

Open Medication Guide

October 2022

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

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

Contents

Introduction	I
Medication list.....	II
Changes to the formulary.....	II
Your Share of Expenses.....	III
Pharmacy Benefits.....	III
Medications that are not covered	III
Condition Care Rx Program	IV
Generic drugs	IV
Oral Chemotherapy Drugs	IV
Over-the-counter (OTC) medications	IV
Patient Protection Affordable Care Act (PPACA) Preventive Services.....	V
Specialty Pharmacy medications.....	V
Pharmacy Options	VI
Participating Specialty Pharmacy Provider.....	VII
Mail Order Pharmacy also known as a home delivery service.....	VII
Three-month supply.....	VIII
Utilization Management Programs.....	VIII
Obtaining Prior Authorization.....	VIII
Responsible Quantity Program	IX
Responsible Steps Program.....	IX
Responsible Steps (Medical Pharmacy) Program	IX
Notice.....	X
Using the Medication Guide	X
Abbreviation key.....	XI

Preferred Medication List

Anti-Infective Agents.....	1
Biologicals.....	13
Antineoplastic Agents	17
Endocrine and Metabolic Drugs	25
Cardiovascular Agents	41
Respiratory Agents.....	56
Gastrointestinal Agents	61
Genitourinary Agents	66
Central Nervous System Drugs	68
Analgesics and Anesthetics	84
Neuromuscular Drugs.....	93
Nutritional Products	102
Hematological Agents.....	105
Topical Products.....	115
Miscellaneous Products	126
Index	208

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

Introduction

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

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

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

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

Key Tips and Coverage Guidelines

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

- When you have your prescriptions filled, ask your pharmacist if a generic equivalent is available. Generic medications are usually less expensive, and most generics are covered unless specifically excluded under your plan documents.
- Select Brand Name medications are included in the formulary and are therefore available to you through your plan. The List includes all covered brand name medications unless specifically excluded under your plan documents.
- Take this Guide with you when you visit your doctor or health care provider so that he or she is aware of the drugs listed and cost impacts when you discuss medication options.

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

Medication List

The Medication Guide includes the Preferred Medication List and some commonly prescribed Non-Preferred prescription medications. The Preferred Medication List reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee.

NOTE: This is not a complete listing of all covered prescriptions medications. Florida Blue reserves the right to modify (add, remove or change) the tier or apply limits of coverage to any prescription medication in this Medication Guide at any time.

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

To save the most money on medications, share this Medication Guide with your doctor or health care provider at each visit so he or she is aware of the drugs listed and cost impacts when you discuss medication options.

Changes to the formulary

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

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

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

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

The most up to date information about modifications to the medications listed in this Medication Guide can be found by:

Going to www.floridablue.com.

- Click on the **Members** tab.
- Click on the **Login Now** button and either **Login** or **Register**.
- Once Logged in, click on **My Plan**, then select **Pharmacy** under Additional Items.
- Under Pharmacy Resources, click on **Medication Guide & Specialty Pharmacy**
- Under **Medication Guide/Approved Drug Lists**, click [Open Medication Guide](#) or [Open Medication Guide Updates](#).
- Medication Guides and Medication Guide updates are posted every January, April July, and October.

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Your Share of Expenses

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

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

the difference in cost between the generic medication and the brand name medication; and

the cost share applicable to brand name medication, as indicated on your Schedule of Benefits.

Example: If your drug copay is \$10 for generic and \$40 for brand, and you choose a brand name drug when a generic is available, here is what you might pay.

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

\$110 is Your Total Cost

Pharmacy Benefits

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

Tier 1: Covered Generic Prescription Medications

Tier 2: Covered Preferred Brand Prescription Medications

Tier 3: Covered Non-Preferred Brand Prescription Medications or Medications not listed on the Preferred Medication List

Specialty Medications: Covered Specialty Medications as indicated in the Medication List

Condition Care Rx* Value/HSA Preventive Prescription Medications: Refer to the Condition Care Rx Program section of this Medication Guide for a description of the program

Medications that are not covered

Your pharmacy benefit may not cover select medications. Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives.
- The medication has a preferred formulary alternative or over-the-counter (OTC) alternative.
- The medication is no longer marketed.
- The medication has a widely available/distributed AB rated generic equivalent formulation.
- The medication has not been approved by the FDA.
- The medication has been repackaged — a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC.
- The medication is not covered because of safety or effectiveness concerns.

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

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

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Condition Care Rx Program

The Condition Care Rx Program is designed to help manage the cost of medications used to treat certain chronic conditions and encourage medication adherence. If members have the Condition Care Rx Program as part of their benefits, they can purchase medications from the Condition Care Rx Program Value/Health Savings Account Preventive List at a reduced cost.

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

A list of medications that are part of the Condition Care Rx Program for Health Savings Account (HSA) compatible plans may be found at: [Condition Care Rx Program HSA Preventive List](#).

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

Generic drugs

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

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

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

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

Oral Chemotherapy Drugs

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

Over-the-Counter (OTC) medications

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

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

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Patient Protection Affordable Care Act (PPACA) Preventive Services

- Preventive medications - Certain preventive care services, medications, and immunizations are covered at no cost share when purchased at a participating pharmacy.

A list of medications covered under this benefit may be found at: [Preventive Medications List](#).

- Immunizations - Certain vaccines which are covered under your preventive benefit can be administered by pharmacists that are certified. Not all pharmacies provide services for vaccine administration. It is important to contact the pharmacy prior to your visit to ensure availability and administration of the vaccine.

A list of vaccines that are covered under your pharmacy benefits may be found at: [Pharmacy Benefit Vaccines List](#).

- Women's preventive services - Certain contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) are covered at no cost share when purchased at a participating pharmacy.

A list of medications and devices covered under this benefit may be found at: [Women's Preventive Services List](#).

Tier Exception Requests for Contraceptives & HIV Pre-Exposure Prophylaxis (PrEP)

If, for medical reasons, you need a contraceptive or HIV PrEP medication that is not included on these Preventive Service list(s), you may request an exception to waive the otherwise applicable cost sharing for your medication. To request an exception, your doctor must complete and submit request online at covermymeds.com or by fax using the Exception Request Forms in links below.

[Contraceptives Tier Exception Request Form](#)

[HIV PrEP Tier Exception Request Form](#)

Specialty Pharmacy medications

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

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

Specialty Medications are divided into two categories:

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

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

NOTE: We have noted medications that may be covered as either Self-Administered and/or Provider-Administered. These Specialty Pharmacy products can be obtained in either setting.

Pharmacy Options

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

• **Participating Pharmacy**

- **Retail Pharmacy Network** – Non-Specialty ‘Generic’ medications and ‘Brand Name’ medications listed in the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non-participating pharmacy, your prescription will cost you more.
- **Specialty Pharmacy Network** – We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a ‘Specialty Drug’ in this Medication Guide. To be covered under your pharmacy program at the in-network cost share, they must be purchased at a preferred Specialty Pharmacy. These pharmacies are **different** than the retail pharmacies and are identified in both the Provider Directory and this Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.
 - **Limited Distribution (LD) Pharmacy** – Drug manufacturers will choose one or a limited number of specialty pharmacies to handle and dispense certain specialty drugs. Typically, these drugs are costly and require special monitoring and prior authorization (pre-approval). The pharmacy that dispenses your limited distribution drug can be found here: [Limited Distribution Drugs](#)

• **Non-Participating Pharmacy**

If your plan offers out-of-network pharmacy coverage, choosing a non-participating pharmacy will cost you more money. You may have to pay the full cost of the medication and then file a claim for benefit determination. Our payment will be based on our Non-Participating Pharmacy Allowance minus your cost share. You will be responsible for your cost share and the difference between our Allowance and the cost of the medication.

If your plan doesn’t offer out-of-network pharmacy coverage, choosing a non-participating pharmacy may risk your ability to be reimbursed. You may have to pay the full cost of the medication.

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Participating Specialty Pharmacy Provider

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

CVS/Caremark Specialty Pharmacy Services

Provider-Administered and Self-Administered Products; excludes hemophilia

Phone: (866) 278-5108

Fax: (800) 323-2445

[CVS/Caremark Specialty Pharmacy](#)

CVS/Caremark Hemophilia Services

Hemophilia Products

Telephone: (866) 792-2731

Fax: (866) 811-7450

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

[CVS/Caremark Hemophilia Specialty Pharmacy](#)

Accredo

Self-Administered Products (excluding Hemophilia)

Phone: (888) 425-5970

Fax: (888) 302-1028

[Accredo](#)

AllianceRx Walgreens Prime ****Baptist Employer Group B0496 ONLY****

Self-Administered Products (excluding Hemophilia)

Phone: (877) 627-6337

Fax: (877) 828-3939

[AllianceRx Walgreens Prime](#)

Note: Specialty Pharmacy medications are not covered when purchased through the Mail Order Pharmacy.

Self-administered specialty medications as classified by Florida Blue outside of the state of Florida may be obtained by a member with a written prescription through the preferred specialty pharmacy providers [Accredo](#) or [CVS/Caremark Specialty](#).

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

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

Home Delivery Pharmacy Services

Getting prescription medications through home delivery pharmacy services may reduce the cost you pay for your prescription drugs. Check your plan documents to see if your plan includes home delivery pharmacy services.

NOTE: If the original prescription was filled at a pharmacy other than the home delivery pharmacy, a new, original three-month supply prescription with a quantity of up to a three-month supply and not less than a two-month supply will be required. Prescriptions may not be transferred from a retail pharmacy to the home delivery pharmacy.

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Three-month supply at Retail Pharmacy

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

Utilization Management Programs

Prior Authorization Program

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

Florida Blue reserves the right to change the medications that require Prior Authorization at any time and for any reason.

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

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

- o The termination date of your policy or
- o The period authorized by us, as indicated in the letter you received from us.

Obtaining Prior Authorization

Information about **Prior Authorization** and forms for how to obtain a prior authorization approval can be found here:

[Prior Authorization Program Information and Forms](#)

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

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

NOTE: You have the right to request an appeal if coverage authorization is denied. Please refer to the “How to Appeal an Adverse Benefit Determination” subsection of the Claims Processing or Appeal and Grievance Process section in your current plan documents for information on how to file an appeal.

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Responsible Quantity Program

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

Florida Blue reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override.

Information about the Responsible Quantity Program and steps for how to obtain an exception can be found here:

[Responsible Quantity Program Information](#)

[Responsible Quantity Authorization Form](#)

Responsible Steps Program

The Responsible Steps Program promotes the appropriate, safe, and effective use of medications and helps you save on prescriptions. Responsible Steps is based on nationally recognized therapeutic guidelines, clinical evidence, and research. Prescription medications included in the Responsible Steps Program are not covered unless you have tried one or more covered alternative medications first.

A list of current drugs included in the Responsible Steps Program may be found here:

[Responsible Steps Program Information and Authorization Forms](#)

Responsible Steps Program for Medical Pharmacy

Certain physician-administered prescription drugs which are rendered in a physician's office may be included in the Responsible Steps for Medical Pharmacy Program. If you are taking a medication in the Responsible Steps Program, please contact your physician/provider to discuss what medication options are best for you.

If, due to medical reasons, you cannot use the prerequisite drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. Florida Blue reserves the right to change the drugs subject to the Responsible Steps Program at any time and for any reason.

A list of current drugs included in the Responsible Steps Program for Medical Pharmacy may be found here: [Responsible Steps Program for Medical Pharmacy Information and Authorization Forms](#)

NOTE: Check your plan documents to determine if Responsible Steps requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com or by calling the customer service [number listed on your ID card](#).

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Notice

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in your plan documents. In the event of any inconsistencies between the Medication Guide and the provisions contained in your plan documents, the provisions contained in your plan documents shall control to the extent necessary to effectuate the intent of Blue Cross and Blue Shield of Florida and Health Options, Inc.

Using the Medication Guide

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

Column 1. Drug Name: lists the medication name. Generic medications are listed in lowercase **boldface**

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

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

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

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

Tier 1 (Lowest Cost): Covered Generic Prescription Medications

Tier 2 (Higher Cost): Covered Preferred Brand Prescription Medications

Tier 3 (Highest Cost): Covered Non-Preferred Brand Prescription Medications or Medications not listed on the Preferred Medication List

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

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

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

Column 6. Responsible Steps: indicates if responsible steps apply to the medication. If an indicator is present in the column then the Responsible Steps Program applies.

Column 7. Limited Distribution: indicates if the medication has limited distribution and not available at most specialty pharmacies. If an indicator is present in the column, the medication may be available only at certain pharmacies. For more information, find the Participating Pharmacy, Specialty Pharmacy Network section in medication guide.

An asterisk (*) next to a drug name signifies that this drug may not be covered. Please refer to your plan documents.

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Abbreviation key

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

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

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
ANTI-INFECTIVE AGENTS						
PENICILLINS						
AMOXICILLIN – amoxicillin (trihydrate) chew tab 125 mg	3					
AMOXICILLIN – amoxicillin (trihydrate) chew tab 250 mg	2					
amoxicillin (trihydrate) cap 250 mg	1					
amoxicillin (trihydrate) cap 500 mg	1					
amoxicillin (trihydrate) for susp 125 mg/5ml	1					
amoxicillin (trihydrate) for susp 200 mg/5ml	1					
amoxicillin (trihydrate) for susp 250 mg/5ml	1					
amoxicillin (trihydrate) for susp 400 mg/5ml	1					
amoxicillin (trihydrate) tab 500 mg	1					
amoxicillin (trihydrate) tab 875 mg	1					
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1					
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1					
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1					
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1					
amoxicillin & k clavulanate tab 250-125 mg	1					
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1					
amoxicillin & k clavulanate tab 875-125 mg	1					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	3					
AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate chew tab 200-28.5 mg	3					
AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate chew tab 400-57 mg	3					
AMPICILLIN – ampicillin cap 500 mg	2					
AUGMENTIN – amoxicillin & k clavulanate tab 500-125 mg	3					
AUGMENTIN ES-600 – amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3					
dicloxacillin sodium cap 250 mg	1					
dicloxacillin sodium cap 500 mg	1					
PENICILLIN V POTASSIUM – penicillin v potassium for soln 125 mg/5ml	2					
PENICILLIN V POTASSIUM – penicillin v potassium for soln 250 mg/5ml	2					
penicillin v potassium tab 250 mg	1					
penicillin v potassium tab 500 mg	1					
CEPHALOSPORINS						
CEFACTOR – cefaclor cap 250 mg	3					
CEFACTOR – cefaclor cap 500 mg	3					
CEFACTOR – cefaclor for susp 125 mg/5ml	3					
CEFACTOR – cefaclor for susp 250 mg/5ml	3					
CEFACTOR – cefaclor for susp 375 mg/5ml	3					
CEFADROXIL – cefadroxil tab 1 gm	3					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
cefadroxil cap 500 mg	1					
cefadroxil for susp 250 mg/5ml	1					
cefadroxil for susp 500 mg/5ml	1					
cefdinir cap 300 mg	1					
cefdinir for susp 125 mg/5ml	1					
cefdinir for susp 250 mg/5ml	1					
cefixime cap 400 mg (Suprax)	1					
cefixime for susp 100 mg/5ml	1					
cefixime for susp 200 mg/5ml (Suprax)	1					
cefpodoxime proxetil for susp 50 mg/5ml	1					
cefpodoxime proxetil for susp 100 mg/5ml	1					
cefpodoxime proxetil tab 100 mg	1					
cefpodoxime proxetil tab 200 mg	1					
cefprozil for susp 125 mg/5ml	1					
cefprozil for susp 250 mg/5ml	1					
cefprozil tab 250 mg	1					
cefprozil tab 500 mg	1					
cefuroxime axetil tab 250 mg	1					
cefuroxime axetil tab 500 mg	1					
cephalexin cap 250 mg	1					
cephalexin cap 500 mg	1					
cephalexin for susp 125 mg/5ml	1					
cephalexin for susp 250 mg/5ml	1					
SUPRAX – cefixime cap 400 mg	3					
SUPRAX – cefixime chew tab 100 mg	2					
SUPRAX – cefixime chew tab 200 mg	2					
SUPRAX – cefixime for susp 200 mg/5ml	3					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
SUPRAX – cefixime for susp 500 mg/5ml	2					
MACROLIDES						
AZITHROMYCIN – azithromycin powd pack for susp 1 gm	3					
azithromycin for susp 100 mg/5ml (Zithromax)	1					
azithromycin for susp 200 mg/5ml (Zithromax)	1					
azithromycin tab 250 mg (Zithromax)	1					
azithromycin tab 500 mg (Zithromax)	1					
azithromycin tab 600 mg	1					
CLARITHROMYCIN – clarithromycin for susp 125 mg/5ml	3					
CLARITHROMYCIN – clarithromycin for susp 250 mg/5ml	3					
clarithromycin tab er 24hr 500 mg	1					
clarithromycin tab 250 mg	1					
clarithromycin tab 500 mg	1					
DIFICID – fidaxomicin tab 200 mg	2			•		
DIFICID – fidaxomicin for susp 40 mg/ml	2			•		
E.E.S. GRANULES – erythromycin ethylsuccinate for susp 200 mg/5ml	3					
E.E.S. 400 – erythromycin ethylsuccinate tab 400 mg	3					
ERYPED 200 – erythromycin ethylsuccinate for susp 200 mg/5ml	3					

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ERYPED 400 – erythromycin ethylsuccinate for susp 400 mg/5ml	3					
ERYTHROCIN STEARATE – erythromycin stearate tab 250 mg	3					
ERYTHROMYCIN – erythromycin w/ delayed release particles cap 250 mg	3					
ERYTHROMYCIN ETHYLSUCCINA – erythromycin ethylsuccinate tab 400 mg	3					
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1					
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	1					
erythromycin tab delayed release 250 mg	1					
erythromycin tab delayed release 333 mg	1					
erythromycin tab delayed release 500 mg	1					
erythromycin tab 250 mg	1					
erythromycin tab 500 mg	1					
ZITHROMAX – azithromycin powd pack for susp 1 gm	2					
TETRACYCLINES						
demeclocycline hcl tab 150 mg	1					
demeclocycline hcl tab 300 mg	1					
doxycycline hyclate cap 50 mg	1					
doxycycline hyclate cap 100 mg (Vibramycin)	1					
doxycycline hyclate tab 20 mg	1					
doxycycline hyclate tab 50 mg	1					
doxycycline hyclate tab 100 mg	1					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
doxycycline monohydrate cap 50 mg	1					
doxycycline monohydrate cap 100 mg	1					
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	1					
doxycycline monohydrate tab 50 mg	1					
doxycycline monohydrate tab 75 mg	1					
doxycycline monohydrate tab 100 mg	1					
minocycline hcl cap 50 mg	1					
minocycline hcl cap 75 mg	1					
minocycline hcl cap 100 mg	1					
NUZYRA – omadacycline tosylate tab 150 mg (base equivalent)	3	X	•	•		•
tetracycline hcl cap 250 mg	1					
tetracycline hcl cap 500 mg	1					
VIBRAMYCIN – doxycycline calcium syrup 50 mg/5ml	3				•	
FLUOROQUINOLONES						
BAXDELA – delafloxacin meglumine tab 450 mg (base equiv)	3		•	•		
CIPRO – ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	3					
CIPRO – ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	2					
CIPROFLOXACIN HCL – ciprofloxacin hcl tab 100 mg (base equiv)	3					
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)	1					
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)	1					

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ciprofloxacin hcl tab 750 mg (base equiv)	1						CYCLOSERINE – cycloserine cap 250 mg	3					
levofloxacin oral soln 25 mg/ml	1						ethambutol hcl tab 100 mg	1					
levofloxacin tab 250 mg	1						ethambutol hcl tab 400 mg (Myambutol)	1					
levofloxacin tab 500 mg	1						ISONIAZID – isoniazid tab 100 mg	3					
levofloxacin tab 750 mg	1						ISONIAZID – isoniazid syrup 50 mg/5ml	2					
moxifloxacin hcl tab 400 mg (base equiv)	1						isoniazid tab 300 mg	1					
OFLOXACIN – ofloxacin tab 300 mg	3						MYAMBUTOL – ethambutol hcl tab 400 mg	3					
ofloxacin tab 400 mg	1						MYCOBUTIN – rifabutin cap 150 mg	3					
AMINOGLYCOSIDES							PASER – aminosalicylic acid er granules packet 4 gm	3					
ARIKAYCE – amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	3	X				•	PRETOMANID – pretomanid tab 200 mg	3			•		
BETHKIS – tobramycin nebu soln 300 mg/4ml	3	X				•	PRIFTIN – rifapentine tab 150 mg	2					
HUMATIN – paromomycin sulfate cap 250 mg	3					•	pyrazinamide tab 500 mg	1					
KITABIS PAK – tobramycin nebu soln 300 mg/5ml	3	X				•	rifabutin cap 150 mg (Mycobutin)	1					
neomycin sulfate tab 500 mg	1						rifampin cap 150 mg	1					
paromomycin sulfate cap 250 mg (Humatin)	1						rifampin cap 300 mg	1					
TOBI PODHALER – tobramycin inhal cap 28 mg	2	X				•	SIRTURO – bedaquiline fumarate tab 20 mg (base equiv)	3	X		•		•
TOBRAMYCIN – tobramycin nebu soln 300 mg/5ml	3	X					SIRTURO – bedaquiline fumarate tab 100 mg (base equiv)	3	X		•		•
tobramycin nebu soln 300 mg/5ml (Tobi)	1	X					TRECTOR – ethionamide tab 250 mg	3					
tobramycin nebu soln 300 mg/4ml (Bethkis)	1	X					ANTIFUNGALS						
SULFONAMIDES							ANCOBON – flucytosine cap 250 mg	3					
SULFADIAZINE – sulfadiazine tab 500 mg	2						ANCOBON – flucytosine cap 500 mg	3					
ANTIMYCOBACTERIAL AGENTS							CRESEMBA – isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	3		•			

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DIFLUCAN – fluconazole for susp 10 mg/ml	3						SPORANOX – itraconazole cap 100 mg	3		•	•		
DIFLUCAN – fluconazole for susp 40 mg/ml	3						SPORANOX PULSEPAK – itraconazole cap 100 mg	3		•	•		
fluconazole for susp 10 mg/ml (Diflucan)	1						terbinafine hcl tab 250 mg	1			•		
fluconazole for susp 40 mg/ml (Diflucan)	1						VFEND – voriconazole for susp 40 mg/ml	3		•			
fluconazole tab 50 mg (Diflucan)	1						VFEND – voriconazole tab 50 mg	3		•			
fluconazole tab 100 mg (Diflucan)	1						VFEND – voriconazole tab 200 mg	3		•			
fluconazole tab 150 mg (Diflucan)	1						voriconazole for susp 40 mg/ml (Vfend)	1		•			
fluconazole tab 200 mg (Diflucan)	1						voriconazole tab 50 mg (Vfend)	1		•			
flucytosine cap 250 mg (Ancobon)	1						voriconazole tab 200 mg (Vfend)	1		•			
flucytosine cap 500 mg (Ancobon)	1						ANTIVIRALS						
griseofulvin microsize susp 125 mg/5ml	1						abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1			•		
griseofulvin microsize tab 500 mg	1						abacavir sulfate tab 300 mg (base equiv) (Ziagen)	1			•		
griseofulvin ultramicrosize tab 125 mg	1						abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	1			•		
griseofulvin ultramicrosize tab 250 mg	1						acyclovir cap 200 mg	1					
itraconazole cap 100 mg (Sporanox)	1		•	•			acyclovir susp 200 mg/5ml (Zovirax)	1					
itraconazole oral soln 10 mg/ml (Sporanox)	1		•	•			acyclovir tab 400 mg	1					
ketoconazole tab 200 mg	1						acyclovir tab 800 mg	1					
NOXAFIL – posaconazole tab delayed release 100 mg	3		•				adefovir dipivoxil tab 10 mg (Hepsera)	1					
NOXAFIL – posaconazole susp 40 mg/ml	2		•				APTIVUS – tipranavir cap 250 mg	2			•		
nystatin tab 500000 unit	1						atazanavir sulfate cap 150 mg (base equiv)	1			•		
posaconazole tab delayed release 100 mg (Noxafil)	1		•				atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	1			•		
SPORANOX – itraconazole oral soln 10 mg/ml	3		•	•			atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	1			•		

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BARACLUDE – entecavir oral soln 0.05 mg/ml	2						efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	1			•		
BIKTARVY – bicitgravir-emtricitabine-tenofovir af tab 30-120-15 mg	2			•			emtricitabine caps 200 mg (Emtriva)	1			•		
BIKTARVY – bicitgravir-emtricitabine-tenofovir af tab 50-200-25 mg	2			•			emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Truvada)	1			•		
CIMDUO – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2			•			emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Truvada)	1			•		
COMBIVIR – lamivudine-zidovudine tab 150-300 mg	3			•			emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Truvada)	1			•		
COMPLERA – emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	2			•			emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1			•		
DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2			•			EMTRIVA – emtricitabine caps 200 mg	3			•		
DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	2			•			EMTRIVA – emtricitabine soln 10 mg/ml	2			•		
DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	2			•			entecavir tab 0.5 mg (Baraclude)	1					
DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2			•			entecavir tab 1 mg (Baraclude)	1					
EDURANT – rilpivirine hcl tab 25 mg (base equivalent)	2			•			EPCLUSA – sofosbuvir-velpatasvir tab 200-50 mg	2	X	•	•		
efavirenz cap 50 mg (Sustiva)	1			•			EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg	2	X	•	•		
efavirenz cap 200 mg (Sustiva)	1			•			EPCLUSA – sofosbuvir-velpatasvir pellet pack 150-37.5 mg	2	X	•	•		
efavirenz tab 600 mg (Sustiva)	1			•			EPCLUSA – sofosbuvir-velpatasvir pellet pack 200-50 mg	2	X	•	•		
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1			•			EPIVIR – lamivudine oral soln 10 mg/ml	3			•		
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	1			•			EPIVIR – lamivudine tab 150 mg	3			•		
							EPIVIR – lamivudine tab 300 mg	3			•		
							EPIVIR HBV – lamivudine tab 100 mg (hbv)	3					

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EPIVIR HBV – lamivudine oral soln 5 mg/ml (hbv)	2						ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv)	2			•		
EPZICOM – abacavir sulfate-lamivudine tab 600-300 mg	3			•			ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv)	2			•		
etravirine tab 100 mg (Intelence)	1			•			ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv)	2			•		
etravirine tab 200 mg (Intelence)	1			•			JULUCA – dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2			•		
EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2			•			KALETRA – lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	3			•		
famciclovir tab 125 mg	1						KALETRA – lopinavir-ritonavir tab 100-25 mg	3			•		
famciclovir tab 250 mg	1						KALETRA – lopinavir-ritonavir tab 200-50 mg	3			•		
famciclovir tab 500 mg	1						LAGEVRIO – molnupiravir cap 200 mg	3			•		
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	1			•			lamivudine oral soln 10 mg/ml (Epivir)	1			•		
FUZEON – enfuvirtide for inj 90 mg	2	X		•			lamivudine tab 100 mg (hbv) (Epivir hbv)	1					
GENVOYA – elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2			•			lamivudine tab 150 mg (Epivir)	1			•		
HARVONI – ledipasvir-sofosbuvir tab 45-200 mg	2	X	•	•			lamivudine tab 300 mg (Epivir)	1			•		
HARVONI – ledipasvir-sofosbuvir tab 90-400 mg	2	X	•	•			lamivudine-zidovudine tab 150-300 mg (Combivir)	1			•		
HARVONI – ledipasvir-sofosbuvir pellet pack 33.75-150 mg	2	X	•	•			LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg	2	X	•	•		
HARVONI – ledipasvir-sofosbuvir pellet pack 45-200 mg	2	X	•	•			LEXIVA – fosamprenavir calcium tab 700 mg (base equiv)	3			•		
INTELENCE – etravirine tab 25 mg	2			•			LEXIVA – fosamprenavir calcium susp 50 mg/ml (base equiv)	2			•		
INTELENCE – etravirine tab 100 mg	3			•			LIVTENCITY – maribavir tab 200 mg	3	X	•	•		•
INTELENCE – etravirine tab 200 mg	3			•									
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv)	2			•									
ISENTRESS – raltegravir potassium tab 400 mg (base equiv)	2			•									

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lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	1			•			PAXLOVID – nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	3			•		
lopinavir-ritonavir tab 100-25 mg (Kaletra)	1			•			PAXLOVID – nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	3			•		
lopinavir-ritonavir tab 200-50 mg (Kaletra)	1			•			PEGASYS – peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	3	X	•			
maraviroc tab 150 mg (Selzentry)	1			•			PEGASYS – peginterferon alfa-2a inj 180 mcg/ml	3	X	•			
maraviroc tab 300 mg (Selzentry)	1			•			PIFELTRO – doravirine tab 100 mg	2			•		
MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg	2	X	•	•			PREVYMIS – letermovir tab 240 mg	3					
MAVYRET – glecaprevir-pibrentasvir pellet pack 50-20 mg	2	X	•	•			PREVYMIS – letermovir tab 480 mg	3					
NEVIRAPINE – nevirapine susp 50 mg/5ml	3			•			PREZCOBIX – darunavir-cobicistat tab 800-150 mg	2			•		
NEVIRAPINE ER – nevirapine tab er 24hr 100 mg	2			•			PREZISTA – darunavir oral susp 100 mg/ml	2			•		
nevirapine tab er 24hr 400 mg	1			•			PREZISTA – darunavir tab 75 mg	2			•		
nevirapine tab 200 mg	1			•			PREZISTA – darunavir tab 150 mg	2			•		
NORVIR – ritonavir tab 100 mg	3			•			PREZISTA – darunavir tab 600 mg	2			•		
NORVIR – ritonavir oral soln 80 mg/ml	2			•			PREZISTA – darunavir tab 800 mg	2			•		
NORVIR – ritonavir powder packet 100 mg	2			•			RELENZA DISKHALER – zanamivir aero powder breath activated 5 mg/blister	3			•		
ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2			•			RETROVIR – zidovudine cap 100 mg	3			•		
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	1			•			RETROVIR – zidovudine syrup 10 mg/ml	3			•		
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)	1			•			REYATAZ – atazanavir sulfate oral powder packet 50 mg (base equiv)	2			•		
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)	1			•			REYATAZ – atazanavir sulfate cap 200 mg (base equiv)	3			•		
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1			•			REYATAZ – atazanavir sulfate cap 300 mg (base equiv)	3			•		
							ribavirin cap 200 mg	1					

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ribavirin tab 200 mg	1						SYMFI – efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	3			•		
RIMANTADINE HYDROCHLORIDE – rimantadine hydrochloride tab 100 mg	3						SYMFI LO – efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	3			•		
ritonavir tab 100 mg (Norvir)	1			•			SYMTUZA – darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2			•		
RUKOBIA – fostemsavir tromethamine tab er 12hr 600 mg	2			•			TAMIFLU – oseltamivir phosphate for susp 6 mg/ml (base equiv)	3			•		
SELZENTRY – maraviroc oral soln 20 mg/ml	2			•			TAMIFLU – oseltamivir phosphate cap 30 mg (base equiv)	3			•		
SELZENTRY – maraviroc tab 25 mg	2			•			TAMIFLU – oseltamivir phosphate cap 45 mg (base equiv)	3			•		
SELZENTRY – maraviroc tab 75 mg	2			•			TAMIFLU – oseltamivir phosphate cap 75 mg (base equiv)	3			•		
SELZENTRY – maraviroc tab 150 mg	3			•			tenofovir disoproxil fumarate tab 300 mg (Viread)	1			•		
SELZENTRY – maraviroc tab 300 mg	3			•			TIVICAY – dolutegravir sodium tab 10 mg (base equiv)	2			•		
SOFOSBUVIR/VELPATASVIR – sofosbuvir-velpatasvir tab 400-100 mg	2	X	•	•			TIVICAY – dolutegravir sodium tab 25 mg (base equiv)	2			•		
SOVALDI – sofosbuvir tab 200 mg	2	X	•	•			TIVICAY – dolutegravir sodium tab 50 mg (base equiv)	2			•		
SOVALDI – sofosbuvir tab 400 mg	2	X	•	•			TIVICAY PD – dolutegravir sodium tab for oral susp 5 mg (base equiv)	2			•		
SOVALDI – sofosbuvir pellet pack 150 mg	2	X	•	•			TRIUMEQ – abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2			•		
SOVALDI – sofosbuvir pellet pack 200 mg	2	X	•	•			TRIUMEQ PD – abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2			•		
STAVUDINE – stavudine cap 15 mg	2			•			TRIZIVIR – abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	3			•		
STAVUDINE – stavudine cap 20 mg	2			•			TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	3			•		
STAVUDINE – stavudine cap 30 mg	2			•									
STAVUDINE – stavudine cap 40 mg	2			•									
STRIBILD – elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	2			•									
SUSTIVA – efavirenz tab 600 mg	3			•									
SUSTIVA – efavirenz cap 50 mg	3			•									
SUSTIVA – efavirenz cap 200 mg	3			•									

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	3			•			XOFLUZA – baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	3			•		
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	3			•			XOFLUZA – baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	3			•		
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	3			•			ZIAGEN – abacavir sulfate tab 300 mg (base equiv)	3			•		
TYBOST – cobicistat tab 150 mg	2			•			ZIAGEN – abacavir sulfate soln 20 mg/ml (base equiv)	3			•		
valacyclovir hcl tab 500 mg (Valtrex)	1						zidovudine cap 100 mg (Retrovir)	1			•		
valacyclovir hcl tab 1 gm (Valtrex)	1						zidovudine syrup 10 mg/ml (Retrovir)	1			•		
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1						zidovudine tab 300 mg	1			•		
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1						ZOVIRAX – acyclovir susp 200 mg/5ml	3					
VEMLIDY – tenofovir alafenamide fumarate tab 25 mg	3						ANTIMALARIALS						
VIRACEPT – nelfinavir mesylate tab 250 mg	2			•			ARAKODA – tafenoquine succinate tab 100 mg (base equivalent)	3					
VIRACEPT – nelfinavir mesylate tab 625 mg	2			•			atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)	1					
VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm	2			•			atovaquone-proguanil hcl tab 250-100 mg (Malarone)	1					
VIREAD – tenofovir disoproxil fumarate tab 150 mg	2			•			CHLOROQUINE PHOSPHATE – chloroquine phosphate tab 500 mg	3					
VIREAD – tenofovir disoproxil fumarate tab 200 mg	2			•			chloroquine phosphate tab 250 mg	1					
VIREAD – tenofovir disoproxil fumarate tab 250 mg	2			•			COARTEM – artemether-lumefantrine tab 20-120 mg	2					
VIREAD – tenofovir disoproxil fumarate tab 300 mg	3			•			DARAPRIM – pyrimethamine tab 25 mg	3	X	•	•	•	
VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	2	X	•	•			hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1					
							KRINTAFEL – tafenoquine succinate tab 150 mg (base equivalent)	3					

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mefloquine hcl tab 250 mg	1					
PLAQUENIL – hydroxychloroquine sulfate tab 200 mg	3					
PRIMAQUINE PHOSPHATE – primaquine phosphate tab 26.3 mg (15 mg base)	3					
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1					
pyrimethamine tab 25 mg (Daraprim)	1	X	•	•		
QUALAQUIN – quinine sulfate cap 324 mg	3			•		
quinine sulfate cap 324 mg (Qualaquin)	1			•		
ANTHELMINTICS						
albendazole tab 200 mg	1		•	•		
BENZNIDAZOLE – benznidazole tab 12.5 mg	2					
BENZNIDAZOLE – benznidazole tab 100 mg	2					
BILTRICIDE – praziquantel tab 600 mg	3					
EGATEN – triclabendazole tab 250 mg	2	X	•			
EMVERM – mebendazole chew tab 100 mg	3		•	•		
ivermectin tab 3 mg (Stromectol)	1		•			
praziquantel tab 600 mg (Biltricide)	1					
STROMECTOL – ivermectin tab 3 mg	3		•			
ANTI-INFECTIVE AGENTS - MISC.						
AEMCOLO – rifamycin sodium tab delayed release 194 mg (base equiv)	3			•		
ALINIA – nitazoxanide tab 500 mg	3			•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
ALINIA – nitazoxanide for susp 100 mg/5ml	2			•		
atovaquone susp 750 mg/5ml (Mepron)	1					
BACTRIM – sulfamethoxazole-trimethoprim tab 400-80 mg	3					
BACTRIM DS – sulfamethoxazole-trimethoprim tab 800-160 mg	3					
CAYSTON – aztreonam lysine for inhal soln 75 mg (base equivalent)	2	X				•
CLEOCIN – clindamycin hcl cap 75 mg	3					
CLEOCIN – clindamycin hcl cap 150 mg	3					
CLEOCIN – clindamycin hcl cap 300 mg	3					
CLEOCIN PEDIATRIC GRANULE – clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	3					
clindamycin hcl cap 75 mg (Cleocin)	1					
clindamycin hcl cap 150 mg (Cleocin)	1					
clindamycin hcl cap 300 mg (Cleocin)	1					
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1					
colistimethate sod for inj 150 mg (colistin base activity) (Colymycin m)	1					
COLY-MYCIN M – colistimethate sod for inj 150 mg (colistin base activity)	3					
dapsone tab 25 mg	1					
dapsone tab 100 mg	1					

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FIRVANQ – vancomycin hcl for oral soln 25 mg/ml (base equivalent)	3						NEBUPENT – pentamidine isethionate for nebulization soln 300 mg	3					
FIRVANQ – vancomycin hcl for oral soln 50 mg/ml (base equivalent)	3			•			nitazoxanide tab 500 mg (Alinia)	1			•		
FLAGYL – metronidazole cap 375 mg	3						nitrofurantoin macrocrystalline cap 25 mg (Macrochantin)	1					
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	1						nitrofurantoin macrocrystalline cap 50 mg (Macrochantin)	1					
HIPREX – methenamine hippurate tab 1 gm	3						nitrofurantoin macrocrystalline cap 100 mg (Macrochantin)	1					
IMPAVIDO – miltefosine cap 50 mg	2	X	•				nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1					
LAMPIT – nifurtimox tab 30 mg	3			•			nitrofurantoin susp 25 mg/5ml	1					
LAMPIT – nifurtimox tab 120 mg	3			•			pentamidine isethionate for nebulization soln 300 mg (Nebupent)	1					
linezolid for susp 100 mg/5ml (Zyvox)	1						SIVEXTRO – tedizolid phosphate tab 200 mg	2		•	•		
linezolid tab 600 mg (Zyvox)	1						sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1					
MACROBID – nitrofurantoin monohydrate macrocrystalline cap 100 mg	3						sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1					
MACRODANTIN – nitrofurantoin macrocrystalline cap 25 mg	3						sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1					
MACRODANTIN – nitrofurantoin macrocrystalline cap 50 mg	3						tinidazole tab 250 mg	1					
MACRODANTIN – nitrofurantoin macrocrystalline cap 100 mg	3						tinidazole tab 500 mg	1					
MEPRON – atovaquone susp 750 mg/5ml	3						TRIMETHOPRIM – trimethoprim tab 100 mg	2					
methenamine hippurate tab 1 gm (Hiprex)	1						VANCOGIN – vancomycin hcl cap 125 mg (base equivalent)	3			•		
metronidazole cap 375 mg (Flagyl)	1						VANCOGIN – vancomycin hcl cap 250 mg (base equivalent)	3			•		
metronidazole tab 250 mg	1						vancomycin hcl cap 125 mg (base equivalent) (Vancocin)	1			•		
metronidazole tab 500 mg	1												
MONUROL – fosfomycin tromethamine powd pack 3 gm (base equivalent)	3												

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vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	1			•		
XENLETA – lefamulin acetate tab 600 mg	3			•		•
XIFAXAN – rifaximin tab 200 mg	3		•	•		
XIFAXAN – rifaximin tab 550 mg	2		•	•		
BIOLOGICALS						
VACCINES						
ACTHIB – haemophilus b polysaccharide conjugate vaccine for inj	3					
AFLURIA QUADRIVALENT 2022 – influenza virus vac split quadrivalent susp pref syr 0.5ml	3			•		
AFLURIA QUADRIVALENT 2022 – influenza virus vaccine split quadrivalent im inj	3			•		
BEXSERO – meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3					
COMIRNATY – covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	3			•		
ENGERIX-B – hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml	3					
ENGERIX-B – hepatitis b vaccine (recombinant) susp 20 mcg/ml	3					
FLUAD QUADRIVALENT 2022-2 – influenza vac type a&b surface ant adj quad pref syr 0.5 ml	3			•		
FLUARIX QUADRIVALENT 2022 – influenza virus vac split quadrivalent susp pref syr 0.5ml	3			•		
FLUBLOK QUADRIVALENT 2022 – influenza vac recomb ha quad pf soln pref syr 0.5 ml	3			•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
FLUCELVAX QUADRIVALENT 20 – influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	3			•		
FLUCELVAX QUADRIVALENT 20 – influenza vac tissue-cultured subunit quadrivalent im susp	3			•		
FLULAVAL QUADRIVALENT 202 – influenza virus vac split quadrivalent susp pref syr 0.5ml	3			•		
FLUMIST QUADRIVALENT – influenza virus vaccine live quadrivalent intranasal susp	3			•		
FLUZONE HIGH-DOSE PF 2022 – influenza vac split high-dose quad pf susp pref syr 0.7 ml	3			•		
FLUZONE QUADRIVALENT 2022 – influenza virus vac split quadrivalent susp pref syr 0.5ml	3			•		
FLUZONE QUADRIVALENT 2022 – influenza virus vaccine split quadrivalent im inj	3			•		
FLUZONE QUADRIVALENT 2022 – influenza virus vaccine split quadrivalent inj 0.5 ml	3			•		
GARDASIL 9 – human papillomavirus (hvp) 9-valent recomb vac susp pref syr	3					
GARDASIL 9 – human papillomavirus (hvp) 9-valent recomb vac im susp	3					
HAVRIX – hepatitis a vaccine inj susp 720 el unit/0.5ml	3					
HAVRIX – hepatitis a vaccine inj susp 1440 el unit/ml	3					
HEPLISAV-B – hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	3					

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HIBERIX – haemophilus b polysaccharide conjugate vac for inj 10 mcg	3						PFIZER-BIONTECH COVID-19 – covid-19 mrna bivalent vaccine-pfizer im susp 30 mcg/0.3ml	3					
IPOL INACTIVATED IPV – poliovirus vaccine, ipv injection	3						PFIZER-BIONTECH COVID-19 – covid-19 (sars-cov-2) mrna vacc-pfizer im susp 30 mcg/0.3ml	3			•		
JANSSEN COVID-19 VACCINE – covid-19 (sars-cov-2) ad26 vector vaccine-janssen im 0.5 ml	3			•			PFIZER-BIONTECH COVID-19 – covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	3			•		
M-M-R II – measles-mumps-rubella virus vaccines for inj soln	3						PFIZER-BIONTECH COVID-19 – covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.2ml	3			•		
MENACTRA – meningococcal (a, c, y, and w-135) diphth conjugate vaccine	3						PFIZER-BIONTECH COVID-19 – covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.2ml	3			•		
MENQUADFI – meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	3						PNEUMOVAX 23 – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	3			•		
MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac for inj	3						PNEUMOVAX 23/1 DOSE – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	3			•		
MODERNA COVID-19 VACCINE – covid-19 mrna vaccine 6mo-5y-moderna im susp 25 mcg/0.25ml	3			•			PREHEVBRIO – hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	3					
MODERNA COVID-19 VACCINE – covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml	3			•			PREVNAR 13 – pneumococcal 13-valent conjugate vaccine inj	3			•		
MODERNA COVID-19 VACCINE – covid-19 (sars-cov-2)mrna vacc-moderna im susp 100 mcg/0.5ml	3			•			PREVNAR 20 – pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	3			•		
MODERNA COVID-19 VACCINE/ – covid-19 mrna bivalent vaccine-moderna im susp 50 mcg/0.5ml	3						PRIORIX – measles-mumps-rubella virus vaccines for subcutaneous susp	3					
NOVAVAX COVID-19 VACCINE – covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml	3			•			PROQUAD – measles-mumps-rubella-varicella virus vaccines for susp	3					
PEDVAX HIB – haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3						RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	3					

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RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 10 mcg/ml	3					
RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 40 mcg/ml	3					
ROTARIX – rotavirus vaccine, live for oral susp	3					
ROTATEQ – rotavirus vaccine, live oral pentavalent soln	3					
SHINGRIX – zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	2			•		
SPIKEVAX COVID-19 VACCINE – covid-19 (sars-cov-2)mrna vacc-moderna im susp 100 mcg/0.5ml	3			•		
TRUMENBA – meningococcal group b vac (recomb) im susp prefilled syr	3					
TWINRIX – hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3					
VAQTA – hepatitis a vaccine inj susp 25 unit/0.5ml	3					
VAQTA – hepatitis a vaccine inj susp 50 unit/ml	3					
VARIVAX – varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	3					
VAXCHORA – cholera vaccine live attenuated for oral susp	3					
VAXNEUVANCE – pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	3			•		
VIVOTIF – typhoid vaccine cap delayed release	3					

TOXOIDS

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
ADACEL – tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3					
BOOSTRIX – tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	3					
BOOSTRIX – tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3					
DAPTACEL – diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3					
DIPHTHERIA/TETANUS TOXOID – diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	3					
INFANRIX – diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3					
KINRIX – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3					
PEDIARIX – diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3					
PENTACEL – diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3					
QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3					
QUADRACEL – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3					
TDVAX – tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3					
TENIVAC – tetanus-diphtheria toxoids (td) inj 5-2 lfu	3					
VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	3					
VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	3					

PASSIVE IMMUNIZING AGENTS

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GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 1 gm/10ml	2	X	•				GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 5 gm/50ml	2	X	•			
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	2	X	•				GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 10 gm/100ml	2	X	•			
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 5 gm/50ml	2	X	•				GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 20 gm/200ml	2	X	•			
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 10 gm/100ml	2	X	•				GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 40 gm/400ml	2	X	•			
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 20 gm/200ml	2	X	•				HIZENTRA – immune globulin (human) subcutaneous soln pref syr 1 gm/5ml	3	X	•			•
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 30 gm/300ml	2	X	•				HIZENTRA – immune globulin (human) subcutaneous soln pref syr 2 gm/10ml	3	X	•			•
GAMMAKED – immune globulin (human) iv or subcutaneous soln 1 gm/10ml	3	X	•				HIZENTRA – immune globulin (human) subcutaneous soln pref syr 4 gm/20ml	3	X	•			•
GAMMAKED – immune globulin (human) iv or subcutaneous soln 5 gm/50ml	2	X	•				HIZENTRA – immune globulin (human) subcutaneous inj 1 gm/5ml	3	X	•			•
GAMMAKED – immune globulin (human) iv or subcutaneous soln 10 gm/100ml	2	X	•				HIZENTRA – immune globulin (human) subcutaneous inj 2 gm/10ml	3	X	•			•
GAMMAKED – immune globulin (human) iv or subcutaneous soln 20 gm/200ml	2	X	•				HIZENTRA – immune globulin (human) subcutaneous inj 4 gm/20ml	3	X	•			•
GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 1 gm/10ml	2	X	•				HIZENTRA – immune globulin (human) subcutaneous inj 10 gm/50ml	3	X	•			•
GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	2	X	•				HYQVIA – immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	3	X	•			•

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HYQVIA – immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	3	X	•			•
HYQVIA – immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	3	X	•			•
HYQVIA – immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	3	X	•			•
HYQVIA – immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	3	X	•			•
BIOLOGICALS MISC						
GRASTEK – timothy grass pollen allergen ext sl tab 2800 bau	3		•	•		
ODACTRA – dust mite mixed ext sl tab 12 sq-hdm	3		•	•		
PALFORZIA INITIAL DOSE ES – peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg	3	X	•	•		•
PALFORZIA LEVEL 1 – peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	3	X	•	•		•
PALFORZIA LEVEL 10 – peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	3	X	•	•		•
PALFORZIA LEVEL 11 (MAINT – peanut allergen powder-dnfp maintenance packet 300 mg	3	X	•	•		•
PALFORZIA LEVEL 11 (TITRA – peanut allergen powder-dnfp titration packet 300 mg	3	X	•	•		•
PALFORZIA LEVEL 2 – peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	3	X	•	•		•
PALFORZIA LEVEL 3 – peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	3	X	•	•		•

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
PALFORZIA LEVEL 4 – peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	3	X	•	•		•
PALFORZIA LEVEL 5 – peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	3	X	•	•		•
PALFORZIA LEVEL 6 – peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	3	X	•	•		•
PALFORZIA LEVEL 7 – peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	3	X	•	•		•
PALFORZIA LEVEL 8 – peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	3	X	•	•		•
PALFORZIA LEVEL 9 – peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	3	X	•	•		•
RAGWITEK – short ragweed pollen allergen extract sl tab 12 amb a 1-u	3		•	•		
ANTINEOPLASTIC AGENTS						
ANTINEOPLASTICS						
abiraterone acetate tab 250 mg (Zytiga)	1	X	•	•		
abiraterone acetate tab 500 mg (Zytiga)	1	X	•	•		
ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	2	X	•			•
AFINITOR – everolimus tab 2.5 mg	3	X	•	•		•
AFINITOR – everolimus tab 5 mg	3	X	•	•		•
AFINITOR – everolimus tab 7.5 mg	3	X	•	•		•
AFINITOR – everolimus tab 10 mg	3	X	•	•		•
AFINITOR DISPERZ – everolimus tab for oral susp 2 mg	3	X	•	•		•

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AFINITOR DISPERZ – everolimus tab for oral susp 3 mg	3	X	•	•		•	CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent)	2	X	•	•		•
AFINITOR DISPERZ – everolimus tab for oral susp 5 mg	3	X	•	•		•	CABOMETYX – cabozantinib s-malate tab 40 mg (base equivalent)	2	X	•	•		•
ALECENSA – alectinib hcl cap 150 mg (base equivalent)	2	X	•	•		•	CABOMETYX – cabozantinib s-malate tab 60 mg (base equivalent)	2	X	•	•		•
ALKERAN – melphalan tab 2 mg	3						CALQUENCE – acalabrutinib cap 100 mg	2	X	•	•		•
ALUNBRIG – brigatinib tab initiation therapy pack 90 mg & 180 mg	2	X	•	•		•	CALQUENCE – acalabrutinib maleate tab 100 mg	2		•	•		
ALUNBRIG – brigatinib tab 30 mg	2	X	•	•		•	capecitabine tab 150 mg (Xeloda)	1	X	•	•		
ALUNBRIG – brigatinib tab 90 mg	2	X	•	•		•	capecitabine tab 500 mg (Xeloda)	1	X	•	•		
ALUNBRIG – brigatinib tab 180 mg	2	X	•	•		•	CAPRELSA – vandetanib tab 100 mg	2	X	•	•		•
anastrozole tab 1 mg (Arimidex)	1						CAPRELSA – vandetanib tab 300 mg	2	X	•	•		•
AYVAKIT – avapritinib tab 25 mg	2	X	•	•		•	COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	2	X	•	•		•
AYVAKIT – avapritinib tab 50 mg	2	X	•	•		•	COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	2	X	•	•		•
AYVAKIT – avapritinib tab 100 mg	2	X	•	•		•	COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	2	X	•	•		•
AYVAKIT – avapritinib tab 200 mg	2	X	•	•		•	COPIKTRA – duvelisib cap 15 mg	2	X	•	•		•
AYVAKIT – avapritinib tab 300 mg	2	X	•	•		•	COPIKTRA – duvelisib cap 25 mg	2	X	•	•		•
BALVERSA – erdafitinib tab 3 mg	2	X	•	•		•	COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent)	2	X	•	•		•
BALVERSA – erdafitinib tab 4 mg	2	X	•	•		•	CYCLOPHOSPHAMIDE – cyclophosphamide cap 25 mg	3					
BALVERSA – erdafitinib tab 5 mg	2	X	•	•		•	CYCLOPHOSPHAMIDE – cyclophosphamide cap 50 mg	3					
BESREMI – ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	2	X	•	•		•							
bexarotene cap 75 mg (Targretin)	1	X	•										
bicalutamide tab 50 mg (Casodex)	1												
BOSULIF – bosutinib tab 100 mg	2	X	•	•		•							
BOSULIF – bosutinib tab 400 mg	2	X	•	•		•							
BOSULIF – bosutinib tab 500 mg	2	X	•	•		•							
BRAFTOVI – encorafenib cap 75 mg	2	X	•	•		•							
BRUKINSA – zanubrutinib cap 80 mg	2	X	•	•		•							

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CYCLOPHOSPHAMIDE – cyclophosphamide tab 25 mg	2						exemestane tab 25 mg (Aromasin)	1					
CYCLOPHOSPHAMIDE – cyclophosphamide tab 50 mg	2						EXKIVITY – mobocertinib succinate cap 40 mg	2	X	•	•		•
cyclophosphamide cap 25 mg (Cyclophosphamide)	1						FARESTON – toremifene citrate tab 60 mg (base equivalent)	3					
cyclophosphamide cap 50 mg (Cyclophosphamide)	1						FLUTAMIDE – flutamide cap 125 mg	3					
DAURISMO – glasdegib maleate tab 25 mg (base equivalent)	2	X	•	•		•	FOTIVDA – tivozanib hcl cap 0.89 mg (base equivalent)	2	X	•	•		•
DAURISMO – glasdegib maleate tab 100 mg (base equivalent)	2	X	•	•		•	FOTIVDA – tivozanib hcl cap 1.34 mg (base equivalent)	2	X	•	•		•
EMCYT – estramustine phosphate sodium cap 140 mg	2						GAVRETO – pralsetinib cap 100 mg	2	X	•	•		•
ERIVEDGE – vismodegib cap 150 mg	2	X	•	•		•	GILOTRIF – afatinib dimaleate tab 20 mg (base equivalent)	2	X	•	•		•
ERLEADA – apalutamide tab 60 mg	2	X	•	•		•	GILOTRIF – afatinib dimaleate tab 30 mg (base equivalent)	2	X	•	•		•
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	1	X	•	•			GILOTRIF – afatinib dimaleate tab 40 mg (base equivalent)	2	X	•	•		•
erlotinib hcl tab 100 mg (base equivalent) (Tarceva)	1	X	•	•			GLEOSTINE – lomustine cap 10 mg	2	X				
erlotinib hcl tab 150 mg (base equivalent) (Tarceva)	1	X	•	•			GLEOSTINE – lomustine cap 40 mg	2	X				
ETOPOSIDE – etoposide cap 50 mg	2						GLEOSTINE – lomustine cap 100 mg	2	X				
EULEXIN – flutamide cap 125 mg	3					•	HYCAMTIN – topotecan hcl cap 0.25 mg (base equiv)	2	X	•			
everolimus tab for oral susp 2 mg (Afinitor disperz)	1	X	•	•			HYCAMTIN – topotecan hcl cap 1 mg (base equiv)	2	X	•			
everolimus tab for oral susp 3 mg (Afinitor disperz)	1	X	•	•			HYDREA – hydroxyurea cap 500 mg	3					
everolimus tab for oral susp 5 mg (Afinitor disperz)	1	X	•	•			hydroxyurea cap 500 mg (Hydrea)	1					
everolimus tab 2.5 mg (Afinitor)	1	X	•	•			IBRANCE – palbociclib cap 75 mg	2	X	•	•		•
everolimus tab 5 mg (Afinitor)	1	X	•	•			IBRANCE – palbociclib cap 100 mg	2	X	•	•		•
everolimus tab 7.5 mg (Afinitor)	1	X	•	•			IBRANCE – palbociclib cap 125 mg	2	X	•	•		•
everolimus tab 10 mg (Afinitor)	1	X	•	•			IBRANCE – palbociclib tab 75 mg	2	X	•	•		•
							IBRANCE – palbociclib tab 100 mg	2	X	•	•		•
							IBRANCE – palbociclib tab 125 mg	2	X	•	•		•

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ICLUSIG – ponatinib hcl tab 10 mg (base equiv)	2	X	•	•		•	JAKAFI – ruxolitinib phosphate tab 10 mg (base equivalent)	2	X	•	•		•
ICLUSIG – ponatinib hcl tab 15 mg (base equiv)	2	X	•	•		•	JAKAFI – ruxolitinib phosphate tab 15 mg (base equivalent)	2	X	•	•		•
ICLUSIG – ponatinib hcl tab 30 mg (base equiv)	2	X	•	•		•	JAKAFI – ruxolitinib phosphate tab 20 mg (base equivalent)	2	X	•	•		•
ICLUSIG – ponatinib hcl tab 45 mg (base equiv)	2	X	•	•		•	JAKAFI – ruxolitinib phosphate tab 25 mg (base equivalent)	2	X	•	•		•
IDHIFA – enasidenib mesylate tab 50 mg (base equivalent)	2	X	•	•		•	KISQALI – ribociclib succinate tab pack 200 mg daily dose	2	X	•	•		
IDHIFA – enasidenib mesylate tab 100 mg (base equivalent)	2	X	•	•		•	KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	2	X	•	•		
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	1	X	•	•			KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	2	X	•	•		
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	1	X	•	•			KISQALI FEMARA 200 DOSE – ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	X	•	•		
IMBRUVICA – ibrutinib cap 70 mg	2	X	•	•		•	KISQALI FEMARA 400 DOSE – ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	X	•	•		
IMBRUVICA – ibrutinib cap 140 mg	2	X	•	•		•	KISQALI FEMARA 600 DOSE – ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	X	•	•		
IMBRUVICA – ibrutinib tab 140 mg	2	X	•	•		•							
IMBRUVICA – ibrutinib tab 280 mg	2	X	•	•		•							
IMBRUVICA – ibrutinib tab 420 mg	2	X	•	•		•							
IMBRUVICA – ibrutinib tab 560 mg	2	X	•	•		•							
INLYTA – axitinib tab 1 mg	2	X	•	•		•	KOSELUGO – selumetinib sulfate cap 10 mg	2	X	•	•		•
INLYTA – axitinib tab 5 mg	2	X	•	•		•	KOSELUGO – selumetinib sulfate cap 25 mg	2	X	•	•		•
INQOVI – decitabine-cedazuridine tab 35-100 mg	2	X	•	•		•	lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	1	X	•	•		
INREBIC – fedratinib hcl cap 100 mg	2	X	•	•		•	LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose)	2	X	•	•		•
INTRON A – interferon alfa-2b for inj 10000000 unit	2	X	•				LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	2	X	•	•		•
INTRON A – interferon alfa-2b for inj 50000000 unit	2	X	•										
IRESSA – gefitinib tab 250 mg	2	X	•	•		•							
JAKAFI – ruxolitinib phosphate tab 5 mg (base equivalent)	2	X	•	•		•							

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LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	2	X	•	•		•	LYSODREN – mitotane tab 500 mg	2	X				•
LENVIMA 18 MG DAILY DOSE – lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	2	X	•	•		•	MATULANE – procarbazine hcl cap 50 mg	2	X				•
LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	2	X	•	•		•	megestrol acetate susp 40 mg/ml	1					
LENVIMA 24 MG DAILY DOSE – lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	2	X	•	•		•	megestrol acetate tab 20 mg	1					
LENVIMA 4 MG DAILY DOSE – lenvatinib cap therapy pack 4 mg (4 mg daily dose)	2	X	•	•		•	megestrol acetate tab 40 mg	1					
LENVIMA 8 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	2	X	•	•		•	MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	2	X	•	•		
letrozole tab 2.5 mg (Femara)	1						MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	2	X	•	•		
leucovorin calcium tab 5 mg	1						MEKTOVI – binimetinib tab 15 mg	2	X	•	•		•
leucovorin calcium tab 10 mg	1						melphalan tab 2 mg (Alkeran)	1					
leucovorin calcium tab 15 mg	1						mercaptapurine tab 50 mg	1					
leucovorin calcium tab 25 mg	1						MESNEX – mesna tab 400 mg	2					
LEUKERAN – chlorambucil tab 2 mg	2						METHOTREXATE SODIUM – methotrexate sodium inj 250 mg/10ml (25 mg/ml)	3					
leuprolide acetate inj kit 5 mg/ml	1	X	•	•			methotrexate sodium for inj 1 gm	1					
LONSURF – trifluridine-tipiracil tab 15-6.14 mg	2	X	•	•		•	methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1					
LONSURF – trifluridine-tipiracil tab 20-8.19 mg	2	X	•	•		•	methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1					
LORBRENA – lorlatinib tab 25 mg	2	X	•	•		•	methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1					
LORBRENA – lorlatinib tab 100 mg	2	X	•	•		•	methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1					
LUMAKRAS – sotorasib tab 120 mg	2	X	•	•		•	methotrexate sodium tab 2.5 mg (base equiv)	1					
LYNPARZA – olaparib tab 100 mg	2	X	•	•		•	MYLERAN – busulfan tab 2 mg	2					
LYNPARZA – olaparib tab 150 mg	2	X	•	•		•	NERLYNX – neratinib maleate tab 40 mg (base equivalent)	2	X	•	•		•
							NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent)	3	X	•	•		•

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NILANDRON – nilutamide tab 150 mg	3						POMALYST – pomalidomide cap 4 mg	2	X	•	•		•
nilutamide tab 150 mg (Nilandron)	1						PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml)	2	X				•
NINLARO – ixazomib citrate cap 2.3 mg (base equivalent)	2	X	•	•		•	QINLOCK – ripretinib tab 50 mg	2	X	•	•		•
NINLARO – ixazomib citrate cap 3 mg (base equivalent)	2	X	•	•		•	RETEVMO – selpercatinib cap 40 mg	2	X	•	•		•
NINLARO – ixazomib citrate cap 4 mg (base equivalent)	2	X	•	•		•	RETEVMO – selpercatinib cap 80 mg	2	X	•	•		•
NUBEQA – darolutamide tab 300 mg	2	X	•	•			ROZLYTREK – entrectinib cap 100 mg	2	X	•	•		•
ODOMZO – sonidegib phosphate cap 200 mg (base equivalent)	2	X	•	•		•	ROZLYTREK – entrectinib cap 200 mg	2	X	•	•		•
ONUREG – azacitidine tab 200 mg	2	X	•	•			RUBRACA – rucaparib camsylate tab 200 mg (base equivalent)	2	X	•	•		•
ONUREG – azacitidine tab 300 mg	2	X	•	•			RUBRACA – rucaparib camsylate tab 250 mg (base equivalent)	2	X	•	•		•
ORGOVYX – relugolix tab 120 mg	2	X	•	•		•	RUBRACA – rucaparib camsylate tab 300 mg (base equivalent)	2	X	•	•		•
PEMAZYRE – pemigatinib tab 4.5 mg	2	X	•	•		•	RYDAPT – midostaurin cap 25 mg	2	X	•	•		•
PEMAZYRE – pemigatinib tab 9 mg	2	X	•	•		•	SCSEMBLIX – asciminib hcl tab 20 mg	2	X	•	•		•
PEMAZYRE – pemigatinib tab 13.5 mg	2	X	•	•		•	SCSEMBLIX – asciminib hcl tab 40 mg	2	X	•	•		•
PIQRAY 200MG DAILY DOSE – alpelisib tab therapy pack 200 mg daily dose	2	X	•	•			SOLTAMOX – tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	3					
PIQRAY 250MG DAILY DOSE – alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	X	•	•			sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	1	X	•	•		
PIQRAY 300MG DAILY DOSE – alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	X	•	•			SPRYCEL – dasatinib tab 20 mg	2	X	•	•		
POMALYST – pomalidomide cap 1 mg	2	X	•	•		•	SPRYCEL – dasatinib tab 50 mg	2	X	•	•		
POMALYST – pomalidomide cap 2 mg	2	X	•	•		•	SPRYCEL – dasatinib tab 70 mg	2	X	•	•		
POMALYST – pomalidomide cap 3 mg	2	X	•	•		•	SPRYCEL – dasatinib tab 80 mg	2	X	•	•		
							SPRYCEL – dasatinib tab 100 mg	2	X	•	•		
							SPRYCEL – dasatinib tab 140 mg	2	X	•	•		
							STIVARGA – regorafenib tab 40 mg	2	X	•	•		•

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sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	1	X	•	•			TALZENNA – talazoparib tosylate cap 0.75 mg (base equivalent)	2	X	•	•		•
sunitinib malate cap 25 mg (base equivalent) (Sutent)	1	X	•	•			TALZENNA – talazoparib tosylate cap 1 mg (base equivalent)	2	X	•	•		•
sunitinib malate cap 37.5 mg (base equivalent) (Sutent)	1	X	•	•			tamoxifen citrate tab 10 mg (base equivalent)	1					
sunitinib malate cap 50 mg (base equivalent) (Sutent)	1	X	•	•			tamoxifen citrate tab 20 mg (base equivalent)	1					
SUTENT – sunitinib malate cap 12.5 mg (base equivalent)	3	X	•	•		•	TARCEVA – erlotinib hcl tab 25 mg (base equivalent)	3	X	•	•		•
SUTENT – sunitinib malate cap 25 mg (base equivalent)	3	X	•	•		•	TARCEVA – erlotinib hcl tab 100 mg (base equivalent)	3	X	•	•		•
SUTENT – sunitinib malate cap 37.5 mg (base equivalent)	3	X	•	•		•	TARCEVA – erlotinib hcl tab 150 mg (base equivalent)	3	X	•	•		•
SUTENT – sunitinib malate cap 50 mg (base equivalent)	3	X	•	•		•	TARGRETIN – bexarotene cap 75 mg	3	X	•			
SYNRIBO – omacetaxine mepesuccinate for inj 3.5 mg	3	X	•			•	TASIGNA – nilotinib hcl cap 50 mg (base equivalent)	2	X	•	•		
TABLOID – thioguanine tab 40 mg	2						TASIGNA – nilotinib hcl cap 150 mg (base equivalent)	2	X	•	•		
TABRECTA – capmatinib hcl tab 150 mg	2	X	•	•			TASIGNA – nilotinib hcl cap 200 mg (base equivalent)	2	X	•	•		
TABRECTA – capmatinib hcl tab 200 mg	2	X	•	•			TAZVERIK – tazemetostat hbr tab 200 mg	2	X	•	•		•
TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent)	2	X	•	•			TEMODAR – temozolomide cap 250 mg	3	X	•			
TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent)	2	X	•	•			temozolomide cap 5 mg	1	X	•			
TAGRISSE – osimertinib mesylate tab 40 mg (base equivalent)	2	X	•	•		•	temozolomide cap 20 mg	1	X	•			
TAGRISSE – osimertinib mesylate tab 80 mg (base equivalent)	2	X	•	•		•	temozolomide cap 100 mg	1	X	•			
TALZENNA – talazoparib tosylate cap 0.25 mg (base equivalent)	2	X	•	•		•	temozolomide cap 140 mg	1	X	•			
TALZENNA – talazoparib tosylate cap 0.5 mg (base equivalent)	2	X	•	•		•	temozolomide cap 180 mg	1	X	•			
							temozolomide cap 250 mg (Temodar)	1	X	•			
							TEPMETKO – tepotinib hcl tab 225 mg	2	X	•	•		•

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TIBSOVO – ivosidenib tab 250 mg	2	X	•	•		•	VERZENIO – abemaciclib tab 200 mg	2	X	•	•		•
toremifene citrate tab 60 mg (base equivalent) (Fareston)	1						VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	2	X	•	•		•
tretinoin cap 10 mg	1	X	•				VITRAKVI – larotrectinib sulfate cap 25 mg (base equivalent)	2	X	•	•		•
TRUSELTIQ – infigratinib phos cap ther pack 2 x 25 mg (50 mg daily dose)	2	X	•	•		•	VITRAKVI – larotrectinib sulfate cap 100 mg (base equivalent)	2	X	•	•		•
TRUSELTIQ – infigratinib phos cap ther pack 3 x 25 mg (75 mg daily dose)	2	X	•	•		•	VIZIMPRO – dacomitinib tab 15 mg	2	X	•	•		•
TRUSELTIQ – infigratinib phos cap ther pack 100 mg (100 mg daily dose)	2	X	•	•		•	VIZIMPRO – dacomitinib tab 30 mg	2	X	•	•		•
TRUSELTIQ – infigratinib phos cap pack 100 & 25 mg (125 mg daily dose)	2	X	•	•		•	VIZIMPRO – dacomitinib tab 45 mg	2	X	•	•		•
TUKYSA – tucatinib tab 50 mg	2	X	•	•		•	VONJO – pacritinib citrate cap 100 mg	2	X	•	•		•
TUKYSA – tucatinib tab 150 mg	2	X	•	•		•	VOTRIENT – pazopanib hcl tab 200 mg (base equiv)	2	X	•	•		•
TURALIO – pexidartinib hcl cap 200 mg (base equivalent)	2	X	•	•		•	WELIREG – belzutifan tab 40 mg	2	X	•	•		•
TYKERB – lapatinib ditosylate tab 250 mg (base equiv)	3	X	•	•		•	XALKORI – crizotinib cap 200 mg	2	X	•	•		•
VENCLEXTA – venetoclax tab 10 mg	2	X	•	•		•	XALKORI – crizotinib cap 250 mg	2	X	•	•		•
VENCLEXTA – venetoclax tab 50 mg	2	X	•	•		•	XOSPATA – gilteritinib fumarate tablet 40 mg (base equivalent)	2	X	•	•		•
VENCLEXTA – venetoclax tab 100 mg	2	X	•	•		•	XPOVIO – selinexor tab therapy pack 40 mg (40 mg once weekly)	2	X	•	•		•
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg	2	X	•	•		•	XPOVIO – selinexor tab therapy pack 40 mg (40 mg twice weekly)	2	X	•	•		•
VERZENIO – abemaciclib tab 50 mg	2	X	•	•		•	XPOVIO – selinexor tab therapy pack 40 mg (80 mg once weekly)	2	X	•	•		•
VERZENIO – abemaciclib tab 100 mg	2	X	•	•		•	XPOVIO – selinexor tab therapy pack 50 mg (100 mg once weekly)	2	X	•	•		•
VERZENIO – abemaciclib tab 150 mg	2	X	•	•		•	XPOVIO – selinexor tab therapy pack 60 mg (60 mg once weekly)	2	X	•	•		•
							XPOVIO 60 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (60 mg twice weekly)	2	X	•	•		•
							XPOVIO 80 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (80 mg twice weekly)	2	X	•	•		•

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XTANDI – enzalutamide cap 40 mg	2	X	•	•		•
XTANDI – enzalutamide tab 40 mg	2	X	•	•		•
XTANDI – enzalutamide tab 80 mg	2	X	•	•		•
YONSA – abiraterone acetate tab 125 mg	2	X	•	•		•
ZEJULA – niraparib tosylate cap 100 mg (base equivalent)	2	X	•	•		•
ZELBORAF – vemurafenib tab 240 mg	2	X	•	•		•
ZOLINZA – vorinostat cap 100 mg	2	X	•	•		•
ZYDELIG – idelalisib tab 100 mg	2	X	•	•		•
ZYDELIG – idelalisib tab 150 mg	2	X	•	•		•
ZYKADIA – ceritinib tab 150 mg	2	X	•	•		•

ENDOCRINE AND METABOLIC DRUGS

CORTICOSTEROIDS

budesonide delayed release particles cap 3 mg	1					
budesonide tab er 24hr 9 mg (Uceris)	1					
DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml	2					
DEXAMETHASONE – dexamethasone tab 0.5 mg	2					
DEXAMETHASONE – dexamethasone tab 0.75 mg	2					
DEXAMETHASONE – dexamethasone tab 1 mg	2					
DEXAMETHASONE – dexamethasone tab 2 mg	2					
dexamethasone elixir 0.5 mg/5ml	1					
DEXAMETHASONE INTENSOL – dexamethasone conc 1 mg/ml	3					
dexamethasone tab 1.5 mg	1					
dexamethasone tab 4 mg	1					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
dexamethasone tab 6 mg	1					
EMFLAZA – deflazacort susp 22.75 mg/ml	3	X	•			•
EMFLAZA – deflazacort tab 6 mg	3	X	•	•		•
EMFLAZA – deflazacort tab 18 mg	3	X	•	•		•
EMFLAZA – deflazacort tab 30 mg	3	X	•			•
EMFLAZA – deflazacort tab 36 mg	3	X	•			•
fludrocortisone acetate tab 0.1 mg	1					
hydrocortisone tab 5 mg (Cortef)	1					
hydrocortisone tab 10 mg (Cortef)	1					
hydrocortisone tab 20 mg (Cortef)	1					
MEDROL – methylprednisolone tab 2 mg	3					
MEDROL – methylprednisolone tab 4 mg	3					
MEDROL – methylprednisolone tab 8 mg	3					
MEDROL – methylprednisolone tab 16 mg	3					
MEDROL – methylprednisolone tab 32 mg	3					
MEDROL DOSEPAK – methylprednisolone tab therapy pack 4 mg (21)	3					
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1					
methylprednisolone tab 4 mg (Medrol)	1					
methylprednisolone tab 8 mg (Medrol)	1					
methylprednisolone tab 16 mg (Medrol)	1					
methylprednisolone tab 32 mg (Medrol)	1					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
PEDIAPRED – prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	3					
PREDNISOLONE – prednisolone syrup 15 mg/5ml (usp solution equivalent)	3					
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	1					
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1					
PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	3					
PREDNISOLONE SODIUM PHOSP – prednisolone sod phos orally disintegr tab 10 mg (base eq)	3					
PREDNISOLONE SODIUM PHOSP – prednisolone sod phos orally disintegr tab 15 mg (base eq)	3					
PREDNISOLONE SODIUM PHOSP – prednisolone sod phos orally disintegr tab 30 mg (base eq)	3					
PREDNISON – prednisone oral soln 5 mg/5ml	2					
PREDNISON INTENSOL – prednisone conc 5 mg/ml	3					
prednisone tab therapy pack 5 mg (21)	1					
prednisone tab therapy pack 5 mg (48)	1					
prednisone tab therapy pack 10 mg (21)	1					
prednisone tab therapy pack 10 mg (48)	1					
prednisone tab 1 mg	1					
prednisone tab 2.5 mg	1					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
prednisone tab 5 mg	1					
prednisone tab 10 mg	1					
prednisone tab 20 mg	1					
prednisone tab 50 mg	1					
TARPEYO – budesonide delayed release cap 4 mg	3	X	•	•	•	
ANDROGEN-ANABOLIC						
danazol cap 50 mg	1		•			
danazol cap 100 mg	1		•			
danazol cap 200 mg	1		•			
DEPO-TESTOSTERONE – testosterone cypionate im inj in oil 100 mg/ml	3			•		
DEPO-TESTOSTERONE – testosterone cypionate im inj in oil 200 mg/ml	3			•		
METHITEST – methyltestosterone oral tab 10 mg	3		•	•		
methyltestosterone cap 10 mg	1		•	•		
oxandrolone tab 2.5 mg	1		•			
oxandrolone tab 10 mg	1		•			
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	1			•		
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	1			•		
TESTOSTERONE ENANTHATE – testosterone enanthate im inj in oil 200 mg/ml	3			•		
testosterone td gel 25 mg/2.5gm (1%) (Androgel)	1		•	•		
testosterone td gel 50 mg/5gm (1%) (Androgel)	1		•	•		

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testosterone td gel 12.5 mg/act (1%)	1		•	•			DUAVEE – conjugated estrogens-bazedoxifene tab 0.45-20 mg	2					
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	1		•	•			ELESTRIN – estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	3			•		
testosterone td gel 10mg/act (2%) (Fortesta)	1		•	•			ESTRACE – estradiol tab 0.5 mg	3					
testosterone td soln 30 mg/act	1		•	•			ESTRACE – estradiol tab 1 mg	3					
ESTROGENS							ESTRACE – estradiol tab 2 mg	3					
ALORA – estradiol td patch twice weekly 0.025 mg/24hr	3			•			estradiol & norethindrone acetate tab 0.5-0.1 mg	1					
ALORA – estradiol td patch twice weekly 0.075 mg/24hr	3			•			estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1					
ANGELIQ – drospirenone-estradiol tab 0.25-0.5 mg	3						estradiol tab 0.5 mg (Estrace)	1					
ANGELIQ – drospirenone-estradiol tab 0.5-1 mg	3						estradiol tab 1 mg (Estrace)	1					
BIJUVA – estradiol-progesterone cap 1-100 mg	3						estradiol tab 2 mg (Estrace)	1					
CLIMARA PRO – estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2			•			estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)	1			•		
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day	3						estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)	1			•		
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day	3						estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)	1			•		
DIVIGEL – estradiol td gel 0.25 mg/0.25gm (0.1%)	2			•			estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)	1			•		
DIVIGEL – estradiol td gel 0.5 mg/0.5gm (0.1%)	2			•			estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)	1			•		
DIVIGEL – estradiol td gel 0.75 mg/0.75gm (0.1%)	2			•			estradiol td patch weekly 0.025 mg/24hr (Climara)	1			•		
DIVIGEL – estradiol td gel 1 mg/gm (0.1%)	2			•			estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)	1			•		
DIVIGEL – estradiol td gel 1.25 mg/1.25gm (0.1%)	2			•			estradiol td patch weekly 0.05 mg/24hr (Climara)	1			•		
							estradiol td patch weekly 0.06 mg/24hr (Climara)	1			•		
							estradiol td patch weekly 0.075 mg/24hr (Climara)	1			•		

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estradiol td patch weekly 0.1 mg/24hr (Climara)	1			•			PREMARIN – estrogens, conjugated tab 1.25 mg	2					
ESTROGEL – estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	2			•			PREMPHASE – conj est 0.625(14)/ conj est-medroxypro ac tab 0.625-5mg(14)	2					
EVAMIST – estradiol transdermal spray 1.53 mg/spray	3			•			PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg	2					
MENEST – esterified estrogens tab 0.3 mg	2						PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.45-1.5 mg	2					
MENEST – esterified estrogens tab 0.625 mg	2						PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.625-2.5 mg	2					
MENEST – esterified estrogens tab 1.25 mg	2						PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.625-5 mg	2					
MENOSTAR – estradiol td patch weekly 14 mcg/24hr	3			•			CONTRACEPTIVES						
MYFEMBREE – relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	2		•	•			BEYAZ – drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	3					
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1						desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1					
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1						desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1					
ORIAHNN – elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack	2		•	•			drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1					
PREFEST – estradiol tab 1 mg(15)/estradiol-norgestimate tab 1-0.09mg(15)	3						drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	1					
PREMARIN – estrogens, conjugated tab 0.3 mg	2						drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1					
PREMARIN – estrogens, conjugated tab 0.45 mg	2						drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1					
PREMARIN – estrogens, conjugated tab 0.625 mg	2						ELLA – ulipristal acetate tab 30 mg	2					
PREMARIN – estrogens, conjugated tab 0.9 mg	2												

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ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1						medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1					
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1						NATAZIA – estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	3					
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring)	1		•				norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1					
GENERESS FE – norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	3						norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	1					
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Quartette)	1						norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	1					
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1						norethindrone & ethinyl estradiol tab 1 mg-35 mcg	1					
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1						norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1					
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1						norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1					
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1						norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1					
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1						norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1					
levonorgestrel tab 1.5 mg	1						norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1					
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1						norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1					
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1						norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	1					
LO LOESTRIN FE – norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	3						norethindrone tab 0.35 mg	1					
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1						norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	1					
							norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	1					
							norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1					

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norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1						medroxyprogesterone acetate tab 10 mg (Provera)	1					
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1						megestrol acetate susp 625 mg/5ml	1					
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1						norethindrone acetate tab 5 mg (Aygestin)	1					
NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	2						progesterone cap 100 mg (Prometrium)	1					
PLAN B ONE-STEP – levonorgestrel tab 1.5 mg	3						progesterone cap 200 mg (Prometrium)	1					
SAFYRAL – drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	3						PROVERA – medroxyprogesterone acetate tab 2.5 mg	3					
SEASONIQUE – levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	3						PROVERA – medroxyprogesterone acetate tab 5 mg	3					
SLYND – drospirenone tab 4 mg	3						PROVERA – medroxyprogesterone acetate tab 10 mg	3					
TYBLUME – levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3						ANTIDIABETICS						
VELIVET – desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025m mg	3						Antidiabetics						
YASMIN 28 – drospirenone-ethinyl estradiol tab 3-0.03 mg	3						acarbose tab 25 mg (Precose)	1					
YAZ – drospirenone-ethinyl estradiol tab 3-0.02 mg	3						acarbose tab 50 mg (Precose)	1					
PROGESTINS							acarbose tab 100 mg (Precose)	1					
AYGESTIN – norethindrone acetate tab 5 mg	3						BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose	2					
medroxyprogesterone acetate tab 2.5 mg (Provera)	1						BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose	2					
medroxyprogesterone acetate tab 5 mg (Provera)	1						BYDUREON BCISE – exenatide extended release susp auto-injector 2 mg/0.85ml	3			•	•	
							CYCLOSET – bromocriptine mesylate tab 0.8 mg (base equivalent)	3					
							diazoxide susp 50 mg/ml (Proglycem)	1					
							FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent)	2			•	•	

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FARXIGA – dapagliflozin propanediol tab 10 mg (base equivalent)	2			•	•	
glimepiride tab 1 mg (Amaryl)	1					
glimepiride tab 2 mg (Amaryl)	1					
glimepiride tab 4 mg (Amaryl)	1					
glipizide tab er 24hr 2.5 mg (Glucotrol xl)	1					
glipizide tab er 24hr 5 mg (Glucotrol xl)	1					
glipizide tab er 24hr 10 mg (Glucotrol xl)	1					
glipizide tab 5 mg	1					
glipizide tab 10 mg	1					
glipizide-metformin hcl tab 2.5-250 mg	1					
glipizide-metformin hcl tab 2.5-500 mg	1					
glipizide-metformin hcl tab 5-500 mg	1					
GLUCAGEN HYPOKIT – glucagon hcl (rdna) for inj 1 mg (base equiv)	3					
glucagon (rdna) for inj kit 1 mg (Glucagon emergency k)	1					
GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg	3					
GLUCAGON EMERGENCY KIT FO – glucagon hcl for inj 1 mg	2					
glyburide micronized tab 1.5 mg (Glynase)	1					
glyburide micronized tab 3 mg (Glynase)	1					
glyburide micronized tab 6 mg (Glynase)	1					
glyburide tab 1.25 mg	1					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
glyburide tab 2.5 mg	1					
glyburide tab 5 mg	1					
glyburide-metformin tab 1.25-250 mg	1					
glyburide-metformin tab 2.5-500 mg	1					
glyburide-metformin tab 5-500 mg	1					
GLYNASE – glyburide micronized tab 1.5 mg	3					
GLYNASE – glyburide micronized tab 3 mg	3					
GLYNASE – glyburide micronized tab 6 mg	3					
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg	2			•	•	
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg	2			•	•	
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	2					
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml	2					
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	2					
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml	2					
GVOKE KIT – glucagon subcutaneous soln 1 mg/0.2ml	2					
GVOKE PFS – glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml	2					
GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2					

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JANUMET – sitagliptin-metformin hcl tab 50-500 mg	2			•	•		OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)	2			•	•	
JANUMET – sitagliptin-metformin hcl tab 50-1000 mg	2			•	•		OZEMPIC – semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	2			•	•	
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg	2			•	•		OZEMPIC – semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	2			•	•	
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg	2			•	•		pioglitazone hcl tab 15 mg (base equiv) (Actos)	1					
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 100-1000 mg	2			•	•		pioglitazone hcl tab 30 mg (base equiv) (Actos)	1					
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)	2			•	•		pioglitazone hcl tab 45 mg (base equiv) (Actos)	1					
JANUVIA – sitagliptin phosphate tab 50 mg (base equiv)	2			•	•		pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)	1					
JANUVIA – sitagliptin phosphate tab 100 mg (base equiv)	2			•	•		pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	1					
JARDIANCE – empagliflozin tab 10 mg	2			•	•		PRECOSE – acarbose tab 25 mg	3					
JARDIANCE – empagliflozin tab 25 mg	2			•	•		PRECOSE – acarbose tab 50 mg	3					
KORLYM – mifepristone tab 300 mg	3	X	•	•	•		PRECOSE – acarbose tab 100 mg	3					
metformin hcl tab er 24hr 500 mg	1						PROGLYCEM – diazoxide susp 50 mg/ml	3					
metformin hcl tab er 24hr 750 mg	1						repaglinide tab 0.5 mg	1					
metformin hcl tab 500 mg	1						repaglinide tab 1 mg	1					
metformin hcl tab 850 mg	1						repaglinide tab 2 mg	1					
metformin hcl tab 1000 mg	1						RYBELSUS – semaglutide tab 3 mg	2			•	•	
migliitol tab 25 mg	1						RYBELSUS – semaglutide tab 7 mg	2			•	•	
migliitol tab 50 mg	1						RYBELSUS – semaglutide tab 14 mg	2			•	•	
migliitol tab 100 mg	1						SOLQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2			•	•	
nateglinide tab 60 mg	1						SYMLINPEN 120 – pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	2					
nateglinide tab 120 mg	1												

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SYMLINPEN 60 – pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	2						TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml	2			•	•	
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg	2			•	•		TRULICITY – dulaglutide soln pen-injector 3 mg/0.5ml	2			•	•	
SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg	2			•	•		TRULICITY – dulaglutide soln pen-injector 4.5 mg/0.5ml	2			•	•	
SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg	2			•	•		VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	2			•	•	
SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg	2			•	•		XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg	2			•	•	
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg	2			•	•		XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-500 mg	2			•	•	
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg	2			•	•		XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	2			•	•	
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	2			•	•		XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-500 mg	2			•	•	
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2			•	•		XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	2			•	•	
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2			•	•		XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2			•	•	
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg	2			•	•		ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	2					
TRIJARDY XR – empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	2			•	•		ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	2					
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg	2			•	•		Rapid-Acting Insulins						
TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml	2			•	•		FIASP – insulin aspart (with niacinamide) inj 100 unit/ml	2					
							FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2					

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FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2						AFREZZA – insulin regular (human) inh powd 60x4 & 60x8 & 60x12 ut/ cart	3		•	•		
INSULIN ASPART – insulin aspart inj soln 100 unit/ml	2						HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml	2					
INSULIN ASPART FLEXPEN – insulin aspart soln pen-injector 100 unit/ml	2						HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml	2					
INSULIN ASPART PENFILL – insulin aspart soln cartridge 100 unit/ml	2						NOVOLIN R – insulin regular (human) inj 100 unit/ml	2					
NOVOLOG – insulin aspart inj soln 100 unit/ml	2						NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml	2					
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml	2						NOVOLIN R FLEXPEN RELION – insulin regular (human) soln pen-injector 100 unit/ml	2					
NOVOLOG FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/ml	2						NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml	2					
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml	2						RELION R – insulin regular (human) inj 100 unit/ml	2					
NOVOLOG RELION – insulin aspart inj soln 100 unit/ml	2						Intermediate-Acting Insulins						
Short-Acting Insulins							INSULIN ASPART PROTAMINE/ – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2					
AFREZZA – insulin regular (human) inhalation powder 4 unit/cartridge	3		•	•			INSULIN ASPART PROTAMINE/ – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2					
AFREZZA – insulin regular (human) inhalation powder 8 unit/cartridge	3		•	•			NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml	2					
AFREZZA – insulin regular (human) inhalation powder 12 unit/cartridge	3		•	•			NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2					
AFREZZA – insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit	3		•	•			NOVOLIN N FLEXPEN RELION – insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2					
AFREZZA – insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit	3		•	•			NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml	2					

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NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)	2						LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml	2					
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2						TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2					
NOVOLIN 70/30 FLEXPEN REL – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2						TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2					
NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30)	2						TRESIBA – insulin degludec inj 100 unit/ml	2					
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2						TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml	2					
NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2						TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml	2					
NOVOLOG MIX 70/30 RELION – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2						THYROID AGENTS						
Basal Insulins							ARMOUR THYROID – thyroid tab 15 mg (1/4 grain)	3					
BASAGLAR KWIKPEN – insulin glargine soln pen-injector 100 unit/ml	3						ARMOUR THYROID – thyroid tab 30 mg (1/2 grain)	3					
INSULIN GLARGINE – insulin glargine inj 100 unit/ml	2						ARMOUR THYROID – thyroid tab 60 mg (1 grain)	3					
INSULIN GLARGINE SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	2						ARMOUR THYROID – thyroid tab 90 mg (1 1/2 grain)	3					
LANTUS – insulin glargine inj 100 unit/ml	2						ARMOUR THYROID – thyroid tab 120 mg (2 grain)	3					
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	2						ARMOUR THYROID – thyroid tab 180 mg (3 grain)	3					
LEVEMIR – insulin detemir inj 100 unit/ml	2						ARMOUR THYROID – thyroid tab 240 mg (4 grain)	3					
							ARMOUR THYROID – thyroid tab 300 mg (5 grain)	3					
							levothyroxine sodium tab 25 mcg (Synthroid)	1					

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levothyroxine sodium tab 50 mcg (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 75 mcg	2					
levothyroxine sodium tab 75 mcg (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 88 mcg	2					
levothyroxine sodium tab 88 mcg (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 100 mcg	2					
levothyroxine sodium tab 100 mcg (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 112 mcg	2					
levothyroxine sodium tab 112 mcg (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 125 mcg	2					
levothyroxine sodium tab 125 mcg (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 137 mcg	2					
levothyroxine sodium tab 137 mcg (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 150 mcg	2					
levothyroxine sodium tab 150 mcg (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 175 mcg	2					
levothyroxine sodium tab 175 mcg (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 200 mcg	2					
levothyroxine sodium tab 200 mcg (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 300 mcg	2					
levothyroxine sodium tab 300 mcg (Synthroid)	1						THYQUIDITY – levothyroxine sodium oral solution 100 mcg/5ml	3					
liothyronine sodium tab 5 mcg (Cytomel)	1						thyroid tab 15 mg (1/4 grain) (Armour thyroid)	1					
liothyronine sodium tab 25 mcg (Cytomel)	1						thyroid tab 30 mg (1/2 grain) (Armour thyroid)	1					
liothyronine sodium tab 50 mcg (Cytomel)	1						thyroid tab 60 mg (1 grain) (Armour thyroid)	1					
methimazole tab 5 mg	1						thyroid tab 90 mg (1 1/2 grain) (Armour thyroid)	1					
methimazole tab 10 mg	1						thyroid tab 120 mg (2 grain) (Armour thyroid)	1					
propylthiouracil tab 50 mg	1						OXYTOCICS						
SYNTHROID – levothyroxine sodium tab 25 mcg	2						methylergonovine maleate tab 0.2 mg	1			•		
SYNTHROID – levothyroxine sodium tab 50 mcg	2						ENDOCRINE and METABOLIC AGENTS - MISC.						

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ACTHAR – corticotropin inj gel 80 unit/ml	3	X	•	•		•	cinacalcet hcl tab 30 mg (base equiv) (Sensipar)	1		•			
ALENDRONATE SODIUM – alendronate sodium oral soln 70 mg/75ml	2						cinacalcet hcl tab 60 mg (base equiv) (Sensipar)	1		•			
ALENDRONATE SODIUM – alendronate sodium tab 5 mg	3						cinacalcet hcl tab 90 mg (base equiv) (Sensipar)	1		•			
alendronate sodium tab 10 mg	1						CYSTADANE – betaine powder for oral solution	3	X	•			•
alendronate sodium tab 35 mg	1						DDAVP – desmopressin acetate inj 4 mcg/ml	3					
alendronate sodium tab 70 mg (Fosamax)	1						DDAVP – desmopressin acetate preservative free (pf) inj 4 mcg/ml	3					
betaine powder for oral solution (Cystadane)	1	X	•			•	DESMOPRESSIN ACETATE – desmopressin acetate nasal soln 1.5 mg/ml	2					
BINOSTO – alendronate sodium effervescent tab 70 mg	3						desmopressin acetate inj 4 mcg/ml (Ddavn)	1					
BUPHENYL – sodium phenylbutyrate tab 500 mg	3	X	•	•		•	desmopressin acetate nasal spray soln 0.01%	1					
cabergoline tab 0.5 mg	1						desmopressin acetate nasal spray soln 0.01% (refrigerated)	1					
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	1						desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavn)	1					
calcitonin (salmon) nasal soln 200 unit/act	1						desmopressin acetate tab 0.1 mg (Ddavn)	1					
calcitriol cap 0.25 mcg (Rocaltrol)	1						desmopressin acetate tab 0.2 mg (Ddavn)	1					
calcitriol cap 0.5 mcg (Rocaltrol)	1						doxercalciferol cap 0.5 mcg	1					
calcitriol oral soln 1 mcg/ml (Rocaltrol)	1						doxercalciferol cap 1 mcg	1					
CARBAGLU – carglumic acid soluble tab 200 mg	3	X				•	doxercalciferol cap 2.5 mcg	1					
carglumic acid soluble tab 200 mg (Carbaglu)	1	X					EGRIFTA SV – tesamorelin acetate for inj 2 mg (base equiv)	3	X	•			
CARNITOR – levocarnitine tab 330 mg	3						FORTEO – teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	2	X	•			
CARNITOR – levocarnitine oral soln 1 gm/10ml (10%)	3												
CARNITOR SF – levocarnitine oral soln 1 gm/10ml (10%)	3												

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FOSAMAX – alendronate sodium tab 70 mg	3						levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1					
GALAFOLD – migalastat hcl cap 123 mg (base equivalent)	3	X	•	•		•	levocarnitine tab 330 mg (Carnitor)	1					
ibandronate sodium tab 150 mg (base equivalent)	1						MIACALCIN – calcitonin (salmon) inj 200 unit/ml	3					
INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)	2	X	•			•	MIFEPREX – mifepristone tab 200 mg	2			•		
ISTURISA – osilodrostat phosphate tab 1 mg	3	X	•	•		•	mifepristone tab 200 mg (Mifeprex)	1			•		
ISTURISA – osilodrostat phosphate tab 5 mg	3	X	•	•		•	MYALEPT – metreleptin for subcutaneous inj 11.3 mg	3	X	•	•		•
ISTURISA – osilodrostat phosphate tab 10 mg	3	X	•	•		•	MYCAPSSA – octreotide acetate cap delayed release 20 mg	3	X	•	•		•
JYNARQUE – tolvaptan tab therapy pack 15 mg	3	X	•	•		•	NATPARA – parathyroid hormone (recombinant) for inj cartridge 25 mcg	3	X	•			•
JYNARQUE – tolvaptan tab therapy pack 30 & 15 mg	3	X	•	•		•	NATPARA – parathyroid hormone (recombinant) for inj cartridge 50 mcg	3	X	•			•
JYNARQUE – tolvaptan tab therapy pack 45 & 15 mg	3	X	•	•		•	NATPARA – parathyroid hormone (recombinant) for inj cartridge 75 mcg	3	X	•			•
JYNARQUE – tolvaptan tab therapy pack 60 & 30 mg	3	X	•	•		•	NATPARA – parathyroid hormone (recombinant) for inj cartridge 100 mcg	3	X	•			•
JYNARQUE – tolvaptan tab therapy pack 90 & 30 mg	3	X	•	•		•	nitisinone cap 2 mg (Orfadin)	1	X	•			•
JYNARQUE – tolvaptan tab 15 mg	3	X	•	•		•	nitisinone cap 5 mg (Orfadin)	1	X	•			•
JYNARQUE – tolvaptan tab 30 mg	3	X	•	•		•	nitisinone cap 10 mg (Orfadin)	1	X	•			•
KERENDIA – finerenone tab 10 mg	3		•	•			NITYR – nitisinone tab 2 mg	2	X	•			
KERENDIA – finerenone tab 20 mg	3		•	•			NITYR – nitisinone tab 5 mg	2	X	•			
KUVAN – sapropterin dihydrochloride tab 100 mg	3	X	•			•	NITYR – nitisinone tab 10 mg	2	X	•			
KUVAN – sapropterin dihydrochloride powder packet 100 mg	3	X	•			•	NORDITROPIN FLEXPRO – somatropin solution pen-injector 5 mg/1.5ml	2	X	•			
KUVAN – sapropterin dihydrochloride powder packet 500 mg	3	X	•			•							

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NORDITROPIN FLEXPPO – somatropin solution pen-injector 10 mg/1.5ml	2	X	•				ORLISSA – elagolix sodium tab 200 mg (base equiv)	2		•	•		
NORDITROPIN FLEXPPO – somatropin solution pen-injector 15 mg/1.5ml	2	X	•				OSPHENA – ospemifene tab 60 mg	3					
NORDITROPIN FLEXPPO – somatropin solution pen-injector 30 mg/3ml	2	X	•				OVIDREL – choriogonadotropin alfa inj 250 mcg/0.5ml	2					
NULIBRY – fosdenopterin hydrobromide for iv soln 9.5 mg	3	X	•			•	PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	3	X	•	•		•
OCTREOTIDE ACETATE – octreotide acetate subcutaneous soln pref syr 50 mcg/ml	3	X					PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	3	X	•	•		•
OCTREOTIDE ACETATE – octreotide acetate subcutaneous soln pref syr 100 mcg/ml	3	X					PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	3	X	•	•		•
OCTREOTIDE ACETATE – octreotide acetate subcutaneous soln pref syr 500 mcg/ml	3	X					paricalcitol cap 1 mcg (Zemlar)	1					
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)	1	X					paricalcitol cap 2 mcg (Zemlar)	1					
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)	1	X					paricalcitol cap 4 mcg	1					
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	1	X					raloxifene hcl tab 60 mg (Evista)	1					
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)	1	X					RAVICTI – glycerol phenylbutyrate liquid 1.1 gm/ml	3	X	•	•		•
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	1	X					risedronate sodium tab delayed release 35 mg (Atelvia)	1					
ORFADIN – nitisinone susp 4 mg/ml	2	X	•			•	risedronate sodium tab 5 mg	1					
ORFADIN – nitisinone cap 2 mg	3	X	•			•	risedronate sodium tab 30 mg	1					
ORFADIN – nitisinone cap 5 mg	3	X	•			•	risedronate sodium tab 35 mg (Actonel)	1					
ORFADIN – nitisinone cap 10 mg	3	X	•			•	risedronate sodium tab 150 mg (Actonel)	1					
ORFADIN – nitisinone cap 20 mg	2	X	•			•	ROCALTROL – calcitriol oral soln 1 mcg/ml	3					
ORLISSA – elagolix sodium tab 150 mg (base equiv)	2		•	•			ROCALTROL – calcitriol cap 0.25 mcg	3					
							ROCALTROL – calcitriol cap 0.5 mcg	3					
							SAMSCA – tolvaptan tab 15 mg	3	X		•		•

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SANDOSTATIN – octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	3	X					SIGNIFOR LAR – pasireotide pamoate for im er susp 20 mg (base equiv)	3	X	•	•		•
SANDOSTATIN – octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	3	X					SIGNIFOR LAR – pasireotide pamoate for im er susp 30 mg (base equiv)	3	X	•	•		•
SANDOSTATIN – octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	3	X					SIGNIFOR LAR – pasireotide pamoate for im er susp 40 mg (base equiv)	3	X	•	•		•
sapropterin dihydrochloride powder packet 100 mg (Kuvan)	1	X	•				SIGNIFOR LAR – pasireotide pamoate for im er susp 60 mg (base equiv)	3	X	•	•		•
sapropterin dihydrochloride powder packet 500 mg (Kuvan)	1	X	•				sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	1	X	•	•		
sapropterin dihydrochloride tab 100 mg (Kuvan)	1	X	•				sodium phenylbutyrate tab 500 mg (Buphenyl)	1	X	•	•		
SENSIPAR – cinacalcet hcl tab 30 mg (base equiv)	3		•				SOMAVERT – pegvisomant for inj 10 mg (as protein)	2	X				•
SENSIPAR – cinacalcet hcl tab 60 mg (base equiv)	3		•				SOMAVERT – pegvisomant for inj 15 mg (as protein)	2	X				•
SENSIPAR – cinacalcet hcl tab 90 mg (base equiv)	3		•				SOMAVERT – pegvisomant for inj 20 mg (as protein)	2	X				•
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 4 mg	3	X	•			•	SOMAVERT – pegvisomant for inj 25 mg (as protein)	2	X				•
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 5 mg	3	X	•			•	SOMAVERT – pegvisomant for inj 30 mg (as protein)	2	X				•
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 6 mg	3	X	•			•	STIMATE – desmopressin acetate nasal soln 1.5 mg/ml	2					
SIGNIFOR – pasireotide diaspertate inj 0.3 mg/ml (base equiv)	3	X	•	•		•	STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml	2	X	•			•
SIGNIFOR – pasireotide diaspertate inj 0.6 mg/ml (base equiv)	3	X	•	•		•	STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml	2	X	•			•
SIGNIFOR – pasireotide diaspertate inj 0.9 mg/ml (base equiv)	3	X	•	•		•	STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml	2	X	•			•
SIGNIFOR LAR – pasireotide pamoate for im er susp 10 mg (base equiv)	3	X	•	•		•	STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml	2	X	•			•

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SYNAREL – nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	2	X				
TERIPARATIDE – teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	3	X	•			
tolvaptan tab 15 mg (Samsca)	1	X		•		
tolvaptan tab 30 mg (Samsca)	1	X		•		
TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	X	•			•
VOXZOGO – vosoritide for subcutaneous inj 0.4 mg	3	X	•	•		•
VOXZOGO – vosoritide for subcutaneous inj 0.56 mg	3	X	•	•		•
VOXZOGO – vosoritide for subcutaneous inj 1.2 mg	3	X	•	•		•
XURIDEN – uridine triacetate oral granules packet 2 gm	3	X	•			•
ZEMPLAR – paricalcitol cap 1 mcg	3					
ZEMPLAR – paricalcitol cap 2 mcg	3					

CARDIOVASCULAR AGENTS

CARDIOTONICS

DIGOXIN – digoxin oral soln 0.05 mg/ml	3					
digoxin oral soln 0.05 mg/ml (Digoxin)	1					
digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin)	1					
digoxin tab 125 mcg (0.125 mg) (Lanoxin)	1					
digoxin tab 250 mcg (0.25 mg) (Lanoxin)	1					
LANOXIN – digoxin tab 62.5 mcg (0.0625 mg)	3					

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LANOXIN – digoxin tab 125 mcg (0.125 mg)	3					
LANOXIN – digoxin tab 250 mcg (0.25 mg)	3					
ANTIANGINAL AGENTS						
isosorbide dinitrate tab 5 mg (Isordil titradose)	1					
isosorbide dinitrate tab 10 mg	1					
isosorbide dinitrate tab 20 mg	1					
isosorbide dinitrate tab 30 mg	1					
isosorbide dinitrate tab 40 mg (Isordil titradose)	1					
isosorbide mononitrate tab er 24hr 30 mg	1					
isosorbide mononitrate tab er 24hr 60 mg	1					
isosorbide mononitrate tab er 24hr 120 mg	1					
isosorbide mononitrate tab 10 mg	1					
isosorbide mononitrate tab 20 mg	1					
NITRO-BID – nitroglycerin oint 2%	2					
NITRO-DUR – nitroglycerin td patch 24hr 0.1 mg/hr	3					
NITRO-DUR – nitroglycerin td patch 24hr 0.2 mg/hr	3					
NITRO-DUR – nitroglycerin td patch 24hr 0.3 mg/hr	2					
NITRO-DUR – nitroglycerin td patch 24hr 0.4 mg/hr	3					
NITRO-DUR – nitroglycerin td patch 24hr 0.6 mg/hr	3					
NITRO-DUR – nitroglycerin td patch 24hr 0.8 mg/hr	2					
NITRO-TIME – nitroglycerin cap er 2.5 mg	3					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
NITRO-TIME – nitroglycerin cap er 6.5 mg	3						ranolazine tab er 12hr 500 mg (Ranexa)	1					
NITRO-TIME – nitroglycerin cap er 9 mg	3						ranolazine tab er 12hr 1000 mg (Ranexa)	1					
nitroglycerin sl tab 0.3 mg (Nitrostat)	1						BETA BLOCKERS						
nitroglycerin sl tab 0.4 mg (Nitrostat)	1						acebutolol hcl cap 200 mg	1					
nitroglycerin sl tab 0.6 mg (Nitrostat)	1						acebutolol hcl cap 400 mg	1					
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)	1						atenolol tab 25 mg (Tenormin)	1					
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)	1						atenolol tab 50 mg (Tenormin)	1					
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)	1						atenolol tab 100 mg (Tenormin)	1					
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)	1						betaxolol hcl tab 10 mg	1					
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	1						betaxolol hcl tab 20 mg	1					
NITROLINGUAL PUMPSPRAY – nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	3						bisoprolol fumarate tab 5 mg	1					
NITROMIST – nitroglycerin lingual aerosol 400 mcg/spray	3						bisoprolol fumarate tab 10 mg	1					
NITROSTAT – nitroglycerin sl tab 0.3 mg	3						BYSTOLIC – nebivolol hcl tab 2.5 mg (base equivalent)	3					
NITROSTAT – nitroglycerin sl tab 0.4 mg	3						BYSTOLIC – nebivolol hcl tab 5 mg (base equivalent)	3					
NITROSTAT – nitroglycerin sl tab 0.6 mg	3						BYSTOLIC – nebivolol hcl tab 10 mg (base equivalent)	3					
RANEXA – ranolazine tab er 12hr 500 mg	3						BYSTOLIC – nebivolol hcl tab 20 mg (base equivalent)	3					
RANEXA – ranolazine tab er 12hr 1000 mg	3						carvedilol tab 3.125 mg (Coreg)	1					
							carvedilol tab 6.25 mg (Coreg)	1					
							carvedilol tab 12.5 mg (Coreg)	1					
							carvedilol tab 25 mg (Coreg)	1					
							CORGARD – nadolol tab 20 mg	3					
							CORGARD – nadolol tab 40 mg	3					
							CORGARD – nadolol tab 80 mg	3					
							INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 80 mg	2					

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INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 120 mg	2						nebivolol hcl tab 10 mg (base equivalent) (Bystolic)	1					
labetalol hcl tab 100 mg	1						nebivolol hcl tab 20 mg (base equivalent) (Bystolic)	1					
labetalol hcl tab 200 mg	1						pindolol tab 5 mg	1					
labetalol hcl tab 300 mg	1						pindolol tab 10 mg	1					
LOPRESSOR – metoprolol tartrate tab 50 mg	3						PROPRANOLOL HCL – propranolol hcl oral soln 40 mg/5ml	2					
LOPRESSOR – metoprolol tartrate tab 100 mg	3						propranolol hcl cap er 24hr 60 mg (Inderal la)	1					
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)	1						propranolol hcl cap er 24hr 80 mg (Inderal la)	1					
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)	1						propranolol hcl cap er 24hr 120 mg (Inderal la)	1					
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)	1						propranolol hcl cap er 24hr 160 mg (Inderal la)	1					
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)	1						propranolol hcl oral soln 20 mg/5ml	1					
metoprolol tartrate tab 25 mg	1						propranolol hcl tab 10 mg	1					
metoprolol tartrate tab 37.5 mg	1						propranolol hcl tab 20 mg	1					
metoprolol tartrate tab 50 mg (Lopressor)	1						propranolol hcl tab 40 mg	1					
metoprolol tartrate tab 75 mg	1						propranolol hcl tab 60 mg	1					
metoprolol tartrate tab 100 mg (Lopressor)	1						propranolol hcl tab 80 mg	1					
nadolol tab 20 mg (Corgard)	1						sotalol hcl (afib/afI) tab 80 mg (Betapace af)	1					
nadolol tab 40 mg (Corgard)	1						sotalol hcl (afib/afI) tab 120 mg (Betapace af)	1					
nadolol tab 80 mg (Corgard)	1						sotalol hcl (afib/afI) tab 160 mg (Betapace af)	1					
nebivolol hcl tab 2.5 mg (base equivalent) (Bystolic)	1						sotalol hcl tab 80 mg (Betapace)	1					
nebivolol hcl tab 5 mg (base equivalent) (Bystolic)	1						sotalol hcl tab 120 mg (Betapace)	1					
							sotalol hcl tab 160 mg (Betapace)	1					
							sotalol hcl tab 240 mg	1					
							timolol maleate tab 5 mg	1					

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timolol maleate tab 10 mg	1						diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)	1					
timolol maleate tab 20 mg	1						diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd)	1					
TOPROL XL – metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	3						diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd)	1					
TOPROL XL – metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	3						diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la)	1					
TOPROL XL – metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	3						diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la)	1					
TOPROL XL – metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	3						diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la)	1					
CALCIUM CHANNEL BLOCKERS							diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la)	1					
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)	1						diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la)	1					
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)	1						diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)	1					
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)	1						diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)	1					
CALAN SR – verapamil hcl tab er 120 mg	3						diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)	1					
CALAN SR – verapamil hcl tab er 180 mg	3						diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)	1					
CALAN SR – verapamil hcl tab er 240 mg	3						diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)	1					
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 120 mg	3						diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)	1					
diltiazem hcl cap er 12hr 60 mg	1						diltiazem hcl tab 30 mg (Cardizem)	1					
diltiazem hcl cap er 12hr 90 mg	1						diltiazem hcl tab 60 mg (Cardizem)	1					
diltiazem hcl cap er 12hr 120 mg	1						diltiazem hcl tab 90 mg	1					
diltiazem hcl cap er 24hr 120 mg	1												
diltiazem hcl cap er 24hr 180 mg	1												
diltiazem hcl cap er 24hr 240 mg	1												
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)	1												
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)	1												

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diltiazem hcl tab 120 mg (Cardizem)	1						nisoldipine tab er 24hr 34 mg (Sular)	1					
felodipine tab er 24hr 2.5 mg	1						NYMALIZE – nimodipine oral soln 6 mg/ml	3			•		
felodipine tab er 24hr 5 mg	1						SULAR – nisoldipine tab er 24hr 8.5 mg	3					
felodipine tab er 24hr 10 mg	1						SULAR – nisoldipine tab er 24hr 17 mg	3					
isradipine cap 2.5 mg	1						SULAR – nisoldipine tab er 24hr 34 mg	3					
isradipine cap 5 mg	1						verapamil hcl cap er 24hr 120 mg (Verelan)	1					
nicardipine hcl cap 20 mg	1						verapamil hcl cap er 24hr 180 mg (Verelan)	1					
nicardipine hcl cap 30 mg	1						verapamil hcl cap er 24hr 240 mg (Verelan)	1					
nifedipine cap 10 mg	1						VERAPAMIL HCL ER – verapamil hcl cap er 24hr 100 mg	3					
nifedipine cap 20 mg	1						VERAPAMIL HCL ER – verapamil hcl cap er 24hr 300 mg	3					
nifedipine tab er 24hr 30 mg	1						VERAPAMIL HCL SR – verapamil hcl cap er 24hr 360 mg	3					
nifedipine tab er 24hr 60 mg	1						verapamil hcl tab er 120 mg (Calan sr)	1					
nifedipine tab er 24hr 90 mg	1						verapamil hcl tab er 180 mg (Calan sr)	1					
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	1						verapamil hcl tab er 240 mg (Calan sr)	1					
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)	1						verapamil hcl tab 40 mg	1					
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	1						verapamil hcl tab 80 mg	1					
nimodipine cap 30 mg	1			•			verapamil hcl tab 120 mg	1					
NISOLDIPINE ER – nisoldipine tab er 24hr 20 mg	2						VERAPAMIL HYDROCHLORIDE E – verapamil hcl cap er 24hr 200 mg	3					
NISOLDIPINE ER – nisoldipine tab er 24hr 25.5 mg	2						VERELAN – verapamil hcl cap er 24hr 120 mg	3					
NISOLDIPINE ER – nisoldipine tab er 24hr 30 mg	2												
NISOLDIPINE ER – nisoldipine tab er 24hr 40 mg	2												
nisoldipine tab er 24hr 8.5 mg (Sular)	1												
nisoldipine tab er 24hr 17 mg (Sular)	1												

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VERELAN – verapamil hcl cap er 24hr 180 mg	3						NORPACE – disopyramide phosphate cap 100 mg	3					
VERELAN – verapamil hcl cap er 24hr 240 mg	3						NORPACE – disopyramide phosphate cap 150 mg	3					
VERELAN – verapamil hcl cap er 24hr 360 mg	3						NORPACE CR – disopyramide phosphate cap er 12hr 100 mg	3					
VERELAN PM – verapamil hcl cap er 24hr 100 mg	2						NORPACE CR – disopyramide phosphate cap er 12hr 150 mg	3					
VERELAN PM – verapamil hcl cap er 24hr 200 mg	2						propafenone hcl cap er 12hr 225 mg (Rythmol sr)	1					
VERELAN PM – verapamil hcl cap er 24hr 300 mg	2						propafenone hcl cap er 12hr 325 mg (Rythmol sr)	1					
ANTIARRHYTHMICS							propafenone hcl cap er 12hr 425 mg (Rythmol sr)	1					
amiodarone hcl tab 100 mg	1						propafenone hcl tab 150 mg	1					
amiodarone hcl tab 200 mg	1						propafenone hcl tab 225 mg	1					
amiodarone hcl tab 400 mg	1						propafenone hcl tab 300 mg	1					
disopyramide phosphate cap 100 mg (Norpace)	1						quinidine gluconate tab er 324 mg	1					
disopyramide phosphate cap 150 mg (Norpace)	1						QUINIDINE SULFATE – quinidine sulfate tab 200 mg	3					
dofetilide cap 125 mcg (0.125 mg) (Tikosyn)	1						QUINIDINE SULFATE – quinidine sulfate tab 300 mg	3					
dofetilide cap 250 mcg (0.25 mg) (Tikosyn)	1						ANTIHYPERTENSIVES						
dofetilide cap 500 mcg (0.5 mg) (Tikosyn)	1						ACCURETIC – quinapril-hydrochlorothiazide tab 10-12.5 mg	3					
flecainide acetate tab 50 mg	1						ACCURETIC – quinapril-hydrochlorothiazide tab 20-12.5 mg	3					
flecainide acetate tab 100 mg	1						ACCURETIC – quinapril-hydrochlorothiazide tab 20-25 mg	3					
flecainide acetate tab 150 mg	1						aliskiren fumarate tab 150 mg (base equivalent) (Tekturna)	1			•		
mexiletine hcl cap 150 mg	1						aliskiren fumarate tab 300 mg (base equivalent) (Tekturna)	1			•		
mexiletine hcl cap 200 mg	1												
mexiletine hcl cap 250 mg	1												
MULTAQ – dronedarone hcl tab 400 mg (base equivalent)	2												

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amlodipine besylate-benazepril hcl cap 2.5-10 mg	1						amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)	1			•		
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)	1						amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)	1			•		
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)	1						atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1					
amlodipine besylate-benazepril hcl cap 5-40 mg	1						atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1					
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)	1						benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)	1					
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)	1						benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)	1					
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)	1			•			benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	1					
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)	1			•			benazepril hcl tab 5 mg	1					
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)	1			•			benazepril hcl tab 10 mg (Lotensin)	1					
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)	1			•			benazepril hcl tab 20 mg (Lotensin)	1					
amlodipine besylate-valsartan tab 5-160 mg (Exforge)	1			•			benazepril hcl tab 40 mg (Lotensin)	1					
amlodipine besylate-valsartan tab 5-320 mg (Exforge)	1			•			BENAZEPRIL HCL/HYDROCHLOR – benazepril & hydrochlorothiazide tab 5-6.25 mg	3					
amlodipine besylate-valsartan tab 10-160 mg (Exforge)	1			•			bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)	1					
amlodipine besylate-valsartan tab 10-320 mg (Exforge)	1			•			bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)	1					
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)	1			•			bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)	1					
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)	1			•			candesartan cilexetil tab 4 mg (Atacand)	1			•		
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)	1			•			candesartan cilexetil tab 8 mg (Atacand)	1			•		

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candesartan cilexetil tab 16 mg (Atacand)	1			•			enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1					
candesartan cilexetil tab 32 mg (Atacand)	1			•			enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1					
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)	1			•			enalapril maleate oral soln 1 mg/ml (Epaned)	1			•		
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)	1			•			enalapril maleate tab 2.5 mg (Vasotec)	1					
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)	1			•			enalapril maleate tab 5 mg (Vasotec)	1					
captopril tab 12.5 mg	1						enalapril maleate tab 10 mg (Vasotec)	1					
captopril tab 25 mg	1						enalapril maleate tab 20 mg (Vasotec)	1					
captopril tab 50 mg	1						EPANED – enalapril maleate oral soln 1 mg/ml	3			•		
captopril tab 100 mg	1						eplerenone tab 25 mg (Inspra)	1					
clonidine hcl tab 0.1 mg	1						eplerenone tab 50 mg (Inspra)	1					
clonidine hcl tab 0.2 mg	1						fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1					
clonidine hcl tab 0.3 mg	1						fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1					
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1						fosinopril sodium tab 10 mg	1					
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1						fosinopril sodium tab 20 mg	1					
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1						fosinopril sodium tab 40 mg	1					
DIBENZYLINE – phenoxybenzamine hcl cap 10 mg	3						guanfacine hcl tab 1 mg	1					
doxazosin mesylate tab 1 mg (Cardura)	1						guanfacine hcl tab 2 mg	1					
doxazosin mesylate tab 2 mg (Cardura)	1						hydralazine hcl tab 10 mg	1					
doxazosin mesylate tab 4 mg (Cardura)	1						hydralazine hcl tab 25 mg	1					
doxazosin mesylate tab 8 mg (Cardura)	1						hydralazine hcl tab 50 mg	1					
							hydralazine hcl tab 100 mg	1					

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irbesartan tab 75 mg (Avapro)	1			•			LOTENSIN – benazepril hcl tab 10 mg	3					
irbesartan tab 150 mg (Avapro)	1			•			LOTENSIN – benazepril hcl tab 20 mg	3					
irbesartan tab 300 mg (Avapro)	1			•			LOTENSIN – benazepril hcl tab 40 mg	3					
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)	1			•			LOTENSIN HCT – benazepril & hydrochlorothiazide tab 10-12.5 mg	3					
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)	1			•			LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-12.5 mg	3					
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)	1						LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-25 mg	3					
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)	1						metoprolol & hydrochlorothiazide tab 50-25 mg	1					
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)	1						metoprolol & hydrochlorothiazide tab 100-25 mg	1					
lisinopril tab 2.5 mg (Zestril)	1						metoprolol & hydrochlorothiazide tab 100-50 mg	1					
lisinopril tab 5 mg (Zestril)	1						MINIPRESS – prazosin hcl cap 1 mg	3					
lisinopril tab 10 mg (Zestril)	1						MINIPRESS – prazosin hcl cap 2 mg	3					
lisinopril tab 20 mg (Zestril)	1						MINIPRESS – prazosin hcl cap 5 mg	3					
lisinopril tab 30 mg (Zestril)	1						minoxidil tab 2.5 mg	1					
lisinopril tab 40 mg (Zestril)	1						minoxidil tab 10 mg	1					
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)	1			•			moexipril hcl tab 7.5 mg	1					
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)	1			•			moexipril hcl tab 15 mg	1			•		
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)	1			•			olmesartan medoxomil tab 5 mg (Benicar)	1			•		
losartan potassium tab 25 mg (Cozaar)	1			•			olmesartan medoxomil tab 20 mg (Benicar)	1			•		
losartan potassium tab 50 mg (Cozaar)	1			•			olmesartan medoxomil tab 40 mg (Benicar)	1			•		
losartan potassium tab 100 mg (Cozaar)	1			•									

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olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)	1			•			quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)	1					
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)	1			•			quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)	1					
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)	1			•			quinapril-hydrochlorothiazide tab 20-25 mg (Accuretic)	1					
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor)	1			•			ramipril cap 1.25 mg (Altace)	1					
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor)	1			•			ramipril cap 2.5 mg (Altace)	1					
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor)	1			•			ramipril cap 5 mg (Altace)	1					
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor)	1			•			ramipril cap 10 mg (Altace)	1					
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor)	1			•			TEKTURNA – aliskiren fumarate tab 150 mg (base equivalent)	3			•	•	
perindopril erbumine tab 2 mg	1						TEKTURNA – aliskiren fumarate tab 300 mg (base equivalent)	3			•	•	
perindopril erbumine tab 4 mg	1						telmisartan tab 20 mg (Micardis)	1			•		
perindopril erbumine tab 8 mg	1						telmisartan tab 40 mg (Micardis)	1			•		
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1						telmisartan tab 80 mg (Micardis)	1			•		
prazosin hcl cap 1 mg (Minipress)	1						telmisartan-amlodipine tab 40-5 mg	1			•		
prazosin hcl cap 2 mg (Minipress)	1						telmisartan-amlodipine tab 40-10 mg	1			•		
prazosin hcl cap 5 mg (Minipress)	1						telmisartan-amlodipine tab 80-5 mg	1			•		
quinapril hcl tab 5 mg (Accupril)	1						telmisartan-amlodipine tab 80-10 mg	1			•		
quinapril hcl tab 10 mg (Accupril)	1						telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct)	1			•		
quinapril hcl tab 20 mg (Accupril)	1						telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	1			•		
quinapril hcl tab 40 mg (Accupril)	1						telmisartan-hydrochlorothiazide tab 80-25 mg (Micardis hct)	1			•		
							TENORETIC 100 – atenolol & chlorthalidone tab 100-25 mg	3					
							TENORETIC 50 – atenolol & chlorthalidone tab 50-25 mg	3					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
terazosin hcl cap 1 mg (base equivalent)	1					
terazosin hcl cap 2 mg (base equivalent)	1					
terazosin hcl cap 5 mg (base equivalent)	1					
terazosin hcl cap 10 mg (base equivalent)	1					
trandolapril tab 1 mg	1					
trandolapril tab 2 mg	1					
trandolapril tab 4 mg	1					
TRANDOLAPRIL/VERAPAMIL HC – trandolapril-verapamil hcl tab er 1-240 mg	3					
TRANDOLAPRIL/VERAPAMIL HC – trandolapril-verapamil hcl tab er 2-180 mg	3					
TRANDOLAPRIL/VERAPAMIL HC – trandolapril-verapamil hcl tab er 2-240 mg	3					
TRANDOLAPRIL/VERAPAMIL HC – trandolapril-verapamil hcl tab er 4-240 mg	3					
valsartan tab 40 mg (Diovan)	1			•		
valsartan tab 80 mg (Diovan)	1			•		
valsartan tab 160 mg (Diovan)	1			•		
valsartan tab 320 mg (Diovan)	1			•		
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)	1			•		
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)	1			•		
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)	1			•		
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)	1			•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)	1			•		
VECAMYL – mecamlamine hcl tab 2.5 mg	3					•
DIURETICS						
acetazolamide cap er 12hr 500 mg	1					
acetazolamide tab 125 mg	1					
acetazolamide tab 250 mg	1					
ALDACTAZIDE – spironolactone & hydrochlorothiazide tab 25-25 mg	3					
ALDACTAZIDE – spironolactone & hydrochlorothiazide tab 50-50 mg	3					
amiloride & hydrochlorothiazide tab 5-50 mg	1					
amiloride hcl tab 5 mg	1					
bumetanide tab 0.5 mg (Bumex)	1					
bumetanide tab 1 mg	1					
bumetanide tab 2 mg	1					
BUMEX – bumetanide tab 0.5 mg	3					
chlorthalidone tab 25 mg	1					
chlorthalidone tab 50 mg	1					
DIURIL – chlorothiazide susp 250 mg/5ml	3					
DYRENIUM – triamterene cap 50 mg	3					
DYRENIUM – triamterene cap 100 mg	3					
EDECIN – ethacrynic acid tab 25 mg	3					
ethacrynic acid tab 25 mg (Edecin)	1					
FUROSEMIDE – furosemide oral soln 8 mg/ml	3					
furosemide oral soln 10 mg/ml	1					

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furosemide tab 20 mg (Lasix)	1						torsemide tab 10 mg	1					
furosemide tab 40 mg (Lasix)	1						torsemide tab 20 mg	1					
furosemide tab 80 mg (Lasix)	1						torsemide tab 100 mg	1					
hydrochlorothiazide cap 12.5 mg	1						triamterene & hydrochlorothiazide cap 37.5-25 mg	1					
hydrochlorothiazide tab 12.5 mg	1						triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1					
hydrochlorothiazide tab 25 mg	1						triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1					
hydrochlorothiazide tab 50 mg	1						triamterene cap 50 mg (Dyrenium)	1					
indapamide tab 1.25 mg	1						triamterene cap 100 mg (Dyrenium)	1					
indapamide tab 2.5 mg	1						VASOPRESSORS						
KEVEYIS – dichlorphenamide tab 50 mg	3	X	•	•	•		EPINEPHRINE – epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3					
LASIX – furosemide tab 20 mg	3						EPINEPHRINE – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3					
LASIX – furosemide tab 40 mg	3						epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1					
LASIX – furosemide tab 80 mg	3						epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1					
MAXZIDE – triamterene & hydrochlorothiazide tab 75-50 mg	3						midodrine hcl tab 2.5 mg	1					
MAXZIDE-25 – triamterene & hydrochlorothiazide tab 37.5-25 mg	3						midodrine hcl tab 5 mg	1					
methazolamide tab 25 mg	1						midodrine hcl tab 10 mg	1					
methazolamide tab 50 mg	1						SYMJEPI – epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	2					
metolazone tab 2.5 mg	1						SYMJEPI – epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	2					
metolazone tab 5 mg	1												
metolazone tab 10 mg	1												
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	1												
spironolactone tab 25 mg (Aldactone)	1												
spironolactone tab 50 mg (Aldactone)	1												
spironolactone tab 100 mg (Aldactone)	1												
torsemide tab 5 mg	1												

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
ANTIHYPERLIPIDEMICS						
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)	1			•		
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)	1			•		
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)	1			•		
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	1			•		
cholestyramine light powder packets 4 gm	1					
cholestyramine light powder 4 gm/dose (Questran light)	1					
cholestyramine powder packets 4 gm (Questran)	1					
cholestyramine powder 4 gm/dose (Questran)	1					
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)	1			•		
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix)	1			•		
colesevelam hcl packet for susp 3.75 gm (Welchol)	1					
colesevelam hcl tab 625 mg (Welchol)	1					
COLESTID – colestipol hcl tab 1 gm	3					
COLESTID – colestipol hcl granules 5 gm	3					
COLESTID – colestipol hcl granule packets 5 gm	3					
COLESTID FLAVORED – colestipol hcl granules 5 gm	3					
COLESTID FLAVORED – colestipol hcl granule packets 5 gm	3					
colestipol hcl granule packets 5 gm (Colestid flavored)	1					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
colestipol hcl granules 5 gm (Colestid flavored)	1					
colestipol hcl tab 1 gm (Colestid)	1					
ezetimibe tab 10 mg (Zetia)	1					
ezetimibe-simvastatin tab 10-10 mg (Vytorin)	1			•		
ezetimibe-simvastatin tab 10-20 mg (Vytorin)	1			•		
ezetimibe-simvastatin tab 10-40 mg (Vytorin)	1			•		
ezetimibe-simvastatin tab 10-80 mg (Vytorin)	1			•		
fenofibrate micronized cap 43 mg	1			•		
fenofibrate micronized cap 67 mg	1			•		
fenofibrate micronized cap 130 mg	1			•		
fenofibrate micronized cap 134 mg	1			•		
fenofibrate micronized cap 200 mg	1			•		
fenofibrate tab 48 mg (Tricor)	1			•		
fenofibrate tab 54 mg	1			•		
fenofibrate tab 145 mg (Tricor)	1			•		
fenofibrate tab 160 mg	1			•		
fluvastatin sodium cap 20 mg (base equivalent)	1			•		
fluvastatin sodium cap 40 mg (base equivalent)	1			•		
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	1			•		
gemfibrozil tab 600 mg (Lopid)	1			•		
JUXTAPID – lomitapide mesylate cap 5 gm (base equiv)	3	X	•	•		•

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JUXTAPID – lomitapide mesylate cap 10 mg (base equiv)	3	X	•	•		•	QUESTRAN – cholestyramine powder packets 4 gm	3					
JUXTAPID – lomitapide mesylate cap 20 mg (base equiv)	3	X	•	•		•	QUESTRAN LIGHT – cholestyramine light powder 4 gm/dose	3					
JUXTAPID – lomitapide mesylate cap 30 mg (base equiv)	3	X	•	•		•	REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2		•	•		
LIVALO – pitavastatin calcium tab 1 mg	3			•	•		REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	2		•	•		
LIVALO – pitavastatin calcium tab 2 mg	3			•	•		REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml	2		•	•		
LIVALO – pitavastatin calcium tab 4 mg	3			•	•		rosuvastatin calcium tab 5 mg (Crestor)	1			•		
LOPID – gemfibrozil tab 600 mg	3			•	•		rosuvastatin calcium tab 10 mg (Crestor)	1			•		
lovastatin tab 10 mg	1			•			rosuvastatin calcium tab 20 mg (Crestor)	1			•		
lovastatin tab 20 mg	1			•			rosuvastatin calcium tab 40 mg (Crestor)	1			•		
lovastatin tab 40 mg	1			•			simvastatin tab 5 mg	1			•		
NEXLETOL – bempedoic acid tab 180 mg	2		•	•			simvastatin tab 10 mg (Zocor)	1			•		
NEXLIZET – bempedoic acid-ezetimibe tab 180-10 mg	2		•	•			simvastatin tab 20 mg (Zocor)	1			•		
niacin tab er 500 mg (antihyperlipidemic)	1						simvastatin tab 40 mg (Zocor)	1			•		
niacin tab er 750 mg (antihyperlipidemic)	1						simvastatin tab 80 mg	1			•		
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	1						TRICOR – fenofibrate tab 48 mg	3			•	•	
omega-3-acid ethyl esters cap 1 gm (Lovaza)	1						TRICOR – fenofibrate tab 145 mg	3			•	•	
pravastatin sodium tab 10 mg	1			•			VASCEPA – icosapent ethyl cap 0.5 gm	2		•	•		
pravastatin sodium tab 20 mg	1			•			VASCEPA – icosapent ethyl cap 1 gm	2		•	•		
pravastatin sodium tab 40 mg	1			•			CARDIOVASCULAR AGENTS - MISC.						
pravastatin sodium tab 80 mg	1			•			ADEMPAS – riociguat tab 0.5 mg	3	X	•	•		•
QUESTRAN – cholestyramine powder 4 gm/dose	3												

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
ADEMPAS – riociguat tab 1 mg	3	X	•	•		•	ORENITRAM – treprostinil diolamine tab er 0.125 mg (base equiv)	3	X	•			•
ADEMPAS – riociguat tab 1.5 mg	3	X	•	•		•	ORENITRAM – treprostinil diolamine tab er 0.25 mg (base equiv)	3	X	•			•
ADEMPAS – riociguat tab 2 mg	3	X	•	•		•	ORENITRAM – treprostinil diolamine tab er 1 mg (base equiv)	3	X	•			•
ADEMPAS – riociguat tab 2.5 mg	3	X	•	•		•	ORENITRAM – treprostinil diolamine tab er 2.5 mg (base equiv)	3	X	•			•
ambrisentan tab 5 mg (Letairis)	1	X	•	•		•	ORENITRAM – treprostinil diolamine tab er 5 mg (base equiv)	3	X	•			•
ambrisentan tab 10 mg (Letairis)	1	X	•	•		•	REMODULIN – treprostinil inj soln 20 mg/20ml (1 mg/ml)	3	X	•			•
BIDIL – isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	3						REMODULIN – treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	3	X	•			•
bosentan tab 62.5 mg (Tracleer)	1	X	•	•			REMODULIN – treprostinil inj soln 100 mg/20ml (5 mg/ml)	3	X	•			•
bosentan tab 125 mg (Tracleer)	1	X	•	•			REMODULIN – treprostinil inj soln 200 mg/20ml (10 mg/ml)	3	X	•			•
CAMZYOS – mavacamten cap 2.5 mg	3	X	•	•		•	sildenafil citrate for suspension 10 mg/ml (Revatio)	1		•	•		
CAMZYOS – mavacamten cap 5 mg	3	X	•	•		•	sildenafil citrate tab 20 mg (Revatio)	1		•	•		
CAMZYOS – mavacamten cap 10 mg	3	X	•	•		•	tadalafil tab 20 mg (pah) (Adcirca)	1	X	•	•		
CAMZYOS – mavacamten cap 15 mg	3	X	•	•		•	TRACLEER – bosentan tab for oral susp 32 mg	2	X	•	•		•
CORLANOR – ivabradine hcl oral soln 5 mg/5ml (base equiv)	2						TRACLEER – bosentan tab 62.5 mg	3	X	•	•		•
CORLANOR – ivabradine hcl tab 5 mg (base equiv)	2						TRACLEER – bosentan tab 125 mg	3	X	•	•		•
CORLANOR – ivabradine hcl tab 7.5 mg (base equiv)	2						treprostinil inj soln 20 mg/20ml (1 mg/ml) (Remodulin)	1	X	•			
ENTRESTO – sacubitril-valsartan tab 24-26 mg	2			•			treprostinil inj soln 50 mg/20ml (2.5 mg/ml) (Remodulin)	1	X	•			
ENTRESTO – sacubitril-valsartan tab 49-51 mg	2			•									
ENTRESTO – sacubitril-valsartan tab 97-103 mg	2			•									
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	1												
LETAIRIS – ambrisentan tab 5 mg	3	X	•	•		•							
LETAIRIS – ambrisentan tab 10 mg	3	X	•	•		•							
OPSUMIT – macitentan tab 10 mg	2	X	•	•		•							

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treprostinil inj soln 100 mg/20ml (5 mg/ml) (Remodulin)	1	X	•				tadalafil tab 2.5 mg (Cialis)	1			•		
treprostinil inj soln 200 mg/20ml (10 mg/ml) (Remodulin)	1	X	•				tadalafil tab 5 mg (Cialis)	1			•		
TYVASO – treprostinil inhalation solution 0.6 mg/ml	3	X	•	•		•	RESPIRATORY AGENTS						
TYVASO REFILL – treprostinil inhalation solution 0.6 mg/ml	3	X	•	•		•	ANTIHISTAMINES						
TYVASO STARTER – treprostinil inhalation solution 0.6 mg/ml	3	X	•	•		•	CARBINOXAMINE MALEATE – carbinoxamine maleate soln 4 mg/5ml	3					
UPTRAVI – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	2	X	•	•		•	carbinoxamine maleate tab 4 mg	1					
UPTRAVI – selexipag tab 200 mcg	2	X	•	•		•	CLEMASTINE FUMARATE – clemastine fumarate tab 2.68 mg	3					
UPTRAVI – selexipag tab 400 mcg	2	X	•	•		•	cyproheptadine hcl syrup 2 mg/5ml	1					
UPTRAVI – selexipag tab 600 mcg	2	X	•	•		•	cyproheptadine hcl tab 4 mg	1					
UPTRAVI – selexipag tab 800 mcg	2	X	•	•		•	desloratadine tab 5 mg (Clarinet)	1					
UPTRAVI – selexipag tab 1000 mcg	2	X	•	•		•	levocetirizine dihydrochloride tab 5 mg	1					
UPTRAVI – selexipag tab 1200 mcg	2	X	•	•		•	loratadine rapidly-disintegrating tab 10 mg (Claritin)	1					
UPTRAVI – selexipag tab 1400 mcg	2	X	•	•		•	loratadine syrup 5 mg/5ml	1					
UPTRAVI – selexipag tab 1600 mcg	2	X	•	•		•	loratadine tab 10 mg	1					
VENTAVIS – iloprost inhalation solution 10 mcg/ml	2	X	•	•		•	promethazine hcl suppos 12.5 mg	1					
VENTAVIS – iloprost inhalation solution 20 mcg/ml	2	X	•	•		•	promethazine hcl suppos 25 mg	1					
VERQUVO – vericiguat tab 2.5 mg	2		•	•			promethazine hcl syrup 6.25 mg/5ml	1					
VERQUVO – vericiguat tab 5 mg	2		•	•			promethazine hcl tab 12.5 mg	1					
VERQUVO – vericiguat tab 10 mg	2		•	•			promethazine hcl tab 25 mg	1					
VYNDAMAX – tafamidis cap 61 mg	2	X	•	•			promethazine hcl tab 50 mg	1					
VYNDALCEL – tafamidis meglumine (cardiac) cap 20 mg	2	X	•	•			PROMETHEGAN – promethazine hcl suppos 50 mg	3					
ERECTILE DYSFUNCTION							NASAL AGENTS - SYSTEMIC and TOPICAL						
CIALIS – tadalafil tab 2.5 mg	3			•			azelastine hcl nasal spray 0.1% (137 mcg/spray)	1			•		
CIALIS – tadalafil tab 5 mg	3			•			flunisolide nasal soln 25 mcg/act (0.025%)	1			•		

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fluticasone propionate nasal susp 50 mcg/act	1			•		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1			•		
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1			•		
olopatadine hcl nasal soln 0.6% (Patanase)	1			•		
XHANCE – fluticasone propionate nasal exhaler susp 93 mcg/act	3		•	•		
COUGH/COLD/ALLERGY						
acetylcysteine inhal soln 10%	1					
acetylcysteine inhal soln 20%	1					
benzonatate cap 100 mg	1					
benzonatate cap 200 mg	1					
HYCODAN – hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	3					
HYCODAN – hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	3					
hydrocod polst-chlorphen polster susp 10-8 mg/5ml	1					
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	1					
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)	1					
HYPERSAL – sodium chloride soln nebu 7%	3					
loratadine & pseudoephedrine tab 12hr 5-120 mg	1					
loratadine & pseudoephedrine tab 24hr 10-240 mg	1					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1					
promethazine w/ codeine syrup 6.25-10 mg/5ml	1					
promethazine-dm syrup 6.25-15 mg/5ml	1					
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1					
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1					
sodium chloride soln nebu 3%	1					
sodium chloride soln nebu 7% (Hypersal)	1					
sodium chloride soln nebu 10%	1					
ANTIASTHMATIC and BRONCHODILATOR AGENTS						
ACCOLATE – zafirlukast tab 10 mg	3					
ACCOLATE – zafirlukast tab 20 mg	3					
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/act	2			•		
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/act	2			•		
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/act	2			•		
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act	2			•		
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act	2			•		
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act	2			•		

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albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	1			•			ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act	2			•		
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1						ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/inh (breath activated)	2			•		
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1						ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/inh (breath activated)	2			•		
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1						ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated)	2			•		
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1						ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated)	2			•		
albuterol sulfate syrup 2 mg/5ml	1						ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act	2			•		
albuterol sulfate tab 2 mg	1						BEVESPI AEROSPHERE – glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	3			•		
albuterol sulfate tab 4 mg	1						BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	2			•		
ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	2			•			BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	2			•		
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	1						BREZTRI AEROSPHERE – budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2			•		
ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act	2			•			BROVANA – arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	3					
ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act	2			•			budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	1					
ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act	2			•			budesonide inhalation susp 0.5 mg/2ml (Pulmicort)	1					
ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act	2			•									
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act	2			•									

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budesonide inhalation susp 1 mg/2ml (Pulmicort)	1						FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	2			•		
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2			•			FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	2			•		
cromolyn sodium soln nebu 20 mg/2ml	1						FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 55-14 mcg/act	2			•		
DALIRESP – roflumilast tab 250 mcg	3						FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 113-14 mcg/act	2			•		
DALIRESP – roflumilast tab 500 mcg	3						FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 232-14 mcg/act	2			•		
DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	2			•			fluticasone-salmeterol aer powder ba 100-50 mcg/act (Advair diskus)	1		•	•		
DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	2			•			fluticasone-salmeterol aer powder ba 250-50 mcg/act (Advair diskus)	1		•	•		
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	2			•			fluticasone-salmeterol aer powder ba 500-50 mcg/act (Advair diskus)	1		•	•		
ELIXOPHYLLIN – theophylline elixir 80 mg/15ml	3						INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)	2			•		
FASENRA PEN – benralizumab subcutaneous soln auto-injector 30 mg/ml	2	X	•	•			ipratropium bromide inhal soln 0.02%	1					
FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister	2			•			ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1					
FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/blister	2			•			levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	1					
FLOVENT DISKUS – fluticasone propionate aer pow ba 250 mcg/blister	2			•			levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)	1					
FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	2			•									

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levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)	1						SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	2			•		
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)	1						STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2			•		
montelukast sodium chew tab 4 mg (base equiv) (Singulair)	1						STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2			•		
montelukast sodium chew tab 5 mg (base equiv) (Singulair)	1						SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	2			•		
montelukast sodium tab 10 mg (base equiv) (Singulair)	1						SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	2			•		
NUCALA – mepolizumab subcutaneous solution auto-injector 100 mg/ml	2	X	•	•		•	terbutaline sulfate tab 2.5 mg	1					
NUCALA – mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	2	X	•	•		•	terbutaline sulfate tab 5 mg	1					
NUCALA – mepolizumab subcutaneous solution pref syringe 100 mg/ml	2	X	•	•		•	THEO-24 – theophylline cap er 24hr 100 mg	3					
QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act	2			•			THEO-24 – theophylline cap er 24hr 200 mg	3					
QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act	2			•			THEO-24 – theophylline cap er 24hr 300 mg	3					
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)	2			•			THEO-24 – theophylline cap er 24hr 400 mg	3					
SPIRIVA HANDHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	2			•			theophylline soln 80 mg/15ml	1					
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	2			•			theophylline tab er 12hr 300 mg	1					
							theophylline tab er 12hr 450 mg	1					
							theophylline tab er 24hr 400 mg	1					
							theophylline tab er 24hr 600 mg	1					
							TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	2			•		
							TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh	2			•		

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VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2			•		
XOLAIR – omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml	2	X	•			•
XOLAIR – omalizumab subcutaneous soln prefilled syringe 150 mg/ml	2	X	•			•
zafirlukast tab 10 mg (Accolate)	1					
zafirlukast tab 20 mg (Accolate)	1					
zileuton tab er 12hr 600 mg	1		•	•		
RESPIRATORY AGENTS - MISC.						
BRONCHITOL – mannitol inhal cap 40 mg	3	X		•		
BRONCHITOL TOLERANCE TEST – mannitol inhal cap 40 mg	3	X		•		
ESBRIET – pirfenidone cap 267 mg	3	X	•	•		•
ESBRIET – pirfenidone tab 267 mg	3	X	•	•		•
ESBRIET – pirfenidone tab 801 mg	3	X	•	•		•
KALYDECO – ivacaftor tab 150 mg	2	X	•	•		•
KALYDECO – ivacaftor packet 25 mg	2	X	•	•		•
KALYDECO – ivacaftor packet 50 mg	2	X	•	•		•
KALYDECO – ivacaftor packet 75 mg	2	X	•	•		•
OFEV – nintedanib esylate cap 100 mg (base equivalent)	3	X	•	•		•
OFEV – nintedanib esylate cap 150 mg (base equivalent)	3	X	•	•		•
ORKAMBI – lumacaftor-ivacaftor tab 100-125 mg	3	X	•	•		•
ORKAMBI – lumacaftor-ivacaftor tab 200-125 mg	3	X	•	•		•

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ORKAMBI – lumacaftor-ivacaftor granules packet 100-125 mg	3	X	•	•		•
ORKAMBI – lumacaftor-ivacaftor granules packet 150-188 mg	3	X	•	•		•
pirfenidone tab 267 mg (Esbriet)	1	X	•	•		
pirfenidone tab 801 mg (Esbriet)	1	X	•	•		
PULMOZYME – dornase alfa inhal soln 2.5 mg/2.5ml	2	X				
SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	2	X	•	•		•
SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	2	X	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaftor 50-25-37.5 mg & ivacaftor 75 mg tbpk	2	X	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaftor 100-50-75 mg & ivacaftor 150 mg tbpk	2	X	•	•		•
GASTROINTESTINAL AGENTS						
LAXATIVES						
GAVILYTE-C – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	3					
GOLYTELY – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	3					
lactulose solution 10 gm/15ml	1					
MOVIPREP – peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	3					
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1					

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peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	1						dicyclomine hcl tab 20 mg	1					
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1						esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	1			•		
PEG-PREP – bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	3						esomeprazole magnesium for delayed release susp packet 10 mg (Nexium)	1			•		
PLENVU – peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm	3						esomeprazole magnesium for delayed release susp packet 20 mg (Nexium)	1			•		
SUPREP BOWEL PREP KIT – sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3						esomeprazole magnesium for delayed release susp packet 40 mg (Nexium)	1			•		
SUTAB – sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	3						famotidine for susp 40 mg/5ml	1					
ANTIDIARRHEALS							famotidine tab 20 mg (Pepcid)	1					
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1						famotidine tab 40 mg (Pepcid)	1					
DIPHENOXYLATE/ATROPINE – diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3						glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	1					
LOMOTIL – diphenoxylate w/ atropine tab 2.5-0.025 mg	3						glycopyrrolate tab 1 mg (Robinul)	1					
MYTESI – crofelemer tab delayed release 125 mg	3					•	glycopyrrolate tab 2 mg (Robinul forte)	1					
ULCER DRUGS							HELIDAC THERAPY – metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack	3					
cimetidine hcl soln 300 mg/5ml	1						lansoprazole cap delayed release 30 mg (Prevacid)	1			•		
CUVPOSA – glycopyrrolate oral soln 1 mg/5ml	3						methscopolamine bromide tab 2.5 mg	1					
CYTOTEC – misoprostol tab 100 mcg	3						methscopolamine bromide tab 5 mg	1					
CYTOTEC – misoprostol tab 200 mcg	3						misoprostol tab 100 mcg (Cytotec)	1					
dicyclomine hcl cap 10 mg	1						misoprostol tab 200 mcg (Cytotec)	1					
dicyclomine hcl oral soln 10 mg/5ml	1						NEXIUM – esomeprazole magnesium for delayed release susp pack 2.5 mg	2			•		

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NEXIUM – esomeprazole magnesium for delayed release susp packet 5 mg	2			•			DICLEGIS – doxylamine-pyridoxine tab delayed release 10-10 mg	3		•	•		
NIZATIDINE – nizatidine cap 150 mg	3						doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	1		•	•		
NIZATIDINE – nizatidine cap 300 mg	3						dronabinol cap 2.5 mg (Marinol)	1					
omeprazole cap delayed release 10 mg	1			•			dronabinol cap 5 mg	1					
omeprazole cap delayed release 20 mg	1			•			dronabinol cap 10 mg	1					
omeprazole cap delayed release 40 mg	1			•			EMEND – aprepitant capsule 80 mg	3			•		
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)	1			•			EMEND – aprepitant for oral susp 125 mg (125 mg/5ml)	2			•		
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)	1			•			EMEND TRIPACK – aprepitant capsule therapy pack 80 & 125 mg	3			•		
pantoprazole sodium for delayed release susp packet 40 mg (Protonix)	1			•			granisetron hcl tab 1 mg	1			•		
rabeprazole sodium ec tab 20 mg (Aciphex)	1			•			meclizine hcl tab 12.5 mg	1					
sucralfate tab 1 gm (Carafate)	1						meclizine hcl tab 25 mg	1					
ANTIEMETICS							ONDANSETRON HCL – ondansetron hcl tab 24 mg	3			•		
AKYNZEO – netupitant-palonosetron cap 300-0.5 mg	3		•	•			ondansetron hcl oral soln 4 mg/5ml	1					
ANZEMET – dolasetron mesylate tab 50 mg	3			•			ondansetron hcl tab 4 mg	1					
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	1			•			ondansetron hcl tab 8 mg	1					
aprepitant capsule 40 mg	1						ondansetron orally disintegrating tab 4 mg	1					
aprepitant capsule 80 mg (Emend)	1			•			ondansetron orally disintegrating tab 8 mg	1					
aprepitant capsule 125 mg	1			•			SANCUSO – granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	3		•	•		
BONJESTA – doxylamine-pyridoxine tab er 20-20 mg	3		•	•			scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	1					
							TRANSDERM-SCOP – scopolamine td patch 72hr 1 mg/3days	3					
							trimethobenzamide hcl cap 300 mg	1					

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VARUBI – rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	2	X		•		•
DIGESTIVE AIDS						
CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	2					
CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	2					
CREON – pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	2					
CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	2					
CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	2					
SUCRAID – sacrosidase soln 8500 unit/ml	3	X	•	•		•
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	2					
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	2					
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	2					
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	2					
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	2					
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	2					

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ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	2					
GASTROINTESTINAL AGENTS- MISC.						
alosectron hcl tab 0.5 mg (base equiv) (Lotronex)	1		•	•		
alosectron hcl tab 1 mg (base equiv) (Lotronex)	1		•	•		
AZULFIDINE – sulfasalazine tab 500 mg	3					
AZULFIDINE EN-TABS – sulfasalazine tab delayed release 500 mg	3					
balsalazide disodium cap 750 mg (Colazal)	1					
BYLVAY – odeixibat cap 400 mcg	3	X	•	•		•
BYLVAY – odeixibat cap 1200 mcg	3	X	•	•		•
BYLVAY (PELLETS) – odeixibat pellets cap sprinkle 200 mcg	3	X	•	•		•
BYLVAY (PELLETS) – odeixibat pellets cap sprinkle 600 mcg	3	X	•	•		•
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1					
calcium acetate (phosphate binder) tab 667 mg	1					
CHENODAL – chenodiol tab 250 mg	2	X				•
CHOLBAM – cholic acid cap 50 mg	3	X	•			•
CHOLBAM – cholic acid cap 250 mg	3	X	•			•
CIMZIA – certolizumab pegol for inj kit 2 x 200 mg	3	X	•	•		
CIMZIA – certolizumab pegol prefilled syringe kit 2 x 200 mg/ml	3	X	•	•		

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CIMZIA STARTER KIT – certolizumab pegol prefilled syringe kit 6 x 200 mg/ml	3	X	•	•			mesalamine cap er 24hr 0.375 gm (Apriso)	1					
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1						mesalamine enema 4 gm	1					
DELZICOL – mesalamine cap dr 400 mg	3						mesalamine suppos 1000 mg (Canasa)	1					
FOSRENOL – lanthanum carbonate chew tab 500 mg (elemental)	3				•		mesalamine tab delayed release 800 mg (Asacol hd)	1					
FOSRENOL – lanthanum carbonate chew tab 750 mg (elemental)	3				•		mesalamine tab delayed release 1.2 gm (Lialda)	1					
FOSRENOL – lanthanum carbonate chew tab 1000 mg (elemental)	3				•		metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1					
FOSRENOL – lanthanum carbonate oral powder pack 750 mg (elemental)	3				•		metoclopramide hcl tab 5 mg (base equivalent) (Reglan)	1					
FOSRENOL – lanthanum carbonate oral powder pack 1000 mg (elemental)	3				•		metoclopramide hcl tab 10 mg (base equivalent) (Reglan)	1					
GATTEX – teduglutide (rdna) for inj kit 5 mg	3	X	•	•		•	MOVANTIK – naloxegol oxalate tab 12.5 mg (base equivalent)	2		•	•		
lactulose (encephalopathy) solution 10 gm/15ml	1						MOVANTIK – naloxegol oxalate tab 25 mg (base equivalent)	2		•	•		
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	1				•		OCALIVA – obeticholic acid tab 5 mg	3	X	•	•		•
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	1				•		OCALIVA – obeticholic acid tab 10 mg	3	X	•	•		•
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	1				•		PHOSLYRA – calcium acetate (phosphate binder) oral soln 667 mg/5ml	3					
LIVMARLI – maralixibat chloride oral soln 9.5 mg/ml	3	X	•	•		•	REGLAN – metoclopramide hcl tab 5 mg (base equivalent)	3					
LUBIPROSTONE – lubiprostone cap 8 mcg	3		•	•			REGLAN – metoclopramide hcl tab 10 mg (base equivalent)	3					
LUBIPROSTONE – lubiprostone cap 24 mcg	3		•	•			RENAGEL – sevelamer hcl tab 800 mg	3				•	
mesalamine cap dr 400 mg (Delzicol)	1						sevelamer carbonate packet 0.8 gm (Renvela)	1					
							sevelamer carbonate packet 2.4 gm (Renvela)	1					

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sevelamer carbonate tab 800 mg (Renvela)	1						darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1			•		
sevelamer hcl tab 800 mg (Renagel)	1						fesoterodine fumarate tab er 24hr 4 mg (Toviaz)	1			•		
SEVELAMER HYDROCHLORIDE – sevelamer hcl tab 400 mg	3				•		fesoterodine fumarate tab er 24hr 8 mg (Toviaz)	1			•		
SFROWASA – mesalamine sulfite-free (sf) enema 4 gm/60ml	3						flavoxate hcl tab 100 mg	1					
SKYRIZI – risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	2	X	•	•			MYRBETRIQ – mirabegron granules for oral extended release susp 8 mg/ml	2			•		
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1						MYRBETRIQ – mirabegron tab er 24 hr 25 mg	2			•		
sulfasalazine tab 500 mg (Azulfidine)	1						MYRBETRIQ – mirabegron tab er 24 hr 50 mg	2			•		
SYMPROIC – naldemedine tosylate tab 0.2 mg (base equivalent)	2		•	•			oxybutynin chloride syrup 5 mg/5ml	1			•		
TRULANCE – plecanatide tab 3 mg	2		•	•			oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	1			•		
ursodiol cap 300 mg	1						oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	1			•		
ursodiol tab 250 mg (Urso 250)	1						oxybutynin chloride tab er 24hr 15 mg	1			•		
ursodiol tab 500 mg (Urso forte)	1						oxybutynin chloride tab 5 mg	1			•		
VELPHORO – sucroferric oxyhydroxide chew tab 500 mg	2				•		solifenacin succinate tab 5 mg (Vesicare)	1			•		
VIBERZI – eluxadoline tab 75 mg	2		•	•			solifenacin succinate tab 10 mg (Vesicare)	1			•		
VIBERZI – eluxadoline tab 100 mg	2		•	•			tolterodine tartrate cap er 24hr 2 mg (Detrol la)	1			•		
XERMELO – telotristat ethyl tab 250 mg (as telotristat etiprate)	3	X	•			•	tolterodine tartrate cap er 24hr 4 mg (Detrol la)	1			•		
GENITOURINARY AGENTS													
URINARY ANTISPASMODICS													
bethanechol chloride tab 5 mg	1						tolterodine tartrate tab 1 mg (Detrol)	1			•		
bethanechol chloride tab 10 mg	1						tolterodine tartrate tab 2 mg (Detrol)	1			•		
bethanechol chloride tab 25 mg	1												
bethanechol chloride tab 50 mg	1												
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1			•									

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
tropium chloride cap er 24hr 60 mg	1			•		
tropium chloride tab 20 mg	1			•		
VESICARE – solifenacin succinate tab 5 mg	3			•		
VESICARE – solifenacin succinate tab 10 mg	3			•		
VAGINAL PRODUCTS						
CLEOCIN – clindamycin phosphate vaginal cream 2%	3					
CLEOCIN – clindamycin phosphate vaginal suppos 100 mg	2					
clindamycin phosphate vaginal cream 2% (Cleocin)	1					
CLINDESSE – clindamycin phosphate (one dose) vaginal cream 2%	3					
CRINONE – progesterone vaginal gel 4%	3					
ENCARE – nonoxynol-9 vaginal suppos 100 mg	3					
ESTRACE – estradiol vaginal cream 0.1 mg/gm	3					
estradiol vaginal cream 0.1 mg/gm (Estrace)	1					
estradiol vaginal tab 10 mcg (Vagifem)	1		•			
ESTRING – estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2			•		
GYNAZOLE-1 – butoconazole nitrate (one dose) vaginal cream 2%	3					
IMVEXXY MAINTENANCE PACK – estradiol vaginal insert 4 mcg	3			•		
IMVEXXY MAINTENANCE PACK – estradiol vaginal insert 10 mcg	3			•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
IMVEXXY STARTER PACK – estradiol vaginal insert starter pack 4 mcg	3			•		
IMVEXXY STARTER PACK – estradiol vaginal insert starter pack 10 mcg	3			•		
INTRAROSA – prasterone vaginal insert 6.5 mg	3					
metronidazole vaginal gel 0.75%	1					
MICONAZOLE 3 – miconazole nitrate vaginal suppos 200 mg	3					
OPTIONS GYNOL II VAGINAL – nonoxynol-9 gel 3%	3					
PREMARIN – estrogens, conjugated vaginal cream 0.625 mg/gm	2					
SHUR-SEAL – nonoxynol-9 gel 2%	3					
terconazole vaginal cream 0.4%	1					
terconazole vaginal cream 0.8%	1					
terconazole vaginal suppos 80 mg	1					
TODAY SPONGE – nonoxynol-9 vaginal sponge 1000 mg	3					
VAGIFEM – estradiol vaginal tab 10 mcg	2					
VANAZOLE – metronidazole vaginal gel 0.75%	3					
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 foam 12.5%	3					
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 film 28%	3					
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 gel 4%	3					
GENITOURINARY AGENTS - MISC.						
acetic acid irrigation soln 0.25%	1					

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alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1						PROSCAR – finasteride tab 5 mg	3					
CYSTAGON – cysteamine bitartrate cap 50 mg	2				•		RAPAFLO – silodosin cap 4 mg	3					
CYSTAGON – cysteamine bitartrate cap 150 mg	2				•		RAPAFLO – silodosin cap 8 mg	3					
dutasteride cap 0.5 mg (Avodart)	1						silodosin cap 4 mg (Rapaflo)	1					
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	1						silodosin cap 8 mg (Rapaflo)	1					
ELMIRON – pentosan polysulfate sodium caps 100 mg	3		•				sodium chloride irrigation soln 0.9%	1					
finasteride tab 5 mg (Proscar)	1						sodium citrate & citric acid soln 500-334 mg/5ml	1					
JALYN – dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3						tamsulosin hcl cap 0.4 mg (Flomax)	1					
K-PHOS NO 2 – potassium & sodium acid phosphates tab 305-700 mg	2						THIOLA – tiopronin tab 100 mg	3	X	•	•	•	•
LITHOSTAT – acetohydroxamic acid tab 250 mg	3						THIOLA EC – tiopronin tab delayed release 100 mg	3	X	•	•	•	•
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	1						THIOLA EC – tiopronin tab delayed release 300 mg	3	X	•	•	•	•
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1						tiopronin tab 100 mg (Thiola)	1	X	•	•		
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1						UROCIT-K 10 – potassium citrate tab er 10 meq (1080 mg)	3					
PROCYSBI – cysteamine bitartrate delayed release granules packet 75 mg	3	X	•		•		UROCIT-K 15 – potassium citrate tab er 15 meq (1620 mg)	3					
PROCYSBI – cysteamine bitartrate delayed release granules packet 300 mg	3	X	•		•		UROCIT-K 5 – potassium citrate tab er 5 meq (540 mg)	3					
PROCYSBI – cysteamine bitartrate cap delayed release 25 mg (base equiv)	3	X	•		•		CENTRAL NERVOUS SYSTEM DRUGS						
PROCYSBI – cysteamine bitartrate cap delayed release 75 mg (base equiv)	3	X	•		•		ANTIANXIETY AGENTS						
							ALPRAZOLAM INTENSOL – alprazolam conc 1 mg/ml	3					
							alprazolam orally disintegrating tab 0.25 mg	1					
							alprazolam orally disintegrating tab 0.5 mg	1					
							alprazolam orally disintegrating tab 1 mg	1					
							alprazolam orally disintegrating tab 2 mg	1					

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alprazolam tab er 24hr 0.5 mg (Xanax xr)	1						hydroxyzine hcl tab 25 mg	1					
alprazolam tab er 24hr 1 mg (Xanax xr)	1						hydroxyzine hcl tab 50 mg	1					
alprazolam tab er 24hr 2 mg (Xanax xr)	1						HYDROXYZINE PAMOATE – hydroxyzine pamoate cap 100 mg	3					
alprazolam tab er 24hr 3 mg (Xanax xr)	1						hydroxyzine pamoate cap 25 mg (Vistaril)	1					
alprazolam tab 0.25 mg (Xanax)	1						hydroxyzine pamoate cap 50 mg (Vistaril)	1					
alprazolam tab 0.5 mg (Xanax)	1						lorazepam conc 2 mg/ml	1					
alprazolam tab 1 mg (Xanax)	1						lorazepam tab 0.5 mg (Ativan)	1					
alprazolam tab 2 mg (Xanax)	1						lorazepam tab 1 mg (Ativan)	1					
bupirone hcl tab 5 mg	1						lorazepam tab 2 mg (Ativan)	1					
bupirone hcl tab 7.5 mg	1						meprobamate tab 200 mg	1			•		
bupirone hcl tab 10 mg	1						meprobamate tab 400 mg	1			•		
bupirone hcl tab 15 mg	1						oxazepam cap 10 mg	1					
bupirone hcl tab 30 mg	1						oxazepam cap 15 mg	1					
chlordiazepoxide hcl cap 5 mg	1						oxazepam cap 30 mg	1					
chlordiazepoxide hcl cap 10 mg	1						VISTARIL – hydroxyzine pamoate cap 25 mg	3					
chlordiazepoxide hcl cap 25 mg	1						VISTARIL – hydroxyzine pamoate cap 50 mg	3					
clorazepate dipotassium tab 3.75 mg	1						ANTIDEPRESSANTS						
clorazepate dipotassium tab 7.5 mg (Tranxene t)	1						amitriptyline hcl tab 10 mg	1					
clorazepate dipotassium tab 15 mg	1						amitriptyline hcl tab 25 mg	1					
diazepam conc 5 mg/ml	1						amitriptyline hcl tab 50 mg	1					
diazepam oral soln 1 mg/ml	1						amitriptyline hcl tab 75 mg	1					
diazepam tab 2 mg (Valium)	1						amitriptyline hcl tab 100 mg	1					
diazepam tab 5 mg (Valium)	1						amitriptyline hcl tab 150 mg	1					
diazepam tab 10 mg (Valium)	1						AMOXAPINE – amoxapine tab 25 mg	3					
hydroxyzine hcl syrup 10 mg/5ml	1						AMOXAPINE – amoxapine tab 50 mg	3					
hydroxyzine hcl tab 10 mg	1						AMOXAPINE – amoxapine tab 100 mg	3					

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AMOXAPINE – amoxapine tab 150 mg	3						desipramine hcl tab 150 mg	1					
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)	1						DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 50 mg	3			•	•	
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)	1						DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 100 mg	3			•	•	
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)	1						desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)	1			•		
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)	1						desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)	1			•		
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)	1						desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	1			•		
bupropion hcl tab 75 mg	1						doxepin hcl cap 10 mg	1					
bupropion hcl tab 100 mg	1						doxepin hcl cap 25 mg	1					
citalopram hydrobromide oral soln 10 mg/5ml	1						doxepin hcl cap 50 mg	1					
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)	1						doxepin hcl cap 75 mg	1					
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)	1						doxepin hcl cap 100 mg	1					
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)	1						doxepin hcl cap 150 mg	1					
clomipramine hcl cap 25 mg (Anafranil)	1						doxepin hcl conc 10 mg/ml	1					
clomipramine hcl cap 50 mg (Anafranil)	1						duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)	1					
clomipramine hcl cap 75 mg (Anafranil)	1						duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)	1					
desipramine hcl tab 10 mg (Norpramin)	1						duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)	1					
desipramine hcl tab 25 mg (Norpramin)	1						EMSAM – selegiline td patch 24hr 6 mg/24hr	3					
desipramine hcl tab 50 mg	1						EMSAM – selegiline td patch 24hr 9 mg/24hr	3					
desipramine hcl tab 75 mg	1						EMSAM – selegiline td patch 24hr 12 mg/24hr	3					
desipramine hcl tab 100 mg	1												

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escitalopram oxalate soln 5 mg/5ml (base equiv)	1						mirtazapine orally disintegrating tab 30 mg (Remeron soltab)	1			•		
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)	1						mirtazapine orally disintegrating tab 45 mg (Remeron soltab)	1			•		
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)	1						mirtazapine tab 7.5 mg	1			•		
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)	1						mirtazapine tab 15 mg (Remeron)	1			•		
FETZIMA – levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	3			•	•		mirtazapine tab 30 mg (Remeron)	1			•		
FETZIMA – levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	3			•	•		mirtazapine tab 45 mg	1			•		
FETZIMA – levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	3			•	•		NARDIL – phenelzine sulfate tab 15 mg	3					
FETZIMA – levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	3			•	•		NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 50 mg	3					
FETZIMA TITRATION PACK – levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3			•	•		NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 100 mg	3					
FLUOXETINE DR – fluoxetine hcl cap delayed release 90 mg	3				•		NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 150 mg	3					
fluoxetine hcl cap 10 mg (Prozac)	1						NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 200 mg	3					
fluoxetine hcl cap 20 mg (Prozac)	1						NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 250 mg	3					
fluoxetine hcl cap 40 mg (Prozac)	1						NORPRAMIN – desipramine hcl tab 10 mg	3					
fluoxetine hcl solution 20 mg/5ml	1						NORPRAMIN – desipramine hcl tab 25 mg	3					
fluvoxamine maleate tab 25 mg	1			•			NORTRIPTYLINE HCL – nortriptyline hcl soln 10 mg/5ml	2					
fluvoxamine maleate tab 50 mg	1			•			nortriptyline hcl cap 10 mg (Pamelor)	1					
fluvoxamine maleate tab 100 mg	1			•			nortriptyline hcl cap 25 mg (Pamelor)	1					
imipramine hcl tab 10 mg	1						nortriptyline hcl cap 50 mg (Pamelor)	1					
imipramine hcl tab 25 mg	1						nortriptyline hcl cap 75 mg (Pamelor)	1					
imipramine hcl tab 50 mg	1						PAMELOR – nortriptyline hcl cap 10 mg	3					
MARPLAN – isocarboxazid tab 10 mg	3												
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	1			•									

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PAMELOR – nortriptyline hcl cap 25 mg	3						TRINTELLIX – vortioxetine hbr tab 10 mg (base equiv)	3			•	•	
PAMELOR – nortriptyline hcl cap 50 mg	3						TRINTELLIX – vortioxetine hbr tab 20 mg (base equiv)	3			•	•	
PAMELOR – nortriptyline hcl cap 75 mg	3						venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	1					
PARNATE – tranylcypromine sulfate tab 10 mg	3						venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	1					
paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil)	1						venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	1					
paroxetine hcl tab 10 mg (Paxil)	1						venlafaxine hcl tab 25 mg (base equivalent)	1					
paroxetine hcl tab 20 mg (Paxil)	1						venlafaxine hcl tab 37.5 mg (base equivalent)	1					
paroxetine hcl tab 30 mg (Paxil)	1						venlafaxine hcl tab 50 mg (base equivalent)	1					
paroxetine hcl tab 40 mg (Paxil)	1						venlafaxine hcl tab 75 mg (base equivalent)	1					
PHENELZINE SULFATE – phenelzine sulfate tab 15 mg	3						venlafaxine hcl tab 100 mg (base equivalent)	1					
protriptyline hcl tab 5 mg	1						VIIBRYD – vilazodone hcl tab 10 mg	3			•	•	
protriptyline hcl tab 10 mg	1						VIIBRYD – vilazodone hcl tab 20 mg	3			•	•	
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1						VIIBRYD – vilazodone hcl tab 40 mg	3			•	•	
sertraline hcl tab 25 mg (Zoloft)	1						VIIBRYD STARTER PACK – vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	3			•	•	
sertraline hcl tab 50 mg (Zoloft)	1						vilazodone hcl tab 10 mg (Viibryd)	1			•		
sertraline hcl tab 100 mg (Zoloft)	1						vilazodone hcl tab 20 mg (Viibryd)	1			•		
tranylcypromine sulfate tab 10 mg (Parnate)	1						vilazodone hcl tab 40 mg (Viibryd)	1			•		
trazodone hcl tab 50 mg	1						ZOLOFT – sertraline hcl oral concentrate for solution 20 mg/ml	3				•	
trazodone hcl tab 100 mg	1						ANTIPSYCHOTICS						
trazodone hcl tab 150 mg	1						aripiprazole oral solution 1 mg/ml	1			•		
trimipramine maleate cap 25 mg	1												
trimipramine maleate cap 50 mg	1												
trimipramine maleate cap 100 mg	1												
TRINTELLIX – vortioxetine hbr tab 5 mg (base equiv)	3			•	•								

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aripiprazole orally disintegrating tab 10 mg	1			•			clozapine orally disintegrating tab 100 mg	1					
aripiprazole orally disintegrating tab 15 mg	1			•			clozapine tab 25 mg (Clozaril)	1					
aripiprazole tab 2 mg (Abilify)	1			•			clozapine tab 50 mg (Clozaril)	1					
aripiprazole tab 5 mg (Abilify)	1			•			clozapine tab 100 mg (Clozaril)	1					
aripiprazole tab 10 mg (Abilify)	1			•			clozapine tab 200 mg (Clozaril)	1					
aripiprazole tab 15 mg (Abilify)	1			•			EQUETRO – carbamazepine (mood) cap er 12hr 100 mg	3					
aripiprazole tab 20 mg (Abilify)	1			•			EQUETRO – carbamazepine (mood) cap er 12hr 200 mg	3					
aripiprazole tab 30 mg (Abilify)	1			•			EQUETRO – carbamazepine (mood) cap er 12hr 300 mg	3					
asenapine maleate sl tab 2.5 mg (base equiv) (Saphris)	1			•			FANAPT – iloperidone tab 1 mg	3			•	•	
asenapine maleate sl tab 5 mg (base equiv) (Saphris)	1			•			FANAPT – iloperidone tab 2 mg	3			•	•	
asenapine maleate sl tab 10 mg (base equiv) (Saphris)	1			•			FANAPT – iloperidone tab 4 mg	3			•	•	
CAPLYTA – lumateperone tosylate cap 10.5 mg	3			•	•		FANAPT – iloperidone tab 6 mg	3			•	•	
CAPLYTA – lumateperone tosylate cap 21 mg	3			•	•		FANAPT – iloperidone tab 8 mg	3			•	•	
CAPLYTA – lumateperone tosylate cap 42 mg	3			•	•		FANAPT – iloperidone tab 10 mg	3			•	•	
chlorpromazine hcl tab 10 mg	1						FANAPT – iloperidone tab 12 mg	3			•	•	
chlorpromazine hcl tab 25 mg	1						FANAPT TITRATION PACK – iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3			•	•	
chlorpromazine hcl tab 50 mg	1						FLUPHENAZINE HCL – fluphenazine hcl oral conc 5 mg/ml	2					
chlorpromazine hcl tab 100 mg	1						fluphenazine hcl tab 1 mg	1					
chlorpromazine hcl tab 200 mg	1						fluphenazine hcl tab 2.5 mg	1					
CLOZAPINE ODT – clozapine orally disintegrating tab 12.5 mg	3						fluphenazine hcl tab 5 mg	1					
CLOZAPINE ODT – clozapine orally disintegrating tab 150 mg	3						fluphenazine hcl tab 10 mg	1					
CLOZAPINE ODT – clozapine orally disintegrating tab 200 mg	3						FLUPHENAZINE HYDROCHLORID – fluphenazine hcl elixir 2.5 mg/5ml	2					
clozapine orally disintegrating tab 25 mg	1						haloperidol lactate oral conc 2 mg/ml	1					

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haloperidol tab 0.5 mg	1						lithium carbonate tab 300 mg	1					
haloperidol tab 1 mg	1						LITHOBID – lithium carbonate tab er 300 mg	3					
haloperidol tab 2 mg	1						loxapine succinate cap 5 mg	1					
haloperidol tab 5 mg	1						loxapine succinate cap 10 mg	1					
haloperidol tab 10 mg	1						loxapine succinate cap 25 mg	1					
haloperidol tab 20 mg	1						loxapine succinate cap 50 mg	1					
INVEGA – paliperidone tab er 24hr 1.5 mg	3			•	•		MOLINDONE HYDROCHLORIDE – molindone hcl tab 5 mg	3					
INVEGA – paliperidone tab er 24hr 3 mg	3			•	•		MOLINDONE HYDROCHLORIDE – molindone hcl tab 10 mg	3					
INVEGA – paliperidone tab er 24hr 6 mg	3			•	•		MOLINDONE HYDROCHLORIDE – molindone hcl tab 25 mg	3					
INVEGA – paliperidone tab er 24hr 9 mg	3			•	•		NUPLAZID – pimavanserin tartrate cap 34 mg (base equivalent)	3	X	•	•	•	
LATUDA – lurasidone hcl tab 20 mg	2			•			NUPLAZID – pimavanserin tartrate tab 10 mg (base equivalent)	3	X	•	•	•	
LATUDA – lurasidone hcl tab 40 mg	2			•			olanzapine orally disintegrating tab 5 mg (Zyprexa zydis)	1			•		
LATUDA – lurasidone hcl tab 60 mg	2			•			olanzapine orally disintegrating tab 10 mg (Zyprexa zydis)	1			•		
LATUDA – lurasidone hcl tab 80 mg	2			•			olanzapine orally disintegrating tab 15 mg (Zyprexa zydis)	1			•		
LATUDA – lurasidone hcl tab 120 mg	2			•			olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)	1			•		
LITHIUM CARBONATE – lithium carbonate cap 150 mg	3						olanzapine tab 2.5 mg (Zyprexa)	1			•		
LITHIUM CARBONATE – lithium carbonate cap 300 mg	3						olanzapine tab 5 mg (Zyprexa)	1			•		
LITHIUM CARBONATE – lithium carbonate cap 600 mg	3						olanzapine tab 7.5 mg (Zyprexa)	1			•		
lithium carbonate cap 150 mg (Lithium carbonate)	1						olanzapine tab 10 mg (Zyprexa)	1			•		
lithium carbonate cap 300 mg (Lithium carbonate)	1						olanzapine tab 15 mg (Zyprexa)	1			•		
lithium carbonate cap 600 mg (Lithium carbonate)	1						olanzapine tab 20 mg (Zyprexa)	1			•		
lithium carbonate tab er 300 mg (Lithobid)	1						paliperidone tab er 24hr 1.5 mg (Invega)	1			•		
lithium carbonate tab er 450 mg	1						paliperidone tab er 24hr 3 mg (Invega)	1			•		

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paliperidone tab er 24hr 6 mg (Invega)	1			•			quetiapine fumarate tab 400 mg (Seroquel)	1			•		
paliperidone tab er 24hr 9 mg (Invega)	1			•			REXULTI – brexpiprazole tab 0.25 mg	3			•		
perphenazine tab 2 mg	1						REXULTI – brexpiprazole tab 0.5 mg	3			•		
perphenazine tab 4 mg	1						REXULTI – brexpiprazole tab 1 mg	3			•		
perphenazine tab 8 mg	1						REXULTI – brexpiprazole tab 2 mg	3			•		
perphenazine tab 16 mg	1						REXULTI – brexpiprazole tab 3 mg	3			•		
prochlorperazine maleate tab 5 mg (base equivalent)	1						REXULTI – brexpiprazole tab 4 mg	3			•		
prochlorperazine maleate tab 10 mg (base equivalent)	1						RISPERIDONE ODT – risperidone orally disintegrating tab 0.25 mg	3			•	•	
prochlorperazine suppos 25 mg	1						risperidone orally disintegrating tab 0.5 mg	1			•		
QUETIAPINE FUMARATE – quetiapine fumarate tab 150 mg	3			•	•		risperidone orally disintegrating tab 1 mg	1			•		
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	1			•			risperidone orally disintegrating tab 2 mg	1			•		
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)	1			•			risperidone orally disintegrating tab 3 mg	1			•		
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr)	1			•			risperidone orally disintegrating tab 4 mg	1			•		
quetiapine fumarate tab er 24hr 300 mg (Seroquel xr)	1			•			risperidone soln 1 mg/ml (Risperdal)	1			•		
quetiapine fumarate tab er 24hr 400 mg (Seroquel xr)	1			•			risperidone tab 0.25 mg	1			•		
quetiapine fumarate tab 25 mg (Seroquel)	1			•			risperidone tab 0.5 mg (Risperdal)	1			•		
quetiapine fumarate tab 50 mg (Seroquel)	1			•			risperidone tab 1 mg (Risperdal)	1			•		
quetiapine fumarate tab 100 mg (Seroquel)	1			•			risperidone tab 2 mg (Risperdal)	1			•		
quetiapine fumarate tab 200 mg (Seroquel)	1			•			risperidone tab 3 mg (Risperdal)	1			•		
quetiapine fumarate tab 300 mg (Seroquel)	1			•			risperidone tab 4 mg (Risperdal)	1			•		
							SAPHRIS – asenapine maleate sl tab 2.5 mg (base equiv)	3			•	•	
							SAPHRIS – asenapine maleate sl tab 5 mg (base equiv)	3			•	•	

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SAPHRIS – asenapine maleate sl tab 10 mg (base equiv)	3			•	•		VRAYLAR – cariprazine hcl cap 6 mg (base equivalent)	3			•	•	
SECUADO – asenapine td patch 24 hr 3.8 mg/24hr	3			•	•		ziprasidone hcl cap 20 mg (Geodon)	1			•		
SECUADO – asenapine td patch 24 hr 5.7 mg/24hr	3			•	•		ziprasidone hcl cap 40 mg (Geodon)	1			•		
SECUADO – asenapine td patch 24 hr 7.6 mg/24hr	3			•	•		ziprasidone hcl cap 60 mg (Geodon)	1			•		
thioridazine hcl tab 10 mg	1						ziprasidone hcl cap 80 mg (Geodon)	1			•		
thioridazine hcl tab 25 mg	1						HYPNOTICS						
thioridazine hcl tab 50 mg	1						doxepin hcl (sleep) tab 3 mg (base equiv) (Silenor)	1			•		
thioridazine hcl tab 100 mg	1						doxepin hcl (sleep) tab 6 mg (base equiv) (Silenor)	1			•		
thiothixene cap 1 mg	1						estazolam tab 1 mg	1					
thiothixene cap 2 mg	1						estazolam tab 2 mg	1					
thiothixene cap 5 mg	1						eszopiclone tab 1 mg (Lunesta)	1			•		
thiothixene cap 10 mg	1						eszopiclone tab 2 mg (Lunesta)	1			•		
trifluoperazine hcl tab 1 mg (base equivalent)	1						eszopiclone tab 3 mg (Lunesta)	1			•		
trifluoperazine hcl tab 2 mg (base equivalent)	1						FLURAZEPAM HCL – flurazepam hcl cap 15 mg	3					
trifluoperazine hcl tab 5 mg (base equivalent)	1						FLURAZEPAM HCL – flurazepam hcl cap 30 mg	3					
trifluoperazine hcl tab 10 mg (base equivalent)	1						HETLIOZ – tasimelteon capsule 20 mg	3	X	•	•		•
VERSACLOZ – clozapine susp 50 mg/ml	3			•	•		HETLIOZ LQ – tasimelteon oral susp 4 mg/ml	3	X	•	•		•
VRAYLAR – cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	3			•	•		phenobarbital elixir 20 mg/5ml	1					
VRAYLAR – cariprazine hcl cap 1.5 mg (base equivalent)	3			•	•		phenobarbital tab 15 mg	1					
VRAYLAR – cariprazine hcl cap 3 mg (base equivalent)	3			•	•		phenobarbital tab 16.2 mg	1					
VRAYLAR – cariprazine hcl cap 4.5 mg (base equivalent)	3			•	•		phenobarbital tab 30 mg	1					
							phenobarbital tab 32.4 mg	1					
							phenobarbital tab 60 mg	1					

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phenobarbital tab 64.8 mg	1					
phenobarbital tab 97.2 mg	1					
phenobarbital tab 100 mg	1					
ramelteon tab 8 mg (Rozerem)	1			•		
ROZEREM – ramelteon tab 8 mg	3			• •		
SILENOR – doxepin hcl (sleep) tab 3 mg (base equiv)	3			• •		
SILENOR – doxepin hcl (sleep) tab 6 mg (base equiv)	3			• •		
temazepam cap 7.5 mg (Restoril)	1					
temazepam cap 15 mg (Restoril)	1					
temazepam cap 22.5 mg (Restoril)	1					
temazepam cap 30 mg (Restoril)	1					
zaleplon cap 5 mg	1			•		
zaleplon cap 10 mg	1			•		
zolpidem tartrate tab er 6.25 mg (Ambien cr)	1			•		
zolpidem tartrate tab er 12.5 mg (Ambien cr)	1			•		
zolpidem tartrate tab 5 mg (Ambien)	1			•		
zolpidem tartrate tab 10 mg (Ambien)	1			•		
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS						
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)	1			•		
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)	1			•		
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)	1			•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)	1			•		
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)	1			•		
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)	1			•		
amphetamine-dextroamphetamine tab 5 mg (Adderall)	1			•		
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)	1			•		
amphetamine-dextroamphetamine tab 10 mg (Adderall)	1			•		
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)	1			•		
amphetamine-dextroamphetamine tab 15 mg (Adderall)	1			•		
amphetamine-dextroamphetamine tab 20 mg (Adderall)	1			•		
amphetamine-dextroamphetamine tab 30 mg (Adderall)	1			•		
armodafinil tab 50 mg (Nuvigil)	1			•		
armodafinil tab 150 mg (Nuvigil)	1			•		
armodafinil tab 200 mg (Nuvigil)	1			•		
armodafinil tab 250 mg (Nuvigil)	1			•		
atomoxetine hcl cap 10 mg (base equiv) (Strattera)	1			•		

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atomoxetine hcl cap 18 mg (base equiv) (Strattera)	1			•			dexmethylphenidate hcl tab 5 mg (Focalin)	1			•		
atomoxetine hcl cap 25 mg (base equiv) (Strattera)	1			•			dexmethylphenidate hcl tab 10 mg (Focalin)	1			•		
atomoxetine hcl cap 40 mg (base equiv) (Strattera)	1			•			dextroamphetamine sulfate cap er 24hr 5 mg	1			•		
atomoxetine hcl cap 60 mg (base equiv) (Strattera)	1			•			dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	1			•		
atomoxetine hcl cap 80 mg (base equiv) (Strattera)	1			•			dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)	1			•		
atomoxetine hcl cap 100 mg (base equiv) (Strattera)	1			•			dextroamphetamine sulfate oral solution 5 mg/5ml	1			•		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1						dextroamphetamine sulfate tab 5 mg	1			•		
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	1			•			dextroamphetamine sulfate tab 10 mg	1			•		
DESOXYN – methamphetamine hcl tab 5 mg	3		•	•			FOCALIN – dexmethylphenidate hcl tab 2.5 mg	3		•	•		
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)	1			•			FOCALIN – dexmethylphenidate hcl tab 5 mg	3		•	•		
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)	1			•			FOCALIN – dexmethylphenidate hcl tab 10 mg	3		•	•		
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)	1			•			guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)	1			•		
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)	1			•			guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	1			•		
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)	1			•			guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	1			•		
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)	1			•			guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv)	1			•		
dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)	1			•			IMCIVREE – setmelanotide acetate subcutaneous soln 10 mg/ml	3	X	•	•		•
dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)	1			•			methamphetamine hcl tab 5 mg (Desoxyn)	1			•		
dexmethylphenidate hcl tab 2.5 mg (Focalin)	1			•			METHYLIN – methylphenidate hcl soln 5 mg/5ml	3		•	•		

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METHYLIN – methylphenidate hcl soln 10 mg/5ml	3		•	•			methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)	1			•		
methylphenidate hcl cap er 10 mg (cd)	1			•			methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	1			•		
methylphenidate hcl cap er 20 mg (cd)	1			•			methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)	1			•		
methylphenidate hcl cap er 30 mg (cd)	1			•			methylphenidate hcl tab er 10 mg	1			•		
methylphenidate hcl cap er 40 mg (cd)	1			•			methylphenidate hcl tab er 20 mg	1			•		
methylphenidate hcl cap er 50 mg (cd)	1			•			methylphenidate hcl tab er 24hr 27 mg	1			•		
methylphenidate hcl cap er 60 mg (cd)	1			•			methylphenidate hcl tab er 24hr 36 mg	1			•		
methylphenidate hcl cap er 24hr 10 mg (la) (Ritalin la)	1			•			methylphenidate hcl tab er 24hr 54 mg	1			•		
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la)	1			•			methylphenidate hcl tab 5 mg (Ritalin)	1			•		
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)	1			•			methylphenidate hcl tab 10 mg (Ritalin)	1			•		
methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la)	1			•			methylphenidate hcl tab 20 mg (Ritalin)	1			•		
methylphenidate hcl chew tab 2.5 mg	1			•			METHYLPHENIDATE HYDROCHLO – methylphenidate hcl tab er 24hr 18 mg	3		•	•		
methylphenidate hcl chew tab 5 mg	1			•			modafinil tab 100 mg (Provigil)	1			•		
methylphenidate hcl chew tab 10 mg	1			•			modafinil tab 200 mg (Provigil)	1			•		
methylphenidate hcl soln 5 mg/5ml (Methylin)	1			•			phentermine hcl cap 15 mg	1					
methylphenidate hcl soln 10 mg/5ml (Methylin)	1			•			QUILLICHEW ER – methylphenidate hcl chew tab extended release 20 mg	3		•	•		
methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)	1			•			QUILLICHEW ER – methylphenidate hcl chew tab extended release 30 mg	3		•	•		

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QUILLICHEW ER – methylphenidate hcl chew tab extended release 40 mg	3		•	•			VYVANSE – lisdexamfetamine dimesylate chew tab 40 mg	2			•		
QUILLIVANT XR – methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	3		•	•			VYVANSE – lisdexamfetamine dimesylate chew tab 50 mg	2			•		
RITALIN – methylphenidate hcl tab 5 mg	3		•	•			VYVANSE – lisdexamfetamine dimesylate chew tab 60 mg	2			•		
RITALIN – methylphenidate hcl tab 10 mg	3		•	•			WAKIX – pitolisant hcl tab 4.45 mg (base equivalent)	3	X	•	•		•
RITALIN – methylphenidate hcl tab 20 mg	3		•	•			WAKIX – pitolisant hcl tab 17.8 mg (base equivalent)	3	X	•	•		•
SUNOSI – solriamfetol hcl tab 75 mg (base equiv)	2		•	•			PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.						
SUNOSI – solriamfetol hcl tab 150 mg (base equiv)	2		•	•			acamprosate calcium tab delayed release 333 mg	1					
VYVANSE – lisdexamfetamine dimesylate cap 10 mg	2			•			AUBAGIO – teriflunomide tab 7 mg	2	X	•	•		•
VYVANSE – lisdexamfetamine dimesylate cap 20 mg	2			•			AUBAGIO – teriflunomide tab 14 mg	2	X	•	•		•
VYVANSE – lisdexamfetamine dimesylate cap 30 mg	2			•			AUSTEDO – deutetrabenazine tab 6 mg	3	X	•	•		
VYVANSE – lisdexamfetamine dimesylate cap 40 mg	2			•			AUSTEDO – deutetrabenazine tab 9 mg	3	X	•	•		
VYVANSE – lisdexamfetamine dimesylate cap 50 mg	2			•			AUSTEDO – deutetrabenazine tab 12 mg	3	X	•	•		
VYVANSE – lisdexamfetamine dimesylate cap 60 mg	2			•			AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	2	X	•	•		
VYVANSE – lisdexamfetamine dimesylate cap 70 mg	2			•			AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml	2	X	•	•		
VYVANSE – lisdexamfetamine dimesylate chew tab 10 mg	2			•			BETASERON – interferon beta-1b for inj kit 0.3 mg	2	X	•	•		
VYVANSE – lisdexamfetamine dimesylate chew tab 20 mg	2			•			bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1					
VYVANSE – lisdexamfetamine dimesylate chew tab 30 mg	2			•			CHLORDIAZEPOXIDE/AMITRIPT – chlordiazepoxide-amitriptyline tab 5-12.5 mg	3					
							CHLORDIAZEPOXIDE/AMITRIPT – chlordiazepoxide-amitriptyline tab 10-25 mg	3					

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dalfampridine tab er 12hr 10 mg (Ampyra)	1		•	•			galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)	1					
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	1	X		•			galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)	1					
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	1	X		•			galantamine hydrobromide tab 4 mg	1					
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	1	X		•			galantamine hydrobromide tab 8 mg	1					
disulfiram tab 250 mg	1						galantamine hydrobromide tab 12 mg	1					
disulfiram tab 500 mg	1						GILENYA – fingolimod hcl cap 0.5 mg (base equiv)	2	X	•	•		•
donepezil hydrochloride orally disintegrating tab 5 mg	1						glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	1	X		•		
donepezil hydrochloride orally disintegrating tab 10 mg	1						glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	1	X		•		
donepezil hydrochloride tab 5 mg (Aricept)	1						INGREZZA – valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	3	X	•	•		•
donepezil hydrochloride tab 10 mg (Aricept)	1						INGREZZA – valbenazine tosylate cap 40 mg (base equiv)	3	X	•	•		•
donepezil hydrochloride tab 23 mg (Aricept)	1						INGREZZA – valbenazine tosylate cap 60 mg (base equiv)	3	X	•	•		•
ERGOLOID MESYLATES – ergoloid mesylates tab 1 mg	3						INGREZZA – valbenazine tosylate cap 80 mg (base equiv)	3	X	•	•		•
EXELON – rivastigmine td patch 24hr 4.6 mg/24hr	3						KESIMPTA – ofatumumab soln auto-injector 20 mg/0.4ml	2	X	•	•		
EXELON – rivastigmine td patch 24hr 9.5 mg/24hr	3						LUCEMYRA – lofexidine hcl tab 0.18 mg (base equivalent)	3			•	•	
EXELON – rivastigmine td patch 24hr 13.3 mg/24hr	3						LYBALVI – olanzapine-samidorphan l-malate tab 5-10 mg	3				•	•
GALANTAMINE HYDROBROMIDE – galantamine hydrobromide oral soln 4 mg/ml	3						LYBALVI – olanzapine-samidorphan l-malate tab 10-10 mg	3				•	•
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)	1						LYBALVI – olanzapine-samidorphan l-malate tab 15-10 mg	3				•	•
							LYBALVI – olanzapine-samidorphan l-malate tab 20-10 mg	3				•	•

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MAVENCLAD – cladribine tab therapy pack 10 mg (4 tabs)	2	X	•	•		•	nicotine polacrilex lozenge 2 mg	1					
MAVENCLAD – cladribine tab therapy pack 10 mg (5 tabs)	2	X	•	•		•	nicotine polacrilex lozenge 4 mg	1					
MAVENCLAD – cladribine tab therapy pack 10 mg (6 tabs)	2	X	•	•		•	nicotine td patch 24hr 7 mg/24hr	1					
MAVENCLAD – cladribine tab therapy pack 10 mg (7 tabs)	2	X	•	•		•	nicotine td patch 24hr 14 mg/24hr	1					
MAVENCLAD – cladribine tab therapy pack 10 mg (8 tabs)	2	X	•	•		•	nicotine td patch 24hr 21 mg/24hr	1					
MAVENCLAD – cladribine tab therapy pack 10 mg (9 tabs)	2	X	•	•		•	NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)	2					
MAVENCLAD – cladribine tab therapy pack 10 mg (10 tabs)	2	X	•	•		•	NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2					
MAYZENT – siponimod fumarate tab 0.25 mg (base equiv)	2	X	•	•		•	NUEDEXTA – dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3		•	•		
MAYZENT – siponimod fumarate tab 1 mg (base equiv)	2	X	•	•		•	paroxetine mesylate cap 7.5 mg (base equiv)	1					
MAYZENT – siponimod fumarate tab 2 mg (base equiv)	2	X	•	•		•	PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 2-10 mg	3					
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (7) starter pack	2	X	•	•		•	PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 2-25 mg	3					
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (12) starter pack	2	X	•	•		•	PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 4-10 mg	3					
memantine hcl oral solution 2 mg/ml	1						PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 4-25 mg	3					
memantine hcl tab 5 mg (Namenda)	1						PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 4-50 mg	3					
memantine hcl tab 10 mg (Namenda)	1						PIMOZIDE – pimozide tab 1 mg	3					
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	1						PIMOZIDE – pimozide tab 2 mg	3					
nicotine polacrilex gum 2 mg	1						PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	2	X	•	•		•
nicotine polacrilex gum 4 mg	1						PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	2	X	•	•		•

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PLEGRIDY – peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	2	X	•	•		•	rivastigmine tartrate cap 4.5 mg (base equivalent)	1					
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	2	X	•	•		•	rivastigmine tartrate cap 6 mg (base equivalent)	1					
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	2	X	•	•		•	rivastigmine td patch 24hr 4.6 mg/24hr (Exelon)	1					
PONVORY – ponesimod tab 20 mg	3	X	•	•		•	rivastigmine td patch 24hr 9.5 mg/24hr (Exelon)	1					
PONVORY 14-DAY STARTER PA – ponesimod tab starter pack 2,3,4,5,6,7,8,9 & 10 mg	3	X	•	•			rivastigmine td patch 24hr 13.3 mg/24hr (Exelon)	1					
RAZADYNE ER – galantamine hydrobromide cap er 24hr 8 mg	3						SAVELLA – milnacipran hcl tab 12.5 mg	3			•	•	
RAZADYNE ER – galantamine hydrobromide cap er 24hr 16 mg	3						SAVELLA – milnacipran hcl tab 25 mg	3			•	•	
RAZADYNE ER – galantamine hydrobromide cap er 24hr 24 mg	3						SAVELLA – milnacipran hcl tab 50 mg	3			•	•	
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml	2	X	•	•			SAVELLA – milnacipran hcl tab 100 mg	3			•	•	
REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml	2	X	•	•			SAVELLA TITRATION PACK – milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	3			•	•	
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml	2	X	•	•			TASCENSO ODT – fingolimod lauryl sulfate tablet disintegrating 0.25 mg	3	X	•	•		
REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml	2	X	•	•			TEGSEDI – inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	3	X	•	•		•
REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	X	•	•			tetrabenazine tab 12.5 mg (Xenazine)	1	X	•	•		
REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	X	•	•			tetrabenazine tab 25 mg (Xenazine)	1	X	•	•		
rivastigmine tartrate cap 1.5 mg (base equivalent)	1						VARENICLINE STARTING MONT – varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	2					
rivastigmine tartrate cap 3 mg (base equivalent)	1						VARENICLINE TARTRATE – varenicline tartrate tab 0.5 mg (base equiv)	2					

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VARENICLINE TARTRATE – varenicline tartrate tab 1 mg (base equiv)	2						acetaminophen w/ codeine tab 300-30 mg	1		•	•		
XYREM – sodium oxybate oral solution 500 mg/ml	3	X	•	•		•	acetaminophen w/ codeine tab 300-60 mg	1		•	•		
XYWAV – calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	3	X	•	•		•	ACTIQ – fentanyl citrate lozenge on a handle 200 mcg	3		•	•		
ZEPOSIA – ozanimod hcl cap 0.92 mg	2	X	•	•			ACTIQ – fentanyl citrate lozenge on a handle 400 mcg	3		•	•		
ZEPOSIA STARTER KIT – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg	2	X	•	•			ACTIQ – fentanyl citrate lozenge on a handle 600 mcg	3		•	•		
ZEPOSIA 7-DAY STARTER PAC – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	2	X	•	•			ACTIQ – fentanyl citrate lozenge on a handle 800 mcg	3		•	•		
ANALGESICS AND ANESTHETICS							ACTIQ – fentanyl citrate lozenge on a handle 1200 mcg	3		•	•		
ANALGESICS - NON-NARCOTIC							ACTIQ – fentanyl citrate lozenge on a handle 1600 mcg	3		•	•		
aspirin chew tab 81 mg	1						APADAZ – benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	3		•	•		
aspirin tab delayed release 81 mg	1						BELBUCA – buprenorphine hcl buccal film 75 mcg (base equivalent)	2		•	•		
butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)	1			•			BELBUCA – buprenorphine hcl buccal film 150 mcg (base equivalent)	2		•	•		
butalbital-acetaminophen tab 50-325 mg	1			•			BELBUCA – buprenorphine hcl buccal film 300 mcg (base equivalent)	2		•	•		
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	1			•			BELBUCA – buprenorphine hcl buccal film 450 mcg (base equivalent)	2		•	•		
butalbital-aspirin-caffeine cap 50-325-40 mg	1			•			BELBUCA – buprenorphine hcl buccal film 600 mcg (base equivalent)	2		•	•		
diflunisal tab 500 mg	1						BELBUCA – buprenorphine hcl buccal film 750 mcg (base equivalent)	2		•	•		
TENCON – butalbital-acetaminophen tab 50-325 mg	3			•									
ANALGESICS - NARCOTIC													
acetaminophen w/ codeine soln 120-12 mg/5ml	1		•	•									
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	1		•	•									

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BELBUCA – buprenorphine hcl buccal film 900 mcg (base equivalent)	2		•	•			butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1		•	•		
BENZHYDROCODONE/ ACETAMINO – benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	3		•	•			butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1		•	•		
buprenorphine hcl sl tab 2 mg (base equiv)	1			•			butorphanol tartrate nasal soln 10 mg/ml	1		•	•		
buprenorphine hcl sl tab 8 mg (base equiv)	1			•			CODEINE SULFATE – codeine sulfate tab 15 mg	3		•	•		
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	1			•			CODEINE SULFATE – codeine sulfate tab 30 mg	3		•	•		
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)	1			•			CODEINE SULFATE – codeine sulfate tab 60 mg	3		•	•		
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	1			•			codeine sulfate tab 30 mg (Codeine sulfate)	1		•	•		
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)	1			•			DILAUDID – hydromorphone hcl liqd 1 mg/ml	3		•	•		
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1			•			fentanyl citrate lozenge on a handle 200 mcg (Actiq)	1		•	•		
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1			•			fentanyl citrate lozenge on a handle 400 mcg (Actiq)	1		•	•		
buprenorphine td patch weekly 5 mcg/hr (Butrans)	1		•	•			fentanyl citrate lozenge on a handle 600 mcg (Actiq)	1		•	•		
buprenorphine td patch weekly 7.5 mcg/hr (Butrans)	1		•	•			fentanyl citrate lozenge on a handle 800 mcg (Actiq)	1		•	•		
buprenorphine td patch weekly 10 mcg/hr (Butrans)	1		•	•			fentanyl citrate lozenge on a handle 1200 mcg (Actiq)	1		•	•		
buprenorphine td patch weekly 15 mcg/hr (Butrans)	1		•	•			fentanyl citrate lozenge on a handle 1600 mcg (Actiq)	1		•	•		
buprenorphine td patch weekly 20 mcg/hr (Butrans)	1		•	•			fentanyl td patch 72hr 12 mcg/hr	1		•	•		
							fentanyl td patch 72hr 25 mcg/hr	1		•	•		
							fentanyl td patch 72hr 50 mcg/hr	1		•	•		
							fentanyl td patch 72hr 75 mcg/hr	1		•	•		
							fentanyl td patch 72hr 100 mcg/hr	1		•	•		
							HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 10 mg	3		•	•		

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HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 15 mg	3		•	•			hydromorphone hcl tab er 24hr 32 mg	1		•	•		
HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 20 mg	3		•	•			hydromorphone hcl tab 2 mg (Dilaudid)	1		•	•		
HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 30 mg	3		•	•			hydromorphone hcl tab 4 mg (Dilaudid)	1		•	•		
HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 40 mg	3		•	•			hydromorphone hcl tab 8 mg (Dilaudid)	1		•	•		
HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 50 mg	3		•	•			levorphanol tartrate tab 2 mg	1		•	•		
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1		•	•			MEPERIDINE HCL – meperidine hcl oral soln 50 mg/5ml	3		•	•		
hydrocodone-acetaminophen tab 10-325 mg	1		•	•			METHADONE HCL – methadone hcl soln 5 mg/5ml	3		•	•		
hydrocodone-acetaminophen tab 5-325 mg	1		•	•			METHADONE HCL – methadone hcl soln 10 mg/5ml	3		•	•		
hydrocodone-acetaminophen tab 7.5-325 mg	1		•	•			methadone hcl conc 10 mg/ml (Methadose)	1		•	•		
hydrocodone-ibuprofen tab 7.5-200 mg	1		•	•			methadone hcl soln 5 mg/5ml (Methadone hcl)	1		•	•		
HYDROCODONE/IBUPROFEN – hydrocodone-ibuprofen tab 5-200 mg	3		•	•			methadone hcl soln 10 mg/5ml (Methadone hcl)	1		•	•		
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1		•	•			methadone hcl tab for oral susp 40 mg	1		•	•		
hydromorphone hcl tab er 24hr 8 mg	1		•	•			methadone hcl tab 5 mg	1		•	•		
hydromorphone hcl tab er 24hr 12 mg	1		•	•			methadone hcl tab 10 mg	1		•	•		
hydromorphone hcl tab er 24hr 16 mg	1		•	•			METHADOSE – methadone hcl conc 10 mg/ml	3		•	•		
							METHADOSE SUGAR-FREE – methadone hcl conc 10 mg/ml	3		•	•		
							MORPHINE SULFATE – morphine sulfate oral soln 20 mg/5ml	2		•	•		
							MORPHINE SULFATE – morphine sulfate tab 15 mg	3		•	•		
							MORPHINE SULFATE – morphine sulfate tab 30 mg	3		•	•		

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MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 30 mg	3		•	•			NUCYNTA ER – tapentadol hcl tab er 12hr 50 mg	3		•	•		
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 45 mg	3		•	•			NUCYNTA ER – tapentadol hcl tab er 12hr 100 mg	3		•	•		
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 60 mg	3		•	•			NUCYNTA ER – tapentadol hcl tab er 12hr 150 mg	3		•	•		
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 75 mg	3		•	•			NUCYNTA ER – tapentadol hcl tab er 12hr 200 mg	3		•	•		
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 90 mg	3		•	•			NUCYNTA ER – tapentadol hcl tab er 12hr 250 mg	3		•	•		
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 120 mg	3		•	•			oxycodone hcl cap 5 mg	1		•	•		
morphine sulfate oral soln 10 mg/5ml	1		•	•			oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1		•	•		
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1		•	•			oxycodone hcl soln 5 mg/5ml	1		•	•		
morphine sulfate tab er 15 mg (Ms contin)	1		•	•			oxycodone hcl tab 5 mg (Roxicodone)	1		•	•		
morphine sulfate tab er 30 mg (Ms contin)	1		•	•			oxycodone hcl tab 10 mg	1		•	•		
morphine sulfate tab er 60 mg (Ms contin)	1		•	•			oxycodone hcl tab 15 mg (Roxicodone)	1		•	•		
morphine sulfate tab er 100 mg (Ms contin)	1		•	•			oxycodone hcl tab 20 mg	1		•	•		
morphine sulfate tab er 200 mg (Ms contin)	1		•	•			oxycodone hcl tab 30 mg (Roxicodone)	1		•	•		
morphine sulfate tab 15 mg (Morphine sulfate)	1		•	•			OXYCODONE HYDROCHLORIDE/ A – oxycodone w/ acetaminophen soln 5-325 mg/5ml	3		•	•		
morphine sulfate tab 30 mg (Morphine sulfate)	1		•	•			oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet)	1		•	•		
							oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	1		•	•		
							oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	1		•	•		
							oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	1		•	•		
							OXYCODONE/ACETAMINOPHEN – oxycodone w/ acetaminophen tab 2.5-300 mg	3		•	•		

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pentazocine w/ naloxone hcl tab 50-0.5 mg	1		•	•		
tramadol hcl tab er 24hr 100 mg	1		•	•		
tramadol hcl tab er 24hr 200 mg	1		•	•		
tramadol hcl tab er 24hr 300 mg	1		•	•		
tramadol hcl tab 50 mg (Ultram)	1		•	•		
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1		•	•		
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 9 mg	2		•	•		
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 13.5 mg	2		•	•		
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 18 mg	2		•	•		
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 27 mg	2		•	•		
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 36 mg	2		•	•		
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)	3			•		
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	3			•		
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)	3			•		
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)	3			•		
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	3			•		
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)	3			•		
ANALGESICS - ANTI-INFLAMMATORY						

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
ACTEMRA – tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	2	X	•	•		•
ACTEMRA ACTPEN – tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	2	X	•	•		
ANAPROX DS – naproxen sodium tab 550 mg	3					
ARCALYST – riloncept for inj 220 mg	2	X	•	•		•
celecoxib cap 50 mg (Celebrex)	1					
celecoxib cap 100 mg (Celebrex)	1					
celecoxib cap 200 mg (Celebrex)	1					
celecoxib cap 400 mg (Celebrex)	1					
DAYPRO – oxaprozin tab 600 mg	3					
diclofenac potassium tab 50 mg	1					
diclofenac sodium tab delayed release 25 mg	1					
diclofenac sodium tab delayed release 50 mg	1					
diclofenac sodium tab delayed release 75 mg	1					
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	1					
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	1					
ENBREL – etanercept subcutaneous inj 25 mg/0.5ml	2	X	•	•		
ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	2	X	•	•		
ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml	2	X	•	•		

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ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml	2	X	•	•			HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml	2	X	•	•		
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml	2	X	•	•			HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.4ml	2	X	•	•		
etodolac cap 200 mg	1						HUMIRA PEN – adalimumab pen-injector kit 80 mg/0.8ml	2	X	•	•		
etodolac cap 300 mg	1						HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 40 mg/0.8ml	2	X	•	•		
etodolac tab er 24hr 400 mg	1						HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 80 mg/0.8ml	2	X	•	•		
etodolac tab er 24hr 500 mg	1						HUMIRA PEN-PEDIATRIC UC S – adalimumab pen-injector kit 80 mg/0.8ml	2	X	•	•		
etodolac tab er 24hr 600 mg	1						HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 40 mg/0.8ml	2	X	•	•		
etodolac tab 400 mg (Lodine)	1						HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	2	X	•	•		
etodolac tab 500 mg	1						ibuprofen tab 400 mg	1					
FELDENE – piroxicam cap 10 mg	3						ibuprofen tab 600 mg	1					
FELDENE – piroxicam cap 20 mg	3						ibuprofen tab 800 mg	1					
fenoprofen calcium tab 600 mg (Nalfon)	1						indomethacin cap er 75 mg	1					
FLURBIPROFEN – flurbiprofen tab 50 mg	3						indomethacin cap 25 mg	1					
flurbiprofen tab 100 mg	1						indomethacin cap 50 mg	1					
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml	2	X	•	•			ketorolac tromethamine tab 10 mg	1			•		
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.2ml	2	X	•	•			KEVZARA – sarilumab subcutaneous solution auto-injector 150 mg/1.14ml	3	X	•	•		
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml	2	X	•	•			KEVZARA – sarilumab subcutaneous solution auto-injector 200 mg/1.14ml	3	X	•	•		
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml	2	X	•	•									
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml	2	X	•	•									
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	2	X	•	•									

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KEVZARA – sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml	3	X	•	•			ORENCIA – abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	3	X	•	•		
KEVZARA – sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	3	X	•	•			ORENCIA – abatacept subcutaneous soln prefilled syringe 125 mg/ml	3	X	•	•		
KINERET – anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	3	X	•	•		•	ORENCIA CLICKJECT – abatacept subcutaneous soln auto-injector 125 mg/ml	3	X	•	•		
leflunomide tab 10 mg (Arava)	1						OTEZLA – apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	2	X	•	•		
leflunomide tab 20 mg (Arava)	1						OTEZLA – apremilast tab 30 mg	2	X	•	•		
LODINE – etodolac tab 400 mg	3						OTREXUP – methotrexate soln pf auto-injector 10 mg/0.4ml	2				•	
MECLOFENAMATE SODIUM – meclofenamate sodium cap 50 mg	3						OTREXUP – methotrexate soln pf auto-injector 12.5 mg/0.4ml	2				•	
MECLOFENAMATE SODIUM – meclofenamate sodium cap 100 mg	3						OTREXUP – methotrexate soln pf auto-injector 15 mg/0.4ml	2				•	
MELOXICAM – meloxicam susp 7.5 mg/5ml	3						OTREXUP – methotrexate soln pf auto-injector 17.5 mg/0.4ml	2				•	
meloxicam tab 7.5 mg	1						OTREXUP – methotrexate soln pf auto-injector 20 mg/0.4ml	2				•	
meloxicam tab 15 mg	1						OTREXUP – methotrexate soln pf auto-injector 22.5 mg/0.4ml	2				•	
nabumetone tab 500 mg	1						OTREXUP – methotrexate soln pf auto-injector 25 mg/0.4ml	2				•	
nabumetone tab 750 mg	1						oxaprozin tab 600 mg (Daypro)	1					
NAPROSYN – naproxen tab 500 mg	3						piroxicam cap 10 mg (Feldene)	1					
naproxen sodium tab 275 mg	1						piroxicam cap 20 mg (Feldene)	1					
naproxen sodium tab 550 mg (Anaprox ds)	1						REDITREX – methotrexate soln prefilled syringe 7.5 mg/0.3ml	2				•	
naproxen tab 250 mg	1						REDITREX – methotrexate soln prefilled syringe 10 mg/0.4ml	2				•	
naproxen tab 375 mg	1						REDITREX – methotrexate soln prefilled syringe 12.5 mg/0.5ml	2				•	
naproxen tab 500 mg (Naprosyn)	1												
OLUMIANT – baricitinib tab 1 mg	3	X	•	•		•							
OLUMIANT – baricitinib tab 2 mg	3	X	•	•		•							
ORENCIA – abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	3	X	•	•									

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REDITREX – methotrexate soln prefilled syringe 15 mg/0.6ml	2				•		XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg (base equivalent)	2	X	•	•		
REDITREX – methotrexate soln prefilled syringe 17.5 mg/0.7ml	2				•		XELJANZ XR – tofacitinib citrate tab er 24hr 22 mg (base equivalent)	2	X	•	•		
REDITREX – methotrexate soln prefilled syringe 20 mg/0.8ml	2				•		MIGRAINE PRODUCTS						
REDITREX – methotrexate soln prefilled syringe 22.5 mg/0.9ml	2				•		AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	2		•	•		
REDITREX – methotrexate soln prefilled syringe 25 mg/ml	2				•		AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	2		•	•		
RIDAURA – auranofin cap 3 mg	2						AJOVY – fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	2		•	•		
RINVOQ – upadacitinib tab er 24hr 15 mg	2	X	•	•		•	AJOVY – fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2		•	•		
RINVOQ – upadacitinib tab er 24hr 30 mg	2	X	•	•		•	almotriptan malate tab 6.25 mg	1		•	•		
RINVOQ – upadacitinib tab er 24hr 45 mg	2	X	•	•		•	almotriptan malate tab 12.5 mg	1		•	•		
SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml	3	X	•	•			CAFERGOT – ergotamine w/ caffeine tab 1-100 mg	3		•	•		
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml	2	X	•	•			dihydroergotamine mesylate inj 1 mg/ml	1		•	•		
SIMPONI – golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	3	X	•	•			dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	1		•	•		
SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml	2	X	•	•			eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	1			•		
sulindac tab 150 mg	1						eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	1			•		
sulindac tab 200 mg	1						EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2		•	•		
XELJANZ – tofacitinib citrate oral soln 1 mg/ml (base equivalent)	2	X	•	•			EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	2		•	•		
XELJANZ – tofacitinib citrate tab 5 mg (base equivalent)	2	X	•	•									
XELJANZ – tofacitinib citrate tab 10 mg (base equivalent)	2	X	•	•									

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EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	2		•	•			sumatriptan succinate inj 6 mg/0.5ml	1			•		
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	1		•	•			SUMATRIPTAN SUCCINATE REF – sumatriptan succinate solution cartridge 4 mg/0.5ml	2		•	•		
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	1		•	•			SUMATRIPTAN SUCCINATE REF – sumatriptan succinate solution cartridge 6 mg/0.5ml	2		•	•		
MIGERGOT – ergotamine w/ caffeine suppos 2-100 mg	3		•	•			sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	1			•		
naratriptan hcl tab 1 mg (base equiv)	1			•			sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	1			•		
naratriptan hcl tab 2.5 mg (base equiv)	1			•			sumatriptan succinate tab 25 mg (Imitrex)	1			•		
NURTEC – rimegepant sulfate tab disint 75 mg	2		•	•			sumatriptan succinate tab 50 mg (Imitrex)	1			•		
QULIPTA – atogepant tab 10 mg	2		•	•			sumatriptan succinate tab 100 mg (Imitrex)	1			•		
QULIPTA – atogepant tab 30 mg	2		•	•			TRUDHESA – dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act	3		•	•		
QULIPTA – atogepant tab 60 mg	2		•	•			UBRELVY – ubrogepant tab 50 mg	2		•	•		
REYVOW – lasmiditan succinate tab 50 mg	2		•	•			UBRELVY – ubrogepant tab 100 mg	2		•	•		
REYVOW – lasmiditan succinate tab 100 mg	2		•	•			ZOLMITRIPTAN – zolmitriptan nasal spray 2.5 mg/spray unit	3		•	•		
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1			•			zolmitriptan nasal spray 5 mg/ spray unit (Zomig)	1			•		
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1			•			zolmitriptan orally disintegrating tab 2.5 mg	1			•		
rizatriptan benzoate tab 5 mg (base equivalent)	1			•			zolmitriptan orally disintegrating tab 5 mg	1			•		
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1			•			zolmitriptan tab 2.5 mg (Zomig)	1			•		
sumatriptan nasal spray 5 mg/act (Imitrex)	1			•			zolmitriptan tab 5 mg (Zomig)	1			•		
sumatriptan nasal spray 20 mg/ act (Imitrex)	1			•			ZOMIG – zolmitriptan nasal spray 2.5 mg/spray unit	3		•	•		

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ZOMIG – zolmitriptan nasal spray 5 mg/spray unit	3		•	•		
GOUT AGENTS						
allopurinol tab 100 mg (Zyloprim)	1					
allopurinol tab 300 mg (Zyloprim)	1					
colchicine tab 0.6 mg (Colcrys)	1					
colchicine w/ probenecid tab 0.5-500 mg	1					
febuxostat tab 40 mg (Uloric)	1			•		
febuxostat tab 80 mg (Uloric)	1			•		
probenecid tab 500 mg	1					
NEUROMUSCULAR DRUGS						
ANTICONVULSANTS						
APTIOM – eslicarbazepine acetate tab 200 mg	2					
APTIOM – eslicarbazepine acetate tab 400 mg	2					
APTIOM – eslicarbazepine acetate tab 600 mg	2					
APTIOM – eslicarbazepine acetate tab 800 mg	2					
BANZEL – rufinamide susp 40 mg/ml	3					
BANZEL – rufinamide tab 200 mg	3					
BANZEL – rufinamide tab 400 mg	3					
BRIVIACT – brivaracetam tab 10 mg	3					
BRIVIACT – brivaracetam tab 25 mg	3					
BRIVIACT – brivaracetam tab 50 mg	3					
BRIVIACT – brivaracetam tab 75 mg	3					
BRIVIACT – brivaracetam tab 100 mg	3					
BRIVIACT – brivaracetam oral soln 10 mg/ml	3					

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BRIVIACT – brivaracetam iv soln 50 mg/5ml	3					
carbamazepine cap er 12hr 100 mg (Carbatrol)	1					
carbamazepine cap er 12hr 200 mg (Carbatrol)	1					
carbamazepine cap er 12hr 300 mg (Carbatrol)	1					
carbamazepine chew tab 100 mg	1					
carbamazepine susp 100 mg/5ml (Tegretol)	1					
carbamazepine tab er 12hr 100 mg (Tegretol-xr)	1					
carbamazepine tab er 12hr 200 mg (Tegretol-xr)	1					
carbamazepine tab er 12hr 400 mg (Tegretol-xr)	1					
carbamazepine tab 200 mg (Tegretol)	1					
CARBATROL – carbamazepine cap er 12hr 100 mg	3					
CARBATROL – carbamazepine cap er 12hr 200 mg	3					
CARBATROL – carbamazepine cap er 12hr 300 mg	3					
CELONTIN – methsuximide cap 300 mg	2					
clobazam suspension 2.5 mg/ml (Onfi)	1					
clobazam tab 10 mg (Onfi)	1					
clobazam tab 20 mg (Onfi)	1					
clonazepam orally disintegrating tab 0.125 mg	1					
clonazepam orally disintegrating tab 0.25 mg	1					

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clonazepam orally disintegrating tab 0.5 mg	1						DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 2.5 mg	3					
clonazepam orally disintegrating tab 1 mg	1						DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 10 mg	3					
clonazepam orally disintegrating tab 2 mg	1						DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 20 mg	3					
clonazepam tab 0.5 mg (Klonopin)	1						DILANTIN – phenytoin sodium extended cap 30 mg	2					
clonazepam tab 1 mg (Klonopin)	1						DILANTIN – phenytoin sodium extended cap 100 mg	3					
clonazepam tab 2 mg (Klonopin)	1						DILANTIN INFATABS – phenytoin chew tab 50 mg	3					
DEPAKOTE – divalproex sodium tab delayed release 125 mg	3						DILANTIN-125 – phenytoin susp 125 mg/5ml	3					
DEPAKOTE – divalproex sodium tab delayed release 250 mg	3						divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1					
DEPAKOTE – divalproex sodium tab delayed release 500 mg	3						divalproex sodium tab delayed release 125 mg (Depakote)	1					
DEPAKOTE ER – divalproex sodium tab er 24 hr 250 mg	3						divalproex sodium tab delayed release 250 mg (Depakote)	1					
DEPAKOTE ER – divalproex sodium tab er 24 hr 500 mg	3						divalproex sodium tab delayed release 500 mg (Depakote)	1					
DEPAKOTE SPRINKLES – divalproex sodium cap delayed release sprinkle 125 mg	3						divalproex sodium tab er 24 hr 250 mg (Depakote er)	1					
DIACOMIT – stiripentol cap 250 mg	3	X					divalproex sodium tab er 24 hr 500 mg (Depakote er)	1					
DIACOMIT – stiripentol cap 500 mg	3	X					EPIDIOLEX – cannabidiol soln 100 mg/ml	2	X	•			•
DIACOMIT – stiripentol packet 250 mg	3	X					EPRONTIA – topiramate oral soln 25 mg/ml	3			•		
DIACOMIT – stiripentol packet 500 mg	3	X					ethosuximide cap 250 mg (Zarontin)	1					
DIASTAT ACUDIAL – diazepam rectal gel delivery system 10 mg	2												
DIASTAT ACUDIAL – diazepam rectal gel delivery system 20 mg	2												
DIASTAT PEDIATRIC – diazepam rectal gel delivery system 2.5 mg	2												

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ethosuximide soln 250 mg/5ml (Zarontin)	1						KEPPRA – levetiracetam oral soln 100 mg/ml	3					
felbamate susp 600 mg/5ml (Felbatol)	1						KEPPRA – levetiracetam tab 250 mg	3					
felbamate tab 400 mg (Felbatol)	1						KEPPRA – levetiracetam tab 500 mg	3					
felbamate tab 600 mg (Felbatol)	1						KEPPRA – levetiracetam tab 750 mg	3					
FELBATOL – felbamate susp 600 mg/5ml	3						KEPPRA – levetiracetam tab 1000 mg	3					
FELBATOL – felbamate tab 400 mg	3						KEPPRA XR – levetiracetam tab er 24hr 500 mg	3					
FELBATOL – felbamate tab 600 mg	3						KEPPRA XR – levetiracetam tab er 24hr 750 mg	3					
FINTEPLA – fenfluramine hcl oral soln 2.2 mg/ml	3	X	•			•	lacosamide oral solution 10 mg/ ml (Vimpat)	1					
FYCOMPA – perampanel susp 0.5 mg/ml	3						lacosamide tab 50 mg (Vimpat)	1					
FYCOMPA – perampanel tab 2 mg	3						lacosamide tab 100 mg (Vimpat)	1					
FYCOMPA – perampanel tab 4 mg	3						lacosamide tab 150 mg (Vimpat)	1					
FYCOMPA – perampanel tab 6 mg	3						lacosamide tab 200 mg (Vimpat)	1					
FYCOMPA – perampanel tab 8 mg	3						LAMICTAL – lamotrigine tab 25 mg	3					
FYCOMPA – perampanel tab 10 mg	3						LAMICTAL – lamotrigine tab 100 mg	3					
FYCOMPA – perampanel tab 12 mg	3						LAMICTAL – lamotrigine tab 150 mg	3					
gabapentin cap 100 mg (Neurontin)	1						LAMICTAL – lamotrigine tab 200 mg	3					
gabapentin cap 300 mg (Neurontin)	1						LAMICTAL CHEWABLE DISPERS – lamotrigine tab chewable dispersible 5 mg	3					
gabapentin cap 400 mg (Neurontin)	1						LAMICTAL CHEWABLE DISPERS – lamotrigine tab chewable dispersible 25 mg	3					
gabapentin oral soln 250 mg/5ml (Neurontin)	1						LAMICTAL ODT – lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	2					
gabapentin tab 600 mg (Neurontin)	1						LAMICTAL ODT – lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	2					
gabapentin tab 800 mg (Neurontin)	1												
GABITRIL – tiagabine hcl tab 2 mg	3												
GABITRIL – tiagabine hcl tab 4 mg	3												
GABITRIL – tiagabine hcl tab 12 mg	3												
GABITRIL – tiagabine hcl tab 16 mg	3												

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LAMICTAL ODT – lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	3						LAMICTAL XR – lamotrigine tab er 24hr 250 mg	3					
LAMICTAL ODT – lamotrigine orally disintegrating tab 25 mg	3						LAMICTAL XR – lamotrigine tab er 24hr 300 mg	3					
LAMICTAL ODT – lamotrigine orally disintegrating tab 50 mg	3						lamotrigine orally disintegrating tab 25 mg (Lamictal odt)	1					
LAMICTAL ODT – lamotrigine orally disintegrating tab 100 mg	3						lamotrigine orally disintegrating tab 50 mg (Lamictal odt)	1					
LAMICTAL ODT – lamotrigine orally disintegrating tab 200 mg	3						lamotrigine orally disintegrating tab 100 mg (Lamictal odt)	1					
LAMICTAL STARTER/NOT TAKI – lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	3						lamotrigine orally disintegrating tab 200 mg (Lamictal odt)	1					
LAMICTAL STARTER/TAKING C – lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	3						lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	1					
LAMICTAL STARTER/TAKING V – lamotrigine tab 35 x 25 mg starter kit	3						lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	1					
LAMICTAL XR – lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	3						lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	1					
LAMICTAL XR – lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	3						lamotrigine tab er 24hr 25 mg (Lamictal xr)	1					
LAMICTAL XR – lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	3						lamotrigine tab er 24hr 50 mg (Lamictal xr)	1					
LAMICTAL XR – lamotrigine tab er 24hr 25 mg	3						lamotrigine tab er 24hr 100 mg (Lamictal xr)	1					
LAMICTAL XR – lamotrigine tab er 24hr 50 mg	3						lamotrigine tab er 24hr 200 mg (Lamictal xr)	1					
LAMICTAL XR – lamotrigine tab er 24hr 100 mg	3						lamotrigine tab er 24hr 250 mg (Lamictal xr)	1					
LAMICTAL XR – lamotrigine tab er 24hr 200 mg	3						lamotrigine tab er 24hr 300 mg (Lamictal xr)	1					
							lamotrigine tab 25 mg (Lamictal)	1					
							lamotrigine tab 100 mg (Lamictal)	1					
							lamotrigine tab 150 mg (Lamictal)	1					

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lamotrigine tab 200 mg (Lamictal)	1						ONFI – clobazam suspension 2.5 mg/ml	3					
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	1						ONFI – clobazam tab 10 mg	3					
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	1						ONFI – clobazam tab 20 mg	3					
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	1						oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1					
levetiracetam oral soln 100 mg/ml (Keppra)	1						oxcarbazepine tab 150 mg (Trileptal)	1					
levetiracetam tab er 24hr 500 mg (Keppra xr)	1						oxcarbazepine tab 300 mg (Trileptal)	1					
levetiracetam tab er 24hr 750 mg (Keppra xr)	1						oxcarbazepine tab 600 mg (Trileptal)	1					
levetiracetam tab 250 mg (Keppra)	1						OXTELLAR XR – oxcarbazepine tab er 24hr 150 mg	3					
levetiracetam tab 500 mg (Keppra)	1						OXTELLAR XR – oxcarbazepine tab er 24hr 300 mg	3					
levetiracetam tab 750 mg (Keppra)	1						OXTELLAR XR – oxcarbazepine tab er 24hr 600 mg	3					
levetiracetam tab 1000 mg (Keppra)	1						PHENYTEK – phenytoin sodium extended cap 200 mg	3					
LYRICA – pregabalin soln 20 mg/ml	3			•	•		PHENYTEK – phenytoin sodium extended cap 300 mg	3					
NAYZILAM – midazolam nasal spray soln 5 mg/0.1 ml	3			•			phenytoin chew tab 50 mg (Dilantin infatabs)	1					
NEURONTIN – gabapentin oral soln 250 mg/5ml	3						phenytoin sodium extended cap 100 mg (Dilantin)	1					
NEURONTIN – gabapentin cap 100 mg	3						phenytoin sodium extended cap 200 mg (Phenytek)	1					
NEURONTIN – gabapentin cap 300 mg	3						phenytoin sodium extended cap 300 mg (Phenytek)	1					
NEURONTIN – gabapentin cap 400 mg	3						phenytoin susp 125 mg/5ml (Dilantin-125)	1					
NEURONTIN – gabapentin tab 600 mg	3						pregabalin cap 25 mg (Lyrica)	1			•		
NEURONTIN – gabapentin tab 800 mg	3						pregabalin cap 50 mg (Lyrica)	1			•		
							pregabalin cap 75 mg (Lyrica)	1			•		

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pregabalin cap 100 mg (Lyrica)	1			•			TEGRETOL-XR – carbamazepine tab er 12hr 100 mg	3					
pregabalin cap 150 mg (Lyrica)	1			•			TEGRETOL-XR – carbamazepine tab er 12hr 200 mg	3					
pregabalin cap 200 mg (Lyrica)	1			•			TEGRETOL-XR – carbamazepine tab er 12hr 400 mg	3					
pregabalin cap 225 mg (Lyrica)	1			•			tiagabine hcl tab 2 mg (Gabitril)	1					
pregabalin cap 300 mg (Lyrica)	1			•			tiagabine hcl tab 4 mg (Gabitril)	1					
pregabalin soln 20 mg/ml (Lyrica)	1			•			tiagabine hcl tab 12 mg (Gabitril)	1					
primidone tab 50 mg (Mysoline)	1						tiagabine hcl tab 16 mg (Gabitril)	1					
primidone tab 250 mg (Mysoline)	1						TOPAMAX – topiramate tab 25 mg	3					
QUDEXY XR – topiramate cap er 24hr sprinkle 25 mg	3		•	•			TOPAMAX – topiramate tab 50 mg	3					
QUDEXY XR – topiramate cap er 24hr sprinkle 50 mg	3		•	•			TOPAMAX – topiramate tab 100 mg	3					
QUDEXY XR – topiramate cap er 24hr sprinkle 100 mg	3		•	•			TOPAMAX – topiramate tab 200 mg	3					
QUDEXY XR – topiramate cap er 24hr sprinkle 150 mg	3		•	•			TOPAMAX SPRINKLE – topiramate sprinkle cap 15 mg	3					
QUDEXY XR – topiramate cap er 24hr sprinkle 200 mg	3		•	•			TOPAMAX SPRINKLE – topiramate sprinkle cap 25 mg	3					
rufinamide susp 40 mg/ml (Banzel)	1						topiramate cap er 24hr sprinkle 25 mg (Qudexy xr)	1		•	•		
rufinamide tab 200 mg (Banzel)	1						topiramate cap er 24hr sprinkle 50 mg (Qudexy xr)	1		•	•		
rufinamide tab 400 mg (Banzel)	1						topiramate cap er 24hr sprinkle 100 mg (Qudexy xr)	1		•	•		
SABRIL – vigabatrin tab 500 mg	3	X			•		topiramate cap er 24hr sprinkle 150 mg (Qudexy xr)	1		•	•		
SABRIL – vigabatrin powd pack 500 mg	3	X			•		topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	1		•	•		
SYMPAZAN – clobazam oral film 5 mg	2						topiramate sprinkle cap 15 mg (Topamax sprinkle)	1					
SYMPAZAN – clobazam oral film 10 mg	2						topiramate sprinkle cap 25 mg (Topamax sprinkle)	1					
SYMPAZAN – clobazam oral film 20 mg	2						topiramate tab 25 mg (Topamax)	1					
TEGRETOL – carbamazepine tab 200 mg	3						topiramate tab 50 mg (Topamax)	1					
TEGRETOL – carbamazepine susp 100 mg/5ml	3						topiramate tab 100 mg (Topamax)	1					

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topiramate tab 200 mg (Topamax)	1						VIMPAT – lacosamide tab 100 mg	3					
TRILEPTAL – oxcarbazepine susp 300 mg/5ml (60 mg/ml)	3						VIMPAT – lacosamide tab 150 mg	3					
TRILEPTAL – oxcarbazepine tab 150 mg	3						VIMPAT – lacosamide tab 200 mg	3					
TRILEPTAL – oxcarbazepine tab 300 mg	3						XCOPRI – cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	3					
TRILEPTAL – oxcarbazepine tab 600 mg	3						XCOPRI – cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	3					
TROKENDI XR – topiramate cap er 24hr 25 mg	3		•	•			XCOPRI – cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	3					
TROKENDI XR – topiramate cap er 24hr 50 mg	3		•	•			XCOPRI – cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	3					
TROKENDI XR – topiramate cap er 24hr 100 mg	3		•	•			XCOPRI – cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	3					
TROKENDI XR – topiramate cap er 24hr 200 mg	3		•	•			XCOPRI – cenobamate tab 50 mg	3					
valproate sodium oral soln 250 mg/5ml (base equiv)	1						XCOPRI – cenobamate tab 100 mg	3					
valproic acid cap 250 mg	1						XCOPRI – cenobamate tab 150 mg	3					
VALTOCO – diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	3			•			XCOPRI – cenobamate tab 200 mg	3					
VALTOCO – diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	3			•			ZARONTIN – ethosuximide cap 250 mg	3					
VALTOCO – diazepam nasal spray 5 mg/0.1 ml	3			•			ZARONTIN – ethosuximide soln 250 mg/5ml	3					
VALTOCO – diazepam nasal spray 10 mg/0.1 ml	3			•			ZONEGRAN – zonisamide cap 25 mg	3					
vigabatrin powd pack 500 mg (Sabril)	1	X			•		ZONEGRAN – zonisamide cap 100 mg	3					
vigabatrin tab 500 mg (Sabril)	1	X			•		zonisamide cap 25 mg (Zonegran)	1					
VIMPAT – lacosamide oral solution 10 mg/ml	3						zonisamide cap 50 mg	1					
VIMPAT – lacosamide tab 50 mg	3						zonisamide cap 100 mg (Zonegran)	1					
							ANTIPARKINSON AGENTS						
							amantadine hcl cap 100 mg	1					
							amantadine hcl soln 50 mg/5ml	1					
							amantadine hcl tab 100 mg	1					

KEY Tier
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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
APOKYN – apomorphine hcl soln cartridge 30 mg/3ml	3	X	•			•	carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	1					
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	1	X	•				CARBIDOPA/LEVODOPA ODT – carbidopa & levodopa orally disintegrating tab 10-100 mg	3					
benztropine mesylate tab 0.5 mg	1						CARBIDOPA/LEVODOPA ODT – carbidopa & levodopa orally disintegrating tab 25-100 mg	3					
benztropine mesylate tab 1 mg	1						CARBIDOPA/LEVODOPA ODT – carbidopa & levodopa orally disintegrating tab 25-250 mg	3					
benztropine mesylate tab 2 mg	1						COMTAN – entacapone tab 200 mg	3					
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1						entacapone tab 200 mg (Comtan)	1					
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1						INBRIJA – levodopa inhal powder cap 42 mg	2	X	•			•
carbidopa & levodopa tab er 25-100 mg	1						KYNMOBI – apomorphine hydrochloride film 10 mg	2					
carbidopa & levodopa tab er 50-200 mg	1						KYNMOBI – apomorphine hydrochloride film 15 mg	2					
carbidopa & levodopa tab 10-100 mg (Sinemet)	1						KYNMOBI – apomorphine hydrochloride film 20 mg	2					
carbidopa & levodopa tab 25-100 mg (Sinemet)	1						KYNMOBI – apomorphine hydrochloride film 25 mg	2					
carbidopa & levodopa tab 25-250 mg	1						KYNMOBI – apomorphine hydrochloride film 30 mg	2					
carbidopa tab 25 mg (Lodosyn)	1						LODOSYN – carbidopa tab 25 mg	3					
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	1						NEUPRO – rotigotine td patch 24hr 1 mg/24hr	3					
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	1						NEUPRO – rotigotine td patch 24hr 2 mg/24hr	3					
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	1						NEUPRO – rotigotine td patch 24hr 3 mg/24hr	3					
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	1						NEUPRO – rotigotine td patch 24hr 4 mg/24hr	3					
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	1						NEUPRO – rotigotine td patch 24hr 6 mg/24hr	3					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
NEUPRO – rotigotine td patch 24hr 8 mg/24hr	3						pramipexole dihydrochloride tab 1.5 mg	1					
NOURIANZ – istradefylline tab 20 mg	3	X	•			•	rasagiline mesylate tab 0.5 mg (base equiv) (Azilect)	1					
NOURIANZ – istradefylline tab 40 mg	3	X	•			•	rasagiline mesylate tab 1 mg (base equiv) (Azilect)	1					
PARLODEL – bromocriptine mesylate cap 5 mg (base equivalent)	3						ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1					
PARLODEL – bromocriptine mesylate tab 2.5 mg (base equivalent)	3						ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1					
pramipexole dihydrochloride tab er 24hr 0.375 mg (Mirapex er)	1						ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1					
pramipexole dihydrochloride tab er 24hr 0.75 mg (Mirapex er)	1						ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1					
pramipexole dihydrochloride tab er 24hr 1.5 mg (Mirapex er)	1						ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1					
pramipexole dihydrochloride tab er 24hr 2.25 mg (Mirapex er)	1						ropinirole hydrochloride tab 0.25 mg	1					
pramipexole dihydrochloride tab er 24hr 3 mg (Mirapex er)	1						ropinirole hydrochloride tab 0.5 mg	1					
pramipexole dihydrochloride tab er 24hr 3.75 mg (Mirapex er)	1						ropinirole hydrochloride tab 1 mg	1					
pramipexole dihydrochloride tab er 24hr 4.5 mg (Mirapex er)	1						ropinirole hydrochloride tab 2 mg	1					
pramipexole dihydrochloride tab 0.125 mg	1						ropinirole hydrochloride tab 3 mg	1					
pramipexole dihydrochloride tab 0.25 mg	1						ropinirole hydrochloride tab 4 mg	1					
pramipexole dihydrochloride tab 0.5 mg	1						ropinirole hydrochloride tab 5 mg	1					
pramipexole dihydrochloride tab 0.75 mg	1						selegiline hcl cap 5 mg	1					
pramipexole dihydrochloride tab 1 mg	1						selegiline hcl tab 5 mg	1					
							SINEMET – carbidopa & levodopa tab 10-100 mg	3					
							SINEMET – carbidopa & levodopa tab 25-100 mg	3					
							TASMAR – tolcapone tab 100 mg	3					
							tolcapone tab 100 mg (Tasmar)	1					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
TRIHXYPHENIDYL HCL – trihexyphenidyl hcl oral soln 0.4 mg/ml	3					
trihexyphenidyl hcl tab 2 mg	1					
trihexyphenidyl hcl tab 5 mg	1					
NEUROMUSCULAR AGENTS						
EVRYSDI – risdiplam for soln 0.75 mg/ml	3	X	•	•		•
EXSERVAN – riluzole oral film 50 mg	3	X	•	•		•
RADICAVA ORS – edaravone oral susp 105 mg/5ml	3	X	•	•		•
RADICAVA ORS STARTER KIT – edaravone oral susp 105 mg/5ml	3	X	•	•		•
riluzole tab 50 mg (Rilutek)	1					
TIGLUTIK – riluzole susp 50 mg/10ml	3	X	•	•		•
MUSCULOSKELETAL THERAPY AGENTS						
baclofen tab 10 mg	1					
baclofen tab 20 mg	1					
carisoprodol tab 350 mg (Soma)	1					
chlorzoxazone tab 500 mg	1					
cyclobenzaprine hcl tab 5 mg	1					
cyclobenzaprine hcl tab 10 mg	1					
DANTRIUM – dantrolene sodium cap 25 mg	3					
dantrolene sodium cap 25 mg (Dantrium)	1					
dantrolene sodium cap 50 mg	1					
dantrolene sodium cap 100 mg	1					
metaxalone tab 400 mg	1					
metaxalone tab 800 mg	1					
methocarbamol tab 500 mg	1					
methocarbamol tab 750 mg	1					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
orphenadrine citrate tab er 12hr 100 mg	1					
tizanidine hcl tab 2 mg (base equivalent)	1					
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1					
ZANAFLEX – tizanidine hcl tab 4 mg (base equivalent)	3					
ANTIMYASTHENIC AGENTS						
FIRDAPSE – amifampridine phosphate tab 10 mg (base equivalent)	3	X	•	•		•
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	1					
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	1					
pyridostigmine bromide tab 60 mg (Mestinon)	1					
NUTRITIONAL PRODUCTS						
VITAMINS						
cholecalciferol cap 1.25 mg (50000 unit)	1					
DRISDOL – ergocalciferol cap 1.25 mg (50000 unit)	3					
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1					
MEPHYTON – phytonadione tab 5 mg	3				•	
phytonadione tab 5 mg (Mephyton)	1				•	
MULTIVITAMINS						
ATABEX OB – prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	3					

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CITRANATAL B-CALM – prenat w/o a w/fecbn-feglu-fa tab 20-1 mg & vit b6 tab pak	3						OBSTETRIX DHA – prenat w/fecbn-fa-dss tab 29-1 mg & omega 3 cap 387 mg pak	3					
CO-NATAL FA – prenatal vit w/ fe fumarate-fa tab 29-1 mg	2						OBSTETRIX EC – prenatal vit w/ dss-iron carbonyl-fa tab 29-1 mg	3					
COMPLETE NATAL DHA – prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	2						OBSTETRIX ONE – prenat w/o a w/ fecbn-bisg-methylf-dss-dha cap 38-1-225 mg	3					
COMPLETENATE – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2						ONE VITE WOMENS PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2					
CONCEPT DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2						PNV-DHA+DOCUSATE – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg	3					
CONCEPT OB – prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	2						PNV-OMEGA – prenat w/o a w/ fe fumarate-methylfolate-fa-omega 3 cap	3					
FOLIVANE-OB – prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	2						PRENAISSANCE – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 29-1.25-325 mg	3					
INATAL GT – prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	3						PRENATABS RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2					
JENLIVA PRENATAL/POSTNATA – prenatal multivitamins & minerals w/ iron & fa cap 1 mg	3						PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2					
M-NATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						PRENATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2					
NATALVIT – prenatal vit w/ fe fumarate-fa tab 75-1 mg	3						PRENATAL PLUS VITAMIN AND – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2					
NEONATAL COMPLETE – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						PRENATAL VITAMINS PLUS LO – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2					
NEONATAL COMPLETE – prenatal vit w/ fe fumarate-fa tab 29-1 mg	2						PRENATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2					
NEONATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						PRENATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2					
NESTABS – prenatal vit w/o vit a w/ fe bisglycinate-fa tab 32-1 mg	3						PRENATAL-U – prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	2					
NIVA-PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2												

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PROVIDA OB – prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	2						MINERALS and ELECTROLYTES						
SE-NATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2						FLORIVA – sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	3					
SE-NATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2						GALZIN – zinc acetate cap 25 mg (elemental zinc)	3					
SELECT-OB – prenatal vit w/ fe polysac cmplx-fa chew tab 29-1 mg	3						GALZIN – zinc acetate cap 50 mg (elemental zinc)	3					
TARON-C DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	2						K-PHOS – potassium phosphate monobasic tab 500 mg	3					
TARON-PREX – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 30-1.2-265 mg	3						K-PHOS NEUTRAL – pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	3					
THRIVITE RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2						K-TAB – potassium chloride tab er 10 meq	3					
TRICARE – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						K-TAB – potassium chloride tab er 20 meq (1500 mg)	3					
TRINATAL RX 1 – prenatal vit w/ fe fumarate-fa tab 60-1 mg	2						pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	1					
TRINATE – prenatal vit w/ fe fumarate-fa tab 28-1 mg	2						potassium chloride cap er 8 meq	1					
VINATE II – prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	3						potassium chloride cap er 10 meq	1					
VINATE ONE – prenatal vit w/ fe fumarate-fa tab 60-1 mg	2						POTASSIUM CHLORIDE ER – potassium chloride tab er 8 meq (600 mg)	3					
VITAFOL STRIPS – prenatal w/ b6-b12-cholecalciferol-folic acid film 1 mg	3						potassium chloride microencapsulated crys er tab 10 meq	1					
VITATHELY/GINGER – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						potassium chloride microencapsulated crys er tab 15 meq	1					
WESCAP-C DHA – prenatal w/ fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2						potassium chloride microencapsulated crys er tab 20 meq	1					
WESTAB PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						potassium chloride oral soln 10% (20 meq/15ml)	1					

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potassium chloride oral soln 20% (40 meq/15ml)	1					
potassium chloride tab er 8 meq (600 mg)	1					
potassium chloride tab er 10 meq (K-tab)	1					
potassium chloride tab er 20 meq (1500 mg) (K-tab)	1					
potassium phosphate monobasic tab 500 mg (K-phos)	1					
SODIUM FLUORIDE – sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	2					
SODIUM FLUORIDE – sodium fluoride tab 1 mg f (from 2.2 mg naf)	2					
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1					
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1					
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1					
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	1					
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1					
NUTRIENTS						
DOJOLVI – triheptanoin oral liquid 100%	3	X	•			•
HEMATOLOGICAL AGENTS						
HEMATOPOIETIC AGENTS						
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	2	X	•			

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 500 mcg/ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 25 mcg/ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 40 mcg/ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 60 mcg/ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 100 mcg/ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 200 mcg/ml	2	X	•			
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1					

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CERDELGA – eliglustat tartrate cap 84 mg (base equivalent)	2	X	•	•		•	MIRCERA – methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml	3	X	•			
cyanocobalamin inj 1000 mcg/ml	1												
DOPTLET – avatrombopag maleate tab 20 mg (base equiv)	2	X	•	•		•	MIRCERA – methoxy peg-epoetin beta soln prefilled syr 50 mcg/0.3ml	3	X	•			
DROXIA – hydroxyurea cap 200 mg	2						MIRCERA – methoxy peg-epoetin beta soln prefilled syr 75 mcg/0.3ml	3	X	•			
DROXIA – hydroxyurea cap 300 mg	2												
DROXIA – hydroxyurea cap 400 mg	2						MIRCERA – methoxy peg-epoetin beta soln prefilled syr 100 mcg/0.3ml	3	X	•			
ENDARI – glutamine (sickle cell) powd pack 5 gm	3	X	•			•	MIRCERA – methoxy peg-epoetin beta soln prefilled syr 150 mcg/0.3ml	3	X	•			
EPOGEN – epoetin alfa inj 2000 unit/ml	3	X	•				MIRCERA – methoxy peg-epoetin beta soln prefilled syr 200 mcg/0.3ml	3	X	•			
EPOGEN – epoetin alfa inj 3000 unit/ml	3	X	•				MULPLETA – lusutrombopag tab 3 mg	3	X	•	•		
EPOGEN – epoetin alfa inj 4000 unit/ml	3	X	•				NEULASTA – pegfilgrastim soln prefilled syringe 6 mg/0.6ml	2	X	•	•		
EPOGEN – epoetin alfa inj 10000 unit/ml	3	X	•				NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	2	X	•			
EPOGEN – epoetin alfa inj 20000 unit/ml	3	X	•				NIVESTYM – filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	2	X	•			
FERROUS SULFATE – ferrous sulfate liquid 220 mg/5ml (44 mg/5ml elemental fe)	3						NIVESTYM – filgrastim-aafi inj 300 mcg/ml	2	X	•			
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	1						NIVESTYM – filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	2	X	•			
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	1						NYVEPRIA – pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	3	X	•	•		
folic acid tab 400 mcg	1						OXBRYTA – voxelotor tab 500 mg	3	X	•	•		•
folic acid tab 800 mcg	1						OXBRYTA – voxelotor tab for oral susp 300 mg	3	X	•	•		•
folic acid tab 1 mg	1						PROCRIT – epoetin alfa inj 2000 unit/ml	2	X	•			
FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	2	X	•	•									
LEUKINE – sargramostim lyophilized for inj 250 mcg	3	X	•										
miglustat cap 100 mg (Zavesca)	1	X	•	•									

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
PROCRIT – epoetin alfa inj 3000 unit/ml	2	X	•			
PROCRIT – epoetin alfa inj 4000 unit/ml	2	X	•			
PROCRIT – epoetin alfa inj 10000 unit/ml	2	X	•			
PROCRIT – epoetin alfa inj 20000 unit/ml	2	X	•			
PROCRIT – epoetin alfa inj 40000 unit/ml	2	X	•			
PROMACTA – eltrombopag olamine tab 12.5 mg (base equiv)	3	X	•	•		
PROMACTA – eltrombopag olamine tab 25 mg (base equiv)	3	X	•	•		
PROMACTA – eltrombopag olamine tab 50 mg (base equiv)	3	X	•	•		
PROMACTA – eltrombopag olamine tab 75 mg (base equiv)	3	X	•	•		
PROMACTA – eltrombopag olamine powder pack for susp 25 mg (base equiv)	3	X	•	•		
PROMACTA – eltrombopag olamine powder pack for susp 12.5 mg (base eq)	3	X	•	•		
RETACRIT – epoetin alfa-epbx inj 2000 unit/ml	2	X	•			
RETACRIT – epoetin alfa-epbx inj 3000 unit/ml	2	X	•			
RETACRIT – epoetin alfa-epbx inj 4000 unit/ml	2	X	•			
RETACRIT – epoetin alfa-epbx inj 10000 unit/ml	2	X	•			
RETACRIT – epoetin alfa-epbx inj 20000 unit/ml	2	X	•			
RETACRIT – epoetin alfa-epbx inj 40000 unit/ml	2	X	•			

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
UDENYCA – pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	3	X	•	•		
ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	2	X	•			
ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	2	X	•			
ZAVESCA – miglustat cap 100 mg	3	X	•	•		•
ZIEXTENZO – pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	2	X	•	•		
ANTICOAGULANTS						
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) (Pradaxa)	1			•		
ELIQUIS – apixaban tab 2.5 mg	2			•		
ELIQUIS – apixaban tab 5 mg	2			•		
ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg	2			•		
enoxaparin sodium inj soln pref syr 30 mg/0.3ml (Lovenox)	1			•		
enoxaparin sodium inj soln pref syr 40 mg/0.4ml (Lovenox)	1			•		
enoxaparin sodium inj soln pref syr 60 mg/0.6ml (Lovenox)	1			•		
enoxaparin sodium inj soln pref syr 80 mg/0.8ml (Lovenox)	1			•		
enoxaparin sodium inj soln pref syr 100 mg/ml (Lovenox)	1			•		
enoxaparin sodium inj soln pref syr 120 mg/0.8ml (Lovenox)	1			•		
enoxaparin sodium inj soln pref syr 150 mg/ml (Lovenox)	1			•		
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1			•		
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra)	1			•		

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)	1			•			PRADAXA – dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	3			•		
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra)	1			•			PRADAXA – dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	3			•		
fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)	1			•			warfarin sodium tab 1 mg	1					
FRAGMIN – dalteparin sodium inj 95000 unit/3.8ml	3			•			warfarin sodium tab 2 mg	1					
FRAGMIN – dalteparin sodium soln prefilled syr 2500 unit/0.2ml	3			•			warfarin sodium tab 2.5 mg	1					
FRAGMIN – dalteparin sodium soln prefilled syr 5000 unit/0.2ml	3			•			warfarin sodium tab 3 mg	1					
FRAGMIN – dalteparin sodium soln prefilled syr 7500 unit/0.3ml	3			•			warfarin sodium tab 4 mg	1					
FRAGMIN – dalteparin sodium soln prefilled syr 10000 unit/ml	3			•			warfarin sodium tab 5 mg	1					
FRAGMIN – dalteparin sodium soln prefilled syr 12500 unit/0.5ml	3			•			warfarin sodium tab 6 mg	1					
FRAGMIN – dalteparin sodium soln prefilled syr 15000 unit/0.6ml	3			•			warfarin sodium tab 7.5 mg	1					
FRAGMIN – dalteparin sodium soln prefilled syr 18000 unit/0.72ml	3			•			warfarin sodium tab 10 mg	1					
HEPARIN SODIUM – heparin sodium (porcine) pf inj 5000 unit/ml	3						XARELTO – rivaroxaban for susp 1 mg/ml	2			•		
heparin sodium (porcine) inj 5000 unit/ml	1						XARELTO – rivaroxaban tab 2.5 mg	2			•		
heparin sodium (porcine) inj 10000 unit/ml	1						XARELTO – rivaroxaban tab 10 mg	2			•		
PRADAXA – dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	3			•			XARELTO – rivaroxaban tab 15 mg	2			•		
							XARELTO – rivaroxaban tab 20 mg	2			•		
							XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg	2			•		
							HEMOSTATICS						
							aminocaproic acid oral soln 0.25 gm/ml (Amicar)	1					
							aminocaproic acid tab 500 mg (Amicar)	1					
							aminocaproic acid tab 1000 mg (Amicar)	1					
							LYSTEDA – tranexamic acid tab 650 mg	3					
							tranexamic acid tab 650 mg (Lysteda)	1					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
HEMATOLOGICAL AGENTS - MISC.						
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 250 unit	2	X	•			
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 500 unit	2	X	•			
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	2	X	•			
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 1500 unit	2	X	•			
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	2	X	•			
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	2	X	•			
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 4000 unit	2	X	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 250 unit	2	X	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 500 unit	2	X	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 750 unit	2	X	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 1000 unit	2	X	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 1500 unit	2	X	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 2000 unit	2	X	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 3000 unit	2	X	•			

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
AFSTYLA – antihemophilic fact recomb single chain for inj kit 250 unit	2	X	•			
AFSTYLA – antihemophilic fact recomb single chain for inj kit 500 unit	2	X	•			
AFSTYLA – antihemophilic fact recomb single chain for inj kit 1000 unit	2	X	•			
AFSTYLA – antihemophilic fact recomb single chain for inj kit 1500 unit	2	X	•			
AFSTYLA – antihemophilic fact recomb single chain for inj kit 2000 unit	2	X	•			
AFSTYLA – antihemophilic fact recomb single chain for inj kit 2500 unit	2	X	•			
AFSTYLA – antihemophilic fact recomb single chain for inj kit 3000 unit	2	X	•			
AGRYLIN – anagrelide hcl cap 0.5 mg	3					
ALPHANATE – antihemophilic factor/vwf (human) for inj 250 unit	2	X	•			•
ALPHANATE – antihemophilic factor/vwf (human) for inj 500 unit	2	X	•			•
ALPHANATE – antihemophilic factor/vwf (human) for inj 1000 unit	2	X	•			•
ALPHANATE – antihemophilic factor/vwf (human) for inj 1500 unit	2	X	•			•
ALPHANATE – antihemophilic factor/vwf (human) for inj 2000 unit	2	X	•			•
ALPHANINE SD – coagulation factor ix for inj 500 unit	2	X	•			

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ALPHANINE SD – coagulation factor ix for inj 1000 unit	2	X	•				cilostazol tab 50 mg	1					
ALPHANINE SD – coagulation factor ix for inj 1500 unit	2	X	•				cilostazol tab 100 mg	1					
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 250 unit	2	X	•			•	CINRYZE – c1 esterase inhibitor (human) for iv inj 500 unit	2	X	•	•		•
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 500 unit	2	X	•			•	clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1					
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	2	X	•			•	clopidogrel bisulfate tab 300 mg (base equiv)	1					
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	2	X	•			•	COAGADEX – coagulation factor x (human) for inj 250 unit	2	X	•			•
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	2	X	•			•	COAGADEX – coagulation factor x (human) for inj 500 unit	2	X	•			•
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 4000 unit	2	X	•			•	CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit	2	X	•			•
anagrelide hcl cap 0.5 mg (Agrylin)	1						dipyridamole tab 25 mg	1					
anagrelide hcl cap 1 mg	1						dipyridamole tab 50 mg	1					
aspirin-dipyridamole cap er 12hr 25-200 mg	1						dipyridamole tab 75 mg	1					
BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit	2	X	•				ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 250 unit	2	X	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit	2	X	•				ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 500 unit	2	X	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit	2	X	•				ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 750 unit	2	X	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit	2	X	•				ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1000 unit	2	X	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit	2	X	•				ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1500 unit	2	X	•			
BERINERT – c1 esterase inhibitor (human) for iv inj kit 500 unit	3	X	•	•		•	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 2000 unit	2	X	•			
BRILINTA – ticagrelor tab 60 mg	2						ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 3000 unit	2	X	•			
BRILINTA – ticagrelor tab 90 mg	2						ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 4000 unit	2	X	•			
CABLIVI – caplacizumab-yhdp for inj kit 11 mg	3	X	•	•		•	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 5000 unit	2	X	•			

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ELOCTATE – antihemophilic factor rcm b (bdd-rfviii fc) for inj 6000 unit	2	X	•				HEMLIBRA – emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	2	X	•			•
EMPAVELI – pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	2	X	•	•		•	HEMLIBRA – emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	2	X	•			•
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 500 unit	3	X	•			•	HEMLIBRA – emicizumab-kxwh subcutaneous soln 150 mg/ml	2	X	•			•
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 1000 unit	3	X	•			•	HEMOFIL M – antihemophilic factor (human) for inj 250 unit	2	X	•			
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 1500 unit	3	X	•			•	HEMOFIL M – antihemophilic factor (human) for inj 500 unit	2	X	•			
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 2000 unit	3	X	•			•	HEMOFIL M – antihemophilic factor (human) for inj 1000 unit	2	X	•			
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 3000 unit	3	X	•			•	HEMOFIL M – antihemophilic factor (human) for inj 1700 unit	2	X	•			
FEIBA – antiinhibitor coagulant complex for iv soln 500 unit	2	X	•				HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit	2	X	•			
FEIBA – antiinhibitor coagulant complex for iv soln 1000 unit	2	X	•				HUMATE-P – antihemophilic factor/vwf (human) for inj 500-1200 unit	2	X	•			
FEIBA – antiinhibitor coagulant complex for iv soln 2500 unit	2	X	•				HUMATE-P – antihemophilic factor/vwf (human) for inj 1000-2400 unit	2	X	•			
FIBRYGA – fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	2	X	•				icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr)	1	X	•	•		•
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	2	X	•	•		•	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit	2	X	•			
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	2	X	•	•		•	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 500 unit	2	X	•			
HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml	2	X	•			•	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	2	X	•			
							IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	2	X	•			
							IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 3500 unit	2	X	•			
							IXINITY – coagulation factor ix (recombinant) for inj 250 unit	2	X	•			•

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IXINITY – coagulation factor ix (recombinant) for inj 500 unit	2	X	•			•	KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 1000 unit	2	X	•			
IXINITY – coagulation factor ix (recombinant) for inj 1000 unit	2	X	•			•	KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 2000 unit	2	X	•			
IXINITY – coagulation factor ix (recombinant) for inj 1500 unit	2	X	•			•	KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 3000 unit	2	X	•			
IXINITY – coagulation factor ix (recombinant) for inj 2000 unit	2	X	•			•	KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 250 unit	2	X	•			
IXINITY – coagulation factor ix (recombinant) for inj 3000 unit	2	X	•			•	KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 500 unit	2	X	•			
JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	2	X	•				KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	2	X	•			
JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit	2	X	•				KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	2	X	•			
JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 2000 unit	2	X	•				KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	2	X	•			
JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 3000 unit	2	X	•				NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit	2	X	•			
KALBITOR – ecallantide inj 10 mg/ml	3	X	•	•		•	NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit	2	X	•			
KOATE – antihemophilic factor (human) for inj 250 unit	2	X	•				NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit	2	X	•			
KOATE – antihemophilic factor (human) for inj 500 unit	2	X	•				NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit	2	X	•			
KOATE – antihemophilic factor (human) for inj 1000 unit	2	X	•				NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit	2	X	•			
KOATE-DVI – antihemophilic factor (human) for inj 500 unit	2	X	•				NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit	2	X	•			
KOATE-DVI – antihemophilic factor (human) for inj 1000 unit	2	X	•										
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 250 unit	2	X	•										
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 500 unit	2	X	•										

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NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	2	X	•			•	NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1500 unit	2	X	•			•
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	2	X	•			•	NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit	2	X	•			•
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	2	X	•			•	NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit	2	X	•			•
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	2	X	•			•	NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit	2	X	•			•
NUWIQ – antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit	2	X	•			•	NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 4000 unit	2	X	•			•
NUWIQ – antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit	2	X	•			•	OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit	2	X	•			•
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit	2	X	•			•	ORLADEYO – berotralstat hcl cap 110 mg	3	X	•	•		•
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1500 unit	2	X	•			•	ORLADEYO – berotralstat hcl cap 150 mg	3	X	•	•		•
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2000 unit	2	X	•			•	pentoxifylline tab er 400 mg	1					
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit	2	X	•			•	prasugrel hcl tab 5 mg (base equiv) (Effient)	1					
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit	2	X	•			•	prasugrel hcl tab 10 mg (base equiv) (Effient)	1					
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit	2	X	•			•	PROFILNINE – factor ix complex for inj 500 unit	2	X	•			
NUWIQ – antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit	2	X	•			•	PROFILNINE – factor ix complex for inj 1000 unit	2	X	•			
NUWIQ – antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit	2	X	•			•	PROFILNINE – factor ix complex for inj 1500 unit	2	X	•			
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit	2	X	•			•	PYRUKYND – mitapivat sulfate tab 5 mg	3	X	•	•		•
							PYRUKYND – mitapivat sulfate tab 20 mg	3	X	•	•		•

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PYRUKYND – mitapivat sulfate tab 50 mg	3	X	•	•		•	RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit	2	X	•			
PYRUKYND TAPER PACK – mitapivat sulfate tab therapy pack 5 mg	3	X	•	•		•	RIXUBIS – coagulation factor ix (recombinant) for inj 500 unit	2	X	•			
PYRUKYND TAPER PACK – mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg	3	X	•	•		•	RIXUBIS – coagulation factor ix (recombinant) for inj 1000 unit	2	X	•			
PYRUKYND TAPER PACK – mitapivat sulfate tab therapy pack 7 x 50 mg & 7 x 20 mg	3	X	•	•		•	RIXUBIS – coagulation factor ix (recombinant) for inj 2000 unit	2	X	•			
REBINYN – coagulation factor ix recomb glycopegylated for inj 500 unt	2	X	•			•	RIXUBIS – coagulation factor ix (recombinant) for inj 3000 unit	2	X	•			
REBINYN – coagulation factor ix recomb glycopegylated for inj 1000 unt	2	X	•			•	RUCONEST – c1 esterase inhibitor (recombinant) for iv inj 2100 unit	3	X	•	•		•
REBINYN – coagulation factor ix recomb glycopegylated for inj 2000 unt	2	X	•			•	RYPLAZIM – plasminogen, human-tvmh for iv soln 68.8 mg	3	X	•			•
RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 220-400 unit	2	X	•				SEVENFACT – coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg)	3	X	•			•
RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 401-800 unit	2	X	•				SEVENFACT – coagulation factor viia (recom)-jncw for inj 5 mg (5000 mcg)	3	X	•			•
RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 801-1240 unit	2	X	•				TAKHZYRO – lanadelumab-flyo soln pref syringe 300 mg/2ml (150 mg/ml)	2	X	•	•		•
RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 1241-1800 unit	2	X	•				TAKHZYRO – lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	2	X	•	•		•
RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 1801-2400 unit	2	X	•				TAVALISSE – fostamatinib disodium tab 100 mg (base equivalent)	3	X	•	•		•
RIASTAP – fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	2	X	•			•	TAVALISSE – fostamatinib disodium tab 150 mg (base equivalent)	3	X	•	•		•
							TAVNEOS – avacopan cap 10 mg	3	X	•	•		•
							TRETEN – coagulation factor xiii a-subunit for inj 2000-3125 unit	2	X	•			•
							VONVENDI – von willebrand factor (recombinant) for inj 650 unit	2	X	•			
							VONVENDI – von willebrand factor (recombinant) for inj 1300 unit	2	X	•			

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WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit	2	X	•				AKTEN – lidocaine hcl ophth gel 3.5%	3					
WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	2	X	•				ALOCRIAL – nedocromil sodium ophth soln 2%	3					
XYNTHA – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	2	X	•				ALOMIDE – Iodoxamide tromethamine ophth soln 0.1%	3					
XYNTHA – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	2	X	•				ALPHAGAN P – brimonidine tartrate ophth soln 0.15%	3					
XYNTHA – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	2	X	•				ALREX – loteprednol etabonate ophth susp 0.2%	3					
XYNTHA – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	2	X	•				apraclonidine hcl ophth soln 0.5% (base equivalent)	1					
XYNTHA SOLOFUSE – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	2	X	•				ATROPINE SULFATE – atropine sulfate ophth soln 1%	3					
XYNTHA SOLOFUSE – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	2	X	•				atropine sulfate ophth soln 1% (Atropine sulfate)	1					
XYNTHA SOLOFUSE – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	2	X	•				azelastine hcl ophth soln 0.05%	1					
XYNTHA SOLOFUSE – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	2	X	•				BACITRACIN – bacitracin ophth oint 500 unit/gm	2					
XYNTHA SOLOFUSE – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 3000 unit	2	X	•				bacitracin-polymyxin b ophth oint	1					
ZONTIVITY – vorapaxar sulfate tab 2.08 mg (base equivalent)	3						bacitracin-polymyxin-neomycin-hc ophth oint 1%	1					
TOPICAL PRODUCTS							bepotastine besilate ophth soln 1.5% (Bepreve)	1					
OPHTHALMIC AGENTS							BEPREVE – bepotastine besilate ophth soln 1.5%	3					
ACULAR – ketorolac tromethamine ophth soln 0.5%	3						BESIVANCE – besifloxacin hcl ophth susp 0.6% (base equiv)	3					
ACULAR LS – ketorolac tromethamine ophth soln 0.4%	3						BETADINE OPHTHALMIC PREP – povidone-iodine ophth soln 5%	3					
							betaxolol hcl ophth soln 0.5%	1					
							bimatoprost ophth soln 0.03%	1			•		
							BLEPHAMIDE S.O.P. – sulfacetamide sodium-prednisolone ophth oint 10-0.2%	2					

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brimonidine tartrate ophth soln 0.15% (Alphagan p)	1						CYSTARAN – cysteamine hcl ophth soln 0.44% (base equivalent)	3	X	•	•		•
brimonidine tartrate ophth soln 0.2%	1						DEXAMETHASONE SODIUM PHOS – dexamethasone sodium phosphate ophth soln 0.1%	3					
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	1						diclofenac sodium ophth soln 0.1%	1					
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1						difluprednate ophth emulsion 0.05% (Durezol)	1					
CARTEOLOL HCL – carteolol hcl ophth soln 1%	3						dorzolamide hcl ophth soln 2% (Trusopt)	1					
CEQUA – cyclosporine (ophth) soln 0.09% (pf)	3		•	•			dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)	1					
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1						dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf)	1					
COMBIGAN – brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3						DUREZOL – difluprednate ophth emulsion 0.05%	3					
cromolyn sodium ophth soln 4%	1						epinastine hcl ophth soln 0.05%	1					
CYCLOGYL – cyclopentolate hcl ophth soln 0.5%	3						erythromycin ophth oint 5 mg/gm	1					
CYCLOGYL – cyclopentolate hcl ophth soln 1%	3						FLAREX – fluorometholone acetate ophth susp 0.1%	3					
CYCLOGYL – cyclopentolate hcl ophth soln 2%	3						fluorometholone ophth susp 0.1% (Fml liquifilm)	1					
CYCLOMYDRIL – cyclopentolate w/ phenylephrine ophth soln 0.2-1%	3						FLURBIPROFEN SODIUM – flurbiprofen sodium ophth soln 0.03%	3					
cyclopentolate hcl ophth soln 0.5% (Cyclogyl)	1						FML – fluorometholone ophth oint 0.1%	3					
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1						FML FORTE – fluorometholone ophth susp 0.25%	3					
cyclopentolate hcl ophth soln 2% (Cyclogyl)	1						FML LIQUIFILM – fluorometholone ophth susp 0.1%	3					
CYSTADROPS – cysteamine hcl ophth soln 0.37% (base equivalent)	3	X	•	•		•	gatifloxacin ophth soln 0.5% (Zymaxid)	1					

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GENTAK – gentamicin sulfate ophth oint 0.3%	3						MAXIDEX – dexamethasone ophth susp 0.1%	3					
gentamicin sulfate ophth soln 0.3%	1						MAXITROL – neomycin-polymyxin-dexamethasone ophth susp 0.1%	3					
ILEVRO – nepafenac ophth susp 0.3%	2						MAXITROL – neomycin-polymyxin-dexamethasone ophth oint 0.1%	3					
IOPIDINE – apraclonidine hcl ophth soln 1% (base equivalent)	3						moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1					
ISOPTO ATROPINE – atropine sulfate ophth soln 1%	3						MYDRIACYL – tropicamide ophth soln 1%	3					
ketorolac tromethamine ophth soln 0.4% (Acular Is)	1						NATACYN – natamycin ophth susp 5%	2					
ketorolac tromethamine ophth soln 0.5% (Acular)	1						neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1					
LACRISERT – artificial tear ophth insert	3						neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1					
latanoprost ophth soln 0.005% (Xalatan)	1			•			neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1					
LEVOBUNOLOL HCL – levobunolol hcl ophth soln 0.5%	3						NEOMYCIN/POLYMYXIN/GRAMIC – neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3					
levofloxacin ophth soln 0.5%	1						OCUFLOX – ofloxacin ophth soln 0.3%	3					
LOTEMAX – loteprednol etabonate ophth oint 0.5%	2						ofloxacin ophth soln 0.3% (Ocuflox)	1					
LOTEMAX – loteprednol etabonate ophth susp 0.5%	3						OXERVATE – cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	3	X	•	•	•	
LOTEMAX – loteprednol etabonate ophth gel 0.5%	3						phenylephrine hcl ophth soln 2.5%	1					
LOTEMAX SM – loteprednol etabonate ophth gel 0.38%	2						phenylephrine hcl ophth soln 10%	1					
loteprednol etabonate ophth gel 0.5% (Lotemax)	1						PHOSPHOLINE IODIDE – echothiophate iodide ophth for soln 0.125%	3					•
loteprednol etabonate ophth susp 0.5% (Lotemax)	1												
LUMIGAN – bimatoprost ophth soln 0.01%	2			•									

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pilocarpine hcl ophth soln 1%	1						sulfacetamide sodium ophth soln 10%	1					
pilocarpine hcl ophth soln 2%	1						SULFACETAMIDE SODIUM/ PRED – sulfacetamide sodium- prednisolone ophth soln 10-0.23(0.25)%	3					
pilocarpine hcl ophth soln 4%	1						tetracaine hcl ophth soln 0.5%	1					
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1						timolol maleate ophth gel forming soln 0.25% (Timoptic-xe)	1					
POLYTRIM – polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	3						timolol maleate ophth gel forming soln 0.5% (Timoptic-xe)	1					
PRED MILD – prednisolone acetate ophth susp 0.12%	3						timolol maleate ophth soln 0.25% (Timoptic)	1					
PRED-G – gentamicin-prednisolone ace ophth susp 0.3-1%	3						timolol maleate ophth soln 0.5% (Timoptic)	1					
PRED-G S.O.P. – gentamicin-prednisolone ace ophth oint 0.3-0.6%	3						timolol maleate ophth soln 0.5% (once-daily) (Istalol)	1					
PREDNISOLONE ACETATE – prednisolone acetate ophth susp 1%	2						timolol maleate preservative free ophth soln 0.5% (Timoptic ocudose)	1					
PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate ophth soln 1%	3						TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.25%	3					
proparacaine hcl ophth soln 0.5% (Alcaine)	1						TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.5%	3					
RESTASIS – cyclosporine (ophth) emulsion 0.05%	2		•	•			TOBRADEX – tobramycin-dexamethasone ophth oint 0.3-0.1%	2					
RHOPRESSA – netarsudil dimesylate ophth soln 0.02%	3			•	•		TOBRADEX – tobramycin-dexamethasone ophth susp 0.3-0.1%	3					
ROCKLATAN – netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3			•	•		TOBRADEX ST – tobramycin-dexamethasone ophth susp 0.3-0.05%	3					
SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2						tobramycin ophth soln 0.3%	1					
SULFACETAMIDE SODIUM – sulfacetamide sodium ophth oint 10%	3						tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	1					

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TOBREX – tobramycin ophth oint 0.3%	3					
TRAVATAN Z – travoprost ophth soln 0.004% (benzalkonium free) (bak free)	3			•		
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	1			•		
TRIFLURIDINE – trifluridine ophth soln 1%	2					
tropicamide ophth soln 0.5%	1					
tropicamide ophth soln 1% (Mydracyl)	1					
TRUSOPT – dorzolamide hcl ophth soln 2%	3					
XIIDRA – lifitegrast ophth soln 5%	3		•	•		
ZERVIAE – cetirizine hcl ophth soln 0.24% (base equiv)	3		•	•		
ZIOPTAN – tafluprost preservative free (pf) ophth soln 0.0015%	3			•		
ZIRGAN – ganciclovir ophth gel 0.15%	3					
ZYMAXID – gatifloxacin ophth soln 0.5%	3					
OTIC AGENTS						
acetic acid otic soln 2%	1					
CETRAXAL – ciprofloxacin hcl otic soln 0.2% (base equivalent)	3					
CIPRO HC – ciprofloxacin-hydrocortisone otic susp 0.2-1%	3					
CIPRODEX – ciprofloxacin-dexamethasone otic susp 0.3-0.1%	3					
CIPROFLOXACIN – ciprofloxacin hcl otic soln 0.2% (base equivalent)	3					

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ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	1					
DERMOTIC – fluocinolone acetonide (otic) oil 0.01%	3					
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	1					
hydrocortisone w/ acetic acid otic soln 1-2%	1					
neomycin-polymyxin-hc otic soln 1%	1					
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1					
ofloxacin otic soln 0.3%	1					
MOUTH/THROAT/DENTAL AGENTS						
cevimeline hcl cap 30 mg (Evoxac)	1					
chlorhexidine gluconate soln 0.12% (Peridex)	1					
clotrimazole troche 10 mg	1					
FLUORIDEX SENSITIVITY REL – sodium fluoride-potassium nitrate paste 1.1-5%	3					
FLUORIMAX 5000 SENSITIVE – sodium fluoride-potassium nitrate paste 1.1-5%	3					
LIDOCAINE HCL – lidocaine hcl laryngotracheal soln 4%	3					
lidocaine hcl viscous soln 2%	1					
nystatin susp 100000 unit/ml	1					
ORAVIG – miconazole buccal tab 50 mg (mouth-throat)	3					
PERIDEX – chlorhexidine gluconate soln 0.12%	3					
pilocarpine hcl tab 5 mg (Salagen)	1					
pilocarpine hcl tab 7.5 mg (Salagen)	1					

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PREVIDENT RINSE – sodium fluoride rinse 0.2%	3					
SALAGEN – pilocarpine hcl tab 5 mg	3					
SALAGEN – pilocarpine hcl tab 7.5 mg	3					
sodium fluoride cream 1.1% (Prevident 5000 plus)	1					
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1					
sodium fluoride paste 1.1% (Prevident 5000 boost)	1					
sodium fluoride rinse 0.2% (Prevident rinse)	1					
sodium fluoride-potassium nitrate gel 1.1-5% (Prevident 5000 sensi)	1					
stannous fluoride gel 0.4%	1					
triamcinolone acetonide dental paste 0.1%	1					
ANORECTAL AGENTS						
ANALPRAM HC – hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	3					
ANALPRAM HC SINGLES – hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	3					
ANALPRAM-HC – hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	3					
ANALPRAM-HC – hydrocortisone acetate w/ pramoxine perianal cream 1-1%	3					
ANUSOL-HC – hydrocortisone perianal cream 2.5%	3					
CORTENEMA – hydrocortisone enema 100 mg/60ml	3					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
CORTIFOAM – hydrocortisone acetate perianal foam 10% (90 mg/dose)	3					
hydrocortisone acetate w/ pramoxine perianal cream 1-1% (Analpram-hc)	1					
hydrocortisone enema 100 mg/60ml (Cortenema)	1					
hydrocortisone perianal cream 1% (Proctocort)	1					
hydrocortisone perianal cream 2.5% (Anusol-hc)	1					
PROCTOFOAM HC – hydrocortisone acetate w/ pramoxine perianal foam 1-1%	2					
RECTIV – nitroglycerin oint 0.4%	3					
DERMATOLOGICALS						
acitretin cap 10 mg	1					
acitretin cap 17.5 mg	1					
acitretin cap 25 mg	1					
acyclovir oint 5% (Zovirax)	1					
adapalene gel 0.1%	1					
ADBRY – tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	2	X	•	•		•
AFTERTEST TOPICAL PAIN RE – benzocaine stick 10%	3					
alclometasone dipropionate cream 0.05%	1				•	
alclometasone dipropionate oint 0.05%	1				•	
ALTABAX – retapamulin oint 1%	3					
AMCINONIDE – amcinonide lotion 0.1%	3				•	•
azelaic acid gel 15% (Finacea)	1					

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BENZAMYCIN – benzoyl peroxide-erythromycin gel 5-3%	3					
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	1					
BETAMETHASONE DIPROPIONAT – betamethasone dipropionate augmented gel 0.05%	3			•	•	
betamethasone dipropionate augmented cream 0.05%	1			•		
betamethasone dipropionate augmented lotion 0.05%	1			•		
betamethasone dipropionate augmented oint 0.05% (Diprolene)	1			•		
betamethasone dipropionate cream 0.05%	1			•		
betamethasone dipropionate lotion 0.05%	1			•		
betamethasone dipropionate oint 0.05%	1			•		
betamethasone valerate cream 0.1% (base equivalent)	1			•		
betamethasone valerate lotion 0.1% (base equivalent)	1			•		
betamethasone valerate oint 0.1% (base equivalent)	1			•		
bexarotene gel 1% (Targretin)	1	X	•			
calcipotriene cream 0.005% (Dovonex)	1			•		
calcipotriene oint 0.005%	1			•		
calcipotriene soln 0.005% (50 mcg/ml)	1			•		
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	1			•		

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calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)	1			•		
CALCITRIOL – calcitriol oint 3 mcg/gm	3			•		
CENTANY – mupirocin oint 2%	3					
ciclopirox gel 0.77%	1					
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	1					
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	1					
ciclopirox shampoo 1% (Loprox shampoo)	1					
ciclopirox solution 8% (Penlac nail lacquer)	1			•		
CLEOCIN-T – clindamycin phosphate lotion 1%	3					
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1					
clindamycin phosphate gel 1% (Clindagel)	1					
clindamycin phosphate lotion 1% (Cleocin-t)	1					
clindamycin phosphate soln 1%	1			•		
clindamycin phosphate swab 1%	1					
clindamycin phosphate-benzoyl peroxide gel 1-5%	1					
clobetasol propionate cream 0.05%	1			•		
clobetasol propionate emollient base cream 0.05%	1			•		
clobetasol propionate gel 0.05%	1			•		
clobetasol propionate oint 0.05%	1			•		
clobetasol propionate soln 0.05%	1			•		

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clocortolone pivalate cream 0.1% (Cloderm)	1			•			desoximetasone cream 0.25% (Topicort)	1			•		
CLODERM – clocortolone pivalate cream 0.1%	3			•	•		desoximetasone gel 0.05% (Topicort)	1			•		
clotrimazole w/ betamethasone cream 1-0.05%	1						desoximetasone oint 0.05% (Topicort)	1			•		
CONDYLOX – podofilox gel 0.5%	2						desoximetasone oint 0.25% (Topicort)	1			•		
CORDRAN – flurandrenolide tape 4 mcg/sqcm	3			•	•		desoximetasone spray 0.25% (Topicort)	1			•		
COSENTYX – secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	2	X	•	•		•	diclofenac sodium soln 1.5%	1			•	•	
COSENTYX – secukinumab subcutaneous soln prefilled syringe 150 mg/ml	2	X	•	•		•	DIPROLENE – betamethasone dipropionate augmented oint 0.05%	3			•	•	
COSENTYX – secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	2	X	•	•		•	DOVONEX – calcipotriene cream 0.005%	3			•		
COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml	2	X	•	•		•	DOXEPIN HYDROCHLORIDE – doxepin hcl cream 5%	3		•	•		
COSENTYX SENSOREADY PEN – secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	2	X	•	•		•	DUPIXENT – dupilumab subcutaneous soln pen-injector 200 mg/1.14ml	2	X	•	•		
CROTAN – crotamiton lotion 10%	3						DUPIXENT – dupilumab subcutaneous soln pen-injector 300 mg/2ml	2	X	•	•		
DENAVIR – penciclovir cream 1%	3						DUPIXENT – dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml	2	X	•	•		
DERMA-SMOOTH/FS BODY – fluocinolone acetonide oil 0.01% (body oil)	3			•	•		DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	2	X	•	•		
DERMA-SMOOTH/FS SCALP – fluocinolone acetonide oil 0.01% (scalp oil)	3			•	•		DUPIXENT – dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	2	X	•	•		
desonide cream 0.05% (Desowen)	1			•			econazole nitrate cream 1%	1			•		
desonide oint 0.05%	1			•			EFUDEX – fluorouracil cream 5%	3		•	•		
desoximetasone cream 0.05% (Topicort)	1			•			EPIFOAM – pramoxine-hc aerosol foam 1-1%	3					

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ERTACZO – sertaconazole nitrate cream 2%	3		•				fluorouracil cream 5% (Efudex)	1		•	•		
ERY – erythromycin pads 2%	3						fluticasone propionate cream 0.05%	1			•		
ERYGEL – erythromycin gel 2%	3						fluticasone propionate oint 0.005%	1			•		
erythromycin gel 2% (Erygel)	1						gentamicin sulfate cream 0.1%	1			•		
erythromycin soln 2%	1						gentamicin sulfate oint 0.1%	1					
EXELDERM – sulconazole nitrate solution 1%	3		•				halcinonide cream 0.1% (Halog)	1			•		
EXELDERM – sulconazole nitrate cream 1%	3		•				halobetasol propionate cream 0.05%	1			•		
FINACEA – azelaic acid gel 15%	3						HALOG – halcinonide soln 0.1%	3			•	•	
fluocinolone acetonide cream 0.01%	1			•			HALOG – halcinonide oint 0.1%	3			•	•	
fluocinolone acetonide cream 0.025% (Synalar)	1			•			HYDROCORTISONE BUTYRATE – hydrocortisone butyrate soln 0.1%	3			•	•	
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	1			•			HYDROCORTISONE BUTYRATE – hydrocortisone butyrate cream 0.1%	3			•	•	
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	1			•			hydrocortisone butyrate oint 0.1%	1			•		
fluocinolone acetonide oint 0.025% (Synalar)	1			•			hydrocortisone cream 2.5%	1			•		
fluocinolone acetonide soln 0.01% (Synalar)	1			•			hydrocortisone lotion 2.5%	1			•		
fluocinonide cream 0.05%	1			•			hydrocortisone oint 2.5%	1			•		
fluocinonide emulsified base cream 0.05%	1			•			hydrocortisone valerate cream 0.2%	1			•		
fluocinonide gel 0.05%	1			•			hydrocortisone valerate oint 0.2%	1			•		
fluocinonide oint 0.05%	1			•			imiquimod cream 5%	1			•		
fluocinonide soln 0.05%	1			•			isotretinoin cap 10 mg (Absorica)	1					
FLUOROURACIL – fluorouracil soln 2%	3						isotretinoin cap 20 mg (Absorica)	1					
FLUOROURACIL – fluorouracil soln 5%	3						isotretinoin cap 30 mg (Absorica)	1					
							isotretinoin cap 40 mg (Absorica)	1					
							IVERMECTIN – ivermectin lotion 0.5%	3					
							ivermectin cream 1% (Soolantra)	1		•			
							ketoconazole cream 2%	1			•		
							ketoconazole shampoo 2%	1					

KEY Tier
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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
KLARON – sulfacetamide sodium lotion 10% (acne)	3						mupirocin oint 2%	1					
KLISYRI – tirbanibulin ointment 1%	3		•	•			NATROBA – spinosad susp 0.9%	3					
lidocaine hcl soln 4%	1			•			NEO-SYNALAR – neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	3					
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1						nystatin cream 100000 unit/gm	1					
lidocaine patch 5% (Lidoderm)	1		•	•			nystatin oint 100000 unit/gm	1					
lidocaine-prilocaine cream 2.5-2.5%	1			•			nystatin topical powder 100000 unit/gm	1					
LINDANE – lindane shampoo 1%	3						nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1					
LOPROX – ciclopirox olamine susp 0.77% (base equiv)	3						nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1					
LOPROX – ciclopirox olamine cream 0.77% (base equiv)	3						OPZELURA – ruxolitinib phosphate cream 1.5%	3		•	•		
mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)	1						OVIDE – malathion lotion 0.5%	3					
malathion lotion 0.5% (Ovide)	1						oxiconazole nitrate cream 1% (Oxistat)	1		•			
MENTAX – butenafine hcl cream 1%	3						PANRETIN – alitretinoin gel 0.1%	3					
METHOXSALEN – methoxsalen rapid cap 10 mg	3						permethrin cream 5%	1					
METROGEL – metronidazole gel 1%	3						pimecrolimus cream 1% (Elidel)	1			•	•	
METROLOTION – metronidazole lotion 0.75%	3						podofilox soln 0.5%	1					
metronidazole cream 0.75% (Metrocream)	1						PREDNICARBATE – prednicarbate oint 0.1%	3			•	•	
metronidazole gel 0.75%	1						PRUDOXIN – doxepin hcl cream 5%	3		•	•		
metronidazole gel 1% (Metrogel)	1						REGANEX – becaplermin gel 0.01%	3					
metronidazole lotion 0.75% (Metro lotion)	1						RETIN-A – tretinoin gel 0.01%	3					
mometasone furoate cream 0.1%	1			•			RETIN-A – tretinoin gel 0.025%	3					
mometasone furoate oint 0.1%	1			•			SANTYL – collagenase oint 250 unit/gm	2			•		
mometasone furoate solution 0.1% (lotion)	1			•			selenium sulfide lotion 2.5%	1					

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SILIQ – brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml	3	X	•	•		
SILVADENE – silver sulfadiazine cream 1%	3					
silver sulfadiazine cream 1% (Silvadene)	1					
SKYRIZI – risankizumab-rzaa soln prefilled syringe 150 mg/ml	2	X	•	•		
SKYRIZI – risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	2	X	•	•		
SKYRIZI PEN – risankizumab-rzaa soln auto-injector 150 mg/ml	2	X	•	•		
SOOLANTRA – ivermectin cream 1%	2					
SPINOSAD – spinosad susp 0.9%	3					
STELARA – ustekinumab inj 45 mg/0.5ml	2	X	•	•		
STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml	2	X	•	•		
STELARA – ustekinumab soln prefilled syringe 90 mg/ml	2	X	•	•		
SULCONAZOLE NITRATE – sulconazole nitrate solution 1%	3		•			
SULCONAZOLE NITRATE – sulconazole nitrate cream 1%	3		•			
sulfacetamide sodium lotion 10% (acne) (Klaron)	1					
SULFAMYLON – mafenide acetate packet for topical soln 5% (50 gm)	3					
SULFAMYLON – mafenide acetate cream 85 mg/gm	3					
SYNERA – lidocaine-tetracaine topical patch 70-70 mg	3		•	•		
tacrolimus oint 0.03% (Protopic)	1			•	•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
tacrolimus oint 0.1% (Protopic)	1			•	•	
TALTZ – ixekizumab subcutaneous soln auto-injector 80 mg/ml	3	X	•	•		•
TALTZ – ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	3	X	•	•		•
TARGRETIN – bexarotene gel 1%	3	X	•			
tazarotene cream 0.1% (Tazorac)	1			•		
TAZORAC – tazarotene cream 0.05%	2			•		
TAZORAC – tazarotene gel 0.05%	2			•		
TAZORAC – tazarotene gel 0.1%	2			•		
TOPICORT – desoximetasone cream 0.25%	3			•	•	
TOPICORT – desoximetasone gel 0.05%	3			•	•	
TOPICORT – desoximetasone oint 0.25%	3			•	•	
TREMFYA – guselkumab soln pen-injector 100 mg/ml	2	X	•	•		
TREMFYA – guselkumab soln prefilled syringe 100 mg/ml	2	X	•	•		
tretinoin cream 0.025% (Retin-a)	1					
tretinoin cream 0.05% (Retin-a)	1					
tretinoin cream 0.1% (Retin-a)	1					
tretinoin gel 0.01% (Retin-a)	1					
tretinoin gel 0.025% (Retin-a)	1					
triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)	1			•		
triamcinolone acetonide cream 0.025%	1			•		
triamcinolone acetonide cream 0.1%	1			•		
triamcinolone acetonide cream 0.5%	1			•		

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triamcinolone acetonide lotion 0.025%	1			•		
triamcinolone acetonide lotion 0.1%	1			•		
triamcinolone acetonide oint 0.025%	1			•		
triamcinolone acetonide oint 0.1%	1			•		
triamcinolone acetonide oint 0.5%	1			•		
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)	2	X				•
VECTICAL – calcitriol oint 3 mcg/gm	3			•		
ZONALON – doxepin hcl cream 5%	3		•	•		
MISCELLANEOUS PRODUCTS						
ANTIDOTES						
CHEMET – succimer cap 100 mg	2	X	•			
deferasirox granules packet 90 mg (Jadenu sprinkle)	1	X				
deferasirox granules packet 180 mg (Jadenu sprinkle)	1	X				
deferasirox granules packet 360 mg (Jadenu sprinkle)	1	X				
deferasirox tab for oral susp 125 mg (Exjade)	1	X				
deferasirox tab for oral susp 250 mg (Exjade)	1	X				
deferasirox tab for oral susp 500 mg (Exjade)	1	X				
deferasirox tab 90 mg (Jadenu)	1	X				
deferasirox tab 180 mg (Jadenu)	1	X				
deferasirox tab 360 mg (Jadenu)	1	X				
deferiprone tab 500 mg (Ferriprox)	1	X				
deferiprone tab 1000 mg (Ferriprox)	1	X				
EXJADE – deferasirox tab for oral susp 125 mg	3	X				

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EXJADE – deferasirox tab for oral susp 250 mg	3	X				
EXJADE – deferasirox tab for oral susp 500 mg	3	X				
FERRIPROX – deferiprone oral soln 100 mg/ml	3	X				•
FERRIPROX – deferiprone tab 500 mg	3	X				•
FERRIPROX – deferiprone tab 1000 mg	3	X				•
JADENU – deferasirox tab 90 mg	3	X				
JADENU – deferasirox tab 180 mg	3	X				
JADENU – deferasirox tab 360 mg	3	X				
JADENU SPRINKLE – deferasirox granules packet 90 mg	3	X				
JADENU SPRINKLE – deferasirox granules packet 180 mg	3	X				
JADENU SPRINKLE – deferasirox granules packet 360 mg	3	X				
KLOXXADO – naloxone hcl nasal spray 8 mg/0.1ml	2				•	
naloxone hcl inj 0.4 mg/ml	1				•	
naloxone hcl inj 4 mg/10ml	1				•	
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	1				•	
naloxone hcl soln prefilled syringe 2 mg/2ml	1				•	
NALOXONE HYDROCHLORIDE – naloxone hcl soln cartridge 0.4 mg/ml	3				•	
naltrexone hcl tab 50 mg	1					
NARCAN – naloxone hcl nasal spray 4 mg/0.1ml	3				•	
RADIOGARDASE – prussian blue insoluble cap 0.5 gm	3					

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VISTOGARD – uridine triacetate oral granules packet 10 gm	3	X	•			•
ZIMHI – naloxone hcl soln prefilled syringe 5 mg/0.5ml	3			•		
DIAGNOSTIC PRODUCTS						
ACCU-CHEK AVIVA PLUS – glucose blood test strip	3		•	•		
ACCU-CHEK COMPACT STRIPS – glucose blood test strip	3		•	•		
ACCU-CHEK COMPACT TEST DR – glucose blood test strip	3		•	•		
ACCU-CHEK GUIDE – glucose blood test strip	3		•	•		
ACCU-CHEK SMARTVIEW STRIP – glucose blood test strip	3		•	•		
ACCUTREND GLUCOSE – glucose blood test strip	3		•	•		
ADVANCE INTUITION TEST ST – glucose blood test strip	3		•	•		
ADVANCE MICRO-DRAW TEST S – glucose blood test strip	3		•	•		
ADVOCATE REDI-CODE – glucose blood test strip	3		•	•		
ADVOCATE REDI-CODE+ TEST – glucose blood test strip	3		•	•		
ADVOCATE TEST STRIPS – glucose blood test strip	3		•	•		
AGAMATRIX AMP NO CODE TES – glucose blood test strip	3		•	•		
AGAMATRIX JAZZ TEST STRIP – glucose blood test strip	3		•	•		
AGAMATRIX KEYNOTE TEST ST – glucose blood test strip	3		•	•		
AGAMATRIX PRESTO TEST STR – glucose blood test strip	3		•	•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
ASSURE II – glucose blood test strip	3		•	•		
ASSURE II CHECK STRIP – glucose blood test strip	3		•	•		
ASSURE II TEST STRIPS – glucose blood test strip	3		•	•		
ASSURE PLATINUM TEST STRI – glucose blood test strip	3		•	•		
ASSURE PRISM MULTI TEST S – glucose blood test strip	3		•	•		
ASSURE PRO TEST STRIPS – glucose blood test strip	3		•	•		
ASSURE 3 TEST STRIPS – glucose blood test strip	3		•	•		
ASSURE 4 TEST STRIPS – glucose blood test strip	3		•	•		
AT LAST TEST STRIPS – glucose blood test strip	3		•	•		
BINAXNOW COVID-19 AG CARD – covid-19 at home antigen test kit	3					
BLOOD GLUCOSE TEST STRIPS – glucose blood test strip	3		•	•		
BLULINK GLUCOSE TEST STRI – glucose blood test strip	3		•	•		
CAREONE BLOOD GLUCOSE TES – glucose blood test strip	3		•	•		
CARESENS N BLOOD GLUCOSE – glucose blood test strip	3		•	•		
CARESTART COVID-19 ANTIGE – covid-19 at home antigen test kit	3					
CARETOUCH BLOOD GLUCOSE T – glucose blood test strip	3		•	•		
CELLTRION DIATRUST COVID- – covid-19 at home antigen test kit	3					
CHEMSTRIP-K – acetone (urine) test strip	2					

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CLEARDETECT COVID-19 ANTI – covid-19 at home antigen test kit	3						DIATRUE PLUS BLOOD GLUCOS – glucose blood test strip	3		•	•		
CLEVER CHEK AUTO-CODE TES – glucose blood test strip	3		•	•			DUO-CARE TEST STRIPS – glucose blood test strip	3		•	•		
CLEVER CHEK AUTO-CODE VOI – glucose blood test strip	3		•	•			EASY PLUS II BLOOD GLUCOS – glucose blood test strip	3		•	•		
CLEVER CHEK TEST STRIPS – glucose blood test strip	3		•	•			EASY STEP TEST STRIPS – glucose blood test strip	3		•	•		
CLEVER CHOICE AUTO-CODE P – glucose blood test strip	3		•	•			EASY TALK BLOOD GLUCOSE T – glucose blood test strip	3		•	•		
CLEVER CHOICE MICRO TEST – glucose blood test strip	3		•	•			EASY TALK PLUS II BLOOD G – glucose blood test strip	3		•	•		
CLEVER CHOICE NO CODING T – glucose blood test strip	3		•	•			EASY TOUCH GLUCOSE TEST S – glucose blood test strip	3		•	•		
CLEVER CHOICE TALK NO COD – glucose blood test strip	3		•	•			EASY TOUCH HEALTHPRO GLUC – glucose blood test strip	3		•	•		
CLINITEST RAPID COVID-19 – covid-19 at home antigen test kit	3						EASY TRAK BLOOD GLUCOSE T – glucose blood test strip	3		•	•		
CONTOUR BLOOD GLUCOSE TES – glucose blood test strip	2			•			EASY TRAK II BLOOD GLUCOS – glucose blood test strip	3		•	•		
CONTOUR NEXT BLOOD GLUCOS – glucose blood test strip	2			•			EASYGLUCO – glucose blood test strip	3		•	•		
COOL BLOOD GLUCOSE TEST S – glucose blood test strip	3		•	•			EASYMAX TEST STRIPS – glucose blood test strip	3		•	•		
COVID-19 AT-HOME TEST KIT – covid-19 at home antigen test kit	3						EASYMAX 15 TEST STRIPS – glucose blood test strip	3		•	•		
COVID-19 RAPID SELF TEST – covid-19 at home antigen test kit	3						EASYPRO BLOOD GLUCOSE TES – glucose blood test strip	3		•	•		
CVS ADVANCED GLUCOSE METE – glucose blood test strip	3		•	•			EASYPRO PLUS – glucose blood test strip	3		•	•		
CVS GLUCOSE METER TEST ST – glucose blood test strip	3		•	•			ELEMENT COMPACT TEST STRI – glucose blood test strip	3		•	•		
DIATHRIVE BLOOD GLUCOSE T – glucose blood test strip	3		•	•			ELEMENT TEST STRIPS – glucose blood test strip	3		•	•		
DIATHRIVE+ BLOOD GLUCOSE – glucose blood test strip	3		•	•			ELLUME COVID-19 HOME TEST – covid-19 at home antigen test kit	3					

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EMBRACE BLOOD GLUCOSE TES – glucose blood test strip	3		•	•			FORA G30/PREMIUM V10 BLOO – glucose blood test strip	3		•	•		
EMBRACE EVO BLOOD GLUCOSE – glucose blood test strip	3		•	•			FORA TN'G ADVANCE PRO BLO – glucose blood test strip	3		•	•		
EMBRACE PRO BLOOD GLUCOSE – glucose blood test strip	3		•	•			FORA TN'G/TN'G VOICE BLOO – glucose blood test strip	3		•	•		
EMBRACE TALK BLOOD GLUCOS – glucose blood test strip	3		•	•			FORA V10 BLOOD GLUCOSE TE – glucose blood test strip	3		•	•		
EQ BLOOD GLUCOSE TEST STR – glucose blood test strip	3		•	•			FORA V12 BLOOD GLUCOSE TE – glucose blood test strip	3		•	•		
EVENCARE BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			FORA V20 BLOOD GLUCOSE TE – glucose blood test strip	3		•	•		
EVOLUTION AUTOCODE – glucose blood test strip	3		•	•			FORA V30A BLOOD GLUCOSE T – glucose blood test strip	3		•	•		
FIFTY50 GLUCOSE TEST STRI – glucose blood test strip	3		•	•			FORA 6 CONNECT – glucose blood test strip	3		•	•		
FLOWFLEX COVID-19 ANTIGEN – covid-19 at home antigen test kit	3						FORACARE GD40 – glucose blood test strip	3		•	•		
FORA BLOOD GLUCOSE TEST S – glucose blood test strip	3		•	•			FORACARE PREMIUM V10 TEST – glucose blood test strip	3		•	•		
FORA D15G BLOOD GLUCOSE T – glucose blood test strip	3		•	•			FORACARE TEST N GO TEST S – glucose blood test strip	3		•	•		
FORA D20 BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			FORTISCARE BLOOD GLUCOSE – glucose blood test strip	3		•	•		
FORA D40/G31 BLOOD GLUCOS – glucose blood test strip	3		•	•			FORTISCARE G1 BLOOD GLUCO – glucose blood test strip	3		•	•		
FORA GD20 TEST STRIPS – glucose blood test strip	3		•	•			FREESTYLE INSULINX BLOOD – glucose blood test strip	3		•	•		
FORA GD50 BLOOD GLUCOSE T – glucose blood test strip	3		•	•			FREESTYLE LITE TEST STRIP – glucose blood test strip	3		•	•		
FORA GTEL BLOOD GLUCOSE T – glucose blood test strip	3		•	•			FREESTYLE PRECISION NEO B – glucose blood test strip	3		•	•		
FORA G20 BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			FREESTYLE TEST STRIPS – glucose blood test strip	3		•	•		
							GENULTIMATE TEST STRIPS – glucose blood test strip	3		•	•		

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GE100 BLOOD GLUCOSE TEST – glucose blood test strip	3		•	•			HW EMBRACE PRO BLOOD GLUC – glucose blood test strip	3		•	•		
GHT TEST STRIPS – glucose blood test strip	3		•	•			HW EMBRACE TALK BLOOD GLU – glucose blood test strip	3		•	•		
GLUCAGEN DIAGNOSTIC – glucagon hcl (rdna) diagnostic for inj 1 mg (base equiv)	3						IGLUCOSE BLOOD GLUCOSE TE – glucose blood test strip	3		•	•		
GLUCO PERFECT 3 TEST STRI – glucose blood test strip	3		•	•			IHEALTH COVID-19 ANTIGEN – covid-19 at home antigen test kit	3					
GLUCOCARD EXPRESSION BLOO – glucose blood test strip	3		•	•			IN TOUCH BLOOD GLUCOSE TE – glucose blood test strip	3		•	•		
GLUCOCARD SHINE TEST STRI – glucose blood test strip	3		•	•			INDICAID COVID-19 RAPID A – covid-19 at home antigen test kit	3					
GLUCOCARD VITAL TEST STRI – glucose blood test strip	3		•	•			INFINITY BLOOD GLUCOSE TE – glucose blood test strip	3		•	•		
GLUCOCARD X-SENSOR – glucose blood test strip	3		•	•			INFINITY VOICE – glucose blood test strip	3		•	•		
GLUCOCARD 01 SENSOR PLUS – glucose blood test strip	3		•	•			INTELISWAB COVID-19 RAPID – covid-19 at home antigen test kit	3					
GLUCOCOM TEST STRIPS – glucose blood test strip	3		•	•			KETOCARE – acetone (urine) test strip	2					
GLUCONAVII BLOOD GLUCOSE – glucose blood test strip	3		•	•			KETONE – acetone (urine) test strip	2					
GLUCOSE METER TEST STRIPS – glucose blood test strip	3		•	•			KETONE TEST STRIPS – acetone (urine) test strip	2					
GNP EASY TOUCH GLUCOSE TE – glucose blood test strip	3		•	•			KETOSTIX – acetone (urine) test strip	2					
GNP TRUE METRIX SELF MONI – glucose blood test strip	3		•	•			KROGER BLOOD GLUCOSE TEST – glucose blood test strip	3		•	•		
GNP TRUETRACK BLOOD GLUCO – glucose blood test strip	3		•	•			KROGER HEALTHPRO GLUCOSE – glucose blood test strip	3		•	•		
GNP TRUETRACK SMART SYSTE – glucose blood test strip	3		•	•			KROGER PREMIUM BLOOD GLUC – glucose blood test strip	3		•	•		
GOJJI BLOOD GLUCOSE TEST – glucose blood test strip	3		•	•			LIBERTY NEXT GENERATION B – glucose blood test strip	3		•	•		
GOODSENSE PREMIUM BLOOD G – glucose blood test strip	3		•	•			LIBERTY TEST STRIPS – glucose blood test strip	3		•	•		

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MEIJER BLOOD GLUCOSE TEST – glucose blood test strip	3		•	•			ONETOUCH VERIO TEST STRIP – glucose blood test strip	3		•	•		
MEIJER ESSENTIAL BLOOD GL – glucose blood test strip	3		•	•			OPTIUMEZ TEST STRIPS – glucose blood test strip	3		•	•		
MEIJER PREMIUM BLOOD GLUC – glucose blood test strip	3		•	•			PHARMACIST CHOICE AUTOCOD – glucose blood test strip	3		•	•		
MEIJER TRUETEST BLOOD GLU – glucose blood test strip	3		•	•			PHARMACIST CHOICE NO CODI – glucose blood test strip	3		•	•		
MEIJER TRUETRACK BLOOD GL – glucose blood test strip	3		•	•			PILOT COVID-19 AT-HOME TE – covid-19 at home antigen test kit	3					
METOPIRONE – metyrapone cap 250 mg	3	X				•	POCKETCHEM EZ BLOOD GLUCO – glucose blood test strip	3		•	•		
MICRODOT TEST STRIPS – glucose blood test strip	3		•	•			POGO AUTOMATIC TEST CARTR – glucose blood test automatic cartridge	3		•	•		
MICRODOT XTRA TEST STRIPS – glucose blood test strip	3		•	•			PRECISION SOF-TACT TEST S – glucose blood test strip	3		•	•		
MM EASY TOUCH GLUCOSE TES – glucose blood test strip	3		•	•			PRECISION XTRA BLOOD GLUC – glucose blood test strip	3		•	•		
MYGLUCOHEALTH BLOOD GLUCO – glucose blood test strip	3		•	•			PREMIUM BLOOD GLUCOSE TES – glucose blood test strip	3		•	•		
NEUTEK 2TEK TEST STRIPS – glucose blood test strip	3		•	•			PRESTIGE TEST STRIPS – glucose blood test strip	3		•	•		
NOVA MAX GLUCOSE TEST STR – glucose blood test strip	3		•	•			PRO VOICE V8/V9 BLOOD GLU – glucose blood test strip	3		•	•		
ON/GO COVID-19 ANTIGEN SE – covid-19 at home antigen test kit	3						PRODIGY NO CODING BLOOD G – glucose blood test strip	3		•	•		
ON/GO ONE COVID-19 ANTIGE – covid-19 at home antigen test kit	3						PTS PANELS EGLU – glucose blood test strip	3		•	•		
ONE DROP BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			QUICKTEK TEST STRIPS – glucose blood test strip	3		•	•		
ONETOUCH ULTRA – glucose blood test strip	3		•	•			QUICKVUE AT-HOME COVID-19 – covid-19 at home antigen test kit	3					
ONETOUCH ULTRA BLUE – glucose blood test strip	3		•	•			QUINTET AC BLOOD GLUCOSE – glucose blood test strip	3		•	•		
ONETOUCH ULTRA TEST STRIP – glucose blood test strip	3		•	•			QUINTET BLOOD GLUCOSE TES – glucose blood test strip	3		•	•		

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REFUAH PLUS BLOOD GLUCOSE – glucose blood test strip	3		•	•			TRUE FOCUS SELF MONITORIN – glucose blood test strip	3		•	•		
RELION CONFIRM/MICRO TEST – glucose blood test strip	3		•	•			TRUE METRIX BLOOD GLUCOSE – glucose blood test strip	3		•	•		
RELION KETONE TEST STRIPS – acetone (urine) test strip	2						TRUE METRIX SELF MONITORI – glucose blood test strip	3		•	•		
RELION PREMIER BLOOD GLUC – glucose blood test strip	3		•	•			TRUETEST STRIPS – glucose blood test strip	3		•	•		
RELION PRIME BLOOD GLUCOS – glucose blood test strip	3		•	•			TRUETRACK BLOOD GLUCOSE T – glucose blood test strip	3		•	•		
RELION TRUE METRIX BLOOD – glucose blood test strip	3		•	•			TRUETRACK TEST – glucose blood test strip	3		•	•		
RELION ULTIMA BLOOD GLUCO – glucose blood test strip	3		•	•			UNISTRIP1 GENERIC – glucose blood test strip	3		•	•		
REXALL BLOOD GLUCOSE TEST – glucose blood test strip	3		•	•			VERASENS BLOOD GLUCOSE TE – glucose blood test strip	3		•	•		
RIGHTEST GS100 BLOOD GLUC – glucose blood test strip	3		•	•			VIVAGUARD INO BLOOD GLUCO – glucose blood test strip	3		•	•		
RIGHTEST GS300 BLOOD GLUC – glucose blood test strip	3		•	•			MEDICAL DEVICES						
RIGHTEST GS333 BLOOD GLUC – glucose blood test strip	3		•	•			ABOUTTIME PEN NEEDLE 32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
RIGHTEST GS550 BLOOD GLUC – glucose blood test strip	3		•	•			ABOUTTIME PEN NEEDLES 30G – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
SMART SENSE PREMIUM BLOOD – glucose blood test strip	3		•	•			ABOUTTIME PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
SMART SENSE VALUE BLOOD G – glucose blood test strip	3		•	•			ABOUTTIME PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
SMARTEST BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			ACCU-CHEK AVIVA PLUS – blood glucose monitoring kit w/ device	3					
SOLUS V2 AUDIBLE TEST – glucose blood test strip	3		•	•			ACCU-CHEK FASTCLIX LANCET – lancets	2					
SUPREME TEST STRIPS – glucose blood test strip	3		•	•			ACCU-CHEK FASTCLIX LANCET – lancets kit	2					
TGT BLOOD GLUCOSE TEST ST – glucose blood test strip	3		•	•									

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ACCU-CHEK GUIDE – blood glucose monitoring kit w/ device	3						ADVOCATE BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3					
ACCU-CHEK GUIDE ME – blood glucose monitoring kit w/ device	3						ADVOCATE INSULIN PEN NEED – insulin pen needle 29 g x 12.7 mm (1/2")	2					
ACCU-CHEK SAFE-T-PRO LANC – lancets	2						ADVOCATE INSULIN PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ACCU-CHEK SAFE-T-PRO PLUS – lancets	2						ADVOCATE INSULIN PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ACCU-CHEK SOFTCLIX LANCET – lancets	2						ADVOCATE INSULIN PEN NEED – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
ACCU-CHEK SOFTCLIX LANCET – lancets kit	2						ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
ACTI-LANCE LANCETS 28G – lancets	2						ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
ACTI-LANCE LITE SAFETY LA – lancets	2						ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
ACTI-LANCE SPECIAL SAFETY – lancets	2						ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
ACTI-LANCE UNIVERSAL SAFE – lancets	2						ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
ADJUSTABLE LANCING DEVICE – lancet devices	2						ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
ADVANCE INTUITION BLOOD G – blood glucose monitoring devices	3						ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
ADVANCE INTUITION BLOOD G – blood glucose monitoring kit w/ device	3												
ADVANCE MICRO-DRAW METER – blood glucose monitoring devices	3												
ADVANCED MOBILE LANCET 30 – lancets	2												
ADVOCATE BLOOD GLUCOSE MO – blood glucose monitoring devices	3												

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ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						AEROCHAMBER Z-STAT PLUS/F – spacer/aerosol-holding chambers - device	2					
ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						AEROCHAMBER Z-STAT PLUS/L – spacer/aerosol-holding chambers - device	2					
ADVOCATE LANCETS – lancets	2						AEROCHAMBER Z-STAT PLUS/ M – spacer/aerosol-holding chambers - device	2					
ADVOCATE LANCETS 30G – lancets	2						AEROCHAMBER Z-STAT PLUS/S – spacer/aerosol-holding chambers - device	2					
ADVOCATE LANCING DEVICE – lancet devices	2						AF LANCETS SUPER THIN – lancets	2					
ADVOCATE RAPID-SAFE LANCI – lancet devices	2						AGAMATRIX AMP NO CODE ADV – blood glucose monitoring devices	3					
ADVOCATE REDI-CODE – blood glucose monitoring devices	3						AGAMATRIX JAZZ WIRELESS 2 – blood glucose monitoring kit w/ device	3					
ADVOCATE REDI-CODE+ BLOOD – blood glucose monitoring devices	3						AGAMATRIX PRESTO – blood glucose monitoring kit w/ device	3					
ADVOCATE REDI-CODE/TALKIN – blood glucose monitoring kit w/ device	3						AGAMATRIX PRESTO PRO METE – blood glucose monitoring devices	3					
ADVOCATE SAFETY LANCETS 2 – lancets	2						AGAMATRIX ULTRA-THIN LANC – lancets	2					
AEROCHAMBER MINI AEROSOL – spacer/aerosol-holding chambers - device	2						AIMSCO TWIST LANCETS 32G – lancets	2					
AEROCHAMBER MV – spacer/ aerosol-holding chambers - device	2						AIMSCO TWIST LANCETS 33G – lancets	2					
AEROCHAMBER PLUS FLOW-VU – spacer/aerosol-holding chambers - device	2						ALLERGY SYRINGE/1ML/27G X – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3					
AEROCHAMBER PLUS FLOW-VU/ – spacer/aerosol-holding chambers - device	2						ASSURE COMFORT LANCETS UL – lancets	2					
AEROCHAMBER Z-STAT PLUS V – spacer/aerosol-holding chambers - device	2						ASSURE HAEMOLANCE PLUS HI – lancets	2					

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ASSURE HAEMOLANCE PLUS LO – lancets	2						ASSURE 4 BLOOD GLUCOSE ME – blood glucose monitoring devices	3					
ASSURE HAEMOLANCE PLUS MI – lancets	2						AT LAST BLOOD GLUCOSE SYS – blood glucose monitoring kit	3					
ASSURE HAEMOLANCE PLUS NO – lancets	2						AT LAST LANCETS – lancets	2					
ASSURE HAEMOLANCE PLUS PE – lancets	2						AUM MINI INSULIN PEN NEED – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ASSURE ID INSULIN SAFETY – insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2						AUM MINI INSULIN PEN NEED – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
ASSURE ID INSULIN SAFETY – insulin syringe/needle u-100 1 ml 31 x 15/64"	2						AUM MINI INSULIN PEN NEED – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
ASSURE ID SAFETY PEN NEED – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2						AUM MINI INSULIN PEN NEED – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
ASSURE LANCE LANCETS – lancets	2						AUM MINI INSULIN PEN NEED – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
ASSURE LANCE LANCETS 21G – lancets	2						AUM MINI INSULIN PEN NEED – insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2					
ASSURE LANCE PLUS SAFETY – lancets	2						AUM MINI INSULIN PEN NEED – insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2					
ASSURE LANCE SAFETY LANCE – lancets	2						AUM READYGARD DUO SAFETY – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ASSURE PLATINUM BLOOD GLU – blood glucose monitoring devices	3						AUM SAFETY PEN NEEDLE/31 – insulin pen needle 31 g x 4 mm (1/6" or 5/32")	2					
ASSURE PRISM MULTI BLOOD – blood glucose monitoring devices	3						AUM SAFETY PEN NEEDLE/31 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ASSURE PRO BLOOD GLUCOSE – blood glucose monitoring devices	3						AURORA LANCET SUPER THIN – lancets	2					
ASSURE 3 METER – blood glucose monitoring kit	3												

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AURORA LANCET THIN 23G – lancets	2						B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
AURORA PEN NEEDLES 29GX12 – insulin pen needle 29 g x 12 mm (1/2")	2						B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
AURORA PEN NEEDLES 31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						BD LO-DOSE INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
AURORA PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						BD ALLERGY/SYRINGE/NEEDLE – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3					
AURORA UNIFINE PENTIPS/MI – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						BD AUTOSHIELD DUO 30G X 5 – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					
AURORA UNIFINE PENTIPS/32 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						BD AUTOSHIELD 29G X 3/16" – insulin pen needle 29 g x 5 mm (1/5" or 3/16")	2					
AUTO-LANCET – lancet devices	2						BD AUTOSHIELD 29G X 5/16" – insulin pen needle 29 g x 8 mm (1/3" or 5/16")	2					
AUTO-LANCET MINI – lancet devices	2						BD BLUNT FILL NEEDLE/18G – needle (disp) 18 x 1-1/2"	3					
AUTOLET IMPRESSION LANCIN – lancet devices	2						BD DISPOSABLE NEEDLE REGU – needle (disp) 25 x 1"	2					
AUTOLET LANCING DEVICE – lancet devices	2						BD DISPOSABLE NEEDLE 23GX – needle (disp) 23 x 1"	2					
AUTOLET MINI – lancet devices	2						BD DISPOSABLE NEEDLE 23GX – needle (disp) 23 x 1-1/4"	3					
AUTOLET PLUS – lancet devices	2						BD ECLIPSE NEEDLE 25G X 1 – needle (disp) 25 x 1-1/2"	3					
AUTOPEN – injection device for insulin	3						BD ECLIPSE NEEDLE 25GX1" – needle (disp) 25 x 1"	2					
B-D INSULIN SYRINGE MICRO – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						BD ECLIPSE NEEDLE/25G X – needle (disp) 25 x 5/8"	3					
B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2						BD HYPODERMIC NEEDLE REGU – needle (disp) 18 x 1-1/2"	2					
B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2												

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BD HYPODERMIC NEEDLES 16G – needle (disp) 16 x 1"	3						BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
BD HYPODERMIC NEEDLES 18G – needle (disp) 18 x 1"	2						BD INSULIN SYRINGE SAFETY – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
BD HYPODERMIC NEEDLES 18G – needle (disp) 18 x 1-1/2"	3						BD INSULIN SYRINGE SLIP T – insulin syringe (disp) u-100 1 ml	2					
BD HYPODERMIC NEEDLES 19G – needle (disp) 19 x 1"	3						BD INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
BD HYPODERMIC NEEDLES 19G – needle (disp) 19 x 1-1/2"	3						BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
BD HYPODERMIC NEEDLES 21G – needle (disp) 21 x 1"	2						BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
BD HYPODERMIC NEEDLES 21G – needle (disp) 21 x 2"	3						BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
BD HYPODERMIC NEEDLES 22G – needle (disp) 22 x 1"	2						BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
BD HYPODERMIC NEEDLES 22G – needle (disp) 22 x 1-1/2"	2						BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
BD HYPODERMIC NEEDLES 23G – needle (disp) 23 x 3/4"	3						BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
BD HYPODERMIC NEEDLES 23G – needle (disp) 23 x 1"	3						BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
BD HYPODERMIC NEEDLES 25G – needle (disp) 25 x 1-1/2"	3						BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
BD HYPODERMIC NEEDLES 26G – needle (disp) 26 x 1/2"	2						BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
BD INSULIN SYRINGE LUER-L – insulin syringe (disp) u-100 1 ml	2												
BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 0.3 ml 28 x 1/2"	2												
BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2												
BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 1 ml 27 x 5/8"	2												

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BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						BD INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						BD INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						BD INSULIN SYRINGE/1ML/27 – insulin syringe/needle u-100 1 ml 27 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						BD INSULIN SYRINGE/1ML/29 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						BD INTEGRA RETRACTABLE NE – needle (disp) 23 x 1"	3					
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						BD INTEGRA SYRINGE/3ML/22 – syringe/needle (disp) 3 ml 22 x 1-1/2"	2					
BD INSULIN SYRINGE/DETACH – insulin syringe/needle u-100 1 ml 25 x 5/8"	2						BD LANCET ULTRAFINE 30G – lancets	2					
BD INSULIN SYRINGE/DETACH – insulin syringe/needle u-100 1 ml 25 x 1"	2						BD LANCET ULTRAFINE 33G – lancets	2					
BD INSULIN SYRINGE/DETACH – insulin syringe/needle u-100 1 ml 26 x 1/2"	2						BD LATITUDE DIABETES MANA – blood glucose monitoring kit w/ device	3					
BD INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 27 x 1/2"	2						BD LOGIC BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3					
BD INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 2 ml 27.5 x 5/8"	2						BD LUER LOCK SYRINGE/1ML/ – syringe/needle (disp) 1 ml 20 x 1"	2					
BD INSULIN SYRINGE/U-500/ – insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	2						BD MAGNI-GUIDE MAGNIFIER – blood glucose monitoring supplies	3					
							BD MICROTAINER LANCETS – lancets	2					
							BD NEEDLE/16G X 1-1/2" – needle (disp) 16 x 1-1/2"	3					
							BD NEEDLE/18G 1-1/2" – needle (disp) 18 x 1-1/2"	2					

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BD NEEDLE/19G X 1" – needle (disp) 19 x 1"	3						BD PEN NEEDLE/SHORT/ULTRA – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
BD NEEDLE/20G X 1-1/2" – needle (disp) 20 x 1-1/2"	3						BD PLASTIPAK SYRINGES ALL – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3					
BD NEEDLE/20G X 1" – needle (disp) 20 x 1"	2						BD PRECISIONGLIDE NEEDLE – needle (disp) 27 x 1-1/2"	3					
BD NEEDLE/21G 1-1/2" – needle (disp) 21 x 1-1/2"	2						BD PRECISIONGLIDE 23GX1-1 – needle (disp) 23 x 1-1/2"	3					
BD NEEDLE/22G X 1-1/2" – needle (disp) 22 x 1-1/2"	2						BD SAFETY-GLIDE INSULIN S – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
BD NEEDLE/25G X 5/8" – needle (disp) 25 x 5/8"	2						BD SAFETY-LOK INSULIN SYR – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
BD NEEDLE/25G X 7/8" – needle (disp) 25 x 7/8"	2						BD SAFETYGLIDE HYPODERMIC – needle (disp) 18 x 1-1/2"	3					
BD NEEDLE/27G X 1/2" – needle (disp) 27 x 1/2"	2						BD SAFETYGLIDE HYPODERMIC – needle (disp) 25 x 5/8"	2					
BD NEEDLE/30G X 1/2" – needle (disp) 30 x 1/2"	2						BD SAFETYGLIDE HYPODERMIC – needle (disp) 25 x 1"	3					
BD PEN – injection device for insulin	3						BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
BD PEN MINI – injection device for insulin	3						BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
BD PEN NEEDLE/MICRO/ULTRA – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2					
BD PEN NEEDLE/MINI/ULTRA- – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
BD PEN NEEDLE/NANO 2ND GE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2					
BD PEN NEEDLE/NANO/ULTRA – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2												
BD PEN NEEDLE/ORIGINAL/UL – insulin pen needle 29 g x 12.7 mm (1/2")	2												

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BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1 ml 31 x 15/64"	2						BD 1ML TUBERCULIN SYRINGE – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	2					
BD SAFETYGLIDE NEEDLE/SHI – needle (disp) 22 x 1-1/2"	3						BD 1ML TUBERCULIN SYRINGE – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	2					
BD SAFETYGLIDE SHIELDED N – needle (disp) 23 x 1"	3						BD 10ML LUER-LOK SYRINGE – syringe/needle (disp) 10 ml 21 x 1"	2					
BD SAFETYGLIDE SYRINGE 5M – syringe/needle (disp) 5 ml 22 x 1-1/2"	2						BD 10ML SYRINGE/DUAL CANN – syringe (disposable) 10 ml	2					
BD SAFETYGLIDE 21G X 1" – needle (disp) 21 x 1"	3						BD 3ML LUER-LOK SYRINGE 1 – syringe/needle (disp) 3 ml 18 x 1-1/2"	2					
BD SYRINGE BLUNT PLASTIC – syringe (disposable) 10 ml	2						BD 3ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 3 ml 20 x 1"	2					
BD SYRINGE LUER-LOK/1ML – syringe (disposable) 1 ml	2						BD 3ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 3 ml 23 x 1-1/2"	2					
BD SYRINGE 10ML/20G X 1" – syringe/needle (disp) 10 ml 20 x 1"	2						BD 3ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 3 ml 25 x 1"	2					
BD TUBERCULIN SYRINGE/NEE – tuberculin/allergy syringe/needle (disp) 1 ml 21 x 1"	3						BD 3ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 3 ml 26 x 5/8"	2					
BD VEO INSULIN SYRINGE UL – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2						BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 21 x 1-1/2"	2					
BD VEO INSULIN SYRINGE UL – insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2						BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 22 x 1"	2					
BD VEO INSULIN SYRINGE UL – insulin syringe/needle u-100 1 ml 31 x 15/64"	2						BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 22 x 1-1/2"	2					
BD 1ML SLIP TIP SYRINGE 2 – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	2						BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 23 x 1"	2					
BD 1ML SLIP TIP SYRINGE 2 – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	2						BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 25 x 5/8"	2					

KEY Tier
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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 25 x 1-1/2"	2						CAREFINE PEN NEEDLES 30GX – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
BD 5ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 5 ml 20 x 1"	2						CAREFINE PEN NEEDLES 31GX – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
BD 5ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 5 ml 21 x 1-1/2"	2						CAREFINE PEN NEEDLES 31GX – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
BD 5ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 5 ml 22 x 1"	2						CAREFINE PEN NEEDLES 32GX – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
BD 5ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 5 ml 22 x 1-1/2"	2						CAREFINE PEN NEEDLES 32GX – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
BIOTEL CARE BLOOD GLUCOSE – blood glucose monitoring kit w/ device	3						CAREONE ADVANCED LANCING – lancet devices	2					
BIOTEL CARE CONNECTED BLO – blood glucose monitoring kit w/ device	3						CAREONE BLOOD GLUCOSE MON – blood glucose monitoring kit w/ device	3					
BLOOD GLUCOSE MONITORING – blood glucose monitoring kit w/ device	3						CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
BLOOD GLUCOSE SYSTEM PAK – blood glucose monitoring kit w/ device	3						CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
BLULINK BLOOD GLUCOSE MON – blood glucose monitoring devices	3						CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
CARDIOCOM LANCING DEVICE – lancet devices	2						CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
CAREFINE PEN NEEDLE 32GX4 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
CAREFINE PEN NEEDLES 29GX – insulin pen needle 29 g x 12 mm (1/2")	2						CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					

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CAREONE LANCET SUPER THIN – lancets	2						CARESENS N GLUCOSE MONITO – blood glucose monitoring devices	3					
CAREONE LANCET THIN – lancets	2						CARESENS N VOICE BLOOD GL – blood glucose monitoring devices	3					
CAREONE LANCET ULTRA THIN – lancets	2						CARETOUCH BLOOD GLUCOSE M – blood glucose monitoring kit w/ device	3					
CAREONE UNIFINE PENTIPS P – insulin pen needle 29 g x 12 mm (1/2")	2						CARETOUCH HYPODERMIC NEED – needle (disp) 18 x 1-1/2"	3					
CAREONE UNIFINE PENTIPS P – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						CARETOUCH HYPODERMIC NEED – needle (disp) 20 x 1"	3					
CAREONE UNIFINE PENTIPS P – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						CARETOUCH HYPODERMIC NEED – needle (disp) 22 x 1"	3					
CAREONE UNIFINE PENTIPS P – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						CARETOUCH HYPODERMIC NEED – needle (disp) 23 x 1"	3					
CAREONE UNIFINE PENTIPS P – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						CARETOUCH HYPODERMIC NEED – needle (disp) 23 x 1-1/2"	3					
CAREONE UNIFINE PENTIPS P – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						CARETOUCH HYPODERMIC NEED – needle (disp) 25 x 5/8"	3					
CAREONE UNIFINE PENTIPS 2 – insulin pen needle 29 g x 12 mm (1/2")	2						CARETOUCH HYPODERMIC NEED – needle (disp) 25 x 1"	3					
CAREONE UNIFINE PENTIPS 3 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						CARETOUCH HYPODERMIC NEED – needle (disp) 25 x 1-1/2"	3					
CAREONE UNIFINE PENTIPS 3 – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						CARETOUCH HYPODERMIC NEED – needle (disp) 26 x 1"	3					
CAREONE UNIFINE PENTIPS 3 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						CARETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
CAREONE UNIFINE PENTIPS 3 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						CARETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
CAREONE UNIFINE PENTIPS 3 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						CARETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 28 x 5/16"	2					
CARESENS LANCETS – lancets	2												

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CARETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 5/16"	2						CAYA – diaphragm arc-spring	3					
CARETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						CHEMSTRIP BG LOG BOOK – blood glucose monitoring misc.	3					
CARETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						CLEANLET LANCETS 28G – lancets	2					
CARETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						CLEVER CHEK AUTO CODE VOI – blood glucose monitoring devices	3					
CARETOUCH LANCING DEVICE – lancet devices	2						CLEVER CHEK AUTO-CODE BLO – blood glucose monitoring devices	3					
CARETOUCH PEN NEEDLE 29GX – insulin pen needle 29 g x 12 mm (1/2")	2						CLEVER CHEK AUTO-CODE VOI – blood glucose monitoring devices	3					
CARETOUCH PEN NEEDLES 31 – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						CLEVER CHEK BLOOD GLUCOSE – blood glucose monitoring kit w/ device	3					
CARETOUCH PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						CLEVER CHEK LANCETS ULTRA – lancets	2					
CARETOUCH PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						CLEVER CHOICE AUTO-CODE P – blood glucose monitoring devices	3					
CARETOUCH PEN NEEDLES 32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
CARETOUCH PEN NEEDLES 32G – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
CARETOUCH SAFETY LANCETS/ – lancets	2						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
CARETOUCH TWIST LANCETS 2 – lancets	2						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
CARETOUCH TWIST LANCETS 3 – lancets	2						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
							CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					

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CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						CLEVER CHOICE COMFORT EZ – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						CLEVER CHOICE COMFORT EZ – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						CLEVER CHOICE COMFORT EZ – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						CLEVER CHOICE COMFORT EZ – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						CLEVER CHOICE COMFORT EZ – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						CLEVER CHOICE COMFORT EZ – insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2					
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						CLEVER CHOICE COMFORT EZ – insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2					
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						CLEVER CHOICE COMFORT EZ – insulin pen needle 33 g x 8 mm (1/3" or 5/16")	2					
CLEVER CHOICE COMFORT EZ – insulin pen needle 29 g x 12 mm (1/2")	2						CLEVER CHOICE COMFORT EZ – lancets	2					
CLEVER CHOICE COMFORT EZ – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						CLEVER CHOICE MICRO BLOOD – blood glucose monitoring kit w/ device	3					
CLEVER CHOICE COMFORT EZ – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						CLEVER CHOICE MINI BLOOD – blood glucose monitoring devices	3					
CLEVER CHOICE COMFORT EZ – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						CLEVER CHOICE TALK BLOOD – blood glucose monitoring devices	3					
							CLICKFINE PEN NEEDLE UNIV – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					

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CLICKFINE PEN NEEDLE UNIV – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						COMFORT EZ MICRO/32G X 4M – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
CLICKFINE PEN NEEDLE 32GX – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						COMFORT EZ SHORT/31G X 8M – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
CLICKFINE PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						COMFORT EZ/31G X 5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
CLICKFINE PEN NEEDLES 31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						COMFORT EZ/31G X 6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
CLICKFINE PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						COMFORT LANCETS – lancets	2					
CLICKFINE PEN NEEDLES 32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						COMFORT TOUCH LANCETS ULT – lancets	2					
CLICKFINE PEN NEEDLES/31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 31 g x 4 mm (1/6" or 5/32")	2					
CLICKFINE UNIVERSAL PEN N – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
COAGUCHEK LANCETS – lancets	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
COMFORT ASSIST INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
COMFORT ASSURED LANCETS M – lancets	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
COMFORT ASSURED LANCETS S – lancets	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
COMFORT EZ INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
COMFORT EZ INSULIN SYRING – insulin syringe/needle u-100 1 ml 31 x 5/16"	2												

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COMFORT TOUCH PEN NEEDLES – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2						CONTOUR NEXT ONE BLOOD GL – blood glucose monitoring kit	2					
COMFORT TOUCH PEN NEEDLES – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						COOL BLOOD GLUCOSE MONITO – blood glucose monitoring devices	3					
COMFORT TOUCH PEN NEEDLES – insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2						COOL BLOOD GLUCOSE MONITO – blood glucose monitoring kit w/ device	3					
COMFORT TOUCH PEN NEEDLES – insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2						CVS ADVANCED GLUCOSE METE – blood glucose monitoring kit w/ device	3					
COMFORT TOUCH PLUS SAFETY – lancets	2						CVS LANCETS MICRO THIN 33 – lancets	2					
CONTOUR BLOOD GLUCOSE MON – blood glucose monitoring devices	2						CVS LANCETS MICRO-THIN 33 – lancets	2					
CONTOUR NEXT BLOOD GLUCOS – blood glucose monitoring kit w/ device	2						CVS LANCETS ORIGINAL – lancets	2					
CONTOUR NEXT EZ BLOOD GLU – blood glucose monitoring kit w/ device	2						CVS LANCETS THIN 26G – lancets	2					
CONTOUR NEXT GEN BLOOD GL – blood glucose monitoring kit w/ device	2						CVS LANCETS ULTRA THIN 30 – lancets	2					
CONTOUR NEXT LINK BLOOD G – blood glucose monitoring kit w/ device	2						CVS LANCETS ULTRA-THIN 30 – lancets	2					
CONTOUR NEXT LINK WIRELES – blood glucose monitoring kit w/ device	2						CVS LANCETS 21G – lancets	2					
CONTOUR NEXT LINK 2.4 WIR – blood glucose monitoring kit w/ device	3						CVS LANCING DEVICE – lancet devices	2					
CONTOUR NEXT ONE BLOOD GL – blood glucose monitoring devices	2						CVS ULTRA THIN LANCETS – lancets	2					
							D-CARE GLUCOMETER KIT/GLU – blood glucose monitoring kit w/ device	3					
							DIATHRIVE BLOOD GLUCOSE M – blood glucose monitoring devices	3					
							DIATHRIVE LANCETS – lancets	2					
							DIATHRIVE LANCETS ULTRA T – lancets	2					
							DIATHRIVE LANCING DEVICE – lancet devices	2					

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DIATHRIVE PEN NEEDLE/31 G – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.3 ml 30 x 15/64"	2					
DIATHRIVE PEN NEEDLE/31 G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.5 ml 30 x 15/64"	2					
DIATHRIVE PEN NEEDLE/31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1 ml 30 x 15/64"	2					
DIATHRIVE PEN NEEDLE/32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
DIATHRIVE+ BLOOD GLUCOSE – blood glucose monitoring devices	3						DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
DIATRUE PLUS BLOOD GLUCOS – blood glucose monitoring devices	3						DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
DROPLET GENTEEL LANCING D – lancet devices	2						DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2						DROPLET INSULIN SYRINGE 0 – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						DROPLET INSULIN SYRINGE 0 – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						DROPLET INSULIN SYRINGE 1 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2												

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DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						DROPLET PEN NEEDLES 30G X – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2						DROPLET PEN NEEDLES 31G X – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						DROPLET PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						DROPLET PEN NEEDLES 31GX5 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						DROPLET PEN NEEDLES 31GX6 – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2						DROPLET PEN NEEDLES 31GX8 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 31 x 15/64"	2						DROPLET PEN NEEDLES 32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
DROPLET LANCETS ULTRA THI – lancets	2						DROPLET PEN NEEDLES 32G X – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
DROPLET LANCING DEVICE – lancet devices	2						DROPLET PEN NEEDLES 32G X – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
DROPLET MICRON 34G X 9/64 – insulin pen needle 34 g x 3.5 mm (9/64")	2						DROPLET PEN NEEDLES 32G X – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
DROPLET PEN NEEDLES 29G X – insulin pen needle 29 g x 12 mm (1/2")	2						DROPLET PEN NEEDLES 32GX4 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
DROPLET PEN NEEDLES 29GX1 – insulin pen needle 29 g x 10 mm	2						DROPLET PEN NEEDLES 32GX5 – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
DROPLET PEN NEEDLES 29GX1 – insulin pen needle 29 g x 12 mm (1/2")	2												

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DROPLET PEN NEEDLES 32GX6 – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						DRUG MART UNIFINE PENTIPS – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
DROPLET PEN NEEDLES 32GX8 – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2						DRUG MART UNILET LANCETS – lancets	2					
DROPLET PERSONAL LANCETS – lancets	2						DRUG MART UNILET MICRO TH – lancets	2					
DROPSAFE SAFETY PEN NEEDL – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						DUANE READE LANCET ALTERN – lancets	2					
DROPSAFE SAFETY PEN NEEDL – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						DUANE READE LANCET SUPER – lancets	2					
DROPSAFE SAFTEY PEN NEEDL – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						DUANE READE LANCET ULTRA – lancets	2					
DRUG MART ADJUSTABLE LANC – lancet devices	2						DUANE READE UNIFINE PENTI – insulin pen needle 29 g x 12 mm (1/2")	2					
DRUG MART LANCETS THIN – lancets	2						DUANE READE UNIFINE PENTI – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
DRUG MART LANCETS ULTRA T – lancets	2						DUANE READE UNIFINE PENTI – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
DRUG MART ON-THE-GO LANCE – lancets	2						E-Z JECT LANCETS – lancets	2					
DRUG MART UNIFINE PENTIPS – insulin pen needle 29 g x 12 mm (1/2")	2						E-Z JECT LANCETS COLOR – lancets	2					
DRUG MART UNIFINE PENTIPS – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						E-Z JECT LANCETS SUPER TH – lancets	2					
DRUG MART UNIFINE PENTIPS – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						E-Z JECT LANCETS THIN 26G – lancets	2					
DRUG MART UNIFINE PENTIPS – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						E-Z JECT LANCETS 21G – lancets	2					
							E-ZJECT LANCETS MICRO-THI – lancets	2					
							EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					

KEY Tier
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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						EASY COMFORT PEN NEEDLES – insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2					
EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						EASY COMFORT PEN NEEDLES – insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2					
EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.5 ml 32 x 5/16"	2						EASY GLIDE PEN NEEDLES 33 – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 32 x 5/16"	2						EASY MINI EJECT LANCING D – lancet devices	2					
EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						EASY MINI LANCING DEVICE – lancet devices	2					
EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						EASY PLUS II BLOOD GLUCOS – blood glucose monitoring devices	3					
EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						EASY STEP BLOOD GLUCOSE M – blood glucose monitoring devices	3					
EASY COMFORT PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						EASY TALK BLOOD GLUCOSE M – blood glucose monitoring devices	3					
EASY COMFORT PEN NEEDLES – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						EASY TOUCH ALLERGY TRAY S – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	3					
EASY COMFORT PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						EASY TOUCH ALLERGY TRAY S – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3					
EASY COMFORT PEN NEEDLES – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						EASY TOUCH FLIPLOCK NEEDL – needle (disp) 28 x 1/2" (12.7 mm)	3					
EASY COMFORT PEN NEEDLES – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						EASY TOUCH FLIPLOCK NEEDL – needle (disp) 29 x 1/2" (12.7 mm)	3					
							EASY TOUCH FLIPLOCK NEEDL – needle (disp) 18 x 1"	3					
							EASY TOUCH FLIPLOCK NEEDL – needle (disp) 18 x 1-1/2"	3					
							EASY TOUCH FLIPLOCK NEEDL – needle (disp) 19 x 1"	3					

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EASY TOUCH FLIPLOCK NEEDL – needle (disp) 19 x 1-1/2"	3						EASY TOUCH FLIPLOCK NEEDL – needle (disp) 30 x 1/2"	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 20 x 1"	3						EASY TOUCH FLIPLOCK NEEDL – needle (disp) 31 x 5/16" (8 mm)	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 20 x 1-1/2"	3						EASY TOUCH FLIPLOCK SAFET – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 21 x 1"	3						EASY TOUCH FLIPLOCK SAFET – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 21 x 1-1/2"	3						EASY TOUCH FLIPLOCK SAFET – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 22 x 3/4"	3						EASY TOUCH FLIPLOCK SAFET – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 22 x 1"	3						EASY TOUCH GLUCOSE MONITO – blood glucose monitoring kit w/ device	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 22 x 1-1/2"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 32 x 5/16" (8 mm)	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 23 x 5/8"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 16 x 1"	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 23 x 1"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 16 x 1-1/2"	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 23 x 1-1/2"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 18 x 1"	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 25 x 5/8"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 18 x 1.25" (30 mm)	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 25 x 1"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 18 x 1-1/2"	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 25 x 1-1/2"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 19 x 1"	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 26 x 1/2"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 19 x 1-1/2"	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 27 x 1/2"	3												
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 27 x 1" (25 mm)	3												
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 30 x 5/16" (8 mm)	3												

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EASY TOUCH HYPODERMIC NEE – needle (disp) 20 x 1"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 27 x 1/2"	3					
EASY TOUCH HYPODERMIC NEE – needle (disp) 20 x 1-1/2"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 27 x 1-1/4"	3					
EASY TOUCH HYPODERMIC NEE – needle (disp) 21 x 1"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 27 x 1-1/2"	3					
EASY TOUCH HYPODERMIC NEE – needle (disp) 21 x 1-1/2"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 30 x 1/2"	3					
EASY TOUCH HYPODERMIC NEE – needle (disp) 22 x 1"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 30 x 1"	3					
EASY TOUCH HYPODERMIC NEE – needle (disp) 22 x 1-1/2"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 31 x 5/16" (8 mm)	3					
EASY TOUCH HYPODERMIC NEE – needle (disp) 23 x 3/4"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 23 x 1"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 23 x 1-1/4"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 27 x 1/2"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 23 x 1-1/2"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 24 x 1"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 24 x 1.25" (30 mm)	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 25 x 5/8"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 25 x 1"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 25 x 1-1/2"	3												
EASY TOUCH HYPODERMIC NEE – needle (disp) 26 x 3/8"	3												
EASY TOUCH HYPODERMIC NEE – needle (disp) 26 x 1/2"	3												
EASY TOUCH HYPODERMIC NEE – needle (disp) 26 x 5/8"	3												

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EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 27 x 1/2"	2						EASY TOUCH LANCETS 30G/BU – lancets	2					
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 27 x 5/8"	2						EASY TOUCH LANCETS 30G/PR – lancets	2					
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						EASY TOUCH LANCETS 30G/PU – lancets	2					
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						EASY TOUCH LANCETS 30G/TW – lancets	2					
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						EASY TOUCH LANCETS 32G/PR – lancets	2					
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						EASY TOUCH LANCETS 32G/PU – lancets	2					
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						EASY TOUCH LANCETS 32G/TW – lancets	2					
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						EASY TOUCH LANCETS 33G/TW – lancets	2					
EASY TOUCH LANCETS 21G/PR – lancets	2						EASY TOUCH LANCING DEVICE – lancet devices	2					
EASY TOUCH LANCETS 23G/PR – lancets	2						EASY TOUCH PEN NEEDLE 30 – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
EASY TOUCH LANCETS 26G/PR – lancets	2						EASY TOUCH PEN NEEDLE/30 – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					
EASY TOUCH LANCETS 26G/PU – lancets	2						EASY TOUCH PEN NEEDLES 29 – insulin pen needle 29 g x 12 mm (1/2")	2					
EASY TOUCH LANCETS 28G/PR – lancets	2						EASY TOUCH PEN NEEDLES 31 – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
EASY TOUCH LANCETS 28G/PU – lancets	2						EASY TOUCH PEN NEEDLES 31 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
EASY TOUCH LANCETS 28G/TW – lancets	2						EASY TOUCH PEN NEEDLES 32 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					

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EASY TOUCH PEN NEEDLES 32 – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2						EASY TOUCH TUBERCULIN FLI – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3					
EASY TOUCH PEN NEEDLES 32 – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						EASY TOUCH TUBERCULIN SHE – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	3					
EASY TOUCH PEN NEEDLES/31 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						EASY TOUCH TUBERCULIN SHE – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3					
EASY TOUCH SAFETY LANCETS – lancets	2						EASY TOUCH TUBERCULIN SHE – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3					
EASY TOUCH SAFETY PEN NEE – insulin pen needle 29 g x 5 mm (1/5" or 3/16")	2						EASY TOUCH 32GX5MM – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
EASY TOUCH SAFETY PEN NEE – insulin pen needle 29 g x 8 mm (1/3" or 5/16")	2						EASY TOUCH 32GX6MM – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
EASY TOUCH SAFETY PEN NEE – insulin pen needle 30 g x 6 mm (1/4" or 15/64")	2						EASY TRAK BLOOD GLUCOSE M – blood glucose monitoring devices	3					
EASY TOUCH SAFETY PEN NEE – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2						EASY TRAK II BLOOD GLUCOS – blood glucose monitoring devices	3					
EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						EASYGLUCO – blood glucose monitoring kit	3					
EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						EASYMAX NG SELF-MONITORIN – blood glucose monitoring devices	3					
EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						EASYMAX NG SELF-MONITORIN – blood glucose monitoring kit w/ device	3					
EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						EASYMAX V BLOOD GLUCOSE S – blood glucose monitoring devices	3					
EASY TOUCH TUBERCULIN FLI – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3						EASYPOINT NEEDLE 23G X 1" – needle (disp) 23 x 1"	3					
							EASYPOINT NEEDLE 25G X 1" – needle (disp) 25 x 1"	3					

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EASYPOINT NEEDLE 25G X 5/8" – needle (disp) 25 x 5/8"	3						EMBRACE BLOOD GLUCOSE MON – blood glucose monitoring devices	3					
EASYPOINT NEEDLE 25GX1-1/2" – needle (disp) 25 x 1-1/2"	3						EMBRACE EVO BLOOD GLUCOSE – blood glucose monitoring kit w/ device	3					
EASYPOINT NEEDLE/18G X 1-1/2" – needle (disp) 18 x 1-1/2"	3						EMBRACE EVO COMPACT BLOOD – blood glucose monitoring devices	3					
EASYPOINT NEEDLE/18G X 1" – needle (disp) 18 x 1"	3						EMBRACE LANCETS ULTRA THIN – lancets	2					
EASYPOINT NEEDLE/20G X 1-1/2" – needle (disp) 20 x 1-1/2"	3						EMBRACE LANCING DEVICE WITH – lancet devices	2					
EASYPOINT NEEDLE/20G X 1" – needle (disp) 20 x 1"	3						EMBRACE PRESSURE ACTIVATE – lancets	2					
EASYPOINT NEEDLE/21G X 1-1/2" – needle (disp) 21 x 1-1/2"	3						EMBRACE PRO BLOOD GLUCOSE – blood glucose monitoring devices	3					
EASYPOINT NEEDLE/21G X 1" – needle (disp) 21 x 1"	3						EMBRACE TALK BLOOD GLUCOSE – blood glucose monitoring devices	3					
EASYPOINT NEEDLE/22G X 1-1/2" – needle (disp) 22 x 1-1/2"	3						EMBRACE TALK BLOOD GLUCOSE – blood glucose monitoring kit w/ device	3					
EASYPOINT NEEDLE/22G X 1" – needle (disp) 22 x 1"	3						EQL COLOR LANCETS MICRO THIN – lancets	2					
EASYPRO BLOOD GLUCOSE MON – blood glucose monitoring kit w/ device	3						EQL COLOR LANCETS 21G – lancets	2					
EASYPRO PLUS – blood glucose monitoring kit w/ device	3						EQL INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
ELEMENT AUTOCODE SYSTEM – blood glucose monitoring kit w/ device	3						EQL INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
ELEMENT COMPACT BLOOD GLU – blood glucose monitoring devices	3						EQL INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
ELEMENT COMPACT V BLOOD – blood glucose monitoring devices	3												
ELEMENT PLUS BLOOD GLUCOSE – blood glucose monitoring devices	3												

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EQL INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
EQL INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
EQL INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
EQL INSULIN SYRINGE/1ML/2 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
EQL INSULIN SYRINGE/1ML/3 – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
EQL INSULIN SYRINGE/1ML/3 – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
EQL SHORT PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
EQL SUPER THIN LANCETS 30 – lancets	2						EXEL COMFORT POINT INSULI – insulin pen needle 29 g x 12 mm (1/2")	2					
EQL THIN LANCETS 26G – lancets	2						EXEL COMFORT POINT INSULI – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
EQL ULTRA SHORT PEN NEEDL – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						EXEL COMFORT POINT INSULI – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
EVENCARE BLOOD GLUCOSE MO – blood glucose monitoring kit	3						EZ-LETS LANCETS 21G – lancets	2					
EVOLUTION AUTOCODE – blood glucose monitoring devices	3						EZ-LETS LANCETS 26G SUPER – lancets	2					
EXCEL COMFORT POINT INSUL – insulin pen needle 31 g x 4 mm (1/6" or 5/32")	2						EZ-LETS LANCETS 28G ULTRA – lancets	2					
EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						EZ-LETS LANCETS 30G – lancets	2					
							FC2 FEMALE CONDOM – condoms - female	3					

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FEMCAP – cervical cap 22 mm	3						FINE 30 – lancets	2					
FEMCAP – cervical cap 26 mm	3						FINGERSTIX LANCETS – lancets	2					
FEMCAP – cervical cap 30 mm	3						FLOW-EZE VENTED NEEDLE – hypodermic needles (disposable)	3					
FIFTY50 GLUCOSE METER 2.0 – blood glucose monitoring kit w/ device	3						FORA GD20 BLOOD GLUCOSE M – blood glucose monitoring devices	3					
FIFTY50 PEN NEEDLES 31G X – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						FORA GD50 BLOOD GLUCOSE M – blood glucose monitoring devices	3					
FIFTY50 PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						FORA GTEL BLOOD GLUCOSE M – blood glucose monitoring devices	3					
FIFTY50 PEN NEEDLES 31GX5 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						FORA G20 BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3					
FIFTY50 PEN NEEDLES/31GX8 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						FORA G30A BLOOD GLUCOSE M – blood glucose monitoring devices	3					
FIFTY50 PEN NEEDLES/32GX4 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						FORA LANCETS – lancets	2					
FIFTY50 PEN NEEDLES/32GX6 – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						FORA LANCING DEVICE – lancet devices	2					
FIFTY50 SAFETY SEAL LANCE – lancets	2						FORA LANCING DEVICE/CLEAR – lancet devices	2					
FIFTY50 SUPERIOR COMFORT – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						FORA PREMIUM V10 BLE BLOO – blood glucose monitoring devices	3					
FIFTY50 SUPERIOR COMFORT – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						FORA TEST N' GO VOICE BLO – blood glucose monitoring devices	3					
FIFTY50 SUPERIOR COMFORT – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						FORA TN'G VOICE BLOOD GLU – blood glucose monitoring kit w/ device	3					
FIFTY50 UNILET LANCETS 33 – lancets	2						FORA V10 BLOOD GLUCOSE MO – blood glucose monitoring devices	3					
							FORA V10/V12/D10/D20 BLOO – blood glucose monitoring kit	3					

KEY Tier
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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
FORA V12 BLOOD GLUCOSE MO – blood glucose monitoring devices	3						FREESTYLE LANCETS – lancets	2					
FORA V20 BLOOD GLUCOSE MO – blood glucose monitoring devices	3						FREESTYLE LIBRE 14 DAY/RE – continuous blood glucose system receiver	3			•	•	
FORA V30A BLOOD GLUCOSE M – blood glucose monitoring devices	3						FREESTYLE LIBRE 14 DAY/SE – continuous blood glucose system sensor	3			•	•	
FORA V30A BLOOD GLUCOSE M – blood glucose monitoring kit w/ device	3						FREESTYLE LIBRE 2/READER/ – continuous blood glucose system receiver	3			•	•	
FORACARE GD40 BLOOD GLUCO – blood glucose monitoring devices	3						FREESTYLE LIBRE 2/SENSOR/ – continuous blood glucose system sensor	3			•	•	
FORACARE PREMIUM V10 BLOO – blood glucose monitoring devices	3						FREESTYLE LIBRE 3/SENSOR/ – continuous blood glucose system sensor	3			•	•	
FORACARE TEST N GO BLOOD – blood glucose monitoring devices	3						FREESTYLE LIBRE/READER/FL – continuous blood glucose system receiver	3			•	•	
FORTISCARE T1 SELF-MONITO – blood glucose monitoring devices	3						FREESTYLE LITE BLOOD GLUC – blood glucose monitoring devices	3					
FREDS PHARMACY AUTOLET LA – lancet devices	2						FREESTYLE LITE BLOOD GLUC – blood glucose monitoring kit w/ device	3					
FREDS PHARMACY UNIFINE PE – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						FREESTYLE PRECISION NEO B – blood glucose monitoring kit w/ device	3					
FREDS PHARMACY UNIFINE PE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						FREESTYLE UNISTICK II LAN – lancets	2					
FREDS PHARMACY UNIFINE PE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						GENTEEL BUTTERFLY TOUCH L – lancets	2					
FREDS PHARMACY UNILET LAN – lancets	2						GENTEEL PLUS LANCING DEVI – lancet devices	2					
FREESTYLE FREEDOM LITE – blood glucose monitoring kit w/ device	3						GENTLE-LET GP LANCETS – lancets	2					
							GENTLE-LET LANCETS GENERA – lancets	2					

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GENTLE-LET LANCETS SAFETY – lancets	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
GE100 BLOOD GLUCOSE MONIT – blood glucose monitoring devices	3						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
GE100 BLOOD GLUCOSE MONIT – blood glucose monitoring kit w/ device	3						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
GHT BLOOD GLUCOSE MONITO – blood glucose monitoring kit w/ device	3						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
GLOBAL EASE INJECT PEN NE – insulin pen needle 29 g x 12 mm (1/2")	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
GLOBAL EASE INJECT PEN NE – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
GLOBAL EASE INJECT PEN NE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
GLOBAL EASE INJECT PEN NE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
GLOBAL EASY GLIDE INSULIN – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
GLOBAL EASY GLIDE INSULIN – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
GLOBAL EASY GLIDE INSULIN – insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
GLOBAL EASY GLIDE INSULIN – insulin syringe/needle u-100 1 ml 31 x 15/64"	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
GLOBAL EASY GLIDE PEN NEE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2												

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GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						GLUCOCARD X-METER – blood glucose monitoring kit w/ device	3					
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						GLUCOCARD 01 BLOOD GLUCOS – blood glucose monitoring devices	3					
GLOBAL INJECT EASE LANCET – lancets	2						GLUCOCARD 01 BLOOD GLUCOS – blood glucose monitoring kit w/ device	3					
GLOBAL INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2						GLUCOCARD 01-MINI BLOOD G – blood glucose monitoring kit w/ device	3					
GLOBAL INSULIN SYRINGES/U – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						GLUCOCOM AUTOLINK TELEMON – blood glucose monitoring misc.	3					
GLOBAL LANCING DEVICE – lancet devices	2						GLUCOCOM BLOOD GLUCOSE MO – blood glucose monitoring devices	3					
GLUCO PERFECT 3 BLOOD GLU – blood glucose monitoring devices	3						GLUCOCOM BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3					
GLUCOCARD EXPRESSION AUDI – blood glucose monitoring kit w/ device	3						GLUCOCOM LANCETS 28G – lancets	2					
GLUCOCARD SHINE – blood glucose monitoring devices	3						GLUCOCOM LANCETS 30G – lancets	2					
GLUCOCARD SHINE – blood glucose monitoring kit w/ device	3						GLUCOCOM LANCETS 33G – lancets	2					
GLUCOCARD SHINE CONNEX BL – blood glucose monitoring kit w/ device	3						GLUCONAVII BLOOD GLUCOSE – blood glucose monitoring kit w/ device	3					
GLUCOCARD SHINE EXPRESS B – blood glucose monitoring kit w/ device	3						GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
GLUCOCARD SHINE XL – blood glucose monitoring devices	3						GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
GLUCOCARD VITAL BLOOD GLU – blood glucose monitoring kit w/ device	3						GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					

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GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						GNP INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						GNP INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						GNP INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						GNP INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						GNP INSULIN SYRINGE/1ML/2 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						GNP INSULIN SYRINGE/1ML/3 – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
GNP CLICKFINE UNIVERSAL P – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						GNP INSULIN SYRINGE/1ML/3 – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
GNP CLICKFINE UNIVERSAL P – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						GNP INSULIN SYRINGES/0.3M – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
GNP EASY TOUCH GLUCOSE MO – blood glucose monitoring devices	3						GNP INSULIN SYRINGES/1/2M – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
GNP INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						GNP INSULIN SYRINGES/1ML/ – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
GNP INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						GNP INSULIN SYRINGES/1ML/ – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
GNP INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						GNP INSULIN SYRINGES/1ML/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					

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GNP INSULIN SYRINGES/3ML/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						GNP ULTIGUARD SAFEPACK/MI – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
GNP LANCETS THIN 26G – lancets	2						GNP ULTIGUARD SAFEPACK/SH – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
GNP LANCETS 21G – lancets	2						GNP ULTRA COMFORT INSULIN – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
GNP LANCING SYSTEM DEVICE – lancet devices	2						GOJJI LANCING DEVICE/CLEA – lancet devices	2					
GNP STERILE LANCETS 28G – lancets	2						GOJJI STERILE LANCETS 30G – lancets	2					
GNP STERILE LANCETS 30G – lancets	2						GOODSENSE CLICKFINE SAFET – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
GNP STERILE LANCETS 33G – lancets	2						GOODSENSE COLOR LANCETS M – lancets	2					
GNP TRUE METRIX AIR SELF – blood glucose monitoring kit w/ device	3						GOODSENSE LANCETS MICRO-T – lancets	2					
GNP TRUE METRIX SELF MONI – blood glucose monitoring kit w/ device	3						GOODSENSE LANCETS ULTRA-T – lancets	2					
GNP ULTICARE PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						GOODSENSE LANCING DEVICE – lancet devices	2					
GNP ULTICARE PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						GOODSENSE PEN NEEDLE/PENF – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
GNP ULTICARE PEN NEEDLES/ – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						GOODSENSE PEN NEEDLE/PENF – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
GNP ULTICARE PEN NEEDLES/ – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						GOODSENSE PEN NEEDLE/PENF – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
GNP ULTIGUARD SAFEPACK/MI – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						GOODSENSE PEN NEEDLE/PENF – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
GNP ULTIGUARD SAFEPACK/MI – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2												

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GOODSENSE PREMIUM BLOOD – blood glucose monitoring kit w/ device	3						H-E-B INCONTROL PEN NEEDL – insulin pen needle 29 g x 12 mm (1/2")	2					
H-E-B IN CONTROL PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						HAEMOLANCE – lancets	2					
H-E-B IN CONTROL PEN NEED – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						HAEMOLANCE LOW FLOW LANCE – lancets	2					
H-E-B IN CONTROL PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						HAEMOLANCE PLUS – lancets	2					
H-E-B IN CONTROL PEN NEED – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						HAEMOLANCE PLUS HIGH FLOW – lancets	2					
H-E-B IN CONTROL UNIFINE – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						HAEMOLANCE PLUS LOW FLOW – lancets	2					
H-E-B IN CONTROL UNIFINE – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						HAEMOLANCE PLUS MAX FLOW – lancets	2					
H-E-B IN CONTROL UNIFINE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						HAEMOLANCE PLUS PEDIATRIC – lancets	2					
H-E-B IN CONTROL UNIFINE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						HEALTH CARE LANCING DEVIC – lancet devices	2					
H-E-B IN CONTROL UNIFINE – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
H-E-B INCONTROL ADVANCED – lancet devices	2						HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
H-E-B INCONTROL LANCETS M – lancets	2						HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
H-E-B INCONTROL LANCETS S – lancets	2						HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
H-E-B INCONTROL LANCETS U – lancets	2						HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					

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HEALTHWISE MICRON PEN NEE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						HM ULTICARE INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
HEALTHWISE MINI PEN NEEDL – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						HM ULTICARE INSULIN SYRIN – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
HEALTHWISE PEN NEEDLES 29 – insulin pen needle 29 g x 12 mm (1/2")	2						HM ULTICARE MINI PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
HEALTHWISE SHORT PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						HM ULTICARE SHORT PEN NEE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
HEALTHWISE SHORT PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						HUBER NEEDLE 20GX3/4"/R – needle (disp) 20 x 3/4"	3					
HEALTHWISE UNIFINE PENTIP – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						HUBER NEEDLE/RIGHT ANGLE – needle (disp) 19 x 1"	3					
HEALTHY ACCENTS AUTOLET I – lancet devices	2						HUBER NEEDLE/RIGHT ANGLE – needle (disp) 20 x 1"	3					
HEALTHY ACCENTS UNIFINE P – insulin pen needle 29 g x 12 mm (1/2")	2						HUBER NEEDLE/RIGHT ANGLE – needle (disp) 20 x 1-1/2"	3					
HEALTHY ACCENTS UNIFINE P – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						HUBER NEEDLE/RIGHT ANGLE – needle (disp) 22 x 3/4"	3					
HEALTHY ACCENTS UNIFINE P – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						HUBER NEEDLE/RIGHT ANGLE – needle (disp) 22 x 1"	3					
HEALTHY ACCENTS UNIFINE P – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						HUBER NEEDLE/RIGHT ANGLE – needle (disp) 22 x 1-1/2"	3					
HEALTHY ACCENTS UNIFINE P – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						HUBER NEEDLE/STRAIGHT 19G – needle (disp) 19 x 1-1/4"	3					
HEALTHY ACCENTS UNIFINE P – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						HUBER NEEDLE/STRAIGHT 20G – needle (disp) 20 x 1"	3					
HEALTHY ACCENTS UNIFINE P – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						HUBER NEEDLE/STRAIGHT 20G – needle (disp) 20 x 1-1/2"	3					
HEALTHY ACCENTS UNIFINE P – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						HUBER NEEDLE/STRAIGHT 22G – needle (disp) 22 x 1"	3					
HEALTHY ACCENTS UNILET LA – lancets	2						HUBER NEEDLE/STRAIGHT 22G – needle (disp) 22 x 1-1/2"	3					

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HUBER NEEDLE/19GX3/4"/RIG – needle (disp) 19 x 3/4"	3						HYPODERMIC NEEDLE 22GX1-1 – needle (disp) 22 x 1-1/2"	3					
HUBER NEEDLE/20G X 1-1/4" – needle (disp) 20 x 1-1/4"	3						HYPODERMIC NEEDLE 22GX1" – needle (disp) 22 x 1"	3					
HUBER NEEDLE/22GX1-1/4"/4 – needle (disp) 22 x 1-1/4"	3						HYPODERMIC NEEDLE 22GX3/4 – needle (disp) 22 x 3/4"	3					
HW EMBRACE PRO BLOOD GLUC – blood glucose monitoring devices	3						HYPODERMIC NEEDLE 23GX1" – needle (disp) 23 x 1"	3					
HW EMBRACE TALK BLOOD GLU – blood glucose monitoring devices	3						HYPODERMIC NEEDLE 23GX3/4 – needle (disp) 23 x 3/4"	3					
HW EMBRACE TALK BLOOD GLU – blood glucose monitoring kit w/ device	3						HYPODERMIC NEEDLE 25GX1-1 – needle (disp) 25 x 1-1/2"	3					
HY-VEE LANCETS – lancets	2						HYPODERMIC NEEDLE 25GX1" – needle (disp) 25 x 1"	3					
HY-VEE THIN LANCETS – lancets	2						HYPODERMIC NEEDLE 25GX3/4 – needle (disp) 25 x 3/4"	3					
HYPODERMIC NEEDLE 18G X 1 – needle (disp) 18 x 1"	3						HYPODERMIC NEEDLE 25GX5/8 – needle (disp) 25 x 5/8"	3					
HYPODERMIC NEEDLE 18G X 1 – needle (disp) 18 x 1-1/2"	3						HYPODERMIC NEEDLE 26GX1/2 – needle (disp) 26 x 1/2"	3					
HYPODERMIC NEEDLE 19G X 1 – needle (disp) 19 x 1"	3						HYPODERMIC NEEDLE 26GX3/8 – needle (disp) 26 x 3/8"	3					
HYPODERMIC NEEDLE 19G X 1 – needle (disp) 19 x 1-1/2"	3						HYPODERMIC NEEDLE 26GX5/8 – needle (disp) 26 x 5/8"	3					
HYPODERMIC NEEDLE 20G X 1 – needle (disp) 20 x 1-1/2"	3						HYPODERMIC NEEDLE 27GX1-1 – needle (disp) 27 x 1-1/4"	3					
HYPODERMIC NEEDLE 20GX3/4 – needle (disp) 20 x 3/4"	3						HYPODERMIC NEEDLE 27GX1-1 – needle (disp) 27 x 1-1/2"	3					
HYPODERMIC NEEDLE 21GX1-1 – needle (disp) 21 x 1-1/4"	3						HYPODERMIC NEEDLE 27GX1/2 – needle (disp) 27 x 1/2"	3					
HYPODERMIC NEEDLE 21GX1-1 – needle (disp) 21 x 1-1/2"	3						HYPODERMIC NEEDLE 30GX1/2 – needle (disp) 30 x 1/2"	3					
HYPODERMIC NEEDLE 21GX1" – needle (disp) 21 x 1"	3						HYPODERMIC NEEDLES 18GX1- – needle (disp) 18 x 1-1/2"	3					
HYPODERMIC NEEDLE 22GX1-1 – needle (disp) 22 x 1-1/4"	3						HYPODERMIC NEEDLES 18GX1" – needle (disp) 18 x 1"	3					

Tier
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HYPODERMIC NEEDLES 20GX1- – needle (disp) 20 x 1-1/2"	3						INCONTROL ULTICARE MINI P – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
HYPODERMIC NEEDLES 20GX1" – needle (disp) 20 x 1"	3						INCONTROL ULTICARE MINI P – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
HYPODERMIC NEEDLES 21GX1- – needle (disp) 21 x 1-1/2"	3						INCONTROL ULTICARE MINI P – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
HYPODERMIC NEEDLES 21GX1" – needle (disp) 21 x 1"	3						INFINITY BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3					
HYPODERMIC NEEDLES 22GX1- – needle (disp) 22 x 1-1/2"	3						INFINITY VOICE – blood glucose monitoring kit w/ device	3					
HYPODERMIC NEEDLES 22GX1" – needle (disp) 22 x 1"	3						INPEN 100/BLUE/LILLY/HUMA – injection device for insulin	3					
HYPODERMIC NEEDLES 23GX1- – needle (disp) 23 x 1-1/2"	3						INPEN 100/BLUE/NOVOLOG/FI – injection device for insulin	3					
HYPODERMIC NEEDLES 23GX1" – needle (disp) 23 x 1"	3						INPEN 100/GREY/LILLY/HUMA – injection device for insulin	3					
HYPODERMIC NEEDLES 25GX1- – needle (disp) 25 x 1-1/2"	3						INPEN 100/GREY/NOVOLOG/FI – injection device for insulin	3					
HYPODERMIC NEEDLES 25GX5/ – needle (disp) 25 x 5/8"	3						INPEN 100/PINK/LILLY/HUMA – injection device for insulin	3					
HYPODERMIC NEEDLES 26GX1/ – needle (disp) 26 x 1/2"	3						INPEN 100/PINK/NOVOLOG/FI – injection device for insulin	3					
HYPODERMIC NEEDLES 27GX1- – needle (disp) 27 x 1-1/2"	3						INSUL-TOTE – blood glucose monitoring supplies	3					
HYPODERMIC NEEDLES 27GX1/ – needle (disp) 27 x 1/2"	3						INSUL-TOTE JR – blood glucose monitoring supplies	3					
IGLUCOSE BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3						INSULIN SYRINGE 1ML/31G X – insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	2					
IN TOUCH – blood glucose monitoring devices	3						INSULIN SYRINGE/NEEDLE 0. – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
IN TOUCH DIABETES MANAGEM – blood glucose monitoring misc.	3												
IN TOUCH LANCING DEVICE – lancet devices	2												
IN TOUCH STERILE LANCETS – lancets	2												

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
INSULIN SYRINGE/NEEDLE 0. – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						INSULIN SYRINGE/U-100/1ML – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
INSULIN SYRINGE/NEEDLE 0. – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						INSULIN SYRINGE/0.3ML/30G – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
INSULIN SYRINGE/NEEDLE 0. – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						INSULIN SYRINGE/0.3ML/31G – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
INSULIN SYRINGE/NEEDLE 0. – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						INSULIN SYRINGE/0.5ML/27G – insulin syringe/needle u-100 1/2 ml 27 x 1/2"	2					
INSULIN SYRINGE/NEEDLE 1M – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						INSULIN SYRINGE/0.5ML/28G – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
INSULIN SYRINGE/NEEDLE 1M – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						INSULIN SYRINGE/0.5ML/30G – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
INSULIN SYRINGE/NEEDLE 1M – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						INSULIN SYRINGE/0.5ML/31G – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
INSULIN SYRINGE/U-100/0.3 – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						INSULIN SYRINGE/1ML/28G X – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
INSULIN SYRINGE/U-100/0.5 – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						INSULIN SYRINGE/1ML/29G X – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
INSULIN SYRINGE/U-100/1ML – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						INSULIN SYRINGE/1ML/30G X – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
INSULIN SYRINGE/U-100/1ML – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						INSULIN SYRINGES 0.3ML/31 – insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	2					
INSULIN SYRINGE/U-100/1ML – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						INSULIN SYRINGES 0.5ML/31 – insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	2					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
INSULIN SYRINGES/0.5ML/27 – insulin syringe/needle u-100 1/2 ml 27 x 1/2"	2						INSUPEN SENSITIVE 32GX8MM – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
INSULIN SYRINGES/0.5ML/28 – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2						INSUPEN ULTRAFIN 30GX8MM – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
INSULIN SYRINGES/0.5ML/29 – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						INSUPEN ULTRAFIN 31GX6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
INSULIN SYRINGES/0.5ML/30 – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						INSUPEN ULTRAFIN 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
INSULIN SYRINGES/0.5ML/31 – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						INSUPEN 29G X 12MM – insulin pen needle 29 g x 12 mm (1/2")	2					
INSULIN SYRINGES/1ML/27GX – insulin syringe/needle u-100 1 ml 27 x 1/2"	2						INSUPEN 31G X 5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
INSULIN SYRINGES/1ML/28GX – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						INSUPEN 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
INSULIN SYRINGES/1ML/29GX – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						INSUPEN 32G X 4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
INSULIN SYRINGES/1ML/30GX – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						INSUPEN 33GX4MM – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
INSULIN SYRINGES/1ML/31GX – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						KINNEY LANCETS – lancets	2					
INSUPEN PEN NEEDLES 32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						KINNEY THIN LANCETS – lancets	2					
INSUPEN SENSITIVE 32GX6MM – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						KINRAY INSULIN SYRINGE PR – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
							KINRAY INSULIN SYRINGE PR – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
							KINRAY INSULIN SYRINGE PR – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
							KINRAY INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					

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KMART VALU PLUS INSULIN S – insulin syringe (disp) u-100 0.3 ml	2						KROGER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
KMART VALU PLUS INSULIN S – insulin syringe (disp) u-100 1/2 ml	2						KROGER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
KMART VALU PLUS INSULIN S – insulin syringe (disp) u-100 1 ml	2						KROGER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
KROGER AUTOLET LANCING DE – lancet devices	2						KROGER LANCETS – lancets	2					
KROGER BLOOD GLUCOSE MONI – blood glucose monitoring kit w/ device	3						KROGER LANCETS MICRO THIN – lancets	2					
KROGER HEALTHPRO BLOOD GL – blood glucose monitoring kit w/ device	3						KROGER LANCETS SUPER THIN – lancets	2					
KROGER HEALTHPRO TWIST LA – lancets	2						KROGER LANCETS THIN – lancets	2					
KROGER INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2						KROGER LANCETS THIN 26G – lancets	2					
KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						KROGER LANCETS ULTRATHIN – lancets	2					
KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						KROGER LANCETS 21G – lancets	2					
KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						KROGER LANCING DEVICE – lancet devices	2					
KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						KROGER PEN NEEDLES 29G X – insulin pen needle 29 g x 12 mm (1/2")	2					
KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						KROGER PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						KROGER PEN NEEDLES 31GX1/ – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
							KROGER PEN NEEDLES/31G X – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
							KROGER PEN NEEDLES/31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					

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KROGER PEN NEEDLES/31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						LEADER ADVANCED LANCING D – lancet devices	2					
KROGER PEN NEEDLES/32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
KROGER PEN NEEDLES/33G X – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
KROGER PREMIUM BLOOD GLUC – blood glucose monitoring kit w/ device	3						LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
LANCET DEVICE ADJUSTABLE – lancet devices	2						LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
LANCET DEVICE WITH EJECTO – lancet devices	2						LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
LANCETS – lancets	2						LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
LANCETS MICRO THIN 33G – lancets	2						LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
LANCETS SUPER THIN 28G – lancets	2						LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
LANCETS THIN – lancets	2						LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
LANCETS ULTRA THIN – lancets	2						LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
LANCETS ULTRA THIN 30G – lancets	2						LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
LANCETS 30G – lancets	2						LEADER LANCETS COLORED – lancets	2					
LANCETS 30G TWIST TOP – lancets	2												
LANCETS 30G/TWIST TOP – lancets	2												
LANCETS 33G EXTRA FINE – lancets	2												
LANCETS 33G UNIVERSAL DES – lancets	2												
LANCING DEVICE – lancet devices	2												
LANZO – lancet devices	2												

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LEADER SUPER THIN LANCET – lancets	2						LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
LEADER THIN LANCETS – lancets	2						LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
LEADER UNIFINE PENTIPS PL – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
LEADER UNIFINE PENTIPS PL – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
LEADER UNIFINE PENTIPS/MI – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
LEADER UNIFINE PENTIPS/NA – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
LEADER UNIFINE PENTIPS/PL – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
LIBERTY BLOOD GLUCOSE MET – blood glucose monitoring devices	3						LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
LIBERTY MEDICAL LANCETS 3 – lancets	2						LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
LIBERTY MINI LANCING DEVI – lancet devices	2						LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
LIBERTY NEXT GENERATION B – blood glucose monitoring devices	3						LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
LIFESCAN UNISTIK II LANCE – lancets	2						LITETOUCH LANCETS MICRO T – lancets	2					
LIFESCAN UNISTIK 2 DEEP P – lancets	2						LITETOUCH PEN NEEDLES 29G – insulin pen needle 29 g x 12.7 mm (1/2")	2					
LITE TOUCH LANCETS – lancets	2												
LITE TOUCH LANCING PEN – lancet devices	2												
LITETOUCH INSULIN PEN NEE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2												

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LITETOUCH PEN NEEDLES 31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
LITETOUCH PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
LITETOUCH PEN NEEDLES/31 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
LITETOUCH PEN NEEDLES/31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
LITETOUCH PEN NEEDLES/31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
LIVE BETTER ADVANCED LANC – lancet devices	2						MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
LIVE BETTER LANCET SUPER – lancets	2						MAGELLAN TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3					
LIVE BETTER LANCET ULTRA – lancets	2						MAGELLAN TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3					
LIVE BETTER PEN NEEDLES 2 – insulin pen needle 29 g x 12 mm (1/2")	2						MARATHON MEDICAL PENTIPS – insulin pen needle 29 g x 12 mm (1/2")	2					
LIVE BETTER PEN NEEDLES 3 – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						MARATHON MEDICAL PENTIPS – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
LIVE BETTER PEN NEEDLES 3 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						MARATHON MEDICAL PENTIPS – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
LONGS INSULIN SYRINGE/0.5 – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						MARATHON MEDICAL PENTIPS – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
LONGS LANCETS STANDARD – lancets	2												
LONGS LANCETS THIN – lancets	2												
LONGS LANCETS ULTRA THIN – lancets	2												

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MAXI-COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2						MEDICINE SHOPPE PEN NEEDL – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
MAXI-COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						MEDICINE SHOPPE PEN NEEDL – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
MAXI-COMFORT SAFETY PEN N – insulin pen needle 29 g x 5 mm (1/5" or 3/16")	2						MEDLANCE PLUS EXTRA LANCE – lancets	2					
MAXI-COMFORT SAFETY PEN N – insulin pen needle 29 g x 8 mm (1/3" or 5/16")	2						MEDLANCE PLUS LANCETS – lancets	2					
MAXICOMFORT II PEN NEEDLE – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						MEDLANCE PLUS LANCETS LIT – lancets	2					
MAXICOMFORT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 27 x 1/2"	2						MEDLANCE PLUS LITE LANCET – lancets	2					
MAXICOMFORT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 27 x 1/2"	2						MEDLANCE PLUS SPECIAL LAN – lancets	2					
MEDIC INSULIN SYRINGE/0.3 – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						MEDLANCE PLUS SUPERLITE 3 – lancets	2					
MEDIC INSULIN SYRINGE/0.5 – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						MEDLANCE PLUS UNIVERSAL L – lancets	2					
MEDICHOICE PRE-SET SAFETY – lancets	2						MEDLANCE PLUS/LITE 25G – lancets	2					
MEDICHOICE SAFETY LANCET – lancets	2						MEDLANCE/EXTRA – lancets	2					
MEDICINE SHOPPE LANCETS – lancets	2						MEDLANCE/LITE – lancets	2					
MEDICINE SHOPPE LANCETS T – lancets	2						MEDLANCE/UNIVERSAL – lancets	2					
MEDICINE SHOPPE PEN NEEDL – insulin pen needle 29 g x 12 mm (1/2")	2						MEIJER BLOOD GLUCOSE MONI – blood glucose monitoring kit w/ device	3					
							MEIJER COLOR LANCETS UNIV – lancets	2					
							MEIJER ESSENTIAL BLOOD GL – blood glucose monitoring kit w/ device	3					
							MEIJER LANCETS – lancets	2					
							MEIJER LANCETS THIN – lancets	2					

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MEIJER LANCETS UNIVERSAL – lancets	2						MICROLET NEXT – lancet devices	2					
MEIJER PEN NEEDLES 29G X – insulin pen needle 29 g x 12 mm (1/2")	2						MINI LANCING DEVICE – lancet devices	2					
MEIJER PEN NEEDLES 31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						MM EASY TOUCH BLOOD GLUCO – blood glucose monitoring kit w/ device	3					
MEIJER PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
MEIJER PREMIUM BLOOD GLUC – blood glucose monitoring kit w/ device	3						MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
MEIJER SUPER THIN LANCETS – lancets	2						MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
MEIJER TRUERESULT BLOOD G – blood glucose monitoring kit w/ device	3						MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
MEIJER TRUETRACK BLOOD GL – blood glucose monitoring kit w/ device	3						MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
MEIJER TRUE2GO BLOOD GLUC – blood glucose monitoring kit w/ device	3						MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
MICRODOT BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3						MM LANCING DEVICE – lancet devices	2					
MICRODOT PEN NEEDLE/31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						MM PEN NEEDLES 31G X 1/4" – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
MICRODOT PEN NEEDLE/32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						MM PEN NEEDLES 31G X 3/16 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
MICRODOT PEN NEEDLE/33G X – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						MM PEN NEEDLES 31G X 5/16 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
MICROLET LANCETS – lancets	2						MM PEN NEEDLES 32G X 5/32 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					

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MM TWIST LANCETS – lancets	2						MONOJECT HYPO/ALUM HUB/LU – needle (disp) 25 x 1-1/4"	3					
MONOJECT BLUNT CANNULA/20 – needle (disp) 20 x 1-1/2"	3						MONOJECT HYPO/ALUM HUB/LU – needle (disp) 25 x 2"	3					
MONOJECT BLUNT CANNULA/21 – needle (disp) 21 x 1"	3						MONOJECT HYPO/ALUM HUB/LU – needle (disp) 27 x 1/2"	3					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 14 x 1"	3						MONOJECT HYPO/ALUM HUB/LU – needle (disp) 27 x 1-1/4"	3					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 14 x 2"	3						MONOJECT HYPO/ALUM HUB/16 – needle (disp) 16 x 1"	3					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 16 x 5/8"	3						MONOJECT HYPO/ALUM HUB/18 – needle (disp) 18 x 1-1/2"	2					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 16 x 3/4"	3						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 18 x 1"	3					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 16 x 1-1/2"	3						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 18 x 1-1/2"	3					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 18 x 1"	2						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 19 x 1"	3					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 18 x 1-1/2"	2						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 19 x 1-1/2"	3					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 19 x 1"	3						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 20 x 1"	3					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 19 x 1-1/2"	3						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 20 x 1-1/2"	3					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 20 x 1"	3						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 21 x 1"	3					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 20 x 1-1/2"	2						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 21 x 1-1/2"	3					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 22 x 1"	3												
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 22 x 1-1/2"	3												
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 23 x 1"	3												
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 25 x 5/8"	3												

KEY Tier
 1 = Covered Generic Drugs 2 = Preferred Brand Drugs X = Tier 4: Separate Specialty costshare may apply – see endorsement
 3 = Non-preferred Brand Drugs • = Responsible Rx Program

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 22 x 1"	3						MONOJECT INSULIN SYRINGE/ – insulin syringe (disp) u-100 1 ml	2					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 22 x 1-1/2"	3						MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 23 x 3/4"	3						MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 23 x 1"	3						MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 25 x 5/8"	3						MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 25 x 1"	3						MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 25 x 1-1/2"	3						MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 25 x 5/8"	2					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 26 x 1/2"	3						MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 27 x 1/2"	2					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 27 x 1/2"	3						MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 30 x 3/4"	3						MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
MONOJECT HYPODERMIC NEEDL – needle (disp) 18 x 1"	3						MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
MONOJECT HYPODERMIC NEEDL – needle (disp) 27 x 1-1/2"	3						MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
MONOJECT HYPODERMIC NEEDL – needle (disp) 30 x 3/4"	3						MONOJECT MAGELLAN SAFETY – needle (disp) 18 x 1"	2					
MONOJECT INSULIN SYRINGE – insulin syringe (disp) u-100 1 ml	2												

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
MONOJECT MAGELLAN SAFETY – needle (disp) 18 x 1-1/2"	2						MONOJECT STANDARD HYPODER – needle (disp) 18 x 1-1/2"	3					
MONOJECT MAGELLAN SAFETY – needle (disp) 19 x 1"	3						MONOJECT STANDARD HYPODER – needle (disp) 19 x 1"	3					
MONOJECT MAGELLAN SAFETY – needle (disp) 19 x 1-1/2"	3						MONOJECT STANDARD HYPODER – needle (disp) 19 x 1-1/2"	3					
MONOJECT MAGELLAN SAFETY – needle (disp) 20 x 1"	2						MONOJECT STANDARD HYPODER – needle (disp) 20 x 1"	3					
MONOJECT MAGELLAN SAFETY – needle (disp) 20 x 1-1/2"	2						MONOJECT STANDARD HYPODER – needle (disp) 20 x 1-1/2"	3					
MONOJECT MAGELLAN SAFETY – needle (disp) 21 x 5/8"	2						MONOJECT STANDARD HYPODER – needle (disp) 21 x 5/8"	3					
MONOJECT MAGELLAN SAFETY – needle (disp) 21 x 1"	2						MONOJECT STANDARD HYPODER – needle (disp) 21 x 1"	3					
MONOJECT MAGELLAN SAFETY – needle (disp) 21 x 1-1/2"	2						MONOJECT STANDARD HYPODER – needle (disp) 21 x 1-1/2"	3					
MONOJECT MAGELLAN SAFETY – needle (disp) 22 x 1"	2						MONOJECT STANDARD HYPODER – needle (disp) 22 x 1"	3					
MONOJECT MAGELLAN SAFETY – needle (disp) 22 x 1-1/2"	2						MONOJECT STANDARD HYPODER – needle (disp) 22 x 1-1/2"	3					
MONOJECT MAGELLAN SAFETY – needle (disp) 23 x 5/8"	2						MONOJECT STANDARD HYPODER – needle (disp) 23 x 5/8"	3					
MONOJECT MAGELLAN SAFETY – needle (disp) 23 x 1"	2						MONOJECT STANDARD HYPODER – needle (disp) 23 x 1"	3					
MONOJECT MAGELLAN SAFETY – needle (disp) 25 x 5/8"	2						MONOJECT STANDARD HYPODER – needle (disp) 25 x 5/8"	3					
MONOJECT MAGELLAN SAFETY – needle (disp) 25 x 1"	2						MONOJECT STANDARD HYPODER – needle (disp) 25 x 1"	3					
MONOJECT MEDICATION TRANS – hypodermic needles (disposable)	3						MONOJECT STANDARD HYPODER – needle (disp) 25 x 1-1/2"	3					
MONOJECT STANDARD HYPODER – needle (disp) 14 x 1-1/2"	3						MONOJECT STANDARD HYPODER – needle (disp) 26 x 1-1/2"	3					
MONOJECT STANDARD HYPODER – needle (disp) 18 x 1"	3												

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
MONOJECT STANDARD HYPODER – needle (disp) 27 x 1/2"	3						MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
MONOJECT SYRINGE PHARMACY – syringe (disposable) 1 ml	2						MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
MONOJECT TB SYRINGE-NDL 1 – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	3						MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
MONOJECT TB SYRINGE-NDL 1 – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3						MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
MONOJECT TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	3						MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
MONOJECT TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3						MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
MONOJECT TUBERCULIN SYRIN – syringe (disposable) 1 ml	2						MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
MONOJECT TUBERCULIN SYRIN – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	2						MONOJECT 1ML LUER LOCK TU – syringe (disposable) 1 ml	2					
MONOJECT TUBERCULIN SYRIN – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	3						MONOLET LANCETS – lancets	2					
MONOJECT TUBERCULIN SYRIN – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3						MONOLET OPD LANCETS – lancets	2					
MONOJECT TUBERCULIN SYRIN – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3						MONOLETTOR SAFETY LANCETS – lancets	2					
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						MPD SAFETY LANCET 21G/1.8 – lancets	2					
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						MPD SAFETY LANCET 28G/1.8 – lancets	2					
							MPD SAFETY LANCET 30G/1.8 – lancets	2					
							MPD SAFETY LANCETS 23G/1. – lancets	2					

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MS INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						MYGLUCOHEALTH MGH SOFTLAN – lancets	2					
MS INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						NOVA MAX BLOOD GLUCOSE MO – blood glucose monitoring devices	3					
MS INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						NOVA MAX BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3					
MS INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						NOVA SAFETY LANCETS 23G – lancets	2					
MS INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						NOVA SAFETY LANCETS 28G – lancets	2					
MS INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						NOVA SUREFLEX LANCETS – lancets	2					
MS INSULIN SYRINGE/1ML/29 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						NOVA SUREFLEX LANCING DEV – lancet devices	2					
MS INSULIN SYRINGE/1ML/30 – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						NOVOFINE AUTOCOVER PEN NE – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
MS INSULIN SYRINGE/1ML/31 – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						NOVOFINE PEN NEEDLE 32G X – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
MULTI-DRAW NEEDLE 20GX1- – needle (disp) 20 x 1-1/2"	3						NOVOFINE PLUS PEN NEEDLE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
MULTI-DRAW NEEDLE 21GX1-1 – needle (disp) 21 x 1-1/2"	3						NOVOPEN ECHO – injection device for insulin	3					
MULTI-DRAW NEEDLE 22GX1-1 – needle (disp) 22 x 1-1/2"	3						OMNIFLEX DIAPHRAGM – diaphragms	3					
MULTI-LANCET DEVICE – lancet devices	2						OMNIPOD CLASSIC PDM START – insulin infusion disposable pump kit	3			•		
MYGLUCOHEALTH BLOOD GLUCO – blood glucose monitoring kit w/ device	3						OMNIPOD CLASSIC PODS (GEN – insulin infusion disposable pump supplies	3			•		
							OMNIPOD DASH INTRO KIT (G – insulin infusion disposable pump kit	3			•		

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OMNIPOD DASH PODS (GEN 4) – insulin infusion disposable pump supplies	3			•			ONETOUCH ULTRA 2 – blood glucose monitoring kit w/ device	3					
OMNIPOD 5 G6 INTRO KIT (G – insulin infusion disposable pump kit	3			•			ONETOUCH ULTRASOFT LANCET – lancets	2					
OMNIPOD 5 G6 PODS (GEN 5) – insulin infusion disposable pump supplies	3			•			ONETOUCH VERIO – blood glucose monitoring kit w/ device	3					
ONE DROP BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3						ONETOUCH VERIO FLEX BLOOD – blood glucose monitoring kit w/ device	3					
ONETOUCH CLUB LANCETS FIN – lancets	2						ONETOUCH VERIO IQ BLOOD G – blood glucose monitoring kit w/ device	3					
ONETOUCH DELICA LANCETS E – lancets	2						ONETOUCH VERIO REFLECT – blood glucose monitoring kit w/ device	3					
ONETOUCH DELICA LANCETS F – lancets	2						PC LANCETS SUPER THIN 30G – lancets	2					
ONETOUCH DELICA LANCING D – lancet devices	2						PC UNIFINE PENTIPS 29G X – insulin pen needle 29 g x 12 mm (1/2")	2					
ONETOUCH DELICA PLUS LANC – lancets	2						PC UNIFINE PENTIPS 31G X – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ONETOUCH DELICA PLUS LANC – lancet devices	2						PC UNIFINE PENTIPS 31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
ONETOUCH DELICA SAFETY LA – lancet devices	2						PC UNIFINE PENTIPS 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ONETOUCH FINEPOINT LANCET – lancets	2						PEN NEEDLES 29GX12MM – insulin pen needle 29 g x 12 mm (1/2")	2					
ONETOUCH LANCETS – lancets	2						PEN NEEDLES 30GX5MM – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					
ONETOUCH SOLUTIONS RX STA – blood glucose monitor kit w/ wellness device & digital app	3						PEN NEEDLES 30GX8MM – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
ONETOUCH SURESOFT LANCING – lancets misc.	2												
ONETOUCH ULTRA MINI – blood glucose monitoring kit w/ device	3												

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PEN NEEDLES 31G X 3/16" – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						PEN NEEDLES 33G X 5/32" – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
PEN NEEDLES 31G X 5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						PEN NEEDLES/29G X 1/2" – insulin pen needle 29 g x 12 mm (1/2")	2					
PEN NEEDLES 31G X 6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						PEN NEEDLES/31G X 1/4" – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PEN NEEDLES 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						PEN NEEDLES/31G X 3/16" – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PEN NEEDLES 31GX5/16" – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						PEN NEEDLES/31G X 5/16" – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES 31GX6MM (1/4" – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						PEN NEEDLES/31G X 6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PEN NEEDLES 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						PEN NEEDLES/32G X 5/32" – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PEN NEEDLES 31GX8MM (5/16 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						PEN-TOTE – blood glucose monitoring supplies	3					
PEN NEEDLES 32G X 4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						PENLET II REPLACEMENT CAP – lancets misc.	2					
PEN NEEDLES 32G X 5MM – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2						PENTIPS 29G X 12MM – insulin pen needle 29 g x 12 mm (1/2")	2					
PEN NEEDLES 32G X 6MM – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						PENTIPS 29GX12MM – insulin pen needle 29 g x 12 mm (1/2")	2					
PEN NEEDLES 32GX4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						PENTIPS 31G X 5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
							PENTIPS 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
							PENTIPS 31GX5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
							PENTIPS 31GX6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					

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PENTIPS 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						POLY HUB NEEDLE/22G X 1-1 – needle (disp) 22 x 1-1/2"	3					
PENTIPS 32G X 4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						POLY HUB NEEDLE/22G X 1" – needle (disp) 22 x 1"	3					
PENTIPS 32GX4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						POLY HUB NEEDLE/23G X 1-1 – needle (disp) 23 x 1-1/2"	3					
PENTIPS 32GX6MM – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						POLY HUB NEEDLE/23G X 1" – needle (disp) 23 x 1"	3					
PERFECT LANCETS 30G – lancets	2						POLY HUB NEEDLE/25G X 1-1 – needle (disp) 25 x 1-1/2"	3					
PERFECT PRESSURE ACTIVATE – lancets	2						POLY HUB NEEDLE/25G X 1" – needle (disp) 25 x 1"	3					
PHARMACIST CHOICE AUTOCOD – blood glucose monitoring kit w/ device	3						POLY HUB NEEDLE/25G X 5/8 – needle (disp) 25 x 5/8"	3					
PHARMACIST CHOICE MINI BL – blood glucose monitoring devices	3						POLY HUB NEEDLE/27G X 1-1 – needle (disp) 27 x 1-1/4"	3					
PHARMACIST CHOICE ULTRA T – lancets	2						POLY HUB NEEDLE/27G X 1/2 – needle (disp) 27 x 1/2"	3					
PHARMACY COUNTER LANCETS – lancets	2						POLY HUB NEEDLE/30G X 1/2 – needle (disp) 30 x 1/2"	3					
PIP LANCETS/28G – lancets	2						PRECISION SURE-DOSE INSUL – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
PIP LANCETS/30G – lancets	2						PRECISION THINS GP LANCET – lancets	2					
POCKETCHEM EZ BLOOD GLUCO – blood glucose monitoring kit w/ device	3						PRECISION XTRA – blood glucose monitoring kit w/ device	3					
POGO AUTOMATIC BLOOD GLUC – blood glucose monitoring devices	3						PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
POLY HUB NEEDLE/18G X 1-1 – needle (disp) 18 x 1-1/2"	3						PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
POLY HUB NEEDLE/18G X 1" – needle (disp) 18 x 1"	3						PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
POLY HUB NEEDLE/21G X 1-1 – needle (disp) 21 x 1-1/2"	3												
POLY HUB NEEDLE/21G X 1" – needle (disp) 21 x 1"	3												

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PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						PREVENT DROPSAFE SAFETY P – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						PREVENT DROPSAFE SAFETY P – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						PREVENT SAFETY PEN NEEDLE – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						PREVENT SAFETY PEN NEEDLE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
PREFERRED PLUS LANCETS CO – lancets	2						PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
PREFERRED PLUS LANCETS SU – lancets	2						PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
PREFERRED PLUS LANCETS TH – lancets	2						PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
PREFERRED PLUS UNIFINE PE – insulin pen needle 29 g x 12 mm (1/2")	2						PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
PREFERRED PLUS UNIFINE PE – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
PREFERRED PLUS UNIFINE PE – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						PRO COMFORT PEN NEEDLES/ – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PREFERRED PLUS UNIFINE PE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						PRO COMFORT PEN NEEDLES/ – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PREFERRED PLUS UNIFINE PE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2												

KEY Tier
 1 = Covered Generic Drugs 2 = Preferred Brand Drugs X = Tier 4: Separate Specialty costshare may apply – see endorsement
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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
PRO COMFORT PEN NEEDLES/ – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2						PRODIGY TWIST TOP LANCETS – lancets	2					
PRO COMFORT PEN NEEDLES/ – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						PRODIGY VOICE BLOOD GLUCO – blood glucose monitoring kit w/ device	3					
PRO VOICE V8 BLOOD GLUCOS – blood glucose monitoring devices	3						PSS SELECT GP LANCETS – lancets	2					
PRO VOICE V9 BLOOD GLUCOS – blood glucose monitoring devices	3						PSS SELECT SAFETY LANCETS – lancets	2					
PRODIGY AUTOCODE BLOOD GL – blood glucose monitoring devices	3						PURE COMFORT PEN NEEDLE 3 – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
PRODIGY AUTOCODE BLOOD GL – blood glucose monitoring kit w/ device	3						PURE COMFORT PEN NEEDLE 3 – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
PRODIGY INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						PURE COMFORT PEN NEEDLE/3 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PRODIGY INSULIN SYRINGE/1 – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						PURE COMFORT PEN NEEDLE/3 – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
PRODIGY INSULIN SYRINGE/1 – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						PX ADVANCED LANCING DEVIC – lancet devices	2					
PRODIGY LANCING DEVICE – lancet devices	2						PX EXTRA SHORT PEN NEEDLE – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PRODIGY NO CODING BLOOD G – blood glucose monitoring kit w/ device	3						PX INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
PRODIGY POCKET BLOOD GLUC – blood glucose monitoring kit w/ device	3						PX LANCET AUTO INJECTOR – lancet devices	2					
PRODIGY PRESSURE ACTIVATE – lancets	2						PX LANCETS MICROTHIN 33G – lancets	2					
PRODIGY SAFETY LANCETS – lancets	2						PX LANCETS ULTRA THIN – lancets	2					
							PX LANCETS ULTRA THIN 28G – lancets	2					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
PX MINI PEN NEEDLES 31GX5 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						QC PEN NEEDLES 31G X 6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PX PEN NEEDLE 29GX12MM – insulin pen needle 29 g x 12 mm (1/2")	2						QC PEN NEEDLES 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PX PEN NEEDLE 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						QC UNIFINE PENTIPS 32GX4M – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PX SHORTLENGTH PEN NEEDLE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						QC UNILET LANCETS 28G/ULT – lancets	2					
QC ADVANCED LANCING DEVIC – lancet devices	2						QC UNILET LANCETS 33G/MIC – lancets	2					
QC INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						QUICKTEK – blood glucose monitoring kit	3					
QC INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						QUICKTEK – blood glucose monitoring kit w/ device	3					
QC INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						QUINTET AC BLOOD GLUCOSE – blood glucose monitoring devices	3					
QC INSULIN SYRINGE/1ML/29 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						QUINTET BLOOD GLUCOSE MON – blood glucose monitoring devices	3					
QC INSULIN SYRINGE/1ML/31 – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						RA E-ZJECT LANCETS THIN 2 – lancets	2					
QC LANCETS SUPER THIN – lancets	2						RA E-ZJECT LANCETS ULTRA – lancets	2					
QC LANCETS ULTRA THIN – lancets	2						RA E-ZJECT LANCETS 28G – lancets	2					
QC PEN NEEDLES 29G X 12MM – insulin pen needle 29 g x 12 mm (1/2")	2						RA INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
							RA INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
							RA INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					

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RA INSULIN SYRINGE/1ML/29 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
RA PEN NEEDLES 31G X 5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
RA PEN NEEDLES 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
READYLANCANCE SAFETY LANCETS – lancets	2						RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2					
REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2						RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
REALITY LANCETS – lancets	2						RELION LANCETS – lancets	2					
REALITY TRIGGER LANCETS – lancets	2						RELION LANCETS MICRO-THIN – lancets	2					
REFUAH PLUS BLOOD GLUCOSE – blood glucose monitoring kit w/ device	3						RELION LANCETS THIN 26G – lancets	2					
RELION CONFIRM BLOOD GLUC – blood glucose monitoring kit w/ device	3						RELION LANCETS ULTRA-THIN – lancets	2					
RELION INSULIN SYRINGE 0. – insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2						RELION LANCING DEVICE – lancet devices	2					
RELION INSULIN SYRINGE 1M – insulin syringe/needle u-100 1 ml 31 x 15/64"	2						RELION MICRO BLOOD GLUCOS – blood glucose monitoring kit w/ device	3					

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RELION MINI PEN NEEDLES 3 – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						RELION PREMIER VOICE BLOO – blood glucose monitoring devices	3					
RELION PEN NEEDLES 29GX12 – insulin pen needle 29 g x 12 mm (1/2")	2						RELION PRIME BLOOD GLUCOS – blood glucose monitoring devices	3					
RELION PEN NEEDLES 31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						RELION SHORT PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
RELION PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						RELION THIN LANCETS – lancets	2					
RELION PEN NEEDLES 31GX5/ – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						RELION TRUE METRIX AIR BL – blood glucose monitoring kit w/ device	3					
RELION PEN NEEDLES 31GX6M – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						RELION ULTIMA BLOOD GLUCO – blood glucose monitoring kit w/ device	3					
RELION PEN NEEDLES 31GX8M – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						RELION ULTRA THIN LANCETS – lancets	2					
RELION PEN NEEDLES 32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						RELION ULTRA THIN PLUS LA – lancets	2					
RELION PEN NEEDLES 32GX4M – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						RELION 2-IN-1 LANCET DEV – lancet devices	2					
RELION PEN NEEDLES/31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						RELION 2-IN-1 LANCING DEV – lancet devices	2					
RELION PREMIER BLU BLOOD – blood glucose monitoring devices	3						REXALL BLOOD GLUCOSE MONI – blood glucose monitoring kit w/ device	3					
RELION PREMIER CLASSIC BL – blood glucose monitoring devices	3						REXALL LANCETS ULTRA THIN – lancets	2					
RELION PREMIER COMPACT BL – blood glucose monitoring kit w/ device	3						RIGHTEST GD500 LANCING DE – lancet devices	2					
							RIGHTEST GL300 LANCETS – lancets	2					
							RIGHTEST GM100 BLOOD GLUC – blood glucose monitoring kit w/ device	3					

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RIGHTEST GM300 BLOOD GLUC – blood glucose monitoring kit w/ device	3						SB INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
RIGHTEST GM550 BLOOD GLUC – blood glucose monitoring kit w/ device	3						SB INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
RIGHTEST GT333 BLOOD GLUC – blood glucose monitoring devices	3						SB LANCETS THIN – lancets	2					
SAFE-T-LANCE LOW FLOW 25G – lancets	2						SB LANCETS ULTRA THIN – lancets	2					
SAFE-T-LANCE NORMAL FLOW – lancets	2						SCHNUCKS INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
SAFE-T-LANCE PLUS SAFETY – lancets	2						SCHNUCKS INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
SAFETY LANCETS – lancets	2						SECURESAFE SAFETY HYPODER – needle (disp) 19 x 1"	3					
SAFETY LANCETS 21G – lancets	2						SECURESAFE SAFETY HYPODER – needle (disp) 19 x 1-1/2"	3					
SAFETY PEN NEEDLES/30G X – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2						SECURESAFE SAFETY HYPODER – needle (disp) 21 x 1-1/2"	3					
SAFETY PEN NEEDLES/30G X – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2						SECURESAFE SAFETY HYPODER – needle (disp) 22 x 1"	3					
SAPS HEALTH CARE TWIST TO – lancets	2						SECURESAFE SAFETY HYPODER – needle (disp) 25 x 1-1/2"	3					
SAPS HEALTH TWIST TOP LAN – lancets	2						SECURESAFE SAFETY HYPODER – needle (disp) 26 x 1/2"	3					
SAPSCARE TWIST TOP LANCET – lancets	2						SECURESAFE SAFETY HYPODER – needle (disp) 27 x 1/2"	3					
SB INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						SECURESAFE SAFETY INSULIN – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
SB INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						SECURESAFE SAFETY INSULIN – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
SB INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 29 x 1/2"	2												

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SECURES SAFE SAFETY PEN NEE – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2						SIMPLE DIAGNOSTICS LANCIN – lancet devices	2					
SELECT-LITE LANCING DEVIC – lancet devices	2						SINGLE-LET – lancets	2					
SHOPKO AUTOLET LANCING DE – lancet devices	2						SM MICRO THIN LANCETS 33G – lancets	2					
SHOPKO ON-THE-GO COMFORT – lancets	2						SM TRUEDRAW LANCING DEVIC – lancet devices	2					
SHOPKO UNIFINE PENTIPS PE – insulin pen needle 29 g x 12 mm (1/2")	2						SMART DIABETES VANTAGE LA – lancet devices	2					
SHOPKO UNIFINE PENTIPS PE – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						SMART SENSE COLOR LANCETS – lancets	2					
SHOPKO UNIFINE PENTIPS PE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						SMART SENSE PREMIUM BLOOD – blood glucose monitoring kit w/ device	3					
SHOPKO UNIFINE PENTIPS PE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						SMART SENSE STANDARD LANC – lancets	2					
SHOPKO UNIFINE PENTIPS PL – insulin pen needle 29 g x 12 mm (1/2")	2						SMART SENSE SUPER THIN LA – lancets	2					
SHOPKO UNIFINE PENTIPS PL – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						SMART SENSE THIN LANCETS – lancets	2					
SHOPKO UNIFINE PENTIPS PL – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						SMART SENSE VALUE BLOOD – blood glucose monitoring kit w/ device	3					
SHOPKO UNIFINE PENTIPS PL – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						SMARTEST EJECT BLOOD GLUC – blood glucose monitoring devices	3					
SHOPKO UNILET LANCETS SUP – lancets	2						SMARTEST EJECT STARTER KI – blood glucose monitoring kit w/ device	3					
SHOPKO UNILET LANCETS ULT – lancets	2						SMARTEST LANCETS 28G – lancets	2					
							SMARTEST PERSONA STARTER – blood glucose monitoring kit w/ device	3					
							SMARTEST PRONTO STARTER – blood glucose monitoring kit w/ device	3					

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SMARTEST PROTEGE BLOOD GL – blood glucose monitoring devices	3						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
SMARTEST PROTEGE STARTER – blood glucose monitoring kit w/ device	3						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
SOLUS V2 AUDIBLE BLOOD GL – blood glucose monitoring devices	3						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
SOLUS V2 AUDIBLE BLOOD GL – blood glucose monitoring kit w/ device	3						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
SOLUS V2 LANCING DEVICE – lancet devices	2						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
SOLUS V2 PRESSURE ACTIVAT – lancets	2						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	2					
SOLUS V2 TWIST LANCETS 30 – lancets	2						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	2					
STERILANCE TL – lancets	2						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	2					
SUPER THIN LANCETS – lancets	2						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
SUPREME II CONFIDENCE PAD – blood glucose monitoring misc.	3						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
SURE COMFORT AUTOKEEPER S – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
SURE COMFORT AUTOKEEPER S – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml	2					
SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2							2					
SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2							2					

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SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						SURESTEP PRO LINEARITY KI – blood glucose monitoring misc.	3					
SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						TECHLITE AST LANCETS – lancets	2					
SURE COMFORT LANCETS 18G – lancets	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
SURE COMFORT LANCETS 21G – lancets	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
SURE COMFORT LANCETS 23G – lancets	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
SURE COMFORT LANCETS 28G – lancets	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
SURE COMFORT LANCETS 30G – lancets	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
SURE COMFORT LANCING PEN – lancet devices	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
SURE COMFORT PEN NEEDLES – insulin pen needle 29 g x 12.7 mm (1/2")	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2					
SURE COMFORT PEN NEEDLES – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
SURE COMFORT PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
SURE COMFORT PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
SURE COMFORT PEN NEEDLES – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
SURE COMFORT PEN NEEDLES – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2												
SURELITE LANCETS – lancets	2												

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TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2						TGT BLOOD GLUCOSE MONITOR – blood glucose monitoring kit w/ device	3					
TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 15/64"	2						TGT LANCET ALTERNATE SITE – lancets	2					
TECHLITE LANCETS – lancets	2						TGT LANCET MICRO THIN 33G – lancets	2					
TECHLITE LANCETS 30G – lancets	2						TGT LANCET SUPER THIN 30G – lancets	2					
TECHLITE PEN NEEDLES 29G – insulin pen needle 29 g x 10 mm	2						TGT LANCET THIN 23G – lancets	2					
TECHLITE PEN NEEDLES 29G – insulin pen needle 29 g x 12 mm (1/2")	2						TGT LANCET THIN 26G – lancets	2					
TECHLITE PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						TGT LANCET ULTRA THIN 28G – lancets	2					
TECHLITE PEN NEEDLES/31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						TGT LANCET ULTRA THIN 30G – lancets	2					
TECHLITE PEN NEEDLES/31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						TGT LANCING DEVICE – lancet devices	2					
TECHLITE PEN NEEDLES/31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						THINLETS GP LANCETS – lancets	2					
TECHLITE PEN NEEDLES/32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						TODAYS HEALTH ADVANCED LA – lancet devices	2					
TECHLITE PEN NEEDLES/32G – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						TODAYS HEALTH MINI PEN NE – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
TECHLITE PEN NEEDLES/32G – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2						TODAYS HEALTH ORIGINAL PE – insulin pen needle 29 g x 12 mm (1/2")	2					
TGT ADVANCED LANCING DEVI – lancet devices	2						TODAYS HEALTH SHORT PEN N – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
							TODAYS HEALTH SUPER THIN – lancets	2					
							TODAYS HEALTH ULTRA THIN – lancets	2					
							TOPCARE CLICKFINE UNIVERS – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					

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TOPCARE CLICKFINE UNIVERS – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						TRUE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
TOPCARE LANCETS MICRO-THI – lancets	2						TRUE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						TRUE COMFORT PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						TRUE COMFORT PEN NEEDLES – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						TRUE COMFORT PEN NEEDLES – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 0.5 ml 32 x 5/16"	2					
TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1 ml 32 x 5/16"	2					
TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
TRACER II 3 VOLT BATTERY – blood glucose monitoring misc.	3						TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
TRAVEL LANCETS ADVANCED 2 – lancets	2												
TRAVEL LANCETS 30G – lancets	2												

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TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						TRUE METRIX AIR BLOOD GLU – blood glucose monitoring devices	3					
TRUE COMFORT PRO PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						TRUE METRIX AIR BLOOD GLU – blood glucose monitoring kit w/ device	3					
TRUE COMFORT PRO PEN NEED – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						TRUE METRIX AIR W/BLUETOO – blood glucose monitoring kit w/ device	3					
TRUE COMFORT PRO PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						TRUE METRIX BLOOD GLUCOSE – blood glucose monitoring kit w/ device	3					
TRUE COMFORT PRO PEN NEED – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						TRUE METRIX GO BLOOD GLUC – blood glucose monitoring kit w/ device	3					
TRUE COMFORT PRO PEN NEED – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2						TRUEDRAW LANCING DEVICE – lancet devices	2					
TRUE COMFORT PRO PEN NEED – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						TRUEPLUS INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
TRUE COMFORT PRO PEN NEED – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
TRUE COMFORT PRO PEN NEED – insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
TRUE COMFORT PRO PEN NEED – insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
TRUE COMFORT TWIST TOP LA – lancets	2						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
TRUE FOCUS BLOOD GLUCOSE – blood glucose monitoring devices	3						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
TRUE METRIX – blood glucose monitoring devices	3						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					

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TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						TRUEPLUS PEN NEEDLES 32GX – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						TRUEPLUS SAFETY LANCETS 2 – lancets	2					
TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						TRUEPLUS 5-BEVEL PEN NEED – insulin pen needle 29 g x 12.7 mm (1/2")	2					
TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						TRUEPLUS 5-BEVEL PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
TRUEPLUS LANCETS 26G – lancets	2						TRUEPLUS 5-BEVEL PEN NEED – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
TRUEPLUS LANCETS 28G – lancets	2						TRUEPLUS 5-BEVEL PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
TRUEPLUS LANCETS 28G SUPE – lancets	2						TRUEPLUS 5-BEVEL PEN NEED – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
TRUEPLUS LANCETS 30G – lancets	2						TRUERESULT BLOOD GLUCOSE – blood glucose monitoring kit w/ device	3					
TRUEPLUS LANCETS 30G ULTR – lancets	2						TRUETRACK BLOOD GLUCOSE M – blood glucose monitoring devices	3					
TRUEPLUS LANCETS 33G – lancets	2						TRUETRACK BLOOD GLUCOSE M – blood glucose monitoring kit w/ device	3					
TRUEPLUS LANCETS 33G MICR – lancets	2						TRUETRACK SMART SYSTEM – blood glucose monitoring kit w/ device	3					
TRUEPLUS PEN NEEDLES 29GX – insulin pen needle 29 g x 12 mm (1/2")	2						ULTI-LANCE AUTOMATIC/ CLE – lancet devices	2					
TRUEPLUS PEN NEEDLES 31GX – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						ULTICARE INSULIN SAFETY S – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
TRUEPLUS PEN NEEDLES 31GX – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2												
TRUEPLUS PEN NEEDLES 31GX – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2												

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ULTICARE INSULIN SAFETY S – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
ULTICARE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
ULTICARE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
ULTICARE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2						ULTICARE MICRO PEN NEEDLE – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						ULTICARE MICRO PEN NEEDLE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2						ULTICARE MICRO PEN NEEDLE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						ULTICARE MINI PEN NEEDLES – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						ULTICARE MINI PEN NEEDLES – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						ULTICARE MINI SAFETY PEN – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					

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ULTICARE ORIGINAL PEN NEE – insulin pen needle 29 g x 12.7 mm (1/2")	2						ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
ULTICARE PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
ULTICARE PEN NEEDLES/29G – insulin pen needle 29 g x 12.7 mm (1/2")	2						ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
ULTICARE SHORT PEN NEEDLE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
ULTICARE SHORT SAFETY PEN – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2						ULTIGUARD SAFEPACK INSULI – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
ULTICARE TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	2						ULTIGUARD SAFEPACK INSULI – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
ULTICARE TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 1"	2						ULTIGUARD SAFEPACK INSULI – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
ULTICARE U-100 INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	2						ULTIGUARD SAFEPACK INSULI – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
ULTICARE U-100 INSULIN SY – insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	2						ULTIGUARD SAFEPACK INSULI – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
ULTICARE U-100 INSULIN SY – insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	2						ULTIGUARD SAFEPACK MINI P – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						ULTIGUARD SAFEPACK PEN NE – insulin pen needle 29 g x 12.7 mm (1/2")	2					
ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						ULTIGUARD SAFEPACK/MICRO – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					

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ULTIGUARD SAFEPACK/MINI P – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						ULTILET SHORT PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTIGUARD SAFEPACK/MINI P – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						ULTRA COMFORT INSULIN SYR – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
ULTIGUARD SAFEPACK/MINI P – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						ULTRA FLO INSULIN PEN NEE – insulin pen needle 29 g x 12 mm (1/2")	2					
ULTIGUARD SAFEPACK/SHORT – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						ULTRA FLO INSULIN PEN NEE – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTIGUARD SAFEPACK/SYRING – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						ULTRA FLO INSULIN PEN NEE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTILET CLASSIC LANCETS – lancets	2						ULTRA FLO INSULIN PEN NEE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ULTILET LANCETS – lancets	2						ULTRA FLO INSULIN PEN NEE – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
ULTILET LANCETS 33G – lancets	2						ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
ULTILET PEN NEEDLE 29GX12 – insulin pen needle 29 g x 12.7 mm (1/2")	2						ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
ULTILET PEN NEEDLE 31GX5M – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
ULTILET PEN NEEDLE 31GX8M – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
ULTILET PEN NEEDLE 32GX4M – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
ULTILET SAFETY LANCETS 21 – lancets	2												
ULTILET SAFETY LANCETS 23 – lancets	2												
ULTILET SHORT PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2												

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ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
ULTRA INSULIN SYRINGE/U-1 – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						ULTRA-THIN II LANCETS 28G – lancets	2					
ULTRA THIN LANCETS 28G – lancets	2						ULTRA-THIN II LANCETS 30G – lancets	2					
ULTRA THIN LANCETS 31G – lancets	2						ULTRA-THIN II MINI PEN NE – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTRA THIN PEN NEEDLES 32 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						ULTRA-THIN II PEN NEEDLES – insulin pen needle 29 g x 12.7 mm (1/2")	2					
ULTRA-THIN II AUTO LANCET – lancets	2						ULTRA-THIN II PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					

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ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						ULTRACARE PEN NEEDLES/32G – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						ULTRACARE PEN NEEDLES/33G – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						ULTRATRAK ACTIVE – blood glucose monitoring devices	3					
ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						UNIFINE PEN NEEDLE/32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						UNIFINE PENTIPS PLUS 29GX – insulin pen needle 29 g x 12 mm (1/2")	2					
ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						UNIFINE PENTIPS PLUS 31GX – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						UNIFINE PENTIPS PLUS 31GX – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
ULTRACARE PEN NEEDLES/31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						UNIFINE PENTIPS PLUS 31GX – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTRACARE PEN NEEDLES/31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						UNIFINE PENTIPS PLUS 32GX – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ULTRACARE PEN NEEDLES/31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						UNIFINE PENTIPS PLUS 33G – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
ULTRACARE PEN NEEDLES/32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						UNIFINE PENTIPS PLUS 33GX – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
ULTRACARE PEN NEEDLES/32G – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2						UNIFINE PENTIPS PLUS/30G – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					
							UNIFINE PENTIPS 29GX12MM – insulin pen needle 29 g x 12 mm (1/2")	2					

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UNIFINE PENTIPS 31G X 3/1 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						UNIFINE SAFECONTROL PEN N – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
UNIFINE PENTIPS 31G X 6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						UNIFINE ULTRA PEN NEEDLE/ – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
UNIFINE PENTIPS 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						UNIFINE ULTRA PEN NEEDLE/ – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
UNIFINE PENTIPS 31GX5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						UNIFINE ULTRA PEN NEEDLE/ – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
UNIFINE PENTIPS 31GX6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						UNIFINE ULTRA PEN NEEDLE/ – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
UNIFINE PENTIPS 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						UNILET COMFORTOUCH LANCET – lancets	2					
UNIFINE PENTIPS 32GX4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						UNILET EXCELITE – lancets	2					
UNIFINE PENTIPS 32GX6MM – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						UNILET EXCELITE II – lancets	2					
UNIFINE PENTIPS 33GX4MM – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						UNILET G.P. LANCET – lancets	2					
UNIFINE PENTIPS/30G X 3/1 – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2						UNILET G.P. SUPERLITE LAN – lancets	2					
UNIFINE SAFECONTROL PEN N – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2						UNILET GP 28 ULTRA THIN – lancets	2					
UNIFINE SAFECONTROL PEN N – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2						UNILET LANCET – lancets	2					
							UNILET LANCETS MICRO-THIN – lancets	2					
							UNILET LANCETS SUPER-THIN – lancets	2					
							UNILET LANCETS ULTRA-THIN – lancets	2					
							UNILET SUPERLITE LANCET – lancets	2					
							UNISTIK PRO SAFETY LANCET – lancets	2					
							UNISTIK SAFETY LANCETS 28 – lancets	2					

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UNISTIK SAFETY LANCETS 30 – lancets	2						VALUMARK PEN NEEDLES 29GX – insulin pen needle 29 g x 12 mm (1/2")	2					
UNISTIK TOUCH SAFETY LANC – lancets	2						VALUMARK PEN NEEDLES 31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
UNISTIK 3 GENTLE – lancets	2						VALUMARK PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
UNIVERSAL 1 LANCETS THIN – lancets	2						VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
UNIVERSAL 1 LANCETS ULTRA – lancets	2						VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
UNIVERSAL 1 LANCETS/33G/M – lancets	2						VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 3/16" (5 mm)	2					
V-GO 20 – insulin infusion disposable pump kit	3			•			VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 0.5 ml 30 x 3/16" (5 mm)	2					
V-GO 30 – insulin infusion disposable pump kit	3			•			VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
V-GO 40 – insulin infusion disposable pump kit	3			•			VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 29 x 5/16"	2					
VALUE HEALTH INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
VALUE HEALTH INSULIN SYRI – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
VALUE PLUS LANCETS STANDA – lancets	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 20 x 1"	2					
VALUE PLUS LANCETS SUPER – lancets	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 20 x 1-1/2"	2					
VALUE PLUS LANCETS THIN 2 – lancets	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 21 x 1"	2					
VALUE PLUS LANCING DEVICE – lancet devices	2												
VALUMARK LANCET SUPER THI – lancets	2												
VALUMARK LANCET ULTRA THI – lancets	2												

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VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 21 x 1-1/2"	2						VERASENS BLOOD GLUCOSE MO – blood glucose monitoring devices	3					
VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 22 x 1"	2						VERASENS BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3					
VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 22 x 1-1/2"	2						VIDA MIA AUTOLET LANCING – lancet devices	2					
VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 23 x 1"	2						VIDA MIA UNIFINE PENTIPS – insulin pen needle 29 g x 12 mm (1/2")	2					
VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 23 x 1-1/2"	2						VIDA MIA UNIFINE PENTIPS – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 25 x 5/8"	2						VIDA MIA UNIFINE PENTIPS – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 25 x 1"	2						VIDA MIA UNILET LANCETS S – lancets	2					
VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 25 x 1-1/2"	2						VIDA MIA UNILET LANCETS U – lancets	2					
VANISHPOINT SAFETY SYRING – syringe/needle (disp) 5 ml 21 x 1"	2						VIDA MIA UNIPFINE PENTIPS – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
VANISHPOINT SAFETY SYRING – syringe/needle (disp) 5 ml 21 x 1-1/2"	2						VIVAGUARD INO BLOOD GLUCO – blood glucose monitoring devices	3					
VANISHPOINT SAFETY SYRING – syringe/needle (disp) 5 ml 22 x 1-1/2"	2						VIVAGUARD INO SMART BLOOD – blood glucose monitoring devices	3					
VANISHPOINT SAFETY SYRING – syringe/needle (disp) 10 ml 21 x 1-1/2"	2						VIVAGUARD LANCETS – lancets	2					
VANISHPOINT TUBERCULIN SY – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	3						VIVAGUARD LANCING DEVICE – lancet devices	2					
VANISHPOINT TUBERCULIN SY – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3						VIVAGUARD SAFETY LANCETS/ – lancets	2					
							VP INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					

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WALGREENS ADVANCED TRAVEL – lancets	2						WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 95 mm	3					
WALGREENS COMFORT ASSURED – lancets	2						YALE NEEDLES 21G X 1-1/4" – needle (disp) 21 x 1-1/4"	3					
WALGREENS LANCETS – lancets	2						ZEV RX INSULIN SYRINGE/0.5 – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
WALGREENS THIN LANCETS – lancets	2						ZEV RX INSULIN SYRINGE/0.5 – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
WALGREENS ULTRA THIN LANC – lancets	2						ZEV RX INSULIN SYRINGE/1ML – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
WAVESENSE AMP – blood glucose monitoring kit w/ device	3						ZEV RX INSULIN SYRINGE/1ML – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
WEGMANS UNIFINE PENTIPS P – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						ZEV RX PEN NEEDLES 31G X 5 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
WEGMANS UNIFINE PENTIPS P – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						ZEV RX PEN NEEDLES 31G X 6 – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
WEGMANS UNIFINE PENTIPS P – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						ZEV RX PEN NEEDLES 31G X 8 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
WEGMANS UNIFINE PENTIPS P – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						ZEV RX PEN NEEDLES 32G X 4 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 60 mm	3						ZEV RX TWIST TOP LANCETS 3 – lancets	2					
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 65 mm	3						1ML TB SYRINGE/25G X 5/8" – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	3					
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 70 mm	3						1ML TB SYRINGE/26G X 3/8" – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	3					
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 75 mm	3												
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 80 mm	3												
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 85 mm	3												
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 90 mm	3												

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1ML TB SYRINGE/27G X 1/2" – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3					
1ML VANISHPOINT TUBERCULI – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	2					
1ML VANISHPOINT TUBERCULI – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 1"	2					
1ML VANISHPOINT TUBERCULI – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	2					
1ST CHOICE LANCETS SUPER – lancets	2					
1ST CHOICE LANCETS THIN – lancets	2					
1ST CHOICE LANCETS ULTRA – lancets	2					
1ST TIER UNIFINE PENTIPS – insulin pen needle 29 g x 12 mm (1/2")	2					
1ST TIER UNIFINE PENTIPS – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
1ST TIER UNIFINE PENTIPS – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
1ST TIER UNIFINE PENTIPS – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
1ST TIER UNIFINE PENTIPS – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
1ST TIER UNIFINE PENTIPS – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
1ST TIER UNIFINE PENTIPS – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
1ST TIER UNILET COMFORTOU – lancets	2					
10ML SYRINGE LUER-LOK TIP – syringe (disposable) 10 ml	2					
3ML SYRINGE/LUER LOCK TIP – syringe/needle (disp) 3 ml 23 x 1"	2					
3ML SYRINGE/22G X 1"/LUER – syringe/needle (disp) 3 ml 22 x 1"	2					
ASSORTED CLASSES						
ASTAGRAF XL – tacrolimus cap er 24hr 0.5 mg	3					
ASTAGRAF XL – tacrolimus cap er 24hr 1 mg	3					
ASTAGRAF XL – tacrolimus cap er 24hr 5 mg	3					
azathioprine tab 50 mg (Imuran)	1					
BENLYSTA – belimumab subcutaneous solution auto-injector 200 mg/ml	3	X	•	•		•
BENLYSTA – belimumab subcutaneous solution prefilled syringe 200 mg/ml	3	X	•	•		•
CELLCEPT – mycophenolate mofetil cap 250 mg	3					
CELLCEPT – mycophenolate mofetil tab 500 mg	3					
CELLCEPT – mycophenolate mofetil for oral susp 200 mg/ml	3					
cyclosporine cap 25 mg (Sandimmune)	1					
cyclosporine cap 100 mg (Sandimmune)	1					
cyclosporine modified cap 25 mg (Neoral)	1					

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cyclosporine modified cap 50 mg	1						mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	1					
cyclosporine modified cap 100 mg (Neoral)	1						mycophenolate mofetil tab 500 mg (Cellcept)	1					
cyclosporine modified oral soln 100 mg/ml (Neoral)	1						mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)	1					
ENSPRYNG – satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	3	X	•	•	•		mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)	1					
ENVARUSUS XR – tacrolimus tab er 24hr 0.75 mg	3						MYFORTIC – mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	3					
ENVARUSUS XR – tacrolimus tab er 24hr 1 mg	3						MYFORTIC – mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	3					
ENVARUSUS XR – tacrolimus tab er 24hr 4 mg	3						NEORAL – cyclosporine modified oral soln 100 mg/ml	3					
everolimus tab 0.25 mg (Zortress)	1						NEORAL – cyclosporine modified cap 25 mg	3					
everolimus tab 0.5 mg (Zortress)	1						NEORAL – cyclosporine modified cap 100 mg	3					
everolimus tab 0.75 mg (Zortress)	1						penicillamine tab 250 mg (Depen titratabs)	1	X	•			
everolimus tab 1 mg (Zortress)	1						PROGRAF – tacrolimus cap 0.5 mg	3					
IMURAN – azathioprine tab 50 mg	3						PROGRAF – tacrolimus cap 1 mg	3					
irrigation solution, physiological lactated ringer's for irrigation	1						PROGRAF – tacrolimus cap 5 mg	3					
lenalidomide cap 5 mg (Revlimid)	1	X	•	•			PROGRAF – tacrolimus packet for susp 0.2 mg	3					
lenalidomide cap 10 mg (Revlimid)	1	X	•	•			PROGRAF – tacrolimus packet for susp 1 mg	3					
lenalidomide cap 15 mg (Revlimid)	1	X	•	•			RAPAMUNE – sirolimus oral soln 1 mg/ml	3					
lenalidomide cap 25 mg (Revlimid)	1	X	•	•			RAPAMUNE – sirolimus tab 0.5 mg	3					
LOKELMA – sodium zirconium cyclosilicate for susp packet 5 gm	2						RAPAMUNE – sirolimus tab 1 mg	3					
LOKELMA – sodium zirconium cyclosilicate for susp packet 10 gm	2						RAPAMUNE – sirolimus tab 2 mg	3					
LUPKYNIS – voclosporin cap 7.9 mg	3	X	•	•	•								
mycophenolate mofetil cap 250 mg (Cellcept)	1												

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REVLIMID – lenalidomide caps 2.5 mg	2	X	•	•		•	THALOMID – thalidomide cap 100 mg	2	X	•	•		•
REVLIMID – lenalidomide cap 5 mg	2	X	•	•		•	THALOMID – thalidomide cap 150 mg	2	X	•	•		•
REVLIMID – lenalidomide cap 10 mg	2	X	•	•		•	THALOMID – thalidomide cap 200 mg	2	X	•	•		•
REVLIMID – lenalidomide cap 15 mg	2	X	•	•		•	trientine hcl cap 250 mg (Syprine)	1	X	•			
REVLIMID – lenalidomide cap 20 mg	2	X	•	•		•	VELTASSA – patiomer sorbitex calcium for susp packet 8.4 gm (base eq)	2					
REVLIMID – lenalidomide cap 25 mg	2	X	•	•		•	VELTASSA – patiomer sorbitex calcium for susp packet 16.8 gm (base eq)	2					
REZUROCK – belumosudil mesylate tab 200 mg	3	X	•	•		•	VELTASSA – patiomer sorbitex calcium for susp packet 25.2 gm (base eq)	2					
ringer's solution for irrigation	1						water for irrigation, sterile irrigation soln	1					
SANDIMMUNE – cyclosporine oral soln 100 mg/ml	3						ZOKINVY – lonafarnib cap 50 mg	2	X	•			•
SANDIMMUNE – cyclosporine cap 25 mg	3						ZOKINVY – lonafarnib cap 75 mg	2	X	•			•
SANDIMMUNE – cyclosporine cap 100 mg	3						ZORTRESS – everolimus tab 0.25 mg	3					
sirolimus oral soln 1 mg/ml (Rapamune)	1						ZORTRESS – everolimus tab 0.5 mg	3					
sirolimus tab 0.5 mg (Rapamune)	1						ZORTRESS – everolimus tab 0.75 mg	3					
sirolimus tab 1 mg (Rapamune)	1						ZORTRESS – everolimus tab 1 mg	3					
sirolimus tab 2 mg (Rapamune)	1												
sodium polystyrene sulfonate powder	1												
SPS – sodium polystyrene sulfonate oral susp 15 gm/60ml	3												
SYPRINE – trientine hcl cap 250 mg	3	X	•										
tacrolimus cap 0.5 mg (Prograf)	1												
tacrolimus cap 1 mg (Prograf)	1												
tacrolimus cap 5 mg (Prograf)	1												
THALOMID – thalidomide cap 50 mg	2	X	•	•		•							

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INDEX

A

abacavir sulfate-lamivudine tab 600-300 mg (Epzicom).....	5	acetaminophen w/ codeine tab 300-30 mg.....	84
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen).....	5	acetaminophen w/ codeine tab 300-60 mg.....	84
abacavir sulfate tab 300 mg (base equiv) (Ziagen).....	5	acetaminophen w/ codeine tab 300-15 mg (Tylenol/ codeine).....	84
abiraterone acetate tab 250 mg (Zytiga).....	17	acetazolamide cap er 12hr 500 mg.....	51
abiraterone acetate tab 500 mg (Zytiga).....	17	acetazolamide tab 125 mg.....	51
ABOUTTIME PEN NEEDLE 32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	132	acetazolamide tab 250 mg.....	51
ABOUTTIME PEN NEEDLES 30G – insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	132	acetic acid irrigation soln 0.25%.....	67
ABOUTTIME PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	132	acetic acid otic soln 2%.....	119
ABOUTTIME PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	132	acetylcysteine inhal soln 10%.....	57
acamprosate calcium tab delayed release 333 mg.....	80	acetylcysteine inhal soln 20%.....	57
acarbose tab 25 mg (Precose).....	30	acitretin cap 10 mg.....	120
acarbose tab 50 mg (Precose).....	30	acitretin cap 17.5 mg.....	120
acarbose tab 100 mg (Precose).....	30	acitretin cap 25 mg.....	120
ACCOLATE – zafirlukast tab 10 mg.....	57	ACTEMRA ACTPEN – tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml.....	88
ACCOLATE – zafirlukast tab 20 mg.....	57	ACTEMRA – tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml.....	88
ACCU-CHEK AVIVA PLUS – blood glucose monitoring kit w/ device.....	132	ACTHAR – corticotropin inj gel 80 unit/ml.....	37
ACCU-CHEK AVIVA PLUS – glucose blood test strip.....	127	ACTHIB – haemophilus b polysaccharide conjugate vaccine for inj.....	13
ACCU-CHEK COMPACT STRIPS – glucose blood test strip.....	127	ACTI-LANCE LANCETS 28G – lancets.....	133
ACCU-CHEK COMPACT TEST DR – glucose blood test strip.....	127	ACTI-LANCE LITE SAFETY LA – lancets.....	133
ACCU-CHEK FASTCLIX LANCET – lancets.....	132	ACTI-LANCE SPECIAL SAFETY – lancets.....	133
ACCU-CHEK FASTCLIX LANCET – lancets kit.....	132	ACTI-LANCE UNIVERSAL SAFE – lancets.....	133
ACCU-CHEK GUIDE – blood glucose monitoring kit w/ device.....	133	ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml).....	17
ACCU-CHEK GUIDE – glucose blood test strip.....	127	ACTIQ – fentanyl citrate lozenge on a handle 200 mcg.....	84
ACCU-CHEK GUIDE ME – blood glucose monitoring kit w/ device.....	133	ACTIQ – fentanyl citrate lozenge on a handle 400 mcg.....	84
ACCU-CHEK SAFE-T-PRO LANC – lancets.....	133	ACTIQ – fentanyl citrate lozenge on a handle 600 mcg.....	84
ACCU-CHEK SAFE-T-PRO PLUS – lancets.....	133	ACTIQ – fentanyl citrate lozenge on a handle 800 mcg.....	84
ACCU-CHEK SMARTVIEW STRIP – glucose blood test strip.....	127	ACTIQ – fentanyl citrate lozenge on a handle 1200 mcg.....	84
ACCU-CHEK SOFTCLIX LANCET – lancets.....	133	ACTIQ – fentanyl citrate lozenge on a handle 1600 mcg.....	84
ACCU-CHEK SOFTCLIX LANCET – lancets kit.....	133	ACULAR – ketorolac tromethamine ophth soln 0.5%.....	115
ACCURETIC – quinapril-hydrochlorothiazide tab 10-12.5 mg.....	46	ACULAR LS – ketorolac tromethamine ophth soln 0.4%.....	115
ACCURETIC – quinapril-hydrochlorothiazide tab 20-12.5 mg.....	46	acyclovir cap 200 mg.....	5
ACCURETIC – quinapril-hydrochlorothiazide tab 20-25 mg.....	46	acyclovir oint 5% (Zovirax).....	120
ACCUTREND GLUCOSE – glucose blood test strip.....	127	acyclovir susp 200 mg/5ml (Zovirax).....	5
acebutolol hcl cap 200 mg.....	42	acyclovir tab 400 mg.....	5
acebutolol hcl cap 400 mg.....	42	acyclovir tab 800 mg.....	5
acetaminophen w/ codeine soln 120-12 mg/5ml.....	84	ADACEL – tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-If-mcg/0.5ml.....	15
		adapalene gel 0.1%.....	120
		ADBRY – tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml.....	120
		adefovir dipivoxil tab 10 mg (Hepsera).....	5
		ADEMPAS – riociguat tab 0.5 mg.....	54
		ADEMPAS – riociguat tab 1 mg.....	55
		ADEMPAS – riociguat tab 1.5 mg.....	55

ADEMPAS – riociguat tab 2 mg.....	55	ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	133
ADEMPAS – riociguat tab 2.5 mg.....	55	ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	133
ADJUSTABLE LANCING DEVICE – lancet devices.....	133	ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	133
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/act.....	57	ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 29 x 1/2".....	133
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/act.....	57	ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16".....	133
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/act.....	57	ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16".....	134
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act.....	57	ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	134
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act.....	57	ADVOCATE LANCETS 30G – lancets.....	134
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act.....	57	ADVOCATE LANCETS – lancets.....	134
ADVANCED MOBILE LANCET 30 – lancets.....	133	ADVOCATE LANCING DEVICE – lancet devices.....	134
ADVANCE INTUITION BLOOD G – blood glucose monitoring devices.....	133	ADVOCATE RAPID-SAFE LANCI – lancet devices.....	134
ADVANCE INTUITION BLOOD G – blood glucose monitoring kit w/ device.....	133	ADVOCATE REDI-CODE/TALKIN – blood glucose monitoring kit w/ device.....	134
ADVANCE INTUITION TEST ST – glucose blood test strip.....	127	ADVOCATE REDI-CODE+ BLOOD – blood glucose monitoring devices.....	134
ADVANCE MICRO-DRAW METER – blood glucose monitoring devices.....	133	ADVOCATE REDI-CODE+ TEST – glucose blood test strip.....	127
ADVANCE MICRO-DRAW TEST S – glucose blood test strip.....	127	ADVOCATE REDI-CODE – blood glucose monitoring devices.....	134
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 250 unit.....	109	ADVOCATE REDI-CODE – glucose blood test strip.....	127
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 500 unit.....	109	ADVOCATE SAFETY LANCETS 2 – lancets.....	134
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 1000 unit.....	109	ADVOCATE TEST STRIPS – glucose blood test strip.....	127
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 1500 unit.....	109	ADYNOVATE – antihemophilic factor recomb pegylated for inj 250 unit.....	109
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 2000 unit.....	109	ADYNOVATE – antihemophilic factor recomb pegylated for inj 500 unit.....	109
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 3000 unit.....	109	ADYNOVATE – antihemophilic factor recomb pegylated for inj 750 unit.....	109
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 4000 unit.....	109	ADYNOVATE – antihemophilic factor recomb pegylated for inj 1000 unit.....	109
ADVOCATE BLOOD GLUCOSE MO – blood glucose monitoring devices.....	133	ADYNOVATE – antihemophilic factor recomb pegylated for inj 1500 unit.....	109
ADVOCATE BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device.....	133	ADYNOVATE – antihemophilic factor recomb pegylated for inj 2000 unit.....	109
ADVOCATE INSULIN PEN NEED – insulin pen needle 29 g x 12.7 mm (1/2").....	133	ADYNOVATE – antihemophilic factor recomb pegylated for inj 3000 unit.....	109
ADVOCATE INSULIN PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	133	AEMCOLO – rifamycin sodium tab delayed release 194 mg (base equiv).....	11
ADVOCATE INSULIN PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	133	AEROCHAMBER MINI AEROSOL – spacer/aerosol- holding chambers - device.....	134
ADVOCATE INSULIN PEN NEED – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	133	AEROCHAMBER MV – spacer/aerosol-holding chambers - device.....	134
ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	133	AEROCHAMBER PLUS FLOW-VU/ – spacer/aerosol- holding chambers - device.....	134
ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	133	AEROCHAMBER PLUS FLOW-VU – spacer/aerosol- holding chambers - device.....	134
		AEROCHAMBER Z-STAT PLUS/F – spacer/aerosol- holding chambers - device.....	134

AEROCHAMBER Z-STAT PLUS/L – spacer/aerosol- holding chambers - device.....	134	AGAMATRIX JAZZ TEST STRIP – glucose blood test strip.....	127
AEROCHAMBER Z-STAT PLUS/M – spacer/aerosol- holding chambers - device.....	134	AGAMATRIX JAZZ WIRELESS 2 – blood glucose monitoring kit w/ device.....	134
AEROCHAMBER Z-STAT PLUS/S – spacer/aerosol- holding chambers - device.....	134	AGAMATRIX KEYNOTE TEST ST – glucose blood test strip.....	127
AEROCHAMBER Z-STAT PLUS V – spacer/aerosol- holding chambers - device.....	134	AGAMATRIX PRESTO – blood glucose monitoring kit w/ device.....	134
AFINITOR DISPERZ – everolimus tab for oral susp 2 mg.....	17	AGAMATRIX PRESTO PRO METE – blood glucose monitoring devices.....	134
AFINITOR DISPERZ – everolimus tab for oral susp 3 mg.....	18	AGAMATRIX PRESTO TEST STR – glucose blood test strip.....	127
AFINITOR DISPERZ – everolimus tab for oral susp 5 mg.....	18	AGAMATRIX ULTRA-THIN LANC – lancets.....	134
AFINITOR – everolimus tab 2.5 mg.....	17	AGRYLIN – anagrelide hcl cap 0.5 mg.....	109
AFINITOR – everolimus tab 5 mg.....	17	AIMOVIG – erenumab-aoee subcutaneous soln auto- injector 70 mg/ml.....	91
AFINITOR – everolimus tab 7.5 mg.....	17	AIMOVIG – erenumab-aoee subcutaneous soln auto- injector 140 mg/ml.....	91
AFINITOR – everolimus tab 10 mg.....	17	AIMSCO TWIST LANCETS 32G – lancets.....	134
AF LANCETS SUPER THIN – lancets.....	134	AIMSCO TWIST LANCETS 33G – lancets.....	134
AFLURIA QUADRIVALENT 2022 – influenza virus vaccine split quadrivalent im inj.....	13	AJOVY – fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml.....	91
AFLURIA QUADRIVALENT 2022 – influenza virus vac split quadrivalent susp pref syr 0.5ml.....	13	AJOVY – fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml.....	91
AFREZZA – insulin regular (human) inhalation powder 4 unit/cartridge.....	34	AKTEN – lidocaine hcl ophth gel 3.5%.....	115
AFREZZA – insulin regular (human) inhalation powder 8 unit/cartridge.....	34	AKYNZEO – netupitant-palonosetron cap 300-0.5 mg.....	63
AFREZZA – insulin regular (human) inhalation powder 12 unit/cartridge.....	34	albendazole tab 200 mg.....	11
AFREZZA – insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit.....	34	albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa).....	58
AFREZZA – insulin regular (human) inh powd 60x4 & 60x8 & 60x12 ut/cart.....	34	albuterol sulfate soln nebu 0.083% (2.5 mg/3ml).....	58
AFREZZA – insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit.....	34	albuterol sulfate soln nebu 0.5% (5 mg/ml).....	58
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 250 unit.....	109	albuterol sulfate soln nebu 0.63 mg/3ml (base equiv).....	58
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 500 unit.....	109	albuterol sulfate soln nebu 1.25 mg/3ml (base equiv).....	58
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1000 unit.....	109	albuterol sulfate syrup 2 mg/5ml.....	58
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1500 unit.....	109	albuterol sulfate tab 2 mg.....	58
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2000 unit.....	109	albuterol sulfate tab 4 mg.....	58
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2500 unit.....	109	alclometasone dipropionate cream 0.05%.....	120
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 3000 unit.....	109	alclometasone dipropionate oint 0.05%.....	120
AFTERTEST TOPICAL PAIN RE – benzocaine stick 10%.....	120	ALDACTAZIDE – spironolactone & hydrochlorothiazide tab 25-25 mg.....	51
AGAMATRIX AMP NO CODE ADV – blood glucose monitoring devices.....	134	ALDACTAZIDE – spironolactone & hydrochlorothiazide tab 50-50 mg.....	51
AGAMATRIX AMP NO CODE TES – glucose blood test strip.....	127	ALECENSA – alectinib hcl cap 150 mg (base equivalent).....	18
		ALENDRONATE SODIUM – alendronate sodium oral soln 70 mg/75ml.....	37
		ALENDRONATE SODIUM – alendronate sodium tab 5 mg.....	37
		alendronate sodium tab 10 mg.....	37
		alendronate sodium tab 35 mg.....	37
		alendronate sodium tab 70 mg (Fosamax).....	37
		alfuzosin hcl tab er 24hr 10 mg (Uroxatral).....	68
		ALINIA – nitazoxanide for susp 100 mg/5ml.....	11
		ALINIA – nitazoxanide tab 500 mg.....	11

aliskiren fumarate tab 150 mg (base equivalent) (Tekturna).....	46	ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 1000 unit.....	110
aliskiren fumarate tab 300 mg (base equivalent) (Tekturna).....	46	ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 2000 unit.....	110
ALKERAN – melphalan tab 2 mg.....	18	ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 3000 unit.....	110
ALLERGY SYRINGE/1ML/27G X – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	134	ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 4000 unit.....	110
allopurinol tab 100 mg (Zyloprim).....	93	ALREX – loteprednol etabonate ophth susp 0.2%.....	115
allopurinol tab 300 mg (Zyloprim).....	93	ALTABAX – retapamulin oint 1%.....	120
almotriptan malate tab 6.25 mg.....	91	ALUNBRIG – brigatinib tab initiation therapy pack 90 mg & 180 mg.....	18
almotriptan malate tab 12.5 mg.....	91	ALUNBRIG – brigatinib tab 30 mg.....	18
ALOCRIAL – nedocromil sodium ophth soln 2%.....	115	ALUNBRIG – brigatinib tab 90 mg.....	18
ALOMIDE – Iodoxamide tromethamine ophth soln 0.1%.....	115	ALUNBRIG – brigatinib tab 180 mg.....	18
ALORA – estradiol td patch twice weekly 0.025 mg/24hr.....	27	amantadine hcl cap 100 mg.....	99
ALORA – estradiol td patch twice weekly 0.075 mg/24hr.....	27	amantadine hcl soln 50 mg/5ml.....	99
alose tron hcl tab 0.5 mg (base equiv) (Lotronex).....	64	amantadine hcl tab 100 mg.....	99
alose tron hcl tab 1 mg (base equiv) (Lotronex).....	64	ambrisentan tab 5 mg (Letairis).....	55
ALPHAGAN P – brimonidine tartrate ophth soln 0.15%.....	115	ambrisentan tab 10 mg (Letairis).....	55
ALPHANATE – antihemophilic factor/vwf (human) for inj 250 unit.....	109	AMCINONIDE – amcinonide lotion 0.1%.....	120
ALPHANATE – antihemophilic factor/vwf (human) for inj 500 unit.....	109	amiloride & hydrochlorothiazide tab 5-50 mg.....	51
ALPHANATE – antihemophilic factor/vwf (human) for inj 1000 unit.....	109	amiloride hcl tab 5 mg.....	51
ALPHANATE – antihemophilic factor/vwf (human) for inj 1500 unit.....	109	aminocaproic acid oral soln 0.25 gm/ml (Amicar).....	108
ALPHANATE – antihemophilic factor/vwf (human) for inj 2000 unit.....	109	aminocaproic acid tab 500 mg (Amicar).....	108
ALPHANINE SD – coagulation factor ix for inj 500 unit.....	109	aminocaproic acid tab 1000 mg (Amicar).....	108
ALPHANINE SD – coagulation factor ix for inj 1000 unit.....	110	amiodarone hcl tab 100 mg.....	46
ALPHANINE SD – coagulation factor ix for inj 1500 unit.....	110	amiodarone hcl tab 200 mg.....	46
ALPRAZOLAM INTENSOL – alprazolam conc 1 mg/ml.....	68	amiodarone hcl tab 400 mg.....	46
alprazolam orally disintegrating tab 0.25 mg.....	68	amitriptyline hcl tab 10 mg.....	69
alprazolam orally disintegrating tab 0.5 mg.....	68	amitriptyline hcl tab 25 mg.....	69
alprazolam orally disintegrating tab 1 mg.....	68	amitriptyline hcl tab 50 mg.....	69
alprazolam orally disintegrating tab 2 mg.....	68	amitriptyline hcl tab 75 mg.....	69
alprazolam tab er 24hr 0.5 mg (Xanax xr).....	69	amitriptyline hcl tab 100 mg.....	69
alprazolam tab er 24hr 1 mg (Xanax xr).....	69	amitriptyline hcl tab 150 mg.....	69
alprazolam tab er 24hr 2 mg (Xanax xr).....	69	amlodipine besylate-benazepril hcl cap 2.5-10 mg.....	47
alprazolam tab er 24hr 3 mg (Xanax xr).....	69	amlodipine besylate-benazepril hcl cap 5-40 mg.....	47
alprazolam tab 0.25 mg (Xanax).....	69	amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel).....	47
alprazolam tab 0.5 mg (Xanax).....	69	amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel).....	47
alprazolam tab 1 mg (Xanax).....	69	amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel).....	47
alprazolam tab 2 mg (Xanax).....	69	amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel).....	47
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 250 unit.....	110	amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor).....	47
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 500 unit.....	110	amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor).....	47
		amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor).....	47
		amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor).....	47
		amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc).....	44

amlodipine besylate tab 5 mg (base equivalent) (Norvasc).....	44	amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr).....	77
amlodipine besylate tab 10 mg (base equivalent) (Norvasc).....	44	amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr).....	77
amlodipine besylate-valsartan tab 5-160 mg (Exforge).....	47	amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr).....	77
amlodipine besylate-valsartan tab 5-320 mg (Exforge).....	47	amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr).....	77
amlodipine besylate-valsartan tab 10-160 mg (Exforge).....	47	amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr).....	77
amlodipine besylate-valsartan tab 10-320 mg (Exforge).....	47	amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr).....	77
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct).....	47	amphetamine-dextroamphetamine tab 5 mg (Adderall).....	77
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct).....	47	amphetamine-dextroamphetamine tab 7.5 mg (Adderall).....	77
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct).....	47	amphetamine-dextroamphetamine tab 10 mg (Adderall).....	77
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct).....	47	amphetamine-dextroamphetamine tab 12.5 mg (Adderall).....	77
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct).....	47	amphetamine-dextroamphetamine tab 15 mg (Adderall).....	77
AMOXAPINE – amoxapine tab 25 mg.....	69	amphetamine-dextroamphetamine tab 20 mg (Adderall).....	77
AMOXAPINE – amoxapine tab 50 mg.....	69	amphetamine-dextroamphetamine tab 30 mg (Adderall).....	77
AMOXAPINE – amoxapine tab 100 mg.....	69	AMPICILLIN – ampicillin cap 500 mg.....	1
AMOXAPINE – amoxapine tab 150 mg.....	70	anagrelide hcl cap 1 mg.....	110
AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate chew tab 200-28.5 mg.....	1	anagrelide hcl cap 0.5 mg (Agraylin).....	110
AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate chew tab 400-57 mg.....	1	ANALPRAM-HC – hydrocortisone acetate w/ pramoxine perianal cream 1-1%.....	120
AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg.....	1	ANALPRAM HC – hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%.....	120
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....	1	ANALPRAM-HC – hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%.....	120
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....	1	ANALPRAM HC SINGLES – hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%.....	120
amoxicillin & k clavulanate for susp 400-57 mg/5ml.....	1	ANAPROX DS – naproxen sodium tab 550 mg.....	88
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600).....	1	anastrozole tab 1 mg (Arimidex).....	18
amoxicillin & k clavulanate tab 250-125 mg.....	1	ANCOBON – flucytosine cap 250 mg.....	4
amoxicillin & k clavulanate tab 875-125 mg.....	1	ANCOBON – flucytosine cap 500 mg.....	4
amoxicillin & k clavulanate tab 500-125 mg (Augmentin).....	1	ANGELIQ – drospirenone-estradiol tab 0.25-0.5 mg.....	27
AMOXICILLIN – amoxicillin (trihydrate) chew tab 125 mg.....	1	ANGELIQ – drospirenone-estradiol tab 0.5-1 mg.....	27
AMOXICILLIN – amoxicillin (trihydrate) chew tab 250 mg.....	1	ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh.....	58
amoxicillin (trihydrate) cap 250 mg.....	1	ANUSOL-HC – hydrocortisone perianal cream 2.5%.....	120
amoxicillin (trihydrate) cap 500 mg.....	1	ANZEMET – dolasetron mesylate tab 50 mg.....	63
amoxicillin (trihydrate) for susp 125 mg/5ml.....	1	APADAZ – benzhydrocodone hcl-acetaminophen tab 4.08-325 mg.....	84
amoxicillin (trihydrate) for susp 200 mg/5ml.....	1	APOKYN – apomorphine hcl soln cartridge 30 mg/3ml.....	100
amoxicillin (trihydrate) for susp 250 mg/5ml.....	1	apomorphine hcl soln cartridge 30 mg/3ml (Apokyn).....	100
amoxicillin (trihydrate) for susp 400 mg/5ml.....	1	apraclonidine hcl ophth soln 0.5% (base equivalent).....	115
amoxicillin (trihydrate) tab 500 mg.....	1	aprepitant capsule 40 mg.....	63
amoxicillin (trihydrate) tab 875 mg.....	1		

aprepitant capsule 125 mg	63	armodafinil tab 250 mg (Nuvigil)	77
aprepitant capsule 80 mg (Emend)	63	ARMOUR THYROID – thyroid tab 15 mg (1/4 grain).....	35
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	63	ARMOUR THYROID – thyroid tab 30 mg (1/2 grain).....	35
APTIOM – eslicarbazepine acetate tab 200 mg.....	93	ARMOUR THYROID – thyroid tab 90 mg (1 1/2 grain).....	35
APTIOM – eslicarbazepine acetate tab 400 mg.....	93	ARMOUR THYROID – thyroid tab 60 mg (1 grain).....	35
APTIOM – eslicarbazepine acetate tab 600 mg.....	93	ARMOUR THYROID – thyroid tab 120 mg (2 grain).....	35
APTIOM – eslicarbazepine acetate tab 800 mg.....	93	ARMOUR THYROID – thyroid tab 180 mg (3 grain).....	35
APTIVUS – tipranavir cap 250 mg.....	5	ARMOUR THYROID – thyroid tab 240 mg (4 grain).....	35
ARAKODA – tafenoquine succinate tab 100 mg (base equivalent).....	10	ARMOUR THYROID – thyroid tab 300 mg (5 grain).....	35
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 25 mcg/ml.....	105	ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act.....	58
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 40 mcg/ml.....	105	ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act.....	58
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 60 mcg/ml.....	105	ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act.....	58
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 100 mcg/ml.....	105	asenapine maleate sl tab 2.5 mg (base equiv) (Saphris)	73
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 200 mcg/ml.....	105	asenapine maleate sl tab 5 mg (base equiv) (Saphris)	73
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml.....	105	asenapine maleate sl tab 10 mg (base equiv) (Saphris)	73
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml.....	105	ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act.....	58
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml.....	105	ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act.....	58
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml.....	105	ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act.....	58
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml.....	105	ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/inh (breath activated).....	58
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml.....	105	ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/inh (breath activated).....	58
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml.....	105	ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated).....	58
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml.....	105	ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated).....	58
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 500 mcg/ml.....	105	aspirin chew tab 81 mg	84
ARCALYST – rilonacept for inj 220 mg.....	88	aspirin-dipyridamole cap er 12hr 25-200 mg	110
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	58	aspirin tab delayed release 81 mg	84
ARIKAYCE – amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq).....	4	ASSURE 4 BLOOD GLUCOSE ME – blood glucose monitoring devices.....	135
aripiprazole orally disintegrating tab 10 mg	73	ASSURE COMFORT LANCETS UL – lancets.....	134
aripiprazole orally disintegrating tab 15 mg	73	ASSURE HAEMOLANCE PLUS HI – lancets.....	134
aripiprazole oral solution 1 mg/ml	72	ASSURE HAEMOLANCE PLUS LO – lancets.....	135
aripiprazole tab 2 mg (Abilify)	73	ASSURE HAEMOLANCE PLUS MI – lancets.....	135
aripiprazole tab 5 mg (Abilify)	73	ASSURE HAEMOLANCE PLUS NO – lancets.....	135
aripiprazole tab 10 mg (Abilify)	73	ASSURE HAEMOLANCE PLUS PE – lancets.....	135
aripiprazole tab 15 mg (Abilify)	73	ASSURE ID INSULIN SAFETY – insulin syringe/needle u-100 1/2 ml 31 x 15/64".....	135
aripiprazole tab 20 mg (Abilify)	73	ASSURE ID INSULIN SAFETY – insulin syringe/needle u-100 1 ml 31 x 15/64".....	135
aripiprazole tab 30 mg (Abilify)	73	ASSURE ID SAFETY PEN NEED – insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	135
armodafinil tab 50 mg (Nuvigil)	77	ASSURE II CHECK STRIP – glucose blood test strip.....	127
armodafinil tab 150 mg (Nuvigil)	77	ASSURE II – glucose blood test strip.....	127
armodafinil tab 200 mg (Nuvigil)	77	ASSURE II TEST STRIPS – glucose blood test strip.....	127
		ASSURE LANCE LANCETS 21G – lancets.....	135

ASSURE LANCE LANCETS – lancets.....	135	atovaquone-proguanil hcl tab 62.5-25 mg (Malarone).....	10
ASSURE LANCE PLUS SAFETY – lancets.....	135	atovaquone-proguanil hcl tab 250-100 mg (Malarone).....	10
ASSURE LANCE SAFETY LANCE – lancets.....	135	atovaquone susp 750 mg/5ml (Mepron).....	11
ASSURE 3 METER – blood glucose monitoring kit.....	135	ATROPINE SULFATE – atropine sulfate ophth soln 1%.....	115
ASSURE PLATINUM BLOOD GLU – blood glucose monitoring devices.....	135	atropine sulfate ophth soln 1% (Atropine sulfate).....	115
ASSURE PLATINUM TEST STRI – glucose blood test strip.....	127	ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act.....	58
ASSURE PRISM MULTI BLOOD – blood glucose monitoring devices.....	135	AUBAGIO – teriflunomide tab 7 mg.....	80
ASSURE PRISM MULTI TEST S – glucose blood test strip.....	127	AUBAGIO – teriflunomide tab 14 mg.....	80
ASSURE PRO BLOOD GLUCOSE – blood glucose monitoring devices.....	135	AUGMENTIN – amoxicillin & k clavulanate tab 500-125 mg.....	1
ASSURE PRO TEST STRIPS – glucose blood test strip.....	127	AUGMENTIN ES-600 – amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....	1
ASSURE 3 TEST STRIPS – glucose blood test strip.....	127	AUM MINI INSULIN PEN NEED – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	135
ASSURE 4 TEST STRIPS – glucose blood test strip.....	127	AUM MINI INSULIN PEN NEED – insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	135
ASTAGRAF XL – tacrolimus cap er 24hr 0.5 mg.....	205	AUM MINI INSULIN PEN NEED – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	135
ASTAGRAF XL – tacrolimus cap er 24hr 1 mg.....	205	AUM MINI INSULIN PEN NEED – insulin pen needle 32 g x 8 mm (1/3" or 5/16").....	135
ASTAGRAF XL – tacrolimus cap er 24hr 5 mg.....	205	AUM MINI INSULIN PEN NEED – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	135
ATABEX OB – prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg.....	102	AUM MINI INSULIN PEN NEED – insulin pen needle 33 g x 5 mm (1/5" or 3/16").....	135
atazanavir sulfate cap 150 mg (base equiv).....	5	AUM MINI INSULIN PEN NEED – insulin pen needle 33 g x 6 mm (1/4" or 15/64").....	135
atazanavir sulfate cap 200 mg (base equiv) (Reyataz).....	5	AUM READYGARD DUO SAFETY – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	135
atazanavir sulfate cap 300 mg (base equiv) (Reyataz).....	5	AUM SAFETY PEN NEEDLE/31 – insulin pen needle 31 g x 4 mm (1/6" or 5/32").....	135
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50).....	47	AUM SAFETY PEN NEEDLE/31 – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	135
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100).....	47	AURORA LANCET SUPER THIN – lancets.....	135
atenolol tab 25 mg (Tenormin).....	42	AURORA LANCET THIN 23G – lancets.....	136
atenolol tab 50 mg (Tenormin).....	42	AURORA PEN NEEDLES 29GX12 – insulin pen needle 29 g x 12 mm (1/2").....	136
atenolol tab 100 mg (Tenormin).....	42	AURORA PEN NEEDLES 31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	136
AT LAST BLOOD GLUCOSE SYS – blood glucose monitoring kit.....	135	AURORA PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	136
AT LAST LANCETS – lancets.....	135	AURORA UNIFINE PENTIPS/32 – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	136
AT LAST TEST STRIPS – glucose blood test strip.....	127	AURORA UNIFINE PENTIPS/MI – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	136
atomoxetine hcl cap 10 mg (base equiv) (Strattera).....	77	AUSTEDO – deutetrabenazine tab 6 mg.....	80
atomoxetine hcl cap 18 mg (base equiv) (Strattera).....	78	AUSTEDO – deutetrabenazine tab 9 mg.....	80
atomoxetine hcl cap 25 mg (base equiv) (Strattera).....	78	AUSTEDO – deutetrabenazine tab 12 mg.....	80
atomoxetine hcl cap 40 mg (base equiv) (Strattera).....	78	AUTO-LANCET – lancet devices.....	136
atomoxetine hcl cap 60 mg (base equiv) (Strattera).....	78	AUTO-LANCET MINI – lancet devices.....	136
atomoxetine hcl cap 80 mg (base equiv) (Strattera).....	78	AUTOLET IMPRESSION LANCIN – lancet devices.....	136
atomoxetine hcl cap 100 mg (base equiv) (Strattera).....	78	AUTOLET LANCING DEVICE – lancet devices.....	136
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor).....	53	AUTOLET MINI – lancet devices.....	136
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor).....	53		
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor).....	53		
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor).....	53		

AUTOLET PLUS – lancet devices.....	136	BD AUTOSHIELD DUO 30G X 5 – insulin pen needle 30 g x 5 mm (1/5" or 3/16").....	136
AUTOPEN – injection device for insulin.....	136	BD AUTOSHIELD 29G X 3/16" – insulin pen needle 29 g x 5 mm (1/5" or 3/16").....	136
AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml.....	80	BD AUTOSHIELD 29G X 5/16" – insulin pen needle 29 g x 8 mm (1/3" or 5/16").....	136
AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml.....	80	BD BLUNT FILL NEEDLE/18G – needle (disp) 18 x 1-1/2".....	136
AYGESTIN – norethindrone acetate tab 5 mg.....	30	BD DISPOSABLE NEEDLE 23GX – needle (disp) 23 x 1-1/4".....	136
AYVAKIT – avapritinib tab 25 mg.....	18	BD DISPOSABLE NEEDLE 23GX – needle (disp) 23 x 1".....	136
AYVAKIT – avapritinib tab 50 mg.....	18	BD DISPOSABLE NEEDLE REGU – needle (disp) 25 x 1".....	136
AYVAKIT – avapritinib tab 100 mg.....	18	BD ECLIPSE NEEDLE/25G X – needle (disp) 25 x 5/8".....	136
AYVAKIT – avapritinib tab 200 mg.....	18	BD ECLIPSE NEEDLE 25GX1" – needle (disp) 25 x 1".....	136
AYVAKIT – avapritinib tab 300 mg.....	18	BD ECLIPSE NEEDLE 25G X 1 – needle (disp) 25 x 1-1/2".....	136
azathioprine tab 50 mg (Imuran).....	205	BD HYPODERMIC NEEDLE REGU – needle (disp) 18 x 1-1/2".....	136
azelaic acid gel 15% (Finacea).....	120	BD HYPODERMIC NEEDLES 18G – needle (disp) 18 x 1-1/2".....	137
azelastine hcl nasal spray 0.1% (137 mcg/spray).....	56	BD HYPODERMIC NEEDLES 19G – needle (disp) 19 x 1-1/2".....	137
azelastine hcl ophth soln 0.05%.....	115	BD HYPODERMIC NEEDLES 22G – needle (disp) 22 x 1-1/2".....	137
AZITHROMYCIN – azithromycin powd pack for susp 1 gm.....	2	BD HYPODERMIC NEEDLES 23G – needle (disp) 23 x 3/4".....	137
azithromycin for susp 100 mg/5ml (Zithromax).....	2	BD HYPODERMIC NEEDLES 25G – needle (disp) 25 x 1-1/2".....	137
azithromycin for susp 200 mg/5ml (Zithromax).....	2	BD HYPODERMIC NEEDLES 26G – needle (disp) 26 x 1/2".....	137
azithromycin tab 600 mg.....	2	BD HYPODERMIC NEEDLES 16G – needle (disp) 16 x 1".....	137
azithromycin tab 250 mg (Zithromax).....	2	BD HYPODERMIC NEEDLES 18G – needle (disp) 18 x 1".....	137
azithromycin tab 500 mg (Zithromax).....	2	BD HYPODERMIC NEEDLES 19G – needle (disp) 19 x 1".....	137
AZULFIDINE EN-TABS – sulfasalazine tab delayed release 500 mg.....	64	BD HYPODERMIC NEEDLES 21G – needle (disp) 21 x 1".....	137
AZULFIDINE – sulfasalazine tab 500 mg.....	64	BD HYPODERMIC NEEDLES 21G – needle (disp) 21 x 2".....	137
B		BD HYPODERMIC NEEDLES 22G – needle (disp) 22 x 1".....	137
BACITRACIN – bacitracin ophth oint 500 unit/gm.....	115	BD HYPODERMIC NEEDLES 23G – needle (disp) 23 x 1".....	137
bacitracin-polymyxin b ophth oint.....	115	BD HYPODERMIC NEEDLES 25G – needle (disp) 25 x 1-1/2".....	137
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....	115	BD HYPODERMIC NEEDLES 26G – needle (disp) 26 x 1/2".....	137
baclofen tab 10 mg.....	102	BD HYPODERMIC NEEDLES 16G – needle (disp) 16 x 1".....	137
baclofen tab 20 mg.....	102	BD HYPODERMIC NEEDLES 18G – needle (disp) 18 x 1".....	137
BACTRIM DS – sulfamethoxazole-trimethoprim tab 800-160 mg.....	11	BD HYPODERMIC NEEDLES 19G – needle (disp) 19 x 1".....	137
BACTRIM – sulfamethoxazole-trimethoprim tab 400-80 mg.....	11	BD HYPODERMIC NEEDLES 21G – needle (disp) 21 x 1".....	137
balsalazide disodium cap 750 mg (Colзал).....	64	BD HYPODERMIC NEEDLES 22G – needle (disp) 22 x 1".....	137
BALVERSA – erdafitinib tab 3 mg.....	18	BD HYPODERMIC NEEDLES 23G – needle (disp) 23 x 1".....	137
BALVERSA – erdafitinib tab 4 mg.....	18	BD INSULIN SYRINGE/DETACH – insulin syringe/needle u-100 1 ml 25 x 5/8".....	138
BALVERSA – erdafitinib tab 5 mg.....	18	BD INSULIN SYRINGE/DETACH – insulin syringe/needle u-100 1 ml 26 x 1/2".....	138
BANZEL – rufinamide susp 40 mg/ml.....	93	BD INSULIN SYRINGE/DETACH – insulin syringe/needle u-100 1 ml 25 x 1".....	138
BANZEL – rufinamide tab 200 mg.....	93	BD INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	138
BANZEL – rufinamide tab 400 mg.....	93		
BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose.....	30		
BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose.....	30		
BARACLUDGE – entecavir oral soln 0.05 mg/ml.....	6		
BASAGLAR KWIKPEN – insulin glargine soln pen-injector 100 unit/ml.....	35		
BAXDELA – delafloxacin meglumine tab 450 mg (base equiv).....	3		
BD ALLERGY/SYRINGE/NEEDLE – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2".....	136		

BD INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	138	B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	136
BD INSULIN SYRINGE/1ML/27 – insulin syringe/needle u-100 1 ml 27 x 1/2".....	138	BD INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 1 ml 30 x 1/2".....	137
BD INSULIN SYRINGE/1ML/29 – insulin syringe/needle u-100 1 ml 29 x 1/2".....	138	BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	137
BD INSULIN SYRINGE/U-500/ – insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64").....	138	BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 1 ml 30 x 1/2".....	137
BD INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 27 x 1/2".....	138	BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 1 ml 31 x 5/16".....	137
BD INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 2 ml 27.5 x 5/8".....	138	BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	137
BD INSULIN SYRINGE LUER-L – insulin syringe (disp) u-100 1 ml.....	137	BD INTEGRA RETRACTABLE NE – needle (disp) 23 x 1".....	138
BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	137	BD INTEGRA SYRINGE/3ML/22 – syringe/needle (disp) 3 ml 22 x 1-1/2".....	138
BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 0.3 ml 28 x 1/2".....	137	BD LANCET ULTRAFINE 30G – lancets.....	138
BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 1 ml 27 x 5/8".....	137	BD LANCET ULTRAFINE 33G – lancets.....	138
BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 1 ml 28 x 1/2".....	137	BD LATITUDE DIABETES MANA – blood glucose monitoring kit w/ device.....	138
B-D INSULIN SYRINGE MICRO – insulin syringe/needle u-100 1 ml 28 x 1/2".....	136	BD LO-DOSE INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	136
BD INSULIN SYRINGE SAFETY – insulin syringe/needle u-100 1 ml 29 x 1/2".....	137	BD LOGIC BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device.....	138
BD INSULIN SYRINGE SLIP T – insulin syringe (disp) u-100 1 ml.....	137	BD LUER LOCK SYRINGE/1ML/ – syringe/needle (disp) 1 ml 20 x 1".....	138
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	137	BD MAGNI-GUIDE MAGNIFIER – blood glucose monitoring supplies.....	138
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	138	BD MICROTAINER LANCETS – lancets.....	138
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	138	BD 3ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 3 ml 23 x 1-1/2".....	140
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	137	BD 3ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 3 ml 26 x 5/8".....	140
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	137	BD 5ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 5 ml 21 x 1-1/2".....	141
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1 ml 29 x 1/2".....	138	BD 5ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 5 ml 22 x 1-1/2".....	141
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1 ml 30 x 1/2".....	138	BD 3ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 3 ml 20 x 1".....	140
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1 ml 31 x 5/16".....	138	BD 3ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 3 ml 25 x 1".....	140
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	138	BD 5ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 5 ml 20 x 1".....	141
B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	136	BD 5ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 5 ml 22 x 1".....	141
B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	136	BD 3ML LUER-LOK SYRINGE 1 – syringe/needle (disp) 3 ml 18 x 1-1/2".....	140
BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	137	BD 10ML LUER-LOK SYRINGE – syringe/needle (disp) 10 ml 21 x 1".....	140
BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	137	BD 1ML SLIP TIP SYRINGE 2 – tuberculin/allergy syringe/ needle (disp) 1 ml 25 x 5/8".....	140
B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	136	BD 1ML SLIP TIP SYRINGE 2 – tuberculin/allergy syringe/ needle (disp) 1 ml 26 x 3/8".....	140
		BD 10ML SYRINGE/DUAL CANN – syringe (disposable) 10 ml.....	140

BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 21 x 1-1/2".....	140	BD SAFETYGLIDE HYPODERMIC – needle (disp) 25 x 1".....	139
BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 22 x 1-1/2".....	140	BD SAFETY-GLIDE INSULIN S – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	139
BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 25 x 5/8".....	140	BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	139
BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 25 x 1-1/2".....	141	BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1/2 ml 31 x 15/64".....	139
BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 22 x 1".....	140	BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	139
BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 23 x 1".....	140	BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 15/64".....	139
BD 1ML TUBERCULIN SYRINGE – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8".....	140	BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	139
BD 1ML TUBERCULIN SYRINGE – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	140	BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1 ml 31 x 15/64".....	140
BD NEEDLE/18G 1-1/2" – needle (disp) 18 x 1-1/2".....	138	BD SAFETYGLIDE NEEDLE/SHI – needle (disp) 22 x 1-1/2".....	140
BD NEEDLE/21G 1-1/2" – needle (disp) 21 x 1-1/2".....	139	BD SAFETYGLIDE SHIELDED N – needle (disp) 23 x 1".....	140
BD NEEDLE/16G X 1-1/2" – needle (disp) 16 x 1-1/2".....	138	BD SAFETYGLIDE SYRINGE 5M – syringe/needle (disp) 5 ml 22 x 1-1/2".....	140
BD NEEDLE/20G X 1-1/2" – needle (disp) 20 x 1-1/2".....	139	BD SAFETY-LOK INSULIN SYR – insulin syringe/needle u-100 1 ml 29 x 1/2".....	139
BD NEEDLE/22G X 1-1/2" – needle (disp) 22 x 1-1/2".....	139	BD SYRINGE BLUNT PLASTIC – syringe (disposable) 10 ml.....	140
BD NEEDLE/25G X 5/8" – needle (disp) 25 x 5/8".....	139	BD SYRINGE LUER-LOK/1ML – syringe (disposable) 1 ml.....	140
BD NEEDLE/25G X 7/8" – needle (disp) 25 x 7/8".....	139	BD SYRINGE 10ML/20G X 1" – syringe/needle (disp) 10 ml 20 x 1".....	140
BD NEEDLE/27G X 1/2" – needle (disp) 27 x 1/2".....	139	BD TUBERCULIN SYRINGE/NEE – tuberculin/allergy syringe/needle (disp) 1 ml 21 x 1".....	140
BD NEEDLE/30G X 1/2" – needle (disp) 30 x 1/2".....	139	BD VEO INSULIN SYRINGE UL – insulin syringe/needle u-100 1/2 ml 31 x 15/64".....	140
BD NEEDLE/19G X 1" – needle (disp) 19 x 1".....	139	BD VEO INSULIN SYRINGE UL – insulin syringe/needle u-100 0.3 ml 31 x 15/64".....	140
BD NEEDLE/20G X 1" – needle (disp) 20 x 1".....	139	BD VEO INSULIN SYRINGE UL – insulin syringe/needle u-100 1 ml 31 x 15/64".....	140
BD PEN – injection device for insulin.....	139	BELBUCA – buprenorphine hcl buccal film 75 mcg (base equivalent).....	84
BD PEN MINI – injection device for insulin.....	139	BELBUCA – buprenorphine hcl buccal film 150 mcg (base equivalent).....	84
BD PEN NEEDLE/MICRO/ULTRA – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	139	BELBUCA – buprenorphine hcl buccal film 300 mcg (base equivalent).....	84
BD PEN NEEDLE/MINI/ULTRA- – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	139	BELBUCA – buprenorphine hcl buccal film 450 mcg (base equivalent).....	84
BD PEN NEEDLE/NANO/ULTRA – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	139	BELBUCA – buprenorphine hcl buccal film 600 mcg (base equivalent).....	84
BD PEN NEEDLE/NANO 2ND GE – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	139	BELBUCA – buprenorphine hcl buccal film 750 mcg (base equivalent).....	84
BD PEN NEEDLE/ORIGINAL/UL – insulin pen needle 29 g x 12.7 mm (1/2").....	139	BELBUCA – buprenorphine hcl buccal film 900 mcg (base equivalent).....	85
BD PEN NEEDLE/SHORT/ULTRA – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	139	benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct).....	47
BD PLASTIPAK SYRINGES ALL – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2".....	139	benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct).....	47
BD PRECISIONGLIDE 23GX1-1 – needle (disp) 23 x 1-1/2".....	139		
BD PRECISIONGLIDE NEEDLE – needle (disp) 27 x 1-1/2".....	139		
BD SAFETYGLIDE 21G X 1" – needle (disp) 21 x 1".....	140		
BD SAFETYGLIDE HYPODERMIC – needle (disp) 18 x 1-1/2".....	139		
BD SAFETYGLIDE HYPODERMIC – needle (disp) 25 x 5/8".....	139		

benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	47	betamethasone dipropionate oint 0.05%	121
BENAZEPRIL HCL/HYDROCHLOR – benazepril & hydrochlorothiazide tab 5-6.25 mg.....	47	betamethasone valerate cream 0.1% (base equivalent)	121
benazepril hcl tab 5 mg	47	betamethasone valerate lotion 0.1% (base equivalent)	121
benazepril hcl tab 10 mg (Lotensin)	47	betamethasone valerate oint 0.1% (base equivalent)	121
benazepril hcl tab 20 mg (Lotensin)	47	BETASERON – interferon beta-1b for inj kit 0.3 mg.....	80
benazepril hcl tab 40 mg (Lotensin)	47	betaxolol hcl ophth soln 0.5%	115
BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit.....	110	betaxolol hcl tab 10 mg	42
BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit.....	110	betaxolol hcl tab 20 mg	42
BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit.....	110	bethanechol chloride tab 5 mg	66
BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit.....	110	bethanechol chloride tab 10 mg	66
BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit.....	110	bethanechol chloride tab 25 mg	66
BENLYSTA – belimumab subcutaneous solution auto-injector 200 mg/ml.....	205	bethanechol chloride tab 50 mg	66
BENLYSTA – belimumab subcutaneous solution prefilled syringe 200 mg/ml.....	205	BETHKIS – tobramycin nebu soln 300 mg/4ml.....	4
BENZAMYCIN – benzoyl peroxide-erythromycin gel 5-3%.....	121	BEVESPI AEROSPHERE – glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act.....	58
BENZHYDROCODONE/ACETAMINO – benzhydrocodone hcl-acetaminophen tab 4.08-325 mg.....	85	bexarotene cap 75 mg (Targretin)	18
BENZNIDAZOLE – benznidazole tab 12.5 mg.....	11	bexarotene gel 1% (Targretin)	121
BENZNIDAZOLE – benznidazole tab 100 mg.....	11	BEXSERO – meningococcal vac b (recomb omv adjuv) inj prefilled syringe.....	13
benzonatate cap 100 mg	57	BEYAZ – drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....	28
benzonatate cap 200 mg	57	bicalutamide tab 50 mg (Casodex)	18
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	121	BIDIL – isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg.....	55
benztropine mesylate tab 0.5 mg	100	BIJUVA – estradiol-progesterone cap 1-100 mg.....	27
benztropine mesylate tab 1 mg	100	BIKTARVY – bicitegravir-emtricitabine-tenofovir af tab 30-120-15 mg.....	6
benztropine mesylate tab 2 mg	100	BIKTARVY – bicitegravir-emtricitabine-tenofovir af tab 50-200-25 mg.....	6
bepotastine besilate ophth soln 1.5% (Bepreve)	115	BILTRICIDE – praziquantel tab 600 mg.....	11
BEPREVE – bepotastine besilate ophth soln 1.5%.....	115	bimatoprost ophth soln 0.03%	115
BERINERT – c1 esterase inhibitor (human) for iv inj kit 500 unit.....	110	BINAXNOW COVID-19 AG CARD – covid-19 at home antigen test kit.....	127
BESIVANCE – besifloxacin hcl ophth susp 0.6% (base equiv).....	115	BINOSTO – alendronate sodium effervescent tab 70 mg.....	37
BESREMI – ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml.....	18	BIOTEL CARE BLOOD GLUCOSE – blood glucose monitoring kit w/ device.....	141
BETADINE OPHTHALMIC PREP – povidone-iodine ophth soln 5%.....	115	BIOTEL CARE CONNECTED BLO – blood glucose monitoring kit w/ device.....	141
betaine powder for oral solution (Cystadane)	37	bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)	47
BETAMETHASONE DIPROPIONAT – betamethasone dipropionate augmented gel 0.05%.....	121	bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)	47
betamethasone dipropionate augmented cream 0.05%	121	bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)	47
betamethasone dipropionate augmented lotion 0.05%	121	bisoprolol fumarate tab 5 mg	42
betamethasone dipropionate augmented oint 0.05% (Diprolene)	121	bisoprolol fumarate tab 10 mg	42
betamethasone dipropionate cream 0.05%	121	BLEPHAMIDE S.O.P. – sulfacetamide sodium-prednisolone ophth oint 10-0.2%.....	115
betamethasone dipropionate lotion 0.05%	121	BLOOD GLUCOSE MONITORING – blood glucose monitoring kit w/ device.....	141
		BLOOD GLUCOSE SYSTEM PAK – blood glucose monitoring kit w/ device.....	141

BLOOD GLUCOSE TEST STRIPS – glucose blood test strip.....	127	bumetanide tab 1 mg.....	51
BLULINK BLOOD GLUCOSE MON – blood glucose monitoring devices.....	141	bumetanide tab 2 mg.....	51
BLULINK GLUCOSE TEST STRI – glucose blood test strip.....	127	bumetanide tab 0.5 mg (Bumex).....	51
BONJESTA – doxylamine-pyridoxine tab er 20-20 mg.....	63	BUMEX – bumetanide tab 0.5 mg.....	51
BOOSTRIX – tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml.....	15	BUPHENYL – sodium phenylbutyrate tab 500 mg.....	37
BOOSTRIX – tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf- lf-mcg/0.5ml.....	15	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone).....	85
bosentan tab 62.5 mg (Tracleer).....	55	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone).....	85
bosentan tab 125 mg (Tracleer).....	55	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone).....	85
BOSULIF – bosutinib tab 100 mg.....	18	buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone).....	85
BOSULIF – bosutinib tab 400 mg.....	18	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	85
BOSULIF – bosutinib tab 500 mg.....	18	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	85
BRAFTOVI – encorafenib cap 75 mg.....	18	buprenorphine hcl sl tab 2 mg (base equiv).....	85
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh.....	58	buprenorphine hcl sl tab 8 mg (base equiv).....	85
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh.....	58	buprenorphine td patch weekly 5 mcg/hr (Butrans).....	85
BREZTRI AEROSPHERE – budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act.....	58	buprenorphine td patch weekly 7.5 mcg/hr (Butrans).....	85
BRILINTA – ticagrelor tab 60 mg.....	110	buprenorphine td patch weekly 10 mcg/hr (Butrans).....	85
BRILINTA – ticagrelor tab 90 mg.....	110	buprenorphine td patch weekly 15 mcg/hr (Butrans).....	85
brimonidine tartrate ophth soln 0.2%.....	116	buprenorphine td patch weekly 20 mcg/hr (Butrans).....	85
brimonidine tartrate ophth soln 0.15% (Alphagan p).....	116	bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....	80
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan).....	116	bupropion hcl tab er 12hr 100 mg (Wellbutrin sr).....	70
BRIVIACT – brivaracetam iv soln 50 mg/5ml.....	93	bupropion hcl tab er 12hr 150 mg (Wellbutrin sr).....	70
BRIVIACT – brivaracetam oral soln 10 mg/ml.....	93	bupropion hcl tab er 12hr 200 mg (Wellbutrin sr).....	70
BRIVIACT – brivaracetam tab 10 mg.....	93	bupropion hcl tab er 24hr 150 mg (Wellbutrin xl).....	70
BRIVIACT – brivaracetam tab 25 mg.....	93	bupropion hcl tab er 24hr 300 mg (Wellbutrin xl).....	70
BRIVIACT – brivaracetam tab 50 mg.....	93	bupropion hcl tab 75 mg.....	70
BRIVIACT – brivaracetam tab 75 mg.....	93	bupropion hcl tab 100 mg.....	70
BRIVIACT – brivaracetam tab 100 mg.....	93	bupirone hcl tab 5 mg.....	69
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).....	116	bupirone hcl tab 7.5 mg.....	69
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel).....	100	bupirone hcl tab 10 mg.....	69
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel).....	100	bupirone hcl tab 15 mg.....	69
BRONCHITOL – mannitol inhal cap 40 mg.....	61	bupirone hcl tab 30 mg.....	69
BRONCHITOL TOLERANCE TEST – mannitol inhal cap 40 mg.....	61	butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic).....	84
BROVANA – arformoterol tartrate soln nebu 15 mcg/2ml (base equiv).....	58	butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....	85
BRUKINSA – zanubrutinib cap 80 mg.....	18	butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino).....	84
budesonide delayed release particles cap 3 mg.....	25	butalbital-acetaminophen tab 50-325 mg.....	84
budesonide inhalation susp 0.25 mg/2ml (Pulmicort).....	58	butalbital-aspirin-caffeine cap 50-325-40 mg.....	84
budesonide inhalation susp 0.5 mg/2ml (Pulmicort).....	58	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....	85
budesonide inhalation susp 1 mg/2ml (Pulmicort).....	59	butorphanol tartrate nasal soln 10 mg/ml.....	85
budesonide tab er 24hr 9 mg (Uceris).....	25	BYDUREON BCISE – exenatide extended release susp auto-injector 2 mg/0.85ml.....	30
		BYLVAY – odevixibat cap 400 mcg.....	64

BYLVAY – odevixibat cap 1200 mcg.....	64	candesartan cilexetil tab 4 mg (Atacand).....	47
BYLVAY (PELLETS) – odevixibat pellets cap sprinkle 200 mcg.....	64	candesartan cilexetil tab 8 mg (Atacand).....	47
BYLVAY (PELLETS) – odevixibat pellets cap sprinkle 600 mcg.....	64	candesartan cilexetil tab 16 mg (Atacand).....	48
BYSTOLIC – nebivolol hcl tab 2.5 mg (base equivalent).....	42	candesartan cilexetil tab 32 mg (Atacand).....	48
BYSTOLIC – nebivolol hcl tab 5 mg (base equivalent).....	42	capecitabine tab 150 mg (Xeloda).....	18
BYSTOLIC – nebivolol hcl tab 10 mg (base equivalent).....	42	capecitabine tab 500 mg (Xeloda).....	18
BYSTOLIC – nebivolol hcl tab 20 mg (base equivalent).....	42	CAPLYTA – lumateperone tosylate cap 10.5 mg.....	73
C		CAPLYTA – lumateperone tosylate cap 21 mg.....	73
cabergoline tab 0.5 mg.....	37	CAPLYTA – lumateperone tosylate cap 42 mg.....	73
CABLIVI – caplacizumab-yhdp for inj kit 11 mg.....	110	CAPRELSA – vandetanib tab 100 mg.....	18
CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent).....	18	CAPRELSA – vandetanib tab 300 mg.....	18
CABOMETYX – cabozantinib s-malate tab 40 mg (base equivalent).....	18	captopril tab 12.5 mg.....	48
CABOMETYX – cabozantinib s-malate tab 60 mg (base equivalent).....	18	captopril tab 25 mg.....	48
CAFERGOT – ergotamine w/ caffeine tab 1-100 mg.....	91	captopril tab 50 mg.....	48
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....	78	captopril tab 100 mg.....	48
CALAN SR – verapamil hcl tab er 120 mg.....	44	CARBAGLU – carglumic acid soluble tab 200 mg.....	37
CALAN SR – verapamil hcl tab er 180 mg.....	44	carbamazepine cap er 12hr 100 mg (Carbatrol).....	93
CALAN SR – verapamil hcl tab er 240 mg.....	44	carbamazepine cap er 12hr 200 mg (Carbatrol).....	93
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex).....	121	carbamazepine cap er 12hr 300 mg (Carbatrol).....	93
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex).....	121	carbamazepine chew tab 100 mg.....	93
calcipotriene cream 0.005% (Dovonex).....	121	carbamazepine susp 100 mg/5ml (Tegretol).....	93
calcipotriene oint 0.005%.....	121	carbamazepine tab er 12hr 100 mg (Tegretol-xr).....	93
calcipotriene soln 0.005% (50 mcg/ml).....	121	carbamazepine tab er 12hr 200 mg (Tegretol-xr).....	93
calcitonin (salmon) inj 200 unit/ml (Miacalcin).....	37	carbamazepine tab er 12hr 400 mg (Tegretol-xr).....	93
calcitonin (salmon) nasal soln 200 unit/act.....	37	carbamazepine tab 200 mg (Tegretol).....	93
CALCITRIOL – calcitriol oint 3 mcg/gm.....	121	CARBATROL – carbamazepine cap er 12hr 100 mg.....	93
calcitriol cap 0.25 mcg (Rocaltrol).....	37	CARBATROL – carbamazepine cap er 12hr 200 mg.....	93
calcitriol cap 0.5 mcg (Rocaltrol).....	37	CARBATROL – carbamazepine cap er 12hr 300 mg.....	93
calcitriol oral soln 1 mcg/ml (Rocaltrol).....	37	CARBIDOPA/LEVODOPA ODT – carbidopa & levodopa orally disintegrating tab 10-100 mg.....	100
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....	64	CARBIDOPA/LEVODOPA ODT – carbidopa & levodopa orally disintegrating tab 25-100 mg.....	100
calcium acetate (phosphate binder) tab 667 mg.....	64	CARBIDOPA/LEVODOPA ODT – carbidopa & levodopa orally disintegrating tab 25-250 mg.....	100
CALQUENCE – acalabrutinib cap 100 mg.....	18	carbidopa & levodopa tab er 25-100 mg.....	100
CALQUENCE – acalabrutinib maleate tab 100 mg.....	18	carbidopa & levodopa tab er 50-200 mg.....	100
CAMZYOS – mavacamten cap 2.5 mg.....	55	carbidopa & levodopa tab 25-250 mg.....	100
CAMZYOS – mavacamten cap 5 mg.....	55	carbidopa & levodopa tab 10-100 mg (Sinemet).....	100
CAMZYOS – mavacamten cap 10 mg.....	55	carbidopa & levodopa tab 25-100 mg (Sinemet).....	100
CAMZYOS – mavacamten cap 15 mg.....	55	carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50).....	100
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct).....	48	carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75).....	100
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct).....	48	carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100).....	100
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct).....	48	carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125).....	100
		carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150).....	100
		carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200).....	100
		carbidopa tab 25 mg (Lodosyn).....	100
		CARBINOXAMINE MALEATE – carbinoxamine maleate soln 4 mg/5ml.....	56
		carbinoxamine maleate tab 4 mg.....	56
		carbonyl iron susp 15 mg/1.25ml (elemental iron).....	105

CARDIOCOM LANCING DEVICE – lancet devices.....	141	CAREONE UNIFINE PENTIPS P – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	142
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 120 mg.....	44	CARESENS LANCETS – lancets.....	142
CAREFINE PEN NEEDLE 32GX4 – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	141	CARESENS N BLOOD GLUCOSE – glucose blood test strip.....	127
CAREFINE PEN NEEDLES 29GX – insulin pen needle 29 g x 12 mm (1/2").....	141	CARESENS N GLUCOSE MONITO – blood glucose monitoring devices.....	142
CAREFINE PEN NEEDLES 30GX – insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	141	CARESENS N VOICE BLOOD GL – blood glucose monitoring devices.....	142
CAREFINE PEN NEEDLES 31GX – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	141	CARESTART COVID-19 ANTIGE – covid-19 at home antigen test kit.....	127
CAREFINE PEN NEEDLES 31GX – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	141	CARETOUCH BLOOD GLUCOSE M – blood glucose monitoring kit w/ device.....	142
CAREFINE PEN NEEDLES 32GX – insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	141	CARETOUCH BLOOD GLUCOSE T – glucose blood test strip.....	127
CAREFINE PEN NEEDLES 32GX – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	141	CARETOUCH HYPODERMIC NEED – needle (disp) 18 x 1-1/2".....	142
CAREONE ADVANCED LANCING – lancet devices.....	141	CARETOUCH HYPODERMIC NEED – needle (disp) 23 x 1-1/2".....	142
CAREONE BLOOD GLUCOSE MON – blood glucose monitoring kit w/ device.....	141	CARETOUCH HYPODERMIC NEED – needle (disp) 25 x 5/8".....	142
CAREONE BLOOD GLUCOSE TES – glucose blood test strip.....	127	CARETOUCH HYPODERMIC NEED – needle (disp) 25 x 1-1/2".....	142
CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	141	CARETOUCH HYPODERMIC NEED – needle (disp) 20 x 1".....	142
CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	141	CARETOUCH HYPODERMIC NEED – needle (disp) 22 x 1".....	142
CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	141	CARETOUCH HYPODERMIC NEED – needle (disp) 23 x 1".....	142
CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 1 ml 30 x 1/2".....	141	CARETOUCH HYPODERMIC NEED – needle (disp) 23 x 1".....	142
CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 1 ml 31 x 5/16".....	141	CARETOUCH HYPODERMIC NEED – needle (disp) 25 x 1".....	142
CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	141	CARETOUCH HYPODERMIC NEED – needle (disp) 26 x 1".....	142
CAREONE LANCET SUPER THIN – lancets.....	142	CARETOUCH INSULIN SYRINGE – insulin syringe/ needle u-100 1/2 ml 31 x 5/16".....	142
CAREONE LANCET THIN – lancets.....	142	CARETOUCH INSULIN SYRINGE – insulin syringe/ needle u-100 1/2 ml 30 x 5/16".....	142
CAREONE LANCET ULTRA THIN – lancets.....	142	CARETOUCH INSULIN SYRINGE – insulin syringe/ needle u-100 1 ml 28 x 5/16".....	142
CAREONE UNIFINE PENTIPS 2 – insulin pen needle 29 g x 12 mm (1/2").....	142	CARETOUCH INSULIN SYRINGE – insulin syringe/ needle u-100 1 ml 29 x 5/16".....	143
CAREONE UNIFINE PENTIPS 3 – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	142	CARETOUCH INSULIN SYRINGE – insulin syringe/ needle u-100 1 ml 30 x 5/16".....	143
CAREONE UNIFINE PENTIPS 3 – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	142	CARETOUCH INSULIN SYRINGE – insulin syringe/ needle u-100 1 ml 31 x 5/16".....	143
CAREONE UNIFINE PENTIPS 3 – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	142	CARETOUCH INSULIN SYRINGE – insulin syringe/ needle u-100 0.3 ml 31 x 5/16".....	143
CAREONE UNIFINE PENTIPS P – insulin pen needle 29 g x 12 mm (1/2").....	142	CARETOUCH LANCING DEVICE – lancet devices.....	143
CAREONE UNIFINE PENTIPS P – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	142	CARETOUCH PEN NEEDLE 29GX – insulin pen needle 29 g x 12 mm (1/2").....	143
CAREONE UNIFINE PENTIPS P – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	142	CARETOUCH PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	143
CAREONE UNIFINE PENTIPS P – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	142	CARETOUCH PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	143
CAREONE UNIFINE PENTIPS P – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	142	CARETOUCH PEN NEEDLES 32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	143

CARETOUCH PEN NEEDLES 32G – insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	143	CELONTIN – methsuximide cap 300 mg.....	93
CARETOUCH PEN NEEDLES 31 – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	143	CENTANY – mupirocin oint 2%.....	121
CARETOUCH SAFETY LANCETS/ – lancets.....	143	cephalexin cap 250 mg	2
CARETOUCH TWIST LANCETS 2 – lancets.....	143	cephalexin cap 500 mg	2
CARETOUCH TWIST LANCETS 3 – lancets.....	143	cephalexin for susp 125 mg/5ml	2
carglumic acid soluble tab 200 mg (Carbaglu)	37	cephalexin for susp 250 mg/5ml	2
carisoprodol tab 350 mg (Soma)	102	CEQUA – cyclosporine (ophth) soln 0.09% (pf).....	116
CARNITOR – levocarnitine oral soln 1 gm/10ml (10%).....	37	CERDELGA – eliglustat tartrate cap 84 mg (base equivalent).....	106
CARNITOR – levocarnitine tab 330 mg.....	37	CETRAXAL – ciprofloxacin hcl otic soln 0.2% (base equivalent).....	119
CARNITOR SF – levocarnitine oral soln 1 gm/10ml (10%).....	37	cevimeline hcl cap 30 mg (Evoxac)	119
CARTEOLOL HCL – carteolol hcl ophth soln 1%.....	116	CHEMET – succimer cap 100 mg.....	126
carvedilol tab 3.125 mg (Coreg)	42	CHEMSTRIP BG LOG BOOK – blood glucose monitoring misc.....	143
carvedilol tab 6.25 mg (Coreg)	42	CHEMSTRIP-K – acetone (urine) test strip.....	127
carvedilol tab 12.5 mg (Coreg)	42	CHENODAL – chenodiol tab 250 mg.....	64
carvedilol tab 25 mg (Coreg)	42	CHLORDIAZEPOXIDE/AMITRIPT – chlordiazepoxide- amitriptyline tab 5-12.5 mg.....	80
CAYA – diaphragm arc-spring.....	143	CHLORDIAZEPOXIDE/AMITRIPT – chlordiazepoxide- amitriptyline tab 10-25 mg.....	80
CAYSTON – aztreonam lysine for inhal soln 75 mg (base equivalent).....	11	chlordiazepoxide hcl cap 5 mg	69
CEFACLOR – cefaclor cap 250 mg.....	1	chlordiazepoxide hcl cap 10 mg	69
CEFACLOR – cefaclor cap 500 mg.....	1	chlordiazepoxide hcl cap 25 mg	69
CEFACLOR – cefaclor for susp 125 mg/5ml.....	1	chlorhexidine gluconate soln 0.12% (Peridex)	119
CEFACLOR – cefaclor for susp 250 mg/5ml.....	1	CHLOROQUINE PHOSPHATE – chloroquine phosphate tab 500 mg.....	10
CEFACLOR – cefaclor for susp 375 mg/5ml.....	1	chloroquine phosphate tab 250 mg	10
cefadroxil cap 500 mg	2	chlorpromazine hcl tab 10 mg	73
CEFADROXIL – cefadroxil tab 1 gm.....	1	chlorpromazine hcl tab 25 mg	73
cefadroxil for susp 250 mg/5ml	2	chlorpromazine hcl tab 50 mg	73
cefadroxil for susp 500 mg/5ml	2	chlorpromazine hcl tab 100 mg	73
cefdinir cap 300 mg	2	chlorpromazine hcl tab 200 mg	73
cefdinir for susp 125 mg/5ml	2	chlorthalidone tab 25 mg	51
cefdinir for susp 250 mg/5ml	2	chlorthalidone tab 50 mg	51
cefixime cap 400 mg (Suprax)	2	chlorzoxazone tab 500 mg	102
cefixime for susp 100 mg/5ml	2	CHOLBAM – cholic acid cap 50 mg.....	64
cefixime for susp 200 mg/5ml (Suprax)	2	CHOLBAM – cholic acid cap 250 mg.....	64
cefpodoxime proxetil for susp 50 mg/5ml	2	cholecalciferol cap 1.25 mg (50000 unit)	102
cefpodoxime proxetil for susp 100 mg/5ml	2	cholestyramine light powder 4 gm/dose (Questran light)	53
cefpodoxime proxetil tab 100 mg	2	cholestyramine light powder packets 4 gm	53
cefpodoxime proxetil tab 200 mg	2	cholestyramine powder 4 gm/dose (Questran)	53
cefprozil for susp 125 mg/5ml	2	cholestyramine powder packets 4 gm (Questran)	53
cefprozil for susp 250 mg/5ml	2	choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)	53
cefprozil tab 250 mg	2	choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix)	53
cefprozil tab 500 mg	2	CIALIS – tadalafil tab 2.5 mg.....	56
cefuroxime axetil tab 250 mg	2	CIALIS – tadalafil tab 5 mg.....	56
cefuroxime axetil tab 500 mg	2	ciclopirox gel 0.77%	121
celecoxib cap 50 mg (Celebrex)	88	ciclopirox olamine cream 0.77% (base equiv) (Loprox)	121
celecoxib cap 100 mg (Celebrex)	88	ciclopirox olamine susp 0.77% (base equiv) (Loprox)	121
celecoxib cap 200 mg (Celebrex)	88	ciclopirox shampoo 1% (Loprox shampoo)	121
celecoxib cap 400 mg (Celebrex)	88		
CELLCEPT – mycophenolate mofetil cap 250 mg.....	205		
CELLCEPT – mycophenolate mofetil for oral susp 200 mg/ ml.....	205		
CELLCEPT – mycophenolate mofetil tab 500 mg.....	205		
CELLTRION DIATRUST COVID- – covid-19 at home antigen test kit.....	127		

ciclopirox solution 8% (Penlac nail lacquer).....	121	CLEOCIN – clindamycin hcl cap 75 mg.....	11
cilostazol tab 50 mg.....	110	CLEOCIN – clindamycin hcl cap 150 mg.....	11
cilostazol tab 100 mg.....	110	CLEOCIN – clindamycin hcl cap 300 mg.....	11
CIMDUO – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg.....	6	CLEOCIN – clindamycin phosphate vaginal cream 2%.....	67
cimetidine hcl soln 300 mg/5ml.....	62	CLEOCIN – clindamycin phosphate vaginal suppos 100 mg.....	67
CIMZIA – certolizumab pegol for inj kit 2 x 200 mg.....	64	CLEOCIN PEDIATRIC GRANULE – clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	11
CIMZIA – certolizumab pegol prefilled syringe kit 2 x 200 mg/ml.....	64	CLEOCIN-T – clindamycin phosphate lotion 1%.....	121
CIMZIA STARTER KIT – certolizumab pegol prefilled syringe kit 6 x 200 mg/ml.....	65	CLEVER CHEK AUTO-CODE BLO – blood glucose monitoring devices.....	143
cinacalcet hcl tab 30 mg (base equiv) (Sensipar).....	37	CLEVER CHEK AUTO-CODE TES – glucose blood test strip.....	128
cinacalcet hcl tab 60 mg (base equiv) (Sensipar).....	37	CLEVER CHEK AUTO-CODE VOI – blood glucose monitoring devices.....	143
cinacalcet hcl tab 90 mg (base equiv) (Sensipar).....	37	CLEVER CHEK AUTO CODE VOI – blood glucose monitoring devices.....	143
CINRYZE – c1 esterase inhibitor (human) for iv inj 500 unit.....	110	CLEVER CHEK AUTO-CODE VOI – glucose blood test strip.....	128
CIPRO – ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml).....	3	CLEVER CHEK BLOOD GLUCOSE – blood glucose monitoring kit w/ device.....	143
CIPRO – ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml).....	3	CLEVER CHEK LANCETS ULTRA – lancets.....	143
CIPRODEX – ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	119	CLEVER CHEK TEST STRIPS – glucose blood test strip.....	128
CIPROFLOXACIN – ciprofloxacin hcl otic soln 0.2% (base equivalent).....	119	CLEVER CHOICE AUTO-CODE P – blood glucose monitoring devices.....	143
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex).....	119	CLEVER CHOICE AUTO-CODE P – glucose blood test strip.....	128
CIPROFLOXACIN HCL – ciprofloxacin hcl tab 100 mg (base equiv).....	3	CLEVER CHOICE COMFORT EZ – insulin pen needle 29 g x 12 mm (1/2").....	144
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	116	CLEVER CHOICE COMFORT EZ – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	144
ciprofloxacin hcl tab 750 mg (base equiv).....	4	CLEVER CHOICE COMFORT EZ – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	144
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro).....	3	CLEVER CHOICE COMFORT EZ – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	144
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro).....	3	CLEVER CHOICE COMFORT EZ – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	144
CIPRO HC – ciprofloxacin-hydrocortisone otic susp 0.2-1%.....	119	CLEVER CHOICE COMFORT EZ – insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	144
citalopram hydrobromide oral soln 10 mg/5ml.....	70	CLEVER CHOICE COMFORT EZ – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	144
citalopram hydrobromide tab 10 mg (base equiv) (Celexa).....	70	CLEVER CHOICE COMFORT EZ – insulin pen needle 32 g x 8 mm (1/3" or 5/16").....	144
citalopram hydrobromide tab 20 mg (base equiv) (Celexa).....	70	CLEVER CHOICE COMFORT EZ – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	144
citalopram hydrobromide tab 40 mg (base equiv) (Celexa).....	70	CLEVER CHOICE COMFORT EZ – insulin pen needle 33 g x 5 mm (1/5" or 3/16").....	144
CITRANATAL B-CALM – prenat w/o a w/fecbn-feglu-fa tab 20-1 mg & vit b6 tab pak.....	103	CLEVER CHOICE COMFORT EZ – insulin pen needle 33 g x 6 mm (1/4" or 15/64").....	144
CLARITHROMYCIN – clarithromycin for susp 125 mg/5ml.....	2	CLEVER CHOICE COMFORT EZ – insulin pen needle 33 g x 8 mm (1/3" or 5/16").....	144
CLARITHROMYCIN – clarithromycin for susp 250 mg/5ml.....	2	CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	143
clarithromycin tab er 24hr 500 mg.....	2	CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	143
clarithromycin tab 250 mg.....	2		
clarithromycin tab 500 mg.....	2		
CLEANLET LANCETS 28G – lancets.....	143		
CLEARDETECT COVID-19 ANTI – covid-19 at home antigen test kit.....	128		
CLEMASTINE FUMARATE – clemastine fumarate tab 2.68 mg.....	56		

CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	143	CLIMARA PRO – estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day.....	27
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	144	clindamycin hcl cap 75 mg (Cleocin).....	11
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	144	clindamycin hcl cap 150 mg (Cleocin).....	11
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	143	clindamycin hcl cap 300 mg (Cleocin).....	11
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	143	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr).....	11
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	143	clindamycin phosphate-benzoyl peroxide gel 1-5%.....	121
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1 ml 28 x 1/2".....	144	clindamycin phosphate gel 1% (Clindagel).....	121
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1 ml 29 x 1/2".....	144	clindamycin phosphate lotion 1% (Cleocin-t).....	121
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1 ml 30 x 5/16".....	144	clindamycin phosphate soln 1%.....	121
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1 ml 30 x 1/2".....	144	clindamycin phosphate swab 1%.....	121
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1 ml 31 x 5/16".....	144	clindamycin phosphate vaginal cream 2% (Cleocin).....	67
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	144	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....	121
CLEVER CHOICE COMFORT EZ – lancets.....	144	CLINDESSE – clindamycin phosphate (one dose) vaginal cream 2%.....	67
CLEVER CHOICE MICRO BLOOD – blood glucose monitoring kit w/ device.....	144	CLINITEST RAPID COVID-19 – covid-19 at home antigen test kit.....	128
CLEVER CHOICE MICRO TEST – glucose blood test strip.....	128	clobazam suspension 2.5 mg/ml (Onfi).....	93
CLEVER CHOICE MINI BLOOD – blood glucose monitoring devices.....	144	clobazam tab 10 mg (Onfi).....	93
CLEVER CHOICE NO CODING T – glucose blood test strip.....	128	clobazam tab 20 mg (Onfi).....	93
CLEVER CHOICE TALK BLOOD – blood glucose monitoring devices.....	144	clobetasol propionate cream 0.05%.....	121
CLEVER CHOICE TALK NO COD – glucose blood test strip.....	128	clobetasol propionate emollient base cream 0.05%.....	121
CLICKFINE PEN NEEDLE 32GX – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	145	clobetasol propionate gel 0.05%.....	121
CLICKFINE PEN NEEDLES/31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	145	clobetasol propionate oint 0.05%.....	121
CLICKFINE PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	145	clobetasol propionate soln 0.05%.....	121
CLICKFINE PEN NEEDLES 31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	145	clocortolone pivalate cream 0.1% (Cloderm).....	122
CLICKFINE PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	145	CLODERM – clocortolone pivalate cream 0.1%.....	122
CLICKFINE PEN NEEDLES 32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	145	clomipramine hcl cap 25 mg (Anafranil).....	70
CLICKFINE PEN NEEDLE UNIV – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	144	clomipramine hcl cap 50 mg (Anafranil).....	70
CLICKFINE PEN NEEDLE UNIV – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	145	clomipramine hcl cap 75 mg (Anafranil).....	70
CLICKFINE UNIVERSAL PEN N – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	145	clonazepam orally disintegrating tab 0.125 mg.....	93
		clonazepam orally disintegrating tab 0.25 mg.....	93
		clonazepam orally disintegrating tab 0.5 mg.....	94
		clonazepam orally disintegrating tab 1 mg.....	94
		clonazepam orally disintegrating tab 2 mg.....	94
		clonazepam tab 0.5 mg (Klonopin).....	94
		clonazepam tab 1 mg (Klonopin).....	94
		clonazepam tab 2 mg (Klonopin).....	94
		clonidine hcl tab er 12hr 0.1 mg (Kapvay).....	78
		clonidine hcl tab 0.1 mg.....	48
		clonidine hcl tab 0.2 mg.....	48
		clonidine hcl tab 0.3 mg.....	48
		clonidine td patch weekly 0.1 mg/24hr (Catapres- tts-1).....	48
		clonidine td patch weekly 0.2 mg/24hr (Catapres- tts-2).....	48
		clonidine td patch weekly 0.3 mg/24hr (Catapres- tts-3).....	48
		clopidogrel bisulfate tab 300 mg (base equiv).....	110
		clopidogrel bisulfate tab 75 mg (base equiv) (Plavix).....	110

clorazepate dipotassium tab 3.75 mg	69	COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit.....	18
clorazepate dipotassium tab 15 mg	69	COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit.....	18
clorazepate dipotassium tab 7.5 mg (Tranxene t)	69	COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit.....	18
clotrimazole troche 10 mg	119	COMFORT ASSIST INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	145
clotrimazole w/ betamethasone cream 1-0.05%	122	COMFORT ASSURED LANCETS M – lancets.....	145
CLOZAPINE ODT – clozapine orally disintegrating tab 12.5 mg.....	73	COMFORT ASSURED LANCETS S – lancets.....	145
CLOZAPINE ODT – clozapine orally disintegrating tab 150 mg.....	73	COMFORT EZ/31G X 5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	145
CLOZAPINE ODT – clozapine orally disintegrating tab 200 mg.....	73	COMFORT EZ/31G X 6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	145
clozapine orally disintegrating tab 25 mg	73	COMFORT EZ INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	145
clozapine orally disintegrating tab 100 mg	73	COMFORT EZ INSULIN SYRING – insulin syringe/needle u-100 1 ml 31 x 5/16".....	145
clozapine tab 25 mg (Clozaril)	73	COMFORT EZ MICRO/32G X 4M – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	145
clozapine tab 50 mg (Clozaril)	73	COMFORT EZ SHORT/31G X 8M – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	145
clozapine tab 100 mg (Clozaril)	73	COMFORT LANCETS – lancets.....	145
clozapine tab 200 mg (Clozaril)	73	COMFORT TOUCH LANCETS ULT – lancets.....	145
COAGADEX – coagulation factor x (human) for inj 250 unit.....	110	COMFORT TOUCH PEN NEEDLES – insulin pen needle 31 g x 4 mm (1/6" or 5/32").....	145
COAGADEX – coagulation factor x (human) for inj 500 unit.....	110	COMFORT TOUCH PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	145
COAGUCHEK LANCETS – lancets.....	145	COMFORT TOUCH PEN NEEDLES – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	145
COARTEM – artemether-lumefantrine tab 20-120 mg.....	10	COMFORT TOUCH PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	145
CODEINE SULFATE – codeine sulfate tab 15 mg.....	85	COMFORT TOUCH PEN NEEDLES – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	145
CODEINE SULFATE – codeine sulfate tab 30 mg.....	85	COMFORT TOUCH PEN NEEDLES – insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	145
CODEINE SULFATE – codeine sulfate tab 60 mg.....	85	COMFORT TOUCH PEN NEEDLES – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	145
codeine sulfate tab 30 mg (Codeine sulfate)	85	COMFORT TOUCH PEN NEEDLES – insulin pen needle 32 g x 8 mm (1/3" or 5/16").....	146
colchicine tab 0.6 mg (Colcrys)	93	COMFORT TOUCH PEN NEEDLES – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	146
colchicine w/ probenecid tab 0.5-500 mg	93	COMFORT TOUCH PEN NEEDLES – insulin pen needle 33 g x 5 mm (1/5" or 3/16").....	146
colesevelam hcl packet for susp 3.75 gm (Welchol)	53	COMFORT TOUCH PLUS SAFETY – lancets.....	146
colesevelam hcl tab 625 mg (Welchol)	53	COMIRNATY – covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml.....	13
COLESTID – colestipol hcl granule packets 5 gm.....	53	COMPLERA – emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg.....	6
COLESTID – colestipol hcl granules 5 gm.....	53	COMPLETE NATAL DHA – prenatal-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk.....	103
COLESTID – colestipol hcl tab 1 gm.....	53	COMPLETENATE – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....	103
COLESTID FLAVORED – colestipol hcl granule packets 5 gm.....	53	COMTAN – entacapone tab 200 mg.....	100
COLESTID FLAVORED – colestipol hcl granules 5 gm.....	53		
colestipol hcl granule packets 5 gm (Colestid flavored)	53		
colestipol hcl granules 5 gm (Colestid flavored)	53		
colestipol hcl tab 1 gm (Colestid)	53		
colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)	11		
COLY-MYCIN M – colistimethate sod for inj 150 mg (colistin base activity).....	11		
COMBIGAN – brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%.....	116		
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day.....	27		
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day.....	27		
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act.....	59		
COMBIVIR – lamivudine-zidovudine tab 150-300 mg.....	6		

CO-NATAL FA – prenatal vit w/ fe fumarate-fa tab 29-1 mg.....	103	COSENTYX SENSOREADY PEN – secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose).....	122
CONCEPT DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg.....	103	COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml.....	122
CONCEPT OB – prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg.....	103	COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent).....	18
CONDYLOX – podofilox gel 0.5%.....	122	COVID-19 AT-HOME TEST KIT – covid-19 at home antigen test kit.....	128
CONTOUR BLOOD GLUCOSE MON – blood glucose monitoring devices.....	146	COVID-19 RAPID SELF TEST – covid-19 at home antigen test kit.....	128
CONTOUR BLOOD GLUCOSE TES – glucose blood test strip.....	128	CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit.....	64
CONTOUR NEXT BLOOD GLUCOS – blood glucose monitoring kit w/ device.....	146	CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit.....	64
CONTOUR NEXT BLOOD GLUCOS – glucose blood test strip.....	128	CREON – pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit.....	64
CONTOUR NEXT EZ BLOOD GLU – blood glucose monitoring kit w/ device.....	146	CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit.....	64
CONTOUR NEXT GEN BLOOD GL – blood glucose monitoring kit w/ device.....	146	CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit.....	64
CONTOUR NEXT LINK BLOOD G – blood glucose monitoring kit w/ device.....	146	CRESEMBA – isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg).....	4
CONTOUR NEXT LINK 2.4 WIR – blood glucose monitoring kit w/ device.....	146	CRINONE – progesterone vaginal gel 4%.....	67
CONTOUR NEXT LINK WIRELES – blood glucose monitoring kit w/ device.....	146	cromolyn sodium ophth soln 4%.....	116
CONTOUR NEXT ONE BLOOD GL – blood glucose monitoring devices.....	146	cromolyn sodium oral conc 100 mg/5ml (Gastrocrom).....	65
CONTOUR NEXT ONE BLOOD GL – blood glucose monitoring kit.....	146	cromolyn sodium soln nebu 20 mg/2ml.....	59
COOL BLOOD GLUCOSE MONITO – blood glucose monitoring devices.....	146	CROTAN – crotamiton lotion 10%.....	122
COOL BLOOD GLUCOSE MONITO – blood glucose monitoring kit w/ device.....	146	CUVPOSA – glycopyrrolate oral soln 1 mg/5ml.....	62
COOL BLOOD GLUCOSE TEST S – glucose blood test strip.....	128	CVS ADVANCED GLUCOSE METE – blood glucose monitoring kit w/ device.....	146
COPIKTRA – duvelisib cap 15 mg.....	18	CVS ADVANCED GLUCOSE METE – glucose blood test strip.....	128
COPIKTRA – duvelisib cap 25 mg.....	18	CVS GLUCOSE METER TEST ST – glucose blood test strip.....	128
CORDRAN – flurandrenolide tape 4 mcg/sqcm.....	122	CVS LANCETS 21G – lancets.....	146
CORGARD – nadolol tab 20 mg.....	42	CVS LANCETS MICRO-THIN 33 – lancets.....	146
CORGARD – nadolol tab 40 mg.....	42	CVS LANCETS MICRO THIN 33 – lancets.....	146
CORGARD – nadolol tab 80 mg.....	42	CVS LANCETS ORIGINAL – lancets.....	146
CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit.....	110	CVS LANCETS THIN 26G – lancets.....	146
CORLANOR – ivabradine hcl oral soln 5 mg/5ml (base equiv).....	55	CVS LANCETS ULTRA-THIN 30 – lancets.....	146
CORLANOR – ivabradine hcl tab 5 mg (base equiv).....	55	CVS LANCETS ULTRA THIN 30 – lancets.....	146
CORLANOR – ivabradine hcl tab 7.5 mg (base equiv).....	55	CVS LANCING DEVICE – lancet devices.....	146
CORTENEMA – hydrocortisone enema 100 mg/60ml.....	120	CVS ULTRA THIN LANCETS – lancets.....	146
CORTIFOAM – hydrocortisone acetate perianal foam 10% (90 mg/dose).....	120	cyanocobalamin inj 1000 mcg/ml.....	106
COSENTYX – secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose).....	122	cyclobenzaprine hcl tab 5 mg.....	102
COSENTYX – secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml.....	122	cyclobenzaprine hcl tab 10 mg.....	102
COSENTYX – secukinumab subcutaneous soln prefilled syringe 150 mg/ml.....	122	CYCLOGYL – cyclopentolate hcl ophth soln 0.5%.....	116
		CYCLOGYL – cyclopentolate hcl ophth soln 1%.....	116
		CYCLOGYL – cyclopentolate hcl ophth soln 2%.....	116
		CYCLOMYDRIL – cyclopentolate w/ phenylephrine ophth soln 0.2-1%.....	116
		cyclopentolate hcl ophth soln 0.5% (Cyclogyl).....	116
		cyclopentolate hcl ophth soln 1% (Cyclogyl).....	116
		cyclopentolate hcl ophth soln 2% (Cyclogyl).....	116

cyclophosphamide cap 25 mg (Cyclophosphamide)	19	DAURISMO – glasdegib maleate tab 25 mg (base equivalent).....	19
cyclophosphamide cap 50 mg (Cyclophosphamide)	19	DAURISMO – glasdegib maleate tab 100 mg (base equivalent).....	19
CYCLOPHOSPHAMIDE – cyclophosphamide cap 25 mg.....	18	DAYPRO – oxaprozin tab 600 mg.....	88
CYCLOPHOSPHAMIDE – cyclophosphamide cap 50 mg.....	18	D-CARE GLUCOMETER KIT/GLU – blood glucose monitoring kit w/ device.....	146
CYCLOPHOSPHAMIDE – cyclophosphamide tab 25 mg.....	19	DDAVP – desmopressin acetate inj 4 mcg/ml.....	37
CYCLOPHOSPHAMIDE – cyclophosphamide tab 50 mg.....	19	DDAVP – desmopressin acetate preservative free (pf) inj 4 mcg/ml.....	37
CYCLOSERINE – cycloserine cap 250 mg.....	4	deferasirox granules packet 90 mg (Jadenu sprinkle)	126
CYCLOSET – bromocriptine mesylate tab 0.8 mg (base equivalent).....	30	deferasirox granules packet 180 mg (Jadenu sprinkle)	126
cyclosporine cap 25 mg (Sandimmune)	205	deferasirox granules packet 360 mg (Jadenu sprinkle)	126
cyclosporine cap 100 mg (Sandimmune)	205	deferasirox tab for oral susp 125 mg (Exjade)	126
cyclosporine modified cap 50 mg	206	deferasirox tab for oral susp 250 mg (Exjade)	126
cyclosporine modified cap 25 mg (Neoral)	205	deferasirox tab for oral susp 500 mg (Exjade)	126
cyclosporine modified cap 100 mg (Neoral)	206	deferasirox tab 90 mg (Jadenu)	126
cyclosporine modified oral soln 100 mg/ml (Neoral)	206	deferasirox tab 180 mg (Jadenu)	126
cyproheptadine hcl syrup 2 mg/5ml	56	deferasirox tab 360 mg (Jadenu)	126
cyproheptadine hcl tab 4 mg	56	deferiprone tab 500 mg (Ferriprox)	126
CYSTADANE – betaine powder for oral solution.....	37	deferiprone tab 1000 mg (Ferriprox)	126
CYSTADROPS – cysteamine hcl ophth soln 0.37% (base equivalent).....	116	DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg.....	6
CYSTAGON – cysteamine bitartrate cap 50 mg.....	68	DELZICOL – mesalamine cap dr 400 mg.....	65
CYSTAGON – cysteamine bitartrate cap 150 mg.....	68	demeclocycline hcl tab 150 mg	3
CYSTARAN – cysteamine hcl ophth soln 0.44% (base equivalent).....	116	demeclocycline hcl tab 300 mg	3
CYTOTEC – misoprostol tab 100 mcg.....	62	DENAVIR – penciclovir cream 1%.....	122
CYTOTEC – misoprostol tab 200 mcg.....	62	DEPAKOTE – divalproex sodium tab delayed release 125 mg.....	94
D		DEPAKOTE – divalproex sodium tab delayed release 250 mg.....	94
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) (Pradaxa)	107	DEPAKOTE – divalproex sodium tab delayed release 500 mg.....	94
dalfampridine tab er 12hr 10 mg (Ampyra)	81	DEPAKOTE ER – divalproex sodium tab er 24 hr 250 mg.....	94
DALIRESP – roflumilast tab 250 mcg.....	59	DEPAKOTE ER – divalproex sodium tab er 24 hr 500 mg.....	94
DALIRESP – roflumilast tab 500 mcg.....	59	DEPAKOTE SPRINKLES – divalproex sodium cap delayed release sprinkle 125 mg.....	94
danazol cap 50 mg	26	DEPO-TESTOSTERONE – testosterone cypionate im inj in oil 100 mg/ml.....	26
danazol cap 100 mg	26	DEPO-TESTOSTERONE – testosterone cypionate im inj in oil 200 mg/ml.....	26
danazol cap 200 mg	26	DERMA-SMOOTH/FS BODY – fluocinolone acetonide oil 0.01% (body oil).....	122
DANTRIUM – dantrolene sodium cap 25 mg.....	102	DERMA-SMOOTH/FS SCALP – fluocinolone acetonide oil 0.01% (scalp oil).....	122
dantrolene sodium cap 50 mg	102	DERMOTIC – fluocinolone acetonide (otic) oil 0.01%.....	119
dantrolene sodium cap 100 mg	102	DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg.....	6
dantrolene sodium cap 25 mg (Dantrium)	102	DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg.....	6
dapsone tab 25 mg	11	desipramine hcl tab 50 mg	70
dapsone tab 100 mg	11		
DAPTACEL – diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml.....	15		
DARAPRIM – pyrimethamine tab 25 mg.....	10		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	66		
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	66		

desipramine hcl tab 75 mg.....	70	dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr).....	78
desipramine hcl tab 100 mg.....	70	dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr).....	78
desipramine hcl tab 150 mg.....	70	dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr).....	78
desipramine hcl tab 10 mg (Norpramin).....	70	dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr).....	78
desipramine hcl tab 25 mg (Norpramin).....	70	dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr).....	78
desloratadine tab 5 mg (Clarinet).....	56	dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr).....	78
DESMOPRESSIN ACETATE – desmopressin acetate nasal soln 1.5 mg/ml.....	37	dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr).....	78
desmopressin acetate inj 4 mcg/ml (Ddvp).....	37	dexmethylphenidate hcl tab 2.5 mg (Focalin).....	78
desmopressin acetate nasal spray soln 0.01%.....	37	dexmethylphenidate hcl tab 5 mg (Focalin).....	78
desmopressin acetate nasal spray soln 0.01% (refrigerated).....	37	dexmethylphenidate hcl tab 10 mg (Focalin).....	78
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddvp).....	37	dextroamphetamine sulfate cap er 24hr 5 mg.....	78
desmopressin acetate tab 0.1 mg (Ddvp).....	37	dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine).....	78
desmopressin acetate tab 0.2 mg (Ddvp).....	37	dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine).....	78
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette).....	28	dextroamphetamine sulfate oral solution 5 mg/5ml.....	78
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	28	dextroamphetamine sulfate tab 5 mg.....	78
desonide cream 0.05% (Desowen).....	122	dextroamphetamine sulfate tab 10 mg.....	78
desonide oint 0.05%.....	122	DIACOMIT – stiripentol cap 250 mg.....	94
desoximetasone cream 0.05% (Topicort).....	122	DIACOMIT – stiripentol cap 500 mg.....	94
desoximetasone cream 0.25% (Topicort).....	122	DIACOMIT – stiripentol packet 250 mg.....	94
desoximetasone gel 0.05% (Topicort).....	122	DIACOMIT – stiripentol packet 500 mg.....	94
desoximetasone oint 0.05% (Topicort).....	122	DIASTAT ACUDIAL – diazepam rectal gel delivery system 10 mg.....	94
desoximetasone oint 0.25% (Topicort).....	122	DIASTAT ACUDIAL – diazepam rectal gel delivery system 20 mg.....	94
desoximetasone spray 0.25% (Topicort).....	122	DIASTAT PEDIATRIC – diazepam rectal gel delivery system 2.5 mg.....	94
DESOXYN – methamphetamine hcl tab 5 mg.....	78	DIATHRIVE+ BLOOD GLUCOSE – blood glucose monitoring devices.....	147
DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 50 mg.....	70	DIATHRIVE+ BLOOD GLUCOSE – glucose blood test strip.....	128
DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 100 mg.....	70	DIATHRIVE BLOOD GLUCOSE M – blood glucose monitoring devices.....	146
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq).....	70	DIATHRIVE BLOOD GLUCOSE T – glucose blood test strip.....	128
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq).....	70	DIATHRIVE LANCETS – lancets.....	146
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq).....	70	DIATHRIVE LANCETS ULTRA T – lancets.....	146
DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml.....	25	DIATHRIVE LANCING DEVICE – lancet devices.....	146
DEXAMETHASONE – dexamethasone tab 0.5 mg.....	25	DIATHRIVE PEN NEEDLE/31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	147
DEXAMETHASONE – dexamethasone tab 0.75 mg.....	25	DIATHRIVE PEN NEEDLE/32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	147
DEXAMETHASONE – dexamethasone tab 1 mg.....	25	DIATHRIVE PEN NEEDLE/31 G – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	147
DEXAMETHASONE – dexamethasone tab 2 mg.....	25	DIATHRIVE PEN NEEDLE/31 G – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	147
dexamethasone elixir 0.5 mg/5ml.....	25	DIATRUE PLUS BLOOD GLUCOS – blood glucose monitoring devices.....	147
DEXAMETHASONE INTENSOL – dexamethasone conc 1 mg/ml.....	25		
DEXAMETHASONE SODIUM PHOS – dexamethasone sodium phosphate ophth soln 0.1%.....	116		
dexamethasone tab 1.5 mg.....	25		
dexamethasone tab 4 mg.....	25		
dexamethasone tab 6 mg.....	25		
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr).....	78		

DIATRUE PLUS BLOOD GLUCOS – glucose blood test strip.....	128	diltiazem hcl cap er 24hr 240 mg.....	44
diazepam conc 5 mg/ml.....	69	diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd).....	44
diazepam oral soln 1 mg/ml.....	69	diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd).....	44
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 2.5 mg.....	94	diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd).....	44
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 10 mg.....	94	diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd).....	44
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 20 mg.....	94	diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd).....	44
diazepam tab 2 mg (Valium).....	69	diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la).....	44
diazepam tab 5 mg (Valium).....	69	diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la).....	44
diazepam tab 10 mg (Valium).....	69	diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la).....	44
diazoxide susp 50 mg/ml (Proglycem).....	30	diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la).....	44
DIBENZYLIN – phenoxybenzamine hcl cap 10 mg.....	48	diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac).....	44
DICLEGIS – doxylamine-pyridoxine tab delayed release 10-10 mg.....	63	diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac).....	44
diclofenac potassium tab 50 mg.....	88	diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac).....	44
diclofenac sodium ophth soln 0.1%.....	116	diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac).....	44
diclofenac sodium soln 1.5%.....	122	diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac).....	44
diclofenac sodium tab delayed release 25 mg.....	88	diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac).....	44
diclofenac sodium tab delayed release 50 mg.....	88	diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac).....	44
diclofenac sodium tab delayed release 75 mg.....	88	diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac).....	44
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50).....	88	diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac).....	44
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75).....	88	diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac).....	44
dicloxacillin sodium cap 250 mg.....	1	diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac).....	44
dicloxacillin sodium cap 500 mg.....	1	diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac).....	44
dicyclomine hcl cap 10 mg.....	62	diltiazem hcl tab 90 mg.....	44
dicyclomine hcl oral soln 10 mg/5ml.....	62	diltiazem hcl tab 30 mg (Cardizem).....	44
dicyclomine hcl tab 20 mg.....	62	diltiazem hcl tab 60 mg (Cardizem).....	44
DIFICID – fidaxomicin for susp 40 mg/ml.....	2	diltiazem hcl tab 120 mg (Cardizem).....	45
DIFICID – fidaxomicin tab 200 mg.....	2	dimethyl fumarate capsule delayed release 120 mg (Tecfidera).....	81
DIFLUCAN – fluconazole for susp 10 mg/ml.....	5	dimethyl fumarate capsule delayed release 240 mg (Tecfidera).....	81
DIFLUCAN – fluconazole for susp 40 mg/ml.....	5	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa).....	81
diflunisal tab 500 mg.....	84	DIPHENOXYLATE/ATROPINE – diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml.....	62
difluprednate ophth emulsion 0.05% (Durezol).....	116	diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil).....	62
DIGOXIN – digoxin oral soln 0.05 mg/ml.....	41	DIPHThERIA/TETANUS TOXOID – diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml.....	15
digoxin oral soln 0.05 mg/ml (Digoxin).....	41	DIPROLENE – betamethasone dipropionate augmented oint 0.05%.....	122
digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin).....	41	dipyridamole tab 25 mg.....	110
digoxin tab 125 mcg (0.125 mg) (Lanoxin).....	41	dipyridamole tab 50 mg.....	110
digoxin tab 250 mcg (0.25 mg) (Lanoxin).....	41	dipyridamole tab 75 mg.....	110
dihydroergotamine mesylate inj 1 mg/ml.....	91	disopyramide phosphate cap 100 mg (Norpace).....	46
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal).....	91	disopyramide phosphate cap 150 mg (Norpace).....	46
DILANTIN INFATABS – phenytoin chew tab 50 mg.....	94		
DILANTIN – phenytoin sodium extended cap 30 mg.....	94		
DILANTIN – phenytoin sodium extended cap 100 mg.....	94		
DILANTIN-125 – phenytoin susp 125 mg/5ml.....	94		
DILAUDID – hydromorphone hcl liqd 1 mg/ml.....	85		
diltiazem hcl cap er 12hr 60 mg.....	44		
diltiazem hcl cap er 12hr 90 mg.....	44		
diltiazem hcl cap er 12hr 120 mg.....	44		
diltiazem hcl cap er 24hr 120 mg.....	44		
diltiazem hcl cap er 24hr 180 mg.....	44		

disulfiram tab 250 mg.....	81	doxercalciferol cap 0.5 mcg.....	37
disulfiram tab 500 mg.....	81	doxercalciferol cap 1 mcg.....	37
DIURIL – chlorothiazide susp 250 mg/5ml.....	51	doxercalciferol cap 2.5 mcg.....	37
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles).....	94	doxycycline hyclate cap 50 mg.....	3
divalproex sodium tab delayed release 125 mg (Depakote).....	94	doxycycline hyclate cap 100 mg (Vibramycin).....	3
divalproex sodium tab delayed release 250 mg (Depakote).....	94	doxycycline hyclate tab 20 mg.....	3
divalproex sodium tab delayed release 500 mg (Depakote).....	94	doxycycline hyclate tab 50 mg.....	3
divalproex sodium tab er 24 hr 250 mg (Depakote er).....	94	doxycycline hyclate tab 100 mg.....	3
divalproex sodium tab er 24 hr 500 mg (Depakote er).....	94	doxycycline monohydrate cap 50 mg.....	3
DIVIGEL – estradiol td gel 0.25 mg/0.25gm (0.1%).....	27	doxycycline monohydrate cap 100 mg.....	3
DIVIGEL – estradiol td gel 0.5 mg/0.5gm (0.1%).....	27	doxycycline monohydrate for susp 25 mg/5ml (Vibramycin).....	3
DIVIGEL – estradiol td gel 0.75 mg/0.75gm (0.1%).....	27	doxycycline monohydrate tab 50 mg.....	3
DIVIGEL – estradiol td gel 1 mg/gm (0.1%).....	27	doxycycline monohydrate tab 75 mg.....	3
DIVIGEL – estradiol td gel 1.25 mg/1.25gm (0.1%).....	27	doxycycline monohydrate tab 100 mg.....	3
dofetilide cap 125 mcg (0.125 mg) (Tikosyn).....	46	doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis).....	63
dofetilide cap 250 mcg (0.25 mg) (Tikosyn).....	46	DRISDOL – ergocalciferol cap 1.25 mg (50000 unit).....	102
dofetilide cap 500 mcg (0.5 mg) (Tikosyn).....	46	dronabinol cap 5 mg.....	63
DOJOLVI – triheptanoin oral liquid 100%.....	105	dronabinol cap 10 mg.....	63
donepezil hydrochloride orally disintegrating tab 5 mg.....	81	dronabinol cap 2.5 mg (Marinol).....	63
donepezil hydrochloride orally disintegrating tab 10 mg.....	81	DROPLET GENTEEL LANCING D – lancet devices.....	147
donepezil hydrochloride tab 5 mg (Aricept).....	81	DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	147
donepezil hydrochloride tab 10 mg (Aricept).....	81	DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	148
donepezil hydrochloride tab 23 mg (Aricept).....	81	DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 31 x 15/64".....	148
DOPTLET – avatrombopag maleate tab 20 mg (base equiv).....	106	DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 0.3 ml 31 x 15/64".....	148
dorzolamide hcl ophth soln 2% (Trusopt).....	116	DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 30 x 1/2".....	148
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf).....	116	DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 31 x 5/16".....	148
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt).....	116	DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	148
DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq).....	6	DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 31 x 15/64".....	148
DOVONEX – calcipotriene cream 0.005%.....	122	DROPLET INSULIN SYRINGE 0 – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	147
doxazosin mesylate tab 1 mg (Cardura).....	48	DROPLET INSULIN SYRINGE 0 – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	147
doxazosin mesylate tab 2 mg (Cardura).....	48	DROPLET INSULIN SYRINGE 1 – insulin syringe/needle u-100 1 ml 29 x 1/2".....	147
doxazosin mesylate tab 4 mg (Cardura).....	48	DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	147
doxazosin mesylate tab 8 mg (Cardura).....	48	DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	147
doxepin hcl cap 10 mg.....	70	DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	147
doxepin hcl cap 25 mg.....	70	DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	147
doxepin hcl cap 50 mg.....	70	DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	147
doxepin hcl cap 75 mg.....	70	DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.3 ml 31 x 15/64".....	147
doxepin hcl cap 100 mg.....	70		
doxepin hcl cap 150 mg.....	70		
doxepin hcl conc 10 mg/ml.....	70		
doxepin hcl (sleep) tab 3 mg (base equiv) (Silenor).....	76		
doxepin hcl (sleep) tab 6 mg (base equiv) (Silenor).....	76		
DOXEPIN HYDROCHLORIDE – doxepin hcl cream 5%.....	122		

DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.3 ml 30 x 15/64".....	147	DROPSAFE SAFETY PEN NEEDL – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	149
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.5 ml 30 x 15/64".....	147	DROPSAFE SAFETY PEN NEEDL – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	149
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1 ml 30 x 15/64".....	147	DROPSAFE SAFETY PEN NEEDL – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	149
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1 ml 30 x 5/16".....	147	drosiprenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28).....	28
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1 ml 30 x 1/2".....	147	drosiprenone-ethinyl estradiol tab 3-0.02 mg (Yaz).....	28
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1 ml 31 x 5/16".....	147	drosiprenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz).....	28
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	147	drosiprenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral).....	28
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1 ml 31 x 15/64".....	147	DROXIA – hydroxyurea cap 200 mg.....	106
DROPLET LANCETS ULTRA THI – lancets.....	148	DROXIA – hydroxyurea cap 300 mg.....	106
DROPLET LANCING DEVICE – lancet devices.....	148	DROXIA – hydroxyurea cap 400 mg.....	106
DROPLET MICRON 34G X 9/64 – insulin pen needle 34 g x 3.5 mm (9/64").....	148	DRUG MART ADJUSTABLE LANC – lancet devices.....	149
DROPLET PEN NEEDLES 29GX1 – insulin pen needle 29 g x 10 mm.....	148	DRUG MART LANCETS THIN – lancets.....	149
DROPLET PEN NEEDLES 29GX1 – insulin pen needle 29 g x 12 mm (1/2").....	148	DRUG MART LANCETS ULTRA T – lancets.....	149
DROPLET PEN NEEDLES 29G X – insulin pen needle 29 g x 12 mm (1/2").....	148	DRUG MART ON-THE-GO LANCE – lancets.....	149
DROPLET PEN NEEDLES 31GX5 – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	148	DRUG MART UNIFINE PENTIPS – insulin pen needle 29 g x 12 mm (1/2").....	149
DROPLET PEN NEEDLES 31GX6 – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	148	DRUG MART UNIFINE PENTIPS – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	149
DROPLET PEN NEEDLES 31GX8 – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	148	DRUG MART UNIFINE PENTIPS – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	149
DROPLET PEN NEEDLES 32GX4 – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	148	DRUG MART UNIFINE PENTIPS – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	149
DROPLET PEN NEEDLES 32GX5 – insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	148	DRUG MART UNIFINE PENTIPS – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	149
DROPLET PEN NEEDLES 32GX6 – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	149	DRUG MART UNILET LANCETS – lancets.....	149
DROPLET PEN NEEDLES 32GX8 – insulin pen needle 32 g x 8 mm (1/3" or 5/16").....	149	DRUG MART UNILET MICRO TH – lancets.....	149
DROPLET PEN NEEDLES 30G X – insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	148	DUANE READE LANCET ALTERN – lancets.....	149
DROPLET PEN NEEDLES 31G X – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	148	DUANE READE LANCET SUPER – lancets.....	149
DROPLET PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	148	DUANE READE LANCET ULTRA – lancets.....	149
DROPLET PEN NEEDLES 32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	148	DUANE READE UNIFINE PENTI – insulin pen needle 29 g x 12 mm (1/2").....	149
DROPLET PEN NEEDLES 32G X – insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	148	DUANE READE UNIFINE PENTI – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	149
DROPLET PEN NEEDLES 32G X – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	148	DUANE READE UNIFINE PENTI – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	149
DROPLET PEN NEEDLES 32G X – insulin pen needle 32 g x 8 mm (1/3" or 5/16").....	148	DUAVEE – conjugated estrogens-basedoxifene tab 0.45-20 mg.....	27
DROPLET PERSONAL LANCETS – lancets.....	149	DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act.....	59
		DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act.....	59
		DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act.....	59
		duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta).....	70
		duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta).....	70
		duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta).....	70
		DUO-CARE TEST STRIPS – glucose blood test strip.....	128

DUPIXENT – dupilumab subcutaneous soln pen-injector 200 mg/1.14ml.....	122	EASYMAX 15 TEST STRIPS – glucose blood test strip.....	128
DUPIXENT – dupilumab subcutaneous soln pen-injector 300 mg/2ml.....	122	EASYMAX V BLOOD GLUCOSE S – blood glucose monitoring devices.....	154
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml.....	122	EASY MINI EJECT LANCING D – lancet devices.....	150
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml.....	122	EASY MINI LANCING DEVICE – lancet devices.....	150
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 300 mg/2ml.....	122	EASY PLUS II BLOOD GLUCOS – blood glucose monitoring devices.....	150
DUREZOL – difluprednate ophth emulsion 0.05%.....	116	EASY PLUS II BLOOD GLUCOS – glucose blood test strip.....	128
dutasteride cap 0.5 mg (Avodart).....	68	EASYPOINT NEEDLE/18G X 1" – needle (disp) 18 x 1".....	155
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn).....	68	EASYPOINT NEEDLE/20G X 1" – needle (disp) 20 x 1".....	155
DYRENIUM – triamterene cap 50 mg.....	51	EASYPOINT NEEDLE/21G X 1" – needle (disp) 21 x 1".....	155
DYRENIUM – triamterene cap 100 mg.....	51	EASYPOINT NEEDLE/22G X 1" – needle (disp) 22 x 1".....	155
E		EASYPOINT NEEDLE/18G X 1- – needle (disp) 18 x 1-1/2".....	155
EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	149	EASYPOINT NEEDLE/20G X 1- – needle (disp) 20 x 1-1/2".....	155
EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	150	EASYPOINT NEEDLE/21G X 1- – needle (disp) 21 x 1-1/2".....	155
EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	150	EASYPOINT NEEDLE/22G X 1- – needle (disp) 22 x 1-1/2".....	155
EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.5 ml 32 x 5/16".....	150	EASYPOINT NEEDLE 25GX1-1/ – needle (disp) 25 x 1-1/2".....	155
EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 32 x 5/16".....	150	EASYPOINT NEEDLE 25G X 5/ – needle (disp) 25 x 5/8".....	155
EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 5/16".....	150	EASYPOINT NEEDLE 23G X 1" – needle (disp) 23 x 1".....	154
EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 1/2".....	150	EASYPOINT NEEDLE 25G X 1" – needle (disp) 25 x 1".....	154
EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 31 x 5/16".....	150	EASYPRO BLOOD GLUCOSE MON – blood glucose monitoring kit w/ device.....	155
EASY COMFORT PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	150	EASYPRO BLOOD GLUCOSE TES – glucose blood test strip.....	128
EASY COMFORT PEN NEEDLES – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	150	EASYPRO PLUS – blood glucose monitoring kit w/ device.....	155
EASY COMFORT PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	150	EASYPRO PLUS – glucose blood test strip.....	128
EASY COMFORT PEN NEEDLES – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	150	EASY STEP BLOOD GLUCOSE M – blood glucose monitoring devices.....	150
EASY COMFORT PEN NEEDLES – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	150	EASY STEP TEST STRIPS – glucose blood test strip.....	128
EASY COMFORT PEN NEEDLES – insulin pen needle 33 g x 5 mm (1/5" or 3/16").....	150	EASY TALK BLOOD GLUCOSE M – blood glucose monitoring devices.....	150
EASY COMFORT PEN NEEDLES – insulin pen needle 33 g x 6 mm (1/4" or 15/64").....	150	EASY TALK BLOOD GLUCOSE T – glucose blood test strip.....	128
EASY GLIDE PEN NEEDLES 33 – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	150	EASY TALK PLUS II BLOOD G – glucose blood test strip.....	128
EASYGLUCO – blood glucose monitoring kit.....	154	EASY TOUCH ALLERGY TRAY S – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8".....	150
EASYGLUCO – glucose blood test strip.....	128	EASY TOUCH ALLERGY TRAY S – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	150
EASYMAX NG SELF-MONITORIN – blood glucose monitoring devices.....	154		
EASYMAX NG SELF-MONITORIN – blood glucose monitoring kit w/ device.....	154		
EASYMAX TEST STRIPS – glucose blood test strip.....	128		

EASY TOUCH FLIPLock NEEDL – needle (disp) 18 x 1-1/2".....	150	EASY TOUCH FLIPLock SAFET – insulin syringe/needle u-100 1 ml 31 x 5/16".....	151
EASY TOUCH FLIPLock NEEDL – needle (disp) 19 x 1-1/2".....	151	EASY TOUCH GLUCOSE MONITO – blood glucose monitoring kit w/ device.....	151
EASY TOUCH FLIPLock NEEDL – needle (disp) 20 x 1-1/2".....	151	EASY TOUCH GLUCOSE TEST S – glucose blood test strip.....	128
EASY TOUCH FLIPLock NEEDL – needle (disp) 21 x 1-1/2".....	151	EASY TOUCH 32GX5MM – insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	154
EASY TOUCH FLIPLock NEEDL – needle (disp) 22 x 3/4".....	151	EASY TOUCH 32GX6MM – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	154
EASY TOUCH FLIPLock NEEDL – needle (disp) 22 x 1-1/2".....	151	EASY TOUCH HEALTHPRO GLUC – glucose blood test strip.....	128
EASY TOUCH FLIPLock NEEDL – needle (disp) 23 x 5/8".....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 16 x 1-1/2".....	151
EASY TOUCH FLIPLock NEEDL – needle (disp) 23 x 1-1/2".....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 18 x 1-1/2".....	151
EASY TOUCH FLIPLock NEEDL – needle (disp) 25 x 5/8".....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 19 x 1-1/2".....	151
EASY TOUCH FLIPLock NEEDL – needle (disp) 25 x 1-1/2".....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 20 x 1-1/2".....	152
EASY TOUCH FLIPLock NEEDL – needle (disp) 26 x 1/2".....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 21 x 1-1/2".....	152
EASY TOUCH FLIPLock NEEDL – needle (disp) 27 x 1/2".....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 22 x 1-1/2".....	152
EASY TOUCH FLIPLock NEEDL – needle (disp) 30 x 1/2".....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 23 x 3/4".....	152
EASY TOUCH FLIPLock NEEDL – needle (disp) 28 x 1/2" (12.7 mm).....	150	EASY TOUCH HYPODERMIC NEE – needle (disp) 23 x 1-1/4".....	152
EASY TOUCH FLIPLock NEEDL – needle (disp) 29 x 1/2" (12.7 mm).....	150	EASY TOUCH HYPODERMIC NEE – needle (disp) 23 x 1-1/2".....	152
EASY TOUCH FLIPLock NEEDL – needle (disp) 30 x 5/16" (8 mm).....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 25 x 5/8".....	152
EASY TOUCH FLIPLock NEEDL – needle (disp) 31 x 5/16" (8 mm).....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 25 x 1-1/2".....	152
EASY TOUCH FLIPLock NEEDL – needle (disp) 18 x 1".....	150	EASY TOUCH HYPODERMIC NEE – needle (disp) 26 x 3/8".....	152
EASY TOUCH FLIPLock NEEDL – needle (disp) 19 x 1".....	150	EASY TOUCH HYPODERMIC NEE – needle (disp) 26 x 1/2".....	152
EASY TOUCH FLIPLock NEEDL – needle (disp) 20 x 1".....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 26 x 5/8".....	152
EASY TOUCH FLIPLock NEEDL – needle (disp) 21 x 1".....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 27 x 1/2".....	152
EASY TOUCH FLIPLock NEEDL – needle (disp) 22 x 1".....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 27 x 1-1/4".....	152
EASY TOUCH FLIPLock NEEDL – needle (disp) 23 x 1".....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 27 x 1-1/2".....	152
EASY TOUCH FLIPLock NEEDL – needle (disp) 25 x 1".....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 30 x 1/2".....	152
EASY TOUCH FLIPLock NEEDL – needle (disp) 27 x 1" (25 mm).....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 32 x 5/16" (8 mm).....	151
EASY TOUCH FLIPLock SAFET – insulin syringe/needle u-100 1 ml 29 x 1/2".....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 31 x 5/16" (8 mm).....	152
EASY TOUCH FLIPLock SAFET – insulin syringe/needle u-100 1 ml 30 x 5/16".....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 16 x 1".....	151
EASY TOUCH FLIPLock SAFET – insulin syringe/needle u-100 1 ml 30 x 1/2".....	151	EASY TOUCH HYPODERMIC NEE – needle (disp) 18 x 1".....	151

EASY TOUCH HYPODERMIC NEE – needle (disp) 19 x 1".....	151	EASY TOUCH LANCETS 28G/PR – lancets.....	153
EASY TOUCH HYPODERMIC NEE – needle (disp) 20 x 1".....	152	EASY TOUCH LANCETS 30G/PR – lancets.....	153
EASY TOUCH HYPODERMIC NEE – needle (disp) 21 x 1".....	152	EASY TOUCH LANCETS 32G/PR – lancets.....	153
EASY TOUCH HYPODERMIC NEE – needle (disp) 22 x 1".....	152	EASY TOUCH LANCETS 26G/PU – lancets.....	153
EASY TOUCH HYPODERMIC NEE – needle (disp) 23 x 1".....	152	EASY TOUCH LANCETS 28G/PU – lancets.....	153
EASY TOUCH HYPODERMIC NEE – needle (disp) 24 x 1".....	152	EASY TOUCH LANCETS 30G/PU – lancets.....	153
EASY TOUCH HYPODERMIC NEE – needle (disp) 25 x 1".....	152	EASY TOUCH LANCETS 32G/PU – lancets.....	153
EASY TOUCH HYPODERMIC NEE – needle (disp) 30 x 1".....	152	EASY TOUCH LANCETS 28G/TW – lancets.....	153
EASY TOUCH HYPODERMIC NEE – needle (disp) 18 x 1.25" (30 mm).....	151	EASY TOUCH LANCETS 30G/TW – lancets.....	153
EASY TOUCH HYPODERMIC NEE – needle (disp) 24 x 1.25" (30 mm).....	152	EASY TOUCH LANCETS 32G/TW – lancets.....	153
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 27 x 1/2".....	152	EASY TOUCH LANCETS 33G/TW – lancets.....	153
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	152	EASY TOUCH LANCING DEVICE – lancet devices.....	153
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	152	EASY TOUCH PEN NEEDLE/30 – insulin pen needle 30 g x 5 mm (1/5" or 3/16").....	153
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	152	EASY TOUCH PEN NEEDLE 30 – insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	153
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	152	EASY TOUCH PEN NEEDLES/31 – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	154
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	152	EASY TOUCH PEN NEEDLES 29 – insulin pen needle 29 g x 12 mm (1/2").....	153
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	152	EASY TOUCH PEN NEEDLES 31 – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	153
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	152	EASY TOUCH PEN NEEDLES 31 – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	153
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 27 x 1/2".....	153	EASY TOUCH PEN NEEDLES 32 – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	153
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 27 x 5/8".....	153	EASY TOUCH PEN NEEDLES 32 – insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	154
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 28 x 1/2".....	153	EASY TOUCH PEN NEEDLES 32 – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	154
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 29 x 1/2".....	153	EASY TOUCH SAFETY LANCETS – lancets.....	154
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 30 x 5/16".....	153	EASY TOUCH SAFETY PEN NEE – insulin pen needle 29 g x 5 mm (1/5" or 3/16").....	154
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 30 x 1/2".....	153	EASY TOUCH SAFETY PEN NEE – insulin pen needle 29 g x 8 mm (1/3" or 5/16").....	154
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	153	EASY TOUCH SAFETY PEN NEE – insulin pen needle 30 g x 6 mm (1/4" or 15/64").....	154
EASY TOUCH LANCETS 30G/BU – lancets.....	153	EASY TOUCH SAFETY PEN NEE – insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	154
EASY TOUCH LANCETS 21G/PR – lancets.....	153	EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 29 x 1/2".....	154
EASY TOUCH LANCETS 23G/PR – lancets.....	153	EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 30 x 5/16".....	154
EASY TOUCH LANCETS 26G/PR – lancets.....	153	EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 30 x 1/2".....	154
		EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 31 x 5/16".....	154
		EASY TOUCH TUBERCULIN FLI – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	154
		EASY TOUCH TUBERCULIN FLI – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2".....	154
		EASY TOUCH TUBERCULIN SHE – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8".....	154
		EASY TOUCH TUBERCULIN SHE – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	154

EASY TOUCH TUBERCULIN SHE – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2".....	154	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 250 unit.....	110
EASY TRAK BLOOD GLUCOSE M – blood glucose monitoring devices.....	154	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 500 unit.....	110
EASY TRAK BLOOD GLUCOSE T – glucose blood test strip.....	128	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 750 unit.....	110
EASY TRAK II BLOOD GLUCOS – blood glucose monitoring devices.....	154	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1000 unit.....	110
EASY TRAK II BLOOD GLUCOS – glucose blood test strip.....	128	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1500 unit.....	110
econazole nitrate cream 1%.....	122	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 2000 unit.....	110
EDECRIN – ethacrynic acid tab 25 mg.....	51	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 3000 unit.....	110
EDURANT – rilpivirine hcl tab 25 mg (base equivalent).....	6	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 4000 unit.....	110
E.E.S. 400 – erythromycin ethylsuccinate tab 400 mg.....	2	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 5000 unit.....	110
E.E.S. GRANULES – erythromycin ethylsuccinate for susp 200 mg/5ml.....	2	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 6000 unit.....	111
efavirenz cap 50 mg (Sustiva).....	6	EMBRACE BLOOD GLUCOSE MON – blood glucose monitoring devices.....	155
efavirenz cap 200 mg (Sustiva).....	6	EMBRACE BLOOD GLUCOSE TES – glucose blood test strip.....	129
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	6	EMBRACE EVO BLOOD GLUCOSE – blood glucose monitoring kit w/ device.....	155
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi).....	6	EMBRACE EVO BLOOD GLUCOSE – glucose blood test strip.....	129
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo).....	6	EMBRACE EVO COMPACT BLOOD – blood glucose monitoring devices.....	155
efavirenz tab 600 mg (Sustiva).....	6	EMBRACE LANCETS ULTRA THI – lancets.....	155
EFUDEX – fluorouracil cream 5%.....	122	EMBRACE LANCING DEVICE WI – lancet devices.....	155
EGATEN – triclabendazole tab 250 mg.....	11	EMBRACE PRESSURE ACTIVATE – lancets.....	155
EGRIFTA SV – tesamorelin acetate for inj 2 mg (base equiv).....	37	EMBRACE PRO BLOOD GLUCOSE – blood glucose monitoring devices.....	155
ELEMENT AUTOCODE SYSTEM – blood glucose monitoring kit w/ device.....	155	EMBRACE PRO BLOOD GLUCOSE – glucose blood test strip.....	129
ELEMENT COMPACT BLOOD GLU – blood glucose monitoring devices.....	155	EMBRACE TALK BLOOD GLUCOS – blood glucose monitoring devices.....	155
ELEMENT COMPACT TEST STRI – glucose blood test strip.....	128	EMBRACE TALK BLOOD GLUCOS – blood glucose monitoring kit w/ device.....	155
ELEMENT COMPACT V BLOOD – blood glucose monitoring devices.....	155	EMBRACE TALK BLOOD GLUCOS – glucose blood test strip.....	129
ELEMENT PLUS BLOOD GLUCOS – blood glucose monitoring devices.....	155	EMCYT – estramustine phosphate sodium cap 140 mg.....	19
ELEMENT TEST STRIPS – glucose blood test strip.....	128	EMEND – aprepitant capsule 80 mg.....	63
ELESTRIN – estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump).....	27	EMEND – aprepitant for oral susp 125 mg (125 mg/5ml).....	63
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax).....	91	EMEND TRIPACK – aprepitant capsule therapy pack 80 & 125 mg.....	63
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax).....	91	EMFLAZA – deflazacort susp 22.75 mg/ml.....	25
ELIQUIS – apixaban tab 2.5 mg.....	107	EMFLAZA – deflazacort tab 6 mg.....	25
ELIQUIS – apixaban tab 5 mg.....	107	EMFLAZA – deflazacort tab 18 mg.....	25
ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg.....	107	EMFLAZA – deflazacort tab 30 mg.....	25
ELIXOPHYLLIN – theophylline elixir 80 mg/15ml.....	59	EMFLAZA – deflazacort tab 36 mg.....	25
ELLA – ulipristal acetate tab 30 mg.....	28		
ELLUME COVID-19 HOME TEST – covid-19 at home antigen test kit.....	128		
ELMIRON – pentosan polysulfate sodium caps 100 mg.....	68		

EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml.....	91	enoxaparin sodium inj soln pref syr 100 mg/ml (Lovenox).....	107
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml.....	91	enoxaparin sodium inj soln pref syr 120 mg/0.8ml (Lovenox).....	107
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml.....	92	enoxaparin sodium inj soln pref syr 150 mg/ml (Lovenox).....	107
EMPAVELI – pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml).....	111	ENSPRYNG – satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml.....	206
EMSAM – selegiline td patch 24hr 6 mg/24hr.....	70	entacapone tab 200 mg (Comtan).....	100
EMSAM – selegiline td patch 24hr 9 mg/24hr.....	70	entecavir tab 0.5 mg (Baraclude).....	6
EMSAM – selegiline td patch 24hr 12 mg/24hr.....	70	entecavir tab 1 mg (Baraclude).....	6
emtricitabine caps 200 mg (Emtriva).....	6	ENTRESTO – sacubitril-valsartan tab 24-26 mg.....	55
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Truvada).....	6	ENTRESTO – sacubitril-valsartan tab 49-51 mg.....	55
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Truvada).....	6	ENTRESTO – sacubitril-valsartan tab 97-103 mg.....	55
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Truvada).....	6	ENVARUSUS XR – tacrolimus tab er 24hr 0.75 mg.....	206
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada).....	6	ENVARUSUS XR – tacrolimus tab er 24hr 1 mg.....	206
EMTRIVA – emtricitabine caps 200 mg.....	6	ENVARUSUS XR – tacrolimus tab er 24hr 4 mg.....	206
EMTRIVA – emtricitabine soln 10 mg/ml.....	6	EPANED – enalapril maleate oral soln 1 mg/ml.....	48
EMVERM – mebendazole chew tab 100 mg.....	11	EPCLUSA – sofosbuvir-velpatasvir pellet pack 150-37.5 mg.....	6
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	48	EPCLUSA – sofosbuvir-velpatasvir pellet pack 200-50 mg.....	6
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic).....	48	EPCLUSA – sofosbuvir-velpatasvir tab 200-50 mg.....	6
enalapril maleate oral soln 1 mg/ml (Epaned).....	48	EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg.....	6
enalapril maleate tab 2.5 mg (Vasotec).....	48	EPIDIOLEX – cannabidiol soln 100 mg/ml.....	94
enalapril maleate tab 5 mg (Vasotec).....	48	EPIFOAM – pramoxine-hc aerosol foam 1-1%.....	122
enalapril maleate tab 10 mg (Vasotec).....	48	epinastine hcl ophth soln 0.05%.....	116
enalapril maleate tab 20 mg (Vasotec).....	48	EPINEPHRINE – epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000).....	52
ENBREL – etanercept subcutaneous inj 25 mg/0.5ml.....	88	EPINEPHRINE – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....	52
ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml.....	88	epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak).....	52
ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml.....	88	epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak).....	52
ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml.....	89	EPIVIR HBV – lamivudine oral soln 5 mg/ml (hbv).....	7
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml.....	89	EPIVIR HBV – lamivudine tab 100 mg (hbv).....	6
ENCARE – nonoxynol-9 vaginal suppos 100 mg.....	67	EPIVIR – lamivudine oral soln 10 mg/ml.....	6
ENDARI – glutamine (sickle cell) powd pack 5 gm.....	106	EPIVIR – lamivudine tab 150 mg.....	6
ENGERIX-B – hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml.....	13	EPIVIR – lamivudine tab 300 mg.....	6
ENGERIX-B – hepatitis b vaccine (recombinant) susp 20 mcg/ml.....	13	eplerenone tab 25 mg (Inspra).....	48
enoxaparin sodium inj 300 mg/3ml (Lovenox).....	107	eplerenone tab 50 mg (Inspra).....	48
enoxaparin sodium inj soln pref syr 30 mg/0.3ml (Lovenox).....	107	EPOGEN – epoetin alfa inj 2000 unit/ml.....	106
enoxaparin sodium inj soln pref syr 40 mg/0.4ml (Lovenox).....	107	EPOGEN – epoetin alfa inj 3000 unit/ml.....	106
enoxaparin sodium inj soln pref syr 60 mg/0.6ml (Lovenox).....	107	EPOGEN – epoetin alfa inj 4000 unit/ml.....	106
enoxaparin sodium inj soln pref syr 80 mg/0.8ml (Lovenox).....	107	EPOGEN – epoetin alfa inj 10000 unit/ml.....	106
		EPOGEN – epoetin alfa inj 20000 unit/ml.....	106
		EPRONTIA – topiramate oral soln 25 mg/ml.....	94
		EPZICOM – abacavir sulfate-lamivudine tab 600-300 mg.....	7
		EQ BLOOD GLUCOSE TEST STR – glucose blood test strip.....	129
		EQL COLOR LANCETS 21G – lancets.....	155
		EQL COLOR LANCETS MICRO T – lancets.....	155
		EQL INSULIN SYRINGE/1ML/2 – insulin syringe/needle u-100 1 ml 29 x 1/2".....	156

EQL INSULIN SYRINGE/1ML/3 – insulin syringe/needle u-100 1 ml 30 x 5/16".....	156	erythromycin gel 2% (Erygel).....	123
EQL INSULIN SYRINGE/1ML/3 – insulin syringe/needle u-100 1 ml 31 x 5/16".....	156	erythromycin ophth oint 5 mg/gm.....	116
EQL INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	156	erythromycin soln 2%.....	123
EQL INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	156	erythromycin tab delayed release 250 mg.....	3
EQL INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	156	erythromycin tab delayed release 333 mg.....	3
EQL INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	155	erythromycin tab delayed release 500 mg.....	3
EQL INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	155	erythromycin tab 250 mg.....	3
EQL INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	155	erythromycin tab 500 mg.....	3
EQL SHORT PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	156	ESBRIET – pirfenidone cap 267 mg.....	61
EQL SUPER THIN LANCETS 30 – lancets.....	156	ESBRIET – pirfenidone tab 267 mg.....	61
EQL THIN LANCETS 26G – lancets.....	156	ESBRIET – pirfenidone tab 801 mg.....	61
EQL ULTRA SHORT PEN NEEDL – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	156	escitalopram oxalate soln 5 mg/5ml (base equiv).....	71
EQUETRO – carbamazepine (mood) cap er 12hr 100 mg.....	73	escitalopram oxalate tab 5 mg (base equiv) (Lexapro).....	71
EQUETRO – carbamazepine (mood) cap er 12hr 200 mg.....	73	escitalopram oxalate tab 10 mg (base equiv) (Lexapro).....	71
EQUETRO – carbamazepine (mood) cap er 12hr 300 mg.....	73	escitalopram oxalate tab 20 mg (base equiv) (Lexapro).....	71
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol).....	102	esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium).....	62
ERGOLOID MESYLATES – ergoloid mesylates tab 1 mg.....	81	esomeprazole magnesium for delayed release susp packet 10 mg (Nexium).....	62
ergotamine w/ caffeine tab 1-100 mg (Cafergot).....	92	esomeprazole magnesium for delayed release susp packet 20 mg (Nexium).....	62
ERIVEDGE – vismodegib cap 150 mg.....	19	esomeprazole magnesium for delayed release susp packet 40 mg (Nexium).....	62
ERLEADA – apalutamide tab 60 mg.....	19	ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 500 unit.....	111
erlotinib hcl tab 25 mg (base equivalent) (Tarceva).....	19	ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 1000 unit.....	111
erlotinib hcl tab 100 mg (base equivalent) (Tarceva).....	19	ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 1500 unit.....	111
erlotinib hcl tab 150 mg (base equivalent) (Tarceva).....	19	ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 2000 unit.....	111
ERTACZO – sertaconazole nitrate cream 2%.....	123	ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 3000 unit.....	111
ERY – erythromycin pads 2%.....	123	estazolam tab 1 mg.....	76
ERYGEL – erythromycin gel 2%.....	123	estazolam tab 2 mg.....	76
ERYPED 200 – erythromycin ethylsuccinate for susp 200 mg/5ml.....	2	ESTRACE – estradiol tab 0.5 mg.....	27
ERYPED 400 – erythromycin ethylsuccinate for susp 400 mg/5ml.....	3	ESTRACE – estradiol tab 1 mg.....	27
ERYTHROCIN STEARATE – erythromycin stearate tab 250 mg.....	3	ESTRACE – estradiol tab 2 mg.....	27
ERYTHROMYCIN – erythromycin w/ delayed release particles cap 250 mg.....	3	ESTRACE – estradiol vaginal cream 0.1 mg/gm.....	67
ERYTHROMYCIN ETHYLSUCCINA – erythromycin ethylsuccinate tab 400 mg.....	3	estradiol & norethindrone acetate tab 0.5-0.1 mg.....	27
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules).....	3	estradiol & norethindrone acetate tab 1-0.5 mg (Activella).....	27
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400).....	3	estradiol tab 0.5 mg (Estrace).....	27
		estradiol tab 1 mg (Estrace).....	27
		estradiol tab 2 mg (Estrace).....	27
		estradiol td patch twice weekly 0.025 mg/24hr (Vivelle- dot).....	27
		estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot).....	27
		estradiol td patch twice weekly 0.05 mg/24hr (Vivelle- dot).....	27
		estradiol td patch twice weekly 0.075 mg/24hr (Vivelle- dot).....	27

estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot).....	27	everolimus tab 0.25 mg (Zortress).....	206
estradiol td patch weekly 0.025 mg/24hr (Climara).....	27	everolimus tab 0.5 mg (Zortress).....	206
estradiol td patch weekly 0.05 mg/24hr (Climara).....	27	everolimus tab 0.75 mg (Zortress).....	206
estradiol td patch weekly 0.06 mg/24hr (Climara).....	27	everolimus tab 1 mg (Zortress).....	206
estradiol td patch weekly 0.075 mg/24hr (Climara).....	27	EVOLUTION AUTOCODE – blood glucose monitoring devices.....	156
estradiol td patch weekly 0.1 mg/24hr (Climara).....	28	EVOLUTION AUTOCODE – glucose blood test strip.....	129
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara).....	27	EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv).....	7
estradiol vaginal cream 0.1 mg/gm (Estrace).....	67	EVRYSDI – risdiplam for soln 0.75 mg/ml.....	102
estradiol vaginal tab 10 mcg (Vagifem).....	67	EXCEL COMFORT POINT INSUL – insulin pen needle 31 g x 4 mm (1/6" or 5/32").....	156
ESTRING – estradiol vaginal ring 2 mg (7.5 mcg/24hrs).....	67	EXEL COMFORT POINT INSULI – insulin pen needle 29 g x 12 mm (1/2").....	156
ESTROGEL – estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump).....	28	EXEL COMFORT POINT INSULI – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	156
eszopiclone tab 1 mg (Lunesta).....	76	EXEL COMFORT POINT INSULI – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	156
eszopiclone tab 2 mg (Lunesta).....	76	EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	156
eszopiclone tab 3 mg (Lunesta).....	76	EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	156
ethacrynic acid tab 25 mg (Edecrin).....	51	EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	156
ethambutol hcl tab 100 mg.....	4	EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	156
ethambutol hcl tab 400 mg (Myambutol).....	4	EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	156
ethosuximide cap 250 mg (Zarontin).....	94	EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1 ml 28 x 1/2".....	156
ethosuximide soln 250 mg/5ml (Zarontin).....	95	EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1 ml 29 x 1/2".....	156
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....	29	EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1 ml 30 x 5/16".....	156
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....	29	EXELDERM – sulconazole nitrate cream 1%.....	123
etodolac cap 200 mg.....	89	EXELDERM – sulconazole nitrate solution 1%.....	123
etodolac cap 300 mg.....	89	EXELON – rivastigmine td patch 24hr 4.6 mg/24hr.....	81
etodolac tab er 24hr 400 mg.....	89	EXELON – rivastigmine td patch 24hr 9.5 mg/24hr.....	81
etodolac tab er 24hr 500 mg.....	89	EXELON – rivastigmine td patch 24hr 13.3 mg/24hr.....	81
etodolac tab er 24hr 600 mg.....	89	exemestane tab 25 mg (Aromasin).....	19
etodolac tab 500 mg.....	89	EXJADE – deferasirox tab for oral susp 125 mg.....	126
etodolac tab 400 mg (Lodine).....	89	EXJADE – deferasirox tab for oral susp 250 mg.....	126
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring).....	29	EXJADE – deferasirox tab for oral susp 500 mg.....	126
ETOPOSIDE – etoposide cap 50 mg.....	19	EXKIVITY – mobocertinib succinate cap 40 mg.....	19
etravirine tab 100 mg (Intelence).....	7	EXSERVAN – riluzole oral film 50 mg.....	102
etravirine tab 200 mg (Intelence).....	7	ezetimibe-simvastatin tab 10-10 mg (Vytorin).....	53
EULEXIN – flutamide cap 125 mg.....	19	ezetimibe-simvastatin tab 10-20 mg (Vytorin).....	53
EVAMIST – estradiol transdermal spray 1.53 mg/spray.....	28	ezetimibe-simvastatin tab 10-40 mg (Vytorin).....	53
EVENCARE BLOOD GLUCOSE MO – blood glucose monitoring kit.....	156	ezetimibe-simvastatin tab 10-80 mg (Vytorin).....	53
EVENCARE BLOOD GLUCOSE TE – glucose blood test strip.....	129	ezetimibe tab 10 mg (Zetia).....	53
everolimus tab for oral susp 2 mg (Afinitor disperz).....	19	E-Z JECT LANCETS COLOR – lancets.....	149
everolimus tab for oral susp 3 mg (Afinitor disperz).....	19	E-Z JECT LANCETS 21G – lancets.....	149
everolimus tab for oral susp 5 mg (Afinitor disperz).....	19	E-Z JECT LANCETS – lancets.....	149
everolimus tab 2.5 mg (Afinitor).....	19	E-ZJECT LANCETS MICRO-THI – lancets.....	149
everolimus tab 5 mg (Afinitor).....	19	E-Z JECT LANCETS SUPER TH – lancets.....	149
everolimus tab 7.5 mg (Afinitor).....	19	E-Z JECT LANCETS THIN 26G – lancets.....	149
everolimus tab 10 mg (Afinitor).....	19		

EZ-LETS LANCETS 21G – lancets.....	156	fenofibrate micronized cap 200 mg.....	53
EZ-LETS LANCETS 30G – lancets.....	156	fenofibrate tab 54 mg.....	53
EZ-LETS LANCETS 26G SUPER – lancets.....	156	fenofibrate tab 160 mg.....	53
EZ-LETS LANCETS 28G ULTRA – lancets.....	156	fenofibrate tab 48 mg (Tricor).....	53
F		fenofibrate tab 145 mg (Tricor).....	53
famciclovir tab 125 mg.....	7	fenopropfen calcium tab 600 mg (Nalfon).....	89
famciclovir tab 250 mg.....	7	fantanyl citrate lozenge on a handle 200 mcg	
famciclovir tab 500 mg.....	7	(Actiq).....	85
famotidine for susp 40 mg/5ml.....	62	fantanyl citrate lozenge on a handle 400 mcg	
famotidine tab 20 mg (Pepcid).....	62	(Actiq).....	85
famotidine tab 40 mg (Pepcid).....	62	fantanyl citrate lozenge on a handle 600 mcg	
FANAPT – iloperidone tab 1 mg.....	73	(Actiq).....	85
FANAPT – iloperidone tab 2 mg.....	73	fantanyl citrate lozenge on a handle 800 mcg	
FANAPT – iloperidone tab 4 mg.....	73	(Actiq).....	85
FANAPT – iloperidone tab 6 mg.....	73	fantanyl citrate lozenge on a handle 1200 mcg	
FANAPT – iloperidone tab 8 mg.....	73	(Actiq).....	85
FANAPT – iloperidone tab 10 mg.....	73	fantanyl citrate lozenge on a handle 1600 mcg	
FANAPT – iloperidone tab 12 mg.....	73	(Actiq).....	85
FANAPT TITRATION PACK – iloperidone tab 1 mg & 2 mg		fantanyl td patch 72hr 12 mcg/hr.....	85
& 4 mg & 6 mg titration pak.....	73	fantanyl td patch 72hr 25 mcg/hr.....	85
FARESTON – toremifene citrate tab 60 mg (base		fantanyl td patch 72hr 50 mcg/hr.....	85
equivalent).....	19	fantanyl td patch 72hr 75 mcg/hr.....	85
FARXIGA – dapagliflozin propanediol tab 5 mg (base		fantanyl td patch 72hr 100 mcg/hr.....	85
equivalent).....	30	FERRIPROX – deferiprone oral soln 100 mg/ml.....	126
FARXIGA – dapagliflozin propanediol tab 10 mg (base		FERRIPROX – deferiprone tab 500 mg.....	126
equivalent).....	31	FERRIPROX – deferiprone tab 1000 mg.....	126
FASENRA PEN – benralizumab subcutaneous soln auto-		ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental	
injector 30 mg/ml.....	59	fe).....	106
FC2 FEMALE CONDOM – condoms - female.....	156	FERROUS SULFATE – ferrous sulfate liquid 220 mg/5ml	
febuxostat tab 40 mg (Uloric).....	93	(44 mg/5ml elemental fe).....	106
febuxostat tab 80 mg (Uloric).....	93	ferrous sulfate soln 75 mg/ml (15 mg/ml elemental	
FEIBA – antiinhibitor coagulant complex for iv soln 500		fe).....	106
unit.....	111	fesoterodine fumarate tab er 24hr 4 mg (Toviaz).....	66
FEIBA – antiinhibitor coagulant complex for iv soln 1000		fesoterodine fumarate tab er 24hr 8 mg (Toviaz).....	66
unit.....	111	FETZIMA – levomilnacipran hcl cap er 24hr 20 mg (base	
FEIBA – antiinhibitor coagulant complex for iv soln 2500		equivalent).....	71
unit.....	111	FETZIMA – levomilnacipran hcl cap er 24hr 40 mg (base	
felbamate susp 600 mg/5ml (Felbatol).....	95	equivalent).....	71
felbamate tab 400 mg (Felbatol).....	95	FETZIMA – levomilnacipran hcl cap er 24hr 80 mg (base	
felbamate tab 600 mg (Felbatol).....	95	equivalent).....	71
FELBATOL – felbamate susp 600 mg/5ml.....	95	FETZIMA – levomilnacipran hcl cap er 24hr 120 mg (base	
FELBATOL – felbamate tab 400 mg.....	95	equivalent).....	71
FELBATOL – felbamate tab 600 mg.....	95	FETZIMA TITRATION PACK – levomilnacipran hcl cap er	
FELDENE – piroxicam cap 10 mg.....	89	24hr 20 & 40 mg therapy pack.....	71
FELDENE – piroxicam cap 20 mg.....	89	FIASP FLEXTOUCH – insulin aspart (with niacinamide)	
felodipine tab er 24hr 2.5 mg.....	45	sol pen-inj 100 unit/ml.....	33
felodipine tab er 24hr 5 mg.....	45	FIASP – insulin aspart (with niacinamide) inj 100 unit/	
felodipine tab er 24hr 10 mg.....	45	ml.....	33
FEMCAP – cervical cap 22 mm.....	157	FIASP PENFILL – insulin aspart (with niacinamide) soln	
FEMCAP – cervical cap 26 mm.....	157	cartridge 100 unit/ml.....	34
FEMCAP – cervical cap 30 mm.....	157	FIBRYGA – fibrinogen conc (human) inj approximately 1	
fenofibrate micronized cap 43 mg.....	53	gm (900-1300 mg).....	111
fenofibrate micronized cap 67 mg.....	53	FIFTY50 GLUCOSE METER 2.0 – blood glucose	
fenofibrate micronized cap 130 mg.....	53	monitoring kit w/ device.....	157
fenofibrate micronized cap 134 mg.....	53	FIFTY50 GLUCOSE TEST STRI – glucose blood test	
		strip.....	129

FIFTY50 PEN NEEDLES/31GX8 – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	157	FLUAD QUADRIVALENT 2022-2 – influenza vac type a&b surface ant adj quad pref syr 0.5 ml.....	13
FIFTY50 PEN NEEDLES/32GX4 – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	157	FLUARIX QUADRIVALENT 2022 – influenza virus vac split quadrivalent susp pref syr 0.5ml.....	13
FIFTY50 PEN NEEDLES/32GX6 – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	157	FLUBLOK QUADRIVALENT 2022 – influenza vac recomb ha quad pf soln pref syr 0.5 ml.....	13
FIFTY50 PEN NEEDLES 31GX5 – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	157	FLUCELVAX QUADRIVALENT 20 – influenza vac tiss-cult subunt quad susp pref syr 0.5 ml.....	13
FIFTY50 PEN NEEDLES 31G X – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	157	FLUCELVAX QUADRIVALENT 20 – influenza vac tissue-cultured subunit quadrivalent im susp.....	13
FIFTY50 PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	157	fluconazole for susp 10 mg/ml (Diflucan).....	5
FIFTY50 SAFETY SEAL LANCE – lancets.....	157	fluconazole for susp 40 mg/ml (Diflucan).....	5
FIFTY50 SUPERIOR COMFORT – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	157	fluconazole tab 50 mg (Diflucan).....	5
FIFTY50 SUPERIOR COMFORT – insulin syringe/needle u-100 1 ml 31 x 5/16".....	157	fluconazole tab 100 mg (Diflucan).....	5
FIFTY50 SUPERIOR COMFORT – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	157	fluconazole tab 150 mg (Diflucan).....	5
FIFTY50 UNILET LANCETS 33 – lancets.....	157	fluconazole tab 200 mg (Diflucan).....	5
FINACEA – azelaic acid gel 15%.....	123	flucytosine cap 250 mg (Ancobon).....	5
finasteride tab 5 mg (Proscar).....	68	flucytosine cap 500 mg (Ancobon).....	5
FINE 30 – lancets.....	157	fludrocortisone acetate tab 0.1 mg.....	25
FINGERSTIX LANCETS – lancets.....	157	FLULAVAL QUADRIVALENT 202 – influenza virus vac split quadrivalent susp pref syr 0.5ml.....	13
FINTEPLA – fenfluramine hcl oral soln 2.2 mg/ml.....	95	FLUMIST QUADRIVALENT – influenza virus vaccine live quadrivalent intranasal susp.....	13
FIRDAPSE – amifampridine phosphate tab 10 mg (base equivalent).....	102	flunisolide nasal soln 25 mcg/act (0.025%).....	56
FIRVANQ – vancomycin hcl for oral soln 25 mg/ml (base equivalent).....	12	fluocinolone acetonide cream 0.01%.....	123
FIRVANQ – vancomycin hcl for oral soln 50 mg/ml (base equivalent).....	12	fluocinolone acetonide cream 0.025% (Synalar).....	123
FLAGYL – metronidazole cap 375 mg.....	12	fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod).....	123
FLAREX – fluorometholone acetate ophth susp 0.1%.....	116	fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca).....	123
flavoxate hcl tab 100 mg.....	66	fluocinolone acetonide oint 0.025% (Synalar).....	123
flecainide acetate tab 50 mg.....	46	fluocinolone acetonide (otic) oil 0.01% (Dermotic).....	119
flecainide acetate tab 100 mg.....	46	fluocinolone acetonide soln 0.01% (Synalar).....	123
flecainide acetate tab 150 mg.....	46	fluocinonide cream 0.05%.....	123
FLORIVA – sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml.....	104	fluocinonide emulsified base cream 0.05%.....	123
FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister.....	59	fluocinonide gel 0.05%.....	123
FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/blister.....	59	fluocinonide oint 0.05%.....	123
FLOVENT DISKUS – fluticasone propionate aer pow ba 250 mcg/blister.....	59	fluocinonide soln 0.05%.....	123
FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/act (125/valve).....	59	FLUORIDEX SENSITIVITY REL – sodium fluoride-potassium nitrate paste 1.1-5%.....	119
FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/act (250/valve).....	59	FLUORIMAX 5000 SENSITIVE – sodium fluoride-potassium nitrate paste 1.1-5%.....	119
FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/act (50/valve).....	59	fluorometholone ophth susp 0.1% (Fml liquifilm).....	116
FLOW-EZE VENTED NEEDLE – hypodermic needles (disposable).....	157	fluorouracil cream 5% (Efudex).....	123
FLOWFLEX COVID-19 ANTIGEN – covid-19 at home antigen test kit.....	129	FLUOROURACIL – fluorouracil soln 2%.....	123
		FLUOROURACIL – fluorouracil soln 5%.....	123
		FLUOXETINE DR – fluoxetine hcl cap delayed release 90 mg.....	71
		fluoxetine hcl cap 10 mg (Prozac).....	71
		fluoxetine hcl cap 20 mg (Prozac).....	71
		fluoxetine hcl cap 40 mg (Prozac).....	71
		fluoxetine hcl solution 20 mg/5ml.....	71
		FLUPHENAZINE HCL – fluphenazine hcl oral conc 5 mg/ml.....	73
		fluphenazine hcl tab 1 mg.....	73
		fluphenazine hcl tab 2.5 mg.....	73

fluphenazine hcl tab 5 mg	73	fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra)	108
fluphenazine hcl tab 10 mg	73	fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)	108
FLUPHENAZINE HYDROCHLORID – fluphenazine hcl elixir 2.5 mg/5ml.....	73	FORA BLOOD GLUCOSE TEST S – glucose blood test strip.....	129
FLURAZEPAM HCL – flurazepam hcl cap 15 mg.....	76	FORACARE GD40 BLOOD GLUCO – blood glucose monitoring devices.....	158
FLURAZEPAM HCL – flurazepam hcl cap 30 mg.....	76	FORACARE GD40 – glucose blood test strip.....	129
FLURBIPROFEN – flurbiprofen tab 50 mg.....	89	FORACARE PREMIUM V10 BLOO – blood glucose monitoring devices.....	158
FLURBIPROFEN SODIUM – flurbiprofen sodium ophth soln 0.03%.....	116	FORACARE PREMIUM V10 TEST – glucose blood test strip.....	129
flurbiprofen tab 100 mg	89	FORACARE TEST N GO BLOOD – blood glucose monitoring devices.....	158
FLUTAMIDE – flutamide cap 125 mg.....	19	FORACARE TEST N GO TEST S – glucose blood test strip.....	129
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 55-14 mcg/act.....	59	FORA 6 CONNECT – glucose blood test strip.....	129
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 113-14 mcg/act.....	59	FORA D40/G31 BLOOD GLUCOS – glucose blood test strip.....	129
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 232-14 mcg/act.....	59	FORA D20 BLOOD GLUCOSE TE – glucose blood test strip.....	129
fluticasone propionate cream 0.05%	123	FORA D15G BLOOD GLUCOSE T – glucose blood test strip.....	129
fluticasone propionate nasal susp 50 mcg/act	57	FORA G30/PREMIUM V10 BLOO – glucose blood test strip.....	129
fluticasone propionate oint 0.005%	123	FORA G30A BLOOD GLUCOSE M – blood glucose monitoring devices.....	157
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Advair diskus)	59	FORA G20 BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device.....	157
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Advair diskus)	59	FORA G20 BLOOD GLUCOSE TE – glucose blood test strip.....	129
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Advair diskus)	59	FORA GD20 BLOOD GLUCOSE M – blood glucose monitoring devices.....	157
fluvastatin sodium cap 20 mg (base equivalent)	53	FORA GD50 BLOOD GLUCOSE M – blood glucose monitoring devices.....	157
fluvastatin sodium cap 40 mg (base equivalent)	53	FORA GD50 BLOOD GLUCOSE T – glucose blood test strip.....	129
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	53	FORA GD20 TEST STRIPS – glucose blood test strip.....	129
fluvoxamine maleate tab 25 mg	71	FORA GTEL BLOOD GLUCOSE M – blood glucose monitoring devices.....	157
fluvoxamine maleate tab 50 mg	71	FORA GTEL BLOOD GLUCOSE T – glucose blood test strip.....	129
fluvoxamine maleate tab 100 mg	71	FORA LANCETS – lancets.....	157
FLUZONE HIGH-DOSE PF 2022 – influenza vac split high-dose quad pf susp pref syr 0.7 ml.....	13	FORA LANCING DEVICE/CLEAR – lancet devices.....	157
FLUZONE QUADRIVALENT 2022 – influenza virus vaccine split quadrivalent im inj.....	13	FORA LANCING DEVICE – lancet devices.....	157
FLUZONE QUADRIVALENT 2022 – influenza virus vaccine split quadrivalent inj 0.5 ml.....	13	FORA PREMIUM V10 BLE BLOO – blood glucose monitoring devices.....	157
FLUZONE QUADRIVALENT 2022 – influenza virus vac split quadrivalent susp pref syr 0.5ml.....	13	FORA TEST N' GO VOICE BLO – blood glucose monitoring devices.....	157
FML – fluorometholone ophth oint 0.1%.....	116	FORA TN'G/TN'G VOICE BLOO – glucose blood test strip.....	129
FML FORTE – fluorometholone ophth susp 0.25%.....	116	FORA TN'G ADVANCE PRO BLO – glucose blood test strip.....	129
FML LIQUIFILM – fluorometholone ophth susp 0.1%.....	116		
FOCALIN – dexmethylphenidate hcl tab 2.5 mg.....	78		
FOCALIN – dexmethylphenidate hcl tab 5 mg.....	78		
FOCALIN – dexmethylphenidate hcl tab 10 mg.....	78		
folic acid tab 400 mcg	106		
folic acid tab 800 mcg	106		
folic acid tab 1 mg	106		
FOLIVANE-OB – prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg.....	103		
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra)	107		
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)	108		

FORA TN'G VOICE BLOOD GLU – blood glucose monitoring kit w/ device.....	157	FRAGMIN – dalteparin sodium inj 95000 unit/3.8ml.....	108
FORA V10/V12/D10/D20 BLOO – blood glucose monitoring kit.....	157	FRAGMIN – dalteparin sodium soln prefilled syr 2500 unit/0.2ml.....	108
FORA V30A BLOOD GLUCOSE M – blood glucose monitoring devices.....	158	FRAGMIN – dalteparin sodium soln prefilled syr 5000 unit/0.2ml.....	108
FORA V30A BLOOD GLUCOSE M – blood glucose monitoring kit w/ device.....	158	FRAGMIN – dalteparin sodium soln prefilled syr 7500 unit/0.3ml.....	108
FORA V30A BLOOD GLUCOSE T – glucose blood test strip.....	129	FRAGMIN – dalteparin sodium soln prefilled syr 10000 unit/ml.....	108
FORA V10 BLOOD GLUCOSE MO – blood glucose monitoring devices.....	157	FRAGMIN – dalteparin sodium soln prefilled syr 12500 unit/0.5ml.....	108
FORA V12 BLOOD GLUCOSE MO – blood glucose monitoring devices.....	158	FRAGMIN – dalteparin sodium soln prefilled syr 15000 unit/0.6ml.....	108
FORA V20 BLOOD GLUCOSE MO – blood glucose monitoring devices.....	158	FRAGMIN – dalteparin sodium soln prefilled syr 18000 unit/0.72ml.....	108
FORA V10 BLOOD GLUCOSE TE – glucose blood test strip.....	129	FREDS PHARMACY AUTOLET LA – lancet devices.....	158
FORA V12 BLOOD GLUCOSE TE – glucose blood test strip.....	129	FREDS PHARMACY UNIFINE PE – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	158
FORA V20 BLOOD GLUCOSE TE – glucose blood test strip.....	129	FREDS PHARMACY UNIFINE PE – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	158
FORTEO – teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml.....	37	FREDS PHARMACY UNIFINE PE – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	158
FORTISCARE BLOOD GLUCOSE – glucose blood test strip.....	129	FREDS PHARMACY UNILET LAN – lancets.....	158
FORTISCARE G1 BLOOD GLUCO – glucose blood test strip.....	129	FREESTYLE FREEDOM LITE – blood glucose monitoring kit w/ device.....	158
FORTISCARE T1 SELF-MONITO – blood glucose monitoring devices.....	158	FREESTYLE INSULINX BLOOD – glucose blood test strip.....	129
FOSAMAX – alendronate sodium tab 70 mg.....	38	FREESTYLE LANCETS – lancets.....	158
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva).....	7	FREESTYLE LIBRE 2/READER/ – continuous blood glucose system receiver.....	158
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol).....	12	FREESTYLE LIBRE/READER/FL – continuous blood glucose system receiver.....	158
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg.....	48	FREESTYLE LIBRE 2/SENSOR/ – continuous blood glucose system sensor.....	158
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....	48	FREESTYLE LIBRE 3/SENSOR/ – continuous blood glucose system sensor.....	158
fosinopril sodium tab 10 mg.....	48	FREESTYLE LIBRE 14 DAY/RE – continuous blood glucose system receiver.....	158
fosinopril sodium tab 20 mg.....	48	FREESTYLE LIBRE 14 DAY/SE – continuous blood glucose system sensor.....	158
fosinopril sodium tab 40 mg.....	48	FREESTYLE LITE BLOOD GLUC – blood glucose monitoring devices.....	158
FOSRENOL – lanthanum carbonate chew tab 500 mg (elemental).....	65	FREESTYLE LITE BLOOD GLUC – blood glucose monitoring kit w/ device.....	158
FOSRENOL – lanthanum carbonate chew tab 750 mg (elemental).....	65	FREESTYLE LITE TEST STRIP – glucose blood test strip.....	129
FOSRENOL – lanthanum carbonate chew tab 1000 mg (elemental).....	65	FREESTYLE PRECISION NEO B – blood glucose monitoring kit w/ device.....	158
FOSRENOL – lanthanum carbonate oral powder pack 750 mg (elemental).....	65	FREESTYLE PRECISION NEO B – glucose blood test strip.....	129
FOSRENOL – lanthanum carbonate oral powder pack 1000 mg (elemental).....	65	FREESTYLE TEST STRIPS – glucose blood test strip.....	129
FOTIVDA – tivozanib hcl cap 0.89 mg (base equivalent).....	19	FREESTYLE UNISTICK II LAN – lancets.....	158
FOTIVDA – tivozanib hcl cap 1.34 mg (base equivalent).....	19	frovatriptan succinate tab 2.5 mg (base equivalent) (Frova).....	92

FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml.....	106	GAMMAKED – immune globulin (human) iv or subcutaneous soln 5 gm/50ml.....	16
FUROSEMIDE – furosemide oral soln 8 mg/ml.....	51	GAMMAKED – immune globulin (human) iv or subcutaneous soln 10 gm/100ml.....	16
furosemide oral soln 10 mg/ml.....	51	GAMMAKED – immune globulin (human) iv or subcutaneous soln 20 gm/200ml.....	16
furosemide tab 20 mg (Lasix).....	52	GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 1 gm/10ml.....	16
furosemide tab 40 mg (Lasix).....	52	GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml.....	16
furosemide tab 80 mg (Lasix).....	52	GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 5 gm/50ml.....	16
FUZEON – enfuvirtide for inj 90 mg.....	7	GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 10 gm/100ml.....	16
FYCOMPA – perampanel susp 0.5 mg/ml.....	95	GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 20 gm/200ml.....	16
FYCOMPA – perampanel tab 2 mg.....	95	GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 40 gm/400ml.....	16
FYCOMPA – perampanel tab 4 mg.....	95	GARDASIL 9 – human papillomavirus (hvp) 9-valent recomb vac im susp.....	13
FYCOMPA – perampanel tab 6 mg.....	95	GARDASIL 9 – human papillomavirus (hvp) 9-valent recomb vac susp pref syr.....	13
FYCOMPA – perampanel tab 8 mg.....	95	gatifloxacin ophth soln 0.5% (Zymaxid).....	116
FYCOMPA – perampanel tab 10 mg.....	95	GATTEX – teduglutide (rdna) for inj kit 5 mg.....	65
FYCOMPA – perampanel tab 12 mg.....	95	GAVILYTE-C – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm.....	61
G		GAVRETO – pralsetinib cap 100 mg.....	19
gabapentin cap 100 mg (Neurontin).....	95	GE100 BLOOD GLUCOSE MONIT – blood glucose monitoring devices.....	159
gabapentin cap 300 mg (Neurontin).....	95	GE100 BLOOD GLUCOSE MONIT – blood glucose monitoring kit w/ device.....	159
gabapentin cap 400 mg (Neurontin).....	95	GE100 BLOOD GLUCOSE TEST – glucose blood test strip.....	130
gabapentin oral soln 250 mg/5ml (Neurontin).....	95	gemfibrozil tab 600 mg (Lopid).....	53
gabapentin tab 600 mg (Neurontin).....	95	GENERESS FE – norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	29
gabapentin tab 800 mg (Neurontin).....	95	GENTAK – gentamicin sulfate ophth oint 0.3%.....	117
GABITRIL – tiagabine hcl tab 2 mg.....	95	gentamicin sulfate cream 0.1%.....	123
GABITRIL – tiagabine hcl tab 4 mg.....	95	gentamicin sulfate oint 0.1%.....	123
GABITRIL – tiagabine hcl tab 12 mg.....	95	gentamicin sulfate ophth soln 0.3%.....	117
GABITRIL – tiagabine hcl tab 16 mg.....	95	GENTEEL BUTTERFLY TOUCH L – lancets.....	158
GALAFOLD – migalastat hcl cap 123 mg (base equivalent).....	38	GENTEEL PLUS LANCING DEVI – lancet devices.....	158
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er).....	81	GENTLE-LET GP LANCETS – lancets.....	158
galantamine hydrobromide cap er 24hr 16 mg (Razadyne er).....	81	GENTLE-LET LANCETS GENERA – lancets.....	158
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er).....	81	GENTLE-LET LANCETS SAFETY – lancets.....	159
GALANTAMINE HYDROBROMIDE – galantamine hydrobromide oral soln 4 mg/ml.....	81	GENULTIMATE TEST STRIPS – glucose blood test strip.....	129
galantamine hydrobromide tab 4 mg.....	81	GENVOYA – elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg.....	7
galantamine hydrobromide tab 8 mg.....	81	GHT BLOOD GLUCOSE MONITO – blood glucose monitoring kit w/ device.....	159
galantamine hydrobromide tab 12 mg.....	81	GHT TEST STRIPS – glucose blood test strip.....	130
GALZIN – zinc acetate cap 25 mg (elemental zinc).....	104	GILENYA – fingolimod hcl cap 0.5 mg (base equiv).....	81
GALZIN – zinc acetate cap 50 mg (elemental zinc).....	104	GILOTRIF – afatinib dimaleate tab 20 mg (base equivalent).....	19
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 1 gm/10ml.....	16		
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml.....	16		
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 5 gm/50ml.....	16		
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 10 gm/100ml.....	16		
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 20 gm/200ml.....	16		
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 30 gm/300ml.....	16		
GAMMAKED – immune globulin (human) iv or subcutaneous soln 1 gm/10ml.....	16		

GILOTRIF – afatinib dimaleate tab 30 mg (base equivalent).....	19	GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1 ml 28 x 1/2".....	159
GILOTRIF – afatinib dimaleate tab 40 mg (base equivalent).....	19	GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1 ml 29 x 1/2".....	159
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone).....	81	GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1 ml 30 x 5/16".....	159
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone).....	81	GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1 ml 30 x 1/2".....	159
GLEOSTINE – lomustine cap 10 mg.....	19	GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1 ml 31 x 5/16".....	160
GLEOSTINE – lomustine cap 40 mg.....	19	GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	160
GLEOSTINE – lomustine cap 100 mg.....	19	GLOBAL INJECT EASE LANCET – lancets.....	160
glimepiride tab 1 mg (Amaryl).....	31	GLOBAL INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	160
glimepiride tab 2 mg (Amaryl).....	31	GLOBAL INSULIN SYRINGES/U – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	160
glimepiride tab 4 mg (Amaryl).....	31	GLOBAL LANCING DEVICE – lancet devices.....	160
glipizide-metformin hcl tab 2.5-250 mg.....	31	GLUCAGEN DIAGNOSTIC – glucagon hcl (rdna) diagnostic for inj 1 mg (base equiv).....	130
glipizide-metformin hcl tab 2.5-500 mg.....	31	GLUCAGEN HYPOKIT – glucagon hcl (rdna) for inj 1 mg (base equiv).....	31
glipizide-metformin hcl tab 5-500 mg.....	31	GLUCAGON EMERGENCY KIT FO – glucagon hcl for inj 1 mg.....	31
glipizide tab er 24hr 2.5 mg (Glucotrol xl).....	31	GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg.....	31
glipizide tab er 24hr 5 mg (Glucotrol xl).....	31	glucagon (rdna) for inj kit 1 mg (Glucagon emergency k).....	31
glipizide tab er 24hr 10 mg (Glucotrol xl).....	31	GLUCOCARD 01 BLOOD GLUCOS – blood glucose monitoring devices.....	160
glipizide tab 5 mg.....	31	GLUCOCARD 01 BLOOD GLUCOS – blood glucose monitoring kit w/ device.....	160
GLOBAL EASE INJECT PEN NE – insulin pen needle 29 g x 12 mm (1/2").....	159	GLUCOCARD EXPRESSION AUDI – blood glucose monitoring kit w/ device.....	160
GLOBAL EASE INJECT PEN NE – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	159	GLUCOCARD EXPRESSION BLOO – glucose blood test strip.....	130
GLOBAL EASE INJECT PEN NE – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	159	GLUCOCARD 01-MINI BLOOD G – blood glucose monitoring kit w/ device.....	160
GLOBAL EASE INJECT PEN NE – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	159	GLUCOCARD 01 SENSOR PLUS – glucose blood test strip.....	130
GLOBAL EASY GLIDE INSULIN – insulin syringe/needle u-100 1/2 ml 31 x 15/64".....	159	GLUCOCARD SHINE – blood glucose monitoring devices.....	160
GLOBAL EASY GLIDE INSULIN – insulin syringe/needle u-100 0.3 ml 31 x 15/64".....	159	GLUCOCARD SHINE – blood glucose monitoring kit w/ device.....	160
GLOBAL EASY GLIDE INSULIN – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	159	GLUCOCARD SHINE CONNEX BL – blood glucose monitoring kit w/ device.....	160
GLOBAL EASY GLIDE INSULIN – insulin syringe/needle u-100 1 ml 31 x 15/64".....	159	GLUCOCARD SHINE EXPRESS B – blood glucose monitoring kit w/ device.....	160
GLOBAL EASY GLIDE PEN NEE – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	159	GLUCOCARD SHINE TEST STRI – glucose blood test strip.....	130
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	159	GLUCOCARD SHINE XL – blood glucose monitoring devices.....	160
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	159	GLUCOCARD VITAL BLOOD GLU – blood glucose monitoring kit w/ device.....	160
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	159	GLUCOCARD VITAL TEST STRI – glucose blood test strip.....	130
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	159		
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	159		
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	159		
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	159		
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	159		

GLUCOCARD X-METER – blood glucose monitoring kit w/ device.....	160	GLYNASE – glyburide micronized tab 6 mg.....	31
GLUCOCARD X-SENSOR – glucose blood test strip.....	130	GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg.....	31
GLUCOCOM AUTOLINK TELEMOM – blood glucose monitoring misc.....	160	GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg.....	31
GLUCOCOM BLOOD GLUCOSE MO – blood glucose monitoring devices.....	160	GNP CLICKFINE UNIVERSAL P – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	161
GLUCOCOM BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device.....	160	GNP CLICKFINE UNIVERSAL P – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	161
GLUCOCOM LANCETS 28G – lancets.....	160	GNP EASY TOUCH GLUCOSE MO – blood glucose monitoring devices.....	161
GLUCOCOM LANCETS 30G – lancets.....	160	GNP EASY TOUCH GLUCOSE TE – glucose blood test strip.....	130
GLUCOCOM LANCETS 33G – lancets.....	160	GNP INSULIN SYRINGE/1ML/2 – insulin syringe/needle u-100 1 ml 29 x 1/2".....	161
GLUCOCOM TEST STRIPS – glucose blood test strip.....	130	GNP INSULIN SYRINGE/1ML/3 – insulin syringe/needle u-100 1 ml 30 x 5/16".....	161
GLUCONAVII BLOOD GLUCOSE – blood glucose monitoring kit w/ device.....	160	GNP INSULIN SYRINGE/1ML/3 – insulin syringe/needle u-100 1 ml 31 x 5/16".....	161
GLUCONAVII BLOOD GLUCOSE – glucose blood test strip.....	130	GNP INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	161
GLUCO PERFECT 3 BLOOD GLU – blood glucose monitoring devices.....	160	GNP INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	161
GLUCO PERFECT 3 TEST STRI – glucose blood test strip.....	130	GNP INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	161
GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	160	GNP INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	161
GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	161	GNP INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	161
GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	161	GNP INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	161
GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	160	GNP INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	161
GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	160	GNP INSULIN SYRINGES/1/2M – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	161
GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16".....	161	GNP INSULIN SYRINGES/0.3M – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	161
GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 1/2".....	161	GNP INSULIN SYRINGES/1ML/ – insulin syringe/needle u-100 1 ml 28 x 1/2".....	161
GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16".....	161	GNP INSULIN SYRINGES/1ML/ – insulin syringe/needle u-100 1 ml 29 x 1/2".....	161
GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	161	GNP INSULIN SYRINGES/1ML/ – insulin syringe/needle u-100 1 ml 30 x 5/16".....	161
GLUCOSE METER TEST STRIPS – glucose blood test strip.....	130	GNP INSULIN SYRINGES/3ML/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	162
glyburide-metformin tab 1.25-250 mg.....	31	GNP LANCETS 21G – lancets.....	162
glyburide-metformin tab 2.5-500 mg.....	31	GNP LANCETS THIN 26G – lancets.....	162
glyburide-metformin tab 5-500 mg.....	31	GNP LANCING SYSTEM DEVICE – lancet devices.....	162
glyburide micronized tab 1.5 mg (Glynase).....	31	GNP STERILE LANCETS 28G – lancets.....	162
glyburide micronized tab 3 mg (Glynase).....	31	GNP STERILE LANCETS 30G – lancets.....	162
glyburide micronized tab 6 mg (Glynase).....	31	GNP STERILE LANCETS 33G – lancets.....	162
glyburide tab 1.25 mg.....	31	GNP TRUE METRIX AIR SELF – blood glucose monitoring kit w/ device.....	162
glyburide tab 2.5 mg.....	31	GNP TRUE METRIX SELF MONI – blood glucose monitoring kit w/ device.....	162
glyburide tab 5 mg.....	31	GNP TRUE METRIX SELF MONI – glucose blood test strip.....	130
glycopyrrolate oral soln 1 mg/5ml (Cuvposa).....	62		
glycopyrrolate tab 1 mg (Robinul).....	62		
glycopyrrolate tab 2 mg (Robinul forte).....	62		
GLYNASE – glyburide micronized tab 1.5 mg.....	31		
GLYNASE – glyburide micronized tab 3 mg.....	31		

GNP TRUETRACK BLOOD GLUCO – glucose blood test strip.....	130	guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv).....	78
GNP TRUETRACK SMART SYSTE – glucose blood test strip.....	130	guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv).....	78
GNP ULTICARE PEN NEEDLES/ – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	162	guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv).....	78
GNP ULTICARE PEN NEEDLES/ – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	162	guanfacine hcl tab 1 mg.....	48
GNP ULTICARE PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	162	guanfacine hcl tab 2 mg.....	48
GNP ULTICARE PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	162	GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml.....	31
GNP ULTIGUARD SAFEPACK/MI – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	162	GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml.....	31
GNP ULTIGUARD SAFEPACK/MI – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	162	GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml.....	31
GNP ULTIGUARD SAFEPACK/MI – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	162	GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml.....	31
GNP ULTIGUARD SAFEPACK/SH – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	162	GVOKE KIT – glucagon subcutaneous soln 1 mg/0.2ml.....	31
GNP ULTRA COMFORT INSULIN – insulin syringe/needle u-100 1 ml 28 x 1/2".....	162	GVOKE PFS – glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml.....	31
GOJJI BLOOD GLUCOSE TEST – glucose blood test strip.....	130	GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml.....	31
GOJJI LANCING DEVICE/CLEA – lancet devices.....	162	GYNAZOLE-1 – butoconazole nitrate (one dose) vaginal cream 2%.....	67
GOJJI STERILE LANCETS 30G – lancets.....	162	H	
GOLYTELY – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	61	HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 2000 unit.....	111
GOODSENSE CLICKFINE SAFET – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	162	HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 3000 unit.....	111
GOODSENSE COLOR LANCETS M – lancets.....	162	HAEMOLANCE – lancets.....	163
GOODSENSE LANCETS MICRO-T – lancets.....	162	HAEMOLANCE LOW FLOW LANCE – lancets.....	163
GOODSENSE LANCETS ULTRA-T – lancets.....	162	HAEMOLANCE PLUS HIGH FLOW – lancets.....	163
GOODSENSE LANCING DEVICE – lancet devices.....	162	HAEMOLANCE PLUS – lancets.....	163
GOODSENSE PEN NEEDLE/PENF – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	162	HAEMOLANCE PLUS LOW FLOW – lancets.....	163
GOODSENSE PEN NEEDLE/PENF – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	162	HAEMOLANCE PLUS MAX FLOW – lancets.....	163
GOODSENSE PEN NEEDLE/PENF – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	162	HAEMOLANCE PLUS PEDIATRIC – lancets.....	163
GOODSENSE PEN NEEDLE/PENF – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	162	halcinonide cream 0.1% (Halog).....	123
GOODSENSE PREMIUM BLOOD – blood glucose monitoring kit w/ device.....	163	halobetasol propionate cream 0.05%.....	123
GOODSENSE PREMIUM BLOOD G – glucose blood test strip.....	130	HALOG – halcinonide oint 0.1%.....	123
granisetron hcl tab 1 mg.....	63	HALOG – halcinonide soln 0.1%.....	123
GRASTEK – timothy grass pollen allergen ext sl tab 2800 bau.....	17	haloperidol lactate oral conc 2 mg/ml.....	73
griseofulvin microsize susp 125 mg/5ml.....	5	haloperidol tab 0.5 mg.....	74
griseofulvin microsize tab 500 mg.....	5	haloperidol tab 1 mg.....	74
griseofulvin ultramicrosize tab 125 mg.....	5	haloperidol tab 2 mg.....	74
griseofulvin ultramicrosize tab 250 mg.....	5	haloperidol tab 5 mg.....	74
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv).....	78	haloperidol tab 10 mg.....	74
		haloperidol tab 20 mg.....	74
		HARVONI – ledipasvir-sofosbuvir pellet pack 33.75-150 mg.....	7
		HARVONI – ledipasvir-sofosbuvir pellet pack 45-200 mg.....	7
		HARVONI – ledipasvir-sofosbuvir tab 45-200 mg.....	7
		HARVONI – ledipasvir-sofosbuvir tab 90-400 mg.....	7
		HAVRIX – hepatitis a vaccine inj susp 720 el unit/0.5ml.....	13

HAVRIX – hepatitis a vaccine inj susp 1440 el unit/ml.....	13	H-E-B IN CONTROL UNIFINE – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	163
HEALTH CARE LANCING DEVIC – lancet devices.....	163	H-E-B IN CONTROL UNIFINE – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	163
HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	163	H-E-B IN CONTROL UNIFINE – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	163
HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	163	HELIDAC THERAPY – metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack.....	62
HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	163	HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml.....	111
HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 1 ml 30 x 5/16".....	163	HEMLIBRA – emicizumab-kxwh subcutaneous soln 150 mg/ml.....	111
HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 1 ml 31 x 5/16".....	163	HEMLIBRA – emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml).....	111
HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	163	HEMLIBRA – emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml).....	111
HEALTHWISE MICRON PEN NEE – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	164	HEMOFIL M – antihemophilic factor (human) for inj 250 unit.....	111
HEALTHWISE MINI PEN NEEDL – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	164	HEMOFIL M – antihemophilic factor (human) for inj 500 unit.....	111
HEALTHWISE PEN NEEDLES 29 – insulin pen needle 29 g x 12 mm (1/2").....	164	HEMOFIL M – antihemophilic factor (human) for inj 1000 unit.....	111
HEALTHWISE SHORT PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	164	HEMOFIL M – antihemophilic factor (human) for inj 1700 unit.....	111
HEALTHWISE SHORT PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	164	HEPARIN SODIUM – heparin sodium (porcine) pf inj 5000 unit/ml.....	108
HEALTHWISE UNIFINE PENTIP – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	164	heparin sodium (porcine) inj 5000 unit/ml.....	108
HEALTHY ACCENTS AUTOLET I – lancet devices.....	164	heparin sodium (porcine) inj 10000 unit/ml.....	108
HEALTHY ACCENTS UNIFINE P – insulin pen needle 29 g x 12 mm (1/2").....	164	HEPLISAV-B – hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml.....	13
HEALTHY ACCENTS UNIFINE P – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	164	HETLIOZ LQ – tasimelteon oral susp 4 mg/ml.....	76
HEALTHY ACCENTS UNIFINE P – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	164	HETLIOZ – tasimelteon capsule 20 mg.....	76
HEALTHY ACCENTS UNIFINE P – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	164	HIBERIX – haemophilus b polysaccharide conjugate vac for inj 10 mcg.....	14
HEALTHY ACCENTS UNIFINE P – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	164	HIPREX – methenamine hippurate tab 1 gm.....	12
HEALTHY ACCENTS UNILET LA – lancets.....	164	HIZENTRA – immune globulin (human) subcutaneous inj 1 gm/5ml.....	16
H-E-B INCONTROL ADVANCED – lancet devices.....	163	HIZENTRA – immune globulin (human) subcutaneous inj 2 gm/10ml.....	16
H-E-B INCONTROL LANCETS M – lancets.....	163	HIZENTRA – immune globulin (human) subcutaneous inj 4 gm/20ml.....	16
H-E-B INCONTROL LANCETS S – lancets.....	163	HIZENTRA – immune globulin (human) subcutaneous inj 10 gm/50ml.....	16
H-E-B INCONTROL LANCETS U – lancets.....	163	HIZENTRA – immune globulin (human) subcutaneous soln pref syr 1 gm/5ml.....	16
H-E-B IN CONTROL PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	163	HIZENTRA – immune globulin (human) subcutaneous soln pref syr 2 gm/10ml.....	16
H-E-B IN CONTROL PEN NEED – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	163	HIZENTRA – immune globulin (human) subcutaneous soln pref syr 4 gm/20ml.....	16
H-E-B IN CONTROL PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	163	HM ULTICARE INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 1/2".....	164
H-E-B IN CONTROL PEN NEED – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	163	HM ULTICARE INSULIN SYRIN – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	164
H-E-B INCONTROL PEN NEEDL – insulin pen needle 29 g x 12 mm (1/2").....	163	HM ULTICARE MINI PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	164
H-E-B IN CONTROL UNIFINE – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	163		
H-E-B IN CONTROL UNIFINE – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	163		

HM ULTICARE SHORT PEN NEE – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	164	HUMIRA PEN – adalimumab pen-injector kit 80 mg/0.8ml.....	89
HUBER NEEDLE/22GX1-1/4"/4 – needle (disp) 22 x 1-1/4".....	165	HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 40 mg/0.8ml.....	89
HUBER NEEDLE/19GX3/4"/RIG – needle (disp) 19 x 3/4".....	165	HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 80 mg/0.8ml.....	89
HUBER NEEDLE/20G X 1-1/4" – needle (disp) 20 x 1-1/4".....	165	HUMIRA PEN-PEDIATRIC UC S – adalimumab pen-injector kit 80 mg/0.8ml.....	89
HUBER NEEDLE/RIGHT ANGLE – needle (disp) 20 x 1-1/2".....	164	HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 40 mg/0.8ml.....	89
HUBER NEEDLE/RIGHT ANGLE – needle (disp) 22 x 3/4".....	164	HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml.....	89
HUBER NEEDLE/RIGHT ANGLE – needle (disp) 22 x 1-1/2".....	164	HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml.....	34
HUBER NEEDLE/RIGHT ANGLE – needle (disp) 19 x 1".....	164	HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml.....	34
HUBER NEEDLE/RIGHT ANGLE – needle (disp) 20 x 1".....	164	HW EMBRACE PRO BLOOD GLUC – blood glucose monitoring devices.....	165
HUBER NEEDLE/RIGHT ANGLE – needle (disp) 22 x 1".....	164	HW EMBRACE PRO BLOOD GLUC – glucose blood test strip.....	130
HUBER NEEDLE/STRAIGHT 19G – needle (disp) 19 x 1-1/4".....	164	HW EMBRACE TALK BLOOD GLU – blood glucose monitoring devices.....	165
HUBER NEEDLE/STRAIGHT 20G – needle (disp) 20 x 1-1/2".....	164	HW EMBRACE TALK BLOOD GLU – blood glucose monitoring kit w/ device.....	165
HUBER NEEDLE/STRAIGHT 22G – needle (disp) 22 x 1-1/2".....	164	HW EMBRACE TALK BLOOD GLU – glucose blood test strip.....	130
HUBER NEEDLE/STRAIGHT 20G – needle (disp) 20 x 1".....	164	HYCANTIN – topotecan hcl cap 0.25 mg (base equiv)....	19
HUBER NEEDLE/STRAIGHT 22G – needle (disp) 22 x 1".....	164	HYCANTIN – topotecan hcl cap 1 mg (base equiv).....	19
HUBER NEEDLE 20GX3/4"/R – needle (disp) 20 x 3/4".....	164	HYCODAN – hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....	57
HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit.....	111	HYCODAN – hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml.....	57
HUMATE-P – antihemophilic factor/vwf (human) for inj 500-1200 unit.....	111	hydralazine hcl tab 10 mg.....	48
HUMATE-P – antihemophilic factor/vwf (human) for inj 1000-2400 unit.....	111	hydralazine hcl tab 25 mg.....	48
HUMATIN – paromomycin sulfate cap 250 mg.....	4	hydralazine hcl tab 50 mg.....	48
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml.....	89	hydralazine hcl tab 100 mg.....	48
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.2ml.....	89	HYDREA – hydroxyurea cap 500 mg.....	19
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml.....	89	hydrochlorothiazide cap 12.5 mg.....	52
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml.....	89	hydrochlorothiazide tab 12.5 mg.....	52
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml.....	89	hydrochlorothiazide tab 25 mg.....	52
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml.....	89	hydrochlorothiazide tab 50 mg.....	52
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml.....	89	HYDROCODONE/IBUPROFEN – hydrocodone-ibuprofen tab 5-200 mg.....	86
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.4ml.....	89	hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....	86
		hydrocodone-acetaminophen tab 7.5-325 mg.....	86
		hydrocodone-acetaminophen tab 5-325 mg.....	86
		hydrocodone-acetaminophen tab 10-325 mg.....	86
		hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan).....	57
		hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan).....	57
		HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 10 mg.....	85
		HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 15 mg.....	86

HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 20 mg.....	86	HYPODERMIC NEEDLE 25GX3/4 – needle (disp) 25 x 3/4".....	165
HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 30 mg.....	86	HYPODERMIC NEEDLE 25GX5/8 – needle (disp) 25 x 5/8".....	165
HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 40 mg.....	86	HYPODERMIC NEEDLE 26GX1/2 – needle (disp) 26 x 1/2".....	165
HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 50 mg.....	86	HYPODERMIC NEEDLE 26GX3/8 – needle (disp) 26 x 3/8".....	165
hydrocodone-ibuprofen tab 7.5-200 mg.....	86	HYPODERMIC NEEDLE 26GX5/8 – needle (disp) 26 x 5/8".....	165
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml.....	57	HYPODERMIC NEEDLE 27GX1/2 – needle (disp) 27 x 1/2".....	165
hydrocortisone acetate w/ pramoxine perianal cream 1-1% (Analpram-hc).....	120	HYPODERMIC NEEDLE 30GX1/2 – needle (disp) 30 x 1/2".....	165
HYDROCORTISONE BUTYRATE – hydrocortisone butyrate cream 0.1%.....	123	HYPODERMIC NEEDLE 21GX1" – needle (disp) 21 x 1".....	165
HYDROCORTISONE BUTYRATE – hydrocortisone butyrate soln 0.1%.....	123	HYPODERMIC NEEDLE 22GX1" – needle (disp) 22 x 1".....	165
hydrocortisone butyrate oint 0.1%.....	123	HYPODERMIC NEEDLE 23GX1" – needle (disp) 23 x 1".....	165
hydrocortisone cream 2.5%.....	123	HYPODERMIC NEEDLE 25GX1" – needle (disp) 25 x 1".....	165
hydrocortisone enema 100 mg/60ml (Cortenema).....	120	HYPODERMIC NEEDLE 21GX1-1 – needle (disp) 21 x 1-1/4".....	165
hydrocortisone lotion 2.5%.....	123	HYPODERMIC NEEDLE 21GX1-1 – needle (disp) 21 x 1-1/2".....	165
hydrocortisone oint 2.5%.....	123	HYPODERMIC NEEDLE 22GX1-1 – needle (disp) 22 x 1-1/4".....	165
hydrocortisone perianal cream 2.5% (Anusol-hc).....	120	HYPODERMIC NEEDLE 22GX1-1 – needle (disp) 22 x 1-1/2".....	165
hydrocortisone perianal cream 1% (Proctocort).....	120	HYPODERMIC NEEDLE 25GX1-1 – needle (disp) 25 x 1-1/2".....	165
hydrocortisone tab 5 mg (Cortef).....	25	HYPODERMIC NEEDLE 21GX1-1 – needle (disp) 21 x 1-1/2".....	165
hydrocortisone tab 10 mg (Cortef).....	25	HYPODERMIC NEEDLE 18G X 1 – needle (disp) 18 x 1-1/2".....	165
hydrocortisone tab 20 mg (Cortef).....	25	HYPODERMIC NEEDLE 19G X 1 – needle (disp) 19 x 1-1/2".....	165
hydrocortisone valerate cream 0.2%.....	123	HYPODERMIC NEEDLE 20G X 1 – needle (disp) 20 x 1-1/2".....	165
hydrocortisone valerate oint 0.2%.....	123	HYPODERMIC NEEDLE 18G X 1 – needle (disp) 18 x 1".....	165
hydrocortisone w/ acetic acid otic soln 1-2%.....	119	HYPODERMIC NEEDLE 19G X 1 – needle (disp) 19 x 1".....	165
hydromorphone hcl liqd 1 mg/ml (Dilaudid).....	86	HYPODERMIC NEEDLES 25GX5/ – needle (disp) 25 x 5/8".....	166
hydromorphone hcl tab er 24hr 8 mg.....	86	HYPODERMIC NEEDLES 26GX1/ – needle (disp) 26 x 1/2".....	166
hydromorphone hcl tab er 24hr 12 mg.....	86	HYPODERMIC NEEDLES 27GX1/ – needle (disp) 27 x 1/2".....	166
hydromorphone hcl tab er 24hr 16 mg.....	86	HYPODERMIC NEEDLES 18GX1" – needle (disp) 18 x 1".....	165
hydromorphone hcl tab er 24hr 32 mg.....	86	HYPODERMIC NEEDLES 20GX1" – needle (disp) 20 x 1".....	166
hydromorphone hcl tab 2 mg (Dilaudid).....	86		
hydromorphone hcl tab 4 mg (Dilaudid).....	86		
hydromorphone hcl tab 8 mg (Dilaudid).....	86		
hydroxychloroquine sulfate tab 200 mg (Plaquenil).....	10		
hydroxyurea cap 500 mg (Hydrea).....	19		
hydroxyzine hcl syrup 10 mg/5ml.....	69		
hydroxyzine hcl tab 10 mg.....	69		
hydroxyzine hcl tab 25 mg.....	69		
hydroxyzine hcl tab 50 mg.....	69		
hydroxyzine pamoate cap 25 mg (Vistaril).....	69		
hydroxyzine pamoate cap 50 mg (Vistaril).....	69		
HYDROXYZINE PAMOATE – hydroxyzine pamoate cap 100 mg.....	69		
HYPERSAL – sodium chloride soln nebu 7%.....	57		
HYPODERMIC NEEDLE 20GX3/4 – needle (disp) 20 x 3/4".....	165		
HYPODERMIC NEEDLE 22GX3/4 – needle (disp) 22 x 3/4".....	165		
HYPODERMIC NEEDLE 23GX3/4 – needle (disp) 23 x 3/4".....	165		

HYPODERMIC NEEDLES 21GX1" – needle (disp) 21 x 1".....	166	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 2000 unit.....	111
HYPODERMIC NEEDLES 22GX1" – needle (disp) 22 x 1".....	166	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 3500 unit.....	111
HYPODERMIC NEEDLES 23GX1" – needle (disp) 23 x 1".....	166	IDHIFA – enasidenib mesylate tab 50 mg (base equivalent).....	20
HYPODERMIC NEEDLES 18GX1- – needle (disp) 18 x 1-1/2".....	165	IDHIFA – enasidenib mesylate tab 100 mg (base equivalent).....	20
HYPODERMIC NEEDLES 20GX1- – needle (disp) 20 x 1-1/2".....	166	IGLUCOSE BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device.....	166
HYPODERMIC NEEDLES 21GX1- – needle (disp) 21 x 1-1/2".....	166	IGLUCOSE BLOOD GLUCOSE TE – glucose blood test strip.....	130
HYPODERMIC NEEDLES 22GX1- – needle (disp) 22 x 1-1/2".....	166	IHEALTH COVID-19 ANTIGEN – covid-19 at home antigen test kit.....	130
HYPODERMIC NEEDLES 23GX1- – needle (disp) 23 x 1-1/2".....	166	ILEVRO – nepafenac ophth susp 0.3%.....	117
HYPODERMIC NEEDLES 25GX1- – needle (disp) 25 x 1-1/2".....	166	imatinib mesylate tab 100 mg (base equivalent) (Gleevec).....	20
HYPODERMIC NEEDLES 27GX1- – needle (disp) 27 x 1-1/2".....	166	imatinib mesylate tab 400 mg (base equivalent) (Gleevec).....	20
HYQVIA – immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit.....	16	IMBRUVICA – ibrutinib cap 70 mg.....	20
HYQVIA – immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit.....	17	IMBRUVICA – ibrutinib cap 140 mg.....	20
HYQVIA – immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit.....	17	IMBRUVICA – ibrutinib tab 140 mg.....	20
HYQVIA – immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit.....	17	IMBRUVICA – ibrutinib tab 280 mg.....	20
HYQVIA – immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit.....	17	IMBRUVICA – ibrutinib tab 420 mg.....	20
HY-VEE LANCETS – lancets.....	165	IMBRUVICA – ibrutinib tab 560 mg.....	20
HY-VEE THIN LANCETS – lancets.....	165	IMCIVREE – setmelanotide acetate subcutaneous soln 10 mg/ml.....	78
I		imipramine hcl tab 10 mg.....	71
ibandronate sodium tab 150 mg (base equivalent).....	38	imipramine hcl tab 25 mg.....	71
IBRANCE – palbociclib cap 75 mg.....	19	imipramine hcl tab 50 mg.....	71
IBRANCE – palbociclib cap 100 mg.....	19	imiquimod cream 5%.....	123
IBRANCE – palbociclib cap 125 mg.....	19	IMPAVIDO – miltefosine cap 50 mg.....	12
IBRANCE – palbociclib tab 75 mg.....	19	IMURAN – azathioprine tab 50 mg.....	206
IBRANCE – palbociclib tab 100 mg.....	19	IMVEXXY MAINTENANCE PACK – estradiol vaginal insert 4 mcg.....	67
IBRANCE – palbociclib tab 125 mg.....	19	IMVEXXY MAINTENANCE PACK – estradiol vaginal insert 10 mcg.....	67
ibuprofen tab 400 mg.....	89	IMVEXXY STARTER PACK – estradiol vaginal insert starter pack 4 mcg.....	67
ibuprofen tab 600 mg.....	89	IMVEXXY STARTER PACK – estradiol vaginal insert starter pack 10 mcg.....	67
ibuprofen tab 800 mg.....	89	INATAL GT – prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg.....	103
icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr).....	111	INBRIJA – levodopa inhal powder cap 42 mg.....	100
ICLUSIG – ponatinib hcl tab 10 mg (base equiv).....	20	INCONTROL ULTICARE MINI P – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	166
ICLUSIG – ponatinib hcl tab 15 mg (base equiv).....	20	INCONTROL ULTICARE MINI P – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	166
ICLUSIG – ponatinib hcl tab 30 mg (base equiv).....	20	INCONTROL ULTICARE MINI P – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	166
ICLUSIG – ponatinib hcl tab 45 mg (base equiv).....	20	INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml).....	38
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit.....	111	INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq).....	59
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 500 unit.....	111	indapamide tab 1.25 mg.....	52
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 1000 unit.....	111	indapamide tab 2.5 mg.....	52

INDICAID COVID-19 RAPID A – covid-19 at home antigen test kit.....	130	INSULIN SYRINGE/0.5ML/28G – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	167
indomethacin cap er 75 mg.....	89	INSULIN SYRINGE/0.5ML/30G – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	167
indomethacin cap 25 mg.....	89	INSULIN SYRINGE/0.5ML/31G – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	167
indomethacin cap 50 mg.....	89	INSULIN SYRINGE/0.3ML/30G – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	167
INFANRIX – diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml.....	15	INSULIN SYRINGE/0.3ML/31G – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	167
INFINITY BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device.....	166	INSULIN SYRINGE/1ML/28G X – insulin syringe/needle u-100 1 ml 28 x 1/2".....	167
INFINITY BLOOD GLUCOSE TE – glucose blood test strip.....	130	INSULIN SYRINGE/1ML/29G X – insulin syringe/needle u-100 1 ml 29 x 1/2".....	167
INFINITY VOICE – blood glucose monitoring kit w/ device.....	166	INSULIN SYRINGE/1ML/30G X – insulin syringe/needle u-100 1 ml 30 x 5/16".....	167
INFINITY VOICE – glucose blood test strip.....	130	INSULIN SYRINGE/NEEDLE 0. – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	167
INGREZZA – valbenazine tosylate cap 40 mg (base equiv).....	81	INSULIN SYRINGE/NEEDLE 0. – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	167
INGREZZA – valbenazine tosylate cap 60 mg (base equiv).....	81	INSULIN SYRINGE/NEEDLE 0. – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	167
INGREZZA – valbenazine tosylate cap 80 mg (base equiv).....	81	INSULIN SYRINGE/NEEDLE 0. – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	166
INGREZZA – valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21).....	81	INSULIN SYRINGE/NEEDLE 0. – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	167
INLYTA – axitinib tab 1 mg.....	20	INSULIN SYRINGE/NEEDLE 1M – insulin syringe/needle u-100 1 ml 29 x 1/2".....	167
INLYTA – axitinib tab 5 mg.....	20	INSULIN SYRINGE/NEEDLE 1M – insulin syringe/needle u-100 1 ml 30 x 5/16".....	167
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 80 mg.....	42	INSULIN SYRINGE/NEEDLE 1M – insulin syringe/needle u-100 1 ml 31 x 5/16".....	167
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 120 mg.....	43	INSULIN SYRINGE/U-100/0.5 – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	167
INPEN 100/BLUE/LILLY/HUMA – injection device for insulin.....	166	INSULIN SYRINGE/U-100/0.3 – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	167
INPEN 100/BLUE/NOVOLOG/FI – injection device for insulin.....	166	INSULIN SYRINGE/U-100/1ML – insulin syringe/needle u-100 1 ml 29 x 1/2".....	167
INPEN 100/GREY/LILLY/HUMA – injection device for insulin.....	166	INSULIN SYRINGE/U-100/1ML – insulin syringe/needle u-100 1 ml 30 x 5/16".....	167
INPEN 100/GREY/NOVOLOG/FI – injection device for insulin.....	166	INSULIN SYRINGE/U-100/1ML – insulin syringe/needle u-100 1 ml 31 x 5/16".....	167
INPEN 100/PINK/LILLY/HUMA – injection device for insulin.....	166	INSULIN SYRINGE/U-100/1ML – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	167
INPEN 100/PINK/NOVOLOG/FI – injection device for insulin.....	166	INSULIN SYRINGE 1ML/31G X – insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm).....	166
INQOVI – decitabine-cedazuridine tab 35-100 mg.....	20	INSULIN SYRINGES/1ML/27GX – insulin syringe/needle u-100 1 ml 27 x 1/2".....	168
INREBIC – fedratinib hcl cap 100 mg.....	20	INSULIN SYRINGES/1ML/28GX – insulin syringe/needle u-100 1 ml 28 x 1/2".....	168
INSULIN ASPART FLEXPEN – insulin aspart soln pen-injector 100 unit/ml.....	34	INSULIN SYRINGES/1ML/29GX – insulin syringe/needle u-100 1 ml 29 x 1/2".....	168
INSULIN ASPART – insulin aspart inj soln 100 unit/ml.....	34	INSULIN SYRINGES/1ML/30GX – insulin syringe/needle u-100 1 ml 30 x 1/2".....	168
INSULIN ASPART PENFILL – insulin aspart soln cartridge 100 unit/ml.....	34	INSULIN SYRINGES/1ML/31GX – insulin syringe/needle u-100 1 ml 31 x 5/16".....	168
INSULIN ASPART PROTAMINE/ – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30).....	34		
INSULIN ASPART PROTAMINE/ – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30).....	34		
INSULIN GLARGINE – insulin glargine inj 100 unit/ml.....	35		
INSULIN GLARGINE SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml.....	35		
INSULIN SYRINGE/0.5ML/27G – insulin syringe/needle u-100 1/2 ml 27 x 1/2".....	167		

INSULIN SYRINGES/0.5ML/27 – insulin syringe/needle u-100 1/2 ml 27 x 1/2".....	168	INVEGA – paliperidone tab er 24hr 6 mg.....	74
INSULIN SYRINGES/0.5ML/28 – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	168	INVEGA – paliperidone tab er 24hr 9 mg.....	74
INSULIN SYRINGES/0.5ML/29 – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	168	IOPIDINE – apraclonidine hcl ophth soln 1% (base equivalent).....	117
INSULIN SYRINGES/0.5ML/30 – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	168	IPOV INACTIVATED IPV – poliovirus vaccine, ipv injection.....	14
INSULIN SYRINGES/0.5ML/31 – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	168	ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	59
INSULIN SYRINGES 0.3ML/31 – insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm).....	167	ipratropium bromide inhal soln 0.02%.....	59
INSULIN SYRINGES 0.5ML/31 – insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm).....	167	ipratropium bromide nasal soln 0.03% (21 mcg/ spray).....	57
INSUL-TOTE – blood glucose monitoring supplies.....	166	ipratropium bromide nasal soln 0.06% (42 mcg/ spray).....	57
INSUL-TOTE JR – blood glucose monitoring supplies.....	166	irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide).....	49
INSUPEN 29G X 12MM – insulin pen needle 29 g x 12 mm (1/2").....	168	irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide).....	49
INSUPEN 33GX4MM – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	168	irbesartan tab 75 mg (Avapro).....	49
INSUPEN 31G X 5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	168	irbesartan tab 150 mg (Avapro).....	49
INSUPEN 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	168	irbesartan tab 300 mg (Avapro).....	49
INSUPEN 32G X 4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	168	IRESSA – gefitinib tab 250 mg.....	20
INSUPEN PEN NEEDLES 32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	168	irrigation solution, physiological.....	206
INSUPEN SENSITIVE 32GX6MM – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	168	ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv).....	7
INSUPEN SENSITIVE 32GX8MM – insulin pen needle 32 g x 8 mm (1/3" or 5/16").....	168	ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv).....	7
INSUPEN ULTRAFIN 30GX8MM – insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	168	ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv).....	7
INSUPEN ULTRAFIN 31GX6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	168	ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv).....	7
INSUPEN ULTRAFIN 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	168	ISENTRESS – raltegravir potassium tab 400 mg (base equiv).....	7
INTELENCE – etravirine tab 25 mg.....	7	ISONIAZID – isoniazid syrup 50 mg/5ml.....	4
INTELENCE – etravirine tab 100 mg.....	7	ISONIAZID – isoniazid tab 100 mg.....	4
INTELENCE – etravirine tab 200 mg.....	7	isoniazid tab 300 mg.....	4
INTELISWAB COVID-19 RAPID – covid-19 at home antigen test kit.....	130	ISOPTO ATROPINE – atropine sulfate ophth soln 1%.....	117
IN TOUCH – blood glucose monitoring devices.....	166	isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil).....	55
IN TOUCH BLOOD GLUCOSE TE – glucose blood test strip.....	130	isosorbide dinitrate tab 10 mg.....	41
IN TOUCH DIABETES MANAGEM – blood glucose monitoring misc.....	166	isosorbide dinitrate tab 20 mg.....	41
IN TOUCH LANCING DEVICE – lancet devices.....	166	isosorbide dinitrate tab 30 mg.....	41
IN TOUCH STERILE LANCETS – lancets.....	166	isosorbide dinitrate tab 5 mg (Isordil titradose).....	41
INTRAROSA – prasterone vaginal insert 6.5 mg.....	67	isosorbide dinitrate tab 40 mg (Isordil titradose).....	41
INTRON A – interferon alfa-2b for inj 10000000 unit.....	20	isosorbide mononitrate tab er 24hr 30 mg.....	41
INTRON A – interferon alfa-2b for inj 50000000 unit.....	20	isosorbide mononitrate tab er 24hr 60 mg.....	41
INVEGA – paliperidone tab er 24hr 1.5 mg.....	74	isosorbide mononitrate tab er 24hr 120 mg.....	41
INVEGA – paliperidone tab er 24hr 3 mg.....	74	isosorbide mononitrate tab 10 mg.....	41
		isosorbide mononitrate tab 20 mg.....	41
		isotretinoin cap 10 mg (Absorica).....	123
		isotretinoin cap 20 mg (Absorica).....	123
		isotretinoin cap 30 mg (Absorica).....	123
		isotretinoin cap 40 mg (Absorica).....	123
		isradipine cap 2.5 mg.....	45
		isradipine cap 5 mg.....	45
		ISTURISA – osilodrostat phosphate tab 1 mg.....	38
		ISTURISA – osilodrostat phosphate tab 5 mg.....	38

ISTURISA – osilodrostat phosphate tab 10 mg.....	38	JARDIANCE – empagliflozin tab 10 mg.....	32
itraconazole cap 100 mg (Sporanox).....	5	JARDIANCE – empagliflozin tab 25 mg.....	32
itraconazole oral soln 10 mg/ml (Sporanox).....	5	JENLIVA PRENATAL/POSTNATA – prenatal multivitamins & minerals w/ iron & fa cap 1 mg.....	103
ivermectin cream 1% (Soolantra).....	123	JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit.....	112
IVERMECTIN – ivermectin lotion 0.5%.....	123	JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 2000 unit.....	112
ivermectin tab 3 mg (Stromectol).....	11	JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 3000 unit.....	112
IXINITY – coagulation factor ix (recombinant) for inj 250 unit.....	111	JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit.....	112
IXINITY – coagulation factor ix (recombinant) for inj 500 unit.....	112	JULUCA – dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq).....	7
IXINITY – coagulation factor ix (recombinant) for inj 1000 unit.....	112	JUXTAPID – lomitapide mesylate cap 5 mg (base equiv).....	53
IXINITY – coagulation factor ix (recombinant) for inj 1500 unit.....	112	JUXTAPID – lomitapide mesylate cap 10 mg (base equiv).....	54
IXINITY – coagulation factor ix (recombinant) for inj 2000 unit.....	112	JUXTAPID – lomitapide mesylate cap 20 mg (base equiv).....	54
IXINITY – coagulation factor ix (recombinant) for inj 3000 unit.....	112	JUXTAPID – lomitapide mesylate cap 30 mg (base equiv).....	54
J		JYNARQUE – tolvaptan tab 15 mg.....	38
JADENU – deferasirox tab 90 mg.....	126	JYNARQUE – tolvaptan tab 30 mg.....	38
JADENU – deferasirox tab 180 mg.....	126	JYNARQUE – tolvaptan tab therapy pack 30 & 15 mg.....	38
JADENU – deferasirox tab 360 mg.....	126	JYNARQUE – tolvaptan tab therapy pack 45 & 15 mg.....	38
JADENU SPRINKLE – deferasirox granules packet 90 mg.....	126	JYNARQUE – tolvaptan tab therapy pack 60 & 30 mg.....	38
JADENU SPRINKLE – deferasirox granules packet 180 mg.....	126	JYNARQUE – tolvaptan tab therapy pack 90 & 30 mg.....	38
JADENU SPRINKLE – deferasirox granules packet 360 mg.....	126	JYNARQUE – tolvaptan tab therapy pack 15 mg.....	38
JAKAFI – ruxolitinib phosphate tab 5 mg (base equivalent).....	20	K	
JAKAFI – ruxolitinib phosphate tab 10 mg (base equivalent).....	20	KALBITOR – ecallantide inj 10 mg/ml.....	112
JAKAFI – ruxolitinib phosphate tab 15 mg (base equivalent).....	20	KALETRA – lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	7
JAKAFI – ruxolitinib phosphate tab 20 mg (base equivalent).....	20	KALETRA – lopinavir-ritonavir tab 100-25 mg.....	7
JAKAFI – ruxolitinib phosphate tab 25 mg (base equivalent).....	20	KALETRA – lopinavir-ritonavir tab 200-50 mg.....	7
JALYN – dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....	68	KALYDECO – ivacaftor packet 25 mg.....	61
JANSSEN COVID-19 VACCINE – covid-19 (sars-cov-2) ad26 vector vaccine-janssen im 0.5 ml.....	14	KALYDECO – ivacaftor packet 50 mg.....	61
JANUMET – sitagliptin-metformin hcl tab 50-500 mg.....	32	KALYDECO – ivacaftor packet 75 mg.....	61
JANUMET – sitagliptin-metformin hcl tab 50-1000 mg.....	32	KALYDECO – ivacaftor tab 150 mg.....	61
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg.....	32	KEPPRA – levetiracetam oral soln 100 mg/ml.....	95
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg.....	32	KEPPRA – levetiracetam tab 250 mg.....	95
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 100-1000 mg.....	32	KEPPRA – levetiracetam tab 500 mg.....	95
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv).....	32	KEPPRA – levetiracetam tab 750 mg.....	95
JANUVIA – sitagliptin phosphate tab 50 mg (base equiv).....	32	KEPPRA – levetiracetam tab 1000 mg.....	95
JANUVIA – sitagliptin phosphate tab 100 mg (base equiv).....	32	KEPPRA XR – levetiracetam tab er 24hr 500 mg.....	95
		KEPPRA XR – levetiracetam tab er 24hr 750 mg.....	95
		KERENDIA – finerenone tab 10 mg.....	38
		KERENDIA – finerenone tab 20 mg.....	38
		KESIMPTA – ofatumumab soln auto-injector 20 mg/0.4ml.....	81
		KETOCARE – acetone (urine) test strip.....	130
		ketoconazole cream 2%.....	123
		ketoconazole shampoo 2%.....	123
		ketoconazole tab 200 mg.....	5
		KETONE – acetone (urine) test strip.....	130

KETONE TEST STRIPS – acetone (urine) test strip.....	130	KOATE – antihemophilic factor (human) for inj 1000 unit.....	112
ketorolac tromethamine ophth soln 0.5% (Acular).....	117	KOATE-DVI – antihemophilic factor (human) for inj 500 unit.....	112
ketorolac tromethamine ophth soln 0.4% (Acular Is).....	117	KOATE-DVI – antihemophilic factor (human) for inj 1000 unit.....	112
ketorolac tromethamine tab 10 mg.....	89	KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 250 unit.....	112
KETOSTIX – acetone (urine) test strip.....	130	KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 500 unit.....	112
KEVEYIS – dichlorphenamide tab 50 mg.....	52	KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 1000 unit.....	112
KEVZARA – sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml.....	90	KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 2000 unit.....	112
KEVZARA – sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml.....	90	KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 3000 unit.....	112
KEVZARA – sarilumab subcutaneous solution auto-injector 150 mg/1.14ml.....	89	KORLYM – mifepristone tab 300 mg.....	32
KEVZARA – sarilumab subcutaneous solution auto-injector 200 mg/1.14ml.....	89	KOSELUGO – selumetinib sulfate cap 10 mg.....	20
KINERET – anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml.....	90	KOSELUGO – selumetinib sulfate cap 25 mg.....	20
KINNEY LANCETS – lancets.....	168	KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 250 unit.....	112
KINNEY THIN LANCETS – lancets.....	168	KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 500 unit.....	112
KINRAY INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	168	KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 1000 unit.....	112
KINRAY INSULIN SYRINGE PR – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	168	KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 2000 unit.....	112
KINRAY INSULIN SYRINGE PR – insulin syringe/needle u-100 1 ml 31 x 5/16".....	168	KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 3000 unit.....	112
KINRAY INSULIN SYRINGE PR – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	168	K-PHOS NEUTRAL – pot phos monobasic w/sod phos di & monobas tab 155-852-130mg.....	104
KINRIX – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml.....	15	K-PHOS NO 2 – potassium & sodium acid phosphates tab 305-700 mg.....	68
KISQALI FEMARA 200 DOSE – ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	20	K-PHOS – potassium phosphate monobasic tab 500 mg.....	104
KISQALI FEMARA 400 DOSE – ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	20	KRINTAFEL – tafenoquine succinate tab 150 mg (base equivalent).....	10
KISQALI FEMARA 600 DOSE – ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	20	KROGER AUTOLET LANCING DE – lancet devices.....	169
KISQALI – ribociclib succinate tab pack 200 mg daily dose.....	20	KROGER BLOOD GLUCOSE MONI – blood glucose monitoring kit w/ device.....	169
KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab).....	20	KROGER BLOOD GLUCOSE TEST – glucose blood test strip.....	130
KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab).....	20	KROGER HEALTHPRO BLOOD GL – blood glucose monitoring kit w/ device.....	169
KITABIS PAK – tobramycin nebu soln 300 mg/5ml.....	4	KROGER HEALTHPRO GLUCOSE – glucose blood test strip.....	130
KLARON – sulfacetamide sodium lotion 10% (acne).....	124	KROGER HEALTHPRO TWIST LA – lancets.....	169
KLISYRI – tirbanibulin ointment 1%.....	124	KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	169
KLOXXADO – naloxone hcl nasal spray 8 mg/0.1ml.....	126	KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	169
KMART VALU PLUS INSULIN S – insulin syringe (disp) u-100 1/2 ml.....	169	KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	169
KMART VALU PLUS INSULIN S – insulin syringe (disp) u-100 0.3 ml.....	169	KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	169
KMART VALU PLUS INSULIN S – insulin syringe (disp) u-100 1 ml.....	169		
KOATE – antihemophilic factor (human) for inj 250 unit.....	112		
KOATE – antihemophilic factor (human) for inj 500 unit.....	112		

KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	169	labetalol hcl tab 200 mg.....	43
KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	169	labetalol hcl tab 300 mg.....	43
KROGER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 29 x 1/2".....	169	lacosamide oral solution 10 mg/ml (Vimpat).....	95
KROGER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 30 x 5/16".....	169	lacosamide tab 50 mg (Vimpat).....	95
KROGER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 31 x 5/16".....	169	lacosamide tab 100 mg (Vimpat).....	95
KROGER INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	169	lacosamide tab 150 mg (Vimpat).....	95
KROGER LANCETS 21G – lancets.....	169	lacosamide tab 200 mg (Vimpat).....	95
KROGER LANCETS – lancets.....	169	LACRISERT – artificial tear ophth insert.....	117
KROGER LANCETS MICRO THIN – lancets.....	169	lactated ringer's for irrigation.....	206
KROGER LANCETS SUPER THIN – lancets.....	169	lactulose (encephalopathy) solution 10 gm/15ml.....	65
KROGER LANCETS THIN 26G – lancets.....	169	lactulose solution 10 gm/15ml.....	61
KROGER LANCETS THIN – lancets.....	169	LAGEVRIO – molnupiravir cap 200 mg.....	7
KROGER LANCETS ULTRATHIN – lancets.....	169	LAMICTAL CHEWABLE DISPERS – lamotrigine tab chewable dispersible 5 mg.....	95
KROGER LANCING DEVICE – lancet devices.....	169	LAMICTAL CHEWABLE DISPERS – lamotrigine tab chewable dispersible 25 mg.....	95
KROGER PEN NEEDLES/31G X – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	169	LAMICTAL – lamotrigine tab 25 mg.....	95
KROGER PEN NEEDLES/31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	169	LAMICTAL – lamotrigine tab 100 mg.....	95
KROGER PEN NEEDLES/31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	170	LAMICTAL – lamotrigine tab 150 mg.....	95
KROGER PEN NEEDLES/32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	170	LAMICTAL – lamotrigine tab 200 mg.....	95
KROGER PEN NEEDLES/33G X – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	170	LAMICTAL ODT – lamotrigine orally disintegrating tab 25 mg.....	96
KROGER PEN NEEDLES 31GX1/ – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	169	LAMICTAL ODT – lamotrigine orally disintegrating tab 50 mg.....	96
KROGER PEN NEEDLES 29G X – insulin pen needle 29 g x 12 mm (1/2").....	169	LAMICTAL ODT – lamotrigine orally disintegrating tab 100 mg.....	96
KROGER PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	169	LAMICTAL ODT – lamotrigine orally disintegrating tab 200 mg.....	96
KROGER PREMIUM BLOOD GLUC – blood glucose monitoring kit w/ device.....	170	LAMICTAL ODT – lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit.....	96
KROGER PREMIUM BLOOD GLUC – glucose blood test strip.....	130	LAMICTAL ODT – lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit.....	95
K-TAB – potassium chloride tab er 10 meq.....	104	LAMICTAL ODT – lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit.....	95
K-TAB – potassium chloride tab er 20 meq (1500 mg).....	104	LAMICTAL STARTER/NOT TAKI – lamotrigine tab 25 mg (42) & 100 mg (7) starter kit.....	96
KUVAN – sapropterin dihydrochloride powder packet 100 mg.....	38	LAMICTAL STARTER/TAKING C – lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit.....	96
KUVAN – sapropterin dihydrochloride powder packet 500 mg.....	38	LAMICTAL STARTER/TAKING V – lamotrigine tab 35 x 25 mg starter kit.....	96
KUVAN – sapropterin dihydrochloride tab 100 mg.....	38	LAMICTAL XR – lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit.....	96
KYNMOBI – apomorphine hydrochloride film 10 mg.....	100	LAMICTAL XR – lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit.....	96
KYNMOBI – apomorphine hydrochloride film 15 mg.....	100	LAMICTAL XR – lamotrigine tab er 24hr 25 mg.....	96
KYNMOBI – apomorphine hydrochloride film 20 mg.....	100	LAMICTAL XR – lamotrigine tab er 24hr 50 mg.....	96
KYNMOBI – apomorphine hydrochloride film 25 mg.....	100	LAMICTAL XR – lamotrigine tab er 24hr 100 mg.....	96
KYNMOBI – apomorphine hydrochloride film 30 mg.....	100	LAMICTAL XR – lamotrigine tab er 24hr 200 mg.....	96
		LAMICTAL XR – lamotrigine tab er 24hr 250 mg.....	96
		LAMICTAL XR – lamotrigine tab er 24hr 300 mg.....	96
		LAMICTAL XR – lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit.....	96
		lamivudine oral soln 10 mg/ml (Epivir).....	7
		lamivudine tab 150 mg (Epivir).....	7
		lamivudine tab 300 mg (Epivir).....	7
		lamivudine tab 100 mg (hbv) (Epivir hbv).....	7
L			
labetalol hcl tab 100 mg.....	43		

lamivudine-zidovudine tab 150-300 mg (Combivir).....	7	lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol).....	65
lamotrigine orally disintegrating tab 25 mg (Lamictal odt).....	96	LANTUS – insulin glargine inj 100 unit/ml.....	35
lamotrigine orally disintegrating tab 50 mg (Lamictal odt).....	96	LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml.....	35
lamotrigine orally disintegrating tab 100 mg (Lamictal odt).....	96	LANZO – lancet devices.....	170
lamotrigine orally disintegrating tab 200 mg (Lamictal odt).....	96	lapatinib ditosylate tab 250 mg (base equiv) (Tykerb).....	20
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di).....	96	LASIX – furosemide tab 20 mg.....	52
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di).....	96	LASIX – furosemide tab 40 mg.....	52
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt).....	96	LASIX – furosemide tab 80 mg.....	52
lamotrigine tab er 24hr 25 mg (Lamictal xr).....	96	latanoprost ophth soln 0.005% (Xalatan).....	117
lamotrigine tab er 24hr 50 mg (Lamictal xr).....	96	LATUDA – lurasidone hcl tab 20 mg.....	74
lamotrigine tab er 24hr 100 mg (Lamictal xr).....	96	LATUDA – lurasidone hcl tab 40 mg.....	74
lamotrigine tab er 24hr 200 mg (Lamictal xr).....	96	LATUDA – lurasidone hcl tab 60 mg.....	74
lamotrigine tab er 24hr 250 mg (Lamictal xr).....	96	LATUDA – lurasidone hcl tab 80 mg.....	74
lamotrigine tab er 24hr 300 mg (Lamictal xr).....	96	LATUDA – lurasidone hcl tab 120 mg.....	74
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not).....	97	LEADER ADVANCED LANCING D – lancet devices.....	170
lamotrigine tab 25 mg (Lamictal).....	96	LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	170
lamotrigine tab 100 mg (Lamictal).....	96	LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	170
lamotrigine tab 150 mg (Lamictal).....	96	LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	170
lamotrigine tab 200 mg (Lamictal).....	97	LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	170
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak).....	97	LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	170
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak).....	97	LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	170
LAMPIT – nifurtimox tab 30 mg.....	12	LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	170
LAMPIT – nifurtimox tab 120 mg.....	12	LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 28 x 1/2".....	170
LANCET DEVICE ADJUSTABLE – lancet devices.....	170	LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 29 x 1/2".....	170
LANCET DEVICE WITH EJECTO – lancet devices.....	170	LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 30 x 5/16".....	170
LANCETS 30G/TWIST TOP – lancets.....	170	LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 31 x 5/16".....	170
LANCETS 33G EXTRA FINE – lancets.....	170	LEADER LANCETS COLORED – lancets.....	170
LANCETS 30G – lancets.....	170	LEADER SUPER THIN LANCET – lancets.....	171
LANCETS 30G TWIST TOP – lancets.....	170	LEADER THIN LANCETS – lancets.....	171
LANCETS 33G UNIVERSAL DES – lancets.....	170	LEADER UNIFINE PENTIPS/MI – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	171
LANCETS – lancets.....	170	LEADER UNIFINE PENTIPS/NA – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	171
LANCETS MICRO THIN 33G – lancets.....	170	LEADER UNIFINE PENTIPS/PL – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	171
LANCETS SUPER THIN 28G – lancets.....	170	LEADER UNIFINE PENTIPS PL – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	171
LANCETS THIN – lancets.....	170	LEADER UNIFINE PENTIPS PL – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	171
LANCETS ULTRA THIN 30G – lancets.....	170	LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg.....	7
LANCETS ULTRA THIN – lancets.....	170	leflunomide tab 10 mg (Arava).....	90
LANCING DEVICE – lancet devices.....	170		
LANOXIN – digoxin tab 62.5 mcg (0.0625 mg).....	41		
LANOXIN – digoxin tab 125 mcg (0.125 mg).....	41		
LANOXIN – digoxin tab 250 mcg (0.25 mg).....	41		
lansoprazole cap delayed release 30 mg (Prevacid).....	62		
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol).....	65		
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol).....	65		

leflunomide tab 20 mg (Arava).....	90	levofloxacin tab 250 mg.....	4
lenalidomide cap 5 mg (Revlimid).....	206	levofloxacin tab 500 mg.....	4
lenalidomide cap 10 mg (Revlimid).....	206	levofloxacin tab 750 mg.....	4
lenalidomide cap 15 mg (Revlimid).....	206	levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (Quartette).....	29
lenalidomide cap 25 mg (Revlimid).....	206	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	29
LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose).....	21	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	29
LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose).....	20	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	29
LENVIMA 4 MG DAILY DOSE – lenvatinib cap therapy pack 4 mg (4 mg daily dose).....	21	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	29
LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose).....	20	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	29
LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose).....	21	levonorgestrel tab 1.5 mg.....	29
LENVIMA 8 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose).....	21	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique).....	29
LENVIMA 18 MG DAILY DOSE – lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose).....	21	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique).....	29
LENVIMA 24 MG DAILY DOSE – lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose).....	21	levorphanol tartrate tab 2 mg.....	86
LETAIRIS – ambrisentan tab 5 mg.....	55	levothyroxine sodium tab 25 mcg (Synthroid).....	35
LETAIRIS – ambrisentan tab 10 mg.....	55	levothyroxine sodium tab 50 mcg (Synthroid).....	36
letrozole tab 2.5 mg (Femara).....	21	levothyroxine sodium tab 75 mcg (Synthroid).....	36
leucovorin calcium tab 5 mg.....	21	levothyroxine sodium tab 88 mcg (Synthroid).....	36
leucovorin calcium tab 10 mg.....	21	levothyroxine sodium tab 100 mcg (Synthroid).....	36
leucovorin calcium tab 15 mg.....	21	levothyroxine sodium tab 112 mcg (Synthroid).....	36
leucovorin calcium tab 25 mg.....	21	levothyroxine sodium tab 125 mcg (Synthroid).....	36
LEUKERAN – chlorambucil tab 2 mg.....	21	levothyroxine sodium tab 137 mcg (Synthroid).....	36
LEUKINE – sargramostim lyophilized for inj 250 mcg.....	106	levothyroxine sodium tab 150 mcg (Synthroid).....	36
leuprolide acetate inj kit 5 mg/ml.....	21	levothyroxine sodium tab 175 mcg (Synthroid).....	36
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate).....	59	levothyroxine sodium tab 200 mcg (Synthroid).....	36
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex).....	59	levothyroxine sodium tab 300 mcg (Synthroid).....	36
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex).....	60	LEXIVA – fosamprenavir calcium susp 50 mg/ml (base equiv).....	7
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex).....	60	LEXIVA – fosamprenavir calcium tab 700 mg (base equiv).....	7
LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml.....	35	LIBERTY BLOOD GLUCOSE MET – blood glucose monitoring devices.....	171
LEVEMIR – insulin detemir inj 100 unit/ml.....	35	LIBERTY MEDICAL LANCETS 3 – lancets.....	171
levetiracetam oral soln 100 mg/ml (Keppra).....	97	LIBERTY MINI LANCING DEVI – lancet devices.....	171
levetiracetam tab er 24hr 500 mg (Keppra xr).....	97	LIBERTY NEXT GENERATION B – blood glucose monitoring devices.....	171
levetiracetam tab er 24hr 750 mg (Keppra xr).....	97	LIBERTY NEXT GENERATION B – glucose blood test strip.....	130
levetiracetam tab 250 mg (Keppra).....	97	LIBERTY TEST STRIPS – glucose blood test strip.....	130
levetiracetam tab 500 mg (Keppra).....	97	LIDOCAINE HCL – lidocaine hcl laryngotracheal soln 4%.....	119
levetiracetam tab 750 mg (Keppra).....	97	lidocaine hcl soln 4%.....	124
levetiracetam tab 1000 mg (Keppra).....	97	lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	124
LEVOBUNOLOL HCL – levobunolol hcl ophth soln 0.5%.....	117	lidocaine hcl viscous soln 2%.....	119
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor).....	38	lidocaine patch 5% (Lidoderm).....	124
levocarnitine tab 330 mg (Carnitor).....	38	lidocaine-prilocaine cream 2.5-2.5%.....	124
levocetirizine dihydrochloride tab 5 mg.....	56	LIFESCAN UNISTIK 2 DEEP P – lancets.....	171
levofloxacin ophth soln 0.5%.....	117	LIFESCAN UNISTIK II LANCE – lancets.....	171
levofloxacin oral soln 25 mg/ml.....	4		

LINDANE – lindane shampoo 1%.....	124	LITETOUCH PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	172
linezolid for susp 100 mg/5ml (Zyvox).....	12	lithium carbonate cap 150 mg (Lithium carbonate).....	74
linezolid tab 600 mg (Zyvox).....	12	lithium carbonate cap 300 mg (Lithium carbonate).....	74
liothyronine sodium tab 5 mcg (Cytomel).....	36	lithium carbonate cap 600 mg (Lithium carbonate).....	74
liothyronine sodium tab 25 mcg (Cytomel).....	36	LITHIUM CARBONATE – lithium carbonate cap 150 mg.....	74
liothyronine sodium tab 50 mcg (Cytomel).....	36	LITHIUM CARBONATE – lithium carbonate cap 300 mg.....	74
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic).....	49	LITHIUM CARBONATE – lithium carbonate cap 600 mg.....	74
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic).....	49	lithium carbonate tab er 450 mg.....	74
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic).....	49	lithium carbonate tab er 300 mg (Lithobid).....	74
lisinopril tab 2.5 mg (Zestril).....	49	lithium carbonate tab 300 mg.....	74
lisinopril tab 5 mg (Zestril).....	49	LITHOBID – lithium carbonate tab er 300 mg.....	74
lisinopril tab 10 mg (Zestril).....	49	LITHOSTAT – acetohydroxamic acid tab 250 mg.....	68
lisinopril tab 20 mg (Zestril).....	49	LIVALO – pitavastatin calcium tab 1 mg.....	54
lisinopril tab 30 mg (Zestril).....	49	LIVALO – pitavastatin calcium tab 2 mg.....	54
lisinopril tab 40 mg (Zestril).....	49	LIVALO – pitavastatin calcium tab 4 mg.....	54
LITETOUCH INSULIN PEN NEE – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	171	LIVE BETTER ADVANCED LANC – lancet devices.....	172
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	171	LIVE BETTER LANCET SUPER – lancets.....	172
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	171	LIVE BETTER LANCET ULTRA – lancets.....	172
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	171	LIVE BETTER PEN NEEDLES 2 – insulin pen needle 29 g x 12 mm (1/2").....	172
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	171	LIVE BETTER PEN NEEDLES 3 – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	172
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	171	LIVE BETTER PEN NEEDLES 3 – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	172
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	171	LIVMARLI – maralixibat chloride oral soln 9.5 mg/ml.....	65
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	171	LIVTENCITY – maribavir tab 200 mg.....	7
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 28 x 1/2".....	171	LODINE – etodolac tab 400 mg.....	90
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2".....	171	LODOSYN – carbidopa tab 25 mg.....	100
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16".....	171	LOKELMA – sodium zirconium cyclosilicate for susp packet 5 gm.....	206
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16".....	171	LOKELMA – sodium zirconium cyclosilicate for susp packet 10 gm.....	206
LITE TOUCH LANCETS – lancets.....	171	LO LOESTRIN FE – norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2).....	29
LITETOUCH LANCETS MICRO T – lancets.....	171	LOMOTIL – diphenoxylate w/ atropine tab 2.5-0.025 mg.....	62
LITE TOUCH LANCING PEN – lancet devices.....	171	LONGS INSULIN SYRINGE/0.5 – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	172
LITETOUCH PEN NEEDLES/31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	172	LONGS LANCETS STANDARD – lancets.....	172
LITETOUCH PEN NEEDLES/31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	172	LONGS LANCETS THIN – lancets.....	172
LITETOUCH PEN NEEDLES/31 – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	172	LONGS LANCETS ULTRA THIN – lancets.....	172
LITETOUCH PEN NEEDLES 29G – insulin pen needle 29 g x 12.7 mm (1/2").....	171	LONSURF – trifluridine-tipiracil tab 15-6.14 mg.....	21
LITETOUCH PEN NEEDLES 31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	172	LONSURF – trifluridine-tipiracil tab 20-8.19 mg.....	21
		LOPID – gemfibrozil tab 600 mg.....	54
		lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra).....	8
		lopinavir-ritonavir tab 100-25 mg (Kaletra).....	8
		lopinavir-ritonavir tab 200-50 mg (Kaletra).....	8
		LOPRESSOR – metoprolol tartrate tab 50 mg.....	43
		LOPRESSOR – metoprolol tartrate tab 100 mg.....	43
		LOPROX – ciclopirox olamine cream 0.77% (base equiv).....	124

LOPROX – ciclopirox olamine susp 0.77% (base equiv).....	124	LYBALVI – olanzapine-samidorphan l-malate tab 5-10 mg.....	81
loratadine & pseudoephedrine tab er 12hr 5-120 mg.....	57	LYBALVI – olanzapine-samidorphan l-malate tab 10-10 mg.....	81
loratadine & pseudoephedrine tab er 24hr 10-240 mg.....	57	LYBALVI – olanzapine-samidorphan l-malate tab 15-10 mg.....	81
loratadine rapidly-disintegrating tab 10 mg (Claritin).....	56	LYBALVI – olanzapine-samidorphan l-malate tab 20-10 mg.....	81
loratadine syrup 5 mg/5ml.....	56	LYNPARZA – olaparib tab 100 mg.....	21
loratadine tab 10 mg.....	56	LYNPARZA – olaparib tab 150 mg.....	21
lorazepam conc 2 mg/ml.....	69	LYRICA – pregabalin soln 20 mg/ml.....	97
lorazepam tab 0.5 mg (Ativan).....	69	LYSODREN – mitotane tab 500 mg.....	21
lorazepam tab 1 mg (Ativan).....	69	LYSTEDA – tranexamic acid tab 650 mg.....	108
lorazepam tab 2 mg (Ativan).....	69		
LORBRENA – lorlatinib tab 25 mg.....	21	M	
LORBRENA – lorlatinib tab 100 mg.....	21	MACROBID – nitrofurantoin monohydrate macrocrystalline cap 100 mg.....	12
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar).....	49	MACRODANTIN – nitrofurantoin macrocrystalline cap 25 mg.....	12
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar).....	49	MACRODANTIN – nitrofurantoin macrocrystalline cap 50 mg.....	12
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar).....	49	MACRODANTIN – nitrofurantoin macrocrystalline cap 100 mg.....	12
losartan potassium tab 25 mg (Cozaar).....	49	mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon).....	124
losartan potassium tab 50 mg (Cozaar).....	49	MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	172
losartan potassium tab 100 mg (Cozaar).....	49	MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	172
LOTEMAX – loteprednol etabonate ophth gel 0.5%.....	117	MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	172
LOTEMAX – loteprednol etabonate ophth oint 0.5%.....	117	MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	172
LOTEMAX – loteprednol etabonate ophth susp 0.5%.....	117	MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1 ml 29 x 1/2".....	172
LOTEMAX SM – loteprednol etabonate ophth gel 0.38%.....	117	MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1 ml 30 x 5/16".....	172
LOTENSIN – benazepril hcl tab 10 mg.....	49	MAGELLAN TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	172
LOTENSIN – benazepril hcl tab 20 mg.....	49	MAGELLAN TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2".....	172
LOTENSIN – benazepril hcl tab 40 mg.....	49	malathion lotion 0.5% (Ovide).....	124
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 10-12.5 mg.....	49	MARATHON MEDICAL PENTIPS – insulin pen needle 29 g x 12 mm (1/2").....	172
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-12.5 mg.....	49	MARATHON MEDICAL PENTIPS – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	172
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-25 mg.....	49	MARATHON MEDICAL PENTIPS – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	172
loteprednol etabonate ophth gel 0.5% (Lotemax).....	117	MARATHON MEDICAL PENTIPS – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	172
loteprednol etabonate ophth susp 0.5% (Lotemax).....	117	maraviroc tab 150 mg (Selzentry).....	8
lovastatin tab 10 mg.....	54	maraviroc tab 300 mg (Selzentry).....	8
lovastatin tab 20 mg.....	54	MARPLAN – isocarboxazid tab 10 mg.....	71
lovastatin tab 40 mg.....	54	MATULANE – procarbazine hcl cap 50 mg.....	21
loxapine succinate cap 5 mg.....	74	MAVENCLAD – cladribine tab therapy pack 10 mg (4 tabs).....	82
loxapine succinate cap 10 mg.....	74		
loxapine succinate cap 25 mg.....	74		
loxapine succinate cap 50 mg.....	74		
LUBIPROSTONE – lubiprostone cap 8 mcg.....	65		
LUBIPROSTONE – lubiprostone cap 24 mcg.....	65		
LUCEMYRA – lofexidine hcl tab 0.18 mg (base equivalent).....	81		
LUMAKRAS – sotorasib tab 120 mg.....	21		
LUMIGAN – bimatoprost ophth soln 0.01%.....	117		
LUPKYNIS – voclosporin cap 7.9 mg.....	206		

MAVENCLAD – cladribine tab therapy pack 10 mg (5 tabs).....	82	MEDICINE SHOPPE LANCETS – lancets.....	173
MAVENCLAD – cladribine tab therapy pack 10 mg (6 tabs).....	82	MEDICINE SHOPPE LANCETS T – lancets.....	173
MAVENCLAD – cladribine tab therapy pack 10 mg (7 tabs).....	82	MEDICINE SHOPPE PEN NEEDL – insulin pen needle 29 g x 12 mm (1/2").....	173
MAVENCLAD – cladribine tab therapy pack 10 mg (8 tabs).....	82	MEDICINE SHOPPE PEN NEEDL – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	173
MAVENCLAD – cladribine tab therapy pack 10 mg (9 tabs).....	82	MEDICINE SHOPPE PEN NEEDL – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	173
MAVENCLAD – cladribine tab therapy pack 10 mg (10 tabs).....	82	MEDIC INSULIN SYRINGE/0.5 – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	173
MAVYRET – glecaprevir-pibrentasvir pellet pack 50-20 mg.....	8	MEDIC INSULIN SYRINGE/0.3 – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	173
MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg.....	8	MEDLANCE/EXTRA – lancets.....	173
MAXICOMFORT II PEN NEEDLE – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	173	MEDLANCE/LITE – lancets.....	173
MAXI-COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	173	MEDLANCE/UNIVERSAL – lancets.....	173
MAXI-COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 28 x 1/2".....	173	MEDLANCE PLUS/LITE 25G – lancets.....	173
MAXICOMFORT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 27 x 1/2".....	173	MEDLANCE PLUS EXTRA LANCE – lancets.....	173
MAXICOMFORT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 27 x 1/2".....	173	MEDLANCE PLUS LANCETS – lancets.....	173
MAXI-COMFORT SAFETY PEN N – insulin pen needle 29 g x 5 mm (1/5" or 3/16").....	173	MEDLANCE PLUS LANCETS LIT – lancets.....	173
MAXI-COMFORT SAFETY PEN N – insulin pen needle 29 g x 8 mm (1/3" or 5/16").....	173	MEDLANCE PLUS LITE LANCET – lancets.....	173
MAXIDEX – dexamethasone ophth susp 0.1%.....	117	MEDLANCE PLUS SPECIAL LAN – lancets.....	173
MAXITROL – neomycin-polymyxin-dexamethasone ophth oint 0.1%.....	117	MEDLANCE PLUS SUPERLITE 3 – lancets.....	173
MAXITROL – neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	117	MEDLANCE PLUS UNIVERSAL L – lancets.....	173
MAXZIDE – triamterene & hydrochlorothiazide tab 75-50 mg.....	52	MEDROL DOSEPAK – methylprednisolone tab therapy pack 4 mg (21).....	25
MAXZIDE-25 – triamterene & hydrochlorothiazide tab 37.5-25 mg.....	52	MEDROL – methylprednisolone tab 2 mg.....	25
MAYZENT – siponimod fumarate tab 0.25 mg (base equiv).....	82	MEDROL – methylprednisolone tab 4 mg.....	25
MAYZENT – siponimod fumarate tab 1 mg (base equiv).....	82	MEDROL – methylprednisolone tab 8 mg.....	25
MAYZENT – siponimod fumarate tab 2 mg (base equiv).....	82	MEDROL – methylprednisolone tab 16 mg.....	25
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (7) starter pack.....	82	MEDROL – methylprednisolone tab 32 mg.....	25
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (12) starter pack.....	82	medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac).....	29
meclizine hcl tab 12.5 mg.....	63	medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac).....	29
meclizine hcl tab 25 mg.....	63	medroxyprogesterone acetate tab 2.5 mg (Provera).....	30
MECLOFENAMATE SODIUM – meclufenamate sodium cap 50 mg.....	90	medroxyprogesterone acetate tab 5 mg (Provera).....	30
MECLOFENAMATE SODIUM – meclufenamate sodium cap 100 mg.....	90	medroxyprogesterone acetate tab 10 mg (Provera).....	30
MEDICHOICE PRE-SET SAFETY – lancets.....	173	mefloquine hcl tab 250 mg.....	11
MEDICHOICE SAFETY LANCET – lancets.....	173	megestrol acetate susp 40 mg/ml.....	21
		megestrol acetate susp 625 mg/5ml.....	30
		megestrol acetate tab 20 mg.....	21
		megestrol acetate tab 40 mg.....	21
		MEIJER BLOOD GLUCOSE MONI – blood glucose monitoring kit w/ device.....	173
		MEIJER BLOOD GLUCOSE TEST – glucose blood test strip.....	131
		MEIJER COLOR LANCETS UNIV – lancets.....	173
		MEIJER ESSENTIAL BLOOD GL – blood glucose monitoring kit w/ device.....	173
		MEIJER ESSENTIAL BLOOD GL – glucose blood test strip.....	131
		MEIJER LANCETS – lancets.....	173
		MEIJER LANCETS THIN – lancets.....	173
		MEIJER LANCETS UNIVERSAL – lancets.....	174

MEIJER PEN NEEDLES 29G X – insulin pen needle 29 g x 12 mm (1/2").....	174	mesalamine suppos 1000 mg (Canasa).....	65
MEIJER PEN NEEDLES 31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	174	mesalamine tab delayed release 1.2 gm (Lialda).....	65
MEIJER PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	174	mesalamine tab delayed release 800 mg (Asacol hd).....	65
MEIJER PREMIUM BLOOD GLUC – blood glucose monitoring kit w/ device.....	174	MESNEX – mesna tab 400 mg.....	21
MEIJER PREMIUM BLOOD GLUC – glucose blood test strip.....	131	metaxalone tab 400 mg.....	102
MEIJER SUPER THIN LANCETS – lancets.....	174	metaxalone tab 800 mg.....	102
MEIJER TRUE2GO BLOOD GLUC – blood glucose monitoring kit w/ device.....	174	metformin hcl tab er 24hr 500 mg.....	32
MEIJER TRUERESULT BLOOD G – blood glucose monitoring kit w/ device.....	174	metformin hcl tab er 24hr 750 mg.....	32
MEIJER TRUETEST BLOOD GLU – glucose blood test strip.....	131	metformin hcl tab 500 mg.....	32
MEIJER TRUETRACK BLOOD GL – blood glucose monitoring kit w/ device.....	174	metformin hcl tab 850 mg.....	32
MEIJER TRUETRACK BLOOD GL – glucose blood test strip.....	131	metformin hcl tab 1000 mg.....	32
MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent).....	21	methadone hcl conc 10 mg/ml (Methadose).....	86
MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent).....	21	METHADONE HCL – methadone hcl soln 5 mg/5ml.....	86
MEKTOVI – binimetinib tab 15 mg.....	21	METHADONE HCL – methadone hcl soln 10 mg/5ml.....	86
MELOXICAM – meloxicam susp 7.5 mg/5ml.....	90	methadone hcl soln 5 mg/5ml (Methadone hcl).....	86
meloxicam tab 7.5 mg.....	90	methadone hcl soln 10 mg/5ml (Methadone hcl).....	86
meloxicam tab 15 mg.....	90	methadone hcl tab for oral susp 40 mg.....	86
melphalan tab 2 mg (Alkeran).....	21	methadone hcl tab 5 mg.....	86
memantine hcl oral solution 2 mg/ml.....	82	methadone hcl tab 10 mg.....	86
memantine hcl tab 5 mg (Namenda).....	82	METHADOSE – methadone hcl conc 10 mg/ml.....	86
memantine hcl tab 10 mg (Namenda).....	82	METHADOSE SUGAR-FREE – methadone hcl conc 10 mg/ml.....	86
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa).....	82	methamphetamine hcl tab 5 mg (Desoxyn).....	78
MENACTRA – meningococcal (a, c, y, and w-135) diphth conjugate vaccine.....	14	methazolamide tab 25 mg.....	52
MENEST – esterified estrogens tab 0.3 mg.....	28	methazolamide tab 50 mg.....	52
MENEST – esterified estrogens tab 0.625 mg.....	28	methenamine hippurate tab 1 gm (Hiprex).....	12
MENEST – esterified estrogens tab 1.25 mg.....	28	methimazole tab 5 mg.....	36
MENOSTAR – estradiol td patch weekly 14 mcg/24hr.....	28	methimazole tab 10 mg.....	36
MENQUADFI – meningococcal (a, c, y, and w-135) tetanus conjugate vaccine.....	14	METHITEST – methyltestosterone oral tab 10 mg.....	26
MENTAX – butenafine hcl cream 1%.....	124	methocarbamol tab 500 mg.....	102
MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac for inj.....	14	methocarbamol tab 750 mg.....	102
MEPERIDINE HCL – meperidine hcl oral soln 50 mg/5ml.....	86	methotrexate sodium for inj 1 gm.....	21
MEPHYTON – phytonadione tab 5 mg.....	102	methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	21
meprobamate tab 200 mg.....	69	methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....	21
meprobamate tab 400 mg.....	69	methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....	21
MEPRON – atovaquone susp 750 mg/5ml.....	12	methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml).....	21
mercaptapurine tab 50 mg.....	21	METHOTREXATE SODIUM – methotrexate sodium inj 250 mg/10ml (25 mg/ml).....	21
mesalamine cap dr 400 mg (Delzicol).....	65	methotrexate sodium tab 2.5 mg (base equiv).....	21
mesalamine cap er 24hr 0.375 gm (Apriso).....	65	METHOXSALEN – methoxsalen rapid cap 10 mg.....	124
mesalamine enema 4 gm.....	65	methscopolamine bromide tab 2.5 mg.....	62
		methscopolamine bromide tab 5 mg.....	62
		methylergonovine maleate tab 0.2 mg.....	36
		METHYLIN – methylphenidate hcl soln 5 mg/5ml.....	78
		METHYLIN – methylphenidate hcl soln 10 mg/5ml.....	79
		methylphenidate hcl cap er 24hr 10 mg (la) (Ritalin la).....	79
		methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la).....	79
		methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la).....	79
		methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la).....	79

methylphenidate hcl cap er 10 mg (cd).....	79	metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl).....	43
methylphenidate hcl cap er 20 mg (cd).....	79	metoprolol tartrate tab 25 mg.....	43
methylphenidate hcl cap er 30 mg (cd).....	79	metoprolol tartrate tab 37.5 mg.....	43
methylphenidate hcl cap er 40 mg (cd).....	79	metoprolol tartrate tab 75 mg.....	43
methylphenidate hcl cap er 50 mg (cd).....	79	metoprolol tartrate tab 50 mg (Lopressor).....	43
methylphenidate hcl cap er 60 mg (cd).....	79	metoprolol tartrate tab 100 mg (Lopressor).....	43
methylphenidate hcl chew tab 2.5 mg.....	79	METROGEL – metronidazole gel 1%.....	124
methylphenidate hcl chew tab 5 mg.....	79	METROLOTION – metronidazole lotion 0.75%.....	124
methylphenidate hcl chew tab 10 mg.....	79	metronidazole cap 375 mg (Flagyl).....	12
methylphenidate hcl soln 5 mg/5ml (Methylin).....	79	metronidazole cream 0.75% (Metrocream).....	124
methylphenidate hcl soln 10 mg/5ml (Methylin).....	79	metronidazole gel 0.75%.....	124
methylphenidate hcl tab er 24hr 27 mg.....	79	metronidazole gel 1% (Metrogel).....	124
methylphenidate hcl tab er 24hr 36 mg.....	79	metronidazole lotion 0.75% (Metrolotion).....	124
methylphenidate hcl tab er 24hr 54 mg.....	79	metronidazole tab 250 mg.....	12
methylphenidate hcl tab er 10 mg.....	79	metronidazole tab 500 mg.....	12
methylphenidate hcl tab er 20 mg.....	79	metronidazole vaginal gel 0.75%.....	67
methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta).....	79	mexiletine hcl cap 150 mg.....	46
methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta).....	79	mexiletine hcl cap 200 mg.....	46
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta).....	79	mexiletine hcl cap 250 mg.....	46
methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta).....	79	MIACALCIN – calcitonin (salmon) inj 200 unit/ml.....	38
methylphenidate hcl tab 5 mg (Ritalin).....	79	MICONAZOLE 3 – miconazole nitrate vaginal suppos 200 mg.....	67
methylphenidate hcl tab 10 mg (Ritalin).....	79	MICRODOT BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device.....	174
methylphenidate hcl tab 20 mg (Ritalin).....	79	MICRODOT PEN NEEDLE/31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	174
METHYLPHENIDATE HYDROCHLO – methylphenidate hcl tab er 24hr 18 mg.....	79	MICRODOT PEN NEEDLE/32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	174
methylprednisolone tab 4 mg (Medrol).....	25	MICRODOT PEN NEEDLE/33G X – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	174
methylprednisolone tab 8 mg (Medrol).....	25	MICRODOT TEST STRIPS – glucose blood test strip.....	131
methylprednisolone tab 16 mg (Medrol).....	25	MICRODOT XTRA TEST STRIPS – glucose blood test strip.....	131
methylprednisolone tab 32 mg (Medrol).....	25	MICROLET LANCETS – lancets.....	174
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak).....	25	MICROLET NEXT – lancet devices.....	174
methyltestosterone cap 10 mg.....	26	midodrine hcl tab 2.5 mg.....	52
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	65	midodrine hcl tab 5 mg.....	52
metoclopramide hcl tab 5 mg (base equivalent) (Reglan).....	65	midodrine hcl tab 10 mg.....	52
metoclopramide hcl tab 10 mg (base equivalent) (Reglan).....	65	MIFEPREX – mifepristone tab 200 mg.....	38
metolazone tab 2.5 mg.....	52	mifepristone tab 200 mg (Mifeprex).....	38
metolazone tab 5 mg.....	52	MIGERGOT – ergotamine w/ caffeine suppos 2-100 mg.....	92
metolazone tab 10 mg.....	52	miglitol tab 25 mg.....	32
METOPIRONE – metyrapone cap 250 mg.....	131	miglitol tab 50 mg.....	32
metoprolol & hydrochlorothiazide tab 50-25 mg.....	49	miglitol tab 100 mg.....	32
metoprolol & hydrochlorothiazide tab 100-25 mg.....	49	miglustat cap 100 mg (Zavesca).....	106
metoprolol & hydrochlorothiazide tab 100-50 mg.....	49	MINI LANCING DEVICE – lancet devices.....	174
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl).....	43	MINIPRESS – prazosin hcl cap 1 mg.....	49
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl).....	43	MINIPRESS – prazosin hcl cap 2 mg.....	49
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl).....	43	MINIPRESS – prazosin hcl cap 5 mg.....	49
		minocycline hcl cap 50 mg.....	3
		minocycline hcl cap 75 mg.....	3
		minocycline hcl cap 100 mg.....	3
		minoxidil tab 2.5 mg.....	49

minoxidil tab 10 mg	49	MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 31 x 5/16".....	174
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml.....	106	MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	174
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 50 mcg/0.3ml.....	106	MM LANCING DEVICE – lancet devices.....	174
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 75 mcg/0.3ml.....	106	MM PEN NEEDLES 31G X 1/4" – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	174
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 100 mcg/0.3ml.....	106	MM PEN NEEDLES 31G X 3/16 – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	174
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 150 mcg/0.3ml.....	106	MM PEN NEEDLES 31G X 5/16 – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	174
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 200 mcg/0.3ml.....	106	MM PEN NEEDLES 32G X 5/32 – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	174
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	71	M-M-R II – measles-mumps-rubella virus vaccines for inj soln.....	14
mirtazapine orally disintegrating tab 30 mg (Remeron soltab)	71	MM TWIST LANCETS – lancets.....	175
mirtazapine orally disintegrating tab 45 mg (Remeron soltab)	71	M-NATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	103
mirtazapine tab 7.5 mg	71	modafinil tab 100 mg (Provigil)	79
mirtazapine tab 45 mg	71	modafinil tab 200 mg (Provigil)	79
mirtazapine tab 15 mg (Remeron)	71	MODERNA COVID-19 VACCINE/ – covid-19 mrna bivalent vaccine-moderna im susp 50 mcg/0.5ml.....	14
mirtazapine tab 30 mg (Remeron)	71	MODERNA COVID-19 VACCINE – covid-19 mrna vaccine 6mo-5y-moderna im susp 25 mcg/0.25ml.....	14
misoprostol tab 100 mcg (Cytotec)	62	MODERNA COVID-19 VACCINE – covid-19 (sars- cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml.....	14
misoprostol tab 200 mcg (Cytotec)	62	MODERNA COVID-19 VACCINE – covid-19 (sars- cov-2)mrna vacc-moderna im susp 100 mcg/0.5ml.....	14
3ML SYRINGE/22G X 1"/LUER – syringe/needle (disp) 3 ml 22 x 1".....	205	moexipril hcl tab 7.5 mg	49
3ML SYRINGE/LUER LOCK TIP – syringe/needle (disp) 3 ml 23 x 1".....	205	moexipril hcl tab 15 mg	49
10ML SYRINGE LUER-LOK TIP – syringe (disposable) 10 ml.....	205	MOLINDONE HYDROCHLORIDE – molindone hcl tab 5 mg.....	74
1ML TB SYRINGE/25G X 5/8" – tuberculin/allergy syringe/ needle (disp) 1 ml 25 x 5/8".....	204	MOLINDONE HYDROCHLORIDE – molindone hcl tab 10 mg.....	74
1ML TB SYRINGE/26G X 3/8" – tuberculin/allergy syringe/ needle (disp) 1 ml 26 x 3/8".....	204	MOLINDONE HYDROCHLORIDE – molindone hcl tab 25 mg.....	74
1ML TB SYRINGE/27G X 1/2" – tuberculin/allergy syringe/ needle (disp) 1 ml 27 x 1/2".....	205	mometasone furoate cream 0.1%	124
1ML VANISHPOINT TUBERCULI – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8".....	205	mometasone furoate oint 0.1%	124
1ML VANISHPOINT TUBERCULI – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	205	mometasone furoate solution 0.1% (lotion)	124
1ML VANISHPOINT TUBERCULI – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 1".....	205	MONOJECT BLUNT CANNULA/20 – needle (disp) 20 x 1-1/2".....	175
MM EASY TOUCH BLOOD GLUCO – blood glucose monitoring kit w/ device.....	174	MONOJECT BLUNT CANNULA/21 – needle (disp) 21 x 1".....	175
MM EASY TOUCH GLUCOSE TES – glucose blood test strip.....	131	MONOJECT HYPO/ALUM HUB/LU – needle (disp) 16 x 5/8".....	175
MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	174	MONOJECT HYPO/ALUM HUB/LU – needle (disp) 16 x 3/4".....	175
MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	174	MONOJECT HYPO/ALUM HUB/LU – needle (disp) 16 x 1-1/2".....	175
MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	174	MONOJECT HYPO/ALUM HUB/LU – needle (disp) 18 x 1-1/2".....	175
MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 30 x 5/16".....	174	MONOJECT HYPO/ALUM HUB/LU – needle (disp) 19 x 1-1/2".....	175
		MONOJECT HYPO/ALUM HUB/LU – needle (disp) 20 x 1-1/2".....	175

MONOJECT HYPO/ALUM HUB/LU – needle (disp) 22 x 1-1/2".....	175	MONOJECT HYPO/POLYPROPYLE – needle (disp) 20 x 1".....	175
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 25 x 5/8".....	175	MONOJECT HYPO/POLYPROPYLE – needle (disp) 21 x 1".....	175
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 25 x 1-1/4".....	175	MONOJECT HYPO/POLYPROPYLE – needle (disp) 22 x 1".....	176
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 27 x 1/2".....	175	MONOJECT HYPO/POLYPROPYLE – needle (disp) 23 x 1".....	176
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 27 x 1-1/4".....	175	MONOJECT HYPO/POLYPROPYLE – needle (disp) 25 x 1".....	176
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 14 x 1".....	175	MONOJECT HYPODERMIC NEEDL – needle (disp) 27 x 1-1/2".....	176
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 14 x 2".....	175	MONOJECT HYPODERMIC NEEDL – needle (disp) 30 x 3/4".....	176
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 18 x 1".....	175	MONOJECT HYPODERMIC NEEDL – needle (disp) 18 x 1".....	176
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 19 x 1".....	175	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	176
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 20 x 1".....	175	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	176
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 22 x 1".....	175	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	176
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 23 x 1".....	175	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	176
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 25 x 2".....	175	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	176
MONOJECT HYPO/ALUM HUB/18 – needle (disp) 18 x 1-1/2".....	175	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 25 x 5/8".....	176
MONOJECT HYPO/ALUM HUB/16 – needle (disp) 16 x 1".....	175	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 27 x 1/2".....	176
MONOJECT HYPO/POLYPROPYLE – needle (disp) 18 x 1-1/2".....	175	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 28 x 1/2".....	176
MONOJECT HYPO/POLYPROPYLE – needle (disp) 19 x 1-1/2".....	175	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 29 x 1/2".....	176
MONOJECT HYPO/POLYPROPYLE – needle (disp) 20 x 1-1/2".....	175	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16".....	176
MONOJECT HYPO/POLYPROPYLE – needle (disp) 21 x 1-1/2".....	175	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16".....	176
MONOJECT HYPO/POLYPROPYLE – needle (disp) 22 x 1-1/2".....	176	MONOJECT INSULIN SYRINGE/ – insulin syringe (disp) u-100 1 ml.....	176
MONOJECT HYPO/POLYPROPYLE – needle (disp) 23 x 3/4".....	176	MONOJECT INSULIN SYRINGE – insulin syringe (disp) u-100 1 ml.....	176
MONOJECT HYPO/POLYPROPYLE – needle (disp) 25 x 5/8".....	176	MONOJECT MAGELLAN SAFETY – needle (disp) 18 x 1-1/2".....	177
MONOJECT HYPO/POLYPROPYLE – needle (disp) 25 x 1-1/2".....	176	MONOJECT MAGELLAN SAFETY – needle (disp) 19 x 1-1/2".....	177
MONOJECT HYPO/POLYPROPYLE – needle (disp) 26 x 1/2".....	176	MONOJECT MAGELLAN SAFETY – needle (disp) 20 x 1-1/2".....	177
MONOJECT HYPO/POLYPROPYLE – needle (disp) 27 x 1/2".....	176	MONOJECT MAGELLAN SAFETY – needle (disp) 21 x 5/8".....	177
MONOJECT HYPO/POLYPROPYLE – needle (disp) 30 x 3/4".....	176	MONOJECT MAGELLAN SAFETY – needle (disp) 21 x 1-1/2".....	177
MONOJECT HYPO/POLYPROPYLE – needle (disp) 18 x 1".....	175	MONOJECT MAGELLAN SAFETY – needle (disp) 22 x 1-1/2".....	177
MONOJECT HYPO/POLYPROPYLE – needle (disp) 19 x 1".....	175	MONOJECT MAGELLAN SAFETY – needle (disp) 23 x 5/8".....	177

MONOJECT MAGELLAN SAFETY – needle (disp) 25 x 5/8".....	177	MONOJECT SYRINGE PHARMACY – syringe (disposable) 1 ml.....	178
MONOJECT MAGELLAN SAFETY – needle (disp) 18 x 1".....	176	MONOJECT TB SYRINGE-NDL 1 – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8".....	178
MONOJECT MAGELLAN SAFETY – needle (disp) 19 x 1".....	177	MONOJECT TB SYRINGE-NDL 1 – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	178
MONOJECT MAGELLAN SAFETY – needle (disp) 20 x 1".....	177	MONOJECT TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8".....	178
MONOJECT MAGELLAN SAFETY – needle (disp) 21 x 1".....	177	MONOJECT TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2".....	178
MONOJECT MAGELLAN SAFETY – needle (disp) 22 x 1".....	177	MONOJECT TUBERCULIN SYRIN – syringe (disposable) 1 ml.....	178
MONOJECT MAGELLAN SAFETY – needle (disp) 23 x 1".....	177	MONOJECT TUBERCULIN SYRIN – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8".....	178
MONOJECT MAGELLAN SAFETY – needle (disp) 25 x 1".....	177	MONOJECT TUBERCULIN SYRIN – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8".....	178
MONOJECT MEDICATION TRANS – hypodermic needles (disposable).....	177	MONOJECT TUBERCULIN SYRIN – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	178
MONOJECT 1ML LUER LOCK TU – syringe (disposable) 1 ml.....	178	MONOJECT TUBERCULIN SYRIN – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2".....	178
MONOJECT STANDARD HYPODER – needle (disp) 14 x 1-1/2".....	177	MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	178
MONOJECT STANDARD HYPODER – needle (disp) 18 x 1-1/2".....	177	MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	178
MONOJECT STANDARD HYPODER – needle (disp) 19 x 1-1/2".....	177	MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	178
MONOJECT STANDARD HYPODER – needle (disp) 20 x 1-1/2".....	177	MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	178
MONOJECT STANDARD HYPODER – needle (disp) 21 x 1-1/2".....	177	MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	178
MONOJECT STANDARD HYPODER – needle (disp) 22 x 1-1/2".....	177	MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	178
MONOJECT STANDARD HYPODER – needle (disp) 25 x 5/8".....	177	MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1 ml 28 x 1/2".....	178
MONOJECT STANDARD HYPODER – needle (disp) 25 x 1-1/2".....	177	MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1 ml 29 x 1/2".....	178
MONOJECT STANDARD HYPODER – needle (disp) 26 x 1-1/2".....	177	MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	178
MONOJECT STANDARD HYPODER – needle (disp) 27 x 1/2".....	178	MONOLET LANCETS – lancets.....	178
MONOJECT STANDARD HYPODER – needle (disp) 18 x 1".....	177	MONOLET OPD LANCETS – lancets.....	178
MONOJECT STANDARD HYPODER – needle (disp) 19 x 1".....	177	MONOLETTOR SAFETY LANCETS – lancets.....	178
MONOJECT STANDARD HYPODER – needle (disp) 20 x 1".....	177	montelukast sodium chew tab 4 mg (base equiv) (Singulair).....	60
MONOJECT STANDARD HYPODER – needle (disp) 21 x 1".....	177	montelukast sodium chew tab 5 mg (base equiv) (Singulair).....	60
MONOJECT STANDARD HYPODER – needle (disp) 21 x 2".....	177	montelukast sodium tab 10 mg (base equiv) (Singulair).....	60
MONOJECT STANDARD HYPODER – needle (disp) 22 x 1".....	177	MONUROL – fosfomycin tromethamine powd pack 3 gm (base equivalent).....	12
MONOJECT STANDARD HYPODER – needle (disp) 23 x 1".....	177	MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 30 mg.....	87
MONOJECT STANDARD HYPODER – needle (disp) 25 x 1".....	177	MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 45 mg.....	87
		MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 60 mg.....	87

MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 75 mg.....	87	MULTI-DRAW NEEDLE 21GX1-1 – needle (disp) 21 x 1-1/2".....	179
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 90 mg.....	87	MULTI-DRAW NEEDLE 22GX1-1 – needle (disp) 22 x 1-1/2".....	179
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 120 mg.....	87	MULTI-LANCET DEVICE – lancet devices.....	179
MORPHINE SULFATE – morphine sulfate oral soln 20 mg/5ml.....	86	mupirocin oint 2%	124
MORPHINE SULFATE – morphine sulfate tab 15 mg.....	86	MYALEPT – metreleptin for subcutaneous inj 11.3 mg.....	38
MORPHINE SULFATE – morphine sulfate tab 30 mg.....	86	MYAMBUTOL – ethambutol hcl tab 400 mg.....	4
morphine sulfate oral soln 10 mg/5ml	87	MYCAPSSA – octreotide acetate cap delayed release 20 mg.....	38
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	87	MYCOBUTIN – rifabutin cap 150 mg.....	4
morphine sulfate tab er 15 mg (Ms contin)	87	mycophenolate mofetil cap 250 mg (Cellcept)	206
morphine sulfate tab er 30 mg (Ms contin)	87	mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	206
morphine sulfate tab er 60 mg (Ms contin)	87	mycophenolate mofetil tab 500 mg (Cellcept)	206
morphine sulfate tab er 100 mg (Ms contin)	87	mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)	206
morphine sulfate tab er 200 mg (Ms contin)	87	mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)	206
morphine sulfate tab 15 mg (Morphine sulfate)	87	MYDRIACYL – tropicamide ophth soln 1%.....	117
morphine sulfate tab 30 mg (Morphine sulfate)	87	MYFEMBREE – relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg.....	28
MOVANTIK – naloxegol oxalate tab 12.5 mg (base equivalent).....	65	MYFORTIC – mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv).....	206
MOVANTIK – naloxegol oxalate tab 25 mg (base equivalent).....	65	MYFORTIC – mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv).....	206
MOVIPREP – peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm.....	61	MYGLUCOHEALTH BLOOD GLUCO – blood glucose monitoring kit w/ device.....	179
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	117	MYGLUCOHEALTH BLOOD GLUCO – glucose blood test strip.....	131
moxifloxacin hcl tab 400 mg (base equiv)	4	MYGLUCOHEALTH MGH SOFTLAN – lancets.....	179
MPD SAFETY LANCET 21G/1.8 – lancets.....	178	MYLERAN – busulfan tab 2 mg.....	21
MPD SAFETY LANCET 28G/1.8 – lancets.....	178	MYRBETRIQ – mirabegron granules for oral extended release susp 8 mg/ml.....	66
MPD SAFETY LANCET 30G/1.8 – lancets.....	178	MYRBETRIQ – mirabegron tab er 24 hr 25 mg.....	66
MPD SAFETY LANCETS 23G/1. – lancets.....	178	MYRBETRIQ – mirabegron tab er 24 hr 50 mg.....	66
MS INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	179	MYTESI – crofelemer tab delayed release 125 mg.....	62
MS INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	179	N	
MS INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	179	nabumetone tab 500 mg	90
MS INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	179	nabumetone tab 750 mg	90
MS INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	179	nadolol tab 20 mg (Corgard)	43
MS INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	179	nadolol tab 40 mg (Corgard)	43
MS INSULIN SYRINGE/1ML/29 – insulin syringe/needle u-100 1 ml 29 x 1/2".....	179	nadolol tab 80 mg (Corgard)	43
MS INSULIN SYRINGE/1ML/30 – insulin syringe/needle u-100 1 ml 30 x 5/16".....	179	naloxone hcl inj 0.4 mg/ml	126
MS INSULIN SYRINGE/1ML/31 – insulin syringe/needle u-100 1 ml 31 x 5/16".....	179	naloxone hcl inj 4 mg/10ml	126
MULPLETA – lusutrombopag tab 3 mg.....	106	naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	126
MULTAQ – dronedarone hcl tab 400 mg (base equivalent).....	46	naloxone hcl soln prefilled syringe 2 mg/2ml	126
MULTI-DRAW NEEDLE 20GX1- – needle (disp) 20 x 1-1/2".....	179	NALOXONE HYDROCHLORIDE – naloxone hcl soln cartridge 0.4 mg/ml.....	126
		naltrexone hcl tab 50 mg	126
		NAPROSYN – naproxen tab 500 mg.....	90
		naproxen sodium tab 275 mg	90
		naproxen sodium tab 550 mg (Anaprox ds)	90
		naproxen tab 250 mg	90
		naproxen tab 375 mg	90

naproxen tab 500 mg (Naprosyn).....	90	NEONATAL COMPLETE – prenatal vit w/ fe fumarate-fa tab 29-1 mg.....	103
naratriptan hcl tab 1 mg (base equiv).....	92	NEONATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	103
naratriptan hcl tab 2.5 mg (base equiv).....	92	NEORAL – cyclosporine modified cap 25 mg.....	206
NARCAN – naloxone hcl nasal spray 4 mg/0.1ml.....	126	NEORAL – cyclosporine modified cap 100 mg.....	206
NARDIL – phenelzine sulfate tab 15 mg.....	71	NEORAL – cyclosporine modified oral soln 100 mg/ ml.....	206
NATACYN – natamycin ophth susp 5%.....	117	NEO-SYNALAR – neomycin sulfate-fluocinolone acetone cream 0.5-0.025%.....	124
NATALVIT – prenatal vit w/ fe fumarate-fa tab 75-1 mg.....	103	NERLYNX – neratinib maleate tab 40 mg (base equivalent).....	21
NATAZIA – estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg.....	29	NESTABS – prenatal vit w/o vit a w/ fe bisglycinate-fa tab 32-1 mg.....	103
nateglinide tab 60 mg.....	32	NEULASTA – pegfilgrastim soln prefilled syringe 6 mg/0.6ml.....	106
nateglinide tab 120 mg.....	32	NEUPRO – rotigotine td patch 24hr 1 mg/24hr.....	100
NATPARA – parathyroid hormone (recombinant) for inj cartridge 25 mcg.....	38	NEUPRO – rotigotine td patch 24hr 2 mg/24hr.....	100
NATPARA – parathyroid hormone (recombinant) for inj cartridge 50 mcg.....	38	NEUPRO – rotigotine td patch 24hr 3 mg/24hr.....	100
NATPARA – parathyroid hormone (recombinant) for inj cartridge 75 mcg.....	38	NEUPRO – rotigotine td patch 24hr 4 mg/24hr.....	100
NATPARA – parathyroid hormone (recombinant) for inj cartridge 100 mcg.....	38	NEUPRO – rotigotine td patch 24hr 6 mg/24hr.....	100
NATROBA – spinosad susp 0.9%.....	124	NEUPRO – rotigotine td patch 24hr 8 mg/24hr.....	101
NAYZILAM – midazolam nasal spray soln 5 mg/0.1 ml.....	97	NEURONTIN – gabapentin cap 100 mg.....	97
nebivolol hcl tab 2.5 mg (base equivalent) (Bystolic).....	43	NEURONTIN – gabapentin cap 300 mg.....	97
nebivolol hcl tab 5 mg (base equivalent) (Bystolic)....	43	NEURONTIN – gabapentin cap 400 mg.....	97
nebivolol hcl tab 10 mg (base equivalent) (Bystolic).....	43	NEURONTIN – gabapentin oral soln 250 mg/5ml.....	97
nebivolol hcl tab 20 mg (base equivalent) (Bystolic).....	43	NEURONTIN – gabapentin tab 600 mg.....	97
NEBUPENT – pentamidine isethionate for nebulization soln 300 mg.....	12	NEURONTIN – gabapentin tab 800 mg.....	97
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 50 mg.....	71	NEUTEK 2TEK TEST STRIPS – glucose blood test strip.....	131
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 100 mg.....	71	NEVIRAPINE ER – nevirapine tab er 24hr 100 mg.....	8
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 150 mg.....	71	NEVIRAPINE – nevirapine susp 50 mg/5ml.....	8
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 200 mg.....	71	nevirapine tab er 24hr 400 mg.....	8
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 250 mg.....	71	nevirapine tab 200 mg.....	8
NEOMYCIN/POLYMYXIN/GRAMIC – neomycin-polymy- gramicid op sol 1.75-10000-0.025mg-unt-mg/ml.....	117	NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent).....	21
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	117	NEXIUM – esomeprazole magnesium for delayed release susp packet 5 mg.....	63
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol).....	117	NEXIUM – esomeprazole magnesium for delayed release susp pack 2.5 mg.....	62
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol).....	117	NEXLETOL – bempedoic acid tab 180 mg.....	54
neomycin-polymyxin-hc otic soln 1%.....	119	NEXLIZET – bempedoic acid-ezetimibe tab 180-10 mg.....	54
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	119	niacin tab er 500 mg (antihyperlipidemic).....	54
neomycin sulfate tab 500 mg.....	4	niacin tab er 750 mg (antihyperlipidemic).....	54
NEONATAL COMPLETE – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	103	niacin tab er 1000 mg (antihyperlipidemic) (Niaspan).....	54
		nicardipine hcl cap 20 mg.....	45
		nicardipine hcl cap 30 mg.....	45
		nicotine polacrilex gum 2 mg.....	82
		nicotine polacrilex gum 4 mg.....	82
		nicotine polacrilex lozenge 2 mg.....	82
		nicotine polacrilex lozenge 4 mg.....	82
		nicotine td patch 24hr 7 mg/24hr.....	82
		nicotine td patch 24hr 14 mg/24hr.....	82
		nicotine td patch 24hr 21 mg/24hr.....	82

NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered).....	82	nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur).....	42
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray).....	82	nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur).....	42
nifedipine cap 10 mg.....	45	nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr).....	42
nifedipine cap 20 mg.....	45	NITROLINGUAL PUMPSPRAY – nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....	42
nifedipine tab er 24hr 30 mg.....	45	NITROMIST – nitroglycerin lingual aerosol 400 mcg/spray.....	42
nifedipine tab er 24hr 60 mg.....	45	NITROSTAT – nitroglycerin sl tab 0.3 mg.....	42
nifedipine tab er 24hr 90 mg.....	45	NITROSTAT – nitroglycerin sl tab 0.4 mg.....	42
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl).....	45	NITROSTAT – nitroglycerin sl tab 0.6 mg.....	42
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl).....	45	NITRO-TIME – nitroglycerin cap er 2.5 mg.....	41
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl).....	45	NITRO-TIME – nitroglycerin cap er 6.5 mg.....	42
NILANDRON – nilutamide tab 150 mg.....	22	NITRO-TIME – nitroglycerin cap er 9 mg.....	42
nilutamide tab 150 mg (Nilandron).....	22	NITYR – nitisinone tab 2 mg.....	38
nimodipine cap 30 mg.....	45	NITYR – nitisinone tab 5 mg.....	38
NINLARO – ixazomib citrate cap 2.3 mg (base equivalent).....	22	NITYR – nitisinone tab 10 mg.....	38
NINLARO – ixazomib citrate cap 3 mg (base equivalent).....	22	NIVA-PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	103
NINLARO – ixazomib citrate cap 4 mg (base equivalent).....	22	NIVESTYM – filgrastim-aafi inj 300 mcg/ml.....	106
NISOLDIPINE ER – nisoldipine tab er 24hr 20 mg.....	45	NIVESTYM – filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml).....	106
NISOLDIPINE ER – nisoldipine tab er 24hr 25.5 mg.....	45	NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml.....	106
NISOLDIPINE ER – nisoldipine tab er 24hr 30 mg.....	45	NIVESTYM – filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml.....	106
NISOLDIPINE ER – nisoldipine tab er 24hr 40 mg.....	45	NIZATIDINE – nizatidine cap 150 mg.....	63
nisoldipine tab er 24hr 8.5 mg (Sular).....	45	NIZATIDINE – nizatidine cap 300 mg.....	63
nisoldipine tab er 24hr 17 mg (Sular).....	45	NORDITROPIN FLEXPPO – somatropin solution pen-injector 5 mg/1.5ml.....	38
nisoldipine tab er 24hr 34 mg (Sular).....	45	NORDITROPIN FLEXPPO – somatropin solution pen-injector 10 mg/1.5ml.....	39
nitazoxanide tab 500 mg (Alinia).....	12	NORDITROPIN FLEXPPO – somatropin solution pen-injector 15 mg/1.5ml.....	39
nitisinone cap 2 mg (Orfadin).....	38	NORDITROPIN FLEXPPO – somatropin solution pen-injector 30 mg/3ml.....	39
nitisinone cap 5 mg (Orfadin).....	38	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....	29
nitisinone cap 10 mg (Orfadin).....	38	norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe).....	29
NITRO-BID – nitroglycerin oint 2%.....	41	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....	29
NITRO-DUR – nitroglycerin td patch 24hr 0.1 mg/hr.....	41	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg.....	29
NITRO-DUR – nitroglycerin td patch 24hr 0.2 mg/hr.....	41	norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....	29
NITRO-DUR – nitroglycerin td patch 24hr 0.3 mg/hr.....	41	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....	29
NITRO-DUR – nitroglycerin td patch 24hr 0.4 mg/hr.....	41	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....	29
NITRO-DUR – nitroglycerin td patch 24hr 0.6 mg/hr.....	41	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....	29
NITRO-DUR – nitroglycerin td patch 24hr 0.8 mg/hr.....	41	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....	29
nitrofurantoin macrocrystalline cap 25 mg (Macrochantin).....	12	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....	29
nitrofurantoin macrocrystalline cap 50 mg (Macrochantin).....	12	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla).....	29
nitrofurantoin macrocrystalline cap 100 mg (Macrochantin).....	12		
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid).....	12		
nitrofurantoin susp 25 mg/5ml.....	12		
nitroglycerin sl tab 0.3 mg (Nitrostat).....	42		
nitroglycerin sl tab 0.4 mg (Nitrostat).....	42		
nitroglycerin sl tab 0.6 mg (Nitrostat).....	42		
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur).....	42		
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur).....	42		

norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....	28	NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit.....	112
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg.....	28	NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit.....	112
norethindrone acetate tab 5 mg (Aygestin).....	30	NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit.....	112
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	29	NOVOFINE AUTOCOVER PEN NE – insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	179
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	29	NOVOFINE PEN NEEDLE 32G X – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	179
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....	29	NOVOFINE PLUS PEN NEEDLE – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	179
norethindrone tab 0.35 mg.....	29	NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30).....	35
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	29	NOVOLIN 70/30 FLEXPEN REL – insulin nph & regular susp pen-inj 100 unit/ml (70-30).....	35
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....	30	NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30).....	35
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....	30	NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30).....	35
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	30	NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml.....	34
NORPACE CR – disopyramide phosphate cap er 12hr 100 mg.....	46	NOVOLIN N FLEXPEN RELION – insulin nph (human) (isophane) susp pen-injector 100 unit/ml.....	34
NORPACE CR – disopyramide phosphate cap er 12hr 150 mg.....	46	NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml.....	34
NORPACE – disopyramide phosphate cap 100 mg.....	46	NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml.....	34
NORPACE – disopyramide phosphate cap 150 mg.....	46	NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml.....	34
NORPRAMIN – desipramine hcl tab 10 mg.....	71	NOVOLIN R FLEXPEN RELION – insulin regular (human) soln pen-injector 100 unit/ml.....	34
NORPRAMIN – desipramine hcl tab 25 mg.....	71	NOVOLIN R – insulin regular (human) inj 100 unit/ml.....	34
nortriptyline hcl cap 10 mg (Pamelor).....	71	NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml.....	34
nortriptyline hcl cap 25 mg (Pamelor).....	71	NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml.....	34
nortriptyline hcl cap 50 mg (Pamelor).....	71	NOVOLOG FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/ml.....	34
nortriptyline hcl cap 75 mg (Pamelor).....	71	NOVOLOG – insulin aspart inj soln 100 unit/ml.....	34
NORTRIPTYLINE HCL – nortriptyline hcl soln 10 mg/5ml.....	71	NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30).....	35
NORVIR – ritonavir oral soln 80 mg/ml.....	8	NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30).....	35
NORVIR – ritonavir powder packet 100 mg.....	8	NOVOLOG MIX 70/30 RELION – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30).....	35
NORVIR – ritonavir tab 100 mg.....	8	NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml.....	34
NOURIANZ – istradefylline tab 20 mg.....	101	NOVOLOG RELION – insulin aspart inj soln 100 unit/ml.....	34
NOURIANZ – istradefylline tab 40 mg.....	101	NOVOPEN ECHO – injection device for insulin.....	179
NOVA MAX BLOOD GLUCOSE MO – blood glucose monitoring devices.....	179	NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg).....	113
NOVA MAX BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device.....	179	NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg).....	113
NOVA MAX GLUCOSE TEST STR – glucose blood test strip.....	131		
NOVA SAFETY LANCETS 23G – lancets.....	179		
NOVA SAFETY LANCETS 28G – lancets.....	179		
NOVA SUREFLEX LANCETS – lancets.....	179		
NOVA SUREFLEX LANCING DEV – lancet devices.....	179		
NOVAVAX COVID-19 VACCINE – covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml.....	14		
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit.....	112		
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit.....	112		
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit.....	112		

NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg).....	113	NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit.....	113
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg).....	113	NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit.....	113
NOXAFIL – posaconazole susp 40 mg/ml.....	5	NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit.....	113
NOXAFIL – posaconazole tab delayed release 100 mg.....	5	NUZYRA – omadacycline tosylate tab 150 mg (base equivalent).....	3
NUBEQA – darolutamide tab 300 mg.....	22	NYMALIZE – nimodipine oral soln 6 mg/ml.....	45
NUCALA – mepolizumab subcutaneous solution auto- injector 100 mg/ml.....	60	nystatin cream 100000 unit/gm.....	124
NUCALA – mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml.....	60	nystatin oint 100000 unit/gm.....	124
NUCALA – mepolizumab subcutaneous solution pref syringe 100 mg/ml.....	60	nystatin susp 100000 unit/ml.....	119
NUCYNTA ER – tapentadol hcl tab er 12hr 50 mg.....	87	nystatin tab 500000 unit.....	5
NUCYNTA ER – tapentadol hcl tab er 12hr 100 mg.....	87	nystatin topical powder 100000 unit/gm.....	124
NUCYNTA ER – tapentadol hcl tab er 12hr 150 mg.....	87	nystatin-triamcinolone cream 100000-0.1 unit/gm- %.....	124
NUCYNTA ER – tapentadol hcl tab er 12hr 200 mg.....	87	nystatin-triamcinolone oint 100000-0.1 unit/gm-%....	124
NUCYNTA ER – tapentadol hcl tab er 12hr 250 mg.....	87	NYVEPRIA – pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml.....	106
NUDEXTA – dextromethorphan hbr-quinidine sulfate cap 20-10 mg.....	82	O	
NULIBRY – fosdenopterin hydrobromide for iv soln 9.5 mg.....	39	OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit.....	113
NUPLAZID – pimavanserin tartrate cap 34 mg (base equivalent).....	74	OBSTETRIX DHA – prenatal w/fecbn-fa-dss tab 29-1 mg & omega 3 cap 387 mg pak.....	103
NUPLAZID – pimavanserin tartrate tab 10 mg (base equivalent).....	74	OBSTETRIX EC – prenatal vit w/ dss-iron carbonyl-fa tab 29-1 mg.....	103
NURTEC – rimegepant sulfate tab disint 75 mg.....	92	OBSTETRIX ONE – prenatal w/o a w/fecbn-bisg-methylf- dss-dha cap 38-1-225 mg.....	103
NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....	30	OCALIVA – obeticholic acid tab 5 mg.....	65
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit.....	113	OCALIVA – obeticholic acid tab 10 mg.....	65
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1500 unit.....	113	octreotide acetate inj 200 mcg/ml (0.2 mg/ml).....	39
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit.....	113	octreotide acetate inj 1000 mcg/ml (1 mg/ml).....	39
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit.....	113	octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin).....	39
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit.....	113	octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin).....	39
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 4000 unit.....	113	octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin).....	39
NUWIQ – antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit.....	113	OCTREOTIDE ACETATE – octreotide acetate subcutaneous soln pref syr 50 mcg/ml.....	39
NUWIQ – antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit.....	113	OCTREOTIDE ACETATE – octreotide acetate subcutaneous soln pref syr 100 mcg/ml.....	39
NUWIQ – antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit.....	113	OCTREOTIDE ACETATE – octreotide acetate subcutaneous soln pref syr 500 mcg/ml.....	39
NUWIQ – antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit.....	113	OCUFLOX – ofloxacin ophth soln 0.3%.....	117
NUWIQ – antihemophilic factor rcmb (bdd-rfviii,sim) for inj 1000 unit.....	113	ODACTRA – dust mite mixed ext sl tab 12 sq-hdm.....	17
NUWIQ – antihemophilic factor rcmb (bdd-rfviii,sim) for inj 1500 unit.....	113	ODEFSEY – emtricitabine- rilpivirine-tenofovir af tab 200-25-25 mg.....	8
NUWIQ – antihemophilic factor rcmb (bdd-rfviii,sim) for inj 2000 unit.....	113	ODOMZO – sonidegib phosphate cap 200 mg (base equivalent).....	22
		OFEV – nintedanib esylate cap 100 mg (base equivalent).....	61
		OFEV – nintedanib esylate cap 150 mg (base equivalent).....	61
		OFLOXACIN – ofloxacin tab 300 mg.....	4

ofloxacin ophth soln 0.3% (Ocuflax).....	117	ON/GO COVID-19 ANTIGEN SE – covid-19 at home antigen test kit.....	131
ofloxacin otic soln 0.3%.....	119	ON/GO ONE COVID-19 ANTIGE – covid-19 at home antigen test kit.....	131
ofloxacin tab 400 mg.....	4	ONDANSETRON HCL – ondansetron hcl tab 24 mg.....	63
olanzapine orally disintegrating tab 5 mg (Zyprexa zidis).....	74	ondansetron hcl oral soln 4 mg/5ml.....	63
olanzapine orally disintegrating tab 10 mg (Zyprexa zidis).....	74	ondansetron hcl tab 4 mg.....	63
olanzapine orally disintegrating tab 15 mg (Zyprexa zidis).....	74	ondansetron hcl tab 8 mg.....	63
olanzapine orally disintegrating tab 20 mg (Zyprexa zidis).....	74	ondansetron orally disintegrating tab 4 mg.....	63
olanzapine tab 2.5 mg (Zyprexa).....	74	ondansetron orally disintegrating tab 8 mg.....	63
olanzapine tab 5 mg (Zyprexa).....	74	ONE DROP BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device.....	180
olanzapine tab 7.5 mg (Zyprexa).....	74	ONE DROP BLOOD GLUCOSE TE – glucose blood test strip.....	131
olanzapine tab 10 mg (Zyprexa).....	74	ONETOUCH CLUB LANCETS FIN – lancets.....	180
olanzapine tab 15 mg (Zyprexa).....	74	ONETOUCH DELICA LANCETS E – lancets.....	180
olanzapine tab 20 mg (Zyprexa).....	74	ONETOUCH DELICA LANCETS F – lancets.....	180
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor).....	50	ONETOUCH DELICA LANCING D – lancet devices.....	180
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor).....	50	ONETOUCH DELICA PLUS LANC – lancet devices.....	180
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor).....	50	ONETOUCH DELICA PLUS LANC – lancets.....	180
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor).....	50	ONETOUCH DELICA SAFETY LA – lancet devices.....	180
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor).....	50	ONETOUCH FINEPOINT LANCET – lancets.....	180
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct).....	50	ONETOUCH LANCETS – lancets.....	180
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct).....	50	ONETOUCH SOLUTIONS RX STA – blood glucose monitor kit w/ wellness device & digital app.....	180
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct).....	50	ONETOUCH SURESOFT LANCING – lancets misc.....	180
olmesartan medoxomil tab 5 mg (Benicar).....	49	ONETOUCH ULTRA 2 – blood glucose monitoring kit w/ device.....	180
olmesartan medoxomil tab 20 mg (Benicar).....	49	ONETOUCH ULTRA BLUE – glucose blood test strip.....	131
olmesartan medoxomil tab 40 mg (Benicar).....	49	ONETOUCH ULTRA – glucose blood test strip.....	131
olopatadine hcl nasal soln 0.6% (Patanase).....	57	ONETOUCH ULTRA MINI – blood glucose monitoring kit w/ device.....	180
OLUMIANT – baricitinib tab 1 mg.....	90	ONETOUCH ULTRASOFT LANCET – lancets.....	180
OLUMIANT – baricitinib tab 2 mg.....	90	ONETOUCH ULTRA TEST STRIP – glucose blood test strip.....	131
omega-3-acid ethyl esters cap 1 gm (Lovaza).....	54	ONETOUCH VERIO – blood glucose monitoring kit w/ device.....	180
omeprazole cap delayed release 10 mg.....	63	ONETOUCH VERIO FLEX BLOOD – blood glucose monitoring kit w/ device.....	180
omeprazole cap delayed release 20 mg.....	63	ONETOUCH VERIO IQ BLOOD G – blood glucose monitoring kit w/ device.....	180
omeprazole cap delayed release 40 mg.....	63	ONETOUCH VERIO REFLECT – blood glucose monitoring kit w/ device.....	180
OMNIFLEX DIAPHRAGM – diaphragms.....	179	ONETOUCH VERIO TEST STRIP – glucose blood test strip.....	131
OMNIPOD CLASSIC PDM START – insulin infusion disposable pump kit.....	179	ONE VITE WOMENS PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	103
OMNIPOD CLASSIC PODS (GEN – insulin infusion disposable pump supplies.....	179	ONFI – clobazam suspension 2.5 mg/ml.....	97
OMNIPOD DASH INTRO KIT (G – insulin infusion disposable pump kit.....	179	ONFI – clobazam tab 10 mg.....	97
OMNIPOD DASH PODS (GEN 4) – insulin infusion disposable pump supplies.....	180	ONFI – clobazam tab 20 mg.....	97
OMNIPOD 5 G6 INTRO KIT (G – insulin infusion disposable pump kit.....	180	ONUREG – azacitidine tab 200 mg.....	22
OMNIPOD 5 G6 PODS (GEN 5) – insulin infusion disposable pump supplies.....	180	ONUREG – azacitidine tab 300 mg.....	22
		OPSUMIT – macitentan tab 10 mg.....	55
		OPTIONS GYNOL II VAGINAL – nonoxynol-9 gel 3%.....	67
		OPTIUMEZ TEST STRIPS – glucose blood test strip.....	131
		OPZELURA – ruxolitinib phosphate cream 1.5%.....	124

ORAVIG – miconazole buccal tab 50 mg (mouth-throat).....	119	OTREXUP – methotrexate soln pf auto-injector 15 mg/0.4ml.....	90
ORENCIA – abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml.....	90	OTREXUP – methotrexate soln pf auto-injector 17.5 mg/0.4ml.....	90
ORENCIA – abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml.....	90	OTREXUP – methotrexate soln pf auto-injector 20 mg/0.4ml.....	90
ORENCIA – abatacept subcutaneous soln prefilled syringe 125 mg/ml.....	90	OTREXUP – methotrexate soln pf auto-injector 22.5 mg/0.4ml.....	90
ORENCIA CLICKJECT – abatacept subcutaneous soln auto-injector 125 mg/ml.....	90	OTREXUP – methotrexate soln pf auto-injector 25 mg/0.4ml.....	90
ORENITRAM – treprostinil diolamine tab er 0.125 mg (base equiv).....	55	OVIDE – malathion lotion 0.5%.....	124
ORENITRAM – treprostinil diolamine tab er 0.25 mg (base equiv).....	55	OVIDREL – choriogonadotropin alfa inj 250 mcg/0.5ml.....	39
ORENITRAM – treprostinil diolamine tab er 1 mg (base equiv).....	55	oxandrolone tab 2.5 mg.....	26
ORENITRAM – treprostinil diolamine tab er 2.5 mg (base equiv).....	55	oxandrolone tab 10 mg.....	26
ORENITRAM – treprostinil diolamine tab er 5 mg (base equiv).....	55	oxaprozin tab 600 mg (Daypro).....	90
ORFADIN – nitisinone cap 2 mg.....	39	oxazepam cap 10 mg.....	69
ORFADIN – nitisinone cap 5 mg.....	39	oxazepam cap 15 mg.....	69
ORFADIN – nitisinone cap 10 mg.....	39	oxazepam cap 30 mg.....	69
ORFADIN – nitisinone cap 20 mg.....	39	OXBRYTA – voxelotor tab for oral susp 300 mg.....	106
ORFADIN – nitisinone susp 4 mg/ml.....	39	OXBRYTA – voxelotor tab 500 mg.....	106
ORGOVYX – relugolix tab 120 mg.....	22	oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal).....	97
ORIAHNN – elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack.....	28	oxcarbazepine tab 150 mg (Trileptal).....	97
ORILISSA – elagolix sodium tab 150 mg (base equiv).....	39	oxcarbazepine tab 300 mg (Trileptal).....	97
ORILISSA – elagolix sodium tab 200 mg (base equiv).....	39	oxcarbazepine tab 600 mg (Trileptal).....	97
ORKAMBI – lumacaftor-ivacaftor granules packet 100-125 mg.....	61	OXERVATE – cenegermin-bkbj ophth soln 0.002% (20 mcg/ml).....	117
ORKAMBI – lumacaftor-ivacaftor granules packet 150-188 mg.....	61	oxiconazole nitrate cream 1% (Oxistat).....	124
ORKAMBI – lumacaftor-ivacaftor tab 100-125 mg.....	61	OXTELLAR XR – oxcarbazepine tab er 24hr 150 mg.....	97
ORKAMBI – lumacaftor-ivacaftor tab 200-125 mg.....	61	OXTELLAR XR – oxcarbazepine tab er 24hr 300 mg.....	97
ORLADEYO – berotralstat hcl cap 110 mg.....	113	OXTELLAR XR – oxcarbazepine tab er 24hr 600 mg.....	97
ORLADEYO – berotralstat hcl cap 150 mg.....	113	oxybutynin chloride syrup 5 mg/5ml.....	66
orphenadrine citrate tab er 12hr 100 mg.....	102	oxybutynin chloride tab er 24hr 15 mg.....	66
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu).....	8	oxybutynin chloride tab er 24hr 5 mg (Ditropan xl).....	66
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu).....	8	oxybutynin chloride tab er 24hr 10 mg (Ditropan xl).....	66
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu).....	8	oxybutynin chloride tab 5 mg.....	66
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu).....	8	OXYCODONE/ACETAMINOPHEN – oxycodone w/ acetaminophen tab 2.5-300 mg.....	87
OSPHENA – ospemifene tab 60 mg.....	39	oxycodone hcl cap 5 mg.....	87
OTEZLA – apremilast tab 30 mg.....	90	oxycodone hcl conc 100 mg/5ml (20 mg/ml).....	87
OTEZLA – apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg.....	90	oxycodone hcl soln 5 mg/5ml.....	87
OTREXUP – methotrexate soln pf auto-injector 10 mg/0.4ml.....	90	oxycodone hcl tab 10 mg.....	87
OTREXUP – methotrexate soln pf auto-injector 12.5 mg/0.4ml.....	90	oxycodone hcl tab 20 mg.....	87
		oxycodone hcl tab 5 mg (Roxicodone).....	87
		oxycodone hcl tab 15 mg (Roxicodone).....	87
		oxycodone hcl tab 30 mg (Roxicodone).....	87
		OXYCODONE HYDROCHLORIDE/A – oxycodone w/ acetaminophen soln 5-325 mg/5ml.....	87
		oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet).....	87
		oxycodone w/ acetaminophen tab 5-325 mg (Percocet).....	87
		oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet).....	87

oxycodone w/ acetaminophen tab 10-325 mg (Percocet).....	87	pantoprazole sodium for delayed release susp packet 40 mg (Protonix).....	63
OZEMPIC – semaglutide soln pen-inj 1 mg/dose (4 mg/3ml).....	32	paricalcitol cap 4 mcg.....	39
OZEMPIC – semaglutide soln pen-inj 2 mg/dose (8 mg/3ml).....	32	paricalcitol cap 1 mcg (Zemlar).....	39
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml).....	32	paricalcitol cap 2 mcg (Zemlar).....	39
P		PARLODEL – bromocriptine mesylate cap 5 mg (base equivalent).....	101
PALFORZIA INITIAL DOSE ES – peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg.....	17	PARLODEL – bromocriptine mesylate tab 2.5 mg (base equivalent).....	101
PALFORZIA LEVEL 11 (MAINT – peanut allergen powder-dnfp maintenance packet 300 mg.....	17	PARNATE – tranylcypromine sulfate tab 10 mg.....	72
PALFORZIA LEVEL 4 – peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose).....	17	paromomycin sulfate cap 250 mg (Humatin).....	4
PALFORZIA LEVEL 1 – peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose).....	17	paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil).....	72
PALFORZIA LEVEL 2 – peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose).....	17	paroxetine hcl tab 10 mg (Paxil).....	72
PALFORZIA LEVEL 5 – peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose).....	17	paroxetine hcl tab 20 mg (Paxil).....	72
PALFORZIA LEVEL 6 – peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose).....	17	paroxetine hcl tab 30 mg (Paxil).....	72
PALFORZIA LEVEL 7 – peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose).....	17	paroxetine hcl tab 40 mg (Paxil).....	72
PALFORZIA LEVEL 3 – peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose).....	17	paroxetine mesylate cap 7.5 mg (base equiv).....	82
PALFORZIA LEVEL 8 – peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose).....	17	PASER – aminosalicic acid er granules packet 4 gm.....	4
PALFORZIA LEVEL 10 – peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose).....	17	PAXLOVID – nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak.....	8
PALFORZIA LEVEL 9 – peanut powder-dnfp pack 2 x 100 mg (200 mg dose).....	17	PAXLOVID – nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak.....	8
PALFORZIA LEVEL 11 (TITRA – peanut allergen powder-dnfp titration packet 300 mg.....	17	PC LANCETS SUPER THIN 30G – lancets.....	180
paliperidone tab er 24hr 1.5 mg (Invega).....	74	PC UNIFINE PENTIPS 29G X – insulin pen needle 29 g x 12 mm (1/2").....	180
paliperidone tab er 24hr 3 mg (Invega).....	74	PC UNIFINE PENTIPS 31G X – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	180
paliperidone tab er 24hr 6 mg (Invega).....	75	PC UNIFINE PENTIPS 31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	180
paliperidone tab er 24hr 9 mg (Invega).....	75	PC UNIFINE PENTIPS 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	180
PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml.....	39	PEDIAPRED – prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base).....	26
PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml.....	39	PEDIARIX – diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr.....	15
PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml.....	39	PEDVAX HIB – haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml.....	14
PAMELOR – nortriptyline hcl cap 10 mg.....	71	PEGASYS – peginterferon alfa-2a inj 180 mcg/ml.....	8
PAMELOR – nortriptyline hcl cap 25 mg.....	72	PEGASYS – peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml.....	8
PAMELOR – nortriptyline hcl cap 50 mg.....	72	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely).....	61
PAMELOR – nortriptyline hcl cap 75 mg.....	72	peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep).....	62
PANRETIN – alitretinoin gel 0.1%.....	124	peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	62
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix).....	63	PEG-PREP – bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit.....	62
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix).....	63	PEMAZYRE – pemigatinib tab 4.5 mg.....	22
		PEMAZYRE – pemigatinib tab 9 mg.....	22
		PEMAZYRE – pemigatinib tab 13.5 mg.....	22
		penicillamine tab 250 mg (Depen titratabs).....	206
		PENICILLIN V POTASSIUM – penicillin v potassium for soln 125 mg/5ml.....	1
		PENICILLIN V POTASSIUM – penicillin v potassium for soln 250 mg/5ml.....	1

penicillin v potassium tab 250 mg	1	PENTIPS 31GX5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	181
penicillin v potassium tab 500 mg	1	PENTIPS 31GX6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	181
PENLET II REPLACEMENT CAP – lancets misc.....	181	PENTIPS 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	182
PEN NEEDLES/29G X 1/2" – insulin pen needle 29 g x 12 mm (1/2").....	181	PENTIPS 32GX4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	182
PEN NEEDLES/31G X 1/4" – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	181	PENTIPS 32GX6MM – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	182
PEN NEEDLES/31G X 3/16" – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	181	PENTIPS 31G X 5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	181
PEN NEEDLES/31G X 5/16" – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	181	PENTIPS 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	181
PEN NEEDLES/32G X 5/32" – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	181	PENTIPS 32G X 4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	182
PEN NEEDLES/31G X 6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	181	PEN-TOTE – blood glucose monitoring supplies.....	181
PEN NEEDLES 31GX5/16" – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	181	pentoxifylline tab er 400 mg	113
PEN NEEDLES 31G X 3/16" – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	181	PERFECT LANCETS 30G – lancets.....	182
PEN NEEDLES 33G X 5/32" – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	181	PERFECT PRESSURE ACTIVATE – lancets.....	182
PEN NEEDLES 31GX6MM (1/4" – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	181	PERIDEX – chlorhexidine gluconate soln 0.12%.....	119
PEN NEEDLES 31GX8MM (5/16 – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	181	perindopril erbumine tab 2 mg	50
PEN NEEDLES 29GX12MM – insulin pen needle 29 g x 12 mm (1/2").....	180	perindopril erbumine tab 4 mg	50
PEN NEEDLES 30GX5MM – insulin pen needle 30 g x 5 mm (1/5" or 3/16").....	180	perindopril erbumine tab 8 mg	50
PEN NEEDLES 30GX8MM – insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	180	permethrin cream 5%	124
PEN NEEDLES 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	181	PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 2-10 mg.....	82
PEN NEEDLES 32GX4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	181	PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 2-25 mg.....	82
PEN NEEDLES 31G X 5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	181	PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 4-10 mg.....	82
PEN NEEDLES 31G X 6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	181	PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 4-25 mg.....	82
PEN NEEDLES 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	181	PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 4-50 mg.....	82
PEN NEEDLES 32G X 4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	181	perphenazine tab 2 mg	75
PEN NEEDLES 32G X 5MM – insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	181	perphenazine tab 4 mg	75
PEN NEEDLES 32G X 6MM – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	181	perphenazine tab 8 mg	75
PENTACEL – diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp.....	15	perphenazine tab 16 mg	75
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	12	PFIZER-BIONTECH COVID-19 – covid-19 mrna bivalent vaccine-pfizer im susp 30 mcg/0.3ml.....	14
pentazocine w/ naloxone hcl tab 50-0.5 mg	88	PFIZER-BIONTECH COVID-19 – covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.2ml.....	14
PENTIPS 29GX12MM – insulin pen needle 29 g x 12 mm (1/2").....	181	PFIZER-BIONTECH COVID-19 – covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml.....	14
PENTIPS 29G X 12MM – insulin pen needle 29 g x 12 mm (1/2").....	181	PFIZER-BIONTECH COVID-19 – covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.2ml.....	14
		PFIZER-BIONTECH COVID-19 – covid-19 (sars-cov-2) mrna vacc-pfizer im susp 30 mcg/0.3ml.....	14
		PHARMACIST CHOICE AUTOCOD – blood glucose monitoring kit w/ device.....	182
		PHARMACIST CHOICE AUTOCOD – glucose blood test strip.....	131
		PHARMACIST CHOICE MINI BL – blood glucose monitoring devices.....	182

PHARMACIST CHOICE NO CODI – glucose blood test strip.....	131	PIP LANCETS/30G – lancets.....	182
PHARMACIST CHOICE ULTRA T – lancets.....	182	PIQRAY 250MG DAILY DOSE – alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs).....	22
PHARMACY COUNTER LANCETS – lancets.....	182	PIQRAY 300MG DAILY DOSE – alpelisib tab pack 300 mg daily dose (2x150 mg tab).....	22
PHENELZINE SULFATE – phenelzine sulfate tab 15 mg.....	72	PIQRAY 200MG DAILY DOSE – alpelisib tab therapy pack 200 mg daily dose.....	22
phenobarbital elixir 20 mg/5ml.....	76	pirfenidone tab 267 mg (Esbriet).....	61
phenobarbital tab 15 mg.....	76	pirfenidone tab 801 mg (Esbriet).....	61
phenobarbital tab 16.2 mg.....	76	piroxicam cap 10 mg (Feldene).....	90
phenobarbital tab 30 mg.....	76	piroxicam cap 20 mg (Feldene).....	90
phenobarbital tab 32.4 mg.....	76	PLAN B ONE-STEP – levonorgestrel tab 1.5 mg.....	30
phenobarbital tab 60 mg.....	76	PLAQUENIL – hydroxychloroquine sulfate tab 200 mg.....	11
phenobarbital tab 64.8 mg.....	77	PLEGRIDY – peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml.....	83
phenobarbital tab 97.2 mg.....	77	PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml.....	82
phenobarbital tab 100 mg.....	77	PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml.....	82
phenoxybenzamine hcl cap 10 mg (Dibenzylina).....	50	PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack.....	83
phentermine hcl cap 15 mg.....	79	PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack.....	83
phenylephrine hcl ophth soln 2.5%.....	117	PLENVU – peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm.....	62
phenylephrine hcl ophth soln 10%.....	117	PNEUMOVAX 23/1 DOSE – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml.....	14
PHENYTEK – phenytoin sodium extended cap 200 mg.....	97	PNEUMOVAX 23 – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml.....	14
PHENYTEK – phenytoin sodium extended cap 300 mg.....	97	PNV-DHA+DOCUSATE – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg.....	103
phenytoin chew tab 50 mg (Dilantin infatabs).....	97	PNV-OMEGA – prenat w/o a w/ fe fumarate-methylfolate-fa-omega 3 cap.....	103
phenytoin sodium extended cap 100 mg (Dilantin).....	97	POCKETCHEM EZ BLOOD GLUCO – blood glucose monitoring kit w/ device.....	182
phenytoin sodium extended cap 200 mg (Phenytek).....	97	POCKETCHEM EZ BLOOD GLUCO – glucose blood test strip.....	131
phenytoin sodium extended cap 300 mg (Phenytek).....	97	podofilox soln 0.5%.....	124
phenytoin susp 125 mg/5ml (Dilantin-125).....	97	POGO AUTOMATIC BLOOD GLUC – blood glucose monitoring devices.....	182
PHOSLYRA – calcium acetate (phosphate binder) oral soln 667 mg/5ml.....	65	POGO AUTOMATIC TEST CARTR – glucose blood test automatic cartridge.....	131
PHOSPHOLINE IODIDE – echothiophate iodide ophth for soln 0.125%.....	117	POLY HUB NEEDLE/25G X 5/8 – needle (disp) 25 x 5/8".....	182
phytonadione tab 5 mg (Mephyton).....	102	POLY HUB NEEDLE/27G X 1/2 – needle (disp) 27 x 1/2".....	182
PIFELTRO – doravirine tab 100 mg.....	8	POLY HUB NEEDLE/30G X 1/2 – needle (disp) 30 x 1/2".....	182
pilocarpine hcl ophth soln 1%.....	118	POLY HUB NEEDLE/18G X 1" – needle (disp) 18 x 1".....	182
pilocarpine hcl ophth soln 2%.....	118	POLY HUB NEEDLE/21G X 1" – needle (disp) 21 x 1".....	182
pilocarpine hcl ophth soln 4%.....	118	POLY HUB NEEDLE/22G X 1" – needle (disp) 22 x 1".....	182
pilocarpine hcl tab 5 mg (Salagen).....	119	POLY HUB NEEDLE/23G X 1" – needle (disp) 23 x 1".....	182
pilocarpine hcl tab 7.5 mg (Salagen).....	119		
PILOT COVID-19 AT-HOME TE – covid-19 at home antigen test kit.....	131		
pimecrolimus cream 1% (Elidel).....	124		
PIMOZIDE – pimozide tab 1 mg.....	82		
PIMOZIDE – pimozide tab 2 mg.....	82		
pindolol tab 5 mg.....	43		
pindolol tab 10 mg.....	43		
pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met).....	32		
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met).....	32		
pioglitazone hcl tab 15 mg (base equiv) (Actos).....	32		
pioglitazone hcl tab 30 mg (base equiv) (Actos).....	32		
pioglitazone hcl tab 45 mg (base equiv) (Actos).....	32		
PIP LANCETS/28G – lancets.....	182		

POLY HUB NEEDLE/25G X 1" – needle (disp) 25 x 1".....	182	PRADAXA – dabigatran etexilate mesylate cap 150 mg (etexilate base eq).....	108
POLY HUB NEEDLE/18G X 1-1 – needle (disp) 18 x 1-1/2".....	182	pramipexole dihydrochloride tab er 24hr 0.375 mg (Mirapex er).....	101
POLY HUB NEEDLE/21G X 1-1 – needle (disp) 21 x 1-1/2".....	182	pramipexole dihydrochloride tab er 24hr 0.75 mg (Mirapex er).....	101
POLY HUB NEEDLE/22G X 1-1 – needle (disp) 22 x 1-1/2".....	182	pramipexole dihydrochloride tab er 24hr 1.5 mg (Mirapex er).....	101
POLY HUB NEEDLE/23G X 1-1 – needle (disp) 23 x 1-1/2".....	182	pramipexole dihydrochloride tab er 24hr 2.25 mg (Mirapex er).....	101
POLY HUB NEEDLE/25G X 1-1 – needle (disp) 25 x 1-1/2".....	182	pramipexole dihydrochloride tab er 24hr 3 mg (Mirapex er).....	101
POLY HUB NEEDLE/27G X 1-1 – needle (disp) 27 x 1-1/4".....	182	pramipexole dihydrochloride tab er 24hr 3.75 mg (Mirapex er).....	101
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim).....	118	pramipexole dihydrochloride tab er 24hr 4.5 mg (Mirapex er).....	101
POLYTRIM – polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....	118	pramipexole dihydrochloride tab 0.125 mg.....	101
POMALYST – pomalidomide cap 1 mg.....	22	pramipexole dihydrochloride tab 0.25 mg.....	101
POMALYST – pomalidomide cap 2 mg.....	22	pramipexole dihydrochloride tab 0.5 mg.....	101
POMALYST – pomalidomide cap 3 mg.....	22	pramipexole dihydrochloride tab 0.75 mg.....	101
POMALYST – pomalidomide cap 4 mg.....	22	pramipexole dihydrochloride tab 1 mg.....	101
PONVORY 14-DAY STARTER PA – ponesimod tab starter pack 2,3,4,5,6,7,8,9 &10 mg.....	83	pramipexole dihydrochloride tab 1.5 mg.....	101
PONVORY – ponesimod tab 20 mg.....	83	prasugrel hcl tab 5 mg (base equiv) (Effient).....	113
posaconazole tab delayed release 100 mg (Noxafil).....	5	prasugrel hcl tab 10 mg (base equiv) (Effient).....	113
potassium chloride cap er 8 meq.....	104	pravastatin sodium tab 10 mg.....	54
potassium chloride cap er 10 meq.....	104	pravastatin sodium tab 20 mg.....	54
POTASSIUM CHLORIDE ER – potassium chloride tab er 8 meq (600 mg).....	104	pravastatin sodium tab 40 mg.....	54
potassium chloride microencapsulated crys er tab 10 meq.....	104	pravastatin sodium tab 80 mg.....	54
potassium chloride microencapsulated crys er tab 15 meq.....	104	praziquantel tab 600 mg (Biltricide).....	11
potassium chloride microencapsulated crys er tab 20 meq.....	104	prazosin hcl cap 1 mg (Minipress).....	50
potassium chloride oral soln 10% (20 meq/15ml).....	104	prazosin hcl cap 2 mg (Minipress).....	50
potassium chloride oral soln 20% (40 meq/15ml).....	105	prazosin hcl cap 5 mg (Minipress).....	50
potassium chloride tab er 10 meq (K-tab).....	105	PRECISION SOF-TACT TEST S – glucose blood test strip.....	131
potassium chloride tab er 8 meq (600 mg).....	105	PRECISION SURE-DOSE INSUL – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	182
potassium chloride tab er 20 meq (1500 mg) (K-tab).....	105	PRECISION THINS GP LANCET – lancets.....	182
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5).....	68	PRECISION XTRA BLOOD GLUC – glucose blood test strip.....	131
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10).....	68	PRECISION XTRA – blood glucose monitoring kit w/ device.....	182
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15).....	68	PRECOSE – acarbose tab 25 mg.....	32
potassium phosphate monobasic tab 500 mg (K-phos).....	105	PRECOSE – acarbose tab 50 mg.....	32
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral).....	104	PRECOSE – acarbose tab 100 mg.....	32
PRADAXA – dabigatran etexilate mesylate cap 75 mg (etexilate base eq).....	108	PRED-G – gentamicin-prednisolone ace ophth susp 0.3-1%.....	118
PRADAXA – dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....	108	PRED-G S.O.P. – gentamicin-prednisolone ace ophth oint 0.3-0.6%.....	118
		PRED MILD – prednisolone acetate ophth susp 0.12%.....	118
		PREDNICARBATE – prednicarbate oint 0.1%.....	124
		PREDNISOLONE ACETATE – prednisolone acetate ophth susp 1%.....	118
		PREDNISOLONE – prednisolone syrup 15 mg/5ml (usp solution equivalent).....	26

PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate ophth soln 1%.....	118	PREFEST – estradiol tab 1 mg(15)/estradiol-norgestimate tab 1-0.09mg(15).....	28
PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....	26	pregabalin cap 25 mg (Lyrica)	97
PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate orally disintegr tab 10 mg (base eq).....	26	pregabalin cap 50 mg (Lyrica)	97
PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate orally disintegr tab 15 mg (base eq).....	26	pregabalin cap 75 mg (Lyrica)	97
PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate orally disintegr tab 30 mg (base eq).....	26	pregabalin cap 100 mg (Lyrica)	98
prednisolone sodium phosphate oral soln 15 mg/5ml (base equiv)	26	pregabalin cap 150 mg (Lyrica)	98
prednisolone sodium phosphate oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	26	pregabalin cap 200 mg (Lyrica)	98
PREDNISONE INTENSOL – prednisone conc 5 mg/ml.....	26	pregabalin cap 225 mg (Lyrica)	98
PREDNISONE – prednisone oral soln 5 mg/5ml.....	26	pregabalin cap 300 mg (Lyrica)	98
prednisone tab 1 mg	26	pregabalin soln 20 mg/ml (Lyrica)	98
prednisone tab 2.5 mg	26	PREHEVBRIO – hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml.....	14
prednisone tab 5 mg	26	PREMARIN – estrogens, conjugated tab 0.3 mg.....	28
prednisone tab 10 mg	26	PREMARIN – estrogens, conjugated tab 0.45 mg.....	28
prednisone tab 20 mg	26	PREMARIN – estrogens, conjugated tab 0.625 mg.....	28
prednisone tab 50 mg	26	PREMARIN – estrogens, conjugated tab 0.9 mg.....	28
prednisone tab therapy pack 5 mg (21)	26	PREMARIN – estrogens, conjugated tab 1.25 mg.....	28
prednisone tab therapy pack 5 mg (48)	26	PREMARIN – estrogens, conjugated vaginal cream 0.625 mg/gm.....	67
prednisone tab therapy pack 10 mg (21)	26	PREMIUM BLOOD GLUCOSE TES – glucose blood test strip.....	131
prednisone tab therapy pack 10 mg (48)	26	PREMPHASE – conj est 0.625(14)/conj est-medroxyprogesterone acetate tab 0.625-5mg(14).....	28
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	182	PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg.....	28
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	183	PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.45-1.5 mg.....	28
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	183	PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.625-2.5 mg.....	28
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	182	PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.625-5 mg.....	28
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	182	PRENAISSANCE – prenatal w/o vit a w/ fe fumarate-fa cap 29-1.25-325 mg.....	103
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1 ml 28 x 1/2".....	183	PRENATABS RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg.....	103
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1 ml 29 x 1/2".....	183	PRENATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	103
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1 ml 30 x 5/16".....	183	PRENATAL PLUS VITAMIN AND – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	103
PREFERRED PLUS LANCETS CO – lancets.....	183	PRENATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg.....	103
PREFERRED PLUS LANCETS SU – lancets.....	183	PRENATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....	103
PREFERRED PLUS LANCETS TH – lancets.....	183	PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	103
PREFERRED PLUS UNIFINE PE – insulin pen needle 29 g x 12 mm (1/2").....	183	PRENATAL-U – prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg.....	103
PREFERRED PLUS UNIFINE PE – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	183	PRENATAL VITAMINS PLUS LO – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	103
PREFERRED PLUS UNIFINE PE – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	183	PRESTIGE TEST STRIPS – glucose blood test strip.....	131
PREFERRED PLUS UNIFINE PE – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	183	PRETOMANID – pretomanid tab 200 mg.....	4
PREFERRED PLUS UNIFINE PE – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	183	PREVENT DROPSAFE SAFETY P – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	183
		PREVENT DROPSAFE SAFETY P – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	183

PREVENT SAFETY PEN NEEDLE – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	183	PROCYSBI – cysteamine bitartrate cap delayed release 25 mg (base equiv).....	68
PREVENT SAFETY PEN NEEDLE – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	183	PROCYSBI – cysteamine bitartrate cap delayed release 75 mg (base equiv).....	68
PREVIDENT RINSE – sodium fluoride rinse 0.2%.....	120	PROCYSBI – cysteamine bitartrate delayed release granules packet 75 mg.....	68
PREVNAR 13 – pneumococcal 13-valent conjugate vaccine inj.....	14	PROCYSBI – cysteamine bitartrate delayed release granules packet 300 mg.....	68
PREVNAR 20 – pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml.....	14	PRODIGY AUTOCODE BLOOD GL – blood glucose monitoring devices.....	184
PREVYMIS – letermovir tab 240 mg.....	8	PRODIGY AUTOCODE BLOOD GL – blood glucose monitoring kit w/ device.....	184
PREVYMIS – letermovir tab 480 mg.....	8	PRODIGY INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	184
PREZCOBIX – darunavir-cobicistat tab 800-150 mg.....	8	PRODIGY INSULIN SYRINGE/1 – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	184
PREZISTA – darunavir oral susp 100 mg/ml.....	8	PRODIGY INSULIN SYRINGE/1 – insulin syringe/needle u-100 1 ml 28 x 1/2".....	184
PREZISTA – darunavir tab 75 mg.....	8	PRODIGY LANCING DEVICE – lancet devices.....	184
PREZISTA – darunavir tab 150 mg.....	8	PRODIGY NO CODING BLOOD G – blood glucose monitoring kit w/ device.....	184
PREZISTA – darunavir tab 600 mg.....	8	PRODIGY NO CODING BLOOD G – glucose blood test strip.....	131
PREZISTA – darunavir tab 800 mg.....	8	PRODIGY POCKET BLOOD GLUC – blood glucose monitoring kit w/ device.....	184
PRIFTIN – rifapentine tab 150 mg.....	4	PRODIGY PRESSURE ACTIVATE – lancets.....	184
PRIMAQUINE PHOSPHATE – primaquine phosphate tab 26.3 mg (15 mg base).....	11	PRODIGY SAFETY LANCETS – lancets.....	184
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate).....	11	PRODIGY TWIST TOP LANCETS – lancets.....	184
primidone tab 50 mg (Mysoline).....	98	PRODIGY VOICE BLOOD GLUCO – blood glucose monitoring kit w/ device.....	184
primidone tab 250 mg (Mysoline).....	98	PROFILNINE – factor ix complex for inj 500 unit.....	113
PRIORIX – measles-mumps-rubella virus vaccines for subcutaneous susp.....	14	PROFILNINE – factor ix complex for inj 1000 unit.....	113
probenecid tab 500 mg.....	93	PROFILNINE – factor ix complex for inj 1500 unit.....	113
prochlorperazine maleate tab 5 mg (base equivalent).....	75	progesterone cap 100 mg (Prometrium).....	30
prochlorperazine maleate tab 10 mg (base equivalent).....	75	progesterone cap 200 mg (Prometrium).....	30
prochlorperazine suppos 25 mg.....	75	PROGLYCEM – diazoxide susp 50 mg/ml.....	32
PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	183	PROGRAF – tacrolimus cap 0.5 mg.....	206
PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	183	PROGRAF – tacrolimus cap 1 mg.....	206
PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	183	PROGRAF – tacrolimus cap 5 mg.....	206
PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 5/16".....	183	PROGRAF – tacrolimus packet for susp 0.2 mg.....	206
PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 1/2".....	183	PROGRAF – tacrolimus packet for susp 1 mg.....	206
PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 31 x 5/16".....	183	PROMACTA – eltrombopag olamine powder pack for susp 12.5 mg (base eq).....	107
PRO COMFORT PEN NEEDLES/ – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	183	PROMACTA – eltrombopag olamine powder pack for susp 25 mg (base equiv).....	107
PRO COMFORT PEN NEEDLES/ – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	183	PROMACTA – eltrombopag olamine tab 12.5 mg (base equiv).....	107
PRO COMFORT PEN NEEDLES/ – insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	184	PROMACTA – eltrombopag olamine tab 25 mg (base equiv).....	107
PRO COMFORT PEN NEEDLES/ – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	184	PROMACTA – eltrombopag olamine tab 50 mg (base equiv).....	107
PROCYSBI – epoetin alfa inj 2000 unit/ml.....	106		
PROCYSBI – epoetin alfa inj 3000 unit/ml.....	107		
PROCYSBI – epoetin alfa inj 4000 unit/ml.....	107		
PROCYSBI – epoetin alfa inj 10000 unit/ml.....	107		

PROMACTA – eltrombopag olamine tab 75 mg (base equiv).....	107	PSS SELECT GP LANCETS – lancets.....	184
promethazine & phenylephrine syrup 6.25-5 mg/5ml.....	57	PSS SELECT SAFETY LANCETS – lancets.....	184
promethazine-dm syrup 6.25-15 mg/5ml.....	57	PTS PANELS EGLU – glucose blood test strip.....	131
promethazine hcl suppos 12.5 mg.....	56	PULMOZYME – dornase alfa inhal soln 2.5 mg/2.5ml.....	61
promethazine hcl suppos 25 mg.....	56	PURE COMFORT PEN NEEDLE/3 – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	184
promethazine hcl syrup 6.25 mg/5ml.....	56	PURE COMFORT PEN NEEDLE/3 – insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	184
promethazine hcl tab 12.5 mg.....	56	PURE COMFORT PEN NEEDLE 3 – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	184
promethazine hcl tab 25 mg.....	56	PURE COMFORT PEN NEEDLE 3 – insulin pen needle 32 g x 8 mm (1/3" or 5/16").....	184
promethazine hcl tab 50 mg.....	56	PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml).....	22
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml.....	57	PX ADVANCED LANCING DEVIC – lancet devices.....	184
promethazine w/ codeine syrup 6.25-10 mg/5ml.....	57	PX EXTRA SHORT PEN NEEDLE – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	184
PROMETHEGAN – promethazine hcl suppos 50 mg.....	56	PX INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	184
propafenone hcl cap er 12hr 225 mg (Rythmol sr).....	46	PX LANCET AUTO INJECTOR – lancet devices.....	184
propafenone hcl cap er 12hr 325 mg (Rythmol sr).....	46	PX LANCETS MICROTHIN 33G – lancets.....	184
propafenone hcl cap er 12hr 425 mg (Rythmol sr).....	46	PX LANCETS ULTRA THIN 28G – lancets.....	184
propafenone hcl tab 150 mg.....	46	PX LANCETS ULTRA THIN – lancets.....	184
propafenone hcl tab 225 mg.....	46	PX MINI PEN NEEDLES 31GX5 – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	185
propafenone hcl tab 300 mg.....	46	PX PEN NEEDLE 29GX12MM – insulin pen needle 29 g x 12 mm (1/2").....	185
proparacaine hcl ophth soln 0.5% (Alcaine).....	118	PX PEN NEEDLE 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	185
propranolol hcl cap er 24hr 60 mg (Inderal la).....	43	PX SHORTLENGTH PEN NEEDLE – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	185
propranolol hcl cap er 24hr 80 mg (Inderal la).....	43	pyrazinamide tab 500 mg.....	4
propranolol hcl cap er 24hr 120 mg (Inderal la).....	43	pyridostigmine bromide oral soln 60 mg/5ml (Mestinon).....	102
propranolol hcl cap er 24hr 160 mg (Inderal la).....	43	pyridostigmine bromide tab er 180 mg (Mestinon timespan).....	102
propranolol hcl oral soln 20 mg/5ml.....	43	pyridostigmine bromide tab 60 mg (Mestinon).....	102
PROPRANOLOL HCL – propranolol hcl oral soln 40 mg/5ml.....	43	pyrimethamine tab 25 mg (Daraprim).....	11
propranolol hcl tab 10 mg.....	43	PYRUKYND – mitapivat sulfate tab 5 mg.....	113
propranolol hcl tab 20 mg.....	43	PYRUKYND – mitapivat sulfate tab 20 mg.....	113
propranolol hcl tab 40 mg.....	43	PYRUKYND – mitapivat sulfate tab 50 mg.....	114
propranolol hcl tab 60 mg.....	43	PYRUKYND TAPER PACK – mitapivat sulfate tab therapy pack 5 mg.....	114
propranolol hcl tab 80 mg.....	43	PYRUKYND TAPER PACK – mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg.....	114
propylthiouracil tab 50 mg.....	36	PYRUKYND TAPER PACK – mitapivat sulfate tab therapy pack 7 x 50 mg & 7 x 20 mg.....	114
PROQUAD – measles-mumps-rubella-varicella virus vaccines for susp.....	14	Q	
PROSCAR – finasteride tab 5 mg.....	68	QC ADVANCED LANCING DEVIC – lancet devices.....	185
protiptyline hcl tab 5 mg.....	72	QC INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	185
protiptyline hcl tab 10 mg.....	72	QC INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	185
PROVERA – medroxyprogesterone acetate tab 2.5 mg.....	30	QC INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	185
PROVERA – medroxyprogesterone acetate tab 5 mg.....	30		
PROVERA – medroxyprogesterone acetate tab 10 mg.....	30		
PROVIDA OB – prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg.....	104		
PRO VOICE V8/V9 BLOOD GLU – glucose blood test strip.....	131		
PRO VOICE V8 BLOOD GLUCOS – blood glucose monitoring devices.....	184		
PRO VOICE V9 BLOOD GLUCOS – blood glucose monitoring devices.....	184		
PRUDOXIN – doxepin hcl cream 5%.....	124		
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....	57		

QC INSULIN SYRINGE/1ML/29 – insulin syringe/needle u-100 1 ml 29 x 1/2".....	185	QUICKVUE AT-HOME COVID-19 – covid-19 at home antigen test kit.....	131
QC INSULIN SYRINGE/1ML/31 – insulin syringe/needle u-100 1 ml 31 x 5/16".....	185	QUILLICHEW ER – methylphenidate hcl chew tab extended release 20 mg.....	79
QC LANCETS SUPER THIN – lancets.....	185	QUILLICHEW ER – methylphenidate hcl chew tab extended release 30 mg.....	79
QC LANCETS ULTRA THIN – lancets.....	185	QUILLICHEW ER – methylphenidate hcl chew tab extended release 40 mg.....	80
QC PEN NEEDLES 29G X 12MM – insulin pen needle 29 g x 12 mm (1/2").....	185	QUILLIVANT XR – methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml).....	80
QC PEN NEEDLES 31G X 6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	185	quinapril hcl tab 5 mg (Accupril).....	50
QC PEN NEEDLES 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	185	quinapril hcl tab 10 mg (Accupril).....	50
QC UNIFINE PENTIPS 32GX4M – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	185	quinapril hcl tab 20 mg (Accupril).....	50
QC UNILET LANCETS 33G/MIC – lancets.....	185	quinapril hcl tab 40 mg (Accupril).....	50
QC UNILET LANCETS 28G/ULT – lancets.....	185	quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic).....	50
QINLOCK – ripretinib tab 50 mg.....	22	quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic).....	50
QUADRACEL – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml.....	15	quinapril-hydrochlorothiazide tab 20-25 mg (Accuretic).....	50
QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vac inj.....	15	quinidine gluconate tab er 324 mg.....	46
QUALAQUIN – quinine sulfate cap 324 mg.....	11	QUINIDINE SULFATE – quinidine sulfate tab 200 mg.....	46
QUDEXY XR – topiramate cap er 24hr sprinkle 25 mg.....	98	QUINIDINE SULFATE – quinidine sulfate tab 300 mg.....	46
QUDEXY XR – topiramate cap er 24hr sprinkle 50 mg.....	98	quinine sulfate cap 324 mg (Qualaquin).....	11
QUDEXY XR – topiramate cap er 24hr sprinkle 100 mg.....	98	QUINTET AC BLOOD GLUCOSE – blood glucose monitoring devices.....	185
QUDEXY XR – topiramate cap er 24hr sprinkle 150 mg.....	98	QUINTET AC BLOOD GLUCOSE – glucose blood test strip.....	131
QUDEXY XR – topiramate cap er 24hr sprinkle 200 mg.....	98	QUINTET BLOOD GLUCOSE MON – blood glucose monitoring devices.....	185
QUESTRAN – cholestyramine powder 4 gm/dose.....	54	QUINTET BLOOD GLUCOSE TES – glucose blood test strip.....	131
QUESTRAN – cholestyramine powder packets 4 gm.....	54	QULIPTA – atogepant tab 10 mg.....	92
QUESTRAN LIGHT – cholestyramine light powder 4 gm/ dose.....	54	QULIPTA – atogepant tab 30 mg.....	92
QUETIAPINE FUMARATE – quetiapine fumarate tab 150 mg.....	75	QULIPTA – atogepant tab 60 mg.....	92
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr).....	75	QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act.....	60
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr).....	75	QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act.....	60
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr).....	75	R	
quetiapine fumarate tab er 24hr 300 mg (Seroquel xr).....	75	rabeprazole sodium ec tab 20 mg (Aciphex).....	63
quetiapine fumarate tab er 24hr 400 mg (Seroquel xr).....	75	RADICAVA ORS – edaravone oral susp 105 mg/5ml.....	102
quetiapine fumarate tab 25 mg (Seroquel).....	75	RADICAVA ORS STARTER KIT – edaravone oral susp 105 mg/5ml.....	102
quetiapine fumarate tab 50 mg (Seroquel).....	75	RADIOGARDASE – prussian blue insoluble cap 0.5 gm.....	126
quetiapine fumarate tab 100 mg (Seroquel).....	75	RA E-ZJECT LANCETS 28G – lancets.....	185
quetiapine fumarate tab 200 mg (Seroquel).....	75	RA E-ZJECT LANCETS THIN 2 – lancets.....	185
quetiapine fumarate tab 300 mg (Seroquel).....	75	RA E-ZJECT LANCETS ULTRA – lancets.....	185
quetiapine fumarate tab 400 mg (Seroquel).....	75	RAGWITEK – short ragweed pollen allergen extract sl tab 12 amb a 1-u.....	17
QUICKTEK – blood glucose monitoring kit.....	185	RA INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	185
QUICKTEK – blood glucose monitoring kit w/ device.....	185	RA INSULIN SYRINGE/1ML/29 – insulin syringe/needle u-100 1 ml 29 x 1/2".....	186
QUICKTEK TEST STRIPS – glucose blood test strip.....	131		

RA INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	185	REBINYN – coagulation factor ix recomb glycopegylated for inj 500 unt.....	114
RA INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 30 x 5/16".....	185	REBINYN – coagulation factor ix recomb glycopegylated for inj 1000 unt.....	114
raloxifene hcl tab 60 mg (Evista).....	39	REBINYN – coagulation factor ix recomb glycopegylated for inj 2000 unt.....	114
ramelteon tab 8 mg (Rozerem).....	77	RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 220-400 unit.....	114
ramipril cap 1.25 mg (Altace).....	50	RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 401-800 unit.....	114
ramipril cap 2.5 mg (Altace).....	50	RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 801-1240 unit.....	114
ramipril cap 5 mg (Altace).....	50	RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 1241-1800 unit.....	114
ramipril cap 10 mg (Altace).....	50	RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 1801-2400 unit.....	114
RANEXA – ranolazine tab er 12hr 500 mg.....	42	RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml.....	14
RANEXA – ranolazine tab er 12hr 1000 mg.....	42	RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 10 mcg/ml.....	15
ranolazine tab er 12hr 500 mg (Ranexa).....	42	RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 40 mcg/ml.....	15
ranolazine tab er 12hr 1000 mg (Ranexa).....	42	RECTIV – nitroglycerin oint 0.4%.....	120
RAPAFLO – silodosin cap 4 mg.....	68	REDITREX – methotrexate soln prefilled syringe 7.5 mg/0.3ml.....	90
RAPAFLO – silodosin cap 8 mg.....	68	REDITREX – methotrexate soln prefilled syringe 10 mg/0.4ml.....	90
RAPAMUNE – sirolimus oral soln 1 mg/ml.....	206	REDITREX – methotrexate soln prefilled syringe 12.5 mg/0.5ml.....	90
RAPAMUNE – sirolimus tab 0.5 mg.....	206	REDITREX – methotrexate soln prefilled syringe 15 mg/0.6ml.....	91
RAPAMUNE – sirolimus tab 1 mg.....	206	REDITREX – methotrexate soln prefilled syringe 17.5 mg/0.7ml.....	91
RAPAMUNE – sirolimus tab 2 mg.....	206	REDITREX – methotrexate soln prefilled syringe 20 mg/0.8ml.....	91
RA PEN NEEDLES 31G X 5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	186	REDITREX – methotrexate soln prefilled syringe 22.5 mg/0.9ml.....	91
RA PEN NEEDLES 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	186	REDITREX – methotrexate soln prefilled syringe 25 mg/ ml.....	91
rasagiline mesylate tab 0.5 mg (base equiv) (Azilect).....	101	REFUAH PLUS BLOOD GLUCOSE – blood glucose monitoring kit w/ device.....	186
rasagiline mesylate tab 1 mg (base equiv) (Azilect).....	101	REFUAH PLUS BLOOD GLUCOSE – glucose blood test strip.....	132
RAVICTI – glycerol phenylbutyrate liquid 1.1 gm/ml.....	39	REGLAN – metoclopramide hcl tab 5 mg (base equivalent).....	65
RAZADYNE ER – galantamine hydrobromide cap er 24hr 8 mg.....	83	REGLAN – metoclopramide hcl tab 10 mg (base equivalent).....	65
RAZADYNE ER – galantamine hydrobromide cap er 24hr 16 mg.....	83	REGRANEX – becaplermin gel 0.01%.....	124
RAZADYNE ER – galantamine hydrobromide cap er 24hr 24 mg.....	83	RELENZA DISKHALER – zanamivir aero powder breath activated 5 mg/blister.....	8
READYLANCE SAFETY LANCETS – lancets.....	186	RELION CONFIRM/MICRO TEST – glucose blood test strip.....	132
REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	186	RELION CONFIRM BLOOD GLUC – blood glucose monitoring kit w/ device.....	186
REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	186	RELION 2-IN-1 LANCET DEV – lancet devices.....	187
REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 28 x 1/2".....	186	RELION 2-IN-1 LANCING DEV – lancet devices.....	187
REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 29 x 1/2".....	186		
REALITY LANCETS – lancets.....	186		
REALITY TRIGGER LANCETS – lancets.....	186		
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml.....	83		
REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml.....	83		
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml.....	83		
REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml.....	83		
REBIF REBIDOSE TITRATION – interferon beta-1a auto- inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	83		
REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	83		

RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	186	RELION PREMIER COMPACT BL – blood glucose monitoring kit w/ device.....	187
RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	186	RELION PREMIER VOICE BLOO – blood glucose monitoring devices.....	187
RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	186	RELION PRIME BLOOD GLUCOS – blood glucose monitoring devices.....	187
RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 31 x 15/64".....	186	RELION PRIME BLOOD GLUCOS – glucose blood test strip.....	132
RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1 ml 29 x 1/2".....	186	RELION R – insulin regular (human) inj 100 unit/ml.....	34
RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1 ml 31 x 5/16".....	186	RELION SHORT PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	187
RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	186	RELION THIN LANCETS – lancets.....	187
RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1 ml 31 x 15/64".....	186	RELION TRUE METRIX AIR BL – blood glucose monitoring kit w/ device.....	187
RELION INSULIN SYRINGE 0. – insulin syringe/needle u-100 1/2 ml 31 x 15/64".....	186	RELION TRUE METRIX BLOOD – glucose blood test strip.....	132
RELION INSULIN SYRINGE 1M – insulin syringe/needle u-100 1 ml 31 x 15/64".....	186	RELION ULTIMA BLOOD GLUCO – blood glucose monitoring kit w/ device.....	187
RELION KETONE TEST STRIPS – acetone (urine) test strip.....	132	RELION ULTIMA BLOOD GLUCO – glucose blood test strip.....	132
RELION LANCETS – lancets.....	186	RELION ULTRA THIN LANCETS – lancets.....	187
RELION LANCETS MICRO-THIN – lancets.....	186	RELION ULTRA THIN PLUS LA – lancets.....	187
RELION LANCETS THIN 26G – lancets.....	186	REMODULIN – treprostinil inj soln 20 mg/20ml (1 mg/ ml).....	55
RELION LANCETS ULTRA-THIN – lancets.....	186	REMODULIN – treprostinil inj soln 50 mg/20ml (2.5 mg/ ml).....	55
RELION LANCING DEVICE – lancet devices.....	186	REMODULIN – treprostinil inj soln 100 mg/20ml (5 mg/ ml).....	55
RELION MICRO BLOOD GLUCOS – blood glucose monitoring kit w/ device.....	186	REMODULIN – treprostinil inj soln 200 mg/20ml (10 mg/ ml).....	55
RELION MINI PEN NEEDLES 3 – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	187	RENAGEL – sevelamer hcl tab 800 mg.....	65
RELION PEN NEEDLES/31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	187	repaglinide tab 0.5 mg.....	32
RELION PEN NEEDLES 31GX5/ – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	187	repaglinide tab 1 mg.....	32
RELION PEN NEEDLES 29GX12 – insulin pen needle 29 g x 12 mm (1/2").....	187	repaglinide tab 2 mg.....	32
RELION PEN NEEDLES 31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	187	REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml.....	54
RELION PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	187	REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml.....	54
RELION PEN NEEDLES 32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	187	REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml.....	54
RELION PEN NEEDLES 31GX6M – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	187	RESTASIS – cyclosporine (ophth) emulsion 0.05%.....	118
RELION PEN NEEDLES 31GX8M – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	187	RETACRIT – epoetin alfa-epbx inj 2000 unit/ml.....	107
RELION PEN NEEDLES 32GX4M – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	187	RETACRIT – epoetin alfa-epbx inj 3000 unit/ml.....	107
RELION PREMIER BLOOD GLUC – glucose blood test strip.....	132	RETACRIT – epoetin alfa-epbx inj 4000 unit/ml.....	107
RELION PREMIER BLU BLOOD – blood glucose monitoring devices.....	187	RETACRIT – epoetin alfa-epbx inj 10000 unit/ml.....	107
RELION PREMIER CLASSIC BL – blood glucose monitoring devices.....	187	RETACRIT – epoetin alfa-epbx inj 20000 unit/ml.....	107
		RETACRIT – epoetin alfa-epbx inj 40000 unit/ml.....	107
		RETEVMO – selpercatinib cap 40 mg.....	22
		RETEVMO – selpercatinib cap 80 mg.....	22
		RETIN-A – tretinoin gel 0.01%.....	124
		RETIN-A – tretinoin gel 0.025%.....	124
		RETROVIR – zidovudine cap 100 mg.....	8
		RETROVIR – zidovudine syrup 10 mg/ml.....	8
		REVLIMID – lenalidomide cap 5 mg.....	207
		REVLIMID – lenalidomide cap 10 mg.....	207
		REVLIMID – lenalidomide cap 15 mg.....	207

REVLIMID – lenalidomide cap 20 mg.....	207	RINVOQ – upadacitinib tab er 24hr 30 mg.....	91
REVLIMID – lenalidomide cap 25 mg.....	207	RINVOQ – upadacitinib tab er 24hr 45 mg.....	91
REVLIMID – lenalidomide caps 2.5 mg.....	207	risedronate sodium tab delayed release 35 mg	
REXALL BLOOD GLUCOSE MONI – blood glucose monitoring kit w/ device.....	187	(Atelvia).....	39
REXALL BLOOD GLUCOSE TEST – glucose blood test strip.....	132	risedronate sodium tab 5 mg.....	39
REXALL LANCETS ULTRA THIN – lancets.....	187	risedronate sodium tab 30 mg.....	39
REXULTI – brexpiprazole tab 0.25 mg.....	75	risedronate sodium tab 35 mg (Actonel).....	39
REXULTI – brexpiprazole tab 0.5 mg.....	75	risedronate sodium tab 150 mg (Actonel).....	39
REXULTI – brexpiprazole tab 1 mg.....	75	RISPERIDONE ODT – risperidone orally disintegrating tab 0.25 mg.....	75
REXULTI – brexpiprazole tab 2 mg.....	75	risperidone orally disintegrating tab 0.5 mg.....	75
REXULTI – brexpiprazole tab 3 mg.....	75	risperidone orally disintegrating tab 1 mg.....	75
REXULTI – brexpiprazole tab 4 mg.....	75	risperidone orally disintegrating tab 2 mg.....	75
REYATAZ – atazanavir sulfate cap 200 mg (base equiv).....	8	risperidone orally disintegrating tab 3 mg.....	75
REYATAZ – atazanavir sulfate cap 300 mg (base equiv).....	8	risperidone orally disintegrating tab 4 mg.....	75
REYATAZ – atazanavir sulfate oral powder packet 50 mg (base equiv).....	8	risperidone soln 1 mg/ml (Risperdal).....	75
REYVOW – lasmiditan succinate tab 50 mg.....	92	risperidone tab 0.25 mg.....	75
REYVOW – lasmiditan succinate tab 100 mg.....	92	risperidone tab 0.5 mg (Risperdal).....	75
REZUROCK – belumosudil mesylate tab 200 mg.....	207	risperidone tab 1 mg (Risperdal).....	75
RHOPRESSA – netarsudil dimesylate ophth soln 0.02%.....	118	risperidone tab 2 mg (Risperdal).....	75
RIASTAP – fibrinogen conc (human) inj approximately 1 gm (900-1300 mg).....	114	risperidone tab 3 mg (Risperdal).....	75
ribavirin cap 200 mg.....	8	risperidone tab 4 mg (Risperdal).....	75
ribavirin tab 200 mg.....	9	RITALIN – methylphenidate hcl tab 5 mg.....	80
RIDAURA – auranofin cap 3 mg.....	91	RITALIN – methylphenidate hcl tab 10 mg.....	80
rifabutin cap 150 mg (Mycobutin).....	4	RITALIN – methylphenidate hcl tab 20 mg.....	80
rifampin cap 150 mg.....	4	ritonavir tab 100 mg (Norvir).....	9
rifampin cap 300 mg.....	4	rivastigmine tartrate cap 1.5 mg (base equivalent).....	83
RIGHTEST GD500 LANCING DE – lancet devices.....	187	rivastigmine tartrate cap 3 mg (base equivalent).....	83
RIGHTEST GL300 LANCETS – lancets.....	187	rivastigmine tartrate cap 4.5 mg (base equivalent).....	83
RIGHTEST GM100 BLOOD GLUC – blood glucose monitoring kit w/ device.....	187	rivastigmine tartrate cap 6 mg (base equivalent).....	83
RIGHTEST GM300 BLOOD GLUC – blood glucose monitoring kit w/ device.....	188	rivastigmine td patch 24hr 4.6 mg/24hr (Exelon).....	83
RIGHTEST GM550 BLOOD GLUC – blood glucose monitoring kit w/ device.....	188	rivastigmine td patch 24hr 9.5 mg/24hr (Exelon).....	83
RIGHTEST GS100 BLOOD GLUC – glucose blood test strip.....	132	rivastigmine td patch 24hr 13.3 mg/24hr (Exelon).....	83
RIGHTEST GS300 BLOOD GLUC – glucose blood test strip.....	132	RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit.....	114
RIGHTEST GS333 BLOOD GLUC – glucose blood test strip.....	132	RIXUBIS – coagulation factor ix (recombinant) for inj 500 unit.....	114
RIGHTEST GS550 BLOOD GLUC – glucose blood test strip.....	132	RIXUBIS – coagulation factor ix (recombinant) for inj 1000 unit.....	114
RIGHTEST GT333 BLOOD GLUC – blood glucose monitoring devices.....	188	RIXUBIS – coagulation factor ix (recombinant) for inj 2000 unit.....	114
riluzole tab 50 mg (Rilutek).....	102	RIXUBIS – coagulation factor ix (recombinant) for inj 3000 unit.....	114
RIMANTADINE HYDROCHLORIDE – rimantadine hydrochloride tab 100 mg.....	9	rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....	92
ringer's solution for irrigation.....	207	rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt).....	92
RINVOQ – upadacitinib tab er 24hr 15 mg.....	91	rizatriptan benzoate tab 5 mg (base equivalent).....	92
		rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt).....	92
		ROCALTROL – calcitriol cap 0.25 mcg.....	39
		ROCALTROL – calcitriol cap 0.5 mcg.....	39
		ROCALTROL – calcitriol oral soln 1 mcg/ml.....	39
		ROCKLATAN – netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%.....	118

ropinirole hydrochloride tab er 24hr 2 mg (base equivalent).....	101	SAFETY PEN NEEDLES/30G X – insulin pen needle 30 g x 5 mm (1/5" or 3/16").....	188
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent).....	101	SAFETY PEN NEEDLES/30G X – insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	188
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent).....	101	SAFYRAL – drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg.....	30
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent).....	101	SALAGEN – pilocarpine hcl tab 5 mg.....	120
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent).....	101	SALAGEN – pilocarpine hcl tab 7.5 mg.....	120
ropinirole hydrochloride tab 0.25 mg.....	101	SAMSCA – tolvaptan tab 15 mg.....	39
ropinirole hydrochloride tab 0.5 mg.....	101	SANCUSO – granisetron td patch 3.1 mg/24hr (contains 34.3 mg).....	63
ropinirole hydrochloride tab 1 mg.....	101	SANDIMMUNE – cyclosporine cap 25 mg.....	207
ropinirole hydrochloride tab 2 mg.....	101	SANDIMMUNE – cyclosporine cap 100 mg.....	207
ropinirole hydrochloride tab 3 mg.....	101	SANDIMMUNE – cyclosporine oral soln 100 mg/ml.....	207
ropinirole hydrochloride tab 4 mg.....	101	SANDOSTATIN – octreotide acetate inj 50 mcg/ml (0.05 mg/ml).....	40
ropinirole hydrochloride tab 5 mg.....	101	SANDOSTATIN – octreotide acetate inj 100 mcg/ml (0.1 mg/ml).....	40
rosuvastatin calcium tab 5 mg (Crestor).....	54	SANDOSTATIN – octreotide acetate inj 500 mcg/ml (0.5 mg/ml).....	40
rosuvastatin calcium tab 10 mg (Crestor).....	54	SANTYL – collagenase oint 250 unit/gm.....	124
rosuvastatin calcium tab 20 mg (Crestor).....	54	SAPHRIS – asenapine maleate sl tab 2.5 mg (base equiv).....	75
rosuvastatin calcium tab 40 mg (Crestor).....	54	SAPHRIS – asenapine maleate sl tab 5 mg (base equiv).....	75
ROTARIX – rotavirus vaccine, live for oral susp.....	15	SAPHRIS – asenapine maleate sl tab 10 mg (base equiv).....	76
ROTATEQ – rotavirus vaccine, live oral pentavalent soln.....	15	sapropterin dihydrochloride powder packet 100 mg (Kuvan).....	40
ROZEREM – ramelteon tab 8 mg.....	77	sapropterin dihydrochloride powder packet 500 mg (Kuvan).....	40
ROZLYTREK – entrectinib cap 100 mg.....	22	sapropterin dihydrochloride tab 100 mg (Kuvan).....	40
ROZLYTREK – entrectinib cap 200 mg.....	22	SAPSCARE TWIST TOP LANCET – lancets.....	188
RUBRACA – rucaparib camsylate tab 200 mg (base equivalent).....	22	SAPS HEALTH CARE TWIST TO – lancets.....	188
RUBRACA – rucaparib camsylate tab 250 mg (base equivalent).....	22	SAPS HEALTH TWIST TOP LAN – lancets.....	188
RUBRACA – rucaparib camsylate tab 300 mg (base equivalent).....	22	SAVELLA – milnacipran hcl tab 12.5 mg.....	83
RUCONEST – c1 esterase inhibitor (recombinant) for iv inj 2100 unit.....	114	SAVELLA – milnacipran hcl tab 25 mg.....	83
rufinamide susp 40 mg/ml (Banzel).....	98	SAVELLA – milnacipran hcl tab 50 mg.....	83
rufinamide tab 200 mg (Banzel).....	98	SAVELLA – milnacipran hcl tab 100 mg.....	83
rufinamide tab 400 mg (Banzel).....	98	SAVELLA TITRATION PACK – milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak.....	83
RUKOBIA – fostemsavir tromethamine tab er 12hr 600 mg.....	9	SB INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	188
RYBELSUS – semaglutide tab 3 mg.....	32	SB INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	188
RYBELSUS – semaglutide tab 7 mg.....	32	SB INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 29 x 1/2".....	188
RYBELSUS – semaglutide tab 14 mg.....	32	SB INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 30 x 5/16".....	188
RYDAPT – midostaurin cap 25 mg.....	22	SB INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 31 x 5/16".....	188
RYPLAZIM – plasminogen, human-tvmh for iv soln 68.8 mg.....	114	SB LANCETS THIN – lancets.....	188
S		SB LANCETS ULTRA THIN – lancets.....	188
SABRIL – vigabatrin powd pack 500 mg.....	98	SCEMBLIX – asciminib hcl tab 20 mg.....	22
SABRIL – vigabatrin tab 500 mg.....	98	SCEMBLIX – asciminib hcl tab 40 mg.....	22
SAFE-T-LANCE LOW FLOW 25G – lancets.....	188		
SAFE-T-LANCE NORMAL FLOW – lancets.....	188		
SAFE-T-LANCE PLUS SAFETY – lancets.....	188		
SAFETY LANCETS 21G – lancets.....	188		
SAFETY LANCETS – lancets.....	188		

SCHNUCKS INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	188	SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 6 mg.....	40
SCHNUCKS INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	188	sertraline hcl oral concentrate for solution 20 mg/ml (Zoloff).....	72
scopolamine td patch 72hr 1 mg/3days (Transderm- scop).....	63	sertraline hcl tab 25 mg (Zoloff).....	72
SEASONIQUE – levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....	30	sertraline hcl tab 50 mg (Zoloff).....	72
SECUADO – asenapine td patch 24 hr 3.8 mg/24hr.....	76	sertraline hcl tab 100 mg (Zoloff).....	72
SECUADO – asenapine td patch 24 hr 5.7 mg/24hr.....	76	sevelamer carbonate packet 0.8 gm (Renvela).....	65
SECUADO – asenapine td patch 24 hr 7.6 mg/24hr.....	76	sevelamer carbonate packet 2.4 gm (Renvela).....	65
SECURESAFE SAFETY HYPODER – needle (disp) 19 x 1-1/2".....	188	sevelamer carbonate tab 800 mg (Renvela).....	66
SECURESAFE SAFETY HYPODER – needle (disp) 21 x 1-1/2".....	188	sevelamer hcl tab 800 mg (Renagel).....	66
SECURESAFE SAFETY HYPODER – needle (disp) 25 x 1-1/2".....	188	SEVELAMER HYDROCHLORIDE – sevelamer hcl tab 400 mg.....	66
SECURESAFE SAFETY HYPODER – needle (disp) 26 x 1/2".....	188	SEVENFACT – coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg).....	114
SECURESAFE SAFETY HYPODER – needle (disp) 27 x 1/2".....	188	SEVENFACT – coagulation factor viia (recom)-jncw for inj 5 mg (5000 mcg).....	114
SECURESAFE SAFETY HYPODER – needle (disp) 19 x 1".....	188	SFROWASA – mesalamine sulfite-free (sf) enema 4 gm/60ml.....	66
SECURESAFE SAFETY HYPODER – needle (disp) 22 x 1".....	188	SHINGRIX – zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml.....	15
SECURESAFE SAFETY INSULIN – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	188	SHOPKO AUTOLET LANCING DE – lancet devices.....	189
SECURESAFE SAFETY INSULIN – insulin syringe/needle u-100 1 ml 29 x 1/2".....	188	SHOPKO ON-THE-GO COMFORT – lancets.....	189
SECURESAFE SAFETY PEN NEE – insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	189	SHOPKO UNIFINE PENTIPS PE – insulin pen needle 29 g x 12 mm (1/2").....	189
SELECT-LITE LANCING DEVIC – lancet devices.....	189	SHOPKO UNIFINE PENTIPS PE – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	189
SELECT-OB – prenatal vit w/ fe polysac cmplx-fa chew tab 29-1 mg.....	104	SHOPKO UNIFINE PENTIPS PE – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	189
selegiline hcl cap 5 mg.....	101	SHOPKO UNIFINE PENTIPS PE – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	189
selegiline hcl tab 5 mg.....	101	SHOPKO UNIFINE PENTIPS PL – insulin pen needle 29 g x 12 mm (1/2").....	189
selenium sulfide lotion 2.5%.....	124	SHOPKO UNIFINE PENTIPS PL – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	189
SELZENTRY – maraviroc oral soln 20 mg/ml.....	9	SHOPKO UNIFINE PENTIPS PL – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	189
SELZENTRY – maraviroc tab 25 mg.....	9	SHOPKO UNIFINE PENTIPS PL – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	189
SELZENTRY – maraviroc tab 75 mg.....	9	SHOPKO UNILET LANCETS SUP – lancets.....	189
SELZENTRY – maraviroc tab 150 mg.....	9	SHOPKO UNILET LANCETS ULT – lancets.....	189
SELZENTRY – maraviroc tab 300 mg.....	9	SHUR-SEAL – nonoxynol-9 gel 2%.....	67
SE-NATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg.....	104	SIGNIFOR LAR – pasireotide pamoate for im er susp 10 mg (base equiv).....	40
SE-NATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....	104	SIGNIFOR LAR – pasireotide pamoate for im er susp 20 mg (base equiv).....	40
SENSIPAR – cinacalcet hcl tab 30 mg (base equiv).....	40	SIGNIFOR LAR – pasireotide pamoate for im er susp 30 mg (base equiv).....	40
SENSIPAR – cinacalcet hcl tab 60 mg (base equiv).....	40	SIGNIFOR LAR – pasireotide pamoate for im er susp 40 mg (base equiv).....	40
SENSIPAR – cinacalcet hcl tab 90 mg (base equiv).....	40	SIGNIFOR LAR – pasireotide pamoate for im er susp 60 mg (base equiv).....	40
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv).....	60	SIGNIFOR – pasireotide diaspertate inj 0.3 mg/ml (base equiv).....	40
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 4 mg.....	40	SIGNIFOR – pasireotide diaspertate inj 0.6 mg/ml (base equiv).....	40
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 5 mg.....	40		

SIGNIFOR – pasireotide diaspartate inj 0.9 mg/ml (base equiv).....	40	SMARTEST EJECT STARTER KI – blood glucose monitoring kit w/ device.....	189
sildenafil citrate for suspension 10 mg/ml (Revatio).....	55	SMARTEST LANCETS 28G – lancets.....	189
sildenafil citrate tab 20 mg (Revatio).....	55	SMARTEST PERSONA STARTER – blood glucose monitoring kit w/ device.....	189
SILENOR – doxepin hcl (sleep) tab 3 mg (base equiv).....	77	SMARTEST PRONTO STARTER – blood glucose monitoring kit w/ device.....	189
SILENOR – doxepin hcl (sleep) tab 6 mg (base equiv).....	77	SMARTEST PROTEGE BLOOD GL – blood glucose monitoring devices.....	190
SILIQ – brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml.....	125	SMARTEST PROTEGE STARTER – blood glucose monitoring kit w/ device.....	190
silodosin cap 4 mg (Rapaflo).....	68	SMART SENSE COLOR LANCETS – lancets.....	189
silodosin cap 8 mg (Rapaflo).....	68	SMART SENSE PREMIUM BLOOD – blood glucose monitoring kit w/ device.....	189
SILVADENE – silver sulfadiazine cream 1%.....	125	SMART SENSE PREMIUM BLOOD – glucose blood test strip.....	132
silver sulfadiazine cream 1% (Silvadene).....	125	SMART SENSE STANDARD LANC – lancets.....	189
SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%.....	118	SMART SENSE SUPER THIN LA – lancets.....	189
SIMPLE DIAGNOSTICS LANCIN – lancet devices.....	189	SMART SENSE THIN LANCETS – lancets.....	189
SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml.....	91	SMART SENSE VALUE BLOOD – blood glucose monitoring kit w/ device.....	189
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml.....	91	SMART SENSE VALUE BLOOD G – glucose blood test strip.....	132
SIMPONI – golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml.....	91	SM MICRO THIN LANCETS 33G – lancets.....	189
SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml.....	91	SM TRUEDRAW LANCING DEVIC – lancet devices.....	189
simvastatin tab 5 mg.....	54	sodium chloride irrigation soln 0.9%.....	68
simvastatin tab 80 mg.....	54	sodium chloride soln nebu 3%.....	57
simvastatin tab 10 mg (Zocor).....	54	sodium chloride soln nebu 10%.....	57
simvastatin tab 20 mg (Zocor).....	54	sodium chloride soln nebu 7% (Hypersal).....	57
simvastatin tab 40 mg (Zocor).....	54	sodium citrate & citric acid soln 500-334 mg/5ml.....	68
SINEMET – carbidopa & levodopa tab 10-100 mg.....	101	sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf).....	105
SINEMET – carbidopa & levodopa tab 25-100 mg.....	101	sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf).....	105
SINGLE-LET – lancets.....	189	sodium fluoride chew tab 1 mg f (from 2.2 mg naf).....	105
sirolimus oral soln 1 mg/ml (Rapamune).....	207	sodium fluoride cream 1.1% (Prevident 5000 plus).....	120
sirolimus tab 0.5 mg (Rapamune).....	207	sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride).....	120
sirolimus tab 1 mg (Rapamune).....	207	sodium fluoride paste 1.1% (Prevident 5000 boost).....	120
sirolimus tab 2 mg (Rapamune).....	207	sodium fluoride-potassium nitrate gel 1.1-5% (Prevident 5000 sensi).....	120
SIRTURO – bedaquiline fumarate tab 20 mg (base equiv).....	4	sodium fluoride rinse 0.2% (Prevident rinse).....	120
SIRTURO – bedaquiline fumarate tab 100 mg (base equiv).....	4	SODIUM FLUORIDE – sodium fluoride tab 0.5 mg f (from 1.1 mg naf).....	105
SIVEXTRO – tedizolid phosphate tab 200 mg.....	12	SODIUM FLUORIDE – sodium fluoride tab 1 mg f (from 2.2 mg naf).....	105
SKYRIZI PEN – risankizumab-rzaa soln auto-injector 150 mg/ml.....	125	sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf).....	105
SKYRIZI – risankizumab-rzaa soln prefilled syringe 150 mg/ml.....	125	sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf).....	105
SKYRIZI – risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit.....	125	sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl).....	40
SKYRIZI – risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml.....	66	sodium phenylbutyrate tab 500 mg (Buphenyl).....	40
SLYND – drospirenone tab 4 mg.....	30		
SMART DIABETES VANTAGE LA – lancet devices.....	189		
SMARTEST BLOOD GLUCOSE TE – glucose blood test strip.....	132		
SMARTEST EJECT BLOOD GLUC – blood glucose monitoring devices.....	189		

sodium polystyrene sulfonate powder	207	SPRYCEL – dasatinib tab 70 mg.....	22
SOFOSBUVIR/VELPATASVIR – sofosbuvir-velpatasvir tab 400-100 mg.....	9	SPRYCEL – dasatinib tab 80 mg.....	22
solifenacin succinate tab 5 mg (Vesicare)	66	SPRYCEL – dasatinib tab 100 mg.....	22
solifenacin succinate tab 10 mg (Vesicare)	66	SPRYCEL – dasatinib tab 140 mg.....	22
SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml.....	32	SPS – sodium polystyrene sulfonate oral susp 15 gm/60ml.....	207
SOLTAMOX – tamoxifen citrate oral soln 10 mg/5ml (base equivalent).....	22	stannous fluoride gel 0.4%	120
SOLUS V2 AUDIBLE BLOOD GL – blood glucose monitoring devices.....	190	STAVUDINE – stavudine cap 15 mg.....	9
SOLUS V2 AUDIBLE BLOOD GL – blood glucose monitoring kit w/ device.....	190	STAVUDINE – stavudine cap 20 mg.....	9
SOLUS V2 AUDIBLE TEST – glucose blood test strip.....	132	STAVUDINE – stavudine cap 30 mg.....	9
SOLUS V2 LANCING DEVICE – lancet devices.....	190	STAVUDINE – stavudine cap 40 mg.....	9
SOLUS V2 PRESSURE ACTIVAT – lancets.....	190	1ST CHOICE LANCETS SUPER – lancets.....	205
SOLUS V2 TWIST LANCETS 30 – lancets.....	190	1ST CHOICE LANCETS THIN – lancets.....	205
SOMAVERT – pegvisomant for inj 10 mg (as protein).....	40	1ST CHOICE LANCETS ULTRA – lancets.....	205
SOMAVERT – pegvisomant for inj 15 mg (as protein).....	40	STELARA – ustekinumab inj 45 mg/0.5ml.....	125
SOMAVERT – pegvisomant for inj 20 mg (as protein).....	40	STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml.....	125
SOMAVERT – pegvisomant for inj 25 mg (as protein).....	40	STELARA – ustekinumab soln prefilled syringe 90 mg/ ml.....	125
SOMAVERT – pegvisomant for inj 30 mg (as protein).....	40	STERILANCE TL – lancets.....	190
SOOLANTRA – ivermectin cream 1%.....	125	STIMATE – desmopressin acetate nasal soln 1.5 mg/ ml.....	40
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	22	STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act.....	60
sotalol hcl (afib/afi) tab 80 mg (Betapace af)	43	STIVARGA – regorafenib tab 40 mg.....	22
sotalol hcl (afib/afi) tab 120 mg (Betapace af)	43	STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml.....	40
sotalol hcl (afib/afi) tab 160 mg (Betapace af)	43	STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml.....	40
sotalol hcl tab 240 mg	43	STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ ml.....	40
sotalol hcl tab 80 mg (Betapace)	43	STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml.....	40
sotalol hcl tab 120 mg (Betapace)	43	STRIBILD – elvitegrav-cobic-emtricitab-tenofovdif tab 150-150-200-300 mg.....	9
sotalol hcl tab 160 mg (Betapace)	43	STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv).....	60
SOVALDI – sofosbuvir pellet pack 150 mg.....	9	STROMECTOL – ivermectin tab 3 mg.....	11
SOVALDI – sofosbuvir pellet pack 200 mg.....	9	1ST TIER UNIFINE PENTIPS – insulin pen needle 29 g x 12 mm (1/2").....	205
SOVALDI – sofosbuvir tab 200 mg.....	9	1ST TIER UNIFINE PENTIPS – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	205
SOVALDI – sofosbuvir tab 400 mg.....	9	1ST TIER UNIFINE PENTIPS – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	205
SPIKEVAX COVID-19 VACCINE – covid-19 (sars- cov-2)mRNA vacc-moderna im susp 100 mcg/0.5ml.....	15	1ST TIER UNIFINE PENTIPS – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	205
SPINOSAD – spinosad susp 0.9%.....	125	1ST TIER UNIFINE PENTIPS – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	205
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....	60	1ST TIER UNIFINE PENTIPS – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	205
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act.....	60	1ST TIER UNIFINE PENTIPS – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	205
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act.....	60	1ST TIER UNILET COMFORTOU – lancets.....	205
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	52	SUCRAID – sacrosidase soln 8500 unit/ml.....	64
spironolactone tab 25 mg (Aldactone)	52	sucralfate tab 1 gm (Carafate)	63
spironolactone tab 50 mg (Aldactone)	52	SULAR – nisoldipine tab er 24hr 8.5 mg.....	45
spironolactone tab 100 mg (Aldactone)	52		
SPORANOX – itraconazole cap 100 mg.....	5		
SPORANOX – itraconazole oral soln 10 mg/ml.....	5		
SPORANOX PULSEPAK – itraconazole cap 100 mg.....	5		
SPRYCEL – dasatinib tab 20 mg.....	22		
SPRYCEL – dasatinib tab 50 mg.....	22		

SULAR – nisoldipine tab er 24hr 17 mg.....	45	SUPRAX – cefixime for susp 500 mg/5ml.....	2
SULAR – nisoldipine tab er 24hr 34 mg.....	45	SUPREME II CONFIDENCE PAD – blood glucose monitoring misc.....	190
SULCONAZOLE NITRATE – sulconazole nitrate cream 1%.....	125	SUPREME TEST STRIPS – glucose blood test strip.....	132
SULCONAZOLE NITRATE – sulconazole nitrate solution 1%.....	125	SUPREP BOWEL PREP KIT – sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....	62
SULFACETAMIDE SODIUM/PRED – sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%.....	118	SURE COMFORT AUTOKEEPER S – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	190
sulfacetamide sodium lotion 10% (acne) (Klaron).....	125	SURE COMFORT AUTOKEEPER S – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	190
sulfacetamide sodium ophth soln 10%.....	118	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	190
SULFACETAMIDE SODIUM – sulfacetamide sodium ophth oint 10%.....	118	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	190
SULFADIAZINE – sulfadiazine tab 500 mg.....	4	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	190
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	12	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	190
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim).....	12	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	190
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds).....	12	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	190
SULFAMYLON – mafenide acetate cream 85 mg/gm.....	125	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	190
SULFAMYLON – mafenide acetate packet for topical soln 5% (50 gm).....	125	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	190
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs).....	66	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	190
sulfasalazine tab 500 mg (Azulfidine).....	66	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 28 x 1/2".....	190
sulindac tab 150 mg.....	91	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 29 x 1/2".....	190
sulindac tab 200 mg.....	91	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 5/16".....	190
sumatriptan nasal spray 5 mg/act (Imitrex).....	92	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 1/2".....	190
sumatriptan nasal spray 20 mg/act (Imitrex).....	92	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 31 x 5/16".....	191
sumatriptan succinate inj 6 mg/0.5ml.....	92	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	191
SUMATRIPTAN SUCCINATE REF – sumatriptan succinate solution cartridge 4 mg/0.5ml.....	92	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm).....	190
SUMATRIPTAN SUCCINATE REF – sumatriptan succinate solution cartridge 6 mg/0.5ml.....	92	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm).....	190
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys).....	92	SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm).....	190
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys).....	92	SURE COMFORT LANCETS 18G – lancets.....	191
sumatriptan succinate tab 25 mg (Imitrex).....	92	SURE COMFORT LANCETS 21G – lancets.....	191
sumatriptan succinate tab 50 mg (Imitrex).....	92	SURE COMFORT LANCETS 23G – lancets.....	191
sumatriptan succinate tab 100 mg (Imitrex).....	92	SURE COMFORT LANCETS 28G – lancets.....	191
sunitinib malate cap 12.5 mg (base equivalent) (Sutent).....	23	SURE COMFORT LANCETS 30G – lancets.....	191
sunitinib malate cap 25 mg (base equivalent) (Sutent).....	23	SURE COMFORT LANCING PEN – lancet devices.....	191
sunitinib malate cap 37.5 mg (base equivalent) (Sutent).....	23	SURE COMFORT PEN NEEDLES – insulin pen needle 29 g x 12.7 mm (1/2").....	191
sunitinib malate cap 50 mg (base equivalent) (Sutent).....	23	SURE COMFORT PEN NEEDLES – insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	191
SUNOSI – solriamfetol hcl tab 75 mg (base equiv).....	80	SURE COMFORT PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	191
SUNOSI – solriamfetol hcl tab 150 mg (base equiv).....	80		
SUPER THIN LANCETS – lancets.....	190		
SUPRAX – cefixime cap 400 mg.....	2		
SUPRAX – cefixime chew tab 100 mg.....	2		
SUPRAX – cefixime chew tab 200 mg.....	2		
SUPRAX – cefixime for susp 200 mg/5ml.....	2		

SURE COMFORT PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	191	SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg.....	33
SURE COMFORT PEN NEEDLES – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	191	SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg.....	33
SURE COMFORT PEN NEEDLES – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	191	SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg.....	33
SURELITE LANCETS – lancets.....	191	SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg.....	33
SURESTEP PRO LINEARITY KI – blood glucose monitoring misc.....	191	SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg.....	33
SUSTIVA – efavirenz cap 50 mg.....	9	SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg.....	33
SUSTIVA – efavirenz cap 200 mg.....	9	SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg.....	33
SUSTIVA – efavirenz tab 600 mg.....	9	SYNRIBO – omacetaxine mepesuccinate for inj 3.5 mg.....	23
SUTAB – sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg.....	62	SYNTHROID – levothyroxine sodium tab 25 mcg.....	36
SUTENT – sunitinib malate cap 12.5 mg (base equivalent).....	23	SYNTHROID – levothyroxine sodium tab 50 mcg.....	36
SUTENT – sunitinib malate cap 25 mg (base equivalent).....	23	SYNTHROID – levothyroxine sodium tab 75 mcg.....	36
SUTENT – sunitinib malate cap 37.5 mg (base equivalent).....	23	SYNTHROID – levothyroxine sodium tab 88 mcg.....	36
SUTENT – sunitinib malate cap 50 mg (base equivalent).....	23	SYNTHROID – levothyroxine sodium tab 100 mcg.....	36
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....	60	SYNTHROID – levothyroxine sodium tab 112 mcg.....	36
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....	60	SYNTHROID – levothyroxine sodium tab 125 mcg.....	36
SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk.....	61	SYNTHROID – levothyroxine sodium tab 137 mcg.....	36
SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk.....	61	SYNTHROID – levothyroxine sodium tab 150 mcg.....	36
SYMFI – efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....	9	SYNTHROID – levothyroxine sodium tab 175 mcg.....	36
SYMFI LO – efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....	9	SYNTHROID – levothyroxine sodium tab 200 mcg.....	36
SYMJEPI – epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000).....	52	SYNTHROID – levothyroxine sodium tab 300 mcg.....	36
SYMJEPI – epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000).....	52	SYPRINE – trientine hcl cap 250 mg.....	207
SYMLINPEN 120 – pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml).....	32	T	
SYMLINPEN 60 – pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml).....	33	TABLOID – thioguanine tab 40 mg.....	23
SYMPAZAN – clobazam oral film 5 mg.....	98	TABRECTA – capmatinib hcl tab 150 mg.....	23
SYMPAZAN – clobazam oral film 10 mg.....	98	TABRECTA – capmatinib hcl tab 200 mg.....	23
SYMPAZAN – clobazam oral film 20 mg.....	98	tacrolimus cap 0.5 mg (Prograf).....	207
SYMPROIC – naldemedine tosylate tab 0.2 mg (base equivalent).....	66	tacrolimus cap 1 mg (Prograf).....	207
SYMTUZA – darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg.....	9	tacrolimus cap 5 mg (Prograf).....	207
SYNAREL – nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq).....	41	tacrolimus oint 0.03% (Protopic).....	125
SYNERA – lidocaine-tetracaine topical patch 70-70 mg.....	125	tacrolimus oint 0.1% (Protopic).....	125
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg.....	33	tadalafil tab 2.5 mg (Cialis).....	56
		tadalafil tab 5 mg (Cialis).....	56
		tadalafil tab 20 mg (pah) (Adcirca).....	55
		TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent).....	23
		TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent).....	23
		TAGRISO – osimertinib mesylate tab 40 mg (base equivalent).....	23
		TAGRISO – osimertinib mesylate tab 80 mg (base equivalent).....	23
		TAKHZYRO – lanadelumab-flyo inj 300 mg/2ml (150 mg/ml).....	114
		TAKHZYRO – lanadelumab-flyo soln pref syringe 300 mg/2ml (150 mg/ml).....	114
		TALTZ – ixekizumab subcutaneous soln auto-injector 80 mg/ml.....	125

TALTZ – ixekizumab subcutaneous soln prefilled syringe 80 mg/ml.....	125	TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	191
TALZENNA – talazoparib tosylate cap 0.25 mg (base equivalent).....	23	TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 15/64".....	192
TALZENNA – talazoparib tosylate cap 0.5 mg (base equivalent).....	23	TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	191
TALZENNA – talazoparib tosylate cap 0.75 mg (base equivalent).....	23	TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	191
TALZENNA – talazoparib tosylate cap 1 mg (base equivalent).....	23	TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 15/64".....	191
TAMIFLU – oseltamivir phosphate cap 30 mg (base equiv).....	9	TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2".....	191
TAMIFLU – oseltamivir phosphate cap 45 mg (base equiv).....	9	TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 1/2".....	191
TAMIFLU – oseltamivir phosphate cap 75 mg (base equiv).....	9	TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16".....	191
TAMIFLU – oseltamivir phosphate for susp 6 mg/ml (base equiv).....	9	TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	191
tamoxifen citrate tab 10 mg (base equivalent).....	23	TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 15/64".....	192
tamoxifen citrate tab 20 mg (base equivalent).....	23	TECHLITE LANCETS 30G – lancets.....	192
tamsulosin hcl cap 0.4 mg (Flomax).....	68	TECHLITE LANCETS – lancets.....	192
TARCEVA – erlotinib hcl tab 25 mg (base equivalent).....	23	TECHLITE PEN NEEDLES/31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	192
TARCEVA – erlotinib hcl tab 100 mg (base equivalent).....	23	TECHLITE PEN NEEDLES/31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	192
TARCEVA – erlotinib hcl tab 150 mg (base equivalent).....	23	TECHLITE PEN NEEDLES/31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	192
TARGRETIN – bexarotene cap 75 mg.....	23	TECHLITE PEN NEEDLES/32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	192
TARGRETIN – bexarotene gel 1%.....	125	TECHLITE PEN NEEDLES/32G – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	192
TARON-C DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg.....	104	TECHLITE PEN NEEDLES/32G – insulin pen needle 32 g x 8 mm (1/3" or 5/16").....	192
TARON-PREX – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 30-1.2-265 mg.....	104	TECHLITE PEN NEEDLES 29G – insulin pen needle 29 g x 10 mm.....	192
TARPEYO – budesonide delayed release cap 4 mg.....	26	TECHLITE PEN NEEDLES 29G – insulin pen needle 29 g x 12 mm (1/2").....	192
TASCENSO ODT – fingolimod lauryl sulfate tablet disintegrating 0.25 mg.....	83	TECHLITE PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	192
TASIGNA – nilotinib hcl cap 50 mg (base equivalent).....	23	TEGRETOL – carbamazepine susp 100 mg/5ml.....	98
TASIGNA – nilotinib hcl cap 150 mg (base equivalent).....	23	TEGRETOL – carbamazepine tab 200 mg.....	98
TASIGNA – nilotinib hcl cap 200 mg (base equivalent).....	23	TEGRETOL-XR – carbamazepine tab er 12hr 100 mg.....	98
TASMAR – tolcapone tab 100 mg.....	101	TEGRETOL-XR – carbamazepine tab er 12hr 200 mg.....	98
TAVALISSE – fostamatinib disodium tab 100 mg (base equivalent).....	114	TEGRETOL-XR – carbamazepine tab er 12hr 400 mg.....	98
TAVALISSE – fostamatinib disodium tab 150 mg (base equivalent).....	114	TEGSEDI – inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq).....	83
TAVNEOS – avacopan cap 10 mg.....	114	TEKTURNA – aliskiren fumarate tab 150 mg (base equivalent).....	50
tazarotene cream 0.1% (Tazorac).....	125	TEKTURNA – aliskiren fumarate tab 300 mg (base equivalent).....	50
TAZORAC – tazarotene cream 0.05%.....	125	telmisartan-amlodipine tab 40-5 mg.....	50
TAZORAC – tazarotene gel 0.05%.....	125	telmisartan-amlodipine tab 80-5 mg.....	50
TAZORAC – tazarotene gel 0.1%.....	125	telmisartan-amlodipine tab 40-10 mg.....	50
TAZVERIK – tazemetostat hbr tab 200 mg.....	23	telmisartan-amlodipine tab 80-10 mg.....	50
TDVAX – tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml.....	15		
TECHLITE AST LANCETS – lancets.....	191		
TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	191		
TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	191		
TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	191		

telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct).....	50	tetracycline hcl cap 250 mg.....	3
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct).....	50	tetracycline hcl cap 500 mg.....	3
telmisartan-hydrochlorothiazide tab 80-25 mg (Micardis hct).....	50	TGT ADVANCED LANCING DEVI – lancet devices.....	192
telmisartan tab 20 mg (Micardis).....	50	TGT BLOOD GLUCOSE MONITOR – blood glucose monitoring kit w/ device.....	192
telmisartan tab 40 mg (Micardis).....	50	TGT BLOOD GLUCOSE TEST ST – glucose blood test strip.....	132
telmisartan tab 80 mg (Micardis).....	50	TGT LANCET ALTERNATE SITE – lancets.....	192
temazepam cap 7.5 mg (Restoril).....	77	TGT LANCET MICRO THIN 33G – lancets.....	192
temazepam cap 15 mg (Restoril).....	77	TGT LANCET SUPER THIN 30G – lancets.....	192
temazepam cap 22.5 mg (Restoril).....	77	TGT LANCET THIN 23G – lancets.....	192
temazepam cap 30 mg (Restoril).....	77	TGT LANCET THIN 26G – lancets.....	192
TEMODAR – temozolomide cap 250 mg.....	23	TGT LANCET ULTRA THIN 28G – lancets.....	192
temozolomide cap 5 mg.....	23	TGT LANCET ULTRA THIN 30G – lancets.....	192
temozolomide cap 20 mg.....	23	TGT LANCING DEVICE – lancet devices.....	192
temozolomide cap 100 mg.....	23	THALOMID – thalidomide cap 50 mg.....	207
temozolomide cap 140 mg.....	23	THALOMID – thalidomide cap 100 mg.....	207
temozolomide cap 180 mg.....	23	THALOMID – thalidomide cap 150 mg.....	207
temozolomide cap 250 mg (Temodar).....	23	THALOMID – thalidomide cap 200 mg.....	207
TENCON – butalbital-acetaminophen tab 50-325 mg.....	84	theophylline soln 80 mg/15ml.....	60
TENIVAC – tetanus-diphtheria toxoids (td) inj 5-2 lfu.....	15	theophylline tab er 12hr 300 mg.....	60
tenofovir disoproxil fumarate tab 300 mg (Viread).....	9	theophylline tab er 12hr 450 mg.....	60
TENORETIC 100 – atenolol & chlorthalidone tab 100-25 mg.....	50	theophylline tab er 24hr 400 mg.....	60
TENORETIC 50 – atenolol & chlorthalidone tab 50-25 mg.....	50	theophylline tab er 24hr 600 mg.....	60
TEPMETKO – tepotinib hcl tab 225 mg.....	23	THEO-24 – theophylline cap er 24hr 100 mg.....	60
terazosin hcl cap 1 mg (base equivalent).....	51	THEO-24 – theophylline cap er 24hr 200 mg.....	60
terazosin hcl cap 2 mg (base equivalent).....	51	THEO-24 – theophylline cap er 24hr 300 mg.....	60
terazosin hcl cap 5 mg (base equivalent).....	51	THEO-24 – theophylline cap er 24hr 400 mg.....	60
terazosin hcl cap 10 mg (base equivalent).....	51	THINLETS GP LANCETS – lancets.....	192
terbinafine hcl tab 250 mg.....	5	THIOLA EC – tiopronin tab delayed release 100 mg.....	68
terbutaline sulfate tab 2.5 mg.....	60	THIOLA EC – tiopronin tab delayed release 300 mg.....	68
terbutaline sulfate tab 5 mg.....	60	THIOLA – tiopronin tab 100 mg.....	68
terconazole vaginal cream 0.4%.....	67	thioridazine hcl tab 10 mg.....	76
terconazole vaginal cream 0.8%.....	67	thioridazine hcl tab 25 mg.....	76
terconazole vaginal suppos 80 mg.....	67	thioridazine hcl tab 50 mg.....	76
TERIPARATIDE – teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml.....	41	thioridazine hcl tab 100 mg.....	76
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone).....	26	thiothixene cap 1 mg.....	76
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone).....	26	thiothixene cap 2 mg.....	76
TESTOSTERONE ENANTHATE – testosterone enanthate im inj in oil 200 mg/ml.....	26	thiothixene cap 5 mg.....	76
testosterone td gel 12.5 mg/act (1%).....	27	thiothixene cap 10 mg.....	76
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump).....	27	THRIVITE RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg.....	104
testosterone td gel 10mg/act (2%) (Fortesta).....	27	THYQUIDITY – levothyroxine sodium oral solution 100 mcg/5ml.....	36
testosterone td gel 25 mg/2.5gm (1%) (Androgel).....	26	thyroid tab 15 mg (1/4 grain) (Armour thyroid).....	36
testosterone td gel 50 mg/5gm (1%) (Androgel).....	26	thyroid tab 30 mg (1/2 grain) (Armour thyroid).....	36
testosterone td soln 30 mg/act.....	27	thyroid tab 90 mg (1 1/2 grain) (Armour thyroid).....	36
tetrabenazine tab 12.5 mg (Xenazine).....	83	thyroid tab 60 mg (1 grain) (Armour thyroid).....	36
tetrabenazine tab 25 mg (Xenazine).....	83	thyroid tab 120 mg (2 grain) (Armour thyroid).....	36
tetracaine hcl ophth soln 0.5%.....	118	tiagabine hcl tab 2 mg (Gabitril).....	98
		tiagabine hcl tab 4 mg (Gabitril).....	98
		tiagabine hcl tab 12 mg (Gabitril).....	98
		tiagabine hcl tab 16 mg (Gabitril).....	98
		TIBSOVO – ivosidenib tab 250 mg.....	24
		TIGLUTIK – riluzole susp 50 mg/10ml.....	102

timolol maleate ophth gel forming soln 0.25% (Timoptic-xe).....	118	tolterodine tartrate tab 1 mg (Detrol)	66
timolol maleate ophth gel forming soln 0.5% (Timoptic-xe).....	118	tolterodine tartrate tab 2 mg (Detrol)	66
timolol maleate ophth soln 0.5% (once-daily) (Istalol).....	118	tolvaptan tab 15 mg (Samsca)	41
timolol maleate ophth soln 0.25% (Timoptic)	118	tolvaptan tab 30 mg (Samsca)	41
timolol maleate ophth soln 0.5% (Timoptic)	118	TOPAMAX SPRINKLE – topiramate sprinkle cap 15 mg.....	98
timolol maleate preservative free ophth soln 0.5% (Timoptic ocudose).....	118	TOPAMAX SPRINKLE – topiramate sprinkle cap 25 mg.....	98
timolol maleate tab 5 mg	43	TOPAMAX – topiramate tab 25 mg.....	98
timolol maleate tab 10 mg	44	TOPAMAX – topiramate tab 50 mg.....	98
timolol maleate tab 20 mg	44	TOPAMAX – topiramate tab 100 mg.....	98
TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.25%.....	118	TOPAMAX – topiramate tab 200 mg.....	98
TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.5%.....	118	TOPCARE CLICKFINE UNIVERS – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	192
tinidazole tab 250 mg	12	TOPCARE CLICKFINE UNIVERS – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	193
tinidazole tab 500 mg	12	TOPCARE LANCETS MICRO-THI – lancets.....	193
tiopronin tab 100 mg (Thiola)	68	TOPCARE ULTRA COMFORT INS – insulin syringe/ needle u-100 1/2 ml 31 x 5/16".....	193
TIVICAY – dolutegravir sodium tab 10 mg (base equiv).....	9	TOPCARE ULTRA COMFORT INS – insulin syringe/ needle u-100 1/2 ml 29 x 1/2".....	193
TIVICAY – dolutegravir sodium tab 25 mg (base equiv).....	9	TOPCARE ULTRA COMFORT INS – insulin syringe/ needle u-100 1/2 ml 30 x 5/16".....	193
TIVICAY – dolutegravir sodium tab 50 mg (base equiv).....	9	TOPCARE ULTRA COMFORT INS – insulin syringe/ needle u-100 0.3 ml 29 x 1/2".....	193
TIVICAY PD – dolutegravir sodium tab for oral susp 5 mg (base equiv).....	9	TOPCARE ULTRA COMFORT INS – insulin syringe/ needle u-100 0.3 ml 30 x 5/16".....	193
tizanidine hcl tab 2 mg (base equivalent)	102	TOPCARE ULTRA COMFORT INS – insulin syringe/ needle u-100 1 ml 29 x 1/2".....	193
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex).....	102	TOPCARE ULTRA COMFORT INS – insulin syringe/ needle u-100 1 ml 30 x 5/16".....	193
TOBI PODHALER – tobramycin inhal cap 28 mg.....	4	TOPCARE ULTRA COMFORT INS – insulin syringe/ needle u-100 0.3 ml 31 x 5/16".....	193
TOBRADEX ST – tobramycin-dexamethasone ophth susp 0.3-0.05%.....	118	TOPICORT – desoximetasone cream 0.25%.....	125
TOBRADEX – tobramycin-dexamethasone ophth oint 0.3-0.1%.....	118	TOPICORT – desoximetasone gel 0.05%.....	125
TOBRADEX – tobramycin-dexamethasone ophth susp 0.3-0.1%.....	118	TOPICORT – desoximetasone oint 0.25%.....	125
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex).....	118	topiramate cap er 24hr sprinkle 25 mg (Qudexy xr)	98
tobramycin nebu soln 300 mg/4ml (Bethkis)	4	topiramate cap er 24hr sprinkle 50 mg (Qudexy xr)	98
tobramycin nebu soln 300 mg/5ml (Tobi)	4	topiramate cap er 24hr sprinkle 100 mg (Qudexy xr)	98
tobramycin ophth soln 0.3%	118	topiramate cap er 24hr sprinkle 150 mg (Qudexy xr)	98
TOBRAMYCIN – tobramycin nebu soln 300 mg/5ml.....	4	topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	98
TOBREX – tobramycin ophth oint 0.3%.....	119	topiramate sprinkle cap 15 mg (Topamax sprinkle)	98
TODAYS HEALTH ADVANCED LA – lancet devices.....	192	topiramate sprinkle cap 25 mg (Topamax sprinkle)	98
TODAYS HEALTH MINI PEN NE – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	192	topiramate tab 25 mg (Topamax)	98
TODAYS HEALTH ORIGINAL PE – insulin pen needle 29 g x 12 mm (1/2").....	192	topiramate tab 50 mg (Topamax)	98
TODAYS HEALTH SHORT PEN N – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	192	topiramate tab 100 mg (Topamax)	98
TODAYS HEALTH SUPER THIN – lancets.....	192	topiramate tab 200 mg (Topamax)	99
TODAYS HEALTH ULTRA THIN – lancets.....	192	TOPROL XL – metoprolol succinate tab er 24hr 25 mg (tartrate equiv).....	44
TODAY SPONGE – nonoxynol-9 vaginal sponge 1000 mg.....	67	TOPROL XL – metoprolol succinate tab er 24hr 50 mg (tartrate equiv).....	44
tolcapone tab 100 mg (Tasmar)	101		
tolterodine tartrate cap er 24hr 2 mg (Detrol la)	66		
tolterodine tartrate cap er 24hr 4 mg (Detrol la)	66		

TOPROL XL – metoprolol succinate tab er 24hr 100 mg (tartrate equiv).....	44	TREMFYA – guselkumab soln prefilled syringe 100 mg/ml.....	125
TOPROL XL – metoprolol succinate tab er 24hr 200 mg (tartrate equiv).....	44	treprostinil inj soln 20 mg/20ml (1 mg/ml) (Remodulin).....	55
toremifene citrate tab 60 mg (base equivalent) (Fareston).....	24	treprostinil inj soln 50 mg/20ml (2.5 mg/ml) (Remodulin).....	55
torseamide tab 5 mg.....	52	treprostinil inj soln 100 mg/20ml (5 mg/ml) (Remodulin).....	56
torseamide tab 10 mg.....	52	treprostinil inj soln 200 mg/20ml (10 mg/ml) (Remodulin).....	56
torseamide tab 20 mg.....	52	TRESIBA MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial).....	35
torseamide tab 100 mg.....	52	TRESIBA SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial).....	35
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial).....	35	TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml.....	35
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial).....	35	TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml.....	35
TRACER II 3 VOLT BATTERY – blood glucose monitoring misc.....	193	TRESIBA – insulin degludec inj 100 unit/ml.....	35
TRACLEER – bosentan tab for oral susp 32 mg.....	55	tretinoin cap 10 mg.....	24
TRACLEER – bosentan tab 62.5 mg.....	55	tretinoin cream 0.025% (Retin-a).....	125
TRACLEER – bosentan tab 125 mg.....	55	tretinoin cream 0.05% (Retin-a).....	125
tramadol-acetaminophen tab 37.5-325 mg (Ultracet).....	88	tretinoin cream 0.1% (Retin-a).....	125
tramadol hcl tab er 24hr 100 mg.....	88	tretinoin gel 0.01% (Retin-a).....	125
tramadol hcl tab er 24hr 200 mg.....	88	tretinoin gel 0.025% (Retin-a).....	125
tramadol hcl tab er 24hr 300 mg.....	88	TRETTEN – coagulation factor xiii a-subunit for inj 2000-3125 unit.....	114
tramadol hcl tab 50 mg (Ultram).....	88	triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog).....	125
TRANDOLAPRIL/VERAPAMIL HC – trandolapril-verapamil hcl tab er 1-240 mg.....	51	triamcinolone acetonide cream 0.025%.....	125
TRANDOLAPRIL/VERAPAMIL HC – trandolapril-verapamil hcl tab er 2-180 mg.....	51	triamcinolone acetonide cream 0.1%.....	125
TRANDOLAPRIL/VERAPAMIL HC – trandolapril-verapamil hcl tab er 2-240 mg.....	51	triamcinolone acetonide cream 0.5%.....	125
TRANDOLAPRIL/VERAPAMIL HC – trandolapril-verapamil hcl tab er 4-240 mg.....	51	triamcinolone acetonide dental paste 0.1%.....	120
trandolapril tab 1 mg.....	51	triamcinolone acetonide lotion 0.025%.....	126
trandolapril tab 2 mg.....	51	triamcinolone acetonide lotion 0.1%.....	126
trandolapril tab 4 mg.....	51	triamcinolone acetonide oint 0.025%.....	126
tranexamic acid tab 650 mg (Lysteda).....	108	triamcinolone acetonide oint 0.1%.....	126
TRANSDERM-SCOP – scopolamine td patch 72hr 1 mg/3days.....	63	triamcinolone acetonide oint 0.5%.....	126
tranylcypromine sulfate tab 10 mg (Parnate).....	72	triamterene & hydrochlorothiazide cap 37.5-25 mg.....	52
TRAVATAN Z – travoprost ophth soln 0.004% (benzalkonium free) (bak free).....	119	triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25).....	52
TRAVEL LANCETS ADVANCED 2 – lancets.....	193	triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide).....	52
TRAVEL LANCETS 30G – lancets.....	193	triamterene cap 50 mg (Dyrenium).....	52
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z).....	119	triamterene cap 100 mg (Dyrenium).....	52
trazodone hcl tab 50 mg.....	72	TRICARE – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	104
trazodone hcl tab 100 mg.....	72	TRICOR – fenofibrate tab 48 mg.....	54
trazodone hcl tab 150 mg.....	72	TRICOR – fenofibrate tab 145 mg.....	54
TRECATOR – ethionamide tab 250 mg.....	4	trientine hcl cap 250 mg (Syprine).....	207
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh.....	60	trifluoperazine hcl tab 1 mg (base equivalent).....	76
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh.....	60	trifluoperazine hcl tab 2 mg (base equivalent).....	76
TREMFYA – guselkumab soln pen-injector 100 mg/ml.....	125	trifluoperazine hcl tab 5 mg (base equivalent).....	76
		trifluoperazine hcl tab 10 mg (base equivalent).....	76
		TRIFLURIDINE – trifluridine ophth soln 1%.....	119
		trihexyphenidyl hcl tab 2 mg.....	102
		trihexyphenidyl hcl tab 5 mg.....	102
		TRIHXYPHENIDYL HCL – trihexyphenidyl hcl oral soln 0.4 mg/ml.....	102

TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg.....	33	TRUE COMFORT PEN NEEDLES – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	193
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg.....	33	TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	193
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg.....	33	TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	193
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg.....	33	TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	193
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk.....	61	TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 0.5 ml 32 x 5/16".....	193
TRIKAFTA – elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk.....	61	TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1 ml 32 x 5/16".....	193
TRILEPTAL – oxcarbazepine susp 300 mg/5ml (60 mg/ ml).....	99	TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1 ml 30 x 5/16".....	193
TRILEPTAL – oxcarbazepine tab 150 mg.....	99	TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1 ml 30 x 1/2".....	193
TRILEPTAL – oxcarbazepine tab 300 mg.....	99	TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1 ml 31 x 5/16".....	194
TRILEPTAL – oxcarbazepine tab 600 mg.....	99	TRUE COMFORT PRO PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	194
trimethobenzamide hcl cap 300 mg.....	63	TRUE COMFORT PRO PEN NEED – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	194
TRIMETHOPRIM – trimethoprim tab 100 mg.....	12	TRUE COMFORT PRO PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	194
trimipramine maleate cap 25 mg.....	72	TRUE COMFORT PRO PEN NEED – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	194
trimipramine maleate cap 50 mg.....	72	TRUE COMFORT PRO PEN NEED – insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	194
trimipramine maleate cap 100 mg.....	72	TRUE COMFORT PRO PEN NEED – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	194
TRINATAL RX 1 – prenatal vit w/ fe fumarate-fa tab 60-1 mg.....	104	TRUE COMFORT PRO PEN NEED – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	194
TRINATE – prenatal vit w/ fe fumarate-fa tab 28-1 mg.....	104	TRUE COMFORT PRO PEN NEED – insulin pen needle 33 g x 5 mm (1/5" or 3/16").....	194
TRINTELLIX – vortioxetine hbr tab 5 mg (base equiv).....	72	TRUE COMFORT PRO PEN NEED – insulin pen needle 33 g x 6 mm (1/4" or 15/64").....	194
TRINTELLIX – vortioxetine hbr tab 10 mg (base equiv).....	72	TRUE COMFORT TWIST TOP LA – lancets.....	194
TRINTELLIX – vortioxetine hbr tab 20 mg (base equiv).....	72	TRUEDRAW LANCING DEVICE – lancet devices.....	194
TRIUMEQ – abacavir-dolutegravir-lamivudine tab 600-50-300 mg.....	9	TRUE FOCUS BLOOD GLUCOSE – blood glucose monitoring devices.....	194
TRIUMEQ PD – abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg.....	9	TRUE FOCUS SELF MONITORIN – glucose blood test strip.....	132
TRIZIVIR – abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg.....	9	TRUE METRIX AIR BLOOD GLU – blood glucose monitoring devices.....	194
TROKENDI XR – topiramate cap er 24hr 25 mg.....	99	TRUE METRIX AIR BLOOD GLU – blood glucose monitoring kit w/ device.....	194
TROKENDI XR – topiramate cap er 24hr 50 mg.....	99	TRUE METRIX AIR W/BLUETOO – blood glucose monitoring kit w/ device.....	194
TROKENDI XR – topiramate cap er 24hr 100 mg.....	99	TRUE METRIX BLOOD GLUCOSE – blood glucose monitoring kit w/ device.....	194
TROKENDI XR – topiramate cap er 24hr 200 mg.....	99	TRUE METRIX BLOOD GLUCOSE – glucose blood test strip.....	132
tropicamide ophth soln 0.5%.....	119	TRUE METRIX – blood glucose monitoring devices.....	194
tropicamide ophth soln 1% (Mydracyl).....	119	TRUE METRIX GO BLOOD GLUC – blood glucose monitoring kit w/ device.....	194
tropium chloride cap er 24hr 60 mg.....	67		
tropium chloride tab 20 mg.....	67		
TRUDHESA – dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act.....	92		
TRUE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	193		
TRUE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 31 x 5/16".....	193		
TRUE COMFORT PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	193		
TRUE COMFORT PEN NEEDLES – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	193		

TRUE METRIX SELF MONITORI – glucose blood test strip.....	132	TRUETRACK BLOOD GLUCOSE M – blood glucose monitoring devices.....	195
TRUEPLUS 5-BEVEL PEN NEED – insulin pen needle 29 g x 12.7 mm (1/2").....	195	TRUETRACK BLOOD GLUCOSE M – blood glucose monitoring kit w/ device.....	195
TRUEPLUS 5-BEVEL PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	195	TRUETRACK BLOOD GLUCOSE T – glucose blood test strip.....	132
TRUEPLUS 5-BEVEL PEN NEED – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	195	TRUETRACK SMART SYSTEM – blood glucose monitoring kit w/ device.....	195
TRUEPLUS 5-BEVEL PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	195	TRUETRACK TEST – glucose blood test strip.....	132
TRUEPLUS 5-BEVEL PEN NEED – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	195	TRULANCE – plecanatide tab 3 mg.....	66
TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	194	TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml.....	33
TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	194	TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml.....	33
TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	194	TRULICITY – dulaglutide soln pen-injector 3 mg/0.5ml.....	33
TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	194	TRULICITY – dulaglutide soln pen-injector 4.5 mg/0.5ml.....	33
TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	194	TRUMENBA – meningococcal group b vac (recomb) im susp prefilled syr.....	15
TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	194	TRUSELTIQ – infigratinib phos cap pack 100 & 25 mg (125 mg daily dose).....	24
TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 28 x 1/2".....	195	TRUSELTIQ – infigratinib phos cap ther pack 100 mg (100 mg daily dose).....	24
TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16".....	195	TRUSELTIQ – infigratinib phos cap ther pack 2 x 25 mg (50 mg daily dose).....	24
TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16".....	195	TRUSELTIQ – infigratinib phos cap ther pack 3 x 25 mg (75 mg daily dose).....	24
TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	195	TRUSOPT – dorzolamide hcl ophth soln 2%.....	119
TRUEPLUS INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2".....	194	TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....	9
TRUEPLUS LANCETS 26G – lancets.....	195	TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....	10
TRUEPLUS LANCETS 28G – lancets.....	195	TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....	10
TRUEPLUS LANCETS 30G – lancets.....	195	TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....	10
TRUEPLUS LANCETS 33G – lancets.....	195	TUKYSA – tucatinib tab 50 mg.....	24
TRUEPLUS LANCETS 33G MICR – lancets.....	195	TUKYSA – tucatinib tab 150 mg.....	24
TRUEPLUS LANCETS 28G SUPE – lancets.....	195	TURALIO – pexidartinib hcl cap 200 mg (base equivalent).....	24
TRUEPLUS LANCETS 30G ULTR – lancets.....	195	TWINRIX – hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml.....	15
TRUEPLUS PEN NEEDLES 29GX – insulin pen needle 29 g x 12 mm (1/2").....	195	TYBLUME – levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg.....	30
TRUEPLUS PEN NEEDLES 31GX – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	195	TYBOST – cobicistat tab 150 mg.....	10
TRUEPLUS PEN NEEDLES 31GX – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	195	TYKERB – lapatinib ditosylate tab 250 mg (base equiv).....	24
TRUEPLUS PEN NEEDLES 31GX – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	195	TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml.....	41
TRUEPLUS PEN NEEDLES 32GX – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	195	TYVASO REFILL – treprostinil inhalation solution 0.6 mg/ml.....	56
TRUEPLUS SAFETY LANCETS 2 – lancets.....	195	TYVASO STARTER – treprostinil inhalation solution 0.6 mg/ml.....	56
TRUERESULT BLOOD GLUCOSE – blood glucose monitoring kit w/ device.....	195	TYVASO – treprostinil inhalation solution 0.6 mg/ml.....	56
TRUETEST STRIPS – glucose blood test strip.....	132		

U

UBRELVY – ubrogepant tab 50 mg.....	92	ULTICARE ORIGINAL PEN NEE – insulin pen needle 29 g x 12.7 mm (1/2").....	197
UBRELVY – ubrogepant tab 100 mg.....	92	ULTICARE PEN NEEDLES/29G – insulin pen needle 29 g x 12.7 mm (1/2").....	197
UDENYCA – pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml.....	107	ULTICARE PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	197
ULTICARE INSULIN SAFETY S – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	195	ULTICARE SHORT PEN NEEDLE – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	197
ULTICARE INSULIN SAFETY S – insulin syringe/needle u-100 1 ml 29 x 1/2".....	196	ULTICARE SHORT SAFETY PEN – insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	197
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	196	ULTICARE TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8".....	197
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	196	ULTICARE TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 1".....	197
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	196	ULTICARE U-100 INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm).....	197
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	196	ULTICARE U-100 INSULIN SY – insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm).....	197
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	196	ULTICARE U-100 INSULIN SY – insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm).....	197
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	196	ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	197
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	196	ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	197
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	196	ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	197
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 28 x 1/2".....	196	ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	197
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 29 x 1/2".....	196	ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2".....	197
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16".....	196	ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16".....	197
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 1/2".....	196	ULTIGUARD SAFEPACK/MICRO – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	197
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16".....	196	ULTIGUARD SAFEPACK/MINI P – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	198
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	196	ULTIGUARD SAFEPACK/MINI P – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	198
ULTICARE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	196	ULTIGUARD SAFEPACK/MINI P – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	198
ULTICARE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16".....	196	ULTIGUARD SAFEPACK/SHORT – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	198
ULTICARE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	196	ULTIGUARD SAFEPACK/SYRING – insulin syringe/ needle u-100 1/2 ml 31 x 5/16".....	198
ULTICARE MICRO PEN NEEDLE – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	196	ULTIGUARD SAFEPACK INSULI – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	197
ULTICARE MICRO PEN NEEDLE – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	196	ULTIGUARD SAFEPACK INSULI – insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	197
ULTICARE MICRO PEN NEEDLE – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	196	ULTIGUARD SAFEPACK INSULI – insulin syringe/needle u-100 1 ml 30 x 1/2".....	197
ULTICARE MINI PEN NEEDLES – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	196	ULTIGUARD SAFEPACK INSULI – insulin syringe/needle u-100 1 ml 31 x 5/16".....	197
ULTICARE MINI PEN NEEDLES – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	196	ULTIGUARD SAFEPACK INSULI – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	197
ULTICARE MINI SAFETY PEN – insulin pen needle 30 g x 5 mm (1/5" or 3/16").....	196	ULTIGUARD SAFEPACK MINI P – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	197

ULTIGUARD SAFEPAK PEN NE – insulin pen needle 29 g x 12.7 mm (1/2").....	197	ULTRA FLO INSULIN PEN NEE – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	198
ULTI-LANCE AUTOMATIC/ CLE – lancet devices.....	195	ULTRA FLO INSULIN PEN NEE – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	198
ULTILET CLASSIC LANCETS – lancets.....	198	ULTRA FLO INSULIN PEN NEE – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	198
ULTILET LANCETS 33G – lancets.....	198	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	198
ULTILET LANCETS – lancets.....	198	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	198
ULTILET PEN NEEDLE 29GX12 – insulin pen needle 29 g x 12.7 mm (1/2").....	198	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	199
ULTILET PEN NEEDLE 31GX5M – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	198	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	199
ULTILET PEN NEEDLE 31GX8M – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	198	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	198
ULTILET PEN NEEDLE 32GX4M – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	198	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	198
ULTILET SAFETY LANCETS 21 – lancets.....	198	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 1/2".....	198
ULTILET SAFETY LANCETS 23 – lancets.....	198	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2".....	199
ULTILET SHORT PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	198	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16".....	199
ULTILET SHORT PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	198	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 1/2".....	199
ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	200	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16".....	199
ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	200	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	199
ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	200	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 1/2".....	199
ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	199	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2".....	199
ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16".....	200	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16".....	199
ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 1/2".....	200	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 1/2".....	199
ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	200	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16".....	199
ULTRACARE PEN NEEDLES/31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	200	ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	199
ULTRACARE PEN NEEDLES/31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	200	ULTRA INSULIN SYRINGE/U-1 – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	199
ULTRACARE PEN NEEDLES/31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	200	ULTRA-THIN II AUTO LANCET – lancets.....	199
ULTRACARE PEN NEEDLES/32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	200	ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1/2 ml 31 x 5/16".....	199
ULTRACARE PEN NEEDLES/32G – insulin pen needle 32 g x 5 mm (1/5" or 3/16").....	200	ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	199
ULTRACARE PEN NEEDLES/32G – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	200	ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	199
ULTRACARE PEN NEEDLES/33G – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	200	ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	199
ULTRA COMFORT INSULIN SYR – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	198	ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1 ml 29 x 1/2".....	199
ULTRA FLO INSULIN PEN NEE – insulin pen needle 29 g x 12 mm (1/2").....	198	ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1 ml 30 x 5/16".....	199
ULTRA FLO INSULIN PEN NEE – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	198	ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1 ml 31 x 5/16".....	199
		ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 0.3 ml 31 x 5/16".....	199
		ULTRA-THIN II LANCETS 28G – lancets.....	199
		ULTRA-THIN II LANCETS 30G – lancets.....	199
		ULTRA-THIN II MINI PEN NE – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	199
		ULTRA-THIN II PEN NEEDLES – insulin pen needle 29 g x 12.7 mm (1/2").....	199

ULTRA-THIN II PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	199	UNIFINE ULTRA PEN NEEDLE/ – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	201
ULTRA THIN LANCETS 28G – lancets.....	199	UNIFINE ULTRA PEN NEEDLE/ – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	201
ULTRA THIN LANCETS 31G – lancets.....	199	UNIFINE ULTRA PEN NEEDLE/ – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	201
ULTRA THIN PEN NEEDLES 32 – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	199	UNILET COMFORTOUCH LANCET – lancets.....	201
ULTRATRAK ACTIVE – blood glucose monitoring devices.....	200	UNILET EXCELITE II – lancets.....	201
UNIFINE PEN NEEDLE/32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	200	UNILET EXCELITE – lancets.....	201
UNIFINE PENTIPS/30G X 3/1 – insulin pen needle 30 g x 5 mm (1/5" or 3/16").....	201	UNILET G.P. LANCET – lancets.....	201
UNIFINE PENTIPS 31G X 3/1 – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	201	UNILET G.P. SUPERLITE LAN – lancets.....	201
UNIFINE PENTIPS 29GX12MM – insulin pen needle 29 g x 12 mm (1/2").....	200	UNILET GP 28 ULTRA THIN – lancets.....	201
UNIFINE PENTIPS 31GX5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	201	UNILET LANCET – lancets.....	201
UNIFINE PENTIPS 31GX6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	201	UNILET LANCETS MICRO-THIN – lancets.....	201
UNIFINE PENTIPS 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	201	UNILET LANCETS SUPER-THIN – lancets.....	201
UNIFINE PENTIPS 32GX4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	201	UNILET LANCETS ULTRA-THIN – lancets.....	201
UNIFINE PENTIPS 32GX6MM – insulin pen needle 32 g x 6 mm (1/4" or 15/64").....	201	UNILET SUPERLITE LANCET – lancets.....	201
UNIFINE PENTIPS 33GX4MM – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	201	UNISTIK 3 GENTLE – lancets.....	202
UNIFINE PENTIPS 31G X 6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	201	UNISTIK PRO SAFETY LANCET – lancets.....	201
UNIFINE PENTIPS 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	201	UNISTIK SAFETY LANCETS 28 – lancets.....	201
UNIFINE PENTIPS PLUS/30G – insulin pen needle 30 g x 5 mm (1/5" or 3/16").....	200	UNISTIK SAFETY LANCETS 30 – lancets.....	202
UNIFINE PENTIPS PLUS 33G – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	200	UNISTIK TOUCH SAFETY LANC – lancets.....	202
UNIFINE PENTIPS PLUS 29GX – insulin pen needle 29 g x 12 mm (1/2").....	200	UNISTRIP1 GENERIC – glucose blood test strip.....	132
UNIFINE PENTIPS PLUS 31GX – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	200	UNIVERSAL 1 LANCETS/33G/M – lancets.....	202
UNIFINE PENTIPS PLUS 31GX – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	200	UNIVERSAL 1 LANCETS THIN – lancets.....	202
UNIFINE PENTIPS PLUS 31GX – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	200	UNIVERSAL 1 LANCETS ULTRA – lancets.....	202
UNIFINE PENTIPS PLUS 32GX – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	200	UPTRAVI – selezipag tab 200 mcg.....	56
UNIFINE PENTIPS PLUS 33GX – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....	200	UPTRAVI – selezipag tab 400 mcg.....	56
UNIFINE SAFECONTROL PEN N – insulin pen needle 30 g x 5 mm (1/5" or 3/16").....	201	UPTRAVI – selezipag tab 600 mcg.....	56
UNIFINE SAFECONTROL PEN N – insulin pen needle 30 g x 8 mm (1/3" or 5/16").....	201	UPTRAVI – selezipag tab 800 mcg.....	56
UNIFINE SAFECONTROL PEN N – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	201	UPTRAVI – selezipag tab 1000 mcg.....	56
UNIFINE ULTRA PEN NEEDLE/ – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	201	UPTRAVI – selezipag tab 1200 mcg.....	56
		UPTRAVI – selezipag tab 1400 mcg.....	56
		UPTRAVI – selezipag tab 1600 mcg.....	56
		UPTRAVI – selezipag tab therapy pack 200 mcg (140) & 800 mcg (60).....	56
		UROCIT-K 10 – potassium citrate tab er 10 meq (1080 mg).....	68
		UROCIT-K 15 – potassium citrate tab er 15 meq (1620 mg).....	68
		UROCIT-K 5 – potassium citrate tab er 5 meq (540 mg).....	68
		ursodiol cap 300 mg.....	66
		ursodiol tab 250 mg (Urso 250).....	66
		ursodiol tab 500 mg (Urso forte).....	66
		V	
		VAGIFEM – estradiol vaginal tab 10 mcg.....	67
		valacyclovir hcl tab 1 gm (Valtrex).....	10
		valacyclovir hcl tab 500 mg (Valtrex).....	10
		VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent).....	126
		valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte).....	10
		valganciclovir hcl tab 450 mg (base equivalent) (Valcyte).....	10

valproate sodium oral soln 250 mg/5ml (base equiv).....	99	VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 5/16".....	202
valproic acid cap 250 mg.....	99	VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 3/16" (5 mm).....	202
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct).....	51	VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 0.5 ml 30 x 3/16" (5 mm).....	202
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct).....	51	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 20 x 1-1/2".....	202
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct).....	51	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 21 x 1-1/2".....	203
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct).....	51	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 22 x 1-1/2".....	203
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct).....	51	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 23 x 1-1/2".....	203
valsartan tab 40 mg (Diovan).....	51	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 25 x 5/8".....	203
valsartan tab 80 mg (Diovan).....	51	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 25 x 1-1/2".....	203
valsartan tab 160 mg (Diovan).....	51	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 5 ml 21 x 1-1/2".....	203
valsartan tab 320 mg (Diovan).....	51	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 5 ml 22 x 1-1/2".....	203
VALTOCO – diazepam nasal spray 5 mg/0.1 ml.....	99	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 10 ml 21 x 1-1/2".....	203
VALTOCO – diazepam nasal spray 10 mg/0.1 ml.....	99	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 20 x 1".....	202
VALTOCO – diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose).....	99	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 21 x 1".....	202
VALTOCO – diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose).....	99	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 22 x 1".....	203
VALUE HEALTH INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	202	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 23 x 1".....	203
VALUE HEALTH INSULIN SYRI – insulin syringe/needle u-100 1 ml 29 x 1/2".....	202	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 25 x 1".....	203
VALUE PLUS LANCETS STANDA – lancets.....	202	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 5 ml 21 x 1".....	203
VALUE PLUS LANCETS SUPER – lancets.....	202	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 5 ml 21 x 1".....	203
VALUE PLUS LANCETS THIN 2 – lancets.....	202	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 1 ml 25 x 5/8".....	203
VALUE PLUS LANCING DEVICE – lancet devices.....	202	VANISHPOINT SAFETY SYRING – syringe/needle (disp) 1 ml 27 x 1/2".....	203
VALUMARK LANCET SUPER THI – lancets.....	202	VAQTA – hepatitis a vaccine inj susp 25 unit/0.5ml.....	15
VALUMARK LANCET ULTRA THI – lancets.....	202	VAQTA – hepatitis a vaccine inj susp 50 unit/ml.....	15
VALUMARK PEN NEEDLES 31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	202	VARENICLINE STARTING MONT – varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack.....	83
VALUMARK PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	202	VARENICLINE TARTRATE – varenicline tartrate tab 0.5 mg (base equiv).....	83
VALUMARK PEN NEEDLES 29GX – insulin pen needle 29 g x 12 mm (1/2").....	202	VARENICLINE TARTRATE – varenicline tartrate tab 1 mg (base equiv).....	84
VANOCIN – vancomycin hcl cap 125 mg (base equivalent).....	12	VARIVAX – varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml.....	15
VANOCIN – vancomycin hcl cap 250 mg (base equivalent).....	12	VARUBI – rolapitant hcl tab therapy pack 2 x 90 mg (base equiv).....	64
vancomycin hcl cap 125 mg (base equivalent) (Vancocin).....	12	VASCEPA – icosapent ethyl cap 0.5 gm.....	54
vancomycin hcl cap 250 mg (base equivalent) (Vancocin).....	13	VASCEPA – icosapent ethyl cap 1 gm.....	54
VANDAZOLE – metronidazole vaginal gel 0.75%.....	67	VAXCHORA – cholera vaccine live attenuated for oral susp.....	15
VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	202		
VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	202		
VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 29 x 1/2".....	202		
VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 29 x 5/16".....	202		

VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recomb susp.....	15	verapamil hcl tab er 180 mg (Calan sr).....	45
VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr.....	15	verapamil hcl tab er 240 mg (Calan sr).....	45
VAXNEUVANCE – pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml.....	15	verapamil hcl tab 40 mg.....	45
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 film 28%.....	67	verapamil hcl tab 80 mg.....	45
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 foam 12.5%.....	67	verapamil hcl tab 120 mg.....	45
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 gel 4%.....	67	VERAPAMIL HYDROCHLORIDE E – verapamil hcl cap er 24hr 200 mg.....	45
VECAMYL – mecamylamine hcl tab 2.5 mg.....	51	VERASENS BLOOD GLUCOSE MO – blood glucose monitoring devices.....	203
VECTICAL – calcitriol oint 3 mcg/gm.....	126	VERASENS BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device.....	203
VELIVET – desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg.....	30	VERASENS BLOOD GLUCOSE TE – glucose blood test strip.....	132
VELPHORO – sucroferic oxyhydroxide chew tab 500 mg.....	66	VERELAN PM – verapamil hcl cap er 24hr 100 mg.....	46
VELTASSA – patiromer sorbitex calcium for susp packet 8.4 gm (base eq).....	207	VERELAN PM – verapamil hcl cap er 24hr 200 mg.....	46
VELTASSA – patiromer sorbitex calcium for susp packet 16.8 gm (base eq).....	207	VERELAN PM – verapamil hcl cap er 24hr 300 mg.....	46
VELTASSA – patiromer sorbitex calcium for susp packet 25.2 gm (base eq).....	207	VERELAN – verapamil hcl cap er 24hr 120 mg.....	45
VELMIDY – tenofovir alafenamide fumarate tab 25 mg.....	10	VERELAN – verapamil hcl cap er 24hr 180 mg.....	46
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg.....	24	VERELAN – verapamil hcl cap er 24hr 240 mg.....	46
VENCLEXTA – venetoclax tab 10 mg.....	24	VERELAN – verapamil hcl cap er 24hr 360 mg.....	46
VENCLEXTA – venetoclax tab 50 mg.....	24	VERQUVO – vericiguat tab 2.5 mg.....	56
VENCLEXTA – venetoclax tab 100 mg.....	24	VERQUVO – vericiguat tab 5 mg.....	56
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr).....	72	VERQUVO – vericiguat tab 10 mg.....	56
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr).....	72	VERSACLOZ – clozapine susp 50 mg/ml.....	76
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr).....	72	VERZENIO – abemaciclib tab 50 mg.....	24
venlafaxine hcl tab 25 mg (base equivalent).....	72	VERZENIO – abemaciclib tab 100 mg.....	24
venlafaxine hcl tab 37.5 mg (base equivalent).....	72	VERZENIO – abemaciclib tab 150 mg.....	24
venlafaxine hcl tab 50 mg (base equivalent).....	72	VERZENIO – abemaciclib tab 200 mg.....	24
venlafaxine hcl tab 75 mg (base equivalent).....	72	VESICARE – solifenacin succinate tab 5 mg.....	67
venlafaxine hcl tab 100 mg (base equivalent).....	72	VESICARE – solifenacin succinate tab 10 mg.....	67
VENTAVIS – iloprost inhalation solution 10 mcg/ml.....	56	VFEND – voriconazole for susp 40 mg/ml.....	5
VENTAVIS – iloprost inhalation solution 20 mcg/ml.....	56	VFEND – voriconazole tab 50 mg.....	5
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	61	VFEND – voriconazole tab 200 mg.....	5
verapamil hcl cap er 24hr 120 mg (Verelan).....	45	V-GO 20 – insulin infusion disposable pump kit.....	202
verapamil hcl cap er 24hr 180 mg (Verelan).....	45	V-GO 30 – insulin infusion disposable pump kit.....	202
verapamil hcl cap er 24hr 240 mg (Verelan).....	45	V-GO 40 – insulin infusion disposable pump kit.....	202
VERAPAMIL HCL ER – verapamil hcl cap er 24hr 100 mg.....	45	VIBERZI – eluxadoline tab 75 mg.....	66
VERAPAMIL HCL ER – verapamil hcl cap er 24hr 300 mg.....	45	VIBERZI – eluxadoline tab 100 mg.....	66
VERAPAMIL HCL SR – verapamil hcl cap er 24hr 360 mg.....	45	VIBRAMYCIN – doxycycline calcium syrup 50 mg/5ml.....	3
verapamil hcl tab er 120 mg (Calan sr).....	45	VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml).....	33
		VIDA MIA AUTOLET LANCING – lancet devices.....	203
		VIDA MIA UNIFINE PENTIPS – insulin pen needle 29 g x 12 mm (1/2").....	203
		VIDA MIA UNIFINE PENTIPS – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	203
		VIDA MIA UNIFINE PENTIPS – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	203
		VIDA MIA UNILET LANCETS S – lancets.....	203
		VIDA MIA UNILET LANCETS U – lancets.....	203
		VIDA MIA UNIPFINE PENTIPS – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	203
		vigabatrin powd pack 500 mg (Sabril).....	99
		vigabatrin tab 500 mg (Sabril).....	99
		VIIIBRYD STARTER PACK – vilazodone hcl tab starter kit 10 (7) & 20 (23) mg.....	72

VIIBRYD – vilazodone hcl tab 10 mg.....	72	voriconazole tab 50 mg (Vfend).....	5
VIIBRYD – vilazodone hcl tab 20 mg.....	72	voriconazole tab 200 mg (Vfend).....	5
VIIBRYD – vilazodone hcl tab 40 mg.....	72	VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab	
vilazodone hcl tab 10 mg (Viibryd).....	72	400-100-100 mg.....	10
vilazodone hcl tab 20 mg (Viibryd).....	72	VOTRIENT – pazopanib hcl tab 200 mg (base equiv).....	24
vilazodone hcl tab 40 mg (Viibryd).....	72	VOXZOGO – vosoritide for subcutaneous inj 0.4 mg.....	41
VIMPAT – lacosamide oral solution 10 mg/ml.....	99	VOXZOGO – vosoritide for subcutaneous inj 0.56 mg.....	41
VIMPAT – lacosamide tab 50 mg.....	99	VOXZOGO – vosoritide for subcutaneous inj 1.2 mg.....	41
VIMPAT – lacosamide tab 100 mg.....	99	VP INSULIN SYRINGE/U-100/ – insulin syringe/needle	
VIMPAT – lacosamide tab 150 mg.....	99	u-100 0.3 ml 29 x 1/2".....	203
VIMPAT – lacosamide tab 200 mg.....	99	VRAYLAR – cariprazine hcl cap 1.5 mg (base	
VINATE II – prenatal vit w/ fe bisglycinate chelate-fa tab		equivalent).....	76
29-1 mg.....	104	VRAYLAR – cariprazine hcl cap 3 mg (base	
VINATE ONE – prenatal vit w/ fe fumarate-fa tab 60-1		equivalent).....	76
mg.....	104	VRAYLAR – cariprazine hcl cap 4.5 mg (base	
VIRACEPT – nelfinavir mesylate tab 250 mg.....	10	equivalent).....	76
VIRACEPT – nelfinavir mesylate tab 625 mg.....	10	VRAYLAR – cariprazine hcl cap 6 mg (base	
VIREAD – tenofovir disoproxil fumarate oral powder 40		equivalent).....	76
mg/gm.....	10	VRAYLAR – cariprazine hcl cap therapy pack 1.5 mg (1) &	
VIREAD – tenofovir disoproxil fumarate tab 150 mg.....	10	3 mg (6).....	76
VIREAD – tenofovir disoproxil fumarate tab 200 mg.....	10	VYNDAMAX – tafamidis cap 61 mg.....	56
VIREAD – tenofovir disoproxil fumarate tab 250 mg.....	10	VYNDAQEL – tafamidis meglumine (cardiac) cap 20	
VIREAD – tenofovir disoproxil fumarate tab 300 mg.....	10	mg.....	56
VISTARIL – hydroxyzine pamoate cap 25 mg.....	69	VYVANSE – lisdexamfetamine dimesylate cap 10 mg.....	80
VISTARIL – hydroxyzine pamoate cap 50 mg.....	69	VYVANSE – lisdexamfetamine dimesylate cap 20 mg.....	80
VISTOGARD – uridine triacetate oral granules packet 10		VYVANSE – lisdexamfetamine dimesylate cap 30 mg.....	80
gm.....	127	VYVANSE – lisdexamfetamine dimesylate cap 40 mg.....	80
VITAFOL STRIPS – prenatal w/ b6-b12-cholecalciferol-		VYVANSE – lisdexamfetamine dimesylate cap 50 mg.....	80
folic acid film 1 mg.....	104	VYVANSE – lisdexamfetamine dimesylate cap 60 mg.....	80
VITATHELY/GINGER – prenatal vit w/ fe fumarate-fa tab		VYVANSE – lisdexamfetamine dimesylate cap 70 mg.....	80
27-1 mg.....	104	VYVANSE – lisdexamfetamine dimesylate chew tab 10	
VITRAKVI – larotrectinib sulfate cap 25 mg (base		mg.....	80
equivalent).....	24	VYVANSE – lisdexamfetamine dimesylate chew tab 20	
VITRAKVI – larotrectinib sulfate cap 100 mg (base		mg.....	80
equivalent).....	24	VYVANSE – lisdexamfetamine dimesylate chew tab 30	
VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base		mg.....	80
equivalent).....	24	VYVANSE – lisdexamfetamine dimesylate chew tab 40	
VIVAGUARD INO BLOOD GLUCO – blood glucose		mg.....	80
monitoring devices.....	203	VYVANSE – lisdexamfetamine dimesylate chew tab 50	
VIVAGUARD INO BLOOD GLUCO – glucose blood test		mg.....	80
strip.....	132	VYVANSE – lisdexamfetamine dimesylate chew tab 60	
VIVAGUARD INO SMART BLOOD – blood glucose		mg.....	80
monitoring devices.....	203	W	
VIVAGUARD LANCETS – lancets.....	203	WAKIX – pitolisant hcl tab 4.45 mg (base equivalent).....	80
VIVAGUARD LANCING DEVICE – lancet devices.....	203	WAKIX – pitolisant hcl tab 17.8 mg (base equivalent).....	80
VIVAGUARD SAFETY LANCETS/ – lancets.....	203	WALGREENS ADVANCED TRAVEL – lancets.....	204
VIVOTIF – typhoid vaccine cap delayed release.....	15	WALGREENS COMFORT ASSURED – lancets.....	204
VIZIMPRO – dacomitinib tab 15 mg.....	24	WALGREENS LANCETS – lancets.....	204
VIZIMPRO – dacomitinib tab 30 mg.....	24	WALGREENS THIN LANCETS – lancets.....	204
VIZIMPRO – dacomitinib tab 45 mg.....	24	WALGREENS ULTRA THIN LANC – lancets.....	204
VONJO – pacritinib citrate cap 100 mg.....	24	warfarin sodium tab 1 mg.....	108
VONVENDI – von willebrand factor (recombinant) for inj		warfarin sodium tab 2 mg.....	108
650 unit.....	114	warfarin sodium tab 2.5 mg.....	108
VONVENDI – von willebrand factor (recombinant) for inj		warfarin sodium tab 3 mg.....	108
1300 unit.....	114	warfarin sodium tab 4 mg.....	108
voriconazole for susp 40 mg/ml (Vfend).....	5		

warfarin sodium tab 5 mg	108	XCOPRI – cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose).....	99
warfarin sodium tab 6 mg	108	XCOPRI – cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose).....	99
warfarin sodium tab 7.5 mg	108	XCOPRI – cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg.....	99
warfarin sodium tab 10 mg	108	XCOPRI – cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg.....	99
water for irrigation, sterile irrigation soln	207	XCOPRI – cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg.....	99
WAVESENSE AMP – blood glucose monitoring kit w/ device.....	204	XELJANZ – tofacitinib citrate oral soln 1 mg/ml (base equivalent).....	91
WEGMANS UNIFINE PENTIPS P – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	204	XELJANZ – tofacitinib citrate tab 5 mg (base equivalent).....	91
WEGMANS UNIFINE PENTIPS P – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	204	XELJANZ – tofacitinib citrate tab 10 mg (base equivalent).....	91
WEGMANS UNIFINE PENTIPS P – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	204	XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg (base equivalent).....	91
WEGMANS UNIFINE PENTIPS P – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	204	XELJANZ XR – tofacitinib citrate tab er 24hr 22 mg (base equivalent).....	91
WELIREG – belzutifan tab 40 mg.....	24	XENLETA – lefamulin acetate tab 600 mg.....	13
WESCAP-C DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg.....	104	XERMELO – telotristat ethyl tab 250 mg (as telotristat etiprate).....	66
WESTAB PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	104	XHANCE – fluticasone propionate nasal exhaler susp 93 mcg/act.....	57
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 60 mm.....	204	XIFAXAN – rifaximin tab 200 mg.....	13
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 65 mm.....	204	XIFAXAN – rifaximin tab 550 mg.....	13
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 70 mm.....	204	XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg.....	33
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 75 mm.....	204	XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-500 mg.....	33
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 80 mm.....	204	XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-1000 mg.....	33
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 85 mm.....	204	XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-500 mg.....	33
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 90 mm.....	204	XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-1000 mg.....	33
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 95 mm.....	204	XIIDRA – lifitegrast ophth soln 5%.....	119
WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit.....	115	XOFLUZA – baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose).....	10
WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit.....	115	XOFLUZA – baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose).....	10
X		XOLAIR – omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml.....	61
XALKORI – crizotinib cap 200 mg.....	24	XOLAIR – omalizumab subcutaneous soln prefilled syringe 150 mg/ml.....	61
XALKORI – crizotinib cap 250 mg.....	24	XOSPATA – gilteritinib fumarate tablet 40 mg (base equivalent).....	24
XARELTO – rivaroxaban for susp 1 mg/ml.....	108	XPOVIO 60 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (60 mg twice weekly).....	24
XARELTO – rivaroxaban tab 2.5 mg.....	108	XPOVIO 80 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (80 mg twice weekly).....	24
XARELTO – rivaroxaban tab 10 mg.....	108	XPOVIO – selinexor tab therapy pack 40 mg (40 mg once weekly).....	24
XARELTO – rivaroxaban tab 15 mg.....	108	XPOVIO – selinexor tab therapy pack 40 mg (80 mg once weekly).....	24
XARELTO – rivaroxaban tab 20 mg.....	108		
XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg.....	108		
XCOPRI – cenobamate tab 50 mg.....	99		
XCOPRI – cenobamate tab 100 mg.....	99		
XCOPRI – cenobamate tab 150 mg.....	99		
XCOPRI – cenobamate tab 200 mg.....	99		

XPOVIO – selinexor tab therapy pack 50 mg (100 mg once weekly).....	24	zaleplon cap 5 mg.....	77
XPOVIO – selinexor tab therapy pack 60 mg (60 mg once weekly).....	24	zaleplon cap 10 mg.....	77
XPOVIO – selinexor tab therapy pack 40 mg (40 mg twice weekly).....	24	ZANAFLEX – tizanidine hcl tab 4 mg (base equivalent).....	102
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 9 mg.....	88	ZARONTIN – ethosuximide cap 250 mg.....	99
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 13.5 mg.....	88	ZARONTIN – ethosuximide soln 250 mg/5ml.....	99
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 18 mg.....	88	ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml.....	107
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 27 mg.....	88	ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml.....	107
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 36 mg.....	88	ZAVESCA – miglustat cap 100 mg.....	107
XTANDI – enzalutamide cap 40 mg.....	25	ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml.....	33
XTANDI – enzalutamide tab 40 mg.....	25	ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml.....	33
XTANDI – enzalutamide tab 80 mg.....	25	ZEJULA – niraparib tosylate cap 100 mg (base equivalent).....	25
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml.....	33	ZELBORAF – vemurafenib tab 240 mg.....	25
XURIDEN – uridine triacetate oral granules packet 2 gm.....	41	ZEMPLAR – paricalcitol cap 1 mcg.....	41
XYNTHA – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit.....	115	ZEMPLAR – paricalcitol cap 2 mcg.....	41
XYNTHA – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit.....	115	ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit.....	64
XYNTHA – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit.....	115	ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit.....	64
XYNTHA – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit.....	115	ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit.....	64
XYNTHA SOLOFUSE – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit.....	115	ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit.....	64
XYNTHA SOLOFUSE – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit.....	115	ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit.....	64
XYNTHA SOLOFUSE – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 3000 unit.....	115	ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit.....	64
XYNTHA SOLOFUSE – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit.....	115	ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit.....	64
XYNTHA SOLOFUSE – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit.....	115	ZEPOSIA 7-DAY STARTER PAC – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg.....	84
XYREM – sodium oxybate oral solution 500 mg/ml.....	84	ZEPOSIA – ozanimod hcl cap 0.92 mg.....	84
XYWAV – calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml.....	84	ZEPOSIA STARTER KIT – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg.....	84
Y		ZERVIAE – cetirizine hcl ophth soln 0.24% (base equiv).....	119
YALE NEEDLES 21G X 1-1/4" – needle (disp) 21 x 1-1/4".....	204	ZEVX INSULIN SYRINGE/0.5 – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	204
YASMIN 28 – drospirenone-ethinyl estradiol tab 3-0.03 mg.....	30	ZEVX INSULIN SYRINGE/0.5 – insulin syringe/needle u-100 1/2 ml 30 x 1/2".....	204
YAZ – drospirenone-ethinyl estradiol tab 3-0.02 mg.....	30	ZEVX INSULIN SYRINGE/1ML – insulin syringe/needle u-100 1 ml 30 x 5/16".....	204
YONSA – abiraterone acetate tab 125 mg.....	25	ZEVX INSULIN SYRINGE/1ML – insulin syringe/needle u-100 1 ml 30 x 1/2".....	204
Z		ZEVX PEN NEEDLES 31G X 5 – insulin pen needle 31 g x 5 mm (1/5" or 3/16").....	204
zafirlukast tab 10 mg (Accolate).....	61	ZEVX PEN NEEDLES 31G X 6 – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....	204
zafirlukast tab 20 mg (Accolate).....	61	ZEVX PEN NEEDLES 31G X 8 – insulin pen needle 31 g x 8 mm (1/3" or 5/16").....	204

ZEVRX PEN NEEDLES 32G X 4 – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....	204	ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq).....	88
ZEVRX TWIST TOP LANCETS 3 – lancets.....	204	ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq).....	88
ZIAGEN – abacavir sulfate soln 20 mg/ml (base equiv).....	10	ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq).....	88
ZIAGEN – abacavir sulfate tab 300 mg (base equiv).....	10	ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq).....	88
zidovudine cap 100 mg (Retrovir).....	10	ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq).....	88
zidovudine syrup 10 mg/ml (Retrovir).....	10	ZYDELIG – idelalisib tab 100 mg.....	25
zidovudine tab 300 mg.....	10	ZYDELIG – idelalisib tab 150 mg.....	25
ZIEXTENZO – pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml.....	107	ZYKADIA – ceritinib tab 150 mg.....	25
zileuton tab er 12hr 600 mg.....	61	ZYMAXID – gatifloxacin ophth soln 0.5%.....	119
ZIMHI – naloxone hcl soln prefilled syringe 5 mg/0.5ml.....	127		
ZIOPTAN – tafluprost preservative free (pf) ophth soln 0.0015%.....	119		
ziprasidone hcl cap 20 mg (Geodon).....	76		
ziprasidone hcl cap 40 mg (Geodon).....	76		
ziprasidone hcl cap 60 mg (Geodon).....	76		
ziprasidone hcl cap 80 mg (Geodon).....	76		
ZIRGAN – ganciclovir ophth gel 0.15%.....	119		
ZITHROMAX – azithromycin powd pack for susp 1 gm.....	3		
ZOKINVY – lonafarnib cap 50 mg.....	207		
ZOKINVY – lonafarnib cap 75 mg.....	207		
ZOLINZA – vorinostat cap 100 mg.....	25		
zolmitriptan nasal spray 5 mg/spray unit (Zomig).....	92		
zolmitriptan orally disintegrating tab 2.5 mg.....	92		
zolmitriptan orally disintegrating tab 5 mg.....	92		
zolmitriptan tab 2.5 mg (Zomig).....	92		
zolmitriptan tab 5 mg (Zomig).....	92		
ZOLMITRIPTAN – zolmitriptan nasal spray 2.5 mg/spray unit.....	92		
ZOLOFT – sertraline hcl oral concentrate for solution 20 mg/ml.....	72		
zolpidem tartrate tab er 6.25 mg (Ambien cr).....	77		
zolpidem tartrate tab er 12.5 mg (Ambien cr).....	77		
zolpidem tartrate tab 5 mg (Ambien).....	77		
zolpidem tartrate tab 10 mg (Ambien).....	77		
ZOMIG – zolmitriptan nasal spray 2.5 mg/spray unit.....	92		
ZOMIG – zolmitriptan nasal spray 5 mg/spray unit.....	93		
ZONALON – doxepin hcl cream 5%.....	126		
ZONEGRAN – zonisamide cap 25 mg.....	99		
ZONEGRAN – zonisamide cap 100 mg.....	99		
zonisamide cap 50 mg.....	99		
zonisamide cap 25 mg (Zonegran).....	99		
zonisamide cap 100 mg (Zonegran).....	99		
ZONTIVITY – vorapaxar sulfate tab 2.08 mg (base equivalent).....	115		
ZORTRESS – everolimus tab 0.25 mg.....	207		
ZORTRESS – everolimus tab 0.5 mg.....	207		
ZORTRESS – everolimus tab 0.75 mg.....	207		
ZORTRESS – everolimus tab 1 mg.....	207		
ZOVIRAX – acyclovir susp 200 mg/5ml.....	10		
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq).....	88		