

2021 FORMULARY

LIST OF COVERED DRUGS



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

This formulary was updated on 12/01/2021. For more recent information or other questions, please contact VIVA MEDICARE at 1-800-633-1542 or, for TTY users, 711, Monday - Friday, from 8 a.m. - 8 p.m. (from Oct. 1 - March 31: seven days a week, 8 a.m. - 8 p.m.) or visit www.VivaHealth.com/Medicare/MemberResources

VIVA MEDICARE is an HMO plan with a Medicare contract and a contract with the Alabama Medicaid Agency. Enrollment in VIVA MEDICARE depends on contract renewal H0154_mcdoc2543A_C_08/31/2020

VM-5300017

Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means VIVA MEDICARE. When it refers to “plan” or “our plan,” it means VIVA MEDICARE Extra Value or VIVA MEDICARE Extra Care.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit.

Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the VIVA MEDICARE Formulary?

A formulary is a list of covered drugs selected by VIVA MEDICARE in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. VIVA MEDICARE will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a VIVA MEDICARE network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary (drug list) change?

Most changes in drug coverage happen on January 1, but VIVA MEDICARE may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the VIVA MEDICARE Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify

affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the VIVA MEDICARE Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2021. To get updated information about the drugs covered by VIVA MEDICARE, please contact us. Our contact information appears on the front and back cover pages.

VIVA MEDICARE will notify you in writing in the event of a mid-year change to the formulary if you have been identified as being treated for select drug therapies. VIVA MEDICARE maintains monthly updates to the formulary via the Member Resources page located at www.VivaHealth.com/Medicare.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 109. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

VIVA MEDICARE covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** VIVA MEDICARE requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from VIVA MEDICARE before you fill your prescriptions.

If you don't get approval, VIVA MEDICARE may not cover the drug.

- **Quantity Limits:** For certain drugs, VIVA MEDICARE limits the amount of the drug that VIVA MEDICARE will cover. For example, VIVA MEDICARE provides 30 tablets per prescription for BYSTOLIC. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, VIVA MEDICARE requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, VIVA MEDICARE may not cover Drug B unless you try Drug A first. If Drug A does not work for you, VIVA MEDICARE will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask VIVA MEDICARE to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the VIVA MEDICARE Formulary?" on page III for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. If you learn that VIVA MEDICARE does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by VIVA MEDICARE. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by VIVA MEDICARE.
- You can ask VIVA MEDICARE to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the VIVA MEDICARE Formulary?

You can ask VIVA MEDICARE to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, VIVA MEDICARE limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, VIVA MEDICARE will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an

expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply if your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 31-day supply and may be up to a 31-day transition supply, consistent with dispensing increment (unless you have a prescription written for fewer days). We may cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we may cover a 31-day emergency supply

of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For more information

For more detailed information about your VIVA MEDICARE prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about VIVA MEDICARE, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

VIVA MEDICARE's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by VIVA MEDICARE. If you have trouble finding your drug in the list, turn to the Index that begins on page 109.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA and generic drugs are listed in lower-case italics (e.g., *omeprazole*).

The information in the Requirements/Limits column tells you if VIVA MEDICARE has any special requirements for coverage of your drug.

“PA” means the drug requires Prior Authorization.
“QL” means there is a quantity limit on the drug.
“NM” means the drug is not available at mail order.
“ST” means the drug requires step therapy.
“LA” means the drug has limited access and can only be dispensed by designated pharmacies.
“B/D” means a determination must be made as to whether the drug is covered under the Medicare Part B benefit or Medicare Part D benefit.



2021 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on the level of Extra Help you receive. When you enroll in our plan, you will receive an Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (also called a Low Income Subsidy Rider or LIS Rider). It will tell you how much you will pay for prescription drugs. Depending on your income and institutional status, you pay the following:

2021

- Deductible: \$0
- Copays during the Initial Coverage Stage:
\$0, \$1.30 or \$3.70 per prescription for drugs treated as generic and \$0, \$4.00 or \$9.20 per prescription for all other drugs (your cost depends on your level of "Extra Help").

Note: Please see Chapter 6 of your *VIVA MEDICARE Extra Value* or *HH VIVA MEDICARE Extra Care* Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy.

- There is an index in the back to help you find the drug you are looking for.
- Once the amount both you and Medicare pay (as the extra help) reaches \$6,550 in a year, your copayment amounts will go down to \$0.
- If you lose Extra Help, your costs will be different. Contact Member Services for more information.
- In addition to the drugs covered by Part D, certain Medicare recipients who also qualify for Medicaid may have some prescription drugs covered under their Medicaid benefits. These groups include:

QMB+

Full Benefit Dual Eligibles (FBDE)

SLMB+

If you have questions about which drugs are covered under Medicaid, please call the Medicaid Recipient Inquiry Hotline at 1-800-362-1504. TTY users call 1-800-253-0799.

2021 Formulary (List of Covered Drugs)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tab 100 mg</i>	2	
<i>allopurinol tab 300 mg</i>	2	
<i>colchicine tab 0.6 mg</i>	4	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>MITIGARE CAP 0.6MG</i>	3	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	3	
NSAIDS		
<i>celecoxib cap 50 mg</i>	3	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	3	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	3	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	3	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	3	
<i>diflunisal tab 500 mg</i>	3	
<i>ec-naproxen tab 375mg</i>	2	
<i>ec-naproxen tab 500mg</i>	2	
<i>etodolac cap 200 mg</i>	3	
<i>etodolac cap 300 mg</i>	3	
<i>etodolac tab 400 mg</i>	3	
<i>etodolac tab 500 mg</i>	3	
<i>etodolac tab er 24hr 400 mg</i>	3	
<i>etodolac tab er 24hr 500 mg</i>	3	
<i>etodolac tab er 24hr 600 mg</i>	3	
<i>flurbiprofen tab 100 mg</i>	3	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	3	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	2	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen dr tab 375mg</i>	2	
<i>naproxen dr tab 500mg</i>	2	

1 You can find information on what the symbols and abbreviations on this table mean by going to page number IV.

Drug Name	Drug Tier	Requirements/Limits
naproxen sodium tab 275 mg	3	
naproxen sodium tab 550 mg	3	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
piroxicam cap 10 mg	3	
piroxicam cap 20 mg	3	
sulindac tab 150 mg	2	
sulindac tab 200 mg	2	

OPIOID ANALGESICS, LONG-ACTING

fentanyl td patch 72hr 12 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 25 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 50 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 75 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 100 mcg/hr	4	QL (10 patches / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 20 mg	3	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 30 mg	3	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 40 mg	3	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 60 mg	3	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 80 mg	3	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 100 mg	3	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 120 mg	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 20 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days), PA
<i>methadone con 10mg/ml</i>	3	QL (90 mL / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	3	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	3	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 15 mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	3	QL (90 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>	3	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	3	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3	QL (180 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	4	
<i>butorphanol tartrate inj 2 mg/ml</i>	4	
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	4	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	QL (120 lozenges / 30 days), PA
<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)

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl liqd 1 mg/ml	4	QL (600 mL / 30 days)
hydromorphone hcl tab 2 mg	3	QL (180 tabs / 30 days)
hydromorphone hcl tab 4 mg	3	QL (180 tabs / 30 days)
hydromorphone hcl tab 8 mg	3	QL (180 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
MORPHINE SUL INJ 5MG/ML	4	B/D
MORPHINE SUL INJ 8MG/ML	4	B/D
MORPHINE SUL INJ 10MG/ML	4	B/D
morphine sulfate iv soln 1 mg/ml	4	B/D
morphine sulfate iv soln 4 mg/ml	4	B/D
morphine sulfate iv soln pf 10 mg/ml	4	B/D
morphine sulfate oral soln 10 mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate oral soln 20 mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3	QL (180 mL / 30 days)
morphine sulfate tab 15 mg	3	QL (180 tabs / 30 days)
morphine sulfate tab 30 mg	3	QL (180 tabs / 30 days)
nalbuphine hcl inj 10 mg/ml	4	
nalbuphine hcl inj 20 mg/ml	4	
oxycodone hcl cap 5 mg	4	QL (180 caps / 30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	4	QL (180 mL / 30 days)
oxycodone hcl soln 5 mg/5ml	4	QL (900 mL / 30 days)
oxycodone hcl tab 5 mg	3	QL (180 tabs / 30 days)
oxycodone hcl tab 10 mg	3	QL (180 tabs / 30 days)
oxycodone hcl tab 15 mg	3	QL (180 tabs / 30 days)
oxycodone hcl tab 20 mg	3	QL (180 tabs / 30 days)
oxycodone hcl tab 30 mg	3	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
tramadol hcl tab 50 mg	2	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	3	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

lidocaine hcl local inj 0.5%	3	B/D
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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl local inj 1%</i>	3	B/D
<i>lidocaine hcl local inj 2%</i>	3	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	3	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	3	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	3	B/D

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole tab 200 mg</i>	5	
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	4	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	4	
<i>atovaquone susp 750 mg/5ml</i>	5	
<i>aztreonam for inj 1 gm</i>	4	
<i>aztreonam for inj 2 gm</i>	4	
<i>CAYSTON INH 75MG</i>	5	NM, LA, PA
<i>clindamycin hcl cap 75 mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin hcl cap 300 mg</i>	2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	4	
<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	
<i>clindamycin phosphate inj 9 gm/60ml</i>	3	
<i>clindamycin phosphate inj 300 mg/2ml</i>	3	
<i>clindamycin phosphate inj 600 mg/4ml</i>	3	
<i>clindamycin phosphate inj 900 mg/6ml</i>	3	
<i>CLINDMYC/NAC INJ 300/50ML</i>	4	
<i>CLINDMYC/NAC INJ 600/50ML</i>	4	
<i>CLINDMYC/NAC INJ 900/50ML</i>	4	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	4	
<i>dapsone tab 25 mg</i>	3	
<i>dapsone tab 100 mg</i>	3	
<i>daptomycin for iv soln 350 mg</i>	5	
<i>daptomycin for iv soln 500 mg</i>	5	
<i>DAPTO MYCIN SOL 350MG</i>	5	
<i>EMVERM CHW 100MG</i>	5	QL (12 tabs / 365 days)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>gentamicin sulfate inj 10 mg/ml</i>	3	
<i>gentamicin sulfate inj 40 mg/ml</i>	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
<i>ivermectin tab 3 mg</i>	3	PA
<i>linezolid for susp 100 mg/5ml</i>	5	QL (1800 mL / 30 days)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	4	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	4	
<i>linezolid tab 600 mg</i>	4	QL (60 tabs / 30 days)
<i>meropenem iv for soln 1 gm</i>	4	
<i>meropenem iv for soln 500 mg</i>	4	
<i>methenamine hippurate tab 1 gm</i>	3	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	3	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	3	
<i>nitrofurantoin monohydrate</i>	3	
<i>macrocrystalline cap 100 mg</i>		
<i>paromomycin sulfate cap 250 mg</i>	4	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4	B/D
<i>pentamidine isethionate for soln 300 mg</i>	4	
<i>praziquantel tab 600 mg</i>	4	
<i>SIVEXTRO INJ 200MG</i>	5	
<i>SIVEXTRO TAB 200MG</i>	5	
<i>streptomycin sulfate for inj 1 gm</i>	5	
<i>SULFADIAZINE TAB 500MG</i>	4	
<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	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
SYNERCID INJ 500MG	5	
tobramycin nebu soln 300 mg/5ml	5	NM, PA
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	3	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	3	
tobramycin sulfate inj 10 mg/ml (base equivalent)	3	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	3	
trimethoprim tab 100 mg	2	
vancomycin hcl cap 125 mg (base equivalent)	4	QL (80 caps / 180 days)
vancomycin hcl cap 250 mg (base equivalent)	4	QL (160 caps / 180 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	4	
vancomycin hcl for iv soln 5 gm (base equivalent)	4	
vancomycin hcl for iv soln 10 gm (base equivalent)	4	
vancomycin hcl for iv soln 500 mg (base equivalent)	4	
vancomycin hcl for iv soln 750 mg (base equivalent)	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET INJ 5MG/ML	4	B/D
AMBISOME INJ 50MG	5	B/D
amphotericin b for iv soln 50 mg	4	B/D
caspofungin acetate for iv soln 50 mg	5	
caspofungin acetate for iv soln 70 mg	5	
fluconazole for susp 10 mg/ml	3	
fluconazole for susp 40 mg/ml	3	
fluconazole in nacl 0.9% inj 200 mg/100ml	3	
fluconazole in nacl 0.9% inj 400 mg/200ml	3	
fluconazole tab 50 mg	3	
fluconazole tab 100 mg	3	
fluconazole tab 150 mg	2	
fluconazole tab 200 mg	3	
flucytosine cap 250 mg	5	
flucytosine cap 500 mg	5	

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize susp 125 mg/5ml</i>	4	
<i>griseofulvin microsize tab 500 mg</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg</i>	4	
<i>griseofulvin ultramicrosize tab 250 mg</i>	4	
<i>itraconazole cap 100 mg</i>	4	PA
<i>ketoconazole tab 200 mg</i>	3	PA
<i>micafungin sodium for iv soln 50 mg</i>	5	
<i>micafungin sodium for iv soln 100 mg</i>	5	
<i>NOXAFL SUS 40MG/ML</i>	5	QL (630 mL / 30 days)
<i>nystatin tab 500000 unit</i>	3	
<i>posaconazole tab delayed release 100 mg</i>	5	QL (93 tabs / 30 days)
<i>terbinafine hcl tab 250 mg</i>	1	QL (90 tabs / year)
<i>voriconazole for inj 200 mg</i>	5	PA
<i>voriconazole for susp 40 mg/ml</i>	5	PA
<i>voriconazole tab 50 mg</i>	4	QL (480 tabs / 30 days), PA
<i>voriconazole tab 200 mg</i>	4	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate tab 250 mg</i>	3	
<i>chloroquine phosphate tab 500 mg</i>	3	
<i>COARTEM TAB 20-120MG</i>	4	
<i>mefloquine hcl tab 250 mg</i>	3	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	3	
<i>PRIMAQUINE TAB 26.3MG</i>	3	
<i>quinine sulfate cap 324 mg</i>	4	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	4	NM
<i>abacavir sulfate tab 300 mg (base equiv)</i>	3	NM
<i>APTIVUS CAP 250MG</i>	5	NM
<i>APTIVUS SOL</i>	5	NM
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	4	NM
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	4	NM
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	4	NM
<i>CRIXIVAN CAP 200MG</i>	4	NM
<i>CRIXIVAN CAP 400MG</i>	4	NM
<i>EDURANT TAB 25MG</i>	5	NM
<i>efavirenz cap 50 mg</i>	4	NM
<i>efavirenz cap 200 mg</i>	4	NM
<i>efavirenz tab 600 mg</i>	4	NM
<i>emtricitabine caps 200 mg</i>	3	NM

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA SOL 10MG/ML	3	NM
<i>etravirine tab 100 mg</i>	5	NM
<i>etravirine tab 200 mg</i>	5	NM
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	NM
FUZEON INJ 90MG	5	NM
INTELENCE TAB 25MG	4	NM
INTELENCE TAB 100MG	5	NM
INTELENCE TAB 200MG	5	NM
INVIRASE TAB 500MG	5	NM
ISENTRESS CHW 25MG	3	NM
ISENTRESS CHW 100MG	5	NM
ISENTRESS HD TAB 600MG	5	NM
ISENTRESS POW 100MG	3	NM
ISENTRESS TAB 400MG	5	NM
<i>lamivudine oral soln 10 mg/ml</i>	3	NM
<i>lamivudine tab 150 mg</i>	3	NM
<i>lamivudine tab 300 mg</i>	3	NM
LEXIVA SUS 50MG/ML	4	NM
<i>nevirapine susp 50 mg/5ml</i>	4	NM
<i>nevirapine tab 200 mg</i>	3	NM
<i>nevirapine tab er 24hr 100 mg</i>	4	NM
<i>nevirapine tab er 24hr 400 mg</i>	4	NM
NORVIR POW 100MG	4	NM
NORVIR SOL 80MG/ML	4	NM
PIFELTRO TAB 100MG	5	NM
PREZISTA SUS 100MG/ML	5	QL (400 mL / 30 days), NM
PREZISTA TAB 75MG	4	QL (480 tabs / 30 days), NM
PREZISTA TAB 150MG	5	QL (240 tabs / 30 days), NM
PREZISTA TAB 600MG	5	QL (60 tabs / 30 days), NM
PREZISTA TAB 800MG	5	QL (30 tabs / 30 days), NM
REYATAZ POW 50MG	5	NM
<i>ritonavir tab 100 mg</i>	3	NM
RUKOBIA TAB 600MG ER	5	NM
SELZENTRY SOL 20MG/ML	5	NM
SELZENTRY TAB 25MG	3	NM
SELZENTRY TAB 75MG	5	NM
SELZENTRY TAB 150MG	5	NM
SELZENTRY TAB 300MG	5	NM
<i>stavudine cap 15 mg</i>	4	NM
<i>stavudine cap 20 mg</i>	4	NM

9 You can find information on what the symbols and abbreviations on this table mean by going to page number IV.

Drug Name	Drug Tier	Requirements/Limits
stavudine cap 30 mg	4	NM
stavudine cap 40 mg	4	NM
tenofovir disoproxil fumarate tab 300 mg	3	NM
TIVICAY PD TAB 5MG	3	NM
TIVICAY TAB 10MG	3	NM
TIVICAY TAB 25MG	5	NM
TIVICAY TAB 50MG	5	NM
TROGARZO INJ 150MG/ML	5	NM, LA
TYBOST TAB 150MG	4	NM
VIRACEPT TAB 250MG	5	NM
VIRACEPT TAB 625MG	5	NM
VIREAD POW 40MG/GM	5	NM
VIREAD TAB 150MG	5	NM
VIREAD TAB 200MG	5	NM
VIREAD TAB 250MG	5	NM
zidovudine cap 100 mg	4	NM
zidovudine syrup 10 mg/ml	4	NM
zidovudine tab 300 mg	3	NM

ANTIRETROVIRAL COMBINATION AGENTS

abacavir sulfate-lamivudine tab 600-300 mg	3	NM
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5	NM
BIKTARVY TAB	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 200/25MG	5	NM
DOVATO TAB 50-300MG	5	NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM

Drug Name	Drug Tier	Requirements/Limits
KALETRA TAB 100-25MG	4	NM
KALETRA TAB 200-50MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TEMIXYS TAB 300-300	5	NM
TRIUMEQ TAB	5	NM

ANTITUBERCULAR AGENTS

<i>cycloserine cap 250 mg</i>	5	
<i>ethambutol hcl tab 100 mg</i>	3	
<i>ethambutol hcl tab 400 mg</i>	3	
<i>isoniazid syrup 50 mg/5ml</i>	4	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	4	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	4	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg</i>	3	
<i>rifampin cap 300 mg</i>	3	
<i>rifampin for inj 600 mg</i>	4	
SIRTURO TAB 20MG	5	LA, PA
SIRTURO TAB 100MG	5	LA, PA
TRECATOR TAB 250MG	4	

ANTIVIRALS

<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	B/D
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	5	NM
BARACLUDE SOL	5	NM
<i>entecavir tab 0.5 mg</i>	4	NM
<i>entecavir tab 1 mg</i>	4	NM
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
EPIVIR HBV SOL 5MG/ML	4	NM
<i>famciclovir tab 125 mg</i>	3	
<i>famciclovir tab 250 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
famciclovir tab 500 mg	3	
ganciclovir sodium for inj 500 mg	4	B/D
HARVONI PAK	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
lamivudine tab 100 mg (hbv)	4	NM
MAVYRET TAB 100-40MG	5	NM, PA
oseltamivir phosphate cap 30 mg (base equiv)	3	QL (168 caps / year)
oseltamivir phosphate cap 45 mg (base equiv)	3	QL (84 caps / year)
oseltamivir phosphate cap 75 mg (base equiv)	3	QL (84 caps / year)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	3	QL (1080 mL / year)
PEGASYS INJ	5	NM, PA
PEGASYS INJ 180MCG/M	5	NM, PA
RELENZA MIS DISKHALE	3	QL (6 inhalers / year)
ribavirin cap 200 mg	3	NM
ribavirin tab 200 mg	4	NM
rimantadine hydrochloride tab 100 mg	4	
valacyclovir hcl tab 1 gm	3	
valacyclovir hcl tab 500 mg	3	
valganciclovir hcl for soln 50 mg/ml (base equiv)	3	
valganciclovir hcl tab 450 mg (base equivalent)	3	
VEMLIDY TAB 25MG	5	NM, PA
VOSEVI TAB	5	NM, PA
XOFLUZA TAB 20MG	4	QL (2 tabs / 180 days)
XOFLUZA TAB 40MG	4	QL (2 tabs / 180 days)
XOFLUZA TAB 80MG	4	QL (1 tab / 180 days)
CEPHALOSPORINS		
cefaclor cap 250 mg	3	
cefaclor cap 500 mg	3	
CEFACLOR ER TAB 500MG	4	
cefaclor for susp 125 mg/5ml	4	
cefaclor for susp 250 mg/5ml	4	
cefaclor for susp 375 mg/5ml	4	
cefadroxil cap 500 mg	2	
cefadroxil for susp 250 mg/5ml	3	
cefadroxil for susp 500 mg/5ml	3	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium for inj 1 gm	3	

Drug Name	Drug Tier Requirements/Limits
cefazolin sodium for inj 10 gm	3
cefazolin sodium for inj 500 mg	3
cefazolin sodium for iv soln 1 gm	3
CEFAZOLIN SOL	4
cefdinir cap 300 mg	2
cefdinir for susp 125 mg/5ml	3
cefdinir for susp 250 mg/5ml	3
cefepime hcl for inj 1 gm	4
cefepime hcl for inj 2 gm	4
cefixime for susp 100 mg/5ml	4
cefixime for susp 200 mg/5ml	4
cefoxitin sodium for iv soln 1 gm	4
cefoxitin sodium for iv soln 2 gm	4
cefoxitin sodium for iv soln 10 gm	4
cefpodoxime proxetil for susp 50 mg/5ml	4
cefpodoxime proxetil for susp 100 mg/5ml	4
cefpodoxime proxetil tab 100 mg	3
cefpodoxime proxetil tab 200 mg	3
cefprozil for susp 125 mg/5ml	3
cefprozil for susp 250 mg/5ml	3
cefprozil tab 250 mg	3
cefprozil tab 500 mg	3
ceftazidime for inj 1 gm	4
ceftazidime for inj 6 gm	4
ceftazidime for iv soln 2 gm	4
CEFTAZIDIME/ SOL D5W 1GM	4
CEFTAZIDIME/ SOL D5W 2GM	4
ceftriaxone sodium for inj 1 gm	4
ceftriaxone sodium for inj 2 gm	4
ceftriaxone sodium for inj 10 gm	4
ceftriaxone sodium for inj 250 mg	4
ceftriaxone sodium for inj 500 mg	4
ceftriaxone sodium for iv soln 1 gm	4
ceftriaxone sodium for iv soln 2 gm	4
cefuroxime axetil tab 250 mg	3
cefuroxime axetil tab 500 mg	3
cefuroxime sodium for inj 750 mg	3
cefuroxime sodium for iv soln 1.5 gm	3
cephalexin cap 250 mg	1
cephalexin cap 500 mg	1
cephalexin for susp 125 mg/5ml	3
cephalexin for susp 250 mg/5ml	3
tazicef inj 1gm	4
tazicef inj 2gm	4
TAZICEF INJ 6GM	4

13 You can find information on what the symbols and abbreviations on this table mean by going to page number IV.

Drug Name	Drug Tier	Requirements/Limits
TEFLARO INJ 400MG	5	
TEFLARO INJ 600MG	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	3	
<i>azithromycin for susp 200 mg/5ml</i>	3	
<i>azithromycin iv for soln 500 mg</i>	3	
<i>azithromycin powd pack for susp 1 gm</i>	3	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	4	
<i>clarithromycin for susp 250 mg/5ml</i>	4	
<i>clarithromycin tab 250 mg</i>	3	
<i>clarithromycin tab 500 mg</i>	3	
<i>clarithromycin tab er 24hr 500 mg</i>	3	
DIFICID SUS	5	
DIFICID TAB 200MG	5	
e.e.s. 400 tab 400mg	4	
ery-tab tab 250mg ec	4	
ery-tab tab 333mg ec	4	
ery-tab tab 500mg ec	4	
ERYTHROCIN INJ 500MG	4	
<i>erythrocin tab 250mg</i>	4	
<i>erythromycin ethylsuccinate tab 400 mg</i>	4	
<i>erythromycin tab 250 mg</i>	4	
<i>erythromycin tab 500 mg</i>	4	
<i>erythromycin tab delayed release 250 mg</i>	4	
<i>erythromycin tab delayed release 333 mg</i>	4	
<i>erythromycin tab delayed release 500 mg</i>	4	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	4	
FLUOROQUINOLONES		
CIPRO (10%) SUS 500MG/5	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	4	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	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>levofloxacin iv soln 25 mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<i>levofloxacin tab 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	4	
PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	4	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	4	
<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	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	4	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	4	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<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 cap 500 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ampicillin sodium for inj 1 gm	4	
ampicillin sodium for inj 2 gm	4	
ampicillin sodium for inj 125 mg	4	
ampicillin sodium for inj 250 mg	4	
ampicillin sodium for inj 500 mg	4	
ampicillin sodium for iv soln 1 gm	4	
ampicillin sodium for iv soln 2 gm	4	
ampicillin sodium for iv soln 10 gm	4	
BICILLIN L-A INJ 600000	4	
BICILLIN L-A INJ 1200000	4	
BICILLIN L-A INJ 2400000	4	
dicloxacillin sodium cap 250 mg	3	
dicloxacillin sodium cap 500 mg	3	
nafcillin sodium for inj 1 gm	4	
nafcillin sodium for inj 2 gm	4	
nafcillin sodium for iv soln 1 gm	4	
nafcillin sodium for iv soln 2 gm	4	
nafcillin sodium for iv soln 10 gm	5	
oxacillin sodium for inj 1 gm (base equivalent)	4	
oxacillin sodium for inj 2 gm (base equivalent)	4	
oxacillin sodium for iv soln 10 gm (base equivalent)	5	
PEN G PROC INJ 600000	4	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
penicillin g potassium for inj 5000000 unit	4	
penicillin g potassium for inj 20000000 unit	4	
penicillin g sodium for inj 5000000 unit	4	
penicillin v potassium for soln 125 mg/5ml	2	
penicillin v potassium for soln 250 mg/5ml	2	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
pfizerpen inj 5mu	4	
pfizerpen inj 20000000	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	4	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	4	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
doxy 100 inj 100mg	4	
doxycycline hyclate cap 50 mg	3	
doxycycline hyclate cap 100 mg	3	
doxycycline hyclate for inj 100 mg	4	
doxycycline hyclate tab 20 mg	3	
doxycycline hyclate tab 100 mg	3	
doxycycline monohydrate cap 50 mg	2	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate tab 50 mg	3	
doxycycline monohydrate tab 75 mg	3	
doxycycline monohydrate tab 100 mg	3	
minocycline hcl cap 50 mg	3	
minocycline hcl cap 75 mg	3	
minocycline hcl cap 100 mg	3	
monodoxine nl cap 100mg	2	
tetracycline hcl cap 250 mg	4	PA
tetracycline hcl cap 500 mg	4	PA
tigecycline for iv soln 50 mg	5	
TIGECYCLINE INJ 50MG	5	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA INJ 100/4ML	5	B/D, NM
carboplatin iv soln 50 mg/5ml	3	B/D
carboplatin iv soln 150 mg/15ml	3	B/D
carboplatin iv soln 450 mg/45ml	3	B/D
carboplatin iv soln 600 mg/60ml	3	B/D
cisplatin inj 50 mg/50ml (1 mg/ml)	3	B/D
cisplatin inj 100 mg/100ml (1 mg/ml)	3	B/D
cisplatin inj 200 mg/200ml (1 mg/ml)	3	B/D
CYCLOPHOSPH INJ 1GM	5	B/D
CYCLOPHOSPH TAB 25MG	4	B/D
CYCLOPHOSPH TAB 50MG	4	B/D
CYCLOPHOSPHA INJ 500MG	5	B/D
cyclophosphamide cap 25 mg	3	B/D
cyclophosphamide cap 50 mg	3	B/D
cyclophosphamide for inj 1 gm	5	B/D
cyclophosphamide for inj 2 gm	5	B/D
cyclophosphamide for inj 500 mg	5	B/D
LEUKERAN TAB 2MG	5	
oxaliplatin for iv inj 50 mg	5	B/D
oxaliplatin for iv inj 100 mg	5	B/D
oxaliplatin iv soln 50 mg/10ml	4	B/D
oxaliplatin iv soln 100 mg/20ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin iv soln 200 mg/40ml</i>	4	B/D
<i>paraplatin inj 1000mg</i>	3	B/D
ANTIBIOTICS		
<i>adriamycin inj 20mg</i>	4	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	4	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	4	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	4	B/D
ANTIMETABOLITES		
<i>ALIMTA INJ 100MG</i>	5	B/D
<i>ALIMTA INJ 500MG</i>	5	B/D
<i>azacitidine for inj 100 mg</i>	5	B/D, NM
<i>cytarabine inj 20 mg/ml</i>	3	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	3	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	3	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	3	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	3	B/D
<i>gemcitabine hcl for inj 1 gm</i>	4	B/D
<i>gemcitabine hcl for inj 2 gm</i>	4	B/D
<i>gemcitabine hcl for inj 200 mg</i>	4	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	4	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	4	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	4	B/D
<i>mercaptopurine tab 50 mg</i>	3	
<i>methotrexate sodium for inj 1 gm</i>	3	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	3	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	3	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	3	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	3	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	3	B/D
<i>ONUREG TAB 200MG</i>	5	NM, LA, PA
<i>ONUREG TAB 300MG</i>	5	NM, LA, PA
<i>PURIXAN SUS 20MG/ML</i>	5	NM

Drug Name	Drug Tier	Requirements/Limits
TABLOID TAB 40MG	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	5	NM, PA
<i>abiraterone acetate tab 500 mg</i>	5	NM, PA
<i>anastrozole tab 1 mg</i>	1	
<i>bicalutamide tab 50 mg</i>	2	
EMCYT CAP 140MG	4	
ERLEADA TAB 60MG	5	NM, LA, PA
<i>exemestane tab 25 mg</i>	4	
<i>flutamide cap 125 mg</i>	3	
<i>fulvestrant inj 250 mg/5ml</i>	5	B/D
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide acetate inj kit 5 mg/ml</i>	4	NM, PA
LUPRON DEPOT INJ 3.75MG	5	NM, PA
LUPRON DEPOT INJ 11.25MG	5	NM, PA
LYSODREN TAB 500MG	5	
<i>megestrol acetate tab 20 mg</i>	3	
<i>megestrol acetate tab 40 mg</i>	3	
<i>nilutamide tab 150 mg</i>	5	
NUBEQA TAB 300MG	5	NM, LA, PA
ORGOVYX TAB 120MG	5	NM, LA, PA
SOLTAMOX SOL 10MG/5ML	5	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	2	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	2	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	
TRELSTAR MIX INJ 3.75MG	5	NM, PA
TRELSTAR MIX INJ 11.25MG	5	NM, PA
XTANDI CAP 40MG	5	NM, LA, PA
XTANDI TAB 40MG	5	NM, LA, PA
XTANDI TAB 80MG	5	NM, LA, PA
ZYTIGA TAB 500MG	5	NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 2MG	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 3MG	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAP 4MG	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAP 2.5MG	5	QL (28 caps / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 5MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	5	QL (28 caps / 28 days), NM, PA
THALOMID CAP 100MG	5	QL (28 caps / 28 days), NM, PA
THALOMID CAP 150MG	5	QL (56 caps / 28 days), NM, PA
THALOMID CAP 200MG	5	QL (56 caps / 28 days), NM, PA

MISCELLANEOUS

<i>bexarotene cap 75 mg</i>	5	NM, PA
<i>hydroxyurea cap 500 mg</i>	2	
INQOVI TAB 35-100MG	5	NM, LA, PA
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	B/D
KISQALI 200 PAK FEMARA	5	NM, PA
KISQALI 400 PAK FEMARA	5	NM, PA
KISQALI 600 PAK FEMARA	5	NM, PA
LONSURF TAB 15-6.14	5	NM, PA
LONSURF TAB 20-8.19	5	NM, PA
MATULANE CAP 50MG	5	NM, LA
SYNRIBO INJ 3.5MG	5	NM, PA
<i>tretinoin cap 10 mg</i>	5	
WELIREG TAB 40MG	5	NM, LA, PA

MITOTIC INHIBITORS

ABRAXANE INJ 100MG	5	B/D
<i>docetaxel for inj conc 20 mg/ml</i>	4	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	B/D
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	5	B/D
DOCETAXEL INJ 20MG/2ML	5	B/D
DOCETAXEL INJ 80MG/4ML	5	B/D
DOCETAXEL INJ 80MG/8ML	5	B/D
DOCETAXEL INJ 160/8ML	5	B/D

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL INJ 160/16ML	5	B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	5	B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	5	B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	5	B/D
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	3	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	3	B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	4	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	4	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	4	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	4	B/D
<i>toposar inj 1gm/50ml</i>	3	B/D
<i>toposar inj 100/5ml</i>	3	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	4	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	4	B/D

MOLECULAR TARGET AGENTS

AFINITOR DIS TAB 2MG	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	5	QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	5	QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	5	NM, LA, PA
ALUNBRIG PAK	5	NM, LA, PA
ALUNBRIG TAB 30MG	5	NM, LA, PA
ALUNBRIG TAB 90MG	5	NM, LA, PA
ALUNBRIG TAB 180MG	5	NM, LA, PA
AVASTIN INJ	5	NM, LA, PA
AVASTIN INJ 400/16ML	5	NM, LA, PA
AYVAKIT TAB 25MG	5	QL (30 tabs / 30 days), NM, LA, PA
AYVAKIT TAB 50MG	5	QL (30 tabs / 30 days), NM, LA, PA
AYVAKIT TAB 100MG	5	QL (30 tabs / 30 days), NM, LA, PA
AYVAKIT TAB 200MG	5	QL (30 tabs / 30 days), NM, LA, PA
AYVAKIT TAB 300MG	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TAB 3MG	5	NM, LA, PA
BALVERSA TAB 4MG	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TAB 5MG	5	NM, LA, PA
BORTEZOMIB INJ 3.5MG	5	NM, PA
BOSULIF TAB 100MG	5	NM, PA
BOSULIF TAB 400MG	5	NM, PA
BOSULIF TAB 500MG	5	NM, PA
BRAFTOVI CAP 75MG	5	NM, LA, PA
BRUKINSA CAP 80MG	5	NM, LA, PA
CABOMETYX TAB 20MG	5	QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 40MG	5	QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 60MG	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAP 100MG	5	NM, LA, PA
CAPRELSA TAB 100MG	5	NM, LA, PA
CAPRELSA TAB 300MG	5	NM, LA, PA
COMETRIQ KIT 60MG	5	NM, LA, PA
COMETRIQ KIT 100MG	5	NM, LA, PA
COMETRIQ KIT 140MG	5	NM, LA, PA
COPIKTRA CAP 15MG	5	NM, LA, PA
COPIKTRA CAP 25MG	5	NM, LA, PA
COTELLIC TAB 20MG	5	NM, LA, PA
DAURISMO TAB 25MG	5	NM, LA, PA
DAURISMO TAB 100MG	5	NM, LA, PA
ERIVEDGE CAP 150MG	5	NM, LA, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	QL (30 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 2.5 mg</i>	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 5 mg</i>	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 7.5 mg</i>	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 10 mg</i>	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus tab for oral susp 2 mg</i>	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus tab for oral susp 3 mg</i>	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus tab for oral susp 5 mg</i>	5	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAP 40MG	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
FARYDAK CAP 10MG	5	NM, LA, PA
FARYDAK CAP 15MG	5	NM, LA, PA
FARYDAK CAP 20MG	5	NM, LA, PA
FOTIVDA CAP 0.89MG	5	QL (21 caps / 28 days), NM, LA, PA
FOTIVDA CAP 1.34MG	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAP 100MG	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN INJ 150MG	5	NM, PA
HERZUMA INJ 150MG	5	NM, PA
HERZUMA INJ 420MG	5	NM, PA
IBRANCE CAP 75MG	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 100MG	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 125MG	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TAB 75MG	5	QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 100MG	5	QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 125MG	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TAB 10MG	5	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TAB 15MG	5	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TAB 30MG	5	QL (30 tabs / 30 days), NM, LA, PA
ICLUSIG TAB 45MG	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TAB 50MG	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TAB 100MG	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	5	QL (56 caps / 28 days), NM, LA, PA
IMBRUVICA CAP 140MG	5	QL (120 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
IMBRUICA TAB 140MG	5	QL (112 tabs / 28 days), NM, LA, PA
IMBRUICA TAB 280MG	5	QL (56 tabs / 28 days), NM, LA, PA
IMBRUICA TAB 420MG	5	QL (30 tabs / 30 days), NM, LA, PA
IMBRUICA TAB 560MG	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TAB 1MG	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAP 100MG	5	NM, LA, PA
IRESSA TAB 250MG	5	NM, LA, PA
JAKAFI TAB 5MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA INJ 100MG	5	B/D, NM
KADCYLA INJ 160MG	5	B/D, NM
KANJINTI INJ 420MG	5	NM, PA
KANJINTI SOL 150MG	5	NM, PA
KEYTRUDA INJ 100MG/4M	5	NM, PA
KISQALI TAB 200DOSE	5	NM, PA
KISQALI TAB 400DOSE	5	NM, PA
KISQALI TAB 600DOSE	5	NM, PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	NM, PA
LENVIMA CAP 4MG	5	NM, LA, PA
LENVIMA CAP 8 MG	5	NM, LA, PA
LENVIMA CAP 10 MG	5	NM, LA, PA
LENVIMA CAP 12MG	5	NM, LA, PA
LENVIMA CAP 14 MG	5	NM, LA, PA
LENVIMA CAP 18 MG	5	NM, LA, PA
LENVIMA CAP 20 MG	5	NM, LA, PA
LENVIMA CAP 24 MG	5	NM, LA, PA
LORBRENA TAB 25MG	5	NM, LA, PA
LORBRENA TAB 100MG	5	NM, LA, PA
LUMAKRAS TAB 120MG	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TAB 100MG	5	QL (120 tabs / 30 days), NM, LA, PA
LYNPARZA TAB 150MG	5	QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TAB 0.5MG	5	NM, LA, PA
MEKINIST TAB 2MG	5	NM, LA, PA
MEKTOVI TAB 15MG	5	NM, LA, PA
MONJUVI INJ 200MG	5	NM, LA, PA
MVASI INJ 100MG	5	NM, LA, PA
MVASI INJ 400MG	5	NM, LA, PA
NERLYNX TAB 40MG	5	NM, LA, PA
NEXAVAR TAB 200MG	5	NM, LA, PA
NINLARO CAP 2.3MG	5	NM, PA
NINLARO CAP 3MG	5	NM, PA
NINLARO CAP 4MG	5	NM, PA
ODOMZO CAP 200MG	5	NM, LA, PA
OGIVRI INJ 150MG	5	NM, PA
OGIVRI INJ 420MG	5	NM, PA
ONTRUZANT INJ 150MG	5	NM, PA
ONTRUZANT INJ 420MG	5	NM, PA
PEMAZYRE TAB 4.5MG	5	NM, LA, PA
PEMAZYRE TAB 9MG	5	NM, LA, PA
PEMAZYRE TAB 13.5MG	5	NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG TAB DOSE	5	NM, PA
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG TAB DOSE	5	NM, PA
QINLOCK TAB 50MG	5	NM, LA, PA
RETEVMO CAP 40MG	5	NM, LA, PA
RETEVMO CAP 80MG	5	NM, LA, PA
RIABNI SOL 100/10ML	5	NM, LA, PA
RIABNI SOL 500/50ML	5	NM, LA, PA
RITUXAN INJ 100MG	5	NM, LA, PA
RITUXAN INJ 500MG	5	NM, LA, PA
RITUXAN INJ HYCEL	5	NM, LA, PA
ROZLYTREK CAP 100MG	5	NM, LA, PA
ROZLYTREK CAP 200MG	5	NM, LA, PA
RUBRACA TAB 200MG	5	NM, LA, PA
RUBRACA TAB 250MG	5	NM, LA, PA
RUBRACA TAB 300MG	5	NM, LA, PA
RUXIENCE INJ 100/10ML	5	NM, PA
RUXIENCE INJ 500/50ML	5	NM, PA
RYDAPT CAP 25MG	5	NM, PA
SPRYCEL TAB 20MG	5	NM, PA
SPRYCEL TAB 50MG	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 70MG	5	NM, PA
SPRYCEL TAB 80MG	5	NM, PA
SPRYCEL TAB 100MG	5	NM, PA
SPRYCEL TAB 140MG	5	NM, PA
STIVARGA TAB 40MG	5	NM, LA, PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 50 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
SUTENT CAP 12.5MG	5	QL (30 caps / 30 days), NM, PA
SUTENT CAP 25MG	5	QL (30 caps / 30 days), NM, PA
SUTENT CAP 37.5MG	5	QL (30 caps / 30 days), NM, PA
SUTENT CAP 50MG	5	QL (30 caps / 30 days), NM, PA
TABRECTA TAB 150MG	5	NM, PA
TABRECTA TAB 200MG	5	NM, PA
TAFINLAR CAP 50MG	5	NM, LA, PA
TAFINLAR CAP 75MG	5	NM, LA, PA
TAGRISSO TAB 40MG	5	QL (30 tabs / 30 days), NM, LA, PA
TAGRISSO TAB 80MG	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAP 0.25MG	5	NM, LA, PA
TALZENNA CAP 1MG	5	NM, LA, PA
TASIGNA CAP 50MG	5	NM, PA
TASIGNA CAP 150MG	5	NM, PA
TASIGNA CAP 200MG	5	NM, PA
TAZVERIK TAB 200MG	5	NM, LA, PA
TECENTRIQ INJ 840/14	5	NM, LA, PA
TECENTRIQ INJ 1200/20	5	NM, LA, PA
TEPMETKO TAB 225MG	5	NM, LA, PA
TIBSOVO TAB 250MG	5	NM, LA, PA
TRAZIMERA INJ 150MG	5	NM, PA
TRAZIMERA INJ 420MG	5	NM, PA
TRUSELTIQ CAP 50MG	5	NM, LA, PA
TRUSELTIQ CAP 75MG	5	NM, LA, PA
TRUSELTIQ CAP 100MG	5	NM, LA, PA
TRUSELTIQ CAP 125MG	5	NM, LA, PA
TRUXIMA INJ 100/10ML	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
TRUXIMA INJ 500/50ML	5	NM, PA
TUKYSA TAB 50MG	5	NM, LA, PA
TUKYSA TAB 150MG	5	NM, LA, PA
TURALIO CAP 200MG	5	NM, LA, PA
UKONIQ TAB 200MG	5	NM, LA, PA
VELCADE INJ 3.5MG	5	NM, PA
VENCLEXTA TAB 10MG	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TAB 50MG	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TAB 100MG	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TAB 50MG	5	NM, LA, PA
VERZENIO TAB 100MG	5	NM, LA, PA
VERZENIO TAB 150MG	5	NM, LA, PA
VERZENIO TAB 200MG	5	NM, LA, PA
VITRAKVI CAP 25MG	5	NM, LA, PA
VITRAKVI CAP 100MG	5	NM, LA, PA
VITRAKVI SOL 20MG/ML	5	NM, LA, PA
VIZIMPRO TAB 15MG	5	NM, LA, PA
VIZIMPRO TAB 30MG	5	NM, LA, PA
VIZIMPRO TAB 45MG	5	NM, LA, PA
VOTRIENT TAB 200MG	5	NM, LA, PA
XALKORI CAP 200MG	5	NM, LA, PA
XALKORI CAP 250MG	5	NM, LA, PA
XOSPATA TAB 40MG	5	NM, LA, PA
XPOVIO PAK 40MG	5	NM, LA, PA
XPOVIO PAK 50MG	5	NM, LA, PA
XPOVIO PAK 60MG	5	NM, LA, PA
XPOVIO PAK 80MG	5	NM, LA, PA
XPOVIO PAK 100MG	5	NM, LA, PA
ZEJULA CAP 100MG	5	NM, LA, PA
ZELBORAF TAB 240MG	5	NM, LA, PA
ZIRABEV INJ 100/4ML	5	NM, PA
ZIRABEV INJ 400/16ML	5	NM, PA
ZOLINZA CAP 100MG	5	NM, PA
ZYDELIG TAB 100MG	5	NM, LA, PA
ZYDELIG TAB 150MG	5	NM, LA, PA
ZYKADIA TAB 150MG	5	NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium for inj 50 mg</i>	4	B/D
<i>leucovorin calcium for inj 100 mg</i>	4	B/D
<i>leucovorin calcium for inj 200 mg</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium for inj 350 mg</i>	4	B/D
<i>leucovorin calcium for inj 500 mg</i>	4	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	4	B/D
<i>leucovorin calcium tab 5 mg</i>	3	
<i>leucovorin calcium tab 10 mg</i>	3	
<i>leucovorin calcium tab 15 mg</i>	4	
<i>leucovorin calcium tab 25 mg</i>	4	
MESNEX TAB 400MG	5	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
BENAZEP/HCTZ TAB 5-6.25	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	3	
<i>eplerenone tab 50 mg</i>	3	
<i>spironolactone tab 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<u>ALPHA BLOCKERS</u>		
<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>prazosin hcl cap 1 mg</i>	3	
<i>prazosin hcl cap 2 mg</i>	3	
<i>prazosin hcl cap 5 mg</i>	3	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	2	
<u>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</u>		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL (30 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan cilexetil tab 4 mg	1	QL (60 tabs / 30 days)
candesartan cilexetil tab 8 mg	1	QL (60 tabs / 30 days)
candesartan cilexetil tab 16 mg	1	QL (60 tabs / 30 days)
candesartan cilexetil tab 32 mg	1	QL (30 tabs / 30 days)
irbesartan tab 75 mg	1	QL (30 tabs / 30 days)
irbesartan tab 150 mg	1	QL (30 tabs / 30 days)
irbesartan tab 300 mg	1	QL (30 tabs / 30 days)
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil tab 20 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil tab 40 mg	1	QL (30 tabs / 30 days)
telmisartan tab 20 mg	1	QL (30 tabs / 30 days)
telmisartan tab 40 mg	1	QL (30 tabs / 30 days)
telmisartan tab 80 mg	1	QL (30 tabs / 30 days)
valsartan tab 40 mg	1	QL (60 tabs / 30 days)
valsartan tab 80 mg	1	QL (60 tabs / 30 days)
valsartan tab 160 mg	1	QL (60 tabs / 30 days)
valsartan tab 320 mg	1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

amiodarone hcl inj 150 mg/3ml (50 mg/ml)	2	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	2	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	2	
amiodarone hcl tab 100 mg	4	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	4	
disopyramide phosphate cap 100 mg	4	
disopyramide phosphate cap 150 mg	4	
dofetilide cap 125 mcg (0.125 mg)	4	NM
dofetilide cap 250 mcg (0.25 mg)	4	NM
dofetilide cap 500 mcg (0.5 mg)	4	NM
flecainide acetate tab 50 mg	3	
flecainide acetate tab 100 mg	3	
flecainide acetate tab 150 mg	3	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	

Drug Name	Drug Tier	Requirements/Limits
NORPACE CAP 150MG CR	4	
pacerone tab 100mg	4	
pacerone tab 200mg	1	
pacerone tab 400mg	4	
propafenone hcl cap er 12hr 225 mg	4	
propafenone hcl cap er 12hr 325 mg	4	
propafenone hcl cap er 12hr 425 mg	4	
propafenone hcl tab 150 mg	3	
propafenone hcl tab 225 mg	3	
propafenone hcl tab 300 mg	3	
quinidine sulfate tab 200 mg	2	
quinidine sulfate tab 300 mg	2	
sorine tab 80mg	2	
sorine tab 120mg	2	
sorine tab 160mg	2	
sorine tab 240mg	2	
sotalol hcl (afib/afl) tab 80 mg	2	
sotalol hcl (afib/afl) tab 120 mg	2	
sotalol hcl (afib/afl) tab 160 mg	2	
sotalol hcl tab 80 mg	2	
sotalol hcl tab 120 mg	2	
sotalol hcl tab 160 mg	2	
sotalol hcl tab 240 mg	2	

ANTILIPEMICS, FIBRATES

fenofibrate micronized cap 67 mg	3	
fenofibrate micronized cap 134 mg	3	
fenofibrate micronized cap 200 mg	3	
fenofibrate tab 48 mg	3	
fenofibrate tab 54 mg	3	
fenofibrate tab 145 mg	3	
fenofibrate tab 160 mg	3	
gemfibrozil tab 600 mg	1	

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

atorvastatin calcium tab 10 mg (base equivalent)	1	QL (30 tabs / 30 days)
atorvastatin calcium tab 20 mg (base equivalent)	1	QL (30 tabs / 30 days)
atorvastatin calcium tab 40 mg (base equivalent)	1	QL (30 tabs / 30 days)
atorvastatin calcium tab 80 mg (base equivalent)	1	QL (30 tabs / 30 days)
lovastatin tab 10 mg	1	QL (60 tabs / 30 days)
lovastatin tab 20 mg	1	QL (60 tabs / 30 days)
lovastatin tab 40 mg	1	QL (60 tabs / 30 days)
pravastatin sodium tab 10 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS

<i>cholestyramine light powder 4 gm/dose</i>	3	
<i>cholestyramine light powder packets 4 gm</i>	3	
<i>cholestyramine powder 4 gm/dose</i>	3	
<i>cholestyramine powder packets 4 gm</i>	3	
<i>colesevelam hcl packet for susp 3.75 gm</i>	4	
<i>colesevelam hcl tab 625 mg</i>	4	
<i>colestipol hcl granule packets 5 gm</i>	4	
<i>colestipol hcl granules 5 gm</i>	4	
<i>colestipol hcl tab 1 gm</i>	3	
<i>ezetimibe tab 10 mg</i>	3	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>JUXTAPID CAP 5MG</i>	5	NM, LA, PA
<i>JUXTAPID CAP 10MG</i>	5	NM, LA, PA
<i>JUXTAPID CAP 20MG</i>	5	NM, LA, PA
<i>JUXTAPID CAP 30MG</i>	5	NM, LA, PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	3	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	3	QL (60 tabs / 30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	3	QL (60 tabs / 30 days)
<i>PRALUENT INJ 75MG/ML</i>	3	NM, PA
<i>PRALUENT INJ 150MG/ML</i>	3	NM, PA
<i>prevalite pow 4gm</i>	3	
<i>prevalite pow 4gm pk</i>	3	
<i>VASCEPA CAP 0.5GM</i>	4	
<i>VASCEPA CAP 1GM</i>	4	

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	

Drug Name	Drug Tier	Requirements/Limits
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	
BETA-BLOCKERS		
acebutolol hcl cap 200 mg	2	
acebutolol hcl cap 400 mg	2	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	3	
betaxolol hcl tab 20 mg	3	
bisoprolol fumarate tab 5 mg	2	
bisoprolol fumarate tab 10 mg	2	
BYSTOLIC TAB 2.5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	4	QL (60 tabs / 30 days)
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
labetalol hcl tab 100 mg	3	
labetalol hcl tab 200 mg	3	
labetalol hcl tab 300 mg	3	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	2	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	2	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	2	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	2	
metoprolol tartrate iv soln 5 mg/5ml	3	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 100 mg	1	
nadolol tab 20 mg	3	
nadolol tab 40 mg	3	
nadolol tab 80 mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	4	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	4	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	4	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	4	QL (60 tabs / 30 days)
<i>pindolol tab 5 mg</i>	3	
<i>pindolol tab 10 mg</i>	3	
<i>propranolol hcl cap er 24hr 60 mg</i>	3	
<i>propranolol hcl cap er 24hr 80 mg</i>	3	
<i>propranolol hcl cap er 24hr 120 mg</i>	3	
<i>propranolol hcl cap er 24hr 160 mg</i>	3	
<i>propranolol hcl oral soln 20 mg/5ml</i>	3	
<i>propranolol hcl oral soln 40 mg/5ml</i>	3	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	3	
<i>timolol maleate tab 10 mg</i>	3	
<i>timolol maleate tab 20 mg</i>	3	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1
<i>cartia xt cap 120/24hr</i>	2
<i>cartia xt cap 180/24hr</i>	2
<i>cartia xt cap 240/24hr</i>	2
<i>cartia xt cap 300/24hr</i>	2
<i>dilt-xr cap 120mg</i>	3
<i>dilt-xr cap 180mg</i>	3
<i>dilt-xr cap 240mg</i>	3
<i>diltiazem hcl cap er 12hr 60 mg</i>	4
<i>diltiazem hcl cap er 12hr 90 mg</i>	4
<i>diltiazem hcl cap er 12hr 120 mg</i>	4
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2

Drug Name	Drug Tier Requirements/Limits
diltiazem hcl coated beads cap er 24hr 360 mg	4
diltiazem hcl extended release beads cap er 24hr 120 mg	2
diltiazem hcl extended release beads cap er 24hr 180 mg	2
diltiazem hcl extended release beads cap er 24hr 240 mg	2
diltiazem hcl extended release beads cap er 24hr 300 mg	2
diltiazem hcl extended release beads cap er 24hr 360 mg	2
diltiazem hcl extended release beads cap er 24hr 420 mg	2
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	3
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	3
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	3
diltiazem hcl tab 30 mg	2
diltiazem hcl tab 60 mg	2
diltiazem hcl tab 90 mg	2
diltiazem hcl tab 120 mg	2
felodipine tab er 24hr 2.5 mg	2
felodipine tab er 24hr 5 mg	2
felodipine tab er 24hr 10 mg	2
isradipine cap 2.5 mg	3
isradipine cap 5 mg	3
nicardipine hcl cap 20 mg	4
nicardipine hcl cap 30 mg	4
nifedipine tab er 24hr 30 mg	3
nifedipine tab er 24hr 60 mg	3
nifedipine tab er 24hr 90 mg	3
nifedipine tab er 24hr osmotic release 30 mg	3
nifedipine tab er 24hr osmotic release 60 mg	3
nifedipine tab er 24hr osmotic release 90 mg	3
nimodipine cap 30 mg	4
NYMALIZE SOL	5
taztia xt cap 120mg/24	2
taztia xt cap 180mg/24	2
taztia xt cap 240mg/24	2
taztia xt cap 300mg er	2
taztia xt cap 360mg/24	2

Drug Name	Drug Tier Requirements/Limits
tiadylt cap 120mg/24	2
tiadylt cap 180mg/24	2
tiadylt cap 240mg/24	2
tiadylt cap 300mg/24	2
tiadylt cap 360mg/24	2
tiadylt cap 420mg/24	2
verapamil hcl cap er 24hr 100 mg	4
verapamil hcl cap er 24hr 120 mg	3
verapamil hcl cap er 24hr 180 mg	3
verapamil hcl cap er 24hr 200 mg	4
verapamil hcl cap er 24hr 240 mg	3
verapamil hcl cap er 24hr 300 mg	4
verapamil hcl cap er 24hr 360 mg	4
verapamil hcl iv soln 2.5 mg/ml	4
verapamil hcl tab 40 mg	1
verapamil hcl tab 80 mg	1
verapamil hcl tab 120 mg	1
verapamil hcl tab er 120 mg	2
verapamil hcl tab er 180 mg	2
verapamil hcl tab er 240 mg	2

DIURETICS

acetazolamide cap er 12hr 500 mg	4
acetazolamide tab 125 mg	4
acetazolamide tab 250 mg	4
amiloride & hydrochlorothiazide tab 5-50 mg	2
amiloride hcl tab 5 mg	2
bumetanide inj 0.25 mg/ml	3
bumetanide tab 0.5 mg	3
bumetanide tab 1 mg	3
bumetanide tab 2 mg	3
chlorthalidone tab 25 mg	2
chlorthalidone tab 50 mg	2
furosemide inj 10 mg/ml	3
furosemide oral soln 8 mg/ml	2
furosemide oral soln 10 mg/ml	2
furosemide tab 20 mg	1
furosemide tab 40 mg	1
furosemide tab 80 mg	1
hydrochlorothiazide cap 12.5 mg	1
hydrochlorothiazide tab 12.5 mg	1
hydrochlorothiazide tab 25 mg	1
hydrochlorothiazide tab 50 mg	1
indapamide tab 1.25 mg	2
indapamide tab 2.5 mg	2

Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide tab 25 mg</i>	4	
<i>methazolamide tab 50 mg</i>	4	
<i>metolazone tab 2.5 mg</i>	3	
<i>metolazone tab 5 mg</i>	3	
<i>metolazone tab 10 mg</i>	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>torsemide tab 5 mg</i>	2	
<i>torsemide tab 10 mg</i>	2	
<i>torsemide tab 20 mg</i>	2	
<i>torsemide tab 100 mg</i>	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>ADRENALIN INJ 1MG/ML</i>	4	
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	4	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	4	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	4	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	4	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	4	
<i>CORLANOR SOL 5MG/5ML</i>	4	
<i>CORLANOR TAB 5MG</i>	4	
<i>CORLANOR TAB 7.5MG</i>	4	
<i>digitek tab 0.25mg</i>	2	QL (30 tabs / 30 days)
<i>digitek tab 0.125mg</i>	2	QL (30 tabs / 30 days)
<i>digox tab 0.25mg</i>	2	QL (30 tabs / 30 days)
<i>digox tab 0.125mg</i>	2	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	4	
<i>digoxin oral soln 0.05 mg/ml</i>	4	
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	QL (30 tabs / 30 days)
<i>droxidopa cap 100 mg</i>	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa cap 200 mg</i>	5	QL (180 caps / 30 days), NM, PA
<i>droxidopa cap 300 mg</i>	5	QL (180 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
guanfacine hcl tab 1 mg	3	PA; PA if 70 years and older
guanfacine hcl tab 2 mg	3	PA; PA if 70 years and older
hydralazine hcl inj 20 mg/ml	4	
hydralazine hcl tab 10 mg	2	
hydralazine hcl tab 25 mg	2	
hydralazine hcl tab 50 mg	2	
hydralazine hcl tab 100 mg	2	
METHYLDOPA TAB 250MG	2	PA; PA if 70 years and older
METHYLDOPA TAB 500MG	2	PA; PA if 70 years and older
metyrosine cap 250 mg	5	PA
midodrine hcl tab 2.5 mg	3	
midodrine hcl tab 5 mg	3	
midodrine hcl tab 10 mg	4	
minoxidil tab 2.5 mg	2	
minoxidil tab 10 mg	2	
NORTHERA CAP 100MG	5	QL (90 caps / 30 days), NM, LA, PA
NORTHERA CAP 200MG	5	QL (180 caps / 30 days), NM, LA, PA
NORTHERA CAP 300MG	5	QL (180 caps / 30 days), NM, LA, PA
ranolazine tab er 12hr 500 mg	4	
ranolazine tab er 12hr 1000 mg	4	

NITRATES

isosorbide dinitrate tab 5 mg	3
isosorbide dinitrate tab 10 mg	3
isosorbide dinitrate tab 20 mg	3
isosorbide dinitrate tab 30 mg	3
isosorbide mononitrate tab 10 mg	2
isosorbide mononitrate tab 20 mg	2
isosorbide mononitrate tab er 24hr 30 mg	1
isosorbide mononitrate tab er 24hr 60 mg	1
isosorbide mononitrate tab er 24hr 120 mg	1
NITRO-BID OIN 2%	3
NITRO-DUR DIS 0.3MG/HR	4
NITRO-DUR DIS 0.8MG/HR	4
nitroglycerin sl tab 0.3 mg	3
nitroglycerin sl tab 0.4 mg	3
nitroglycerin sl tab 0.6 mg	3
nitroglycerin td patch 24hr 0.1 mg/hr	3
nitroglycerin td patch 24hr 0.2 mg/hr	3

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	3	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	3	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	4	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TAB 0.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 5 mg</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 10 mg</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan tab 62.5 mg</i>	5	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan tab 125 mg</i>	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate tab 20 mg</i>	3	QL (90 tabs / 30 days), NM, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	5	NM, LA, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	5	NM, LA, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	5	NM, LA, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	5	NM, LA, PA
VENTAVIS SOL 10MCG/ML	5	NM, PA
VENTAVIS SOL 20MCG/ML	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

<i>alprazolam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	3	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl tab 30 mg</i>	3	
<i>fluvoxamine maleate tab 25 mg</i>	3	
<i>fluvoxamine maleate tab 50 mg</i>	3	
<i>fluvoxamine maleate tab 100 mg</i>	3	
<i>lorazepam con 2mg/ml</i>	3	QL (150 mL / 30 days)
<i>lorazepam conc 2 mg/ml</i>	3	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	2	
<i>lorazepam inj 4 mg/ml</i>	2	
<i>lorazepam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	2	QL (150 tabs / 30 days)
ANTICONVULSANTS		
<i>APTIOM TAB 200MG</i>	5	QL (60 tabs / 30 days)
<i>APTIOM TAB 400MG</i>	5	QL (60 tabs / 30 days)
<i>APTIOM TAB 600MG</i>	5	QL (60 tabs / 30 days)
<i>APTIOM TAB 800MG</i>	5	QL (60 tabs / 30 days)
<i>BANZEL TAB 200MG</i>	5	PA
<i>BANZEL TAB 400MG</i>	5	PA
<i>BRIVIACT INJ 50MG/5ML</i>	4	PA
<i>BRIVIACT SOL 10MG/ML</i>	5	QL (600 mL / 30 days), PA
<i>BRIVIACT TAB 10MG</i>	5	QL (60 tabs / 30 days), PA
<i>BRIVIACT TAB 25MG</i>	5	QL (60 tabs / 30 days), PA
<i>BRIVIACT TAB 50MG</i>	5	QL (60 tabs / 30 days), PA
<i>BRIVIACT TAB 75MG</i>	5	QL (60 tabs / 30 days), PA
<i>BRIVIACT TAB 100MG</i>	5	QL (60 tabs / 30 days), PA
<i>carbamazepine cap er 12hr 100 mg</i>	4	
<i>carbamazepine cap er 12hr 200 mg</i>	4	
<i>carbamazepine cap er 12hr 300 mg</i>	4	
<i>carbamazepine chew tab 100 mg</i>	3	
<i>carbamazepine susp 100 mg/5ml</i>	4	
<i>carbamazepine tab 200 mg</i>	3	
<i>carbamazepine tab er 12hr 100 mg</i>	4	
<i>carbamazepine tab er 12hr 200 mg</i>	4	
<i>carbamazepine tab er 12hr 400 mg</i>	4	
<i>CELONTIN CAP 300MG</i>	4	
<i>clobazam suspension 2.5 mg/ml</i>	4	QL (480 mL / 30 days), PA
<i>clobazam tab 10 mg</i>	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam tab 20 mg</i>	4	QL (60 tabs / 30 days), PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	3	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	3	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	3	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	3	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	3	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	2	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAP 250MG	5	NM, LA, PA
DIACOMIT CAP 500MG	5	NM, LA, PA
DIACOMIT PAK 250MG	5	NM, LA, PA
DIACOMIT PAK 500MG	5	NM, LA, PA
<i>diazepam conc 5 mg/ml</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	4	
<i>diazepam oral soln 1 mg/ml</i>	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	4	
<i>diazepam rectal gel delivery system 10 mg</i>	4	
<i>diazepam rectal gel delivery system 20 mg</i>	4	
<i>diazepam tab 2 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	4	

Drug Name	Drug Tier	Requirements/Limits
DILANTIN CAP 100MG	4	
DILANTIN CHW 50MG	4	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	4	
<i>divalproex sodium tab delayed release 125 mg</i>	3	
<i>divalproex sodium tab delayed release 250 mg</i>	3	
<i>divalproex sodium tab delayed release 500 mg</i>	3	
<i>divalproex sodium tab er 24 hr 250 mg</i>	3	
<i>divalproex sodium tab er 24 hr 500 mg</i>	3	
EPIDIOLEX SOL 100MG/ML	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol tab 200mg</i>	3	
<i>ethosuximide cap 250 mg</i>	4	
<i>ethosuximide soln 250 mg/5ml</i>	3	
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg</i>	4	
<i>felbamate tab 600 mg</i>	4	
FINTEPLA SOL 2.2MG/ML	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUS 0.5MG/ML	5	QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	4	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	5	QL (60 tabs / 30 days), PA
FYCOMPA TAB 6MG	5	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	5	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	5	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	5	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	2	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	2	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	2	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	3	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	3	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	3	QL (120 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	3	
lamotrigine tab chewable dispersible 25 mg	3	
lamotrigine tab er 24hr 25 mg	4	
lamotrigine tab er 24hr 50 mg	4	
lamotrigine tab er 24hr 100 mg	4	
lamotrigine tab er 24hr 200 mg	4	
lamotrigine tab er 24hr 250 mg	4	
lamotrigine tab er 24hr 300 mg	4	
levetiracetam in sodium chloride iv soln 500 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	4	
levetiracetam inj 500 mg/5ml (100 mg/ml)	4	
levetiracetam oral soln 100 mg/ml	3	
levetiracetam tab 250 mg	3	
levetiracetam tab 500 mg	3	
levetiracetam tab 750 mg	3	
levetiracetam tab 1000 mg	3	
levetiracetam tab er 24hr 500 mg	3	
levetiracetam tab er 24hr 750 mg	3	
NAYZILAM SPR 5MG	4	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	4	
oxcarbazepine tab 150 mg	3	
oxcarbazepine tab 300 mg	3	
oxcarbazepine tab 600 mg	3	
PEGANONE TAB 250MG	4	
phenobarbital elixir 20 mg/5ml	4	PA; PA if 70 years and older
phenobarbital sodium inj 65 mg/ml	4	PA; PA if 70 years and older
phenobarbital sodium inj 130 mg/ml	4	PA; PA if 70 years and older
phenobarbital tab 15 mg	3	PA; PA if 70 years and older
phenobarbital tab 16.2 mg	3	PA; PA if 70 years and older
phenobarbital tab 30 mg	3	PA; PA if 70 years and older
phenobarbital tab 32.4 mg	3	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tab 60 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	3	PA; PA if 70 years and older
PHENYTEK CAP 200MG	4	
PHENYTEK CAP 300MG	4	
<i>phenytoin chew tab 50 mg</i>	3	
<i>phenytoin sodium extended cap 100 mg</i>	3	
<i>phenytoin sodium extended cap 200 mg</i>	3	
<i>phenytoin sodium extended cap 300 mg</i>	3	
<i>phenytoin sodium inj 50 mg/ml</i>	3	
<i>phenytoin susp 125 mg/5ml</i>	3	
<i>pregabalin cap 25 mg</i>	3	QL (120 caps / 30 days), PA
<i>pregabalin cap 50 mg</i>	3	QL (120 caps / 30 days), PA
<i>pregabalin cap 75 mg</i>	3	QL (120 caps / 30 days), PA
<i>pregabalin cap 100 mg</i>	3	QL (120 caps / 30 days), PA
<i>pregabalin cap 150 mg</i>	3	QL (120 caps / 30 days), PA
<i>pregabalin cap 200 mg</i>	3	QL (90 caps / 30 days), PA
<i>pregabalin cap 225 mg</i>	3	QL (60 caps / 30 days), PA
<i>pregabalin cap 300 mg</i>	3	QL (60 caps / 30 days), PA
<i>pregabalin soln 20 mg/ml</i>	4	QL (900 mL / 30 days), PA
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>roweepra tab 500mg</i>	3	
<i>rufinamide susp 40 mg/ml</i>	5	PA
<i>rufinamide tab 200 mg</i>	5	PA
<i>rufinamide tab 400 mg</i>	5	PA
SPRITAM TAB 250MG	4	
SPRITAM TAB 500MG	4	
SPRITAM TAB 750MG	4	
SPRITAM TAB 1000MG	4	
<i>subvenite tab 25mg</i>	1	
<i>subvenite tab 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>subvenite tab 150mg</i>	1	
<i>subvenite tab 200mg</i>	1	
SYMPAZAN MIS 5MG	4	QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	5	QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	5	QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	4	
<i>tiagabine hcl tab 4 mg</i>	4	
<i>tiagabine hcl tab 12 mg</i>	4	
<i>tiagabine hcl tab 16 mg</i>	4	
<i>topiramate sprinkle cap 15 mg</i>	3	
<i>topiramate sprinkle cap 25 mg</i>	3	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium inj 100 mg/ml</i>	4	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	3	
<i>valproic acid cap 250 mg</i>	3	
VALTOCO SPR 5MG	4	
VALTOCO SPR 10MG	4	
VALTOCO SPR 15MG	4	
VALTOCO SPR 20MG	4	
<i>vigabatrin powd pack 500 mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500 mg</i>	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadroner 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	4	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	5	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	5	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 50-200MG	5	QL (56 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200	5	QL (28 tabs / 28 days)
XCOPRI PAK 150-200	5	QL (56 tabs / 28 days)
XCOPRI TAB 50MG	5	QL (90 tabs / 30 days)
XCOPRI TAB 100MG	5	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TAB 150MG	5	QL (60 tabs / 30 days)
XCOPRI TAB 200MG	5	QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	4	
<i>galantamine hydrobromide tab 4 mg</i>	3	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	3	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	3	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	4	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	4	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 21 mg</i>	4	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	4	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	3	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	3	PA; PA if < 30 yrs
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	4	PA; PA if < 30 yrs
NAMZARIC CAP	4	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	4	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	4	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	4	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	4	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
rivastigmine td patch 24hr 4.6 mg/24hr	4	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	4	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	4	QL (30 patches / 30 days)

ANTIDEPRESSANTS

amitriptyline hcl tab 10 mg	3	
amitriptyline hcl tab 25 mg	3	
amitriptyline hcl tab 50 mg	3	
amitriptyline hcl tab 75 mg	3	
amitriptyline hcl tab 100 mg	3	
amitriptyline hcl tab 150 mg	3	
amoxapine tab 25 mg	3	
amoxapine tab 50 mg	3	
amoxapine tab 100 mg	3	
amoxapine tab 150 mg	3	
bupropion hcl tab 75 mg	3	
bupropion hcl tab 100 mg	3	
bupropion hcl tab er 12hr 100 mg	2	
bupropion hcl tab er 12hr 150 mg	2	
bupropion hcl tab er 12hr 200 mg	2	
bupropion hcl tab er 24hr 150 mg	3	
bupropion hcl tab er 24hr 300 mg	3	
citalopram hydrobromide oral soln 10 mg/5ml	3	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
clomipramine hcl cap 25 mg	4	PA
clomipramine hcl cap 50 mg	4	PA
clomipramine hcl cap 75 mg	4	PA
desipramine hcl tab 10 mg	4	
desipramine hcl tab 25 mg	4	
desipramine hcl tab 50 mg	4	
desipramine hcl tab 75 mg	4	
desipramine hcl tab 100 mg	4	
desipramine hcl tab 150 mg	4	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	4	QL (30 tabs / 30 days), PA
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	4	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl cap 10 mg</i>	3	
<i>doxepin hcl cap 25 mg</i>	3	
<i>doxepin hcl cap 50 mg</i>	3	
<i>doxepin hcl cap 75 mg</i>	3	
<i>doxepin hcl cap 100 mg</i>	3	
<i>doxepin hcl cap 150 mg</i>	4	
<i>doxepin hcl conc 10 mg/ml</i>	3	
DRIZALMA CAP 20MG DR	4	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	4	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	4	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	3	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	3	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	3	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	5	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	5	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	4	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	4	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	4	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl cap 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	2	
<i>fluoxetine hcl solution 20 mg/5ml</i>	3	
<i>imipramine hcl tab 10 mg</i>	2	
<i>imipramine hcl tab 25 mg</i>	2	
<i>imipramine hcl tab 50 mg</i>	2	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	3	
<i>mirtazapine orally disintegrating tab 30 mg</i>	3	
<i>mirtazapine orally disintegrating tab 45 mg</i>	3	
<i>mirtazapine tab 7.5 mg</i>	3	
<i>mirtazapine tab 15 mg</i>	2	
<i>mirtazapine tab 30 mg</i>	2	
<i>mirtazapine tab 45 mg</i>	2	
<i>nefazodone hcl tab 50 mg</i>	4	
<i>nefazodone hcl tab 100 mg</i>	4	
<i>nefazodone hcl tab 150 mg</i>	4	
<i>nefazodone hcl tab 200 mg</i>	4	
<i>nefazodone hcl tab 250 mg</i>	4	
<i>nortriptyline hcl cap 10 mg</i>	2	
<i>nortriptyline hcl cap 25 mg</i>	2	
<i>nortriptyline hcl cap 50 mg</i>	2	
<i>nortriptyline hcl cap 75 mg</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml</i>	4	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	4	QL (900 mL / 30 days)
<i>paroxetine hcl tab 10 mg</i>	2	
<i>paroxetine hcl tab 20 mg</i>	2	
<i>paroxetine hcl tab 30 mg</i>	2	
<i>paroxetine hcl tab 40 mg</i>	2	
PAXIL SUS 10MG/5ML	4	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	3	
<i>protriptyline hcl tab 5 mg</i>	4	
<i>protriptyline hcl tab 10 mg</i>	4	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	3	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	4	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	4	QL (240 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	4	QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate cap 100 mg</i>	4	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	4	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	4	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	3	
VIIBRYD KIT STARTER	4	
VIIBRYD TAB 10MG	4	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	4	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	4	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl cap 100 mg</i>	3	QL (120 caps / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	3	
APOKYN INJ 10MG/ML	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	4	
<i>benztropine mesylate tab 0.5 mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	4	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	4	
CARB/LEVO TAB 10-100MG	4	
CARB/LEVO TAB 25-100MG	4	
CARB/LEVO TAB 25-250MG	4	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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 tab 200 mg</i>	4	
KYNMOBI MIS 10MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 15MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 20MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 25MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 30MG	5	QL (150 films / 30 days), NM, PA
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	
NEUPRO DIS 8MG/24HR	4	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	4	QL (60 tabs / 30 days)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
<i>selegiline hcl cap 5 mg</i>	4	
<i>selegiline hcl tab 5 mg</i>	3	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	3	PA; PA if 70 years and older

ANTIPSYCHOTICS

ABILIFY MAIN INJ 300MG	5	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	5	QL (1 injection / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	4	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	5	QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	5	QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	5	QL (1 injection / 28 days)
ARISTADA INJ 1064MG	5	QL (1 injection / 56 days)
ARISTADA INJ INITIO	5	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	4	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	4	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	4	QL (60 tabs / 30 days)
CAPLYTA CAP 42MG	4	QL (30 caps / 30 days)
CHLORPROMAZI CON 30MG/ML	4	
CHLORPROMAZI CON 100MG/ML	4	
<i>chlorpromazine hcl inj 25 mg/ml</i>	4	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	4	
<i>chlorpromazine hcl tab 10 mg</i>	4	
<i>chlorpromazine hcl tab 25 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl tab 50 mg</i>	4	
<i>chlorpromazine hcl tab 100 mg</i>	4	
<i>chlorpromazine hcl tab 200 mg</i>	4	
<i>clozapine orally disintegrating tab 12.5 mg</i>	4	PA
<i>clozapine orally disintegrating tab 25 mg</i>	4	PA
<i>clozapine orally disintegrating tab 100 mg</i>	4	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	5	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	3	
<i>clozapine tab 50 mg</i>	3	
<i>clozapine tab 100 mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	4	QL (135 tabs / 30 days)
FANAPT PAK	4	PA
FANAPT TAB 1MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	5	QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	4	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	4	
<i>fluphenazine hcl tab 1 mg</i>	4	
<i>fluphenazine hcl tab 2.5 mg</i>	4	
<i>fluphenazine hcl tab 5 mg</i>	4	
<i>fluphenazine hcl tab 10 mg</i>	4	
<i>haloperidol decanoate im soln 50 mg/ml</i>	3	
<i>haloperidol decanoate im soln 100 mg/ml</i>	3	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
<i>haloperidol lactate oral conc 2 mg/ml</i>	3	
<i>haloperidol tab 0.5 mg</i>	3	
<i>haloperidol tab 1 mg</i>	3	
<i>haloperidol tab 2 mg</i>	3	
<i>haloperidol tab 5 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
haloperidol tab 10 mg	3	
haloperidol tab 20 mg	3	
INVEGA SUST INJ 39/0.25	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	5	QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	5	QL (1 injection / 90 days)
INVEGA TRINZ INJ 410MG	5	QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	5	QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	5	QL (1 injection / 90 days)
LATUDA TAB 20MG	4	QL (30 tabs / 30 days)
LATUDA TAB 40MG	4	QL (30 tabs / 30 days)
LATUDA TAB 60MG	4	QL (30 tabs / 30 days)
LATUDA TAB 80MG	4	QL (60 tabs / 30 days)
LATUDA TAB 120MG	4	QL (30 tabs / 30 days)
loxapine succinate cap 5 mg	3	
loxapine succinate cap 10 mg	3	
loxapine succinate cap 25 mg	3	
loxapine succinate cap 50 mg	3	
molindone hcl tab 5 mg	4	
molindone hcl tab 10 mg	4	
molindone hcl tab 25 mg	4	
NUPLAZID CAP 34MG	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TAB 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
olanzapine for im inj 10 mg	4	QL (3 vials / 1 day)
olanzapine orally disintegrating tab 5 mg	4	QL (30 tabs / 30 days)
olanzapine orally disintegrating tab 10 mg	4	QL (60 tabs / 30 days)
olanzapine orally disintegrating tab 15 mg	4	QL (30 tabs / 30 days)
olanzapine orally disintegrating tab 20 mg	4	QL (30 tabs / 30 days)
olanzapine tab 2.5 mg	2	QL (60 tabs / 30 days)
olanzapine tab 5 mg	2	QL (60 tabs / 30 days)
olanzapine tab 7.5 mg	2	QL (30 tabs / 30 days)
olanzapine tab 10 mg	2	QL (60 tabs / 30 days)
olanzapine tab 15 mg	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	4	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	4	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	4	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	4	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	3	
<i>perphenazine tab 4 mg</i>	3	
<i>perphenazine tab 8 mg</i>	3	
<i>perphenazine tab 16 mg</i>	3	
PERSERIS INJ 90MG	5	QL (1 injection / 30 days)
PERSERIS INJ 120MG	5	QL (1 injection / 30 days)
<i>pimozide tab 1 mg</i>	4	
<i>pimozide tab 2 mg</i>	4	
<i>quetiapine fumarate tab 25 mg</i>	3	
<i>quetiapine fumarate tab 50 mg</i>	3	
<i>quetiapine fumarate tab 100 mg</i>	3	
<i>quetiapine fumarate tab 200 mg</i>	3	
<i>quetiapine fumarate tab 300 mg</i>	3	
<i>quetiapine fumarate tab 400 mg</i>	3	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	4	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	4	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	4	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	4	QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	4	QL (60 tabs / 30 days)
REXULTI TAB 1MG	4	QL (60 tabs / 30 days)
REXULTI TAB 2MG	4	QL (60 tabs / 30 days)
REXULTI TAB 3MG	4	QL (30 tabs / 30 days)
REXULTI TAB 4MG	4	QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	4	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone orally disintegrating tab 0.25 mg</i>	4	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	3	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	2	
<i>risperidone tab 0.25 mg</i>	2	
<i>risperidone tab 1 mg</i>	2	
<i>risperidone tab 2 mg</i>	2	
<i>risperidone tab 3 mg</i>	2	
<i>risperidone tab 4 mg</i>	2	
<i>SECUADO DIS 3.8MG</i>	4	QL (30 patches / 30 days)
<i>SECUADO DIS 5.7MG</i>	4	QL (30 patches / 30 days)
<i>SECUADO DIS 7.6MG</i>	4	QL (30 patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	3	
<i>thioridazine hcl tab 25 mg</i>	3	
<i>thioridazine hcl tab 50 mg</i>	3	
<i>thioridazine hcl tab 100 mg</i>	3	
<i>thiothixene cap 1 mg</i>	4	
<i>thiothixene cap 2 mg</i>	4	
<i>thiothixene cap 5 mg</i>	4	
<i>thiothixene cap 10 mg</i>	4	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	3	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	3	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	3	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	3	
<i>VERSACLOZ SUS 50MG/ML</i>	5	QL (600 mL / 30 days), PA
<i>VRAYLAR CAP 1.5-3MG</i>	4	PA
<i>VRAYLAR CAP 1.5MG</i>	5	QL (60 caps / 30 days), PA
<i>VRAYLAR CAP 3MG</i>	5	QL (30 caps / 30 days), PA
<i>VRAYLAR CAP 4.5MG</i>	5	QL (30 caps / 30 days), PA
<i>VRAYLAR CAP 6MG</i>	5	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl cap 20 mg	4	QL (60 caps / 30 days)
ziprasidone hcl cap 40 mg	4	QL (60 caps / 30 days)
ziprasidone hcl cap 60 mg	4	QL (60 caps / 30 days)
ziprasidone hcl cap 80 mg	4	QL (60 caps / 30 days)
ziprasidone mesylate for inj 20 mg (base equivalent)	4	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	4	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	5	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	5	QL (1 vial / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine cap er 24hr 5 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days), PA
atomoxetine hcl cap 10 mg (base equiv)	4	QL (120 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	4	QL (120 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	4	QL (120 caps / 30 days)
atomoxetine hcl cap 40 mg (base equiv)	4	QL (60 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	4	QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	4	QL (30 caps / 30 days)
atomoxetine hcl cap 100 mg (base equiv)	4	QL (30 caps / 30 days)
dexmethylphenidate hcl tab 2.5 mg	3	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethylphenidate hcl tab 5 mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexamethylphenidate hcl tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate tab 20mg er</i>	4	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl soln 5 mg/5ml</i>	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl tab 5 mg</i>	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 10 mg</i>	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 10 mg</i>	4	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 20 mg</i>	4	QL (90 tabs / 30 days), PA

HYPNOTICS

<i>BELSOMRA TAB 5MG</i>	4	QL (30 tabs / 30 days)
<i>BELSOMRA TAB 10MG</i>	4	QL (30 tabs / 30 days)
<i>BELSOMRA TAB 15MG</i>	4	QL (30 tabs / 30 days)
<i>BELSOMRA TAB 20MG</i>	4	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>eszopiclone tab 1 mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone tab 2 mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	5	NM, LA, PA
<i>temazepam cap 7.5 mg</i>	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 30 mg</i>	4	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon cap 5 mg</i>	3	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 10 mg</i>	3	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
<i>AIMOVIG INJ 70MG/ML</i>	3	QL (1 pen / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
AIMOVIG INJ 140MG/ML	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	3	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	4	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	4	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	5	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	5	QL (16 tabs / 30 days), PA
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TAB 9MG	5	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TAB 12MG	5	QL (120 tabs / 30 days), NM, PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, PA
INGREZZA CAP 40MG	5	QL (30 caps / 30 days), NM, PA
INGREZZA CAP 60MG	5	QL (30 caps / 30 days), NM, PA
INGREZZA CAP 80MG	5	QL (30 caps / 30 days), NM, PA
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
LITHIUM SOL 8MEQ/5ML	4	
LYRICA CR TAB 82.5MG	3	QL (60 tabs / 30 days), PA
LYRICA CR TAB 165MG	3	QL (60 tabs / 30 days), PA
LYRICA CR TAB 330MG	3	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pregabalin tab er 24hr 82.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>pregabalin tab er 24hr 165 mg</i>	3	QL (60 tabs / 30 days), PA
<i>pregabalin tab er 24hr 330 mg</i>	3	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	3	
<i>riluzole tab 50 mg</i>	4	
<i>tetrabenazine tab 12.5 mg</i>	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ 0.3MG	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine tab er 12hr 10 mg</i>	3	NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa inj 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa inj 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 10 mg</i>	3	
<i>baclofen tab 20 mg</i>	3	
<i>carisoprodol tab 350 mg</i>	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	3	PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	3	PA; PA if 70 years and older
<i>dantrolene sodium cap 25 mg</i>	4	
<i>dantrolene sodium cap 50 mg</i>	4	
<i>dantrolene sodium cap 100 mg</i>	4	
<i>methocarbamol tab 500 mg</i>	3	PA; PA if 70 years and older
<i>methocarbamol tab 750 mg</i>	3	PA; PA if 70 years and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	
<i>vanadom tab 350mg</i>	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	3	QL (90 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	3	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	3	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	3	QL (30 tabs / 30 days), PA
<i>XYREM SOL 500MG/ML</i>	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv)</i>	4	QL (90 films / 30 days)

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2- 0.5 mg (base equiv)	2	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	3	
CHANTIX PAK 0.5& 1MG	4	
CHANTIX PAK 1MG	4	
CHANTIX TAB 0.5MG	4	
CHANTIX TAB 1MG	4	
disulfiram tab 250 mg	3	
disulfiram tab 500 mg	3	
naloxone hcl inj 0.4 mg/ml	2	
naloxone hcl inj 4 mg/10ml	2	
naloxone hcl soln cartridge 0.4 mg/ml	2	
naloxone hcl soln prefilled syringe 2 mg/2ml	2	
naltrexone hcl tab 50 mg	3	
NARCAN SPR	3	
NICOTROL INH	4	
NICOTROL NS SPR 10MG/ML	4	
VARENICLINE TAB 0.5MG	4	
VARENICLINE TAB 1MG	4	
VIVITROL INJ 380MG	5	NM

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM DIS 2MG/24HR	4	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	4	QL (30 patches / 30 days), PA
oxandrolone tab 2.5 mg	3	QL (120 tabs / 30 days), PA
oxandrolone tab 10 mg	4	QL (60 tabs / 30 days), PA
testosterone cypionate im inj in oil 100 mg/ml	3	PA
testosterone cypionate im inj in oil 200 mg/ml	3	PA
testosterone enanthate im inj in oil 200 mg/ml	3	PA

Drug Name	Drug Tier	Requirements/Limits
testosterone td gel 12.5 mg/act (1%)	4	QL (300 gm / 30 days), PA
testosterone td gel 25 mg/2.5gm (1%)	4	QL (300 gm / 30 days), PA
testosterone td gel 50 mg/5gm (1%)	4	QL (300 gm / 30 days), PA

ANTIDIABETICS

acarbose tab 25 mg	3	
acarbose tab 50 mg	3	
acarbose tab 100 mg	3	
BYDUREON BC INJ 2/0.85ML	3	QL (4 pens / 28 days)
BYDUREON PEN INJ 2MG	3	QL (4 pens / 28 days)
BYETTA INJ 5MCG	4	QL (1 pen / 30 days)
BYETTA INJ 10MCG	4	QL (1 pen / 30 days)
FARXIGA TAB 5MG	3	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	3	QL (30 tabs / 30 days)
glimepiride tab 1 mg	1	QL (90 tabs / 30 days)
glimepiride tab 2 mg	1	QL (90 tabs / 30 days)
glimepiride tab 4 mg	1	QL (60 tabs / 30 days)
glipizide tab 5 mg	1	QL (240 tabs / 30 days)
glipizide tab 10 mg	1	QL (120 tabs / 30 days)
glipizide tab er 24hr 2.5 mg	1	QL (90 tabs / 30 days)
glipizide tab er 24hr 5 mg	1	QL (90 tabs / 30 days)
glipizide tab er 24hr 10 mg	1	QL (60 tabs / 30 days)
glipizide xl tab 2.5mg	1	QL (90 tabs / 30 days)
glipizide xl tab 5mg	1	QL (90 tabs / 30 days)
glipizide xl tab 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	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 TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	3	QL (60 tabs / 30 days)
JARDIANCE TAB 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)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB XR	3	QL (30 tabs / 30 days); 5-1000mg
JENTADUETO TAB XR	3	QL (60 tabs / 30 days); 2.5-1000mg
<i>metformin hcl tab 500 mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
OZEMPIC INJ 2/1.5ML	3	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	3	QL (2 pens / 28 days)
OZEMPIC INJ 4MG/3ML	3	QL (1 pen / 28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	3	QL (30 tabs / 30 days)
RYBELSUS TAB 7MG	3	QL (30 tabs / 30 days)
RYBELSUS TAB 14MG	3	QL (30 tabs / 30 days)
SYNJARDY TAB	3	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB	3	QL (60 tabs / 30 days)
TRULICITY INJ 0.75/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 3/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 4.5/0.5	3	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	3	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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		
BASAGLAR INJ 100UNIT	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	Kwikpen
HUMULIN R INJ U-500	5	B/D
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTOUCH	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	3	(brand RELION not covered)
NOVOLIN N INJ U-100	3	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	3	(brand RELION not covered)
NOVOLIN R INJ U-100	3	(brand RELION not covered)
NOVOLOG INJ 100/ML	3	(brand RELION not covered)
NOVOLOG INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG INJ PENFILL	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
OMNIPOD KIT STARTER	4	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	4	QL (10 boxes / 30 days), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	3	
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	3	

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)

CALCIUM REGULATORS

<i>alendronate sodium oral soln 70 mg/75ml</i>	4	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	3	B/D
<i>FORTEO INJ 620/2.48</i>	5	NM, PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	3	B/D
<i>NATPARA INJ 25MCG</i>	5	NM, PA
<i>NATPARA INJ 50MCG</i>	5	NM, PA
<i>NATPARA INJ 75MCG</i>	5	NM, PA
<i>NATPARA INJ 100MCG</i>	5	NM, PA
<i>pamidronate disodium for inj 30 mg</i>	3	B/D
<i>pamidronate disodium for inj 90 mg</i>	3	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	3	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	3	B/D
<i>PAMIDRONATE INJ 6MG/ML</i>	3	B/D
<i>PROLIA SOL 60MG/ML</i>	4	QL (1 injection / 180 days), NM
<i>risedronate sodium tab 5 mg</i>	4	
<i>risedronate sodium tab 35 mg</i>	4	
<i>risedronate sodium tab 150 mg</i>	4	
<i>risedronate sodium tab delayed release 35 mg</i>	4	
<i>TYMLOS INJ</i>	5	NM, PA
<i>XGEVA INJ</i>	5	NM, PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	B/D, NM
<i>zoledronic acid iv soln 4 mg/100ml</i>	4	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	B/D, NM

CHELATING AGENTS

<i>CHEMET CAP 100MG</i>	4	
<i>deferasirox granules packet 90 mg</i>	5	NM, PA
<i>deferasirox granules packet 180 mg</i>	5	NM, PA
<i>deferasirox granules packet 360 mg</i>	5	NM, PA
<i>deferasirox tab 90 mg</i>	5	NM, PA
<i>deferasirox tab 180 mg</i>	5	NM, PA
<i>deferasirox tab 360 mg</i>	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
LOKELMA PAK 5GM	3	
LOKELMA PAK 10GM	3	
<i>penicillamine tab 250 mg</i>	5	NM
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps sus 15gm/60</i>	3	
<i>trientine hcl cap 250 mg</i>	5	NM, PA
VELTASSA POW 8.4GM	4	PA
VELTASSA POW 16.8GM	4	PA
VELTASSA POW 25.2GM	4	PA

CONTRACEPTIVES

<i>afirmelle tab 0.1-0.02</i>	2	
<i>altavera tab</i>	2	
<i>alyacen tab 1/35</i>	2	
<i>alyacen tab 7/7/7</i>	2	
<i>amethia tab</i>	3	
<i>apri tab</i>	2	
<i>aranelle tab</i>	3	
<i>ashlyna tab</i>	3	
<i>aubra eq tab 0.1-0.02</i>	2	
<i>aurovela 24 tab fe 1/20</i>	3	
<i>aurovela fe tab 1.5/30</i>	2	
<i>aurovela fe tab 1/20</i>	2	
<i>aurovela tab 1/20</i>	3	
<i>aviane tab</i>	2	
<i>ayuna tab</i>	2	
<i>azurette tab 28 day</i>	3	
<i>balziva tab</i>	3	
<i>bekyree tab</i>	3	
<i>blisovi 24 tab fe 1/20</i>	3	
<i>blisovi fe tab 1.5/30</i>	2	
<i>brielllyn tab</i>	3	
<i>camila tab 0.35mg</i>	2	
<i>camrese lo tab</i>	3	
<i>camrese tab</i>	3	
<i>caziant pak</i>	3	
<i>chateal tab 0.15/30</i>	2	
<i>cryselle-28 tab 28 tabs</i>	2	
<i>cyclafem tab 1/35</i>	2	
<i>cyclafem tab 7/7/7</i>	2	
<i>cyred eq tab</i>	2	
<i>dasetta tab 1/35</i>	2	
<i>dasetta tab 7/7/7</i>	2	
<i>daysee tab</i>	3	
<i>deblitane tab 0.35mg</i>	2	

Drug Name	Drug Tier Requirements/Limits
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	4
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	4
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3
<i>elonest tab</i>	2
<i>ELLA TAB 30MG</i>	3
<i>eluryng mis</i>	4
<i>emoquette tab</i>	2
<i>enpresse-28 tab</i>	2
<i>enskyce tab</i>	2
<i>errin tab 0.35mg</i>	2
<i>estarrylla tab 0.25-35</i>	2
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	3
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	4
<i>falmina tab</i>	2
<i>fayosim tab</i>	3
<i>femynor tab 0.25-35</i>	2
<i>gianvi tab 3-0.02mg</i>	3
<i>hailey 24 tab fe</i>	3
<i>hailey tab 1.5/30</i>	3
<i>heather tab 0.35mg</i>	2
<i>iclevia tab</i>	3
<i>incassia tab 0.35mg</i>	2
<i>introvale tab</i>	3
<i>isibloom tab</i>	2
<i>jasmiel tab 3-0.02mg</i>	3
<i>jolessa tab</i>	3
<i>juleber tab</i>	2
<i>junel 1.5/30 tab</i>	3
<i>junel 1/20 tab</i>	3
<i>junel fe 24 tab 1/20</i>	3
<i>junel fe tab 1.5/30</i>	2
<i>junel fe tab 1/20</i>	2
<i>kaitlib fe chw</i>	4

Drug Name	Drug Tier	Requirements/Limits
<i>kariva tab 28 day</i>	3	
<i>kelnor 1/50 tab</i>	3	
<i>kelnor tab 1/35</i>	3	
<i>kurvelo tab 0.15/30</i>	2	
<i>larin 24 tab fe 1/20</i>	3	
<i>larin fe tab 1.5/30</i>	2	
<i>larin fe tab 1/20</i>	2	
<i>larin tab 1.5/30</i>	3	
<i>larin tab 1/20</i>	3	
<i>larissia tab</i>	2	
<i>layolis fe chw</i>	4	
<i>leena tab</i>	3	
<i>lessina tab</i>	2	
<i>levonest tab</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03</i>	3	
<i>mg &eth est 0.01 mg</i>		
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorgestrel & ethynodiol dihydrogen phosphate (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethynodiol dihydrogen phosphate tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethynodiol dihydrogen phosphate tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora-28 tab 0.15/30</i>	2	
<i>lillow tab 0.15/30</i>	2	
<i>loestrin 21 tab 1.5/30</i>	3	
<i>loestrin fe tab 1.5/30</i>	2	
<i>loestrin fe tab 1/20</i>	2	
<i>loestrin tab 1/20-21</i>	3	
<i>loryna tab 3-0.02mg</i>	3	
<i>low-ogestrel tab</i>	2	
<i>lutera tab</i>	2	
<i>lyeq tab 0.35mg</i>	2	
<i>lyza tab 0.35mg</i>	2	
<i>marlissa tab 0.15/30</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	3	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	3	
<i>melodetta chw 24 fe</i>	4	
<i>mibelas 24 chw fe</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin tab 1.5/30</i>	3	
<i>microgestin tab 1/20</i>	3	
<i>microgestin tab fe1.5/30</i>	2	
<i>microgestin tab fe 1/20</i>	2	
<i>mili tab 0.25/35</i>	2	
<i>mono-linyah tab 0.25-35</i>	2	
<i>necon tab 0.5/35</i>	3	
<i>nikki tab 3-0.02mg</i>	3	
<i>nora-be tab 0.35mg</i>	2	
<i>norethindrone & ethynodiol-diol tab 1 mg-35 mcg</i>	2	
<i>norethindrone & ethynodiol-fe chew tab 0.4 mg-35 mcg</i>	3	
<i>norethindrone & ethynodiol-fe chew tab 0.8 mg-25 mcg</i>	4	
<i>norethindrone ace & ethynodiol tab 1 mg-20 mcg</i>	3	
<i>norethindrone ace & ethynodiol tab 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace & ethynodiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	4	
<i>norethindrone tab 0.35 mg</i>	2	
<i>norgestimate & ethynodiol 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>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc tab 0.35mg</i>	2	
<i>nortrel tab 0.5/35</i>	3	
<i>nortrel tab 7/7/7</i>	2	
<i>nylia tab 7/7/7</i>	2	
<i>nymyo tab 0.25-35</i>	2	
<i>ocella tab 3-0.03mg</i>	3	
<i>orsythia tab</i>	2	
<i>philith tab 0.4-35</i>	3	
<i>pimtrea tab</i>	3	
<i>pirmella tab 1/35</i>	2	
<i>portia-28 tab</i>	2	
<i>previfem tab</i>	2	
<i>reclipsen tab</i>	2	
<i>rivelsa tab</i>	3	
<i>setlakin tab</i>	3	
<i>sharobel tab 0.35mg</i>	2	

Drug Name	Drug Tier Requirements/Limits
<i>simliya tab 28 day</i>	3
<i>simpesse tab</i>	3
<i>sprintec 28 tab 28 day</i>	2
<i>sronyx tab</i>	2
<i>syeda tab 3-0.03mg</i>	3
<i>tarina 24 fe tab</i>	3
<i>tarina fe tab 1/20 eq</i>	2
<i>tilia fe tab</i>	3
<i>tri-estaryll tab</i>	2
<i>tri-legest tab fe</i>	3
<i>tri-linyah tab</i>	2
<i>tri-lo tab estaryl</i>	3
<i>tri-lo- tab marzia</i>	3
<i>tri-lo- tab sprintec</i>	3
<i>tri-lo-mili tab</i>	3
<i>tri-mili tab</i>	2
<i>tri-nymyo tab</i>	2
<i>tri-previfem tab</i>	2
<i>tri-sprintec tab</i>	2
<i>tri-vylibra tab</i>	2
<i>tri-vylibra tab lo</i>	3
<i>trivora-28 tab</i>	2
<i>tulana tab 0.35mg</i>	2
<i>tydemy tab</i>	4
<i>velivet pak</i>	3
<i>vestura tab 3-0.02mg</i>	3
<i>vienna tab 0.1-20</i>	2
<i>viorele tab</i>	3
<i>vyfemla tab 0.4-35</i>	3
<i>vylibra tab 0.25-35</i>	2
<i>wera tab 0.5/35</i>	3
<i>wymzya fe chw 0.4mg-35</i>	3
<i>xulane dis 150-35</i>	4
<i>zafemy dis 150/35</i>	4
<i>zarah tab 3-0.03mg</i>	3
<i>zovia 1/35e tab</i>	3
<i>zumandimine tab 3-0.03mg</i>	3

ENDOMETRIOSIS

<i>danazol cap 50 mg</i>	4
<i>danazol cap 100 mg</i>	4
<i>danazol cap 200 mg</i>	4
<i>SYNAREL SOL 2MG/ML</i>	5

ESTROGENS

<i>amabelz tab 0.5-0.1</i>	3
<i>amabelz tab 1-0.5mg</i>	3

Drug Name	Drug Tier	Requirements/Limits
DELESTROGEN INJ 10MG/ML	4	
dotti dis 0.1mg	3	
dotti dis 0.05mg	3	
dotti dis 0.025mg	3	
dotti dis 0.075mg	3	
dotti dis 0.0375mg	3	
estradiol & norethindrone acetate tab 0.5-0.1 mg	3	
estradiol & norethindrone acetate tab 1-0.5 mg	3	
estradiol tab 0.5 mg	2	
estradiol tab 1 mg	2	
estradiol tab 2 mg	2	
estradiol td patch twice weekly 0.1 mg/24hr	3	
estradiol td patch twice weekly 0.05 mg/24hr	3	
estradiol td patch twice weekly 0.025 mg/24hr	3	
estradiol td patch twice weekly 0.075 mg/24hr	3	
estradiol td patch twice weekly 0.0375 mg/24hr	3	
estradiol td patch weekly 0.1 mg/24hr	3	
estradiol td patch weekly 0.05 mg/24hr	3	
estradiol td patch weekly 0.06 mg/24hr	3	
estradiol td patch weekly 0.025 mg/24hr	3	
estradiol td patch weekly 0.075 mg/24hr	3	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	3	
estradiol vaginal cream 0.1 mg/gm	3	
estradiol vaginal tab 10 mcg	4	
estradiol valerate im in oil 20 mg/ml	4	
estradiol valerate im in oil 40 mg/ml	4	
jinteli tab 1mg-5mcg	3	
lopreeza tab 1-0.5mg	3	
lyllana dis 0.1mg	3	
lyllana dis 0.05mg	3	
lyllana dis 0.025mg	3	
lyllana dis 0.075mg	3	
lyllana dis 0.0375mg	3	
mimvey tab 1-0.5mg	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>yuvafem tab 10mcg</i>	4	
GLUCOCORTICOIDS		
<i>cortisone acetate tab 25 mg</i>	4	
<i>DEXAMETHASON CON 1MG/ML</i>	4	
<i>dexamethasone elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	3	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	3	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	3	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	3	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	3	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	3	
<i>dexamethasone soln 0.5 mg/5ml</i>	3	
<i>dexamethasone tab 0.5 mg</i>	3	
<i>dexamethasone tab 0.75 mg</i>	3	
<i>dexamethasone tab 1 mg</i>	3	
<i>dexamethasone tab 1.5 mg</i>	3	
<i>dexamethasone tab 2 mg</i>	3	
<i>dexamethasone tab 4 mg</i>	3	
<i>dexamethasone tab 6 mg</i>	3	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	3	
<i>hydrocortisone tab 10 mg</i>	3	
<i>hydrocortisone tab 20 mg</i>	3	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	3	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	3	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	3	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	3	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	3	B/D
<i>methylprednisolone tab 4 mg</i>	3	B/D
<i>methylprednisolone tab 8 mg</i>	3	B/D
<i>methylprednisolone tab 16 mg</i>	3	B/D
<i>methylprednisolone tab 32 mg</i>	3	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	3	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	3	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	2	B/D
PREDNISONE CON 5MG/ML	4	B/D
<i>prednisone oral soln 5 mg/5ml</i>	4	B/D
<i>prednisone tab 1 mg</i>	2	B/D
<i>prednisone tab 2.5 mg</i>	2	B/D
<i>prednisone tab 5 mg</i>	2	B/D
<i>prednisone tab 10 mg</i>	2	B/D
<i>prednisone tab 20 mg</i>	2	B/D
<i>prednisone tab 50 mg</i>	2	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	3	
<i>prednisone tab therapy pack 5 mg (48)</i>	3	
<i>prednisone tab therapy pack 10 mg (21)</i>	3	
<i>prednisone tab therapy pack 10 mg (48)</i>	3	
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide susp 50 mg/ml</i>	5	
GVOKE HYPO 2 INJ 1MG/.2ML	3	
GVOKE HYPO 2 INJ .5/.1ML	3	
GVOKE PFS INJ	3	
MISCELLANEOUS		
ALDURAZYME INJ 2.9MG/5M	5	NM, LA, PA
<i>cabergoline tab 0.5 mg</i>	3	
CARBAGLU TAB 200MG	5	NM, LA, PA
CERDELGA CAP 84MG	5	NM, PA
CEREZYME INJ 400UNIT	5	NM, LA, PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	4	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	5	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	B/D, QL (120 tabs / 30 days), NM
CYSTADANE POW	5	NM, LA
CYSTAGON CAP 50MG	4	NM, LA, PA
CYSTAGON CAP 150MG	4	NM, LA, PA
<i>desmopressin acetate inj 4 mcg/ml</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate nasal spray soln 0.01%</i>	4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	4	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	5	
<i>desmopressin acetate tab 0.1 mg</i>	3	
<i>desmopressin acetate tab 0.2 mg</i>	3	
FABRAZYME INJ 5MG	5	NM, LA, PA
FABRAZYME INJ 35MG	5	NM, LA, PA
GENOTROPIN INJ 0.2MG	5	NM, PA
GENOTROPIN INJ 0.4MG	5	NM, PA
GENOTROPIN INJ 0.6MG	5	NM, PA
GENOTROPIN INJ 0.8MG	5	NM, PA
GENOTROPIN INJ 1.2MG	5	NM, PA
GENOTROPIN INJ 1.4MG	5	NM, PA
GENOTROPIN INJ 1.6MG	5	NM, PA
GENOTROPIN INJ 1.8MG	5	NM, PA
GENOTROPIN INJ 1MG	5	NM, PA
GENOTROPIN INJ 2MG	5	NM, PA
GENOTROPIN INJ 5MG	5	NM, PA
GENOTROPIN INJ 12MG	5	NM, PA
INCRELEX INJ 40MG/4ML	5	NM, LA, PA
KORLYM TAB 300MG	5	NM, LA, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	B/D
<i>levocarnitine tab 330 mg</i>	4	B/D
LUMIZYME INJ 50MG	5	NM, LA, PA
LUPR DEP-PED INJ 3M 30MG	5	NM, PA
LUPR DEP-PED INJ 7.5MG	5	NM, PA
LUPR DEP-PED INJ 11.25MG	5	NM, PA
LUPR DEP-PED INJ 15MG	5	NM, PA
<i>miglustat cap 100 mg</i>	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME INJ 1MG/ML	5	NM, LA, PA
<i>nitisinone cap 2 mg</i>	5	NM, PA
<i>nitisinone cap 5 mg</i>	5	NM, PA
<i>nitisinone cap 10 mg</i>	5	NM, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	NM, PA
OCTREOTIDE INJ 50MCG/ML	4	NM, PA
OCTREOTIDE INJ 100MCG	4	NM, PA
OCTREOTIDE INJ 500MCG	5	NM, PA
OSPHENA TAB 60MG	3	PA
<i>raloxifene hcl tab 60 mg</i>	3	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	NM, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	NM, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	NM, PA
SIGNIFOR INJ 0.3MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.9MG/ML	5	NM, LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	NM, PA
SOMATULINE INJ 60/0.2ML	5	NM, PA
SOMATULINE INJ 90/0.3ML	5	NM, PA
SOMATULINE INJ 120/.5ML	5	NM, PA
SOMAVERT INJ 10MG	5	NM, LA, PA
SOMAVERT INJ 15MG	5	NM, LA, PA
SOMAVERT INJ 20MG	5	NM, LA, PA
SOMAVERT INJ 25MG	5	NM, LA, PA
SOMAVERT INJ 30MG	5	NM, LA, PA
STIMATE SOL 1.5MG/ML	5	NM

PHOSPHATE BINDER AGENTS

AURYXIA TAB 210MG	5	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) tab 667 mg</i>	4	QL (360 tabs / 30 days)
<i>sevelamer carbonate packet 0.8 gm</i>	5	QL (540 packets / 30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	5	QL (180 packets / 30 days)
<i>sevelamer carbonate tab 800 mg</i>	4	QL (540 tabs / 30 days)

PROGESTINS

<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	3	
<i>megestrol acetate susp 625 mg/5ml</i>	4	PA
<i>norethindrone acetate tab 5 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
euthyrox tab 25mcg	2	
euthyrox tab 50mcg	2	
euthyrox tab 75mcg	2	
euthyrox tab 88mcg	2	
euthyrox tab 100mcg	2	
euthyrox tab 112mcg	2	
euthyrox tab 125mcg	2	
euthyrox tab 137mcg	2	
euthyrox tab 150mcg	2	
euthyrox tab 175mcg	2	
euthyrox tab 200mcg	2	
levo-t tab 25mcg	2	
levo-t tab 50mcg	2	
levo-t tab 75mcg	2	
levo-t tab 88mcg	2	
levo-t tab 100mcg	2	
levo-t tab 112mcg	2	
levo-t tab 125mcg	2	
levo-t tab 137mcg	2	
levo-t tab 150mcg	2	
levo-t tab 175mcg	2	
levo-t tab 200 mcg	2	
levo-t tab 300 mcg	2	
levothyroxine sodium tab 25 mcg	2	
levothyroxine sodium tab 50 mcg	2	
levothyroxine sodium tab 75 mcg	2	
levothyroxine sodium tab 88 mcg	2	
levothyroxine sodium tab 100 mcg	2	
levothyroxine sodium tab 112 mcg	2	
levothyroxine sodium tab 125 mcg	2	
levothyroxine sodium tab 137 mcg	2	
levothyroxine sodium tab 150 mcg	2	
levothyroxine sodium tab 175 mcg	2	
levothyroxine sodium tab 200 mcg	2	
levothyroxine sodium tab 300 mcg	2	
levoxyl tab 25mcg	2	
levoxyl tab 50mcg	2	
levoxyl tab 75mcg	2	
levoxyl tab 88mcg	2	
levoxyl tab 100mcg	2	
levoxyl tab 112mcg	2	
levoxyl tab 125mcg	2	
levoxyl tab 137mcg	2	
levoxyl tab 150mcg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl tab 175mcg</i>	2	
<i>levoxyl tab 200mcg</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	3	
<i>liothyronine sodium tab 25 mcg</i>	3	
<i>liothyronine sodium tab 50 mcg</i>	3	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	3	
SYNTHROID TAB 25MCG	4	
SYNTHROID TAB 50MCG	4	
SYNTHROID TAB 75MCG	4	
SYNTHROID TAB 88MCG	4	
SYNTHROID TAB 100MCG	4	
SYNTHROID TAB 112MCG	4	
SYNTHROID TAB 125MCG	4	
SYNTHROID TAB 137MCG	4	
SYNTHROID TAB 150MCG	4	
SYNTHROID TAB 175MCG	4	
SYNTHROID TAB 200MCG	4	
SYNTHROID TAB 300MCG	4	
<i>unithroid tab 25mcg</i>	2	
<i>unithroid tab 50mcg</i>	2	
<i>unithroid tab 75mcg</i>	2	
<i>unithroid tab 88mcg</i>	2	
<i>unithroid tab 100mcg</i>	2	
<i>unithroid tab 112mcg</i>	2	
<i>unithroid tab 125mcg</i>	2	
<i>unithroid tab 137mcg</i>	2	
<i>unithroid tab 150mcg</i>	2	
<i>unithroid tab 175mcg</i>	2	
<i>unithroid tab 200mcg</i>	2	
<i>unithroid tab 300mcg</i>	2	

VITAMIN D ANALOGS

<i>calcitriol cap 0.5 mcg</i>	2	B/D
<i>calcitriol cap 0.25 mcg</i>	2	B/D
<i>calcitriol inj 1 mcg/ml</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
<i>paricalcitol cap 1 mcg</i>	4	B/D
<i>paricalcitol cap 2 mcg</i>	4	B/D
<i>paricalcitol cap 4 mcg</i>	4	B/D
RAYALDEE CAP 30MCG	5	

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant capsule 40 mg</i>	4	B/D
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Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule 80 mg</i>	4	B/D
<i>aprepitant capsule 125 mg</i>	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro sup 25mg</i>	4	
<i>dronabinol cap 2.5 mg</i>	4	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	4	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	4	B/D
<i>granisetron hcl inj 1 mg/ml</i>	3	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	3	
<i>granisetron hcl tab 1 mg</i>	4	B/D
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	3	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	3	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	3	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	3	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	4	B/D
<i>ondansetron hcl tab 4 mg</i>	3	B/D
<i>ondansetron hcl tab 8 mg</i>	3	B/D
<i>ondansetron hcl tab 24 mg</i>	3	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	3	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	3	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	4	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	4	
<i>promethazine hcl inj 25 mg/ml</i>	3	PA; PA if 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	3	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	3	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl tab 12.5 mg</i>	3	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	3	PA; PA if 70 years and older
<i>promethazine hcl tab 50 mg</i>	3	PA; PA if 70 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	3
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	4
<i>dicyclomine hcl tab 20 mg</i>	3
<i>glycopyrrolate tab 1 mg</i>	3
<i>glycopyrrolate tab 2 mg</i>	3

H2-RECEPTOR ANTAGONISTS

<i>famotidine for susp 40 mg/5ml</i>	4	QL (300 mL / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	3	
<i>famotidine inj 20 mg/2ml</i>	3	
<i>famotidine inj 40 mg/4ml</i>	3	
<i>famotidine inj 200 mg/20ml</i>	3	
<i>famotidine tab 20 mg</i>	1	QL (120 tabs / 30 days)
<i>famotidine tab 40 mg</i>	1	QL (60 tabs / 30 days)
<i>nizatidine cap 150 mg</i>	3	
<i>nizatidine cap 300 mg</i>	3	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium cap 750 mg</i>	3
<i>budesonide delayed release particles cap 3 mg</i>	4
<i>budesonide tab er 24hr 9 mg</i>	5
<i>hydrocortisone enema 100 mg/60ml</i>	4
<i>mesalamine cap dr 400 mg</i>	4
<i>mesalamine cap er 24hr 0.375 gm</i>	4
<i>mesalamine enema 4 gm</i>	4
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	4
<i>mesalamine suppos 1000 mg</i>	4
<i>mesalamine tab delayed release 1.2 gm</i>	4
<i>sulfasalazine tab 500 mg</i>	2
<i>sulfasalazine tab delayed release 500 mg</i>	3

LAXATIVES

<i>constulose sol 10gm/15</i>	3
<i>enulose sol 10gm/15</i>	3
<i>gavilyte-c sol</i>	2

Drug Name	Drug Tier	Requirements/Limits
gavilyte-g sol	2	
gavilyte-n sol flav pk	2	
generlac sol 10gm/15	3	
GOLYTELY SOL	3	
lactulose (encephalopathy) solution 10 gm/15ml	3	
lactulose solution 10 gm/15ml	3	
NULYTELY SOL LMN/LIME	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
PLENVU SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
MISCELLANEOUS		
alosetron hcl tab 0.5 mg (base equiv)	4	QL (60 tabs / 30 days), PA
alosetron hcl tab 1 mg (base equiv)	5	QL (60 tabs / 30 days), PA
cromolyn sodium oral conc 100 mg/5ml	4	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	3	
GATTEX KIT 5MG	5	NM, LA, PA
LINZESS CAP 72MCG	4	QL (30 caps / 30 days)
LINZESS CAP 145MCG	4	QL (30 caps / 30 days)
LINZESS CAP 290MCG	4	QL (30 caps / 30 days)
loperamide hcl cap 2 mg	3	
misoprostol tab 100 mcg	3	
misoprostol tab 200 mcg	3	
MOVANTIK TAB 12.5MG	3	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	3	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	5	PA
RELISTOR INJ 12/0.6ML	5	PA
sucralfate tab 1 gm	3	
TRULANCE TAB 3MG	4	QL (30 tabs / 30 days)
ursodiol cap 300 mg	3	
ursodiol tab 250 mg	4	
ursodiol tab 500 mg	4	
XIFAXAN TAB 550MG	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000	4	
ZENPEP CAP 40000	4	

PROTON PUMP INHIBITORS

DEXILANT CAP 30MG DR	4	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	4	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	4	QL (30 caps / 30 days), ST
<i>lansoprazole cap delayed release 15 mg</i>	3	QL (60 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	3	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	4	
<i>rabeprazole sodium ec tab 20 mg</i>	3	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	2	

MISCELLANEOUS

<i>acetic acid irrigation soln 0.25%</i>	2	
<i>bethanechol chloride tab 5 mg</i>	3	
<i>bethanechol chloride tab 10 mg</i>	3	
<i>bethanechol chloride tab 25 mg</i>	3	
<i>bethanechol chloride tab 50 mg</i>	3	
<i>potassium citrate tab er 5 meq (540 mg)</i>	4	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	4	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	4	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
MYRBETRIQ SUS 8MG/ML	4	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	4	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	3	
<i>oxybutynin chloride tab 5 mg</i>	3	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	3	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	3	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	3	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	3	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	4	QL (60 tabs / 30 days), ST
<i>tolterodine tartrate tab 2 mg</i>	4	QL (60 tabs / 30 days), ST
TOVIAZ TAB 4MG	3	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	3	QL (30 tabs / 30 days)
<i>trospium chloride tab 20 mg</i>	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	3	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>terconazole vaginal cream 0.4%</i>	3	
<i>terconazole vaginal cream 0.8%</i>	3	
<i>terconazole vaginal suppos 80 mg</i>	3	
<i>vandazole gel 0.75%</i>	3	
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS ST P TAB 5MG	3	QL (74 tabs / 30 days)
ELIQUIS TAB 2.5MG	3	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	4	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	4	
<i>enoxaparin sodium inj 100 mg/ml</i>	4	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	4	
<i>enoxaparin sodium inj 150 mg/ml</i>	4	
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	4	
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	
<i>HEP SOD/NACL INJ 25000UNT</i>	3	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	3	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	3	
<i>HEPARIN/NACL INJ 25000UNT</i>	3	
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
<i>PRADAXA CAP 75MG</i>	4	QL (60 caps / 30 days)
<i>PRADAXA CAP 110MG</i>	4	QL (120 caps / 30 days)
<i>PRADAXA CAP 150MG</i>	4	QL (60 caps / 30 days)
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
<i>XARELTO STAR TAB 15/20MG</i>	3	QL (51 tabs / 30 days)
<i>XARELTO TAB 2.5MG</i>	3	QL (60 tabs / 30 days)
<i>XARELTO TAB 10MG</i>	3	QL (30 tabs / 30 days)
<i>XARELTO TAB 15MG</i>	3	QL (30 tabs / 30 days)
<i>XARELTO TAB 20MG</i>	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 2000/ML	3	NM, PA
PROCRIT INJ 3000/ML	3	NM, PA
PROCRIT INJ 4000/ML	3	NM, PA
PROCRIT INJ 10000/ML	3	NM, PA
PROCRIT INJ 20000/ML	5	NM, PA
PROCRIT INJ 40000/ML	5	NM, PA
ZARXIO INJ 300/0.5	5	NM, PA
ZARXIO INJ 480/0.8	5	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	4	
<i>anagrelide hcl cap 1 mg</i>	4	
BERINERT INJ 500UNIT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
DOPTELET TAB 20MG	5	NM, LA, PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	5	NM, LA, PA
HAEGARDA INJ 2000UNIT	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline tab er 400 mg</i>	2	
PROMACTA PAK 25MG	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA POW 12.5MG	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	5	QL (60 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir inj 30mg/3ml</i>	5	QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	4	
<i>tranexamic acid tab 650 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TAB 60MG	4	
BRILINTA TAB 90MG	4	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	3	PA; PA if 70 years and older
<i>dipyridamole tab 50 mg</i>	3	PA; PA if 70 years and older
<i>dipyridamole tab 75 mg</i>	3	PA; PA if 70 years and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	3	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL INJ 25/0.5ML	5	QL (16 syringes / 28 days), NM, PA
ENBREL INJ 25MG	5	QL (16 vials / 28 days), NM, PA
ENBREL INJ 50MG/ML	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI INJ 50MG/ML	5	QL (8 injections / 28 days), NM, PA
ENBREL SRCLK INJ 50MG/ML	5	QL (8 injections / 28 days), NM, PA
HUMIRA INJ 10/0.1ML	5	QL (2 injections / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	5	QL (2 injections / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	5	QL (6 injections / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEN INJ 40/0.4ML	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 80/0.8ML	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	5	NM, PA
HUMIRA PEN INJ PS/UV	5	NM, PA
HUMIRA PEN KIT CD/UC/HS	5	NM, PA
HUMIRA PEN KIT PED UC	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PS/UV	5	NM, PA
REMICADE INJ 100MG	5	NM, PA
RENFLEXIS INJ 100MG	5	NM, LA, PA
RINVOQ TAB 15MG ER	5	QL (30 tabs / 30 days), NM, PA
SKYRIZI INJ 150DOSE	5	QL (7 kits / year), NM, PA
SKYRIZI INJ 150MG/ML	5	QL (7 syringes / year), NM, PA
SKYRIZI PEN INJ 150MG/ML	5	QL (7 pens / year), NM, PA
STELARA INJ 45MG/0.5	5	QL (1 vial / 28 days), NM, LA, PA
STELARA INJ 45MG/0.5	5	QL (1 syringe / 28 days), NM, PA
STELARA INJ 90MG/ML	5	QL (1 syringe / 28 days), NM, PA
TALTZ INJ 80MG/ML	5	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOL 1MG/ML	5	QL (240 mL / 24 days), NM, PA
XELJANZ TAB 5MG	5	QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	5	QL (30 tabs / 30 days), NM, PA
XELJANZ XR TAB 22MG	5	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

hydroxychloroquine sulfate tab 200 mg	3	
leflunomide tab 10 mg	3	QL (30 tabs / 30 days)
leflunomide tab 20 mg	3	QL (30 tabs / 30 days)
methotrexate sodium tab 2.5 mg (base equiv)	3	
XATMEP SOL 2.5MG/ML	4	B/D

IMMUNOGLOBULINS

BIVIGAM INJ 10%	5	NM, PA
FLEBOGAMMA INJ 5GM/50ML	5	NM, PA
FLEBOGAMMA INJ 10/100ML	5	NM, PA
FLEBOGAMMA INJ 10/200ML	5	NM, PA
FLEBOGAMMA INJ 20/200ML	5	NM, PA
FLEBOGAMMA INJ 20/400ML	5	NM, PA
FLEBOGAMMA INJ DIF 5%	5	NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD INJ 1GM/10ML	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD INJ 2.5GM/25	5	NM, PA
GAMMAGARD INJ 5GM/50ML	5	NM, PA
GAMMAGARD INJ 10GM/100	5	NM, PA
GAMMAGARD INJ 20GM/200	5	NM, PA
GAMMAGARD INJ 30GM/300	5	NM, PA
GAMMAGARD SD INJ 5GM HU	5	NM, PA
GAMMAGARD SD INJ 10GM HU	5	NM, PA
GAMMAKED INJ 1GM/10ML	5	NM, PA
GAMMAKED INJ 5GM/50ML	5	NM, PA
GAMMAKED INJ 10GM/100	5	NM, PA
GAMMAKED INJ 20GM/200	5	NM, PA
GAMMAPLEX INJ 5%	5	NM, PA
GAMMAPLEX INJ 10%	5	NM, PA
GAMUNEX-C INJ 1GM/10ML	5	NM, PA
GAMUNEX-C INJ 2.5GM/25	5	NM, PA
GAMUNEX-C INJ 5GM/50ML	5	NM, PA
GAMUNEX-C INJ 10GM/100	5	NM, PA
GAMUNEX-C INJ 20GM/200	5	NM, PA
GAMUNEX-C INJ 40/400ML	5	NM, PA
OCTAGAM INJ 1GM	5	NM, PA
OCTAGAM INJ 2.5GM	5	NM, PA
OCTAGAM INJ 2GM/20ML	5	NM, PA
OCTAGAM INJ 5GM	5	NM, PA
OCTAGAM INJ 5GM/50ML	5	NM, PA
OCTAGAM INJ 10/100ML	5	NM, PA
OCTAGAM INJ 10GM	5	NM, PA
OCTAGAM INJ 20/200ML	5	NM, PA
OCTAGAM INJ 25GM	5	NM, PA
OCTAGAM INJ 30/300ML	5	NM, PA
PANZYGA SOL 1GM/10ML	5	NM, PA
PANZYGA SOL 2.5/25ML	5	NM, PA
PANZYGA SOL 5GM/50ML	5	NM, PA
PANZYGA SOL 10/100ML	5	NM, PA
PANZYGA SOL 20/200ML	5	NM, PA
PANZYGA SOL 30/300ML	5	NM, PA
PRIVIGEN INJ 5 GRAMS	5	NM, PA
PRIVIGEN INJ 10GRAMS	5	NM, PA
PRIVIGEN INJ 20GRAMS	5	NM, PA
PRIVIGEN INJ 40GRAMS	5	NM, PA

IMMUNOMODULATORS

ACTIMMUNE INJ 2MU/0.5	5	NM, LA, PA
ARCALYST INJ 220MG	5	NM, PA
INTRON A INJ 10MU	5	B/D, NM
INTRON A INJ 18MU	5	B/D, NM
INTRON A INJ 25MU	5	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJ 50MU	5	B/D, NM
IMMUNOSUPPRESSANTS		
<i>azathioprine tab 50 mg</i>	3	B/D
<i>BENLYSTA INJ 120MG</i>	5	NM, PA
<i>BENLYSTA INJ 200MG/ML</i>	5	NM, PA
<i>BENLYSTA INJ 400MG</i>	5	NM, PA
<i>cyclosporine cap 25 mg</i>	4	B/D, NM
<i>cyclosporine cap 100 mg</i>	4	B/D, NM
<i>cyclosporine iv soln 50 mg/ml</i>	4	B/D, NM
<i>cyclosporine modified cap 25 mg</i>	4	B/D, NM
<i>cyclosporine modified cap 50 mg</i>	4	B/D, NM
<i>cyclosporine modified cap 100 mg</i>	4	B/D, NM
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	B/D, NM
<i>everolimus tab 0.5 mg</i>	5	B/D, NM
<i>everolimus tab 0.25 mg</i>	4	B/D, NM
<i>everolimus tab 0.75 mg</i>	5	B/D, NM
<i>gengraf cap 25mg</i>	4	B/D, NM
<i>gengraf cap 100mg</i>	4	B/D, NM
<i>gengraf sol 100mg/ml</i>	4	B/D, NM
<i>mycophenolate mofetil cap 250 mg</i>	3	B/D, NM
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	B/D, NM
<i>mycophenolate mofetil tab 500 mg</i>	3	B/D, NM
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	4	B/D, NM
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	4	B/D, NM
<i>NULOJIX INJ 250MG</i>	5	B/D, NM
<i>PROGRAF GRA 0.2MG</i>	4	B/D, NM
<i>PROGRAF GRA 1MG</i>	4	B/D, NM
<i>REZUROCK TAB 200MG</i>	5	NM, LA, PA
<i>SANDIMMUNE SOL 100MG/ML</i>	3	B/D, NM
<i>sirolimus oral soln 1 mg/ml</i>	5	B/D, NM
<i>sirolimus tab 0.5 mg</i>	4	B/D, NM
<i>sirolimus tab 1 mg</i>	4	B/D, NM
<i>sirolimus tab 2 mg</i>	5	B/D, NM
<i>tacrolimus cap 0.5 mg</i>	4	B/D, NM
<i>tacrolimus cap 1 mg</i>	4	B/D, NM
<i>tacrolimus cap 5 mg</i>	4	B/D, NM
<i>ZORTRESS TAB 1MG</i>	5	B/D, NM
VACCINES		
<i>ACTHIB INJ</i>	3	
<i>ADACEL INJ</i>	3	
<i>BCG VACCINE INJ</i>	3	
<i>BEXSERO INJ</i>	3	

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ	3	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB INJ	3	
PENTACEL INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	B/D
RECOMBIVA HB INJ 5MCG/0.5	3	B/D
RECOMBIVA HB INJ 10MCG/ML	3	B/D
RECOMBIVA-HB INJ 40MCG/ML	3	B/D
ROTARIX SUS	3	
ROTAQUE SOL	3	
SHINGRIX INJ 50/0.5ML	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
YF-VAX INJ	3	
ZOSTAVAX INJ	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	3
D5W/LYTES INJ #48	4
D5W/NACL INJ 0.3%	3

Drug Name	Drug Tier	Requirements/Limits
D10W/NACL INJ 0.2%	3	
dextrose 2.5% w/ sodium chloride 0.45%	3	
dextrose 5% in lactated ringers	3	
dextrose 5% w/ sodium chloride 0.2%	3	
dextrose 5% w/ sodium chloride 0.3%	3	
dextrose 5% w/ sodium chloride 0.9%	3	
dextrose 5% w/ sodium chloride 0.45%	3	
dextrose 5% w/ sodium chloride 0.225%	3	
dextrose 10% w/ sodium chloride 0.45%	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	4	
lactated ringer's solution	3	
MAGNESIUM SU INJ 2GM/50ML	3	
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	
MAGNESIUM SU INJ 80MG/ML	3	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	3	
magnesium sulfate inj 50%	3	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	3	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	3	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	3	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	3	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	3	

Drug Name	Drug Tier	Requirements/Limits
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL/NACL INJ 20MEQ/L	3	
POT CHL/NACL INJ 40MEQ/L	3	
POT CHLORIDE INJ 10MEQ	4	
POT CHLORIDE INJ 20MEQ	4	
POT CHLORIDE INJ 40MEQ	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>potassium chloride inj 2 meq/ml</i>	3	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	3	
<i>sodium chloride iv soln 0.9%</i>	3	
<i>sodium chloride iv soln 0.45%</i>	3	
<i>sodium chloride iv soln 3%</i>	3	
<i>sodium chloride iv soln 5%</i>	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con 8 tab 8meq er	2	
klor-con 10 tab 10meq er	2	
klor-con m10 tab 10meq er	2	
klor-con m15 tab 15meq er	2	
klor-con m20 tab 20meq er	2	
klor-con pak 20meq	4	
M-NATAL PLUS TAB	3	
PNV FOLIC AC TAB + IRON	3	
<i>potassium chloride cap er 8 meq</i>	3	
<i>potassium chloride cap er 10 meq</i>	3	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	4	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	4	
<i>potassium chloride powder packet 20 meq</i>	4	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VIT TAB LOW IRON	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
TRICARE TAB PRENATAL	3	

IV NUTRITION

AMINOSYN-PF INJ 7%	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
clinisol sf inj 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose inj 5%	3	
dextrose inj 10%	3	
dextrose inj 50%	3	B/D
dextrose inj 70%	3	B/D
FREAMINE III INJ 10%	4	B/D
hepatamine sol 8%	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NUTRILIPID EMU 20%	4	B/D
plenamine inj 15%	4	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	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

bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
BLEPHAMIDE OIN S.O.P.	4	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	

Drug Name	Drug Tier Requirements/Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4
ZYLET SUS 0.5-0.3%	3
ANTI-INFECTIVES	
<i>bacitracin ophth oint 500 unit/gm</i>	3
<i>bacitracin-polymyxin b ophth oint</i>	2
BESIVANCE SUS 0.6%	3
CILOXAN OIN 0.3% OP	3
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2
<i>erythromycin ophth oint 5 mg/gm</i>	2
<i>gatifloxacin ophth soln 0.5%</i>	3
<i>gentak oin 0.3% op</i>	3
<i>gentamicin sulfate ophth soln 0.3%</i>	2
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	3
NATACYN SUS 5% OP	4
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin</i>	3
<i>neomycin-polomyx-gramicid op sol 1.75- 10000-0.025mg-unt-mg/ml</i>	3
<i>ofloxacin ophth soln 0.3%</i>	2
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2
<i>sulfacetamide sodium ophth oint 10%</i>	3
<i>sulfacetamide sodium ophth soln 10%</i>	3
<i>tobramycin ophth soln 0.3%</i>	2
<i>trifluridine ophth soln 1%</i>	4
ZIRGAN GEL 0.15%	4
ANTI-INFLAMMATORIES	
ALREX SUS 0.2%	3
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	4
BROMSITE DRO 0.075%	4
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	3
<i>diclofenac sodium ophth soln 0.1%</i>	2
<i>difluprednate ophth emulsion 0.05%</i>	3
DUREZOL EMU 0.05%	3
FLAREX SUS 0.1% OP	4
<i>fluorometholone ophth susp 0.1%</i>	3
<i>flurbiprofen sodium ophth soln 0.03%</i>	3
ILEVRO DRO 0.3% OP	3
<i>ketorolac tromethamine ophth soln 0.4%</i>	3
<i>ketorolac tromethamine ophth soln 0.5%</i>	2

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX OIN 0.5%	3	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	3	
PROLENSA SOL 0.07%	3	
ANTIALLERGICS		
<i>azelastine hcl ophth soln 0.05%</i>	3	
<i>bepotastine besilate ophth soln 1.5%</i>	3	
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
LASTACAFT SOL 0.25%	4	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	3	
PAZEO DRO 0.7%	3	
ZERVIATE DRO 0.24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT SUS 1% OP	3	
<i>betaxolol hcl ophth soln 0.5%</i>	3	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	4	
<i>brinzolamide ophth susp 1%</i>	3	
<i>carteolol hcl ophth soln 1%</i>	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophth soln 0.005%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	
<i>pilocarpine hcl ophth soln 1%</i>	3	
<i>pilocarpine hcl ophth soln 2%</i>	3	
<i>pilocarpine hcl ophth soln 4%</i>	3	
RHOPRESSA SOL 0.02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate ophth gel forming soln 0.5%</i>	4	
<i>timolol maleate ophth gel forming soln 0.25%</i>	4	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	4	
<i>timolol maleate ophth soln 0.25%</i>	1	
VYZULTA SOL 0.024%	4	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ATROPINE SUL SOL 1% OP	3	
CYSTADROPS SOL 0.37%	5	NM, LA, PA
CYSTARAN SOL 0.44%	5	NM, LA, PA
ISOPTO ATROP SOL 1% OP	3	
<i>proparacaine hcl ophth soln 0.5%</i>	3	
RESTASIS EMU 0.05%	3	
RESTASIS MUL EMU 0.05%	3	
XIIDRA DRO 5%	3	

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	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	3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	4	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	3	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	3	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	3	

ANTIHISTAMINES

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	3	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	3	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	2	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	3	PA; PA if 70 years and older
<i>cyproheptadine hcl tab 4 mg</i>	3	PA; PA if 70 years and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	3	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	4	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl im soln 50 mg/ml	4	PA; PA if 70 years and older
hydroxyzine hcl syrup 10 mg/5ml	3	PA; PA if 70 years and older
hydroxyzine hcl tab 10 mg	2	PA; PA if 70 years and older
hydroxyzine hcl tab 25 mg	2	PA; PA if 70 years and older
hydroxyzine hcl tab 50 mg	2	PA; PA if 70 years and older
hydroxyzine pamoate cap 25 mg	2	PA; PA if 70 years and older
hydroxyzine pamoate cap 50 mg	2	PA; PA if 70 years and older
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	4	
levocetirizine dihydrochloride tab 5 mg	2	

BETA AGONISTS

albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	3	B/D
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	3	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	2	B/D
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	3	B/D
albuterol sulfate syrup 2 mg/5ml	2	
albuterol sulfate tab 2 mg	4	
albuterol sulfate tab 4 mg	4	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	4	B/D
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	4	B/D
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	4	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	4	B/D
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	3	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	3	QL (60 inhalations / 30 days)
terbutaline sulfate tab 2.5 mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate tab 5 mg</i>	4	
VENTOLIN HFA AER	3	QL (2 inhalers / 30 days)
VENTOLIN HFA AER	3	QL (6 inhalers / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	4	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	3	
<i>zafirlukast tab 20 mg</i>	3	

MISCELLANEOUS

<i>acetylcysteine inhal soln 10%</i>	3	B/D
<i>acetylcysteine inhal soln 20%</i>	3	B/D
ARALAST NP INJ 500MG	5	NM, LA, PA
ARALAST NP INJ 1000MG	5	NM, LA, PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	3	B/D
DALIRESP TAB 250MCG	4	
DALIRESP TAB 500MCG	4	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	3	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	3	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	3	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	3	(generic of Adrenaclick)
ESBRIET CAP 267MG	5	QL (270 caps / 30 days), NM, PA
ESBRIET TAB 267MG	5	QL (270 tabs / 30 days), NM, PA
ESBRIET TAB 801MG	5	QL (90 tabs / 30 days), NM, PA
FASENRA INJ 30MG/ML	5	NM, LA, PA
FASENRA PEN INJ 30MG/ML	5	NM, LA, PA
KALYDECO PAK 25MG	5	QL (56 packs / 28 days), NM, PA
KALYDECO PAK 50MG	5	QL (56 packs / 28 days), NM, PA
KALYDECO PAK 75MG	5	QL (56 packs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KALYDECO TAB 150MG	5	QL (60 tabs / 30 days), NM, PA
OFEV CAP 100MG	5	QL (60 caps / 30 days), NM, PA
OFEV CAP 150MG	5	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
PROLASTIN-C INJ 1000MG	5	NM, LA, PA
PULMOZYME SOL 1MG/ML	5	NM, PA
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI INJ 0.3MG	4	
SYMJEPI INJ 0.15MG	4	
THEO-24 CAP 100MG CR	4	
THEO-24 CAP 200MG CR	4	
THEO-24 CAP 300MG CR	4	
THEO-24 CAP 400MG ER	4	
<i>theophylline soln 80 mg/15ml</i>	4	
<i>theophylline tab er 12hr 300 mg</i>	4	
<i>theophylline tab er 12hr 450 mg</i>	4	
<i>theophylline tab er 24hr 400 mg</i>	3	
<i>theophylline tab er 24hr 600 mg</i>	3	
TRIKAFTA TAB	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR INJ 75/0.5	5	NM, LA, PA
XOLAIR INJ 150MG/ML	5	NM, LA, PA
XOLAIR SOL 150MG	5	NM, LA, PA
ZEMAIRA INJ 1000MG	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELPT INH 50MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	3	QL (30 inhalations / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELPT INH 200MCG	3	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	4	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	4	B/D
FLOVENT DISK AER 50MCG	3	QL (180 inhalations / 30 days)
FLOVENT DISK AER 100MCG	3	QL (240 inhalations / 30 days)
FLOVENT DISK AER 250MCG	3	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	3	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	4	QL (3 inhalers / 30 days)
PULMICORT INH 180MCG	4	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
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)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane cap 20mg</i>	4	PA
<i>accutane cap 30mg</i>	4	PA
<i>accutane cap 40mg</i>	4	PA
<i>amnesteem cap 10mg</i>	4	PA
<i>amnesteem cap 20mg</i>	4	PA
<i>amnesteem cap 40mg</i>	4	PA
<i>avita cre 0.025%</i>	4	QL (45 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
avita gel 0.025%	4	QL (45 gm / 30 days), PA
benzoyl peroxide-erythromycin gel 5-3%	4	
claravis cap 10mg	4	PA
claravis cap 20mg	4	PA
claravis cap 30mg	4	PA
claravis cap 40mg	4	PA
clindamycin phosphate gel 1%	3	QL (75 gm / 30 days)
clindamycin phosphate lotion 1%	3	QL (60 mL / 30 days)
clindamycin phosphate soln 1%	3	QL (60 mL / 30 days)
ery pad 2%	3	
erythromycin soln 2%	3	QL (60 mL / 30 days)
isotretinoin cap 10 mg	4	PA
isotretinoin cap 20 mg	4	PA
isotretinoin cap 30 mg	4	PA
isotretinoin cap 40 mg	4	PA
myorisan cap 10mg	4	PA
myorisan cap 20mg	4	PA
myorisan cap 30mg	4	PA
myorisan cap 40mg	4	PA
sulfacetamide sodium lotion 10% (acne)	4	
tretinoin cream 0.1%	4	QL (45 gm / 30 days), PA
tretinoin cream 0.05%	4	QL (45 gm / 30 days), PA
tretinoin cream 0.025%	4	QL (45 gm / 30 days), PA
tretinoin gel 0.01%	4	QL (45 gm / 30 days), PA
tretinoin gel 0.025%	4	QL (45 gm / 30 days), PA
zenatane cap 10mg	4	PA
zenatane cap 20mg	4	PA
zenatane cap 30mg	4	PA
zenatane cap 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate cream 0.1%	4	QL (30 gm / 30 days)
gentamicin sulfate oint 0.1%	3	
mupirocin oint 2%	2	QL (220 gm / 30 days)
silver sulfadiazine cream 1%	2	
ssd cre 1%	2	
SULFAMYLON CRE 85MG/GM	4	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine cream 0.77% (base equiv)	3	QL (90 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ciclopirox olamine susp 0.77% (base equiv)	3	QL (60 mL / 30 days)
clotrimazole cream 1%	3	QL (45 gm / 30 days)
clotrimazole soln 1%	3	QL (30 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	3	QL (45 gm / 30 days)
ketoconazole cream 2%	3	QL (60 gm / 30 days)
nyamyc pow 100000	3	QL (60 gm / 30 days)
nystatin cream 100000 unit/gm	3	QL (30 gm / 30 days)
nystatin oint 100000 unit/gm	3	QL (30 gm / 30 days)
nystatin topical powder 100000 unit/gm	3	QL (60 gm / 30 days)
nystop pow 100000	3	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	4	PA
acitretin cap 17.5 mg	4	PA
acitretin cap 25 mg	4	PA
calcipotriene cream 0.005%	4	QL (120 gm / 30 days), PA
calcipotriene oint 0.005%	4	QL (120 gm / 30 days), PA
calcipotriene soln 0.005% (50 mcg/ml)	4	QL (120 mL / 30 days), PA
calcitrene oin 0.005%	4	QL (120 gm / 30 days), PA
tazarotene cream 0.1%	3	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05%	4	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	2	QL (120 mL / 30 days)
selenium sulfide lotion 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort cre 1%	1	
ala-cort cre 2.5%	2	
alclometasone dipropionate cream 0.05%	3	
alclometasone dipropionate oint 0.05%	3	
betamethasone dipropionate augmented cream 0.05%	3	
betamethasone dipropionate augmented gel 0.05%	4	
betamethasone dipropionate augmented lotion 0.05%	4	
betamethasone dipropionate augmented oint 0.05%	4	
betamethasone dipropionate cream 0.05%	3	
betamethasone dipropionate lotion 0.05%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate oint 0.05%</i>	4	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	3	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	3	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	3	
<i>clobetasol e cre 0.05%</i>	3	QL (60 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	3	QL (60 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL (60 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	3	QL (60 gm / 30 days)
<i>clobetasol propionate soln 0.05%</i>	3	QL (50 mL / 30 days)
<i>ENSTILAR AER</i>	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide cream 0.01%</i>	3	
<i>fluocinolone acetonide cream 0.025%</i>	3	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	4	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	4	
<i>fluocinolone acetonide oint 0.025%</i>	3	
<i>fluocinolone acetonide soln 0.01%</i>	4	QL (90 mL / 30 days)
<i>fluocinonide cream 0.05%</i>	3	QL (120 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	3	QL (120 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	4	QL (60 gm / 30 days)
<i>fluocinonide oint 0.05%</i>	4	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	3	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate oint 0.005%</i>	3	
<i>halobetasol propionate cream 0.05%</i>	4	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	4	QL (50 gm / 30 days)
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	3	
<i>mometasone furoate oint 0.1%</i>	3	
<i>mometasone furoate solution 0.1% (lotion)</i>	3	
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	3	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide oint 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.025%</i>	2	
<i>triderm cre 0.5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>DERMATOLOGY, LOCAL ANESTHETICS</i>		
<i>glydo gel 2%</i>	3	QL (60 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	3	QL (50 mL / 30 days), PA
<i>lidocaine hcl urethral/mucosal gel 2%</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine oint 5%</i>	4	PA
<i>lidocaine patch 5%</i>	4	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	3	QL (30 gm / 30 days), PA
<i>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</i>		
<i>diclofenac sodium gel 1%</i>	3	QL (1000 gm / 30 days)
<i>fluorouracil cream 5%</i>	4	QL (40 gm / 30 days)
<i>fluorouracil soln 2%</i>	3	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	3	QL (10 mL / 30 days)
<i>hydrocortisone perianal cream 2.5%</i>	3	
<i>imiquimod cream 5%</i>	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	3	
<i>metronidazole cream 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole lotion 0.75%</i>	4	
<i>PANRETIN GEL 0.1%</i>	5	QL (60 gm / 30 days), PA
<i>PICATO GEL 0.05%</i>	4	QL (2 tubes / 30 days)
<i>PICATO GEL 0.015%</i>	4	QL (3 tubes / 30 days)
<i>podofilox soln 0.5%</i>	3	
<i>procto-med cre hc 2.5%</i>	3	
<i>procto-pak cre 1%</i>	3	
<i>proctosol hc cre 2.5%</i>	3	
<i>proctozone cre -hc 2.5%</i>	3	
<i>RECTIV OIN 0.4%</i>	4	QL (30 gm / 30 days)
<i>rosadan cre 0.75%</i>	4	
<i>tacrolimus oint 0.1%</i>	4	QL (100 gm / 30 days)
<i>tacrolimus oint 0.03%</i>	4	QL (100 gm / 30 days)
<i>TARGRETIN GEL 1%</i>	5	QL (60 gm / 30 days), NM, PA
<i>VALCHLOR GEL 0.016%</i>	5	QL (60 gm / 30 days), NM, LA, PA
<i>DERMATOLOGY, SCABICIDES AND PEDICULIDES</i>		
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<u>DERMATOLOGY, WOUND CARE AGENTS</u>		
REGRANEX GEL 0.01%	5	QL (30 gm / 30 days), PA
SANTYL OIN 250/GM	4	
sodium chloride irrigation soln 0.9%	3	
water for irrigation, sterile irrigation soln	2	
<u>MOUTH/THROAT/DENTAL AGENTS</u>		
cevimeline hcl cap 30 mg	4	
chlorhexidine gluconate soln 0.12%	1	
clotrimazole troche 10 mg	4	QL (150 lozenges / 30 days)
lidocaine hcl viscous soln 2%	2	
nystatin susp 100000 unit/ml	3	
paroex sol 0.12%	1	
periogard sol 0.12%	1	
pilocarpine hcl tab 5 mg	4	
pilocarpine hcl tab 7.5 mg	4	
triamicinolone acetonide dental paste 0.1%	3	
<u>OTIC</u>		
acetic acid otic soln 2%	3	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	3	
flac oil 0.01%	4	
fluocinolone acetonide (otic) oil 0.01%	4	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin otic soln 0.3%	4	

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<i>atenolol tab 25 mg</i>	35
<i>atenolol tab 50 mg</i>	35
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	59
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	59
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	59
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	59
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	59
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	59
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	59
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	33

<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	33	AZOPT SUS 1% OP.....	98
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	33	<i>aztreonam for inj 1 gm</i>	5
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	33	<i>aztreonam for inj 2 gm</i>	5
<i>atovaquone susp 750 mg/5ml</i>	5	<i>azurette tab 28 day</i>	70
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	8	B	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	8	<i>bacitracin ophth oint 500 unit/gm</i>	96
ATROPINE SUL SOL 1% OP	98	<i>bacitracin-polymyxin b ophth oint</i>	96
ATROVENT HFA AER 17MCG.....	99	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	96
<i>aubra eq tab 0.1-0.02</i>	70	<i>baclofen tab 10 mg</i>	64
<i>aurovela 24 tab fe 1/20</i>	70	<i>baclofen tab 20 mg</i>	64
<i>aurovela fe tab 1.5/30</i>	70	<i>balsalazide disodium cap 750 mg</i>	83
<i>aurovela fe tab 1/20</i>	70	BALVERSA TAB 3MG	21
<i>aurovela tab 1/20</i>	70	BALVERSA TAB 4MG	21
AURYXIA TAB 210MG	79	BALVERSA TAB 5MG	21
AUSTEDO TAB 12MG	62	<i>balziva tab</i>	70
AUSTEDO TAB 6MG	62	BANZEL TAB 200MG	42
AUSTEDO TAB 9MG	62	BANZEL TAB 400MG	42
AVASTIN INJ.....	21	BARACLUDE SOL.....	11
AVASTIN INJ 400/16ML.....	21	BASAGLAR INJ 100UNIT.....	68
<i>aviane tab</i>	70	BCG VACCINE INJ	92
<i>avita cre 0.025%</i>	103	BD ALCOHOL SWABS.....	68
<i>avita gel 0.025%</i>	103	<i>bekyree tab</i>	70
<i>ayuna tab</i>	70	BELSOMRA TAB 10MG	60
AYVAKIT TAB 100MG	21	BELSOMRA TAB 15MG	60
AYVAKIT TAB 200MG	21	BELSOMRA TAB 20MG	60
AYVAKIT TAB 25MG	21	BELSOMRA TAB 5MG	60
AYVAKIT TAB 300MG	21	BENAZEP/HCTZ TAB 5-6.25	28
AYVAKIT TAB 50MG	21	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	28
<i>azacitidine for inj 100 mg</i>	18	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	28
<i>azathioprine tab 50 mg</i>	91	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	28
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	99	<i>benazepril hcl tab 10 mg</i>	29
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	99	<i>benazepril hcl tab 20 mg</i>	29
<i>azelastine hcl ophth soln 0.05%</i>	97	<i>benazepril hcl tab 40 mg</i>	29
<i>azithromycin for susp 100 mg/5ml</i> ... 14		<i>benazepril hcl tab 5 mg.</i>	29
<i>azithromycin for susp 200 mg/5ml</i> ... 14		BENDEKA INJ 100/4ML	17
<i>azithromycin iv for soln 500 mg</i> 14		BENLYSTA INJ 120MG.....	91
<i>azithromycin powd pack for susp 1 gm</i>	14	BENLYSTA INJ 200MG/ML.....	91
<i>azithromycin tab 250 mg</i>	14	BENLYSTA INJ 400MG.....	91
<i>azithromycin tab 500 mg</i>	14	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	103
<i>azithromycin tab 600 mg</i>	14	<i>benztropine mesylate inj 1 mg/ml</i>52	
		<i>benztropine mesylate tab 0.5 mg</i>52	
		<i>benztropine mesylate tab 1 mg</i>52	
		<i>benztropine mesylate tab 2 mg</i>52	

<i>bepotastine besilate ophth soln 1.5%</i>	97
BEPREVE DRO 1.5%	97
BERINERT INJ 500UNIT	88
BESIVANCE SUS 0.6%	96
<i>betamethasone dipropionate</i>	
<i>augmented cream 0.05%</i>	105
<i>betamethasone dipropionate</i>	
<i>augmented gel 0.05%</i>	105
<i>betamethasone dipropionate</i>	
<i>augmented lotion 0.05%</i>	105
<i>betamethasone dipropionate</i>	
<i>augmented oint 0.05%</i>	105
<i>betamethasone dipropionate cream</i>	
<i>0.05%</i>	105
<i>betamethasone dipropionate lotion</i>	
<i>0.05%</i>	105
<i>betamethasone dipropionate oint</i>	
<i>0.05%</i>	105
<i>betamethasone valerate cream 0.1%</i>	
<i>(base equivalent)</i>	105
<i>betamethasone valerate lotion 0.1%</i>	
<i>(base equivalent)</i>	105
<i>betamethasone valerate oint 0.1%</i>	
<i>(base equivalent)</i>	105
BETASERON INJ 0.3MG	63
<i>betaxolol hcl ophth soln 0.5%</i>	98
<i>betaxolol hcl tab 10 mg</i>	35
<i>betaxolol hcl tab 20 mg</i>	35
<i>bethanechol chloride tab 10 mg</i>	85
<i>bethanechol chloride tab 25 mg</i>	85
<i>bethanechol chloride tab 5 mg</i>	85
<i>bethanechol chloride tab 50 mg</i>	85
BETOPTIC-S SUS 0.25% OP	98
BEVESPI AER 9-4.8MCG	99
<i>bexarotene cap 75 mg</i>	20
BEXZERO INJ	92
<i>bicalutamide tab 50 mg</i>	19
BICILLIN L-A INJ 1200000.....	16
BICILLIN L-A INJ 2400000.....	16
BICILLIN L-A INJ 600000.....	16
BIKTARVY TAB	10
<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>10-6.25 mg</i>	35
<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>2.5-6.25 mg</i>	34
<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
<i>6.25 mg</i>	34
<i>bisoprolol fumarate tab 10 mg</i>	35
<i>bisoprolol fumarate tab 5 mg</i>	35
BIVIGAM INJ 10%	90
BLEPHAMIDE OIN S.O.P.	96
<i>blisovi 24 tab fe 1/20</i>	70
<i>blisovi fe tab 1.5/30</i>	70
BOOSTRIX INJ	92
BORTEZOMIB INJ 3.5MG	21
<i>bosentan tab 125 mg</i>	41
<i>bosentan tab 62.5 mg</i>	41
BOSULIF TAB 100MG.....	22
BOSULIF TAB 400MG.....	22
BOSULIF TAB 500MG.....	22
BRAFTOVI CAP 75MG.....	22
BREO ELLIPTA INH 100-25	103
BREO ELLIPTA INH 200-25	103
BREZTRI AERO AER SPHERE.....	99
<i>briellyn tab</i>	70
BRILINTA TAB 60MG	88
BRILINTA TAB 90MG	88
<i>brimonidine tartrate ophth soln 0.15%</i>	
.....	98
<i>brimonidine tartrate ophth soln 0.2%</i>	98
<i>brinzolamide ophth susp 1%</i>	98
BRIVIACT INJ 50MG/5ML	42
BRIVIACT SOL 10MG/ML	42
BRIVIACT TAB 100MG.....	42
BRIVIACT TAB 10MG	42
BRIVIACT TAB 25MG	42
BRIVIACT TAB 50MG	42
BRIVIACT TAB 75MG	42
<i>bromfenac sodium ophth soln 0.09%</i>	
<i>(base equiv) (once-daily)</i>	97
<i>bromocriptine mesylate cap 5 mg (base</i>	
<i>equivalent)</i>	52
<i>bromocriptine mesylate tab 2.5 mg</i>	
<i>(base equivalent)</i>	52
BROMSITE DRO 0.075%	97
BRUKINSA CAP 80MG	22
<i>budesonide delayed release particles</i>	
<i>cap 3 mg</i>	83
<i>budesonide inhalation susp 0.25</i>	
<i>mg/2ml</i>	102
<i>budesonide inhalation susp 0.5 mg/2ml</i>	
.....	102
<i>budesonide tab er 24hr 9 mg</i>	83
<i>bumetanide inj 0.25 mg/ml</i>	38
<i>bumetanide tab 0.5 mg</i>	38
<i>bumetanide tab 1 mg</i>	38

<i>bumetanide tab 2 mg</i>	38
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	64
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	64
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	65
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	64
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	64
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	64
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	65
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	65
<i>bupropion hcl tab 100 mg</i>	49
<i>bupropion hcl tab 75 mg</i>	49
<i>bupropion hcl tab er 12hr 100 mg</i>	49
<i>bupropion hcl tab er 12hr 150 mg</i>	49
<i>bupropion hcl tab er 12hr 200 mg</i>	49
<i>bupropion hcl tab er 24hr 150 mg</i>	49
<i>bupropion hcl tab er 24hr 300 mg</i>	49
<i>buspirone hcl tab 10 mg</i>	41
<i>buspirone hcl tab 15 mg</i>	41
<i>buspirone hcl tab 30 mg</i>	41
<i>buspirone hcl tab 5 mg</i>	41
<i>buspirone hcl tab 7.5 mg</i>	41
<i>butorphanol tartrate inj 1 mg/ml</i>	3
<i>butorphanol tartrate inj 2 mg/ml</i>	3
<i>BYDUREON BC INJ 2/0.85ML</i>	66
<i>BYDUREON PEN INJ 2MG</i>	66
<i>BYETTA INJ 10MCG</i>	66
<i>BYETTA INJ 5MCG</i>	66
<i>BYSTOLIC TAB 10MG</i>	35
<i>BYSTOLIC TAB 2.5MG</i>	35
<i>BYSTOLIC TAB 20MG</i>	35
<i>BYSTOLIC TAB 5MG</i>	35
C	
<i>cabergoline tab 0.5 mg</i>	77
<i>CABOMETYX TAB 20MG</i>	22
<i>CABOMETYX TAB 40MG</i>	22
<i>CABOMETYX TAB 60MG</i>	22
<i>calcipotriene cream 0.005%</i>	105
<i>calcipotriene oint 0.005%</i>	105
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	69
<i>calcitrene oin 0.005%</i>	105
<i>calcitriol cap 0.25 mcg</i>	81
<i>calcitriol cap 0.5 mcg</i>	81
<i>calcitriol inj 1 mcg/ml</i>	81
<i>calcitriol oral soln 1 mcg/ml</i>	81
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	79
<i>calcium acetate (phosphate binder) tab 667 mg</i>	79
<i>CALQUENCE CAP 100MG</i>	22
<i>camila tab 0.35mg</i>	70
<i>camrese lo tab</i>	70
<i>camrese tab</i>	70
<i>candesartan cilexetil tab 16 mg</i>	32
<i>candesartan cilexetil tab 32 mg</i>	32
<i>candesartan cilexetil tab 4 mg</i>	32
<i>candesartan cilexetil tab 8 mg</i>	32
<i>candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg</i>	30
<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i>	30
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i> .30	
<i>CAPLYTA CAP 42MG</i>	54
<i>CAPRELSA TAB 100MG</i>	22
<i>CAPRELSA TAB 300MG</i>	22
<i>captopril tab 100 mg</i>	29
<i>captopril tab 12.5 mg</i>	29
<i>captopril tab 25 mg</i>	29
<i>captopril tab 50 mg</i>	29
<i>CARB/LEVO TAB 10-100MG</i>	52
<i>CARB/LEVO TAB 25-100MG</i>	52
<i>CARB/LEVO TAB 25-250MG</i>	52
<i>CARBAGLU TAB 200MG</i>	77
<i>carbamazepine cap er 12hr 100 mg</i> ..42	
<i>carbamazepine cap er 12hr 200 mg</i> ..42	
<i>carbamazepine cap er 12hr 300 mg</i> ..42	
<i>carbamazepine chew tab 100 mg</i>42	
<i>carbamazepine susp 100 mg/5ml</i>42	
<i>carbamazepine tab 200 mg</i>	42
<i>carbamazepine tab er 12hr 100 mg</i> ..42	
<i>carbamazepine tab er 12hr 200 mg</i> ..42	

<i>carbamazepine tab er 12hr 400 mg..</i>	42
<i>carbidopa & levodopa tab 10-100 mg</i>	52
<i>carbidopa & levodopa tab 25-100 mg</i>	52
<i>carbidopa & levodopa tab 25-250 mg</i>	52
<i>carbidopa & levodopa tab er 25-100 mg ..</i>	52
<i>carbidopa & levodopa tab er 50-200 mg ..</i>	52
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg ..</i>	53
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg ..</i>	53
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg ..</i>	53
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg ..</i>	53
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg ..</i>	53
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg ..</i>	53
<i>carboplatin iv soln 150 mg/15ml.....</i>	17
<i>carboplatin iv soln 450 mg/45ml.....</i>	17
<i>carboplatin iv soln 50 mg/5ml</i>	17
<i>carboplatin iv soln 600 mg/60ml.....</i>	17
<i>carisoprodol tab 350 mg</i>	64
<i>carteolol hcl ophth soln 1%.....</i>	98
<i>cartia xt cap 120/24hr</i>	36
<i>cartia xt cap 180/24hr</i>	36
<i>cartia xt cap 240/24hr</i>	36
<i>cartia xt cap 300/24hr</i>	36
<i>carvedilol tab 12.5 mg</i>	35
<i>carvedilol tab 25 mg</i>	35
<i>carvedilol tab 3.125 mg.....</i>	35
<i>carvedilol tab 6.25 mg</i>	35
<i>caspofungin acetate for iv soln 50 mg</i>	7
<i>caspofungin acetate for iv soln 70 mg</i>	7
<i>CAYSTON INH 75MG</i>	5
<i>caziant pak.....</i>	70
<i>cefaclor cap 250 mg.....</i>	12
<i>cefaclor cap 500 mg.....</i>	12
<i>CEFACLOR ER TAB 500MG</i>	12
<i>cefaclor for susp 125 mg/5ml.....</i>	12
<i>cefaclor for susp 250 mg/5ml.....</i>	12
<i>cefaclor for susp 375 mg/5ml.....</i>	12
<i>cefadroxil cap 500 mg</i>	12
<i>cefadroxil for susp 250 mg/5ml</i>	12
<i>cefadroxil for susp 500 mg/5ml</i>	12
<i>CEFAZOLIN INJ 1GM/50ML</i>	12
<i>cefazolin sodium for inj 1 gm</i>	12
<i>cefazolin sodium for inj 10 gm</i>	13
<i>cefazolin sodium for inj 500 mg</i>	13
<i>cefazolin sodium for iv soln 1 gm</i>	13
<i>CEFAZOLIN SOL.....</i>	13
<i>cefdinir cap 300 mg.....</i>	13
<i>cefdinir for susp 125 mg/5ml.....</i>	13
<i>cefdinir for susp 250 mg/5ml.....</i>	13
<i>cefepime hcl for inj 1 gm</i>	13
<i>cefepime hcl for inj 2 gm</i>	13
<i>cefixime for susp 100 mg/5ml.....</i>	13
<i>cefixime for susp 200 mg/5ml.....</i>	13
<i>cefoxitin sodium for iv soln 1 gm.....</i>	13
<i>cefoxitin sodium for iv soln 10 gm</i>	13
<i>cefoxitin sodium for iv soln 2 gm.....</i>	13
<i>cefpodoxime proxetil for susp 100 mg/5ml.....</i>	13
<i>cefpodoxime proxetil for susp 50 mg/5ml.....</i>	13
<i>cefpodoxime proxetil tab 100 mg</i>	13
<i>cefpodoxime proxetil tab 200 mg</i>	13
<i>cefprozil for susp 125 mg/5ml.....</i>	13
<i>cefprozil for susp 250 mg/5ml.....</i>	13
<i>cefprozil tab 250 mg</i>	13
<i>cefprozil tab 500 mg</i>	13
<i>ceftazidime for inj 1 gm</i>	13
<i>ceftazidime for inj 6 gm</i>	13
<i>ceftazidime for iv soln 2 gm.....</i>	13
<i>CEFTAZIDIME/ SOL D5W 1GM</i>	13
<i>CEFTAZIDIME/ SOL D5W 2GM</i>	13
<i>ceftriaxone sodium for inj 1 gm.....</i>	13
<i>ceftriaxone sodium for inj 10 gm</i>	13
<i>ceftriaxone sodium for inj 2 gm</i>	13
<i>ceftriaxone sodium for inj 250 mg</i>	13
<i>ceftriaxone sodium for inj 500 mg</i>	13
<i>ceftriaxone sodium for iv soln 1 gm</i>	13
<i>ceftriaxone sodium for iv soln 2 gm</i>	13
<i>cefuroxime axetil tab 250 mg</i>	13
<i>cefuroxime axetil tab 500 mg</i>	13
<i>cefuroxime sodium for inj 750 mg</i>	13
<i>cefuroxime sodium for iv soln 1.5 gm</i>	13
<i>celecoxib cap 100 mg</i>	1
<i>celecoxib cap 200 mg</i>	1
<i>celecoxib cap 400 mg</i>	1
<i>celecoxib cap 50 mg</i>	1
<i>CELONTIN CAP 300MG.....</i>	42
<i>cephalexin cap 250 mg</i>	13

<i>cephalexin cap 500 mg</i>	13
<i>cephalexin for susp 125 mg/5ml</i>	13
<i>cephalexin for susp 250 mg/5ml</i>	13
CERDELGA CAP 84MG	77
CEREZYME INJ 400UNIT	77
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	99
<i>cevimeline hcl cap 30 mg</i>	107
CHANTIX PAK 0.5& 1MG	65
CHANTIX PAK 1MG	65
CHANTIX TAB 0.5MG.....	65
CHANTIX TAB 1MG	65
<i>chateal tab 0.15/30</i>	70
CHEMET CAP 100MG	69
<i>chlorhexidine gluconate soln 0.12%</i>	108
<i>chloroquine phosphate tab 250 mg</i>	8
<i>chloroquine phosphate tab 500 mg</i>	8
CHLORPROMAZI CON 100MG/ML	54
CHLORPROMAZI CON 30MG/ML.....	54
<i>chlorpromazine hcl inj 25 mg/ml</i>	54
<i>chlorpromazine hcl inj 50 mg/2ml</i>	54
<i>chlorpromazine hcl tab 10 mg</i>	54
<i>chlorpromazine hcl tab 100 mg</i>	54
<i>chlorpromazine hcl tab 200 mg</i>	54
<i>chlorpromazine hcl tab 25 mg</i>	54
<i>chlorpromazine hcl tab 50 mg</i>	54
<i>chlorthalidone tab 25 mg</i>	38
<i>chlorthalidone tab 50 mg</i>	38
<i>cholestyramine light powder 4 gm/dose</i>	34
<i>cholestyramine light powder packets 4 gm</i>	34
<i>cholestyramine powder 4 gm/dose</i> ... 34	
<i>cholestyramine powder packets 4 gm</i> 34	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	104
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	104
<i>cilostazol tab 100 mg</i>	88
<i>cilostazol tab 50 mg</i>	88
CILOXAN OIN 0.3% OP	96
CIMDUO TAB 300-300.....	10
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	77
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	77
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	77
<i>CIPRO (10%) SUS 500MG/5</i>	14
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..14	
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..14	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	97
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	14
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	14
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	14
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	14
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	108
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> ..	17
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> ..	17
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..17	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	49
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	49
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	49
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	49
<i>claravis cap 10mg</i>	103
<i>claravis cap 20mg</i>	103
<i>claravis cap 30mg</i>	103
<i>claravis cap 40mg</i>	103
<i>clarithromycin for susp 125 mg/5ml</i> .14	
<i>clarithromycin for susp 250 mg/5ml</i> .14	
<i>clarithromycin tab 250 mg</i>	14
<i>clarithromycin tab 500 mg</i>	14
<i>clarithromycin tab er 24hr 500 mg</i> ...14	
<i>clindamycin hcl cap 150 mg</i>	5
<i>clindamycin hcl cap 300 mg</i>	5
<i>clindamycin hcl cap 75 mg</i>	5
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	5
<i>clindamycin phosphate gel 1%</i>	103
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	5
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	5

<i>clindamycin phosphate in d5w iv soln</i>	43
900 mg/50ml	5
<i>clindamycin phosphate inj 300 mg/2ml</i>	39
.....	5
<i>clindamycin phosphate inj 600 mg/4ml</i>	39
.....	5
<i>clindamycin phosphate inj 9 gm/60ml</i>	5
<i>clindamycin phosphate inj 900 mg/6ml</i>	5
<i>clindamycin phosphate lotion 1%... 104</i>	104
<i>clindamycin phosphate soln 1%.... 104</i>	104
<i>clindamycin phosphate vaginal cream</i>	
2%	86
<i>CLINDMYC/NAC INJ 300/50ML</i>	5
<i>CLINDMYC/NAC INJ 600/50ML</i>	5
<i>CLINDMYC/NAC INJ 900/50ML</i>	5
<i>CLINIMIX INJ 4.25/D10</i>	95
<i>CLINIMIX INJ 4.25/D5W</i>	95
<i>CLINIMIX INJ 5%/D15W</i>	96
<i>CLINIMIX INJ 5%/D20W</i>	96
<i>CLINIMIX INJ 6/5</i>	96
<i>CLINIMIX INJ 8/10</i>	96
<i>CLINIMIX INJ 8/14</i>	96
<i>clenisol sf inj 15%</i>	96
<i>CLINOLIPID EMU 20%</i>	96
<i>clobazam suspension 2.5 mg/ml</i>	42
<i>clobazam tab 10 mg</i>	42
<i>clobazam tab 20 mg</i>	42
<i>clobetasol e cre 0.05%</i>	105
<i>clobetasol propionate cream 0.05%</i> 106	
<i>clobetasol propionate gel 0.05%.... 106</i>	106
<i>clobetasol propionate oint 0.05%... 106</i>	106
<i>clobetasol propionate soln 0.05% .. 106</i>	106
<i>clomipramine hcl cap 25 mg</i>	49
<i>clomipramine hcl cap 50 mg</i>	49
<i>clomipramine hcl cap 75 mg</i>	49
<i>clonazepam orally disintegrating tab</i>	
0.125 mg	43
<i>clonazepam orally disintegrating tab</i>	
0.25 mg	43
<i>clonazepam orally disintegrating tab</i>	
0.5 mg	43
<i>clonazepam orally disintegrating tab 1</i>	
mg	43
<i>clonazepam orally disintegrating tab 2</i>	
mg	43
<i>clonazepam tab 0.5 mg</i>	43
<i>clonazepam tab 1 mg</i>	43
<i>clonazepam tab 2 mg</i>	43
<i>clonidine hcl tab 0.1 mg</i>	39
<i>clonidine hcl tab 0.2 mg</i>	39
<i>clonidine hcl tab 0.3 mg</i>	39
<i>clonidine td patch weekly 0.1 mg/24hr</i>	
.....	39
<i>clonidine td patch weekly 0.2 mg/24hr</i>	
.....	39
<i>clonidine td patch weekly 0.3 mg/24hr</i>	
.....	39
<i>clopidogrel bisulfate tab 75 mg (base</i>	
equiv).....	88
<i>clorazepate dipotassium tab 15 mg ..43</i>	43
<i>clorazepate dipotassium tab 3.75 mg</i> 43	
<i>clorazepate dipotassium tab 7.5 mg .43</i>	43
<i>clotrimazole cream 1%</i>	104
<i>clotrimazole soln 1%</i>	104
<i>clotrimazole troche 10 mg</i>	108
<i>clotrimazole w/ betamethasone cream</i>	
1-0.05%	104
<i>clozapine orally disintegrating tab 100</i>	
mg	55
<i>clozapine orally disintegrating tab 12.5</i>	
mg	55
<i>clozapine orally disintegrating tab 150</i>	
mg	55
<i>clozapine orally disintegrating tab 200</i>	
mg	55
<i>clozapine orally disintegrating tab 25</i>	
mg	55
<i>clozapine tab 100 mg</i>	55
<i>clozapine tab 200 mg</i>	55
<i>clozapine tab 25 mg</i>	55
<i>clozapine tab 50 mg</i>	55
<i>COARTEM TAB 20-120MG</i>	8
<i>colchicine tab 0.6 mg</i>	1
<i>colchicine w/ probenecid tab 0.5-500</i>	
mg	1
<i>colesevelam hcl packet for susp 3.75</i>	
gm	34
<i>colesevelam hcl tab 625 mg</i>	34
<i>colestipol hcl granule packets 5 gm ..34</i>	34
<i>colestipol hcl granules 5 gm</i>	34
<i>colestipol hcl tab 1 gm</i>	34
<i>colistimethate sod for inj 150 mg</i>	
(<i>colistin base activity</i>)	5
<i>COMBIGAN SOL 0.2/0.5%</i>	98
<i>COMBIVENT AER 20-100</i>	99

COMETRIQ KIT 100MG	22
COMETRIQ KIT 140MG	22
COMETRIQ KIT 60MG.....	22
COMPLERA TAB	10
<i>compro sup 25mg.....</i>	81
<i>constulose sol 10gm/15.....</i>	83
COPIKTRA CAP 15MG	22
COPIKTRA CAP 25MG	22
CORLANOR SOL 5MG/5ML	39
CORLANOR TAB 5MG	39
CORLANOR TAB 7.5MG.....	39
<i>cortisone acetate tab 25 mg.....</i>	75
COTELLIC TAB 20MG.....	22
CREON CAP 12000UNT	84
CREON CAP 24000UNT	84
CREON CAP 3000UNIT	84
CREON CAP 36000UNT	84
CREON CAP 6000UNIT	84
CRIXIVAN CAP 200MG.....	8
CRIXIVAN CAP 400MG.....	8
<i>cromolyn sodium ophth soln 4%.....</i>	98
<i>cromolyn sodium oral conc 100 mg/5ml</i>	84
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	101
<i>cryselle-28 tab 28 tabs.....</i>	70
<i>cyclafem tab 1/35</i>	70
<i>cyclafem tab 7/7/7</i>	70
<i>cyclobenzaprine hcl tab 10 mg</i>	64
<i>cyclobenzaprine hcl tab 5 mg</i>	64
CYCLOPHOSPH INJ 1GM	17
CYCLOPHOSPH TAB 25MG	17
CYCLOPHOSPH TAB 50MG	17
CYCLOPHOSPHA INJ 500MG.....	17
<i>cyclophosphamide cap 25 mg.....</i>	17
<i>cyclophosphamide cap 50 mg.....</i>	17
<i>cyclophosphamide for inj 1 gm</i>	17
<i>cyclophosphamide for inj 2 gm</i>	17
<i>cyclophosphamide for inj 500 mg</i>	17
<i>cycloserine cap 250 mg</i>	11
<i>cyclosporine cap 100 mg</i>	91
<i>cyclosporine cap 25 mg</i>	91
<i>cyclosporine iv soln 50 mg/ml</i>	91
<i>cyclosporine modified cap 100 mg</i>	92
<i>cyclosporine modified cap 25 mg</i>	92
<i>cyclosporine modified cap 50 mg</i>	92
<i>cyclosporine modified oral soln 100 mg/ml.....</i>	92

<i>cyproheptadine hcl syrup 2 mg/5ml..</i>	99
<i>cyproheptadine hcl tab 4 mg</i>	99
<i>cyred eq tab</i>	70
CYSTADANE POW	77
CYSTADROPS SOL 0.37%.....	98
CYSTAGON CAP 150MG.....	77
CYSTAGON CAP 50MG	77
CYSTARAN SOL 0.44%	98
<i>cytarabine inj 20 mg/ml.....</i>	18
D	
D10W/NACL INJ 0.2%	93
D2.5W/NACL INJ 0.45%.....	93
D5W/LYTES INJ #48.....	93
D5W/NACL INJ 0.3%	93
<i>dalfampridine tab er 12hr 10 mg</i>	63
DALIRESP TAB 250MCG	101
DALIRESP TAB 500MCG	101
<i>danazol cap 100 mg</i>	74
<i>danazol cap 200 mg</i>	74
<i>danazol cap 50 mg</i>	74
<i>dantrolene sodium cap 100 mg</i>	64
<i>dantrolene sodium cap 25 mg</i>	64
<i>dantrolene sodium cap 50 mg</i>	64
<i>dapsone tab 100 mg</i>	5
<i>dapsone tab 25 mg</i>	5
DAPTACEL INJ	92
<i>daptomycin for iv soln 350 mg</i>	5
<i>daptomycin for iv soln 500 mg</i>	5
DAPTO MYCIN SOL 350MG	5
<i>dasetta tab 1/35</i>	70
<i>dasetta tab 7/7/7</i>	70
DAURISMO TAB 100MG.....	22
DAURISMO TAB 25MG	22
<i>daysee tab</i>	70
<i>deblitane tab 0.35mg</i>	70
<i>deferasirox granules packet 180 mg</i>	69
<i>deferasirox granules packet 360 mg</i>	69
<i>deferasirox granules packet 90 mg</i>	69
<i>deferasirox tab 180 mg</i>	69
<i>deferasirox tab 360 mg</i>	69
<i>deferasirox tab 90 mg</i>	69
DELESTROGEN INJ 10MG/ML.....	74
DELSTRIGO TAB	10
DESCOVY TAB 200/25MG	10
<i>desipramine hcl tab 10 mg</i>	49
<i>desipramine hcl tab 100 mg</i>	49
<i>desipramine hcl tab 150 mg</i>	49
<i>desipramine hcl tab 25 mg</i>	49

desipramine hcl tab 50 mg.....	49
desipramine hcl tab 75 mg.....	49
desmopressin acetate inj 4 mcg/ml..	77
desmopressin acetate nasal spray soln 0.01%.....	77
desmopressin acetate nasal spray soln 0.01% (refrigerated).....	77
desmopressin acetate preservative free (pf) inj 4 mcg/ml	77
desmopressin acetate tab 0.1 mg	78
desmopressin acetate tab 0.2 mg	78
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	70
desogestrel & ethynodiol dihydrogen tab 0.15 mg-30 mcg	70
desvenlafaxine succinate tab er 24hr 100 mg (base equiv).....	49
desvenlafaxine succinate tab er 24hr 25 mg (base equiv).....	49
desvenlafaxine succinate tab er 24hr 50 mg (base equiv).....	49
DEXAMETHASON CON 1MG/ML.....	75
dexamethasone elixir 0.5 mg/5ml....	76
dexamethasone sod phosphate preservative free inj 10 mg/ml	76
dexamethasone sodium phosphate inj 10 mg/ml	76
dexamethasone sodium phosphate inj 100 mg/10ml	76
dexamethasone sodium phosphate inj 120 mg/30ml	76
dexamethasone sodium phosphate inj 20 mg/5ml.....	76
dexamethasone sodium phosphate inj 4 mg/ml	76
dexamethasone sodium phosphate ophth soln 0.1%	97
dexamethasone soln 0.5 mg/5ml....	76
dexamethasone tab 0.5 mg	76
dexamethasone tab 0.75 mg.....	76
dexamethasone tab 1 mg	76
dexamethasone tab 1.5 mg	76
dexamethasone tab 2 mg	76
dexamethasone tab 4 mg	76
dexamethasone tab 6 mg	76
DEXILANT CAP 30MG DR	85
DEXILANT CAP 60MG DR	85
dexamethylphenidate hcl tab 10 mg ..	60
dexamethylphenidate hcl tab 2.5 mg ..	59
dexamethylphenidate hcl tab 5 mg.....	59
dextrose 10% w/ sodium chloride 0.45%	93
dextrose 2.5% w/ sodium chloride 0.45%	93
dextrose 5% in lactated ringers	93
dextrose 5% w/ sodium chloride 0.2%	93
dextrose 5% w/ sodium chloride 0.225%	93
dextrose 5% w/ sodium chloride 0.3%	93
dextrose 5% w/ sodium chloride 0.45%	93
dextrose 5% w/ sodium chloride 0.9%	93
dextrose inj 10%	96
dextrose inj 5%	96
dextrose inj 50%	96
dextrose inj 70%	96
DIACOMIT CAP 250MG.....	43
DIACOMIT CAP 500MG.....	43
DIACOMIT PAK 250MG.....	43
DIACOMIT PAK 500MG.....	43
diazepam conc 5 mg/ml	43
diazepam inj 5 mg/ml	43
diazepam oral soln 1 mg/ml	43
diazepam rectal gel delivery system 10 mg	43
diazepam rectal gel delivery system 2.5 mg	43
diazepam rectal gel delivery system 20 mg	43
diazepam tab 10 mg	43
diazepam tab 2 mg	43
diazepam tab 5 mg	43
diazoxide susp 50 mg/ml	77
diclofenac potassium tab 50 mg	1
diclofenac sodium gel 1%.....	107
diclofenac sodium ophth soln 0.1%...97	
diclofenac sodium tab delayed release 25 mg	1
diclofenac sodium tab delayed release 50 mg	1
diclofenac sodium tab delayed release 75 mg	1
diclofenac sodium tab er 24hr 100 mg 1	

<i>dicloxacillin sodium cap 250 mg</i>	16
<i>dicloxacillin sodium cap 500 mg</i>	16
<i>dicyclomine hcl cap 10 mg</i>	83
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	83
<i>dicyclomine hcl tab 20 mg</i>	83
DIFICID SUS.....	14
DIFICID TAB 200MG	14
<i>diflunisal tab 500 mg</i>	1
<i>dilfluprednate ophth emulsion 0.05%</i>	97
<i>digitek tab 0.125mg</i>	39
<i>digitek tab 0.25mg</i>	39
<i>digox tab 0.125mg</i>	39
<i>digox tab 0.25mg</i>	39
<i>digoxin inj 0.25 mg/ml</i>	39
<i>digoxin oral soln 0.05 mg/ml</i>	39
<i>digoxin tab 125 mcg (0.125 mg)</i>	39
<i>digoxin tab 250 mcg (0.25 mg)</i>	39
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	61
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	61
DILANTIN CAP 100MG.....	43
DILANTIN CAP 30MG.....	43
DILANTIN CHW 50MG	43
DILANTIN-125 SUS 125/5ML.....	44
<i>diltiazem hcl cap er 12hr 120 mg</i>	36
<i>diltiazem hcl cap er 12hr 60 mg</i>	36
<i>diltiazem hcl cap er 12hr 90 mg</i>	36
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	36
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	36
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	36
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	36
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	36
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	37
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	37
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	37
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	37
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	37
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	37
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	37
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	37
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	37
<i>diltiazem hcl tab 120 mg</i>	37
<i>diltiazem hcl tab 30 mg</i>	37
<i>diltiazem hcl tab 60 mg</i>	37
<i>diltiazem hcl tab 90 mg</i>	37
<i>dilt-xr cap 120mg</i>	36
<i>dilt-xr cap 180mg</i>	36
<i>dilt-xr cap 240mg</i>	36
DIP/TET PED INJ 25-5LFU	92
<i>diphenhydramine hcl inj 50 mg/ml</i>	99
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	84
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	84
<i>dipyridamole tab 25 mg</i>	88
<i>dipyridamole tab 50 mg</i>	89
<i>dipyridamole tab 75 mg</i>	89
<i>disopyramide phosphate cap 100 mg</i>	32
<i>disopyramide phosphate cap 150 mg</i>	32
<i>disulfiram tab 250 mg</i>	65
<i>disulfiram tab 500 mg</i>	65
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	44
<i>divalproex sodium tab delayed release 125 mg</i>	44
<i>divalproex sodium tab delayed release 250 mg</i>	44
<i>divalproex sodium tab delayed release 500 mg</i>	44
<i>divalproex sodium tab er 24 hr 250 mg</i>	44
<i>divalproex sodium tab er 24 hr 500 mg</i>	44
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	20
<i>docetaxel for inj conc 20 mg/ml</i>	20
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	20
DOCETAXEL INJ 160/16ML	20
DOCETAXEL INJ 160/8ML	20
DOCETAXEL INJ 20MG/2ML	20

DOCETAXEL INJ 80MG/4ML.....	20
DOCETAXEL INJ 80MG/8ML.....	20
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	21
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	20
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	21
<i>dofetilide cap 125 mcg (0.125 mg) ..</i>	32
<i>dofetilide cap 250 mcg (0.25 mg)</i>	32
<i>dofetilide cap 500 mcg (0.5 mg)</i>	32
<i>donepezil hydrochloride orally disintegrating tab 10 mg.....</i>	48
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	48
<i>donepezil hydrochloride tab 10 mg ..</i>	48
<i>donepezil hydrochloride tab 5 mg</i>	48
<i>DOPTELET TAB 20MG.....</i>	88
<i>dorzolamide hcl ophth soln 2%.....</i>	98
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	98
<i>dotti dis 0.025mg</i>	74
<i>dotti dis 0.0375mg</i>	75
<i>dotti dis 0.05mg</i>	74
<i>dotti dis 0.075mg</i>	75
<i>dotti dis 0.1mg.....</i>	74
<i>DOVATO TAB 50-300MG.....</i>	10
<i>doxazosin mesylate tab 1 mg</i>	30
<i>doxazosin mesylate tab 2 mg</i>	30
<i>doxazosin mesylate tab 4 mg</i>	30
<i>doxazosin mesylate tab 8 mg</i>	30
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	60
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	60
<i>doxepin hcl cap 10 mg</i>	49
<i>doxepin hcl cap 100 mg</i>	50
<i>doxepin hcl cap 150 mg</i>	50
<i>doxepin hcl cap 25 mg</i>	50
<i>doxepin hcl cap 50 mg</i>	50
<i>doxepin hcl cap 75 mg</i>	50
<i>doxepin hcl conc 10 mg/ml</i>	50
<i>doxorubicin hcl inj 2 mg/ml.....</i>	18
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	18
<i>doxy 100 inj 100mg.....</i>	17
<i>doxycycline hydyclate cap 100 mg</i>	17
<i>doxycycline hydyclate cap 50 mg</i>	17
<i>doxycycline hydyclate for inj 100 mg</i>	17
<i>doxycycline hydyclate tab 100 mg</i>	17
<i>doxycycline hydyclate tab 20 mg</i>	17
<i>doxycycline monohydrate cap 100 mg</i>	17
<i>doxycycline monohydrate cap 50 mg</i>	17
<i>doxycycline monohydrate tab 100 mg</i>	17
<i>doxycycline monohydrate tab 50 mg</i>	17
<i>doxycycline monohydrate tab 75 mg</i>	17
<i>DRIZALMA CAP 20MG DR</i>	50
<i>DRIZALMA CAP 30MG DR</i>	50
<i>DRIZALMA CAP 40MG DR</i>	50
<i>DRIZALMA CAP 60MG DR</i>	50
<i>dronabinol cap 10 mg</i>	82
<i>dronabinol cap 2.5 mg</i>	81
<i>dronabinol cap 5 mg</i>	82
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	71
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	71
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	71
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	71
<i>DROXIA CAP 200MG</i>	88
<i>DROXIA CAP 300MG</i>	88
<i>DROXIA CAP 400MG</i>	88
<i>droxidopa cap 100 mg</i>	39
<i>droxidopa cap 200 mg</i>	39
<i>droxidopa cap 300 mg</i>	39
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq).....</i>	50
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq).....</i>	50
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq).....</i>	50
<i>DUREZOL EMU 0.05%.....</i>	97
<i>dutasteride cap 0.5 mg</i>	85
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	85
E	
<i>e.e.s. 400 tab 400mg</i>	14
<i>ec-naproxen tab 375mg</i>	1
<i>ec-naproxen tab 500mg</i>	1
<i>EDURANT TAB 25MG</i>	8
<i>efavirenz cap 200 mg</i>	8
<i>efavirenz cap 50 mg</i>	8

<i>efavirenz tab 600 mg</i>	8
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	10
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	10
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	10
<i>elinet tab</i>	71
<i>ELIQUIS ST P TAB 5MG</i>	86
<i>ELIQUIS TAB 2.5MG</i>	86
<i>ELIQUIS TAB 5MG</i>	86
<i>ELLA TAB 30MG</i>	71
<i>eluryng mis</i>	71
<i>EMCYT CAP 140MG</i>	19
<i>EMEND SUS 125MG</i>	82
<i>emoquette tab</i>	71
<i>EMSAM DIS 12MG/24H</i>	50
<i>EMSAM DIS 6MG/24HR</i>	50
<i>EMSAM DIS 9MG/24HR</i>	50
<i>emtricitabine caps 200 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	10
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	10
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	10
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	10
<i>EMTRIVA SOL 10MG/ML</i>	9
<i>EMVERM CHW 100MG</i>	5
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	28
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	28
<i>enalapril maleate tab 10 mg</i>	29
<i>enalapril maleate tab 2.5 mg</i>	29
<i>enalapril maleate tab 20 mg</i>	29
<i>enalapril maleate tab 5 mg</i>	29
<i>ENBREL INJ 25/0.5ML</i>	89
<i>ENBREL INJ 25MG</i>	89
<i>ENBREL INJ 50MG/ML</i>	89
<i>ENBREL MINI INJ 50MG/ML</i>	89
<i>ENBREL SRCLK INJ 50MG/ML</i>	89
<i>ENDARI POW 5GM</i>	88
<i>ENGERIX-B INJ 10/0.5ML</i>	92
<i>ENGERIX-B INJ 20MCG/ML</i>	92
<i>exoxaparin sodium inj 100 mg/ml</i>	86
<i>exoxaparin sodium inj 120 mg/0.8ml</i>	86
<i>exoxaparin sodium inj 150 mg/ml</i>	86
<i>exoxaparin sodium inj 30 mg/0.3ml</i> .86	
<i>exoxaparin sodium inj 300 mg/3ml</i> ..86	
<i>exoxaparin sodium inj 40 mg/0.4ml</i> .86	
<i>exoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	86
<i>exoxaparin sodium subcutaneous soln 80 mg/0.8ml</i>	86
<i>enpresse-28 tab</i>	71
<i>enskyce tab</i>	71
<i>ENSTILAR AER</i>	106
<i>entacapone tab 200 mg</i>	53
<i>entecavir tab 0.5 mg</i>	11
<i>entecavir tab 1 mg</i>	11
<i>ENTRESTO TAB 24-26MG</i>	30
<i>ENTRESTO TAB 49-51MG</i>	31
<i>ENTRESTO TAB 97-103MG</i>	31
<i>enulose sol 10gm/15</i>	83
<i>EPCLUSIA TAB 200-50MG</i>	11
<i>EPCLUSIA TAB 400-100</i>	11
<i>EPIDIOLEX SOL 100MG/ML</i>	44
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	101
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	101
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	101
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	18
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	18
<i>epitol tab 200mg</i>	44
<i>EPIVIR HBV SOL 5MG/ML</i>	11
<i>eplerenone tab 25 mg</i>	29
<i>eplerenone tab 50 mg</i>	29
<i>ergotamine w/ caffeine tab 1-100 mg</i>	61
<i>ERIVEDGE CAP 150MG</i>	22
<i>ERLEADA TAB 60MG</i>	19
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	22
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	22
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	22
<i>errin tab 0.35mg</i>	71
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	5

ery pad 2%	104
ery-tab tab 250mg ec	14
ery-tab tab 333mg ec	14
ery-tab tab 500mg ec	14
ERYTHROCIN INJ 500MG	14
erythrocin tab 250mg.....	14
erythromycin ethylsuccinate tab 400 mg	14
erythromycin ophth oint 5 mg/gm ...	97
erythromycin soln 2%	104
erythromycin tab 250 mg	14
erythromycin tab 500 mg	14
erythromycin tab delayed release 250 mg	14
erythromycin tab delayed release 333 mg	14
erythromycin tab delayed release 500 mg	14
erythromycin w/ delayed release particles cap 250 mg	14
ESBRIET CAP 267MG	101
ESBRIET TAB 267MG	101
ESBRIET TAB 801MG	101
escitalopram oxalate soln 5 mg/5ml (base equiv)	50
escitalopram oxalate tab 10 mg (base equiv)	50
escitalopram oxalate tab 20 mg (base equiv)	50
escitalopram oxalate tab 5 mg (base equiv)	50
esomeprazole magnesium cap delayed release 20 mg (base eq).....	85
esomeprazole magnesium cap delayed release 40 mg (base eq).....	85
estarrylla tab 0.25-35	71
estradiol & norethindrone acetate tab 0.5-0.1 mg	75
estradiol & norethindrone acetate tab 1-0.5 mg	75
estradiol tab 0.5 mg	75
estradiol tab 1 mg	75
estradiol tab 2 mg	75
estradiol td patch twice weekly 0.025 mg/24hr.....	75
estradiol td patch twice weekly 0.0375 mg/24hr.....	75
estradiol td patch twice weekly 0.05 mg/24hr	75
estradiol td patch twice weekly 0.075 mg/24hr	75
estradiol td patch twice weekly 0.1 mg/24hr	75
estradiol td patch weekly 0.025 mg/24hr	75
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	75
estradiol td patch weekly 0.05 mg/24hr	75
estradiol td patch weekly 0.06 mg/24hr	75
estradiol td patch weekly 0.075 mg/24hr	75
estradiol td patch weekly 0.1 mg/24hr	75
estradiol vaginal cream 0.1 mg/gm ..	75
estradiol vaginal tab 10 mcg	75
estradiol valerate im in oil 20 mg/ml.	75
estradiol valerate im in oil 40 mg/ml.	75
eszopiclone tab 1 mg.....	60
eszopiclone tab 2 mg.....	60
eszopiclone tab 3 mg.....	61
ethambutol hcl tab 100 mg	11
ethambutol hcl tab 400 mg	11
ethosuximide cap 250 mg	44
ethosuximide soln 250 mg/5ml	44
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	71
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	71
etodolac cap 200 mg	1
etodolac cap 300 mg	1
etodolac tab 400 mg.....	1
etodolac tab 500 mg.....	1
etodolac tab er 24hr 400 mg	1
etodolac tab er 24hr 500 mg	1
etodolac tab er 24hr 600 mg	1
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	71
etoposide inj 100 mg/5ml (20 mg/ml)	21
etoposide inj 500 mg/25ml (20 mg/ml)	21
etravirine tab 100 mg	9
etravirine tab 200 mg	9

euthyrox tab 100mcg	79
euthyrox tab 112mcg	80
euthyrox tab 125mcg	80
euthyrox tab 137mcg	80
euthyrox tab 150mcg	80
euthyrox tab 175mcg	80
euthyrox tab 200mcg	80
euthyrox tab 25mcg	79
euthyrox tab 50mcg	79
euthyrox tab 75mcg	79
euthyrox tab 88mcg	79
everolimus tab 0.25 mg	92
everolimus tab 0.5 mg	92
everolimus tab 0.75 mg	92
everolimus tab 10 mg	22
everolimus tab 2.5 mg	22
everolimus tab 5 mg	22
everolimus tab 7.5 mg	22
everolimus tab for oral susp 2 mg....	22
everolimus tab for oral susp 3 mg....	22
everolimus tab for oral susp 5 mg....	22
EVOTAZ TAB 300-150	10
exemestane tab 25 mg.....	19
EXKIVITY CAP 40MG	22
ezetimibe tab 10 mg	34
ezetimibe-simvastatin tab 10-10 mg	34
ezetimibe-simvastatin tab 10-20 mg	34
ezetimibe-simvastatin tab 10-40 mg	34
ezetimibe-simvastatin tab 10-80 mg	34
F	
FABRAZYME INJ 35MG	78
FABRAZYME INJ 5MG	78
falmina tab	71
famciclovir tab 125 mg.....	11
famciclovir tab 250 mg.....	11
famciclovir tab 500 mg.....	12
famotidine for susp 40 mg/5ml.....	83
famotidine in nacl 0.9% iv soln 20 mg/50ml	83
famotidine inj 20 mg/2ml	83
famotidine inj 200 mg/20ml.....	83
famotidine inj 40 mg/4ml	83
famotidine tab 20 mg.....	83
famotidine tab 40 mg.....	83
FANAPT PAK	55
FANAPT TAB 10MG	55
FANAPT TAB 12MG	55
FANAPT TAB 1MG	55
FANAPT TAB 2MG	55
FANAPT TAB 4MG	55
FANAPT TAB 6MG	55
FANAPT TAB 8MG	55
FARXIGA TAB 10MG	66
FARXIGA TAB 5MG	66
FARYDAK CAP 10MG	22
FARYDAK CAP 15MG	22
FARYDAK CAP 20MG	23
FASENRA INJ 30MG/ML.....	101
FASENRA PEN INJ 30MG/ML	101
fayosim tab	71
felbamate susp 600 mg/5ml	44
felbamate tab 400 mg	44
felbamate tab 600 mg	44
felodipine tab er 24hr 10 mg	37
felodipine tab er 24hr 2.5 mg	37
felodipine tab er 24hr 5 mg	37
femynor tab 0.25-35	71
fenofibrate micronized cap 134 mg ...	33
fenofibrate micronized cap 200 mg ...	33
fenofibrate micronized cap 67 mg....	33
fenofibrate tab 145 mg	33
fenofibrate tab 160 mg	33
fenofibrate tab 48 mg	33
fenofibrate tab 54 mg	33
fentanyl citrate lozenge on a handle 1200 mcg.....	3
fentanyl citrate lozenge on a handle 1600 mcg.....	3
fentanyl citrate lozenge on a handle 200 mcg	3
fentanyl citrate lozenge on a handle 400 mcg	3
fentanyl citrate lozenge on a handle 600 mcg	3
fentanyl citrate lozenge on a handle 800 mcg	3
fentanyl td patch 72hr 100 mcg/hr	2
fentanyl td patch 72hr 12 mcg/hr	2
fentanyl td patch 72hr 25 mcg/hr	2
fentanyl td patch 72hr 50 mcg/hr	2
fentanyl td patch 72hr 75 mcg/hr	2
FETZIMA CAP 120MG	50
FETZIMA CAP 20MG.....	50
FETZIMA CAP 40MG.....	50
FETZIMA CAP 80MG.....	50
FETZIMA CAP TITRATIO	50

FIASP FLEX INJ TOUCH	68
FIASP INJ 100/ML.....	68
FIASP PENFIL INJ U-100	68
<i>finasteride tab 5 mg.....</i>	85
FINTEPLA SOL 2.2MG/ML.....	44
<i>flac oil 0.01%</i>	108
FLAREX SUS 0.1% OP	97
FLEBOGAMMA INJ 10/100ML.....	90
FLEBOGAMMA INJ 10/200ML.....	90
FLEBOGAMMA INJ 20/200ML.....	90
FLEBOGAMMA INJ 20/400ML.....	90
FLEBOGAMMA INJ 5GM/50ML.....	90
FLEBOGAMMA INJ DIF 5%	90
<i>flecainide acetate tab 100 mg</i>	32
<i>flecainide acetate tab 150 mg</i>	32
<i>flecainide acetate tab 50 mg</i>	32
FLOVENT DISK AER 100MCG	102
FLOVENT DISK AER 250MCG	103
FLOVENT DISK AER 50MCG.....	102
FLOVENT HFA AER 110MCG	103
FLOVENT HFA AER 220MCG	103
FLOVENT HFA AER 44MCG	103
<i>fluconazole for susp 10 mg/ml.....</i>	7
<i>fluconazole for susp 40 mg/ml.....</i>	7
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	7
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	7
<i>fluconazole tab 100 mg</i>	7
<i>fluconazole tab 150 mg</i>	7
<i>fluconazole tab 200 mg</i>	7
<i>fluconazole tab 50 mg</i>	7
<i>flucytosine cap 250 mg</i>	7
<i>flucytosine cap 500 mg</i>	7
<i>fludrocortisone acetate tab 0.1 mg...76</i>	76
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	102
<i>fluocinolone acetonide (otic) oil 0.01%</i>	108
<i>fluocinolone acetonide cream 0.01%</i>	106
<i>fluocinolone acetonide cream 0.025%</i>	106
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	106
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	106
<i>fluocinolone acetonide oint 0.025% 106</i>	106
<i>fluocinolone acetonide soln 0.01%..106</i>	106
<i>fluocinonide cream 0.05%</i>	106
<i>fluocinonide emulsified base cream 0.05%</i>	106
<i>fluocinonide gel 0.05%</i>	106
<i>fluocinonide oint 0.05%</i>	106
<i>fluocinonide soln 0.05%</i>	106
<i>fluorometholone ophth susp 0.1% ...97</i>	97
<i>fluorouracil cream 5%</i>	107
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	18
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	18
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	18
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	18
<i>fluorouracil soln 2%</i>	107
<i>fluorouracil soln 5%</i>	107
<i>fluoxetine hcl cap 10 mg</i>	50
<i>fluoxetine hcl cap 20 mg</i>	50
<i>fluoxetine hcl cap 40 mg</i>	50
<i>fluoxetine hcl solution 20 mg/5ml....50</i>	50
<i>fluphenazine decanoate inj 25 mg/ml/55</i>	55
<i>fluphenazine hcl elixir 2.5 mg/5ml....55</i>	55
<i>fluphenazine hcl inj 2.5 mg/ml.....55</i>	55
<i>fluphenazine hcl oral conc 5 mg/ml ..55</i>	55
<i>fluphenazine hcl tab 1 mg</i>	55
<i>fluphenazine hcl tab 10 mg</i>	55
<i>fluphenazine hcl tab 2.5 mg</i>	55
<i>fluphenazine hcl tab 5 mg</i>	55
<i>flurbiprofen sodium ophth soln 0.03%</i>	97
<i>flurbiprofen tab 100 mg</i>	1
<i>flutamide cap 125 mg</i>	19
<i>fluticasone propionate cream 0.05%</i>	106
<i>fluticasone propionate nasal susp 50 mcg/act</i>	102
<i>fluticasone propionate oint 0.005% 106</i>	106
<i>fluvoxamine maleate tab 100 mg</i>	42
<i>fluvoxamine maleate tab 25 mg</i>	41
<i>fluvoxamine maleate tab 50 mg</i>	42
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	86
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	86

<i>fondaparinux sodium subcutaneous inj</i>	
<i>5 mg/0.4ml</i>	86
<i>fondaparinux sodium subcutaneous inj</i>	
<i>7.5 mg/0.6ml</i>	86
<i>FORTEO INJ 620/2.48</i>	69
<i>fosamprenavir calcium tab 700 mg</i>	
<i>(base equiv)</i>	9
<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>tab 10-12.5 mg</i>	28
<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>tab 20-12.5 mg</i>	28
<i>fosinopril sodium tab 10 mg</i>	29
<i>fosinopril sodium tab 20 mg</i>	29
<i>fosinopril sodium tab 40 mg</i>	29
<i>FOTIVDA CAP 0.89MG</i>	23
<i>FOTIVDA CAP 1.34MG</i>	23
<i>FREAMINE III INJ 10%</i>	96
<i>fulvestrant inj 250 mg/5ml</i>	19
<i>furosemide inj 10 mg/ml</i>	38
<i>furosemide oral soln 10 mg/ml</i>	38
<i>furosemide oral soln 8 mg/ml</i>	38
<i>furosemide tab 20 mg</i>	38
<i>furosemide tab 40 mg</i>	38
<i>furosemide tab 80 mg</i>	38
<i>FUZEON INJ 90MG</i>	9
<i>FYCOMPA SUS 0.5MG/ML</i>	44
<i>FYCOMPA TAB 10MG</i>	44
<i>FYCOMPA TAB 12MG</i>	44
<i>FYCOMPA TAB 2MG</i>	44
<i>FYCOMPA TAB 4MG</i>	44
<i>FYCOMPA TAB 6MG</i>	44
<i>FYCOMPA TAB 8MG</i>	44
G	
<i> gabapentin cap 100 mg</i>	44
<i> gabapentin cap 300 mg</i>	44
<i> gabapentin cap 400 mg</i>	44
<i> gabapentin oral soln 250 mg/5ml</i>	44
<i> gabapentin tab 600 mg</i>	44
<i> gabapentin tab 800 mg</i>	44
<i> galantamine hydrobromide cap er 24hr</i>	
<i> 16 mg</i>	48
<i> galantamine hydrobromide cap er 24hr</i>	
<i> 24 mg</i>	48
<i> galantamine hydrobromide cap er 24hr</i>	
<i> 8 mg</i>	48
<i> galantamine hydrobromide oral soln 4</i>	
<i> mg/ml</i>	48

<i> galantamine hydrobromide tab 12 mg</i>	
.....	48
<i> galantamine hydrobromide tab 4 mg</i>	48
<i> galantamine hydrobromide tab 8 mg</i>	48
<i> GAMASTAN INJ</i>	90
<i> GAMMAGARD INJ 10GM/100</i>	90
<i> GAMMAGARD INJ 1GM/10ML</i>	90
<i> GAMMAGARD INJ 2.5GM/25</i>	90
<i> GAMMAGARD INJ 20GM/200</i>	90
<i> GAMMAGARD INJ 30GM/300</i>	90
<i> GAMMAGARD INJ 5GM/50ML</i>	90
<i> GAMMAGARD SD INJ 10GM HU</i>	90
<i> GAMMAGARD SD INJ 5GM HU</i>	90
<i> GAMMAKED INJ 10GM/100</i>	91
<i> GAMMAKED INJ 1GM/10ML</i>	90
<i> GAMMAKED INJ 20GM/200</i>	91
<i> GAMMAKED INJ 5GM/50ML</i>	90
<i> GAMMAPLEX INJ 10%</i>	91
<i> GAMMAPLEX INJ 5%</i>	91
<i> GAMUNEX-C INJ 10GM/100</i>	91
<i> GAMUNEX-C INJ 1GM/10ML</i>	91
<i> GAMUNEX-C INJ 2.5GM/25</i>	91
<i> GAMUNEX-C INJ 20GM/200</i>	91
<i> GAMUNEX-C INJ 40/400ML</i>	91
<i> GAMUNEX-C INJ 5GM/50ML</i>	91
<i> ganciclovir sodium for inj 500 mg</i>	12
<i> GARDASIL 9 INJ</i>	92
<i> gatifloxacin ophth soln 0.5%</i>	97
<i> GATTEX KIT 5MG</i>	84
<i> GAUZE PADS 2</i>	68
<i> gavilyte-c sol</i>	83
<i> gavilyte-g sol</i>	83
<i> gavilyte-n sol flav pk</i>	83
<i> GAVRETO CAP 100MG</i>	23
<i> gemcitabine hcl for inj 1 gm</i>	18
<i> gemcitabine hcl for inj 2 gm</i>	18
<i> gemcitabine hcl for inj 200 mg</i>	18
<i> gemcitabine hcl inj 1 gm/26.3ml (38</i>	
<i> mg/ml) (base equiv)</i>	18
<i> gemcitabine hcl inj 2 gm/52.6ml (38</i>	
<i> mg/ml) (base equiv)</i>	18
<i> gemcitabine hcl inj 200 mg/5.26ml (38</i>	
<i> mg/ml) (base equiv)</i>	18
<i> gemfibrozil tab 600 mg</i>	33
<i> generlac sol 10gm/15</i>	83
<i> gengraf cap 100mg</i>	92
<i> gengraf cap 25mg</i>	92
<i> gengraf sol 100mg/ml</i>	92

GENOTROPIN INJ 0.2MG	78
GENOTROPIN INJ 0.4MG	78
GENOTROPIN INJ 0.6MG	78
GENOTROPIN INJ 0.8MG	78
GENOTROPIN INJ 1.2MG	78
GENOTROPIN INJ 1.4MG	78
GENOTROPIN INJ 1.6MG	78
GENOTROPIN INJ 1.8MG	78
GENOTROPIN INJ 12MG	78
GENOTROPIN INJ 1MG	78
GENOTROPIN INJ 2MG	78
GENOTROPIN INJ 5MG	78
<i>gentak oin 0.3% op</i>	97
<i>gentamicin in saline inj 0.8 mg/ml</i>	6
<i>gentamicin in saline inj 1 mg/ml</i>	6
<i>gentamicin in saline inj 1.2 mg/ml</i>	6
<i>gentamicin in saline inj 1.6 mg/ml</i>	6
<i>gentamicin in saline inj 2 mg/ml</i>	6
<i>gentamicin sulfate cream 0.1%</i>	104
<i>gentamicin sulfate inj 10 mg/ml</i>	6
<i>gentamicin sulfate inj 40 mg/ml</i>	6
<i>gentamicin sulfate oint 0.1%</i>	104
<i>gentamicin sulfate ophth soln 0.3%</i>	97
GENVOYA TAB.....	10
<i>gianvi tab 3-0.02mg</i>	71
GILENYA CAP 0.5MG	63
GILOTRIF TAB 20MG	23
GILOTRIF TAB 30MG	23
GILOTRIF TAB 40MG	23
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	63
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	63
<i>glatopa inj 20mg/ml</i>	63
<i>glatopa inj 40mg/ml</i>	63
<i>glimepiride tab 1 mg</i>	66
<i>glimepiride tab 2 mg</i>	66
<i>glimepiride tab 4 mg</i>	66
<i>glipizide tab 10 mg</i>	66
<i>glipizide tab 5 mg</i>	66
<i>glipizide tab er 24hr 10 mg</i>	66
<i>glipizide tab er 24hr 2.5 mg</i>	66
<i>glipizide tab er 24hr 5 mg</i>	66
<i>glipizide xl tab 10mg</i>	66
<i>glipizide xl tab 2.5mg</i>	66
<i>glipizide xl tab 5mg</i>	66
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	66
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	66
<i>glipizide-metformin hcl tab 5-500 mg</i>	66
<i>glycopyrrolate tab 1 mg</i>	83
<i>glycopyrrolate tab 2 mg</i>	83
<i>glydo gel 2%</i>	106
GLYXAMBI TAB 10-5 MG	66
GLYXAMBI TAB 25-5 MG	66
GOLYTELY SOL	83
<i>granisetron hcl inj 1 mg/ml</i>	82
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	82
<i>granisetron hcl tab 1 mg</i>	82
<i>griseofulvin microsize susp 125 mg/5ml</i>	8
<i>griseofulvin microsize tab 500 mg</i>	8
<i>griseofulvin ultramicrosize tab 125 mg</i>	8
<i>griseofulvin ultramicrosize tab 250 mg</i>	8
<i>guanfacine hcl tab 1 mg</i>	39
<i>guanfacine hcl tab 2 mg</i>	40
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	60
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	60
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	60
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	60
GVOKE HYPO 2 INJ .5/.1ML	77
GVOKE HYPO 2 INJ 1MG/.2ML	77
GVOKE PFS INJ	77
H	
HAEGARDA INJ 2000UNIT	88
HAEGARDA INJ 3000UNIT	88
<i>hailey 24 tab fe</i>	71
<i>hailey tab 1.5/30</i>	71
<i>halobetasol propionate cream 0.05%</i>	106
<i>halobetasol propionate oint 0.05%</i>	106
<i>haloperidol decanoate im soln 100 mg/ml</i>	55
<i>haloperidol decanoate im soln 50 mg/ml</i>	55
<i>haloperidol lactate inj 5 mg/ml</i>	55
<i>haloperidol lactate oral conc 2 mg/ml</i>	55
<i>haloperidol tab 0.5 mg</i>	55
<i>haloperidol tab 1 mg</i>	55
<i>haloperidol tab 10 mg</i>	55

<i>haloperidol tab 2 mg</i>	55
<i>haloperidol tab 20 mg</i>	55
<i>haloperidol tab 5 mg</i>	55
HARVONI PAK	12
HARVONI PAK 45-200MG.....	12
HARVONI TAB 45-200MG.....	12
HARVONI TAB 90-400MG.....	12
HAVRIX INJ 1440UNIT	92
HAVRIX INJ 720UNIT	92
<i>heather tab 0.35mg</i>	71
HEP SOD/NACL INJ 25000UNT	86
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	86
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	87
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	87
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	87
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	87
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	87
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	87
HEPARIN/NACL INJ 25000UNT.....	87
<i>hepatamine sol 8%</i>	96
HERCEP HYLEC SOL 60-10000.....	23
HERCEPTIN INJ 150MG.....	23
HERZUMA INJ 150MG.....	23
HERZUMA INJ 420MG.....	23
HETLIOZ CAP 20MG	61
HIBERIX SOL 10MCG	92
HUMIRA INJ 10/0.1ML.....	89
HUMIRA INJ 20/0.2ML.....	89
HUMIRA INJ 40/0.4ML.....	89
HUMIRA KIT 40MG/0.8	89
HUMIRA PEDIA INJ CROHNS	89
HUMIRA PEN INJ 40/0.4ML	89
HUMIRA PEN INJ 40MG/0.8.....	89
HUMIRA PEN INJ 80/0.8ML	89
HUMIRA PEN INJ CD/UC/HS	89
HUMIRA PEN INJ PS/UV.....	89
HUMIRA PEN KIT CD/UC/HS.....	89
HUMIRA PEN KIT PED UC.....	89
HUMIRA PEN KIT PS/UV	89
HUMULIN R INJ U-500.....	68
<i>hydralazine hcl inj 20 mg/ml</i>	40
<i>hydralazine hcl tab 10 mg</i>	40
<i>hydralazine hcl tab 100 mg</i>	40
<i>hydralazine hcl tab 25 mg</i>	40
<i>hydralazine hcl tab 50 mg</i>	40
<i>hydrochlorothiazide cap 12.5 mg</i>	38
<i>hydrochlorothiazide tab 12.5 mg</i>	38
<i>hydrochlorothiazide tab 25 mg</i>	38
<i>hydrochlorothiazide tab 50 mg</i>	38
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	2
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	2
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	2
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	2
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	2
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	2
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	2
<i>hydrocodone-acetaminophen soln 7.5- 325 mg/15ml</i>	3
<i>hydrocodone-acetaminophen tab 10- 325 mg</i>	4
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3
<i>hydrocodone-acetaminophen tab 7.5- 325 mg</i>	3
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	4
<i>hydrocortisone cream 1%</i>	106
<i>hydrocortisone cream 2.5%</i>	106
<i>hydrocortisone enema 100 mg/60ml</i>	83
<i>hydrocortisone lotion 2.5%</i>	106
<i>hydrocortisone oint 2.5%</i>	106
<i>hydrocortisone perianal cream 2.5%</i>	107
<i>hydrocortisone tab 10 mg</i>	76
<i>hydrocortisone tab 20 mg</i>	76
<i>hydrocortisone tab 5 mg</i>	76
<i>hydromorphone hcl liqd 1 mg/ml</i>	4
<i>hydromorphone hcl tab 2 mg</i>	4
<i>hydromorphone hcl tab 4 mg</i>	4
<i>hydromorphone hcl tab 8 mg</i>	4
<i>hydroxychloroquine sulfate tab 200 mg</i>	90

<i>hydroxyurea cap 500 mg</i>	20
<i>hydroxyzine hcl im soln 25 mg/ml</i> ...	99
<i>hydroxyzine hcl im soln 50 mg/ml</i> ...	99
<i>hydroxyzine hcl syrup 10 mg/5ml</i> ...	99
<i>hydroxyzine hcl tab 10 mg</i>	99
<i>hydroxyzine hcl tab 25 mg</i>	99
<i>hydroxyzine hcl tab 50 mg</i>	100
<i>hydroxyzine pamoate cap 25 mg</i> ... 100	
<i>hydroxyzine pamoate cap 50 mg</i> ... 100	
HYSINGLA ER TAB 100 MG	2
HYSINGLA ER TAB 120 MG	3
HYSINGLA ER TAB 20 MG	2
HYSINGLA ER TAB 30 MG	2
HYSINGLA ER TAB 40 MG	2
HYSINGLA ER TAB 60 MG	2
HYSINGLA ER TAB 80 MG	2
I	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	69
IBRANCE CAP 100MG	23
IBRANCE CAP 125MG	23
IBRANCE CAP 75MG.....	23
IBRANCE TAB 100MG	23
IBRANCE TAB 125MG	23
IBRANCE TAB 75MG.....	23
<i>ibu tab 600mg</i>	1
<i>ibu tab 800mg</i>	1
<i>ibuprofen susp 100 mg/5ml</i>	1
<i>ibuprofen tab 400 mg</i>	1
<i>ibuprofen tab 600 mg</i>	1
<i>ibuprofen tab 800 mg</i>	1
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	88
<i>iclevia tab</i>	71
ICLUSIG TAB 10MG	23
ICLUSIG TAB 15MG	23
ICLUSIG TAB 30MG	23
ICLUSIG TAB 45MG	23
IDHIFA TAB 100MG	23
IDHIFA TAB 50MG	23
ILEVRO DRO 0.3% OP	97
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	23
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	23
IMBRUVICA CAP 140MG	23
IMBRUVICA CAP 70MG	23
IMBRUVICA TAB 140MG	23
IMBRUVICA TAB 280MG	24
IMBRUVICA TAB 420MG	24
IMBRUVICA TAB 560MG	24
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	6
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	6
<i>imipramine hcl tab 10 mg</i>	51
<i>imipramine hcl tab 25 mg</i>	51
<i>imipramine hcl tab 50 mg</i>	51
<i>imiquimod cream 5%</i>	107
IMOVOX RABIE INJ 2.5/ML	93
<i>incassia tab 0.35mg</i>	71
INCRELEX INJ 40MG/4ML	78
INCRUSE ELPT INH 62.5MCG	99
<i>indapamide tab 1.25 mg</i>	38
<i>indapamide tab 2.5 mg</i>	38
INFANRIX INJ	93
INGREZZA CAP 40-80MG	62
INGREZZA CAP 40MG	62
INGREZZA CAP 60MG	63
INGREZZA CAP 80MG	63
INLYTA TAB 1MG	24
INLYTA TAB 5MG	24
INQOVI TAB 35-100MG.....	20
INREBIC CAP 100MG	24
INSULIN SAFETY NEEDLES	68
INSULIN SYRINGES:	
BD/ULTIMED/ALLISON/TRIVIDIA/MH C	68
INTELENCE TAB 100MG	9
INTELENCE TAB 200MG	9
INTELENCE TAB 25MG	9
INTRALIPID INJ 20%	96
INTRALIPID INJ 30%	96
INTRON A INJ 10MU	91
INTRON A INJ 18MU	91
INTRON A INJ 25MU	91
INTRON A INJ 50MU	91
<i>introvale tab</i>	71
INVEGA SUST INJ 117/0.75.....	56
INVEGA SUST INJ 156MG/ML.....	56
INVEGA SUST INJ 234/1.5	56
INVEGA SUST INJ 39/0.25	56
INVEGA SUST INJ 78/0.5ML	56
INVEGA TRINZ INJ 273MG	56
INVEGA TRINZ INJ 410MG	56
INVEGA TRINZ INJ 546MG	56

INVEGA TRINZ INJ 819MG	56
INVIRASE TAB 500MG	9
IPOL INJ INACTIVE	93
<i>ipratropium bromide inhal soln 0.02%</i>	99
<i>ipratropium bromide nasal soln 0.03%</i> (21 mcg/spray)	99
<i>ipratropium bromide nasal soln 0.06%</i> (42 mcg/spray)	99
<i>ipratropium-albuterol nebu soln 0.5-</i> 2.5(3) mg/3ml	99
irbesartan tab 150 mg.....	32
irbesartan tab 300 mg.....	32
irbesartan tab 75 mg	32
irbesartan-hydrochlorothiazide tab 150-12.5 mg	31
irbesartan-hydrochlorothiazide tab 300-12.5 mg	31
IRESSA TAB 250MG	24
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	20
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	20
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	20
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	20
ISENTRESS CHW 100MG	9
ISENTRESS CHW 25MG	9
ISENTRESS HD TAB 600MG	9
ISENTRESS POW 100MG	9
ISENTRESS TAB 400MG.....	9
isibloom tab.....	71
ISOLYTE-P INJ /D5W.....	94
ISOLYTE-S INJ	94
isoniazid syrup 50 mg/5ml.....	11
isoniazid tab 100 mg.....	11
isoniazid tab 300 mg.....	11
ISOPTO ATROP SOL 1% OP.....	98
isosorbide dinitrate tab 10 mg	40
isosorbide dinitrate tab 20 mg	40
isosorbide dinitrate tab 30 mg	40
isosorbide dinitrate tab 5 mg.....	40
isosorbide mononitrate tab 10 mg....	40
isosorbide mononitrate tab 20 mg....	40
isosorbide mononitrate tab er 24hr 120 mg	40

isosorbide mononitrate tab er 24hr 30 mg	40
isosorbide mononitrate tab er 24hr 60 mg	40
isotretinoin cap 10 mg	104
isotretinoin cap 20 mg	104
isotretinoin cap 30 mg	104
isotretinoin cap 40 mg	104
isradipine cap 2.5 mg	37
isradipine cap 5 mg	37
itraconazole cap 100 mg	8
ivermectin tab 3 mg	6
IXIARO INJ.....	93
J	
JAKAFI TAB 10MG	24
JAKAFI TAB 15MG	24
JAKAFI TAB 20MG	24
JAKAFI TAB 25MG	24
JAKAFI TAB 5MG	24
jantoven tab 10mg	87
jantoven tab 1mg	87
jantoven tab 2.5mg	87
jantoven tab 2mg	87
jantoven tab 3mg	87
jantoven tab 4mg	87
jantoven tab 5mg	87
jantoven tab 6mg	87
jantoven tab 7.5mg	87
JANUMET TAB 50-1000	66
JANUMET TAB 50-500MG	66
JANUMET XR TAB 100-1000.....	66
JANUMET XR TAB 50-1000	66
JANUMET XR TAB 50-500MG.....	66
JANUVIA TAB 100MG	66
JANUVIA TAB 25MG.....	66
JANUVIA TAB 50MG.....	66
JARDIANCE TAB 10MG	66
JARDIANCE TAB 25MG	66
jasmiel tab 3-0.02mg	71
JENTADUETO TAB 2.5-1000.....	66
JENTADUETO TAB 2.5-500	66
JENTADUETO TAB 2.5-850	66
JENTADUETO TAB XR.....	66
jinteli tab 1mg-5mcg	75
jolessa tab	71
juleber tab	71
JULUCA TAB 50-25MG	10
junel 1.5/30 tab	71

junel 1/20 tab	71
junel fe 24 tab 1/20	71
junel fe tab 1.5/30.....	71
junel fe tab 1/20	71
JUXTAPID CAP 10MG.....	34
JUXTAPID CAP 20MG.....	34
JUXTAPID CAP 30MG.....	34
JUXTAPID CAP 5MG	34
K	
KADCYLA INJ 100MG.....	24
KADCYLA INJ 160MG.....	24
kaitlib fe chw	71
KALETRA TAB 100-25MG	11
KALETRA TAB 200-50MG	11
KALYDECO PAK 25MG	101
KALYDECO PAK 50MG	101
KALYDECO PAK 75MG	101
KALYDECO TAB 150MG.....	101
KANJINTI INJ 420MG	24
KANJINTI SOL 150MG	24
kariva tab 28 day	71
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj.....	94
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	94
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj.....	94
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	94
kcl 20 meq/l (0.15%) in nacl 0.45% inj	94
kcl 20 meq/l (0.15%) in nacl 0.9% inj	94
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj.....	94
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj.....	94
KCL/D5W/NAACL INJ 0.15/0.2	94
KCL/D5W/NAACL INJ 0.3/0.9%	94
kelnor 1/50 tab	71
kelnor tab 1/35	71
ketoconazole cream 2%	104
ketoconazole shampoo 2%	105
ketoconazole tab 200 mg.....	8
ketorolac tromethamine ophth soln 0.4%	97
ketorolac tromethamine ophth soln 0.5%	97
KEYTRUDA INJ 100MG/4M.....	24
KINRIX INJ.....	93
KISQALI 200 PAK FEMARA.....	20
KISQALI 400 PAK FEMARA.....	20
KISQALI 600 PAK FEMARA.....	20
KISQALI TAB 200DOSE.....	24
KISQALI TAB 400DOSE.....	24
KISQALI TAB 600DOSE.....	24
klor-con 10 tab 10meq er.....	95
klor-con 8 tab 8meq er	95
klor-con m10 tab 10meq er	95
klor-con m15 tab 15meq er	95
klor-con m20 tab 20meq er	95
klor-con pak 20meq	95
KORLYM TAB 300MG	78
kurvelo tab 0.15/30.....	71
KYNMOBI MIS 10MG.....	53
KYNMOBI MIS 15MG.....	53
KYNMOBI MIS 20MG.....	53
KYNMOBI MIS 25MG.....	53
KYNMOBI MIS 30MG.....	53
L	
labetalol hcl tab 100 mg.....	35
labetalol hcl tab 200 mg.....	35
labetalol hcl tab 300 mg.....	35
lactated ringer's solution	94
lactic acid (ammonium lactate) cream 12%	107
lactic acid (ammonium lactate) lotion 12%	107
lactulose (encephalopathy) solution 10 gm/15ml	83
lactulose solution 10 gm/15ml	83
lamivudine oral soln 10 mg/ml.....	9
lamivudine tab 100 mg (hbv).....	12
lamivudine tab 150 mg	9
lamivudine tab 300 mg	9
lamivudine-zidovudine tab 150-300 mg	11
lamotrigine tab 100 mg.....	44
lamotrigine tab 150 mg.....	44
lamotrigine tab 200 mg.....	44
lamotrigine tab 25 mg	44
lamotrigine tab chewable dispersible 25 mg	45
lamotrigine tab chewable dispersible 5 mg	45
lamotrigine tab er 24hr 100 mg	45

<i>lamotrigine tab er 24hr 200 mg</i>	45
<i>lamotrigine tab er 24hr 25 mg</i>	45
<i>lamotrigine tab er 24hr 250 mg</i>	45
<i>lamotrigine tab er 24hr 300 mg</i>	45
<i>lamotrigine tab er 24hr 50 mg</i>	45
<i>lansoprazole cap delayed release 15 mg</i>	85
<i>lansoprazole cap delayed release 30 mg</i>	85
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	24
<i>larin 24 tab fe 1/20</i>	72
<i>larin fe tab 1.5/30</i>	72
<i>larin fe tab 1/20</i>	72
<i>larin tab 1.5/30</i>	72
<i>larin tab 1/20</i>	72
<i>larissa tab</i>	72
<i>LASTACAFT SOL 0.25%</i>	98
<i>latanoprost ophth soln 0.005%</i>	98
<i>LATUDA TAB 120MG</i>	56
<i>LATUDA TAB 20MG</i>	56
<i>LATUDA TAB 40MG</i>	56
<i>LATUDA TAB 60MG</i>	56
<i>LATUDA TAB 80MG</i>	56
<i>layolis fe chw</i>	72
<i>leena tab</i>	72
<i>leflunomide tab 10 mg</i>	90
<i>leflunomide tab 20 mg</i>	90
<i>LENVIMA CAP 10 MG</i>	24
<i>LENVIMA CAP 12MG</i>	24
<i>LENVIMA CAP 14 MG</i>	24
<i>LENVIMA CAP 18 MG</i>	24
<i>LENVIMA CAP 20 MG</i>	24
<i>LENVIMA CAP 24 MG</i>	24
<i>LENVIMA CAP 4MG</i>	24
<i>LENVIMA CAP 8 MG</i>	24
<i>lessina tab</i>	72
<i>letrozole tab 2.5 mg</i>	19
<i>leucovorin calcium for inj 100 mg</i>	27
<i>leucovorin calcium for inj 200 mg</i>	27
<i>leucovorin calcium for inj 350 mg</i>	27
<i>leucovorin calcium for inj 50 mg</i>	27
<i>leucovorin calcium for inj 500 mg</i>	27
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	28
<i>leucovorin calcium tab 10 mg</i>	28
<i>leucovorin calcium tab 15 mg</i>	28
<i>leucovorin calcium tab 25 mg</i>	28
<i>leucovorin calcium tab 5 mg</i>	28
<i>LEUKERAN TAB 2MG</i>	17
<i>leuprolide acetate inj kit 5 mg/ml</i>	19
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	100
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	100
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	100
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	100
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	100
<i>LEVEMIR INJ</i>	68
<i>LEVEMIR INJ FLEXTOUC</i>	68
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	45
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	45
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	45
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	45
<i>levetiracetam oral soln 100 mg/ml</i>	45
<i>levetiracetam tab 1000 mg</i>	45
<i>levetiracetam tab 250 mg</i>	45
<i>levetiracetam tab 500 mg</i>	45
<i>levetiracetam tab 750 mg</i>	45
<i>levetiracetam tab er 24hr 500 mg</i>	45
<i>levetiracetam tab er 24hr 750 mg</i>	45
<i>levobunolol hcl ophth soln 0.5%</i>	98
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	78
<i>levocarnitine tab 330 mg</i>	78
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	100
<i>levocetirizine dihydrochloride tab 5 mg</i>	100
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	14
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	14
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	14
<i>levofloxacin iv soln 25 mg/ml</i>	14
<i>levofloxacin oral soln 25 mg/ml</i>	14
<i>levofloxacin tab 250 mg</i>	14
<i>levofloxacin tab 500 mg</i>	15

<i>levofloxacin tab 750 mg</i>	15
<i>levonest tab</i>	72
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	72
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	72
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	72
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	72
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	72
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	72
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	72
<i>levora-28 tab 0.15/30</i>	72
<i>levo-t tab 100mcg</i>	80
<i>levo-t tab 112mcg</i>	80
<i>levo-t tab 125mcg</i>	80
<i>levo-t tab 137mcg</i>	80
<i>levo-t tab 150mcg</i>	80
<i>levo-t tab 175mcg</i>	80
<i>levo-t tab 200 mcg</i>	80
<i>levo-t tab 25mcg</i>	80
<i>levo-t tab 300 mcg</i>	80
<i>levo-t tab 50mcg</i>	80
<i>levo-t tab 75mcg</i>	80
<i>levo-t tab 88mcg</i>	80
<i>levothyroxine sodium tab 100 mcg</i> ..	80
<i>levothyroxine sodium tab 112 mcg</i> ..	80
<i>levothyroxine sodium tab 125 mcg</i> ..	80
<i>levothyroxine sodium tab 137 mcg</i> ..	80
<i>levothyroxine sodium tab 150 mcg</i> ..	80
<i>levothyroxine sodium tab 175 mcg</i> ..	80
<i>levothyroxine sodium tab 200 mcg</i> ..	80
<i>levothyroxine sodium tab 25 mcg</i>	80
<i>levothyroxine sodium tab 300 mcg</i> ..	80
<i>levothyroxine sodium tab 50 mcg</i>	80
<i>levothyroxine sodium tab 75 mcg</i>	80
<i>levothyroxine sodium tab 88 mcg</i>	80
<i>levoxyl tab 100mcg</i>	80
<i>levoxyl tab 112mcg</i>	80
<i>levoxyl tab 125mcg</i>	80
<i>levoxyl tab 137mcg</i>	80
<i>levoxyl tab 150mcg</i>	80
<i>levoxyl tab 175mcg</i>	80
<i>levoxyl tab 200mcg</i>	80
<i>levoxyl tab 25mcg</i>	80
<i>levoxyl tab 50mcg</i>	80
<i>levoxyl tab 75mcg</i>	80
<i>levoxyl tab 88mcg</i>	80
<i>LEXIVA SUS 50MG/ML</i>	9
<i>lidocaine hcl local inj 0.5%</i>	4
<i>lidocaine hcl local inj 1%</i>	5
<i>lidocaine hcl local inj 2%</i>	5
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	5
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	5
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	5
<i>lidocaine hcl soln 4%</i>	106
<i>lidocaine hcl urethral/mucosal gel 2%</i>	106
<i>lidocaine hcl viscous soln 2%</i>	108
<i>lidocaine oint 5%</i>	106
<i>lidocaine patch 5%</i>	107
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	107
<i>lillow tab 0.15/30</i>	72
<i>linezolid for susp 100 mg/5ml</i>	6
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	6
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	6
<i>linezolid tab 600 mg</i>	6
<i>LINZESS CAP 145MCG</i>	84
<i>LINZESS CAP 290MCG</i>	84
<i>LINZESS CAP 72MCG</i>	84
<i>liothyronine sodium tab 25 mcg</i> ..	80
<i>liothyronine sodium tab 5 mcg</i> ..	80
<i>liothyronine sodium tab 50 mcg</i> ..	80
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	28
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	28
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	28
<i>lisinopril tab 10 mg</i>	29
<i>lisinopril tab 2.5 mg</i>	29
<i>lisinopril tab 20 mg</i>	29
<i>lisinopril tab 30 mg</i>	29
<i>lisinopril tab 40 mg</i>	29
<i>lisinopril tab 5 mg</i>	29

<i>lithium carbonate cap 150 mg</i>	63
<i>lithium carbonate cap 300 mg</i>	63
<i>lithium carbonate cap 600 mg</i>	63
<i>lithium carbonate tab 300 mg</i>	63
<i>lithium carbonate tab er 300 mg</i>	63
<i>lithium carbonate tab er 450 mg</i>	63
LITHIUM SOL 8MEQ/5ML	63
<i>loestrin 21 tab 1.5/30</i>	72
<i>loestrin fe tab 1.5/30</i>	72
<i>loestrin fe tab 1/20</i>	72
<i>loestrin tab 1/20-21</i>	72
LOKELMA PAK 10GM	69
LOKELMA PAK 5GM	69
LONSURF TAB 15-6.14	20
LONSURF TAB 20-8.19	20
<i>loperamide hcl cap 2 mg</i>	84
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	11
<i>lopinavir-ritonavir tab 100-25 mg</i>	11
<i>lopinavir-ritonavir tab 200-50 mg</i>	11
<i>lopreeza tab 1-0.5mg</i>	75
<i>lorazepam con 2mg/ml</i>	42
<i>lorazepam conc 2 mg/ml</i>	42
<i>lorazepam inj 2 mg/ml</i>	42
<i>lorazepam inj 4 mg/ml</i>	42
<i>lorazepam tab 0.5 mg</i>	42
<i>lorazepam tab 1 mg</i>	42
<i>lorazepam tab 2 mg</i>	42
LORBRENA TAB 100MG	24
LORBRENA TAB 25MG	24
<i>loryna tab 3-0.02mg</i>	72
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	31
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	31
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	31
<i>losartan potassium tab 100 mg</i>	32
<i>losartan potassium tab 25 mg</i>	32
<i>losartan potassium tab 50 mg</i>	32
LOTEMAX OIN 0.5%	97
<i>lovastatin tab 10 mg</i>	33
<i>lovastatin tab 20 mg</i>	33
<i>lovastatin tab 40 mg</i>	33
<i>low-ogestrel tab</i>	72
<i>loxapine succinate cap 10 mg</i>	56
<i>loxapine succinate cap 25 mg</i>	56
<i>loxapine succinate cap 5 mg</i>	56
<i>loxapine succinate cap 50 mg</i>	56
LUMAKRAS TAB 120MG	24
LUMIGAN SOL 0.01%	98
LUMIZYME INJ 50MG	78
LUPR DEP-PED INJ 11.25MG	78
LUPR DEP-PED INJ 15MG	78
LUPR DEP-PED INJ 3M 30MG	78
LUPR DEP-PED INJ 7.5MG	78
LUPRON DEPOT INJ 11.25MG	19
LUPRON DEPOT INJ 3.75MG	19
<i>lulera tab</i>	72
<i>lyleq tab 0.35mg</i>	72
<i>lyllana dis 0.025mg</i>	75
<i>lyllana dis 0.0375mg</i>	75
<i>lyllana dis 0.05mg</i>	75
<i>lyllana dis 0.075mg</i>	75
<i>lyllana dis 0.1mg</i>	75
LYNPARZA TAB 100MG	24
LYNPARZA TAB 150MG	25
LYRICA CR TAB 165MG	63
LYRICA CR TAB 330MG	63
LYRICA CR TAB 82.5MG	63
LYSODREN TAB 500MG	19
<i>lyza tab 0.35mg</i>	72
M	
MAGNESIUM SU INJ 20/500ML	94
MAGNESIUM SU INJ 2GM/50ML	94
MAGNESIUM SU INJ 40G/1000	94
MAGNESIUM SU INJ 4G/100ML	94
MAGNESIUM SU INJ 80MG/ML	94
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	94
<i>magnesium sulfate inj 50%</i>	94
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	94
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	94
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	94
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	94
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	94
<i>malathion lotion 0.5%</i>	107
<i>marlissa tab 0.15/30</i>	72
MARPLAN TAB 10MG	51

MATULANE CAP 50MG	20
MAVYRET TAB 100-40MG.....	12
<i>meclizine hcl tab 12.5 mg</i>	82
<i>meclizine hcl tab 25 mg.....</i>	82
<i>medroxyprogesterone acetate im susp 150 mg/ml.....</i>	72
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	72
<i>medroxyprogesterone acetate tab 10 mg</i>	79
<i>medroxyprogesterone acetate tab 2.5 mg</i>	79
<i>medroxyprogesterone acetate tab 5 mg</i>	79
<i>mefloquine hcl tab 250 mg</i>	8
<i>megestrol acetate susp 40 mg/ml....</i>	79
<i>megestrol acetate susp 625 mg/5ml</i>	79
<i>megestrol acetate tab 20 mg</i>	19
<i>megestrol acetate tab 40 mg</i>	19
MEKINIST TAB 0.5MG	25
MEKINIST TAB 2MG	25
MEKTOVI TAB 15MG	25
<i>melodetta chw 24 fe</i>	72
<i>meloxicam tab 15 mg</i>	1
<i>meloxicam tab 7.5 mg</i>	1
<i>memantine hcl cap er 24hr 14 mg ...</i>	48
<i>memantine hcl cap er 24hr 21 mg ...</i>	48
<i>memantine hcl cap er 24hr 28 mg ...</i>	48
<i>memantine hcl cap er 24hr 7 mg</i>	48
<i>memantine hcl oral solution 2 mg/ml/48</i>	
<i>memantine hcl tab 10 mg.....</i>	48
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....</i>	48
<i>memantine hcl tab 5 mg.....</i>	48
MENACTRA INJ.....	93
MENQUADFI INJ	93
MENVEO INJ	93
<i>mercaptopurine tab 50 mg.....</i>	18
<i>meropenem iv for soln 1 gm</i>	6
<i>meropenem iv for soln 500 mg</i>	6
<i>mesalamine cap dr 400 mg.....</i>	83
<i>mesalamine cap er 24hr 0.375 gm... </i>	83
<i>mesalamine enema 4 gm.....</i>	83
<i>mesalamine rectal enema 4 gm & cleanser wipe kit.....</i>	83
<i>mesalamine suppos 1000 mg</i>	83
<i>mesalamine tab delayed release 1.2 gm</i>	83
MESNEX TAB 400MG	28
<i>metadate tab 20mg er</i>	60
<i>metformin hcl tab 1000 mg</i>	67
<i>metformin hcl tab 500 mg</i>	67
<i>metformin hcl tab 850 mg</i>	67
<i>metformin hcl tab er 24hr 500 mg....</i>	67
<i>metformin hcl tab er 24hr 750 mg....</i>	67
<i>methadone con 10mg/ml</i>	3
<i>methadone hcl soln 10 mg/5ml</i>	3
<i>methadone hcl soln 5 mg/5ml.....</i>	3
<i>methadone hcl tab 10 mg</i>	3
<i>methadone hcl tab 5 mg</i>	3
<i>methazolamide tab 25 mg</i>	38
<i>methazolamide tab 50 mg</i>	38
<i>methenamine hippurate tab 1 gm</i>	6
<i>methimazole tab 10 mg</i>	81
<i>methimazole tab 5 mg</i>	80
<i>methocarbamol tab 500 mg.....</i>	64
<i>methocarbamol tab 750 mg.....</i>	64
<i>methotrexate sodium for inj 1 gm</i>	18
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	18
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	18
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	18
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	18
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	18
<i>methotrexate sodium tab 2.5 mg (base equiv).....</i>	90
METHYLDOPA TAB 250MG	40
METHYLDOPA TAB 500MG	40
<i>methylphenidate hcl soln 10 mg/5ml</i>	60
<i>methylphenidate hcl soln 5 mg/5ml ..</i>	60
<i>methylphenidate hcl tab 10 mg</i>	60
<i>methylphenidate hcl tab 20 mg</i>	60
<i>methylphenidate hcl tab 5 mg.....</i>	60
<i>methylphenidate hcl tab er 10 mg ...</i>	60
<i>methylphenidate hcl tab er 20 mg ...</i>	60
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	76
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	76
<i>methylprednisolone sod succ for inj 1000 mg (base equiv).....</i>	76

<i>methylprednisolone sod succ for inj</i>	
125 mg (base equiv)	76
<i>methylprednisolone sod succ for inj 40</i>	
mg (base equiv)	76
<i>methylprednisolone tab 16 mg</i>	76
<i>methylprednisolone tab 32 mg</i>	76
<i>methylprednisolone tab 4 mg</i>	76
<i>methylprednisolone tab 8 mg</i>	76
<i>methylprednisolone tab therapy pack 4</i>	
mg (21)	76
<i>metoclopramide hcl inj 5 mg/ml (base</i>	
<i>equivalent)</i>	82
<i>metoclopramide hcl soln 5 mg/5ml (10</i>	
<i>mg/10ml) (base equiv)</i>	82
<i>metoclopramide hcl tab 10 mg (base</i>	
<i>equivalent)</i>	82
<i>metoclopramide hcl tab 5 mg (base</i>	
<i>equivalent)</i>	82
<i>metolazone tab 10 mg</i>	39
<i>metolazone tab 2.5 mg</i>	39
<i>metolazone tab 5 mg</i>	39
<i>metoprolol & hydrochlorothiazide tab</i>	
<i>100-25 mg</i>	35
<i>metoprolol & hydrochlorothiazide tab</i>	
<i>100-50 mg</i>	35
<i>metoprolol & hydrochlorothiazide tab</i>	
<i>50-25 mg</i>	35
<i>metoprolol succinate tab er 24hr 100</i>	
<i>mg (tartrate equiv)</i>	35
<i>metoprolol succinate tab er 24hr 200</i>	
<i>mg (tartrate equiv)</i>	35
<i>metoprolol succinate tab er 24hr 25 mg</i>	
<i>(tartrate equiv)</i>	35
<i>metoprolol succinate tab er 24hr 50 mg</i>	
<i>(tartrate equiv)</i>	35
<i>metoprolol tartrate iv soln 5 mg/5ml</i> 35	
<i>metoprolol tartrate tab 100 mg</i>	35
<i>metoprolol tartrate tab 25 mg</i>	35
<i>metoprolol tartrate tab 50 mg</i>	35
<i>metronidazole cream 0.75%</i>	107
<i>metronidazole gel 0.75%</i>	107
<i>metronidazole in nacl 0.79% iv soln</i>	
<i>500 mg/100ml</i>	6
<i>metronidazole lotion 0.75%</i>	107
<i>metronidazole tab 250 mg</i>	6
<i>metronidazole tab 500 mg</i>	6
<i>metronidazole vaginal gel 0.75%</i>	86
<i>metyrosine cap 250 mg</i>	40
<i>MG SO4/D5W INJ 10MG/ML</i>	94
<i>mibelas 24 chw fe</i>	72
<i>micafungin sodium for iv soln 100 mg</i> 8	
<i>micafungin sodium for iv soln 50 mg</i> . 8	
<i>microgestin tab 1.5/30</i>	72
<i>microgestin tab 1/20</i>	72
<i>microgestin tab fe 1/20</i>	72
<i>microgestin tab fe1.5/30</i>	72
<i>midodrine hcl tab 10 mg</i>	40
<i>midodrine hcl tab 2.5 mg</i>	40
<i>midodrine hcl tab 5 mg</i>	40
<i>miglustat cap 100 mg</i>	78
<i>mili tab 0.25/35</i>	73
<i>mimvey tab 1-0.5mg</i>	75
<i>minocycline hcl cap 100 mg</i>	17
<i>minocycline hcl cap 50 mg</i>	17
<i>minocycline hcl cap 75 mg</i>	17
<i>minoxidil tab 10 mg</i>	40
<i>minoxidil tab 2.5 mg</i>	40
<i>mirtazapine orally disintegrating tab 15</i>	
<i>mg</i>	51
<i>mirtazapine orally disintegrating tab 30</i>	
<i>mg</i>	51
<i>mirtazapine orally disintegrating tab 45</i>	
<i>mg</i>	51
<i>mirtazapine tab 15 mg</i>	51
<i>mirtazapine tab 30 mg</i>	51
<i>mirtazapine tab 45 mg</i>	51
<i>mirtazapine tab 7.5 mg</i>	51
<i>misoprostol tab 100 mcg</i>	84
<i>misoprostol tab 200 mcg</i>	84
<i>MITIGARE CAP 0.6MG</i>	1
<i>M-M-R II INJ</i>	93
<i>M-NATAL PLUS TAB</i>	95
<i>moexipril hcl tab 15 mg</i>	29
<i>moexipril hcl tab 7.5 mg</i>	29
<i>molindone hcl tab 10 mg</i>	56
<i>molindone hcl tab 25 mg</i>	56
<i>molindone hcl tab 5 mg</i>	56
<i>mometasone furoate cream 0.1%</i> ..	106
<i>mometasone furoate oint 0.1%</i>	106
<i>mometasone furoate solution 0.1%</i>	
<i>(lotion)</i>	106
<i>mondoxyne nl cap 100mg</i>	17
<i>MONJUVI INJ 200MG</i>	25
<i>mono-linyah tab 0.25-35</i>	73
<i>montelukast sodium chew tab 4 mg</i>	
<i>(base equiv)</i>	100

<i>montelukast sodium chew tab 5 mg (base equiv)</i>	101	MYRBETRIQ TAB 25MG	85
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	101	MYRBETRIQ TAB 50MG	85
<i>montelukast sodium tab 10 mg (base equiv)</i>	101	N	
MORPHINE SUL INJ 10MG/ML.....	4	<i>nabumetone tab 500 mg</i>	1
MORPHINE SUL INJ 2MG/ML	4	<i>nabumetone tab 750 mg</i>	1
MORPHINE SUL INJ 4MG/ML	4	<i>nadolol tab 20 mg</i>	35
MORPHINE SUL INJ 5MG/ML	4	<i>nadolol tab 40 mg</i>	35
MORPHINE SUL INJ 8MG/ML	4	<i>nadolol tab 80 mg</i>	35
<i>morphine sulfate iv soln 1 mg/ml</i>	4	<i>nafcillin sodium for inj 1 gm</i>	16
<i>morphine sulfate iv soln 4 mg/ml</i>	4	<i>nafcillin sodium for inj 2 gm</i>	16
<i>morphine sulfate iv soln pf 10 mg/ml</i> .	4	<i>nafcillin sodium for iv soln 1 gm</i>	16
<i>morphine sulfate oral soln 10 mg/5ml</i> 4		<i>nafcillin sodium for iv soln 10 gm</i>	16
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	4	<i>nafcillin sodium for iv soln 2 gm</i>	16
<i>morphine sulfate oral soln 20 mg/5ml</i> 4		NAGLAZYME INJ 1MG/ML	78
<i>morphine sulfate tab 15 mg</i>	4	<i>nalbuphine hcl inj 10 mg/ml</i>	4
<i>morphine sulfate tab 30 mg</i>	4	<i>nalbuphine hcl inj 20 mg/ml</i>	4
<i>morphine sulfate tab er 100 mg</i>	3	<i>naloxone hcl inj 0.4 mg/ml</i>	65
<i>morphine sulfate tab er 15 mg</i>	3	<i>naloxone hcl inj 4 mg/10ml</i>	65
<i>morphine sulfate tab er 200 mg</i>	3	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	65
<i>morphine sulfate tab er 30 mg</i>	3	<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	65
<i>morphine sulfate tab er 60 mg</i>	3	<i>naltrexone hcl tab 50 mg</i>	65
MOVANTIK TAB 12.5MG	84	NAMZARIC CAP.....	48
MOVANTIK TAB 25MG	84	NAMZARIC CAP 14-10MG	48
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	97	NAMZARIC CAP 21-10MG	48
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	15	NAMZARIC CAP 28-10MG	48
MULTAQ TAB 400MG	32	NAMZARIC CAP 7-10MG.....	48
<i>mupirocin oint 2%</i>	104	<i>naproxen dr tab 375mg</i>	1
MVASI INJ 100MG	25	<i>naproxen dr tab 500mg</i>	1
MVASI INJ 400MG	25	<i>naproxen sodium tab 275 mg</i>	2
<i>mycophenolate mofetil cap 250 mg</i> ..	92	<i>naproxen sodium tab 550 mg</i>	2
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	92	<i>naproxen tab 250 mg</i>	2
<i>mycophenolate mofetil tab 500 mg</i> ..	92	<i>naproxen tab 375 mg</i>	2
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	92	<i>naproxen tab 500 mg</i>	2
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	92	<i>naratriptan hcl tab 1 mg (base equiv)</i>	62
<i>myorisan cap 10mg</i>	104	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	62
<i>myorisan cap 20mg</i>	104	NARCAN SPR	65
<i>myorisan cap 30mg</i>	104	NATACYN SUS 5% OP	97
<i>myorisan cap 40mg</i>	104	<i>nateglinide tab 120 mg</i>	67
MYRBETRIQ SUS 8MG/ML	85	<i>nateglinide tab 60 mg</i>	67

<i>nebivolol hcl tab 10 mg (base equivalent)</i>	36
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	35
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	36
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	35
<i>necon tab 0.5/35.....</i>	73
<i>nefazodone hcl tab 100 mg</i>	51
<i>nefazodone hcl tab 150 mg</i>	51
<i>nefazodone hcl tab 200 mg</i>	51
<i>nefazodone hcl tab 250 mg</i>	51
<i>nefazodone hcl tab 50 mg.....</i>	51
<i>neomycin sulfate tab 500 mg</i>	6
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	97
<i>neomycin-polomy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml..</i>	97
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	96
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	96
<i>neomycin-polymyxin-hc ophth susp .</i>	96
<i>neomycin-polymyxin-hc otic soln 1%</i>	108
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	108
<i>NERLYNX TAB 40MG</i>	25
<i>NEUPRO DIS 1MG/24HR</i>	53
<i>NEUPRO DIS 2MG/24HR</i>	53
<i>NEUPRO DIS 3MG/24HR</i>	53
<i>NEUPRO DIS 4MG/24HR</i>	53
<i>NEUPRO DIS 6MG/24HR</i>	53
<i>NEUPRO DIS 8MG/24HR</i>	53
<i>nevirapine susp 50 mg/5ml.....</i>	9
<i>nevirapine tab 200 mg</i>	9
<i>nevirapine tab er 24hr 100 mg</i>	9
<i>nevirapine tab er 24hr 400 mg</i>	9
<i>NEXAVAR TAB 200MG</i>	25
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	34
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	34
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	34
<i>nicardipine hcl cap 20 mg</i>	37
<i>nicardipine hcl cap 30 mg</i>	37
<i>NICOTROL INH</i>	65
<i>NICOTROL NS SPR 10MG/ML</i>	65
<i>nifedipine tab er 24hr 30 mg</i>	37
<i>nifedipine tab er 24hr 60 mg</i>	37
<i>nifedipine tab er 24hr 90 mg</i>	37
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	37
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	37
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	37
<i>nikki tab 3-0.02mg.....</i>	73
<i>nilutamide tab 150 mg.....</i>	19
<i>nimodipine cap 30 mg</i>	37
<i>NINLARO CAP 2.3MG</i>	25
<i>NINLARO CAP 3MG</i>	25
<i>NINLARO CAP 4MG</i>	25
<i>nitazoxanide tab 500 mg.....</i>	6
<i>nitisinone cap 10 mg</i>	78
<i>nitisinone cap 2 mg</i>	78
<i>nitisinone cap 5 mg</i>	78
<i>NITRO-BID OIN 2%.....</i>	40
<i>NITRO-DUR DIS 0.3MG/HR.....</i>	40
<i>NITRO-DUR DIS 0.8MG/HR.....</i>	40
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	6
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	6
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	6
<i>nitroglycerin sl tab 0.3 mg</i>	40
<i>nitroglycerin sl tab 0.4 mg</i>	40
<i>nitroglycerin sl tab 0.6 mg</i>	40
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	40
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	40
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	40
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	40
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	41
<i>nizatidine cap 150 mg</i>	83
<i>nizatidine cap 300 mg</i>	83
<i>nora-be tab 0.35mg</i>	73
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	73

<i>norethindrone & ethinyl estradiol-fe</i>	68
<i>chew tab 0.4 mg-35 mcg</i>	73
<i>norethindrone & ethinyl estradiol-fe</i>	8
<i>chew tab 0.8 mg-25 mcg</i>	73
<i>norethindrone ace & ethinyl estradiol</i>	19
<i>tab 1 mg-20 mcg</i>	73
<i>norethindrone ace & ethinyl estradiol</i>	63
<i>tab 1.5 mg-30 mcg</i>	73
<i>norethindrone ace & ethinyl estradiol-fe</i>	92
<i>tab 1 mg-20 mcg</i>	73
<i>norethindrone ace-eth estradiol-fe</i>	83
<i>chew tab 1 mg-20 mcg (24)</i>	73
<i>norethindrone acetate tab 5 mg</i>	79
<i>norethindrone acetate-ethinyl estradiol</i>	56
<i>tab 0.5 mg-2.5 mcg</i>	75
<i>norethindrone acetate-ethinyl estradiol</i>	56
<i>tab 1 mg-5 mcg</i>	75
<i>norethindrone tab 0.35 mg</i>	73
<i>norgestimate & ethinyl estradiol tab</i>	96
<i>0.25 mg-35 mcg</i>	73
<i>norgestimate-eth estrad tab 0.18-</i>	104
<i>25/0.215-25/0.25-25 mg-mcg</i>	73
<i>norgestimate-eth estrad tab 0.18-</i>	37
<i>35/0.215-35/0.25-35 mg-mcg</i>	73
<i>norlyroc tab 0.35mg</i>	73
<i>NORPACE CAP 100MG CR</i>	32
<i>NORPACE CAP 150MG CR</i>	32
<i>NORTHERA CAP 100MG</i>	40
<i>NORTHERA CAP 200MG</i>	40
<i>NORTHERA CAP 300MG</i>	40
<i>nortrel tab 0.5/35</i>	73
<i>nortrel tab 7/7/7</i>	73
<i>nortriptyline hcl cap 10 mg</i>	51
<i>nortriptyline hcl cap 25 mg</i>	51
<i>nortriptyline hcl cap 50 mg</i>	51
<i>nortriptyline hcl cap 75 mg</i>	51
<i>nortriptyline hcl soln 10 mg/5ml</i>	51
<i>NORVIR POW 100MG</i>	9
<i>NORVIR SOL 80MG/ML</i>	9
<i>NOVOLIN INJ 70/30</i>	68
<i>NOVOLIN INJ 70/30 FP</i>	68
<i>NOVOLIN N INJ 100 UNIT</i>	68
<i>NOVOLIN N INJ U-100</i>	68
<i>NOVOLIN R INJ 100 UNIT</i>	68
<i>NOVOLIN R INJ U-100</i>	68
<i>NOVOLOG INJ 100/ML</i>	68
<i>NOVOLOG INJ FLEXPEN</i>	68
<i>NOVOLOG INJ PENFILL</i>	68
<i>NUBEQA TAB 300MG</i>	19
<i>NUEDEXTA CAP 20-10MG</i>	63
<i>NULOJIX INJ 250MG</i>	92
<i>NULYTELY SOL LMN/LIME</i>	83
<i>NUPLAZID CAP 34MG</i>	56
<i>NUPLAZID TAB 10MG</i>	56
<i>NUTRILIPID EMU 20%</i>	96
<i>nyamyc pow 100000</i>	104
<i>nylia tab 7/7/7</i>	73
<i>NYMALIZE SOL</i>	37
<i>nymyo tab 0.25-35</i>	73
<i>nystatin cream 100000 unit/gm</i>	105
<i>nystatin oint 100000 unit/gm</i>	105
<i>nystatin susp 100000 unit/ml</i>	108
<i>nystatin tab 500000 unit</i>	8
<i>nystatin topical powder 100000</i>	
<i>unit/gm</i>	105
<i>nystop pow 100000</i>	105
O	
<i>ocella tab 3-0.03mg</i>	73
<i>OCTAGAM INJ 10/100ML</i>	91
<i>OCTAGAM INJ 10GM</i>	91
<i>OCTAGAM INJ 1GM</i>	91
<i>OCTAGAM INJ 2.5GM</i>	91
<i>OCTAGAM INJ 20/200ML</i>	91
<i>OCTAGAM INJ 25GM</i>	91
<i>OCTAGAM INJ 2GM/20ML</i>	91
<i>OCTAGAM INJ 30/300ML</i>	91
<i>OCTAGAM INJ 5GM</i>	91
<i>OCTAGAM INJ 5GM/50ML</i>	91
<i>octreotide acetate inj 100 mcg/ml (0.1</i>	
<i>mg/ml)</i>	78
<i>octreotide acetate inj 1000 mcg/ml (1</i>	
<i>mg/ml)</i>	78
<i>octreotide acetate inj 200 mcg/ml (0.2</i>	
<i>mg/ml)</i>	78
<i>octreotide acetate inj 50 mcg/ml (0.05</i>	
<i>mg/ml)</i>	78
<i>octreotide acetate inj 500 mcg/ml (0.5</i>	
<i>mg/ml)</i>	78
<i>OCTREOTIDE INJ 100MCG</i>	78
<i>OCTREOTIDE INJ 500MCG</i>	78
<i>OCTREOTIDE INJ 50MCG/ML</i>	78
<i>ODEFSEY TAB</i>	11
<i>ODOMZO CAP 200MG</i>	25

OFEV CAP 100MG	101
OFEV CAP 150MG	101
<i>ofloxacin ophth soln 0.3%</i>	97
<i>ofloxacin otic soln 0.3%</i>	108
OGIVRI INJ 150MG	25
OGIVRI INJ 420MG	25
<i>olanzapine for im inj 10 mg</i>	56
<i>olanzapine orally disintegrating tab 10 mg</i>	56
<i>olanzapine orally disintegrating tab 15 mg</i>	56
<i>olanzapine orally disintegrating tab 20 mg</i>	56
<i>olanzapine orally disintegrating tab 5 mg</i>	56
<i>olanzapine tab 10 mg.....</i>	56
<i>olanzapine tab 15 mg.....</i>	56
<i>olanzapine tab 2.5 mg.....</i>	56
<i>olanzapine tab 20 mg.....</i>	56
<i>olanzapine tab 5 mg</i>	56
<i>olanzapine tab 7.5 mg.....</i>	56
<i>olmesartan medoxomil tab 20 mg....</i>	32
<i>olmesartan medoxomil tab 40 mg....</i>	32
<i>olmesartan medoxomil tab 5 mg</i>	32
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	31
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	31
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg .</i>	31
<i>olmesartanamlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5 mg</i>	31
<i>olmesartanamlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5 mg</i>	31
<i>olmesartanamlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i>	31
<i>olmesartanamlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5 mg</i>	31
<i>olmesartanamlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	31
<i>olopatadine hcl ophth soln 0.2% (base equivalent).....</i>	98
<i>omeprazole cap delayed release 10 mg</i>	85
<i>omeprazole cap delayed release 20 mg</i>	85
<i>omeprazole cap delayed release 40 mg</i>	85
OMNIPOD KIT STARTER	68
OMNIPOD MIS 5 PACK	68
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	82
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	82
<i>ondansetron hcl oral soln 4 mg/5ml..</i>	82
<i>ondansetron hcl tab 24 mg</i>	82
<i>ondansetron hcl tab 4 mg</i>	82
<i>ondansetron hcl tab 8 mg</i>	82
<i>ondansetron orally disintegrating tab 4 mg</i>	82
<i>ondansetron orally disintegrating tab 8 mg</i>	82
ONTRUZANT INJ 150MG.....	25
ONTRUZANT INJ 420MG.....	25
ONUREG TAB 200MG	18
ONUREG TAB 300MG	18
OPSUMIT TAB 10MG	41
ORGOVYX TAB 120MG	19
ORKAMBI GRA 100-125	101
ORKAMBI GRA 150-188	102
ORKAMBI TAB 100-125.....	102
ORKAMBI TAB 200-125.....	102
<i>orsythia tab.....</i>	73
<i>oseltamivir phosphate cap 30 mg (base equiv).....</i>	12
<i>oseltamivir phosphate cap 45 mg (base equiv).....</i>	12
<i>oseltamivir phosphate cap 75 mg (base equiv).....</i>	12
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	12
OSPHENA TAB 60MG	78
<i>oxacillin sodium for inj 1 gm (base equivalent).....</i>	16
<i>oxacillin sodium for inj 2 gm (base equivalent).....</i>	16
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	16

<i>oxaliplatin for iv inj 100 mg</i>	17
<i>oxaliplatin for iv inj 50 mg</i>	17
<i>oxaliplatin iv soln 100 mg/20ml</i>	17
<i>oxaliplatin iv soln 200 mg/40ml</i>	17
<i>oxaliplatin iv soln 50 mg/10ml</i>	17
<i>oxandrolone tab 10 mg</i>	65
<i>oxandrolone tab 2.5 mg</i>	65
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	45
<i>oxcarbazepine tab 150 mg</i>	45
<i>oxcarbazepine tab 300 mg</i>	45
<i>oxcarbazepine tab 600 mg</i>	45
<i>oxybutynin chloride syrup 5 mg/5ml</i>	85
<i>oxybutynin chloride tab 5 mg</i>	85
<i>oxybutynin chloride tab er 24hr 10 mg</i>	85
<i>oxybutynin chloride tab er 24hr 15 mg</i>	85
<i>oxybutynin chloride tab er 24hr 5 mg</i>	85
<i>oxycodone hcl cap 5 mg</i>	4
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	4
<i>oxycodone hcl soln 5 mg/5ml</i>	4
<i>oxycodone hcl tab 10 mg</i>	4
<i>oxycodone hcl tab 15 mg</i>	4
<i>oxycodone hcl tab 20 mg</i>	4
<i>oxycodone hcl tab 30 mg</i>	4
<i>oxycodone hcl tab 5 mg</i>	4
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	4
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	4
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	4
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	4
OZEMPIC INJ 2/1.5ML	67
OZEMPIC INJ 4MG/3ML	67
P	
<i>pacerone tab 100mg</i>	32
<i>pacerone tab 200mg</i>	33
<i>pacerone tab 400mg</i>	33
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	21
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	21
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	21
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	21
<i>paliperidone tab er 24hr 1.5 mg</i>	56
<i>paliperidone tab er 24hr 3 mg</i>	57
<i>paliperidone tab er 24hr 6 mg</i>	57
<i>paliperidone tab er 24hr 9 mg</i>	57
<i>pamidronate disodium for inj 30 mg</i>	69
<i>pamidronate disodium for inj 90 mg</i>	69
<i>pamidronate disodium iv soln 3 mg/ml</i>	69
<i>pamidronate disodium iv soln 9 mg/ml</i>	69
PAMIDRONATE INJ 6MG/ML	69
PANRETIN GEL 0.1%	107
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	85
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	85
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	85
PANZYGA SOL 10/100ML	91
PANZYGA SOL 1GM/10ML	91
PANZYGA SOL 2.5/25ML	91
PANZYGA SOL 20/200ML	91
PANZYGA SOL 30/300ML	91
PANZYGA SOL 5GM/50ML	91
<i>paraplatin inj 1000mg</i>	18
<i>paricalcitol cap 1 mcg</i>	81
<i>paricalcitol cap 2 mcg</i>	81
<i>paricalcitol cap 4 mcg</i>	81
<i>paroex sol 0.12%</i>	108
<i>paromomycin sulfate cap 250 mg</i>	6
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	51
<i>paroxetine hcl tab 10 mg</i>	51
<i>paroxetine hcl tab 20 mg</i>	51
<i>paroxetine hcl tab 30 mg</i>	51
<i>paroxetine hcl tab 40 mg</i>	51
PASER GRA 4GM	11
PAXIL SUS 10MG/5ML	51
PAZEO DRO 0.7%	98
PEDIARIX INJ 0.5ML	93
PEDVAX HIB INJ	93
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	84

<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
420 gm	84
PEGANONE TAB 250MG	45
PEGASYS INJ	12
PEGASYS INJ 180MCG/M	12
PEMAZYRE TAB 13.5MG.....	25
PEMAZYRE TAB 4.5MG	25
PEMAZYRE TAB 9MG	25
PEN G PROC INJ 600000	16
PEN GK/DEXTR INJ 40000/ML	16
PEN GK/DEXTR INJ 60000/ML	16
PEN NEEDLES:	
NOVO/BD/ULTIMED/OWEN/TRIVIDIA	68
penicillamine tab 250 mg.....	69
penicillin g potassium for inj 20000000 unit	16
penicillin g potassium for inj 5000000 unit	16
penicillin g sodium for inj 5000000 unit	16
penicillin v potassium for soln 125 mg/5ml	16
penicillin v potassium for soln 250 mg/5ml	16
penicillin v potassium tab 250 mg ...	16
penicillin v potassium tab 500 mg ...	16
PENTACEL INJ	93
pentamidine isethionate for nebulization soln 300 mg	6
pentamidine isethionate for soln 300 mg	6
pentoxifylline tab er 400 mg	88
perindopril erbumine tab 2 mg	29
perindopril erbumine tab 4 mg	29
perindopril erbumine tab 8 mg	29
periogard sol 0.12%	108
permethrin cream 5%	107
perphenazine tab 16 mg	57
perphenazine tab 2 mg	57
perphenazine tab 4 mg	57
perphenazine tab 8 mg	57
PERSERIS INJ 120MG.....	57
PERSERIS INJ 90MG	57
pfizerpen inj 20000000	16
pfizerpen inj 5mu	16
phenelzine sulfate tab 15 mg	51
phenobarbital elixir 20 mg/5ml.....	45
phenobarbital sodium inj 130 mg/ml.	45
phenobarbital sodium inj 65 mg/ml ..	45
phenobarbital tab 100 mg	46
phenobarbital tab 15 mg	45
phenobarbital tab 16.2 mg	45
phenobarbital tab 30 mg	45
phenobarbital tab 32.4 mg	45
phenobarbital tab 60 mg	45
phenobarbital tab 64.8 mg	46
phenobarbital tab 97.2 mg	46
PHENYTEK CAP 200MG	46
PHENYTEK CAP 300MG	46
phenytoin chew tab 50 mg	46
phenytoin sodium extended cap 100 mg	46
phenytoin sodium extended cap 200 mg	46
phenytoin sodium extended cap 300 mg	46
phenytoin sodium inj 50 mg/ml.....	46
phenytoin susp 125 mg/5ml	46
PHESGO SOL.....	25
philith tab 0.4-35	73
PICATO GEL 0.015%	107
PICATO GEL 0.05%	107
PIFELTRO TAB 100MG.....	9
pilocarpine hcl ophth soln 1%	98
pilocarpine hcl ophth soln 2%	98
pilocarpine hcl ophth soln 4%	98
pilocarpine hcl tab 5 mg	108
pilocarpine hcl tab 7.5 mg	108
pimozide tab 1 mg	57
pimozide tab 2 mg	57
pimtrea tab	73
pindolol tab 10 mg	36
pindolol tab 5 mg	36
pioglitazone hcl tab 15 mg (base equiv)	67
pioglitazone hcl tab 30 mg (base equiv)	67
pioglitazone hcl tab 45 mg (base equiv)	67
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	16
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm).....	16
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm).....	16

<i>piperacillin sod-tazobactam sod for inj</i>	
4.5 gm (4-0.5 gm).....	16
<i>piperacillin sod-tazobactam sod for inj</i>	
40.5 gm (36-4.5 gm)	16
PIQRAY 200MG TAB DOSE	25
PIQRAY 250MG TAB DOSE	25
PIQRAY 300MG TAB DOSE	25
<i>pirmella tab 1/35.....</i>	73
<i>piroxicam cap 10 mg.....</i>	2
<i>piroxicam cap 20 mg.....</i>	2
PLASMA-LYTE INJ -148.....	94
PLASMA-LYTE INJ -A	94
<i>plenamine inj 15%</i>	96
PLENUV SOL	84
PNV FOLIC AC TAB + IRON	95
<i>podofilox soln 0.5%</i>	107
<i>polymyxin b-trimethoprim ophth soln</i>	
<i>10000 unit/ml-0.1%</i>	97
POMALYST CAP 1MG	19
POMALYST CAP 2MG	19
POMALYST CAP 3MG	19
POMALYST CAP 4MG	19
<i>portia-28 tab</i>	73
<i>posaconazole tab delayed release 100</i>	
<i>mg</i>	8
POT CHL/NACL INJ 20MEQ/L	94
POT CHL/NACL INJ 40MEQ/L	94
POT CHLORIDE INJ 10MEQ	94
POT CHLORIDE INJ 20MEQ	94
POT CHLORIDE INJ 40MEQ	94
<i>potassium chloride 20 meq/l (0.15%)</i>	
<i>in dextrose 5% inj</i>	95
<i>potassium chloride cap er 10 meq....</i>	95
<i>potassium chloride cap er 8 meq</i>	95
<i>potassium chloride inj 2 meq/ml.....</i>	95
<i>potassium chloride microencapsulated</i>	
<i>crys er tab 10 meq</i>	95
<i>potassium chloride microencapsulated</i>	
<i>crys er tab 15 meq</i>	95
<i>potassium chloride microencapsulated</i>	
<i>crys er tab 20 meq</i>	95
<i>potassium chloride oral soln 10% (20</i>	
<i>meq/15ml)</i>	95
<i>potassium chloride oral soln 20% (40</i>	
<i>meq/15ml)</i>	95
<i>potassium chloride powder packet 20</i>	
<i>meq.....</i>	95
<i>potassium chloride tab er 10 meq</i>	95
<i>potassium chloride tab er 20 meq</i>	
<i>(1500 mg).....</i>	95
<i>potassium chloride tab er 8 meq (600</i>	
<i>mg).....</i>	95
<i>potassium citrate tab er 10 meq (1080</i>	
<i>mg).....</i>	85
<i>potassium citrate tab er 15 meq (1620</i>	
<i>mg).....</i>	85
<i>potassium citrate tab er 5 meq (540</i>	
<i>mg).....</i>	85
PRADAXA CAP 110MG	87
PRADAXA CAP 150MG	87
PRADAXA CAP 75MG.....	87
PRALUENT INJ 150MG/ML	34
PRALUENT INJ 75MG/ML	34
<i>pramipexole dihydrochloride tab 0.125</i>	
<i>mg</i>	53
<i>pramipexole dihydrochloride tab 0.25</i>	
<i>mg</i>	53
<i>pramipexole dihydrochloride tab 0.5</i>	
<i>mg</i>	53
<i>pramipexole dihydrochloride tab 0.75</i>	
<i>mg</i>	53
<i>pramipexole dihydrochloride tab 1 mg</i>	
<i>.....</i>	53
<i>pramipexole dihydrochloride tab 1.5</i>	
<i>mg</i>	53
<i>prasugrel hcl tab 10 mg (base equiv)</i>	89
<i>prasugrel hcl tab 5 mg (base equiv) .</i>	89
<i>pravastatin sodium tab 10 mg</i>	33
<i>pravastatin sodium tab 20 mg</i>	33
<i>pravastatin sodium tab 40 mg</i>	33
<i>pravastatin sodium tab 80 mg</i>	34
<i>praziquantel tab 600 mg</i>	6
<i>prazosin hcl cap 1 mg</i>	30
<i>prazosin hcl cap 2 mg</i>	30
<i>prazosin hcl cap 5 mg</i>	30
<i>PRED SOD PHO SOL 1% OP.....</i>	97
<i>prednisolone acetate ophth susp 1% 97</i>	
<i>prednisolone sod phosph oral soln 6.7</i>	
<i>mg/5ml (5 mg/5ml base)</i>	76
<i>prednisolone sod phosphate oral soln</i>	
<i>15 mg/5ml (base equiv)</i>	76
<i>prednisolone sodium phosphate oral</i>	
<i>soln 25 mg/5ml (base eq)</i>	76
<i>prednisolone syrup 15 mg/5ml (usp</i>	
<i>solution equivalent)</i>	77
PREDNISONE CON 5MG/ML	77

<i>prednisone oral soln 5 mg/5ml</i>	77
<i>prednisone tab 1 mg</i>	77
<i>prednisone tab 10 mg</i>	77
<i>prednisone tab 2.5 mg</i>	77
<i>prednisone tab 20 mg</i>	77
<i>prednisone tab 5 mg</i>	77
<i>prednisone tab 50 mg</i>	77
<i>prednisone tab therapy pack 10 mg (21)</i>	77
<i>prednisone tab therapy pack 10 mg (48)</i>	77
<i>prednisone tab therapy pack 5 mg (21)</i>	77
<i>prednisone tab therapy pack 5 mg (48)</i>	77
<i>pregabalin cap 100 mg</i>	46
<i>pregabalin cap 150 mg</i>	46
<i>pregabalin cap 200 mg</i>	46
<i>pregabalin cap 225 mg</i>	46
<i>pregabalin cap 25 mg</i>	46
<i>pregabalin cap 300 mg</i>	46
<i>pregabalin cap 50 mg</i>	46
<i>pregabalin cap 75 mg</i>	46
<i>pregabalin soln 20 mg/ml</i>	46
<i>pregabalin tab er 24hr 165 mg</i>	63
<i>pregabalin tab er 24hr 330 mg</i>	63
<i>pregabalin tab er 24hr 82.5 mg</i>	63
<i>PREMASOL SOL 10%</i>	96
<i>PRENATAL TAB 27-1MG</i>	95
<i>PRENATAL TAB PLUS</i>	95
<i>PRENATAL VIT TAB LOW IRON</i>	95
<i>prevalite pow 4gm</i>	34
<i>prevalite pow 4gm pk</i>	34
<i>previfem tab</i>	73
<i>PREZCOBIX TAB 800-150</i>	11
<i>PREZISTA SUS 100MG/ML</i>	9
<i>PREZISTA TAB 150MG</i>	9
<i>PREZISTA TAB 600MG</i>	9
<i>PREZISTA TAB 75MG</i>	9
<i>PREZISTA TAB 800MG</i>	9
<i>PRIFTIN TAB 150MG</i>	11
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	8
<i>PRIMAQUINE TAB 26.3MG</i>	8
<i>primidone tab 250 mg</i>	46
<i>primidone tab 50 mg</i>	46
<i>PRIVIGEN INJ 10GRAMS</i>	91
<i>PRIVIGEN INJ 20GRAMS</i>	91
<i>PRIVIGEN INJ 40GRAMS</i>	91
<i>PRIVIGEN INJ 5 GRAMS</i>	91
<i>probenecid tab 500 mg</i>	1
<i>PROCALAMINE INJ 3%</i>	96
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	82
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	82
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	82
<i>prochlorperazine suppos 25 mg</i>	82
<i>PROCRIPT INJ 10000/ML</i>	87
<i>PROCRIPT INJ 2000/ML</i>	87
<i>PROCRIPT INJ 20000/ML</i>	87
<i>PROCRIPT INJ 3000/ML</i>	87
<i>PROCRIPT INJ 4000/ML</i>	87
<i>PROCRIPT INJ 40000/ML</i>	87
<i>procto-med cre hc 2.5%</i>	107
<i>procto-pak cre 1%</i>	107
<i>proctosol hc cre 2.5%</i>	107
<i>protozone cre -hc 2.5%</i>	107
<i>PROGRAF GRA 0.2MG</i>	92
<i>PROGRAF GRA 1MG</i>	92
<i>PROLASTIN-C INJ 1000MG</i>	102
<i>PROLENSA SOL 0.07%</i>	97
<i>PROLIA SOL 60MG/ML</i>	69
<i>PROMACTA PAK 25MG</i>	88
<i>PROMACTA POW 12.5MG</i>	88
<i>PROMACTA TAB 12.5MG</i>	88
<i>PROMACTA TAB 25MG</i>	88
<i>PROMACTA TAB 50MG</i>	88
<i>PROMACTA TAB 75MG</i>	88
<i>promethazine hcl inj 25 mg/ml</i>	82
<i>promethazine hcl inj 50 mg/ml</i>	82
<i>promethazine hcl syrup 6.25 mg/5ml</i>	82
<i>promethazine hcl tab 12.5 mg</i>	82
<i>promethazine hcl tab 25 mg</i>	82
<i>promethazine hcl tab 50 mg</i>	82
<i>propafenone hcl cap er 12hr 225 mg</i>	33
<i>propafenone hcl cap er 12hr 325 mg</i>	33
<i>propafenone hcl cap er 12hr 425 mg</i>	33
<i>propafenone hcl tab 150 mg</i>	33
<i>propafenone hcl tab 225 mg</i>	33
<i>propafenone hcl tab 300 mg</i>	33
<i>proparacaine hcl ophth soln 0.5%</i>	98
<i>propranolol hcl cap er 24hr 120 mg</i>	36
<i>propranolol hcl cap er 24hr 160 mg</i>	36
<i>propranolol hcl cap er 24hr 60 mg</i>	36

<i>propranolol hcl cap er 24hr 80 mg</i> ...	36
<i>propranolol hcl oral soln 20 mg/5ml</i> .	36
<i>propranolol hcl oral soln 40 mg/5ml</i> .	36
<i>propranolol hcl tab 10 mg</i>	36
<i>propranolol hcl tab 20 mg</i>	36
<i>propranolol hcl tab 40 mg</i>	36
<i>propranolol hcl tab 60 mg</i>	36
<i>propranolol hcl tab 80 mg</i>	36
<i>propylthiouracil tab 50 mg</i>	81
PROQUAD INJ	93
PROSOL INJ 20%	96
<i>protriptyline hcl tab 10 mg</i>	51
<i>protriptyline hcl tab 5 mg</i>	51
PULMICORT INH 180MCG	103
PULMICORT INH 90MCG	103
PULMOZYME SOL 1MG/ML	102
PURIXAN SUS 20MG/ML	18
<i>pyrazinamide tab 500 mg</i>	11
<i>pyridostigmine bromide tab 60 mg</i> ... Q	63
<i>QINLOCK TAB 50MG</i>	25
QUADRACEL INJ	93
<i>quetiapine fumarate tab 100 mg</i>	57
<i>quetiapine fumarate tab 200 mg</i>	57
<i>quetiapine fumarate tab 25 mg</i>	57
<i>quetiapine fumarate tab 300 mg</i>	57
<i>quetiapine fumarate tab 400 mg</i>	57
<i>quetiapine fumarate tab 50 mg</i>	57
<i>quetiapine fumarate tab er 24hr 150 mg</i>	57
<i>quetiapine fumarate tab er 24hr 200 mg</i>	57
<i>quetiapine fumarate tab er 24hr 300 mg</i>	57
<i>quetiapine fumarate tab er 24hr 400 mg</i>	57
<i>quetiapine fumarate tab er 24hr 50 mg</i>	57
<i>quinapril hcl tab 10 mg</i>	29
<i>quinapril hcl tab 20 mg</i>	29
<i>quinapril hcl tab 40 mg</i>	29
<i>quinapril hcl tab 5 mg</i>	29
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	28
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	28
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	28

<i>quinidine sulfate tab 200 mg</i>	33
<i>quinidine sulfate tab 300 mg</i>	33
<i>quinine sulfate cap 324 mg</i>	8
R	
RABAVERT INJ	93
<i>rabeprozole sodium ec tab 20 mg</i>	85
<i>raloxifene hcl tab 60 mg</i>	78
<i>ramipril cap 1.25 mg</i>	29
<i>ramipril cap 10 mg</i>	29
<i>ramipril cap 2.5 mg</i>	29
<i>ramipril cap 5 mg</i>	29
<i>ranolazine tab er 12hr 1000 mg</i>	40
<i>ranolazine tab er 12hr 500 mg</i>	40
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	53
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	53
RAYALDEE CAP 30MCG	81
reclipsen tab	73
RECOMBIVA HB INJ 10MCG/ML	93
RECOMBIVA HB INJ 5MCG/0.5	93
RECOMBIVA-HB INJ 40MCG/ML	93
RECTIV OIN 0.4%	107
REGRANEX GEL 0.01%	107
RELENZA MIS DISKHALE	12
RELISTOR INJ 12/0.6ML	84
RELISTOR INJ 8/0.4ML	84
REMICADE INJ 100MG	89
RENFLEXIS INJ 100MG	89
<i>repaglinide tab 0.5 mg</i>	67
<i>repaglinide tab 1 mg</i>	67
<i>repaglinide tab 2 mg</i>	67
RESTASIS EMU 0.05%	98
RESTASIS MUL EMU 0.05%	98
RETEVMO CAP 40MG	25
RETEVMO CAP 80MG	25
REVLIMID CAP 10MG	20
REVLIMID CAP 15MG	20
REVLIMID CAP 2.5MG	19
REVLIMID CAP 20MG	20
REVLIMID CAP 25MG	20
REVLIMID CAP 5MG	19
REXULTI TAB 0.25MG	57
REXULTI TAB 0.5MG	57
REXULTI TAB 1MG	57
REXULTI TAB 2MG	57
REXULTI TAB 3MG	57
REXULTI TAB 4MG	57

REYATAZ POW 50MG	9
REZUROCK TAB 200MG	92
RHOPRESSA SOL 0.02%	98
RIABNI SOL 100/10ML	25
RIABNI SOL 500/50ML	25
<i>ribavirin cap 200 mg</i>	12
<i>ribavirin tab 200 mg</i>	12
<i>rifabutin cap 150 mg.....</i>	11
<i>rifampin cap 150 mg.....</i>	11
<i>rifampin cap 300 mg.....</i>	11
<i>rifampin for inj 600 mg</i>	11
<i>riluzole tab 50 mg</i>	63
<i>rimantadine hydrochloride tab 100 mg</i>	12
RINVOQ TAB 15MG ER	89
<i>risedronate sodium tab 150 mg</i>	69
<i>risedronate sodium tab 35 mg.....</i>	69
<i>risedronate sodium tab 5 mg</i>	69
<i>risedronate sodium tab delayed release 35 mg</i>	69
RISPERDAL INJ 12.5MG.....	57
RISPERDAL INJ 25MG	57
RISPERDAL INJ 37.5MG.....	57
RISPERDAL INJ 50MG	57
<i>risperidone orally disintegrating tab 0.25 mg</i>	57
<i>risperidone orally disintegrating tab 0.5 mg</i>	57
<i>risperidone orally disintegrating tab 1 mg</i>	58
<i>risperidone orally disintegrating tab 2 mg</i>	58
<i>risperidone orally disintegrating tab 3 mg</i>	58
<i>risperidone orally disintegrating tab 4 mg</i>	58
<i>risperidone soln 1 mg/ml.....</i>	58
<i>risperidone tab 0.25 mg</i>	58
<i>risperidone tab 0.5 mg</i>	58
<i>risperidone tab 1 mg.....</i>	58
<i>risperidone tab 2 mg.....</i>	58
<i>risperidone tab 3 mg.....</i>	58
<i>risperidone tab 4 mg.....</i>	58
<i>ritonavir tab 100 mg</i>	9
RITUXAN INJ 100MG	25
RITUXAN INJ 500MG	25
RITUXAN INJ HYCELA.....	25
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	48
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	48
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	48
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	48
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	49
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	48
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	49
<i>rivelsa tab</i>	73
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	62
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....</i>	62
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	62
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	62
<i>ropinirole hydrochloride tab 0.25 mg</i>	53
<i>ropinirole hydrochloride tab 0.5 mg</i>	53
<i>ropinirole hydrochloride tab 1 mg</i>	53
<i>ropinirole hydrochloride tab 2 mg</i>	53
<i>ropinirole hydrochloride tab 3 mg</i>	53
<i>ropinirole hydrochloride tab 4 mg</i>	53
<i>ropinirole hydrochloride tab 5 mg</i>	53
<i>rosadan cre 0.75%.....</i>	107
<i>rosuvastatin calcium tab 10 mg</i>	34
<i>rosuvastatin calcium tab 20 mg</i>	34
<i>rosuvastatin calcium tab 40 mg</i>	34
<i>rosuvastatin calcium tab 5 mg</i>	34
ROTARIX SUS	93
ROTATEQ SOL	93
<i>roweepra tab 500mg</i>	46
ROZLYTREK CAP 100MG.....	25
ROZLYTREK CAP 200MG.....	25
RUBRACA TAB 200MG.....	25
RUBRACA TAB 250MG.....	25
RUBRACA TAB 300MG.....	25
<i>rufinamide susp 40 mg/ml.....</i>	46
<i>rufinamide tab 200 mg</i>	46
<i>rufinamide tab 400 mg</i>	46
RUKOBIA TAB 600MG ER	9
RUXIENCE INJ 100/10ML	25

RUXIENCE INJ 500/50ML.....	25	<i>simvastatin tab 10 mg</i>	34
RYBELSUS TAB 14MG.....	67	<i>simvastatin tab 20 mg</i>	34
RYBELSUS TAB 3MG	67	<i>simvastatin tab 40 mg</i>	34
RYBELSUS TAB 7MG	67	<i>simvastatin tab 5 mg</i>	34
RYDAPT CAP 25MG	25	<i>simvastatin tab 80 mg</i>	34
S		<i>sirolimus oral soln 1 mg/ml</i>	92
<i>sajazir inj 30mg/3ml.....</i>	88	<i>sirolimus tab 0.5 mg</i>	92
SANDIMMUNE SOL 100MG/ML.....	92	<i>sirolimus tab 1 mg</i>	92
SANTYL OIN 250/GM.....	107	<i>sirolimus tab 2 mg</i>	92
<i>sapropterin dihydrochloride powder</i>		SIRTURO TAB 100MG	11
<i>packet 100 mg</i>	79	SIRTURO TAB 20MG	11
<i>sapropterin dihydrochloride powder</i>		SIVEXTRO INJ 200MG	6
<i>packet 500 mg</i>	79	SIVEXTRO TAB 200MG	6
<i>sapropterin dihydrochloride tab 100 mg</i>		SKYRIZI INJ 150DOSE	89
.....	79	SKYRIZI INJ 150MG/ML	89
<i>scopolamine td patch 72hr 1 mg/3days</i>		SKYRIZI PEN INJ 150MG/ML	90
.....	82	<i>sodium chloride inj 2.5 meq/ml</i>	
.....	82	<i>(14.6%).....</i>	95
SECUADO DIS 3.8MG.....	58	<i>sodium chloride irrigation soln 0.9%</i>	
SECUADO DIS 5.7MG.....	58	107
SECUADO DIS 7.6MG.....	58	<i>sodium chloride iv soln 0.45%</i>	95
<i>selegiline hcl cap 5 mg</i>	53	<i>sodium chloride iv soln 0.9%</i>	95
<i>selegiline hcl tab 5 mg</i>	54	<i>sodium chloride iv soln 3%.....</i>	95
<i>selenium sulfide lotion 2.5%</i>	105	<i>sodium chloride iv soln 5%.....</i>	95
SELZENTRY SOL 20MG/ML.....	9	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
SELZENTRY TAB 150MG	9	<i>mg/ml soln.....</i>	95
SELZENTRY TAB 25MG	9	<i>sodium phenylbutyrate oral powder 3</i>	
SELZENTRY TAB 300MG	9	<i>gm/teaspoonful.....</i>	79
SELZENTRY TAB 75MG	9	<i>sodium phenylbutyrate tab 500 mg</i>	79
SEREVENT DIS AER 50MCG	100	<i>sodium polystyrene sulfonate powder</i>	
<i>sertraline hcl oral concentrate for</i>		70
<i>solution 20 mg/ml</i>	51	<i>solifenacin succinate tab 10 mg</i>	86
<i>sertraline hcl tab 100 mg.....</i>	51	<i>solifenacin succinate tab 5 mg</i>	86
<i>sertraline hcl tab 25 mg</i>	51	SOLIQUA INJ 100/33	68
<i>sertraline hcl tab 50 mg</i>	51	SOLTAMOX SOL 10MG/5ML	19
<i>setlakin tab</i>	73	SOLU-CORTEF INJ 1000MG	77
<i>sevelamer carbonate packet 0.8 gm.</i>	79	SOLU-CORTEF INJ 100MG	77
<i>sevelamer carbonate packet 2.4 gm.</i>	79	SOLU-CORTEF INJ 250MG	77
<i>sevelamer carbonate tab 800 mg.....</i>	79	SOLU-CORTEF INJ 500MG	77
<i>sharobel tab 0.35mg</i>	73	SOMATULINE INJ 120/.5ML	79
SHINGRIX INJ 50/0.5ML.....	93	SOMATULINE INJ 60/0.2ML	79
SIGNIFOR INJ 0.3MG/ML.....	79	SOMATULINE INJ 90/0.3ML	79
SIGNIFOR INJ 0.6MG/ML.....	79	SOMAVERT INJ 10MG	79
SIGNIFOR INJ 0.9MG/ML.....	79	SOMAVERT INJ 15MG	79
<i>sildenafil citrate tab 20 mg</i>	41	SOMAVERT INJ 20MG	79
<i>silver sulfadiazine cream 1%.....</i>	104	SOMAVERT INJ 25MG	79
SIMBRINZA SUS 1-0.2%	98	SOMAVERT INJ 30MG	79
<i>simliya tab 28 day</i>	73	<i>sorine tab 120mg.....</i>	33
<i>simpesse tab</i>	73		

<i>sorine tab 160mg</i>	33
<i>sorine tab 240mg</i>	33
<i>sorine tab 80mg</i>	33
<i>sotalol hcl (afib/afl) tab 120 mg</i>	33
<i>sotalol hcl (afib/afl) tab 160 mg</i>	33
<i>sotalol hcl (afib/afl) tab 80 mg</i>	33
<i>sotalol hcl tab 120 mg</i>	33
<i>sotalol hcl tab 160 mg</i>	33
<i>sotalol hcl tab 240 mg</i>	33
<i>sotalol hcl tab 80 mg</i>	33
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	39
<i>spironolactone tab 100 mg</i>	29
<i>spironolactone tab 25 mg</i>	29
<i>spironolactone tab 50 mg</i>	29
<i>sprintec 28 tab 28 day</i>	73
<i>SPRITAM TAB 1000MG</i>	46
<i>SPRITAM TAB 250MG</i>	46
<i>SPRITAM TAB 500MG</i>	46
<i>SPRITAM TAB 750MG</i>	46
<i>SPRYCEL TAB 100MG</i>	26
<i>SPRYCEL TAB 140MG</i>	26
<i>SPRYCEL TAB 20MG</i>	25
<i>SPRYCEL TAB 50MG</i>	25
<i>SPRYCEL TAB 70MG</i>	25
<i>SPRYCEL TAB 80MG</i>	25
<i>sps sus 15gm/60</i>	70
<i>sronyx tab</i>	73
<i>ssd cre 1%</i>	104
<i>stavudine cap 15 mg</i>	9
<i>stavudine cap 20 mg</i>	9
<i>stavudine cap 30 mg</i>	10
<i>stavudine cap 40 mg</i>	10
<i>STELARA INJ 45MG/0.5</i>	90
<i>STELARA INJ 90MG/ML</i>	90
<i>STIMATE SOL 1.5MG/ML</i>	79
<i>STIVARGA TAB 40MG</i>	26
<i>streptomycin sulfate for inj 1 gm</i>	6
<i>STRIBILD TAB</i>	11
<i>subvenite tab 100mg</i>	46
<i>subvenite tab 150mg</i>	46
<i>subvenite tab 200mg</i>	46
<i>subvenite tab 25mg</i>	46
<i>sucralfate tab 1 gm</i>	84
<i>sulfacetamide sodium lotion 10% (acne)</i>	104
<i>sulfacetamide sodium ophth oint 10%</i>	97
<i>sulfacetamide sodium ophth soln 10%</i>	97
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	96
<i>SULFADIAZINE TAB 500MG</i>	6
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	6
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	6
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	6
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	7
<i>SULFAMYLYON CRE 85MG/GM</i>	104
<i>sulfasalazine tab 500 mg</i>	83
<i>sulfasalazine tab delayed release 500 mg</i>	83
<i>sulindac tab 150 mg</i>	2
<i>sulindac tab 200 mg</i>	2
<i>sumatriptan nasal spray 20 mg/act</i>	62
<i>sumatriptan nasal spray 5 mg/act</i>	62
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	62
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	62
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	62
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	62
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	62
<i>sumatriptan succinate tab 100 mg</i>	62
<i>sumatriptan succinate tab 25 mg</i>	62
<i>sumatriptan succinate tab 50 mg</i>	62
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	26
<i>sunitinib malate cap 25 mg (base equivalent)</i>	26
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	26
<i>sunitinib malate cap 50 mg (base equivalent)</i>	26
<i>SUPREP BOWEL SOL PREP KIT</i>	84
<i>SUTENT CAP 12.5MG</i>	26
<i>SUTENT CAP 25MG</i>	26
<i>SUTENT CAP 37.5MG</i>	26
<i>SUTENT CAP 50MG</i>	26
<i>syeda tab 3-0.03mg</i>	74

SYMBICORT AER 160-4.5	103
SYMBICORT AER 80-4.5	103
SYMDEKO TAB 100-150.....	102
SYMDEKO TAB 50-75MG.....	102
SYMJEPI INJ 0.15MG.....	102
SYMJEPI INJ 0.3MG.....	102
SYMPAZAN MIS 10MG	47
SYMPAZAN MIS 20MG	47
SYMPAZAN MIS 5MG	47
SYMTUZA TAB.....	11
SYNAREL SOL 2MG/ML	74
SYNERCID INJ 500MG	7
SYNJARDY TAB.....	67
SYNJARDY TAB 12.5-500	67
SYNJARDY TAB 5-1000MG	67
SYNJARDY TAB 5-500MG	67
SYNJARDY XR TAB	67
SYNJARDY XR TAB 10-1000	67
SYNJARDY XR TAB 25-1000	67
SYNJARDY XR TAB 5-1000MG	67
SYNRIBO INJ 3.5MG	20
SYNTHROID TAB 100MCG.....	81
SYNTHROID TAB 112MCG.....	81
SYNTHROID TAB 125MCG.....	81
SYNTHROID TAB 137MCG.....	81
SYNTHROID TAB 150MCG.....	81
SYNTHROID TAB 175MCG.....	81
SYNTHROID TAB 200MCG.....	81
SYNTHROID TAB 25MCG.....	81
SYNTHROID TAB 300MCG.....	81
SYNTHROID TAB 50MCG.....	81
SYNTHROID TAB 75MCG.....	81
SYNTHROID TAB 88MCG.....	81
T	
TABLOID TAB 40MG	18
TABRECTA TAB 150MG	26
TABRECTA TAB 200MG	26
<i>tacrolimus cap 0.5 mg</i>	92
<i>tacrolimus cap 1 mg</i>	92
<i>tacrolimus cap 5 mg</i>	92
<i>tacrolimus oint 0.03%</i>	107
<i>tacrolimus oint 0.1%</i>	107
TAFINLAR CAP 50MG.....	26
TAFINLAR CAP 75MG.....	26
TAGRISSO TAB 40MG.....	26
TAGRISSO TAB 80MG.....	26
TALTZ INJ 80MG/ML	90
TALZENNA CAP 0.25MG.....	26
TALZENNA CAP 1MG.....	26
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	19
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	19
<i>tamsulosin hcl cap 0.4 mg</i>	85
TARGETIN GEL 1%.....	107
<i>tarina 24 fe tab</i>	74
<i>tarina fe tab 1/20 eq</i>	74
TASIGNA CAP 150MG	26
TASIGNA CAP 200MG	26
TASIGNA CAP 50MG	26
<i>tazarotene cream 0.1%</i>	105
<i>tazicef inj 1gm</i>	13
<i>tazicef inj 2gm</i>	13
TAZICEF INJ 6GM.....	13
TAZORAC CRE 0.05%.....	105
<i>taztia xt cap 120mg/24</i>	37
<i>taztia xt cap 180mg/24</i>	37
<i>taztia xt cap 240mg/24</i>	37
<i>taztia xt cap 300mg er</i>	37
<i>taztia xt cap 360mg/24</i>	37
TAZVERIK TAB 200MG	26
TDVAX INJ 2-2 LF	93
TECENTRIQ INJ 1200/20	26
TECENTRIQ INJ 840/14.....	26
TEFLARO INJ 400MG.....	14
TEFLARO INJ 600MG.....	14
<i>telmisartan tab 20 mg</i>	32
<i>telmisartan tab 40 mg</i>	32
<i>telmisartan tab 80 mg</i>	32
<i>telmisartan-amlodipine tab 40-10 mg</i>	31
<i>telmisartan-amlodipine tab 40-5 mg</i>	31
<i>telmisartan-amlodipine tab 80-10 mg</i>	31
<i>telmisartan-amlodipine tab 80-5 mg</i>	31
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	31
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	31
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	31
<i>temazepam cap 15 mg</i>	61
<i>temazepam cap 30 mg</i>	61
<i>temazepam cap 7.5 mg</i>	61
TEMIXYS TAB 300-300.....	11
TENIVAC INJ 5-2LF.....	93

<i>tenofovir disoproxil fumarate tab 300</i>	58
<i>mg</i>	10
TEPMETKO TAB 225MG.....	26
<i>terazosin hcl cap 1 mg (base</i>	
<i>equivalent)</i>	30
<i>terazosin hcl cap 10 mg (base</i>	
<i>equivalent)</i>	30
<i>terazosin hcl cap 2 mg (base</i>	
<i>equivalent)</i>	30
<i>terazosin hcl cap 5 mg (base</i>	
<i>equivalent)</i>	30
<i>terbinafine hcl tab 250 mg</i>	8
<i>terbutaline sulfate tab 2.5 mg</i>	100
<i>terbutaline sulfate tab 5 mg</i>	100
<i>terconazole vaginal cream 0.4%</i>	86
<i>terconazole vaginal cream 0.8%</i>	86
<i>terconazole vaginal suppos 80 mg</i> ...	86
<i>testosterone cypionate im inj in oil 100</i>	
<i>mg/ml</i>	65
<i>testosterone cypionate im inj in oil 200</i>	
<i>mg/ml</i>	65
<i>testosterone enanthate im inj in oil 200</i>	
<i>mg/ml</i>	65
<i>testosterone td gel 12.5 mg/act (1%)</i>	
.....	65
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	
.....	65
<i>testosterone td gel 50 mg/5gm (1%)</i> 66	
<i>tetrabenazine tab 12.5 mg</i>	63
<i>tetrabenazine tab 25 mg</i>	63
<i>tetracycline hcl cap 250 mg</i>	17
<i>tetracycline hcl cap 500 mg</i>	17
<i>THALOMID CAP 100MG</i>	20
<i>THALOMID CAP 150MG</i>	20
<i>THALOMID CAP 200MG</i>	20
<i>THALOMID CAP 50MG</i>	20
<i>THEO-24 CAP 100MG CR</i>	102
<i>THEO-24 CAP 200MG CR</i>	102
<i>THEO-24 CAP 300MG CR</i>	102
<i>THEO-24 CAP 400MG ER</i>	102
<i>theophylline soln 80 mg/15ml</i>	102
<i>theophylline tab er 12hr 300 mg</i>	102
<i>theophylline tab er 12hr 450 mg</i>	102
<i>theophylline tab er 24hr 400 mg</i>	102
<i>theophylline tab er 24hr 600 mg</i>	102
<i>thioridazine hcl tab 10 mg</i>	58
<i>thioridazine hcl tab 100 mg</i>	58
<i>thioridazine hcl tab 25 mg</i>	58
<i>thioridazine hcl tab 50 mg</i>	58
<i>thiothixene cap 1 mg</i>	58
<i>thiothixene cap 10 mg</i>	58
<i>thiothixene cap 2 mg</i>	58
<i>thiothixene cap 5 mg</i>	58
<i>tiadylt cap 120mg/24</i>	37
<i>tiadylt cap 180mg/24</i>	37
<i>tiadylt cap 240mg/24</i>	38
<i>tiadylt cap 300mg/24</i>	38
<i>tiadylt cap 360mg/24</i>	38
<i>tiadylt cap 420mg/24</i>	38
<i>tiagabine hcl tab 12 mg</i>	47
<i>tiagabine hcl tab 16 mg</i>	47
<i>tiagabine hcl tab 2 mg</i>	47
<i>tiagabine hcl tab 4 mg</i>	47
<i>TIBSOVO TAB 250MG</i>	26
<i>tigecycline for iv soln 50 mg</i>	17
<i>TIGECYCLINE INJ 50MG</i>	17
<i>tilia fe tab</i>	74
<i>timolol maleate ophth gel forming soln</i>	
<i>0.25%</i>	98
<i>timolol maleate ophth gel forming soln</i>	
<i>0.5%</i>	98
<i>timolol maleate ophth soln 0.25%</i>	98
<i>timolol maleate ophth soln 0.5%</i>	98
<i>timolol maleate ophth soln 0.5%</i>	
<i>(once-daily)</i>	98
<i>timolol maleate tab 10 mg</i>	36
<i>timolol maleate tab 20 mg</i>	36
<i>timolol maleate tab 5 mg</i>	36
<i>TIVICAY PD TAB 5MG</i>	10
<i>TIVICAY TAB 10MG</i>	10
<i>TIVICAY TAB 25MG</i>	10
<i>TIVICAY TAB 50MG</i>	10
<i>tizanidine hcl tab 2 mg (base</i>	
<i>equivalent)</i>	64
<i>tizanidine hcl tab 4 mg (base</i>	
<i>equivalent)</i>	64
<i>TOBRADEX OIN 0.3-0.1%</i>	96
<i>TOBRADEX ST SUS 0.3-0.05</i>	96
<i>tobramycin nebu soln 300 mg/5ml</i>	7
<i>tobramycin ophth soln 0.3%</i>	97
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>	
<i>mg/ml) (base equiv)</i>	7
<i>tobramycin sulfate inj 10 mg/ml (base</i>	
<i>equivalent)</i>	7
<i>tobramycin sulfate inj 2 gm/50ml (40</i>	
<i>mg/ml) (base equiv)</i>	7

<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	7
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	96
<i>tolterodine tartrate cap er 24hr 2 mg</i>	86
<i>tolterodine tartrate cap er 24hr 4 mg</i>	86
<i>tolterodine tartrate tab 1 mg</i>	86
<i>tolterodine tartrate tab 2 mg</i>	86
<i>topiramate sprinkle cap 15 mg</i>	47
<i>topiramate sprinkle cap 25 mg</i>	47
<i>topiramate tab 100 mg</i>	47
<i>topiramate tab 200 mg</i>	47
<i>topiramate tab 25 mg</i>	47
<i>topiramate tab 50 mg</i>	47
<i>toposar inj 100/5ml</i>	21
<i>toposar inj 1gm/50ml</i>	21
<i>toremifene citrate tab 60 mg (base equivalent)</i>	19
<i>torsemide tab 10 mg</i>	39
<i>torsemide tab 100 mg</i>	39
<i>torsemide tab 20 mg</i>	39
<i>torsemide tab 5 mg</i>	39
<i>TOVIAZ TAB 4MG</i>	86
<i>TOVIAZ TAB 8MG</i>	86
<i>TPN ELECTROL INJ</i>	95
<i>TRADJENTA TAB 5MG</i>	67
<i>tramadol hcl tab 50 mg</i>	4
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	4
<i>trandolapril tab 1 mg</i>	29
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NONDISCRIMINATION AND LANGUAGE ACCESSIBILITY NOTICE

Nondiscrimination Notice:

VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. VIVA HEALTH does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

VIVA HEALTH:

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

If you need these services, contact VIVA HEALTH's Civil Rights Coordinator.

If you believe that VIVA HEALTH has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with VIVA HEALTH's Civil Rights Coordinator:

Address: 417 20th Street North, Suite 1100
Birmingham, AL, 35203

Phone: 1-800-633-1542 (TTY: 711)

Fax: 205-449-7626

Email: VIVACivilRightsCoord@uabmc.edu

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, VIVA HEALTH's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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

Grievance Procedure:

It is the policy of VIVA HEALTH not to discriminate on the basis of race, color, national origin, sex, age or disability. VIVA HEALTH has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or



disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of VIVA HEALTH's Civil Rights Coordinator:

Address: 417 20th Street North, Suite 1100
Birmingham, AL, 35203

Phone: 1-800-633-1542 (TTY: 711)

Fax: 205-449-7626

Email: VIVACivilRightsCoord@uabmc.edu

VIVA HEALTH's Civil Rights Coordinator has been designated to coordinate the efforts of VIVA HEALTH to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for VIVA HEALTH to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Civil Rights Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Civil Rights Coordinator shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Civil Rights Coordinator will maintain the files and records of VIVA HEALTH relating to such grievances. To the extent possible, and in accordance with applicable law, the Civil Rights Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Civil Rights Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Civil Rights Coordinator by writing to the Chief Administrative Officer within 15 days of receiving the Civil Rights Coordinator's decision. The Chief Administrative Officer shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal and administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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



Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

VIVA HEALTH will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Civil Rights Coordinator will be responsible for such arrangements.

Language Assistance Services:

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-633-1542 (TTY: 711).

Traditional Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-633-1542 (TTY : 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-633-1542 (TTY: 711)번으로 전화해 주십시오

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-633-1542 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية توافر لك بالمجان. اتصل برقم 1-800-633-1542 (TTY: 711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-633-1542 (TTY: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-633-1542 (ATS: 711).

Gujarati

ધ્યાન: તમે ગુજરાતી બોલે છો, ભાષા સહાય સેવાઓ વિના મૂલ્યે તમારા માટે ઉપલબ્ધ છે . કોલ 1-800-633-1542 (TTY : 711) .

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-633-1542 (TTY: 711).

PLEASE READ:

This formulary was updated on 12/01/2021.
For more recent information or other questions,
please contact VIVA MEDICARE at 1-800-633-1542
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