABLET	2	QL (8 / DAY); PA; NDS
GLEEVEC 400 MG TABLET	2	QL (2 / 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
IRESSA 250 MG TABLET	2	QL (1 / DAY); PA; NDS
lapatinib 250 mg tablet	1	QL (6 / DAY); PA
NEXAVAR 200 MG TABLET	2	QL (4 / DAY); PA; NDS
sorafenib 200 mg tablet	1	QL (4 / DAY); PA; NDS
SPRYCEL 100 MG TABLET	2	QL (1 / DAY); PA; NDS
SPRYCEL 140 MG TABLET	2	QL (1 / DAY); PA; NDS
SPRYCEL 20 MG TABLET	2	QL (1 / DAY); PA; NDS
SPRYCEL 50 MG TABLET	2	QL (1 / DAY); PA; NDS
SPRYCEL 70 MG TABLET	2	QL (2 / DAY); PA; NDS
SPRYCEL 80 MG TABLET	2	QL (1 / 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 50 mg capsule	1	QL (1 / DAY); PA; NDS
SUTENT 12.5 MG CAPSULE	2	QL (1 / DAY); PA; NDS
SUTENT 25 MG CAPSULE	2	QL (1 / DAY); PA; NDS
SUTENT 50 MG CAPSULE	2	QL (1 / DAY); PA; NDS
TARCEVA 100 MG TABLET	2	QL (1 / DAY); PA; NDS
TARCEVA 150 MG TABLET	2	QL (1 / DAY); PA; NDS
TARCEVA 25 MG TABLET	2	QL (1 / DAY); PA; NDS
TASIGNA 150 MG CAPSULE	2	QL (4 / DAY); PA; NDS

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TASIGNA 200 MG CAPSULE	2	QL (4 / DAY); PA; NDS
<i>temsirolimus 25 mg vial</i>	1	PA
TORISEL 25 MG KIT	2	PA
TYKERB 250 MG TABLET	2	QL (6 / DAY); PA; NDS
ANTINEOPLASTICS - MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
AVASTIN 100 MG/4 ML VIAL	2	PA
AVASTIN 400 MG/16 ML VIAL	2	PA
CAMPATH 30 MG/ML VIAL	2	PA
ERBITUX 100 MG/50 ML VIAL	2	PA
ERBITUX 200 MG/100 ML VIAL	2	PA
RITUXAN 100 MG/10 ML VIAL	2	PA
RITUXAN 500 MG/50 ML VIAL	2	PA
VECTIBIX 100 MG/5 ML VIAL	2	PA
VECTIBIX 400 MG/20 ML VIAL	2	PA
ANTINEOPLASTICS - RETINOIDS		
<i>bexarotene 1% gel</i>	1	PA
<i>bexarotene 75 mg capsule</i>	1	QL (10 / DAY); PA; NDS
TARGRETIN 1% GEL	2	PA; NDS
TARGRETIN 75 MG CAPSULE	2	QL (10 / DAY); PA
ANTINEOPLASTICS - TREATMENT ADJUNCTS		
ELITEK 1.5 MG VIAL	2	PA
ELITEK 7.5 MG VIAL	2	PA
ETHYOL 500 MG VIAL	2	PA
ANTIPARASITICS - ANTHELMINTHICS		
<i>albendazole 200 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BILTRICIDE 600 MG TABLET	2	
<i>ivermectin 3 mg tablet</i>	1	
<i>praziquantel 600 mg tablet</i>	1	
STROMEKTOL 3 MG TABLET	2	
ANTIPARASITICS - ANTIPROTOZOALS		
<i>chloroquine ph 250 mg tablet</i>	1	
<i>chloroquine ph 500 mg tablet</i>	1	
DARAPRIM 25 MG TABLET	2	
<i>hydroxychloroquine 200 mg tab</i>	1	
PLAQUENIL 200 MG TABLET	2	
<i>primaquine 26.3 mg tablet</i>	1	
<i>pyrimethamine 25 mg tablet</i>	1	
QUALAQUIN 324 MG CAPSULE	2	
<i>quinine sulfate 324 mg capsule</i>	1	
ANTIPARKINSON AGENTS - ANTICHOLINERGICS		
<i>benztropine mes 0.5 mg tab</i>	1	
<i>benztropine mes 1 mg tablet</i>	1	
<i>benztropine mes 2 mg tablet</i>	1	
<i>benztropine 2 mg/2 ml ampule</i>	1	
<i>benztropine 2 mg/2 ml vial</i>	1	
COGENTIN 2 MG/2 ML AMPULE	2	
<i>trihexyphenidyl 2 mg tablet</i>	1	
<i>trihexyphenidyl 2 mg/5 ml soln</i>	1	
<i>trihexyphenidyl 5 mg tablet</i>	1	
ANTIPARKINSON AGENTS - ANTIPARKINSON AGENTS, OTHER		

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amantadine 100 mg capsule</i>	1	
<i>amantadine 100 mg tablet</i>	1	
<i>amantadine 100 mg/10 ml cup</i>	1	
<i>amantadine 100 mg/10 ml soln</i>	1	
<i>amantadine 50 mg/5 ml solution</i>	1	
ANTIPARKINSON AGENTS - DOPAMINE AGONISTS		
<i>bromocriptine 2.5 mg tablet</i>	1	
<i>bromocriptine 5 mg capsule</i>	1	
PARLODEL 2.5 MG TABLET	2	
PARLODEL 5 MG CAPSULE	2	
ANTIPARKINSON AGENTS - DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa-levor 25-100 tab</i>	1	
<i>carbidopa-levor 50-200 tab</i>	1	
<i>carbidopa-levodopa 10-100 tab</i>	1	
<i>carbidopa-levodopa 25-100 tab</i>	1	
<i>carbidopa-levodopa 25-250 tab</i>	1	
SINEMET 10-100 MG TABLET	2	
SINEMET 25-100 MG TABLET	2	
ANTIPARKINSON AGENTS - MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>selegiline hcl 5 mg capsule</i>	1	QL (2 / DAY)
<i>selegiline hcl 5 mg tablet</i>	1	QL (2 / DAY)
ZELAPAR 1.25 MG ODT TABLET	2	PA
ANTIPSYCHOTICS - TREATMENT-RESISTANT		
<i>clozapine odt 100 mg tablet</i>	1	PA
<i>clozapine odt 12.5 mg tablet</i>	1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clozapine odt 150 mg tablet</i>	1	PA
<i>clozapine odt 200 mg tablet</i>	1	PA
<i>clozapine odt 25 mg tablet</i>	1	PA
<i>clozapine 100 mg tablet</i>	1	
<i>clozapine 200 mg tablet</i>	1	
<i>clozapine 25 mg tablet</i>	1	
<i>clozapine 50 mg tablet</i>	1	
CLOZARIL 100 MG TABLET	2	
CLOZARIL 200 MG TABLET	2	
CLOZARIL 25 MG TABLET	2	
CLOZARIL 50 MG TABLET	2	
ANTIPSYCHOTICS - 1ST GENERATION/TYPICAL		
<i>chlorpromazine 10 mg tablet</i>	1	
<i>chlorpromazine 100 mg tablet</i>	1	
<i>chlorpromazine 100 mg/ml conc</i>	1	
<i>chlorpromazine 200 mg tablet</i>	1	
<i>chlorpromazine 25 mg tablet</i>	1	
<i>chlorpromazine 25 mg/ml amp</i>	1	
<i>chlorpromazine 25 mg/ml ampule</i>	1	
<i>chlorpromazine 30 mg/ml conc</i>	1	
<i>chlorpromazine 50 mg tablet</i>	1	
<i>chlorpromazine 50 mg/2 ml amp</i>	1	
<i>fluphenazine dec 125 mg/5 ml</i>	1	
<i>fluphenazine 1 mg tablet</i>	1	QL (4 / DAY)
<i>fluphenazine 10 mg tablet</i>	1	QL (4 / DAY)

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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>loxapine 5 mg capsule</i>	1	
<i>loxapine 50 mg capsule</i>	1	
<i>pimozide 1 mg tablet</i>	1	
<i>pimozide 2 mg tablet</i>	1	
<i>thioridazine 10 mg tablet</i>	1	
<i>thioridazine 100 mg tablet</i>	1	
<i>thioridazine 25 mg tablet</i>	1	
<i>thioridazine 50 mg tablet</i>	1	
<i>thiothixene 1 mg capsule</i>	1	
<i>thiothixene 10 mg capsule</i>	1	
<i>thiothixene 2 mg capsule</i>	1	
<i>thiothixene 5 mg capsule</i>	1	
<i>trifluoperazine 1 mg tablet</i>	1	
<i>trifluoperazine 10 mg tablet</i>	1	
<i>trifluoperazine 2 mg tablet</i>	1	
<i>trifluoperazine 5 mg tablet</i>	1	
ANTIPSYCHOTICS - 2ND GENERATION/ATYPICAL		
ABILIFY 10 MG TABLET	2	QL (1 / DAY)
ABILIFY 15 MG TABLET	2	QL (1 / DAY)
ABILIFY 2 MG TABLET	2	QL (1 / DAY)
ABILIFY 20 MG TABLET	2	QL (1 / DAY)
ABILIFY 30 MG TABLET	2	QL (1 / DAY)
ABILIFY 5 MG TABLET	2	QL (1 / DAY)
<i>aripiprazole odt 10 mg tablet</i>	1	PA
<i>aripiprazole odt 15 mg tablet</i>	1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aripiprazole 1 mg/ml solution</i>	1	PA
<i>aripiprazole 10 mg tablet</i>	1	QL (1 / DAY)
<i>aripiprazole 15 mg tablet</i>	1	QL (1 / DAY)
<i>aripiprazole 2 mg tablet</i>	1	QL (1 / DAY)
<i>aripiprazole 20 mg tablet</i>	1	QL (1 / DAY)
<i>aripiprazole 30 mg tablet</i>	1	QL (1 / DAY)
<i>aripiprazole 5 mg tablet</i>	1	QL (1 / DAY)
<i>asenapine 10 mg tablet sl</i>	1	PA
<i>asenapine 5 mg tablet sl</i>	1	PA
FANAPT TITRATION PACK	2	PA
FANAPT 1 MG TABLET	2	PA
FANAPT 10 MG TABLET	2	PA
FANAPT 12 MG TABLET	2	PA
FANAPT 2 MG TABLET	2	PA
FANAPT 4 MG TABLET	2	PA
FANAPT 6 MG TABLET	2	PA
FANAPT 8 MG TABLET	2	PA
GEODON 20 MG CAPSULE	2	
GEODON 20 MG/ML VIAL	2	PA
GEODON 40 MG CAPSULE	2	
GEODON 60 MG CAPSULE	2	
GEODON 80 MG CAPSULE	2	
INVEGA ER 1.5 MG TABLET	2	PA
INVEGA ER 3 MG TABLET	2	PA
INVEGA ER 6 MG TABLET	2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INVEGA ER 9 MG TABLET	2	PA
INVEGA SUSTENNA 117 MG/0.75 ML	2	QL (0.027 / DAY); PA
INVEGA SUSTENNA 156 MG/ML SYRG	2	QL (0.036 / DAY); PA
INVEGA SUSTENNA 234 MG/1.5 ML	2	QL (0.054 / DAY); PA
INVEGA SUSTENNA 39 MG/0.25 ML	2	QL (0.009 / DAY); PA
INVEGA SUSTENNA 78 MG/0.5 ML	2	QL (0.018 / DAY); PA
LATUDA 120 MG TABLET	2	QL (1 / DAY)
LATUDA 20 MG TABLET	2	QL (1 / DAY)
LATUDA 40 MG TABLET	2	QL (1 / DAY)
LATUDA 60 MG TABLET	2	QL (1 / DAY)
LATUDA 80 MG TABLET	2	QL (2 / DAY)
<i>olanzapine odt 10 mg tablet</i>	1	QL (1 / DAY)
<i>olanzapine odt 15 mg tablet</i>	1	QL (2 / DAY)
<i>olanzapine odt 20 mg tablet</i>	1	QL (1 / DAY)
<i>olanzapine odt 5 mg tablet</i>	1	QL (1 / DAY)
<i>olanzapine 10 mg tablet</i>	1	QL (1 / DAY)
<i>olanzapine 10 mg vial</i>	1	PA
<i>olanzapine 15 mg tablet</i>	1	QL (2 / DAY)
<i>olanzapine 2.5 mg tablet</i>	1	QL (1 / DAY)
<i>olanzapine 20 mg tablet</i>	1	QL (1 / DAY)
<i>olanzapine 5 mg tablet</i>	1	QL (1 / DAY)
<i>olanzapine 7.5 mg tablet</i>	1	QL (1 / DAY)
<i>paliperidone er 1.5 mg tablet</i>	1	PA
<i>paliperidone er 3 mg tablet</i>	1	PA
<i>paliperidone er 6 mg tablet</i>	1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
paliperidone er 9 mg tablet	1	PA
quetiapine er 150 mg tablet	1	QL (1 / DAY)
quetiapine er 200 mg tablet	1	QL (1 / DAY)
quetiapine er 300 mg tablet	1	
quetiapine er 400 mg tablet	1	
quetiapine er 50 mg tablet	1	QL (2 / 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)
RISPERDAL CONSTA 12.5 MG VIAL	2	PA
RISPERDAL CONSTA 25 MG VIAL	2	PA
RISPERDAL CONSTA 37.5 MG VIAL	2	PA
RISPERDAL CONSTA 50 MG VIAL	2	PA
RISPERDAL 0.5 MG TABLET	2	
RISPERDAL 1 MG TABLET	2	
RISPERDAL 1 MG/ML SOLUTION	2	
RISPERDAL 2 MG TABLET	2	
RISPERDAL 3 MG TABLET	2	
RISPERDAL 4 MG TABLET	2	
risperidone 0.25 mg odt	1	QL (2 / DAY); PA
risperidone 0.25 mg tablet	1	
risperidone 0.5 mg odt	1	QL (2 / DAY); PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>risperidone 0.5 mg tablet</i>	1	
<i>risperidone 1 mg odt</i>	1	QL (2 / DAY); PA
<i>risperidone 1 mg tablet</i>	1	
<i>risperidone 1 mg/ml solution</i>	1	
<i>risperidone 2 mg odt</i>	1	QL (2 / DAY); PA
<i>risperidone 2 mg tablet</i>	1	
<i>risperidone 3 mg odt</i>	1	QL (2 / DAY); PA
<i>risperidone 3 mg tablet</i>	1	
<i>risperidone 4 mg odt</i>	1	QL (2 / DAY); PA
<i>risperidone 4 mg tablet</i>	1	
SAPHRIS 10 MG TAB SUBLINGUAL	2	PA
SAPHRIS 5 MG TAB SUBLINGUAL	2	PA
SEROQUEL XR 150 MG TABLET	2	QL (1 / DAY)
SEROQUEL XR 200 MG TABLET	2	QL (1 / DAY)
SEROQUEL XR 300 MG TABLET	2	
SEROQUEL XR 400 MG TABLET	2	
SEROQUEL XR 50 MG TABLET	2	QL (2 / DAY)
SEROQUEL 100 MG TABLET	2	QL (3 / DAY)
SEROQUEL 200 MG TABLET	2	QL (3 / DAY)
SEROQUEL 25 MG TABLET	2	QL (3 / DAY)
SEROQUEL 300 MG TABLET	2	QL (3 / DAY)
SEROQUEL 400 MG TABLET	2	QL (3 / DAY)
SEROQUEL 50 MG TABLET	2	QL (3 / DAY)
<i>ziprasidone hcl 20 mg capsule</i>	1	
<i>ziprasidone hcl 40 mg capsule</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ziprasidone hcl 60 mg capsule</i>	1	
<i>ziprasidone hcl 80 mg capsule</i>	1	
<i>ziprasidone 20 mg/ml vial</i>	1	PA
ZYPREXA RELPREVV 210 MG VL KIT	2	PA
ZYPREXA RELPREVV 300 MG VL KIT	2	PA
ZYPREXA RELPREVV 405 MG VL KIT	2	PA
ZYPREXA ZYDIS 10 MG TABLET	2	QL (1 / DAY)
ZYPREXA ZYDIS 15 MG TABLET	2	QL (2 / DAY)
ZYPREXA ZYDIS 20 MG TABLET	2	QL (1 / DAY)
ZYPREXA ZYDIS 5 MG TABLET	2	QL (1 / DAY)
ZYPREXA 10 MG TABLET	2	QL (1 / DAY)
ZYPREXA 10 MG VIAL	2	PA
ZYPREXA 15 MG TABLET	2	QL (2 / DAY)
ZYPREXA 2.5 MG TABLET	2	QL (1 / DAY)
ZYPREXA 20 MG TABLET	2	QL (1 / DAY)
ZYPREXA 5 MG TABLET	2	QL (1 / DAY)
ZYPREXA 7.5 MG TABLET	2	QL (1 / DAY)
ANTISPASTICITY AGENTS - ANTISPASTICITY AGENTS		
<i>baclofen 10 mg tablet</i>	1	
<i>baclofen 20 mg tablet</i>	1	
<i>baclofen 5 mg tablet</i>	1	
ANTIVIRALS - ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>cidofovir 375 mg/5 ml vial</i>	1	PA
ANTIVIRALS - ANTI-HEPATITIS B (HBV) AGENTS		
EPIVIR HBV 100 MG TABLET	2	QL (2 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPIVIR HBV 25 MG/5 ML SOLN	2	PA
<i>lamivudine hbv 100 mg tablet</i>	1	QL (2 / DAY)
ANTIVIRALS - ANTI-HEPATITIS C (HCV) AGENTS		
<i>ribavirin 200 mg capsule</i>	1	PA
<i>ribavirin 200 mg tablet</i>	1	PA
ANTIVIRALS - ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY 50-200-25 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 10 MG TABLET	2	QL (2 / DAY)
TIVICAY 25 MG TABLET	2	QL (2 / DAY)
TIVICAY 50 MG TABLET	2	QL (2 / DAY)
ANTIVIRALS - ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA TABLET	2	QL (1 / DAY)
COMPLERA TABLET	2	QL (1 / DAY)
DELSTRIGO 100-300-300 MG TAB	2	QL (1 / DAY)
EDURANT 25 MG TABLET	2	QL (1 / DAY)
<i>efavir-emtri-tenof 600-200-300</i>	1	QL (1 / DAY)
<i>efavir-lamiv-tenof 400-300-300</i>	1	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>efavir-lamiv-tenof 600-300-300</i>	1	QL (1 / DAY)
<i>efavirenz 200 mg capsule</i>	1	QL (2 / DAY)
<i>efavirenz 50 mg capsule</i>	1	QL (2 / DAY)
<i>efavirenz 600 mg tablet</i>	1	QL (2 / DAY)
<i>etravirine 100 mg tablet</i>	1	QL (4 / DAY)
<i>etravirine 200 mg tablet</i>	1	QL (2 / DAY)
INTELENCE 100 MG TABLET	2	QL (4 / DAY)
INTELENCE 200 MG TABLET	2	QL (2 / DAY)
INTELENCE 25 MG TABLET	2	QL (6 / DAY)
<i>nevirapine er 100 mg tablet</i>	1	QL (3 / DAY)
<i>nevirapine er 400 mg tablet</i>	1	QL (1 / DAY)
<i>nevirapine 200 mg tablet</i>	1	QL (2 / DAY)
<i>nevirapine 50 mg/5 ml susp</i>	1	QL (40 / DAY)
ODEFSEY TABLET	2	QL (1 / DAY)
PIFELTRO 100 MG TABLET	2	QL (1 / DAY)
SUSTIVA 200 MG CAPSULE	2	QL (2 / DAY)
SUSTIVA 50 MG CAPSULE	2	QL (2 / DAY)
SUSTIVA 600 MG TABLET	2	QL (2 / DAY)
SYMFI LO 400-300-300 MG TABLET	2	QL (1 / DAY)
SYMFI 600-300-300 MG TABLET	2	QL (1 / DAY)
ANTIVIRALS - ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir 20 mg/ml solution</i>	1	QL (30 / DAY)
<i>abacavir 300 mg tablet</i>	1	QL (2 / DAY)
<i>abacavir-lamivudine 600-300 mg</i>	1	QL (1 / DAY)
CIMDUO 300-300 MG TABLET	2	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMBIVIR TABLET	2	QL (2 / 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)
EMTRIVA 200 MG CAPSULE	2	QL (1 / DAY)
EPIVIR 10 MG/ML ORAL SOLN	2	QL (30 / DAY)
EPIVIR 150 MG TABLET	2	QL (2 / DAY)
EPIVIR 300 MG TABLET	2	QL (2 / DAY)
EPZICOM TABLET	2	QL (1 / 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-zidovudine tablet	1	QL (2 / DAY)
RETROVIR 10 MG/ML SYRUP	2	QL (64 / DAY)
RETROVIR 100 MG CAPSULE	2	QL (6 / DAY)
stavudine 15 mg capsule	1	PA
stavudine 20 mg capsule	1	PA
stavudine 30 mg capsule	1	PA
stavudine 40 mg capsule	1	PA
tenofovir disop fum 300 mg tb	1	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIUMEQ 600-50-300 MG TABLET	2	QL (1 / DAY)
TRIZIVIR TABLET	2	QL (2 / DAY)
TRUVADA 100 MG-150 MG TABLET	2	QL (1 / DAY)
TRUVADA 133 MG-200 MG TABLET	2	QL (1 / DAY)
TRUVADA 167 MG-250 MG TABLET	2	QL (1 / DAY)
TRUVADA 200 MG-300 MG TABLET	2	QL (1 / DAY)
VIREAD 300 MG TABLET	1	QL (1 / DAY)
ZIAGEN 20 MG/ML SOLUTION	2	QL (30 / DAY)
ZIAGEN 300 MG TABLET	2	QL (2 / DAY)
<i>zidovudine 100 mg capsule</i>	1	QL (6 / DAY)
<i>zidovudine 300 mg tablet</i>	1	QL (2 / DAY)
<i>zidovudine 50 mg/5 ml syrup</i>	1	QL (64 / DAY)
ANTIVIRALS - ANTI-HIV AGENTS, OTHER		
FUZEON 90 MG VIAL	2	QL (2 / DAY)
<i>maraviroc 150 mg tablet</i>	1	QL (4 / DAY)
<i>maraviroc 300 mg tablet</i>	1	QL (4 / DAY)
SELZENTRY 150 MG TABLET	2	QL (4 / DAY)
SELZENTRY 20 MG/ML ORAL SOLN	2	QL (61.34 / DAY)
SELZENTRY 25 MG TABLET	2	QL (4 / DAY)
SELZENTRY 300 MG TABLET	2	QL (4 / DAY)
SELZENTRY 75 MG TABLET	2	QL (4 / DAY)
TYBOST 150 MG TABLET	2	QL (1 / DAY)
ANTIVIRALS - ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAPSULE	2	QL (4 / DAY)
<i>atazanavir sulfate 150 mg cap</i>	1	QL (2 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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)
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)
KALETRA 100-25 MG TABLET	2	QL (10 / DAY)
KALETRA 200-50 MG TABLET	2	QL (4 / DAY)
KALETRA 80 MG-20 MG/ML SOLN	2	QL (13.34 / DAY)
LEXIVA 50 MG/ML SUSPENSION	2	QL (60 / DAY)
LEXIVA 700 MG TABLET	2	QL (4 / DAY)
lopinavir-ritonavir 80-20mg/ml	1	QL (13.34 / DAY)
lopinavir-ritonavir 100-25mg tb	1	QL (10 / DAY)
lopinavir-ritonavir 200-50mg tb	1	QL (4 / DAY)
NORVIR 100 MG POWDER PACKET	2	QL (12 / DAY)
NORVIR 100 MG TABLET	2	QL (12 / DAY)
NORVIR 80 MG/ML SOLUTION	2	QL (16 / 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 600 MG TABLET	2	QL (2 / DAY)
PREZISTA 75 MG TABLET	2	QL (10 / DAY)
PREZISTA 800 MG TABLET	2	QL (1 / DAY)
REYATAZ 200 MG CAPSULE	2	QL (2 / DAY)
REYATAZ 300 MG CAPSULE	2	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REYATAZ 50 MG POWDER PACKET	2	QL (8 / DAY)
<i>ritonavir 100 mg tablet</i>	1	QL (12 / DAY)
SYM TUZA 800-150-200-10 MG TAB	2	QL (1 / DAY)
VIRACEPT 250 MG TABLET	2	PA
VIRACEPT 625 MG TABLET	2	PA
ANTIVIRALS - ANTI-INFLUENZA AGENTS		
FLUMADINE 100 MG TABLET	2	
<i>oseltamivir phos 30 mg capsule</i>	1	QL (30 / 180 DAYS)
<i>oseltamivir phos 45 mg capsule</i>	1	QL (30 / 180 DAYS)
<i>oseltamivir phos 75 mg capsule</i>	1	QL (30 / 180 DAYS)
<i>oseltamivir 6 mg/ml suspension</i>	1	QL (225 / 180 DAYS)
RELENZA 5 MG DISKHALER	2	QL (60 / 180 DAYS)
<i>rimantadine hcl 100 mg tablet</i>	1	
TAMIFLU 30 MG CAPSULE	2	QL (30 / 180 DAYS)
TAMIFLU 45 MG CAPSULE	2	QL (30 / 180 DAYS)
TAMIFLU 6 MG/ML SUSPENSION	2	QL (225 / 180 DAYS)
TAMIFLU 75 MG CAPSULE	2	QL (30 / 180 DAYS)
ANTIVIRALS - ANTIHERPETIC AGENTS		
<i>acyclovir 200 mg capsule</i>	1	
<i>acyclovir 400 mg tablet</i>	1	
<i>acyclovir 800 mg tablet</i>	1	
<i>valacyclovir hcl 1 gram tablet</i>	1	
<i>valacyclovir hcl 500 mg tablet</i>	1	
VALTREX 1 GM CAPLET	2	
VALTREX 500 MG CAPLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANXIOLYTICS - ANXIOLYTICS, OTHER		
<i>buspirone hcl 10 mg tablet</i>	1	
<i>buspirone hcl 15 mg tablet</i>	1	
<i>buspirone hcl 30 mg tablet</i>	1	
<i>buspirone hcl 5 mg tablet</i>	1	
<i>buspirone hcl 7.5 mg tablet</i>	1	
ANXIOLYTICS - BENZODIAZEPINES		
<i>alprazolam er 0.5 mg tablet</i>	1	PA
<i>alprazolam er 1 mg tablet</i>	1	PA
<i>alprazolam er 2 mg tablet</i>	1	PA
<i>alprazolam er 3 mg tablet</i>	1	PA
<i>alprazolam intensol 1 mg/ml</i>	1	
<i>alprazolam odt 0.25 mg tab</i>	1	QL (3 / DAY)
<i>alprazolam odt 0.5 mg tab</i>	1	QL (3 / DAY)
<i>alprazolam odt 1 mg tab</i>	1	QL (3 / DAY)
<i>alprazolam odt 2 mg tab</i>	1	QL (3 / DAY)
<i>alprazolam xr 0.5 mg tablet</i>	1	PA
<i>alprazolam xr 1 mg tablet</i>	1	PA
<i>alprazolam xr 2 mg tablet</i>	1	PA
<i>alprazolam xr 3 mg tablet</i>	1	PA
<i>alprazolam 0.25 mg tablet</i>	1	QL (4 / DAY)
<i>alprazolam 0.5 mg tablet</i>	1	QL (4 / DAY)
<i>alprazolam 1 mg tablet</i>	1	QL (4 / DAY)
<i>alprazolam 2 mg tablet</i>	1	QL (4 / DAY)
ATIVAN 0.5 MG TABLET	2	QL (4 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ATIVAN 1 MG TABLET	2	QL (4 / DAY)
ATIVAN 2 MG TABLET	2	QL (4 / DAY)
<i>chlordiazepoxide 10 mg capsule</i>	1	QL (4 / DAY)
<i>chlordiazepoxide 25 mg capsule</i>	1	QL (4 / DAY)
<i>chlordiazepoxide 5 mg capsule</i>	1	QL (4 / DAY)
<i>clonazepam 0.125 mg dis tab</i>	1	QL (4 / DAY)
<i>clonazepam 0.125 mg odt</i>	1	QL (4 / DAY)
<i>clonazepam 0.25 mg odt</i>	1	QL (4 / DAY)
<i>clonazepam 0.5 mg dis tablet</i>	1	QL (4 / DAY)
<i>clonazepam 0.5 mg odt</i>	1	QL (4 / DAY)
<i>clonazepam 0.5 mg tablet</i>	1	QL (4 / DAY)
<i>clonazepam 1 mg dis tablet</i>	1	QL (4 / DAY)
<i>clonazepam 1 mg odt</i>	1	QL (4 / DAY)
<i>clonazepam 1 mg tablet</i>	1	QL (4 / DAY)
<i>clonazepam 2 mg odt</i>	1	QL (4 / DAY)
<i>clonazepam 2 mg tablet</i>	1	QL (4 / DAY)
<i>clorazepate 15 mg tablet</i>	1	QL (4 / DAY); PA
<i>clorazepate 3.75 mg tablet</i>	1	QL (4 / DAY); PA
<i>clorazepate 7.5 mg tablet</i>	1	QL (4 / DAY); PA
<i>diazepam 10 mg tablet</i>	1	QL (4 / DAY); PA
<i>diazepam 2 mg tablet</i>	1	QL (4 / DAY); PA
<i>diazepam 25 mg/5 ml oral conc</i>	1	QL (4 / DAY); PA
<i>diazepam 5 mg tablet</i>	1	QL (4 / DAY); PA
<i>diazepam 5 mg/ml oral conc</i>	1	QL (4 / DAY); PA
<i>diazepam 5 mg/5 ml solution</i>	1	QL (40 / DAY); PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KLONOPIN 0.5 MG TABLET	2	QL (4 / DAY)
KLONOPIN 1 MG TABLET	2	QL (4 / DAY)
KLONOPIN 2 MG TABLET	2	QL (4 / DAY)
<i>lorazepam intensol 2 mg/ml</i>	1	QL (4 / DAY)
<i>lorazepam 0.5 mg tablet</i>	1	QL (4 / DAY)
<i>lorazepam 1 mg tablet</i>	1	QL (4 / DAY)
<i>lorazepam 2 mg tablet</i>	1	QL (4 / DAY)
<i>lorazepam 2 mg/ml oral concent</i>	1	QL (4 / DAY)
<i>oxazepam 10 mg capsule</i>	1	QL (4 / DAY); PA
<i>oxazepam 15 mg capsule</i>	1	QL (4 / DAY); PA
<i>oxazepam 30 mg capsule</i>	1	QL (4 / DAY); PA
TRANXENE T-TAB 7.5 MG	2	QL (4 / DAY); PA
VALIUM 10 MG TABLET	2	QL (4 / DAY); PA
VALIUM 2 MG TABLET	2	QL (4 / DAY); PA
VALIUM 5 MG TABLET	2	QL (4 / DAY); PA
XANAX XR 0.5 MG TABLET	2	QL (3 / DAY); PA
XANAX XR 1 MG TABLET	2	QL (3 / DAY); PA
XANAX XR 2 MG TABLET	2	QL (3 / DAY); PA
XANAX XR 3 MG TABLET	2	QL (3 / DAY); PA
XANAX 0.25 MG TABLET	2	QL (4 / DAY)
XANAX 0.5 MG TABLET	2	QL (4 / DAY)
XANAX 1 MG TABLET	2	QL (4 / DAY)
XANAX 2 MG TABLET	2	QL (4 / DAY)
BIPOLAR AGENTS - MOOD STABILIZERS		
EQUETRO 100 MG CAPSULE	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EQUETRO 200 MG CAPSULE	2	
EQUETRO 300 MG CAPSULE	2	
<i>lithium carbonate er 300 mg tb</i>	1	
<i>lithium carbonate er 450 mg tb</i>	1	
<i>lithium carbonate 150 mg cap</i>	1	
<i>lithium carbonate 300 mg cap</i>	1	
<i>lithium carbonate 300 mg tab</i>	1	
<i>lithium carbonate 600 mg cap</i>	1	
<i>lithium 8 meq/5 ml soln cup</i>	1	
<i>lithium 8 meq/5 ml solution</i>	1	
LITHOBID ER 300 MG TABLET	2	
BLOOD GLUCOSE REGULATORS - ANTIDIABETIC AGENTS		
<i>acarbose 100 mg tablet</i>	1	
<i>acarbose 25 mg tablet</i>	1	
<i>acarbose 50 mg tablet</i>	1	
ACTOS 15 MG TABLET	2	
<i>glipizide 10 mg tablet</i>	1	QL (4 / DAY)
<i>glipizide 5 mg tablet</i>	1	QL (6 / DAY)
<i>glyburide micro 1.5 mg tab</i>	1	QL (6 / DAY)
<i>glyburide micro 3 mg tablet</i>	1	QL (4 / DAY)
<i>glyburide micro 6 mg tablet</i>	1	QL (2 / DAY)
<i>glyburide 1.25 mg tablet</i>	1	QL (4 / DAY)
<i>glyburide 2.5 mg tablet</i>	1	QL (6 / DAY)
<i>glyburide 5 mg tablet</i>	1	QL (4 / DAY)
GLYNASE 1.5 MG PRESTAB	2	QL (6 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLYNASE 3 MG PRETAB	2	QL (4 / DAY)
GLYNASE 6 MG PRETAB	2	QL (2 / DAY)
INVOKAMET XR 150-1,000 MG TAB	2	QL (2 / DAY)
INVOKAMET XR 150-500 MG TABLET	2	QL (2 / DAY)
INVOKAMET XR 50-1,000 MG TAB	2	QL (2 / DAY)
INVOKAMET XR 50-500 MG TABLET	2	QL (2 / DAY)
INVOKAMET 150-1,000 MG TABLET	2	QL (2 / DAY)
INVOKAMET 150-500 MG TABLET	2	QL (2 / DAY)
INVOKAMET 50-1,000 MG TABLET	2	QL (2 / DAY)
INVOKAMET 50-500 MG TABLET	2	QL (2 / DAY)
INVOKANA 100 MG TABLET	2	QL (2 / DAY)
INVOKANA 300 MG TABLET	2	QL (1 / DAY)
JANUMET XR 100-1,000 MG TABLET	2	QL (1 / DAY)
JANUMET XR 50-1,000 MG TABLET	2	QL (2 / DAY)
JANUMET XR 50-500 MG TABLET	2	QL (2 / DAY)
JANUMET 50-1,000 MG TABLET	2	QL (2 / DAY)
JANUMET 50-500 MG TABLET	2	QL (2 / DAY)
JANUVIA 100 MG TABLET	2	QL (1 / DAY)
JANUVIA 25 MG TABLET	2	QL (1 / DAY)
JANUVIA 50 MG TABLET	2	QL (1 / DAY)
JARDIANCE 10 MG TABLET	2	QL (1 / DAY)
JARDIANCE 25 MG TABLET	2	QL (1 / DAY)
metformin hcl er 500 mg tablet	1	QL (4 / DAY)
metformin hcl er 750 mg tablet	1	QL (3 / DAY)
metformin hcl 1,000 mg tablet	1	QL (2 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metformin hcl 500 mg tablet	1	QL (5 / DAY)
metformin hcl 850 mg tablet	1	QL (3 / DAY)
NESINA 12.5 MG TABLET	2	QL (1 / DAY)
NESINA 25 MG TABLET	2	QL (1 / DAY)
NESINA 6.25 MG TABLET	2	QL (1 / DAY)
pioglitazone hcl 15 mg tablet	1	
PRECOSE 100 MG TABLET	2	
PRECOSE 25 MG TABLET	2	
PRECOSE 50 MG TABLET	2	
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)
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)
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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VICTOZA 2-PAK 18 MG/3 ML PEN	2	QL (0.3 / DAY); ST
VICTOZA 3-PAK 18 MG/3 ML PEN	2	QL (0.3 / DAY); ST
BLOOD GLUCOSE REGULATORS - INSULINS		
BASAGLAR 100 UNIT/ML KWIKPEN	2	QL (2 / DAY)
HUMALOG 100 UNIT/ML KWIKPEN	2	QL (2 / DAY)
HUMALOG 100 UNIT/ML VIAL	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)
INSULIN ASPART PRO MIX70-30 PN	2	QL (2 / DAY)
INSULIN ASPART PRO MIX70-30 VL	2	QL (2 / DAY)
INSULIN ASPART 100 UNIT/ML CRT	2	QL (2 / DAY)
INSULIN ASPART 100 UNIT/ML PEN	2	QL (2 / DAY)
INSULIN ASPART 100 UNIT/ML VL	2	QL (2 / DAY)
LANTUS SOLOSTAR 100 UNIT/ML	2	QL (2 / DAY)
LANTUS 100 UNIT/ML VIAL	2	QL (2 / DAY)
LEVEMIR FLEXTouch 100 UNIT/ML	2	QL (2 / DAY)
LEVEMIR 100 UNIT/ML VIAL	2	QL (2 / DAY)
NOVOLIN N 100 UNIT/ML VIAL	2	QL (2 / DAY)
NOVOLIN R 100 UNIT/ML VIAL	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)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOLOG 100 UNIT/ML VIAL	2	QL (2 / DAY)
RELION NOVOLIN N 100 UNIT/ML	2	QL (2 / DAY)
RELION NOVOLIN R 100 UNIT/ML	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)
BLOOD PRODUCTS AND MODIFIERS - ANTICOAGULANTS		
ARIXTRA 10 MG/0.8 ML SYRINGE	2	
ARIXTRA 2.5 MG/0.5 ML SYRINGE	2	
ARIXTRA 5 MG/0.4 ML SYRINGE	2	
ARIXTRA 7.5 MG/0.6 ML SYRINGE	2	
ELIQUIS DVT-PE TREAT START 5MG	2	QL (148 / 365 DAYS)
ELIQUIS 2.5 MG TABLET	2	QL (2 / DAY)
ELIQUIS 5 MG TABLET	2	QL (2.5 / DAY)
<i>fondaparinux 10 mg/0.8 ml syr</i>	1	
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	1	
<i>fondaparinux 5 mg/0.4 ml syr</i>	1	
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	1	
<i>heparin lock flush 10 units/ml</i>	1	
<i>heparin lock flush 100 unit/ml</i>	1	
<i>heparin sod 1,000 unit/ml vial</i>	1	
<i>heparin sod 10,000 unit/ml vl</i>	1	
<i>heparin sod 20,000 unit/ml vl</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>heparin sod 5,000 unit/ml vial</i>	1	
<i>heparin sod 5,000 unit/0.5 ml</i>	1	
<i>heparin 10,000 unit/10 ml vial</i>	1	
<i>heparin 100 unit/10 ml (10/ml)</i>	1	
<i>heparin 2,000 unit/2 ml vial</i>	1	
<i>heparin 30,000 unit/30 ml vial</i>	1	
<i>heparin 40,000 unit/4 ml vial</i>	1	
<i>heparin 5,000 unit/ml carpuct</i>	1	
<i>heparin 50,000 unit/10 ml vial</i>	1	
<i>heparin 50,000 unit/5 ml vial</i>	1	
<i>heparin 500 unit/5 ml (100/ml)</i>	1	
<i>jantoven 1 mg tablet</i>	1	
<i>jantoven 10 mg tablet</i>	1	
<i>jantoven 2 mg tablet</i>	1	
<i>jantoven 2.5 mg tablet</i>	1	
<i>jantoven 3 mg tablet</i>	1	
<i>jantoven 4 mg tablet</i>	1	
<i>jantoven 5 mg tablet</i>	1	
<i>jantoven 6 mg tablet</i>	1	
<i>jantoven 7.5 mg tablet</i>	1	
<i>warfarin sodium 1 mg tablet</i>	1	
<i>warfarin sodium 10 mg tablet</i>	1	
<i>warfarin sodium 2 mg tablet</i>	1	
<i>warfarin sodium 2.5 mg tablet</i>	1	
<i>warfarin sodium 3 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>warfarin sodium 4 mg tablet</i>	1	
<i>warfarin sodium 5 mg tablet</i>	1	
<i>warfarin sodium 6 mg tablet</i>	1	
<i>warfarin sodium 7.5 mg tablet</i>	1	
XARELTO DVT-PE TREAT START 30D	2	QL (102 / 365 DAYS); PA
XARELTO 10 MG TABLET	2	QL (1 / DAY); PA
XARELTO 15 MG TABLET	2	QL (102 / 90 DAYS); PA
XARELTO 2.5 MG TABLET	2	QL (2 / DAY); PA
XARELTO 20 MG TABLET	2	QL (1 / DAY); PA
BLOOD PRODUCTS AND MODIFIERS - BLOOD PRODUCTS AND MODIFIERS, OTHER		
EPOGEN 10,000 UNITS/ML VIAL	2	PA
EPOGEN 2,000 UNITS/ML VIAL	2	PA
EPOGEN 20,000 UNITS/ML VIAL	2	PA
EPOGEN 20,000 UNITS/2 ML VIAL	2	PA
EPOGEN 3,000 UNITS/ML VIAL	2	PA
EPOGEN 4,000 UNITS/ML VIAL	2	PA
NEUPOGEN 300 MCG/ML VIAL	2	PA
NEUPOGEN 300 MCG/0.5 ML SYR	2	PA
NEUPOGEN 480 MCG/0.8 ML SYR	2	PA
NEUPOGEN 480 MCG/1.6 ML VIAL	2	PA
PROCRIT 10,000 UNITS/ML VIAL	2	PA
PROCRIT 2,000 UNITS/ML VIAL	2	PA
PROCRIT 20,000 UNITS/ML VIAL	2	PA
PROCRIT 3,000 UNITS/ML VIAL	2	PA
PROCRIT 4,000 UNITS/ML VIAL	2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROCRT 40,000 UNITS/ML VIAL	2	PA
BLOOD PRODUCTS AND MODIFIERS - PLATELET MODIFYING AGENTS		
<i>clopidogrel 300 mg tablet</i>	1	QL (1 / DAY)
<i>clopidogrel 75 mg tablet</i>	1	QL (1 / DAY)
<i>dipyridamole 25 mg tablet</i>	1	
<i>dipyridamole 50 mg tablet</i>	1	
<i>dipyridamole 75 mg tablet</i>	1	
PLAVIX 75 MG TABLET	2	QL (1 / DAY)
CARDIOVASCULAR AGENTS - ALPHA-ADRENERGIC AGONISTS		
CATAPRES-TTS 1 PATCH	2	QL (0.143 / DAY)
CATAPRES-TTS 2 PATCH	2	QL (0.143 / DAY)
CATAPRES-TTS 3 PATCH	2	QL (0.143 / DAY)
<i>clonidine hcl 0.1 mg tablet</i>	1	
<i>clonidine hcl 0.2 mg tablet</i>	1	
<i>clonidine hcl 0.3 mg tablet</i>	1	
<i>clonidine 0.1 mg/day patch</i>	1	QL (0.143 / DAY)
<i>clonidine 0.2 mg/day patch</i>	1	QL (0.143 / DAY)
<i>clonidine 0.3 mg/day patch</i>	1	QL (0.143 / DAY)
<i>guanfacine 1 mg tablet</i>	1	
<i>guanfacine 2 mg tablet</i>	1	
<i>methyldopa 250 mg tablet</i>	1	
<i>methyldopa 500 mg tablet</i>	1	
CARDIOVASCULAR AGENTS - ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA 1 MG TABLET	2	
CARDURA 2 MG TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDURA 4 MG TABLET	2	
CARDURA 8 MG TABLET	2	
<i>doxazosin mesylate 1 mg tab</i>	1	
<i>doxazosin mesylate 2 mg tab</i>	1	
<i>doxazosin mesylate 4 mg tab</i>	1	
<i>doxazosin mesylate 8 mg tab</i>	1	
MINIPRESS 1 MG CAPSULE	2	
MINIPRESS 2 MG CAPSULE	2	
MINIPRESS 5 MG CAPSULE	2	
<i>prazosin 1 mg capsule</i>	1	
<i>prazosin 2 mg capsule</i>	1	
<i>prazosin 5 mg capsule</i>	1	
CARDIOVASCULAR AGENTS - ANGIOTENSIN II RECEPTOR ANTAGONISTS		
COZAAR 100 MG TABLET	2	
COZAAR 25 MG TABLET	2	
COZAAR 50 MG TABLET	2	
<i>losartan potassium 100 mg tab</i>	1	
<i>losartan potassium 25 mg tab</i>	1	
<i>losartan potassium 50 mg tab</i>	1	
CARDIOVASCULAR AGENTS - ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
ALTACE 1.25 MG CAPSULE	2	
ALTACE 10 MG CAPSULE	2	
ALTACE 2.5 MG CAPSULE	2	
ALTACE 5 MG CAPSULE	2	
<i>captopril 100 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>captopril 12.5 mg tablet</i>	1	
<i>captopril 25 mg tablet</i>	1	
<i>captopril 50 mg tablet</i>	1	
<i>enalapril maleate 10 mg tab</i>	1	
<i>enalapril maleate 2.5 mg tab</i>	1	
<i>enalapril maleate 20 mg tab</i>	1	
<i>enalapril maleate 5 mg tablet</i>	1	
<i>lisinopril 10 mg tablet</i>	1	
<i>lisinopril 2.5 mg tablet</i>	1	
<i>lisinopril 20 mg tablet</i>	1	
<i>lisinopril 30 mg tablet</i>	1	
<i>lisinopril 40 mg tablet</i>	1	
<i>lisinopril 5 mg tablet</i>	1	
<i>ramipril 1.25 mg capsule</i>	1	
<i>ramipril 10 mg capsule</i>	1	
<i>ramipril 2.5 mg capsule</i>	1	
<i>ramipril 5 mg capsule</i>	1	
VASOTEC 10 MG TABLET	2	
VASOTEC 2.5 MG TABLET	2	
VASOTEC 20 MG TABLET	2	
VASOTEC 5 MG TABLET	2	
ZESTRIL 10 MG TABLET	2	
ZESTRIL 2.5 MG TABLET	2	
ZESTRIL 20 MG TABLET	2	
ZESTRIL 30 MG TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZESTRIL 40 MG TABLET	2	
ZESTRIL 5 MG TABLET	2	
CARDIOVASCULAR AGENTS - ANTIARRHYTHMICS		
<i>amiodarone hcl 100 mg tablet</i>	1	
<i>amiodarone hcl 200 mg tablet</i>	1	
<i>amiodarone hcl 400 mg tablet</i>	1	
BETAPACE AF 120 MG TABLET	2	
BETAPACE AF 160 MG TABLET	2	
BETAPACE AF 80 MG TABLET	2	
BETAPACE 120 MG TABLET	2	
BETAPACE 160 MG TABLET	2	
BETAPACE 240 MG TABLET	2	
BETAPACE 80 MG TABLET	2	
PACERONE 100 MG TABLET	1	
<i>pacerone 200 mg tablet</i>	1	
PACERONE 400 MG TABLET	1	
<i>propafenone hcl 150 mg tablet</i>	1	
<i>propafenone hcl 225 mg tab</i>	1	
<i>propafenone hcl 300 mg tab</i>	1	
<i>quinidine gluc er 324 mg tab</i>	1	
<i>quinidine sulfate 200 mg tab</i>	1	
<i>quinidine sulfate 300 mg tab</i>	1	
<i>sorine 120 mg tablet</i>	1	
<i>sorine 160 mg tablet</i>	1	
<i>sorine 240 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sorine 80 mg tablet</i>	1	
<i>sotalol af 120 mg tablet</i>	1	
<i>sotalol af 160 mg tablet</i>	1	
<i>sotalol af 80 mg tablet</i>	1	
<i>sotalol hcl 150 mg/10 ml vial</i>	1	
<i>sotalol 120 mg tablet</i>	1	
<i>sotalol 160 mg tablet</i>	1	
<i>sotalol 240 mg tablet</i>	1	
<i>sotalol 80 mg tablet</i>	1	
CARDIOVASCULAR AGENTS - BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol 100 mg tablet</i>	1	
<i>atenolol 25 mg tablet</i>	1	
<i>atenolol 50 mg tablet</i>	1	
<i>carvedilol 12.5 mg tablet</i>	1	
<i>carvedilol 25 mg tablet</i>	1	
<i>carvedilol 3.125 mg tablet</i>	1	
<i>carvedilol 6.25 mg tablet</i>	1	
COREG 12.5 MG TABLET	2	
COREG 25 MG TABLET	2	
COREG 3.125 MG TABLET	2	
COREG 6.25 MG TABLET	2	
INDERAL LA 120 MG CAPSULE	2	
INDERAL LA 160 MG CAPSULE	2	
INDERAL LA 60 MG CAPSULE	2	
INDERAL LA 80 MG CAPSULE	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INDERAL XL 120 MG CAPSULE	2	
INDERAL XL 80 MG CAPSULE	2	
INNOPRAN XL 120 MG CAPSULE	2	
INNOPRAN XL 80 MG CAPSULE	2	
<i>labetalol hcl 100 mg tablet</i>	1	
<i>labetalol hcl 200 mg tablet</i>	1	
<i>labetalol hcl 300 mg tablet</i>	1	
LOPRESSOR 100 MG TABLET	2	
LOPRESSOR 50 MG TABLET	2	
<i>metoprolol succ er 100 mg tab</i>	1	
<i>metoprolol succ er 200 mg tab</i>	1	
<i>metoprolol succ er 25 mg tab</i>	1	
<i>metoprolol succ er 50 mg tab</i>	1	
<i>metoprolol tartrate 100 mg tab</i>	1	
<i>metoprolol tartrate 25 mg tab</i>	1	
<i>metoprolol tartrate 37.5 mg tb</i>	1	
<i>metoprolol tartrate 50 mg tab</i>	1	
<i>metoprolol tartrate 75 mg tab</i>	1	
<i>propranolol er 120 mg capsule</i>	1	
<i>propranolol er 160 mg capsule</i>	1	
<i>propranolol er 60 mg capsule</i>	1	
<i>propranolol er 80 mg capsule</i>	1	
<i>propranolol 10 mg tablet</i>	1	
<i>propranolol 20 mg tablet</i>	1	
<i>propranolol 20 mg/5 ml soln</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>propranolol 40 mg tablet</i>	1	
<i>propranolol 40 mg/5 ml soln</i>	1	
<i>propranolol 60 mg tablet</i>	1	
<i>propranolol 80 mg tablet</i>	1	
TENORMIN 100 MG TABLET	2	
TENORMIN 25 MG TABLET	2	
TENORMIN 50 MG TABLET	2	
TOPROL XL 100 MG TABLET	2	
TOPROL XL 200 MG TABLET	2	
TOPROL XL 25 MG TABLET	2	
TOPROL XL 50 MG TABLET	2	
CARDIOVASCULAR AGENTS - CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate 10 mg tab</i>	1	
<i>amlodipine besylate 2.5 mg tab</i>	1	
<i>amlodipine besylate 5 mg tab</i>	1	
<i>nifedipine er 30 mg tablet</i>	1	
<i>nifedipine er 60 mg tablet</i>	1	
<i>nifedipine er 90 mg tablet</i>	1	
<i>nifedipine 10 mg capsule</i>	1	
<i>nifedipine 20 mg capsule</i>	1	
<i>nimodipine 30 mg capsule</i>	1	
NORVASC 10 MG TABLET	2	
NORVASC 2.5 MG TABLET	2	
NORVASC 5 MG TABLET	2	
PROCARDIA XL 30 MG TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROCARDIA XL 60 MG TABLET	2	
PROCARDIA XL 90 MG TABLET	2	
CARDIOVASCULAR AGENTS - CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CALAN SR 120 MG TABLET	2	
CALAN SR 240 MG TABLET	2	
CARDIZEM CD 120 MG CAPSULE	2	
CARDIZEM CD 180 MG CAPSULE	2	
CARDIZEM CD 240 MG CAPSULE	2	
CARDIZEM CD 300 MG CAPSULE	2	
CARDIZEM CD 360 MG CAPSULE	2	
CARDIZEM LA 120 MG TABLET	2	
CARDIZEM LA 180 MG TABLET	2	
CARDIZEM LA 240 MG TABLET	2	
CARDIZEM LA 300 MG TABLET	2	
CARDIZEM LA 360 MG TABLET	2	
CARDIZEM LA 420 MG TABLET	2	
CARDIZEM 120 MG TABLET	2	
CARDIZEM 30 MG TABLET	2	
CARDIZEM 60 MG TABLET	2	
<i>cartia xt 120 mg capsule</i>	1	
<i>cartia xt 180 mg capsule</i>	1	
<i>cartia xt 240 mg capsule</i>	1	
<i>cartia xt 300 mg capsule</i>	1	
<i>dilt xr 120 mg capsule</i>	1	
<i>dilt xr 180 mg capsule</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dilt xr 240 mg capsule</i>	1	
<i>diltiazem 100 mg add-van vial</i>	1	
<i>diltiazem 12hr er 120 mg cap</i>	1	
<i>diltiazem 12hr er 60 mg cap</i>	1	
<i>diltiazem 12hr er 90 mg cap</i>	1	
<i>diltiazem 120 mg tablet</i>	1	
<i>diltiazem 125 mg/25 ml vial</i>	1	
<i>diltiazem 24h er(cd) 120 mg cp</i>	1	
<i>diltiazem 24h er(cd) 180 mg cp</i>	1	
<i>diltiazem 24h er(cd) 240 mg cp</i>	1	
<i>diltiazem 24h er(cd) 300 mg cp</i>	1	
<i>diltiazem 24h er(cd) 360 mg cp</i>	1	
<i>diltiazem 24h er(la) 180 mg tb</i>	1	
<i>diltiazem 24h er(la) 240 mg tb</i>	1	
<i>diltiazem 24h er(la) 300 mg tb</i>	1	
<i>diltiazem 24h er(la) 360 mg tb</i>	1	
<i>diltiazem 24h er(la) 420 mg tb</i>	1	
<i>diltiazem 24h er(xr) 120 mg cp</i>	1	
<i>diltiazem 24h er(xr) 180 mg cp</i>	1	
<i>diltiazem 24h er(xr) 240 mg cp</i>	1	
<i>diltiazem 24hr er 120 mg cap</i>	1	
<i>diltiazem 24hr er 180 mg cap</i>	1	
<i>diltiazem 24hr er 240 mg cap</i>	1	
<i>diltiazem 24hr er 300 mg cap</i>	1	
<i>diltiazem 24hr er 360 mg cap</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>diltiazem 24hr er 420 mg cap</i>	1	
<i>diltiazem 25 mg/5 ml vial</i>	1	
<i>diltiazem 30 mg tablet</i>	1	
<i>diltiazem 50 mg/10 ml vial</i>	1	
<i>diltiazem 60 mg tablet</i>	1	
<i>diltiazem 90 mg tablet</i>	1	
<i>matzim la 180 mg tablet</i>	1	
<i>matzim la 240 mg tablet</i>	1	
<i>matzim la 300 mg tablet</i>	1	
<i>matzim la 360 mg tablet</i>	1	
<i>matzim la 420 mg tablet</i>	1	
<i>taztia xt 120 mg capsule</i>	1	
<i>taztia xt 180 mg capsule</i>	1	
<i>taztia xt 240 mg capsule</i>	1	
<i>taztia xt 300 mg capsule</i>	1	
<i>taztia xt 360 mg capsule</i>	1	
<i>tiadylt er 120 mg capsule</i>	1	
<i>tiadylt er 180 mg capsule</i>	1	
<i>tiadylt er 240 mg capsule</i>	1	
<i>tiadylt er 300 mg capsule</i>	1	
<i>tiadylt er 360 mg capsule</i>	1	
<i>tiadylt er 420 mg capsule</i>	1	
TIAZAC ER 120 MG CAPSULE	2	
TIAZAC ER 180 MG CAPSULE	2	
TIAZAC ER 240 MG CAPSULE	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TIAZAC ER 300 MG CAPSULE	2	
TIAZAC ER 360 MG CAPSULE	2	
TIAZAC ER 420 MG CAPSULE	2	
<i>verapamil er 120 mg tablet</i>	1	
<i>verapamil er 180 mg tablet</i>	1	
<i>verapamil er 240 mg tablet</i>	1	
<i>verapamil 120 mg tablet</i>	1	
<i>verapamil 40 mg tablet</i>	1	
<i>verapamil 80 mg tablet</i>	1	
CARDIOVASCULAR AGENTS - CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide 125 mg tablet</i>	1	
<i>acetazolamide 250 mg tablet</i>	1	
<i>digitek 125 mcg tablet</i>	1	
<i>digitek 250 mcg tablet</i>	1	
<i>digox 125 mcg tablet</i>	1	
<i>digox 250 mcg tablet</i>	1	
<i>digoxin 0.05 mg/ml solution</i>	1	
<i>digoxin 0.125 mg tablet</i>	1	
<i>digoxin 0.25 mg tablet</i>	1	
<i>digoxin 125 mcg tablet</i>	1	
<i>digoxin 250 mcg tablet</i>	1	
<i>digoxin 500 mcg/2 ml ampule</i>	1	
<i>dipyridamole 50 mg/10 ml vial</i>	1	
ENTRESTO 24 MG-26 MG TABLET	2	QL (2 / DAY)
ENTRESTO 49 MG-51 MG TABLET	2	QL (2 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENTRESTO 97 MG-103 MG TABLET	2	QL (2 / DAY)
LANOXIN PED 100 MCG/ML AMPUL	2	
LANOXIN PED 100 MCG/ML VIAL	2	
LANOXIN 125 MCG TABLET	2	
LANOXIN 250 MCG TABLET	2	
LANOXIN 500 MCG/2 ML AMPULE	2	
<i>lisinopril-hctz 10-12.5 mg tab</i>	1	
<i>lisinopril-hctz 20-12.5 mg tab</i>	1	
<i>lisinopril-hctz 20-25 mg tab</i>	1	
MAXZIDE 37.5 MG-25 MG TABLET	1	
MAXZIDE 75 MG-50 MG TABLET	1	
<i>pentoxifylline er 400 mg tab</i>	1	
<i>triamterene-hctz 37.5-25 mg cp</i>	1	
<i>triamterene-hctz 37.5-25 mg tb</i>	1	
<i>triamterene-hctz 75-50 mg tab</i>	1	
ZESTORETIC 10-12.5 MG TABLET	2	
ZESTORETIC 20-12.5 MG TABLET	2	
ZESTORETIC 20-25 MG TABLET	2	
CARDIOVASCULAR AGENTS - DIURETICS, LOOP		
<i>bumetanide 0.5 mg tablet</i>	1	
<i>bumetanide 1 mg tablet</i>	1	
<i>bumetanide 2 mg tablet</i>	1	
<i>furosemide 10 mg/ml solution</i>	1	
<i>furosemide 20 mg tablet</i>	1	
<i>furosemide 40 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>furosemide 40 mg/5 ml soln</i>	1	
<i>furosemide 80 mg tablet</i>	1	
LASIX 20 MG TABLET	2	
LASIX 40 MG TABLET	2	
LASIX 80 MG TABLET	2	
CARDIOVASCULAR AGENTS - DIURETICS, POTASSIUM-SPARING		
ALDACTONE 100 MG TABLET	2	
ALDACTONE 25 MG TABLET	2	
ALDACTONE 50 MG TABLET	2	
<i>spironolactone 100 mg tablet</i>	1	
<i>spironolactone 25 mg tablet</i>	1	
<i>spironolactone 50 mg tablet</i>	1	
CARDIOVASCULAR AGENTS - DIURETICS, THIAZIDE		
<i>chlorthalidone 25 mg tablet</i>	1	
<i>chlorthalidone 50 mg tablet</i>	1	
<i>hydrochlorothiazide 12.5 mg tb</i>	1	
<i>hydrochlorothiazide 25 mg tab</i>	1	
<i>hydrochlorothiazide 50 mg tab</i>	1	
CARDIOVASCULAR AGENTS - DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate 120 mg tablet</i>	1	
<i>fenofibrate 130 mg capsule</i>	1	
<i>fenofibrate 134 mg capsule</i>	1	
<i>fenofibrate 145 mg tablet</i>	1	
<i>fenofibrate 160 mg tablet</i>	1	
<i>fenofibrate 200 mg capsule</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fenofibrate 40 mg tablet</i>	1	
<i>fenofibrate 43 mg capsule</i>	1	
<i>fenofibrate 48 mg tablet</i>	1	
<i>fenofibrate 54 mg tablet</i>	1	
<i>fenofibrate 67 mg capsule</i>	1	
<i>gemfibrozil 600 mg tablet</i>	1	
LOPID 600 MG TABLET	2	
TRICOR 145 MG TABLET	2	
TRICOR 48 MG TABLET	2	
CARDIOVASCULAR AGENTS - DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin 10 mg tablet</i>	1	
<i>atorvastatin 20 mg tablet</i>	1	
<i>atorvastatin 40 mg tablet</i>	1	
<i>atorvastatin 80 mg tablet</i>	1	
CRESTOR 10 MG TABLET	2	
CRESTOR 20 MG TABLET	2	
CRESTOR 40 MG TABLET	2	
CRESTOR 5 MG TABLET	2	
LIPITOR 10 MG TABLET	2	
LIPITOR 20 MG TABLET	2	
LIPITOR 40 MG TABLET	2	
LIPITOR 80 MG TABLET	2	
<i>lovastatin 10 mg tablet</i>	1	
<i>lovastatin 20 mg tablet</i>	1	
<i>lovastatin 40 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pravastatin sodium 10 mg tab</i>	1	
<i>pravastatin sodium 20 mg tab</i>	1	
<i>pravastatin sodium 40 mg tab</i>	1	
<i>pravastatin sodium 80 mg tab</i>	1	
<i>rosuvastatin calcium 10 mg tab</i>	1	
<i>rosuvastatin calcium 20 mg tab</i>	1	
<i>rosuvastatin calcium 40 mg tab</i>	1	
<i>rosuvastatin calcium 5 mg tab</i>	1	
<i>simvastatin 10 mg tablet</i>	1	
<i>simvastatin 20 mg tablet</i>	1	
<i>simvastatin 40 mg tablet</i>	1	
<i>simvastatin 5 mg tablet</i>	1	
<i>simvastatin 80 mg tablet</i>	1	QL (1 / DAY)
ZOCOR 10 MG TABLET	2	
ZOCOR 20 MG TABLET	2	
ZOCOR 40 MG TABLET	2	
ZOCOR 80 MG TABLET	2	QL (1 / DAY)
CARDIOVASCULAR AGENTS - DYSLIPIDEMICS, OTHER		
<i>cholestyramine light packet</i>	1	
<i>cholestyramine light powder</i>	1	
<i>cholestyramine packet</i>	1	
<i>cholestyramine powder</i>	1	
COMPLETE OMEGA SOFTGEL	2	
LOVAZA 1 GM CAPSULE	2	QL (4 / DAY)
<i>niacin er 1,000 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>niacin er 500 mg tablet</i>	1	
<i>niacin er 750 mg tablet</i>	1	
<i>omega-3 ethyl esters 1 gm cap</i>	1	QL (4 / DAY)
<i>prevalite packet</i>	1	
<i>prevalite powder</i>	1	
QUESTRAN LIGHT POWDER	1	
QUESTRAN PACKET	1	
QUESTRAN POWDER	1	
CARDIOVASCULAR AGENTS - VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine 10 mg tablet</i>	1	
<i>hydralazine 100 mg tablet</i>	1	
<i>hydralazine 20 mg/ml vial</i>	1	
<i>hydralazine 25 mg tablet</i>	1	
<i>hydralazine 50 mg tablet</i>	1	
<i>minoxidil 10 mg tablet</i>	1	
<i>minoxidil 2.5 mg tablet</i>	1	
CARDIOVASCULAR AGENTS - VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
ISORDIL TITRADOSE 5 MG TAB	2	
<i>isosorbide dinitrate 10 mg tab</i>	1	
<i>isosorbide dinitrate 20 mg tab</i>	1	
<i>isosorbide dinitrate 30 mg tab</i>	1	
<i>isosorbide dinitrate 5 mg tab</i>	1	
<i>isosorbide mononit er 120 mg</i>	1	
<i>isosorbide mononit er 30 mg tb</i>	1	
<i>isosorbide mononit er 60 mg tb</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>isosorbide mononit 10 mg tab</i>	1	
<i>isosorbide mononit 20 mg tab</i>	1	
NITRO-BID 2% OINTMENT	2	
NITRO-DUR 0.1 MG/HR PATCH	2	
NITRO-DUR 0.2 MG/HR PATCH	2	
NITRO-DUR 0.3 MG/HR PATCH	2	
NITRO-DUR 0.4 MG/HR PATCH	2	
NITRO-DUR 0.6 MG/HR PATCH	2	
NITRO-DUR 0.8 MG/HR PATCH	2	
<i>nitro-time er 2.5 mg capsule</i>	1	
<i>nitro-time er 6.5 mg capsule</i>	1	
<i>nitro-time er 9 mg capsule</i>	1	
<i>nitroglycerin 0.1 mg/hr patch</i>	1	
<i>nitroglycerin 0.2 mg/hr patch</i>	1	
<i>nitroglycerin 0.3 mg tablet sl</i>	1	
<i>nitroglycerin 0.4 mg tablet sl</i>	1	
<i>nitroglycerin 0.4 mg/hr patch</i>	1	
<i>nitroglycerin 0.6 mg tablet sl</i>	1	
<i>nitroglycerin 0.6 mg/hr patch</i>	1	
<i>nitroglycerin 400 mcg spray</i>	1	
<i>nitroglycerin 50 mg/10 ml vial</i>	1	
NITROLINGUAL 400 MCG SPRAY	2	
NITROMIST 400 MCG SPRAY	2	
NITROSTAT 0.3 MG TABLET SL	2	
NITROSTAT 0.4 MG TABLET SL	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NITROSTAT 0.6 MG TABLET SL	2	
CENTRAL NERVOUS SYSTEM AGENTS - ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
ADDERALL XR 10 MG CAPSULE	2	QL (1 / DAY); CODE-1
ADDERALL XR 15 MG CAPSULE	2	QL (1 / DAY); CODE-1
ADDERALL XR 20 MG CAPSULE	2	QL (2 / DAY); CODE-1
ADDERALL XR 25 MG CAPSULE	2	QL (2 / DAY); CODE-1
ADDERALL XR 30 MG CAPSULE	2	QL (2 / DAY); CODE-1
ADDERALL XR 5 MG CAPSULE	2	QL (1 / DAY); CODE-1
ADDERALL 10 MG TABLET	2	QL (3 / DAY); CODE-1
ADDERALL 12.5 MG TABLET	2	QL (3 / DAY); CODE-1
ADDERALL 15 MG TABLET	2	QL (3 / DAY); CODE-1
ADDERALL 20 MG TABLET	2	QL (3 / DAY); CODE-1
ADDERALL 30 MG TABLET	2	QL (2 / DAY); CODE-1
ADDERALL 5 MG TABLET	2	QL (3 / DAY); CODE-1
ADDERALL 7.5 MG TABLET	2	QL (3 / DAY); CODE-1
DESOXYN 5 MG TABLET	2	PA
DEXEDRINE SPANSULE 10 MG	2	QL (2 / DAY); CODE-1
DEXEDRINE SPANSULE 15 MG	2	QL (4 / DAY); CODE-1
<i>dextroamp-amphet er 10 mg cap</i>	1	QL (1 / DAY); CODE-1
<i>dextroamp-amphet er 15 mg cap</i>	1	QL (1 / DAY); CODE-1
<i>dextroamp-amphet er 20 mg cap</i>	1	QL (2 / DAY); CODE-1
<i>dextroamp-amphet er 25 mg cap</i>	1	QL (2 / DAY); CODE-1
<i>dextroamp-amphet er 30 mg cap</i>	1	QL (2 / DAY); CODE-1
<i>dextroamp-amphet er 5 mg cap</i>	1	QL (1 / DAY); CODE-1
<i>dextroamp-amphetam 12.5 mg tab</i>	1	QL (3 / DAY); CODE-1

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dextroamp-amphetam 7.5 mg tab</i>	1	QL (3 / DAY); CODE-1
<i>dextroamp-amphetamin 10 mg tab</i>	1	QL (3 / DAY); CODE-1
<i>dextroamp-amphetamin 15 mg tab</i>	1	QL (3 / DAY); CODE-1
<i>dextroamp-amphetamin 20 mg tab</i>	1	QL (3 / DAY); CODE-1
<i>dextroamp-amphetamin 30 mg tab</i>	1	QL (2 / DAY); CODE-1
<i>dextroamp-amphetamine 5 mg tab</i>	1	QL (3 / DAY); CODE-1
<i>dextroamphetamine er 10 mg cap</i>	1	QL (2 / DAY); CODE-1
<i>dextroamphetamine er 15 mg cap</i>	1	QL (4 / DAY); CODE-1
<i>dextroamphetamine er 5 mg cap</i>	1	QL (1 / DAY); CODE-1
<i>dextroamphetamine 10 mg tab</i>	1	QL (4 / DAY); CODE-1
<i>dextroamphetamine 15 mg tab</i>	1	QL (4 / DAY)
<i>dextroamphetamine 20 mg tab</i>	1	QL (4 / DAY)
<i>dextroamphetamine 30 mg tab</i>	1	QL (4 / DAY)
<i>dextroamphetamine 5 mg tab</i>	1	QL (4 / DAY); CODE-1
<i>dextroamphetamine 5 mg/5 ml</i>	1	PA
<i>methamphetamine 5 mg tablet</i>	1	PA
<i>procentra 5 mg/5 ml solution</i>	1	PA
VYVANSE 10 MG CHEWABLE TABLET	2	QL (1 / DAY)
VYVANSE 20 MG CAPSULE	2	QL (1 / DAY)
VYVANSE 20 MG CHEWABLE TABLET	2	QL (1 / DAY)
VYVANSE 30 MG CAPSULE	2	QL (1 / DAY)
VYVANSE 30 MG CHEWABLE TABLET	2	QL (1 / DAY)
VYVANSE 40 MG CAPSULE	2	QL (1 / DAY)
VYVANSE 40 MG CHEWABLE TABLET	2	QL (1 / DAY)
VYVANSE 50 MG CAPSULE	2	QL (1 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYVANSE 50 MG CHEWABLE TABLET	2	QL (1 / DAY)
VYVANSE 60 MG CAPSULE	2	QL (1 / DAY)
VYVANSE 60 MG CHEWABLE TABLET	2	QL (1 / DAY)
VYVANSE 70 MG CAPSULE	2	QL (1 / DAY)
zenzedi 10 mg tablet	1	QL (4 / DAY); CODE-1
ZENZEDI 15 MG TABLET	1	QL (4 / DAY)
ZENZEDI 2.5 MG TABLET	1	QL (4 / DAY)
ZENZEDI 20 MG TABLET	1	QL (4 / DAY)
ZENZEDI 30 MG TABLET	1	QL (4 / DAY)
zenzedi 5 mg tablet	1	QL (4 / DAY); CODE-1
ZENZEDI 7.5 MG TABLET	1	QL (4 / DAY)
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); PA
CONCERTA ER 18 MG TABLET	2	QL (1 / DAY)
CONCERTA ER 27 MG TABLET	2	QL (1 / DAY)
CONCERTA ER 36 MG TABLET	2	QL (2 / DAY)
CONCERTA ER 54 MG TABLET	2	QL (1 / DAY)
DAYTRANA 10 MG/9 HR PATCH	2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DAYTRANA 15 MG/9 HR PATCH	2	PA
DAYTRANA 20 MG/9 HOUR PATCH	2	PA
DAYTRANA 30 MG/9 HOUR PATCH	2	PA
<i>dexmethylphenidate er 10 mg cp</i>	1	QL (1 / DAY); PA
<i>dexmethylphenidate er 15 mg cp</i>	1	QL (1 / DAY); PA
<i>dexmethylphenidate er 20 mg cp</i>	1	QL (1 / DAY); PA
<i>dexmethylphenidate er 25 mg cp</i>	1	QL (1 / DAY); PA
<i>dexmethylphenidate er 30 mg cp</i>	1	QL (1 / DAY); PA
<i>dexmethylphenidate er 35 mg cp</i>	1	QL (1 / DAY); PA
<i>dexmethylphenidate er 40 mg cp</i>	1	QL (1 / DAY); PA
<i>dexmethylphenidate er 5 mg cap</i>	1	QL (1 / DAY); PA
<i>dexmethylphenidate 10 mg tab</i>	1	QL (3 / DAY); PA
<i>dexmethylphenidate 2.5 mg tab</i>	1	QL (3 / DAY); PA
<i>dexmethylphenidate 5 mg tab</i>	1	QL (3 / DAY); PA
FOCALIN XR 10 MG CAPSULE	2	QL (1 / DAY); PA
FOCALIN XR 15 MG CAPSULE	2	QL (1 / DAY); PA
FOCALIN XR 20 MG CAPSULE	2	QL (1 / DAY); PA
FOCALIN XR 25 MG CAPSULE	2	QL (1 / DAY); PA
FOCALIN XR 30 MG CAPSULE	2	QL (1 / DAY); PA
FOCALIN XR 35 MG CAPSULE	2	QL (1 / DAY); PA
FOCALIN XR 40 MG CAPSULE	2	QL (1 / DAY); PA
FOCALIN XR 5 MG CAPSULE	2	QL (1 / DAY); PA
FOCALIN 10 MG TABLET	2	QL (3 / DAY); PA
FOCALIN 2.5 MG TABLET	2	QL (3 / DAY); PA
FOCALIN 5 MG TABLET	2	QL (3 / DAY); PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
guanfacine hcl er 1 mg tablet	1	QL (1 / DAY); PA
guanfacine hcl er 2 mg tablet	1	QL (1 / DAY); PA
guanfacine hcl er 3 mg tablet	1	QL (1 / DAY); PA
guanfacine hcl er 4 mg tablet	1	QL (1 / DAY); PA
INTUNIV ER 1 MG TABLET	2	QL (1 / DAY); PA
INTUNIV ER 2 MG TABLET	2	QL (1 / DAY); PA
INTUNIV ER 3 MG TABLET	2	QL (1 / DAY); PA
INTUNIV ER 4 MG TABLET	2	QL (1 / DAY); PA
KAPVAY ER 0.1 MG TABLET	2	QL (4 / DAY); PA
metadate er 20 mg tablet	1	QL (3 / DAY)
METHYLIN 10 MG/5 ML SOLUTION	2	
METHYLIN 5 MG/5 ML SOLUTION	2	
methylphenidate cd 10 mg cap	1	QL (1 / DAY); PA
methylphenidate cd 20 mg cap	1	QL (1 / DAY); PA
methylphenidate cd 30 mg cap	1	QL (1 / DAY); PA
methylphenidate cd 40 mg cap	1	QL (1 / DAY); PA
methylphenidate cd 50 mg cap	1	QL (1 / DAY); PA
methylphenidate cd 60 mg cap	1	QL (1 / DAY); PA
methylphenidate er 10 mg tab	1	PA
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)
methylphenidate er 54 mg tab	1	QL (1 / DAY)
methylphenidate er(cd) 10mg cp	1	QL (1 / DAY); PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methylphenidate er(cd) 20mg cp</i>	1	QL (1 / DAY); PA
<i>methylphenidate er(cd) 30mg cp</i>	1	QL (1 / DAY); PA
<i>methylphenidate er(cd) 40mg cp</i>	1	QL (1 / DAY); PA
<i>methylphenidate er(cd) 50mg cp</i>	1	QL (1 / DAY); PA
<i>methylphenidate er(cd) 60mg cp</i>	1	QL (1 / DAY); PA
<i>methylphenidate er(la) 10mg cp</i>	1	QL (1 / DAY)
<i>methylphenidate er(la) 20mg cp</i>	1	QL (1 / DAY)
<i>methylphenidate er(la) 30mg cp</i>	1	QL (2 / DAY)
<i>methylphenidate er(la) 40mg cp</i>	1	QL (1 / DAY)
<i>methylphenidate la 10 mg cap</i>	1	QL (1 / DAY)
<i>methylphenidate la 20 mg cap</i>	1	QL (1 / DAY)
<i>methylphenidate la 30 mg cap</i>	1	QL (2 / DAY)
<i>methylphenidate la 40 mg cap</i>	1	QL (1 / DAY)
<i>methylphenidate 10 mg chew tab</i>	1	
<i>methylphenidate 10 mg tablet</i>	1	QL (3 / DAY); CODE-1
<i>methylphenidate 10 mg/5 ml sol</i>	1	
<i>methylphenidate 10 mg/9hr ptch</i>	2	PA
<i>methylphenidate 15 mg/9hr ptch</i>	2	PA
<i>methylphenidate 2.5 mg chew tb</i>	1	
<i>methylphenidate 20 mg tablet</i>	1	QL (3 / DAY)
<i>methylphenidate 20 mg/9hr ptch</i>	2	PA
<i>methylphenidate 30 mg/9hr ptch</i>	2	PA
<i>methylphenidate 5 mg chew tab</i>	1	
<i>methylphenidate 5 mg tablet</i>	1	QL (3 / DAY)
<i>methylphenidate 5 mg/5 ml soln</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RITALIN LA 10 MG CAPSULE	2	QL (1 / DAY)
RITALIN LA 20 MG CAPSULE	2	QL (1 / DAY)
RITALIN LA 30 MG CAPSULE	2	QL (2 / DAY)
RITALIN LA 40 MG CAPSULE	2	QL (1 / DAY)
RITALIN 10 MG TABLET	2	QL (3 / DAY); CODE-1
RITALIN 20 MG TABLET	2	QL (3 / DAY)
RITALIN 5 MG TABLET	2	QL (3 / DAY)
STRATTERA 10 MG CAPSULE	2	QL (1 / DAY)
STRATTERA 100 MG CAPSULE	2	QL (1 / DAY)
STRATTERA 18 MG CAPSULE	2	QL (1 / DAY)
STRATTERA 25 MG CAPSULE	2	QL (1 / DAY)
STRATTERA 40 MG CAPSULE	2	QL (1 / DAY)
STRATTERA 60 MG CAPSULE	2	QL (1 / DAY)
STRATTERA 80 MG CAPSULE	2	QL (1 / DAY)
CENTRAL NERVOUS SYSTEM AGENTS - CENTRAL NERVOUS SYSTEM, OTHER		
<i>acetaminophen 120 mg suppos</i>	1	
<i>acetaminophen 160 mg rapid tab</i>	1	
<i>acetaminophen 160 mg/5 ml cup</i>	1	
<i>acetaminophen 160 mg/5 ml liq</i>	1	
<i>acetaminophen 160 mg/5 ml sol</i>	1	
<i>acetaminophen 160 mg/5 ml soln</i>	1	
<i>acetaminophen 160 mg/5 ml susp</i>	1	
<i>acetaminophen 325 mg gelcap</i>	1	
<i>acetaminophen 325 mg tablet</i>	1	
<i>acetaminophen 325 mg/10.15 ml</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>acetaminophen 500 mg caplet</i>	1	
<i>acetaminophen 500 mg gelcap</i>	1	
<i>acetaminophen 500 mg tablet</i>	1	
<i>acetaminophen 650 mg suppos</i>	1	
<i>acetaminophen 650 mg/20.3 ml</i>	1	
<i>acetaminophen 650mg/20.3ml cup</i>	1	
<i>acetaminophen 80 mg rapid tab</i>	1	
<i>aphen 325 mg tablet</i>	1	
<i>betatemp 160 mg/5 ml susp</i>	1	
<i>child acetaminophen 160 mg</i>	1	
<i>child acetaminophen 80 mg chew</i>	1	
<i>child fever reducer 120 mg sup</i>	1	
<i>child pain rel-fever 120mg sup</i>	1	
<i>child pain rlf 160 mg/5 ml sus</i>	1	
<i>child pain-fever 160 mg tb chw</i>	1	
<i>child pain-fever 160 mg/5 ml</i>	1	
<i>child tylenol 160 mg tab chew</i>	1	
<i>child's easy-melts 80 mg tab</i>	1	
<i>child's mapap 160 mg tab chew</i>	1	
<i>child's pain reliever susp</i>	1	
<i>children's mapap 80 mg tab chw</i>	1	
CHILDREN'S TYLENOL 160 MG/5 ML	2	
<i>chld acetaminophen 160 mg/5 ml</i>	1	
<i>cvs acetaminophen 325 mg gelcp</i>	1	
<i>cvs acetaminophen 325 mg tab</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cvx acetaminophen 500 mg cplt</i>	1	
<i>cvx acetaminophen 500 mg gelcp</i>	1	
<i>cvx acetaminophen 500 mg tab</i>	1	
<i>cvx child fever red 120 mg sup</i>	1	
<i>cvx child pain relief 160 mg</i>	1	
<i>cvx child pain rlf 160 mg/5 ml</i>	1	
<i>cvx child pain-fever 160 mg/5</i>	1	
<i>cvx infant pain-fever 160 mg/5</i>	1	
<i>cvx pain relief 325 mg tablet</i>	1	
<i>cvx pain relief 500 mg caplet</i>	1	
<i>cvx pain relief 500 mg tablet</i>	1	
<i>cvx pain reliever 500 mg cplt</i>	1	
<i>ed-apap 160 mg/5 ml liquid</i>	1	
<i>eq acetaminophen 500 mg caplet</i>	1	
<i>eq acetaminophen 500 mg gelcap</i>	1	
<i>eq acetaminophen 500 mg tablet</i>	1	
<i>eq chld acetaminophen 160 mg/5</i>	1	
<i>eq chld acetaminophen 80 mg tb</i>	1	
<i>eq chld pain-fever 160 mg/5 ml</i>	1	
<i>eq infant pain-fever 160 mg/5</i>	1	
<i>eq pain reliever 325 mg tablet</i>	1	
<i>eq pain reliever 500 mg caplet</i>	1	
<i>eq acetaminophen 325 mg tab</i>	1	
<i>eq acetaminophen 500 mg cplt</i>	1	
<i>eq acetaminophen 500 mg gelcp</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>eql acetaminophen 500 mg tab</i>	1	
<i>eql child acetaminophen 160 mg</i>	1	
<i>eql chld acetaminophn 160 mg/5</i>	1	
<i>eql inf acetaminophen 160 mg/5</i>	1	
<i>eql jr acetaminophen 160mg tab</i>	1	
FEVERALL 120 MG SUPPOSITORY	1	
FEVERALL 325 MG SUPPOSITORY	1	
FEVERALL 650 MG SUPPOSITORY	1	
FEVERALL 80 MG SUPPOSITORY	2	
<i>ft child acetaminophen 160 mg</i>	1	
<i>ft child pain-fever 160 mg/5ml</i>	1	
<i>ft infant pain-fever 160 mg/5</i>	1	
<i>ft pain relief 325 mg tablet</i>	1	
<i>ft pain relief 500 mg caplet</i>	1	
<i>ft pain relief 500 mg gelcap</i>	1	
<i>ft pain relief 500 mg tablet</i>	1	
<i>ft pain reliever 500 mg caplet</i>	1	
<i>gnp acetaminophen 325 mg gelcp</i>	1	
<i>gnp acetaminophen 500 mg tab</i>	1	
<i>gnp child pain relief 160 mg</i>	1	
<i>gnp child pain-fever 160 mg/5</i>	1	
<i>gnp chld's easy-melts 80 mg tb</i>	1	
<i>gnp infant pain-fever 160 mg/5</i>	1	
<i>gnp pain relief 325 mg tablet</i>	1	
<i>gnp pain relief 500 mg caplet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gnp pain relief 500 mg gelcap	1	
gnp pain reliever 325 mg tab	1	
gnp pain reliever 500 mg tab	1	
GRALISE ER 300 MG TABLET	2	PA
GRALISE ER 600 MG TABLET	2	PA
gs child fever-pain 160 mg/5ml	1	
gs child pain-fever 160 mg/5ml	1	
gs infant pain-fever 160 mg/5	1	
gs pain relief 325 mg tablet	1	
gs pain relief 500 mg caplet	1	
gs pain relief 500 mg tablet	1	
hm child acetaminophen 160 mg	1	
hm child pain rlf 160 mg/5 ml	1	
hm chld pain-fever 160 mg/5 ml	1	
hm infant pain rlf 160 mg/5 ml	1	
hm infant pain-fever 160 mg/5	1	
hm pain relief 500 mg caplet	1	
hm pain relief 500 mg gelcap	1	
hm pain relief 500 mg tablet	1	
hm pain reliever 325 mg tablet	1	
hm pain reliever 500 mg tablet	1	
HORIZANT ER 600 MG TABLET	2	PA
inf acetaminophen 160 mg/5 ml	1	
infant pain-fever 160 mg/5 ml	1	
infants pain-fever 160 mg/5 ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INFANTS' TYLENOL 160 MG/5 ML	2	
<i>jr pain-fever 160 mg rapid tab</i>	1	
<i>junior pain reliever 160 mg</i>	1	
<i>kro acetaminophen 325 mg tab</i>	1	
<i>kro acetaminophen 500 mg cplt</i>	1	
<i>kro child pain rlf 160 mg/5 ml</i>	1	
<i>kro infant pain-fever 160 mg/5</i>	1	
<i>little remedies fever 160 mg/5</i>	1	
<i>m-pap 160 mg/5 ml liquid</i>	1	
<i>non-aspirin 160 mg/5 ml susp</i>	1	
<i>non-aspirin 325 mg tablet</i>	1	
<i>non-aspirin 500 mg caplet</i>	1	
<i>non-aspirin 500 mg tablet</i>	1	
<i>non-aspirin 80 mg tab chew</i>	1	
<i>nortemp 160 mg/5 ml susp</i>	1	
<i>pain relief 160 mg/5 ml liquid</i>	1	
<i>pain relief 325 mg tablet</i>	1	
<i>pain relief 500 mg caplet</i>	1	
<i>pain relief 500 mg gelcap</i>	1	
<i>pain relief 500 mg tablet</i>	1	
<i>pain reliever 325 mg tablet</i>	1	
<i>pain reliever 500 mg caplet</i>	1	
<i>pain reliever 500 mg gelcap</i>	1	
<i>pain reliever 500 mg tablet</i>	1	
<i>pharbetol 325 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pharbetol 500 mg caplet</i>	1	
<i>pharbetol 500 mg tablet</i>	1	
<i>pub child pain rlf 160 mg/5 ml</i>	1	
<i>pub pain relief 500 mg caplet</i>	1	
<i>pub pain relief 500 mg geltab</i>	1	
<i>pub pain relief 500 mg tablet</i>	1	
<i>qc child pain rlf 160 mg/5 ml</i>	1	
<i>qc infant pain-fever 160 mg/5</i>	1	
<i>qc non-aspirin pain relief tb</i>	1	
<i>qc non-aspirin 500 mg caplet</i>	1	
<i>qc non-aspirin 500 mg gelcap</i>	1	
<i>qc pain relief 325 mg tablet</i>	1	
<i>qc pain relief 500 mg caplet</i>	1	
<i>ra acetaminophen 325 mg tablet</i>	1	
<i>ra acetaminophen 500 mg caplet</i>	1	
<i>ra acetaminophen 500 mg gelcap</i>	1	
<i>ra acetaminophen 500 mg tablet</i>	1	
<i>ra athenol 325 mg tablet</i>	1	
<i>ra child acetaminophen 160 mg</i>	1	
<i>ra child fever-pain 160 mg/5ml</i>	1	
<i>ra fever reducer-pain 160 mg/5</i>	1	
<i>ra infant fever-pain 160 mg/5</i>	1	
<i>ra non-aspirin 160 mg/5 ml</i>	1	
<i>ra non-aspirin 500 mg caplet</i>	1	
<i>shake that ache 500 mg caplet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sm child's pain reliever susp</i>	1	
<i>sm chld pain-fever 160 mg/5 ml</i>	1	
<i>sm infant pain rlf 160 mg/5 ml</i>	1	
<i>sm infant pain-fever 160 mg/5</i>	1	
<i>sm pain reliever 325 mg tablet</i>	1	
<i>sm pain reliever 500 mg caplet</i>	1	
<i>sm pain reliever 500 mg gelcap</i>	1	
<i>sm pain reliever 500 mg tablet</i>	1	
TYLENOL EX-STR 500 MG CAPLET	2	
TYLENOL EX-STR 500 MG GELCAP	2	
TYLENOL EX-STR 500 MG TABLET	2	
TYLENOL 325 MG CAPLET	2	
TYLENOL 325 MG TABLET	2	
CENTRAL NERVOUS SYSTEM AGENTS - FIBROMYALGIA AGENTS		
CYMBALTA 20 MG CAPSULE	2	
CYMBALTA 30 MG CAPSULE	2	
CYMBALTA 60 MG CAPSULE	2	
<i>duloxetine hcl dr 20 mg cap</i>	1	
<i>duloxetine hcl dr 30 mg cap</i>	1	
<i>duloxetine hcl dr 60 mg cap</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS - MULTIPLE SCLEROSIS AGENTS		
AVONEX PREFILLED SYR 30 MCG KT	2	PA
BETASERON 0.3 MG KIT	2	PA
EXTAVIA 0.3 MG KIT	2	PA
REBIF TITRATION PACK	2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REBIF 22 MCG/0.5 ML SYRINGE	2	PA
REBIF 44 MCG/0.5 ML SYRINGE	2	PA
TYSABRI 300 MG/15 ML VIAL	2	PA
DERMATOLOGICAL AGENTS - ACNE AND ROSACEA AGENTS		
ATRALIN 0.05% GEL	2	QL (45 / 25 DAYS); PA
AVITA 0.025% CREAM	2	QL (45 / 25 DAYS); PA
AVITA 0.025% GEL	2	QL (45 / 25 DAYS); PA
CLEOCIN T 1% LOTION	2	
<i>clindamycin ph 1% solution</i>	1	
<i>clindamycin phosp 1% lotion</i>	1	
<i>erythromycin 2% solution</i>	1	
METROCREAM 0.75% CREAM	2	
METROGEL TOPICAL 1% GEL	2	
METROLOTION TOPICAL 0.75%	2	
<i>metronidazole topical 0.75% gl</i>	1	
<i>metronidazole topical 1% gel</i>	1	
<i>metronidazole 0.75% cream</i>	1	
<i>metronidazole 0.75% lotion</i>	1	
NORITATE 1% CREAM	2	
RETIN-A 0.01% GEL	2	QL (45 / 25 DAYS); PA
RETIN-A 0.025% CREAM	2	QL (45 / 25 DAYS); PA
RETIN-A 0.025% GEL	2	QL (45 / 25 DAYS); PA
RETIN-A 0.05% CREAM	2	QL (45 / 25 DAYS); PA
RETIN-A 0.1% CREAM	2	QL (45 / 25 DAYS); PA
<i>rosadan 0.75% cream</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>rosadan 0.75% gel</i>	1	
<i>tretinoin 0.01% gel</i>	1	QL (45 / 25 DAYS); PA
<i>tretinoin 0.025% cream</i>	1	QL (45 / 25 DAYS); PA
<i>tretinoin 0.025% gel</i>	1	QL (45 / 25 DAYS); PA
<i>tretinoin 0.05% cream</i>	1	QL (45 / 25 DAYS); PA
<i>tretinoin 0.05% gel</i>	1	QL (45 / 25 DAYS); PA
<i>tretinoin 0.1% cream</i>	1	QL (45 / 25 DAYS); PA
DERMATOLOGICAL AGENTS - DERMATITIS AND PRURITUS AGENTS		
ALA-CORT 1% CREAM	2	
ALA-SCALP 2% LOTION	1	
<i>anusol-hc 2.5% cream</i>	1	
<i>aquanil hc 1% lotion</i>	1	
<i>beta hc 1% lotion</i>	1	
<i>betamethasone va 0.1% cream</i>	1	
<i>betamethasone valer 0.1% ointm</i>	1	
<i>clobetasol emollient 0.05% crm</i>	1	
<i>clobetasol 0.05% cream</i>	1	
<i>clobetasol 0.05% ointment</i>	1	
<i>clobetasol 0.05% shampoo</i>	1	
<i>clobetasol 0.05% solution</i>	1	
<i>clobetasol 0.05% topical lotn</i>	1	
CLOBEX 0.05% SHAMPOO	2	
CLOBEX 0.05% TOPICAL LOTION	2	
<i>clodan 0.05% shampoo</i>	1	
<i>cortizone-10 plus 1% creme</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cortizone-10 1% creme	1	
cortizone-10 1% ointment	1	
cortizone-10 1% overnight crm	1	
cvs anti-itch 1% cream	1	
cvs cortisone with aloe 1% crm	1	
cvs cortisone 1% cream	1	
cvs hydrocortisone 1% cream	1	
cvs hydrocortisone 1% ointment	1	
dermarest eczema 1% lotion	1	
desonide 0.05% cream	1	
DESOWEN 0.05% CREAM	2	
eq hydrocortisone 1% cream	1	
eq hydrocortisone-aloe 1% crm	1	
eql anti-itch 1% cream	1	
eql anti-itch 1% ointment	1	
fluocinolone 0.01% cream	1	
fluocinolone 0.01% solution	1	
fluocinolone 0.025% cream	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	
gnp hydrocortisone 1% cream	1	
gnp hydrocortisone 1% ointment	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>gs anti-itch 1% cream</i>	1	
<i>hm hydrocortisone 1% cream</i>	1	
<i>hydrocortisone butyr 0.1% oint</i>	1	
<i>hydrocortisone val 0.2% ointmt</i>	1	
<i>hydrocortisone 0.5% cream</i>	1	
<i>hydrocortisone 0.5% ointment</i>	1	
<i>hydrocortisone 1% cream</i>	1	
<i>hydrocortisone 1% cream packet</i>	1	
<i>hydrocortisone 1% ointment</i>	1	
<i>hydrocortisone 2.5% cream</i>	1	
<i>hydrocortisone 2.5% lotion</i>	1	
<i>hydrocortisone 2.5% ointment</i>	1	
<i>hydrocortisone-aloe 1% cream</i>	1	
<i>kro hydrocortisone 1% cream</i>	1	
<i>monistat care 1% cream</i>	1	
<i>noble formula hc 1% cream</i>	1	
<i>preparation h hc 1% cream</i>	1	
<i>procto-med hc 2.5% cream</i>	1	
PROCTOCORT 1% CREAM	2	
<i>proctosol-hc 2.5% cream</i>	1	
<i>proctozone-hc 2.5% cream</i>	1	
<i>pub hydrocream 1%</i>	1	
<i>qc anti-itch 1% cream</i>	1	
<i>ra anti-itch 1% cream</i>	1	
<i>ra anti-itch 1% ointment</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ra hydrocortisone 1% cream</i>	1	
<i>scalacort 2% lotion</i>	1	
<i>sm hydrocortisone 1% ointment</i>	1	
<i>sm hydrocortisone-aloe 1% crm</i>	1	
SYNALAR 0.01% SOLUTION	2	
SYNALAR 0.025% CREAM	2	
TEMOVATE 0.05% OINTMENT	2	
TEXACORT 2.5% SOLUTION	1	
<i>triamcinolone 0.025% cream</i>	1	
<i>triamcinolone 0.025% oint</i>	1	
<i>triamcinolone 0.05% ointment</i>	1	
<i>triamcinolone 0.1% cream</i>	1	
<i>triamcinolone 0.1% lotion</i>	1	
<i>triamcinolone 0.1% ointment</i>	1	
<i>triamcinolone 0.5% cream</i>	1	
<i>triamcinolone 0.5% ointment</i>	1	
<i>trianex 0.05% ointment</i>	1	
<i>triderm 0.1% cream</i>	1	
<i>triderm 0.5% cream</i>	1	
TRIDESILON 0.05% CREAM	2	
<i>tritocin 0.05% ointment</i>	1	
VANOS 0.1% CREAM	2	
DERMATOLOGICAL AGENTS - DERMATOLOGICAL AGENTS, OTHER		
<i>acne foaming 10% wash</i>	1	
ACNE MEDICATION 10% GEL	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACNE MEDICATION 10% LOTION	1	
<i>acne medication 2.5% gel</i>	1	
ACNE MEDICATION 5% GEL	1	
ACNE MEDICATION 5% LOTION	1	
<i>acne treatment 10% gel</i>	1	
<i>acneclear gel</i>	1	
<i>anti-dandruff 1% shampoo</i>	1	
<i>aqua care 10% cream</i>	1	
<i>arthritis pain relief 0.1% crm</i>	1	
<i>arthritis pain relief 1% gel</i>	1	QL (3000 / 90 DAYS)
<i>arthritis pain reliever 1% gel</i>	1	QL (3000 / 90 DAYS)
<i>arthritis pain rlf 0.075% crm</i>	1	
BALNEOL CLEANSING LOTION	1	
<i>benzoyl peroxide 10% gel</i>	1	
<i>benzoyl peroxide 10% wash</i>	1	
<i>benzoyl peroxide 2.5% gel</i>	1	
<i>benzoyl peroxide 5% gel</i>	1	
<i>benzoyl peroxide 5% wash</i>	1	
<i>benzoyl peroxide 6% cleanser</i>	1	
BOUDREAUXS BUTT PASTE	1	
BOUDREAUXS BUTT PASTE	2	
<i>bp wash 10% liquid</i>	1	
<i>bp wash 2.5% liquid</i>	1	
<i>bp wash 5% liquid</i>	1	
<i>bp wash 7% liquid</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bp 10% gel</i>	1	
<i>bp 5% gel</i>	1	
<i>bpo 4% gel</i>	1	
<i>bpo 8% gel</i>	1	
<i>calcipotriene 0.005% cream</i>	1	
<i>calcipotriene 0.005% solution</i>	1	
<i>capsaicin 0.025% cream</i>	1	
<i>capsaicin 0.1% cream</i>	1	
CAPZASIN-HP 0.1% CREAM	2	
CARAC 0.5% CREAM	2	
CONDYLOX 0.5% GEL	2	
<i>cvs acne control 10 % cleanser</i>	1	
<i>cvs acne treatment 10% gel</i>	1	
<i>cvs adv exfoliating 5% cleansr</i>	1	
<i>cvs capsaicin 0.1% cream</i>	1	
<i>cvs creamy acne 4% face wash</i>	1	
<i>cvs diaper rash 40% ointment</i>	1	
<i>cvs diclofenac sodium 1% gel</i>	1	QL (3000 / 90 DAYS)
<i>cvs foaming acne face 10% wash</i>	1	
<i>cvs therapeutic shampoo 0.5%</i>	1	
<i>cvs therapeutic 1% shampoo</i>	1	
<i>cvs zinc oxide 20% ointment</i>	1	
DAKIN'S 0.125% SOLUTION	1	
DAKIN'S 0.25% SOLUTION	1	
DAKIN'S 0.5% SOLUTION	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
daylogic acne foaming 10% wash	1	
DHS TAR GEL 0.5% SHAMPOO	1	
DHS TAR 0.5% SHAMPOO	1	
diaper rash 40% ointment	1	
dibucaine 1% ointment	1	
diclofenac sodium 1% gel	1	QL (3000 / 90 DAYS)
diclofenac sodium 3% gel	1	
diclofenac 1.5% topical soln	1	
dml lotion	1	
DOVONEX 0.005% CREAM	2	
DR. SMITH'S DIAPER 10% OINTMNT	1	
DRYSOL DAB-O-MATIC SOLUTION	1	PA
DRYSOL SOLUTION	1	PA
EFUDEX 5% CREAM	2	
eq arthritis pain 1% gel	1	QL (3000 / 90 DAYS)
eqi arthritis pain 1% gel	1	QL (3000 / 90 DAYS)
eqi diaper rash 40% ointment	1	
FLUOROPLEX 1% CREAM	2	
fluorouracil 0.5% cream	1	
fluorouracil 2% topical soln	1	
fluorouracil 5% cream	1	
fluorouracil 5% topical soln	1	
ft arthritis pain 1% gel	1	QL (3000 / 90 DAYS)
gnp arthritis pain 1% gel	1	QL (3000 / 90 DAYS)
gnp diclofenac sodium 1% gel	1	QL (3000 / 90 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gnp zinc oxide 20% ointment	1	
GORMEL CREAM	1	
GORMEL CREME	1	
green soap tincture	1	
gs arthritis pain 1% gel	1	QL (3000 / 90 DAYS)
gs diaper rash 40% paste	1	
h-chlor 12 0.125% solution	1	
hm arthritis pain 1% gel	1	QL (3000 / 90 DAYS)
hysept 0.25% solution	1	
hysept 0.50% solution	1	
imiquimod 5% cream packet	1	
ionil t shampoo	1	
kro diaper rash 40% ointment	1	
medicated dandruff 1% shampoo	1	
NUPERCAINAL 1% OINTMENT	2	
OC8 GEL	1	
PACNEX 7% WASH	1	
panoxyl 10% acne foaming wash	1	
panoxyl 4% acne creamy wash	1	
PERSA-GEL 10%	1	
pharmabase barrier 9.38% oint	1	
podofilox 0.5% topical soln	1	
pr benzoyl peroxide 7% wash	1	
qc diclofenac sodium 1% gel	1	QL (3000 / 90 DAYS)
ra zinc oxide ointment	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
refissa 0.05% cream	1	QL (45 / 25 DAYS); PA
SANTYL OINTMENT	2	
selenium sulfide 2.5% lotion	1	
selsun blue 1% shampoo	1	
selsun blue 2-in-1 1% shampoo	1	
SILVADENE 1% CREAM	2	
silver nitrate applicator	1	
silver nitrate applicator 12"	1	
silver nitrate applicator 6"	1	
silver sulfadiazine 1% cream	1	
sm anti-dandruff 0.5% shampoo	1	
sm arthritis pain 1% gel	1	QL (3000 / 90 DAYS)
SSD 1% CREAM	2	
T-GEL 0.5% THERAPEUTIC SHAMPOO	1	
t-plus 0.5% therapeutic shmpoo	1	
thera-gel 0.5% shampoo	1	
tretinoin 0.05% emollient crm	1	QL (45 / 25 DAYS); PA
TRIPLE PASTE 12.8% OINTMENT	2	
URAMAXIN 45% UREA CREAM	1	
ure-k 50% cream	1	
urea 10% cream	1	
urea 20% cream	1	
urea 40% cream	1	
urea 45% cream	1	
urea 50% cream	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UREACIN-20 CREAM	1	
<i>x-seb t plus shampoo</i>	1	
<i>zinc oxide ointment</i>	1	
<i>zinc oxide 20% ointment</i>	1	
<i>zinc oxide 25% ointment</i>	1	
<i>zinc oxide 40% ointment</i>	1	
<i>zostrix hp 0.1% cream</i>	1	
<i>zostrix hp 0.1% foot cream</i>	1	
DERMATOLOGICAL AGENTS - PEDICULICIDES/SCABICIDES		
<i>complete lice treatment kit</i>	1	
<i>cvs lice solution kit</i>	1	
<i>cvs lice treatment 1% crm rins</i>	1	
ELIMITE 5% CREAM	2	
<i>eq complete lice treatment kit</i>	1	
<i>gnp lice treatment 1% crm rins</i>	1	
<i>gs complete lice treatment kit</i>	1	
<i>gs lice killing 1 % crm rinse</i>	1	
<i>hm lice treatment 1% crm rinse</i>	1	
<i>kro lice complete kit 1-2-3</i>	1	
<i>lice treatment 1% creme rinse</i>	1	
NIX 1% CREME RINSE LIQUID	2	
<i>permethrin 5% cream</i>	1	
<i>ra lice solution kit</i>	1	
<i>ra lice treatment 1% crm rinse</i>	1	
RID COMPLETE LICE KIT	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RID COMPLETE 1-2-3 LICE KIT	1	
<i>sm lice treatment 1% crm rinse</i>	1	
DERMATOLOGICAL AGENTS - TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5% ointment</i>	1	QL (30 / 30 DAYS)
<i>antibiotic ointment</i>	1	
<i>antifungal 1% topical cream</i>	1	
<i>antifungal 2% topical cream</i>	1	
<i>athlete's foot 1% cream</i>	1	
<i>athletes foot 1% cream</i>	1	
<i>bacitracin zn 500 unit/gm oint</i>	1	
<i>bacitracin 500 unit/gm ointmnt</i>	1	
<i>bacitraycin plus 500 unit/gm</i>	1	
<i>baza antifungal 2% cream</i>	1	
<i>carrington antifungal 2% cream</i>	1	
CENTANY 2% OINTMENT	2	
<i>clotrimazole 1% solution</i>	1	
<i>clotrimazole 1% topical cream</i>	1	
<i>cvs antibiotic ointment</i>	1	
<i>cvs athlete's foot 1% cream</i>	1	
<i>cvs bacitracin zn 500 unit/gm</i>	1	
<i>cvs bacitracin 500 unit/g oint</i>	1	
<i>cvs clotrimazole 1% solution</i>	1	
<i>cvs clotrimazole 1% top cream</i>	1	
<i>cvs itch relief 1% top cream</i>	1	
<i>cvs jock itch 1% cream</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cvs poly bacitracin ointment</i>	1	
<i>cvs ringworm 1% cream</i>	1	
<i>double antibiotic ointment</i>	1	
<i>eq athlete's foot 1% cream</i>	1	
<i>eq bacitracin zn 500 unit/gm</i>	1	
<i>eq jock itch 1% cream</i>	1	
<i>eq terbinafine 1% cream</i>	1	
<i>eq triple antibiotic ointment</i>	1	
<i>eq1 first aid antibiotic oint</i>	1	
<i>ft antifungal 2% topical cream</i>	1	
<i>ft athlete's foot 1% cream</i>	1	
<i>ft double antibiotic ointment</i>	1	
<i>gnp athlete's foot 1% cream</i>	1	
<i>gnp bacitracin zn 500 unit/gm</i>	1	
<i>gnp terbinafine 1% cream</i>	1	
<i>gnp triple antibiotic ointment</i>	1	
<i>gs athlete's foot 1% cream</i>	1	
<i>gs first aid antibiotic oint</i>	1	
<i>hm bacitracin zn 500 unit/gm</i>	1	
<i>hm double antibiotic ointment</i>	1	
<i>hm triple antibiotic ointment</i>	1	
<i>inzo antifungal 2% cream</i>	1	
<i>jock itch relief 1% cream</i>	1	
<i>jock itch 1% cream</i>	1	
<i>ketoconazole 2% cream</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ketoconazole 2% shampoo</i>	1	
<i>kro triple antibiotic ointment</i>	1	
LAMISIL AT 1% CREAM	1	
<i>lamisil at 1% cream</i>	1	
LOTRIMIN AF 1% CREAM	2	
<i>micatin 2% antifungal cream</i>	1	
<i>miconazole 2% topical cream</i>	1	
<i>micotrin ac 1% topical cream</i>	1	
<i>mupirocin 2% ointment</i>	1	
<i>mycozyl ac 1% topical cream</i>	1	
NEOSPORIN OINTMENT	2	
<i>nyamyc 100,000 unit/gm powder</i>	1	
<i>nystatin 100,000 unit/gm cream</i>	1	
<i>nystatin 100,000 unit/gm oint</i>	1	
<i>nystatin 100,000 unit/gm powd</i>	1	
<i>nystop 100,000 unit/gm powder</i>	1	
<i>poly bacitracin ointment</i>	1	
POLYSPORIN OINTMENT	2	
<i>pub athletic foot 1% cream</i>	1	
<i>pub triple antibiotic ointment</i>	1	
<i>ra antifungal 1% cream</i>	1	
<i>ra bacitracin zn 500 unit/gm</i>	1	
<i>ra clotrimazole 1% top cream</i>	1	
<i>ra double antibiotic oint</i>	1	
<i>ra jock itch cream</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ra triple antibiotic ointment</i>	1	
<i>secura antifungal 2% cream</i>	1	
<i>sm antibiotic 500 unit/gm oint</i>	1	
<i>sm antifungal 1% topical cream</i>	1	
<i>sm athlete's 1% foot cream</i>	1	
<i>sm double antibiotic oint</i>	1	
<i>sm miconazole 2% topical cream</i>	1	
<i>sm triple antibiotic ointment</i>	1	
<i>terbinafine 1% cream</i>	1	
<i>tm-clotrimazole 1% top cream</i>	1	
<i>triple antibiotic ointment</i>	1	
ZOVIRAX 5% OINTMENT	2	QL (30 / 30 DAYS)
ELECTROLYTES/MINERALS/METALS/VITAMINS - ELECTROLYTE/MINERAL REPLACEMENT		
ABATRON LIQUID	2	
ACCRUFER 30 MG CAPSULE	2	
ACTICAL SOFTGEL	2	
ACTIVE FE TABLET	2	
APETIGEN-PLUS TABLET	2	
BENTIVITE BX TABLET	2	
BIOCAL SOFTGEL	2	
CAL-MINT 260 MG TABLET CHEW	1	
<i>calcium carb 260 mg tab chew</i>	1	
<i>calcium gluconate 650 mg tab</i>	1	
<i>calcium 500 mg chewable tablet</i>	1	
<i>calcium 500 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>calcium 500 mg-vit d3 5 mcg tb</i>	1	
<i>calcium 500-vit d3 200 caplet</i>	1	
<i>calcium 500-vit d3 200 tablet</i>	1	
<i>calcium 500-vit d3 400 tablet</i>	1	
<i>calcium 500mg-vit d3 10mcg tab</i>	1	
<i>calcium 600 mg tablet</i>	1	
<i>calcium 600 with vit d chew tb</i>	1	
<i>centratex capsule</i>	1	
<i>chewable iron 30 mg tablet</i>	1	
<i>child ferrous sulfate 15 mg/ml</i>	1	
<i>children's iron 15 mg/ml drops</i>	1	
CHROMAGEN SOFTGEL	2	
<i>chromium pico 400 mcg tablet</i>	1	
<i>corvita 150 tablet</i>	1	
CORVITE FE TABLET	2	
CORVITE 150 TABLET	2	
<i>cvs calcium 600 mg tablet</i>	1	
<i>cvs iron 27 mg tablet</i>	1	
<i>cvs iron 65 mg tablet</i>	1	
<i>cvs slow release iron 45 mg tb</i>	1	
<i>eq calcium 500-vit d3 400 tab</i>	1	
<i>eq slow release iron 45 mg tab</i>	1	
<i>eql carbonyl iron 45 mg caplet</i>	1	
<i>eql iron 65 mg tablet</i>	1	
<i>eql magnesium 200 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>eql slow release iron 50 mg tb</i>	1	
<i>ezfe 200 capsule</i>	1	
<i>fe c plus tablet</i>	1	
<i>fe c tablet</i>	1	
FEOSOL BIFERA 28 MG CAPLET	2	
FEOSOL 45 MG CAPLET	2	
<i>feosol 65 mg tablet</i>	1	
FER-IN-SOL 15 MG/ML DROPS	2	
FERAHEME 510 MG/17 ML VIAL	2	
<i>ferate 27 mg tablet</i>	1	
FERGON TABLET	2	
<i>fergon 27 mg tablet</i>	1	
FERIVA FA CAPSULE	2	
FERIVA MULTIPHASE CAPSULE	2	
FERIVA 21-7 TABLET	2	
<i>ferocon capsule</i>	1	
<i>ferosul 325 mg tablet</i>	1	
FERRACTIV IRON 27 MG FORMULA	2	
FERRETTS IPS 18 MG CAP	2	
FERRETTS IPS 40 MG/15 ML LIQ	2	
FERRETTS IRON 18 MG TABLET CHW	2	
FERRETTS 325 MG TABLET	2	
<i>ferrex 150 capsule</i>	1	
<i>ferrex 150 forte capsule</i>	1	
<i>ferrex 150 forte plus capsule</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ferrex 150 plus capsule</i>	1	
<i>ferrex 28 tablet</i>	1	
<i>ferric x-150 capsule</i>	1	
FERRIMIN 150 TAB	2	
FERRLECIT 62.5 MG/5 ML VIAL	2	
<i>ferro-sequels 65-25 mg caplet</i>	1	
<i>ferro-time 325 mg tablet</i>	1	
<i>ferrocite plus tablet</i>	1	
<i>ferrocite tablet</i>	1	
<i>ferrous fumarate 29 mg tab</i>	1	
<i>ferrous fumarate 324 mg tablet</i>	1	
<i>ferrous gluconate 240 mg tab</i>	1	
<i>ferrous gluconate 324 mg tab</i>	1	
<i>ferrous sulf ec 324 mg tablet</i>	1	
<i>ferrous sulf ec 325 mg tablet</i>	1	
<i>ferrous sulf 15 mg iron/ml drp</i>	1	
<i>ferrous sulf 220 mg/5 ml elix</i>	1	
<i>ferrous sulf 220 mg/5 ml liq</i>	1	
<i>ferrous sulf 300 mg/5 ml cup</i>	1	
<i>ferrous sulf 300 mg/6.8ml soln</i>	1	
<i>ferrous sulf 44 mg iron/5ml lq</i>	1	
<i>ferrous sulfate 325 mg tablet</i>	1	
<i>ferumoxytol 510 mg/17 ml vial</i>	1	
<i>folitab 500 caplet</i>	1	
<i>folivane-f capsule</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>folivane-plus capsule</i>	1	
FUSION CAPSULE	2	
FUSION PLUS CAPSULE	2	
FUSION SPRINKLES POWDER PACKET	2	
<i>gnp calcium 600 mg tablet</i>	1	
<i>gnp iron 45 mg tablet</i>	1	
<i>gnp iron 65 mg tablet</i>	1	
<i>gnp one daily tablet</i>	1	
HEMATEX 100 MG/5 ML LIQUID	2	
<i>hematex 150 mg tablet</i>	1	
<i>hematinic-folic acid tablet</i>	1	
<i>hematinic-vitamin-mineral tab</i>	1	
<i>hematogen fa softgel</i>	1	
<i>hematogen forte softgel</i>	1	
HEMATOGEN SOFTGEL	2	
HEMATRON-AF CAPLET	2	
HEMAX TABLET	2	
HEMOCYTE PLUS CAPSULE	2	
<i>hemocyte tablet</i>	1	
HEMOCYTE-F TABLET	2	
I.L.X. B-12 ELIXIR	2	
ICAR 15 MG/1.25 ML SUSPENSION	2	
ICAR-C PLUS TABLET	2	
ICAR-C TABLET	2	
<i>iferex 150 capsule</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>iferex 150 forte capsule</i>	1	
<i>infant iron 15 mg/ml drop</i>	1	
INFED 100 MG/2 ML VIAL	2	
INJECTAFER 100 MG/2 ML VIAL	2	
INJECTAFER 750 MG/15 ML VIAL	2	
INTEGRA CAPSULE	2	
INTEGRA F CAPSULE	2	
INTEGRA PLUS CAPSULE	2	
IRO-PLEX CAPLET	2	
IRO-PLEX LIQUID	2	
<i>iron bisglycinate 28 mg cap</i>	1	
<i>iron chews 15 mg tablet chew</i>	1	
<i>iron folate plus capsule</i>	1	
<i>iron folate-f capsule</i>	1	
<i>iron glycinate 29 mg capsule</i>	1	
<i>iron 100 plus tablet</i>	1	
<i>iron 27 mg tablet</i>	1	
<i>iron 28 mg tablet</i>	1	
<i>iron 45 mg tablet</i>	1	
<i>iron 65 mg tablet</i>	1	
<i>iron-vitamin c 100-250 mg tab</i>	1	
IRONUP 15 MG/0.5 ML DROPS	2	
IROSPAN 24/6 TABLET	2	
K-PHOS NEUTRAL TABLET	1	
K-TAB ER 10 MEQ TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>klor-con m10 tablet</i>	1	
KLOR-CON M15 TABLET	2	
<i>klor-con m20 tablet</i>	1	
KLOR-CON 10 MEQ TABLET	2	
KLOR-CON 8 MEQ TABLET	2	
LYDIA PINKHAM HERBAL TABLET	2	
LYSIPLEX PLUS TABLET	2	
<i>mag-g 500 mg tablet</i>	1	
MAG-TAB SR 84 MG CAPLET	2	
<i>magnesium gluc 500 mg tablet</i>	1	
<i>magnesium gluconate tablet</i>	1	
<i>magnesium lactate sr 84 mg cpt</i>	1	
<i>magnesium oxide 500 mg capsule</i>	1	
<i>magnesium 200 mg tablet</i>	1	
<i>magnesium 400 mg capsule</i>	1	
<i>magnesium 400 mg softgel</i>	1	
MAXFE CAPLET	2	
MONOFERRIC 1,000 MG/10 ML VIAL	2	
<i>multigen caplet</i>	1	
<i>multigen folic caplet</i>	1	
<i>multigen plus caplet</i>	1	
<i>myferon 150 capsule</i>	1	
<i>myferon-150 forte capsule</i>	1	
NEONATAL FE TABLET	2	
NICAZEL TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NIFEREX TABLET	2	
NOVAFERRUM 125 MG/5 ML LIQUID	2	
NOVAFERRUM 15 MG/ML DROPS	2	
NOVAFERRUM 50 MG CAPSULE	2	
NU-IRON 150 CAPSULE	2	
NUFERA TABLET	2	
<i>one daily tablet</i>	1	
<i>onevite ferrous sulf 220mg/5ml</i>	1	
<i>os-cal 500-vit d3 200 caplet</i>	1	
<i>oysco 500-vit d3 200 tablet</i>	1	
<i>oyster shell calcium 500 mg tb</i>	1	
<i>oyster shell calcium-vit d tab</i>	1	
<i>oyster shell 500-vit d3 200 tb</i>	1	
<i>oyster shell 500mg-vit d3 5mcg</i>	1	
<i>oystercal-d 500 mg-400 unit tb</i>	1	
PARVLEX TABLET	2	
<i>pedia iron 15 mg/ml drop</i>	1	
<i>pediatric fe-vite 15 mg/ml drp</i>	1	
PERFECT IRON 25 MG TABLET	2	
<i>pharm chc ped iron 15mg/ml drp</i>	1	
PHOS-NAK PACKET	2	
<i>phospha 250 neutral tablet</i>	1	
<i>phospho-trin 250 neutral tab</i>	1	
<i>phosphorous powder packet</i>	1	
<i>phosphorous 250 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phosphorus-sodium-potassium</i>	1	
<i>poly-iron 150 forte capsule</i>	1	
<i>poly-iron 150 mg capsule</i>	1	
<i>polysaccharide iron 150 mg cap</i>	1	
<i>potassium cl er 10 meq capsule</i>	1	
<i>potassium cl er 10 meq tablet</i>	1	
<i>potassium cl er 15 meq tablet</i>	1	
<i>potassium cl er 20 meq tablet</i>	1	
<i>potassium cl er 8 meq capsule</i>	1	
<i>potassium cl er 8 meq tablet</i>	1	
<i>potassium cl 10% (20 meq/15ml)</i>	1	
<i>potassium cl 10% (40 meq/30ml)</i>	1	
<i>potassium cl 20% (40 meq/15ml)</i>	1	
<i>potassium cl10%(20meq/15ml)cup</i>	1	
<i>potassium cl10%(40meq/30ml)cup</i>	1	
<i>potassium cl20%(40meq/15ml)cup</i>	1	
PRO FE 180 MG CAPSULE	2	
PRO-CAL TABLET	2	
PROFERRIN ES 12 MG TABLET	2	
PROFERRIN-FORTE TABLET	2	
PROTECT IRON LIQUID	2	
<i>purevit dualfe plus capsule</i>	1	
<i>ra calcium 600 mg tablet</i>	1	
<i>ra hi-cal plus vitamin d tab</i>	1	
<i>ra high potency iron 27 mg tab</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ra iron 65 mg tablet</i>	1	
<i>ra magnesium 250 mg tablet</i>	1	
<i>ra magnesium 500 mg capsule</i>	1	
<i>ra oyster shell 500-vit d3 200</i>	1	
<i>ra slow release iron 45 mg tab</i>	1	
<i>se-tan plus capsule</i>	1	
SIDEROL TABLET	2	
SLOW FE 45 MG TABLET	2	
<i>slow release iron tablet</i>	2	
<i>slow release iron 160 mg tab</i>	1	
<i>slow release iron 45 mg tablet</i>	1	
<i>sm iron 65 mg tablet</i>	1	
<i>sm slow release iron 45 mg tab</i>	1	
<i>sod fer gluc cplx 62.5 mg/5 ml</i>	1	
<i>sodium chloride 1 gm tablet</i>	1	
<i>sodium chloride 1,000 mg tab</i>	1	
<i>sodium-potassium-phos powder</i>	1	
<i>super calcium 600 mg tablet</i>	1	
<i>sv calcium 600 mg tablet</i>	1	
<i>sv iron 65 mg tablet</i>	1	
<i>sv slow release iron 45 mg tab</i>	1	
TANDEM DUAL ACTION CAPSULE	2	
TANDEM PLUS CAPSULE	2	
<i>taron forte capsule</i>	1	
<i>tricon capsule</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIFERIC 27.2 MG/5 ML AMPULE	2	
TRIFERIC 272 MG POWDER PACKET	2	
<i>trigels-f forte softgel</i>	1	
<i>true ferrous sulf ec 324 mg tb</i>	1	
TULIVITE TABLET	2	
VENOFER 100 MG/5 ML VIAL	2	
VENOFER 200 MG/10 ML VIAL	2	
VENOFER 50 MG/2.5 ML VIAL	2	
<i>virt-phos 250 neutral tablet</i>	1	
VITABEX IRON CAPSULE	2	
VITAFOL CAPLET	2	
VITRON-C TABLET	2	
<i>wee care 15 mg/1.25 ml susp</i>	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS - PHOSPHATE BINDERS		
<i>calcium acetate 667 mg capsule</i>	1	
<i>calcium acetate 667 mg gelcap</i>	1	
<i>calcium acetate 667 mg tablet</i>	1	
CALPHRON 667 MG TABLET	1	
RENAGEL 800 MG TABLET	2	
<i>sevelamer hcl 400 mg tablet</i>	1	
<i>sevelamer hcl 800 mg tablet</i>	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS - POTASSIUM BINDERS		
<i>sodium polystyrene sulf powder</i>	1	
SPS 15 GM/60 ML SUSPENSION	2	
SPS 30 GM/120 ML ENEMA SUSP	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELECTROLYTES/MINERALS/METALS/VITAMINS - VITAMINS		
<i>a thru z advanced formula tab</i>	1	
<i>a thru z men's ultimate tablet</i>	1	
<i>a thru z select men 50+ tablet</i>	1	
<i>a thru z select multivit tab</i>	1	
<i>a thru z select tablet</i>	1	
<i>a thru z select women's tablet</i>	1	
<i>a thru z select 50 plus tablet</i>	1	
<i>abc complete adult caplet</i>	1	
ABC COMPLETE SENIOR WOMEN CPLT	2	
<i>abc complete women's caplet</i>	2	
<i>abc plus tablet</i>	1	
ACTIVNUTRIENTS (NO IRON) CAP	2	
ACTIVNUTRIENTS CAPSULE	2	
ACTIVNUTRIENTS CHEWABLE TABLET	2	
ACTIVNUTRIENTS MULTIVITMN PWDR	2	
ACTIVNUTRIENTS(NO COPPER-IRON)	2	
<i>adult multi gummies</i>	1	
<i>adult multivitamin gummies</i>	1	
<i>adult one daily gummies</i>	1	
<i>adults multivitamin caplet</i>	1	
<i>adults multivitamin tablet</i>	1	
<i>adults 50 plus daily formula</i>	1	
<i>adults 50 plus multivitamin</i>	1	
<i>adults 50 plus multivitamin tb</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADULTS' DAILY FORMULA TABLET	2	
ADVANCED MULTI EA CHEW TABLET	2	
ALIVE DAILY SUPPORT PRENATAL	2	
ALIVE DIABETIC MULTIVITAMIN TB	2	
ALIVE MAX POTENCY MULTIVIT LIQ	2	
ALIVE MAX3 POTENCY TABLET	2	
ALIVE MEN 50 PLUS MULTIVIT TB	2	
ALIVE MEN'S ENERGY MULTIVIT TB	2	
ALIVE MEN'S MAX3 POTENCY TAB	2	
ALIVE MEN'S MULTIVIT GUMMY	2	
ALIVE MEN'S ULTRA POTENCY TAB	2	
ALIVE MEN'S 50 PLUS GUMMY	2	
ALIVE MEN'S 50 PLUS ULTRA TAB	2	
ALIVE PREMIUM ADULT MULTIVIT	2	
ALIVE PREMIUM KIDS GUMMY	2	
ALIVE PREMIUM MEN'S GUMMY	2	
ALIVE PREMIUM PRENATAL GUMMY	2	
ALIVE PREMIUM WOMEN'S GUMMY	2	
ALIVE PREMIUM WOMEN'S 50 PLUS	2	
ALIVE WOMEN'S ENERGY MV TABLET	2	
ALIVE WOMEN'S GUMMY VITAMIN	2	
ALIVE WOMEN'S ULTRA POTENCY TB	2	
ALIVE WOMEN'S 50 PLUS GUMMY	2	
ALIVE WOMEN'S 50 PLUS TABLET	2	
ALIVE WOMEN'S 50 PLUS ULTRA TB	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amladex tablet</i>	2	
<i>animal chews tablet</i>	1	
ANIMI-3 CAPSULE	2	
ANTIOXIDANT FORMULA TABLET	2	
APATATE FORTE LIQUID	2	
ATABEX OB TABLET	2	
<i>b complex number 1 tablet</i>	1	
<i>b complex tablet</i>	1	
<i>b-complex tablet</i>	1	
<i>b-complex w-vitamin c caplet</i>	1	
<i>b-complex with b12 tablet</i>	1	
<i>b-complex with c tablet</i>	1	
<i>b-1 100 mg tablet</i>	1	
<i>b-6 tr 200 mg tablet</i>	1	
BACMIN CAPLET	2	
<i>bal-care dha combo pack</i>	1	
BAL-CARE DHA ESSENTIAL PACK	2	
<i>balance b-100 tablet</i>	1	
<i>balance b-50 tablet</i>	1	
BARIATRIC MV-IRON 45 MG CAP	2	
BEROCCA EFFERVESCENT TABLET	2	
BIO-35 SOFTGEL	2	
BIOCEL TABLET	2	
<i>biotect plus liquid</i>	1	
<i>biotin 1,000 mcg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BLADDER 2.2 TABLET	2	
BODY, HAIR, SKIN AND NAILS CAP	2	
bp vit 3 capsule	1	
BRAINSTRONG PRENATAL COMBO PAC	2	
c-nate dha softgel	1	
CADEAU DHA SOFTGEL	2	
CARDIAMIN MULTIVITAMIN SOFTGEL	2	
centravites adults tablet	1	
centravites tablet	1	
centravites 50 plus tablet	1	
CENTRUM ADULT 50 FRESH-FRUITY	2	
centrum adult 50 plus gummy	2	
CENTRUM ADULTS MULTIGUMMY	2	
centrum adults tablet	1	
CENTRUM ADULTS 50 PLUS MINIS	2	
CENTRUM CHEWABLES ADULTS TAB	2	
centrum complete multivit tab	1	
CENTRUM KIDS CHEWABLE TABLET	2	
CENTRUM MEN 50 PLUS MINIS TAB	2	
CENTRUM MEN'S TABLET	2	
centrum multivit-mineral liq	1	
CENTRUM SILVER CHEWABLE TABLET	2	
CENTRUM SILVER MEN TABLET	2	
centrum silver tablet	1	
CENTRUM SILVER ULTRA MEN'S TAB	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CENTRUM SILVER WOMEN TABLET	2	
CENTRUM SPECIALIST ENERGY TAB	2	
centrum specialist heart tab	1	
CENTRUM ULTRA MEN'S TABLET	2	
centrum women tablet	1	
CEROVITE JR TABLET CHEW	1	
CEROVITE SENIOR TABLET	2	
certa plus tablet	1	
CERTAVITE SENIOR TABLET	2	
certavite senior tablet	2	
CERTAVITE-ANTIOXIDANT TABLET	2	
certavite-antioxidant tablet	1	
child multivitamin plus iron	1	
CHILD'S CHEW MULTIVIT W/IRON	2	
child's chewable multivit tab	1	
CHILD'S CHEWABLE VITAMIN TAB	2	
child's omega-3 dha multivitam	1	
children multivitamin chew tab	1	
CHILDREN MULTIVITAMIN GUMMIES	2	
children multivitamin gummies	1	
children's chew multivitamin	1	
children's chewables	1	
children's multi-vit gummies	1	
children's multivitamin gummy	2	
CITRANATAL B-CALM COMBO PACK	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLASSIC PRENATAL TABLET	2	
<i>companion tablet</i>	1	
<i>complete multivit-mineral liq</i>	1	
<i>complete natal dha</i>	1	
<i>completenate tablet chew</i>	1	
CONCEPT DHA CAPSULE	2	
CONCEPT OB CAPSULE	2	
<i>corvita tablet</i>	1	
CORVITE FREE TABLET	2	
CORVITE TABLET	2	
CULTURELLE KID PRO-MV 2.5B CHW	2	
CULTURELLE KID PRO-MV-LUT GMMY	2	
CULTURELLE KID PROB-MV 5B CHEW	2	
CULTURELLE PROBIOTIC-MV GUMMY	2	
<i>cvs adult 50 plus eye health</i>	1	
<i>cvs b-complex-vit c caplet</i>	1	
<i>cvs b-1 100 mg tablet</i>	1	
<i>cvs biotin 1,000 mcg tablet</i>	1	
<i>cvs child chew vitamn complete</i>	1	
<i>cvs child gummy dinos gummies</i>	1	
<i>cvs daily gummies</i>	1	
<i>cvs daily multiple tablet</i>	1	
<i>cvs eye health and lutein tab</i>	1	
<i>cvs folic acid 800 mcg tablet</i>	1	
<i>cvs hair, skin and nails cplt</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cv's kids' multivitamin gummy</i>	1	
<i>cv's men's daily gummies</i>	1	
<i>cv's mens 50 plus advanced tab</i>	1	
<i>cv's one daily essential tablet</i>	1	
<i>cv's one daily men's health tab</i>	1	
<i>cv's one daily women's formula</i>	1	
<i>cv's one daily women's 50 plus</i>	1	
<i>cv's prenatal gummies</i>	1	
<i>cv's prenatal multi-dha softgel</i>	1	
<i>cv's prenatal vitamins tablet</i>	1	
<i>cv's spectravite adult tab chew</i>	1	
<i>cv's spectravite adult tablet</i>	1	
<i>cv's spectravite adult 50 plus</i>	1	
<i>cv's spectravite advanced tab</i>	1	
<i>cv's spectravite men 50plus tab</i>	1	
<i>cv's spectravite men's tablet</i>	1	
<i>cv's spectravite women tablet</i>	1	
<i>cv's spectravite women 50 plus</i>	1	
<i>cv's vitamin b-1 100 mg tablet</i>	1	
<i>cv's vitamin b-6 100 mg tablet</i>	1	
<i>cv's vitamin e 180 mg softgel</i>	1	
<i>cv's vitamin e 450 mg softgel</i>	1	
<i>cv's vitamin e 90 mg softgel</i>	1	
<i>cv's women's daily gummies</i>	1	
<i>cv's women's prenatal plus dha</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
daily multi vitamin-iron tab	1	
daily multivit-minerals tab	1	
daily multivitamin capsule	2	
daily multivitamin with d3 tab	1	
daily value multivitamin tab	1	
DAILY VITAMIN + IRON TABLET	1	
daily vitamin formula tablet	1	
daily vitamin formula-iron tab	1	
DAILY VITE TABLET	2	
DAILY VITE WITH IRON TABLET	2	
DAILY-VITE TABLET	2	
DAVIMET-M CHEWABLE TABLET	2	
DAYAVITE TABLET	2	
DECUBI VITE CAPSULE	2	
DEKAS BARIATRIC CHEW TABLET	2	
dekas essential capsule	1	
DEKAS ESSENTIAL LIQUID	2	
DEKAS PLUS CHEWABLE TABLET	2	
DEKAS PLUS LIQUID	2	
DEKAS PLUS OCEANCAPS	2	
DEKAS PLUS SOFTGEL	2	
DERMACINRX DAVIMET CHEW TABLET	2	
DERMACINRX DEXATRAN CAPSULE	2	
DERMACINRX FOLIFLEX CAPLET	2	
DERMACINRX FOLITIN-Z CAPLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DERMACINRX MULTITAM CAPLET	2	
DERMACINRX PRETRATE CAPLET	2	
DERMACINRX RIBOTIN-E CAPLET	2	
DERMACINRX VENEXA CAPLET	2	
DERMACINRX VENEXA FE CAPLET	2	
DERMACINRX VENTRIXYL CAPLET	2	
DERMACINRX VENTRIXYL FE CAPLET	2	
DERMACINRX VITRAMYN CAPLET	2	
DERMACINRX VITRANOL CAPLET	2	
DERMACINRX VITRANOL FE CAPLET	2	
DERMACINRX VITREXATE CAPLET	2	
DERMACINRX VITREXATE FE CAPLET	2	
DERMACINRX ZINTREXYL-C CAPLET	2	
diabetes health formula caplet	1	
DIABETES HEALTH PACK	2	
diabetic multivitamin gummy	1	
DIABETIC VITAMIN CAPSULE	2	
dialyvite 800 tablet	1	
DIALYVITE 800 WITH IRON TAB	2	
DIALYVITE 800-ULTRA D TABLET	2	
DUET DHA BALANCED (25 MG IRON)	2	
DUET DHA 400 COMBO PACK	2	
ELDERTONIC ELIXIR	2	
ELDERTONIC LIQUID	2	
elite-ob caplet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELON MATRIX 5000 COMPLETE TAB	2	
EMERGEN-C KIDZ 250 MG PACKET	2	
ENBRACE HR SOFTGEL	2	
ENDUR-VM IRON-FREE SR TABLET	2	
ENDUR-VM WITH IRON SR TABLET	2	
<i>eq child complete chew tablet</i>	1	
<i>eq child multivitamin gummies</i>	1	
<i>eq complete multivitamin tab</i>	1	
<i>eq complete mv adlt 50 plus tb</i>	1	
<i>eq one daily men's tablet</i>	1	
<i>eq one daily men's 50 plus tab</i>	1	
<i>eq one daily women's health tb</i>	1	
<i>eq one daily women's tablet</i>	1	
<i>eq vision formula tablet</i>	1	
<i>eql adult multivitamin gummy</i>	1	
<i>eql adult 50 plus multivitamin</i>	1	
<i>eql b complex 50 tablet</i>	1	
<i>eql children's multivit gummy</i>	1	
<i>eql eye health plus lutein tab</i>	1	
<i>eql men's multivitamin gummy</i>	1	
<i>eql one daily men's tablet</i>	1	
<i>eql one daily women's tablet</i>	2	
<i>eql prenatal vitamin tablet</i>	1	
<i>eql stress b-complex tablet</i>	1	
<i>eql vitamin b-6 100 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>eqi vitamin e 180 mg softgel</i>	1	
<i>eqi women's multivitamin gummy</i>	1	
<i>essentia tablet</i>	1	
ESSENTIAL MAN TABLET	2	
ESSENTIAL MAN 50+ TABLET	2	
ESSENTIAL WOMAN 50+ TABLET	2	
ESTROVEN MENOPAUSE CAPLET	2	
<i>eye health adult 50 plus sftgl</i>	1	
<i>eye health plus lutein tablet</i>	1	
<i>eye multivitamin tablet</i>	1	
EYE MULTIVITAMIN-LUTEIN SFTGEL	2	
EYEPROTECT TABLET	2	
FLINTSTONES + CALCIUM TAB	2	
FLINTSTONES COMPLETE CHEW TAB	2	
FLINTSTONES COMPLETE GUMMIES	2	
<i>flintstones complete tablet</i>	1	
FLINTSTONES EXTRA C GUMMIES	2	
<i>flintstones extra c tab chew</i>	1	
FLINTSTONES GUMMIES CHEW TAB	2	
FLINTSTONES IMMUNITY CHEW TAB	2	
FLINTSTONES MULTI-VIT GUMMIES	2	
FLINTSTONES MULTIVIT CHEW TAB	2	
FLINTSTONES SOUR-GUM CHEW TAB	2	
FLINTSTONES TAB CHEW	2	
<i>flintstones tablet chewable</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLINTSTONES WITH EXTRA IRON	2	
FLINTSTONES WITH IRON TAB CHEW	2	
FLORIVA PLUS 0.25 MG/ML DROP	2	
FLORIVA 0.25 MG CHEW TABLET	2	
FLORIVA 0.5 MG CHEWABLE TABLET	2	
FLORIVA 1 MG CHEWABLE TABLET	2	
FNP OXI-FREEDA TABLET	2	
folamax tablet	1	
FOLAMED DHA SOFTGEL	2	
folic acid 0.4 mg tablet	1	
folic acid 0.8 mg tablet	1	
folic acid 1 mg tablet	1	
folic acid 1,000 mcg tablet	1	
folic acid 400 mcg tablet	1	
folic acid 800 mcg tablet	1	
FOLIC ACID-VIT B6-VIT B12 TAB	2	
FOLIKA-CI TABLET	2	
FOLIKA-MG TABLET	2	
folivane-ob capsule	1	
FORTAVIT SOFTGEL	2	
FREEDAVITE TABLET	2	
full spectrum b with vit c tab	1	
GENADEK LIQUID DROPS	2	
GENADEK STEP 1 MULTIVIT SFGL	2	
GENADEK STEP 2 MULTIVIT SFGL	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GERBER GROW MIGHTY GUMMY	2	
GERBER GS PRENATAL NOURISH PLS	2	
GERITOL COMPLETE TABLET	2	
GERITOL TONIC	2	
<i>gnp b-complex plus vit c tab</i>	1	
<i>gnp century mature formula tab</i>	1	
<i>gnp century mature tablet</i>	1	
<i>gnp century tablet</i>	1	
<i>gnp children's chewables</i>	1	
<i>gnp children's multi gummy</i>	1	
<i>gnp folic acid 400 mcg tablet</i>	1	
<i>gnp hair, skin and nails tab</i>	1	
<i>gnp healthy eyes supervision</i>	1	
<i>gnp healthy eyes tablet</i>	1	
<i>gnp mega multi for men tablet</i>	1	
<i>gnp mega multi for women tab</i>	1	
<i>gnp one daily essential tablet</i>	1	
<i>gnp one daily men's 50+ tablet</i>	1	
<i>gnp one daily plus iron tablet</i>	1	
<i>gnp one daily tablet</i>	1	
<i>gnp one daily women's hlth tab</i>	1	
<i>gnp one daily women's 50+ tab</i>	1	
<i>gnp prenatal vitamins tablet</i>	1	
<i>gnp therapeutic-m tablet</i>	1	
<i>gnp vitamin b-1 100 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>gnp vitamin b-6 100 mg tablet</i>	1	
<i>gnp vitamin e 180 mg softgel</i>	1	
<i>gnp vitamin e 400 unit softgel</i>	1	
<i>gnp vitamin e 450 mg softgel</i>	1	
<i>gnp vitamin e 90 mg softgel</i>	1	
<i>gs prenatal vitamins tablet</i>	1	
<i>gummi bear multivit tab chew</i>	1	
GUMMIES CHILDREN MULTIVITAMIN	2	
GUMMIES GIRLS' MULTIVITAMINS	2	
<i>hair vitamins</i>	1	
HAIR, SKIN AND NAILS CAPLET	2	
<i>hair, skin and nails caplet</i>	1	
HAIR, SKIN AND NAILS SOFTGEL	2	
HAIR, SKIN AND NAILS TABLET	2	
<i>healthy eyes supervision sftgl</i>	1	
<i>healthy eyes tablet</i>	1	
HEARTBURN & ACID REFLUX TABS	2	
HI-D ADEK GUMMIES PLUS ZINC	2	
<i>high potency multivitamin tab</i>	1	
<i>hm hair, skin and nails tablet</i>	1	
<i>hm vitamin e 180 mg softgel</i>	1	
HONEY BEARS CHEWABLE TABLET	2	
HONEY BEARS IRON-ZINC TAB CHEW	2	
I-CAPS WITH LUTEIN-OMEGA 3 SFG	2	
I-VITE TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>icaps areds softgel</i>	1	
ICAPS AREDS2 CHEWABLE TABLET	2	
ICAPS AREDS2 SOFTGEL	2	
ICAPS AREDS2 TABLET	2	
ICAPS MV TABLET	2	
ICAPS TABLET	2	
<i>infant vitamin a-c-d drop</i>	1	
<i>infant-toddler multivit drop</i>	1	
<i>infant-toddler multivit-iron</i>	1	
<i>infant-toddler vit a-c-d drop</i>	1	
INFUVITE ADULT BULK VIAL	2	
INFUVITE ADULT VIAL	2	
INFUVITE PEDIATRIC BULK VIAL	2	
INFUVITE PEDIATRIC VIAL	2	
JUST 4 KIDZ MV-PROBIOTIC GUMMY	2	
<i>k-pax immune support tablet</i>	1	
KELP-LECITHIN-VIT B-6 CAPSULE	1	
<i>kelp-lecithin-vit b-6 tablet</i>	1	
KENWOOD THERAPEUTIC LIQUID	2	
KID MULTIVITAMIN-MINERAL JELLY	2	
KIDS COD LIVER OIL +D TAB CHEW	2	
KIDS MULTI ZERO GUMMIES	2	
KIDS MULTIVIT-MINERALS GUMMIES	2	
<i>kids multivitamin complete tab</i>	1	
KIDSTART CHEWABLE TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KOSHER PRENATAL PLUS IRON TAB	2	
KPN PRENATAL TABLET	2	
kro prenatal vitamins tablet	1	
LIPOTRIAD CAPLET	2	
LIPOTRIAD VISIONARY SOFTGEL	2	
LIQUID MULTIVITAMIN 15 ML CUP	1	
LITTLE ANIMALS CHILD TB CHW	2	
little animals-iron tab chew	1	
LIVITA ADULT MULTIVITAMIN LIQ	2	
LIVITA CHILDREN MULTIVIT LIQ	2	
lysiplex plus liquid	1	
m-natal plus tablet	1	
MACULAR BENEFITS COMBO PACK	2	
MACULAR HEALTH FORMULA CAPSULE	2	
MACULAR VITAMIN TABLET	2	
MACUVEX CAPSULE	2	
MACUVITE EYE CARE TABLET	2	
MACUZIN CAPSULE	2	
MARNATAL-F CAPSULE	2	
MAXIMIN PACK	2	
MEGA MULTI FOR MEN TABLET	2	
mega multi for men tablet	1	
mega multi for women tab	1	
mega multivit-chelated min tab	1	
men under 50 multivitamin tab	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>men 50 plus multivitamin tab</i>	1	
MEN'S DAILY FORMULA CAPSULE	2	
<i>men's daily formula tablet</i>	1	
MEN'S DAILY PACK	2	
<i>men's daily pack</i>	1	
<i>men's multivitamin gummies</i>	1	
<i>men's 50 plus daily formula tb</i>	1	
<i>men's 50 plus multivitamin tab</i>	1	
<i>milltrium senior multivit tab</i>	1	
MINI PRENATAL TABLET	2	
MONOCAPS TABLET	2	
<i>multi complete-iron tablet</i>	1	
MULTI FOR HER SOFTGEL	2	
MULTI FOR HER TABLET	2	
MULTI FOR HER 50 PLUS SOFTGEL	2	
MULTI PRO CAPSULE	2	
<i>multi vitamin jelly</i>	2	
<i>multi-day plus iron tablet</i>	1	
MULTI-DAY PLUS MINERALS TABLET	2	
MULTI-VIT-FLOR 0.25 MG TB CHEW	2	
MULTI-VIT-FLOR 0.5 MG TAB CHEW	2	
MULTI-VIT-FLOR 1 MG TAB CHEW	2	
<i>multi-vitamin daily tablet</i>	1	
<i>multi-vitamin gummies</i>	1	
<i>multi-vite liquid</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>multiple vitamin w-minerals tb</i>	1	
<i>multiple vitamin with iron tab</i>	1	
<i>multiple vitamins tablet</i>	1	
<i>multivit-fluor 0.25 mg tab chw</i>	1	
<i>multivit-fluor 0.25 mg/ml drop</i>	1	
<i>multivit-fluor 0.5 mg tab chew</i>	1	
<i>multivit-fluor 0.5 mg/ml drop</i>	1	
<i>multivit-fluor-iron 0.25 mg/ml</i>	1	
<i>multivit-fluoride 1 mg tab chw</i>	1	
<i>multivit-iron-fluor 0.25 mg/ml</i>	1	
<i>multivit-mineral hp cap</i>	1	
<i>multivitamin gummies</i>	1	
<i>multivitamin liquid</i>	1	
<i>multivitamin tablet</i>	1	
<i>multivitamin with iron tablet</i>	1	
<i>multivitamin with minerals tab</i>	1	
<i>multivitamin women 50 plus tab</i>	1	
<i>multivitamin-mineral gummy</i>	1	
<i>multivitamin-mineral liquid</i>	1	
<i>multivitamin-multimin 15ml cup</i>	2	
<i>multivitamins tablet</i>	1	
MVC-FLUORIDE 0.25 MG TAB CHEW	2	
MVC-FLUORIDE 0.5 MG TAB CHEW	2	
MVC-FLUORIDE 1 MG TAB CHEW	2	
MVW ADEK GUMMIES PLUS ZINC	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MVW COMPLETE FORM MULTIVI SFGL	1	
MVW COMPLETE FORM MULTIVI SFGL	2	
MVW COMPLETE FORM MULTIVIT CHW	2	
MVW COMPLETE FORMUL D3000 CHEW	2	
MVW COMPLETE FORMUL D3000 SFGL	2	
MVW COMPLETE FORMUL D5000 CHEW	2	
MVW COMPLETE FORMUL D5000 SFGL	2	
MVW COMPLETE FORMUL PEDIA DRPS	2	
MVW MODULATOR FORMUL PEDIA DRP	2	
MVW MODULATR FORM MINI MULTIVT	2	
MVW MODULATR FORM MULTIVT SFGL	2	
<i>my favorite multiple liquid</i>	1	
MYNATAL CAPSULE	2	
<i>mynatal plus captab</i>	1	
<i>mynatal-z captab</i>	1	
<i>myvitalife soft-gel capsule</i>	1	
NANO VM 1-3 POWDER	2	
NANO VM 4-8 POWDER	2	
NANOVM T-F POWDER	2	
NANOVM 9-18 POWDER	2	
NATACHEW TABLET	2	
NATAL PNV TABLET	2	
NATAVI LACTANT SOFTGEL	2	
NATAVI PNV SOFTGEL	2	
NATAVI PRIMA SOFTGEL	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEEVODHA CAPSULE	2	
NEONATAL COMPLETE TABLET	2	
NEONATAL PLUS VITAMIN TABLET	2	
NEONATAL-DHA COMBO PACK	2	
NEOVITE TABLET	2	
NEPHRO-VITE TABLET	1	
NESTABS ABC PRENATAL COMBO PK	2	
NESTABS DHA COMBO PACK	2	
NESTABS ONE SOFTGEL	2	
NESTABS TABLET	2	
<i>newgen tablet</i>	1	
NICOMIDE TABLET	2	
<i>nicotinamide tablet</i>	1	
<i>niva-plus tablet</i>	1	
NOVAFERRUM PEDI MV-IRON DROPS	2	
NOVAMV MULTIVITAMIN DROP	2	
NUTRIVIT LIQUID	2	
OB COMPLETE CAPLET	2	
OB COMPLETE ONE SOFTGEL	2	
OB COMPLETE PETITE SOFTGEL	2	
OB COMPLETE PREMIER TABLET	2	
OB COMPLETE WITH DHA SOFTGEL	2	
OBSTETRIX DHA COMBO PACK	2	
OBTREX DHA COMBO PACK	2	
OCULAR VITAMINS TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ocutabs tablet	1	
OCUVEL CAPSULE	2	
OCUVITE ADULT 50 PLUS SOFTGEL	2	
OCUVITE EYE PLUS MULTI TABLET	2	
ocuvite with lutein tablet	1	
omnicap tablet	1	
omnivex tablet	1	
ONCCOR TABLET	2	
oncovite tablet	1	
ONE A DAY PRENATAL DHA PACK	2	
ONE DAILY COMPLETE TABLET	2	
one daily energy tablet	1	
one daily essential tablet	1	
one daily essentials tablet	1	
one daily for men tablet	1	
one daily for men 50+ adv tab	1	
one daily for women tablet	1	
one daily for women 50+ adv tb	1	
one daily healthy weight tab	1	
one daily maximum tablet	1	
one daily men's health tablet	1	
one daily men's multivitamin	1	
one daily men's 50 plus d3 tab	1	
one daily men's 50+ tablet	1	
ONE DAILY MULTIVIT-MINERAL TAB	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
one daily multivitamin tablet	1	
one daily multivitamin-iron tb	1	
one daily plus iron tablet	1	
one daily tablet	1	
one daily with iron-calcium tb	1	
ONE DAILY WITH MINERALS TABLET	1	
ONE DAILY WOMEN 50 PLUS TAB	2	
one daily women's health tab	1	
one daily women's multivitamin	1	
one daily women's 50+ tablet	1	
one daily womens 50 plus tab	1	
one-a-day cholesterol plus tab	1	
ONE-A-DAY ENERGY TABLET	2	
one-a-day essential tablet	1	
ONE-A-DAY KID'S GUMMIES	2	
one-a-day max formula tab	1	
ONE-A-DAY MEN VITACRAVES GUMMY	2	
one-a-day men vitacraves gummy	2	
ONE-A-DAY MEN'S COMPLETE TAB	2	
one-a-day men's pro edge tabl	2	
ONE-A-DAY MEN'S TABLET	2	
ONE-A-DAY MEN'S 50 PLUS TABLET	2	
ONE-A-DAY MENOPAUSE FORMULA TB	2	
ONE-A-DAY PRENATAL GUMMY	2	
ONE-A-DAY PROACTIVE 65 PLUS TB	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
one-a-day teen advantage tab	1	
ONE-A-DAY TEEN HER VITACRAVES	2	
ONE-A-DAY TEEN HIM VITACRAVES	2	
ONE-A-DAY VITACRAVES ENERGY	2	
ONE-A-DAY VITACRAVES GUMMIES	2	
ONE-A-DAY VITACRAVES IMMUNITY	2	
ONE-A-DAY VITACRAVES OMEGA-3	2	
ONE-A-DAY VITACRAVES SOUR GMMY	2	
ONE-A-DAY WEIGHTSMART TABLET	2	
ONE-A-DAY WOMEN VITACRAVES	2	
one-a-day women vitacraves	2	
ONE-A-DAY WOMEN'S COMPLETE TAB	2	
ONE-A-DAY WOMEN'S HEALTHY SKIN	2	
ONE-A-DAY WOMEN'S PETITES TAB	2	
ONE-A-DAY WOMEN'S TABLET	2	
one-a-day women's 50 plus tab	2	
ONE-DAILY MULTI CAPS	2	
ONE-DAILY MULTI-VIT-IRON TAB	2	
one-daily multi-vitamin tab	1	
ONE-DAILY MULTIVIT-MINERAL PWD	2	
onevite daily multivitamin tab	1	
ONEVITE TABLET	2	
OPTIFAST CHEWABLE TABLET	2	
OPTISOURCE TABLET CHEWABLE	2	
OPURITY MULTIVITAMIN TAB CHEW	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEDIA POLY-VITE DROPS	2	
PEDIA POLY-VITE WITH IRON DROP	2	
PEDIATRIC POLY-VITE DROPS	2	
PEDIATRIC POLY-VITE-IRON DROPS	2	
<i>pediatric tri-vite drops</i>	1	
PERRY PRENATAL CAPSULE	2	
<i>pharm choice poly-vit-iron drp</i>	1	
<i>pharmacist choice ped poly-vit</i>	1	
<i>pharmacist choice ped tri-vit</i>	1	
PHLEXY-VITS POWDER PACKET	1	
<i>pnv prenatal plus multivit tab</i>	1	
PNV TABS 20-1 TABLET	2	
<i>pnv-dha softgel</i>	1	
<i>pnv-omega softgel</i>	1	
<i>pnv-select tablet</i>	1	
POLY-VI-FLOR 0.25 MG DROP	2	
POLY-VI-FLOR 0.25 MG TAB CHEW	2	
POLY-VI-FLOR 0.25 MG/ML DROP	2	
POLY-VI-FLOR 0.25 MG/ML DRP	2	
POLY-VI-FLOR 0.5 MG TAB CHEW	2	
POLY-VI-FLOR 1 MG TAB CHEW	2	
POLY-VI-FLOR-IRON 0.25 MG DROP	2	
POLY-VI-FLOR-IRON 0.25 MG/ML	2	
POLY-VI-FLOR-IRON 0.5 MG CHWTB	2	
POLY-VI-FLOR-IRON 0.5-10MG CHW	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POLY-VI-SOL WITH IRON DROPS	2	
POLY-VI-SOL 250MCG-50MG/ML DRP	2	
<i>poly-vita drops</i>	1	
<i>poly-vita with iron drops</i>	1	
<i>pr natal 400 combo pack</i>	1	
<i>pr natal 400 ec combo pack</i>	1	
<i>pr natal 430 combo pack</i>	1	
<i>pr natal 430 ec combo pack</i>	1	
PREGEN DHA SOFTGEL	2	
PREGENNA TABLET	2	
PRENATA CHEWABLE TABLET	2	
PRENATABS FA TABLET	2	
PRENATABS RX TABLET	2	
<i>prenatal + dha combo pack</i>	1	
<i>prenatal caplet</i>	1	
<i>prenatal complete caplet</i>	1	
PRENATAL DAILY DUO COMBO PACK	2	
PRENATAL ESSENTIALS CAPSULE	2	
<i>prenatal formula tablet</i>	1	
PRENATAL FORMULA-DHA SOFTGEL	2	
<i>prenatal gummies</i>	1	
<i>prenatal multi tablet</i>	1	
<i>prenatal multi-dha softgel</i>	1	
<i>prenatal multivitamin tablet</i>	1	
<i>prenatal multivitamin-dha sfgl</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prenatal one daily tablet</i>	1	
PRENATAL ONE TABLET	2	
<i>prenatal plus iron tablet</i>	1	
<i>prenatal plus vitamin-mineral</i>	2	
<i>prenatal plus-dha combo pack</i>	1	
<i>prenatal tablet</i>	1	
<i>prenatal tablet</i>	2	
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin tablet</i>	1	
<i>prenatal vitamins tablet</i>	1	
<i>prenatal 19 chewable tablet</i>	1	
<i>prenatal 19 tablet</i>	2	
<i>prenatal-u capsule</i>	1	
PRENATE AM TABLET	2	
PRENATE CHEWABLE TABLET	2	
PRENATE DHA SOFTGEL	2	
PRENATE ELITE TABLET	2	
PRENATE ENHANCE SOFTGEL	2	
PRENATE ESSENTIAL SOFTGEL	2	
PRENATE MINI SOFTGEL	2	
PRENATE PIXIE SOFTGEL	2	
PRENATE RESTORE SOFTGEL	2	
PRENATE STAR TABLET	2	
PRENA1 CHEW TABLET	2	
<i>prena1 pearl softgel</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prena1 true combo pack</i>	1	
<i>preplus ca-fe 27 mg-fa 1 mg tb</i>	1	
PRESERVISION AREDS SOFTGEL	2	
PRESERVISION AREDS TABLET	2	
PRESERVISION AREDS 2 PLUS MV	2	
PRESERVISION LUTEIN SOFTGEL	2	
PREVENT SOFTGELS	2	
PRIMACARE SOFTGEL	2	
PROCERV HP TABLET	2	
<i>profola tablet</i>	1	
PRORENAL QD SOFTGEL	2	
PROSIGHT TABLET	2	
PROTECT CARDIO AF SOFTGEL	2	
PROTECT IRON TABLET	2	
PROTECT PLUS SO SOFTGEL	2	
PROVIDA OB CAPSULE	2	
<i>pub multivitamin 50 plus tab</i>	1	
<i>pyridoxine 25 mg tablet</i>	1	
<i>pyridoxine 250 mg tablet</i>	1	
<i>pyridoxine 50 mg tablet</i>	1	
<i>pyridoxine 500 mg tablet</i>	1	
QUFLORA FE PED 0.25 MG/ML DROP	2	
QUFLORA FE 0.25 MG CHEW TABLET	2	
QUFLORA PED 0.25 MG CHEW TAB	2	
QUFLORA PED 0.25 MG/ML DROP	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QUFLORA PED 0.5 MG CHEW TAB	2	
QUFLORA PED 0.5 MG/ML DROP	2	
QUFLORA PED 1 MG CHEW TAB	2	
QUFLORA 0.125 MG GUMMIES	2	
<i>quintabs tablet</i>	1	
<i>quintabs-m iron free tablet</i>	1	
QUINTABS-M TABLET	2	
<i>r-natal ob softgel</i>	1	
<i>ra b-complex tablet</i>	1	
<i>ra b-complex with vit c tab sa</i>	1	
<i>ra b-complex-vitamin b-12 tab</i>	1	
<i>ra balanced b-50 tablet</i>	1	
<i>ra central-vite tablet</i>	1	
<i>ra central-vite women's tablet</i>	1	
<i>ra child complete chewable vit</i>	1	
<i>ra folic acid 0.4 mg tablet</i>	1	
<i>ra folic acid 800 mcg tablet</i>	1	
<i>ra men's one daily tablet</i>	1	
<i>ra one daily energy tablet</i>	1	
<i>ra one daily essential tablet</i>	1	
<i>ra one daily maximum tablet</i>	1	
<i>ra one daily men's 50 plus d3</i>	1	
<i>ra one daily prenatal dha pack</i>	1	
<i>ra one daily women's tablet</i>	1	
<i>ra prenatal formula tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ra prenatal tablet</i>	1	
<i>ra vitamin b-1 100 mg tablet</i>	1	
<i>ra vitamin b-6 100 mg tablet</i>	1	
<i>ra vitamin b-6 50 mg tablet</i>	1	
<i>ra vitamin e 268 mg softgel</i>	1	
REMEDIENT CAPSULE	2	
<i>rena-vite tablet</i>	1	
<i>renal vitamin tablet</i>	1	
<i>renal-vite tablet</i>	1	
REQ49+ TABLET	2	
SCOOBY-DOO ONE A DAY GUMMIES	2	
<i>scooby-doo one a day tablet</i>	1	
<i>se-natal 19 chewable tablet</i>	1	
SE-NATAL-19 TABLET	2	
SELECT-OB + DHA PACK	2	
SELECT-OB CHEWABLE CAPLET	2	
<i>senior tabs</i>	1	
<i>sentry senior multivitamin tab</i>	1	
<i>sentry senior tablet</i>	1	
<i>sentry tablet</i>	1	
SIMILAC PRENATAL COMBO PACK	2	
<i>sm b complex with vit c tablet</i>	1	
<i>sm century men 50 plus tablet</i>	1	
<i>sm century women 50 plus tab</i>	1	
<i>sm folic acid 400 mcg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sm men's one daily tablet</i>	1	
<i>sm vitamin b-6 100 mg tablet</i>	1	
SOLO TABLET	2	
<i>stress b with zinc tablet</i>	1	
STRESS B-COMPLEX TABLET	2	
STRESS FORMULA TABLET	1	
STRESS FORMULA WITH ZINC TAB	1	
STRESS-C WITH IRON TABLET	1	
STRESS-C WITH ZINC TABLET	1	
STROVITE FORTE CAPLET	2	
STROVITE ONE CAPLET	2	
STUART ONE CAPSULE	2	
SUNVITE TABLET	2	
SUPER B WITH VIT C CAPSULE	2	
SUPER GINSENG MULTIVIT CAP	2	
SUPER MULTIPLE-LOW IRON TABLET	2	
SUPER MULTIVITAMIN TABLET	2	
<i>super quints b-50 tablets</i>	1	
<i>super thera vite m tablet</i>	1	
<i>support liquid</i>	1	
SUPPORT-500 SOFTGEL	2	
<i>sv folic acid 800 mcg tablet</i>	1	
<i>sv hair, skin and nails caplet</i>	1	
<i>sv prenatal tablet</i>	1	
<i>sv prenatal vitamins tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sv vitamin b-6 100 mg tablet</i>	1	
<i>sv vitamin e 180 mg softgel</i>	1	
<i>sv vitamin e 400 unit softgel</i>	1	
<i>sv vitamin e 450 mg softgel</i>	1	
<i>sv vitamin e 670 mg softgel</i>	1	
TAB-A-VITE MULTIVIT WITH IRON	2	
<i>tab-a-vite tablet</i>	1	
<i>taron-c dha capsule</i>	1	
TENDERA-OB SOFTGEL	2	
THERA M PLUS TABLET	2	
<i>thera tablet</i>	1	
THERA-M CAPLET	2	
THERA-M TABLET	2	
<i>thera-tabs caplet</i>	1	
<i>theragran-m premier 50+ caplet</i>	1	
THERAMILL FORTE CAPSULE	2	
THERANATAL COMPLETE COMBO	2	
THERANATAL CORE NUTRITION TAB	2	
THERANATAL LACTATION COMBO PCK	2	
THERANATAL ONE SOFTGEL	2	
THERANATAL OVAVITE COMBO PACK	2	
THERANATAL PLUS COMBO PACK	2	
<i>therapeutic-m caplet</i>	1	
<i>therapeutic-m tablet</i>	1	
<i>theratrum complete tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>theratrum complete 50 plus tab</i>	1	
THEREMS MULTIVITAMIN TABLET	2	
<i>therems-m tablet</i>	1	
<i>thiamine 100 mg tablet</i>	1	
<i>thiamine 250 mg tablet</i>	1	
<i>thiamine 500 mg tablet</i>	1	
<i>thrivite rx tablet</i>	1	
<i>tm-daily vite tablet</i>	1	
TOBAKIENT CAPSULE	2	
TRI-VI-FLOR 0.25 MG DROPS	2	
TRI-VI-FLOR 0.5 MG DROPS	2	
TRI-VI-SOL DROPS	2	
<i>tri-vit-fluor 0.25 mg/ml drop</i>	1	
<i>tri-vit-fluor 0.5 mg/ml drop</i>	1	
<i>tri-vite-fluoride 0.25 mg/ml</i>	1	
<i>tri-vite-fluoride 0.5 mg/ml</i>	1	
TRICARE PRENATAL TABLET	2	
<i>trinatal rx 1 tablet</i>	1	
TRINATE TABLET	2	
TRINAZ TABLET	2	
TRISTART DHA SOFTGEL	2	
TROPICAL LIQUID NUTRITION	2	
<i>true folic acid 1600mcg dfe tb</i>	1	
<i>true folic acid 667 mcg dfe tb</i>	1	
<i>true multivitamin tablet</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>true vitamin b-6 100 mg tablet</i>	1	
<i>true vitamin b-6 25 mg tablet</i>	1	
<i>true vitamin b-6 50 mg tablet</i>	1	
<i>true vitamin e 180 mg capsule</i>	1	
<i>true vitamin e 450 mg capsule</i>	1	
<i>true vitamin e 90 mg capsule</i>	1	
<i>tyr cooler liquid</i>	1	
UDAMIN SP CAPLET	2	
ULTRA FREEDA TABLET	2	
ULTRA FREEDA WITH IRON TABLET	2	
ULTRA PRENATAL PLUS DHA SOFTGL	2	
<i>v-c forte capsule</i>	1	
<i>vic-forte capsule</i>	1	
<i>virt-c dha softgel</i>	1	
<i>virt-nate dha softgel</i>	1	
<i>virt-pn dha softgel</i>	1	
<i>vision formula tablet</i>	1	
<i>vision formula with lutein tab</i>	1	
VISION OPTIMIZER CAPSULE	2	
<i>vision plus lutein vitamin tab</i>	1	
<i>vision vitamins</i>	1	
VISTA ADVANCED AREDS2 SOFTGEL	2	
<i>vit a,c,d-fluoride 0.25 mg/ml</i>	1	
<i>vit a,c,d-fluoride 0.5 mg/ml</i>	1	
VITABEX PLUS CAPSULE	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITACEL TABLET	2	
VITAFOL FE PLUS SOFTGEL	2	
VITAFOL GUMMIES	2	
VITAFOL NANO TABLET	2	
VITAFOL ULTRA SOFTGEL	2	
VITAFOL-OB CAPLET	2	
VITAFOL-OB+DHA COMBO PACK	2	
VITAFOL-ONE CAPSULE	2	
<i>vitajoy adult multi gummy</i>	1	
<i>vitalee tablet</i>	1	
VITALETS TABLET CHEWABLE	2	
<i>vitalets tablet chewable</i>	1	
VITALIPID N INFANT AMPULE	2	
VITAMEDMD ONE RX SOFTGEL	2	
VITAMEDMD REDICHEW RX TAB CHEW	2	
<i>vitamin b complex tablet</i>	1	
<i>vitamin b complex-vit c cap</i>	1	
<i>vitamin b complex-vit c caplet</i>	1	
<i>vitamin b complex-vitamin c tb</i>	1	
<i>vitamin b-1 100 mg tablet</i>	1	
<i>vitamin b-1 250 mg tablet</i>	1	
<i>vitamin b-1 50 mg tablet</i>	1	
<i>vitamin b-6 100 mg tablet</i>	1	
<i>vitamin b-6 25 mg tablet</i>	1	
<i>vitamin b-6 250 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>vitamin b-6 50 mg tablet</i>	1	
<i>vitamin e 1,000 unit softgel</i>	1	
<i>vitamin e 180 mg softgel</i>	1	
<i>vitamin e 180mg(400 unit) sfgl</i>	1	
<i>vitamin e 200 unit softgel</i>	1	
<i>vitamin e 400 unit capsule</i>	1	
<i>vitamin e 400 unit softgel</i>	1	
<i>vitamin e 450 mg softgel</i>	1	
<i>vitamin e 90 mg softgel</i>	1	
<i>vitamins a-d-e tablet</i>	1	
VITAMINS FOR HAIR CAPSULE	2	
VITAPEARL SOFTGEL	2	
VITATRUE COMBO PACK	2	
VITATRUM TABLET	2	
VITLIPID N ADULT AMPULE	2	
VITLIPID N INFANT AMPULE	2	
VITREXYL CAPLET	2	
<i>vitrum senior tablet</i>	1	
<i>vitrum 50 plus caplet</i>	2	
VITRUM 50 PLUS SENIOR TABLET	2	
VP-PNV-DHA SOFTGEL	2	
<i>wescap-c dha softgel</i>	1	
<i>wescap-pn dha capsule</i>	1	
<i>wesnata dha complete</i>	1	
<i>wesnate dha softgel</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>westab plus tablet</i>	1	
<i>westgel dha softgel</i>	1	
WOMEN MULTIVIT COLLAGEN GUMMY	2	
WOMEN MULTIVIT W-BIOTIN GUMMY	2	
<i>women's daily formula caplet</i>	1	
<i>women's daily formula tablet</i>	1	
<i>women's daily pack</i>	1	
<i>women's multivitamin gummies</i>	1	
<i>women's multivitamin tablet</i>	1	
<i>women's 50 plus advanced mv tb</i>	1	
<i>women's 50 plus daily formula</i>	1	
<i>women's 50 plus multivit tab</i>	1	
<i>xyzbac tablet</i>	1	
<i>yelets tablet</i>	1	
<i>zalvit tablet</i>	1	
<i>zatean-pn dha capsule</i>	1	
<i>zatean-pn plus softgel</i>	1	
<i>zingiber tablet</i>	1	
<i>ziphex tablet</i>	1	
ZOO FRIENDS TABLET CHEWABLE	2	
ZYVANA 562 MG CAPSULE	2	
<i>zyvit tablet</i>	1	
<i>50 plus adult eye health sftgl</i>	1	
GASTROINTESTINAL AGENTS - ANTI-CONSTIPATION AGENTS		
<i>alophen pills</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bisacodyl ec 5 mg tablet</i>	1	
<i>bisacodyl 10 mg suppository</i>	1	
<i>castor oil</i>	1	
<i>chocolated laxative</i>	1	
<i>clearlax powder</i>	1	
<i>col-rite 250 mg softgel</i>	1	
COLACE CLEAR 50 MG SOFTGEL	1	
COLACE 100 MG CAPSULE	2	
COLACE 2-IN-1 TABLET	2	
COLACE-T 100 MG CAPSULE	2	
<i>constulose 10 gm/15 ml soln</i>	1	
CORRECTOL 5 MG TABLET	2	
<i>cvs bisacodyl ec 5 mg tablet</i>	1	
<i>cvs c-lax laxative ec 5 mg tab</i>	1	
<i>cvs castor oil</i>	1	
<i>cvs chocolated laxative 15 mg</i>	1	
<i>cvs daily fiber 0.52 gram cap</i>	1	
<i>cvs daily fiber 3.4 g packet</i>	1	
<i>cvs fiber therapy capsule</i>	1	
<i>cvs fiber 0.52 g capsule</i>	1	
<i>cvs gentle laxative ec 5 mg tb</i>	1	
<i>cvs gentle laxative 10 mg supp</i>	1	
<i>cvs laxative 25 mg tablet</i>	1	
<i>cvs milk of magnesia susp</i>	1	
<i>cvs natural daily fiber powder</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cvx purelax powder</i>	1	
<i>cvx senna laxative 8.6 mg tab</i>	1	
<i>cvx senna plus tablet</i>	1	
<i>cvx stool softener 100 mg sfgl</i>	1	
<i>cvx stool softener 250 mg sfgl</i>	1	
<i>cvx stool softener 50 mg sftgl</i>	1	
<i>cvx stool softener-stim lax tb</i>	1	
<i>cvx women's gentle lax ec 5 mg</i>	1	
<i>docu liquid 100 mg/10 ml cup</i>	1	
<i>docu liquid 50 mg/5 ml</i>	1	
<i>docuprene 100 mg tablet</i>	1	
<i>docusate sod 100 mg/10 ml cup</i>	1	
<i>docusate sod 60 mg/15 ml syrp</i>	1	
<i>docusate sodium 100 mg capsule</i>	1	
<i>docusate sodium 100 mg softgel</i>	1	
<i>docusate sodium 100 mg tablet</i>	1	
<i>docusate sodium 250 mg capsule</i>	1	
<i>docusate sodium 250 mg softgel</i>	1	
<i>docusate sodium 50 mg/5 ml cup</i>	1	
<i>docusate sodium 50 mg/5 ml liq</i>	1	
<i>docuzen 8.6-50 mg tablet</i>	1	
<i>dok 100 mg tablet</i>	1	
<i>dss 250 mg softgel</i>	1	
DULCOLAX EC 5 MG TABLET	1	
<i>dulcolax ss 100 mg liquid gel</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dulcolax ss 100 mg softgel</i>	1	
<i>dulcolax 1,200 mg/15 ml liquid</i>	1	
DULCOLAX 10 MG SUPPOSITORY	2	
<i>enulose 10 gm/15 ml solution</i>	1	
<i>eq chocolated laxative</i>	1	
<i>eq clearlax powder</i>	1	
<i>eq daily fiber laxative powder</i>	1	
<i>eq daily fiber 0.52 gram cap</i>	1	
<i>eq fiber therapy powder</i>	1	
<i>eq fiber therapy 0.52 gram cap</i>	1	
<i>eq gentle laxative dr 5 mg tab</i>	1	
<i>eq max str laxative pill</i>	1	
<i>eq milk of magnesia suspension</i>	1	
<i>eq natural fiber laxative powd</i>	1	
<i>eq natural laxative 8.6 mg tab</i>	1	
<i>eq senna-s tablet</i>	1	
<i>eq stool softener 100 mg sftgl</i>	1	
<i>eq stool softener-stim lax tab</i>	1	
<i>eq vegetable laxative 8.6mg tb</i>	1	
<i>eq women's laxative 5 mg tab</i>	1	
<i>eql castor oil</i>	1	
<i>eql chocolated laxative</i>	1	
<i>eql clearlax powder</i>	1	
<i>eql fiber therapy powder</i>	1	
<i>eql gentle laxative ec 5 mg tb</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>eqi natural fiber laxative cap</i>	1	
<i>eqi senna laxative 8.6 mg tab</i>	1	
<i>eqi senna-s tablet</i>	1	
<i>eqi senna-s 8.6-50 mg tablet</i>	1	
<i>eqi stool softener 100 mg sfgl</i>	1	
<i>eqi stool softener-stim lax tb</i>	1	
<i>evac-u-gen 8.6 mg tablet</i>	1	
EX-LAX CHOCOLATE	2	
EX-LAX MAXIMUM STR 25 MG TAB	2	
EX-LAX PILLS	2	
<i>fiber powder</i>	1	
<i>fiber therapy powder</i>	1	
<i>fleet bisacodyl 10 mg enema</i>	1	
<i>fleet pedia-lax stool softener</i>	1	
<i>ft castor oil</i>	1	
<i>ft clearlax powder</i>	1	
<i>ft gentle laxative 10 mg supp</i>	1	
<i>ft laxative ec 5 mg tablet</i>	1	
<i>ft laxative 5 mg tablet</i>	1	
<i>ft milk of magnesia suspension</i>	1	
<i>ft senna laxative 8.6 mg tab</i>	1	
<i>ft senna-s 8.6-50 mg tablet</i>	1	
<i>ft stool softener 100 mg sftgl</i>	1	
<i>ft stool softener 100 mg tab</i>	1	
<i>ft stool softener 250 mg sftgl</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ft stool softener-stim lax tab</i>	1	
<i>gavilax powder</i>	1	
<i>generlac 10 gm/15 ml solution</i>	1	
<i>gentle laxative ec 5 mg tablet</i>	1	
<i>gentle laxative 10 mg supp</i>	1	
<i>gentle laxative 10 mg supposit</i>	1	
<i>gentle laxative 5 mg tablet</i>	1	
<i>gentlelax powder</i>	1	
<i>geri-kot 8.6 mg tablet</i>	1	
<i>geri-mucil powder</i>	1	
<i>gnp castor oil</i>	1	
<i>gnp clearlax powder</i>	1	
<i>gnp gentle laxative ec 5 mg tb</i>	1	
<i>gnp gentle laxative 10 mg supp</i>	1	
<i>gnp laxative ec 5 mg tablet</i>	1	
<i>gnp milk of magnesia susp</i>	1	
<i>gnp natural fiber laxative cap</i>	1	
<i>gnp natural fiber powder</i>	1	
<i>gnp senna lax 8.6 mg tablet</i>	1	
<i>gnp senna plus 8.6-50 mg tab</i>	1	
<i>gnp stool softener 100 mg sfgl</i>	1	
<i>gnp stool softener 250 mg sfgl</i>	1	
<i>gnp stool softener 50 mg/5 ml</i>	1	
<i>gnp stool softener 60 mg/15 ml</i>	1	
<i>gnp stool softener-stim lax tb</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>gnp women's gentle lax ec 5 mg</i>	1	
<i>gs bisacodyl ec 5 mg tablet</i>	1	
<i>gs clearlax powder</i>	1	
<i>gs milk of magnesia suspension</i>	1	
<i>gs senna laxative 8.6 mg tab</i>	1	
<i>hm castor oil</i>	1	
<i>hm clearlax powder</i>	1	
<i>hm gentle laxative 10 mg supp</i>	1	
<i>hm laxative ec 5 mg tablet</i>	1	
<i>hm milk of magnesia suspension</i>	1	
<i>hm senna 8.6 mg tablet</i>	1	
<i>hm senna-s tablet</i>	1	
<i>hm stool softener 100 mg sftgl</i>	1	
<i>hm stool softener 250 mg sftgl</i>	1	
<i>hm stool softener-stim lax tab</i>	1	
<i>hv milk of magnesia suspension</i>	1	
HYDROCIL INSTANT PACKET	1	
HYDROCIL INSTANT POWDER	2	
<i>konsyl psyllium fiber powder</i>	1	
<i>kro gentle laxative ec 5 mg tb</i>	1	
<i>kro gentlelax 17 gram powder</i>	1	
<i>kro milk of magnesia susp</i>	1	
<i>kro stool softener 100 mg sfgl</i>	1	
<i>lactulose 10 gm/15 ml solution</i>	1	
<i>lax stool softener-senna tab</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>laxa basic 100 mg softgel</i>	1	
<i>laxacin tablet</i>	1	
<i>laxaclear powder</i>	1	
<i>laxative ec 5 mg tablet</i>	1	
<i>laxative 10 mg suppository</i>	1	
<i>laxative 15 mg pills</i>	1	
<i>laxative 15 mg tablet</i>	1	
<i>laxative 25 mg pills</i>	1	
<i>laxative 25 mg tablet</i>	1	
<i>laxative 5 mg tablet</i>	1	
<i>magic bullet 10 mg suppos</i>	1	
METAMUCIL FIBER SINGLES PACKET	2	
METAMUCIL MULTIHEALTH POWDER	1	
METAMUCIL POWDER	1	
<i>metamucil powder</i>	1	
METAMUCIL SUGAR-FREE POWDER	1	
<i>milk of magnesia conc 10ml cup</i>	1	
<i>milk of magnesia susp 30ml cup</i>	1	
<i>milk of magnesia suspension</i>	1	
MIRALAX POWDER	2	
<i>move it along 100 mg tablet</i>	1	
<i>mucilin sf 3.5 g/5 g pwdr pkt</i>	1	
<i>natural fiber laxative capsule</i>	1	
<i>natural fiber powder</i>	1	
<i>natural laxative 8.6 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NATURAL VEG LAXATIVE TABLET	2	
<i>onelax 10 mg suppository</i>	1	
PERDIEM OVERNIGHT RELIEF TB	2	
<i>phillips' lax liqui-gels</i>	1	
PHILLIPS' MILK OF MAGNESIA	2	
<i>polyethylene glycol 3350 powd</i>	1	
<i>powderlax powder</i>	1	
<i>promolaxin 100 mg tablet</i>	1	
<i>psyllium fiber 0.52 g capsule</i>	1	
<i>pub docusate sodium 100 mg cap</i>	1	
<i>pub fiber capsule</i>	1	
<i>pub laxative ec 5 mg tablet</i>	1	
<i>pub milk of magnesia susp</i>	1	
<i>qc castor oil</i>	1	
<i>qc chocolated laxative</i>	1	
<i>qc fiber capsule</i>	1	
<i>qc gentle laxative 10 mg supp</i>	1	
<i>qc milk of magnesia suspension</i>	1	
<i>qc natura-lax 17 gm powder</i>	1	
<i>qc natural vegetable powder</i>	1	
<i>qc stool softener 100 mg sftgl</i>	1	
<i>qc vegetable laxative 8.6mg tb</i>	1	
<i>ra bisacodyl ec 5 mg tablet</i>	1	
<i>ra col-rite 100 mg capsule</i>	1	
<i>ra col-rite 100 mg softgel</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ra col-rite 250 mg softgel</i>	1	
<i>ra fast relief lax 10 mg supp</i>	1	
<i>ra fiber capsule</i>	1	
<i>ra fiber therapy capsule</i>	1	
<i>ra laxative ec 5 mg tablet</i>	1	
<i>ra laxative peg 3350 powder</i>	1	
<i>ra laxative 25 mg pill</i>	1	
<i>ra milk of magnesia suspension</i>	1	
<i>ra p-col rite tablet</i>	1	
<i>ra senna plus tablet</i>	1	
<i>ra senna 8.6 mg tablet</i>	1	
<i>ra senna-lax 8.6 mg tablet</i>	1	
<i>ra stool softener 100 mg cap</i>	1	
<i>ra women's laxative tablet</i>	1	
REGULOID POWDER	2	
<i>reguloid powder</i>	1	
<i>senexon-s 50-8.6 mg tablet</i>	1	
<i>senna lax 8.6 mg tablet</i>	1	
<i>senna laxative 8.6 mg tablet</i>	1	
<i>senna plus tablet</i>	1	
<i>senna plus 8.6-50 mg softgel</i>	1	
<i>senna plus 8.6-50 mg tablet</i>	1	
<i>senna 176 mg/5 ml syrup</i>	1	
<i>senna 176 mg/5 ml syrup</i>	2	
<i>senna 26.4 mg/15 ml syrup cup</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
senna 528 mg/15 ml cup	2	
senna 8.6 mg softgel	1	
senna 8.6 mg tablet	1	
senna 8.8 mg/5 ml liquid	1	
senna 8.8 mg/5 ml syrup	1	
senna 8.8 mg/5 ml syrup cup	1	
senna-lax 8.6 mg tablet	1	
senna-s laxative tablet	1	
senna-s tablet	1	
senna-s 8.6-50 mg tablet	1	
senna-time s tablet	1	
senna-time 8.6 mg tablet	1	
sennosides-docusate sodium tab	1	
SENOKOT EXTRA STR 17.2 MG TAB	2	
SENOKOT 8.6 MG TABLET	2	
SENOKOT-S TABLET	2	
SILACE 50 MG/5 ML LIQUID	1	
SILACE 60 MG/15 ML SYRUP	1	
sm castor oil	1	
sm clearlax powder	1	
sm fiber powder	1	
sm gentle laxative ec 5 mg tab	1	
sm milk of magnesia suspension	1	
sm senna laxative 8.6 mg tab	1	
sm senna-s tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sm stool softener 100 mg sftgl</i>	1	
<i>sm stool softener 100 mg tab</i>	1	
<i>sm stool softener-laxative tab</i>	1	
<i>smoothlax powder</i>	1	
<i>stimulant laxative plus tablet</i>	1	
<i>stool softener 100 mg capsule</i>	1	
STOOL SOFTENER 100 MG SOFTGEL	2	
<i>stool softener 100 mg softgel</i>	1	
<i>stool softener 100 mg tablet</i>	1	
<i>stool softener 250 mg softgel</i>	1	
<i>stool softener 50 mg/5 ml liq</i>	1	
<i>stool softener 60 mg/15 ml syr</i>	1	
<i>stool softener-laxative tablet</i>	1	
<i>stool softener-stim lax softgl</i>	1	
<i>stool softener-stim lax tablet</i>	1	
<i>sw clearlax powder</i>	1	
<i>vegetable lax-stool softnr tab</i>	1	
<i>wal-mucil ntrl fiber lax powd</i>	1	
<i>wal-mucil 0.52 g capsule</i>	1	
<i>wal-mucil 100% natural fiber</i>	1	
<i>womans laxative tablet</i>	1	
<i>women's gentle lax ec 5 mg tab</i>	1	
<i>women's laxative 5 mg tablet</i>	1	
GASTROINTESTINAL AGENTS - ANTI-DIARRHEAL AGENTS		
<i>anti-diarrheal 2 mg softgel</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bismuth 262 mg tablet chew</i>	1	
<i>bismuth 525 mg/30 ml susp</i>	1	
<i>cvs anti-diarrheal suspension</i>	1	
<i>cvs anti-diarrheal 2 mg sftgel</i>	1	
<i>cvs stomach relf 525 mg/30 ml</i>	1	
<i>cvs stomach relief max str liq</i>	1	
<i>cvs stomach rlf 262 mg caplet</i>	1	
<i>cvs stomach rlf 262 mg chew tb</i>	1	
<i>diarrhea relief suspension</i>	1	
<i>diarrhea relief 262 mg/15 ml</i>	1	
<i>digestive relief caplet</i>	1	
<i>digestive relief suspension</i>	1	
<i>diotame 262 mg tablet chew</i>	1	
<i>diphenoxylat-atrop 2.5-0.025/5</i>	1	
<i>diphenoxylate-atrop 2.5-0.025</i>	1	
<i>eq anti-diarrheal 2 mg sftgel</i>	1	
<i>eq stomach relief 262 mg/15 ml</i>	1	
<i>eq stomach rlf 262 mg chew tab</i>	1	
<i>eql stomach relief liquid</i>	1	
<i>eql stomach rlf 262 mg caplet</i>	1	
<i>eql stomach rlf 262 mg chew tb</i>	1	
<i>eql stomach rlf 262 mg/15 ml</i>	1	
<i>eql stomach rlf 525 mg/15 ml</i>	1	
<i>eql stomach rlf 525 mg/30 ml</i>	1	
FT ANTI-DIARRHEAL 2 MG SOFTGEL	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ft stomach relief 525 mg/30 ml</i>	1	
<i>ft stomach rlf 262 mg caplet</i>	1	
<i>ft stomach rlf 262 mg chew tab</i>	1	
<i>geri-pectate 262 mg/15 ml susp</i>	1	
<i>gnp k-pec suspension</i>	1	
<i>gnp pink bismuth caplet</i>	1	
<i>gnp pink bismuth 262 mg tb chw</i>	1	
<i>gnp stomach relief 525mg/15 ml</i>	1	
<i>gnp stomach rlf 262 mg/15 ml</i>	1	
<i>gnp stomach rlf 525 mg/30 ml</i>	1	
<i>gs stomach rlf 262 mg chew tab</i>	1	
<i>hm anti-diarrheal 2 mg softgel</i>	1	
<i>hm stomach relief 525 mg/15 ml</i>	1	
<i>hm stomach relief 525 mg/30 ml</i>	1	
<i>hm stomach rlf 262 mg chew tab</i>	1	
IMODIUM A-D 2 MG SOFTGEL	1	
<i>k-pec suspension</i>	1	
<i>kaopectate extra strength liq</i>	1	
KAOPECTATE 262 MG CAPLET	2	
<i>kaopectate 262 mg/15 ml susp</i>	1	
<i>kro stomach rlf 262 mg chew tb</i>	1	
<i>kro stomach rlf 262 mg/15 ml</i>	1	
LOMOTIL 2.5-0.025 MG TABLET	2	
<i>loperamide 2 mg capsule</i>	1	
<i>medi-first pep-t-med tab chew</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEPTO-BISMOL MAX STR SUSP	1	
PEPTO-BISMOL SUSPENSION	2	
PEPTO-BISMOL TABLET CHEW	2	
PEPTO-BISMOL TO-GO 262 MG CHEW	2	
pepto-bismol 262 mg caplet	1	
PEPTO-BISMOL 525 MG/30 ML SUSP	2	
pink bismuth caplet	1	
pink bismuth 262 mg tab chew	1	
pub pink bismuth max str liq	1	
pub stomach rlf 262 mg chew tb	1	
pub stomach rlf 262 mg/15 ml	1	
qc anti-diarrheal 2 mg softgel	1	
qc diarrhea rlf 262 mg/15 ml	1	
qc pink bismuth 262 mg caplet	1	
qc stomach rlf 262 mg chew tab	1	
ra anti-diarrheal 2 mg softgel	1	
ra pink bismuth caplet	1	
ra pink bismuth 262 mg tab chw	1	
ra pink bismuth 262 mg/15 ml	1	
ra stomach relief max str liq	1	
ra stomach relief 262 mg/15 ml	1	
sm anti-diarrheal 2 mg softgel	1	
sm stomach relief 525 mg/30 ml	1	
sm stomach rlf 262 mg caplet	1	
sm stomach rlf 262 mg chew tab	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>soothe regular strength susp</i>	1	
<i>soothe suspension</i>	1	
<i>soothe 262 mg caplet</i>	1	
<i>soothe 262 mg chewable tablet</i>	1	
<i>soothe 262 mg/15 ml suspension</i>	1	
<i>stomach relief max str liquid</i>	1	
<i>stomach relief 262 mg caplet</i>	1	
<i>stomach relief 262 mg chew tab</i>	1	
<i>stomach relief 262 mg/15 ml</i>	1	
<i>stomach relief 525 mg/15 ml</i>	1	
<i>stomach relief 525 mg/30 ml</i>	1	
<i>stomach rlf 262 mg/15 ml susp</i>	1	
<i>stomach rlf 525 mg/30 ml susp</i>	1	
XIFAXAN 200 MG TABLET	2	
XIFAXAN 550 MG TABLET	2	
GASTROINTESTINAL AGENTS - ANTISPASMODICS, GASTROINTESTINAL		
ANASPAZ 0.125 MG TABLET ODT	1	
BENTYL 10 MG/ML AMPUL	2	
<i>dicyclomine 10 mg capsule</i>	1	
<i>dicyclomine 10 mg/5 ml soln</i>	1	
<i>dicyclomine 20 mg tablet</i>	1	
<i>dicyclomine 20 mg/2 ml ampul</i>	1	
<i>dicyclomine 20 mg/2 ml vial</i>	1	
<i>ed-spaz 0.125 mg odt</i>	1	
<i>hyoscyamine sulf 0.125 mg tab</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hyoscyamine 0.125 mg odt</i>	1	
<i>hyoscyamine 0.125 mg tab sl</i>	1	
<i>hyoscyamine 0.125 mg/ml drop</i>	1	
<i>hyoscyamine 0.125 mg/5 ml elix</i>	1	
<i>hyosyne 0.125 mg/ml drop</i>	1	
<i>hyosyne 125 mcg/5 ml elixir</i>	1	
LEVSIN 0.125 MG TABLET	1	
LEVSIN 0.5 MG/ML AMPUL	2	
LEVSIN-SL 0.125 MG TABLET SL	1	
<i>nulev 0.125 mg chewable melt</i>	1	
<i>oscimin sl 0.125 mg tablet</i>	1	
<i>oscimin 0.125 mg tablet</i>	1	
<i>symax fastabs 0.125 mg tablet</i>	1	
<i>symax-sl 0.125 mg tablet sl</i>	1	
GASTROINTESTINAL AGENTS - GASTROINTESTINAL AGENTS, OTHER		
<i>adv antacid-antigas liquid</i>	1	
<i>al-mag hydrox-simeth max susp</i>	1	
ALCALAK TABLET CHEWABLE	1	
<i>almacone-2 liquid</i>	1	
<i>alum-mag hydroxide-simeth cup</i>	1	
<i>alum-mag hydroxide-simeth susp</i>	1	
<i>antacid anti-gas liquid</i>	1	
<i>antacid anti-gas max str liq</i>	1	
<i>antacid chewable tablet</i>	1	
<i>antacid ex str 750 mg chew tab</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>antacid ex-str 750 mg tab chew</i>	1	
<i>antacid extra strngth tab chew</i>	1	
<i>antacid liquid</i>	1	
<i>antacid m liquid</i>	1	
<i>antacid plus anti-gas liquid</i>	1	
<i>antacid plus anti-gas relf liq</i>	1	
<i>antacid plus anti-gas susp</i>	1	
<i>antacid suspension</i>	1	
ANTACID TABLET CHEW	1	
<i>antacid ultra str tab chewable</i>	1	
<i>antacid ultra str 1,000 mg chw</i>	1	
<i>antacid ultra strength softchw</i>	1	
<i>antacid ultra tablet chew</i>	1	
<i>antacid xtra strength chew tab</i>	1	
<i>antacid 500 mg chew tablet</i>	1	
<i>antacid 500 mg chewable tablet</i>	1	
<i>antacid 675-135 mg tab chew</i>	1	
<i>antacid 750 mg chewable tablet</i>	1	
<i>antacid-antigas liquid</i>	1	
<i>antacid-antigas suspension</i>	1	
<i>antacid-antigas 1000-60 mg chw</i>	1	
<i>anti-gas 180 mg softgel</i>	1	
<i>ban-acid max str 750 chew tab</i>	1	
<i>cal-gest 500 mg tablet chew</i>	1	
<i>calcium antacid 1,000 mg tab</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>calcium antacid 500 mg chw tab</i>	1	
<i>calcium antacid 750 mg tb chew</i>	1	
<i>calcium carb 500 mg tab chew</i>	1	
<i>calcium carbonate 648 mg tab</i>	1	
<i>child soothe 400 mg tab chew</i>	1	
<i>children pepto 400 mg tab chew</i>	1	
<i>comfort gel ex-strength liquid</i>	1	
<i>comfort gel extra str susp</i>	1	
<i>comfort gel max str susp</i>	1	
<i>comfort gel suspension</i>	1	
<i>cvs antacid ex-str 750 mg chew</i>	1	
<i>cvs antacid plus anti-gas liq</i>	1	
<i>cvs antacid supreme liquid</i>	1	
<i>cvs antacid ultra str softchew</i>	1	
<i>cvs antacid ultra str tab chew</i>	1	
<i>cvs antacid 750 mg chew tablet</i>	1	
<i>cvs antacid-antigas liquid</i>	1	
<i>cvs antacid-gas 1000-60 mg chw</i>	1	
<i>cvs anti-gas 180 mg softgel</i>	1	
<i>cvs flavor chew antacid 750 mg</i>	1	
<i>cvs gas relf(simeth) 80 mg chw</i>	2	
<i>cvs gas relief 125 mg chew tab</i>	1	
<i>cvs gas relief 125 mg softgel</i>	1	
<i>cvs kids antacid 750 mg chew</i>	1	
<i>cvs smooth antacid 750 mg chew</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>eq antacid ex-str 750 mg chew</i>	1	
<i>eq antacid extra str chew tab</i>	1	
<i>eq antacid extra str tab chew</i>	1	
<i>eq antacid liquid</i>	1	
<i>eq antacid ultra str tab chew</i>	1	
<i>eq antacid 500 mg chew tablet</i>	1	
<i>eq antacid-antigas max str</i>	1	
<i>eq antacid-gas 1000-60mg chwtb</i>	1	
<i>eq gas relief 125 mg chew tab</i>	1	
<i>eq gas relief 125 mg softgel</i>	1	
<i>eq liquid antacid susp</i>	1	
<i>eql antacid ex-str 750 mg chew</i>	1	
<i>eql antacid max strength liq</i>	1	
<i>eql antacid ultra 1,000mg chew</i>	1	
<i>eql antacid 500 mg chew tablet</i>	1	
<i>eql gas relief 125 mg chew tab</i>	1	
<i>eql gas relief 125 mg softgel</i>	1	
<i>eql gas relief 180 mg softgel</i>	1	
<i>ft antacid ex-str 750 mg chew</i>	1	
<i>ft antacid 500 mg chew tablet</i>	1	
<i>ft antacid-antigas liquid</i>	1	
<i>ft antacid-antigas max str</i>	1	
<i>ft gas relief 125 mg chew tab</i>	1	
<i>ft gas relief 125 mg softgel</i>	1	
<i>ft gas relief 180 mg softgel</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft gas relief(simeth) 80mg chw	2	
GAS RELIEF (SIMETH) 80 MG CHEW	2	
gas relief (simeth) 80 mg chew	2	
gas relief 125 mg chew tablet	1	
gas relief 125 mg softgel	1	
gas relief 180 mg softgel	1	
GAS-X EX-STR 125 MG TAB CHEW	2	
gas-x extra strength softgel	1	
GAS-X ULTRA STRENGTH SOFTGEL	2	
gavilyte-g solution	1	QL (8000 / 365 DAYS)
geri-lanta liquid	1	
geri-mox antacid-antigas susp	1	
gnp antacid anti-gas liquid	1	
gnp antacid ex-str 750 mg chew	1	
gnp antacid liquid	1	
gnp antacid ultra tab chew	1	
gnp antacid xtra str chew tab	1	
gnp antacid 500 mg chew tablet	1	
gnp antacid-antigas suspension	1	
gnp antacid-gas 1000-60 mg chw	1	
gnp anti-gas 180 mg softgel	1	
gnp gas relief 125 mg chew tab	1	
gnp gas relief 125 mg softgel	1	
gnp gas rlf(simeth) 80 mg chew	1	
GOLYTELY SOLUTION	2	QL (8000 / 365 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>gs adv antacid-antigas liquid</i>	1	
<i>gs antacid ex-str 750 mg chew</i>	1	
<i>gs antacid plus anti-gas liq</i>	1	
<i>gs antacid plus anti-gas susp</i>	1	
<i>gs antacid plus gas relief liq</i>	1	
<i>gs antacid ultra str softchew</i>	1	
<i>gs antacid ultra 1,000 mg chew</i>	1	
<i>gs antacid 500 mg chew tablet</i>	1	
<i>gs antacid-gas relief liquid</i>	1	
<i>gs antacid-simethicone liquid</i>	1	
<i>gs gas relief 125 mg softgel</i>	1	
<i>gs gas relief 180 mg softgel</i>	1	
<i>hm adv antacid-antigas susp</i>	1	
<i>hm antacid anti-gas suspension</i>	1	
<i>hm antacid ex-str 750 mg chew</i>	1	
<i>hm antacid 500 mg chew tablet</i>	1	
<i>hm antacid-antigas suspension</i>	1	
<i>hm cal antacid 750 mg chew tab</i>	1	
<i>hm gas relief 125 mg chew tab</i>	1	
<i>hm gas relief 125 mg softgel</i>	1	
<i>hm gas relief(simeth) 80mg chw</i>	2	
<i>kro adv antacid-antigas liquid</i>	1	
<i>kro antacid-antigas liquid</i>	1	
<i>kro gas relief 180 mg softgel</i>	1	
MAALOX ADVANCED SUSPENSION	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAALOX ADVANCED TAB CHEW	2	
<i>maalox maximum strength susp</i>	1	
MAG-AL LIQUID 30 ML CUP	2	
MAG-AL PLUS SUSPENS 30 ML CUP	2	
<i>mag-al plus suspension cup</i>	2	
<i>mag-al plus xs susp 30 ml cup</i>	1	
<i>mintox maximum strength susp</i>	1	
<i>mylanta gas 125 mg chew tablet</i>	1	
<i>mylanta maximum strength liq</i>	1	
<i>mylanta maximum strength pkt</i>	1	
<i>peg-3350 and electrolytes soln</i>	1	QL (8000 / 365 DAYS)
PHAZYME 180 MG SOFTGEL	2	
<i>pub antacid 500 mg chew tablet</i>	1	
<i>pub antacid-anti gas susp</i>	1	
<i>pub calcium antacid 750 mg</i>	1	
<i>pub calcium carb 1,000 mg tab</i>	1	
<i>pub gas relief 125 mg softgel</i>	1	
<i>pub gas relief 180 mg softgel</i>	1	
<i>qc antacid suspension</i>	1	
<i>qc antacid 500 mg chew tablet</i>	1	
<i>qc antacid-antigas max str</i>	1	
<i>qc antacid-antigas suspension</i>	1	
<i>qc gas relief 125 mg tab chew</i>	1	
<i>ra antacid-antigas liquid</i>	1	
<i>ra antacid-gas relief liquid</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ra gas relief 125 mg softgel</i>	1	
<i>ra gas relief 125 mg tab chew</i>	1	
RELSTONE 200 MG CAPSULE	2	
RELSTONE 400 MG CAPSULE	2	
<i>simethicone 125 mg softgel</i>	1	
<i>simethicone 125 mg tab chew</i>	1	
<i>simethicone 180 mg softgel</i>	1	
<i>simethicone 80 mg tab chew</i>	1	
<i>sm adv antacid-antigas liquid</i>	1	
<i>sm adv antacid-antigas susp</i>	1	
<i>sm antacid max strength susp</i>	1	
<i>sm antacid 500 mg chew tablet</i>	1	
<i>sm antacid 750 mg chew tablet</i>	1	
<i>sm antacid-antigas liquid</i>	1	
<i>sm cal antacid 750 mg chew tab</i>	1	
<i>sm gas relief 125 mg chew tab</i>	1	
<i>sm gas relief 180 mg softgel</i>	1	
<i>sm gas relief(simeth) 80mg chw</i>	2	
<i>smooth antacid 750 mg chew tab</i>	1	
TUMS E-X TABLET CHEWABLE	2	
TUMS FRESHERS ANTACID CHEW TAB	2	
TUMS KIDS 300 MG (750) CHEWTAB	2	
TUMS SMOOTHIES CHEW TABLET	2	
TUMS TABLET CHEWABLE	2	
<i>tums ultra str chewy delights</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TUMS ULTRA 1,000 MG CHEW TAB	1	
TUMS X-STR 750 TABLET CHEWABLE	2	
TUMS 750 MG CHEWY BITES	2	
TUMS 750 MG TABLET CHEWABLE	2	
URSO FORTE 500 MG TABLET	2	
URSO 250 MG TABLET	2	
<i>ursodiol 200 mg capsule</i>	1	
<i>ursodiol 250 mg tablet</i>	1	
<i>ursodiol 300 mg capsule</i>	1	
<i>ursodiol 400 mg capsule</i>	1	
<i>ursodiol 500 mg tablet</i>	1	
GASTROINTESTINAL AGENTS - HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>acid controller 10 mg tablet</i>	1	
<i>acid controller 20 mg tablet</i>	1	
<i>acid reducer 10 mg tablet</i>	1	
<i>acid reducer 20 mg tablet</i>	1	
<i>cvs acid controller 10 mg tab</i>	1	
<i>cvs acid controller 20 mg tab</i>	1	
<i>eq acid reducer 20 mg tablet</i>	1	
<i>eq famotidine 10 mg tablet</i>	1	
<i>eq famotidine 20 mg tablet</i>	1	
<i>eq heartburn preven 20 mg tab</i>	1	
<i>eq heartburn prevention tab</i>	1	
<i>famotidine 10 mg tablet</i>	1	
<i>famotidine 20 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>famotidine 40 mg tablet</i>	1	
<i>ft acid reducer 10 mg tablet</i>	1	
<i>ft acid reducer 20 mg tablet</i>	1	
<i>gnp acid reducer 10 mg tablet</i>	1	
<i>gnp acid reducer 20 mg tablet</i>	1	
<i>gs acid reducer 10 mg tablet</i>	1	
<i>gs acid reducer 20 mg tablet</i>	1	
<i>heartburn relief 10 mg tablet</i>	1	
<i>heartburn relief 20 mg tablet</i>	1	
<i>hm famotidine 10 mg tablet</i>	1	
<i>hm famotidine 20 mg tablet</i>	1	
<i>kro heartburn preven 20 mg tab</i>	1	
<i>kro heartburn prevention tab</i>	1	
PEPCID AC 10 MG TABLET	1	
PEPCID AC 20 MG TABLET	2	
<i>pepcid 20 mg tablet</i>	1	
<i>pepcid 40 mg tablet</i>	1	
<i>pub acid reducer 10 mg tablet</i>	1	
<i>pub famotidine 20 mg tablet</i>	1	
<i>ra acid reducer 10 mg tablet</i>	1	
<i>ra acid reducer 20 mg tablet</i>	1	
<i>sm acid reducer 10 mg tablet</i>	1	
<i>sm acid reducer 20 mg tablet</i>	1	
<i>zantac-360(famotidine) 10mg tb</i>	1	
<i>zantac-360(famotidine) 20mg tb</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GASTROINTESTINAL AGENTS - PROTECTANTS		
CARAFATE 1 GM TABLET	2	
CARAFATE 1 GM/10 ML SUSP	2	
CYTOTEC 100 MCG TABLET	2	
CYTOTEC 200 MCG TABLET	2	
<i>misoprostol 100 mcg tablet</i>	1	
<i>misoprostol 200 mcg tablet</i>	1	
<i>sucralfate 1 gm tablet</i>	1	
<i>sucralfate 1 gm/10 ml susp</i>	1	
<i>sucralfate 1 gm/10 ml susp cup</i>	1	
GASTROINTESTINAL AGENTS - PROTON PUMP INHIBITORS		
<i>cvs lansoprazole dr 15 mg odt</i>	1	QL (1 / DAY); CODE-1
<i>gs lansoprazole dr 15 mg odt</i>	1	QL (1 / DAY); CODE-1
<i>lansoprazole dr 15 mg odt</i>	1	QL (1 / DAY); CODE-1
<i>lansoprazole dr 30 mg odt</i>	1	QL (1 / DAY); CODE-1
<i>omeprazole dr 10 mg capsule</i>	1	QL (3 / DAY)
<i>omeprazole dr 20 mg capsule</i>	1	QL (3 / DAY)
<i>omeprazole dr 40 mg capsule</i>	1	QL (4 / DAY)
<i>pantoprazole sod dr 20 mg tab</i>	1	QL (2 / DAY)
<i>pantoprazole sod dr 40 mg tab</i>	1	QL (2 / DAY)
PREVACID DR 15 MG SOLUTAB	2	QL (1 / DAY); CODE-1
PREVACID DR 30 MG SOLUTAB	2	QL (1 / DAY); CODE-1
PROTONIX DR 20 MG TABLET	2	QL (2 / DAY)
PROTONIX DR 40 MG TABLET	2	QL (2 / DAY)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT - GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CREON DR 12,000 UNIT CAPSULE	2	
CREON DR 24,000 UNIT CAPSULE	2	
CREON DR 3,000 UNIT CAPSULE	2	
CREON DR 6,000 UNIT CAPSULE	2	
PANCREAZE DR 2,600 UNIT CAP	2	
PANCREAZE DR 37,000 UNIT CAP	2	
GENITOURINARY AGENTS - ANTISPASMODICS, URINARY		
DITROPAN XL 10 MG TABLET	2	QL (2 / DAY)
DITROPAN XL 5 MG TABLET	2	QL (1 / DAY)
GELNIQUE 10% GEL SACHET	2	
<i>oxybutynin cl er 10 mg tablet</i>	1	QL (2 / DAY)
<i>oxybutynin cl er 15 mg tablet</i>	1	QL (2 / DAY)
<i>oxybutynin cl er 5 mg tablet</i>	1	QL (1 / DAY)
<i>oxybutynin 5 mg tablet</i>	1	
<i>oxybutynin 5 mg/5 ml solution</i>	1	
<i>oxybutynin 5 mg/5 ml syrup</i>	1	
OXYTROL 3.9 MG/24HR PATCH	2	QL (8 / 25 DAYS); PA
GENITOURINARY AGENTS - BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>finasteride 5 mg tablet</i>	1	
FLOMAX 0.4 MG CAPSULE	2	
PROSCAR 5 MG TABLET	2	
<i>tamsulosin hcl 0.4 mg capsule</i>	1	
GENITOURINARY AGENTS - GENITOURINARY AGENTS, OTHER		
<i>bethanechol 10 mg tablet</i>	1	
<i>bethanechol 25 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bethanechol 5 mg tablet</i>	1	
<i>bethanechol 50 mg tablet</i>	1	
<i>phenazopyridine 100 mg tab</i>	1	
<i>phenazopyridine 200 mg tab</i>	1	
PYRIDIUM 100 MG TABLET	2	
PYRIDIUM 200 MG TABLET	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>anucort-hc 25 mg suppository</i>	1	
<i>anusol-hc 25 mg suppository</i>	1	
<i>dexamethasone intensol 1 mg/ml</i>	1	
<i>dexamethasone 0.5 mg tablet</i>	1	
<i>dexamethasone 0.5 mg/5 ml elx</i>	1	
<i>dexamethasone 0.5 mg/5 ml liq</i>	1	
<i>dexamethasone 0.75 mg tablet</i>	1	
<i>dexamethasone 1 mg tablet</i>	1	
<i>dexamethasone 1.5 mg tablet</i>	1	
<i>dexamethasone 10 day 1.5 mg tb</i>	1	
<i>dexamethasone 13 day 1.5 mg tb</i>	1	
<i>dexamethasone 2 mg tablet</i>	1	
<i>dexamethasone 4 mg tablet</i>	1	
<i>dexamethasone 6 day 1.5 mg tab</i>	1	
<i>dexamethasone 6 mg tablet</i>	1	
<i>fludrocortisone 0.1 mg tablet</i>	1	PA
<i>hemmorex-hc 25 mg suppository</i>	1	
<i>hemmorex-hc 30 mg suppository</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hydrocortisone ac 25 mg supp</i>	1	
<i>hydrocortisone ac 30 mg supp</i>	1	
MEDROL 16 MG TABLET	2	
MEDROL 2 MG TABLET	2	
MEDROL 32 MG TABLET	2	
MEDROL 4 MG DOSEPAK	2	
MEDROL 4 MG TABLET	2	
MEDROL 8 MG TABLET	2	
<i>methylprednisolone 16 mg tab</i>	1	
<i>methylprednisolone 32 mg tab</i>	1	
<i>methylprednisolone 4 mg dosepk</i>	1	
<i>methylprednisolone 4 mg tablet</i>	1	
<i>methylprednisolone 8 mg tablet</i>	1	
<i>millipred 5 mg tablet</i>	1	
<i>prednisolone 10 mg/5 ml soln</i>	1	
<i>prednisolone 15 mg/5 ml soln</i>	1	
<i>prednisolone 20 mg/5 ml soln</i>	1	
<i>prednisolone 5 mg/5 ml soln</i>	1	
<i>prednisone intensol 5 mg/ml</i>	1	
<i>prednisone 1 mg tablet</i>	1	
<i>prednisone 10 mg tab dose pack</i>	1	
<i>prednisone 10 mg tablet</i>	1	
<i>prednisone 2.5 mg tablet</i>	1	
<i>prednisone 20 mg tablet</i>	1	
<i>prednisone 5 mg tab dose pack</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prednisone 5 mg tablet</i>	1	
<i>prednisone 5 mg/5 ml solution</i>	1	
<i>prednisone 50 mg tablet</i>	1	
PROCTOCORT 30 MG SUPPOSITORY	1	
VERIPRED 20 20 MG/5 ML SOLN	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin 0.01% solution</i>	1	PA
<i>desmopressin 10 mcg/0.1 ml spr</i>	1	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - ANDROGENS		
DEPO-TESTOSTERONE 1,000MG/10ML	2	
DEPO-TESTOSTERONE 200 MG/ML	1	
DEPO-TESTOSTERONE 200 MG/ML VL	1	
<i>testosterone cyp 1,000 mg/10ml</i>	1	
<i>testosterone cyp 1,000 mg/5 ml</i>	1	
<i>testosterone cyp 2,000 mg/10ml</i>	1	
<i>testosterone cyp 200 mg/ml</i>	1	
<i>testosterone cyp 500 mg/2.5 ml</i>	1	
<i>testosterone cyp 6,000 mg/30ml</i>	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - ESTROGENS		
<i>alyacen 1-35 28 tablet</i>	1	PA
<i>aubra-28 tablet</i>	1	PA
<i>aviane-28 tablet</i>	1	PA
CLIMARA 0.025 MG/DAY PATCH	2	QL (0.143 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLIMARA 0.0375 MG/DAY PATCH	2	QL (0.143 / DAY)
CLIMARA 0.05 MG/DAY PATCH	2	QL (0.143 / DAY)
CLIMARA 0.06 MG/DAY PATCH	2	QL (0.143 / DAY)
CLIMARA 0.075 MG/DAY PATCH	2	QL (0.143 / DAY)
CLIMARA 0.1 MG/DAY PATCH	2	QL (0.143 / DAY)
dasetta 1-35-28 tablet	1	PA
ESTRACE 0.5 MG TABLET	1	
ESTRACE 1 MG TABLET	2	
ESTRACE 2 MG TABLET	1	
estradiol 0.025 mg patch(1/wk)	1	QL (0.143 / DAY)
estradiol 0.0375mg patch(1/wk)	1	QL (0.143 / DAY)
estradiol 0.05 mg patch (1/wk)	1	QL (0.143 / 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 0.1 mg patch (1/wk)	1	QL (0.143 / DAY)
estradiol 0.5 mg tablet	1	
estradiol 1 mg tablet	1	
estradiol 2 mg tablet	1	
falmina-28 tablet	1	PA
larissia-28 tablet	1	PA
lessina-28 tablet	1	PA
levonor-eth estrad 0.1-0.02 mg	1	PA
lutera-28 tablet	1	PA
nortrel 1-35 21 tablet	1	PA
nortrel 1-35 28 tablet	1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nylia 1-35 28 tablet</i>	1	PA
<i>orsythia-28 tablet</i>	1	PA
<i>pirmella 1-35 28 tablet</i>	1	PA
PREMARIN VAGINAL CREAM-APPL	2	
<i>sronyx 0.10-0.02 mg tablet</i>	1	PA
VAGIFEM 10 MCG VAGINAL TAB	2	QL (0.643 / DAY)
<i>vienva-28 tablet</i>	1	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - PROGESTINS		
<i>camila 0.35 mg tablet</i>	1	PA
<i>deblitane 0.35 mg tablet</i>	1	PA
ELLA 30 MG TABLET	2	
<i>errin 0.35 mg tablet</i>	1	PA
<i>heather 0.35 mg tablet</i>	1	PA
<i>incassia 0.35 mg tablet</i>	1	PA
<i>jencycla 0.35 mg tablet</i>	1	PA
<i>lyleq 0.35 mg tablet</i>	1	PA
<i>lyza 0.35 mg tablet</i>	1	PA
<i>medroxyprogesterone 10 mg tab</i>	1	
<i>medroxyprogesterone 2.5 mg tab</i>	1	
<i>medroxyprogesterone 5 mg tab</i>	1	
<i>megestrol acet 40 mg/ml susp</i>	1	
<i>megestrol 20 mg tablet</i>	1	
<i>megestrol 40 mg tablet</i>	1	
NORA-BE TABLET	1	PA
<i>nora-be tablet</i>	1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>norethindrone 0.35 mg tablet</i>	1	PA
<i>norlyda 0.35 mg tablet</i>	1	PA
<i>progesterone 100 mg capsule</i>	1	
<i>progesterone 200 mg capsule</i>	1	
<i>progesterone 500 mg/10 ml vial</i>	1	PA
PROMETRIUM 100 MG CAPSULE	2	
PROMETRIUM 200 MG CAPSULE	2	
PROVERA 10 MG TABLET	2	
PROVERA 2.5 MG TABLET	2	
PROVERA 5 MG TABLET	2	
<i>sharobel 0.35 mg tablet</i>	1	PA
<i>tulana 0.35 mg tablet</i>	1	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
EVISTA 60 MG TABLET	2	QL (1 / DAY)
<i>raloxifene hcl 60 mg tablet</i>	1	QL (1 / DAY)
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	1	
ARMOUR THYROID 240 MG TABLET	1	
ARMOUR THYROID 30 MG TABLET	2	
ARMOUR THYROID 300 MG TABLET	1	
ARMOUR THYROID 60 MG TABLET	2	
ARMOUR THYROID 90 MG TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYTOMEL 25 MCG TABLET	2	
CYTOMEL 5 MCG TABLET	2	
CYTOMEL 50 MCG 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 100 mcg vial	1	
levothyroxine 112 mcg tablet	1	
levothyroxine 125 mcg tablet	1	
levothyroxine 137 mcg tablet	1	
levothyroxine 150 mcg tablet	1	
levothyroxine 175 mcg tablet	1	
levothyroxine 200 mcg tablet	1	
levothyroxine 200 mcg vial	1	
levothyroxine 25 mcg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levothyroxine 300 mcg tablet	1	
levothyroxine 50 mcg tablet	1	
levothyroxine 500 mcg vial	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 10 mcg/ml vl	1	
liothyronine sod 25 mcg tab	1	
liothyronine sod 5 mcg tab	1	
liothyronine sod 50 mcg tab	1	
np thyroid 120 mg tablet	1	
np thyroid 15 mg tablet	1	
np thyroid 30 mg tablet	1	
np thyroid 60 mg tablet	1	
np thyroid 90 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
<i>thyroid 120 mg tablet</i>	1	
<i>thyroid 15 mg tablet</i>	1	
<i>thyroid 30 mg tablet</i>	1	
<i>thyroid 60 mg tablet</i>	1	
<i>thyroid 90 mg tablet</i>	1	
TRIOSTAT 10 MCG/ML VIAL	2	
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	
UNITHROID 175 MCG TABLET	2	
UNITHROID 200 MCG TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 (PITUITARY) - HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline 0.5 mg tablet</i>	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
<i>leuprolide 2wk 14 mg/2.8 ml kt</i>	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
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-PED 11.25 MG KIT	2	PA
LUPRON DEPOT-PED 11.25 MG 3MO	2	PA
LUPRON DEPOT-PED 15 MG KIT	2	PA
LUPRON DEPOT-PED 30 MG 3MO KIT	2	PA
LUPRON DEPOT-PED 7.5 MG KIT	2	PA
LUPRON DEPOT-4 MONTH KIT	2	QL (1 / 120 DAYS); PA
<i>octreotide acet 0.05 mg/ml vl</i>	1	PA
<i>octreotide acet 100 mcg/ml amp</i>	1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>octreotide acet 100 mcg/ml syr</i>	1	PA
<i>octreotide acet 100 mcg/ml vl</i>	1	PA
<i>octreotide acet 200 mcg/ml vl</i>	1	PA
<i>octreotide acet 50 mcg/ml amp</i>	1	PA
<i>octreotide acet 50 mcg/ml syr</i>	1	PA
<i>octreotide acet 50 mcg/ml vial</i>	1	PA
<i>octreotide acet 500 mcg/ml amp</i>	1	PA
<i>octreotide acet 500 mcg/ml syr</i>	1	PA
<i>octreotide acet 500 mcg/ml vl</i>	1	PA
<i>octreotide 1,000 mcg/ml vial</i>	1	PA
<i>octreotide 1,000 mcg/5 ml vial</i>	1	PA
<i>octreotide 5,000 mcg/5 ml vial</i>	1	PA
SANDOSTATIN 0.05 MG/ML AMPUL	2	
SANDOSTATIN 0.1 MG/ML AMPUL	2	
SANDOSTATIN 0.5 MG/ML AMPUL	2	
SYNAREL 2 MG/ML NASAL SPRAY	2	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) - ANTITHYROID AGENTS		
<i>methimazole 10 mg tablet</i>	1	
<i>methimazole 5 mg tablet</i>	1	
<i>propylthiouracil 50 mg tablet</i>	1	
IMMUNOLOGICAL AGENTS - IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST 220 MG VIAL	2	PA
KINERET 100 MG/0.67 ML SYRINGE	2	PA
ORENCIA 125 MG/ML SYRINGE	2	PA
ORENCIA 250 MG VIAL	2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMMUNOLOGICAL AGENTS - IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5 ML VIAL	2	PA; NDS
PEGASYS 180 MCG/ML VIAL	2	PA
PEGASYS 180 MCG/0.5 ML SYRINGE	2	PA
IMMUNOLOGICAL AGENTS - IMMUNOSUPPRESSANTS		
ALIMTA 100 MG VIAL	2	PA
ALIMTA 500 MG VIAL	2	PA
<i>azathioprine 50 mg tablet</i>	1	
ENBREL 25 MG KIT	2	PA
ENBREL 25 MG/0.5 ML SYRINGE	2	PA
ENBREL 50 MG/ML SURECLICK	2	PA
ENBREL 50 MG/ML SYRINGE	2	PA
HUMIRA PEN CROHN-UC-HS 40 MG	2	
HUMIRA PEN PS-UV-ADOL HS 40 MG	2	
HUMIRA PEN 40 MG/0.8 ML	2	
HUMIRA 40 MG/0.8 ML SYRINGE	2	
IMURAN 50 MG TABLET	2	
<i>methotrexate 2.5 mg tablet</i>	1	
<i>pemetrexed disodium 100 mg vial</i>	1	PA
<i>pemetrexed disodium 500 mg vial</i>	1	PA
TREXALL 10 MG TABLET	1	NDS
TREXALL 15 MG TABLET	1	NDS
TREXALL 5 MG TABLET	1	NDS
TREXALL 7.5 MG TABLET	1	NDS
IMMUNOLOGICAL AGENTS - VACCINES		

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SHINGRIX VIAL KIT	2	
INFLAMMATORY BOWEL DISEASE AGENTS - AMINOSALICYLATES		
ASACOL HD DR 800 MG TABLET	2	
AZULFIDINE ENTAB 500 MG	2	
AZULFIDINE 500 MG TABLET	2	
CANASA 1,000 MG SUPPOSITORY	2	QL (1 / DAY)
DELZICOL DR 400 MG CAPSULE	2	QL (6 / DAY)
LIALDA DR 1.2 GM TABLET	2	QL (4 / DAY)
<i>mesalamine dr 1.2 gm tablet</i>	1	QL (4 / DAY)
<i>mesalamine dr 400 mg capsule</i>	1	QL (6 / DAY)
<i>mesalamine er 500 mg capsule</i>	1	
<i>mesalamine 1,000 mg supp</i>	1	QL (1 / DAY)
<i>mesalamine 4 gm/60 ml enema</i>	1	QL (60 / DAY)
<i>mesalamine 4 gm/60 ml kit</i>	1	QL (0.143 / DAY)
<i>mesalamine 800 mg dr tablet</i>	1	
PENTASA 250 MG CAPSULE	2	
PENTASA 500 MG CAPSULE	2	
ROWASA 4 GM/60 ML ENEMA KIT	2	QL (0.143 / DAY)
SFROWASA 4 GM/60 ML ENEMA	2	QL (60 / DAY)
<i>sulfasalazine dr 500 mg tab</i>	1	
<i>sulfasalazine 500 mg tablet</i>	1	
INFLAMMATORY BOWEL DISEASE AGENTS - GLUCOCORTICOIDS		
CORTEF 10 MG TABLET	2	
CORTEF 20 MG TABLET	2	
CORTEF 5 MG TABLET	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTENEMA 100 MG/60 ML ENEMA	2	
<i>hydrocortisone 10 mg tablet</i>	1	
<i>hydrocortisone 100 mg/60 ml</i>	1	
<i>hydrocortisone 20 mg tablet</i>	1	
<i>hydrocortisone 5 mg tablet</i>	1	
METABOLIC BONE DISEASE AGENTS - METABOLIC BONE DISEASE AGENTS		
<i>alendronate sod 70 mg/75 ml</i>	1	
<i>alendronate sodium 10 mg tab</i>	1	QL (1 / DAY)
<i>alendronate sodium 35 mg tab</i>	1	QL (0.15 / DAY)
<i>alendronate sodium 5 mg tablet</i>	1	QL (1 / DAY)
<i>alendronate sodium 70 mg tab</i>	1	QL (0.15 / DAY)
<i>calcidol drops</i>	1	
<i>calcitonin-salmon 200 unit spr</i>	1	QL (0.13 / DAY); PA
<i>calcitonin-salmon 400 unit/2ml</i>	1	PA
<i>calcitriol 0.25 mcg capsule</i>	1	
<i>calcitriol 0.5 mcg capsule</i>	1	
<i>cvs vitamin d3 10 mcg softgel</i>	1	
<i>cvs vitamin d3 125 mcg softgel</i>	1	
<i>cvs vitamin d3 25 mcg softgel</i>	1	
<i>cvs vitamin d3 250 mcg softgel</i>	1	
<i>cvs vitamin d3 50 mcg softgel</i>	1	
<i>decara 50,000 unit softgel</i>	1	
<i>delta d3 400 unit tablet</i>	1	
<i>dialyvite vitamin d 5,000 unit</i>	1	
DRISDOL 1.25 MG (50,000 UNIT)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>d3 dots 2,000 unit tablet</i>	1	
<i>d3-2000 unit softgel</i>	1	
<i>d3-50 50,000 unit capsule</i>	1	
<i>eqi vitamin d3 125 mcg softgel</i>	1	
<i>eqi vitamin d3 2,000 unit sfgl</i>	1	
<i>eqi vitamin d3 25 mcg softgel</i>	1	
<i>eqi vitamin d3 400 unit sftgl</i>	1	
<i>eqi vitamin d3 50 mcg softgel</i>	1	
<i>ergocalciferol 200 mcg/ml drop</i>	1	
<i>ergocalciferol 8,000 unit/ml</i>	1	
FOSAMAX 70 MG TABLET	2	QL (0.15 / DAY)
<i>ft vitamin d3 125 mcg tablet</i>	1	
<i>ft vitamin d3 25 mcg softgel</i>	1	
<i>ft vitamin d3 50 mcg softgel</i>	1	
<i>ft vitamin d3 50 mcg tablet</i>	1	
<i>gnp vitamin d3 1,000 unit tab</i>	1	
<i>gnp vitamin d3 10 mcg tablet</i>	1	
<i>gnp vitamin d3 125 mcg softgel</i>	1	
<i>gnp vitamin d3 2,000 unit tab</i>	1	
<i>gnp vitamin d3 25 mcg tablet</i>	1	
<i>gnp vitamin d3 25mcg(1000 unt)</i>	1	
<i>gnp vitamin d3 250 mcg softgel</i>	1	
<i>gnp vitamin d3 5,000 unit tab</i>	1	
<i>gnp vitamin d3 50 mcg softgel</i>	1	
<i>is-d-10,000 250 mcg softgel</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MIACALCIN 400 UNIT/2 ML VIAL	2	PA
<i>optimal d3 50,000 unit capsule</i>	1	
<i>qc vitamin d3 25 mcg tablet</i>	1	
<i>ra vitamin d3 1,000 unit tab</i>	1	
<i>ra vitamin d3 2,000 unit sftgl</i>	1	
<i>ra vitamin d3 2,000 unit sftgl</i>	1	
<i>ra vitamin d3 5,000 unit sftgl</i>	1	
ROCALTROL 0.25 MCG CAPSULE	2	
ROCALTROL 0.5 MCG CAPSULE	2	
<i>sm vitamin d3 125 mcg tablet</i>	1	
<i>sm vitamin d3 2,000 unit sftgl</i>	1	
<i>sm vitamin d3 50 mcg softgel</i>	1	
<i>sv vitamin d3 1,000 unit sftgl</i>	1	
<i>sv vitamin d3 2,000 unit sftgl</i>	1	
<i>sv vitamin d3 25mcg(1000 unit)</i>	1	
<i>sv vitamin d3 400 unit softgel</i>	1	
<i>sv vitamin d3 5,000 unit sftgl</i>	1	
<i>thera-d rapid repletion tablet</i>	1	
<i>thera-d sport 2,000 unit tab</i>	1	
<i>thera-d 2000 tablet</i>	1	
<i>true vitamin d3 1,250 mcg cap</i>	1	
<i>true vitamin d3 10 mcg capsule</i>	1	
<i>true vitamin d3 10 mcg tablet</i>	1	
<i>true vitamin d3 125 mcg cap</i>	1	
<i>true vitamin d3 125 mcg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>true vitamin d3 25 mcg capsule</i>	1	
<i>true vitamin d3 25 mcg tablet</i>	1	
<i>true vitamin d3 250 mcg cap</i>	1	
<i>true vitamin d3 50 mcg capsule</i>	1	
<i>true vitamin d3 50 mcg tablet</i>	1	
<i>vit d3 125 mcg (5000 unit) tab</i>	1	
<i>vitamin d-400 tablet</i>	1	
<i>vitamin d2 1.25mg(50,000 unit)</i>	1	
<i>vitamin d2 400 unit tablet</i>	1	
<i>vitamin d3 max 125 mcg softgel</i>	1	
<i>vitamin d3 1.25 mg softgel</i>	1	
<i>vitamin d3 1,000 unit softgel</i>	1	
<i>vitamin d3 1,000 unit tablet</i>	1	
<i>vitamin d3 1,250 mcg capsule</i>	1	
<i>vitamin d3 10,000 unit capsule</i>	1	
<i>vitamin d3 10,000 unit softgel</i>	1	
<i>vitamin d3 125 mcg (5000 unit)</i>	1	
<i>vitamin d3 125 mcg capsule</i>	1	
<i>vitamin d3 125 mcg softgel</i>	1	
<i>vitamin d3 125 mcg tablet</i>	1	
<i>vitamin d3 2,000 unit softgel</i>	1	
<i>vitamin d3 2,000 unit tablet</i>	1	
<i>vitamin d3 25 mcg (1,000 unit)</i>	1	
<i>vitamin d3 25 mcg softgel</i>	1	
<i>vitamin d3 25 mcg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>vitamin d3 250 mcg softgel</i>	1	
<i>vitamin d3 400 unit softgel</i>	1	
<i>vitamin d3 400 unit tablet</i>	1	
<i>vitamin d3 5,000 unit capsule</i>	1	
<i>vitamin d3 5,000 unit softgel</i>	1	
<i>vitamin d3 5,000 unit tablet</i>	1	
<i>vitamin d3 50 mcg (2,000 unit)</i>	1	
<i>vitamin d3 50 mcg capsule</i>	1	
<i>vitamin d3 50 mcg softgel</i>	1	
<i>vitamin d3 50 mcg tablet</i>	1	
<i>vitamin d3 50,000 unit capsule</i>	1	
MISCELLANEOUS THERAPEUTIC AGENTS - MISCELLANEOUS THERAPEUTIC AGENTS		
<i>accu-chek fastclix lancet drum</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>accu-chek safe-t-pro plus 23g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>accu-chek safe-t-pro 23g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>accu-chek softclix lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>acti-lance lite 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>acti-lance special 17g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>acti-lance univers 23g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>adhesive tape 1/2" x 12 yds</i>	2	
<i>adhesive tape 1/2" x 6 yds</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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)
advocate ins syr 0.3ml 29gx1/2	2	
advocate ins syr 0.5ml 29gx1/2	2	
advocate ins syr 1 ml 29gx1/2"	2	
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 pen ndl 12.7mm 29g	2	
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 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)
AFRIN 0.05% NASAL SPRAY	2	
airzone peak flow meter	2	QL (1 / 365 DAYS)
alternate site 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
anefrin 0.05% nasal spray	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aq insulin syr 0.5 ml 30g 8mm</i>	2	
<i>aq insulin syr 1 ml 31g 8mm</i>	2	
<i>aq insulin syrin 1 ml 29g 12mm</i>	2	
<i>assure comfort 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>assure comfort 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>assure haemolance plus 18g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>assure haemolance plus 21g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>assure haemolance plus 25g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>assure haemolance plus 28g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>assure id syr 0.5ml 31gx15/64"</i>	2	
<i>assure id syr 1 ml 31gx15/64"</i>	2	
<i>assure lance plus 21g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>assure lance plus 25g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>assure lance plus 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>assure lance 25g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>assure lance 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>assure lance 28g safety lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>bd eclipse 30gx1/2" syringe</i>	2	
<i>bd ins syr u-500 1/2ml 6mmx31g</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bd ins syr uf 0.3ml 12.7mmx30g</i>	2	
<i>bd ins syr uf 0.5ml 12.7mmx30g</i>	2	
<i>bd ins syr 0.3 ml 8mmx31g(1/2)</i>	2	
<i>bd ins syrn uf 1 ml 12.7mmx30g</i>	2	
<i>bd ins syrn uf 1 ml 30g 12.7mm</i>	2	
<i>bd ins syrng uf 0.3 ml 8mmx31g</i>	2	
<i>bd ins syrng uf 0.5 ml 8mmx31g</i>	2	
<i>bd ins syrng 0.3 ml 29gx12.7mm</i>	2	
<i>bd ins syrng 0.5 ml 29gx12.7mm</i>	2	
<i>bd insulin syr uf 1 ml 8mmx31g</i>	2	
<i>bd insulin syr 0.5 ml 28gx1/2"</i>	2	
<i>bd insulin syr 1 ml 27gx12.7mm</i>	2	
<i>bd insulin syr 1 ml 27gx5/8"</i>	2	
<i>bd insulin syr 1 ml 28gx1/2"</i>	2	
<i>bd insulin syr 1 ml 29gx12.7mm</i>	2	
<i>bd luer-lok syringe 1 ml</i>	2	
<i>bd microtainer 21g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>bd microtainer 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>bd nano 2 gen pen ndl 32g 4mm</i>	2	
<i>bd safetgld ins 0.3ml 29g 13mm</i>	2	
<i>bd safetgld ins 0.5ml 13mmx29g</i>	2	
<i>bd safetygld ins 0.3ml 31g 8mm</i>	2	
<i>bd safetygld ins 0.5ml 30g 8mm</i>	2	
<i>bd safetygld ins 1 ml 29g 13mm</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bd safetyglid ins 1 ml 6mmx31g</i>	2	
<i>bd safetyglide syringe 27gx5/8</i>	2	
<i>bd saftygld ins 0.3 ml 6mmx31g</i>	2	
<i>bd saftygld ins 0.5 ml 6mmx31g</i>	2	
<i>bd saftygld ins 0.5ml 29g 13mm</i>	2	
<i>bd tb syringe 25gx5/8"</i>	2	
<i>bd tb syringe 26gx3/8"</i>	2	
<i>bd tb syringe 27gx1/2"</i>	2	
<i>bd tb syrnge 27gx1/2"</i>	2	
<i>bd tuberculin 1 ml syringe</i>	2	
<i>bd uf micro pen needle 6mmx32g</i>	2	
<i>bd uf mini pen needle 5mmx31g</i>	2	
<i>bd uf nano pen needle 4mmx32g</i>	2	
<i>bd uf orig pen ndl 12.7mmx29g</i>	2	
<i>bd uf short pen needle 8mmx31g</i>	2	
<i>bd veo ins syring 1 ml 6mmx31g</i>	2	
<i>bd veo ins syrn 0.3 ml 6mmx31g</i>	2	
<i>bd veo ins syrn 0.5 ml 6mmx31g</i>	2	
<i>bd veo ins 0.3ml 6mmx31g (1/2)</i>	2	
<i>bd veritor at-home covid19 tst</i>	2	QL (8 / 30 DAYS); NDS
<i>binaxnow covid-19 ag self test</i>	2	QL (8 / 30 DAYS); NDS
<i>blood lancets 30g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>blood pressure monitor</i>	2	
<i>blood pressure monitor</i>	2	QL (1 / 365 DAYS)
<i>blood pressure monitor kit</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>blood pressure monitor kit</i>	2	QL (1 / 365 DAYS)
<i>blood pressure monitor-medium</i>	2	QL (1 / 365 DAYS)
<i>bullseye mini safety 21g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>bullseye mini safety 25g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>bullseye mini safety 28g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>butterfly touch 30-36g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ca ins syr 0.3 ml 30gx5/16"</i>	2	
<i>ca ins syr 0.3 ml 31gx5/16"</i>	2	
<i>ca ins syr 0.5 ml 30gx5/16"</i>	2	
<i>ca ins syr 0.5 ml 31gx5/16"</i>	2	
<i>ca insulin syr 0.3 ml 29gx1/2"</i>	2	
<i>ca insulin syr 0.5 ml 29gx1/2"</i>	2	
<i>ca insulin syr 1 ml 29gx1/2"</i>	2	
<i>ca insulin syr 1 ml 30gx5/16"</i>	2	
<i>ca insulin syr 1 ml 31gx5/16"</i>	2	
<i>carefine pen needle 12.7mm 29g</i>	2	
<i>carefine pen needle 4mm 32g</i>	2	
<i>carefine pen needle 5mm 32g</i>	2	
<i>carefine pen needle 6mm 31g</i>	2	
<i>carefine pen needle 8mm 30g</i>	2	
<i>carefine pen needles 6mm 32g</i>	2	
<i>carefine pen needles 8mm 31g</i>	2	
<i>careone syr 0.3 ml 30gx1/2"</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>careone syr 0.5 ml 30gx1/2"</i>	2	
<i>careone syr 1 ml 30gx1/2"</i>	2	
<i>careone thin lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>careone ultra thin lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>careone unifine pentip 4mm 32g</i>	2	
<i>careone unifine pentip 5mm 31g</i>	2	
<i>careone unifine pentip 6mm 31g</i>	2	
<i>careone unifine pentip 8mm 31g</i>	2	
<i>careone unifine pentp 29gx1/2"</i>	2	
<i>careone unifine pentp 31gx1/4"</i>	2	
<i>careone unifine pntp 12mm 29g</i>	2	
<i>careone unifine pntp 31gx3/16"</i>	2	
<i>careone unifine pntp 31gx5/16"</i>	2	
<i>careone unifine pntp 32gx5/32"</i>	2	
<i>caresens ultra thin 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>caresens 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>carestart covid-19 ag home tst</i>	2	QL (8 / 30 DAYS); NDS
<i>caretouch pen needle 29g 12mm</i>	2	
<i>caretouch pen needle 31gx1/4"</i>	2	
<i>caretouch pen needle 31gx3/16"</i>	2	
<i>caretouch pen needle 31gx5/16"</i>	2	
<i>caretouch pen needle 32gx3/16"</i>	2	
<i>caretouch pen needle 32gx5/32"</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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)
clever chek ultra thin 30g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
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
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
comfort ez ins 0.5ml 31gx5/16"	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 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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>comfort ez syr 0.5 ml 30gx1/2"</i>	2	
<i>comfort ez syr 1 ml 28gx1/2"</i>	2	
<i>comfort ez syr 1 ml 29gx1/2"</i>	2	
<i>comfort ez syr 1 ml 30gx1/2"</i>	2	
<i>comfort ez syr 1 ml 30gx5/16"</i>	2	
<i>comfort lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>comfort point pen ndl 29gx1/2"</i>	2	
<i>comfort point pen ndl 31gx1/3"</i>	2	
<i>comfort point pen ndl 31gx1/4"</i>	2	
<i>comfort point pen ndl 31gx1/6"</i>	2	
<i>comfort touch pen ndl 31g 4mm</i>	2	
<i>comfort touch pen ndl 31g 5mm</i>	2	
<i>comfort touch pen ndl 31g 6mm</i>	2	
<i>comfort touch pen ndl 31g 8mm</i>	2	
<i>comfort touch pen ndl 32g 4mm</i>	2	
<i>comfort touch pen ndl 32g 5mm</i>	2	
<i>comfort touch pen ndl 32g 6mm</i>	2	
<i>comfort touch pen ndl 32g 8mm</i>	2	
<i>comfort touch pen ndl 33g 4mm</i>	2	
<i>comfort touch pen ndl 33g 5mm</i>	2	
<i>comfort touch pen ndl 33g 6mm</i>	2	
<i>comfort touch pen ndl 33gx5mm</i>	2	
<i>comfort touch ult thin 31g lan</i>	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
<i>comforttouch plus saf 30g lanc</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>covid-19 at-home test (eua)</i>	2	QL (8 / 30 DAYS); NDS
<i>covid19 specimen collect ncpdp</i>	2	QL (8 / 30 DAYS); NDS
<i>cvs covid19 at-home test (eua)</i>	2	QL (8 / 30 DAYS); NDS
<i>cvs covid19 test by pharmacist</i>	2	QL (8 / 30 DAYS); NDS
<i>cvs micro thin 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>cvs nasal spray 0.05%</i>	1	
<i>cvs sinus nasal spray 0.05%</i>	1	
<i>cvs thin 26g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>cvs ultra thin 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>dario 100 sterile lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>diastix reagent strips</i>	2	
<i>dristan 0.05% nasal spray</i>	1	
<i>droplet ins syr 0.3 ml 30gx6mm</i>	2	
<i>droplet ins syr 0.3 ml 30gx8mm</i>	2	
<i>droplet ins syr 0.3 ml 31gx6mm</i>	2	
<i>droplet ins syr 0.3 ml 31gx8mm</i>	2	
<i>droplet ins syr 1 ml 30gx6mm</i>	2	
<i>droplet ins syr 1 ml 30gx8mm</i>	2	
<i>droplet ins syr 1 ml 31gx6mm</i>	2	
<i>droplet ins syr 1 ml 31gx8mm</i>	2	
<i>droplet ins syr 1ml 29gx12.5mm</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>droplet ins syr 1ml 30gx12.5mm</i>	2	
<i>droplet ins 0.3 ml 29gx12.5mm</i>	2	
<i>droplet ins 0.3ml 30gx12.5mm</i>	2	
<i>droplet ins 0.5ml 30gx6mm(1/2)</i>	2	
<i>droplet ins 0.5ml 30gx8mm(1/2)</i>	2	
<i>droplet ins 0.5ml 31gx6mm(1/2)</i>	2	
<i>droplet ins 0.5ml 31gx8mm(1/2)</i>	2	
<i>droplet micron 34g x 9/64"</i>	2	
<i>droplet micron 34g 3.5mm</i>	2	
<i>droplet pen needle 29gx1/2"</i>	2	
<i>droplet pen needle 29gx3/8"</i>	2	
<i>droplet pen needle 30gx5/16"</i>	2	
<i>droplet pen needle 31gx1/4"</i>	2	
<i>droplet pen needle 31gx3/16"</i>	2	
<i>droplet pen needle 31gx5/16"</i>	2	
<i>droplet pen needle 32gx1/4"</i>	2	
<i>droplet pen needle 32gx3/16"</i>	2	
<i>droplet pen needle 32gx5/16"</i>	2	
<i>droplet pen needle 32gx5/32"</i>	2	
<i>droplet 0.5 ml 29gx12.5mm(1/2)</i>	2	
<i>droplet 0.5 ml 30gx12.5mm(1/2)</i>	2	
<i>droplet 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>dropsafe ins syr 0.3ml 31g 6mm</i>	2	
<i>dropsafe ins syr 0.3ml 31g 8mm</i>	2	
<i>dropsafe ins syr 0.5ml 31g 6mm</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dropsafe ins syr 0.5ml 31g 8mm</i>	2	
<i>dropsafe insul syr 1ml 31g 6mm</i>	2	
<i>dropsafe insul syr 1ml 31g 8mm</i>	2	
<i>dropsafe insuln 1ml 29g 12.5mm</i>	2	
<i>drug mart ultra comfort syr</i>	2	
<i>e-z ject colored lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>e-z ject lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>e-zject color 32g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>e-zject color 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>e-zject super thin 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>e-zject thin lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>easy comfort insulin 1 ml syr</i>	2	
<i>easy comfort pen ndl 31gx1/4"</i>	2	
<i>easy comfort pen ndl 31gx3/16"</i>	2	
<i>easy comfort pen ndl 31gx5/16"</i>	2	
<i>easy comfort pen ndl 32gx5/32"</i>	2	
<i>easy comfort pen ndl 33g 4mm</i>	2	
<i>easy comfort pen ndl 33g 5mm</i>	2	
<i>easy comfort pen ndl 33g 6mm</i>	2	
<i>easy comfort syr 1 ml 30gx1/2"</i>	2	
<i>easy comfort 0.3 ml syringe</i>	2	
<i>easy comfort 0.5 ml syringe</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>easy comfort 0.5 ml 30gx1/2"</i>	2	
<i>easy comfort 0.5 ml 31gx5/16"</i>	2	
<i>easy comfort 0.5 ml 32gx5/16"</i>	2	
<i>easy comfort 1 ml 31gx5/16"</i>	2	
<i>easy comfort 1 ml 32gx5/16"</i>	2	
<i>easy comfort 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>easy glide ins 0.3 ml 31gx6mm</i>	2	
<i>easy glide ins 0.5 ml 31gx6mm</i>	2	
<i>easy glide ins 1 ml 31gx6mm</i>	2	
<i>easy glide pen needle 4mm 33g</i>	2	
<i>easy touch insulin syr 0.3 ml</i>	2	
<i>easy touch insulin syr 0.5 ml</i>	2	
<i>easy touch insulin syr 1 ml</i>	2	
<i>easy touch insulin 1ml 29gx1/2</i>	2	
<i>easy touch insulin 1ml 30gx1/2</i>	2	
<i>easy touch insulin 1ml 29gx1/2"</i>	2	
<i>easy touch insulin 1ml 30gx1/2"</i>	2	
<i>easy touch insulin 1ml 30gx5/16</i>	2	
<i>easy touch insulin 1ml 31gx5/16</i>	2	
<i>easy touch luer lok insul 1 ml</i>	2	
<i>easy touch pen needle 29gx1/2"</i>	2	
<i>easy touch pen needle 30gx5/16</i>	2	
<i>easy touch pen needle 31gx1/4"</i>	2	
<i>easy touch pen needle 31gx3/16</i>	2	
<i>easy touch pen needle 31gx5/16</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>easy touch pen needle 32gx1/4"</i>	2	
<i>easy touch pen needle 32gx3/16</i>	2	
<i>easy touch pen needle 32gx5/32</i>	2	
<i>easy touch pull-top 26g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>easy touch pull-top 28g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>easy touch pull-top 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>easy touch pull-top 32g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>easy touch safety 21g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>easy touch safety 23g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>easy touch safety 26g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>easy touch safety 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>easy touch safety 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>easy touch safety 32g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>easy touch syr 0.5ml 27g12.7mm</i>	2	
<i>easy touch syr 0.5ml 28g12.7mm</i>	2	
<i>easy touch syr 0.5ml 29g12.7mm</i>	2	
<i>easy touch syr 1 ml 27g 12.7mm</i>	2	
<i>easy touch syr 1 ml 27g 16mm</i>	2	
<i>easy touch syr 1 ml 28g 12.7mm</i>	2	
<i>easy touch syr 1 ml 29g 12.7mm</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 0.3 ml syr 30gx1/2"	2	
easy touch 0.5 ml syr 27gx1/2"	2	
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	
ellume covid19 home test (eua)	2	QL (8 / 30 DAYS); NDS
embrace pen needle 30g 5mm	2	
embrace pen needle 30g 8mm	2	
embrace pen needle 31g 6mm	2	
embrace pen needle 31g 8mm	2	
embrace pen needle 32g 4mm	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>embrace 21g safety lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>embrace 28g safety lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>embrace 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>eq original nasal spray 0.05%</i>	1	
<i>eql ins syr 1 ml 29gx1/2"</i>	2	
<i>eql insul syr 0.3 ml 31gx5/16"</i>	2	
<i>eql insul syr 0.5 ml 31gx5/16"</i>	2	
<i>eql insulin syr 1 ml 31gx5/16"</i>	2	
<i>eql insulin 0.3 ml syringe</i>	2	
<i>eql insulin 0.5 ml syringe</i>	2	
<i>eql insulin 1 ml syringe</i>	2	
<i>eql micro thin 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>eql 12hr nasal spray 0.05%</i>	1	
<i>exel ins syr u100 1 ml 28gx1/2</i>	2	
<i>exel tb with needle 25gx5/8"</i>	2	
<i>exel tb with needle 27gx1/2"</i>	2	
<i>exel u100 ins syr 1 ml 29gx1/2</i>	2	
<i>exel u100 0.3 ml 29gx1/2"</i>	2	
<i>exel u100 0.3 ml 30gx5/16"</i>	2	
<i>exel u100 0.5 ml 28gx1/2"</i>	2	
<i>exel u100 0.5 ml 29gx1/2"</i>	2	
<i>exel u100 0.5 ml 30gx5/16"</i>	2	
<i>exel u100 1 ml 30gx5/16"</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ez smart 28g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
ez-lets 26g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
fifty50 ins syr 1 ml 31gx5/16"	2	
fifty50 ins 0.3 ml 31gx5/16"	2	
fifty50 ins 0.5 ml 31gx5/16"	2	
fifty50 safety seal 30g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
fifty50 safety seal 32g lancet	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
fifty50 unilet 33g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
fingerstix lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
flowflex covid-19 ag home test	2	QL (8 / 30 DAYS); NDS
FORA BLOOD GLUCOSE TEST STRIP (NDC: 16042001026)	2	QL (10 per day for ages under 21 and on insulin, 5 per day for all others)
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 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 premium v10 glucose meter	2	QL (1 / 365 DAYS)
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)
foracare 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
<i>freestyle prec 0.5 ml 30gx5/16</i>	2	
<i>freestyle prec 0.5 ml 31gx5/16</i>	2	
<i>freestyle prec 1 ml 30gx5/16"</i>	2	
<i>freestyle prec 1 ml 31gx5/16"</i>	2	
<i>freestyle unistik 2 lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>freestyle 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ft nasal spray 0.05%</i>	1	
<i>genabio covid-19 rapid at-home</i>	2	QL (8 / 30 DAYS); NDS
<i>glucocom 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>glucocom 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>glucocom 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>gnp blood pressure monitor</i>	2	
<i>gnp clickfine 31g x 1/4" ndl</i>	2	
<i>gnp clickfine 31g x 5/16" ndl</i>	2	
<i>gnp ins syr 0.3 ml 29gx1/2"</i>	2	
<i>gnp ins syringe 1 ml 28g 1/2"</i>	2	
<i>gnp insul syr 0.3 ml 31gx5/16"</i>	2	
<i>gnp insul syr 0.5 ml 31gx5/16"</i>	2	
<i>gnp insulin syr 1 ml 31gx5/16"</i>	2	
<i>gnp nasal spray original 0.05%</i>	1	
<i>gnp nasal spray 0.05%</i>	1	
<i>gnp no drip 0.05% nasal spray</i>	1	

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 ultr comfort 1 ml 29gx1/2"	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 ultra comfrt 1 ml 28gx1/2"	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 lancets 30g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
gs nasal spray 0.05%	1	
gs no drip 0.05% nasal spray	1	
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	
gs pen needle 31g x 8mm	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>gs pen needle 32g x 4mm</i>	2	
<i>gs pen needle 32g x 6mm</i>	2	
<i>gs sinus nasal spray 0.05%</i>	1	
<i>healthwise ins 0.3ml 30gx5/16"</i>	2	
<i>healthwise ins 0.3ml 31gx5/16"</i>	2	
<i>healthwise ins 0.5ml 30gx5/16"</i>	2	
<i>healthwise ins 0.5ml 31gx5/16"</i>	2	
<i>healthwise ins 1 ml 30gx5/16"</i>	2	
<i>healthwise ins 1 ml 31gx5/16"</i>	2	
<i>healthwise pen needle 31g 5mm</i>	2	
<i>healthwise pen needle 31g 8mm</i>	2	
<i>healthwise pen needle 32g 4mm</i>	2	
<i>healthy accents pentip 4mm 32g</i>	2	
<i>healthy accents pentip 5mm 31g</i>	2	
<i>healthy accents pentip 6mm 31g</i>	2	
<i>healthy accents pentip 8mm 31g</i>	2	
<i>healthy accents unilet 30g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>heat therapy patches</i>	2	
<i>heb micro thin 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>heb unifine pntp plus 31gx3/16</i>	2	
<i>heb unifine pntp plus 32gx5/32</i>	2	
<i>hm original nasal spray 0.05%</i>	1	
<i>hm sinus nasal spray 0.05%</i>	1	
<i>hm ulticare pen needle 4mm 32g</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hm ulticare pen needle 5mm 31g</i>	2	
<i>hm ulticare pen needle 6mm 31g</i>	2	
<i>hm ulticare pen needle 8mm 31g</i>	2	
<i>ihealth covid-19 ag home test</i>	2	QL (8 / 30 DAYS); NDS
<i>incontrol pen needle 12mm 29g</i>	2	
<i>incontrol pen needle 4mm 32g</i>	2	
<i>incontrol pen needle 5mm 31g</i>	2	
<i>incontrol pen needle 6mm 31g</i>	2	
<i>incontrol pen needle 8mm 31g</i>	2	
<i>incontrol super thin 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>incontrol ulticare ndl 31g 6mm</i>	2	
<i>incontrol ulticare ndl 31g 8mm</i>	2	
<i>incontrol ulticare ndl 32g 4mm</i>	2	
<i>incontrol ultra thin 28g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>indicaid covid-19 ag home test</i>	2	QL (8 / 30 DAYS); NDS
<i>inject ease 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>inject ease 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>insulin syr 0.3 ml 30gx5/16"</i>	2	
<i>insulin syr 0.3ml 31gx1/4(1/2)</i>	2	
<i>insulin syrin 0.3 ml 29gx1/2"</i>	2	
<i>insulin syrin 0.3 ml 30gx1/2"</i>	2	
<i>insulin syrin 0.3 ml 30gx5/16"</i>	2	
<i>insulin syrin 0.3 ml 31gx5/16"</i>	2	

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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>insulin syringe 1 ml 28g 13mm</i>	2	
<i>insulin syringe 1 ml 28gx1/2"</i>	2	
<i>insulin syringe 1 ml 29g 1/2"</i>	2	
<i>insulin syringe 1 ml 29gx1/2"</i>	2	
<i>insulin syringe 1 ml 30g 1/2"</i>	2	
<i>insulin syringe 1 ml 30g 5/16"</i>	2	
<i>insulin syringe 1 ml 30gx1/2"</i>	2	
<i>insulin syringe 1 ml 30gx5/16"</i>	2	
<i>insulin syringe 1 ml 31g 5/16"</i>	2	
<i>insulin syringe 1 ml 31gx1/4"</i>	2	
<i>insulin syringe 1 ml 31gx5/16"</i>	2	
<i>insulin 1 ml syringe</i>	2	
<i>insulin 1/2 ml syringe</i>	2	
<i>insulin 3/10 ml syringe</i>	2	
<i>insupen pen needle 29gx1/2"</i>	2	
<i>insupen pen needle 31g 5mm</i>	2	
<i>insupen pen needle 31g 8mm</i>	2	
<i>insupen pen needle 31gx3/16"</i>	2	
<i>insupen pen needle 31gx5/16"</i>	2	
<i>insupen pen needle 32g 4mm</i>	2	
<i>insupen pen needle 32gx5/32"</i>	2	
<i>inteliswab covid-19 home test</i>	2	QL (8 / 30 DAYS); NDS
<i>invacare 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>kinray ins syr 1 ml 31gx5/16"</i>	2	
<i>kinray syringe 0.3 ml 31gx5/16"</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>kinray syring 0.5 ml 31gx5/16"</i>	2	
<i>kmart valu plus syr 1/2 ml</i>	2	
<i>kro ins syr 0.3 ml 29gx1/2"</i>	2	
<i>kro ins syrin 0.3 ml 30gx5/16"</i>	2	
<i>kro ins syrin 0.3 ml 31gx5/16"</i>	2	
<i>kro ins syrin 0.5 ml 30gx5/16"</i>	2	
<i>kro ins syrin 0.5 ml 31gx5/16"</i>	2	
<i>kro ins syring 0.5 ml 29gx1/2"</i>	2	
<i>kro ins syringe 1 ml 29gx1/2"</i>	2	
<i>kro ins syringe 1 ml 30gx5/16"</i>	2	
<i>kro ins syringe 1 ml 31gx5/16"</i>	2	
<i>kro insulin syr 1 ml 30gx5/16"</i>	2	
<i>kro nasal spray original 0.05%</i>	1	
<i>kro no drip 0.05% nasal spray</i>	1	
<i>kro pen needle 4mm x 32g</i>	2	
<i>kro pen needle 4mm x 33g</i>	2	
<i>kro pen needle 5mm x 31g</i>	2	
<i>kro pen needle 6mm x 31g</i>	2	
<i>kro pen needle 8mm x 31g</i>	2	
<i>kro universal 1 thin 26g lanct</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>kroger ins syr 0.3 ml 30gx5/16</i>	2	
<i>kroger ins syr 0.5 ml 29gx1/2"</i>	2	
<i>kroger ins syr 1 ml 29gx1/2"</i>	2	
<i>kroger ins syr 1 ml 31gx5/16"</i>	2	

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>litetouch syrin 1 ml 30gx5/16"</i>	2	
<i>live better pen needles 8mm</i>	2	
<i>live better super thin lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>live better ultra thin lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>long acting 0.05% nasal spray</i>	1	
<i>longs thin lancets 26g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>longs thin lancets 30g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>lucira check-it covid home tst</i>	2	QL (8 / 30 DAYS); NDS
<i>magellan insul syringe 0.3 ml</i>	2	
<i>magellan insul syringe 0.5 ml</i>	2	
<i>magellan insulin syr 0.3 ml</i>	2	
<i>magellan insulin syr 0.5 ml</i>	2	
<i>magellan insulin syringe 1 ml</i>	2	
<i>maxi-comfort ins 0.5 ml 28g</i>	2	
<i>maxi-comfort ins 1 ml 28gx1/2"</i>	2	
<i>maxicomfort ii pen ndl 31gx6mm</i>	2	
<i>maxicomfort ins 0.5ml 27gx1/2"</i>	2	
<i>maxicomfort ins 1 ml 27gx1/2"</i>	2	
<i>medisense thin lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>medisense thin 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>medlance plus extra 21g lancet</i>	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
<i>medlance plus lite 25g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>medlance plus 21g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>medlance plus 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>meijer lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>meijer universal 1 26g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>micro thin 33g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>micro thin 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>microdot pen needle 31gx6mm</i>	2	
<i>microdot pen needle 32gx4mm</i>	2	
<i>microdot pen needle 33gx4mm</i>	2	
<i>microlet lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>mini pen needle 32g 4mm</i>	2	
<i>mini pen needle 32g 5mm</i>	2	
<i>mini pen needle 32g 6mm</i>	2	
<i>mini pen needle 32g 8mm</i>	2	
<i>mini pen needle 33g 4mm</i>	2	
<i>mini pen needle 33g 5mm</i>	2	
<i>mini pen needle 33g 6mm</i>	2	
<i>mini ultra-thin ii pen ndl 31g</i>	2	
<i>minimed reservoir 1.8 ml</i>	2	
<i>minimed reservoir 3 ml</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>monoject insul syr u100</i>	2	
<i>monoject insul syr u100 0.5 ml</i>	2	
<i>monoject insul syr u100 1 ml</i>	2	
<i>monoject insulin syr u-100</i>	2	
<i>monoject insulin syr 0.3 ml</i>	2	
<i>monoject insulin syr 0.5 ml</i>	2	
<i>monoject insulin syr 1 ml</i>	2	
<i>monoject insulin syrn 3/10 ml</i>	2	
<i>monoject syringe 0.3 ml</i>	2	
<i>monoject syringe 0.5 ml</i>	2	
<i>monoject syringe 1 ml</i>	2	
<i>monoject 0.5 ml syrn 28gx1/2"</i>	2	
<i>monoject 1 ml syrn 27x1/2"</i>	2	
<i>monoject 1 ml syrn 28gx1/2"</i>	2	
<i>monolet thin 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>monolet 21g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ms ins syr 0.5 ml 29gx1/2"</i>	2	
<i>ms ins syr 1 ml 29gx1/2"</i>	2	
<i>ms ins syringe 1 ml 30gx1/2"</i>	2	
<i>ms insul syr 0.3 ml 31gx5/16"</i>	2	
<i>ms insul syr 0.5 ml 30gx1/2"</i>	2	
<i>ms insul syr 0.5 ml 31gx5/16"</i>	2	
<i>ms insulin syr 0.3 ml 29gx1/2"</i>	2	
<i>ms insulin syr 1 ml 31gx5/16"</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ms insulin syringe 0.3 ml</i>	2	
<i>ms pen needle 6mm 31g</i>	2	
<i>myglucohealth 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>nasal decongestant 0.05% spray</i>	1	
<i>nasal spray original 0.05%</i>	1	
<i>nasal spray 0.05%</i>	1	
<i>no drip 0.05% nasal spray</i>	1	
<i>no-stick glucose test strips</i>	2	
<i>nova safety 23g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>nova safety 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>nova sureflex thin lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>novofine plus pen ndl 32gx1/6"</i>	2	
<i>novofine 32g needles</i>	2	
<i>on call plus 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>on call 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>on-go covid-19 ag at home test</i>	2	QL (8 / 30 DAYS); NDS
<i>on-the-go 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>onetouch delica plus 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>onetouch delica plus 33g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>onetouch delica saf 30g lancet</i>	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
<i>onetouch suresoft 18g lanc dev</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>onetouch suresoft 21g lanc dev</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>onetouch suresoft 28g lanc dev</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>onetouch ultrasoft lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>paper tape bandage 1"x12 yds</i>	2	
<i>paradigm reservoir 1.8 ml</i>	2	
<i>paradigm reservoir 3 ml</i>	2	
<i>pc super thin 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>pc unifine pentips 12mm needle</i>	2	
<i>pc unifine pentips 6mm needle</i>	2	
<i>pc unifine pentips 8mm needle</i>	2	
<i>pen needle 12mm 29g</i>	2	
<i>pen needle 29g 12mm</i>	2	
<i>pen needle 30g x 5/16"</i>	2	
<i>pen needle 30g 5mm</i>	2	
<i>pen needle 30g 8mm</i>	2	
<i>pen needle 31g x 1/4"</i>	2	
<i>pen needle 31g x 3/16"</i>	2	
<i>pen needle 31g x 5/16"</i>	2	
<i>pen needle 31g 5mm</i>	2	
<i>pen needle 31g 6mm</i>	2	
<i>pen needle 31g 8mm</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pen needle 32g x 1/4"</i>	2	
<i>pen needle 32g x 3/16"</i>	2	
<i>pen needle 32g x 5/32"</i>	2	
<i>pen needle 32g 4mm</i>	2	
<i>pen needle 33g 4mm</i>	2	
<i>pen needle 4mm 32g</i>	2	
<i>pen needle 5mm 31g</i>	2	
<i>pen needle 6mm 31g</i>	2	
<i>pen needles 12mm 29g</i>	2	
<i>pen needles 4mm 32g</i>	2	
<i>pen needles 5mm 31g</i>	2	
<i>pen needles 6mm 31g</i>	2	
<i>pen needles 8mm 31g</i>	2	
<i>pentips pen needle 29g 12mm</i>	2	
<i>pentips pen needle 29gx1/2"</i>	2	
<i>pentips pen needle 31g 5mm</i>	2	
<i>pentips pen needle 31g 6mm</i>	2	
<i>pentips pen needle 31g 8mm</i>	2	
<i>pentips pen needle 31gx1/4"</i>	2	
<i>pentips pen needle 31gx3/16"</i>	2	
<i>pentips pen needle 31gx5/16"</i>	2	
<i>pentips pen needle 32g 4mm</i>	2	
<i>pentips pen needle 32g 6mm</i>	2	
<i>pentips pen needle 32gx5/32"</i>	2	
<i>pentips pen needle 6mm 31g</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pharmacist choice 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>pharmacist choice 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>pharmacist choice 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>pillow mask adult</i>	2	
<i>pillow mask, pediatric</i>	2	
<i>pilot covid-19 at-home test</i>	2	QL (8 / 30 DAYS); NDS
<i>pip pen needle 31g x 5mm</i>	2	
<i>pip pen needle 32g x 4mm</i>	2	
<i>pip 28g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>pip 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>pref plus ins 0.3 ml 29gx1/2"</i>	2	
<i>pref plus syr 0.5 ml 30gx5/16"</i>	2	
<i>pref plus syringe 1 ml 29gx1/2"</i>	2	
<i>preferred plus lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>preferred plus syringe 0.5 ml</i>	2	
<i>preferred plus syringe 1 ml</i>	2	
<i>preferred plus thin lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>preferred plus 0.3 ml 30gx5/16</i>	2	
<i>preferred plus 0.5 ml 29gx1/2"</i>	2	
<i>prefpls ins syr 1 ml 30gx5/16"</i>	2	
<i>premium arm bp monitor</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>premium v10 blood glucose mtr</i>	2	QL (1 / 365 DAYS)
<i>pressure activated 21g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>pressure activated 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>pro comfort pen ndl 31gx5/16"</i>	2	
<i>pro comfort pen ndl 32g x 1/4"</i>	2	
<i>pro comfort pen ndl 4mm 32g</i>	2	
<i>pro comfort pen ndl 5mm 32g</i>	2	
<i>pro comfort 0.5 ml 30g 5/16"</i>	2	
<i>pro comfort 0.5 ml 30gx1/2"</i>	2	
<i>pro comfort 0.5 ml 30gx5/16"</i>	2	
<i>pro comfort 0.5 ml 31g 5/16"</i>	2	
<i>pro comfort 0.5 ml 31gx5/16"</i>	2	
<i>pro comfort 1 ml 30g 5/16"</i>	2	
<i>pro comfort 1 ml 30gx1/2"</i>	2	
<i>pro comfort 1 ml 30gx5/16"</i>	2	
<i>pro comfort 1 ml 31g 5/16"</i>	2	
<i>pro comfort 1 ml 31gx5/16"</i>	2	
<i>pro comfort 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>pro comfort 31g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>prodigy ins syr 1ml 28gx1/2"</i>	2	
<i>prodigy pressure activated 28g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>prodigy safety 26g lancets</i>	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
<i>prodigy syrng 0.5 ml 31gx5/16"</i>	2	
<i>prodigy syringe 0.3ml 31gx5/16"</i>	2	
<i>prodigy twist top 28g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>pub ins syrin 0.3 ml 30gx1/2"</i>	2	
<i>pub ins syringe 1 ml 30gx1/2"</i>	2	
<i>pub insul syr 0.3 ml 31gx5/16"</i>	2	
<i>pub insul syr 0.5 ml 30gx1/2"</i>	2	
<i>pub insul syr 0.5 ml 31gx5/16"</i>	2	
<i>pub insulin syr 1 ml 31gx5/16"</i>	2	
<i>pub micro thin 33g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>pub no drip 0.05% nasal spray</i>	1	
<i>pub original nasal spray 0.05%</i>	1	
<i>pub oxymetazoline hcl 0.05%</i>	1	
<i>pub pen needle 6mm 31g</i>	2	
<i>pub pen 12mm 29g needles</i>	2	
<i>pub pen 8mm 31g needles</i>	2	
<i>pub unifine pntp plus 31gx3/16</i>	2	
<i>pub 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>pure comfort pen ndl 32g 4mm</i>	2	
<i>pure comfort pen ndl 32g 5mm</i>	2	
<i>pure comfort pen ndl 32g 6mm</i>	2	
<i>pure comfort pen ndl 32g 8mm</i>	2	
<i>pure comfort 30g safety lancet</i>	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
<i>pure comfort 30g twist lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>push button safety 21g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>push button safety 28g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>pv unifine pentip plus 31gx5mm</i>	2	
<i>pv unifine pentip plus 31gx6mm</i>	2	
<i>pv unifine pentip plus 31gx8mm</i>	2	
<i>pv unifine pentip plus 32gx4mm</i>	2	
<i>pv unifine pentip plus 33gx4mm</i>	2	
<i>pv unilet micro thin 33g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>pv unilet super thin 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>qc unifine pentips 32gx5/32"</i>	2	
<i>qc unifine pentips 4mm 32g</i>	2	
<i>qc unilet super thin 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>qc unilet ultra thin 28g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>quickvue at-home covid-19 test</i>	2	QL (8 / 30 DAYS); NDS
<i>ra e-zject color 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ra e-zject 26g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ra e-zject 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ra e-zject 30g lancets</i>	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
<i>ra ins syr 0.5 ml 29gx1/2"</i>	2	
<i>ra ins syr 0.5 ml 30gx5/16"</i>	2	
<i>ra ins syr 1 ml 29gx1/2"</i>	2	
<i>ra ins syringe 1 ml 30gx5/16"</i>	2	
<i>ra nasal spray 0.05%</i>	1	
<i>ra pen needle 31gx3/16"</i>	2	
<i>ra pen needle 31gx5/16"</i>	2	
<i>ra surgical dressing 5"x9"</i>	2	
<i>ra 12hr nasal spray 0.05%</i>	1	
<i>rapid sars-cov-2 ag home test</i>	2	QL (8 / 30 DAYS); NDS
<i>raya sure pen needle 29g 12mm</i>	2	
<i>raya sure pen needle 31g 4mm</i>	2	
<i>raya sure pen needle 31g 5mm</i>	2	
<i>raya sure pen needle 31g 6mm</i>	2	
<i>readylance 21g safety lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>readylance 23g safety lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>readylance 26g safety lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>readylance 28g safety lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>readylance 30g safety lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>reliamed safety seal 28g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>reliamed safety seal 30g lancet</i>	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
<i>reliamed safety 23g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>reliamed safety 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>reliamed twist&cap 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>reliamed 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>reliamed 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>relion ins syr 0.3 ml 29gx1/2"</i>	2	
<i>relion ins syr 0.3 ml 31gx6mm</i>	2	
<i>relion ins syr 0.5 ml 29gx1/2"</i>	2	
<i>relion ins syr 0.5 ml 31gx6mm</i>	2	
<i>relion ins syr 1 ml 29gx1/2"</i>	2	
<i>relion ins syr 1 ml 31gx15/64"</i>	2	
<i>relion ins syr 1 ml 31gx5/16"</i>	2	
<i>relion insulin syr 0.5 ml</i>	2	
<i>relion micro thin 33g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>relion mini pen 31g x 1/4" ndl</i>	2	
<i>relion pen needle 29gx1/2"</i>	2	
<i>relion pen needle 31g 6mm</i>	2	
<i>relion pen needle 31gx1/4"</i>	2	
<i>relion pen needle 31gx5/16"</i>	2	
<i>relion pen needle 32gx5/32"</i>	2	
<i>relion pen 29g needle</i>	2	
<i>relion pen 31g needle</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>relion syring 0.3 ml 31gx5/16"</i>	2	
<i>relion syring 0.5 ml 31gx5/16"</i>	2	
<i>relion thin 26g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>relion ultra thin plus 33g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>relion ultra thin 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>relion 2-in-1 lancet device</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>rexall universal 1 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>rightest gl300 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>safesnap insul syringe 0.3 ml</i>	2	
<i>safesnap insul syringe 0.5 ml</i>	2	
<i>safesnap insulin syringe 1 ml</i>	2	
<i>safety lancets 26g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>safety seal 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>safety seal 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>safety 21g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>safety 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>safety-let 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>saps twist top 30g lancet</i>	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
saps twist top 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
secursafe syrng 1 ml 29g 1/2"	2	
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)
single-let lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
sinus relief nasal spray 0.05%	1	
sm color lancets 21g	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sm insulin syr 1 ml 31gx5/16"</i>	2	
<i>sm lancets 21g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>sm micro thin 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>sm nasal spray sinus</i>	1	
<i>sm nasal spray 0.05%</i>	1	
<i>sm super thin 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>sm thin lancets 26g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>smart sense color 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>smart sense standard 21g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>smart sense super thin 30g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>smart sense thin 26g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>smartest lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>soft touch lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>solus v2 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>solus v2 30g twist lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>speedyswab covid-19 home test</i>	2	QL (8 / 30 DAYS); NDS
<i>sterilance tl twist 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>sterilance tl twist 32g lancet</i>	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
<i>sterile 33g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>super thin 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>super thin 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>super thin 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>sure comfort ins 0.3ml 31gx1/4</i>	2	
<i>sure comfort ins 0.5ml 31gx1/4</i>	2	
<i>sure comfort ins 1 ml 31gx1/4"</i>	2	
<i>sure comfort pen ndl 29gx1/2"</i>	2	
<i>sure comfort pen ndl 31g 5mm</i>	2	
<i>sure comfort pen ndl 31g 8mm</i>	2	
<i>sure comfort pen ndl 32g 4mm</i>	2	
<i>sure comfort pen ndl 32g 6mm</i>	2	
<i>sure comfort 0.3 ml syringe</i>	2	
<i>sure comfort 0.5 ml syringe</i>	2	
<i>sure comfort 1 ml syringe</i>	2	
<i>sure comfort 18g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>sure comfort 21g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>sure comfort 23g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>sure comfort 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>sure comfort 3/10 ml syringe</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sure comfort 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>sure comfort 30g pen needle</i>	2	
<i>sure-fine pen needles 12.7mm</i>	2	
<i>sure-fine pen needles 5mm</i>	2	
<i>sure-fine pen needles 8mm</i>	2	
<i>sure-ject ins 0.3 ml 31gx5/16"</i>	2	
<i>sure-ject ins 0.5 ml 31gx5/16"</i>	2	
<i>sure-ject insu syr u100 0.3 ml</i>	2	
<i>sure-ject insu syr u100 0.5 ml</i>	2	
<i>sure-ject insu syr u100 1 ml</i>	2	
<i>sure-ject insul syr u100 1 ml</i>	2	
<i>sure-ject insulin syringe 1 ml</i>	2	
<i>sure-lance flat lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>sure-lance thin 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>sure-lance ultra thin 30g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>sure-lance 26g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>sure-touch lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>surgical dressing 5"x9"</i>	2	
<i>swi twist top 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>techlite ins syr 1 ml 29gx12mm</i>	2	
<i>techlite ins syr 1 ml 30gx12mm</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>techlite ins syr 1 ml 31gx6mm</i>	2	
<i>techlite ins syr 1 ml 31gx8mm</i>	2	
<i>techlite pen needle 29gx1/2"</i>	2	
<i>techlite pen needle 29gx3/8"</i>	2	
<i>techlite pen needle 31gx1/4"</i>	2	
<i>techlite pen needle 31gx3/16"</i>	2	
<i>techlite pen needle 31gx5/16"</i>	2	
<i>techlite pen needle 32gx1/4"</i>	2	
<i>techlite pen needle 32gx5/16"</i>	2	
<i>techlite pen needle 32gx5/32"</i>	2	
<i>techlite plus pen ndl 32g 4mm</i>	2	
<i>techlite 0.3 ml 29gx12mm (1/2)</i>	2	
<i>techlite 0.3 ml 30gx8mm (1/2)</i>	2	
<i>techlite 0.3 ml 31gx6mm (1/2)</i>	2	
<i>techlite 0.3 ml 31gx8mm (1/2)</i>	2	
<i>techlite 0.5 ml 30gx12mm (1/2)</i>	2	
<i>techlite 0.5 ml 30gx8mm (1/2)</i>	2	
<i>techlite 0.5 ml 31gx6mm (1/2)</i>	2	
<i>techlite 0.5 ml 31gx8mm (1/2)</i>	2	
<i>techlite 25g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>techlite 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>techlite 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>telcare ultra thin 30g lancets</i>	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
<i>tender tape bandage 1"x6 yds</i>	2	
<i>tender tape bandage 2"x6 yds</i>	2	
<i>terumo ins syr 0.3 ml 29gx1/2"</i>	2	
<i>terumo ins syringe u100-1 ml</i>	2	
<i>terumo ins syringe u100-1/2 ml</i>	2	
<i>terumo ins syringe u100-1/3 ml</i>	2	
<i>terumo ins syrng u100-1/2 ml</i>	2	
<i>thin lancets 28g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>thin 26g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>thin 26g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>thinpro ins syrin u100-0.3 ml</i>	2	
<i>thinpro ins syrin u100-0.5 ml</i>	2	
<i>thinpro ins syrin u100-1 ml</i>	2	
<i>today's hlth pn needle 6mm 31g</i>	2	
<i>topcare clickfine 31g x 1/4"</i>	2	
<i>topcare clickfine 31g x 5/16"</i>	2	
<i>topcare ultra comfort syringe</i>	2	
<i>topcare universal1 thin lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>topcare universal1 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>true cmfrt pro 0.5ml 30g 5/16"</i>	2	
<i>true cmfrt pro 0.5ml 31g 5/16"</i>	2	
<i>true cmfrt pro 0.5ml 32g 5/16"</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>true comfort pen ndl 31g 5mm</i>	2	
<i>true comfort pen ndl 31g 6mm</i>	2	
<i>true comfort pen ndl 31g 8mm</i>	2	
<i>true comfort pen ndl 31gx5mm</i>	2	
<i>true comfort pen ndl 31gx6mm</i>	2	
<i>true comfort pen ndl 32g 4mm</i>	2	
<i>true comfort pen ndl 32g 5mm</i>	2	
<i>true comfort pen ndl 32g 6mm</i>	2	
<i>true comfort pen ndl 32gx4mm</i>	2	
<i>true comfort pen ndl 33g 4mm</i>	2	
<i>true comfort pen ndl 33g 5mm</i>	2	
<i>true comfort pen ndl 33g 6mm</i>	2	
<i>true comfort pro 1 ml 30g 1/2"</i>	2	
<i>true comfort pro 1ml 30g 5/16"</i>	2	
<i>true comfort pro 1ml 31g 5/16"</i>	2	
<i>true comfort pro 1ml 32g 5/16"</i>	2	
<i>true comfort 0.5 ml 31gx5/16"</i>	2	
<i>true comfort 1 ml 31gx5/16"</i>	2	
<i>true comfort 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>true comfort 30g safety lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>true comfort 30g twist lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>true comfrt pro 0.5ml 30g 1/2"</i>	2	
<i>trueplus pen needle 29g 12mm</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>trueplus pen needle 29gx1/2"</i>	2	
<i>trueplus pen needle 31g x 1/4"</i>	2	
<i>trueplus pen needle 31g 5mm</i>	2	
<i>trueplus pen needle 31g 8mm</i>	2	
<i>trueplus pen needle 31gx3/16"</i>	2	
<i>trueplus pen needle 31gx5/16"</i>	2	
<i>trueplus pen needle 32gx5/32"</i>	2	
<i>trueplus safety 28g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>trueplus safety 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>trueplus super thin 28g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>trueplus syr 0.3ml 29gx1/2"</i>	2	
<i>trueplus syr 0.3ml 30gx5/16"</i>	2	
<i>trueplus syr 0.3ml 31gx5/16"</i>	2	
<i>trueplus syr 0.5ml 28gx1/2"</i>	2	
<i>trueplus syr 0.5ml 29gx1/2"</i>	2	
<i>trueplus syr 0.5ml 30gx5/16"</i>	2	
<i>trueplus syr 0.5ml 31gx5/16"</i>	2	
<i>trueplus syr 1ml 28gx1/2"</i>	2	
<i>trueplus syr 1ml 29gx1/2"</i>	2	
<i>trueplus syr 1ml 30gx5/16"</i>	2	
<i>trueplus syr 1ml 31gx5/16"</i>	2	
<i>trueplus ultra thin 30g lancet</i>	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
<i>trueplus 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>tuberculin syringe</i>	2	
<i>twist lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>twist lancets 30g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>twist lancets 32g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>twist top 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ult cft 0.3 ml 29gx1/2" (1/2)</i>	2	
<i>ult cft 0.3 ml 31gx5/16" (1/2)</i>	2	
<i>ulticare ins syr 1 ml 31gx5/16"</i>	2	
<i>ulticar ins 0.3ml 31gx1/4(1/2)</i>	2	
<i>ulticare ins safety 1ml 29x1/2</i>	2	
<i>ulticare ins syr 1 ml 28gx1/2"</i>	2	
<i>ulticare ins syr 1 ml 29gx1/2"</i>	2	
<i>ulticare ins syr 1 ml 30gx1/2"</i>	2	
<i>ulticare ins 0.3 ml 30gx1/2"</i>	2	
<i>ulticare ins 0.3 ml 31gx1/4"</i>	2	
<i>ulticare ins 0.5 ml 30gx1/2"</i>	2	
<i>ulticare ins 0.5 ml 31gx1/4"</i>	2	
<i>ulticare ins 1 ml 31gx1/4"</i>	2	
<i>ulticare pen ndl 12.7 mm 29g</i>	2	
<i>ulticare pen needle 31gx3/16"</i>	2	
<i>ulticare pen needle 4mm 32g</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ulticare pen needle 6mm 31g</i>	2	
<i>ulticare pen needle 8 mm 31g</i>	2	
<i>ulticare pen needle 8mm 31g</i>	2	
<i>ulticare pen needles 12mm 29g</i>	2	
<i>ulticare pen needles 4mm 32g</i>	2	
<i>ulticare pen needles 6mm 31g</i>	2	
<i>ulticare pen needles 6mm 32g</i>	2	
<i>ulticare pen needles 8mm 31g</i>	2	
<i>ulticare safety 0.5 ml 29gx1/2</i>	2	
<i>ulticare syr 0.3 ml 30gx1/2"</i>	2	
<i>ulticare syr 0.3 ml 30gx5/16"</i>	2	
<i>ulticare syr 0.3 ml 31gx5/16"</i>	2	
<i>ulticare syr 0.5 ml 29gx1/2"</i>	2	
<i>ulticare syr 0.5 ml 30gx1/2"</i>	2	
<i>ulticare syr 0.5 ml 30gx5/16"</i>	2	
<i>ulticare syr 0.5 ml 31gx5/16"</i>	2	
<i>ulticare syr 1 ml 30gx5/16"</i>	2	
<i>ulticare syr 1 ml 31gx5/16"</i>	2	
<i>ulticare syrin 0.3 ml 29gx1/2"</i>	2	
<i>ulticare syrin 0.5 ml 28gx1/2"</i>	2	
<i>ulticare syringe 1 ml 30gx1/2"</i>	2	
<i>ulticare tb safety 1 ml 25gx1"</i>	2	
<i>ultilet basic 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ultilet classic 26g lancets</i>	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
<i>ultilet classic 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ultilet classic 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ultilet classic 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ultilet insulin syringe 0.3 ml</i>	2	
<i>ultilet insulin syringe 0.5 ml</i>	2	
<i>ultilet insulin syringe 1 ml</i>	2	
<i>ultilet pen needle</i>	2	
<i>ultilet pen needle 4mm 32g</i>	2	
<i>ultilet safety 23g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ultilet 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ultilet 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ultilet 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ultra comfort 0.3 ml syringe</i>	2	
<i>ultra comfort 0.3 ml 29gx1/2"</i>	2	
<i>ultra comfort 0.5 ml syringe</i>	2	
<i>ultra comfort 0.5 ml 28gx1/2"</i>	2	
<i>ultra comfort 0.5 ml 29gx1/2"</i>	2	
<i>ultra comfort 0.5 ml 31gx5/16"</i>	2	
<i>ultra comfort 1 ml syringe</i>	2	
<i>ultra comfort 1 ml 28gx1/2"</i>	2	
<i>ultra comfort 1 ml 29gx1/2"</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ultra comfort 1 ml 30gx5/16"</i>	2	
<i>ultra comfort 1 ml 31gx5/16"</i>	2	
<i>ultra fine 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ultra flo pen needle 31g 5mm</i>	2	
<i>ultra flo pen needle 31g 8mm</i>	2	
<i>ultra flo pen needle 32g 4mm</i>	2	
<i>ultra flo pen needle 33g 4mm</i>	2	
<i>ultra flo pen needles 12mm 29g</i>	2	
<i>ultra flo syr 0.3 ml 29gx1/2"</i>	2	
<i>ultra flo syr 0.3 ml 30g 5/16"</i>	2	
<i>ultra flo syr 0.3 ml 31g 5/16"</i>	2	
<i>ultra flo syr 0.5 ml 29g 1/2"</i>	2	
<i>ultra flo 0.3ml 30g 1/2" (1/2)</i>	2	
<i>ultra flo 0.3ml 30g 5/16"(1/2)</i>	2	
<i>ultra flo 0.3ml 31g 5/16"(1/2)</i>	2	
<i>ultra thin pen ndl 32g x 4mm</i>	2	
<i>ultra thin 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ultra thin 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ultra thin 31g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ultra thin 31g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ultra thin 33g lancets</i>	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
ultra-care 30g lancets	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
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	
ultracare ins 1 ml 31g x 5/16"	2	
ultracare pen needle 31gx1/4"	2	
ultracare pen needle 31gx3/16"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ultracare pen needle 31gx5/16"</i>	2	
<i>ultracare pen needle 32gx1/4"</i>	2	
<i>ultracare pen needle 32gx3/16"</i>	2	
<i>ultracare pen needle 32gx5/32"</i>	2	
<i>ultracare pen needle 33gx5/32"</i>	2	
<i>ultralance 26g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ultralance 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>ultralanc lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unifine pen needle 32g 4mm</i>	2	
<i>unifine pentips max 30gx3/16"</i>	2	
<i>unifine pentips needles 29g</i>	2	
<i>unifine pentips plus 29gx1/2"</i>	2	
<i>unifine pentips plus 30gx3/16"</i>	2	
<i>unifine pentips plus 31gx1/4"</i>	2	
<i>unifine pentips plus 31gx3/16"</i>	2	
<i>unifine pentips plus 31gx5/16"</i>	2	
<i>unifine pentips plus 32gx5/32"</i>	2	
<i>unifine pentips plus 33gx5/32"</i>	2	
<i>unifine pentips 12mm 29g</i>	2	
<i>unifine pentips 29g 12mm</i>	2	
<i>unifine pentips 31g 5mm</i>	2	
<i>unifine pentips 31g 6mm</i>	2	
<i>unifine pentips 31g 8mm</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>unifine pentips 31gx3/16"</i>	2	
<i>unifine pentips 32g 4mm</i>	2	
<i>unifine pentips 32g 6mm</i>	2	
<i>unifine pentips 32gx1/4"</i>	2	
<i>unifine pentips 32gx5/32"</i>	2	
<i>unifine pentips 33gx5/32"</i>	2	
<i>unifine pentips 6mm needle</i>	2	
<i>unifine pentips 6mm 31g</i>	2	
<i>unifine pentips 8mm needle</i>	2	
<i>unifine pentips 8mm 31g</i>	2	
<i>unifine ultra pen ndl 31g 5mm</i>	2	
<i>unifine ultra pen ndl 31g 6mm</i>	2	
<i>unifine ultra pen ndl 31g 8mm</i>	2	
<i>unifine ultra pen ndl 32g 4mm</i>	2	
<i>unilet comfortouch lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unilet comfortouch 26g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unilet excelite ii lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unilet excelite lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unilet gp lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unilet gp lancet superlite</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unilet micro thin 33g lancet</i>	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
<i>unilet micro thin 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unilet super thin 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unilet ultra thin 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik comfort 28g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik czr comfort 28g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik czr normal 23g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik extra 21g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik normal 23g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik pro 21g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik pro 25g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik pro 28g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik safety 28g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik safety 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik touch 21g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik touch 23g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik touch 28g lancets</i>	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
<i>unistik touch 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik 2 comfort 28g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik 2 extra 21g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik 2 normal 21g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik 3 comfort 28g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik 3 dual 18g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik 3 extra 21g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik 3 gentle on-the-go 30g</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik 3 gentle 30g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik 3 normal 23g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik 3 normal 23g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>unistik 3 safety 21g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>universal 1 33g lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>vanishpoint u-100 29x1/2 syr</i>	2	
<i>vanishpoint 0.5 ml 30gx1/2" sy</i>	2	
<i>verifine in syr 0.5ml 29g 12mm</i>	2	
<i>verifine ins syr 0.3ml 31g 8mm</i>	2	
<i>verifine ins syr 0.5ml 31g 8mm</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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)
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 syringe 0.5ml 29g 1/2"	2	
verifine syringe 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)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>verifine universal 33g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>vicks sinex 12 hour spray</i>	1	
<i>vivaguard 30g lancet</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>walgreens thin lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>walgreens ultra thin lancets</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>wm unifine pentip plus 4mm 32g</i>	2	
<i>wm unifine pentip plus 5mm 31g</i>	2	
<i>wm unifine pentip plus 6mm 31g</i>	2	
<i>wm unifine pentip plus 8mm 31g</i>	2	
<i>yourx ulticare pen ndl 4mm 32g</i>	2	
<i>yourx ulticare pen ndl 6mm 31g</i>	2	
<i>yourx ulticare pen ndl 8mm 31g</i>	2	
<i>1st tier comfortouch 28g lanct</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>1st tier comfortouch 30g lanct</i>	2	QL (10 per day for ages under 21 and on insulin, 7 per day for all others)
<i>1st tier unifine pentp 5mm 31g</i>	2	
<i>1st tier unifine pntip 4mm 32g</i>	2	
<i>1st tier unifine pntip 6mm 31g</i>	2	
<i>1st tier unifine pntip 8mm 31g</i>	2	
<i>1st tier unifine pntp 12mm 29g</i>	2	
<i>1st tier unifine pntp 29gx1/2"</i>	2	
<i>1st tier unifine pntp 31gx1/4"</i>	2	
<i>1st tier unifine pntp 31gx3/16</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
1st tier unifine pntp 31gx5/16	2	
1st tier unifine pntp 32gx5/32	2	
12 hour nasal relief spray	1	
OPHTHALMIC AGENTS - OPTHALMIC AGENTS, OTHER		
ADVANCED EYE RELIEF DRY EYE DP	1	
ADVANCED EYE RELIEF EYE DROPS	1	
ADVANCED EYE RELIEF REDNESS DP	1	
artificial tears drops	1	
artificial tears eye drops	1	
ARTIFICIAL TEARS 1.4% DROPS	2	
artificials tears drops	1	
atropine sulfate 0.01% eye drp	1	
atropine 1% eye drops	1	
atropine 1% eye ointment	1	
COSOPT EYE DROPS	2	QL (0.36 / DAY)
cvs artificial tears drops	1	
cvs redness relief drops	1	
cvs redness relief eye drops	1	
dorzolamide-timolol eye drops	1	QL (0.36 / DAY)
eq artificial tears drops	1	
eql redness relief eye drops	1	
genteal tears 0.1%-0.3% drop	1	
gnp artificial tears drops	1	
gs artificial tears eye drops	1	
homatropaire 5% eye drops	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ISOPTO ATROPINE 1% EYE DROP	1	
<i>lubricant eye drops</i>	1	
<i>lubricating tears 0.1-0.3% drp</i>	1	
MYDRIACYL 1% EYE DROPS	1	
<i>neo-bacit-poly-hc eye ointment</i>	1	
<i>neo-polycin hc eye ointment</i>	1	
<i>polyvinyl alcohol 1.4% eyedrop</i>	1	
<i>pub artificial tears</i>	1	
<i>qc artificial tears drops</i>	1	
<i>ra artificial tears drops</i>	1	
<i>redness lubricant eye drops</i>	1	
<i>redness relief eye drops</i>	1	
<i>redness reliever eye drops</i>	1	
<i>sulf-pred 10-0.23% eye drops</i>	1	
TOBRADEX EYE DROPS	2	
TOBRADEX EYE OINTMENT	2	
TOBRADEX ST 0.3-0.05% EYE DROP	2	
<i>tobramycin-dexameth ophth susp</i>	1	
<i>tropicamide 0.5% eye drop</i>	1	
<i>tropicamide 0.5% eye drops</i>	1	
<i>tropicamide 1% eye drop</i>	1	
<i>tropicamide 1% eye drops</i>	1	
VISUDYNE 15 MG VIAL	2	PA
OPHTHALMIC AGENTS - OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl 0.05% drops</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cvs olopatadine 0.1% eye drops</i>	1	
<i>cvs olopatadine 0.2% eye drop</i>	1	
<i>gnp olopatadine 0.1% eye drops</i>	1	
<i>gnp olopatadine 0.2% eye drop</i>	1	
<i>olopatadine hcl 0.1% eye drop</i>	1	
<i>olopatadine hcl 0.1% eye drops</i>	1	
<i>olopatadine hcl 0.2% eye drop</i>	1	
PATADAY ONCE DAILY 0.2% DROPS	2	
<i>qc olopatadine 0.2% eye drop</i>	1	
<i>sm olopatadine 0.2% eye drop</i>	1	
OPHTHALMIC AGENTS - OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac eye ointment</i>	1	
<i>bacitracin 500 unit/gm ophth</i>	1	
<i>bacitracin-polymyxin eye oint</i>	1	
CILOXAN 0.3% OINTMENT	2	
<i>ciprofloxacin 0.3% eye drop</i>	1	
<i>erythromycin 0.5% eye ointment</i>	1	
<i>gentak 0.3 % eye ointment</i>	1	
<i>gentamicin 0.3% eye drop</i>	1	
<i>neo-polycin eye ointment</i>	1	
<i>neomyc-bacit-polymix eye oint</i>	1	
OCUFLOX 0.3% EYE DROPS	2	
<i>ofloxacin 0.3% eye drops</i>	1	
<i>polycin eye ointment</i>	1	
<i>sulfacetamide 10% eye drops</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tobramycin 0.3% eye drop</i>	1	
<i>trifluridine 1% eye drops</i>	1	
OPHTHALMIC AGENTS - OPHTHALMIC ANTI-INFLAMMATORIES		
<i>dexamethasone 0.1% eye drop</i>	1	QL (10 / 30 DAYS)
<i>diclofenac 0.1% eye drops</i>	1	QL (10 / 30 DAYS)
<i>fluorometholone 0.1% eye drop</i>	1	QL (10 / 30 DAYS)
<i>flurbiprofen 0.03% eye drop</i>	1	QL (2.5 / 30 DAYS)
FML LIQUIFILM 0.1% EYE DROP	2	QL (10 / 30 DAYS)
MAXIDEX 0.1% EYE DROPS	2	QL (10 / 30 DAYS)
PRED FORTE 1% EYE DROPS	2	QL (10 / 30 DAYS)
PRED MILD 0.12% EYE DROPS	2	QL (10 / 30 DAYS)
<i>prednisolone ac 1% eye drop</i>	1	QL (10 / 30 DAYS)
<i>prednisolone sod 1% eye drop</i>	1	QL (10 / 30 DAYS)
OPHTHALMIC AGENTS - OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl 0.5% eye drop</i>	1	
BETOPTIC S 0.25% EYE DROP	2	QL (0.54 / DAY)
BETOPTIC S 0.25% EYE DROPS	2	QL (0.54 / DAY)
ISTALOL 0.5% EYE DROPS	2	
<i>levobunolol 0.5% eye drops</i>	1	
<i>timolol maleate 0.25% eye drop</i>	1	
<i>timolol maleate 0.5% eye drops</i>	1	
<i>timolol 0.5% eye drop</i>	1	
TIMOPTIC 0.25% EYE DROP	2	
TIMOPTIC 0.5% EYE DROP	2	
OPHTHALMIC AGENTS - OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>acetazolamide er 500 mg cap</i>	1	
ALPHAGAN P 0.1% DROPS	2	
ALPHAGAN P 0.15% EYE DROPS	2	QL (0.54 / DAY)
<i>apraclonidine hcl 0.5% drops</i>	1	QL (0.36 / DAY)
<i>brimonidine tartrate 0.15% drp</i>	1	QL (0.54 / DAY)
<i>brimonidine 0.2% eye drop</i>	1	QL (0.54 / DAY)
<i>dorzolamide hcl 2% eye drops</i>	1	
IOPIDINE 1% EYE DROPS	2	QL (0.36 / DAY)
ISOPTO CARPINE 1% EYE DROPS	1	
<i>pilocarpine 1% eye drops</i>	1	
<i>pilocarpine 2% eye drops</i>	1	
<i>pilocarpine 4% eye drops</i>	1	
TRUSOPT 2% EYE DROPS	2	
OPHTHALMIC AGENTS - OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03% eye drops</i>	1	QL (0.18 / DAY)
<i>latanoprost 0.005% eye drops</i>	1	
LUMIGAN 0.01% EYE DROPS	2	QL (0.18 / DAY)
TRAVATAN Z 0.004% EYE DROP	2	QL (0.18 / DAY)
<i>travoprost 0.004% eye drop</i>	1	QL (0.18 / DAY)
XALATAN 0.005% EYE DROPS	2	
OTIC AGENTS - OTIC AGENTS		
CIPRO HC OTIC SUSPENSION	2	
CORTISPORIN-TC EAR SUSPENSION	2	
<i>cvs ear drops 6.5%</i>	2	
<i>cvs ear wax removal 6.5% drop</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cvs ear wax removal 6.5% kit</i>	1	
DEBROX 6.5% EAR DROPS	2	
<i>ear drops 6.5%</i>	2	
<i>ear wax removal 6.5% drop</i>	1	
<i>ear wax removal 6.5% drops</i>	1	
<i>ear wax removal 6.5% kit</i>	1	
<i>eq ear wax removal aid kit</i>	1	
<i>eqi ear wax removal 6.5% drop</i>	1	
<i>ft ear wax removal 6.5% drop</i>	1	
<i>ft ear wax removal 6.5% kit</i>	1	
<i>gnp ear drops 6.5%</i>	2	
<i>gnp ear wax removal 6.5% drop</i>	1	
<i>gnp ear wax removal 6.5% kit</i>	1	
<i>gs ear wax removal 6.5% kit</i>	1	
<i>hm ear wax removal 6.5% drop</i>	1	
<i>hm ear wax removal 6.5% kit</i>	1	
<i>murine ear wax removal system</i>	1	
MURINE 6.5% EAR DROPS	2	
<i>neomycin-polymyxin-hc ear soln</i>	1	
<i>neomycin-polymyxin-hc ear susp</i>	1	
<i>ra ear drops 6.5%</i>	2	
<i>ra ear wax removal 6.5% kit</i>	1	
RESPIRATORY TRACT/PULMONARY AGENTS - ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ASMANEX TWISTHALER 110 MCG #30	2	QL (0.07 / DAY)
ASMANEX TWISTHALER 220 MCG #14	2	QL (0.07 / DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ASMANEX TWISTHALER 220 MCG #30	2	QL (0.07 / DAY)
ASMANEX TWISTHALER 220 MCG #60	2	QL (0.07 / DAY)
ASMANEX TWISTHALR 220 MCG #120	2	QL (0.07 / DAY)
budesonide 0.25 mg/2 ml susp	1	
budesonide 0.5 mg/2 ml susp	1	
budesonide 1 mg/2 ml inh susp	1	
FLOVENT HFA 110 MCG INHALER	2	QL (0.4 / DAY)
FLOVENT HFA 220 MCG INHALER	2	QL (0.8 / DAY)
FLOVENT HFA 44 MCG INHALER	2	QL (0.4 / DAY)
fluticasone prop 100mcg diskus	1	QL (2 / DAY)
fluticasone prop 250 mcg disk	1	QL (2 / DAY)
fluticasone prop 50 mcg diskus	1	QL (2 / DAY)
fluticasone prop 50 mcg spray	1	
mometasone furoate 50 mcg spry	1	
PULMICORT 0.25 MG/2 ML RESPUL	2	
PULMICORT 0.5 MG/2 ML RESPULE	2	
PULMICORT 1 MG/2 ML RESPULE	2	
PULMICORT 180 MCG FLEXHALER	2	QL (0.034 / DAY)
PULMICORT 90 MCG FLEXHALER	2	QL (0.034 / DAY)
QVAR REDHALER 40 MCG	2	QL (0.37 / DAY)
QVAR REDHALER 80 MCG	2	QL (0.37 / DAY)
RESPIRATORY TRACT/PULMONARY AGENTS - ANTIHISTAMINES		
ALAVERT 10 MG ODT	1	
aler-caps 25 mg capsule	1	
all day allergy 10 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALLEGRA ALLERGY 180 MG GELCAP	2	
ALLEGRA ALLERGY 180 MG TABLET	2	
ALLEGRA ALLERGY 60 MG TABLET	2	
ALLER-CHLOR 4 MG TABLET	2	
<i>aller-fex 180 mg tablet</i>	1	
<i>aller-g-time 25 mg caplet</i>	1	
<i>aller-tec 10 mg tablet</i>	1	
<i>allerclear 10 mg tablet</i>	1	
<i>allergy (loratadine) 10 mg tab</i>	1	
<i>allergy medicine 25 mg tablet</i>	1	
<i>allergy relief 10 mg tablet</i>	1	
<i>allergy relief 12.5 mg/5 ml</i>	1	
<i>allergy relief 180 mg tablet</i>	1	
<i>allergy relief 25 mg capsule</i>	1	
<i>allergy relief 25 mg softgel</i>	1	
<i>allergy relief 25 mg tablet</i>	1	
<i>allergy relief 25 mg/10 ml</i>	1	
<i>allergy relief 4 mg tablet</i>	1	
<i>allergy relief 5 mg/5 ml soln</i>	1	
<i>allergy rlf (cetrzn) 10 mg tab</i>	1	
<i>allergy rlf (fexo) 60 mg tab</i>	1	
<i>allergy 10 mg tablet</i>	1	
<i>allergy 25 mg capsule</i>	1	
<i>allergy 25 mg softgel</i>	1	
<i>allergy 25 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>allergy 4 mg tablet</i>	1	
<i>allergy 50 mg/20 ml solution</i>	1	
<i>allergy-time 4 mg tablet</i>	1	
<i>banophen 25 mg capsule</i>	1	
<i>banophen 25 mg tablet</i>	1	
<i>banophen 50 mg capsule</i>	1	
<i>benadryl allergy 25 mg ultratb</i>	1	
BENADRYL 25 MG LIQUI-GELS	2	
<i>cetirizine hcl 1 mg/ml soln</i>	1	
<i>cetirizine hcl 1 mg/ml syrup</i>	1	
<i>cetirizine hcl 10 mg tablet</i>	1	
<i>cetirizine hcl 5 mg tablet</i>	1	
<i>cetirizine hcl 5 mg/5 ml cup</i>	1	
<i>child all day allergy 1 mg/ml</i>	1	
<i>child allergy relief 1 mg/ml</i>	1	
<i>child allergy relief 5 mg/5 ml</i>	1	
<i>child allergy rlf 12.5 mg/5 ml</i>	1	
<i>child allergy 12.5 mg/5 ml</i>	1	
<i>child allergy 5 mg/5 ml soln</i>	1	
<i>child cetirizine hcl 1 mg/ml</i>	1	
CHILD CLARITIN 5 MG/5 ML SOLN	2	
<i>child diphenhydramin 12.5 mg/5</i>	1	
<i>child diphenhydramin 25mg/10ml</i>	1	
<i>child loratadine 5 mg/5 ml sol</i>	1	
<i>child loratadine 5 mg/5 ml syr</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>child wal-itin 5 mg/5 ml soln</i>	1	
<i>child wal-itin 5 mg/5 ml syrup</i>	1	
<i>child wal-zyr 1 mg/ml solution</i>	1	
CHILD ZYRTEC 1 MG/ML SOLUTION	1	
<i>child's allergy 12.5 mg/5 ml</i>	1	
CHILD'S BENADRYL 12.5 MG/5 ML	2	
<i>child's wal-dryl 12.5 mg/5 ml</i>	1	
<i>chlorhist 4 mg tablet</i>	1	
<i>chlorpheniramine er 12 mg tab</i>	1	
<i>chlorpheniramine 4 mg tablet</i>	1	
CLARITIN 10 MG LIQUI-GEL CAP	1	
CLARITIN 10 MG REDITABS	2	
CLARITIN 10 MG TABLET	2	
CLARITIN 5 MG REDITABS	1	
CLARITIN 5 MG/5 ML SYRUP	2	
<i>complete allergy 25 mg caplet</i>	1	
<i>cvs allergy (cetzn) 10 mg tab</i>	1	
<i>cvs allergy (diphen) 25 mg cap</i>	1	
<i>cvs allergy (fexo) 60 mg tab</i>	1	
<i>cvs allergy (lorat) 10 mg odt</i>	1	
<i>cvs allergy (lorat) 10 mg tab</i>	1	
<i>cvs allergy relief 180 mg tab</i>	1	
<i>cvs allergy relief 25 mg tab</i>	1	
<i>cvs allergy relief 4 mg tablet</i>	1	
<i>cvs allergy 50 mg/20 ml liq</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cvs child allergy relf 1 mg/ml</i>	1	
<i>cvs child allergy rlf 1 mg/ml</i>	1	
<i>cvs child allergy 12.5 mg/5 ml</i>	1	
<i>cvs child allergy 5 mg/5 ml</i>	1	
<i>cypheptadine 4 mg tablet</i>	1	
<i>diphenhydrl 12.5 mg/5 ml elixir</i>	1	
<i>diphen 12.5 mg/5 ml elixir</i>	1	
DIPHEN 12.5 MG/5 ML SOLUTION	1	
<i>diphen 25 mg caplet</i>	1	
DIPHENHIST 25 MG CAPSULE	2	
<i>diphenhydramine 12.5 mg/5 ml</i>	1	
<i>diphenhydramine 12.5mg/5ml cup</i>	1	
<i>diphenhydramine 25 mg caplet</i>	1	
<i>diphenhydramine 25 mg capsule</i>	1	
<i>diphenhydramine 25 mg tablet</i>	1	
<i>diphenhydramine 25 mg/10ml cup</i>	1	
<i>diphenhydramine 50 mg capsule</i>	1	
<i>diphenhydramine 50 mg/ml syrng</i>	1	
<i>diphenhydramine 50 mg/ml vial</i>	1	
<i>eq allergy (lorat) 10 mg tab</i>	1	
<i>eq allergy relief 1 mg/ml soln</i>	1	
<i>eq allergy relief 10 mg tablet</i>	1	
<i>eq allergy relief 180 mg tab</i>	1	
<i>eq allergy relief 25 mg cap</i>	1	
<i>eq allergy relief 25 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>eq child allergy relf 1 mg/ml</i>	1	
<i>eq child allergy relief soln</i>	1	
<i>eq child allergy 12.5 mg/5 ml</i>	1	
<i>eq child allergy 5 mg/5 ml sol</i>	1	
<i>eq child cetirizine 1 mg/ml</i>	1	
<i>eq chlortabs 4 mg tablet</i>	1	
<i>eq loratadine 10 mg odt</i>	1	
<i>eql all day allergy 10 mg tab</i>	1	
<i>eql allergy (cetrzn) 10 mg tab</i>	1	
<i>eql allergy (diphen) 25 mg cap</i>	1	
<i>eql allergy (diphen) 25 mg tab</i>	1	
<i>eql allergy relief 10 mg tab</i>	1	
<i>eql allergy relief 180 mg tab</i>	1	
<i>eql allergy relief 25 mg cap</i>	1	
<i>eql allergy 25 mg tablet</i>	1	
<i>eql allergy 4 mg tablet</i>	1	
<i>eql child allergy (lorat) soln</i>	1	
<i>eql child allergy 12.5 mg/5 ml</i>	1	
<i>eql chld all day aller 1 mg/ml</i>	1	
<i>fexofenadine hcl 180 mg tablet</i>	1	
<i>fexofenadine hcl 60 mg tablet</i>	1	
<i>ft ad allergy (cetrzn) 10mg tb</i>	1	
<i>ft ad allergy (lorat) 10 mg tb</i>	1	
<i>ft allergy (cetrzn) 10 mg tab</i>	1	
<i>ft allergy (chlorphen) 4 mg tb</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ft allergy (diphen) 25 mg cap</i>	1	
<i>ft allergy (diphen) 25 mg tab</i>	1	
<i>ft allergy (fexo) 180 mg tab</i>	1	
<i>ft allergy (fexo) 60 mg tablet</i>	1	
<i>ft allergy (lorat) 10 mg tab</i>	1	
<i>ft child allergy rlf 1 mg/ml</i>	1	
<i>ft child allergy 12.5 mg/5 ml</i>	1	
<i>ft child allergy 5 mg/5 ml sol</i>	1	
<i>geri-dryl 12.5 mg/5 ml liquid</i>	1	
<i>geri-dryl 25 mg tablet</i>	1	
<i>gnp all day allergy 10 mg tab</i>	1	
<i>gnp allergy relf 5 mg/5 ml sln</i>	1	
<i>gnp allergy relief 180 mg tab</i>	1	
<i>gnp allergy relief 25 mg cap</i>	1	
<i>gnp allergy relief 25 mg lq cp</i>	1	
<i>gnp allergy relief 25 mg sfgl</i>	1	
<i>gnp allergy relief 25 mg tab</i>	1	
<i>gnp allergy relief 4 mg tablet</i>	1	
<i>gnp allergy relief 50 mg/20 ml</i>	1	
<i>gnp allergy 25 mg softgel</i>	1	
<i>gnp allergy 25 mg tablet</i>	1	
<i>gnp child allergy 12.5 mg/5 ml</i>	1	
<i>gnp chld all day aller 1 mg/ml</i>	1	
<i>gnp chld loratadine 5 mg/5 ml</i>	1	
<i>gnp diphedryl 12.5 mg/5 ml elx</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gnp loratadine 10 mg odt	1	
gnp loratadine 10 mg tablet	1	
gnp loratadine 5 mg/5 ml syrup	1	
gs all day allergy 10 mg tab	1	
gs aller-ease 180 mg tablet	1	
gs aller-ease 60 mg tablet	1	
gs allergy relief 10 mg tablet	1	
gs allergy relief 25 mg tablet	1	
gs allergy relief 4 mg tablet	1	
gs child all day aller 1 mg/ml	1	
gs child allergy rlf 5 mg/5 ml	1	
gs child allergy 12.5 mg/5 ml	1	
hm allergy relief 10 mg tablet	1	
hm allergy relief 180 mg tab	1	
hm allergy relief 25 mg cap	1	
hm allergy relief 25 mg tablet	1	
hm allergy relief 4 mg tablet	1	
hm allergy relief 60 mg tablet	1	
hm child all day aller 1 mg/ml	1	
hm child allergy 12.5 mg/5 ml	1	
hm child loratadine 5 mg/5 ml	1	
hm loratadine 10 mg tablet	1	
hydroxyzine hcl 10 mg tablet	1	
hydroxyzine hcl 25 mg tablet	1	
hydroxyzine hcl 50 mg tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hydroxyzine pam 100 mg cap</i>	1	
<i>hydroxyzine pam 25 mg cap</i>	1	
<i>hydroxyzine pam 50 mg cap</i>	1	
<i>hydroxyzine 10 mg/5 ml soln</i>	1	
<i>hydroxyzine 10 mg/5 ml syrup</i>	1	
<i>hydroxyzine 100 mg/2 ml vial</i>	1	
<i>hydroxyzine 25 mg/ml vial</i>	1	
<i>hydroxyzine 50 mg/ml vial</i>	1	
<i>hydroxyzine 50 mg/25 ml cup</i>	1	
<i>hydroxyzine 500 mg/10 ml vial</i>	1	
<i>kro all day allergy 10 mg tab</i>	1	
<i>kro allergy (fexo) 60 mg tab</i>	1	
<i>kro allergy relief 10 mg tab</i>	1	
<i>kro allergy relief 180 mg tab</i>	1	
<i>kro allergy 25 mg capsule</i>	1	
<i>kro allergy 25 mg tablet</i>	1	
<i>kro child allergy relief soln</i>	1	
<i>kro child allergy 12.5 mg/5 ml</i>	1	
<i>kro chld all day aller 1 mg/ml</i>	1	
<i>loradamed 10 mg tablet</i>	1	
<i>loratadine allergy 5 mg/5 ml</i>	1	
<i>loratadine 10 mg odt</i>	1	
<i>loratadine 10 mg tablet</i>	1	
<i>loratadine 5 mg/5 ml solution</i>	1	
<i>loratadine 5 mg/5 ml syrup</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>m-dryl 12.5 mg/5 ml solution</i>	1	
<i>night allergy rlf 25 mg caplet</i>	1	
<i>pharbechlor 4 mg tablet</i>	1	
<i>pharbedryl 25 mg capsule</i>	1	
<i>pharbedryl 50 mg capsule</i>	1	
<i>pub allergy relief 10 mg tab</i>	1	
<i>pub allergy relief 180 mg tab</i>	1	
<i>pub allergy 12.5 mg/5 ml liq</i>	1	
<i>pub allergy 25 mg capsule</i>	1	
<i>pub allergy 25 mg tablet</i>	1	
<i>pub children's allergy 1 mg/ml</i>	1	
<i>qc allergy (lorat) 10 mg tab</i>	1	
<i>qc allergy relief 180 mg tab</i>	1	
<i>qc child allergy 12.5 mg/5 ml</i>	1	
<i>qc complete allergy 25 mg cap</i>	1	
<i>ra allergy med capsule</i>	1	
<i>ra allergy med 25 mg capsule</i>	1	
<i>ra allergy med 25 mg tablet</i>	1	
<i>ra allergy relief 10 mg tablet</i>	1	
<i>ra allergy relief 180 mg tab</i>	1	
<i>ra allergy relief 25 mg cap</i>	1	
<i>ra allergy relief 4 mg tablet</i>	1	
<i>ra allergy 25 mg tablet</i>	1	
<i>ra cetirizine hcl 10 mg tablet</i>	1	
<i>ra child allergy relf 1 mg/ml</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ra child allergy 12.5 mg/5 ml</i>	1	
<i>ra child allergy 5 mg/5 ml sol</i>	1	
<i>ra chlorpheniramine 4 mg tab</i>	1	
<i>ra complete allergy 25 mg cplt</i>	1	
<i>ra diphedryl 12.5 mg/5 ml elix</i>	1	
<i>ra diphedryl 12.5 mg/5 ml liq</i>	1	
<i>ra loratadine 10 mg tablet</i>	1	
<i>sm all day allergy 10 mg tab</i>	1	
<i>sm allergy (diphen) 25 mg cap</i>	1	
<i>sm allergy (fexo) 60 mg tablet</i>	1	
<i>sm allergy relief 12.5 mg/5 ml</i>	1	
<i>sm allergy relief 25 mg tablet</i>	1	
<i>sm allergy 4 mg tablet</i>	1	
<i>sm child all day aller 1 mg/ml</i>	1	
<i>sm child allergy 12.5 mg/5 ml</i>	1	
<i>sm child allergy 5 mg/5 ml sol</i>	1	
<i>sm fexofenadine hcl 180 mg tab</i>	1	
<i>sm loratadine 10 mg tablet</i>	1	
<i>sm loratadine 5 mg/5 ml syrup</i>	1	
<i>sw allergy relief 10 mg tab</i>	1	
<i>total allergy 25 mg tablet</i>	1	
VISTARIL 25 MG CAPSULE	2	
VISTARIL 50 MG CAPSULE	2	
<i>wal-dryl allergy 12.5 mg/5 ml</i>	1	
<i>wal-dryl allergy 25 mg capsule</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>wal-dryl allergy 25 mg minitab</i>	1	
<i>wal-dryl allergy 25 mg softgel</i>	1	
<i>wal-fex allergy 180 mg tablet</i>	1	
<i>wal-fex allergy 60 mg tablet</i>	1	
<i>wal-finate 4 mg tablet</i>	1	
<i>wal-itin 10 mg tablet</i>	1	
<i>wal-itin 5 mg/5 ml syrup</i>	1	
<i>wal-zyr solution</i>	1	
<i>wal-zyr 10 mg tablet</i>	1	
ZYRTEC 10 MG TABLET	2	
<i>24hour allergy 10 mg tablet</i>	1	
RESPIRATORY TRACT/PULMONARY AGENTS - ANTILEUKOTRIENES		
ACCOLATE 10 MG TABLET	1	
ACCOLATE 20 MG TABLET	1	
<i>montelukast sod 10 mg tablet</i>	1	
<i>montelukast sod 4 mg granules</i>	1	
<i>montelukast sod 4 mg tab chew</i>	1	
<i>montelukast sod 5 mg tab chew</i>	1	
SINGULAIR 10 MG TABLET	2	
SINGULAIR 4 MG GRANULES	2	
SINGULAIR 4 MG TABLET CHEW	2	
SINGULAIR 5 MG TABLET CHEW	2	
<i>zafirlukast 10 mg tablet</i>	1	
<i>zafirlukast 20 mg tablet</i>	1	
RESPIRATORY TRACT/PULMONARY AGENTS - BRONCHODILATORS, ANTICHOLINERGIC		

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ATROVENT 17 MCG HFA INHALER	2	QL (0.86 / DAY)
INCRUSE ELLIPTA 62.5 MCG INH	2	QL (1 / DAY)
<i>ipratropium br 0.02% soln</i>	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		
<i>albuterol hfa 90 mcg inhaler (18 grams)</i>	1	QL (1.2 / DAY)
<i>albuterol hfa 90 mcg inhaler (6.7 grams)</i>	1	QL (0.45 / DAY)
<i>albuterol hfa 90 mcg inhaler (8.5 grams)</i>	1	QL (0.57 / DAY)
<i>albuterol sul 0.63 mg/3 ml sol</i>	1	
<i>albuterol sul 1.25 mg/3 ml sol</i>	1	
<i>albuterol sul 2.5 mg/3 ml soln</i>	1	
<i>albuterol sulf 2 mg/5 ml syrup</i>	1	
<i>albuterol sulfate er 4 mg tab</i>	1	
<i>albuterol sulfate er 8 mg tab</i>	1	
<i>albuterol sulfate 2 mg tab</i>	1	
<i>albuterol sulfate 4 mg tab</i>	1	
<i>albuterol 100 mg/20 ml soln</i>	1	
<i>albuterol 15 mg/3 ml solution</i>	1	
<i>albuterol 2.5 mg/0.5 ml sol</i>	1	
<i>albuterol 25 mg/5 ml solution</i>	1	
<i>albuterol 5 mg/ml solution</i>	1	
<i>albuterol 75 mg/15 ml soln</i>	1	
AUVI-Q 0.3 MG AUTO-INJECTOR	2	QL (2 / 30 DAYS)
<i>epinephrine 0.15 mg auto-injct</i>	1	QL (2 / 30 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>epinephrine 0.3 mg auto-inject</i>	1	QL (2 / 30 DAYS)
EPIPEN JR 2-PAK 0.15 MG INJCTR	2	QL (2 / 30 DAYS)
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	2	QL (2 / 30 DAYS)
<i>gnp suphedrin 30 mg tablet</i>	1	
PROAIR HFA 90 MCG INHALER	2	QL (0.57 / DAY)
PROVENTIL HFA 90 MCG INHALER	2	
<i>pseudoephedrine 30 mg tablet</i>	1	
<i>pseudoephedrine 60 mg tablet</i>	1	
<i>ra suphedrine 30 mg tablet</i>	1	
SEREVENT DISKUS 50 MCG	2	
SUDAFED 30 MG TABLET	2	
<i>sudogest 30 mg tablet</i>	1	
<i>sudogest 60 mg tablet</i>	1	
<i>suphedrin 30 mg tablet</i>	1	
<i>terbutaline sulfate 2.5 mg tab</i>	1	
<i>terbutaline sulfate 5 mg tab</i>	1	
<i>wal-phed 30 mg tablet</i>	1	
RESPIRATORY TRACT/PULMONARY AGENTS - CYSTIC FIBROSIS AGENTS		
<i>acetylcysteine 10% vial</i>	1	
<i>acetylcysteine 20% vial</i>	1	
RESPIRATORY TRACT/PULMONARY AGENTS - MAST CELL STABILIZERS		
<i>cromolyn 20 mg/2 ml neb soln</i>	1	PA
RESPIRATORY TRACT/PULMONARY AGENTS - PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
ELIXOPHYLLIN 80 MG/15 ML ELIX	2	
THEO-24 ER 100 MG CAPSULE	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THEO-24 ER 200 MG CAPSULE	2	
THEO-24 ER 300 MG CAPSULE	2	
THEO-24 ER 400 MG CAPSULE	2	
<i>theophylline er 100 mg tablet</i>	1	
<i>theophylline er 200 mg tablet</i>	1	
<i>theophylline er 300 mg tablet</i>	1	
<i>theophylline er 400 mg tablet</i>	1	
<i>theophylline er 450 mg tablet</i>	1	
<i>theophylline er 600 mg tablet</i>	1	
<i>theophylline 80 mg/15 ml cup</i>	1	
<i>theophylline 80 mg/15 ml soln</i>	1	
RESPIRATORY TRACT/PULMONARY AGENTS - PULMONARY ANTIHYPERTENSIVES		
<i>ambrisentan 10 mg tablet</i>	1	QL (1 / DAY); PA
<i>ambrisentan 5 mg tablet</i>	1	QL (1 / DAY); PA
<i>bosentan 125 mg tablet</i>	1	QL (2 / DAY); PA
<i>bosentan 62.5 mg tablet</i>	1	QL (2 / DAY); PA
<i>epoprostenol sodium 0.5 mg vial</i>	1	PA
<i>epoprostenol sodium 1.5 mg vial</i>	1	PA
FLOLAN 0.5 MG VIAL	2	PA
FLOLAN 1.5 MG VIAL	2	PA
LETAIRIS 10 MG TABLET	2	QL (1 / DAY); PA
LETAIRIS 5 MG TABLET	2	QL (1 / DAY); PA
REMODULIN 1 MG/ML VIAL	2	PA
REMODULIN 10 MG/ML VIAL	2	PA
REMODULIN 2.5 MG/ML VIAL	2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REMODULIN 5 MG/ML VIAL	2	PA
TRACLEER 125 MG TABLET	2	QL (2 / DAY); PA
TRACLEER 62.5 MG TABLET	2	QL (2 / DAY); PA
<i>treprostinil 100 mg/20 ml vial</i>	1	PA
<i>treprostinil 20 mg/20 ml vial</i>	1	PA
<i>treprostinil 200 mg/20 ml vial</i>	1	PA
<i>treprostinil 50 mg/20 ml vial</i>	1	PA
VENTAVIS 10 MCG/1 ML SOLUTION	2	PA
VENTAVIS 20 MCG/1 ML SOLUTION	2	PA
RESPIRATORY TRACT/PULMONARY AGENTS - RESPIRATORY TRACT AGENTS, OTHER		
<i>adult wal-tussin dm syrup</i>	1	
<i>adult wal-tussin liquid</i>	1	
ADVAIR HFA 115-21 MCG INHALER	2	QL (0.4 / DAY)
ADVAIR HFA 230-21 MCG INHALER	2	QL (0.4 / DAY)
ADVAIR HFA 45-21 MCG INHALER	2	QL (0.4 / DAY)
ADVAIR 100-50 DISKUS	2	QL (2 / DAY)
ADVAIR 250-50 DISKUS	2	QL (2 / DAY)
ADVAIR 500-50 DISKUS	2	QL (2 / DAY)
<i>alavert d-12 allergy-cong tab</i>	1	
<i>alavert d-12 allergy-sinus tab</i>	1	
<i>allerclear d-12hr tablet</i>	1	
<i>allerclear d-24hr er tablet</i>	1	
<i>allergy relief d 12-hour tab</i>	1	
<i>allergy relief d-12 tablet</i>	1	
<i>allergy relief d-24hr tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>allergy relief-d 12 hour tab</i>	1	
<i>allergy relief-nasal decong tb</i>	1	
<i>allergy-conges relf er tablet</i>	1	
<i>allergy-congest rlf-d 24hr tab</i>	1	
<i>allergy-congestion rlf 12h tab</i>	1	
ANORO ELLIPTA 62.5-25 MCG INH	2	QL (2 / DAY)
<i>benzonatate perle 100 mg cap</i>	1	
<i>benzonatate 100 mg capsule</i>	1	
<i>benzonatate 150 mg capsule</i>	1	
<i>benzonatate 200 mg capsule</i>	1	
<i>budesonide-formoterol 160-4.5</i>	1	
<i>budesonide-formoterol 80-4.5</i>	1	
CHEST CONGESTION RELIEF SOLN	2	
<i>children's chest congest liq</i>	1	
<i>children's mucus relief liq</i>	1	
CLARITIN-D 12 HOUR TABLET	2	
CLARITIN-D 24 HOUR TABLET	2	
<i>claritin-d 24 hour tablet</i>	2	
<i>codeine-guaifen 10-100 mg/5 ml</i>	1	
<i>coditussin ac liquid</i>	1	
COMBIVENT RESPIMAT 20-100 MCG	2	QL (0.267 / DAY)
<i>cough dm 20-200 mg/10 ml syrup</i>	1	
<i>cough syrup 100 mg/5 ml</i>	2	
<i>cvs allergy relief d-24hr tab</i>	1	
<i>cvs allergy relief-d12 tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cvs child's chest congest liq</i>	1	
<i>cvs tussin 100 mg/5 ml liquid</i>	1	
<i>diabetic tussin ex liquid</i>	1	
<i>eq tussin dm cough-chest syr</i>	1	
<i>eql tussin chest congest syrup</i>	1	
<i>eql tussin dm cough-chest syr</i>	1	
<i>eql tussin mucus-chest congest</i>	1	
<i>expectorant dm cough syrup</i>	1	
<i>expectorant 100 mg/5 ml syrup</i>	1	
<i>fluticasone-salmeterol 100-50</i>	1	QL (2 / DAY)
<i>fluticasone-salmeterol 250-50</i>	1	QL (2 / DAY)
<i>fluticasone-salmeterol 500-50</i>	1	QL (2 / DAY)
<i>ft adult tussin 200 mg/10 ml</i>	1	
<i>ft allergy relief d-24hr tab</i>	1	
<i>g tussin ac liquid</i>	1	
<i>geri-tussin 100 mg/5 ml soln</i>	1	
<i>geri-tussin 200 mg/10 ml liq</i>	1	
<i>giltuss ex 400 mg/10 ml liquid</i>	1	
<i>gnp allergy-conges relf er tab</i>	1	
<i>gnp tussin dm clear syrup</i>	1	
<i>gnp tussin dm syrup</i>	1	
<i>gnp tussin mucus-con 200 mg/10</i>	1	
<i>gs tussin dm cough syrup</i>	1	
<i>gs tussin dm cough-chest soln</i>	1	
<i>gs tussin dm liquid</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>gs tussin mucus-cong 100 mg/5</i>	1	
<i>gs tussin mucus-cong 200 mg/10</i>	1	
<i>guaiaatussin ac liquid</i>	1	
<i>guaifen-codeine 100-10 mg/5 ml</i>	1	
<i>guaifen-codeine 200-20 mg/10ml</i>	1	
<i>guaifenesin ac cough syrup</i>	1	
<i>guaifenesin 100 mg/5 ml cup</i>	1	
<i>guaifenesin 100 mg/5 ml liquid</i>	1	
<i>guaifenesin 100mg/5ml soln</i>	1	
<i>guaifenesin 100mg/5ml soln cup</i>	1	
<i>guaifenesin 200 mg/10 ml cup</i>	1	
<i>guaifenesin 200mg/10ml cup</i>	1	
<i>guaifenesin 300 mg/15 ml cup</i>	1	
<i>guaifenesin-dm 100-10 mg/5 ml</i>	1	
<i>guaifenesin-dm 200-20 mg/10 ml</i>	1	
<i>hm adult tussin chest cong liq</i>	1	
<i>hm adult tussin dm syrup</i>	1	
<i>hm allergy rlf-nasal decong tb</i>	1	
<i>hm allergy-congestion 12hr tab</i>	1	
<i>hv tussin mucus-cong 200 mg/10</i>	1	
<i>hyper-sal 7% vial</i>	1	
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i>	1	
<i>kro allergy-congest rlf er tab</i>	1	
<i>liquituss gg 200 mg/5 ml liq</i>	1	
<i>loratadine-d 12 hour tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>loratadine-d 24hr tablet</i>	1	
<i>m-clear wc liquid</i>	1	
MAR-COF CG LIQUID	1	
<i>maxi-tuss ac liquid</i>	1	
<i>mucinex fast-max chest-congest</i>	1	
MUCUS-CHEST CONG 200 MG/10 ML	2	
<i>nebusal 3% vial</i>	1	
<i>ninjacof-xg liquid</i>	1	
<i>promethazine vc-codeine soln</i>	1	
<i>promethazine-codeine solution</i>	1	
<i>promethazine-codeine syrup</i>	1	
<i>promethazine-pe-codeine syrup</i>	1	
<i>pub allergy relief d-24hr tab</i>	1	
<i>pub tussin dm liquid</i>	1	
<i>pub tussin 100 mg/5 ml syrup</i>	1	
<i>pulmosal 7% vial</i>	1	
<i>qc tussin mucus-cong 200 mg/10</i>	1	
<i>qc tussin 100 mg/5 ml solution</i>	1	
<i>ra allergy-congestion 12hr tab</i>	1	
<i>ra anti-tussive dm syrup</i>	1	
<i>ra expectorant cough syrup</i>	1	
<i>ra lorata-d 24-hour tablet</i>	1	
<i>ra tussin chest congestion syr</i>	1	
<i>ra tussin dm cough-chest syrup</i>	1	
<i>ra tussin dm syrup</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>robafen dm cgh-chest cong syrup</i>	1	
<i>robafen 200 mg/10 ml syrup</i>	1	
SCOT-TUSSIN EXPECTORANT LIQUID	2	
SCOT-TUSSIN 100 MG/5 ML LIQ	2	
<i>sm lorata-dine d 24hr tablet</i>	1	
<i>sm loratadine-d 12 hour tablet</i>	1	
<i>sm tussin dm syrup</i>	1	
<i>sm tussin mucus-cong 200 mg/10</i>	1	
<i>sodium chloride 0.9% inhal vl</i>	1	
<i>sodium chloride 10% vial</i>	1	
<i>sodium chloride 3% vial</i>	1	
<i>sodium chloride 7% vial</i>	1	
SYMBICORT 160-4.5 MCG INHALER	2	
SYMBICORT 80-4.5 MCG INHALER	2	
<i>tusnel-ex 100 mg/5 ml liquid</i>	1	
<i>tussin chest congestion liquid</i>	1	
<i>tussin dm clear syrup</i>	1	
<i>tussin dm syrup</i>	1	
<i>tussin mucus-cong 200 mg/10 ml</i>	1	
<i>ultra tuss safe syrup</i>	1	
<i>wal-itin d 12 hour tablet</i>	1	
<i>wal-itin d 24 hour tablet</i>	1	
<i>wal-tussin dm clear syrup</i>	1	
<i>wal-tussin dm syrup</i>	1	
<i>wal-tussin syrup</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>wal-zyr d tablet</i>	1	
<i>wixela 100-50 inhub</i>	1	QL (2 / DAY)
<i>wixela 250-50 inhub</i>	1	QL (2 / DAY)
<i>wixela 500-50 inhub</i>	1	QL (2 / DAY)
SKELETAL MUSCLE RELAXANTS - SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol 250 mg tablet</i>	1	QL (4 / DAY)
<i>carisoprodol 350 mg tablet</i>	1	QL (4 / DAY)
<i>cyclobenzaprine 10 mg tablet</i>	1	
<i>cyclobenzaprine 5 mg tablet</i>	1	
<i>cyclobenzaprine 7.5 mg tablet</i>	1	
FEXMID 7.5 MG TABLET	2	
<i>methocarbamol 500 mg tablet</i>	1	
<i>methocarbamol 750 mg tablet</i>	1	
SOMA 250 MG TABLET	2	QL (4 / DAY)
SOMA 350 MG TABLET	2	QL (4 / DAY)
<i>vanadom 350 mg tablet</i>	1	QL (4 / DAY)
SLEEP DISORDER AGENTS - SLEEP PROMOTING AGENTS		
<i>alka-seltzer plus allergy tab</i>	1	
AMBIEN CR 12.5 MG TABLET	2	PA
AMBIEN CR 6.25 MG TABLET	2	PA
AMBIEN 10 MG TABLET	2	QL (1 / DAY)
AMBIEN 5 MG TABLET	2	QL (1 / DAY)
<i>cvs melatonin 10 mg tablet</i>	1	
<i>cvs melatonin 3 mg tablet</i>	1	
<i>cvs melatonin 5 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cvs nighttime sleep 25 mg cplt</i>	1	
<i>cvs nighttime sleep 25 mg tab</i>	1	
<i>cvs sleep aid 50 mg softgel</i>	1	
<i>diphenhydramine 25 mg caplet</i>	1	
DORAL 15 MG TABLET	2	PA
EDLUAR 10 MG SL TABLET	2	PA
EDLUAR 5 MG SL TABLET	2	PA
<i>eq nighttime sleep aid 50 mg</i>	1	
<i>eq sleep aid 25 mg tablet</i>	1	
<i>eq melatonin 10 mg tablet</i>	1	
<i>eq nighttime sleep 25 mg cplt</i>	1	
<i>eq sleep aid 25 mg tablet</i>	1	
<i>eq sleep aid 50 mg softgel</i>	1	
<i>estazolam 1 mg tablet</i>	1	PA
<i>estazolam 2 mg tablet</i>	1	PA
<i>eszopiclone 1 mg tablet</i>	1	QL (1 / DAY); PA
<i>eszopiclone 2 mg tablet</i>	1	QL (1 / DAY); PA
<i>eszopiclone 3 mg tablet</i>	1	QL (1 / DAY); PA
<i>flurazepam 15 mg capsule</i>	1	QL (1 / DAY)
<i>flurazepam 30 mg capsule</i>	1	QL (1 / DAY)
<i>ft nighttime sleep 25 mg cplt</i>	1	
<i>ft sleep aid 25 mg tablet</i>	1	
<i>ft sleep aid 50 mg softgel</i>	1	
<i>gnp melatonin 3 mg tablet</i>	1	
<i>gnp melatonin 5 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>gnp nighttime sleep aid 50 mg</i>	1	
<i>gnp nighttime sleep 25 mg cplt</i>	1	
<i>gnp sleep aid 25 mg caplet</i>	1	
<i>gs nighttime sleep aid 25 mg</i>	1	
<i>gs sleep aid 25 mg tablet</i>	1	
HALCION 0.25 MG TABLET	2	
<i>hm nighttime sleep aid 50 mg</i>	1	
<i>hm nighttime sleep 25 mg cplt</i>	1	
<i>hm sleep aid 25 mg tablet</i>	1	
<i>kro nighttime sleep 25 mg tab</i>	1	
LUNESTA 1 MG TABLET	2	QL (1 / DAY); PA
LUNESTA 2 MG TABLET	2	QL (1 / DAY); PA
LUNESTA 3 MG TABLET	2	QL (1 / DAY); PA
<i>melatonin 1 mg tablet</i>	1	
<i>melatonin 10 mg tablet</i>	1	
<i>melatonin 3 mg tablet</i>	1	
<i>melatonin 300 mcg tablet</i>	1	
<i>melatonin 5 mg tablet</i>	1	
<i>nighttime sleep aid 25 mg cplt</i>	1	
<i>nytol 25 mg quickcaps caplet</i>	1	
<i>quazepam 15 mg tablet</i>	1	PA
<i>ra melatonin 10 mg tablet</i>	1	
<i>ra melatonin 3 mg tablet</i>	1	
<i>ra melatonin 5 mg tablet</i>	1	
<i>ra nighttime sleep gel</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ra nighttime sleep 25 mg cplt</i>	1	
<i>ra sleep aid 25 mg caplet</i>	1	
<i>ra sleep aid 25 mg tablet</i>	1	
<i>ra sleep tablet</i>	1	
<i>ramelteon 8 mg tablet</i>	1	QL (1 / DAY)
RESTORIL 15 MG CAPSULE	2	QL (1 / DAY)
RESTORIL 22.5 MG CAPSULE	1	QL (1 / DAY)
RESTORIL 30 MG CAPSULE	2	QL (1 / DAY)
RESTORIL 7.5 MG CAPSULE	2	QL (1 / DAY)
ROZEREM 8 MG TABLET	2	QL (1 / DAY)
<i>simply sleep 25 mg caplet</i>	1	
<i>sleep aid 25 mg caplet</i>	1	
<i>sleep aid 25 mg tablet</i>	1	
<i>sleep aid 50 mg softgel</i>	1	
<i>sleep ii 25 mg tablet</i>	1	
SLEEP TABS 25 MG TABLET	2	
<i>sleeping 50 mg capsule</i>	1	
<i>sm melatonin 3 mg tablet</i>	1	
<i>sm melatonin 5 mg tablet</i>	1	
<i>sm nighttime sleep 25 mg cplt</i>	1	
<i>sm sleep aid 25 mg tablet</i>	1	
<i>sominex 25 mg tablet</i>	1	
<i>sv melatonin 1 mg tablet</i>	1	
<i>sv melatonin 3 mg tablet</i>	1	
<i>sv melatonin 5 mg tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>temazepam 15 mg capsule</i>	1	QL (1 / DAY)
<i>temazepam 22.5 mg capsule</i>	1	QL (1 / DAY)
<i>temazepam 30 mg capsule</i>	1	QL (1 / DAY)
<i>temazepam 7.5 mg capsule</i>	1	QL (1 / DAY)
<i>triazolam 0.125 mg tablet</i>	1	
<i>triazolam 0.25 mg tablet</i>	1	
UNISOM SLEEP AID 25 MG TABLET	2	
UNISOM SLEEPMELTS 25 MG TABLET	2	
UNISOM 25 MG SLEEPTABS	2	
<i>unisom 50 mg sleepgels</i>	1	
<i>wal-sleep z 25 mg odt</i>	1	
<i>wal-som 25 mg tablet</i>	1	
<i>wal-som 50 mg softgel</i>	1	
<i>zaleplon 10 mg capsule</i>	1	QL (1 / DAY)
<i>zaleplon 5 mg capsule</i>	1	QL (1 / DAY)
<i>zolpidem tart er 12.5 mg tab</i>	1	PA
<i>zolpidem tart er 6.25 mg tab</i>	1	PA
<i>zolpidem tartrate 10 mg tablet</i>	1	QL (1 / DAY)
<i>zolpidem tartrate 5 mg tablet</i>	1	QL (1 / DAY)
ZOLPIMIST 5 MG ORAL SPRAY	2	PA
SLEEP DISORDER AGENTS - WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil 150 mg tablet</i>	1	QL (1 / DAY); PA
<i>armodafinil 250 mg tablet</i>	1	QL (1 / DAY); PA
<i>armodafinil 50 mg tablet</i>	1	QL (1 / DAY); PA
<i>modafinil 100 mg tablet</i>	1	QL (4 / DAY); PA

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>modafinil 200 mg tablet</i>	1	QL (2 / DAY); PA
NUVIGIL 150 MG TABLET	2	QL (1 / DAY); PA
NUVIGIL 250 MG TABLET	2	QL (1 / DAY); PA
NUVIGIL 50 MG TABLET	2	QL (1 / DAY); PA
PROVIGIL 100 MG TABLET	2	QL (4 / DAY); PA
PROVIGIL 200 MG TABLET	2	QL (2 / DAY); PA
UNCATEGORIZED		
<i>chlorpromazine 25 mg/ml vial</i>	1	
<i>chlorpromazine 50 mg/2 ml vial</i>	1	
HI-D PEDIATRIC DROP	2	
<i>meloxicam 7.5 mg/5 ml susp</i>	1	
<i>multivitamin-minerals tablet</i>	1	

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advocate 26g lancets - [216]

advocate ins 0.3 ml 30gx5/16" - [216]

advocate ins 0.5 ml 30gx5/16" - [216]

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albuterol sul 0.63 mg/3 ml sol - [292]

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albuterol 2.5 mg/0.5 ml sol - [292]

albuterol 5 mg/ml solution - [292]

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albuterol sul 1.25 mg/3 ml sol - [292]

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alprazolam 1 mg tablet - [69]

alprazolam er 0.5 mg tablet - [69]

alprazolam er 2 mg tablet - [69]

alprazolam intensol 1 mg/ml - [69]

alprazolam odt 0.5 mg tab - [69]

alprazolam odt 2 mg tab - [69]

alprazolam xr 1 mg tablet - [69]

alprazolam xr 3 mg tablet - [69]

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alyacen 1-35 28 tablet - [200]

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amantadine 100 mg/10 ml soln - [54]

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ambrisentan 10 mg tablet - [294]

amiodarone hcl 100 mg tablet - [82]

amiodarone hcl 400 mg tablet - [82]

amitriptyline hcl 100 mg tab - [38]

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ALPHAGAN P 0.15% EYE DROPS - [278]

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alprazolam 2 mg tablet - [69]

alprazolam er 1 mg tablet - [69]

alprazolam er 3 mg tablet - [69]

alprazolam odt 0.25 mg tab - [69]

alprazolam odt 1 mg tab - [69]

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alprazolam xr 2 mg tablet - [69]

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AMBIEN CR 6.25 MG TABLET - [301]

ambrisentan 5 mg tablet - [294]

amiodarone hcl 200 mg tablet - [82]

amitriptyline hcl 10 mg tab - [37]

amitriptyline hcl 150 mg tab - [38]

amitriptyline hcl 25 mg tab - [38]

amitriptyline hcl 75 mg tab - [38]

amlodipine besylate 10 mg tab - [85]

amlodipine besylate 5 mg tab - [85]

amox-clav 200-28.5 mg/5 ml sus - [20]

amox-clav 250-62.5 mg/5 ml sus - [21]

amox-clav 400-57 mg/5 ml susp - [21]

amox-clav 600-42.9 mg/5 ml sus - [21]

amox-clav er 1,000-62.5 mg tab - [20]

amoxapine 150 mg tablet - [38]

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amoxicillin 125 mg/5 ml susp - [21]

amoxicillin 250 mg capsule - [21]

amoxicillin 250 mg/5 ml susp - [21]

amoxicillin 500 mg capsule - [21]

amoxicillin 875 mg tablet - [21]

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antacid 675-135 mg tab chew - [187]

antacid anti-gas liquid - [186]

antacid chewable tablet - [186]

antacid ex-str 750 mg tab chew - [186]

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amitriptyline hcl 50 mg tab - [38]

amladex tablet - [136]

amlodipine besylate 2.5 mg tab - [85]

amox-clav 200-28.5 mg tab chew - [20]

amox-clav 250-125 mg tablet - [20]

amox-clav 400-57 mg tab chew - [21]

amox-clav 500-125 mg tablet - [21]

amox-clav 875-125 mg tablet - [21]

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amoxicillin 125 mg tab chew - [21]

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amoxicillin 400 mg/5 ml susp - [21]

amoxicillin 500 mg tablet - [21]

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antacid 500 mg chewable tablet - [187]

antacid 750 mg chewable tablet - [187]

antacid anti-gas max str liq - [186]

antacid ex str 750 mg chew tab - [186]

antacid extra strngth tab chew - [187]

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antacid plus anti-gas liquid - [187]

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antacid ultra tablet chew - [187]

antacid-antigas 1000-60 mg chw - [187]

antacid-antigas suspension - [187]

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antifungal 2% topical cream - [121]

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APLENZIN ER 348 MG TABLET - [32]

apo-varenicline 0.5 mg tablet - [14]

apraclonidine hcl 0.5% drops - [278]

aq insulin syr 0.5 ml 30g 8mm - [216]

aq insulin syrin 1 ml 29g 12mm - [217]

aquanil hc 1% lotion - [111]

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aripiprazole 2 mg tablet - [58]

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antacid ultra str 1,000 mg chw - [187]

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APLENZIN ER 174 MG TABLET - [32]

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aq insulin syr 1 ml 31g 8mm - [217]

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ARICEPT 23 MG TABLET - [32]

aripiprazole 1 mg/ml solution - [57]

aripiprazole 15 mg tablet - [58]

aripiprazole 20 mg tablet - [58]

aripiprazole 5 mg tablet - [58]

aripiprazole odt 15 mg tablet - [57]

ARIXTRA 10 MG/0.8 ML SYRINGE - [76]

ARIXTRA 5 MG/0.4 ML SYRINGE - [76]

armodafinil 150 mg tablet - [305]

armodafinil 50 mg tablet - [305]

ARMOUR THYROID 15 MG TABLET - [203]

ARMOUR THYROID 240 MG TABLET - [203]

ARMOUR THYROID 300 MG TABLET - [203]

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ARTHROTEC 50 MG-200 MCG TAB - [2]

ARTIFICIAL TEARS 1.4% DROPS - [274]

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ASACOL HD DR 800 MG TABLET - [210]

asenapine 5 mg tablet sl - [58]

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aspirin 81 mg chewable tablet - [2]

aspirin ec 325 mg tablet - [2]

aspirin ec 650 mg tablet - [2]

aspirin regimen 81 mg ec tab - [2]

assure comfort 30g lancets - [217]

assure haemolance plus 21g - [217]

assure haemolance plus 28g - [217]

assure id syr 1 ml 31gx15/64" - [217]

ARIXTRA 2.5 MG/0.5 ML SYRINGE - [76]

ARIXTRA 7.5 MG/0.6 ML SYRINGE - [76]

armodafinil 250 mg tablet - [305]

ARMOUR THYROID 120 MG TABLET - [203]

ARMOUR THYROID 180 MG TABLET - [203]

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ARRANON 250 MG/50 ML VIAL - [48]

arthritis pain relief 1% gel - [115]

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ARTHROTEC 75 MG-200 MCG TAB - [2]

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artificials tears drops - [274]

asenapine 10 mg tablet sl - [58]

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aspirin ec 325 mg caplet - [2]

aspirin ec 500 mg tablet - [2]

aspirin ec 81 mg tablet - [2]

assure comfort 28g lancets - [217]

assure haemolance plus 18g - [217]

assure haemolance plus 25g - [217]

assure id syr 0.5ml 31gx15/64" - [217]

assure lance 25g lancets - [217]

assure lance 28g lancets - [217]
assure lance plus 21g lancets - [217]
assure lance plus 30g lancets - [217]
atazanavir sulfate 150 mg cap - [66]
atazanavir sulfate 300 mg cap - [67]
atenolol 25 mg tablet - [83]
athlete's foot 1% cream - [121]
 ATIVAN 0.5 MG TABLET - [69]
 ATIVAN 2 MG TABLET - [70]
atomoxetine hcl 100 mg capsule - [98]
atomoxetine hcl 25 mg capsule - [98]
atomoxetine hcl 60 mg capsule - [98]
atorvastatin 10 mg tablet - [92]
atorvastatin 40 mg tablet - [92]
 ATRALIN 0.05% GEL - [110]
atropine 1% eye drops - [274]
atropine sulfate 0.01% eye drp - [274]
aubra-28 tablet - [200]
 AUGMENTIN 250-62.5 MG/5 ML - [21]
 AUGMENTIN ES-600 SUSPENSION - [21]
 AUVI-Q 0.3 MG AUTO-INJECTOR - [292]
 AVASTIN 400 MG/16 ML VIAL - [52]
 AVITA 0.025% CREAM - [110]
 AVONEX PREFILLED SYR 30 MCG KT - [109]
azathioprine 50 mg tablet - [209]
azithromycin 100 mg/5 ml susp - [22]

assure lance 28g safety lancet - [217]
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 ATABEX OB TABLET - [137]
atazanavir sulfate 200 mg cap - [66]
atenolol 100 mg tablet - [83]
atenolol 50 mg tablet - [83]
athletes foot 1% cream - [121]
 ATIVAN 1 MG TABLET - [69]
atomoxetine hcl 10 mg capsule - [98]
atomoxetine hcl 18 mg capsule - [98]
atomoxetine hcl 40 mg capsule - [98]
atomoxetine hcl 80 mg capsule - [98]
atorvastatin 20 mg tablet - [92]
atorvastatin 80 mg tablet - [92]
 ATRIPLA TABLET - [63]
atropine 1% eye ointment - [274]
 ATROVENT 17 MCG HFA INHALER - [291]
 AUGMENTIN 125-31.25 MG/5 ML - [21]
 AUGMENTIN 500-125 TABLET - [21]
 AUGMENTIN XR 1,000-62.5 TAB - [21]
 AVASTIN 100 MG/4 ML VIAL - [52]
aviane-28 tablet - [200]
 AVITA 0.025% GEL - [110]
azacitidine 100 mg vial - [48]
azelastine hcl 0.05% drops - [275]
azithromycin 200 mg/5 ml susp - [22]

azithromycin 250 mg tablet - [22]

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b-6 tr 200 mg tablet - [137]

b-complex w-vitamin c caplet - [137]

b-complex with c tablet - [137]

bacitracin 500 unit/gm ophth - [276]

bacitracin-polymyxin eye oint - [276]

baclofen 10 mg tablet - [62]

baclofen 5 mg tablet - [62]

BACTRIM 400-80 MG TABLET - [24]

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balance b-100 tablet - [137]

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banophen 25 mg capsule - [282]

banophen 50 mg capsule - [282]

BASAGLAR 100 UNIT/ML KWIKPEN - [75]

bayer aspirin 325 mg caplet - [2]

bayer aspirin 500 mg caplet - [2]

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bayer low dose ec 81 mg tab - [2]

bd eclipse 30gx1/2" syringe - [217]

bd ins syr u-500 1/2ml 6mmx31g - [217]

bd ins syr uf 0.5ml 12.7mmx30g - [218]

bd ins syrn uf 1 ml 30g 12.7mm - [218]

azithromycin 500 mg tablet - [22]

AZULFIDINE 500 MG TABLET - [210]

b complex number 1 tablet - [137]

b-1 100 mg tablet - [137]

b-complex tablet - [137]

b-complex with b12 tablet - [137]

bacitracin 500 unit/gm ointmnt - [121]

bacitracin zn 500 unit/gm oint - [121]

bacitraycin plus 500 unit/gm - [121]

baclofen 20 mg tablet - [62]

BACMIN CAPLET - [137]

BACTRIM DS TABLET - [24]

BAL-CARE DHA ESSENTIAL PACK - [137]

balance b-50 tablet - [137]

ban-acid max str 750 chew tab - [187]

banophen 25 mg tablet - [282]

BARIATRIC MV-IRON 45 MG CAP - [137]

bayer advanced 500 mg tablet - [2]

bayer aspirin 325 mg tablet - [2]

bayer aspirin 500 mg tablet - [2]

bayer aspirin ec 325 mg tablet - [2]

baza antifungal 2% cream - [121]

bd ins syr 0.3 ml 8mmx31g(1/2) - [218]

bd ins syr uf 0.3ml 12.7mmx30g - [217]

bd ins syrn uf 1 ml 12.7mmx30g - [218]

bd ins syrng 0.3 ml 29gx12.7mm - [218]

bd ins syrng 0.5 ml 29gx12.7mm - [218]

bd ins syrng uf 0.5 ml 8mmx31g - [218]

bd insulin syr 1 ml 27gx12.7mm - [218]

bd insulin syr 1 ml 28gx1/2" - [218]

bd insulin syr uf 1 ml 8mmx31g - [218]

bd microtainer 21g lancets - [218]

bd nano 2 gen pen ndl 32g 4mm - [218]

bd safetgld ins 0.5ml 13mmx29g - [218]

bd safetygld ins 0.5ml 30g 8mm - [218]

bd safetyglid ins 1 ml 6mmx31g - [218]

bd saftygld ins 0.3 ml 6mmx31g - [219]

bd saftygld ins 0.5ml 29g 13mm - [219]

bd tb syringe 26gx3/8" - [219]

bd tb syrng 27gx1/2" - [219]

bd uf micro pen needle 6mmx32g - [219]

bd uf nano pen needle 4mmx32g - [219]

bd uf short pen needle 8mmx31g - [219]

bd veo ins syring 1 ml 6mmx31g - [219]

bd veo ins syrn 0.5 ml 6mmx31g - [219]

BENADRYL 25 MG LIQUI-GELS - [282]

bendamustine 100 mg vial - [47]

BENTIVITE BX TABLET - [124]

benzonatate 100 mg capsule - [296]

benzonatate 200 mg capsule - [296]

benzoyl peroxide 10% gel - [115]

benzoyl peroxide 2.5% gel - [115]

bd ins syrng uf 0.3 ml 8mmx31g - [218]

bd insulin syr 0.5 ml 28gx1/2" - [218]

bd insulin syr 1 ml 27gx5/8" - [218]

bd insulin syr 1 ml 29gx12.7mm - [218]

bd luer-lok syringe 1 ml - [218]

bd microtainer 30g lancets - [218]

bd safetgld ins 0.3ml 29g 13mm - [218]

bd safetygld ins 0.3ml 31g 8mm - [218]

bd safetygld ins 1 ml 29g 13mm - [218]

bd safetyglide syringe 27gx5/8 - [219]

bd saftygld ins 0.5 ml 6mmx31g - [219]

bd tb syringe 25gx5/8" - [219]

bd tb syringe 27gx1/2" - [219]

bd tuberculin 1 ml syringe - [219]

bd uf mini pen needle 5mmx31g - [219]

bd uf orig pen ndl 12.7mmx29g - [219]

bd veo ins 0.3ml 6mmx31g (1/2) - [219]

bd veo ins syrn 0.3 ml 6mmx31g - [219]

bd veritor at-home covid19 tst - [219]

benadryl allergy 25 mg ultratb - [282]

bendamustine 25 mg vial - [47]

BENTYL 10 MG/ML AMPUL - [185]

benzonatate 150 mg capsule - [296]

benzonatate perle 100 mg cap - [296]

benzoyl peroxide 10% wash - [115]

benzoyl peroxide 5% gel - [115]

benzoyl peroxide 5% wash - [115]
benztropine 2 mg/2 ml ampule - [53]
benztropine mes 0.5 mg tab - [53]
benztropine mes 2 mg tablet - [53]
beta hc 1% lotion - [111]
betamethasone valer 0.1% ointm - [111]
 BETAPACE 160 MG TABLET - [82]
 BETAPACE 80 MG TABLET - [82]
 BETAPACE AF 160 MG TABLET - [82]
 BETASERON 0.3 MG KIT - [109]
betaxolol hcl 0.5% eye drop - [277]
bethanechol 25 mg tablet - [197]
bethanechol 50 mg tablet - [198]
 BETOPTIC S 0.25% EYE DROPS - [277]
bexarotene 75 mg capsule - [52]
 BICILLIN L-A 2,400,000 UNITS - [21]
 BIKTARVY 50-200-25 MG TABLET - [63]
bimatoprost 0.03% eye drops - [278]
 BIO-35 SOFTGEL - [137]
 BIOCEL TABLET - [137]
biotin 1,000 mcg tablet - [137]
bisacodyl ec 5 mg tablet - [170]
bismuth 525 mg/30 ml susp - [182]
blood lancets 30g - [219]
blood pressure monitor kit - [219, 219]
 BODY, HAIR, SKIN AND NAILS CAP - [138]

benzoyl peroxide 6% cleanser - [115]
benztropine 2 mg/2 ml vial - [53]
benztropine mes 1 mg tablet - [53]
 BEROCCA EFFERVESCENT TABLET - [137]
betamethasone va 0.1% cream - [111]
 BETAPACE 120 MG TABLET - [82]
 BETAPACE 240 MG TABLET - [82]
 BETAPACE AF 120 MG TABLET - [82]
 BETAPACE AF 80 MG TABLET - [82]
betatemp 160 mg/5 ml susp - [103]
bethanechol 10 mg tablet - [197]
bethanechol 5 mg tablet - [197]
 BETOPTIC S 0.25% EYE DROP - [277]
bexarotene 1% gel - [52]
 BICILLIN L-A 1,200,000 UNITS - [21]
 BICILLIN L-A 600,000 UNIT/ML - [21]
 BILTRICIDE 600 MG TABLET - [52]
binaxnow covid-19 ag self test - [219]
 BIOCAL SOFTGEL - [124]
biotect plus liquid - [137]
bisacodyl 10 mg suppository - [171]
bismuth 262 mg tablet chew - [181]
 BLADDER 2.2 TABLET - [137]
blood pressure monitor - [219, 219]
blood pressure monitor-medium - [220]
bonine 25 mg chewable tablet - [40]

bortezomib 3.5 mg vial - [49]

bosentan 62.5 mg tablet - [294]

bp 10% gel - [115]

bp vit 3 capsule - [138]

bp wash 2.5% liquid - [115]

bp wash 7% liquid - [115]

bpo 8% gel - [116]

brimonidine 0.2% eye drop - [278]

bromocriptine 2.5 mg tablet - [54]

budesonide 0.25 mg/2 ml susp - [280]

budesonide 1 mg/2 ml inh susp - [280]

budesonide-formoterol 80-4.5 - [296]

bullseye mini safety 25g lanct - [220]

bumetanide 0.5 mg tablet - [90]

bumetanide 2 mg tablet - [90]

buprenorphine-nalox 2-0.5mg fm - [13]

buprenorphine-nalox 8-2mg film - [13]

bupropion hcl 75 mg tablet - [33]

bupropion hcl sr 150 mg tablet - [14, 33]

bupropion hcl xl 150 mg tablet - [33]

bupirone hcl 10 mg tablet - [69]

bupirone hcl 30 mg tablet - [69]

bupirone hcl 7.5 mg tablet - [69]

BUSULFEX 60 MG/10 ML VIAL - [47]

c-nate dha softgel - [138]

ca ins syr 0.3 ml 31gx5/16" - [220]

bosentan 125 mg tablet - [294]

BOUDREAUXS BUTT PASTE - [115, 115]

bp 5% gel - [116]

bp wash 10% liquid - [115]

bp wash 5% liquid - [115]

bpo 4% gel - [116]

BRAINSTRONG PRENATAL COMBO PAC - [138]

brimonidine tartrate 0.15% drp - [278]

bromocriptine 5 mg capsule - [54]

budesonide 0.5 mg/2 ml susp - [280]

budesonide-formoterol 160-4.5 - [296]

bullseye mini safety 21g - [220]

bullseye mini safety 28g lanct - [220]

bumetanide 1 mg tablet - [90]

buprenorphine-nalox 12-3mg flm - [13]

buprenorphine-nalox 4-1mg film - [13]

bupropion hcl 100 mg tablet - [33]

bupropion hcl sr 100 mg tablet - [33]

bupropion hcl sr 200 mg tablet - [33]

bupropion hcl xl 300 mg tablet - [33]

bupirone hcl 15 mg tablet - [69]

bupirone hcl 5 mg tablet - [69]

busulfan 60 mg/10 ml vial - [47]

butterfly touch 30-36g lancet - [220]

ca ins syr 0.3 ml 30gx5/16" - [220]

ca ins syr 0.5 ml 30gx5/16" - [220]

ca ins syr 0.5 ml 31gx5/16" - [220]

ca insulin syr 0.5 ml 29gx1/2" - [220]

ca insulin syr 1 ml 30gx5/16" - [220]

cabergoline 0.5 mg tablet - [207]

cal-gest 500 mg tablet chew - [187]

CALAN SR 120 MG TABLET - [86]

calcidol drops - [211]

calcipotriene 0.005% solution - [116]

calcitonin-salmon 400 unit/2ml - [211]

calcitriol 0.5 mcg capsule - [211]

calcium 500 mg tablet - [124]

calcium 500-vit d3 200 caplet - [125]

calcium 500-vit d3 400 tablet - [125]

calcium 600 mg tablet - [125]

calcium acetate 667 mg capsule - [134]

calcium acetate 667 mg tablet - [134]

calcium antacid 500 mg chw tab - [187]

calcium carb 260 mg tab chew - [124]

calcium carbonate 648 mg tab - [188]

CALPHRON 667 MG TABLET - [134]

CAMPATH 30 MG/ML VIAL - [52]

CAMPTOSAR 40 MG/2 ML VIAL - [50]

capecitabine 150 mg tablet - [48]

capsaicin 0.025% cream - [116]

captopril 100 mg tablet - [80]

captopril 25 mg tablet - [81]

ca insulin syr 0.3 ml 29gx1/2" - [220]

ca insulin syr 1 ml 29gx1/2" - [220]

ca insulin syr 1 ml 31gx5/16" - [220]

CADEAU DHA SOFTGEL - [138]

CAL-MINT 260 MG TABLET CHEW - [124]

CALAN SR 240 MG TABLET - [86]

calcipotriene 0.005% cream - [116]

calcitonin-salmon 200 unit spr - [211]

calcitriol 0.25 mcg capsule - [211]

calcium 500 mg chewable tablet - [124]

calcium 500 mg-vit d3 5 mcg tb - [124]

calcium 500-vit d3 200 tablet - [125]

calcium 500mg-vit d3 10mcg tab - [125]

calcium 600 with vit d chew tb - [125]

calcium acetate 667 mg gelcap - [134]

calcium antacid 1,000 mg tab - [187]

calcium antacid 750 mg tb chew - [188]

calcium carb 500 mg tab chew - [188]

calcium gluconate 650 mg tab - [124]

camila 0.35 mg tablet - [202]

CAMPTOSAR 100 MG/5 ML VIAL - [50]

CANASA 1,000 MG SUPPOSITORY - [210]

capecitabine 500 mg tablet - [48]

capsaicin 0.1% cream - [116]

captopril 12.5 mg tablet - [80]

captopril 50 mg tablet - [81]

CAPZASIN-HP 0.1% CREAM - [116]

CARAFATE 1 GM TABLET - [196]

carbamazepine 100 mg tab chew - [31]

carbamazepine 200 mg tablet - [31]

carbamazepine er 100 mg cap - [30]

carbamazepine er 200 mg cap - [30]

carbamazepine er 300 mg cap - [30]

CARBATROL ER 100 MG CAPSULE - [31]

CARBATROL ER 300 MG CAPSULE - [31]

carbidopa-levo er 50-200 tab - [54]

carbidopa-levodopa 25-100 tab - [54]

carboplatin 150 mg vial - [47]

carboplatin 450 mg/45 ml vial - [47]

carboplatin 600 mg/60 ml vial - [47]

CARDIZEM 120 MG TABLET - [86]

CARDIZEM 60 MG TABLET - [86]

CARDIZEM CD 180 MG CAPSULE - [86]

CARDIZEM CD 300 MG CAPSULE - [86]

CARDIZEM LA 120 MG TABLET - [86]

CARDIZEM LA 240 MG TABLET - [86]

CARDIZEM LA 360 MG TABLET - [86]

CARDURA 1 MG TABLET - [79]

CARDURA 4 MG TABLET - [79]

carefine pen needle 12.7mm 29g - [220]

carefine pen needle 5mm 32g - [220]

carefine pen needle 8mm 30g - [220]

CARAC 0.5% CREAM - [116]

CARAFATE 1 GM/10 ML SUSP - [196]

carbamazepine 100 mg/5 ml susp - [31]

carbamazepine 200 mg/10 ml cup - [31]

carbamazepine er 100 mg tablet - [30]

carbamazepine er 200 mg tablet - [30]

carbamazepine er 400 mg tablet - [30]

CARBATROL ER 200 MG CAPSULE - [31]

carbidopa-levo er 25-100 tab - [54]

carbidopa-levodopa 10-100 tab - [54]

carbidopa-levodopa 25-250 tab - [54]

carboplatin 150 mg/15 ml vial - [47]

carboplatin 50 mg/5 ml vial - [47]

CARDIAMIN MULTIVITAMIN SOFTGEL - [138]

CARDIZEM 30 MG TABLET - [86]

CARDIZEM CD 120 MG CAPSULE - [86]

CARDIZEM CD 240 MG CAPSULE - [86]

CARDIZEM CD 360 MG CAPSULE - [86]

CARDIZEM LA 180 MG TABLET - [86]

CARDIZEM LA 300 MG TABLET - [86]

CARDIZEM LA 420 MG TABLET - [86]

CARDURA 2 MG TABLET - [79]

CARDURA 8 MG TABLET - [80]

carefine pen needle 4mm 32g - [220]

carefine pen needle 6mm 31g - [220]

carefine pen needles 6mm 32g - [220]

carefine pen needles 8mm 31g - [220]

careone syr 0.5 ml 30gx1/2" - [220]

careone thin lancet - [221]

careone unifine pentip 4mm 32g - [221]

careone unifine pentip 6mm 31g - [221]

careone unifine pentp 29gx1/2" - [221]

careone unifine pntp 12mm 29g - [221]

careone unifine pntp 31gx5/16" - [221]

caresens 30g lancet - [221]

carestart covid-19 ag home tst - [221]

caretouch 28g safety lancets - [222]

caretouch pen needle 31gx1/4" - [221]

caretouch pen needle 31gx5/16" - [221]

caretouch pen needle 32gx5/32" - [221]

caretouch syr 0.5 ml 30gx5/16" - [222]

caretouch syr 1 ml 28gx5/16" - [222]

caretouch syr 1 ml 30gx5/16" - [222]

caretouch twist 28g lancet - [222]

caretouch twist 33g lancet - [222]

carisoprodol 350 mg tablet - [301]

cartia xt 120 mg capsule - [86]

cartia xt 240 mg capsule - [86]

carvedilol 12.5 mg tablet - [83]

carvedilol 3.125 mg tablet - [83]

castor oil - [171]

CATAPRES-TTS 2 PATCH - [79]

careone syr 0.3 ml 30gx1/2" - [220]

careone syr 1 ml 30gx1/2" - [221]

careone ultra thin lancet - [221]

careone unifine pentip 5mm 31g - [221]

careone unifine pentip 8mm 31g - [221]

careone unifine pentp 31gx1/4" - [221]

careone unifine pntp 31gx3/16" - [221]

careone unifine pntp 32gx5/32" - [221]

caresens ultra thin 30g lancet - [221]

caretouch 26g safety lancets - [222]

caretouch pen needle 29g 12mm - [221]

caretouch pen needle 31gx3/16" - [221]

caretouch pen needle 32gx3/16" - [221]

caretouch syr 0.3 ml 31gx5/16" - [221]

caretouch syr 0.5 ml 31gx5/16" - [222]

caretouch syr 1 ml 29gx5/16" - [222]

caretouch syr 1 ml 31gx5/16" - [222]

caretouch twist 30g lancet - [222]

carisoprodol 250 mg tablet - [301]

carrington antifungal 2% cream - [121]

cartia xt 180 mg capsule - [86]

cartia xt 300 mg capsule - [86]

carvedilol 25 mg tablet - [83]

carvedilol 6.25 mg tablet - [83]

CATAPRES-TTS 1 PATCH - [79]

CATAPRES-TTS 3 PATCH - [79]

cefdinir 125 mg/5 ml susp - [19]
cefpodoxime 100 mg tablet - [20]
ceftriaxone 1 gm add-vant vial - [20]
ceftriaxone 1 gm vial - [20]
ceftriaxone 10 gm vial - [20]
ceftriaxone 2 gm piggyback - [20]
ceftriaxone 2 gm-d5w bag - [20]
ceftriaxone 500 mg vial - [20]
cefuroxime axetil 500 mg tab - [20]
 CELEBREX 200 MG CAPSULE - [3]
 CELEBREX 50 MG CAPSULE - [3]
celecoxib 200 mg capsule - [3]
celecoxib 50 mg capsule - [3]
 CELEXA 20 MG TABLET - [34]
 CENTANY 2% OINTMENT - [121]
centravites 50 plus tablet - [138]
centravites tablet - [138]
centrum adult 50 plus gummy - [138]
 CENTRUM ADULTS MULTIGUMMY - [138]
 CENTRUM CHEWABLES ADULTS TAB - [138]
 CENTRUM KIDS CHEWABLE TABLET - [138]
 CENTRUM MEN'S TABLET - [138]
 CENTRUM SILVER CHEWABLE TABLET - [138]
centrum silver tablet - [138]
 CENTRUM SILVER WOMEN TABLET - [138]
centrum specialist heart tab - [139]

cefdinir 250 mg/5 ml susp - [19]
cefpodoxime 200 mg tablet - [20]
ceftriaxone 1 gm piggyback - [20]
ceftriaxone 1 gm-d5w bag - [20]
ceftriaxone 2 gm add vial - [20]
ceftriaxone 2 gm vial - [20]
ceftriaxone 250 mg vial - [20]
cefuroxime axetil 250 mg tab - [20]
 CELEBREX 100 MG CAPSULE - [3]
 CELEBREX 400 MG CAPSULE - [3]
celecoxib 100 mg capsule - [3]
celecoxib 400 mg capsule - [3]
 CELEXA 10 MG TABLET - [34]
 CELEXA 40 MG TABLET - [34]
centratex capsule - [125]
centravites adults tablet - [138]
 CENTRUM ADULT 50 FRESH-FRUITY - [138]
 CENTRUM ADULTS 50 PLUS MINIS - [138]
centrum adults tablet - [138]
centrum complete multivit tab - [138]
 CENTRUM MEN 50 PLUS MINIS TAB - [138]
centrum multivit-mineral liq - [138]
 CENTRUM SILVER MEN TABLET - [138]
 CENTRUM SILVER ULTRA MEN'S TAB - [138]
 CENTRUM SPECIALIST ENERGY TAB - [139]
 CENTRUM ULTRA MEN'S TABLET - [139]

centrum women tablet - [139]	cephalexin 125 mg/5 ml susp - [20]
cephalexin 250 mg capsule - [20]	cephalexin 250 mg/5 ml susp - [20]
cephalexin 500 mg capsule - [20]	cephalexin 750 mg capsule - [20]
CEROVITE JR TABLET CHEW - [139]	CEROVITE SENIOR TABLET - [139]
certa plus tablet - [139]	CERTAVITE SENIOR TABLET - [139]
certavite senior tablet - [139]	CERTAVITE-ANTIOXIDANT TABLET - [139]
certavite-antioxidant tablet - [139]	cetirizine hcl 1 mg/ml soln - [282]
cetirizine hcl 1 mg/ml syrup - [282]	cetirizine hcl 10 mg tablet - [282]
cetirizine hcl 5 mg tablet - [282]	cetirizine hcl 5 mg/5 ml cup - [282]
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chewable iron 30 mg tablet - [125]	child acetaminophen 160 mg - [103]
child acetaminophen 80 mg chew - [103]	child all day allergy 1 mg/ml - [282]
child allergy 12.5 mg/5 ml - [282]	child allergy 5 mg/5 ml soln - [282]
child allergy relief 1 mg/ml - [282]	child allergy relief 5 mg/5 ml - [282]
child allergy rlf 12.5 mg/5 ml - [282]	child aspirin 81 mg chew tab - [3]
child aspirin 81 mg tab chew - [3]	child cetirizine hcl 1 mg/ml - [282]
CHILD CLARITIN 5 MG/5 ML SOLN - [282]	child diphenhydramin 12.5 mg/5 - [282]
child diphenhydramin 25mg/10ml - [282]	child ferrous sulfate 15 mg/ml - [125]
child fever reducer 120 mg sup - [103]	child ibuprofen 100 mg/5ml cup - [3]
child ibuprofen 100mg/5ml syrg - [3]	child ibuprofen 200mg/10ml cup - [3]
child loratadine 5 mg/5 ml sol - [282]	child loratadine 5 mg/5 ml syr - [282]
child multivitamin plus iron - [139]	child pain rel-fever 120mg sup - [103]
child pain rlf 160 mg/5 ml sus - [103]	child pain-fever 160 mg tb chw - [103]
child pain-fever 160 mg/5 ml - [103]	child soothe 400 mg tab chew - [188]
child tylenol 160 mg tab chew - [103]	child wal-itin 5 mg/5 ml soln - [282]

child wal-itin 5 mg/5 ml syrup - [283]

CHILD ZYRTEC 1 MG/ML SOLUTION - [283]

CHILD'S BENADRYL 12.5 MG/5 ML - [283]

child's chewable multivit tab - [139]

child's easy-melts 80 mg tab - [103]

child's omega-3 dha multivitam - [139]

child's wal-dryl 12.5 mg/5 ml - [283]

children ibuprofen 100 mg/5 ml - [3]

CHILDREN MULTIVITAMIN GUMMIES - [139]

children pepto 400 mg tab chew - [188]

children's chest congest liq - [296]

children's chewables - [139]

children's mapap 80 mg tab chw - [103]

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chloroquine ph 500 mg tablet - [53]

chlorpheniramine er 12 mg tab - [283]

chlorpromazine 100 mg tablet - [55]

chlorpromazine 200 mg tablet - [55]

chlorpromazine 25 mg/ml amp - [55]

chlorpromazine 25 mg/ml vial - [306]

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child wal-zyr 1 mg/ml solution - [283]

child's allergy 12.5 mg/5 ml - [283]

CHILD'S CHEW MULTIVIT W/IRON - [139]

CHILD'S CHEWABLE VITAMIN TAB - [139]

child's mapap 160 mg tab chew - [103]

child's pain reliever susp - [103]

children ibuprof 100mg/5ml cup - [3]

children multivitamin chew tab - [139]

children multivitamin gummies - [139]

CHILDREN'S ADVIL 100 MG/5 ML - [3]

children's chew multivitamin - [139]

children's iron 15 mg/ml drops - [125]

CHILDREN'S MOTRIN 100 MG/5 ML - [3]

children's multi-vit gummies - [139]

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chlordiazepoxide 10 mg capsule - [70]

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chloroquine ph 250 mg tablet - [53]

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cholestyramine packet - [93]

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cidofovir 375 mg/5 ml vial - [62]

CIMDUO 300-300 MG TABLET - [64]

CIPRO 250 MG TABLET - [23]

CIPRO 500 MG TABLET - [23]

ciprofloxacin 0.3% eye drop - [276]

ciprofloxacin 500 mg/5 ml susp - [24]

ciprofloxacin hcl 250 mg tab - [24]

ciprofloxacin hcl 750 mg tab - [24]

citalopram hbr 10 mg/5 ml soln - [34]

citalopram hbr 20 mg/10 ml cup - [34]

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clarithromycin 250 mg tablet - [22]

CLARITIN 10 MG LIQUI-GEL CAP - [283]

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CLEOCIN PEDIATRIC 75 MG/5 ML - [18]

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clickfine 31g x 5/16" needles - [222]

chocolated laxative - [171]

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cholestyramine powder - [93]

chromium pico 400 mcg tablet - [125]

CILOXAN 0.3% OINTMENT - [276]

CIPRO 10% SUSPENSION - [23]

CIPRO 5% SUSPENSION - [23]

CIPRO HC OTIC SUSPENSION - [278]

ciprofloxacin 250 mg/5 ml susp - [24]

ciprofloxacin hcl 100 mg tab - [23]

ciprofloxacin hcl 500 mg tab - [24]

citalopram hbr 10 mg tablet - [34]

citalopram hbr 20 mg tablet - [34]

citalopram hbr 40 mg tablet - [34]

cladribine 10 mg/10 ml vial - [48]

clarithromycin 500 mg tablet - [22]

CLARITIN 10 MG REDITABS - [283]

CLARITIN 5 MG REDITABS - [283]

CLARITIN-D 12 HOUR TABLET - [296]

claritin-d 24 hour tablet - [296]

clearlax powder - [171]

CLEOCIN HCL 150 MG CAPSULE - [18]

CLEOCIN HCL 75 MG CAPSULE - [18]

CLEOCIN T 1% LOTION - [110]

clickfine 31g x 1/4" needles - [222]

clickfine pen needle 32gx5/32" - [222]

clickfine universal 31g x 1/4" - [222]

CLIMARA 0.0375 MG/DAY PATCH - [200]

CLIMARA 0.06 MG/DAY PATCH - [201]

CLIMARA 0.1 MG/DAY PATCH - [201]

clindamycin 2% vaginal cream - [19]

clindamycin hcl 300 mg capsule - [19]

clindamycin ph 1% solution - [110]

clinitest covid-19 home test - [222]

clobetasol 0.05% ointment - [111]

clobetasol 0.05% solution - [111]

clobetasol emollient 0.05% crm - [111]

CLOBEX 0.05% TOPICAL LOTION - [111]

clomipramine 25 mg capsule - [38]

clomipramine 75 mg capsule - [38]

clonazepam 0.125 mg odt - [70]

clonazepam 0.5 mg dis tablet - [70]

clonazepam 0.5 mg tablet - [70]

clonazepam 1 mg odt - [70]

clonazepam 2 mg odt - [70]

clonidine 0.1 mg/day patch - [79]

clonidine 0.3 mg/day patch - [79]

clonidine hcl 0.2 mg tablet - [79]

clonidine hcl er 0.1 mg tablet - [98]

clopidogrel 75 mg tablet - [79]

clorazepate 3.75 mg tablet - [70]

clotrimazole 1% solution - [121]

CLIMARA 0.025 MG/DAY PATCH - [200]

CLIMARA 0.05 MG/DAY PATCH - [201]

CLIMARA 0.075 MG/DAY PATCH - [201]

clindamycin (pedi) 75 mg/5 ml - [19]

clindamycin hcl 150 mg capsule - [19]

clindamycin hcl 75 mg capsule - [19]

clindamycin phosp 1% lotion - [110]

clobetasol 0.05% cream - [111]

clobetasol 0.05% shampoo - [111]

clobetasol 0.05% topical lotn - [111]

CLOBEX 0.05% SHAMPOO - [111]

clodan 0.05% shampoo - [111]

clomipramine 50 mg capsule - [38]

clonazepam 0.125 mg dis tab - [70]

clonazepam 0.25 mg odt - [70]

clonazepam 0.5 mg odt - [70]

clonazepam 1 mg dis tablet - [70]

clonazepam 1 mg tablet - [70]

clonazepam 2 mg tablet - [70]

clonidine 0.2 mg/day patch - [79]

clonidine hcl 0.1 mg tablet - [79]

clonidine hcl 0.3 mg tablet - [79]

clopidogrel 300 mg tablet - [79]

clorazepate 15 mg tablet - [70]

clorazepate 7.5 mg tablet - [70]

clotrimazole 1% topical cream - [121]

clotrimazole 1% vaginal cream - [43]

clotrimazole-7 vaginal cream - [43]

clozapine 200 mg tablet - [55]

clozapine 50 mg tablet - [55]

clozapine odt 12.5 mg tablet - [54]

clozapine odt 200 mg tablet - [55]

CLOZARIL 100 MG TABLET - [55]

CLOZARIL 25 MG TABLET - [55]

coaguchek lancets - [222]

codeine sulfate 30 mg tablet - [10]

codeine-guaifen 10-100 mg/5 ml - [296]

COGENTIN 2 MG/2 ML AMPULE - [53]

COLACE 100 MG CAPSULE - [171]

COLACE CLEAR 50 MG SOFTGEL - [171]

colchicine 0.6 mg tablet - [45]

COMBIVENT RESPIMAT 20-100 MCG - [296]

comfort ez ins 0.3ml 30gx1/2" - [222]

comfort ez ins 0.5ml 31gx5/16" - [222]

comfort ez insulin syr 0.3 ml - [223]

comfort ez pen needle 12mm 29g - [223]

comfort ez pen needles 4mm 33g - [223]

comfort ez pen needles 5mm 32g - [223]

comfort ez pen needles 6mm 31g - [223]

comfort ez pen needles 6mm 33g - [223]

comfort ez pen needles 8mm 32g - [223]

comfort ez pressure activt 28g - [223]

clotrimazole 10 mg troche - [43]

clozapine 100 mg tablet - [55]

clozapine 25 mg tablet - [55]

clozapine odt 100 mg tablet - [54]

clozapine odt 150 mg tablet - [54]

clozapine odt 25 mg tablet - [55]

CLOZARIL 200 MG TABLET - [55]

CLOZARIL 50 MG TABLET - [55]

codeine sulfate 15 mg tablet - [10]

codeine sulfate 60 mg tablet - [10]

coditussin ac liquid - [296]

col-rite 250 mg softgel - [171]

COLACE 2-IN-1 TABLET - [171]

COLACE-T 100 MG CAPSULE - [171]

COLCRYS 0.6 MG TABLET - [45]

COMBIVIR TABLET - [64]

comfort ez ins 0.3ml 30gx5/16" - [222]

comfort ez ins 1 ml 31gx5/16" - [223]

comfort ez insulin syr 0.5 ml - [223]

comfort ez pen needles 4mm 32g - [223]

comfort ez pen needles 5mm 31g - [223]

comfort ez pen needles 5mm 33g - [223]

comfort ez pen needles 6mm 32g - [223]

comfort ez pen needles 8mm 31g - [223]

comfort ez pen needles 8mm 33g - [223]

comfort ez safety 21g lancets - [223]

comfort ez safety 23g lancets - [223]

comfort ez syr 0.3 ml 29gx1/2" - [223]

comfort ez syr 0.5 ml 29gx1/2" - [223]

comfort ez syr 1 ml 28gx1/2" - [224]

comfort ez syr 1 ml 30gx1/2" - [224]

comfort gel ex-strength liquid - [188]

comfort gel max str susp - [188]

comfort lancets - [224]

comfort point pen ndl 31gx1/3" - [224]

comfort point pen ndl 31gx1/6" - [224]

comfort touch pen ndl 31g 5mm - [224]

comfort touch pen ndl 31g 8mm - [224]

comfort touch pen ndl 32g 5mm - [224]

comfort touch pen ndl 32g 8mm - [224]

comfort touch pen ndl 33g 5mm - [224]

comfort touch pen ndl 33gx5mm - [224]

comforttouch plus saf 30g lanc - [224]

COMPAZINE 10 MG TABLET - [40]

COMPAZINE 5 MG TABLET - [40]

complete allergy 25 mg caplet - [283]

complete multivit-mineral liq - [140]

COMPLETE OMEGA SOFTGEL - [93]

compro 25 mg suppository - [40]

CONCEPT OB CAPSULE - [140]

CONCERTA ER 27 MG TABLET - [98]

CONCERTA ER 54 MG TABLET - [98]

comfort ez safety 28g lancets - [223]

comfort ez syr 0.5 ml 28gx1/2" - [223]

comfort ez syr 0.5 ml 30gx1/2" - [223]

comfort ez syr 1 ml 29gx1/2" - [224]

comfort ez syr 1 ml 30gx5/16" - [224]

comfort gel extra str susp - [188]

comfort gel suspension - [188]

comfort point pen ndl 29gx1/2" - [224]

comfort point pen ndl 31gx1/4" - [224]

comfort touch pen ndl 31g 4mm - [224]

comfort touch pen ndl 31g 6mm - [224]

comfort touch pen ndl 32g 4mm - [224]

comfort touch pen ndl 32g 6mm - [224]

comfort touch pen ndl 33g 4mm - [224]

comfort touch pen ndl 33g 6mm - [224]

comfort touch ult thin 31g lanc - [224]

companion tablet - [140]

COMPAZINE 25 MG SUPPOSITORY - [40]

COMPLERA TABLET - [63]

complete lice treatment kit - [120]

complete natal dha - [140]

completenate tablet chew - [140]

CONCEPT DHA CAPSULE - [140]

CONCERTA ER 18 MG TABLET - [98]

CONCERTA ER 36 MG TABLET - [98]

CONDYLOX 0.5% GEL - [116]

constulose 10 gm/15 ml soln - [171]

COREG 25 MG TABLET - [83]

COREG 6.25 MG TABLET - [83]

CORTEF 10 MG TABLET - [210]

CORTEF 5 MG TABLET - [210]

CORTISPORIN-TC EAR SUSPENSION - [278]

cortizone-10 1% ointment - [112]

cortizone-10 plus 1% creme - [111]

corvita tablet - [140]

CORVITE FE TABLET - [125]

CORVITE TABLET - [140]

cough dm 20-200 mg/10 ml syrup - [296]

covid-19 at-home test (eua) - [225]

COZAAR 100 MG TABLET - [80]

COZAAR 50 MG TABLET - [80]

CREON DR 24,000 UNIT CAPSULE - [197]

CREON DR 6,000 UNIT CAPSULE - [197]

CRESTOR 20 MG TABLET - [92]

CRESTOR 5 MG TABLET - [92]

CULTURELLE KID PRO-MV 2.5B CHW - [140]

CULTURELLE KID PROB-MV 5B CHEW - [140]

cvs acetaminophen 325 mg gelcp - [103]

cvs acetaminophen 500 mg cplt - [103]

cvs acetaminophen 500 mg tab - [104]

cvs acid controller 20 mg tab - [194]

cvs acne treatment 10% gel - [116]

COREG 12.5 MG TABLET - [83]

COREG 3.125 MG TABLET - [83]

CORRECTOL 5 MG TABLET - [171]

CORTEF 20 MG TABLET - [210]

CORTENEMA 100 MG/60 ML ENEMA - [210]

cortizone-10 1% creme - [111]

cortizone-10 1% overnight crm - [112]

corvita 150 tablet - [125]

CORVITE 150 TABLET - [125]

CORVITE FREE TABLET - [140]

COSOPT EYE DROPS - [274]

cough syrup 100 mg/5 ml - [296]

covid19 specimen collect ncpdp - [225]

COZAAR 25 MG TABLET - [80]

CREON DR 12,000 UNIT CAPSULE - [196]

CREON DR 3,000 UNIT CAPSULE - [197]

CRESTOR 10 MG TABLET - [92]

CRESTOR 40 MG TABLET - [92]

cromolyn 20 mg/2 ml neb soln - [293]

CULTURELLE KID PRO-MV-LUT GMMY - [140]

CULTURELLE PROBIOTIC-MV GUMMY - [140]

cvs acetaminophen 325 mg tab - [103]

cvs acetaminophen 500 mg gelcp - [104]

cvs acid controller 10 mg tab - [194]

cvs acne control 10 % cleanser - [116]

cvs adult 50 plus eye health - [140]

<i>cvx adv exfoliating 5% cleansr - [116]</i>	<i>cvx allergy (cetzn) 10 mg tab - [283]</i>
<i>cvx allergy (diphen) 25 mg cap - [283]</i>	<i>cvx allergy (fexo) 60 mg tab - [283]</i>
<i>cvx allergy (lorat) 10 mg odt - [283]</i>	<i>cvx allergy (lorat) 10 mg tab - [283]</i>
<i>cvx allergy 50 mg/20 ml liq - [283]</i>	<i>cvx allergy relief 180 mg tab - [283]</i>
<i>cvx allergy relief 25 mg tab - [283]</i>	<i>cvx allergy relief 4 mg tablet - [283]</i>
<i>cvx allergy relief d-24hr tab - [296]</i>	<i>cvx allergy relief-d12 tablet - [296]</i>
<i>cvx antacid 750 mg chew tablet - [188]</i>	<i>cvx antacid ex-str 750 mg chew - [188]</i>
<i>cvx antacid plus anti-gas liq - [188]</i>	<i>cvx antacid supreme liquid - [188]</i>
<i>cvx antacid ultra str softchew - [188]</i>	<i>cvx antacid ultra str tab chew - [188]</i>
<i>cvx antacid-antigas liquid - [188]</i>	<i>cvx antacid-gas 1000-60 mg chw - [188]</i>
<i>cvx anti-diarrheal 2 mg sftgel - [182]</i>	<i>cvx anti-diarrheal suspension - [182]</i>
<i>cvx anti-gas 180 mg softgel - [188]</i>	<i>cvx anti-itch 1% cream - [112]</i>
<i>cvx antibiotic ointment - [121]</i>	<i>cvx artificial tears drops - [274]</i>
<i>cvx aspirin 325 mg caplet - [3]</i>	<i>cvx aspirin 325 mg tablet - [3]</i>
<i>cvx aspirin 81 mg chewable tab - [3]</i>	<i>cvx aspirin ec 325 mg tablet - [3]</i>
<i>cvx aspirin ec 81 mg tablet - [3]</i>	<i>cvx athlete's foot 1% cream - [121]</i>
<i>cvx b-1 100 mg tablet - [140]</i>	<i>cvx b-complex-vit c caplet - [140]</i>
<i>cvx bacitracin 500 unit/g oint - [121]</i>	<i>cvx bacitracin zn 500 unit/gm - [121]</i>
<i>cvx biotin 1,000 mcg tablet - [140]</i>	<i>cvx bisacodyl ec 5 mg tablet - [171]</i>
<i>cvx c-lax laxative ec 5 mg tab - [171]</i>	<i>cvx calcium 600 mg tablet - [125]</i>
<i>cvx capsaicin 0.1% cream - [116]</i>	<i>cvx castor oil - [171]</i>
<i>cvx child allergy 12.5 mg/5 ml - [284]</i>	<i>cvx child allergy 5 mg/5 ml - [284]</i>
<i>cvx child allergy relf 1 mg/ml - [283]</i>	<i>cvx child allergy rlf 1 mg/ml - [284]</i>
<i>cvx child chew vitam complete - [140]</i>	<i>cvx child fever red 120 mg sup - [104]</i>
<i>cvx child gummy dinos gummies - [140]</i>	<i>cvx child pain relief 160 mg - [104]</i>
<i>cvx child pain rlf 160 mg/5 ml - [104]</i>	<i>cvx child pain-fever 160 mg/5 - [104]</i>

<i>cv's child's chest congest liq - [296]</i>	<i>cv's chld ibuprofen 100 mg/5 ml - [3]</i>
<i>cv's chocolated laxative 15 mg - [171]</i>	<i>cv's clotrimazole 1% solution - [121]</i>
<i>cv's clotrimazole 1% top cream - [121]</i>	<i>cv's cortisone 1% cream - [112]</i>
<i>cv's cortisone with aloe 1% crm - [112]</i>	<i>cv's covid19 at-home test (eua) - [225]</i>
<i>cv's covid19 test by pharmacist - [225]</i>	<i>cv's creamy acne 4% face wash - [116]</i>
<i>cv's daily fiber 0.52 gram cap - [171]</i>	<i>cv's daily fiber 3.4 g packet - [171]</i>
<i>cv's daily gummies - [140]</i>	<i>cv's daily multiple tablet - [140]</i>
<i>cv's diaper rash 40% ointment - [116]</i>	<i>cv's diclofenac sodium 1% gel - [116]</i>
<i>cv's ear drops 6.5% - [278]</i>	<i>cv's ear wax removal 6.5% drop - [278]</i>
<i>cv's ear wax removal 6.5% kit - [278]</i>	<i>cv's eye health and lutein tab - [140]</i>
<i>cv's fiber 0.52 g capsule - [171]</i>	<i>cv's fiber therapy capsule - [171]</i>
<i>cv's flavor chew antacid 750 mg - [188]</i>	<i>cv's foaming acne face 10% wash - [116]</i>
<i>cv's folic acid 800 mcg tablet - [140]</i>	<i>cv's gas relf(simeth) 80 mg chw - [188]</i>
<i>cv's gas relief 125 mg chew tab - [188]</i>	<i>cv's gas relief 125 mg softgel - [188]</i>
<i>cv's gentle laxative 10 mg supp - [171]</i>	<i>cv's gentle laxative ec 5 mg tb - [171]</i>
<i>cv's hair, skin and nails cplt - [140]</i>	<i>cv's hemorrhoidal-analgesc oint - [13]</i>
<i>cv's hydrocortisone 1% cream - [112]</i>	<i>cv's hydrocortisone 1% ointment - [112]</i>
<i>cv's ibuprofen 200 mg caplet - [3]</i>	<i>cv's ibuprofen 200 mg tablet - [3]</i>
<i>cv's infant pain-fever 160 mg/5 - [104]</i>	<i>cv's iron 27 mg tablet - [125]</i>
<i>cv's iron 65 mg tablet - [125]</i>	<i>cv's itch relief 1% top cream - [121]</i>
<i>cv's jock itch 1% cream - [121]</i>	<i>cv's kids antacid 750 mg chew - [188]</i>
<i>cv's kids' multivitamin gummy - [140]</i>	<i>cv's lansoprazole dr 15 mg odt - [196]</i>
<i>cv's laxative 25 mg tablet - [171]</i>	<i>cv's lice solution kit - [120]</i>
<i>cv's lice treatment 1% crm rins - [120]</i>	<i>cv's melatonin 10 mg tablet - [301]</i>
<i>cv's melatonin 3 mg tablet - [301]</i>	<i>cv's melatonin 5 mg tablet - [301]</i>
<i>cv's men's daily gummies - [141]</i>	<i>cv's mens 50 plus advanced tab - [141]</i>

<i>cv</i> s miconazole 7 cream - [43]	<i>cv</i> s micro thin 33g lancets - [225]
<i>cv</i> s milk of magnesia susp - [171]	<i>cv</i> s motion sickness 25 mg tab - [40]
<i>cv</i> s motion sickness 25mg chwtd - [40]	<i>cv</i> s motion sickness 50 mg tab - [40]
<i>cv</i> s nasal spray 0.05% - [225]	<i>cv</i> s natural daily fiber powder - [171]
<i>cv</i> s nicotine 14 mg/24hr patch - [14]	<i>cv</i> s nicotine 2 mg chewing gum - [14]
<i>cv</i> s nicotine 2 mg lozenge - [14]	<i>cv</i> s nicotine 2 mg mini lozenge - [14]
<i>cv</i> s nicotine 21 mg/24hr patch - [14]	<i>cv</i> s nicotine 4 mg chewing gum - [14]
<i>cv</i> s nicotine 4 mg lozenge - [14]	<i>cv</i> s nicotine 4 mg mini lozenge - [14]
<i>cv</i> s nicotine 7 mg/24hr patch - [14]	<i>cv</i> s nighttime sleep 25 mg cpld - [301]
<i>cv</i> s nighttime sleep 25 mg tab - [302]	<i>cv</i> s olopatadine 0.1% eye drops - [275]
<i>cv</i> s olopatadine 0.2% eye drop - [276]	<i>cv</i> s one daily essential tablet - [141]
<i>cv</i> s one daily men's health tab - [141]	<i>cv</i> s one daily women's 50 plus - [141]
<i>cv</i> s one daily women's formula - [141]	<i>cv</i> s pain relief 325 mg tablet - [104]
<i>cv</i> s pain relief 500 mg caplet - [104]	<i>cv</i> s pain relief 500 mg tablet - [104]
<i>cv</i> s pain reliever 500 mg cpld - [104]	<i>cv</i> s poly bacitracin ointment - [121]
<i>cv</i> s prenatal gummies - [141]	<i>cv</i> s prenatal multi-dha softgel - [141]
<i>cv</i> s prenatal vitamins tablet - [141]	<i>cv</i> s purelax powder - [171]
<i>cv</i> s redness relief drops - [274]	<i>cv</i> s redness relief eye drops - [274]
<i>cv</i> s ringworm 1% cream - [122]	<i>cv</i> s senna laxative 8.6 mg tab - [172]
<i>cv</i> s senna plus tablet - [172]	<i>cv</i> s sinus nasal spray 0.05% - [225]
<i>cv</i> s sleep aid 50 mg softgel - [302]	<i>cv</i> s slow release iron 45 mg tb - [125]
<i>cv</i> s smooth antacid 750 mg chew - [188]	<i>cv</i> s spectravite adult 50 plus - [141]
<i>cv</i> s spectravite adult tab chew - [141]	<i>cv</i> s spectravite adult tablet - [141]
<i>cv</i> s spectravite advanced tab - [141]	<i>cv</i> s spectravite men 50plus tab - [141]
<i>cv</i> s spectravite men's tablet - [141]	<i>cv</i> s spectravite women 50 plus - [141]
<i>cv</i> s spectravite women tablet - [141]	<i>cv</i> s stomach relf 525 mg/30 ml - [182]

cv's stomach relief max str liq - [182]
cv's stomach rlf 262 mg chew tb - [182]
cv's stool softener 250 mg sfgl - [172]
cv's stool softener-stim lax tb - [172]
cv's therapeutic shampoo 0.5% - [116]
cv's tussin 100 mg/5 ml liquid - [297]
cv's vitamin b-1 100 mg tablet - [141]
cv's vitamin d3 10 mcg softgel - [211]
cv's vitamin d3 25 mcg softgel - [211]
cv's vitamin d3 50 mcg softgel - [211]
cv's vitamin e 450 mg softgel - [141]
cv's women's daily gummies - [141]
cv's women's prenatal plus dha - [141]
cyclobenzaprine 10 mg tablet - [301]
cyclobenzaprine 7.5 mg tablet - [301]
 CYMBALTA 30 MG CAPSULE - [109]
cyproheptadine 4 mg tablet - [284]
 CYTOMEL 5 MCG TABLET - [204]
 CYTOTEC 100 MCG TABLET - [196]
d3 dots 2,000 unit tablet - [211]
d3-50 50,000 unit capsule - [212]
daily multi vitamin-iron tab - [141]
daily multivitamin capsule - [142]
daily value multivitamin tab - [142]
daily vitamin formula tablet - [142]
 DAILY VITE TABLET - [142]

cv's stomach rlf 262 mg caplet - [182]
cv's stool softener 100 mg sfgl - [172]
cv's stool softener 50 mg sftgl - [172]
cv's therapeutic 1% shampoo - [116]
cv's thin 26g lancets - [225]
cv's ultra thin 30g lancets - [225]
cv's vitamin b-6 100 mg tablet - [141]
cv's vitamin d3 125 mcg softgel - [211]
cv's vitamin d3 250 mcg softgel - [211]
cv's vitamin e 180 mg softgel - [141]
cv's vitamin e 90 mg softgel - [141]
cv's women's gentle lax ec 5 mg - [172]
cv's zinc oxide 20% ointment - [116]
cyclobenzaprine 5 mg tablet - [301]
 CYMBALTA 20 MG CAPSULE - [109]
 CYMBALTA 60 MG CAPSULE - [109]
 CYTOMEL 25 MCG TABLET - [203]
 CYTOMEL 50 MCG TABLET - [204]
 CYTOTEC 200 MCG TABLET - [196]
d3-2000 unit softgel - [212]
 DACOGEN 50 MG VIAL - [48]
daily multivit-minerals tab - [142]
daily multivitamin with d3 tab - [142]
 DAILY VITAMIN + IRON TABLET - [142]
daily vitamin formula-iron tab - [142]
 DAILY VITE WITH IRON TABLET - [142]

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DAKIN'S 0.25% SOLUTION - [116]	DAKIN'S 0.5% SOLUTION - [116]
dapsone 100 mg tablet - [46]	dapsone 25 mg tablet - [46]
DARAPRIM 25 MG TABLET - [53]	dario 100 sterile lancets - [225]
darunavir 600 mg tablet - [67]	darunavir 800 mg tablet - [67]
dasetta 1-35-28 tablet - [201]	daunorubicin 20 mg/4 ml vial - [49]
daunorubicin 50 mg/10 ml vial - [49]	DAVIMET-M CHEWABLE TABLET - [142]
DAYAVITE TABLET - [142]	daylogic acne foaming 10% wash - [116]
DAYTRANA 10 MG/9 HR PATCH - [98]	DAYTRANA 15 MG/9 HR PATCH - [98]
DAYTRANA 20 MG/9 HOUR PATCH - [99]	DAYTRANA 30 MG/9 HOUR PATCH - [99]
deblitane 0.35 mg tablet - [202]	DEBROX 6.5% EAR DROPS - [279]
decara 50,000 unit softgel - [211]	decitabine 50 mg vial - [48]
DECUBI VITE CAPSULE - [142]	DEKAS BARIATRIC CHEW TABLET - [142]
dekas essential capsule - [142]	DEKAS ESSENTIAL LIQUID - [142]
DEKAS PLUS CHEWABLE TABLET - [142]	DEKAS PLUS LIQUID - [142]
DEKAS PLUS OCEANCAPS - [142]	DEKAS PLUS SOFTGEL - [142]
DELSTRIGO 100-300-300 MG TAB - [63]	delta d3 400 unit tablet - [211]
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DEPAKOTE DR 125 MG TABLET - [25]	DEPAKOTE DR 250 MG TABLET - [25]
DEPAKOTE DR 500 MG TABLET - [25]	DEPAKOTE ER 250 MG TABLET - [25]
DEPAKOTE ER 500 MG TABLET - [25]	DEPO-TESTOSTERONE 1,000MG/10ML - [200]
DEPO-TESTOSTERONE 200 MG/ML - [200]	DEPO-TESTOSTERONE 200 MG/ML VL - [200]
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DERMACINRX FOLIFLEX CAPLET - [142]	DERMACINRX FOLITIN-Z CAPLET - [142]
DERMACINRX MULTITAM CAPLET - [142]	DERMACINRX PRETRATE CAPLET - [143]
DERMACINRX RIBOTIN-E CAPLET - [143]	DERMACINRX VENEXA CAPLET - [143]

DERMACINRX VENEXA FE CAPLET - [143]
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diazepam 2.5 mg rectal gel sys - [29]

diazepam 25 mg/5 ml oral conc - [70]

diazepam 5 mg/5 ml solution - [70]

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diclofenac 1.5% topical soln - [117]

diclofenac pot 50 mg tablet - [4]
diclofenac sod dr 50 mg tab - [4]
diclofenac sod ec 25 mg tab - [4]
diclofenac sod ec 75 mg tab - [4]
diclofenac sodium 1% gel - [117]
diclofenac-misoprost 50-0.2 mg - [4]
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diclofenac sod dr 25 mg tab - [4]
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dicyclomine 10 mg/5 ml soln - [185]
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digestive relief caplet - [182]
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digoxin 0.25 mg tablet - [89]
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diltiazem 24h er(cd) 120 mg cp - [87]

diltiazem 24h er(cd) 240 mg cp - [87]

diltiazem 24h er(cd) 360 mg cp - [87]

diltiazem 24h er(la) 240 mg tb - [87]

diltiazem 24h er(la) 360 mg tb - [87]

diltiazem 24h er(xr) 120 mg cp - [87]

diltiazem 24h er(xr) 240 mg cp - [87]

diltiazem 24hr er 180 mg cap - [87]

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diltiazem 60 mg tablet - [88]

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DIPHEN 12.5 MG/5 ML SOLUTION - [284]

DIPHENHIST 25 MG CAPSULE - [284]

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diphenoxylat-atrop 2.5-0.025/5 - [182]

dipyridamole 25 mg tablet - [79]

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diltiazem 24h er(la) 420 mg tb - [87]

diltiazem 24h er(xr) 180 mg cp - [87]

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diotame 262 mg tablet chew - [182]

diphen 12.5 mg/5 ml elixir - [284]

diphen 25 mg caplet - [284]

diphenhydramine 12.5 mg/5 ml - [284]

diphenhydramine 25 mg caplet - [284, 302]

diphenhydramine 25 mg tablet - [284]

diphenhydramine 50 mg capsule - [284]

diphenhydramine 50 mg/ml vial - [284]

diphenoxylate-atrop 2.5-0.025 - [182]

dipyridamole 50 mg tablet - [79]

dipyridamole 75 mg tablet - [79]

DISALCID 750 MG TABLET - [4]

disulfiram 250 mg tablet - [13]

DITROPAN XL 10 MG TABLET - [197]

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divalproex sod dr 125 mg tab - [25]

divalproex sod dr 500 mg tab - [25]

divalproex sod er 500 mg tab - [25]

docetaxel 20 mg/ml vial - [49]

docu liquid 100 mg/10 ml cup - [172]

docuprene 100 mg tablet - [172]

docusate sod 60 mg/15 ml syrp - [172]

docusate sodium 100 mg softgel - [172]

docusate sodium 250 mg capsule - [172]

docusate sodium 50 mg/5 ml cup - [172]

docuzen 8.6-50 mg tablet - [172]

donepezil hcl 10 mg tablet - [32]

donepezil hcl 5 mg tablet - [32]

donepezil hcl odt 5 mg tablet - [32]

dorzolamide hcl 2% eye drops - [278]

double antibiotic ointment - [122]

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doxazosin mesylate 4 mg tab - [80]

doxepin 10 mg capsule - [38]

doxepin 100 mg capsule - [38]

doxepin 25 mg capsule - [39]

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DOXIL 50 MG/25 ML VIAL - [49]

doxorubicin 10 mg/5 ml vial - [49]

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divalproex dr 125 mg cap sprnk - [25]

divalproex sod dr 250 mg tab - [25]

divalproex sod er 250 mg tab - [25]

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docetaxel 80 mg/4 ml vial - [49]

docu liquid 50 mg/5 ml - [172]

docusate sod 100 mg/10 ml cup - [172]

docusate sodium 100 mg capsule - [172]

docusate sodium 100 mg tablet - [172]

docusate sodium 250 mg softgel - [172]

docusate sodium 50 mg/5 ml liq - [172]

dok 100 mg tablet - [172]

donepezil hcl 23 mg tablet - [32]

donepezil hcl odt 10 mg tablet - [32]

DORAL 15 MG TABLET - [302]

dorzolamide-timolol eye drops - [274]

DOVONEX 0.005% CREAM - [117]

doxazosin mesylate 2 mg tab - [80]

doxazosin mesylate 8 mg tab - [80]

doxepin 10 mg/ml oral conc - [38]

doxepin 150 mg capsule - [38]

doxepin 50 mg capsule - [39]

DOXIL 20 MG/10 ML VIAL - [49]

doxorubicin 10 mg vial - [49]

doxorubicin 150 mg/75 ml vial - [49]

doxorubicin 200 mg/100 ml vial - [49]

doxorubicin 50 mg vial - [49]

doxorubicin liposome 20mg/10ml - [49]

doxycycline hyclate 100 mg cap - [24]

doxycycline hyclate 50 mg cap - [24]

DRAMAMINE 50 MG TABLET - [40]

driminate 50 mg tablet - [40]

dristan 0.05% nasal spray - [225]

droplet 0.5 ml 30gx12.5mm(1/2) - [226]

droplet ins 0.3 ml 29gx12.5mm - [226]

droplet ins 0.5ml 30gx6mm(1/2) - [226]

droplet ins 0.5ml 31gx6mm(1/2) - [226]

droplet ins syr 0.3 ml 30gx6mm - [225]

droplet ins syr 0.3 ml 31gx6mm - [225]

droplet ins syr 1 ml 30gx6mm - [225]

droplet ins syr 1 ml 31gx6mm - [225]

droplet ins syr 1ml 29gx12.5mm - [225]

droplet micron 34g 3.5mm - [226]

droplet pen needle 29gx1/2" - [226]

droplet pen needle 30gx5/16" - [226]

droplet pen needle 31gx3/16" - [226]

droplet pen needle 32gx1/4" - [226]

droplet pen needle 32gx5/16" - [226]

dropsafe ins syr 0.3ml 31g 6mm - [226]

dropsafe ins syr 0.5ml 31g 6mm - [226]

dropsafe insul syr 1ml 31g 6mm - [227]

dropsafe insuln 1ml 29g 12.5mm - [227]

doxorubicin 50 mg/25 ml vial - [49]

doxorubicin liposome 50mg/25ml - [49]

doxycycline hyclate 100 mg tab - [24]

DR. SMITH'S DIAPER 10% OINTMNT - [117]

dramamine less drowsy 25 mg tb - [40]

DRISDOL 1.25 MG (50,000 UNIT) - [211]

droplet 0.5 ml 29gx12.5mm(1/2) - [226]

droplet 30g lancets - [226]

droplet ins 0.3ml 30gx12.5mm - [226]

droplet ins 0.5ml 30gx8mm(1/2) - [226]

droplet ins 0.5ml 31gx8mm(1/2) - [226]

droplet ins syr 0.3 ml 30gx8mm - [225]

droplet ins syr 0.3 ml 31gx8mm - [225]

droplet ins syr 1 ml 30gx8mm - [225]

droplet ins syr 1 ml 31gx8mm - [225]

droplet ins syr 1ml 30gx12.5mm - [225]

droplet micron 34g x 9/64" - [226]

droplet pen needle 29gx3/8" - [226]

droplet pen needle 31gx1/4" - [226]

droplet pen needle 31gx5/16" - [226]

droplet pen needle 32gx3/16" - [226]

droplet pen needle 32gx5/32" - [226]

dropsafe ins syr 0.3ml 31g 8mm - [226]

dropsafe ins syr 0.5ml 31g 8mm - [226]

dropsafe insul syr 1ml 31g 8mm - [227]

drug mart ultra comfort syr - [227]

DRYSOL DAB-O-MATIC SOLUTION - [117]

dss 250 mg softgel - [172]

DUET DHA BALANCED (25 MG IRON) - [143]

DULCOLAX 10 MG SUPPOSITORY - [173]

dulcolax ss 100 mg liquid gel - [172]

duloxetine hcl dr 20 mg cap - [109]

duloxetine hcl dr 60 mg cap - [109]

e-z ject lancets - [227]

e-zject color 33g lancets - [227]

e-zject thin lancets - [227]

E.E.S. 400 MG TABLET - [22]

ear wax removal 6.5% drop - [279]

ear wax removal 6.5% kit - [279]

easy comfort 0.5 ml 30gx1/2" - [227]

easy comfort 0.5 ml 32gx5/16" - [228]

easy comfort 1 ml 31gx5/16" - [228]

easy comfort 30g lancets - [228]

easy comfort pen ndl 31gx1/4" - [227]

easy comfort pen ndl 31gx5/16" - [227]

easy comfort pen ndl 33g 4mm - [227]

easy comfort pen ndl 33g 6mm - [227]

easy glide ins 0.3 ml 31gx6mm - [228]

easy glide ins 1 ml 31gx6mm - [228]

easy touch 0.3 ml syr 30gx1/2" - [230]

easy touch 0.5 ml syr 29gx1/2" - [230]

easy touch 0.5 ml syr 30gx5/16 - [230]

DRYSOL SOLUTION - [117]

DUET DHA 400 COMBO PACK - [143]

dulcolax 1,200 mg/15 ml liquid - [173]

DULCOLAX EC 5 MG TABLET - [172]

dulcolax ss 100 mg softgel - [172]

duloxetine hcl dr 30 mg cap - [109]

e-z ject colored lancets - [227]

e-zject color 32g lancets - [227]

e-zject super thin 30g lancets - [227]

E.E.S. 200 MG/5 ML SUSPENSION - [22]

ear drops 6.5% - [279]

ear wax removal 6.5% drops - [279]

easy comfort 0.3 ml syringe - [227]

easy comfort 0.5 ml 31gx5/16" - [228]

easy comfort 0.5 ml syringe - [227]

easy comfort 1 ml 32gx5/16" - [228]

easy comfort insulin 1 ml syr - [227]

easy comfort pen ndl 31gx3/16" - [227]

easy comfort pen ndl 32gx5/32" - [227]

easy comfort pen ndl 33g 5mm - [227]

easy comfort syr 1 ml 30gx1/2" - [227]

easy glide ins 0.5 ml 31gx6mm - [228]

easy glide pen needle 4mm 33g - [228]

easy touch 0.5 ml syr 27gx1/2" - [230]

easy touch 0.5 ml syr 30gx1/2" - [230]

easy touch 1 ml syr 27gx1/2" - [230]

easy touch 1 ml syr 29gx1/2" - [230]
 easy touch insulin 1ml 29gx1/2 - [228]
 easy touch insulin syr 0.3 ml - [228]
 easy touch insulin syr 1 ml - [228]
 easy touch insuln 1ml 30gx1/2" - [228]
 easy touch insuln 1ml 31gx5/16 - [228]
 easy touch pen needle 29gx1/2" - [228]
 easy touch pen needle 31gx1/4" - [228]
 easy touch pen needle 31gx5/16 - [228]
 easy touch pen needle 32gx3/16 - [229]
 easy touch pull-top 26g lancet - [229]
 easy touch pull-top 30g lancet - [229]
 easy touch safety 21g lancets - [229]
 easy touch safety 26g lancets - [229]
 easy touch safety 30g lancets - [229]
 easy touch syr 0.5ml 27g12.7mm - [229]
 easy touch syr 0.5ml 29g12.7mm - [229]
 easy touch syr 1 ml 27g 16mm - [229]
 easy touch syr 1 ml 29g 12.7mm - [229]
 easy touch twist 28g lancets - [230]
 easy touch twist 32g lancets - [230]
 easy touch uni-slip syr 1 ml - [230]
 easy-touch ins 1 ml 31gx5/16" - [230]
 ecotrin ec 81 mg tablet - [4]
 ed-spaz 0.125 mg odt - [185]
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easy touch 1 ml syr 30gx1/2" - [230]
 easy touch insulin 1ml 30gx1/2 - [228]
 easy touch insulin syr 0.5 ml - [228]
 easy touch insuln 1ml 29gx1/2" - [228]
 easy touch insuln 1ml 30gx5/16 - [228]
 easy touch luer lok insul 1 ml - [228]
 easy touch pen needle 30gx5/16 - [228]
 easy touch pen needle 31gx3/16 - [228]
 easy touch pen needle 32gx1/4" - [228]
 easy touch pen needle 32gx5/32 - [229]
 easy touch pull-top 28g lancet - [229]
 easy touch pull-top 32g lancet - [229]
 easy touch safety 23g lancets - [229]
 easy touch safety 28g lancets - [229]
 easy touch safety 32g lancets - [229]
 easy touch syr 0.5ml 28g12.7mm - [229]
 easy touch syr 1 ml 27g 12.7mm - [229]
 easy touch syr 1 ml 28g 12.7mm - [229]
 easy touch twist 26g lancets - [229]
 easy touch twist 30g lancets - [230]
 easy touch twist 33g lancets - [230]
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 ECOTRIN EC 325 MG TABLET - [4]
 ed-apap 160 mg/5 ml liquid - [104]
 EDLUAR 10 MG SL TABLET - [302]
 EDURANT 25 MG TABLET - [63]

efavir-emtri-tenof 600-200-300 - [63]

efavir-lamiv-tenof 600-300-300 - [63]

efavirenz 50 mg capsule - [64]

EFFEXOR XR 150 MG CAPSULE - [34]

EFFEXOR XR 75 MG CAPSULE - [34]

ELDERTONIC ELIXIR - [143]

eletriptan hbr 20 mg tablet - [45]

ELIGARD 22.5 MG SYRINGE KIT - [207]

ELIGARD 45 MG SYRINGE KIT - [207]

ELIMITE 5% CREAM - [120]

ELIQUIS 5 MG TABLET - [76]

elite-ob caplet - [143]

ELITEK 7.5 MG VIAL - [52]

ELLA 30 MG TABLET - [202]

ellume covid19 home test (eua) - [230]

embrace 21g safety lancet - [230]

embrace 30g lancets - [231]

embrace pen needle 30g 8mm - [230]

embrace pen needle 31g 8mm - [230]

EMERGEN-C KIDZ 250 MG PACKET - [144]

EMSAM 6 MG/24 HOURS PATCH - [34]

emtricitabine 200 mg capsule - [65]

emtricitabine-tenofv 133-200mg - [65]

emtricitabine-tenofv 200-300mg - [65]

EMTRIVA 200 MG CAPSULE - [65]

enalapril maleate 2.5 mg tab - [81]

efavir-lamiv-tenof 400-300-300 - [63]

efavirenz 200 mg capsule - [64]

efavirenz 600 mg tablet - [64]

EFFEXOR XR 37.5 MG CAPSULE - [34]

EFUDEX 5% CREAM - [117]

ELDERTONIC LIQUID - [143]

eletriptan hbr 40 mg tablet - [45]

ELIGARD 30 MG SYRINGE KIT - [207]

ELIGARD 7.5 MG SYRINGE KIT - [207]

ELIQUIS 2.5 MG TABLET - [76]

ELIQUIS DVT-PE TREAT START 5MG - [76]

ELITEK 1.5 MG VIAL - [52]

ELIXOPHYLLIN 80 MG/15 ML ELIX - [293]

ELLENCE 2 MG/ML VIAL - [49]

ELON MATRIX 5000 COMPLETE TAB - [143]

embrace 28g safety lancet - [231]

embrace pen needle 30g 5mm - [230]

embrace pen needle 31g 6mm - [230]

embrace pen needle 32g 4mm - [230]

EMSAM 12 MG/24 HOURS PATCH - [34]

EMSAM 9 MG/24 HOURS PATCH - [34]

emtricitabine-tenofv 100-150mg - [65]

emtricitabine-tenofv 167-250mg - [65]

EMTRIVA 10 MG/ML SOLUTION - [65]

enalapril maleate 10 mg tab - [81]

enalapril maleate 20 mg tab - [81]

enalapril maleate 5 mg tablet - [81]

ENBREL 25 MG KIT - [209]

ENBREL 50 MG/ML SURECLICK - [209]

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ENDUR-VM IRON-FREE SR TABLET - [144]

ENTRESTO 24 MG-26 MG TABLET - [89]

ENTRESTO 97 MG-103 MG TABLET - [89]

epinephrine 0.15 mg auto-injct - [292]

EPIPEN 2-PAK 0.3 MG AUTO-INJCT - [293]

epirubicin 200 mg/100 ml vial - [49]

epirubicin hcl 200 mg vial - [49]

EPIVIR 10 MG/ML ORAL SOLN - [65]

EPIVIR 300 MG TABLET - [65]

EPIVIR HBV 25 MG/5 ML SOLN - [62]

EPOGEN 2,000 UNITS/ML VIAL - [78]

EPOGEN 20,000 UNITS/ML VIAL - [78]

EPOGEN 4,000 UNITS/ML VIAL - [78]

epoprostenol sodium 1.5 mg vl - [294]

eq acetaminophen 500 mg caplet - [104]

eq acetaminophen 500 mg tablet - [104]

eq allergy (lorat) 10 mg tab - [284]

eq allergy relief 10 mg tablet - [284]

eq allergy relief 25 mg cap - [284]

eq antacid 500 mg chew tablet - [189]

eq antacid extra str chew tab - [189]

ENBRACE HR SOFTGEL - [144]

ENBREL 25 MG/0.5 ML SYRINGE - [209]

ENBREL 50 MG/ML SYRINGE - [209]

endocet 2.5-325 mg tablet - [10]

endocet 7.5-325 mg tablet - [11]

ENDUR-VM WITH IRON SR TABLET - [144]

ENTRESTO 49 MG-51 MG TABLET - [89]

enulose 10 gm/15 ml solution - [173]

epinephrine 0.3 mg auto-inject - [292]

EPIPEN JR 2-PAK 0.15 MG INJCTR - [293]

epirubicin 50 mg/25 ml vial - [49]

epitol 200 mg tablet - [31]

EPIVIR 150 MG TABLET - [65]

EPIVIR HBV 100 MG TABLET - [62]

EPOGEN 10,000 UNITS/ML VIAL - [78]

EPOGEN 20,000 UNITS/2 ML VIAL - [78]

EPOGEN 3,000 UNITS/ML VIAL - [78]

epoprostenol sodium 0.5 mg vl - [294]

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eq acetaminophen 500 mg gelcap - [104]

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eql ear wax removal 6.5% drop - [279]

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ft ear wax removal 6.5% drop - [279]

ft gas relief 125 mg chew tab - [189]

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ft gentle laxative 10 mg supp - [174]

ft ibuprofen 200 mg tablet - [5]

ft laxative 5 mg tablet - [174]

ft miconazole 7 cream - [43]

ft motion sickness 25 mg tab - [40]

ft nasal spray 0.05% - [233]

ft nicotine 2 mg mini lozenge - [15]

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ft pain relief 325 mg tablet - [105]

ft pain relief 500 mg gelcap - [105]

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ft senna-s 8.6-50 mg tablet - [174]

ft sleep aid 50 mg softgel - [302]

ft antacid ex-str 750 mg chew - [189]

ft antacid-antigas max str - [189]

ft antifungal 2% topical cream - [122]

ft aspirin 325 mg tablet - [5]

ft aspirin ec 81 mg tablet - [5]

ft castor oil - [174]

ft child allergy 12.5 mg/5 ml - [286]

ft child allergy rlf 1 mg/ml - [286]

ft child pain-fever 160 mg/5ml - [105]

ft double antibiotic ointment - [122]

ft ear wax removal 6.5% kit - [279]

ft gas relief 125 mg softgel - [189]

ft gas relief(simeth) 80mg chw - [189]

ft ibuprofen 200 mg caplet - [5]

ft infant pain-fever 160 mg/5 - [105]

ft laxative ec 5 mg tablet - [174]

ft milk of magnesia suspension - [174]

ft motion sickness 50 mg tab - [40]

ft nicotine 2 mg lozenge - [15]

ft nicotine 4 mg lozenge - [15]

ft nighttime sleep 25 mg cplt - [302]

ft pain relief 500 mg caplet - [105]

ft pain relief 500 mg tablet - [105]

ft senna laxative 8.6 mg tab - [174]

ft sleep aid 25 mg tablet - [302]

ft stomach relief 525 mg/30 ml - [182]

ft stomach rlf 262 mg caplet - [183]

ft stool softener 100 mg sftgl - [174]

ft stool softener 250 mg sftgl - [174]

ft vitamin d3 125 mcg tablet - [212]

ft vitamin d3 50 mcg softgel - [212]

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gentamicin 0.3% eye drop - [276]

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ft stomach rlf 262 mg chew tab - [183]

ft stool softener 100 mg tab - [174]

ft stool softener-stim lax tab - [174]

ft vitamin d3 25 mcg softgel - [212]

ft vitamin d3 50 mcg tablet - [212]

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gentak 0.3 % eye ointment - [276]

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gentle laxative 10 mg supposit - [175]

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gnp acid reducer 20 mg tablet - [195]

gnp allergy 25 mg softgel - [286]

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geri-kot 8.6 mg tablet - [175]

geri-mox antacid-antigas susp - [190]

geri-pectate 262 mg/15 ml susp - [183]

geri-tussin 200 mg/10 ml liq - [297]

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GLEEVEC 100 MG TABLET - [51]

glipizide 10 mg tablet - [72]

glucocom 28g lancets - [233]

glucocom 33g lancets - [233]

glyburide 2.5 mg tablet - [72]

glyburide micro 1.5 mg tab - [72]

glyburide micro 6 mg tablet - [72]

GLYNASE 3 MG PRESTAB - [72]

gnp acetaminophen 325 mg gelcp - [105]

gnp acid reducer 10 mg tablet - [195]

gnp all day allergy 10 mg tab - [286]

gnp allergy 25 mg tablet - [286]

gnp allergy relief 180 mg tab - [286]

gnp allergy relief 25 mg lq cp - [286]

gnp allergy relief 25 mg tab - [286]

gnp allergy relief 4 mg tablet - [286]
gnp allergy-conges relf er tab - [297]
gnp antacid anti-gas liquid - [190]
gnp antacid liquid - [190]
gnp antacid xtra str chew tab - [190]
gnp antacid-gas 1000-60 mg chw - [190]
gnp arthritis pain 1% gel - [117]
gnp aspirin 325 mg tablet - [5]
gnp aspirin ec 81 mg tablet - [5]
gnp b-complex plus vit c tab - [147]
gnp blood pressure monitor - [233]
gnp castor oil - [175]
gnp century mature tablet - [147]
gnp child allergy 12.5 mg/5 ml - [286]
gnp child pain-fever 160 mg/5 - [105]
gnp children's multi gummy - [147]
gnp chld ibuprofen 100 mg/5 ml - [5]
gnp chld's easy-melts 80 mg tb - [105]
gnp clickfine 31g x 1/4" ndl - [233]
gnp diclofenac sodium 1% gel - [117]
gnp ear drops 6.5% - [279]
gnp ear wax removal 6.5% kit - [279]
gnp gas relief 125 mg chew tab - [190]
gnp gas rlf(simeth) 80 mg chew - [190]
gnp gentle laxative ec 5 mg tb - [175]
gnp healthy eyes supervision - [147]

gnp allergy relief 50 mg/20 ml - [286]
gnp antacid 500 mg chew tablet - [190]
gnp antacid ex-str 750 mg chew - [190]
gnp antacid ultra tab chew - [190]
gnp antacid-antigas suspension - [190]
gnp anti-gas 180 mg softgel - [190]
gnp artificial tears drops - [274]
gnp aspirin 81 mg chewable tab - [5]
gnp athlete's foot 1% cream - [122]
gnp bacitracin zn 500 unit/gm - [122]
gnp calcium 600 mg tablet - [128]
gnp century mature formula tab - [147]
gnp century tablet - [147]
gnp child pain relief 160 mg - [105]
gnp children's chewables - [147]
gnp chld all day aller 1 mg/ml - [286]
gnp chld loratadine 5 mg/5 ml - [286]
gnp clearlax powder - [175]
gnp clickfine 31g x 5/16" ndl - [233]
gnp diphedryl 12.5 mg/5 ml elx - [286]
gnp ear wax removal 6.5% drop - [279]
gnp folic acid 400 mcg tablet - [147]
gnp gas relief 125 mg softgel - [190]
gnp gentle laxative 10 mg supp - [175]
gnp hair, skin and nails tab - [147]
gnp healthy eyes tablet - [147]

gnp hydrocortisone 1% cream - [112]
gnp ibuprofen 200 mg caplet - [5]
gnp infant pain-fever 160 mg/5 - [105]
gnp ins syringe 1 ml 28g 1/2" - [233]
gnp insul syr 0.5 ml 31gx5/16" - [233]
gnp iron 45 mg tablet - [128]
gnp k-pec suspension - [183]
gnp lice treatment 1% crm rins - [120]
gnp loratadine 10 mg tablet - [287]
gnp mega multi for men tablet - [147]
gnp melatonin 3 mg tablet - [302]
gnp miconazole 7 cream - [43]
gnp motion sickness 25 mg tab - [40]
gnp nasal spray 0.05% - [233]
gnp natural fiber laxative cap - [175]
gnp nicotine 14 mg/24hr patch - [15]
gnp nicotine 2 mg lozenge - [15]
gnp nicotine 21 mg/24hr patch - [15]
gnp nicotine 4 mg lozenge - [15]
gnp nicotine 7 mg/24hr patch - [15]
gnp nighttime sleep aid 50 mg - [302]
gnp olopatadine 0.1% eye drops - [276]
gnp one daily essential tablet - [147]
gnp one daily plus iron tablet - [147]
gnp one daily women's 50+ tab - [147]
gnp pain relief 325 mg tablet - [105]

gnp hydrocortisone 1% ointment - [112]
gnp ibuprofen 200 mg tablet - [5]
gnp ins syr 0.3 ml 29gx1/2" - [233]
gnp insul syr 0.3 ml 31gx5/16" - [233]
gnp insulin syr 1 ml 31gx5/16" - [233]
gnp iron 65 mg tablet - [128]
gnp laxative ec 5 mg tablet - [175]
gnp loratadine 10 mg odt - [286]
gnp loratadine 5 mg/5 ml syrup - [287]
gnp mega multi for women tab - [147]
gnp melatonin 5 mg tablet - [302]
gnp milk of magnesia susp - [175]
gnp motion sickness 50 mg tab - [40]
gnp nasal spray original 0.05% - [233]
gnp natural fiber powder - [175]
gnp nicotine 2 mg chewing gum - [15]
gnp nicotine 2 mg mini lozenge - [15]
gnp nicotine 4 mg chewing gum - [15]
gnp nicotine 4 mg mini lozenge - [15]
gnp nighttime sleep 25 mg cplt - [303]
gnp no drip 0.05% nasal spray - [233]
gnp olopatadine 0.2% eye drop - [276]
gnp one daily men's 50+ tablet - [147]
gnp one daily tablet - [128, 147]
gnp one daily women's hlth tab - [147]
gnp pain relief 500 mg caplet - [105]

gnp pain relief 500 mg gelcap - [105]

gnp pain reliever 500 mg tab - [106]

gnp pink bismuth caplet - [183]

gnp senna lax 8.6 mg tablet - [175]

gnp sleep aid 25 mg caplet - [303]

gnp stomach relief 525mg/15 ml - [183]

gnp stomach rlf 525 mg/30 ml - [183]

gnp stool softener 250 mg sfgl - [175]

gnp stool softener 60 mg/15 ml - [175]

gnp suphedrin 30 mg tablet - [293]

gnp therapeutic-m tablet - [147]

gnp tussin dm clear syrup - [297]

gnp tussin mucus-con 200 mg/10 - [297]

gnp ult cmfrt 0.5 ml 29gx1/2" - [234]

gnp ulticare pen ndl 31g 8mm - [234]

gnp ulticare pen ndl 32g 6mm - [234]

gnp ultr comfort 1 ml 29gx1/2" - [234]

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gnp vitamin b-6 100 mg tablet - [147]

gnp vitamin d3 10 mcg tablet - [212]

gnp vitamin d3 2,000 unit tab - [212]

gnp vitamin d3 250 mcg softgel - [212]

gnp vitamin d3 5,000 unit tab - [212]

gnp vitamin e 180 mg softgel - [148]

gnp pain reliever 325 mg tab - [106]

gnp pink bismuth 262 mg tb chw - [183]

gnp prenatal vitamins tablet - [147]

gnp senna plus 8.6-50 mg tab - [175]

gnp sterile 33g lancet - [233]

gnp stomach rlf 262 mg/15 ml - [183]

gnp stool softener 100 mg sfgl - [175]

gnp stool softener 50 mg/5 ml - [175]

gnp stool softener-stim lax tb - [175]

gnp terbinafine 1% cream - [122]

gnp triple antibiotic ointment - [122]

gnp tussin dm syrup - [297]

gnp ult c 0.3ml 29gx1/2" (1/2) - [234]

gnp ulticare pen ndl 31g 5mm - [234]

gnp ulticare pen ndl 32g 4mm - [234]

gnp ultr cmfrt 0.5 ml 28gx1/2" - [234]

gnp ultra comfort 0.5 ml syr - [234]

gnp ultra comfort 3/10 ml syr - [234]

gnp universal 1 standard 21g - [234]

gnp vitamin b-1 100 mg tablet - [147]

gnp vitamin d3 1,000 unit tab - [212]

gnp vitamin d3 125 mcg softgel - [212]

gnp vitamin d3 25 mcg tablet - [212]

gnp vitamin d3 25mcg(1000 unt) - [212]

gnp vitamin d3 50 mcg softgel - [212]

gnp vitamin e 400 unit softgel - [148]

gnp vitamin e 450 mg softgel - [148]
gnp women's gentle lax ec 5 mg - [175]
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green soap tincture - [118]
griseofulvin ultra 125 mg tab - [44]
gs acid reducer 10 mg tablet - [195]
gs adv antacid-antigas liquid - [190]
gs aller-ease 180 mg tablet - [287]
gs allergy relief 10 mg tablet - [287]
gs allergy relief 4 mg tablet - [287]
gs antacid ex-str 750 mg chew - [191]
gs antacid plus anti-gas susp - [191]
gs antacid ultra 1,000 mg chew - [191]
gs antacid-gas relief liquid - [191]
gs anti-itch 1% cream - [112]
gs artificial tears eye drops - [274]
gs aspirin 81 mg chewable tab - [5]
gs aspirin ec 81 mg tablet - [5]
gs bisacodyl ec 5 mg tablet - [176]
gs child allergy 12.5 mg/5 ml - [287]
gs child fever-pain 160 mg/5ml - [106]
gs child pain-fever 160 mg/5ml - [106]
gs complete lice treatment kit - [120]
gs ear wax removal 6.5% kit - [279]

gnp vitamin e 90 mg softgel - [148]
gnp zinc oxide 20% ointment - [117]
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gs acid reducer 20 mg tablet - [195]
gs all day allergy 10 mg tab - [287]
gs aller-ease 60 mg tablet - [287]
gs allergy relief 25 mg tablet - [287]
gs antacid 500 mg chew tablet - [191]
gs antacid plus anti-gas liq - [191]
gs antacid plus gas relief liq - [191]
gs antacid ultra str softchew - [191]
gs antacid-simethicone liquid - [191]
gs arthritis pain 1% gel - [118]
gs aspirin 325 mg tablet - [5]
gs aspirin ec 325 mg tablet - [5]
gs athlete's foot 1% cream - [122]
gs child all day aller 1 mg/ml - [287]
gs child allergy rlf 5 mg/5 ml - [287]
gs child ibuprofen 100 mg/5 ml - [5]
gs clearlax powder - [176]
gs diaper rash 40% paste - [118]
gs first aid antibiotic oint - [122]

gs gas relief 125 mg softgel - [191]
gs ibuprofen 200 mg caplet - [5]
gs infant pain-fever 160 mg/5 - [106]
gs lice killing 1 % crm rinse - [120]
gs milk of magnesia suspension - [176]
gs nasal spray 0.05% - [234]
gs nicotine 2 mg lozenge - [15]
gs nicotine 4 mg chewing gum - [15]
gs nicotine 4 mg mini lozenge - [15]
gs no drip 0.05% nasal spray - [234]
gs pain relief 500 mg caplet - [106]
gs pen needle 31g x 1/4" - [234]
gs pen needle 31g x 5mm - [234]
gs pen needle 31g x 8mm - [234]
gs pen needle 32g x 6mm - [235]
gs senna laxative 8.6 mg tab - [176]
gs sleep aid 25 mg tablet - [303]
gs tussin dm cough syrup - [297]
gs tussin dm liquid - [297]
gs tussin mucus-cong 200 mg/10 - [298]
guaifen-codeine 100-10 mg/5 ml - [298]
guaifenesin 100 mg/5 ml cup - [298]
guaifenesin 100mg/5ml soln - [298]
guaifenesin 200 mg/10 ml cup - [298]
guaifenesin 300 mg/15 ml cup - [298]
guaifenesin-dm 100-10 mg/5 ml - [298]

gs gas relief 180 mg softgel - [191]
gs ibuprofen 200 mg tablet - [5]
gs lansoprazole dr 15 mg odt - [196]
gs miconazole 7 cream - [44]
gs motion sickness 50 mg tab - [40]
gs nicotine 2 mg chewing gum - [15]
gs nicotine 2 mg mini lozenge - [15]
gs nicotine 4 mg lozenge - [15]
gs nighttime sleep aid 25 mg - [303]
gs pain relief 325 mg tablet - [106]
gs pain relief 500 mg tablet - [106]
gs pen needle 31g x 5/16" - [234]
gs pen needle 31g x 6mm - [234]
gs pen needle 32g x 4mm - [234]
gs prenatal vitamins tablet - [148]
gs sinus nasal spray 0.05% - [235]
gs stomach rlf 262 mg chew tab - [183]
gs tussin dm cough-chest soln - [297]
gs tussin mucus-cong 100 mg/5 - [297]
guaiatussin ac liquid - [298]
guaifen-codeine 200-20 mg/10ml - [298]
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guaifenesin ac cough syrup - [298]
guaifenesin-dm 200-20 mg/10 ml - [298]

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guanfacine hcl er 3 mg tablet - [100]

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h-chlor 12 0.125% solution - [118]

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haloperidol 1 mg tablet - [56]

haloperidol 2 mg tablet - [56]

haloperidol 5 mg tablet - [56]

haloperidol dec 100 mg/ml vial - [56]

haloperidol dec 50 mg/ml ampul - [56]

haloperidol dec 500 mg/5 ml vl - [56]

haloperidol lac 2 mg/ml conc - [56]

haloperidol lac 50 mg/10 ml vl - [56]

healthwise ins 0.3ml 31gx5/16" - [235]

healthwise ins 0.5ml 31gx5/16" - [235]

healthwise ins 1 ml 31gx5/16" - [235]

healthwise pen needle 31g 8mm - [235]

healthy accents pentip 4mm 32g - [235]

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guanfacine hcl er 2 mg tablet - [100]

guanfacine hcl er 4 mg tablet - [100]

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HALDOL DECANOATE 100 AMPUL - [56]

haloperidol 0.5 mg tablet - [56]

haloperidol 10 mg tablet - [56]

haloperidol 20 mg tablet - [56]

haloperidol dec 100 mg/ml amp - [56]

haloperidol dec 250 mg/5 ml vl - [56]

haloperidol dec 50 mg/ml vial - [56]

haloperidol lac 10 mg/5 ml cup - [56]

haloperidol lac 5 mg/ml vial - [56]

healthwise ins 0.3ml 30gx5/16" - [235]

healthwise ins 0.5ml 30gx5/16" - [235]

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heb micro thin 33g lancets - [235]

heb unifine pntp plus 32gx5/32 - [235]

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hemmorex-hc 25 mg suppository - [198]

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heparin 100 unit/10 ml (10/ml) - [77]

heparin 30,000 unit/30 ml vial - [77]

heparin 5,000 unit/ml carpuct - [77]

heparin 50,000 unit/5 ml vial - [77]

heparin lock flush 10 units/ml - [76]

heparin sod 1,000 unit/ml vial - [76]

heparin sod 20,000 unit/ml vl - [76]

heparin sod 5,000 unit/ml vial - [76]

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hm adult tussin chest cong liq - [298]

hm adv antacid-antigas susp - [191]

hm allergy relief 180 mg tab - [287]

hm allergy relief 25 mg tablet - [287]

hm allergy relief 60 mg tablet - [287]

hm allergy-congestion 12hr tab - [298]

heartburn relief 20 mg tablet - [195]

heather 0.35 mg tablet - [202]

heb unifine pntp plus 31gx3/16 - [235]

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heparin 10,000 unit/10 ml vial - [77]

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heparin lock flush 100 unit/ml - [76]

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heparin sod 5,000 unit/0.5 ml - [77]

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hm adult tussin dm syrup - [298]

hm allergy relief 10 mg tablet - [287]

hm allergy relief 25 mg cap - [287]

hm allergy relief 4 mg tablet - [287]

hm allergy rlf-nasal decong tb - [298]

hm antacid 500 mg chew tablet - [191]

hm antacid anti-gas suspension - [191]

hm antacid-antigas suspension - [191]

hm arthritis pain 1% gel - [118]

hm aspirin 81 mg chewable tab - [6]

hm aspirin ec 81 mg tablet - [6]

hm cal antacid 750 mg chew tab - [191]

hm child acetaminophen 160 mg - [106]

hm child allergy 12.5 mg/5 ml - [287]

hm child loratadine 5 mg/5 ml - [287]

hm chld pain-fever 160 mg/5 ml - [106]

hm double antibiotic ointment - [122]

hm ear wax removal 6.5% kit - [279]

hm famotidine 20 mg tablet - [195]

hm gas relief 125 mg softgel - [191]

hm gentle laxative 10 mg supp - [176]

hm hydrocortisone 1% cream - [113]

hm ibuprofen 200 mg tablet - [6]

hm infant pain rlf 160 mg/5 ml - [106]

hm laxative ec 5 mg tablet - [176]

hm loratadine 10 mg tablet - [287]

hm motion relief 25 mg tablet - [40]

hm nicotine 14 mg/24hr patch - [16]

hm nicotine 2 mg lozenge - [16]

hm nicotine 21 mg/24hr patch - [16]

hm nicotine 4 mg lozenge - [16]

hm nicotine 7 mg/24hr patch - [16]

hm antacid ex-str 750 mg chew - [191]

hm anti-diarrheal 2 mg softgel - [183]

hm aspirin 325 mg tablet - [6]

hm aspirin ec 325 mg tablet - [5]

hm bacitracin zn 500 unit/gm - [122]

hm castor oil - [176]

hm child all day aller 1 mg/ml - [287]

hm child ibuprofen 100 mg/5 ml - [6]

hm child pain rlf 160 mg/5 ml - [106]

hm clearlax powder - [176]

hm ear wax removal 6.5% drop - [279]

hm famotidine 10 mg tablet - [195]

hm gas relief 125 mg chew tab - [191]

hm gas relief(simeth) 80mg chw - [191]

hm hair, skin and nails tablet - [148]

hm ibuprofen 200 mg caplet - [6]

hm ibuprofen ib 200 mg tablet - [6]

hm infant pain-fever 160 mg/5 - [106]

hm lice treatment 1% crm rinse - [120]

hm milk of magnesia suspension - [176]

hm motion sickness 50 mg tab - [40]

hm nicotine 2 mg chewing gum - [16]

hm nicotine 2 mg mini lozenge - [16]

hm nicotine 4 mg chewing gum - [16]

hm nicotine 4 mg mini lozenge - [16]

hm nighttime sleep 25 mg cplt - [303]

hm nighttime sleep aid 50 mg - [303]

hm pain relief 500 mg caplet - [106]

hm pain relief 500 mg tablet - [106]

hm pain reliever 500 mg tablet - [106]

hm senna-s tablet - [176]

hm sleep aid 25 mg tablet - [303]

hm stomach relief 525 mg/30 ml - [183]

hm stool softener 100 mg sftgl - [176]

hm stool softener-stim lax tab - [176]

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hm vitamin e 180 mg softgel - [148]

HONEY BEARS CHEWABLE TABLET - [148]

HORIZANT ER 600 MG TABLET - [106]

HUMALOG 100 UNIT/ML VIAL - [75]

HUMIRA PEN 40 MG/0.8 ML - [209]

HUMIRA PEN PS-UV-ADOL HS 40 MG - [209]

HUMULIN N 100 UNIT/ML VIAL - [75]

hv milk of magnesia suspension - [176]

HYCANTIN 4 MG VIAL - [50]

hydralazine 100 mg tablet - [94]

hydralazine 25 mg tablet - [94]

hydrochlorothiazide 12.5 mg tb - [91]

hydrochlorothiazide 50 mg tab - [91]

HYDROCIL INSTANT POWDER - [176]

hydrocodone-acetamin 10-325 mg - [11]

hm original nasal spray 0.05% - [235]

hm pain relief 500 mg gelcap - [106]

hm pain reliever 325 mg tablet - [106]

hm senna 8.6 mg tablet - [176]

hm sinus nasal spray 0.05% - [235]

hm stomach relief 525 mg/15 ml - [183]

hm stomach rlf 262 mg chew tab - [183]

hm stool softener 250 mg sftgl - [176]

hm triple antibiotic ointment - [122]

hm ulticare pen needle 5mm 31g - [235]

hm ulticare pen needle 8mm 31g - [236]

homatropaire 5% eye drops - [274]

HONEY BEARS IRON-ZINC TAB CHEW - [148]

HUMALOG 100 UNIT/ML KWIKPEN - [75]

HUMIRA 40 MG/0.8 ML SYRINGE - [209]

HUMIRA PEN CROHN-UC-HS 40 MG - [209]

HUMULIN 70-30 VIAL - [75]

HUMULIN R 100 UNIT/ML VIAL - [75]

hv tussin mucus-cong 200 mg/10 - [298]

hydralazine 10 mg tablet - [94]

hydralazine 20 mg/ml vial - [94]

hydralazine 50 mg tablet - [94]

hydrochlorothiazide 25 mg tab - [91]

HYDROCIL INSTANT PACKET - [176]

hydrocodone-acetamin 10-300 mg - [11]

hydrocodone-acetamin 5-300 mg - [11]

hydrocodone-acetamin 5-325 mg - [11]
hydrocodone-acetamin 7.5-325 - [11]
hydrocortisone 0.5% ointment - [113]
hydrocortisone 1% cream packet - [113]
hydrocortisone 10 mg tablet - [211]
hydrocortisone 2.5% cream - [113]
hydrocortisone 2.5% ointment - [113]
hydrocortisone 5 mg tablet - [211]
hydrocortisone ac 30 mg supp - [199]
hydrocortisone val 0.2% ointmt - [113]
hydromorphone 1 mg/ml solution - [11]
hydromorphone 3 mg suppos - [11]
hydromorphone 5 mg/5 ml soln - [11]
hydroxychloroquine 200 mg tab - [53]
hydroxyzine 10 mg/5 ml syrup - [288]
hydroxyzine 25 mg/ml vial - [288]
hydroxyzine 50 mg/ml vial - [288]
hydroxyzine hcl 10 mg tablet - [287]
hydroxyzine hcl 50 mg tablet - [287]
hydroxyzine pam 25 mg cap - [288]
hyoscyamine 0.125 mg odt - [185]
hyoscyamine 0.125 mg/5 ml elix - [186]
hyoscyamine sulf 0.125 mg tab - [185]
hyosyne 125 mcg/5 ml elixir - [186]
hysept 0.25% solution - [118]
I-CAPS WITH LUTEIN-OMEGA 3 SFG - [148]

hydrocodone-acetamin 7.5-300 - [11]
hydrocortisone 0.5% cream - [113]
hydrocortisone 1% cream - [113]
hydrocortisone 1% ointment - [113]
hydrocortisone 100 mg/60 ml - [211]
hydrocortisone 2.5% lotion - [113]
hydrocortisone 20 mg tablet - [211]
hydrocortisone ac 25 mg supp - [198]
hydrocortisone butyr 0.1% oint - [113]
hydrocortisone-aloe 1% cream - [113]
hydromorphone 2 mg tablet - [11]
hydromorphone 4 mg tablet - [11]
hydromorphone 8 mg tablet - [11]
hydroxyzine 10 mg/5 ml soln - [288]
hydroxyzine 100 mg/2 ml vial - [288]
hydroxyzine 50 mg/25 ml cup - [288]
hydroxyzine 500 mg/10 ml vial - [288]
hydroxyzine hcl 25 mg tablet - [287]
hydroxyzine pam 100 mg cap - [287]
hydroxyzine pam 50 mg cap - [288]
hyoscyamine 0.125 mg tab sl - [186]
hyoscyamine 0.125 mg/ml drop - [186]
hyosyne 0.125 mg/ml drop - [186]
hyper-sal 7% vial - [298]
hysept 0.50% solution - [118]
i-prin 200 mg tablet - [6]

I-VITE TABLET - [148]

ibu 400 mg tablet - [6]

ibu 800 mg tablet - [6]

ibuprofen 100 mg/5 ml susp - [6]

ibuprofen 200 mg tablet - [6]

ibuprofen 600 mg tablet - [6]

icaps areds softgel - [148]

ICAPS AREDS2 SOFTGEL - [149]

ICAPS MV TABLET - [149]

ICAR 15 MG/1.25 ML SUSPENSION - [128]

ICAR-C TABLET - [128]

iferex 150 forte capsule - [128]

imatinib mesylate 100 mg tab - [51]

imipramine hcl 10 mg tablet - [39]

imipramine hcl 50 mg tablet - [39]

imipramine pamoate 125 mg cap - [39]

imipramine pamoate 75 mg cap - [39]

IMITREX 100 MG TABLET - [45]

IMITREX 25 MG TABLET - [45]

IMITREX 4 MG/0.5 ML PEN INJECT - [45]

IMITREX 50 MG TABLET - [45]

IMITREX 6 MG/0.5 ML PEN INJECT - [45]

IMODIUM A-D 2 MG SOFTGEL - [183]

incassia 0.35 mg tablet - [202]

incontrol pen needle 4mm 32g - [236]

incontrol pen needle 6mm 31g - [236]

I.L.X. B-12 ELIXIR - [128]

ibu 600 mg tablet - [6]

ibu-200 200 mg tablet - [6]

ibuprofen 200 mg caplet - [6]

ibuprofen 400 mg tablet - [6]

ibuprofen 800 mg tablet - [6]

ICAPS AREDS2 CHEWABLE TABLET - [149]

ICAPS AREDS2 TABLET - [149]

ICAPS TABLET - [149]

ICAR-C PLUS TABLET - [128]

iferex 150 capsule - [128]

ihealth covid-19 ag home test - [236]

imatinib mesylate 400 mg tab - [51]

imipramine hcl 25 mg tablet - [39]

imipramine pamoate 100 mg cap - [39]

imipramine pamoate 150 mg cap - [39]

imiquimod 5% cream packet - [118]

IMITREX 20 MG NASAL SPRAY - [45]

IMITREX 4 MG/0.5 ML CARTRIDGES - [45]

IMITREX 5 MG NASAL SPRAY - [45]

IMITREX 6 MG/0.5 ML CARTRIDGES - [45]

IMITREX 6 MG/0.5 ML VIAL - [45]

IMURAN 50 MG TABLET - [209]

incontrol pen needle 12mm 29g - [236]

incontrol pen needle 5mm 31g - [236]

incontrol pen needle 8mm 31g - [236]

incontrol super thin 30g lancet - [236]

incontrol ulticare ndl 31g 8mm - [236]

incontrol ultra thin 28g lancet - [236]

INDERAL LA 120 MG CAPSULE - [83]

INDERAL LA 60 MG CAPSULE - [83]

INDERAL XL 120 MG CAPSULE - [83]

indicaid covid-19 ag home test - [236]

indomethacin 25 mg capsule - [6]

indomethacin er 75 mg capsule - [6]

infant iron 15 mg/ml drop - [129]

infant vitamin a-c-d drop - [149]

infant-toddler multivit-iron - [149]

infants pain-fever 160 mg/5 ml - [106]

INFED 100 MG/2 ML VIAL - [129]

INFUVITE ADULT VIAL - [149]

INFUVITE PEDIATRIC VIAL - [149]

inject ease 30g lancets - [236]

INJECTAFER 750 MG/15 ML VIAL - [129]

INNOPRAN XL 80 MG CAPSULE - [84]

insulin 1/2 ml syringe - [238]

INSULIN ASPART 100 UNIT/ML CRT - [75]

INSULIN ASPART 100 UNIT/ML VL - [75]

INSULIN ASPART PRO MIX70-30 VL - [75]

insulin syr 0.3ml 31gx1/4(1/2) - [236]

insulin syrin 0.3 ml 30gx1/2" - [236]

insulin syrin 0.3 ml 31gx5/16" - [236]

incontrol ulticare ndl 31g 6mm - [236]

incontrol ulticare ndl 32g 4mm - [236]

INCRUSE ELLIPTA 62.5 MCG INH - [292]

INDERAL LA 160 MG CAPSULE - [83]

INDERAL LA 80 MG CAPSULE - [83]

INDERAL XL 80 MG CAPSULE - [84]

INDOCIN 25 MG/5 ML SUSPENSION - [6]

indomethacin 50 mg capsule - [6]

inf acetaminophen 160 mg/5 ml - [106]

infant pain-fever 160 mg/5 ml - [106]

infant-toddler multivit drop - [149]

infant-toddler vit a-c-d drop - [149]

INFANTS' TYLENOL 160 MG/5 ML - [106]

INFUVITE ADULT BULK VIAL - [149]

INFUVITE PEDIATRIC BULK VIAL - [149]

inject ease 28g lancets - [236]

INJECTAFER 100 MG/2 ML VIAL - [129]

INNOPRAN XL 120 MG CAPSULE - [84]

insulin 1 ml syringe - [238]

insulin 3/10 ml syringe - [238]

INSULIN ASPART 100 UNIT/ML PEN - [75]

INSULIN ASPART PRO MIX70-30 PN - [75]

insulin syr 0.3 ml 30gx5/16" - [236]

insulin syrin 0.3 ml 29gx1/2" - [236]

insulin syrin 0.3 ml 30gx5/16" - [236]

insulin syrin 0.5 ml 28g 1/2" - [236]

insulin syrin 0.5 ml 28gx1/2" - [237]
insulin syrin 0.5 ml 30g 1/2" - [237]
insulin syrin 0.5 ml 30gx1/2" - [237]
insulin syrin 0.5 ml 31g 5/16" - [237]
insulin syrin 1 ml 29gx1/2" - [237]
insulin syring 0.5 ml 27g 13mm - [237]
insulin syring 0.5 ml 28g 1/2" - [237]
insulin syring 0.5 ml 29gx1/2" - [237]
insulin syringe 0.3 ml 31gx1/4 - [237]
insulin syringe 0.5 ml 31gx1/4 - [237]
insulin syringe 1 ml 27g 1/2" - [237]
insulin syringe 1 ml 27gx1/2" - [237]
insulin syringe 1 ml 28g 13mm - [237]
insulin syringe 1 ml 29g 1/2" - [238]
insulin syringe 1 ml 30g 1/2" - [238]
insulin syringe 1 ml 30gx1/2" - [238]
insulin syringe 1 ml 31g 5/16" - [238]
insulin syringe 1 ml 31gx5/16" - [238]
insupen pen needle 31g 5mm - [238]
insupen pen needle 31gx3/16" - [238]
insupen pen needle 32g 4mm - [238]
 INTEGRA CAPSULE - [129]
 INTEGRA PLUS CAPSULE - [129]
 INTELENCE 200 MG TABLET - [64]
inteliswab covid-19 home test - [238]
 INTUNIV ER 2 MG TABLET - [100]

insulin syrin 0.5 ml 29gx1/2" - [237]
insulin syrin 0.5 ml 30g 5/16" - [237]
insulin syrin 0.5 ml 30gx5/16" - [237]
insulin syrin 0.5 ml 31gx5/16" - [237]
insulin syringe 0.5 ml 27g 1/2" - [237]
insulin syringe 0.5 ml 27gx1/2" - [237]
insulin syringe 0.5 ml 29g 1/2" - [237]
insulin syringe 0.3 ml - [237]
insulin syringe 0.5 ml - [237]
insulin syringe 1 ml - [237]
insulin syringe 1 ml 27g 13mm - [237]
insulin syringe 1 ml 28g 1/2" - [237]
insulin syringe 1 ml 28gx1/2" - [238]
insulin syringe 1 ml 29gx1/2" - [238]
insulin syringe 1 ml 30g 5/16" - [238]
insulin syringe 1 ml 30gx5/16" - [238]
insulin syringe 1 ml 31gx1/4" - [238]
insupen pen needle 29gx1/2" - [238]
insupen pen needle 31g 8mm - [238]
insupen pen needle 31gx5/16" - [238]
insupen pen needle 32gx5/32" - [238]
 INTEGRA F CAPSULE - [129]
 INTELENCE 100 MG TABLET - [64]
 INTELENCE 25 MG TABLET - [64]
 INTUNIV ER 1 MG TABLET - [100]
 INTUNIV ER 3 MG TABLET - [100]

INTUNIV ER 4 MG TABLET - [100]

INVEGA ER 1.5 MG TABLET - [58]

INVEGA ER 6 MG TABLET - [58]

INVEGA SUSTENNA 117 MG/0.75 ML - [59]

INVEGA SUSTENNA 234 MG/1.5 ML - [59]

INVEGA SUSTENNA 78 MG/0.5 ML - [59]

INVOKAMET 150-500 MG TABLET - [73]

INVOKAMET 50-500 MG TABLET - [73]

INVOKAMET XR 150-500 MG TABLET - [73]

INVOKAMET XR 50-500 MG TABLET - [73]

INVOKANA 300 MG TABLET - [73]

ionil t shampoo - [118]

iprat-albut 0.5-3(2.5) mg/3 ml - [298]

IRESSA 250 MG TABLET - [51]

irinotecan hcl 40 mg/2 ml vial - [50]

IRO-PLEX LIQUID - [129]

iron 27 mg tablet - [129]

iron 45 mg tablet - [129]

iron bisglycinate 28 mg cap - [129]

iron folate plus capsule - [129]

iron glycinate 29 mg capsule - [129]

IRONUP 15 MG/0.5 ML DROPS - [129]

is-d-10,000 250 mcg softgel - [212]

ISENTRESS 100 MG TABLET CHEW - [63]

ISENTRESS 400 MG TABLET - [63]

isoniazid 100 mg tablet - [46]

invacare 30g lancets - [238]

INVEGA ER 3 MG TABLET - [58]

INVEGA ER 9 MG TABLET - [58]

INVEGA SUSTENNA 156 MG/ML SYRG - [59]

INVEGA SUSTENNA 39 MG/0.25 ML - [59]

INVOKAMET 150-1,000 MG TABLET - [73]

INVOKAMET 50-1,000 MG TABLET - [73]

INVOKAMET XR 150-1,000 MG TAB - [73]

INVOKAMET XR 50-1,000 MG TAB - [73]

INVOKANA 100 MG TABLET - [73]

inzo antifungal 2% cream - [122]

IOPIDINE 1% EYE DROPS - [278]

ipratropium br 0.02% soln - [292]

irinotecan hcl 100 mg/5 ml vl - [50]

IRO-PLEX CAPLET - [129]

iron 100 plus tablet - [129]

iron 28 mg tablet - [129]

iron 65 mg tablet - [129]

iron chews 15 mg tablet chew - [129]

iron folate-f capsule - [129]

iron-vitamin c 100-250 mg tab - [129]

IROSPAN 24/6 TABLET - [129]

ISENTRESS 100 MG POWDER PACKET - [63]

ISENTRESS 25 MG TABLET CHEW - [63]

ISENTRESS HD 600 MG TABLET - [63]

isoniazid 300 mg tablet - [46]

ISOPTO ATROPINE 1% EYE DROP - [274]

ISORDIL TITRADOSE 5 MG TAB - [94]

isosorbide dinitrate 20 mg tab - [94]

isosorbide dinitrate 5 mg tab - [94]

isosorbide mononit 20 mg tab - [95]

isosorbide mononit er 30 mg tb - [94]

ISTALOL 0.5% EYE DROPS - [277]

IXEMPRA 15 MG KIT - [49]

jantoven 1 mg tablet - [77]

jantoven 2 mg tablet - [77]

jantoven 3 mg tablet - [77]

jantoven 5 mg tablet - [77]

jantoven 7.5 mg tablet - [77]

JANUMET 50-500 MG TABLET - [73]

JANUMET XR 50-1,000 MG TABLET - [73]

JANUVIA 100 MG TABLET - [73]

JANUVIA 50 MG TABLET - [73]

JARDIANCE 25 MG TABLET - [73]

jock itch 1% cream - [122]

jr pain-fever 160 mg rapid tab - [107]

junior pain reliever 160 mg - [107]

k-pax immune support tablet - [149]

K-PHOS NEUTRAL TABLET - [129]

KALETRA 100-25 MG TABLET - [67]

KALETRA 80 MG-20 MG/ML SOLN - [67]

kaopectate 262 mg/15 ml susp - [183]

ISOPTO CARPINE 1% EYE DROPS - [278]

isosorbide dinitrate 10 mg tab - [94]

isosorbide dinitrate 30 mg tab - [94]

isosorbide mononit 10 mg tab - [94]

isosorbide mononit er 120 mg - [94]

isosorbide mononit er 60 mg tb - [94]

ivermectin 3 mg tablet - [53]

IXEMPRA 45 MG KIT - [50]

jantoven 10 mg tablet - [77]

jantoven 2.5 mg tablet - [77]

jantoven 4 mg tablet - [77]

jantoven 6 mg tablet - [77]

JANUMET 50-1,000 MG TABLET - [73]

JANUMET XR 100-1,000 MG TABLET - [73]

JANUMET XR 50-500 MG TABLET - [73]

JANUVIA 25 MG TABLET - [73]

JARDIANCE 10 MG TABLET - [73]

jencycla 0.35 mg tablet - [202]

jock itch relief 1% cream - [122]

JULUCA 50-25 MG TABLET - [63]

JUST 4 KIDZ MV-PROBIOTIC GUMMY - [149]

k-pec suspension - [183]

K-TAB ER 10 MEQ TABLET - [129]

KALETRA 200-50 MG TABLET - [67]

KAOPECTATE 262 MG CAPLET - [183]

kaopectate extra strength liq - [183]

KAPVAY ER 0.1 MG TABLET - [100]

kelp-lecithin-vit b-6 tablet - [149]

KEPPRA 1,000 MG TABLET - [25]

KEPPRA 500 MG TABLET - [25]

KEPPRA XR 500 MG TABLET - [25]

ketoconazole 2% cream - [122]

KID MULTIVITAMIN-MINERAL JELLY - [149]

KIDS MULTI ZERO GUMMIES - [149]

kids multivitamin complete tab - [149]

KINERET 100 MG/0.67 ML SYRINGE - [208]

kinray syring 0.3 ml 31gx5/16" - [238]

KLONOPIN 0.5 MG TABLET - [70]

KLONOPIN 2 MG TABLET - [71]

KLOR-CON 8 MEQ TABLET - [130]

KLOR-CON M15 TABLET - [130]

kmart valu plus syr 1/2 ml - [239]

KOSHER PRENATAL PLUS IRON TAB - [149]

kro acetaminophen 325 mg tab - [107]

kro adv antacid-antigas liquid - [191]

kro allergy (fexo) 60 mg tab - [288]

kro allergy 25 mg tablet - [288]

kro allergy relief 180 mg tab - [288]

kro antacid-antigas liquid - [191]

kro aspirin 81 mg chewable tab - [6]

kro child allergy 12.5 mg/5 ml - [288]

kro child pain rlf 160 mg/5 ml - [107]

KELP-LECITHIN-VIT B-6 CAPSULE - [149]

KENWOOD THERAPEUTIC LIQUID - [149]

KEPPRA 250 MG TABLET - [25]

KEPPRA 750 MG TABLET - [25]

KEPPRA XR 750 MG TABLET - [25]

ketoconazole 2% shampoo - [122]

KIDS COD LIVER OIL +D TAB CHEW - [149]

KIDS MULTIVIT-MINERALS GUMMIES - [149]

KIDSTART CHEWABLE TABLET - [149]

kinray ins syr 1 ml 31gx5/16" - [238]

kinray syring 0.5 ml 31gx5/16" - [238]

KLONOPIN 1 MG TABLET - [71]

KLOR-CON 10 MEQ TABLET - [130]

klor-con m10 tablet - [129]

klor-con m20 tablet - [130]

konsyl psyllium fiber powder - [176]

KPN PRENATAL TABLET - [150]

kro acetaminophen 500 mg cplt - [107]

kro all day allergy 10 mg tab - [288]

kro allergy 25 mg capsule - [288]

kro allergy relief 10 mg tab - [288]

kro allergy-congest rlf er tab - [298]

kro aspirin 325 mg tablet - [6]

kro aspirin ec 81 mg tablet - [6]

kro child allergy relief soln - [288]

kro chld all day aller 1 mg/ml - [288]

kro chld ibuprofen 100 mg/5 ml - [7]
kro gas relief 180 mg softgel - [191]
kro gentlelax 17 gram powder - [176]
kro heartburn prevention tab - [195]
kro ibuprofen 200 mg caplet - [7]
kro infant pain-fever 160 mg/5 - [107]
kro ins syrin 0.3 ml 30gx5/16" - [239]
kro ins syrin 0.5 ml 30gx5/16" - [239]
kro ins syringe 0.5 ml 29gx1/2" - [239]
kro ins syringe 1 ml 30gx5/16" - [239]
kro insulin syr 1 ml 30gx5/16" - [239]
kro miconazole 7 cream - [44]
kro nasal spray original 0.05% - [239]
kro nicotine 2 mg chewing gum - [16]
kro nicotine 2 mg mini lozenge - [16]
kro nicotine 4 mg chewing gum - [16]
kro nicotine 4 mg mini lozenge - [16]
kro nighttime sleep 25 mg tab - [303]
kro pen needle 4mm x 32g - [239]
kro pen needle 5mm x 31g - [239]
kro pen needle 8mm x 31g - [239]
kro stomach rlf 262 mg chew tb - [183]
kro stool softener 100 mg sfgl - [176]
kro universal 1 thin 26g lanct - [239]
kroger ins syr 0.5 ml 29gx1/2" - [239]
kroger ins syr 1 ml 31gx5/16" - [239]

kro diaper rash 40% ointment - [118]
kro gentle laxative ec 5 mg tb - [176]
kro heartburn preven 20 mg tab - [195]
kro hydrocortisone 1% cream - [113]
kro ibuprofen 200 mg tablet - [7]
kro ins syr 0.3 ml 29gx1/2" - [239]
kro ins syrin 0.3 ml 31gx5/16" - [239]
kro ins syrin 0.5 ml 31gx5/16" - [239]
kro ins syringe 1 ml 29gx1/2" - [239]
kro ins syringe 1 ml 31gx5/16" - [239]
kro lice complete kit 1-2-3 - [120]
kro milk of magnesia susp - [176]
kro nicotine 14 mg/24hr patch - [16]
kro nicotine 2 mg lozenge - [16]
kro nicotine 21 mg/24hr patch - [16]
kro nicotine 4 mg lozenge - [16]
kro nicotine 7 mg/24hr patch - [16]
kro no drip 0.05% nasal spray - [239]
kro pen needle 4mm x 33g - [239]
kro pen needle 6mm x 31g - [239]
kro prenatal vitamins tablet - [150]
kro stomach rlf 262 mg/15 ml - [183]
kro triple antibiotic ointment - [123]
kroger ins syr 0.3 ml 30gx5/16 - [239]
kroger ins syr 1 ml 29gx1/2" - [239]
kroger lancets - [239]

kroger pen needles 31g x 5/16" - [240]

kroger syr 0.5 ml 30gx5/16" - [240]

labetalol hcl 100 mg tablet - [84]

labetalol hcl 300 mg tablet - [84]

LAMICTAL 100 MG TABLET - [26]

LAMICTAL 200 MG TABLET - [26]

LAMICTAL 25 MG TABLET - [26]

LAMICTAL ODT 100 MG TABLET - [26]

LAMICTAL ODT 25 MG TABLET - [26]

LAMICTAL ODT START KIT (BLUE) - [26]

LAMICTAL ODT START KT (ORANGE) - [26]

LAMICTAL TAB START KIT (GREEN) - [26]

LAMICTAL XR 100 MG TABLET - [26]

LAMICTAL XR 25 MG TABLET - [26]

LAMICTAL XR 50 MG TABLET - [26]

LAMICTAL XR START KIT (GREEN) - [26]

LAMISIL AT 1% CREAM - [123]

lamivudine 10 mg/ml oral soln - [65]

lamivudine 300 mg tablet - [65]

lamivudine-zidovudine tablet - [65]

lamotrigine 150 mg tablet - [27]

lamotrigine 25 mg disper tab - [27]

lamotrigine 5 mg disper tablet - [27]

lamotrigine er 200 mg tablet - [27]

lamotrigine er 300 mg tablet - [27]

lamotrigine odt 100 mg tablet - [27]

kroger super thin lancets - [240]

kroger syring 0.3 ml 31gx5/16" - [240]

labetalol hcl 200 mg tablet - [84]

lactulose 10 gm/15 ml solution - [176]

LAMICTAL 150 MG TABLET - [26]

LAMICTAL 25 MG DISPER TABLET - [26]

LAMICTAL 5 MG DISPER TABLET - [26]

LAMICTAL ODT 200 MG TABLET - [26]

LAMICTAL ODT 50 MG TABLET - [26]

LAMICTAL ODT START KIT (GREEN) - [26]

LAMICTAL TAB START KIT (BLUE) - [26]

LAMICTAL TB START KIT (ORANGE) - [26]

LAMICTAL XR 200 MG TABLET - [26]

LAMICTAL XR 300 MG TABLET - [26]

LAMICTAL XR START KIT (BLUE) - [26]

LAMICTAL XR START KIT (ORANGE) - [26]

lamisil at 1% cream - [123]

lamivudine 150 mg tablet - [65]

lamivudine hbv 100 mg tablet - [63]

lamotrigine 100 mg tablet - [27]

lamotrigine 200 mg tablet - [27]

lamotrigine 25 mg tablet - [27]

lamotrigine er 100 mg tablet - [26]

lamotrigine er 25 mg tablet - [27]

lamotrigine er 50 mg tablet - [27]

lamotrigine odt 200 mg tablet - [27]

lamotrigine odt 25 mg tablet - [27]

lamotrigine odt kit (blue) - [27]

lamotrigine odt kit (orange) - [27]

lamotrigine tab start kt-green - [27]

lancets 26g - [240]

lancets 28g lancets - [240]

lancets 30g - [240]

lancets ultra fine 28g - [240]

LANOXIN 250 MCG TABLET - [90]

LANOXIN PED 100 MCG/ML AMPUL - [90]

lansoprazole dr 15 mg odt - [196]

LANTUS 100 UNIT/ML VIAL - [75]

lapatinib 250 mg tablet - [51]

LASIX 20 MG TABLET - [91]

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LATUDA 120 MG TABLET - [59]

LATUDA 40 MG TABLET - [59]

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laxative 15 mg pills - [177]

laxative 25 mg pills - [177]

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leader ins syr 0.3 ml 29gx1/2" - [240]

leader ins syr 0.5 ml 29gx1/2" - [240]

leader ins syr 1 ml 28gx1/2" - [240]

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lancets 28g x 1.8mm - [240]

lancets 33g - [240]

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LANOXIN 500 MCG/2 ML AMPULE - [90]

LANOXIN PED 100 MCG/ML VIAL - [90]

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laxacin tablet - [177]

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laxative 15 mg tablet - [177]

laxative 25 mg tablet - [177]

laxative ec 5 mg tablet - [177]

leader ins syr 0.5 ml 28gx1/2" - [240]

leader ins syr 0.5 ml 30gx1/2" - [240]

leader ins syr 1 ml 29gx1/2" - [240]

leader ins syr 1 ml 30gx5/16" - [240]

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leader syring 0.5 ml 31gx5/16" - [241]

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levetiracetam er 750 mg tablet - [27]

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LEVO-T 137 MCG TABLET - [204]

LEVO-T 175 MCG TABLET - [204]

LEVO-T 25 MCG TABLET - [204]

LEVO-T 50 MCG TABLET - [204]

LEVO-T 88 MCG TABLET - [204]

levofloxacin 250 mg tablet - [24]

levofloxacin 750 mg tablet - [24]

levothyroxine 100 mcg tablet - [204]

levothyroxine 112 mcg tablet - [204]

levothyroxine 137 mcg tablet - [204]

levothyroxine 175 mcg tablet - [204]

levothyroxine 200 mcg vial - [204]

levothyroxine 300 mcg tablet - [204]

levothyroxine 500 mcg vial - [205]

levothyroxine 88 mcg tablet - [205]

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leader syring 0.3 ml 31gx5/16" - [241]

lessina-28 tablet - [201]

LETAIRIS 5 MG TABLET - [294]

LEVEMIR 100 UNIT/ML VIAL - [75]

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levetiracetam 500 mg tablet - [27]

levetiracetam er 500 mg tablet - [27]

LEVO-T 100 MCG TABLET - [204]

LEVO-T 125 MCG TABLET - [204]

LEVO-T 150 MCG TABLET - [204]

LEVO-T 200 MCG TABLET - [204]

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levofloxacin 500 mg tablet - [24]

levonor-eth estrad 0.1-0.02 mg - [201]

levothyroxine 100 mcg vial - [204]

levothyroxine 125 mcg tablet - [204]

levothyroxine 150 mcg tablet - [204]

levothyroxine 200 mcg tablet - [204]

levothyroxine 25 mcg tablet - [204]

levothyroxine 50 mcg tablet - [205]

levothyroxine 75 mcg tablet - [205]

LEVOXYL 100 MCG TABLET - [205]

LEVOXYL 125 MCG TABLET - [205]

LEVOXYL 137 MCG TABLET - [205]

LEVOXYL 175 MCG TABLET - [205]

LEVOXYL 25 MCG TABLET - [205]

LEVOXYL 75 MCG TABLET - [205]

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LEXAPRO 20 MG TABLET - [35]

LEXIVA 50 MG/ML SUSPENSION - [67]

LIALDA DR 1.2 GM TABLET - [210]

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liothyronine sod 10 mcg/ml vl - [205]

liothyronine sod 5 mcg tab - [205]

LIPITOR 10 MG TABLET - [92]

LIPITOR 40 MG TABLET - [92]

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lisinopril 20 mg tablet - [81]

lisinopril 40 mg tablet - [81]

lisinopril-hctz 10-12.5 mg tab - [90]

lisinopril-hctz 20-25 mg tab - [90]

lite touch 30g lancets - [241]

lite touch 33g lancets - [241]

lite touch insulin 1 ml syr - [241]

lite touch insulin syr 0.5 ml - [241]

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LEVOXYL 150 MCG TABLET - [205]

LEVOXYL 200 MCG TABLET - [205]

LEVOXYL 50 MCG TABLET - [205]

LEVOXYL 88 MCG TABLET - [205]

LEVSIN 0.5 MG/ML AMPUL - [186]

LEXAPRO 10 MG TABLET - [35]

LEXAPRO 5 MG TABLET - [35]

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liothyronine sod 25 mcg tab - [205]

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LIPITOR 20 MG TABLET - [92]

LIPITOR 80 MG TABLET - [92]

LIPOTRIAD VISIONARY SOFTGEL - [150]

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lisinopril 2.5 mg tablet - [81]

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lisinopril 5 mg tablet - [81]

lisinopril-hctz 20-12.5 mg tab - [90]

lite touch 28g lancets - [241]

lite touch 31gx1/4" pen needle - [241]

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lite touch insulin syr 0.3 ml - [241]

lite touch insulin syr 1 ml - [241]

lite touch pen needle 31g - [241]

litetouch ins 0.3 ml 29gx1/2" - [241]

litetouch ins 0.3 ml 31gx5/16" - [241]

litetouch syr 0.5 ml 28gx1/2" - [241]

litetouch syr 0.5 ml 30gx5/16" - [241]

litetouch syrin 1 ml 29gx1/2" - [241]

lithium 8 meq/5 ml soln cup - [72]

lithium carbonate 150 mg cap - [72]

lithium carbonate 300 mg tab - [72]

lithium carbonate er 300 mg tb - [72]

LITHOBID ER 300 MG TABLET - [72]

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LIVITA CHILDREN MULTIVIT LIQ - [150]

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LOPID 600 MG TABLET - [92]

lopinavir-ritonavir 100-25mg tb - [67]

LOPRESSOR 100 MG TABLET - [84]

loradamed 10 mg tablet - [288]

loratadine 10 mg tablet - [288]

loratadine 5 mg/5 ml syrup - [288]

loratadine-d 12 hour tablet - [298]

lorazepam 0.5 mg tablet - [71]

lorazepam 2 mg tablet - [71]

lorazepam intensol 2 mg/ml - [71]

litetouch ins 0.3 ml 30gx5/16" - [241]

litetouch ins 0.5 ml 31gx5/16" - [241]

litetouch syr 0.5 ml 29gx1/2" - [241]

litetouch syrin 1 ml 28gx1/2" - [241]

litetouch syrin 1 ml 30gx5/16" - [241]

lithium 8 meq/5 ml solution - [72]

lithium carbonate 300 mg cap - [72]

lithium carbonate 600 mg cap - [72]

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little remedies fever 160 mg/5 - [107]

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LIVITA ADULT MULTIVITAMIN LIQ - [150]

LOMOTIL 2.5-0.025 MG TABLET - [183]

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loperamide 2 mg capsule - [183]

lopinavir-ritonavir 80-20mg/ml - [67]

lopinavir-ritonavir 200-50mg tb - [67]

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lovastatin 20 mg tablet - [92]

LOVAZA 1 GM CAPSULE - [93]

loxapine 25 mg capsule - [56]

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lubricating tears 0.1-0.3% drp - [275]

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LUNESTA 2 MG TABLET - [303]

LUPRON DEPOT 11.25 MG 3MO KIT - [207]

LUPRON DEPOT 3.75 MG KIT - [207]

LUPRON DEPOT 7.5 MG KIT - [207]

LUPRON DEPOT-PED 11.25 MG 3MO - [207]

LUPRON DEPOT-PED 15 MG KIT - [207]

LUPRON DEPOT-PED 7.5 MG KIT - [207]

LYDIA PINKHAM HERBAL TABLET - [130]

lysiplex plus liquid - [150]

lyza 0.35 mg tablet - [202]

m-dryl 12.5 mg/5 ml solution - [288]

m-pap 160 mg/5 ml liquid - [107]

MAALOX ADVANCED TAB CHEW - [191]

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MACRODANTIN 25 MG CAPSULE - [19]

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MACUVITE EYE CARE TABLET - [150]

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lovastatin 10 mg tablet - [92]

lovastatin 40 mg tablet - [92]

loxapine 10 mg capsule - [56]

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lubricant eye drops - [275]

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LUNESTA 1 MG TABLET - [303]

LUNESTA 3 MG TABLET - [303]

LUPRON DEPOT 22.5 MG 3MO KIT - [207]

LUPRON DEPOT 45 MG 6MO KIT - [207]

LUPRON DEPOT-4 MONTH KIT - [207]

LUPRON DEPOT-PED 11.25 MG KIT - [207]

LUPRON DEPOT-PED 30 MG 3MO KIT - [207]

lutra-28 tablet - [201]

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LYSIPLEX PLUS TABLET - [130]

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m-natal plus tablet - [150]

MAALOX ADVANCED SUSPENSION - [191]

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mag-g 500 mg tablet - [130]

magellan insul syringe 0.3 ml - [242]

magellan insulin syr 0.3 ml - [242]

magellan insulin syringe 1 ml - [242]

magnesium 200 mg tablet - [130]

magnesium 400 mg softgel - [130]

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magnesium oxide 500 mg capsule - [130]

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MATULANE 50 MG CAPSULE - [47]

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matzim la 360 mg tablet - [88]

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maxi-comfort ins 1 ml 28gx1/2" - [242]

maxicomfort ii pen ndl 31gx6mm - [242]

maxicomfort ins 1 ml 27gx1/2" - [242]

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MAXZIDE 75 MG-50 MG TABLET - [90]

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meclizine 25 mg tablet chew - [41]

medi-meclizine 25 mg tablet - [41]

medisense thin 28g lancets - [242]

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magellan insul syringe 0.5 ml - [242]

magellan insulin syr 0.5 ml - [242]

magic bullet 10 mg suppos - [177]

magnesium 400 mg capsule - [130]

magnesium gluc 500 mg tablet - [130]

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maxi-comfort ins 0.5 ml 28g - [242]

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maxicomfort ins 0.5ml 27gx1/2" - [242]

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MAXZIDE 37.5 MG-25 MG TABLET - [90]

meclizine 12.5 mg caplet - [40]

meclizine 25 mg tablet - [41]

medi-first pep-t-med tab chew - [183]

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megestrol 40 mg tablet - [202]

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men 50 plus multivitamin tab - [150]

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MEDROL 2 MG TABLET - [199]

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MEDROL 8 MG TABLET - [199]

medroxyprogesterone 2.5 mg tab - [202]

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mega multi for women tab - [150]

megestrol 20 mg tablet - [202]

megestrol acet 40 mg/ml susp - [202]

meijer universal 1 26g lancets - [243]

melatonin 10 mg tablet - [303]

melatonin 300 mcg tablet - [303]

meloxicam 15 mg tablet - [7]

meloxicam 7.5 mg/5 ml susp - [306]

melphalan hcl 50 mg vial - [47]

men under 50 multivitamin tab - [150]

men's 50 plus multivitamin tab - [151]

men's daily formula tablet - [151]

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mesalamine 1,000 mg supp - [210]

mesalamine 4 gm/60 ml kit - [210]

mesalamine dr 1.2 gm tablet - [210]

mesalamine er 500 mg capsule - [210]

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methadone hcl 10 mg tablet - [11]

methadose 40 mg tablet dispr - [9]

methimazole 10 mg tablet - [208]

methocarbamol 500 mg tablet - [301]

methotrexate 2.5 mg tablet - [209]

methyldopa 500 mg tablet - [79]

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methylphenidate 10 mg tablet - [101]

methylphenidate 10 mg/9hr ptch - [101]

methylphenidate 2.5 mg chew tb - [101]

methylphenidate 20 mg/9hr ptch - [101]

methylphenidate 5 mg chew tab - [101]

methylphenidate 5 mg/5 ml soln - [101]

methylphenidate cd 20 mg cap - [100]

methylphenidate cd 40 mg cap - [100]

methylphenidate cd 60 mg cap - [100]

methylphenidate er 18 mg tab - [100]

methylphenidate er 27 mg tab - [100]

methylphenidate er 54 mg tab - [100]

methylphenidate er(cd) 20mg cp - [100]

methylphenidate er(cd) 40mg cp - [101]

methylphenidate er(cd) 60mg cp - [101]

metformin hcl 500 mg tablet - [73]

metformin hcl er 500 mg tablet - [73]

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methadone 5 mg/5 ml solution - [11]

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methimazole 5 mg tablet - [208]

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methylphenidate 10 mg/5 ml sol - [101]

methylphenidate 15 mg/9hr ptch - [101]

methylphenidate 20 mg tablet - [101]

methylphenidate 30 mg/9hr ptch - [101]

methylphenidate 5 mg tablet - [101]

methylphenidate cd 10 mg cap - [100]

methylphenidate cd 30 mg cap - [100]

methylphenidate cd 50 mg cap - [100]

methylphenidate er 10 mg tab - [100]

methylphenidate er 20 mg tab - [100]

methylphenidate er 36 mg tab - [100]

methylphenidate er(cd) 10mg cp - [100]

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methylphenidate er(la) 10mg cp - [101]

methylphenidate er(la) 20mg cp - [101]
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methylphenidate la 20 mg cap - [101]
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methylprednisolone 32 mg tab - [199]
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micro thin 33g lancet - [243]
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methylprednisolone 16 mg tab - [199]
methylprednisolone 4 mg dosepk - [199]
methylprednisolone 8 mg tablet - [199]
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metoclopramide 10 mg/2 ml syr - [41]
metoclopramide 5 mg tablet - [41]
metoprolol succ er 100 mg tab - [84]
metoprolol succ er 25 mg tab - [84]
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metronidazole 0.75% cream - [110]
metronidazole 250 mg tablet - [19]
metronidazole topical 0.75% gl - [110]
metronidazole vaginal 0.75% gl - [19]
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micro thin 33g lancets - [243]
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migergot 2-100 mg suppository - [45]

milk of magnesia susp 30ml cup - [177]

millipred 5 mg tablet - [199]

mini pen needle 32g 4mm - [243]

mini pen needle 32g 6mm - [243]

mini pen needle 33g 4mm - [243]

mini pen needle 33g 6mm - [243]

mini ultra-thin ii pen ndl 31g - [243]

minimed reservoir 3 ml - [243]

MINIPRESS 2 MG CAPSULE - [80]

minocycline 100 mg capsule - [24]

minocycline 75 mg capsule - [25]

minoxidil 2.5 mg tablet - [94]

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mirtazapine 15 mg tablet - [33]

mirtazapine 30 mg tablet - [33]

mirtazapine 45 mg tablet - [33]

misoprostol 100 mcg tablet - [196]

mitoxantrone 20 mg/10 ml vial - [50]

mitoxantrone 30 mg/15 ml vial - [50]

modafinil 200 mg tablet - [305]

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MONOCAPS TABLET - [151]

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monoject 1 ml syrn 28gx1/2" - [244]

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milk of magnesia conc 10ml cup - [177]

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minimed reservoir 1.8 ml - [243]

MINIPRESS 1 MG CAPSULE - [80]

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minocycline 50 mg capsule - [24]

minoxidil 10 mg tablet - [94]

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mirtazapine 15 mg odt - [33]

mirtazapine 30 mg odt - [33]

mirtazapine 45 mg odt - [33]

mirtazapine 7.5 mg tablet - [33]

misoprostol 200 mcg tablet - [196]

mitoxantrone 25 mg/12.5 ml vl - [50]

modafinil 100 mg tablet - [305]

mometasone furoate 50 mcg spry - [280]

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monoject 1 ml syrn 27x1/2" - [244]

monoject insul syr u100 - [243]

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monoject insulin syr 0.3 ml - [244]

monoject insulin syr 1 ml - [244]

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morphine sulf 100 mg/5 ml conc - [11]

morphine sulf 20 mg/5 ml soln - [11]

morphine sulf 5 mg suppos - [11]

morphine sulf er 15 mg tablet - [9]

morphine sulf er 30 mg tablet - [9]

morphine sulfate ir 15 mg tab - [12]

motion sickness 25 mg chew tab - [41]

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ms insul syr 0.5 ml 30gx1/2" - [244]

ms insulin syr 0.3 ml 29gx1/2" - [244]

monoject insulin syr 0.5 ml - [244]

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monoject syringe 0.3 ml - [244]

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morphine sulf 10 mg/5 ml soln - [11]

morphine sulf 20 mg suppos - [11]

morphine sulf 30 mg suppos - [11]

morphine sulf er 100 mg tablet - [9]

morphine sulf er 200 mg tablet - [9]

morphine sulf er 60 mg tablet - [9]

morphine sulfate ir 30 mg tab - [12]

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pen needle 31g x 1/4" - [246]

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pen needle 30g 8mm - [246]

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pen needle 31g x 3/16" - [246]

pen needle 32g 4mm - [247]

pen needle 32g x 1/4" - [246]

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pen needle 6mm 31g - [247]

pen needles 4mm 32g - [247]

pen needles 6mm 31g - [247]

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penicillin gk 5 million unit - [22]

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pentips pen needle 32g 6mm - [247]

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PERCOCET 10-325 MG TABLET - [12]

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PHENERGAN 50 MG/ML VIAL - [41]

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phenobarbital 20 mg/5 ml cup - [30]

phenobarbital 20 mg/5 ml soln - [30]

phenobarbital 30 mg/7.5 ml cup - [30]

phenobarbital 60 mg tablet - [30]

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PHENYTEK 200 MG CAPSULE - [31]

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pharbedryl 25 mg capsule - [289]

pharbetol 325 mg tablet - [107]

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pharm choice poly-vit-iron drp - [158]

pharmacist choice 28g lancets - [247]

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phenobarbital 20 mg/5 ml elix - [30]

phenobarbital 30 mg tablet - [30]

phenobarbital 32.4 mg tablet - [30]

phenobarbital 60 mg/15 ml cup - [30]

phenobarbital 97.2 mg tablet - [30]

PHENYTEK 300 MG CAPSULE - [31]

phenytoin 100 mg/4 ml susp cup - [31]

phenytoin 250 mg/5 ml vial - [32]

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phenytoin 50 mg/ml syringe - [32]

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phosphorus-sodium-potassium - [131]

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pilot covid-19 at-home test - [248]

pimozide 2 mg tablet - [57]

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piroxicam 20 mg capsule - [7]

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POLY-VI-FLOR 0.5 MG TAB CHEW - [158]

POLY-VI-FLOR-IRON 0.25 MG DROP - [158]

POLY-VI-FLOR-IRON 0.25 MG/ML - [158]
 POLY-VI-FLOR-IRON 0.5-10MG CHW - [158]
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poly-vita drops - [159]
polycin eye ointment - [276]
polysaccharide iron 150 mg cap - [132]
polyvinyl alcohol 1.4% eyedrop - [275]
potassium cl 10% (40 meq/30ml) - [132]
potassium cl er 10 meq capsule - [132]
potassium cl er 15 meq tablet - [132]
potassium cl er 8 meq capsule - [132]
potassium cl10%(20meq/15ml)cup - [132]
potassium cl20%(40meq/15ml)cup - [132]
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pref plus ins 0.3 ml 29gx1/2" - [248]

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primlev 5-300 mg tablet - [12]

PRISTIQ ER 100 MG TABLET - [36]

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pro comfort 0.5 ml 30gx5/16" - [249]

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pro comfort 1 ml 30gx1/2" - [249]

pro comfort 1 ml 31g 5/16" - [249]

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PREVACID DR 30 MG SOLUTAB - [196]

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PREZISTA 150 MG TABLET - [67]

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primlev 10-300 mg tablet - [12]

primlev 7.5-300 mg tablet - [13]

PRISTIQ ER 50 MG TABLET - [36]

pro comfort 0.5 ml 30gx1/2" - [249]

pro comfort 0.5 ml 31g 5/16" - [249]

pro comfort 1 ml 30g 5/16" - [249]

pro comfort 1 ml 30gx5/16" - [249]

pro comfort 1 ml 31gx5/16" - [249]

pro comfort 31g lancet - [249]

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PROCERV HP TABLET - [161]

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PROCRIT 3,000 UNITS/ML VIAL - [78]

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PROCTOCORT 1% CREAM - [113]

proctosol-hc 2.5% cream - [113]

prodigy ins syr 1ml 28gx1/2" - [249]

prodigy safety 26g lancets - [249]

prodigy syringe 0.3ml 31gx5/16" - [250]

PROFERRIN ES 12 MG TABLET - [132]

profolia tablet - [161]

progesterone 200 mg capsule - [203]

prolate 10-300 mg tablet - [13]

prolate 7.5-300 mg tablet - [13]

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promethazine 25 mg suppository - [42]

promethazine 25 mg/ml ampul - [42]

promethazine 50 mg suppository - [42]

promethazine 50 mg/ml ampul - [42]

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procentra 5 mg/5 ml solution - [97]

prochlorperazine 10 mg tab - [41]

prochlorperazine 5 mg tablet - [42]

PROCRIT 10,000 UNITS/ML VIAL - [78]

PROCRIT 20,000 UNITS/ML VIAL - [78]

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procto-med hc 2.5% cream - [113]

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proctozone-hc 2.5% cream - [113]

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prodigy syringe 0.5 ml 31gx5/16" - [249]

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prolate 5-300 mg tablet - [13]

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promethazine 12.5 mg tablet - [42]

promethazine 25 mg tablet - [42]

promethazine 25 mg/ml vial - [42]

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promethazine 6.25 mg/5 ml soln - [42]

promethazine vc-codeine soln - [299]

promethazine-codeine syrup - [299]

promethegan 12.5 mg suppos - [42]

promethegan 50 mg suppository - [42]

PROMETRIUM 200 MG CAPSULE - [203]

propafenone hcl 150 mg tablet - [82]

propafenone hcl 300 mg tab - [82]

propranolol 20 mg tablet - [84]

propranolol 40 mg tablet - [84]

propranolol 60 mg tablet - [85]

propranolol er 120 mg capsule - [84]

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PROTONIX DR 20 MG TABLET - [196]

protriptyline hcl 10 mg tablet - [39]

PROVENTIL HFA 90 MCG INHALER - [293]

PROVERA 2.5 MG TABLET - [203]

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PROZAC 20 MG PULVULE - [36]

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promethazine 6.25 mg/5 ml syrp - [42]

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promethegan 25 mg suppository - [42]

PROMETRIUM 100 MG CAPSULE - [203]

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propafenone hcl 225 mg tab - [82]

propranolol 10 mg tablet - [84]

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protriptyline hcl 5 mg tablet - [39]

PROVERA 10 MG TABLET - [203]

PROVERA 5 MG TABLET - [203]

PROVIGIL 100 MG TABLET - [306]

PROZAC 10 MG PULVULE - [36]

PROZAC 40 MG PULVULE - [36]

pseudoephedrine 60 mg tablet - [293]

pub 28g lancets - [250]

pub acid reducer 10 mg tablet - [195]

pub allergy 25 mg capsule - [289]

pub allergy relief 10 mg tab - [289]

pub allergy relief d-24hr tab - [299]

pub antacid-anti gas susp - [192]

pub aspirin 325 mg tablet - [7]

pub athletic foot 1% cream - [123]

pub calcium carb 1,000 mg tab - [192]

pub children's allergy 1 mg/ml - [289]

pub children's profenib susp - [7]

pub famotidine 20 mg tablet - [195]

pub gas relief 125 mg softgel - [192]

pub hydrocream 1% - [113]

pub ins syrin 0.3 ml 30gx1/2" - [250]

pub insul syr 0.3 ml 31gx5/16" - [250]

pub insul syr 0.5 ml 31gx5/16" - [250]

pub laxative ec 5 mg tablet - [178]

pub milk of magnesia susp - [178]

pub no drip 0.05% nasal spray - [250]

pub oxymetazoline hcl 0.05% - [250]

pub pain relief 500 mg gelta - [108]

pub pen 12mm 29g needles - [250]

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pub stomach rlf 262 mg chew tb - [184]

pub stop smoking aid 2 mg lozg - [17]

pub triple antibiotic ointment - [123]

pub allergy 12.5 mg/5 ml liq - [289]

pub allergy 25 mg tablet - [289]

pub allergy relief 180 mg tab - [289]

pub antacid 500 mg chew tablet - [192]

pub artificial tears - [275]

pub aspirin 81 mg chewable tab - [7]

pub calcium antacid 750 mg - [192]

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pub children's profen ib susp - [7]

pub docusate sodium 100 mg cap - [178]

pub fiber capsule - [178]

pub gas relief 180 mg softgel - [192]

pub ibuprofen 200 mg tablet - [7]

pub ins syringe 1 ml 30gx1/2" - [250]

pub insul syr 0.5 ml 30gx1/2" - [250]

pub insulin syr 1 ml 31gx5/16" - [250]

pub micro thin 33g lancet - [250]

pub multivitamin 50 plus tab - [161]

pub original nasal spray 0.05% - [250]

pub pain relief 500 mg caplet - [108]

pub pain relief 500 mg tablet - [108]

pub pen 8mm 31g needles - [250]

pub pink bismuth max str liq - [184]

pub stomach rlf 262 mg/15 ml - [184]

pub stop smoking aid 4 mg lozg - [17]

pub tussin 100 mg/5 ml syrup - [299]

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PULMICORT 0.25 MG/2 ML RESPUL - [280]

PULMICORT 1 MG/2 ML RESPULE - [280]

PULMICORT 90 MCG FLEXHALER - [280]

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pure comfort pen ndl 32g 4mm - [250]

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purevit dualfe plus capsule - [132]

push button safety 28g lancet - [251]

pv unifine pentip plus 31gx6mm - [251]

pv unifine pentip plus 32gx4mm - [251]

pv unilet micro thin 33g lanct - [251]

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PYRIDIUM 200 MG TABLET - [198]

pyridoxine 250 mg tablet - [161]

pyridoxine 500 mg tablet - [161]

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qc antacid 500 mg chew tablet - [192]

qc antacid-antigas max str - [192]

qc anti-diarrheal 2 mg softgel - [184]

qc artificial tears drops - [275]

qc aspirin 81 mg chewable tab - [7]

qc aspirin ec 81 mg tablet - [7]

qc child allergy 12.5 mg/5 ml - [289]

qc child pain rlf 160 mg/5 ml - [108]

qc clotrimazole 1% vag cream - [44]

pub unifine pntip plus 31gx3/16 - [250]

PULMICORT 0.5 MG/2 ML RESPULE - [280]

PULMICORT 180 MCG FLEXHALER - [280]

pulmosal 7% vial - [299]

pure comfort 30g twist lancet - [250]

pure comfort pen ndl 32g 5mm - [250]

pure comfort pen ndl 32g 8mm - [250]

push button safety 21g lancet - [251]

pv unifine pentip plus 31gx5mm - [251]

pv unifine pentip plus 31gx8mm - [251]

pv unifine pentip plus 33gx4mm - [251]

pv unilet super thin 30g lanct - [251]

PYRIDIUM 100 MG TABLET - [198]

pyridoxine 25 mg tablet - [161]

pyridoxine 50 mg tablet - [161]

pyrimethamine 25 mg tablet - [53]

qc allergy relief 180 mg tab - [289]

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sm aspirin 81 mg chewable tab - [8]

sm aspirin ec 81 mg tablet - [8]

sm b complex with vit c tablet - [163]

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sm child allergy 12.5 mg/5 ml - [290]

sm child aspirin 81 mg chw tab - [8]

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sm antifungal 1% topical cream - [124]

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sm cal antacid 750 mg chew tab - [193]

sm century men 50 plus tablet - [163]

sm child all day aller 1 mg/ml - [290]

sm child allergy 5 mg/5 ml sol - [290]

sm child ibuprofen 100 mg/5 ml - [8]

sm chld pain-fever 160 mg/5 ml - [109]

sm clotrimazole 1% vag cream - [44]

sm double antibiotic oint - [124]

sm fiber powder - [180]

sm gas relief 125 mg chew tab - [193]

sm gas relief(simeth) 80mg chw - [193]

sm hydrocortisone 1% ointment - [114]

sm hydrocortisone-aloe 1% crm - [114]

sm ibuprofen 200 mg caplet - [8]

sm ibuprofen ib 200 mg tablet - [8]

sm infant pain-fever 160 mg/5 - [109]

sm ins syr 0.5 ml 30gx5/16" - [255]

sm ins syring 0.3 ml 30gx5/16" - [255]

sm ins syringe 1 ml 30gx5/16" - [255]

sm insul syr 0.5 ml 31gx5/16" - [255]

sm insulin syr 0.5 ml 28gx1/2" - [255]

sm iron 65 mg tablet - [133]

sm lice treatment 1% crm rinse - [121]

sm loratadine 10 mg tablet - [290]

sm loratadine-d 12 hour tablet - [300]

sm melatonin 5 mg tablet - [304]

sm miconazole 2% topical cream - [124]

sm miconazole 7 cream - [44]

sm milk of magnesia suspension - [180]

sm motion sickness 50 mg tab - [42]

sm nasal spray sinus - [256]

sm nicotine 2 mg chewing gum - [18]

sm nicotine 21 mg/24hr patch - [18]

sm nicotine 4 mg lozenge - [18]

sm nighttime sleep 25 mg cplt - [304]

sm pain reliever 325 mg tablet - [109]

sm pain reliever 500 mg gelcap - [109]

sm senna laxative 8.6 mg tab - [180]

sm ibuprofen 100 mg/5 ml susp - [8]

sm ibuprofen 200 mg tablet - [8]

sm infant pain rlf 160 mg/5 ml - [109]

sm ins syr 0.5 ml 29gx1/2" - [255]

sm ins syr 1 ml 29gx1/2" - [255]

sm ins syringe 1 ml 28gx1/2" - [255]

sm insul syr 0.3 ml 31gx5/16" - [255]

sm insulin syr 0.3 ml 29gx1/2" - [255]

sm insulin syr 1 ml 31gx5/16" - [255]

sm lancets 21g - [256]

sm lorata-dine d 24hr tablet - [300]

sm loratadine 5 mg/5 ml syrup - [290]

sm melatonin 3 mg tablet - [304]

sm men's one daily tablet - [163]

sm miconazole 2% vaginal cream - [44]

sm micro thin 33g lancets - [256]

sm motion sickness 25 mg tab - [42]

sm nasal spray 0.05% - [256]

sm nicotine 14 mg/24hr patch - [18]

sm nicotine 2 mg lozenge - [18]

sm nicotine 4 mg chewing gum - [18]

sm nicotine 7 mg/24hr patch - [18]

sm olopatadine 0.2% eye drop - [276]

sm pain reliever 500 mg caplet - [109]

sm pain reliever 500 mg tablet - [109]

sm senna-s tablet - [180]

<i>sm sleep aid 25 mg tablet - [304]</i>	<i>sm slow release iron 45 mg tab - [133]</i>
<i>sm stomach relief 525 mg/30 ml - [184]</i>	<i>sm stomach rlf 262 mg caplet - [184]</i>
<i>sm stomach rlf 262 mg chew tab - [184]</i>	<i>sm stool softener 100 mg sftgl - [180]</i>
<i>sm stool softener 100 mg tab - [181]</i>	<i>sm stool softener-laxative tab - [181]</i>
<i>sm super thin 30g lancets - [256]</i>	<i>sm thin lancets 26g - [256]</i>
<i>sm triple antibiotic ointment - [124]</i>	<i>sm tussin dm syrup - [300]</i>
<i>sm tussin mucus-cong 200 mg/10 - [300]</i>	<i>sm vitamin b-6 100 mg tablet - [164]</i>
<i>sm vitamin d3 125 mcg tablet - [213]</i>	<i>sm vitamin d3 2,000 unit sftgl - [213]</i>
<i>sm vitamin d3 50 mcg softgel - [213]</i>	<i>smart sense color 33g lancets - [256]</i>
<i>smart sense standard 21g - [256]</i>	<i>smart sense super thin 30g - [256]</i>
<i>smart sense thin 26g lancets - [256]</i>	<i>smartest lancet - [256]</i>
<i>smooth antacid 750 mg chew tab - [193]</i>	<i>smoothlax powder - [181]</i>
<i>sod fer gluc cplx 62.5 mg/5 ml - [133]</i>	<i>sodium chloride 0.9% inhal vl - [300]</i>
<i>sodium chloride 1 gm tablet - [133]</i>	<i>sodium chloride 1,000 mg tab - [133]</i>
<i>sodium chloride 10% vial - [300]</i>	<i>sodium chloride 3% vial - [300]</i>
<i>sodium chloride 7% vial - [300]</i>	<i>sodium polystyrene sulf powder - [134]</i>
<i>sodium-potassium-phos powder - [133]</i>	<i>soft touch lancets - [256]</i>
<i>SOLO TABLET - [164]</i>	<i>solus v2 28g lancets - [256]</i>
<i>solus v2 30g twist lancets - [256]</i>	<i>SOMA 250 MG TABLET - [301]</i>
<i>SOMA 350 MG TABLET - [301]</i>	<i>sominex 25 mg tablet - [304]</i>
<i>soothe 262 mg caplet - [185]</i>	<i>soothe 262 mg chewable tablet - [185]</i>
<i>soothe 262 mg/15 ml suspension - [185]</i>	<i>soothe regular strength susp - [184]</i>
<i>soothe suspension - [185]</i>	<i>sorafenib 200 mg tablet - [51]</i>
<i>sorine 120 mg tablet - [82]</i>	<i>sorine 160 mg tablet - [82]</i>
<i>sorine 240 mg tablet - [82]</i>	<i>sorine 80 mg tablet - [82]</i>
<i>sotalol 120 mg tablet - [83]</i>	<i>sotalol 160 mg tablet - [83]</i>

sotalol 240 mg tablet - [83]
sotalol af 120 mg tablet - [83]
sotalol af 80 mg tablet - [83]
speedyswab covid-19 home test - [256]
 SPIRIVA RESPIMAT 2.5 MCG INH - [292]
spironolactone 25 mg tablet - [91]
 SPRYCEL 100 MG TABLET - [51]
 SPRYCEL 20 MG TABLET - [51]
 SPRYCEL 70 MG TABLET - [51]
 SPS 15 GM/60 ML SUSPENSION - [134]
sronyx 0.10-0.02 mg tablet - [202]
st. joseph aspirin 81 mg chew - [8]
stavudine 15 mg capsule - [65]
stavudine 30 mg capsule - [65]
sterilance tl twist 30g lancet - [256]
sterile 33g lancet - [256]
stomach relief 262 mg caplet - [185]
stomach relief 262 mg/15 ml - [185]
stomach relief 525 mg/30 ml - [185]
stomach rlf 262 mg/15 ml susp - [185]
stool softener 100 mg capsule - [181]
stool softener 100 mg softgel - [181]
stool softener 250 mg softgel - [181]
stool softener 60 mg/15 ml syr - [181]
stool softener-stim lax softgl - [181]
 STRATTERA 10 MG CAPSULE - [102]

sotalol 80 mg tablet - [83]
sotalol af 160 mg tablet - [83]
sotalol hcl 150 mg/10 ml vial - [83]
 SPIRIVA RESPIMAT 1.25 MCG INH - [292]
spironolactone 100 mg tablet - [91]
spironolactone 50 mg tablet - [91]
 SPRYCEL 140 MG TABLET - [51]
 SPRYCEL 50 MG TABLET - [51]
 SPRYCEL 80 MG TABLET - [51]
 SPS 30 GM/120 ML ENEMA SUSP - [134]
 SSD 1% CREAM - [119]
st. joseph aspirin ec 81 mg tb - [8]
stavudine 20 mg capsule - [65]
stavudine 40 mg capsule - [65]
sterilance tl twist 32g lancet - [256]
stimulant laxative plus tablet - [181]
stomach relief 262 mg chew tab - [185]
stomach relief 525 mg/15 ml - [185]
stomach relief max str liquid - [185]
stomach rlf 525 mg/30 ml susp - [185]
 STOOL SOFTENER 100 MG SOFTGEL - [181]
stool softener 100 mg tablet - [181]
stool softener 50 mg/5 ml liq - [181]
stool softener-laxative tablet - [181]
stool softener-stim lax tablet - [181]
 STRATTERA 100 MG CAPSULE - [102]

STRATTERA 18 MG CAPSULE - [102]
 STRATTERA 40 MG CAPSULE - [102]
 STRATTERA 80 MG CAPSULE - [102]
 STRESS B-COMPLEX TABLET - [164]
 STRESS FORMULA WITH ZINC TAB - [164]
 STRESS-C WITH ZINC TABLET - [164]
 STROMEKTOL 3 MG TABLET - [53]
 STROVITE ONE CAPLET - [164]
 SUBOXONE 12 MG-3 MG SL FILM - [14]
 SUBOXONE 4 MG-1 MG SL FILM - [14]
subvenite 100 mg tablet - [28]
subvenite 200 mg tablet - [28]
subvenite tab start kit (blue) - [28]
subvenite tab start kt(orange) - [28]
sucalfate 1 gm/10 ml susp - [196]
 SUDAFED 30 MG TABLET - [293]
sudogest 60 mg tablet - [293]
sulfacetamide 10% eye drops - [276]
sulfamethoxazole-tmp 20 ml cup - [24]
sulfamethoxazole-tmp ss tablet - [24]
sulfasalazine 500 mg tablet - [210]
 SULFATRIM PEDIATRIC SUSPENSION - [24]
sulindac 200 mg tablet - [9]
sumatriptan 4 mg/0.5 ml cart - [46]
sumatriptan 5 mg nasal spray - [46]
sumatriptan 6 mg/0.5 ml syrng - [46]

STRATTERA 25 MG CAPSULE - [102]
 STRATTERA 60 MG CAPSULE - [102]
stress b with zinc tablet - [164]
 STRESS FORMULA TABLET - [164]
 STRESS-C WITH IRON TABLET - [164]
 STRIBILD TABLET - [63]
 STROVITE FORTE CAPLET - [164]
 STUART ONE CAPSULE - [164]
 SUBOXONE 2 MG-0.5 MG SL FILM - [14]
 SUBOXONE 8 MG-2 MG SL FILM - [14]
subvenite 150 mg tablet - [28]
subvenite 25 mg tablet - [28]
subvenite tab start kit(green) - [28]
sucalfate 1 gm tablet - [196]
sucalfate 1 gm/10 ml susp cup - [196]
sudogest 30 mg tablet - [293]
sulf-pred 10-0.23% eye drops - [275]
sulfadiazine 500 mg tablet - [24]
sulfamethoxazole-tmp ds tablet - [24]
sulfamethoxazole-tmp susp - [24]
sulfasalazine dr 500 mg tab - [210]
sulindac 150 mg tablet - [9]
sumatriptan 20 mg nasal spray - [46]
sumatriptan 4 mg/0.5 ml inject - [46]
sumatriptan 6 mg/0.5 ml cart - [46]
sumatriptan 6 mg/0.5 ml vial - [46]

sumatriptan 6 mg/0.5ml autoinj - [46]

sumatriptan succ 25 mg tablet - [46]

sunitinib malate 12.5 mg cap - [51]

sunitinib malate 50 mg capsule - [51]

SUPER B WITH VIT C CAPSULE - [164]

SUPER GINSENG MULTIVIT CAP - [164]

SUPER MULTIVITAMIN TABLET - [164]

super thera vite m tablet - [164]

super thin 30g lancet - [257]

suphedrin 30 mg tablet - [293]

SUPPORT-500 SOFTGEL - [164]

sure comfort 0.5 ml syringe - [257]

sure comfort 18g lancets - [257]

sure comfort 23g lancets - [257]

sure comfort 3/10 ml syringe - [257]

sure comfort 30g pen needle - [258]

sure comfort ins 0.5ml 31gx1/4 - [257]

sure comfort pen ndl 29gx1/2" - [257]

sure comfort pen ndl 31g 8mm - [257]

sure comfort pen ndl 32g 6mm - [257]

sure-fine pen needles 5mm - [258]

sure-ject ins 0.3 ml 31gx5/16" - [258]

sure-ject insu syr u100 0.3 ml - [258]

sure-ject insu syr u100 1 ml - [258]

sure-ject insulin syringe 1 ml - [258]

sure-lance flat lancets - [258]

sumatriptan succ 100 mg tablet - [46]

sumatriptan succ 50 mg tablet - [46]

sunitinib malate 25 mg capsule - [51]

SUNVITE TABLET - [164]

super calcium 600 mg tablet - [133]

SUPER MULTIPLE-LOW IRON TABLET - [164]

super quints b-50 tablets - [164]

super thin 28g lancets - [257]

super thin 30g lancets - [257]

support liquid - [164]

sure comfort 0.3 ml syringe - [257]

sure comfort 1 ml syringe - [257]

sure comfort 21g lancets - [257]

sure comfort 28g lancets - [257]

sure comfort 30g lancets - [257]

sure comfort ins 0.3ml 31gx1/4 - [257]

sure comfort ins 1 ml 31gx1/4" - [257]

sure comfort pen ndl 31g 5mm - [257]

sure comfort pen ndl 32g 4mm - [257]

sure-fine pen needles 12.7mm - [258]

sure-fine pen needles 8mm - [258]

sure-ject ins 0.5 ml 31gx5/16" - [258]

sure-ject insu syr u100 0.5 ml - [258]

sure-ject insul syr u100 1 ml - [258]

sure-lance 26g lancets - [258]

sure-lance thin 28g lancets - [258]

sure-lance ultra thin 30g - [258]

surgical dressing 5"x9" - [258]

SUSTIVA 50 MG CAPSULE - [64]

SUTENT 12.5 MG CAPSULE - [51]

SUTENT 50 MG CAPSULE - [51]

sv folic acid 800 mcg tablet - [164]

sv iron 65 mg tablet - [133]

sv melatonin 3 mg tablet - [304]

sv prenatal tablet - [164]

sv slow release iron 45 mg tab - [133]

sv vitamin d3 1,000 unit sftgl - [213]

sv vitamin d3 25mcg(1000 unit) - [213]

sv vitamin d3 5,000 unit sftgl - [213]

sv vitamin e 400 unit softgel - [165]

sv vitamin e 670 mg softgel - [165]

sw clearlax powder - [181]

sw nicotine 2 mg lozenge - [18]

sw nicotine 4 mg lozenge - [18]

symax fastabs 0.125 mg tablet - [186]

SYMBICORT 160-4.5 MCG INHALER - [300]

SYMFI 600-300-300 MG TABLET - [64]

SYMTUZA 800-150-200-10 MG TAB - [68]

SYNALAR 0.025% CREAM - [114]

SYNJARDY 12.5-1,000 MG TABLET - [74]

SYNJARDY 5-1,000 MG TABLET - [74]

SYNJARDY XR 10-1,000 MG TABLET - [74]

sure-touch lancet - [258]

SUSTIVA 200 MG CAPSULE - [64]

SUSTIVA 600 MG TABLET - [64]

SUTENT 25 MG CAPSULE - [51]

sv calcium 600 mg tablet - [133]

sv hair, skin and nails caplet - [164]

sv melatonin 1 mg tablet - [304]

sv melatonin 5 mg tablet - [304]

sv prenatal vitamins tablet - [164]

sv vitamin b-6 100 mg tablet - [164]

sv vitamin d3 2,000 unit sftgl - [213]

sv vitamin d3 400 unit softgel - [213]

sv vitamin e 180 mg softgel - [165]

sv vitamin e 450 mg softgel - [165]

sw allergy relief 10 mg tab - [290]

sw nicotine 2 mg chewing gum - [18]

sw nicotine 4 mg chewing gum - [18]

swi twist top 30g lancet - [258]

symax-sl 0.125 mg tablet sl - [186]

SYMBICORT 80-4.5 MCG INHALER - [300]

SYMFI LO 400-300-300 MG TABLET - [64]

SYNALAR 0.01% SOLUTION - [114]

SYNAREL 2 MG/ML NASAL SPRAY - [208]

SYNJARDY 12.5-500 MG TABLET - [74]

SYNJARDY 5-500 MG TABLET - [74]

SYNJARDY XR 12.5-1,000 MG TAB - [74]

SYNJARDY XR 25-1,000 MG TABLET - [74]
SYNTHROID 100 MCG TABLET - [205]
SYNTHROID 125 MCG TABLET - [206]
SYNTHROID 150 MCG TABLET - [206]
SYNTHROID 200 MCG TABLET - [206]
SYNTHROID 300 MCG TABLET - [206]
SYNTHROID 75 MCG TABLET - [206]
T-GEL 0.5% THERAPEUTIC SHAMPOO - [119]
TAB-A-VITE MULTIVIT WITH IRON - [165]
TAMIFLU 30 MG CAPSULE - [68]
TAMIFLU 6 MG/ML SUSPENSION - [68]
tamoxifen 10 mg tablet - [48]
tamsulosin hcl 0.4 mg capsule - [197]
TANDEM PLUS CAPSULE - [133]
TARCEVA 150 MG TABLET - [51]
TARGRETIN 1% GEL - [52]
taron forte capsule - [133]
TASIGNA 150 MG CAPSULE - [51]
taztia xt 120 mg capsule - [88]
taztia xt 240 mg capsule - [88]
taztia xt 360 mg capsule - [88]
techlite 0.3 ml 30gx8mm (1/2) - [259]
techlite 0.3 ml 31gx8mm (1/2) - [259]
techlite 0.5 ml 30gx8mm (1/2) - [259]
techlite 0.5 ml 31gx8mm (1/2) - [259]
techlite 28g lancets - [259]

SYNJARDY XR 5-1,000 MG TABLET - [74]
SYNTHROID 112 MCG TABLET - [206]
SYNTHROID 137 MCG TABLET - [206]
SYNTHROID 175 MCG TABLET - [206]
SYNTHROID 25 MCG TABLET - [206]
SYNTHROID 50 MCG TABLET - [206]
SYNTHROID 88 MCG TABLET - [206]
t-plus 0.5% therapeutic shmpoo - [119]
tab-a-vite tablet - [165]
TAMIFLU 45 MG CAPSULE - [68]
TAMIFLU 75 MG CAPSULE - [68]
tamoxifen 20 mg tablet - [48]
TANDEM DUAL ACTION CAPSULE - [133]
TARCEVA 100 MG TABLET - [51]
TARCEVA 25 MG TABLET - [51]
TARGRETIN 75 MG CAPSULE - [52]
taron-c dha capsule - [165]
TASIGNA 200 MG CAPSULE - [51]
taztia xt 180 mg capsule - [88]
taztia xt 300 mg capsule - [88]
techlite 0.3 ml 29gx12mm (1/2) - [259]
techlite 0.3 ml 31gx6mm (1/2) - [259]
techlite 0.5 ml 30gx12mm (1/2) - [259]
techlite 0.5 ml 31gx6mm (1/2) - [259]
techlite 25g lancets - [259]
techlite 30g lancets - [259]

techlite ins syr 1 ml 29gx12mm - [258]

techlite ins syr 1 ml 31gx6mm - [258]

techlite pen needle 29gx1/2" - [259]

techlite pen needle 31gx1/4" - [259]

techlite pen needle 31gx5/16" - [259]

techlite pen needle 32gx5/16" - [259]

techlite plus pen ndl 32g 4mm - [259]

TEGRETOL 200 MG TABLET - [32]

TEGRETOL XR 200 MG TABLET - [32]

telcare ultra thin 30g lancets - [259]

temazepam 22.5 mg capsule - [305]

temazepam 7.5 mg capsule - [305]

TEMODAR 140 MG CAPSULE - [47]

TEMODAR 250 MG CAPSULE - [47]

temozolomide 100 mg capsule - [47]

temozolomide 180 mg capsule - [47]

temozolomide 250 mg capsule - [48]

temsirolimus 25 mg vial - [52]

tender tape bandage 2"x6 yds - [260]

tenofovir disop fum 300 mg tb - [65]

TENORMIN 25 MG TABLET - [85]

terbinafine 1% cream - [124]

terbutaline sulfate 2.5 mg tab - [293]

terconazole 0.4% cream - [44]

terconazole 80 mg suppository - [44]

terumo ins syringe u100-1 ml - [260]

techlite ins syr 1 ml 30gx12mm - [258]

techlite ins syr 1 ml 31gx8mm - [259]

techlite pen needle 29gx3/8" - [259]

techlite pen needle 31gx3/16" - [259]

techlite pen needle 32gx1/4" - [259]

techlite pen needle 32gx5/32" - [259]

TEGRETOL 100 MG/5 ML SUSP - [32]

TEGRETOL XR 100 MG TABLET - [32]

TEGRETOL XR 400 MG TABLET - [32]

temazepam 15 mg capsule - [304]

temazepam 30 mg capsule - [305]

TEMODAR 100 MG CAPSULE - [47]

TEMODAR 180 MG CAPSULE - [47]

TEMOVATE 0.05% OINTMENT - [114]

temozolomide 140 mg capsule - [47]

temozolomide 20 mg capsule - [47]

temozolomide 5 mg capsule - [48]

tender tape bandage 1"x6 yds - [259]

TENDERA-OB SOFTGEL - [165]

TENORMIN 100 MG TABLET - [85]

TENORMIN 50 MG TABLET - [85]

terbinafine hcl 250 mg tablet - [44]

terbutaline sulfate 5 mg tab - [293]

terconazole 0.8% cream - [44]

terumo ins syr 0.3 ml 29gx1/2" - [260]

terumo ins syringe u100-1/2 ml - [260]

terumo ins syringe u100-1/3 ml - [260]

testosterone cyp 1,000 mg/10ml - [200]

testosterone cyp 2,000 mg/10ml - [200]

testosterone cyp 500 mg/2.5 ml - [200]

tetracycline 250 mg capsule - [25]

TEXACORT 2.5% SOLUTION - [114]

THEO-24 ER 200 MG CAPSULE - [293]

THEO-24 ER 400 MG CAPSULE - [294]

theophylline 80 mg/15 ml soln - [294]

theophylline er 200 mg tablet - [294]

theophylline er 400 mg tablet - [294]

theophylline er 600 mg tablet - [294]

thera tablet - [165]

thera-d rapid repletion tablet - [213]

thera-gel 0.5% shampoo - [119]

THERA-M TABLET - [165]

theragran-m premier 50+ caplet - [165]

THERANATAL COMPLETE COMBO - [165]

THERANATAL LACTATION COMBO PCK - [165]

THERANATAL OVAVITE COMBO PACK - [165]

therapeutic-m caplet - [165]

theratrum complete 50 plus tab - [165]

THEREMS MULTIVITAMIN TABLET - [166]

thiamine 100 mg tablet - [166]

thiamine 500 mg tablet - [166]

thin 26g lancets - [260]

terumo ins syrng u100-1/2 ml - [260]

testosterone cyp 1,000 mg/5 ml - [200]

testosterone cyp 200 mg/ml - [200]

testosterone cyp 6,000 mg/30ml - [200]

tetracycline 500 mg capsule - [25]

THEO-24 ER 100 MG CAPSULE - [293]

THEO-24 ER 300 MG CAPSULE - [294]

theophylline 80 mg/15 ml cup - [294]

theophylline er 100 mg tablet - [294]

theophylline er 300 mg tablet - [294]

theophylline er 450 mg tablet - [294]

THERA M PLUS TABLET - [165]

thera-d 2000 tablet - [213]

thera-d sport 2,000 unit tab - [213]

THERA-M CAPLET - [165]

thera-tabs caplet - [165]

THERAMILL FORTE CAPSULE - [165]

THERANATAL CORE NUTRITION TAB - [165]

THERANATAL ONE SOFTGEL - [165]

THERANATAL PLUS COMBO PACK - [165]

therapeutic-m tablet - [165]

theratrum complete tablet - [165]

therems-m tablet - [166]

thiamine 250 mg tablet - [166]

thin 26g lancet - [260]

thin lancets 28g - [260]

thinpro ins syrin u100-0.3 ml - [260]

thinpro ins syrin u100-1 ml - [260]

thioridazine 100 mg tablet - [57]

thioridazine 50 mg tablet - [57]

thiothixene 10 mg capsule - [57]

thiothixene 5 mg capsule - [57]

thyroid 120 mg tablet - [206]

thyroid 30 mg tablet - [206]

thyroid 90 mg tablet - [206]

tiadylt er 180 mg capsule - [88]

tiadylt er 300 mg capsule - [88]

tiadylt er 420 mg capsule - [88]

TIAZAC ER 180 MG CAPSULE - [88]

TIAZAC ER 300 MG CAPSULE - [88]

TIAZAC ER 420 MG CAPSULE - [89]

timolol maleate 0.25% eye drop - [277]

TIMOPTIC 0.25% EYE DROP - [277]

TIVICAY 10 MG TABLET - [63]

TIVICAY 50 MG TABLET - [63]

tm-daily vite tablet - [166]

TOBRADEX EYE DROPS - [275]

TOBRADEX ST 0.3-0.05% EYE DROP - [275]

tobramycin-dexameth ophth susp - [275]

TOPAMAX 100 MG TABLET - [28]

TOPAMAX 200 MG TABLET - [28]

TOPAMAX 25 MG TABLET - [28]

thinpro ins syrin u100-0.5 ml - [260]

thioridazine 10 mg tablet - [57]

thioridazine 25 mg tablet - [57]

thiothixene 1 mg capsule - [57]

thiothixene 2 mg capsule - [57]

thrivite rx tablet - [166]

thyroid 15 mg tablet - [206]

thyroid 60 mg tablet - [206]

tiadylt er 120 mg capsule - [88]

tiadylt er 240 mg capsule - [88]

tiadylt er 360 mg capsule - [88]

TIAZAC ER 120 MG CAPSULE - [88]

TIAZAC ER 240 MG CAPSULE - [88]

TIAZAC ER 360 MG CAPSULE - [89]

timolol 0.5% eye drop - [277]

timolol maleate 0.5% eye drops - [277]

TIMOPTIC 0.5% EYE DROP - [277]

TIVICAY 25 MG TABLET - [63]

tm-clotrimazole 1% top cream - [124]

TOBAKIENT CAPSULE - [166]

TOBRADEX EYE OINTMENT - [275]

tobramycin 0.3% eye drop - [276]

today's hlth pn needle 6mm 31g - [260]

TOPAMAX 15 MG SPRINKLE CAP - [28]

TOPAMAX 25 MG SPRINKLE CAP - [28]

TOPAMAX 50 MG TABLET - [28]

topcare clickfine 31g x 1/4" - [260]

topcare ultra comfort syringe - [260]

topcare universal1 thin lancet - [260]

topiramate 15 mg sprinkle cap - [28]

topiramate 25 mg sprinkle cap - [28]

topiramate 50 mg tablet - [28]

TOPROL XL 100 MG TABLET - [85]

TOPROL XL 25 MG TABLET - [85]

TORISEL 25 MG KIT - [52]

total allergy 25 mg tablet - [290]

TRACLEER 62.5 MG TABLET - [295]

tramadol hcl 50 mg tablet - [13]

TRANXENE T-TAB 7.5 MG - [71]

TRAVATAN Z 0.004% EYE DROP - [278]

travoprost 0.004% eye drop - [278]

trazodone 150 mg tablet - [37]

trazodone 50 mg tablet - [37]

TREANDA 25 MG VIAL - [48]

treprostinil 20 mg/20 ml vial - [295]

treprostinil 50 mg/20 ml vial - [295]

tretinoin 0.025% cream - [111]

tretinoin 0.05% cream - [111]

tretinoin 0.05% gel - [111]

TREXALL 10 MG TABLET - [209]

TREXALL 5 MG TABLET - [209]

TRI-VI-FLOR 0.25 MG DROPS - [166]

topcare clickfine 31g x 5/16" - [260]

topcare universal1 33g lancets - [260]

topiramate 100 mg tablet - [28]

topiramate 200 mg tablet - [28]

topiramate 25 mg tablet - [28]

topotecan hcl 4 mg vial - [50]

TOPROL XL 200 MG TABLET - [85]

TOPROL XL 50 MG TABLET - [85]

TOSYMRA 10 MG NASAL SPRAY - [46]

TRACLEER 125 MG TABLET - [295]

TRADJENTA 5 MG TABLET - [74]

tramadol-acetaminophen 37.5-325 - [13]

tranylcypromine sulf 10 mg tab - [34]

travel-ease 25 mg tablet - [42]

trazodone 100 mg tablet - [37]

trazodone 300 mg tablet - [37]

TREANDA 100 MG VIAL - [48]

treprostinil 100 mg/20 ml vial - [295]

treprostinil 200 mg/20 ml vial - [295]

tretinoin 0.01% gel - [111]

tretinoin 0.025% gel - [111]

tretinoin 0.05% emollient cream - [119]

tretinoin 0.1% cream - [111]

TREXALL 15 MG TABLET - [209]

TREXALL 7.5 MG TABLET - [209]

TRI-VI-FLOR 0.5 MG DROPS - [166]

TRI-VI-SOL DROPS - [166]

tri-vit-fluor 0.5 mg/ml drop - [166]

tri-vite-fluoride 0.5 mg/ml - [166]

triamcinolone 0.025% oint - [114]

triamcinolone 0.1% cream - [114]

triamcinolone 0.1% ointment - [114]

triamcinolone 0.5% ointment - [114]

triamterene-hctz 37.5-25 mg tb - [90]

trianex 0.05% ointment - [114]

triazolam 0.25 mg tablet - [305]

tricon capsule - [133]

TRICOR 48 MG TABLET - [92]

triderm 0.5% cream - [114]

TRIFERIC 27.2 MG/5 ML AMPULE - [133]

trifluoperazine 1 mg tablet - [57]

trifluoperazine 2 mg tablet - [57]

trifluridine 1% eye drops - [277]

trihexyphenidyl 2 mg tablet - [53]

trihexyphenidyl 5 mg tablet - [53]

TRILEPTAL 300 MG TABLET - [32]

TRILEPTAL 600 MG TABLET - [32]

trimipramine maleate 25 mg cap - [39]

trinatal rx 1 tablet - [166]

TRINAZ TABLET - [166]

triple antibiotic ointment - [124]

TRISTART DHA SOFTGEL - [166]

tri-vit-fluor 0.25 mg/ml drop - [166]

tri-vite-fluoride 0.25 mg/ml - [166]

triamcinolone 0.025% cream - [114]

triamcinolone 0.05% ointment - [114]

triamcinolone 0.1% lotion - [114]

triamcinolone 0.5% cream - [114]

triamterene-hctz 37.5-25 mg cp - [90]

triamterene-hctz 75-50 mg tab - [90]

triazolam 0.125 mg tablet - [305]

TRICARE PRENATAL TABLET - [166]

TRICOR 145 MG TABLET - [92]

triderm 0.1% cream - [114]

TRIDESILON 0.05% CREAM - [114]

TRIFERIC 272 MG POWDER PACKET - [134]

trifluoperazine 10 mg tablet - [57]

trifluoperazine 5 mg tablet - [57]

trigels-f forte softgel - [134]

trihexyphenidyl 2 mg/5 ml soln - [53]

TRILEPTAL 150 MG TABLET - [32]

TRILEPTAL 300 MG/5 ML SUSP - [32]

trimipramine maleate 100 mg cp - [39]

trimipramine maleate 50 mg cap - [40]

TRINATE TABLET - [166]

TRIOSTAT 10 MCG/ML VIAL - [206]

TRIPLE PASTE 12.8% OINTMENT - [119]

tritocin 0.05% ointment - [114]

TRIUMEQ 600-50-300 MG TABLET - [65]

TROPICAL LIQUID NUTRITION - [166]

tropicamide 0.5% eye drops - [275]

tropicamide 1% eye drops - [275]

true cmfrt pro 0.5ml 31g 5/16" - [260]

true comfort 0.5 ml 31gx5/16" - [261]

true comfort 30g lancet - [261]

true comfort 30g twist lancet - [261]

true comfort pen ndl 31g 6mm - [261]

true comfort pen ndl 31gx5mm - [261]

true comfort pen ndl 32g 4mm - [261]

true comfort pen ndl 32g 6mm - [261]

true comfort pen ndl 33g 4mm - [261]

true comfort pen ndl 33g 6mm - [261]

true comfort pro 1ml 30g 5/16" - [261]

true comfort pro 1ml 32g 5/16" - [261]

true ferrous sulf ec 324 mg tb - [134]

true folic acid 667 mcg dfe tb - [166]

true vitamin b-6 100 mg tablet - [166]

true vitamin b-6 50 mg tablet - [167]

true vitamin d3 10 mcg capsule - [213]

true vitamin d3 125 mcg cap - [213]

true vitamin d3 25 mcg capsule - [213]

true vitamin d3 250 mcg cap - [214]

true vitamin d3 50 mcg tablet - [214]

true vitamin e 450 mg capsule - [167]

TRIZIVIR TABLET - [66]

tropicamide 0.5% eye drop - [275]

tropicamide 1% eye drop - [275]

true cmfrt pro 0.5ml 30g 5/16" - [260]

true cmfrt pro 0.5ml 32g 5/16" - [260]

true comfort 1 ml 31gx5/16" - [261]

true comfort 30g safety lancet - [261]

true comfort pen ndl 31g 5mm - [260]

true comfort pen ndl 31g 8mm - [261]

true comfort pen ndl 31gx6mm - [261]

true comfort pen ndl 32g 5mm - [261]

true comfort pen ndl 32gx4mm - [261]

true comfort pen ndl 33g 5mm - [261]

true comfort pro 1 ml 30g 1/2" - [261]

true comfort pro 1ml 31g 5/16" - [261]

true comfrt pro 0.5ml 30g 1/2" - [261]

true folic acid 1600mcg dfe tb - [166]

true multivitamin tablet - [166]

true vitamin b-6 25 mg tablet - [167]

true vitamin d3 1,250 mcg cap - [213]

true vitamin d3 10 mcg tablet - [213]

true vitamin d3 125 mcg tablet - [213]

true vitamin d3 25 mcg tablet - [214]

true vitamin d3 50 mcg capsule - [214]

true vitamin e 180 mg capsule - [167]

true vitamin e 90 mg capsule - [167]

trueplus 33g lancets - [262]

trueplus pen needle 29gx1/2" - [261]

trueplus pen needle 31g 8mm - [262]

trueplus pen needle 31gx3/16" - [262]

trueplus pen needle 32gx5/32" - [262]

trueplus safety 28g lancets - [262]

trueplus syr 0.3ml 29gx1/2" - [262]

trueplus syr 0.3ml 31gx5/16" - [262]

trueplus syr 0.5ml 29gx1/2" - [262]

trueplus syr 0.5ml 31gx5/16" - [262]

trueplus syr 1ml 29gx1/2" - [262]

trueplus syr 1ml 31gx5/16" - [262]

TRULICITY 0.75 MG/0.5 ML PEN - [74]

TRULICITY 3 MG/0.5 ML PEN - [74]

TRUSOPT 2% EYE DROPS - [278]

TRUVADA 133 MG-200 MG TABLET - [66]

TRUVADA 200 MG-300 MG TABLET - [66]

tulana 0.35 mg tablet - [203]

TUMS 750 MG CHEWY BITES - [194]

TUMS E-X TABLET CHEWABLE - [193]

TUMS KIDS 300 MG (750) CHEWTAB - [193]

TUMS TABLET CHEWABLE - [193]

tums ultra str chewy delights - [193]

tusnel-ex 100 mg/5 ml liquid - [300]

tussin dm clear syrup - [300]

tussin mucus-cong 200 mg/10 ml - [300]

trueplus pen needle 29g 12mm - [261]

trueplus pen needle 31g 5mm - [262]

trueplus pen needle 31g x 1/4" - [262]

trueplus pen needle 31gx5/16" - [262]

trueplus safety 28g lancet - [262]

trueplus super thin 28g lancet - [262]

trueplus syr 0.3ml 30gx5/16" - [262]

trueplus syr 0.5ml 28gx1/2" - [262]

trueplus syr 0.5ml 30gx5/16" - [262]

trueplus syr 1ml 28gx1/2" - [262]

trueplus syr 1ml 30gx5/16" - [262]

trueplus ultra thin 30g lancet - [262]

TRULICITY 1.5 MG/0.5 ML PEN - [74]

TRULICITY 4.5 MG/0.5 ML PEN - [74]

TRUVADA 100 MG-150 MG TABLET - [66]

TRUVADA 167 MG-250 MG TABLET - [66]

tuberculin syringe - [263]

TULIVITE TABLET - [134]

TUMS 750 MG TABLET CHEWABLE - [194]

TUMS FRESHERS ANTACID CHEW TAB - [193]

TUMS SMOOTHIES CHEW TABLET - [193]

TUMS ULTRA 1,000 MG CHEW TAB - [193]

TUMS X-STR 750 TABLET CHEWABLE - [194]

tussin chest congestion liquid - [300]

tussin dm syrup - [300]

twist lancets - [263]

twist lancets 30g - [263]

twist top 30g lancet - [263]

TYKERB 250 MG TABLET - [52]

TYLENOL 325 MG TABLET - [109]

TYLENOL EX-STR 500 MG GELCAP - [109]

tyr cooler liquid - [167]

UDAMIN SP CAPLET - [167]

ult cft 0.3 ml 31gx5/16" (1/2) - [263]

ulticar ins 0.3ml 31gx1/4(1/2) - [263]

ulticare ins 0.3 ml 31gx1/4" - [263]

ulticare ins 0.5 ml 31gx1/4" - [263]

ulticare ins safety 1ml 29x1/2 - [263]

ulticare ins syr 1 ml 29gx1/2" - [263]

ulticare pen ndl 12.7 mm 29g - [263]

ulticare pen needle 4mm 32g - [263]

ulticare pen needle 8 mm 31g - [264]

ulticare pen needles 12mm 29g - [264]

ulticare pen needles 6mm 31g - [264]

ulticare pen needles 8mm 31g - [264]

ulticare syr 0.3 ml 30gx1/2" - [264]

ulticare syr 0.3 ml 31gx5/16" - [264]

ulticare syr 0.5 ml 30gx1/2" - [264]

ulticare syr 0.5 ml 31gx5/16" - [264]

ulticare syr 1 ml 31gx5/16" - [264]

ulticare syrin 0.5 ml 28gx1/2" - [264]

ulticare tb safety 1 ml 25gx1" - [264]

twist lancets 32g - [263]

TYBOST 150 MG TABLET - [66]

TYLENOL 325 MG CAPLET - [109]

TYLENOL EX-STR 500 MG CAPLET - [109]

TYLENOL EX-STR 500 MG TABLET - [109]

TYSABRI 300 MG/15 ML VIAL - [110]

ult cft 0.3 ml 29gx1/2" (1/2) - [263]

ulticare ins syr 1 ml 31gx5/16" - [263]

ulticare ins 0.3 ml 30gx1/2" - [263]

ulticare ins 0.5 ml 30gx1/2" - [263]

ulticare ins 1 ml 31gx1/4" - [263]

ulticare ins syr 1 ml 28gx1/2" - [263]

ulticare ins syr 1 ml 30gx1/2" - [263]

ulticare pen needle 31gx3/16" - [263]

ulticare pen needle 6mm 31g - [263]

ulticare pen needle 8mm 31g - [264]

ulticare pen needles 4mm 32g - [264]

ulticare pen needles 6mm 32g - [264]

ulticare safety 0.5 ml 29gx1/2 - [264]

ulticare syr 0.3 ml 30gx5/16" - [264]

ulticare syr 0.5 ml 29gx1/2" - [264]

ulticare syr 0.5 ml 30gx5/16" - [264]

ulticare syr 1 ml 30gx5/16" - [264]

ulticare syrin 0.3 ml 29gx1/2" - [264]

ulticare syringe 1 ml 30gx1/2" - [264]

ultilet 28g lancets - [265]

<i>ultilet 30g lancets - [265]</i>	<i>ultilet 33g lancets - [265]</i>
<i>ultilet basic 30g lancets - [264]</i>	<i>ultilet classic 26g lancets - [264]</i>
<i>ultilet classic 28g lancets - [264]</i>	<i>ultilet classic 30g lancets - [265]</i>
<i>ultilet classic 33g lancets - [265]</i>	<i>ultilet insulin syringe 0.3 ml - [265]</i>
<i>ultilet insulin syringe 0.5 ml - [265]</i>	<i>ultilet insulin syringe 1 ml - [265]</i>
<i>ultilet pen needle - [265]</i>	<i>ultilet pen needle 4mm 32g - [265]</i>
<i>ultilet safety 23g lancets - [265]</i>	<i>ultra comfort 0.3 ml 29gx1/2" - [265]</i>
<i>ultra comfort 0.3 ml syringe - [265]</i>	<i>ultra comfort 0.5 ml 28gx1/2" - [265]</i>
<i>ultra comfort 0.5 ml 29gx1/2" - [265]</i>	<i>ultra comfort 0.5 ml 31gx5/16" - [265]</i>
<i>ultra comfort 0.5 ml syringe - [265]</i>	<i>ultra comfort 1 ml 28gx1/2" - [265]</i>
<i>ultra comfort 1 ml 29gx1/2" - [265]</i>	<i>ultra comfort 1 ml 30gx5/16" - [265]</i>
<i>ultra comfort 1 ml 31gx5/16" - [266]</i>	<i>ultra comfort 1 ml syringe - [265]</i>
<i>ultra fine 30g lancets - [266]</i>	<i>ultra flo 0.3ml 30g 1/2" (1/2) - [266]</i>
<i>ultra flo 0.3ml 30g 5/16"(1/2) - [266]</i>	<i>ultra flo 0.3ml 31g 5/16"(1/2) - [266]</i>
<i>ultra flo pen needle 31g 5mm - [266]</i>	<i>ultra flo pen needle 31g 8mm - [266]</i>
<i>ultra flo pen needle 32g 4mm - [266]</i>	<i>ultra flo pen needle 33g 4mm - [266]</i>
<i>ultra flo pen needles 12mm 29g - [266]</i>	<i>ultra flo syr 0.3 ml 29gx1/2" - [266]</i>
<i>ultra flo syr 0.3 ml 30g 5/16" - [266]</i>	<i>ultra flo syr 0.3 ml 31g 5/16" - [266]</i>
<i>ultra flo syr 0.5 ml 29g 1/2" - [266]</i>	ULTRA FREEDA TABLET - [167]
ULTRA FREEDA WITH IRON TABLET - [167]	ULTRA PRENATAL PLUS DHA SOFTGL - [167]
<i>ultra thin 28g lancets - [266]</i>	<i>ultra thin 30g lancets - [266]</i>
<i>ultra thin 31g lancet - [266]</i>	<i>ultra thin 31g lancets - [266]</i>
<i>ultra thin 33g lancets - [266]</i>	<i>ultra thin pen ndl 32g x 4mm - [266]</i>
<i>ultra tuss safe syrup - [300]</i>	<i>ultra-care 30g lancets - [266]</i>
<i>ultra-thin ii 1 ml 31gx5/16" - [267]</i>	<i>ultra-thin ii 28g lancets - [267]</i>
<i>ultra-thin ii 30g lancets - [267]</i>	<i>ultra-thin ii ins 0.3 ml 30g - [267]</i>

ultra-thin ii ins 0.3 ml 31g - [267]

ultra-thin ii ins 0.5 ml 30g - [267]

ultra-thin ii ins syr 1 ml 29g - [267]

ultra-thin ii pen ndl 29gx1/2" - [267]

ultracare ins 0.3 ml 30gx5/16" - [267]

ultracare ins 0.5 ml 30gx1/2" - [267]

ultracare ins 0.5 ml 31gx5/16" - [267]

ultracare ins 1 ml 30gx1/2" - [267]

ultracare pen needle 31gx1/4" - [267]

ultracare pen needle 31gx5/16" - [267]

ultracare pen needle 32gx3/16" - [268]

ultracare pen needle 33gx5/32" - [268]

ultralance 26g lancets - [268]

ULTRAM 50 MG TABLET - [13]

unifine pen needle 32g 4mm - [268]

unifine pentips 29g 12mm - [268]

unifine pentips 31g 6mm - [268]

unifine pentips 31gx3/16" - [268]

unifine pentips 32g 6mm - [269]

unifine pentips 32gx5/32" - [269]

unifine pentips 6mm 31g - [269]

unifine pentips 8mm 31g - [269]

unifine pentips max 30gx3/16" - [268]

unifine pentips plus 29gx1/2" - [268]

unifine pentips plus 31gx1/4" - [268]

unifine pentips plus 31gx5/16" - [268]

ultra-thin ii ins 0.5 ml 29g - [267]

ultra-thin ii ins 0.5 ml 31g - [267]

ultra-thin ii ins syr 1 ml 30g - [267]

ultra-thin ii pen ndl 31gx5/16" - [267]

ultracare ins 0.3 ml 31gx5/16" - [267]

ultracare ins 0.5 ml 30gx5/16" - [267]

ultracare ins 1 ml 30g x 5/16" - [267]

ultracare ins 1 ml 31g x 5/16" - [267]

ultracare pen needle 31gx3/16" - [267]

ultracare pen needle 32gx1/4" - [268]

ultracare pen needle 32gx5/32" - [268]

ULTRACET TABLET - [13]

ultralance 28g lancets - [268]

ultratlc lancets - [268]

unifine pentips 12mm 29g - [268]

unifine pentips 31g 5mm - [268]

unifine pentips 31g 8mm - [268]

unifine pentips 32g 4mm - [269]

unifine pentips 32gx1/4" - [269]

unifine pentips 33gx5/32" - [269]

unifine pentips 6mm needle - [269]

unifine pentips 8mm needle - [269]

unifine pentips needles 29g - [268]

unifine pentips plus 30gx3/16" - [268]

unifine pentips plus 31gx3/16" - [268]

unifine pentips plus 32gx5/32" - [268]

unifine pentips plus 33gx5/32" - [268]

unifine ultra pen ndl 31g 6mm - [269]

unifine ultra pen ndl 32g 4mm - [269]

unilet comfortouch lancet - [269]

unilet excelite lancet - [269]

unilet gp lancet superlite - [269]

unilet micro thin 33g lancets - [269]

unilet ultra thin 28g lancets - [270]

unisom 50 mg sleepgels - [305]

UNISOM SLEEPMELTS 25 MG TABLET - [305]

unistik 2 extra 21g lancet - [271]

unistik 3 comfort 28g lancet - [271]

unistik 3 extra 21g lancets - [271]

unistik 3 gentle on-the-go 30g - [271]

unistik 3 normal 23g lancets - [271]

unistik comfort 28g lancets - [270]

unistik czt normal 23g lancets - [270]

unistik normal 23g lancets - [270]

unistik pro 25g lancet - [270]

unistik safety 28g lancet - [270]

unistik touch 21g lancets - [270]

unistik touch 28g lancets - [270]

UNITHROID 100 MCG TABLET - [206]

UNITHROID 125 MCG TABLET - [206]

UNITHROID 150 MCG TABLET - [206]

UNITHROID 200 MCG TABLET - [206]

unifine ultra pen ndl 31g 5mm - [269]

unifine ultra pen ndl 31g 8mm - [269]

unilet comfortouch 26g lancets - [269]

unilet excelite ii lancet - [269]

unilet gp lancet - [269]

unilet micro thin 33g lancet - [269]

unilet super thin 30g lancets - [270]

UNISOM 25 MG SLEEPTABS - [305]

UNISOM SLEEP AID 25 MG TABLET - [305]

unistik 2 comfort 28g lancet - [271]

unistik 2 normal 21g lancet - [271]

unistik 3 dual 18g lancet - [271]

unistik 3 gentle 30g lancets - [271]

unistik 3 normal 23g lancet - [271]

unistik 3 safety 21g lancets - [271]

unistik czt comfort 28g lancet - [270]

unistik extra 21g lancets - [270]

unistik pro 21g lancet - [270]

unistik pro 28g lancet - [270]

unistik safety 30g lancets - [270]

unistik touch 23g lancets - [270]

unistik touch 30g lancets - [270]

UNITHROID 112 MCG TABLET - [206]

UNITHROID 137 MCG TABLET - [206]

UNITHROID 175 MCG TABLET - [206]

UNITHROID 25 MCG TABLET - [206]

UNITHROID 300 MCG TABLET - [207]

UNITHROID 75 MCG TABLET - [207]

universal 1 33g lancets - [271]

ure-k 50% cream - [119]

urea 20% cream - [119]

urea 45% cream - [119]

UREACIN-20 CREAM - [119]

URSO FORTE 500 MG TABLET - [194]

ursodiol 250 mg tablet - [194]

ursodiol 400 mg capsule - [194]

v-c forte capsule - [167]

valacyclovir hcl 1 gram tablet - [68]

VALIUM 10 MG TABLET - [71]

VALIUM 5 MG TABLET - [71]

valproic acid 250 mg/5 ml soln - [29]

VALTREX 500 MG CAPLET - [68]

VANDAZOLE VAGINAL 0.75% GEL - [19]

vanishpoint u-100 29x1/2 syr - [271]

varenicline 0.5 mg tablet - [18]

varenicline 1 mg tablet - [18]

VASOTEC 10 MG TABLET - [81]

VASOTEC 20 MG TABLET - [81]

VECTIBIX 100 MG/5 ML VIAL - [52]

vegetable lax-stool softnr tab - [181]

venlafaxine hcl 100 mg tablet - [37]

venlafaxine hcl 37.5 mg tablet - [37]

UNITHROID 50 MCG TABLET - [207]

UNITHROID 88 MCG TABLET - [207]

URAMAXIN 45% UREA CREAM - [119]

urea 10% cream - [119]

urea 40% cream - [119]

urea 50% cream - [119]

URSO 250 MG TABLET - [194]

ursodiol 200 mg capsule - [194]

ursodiol 300 mg capsule - [194]

ursodiol 500 mg tablet - [194]

VAGIFEM 10 MCG VAGINAL TAB - [202]

valacyclovir hcl 500 mg tablet - [68]

VALIUM 2 MG TABLET - [71]

valproic acid 250 mg capsule - [29]

VALTREX 1 GM CAPLET - [68]

vanadom 350 mg tablet - [301]

vanishpoint 0.5 ml 30gx1/2" sy - [271]

VANOS 0.1% CREAM - [114]

varenicline 1 mg cont month bx - [18]

varenicline starting month box - [18]

VASOTEC 2.5 MG TABLET - [81]

VASOTEC 5 MG TABLET - [81]

VECTIBIX 400 MG/20 ML VIAL - [52]

VELCADE 3.5 MG VIAL - [50]

venlafaxine hcl 25 mg tablet - [37]

venlafaxine hcl 50 mg tablet - [37]

venlafaxine hcl 75 mg tablet - [37]

venlafaxine hcl er 150 mg tab - [37]

venlafaxine hcl er 37.5 mg cap - [37]

venlafaxine hcl er 75 mg cap - [37]

VENOFER 100 MG/5 ML VIAL - [134]

VENOFER 50 MG/2.5 ML VIAL - [134]

VENTAVIS 20 MCG/1 ML SOLUTION - [295]

verapamil 40 mg tablet - [89]

verapamil er 120 mg tablet - [89]

verapamil er 240 mg tablet - [89]

verifine ins syr 0.3ml 31g 8mm - [271]

verifine ins syr 1 ml 29g 1/2" - [271]

verifine ins syr 1 ml 31g 8mm - [272]

verifine pen needle 31g 5mm - [272]

verifine pen needle 31g x 6mm - [272]

verifine pen needle 32g 4mm - [272]

verifine pen needle 32g x 4mm - [272]

verifine plus pen ndl 32g 4mm - [272]

verifine safety 23g lanct mini - [272]

verifine safety 30g lanct mini - [272]

verifine syring 1 ml 31g 5/16" - [272]

verifine syrng 0.5ml 31g 5/16" - [272]

verifine universal 33g lancet - [272]

verticalm 25 mg tablet - [43]

vic-forte capsule - [167]

VICTOZA 2-PAK 18 MG/3 ML PEN - [74]

venlafaxine hcl er 150 mg cap - [37]

venlafaxine hcl er 225 mg tab - [37]

venlafaxine hcl er 37.5 mg tab - [37]

venlafaxine hcl er 75 mg tab - [37]

VENOFER 200 MG/10 ML VIAL - [134]

VENTAVIS 10 MCG/1 ML SOLUTION - [295]

verapamil 120 mg tablet - [89]

verapamil 80 mg tablet - [89]

verapamil er 180 mg tablet - [89]

verifine in syr 0.5ml 29g 12mm - [271]

verifine ins syr 0.5ml 31g 8mm - [271]

verifine ins syr 1 ml 29g 12mm - [272]

verifine pen needle 29g 12mm - [272]

verifine pen needle 31g 8mm - [272]

verifine pen needle 31g x 8mm - [272]

verifine pen needle 32g 6mm - [272]

verifine pen needle 32g x 5mm - [272]

verifine safety 21g lanct mini - [272]

verifine safety 28g lanct mini - [272]

verifine syring 0.5ml 29g 1/2" - [272]

verifine syrng 0.3ml 31g 5/16" - [272]

verifine universal 30g lancet - [272]

VERIPRED 20 20 MG/5 ML SOLN - [200]

VIBRAMYCIN 100 MG CAPSULE - [25]

vicks sinex 12 hour spray - [273]

VICTOZA 3-PAK 18 MG/3 ML PEN - [75]

VIDAZA 100 MG VIAL - [48]

vinorelbine 10 mg/ml vial - [50]

VIRACEPT 250 MG TABLET - [68]

VIREAD 300 MG TABLET - [66]

virt-nate dha softgel - [167]

virt-pn dha softgel - [167]

vision formula with lutein tab - [167]

vision plus lutein vitamin tab - [167]

VISTA ADVANCED AREDS2 SOFTGEL - [167]

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vit a,c,d-fluoride 0.25 mg/ml - [167]

vit d3 125 mcg (5000 unit) tab - [214]

VITABEX PLUS CAPSULE - [167]

VITAFOL CAPLET - [134]

VITAFOL GUMMIES - [168]

VITAFOL ULTRA SOFTGEL - [168]

VITAFOL-OB+DHA COMBO PACK - [168]

vitajoy adult multi gummy - [168]

VITALETS TABLET CHEWABLE - [168]

VITALIPID N INFANT AMPULE - [168]

VITAMEDMD REDICHEW RX TAB CHEW - [168]

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vitamin b complex-vitamin c tb - [168]

vitamin b-1 250 mg tablet - [168]

vitamin b-6 100 mg tablet - [168]

vitamin b-6 250 mg tablet - [168]

vienva-28 tablet - [202]

vinorelbine 50 mg/5 ml vial - [50]

VIRACEPT 625 MG TABLET - [68]

virt-c dha softgel - [167]

virt-phos 250 neutral tablet - [134]

vision formula tablet - [167]

VISION OPTIMIZER CAPSULE - [167]

vision vitamins - [167]

VISTARIL 25 MG CAPSULE - [290]

VISUDYNE 15 MG VIAL - [275]

vit a,c,d-fluoride 0.5 mg/ml - [167]

VITABEX IRON CAPSULE - [134]

VITACEL TABLET - [167]

VITAFOL FE PLUS SOFTGEL - [168]

VITAFOL NANO TABLET - [168]

VITAFOL-OB CAPLET - [168]

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vitalee tablet - [168]

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vitamin b complex-vit c caplet - [168]

vitamin b-1 100 mg tablet - [168]

vitamin b-1 50 mg tablet - [168]

vitamin b-6 25 mg tablet - [168]

vitamin b-6 50 mg tablet - [168]

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vitamin d2 400 unit tablet - [214]	vitamin d3 1,000 unit softgel - [214]
vitamin d3 1,000 unit tablet - [214]	vitamin d3 1,250 mcg capsule - [214]
vitamin d3 1.25 mg softgel - [214]	vitamin d3 10,000 unit capsule - [214]
vitamin d3 10,000 unit softgel - [214]	vitamin d3 125 mcg (5000 unit) - [214]
vitamin d3 125 mcg capsule - [214]	vitamin d3 125 mcg softgel - [214]
vitamin d3 125 mcg tablet - [214]	vitamin d3 2,000 unit softgel - [214]
vitamin d3 2,000 unit tablet - [214]	vitamin d3 25 mcg (1,000 unit) - [214]
vitamin d3 25 mcg softgel - [214]	vitamin d3 25 mcg tablet - [214]
vitamin d3 250 mcg softgel - [214]	vitamin d3 400 unit softgel - [215]
vitamin d3 400 unit tablet - [215]	vitamin d3 5,000 unit capsule - [215]
vitamin d3 5,000 unit softgel - [215]	vitamin d3 5,000 unit tablet - [215]
vitamin d3 50 mcg (2,000 unit) - [215]	vitamin d3 50 mcg capsule - [215]
vitamin d3 50 mcg softgel - [215]	vitamin d3 50 mcg tablet - [215]
vitamin d3 50,000 unit capsule - [215]	vitamin d3 max 125 mcg softgel - [214]
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VYVANSE 30 MG CAPSULE - [97]

VYVANSE 40 MG CAPSULE - [97]

VYVANSE 50 MG CAPSULE - [97]

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wal-dryl allergy 25 mg minitab - [290]

wal-fex allergy 180 mg tablet - [291]

wal-finate 4 mg tablet - [291]

wal-itin 5 mg/5 ml syrup - [291]

wal-itin d 24 hour tablet - [300]

wal-mucil 100% natural fiber - [181]

wal-phed 30 mg tablet - [293]

wal-profen 200 mg tablet - [9]

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wal-tussin dm clear syrup - [300]

wal-tussin syrup - [300]

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warfarin sodium 1 mg tablet - [77]

warfarin sodium 2 mg tablet - [77]

warfarin sodium 3 mg tablet - [77]

warfarin sodium 5 mg tablet - [78]

warfarin sodium 7.5 mg tablet - [78]

VYVANSE 10 MG CHEWABLE TABLET - [97]

VYVANSE 20 MG CHEWABLE TABLET - [97]

VYVANSE 30 MG CHEWABLE TABLET - [97]

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VYVANSE 50 MG CHEWABLE TABLET - [97]

VYVANSE 60 MG CHEWABLE TABLET - [98]

wal-dram 50 mg tablet - [43]

wal-dryl allergy 25 mg capsule - [290]

wal-dryl allergy 25 mg softgel - [291]

wal-fex allergy 60 mg tablet - [291]

wal-itin 10 mg tablet - [291]

wal-itin d 12 hour tablet - [300]

wal-mucil 0.52 g capsule - [181]

wal-mucil ntrl fiber lax powd - [181]

wal-profen 200 mg caplet - [9]

wal-sleep z 25 mg odt - [305]

wal-som 50 mg softgel - [305]

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warfarin sodium 6 mg tablet - [78]

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WELLBUTRIN XL 300 MG TABLET - [33]

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women's multivitamin tablet - [170]

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XANAX 0.5 MG TABLET - [71]

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XANAX XR 3 MG TABLET - [71]

XARELTO 15 MG TABLET - [78]

XARELTO 20 MG TABLET - [78]

XELODA 150 MG TABLET - [48]

XIFAXAN 200 MG TABLET - [185]

xyzbac tablet - [170]

WELLBUTRIN SR 150 MG TABLET - [33]

WELLBUTRIN XL 150 MG TABLET - [33]

wescap-c dha softgel - [169]

wesnatal dha complete - [169]

westab plus tablet - [169]

wixela 100-50 inhub - [301]

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women's 50 plus advanced mv tb - [170]

women's 50 plus multivit tab - [170]

women's daily formula tablet - [170]

women's gentle lax ec 5 mg tab - [181]

women's multivitamin gummies - [170]

x-seb t plus shampoo - [120]

XANAX 0.25 MG TABLET - [71]

XANAX 1 MG TABLET - [71]

XANAX XR 0.5 MG TABLET - [71]

XANAX XR 2 MG TABLET - [71]

XARELTO 10 MG TABLET - [78]

XARELTO 2.5 MG TABLET - [78]

XARELTO DVT-PE TREAT START 30D - [78]

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yourx ulticare pen ndl 4mm 32g - [273]

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zaleplon 5 mg capsule - [305]

zantac-360(famotidine) 10mg tb - [195]

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zatean-pn dha capsule - [170]

ZELAPAR 1.25 MG ODT TABLET - [54]

ZENZEDI 15 MG TABLET - [98]

ZENZEDI 20 MG TABLET - [98]

zenzedi 5 mg tablet - [98]

ZESTORETIC 10-12.5 MG TABLET - [90]

ZESTORETIC 20-25 MG TABLET - [90]

ZESTRIL 2.5 MG TABLET - [81]

ZESTRIL 30 MG TABLET - [81]

ZESTRIL 5 MG TABLET - [82]

ZIAGEN 300 MG TABLET - [66]

zidovudine 300 mg tablet - [66]

zinc oxide 20% ointment - [120]

zinc oxide 40% ointment - [120]

zingiber tablet - [170]

ziprasidone 20 mg/ml vial - [62]

ziprasidone hcl 40 mg capsule - [61]

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ZITHROMAX 200 MG/5 ML SUSP - [23]

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zafirlukast 10 mg tablet - [291]

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ZARONTIN 250 MG/5 ML SOLUTION - [29]

zatean-pn plus softgel - [170]

zenzedi 10 mg tablet - [98]

ZENZEDI 2.5 MG TABLET - [98]

ZENZEDI 30 MG TABLET - [98]

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ZESTRIL 20 MG TABLET - [81]

ZESTRIL 40 MG TABLET - [81]

ZIAGEN 20 MG/ML SOLUTION - [66]

zidovudine 100 mg capsule - [66]

zidovudine 50 mg/5 ml syrup - [66]

zinc oxide 25% ointment - [120]

zinc oxide ointment - [120]

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ZOLOFT 25 MG TABLET - [37]

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zolpidem tartrate 10 mg tablet - [305]

ZOLPIMIST 5 MG ORAL SPRAY - [305]

zostrix hp 0.1% cream - [120]

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ZYPREXA 10 MG TABLET - [62]

ZYPREXA 15 MG TABLET - [62]

ZYPREXA 20 MG TABLET - [62]

ZYPREXA 7.5 MG TABLET - [62]

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ZOCOR 10 MG TABLET - [93]

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ZOLINZA 100 MG CAPSULE - [50]

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ZOLOFT 50 MG TABLET - [37]

zolpidem tart er 6.25 mg tab - [305]

zolpidem tartrate 5 mg tablet - [305]

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zostrix hp 0.1% foot cream - [120]

ZYLOPRIM 100 MG TABLET - [45]

ZYPREXA 10 MG VIAL - [62]

ZYPREXA 2.5 MG TABLET - [62]

ZYPREXA 5 MG TABLET - [62]

ZYPREXA RELPREVV 210 MG VL KIT - [62]

ZYPREXA RELPREVV 405 MG VL KIT - [62]

ZYPREXA ZYDIS 15 MG TABLET - [62]

ZYPREXA ZYDIS 5 MG TABLET - [62]

ZYVANA 562 MG CAPSULE - [170]

ZYVOX 600 MG TABLET - [19]



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