



Molina Medicare Complete Care (HMO D-SNP)

2026 *List of Covered Drugs (Drug List or Formulary)*

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

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This *Drug List* was updated on 04/01/2026.

For more recent information or other questions, contact us at (800) 665-3086, (TTY: 711), October 1 – March 31: 8 a.m. to 8 p.m. local time, 7 days a week, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time or visit MolinaHealthcare.com/Medicare.



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Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs are covered by our plan. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by our plan. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers

This is a list of drugs that members can get in *our plan*.

- ❖ You can always check our plan's up-to-date *List of Covered Drugs* online at MolinaHealthcare.com/Medicare or by calling Member Services at the numbers in the footer of this document. This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the numbers in the footer of this document. This call is free.
- ❖ Molina Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.
- ❖ We offer free interpreter and translation services to help you understand your health or drug plan. This includes support from someone who speaks your language.
- ❖ We also provide free aids and services—such as sign language interpreters and written materials in alternative formats—to ensure everyone can access the information they need. To request these services, please call Member Services at the number listed on your Member ID card.

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the Member Services number on the back of your ID card or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma. También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al número del Departamento de Servicios para Miembros que figura en el reverso de su tarjeta de identificación o hable con su proveedor.

Simplified Chinese

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 ID 卡背面的客户服务号码或咨询您的服务提供者。

Traditional Chinese

注意：如果您說台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請撥打您 ID 卡背面的會員服務部電話號碼或諮詢您的服務提供者。

Russian

ВНИМАНИЕ! Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также бесплатны. Позвоните по номеру службы поддержки клиентов, указанному на обратной стороне вашей идентификационной карты, или обратитесь к своему поставщику услуг.

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nimewo Sèvis Manm ki sou do kat ID ou a oswa pale ak pwofesyonèl swen sante ou a.

Korean

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. ID 카드 뒷면에 있는 회원 서비스 번호로 전화하거나 서비스 제공업체에 문의하십시오.

Italian

ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente strumenti ausiliari e servizi adeguati per fornire informazioni in formati accessibili. Si prega di contattare il numero del Servizio per i membri riportato sul retro della propria tessera identificativa o di rivolgersi al proprio fornitore.

Yiddish

אַכטונג: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פריי פאר דיר. פאַסיקע אידס און באַדינונגס פֿאַר צושטעלן אינפֿאָרמאַציע אין צוטריטלעך פֿאַרמאַטירונגען זענען אויך פריי בנימצא. רופט דעם מיטגליד באַדינען נומער אין קריק פֿון דיין ID קאַרטל אָדער רעדט מיט דיין צושטעלער.

Bengali

মনোযোগ দিন: যদি আপনি বাংলা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। আপনার আইডি কার্ডের পিছনে থাকা সদস্য পরিষেবা নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

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Polish

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer Działu Obsługi Klienta podany na odwrocie Twojej karty identyfikacyjnej lub porozmawiaj ze swoim dostawcą.

Arabic

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجاناً. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل بقسم خدمات الأعضاء على الرقم المدون على ظهر بطاقة هويتك أو تحدث إلى مقدم الخدمات.

French

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés sont également mis à votre disposition gratuitement pour vous fournir les informations dans des formats accessibles. Appelez les Services aux adhérents au numéro figurant au dos de votre carte d'adhérent, ou adressez-vous à votre prestataire.

Urdu

اردو
توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت لسانی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ ممبر سروسز کو اپنے ID کارڈ کی پچھلی جانب موجود نمبر پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo ng tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga accessible na format. Tawagan ang numero ng Mga Serbisyo sa Miyembro sa likod ng ID card mo o makipag-usap sa iyong provider.

Greek

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε τον αριθμό των υπηρεσιών Μέλους που βρίσκεται στο πίσω μέρος της κάρτας αναγνωριστικού σας ή απευθυνθείτε στον πάροχό σας.

Albanian

VINI RE: Nëse flisni anglisht, shërbimet falas të ndihmës gjuhësore janë të disponueshme për ju. Gjithashtu, disponohen falas ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të aksesueshme. Telefononi Shërbimet ndaj Anëtarëve në numrin që

ndodhet në pjesën e pasme të kartës suaj të identitetit ose flisni me ofruesin tuaj të shërbimit.

German

HINWEIS: Wenn Sie Sprache einfügen sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste für die Übermittlung von Informationen in zugänglicher Form sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer des Mitgliederservices auf der Rückseite Ihres Ausweises an oder sprechen Sie mit Ihrem Anbieter.

Pennsylvania Dutch

GEB ACHT: Wann du Pennsylvanisch Deitsch schwetzst, Schprooch Hilfe Services sin meeglich mitaus Koscht. Appropriate Auxiliary Aids un Services un Services Information zu gewwe in helfreiche Formats sin aa meeglich mitaus Koscht. Ruf die Member Services Nummer uff die Rickseit vun dei ID Kaart odder Schwetz mit dei Provider.

Vietnamese

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Ngoài ra, chúng tôi còn có các dịch vụ và phương tiện hỗ trợ khác phù hợp, hoàn toàn miễn phí để cung cấp thông tin theo các định dạng dễ sử dụng. Vui lòng gọi đến số điện thoại của bộ phận Dịch vụ thành viên có trên mặt sau thẻ ID của quý vị để trao đổi với nhà cung cấp dịch vụ của quý vị.

Somali

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa. Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan. Wac lambarka Adeegyada Macaamiisha ee ku qoran dhabarka danbe ee kaarkaaga aqoonsiga ama la hadal dhakhtarkaaga.

Japanese

注意：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。IDカードの裏面にある会員サービス番号に電話するか、プロバイダーにご相談ください。

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги з надання інформації в доступних форматах також пропонуються безкоштовно. Зателефонуйте на номер служби підтримки учасників, указаний на звороті вашого посвідчення особи, або зверніться до свого постачальника послуг.



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Romanian

ATENȚIE: Dacă vorbiți română, aveți la dispoziție servicii gratuite de asistență lingvistică. Sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru furnizarea informațiilor în formate accesibile. Contactați Serviciul pentru Membri la numărul de telefon înscris pe verso-ul cardului de identificare sau adresați-vă furnizorului dumneavoastră.

Amharic

ማስታወሻ፡ አማርኛ የምናገኛ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች ለእርስዎ ይኖራል። እንዲሁም፣ በሚገኙ ቅርፀቶች መረጃ ለማቅረብ ተገቢ የመረጃ ድጋፎች እና አገልግሎቶች በነፃ ይኖራሉ። በID ካርድዎ ጀርባ ላይ ባለው የአባላት አገልግሎቶች ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።

Thai

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลข ฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจำตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

Persian

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی به صورت رایگان در دسترس شماست. همچنین، خدمات کمک های لازم برای ارائه اطلاعات به صورت های مختلف و قابل دسترسی، به صورت رایگان در اختیار شما قرار می گیرد. با شماره خدمات اعضا که پشت کارت شناسایی شما درج شده تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

Samoan

FAAMATALAGA: Afai e te tautala faa-Samoa, o loo i ai gagana fesoasoani i gagana e Le tologia mo oe. Fesoasoani fa'aopopo talafeagai ma auaunaga ina ia tuuina atu ai faamatalaga e maua i limits e faigofie ona maua o loo maua foi e le tologia. Vala'au le Auaunaga a Sui Auai i le numera o i taua o lau ID card pe talanoa i lauvrautua.

Ilocano

PAKAAMMO: No agsasaoka iti Ilocano, magun-odam dagiti libre a serbisio ti tulong iti pagpasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti format a nalaka a ma-access. Tawagam ti numero ti Serbisio para Kadagiti Miembro iti likudan ti ID card-mo wenno makisaritaka iti provider-mo.

Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા છો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસ/વરી સહાય અને એક્સેસિબલ ફોર્મટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા ID કાર્ડની પાછળ આપેલા સભ્ય સેવાઓ નંબર પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Portuguese

ATENÇÃO: se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Também estão disponíveis, de forma gratuita, ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis. Ligue para o número dos Serviços de apoio aos membros que se encontra no verso do seu cartão de identificação ou fale com o seu prestador de serviços de saúde.

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। अपने ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर पर कॉल करें या अपने प्रदाता से बात करें।

Khmer

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរសេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន ដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅលេខសេវាបម្រើសមាជិកនៅខាងក្រោយកាត ID របស់អ្នក ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີບໍລິການສະມາຊິກຢູ່ດ້ານຫຼັງບັດບະຈຳຕົວຂອງທ່ານ ຫຼື ວິມັກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Karen

ဟ်သျှ်ဟ်သး- နမ့ၢ်ကတိၤ ကညီကျိၣ် အဃိ, တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆိၣ်ထွဲမၤၤၤ လၢတလၢ်ဘျုးလၢ်စ့ၤ လၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤၤတၢ်န့ၢ်ဟူပီးလီၤဒီး တၢ်မၤၤတၢ်မၤ လၢအကြးအဘျုး လၢကဟ့ၣ် တၢ်ဂ့ၢ်တၢ်ကျိၣ် လၢတၢ်မၤန့ၢ်အိၣ်သ့တဖၣ် လၢတလၢ်ဘျုးလၢ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး ကရုၤဖိတၢ်မၤၤတၢ်မၤ အလီၤတဲစိနီၣ်ဂံၢ်လၢ အိၣ်ဖဲန့ၢ်အုၣ်သး (ID) ခးက့ၢ်အလီၤ မ့တမ့ၢ် တဲတၢ်ဒီး ပုၤလၢအဟ့ၣ်န့ၢ်တၢ်ကွၢ်ထွဲန့ၢ် တက့ၢ်.



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Swahili

KUMBUKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa zinapatikana pia bila malipo. Piga simu kwa nambari ya Huduma za Wanachama iliyo nyuma ya kadi yako ya kitambulisho au zungumza na mtoa huduma wako.

Serbian

PAŽNJA: Ukoliko govorite Srpski, dostupne su vam besplatne usluge jezičke podrške. Dostupne su vam i besplatne odgovarajuće pomoći i usluge za pružanje informacija u formatima za lak pristup. Pozovite broj za usluge za članove koji se nalazi na poledini vaše ID kartice ili se obratite pružaocu usluge.

Croatian

PAŽNJA: Ako pričate Hrvatski, na raspolaganju su vam besplatne usluge pomoći za jezik. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno. Nazovite broj Službe za članove na poledini vaše osobne iskaznice ili razgovarajte sa svojim pružateljem usluga.

Nepali

सावधान: तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। ID कार्डको पछाडिपट्टि लेखिएको Member Services नम्बरमा फोन गर्नुहोस्, नभए डाक्टरसँग कुरा गर्नुहोस्।

Yoruba

ÀKÍYÈSÍ: Bí o bá ń sọ èdè Yorùbá, àwọn isẹ̀ irànlọ̀wọ́ èdè ọ̀fẹ́ wà fún ọ. Àwọn ohun èlò irànlọ̀wọ́ àti àwọn isẹ̀ tó yẹ láti pèsè àlàyé ní àwọn ọ̀nà tó rọ̀rùn ló wà lófẹ́. Pe nọmbà Àwọn isẹ̀ Ọmọ ẹgbé tó wà ní ẹ̀yìn káàdì idánimọ̀ rẹ̀ tàbí bá olùpèsè rẹ̀ sọ̀rọ̀.

Tamil

கவனிக்கவும்: நீங்கள் தமிழ் பேசுபவர் என்றால், உங்களுக்கு இலவச மொழி உதவிச் சேவைகள் கிடைக்கும். அணுகல் வசதிக் கேற்ற வடிவங்களில் தகவலை வழங்குவதற்கான தகுந்த, கூடுதல் உதவி அம்சங்களும் சேவைகளும் கூட கட்டணமின்றிக் கிடைக்கும். உங்கள் வழங்குநரிடம் பேச, உங்கள் ஐடி கார்டின் பின்பக்கமுள்ள உறுப்பினர் சேவை மைய எண்ணை அழைக்கவும்.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by our plan. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Our plan will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Our plan agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a plan network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at MolinaHealthcare.com/Medicare or call Member Services at the numbers in the footer of this document.

B2. Does the *Drug List* ever change?

Yes, and our plan must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from our plan before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we’ll cover another drug.)

For more information on these drug rules, refer to question B4.

If you’re taking a drug that was covered at the **beginning** of the year, we’ll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**

- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check our plan's up-to-date *Drug List* online at MolinaHealthcare.com/Medicare. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the numbers in the footer of this document to check the current *Drug List*.

B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
 - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. You should be working with your prescriber to switch to a different drug that we cover.



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We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, **or**
- we remove an original biological product when adding a biosimilar, **or**
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 31-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from our plan before you fill your prescription. Prior authorization is different from a referral. Our plan may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes our plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes our plan requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1**. You can also get more information by visiting our website at MolinaHealthcare.com/Medicare. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take

instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled “List of Drugs by Medical Condition “has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if our plan changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we’ll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it **Section D**. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search **by medical condition**, find **Section C1** labeled “List of Drugs by Medical Condition”. The drugs in this section are grouped into categories depending on the type of medical conditions they’re used to treat. For example, if you have a heart condition, you should look in Cardiovascular category. That’s where you’ll find drugs that treat heart conditions.

B8. What if the drug I want to take isn’t on the *Drug List*?

If you don’t find your drug on the *Drug List*, call Member Services at the numbers in the footer of this document and ask about it. If you learn that our plan won’t cover the drug, you can do one of these things:

- Ask *Member Services* for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that’s like the one you want to take. **Or**



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- Ask our plan to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I'm a new plan member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you're a member of our plan. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we'll allow multiple refills to provide up to a maximum of 31 days of medication.

We'll cover a 31-day supply of your drug if:

- you're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by our plan, **or**
- you're taking a drug that's part of a step therapy restriction.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new plan member.
- This is in addition to the temporary supply during the first 90 days you're a member of our plan.

Transition Policy

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or step therapy. Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the Member Handbook to learn more about how to request an exception. Please contact Member Services if your drug is not on our formulary, is subject to certain restrictions, such as prior authorization or step therapy, or will no longer be on our formulary next year and you need help switching to a different drug that we cover or requesting a formulary exception.

During the period of time members are talking to their doctors to determine the right course of action, we may provide a temporary supply of the non-formulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan for Part D drugs. If you are

a current member affected by a formulary change from one year to the next, we will provide a temporary supply of the non-formulary drug if you need a refill for the drug during the first 90 days of the new plan year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 31-day supply (unless the prescription is written for fewer days). After we cover the temporary 31-day supply, we generally will not pay for these drugs as part of our transition policy again.

We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term-care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception. Exceptions are available in situations where you experience a change in the level of care you are receiving that also requires you to transition from one facility or treatment center to another. In such circumstances, you would be eligible for a temporary, one-time fill exception even if you are outside of the first 90 days as a member of the plan.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask our plan to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, our plan may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call *Member Services*. A Services representative will work with you and your provider to help you ask for an exception. You can also read **Chapter 9 Section 7.2** of the *Evidence of Coverage* to learn more about exceptions.



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B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. Your doctor or other prescriber can fax or mail us the supporting statement to (866) 290-1309. They can also tell us by phone and then fax or mail the statement.

Send the prescriber statement to:
Molina Healthcare
Attn: Pharmacy Department
7050 S Union Park Center, Suite 600
Midvale, Utah 84107

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Our plan covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to **Chapter 5** of the *Evidence of Coverage*.

B15. What are OTC drugs?

OTC stands for "over-the-counter", our plan covers some OTC drugs when they're written as prescriptions by your provider.

You can read the plan *Drug List* to find out what OTC drugs are covered.

B16. Does our plan cover non-drug OTC products?

Our plan covers some non-drug OTC products when they're written as prescriptions by your provider.

You can read the plan *Drug List* to find out what non-drug OTC products are covered.

B1. Does our plan cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered drugs. A 100-day supply has the same copay as a one-month supply.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What's my copay?

Our plan members have some copays for prescription and OTC drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

- *Tier 1 Preferred Generic drugs have \$0 copay*
- *Tier 2 Generic name drugs have \$0, \$1.60, or \$5.10 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription*
- *Tier 3 Preferred Brand: \$0, \$1.60, or \$5.10 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription*
- *Tier 4 Non-Preferred Drug: \$0, \$1.60, or \$5.10 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription*
- *Tier 5 Specialty Tier: \$0, \$1.60, or \$5.10 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription*



If you have questions, please call Molina Medicare Complete Care (HMO D-SNP) at (800) 665-3086, (TTY: 711), October 1 – March 31: 8 a.m. to 8 p.m. local time, 7 days a week, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

- *Drug Tier 6 Select Care Drugs: \$0 copay*

If you have questions, call Member Services at the numbers in the footer of this document.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by our plan.

Note: The _ next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the numbers in the footer of this document.
- You can also read **Chapter 9** of the *Evidence of Coverage* to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That's where you'll find drugs that treat heart conditions.

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column:

PA = Prior Authorization (approval): you must have approval before you can get this drug.

QL = Quantity Limits: the amount of the drug that the plan will cover.

ST = Step Therapy Criteria: you must try another drug before you can get this one.

NM = Non-Mail Order: this drug cannot be filled through mail order.

B/D = This drug may be covered under Medicare Part B or D depending upon the circumstances.

_ = Non-Part D Drugs, or OTC items that are covered by Medicaid.

NDS = Non-Extended Days Supply: you will be limited to how many days supply you can receive.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *metformin hcl*), brand name drugs are capitalized (for example, JANUVIA TABS). The

information in the “Necessary actions, restrictions, or limits on use” column tells you if our plan has any rules for covering your drug.



If you have questions, please call Molina Medicare Complete Care (HMO D-SNP) at (800) 665-3086, (TTY: 711), October 1 – March 31: 8 a.m. to 8 p.m. local time, 7 days a week, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

MOLINA_CY26_6T_GS_CORE eff 04/01/2026**Drug Name Drug Tier Requirements/Limits****ANALGESICS****GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	3	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>febuxostat</i> TABS 40mg, 80mg	4	PA
<i>probenecid</i> TABS 500mg	3	

MISCELLANEOUS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	3	B/D
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NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	
<i>diflunisal</i> TABS 500mg	3	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>oxaprozin</i> TABS 600mg	4	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	2	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	4	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	5	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	3	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
OXYCONTIN T12A 40mg, 60mg, 80mg	5	NDS, QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>butorphanol tartrate</i> SOLN 10mg/ml	3	QL (10 mL / 30 days)
<i>endocet tab 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	3	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole TABS 200mg</i>	4	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	4	
ARIKAYCE SUSP 590mg/8.4ml	5	NDS, NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	4	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	4	
BLUJEPa TABS 750mg	3	
CAYSTON SOLR 75mg	5	NDS, NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	2	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	4	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium SOLR 150mg</i>	4	
<i>dapsone TABS 25mg, 100mg</i>	3	
DAPTOMYCIN SOLR 350mg	5	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	5	NDS
EMVERM CHEW 100mg	5	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	3	
<i>fosfomycin tromethamine PACK 3gm</i>	4	
<i>gentamicin in saline inj 0.8 mg/ml</i>	3	
<i>gentamicin in saline inj 1 mg/ml</i>	3	
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	
<i>gentamicin in saline inj 1.6 mg/ml</i>	3	
<i>gentamicin in saline inj 2 mg/ml</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
IMPAVIDO CAPS 50mg	5	NDS, PA
<i>ivermectin</i> TABS 3mg	3	QL (20 tabs / 90 days), PA
<i>ivermectin</i> TABS 6mg	3	QL (10 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	4	
<i>linezolid</i> SUSR 100mg/5ml	5	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	4	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
<i>meropenem</i> SOLR 1gm, 2gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	3	
<i>metronidazole</i> SOLN 500mg/100ml	3	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>polymyxin b sulfate</i> SOLR 500000unit	4	
<i>praziquantel</i> TABS 600mg	4	
<i>pyrimethamine</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	5	NDS
<i>sulfadiazine</i> TABS 500mg	5	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole</i> TABS 250mg, 500mg	3	
TOBI PODHALER CAPS 28mg	5	NDS, NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	5	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim</i> TABS 100mg	3	
<i>vancomycin hcl</i> CAPS 125mg	4	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	4	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
<i>amphotericin b</i> SOLR 50mg	4	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg	5	NDS, PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg	3	
<i>fluconazole</i> TABS 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	3	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	3	
<i>flucytosine</i> CAPS 250mg, 500mg	5	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	4	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	3	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	4	
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	2	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	4	PA
<i>voriconazole</i> SUSR 40mg/ml	5	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	4	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate TABS 250mg, 500mg</i>	4	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl TABS 250mg</i>	3	
<i>primaquine phosphate TABS 26.3mg</i>	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate CAPS 324mg</i>	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate SOLN 20mg/ml; TABS 300mg</i>	4	
APTIVUS CAPS 250mg	5	NDS
<i>atazanavir sulfate CAPS 150mg, 200mg, 300mg</i>	4	
<i>darunavir TABS 600mg</i>	4	QL (60 tabs / 30 days)
<i>darunavir TABS 800mg</i>	4	QL (30 tabs / 30 days)
EDURANT TABS 25mg	5	NDS
EDURANT PED TBSO 2.5mg	5	NDS
<i>efavirenz TABS 600mg</i>	4	
<i>emtricitabine CAPS 200mg</i>	4	
EMTRIVA SOLN 10mg/ml	4	
<i>etravirine TABS 100mg, 200mg</i>	5	NDS
<i>fosamprenavir calcium TABS 700mg</i>	5	NDS
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NDS
ISENTRESS HD TABS 600mg	5	NDS
<i>lamivudine SOLN 10mg/ml; TABS 150mg, 300mg</i>	3	
<i>maraviroc TABS 150mg, 300mg</i>	5	NDS
<i>nevirapine SUSP 50mg/5ml; TB24 400mg</i>	4	
<i>nevirapine TABS 200mg</i>	2	
NORVIR PACK 100mg	4	
PIFELTRO TABS 100mg	5	NDS
PREZISTA SUSP 100mg/ml	5	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	NDS, QL (240 tabs / 30 days)
REYATAZ PACK 50mg	5	NDS
<i>ritonavir TABS 100mg</i>	3	
RUKOBIA TB12 600mg	5	NDS
SELZENTRY SOLN 20mg/ml	5	NDS
SUNLENCA TABS 300mg; TBPK 300mg	5	NDS

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate</i> TABS 300mg	4	
TIVICAY TABS 50mg	5	NDS
TIVICAY PD TBSO 5mg	5	NDS
TROGARZO SOLN 200mg/1.33ml	5	NDS
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	NDS
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS
<i>zidovudine</i> CAPS 100mg	4	
<i>zidovudine</i> SYRP 50mg/5ml; TABS 300mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	
BIKTARVY TAB 30-120-15 MG	5	NDS
BIKTARVY TAB 50-200-25 MG	5	NDS
CIMDUO TAB 300-300	5	NDS
DELSTRIGO TAB	5	NDS
DESCOVY TAB 120-15MG	5	NDS
DESCOVY TAB 200/25MG	5	NDS
DOVATO TAB 50-300MG	5	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	4	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NDS
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	5	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	4	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	4	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	
EVOTAZ TAB 300-150	5	NDS
GENVOYA TAB	5	NDS
JULUCA TAB 50-25MG	5	NDS
KALETRA SOL	4	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	
ODEFSEY TAB	5	NDS

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX TAB 675/150	5	NDS
PREZCOBIX TAB 800-150	5	NDS
STRIBILD TAB	5	NDS
SYMTUZA TAB	5	NDS
TRIUMEQ PD TAB	4	
TRIUMEQ TAB	5	NDS
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	5	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	3	
<i>isoniazid</i> SYRP 50mg/5ml	4	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	4	
<i>rifabutin</i> CAPS 150mg	4	
<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>rifampin</i> SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NDS, NM, PA
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	2	
<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>acyclovir sodium</i> SOLN 50mg/ml	4	B/D
<i>adefovir dipivoxil</i> TABS 10mg	4	
BARACLUDE SOLN .05mg/ml	5	NDS, ST
<i>entecavir</i> TABS .5mg, 1mg	4	
EPCLUSA PAK 150-37.5	5	NDS, NM, PA
EPCLUSA PAK 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 400-100	5	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	
<i>ganciclovir sodium</i> SOLR 500mg	4	B/D
<i>lamivudine (hbv)</i> TABS 100mg	3	
LIVTENCITY TABS 200mg	5	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	5	NDS, NM, PA
MAVYRET TAB 100-40MG	5	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL (1080 mL / year)
PAXLOVID PAK	2	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	3	NM
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	NDS
<i>valganciclovir hcl</i> TABS 450mg	3	
VOSEVI TAB	5	NDS, NM, PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftaroline fosamil</i> SOLR 400mg, 600mg	5	NDS
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TB24 500mg	4	
<i>clarithromycin</i> TABS 250mg, 500mg	3	
DIFICID SUSR 40mg/ml	5	NDS
<i>e.e.s. 400</i> TABS 400mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
<i>erythromycin lactobionate</i> SOLR 500mg	4	
<i>fidaxomicin</i> TABS 200mg	5	NDS
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	
<i>moxifloxacin hcl</i> TABS 400mg	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	4	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>ampicillin CAPS 500mg</i>	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	4	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	4	
<i>nafcillin sodium SOLR 10gm</i>	5	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	4	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	4	
<i>penicillin g sodium SOLR 5000000unit</i>	4	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	
<i>doxycycline (monohydrate)</i> SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	3	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg	3	
<i>doxycycline hyclate</i> SOLR 100mg	4	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg	5	NDS, NM
NUZYRA TABS 150mg	5	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	4	
<i>tigecycline</i> SOLR 50mg	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	5	NDS, B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	NDS, B/D
<i>cyclophosphamide</i> SOLR 1gm, 500mg	4	B/D
<i>cyclophosphamide</i> SOLR 2gm	5	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D, NM
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NDS, NM
LEUKERAN TABS 2mg	5	NDS, PA
<i>lomustine</i> CAPS 10mg, 40mg	4	NM
<i>lomustine</i> CAPS 100mg	5	NDS, NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	5	NDS, B/D, NM

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	5	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	5	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	5	NDS, NM
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NDS, QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D
TABLOID TABS 40mg	5	NDS, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	4	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
ERLEADA TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	5	NDS
<i>exemestane</i> TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to **Section C1**.

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON SOLR 120mg/vial	5	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	NDS, B/D
INLURIYO TABS 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, NM, PA
LYSODREN TABS 500mg	5	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	5	NDS, NM, PA
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	4	PA
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	5	NDS, QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	5	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	5	NDS, QL (112 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NDS, QL (2 syringes / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene</i> CAPS 75mg	5	NDS, QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	5	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), NM, PA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	3	
MATULANE CAPS 50mg	5	NDS, NM
<i>mesna</i> TABS 400mg	5	NDS
MODEYSO CAPS 125mg	5	NDS, QL (20 caps / 28 days), NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	4	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>paclitaxel inj 100mg</i>	5	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	5	NDS, QL (30 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	5	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	5	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	5	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	5	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	5	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NDS, NM, PA
BOSULIF CAPS 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	NDS, QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	5	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	NDS, QL (112 caps / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to **Section C1**.

Drug Name	Drug Tier	Requirements/Limits
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	5	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ENSACOVE CAPS 25mg	5	NDS, QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg, 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	5	NDS, QL (168 caps / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
GOMEKLI CAPS 2mg	5	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	5	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	NDS, NM, PA
HERCEPTIN SOLR 150mg	5	NDS, NM, PA
HERCESSI SOLR 150mg, 420mg	5	NDS, NM, PA
HERNEXEOS TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	5	NDS, NM, PA
HYRNUO TABS 10mg	5	NDS, QL (120 tabs / 30 days), NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	4	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	5	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	5	NDS, QL (56 tabs / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ITOVEBI TABS 9mg	5	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, NM, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	5	NDS, QL (1 vial / 21 days), NM, PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	5	NDS, QL (1 vial / 42 days), NM, PA
KISQALI 200 DOSE TBPK 200mg	5	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	NDS, QL (91 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	5	NDS, QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	5	NDS, QL (360 caps / 30 days), NM, PA
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	5	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	5	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	5	NDS, NM, PA
NERLYNX TABS 40mg	5	NDS, QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 50mg	5	NDS, QL (120 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>nilotinib hcl</i> CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	5	NDS, NM, PA
OGSIVEO TABS 100mg, 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	5	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	5	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, NM, PA
<i>pazopanib hcl</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>pazopanib hcl</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	5	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	5	NDS, QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	5	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	5	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	5	NDS, QL (840 tabs / 28 days), NM, PA
TAGRISO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), NM, PA
TAZVERIK TABS 200mg	5	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, NM, PA
TECENTRIQ INJ HYBREZA	5	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	5	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	5	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to **Section C1**.

Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg	5	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	5	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 80mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg	5	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg	5	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	5	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, PA
ZOLINZA CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	5	NDS, QL (84 tabs / 28 days), NM, PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	6	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	6	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	6	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	6	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	6	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	6	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	6	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	6	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	6	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	6	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	6	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	6	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	6	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	6	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	6	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	6	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	6	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	6	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	6	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	6	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	6	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	6	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	6	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	6	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	3	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	2	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	3	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	6	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	6	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	6	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	6	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	6	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	6	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	6	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	6	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	3	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	3	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	3	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	6	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	6	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	6	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	6	QL (30 tabs / 30 days)
EDARBI TABS 40mg, 80mg	4	QL (30 tabs / 30 days), ST
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	6	
<i>olmesartan medoxomil TABS 5mg</i>	6	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	6	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	6	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	4	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	3	
MULTAQ TABS 400mg	4	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 400mg</i>	4	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg</i>	4	
<i>propafenone hcl TABS 150mg, 225mg, 300mg</i>	3	
<i>quinidine sulfate TABS 200mg, 300mg</i>	4	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	3	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS 600mg	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	6	QL (60 caps / 30 days), ST
<i>fluvastatin sodium</i> TB24 80mg	6	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	6	QL (60 tabs / 30 days)
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	6	QL (30 tabs / 30 days), ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	6	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	2	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	6	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	6	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	6	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	6	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	3	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	2	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	2	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	4	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	3	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	3	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	3	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	4	
<i>diltiazem hcl</i> CP24 120mg, 180mg, 240mg; TABS 30mg, 60mg, 90mg, 120mg	2	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>diltiazem hcl coated beads</i> CP24 360mg	4	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	4	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 34mg	4	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	6	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>CORLANOR</i> SOLN 5mg/5ml	4	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	4	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa</i> CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	4	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA applies if 65 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	5	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
<i>nitroglycerin</i> SUBL .3mg, .4mg, .6mg	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>alyq</i> TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>bosentan</i> TBSO 32mg	5	NDS, QL (120 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	4	QL (60 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, NM, PA
UPTRAVI TABS 200mcg	5	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	5	NDS, QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	5	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	5	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	5	NDS, QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	5	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	5	NDS, QL (224 caps / 28 days), NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	3	QL (150 mL / 30 days)

ANTI-DEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	4	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA applies if 29 years and younger
<i>memantine hcl</i> TABS 5mg, 10mg	3	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	4	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	4	
NAMZARIC CAP 7-10MG	4	
<i>rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg</i>	3	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	3	PA; PA applies if 65 years and older
<i>amoxapine TABS 25mg, 50mg, 100mg, 150mg</i>	3	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl TABS 75mg, 100mg</i>	2	
<i>bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg</i>	2	QL (60 tabs / 30 days)
<i>bupropion hcl TB24 300mg</i>	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide SOLN 10mg/5ml</i>	3	
<i>citalopram hydrobromide TABS 10mg, 20mg, 40mg</i>	1	
<i>clomipramine hcl CAPS 25mg, 50mg, 75mg</i>	4	PA
<i>desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	4	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate TB24 25mg, 50mg, 100mg</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml</i>	3	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl CPEP 20mg, 30mg, 60mg</i>	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate SOLN 5mg/5ml</i>	4	
<i>escitalopram oxalate TABS 5mg, 10mg, 20mg</i>	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	5	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	5	NDS, QL (2 packs / year), PA
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	NDS, QL (28 caps / 14 days), PA
ZURZUVAE CAPS 30mg	5	NDS, QL (14 caps / 14 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating tab 10-100mg</i>	3	
<i>carb/levo orally disintegrating tab 25-100mg</i>	3	
<i>carb/levo orally disintegrating tab 25-250mg</i>	3	
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	3	
<i>carbidopa & levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone</i> TABS 200mg	4	
INBRIJA CAPS 42mg	5	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	4	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	2	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	4	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	4	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	3	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	3	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	4	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	5	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	5	NDS, QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	5	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	4	QL (2 packs / year), PA
FANAPT PAK PACK B	4	QL (2 packs / year), PA
FANAPT PAK PACK C	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	5	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), NM, PA
ANTIEPILEPTIC AGENTS		
APTIOM TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	
<i>carbamazepine</i> CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
<i>diazepam intensol</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg	3	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), NM, PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	2	QL (360 caps / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	4	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TB24 25mg, 50mg, 100mg, 200mg	4	ST
<i>levetiracetam</i> SOLN 100mg/ml; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam</i> TABS 250mg, 500mg, 750mg, 1000mg	2	
<i>levetiracetam</i> TB3D 250mg	4	QL (360 tabs / 30 days)
<i>levetiracetam</i> TB3D 500mg	4	QL (180 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	4	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<i>perampanel</i> SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
<i>perampanel</i> TABS 2mg	4	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	3	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	4	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	2	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	4	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	5	NDS, ST
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> CPSP 50mg	4	
<i>topiramate</i> SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	NDS, QL (900 mL / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg</i>	4	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg</i>	4	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg</i>	4	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg</i>	4	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	4	QL (900 mL / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA

HYPNOTICS

DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
<i>ramelteon</i> TABS 8mg	3	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
<i>tetrabenazine</i> TABS 12.5mg	4	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	5	NDS, QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine</i> TB12 10mg	3	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	5	NDS, QL (30 caps / 30 days), NM, PA
<i> glatiramer acetate</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i> glatiramer acetate</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
<i> glatopa</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i> glatopa</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / 365 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i> baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i> baclofen</i> TABS 10mg, 20mg	2	
<i> carisoprodol</i> TABS 350mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i> methocarbamol</i> TABS 500mg	3	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> methocarbamol</i> TABS 750mg	3	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> tizanidine hcl</i> TABS 2mg, 4mg	2	

NARCOLEPSY/CATAPLEXY

<i> armodafinil</i> TABS 50mg	4	QL (60 tabs / 30 days), PA
<i> armodafinil</i> TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil</i> TABS 100mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	3	QL (60 tabs / 30 days), PA
<i>sodium oxybate</i> SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg	3	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	3	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	3	
KLOXXADO LIQD 8mg/0.1ml	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	4	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NDS, NM

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone pump</i> GEL 1.62%	4	QL (150 gm / 30 days), PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	6	
<i>dapagliflozin propanediol</i> TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	6	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	6	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	6	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	6	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	6	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	6	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	6	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	6	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	6	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	6	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	6	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	6	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	6	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	6	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	6	QL (90 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	6	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	6	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	6	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	6	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	6	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	PA
CEQR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	5	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES: EMBECTA-BD	3	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	
NOVOLOG RELION SOLN 100unit/ml	3	B/D
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	4	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	4	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	6	
BILDYOS SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
<i>ibandronate sodium</i> SOLN 3mg/3ml	4	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TABS 30mg	4	
<i>risedronate sodium</i> TBEC 35mg	4	ST
<i>teriparatide</i> SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	5	NDS, NM, PA
XTRENBO SOLN 120mg/1.7ml	4	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	NDS
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	3	NM, PA
<i>deferasirox</i> TABS 180mg, 360mg; TBSO 125mg	4	NM, PA
<i>kionex</i> SUSP 15gm/60ml	4	
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NDS, NM
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml	4	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	4	
<i>sps rectal</i> SUSP 15gm/60ml	4	
<i>trientine hcl</i> CAPS 250mg	5	NDS, NM, PA
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i> TABS .35mg	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>chateal eq</i>	2	
<i>cryselle</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i> TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.02-0.451 mg</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.03-0.451 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	3	
<i>emzahh</i> TABS .35mg	2	
<i>enilloring</i>	3	
<i>enskyce</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to **Section C1**.

Drug Name	Drug Tier	Requirements/Limits
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>falmina</i>	2	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>finzala</i>	2	
<i>galbriela</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1/20</i>	2	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	2	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jencycla</i> TABS .35mg	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to **Section C1**.

Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
LILETTA IUD 20.1mcg/day	3	NM
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>luizza 1.5/30</i>	2	
<i>luizza 1/20</i>	2	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	3	
<i>meleya TABS .35mg</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
NEXPLANON IMPL 68mg	3	NM
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>orquidea TABS .35mg</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
<i>rosyrah</i>	2	
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>tydemy</i>	2	
<i>valtya 1/35</i>	2	
<i>valtya 1/50</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xarah fe</i>	2	
<i>xelria fe</i>	2	
<i>xulane</i>	3	
<i>zafemy</i>	3	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ESTROGENS		
<i>abigale</i>	3	
<i>abigale lo</i>	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvafem TABS 10mcg</i>	4	
GLUCOCORTICOIDS		
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	3	
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	4	
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml</i>	3	
<i>fludrocortisone acetate TABS .1mg</i>	2	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	3	
<i>hydrocortisone sod succinate SOLR 100mg</i>	4	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	3	B/D
<i>methylprednisolone TBPK 4mg</i>	2	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	3	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg</i>	3	B/D
<i>prednisolone SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml</i>	4	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	2	B/D
<i>prednisone SOLN 5mg/5ml</i>	4	B/D
<i>prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	1	B/D
<i>prednisone TBPK 5mg, 10mg</i>	2	
<i>PREDNISONE INTENSOL CONC 5mg/ml</i>	4	B/D
<i>SOLU-CORTEF SOLR 250mg, 500mg, 1000mg</i>	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide SUSP 50mg/ml</i>	5	NDS
<i>ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NDS, NM, PA
<i>betaine powder for oral solution</i>	5	NDS, NM
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	NDS, NM, PA
CERDELGA CAPS 84mg	5	NDS, NM, PA
CEREZYME SOLR 400unit	5	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	4	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	5	NDS, NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NDS, NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	5	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	5	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	5	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	3	
REVCOVI SOLN 2.4mg/1.5ml	5	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
REZDIFFRA TABS 60mg, 80mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, NM, PA
SYNAREL SOLN 2mg/ml	5	NDS, PA
<i>tolvaptan</i> TABS 15mg, 30mg	5	NDS, NM, PA; (generic of JYNARQUE)
<i>tolvaptan</i> TBPK 15mg	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	5	NDS, NM, PA
<i>zelvysia</i> PACK 100mg, 500mg	5	NDS, NM, PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	3	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	
<i>progesterone</i> CAPS 100mg, 200mg	3	
THYROID AGENTS		
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyI</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liomny</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	4	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days)
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	PA; PA applies if 65 years and older

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> TABS 1mg	3	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	3	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	3	
<i>nizatidine</i> CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	5	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	4	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	4	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>generlac</i> SOLN 10gm/15ml	2	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	5	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	4	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	4	
GATTEX KIT 5mg	5	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>misoprostol</i> TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	5	NDS, QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	5	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	4	
<i>ursodiol</i> TABS 250mg, 500mg	3	
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA
VOWST CAP	5	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	5	NDS, PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole</i> CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	4	QL (60 tabs / 30 days), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	3	QL (30 tabs / 30 days)
GENITOURINARY		
<i>BENIGN PROSTATIC HYPERPLASIA</i>		
<i>alfuzosin hcl</i> TB24 10mg	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	3	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
<i>tadalafil</i> TABS 5mg	3	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
<i>MISCELLANEOUS</i>		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	3	
<i>URINARY ANTISPASMODICS</i>		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	3	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	3	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	3	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
<i>trospium chloride</i> CP24 60mg	4	QL (30 caps / 30 days)
<i>trospium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)
<i>VAGINAL ANTI-INFECTIVES</i>		
<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	3	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	3	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	3	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	3	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	3	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	3	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/NAACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	3	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	3	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	5	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	NDS, QL (60 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ALVAIZ TABS 18mg, 36mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NDS, NM, PA
DOPTELET SPRINKLE CPSP 10mg	5	NDS, NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	4	
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	
<i>sajazir</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	NDS
TAVNEOS CAPS 10mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	
<i>ticagrelor</i> TABS 60mg, 90mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	5	NDS, QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	5	NDS, QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	5	NDS, QL (2 syringes / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	NDS, QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	5	NDS, NM, PA
KINERET SOSY 100mg/0.67ml	5	NDS, QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	3	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	5	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
PYZCHIVA SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	5	NDS, NM, PA
RENFLEXIS SOLR 100mg	5	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	5	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	5	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	5	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	5	NDS, NM, PA
TREMFYA SOPN 100mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	5	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	5	NDS, QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to **Section C1**.

Drug Name	Drug Tier	Requirements/Limits
USTEKINUMAB SOLN 130mg/26ml	5	NDS, NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	3	NM, PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	3	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, NM, PA
ARCALYST SOLR 220mg	5	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	NDS, B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D
<i>azathioprine</i> TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, NM, PA
BENLYSTA SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	4	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg	5	NDS, B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg	4	B/D
<i>gengraf</i> CAPS 25mg, 100mg	4	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	NDS, B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	NDS, B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes per lifetime)
TENIVAC INJ 5-2LF	1	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NAACL INJ 0.45%	4	
D5W/NAACL INJ 0.2%	3	
D5W/NAACL INJ 0.45%	3	
D10W/NAACL INJ 0.2%	3	
D10W/NAACL INJ 0.45%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	3	
LACTATED RIN INJ	4	
<i>lactated ringer's solution</i>	3	
<i>magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>multiple electrolytes ph 5.5</i>	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	3	
TPN ELECTROL INJ	4	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	4	
KLOR-CON 8 TBCR 8meq	2	
<i>klor-con 10 TBCR 10meq</i>	2	
KLOR-CON 10 TBCR 10meq	2	
<i>klor-con m10 TBCR 10meq</i>	2	
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq</i>	2	
<i>potassium chloride PACK 20meq; SOLN 10%, 20%</i>	4	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
WESTAB PLUS TAB 27-1MG	3	
IV NUTRITION		
<i>aminosyn ii soln 15%</i>	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	3	
<i>dextrose SOLN 50%</i>	3	B/D
DEXTROSE 10% SOLN 10%	3	
DEXTROSE 70% SOLN 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>besifloxacin hcl</i> SUSP .6%	3	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	2	
<i>erythromycin (ophth)</i> OINT 5mg/gm	2	
<i>gatifloxacin (ophth)</i> SOLN .5%	3	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	2	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	3	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth)</i> SOLN .3%	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> SOLN 10%	3	
<i>tobramycin (ophth)</i> SOLN .3%	1	
<i>trifluridine</i> SOLN 1%	4	
XDEMY SOLN .25%	5	NDS, NM, PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
<i>difluprednate</i> EMUL .05%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	3	
<i>flurbiprofen sodium</i> SOLN .03%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	2	
ZERVIATE SOLN .24%	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brinzolamide</i> SUSP 1%	4	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	3	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NDS, NM, PA
CYSTARAN SOLN .44%	5	NDS, NM, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin (otic) SOLN .3%</i>	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	3	
SPIRIVA RESPIMAT AERS 1.25mcg/act	4	QL (1 inhaler / 30 days)
ANTI-HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	2	
<i>cetirizine hcl SOLN 5mg/5ml</i>	2	QL (300 mL / 30 days)
<i>cycloheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>desloratadine TABS 5mg</i>	3	QL (30 tabs / 30 days)
<i>diphenhydramine hcl SOLN 50mg/ml</i>	3	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA; PA applies if 65 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	4	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	2	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
ALYFTREK TAB 4-20-50	5	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	5	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	5	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	5	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	4	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	4	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), NM, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NDS, NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal) SOLN .025%</i>	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal) SUSP 50mcg/act</i>	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal) SUSP 50mcg/act</i>	4	QL (2 bottles / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i>	4	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>brey-na</i>	3	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	3	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	3	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical) GEL 1%</i>	3	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	3	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	3	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	3	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	3	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>neuac</i>	3	QL (45 gm / 30 days)
<i>sulfacetamide sodium (acne) LOTN 10%</i>	4	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i>	3	QL (60 gm / 30 days)
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	3	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	2	QL (220 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	2	
<i>ssd CREA 1%</i>	2	
<i>SULFAMYLON CREA 85mg/gm</i>	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox GEL .77%</i>	3	QL (100 gm / 30 days)
<i>ciclopirox SHAM 1%</i>	3	QL (120 mL / 30 days)
<i>ciclopirox olamine CREA .77%</i>	3	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	3	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	2	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	3	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>econazole nitrate CREA 1%</i>	3	QL (85 gm / 30 days)
<i>ketconazole (topical) CREA 2%</i>	3	QL (60 gm / 30 days)
<i>ketconazole (topical) SHAM 2%</i>	2	QL (120 mL / 30 days)
<i>klayesta POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	2	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>selenium sulfide LOTN 2.5%</i>	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	4	PA
<i>calcipotriene CREA .005%; OINT .005%</i>	4	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN .005%</i>	3	QL (120 mL / 30 days), PA
<i>calcitrene OINT .005%</i>	4	QL (120 gm / 30 days), PA
<i>ENSTILAR AER</i>	5	NDS, QL (120 gm / 30 days), PA
<i>methoxsalen rapid CAPS 10mg</i>	5	NDS
<i>tazarotene CREA .05%, .1%</i>	3	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort CREA 1%</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	3	QL (120 mL / 30 days)
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	4	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	3	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>clobetasol propionate</i> SHAM .05%	4	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	4	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	4	QL (120 gm / 30 days)
<i>clodan</i> SHAM .05%	4	QL (236 mL / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%	4	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	3	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> OINT .025%	3	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	4	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	3	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	3	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	4	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>hydrocortisone (topical)</i> OINT 1%	2	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	3	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	2	QL (454 gm / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to **Section C1**.

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	2	
<i>triderm</i> CREA .5%	2	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	3	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	4	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	3	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	4	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid</i> GEL 15%	4	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	3	QL (300 mL / 28 days)
<i>EUCRISA</i> OINT 2%	4	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	3	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	4	QL (30 gm / 30 days)
<i>PANRETIN</i> GEL .1%	5	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	4	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	
<i>proctocort</i> CREA 1%	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	3	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	3	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	3	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>perio gard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
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_PART B		
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DEXCOM G6 MIS SENSOR	0	PA
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA
FREESTYLE LB KIT 2/SENSOR	0	PA
FREESTYLE LB KIT 3/SENSOR	0	PA
FREESTYLE LB KIT 14D/SEN	0	PA
FREESTYLE LB MIS 2/READER	0	PA
FREESTYLE LB MIS 3/READER	0	PA
FREESTYLE MIS READER	0	PA
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TRUE METRIX KIT METER	0	
TRUE METRIX STRIPS	0	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

A

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<i>amlodipine besylate-benazepril hcl</i>		<i>cap er 24hr 20 mg</i>	65
<i>cap 2.5-10 mg</i>	45	<i>amphetamine-dextroamphetamine</i>	
<i>amlodipine besylate-benazepril hcl</i>		<i>cap er 24hr 25 mg</i>	66
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<i>amlodipine besylate-benazepril hcl</i>		<i>cap er 24hr 30 mg</i>	66
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10-6.25 mg	50	<i>film 4-1 mg (base equiv)</i>	70

*buprenorphine hcl-naloxone hcl sl
 film 8-2 mg (base equiv) 70*
*buprenorphine hcl-naloxone hcl sl
 tab 2-0.5 mg (base equiv) 70*
*buprenorphine hcl-naloxone hcl sl
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<i>pilocarpine hcl</i>	98	<i>microencapsulated crystals er</i> ...	95
<i>pilocarpine hcl (oral)</i>	107	<i>potassium citrate (alkalinizer)</i>	86
<i>pimecrolimus</i>	106	<i>pramipexole dihydrochloride</i>	57
<i>pimozide</i>	60	<i>prasugrel hcl</i>	88
<i>pimtrea</i>	78	<i>pravastatin sodium</i>	49
<i>pindolol</i>	50	<i>praziquantel</i>	25
<i>pioglitazone hcl</i>	72	<i>prazosin hcl</i>	46
<i>pioglitazone hcl-metformin hcl tab</i>		<i>prednisolone</i>	80
15-500 mg	72	<i>prednisolone acetate (ophth)</i>	97
<i>pioglitazone hcl-metformin hcl tab</i>		PREDNISOLONE SODIUM PHOSP ..	97
15-850 mg	72	<i>prednisolone sodium phosphate</i> ...	80
<i>piperacillin sod-tazobactam na for inj</i>		<i>prednisone</i>	80
3.375 gm (3-0.375 gm)	32	PREDNISONE INTENSOL	80
<i>piperacillin sod-tazobactam sod for</i>		<i>pregabalin</i>	64
inj 13.5 gm (12-1.5 gm)	32	PREMASOL SOL 10%	96
<i>piperacillin sod-tazobactam sod for</i>		PRENATAL TAB 27-1MG	95
inj 2.25 gm (2-0.25 gm)	32	PRENATAL TAB PLUS	95
<i>piperacillin sod-tazobactam sod for</i>		<i>prevalite</i>	50
inj 4.5 gm (4-0.5 gm)	32	PREVYMIS.....	30
<i>piperacillin sod-tazobactam sod for</i>		PREZCOBIX TAB 675/150	29
inj 40.5 gm (36-4.5 gm)	32	PREZCOBIX TAB 800-150	29
PIQRAY 200MG DAILY DOSE	42	PREZISTA	27
PIQRAY 250MG TAB DOSE	42	PRIFTIN.....	29
PIQRAY 300MG DAILY DOSE	42	<i>primaquine phosphate</i>	27
<i>pirfenidone</i>	101	PRIMAQUINE PHOSPHATE	27

<i>primidone</i>	64	<i>reclipsen</i>	78
PRIORIX INJ	93	RECOMBIVAX HB	93
PRIVIGEN	92	RELENZA DISKHALER	30
<i>probenecid</i>	22	RELISTOR	85
<i>prochlorperazine</i>	83	REMICADE	90
<i>prochlorperazine edisylate</i>	83	RENFLEXIS.....	90
<i>prochlorperazine maleate</i>	83	<i>repaglinide</i>	72
PROCRIT.....	87	REPATHA	50
<i>proctocort</i>	106	REPATHA SURECLICK	50
<i>procto-med hc</i>	106	RESTASIS	98
<i>proctosol hc</i>	107	RESTASIS MULTIDOSE.....	98
<i>proctozone-hc</i>	107	RETEVMO.....	42
<i>progesterone</i>	82	REVCOVI	81
PROGRAF.....	92	REVUFORJ.....	42
PROLASTIN-C	101	REXULTI	60
PROLIA	74	REYATAZ	27
<i>promethazine hcl</i>	83	REZDIFFRA	82
<i>propafenone hcl</i>	48	REZLIDHIA.....	42
<i>proparacaine hcl</i>	98	REZUROCK.....	92
<i>propranolol hcl</i>	50	RHOPRESSA	98
<i>propylthiouracil</i>	82	<i>ribavirin (hepatitis c)</i>	30
PROQUAD INJ.....	93	<i>rifabutin</i>	29
PROSOL INJ 20%	96	<i>rifampin</i>	29
<i>protriptyline hcl</i>	56	<i>riluzole</i>	68
PULMOZYME	101	<i>rimantadine hydrochloride</i>	30
<i>pyrazinamide</i>	29	RINVOQ.....	90
<i>pyridostigmine bromide</i>	68	RINVOQ LQ	90
<i>pyrimethamine</i>	25	<i>risedronate sodium</i>	74
PYZCHIVA	89, 90	<i>risperidone</i>	60
Q		<i>risperidone microspheres</i>	60
QINLOCK	42	<i>ritonavir</i>	27
QUADRACEL INJ 0.5ML	93	<i>rivaroxaban</i>	87
<i>quetiapine fumarate</i>	60	<i>rivastigmine</i>	55
<i>quinapril hcl</i>	46	<i>rivastigmine tartrate</i>	55
<i>quinidine sulfate</i>	48	<i>rivelsa</i>	78
<i>quinine sulfate</i>	27	<i>rizatriptan benzoate</i>	67
QULIPTA	67	ROCKLATAN DRO	98
R		<i>roflumilast</i>	101
RABAVERT INJ.....	93	ROMVIMZA.....	43
<i>rabeprazole sodium</i>	86	<i>ropinirole hydrochloride</i>	57
RALDESY	56	<i>rosuvastatin calcium</i>	49
<i>raloxifene hcl</i>	81	<i>rosyrah</i>	78
<i>ramelteon</i>	67	ROTARIX SUS.....	93
<i>ramipril</i>	46	ROTATEQ SOL	93
<i>ranolazine</i>	53	<i>roweepra</i>	64
<i>rasagiline mesylate</i>	57	ROZLYTREK.....	43

RUBRACA.....	43	<i>sodium polystyrene sulfonate powder</i>	74
<i>rufinamide</i>	64	<i>solifenacin succinate</i>	86
RUKOBIA	27	SOLQUA INJ 100/33	73
RYBELSUS.....	72	SOLTAMOX.....	35
RYDAPT	43	SOLU-CORTEF	80
S		SOMATULINE DEPOT	82
<i>sacubitril-valsartan tab 24-26 mg</i> .	48	SOMAVERT.....	82
<i>sacubitril-valsartan tab 49-51 mg</i> .	48	<i>sorafenib tosylate</i>	43
<i>sacubitril-valsartan tab 97-103 mg</i>	48	<i>sotalol hcl</i>	48
<i>sajazir</i>	88	<i>sotalol hcl (afib/afl)</i>	49
SANTYL	107	SOTYKTU	90
<i>sapropterin dihydrochloride</i>	82	SPIRIVA RESPIMAT	99
SCEMBLIX.....	43	<i>spironolactone</i>	46
<i>scopolamine</i>	83	<i>spironolactone & hydrochlorothiazide</i>	
SECUADO	60	<i>tab 25-25 mg</i>	52
<i>selegiline hcl</i>	57	<i>sprintec 28</i>	78
<i>selenium sulfide</i>	104	SPRITAM.....	64
SELZENTRY	27	<i>sps</i>	74
SEREVENT DISKUS.....	100	<i>sps rectal</i>	74
<i>sertraline hcl</i>	56	<i>sronyx</i>	78
<i>setlakin</i>	78	<i>ssd</i>	104
<i>sharobel</i>	78	STELARA.....	90
SHINGRIX	93	STIVARGA.....	43
SIGNIFOR	82	<i>streptomycin sulfate</i>	25
SIKLOS.....	88	STRIBILD TAB	29
<i>sildenafil citrate (pulmonary</i>		<i>subvenite</i>	64
<i>hypertension)</i>	53	SUBVENITE	64
<i>silodosin</i>	86	<i>sucalfate</i>	85
<i>silver sulfadiazine</i>	104	<i>sulfacetamide sodium (acne)</i>	103
SIMBRINZA SUS 1-0.2%	98	<i>sulfacetamide sodium (ophth)</i>	97
<i>simliya</i>	78	<i>sulfacetamide sodium-prednisolone</i>	
<i>simpesse</i>	78	<i>ophth soln 10-0.23(0.25)%</i>	96
<i>simvastatin</i>	49	<i>sulfadiazine</i>	25
<i>sirolimus</i>	92	<i>sulfamethoxazole-trimethoprim iv</i>	
SIRTURO	29	<i>soln 400-80 mg/5ml</i>	25
SKYRIZI.....	90	<i>sulfamethoxazole-trimethoprim susp</i>	
SKYRIZI PEN	90	<i>200-40 mg/5ml</i>	25
<i>sod sulfate-pot sulf-mg sulf oral sol</i>		<i>sulfamethoxazole-trimethoprim tab</i>	
<i>17.5-3.13-1.6 gm/177ml</i>	84	<i>400-80 mg</i>	25
<i>sodium chloride</i>	95	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sodium chloride (gu irrigant)</i>	107	<i>800-160 mg</i>	25
<i>sodium fluoride chew; tab; 1.1 (0.5</i>		SULFAMYLON	104
<i>f) mg/ml soln</i>	96	<i>sulfasalazine</i>	84
<i>sodium oxybate</i>	70	<i>sulindac</i>	22
<i>sodium phenylbutyrate</i>	82	<i>sumatriptan</i>	67, 68
<i>sodium polystyrene sulfonate</i>	74		

<i>sumatriptan succinate</i>	68	<i>telmisartan-hydrochlorothiazide tab</i>	
<i>sunitinib malate</i>	43	80-25 mg	48
SUNLENCA	27	<i>temazepam</i>	67
<i>syeda</i>	78	TENIVAC INJ 5-2LF.....	93
SYMDEKO TAB 100-150	101	<i>tenofovir disoproxil fumarate</i>	28
SYMDEKO TAB 50-75MG	101	TEPMETKO	43
SYMPAZAN	64	<i>terazosin hcl</i>	46
SYMTUZA TAB	29	<i>terbinafine hcl</i>	26
SYNAREL	82	<i>terbutaline sulfate</i>	100
SYNTHROID	83	<i>terconazole vaginal</i>	87
T		<i>teriparatide</i>	74
TABLOID.....	34	TERIPARATIDE.....	74
TABRECTA.....	43	<i>testosterone</i>	70
<i>tacrolimus</i>	92	<i>testosterone cypionate</i>	70
<i>tacrolimus (topical)</i>	107	<i>testosterone enanthate</i>	70
<i>tadalafil</i>	86	<i>testosterone pump</i>	71
<i>tadalafil (pulmonary hypertension)</i> 53		tetrabenazine	68
TAFINLAR	43	<i>tetracycline hcl</i>	33
TAGRISSO	43	THALOMID	35
TALZENNA	43	<i>theophylline</i>	101
<i>tamoxifen citrate</i>	35	<i>thioridazine hcl</i>	60
<i>tamsulosin hcl</i>	86	<i>thiothixene</i>	60
<i>tarina 24 fe</i>	78	<i>tiadylt er</i>	51
<i>tarina fe 1/20 eq</i>	78	<i>tiagabine hcl</i>	64
<i>tasimelteon</i>	67	TIBSOVO	43
TAVNEOS.....	88	<i>ticagrelor</i>	88
<i>tazarotene</i>	104	TICOVAC	94
<i>tazicef</i>	31	<i>tigecycline</i>	33
TAZVERIK	43	<i>tilia fe</i>	78
TECENTRIQ.....	43	<i>timolol maleate</i>	50
TECENTRIQ INJ HYBREZA.....	43	<i>timolol maleate (ophth)</i>	98
TEFLARO.....	31	<i>tinidazole</i>	25
<i>telmisartan</i>	48	TIVICAY.....	28
<i>telmisartan-amlodipine tab 40-10 mg</i>		TIVICAY PD	28
.....	48	<i>tizanidine hcl</i>	69
<i>telmisartan-amlodipine tab 40-5 mg</i>		TOBI PODHALER	25
.....	48	TOBRADEX OIN 0.3-0.1%	96
<i>telmisartan-amlodipine tab 80-10 mg</i>		<i>tobramycin</i>	25
.....	48	<i>tobramycin (ophth)</i>	97
<i>telmisartan-amlodipine tab 80-5 mg</i>		<i>tobramycin sulfate</i>	25
.....	48	<i>tobramycin-dexamethasone ophth</i>	
<i>telmisartan-hydrochlorothiazide tab</i>		<i>susp 0.3-0.1%</i>	96
40-12.5 mg	48	<i>tolterodine tartrate</i>	86
<i>telmisartan-hydrochlorothiazide tab</i>		<i>tolvaptan</i>	82
80-12.5 mg	48	<i>tolvaptan tab therapy pack 30 & 15</i>	
		mg	82

<i>tolvaptan tab therapy pack 45 & 15 mg</i>	82	<i>tri-estarylla</i>	78
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	82	<i>trifluoperazine hcl</i>	61
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	82	<i>trifluridine</i>	97
<i>topiramate</i>	64	<i>trihexyphenidyl hcl</i>	57, 58
<i>toremifene citrate</i>	35	TRIJARDY XR TAB ER 24HR 10-5-1000MG	72
<i>torpenz</i>	44	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	72
<i>torseamide</i>	52	TRIJARDY XR TAB ER 24HR 25-5-1000MG	72
TOUJEO MAX SOLOSTAR	73	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	72
TOUJEO SOLOSTAR	73	TRIKAFTA PAK 59.5MG	101
TPN ELECTROL INJ	95	TRIKAFTA PAK 75MG	102
TRADJENTA	72	TRIKAFTA TAB 100-50-75MG & 150MG	102
<i>tramadol hcl</i>	24	TRIKAFTA TAB 50-25-37.5MG & 75MG	102
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	24	<i>tri-legest fe</i>	78
<i>trandolapril</i>	46	<i>tri-lynyah</i>	78
<i>tranexamic acid</i>	88	<i>tri-lo-estarylla</i>	79
<i>tranylcypramine sulfate</i>	56	<i>tri-lo-marzia</i>	79
TRAVASOL INJ 10%	96	<i>tri-lo-mili</i>	79
<i>travoprost</i>	98	<i>tri-lo-sprintec</i>	79
TRAZIMERA	44	<i>trimethoprim</i>	26
<i>trazodone hcl</i>	56	<i>tri-mili</i>	79
TRELEGY AER ELLIPTA 100-62.5-25 MCG	99	<i>trimipramine maleate</i>	56
TRELEGY AER ELLIPTA 200-62.5-25 MCG	99	TRINTELLIX	56
TREMFYA	90	<i>tri-sprintec</i>	79
TREMFYA INDUCTION PACK FO	90	TRIUMEQ PD TAB	29
TREMFYA PEN	90	TRIUMEQ TAB	29
<i>treprostinil</i>	54	<i>tri-vylibra</i>	79
<i>tretinoin</i>	103	<i>tri-vylibra lo</i>	79
<i>tretinoin (chemotherapy)</i>	36	TROGARZO	28
<i>triamcinolone acetonide (mouth)</i>	107	TROPHAMINE INJ 10%	96
<i>triamcinolone acetonide (topical)</i>	105, 106	<i>tropium chloride</i>	86
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	52	TRUE METRIX KIT AIR	107
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	52	TRUE METRIX KIT METER	107
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	52	TRUE METRIX STRIPS	107
<i>tridacaine ii</i>	106	TRULICITY	72
<i>triderm</i>	106	TRUMENBA	94
<i>trientine hcl</i>	74	TRUQAP	44
		TRUXIMA	44
		TUKYSA	44
		TURALIO	44
		<i>turqoz</i>	79

<i>twice-daily clindamycin phosphate (topical)</i>	104	VARIVAX.....	94
TWINRIX INJ	94	VASCEPA	50
TYBOST	28	VAXCHORA SUS.....	94
<i>tydemy</i>	79	<i>velivet</i>	79
TYENNE	90	VELSIPITY.....	91
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U		VENCLEXTA TAB START PK.....	44
UBRELVY	68	<i>venlafaxine hcl</i>	56
<i>unithroid</i>	83	VENTOLIN HFA	100
UPTRAVI.....	54	VENTOLIN HFA (INSTITUTIONAL	
UPTRAVI PACK TAB 200/800.....	54	PACK).....	100
<i>ursodiol</i>	85	<i>verapamil hcl</i>	51
USTEKINUMAB.....	90, 91	VERQUVO	53
V		VERSACLOZ	61
<i>valacyclovir hcl</i>	30	VERZENIO.....	44
VALCHLOR	107	<i>vestura</i>	79
<i>valganciclovir hcl</i>	30	<i>vienva</i>	79
<i>valproate sodium</i>	64	<i>vigabatrin</i>	65
<i>valproic acid</i>	64	<i>vigadrone</i>	65
<i>valsartan</i>	48	VIGAFYDE.....	65
<i>valsartan-hydrochlorothiazide tab</i>		<i>vilazodone hcl</i>	56
160-12.5 mg	48	VIMKUNYA	94
<i>valsartan-hydrochlorothiazide tab</i>		<i>vincristine sulfate</i>	36
160-25 mg	48	<i>vinorelbine tartrate</i>	36
<i>valsartan-hydrochlorothiazide tab</i>		<i>viorele</i>	79
320-12.5 mg	48	VIRACEPT	28
<i>valsartan-hydrochlorothiazide tab</i>		VIREAD	28
320-25 mg	48	VITRAKVI.....	44
<i>valsartan-hydrochlorothiazide tab</i>		VIVIMUSTA	33
80-12.5 mg	48	VIVITROL.....	70
VALTOCO 10 MG DOSE	65	VIVOTIF CAP EC.....	94
VALTOCO 15 MG DOSE	65	VIZIMPRO	44
VALTOCO 20 MG DOSE	65	VONJO.....	44
VALTOCO 5 MG DOSE.....	65	VOQUEZNA PAK DUAL PAK.....	85
<i>valtya 1/35</i>	79	VOQUEZNA PAK TRIP PK.....	85
<i>valtya 1/50</i>	79	VORANIGO.....	44
<i>vancomycin hcl</i>	26	<i>voriconazole</i>	26
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VANCOMYCIN INJ 500MG	26	VOWST CAP	85
VANCOMYCIN INJ 750MG	26	VRAYLAR	61
VANFLYTA	44	<i>vyfemla</i>	79
VAQTA.....	94	<i>vylibra</i>	79
<i>varenicline tartrate</i>	70	VYZULTA	98
<i>varenicline tartrate tab 11 x 0.5 mg</i>		W	
& 42 x 1 mg start pack.....	70	<i>warfarin sodium</i>	87

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 XPOVIO PAK (40 MG TWICE
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XPOVIO PAK (60 MG ONCE WEEKLY)
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 XPOVIO PAK (60 MG TWICE
 WEEKLY)..... 45
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 XPOVIO PAK (80 MG TWICE
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<i>zonisamide</i>	65	ZYDELIG.....	45
<i>zovia 1/35</i>	79	ZYKADIA.....	45
ZTALMY	65	ZYLET SUS 0.5-0.3%.....	97
<i>zumandimine</i>	79	ZYPITAMAG.....	49
ZURZUVAE	56	ZYPREXA RELPREVV	61

**2026 Molina Medicare Complete Care (HMO D-SNP)
“Medicaid Wrap Formulary”**

Medicare Part D is the primary payer for the Molina Medicare Complete Care (HMO D-SNP) and should provide access to all medically appropriate medications through the Part D formulary, coverage determination, or appeal process. It is expected that the Medicaid “wrap-around” drug benefit will be used in addition to the Medicare formulary for the drugs listed below that may be excluded by Medicare Part D coverage, such as: some non-prescription drugs, Over-the-Counter drugs (when a prescription is obtained), some prescription vitamins, and/or other Part D excluded drugs.

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
00023608201	INFED 100 MG/2 ML VIAL	2.00	100 MG/2ML
00023608210	INFED 100 MG/2 ML VIAL	2.00	100 MG/2ML
52544093102	INFED 100 MG/2 ML VIAL	2.00	100 MG/2ML
52544093107	INFED 100 MG/2 ML VIAL	2.00	100 MG/2ML
00682010801	FERROMAR 275 MG CAPSULE SA	100.00	275 MG
69367025901	FERROUS FUMARATE 324 MG TABLET	100.00	324(106)MG
69367025920	FERROUS FUMARATE 324 MG TABLET	100.00	324(106)MG
10267146501	POLYSACCHARIDE IRON CAPSULE	100.00	150 MG
52747020190	ALTOREX CAPSULE	90.00	150 MG
69367021001	POLYSACCHARIDE IRON 150 MG CAP	100.00	150 MG
69367021020	POLYSACCHARIDE IRON 150 MG CAP	100.00	150 MG
64011016005	NIFEREX 100 MG/5 ML ELIXIR	236.00	100 MG/5ML
00121053005	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
00904727741	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
00904727770	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
39328015705	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
50268033611	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
50268033624	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
57237031105	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
57237031151	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
63739015710	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
63739015770	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
81033001105	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
81033001150	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
00904098950	FERROUS SULF 75 (15) MG/0.6 ML	50.00	15MG/0.6ML
54838000250	FERROUS SULF 75 (15) MG/0.6 ML	50.00	15MG/0.6ML
00085029702	MOL-IRON TABLET	100.00	195 MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
00536100901	FERROUS SULFATE 325 MG TABLET	100.00	325(65) MG
00603017929	FERROUS SULFATE 325 MG TABLET	100.00	325(65) MG
00603017932	FERROUS SULFATE 325 MG TABLET	1,000.00	325(65) MG
00603017955	FERROUS SULFATE 325 MG TABLET	1.00	325(65) MG
00904759060	FEROSUL 325 MG TABLET	100.00	325(65) MG
00904759080	FEROSUL 325 MG TABLET	1,000.00	325(65) MG
00904759082	FEROSUL 325 MG TABLET	100.00	325(65) MG
00904759160	FEROSUL 325 MG TABLET	100.00	325(65) MG
00904759161	FERROUS SULFATE 325 MG TABLET	100.00	325(65) MG
00904759180	FEROSUL 325 MG TABLET	1,000.00	325(65) MG
00904759182	FEROSUL 325 MG TABLET	100.00	325(65) MG
10267095001	FERROUS SULFATE 325 MG TABLET	100.00	325(65) MG
10267095004	FERROUS SULFATE 325 MG TABLET	1,000.00	325(65) MG
24385087578	IRON 65 MG TABLET	100.00	325(65) MG
37205041396	IRON 325 MG TABLET	125.00	325(65) MG
46122008402	IRON 65 MG TABLET	125.00	325(65) MG
49483000804	FERROUS SULFATE 325 MG TAB	100.00	325(65) MG
49483006301	FERRO-TIME 325 MG TABLET	100.00	325(65) MG
49483006310	FERROUS SULFATE 325 MG TABLET	1,000.00	325(65) MG
49483006401	FERRO-TIME 325 MG TABLET	100.00	325(65) MG
49483006410	FERROUS SULFATE 325 MG TABLET	1,000.00	325(65) MG
51645076101	FERROUS SULFATE 325 MG TABLET	100.00	325(65) MG
51645076110	FERROUS SULFATE 325 MG TABLET	1,000.00	325(65) MG
57664007001	FERROUS SULFATE 325 MG TABLET	100.00	325(65) MG
57664007010	FERROUS SULFATE 325 MG TABLET	1,000.00	325(65) MG
57664007101	FERROUS SULFATE 325 MG TABLET	100.00	325(65) MG
57664007110	FERROUS SULFATE 325 MG TABLET	1,000.00	325(65) MG
65162040611	FERROUS SULFATE 325 MG TAB	1,000.00	325(65) MG
65162040660	FERROUS SULFATE 325 MG TAB	100.00	325(65) MG
00245010810	FERROUS SULF EC 325 MG TABLET	1,000.00	325(65) MG
00245010811	FERROUS SULF EC 325 MG TABLET	100.00	325(65) MG
00024039202	DRISDOL 50,000 UNITS CAPSULE	50.00	1250 MCG
00024039310	DRISDOL 50,000 UNITS CAPSULE	100.00	1250 MCG
00574019401	VIT D2 1.25 MG (50,000 UNIT)	100.00	1250 MCG
00574019450	VIT D2 1.25 MG (50,000 UNIT)	50.00	1250 MCG
00574019451	VIT D2 1.25 MG (50,000 UNIT)	100.00	1250 MCG
00955025050	VIT D2 1.25 MG (50,000 UNIT)	50.00	1250 MCG
00955025110	ERGOCALCIFEROL 1.25 MG CAPSULE	100.00	1250 MCG
23155080901	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
30698049301	DRISDOL 1.25 MG (50,000 UNIT)	100.00	1250 MCG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
42806054701	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
42806054705	VITAMIN D2 1.25MG(50,000 UNIT)	500.00	1250 MCG
50111099001	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
50268029711	VITAMIN D2 1.25MG(50,000 UNIT)	1.00	1250 MCG
50268029715	VITAMIN D2 1.25MG(50,000 UNIT)	50.00	1250 MCG
51991060401	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
57664013688	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
60687050001	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
60687050011	VITAMIN D2 1.25MG(50,000 UNIT)	1.00	1250 MCG
62135043990	VITAMIN D2 1.25MG(50,000 UNIT)	90.00	1250 MCG
62332046431	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
64380073706	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
64980015701	VIT D2 1.25 MG (50,000 UNIT)	100.00	1250 MCG
68084046301	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
68084046311	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
69387010601	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
69452015120	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
00004014301	ROCALTROL 0.25 MCG CAPSULE	100.00	0.25 MCG
00004014323	ROCALTROL 0.25 MCG CAPSULE	30.00	0.25 MCG
00054000713	CALCITRIOL 0.25 MCG CAPSULE	30.00	0.25 MCG
00054000725	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
00093065701	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
00093735201	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
23155011801	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
23155011803	CALCITRIOL 0.25 MCG CAPSULE	30.00	0.25 MCG
23155066201	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
23155066203	CALCITRIOL 0.25 MCG CAPSULE	30.00	0.25 MCG
30698014301	ROCALTROL 0.25 MCG CAPSULE	100.00	0.25 MCG
30698014323	ROCALTROL 0.25 MCG CAPSULE	30.00	0.25 MCG
60687034501	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
60687034511	CALCITRIOL 0.25 MCG CAPSULE	1.00	0.25 MCG
62135061090	CALCITRIOL 0.25 MCG CAPSULE	90.00	0.25 MCG
62756096783	CALCITRIOL 0.25 MCG CAPSULE	30.00	0.25 MCG
62756096788	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
63304023901	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
63304023930	CALCITRIOL 0.25 MCG CAPSULE	30.00	0.25 MCG
64380072304	CALCITRIOL 0.25 MCG CAPSULE	30.00	0.25 MCG
64380072306	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
68084047501	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
68084047511	CALCITRIOL 0.25 MCG CAPSULE	1.00	0.25 MCG
69452020713	CALCITRIOL 0.25 MCG CAPSULE	30.00	0.25 MCG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
69452020720	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
00004014401	ROCALTROL 0.5 MCG CAPSULE	100.00	0.5 MCG
00093065801	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
00093735301	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
23155011901	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
23155066301	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
30698014401	ROCALTROL 0.5 MCG CAPSULE	100.00	0.5 MCG
62135061190	CALCITRIOL 0.5 MCG CAPSULE	90.00	0.5 MCG
62756096888	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
63304024001	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
64380072406	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
69452020820	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
00074811031	CALCIJEX 1 MCG/ML AMPUL	1.00	1 MCG/ML
00143972805	CALCITRIOL 1 MCG/ML AMPUL	1.00	1 MCG/ML
00517013225	CALCITRIOL 1 MCG/ML AMPUL	1.00	1 MCG/ML
63323073101	CALCITRIOL 1 MCG/ML AMPUL	1.00	1 MCG/ML
54838051850	POLYVITAMIN-FLUOR 0.25 MG/ML	50.00	0.25 MG/ML
54838051950	POLYVITAMIN-FLUOR 0.5 MG/ML	50.00	0.5 MG/ML
00603178747	TRI-VIT-FLUOR-IRON 0.25 MG/ML	50.00	0.25 MG/ML
54838052050	POLYVIT-IRON-FL 0.25 MG/ML	50.00	0.25 MG/ML
00603145347	MULTIVIT-FL-IRON 0.5 MG DROP	50.00	0.5 MG/ML
00409915801	VITAMIN K-1 10 MG/ML AMPUL	1.00	10 MG/ML
00409915811	VITAMIN K-1 10 MG/ML AMPUL	1.00	10 MG/ML
00409915825	VITAMIN K-1 10 MG/ML AMPUL	1.00	10 MG/ML
00409915831	VITAMIN K-1 10 MG/ML AMPUL	1.00	10 MG/ML
00409915850	VITAMIN K-1 10 MG/ML AMPUL	1.00	10 MG/ML
00409915855	VITAMIN K-1 10 MG/ML AMPUL	1.00	10 MG/ML
43598040511	PHYTONADIONE 10 MG/ML AMPUL	1.00	10 MG/ML
43598040516	PHYTONADIONE 10 MG/ML AMPUL	1.00	10 MG/ML
68462075801	PHYTONADIONE 10 MG/ML AMPUL	1.00	10 MG/ML
68462075805	PHYTONADIONE 10 MG/ML AMPUL	1.00	10 MG/ML
68462075825	PHYTONADIONE 10 MG/ML AMPUL	1.00	10 MG/ML
00409915701	VITAMIN K-1 1 MG/0.5 ML AMPUL	0.50	1 MG/0.5ML
00409915725	VITAMIN K-1 1 MG/0.5 ML AMPUL	0.50	1 MG/0.5ML
00409915731	VITAMIN K-1 1 MG/0.5 ML AMPUL	0.50	1 MG/0.5ML
00409915750	VITAMIN K-1 1 MG/0.5 ML AMPUL	0.50	1 MG/0.5ML
00548114000	PHYTONADIONE 1 MG DISP SYRN	0.50	1 MG/0.5ML

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
00548124000	PHYTONADIONE 1 MG DISP SYRN	0.50	1 MG/0.5ML
69097000367	PHYTONADIONE 1 MG/0.5 ML SYR	0.50	1 MG/0.5ML
69097000396	PHYTONADIONE 1 MG/0.5 ML SYR	0.50	1 MG/0.5ML
76329124001	PHYTONADIONE 1 MG/0.5 ML SYR	0.50	1 MG/0.5ML
76329124005	PHYTONADIONE 1 MG/0.5 ML SYR	0.50	1 MG/0.5ML
00006004368	MEPHYTON 5 MG TABLET	100.00	5 MG
00187170405	MEPHYTON 5 MG TABLET	100.00	5 MG
00904688210	PHYTONADIONE 5 MG TABLET	20.00	5 MG
16714097301	PHYTONADIONE 5 MG TABLET	100.00	5 MG
16714097302	PHYTONADIONE 5 MG TABLET	30.00	5 MG
25010040515	MEPHYTON 5 MG TABLET	100.00	5 MG
50268066111	PHYTONADIONE 5 MG TABLET	1.00	5 MG
50268066113	PHYTONADIONE 5 MG TABLET	30.00	5 MG
60687038111	PHYTONADIONE 5 MG TABLET	1.00	5 MG
60687038194	PHYTONADIONE 5 MG TABLET	20.00	5 MG
68682017005	PHYTONADIONE 5 MG TABLET	100.00	5 MG
68682017030	PHYTONADIONE 5 MG TABLET	30.00	5 MG
69097099902	PHYTONADIONE 5 MG TABLET	30.00	5 MG
69097099907	PHYTONADIONE 5 MG TABLET	100.00	5 MG
69238105101	PHYTONADIONE 5 MG TABLET	100.00	5 MG
69238105103	PHYTONADIONE 5 MG TABLET	30.00	5 MG
70710101401	PHYTONADIONE 5 MG TABLET	100.00	5 MG
70710101403	PHYTONADIONE 5 MG TABLET	30.00	5 MG
76282074030	PHYTONADIONE 5 MG TABLET	30.00	5 MG
00143961901	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
00143961910	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
00143962001	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
00143962010	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
00143962101	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
00517003101	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
00517003201	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
00517003225	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
00517013001	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
00517013005	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
16714016501	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
16714016525	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
16714030201	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
16714030210	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
16714060901	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
16714060905	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
16729053303	DODEX 10,000 MCG/10 ML VIAL	10.00	1000MCG/ML
16729053308	DODEX 1,000 MCG/ML VIAL	1.00	1000MCG/ML
16729053310	DODEX 30,000 MCG/30 ML VIAL	30.00	1000MCG/ML
16729053363	DODEX 1,000 MCG/ML VIAL	1.00	1000MCG/ML
25021050201	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
55150036401	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
55150036425	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
63323004400	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
63323004441	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
63323004444	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
63739047605	CYANOCOBALAMIN 1,000 MCG/ML	30.00	1000MCG/ML
63739047621	CYANOCOBALAMIN 1,000 MCG/ML	30.00	1000MCG/ML
67457039910	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
67457039925	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
67457040005	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
67457040031	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
68001050959	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
68001050960	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
68001054259	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
68001054260	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
68001064059	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
68001064060	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
69680011201	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
69680011310	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
69680011399	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
69680012105	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
69680012110	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
69680012130	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
70069000501	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
70069017101	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
70069017110	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
70069017201	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
70069017210	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
70512084001	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
70710166301	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
70710166307	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
70710166401	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
70710166406	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
70710166407	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
70710166501	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
70710166505	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
70756063581	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
71288030110	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
71288030111	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
71288030230	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
71288030301	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
71288030391	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
71288030392	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
72603065001	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
72603065025	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
39822110001	FOLIC ACID 50 MG/10 ML VIAL	10.00	5 MG/ML

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
63323018410	FOLIC ACID 5 MG/ML VIAL	10.00	5 MG/ML
63323018411	FOLIC ACID 5 MG/ML VIAL	10.00	5 MG/ML
00093050719	FOLIC ACID 1 MG TABLET	1.00	1 MG
00093050793	FOLIC ACID 1 MG TABLET	100.00	1 MG
00143971701	FOLIC ACID 1 MG TABLET	100.00	1 MG
00143971710	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
00591521601	FOLIC ACID 1 MG TABLET	100.00	1 MG
00591521610	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
00603316202	FOLIC ACID 1 MG TABLET	90.00	1 MG
00603316221	FOLIC ACID 1 MG TABLET	100.00	1 MG
00603316230	FOLIC ACID 1 MG TABLET	2,500.00	1 MG
00603316232	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
00603371432	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
00904062580	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
00904620180	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
00904658261	FOLIC ACID 1 MG TABLET	100.00	1 MG
00904722461	FOLIC ACID 1 MG TABLET	100.00	1 MG
10267012001	FOLIC ACID 1 MG TABLET	100.00	1 MG
10267012004	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
11534016501	FOLIC ACID 1 MG TABLET	100.00	1 MG
11534016503	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
16571088101	FOLIC ACID 1 MG TABLET	100.00	1 MG
16571088110	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
24658011001	FOLIC ACID 1 MG TABLET	100.00	1 MG
24658011010	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
45861007101	FOLIC ACID 1,000 MCG TABLET	1,000.00	1 MG
50268034511	FOLIC ACID 1 MG TABLET	1.00	1 MG
50268034515	FOLIC ACID 1 MG TABLET	50.00	1 MG
51079004101	FOLIC ACID 1 MG TABLET	100.00	1 MG
51079004117	FOLIC ACID 1 MG TABLET	25.00	1 MG
51079004119	FOLIC ACID 1 MG TABLET	25.00	1 MG
51079004120	FOLIC ACID 1 MG TABLET	100.00	1 MG
51079010501	FOLIC ACID 1 MG TABLET	1.00	1 MG
51079010517	FOLIC ACID 1 MG TABLET	25.00	1 MG
51079010519	FOLIC ACID 1 MG TABLET	25.00	1 MG
51079010520	FOLIC ACID 1 MG TABLET	100.00	1 MG
51991020101	FOLIC ACID 1 MG TABLET	100.00	1 MG
51991020110	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
53746036101	FOLIC ACID 1 MG TABLET	100.00	1 MG
53746036110	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
58657015001	FOLIC ACID 1 MG TABLET	100.00	1 MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
58657015010	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
58657015101	FOLIC ACID 1 MG TABLET	100.00	1 MG
58657015110	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
59746001206	FOLIC ACID 1 MG TABLET	100.00	1 MG
59746001210	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
60687068101	FOLIC ACID 1 MG TABLET	100.00	1 MG
60687068111	FOLIC ACID 1 MG TABLET	1.00	1 MG
62135021001	FOLIC ACID 1 MG TABLET	100.00	1 MG
62135021005	FOLIC ACID 1 MG TABLET	500.00	1 MG
62135021010	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
62135021072	FOLIC ACID 1 MG TABLET	1,800.00	1 MG
62135021090	FOLIC ACID 1 MG TABLET	90.00	1 MG
62584089701	FOLIC ACID 1 MG TABLET	100.00	1 MG
62584089711	FOLIC ACID 1 MG TABLET	1.00	1 MG
62584089780	FOLIC ACID 1 MG TABLET	30.00	1 MG
62584089785	FOLIC ACID 1 MG TABLET	30.00	1 MG
63739053701	FOLIC ACID 1 MG TABLET	750.00	1 MG
63739053710	FOLIC ACID 1 MG TABLET	100.00	1 MG
65162036110	FOLIC ACID 1 MG TABLET	100.00	1 MG
65162036111	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
66993042505	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
68094011259	FOLIC ACID 1,000 MCG TABLET	1.00	1 MG
68094011261	FOLIC ACID 1,000 MCG TABLET	100.00	1 MG
69315012701	FOLIC ACID 1 MG TABLET	100.00	1 MG
69315012710	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
70752020410	FOLIC ACID 1 MG TABLET	100.00	1 MG
70752020411	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
70752023110	FOLIC ACID 1 MG TABLET	100.00	1 MG
70752023111	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
72241005005	FOLIC ACID 1 MG TABLET	100.00	1 MG
72241005011	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
76282021001	FOLIC ACID 1 MG TABLET	100.00	1 MG
76282021010	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
83035182501	TRUE FOLIC ACID 1600MCG DFE TB	1.00	1 MG
83035182505	TRUE FOLIC ACID 1600MCG DFE TB	500.00	1 MG
83592000505	WELL FOLIC ACID 1,000 MCG TAB	500.00	1 MG
00904063160	NIACIN TR 500 MG CAPSULE	100.00	500 MG
49483001801	NIACIN 500 MG CAPSULE SA	100.00	500 MG
00904434260	NIACIN TR 500 MG CAPLET	100.00	500 MG
00904434270	NIACIN TR 500 MG CAPLET	250.00	500 MG
50268058311	NIACIN ER 500 MG TABLET	1.00	500 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
50268058315	NIACIN ER 500 MG TABLET	50.00	500 MG
71269050010	SLO-NIACIN 500 MG TABLET	100.00	500 MG
71269050099	SLO-NIACIN 500 MG TABLET	1,000.00	500 MG
71269075010	SLO-NIACIN 750 MG TABLET	100.00	750 MG
00093965457	SODIUM FLUORIDE 0.5 MG/ML DROP	50.00	0.5 MG/ML
00603124447	SODIUM FLUORIDE 0.5 MG/ML DROP	50.00	0.5 MG/ML
39328000750	SOLUVITA 0.5 MG/ML DROP	50.00	0.5 MG/ML
51862016550	SODIUM FLUORIDE 0.5 MG/ML DROP	50.00	0.5 MG/ML
58657032250	SODIUM FLUORIDE 0.5 MG/ML DROP	50.00	0.5 MG/ML
61269016550	SODIUM FLUORIDE 0.5 MG/ML DROP	50.00	0.5 MG/ML
00603362122	SOD FLUORID 0.25MG(.55MG)TB	120.00	0.25(0.55)
42806003710	EPIFLUR 0.25 MG TABLET CHEW	1,000.00	0.25(0.55)
42806003712	EPIFLUR 0.25 MG TABLET CHEW	120.00	0.25(0.55)
51991067636	SODIUM FLUORIDE 0.25 (0.55) MG	120.00	0.25(0.55)
58657016012	SODIUM FLUORIDE 0.25 (0.55) MG	120.00	0.25(0.55)
59088010473	FLUORIDE 0.25 MG TABLET CHEW	120.00	0.25(0.55)
75826016320	FLUORIDE 0.25 MG TABLET CHEW	120.00	0.25(0.55)
00536454810	SOD FLUORIDE 0.5 MG(1.1 MG)TAB	1,000.00	0.5(1.1)MG
00603362232	SOD FLUORIDE 0.5MG(1.1MG)TB	1,000.00	0.5(1.1)MG
00904112580	SOD FLUORIDE 0.5 MG(1.1 MG)TAB	1,000.00	0.5(1.1)MG
00904540080	SOD FLUORIDE 0.5MG(1.1MG)TB	1,000.00	0.5(1.1)MG
10267164001	SODIUM FLUORIDE 0.5 MG(1.1 MG)	100.00	0.5(1.1)MG
10267164004	SODIUM FLUORIDE 0.5 MG(1.1 MG)	1,000.00	0.5(1.1)MG
42806006010	EPIFLUR 0.5 MG TABLET CHEWABLE	1,000.00	0.5(1.1)MG
42806006012	EPIFLUR 0.5 MG TABLET CHEWABLE	120.00	0.5(1.1)MG
51862017110	FLUORIDE 0.5 MG TABLET CHEW	1,000.00	0.5(1.1)MG
51862017112	FLUORIDE 0.5 MG TABLET CHEW	120.00	0.5(1.1)MG
51991067736	SODIUM FLUORIDE 0.5 MG(1.1 MG)	120.00	0.5(1.1)MG
58657016110	SODIUM FLUORIDE 0.5 MG(1.1 MG)	1,000.00	0.5(1.1)MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
58657016112	SODIUM FLUORIDE 0.5 MG(1.1 MG)	120.00	0.5(1.1)MG
59088010564	FLUORIDE 0.5 MG TABLET CHEW	1,000.00	0.5(1.1)MG
59088010573	FLUORIDE 0.5 MG TABLET CHEW	120.00	0.5(1.1)MG
61269017112	FLUORIDE 0.5 MG TABLET CHEW	120.00	0.5(1.1)MG
75826016420	FLUORIDE 0.5 MG TABLET CHEW	120.00	0.5(1.1)MG
42806007310	EPIFLUR 1 MG TABLET CHEWABLE	1,000.00	1MG(2.2MG)
42806007312	EPIFLUR 1 MG TABLET CHEWABLE	120.00	1MG(2.2MG)
51862017212	FLUORIDE 1 MG TABLET CHEWABLE	120.00	1MG(2.2MG)
51991067836	SODIUM FLUORIDE 1 MG (2.2 MG)	120.00	1MG(2.2MG)
58657016212	SODIUM FLUORIDE 1 MG (2.2 MG)	120.00	1MG(2.2MG)
59088010664	FLUORIDE 1 MG TABLET CHEWABLE	1,000.00	1MG(2.2MG)
59088010673	FLUORIDE 1 MG TABLET CHEWABLE	120.00	1MG(2.2MG)
61269017212	FLUORIDE 1 MG TABLET CHEWABLE	120.00	1MG(2.2MG)
75826016520	FLUORIDE 1 MG TABLET CHEWABLE	120.00	1MG(2.2MG)
00113810101	OPILL 0.075 MG TABLET	28.00	75 MCG
00113810103	OPILL 0.075 MG TABLET	28.00	75 MCG
00113810104	OPILL 0.075 MG TABLET	28.00	75 MCG
00113810106	OPILL 0.075 MG TABLET	28.00	75 MCG
00113041678	GS ASPIRIN 325 MG TABLET	100.00	325 MG
00113041687	ASPIRIN 325 MG TABLET	300.00	325 MG
00113191978	GS ASPIRIN 325 MG TABLET	100.00	325 MG
00536105301	ASPIRIN 325 MG TABLET	100.00	325 MG
00536105305	ASPIRIN 325 MG TABLET	500.00	325 MG
00536105405	ASPIRIN 325 MG TABLET	500.00	325 MG
00536105429	ASPIRIN 325 MG TABLET	100.00	325 MG
00536128401	ASPIRIN 325 MG TABLET	100.00	325 MG
00536330501	ASPIRIN 325 MG TABLET	100.00	325 MG
00536330510	ASPIRIN 325 MG TABLET	1,000.00	325 MG
00904200940	ASPIRIN 325 MG TABLET	500.00	325 MG
00904200960	ASPIRIN 325 MG TABLET	100.00	325 MG
00904200970	ASPIRIN 325 MG TABLET	250.00	325 MG
00904200980	ASPIRIN 325 MG TABLET	1,000.00	325 MG
00904201959	ASPIRIN 325 MG TABLET	100.00	325 MG
00904201980	ASPIRIN 325 MG TABLET	1,000.00	325 MG
00904674460	ASPIRIN 325 MG TABLET	100.00	325 MG
00904680940	ASPIRIN 325 MG TABLET	500.00	325 MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
00904681180	ASPIRIN 325 MG TABLET	1,000.00	325 MG
24385041178	ASPIRIN 325 MG TABLET	100.00	325 MG
24385041660	LITE COAT ASPIRIN 325 MG TAB	20.00	325 MG
24385041678	LITE COAT ASPIRIN 325 MG TAB	100.00	325 MG
24385041687	ASPIRIN 325 MG TABLET	300.00	325 MG
24385041693	LITE COAT ASPIRIN 325 MG TAB	1,000.00	325 MG
37205014578	ASPIRIN 325 MG TABLET	100.00	325 MG
37205014587	ASPIRIN 325 MG TABLET	300.00	325 MG
37205066887	ASPIRIN 325 MG TABLET	300.00	325 MG
46122029278	ASPIRIN 325 MG TABLET	100.00	325 MG
46122063578	GNP ASPIRIN 325 MG TABLET	100.00	325 MG
46122069178	GNP ASPIRIN 325 MG TABLET	100.00	325 MG
49348000110	SM ASPIRIN 325 MG TABLET	100.00	325 MG
49348000114	SM ASPIRIN 325 MG TABLET	500.00	325 MG
49348000123	SM ASPIRIN 325 MG TABLET	300.00	325 MG
49483001101	ASPIRIN 325 MG TABLET	100.00	325 MG
49483001110	ASPIRIN 325 MG TABLET	1,000.00	325 MG
50844015713	ASPIRIN 325 MG TABLET	250.00	325 MG
50844015714	ASPIRIN 325 MG TABLET	500.00	325 MG
50844015716	ASPIRIN 325 MG TABLET	1,000.00	325 MG
50844015717	ASPIRIN 325 MG TABLET	300.00	325 MG
50844015729	ASPIRIN 325 MG TABLET	150.00	325 MG
51645071601	ASPIRIN 325 MG TABLET	100.00	325 MG
51645071610	ASPIRIN 325 MG TABLET	1,000.00	325 MG
62011002001	HM ASPIRIN 325 MG TABLET	100.00	325 MG
62011002002	HM ASPIRIN 325 MG TABLET	500.00	325 MG
62011002003	HM ASPIRIN 325 MG TABLET	300.00	325 MG
62011043201	HM ASPIRIN 325 MG TABLET	100.00	325 MG
62011043202	HM ASPIRIN 325 MG TABLET	300.00	325 MG
63739002401	ASPIRIN 325 MG TABLET	750.00	325 MG
63739002403	ASPIRIN 325 MG TABLET	750.00	325 MG
63739002410	ASPIRIN 325 MG TABLET	100.00	325 MG
63739002415	ASPIRIN 325 MG TABLET	150.00	325 MG
63739043301	ASPIRIN 325 MG TABLET	750.00	325 MG
63739043303	ASPIRIN 325 MG TABLET	750.00	325 MG
63739043310	ASPIRIN 325 MG TABLET	100.00	325 MG
70000025301	ASPIRIN 325 MG TABLET	50.00	325 MG
70000025302	ASPIRIN 325 MG TABLET	100.00	325 MG
70000025303	ASPIRIN 325 MG TABLET	300.00	325 MG
70000025304	ASPIRIN 325 MG TABLET	500.00	325 MG
70000050701	ASPIRIN 325 MG TABLET	100.00	325 MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
70000050702	ASPIRIN 325 MG TABLET	300.00	325 MG
70677009201	SM ASPIRIN 325 MG TABLET	300.00	325 MG
70677009202	SM ASPIRIN 325 MG TABLET	100.00	325 MG
70677118901	FT ASPIRIN 325 MG TABLET	100.00	325 MG
71800004101	ASPIRIN 325 MG TABLET	100.00	325 MG
83324006601	QC ASPIRIN 325 MG TABLET	100.00	325 MG
00113025968	GS ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
00113027408	GS ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
00113027468	GS ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
00113046708	GS ASPIRIN 81 MG CHEWABLE TAB	108.00	81 MG
00113046768	GS ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
00536100836	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
00536100862	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
00536329736	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
00603002436	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
00904404061	ASPIRIN 81 MG CHEWABLE TABLET	100.00	81 MG
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
00904628880	ASPIRIN 81 MG CHEWABLE TABLET	1,000.00	81 MG
00904628889	ASPIRIN 81 MG CHEWABLE TABLET	90.00	81 MG
00904679430	ASPIRIN 81 MG CHEWABLE TABLET	300.00	81 MG
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	1,000.00	81 MG
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	90.00	81 MG
00904750930	ASPIRIN 81 MG CHEWABLE TABLET	300.00	81 MG
24385002868	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
24385027868	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
24385036468	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
37205036968	ASPIRIN ADULT 81 MG CHEW TAB	36.00	81 MG
37205046768	CHILD ASPIRIN 81 MG CHEW TAB	36.00	81 MG
37205070868	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
49348019107	SM CHILD ASPIRIN 81 MG CHW TAB	36.00	81 MG
49348049807	SM ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
49348075707	SM ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
49483033463	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
51645071236	CHILD ASPIRIN 81 MG CHEW TAB	36.00	81 MG
62011002101	HM ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
62011002801	HM ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
62011021201	HM ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
62011040401	HM ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
63739002501	ASPIRIN 81 MG TABLET CHEW	750.00	81 MG
63739002503	ASPIRIN 81 MG TABLET CHEW	750.00	81 MG
63739043401	ASPIRIN 81 MG CHEWABLE TABLET	750.00	81 MG
63739043402	ASPIRIN 81 MG CHEWABLE TABLET	300.00	81 MG
63739043403	ASPIRIN 81 MG CHEWABLE TABLET	750.00	81 MG
70000010201	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
70000010301	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
70000010303	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
70000017001	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
70000041901	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
70000042001	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
70000042002	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
70677007001	SM ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
70677113401	FT ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
83324007536	QC ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
00113042902	ASPIRIN EC 325 MG TABLET	125.00	325 MG
00536114801	ASPIRIN EC 325 MG TABLET	100.00	325 MG
00536123201	ASPIRIN EC 325 MG TABLET	100.00	325 MG
00536331301	ASPIRIN EC 325 MG TABLET	100.00	325 MG
00536331310	ASPIRIN EC 325 MG TABLET	1,000.00	325 MG
00536331810	ASPIRIN 325 MG TABLET EC	1,000.00	325 MG
00603016821	ASPIRIN EC 325 MG TABLET	100.00	325 MG
00603016902	ASPIRIN EC 325 MG TABLET	90.00	325 MG
00603016921	ASPIRIN EC 325 MG TABLET	100.00	325 MG
00603016932	ASPIRIN EC 325 MG TABLET	1,000.00	325 MG
00904201159	ASPIRIN EC 325 MG TABLET	100.00	325 MG
00904201360	ASPIRIN EC 325 MG TABLET	100.00	325 MG
00904201372	ASPIRIN EC 325 MG TABLET	300.00	325 MG
00904201380	ASPIRIN EC 325 MG TABLET	1,000.00	325 MG
00904671260	ASPIRIN EC 325 MG TABLET	100.00	325 MG
00904678480	ASPIRIN EC 325 MG TABLET	1,000.00	325 MG
24385042902	ASPIRIN EC 325 MG TABLET	125.00	325 MG
24385042990	ASPIRIN EC 325 MG TABLET	500.00	325 MG
24385042993	ASPIRIN 325 MG TABLET EC	1,000.00	325 MG
37205042990	ASPIRIN EC 325 MG TABLET	500.00	325 MG
37205042996	ASPIRIN EC 325 MG TABLET	125.00	325 MG
46122059602	ASPIRIN EC 325 MG TABLET	125.00	325 MG
49348003423	SM ASPIRIN EC 325 MG TABLET	300.00	325 MG
49348003482	SM ASPIRIN EC 325 MG TABLET	125.00	325 MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
49348028314	SM ASPIRIN EC 325 MG TABLET	500.00	325 MG
49348093714	SM ASPIRIN EC 325 MG TABLET	500.00	325 MG
49348093782	SM ASPIRIN EC 325 MG TABLET	125.00	325 MG
49483005201	ASPIRIN EC 325 MG TABLET	100.00	325 MG
49483005210	ASPIRIN EC 325 MG TABLET	1,000.00	325 MG
49483033101	ASPIRIN EC 325 MG TABLET	100.00	325 MG
49483033110	ASPIRIN EC 325 MG TABLET	1,000.00	325 MG
51645071401	ASPIRIN EC 325 MG TABLET	100.00	325 MG
51645071410	ASPIRIN EC 325 MG TABLET	1,000.00	325 MG
62011004001	HM ASPIRIN EC 325 MG TABLET	125.00	325 MG
62011040501	HM ASPIRIN EC 325 MG TABLET	125.00	325 MG
63739002301	ASPIRIN EC 325 MG TABLET	750.00	325 MG
63739002303	ASPIRIN EC 325 MG TABLET	750.00	325 MG
63739052301	ASPIRIN EC 325 MG TABLET	750.00	325 MG
68084084825	ASPIRIN EC 325 MG TABLET	30.00	325 MG
68084084895	ASPIRIN EC 325 MG TABLET	1.00	325 MG
70000001401	ASPIRIN EC 325 MG TABLET	300.00	325 MG
70000003501	ASPIRIN EC 325 MG TABLET	125.00	325 MG
70000023701	ASPIRIN EC 325 MG TABLET	125.00	325 MG
70000023702	ASPIRIN EC 325 MG TABLET	300.00	325 MG
70000035901	ASPIRIN EC 325 MG TABLET	125.00	325 MG
70677007101	SM ASPIRIN EC 325 MG TABLET	125.00	325 MG
70677112201	FT ASPIRIN EC 325 MG TABLET	125.00	325 MG
83324005801	QC ASPIRIN EC 325 MG TABLET	100.00	325 MG
00536101801	TRAVEL SICKNESS 25 MG TAB CHEW	100.00	25 MG
00536101810	TRAVEL SICKNESS 25 MG TAB CHEW	1,000.00	25 MG
00536129901	MECLIZINE 25 MG TABLET CHEW	100.00	25 MG
00536129910	MECLIZINE 25 MG TABLET CHEW	1,000.00	25 MG
00536399001	MECLIZINE 25 MG TABLET CHEW	100.00	25 MG
13811064801	MECLIZINE 25 MG TABLET CHEW	1,000.00	25 MG
13811064810	MECLIZINE 25 MG TABLET CHEW	100.00	25 MG
16571082401	MECLIZINE 25 MG TABLET CHEW	100.00	25 MG
16571082410	MECLIZINE 25 MG TABLET CHEW	1,000.00	25 MG
46122077451	GNP MOTION SICKNESS 25MG CHWTB	16.00	25 MG
49483033301	MOTION-TIME 25 MG TABLET CHEW	100.00	25 MG
49483033310	MOTION-TIME 25 MG TABLET CHEW	1,000.00	25 MG
51645099401	MECLIZINE 25 MG TABLET CHEW	100.00	25 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
51645099410	MECLIZINE 25 MG TABLET CHEW	1,000.00	25 MG
68001052900	MECLIZINE 25 MG TABLET CHEW	100.00	25 MG
68001052908	MECLIZINE 25 MG TABLET CHEW	1,000.00	25 MG
70677129001	FT MOTION SICKNESS 25 MG CHWTB	100.00	25 MG
71800005203	MECLIZINE 25 MG TABLET CHEW	1,000.00	25 MG
83324002716	QC TRAVEL EASE 25 MG CHEW TAB	16.00	25 MG
00113002925	GS NICOTINE 2 MG CHEWING GUM	110.00	2 MG
00113002960	GS NICOTINE 2 MG CHEWING GUM	20.00	2 MG
00113002971	GS NICOTINE 2 MG CHEWING GUM	50.00	2 MG
00113020625	GS NICOTINE 2 MG CHEWING GUM	110.00	2 MG
00113020660	NICOTINE 2 MG CHEWING GUM	20.00	2 MG
00113045658	NICOTINE POLACRILEX 2 MG GUM	40.00	2 MG
00113045660	GS NICOTINE 2 MG CHEWING GUM	20.00	2 MG
00113045678	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
00113810025	GS NICOTINE 2 MG CHEWING GUM	110.00	2 MG
00536136206	NICOTINE 2 MG CHEWING GUM	50.00	2 MG
00536136223	NICOTINE 2 MG CHEWING GUM	110.00	2 MG
00536136225	NICOTINE 2 MG CHEWING GUM	1.00	2 MG
00536136234	NICOTINE 2 MG CHEWING GUM	20.00	2 MG
00536302906	NICOTINE 2 MG CHEWING GUM	50.00	2 MG
00536302923	NICOTINE 2 MG CHEWING GUM	110.00	2 MG
00536302925	NICOTINE 2 MG CHEWING GUM	1.00	2 MG
00536302934	NICOTINE 2 MG CHEWING GUM	20.00	2 MG
00536310606	NICOTINE 2 MG CHEWING GUM	50.00	2 MG
00536310623	NICOTINE 2 MG CHEWING GUM	110.00	2 MG
00536310634	NICOTINE 2 MG CHEWING GUM	20.00	2 MG
00536311201	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
00536311237	NICOTINE 2 MG CHEWING GUM	40.00	2 MG
00536338601	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
00536338637	NICOTINE 2 MG CHEWING GUM	40.00	2 MG
00536340401	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
00536340437	NICOTINE 2 MG CHEWING GUM	40.00	2 MG
00904573411	NICORELIEF 2 MG GUM	110.00	2 MG
00904573451	NICORELIEF 2 MG GUM	50.00	2 MG
00904573611	NICORELIEF 2 MG GUM	110.00	2 MG
00904573651	NICORELIEF 2 MG GUM	50.00	2 MG
00904581962	NICORELIEF 2 MG GUM	72.00	2 MG
24385017058	NICOTINE 2 MG CHEWING GUM	40.00	2 MG
24385059471	NICOTINE 2 MG CHEWING GUM	50.00	2 MG
24385059771	NICOTINE 2 MG CHEWING GUM	50.00	2 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
37205020371	LDR NICOTINE 2 MG CHEWING GUM	50.00	2 MG
37205020377	LDR NICOTINE 2 MG CHEWING GUM	110.00	2 MG
37205096758	NICOTINE 2 MG CHEWING GUM	40.00	2 MG
37205096778	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
45802020625	NICOTINE 2 MG CHEWING GUM	110.00	2 MG
45802082725	NICOTINE 2 MG CHEWING GUM	110.00	2 MG
46122017125	NICOTINE 2 MG CHEWING GUM	110.00	2 MG
46122017320	NICOTINE 2 MG CHEWING GUM	170.00	2 MG
46122017360	GNP NICOTINE 2 MG CHEWING GUM	20.00	2 MG
46122028460	GNP NICOTINE 2 MG CHEWING GUM	20.00	2 MG
46122044858	GNP NICOTINE 2 MG CHEWING GUM	40.00	2 MG
46122066478	GNP NICOTINE 2 MG CHEWING GUM	100.00	2 MG
46122071760	GNP NICOTINE 2 MG CHEWING GUM	20.00	2 MG
46122071960	GNP NICOTINE 2 MG CHEWING GUM	20.00	2 MG
46122072425	GNP NICOTINE 2 MG CHEWING GUM	110.00	2 MG
49348057308	SM NICOTINE 2 MG CHEWING GUM	50.00	2 MG
49348057336	SM NICOTINE 2 MG CHEWING GUM	110.00	2 MG
49348069109	SM NICOTINE 2 MG CHEWING GUM	50.00	2 MG
49348069136	SM NICOTINE 2 MG CHEWING GUM	110.00	2 MG
49348069164	SM NICOTINE 2 MG CHEWING GUM	170.00	2 MG
49348078710	SM NICOTINE 2 MG CHEWING GUM	100.00	2 MG
49348078759	SM NICOTINE 2 MG CHEWING GUM	40.00	2 MG
57237032201	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
62011004702	HM NICOTINE 2 MG CHEWING GUM	110.00	2 MG
62011042501	HM NICOTINE 2 MG CHEWING GUM	100.00	2 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
63739037010	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
63739037163	NICOTINE 2 MG CHEWING GUM	110.00	2 MG
70000011601	NICOTINE 2 MG CHEWING GUM	50.00	2 MG
70000012201	NICOTINE 2 MG CHEWING GUM	20.00	2 MG
70000012202	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
70000034501	NICOTINE 2 MG CHEWING GUM	50.00	2 MG
70000034601	NICOTINE 2 MG CHEWING GUM	20.00	2 MG
70000034701	NICOTINE 2 MG CHEWING GUM	10.00	2 MG
70000034801	NICOTINE 2 MG CHEWING GUM	20.00	2 MG
70000034802	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
70677008501	SM NICOTINE 2 MG CHEWING GUM	100.00	2 MG
70677016901	SM NICOTINE 2 MG CHEWING GUM	110.00	2 MG
70677116401	FT NICOTINE 2 MG CHEWING GUM	100.00	2 MG
70677116601	FT NICOTINE 2 MG CHEWING GUM	50.00	2 MG
70677116602	FT NICOTINE 2 MG CHEWING GUM	110.00	2 MG
70677117001	FT NICOTINE 2 MG CHEWING GUM	100.00	2 MG
70677119201	FT NICOTINE 2 MG CHEWING GUM	110.00	2 MG
00113191016	GS LICE KILLING 1 % CRM RINSE	59.00	1 %
00472524267	PERMETHRIN 1% LOTION	59.00	1 %
00472524269	PERMETHRIN 1% LOTION	59.00	1 %
46122010846	LICE TREATMENT 1% CREME RINSE	59.00	1 %
49348014330	V-R LICE CREAM RINSE	120.00	1 %
49348015078	SM LICE TREATMENT 1% CRM RINSE	59.00	1 %
49348043437	SM LICE KILLING SHAMPOO	240.00	1 %
49348046030	SM LICE TREATMENT PERMETHRIN	59.00	1 %
49348046034	SM LICE TREATMENT PERMETHRIN	59.00	1 %
62011011201	HM LICE TREATMENT 1% LOTION	59.00	1 %
62011025501	HM LICE TREATMENT 1% CRM RINSE	59.00	1 %
70000004101	LICE TREATMENT 1% CREME RINSE	59.00	1 %
00023608201	INFED 100 MG/2 ML VIAL	2.00	100 MG/2ML
00023608210	INFED 100 MG/2 ML VIAL	2.00	100 MG/2ML
52544093102	INFED 100 MG/2 ML VIAL	2.00	100 MG/2ML
52544093107	INFED 100 MG/2 ML VIAL	2.00	100 MG/2ML
00682010801	FERROMAR 275 MG CAPSULE SA	100.00	275 MG
69367025901	FERROUS FUMARATE 324 MG TABLET	100.00	324(106)MG
69367025920	FERROUS FUMARATE 324 MG TABLET	100.00	324(106)MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
10267146501	POLYSACCHARIDE IRON CAPSULE	100.00	150 MG
52747020190	ALTOREX CAPSULE	90.00	150 MG
69367021001	POLYSACCHARIDE IRON 150 MG CAP	100.00	150 MG
69367021020	POLYSACCHARIDE IRON 150 MG CAP	100.00	150 MG
64011016005	NIFEREX 100 MG/5 ML ELIXIR	236.00	100 MG/5ML
00121053005	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
00904727741	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
00904727770	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
39328015705	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
50268033611	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
50268033624	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
57237031105	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
57237031151	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
63739015710	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
63739015770	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
81033001105	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
81033001150	FERROUS SULF 300 MG/5 ML CUP	5.00	300 MG/5ML
00904098950	FERROUS SULF 75 (15) MG/0.6 ML	50.00	15MG/0.6ML
54838000250	FERROUS SULF 75 (15) MG/0.6 ML	50.00	15MG/0.6ML
00085029702	MOL-IRON TABLET	100.00	195 MG
00536100901	FERROUS SULFATE 325 MG TABLET	100.00	325(65) MG
00603017929	FERROUS SULFATE 325 MG TABLET	100.00	325(65) MG
00603017932	FERROUS SULFATE 325 MG TABLET	1,000.00	325(65) MG
00603017955	FERROUS SULFATE 325 MG TABLET	1.00	325(65) MG
00904759060	FEROSUL 325 MG TABLET	100.00	325(65) MG
00904759080	FEROSUL 325 MG TABLET	1,000.00	325(65) MG
00904759082	FEROSUL 325 MG TABLET	100.00	325(65) MG
00904759160	FEROSUL 325 MG TABLET	100.00	325(65) MG
00904759161	FERROUS SULFATE 325 MG TABLET	100.00	325(65) MG
00904759180	FEROSUL 325 MG TABLET	1,000.00	325(65) MG
00904759182	FEROSUL 325 MG TABLET	100.00	325(65) MG
10267095001	FERROUS SULFATE 325 MG TABLET	100.00	325(65) MG
10267095004	FERROUS SULFATE 325 MG TABLET	1,000.00	325(65) MG
24385087578	IRON 65 MG TABLET	100.00	325(65) MG
37205041396	IRON 325 MG TABLET	125.00	325(65) MG
46122008402	IRON 65 MG TABLET	125.00	325(65) MG
49483000804	FERROUS SULFATE 325 MG TAB	100.00	325(65) MG
49483006301	FERRO-TIME 325 MG TABLET	100.00	325(65) MG
49483006310	FERROUS SULFATE 325 MG TABLET	1,000.00	325(65) MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
49483006401	FERRO-TIME 325 MG TABLET	100.00	325(65) MG
49483006410	FERROUS SULFATE 325 MG TABLET	1,000.00	325(65) MG
51645076101	FERROUS SULFATE 325 MG TABLET	100.00	325(65) MG
51645076110	FERROUS SULFATE 325 MG TABLET	1,000.00	325(65) MG
57664007001	FERROUS SULFATE 325 MG TABLET	100.00	325(65) MG
57664007010	FERROUS SULFATE 325 MG TABLET	1,000.00	325(65) MG
57664007101	FERROUS SULFATE 325 MG TABLET	100.00	325(65) MG
57664007110	FERROUS SULFATE 325 MG TABLET	1,000.00	325(65) MG
65162040611	FERROUS SULFATE 325 MG TAB	1,000.00	325(65) MG
65162040660	FERROUS SULFATE 325 MG TAB	100.00	325(65) MG
00245010810	FERROUS SULF EC 325 MG TABLET	1,000.00	325(65) MG
00245010811	FERROUS SULF EC 325 MG TABLET	100.00	325(65) MG
00024039202	DRISDOL 50,000 UNITS CAPSULE	50.00	1250 MCG
00024039310	DRISDOL 50,000 UNITS CAPSULE	100.00	1250 MCG
00574019401	VIT D2 1.25 MG (50,000 UNIT)	100.00	1250 MCG
00574019450	VIT D2 1.25 MG (50,000 UNIT)	50.00	1250 MCG
00574019451	VIT D2 1.25 MG (50,000 UNIT)	100.00	1250 MCG
00955025050	VIT D2 1.25 MG (50,000 UNIT)	50.00	1250 MCG
00955025110	ERGOCALCIFEROL 1.25 MG CAPSULE	100.00	1250 MCG
23155080901	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
30698049301	DRISDOL 1.25 MG (50,000 UNIT)	100.00	1250 MCG
42806054701	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
42806054705	VITAMIN D2 1.25MG(50,000 UNIT)	500.00	1250 MCG
50111099001	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
50268029711	VITAMIN D2 1.25MG(50,000 UNIT)	1.00	1250 MCG
50268029715	VITAMIN D2 1.25MG(50,000 UNIT)	50.00	1250 MCG
51991060401	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
57664013688	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
60687050001	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
60687050011	VITAMIN D2 1.25MG(50,000 UNIT)	1.00	1250 MCG
62135043990	VITAMIN D2 1.25MG(50,000 UNIT)	90.00	1250 MCG
62332046431	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
64380073706	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
64980015701	VIT D2 1.25 MG (50,000 UNIT)	100.00	1250 MCG
68084046301	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
68084046311	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
69387010601	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
69452015120	VITAMIN D2 1.25MG(50,000 UNIT)	100.00	1250 MCG
00004014301	ROCALTROL 0.25 MCG CAPSULE	100.00	0.25 MCG
00004014323	ROCALTROL 0.25 MCG CAPSULE	30.00	0.25 MCG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
00054000713	CALCITRIOL 0.25 MCG CAPSULE	30.00	0.25 MCG
00054000725	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
00093065701	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
00093735201	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
23155011801	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
23155011803	CALCITRIOL 0.25 MCG CAPSULE	30.00	0.25 MCG
23155066201	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
23155066203	CALCITRIOL 0.25 MCG CAPSULE	30.00	0.25 MCG
30698014301	ROCALTROL 0.25 MCG CAPSULE	100.00	0.25 MCG
30698014323	ROCALTROL 0.25 MCG CAPSULE	30.00	0.25 MCG
60687034501	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
60687034511	CALCITRIOL 0.25 MCG CAPSULE	1.00	0.25 MCG
62135061090	CALCITRIOL 0.25 MCG CAPSULE	90.00	0.25 MCG
62756096783	CALCITRIOL 0.25 MCG CAPSULE	30.00	0.25 MCG
62756096788	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
63304023901	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
63304023930	CALCITRIOL 0.25 MCG CAPSULE	30.00	0.25 MCG
64380072304	CALCITRIOL 0.25 MCG CAPSULE	30.00	0.25 MCG
64380072306	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
68084047501	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
68084047511	CALCITRIOL 0.25 MCG CAPSULE	1.00	0.25 MCG
69452020713	CALCITRIOL 0.25 MCG CAPSULE	30.00	0.25 MCG
69452020720	CALCITRIOL 0.25 MCG CAPSULE	100.00	0.25 MCG
00004014401	ROCALTROL 0.5 MCG CAPSULE	100.00	0.5 MCG
00093065801	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
00093735301	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
23155011901	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
23155066301	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
30698014401	ROCALTROL 0.5 MCG CAPSULE	100.00	0.5 MCG
62135061190	CALCITRIOL 0.5 MCG CAPSULE	90.00	0.5 MCG
62756096888	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
63304024001	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
64380072406	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
69452020820	CALCITRIOL 0.5 MCG CAPSULE	100.00	0.5 MCG
00074811031	CALCIJEX 1 MCG/ML AMPUL	1.00	1 MCG/ML
00143972805	CALCITRIOL 1 MCG/ML AMPUL	1.00	1 MCG/ML
00517013225	CALCITRIOL 1 MCG/ML AMPUL	1.00	1 MCG/ML
63323073101	CALCITRIOL 1 MCG/ML AMPUL	1.00	1 MCG/ML
54838051850	POLYVITAMIN-FLUOR 0.25 MG/ML	50.00	0.25 MG/ML
54838051950	POLYVITAMIN-FLUOR 0.5 MG/ML	50.00	0.5 MG/ML
00603178747	TRI-VIT-FLUOR-IRON 0.25 MG/ML	50.00	0.25 MG/ML

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
54838052050	POLYVIT-IRON-FL 0.25 MG/ML	50.00	0.25 MG/ML
00603145347	MULTIVIT-FL-IRON 0.5 MG DROP	50.00	0.5 MG/ML
00409915801	VITAMIN K-1 10 MG/ML AMPUL	1.00	10 MG/ML
00409915811	VITAMIN K-1 10 MG/ML AMPUL	1.00	10 MG/ML
00409915825	VITAMIN K-1 10 MG/ML AMPUL	1.00	10 MG/ML
00409915831	VITAMIN K-1 10 MG/ML AMPUL	1.00	10 MG/ML
00409915850	VITAMIN K-1 10 MG/ML AMPUL	1.00	10 MG/ML
00409915855	VITAMIN K-1 10 MG/ML AMPUL	1.00	10 MG/ML
43598040511	PHYTONADIONE 10 MG/ML AMPUL	1.00	10 MG/ML
43598040516	PHYTONADIONE 10 MG/ML AMPUL	1.00	10 MG/ML
68462075801	PHYTONADIONE 10 MG/ML AMPUL	1.00	10 MG/ML
68462075805	PHYTONADIONE 10 MG/ML AMPUL	1.00	10 MG/ML
68462075825	PHYTONADIONE 10 MG/ML AMPUL	1.00	10 MG/ML
00409915701	VITAMIN K-1 1 MG/0.5 ML AMPUL	0.50	1 MG/0.5ML
00409915725	VITAMIN K-1 1 MG/0.5 ML AMPUL	0.50	1 MG/0.5ML
00409915731	VITAMIN K-1 1 MG/0.5 ML AMPUL	0.50	1 MG/0.5ML
00409915750	VITAMIN K-1 1 MG/0.5 ML AMPUL	0.50	1 MG/0.5ML
00548114000	PHYTONADIONE 1 MG DISP SYRN	0.50	1 MG/0.5ML
00548124000	PHYTONADIONE 1 MG DISP SYRN	0.50	1 MG/0.5ML
69097000367	PHYTONADIONE 1 MG/0.5 ML SYR	0.50	1 MG/0.5ML
69097000396	PHYTONADIONE 1 MG/0.5 ML SYR	0.50	1 MG/0.5ML
76329124001	PHYTONADIONE 1 MG/0.5 ML SYR	0.50	1 MG/0.5ML
76329124005	PHYTONADIONE 1 MG/0.5 ML SYR	0.50	1 MG/0.5ML
00006004368	MEPHYTON 5 MG TABLET	100.00	5 MG
00187170405	MEPHYTON 5 MG TABLET	100.00	5 MG
00904688210	PHYTONADIONE 5 MG TABLET	20.00	5 MG
16714097301	PHYTONADIONE 5 MG TABLET	100.00	5 MG
16714097302	PHYTONADIONE 5 MG TABLET	30.00	5 MG
25010040515	MEPHYTON 5 MG TABLET	100.00	5 MG
50268066111	PHYTONADIONE 5 MG TABLET	1.00	5 MG
50268066113	PHYTONADIONE 5 MG TABLET	30.00	5 MG
60687038111	PHYTONADIONE 5 MG TABLET	1.00	5 MG
60687038194	PHYTONADIONE 5 MG TABLET	20.00	5 MG
68682017005	PHYTONADIONE 5 MG TABLET	100.00	5 MG
68682017030	PHYTONADIONE 5 MG TABLET	30.00	5 MG
69097099902	PHYTONADIONE 5 MG TABLET	30.00	5 MG
69097099907	PHYTONADIONE 5 MG TABLET	100.00	5 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
69238105101	PHYTONADIONE 5 MG TABLET	100.00	5 MG
69238105103	PHYTONADIONE 5 MG TABLET	30.00	5 MG
70710101401	PHYTONADIONE 5 MG TABLET	100.00	5 MG
70710101403	PHYTONADIONE 5 MG TABLET	30.00	5 MG
76282074030	PHYTONADIONE 5 MG TABLET	30.00	5 MG
00143961901	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
00143961910	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
00143962001	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
00143962010	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
00143962101	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
00517003101	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
00517003201	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
00517003225	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
00517013001	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
00517013005	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
16714016501	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
16714016525	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
16714030201	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
16714030210	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
16714060901	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
16714060905	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
16729053303	DODEX 10,000 MCG/10 ML VIAL	10.00	1000MCG/ML
16729053308	DODEX 1,000 MCG/ML VIAL	1.00	1000MCG/ML

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
16729053310	DODEX 30,000 MCG/30 ML VIAL	30.00	1000MCG/ML
16729053363	DODEX 1,000 MCG/ML VIAL	1.00	1000MCG/ML
25021050201	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
55150036401	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
55150036425	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
63323004400	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
63323004441	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
63323004444	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
63739047605	CYANOCOBALAMIN 1,000 MCG/ML	30.00	1000MCG/ML
63739047621	CYANOCOBALAMIN 1,000 MCG/ML	30.00	1000MCG/ML
67457039910	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
67457039925	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
67457040005	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
67457040031	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
68001050959	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
68001050960	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
68001054259	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
68001054260	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
68001064059	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
68001064060	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
69680011201	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
69680011310	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
69680011399	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
69680012105	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
69680012110	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
69680012130	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
70069000501	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
70069017101	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
70069017110	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
70069017201	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
70069017210	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
70512084001	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
70710166301	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
70710166307	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
70710166401	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
70710166406	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
70710166407	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
70710166501	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
70710166505	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
70756063581	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
71288030110	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
71288030111	CYANOCOBALAMIN 10,000 MCG/10ML	10.00	1000MCG/ML
71288030230	CYANOCOBALAMIN 30,000 MCG/30ML	30.00	1000MCG/ML
71288030301	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
71288030391	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
71288030392	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
72603065001	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
72603065025	CYANOCOBALAMIN 1,000 MCG/ML VL	1.00	1000MCG/ML
39822110001	FOLIC ACID 50 MG/10 ML VIAL	10.00	5 MG/ML
63323018410	FOLIC ACID 5 MG/ML VIAL	10.00	5 MG/ML
63323018411	FOLIC ACID 5 MG/ML VIAL	10.00	5 MG/ML
00093050719	FOLIC ACID 1 MG TABLET	1.00	1 MG
00093050793	FOLIC ACID 1 MG TABLET	100.00	1 MG
00143971701	FOLIC ACID 1 MG TABLET	100.00	1 MG
00143971710	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
00591521601	FOLIC ACID 1 MG TABLET	100.00	1 MG
00591521610	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
00603316202	FOLIC ACID 1 MG TABLET	90.00	1 MG
00603316221	FOLIC ACID 1 MG TABLET	100.00	1 MG
00603316230	FOLIC ACID 1 MG TABLET	2,500.00	1 MG
00603316232	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
00603371432	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
00904062580	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
00904620180	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
00904658261	FOLIC ACID 1 MG TABLET	100.00	1 MG
00904722461	FOLIC ACID 1 MG TABLET	100.00	1 MG
10267012001	FOLIC ACID 1 MG TABLET	100.00	1 MG
10267012004	FOLIC ACID 1 MG TABLET	1,000.00	1 MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
11534016501	FOLIC ACID 1 MG TABLET	100.00	1 MG
11534016503	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
16571088101	FOLIC ACID 1 MG TABLET	100.00	1 MG
16571088110	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
24658011001	FOLIC ACID 1 MG TABLET	100.00	1 MG
24658011010	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
45861007101	FOLIC ACID 1,000 MCG TABLET	1,000.00	1 MG
50268034511	FOLIC ACID 1 MG TABLET	1.00	1 MG
50268034515	FOLIC ACID 1 MG TABLET	50.00	1 MG
51079004101	FOLIC ACID 1 MG TABLET	100.00	1 MG
51079004117	FOLIC ACID 1 MG TABLET	25.00	1 MG
51079004119	FOLIC ACID 1 MG TABLET	25.00	1 MG
51079004120	FOLIC ACID 1 MG TABLET	100.00	1 MG
51079010501	FOLIC ACID 1 MG TABLET	1.00	1 MG
51079010517	FOLIC ACID 1 MG TABLET	25.00	1 MG
51079010519	FOLIC ACID 1 MG TABLET	25.00	1 MG
51079010520	FOLIC ACID 1 MG TABLET	100.00	1 MG
51991020101	FOLIC ACID 1 MG TABLET	100.00	1 MG
51991020110	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
53746036101	FOLIC ACID 1 MG TABLET	100.00	1 MG
53746036110	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
58657015001	FOLIC ACID 1 MG TABLET	100.00	1 MG
58657015010	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
58657015101	FOLIC ACID 1 MG TABLET	100.00	1 MG
58657015110	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
59746001206	FOLIC ACID 1 MG TABLET	100.00	1 MG
59746001210	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
60687068101	FOLIC ACID 1 MG TABLET	100.00	1 MG
60687068111	FOLIC ACID 1 MG TABLET	1.00	1 MG
62135021001	FOLIC ACID 1 MG TABLET	100.00	1 MG
62135021005	FOLIC ACID 1 MG TABLET	500.00	1 MG
62135021010	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
62135021072	FOLIC ACID 1 MG TABLET	1,800.00	1 MG
62135021090	FOLIC ACID 1 MG TABLET	90.00	1 MG
62584089701	FOLIC ACID 1 MG TABLET	100.00	1 MG
62584089711	FOLIC ACID 1 MG TABLET	1.00	1 MG
62584089780	FOLIC ACID 1 MG TABLET	30.00	1 MG
62584089785	FOLIC ACID 1 MG TABLET	30.00	1 MG
63739053701	FOLIC ACID 1 MG TABLET	750.00	1 MG
63739053710	FOLIC ACID 1 MG TABLET	100.00	1 MG
65162036110	FOLIC ACID 1 MG TABLET	100.00	1 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
65162036111	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
66993042505	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
68094011259	FOLIC ACID 1,000 MCG TABLET	1.00	1 MG
68094011261	FOLIC ACID 1,000 MCG TABLET	100.00	1 MG
69315012701	FOLIC ACID 1 MG TABLET	100.00	1 MG
69315012710	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
70752020410	FOLIC ACID 1 MG TABLET	100.00	1 MG
70752020411	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
70752023110	FOLIC ACID 1 MG TABLET	100.00	1 MG
70752023111	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
72241005005	FOLIC ACID 1 MG TABLET	100.00	1 MG
72241005011	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
76282021001	FOLIC ACID 1 MG TABLET	100.00	1 MG
76282021010	FOLIC ACID 1 MG TABLET	1,000.00	1 MG
83035182501	TRUE FOLIC ACID 1600MCG DFE TB	1.00	1 MG
83035182505	TRUE FOLIC ACID 1600MCG DFE TB	500.00	1 MG
83592000505	WELL FOLIC ACID 1,000 MCG TAB	500.00	1 MG
00904063160	NIACIN TR 500 MG CAPSULE	100.00	500 MG
49483001801	NIACIN 500 MG CAPSULE SA	100.00	500 MG
00904434260	NIACIN TR 500 MG CAPLET	100.00	500 MG
00904434270	NIACIN TR 500 MG CAPLET	250.00	500 MG
50268058311	NIACIN ER 500 MG TABLET	1.00	500 MG
50268058315	NIACIN ER 500 MG TABLET	50.00	500 MG
71269050010	SLO-NIACIN 500 MG TABLET	100.00	500 MG
71269050099	SLO-NIACIN 500 MG TABLET	1,000.00	500 MG
71269075010	SLO-NIACIN 750 MG TABLET	100.00	750 MG
00093965457	SODIUM FLUORIDE 0.5 MG/ML DROP	50.00	0.5 MG/ML
00603124447	SODIUM FLUORIDE 0.5 MG/ML DROP	50.00	0.5 MG/ML
39328000750	SOLUVITA 0.5 MG/ML DROP	50.00	0.5 MG/ML
51862016550	SODIUM FLUORIDE 0.5 MG/ML DROP	50.00	0.5 MG/ML
58657032250	SODIUM FLUORIDE 0.5 MG/ML DROP	50.00	0.5 MG/ML
61269016550	SODIUM FLUORIDE 0.5 MG/ML DROP	50.00	0.5 MG/ML
00603362122	SOD FLUORID 0.25MG(.55MG)TB	120.00	0.25(0.55)
42806003710	EPIFLUR 0.25 MG TABLET CHEW	1,000.00	0.25(0.55)
42806003712	EPIFLUR 0.25 MG TABLET CHEW	120.00	0.25(0.55)
51991067636	SODIUM FLUORIDE 0.25 (0.55) MG	120.00	0.25(0.55)
58657016012	SODIUM FLUORIDE 0.25 (0.55) MG	120.00	0.25(0.55)

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
59088010473	FLUORIDE 0.25 MG TABLET CHEW	120.00	0.25(0.55)
75826016320	FLUORIDE 0.25 MG TABLET CHEW	120.00	0.25(0.55)
00536454810	SOD FLUORIDE 0.5 MG(1.1 MG)TAB	1,000.00	0.5(1.1)MG
00603362232	SOD FLUORIDE 0.5MG(1.1MG)TB	1,000.00	0.5(1.1)MG
00904112580	SOD FLUORIDE 0.5 MG(1.1 MG)TAB	1,000.00	0.5(1.1)MG
00904540080	SOD FLUORIDE 0.5MG(1.1MG)TB	1,000.00	0.5(1.1)MG
10267164001	SODIUM FLUORIDE 0.5 MG(1.1 MG)	100.00	0.5(1.1)MG
10267164004	SODIUM FLUORIDE 0.5 MG(1.1 MG)	1,000.00	0.5(1.1)MG
42806006010	EPIFLUR 0.5 MG TABLET CHEWABLE	1,000.00	0.5(1.1)MG
42806006012	EPIFLUR 0.5 MG TABLET CHEWABLE	120.00	0.5(1.1)MG
51862017110	FLUORIDE 0.5 MG TABLET CHEW	1,000.00	0.5(1.1)MG
51862017112	FLUORIDE 0.5 MG TABLET CHEW	120.00	0.5(1.1)MG
51991067736	SODIUM FLUORIDE 0.5 MG(1.1 MG)	120.00	0.5(1.1)MG
58657016110	SODIUM FLUORIDE 0.5 MG(1.1 MG)	1,000.00	0.5(1.1)MG
58657016112	SODIUM FLUORIDE 0.5 MG(1.1 MG)	120.00	0.5(1.1)MG
59088010564	FLUORIDE 0.5 MG TABLET CHEW	1,000.00	0.5(1.1)MG
59088010573	FLUORIDE 0.5 MG TABLET CHEW	120.00	0.5(1.1)MG
61269017112	FLUORIDE 0.5 MG TABLET CHEW	120.00	0.5(1.1)MG
75826016420	FLUORIDE 0.5 MG TABLET CHEW	120.00	0.5(1.1)MG
42806007310	EPIFLUR 1 MG TABLET CHEWABLE	1,000.00	1MG(2.2MG)
42806007312	EPIFLUR 1 MG TABLET CHEWABLE	120.00	1MG(2.2MG)
51862017212	FLUORIDE 1 MG TABLET CHEWABLE	120.00	1MG(2.2MG)
51991067836	SODIUM FLUORIDE 1 MG (2.2 MG)	120.00	1MG(2.2MG)
58657016212	SODIUM FLUORIDE 1 MG (2.2 MG)	120.00	1MG(2.2MG)
59088010664	FLUORIDE 1 MG TABLET CHEWABLE	1,000.00	1MG(2.2MG)
59088010673	FLUORIDE 1 MG TABLET CHEWABLE	120.00	1MG(2.2MG)
61269017212	FLUORIDE 1 MG TABLET CHEWABLE	120.00	1MG(2.2MG)
75826016520	FLUORIDE 1 MG TABLET CHEWABLE	120.00	1MG(2.2MG)

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
00113810101	OPILL 0.075 MG TABLET	28.00	75 MCG
00113810103	OPILL 0.075 MG TABLET	28.00	75 MCG
00113810104	OPILL 0.075 MG TABLET	28.00	75 MCG
00113810106	OPILL 0.075 MG TABLET	28.00	75 MCG
00113041678	GS ASPIRIN 325 MG TABLET	100.00	325 MG
00113041687	ASPIRIN 325 MG TABLET	300.00	325 MG
00113191978	GS ASPIRIN 325 MG TABLET	100.00	325 MG
00536105301	ASPIRIN 325 MG TABLET	100.00	325 MG
00536105305	ASPIRIN 325 MG TABLET	500.00	325 MG
00536105405	ASPIRIN 325 MG TABLET	500.00	325 MG
00536105429	ASPIRIN 325 MG TABLET	100.00	325 MG
00536128401	ASPIRIN 325 MG TABLET	100.00	325 MG
00536330501	ASPIRIN 325 MG TABLET	100.00	325 MG
00536330510	ASPIRIN 325 MG TABLET	1,000.00	325 MG
00904200940	ASPIRIN 325 MG TABLET	500.00	325 MG
00904200960	ASPIRIN 325 MG TABLET	100.00	325 MG
00904200970	ASPIRIN 325 MG TABLET	250.00	325 MG
00904200980	ASPIRIN 325 MG TABLET	1,000.00	325 MG
00904201959	ASPIRIN 325 MG TABLET	100.00	325 MG
00904201980	ASPIRIN 325 MG TABLET	1,000.00	325 MG
00904674460	ASPIRIN 325 MG TABLET	100.00	325 MG
00904680940	ASPIRIN 325 MG TABLET	500.00	325 MG
00904681180	ASPIRIN 325 MG TABLET	1,000.00	325 MG
24385041178	ASPIRIN 325 MG TABLET	100.00	325 MG
24385041660	LITE COAT ASPIRIN 325 MG TAB	20.00	325 MG
24385041678	LITE COAT ASPIRIN 325 MG TAB	100.00	325 MG
24385041687	ASPIRIN 325 MG TABLET	300.00	325 MG
24385041693	LITE COAT ASPIRIN 325 MG TAB	1,000.00	325 MG
37205014578	ASPIRIN 325 MG TABLET	100.00	325 MG
37205014587	ASPIRIN 325 MG TABLET	300.00	325 MG
37205066887	ASPIRIN 325 MG TABLET	300.00	325 MG
46122029278	ASPIRIN 325 MG TABLET	100.00	325 MG
46122063578	GNP ASPIRIN 325 MG TABLET	100.00	325 MG
46122069178	GNP ASPIRIN 325 MG TABLET	100.00	325 MG
49348000110	SM ASPIRIN 325 MG TABLET	100.00	325 MG
49348000114	SM ASPIRIN 325 MG TABLET	500.00	325 MG
49348000123	SM ASPIRIN 325 MG TABLET	300.00	325 MG
49483001101	ASPIRIN 325 MG TABLET	100.00	325 MG
49483001110	ASPIRIN 325 MG TABLET	1,000.00	325 MG
50844015713	ASPIRIN 325 MG TABLET	250.00	325 MG
50844015714	ASPIRIN 325 MG TABLET	500.00	325 MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
50844015716	ASPIRIN 325 MG TABLET	1,000.00	325 MG
50844015717	ASPIRIN 325 MG TABLET	300.00	325 MG
50844015729	ASPIRIN 325 MG TABLET	150.00	325 MG
51645071601	ASPIRIN 325 MG TABLET	100.00	325 MG
51645071610	ASPIRIN 325 MG TABLET	1,000.00	325 MG
62011002001	HM ASPIRIN 325 MG TABLET	100.00	325 MG
62011002002	HM ASPIRIN 325 MG TABLET	500.00	325 MG
62011002003	HM ASPIRIN 325 MG TABLET	300.00	325 MG
62011043201	HM ASPIRIN 325 MG TABLET	100.00	325 MG
62011043202	HM ASPIRIN 325 MG TABLET	300.00	325 MG
63739002401	ASPIRIN 325 MG TABLET	750.00	325 MG
63739002403	ASPIRIN 325 MG TABLET	750.00	325 MG
63739002410	ASPIRIN 325 MG TABLET	100.00	325 MG
63739002415	ASPIRIN 325 MG TABLET	150.00	325 MG
63739043301	ASPIRIN 325 MG TABLET	750.00	325 MG
63739043303	ASPIRIN 325 MG TABLET	750.00	325 MG
63739043310	ASPIRIN 325 MG TABLET	100.00	325 MG
70000025301	ASPIRIN 325 MG TABLET	50.00	325 MG
70000025302	ASPIRIN 325 MG TABLET	100.00	325 MG
70000025303	ASPIRIN 325 MG TABLET	300.00	325 MG
70000025304	ASPIRIN 325 MG TABLET	500.00	325 MG
70000050701	ASPIRIN 325 MG TABLET	100.00	325 MG
70000050702	ASPIRIN 325 MG TABLET	300.00	325 MG
70677009201	SM ASPIRIN 325 MG TABLET	300.00	325 MG
70677009202	SM ASPIRIN 325 MG TABLET	100.00	325 MG
70677118901	FT ASPIRIN 325 MG TABLET	100.00	325 MG
71800004101	ASPIRIN 325 MG TABLET	100.00	325 MG
83324006601	QC ASPIRIN 325 MG TABLET	100.00	325 MG
00113025968	GS ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
00113027408	GS ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
00113027468	GS ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
00113046708	GS ASPIRIN 81 MG CHEWABLE TAB	108.00	81 MG
00113046768	GS ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
00536100836	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
00536100862	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
00536329736	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
00603002436	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
00904404061	ASPIRIN 81 MG CHEWABLE TABLET	100.00	81 MG
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
00904628880	ASPIRIN 81 MG CHEWABLE TABLET	1,000.00	81 MG
00904628889	ASPIRIN 81 MG CHEWABLE TABLET	90.00	81 MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
00904679430	ASPIRIN 81 MG CHEWABLE TABLET	300.00	81 MG
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	1,000.00	81 MG
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	90.00	81 MG
00904750930	ASPIRIN 81 MG CHEWABLE TABLET	300.00	81 MG
24385002868	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
24385027868	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
24385036468	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
37205036968	ASPIRIN ADULT 81 MG CHEW TAB	36.00	81 MG
37205046768	CHILD ASPIRIN 81 MG CHEW TAB	36.00	81 MG
37205070868	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
49348019107	SM CHILD ASPIRIN 81 MG CHW TAB	36.00	81 MG
49348049807	SM ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
49348075707	SM ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
49483033463	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
51645071236	CHILD ASPIRIN 81 MG CHEW TAB	36.00	81 MG
62011002101	HM ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
62011002801	HM ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
62011021201	HM ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
62011040401	HM ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
63739002501	ASPIRIN 81 MG TABLET CHEW	750.00	81 MG
63739002503	ASPIRIN 81 MG TABLET CHEW	750.00	81 MG
63739043401	ASPIRIN 81 MG CHEWABLE TABLET	750.00	81 MG
63739043402	ASPIRIN 81 MG CHEWABLE TABLET	300.00	81 MG
63739043403	ASPIRIN 81 MG CHEWABLE TABLET	750.00	81 MG
70000010201	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
70000010301	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
70000010303	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
70000017001	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
70000041901	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
70000042001	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
70000042002	ASPIRIN 81 MG CHEWABLE TABLET	36.00	81 MG
70677007001	SM ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
70677113401	FT ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
83324007536	QC ASPIRIN 81 MG CHEWABLE TAB	36.00	81 MG
00113042902	ASPIRIN EC 325 MG TABLET	125.00	325 MG
00536114801	ASPIRIN EC 325 MG TABLET	100.00	325 MG
00536123201	ASPIRIN EC 325 MG TABLET	100.00	325 MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
00536331301	ASPIRIN EC 325 MG TABLET	100.00	325 MG
00536331310	ASPIRIN EC 325 MG TABLET	1,000.00	325 MG
00536331810	ASPIRIN 325 MG TABLET EC	1,000.00	325 MG
00603016821	ASPIRIN EC 325 MG TABLET	100.00	325 MG
00603016902	ASPIRIN EC 325 MG TABLET	90.00	325 MG
00603016921	ASPIRIN EC 325 MG TABLET	100.00	325 MG
00603016932	ASPIRIN EC 325 MG TABLET	1,000.00	325 MG
00904201159	ASPIRIN EC 325 MG TABLET	100.00	325 MG
00904201360	ASPIRIN EC 325 MG TABLET	100.00	325 MG
00904201372	ASPIRIN EC 325 MG TABLET	300.00	325 MG
00904201380	ASPIRIN EC 325 MG TABLET	1,000.00	325 MG
00904671260	ASPIRIN EC 325 MG TABLET	100.00	325 MG
00904678480	ASPIRIN EC 325 MG TABLET	1,000.00	325 MG
24385042902	ASPIRIN EC 325 MG TABLET	125.00	325 MG
24385042990	ASPIRIN EC 325 MG TABLET	500.00	325 MG
24385042993	ASPIRIN 325 MG TABLET EC	1,000.00	325 MG
37205042990	ASPIRIN EC 325 MG TABLET	500.00	325 MG
37205042996	ASPIRIN EC 325 MG TABLET	125.00	325 MG
46122059602	ASPIRIN EC 325 MG TABLET	125.00	325 MG
49348003423	SM ASPIRIN EC 325 MG TABLET	300.00	325 MG
49348003482	SM ASPIRIN EC 325 MG TABLET	125.00	325 MG
49348028314	SM ASPIRIN EC 325 MG TABLET	500.00	325 MG
49348093714	SM ASPIRIN EC 325 MG TABLET	500.00	325 MG
49348093782	SM ASPIRIN EC 325 MG TABLET	125.00	325 MG
49483005201	ASPIRIN EC 325 MG TABLET	100.00	325 MG
49483005210	ASPIRIN EC 325 MG TABLET	1,000.00	325 MG
49483033101	ASPIRIN EC 325 MG TABLET	100.00	325 MG
49483033110	ASPIRIN EC 325 MG TABLET	1,000.00	325 MG
51645071401	ASPIRIN EC 325 MG TABLET	100.00	325 MG
51645071410	ASPIRIN EC 325 MG TABLET	1,000.00	325 MG
62011004001	HM ASPIRIN EC 325 MG TABLET	125.00	325 MG
62011040501	HM ASPIRIN EC 325 MG TABLET	125.00	325 MG
63739002301	ASPIRIN EC 325 MG TABLET	750.00	325 MG
63739002303	ASPIRIN EC 325 MG TABLET	750.00	325 MG
63739052301	ASPIRIN EC 325 MG TABLET	750.00	325 MG
68084084825	ASPIRIN EC 325 MG TABLET	30.00	325 MG
68084084895	ASPIRIN EC 325 MG TABLET	1.00	325 MG
70000001401	ASPIRIN EC 325 MG TABLET	300.00	325 MG
70000003501	ASPIRIN EC 325 MG TABLET	125.00	325 MG
70000023701	ASPIRIN EC 325 MG TABLET	125.00	325 MG
70000023702	ASPIRIN EC 325 MG TABLET	300.00	325 MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
70000035901	ASPIRIN EC 325 MG TABLET	125.00	325 MG
70677007101	SM ASPIRIN EC 325 MG TABLET	125.00	325 MG
70677112201	FT ASPIRIN EC 325 MG TABLET	125.00	325 MG
83324005801	QC ASPIRIN EC 325 MG TABLET	100.00	325 MG
00536101801	TRAVEL SICKNESS 25 MG TAB CHEW	100.00	25 MG
00536101810	TRAVEL SICKNESS 25 MG TAB CHEW	1,000.00	25 MG
00536129901	MECLIZINE 25 MG TABLET CHEW	100.00	25 MG
00536129910	MECLIZINE 25 MG TABLET CHEW	1,000.00	25 MG
00536399001	MECLIZINE 25 MG TABLET CHEW	100.00	25 MG
13811064801	MECLIZINE 25 MG TABLET CHEW	1,000.00	25 MG
13811064810	MECLIZINE 25 MG TABLET CHEW	100.00	25 MG
16571082401	MECLIZINE 25 MG TABLET CHEW	100.00	25 MG
16571082410	MECLIZINE 25 MG TABLET CHEW	1,000.00	25 MG
46122077451	GNP MOTION SICKNESS 25MG CHWTB	16.00	25 MG
49483033301	MOTION-TIME 25 MG TABLET CHEW	100.00	25 MG
49483033310	MOTION-TIME 25 MG TABLET CHEW	1,000.00	25 MG
51645099401	MECLIZINE 25 MG TABLET CHEW	100.00	25 MG
51645099410	MECLIZINE 25 MG TABLET CHEW	1,000.00	25 MG
68001052900	MECLIZINE 25 MG TABLET CHEW	100.00	25 MG
68001052908	MECLIZINE 25 MG TABLET CHEW	1,000.00	25 MG
70677129001	FT MOTION SICKNESS 25 MG CHWTB	100.00	25 MG
71800005203	MECLIZINE 25 MG TABLET CHEW	1,000.00	25 MG
83324002716	QC TRAVEL EASE 25 MG CHEW TAB	16.00	25 MG
00113002925	GS NICOTINE 2 MG CHEWING GUM	110.00	2 MG
00113002960	GS NICOTINE 2 MG CHEWING GUM	20.00	2 MG
00113002971	GS NICOTINE 2 MG CHEWING GUM	50.00	2 MG
00113020625	GS NICOTINE 2 MG CHEWING GUM	110.00	2 MG
00113020660	NICOTINE 2 MG CHEWING GUM	20.00	2 MG
00113045658	NICOTINE POLACRILEX 2 MG GUM	40.00	2 MG
00113045660	GS NICOTINE 2 MG CHEWING GUM	20.00	2 MG
00113045678	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
00113810025	GS NICOTINE 2 MG CHEWING GUM	110.00	2 MG
00536136206	NICOTINE 2 MG CHEWING GUM	50.00	2 MG
00536136223	NICOTINE 2 MG CHEWING GUM	110.00	2 MG
00536136225	NICOTINE 2 MG CHEWING GUM	1.00	2 MG
00536136234	NICOTINE 2 MG CHEWING GUM	20.00	2 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
00536302906	NICOTINE 2 MG CHEWING GUM	50.00	2 MG
00536302923	NICOTINE 2 MG CHEWING GUM	110.00	2 MG
00536302925	NICOTINE 2 MG CHEWING GUM	1.00	2 MG
00536302934	NICOTINE 2 MG CHEWING GUM	20.00	2 MG
00536310606	NICOTINE 2 MG CHEWING GUM	50.00	2 MG
00536310623	NICOTINE 2 MG CHEWING GUM	110.00	2 MG
00536310634	NICOTINE 2 MG CHEWING GUM	20.00	2 MG
00536311201	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
00536311237	NICOTINE 2 MG CHEWING GUM	40.00	2 MG
00536338601	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
00536338637	NICOTINE 2 MG CHEWING GUM	40.00	2 MG
00536340401	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
00536340437	NICOTINE 2 MG CHEWING GUM	40.00	2 MG
00904573411	NICORELIEF 2 MG GUM	110.00	2 MG
00904573451	NICORELIEF 2 MG GUM	50.00	2 MG
00904573611	NICORELIEF 2 MG GUM	110.00	2 MG
00904573651	NICORELIEF 2 MG GUM	50.00	2 MG
00904581962	NICORELIEF 2 MG GUM	72.00	2 MG
24385017058	NICOTINE 2 MG CHEWING GUM	40.00	2 MG
24385059471	NICOTINE 2 MG CHEWING GUM	50.00	2 MG
24385059771	NICOTINE 2 MG CHEWING GUM	50.00	2 MG
37205020371	LDR NICOTINE 2 MG CHEWING GUM	50.00	2 MG
37205020377	LDR NICOTINE 2 MG CHEWING GUM	110.00	2 MG
37205096758	NICOTINE 2 MG CHEWING GUM	40.00	2 MG
37205096778	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
45802020625	NICOTINE 2 MG CHEWING GUM	110.00	2 MG
45802082725	NICOTINE 2 MG CHEWING GUM	110.00	2 MG
46122017125	NICOTINE 2 MG CHEWING GUM	110.00	2 MG
46122017320	NICOTINE 2 MG CHEWING GUM	170.00	2 MG
46122017360	GNP NICOTINE 2 MG CHEWING GUM	20.00	2 MG
46122028460	GNP NICOTINE 2 MG CHEWING GUM	20.00	2 MG
46122044858	GNP NICOTINE 2 MG CHEWING GUM	40.00	2 MG
46122066478	GNP NICOTINE 2 MG CHEWING GUM	100.00	2 MG
46122071760	GNP NICOTINE 2 MG CHEWING GUM	20.00	2 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
46122071960	GNP NICOTINE 2 MG CHEWING GUM	20.00	2 MG
46122072425	GNP NICOTINE 2 MG CHEWING GUM	110.00	2 MG
49348057308	SM NICOTINE 2 MG CHEWING GUM	50.00	2 MG
49348057336	SM NICOTINE 2 MG CHEWING GUM	110.00	2 MG
49348069109	SM NICOTINE 2 MG CHEWING GUM	50.00	2 MG
49348069136	SM NICOTINE 2 MG CHEWING GUM	110.00	2 MG
49348069164	SM NICOTINE 2 MG CHEWING GUM	170.00	2 MG
49348078710	SM NICOTINE 2 MG CHEWING GUM	100.00	2 MG
49348078759	SM NICOTINE 2 MG CHEWING GUM	40.00	2 MG
57237032201	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
62011004702	HM NICOTINE 2 MG CHEWING GUM	110.00	2 MG
62011042501	HM NICOTINE 2 MG CHEWING GUM	100.00	2 MG
63739037010	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
63739037163	NICOTINE 2 MG CHEWING GUM	110.00	2 MG
70000011601	NICOTINE 2 MG CHEWING GUM	50.00	2 MG
70000012201	NICOTINE 2 MG CHEWING GUM	20.00	2 MG
70000012202	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
70000034501	NICOTINE 2 MG CHEWING GUM	50.00	2 MG
70000034601	NICOTINE 2 MG CHEWING GUM	20.00	2 MG
70000034701	NICOTINE 2 MG CHEWING GUM	10.00	2 MG
70000034801	NICOTINE 2 MG CHEWING GUM	20.00	2 MG
70000034802	NICOTINE 2 MG CHEWING GUM	100.00	2 MG
70677008501	SM NICOTINE 2 MG CHEWING GUM	100.00	2 MG
70677016901	SM NICOTINE 2 MG CHEWING GUM	110.00	2 MG
70677116401	FT NICOTINE 2 MG CHEWING GUM	100.00	2 MG
70677116601	FT NICOTINE 2 MG CHEWING GUM	50.00	2 MG
70677116602	FT NICOTINE 2 MG CHEWING GUM	110.00	2 MG
70677117001	FT NICOTINE 2 MG CHEWING GUM	100.00	2 MG
70677119201	FT NICOTINE 2 MG CHEWING GUM	110.00	2 MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
00113191016	GS LICE KILLING 1 % CRM RINSE	59.00	1 %
00472524267	PERMETHRIN 1% LOTION	59.00	1 %
00472524269	PERMETHRIN 1% LOTION	59.00	1 %
46122010846	LICE TREATMENT 1% CREME RINSE	59.00	1 %
49348014330	V-R LICE CREAM RINSE	120.00	1 %
49348015078	SM LICE TREATMENT 1% CRM RINSE	59.00	1 %
49348043437	SM LICE KILLING SHAMPOO	240.00	1 %
49348046030	SM LICE TREATMENT PERMETHRIN	59.00	1 %
49348046034	SM LICE TREATMENT PERMETHRIN	59.00	1 %
62011011201	HM LICE TREATMENT 1% LOTION	59.00	1 %
62011025501	HM LICE TREATMENT 1% CRM RINSE	59.00	1 %
70000004101	LICE TREATMENT 1% CREME RINSE	59.00	1 %
00536129801	FAMOTIDINE 20 MG TABLET	100.00	20 MG
46122073763	GNP ACID REDUCER 20 MG TABLET	25.00	20 MG
46122073771	GNP ACID REDUCER 20 MG TABLET	50.00	20 MG
49483072001	ACID REDUCER 20 MG TABLET	100.00	20 MG
55111039601	FAMOTIDINE 20 MG TABLET	100.00	20 MG
68094005459	FAMOTIDINE 20 MG TABLET	1.00	20 MG
68094005465	FAMOTIDINE 20 MG TABLET	200.00	20 MG
69230032701	FAMOTIDINE 20 MG TABLET	100.00	20 MG
69230032705	FAMOTIDINE 20 MG TABLET	500.00	20 MG
69230032710	FAMOTIDINE 20 MG TABLET	1,000.00	20 MG
69230032730	FAMOTIDINE 20 MG TABLET	30.00	20 MG
69230032750	FAMOTIDINE 20 MG TABLET	50.00	20 MG
70000004901	ACID REDUCER 20 MG TABLET	25.00	20 MG
70000050301	ACID REDUCER 20 MG TABLET	25.00	20 MG
70677110101	FT ACID REDUCER 20 MG TABLET	25.00	20 MG
70677110102	FT ACID REDUCER 20 MG TABLET	50.00	20 MG
83324000850	QC FAMOTIDINE 20 MG TABLET	50.00	20 MG
83324011625	FAMOTIDINE 20 MG TABLET	25.00	20 MG
00245006101	FERROUS GLUCONATE 300 MG TAB	100.00	300(35)MG
00245005301	FERATAB 300 MG TABLET	100.00	300(60)MG
00008080001	CHILDREN'S ADVIL SUSPENSION	119.00	100 MG/5ML
00008080003	CHILDREN'S ADVIL SUSPENSION	473.00	100 MG/5ML
00121091805	IBUPROFEN 100 MG/5 ML SUSP CUP	5.00	100 MG/5ML
00121091840	IBUPROFEN 100 MG/5 ML SUSP CUP	5.00	100 MG/5ML
00121477405	IBUPROFEN 100 MG/5 ML SUSP	5.00	100 MG/5ML
00121477410	IBUPROFEN 200 MG/10 ML SUSP	10.00	100 MG/5ML

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
00121477440	IBUPROFEN 100 MG/5 ML SUSP	5.00	100 MG/5ML
00472127008	IBUPROFEN 100 MG/5 ML SUSP	240.00	100 MG/5ML
00472127016	IBUPROFEN 100 MG/5 ML SUSP	473.00	100 MG/5ML
00472127094	IBUPROFEN 100 MG/5 ML SUSP	118.00	100 MG/5ML
00472200216	IBUPROFEN 100 MG/5 ML SUSP	473.00	100 MG/5ML
00472200294	IBUPROFEN 100 MG/5 ML SUSP	118.00	100 MG/5ML
45802095226	IBUPROFEN 100 MG/5 ML SUSP	120.00	100 MG/5ML
45802095243	IBUPROFEN 100 MG/5 ML SUSP	473.00	100 MG/5ML
51079083206	IBUPROFEN 100 MG/5 ML SUSP	2.50	100 MG/5ML
51079083306	IBUPROFEN 100 MG/5 ML SUSP	5.00	100 MG/5ML
51672138508	IBUPROFEN 100 MG/5 ML SUSP	118.00	100 MG/5ML
51672138509	IBUPROFEN 100 MG/5 ML SUSP	473.00	100 MG/5ML
51672140908	IBUPROFEN 100 MG/5 ML SUSP	118.00	100 MG/5ML
51672140909	IBUPROFEN 100 MG/5 ML SUSP	473.00	100 MG/5ML
59651003212	IBUPROFEN 100 MG/5 ML SUSP	120.00	100 MG/5ML
59651003247	IBUPROFEN 100 MG/5 ML SUSP	473.00	100 MG/5ML
64380099703	IBUPROFEN 100 MG/5 ML SUSP	118.00	100 MG/5ML
64380099704	IBUPROFEN 100 MG/5 ML SUSP	473.00	100 MG/5ML
66689000901	IBUPROFEN 100 MG/5 ML SUSP	5.00	100 MG/5ML
66689000950	IBUPROFEN 100 MG/5 ML SUSP	5.00	100 MG/5ML
66689033901	IBUPROFEN 100 MG/5 ML SUSP	5.00	100 MG/5ML
66689033950	IBUPROFEN 100 MG/5 ML SUSP	5.00	100 MG/5ML
24338065661	FLUOR-A-DAY 2.5 MG/ML DROPS	30.00	2.5 MG/ML
00068004755	NICORETTE DS 4 MG CHEW GUM	96.00	4 MG
00113005306	GS NICOTINE 4 MG CHEWING GUM	160.00	4 MG
00113017025	GS NICOTINE 4 MG CHEWING GUM	110.00	4 MG
00113017060	GS NICOTINE 4 MG CHEWING GUM	20.00	4 MG
00113017071	GS NICOTINE 4 MG CHEWING GUM	50.00	4 MG
00113042225	GS NICOTINE 4 MG CHEWING GUM	110.00	4 MG
00113042260	NICOTINE 4 MG CHEWING GUM	20.00	4 MG
00113053258	NICOTINE POLACRILEX 4 MG GUM	40.00	4 MG
00113053260	GS NICOTINE 4 MG CHEWING GUM	20.00	4 MG
00113053278	GS NICOTINE 4 MG CHEWING GUM	100.00	4 MG
00113860025	GS NICOTINE 4 MG CHEWING GUM	110.00	4 MG
00536137206	NICOTINE 4 MG CHEWING GUM	50.00	4 MG
00536137223	NICOTINE 4 MG CHEWING GUM	110.00	4 MG
00536137225	NICOTINE 4 MG CHEWING GUM	1.00	4 MG
00536137234	NICOTINE 4 MG CHEWING GUM	20.00	4 MG
00536303006	NICOTINE 4 MG CHEWING GUM	50.00	4 MG
00536303023	NICOTINE 4 MG CHEWING GUM	110.00	4 MG
00536303025	NICOTINE 4 MG CHEWING GUM	1.00	4 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
00536310706	NICOTINE 4 MG CHEWING GUM	50.00	4 MG
00536310723	NICOTINE 4 MG CHEWING GUM	110.00	4 MG
00536310734	NICOTINE POLACRILEX 4 MG GUM	20.00	4 MG
00536311301	NICOTINE 4 MG CHEWING GUM	100.00	4 MG
00536311337	NICOTINE 4 MG CHEWING GUM	40.00	4 MG
00536338701	NICOTINE 4 MG CHEWING GUM	100.00	4 MG
00536338737	NICOTINE 4 MG CHEWING GUM	40.00	4 MG
00536340501	NICOTINE 4 MG CHEWING GUM	100.00	4 MG
00536340537	NICOTINE 4 MG CHEWING GUM	40.00	4 MG
00904573511	NICORELIEF 4 MG GUM	110.00	4 MG
00904573551	NICORELIEF 4 MG GUM	50.00	4 MG
00904573711	NICORELIEF 4 MG GUM	110.00	4 MG
00904573751	NICORELIEF 4 MG GUM	50.00	4 MG
00904582062	NICORELIEF 4 MG GUM	72.00	4 MG
24385017158	NICOTINE 4 MG CHEWING GUM	40.00	4 MG
24385059871	NICOTINE 4 MG CHEWING GUM	50.00	4 MG
24385059971	NICOTINE 4 MG CHEWING GUM	50.00	4 MG
37205020471	LDR NICOTINE 4 MG CHEWING GUM	50.00	4 MG
37205020477	LDR NICOTINE 4 MG CHEWING GUM	110.00	4 MG
37205096858	NICOTINE 4 MG CHEWING GUM	40.00	4 MG
37205096878	NICOTINE 4 MG CHEWING GUM	100.00	4 MG
45802000125	NICOTINE 4 MG CHEWING GUM	110.00	4 MG
45802011078	NICOTINE 4 MG CHEWING GUM	100.00	4 MG
45802065125	NICOTINE 4 MG CHEWING GUM	110.00	4 MG
46122017225	NICOTINE 4 MG CHEWING GUM	110.00	4 MG
46122017420	GNP NICOTINE 4 MG CHEWING GUM	170.00	4 MG
46122017460	NICOTINE 4 MG CHEWING GUM	20.00	4 MG
46122028660	NICOTINE 4 MG CHEWING GUM	20.00	4 MG
46122044958	GNP NICOTINE 4 MG CHEWING GUM	40.00	4 MG
46122066678	GNP NICOTINE 4 MG CHEWING GUM	100.00	4 MG
46122071860	GNP NICOTINE 4 MG CHEWING GUM	20.00	4 MG
46122072025	GNP NICOTINE 4 MG CHEWING GUM	110.00	4 MG
46122072571	GNP NICOTINE 4 MG CHEWING GUM	50.00	4 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
46122073360	GNP NICOTINE 4 MG CHEWING GUM	20.00	4 MG
49348057208	SM NICOTINE 4 MG CHEWING GUM	50.00	4 MG
49348057236	SM NICOTINE 4 MG CHEWING GUM	110.00	4 MG
49348069209	SM NICOTINE 4 MG CHEWING GUM	50.00	4 MG
49348069236	SM NICOTINE 4 MG CHEWING GUM	110.00	4 MG
49348069264	SM NICOTINE 4 MG CHEWING GUM	170.00	4 MG
49348078810	SM NICOTINE 4 MG CHEWING GUM	100.00	4 MG
49348078859	SM NICOTINE 4 MG CHEWING GUM	40.00	4 MG
57237032301	NICOTINE 4 MG CHEWING GUM	100.00	4 MG
62011017001	HM NICOTINE 4 MG CHEWING GUM	110.00	4 MG
62011042601	HM NICOTINE 4 MG CHEWING GUM	100.00	4 MG
63739036810	NICOTINE 4 MG CHEWING GUM	100.00	4 MG
63739036910	NICOTINE 4 MG CHEWING GUM	100.00	4 MG
70000012001	NICOTINE 4 MG CHEWING GUM	50.00	4 MG
70000012301	NICOTINE 4 MG CHEWING GUM	20.00	4 MG
70000012302	NICOTINE 4 MG CHEWING GUM	100.00	4 MG
70000034101	NICOTINE 4 MG CHEWING GUM	50.00	4 MG
70000034201	NICOTINE 4 MG CHEWING GUM	20.00	4 MG
70000034301	NICOTINE 4 MG CHEWING GUM	10.00	4 MG
70000034401	NICOTINE 4 MG CHEWING GUM	20.00	4 MG
70000034402	NICOTINE 4 MG CHEWING GUM	100.00	4 MG
70677008601	SM NICOTINE 4 MG CHEWING GUM	100.00	4 MG
70677017001	SM NICOTINE 4 MG CHEWING GUM	110.00	4 MG
70677116501	FT NICOTINE 4 MG CHEWING GUM	100.00	4 MG
70677116701	FT NICOTINE 4 MG CHEWING GUM	50.00	4 MG
70677116702	FT NICOTINE 4 MG CHEWING GUM	110.00	4 MG
70677117101	FT NICOTINE 4 MG CHEWING GUM	100.00	4 MG
70677119301	FT NICOTINE 4 MG CHEWING GUM	110.00	4 MG
10267164101	SODIUM FLUORIDE 1 MG (2.2 MG)	100.00	1MG(2.2MG)
10267164104	SODIUM FLUORIDE 1 MG (2.2 MG)	1,000.00	1MG(2.2MG)

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
00536110688	NICOTINE 7 MG/24HR PATCH	14.00	7MG/24HR
00536589433	NICOTINE 7 MG/24HR PATCH	1.00	7MG/24HR
00536589453	NICOTINE 7 MG/24HR PATCH	7.00	7MG/24HR
00536589488	NICOTINE 7 MG/24HR PATCH	14.00	7MG/24HR
00591289030	NICOTINE 7 MG/24HR PATCH	30.00	7MG/24HR
00591289054	NICOTINE 7 MG/24HR PATCH	30.00	7MG/24HR
37205036374	NICOTINE 7 MG/24HR PATCH	14.00	7MG/24HR
43598044670	NICOTINE 7 MG/24HR PATCH	7.00	7MG/24HR
43598044671	NICOTINE 7 MG/24HR PATCH	1.00	7MG/24HR
43598044674	NICOTINE 7 MG/24HR PATCH	14.00	7MG/24HR
46122035474	NICOTINE 7 MG/24HR PATCH	14.00	7MG/24HR
49348014646	SM NICOTINE 7 MG/24HR PATCH	14.00	7MG/24HR
60505706100	NICOTINE 7 MG/24HR PATCH	1.00	7MG/24HR
60505708800	NICOTINE 7 MG/24HR PATCH	14.00	7MG/24HR
62011005001	HM NICOTINE 7 MG/24HR PATCH	14.00	7MG/24HR
62011034901	HM NICOTINE 7 MG/24HR PATCH	14.00	7MG/24HR
68001043288	NICOTINE 7 MG/24HR PATCH	7.00	7MG/24HR
68001043290	NICOTINE 7 MG/24HR PATCH	14.00	7MG/24HR
70000011301	NICOTINE 7 MG/24HR PATCH	14.00	7MG/24HR
70000011302	NICOTINE 7 MG/24HR PATCH	7.00	7MG/24HR
70000051001	NICOTINE 7 MG/24HR PATCH	7.00	7MG/24HR
70000051002	NICOTINE 7 MG/24HR PATCH	14.00	7MG/24HR
70677003001	SM NICOTINE 7 MG/24HR PATCH	14.00	7MG/24HR
70677118001	FT NICOTINE 7 MG/24HR PATCH	14.00	7MG/24HR
70677126401	NICOTINE 7 MG/24HR PATCH	14.00	7MG/24HR
00536110788	NICOTINE 14 MG/24HR PATCH	14.00	14MG/24HR
00536589533	NICOTINE 14 MG/24HR PATCH	1.00	14MG/24HR
00536589553	NICOTINE 14 MG/24HR PATCH	7.00	14MG/24HR
00536589571	NICOTINE 14 MG/24HR PATCH	28.00	14MG/24HR
00536589588	NICOTINE 14 MG/24HR PATCH	14.00	14MG/24HR
00591289330	NICOTINE 14 MG/24HR PATCH	30.00	14MG/24HR
00591289354	NICOTINE 14 MG/24HR PATCH	30.00	14MG/24HR
37205036174	NICOTINE 14 MG/24HR PATCH	14.00	14MG/24HR
43598044770	NICOTINE 14 MG/24HR PATCH	7.00	14MG/24HR
43598044771	NICOTINE 14 MG/24HR PATCH	1.00	14MG/24HR
43598044774	NICOTINE 14 MG/24HR PATCH	14.00	14MG/24HR
46122035274	NICOTINE 14 MG/24HR PATCH	14.00	14MG/24HR
49348014546	SM NICOTINE 14 MG/24HR PATCH	14.00	14MG/24HR
60505706200	NICOTINE 14 MG/24HR PATCH	1.00	14MG/24HR
60505708900	NICOTINE 14 MG/24HR PATCH	14.00	14MG/24HR
62011017201	HM NICOTINE 14 MG/24HR PATCH	14.00	14MG/24HR

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
62011035001	HM NICOTINE 14 MG/24HR PATCH	14.00	14MG/24HR
68001043388	NICOTINE 14 MG/24HR PATCH	7.00	14MG/24HR
68001043390	NICOTINE 14 MG/24HR PATCH	14.00	14MG/24HR
70000011401	NICOTINE 14 MG/24HR PATCH	7.00	14MG/24HR
70000011402	NICOTINE 14 MG/24HR PATCH	14.00	14MG/24HR
70000051101	NICOTINE 14 MG/24HR PATCH	7.00	14MG/24HR
70000051102	NICOTINE 14 MG/24HR PATCH	14.00	14MG/24HR
70677003101	SM NICOTINE 14 MG/24HR PATCH	14.00	14MG/24HR
70677118101	FT NICOTINE 14 MG/24HR PATCH	14.00	14MG/24HR
70677126501	NICOTINE 14 MG/24HR PATCH	14.00	14MG/24HR
00536110888	NICOTINE 21 MG/24HR PATCH	14.00	21 MG/24HR
00536589633	NICOTINE 21 MG/24HR PATCH	1.00	21 MG/24HR
00536589653	NICOTINE 21 MG/24HR PATCH	7.00	21 MG/24HR
00536589671	NICOTINE 21 MG/24HR PATCH	28.00	21 MG/24HR
00536589688	NICOTINE 21 MG/24HR PATCH	14.00	21 MG/24HR
00591290130	NICOTINE 21 MG/24HR PATCH	30.00	21 MG/24HR
00591290154	NICOTINE 21 MG/24HR PATCH	30.00	21 MG/24HR
37205035874	NICOTINE 21 MG/24HR PATCH	14.00	21 MG/24HR
43598044828	NICOTINE 21 MG/24HR PATCH	28.00	21 MG/24HR
43598044870	NICOTINE 21 MG/24HR PATCH	7.00	21 MG/24HR
43598044871	NICOTINE 21 MG/24HR PATCH	1.00	21 MG/24HR
43598044874	NICOTINE 21 MG/24HR PATCH	14.00	21 MG/24HR
46122035374	NICOTINE 21 MG/24HR PATCH	14.00	21 MG/24HR
46122056803	GNP NICOTINE 21 MG/24HR PATCH	28.00	21 MG/24HR
46122056807	GNP NICOTINE 21 MG/24HR PATCH	7.00	21 MG/24HR
49348014446	SM NICOTINE 21 MG/24HR PATCH	14.00	21 MG/24HR
60505706300	NICOTINE 21 MG/24HR PATCH	1.00	21 MG/24HR
60505709000	NICOTINE 21 MG/24HR PATCH	14.00	21 MG/24HR
62011017301	HM NICOTINE 21 MG/24HR PATCH	14.00	21 MG/24HR
62011035101	HM NICOTINE 21 MG/24HR PATCH	14.00	21 MG/24HR
68001043488	NICOTINE 21 MG/24HR PATCH	7.00	21 MG/24HR
68001043490	NICOTINE 21 MG/24HR PATCH	14.00	21 MG/24HR
68001043491	NICOTINE 21 MG/24HR PATCH	28.00	21 MG/24HR
70000011501	NICOTINE 21 MG/24HR PATCH	7.00	21 MG/24HR
70000011502	NICOTINE 21 MG/24HR PATCH	14.00	21 MG/24HR
70000051201	NICOTINE 21 MG/24HR PATCH	7.00	21 MG/24HR
70000051202	NICOTINE 21 MG/24HR PATCH	14.00	21 MG/24HR
70677003201	SM NICOTINE 21 MG/24HR PATCH	14.00	21 MG/24HR
70677118201	FT NICOTINE 21 MG/24HR PATCH	14.00	21 MG/24HR

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
70677126601	NICOTINE 21 MG/24HR PATCH	14.00	21 MG/24HR
70677126602	NICOTINE 21 MG/24HR PATCH	28.00	21 MG/24HR
00009526901	NICOTROL 5 MG/16HR PATCH	14.00	5MG/16HR
00071985208	NICOTROL 5 MG/16HR PATCH	14.00	5MG/16HR
00009527001	NICOTROL 10 MG/16HR PATCH	14.00	10MG/16HR
00071985308	NICOTROL 10 MG/16HR PATCH	14.00	10MG/16HR
00009519702	NICOTROL 15 MG/16HR PATCH	7.00	15MG/16HR
00009519707	NICOTROL 15 MG/16HR PATCH	14.00	15MG/16HR
00009519708	NICOTROL 15 MG/16HR PATCH	7.00	15MG/16HR
00071985408	NICOTROL 15 MG/16HR PATCH	14.00	15MG/16HR
00113027748	ASPIRIN EC 81 MG TABLET	180.00	81 MG
00113053576	ASPIRIN EC 81 MG TABLET	120.00	81 MG
00536100410	ASPIRIN EC 81 MG TABLET	1,000.00	81 MG
00536100441	ASPIRIN EC 81 MG TABLET	120.00	81 MG
00536114941	ASPIRIN EC 81 MG TABLET	120.00	81 MG
00536123441	ASPIRIN EC 81 MG TABLET	120.00	81 MG
00536308610	ASPIRIN EC 81 MG TABLET	1,000.00	81 MG
00536308641	ASPIRIN EC 81 MG TABLET	120.00	81 MG
00603002522	ASPIRIN 81 MG TABLET EC	120.00	81 MG
00603002532	ASPIRIN 81 MG TABLET EC	1,000.00	81 MG
00603002622	ASPIRIN EC 81 MG TABLET	120.00	81 MG
00603002632	ASPIRIN EC 81 MG TABLET	1,000.00	81 MG
00904517518	ASPIRIN ADULT 81 MG TAB EC	120.00	81 MG
00904671318	ASPIRIN EC 81 MG TABLET	120.00	81 MG
00904675180	ASPIRIN EC 81 MG TABLET	1,000.00	81 MG
00904678370	ASPIRIN EC 81 MG TABLET	250.00	81 MG
00904770418	ASPIR-LOW EC 81 MG TABLET	120.00	81 MG
00904770460	ASPIR-LOW 81 MG TABLET EC	100.00	81 MG
00904770470	ASPIR-LOW EC 81 MG TABLET	250.00	81 MG
00904770480	ASPIR-LOW EC 81 MG TABLET	1,000.00	81 MG
00904790460	LOW DOSE ASA 81 MG TAB EC	100.00	81 MG
10267024041	ASPIRIN EC 81 MG TABLET	100.00	81 MG
10267240401	ASPIRIN EC 81 MG TABLET	100.00	81 MG
24385053548	ASPIRIN EC 81 MG TABLET	180.00	81 MG
24385053576	ASPIRIN EC 81 MG TABLET	120.00	81 MG
24385053587	ASPIRIN EC 81 MG TABLET	300.00	81 MG
24385053590	ASPIRIN 81 MG TABLET EC	500.00	81 MG
24385054148	ASPIRIN EC 81 MG TABLET	180.00	81 MG
24385054187	ASPIRIN EC 81 MG TABLET	300.00	81 MG
37205051076	ASPIRIN EC 81 MG TABLET	120.00	81 MG
37205051087	ASPIRIN EC 81 MG TABLET	300.00	81 MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
37205051090	ASPIRIN 81 MG TABLET EC	500.00	81 MG
37205075776	ASPIRIN EC 81 MG TABLET	120.00	81 MG
46122018076	ASPIRIN EC 81 MG TABLET	120.00	81 MG
46122018087	ASPIRIN EC 81 MG TABLET	300.00	81 MG
46122018248	ASPIRIN EC 81 MG TABLET	180.00	81 MG
46122026248	ASPIRIN EC 81 MG TABLET	180.00	81 MG
46122026287	ASPIRIN EC 81 MG TABLET	300.00	81 MG
46122059848	GNP ASPIRIN EC 81 MG TABLET	180.00	81 MG
46122059887	GNP ASPIRIN EC 81 MG TABLET	300.00	81 MG
46122061576	GNP ASPIRIN EC 81 MG TABLET	120.00	81 MG
46122061587	ASPIRIN EC 81 MG TABLET	300.00	81 MG
46122076158	GNP ASPIRIN EC 81 MG TABLET	120.00	81 MG
46122076161	GNP ASPIRIN EC 81 MG TABLET	300.00	81 MG
46122079166	GNP ASPIRIN EC 81 MG TABLET	120.00	81 MG
46122079167	GNP ASPIRIN EC 81 MG TABLET	300.00	81 MG
49348028423	SM ASPIRIN EC 81 MG TABLET	300.00	81 MG
49348065315	SM ASPIRIN EC 81 MG TABLET	180.00	81 MG
49348075615	SM ASPIRIN EC 81 MG TABLET	180.00	81 MG
49348075623	ASPIRIN EC 81 MG TABLET	300.00	81 MG
49348075653	SM ASPIRIN EC 81 MG TABLET	120.00	81 MG
49348098015	SM ASPIRIN EC 81 MG TABLET	180.00	81 MG
49348098023	SM ASPIRIN EC 81 MG TABLET	300.00	81 MG
49348098053	SM ASPIRIN EC 81 MG TABLET	120.00	81 MG
49348098115	SM ASPIRIN EC 81 MG TABLET	180.00	81 MG
49483002510	ASPIRIN 81 MG TABLET EC	1,000.00	81 MG
49483002512	ASPIRIN 81 MG TABLET EC	120.00	81 MG
49483005410	ASPIRIN EC 81 MG TABLET	1,000.00	81 MG
49483005412	ASPIRIN EC 81 MG TABLET	120.00	81 MG
49483033010	MINIPRIN EC 81 MG TABLET	1,000.00	81 MG
49483033012	MINIPRIN EC 81 MG TABLET	120.00	81 MG
49483038710	ASPIRIN EC 81 MG TABLET	1,000.00	81 MG
49483038712	ASPIRIN EC 81 MG TABLET	120.00	81 MG
49483048110	ASPIRIN EC 81 MG TABLET	1,000.00	81 MG
49483048112	ASPIRIN EC 81 MG TABLET	120.00	81 MG
50844022212	ASPIRIN ADULT 81 MG TAB EC	100.00	81 MG
50844022216	ASPIRIN ADULT 81 MG TAB EC	1,000.00	81 MG
50844025506	ASPIRIN 81 MG TABLET EC	200.00	81 MG
50844025512	ASPIRIN 81 MG TABLET EC	100.00	81 MG
50844025513	ASPIRIN 81 MG TABLET EC	250.00	81 MG
50844025516	ASPIRIN 81 MG TABLET EC	1,000.00	81 MG
50844025532	ASPIRIN 81 MG TABLET EC	120.00	81 MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
50844056314	ASPIRIN EC 81 MG TABLET	500.00	81 MG
51079084519	ASPIRIN 81 MG TABLET EC	25.00	81 MG
51079084520	ASPIRIN E.C. 81 MG TABLET EC	100.00	81 MG
51645071708	ASPIRIN EC 81 MG TABLET	120.00	81 MG
57237030210	ASPIRIN EC 81 MG TABLET	1,000.00	81 MG
57237030212	ASPIRIN EC 81 MG TABLET	120.00	81 MG
62011000301	HM ASPIRIN EC 81 MG TABLET	180.00	81 MG
62011001901	HM ASPIRIN EC 81 MG TABLET	120.00	81 MG
62011001902	HM ASPIRIN EC 81 MG TABLET	300.00	81 MG
62584017901	ASPIRIN 81 MG TABLET EC	100.00	81 MG
62584021201	ASPIRIN 81 MG TABLET EC	100.00	81 MG
63739021201	ASPIRIN EC 81 MG TABLET	750.00	81 MG
63739021202	ASPIRIN EC 81 MG TABLET	300.00	81 MG
63739021210	ASPIRIN EC 81 MG TABLET	100.00	81 MG
63739027201	ASPIRIN EC 81 MG TABLET	750.00	81 MG
63739027203	ASPIRIN EC 81 MG TABLET	750.00	81 MG
63739027210	ASPIRIN EC 81 MG TABLET	100.00	81 MG
63739027215	ASPIRIN 81 MG TABLET EC	150.00	81 MG
63739052201	ASPIRIN EC 81 MG TABLET	750.00	81 MG
63739052210	ASPIRIN EC 81 MG TABLET	100.00	81 MG
65162024111	ASPIRIN ADULT 81 MG TAB EC	1,000.00	81 MG
65162024116	ASPIRIN ADULT 81 MG TAB EC	120.00	81 MG
70000010501	ADULT ASPIRIN EC 81 MG TABLET	120.00	81 MG
70000017801	ADULT ASPIRIN REGIMEN EC 81 MG	32.00	81 MG
70000017802	ASPIRIN EC 81 MG TABLET	300.00	81 MG
70000017803	ASPIRIN EC 81 MG TABLET	120.00	81 MG
70000020202	ADULT ASPIRIN REGIMEN EC 81 MG	120.00	81 MG
70000020203	ADULT ASPIRIN REGIMEN EC 81 MG	300.00	81 MG
70000020301	ADULT ASPIRIN REGIMEN EC 81 MG	120.00	81 MG
70000021801	ADULT ASPIRIN REGIMEN EC 81 MG	36.00	81 MG
70000021802	ASPIRIN EC 81 MG TABLET	120.00	81 MG
70000042801	ASPIRIN EC 81 MG TABLET	120.00	81 MG
70000060301	ASPIRIN REGIMEN 81 MG EC TAB	32.00	81 MG
70000060302	ASPIRIN REGIMEN 81 MG EC TAB	120.00	81 MG
70000060303	ASPIRIN REGIMEN 81 MG EC TAB	300.00	81 MG
70000060401	ASPIRIN REGIMEN 81 MG EC TAB	36.00	81 MG
70000060402	ASPIRIN REGIMEN 81 MG EC TAB	120.00	81 MG

NDC	TABLE NAME	PACKAGE SIZE	STRENGTH
70677013201	SM ASPIRIN EC 81 MG TABLET	180.00	81 MG
70677013202	SM ASPIRIN EC 81 MG TABLET	300.00	81 MG
70677016301	SM ASPIRIN EC 81 MG TABLET	180.00	81 MG
70677016302	SM ASPIRIN EC 81 MG TABLET	300.00	81 MG
70677016303	SM ASPIRIN EC 81 MG TABLET	120.00	81 MG
70677112101	FT ASPIRIN EC 81 MG TABLET	180.00	81 MG
70677115001	FT ASPIRIN EC 81 MG TABLET	120.00	81 MG
70677115002	FT ASPIRIN EC 81 MG TABLET	180.00	81 MG
70677115003	FT ASPIRIN EC 81 MG TABLET	300.00	81 MG
70677124501	FT ASPIRIN EC 81 MG TABLET	180.00	81 MG
70677126001	FT ASPIRIN EC 81 MG TABLET	120.00	81 MG
83324008905	QC ASPIRIN EC 81 MG TABLET	500.00	81 MG
83324009036	QC ASPIRIN EC 81 MG TABLET	36.00	81 MG
00004911500	ROCALTROL 1 MCG/ML ORAL SOLN	15.00	1 MCG/ML
00054312041	CALCITRIOL 1 MCG/ML SOLUTION	15.00	1 MCG/ML
30698091115	ROCALTROL 1 MCG/ML ORAL SOLN	15.00	1 MCG/ML
63304024159	CALCITRIOL 1 MCG/ML SOLUTION	15.00	1 MCG/ML
64980044715	CALCITRIOL 1 MCG/ML SOLUTION	15.00	1 MCG/ML
29978091860	ALEVAZOL 1% OINTMENT	56.70	1 %
00065027105	PATANOL 0.1% EYE DROPS	5.00	0.1 %
00065427401	PATADAY TWICE DAILY 0.1% DROPS	5.00	0.1 %
00024101550	FERGON 27 MG TABLET	500.00	240(27)MG
00178008501	FERROUS FUMARATE 90 MG TAB	100.00	90(29.5)MG
37205028516	PYRETHRIN LICE TREATMENT	59.00	4%-0.33%
37205028526	PYRETHRIN LICE TREATMENT	118.00	4%-0.33%
00113087303	NICOTINE 4 MG LOZENGE	24.00	4 MG
00113087305	GS NICOTINE 4 MG LOZENGE	72.00	4 MG
00113087306	GS NICOTINE 4 MG LOZENGE	96.00	4 MG
00113087323	NICOTINE 4 MG LOZENGE	72.00	4 MG
00536103981	NICOTINE 4 MG LOZENGE	81.00	4 MG
00536133809	NICOTINE 4 MG LOZENGE	72.00	4 MG
00536133835	NICOTINE 4 MG LOZENGE	24.00	4 MG
00904625862	NICORELIEF 4 MG LOZENGE	72.00	4 MG
24385097667	NICOTINE 4 MG LOZENGE	48.00	4 MG
37205098869	NICOTINE 4 MG LOZENGE	72.00	4 MG
37205098969	NICOTINE 4 MG LOZENGE	72.00	4 MG
43598048710	NICOTINE 4 MG LOZENGE	108.00	4 MG
43598048724	NICOTINE 4 MG LOZENGE	24.00	4 MG
43598048727	NICOTINE 4 MG LOZENGE	27.00	4 MG
43598048772	NICOTINE 4 MG LOZENGE	72.00	4 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
43598048781	NICOTINE 4 MG LOZENGE	81.00	4 MG
45802087303	NICOTINE 4 MG LOZENGE	24.00	4 MG
45802087305	NICOTINE 4 MG LOZENGE	72.00	4 MG
46122017708	NICOTINE 4 MG LOZENGE	72.00	4 MG
46122073208	GNP NICOTINE 4 MG LOZENGE	72.00	4 MG
46122073262	GNP NICOTINE 4 MG LOZENGE	24.00	4 MG
49348085316	SM NICOTINE 4 MG LOZENGE	72.00	4 MG
62011017101	HM NICOTINE 4 MG LOZENGE	72.00	4 MG
62011017102	HM NICOTINE 4 MG LOZENGE	24.00	4 MG
62011042801	HM NICOTINE 4 MG LOZENGE	72.00	4 MG
70000035001	NICOTINE 4 MG LOZENGE	72.00	4 MG
70000056101	NICOTINE 4 MG LOZENGE	72.00	4 MG
70677008801	SM NICOTINE 4 MG LOZENGE	72.00	4 MG
70677009001	SM NICOTINE 4 MG LOZENGE	81.00	4 MG
70677117501	FT NICOTINE 4 MG LOZENGE	72.00	4 MG
70677117701	FT NICOTINE 4 MG LOZENGE	72.00	4 MG
00113034403	NICOTINE 2 MG LOZENGE	24.00	2 MG
00113034405	GS NICOTINE 2 MG LOZENGE	72.00	2 MG
00113034423	NICOTINE 2 MG LOZENGE	72.00	2 MG
00536103881	NICOTINE 2 MG LOZENGE	81.00	2 MG
00536133709	NICOTINE 2 MG LOZENGE	72.00	2 MG
00536133735	NICOTINE 2 MG LOZENGE	24.00	2 MG
00904625762	NICORELIEF 2 MG LOZENGE	72.00	2 MG
24385097567	NICOTINE 2 MG LOZENGE	48.00	2 MG
37205098769	NICOTINE 2 MG LOZENGE	72.00	2 MG
43598048610	NICOTINE 2 MG LOZENGE	108.00	2 MG
43598048624	NICOTINE 2 MG LOZENGE	24.00	2 MG
43598048627	NICOTINE 2 MG LOZENGE	27.00	2 MG
43598048672	NICOTINE 2 MG LOZENGE	72.00	2 MG
43598048681	NICOTINE 2 MG LOZENGE	81.00	2 MG
45802034403	NICOTINE 2 MG LOZENGE	24.00	2 MG
45802034405	NICOTINE 2 MG LOZENGE	72.00	2 MG
46122017608	NICOTINE 2 MG LOZENGE	72.00	2 MG
46122073408	GNP NICOTINE 2 MG LOZENGE	72.00	2 MG
46122073462	GNP NICOTINE 2 MG LOZENGE	24.00	2 MG
49348085216	SM NICOTINE 2 MG LOZENGE	72.00	2 MG
62011004801	HM NICOTINE 2 MG LOZENGE	72.00	2 MG
62011004803	HM NICOTINE 2 MG LOZENGE	24.00	2 MG
62011042701	HM NICOTINE 2 MG LOZENGE	72.00	2 MG
70000034901	NICOTINE 2 MG LOZENGE	72.00	2 MG
70000056201	NICOTINE 2 MG LOZENGE	72.00	2 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
70677008701	SM NICOTINE 2 MG LOZENGE	72.00	2 MG
70677008901	SM NICOTINE 2 MG LOZENGE	81.00	2 MG
70677117401	FT NICOTINE 2 MG LOZENGE	72.00	2 MG
70677117601	FT NICOTINE 2 MG LOZENGE	72.00	2 MG
00703731104	CALCITRIOL 1 MCG/ML VIAL	1.00	1 MCG/ML
72266025101	CALCITRIOL 1 MCG/ML VIAL	1.00	1 MCG/ML
72266025110	CALCITRIOL 1 MCG/ML VIAL	1.00	1 MCG/ML
64011013411	NIFEREX CAPSULE	100.00	60 MG
00536347807	FERROUS SUL 160 MG TAB SA	30.00	160(50) MG
00536347808	FERROUS SUL 160 MG TAB SA	60.00	160(50) MG
37205003965	VIT SLOW RELEASE IRON TAB	30.00	160(50) MG
37205036865	IRON 160 MG TABLET	30.00	160(50) MG
51991060501	IRON RELEASE 160 MG TAB SA	100.00	160(50) MG
00536115680	VITAMIN D3 10 MCG(400 UNIT)/ML	50.00	10(400)/ML
00536134380	VITAMIN D3 10 MCG/ML DROP	50.00	10(400)/ML
00536840080	VITAMIN D3 400 UNIT/ML LIQUID	50.00	10(400)/ML
00904627350	D-VITA 400 UNIT/ML LIQUID	50.00	10(400)/ML
54838000650	VITAMIN D3 10 MCG/ML LIQUID	50.00	10(400)/ML
52747090160	TANDEM F CAPSULE	90.00	106 MG-1MG
00574050801	FERROUS GLUCONATE 324 MG TAB	100.00	324(38)MG
00574050810	FERROUS GLUCONATE 324 MG TAB	1,000.00	324(38)MG
00574050811	FERROUS GLUCONATE 324 MG TAB	100.00	324(38)MG
00536134480	INFANT IRON 15 MG/ML DROP	50.00	15 MG/ML
00603076247	FERROUS SULF 15 MG IRON/ML DRP	50.00	15 MG/ML
00904606050	FERROUS SULF 15 MG IRON/ML DRP	50.00	15 MG/ML
39328055750	FERROUS SULF 15 MG IRON/ML DRP	50.00	15 MG/ML
54838001150	FERROUS SULF 15 MG IRON/ML DRP	50.00	15 MG/ML
64376074151	FERROUS SULF 15 MG IRON/ML DRP	50.00	15 MG/ML
00065027225	PATADAY 0.2% EYE DROPS	2.50	0.2 %
00065815001	PATADAY ONCE DAILY 0.2% DROPS	2.50	0.2 %
00065815003	PATADAY ONCE DAILY 0.2% DROPS	5.00	0.2 %
46122055060	CHILD LORATADINE 5 MG TAB CHEW	20.00	5 MG
51660011231	CHILD LORATADINE 5 MG TAB CHEW	30.00	5 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
51660075331	CHILD LORATADINE 5 MG TAB CHEW	30.00	5 MG
51660075431	CHILD LORATADINE 5 MG TAB CHEW	30.00	5 MG
62011037101	HM CHILD ALLERGY RLF 5 MG CHEW	30.00	5 MG
70677104301	FT CHILD ALLERGY RLF 5 MG CHEW	30.00	5 MG
00574060801	FERROUS SULF EC 324 MG TABLET	100.00	324(65)MG
00574060810	FERROUS SULF EC 324 MG TABLET	1,000.00	324(65)MG
00574060811	FERROUS SULF EC 324 MG TABLET	100.00	324(65)MG
45861007001	FERROUS SULF EC 324 MG TABLET	1,000.00	324(65)MG
83035185801	TRUE FERROUS SULF EC 324 MG TB	1.00	324(65)MG
83035185805	TRUE FERROUS SULF EC 324 MG TB	500.00	324(65)MG
83035185806	TRUE FERROUS SULF EC 324 MG TB	60.00	324(65)MG
83592020105	WELL FERROUS SULF EC 324 MG TB	500.00	324(65)MG
65162040410	FERROUS GLUCONATE 325 MG TAB	100.00	325(36)MG
60505380200	NILOTINIB 200 MG CAPSULE	28.00	200 MG
60505380202	NILOTINIB 200 MG CAPSULE	28.00	200 MG
60505380203	NILOTINIB 200 MG CAPSULE	28.00	200 MG
60505380205	NILOTINIB 200 MG CAPSULE	500.00	200 MG
60505380207	NILOTINIB 200 MG CAPSULE	180.00	200 MG
60505380208	NILOTINIB 200 MG CAPSULE	60.00	200 MG
00536065085	FERROUS SULF 220 MG/5 ML LIQ	473.00	220 (44)/5
00536115516	FERROUS SULF 44 MG IRON/5ML LQ	473.00	220 (44)/5
54859081016	FERROUS SULF 44 MG IRON/5ML LQ	473.00	220 (44)/5
69339015401	FERROUS SULF 300 MG/6.8ML SOLN	6.80	220 (44)/5
69339015419	FERROUS SULF 300 MG/6.8ML SOLN	6.80	220 (44)/5
71321080116	FERROUS SULF 220 MG/5 ML ELIX	473.00	220 (44)/5
68220008730	BIFERA 28 MG TABLET	30.00	28 MG
00904602360	MULTIVIT-FLUOR 0.25 MG TB CHEW	100.00	0.25 MG
51991067901	MULTIVIT-FLUOR 0.25 MG TAB CHW	100.00	0.25 MG
00904602460	MULTIVIT-FLUOR 0.5 MG TAB CHEW	100.00	0.5 MG
51991068001	MULTIVIT-FLUOR 0.5 MG TAB CHEW	100.00	0.5 MG
00904602260	MULTIVIT-FLUOR 1 MG TAB CHEW	100.00	1 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
51991068101	MULTIVIT-FLUORIDE 1 MG TAB CHW	100.00	1 MG
59338077501	FERAHEME 510 MG/17 ML VIAL	17.00	510MG/17ML
59338077510	FERAHEME 510 MG/17 ML VIAL	17.00	510MG/17ML
51862015101	MULTIVIT-FLUOR 0.25 MG TAB CHW	100.00	0.25 MG
61269015101	MULTIVIT-FLUOR 0.25 MG TAB CHW	100.00	0.25 MG
51862015201	MULTIVIT-FLUOR 0.5 MG TAB CHEW	100.00	0.5 MG
61269015201	MULTIVIT-FLUOR 0.5 MG TAB CHEW	100.00	0.5 MG
51862015301	MULTIVIT-FLUORIDE 1 MG TAB CHW	100.00	1 MG
61269015301	MULTIVIT-FLUORIDE 1 MG TAB CHW	100.00	1 MG
00603438121	MULTIVIT-FLUOR 0.25 MG TAB CHW	100.00	0.25 MG
00603438128	MULTIVIT-FLUOR 0.25 MG TAB CHW	500.00	0.25 MG
00603471321	MULTIVIT-FLUOR 0.25 MG TAB CHW	100.00	0.25 MG
58657016301	MULTIVIT-FLUOR 0.25 MG TAB CHW	100.00	0.25 MG
58657016390	MULTIVIT-FLUOR 0.25 MG TAB CHW	90.00	0.25 MG
59088001754	FLOTREX 0.25 MG TABLET CHEW	30.00	0.25 MG
59088010759	MULTIVIT-FLUOR 0.25 MG TAB CHW	100.00	0.25 MG
61269015501	MULTIVIT-FLUOR 0.25 MG TAB CHW	100.00	0.25 MG
64376081301	MULTIVIT-FLUOR 0.25 MG TAB CHW	100.00	0.25 MG
00603438221	MULT-VIT-FLUOR 0.5 MG TAB CHW	100.00	0.5 MG
00603438228	MULT-VIT-FLUOR 0.5 MG TAB CHW	500.00	0.5 MG
00603471421	MULT-VIT-FLUOR 0.5 MG TAB CHW	100.00	0.5 MG
58657016401	MULTIVIT-FLUOR 0.5 MG TAB CHEW	100.00	0.5 MG
58657016490	MULTIVIT-FLUOR 0.5 MG TAB CHEW	90.00	0.5 MG
59088001554	FLOTREX 0.5 MG TABLET CHEW	30.00	0.5 MG
59088010859	MULTIVIT-FLUOR 0.5 MG TAB CHEW	100.00	0.5 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
61269015601	MULTIVIT-FLUOR 0.5 MG TAB CHEW	100.00	0.5 MG
64376081401	MULTIVIT-FLUOR 0.5 MG TAB CHW	100.00	0.5 MG
00603438321	MULTIVIT-FLUORIDE 1 MG TAB CHW	100.00	1 MG
00603438328	MULTIVIT-FLUORIDE 1 MG TAB CHW	500.00	1 MG
00603471521	MULTIVIT-FLUORIDE 1 MG TABLET	100.00	1 MG
58657016501	MULTIVIT-FLUORIDE 1 MG TAB CHW	100.00	1 MG
58657016590	MULTIVIT-FLUORIDE 1 MG TAB CHW	90.00	1 MG
59088010959	MULTIVIT-FLUORIDE 1 MG TAB CHW	100.00	1 MG
61269015701	MULTIVIT-FLUORIDE 1 MG TAB CHW	100.00	1 MG
64376081501	MULTIVIT-FLUORIDE 1 MG TAB CHW	100.00	1 MG
10144092801	QUTENZA 8% KIT (1 PATCH)	1.00	8 %
10144092901	QUTENZA 8% KIT (2 PATCH)	1.00	8 %
72512092000	QUTENZA 8% PATCH	1.00	8 %
72512092801	QUTENZA 8% KIT (1 PATCH)	1.00	8 %
72512092901	QUTENZA 8% KIT (2 PATCH)	1.00	8 %
72512093001	QUTENZA 8% KIT (4 PATCH)	1.00	8 %
60505380100	NILOTINIB 150 MG CAPSULE	28.00	150 MG
60505380102	NILOTINIB 150 MG CAPSULE	28.00	150 MG
60505380103	NILOTINIB 150 MG CAPSULE	28.00	150 MG
60505380104	NILOTINIB 150 MG CAPSULE	1.00	150 MG
60505380105	NILOTINIB 150 MG CAPSULE	500.00	150 MG
60505380107	NILOTINIB 150 MG CAPSULE	180.00	150 MG
60505380108	NILOTINIB 150 MG CAPSULE	60.00	150 MG
24338062216	FLUOR-A-DAY 1 MG TABLET CHEW	120.00	1MG(2.2MG)
24338061116	FLUOR-A-DAY 0.5 MG TAB CHEW	120.00	0.5(1.1)MG
24338060216	FLUOR-A-DAY 0.25 MG TAB CHEW	120.00	0.25(0.55)
70000021701	LORATADINE 10 MG SOFTGEL	30.00	10 MG
83324010310	QC ALLERGY (LORAT) 10 MG SFTGL	10.00	10 MG
00603178547	TRI-VIT-FLUOR 0.25 MG/ML DROP	50.00	0.25 MG/ML
13925017050	TRIPLE-VIT W-FLUOR 0.25 MG/ML	50.00	0.25 MG/ML
39328000550	SOLUVITA A,C,D-FLUOR 0.25MG/ML	50.00	0.25 MG/ML
51862016450	VIT A,C,D-FLUORIDE 0.25 MG/ML	50.00	0.25 MG/ML
58657032350	TRI-VITE-FLUORIDE 0.25 MG/ML	50.00	0.25 MG/ML

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
61269016450	VIT A,C,D-FLUORIDE 0.25 MG/ML	50.00	0.25 MG/ML
64376082350	TRIPLE-VIT W-FLUOR 0.25 MG/ML	50.00	0.25 MG/ML
49348094512	HM SLOW RELEASE IRON TABLET	60.00	143(45) MG
00536348107	FERROUS SULFATE ER 140 MG TAB	30.00	140(45)MG
00536348108	FERROUS SULFATE ER 140 MG TAB	60.00	140(45)MG
37205054778	IRON 27 MG TABLET	100.00	236(27)MG
46122008365	IRON 45 MG TABLET	30.00	159(45)MG
00904213761	FERROUS GLUCONATE 324 MG TAB	100.00	324(37.5)
00603178647	TRI-VIT-FLUOR 0.5 MG/ML DROP	50.00	0.5 MG/ML
58657032450	TRI-VITE-FLUORIDE 0.5 MG/ML	50.00	0.5 MG/ML
61269016750	VIT A,C,D-FLUORIDE 0.5 MG/ML	50.00	0.5 MG/ML
23594007005	TRI-VI-FLOR 0.25 MG DROPS	50.00	0.25 MG/ML
23594070050	TRI-VI-FLOR 0.25 MG DROPS	50.00	0.25 MG/ML
23594008005	TRI-VI-FLOR 0.5 MG DROPS	50.00	0.5 MG/ML
23594080050	TRI-VI-FLOR 0.5 MG DROPS	50.00	0.5 MG/ML
00517013410	DEXFERRUM 50 MG/ML VIAL	1.00	50MG/ML(1)
00517023410	DEXFERRUM 100 MG/2 ML VIAL	2.00	100 MG/2ML
00904547760	FERATE 28 MG TABLET	100.00	256(28)MG
15370010430	QUFLORA PED 0.5 MG CHEW TAB	30.00	0.5(1.1)MG
00113044301	GS NASAL ALLERGY 24HR SPRAY	16.90	55 MCG
45802010901	TRIAMCINOLONE 55 MCG NASAL SPR	16.90	55 MCG
45802044301	TRIAMCINOLONE 55 MCG NASAL SPR	16.90	55 MCG
46122038576	24H NASAL ALLERGY 55 MCG SPRAY	16.90	55 MCG
60505627507	TRIAMCINOLONE 55 MCG NASAL SPR	16.90	55 MCG
62011032001	HM 24H NASAL ALLERGY 55MCG SPR	16.90	55 MCG
70000020401	NASAL ALLERGY 24HR SPRAY	16.90	55 MCG
70677102301	FT 24H NASAL ALLERGY 55MCG SPR	16.90	55 MCG
13925016750	MULTI-VIT W-FLUOR 0.25 MG/ML	50.00	0.25 MG/ML
51862016150	MULTIVIT-FLUOR 0.25 MG/ML DROP	50.00	0.25 MG/ML
58657032550	MULTIVIT-FLUOR 0.25 MG/ML DROP	50.00	0.25 MG/ML
61269016150	MULTIVIT-FLUOR 0.25 MG/ML DROP	50.00	0.25 MG/ML
64376082050	MULTI-VIT W-FLUOR 0.25 MG/ML	50.00	0.25 MG/ML
13925016850	MULTI-VIT W-FLUOR 0.5 MG/ML	50.00	0.5 MG/ML

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
51862016250	MULTIVIT & FLUOR 0.5 MG/ML DRP	50.00	0.5 MG/ML
58657032650	MULTIVIT-FLUOR 0.5 MG/ML DROP	50.00	0.5 MG/ML
61269016250	MULTIVIT-FLUOR 0.5 MG/ML DROP	50.00	0.5 MG/ML
64376082250	MULTI-VIT W-FLUOR 0.5 MG/ML	50.00	0.5 MG/ML
13925016950	MULTIVIT-FLUOR-IRON 0.25 MG/ML	50.00	0.25-10/ML
51862016350	MULTIVIT-IRON-FL 0.25 MG/ML	50.00	0.25-10/ML
58657032750	MULTIVIT-FLUOR-IRON 0.25 MG/ML	50.00	0.25-10/ML
61269016350	MULTIVIT-IRON-FLUOR 0.25 MG/ML	50.00	0.25-10/ML
64376082150	MULTIVIT-IRON-FL 0.25 MG/ML	50.00	0.25-10/ML
00113095702	GS NICOTINE 4 MG MINI LOZENGE	81.00	4 MG
00113095760	GS NICOTINE 4 MG MINI LOZENGE	20.00	4 MG
00536124127	NICOTINE 4 MG MINI LOZENGE	27.00	4 MG
00536124181	NICOTINE 4 MG MINI LOZENGE	81.00	4 MG
45802095701	NICOTINE 4 MG MINI LOZENGE	27.00	4 MG
45802095702	NICOTINE 4 MG MINI LOZENGE	81.00	4 MG
46122025515	NICOTINE 4 MG MINI LOZENGE	81.00	4 MG
46122025560	NICOTINE 4 MG MINI LOZENGE	20.00	4 MG
46122066515	GNP NICOTINE 4 MG MINI LOZENGE	81.00	4 MG
46122071615	GNP NICOTINE 4 MG MINI LOZENGE	81.00	4 MG
46122071660	GNP NICOTINE 4 MG MINI LOZENGE	20.00	4 MG
57237032172	NICOTINE 4 MG MINI LOZENGE	72.00	4 MG
62011020001	HM NICOTINE 4 MG MINI LOZENGE	81.00	4 MG
62011043001	HM NICOTINE 4 MG MINI LOZENGE	81.00	4 MG
70000012100	NICOTINE 4 MG MINI LOZENGE	81.00	4 MG
70000055901	NICOTINE 4 MG MINI LOZENGE	81.00	4 MG
70677117301	FT NICOTINE 4 MG MINI LOZENGE	81.00	4 MG
70677117901	FT NICOTINE 4 MG MINI LOZENGE	81.00	4 MG
00113073402	GS NICOTINE 2 MG MINI LOZENGE	81.00	2 MG
00536123927	NICOTINE 2 MG MINI LOZENGE	27.00	2 MG
00536123981	NICOTINE 2 MG MINI LOZENGE	81.00	2 MG
45802008901	NICOTINE 2 MG MINI LOZENGE	27.00	2 MG
45802008902	NICOTINE 2 MG MINI LOZENGE	81.00	2 MG
46122025415	NICOTINE 2 MG MINI LOZENGE	81.00	2 MG
46122025460	NICOTINE 2 MG MINI LOZENGE	20.00	2 MG

NDC	LABLE NAME	PACKAGE SIZE	STRENGTH
46122066315	GNP NICOTINE 2 MG MINI LOZENGE	81.00	2 MG
46122071560	GNP NICOTINE 2 MG MINI LOZENGE	20.00	2 MG
46122073115	GNP NICOTINE 2 MG MINI LOZENGE	81.00	2 MG
46122073116	GNP NICOTINE 2 MG MINI LOZENGE	27.00	2 MG
57237032072	NICOTINE 2 MG MINI LOZENGE	72.00	2 MG
62011019901	HM NICOTINE 2 MG MINI LOZENGE	81.00	2 MG
62011042901	HM NICOTINE 2 MG MINI LOZENGE	81.00	2 MG
70000011701	NICOTINE 2 MG MINI LOZENGE	81.00	2 MG
70000056001	NICOTINE 2 MG MINI LOZENGE	81.00	2 MG
70677117201	FT NICOTINE 2 MG MINI LOZENGE	81.00	2 MG
70677117801	FT NICOTINE 2 MG MINI LOZENGE	81.00	2 MG
60505380307	NILOTINIB 50 MG CAPSULE	120.00	50 MG
69097070930	PHYTONADIONE 1 MG/0.5 ML VIAL	0.50	1 MG/0.5ML
69097070996	PHYTONADIONE 1 MG/0.5 ML VIAL	0.50	1 MG/0.5ML

Molina Medicare Complete Care (HMO D-SNP)

This formulary was updated on 04/01/2026.

For more recent information or other questions, contact us at (800) 665-3086, (TTY: 711),
October 1 – March 31: 8 a.m. to 8 p.m. local time, 7 days a week, April 1 - September 30:
Monday – Friday, 8 a.m. to 8 p.m. local time or visit MolinaHealthcare.com/Medicare.