

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_mcdoc2618A_C_08/31/2020

VM-21-1049413

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 Premier and VIVA MEDICARE Preferred.

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 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 on 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 144. 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 VYVANSE. 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 cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- 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, the lower cost-sharing drug, 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, tiering, 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 of a 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, and 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 while you pursue a formulary exception.

If you are a current member and have a level of care change (for example, you're going home from a long-term care facility, a hospital admission, etc.) notify your pharmacist of your level of care change. For each of your drugs that are not on our formulary or if your ability to get your drugs is limited, we may cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. Before your temporary 30-day supply runs out, 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. After your temporary 30-day supply, we will not pay for drugs that are not on the formulary or have additional requirements or limits on coverage.

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 144.

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.

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For information on the amounts you pay for your covered prescription drugs, please find your plan and the applicable page below:

VIVA MEDICARE *Premier* – Page VI

Viva Medicare *Preferred* – Page VII

2021 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE Premier Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE Premier Drug Benefits Summary

I. Deductible: \$0. The amount you pay before the coverage starts.

II. Copayments/Coinsurance: The amounts you pay before the Coverage Gap.

	30-Day Retail Supply		90-Day Retail Supply		90-Day Mail Order Supply	
	Preferred CostSharing	StandardCost Sharing	Preferred CostSharing	Standard Cost Sharing	Preferred Cost Sharing	StandardCost Sharing
Tier 1 (Preferred Generics)	\$0	\$4	\$0	\$12	\$0	\$12
Tier 2 (Generics)	\$8	\$8	\$24	\$24	\$16	\$24
Tier 3 (Preferred Brands)	\$47	\$47	\$141	\$141	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$100	\$300	\$300	\$200	\$300
Tier 5 (Specialty Drugs)	33%	33%	Not Available	Not Available	Not Available	Not Available

III. Coverage Gap: The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$4,130.

	30-Day Retail Supply		90-Day Retail Supply		90-Day Mail Order Supply	
	Preferred CostSharing	Standard Cost Sharing	Preferred CostSharing	StandardCost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	25%	25%	25%	25%	25%	25%
Tier 2 (Generics)	25%		25%		25%	
Tiers 3 & 4 (Preferred Brands and Non-Preferred Drugs)	25% for generics and on brand name drugs. ¹		25% for generics and on brand name drugs. ¹		25% for generics and on brand name drugs. ¹	
Tier 5 (Specialty Drugs)	25% for generics and on brand name drugs. ¹		Not Available		Not Available	

IV. Catastrophic Coverage: The amounts you pay after your total yearly out-of-pocket drug costs (the amounts you have paid) reach \$6,550.

	30-Day Retail Supply (Preferred & Standard Cost Sharing)	90-Day Retail Supply (Preferred & Standard Cost Sharing)	90-Day Mail Order Supply (Preferred & Standard Cost Sharing)
Tiers 1 & 2 (Preferred Generics and Generics)	Greater of \$3.70 or 5%	Greater of \$3.70 or 5%	Greater of \$3.70 or 5%
Tiers 3 & 4 (Preferred Brands and Non-Preferred Drugs)	Greater of \$3.70 for generics (including brand drugs treated as generics) and \$9.20 for all other drugs, or 5%	Greater of \$3.70 for generics (including brand drugs treated as generics) and \$9.20 for all other drugs, or 5%	Greater of \$3.70 for generics (including brand drugs treated as generics) and \$9.20 for all other drugs, or 5%
Tier 5 (Specialty Drugs)	Greater of \$3.70 for generics (including brand drugs treated as generics) and \$9.20 for all other drugs, or 5%	Not Available	Not Available

¹You pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs.



2021 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE Preferred Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE Preferred Drug Benefits Summary

I. Deductible: \$0. The amount you pay before the coverage starts.

II. Copayments/Coinsurance: The amounts you pay before the Coverage Gap.

	30-Day Retail Supply		90-Day Retail Supply		90-Day Mail Order Supply	
	Preferred CostSharing	StandardCost Sharing	Preferred CostSharing	Standard Cost Sharing	Preferred Cost Sharing	StandardCost Sharing
Tier 1 (Preferred Generics)	\$0	\$4	\$0	\$12	\$0	\$12
Tier 2 (Generics)	\$8	\$8	\$24	\$24	\$16	\$24
Tier 3 (Preferred Brands)	\$47	\$47	\$141	\$141	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$100	\$300	\$300	\$200	\$300
Tier 5 (Specialty Drugs)	33%	33%	Not Available	Not Available	Not Available	Not Available

III. Coverage Gap: The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$4,130.

	30-Day Retail Supply		90-Day Retail Supply		90-Day Mail Order Supply	
	Preferred CostSharing	Standard Cost Sharing	Preferred CostSharing	StandardCost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	25%	25%	25%	25%	25%	25%
Tier 2 (Generics)	25%		25%		25%	
Tiers 3 & 4 (Preferred Brands and Non-Preferred Drugs)	25% for generics and on brand name drugs. ¹		25% for generics and on brand name drugs. ¹		25% for generics and on brand name drugs. ¹	
Tier 5 (Specialty Drugs)	25% for generics and on brand name drugs. ¹		Not Available		Not Available	

IV. Catastrophic Coverage: The amounts you pay after your total yearly out-of-pocket drug costs (the amounts you have paid) reach \$6,550.

	30-Day Retail Supply (Preferred & Standard Cost Sharing)	90-Day Retail Supply (Preferred & Standard Cost Sharing)	90-Day Mail Order Supply (Preferred & Standard Cost Sharing)
Tiers 1 & 2 (Preferred Generics and Generics)	Greater of \$3.70 or 5%	Greater of \$3.70 or 5%	Greater of \$3.70 or 5%
Tiers 3 & 4 (Preferred Brands and Non-Preferred Drugs)	Greater of \$3.70 for generics (including brand drugs treated as generics) and \$9.20 for all other drugs, or 5%	Greater of \$3.70 for generics (including brand drugs treated as generics) and \$9.20 for all other drugs, or 5%	Greater of \$3.70 for generics (including brand drugs treated as generics) and \$9.20 for all other drugs, or 5%
Tier 5 (Specialty Drugs)	Greater of \$3.70 for generics (including brand drugs treated as generics) and \$9.20 for all other drugs, or 5%	Not Available	Not Available

¹You pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs.

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2021 Formulary (List of Covered Drugs)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>GLOPERBA SOL 0.6/5ML</i>	4	QL (300 mL / 30 days)
<i>MITIGARE CAP 0.6MG</i>	3	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	2	
NSAIDS		
<i>celecoxib cap 50 mg</i>	2	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	2	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	2	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	2	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>	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>diflunisal tab 500 mg</i>	2	
<i>ec-naproxen tab 375mg</i>	2	
<i>ec-naproxen tab 500mg</i>	2	
<i>etodolac cap 200 mg</i>	2	
<i>etodolac cap 300 mg</i>	2	
<i>etodolac tab 400 mg</i>	2	
<i>etodolac tab 500 mg</i>	2	
<i>etodolac tab er 24hr 400 mg</i>	2	
<i>etodolac tab er 24hr 500 mg</i>	2	
<i>etodolac tab er 24hr 600 mg</i>	2	
<i>flurbiprofen tab 100 mg</i>	2	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen cap 75 mg</i>	2	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen dr tab 375mg</i>	2	
<i>naproxen dr tab 500mg</i>	2	
<i>naproxen sodium tab 275 mg</i>	2	
<i>naproxen sodium tab 550 mg</i>	2	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	2	
<i>piroxicam cap 10 mg</i>	2	
<i>piroxicam cap 20 mg</i>	2	
<i>sulindac tab 150 mg</i>	2	
<i>sulindac tab 200 mg</i>	2	

OPIOID ANALGESICS, LONG-ACTING

BELBUCA MIS 75MCG	4	QL (60 buccal films / 30 days), PA
BELBUCA MIS 150MCG	4	QL (60 buccal films / 30 days), PA
BELBUCA MIS 300MCG	4	QL (60 buccal films / 30 days), PA
BELBUCA MIS 450MCG	4	QL (60 buccal films / 30 days), PA
BELBUCA MIS 600MCG	4	QL (60 buccal films / 30 days), PA
BELBUCA MIS 750MCG	5	QL (60 buccal films / 30 days), PA
BELBUCA MIS 900MCG	5	QL (60 buccal films / 30 days), PA
<i>buprenorphine td patch weekly 5 mcg/hr</i>	2	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	2	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	2	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	2	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	2	QL (4 patches / 28 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	QL (10 patches / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
fentanyl td patch 72hr 50 mcg/hr	2	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 75 mcg/hr	2	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 100 mcg/hr	2	QL (10 patches / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 20 mg	2	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 30 mg	2	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 40 mg	2	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 60 mg	2	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
HYDROCODONE CAP 10MG ER	2	QL (60 caps / 30 days), PA
HYDROCODONE CAP 15MG ER	2	QL (60 caps / 30 days), PA
HYDROCODONE CAP 20MG ER	2	QL (60 caps / 30 days), PA
HYDROCODONE CAP 30MG ER	2	QL (60 caps / 30 days), PA
HYDROCODONE CAP 40MG ER	2	QL (60 caps / 30 days), PA
HYDROCODONE CAP 50MG ER	2	QL (60 caps / 30 days), PA
hydromorphone hcl tab er 24hr 8 mg	2	QL (30 tabs / 30 days), PA
hydromorphone hcl tab er 24hr 12 mg	2	QL (30 tabs / 30 days), PA
hydromorphone hcl tab er 24hr 16 mg	2	QL (30 tabs / 30 days), PA
hydromorphone hcl tab er 24hr 32 mg	2	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

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

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days), PA
KADIAN CAP 200MG ER	5	QL (60 caps / 30 days), PA
<i>methadone con 10mg/ml</i>	2	QL (90 mL / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	2	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	2	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	2	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate beads cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>morphine sulfate beads cap er 24hr 45 mg</i>	2	QL (30 caps / 30 days), PA
<i>morphine sulfate beads cap er 24hr 60 mg</i>	2	QL (30 caps / 30 days), PA
<i>morphine sulfate beads cap er 24hr 75 mg</i>	2	QL (30 caps / 30 days), PA
<i>morphine sulfate beads cap er 24hr 90 mg</i>	2	QL (30 caps / 30 days), PA
<i>morphine sulfate beads cap er 24hr 120 mg</i>	2	QL (30 caps / 30 days), PA
<i>morphine sulfate cap er 24hr 10 mg</i>	2	QL (60 caps / 30 days), PA
<i>morphine sulfate cap er 24hr 20 mg</i>	2	QL (60 caps / 30 days), PA
<i>morphine sulfate cap er 24hr 30 mg</i>	2	QL (60 caps / 30 days), PA
<i>morphine sulfate cap er 24hr 40 mg</i>	2	QL (60 caps / 30 days), PA
<i>morphine sulfate cap er 24hr 50 mg</i>	2	QL (60 caps / 30 days), PA
<i>morphine sulfate cap er 24hr 60 mg</i>	2	QL (60 caps / 30 days), PA
<i>morphine sulfate cap er 24hr 80 mg</i>	2	QL (60 caps / 30 days), PA
<i>morphine sulfate cap er 24hr 100 mg</i>	2	QL (60 caps / 30 days), PA
<i>morphine sulfate tab er 15 mg</i>	2	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab er 30 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	2	QL (90 tabs / 30 days), PA
<i>NUCYNTA ER TAB 50MG</i>	4	QL (60 tabs / 30 days), PA
<i>NUCYNTA ER TAB 100MG</i>	5	QL (60 tabs / 30 days), PA
<i>NUCYNTA ER TAB 150MG</i>	5	QL (60 tabs / 30 days), PA
<i>NUCYNTA ER TAB 200MG</i>	5	QL (60 tabs / 30 days), PA
<i>NUCYNTA ER TAB 250MG</i>	5	QL (60 tabs / 30 days), PA
<i>OXYCONTIN TAB 10MG CR</i>	4	QL (60 tabs / 30 days), PA
<i>OXYCONTIN TAB 15MG CR</i>	4	QL (60 tabs / 30 days), PA
<i>OXYCONTIN TAB 20MG CR</i>	4	QL (60 tabs / 30 days), PA
<i>OXYCONTIN TAB 30MG CR</i>	4	QL (60 tabs / 30 days), PA
<i>OXYCONTIN TAB 40MG CR</i>	5	QL (60 tabs / 30 days), PA
<i>OXYCONTIN TAB 60MG CR</i>	5	QL (60 tabs / 30 days), PA
<i>OXYCONTIN TAB 80MG CR</i>	5	QL (60 tabs / 30 days), PA
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	2	QL (30 caps / 30 days), PA
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	2	QL (30 caps / 30 days), PA
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	2	QL (30 caps / 30 days), PA
<i>tramadol hcl tab er 24hr 100 mg</i>	2	QL (30 tabs / 30 days), PA
<i>tramadol hcl tab er 24hr 200 mg</i>	2	QL (30 tabs / 30 days), PA
<i>tramadol hcl tab er 24hr 300 mg</i>	2	QL (30 tabs / 30 days), PA
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	2	QL (30 tabs / 30 days), PA
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	2	QL (30 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
tramadol hcl tab er 24hr biphasic release 300 mg	2	QL (30 tabs / 30 days), PA
XTAMPZA ER CAP 9MG	4	QL (60 caps / 30 days), PA
XTAMPZA ER CAP 13.5MG	4	QL (60 caps / 30 days), PA
XTAMPZA ER CAP 18MG	4	QL (60 caps / 30 days), PA
XTAMPZA ER CAP 27MG	4	QL (60 caps / 30 days), PA
XTAMPZA ER CAP 36MG	5	QL (240 caps / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

acetaminophen w/ codeine soln 120-12 mg/5ml	2	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	2	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	2	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	2	QL (180 tabs / 30 days)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	2	QL (300 caps / 30 days)
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	2	QL (300 tabs / 30 days)
butorphanol tartrate inj 1 mg/ml	4	
butorphanol tartrate inj 2 mg/ml	4	
butorphanol tartrate nasal soln 10 mg/ml	2	QL (10 mL / 30 days)
CODEINE SULF TAB 15MG	4	QL (180 tabs / 30 days)
CODEINE SULF TAB 60MG	4	QL (180 tabs / 30 days)
codeine sulfate tab 30 mg	2	QL (180 tabs / 30 days)
fentanyl citrate buccal tab 100 mcg (base equiv)	5	QL (120 tabs / 30 days), PA
fentanyl citrate buccal tab 200 mcg (base equiv)	5	QL (120 tabs / 30 days), PA
fentanyl citrate buccal tab 400 mcg (base equiv)	5	QL (120 tabs / 30 days), PA
fentanyl citrate buccal tab 600 mcg (base equiv)	5	QL (120 tabs / 30 days), PA
fentanyl citrate buccal tab 800 mcg (base equiv)	5	QL (120 tabs / 30 days), PA
fentanyl citrate lozenge on a handle 200 mcg	5	QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 400 mcg	2	QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 600 mcg	5	QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 800 mcg	5	QL (120 lozenges / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate lozenge on a handle 1200 mcg	5	QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 1600 mcg	5	QL (120 lozenges / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-300 mg	2	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	2	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-300 mg	2	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	2	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-300 mg	2	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	2	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 5-200 mg	2	QL (150 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	2	QL (150 tabs / 30 days)
hydrocodone-ibuprofen tab 10-200 mg	2	QL (150 tabs / 30 days)
HYDROMORPHON INJ 1MG/ML	4	B/D
HYDROMORPHON INJ 2MG/ML	4	B/D
HYDROMORPHON INJ 4MG/ML	4	B/D
hydromorphone hcl inj 1 mg/ml	4	B/D
hydromorphone hcl inj 2 mg/ml	4	B/D
hydromorphone hcl inj 4 mg/ml	4	B/D
hydromorphone hcl liqd 1 mg/ml	2	QL (600 mL / 30 days)
hydromorphone hcl preservative free (pf) inj 10 mg/ml	4	B/D
hydromorphone hcl tab 2 mg	2	QL (180 tabs / 30 days)
hydromorphone hcl tab 4 mg	2	QL (180 tabs / 30 days)
hydromorphone hcl tab 8 mg	2	QL (180 tabs / 30 days)
LAZANDA SPR 100MCG	5	QL (30 bottles / 30 days), PA
LAZANDA SPR 400MCG	5	QL (30 bottles / 30 days), PA
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	2	QL (900 mL / 30 days)
morphine sulfate oral soln 20 mg/5ml	2	QL (900 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	2	QL (180 mL / 30 days)
morphine sulfate tab 15 mg	2	QL (180 tabs / 30 days)
morphine sulfate tab 30 mg	2	QL (180 tabs / 30 days)
nalbuphine hcl inj 10 mg/ml	4	
nalbuphine hcl inj 20 mg/ml	4	
NUCYNTA TAB 50MG	4	QL (180 tabs / 30 days)
NUCYNTA TAB 75MG	4	QL (180 tabs / 30 days)
NUCYNTA TAB 100MG	5	QL (180 tabs / 30 days)
OXAYDO TAB 5MG	4	QL (540 tabs / 30 days)
OXAYDO TAB 7.5MG	5	QL (360 tabs / 30 days)
oxycodone hcl cap 5 mg	2	QL (180 caps / 30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	2	QL (180 mL / 30 days)
oxycodone hcl soln 5 mg/5ml	2	QL (900 mL / 30 days)
oxycodone hcl tab 5 mg	2	QL (180 tabs / 30 days)
oxycodone hcl tab 10 mg	2	QL (180 tabs / 30 days)
oxycodone hcl tab 15 mg	2	QL (180 tabs / 30 days)
oxycodone hcl tab 20 mg	2	QL (180 tabs / 30 days)
oxycodone hcl tab 30 mg	2	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	2	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	2	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	2	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	2	QL (180 tabs / 30 days)
oxymorphone hcl tab 5 mg	2	QL (180 tabs / 30 days)
oxymorphone hcl tab 10 mg	2	QL (180 tabs / 30 days)
SUBSYS SPR 100MCG	5	QL (120 sprays / 30 days), PA
SUBSYS SPR 200MCG	5	QL (120 sprays / 30 days), PA
SUBSYS SPR 400MCG	5	QL (120 sprays / 30 days), PA
SUBSYS SPR 600MCG	5	QL (120 sprays / 30 days), PA
SUBSYS SPR 800MCG	5	QL (120 sprays / 30 days), PA
SUBSYS SPR 1200MCG	5	QL (240 sprays / 30 days), PA
SUBSYS SPR 1600MCG	5	QL (240 sprays / 30 days), PA
tramadol hcl tab 50 mg	2	QL (240 tabs / 30 days)
tramadol hcl tab 100 mg	2	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
tramadol-acetaminophen tab 37.5-325 mg	2	QL (240 tabs / 30 days)
trezix cap	2	QL (300 caps / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl local inj 0.5%</i>	2	B/D
<i>lidocaine hcl local inj 1%</i>	2	B/D
<i>lidocaine hcl local inj 2%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	2	

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

AEMCOLO TAB 194MG	4	QL (12 tabs / 30 days)
albendazole tab 200 mg	5	
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	2	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	2	
ARIKAYCE SUS	5	NM, LA, PA
atovaquone susp 750 mg/5ml	5	
aztreonam for inj 1 gm	2	
aztreonam for inj 2 gm	2	
CAYSTON INH 75MG	5	NM, LA, PA
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	2	
clindamycin phosphate in d5w iv soln 300 mg/50ml	2	
clindamycin phosphate in d5w iv soln 600 mg/50ml	2	
clindamycin phosphate in d5w iv soln 900 mg/50ml	2	
clindamycin phosphate inj 9 gm/60ml	2	
clindamycin phosphate inj 300 mg/2ml	2	
clindamycin phosphate inj 600 mg/4ml	2	
clindamycin phosphate inj 900 mg/6ml	2	
CLINDMYC/NAC INJ 300/50ML	4	

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

Drug Name	Drug Tier	Requirements/Limits
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	2	
DALVANCE SOL 500MG	5	
<i>dapsone tab 25 mg</i>	2	
<i>dapsone tab 100 mg</i>	2	
<i>daptomycin for iv soln 350 mg</i>	5	
<i>daptomycin for iv soln 500 mg</i>	5	
DAPTO MYCIN SOL 350MG	5	
EMVERM CHW 100MG	5	QL (12 tabs / 365 days)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	
FIRVANQ SOL 25MG/ML	4	QL (1800 mL / 180 days)
FIRVANQ SOL 50MG/ML	4	QL (1800 mL / 180 days)
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate inj 10 mg/ml</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>ivermectin tab 3 mg</i>	2	PA
KIMYRSA INJ 1200MG	5	
<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>	2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	
<i>linezolid tab 600 mg</i>	2	QL (60 tabs / 30 days)
MEROP/NACL INJ 1GM/50ML	4	
MEROP/NACL INJ 500/50ML	4	
<i>meropenem iv for soln 1 gm</i>	2	
<i>meropenem iv for soln 500 mg</i>	2	
<i>methenamine hippurate tab 1 gm</i>	2	
METRONIDAZOL INJ 5MG/ML	4	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole in nacl 0.74% iv soln 500 mg/100ml</i>	2	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	3	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	3	
<i>ORBACTIV SOL 400MG</i>	5	
<i>paromomycin sulfate cap 250 mg</i>	2	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	B/D
<i>pentamidine isethionate for soln 300 mg</i>	2	
<i>polymyxin b sulfate for inj 500000 unit</i>	2	
<i>praziquantel tab 600 mg</i>	2	
<i>RECARBRIOL INJ 1.25GM</i>	5	
<i>SIVEXTRO INJ 200MG</i>	5	
<i>SIVEXTRO TAB 200MG</i>	5	
<i>SOLOSEC GRA 2GM</i>	4	
<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>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>SYNERCID INJ 500MG</i>	5	
<i>tinidazole tab 250 mg</i>	2	
<i>tinidazole tab 500 mg</i>	2	
<i>TOBI PODHALR CAP 28MG</i>	5	NM, LA, PA
<i>tobramycin nebu soln 300 mg/4ml</i>	5	NM, PA
<i>tobramycin nebu soln 300 mg/5ml</i>	5	NM, PA
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	2	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	2	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	2	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	2	
<i>trimethoprim tab 100 mg</i>	1	
<i>VABOMERE INJ 2GM(1-1)</i>	5	

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

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	QL (80 caps / 180 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	2	QL (160 caps / 180 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 1.5/300	4	
VANCOMYCIN INJ 1.25GM	4	
VANCOMYCIN INJ 1GM/200M	4	
VANCOMYCIN INJ 250MG	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
VANCOMYCIN SOL 1.5GM	4	
VANCOMYCIN SOL 1.25GM	4	
VANCOMYCIN SOL 1.75GM	4	
VANCOMYCIN SOL 2G/400ML	4	
VANCOMYCIN SOL 250/5ML	4	QL (1800 mL / 180 days)
VIBATIV INJ 750MG	5	
XENLETA INJ 150/15ML	5	NM
XENLETA TAB 600MG	5	NM
XIFAXAN TAB 200MG	5	QL (9 tabs / 30 days)
ZEMDRI INJ 500MG/10	5	
ANTIFUNGALS		
ABELCET INJ 5MG/ML	4	B/D
AMBISOME INJ 50MG	5	B/D
<i>amphotericin b for iv soln 50 mg</i>	2	B/D
<i>caspofungin acetate for iv soln 50 mg</i>	5	
<i>caspofungin acetate for iv soln 70 mg</i>	5	
CRESEMBA CAP 186 MG	5	
CRESEMBA INJ 372MG	5	
ERAXIS INJ 50MG	4	
ERAXIS INJ 100MG	5	
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	2	
<i>fluconazole tab 200 mg</i>	2	
<i>flucytosine cap 250 mg</i>	5	
<i>flucytosine cap 500 mg</i>	5	
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg</i>	2	
<i>griseofulvin ultramicrosize tab 250 mg</i>	2	
<i>itraconazole cap 100 mg</i>	2	PA
<i>itraconazole oral soln 10 mg/ml</i>	5	
<i>ketoconazole tab 200 mg</i>	2	PA
<i>micafungin sodium for iv soln 50 mg</i>	5	
<i>micafungin sodium for iv soln 100 mg</i>	5	
<i>NOXAFL INJ 300/16.7</i>	5	
<i>NOXAFL SUS 40MG/ML</i>	5	QL (630 mL / 30 days)
<i>nystatin tab 500000 unit</i>	2	
<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>TOLSURA CAP 65MG</i>	5	PA
<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>	2	QL (480 tabs / 30 days), PA
<i>voriconazole tab 200 mg</i>	2	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	2	
<i>COARTEM TAB 20-120MG</i>	4	
<i>mefloquine hcl tab 250 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
<i>PRIMAQUINE TAB 26.3MG</i>	3	
<i>quinine sulfate cap 324 mg</i>	2	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	NM
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	NM
<i>APTIVUS CAP 250MG</i>	5	NM
<i>APTIVUS SOL</i>	5	NM
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	NM

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

Drug Name	Drug Tier	Requirements/Limits
atazanavir sulfate cap 200 mg (base equiv)	2	NM
atazanavir sulfate cap 300 mg (base equiv)	2	NM
CRIXIVAN CAP 200MG	4	NM
CRIXIVAN CAP 400MG	4	NM
EDURANT TAB 25MG	5	NM
efavirenz cap 50 mg	2	NM
efavirenz cap 200 mg	2	NM
efavirenz tab 600 mg	2	NM
emtricitabine caps 200 mg	2	NM
EMTRIVA SOL 10MG/ML	3	NM
etravirine tab 100 mg	5	NM
etravirine tab 200 mg	5	NM
fosamprenavir calcium tab 700 mg (base equiv)	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
lamivudine oral soln 10 mg/ml	2	NM
lamivudine tab 150 mg	2	NM
lamivudine tab 300 mg	2	NM
LEXIVA SUS 50MG/ML	4	NM
nevirapine susp 50 mg/5ml	2	NM
nevirapine tab 200 mg	2	NM
nevirapine tab er 24hr 100 mg	2	NM
nevirapine tab er 24hr 400 mg	2	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

Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir tab 100 mg</i>	2	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>	2	NM
<i>stavudine cap 20 mg</i>	2	NM
<i>stavudine cap 30 mg</i>	2	NM
<i>stavudine cap 40 mg</i>	2	NM
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	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
<i>zidovudine cap 100 mg</i>	2	NM
<i>zidovudine syrup 10 mg/ml</i>	2	NM
<i>zidovudine tab 300 mg</i>	2	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	NM
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	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
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NM

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

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
KALETRA TAB 100-25MG	4	NM
KALETRA TAB 200-50MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	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>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	4	
PRETOMANID TAB 200MG	4	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
SIRTURO TAB 20MG	5	LA, PA
SIRTURO TAB 100MG	5	LA, PA
TRECATOR TAB 250MG	4	

ANTIVIRALS

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	5	NM
<i>BARACLUDE SOL</i>	5	NM
<i>cidofovir iv inj 75 mg/ml</i>	5	
<i>entecavir tab 0.5 mg</i>	2	NM
<i>entecavir tab 1 mg</i>	2	NM
<i>EPCLUSA TAB 200-50MG</i>	5	NM, PA
<i>EPCLUSA TAB 400-100</i>	5	NM, PA
<i>EPIVIR HBV SOL 5MG/ML</i>	4	NM
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i>	5	B/D
<i>GANCICLOVIR INJ 500MG</i>	4	B/D
<i>ganciclovir sodium for inj 500 mg</i>	2	B/D
<i>HARVONI PAK</i>	5	NM, PA
<i>HARVONI PAK 45-200MG</i>	5	NM, PA
<i>HARVONI TAB 45-200MG</i>	5	NM, PA
<i>HARVONI TAB 90-400MG</i>	5	NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	2	NM
<i>MAVYRET TAB 100-40MG</i>	5	NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	QL (1080 mL / year)
<i>PEGASYS INJ</i>	5	NM, PA
<i>PEGASYS INJ 180MCG/M</i>	5	NM, PA
<i>PREVYMIS INJ 240/12</i>	5	
<i>PREVYMIS INJ 480/24</i>	5	
<i>PREVYMIS TAB 240MG</i>	5	QL (28 tabs / 28 days)
<i>PREVYMIS TAB 480MG</i>	5	QL (28 tabs / 28 days)
<i>RELENZA MIS DISKHALE</i>	3	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	2	NM
<i>ribavirin tab 200 mg</i>	2	NM
<i>rimantadine hydrochloride tab 100 mg</i>	2	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	2	
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		
AVYCAZ INJ 2-0.5GM	5	
<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
CEFACLOR ER TAB 500MG	4	
<i>cefaclor for susp 125 mg/5ml</i>	2	
<i>cefaclor for susp 250 mg/5ml</i>	2	
<i>cefaclor for susp 375 mg/5ml</i>	2	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	2	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium for inj 1 gm</i>	2	
<i>cefazolin sodium for inj 10 gm</i>	2	
<i>cefazolin sodium for inj 500 mg</i>	2	
<i>cefazolin sodium for iv soln 1 gm</i>	2	
CEFAZOLIN SOL	4	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for inj 2 gm</i>	2	
CEFEPIME INJ 1GM	4	
CEFEPIME INJ 2G/100ML	4	
CEFEPIME/DEX INJ 1GM	4	
CEFEPIME/DEX INJ 2GM	4	
<i>cefixime cap 400 mg</i>	2	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	
<i>cefotetan disodium for inj 1 gm</i>	2	
<i>cefotetan disodium for inj 2 gm</i>	2	
CEFOXITIN INJ 1GM	4	
CEFOXITIN INJ 2GM	4	
<i>cefoxitin sodium for iv soln 1 gm</i>	2	
<i>cefoxitin sodium for iv soln 2 gm</i>	2	
<i>cefoxitin sodium for iv soln 10 gm</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	2	

Drug Name	Drug Tier Requirements/Limits
cefpodoxime proxetil for susp 100 mg/5ml	2
cefpodoxime proxetil tab 100 mg	2
cefpodoxime proxetil tab 200 mg	2
cefprozil for susp 125 mg/5ml	2
cefprozil for susp 250 mg/5ml	2
cefprozil tab 250 mg	2
cefprozil tab 500 mg	2
ceftazidime for inj 1 gm	2
ceftazidime for inj 6 gm	2
ceftazidime for iv soln 2 gm	2
CEFTAZIDIME/ SOL D5W 1GM	4
CEFTAZIDIME/ SOL D5W 2GM	4
ceftriaxone sodium for inj 1 gm	2
ceftriaxone sodium for inj 2 gm	2
ceftriaxone sodium for inj 10 gm	2
ceftriaxone sodium for inj 250 mg	2
ceftriaxone sodium for inj 500 mg	2
ceftriaxone sodium for iv soln 1 gm	2
ceftriaxone sodium for iv soln 2 gm	2
cefuroxime axetil tab 250 mg	2
cefuroxime axetil tab 500 mg	2
cefuroxime sodium for inj 750 mg	2
cefuroxime sodium for iv soln 1.5 gm	2
cephalexin cap 250 mg	1
cephalexin cap 500 mg	1
cephalexin cap 750 mg	2
cephalexin for susp 125 mg/5ml	2
cephalexin for susp 250 mg/5ml	2
cephalexin tab 250 mg	2
cephalexin tab 500 mg	2
FETROJA INJ 1GM	5
SUPRAX CHW 100MG	4
SUPRAX CHW 200MG	4
SUPRAX SUS 500/5ML	4
tazicef inj 1gm	2
tazicef inj 2gm	2
TAZICEF INJ 6GM	2
TEFLARO INJ 400MG	5
TEFLARO INJ 600MG	5
ZERBAXA INJ 1.5GM	5

ERYTHROMYCINS/MACROLIDES

azithromycin for susp 100 mg/5ml	2
azithromycin for susp 200 mg/5ml	2
azithromycin iv for soln 500 mg	2
azithromycin powd pack for susp 1 gm	2

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

Drug Name	Drug Tier Requirements/Limits
azithromycin tab 250 mg	1
azithromycin tab 500 mg	1
azithromycin tab 600 mg	1
clarithromycin for susp 125 mg/5ml	2
clarithromycin for susp 250 mg/5ml	2
clarithromycin tab 250 mg	2
clarithromycin tab 500 mg	2
clarithromycin tab er 24hr 500 mg	2
DIFICID SUS	5
DIFICID TAB 200MG	5
e.e.s. 400 tab 400mg	2
ery-tab tab 250mg ec	2
ery-tab tab 333mg ec	2
ery-tab tab 500mg ec	2
ERYTHROCIN INJ 500MG	4
erythrocin tab 250mg	2
erythromycin ethylsuccinate for susp 200 mg/5ml	2
erythromycin ethylsuccinate for susp 400 mg/5ml	5
erythromycin ethylsuccinate tab 400 mg	2
erythromycin tab 250 mg	2
erythromycin tab 500 mg	2
erythromycin tab delayed release 250 mg	2
erythromycin tab delayed release 333 mg	2
erythromycin tab delayed release 500 mg	2
erythromycin w/ delayed release particles cap 250 mg	2

FLUOROQUINOLONES

BAXDELA INJ 300MG	5
BAXDELA TAB 450MG	5
CIPRO (10%) SUS 500MG/5	4
ciprofloxacin 200 mg/100ml in d5w	2
ciprofloxacin 400 mg/200ml in d5w	2
ciprofloxacin hcl tab 100 mg (base equiv)	2
ciprofloxacin hcl tab 250 mg (base equiv)	1
ciprofloxacin hcl tab 500 mg (base equiv)	1
ciprofloxacin hcl tab 750 mg (base equiv)	1
levofloxacin in d5w iv soln 250 mg/50ml	2
levofloxacin in d5w iv soln 500 mg/100ml	2
levofloxacin in d5w iv soln 750 mg/150ml	2
levofloxacin iv soln 25 mg/ml	2
levofloxacin oral soln 25 mg/ml	2
levofloxacin tab 250 mg	1
levofloxacin tab 500 mg	1

Drug Name	Drug Tier	Requirements/Limits
levofloxacin tab 750 mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	2	
moxifloxacin hcl tab 400 mg (base equiv)	2	
MOXIFLOXACIN INJ 400/250	4	

PENICILLINS

amoxicillin & k clavulanate chew tab 200-28.5 mg	2	
amoxicillin & k clavulanate chew tab 400-57 mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	2	
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	2	
amoxicillin (trihydrate) chew tab 250 mg	2	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	2	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	2	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	2	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	2	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	2	

Drug Name	Drug Tier Requirements/Limits
ampicillin cap 500 mg	1
ampicillin sodium for inj 1 gm	2
ampicillin sodium for inj 2 gm	2
ampicillin sodium for inj 125 mg	2
ampicillin sodium for inj 250 mg	2
ampicillin sodium for inj 500 mg	2
ampicillin sodium for iv soln 1 gm	2
ampicillin sodium for iv soln 2 gm	2
ampicillin sodium for iv soln 10 gm	2
BICILLIN C-R INJ 900/300	4
BICILLIN C-R INJ 1200000	4
BICILLIN L-A INJ 600000	4
BICILLIN L-A INJ 1200000	4
BICILLIN L-A INJ 2400000	4
dicloxacillin sodium cap 250 mg	2
dicloxacillin sodium cap 500 mg	2
NAFCILLIN INJ 1GM/50ML	4
NAFCILLIN INJ 2GM/100	4
nafcillin sodium for inj 1 gm	2
nafcillin sodium for inj 2 gm	2
nafcillin sodium for iv soln 1 gm	2
nafcillin sodium for iv soln 2 gm	2
nafcillin sodium for iv soln 10 gm	5
OXACILLIN INJ 1GM	4
OXACILLIN INJ 2GM	5
oxacillin sodium for inj 1 gm (base equivalent)	2
oxacillin sodium for inj 2 gm (base equivalent)	2
oxacillin sodium for iv soln 10 gm (base equivalent)	5
PEN G PROC INJ 600000	4
PEN GK/DEXTR INJ 20000/ML	4
PEN GK/DEXTR INJ 40000/ML	4
PEN GK/DEXTR INJ 60000/ML	4
penicillin g potassium for inj 5000000 unit	2
penicillin g potassium for inj 20000000 unit	2
penicillin g sodium for inj 5000000 unit	2
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	2
pfizerpen inj 20000000	2

Drug Name	Drug Tier	Requirements/Limits
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	2	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	2	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	2	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	2	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	2	
ZOSYN SOL 2-0.25GM	4	
ZOSYN SOL 3-0.375G	4	
ZOSYN SOL 4-0.50GM	4	

TETRACYCLINES

demeclacycline hcl tab 150 mg	2	
demeclacycline hcl tab 300 mg	2	
doxy 100 inj 100mg	2	
doxycycline hyclate cap 50 mg	2	
doxycycline hyclate cap 100 mg	2	
doxycycline hyclate for inj 100 mg	2	
doxycycline hyclate tab 20 mg	2	
doxycycline hyclate tab 100 mg	2	
doxycycline hyclate tab delayed release 50 mg	2	
doxycycline hyclate tab delayed release 75 mg	2	
doxycycline hyclate tab delayed release 100 mg	2	
doxycycline hyclate tab delayed release 150 mg	2	
doxycycline hyclate tab delayed release 200 mg	2	
doxycycline monohydrate cap 50 mg	2	
doxycycline monohydrate cap 75 mg	2	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate cap 150 mg	2	
doxycycline monohydrate for susp 25 mg/5ml	2	
doxycycline monohydrate tab 50 mg	2	
doxycycline monohydrate tab 75 mg	2	
doxycycline monohydrate tab 100 mg	2	
doxycycline monohydrate tab 150 mg	2	
minocycline hcl cap 50 mg	2	
minocycline hcl cap 75 mg	2	
minocycline hcl cap 100 mg	2	
minocycline hcl tab 50 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl tab 75 mg</i>	2	
<i>minocycline hcl tab 100 mg</i>	2	
<i>minocycline hcl tab er 24hr 45 mg</i>	2	PA
<i>minocycline hcl tab er 24hr 90 mg</i>	2	PA
<i>minocycline hcl tab er 24hr 135 mg</i>	2	PA
<i>monodoxine nl cap 75mg</i>	2	
<i>monodoxine nl cap 100mg</i>	2	
<i>tetracycline hcl cap 250 mg</i>	2	PA
<i>tetracycline hcl cap 500 mg</i>	2	PA
<i>tigecycline for iv soln 50 mg</i>	5	
TIGECYCLINE INJ 50MG	5	
VIBRAMYCIN SYP 50MG/5ML	4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA INJ 100/4ML	5	B/D, NM
<i>carboplatin iv soln 50 mg/5ml</i>	2	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	2	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	2	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	2	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	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
<i>cyclophosphamide cap 25 mg</i>	2	B/D
<i>cyclophosphamide cap 50 mg</i>	2	B/D
<i>cyclophosphamide for inj 1 gm</i>	5	B/D
<i>cyclophosphamide for inj 2 gm</i>	5	B/D
<i>cyclophosphamide for inj 500 mg</i>	5	B/D
LEUKERAN TAB 2MG	5	
<i>oxaliplatin for iv inj 50 mg</i>	5	B/D
<i>oxaliplatin for iv inj 100 mg</i>	5	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	2	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	2	B/D
<i>oxaliplatin iv soln 200 mg/40ml</i>	2	B/D
<i>paraplatin inj 1000mg</i>	2	B/D
TREANDA INJ 25MG	5	B/D, NM
TREANDA INJ 100MG	5	B/D, NM

ANTIBIOTICS

<i>adriamycin inj 20mg</i>	2	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	2	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	2	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	2	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>	2	B/D
<i>cytarabine inj pf 100 mg/ml</i>	2	B/D
<i>decitabine for inj 50 mg</i>	5	B/D, NM
<i>fludarabine phosphate for inj 50 mg</i>	2	B/D
<i>fludarabine phosphate inj 25 mg/ml</i>	5	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	2	B/D
<i>gemcitabine hcl for inj 1 gm</i>	2	B/D
<i>gemcitabine hcl for inj 2 gm</i>	2	B/D
<i>gemcitabine hcl for inj 200 mg</i>	2	B/D
<i>gemcitabine hcl inj 1 gm/10ml (100 mg/ml) (base equiv)</i>	2	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	2	B/D
<i>gemcitabine hcl inj 2 gm/20ml (100 mg/ml) (base equiv)</i>	2	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	2	B/D
<i>gemcitabine hcl inj 200 mg/2ml (100 mg/ml) (base equiv)</i>	2	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	2	B/D
<i>INFUGEM SOL 1200MG</i>	5	B/D
<i>INFUGEM SOL 1300MG</i>	5	B/D
<i>INFUGEM SOL 1400MG</i>	5	B/D
<i>INFUGEM SOL 1500MG</i>	5	B/D
<i>INFUGEM SOL 1600MG</i>	5	B/D
<i>INFUGEM SOL 1700MG</i>	5	B/D
<i>INFUGEM SOL 1800MG</i>	5	B/D
<i>INFUGEM SOL 1900MG</i>	5	B/D
<i>INFUGEM SOL 2000MG</i>	5	B/D
<i>INFUGEM SOL 2200MG</i>	5	B/D
<i>mercaptopurine tab 50 mg</i>	2	
<i>methotrexate sodium for inj 1 gm</i>	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	B/D
ONUREG TAB 200MG	5	NM, LA, PA
ONUREG TAB 300MG	5	NM, LA, PA
PURIXAN SUS 20MG/ML	5	NM
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	
ELIGARD INJ 7.5MG	4	B/D, NM
ELIGARD INJ 22.5MG	4	B/D, NM
ELIGARD INJ 30MG	4	B/D, NM
ELIGARD INJ 45MG	4	B/D, NM
EMCYT CAP 140MG	4	
ERLEADA TAB 60MG	5	NM, LA, PA
<i>exemestane tab 25 mg</i>	2	
FIRMAGON INJ 80MG	4	B/D, NM
FIRMAGON INJ 120MG	5	B/D, NM
<i>flutamide cap 125 mg</i>	2	
<i>fulvestrant inj 250 mg/5ml</i>	5	B/D
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	5	B/D
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	2	NM, PA
LUPRON DEPOT INJ 3.75MG	5	NM, PA
LUPRON DEPOT INJ 7.5MG	5	NM, PA
LUPRON DEPOT INJ 11.25MG	5	NM, PA
LUPRON DEPOT INJ 22.5MG	5	NM, PA
LUPRON DEPOT INJ 30MG	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

Drug Name	Drug Tier	Requirements/Limits
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
TRELSTAR MIX INJ 22.5MG	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	NM, LA, PA
REVLIMID CAP 5MG	5	NM, LA, PA
REVLIMID CAP 10MG	5	NM, LA, PA
REVLIMID CAP 15MG	5	NM, LA, PA
REVLIMID CAP 20MG	5	NM, LA, PA
REVLIMID CAP 25MG	5	NM, LA, PA
THALOMID CAP 50MG	5	NM, PA
THALOMID CAP 100MG	5	NM, PA
THALOMID CAP 150MG	5	NM, PA
THALOMID CAP 200MG	5	NM, PA
MISCELLANEOUS		
bexarotene cap 75 mg	5	NM, PA
hydroxyurea cap 500 mg	2	
INQOVI TAB 35-100MG	5	NM, LA, PA
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	2	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

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

Drug Name	Drug Tier	Requirements/Limits
LONSURF TAB 20-8.19	5	NM, PA
MATULANE CAP 50MG	5	NM, LA
NIPENT INJ 10MG	5	B/D
ONIVYDE INJ 4.3MG/ML	5	B/D, NM
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>	2	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
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
ETOPOPHOS INJ 100MG	4	B/D
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	2	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	2	B/D
HALAVEN INJ 1MG/2ML	5	B/D, NM
IXEMPRA KIT INJ 15MG	5	B/D, NM
IXEMPRA KIT INJ 45MG	5	B/D, NM
MARQIBO INJ 5MG/31ML	5	B/D, NM
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	2	B/D
<i>toposar inj 1gm/50ml</i>	2	B/D
<i>toposar inj 100/5ml</i>	2	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	2	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	B/D

MOLECULAR TARGET AGENTS

AFINITOR DIS TAB 2MG	5	QL (150 tabs / 30 days), NM, PA
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Drug Name	Drug Tier	Requirements/Limits
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
ALIQOPA INJ 60MG	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
ARZERRA CON 100/5ML	5	B/D, NM
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
BALVERSA TAB 5MG	5	NM, LA, PA
BELEODAQ INJ 500MG	5	NM, PA
BESPONSA INJ 0.9MG	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

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

Drug Name	Drug Tier	Requirements/Limits
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
ERBITUX INJ 100MG	5	B/D, NM
ERBITUX INJ 200MG	5	B/D, NM
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
everolimus tab 2.5 mg	5	QL (30 tabs / 30 days), NM, PA
everolimus tab 5 mg	5	QL (30 tabs / 30 days), NM, PA
everolimus tab 7.5 mg	5	QL (30 tabs / 30 days), NM, PA
everolimus tab 10 mg	5	QL (30 tabs / 30 days), NM, PA
everolimus tab for oral susp 2 mg	5	QL (150 tabs / 30 days), NM, PA
everolimus tab for oral susp 3 mg	5	QL (90 tabs / 30 days), NM, PA
everolimus tab for oral susp 5 mg	5	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAP 40MG	5	NM, LA, PA
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
HERCEPT 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

Drug Name	Drug Tier	Requirements/Limits
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
IMBRUWICA CAP 70MG	5	QL (56 caps / 28 days), NM, LA, PA
IMBRUWICA CAP 140MG	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUWICA TAB 140MG	5	QL (112 tabs / 28 days), NM, LA, PA
IMBRUWICA TAB 280MG	5	QL (56 tabs / 28 days), NM, LA, PA
IMBRUWICA TAB 420MG	5	QL (30 tabs / 30 days), NM, LA, PA
IMBRUWICA 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

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

Drug Name	Drug Tier	Requirements/Limits
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
LIBTAYO INJ 350/7ML	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
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

Drug Name	Drug Tier	Requirements/Limits
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
PERJETA INJ 420/14ML	5	NM, 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
POTELIGEO INJ 20MG/5ML	5	NM, LA, 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
SARCLISA SOL 100/5ML	5	NM, LA, PA
SARCLISA SOL 500/25ML	5	NM, LA, PA
SPRYCEL TAB 20MG	5	NM, PA
SPRYCEL TAB 50MG	5	NM, PA
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

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

Drug Name	Drug Tier	Requirements/Limits
sunitinib malate cap 37.5 mg (base equivalent)	5	QL (30 caps / 30 days), NM, PA
sunitinib malate cap 50 mg (base equivalent)	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
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	5	B/D, NM
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
TRODELVY SOL 180MG	5	NM, LA, 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
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
VECTIBIX INJ 100MG	5	B/D, NM
VECTIBIX INJ 400MG	5	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
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
YERVOY INJ 50MG	5	NM, PA
YERVOY INJ 200MG	5	NM, 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

ELITEK INJ 1.5MG	5	B/D
ELITEK INJ 7.5MG	5	B/D
KHAPZORY SOL 175MG	5	B/D, NM
KHAPZORY SOL 300MG	5	B/D, NM
<i>leucovorin calcium for inj 50 mg</i>	2	B/D
<i>leucovorin calcium for inj 100 mg</i>	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium for inj 200 mg	2	B/D
leucovorin calcium for inj 350 mg	2	B/D
leucovorin calcium for inj 500 mg	2	B/D
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	2	B/D
leucovorin calcium tab 5 mg	2	
leucovorin calcium tab 10 mg	2	
leucovorin calcium tab 15 mg	2	
leucovorin calcium tab 25 mg	2	
levoleucovorin calcium for iv inj 50 mg (base equiv)	5	B/D, NM
levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)	5	B/D, NM
levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)	2	B/D, NM
MESNEX TAB 400MG	5	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>TRANDO/VERAP TAB 2-180 ER</i>	1	
<i>TRANDO/VERAP TAB 2-240 ER</i>	1	
<i>TRANDO/VERAP TAB 4-240 ER</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 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 oral soln 1 mg/ml</i>	5	
<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>EPANED SOL 1MG/ML</i>	5	
<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>QBRELIS SOL 1MG/ML</i>	5	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<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>CAROSPIR SUS 25MG/5ML</i>	4	
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	

ALPHA BLOCKERS

<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
<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	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
<i>EDARBYCLOR TAB 40-12.5</i>	4	QL (30 tabs / 30 days)
<i>EDARBYCLOR TAB 40-25MG</i>	4	QL (30 tabs / 30 days)
<i>ENTRESTO TAB 24-26MG</i>	3	
<i>ENTRESTO TAB 49-51MG</i>	3	
<i>ENTRESTO TAB 97-103MG</i>	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
telmisartanamlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartanamlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartanamlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartanamlodipine tab 80-10 mg	1	QL (30 tabs / 30 days)
telmisartanhydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
telmisartanhydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)
telmisartanhydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
valsartanhydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartanhydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartanhydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartanhydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartanhydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartancilexetil tab 4 mg	1	QL (60 tabs / 30 days)
candesartancilexetil tab 8 mg	1	QL (60 tabs / 30 days)
candesartancilexetil tab 16 mg	1	QL (60 tabs / 30 days)
candesartancilexetil tab 32 mg	1	QL (30 tabs / 30 days)
EDARBI TAB 40MG	4	QL (30 tabs / 30 days)
EDARBI TAB 80MG	4	QL (30 tabs / 30 days)
irbesartantab 75 mg	1	QL (30 tabs / 30 days)
irbesartantab 150 mg	1	QL (30 tabs / 30 days)
irbesartantab 300 mg	1	QL (30 tabs / 30 days)
losartanpotassium tab 25 mg	1	
losartanpotassium tab 50 mg	1	
losartanpotassium tab 100 mg	1	
olmesartanmedoxomil tab 5 mg	1	QL (60 tabs / 30 days)
olmesartanmedoxomil tab 20 mg	1	QL (30 tabs / 30 days)
olmesartanmedoxomil tab 40 mg	1	QL (30 tabs / 30 days)
telmisartantab 20 mg	1	QL (30 tabs / 30 days)
telmisartantab 40 mg	1	QL (30 tabs / 30 days)
telmisartantab 80 mg	1	QL (30 tabs / 30 days)
valsartantab 40 mg	1	QL (60 tabs / 30 days)
valsartantab 80 mg	1	QL (60 tabs / 30 days)
valsartantab 160 mg	1	QL (60 tabs / 30 days)
valsartantab 320 mg	1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

amiodarone hcl inj 150 mg/3ml (50 mg/ml)	2
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Drug Name	Drug Tier	Requirements/Limits
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	2	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	2	
disopyramide phosphate cap 100 mg	4	
disopyramide phosphate cap 150 mg	4	
dofetilide cap 125 mcg (0.125 mg)	2	NM
dofetilide cap 250 mcg (0.25 mg)	2	NM
dofetilide cap 500 mcg (0.5 mg)	2	NM
flecainide acetate tab 50 mg	2	
flecainide acetate tab 100 mg	2	
flecainide acetate tab 150 mg	2	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	
NORPACE CAP 150MG CR	4	
pacerone tab 100mg	2	
pacerone tab 200mg	1	
pacerone tab 400mg	2	
propafenone hcl cap er 12hr 225 mg	2	
propafenone hcl cap er 12hr 325 mg	2	
propafenone hcl cap er 12hr 425 mg	2	
propafenone hcl tab 150 mg	2	
propafenone hcl tab 225 mg	2	
propafenone hcl tab 300 mg	2	
quinidine sulfate tab 200 mg	2	
quinidine sulfate tab 300 mg	2	
sorine tab 80mg	1	
sorine tab 120mg	1	
sorine tab 160mg	1	
sorine tab 240mg	1	
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	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
SOTYLIZE SOL 5MG/ML	4	
ANTI-LIPEMICS, FIBRATES		
ANTARA CAP 30MG	4	
ANTARA CAP 90MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	2	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	2	
<i>fenofibrate cap 50 mg</i>	2	
<i>fenofibrate cap 150 mg</i>	2	
<i>fenofibrate micronized cap 43 mg</i>	2	
<i>fenofibrate micronized cap 67 mg</i>	2	
<i>fenofibrate micronized cap 130 mg</i>	2	
<i>fenofibrate micronized cap 134 mg</i>	2	
<i>fenofibrate micronized cap 200 mg</i>	2	
<i>fenofibrate tab 48 mg</i>	2	
<i>fenofibrate tab 54 mg</i>	2	
<i>fenofibrate tab 145 mg</i>	2	
<i>fenofibrate tab 160 mg</i>	2	
<i>gemfibrozil tab 600 mg</i>	1	

ANTI-LIPEMICS, HMG-CoA REDUCTASE INHIBITORS

ALTOPREV TAB 20MG ER	5	QL (60 tabs / 30 days), ST
ALTOPREV TAB 40MG ER	5	QL (30 tabs / 30 days), ST
ALTOPREV TAB 60MG ER	5	QL (30 tabs / 30 days), ST
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
EZALLOR SPR CAP 5MG	4	QL (30 caps / 30 days), ST
EZALLOR SPR CAP 10MG	4	QL (30 caps / 30 days), ST
EZALLOR SPR CAP 20MG	4	QL (30 caps / 30 days), ST
EZALLOR SPR CAP 40MG	4	QL (30 caps / 30 days), ST
FLOLIPID SUS 20MG/5ML	4	QL (300 mL / 30 days), ST
FLOLIPID SUS 40MG/5ML	4	QL (300 mL / 30 days), ST
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	QL (60 caps / 30 days)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
LIVALO TAB 1MG	4	QL (30 tabs / 30 days), ST
LIVALO TAB 2MG	4	QL (30 tabs / 30 days), ST
LIVALO TAB 4MG	4	QL (30 tabs / 30 days), ST
<i>lovastatin tab 10 mg</i>	1	QL (60 tabs / 30 days)
<i>lovastatin tab 20 mg</i>	1	QL (60 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<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)
ZYPITAMAG TAB 2MG	4	QL (30 tabs / 30 days), ST
ZYPITAMAG TAB 4MG	4	QL (30 tabs / 30 days), ST

ANTILIPEMICS, MISCELLANEOUS

<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	2	
<i>cholestyramine powder 4 gm/dose</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
<i>ezetimibe tab 10 mg</i>	2	
<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)
JUXTAPIID CAP 5MG	5	NM, LA, PA
JUXTAPIID CAP 10MG	5	NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAP 20MG	5	NM, LA, PA
JUXTAPID CAP 30MG	5	NM, LA, PA
NEXLETOL TAB 180MG	4	QL (30 tabs / 30 days), PA
NEXLIZET TAB 180/10MG	4	QL (30 tabs / 30 days), PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	QL (60 tabs / 30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	PA
PRALUENT INJ 75MG/ML	3	NM, PA
PRALUENT INJ 150MG/ML	3	NM, PA
<i>prevalite pow 4gm</i>	2	
<i>prevalite pow 4gm pk</i>	2	
ROSZET TAB 5-10MG	4	QL (30 tabs / 30 days)
ROSZET TAB 10-10MG	4	QL (30 tabs / 30 days)
ROSZET TAB 20-10MG	4	QL (30 tabs / 30 days)
ROSZET TAB 40-10MG	4	QL (30 tabs / 30 days)
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1
DUTOPROL TAB 25-12.5	4
DUTOPROL TAB 50-12.5	4
DUTOPROL TAB 100-12.5	4
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2

BETA-BLOCKERS

<i>acebutolol hcl cap 200 mg</i>	2
<i>acebutolol hcl cap 400 mg</i>	2
<i>atenolol tab 25 mg</i>	1
<i>atenolol tab 50 mg</i>	1
<i>atenolol tab 100 mg</i>	1
<i>betaxolol hcl tab 10 mg</i>	2

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl tab 20 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>BYSTOLIC TAB 2.5MG</i>	4	
<i>BYSTOLIC TAB 5MG</i>	4	
<i>BYSTOLIC TAB 10MG</i>	4	
<i>BYSTOLIC TAB 20MG</i>	4	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days)
<i>carvedilol phosphate cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days)
<i>carvedilol phosphate cap er 24hr 40 mg</i>	2	QL (30 caps / 30 days)
<i>carvedilol phosphate cap er 24hr 80 mg</i>	2	QL (30 caps / 30 days)
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>KAPSPARGO CAP 25MG</i>	4	
<i>KAPSPARGO CAP 50MG</i>	4	
<i>KAPSPARGO CAP 100MG</i>	4	
<i>KAPSPARGO CAP 200MG</i>	4	
<i>labetalol hcl iv soln 5 mg/ml</i>	2	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	2	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl inj 1 mg/ml</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<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>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	

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>CARDIZEM LA TAB 120MG</i>	4	
<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>	2	
<i>dilt-xr cap 180mg</i>	2	
<i>dilt-xr cap 240mg</i>	2	
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<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	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl coated beads tab er 24hr 300 mg	2	
diltiazem hcl coated beads tab er 24hr 360 mg	2	
diltiazem hcl coated beads tab er 24hr 420 mg	2	
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)	2	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	2	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	2	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
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	2	
isradipine cap 5 mg	2	
matzim la tab 180mg/24	2	
matzim la tab 240mg/24	2	
matzim la tab 300mg/24	2	
matzim la tab 360mg/24	2	
matzim la tab 420mg/24	2	
nicardipine hcl cap 20 mg	2	
nicardipine hcl cap 30 mg	2	
NICARDIPINE SOL 20/200ML	4	
NICARDIPINE SOL 40/200ML	4	
nifedipine tab er 24hr 30 mg	2	
nifedipine tab er 24hr 60 mg	2	
nifedipine tab er 24hr 90 mg	2	
nifedipine tab er 24hr osmotic release 30 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
nifedipine tab er 24hr osmotic release 60 mg	2	
nifedipine tab er 24hr osmotic release 90 mg	2	
nimodipine cap 30 mg	2	
nisoldipine tab er 24hr 8.5 mg	2	
nisoldipine tab er 24hr 17 mg	2	
nisoldipine tab er 24hr 20 mg	2	
nisoldipine tab er 24hr 25.5 mg	2	
nisoldipine tab er 24hr 30 mg	2	
nisoldipine tab er 24hr 34 mg	2	
nisoldipine tab er 24hr 40 mg	2	
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	
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	2	
verapamil hcl cap er 24hr 120 mg	2	
verapamil hcl cap er 24hr 180 mg	2	
verapamil hcl cap er 24hr 200 mg	2	
verapamil hcl cap er 24hr 240 mg	2	
verapamil hcl cap er 24hr 300 mg	2	
verapamil hcl cap er 24hr 360 mg	2	
verapamil hcl iv soln 2.5 mg/ml	2	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	
DIURETICS		
acetazolamide cap er 12hr 500 mg	2	
acetazolamide tab 125 mg	2	
acetazolamide tab 250 mg	2	
ALDACTAZIDE TAB 50/50	4	
amiloride & hydrochlorothiazide tab 5-50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amiloride hcl tab 5 mg	1	
bumetanide inj 0.25 mg/ml	2	
bumetanide tab 0.5 mg	2	
bumetanide tab 1 mg	2	
bumetanide tab 2 mg	2	
chlorthalidone tab 25 mg	2	
chlorthalidone tab 50 mg	2	
DIURIL SUS 250/5ML	4	
ethacrynic acid tab 25 mg	2	
furosemide inj 10 mg/ml	2	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
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	1	
indapamide tab 2.5 mg	1	
KEVEYIS TAB 50MG	5	NM, PA
methazolamide tab 25 mg	2	
methazolamide tab 50 mg	2	
metolazone tab 2.5 mg	2	
metolazone tab 5 mg	2	
metolazone tab 10 mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
triamterene cap 50 mg	2	
triamterene cap 100 mg	2	
MISCELLANEOUS		
ADRENALIN INJ 1MG/ML	4	
aliskiren fumarate tab 150 mg (base equivalent)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
<i>BIDIL TAB</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>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	
<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>	2	
<i>digoxin oral soln 0.05 mg/ml</i>	2	
<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

Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa cap 300 mg</i>	5	QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl tab 1 mg</i>	3	PA; PA if 70 years and older
<i>guanfacine hcl tab 2 mg</i>	3	PA; PA if 70 years and older
<i>hydralazine hcl inj 20 mg/ml</i>	2	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>LANOXIN PED INJ 0.1MG/ML</i>	4	
<i>LANOXIN TAB 0.0625MG</i>	4	QL (90 tabs / 30 days)
<i>METHYLDOPA TAB 250MG</i>	2	PA; PA if 70 years and older
<i>METHYLDOPA TAB 500MG</i>	2	PA; PA if 70 years and older
<i>metyrosine cap 250 mg</i>	5	PA
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>NORTHERA CAP 100MG</i>	5	QL (90 caps / 30 days), NM, LA, PA
<i>NORTHERA CAP 200MG</i>	5	QL (180 caps / 30 days), NM, LA, PA
<i>NORTHERA CAP 300MG</i>	5	QL (180 caps / 30 days), NM, LA, PA
<i>phenoxybenzamine hcl cap 10 mg</i>	5	PA
<i>ranolazine tab er 12hr 500 mg</i>	2	
<i>ranolazine tab er 12hr 1000 mg</i>	2	
<i>TEKTURNA HCT TAB 150-12.5</i>	4	
<i>TEKTURNA HCT TAB 150-25MG</i>	4	
<i>TEKTURNA HCT TAB 300-12.5</i>	4	
<i>TEKTURNA HCT TAB 300-25MG</i>	4	
<i>VERQUVO TAB 2.5MG</i>	3	
<i>VERQUVO TAB 5MG</i>	3	
<i>VERQUVO TAB 10MG</i>	3	
<i>VYNDAMAX CAP 61MG</i>	5	QL (30 caps / 30 days), NM, LA, PA
<i>VYNDAQEL CAP 20MG</i>	5	QL (120 caps / 30 days), NM, LA, PA

NITRATES

<i>GONITRO POW 400MCG</i>	4
<i>isosorbide dinitrate tab 5 mg</i>	2

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

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide dinitrate tab 40 mg</i>	5	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
<i>NITRO-BID OIN 2%</i>	3	
<i>NITRO-DUR DIS 0.3MG/HR</i>	4	
<i>NITRO-DUR DIS 0.8MG/HR</i>	4	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	

PULMONARY ARTERIAL HYPERTENSION

<i>ADEMPAS TAB 0.5MG</i>	5	NM, LA, PA
<i>ADEMPAS TAB 1.5MG</i>	5	NM, LA, PA
<i>ADEMPAS TAB 1MG</i>	5	NM, LA, PA
<i>ADEMPAS TAB 2.5MG</i>	5	NM, LA, PA
<i>ADEMPAS TAB 2MG</i>	5	NM, LA, PA
<i>alyq tab 20mg</i>	5	NM, PA
<i>ambrisentan tab 5 mg</i>	5	NM, LA, PA
<i>ambrisentan tab 10 mg</i>	5	NM, LA, PA
<i>bosentan tab 62.5 mg</i>	5	NM, LA, PA
<i>bosentan tab 125 mg</i>	5	NM, LA, PA
<i>OPSUMIT TAB 10MG</i>	5	NM, LA, PA
<i>ORENITRAM TAB 0.25MG</i>	5	NM, LA, PA
<i>ORENITRAM TAB 0.125MG</i>	4	NM, LA, PA
<i>ORENITRAM TAB 1MG</i>	5	NM, LA, PA
<i>ORENITRAM TAB 2.5MG</i>	5	NM, LA, PA
<i>ORENITRAM TAB 5MG</i>	5	NM, LA, PA
<i>sildenafil citrate for suspension 10 mg/ml</i>	5	NM, PA
<i>sildenafil citrate tab 20 mg</i>	2	NM, PA
<i>tadalafil tab 20 mg (pah)</i>	5	NM, PA
<i>TRACLEER TAB 32MG</i>	5	NM, LA, 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

Drug Name	Drug Tier	Requirements/Limits
<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
TYVASO SOL 0.6MG/ML	5	NM, PA
UPTRAVI TAB 200/800	5	NM, LA, PA
UPTRAVI TAB 200MCG	5	NM, LA, PA
UPTRAVI TAB 400MCG	5	NM, LA, PA
UPTRAVI TAB 600MCG	5	NM, LA, PA
UPTRAVI TAB 800MCG	5	NM, LA, PA
UPTRAVI TAB 1000MCG	5	NM, LA, PA
UPTRAVI TAB 1200MCG	5	NM, LA, PA
UPTRAVI TAB 1400MCG	5	NM, LA, PA
UPTRAVI TAB 1600MCG	5	NM, LA, PA
VENTAVIS SOL 10MCG/ML	5	NM, PA
VENTAVIS SOL 20MCG/ML	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

ALPRAZOLAM CON 1 MG/ML	4	QL (300 mL / 30 days)
<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>	2	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	2	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	2	QL (90 caps / 30 days)
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	2	QL (60 caps / 30 days)
<i>fluvoxamine maleate tab 25 mg</i>	2	
<i>fluvoxamine maleate tab 50 mg</i>	2	
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam con 2mg/ml</i>	2	QL (150 mL / 30 days)
<i>lorazepam conc 2 mg/ml</i>	2	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

APTIOM TAB 200MG	5
APTIOM TAB 400MG	5
APTIOM TAB 600MG	5
APTIOM TAB 800MG	5

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

Drug Name	Drug Tier	Requirements/Limits
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	5	QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	5	QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	5	QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	5	QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	5	QL (60 tabs / 30 days), PA
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	
CELONTIN CAP 300MG	4	
<i>clobazam suspension 2.5 mg/ml</i>	2	QL (480 mL / 30 days), PA
<i>clobazam tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>clobazam tab 20 mg</i>	2	QL (60 tabs / 30 days), PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	2	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>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tab 7.5 mg</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>DIACOMIT CAP 250MG</i>	5	NM, LA, PA
<i>DIACOMIT CAP 500MG</i>	5	NM, LA, PA
<i>DIACOMIT PAK 250MG</i>	5	NM, LA, PA
<i>DIACOMIT PAK 500MG</i>	5	NM, LA, PA
<i>diazepam conc 5 mg/ml</i>	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	2	
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	2	
<i>diazepam rectal gel delivery system 10 mg</i>	2	
<i>diazepam rectal gel delivery system 20 mg</i>	2	
<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
<i>DILANTIN CAP 30MG</i>	4	
<i>DILANTIN CAP 100MG</i>	4	
<i>DILANTIN CHW 50MG</i>	4	
<i>DILANTIN-125 SUS 125/5ML</i>	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	
<i>EPIDIOLEX SOL 100MG/ML</i>	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol tab 200mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
<i>FINTEPLA SOL 2.2MG/ML</i>	5	QL (360 mL / 30 days), NM, LA, PA
<i>FYCOMPA SUS 0.5MG/ML</i>	5	PA
<i>FYCOMPA TAB 2MG</i>	4	PA
<i>FYCOMPA TAB 4MG</i>	5	PA
<i>FYCOMPA TAB 6MG</i>	5	PA
<i>FYCOMPA TAB 8MG</i>	5	PA
<i>FYCOMPA TAB 10MG</i>	5	PA
<i>FYCOMPA TAB 12MG</i>	5	PA
<i>gabapentin cap 100 mg</i>	1	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	1	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	1	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	2	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	2	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	2	QL (120 tabs / 30 days)
<i>LAMICTAL ODT KIT</i>	4	
<i>LAMICTAL XR KIT</i>	4	
<i>lamotrigine orally disintegrating tab 25 mg</i>	2	
<i>lamotrigine orally disintegrating tab 50 mg</i>	2	
<i>lamotrigine orally disintegrating tab 100 mg</i>	2	
<i>lamotrigine orally disintegrating tab 200 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	2	
<i>lamotrigine tab er 24hr 25 mg</i>	2	
<i>lamotrigine tab er 24hr 50 mg</i>	2	
<i>lamotrigine tab er 24hr 100 mg</i>	2	
<i>lamotrigine tab er 24hr 200 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab er 24hr 250 mg	2	
lamotrigine tab er 24hr 300 mg	2	
levetiracetam in sodium chloride iv soln 500 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	2	
levetiracetam inj 500 mg/5ml (100 mg/ml)	2	
levetiracetam oral soln 100 mg/ml	2	
levetiracetam tab 250 mg	2	
levetiracetam tab 500 mg	2	
levetiracetam tab 750 mg	2	
levetiracetam tab 1000 mg	2	
levetiracetam tab er 24hr 500 mg	2	
levetiracetam tab er 24hr 750 mg	2	
NAYZILAM SPR 5MG	4	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	2	
oxcarbazepine tab 150 mg	2	
oxcarbazepine tab 300 mg	2	
oxcarbazepine tab 600 mg	2	
OXTELLAR XR TAB 150MG	4	
OXTELLAR XR TAB 300MG	4	
OXTELLAR XR TAB 600MG	5	
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
phenobarbital tab 60 mg	3	PA; PA if 70 years and older
phenobarbital tab 64.8 mg	3	PA; PA if 70 years and older
phenobarbital tab 97.2 mg	3	PA; PA if 70 years and older

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tab 100 mg</i>	3	PA; PA if 70 years and older
<i>PHENYTEK CAP 200MG</i>	4	
<i>PHENYTEK CAP 300MG</i>	4	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin sodium inj 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg</i>	2	QL (120 caps / 30 days), PA
<i>pregabalin cap 50 mg</i>	2	QL (120 caps / 30 days), PA
<i>pregabalin cap 75 mg</i>	2	QL (120 caps / 30 days), PA
<i>pregabalin cap 100 mg</i>	2	QL (120 caps / 30 days), PA
<i>pregabalin cap 150 mg</i>	2	QL (120 caps / 30 days), PA
<i>pregabalin cap 200 mg</i>	2	QL (90 caps / 30 days), PA
<i>pregabalin cap 225 mg</i>	2	QL (60 caps / 30 days), PA
<i>pregabalin cap 300 mg</i>	2	QL (60 caps / 30 days), PA
<i>pregabalin soln 20 mg/ml</i>	2	QL (900 mL / 30 days), PA
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>roweepra tab 500mg</i>	2	
<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
<i>SPRITAM TAB 250MG</i>	4	
<i>SPRITAM TAB 500MG</i>	4	
<i>SPRITAM TAB 750MG</i>	4	
<i>SPRITAM TAB 1000MG</i>	4	
<i>subvenite kit start 35</i>	2	
<i>subvenite kit start 49</i>	2	
<i>subvenite kit start 98</i>	2	
<i>subvenite tab 25mg</i>	1	
<i>subvenite tab 100mg</i>	1	
<i>subvenite tab 150mg</i>	1	
<i>subvenite tab 200mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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>	2	
<i>tiagabine hcl tab 4 mg</i>	2	
<i>tiagabine hcl tab 12 mg</i>	2	
<i>tiagabine hcl tab 16 mg</i>	2	
<i>topiramate cap er 24hr sprinkle 25 mg</i>	2	
<i>topiramate cap er 24hr sprinkle 50 mg</i>	2	
<i>topiramate cap er 24hr sprinkle 100 mg</i>	2	
<i>topiramate cap er 24hr sprinkle 150 mg</i>	2	
<i>topiramate cap er 24hr sprinkle 200 mg</i>	5	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TROKENDI XR CAP 25MG	4	
TROKENDI XR CAP 50MG	4	
TROKENDI XR CAP 100MG	5	
TROKENDI XR CAP 200MG	5	
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
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>vigadronerow 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	5	
VIMPAT SOL 10MG/ML	5	
VIMPAT TAB 50MG	4	
VIMPAT TAB 100MG	5	
VIMPAT TAB 150MG	5	
VIMPAT TAB 200MG	5	
XCOPRI PAK 12.5-25	4	

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

Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 50-100MG	5	
XCOPRI PAK 50-200MG	5	
XCOPRI PAK 100-150	5	
XCOPRI PAK 150-200	5	
XCOPRI TAB 50MG	5	
XCOPRI TAB 100MG	5	
XCOPRI TAB 150MG	5	
XCOPRI TAB 200MG	5	
<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</i>	1	
<i>disintegrating tab 5 mg</i>		
<i>donepezil hydrochloride orally</i>	1	
<i>disintegrating tab 10 mg</i>		
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	
<i>galantamine hydrobromide tab 8 mg</i>	2	
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 21 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	2	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>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
rivastigmine tartrate cap 4.5 mg (base equivalent)	2	
rivastigmine tartrate cap 6 mg (base equivalent)	2	
rivastigmine td patch 24hr 4.6 mg/24hr	2	
rivastigmine td patch 24hr 9.5 mg/24hr	2	
rivastigmine td patch 24hr 13.3 mg/24hr	2	
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	2	
bupropion hcl tab 100 mg	2	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	2	
bupropion hcl tab er 24hr 300 mg	2	
bupropion hcl tab er 24hr 450 mg	2	QL (30 tabs / 30 days)
citalopram hydrobromide oral soln 10 mg/5ml	2	
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)	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	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	
<i>DRIZALMA CAP 20MG DR</i>	4	QL (60 caps / 30 days), PA
<i>DRIZALMA CAP 30MG DR</i>	4	QL (60 caps / 30 days), PA
<i>DRIZALMA CAP 40MG DR</i>	4	QL (60 caps / 30 days), PA
<i>DRIZALMA CAP 60MG DR</i>	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	2	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	2	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	2	QL (60 caps / 30 days)
<i>EMSAM DIS 6MG/24HR</i>	5	PA
<i>EMSAM DIS 9MG/24HR</i>	5	PA
<i>EMSAM DIS 12MG/24H</i>	5	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	
<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	
<i>FETZIMA CAP 20MG</i>	4	PA
<i>FETZIMA CAP 40MG</i>	4	PA
<i>FETZIMA CAP 80MG</i>	4	PA
<i>FETZIMA CAP 120MG</i>	4	PA
<i>FETZIMA CAP TITRATIO</i>	4	PA
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	2	(generic of SARAFEM)
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	2	(generic of SARAFEM)
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl cap delayed release 90 mg</i>	2	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>fluoxetine hcl tab 10 mg</i>	2	
<i>fluoxetine hcl tab 20 mg</i>	2	
<i>fluoxetine hcl tab 60 mg</i>	2	
<i>imipramine hcl tab 10 mg</i>	2	
<i>imipramine hcl tab 25 mg</i>	2	
<i>imipramine hcl tab 50 mg</i>	2	
<i>imipramine pamoate cap 75 mg</i>	4	
<i>imipramine pamoate cap 100 mg</i>	4	
<i>imipramine pamoate cap 125 mg</i>	4	
<i>imipramine pamoate cap 150 mg</i>	4	
MARPLAN TAB 10MG	4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	
<i>mirtazapine tab 7.5 mg</i>	2	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	2	
<i>nefazodone hcl tab 100 mg</i>	2	
<i>nefazodone hcl tab 150 mg</i>	2	
<i>nefazodone hcl tab 200 mg</i>	2	
<i>nefazodone hcl tab 250 mg</i>	2	
<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>	2	
<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	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	4	QL (60 tabs / 30 days)
<i>paroxetine hcl tab er 24hr 25 mg</i>	4	QL (60 tabs / 30 days)
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	4	QL (60 tabs / 30 days)
PAXIL SUS 10MG/5ML	4	
PEXEVA TAB 10MG	4	QL (60 tabs / 30 days)
PEXEVA TAB 20MG	4	QL (30 tabs / 30 days)
PEXEVA TAB 30MG	4	QL (60 tabs / 30 days)
PEXEVA TAB 40MG	4	QL (30 tabs / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<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>	2	
<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>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg</i>	4	
<i>trimipramine maleate cap 50 mg</i>	4	
<i>trimipramine maleate cap 100 mg</i>	4	
<i>TRINTELLIX TAB 5MG</i>	4	
<i>TRINTELLIX TAB 10MG</i>	4	
<i>TRINTELLIX TAB 20MG</i>	4	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	2	
<i>VIIBRYD KIT STARTER</i>	4	
<i>VIIBRYD TAB 10MG</i>	4	
<i>VIIBRYD TAB 20MG</i>	4	
<i>VIIBRYD TAB 40MG</i>	4	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	2	QL (120 caps / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	2	
<i>APOKYN INJ 10MG/ML</i>	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>CARB/LEVO TAB 10-100MG</i>	2	
<i>CARB/LEVO TAB 25-100MG</i>	2	
<i>CARB/LEVO TAB 25-250MG</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa tab 25 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>DUOPA SUS 4.63-20</i>	5	B/D, NM
<i>entacapone tab 200 mg</i>	2	
<i>GOCOVRI CAP 68.5MG</i>	5	QL (60 caps / 30 days), NM, LA, PA
<i>GOCOVRI CAP 137MG</i>	5	QL (60 caps / 30 days), NM, LA, PA
<i>INBRIJA CAP 42MG</i>	5	NM, LA, PA
<i>KYNMOBI MIS 10MG</i>	5	QL (150 films / 30 days), NM, PA
<i>KYNMOBI MIS 15MG</i>	5	QL (150 films / 30 days), NM, PA
<i>KYNMOBI MIS 20MG</i>	5	QL (150 films / 30 days), NM, PA
<i>KYNMOBI MIS 25MG</i>	5	QL (150 films / 30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
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	
NOURIANZ TAB 20MG	5	QL (30 tabs / 30 days), NM
NOURIANZ TAB 40MG	5	QL (30 tabs / 30 days), NM
ONGENTYS CAP 25MG	4	QL (30 caps / 30 days), PA
ONGENTYS CAP 50MG	4	QL (30 caps / 30 days), PA
OSMOLEX ER TAB	4	QL (60 tabs / 30 days), NM, PA
OSMOLEX ER TAB 129MG	4	QL (30 tabs / 30 days), NM, PA
OSMOLEX ER TAB 193MG	4	QL (30 tabs / 30 days), NM, PA
<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>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	2	
RYTARY CAP 95MG	4	
RYTARY CAP 145MG	4	
RYTARY CAP 195MG	4	
RYTARY CAP 245MG	4	
<i>selegiline hcl cap 5 mg</i>	2	
<i>selegiline hcl tab 5 mg</i>	2	
<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
XADAGO TAB 50MG	5	
XADAGO TAB 100MG	5	
ZELAPAR TAB 1.25MG	5	
ANTIPSYCHOTICS		
ABILIFY MAIN INJ 300MG	5	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	5	QL (1 injection / 28 days)
ABILIFY MYCI TAB 2MG	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 2MG MANT	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 2MG STRT	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 5MG	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 5MG MANT	5	QL (30 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCI TAB 5MG STRT	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 10MG	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 10MG MNT	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 10MG STR	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 15MG	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 15MG MNT	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 15MG STR	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 20MG	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 20MG MNT	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 20MG STR	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 30MG	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 30MG MNT	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 30MG STR	5	QL (30 tabs / 30 days), PA
<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>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	2	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>	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
asenapine maleate sl tab 5 mg (base equiv)	2	QL (60 tabs / 30 days)
asenapine maleate sl tab 10 mg (base equiv)	2	QL (60 tabs / 30 days)
CAPLYTA CAP 42MG	4	QL (30 caps / 30 days)
CHLORPROMAZI CON 30MG/ML	4	
CHLORPROMAZI CON 100MG/ML	4	
chlorpromazine hcl inj 25 mg/ml	2	
chlorpromazine hcl inj 50 mg/2ml	2	
chlorpromazine hcl tab 10 mg	2	
chlorpromazine hcl tab 25 mg	2	
chlorpromazine hcl tab 50 mg	2	
chlorpromazine hcl tab 100 mg	2	
chlorpromazine hcl tab 200 mg	2	
clozapine orally disintegrating tab 12.5 mg	2	PA
clozapine orally disintegrating tab 25 mg	2	PA
clozapine orally disintegrating tab 100 mg	2	QL (270 tabs / 30 days), PA
clozapine orally disintegrating tab 150 mg	5	QL (180 tabs / 30 days), PA
clozapine orally disintegrating tab 200 mg	5	QL (135 tabs / 30 days), PA
clozapine tab 25 mg	2	
clozapine tab 50 mg	2	
clozapine tab 100 mg	2	QL (270 tabs / 30 days)
clozapine tab 200 mg	2	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
fluphenazine decanoate inj 25 mg/ml	2	
fluphenazine hcl elixir 2.5 mg/5ml	2	
fluphenazine hcl inj 2.5 mg/ml	2	
fluphenazine hcl oral conc 5 mg/ml	2	
fluphenazine hcl tab 1 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	
<i>fluphenazine hcl tab 10 mg</i>	2	
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	
<i>haloperidol tab 5 mg</i>	2	
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
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)
<i>loxpipine succinate cap 5 mg</i>	2	
<i>loxpipine succinate cap 10 mg</i>	2	
<i>loxpipine succinate cap 25 mg</i>	2	
<i>loxpipine succinate cap 50 mg</i>	2	
<i>molindone hcl tab 5 mg</i>	2	
<i>molindone hcl tab 10 mg</i>	2	
<i>molindone hcl tab 25 mg</i>	2	
NUPLAZID CAP 34MG	5	QL (30 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID TAB 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine for im inj 10 mg</i>	2	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	2	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	2	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	2	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	2	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	
<i>perphenazine tab 8 mg</i>	2	
<i>perphenazine tab 16 mg</i>	2	
PERSERIS INJ 90MG	5	QL (1 injection / 30 days)
PERSERIS INJ 120MG	5	QL (1 injection / 30 days)
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	
<i>quetiapine fumarate tab 25 mg</i>	2	
<i>quetiapine fumarate tab 50 mg</i>	2	
<i>quetiapine fumarate tab 100 mg</i>	2	
<i>quetiapine fumarate tab 200 mg</i>	2	
<i>quetiapine fumarate tab 300 mg</i>	2	
<i>quetiapine fumarate tab 400 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	2	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	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)

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

Drug Name	Drug Tier	Requirements/Limits
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>	2	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	2	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
SECUADO DIS 3.8MG	4	QL (30 patches / 30 days)
SECUADO DIS 5.7MG	4	QL (30 patches / 30 days)
SECUADO DIS 7.6MG	4	QL (30 patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	2	
<i>thioridazine hcl tab 25 mg</i>	2	
<i>thioridazine hcl tab 50 mg</i>	2	
<i>thioridazine hcl tab 100 mg</i>	2	
<i>thiothixene cap 1 mg</i>	2	
<i>thiothixene cap 2 mg</i>	2	
<i>thiothixene cap 5 mg</i>	2	
<i>thiothixene cap 10 mg</i>	2	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	
VERSACLOZ SUS 50MG/ML	5	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	4	PA
VRAYLAR CAP 1.5MG	5	QL (60 caps / 30 days), PA
VRAYLAR CAP 3MG	5	QL (30 caps / 30 days), PA
VRAYLAR CAP 4.5MG	5	QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	5	QL (30 caps / 30 days), PA
<i>ziprasidone hcl cap 20 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	2	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

ADZENYS XR TAB 3.1MG	4	QL (60 tabs / 30 days), PA
ADZENYS XR TAB 6.3MG	4	QL (60 tabs / 30 days), PA
ADZENYS XR TAB 9.4MG	4	QL (60 tabs / 30 days), PA
ADZENYS XR TAB 12.5MG	4	QL (30 tabs / 30 days), PA
ADZENYS XR TAB 15.7 MG	4	QL (30 tabs / 30 days), PA
ADZENYS XR TAB 18.8MG	4	QL (30 tabs / 30 days), PA
<i>amphetamine extended release susp 1.25 mg/ml</i>	2	QL (450 mL / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cap er 24hr 25 mg	2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	2	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	2	QL (60 tabs / 30 days), PA
atomoxetine hcl cap 10 mg (base equiv)	2	QL (120 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	2	QL (120 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	2	QL (120 caps / 30 days)
atomoxetine hcl cap 40 mg (base equiv)	2	QL (60 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	2	QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	2	QL (30 caps / 30 days)
atomoxetine hcl cap 100 mg (base equiv)	2	QL (30 caps / 30 days)
AZSTARYS CAP 26.1-5.2	4	QL (30 caps / 30 days), PA
AZSTARYS CAP 39.2-7.8	4	QL (30 caps / 30 days), PA
AZSTARYS CAP 52.3-10.	4	QL (30 caps / 30 days), PA
COTEMPLA TAB 8.6MG	4	QL (60 tabs / 30 days), PA
COTEMPLA TAB 17.3MG	4	QL (60 tabs / 30 days), PA
COTEMPLA TAB 25.9MG	4	QL (60 tabs / 30 days), PA
DAYTRANA DIS 10MG/9HR	4	QL (30 patches / 30 days), PA
DAYTRANA DIS 15MG/9HR	4	QL (30 patches / 30 days), PA
DAYTRANA DIS 20MG/9HR	4	QL (30 patches / 30 days), PA
DAYTRANA DIS 30MG/9HR	4	QL (30 patches / 30 days), PA
dexmethylphenidate hcl cap er 24 hr 5 mg	2	QL (60 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethylphenidate hcl cap er 24 hr 10 mg</i>	2	QL (60 caps / 30 days), PA
<i>dexamethylphenidate hcl cap er 24 hr 15 mg</i>	2	QL (60 caps / 30 days), PA
<i>dexamethylphenidate hcl cap er 24 hr 20 mg</i>	2	QL (60 caps / 30 days), PA
<i>dexamethylphenidate hcl cap er 24 hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>dexamethylphenidate hcl cap er 24 hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>dexamethylphenidate hcl cap er 24 hr 35 mg</i>	2	QL (30 caps / 30 days), PA
<i>dexamethylphenidate hcl cap er 24 hr 40 mg</i>	2	QL (30 caps / 30 days), PA
<i>dexamethylphenidate hcl tab 2.5 mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexamethylphenidate hcl tab 5 mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexamethylphenidate hcl tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
DYANAVEL XR SUS 2.5MG/ML	4	QL (240 mL / 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
JORNAY PM CAP 20MG ER	4	QL (60 caps / 30 days), PA
JORNAY PM CAP 40MG ER	4	QL (60 caps / 30 days), PA
JORNAY PM CAP 60MG ER	4	QL (30 caps / 30 days), PA
JORNAY PM CAP 80MG ER	4	QL (30 caps / 30 days), PA
JORNAY PM CAP 100MG ER	4	QL (30 caps / 30 days), PA
<i>metadate tab 20mg er</i>	2	QL (90 tabs / 30 days), PA
METHYLPHENID TAB 72MG ER	4	QL (30 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 10 mg (cd)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 20 mg (cd)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	2	QL (30 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	2	QL (30 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	2	QL (30 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	2	QL (30 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	2	QL (30 caps / 30 days), PA
<i>methylphenidate hcl cap er 30 mg (cd)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 40 mg (cd)</i>	2	QL (30 caps / 30 days), PA
<i>methylphenidate hcl cap er 50 mg (cd)</i>	2	QL (30 caps / 30 days), PA
<i>methylphenidate hcl cap er 60 mg (cd)</i>	2	QL (30 caps / 30 days), PA
<i>methylphenidate hcl chew tab 2.5 mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 5 mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 10 mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl tab 5 mg</i>	2	QL (180 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab 10 mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 10 mg</i>	2	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 24hr 18 mg</i>	2	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl tab er 24hr 27 mg</i>	2	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl tab er 24hr 36 mg</i>	2	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl tab er 24hr 54 mg</i>	2	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	2	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	2	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	2	QL (30 tabs / 30 days), PA
MYDAYIS CAP 12.5MG	4	QL (30 caps / 30 days), PA
MYDAYIS CAP 25MG	4	QL (30 caps / 30 days), PA
MYDAYIS CAP 37.5MG	4	QL (30 caps / 30 days), PA
MYDAYIS CAP 50MG	4	QL (30 caps / 30 days), PA
QUELBREE CAP 100MG ER	4	QL (120 caps / 30 days), PA
QUELBREE CAP 150MG ER	4	QL (60 caps / 30 days), PA
QUELBREE CAP 200MG ER	4	QL (60 caps / 30 days), PA
QUILLICHEW CHW 20MG ER	4	QL (60 tabs / 30 days), PA
QUILLICHEW CHW 30MG ER	4	QL (60 tabs / 30 days), PA
QUILLICHEW CHW 40MG ER	4	QL (30 tabs / 30 days), PA
QUILLIVANT SUS 25MG/5ML	4	QL (360 mL / 30 days), PA
RELEXXII TAB 72MG	4	QL (30 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 10MG	4	QL (60 caps / 30 days), PA
VYVANSE CAP 20MG	4	QL (60 caps / 30 days), PA
VYVANSE CAP 30MG	4	QL (60 caps / 30 days), PA
VYVANSE CAP 40MG	4	QL (30 caps / 30 days), PA
VYVANSE CAP 50MG	4	QL (30 caps / 30 days), PA
VYVANSE CAP 60MG	4	QL (30 caps / 30 days), PA
VYVANSE CAP 70MG	4	QL (30 caps / 30 days), PA
VYVANSE CHW 10MG	4	QL (60 tabs / 30 days), PA
VYVANSE CHW 20MG	4	QL (60 tabs / 30 days), PA
VYVANSE CHW 30MG	4	QL (60 tabs / 30 days), PA
VYVANSE CHW 40MG	4	QL (30 tabs / 30 days), PA
VYVANSE CHW 50MG	4	QL (30 tabs / 30 days), PA
VYVANSE CHW 60MG	4	QL (30 tabs / 30 days), PA

HYPNOTICS

BELSOMRA TAB 5MG	4	QL (30 tabs / 30 days)
BELSOMRA TAB 10MG	4	QL (30 tabs / 30 days)
BELSOMRA TAB 15MG	4	QL (30 tabs / 30 days)
BELSOMRA TAB 20MG	4	QL (30 tabs / 30 days)
DAYVIGO TAB 5MG	4	QL (30 tabs / 30 days)
DAYVIGO TAB 10MG	4	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
HETLIOZ CAP 20MG	5	NM, LA, PA
<i>temazepam cap 7.5 mg</i>	2	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>	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam cap 30 mg</i>	2	QL (30 caps / 30 days), PA; PA if 65 years and older
<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
<i>AIMOVIG INJ 140MG/ML</i>	3	QL (1 pen / 30 days), NM, PA
<i>almotriptan malate tab 6.25 mg</i>	2	QL (12 tabs / 30 days)
<i>almotriptan malate tab 12.5 mg</i>	2	QL (12 tabs / 30 days)
<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>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (12 tabs / 30 days)
<i>ONZETRA XSAI MIS 11MG</i>	5	QL (16 nosepieces / 30 days), ST
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	2	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	2	QL (12 inhalers / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	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)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	2	QL (9 tabs / 30 days)
TOSYMRA SOL 10MG	4	QL (18 nasal units / 30 days), ST
UBRELVY TAB 50MG	5	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	5	QL (16 tabs / 30 days), PA
ZEMBRACE SYM INJ 3/0.5ML	5	QL (24 pens / 30 days), ST
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	2	QL (12 inhalers / 30 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	2	QL (12 inhalers / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	2	QL (12 tabs / 30 days)
ZOMIG SPR 2.5MG	4	QL (12 inhalers / 30 days), ST
ZOMIG SPR 5MG	4	QL (12 inhalers / 30 days), ST

MISCELLANEOUS

AUSTEDO TAB 6MG	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TAB 9MG	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO TAB 12MG	5	QL (120 tabs / 30 days), NM, PA
EQUETRO CAP 100MG	4	
EQUETRO CAP 200MG	4	
EQUETRO CAP 300MG	4	

Drug Name	Drug Tier	Requirements/Limits
EXSERVAN MIS 50MG	5	QL (60 films / 30 days), NM, PA
GRALISE TAB 300MG	4	QL (180 tabs / 30 days), PA
GRALISE TAB 600MG	4	QL (90 tabs / 30 days), PA
HORIZANT TAB 300MG ER	4	PA
HORIZANT TAB 600MG ER	4	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>	1	
<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>paroxetine mesylate cap 7.5 mg (base equiv)</i>	4	QL (30 caps / 30 days)
<i>pregabalin tab er 24hr 82.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>pregabalin tab er 24hr 165 mg</i>	2	QL (60 tabs / 30 days), PA
<i>pregabalin tab er 24hr 330 mg</i>	2	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	5	
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	2	
<i>riluzole tab 50 mg</i>	2	
SAVELLA MIS TITR PAK	4	PA
SAVELLA TAB 12.5MG	4	QL (60 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TAB 25MG	4	QL (60 tabs / 30 days), PA
SAVELLA TAB 50MG	4	QL (60 tabs / 30 days), PA
SAVELLA TAB 100MG	4	QL (60 tabs / 30 days), PA
<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
TIGLUTIK SUS 50/10ML	5	QL (600 mL / 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>	2	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
<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 5 mg</i>	2	
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
BOTOX INJ 100UNIT	5	PA
BOTOX INJ 200UNIT	5	PA
<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>	2	
<i>dantrolene sodium cap 50 mg</i>	2	
<i>dantrolene sodium cap 100 mg</i>	2	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	2	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	
XEOMIN INJ 50 UNIT	4	NM, PA
XEOMIN INJ 100UNIT	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
XEOMIN INJ 200UNIT	5	NM, PA
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	2	QL (90 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	2	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	2	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	2	QL (30 tabs / 30 days), PA
<i>modafinil tab 100 mg</i>	2	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	2	QL (60 tabs / 30 days), PA
SUNOSI TAB 75MG	4	QL (30 tabs / 30 days), PA
SUNOSI TAB 150MG	4	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	2	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2- 0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
CHANTIX PAK 0.5& 1MG	4	
CHANTIX PAK 1MG	4	
CHANTIX TAB 0.5MG	4	
CHANTIX TAB 1MG	4	
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
KLOXXADO LIQ	3	
LUCEMYRA TAB 0.18MG	5	QL (228 tabs / 14 days), PA
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	2	
NARCAN SPR	3	
NICOTROL INH	4	
NICOTROL NS SPR 10MG/ML	4	
VARENICLINE TAB 0.5MG	2	
VARENICLINE TAB 1MG	2	
VIVITROL INJ 380MG	5	NM
ZUBSOLV SUB 0.7-0.18	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 1.4-0.36	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 2.9-0.71	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 5.7-1.4	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 8.6-2.1	4	QL (60 tabs / 30 days)
ZUBSOLV SUB 11.4-2.9	4	QL (30 tabs / 30 days)

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
NATESTO GEL 5.5MG	4	QL (21.96 gm / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	2	QL (120 tabs / 30 days), PA
<i>oxandrolone tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone td gel 10mg/act (2%)</i>	2	QL (120 gm / 30 days), PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	QL (300 gm / 30 days), PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	2	QL (150 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	2	QL (150 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	QL (300 gm / 30 days), PA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	2	QL (150 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	QL (300 gm / 30 days), PA
<i>testosterone td soln 30 mg/act</i>	2	QL (180 mL / 30 days), PA

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	2	
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	1	QL (60 tabs / 30 days)
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	1	QL (60 tabs / 30 days)
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	1	QL (60 tabs / 30 days)
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	1	QL (30 tabs / 30 days)
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	1	QL (30 tabs / 30 days)
<i>alogliptin-pioglitazone tab 25-15 mg</i>	1	QL (30 tabs / 30 days)
<i>alogliptin-pioglitazone tab 25-30 mg</i>	1	QL (30 tabs / 30 days)
<i>alogliptin-pioglitazone tab 25-45 mg</i>	1	QL (30 tabs / 30 days)
<i>BYDUREON BC INJ 2/0.85ML</i>	3	QL (4 pens / 28 days)
<i>BYDUREON PEN INJ 2MG</i>	3	QL (4 pens / 28 days)
<i>BYETTA INJ 5MCG</i>	4	QL (1 pen / 30 days)
<i>BYETTA INJ 10MCG</i>	4	QL (1 pen / 30 days)
<i>FARXIGA TAB 5MG</i>	3	QL (30 tabs / 30 days)
<i>FARXIGA TAB 10MG</i>	3	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	1	QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	1	QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide xl tab 2.5mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide xl tab 10mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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)
INVOKAMET TAB 50-500MG	4	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	4	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	4	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	4	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	4	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	4	QL (60 tabs / 30 days)
INVOKANA TAB 300MG	4	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)
JENTADUETO TAB XR	3	QL (30 tabs / 30 days); 5-1000mg
JENTADUETO TAB XR	3	QL (60 tabs / 30 days); 2.5-1000mg
KOMBIGLYZ XR TAB 2.5-1000	4	QL (60 tabs / 30 days)
KOMBIGLYZ XR TAB 5-500MG	4	QL (30 tabs / 30 days)
KOMBIGLYZ XR TAB 5-1000MG	4	QL (30 tabs / 30 days)
metformin hcl oral soln 500 mg/5ml	2	QL (780 mL / 30 days)
metformin hcl tab 500 mg	1	QL (150 tabs / 30 days)
metformin hcl tab 850 mg	1	QL (90 tabs / 30 days)
metformin hcl tab 1000 mg	1	QL (75 tabs / 30 days)
metformin hcl tab er 24hr 500 mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl tab er 24hr 750 mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
miglitol tab 25 mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>miglitol tab 50 mg</i>	2	
<i>miglitol tab 100 mg</i>	2	
<i>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
ONGLYZA TAB 2.5MG	4	QL (30 tabs / 30 days)
ONGLYZA TAB 5MG	4	QL (30 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>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
QTERN TAB 5-5MG	4	QL (30 tabs / 30 days)
QTERN TAB 10-5MG	4	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)
SEGLUROMET TAB 2.5-500	4	QL (120 tabs / 30 days)
SEGLUROMET TAB 2.5-1000	4	QL (60 tabs / 30 days)
SEGLUROMET TAB 7.5-500	4	QL (60 tabs / 30 days)
SEGLUROMET TAB 7.5-1000	4	QL (60 tabs / 30 days)
STEGLATRO TAB 5MG	4	QL (90 tabs / 30 days)
STEGLATRO TAB 15MG	4	QL (30 tabs / 30 days)
STEGLUJAN TAB 5-100MG	4	QL (30 tabs / 30 days)
STEGLUJAN TAB 15-100MG	4	QL (30 tabs / 30 days)
SYMLINPEN 60 INJ 1000MCG	5	PA
SYMLNPEN 120 INJ 1000MCG	5	PA
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)

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

Drug Name	Drug Tier	Requirements/Limits
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)
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)
<i>ANTIDIABETICS, INSULINS</i>		
ADMELOG INJ 100U/ML	4	
ADMELOG SOLO INJ 100U/ML	4	
AFREZZA POW 4-8 UNIT	5	
AFREZZA POW 4-8-12	5	
AFREZZA POW 4UNIT	4	
AFREZZA POW 8 UNIT	4	
AFREZZA POW 8-12UNIT	5	
AFREZZA POW 12 UNIT	5	
APIDRA INJ SOLOSTAR	4	
APIDRA INJ U-100	4	
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 2X2	3	
HUMALOG INJ 100/ML	4	
HUMALOG JR INJ 100/ML	4	
HUMALOG KWIK INJ 100/ML	4	
HUMALOG KWIK INJ 200/ML	4	
HUMALOG MIX INJ 50/50	4	
HUMALOG MIX INJ 50/50KWP	4	
HUMALOG MIX INJ 75/25KWP	4	
HUMALOG MIX SUS 75/25	4	
HUMULIN INJ 70/30	4	
HUMULIN INJ 70/30KWP	4	
HUMULIN N INJ U-100	4	
HUMULIN N INJ U-100KWP	4	
HUMULIN R INJ U-100	4	
HUMULIN R INJ U-500	5	Kwikpen
HUMULIN R INJ U-500	5	B/D
INS ASP PROT INJ FLEXPEN	4	

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPA INJ 70/30	4	
INSULIN ASPA INJ 100/ML	4	
INSULIN ASPA INJ FLEXPEN	4	
INSULIN ASPA INJ PENFILL	4	
INSULIN LISP INJ 100/ML	4	
INSULIN LISP INJ JUNIOR	4	
INSULIN LISP INJ PROTAMIN	4	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTOUCH	3	
LYUMJEV INJ 100UT/ML	4	
LYUMJEV KWPN INJ 100UT/ML	4	
LYUMJEV KWPN INJ 200UT/ML	4	
NOVOLIN70/30 INJ RELION	4	
NOVOLIN INJ 70/30	3	
NOVOLIN INJ 70/30 FP	3	
NOVOLIN INJ 70/30 FP	4	
NOVOLIN N INJ 100 UNIT	3	
NOVOLIN N INJ 100 UNIT	4	
NOVOLIN N INJ RELION	4	
NOVOLIN N INJ U-100	3	
NOVOLIN R INJ 100 UNIT	3	
NOVOLIN R INJ 100 UNIT	4	
NOVOLIN R INJ RELION	4	
NOVOLIN R INJ U-100	3	
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ FLEXPEN	4	
NOVOLOG INJ PENFILL	3	
NOVOLOG INJ RELION	4	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEX REL	4	
NOVOLOG MIX INJ FLEXPEN	3	
NOVOLOG RELI INJ 70/30	4	
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	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	

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

Drug Name	Drug Tier	Requirements/Limits
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>	2	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
BINOSTO TAB 70MG	4	ST
<i>calcitonin (salmon) inj 200 unit/ml</i>	5	B/D
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	B/D
EVENITY INJ 105MG	5	NM, PA
FORTEO INJ 620/2.48	5	NM, PA
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	2	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	B/D
MIACALCIN INJ 200/ML	5	B/D
NATPARA INJ 25MCG	5	NM, PA
NATPARA INJ 50MCG	5	NM, PA
NATPARA INJ 75MCG	5	NM, PA
NATPARA INJ 100MCG	5	NM, PA
<i>pamidronate disodium for inj 30 mg</i>	2	B/D
<i>pamidronate disodium for inj 90 mg</i>	2	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	2	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	2	B/D
PAMIDRONATE INJ 6MG/ML	3	B/D
PROLIA SOL 60MG/ML	4	QL (1 injection / 180 days), NM
<i>risedronate sodium tab 5 mg</i>	2	
<i>risedronate sodium tab 30 mg</i>	2	
<i>risedronate sodium tab 35 mg</i>	2	
<i>risedronate sodium tab 150 mg</i>	2	
<i>risedronate sodium tab delayed release 35 mg</i>	2	
TYMLOS INJ	5	NM, PA
XGEVA INJ	5	NM, PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	2	B/D, NM
<i>zoledronic acid iv soln 4 mg/100ml</i>	2	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	2	B/D, NM
ZOLEDRONIC INJ 4MG/100	4	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
CHELATING AGENTS		
CHEMET CAP 100MG	4	
deferasirox granules packet 90 mg	5	NM, PA
deferasirox granules packet 180 mg	5	NM, PA
deferasirox granules packet 360 mg	5	NM, PA
deferasirox tab 90 mg	5	NM, PA
deferasirox tab 180 mg	5	NM, PA
deferasirox tab 360 mg	5	NM, PA
deferasirox tab for oral susp 125 mg	5	NM, PA
deferasirox tab for oral susp 250 mg	5	NM, PA
deferasirox tab for oral susp 500 mg	5	NM, PA
deferiprone tab 500 mg	5	NM, LA, PA
FERPRX 2-DAY TAB 1000MG	5	NM, LA, PA
FERRIPROX SOL 100MG/ML	5	NM, LA, PA
FERRIPROX TAB 1000MG	5	NM, LA, PA
LOKELMA PAK 5GM	3	
LOKELMA PAK 10GM	3	
penicillamine tab 250 mg	5	NM
sodium polystyrene sulfonate powder	2	
sps sus 15gm/60	2	
trientine hcl cap 250 mg	5	NM, PA
VELTASSA POW 8.4GM	4	PA
VELTASSA POW 16.8GM	4	PA
VELTASSA POW 25.2GM	4	PA
CONTRACEPTIVES		
afirmelle tab 0.1-0.02	2	
altavera tab	2	
alyacen tab 1/35	2	
alyacen tab 7/7/7	2	
amethia tab	2	
amethyst tab 90-20mcg	2	
ANNOVERA MIS	4	
apri tab	2	
aranelle tab	2	
ashlyna tab	2	
aubra eq tab 0.1-0.02	2	
aurovela 24 tab fe 1/20	2	
aurovela fe tab 1.5/30	2	
aurovela fe tab 1/20	2	
aurovela tab 1/20	2	
aviane tab	2	
ayuna tab	2	
azurette tab 28 day	2	
BALCOLTRA TAB 0.1-20	4	
balziva tab	2	

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

Drug Name	Drug Tier	Requirements/Limits
bekyree tab	2	
blisovi 24 tab fe 1/20	2	
blisovi fe tab 1.5/30	2	
briellyn tab	2	
camila tab 0.35mg	2	
camrese lo tab	2	
camrese tab	2	
caziant pak	2	
chateal tab 0.15/30	2	
cryselle-28 tab 28 tabs	2	
cyclafem tab 1/35	2	
cyclafem tab 7/7/7	2	
cyred eq tab	2	
dasetta tab 1/35	2	
dasetta tab 7/7/7	2	
daysee tab	2	
deblitane tab 0.35mg	2	
DEPO-SQ PROV INJ 104	4	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
dolishale tab 90-20mcg	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	
elonest tab	2	
ELLA TAB 30MG	3	
eluryng mis	2	
emoquette tab	2	
enpresse-28 tab	2	
enskyce tab	2	
errin tab 0.35mg	2	
estarrylla tab 0.25-35	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	2	
falmina tab	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fayosim tab</i>	2	
<i>femynor tab 0.25-35</i>	2	
<i>gemmafamily cap 1/20</i>	2	
<i>gianvi tab 3-0.02mg</i>	2	
<i>hailey 24 tab fe</i>	2	
<i>hailey tab 1.5/30</i>	2	
<i>heather tab 0.35mg</i>	2	
<i>iclevia tab</i>	2	
<i>incassia tab 0.35mg</i>	2	
<i>introvale tab</i>	2	
<i>isibloom tab</i>	2	
<i>jasmiel tab 3-0.02mg</i>	2	
<i>jolessa tab</i>	2	
<i>juleber tab</i>	2	
<i>junel 1.5/30 tab</i>	2	
<i>junel 1/20 tab</i>	2	
<i>junel fe 24 tab 1/20</i>	2	
<i>junel fe tab 1.5/30</i>	2	
<i>junel fe tab 1/20</i>	2	
<i>kaitlib fe chw</i>	2	
<i>kariva tab 28 day</i>	2	
<i>kelnor 1/50 tab</i>	2	
<i>kelnor tab 1/35</i>	2	
<i>kurvelo tab 0.15/30</i>	2	
<i>larin 24 tab fe 1/20</i>	2	
<i>larin fe tab 1.5/30</i>	2	
<i>larin fe tab 1/20</i>	2	
<i>larin tab 1.5/30</i>	2	
<i>larin tab 1/20</i>	2	
<i>larissia tab</i>	2	
<i>layolis fe chw</i>	2	
<i>leena tab</i>	2	
<i>lessina tab</i>	2	
<i>levonest tab</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03</i>	2	
<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>	2	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethynodiol dihydrogenpace (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethynodiol dihydrogenpace (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethynodiol dihydrogenpace (91-day) tab 0.15-0.03 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levora-28 tab 0.15/30</i>	2	
<i>lillow tab 0.15/30</i>	2	
<i>LO LOESTRIN TAB 1-10-10</i>	4	
<i>loestrin 21 tab 1.5/30</i>	2	
<i>loestrin fe tab 1.5/30</i>	2	
<i>loestrin fe tab 1/20</i>	2	
<i>loestrin tab 1/20-21</i>	2	
<i>loryna tab 3-0.02mg</i>	2	
<i>low-ogestrel tab</i>	2	
<i>lutera tab</i>	2	
<i>lyleq 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>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	2	
<i>melodetta chw 24 fe</i>	2	
<i>mibelas 24 chw fe</i>	2	
<i>microgestin tab 1.5/30</i>	2	
<i>microgestin tab 1/20</i>	2	
<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>NATAZIA TAB</i>	4	
<i>necon tab 0.5/35</i>	2	
<i>NEXTSTELLIS TAB 3-14.2MG</i>	4	PA
<i>nikki tab 3-0.02mg</i>	2	
<i>nora-be tab 0.35mg</i>	2	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	2	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	2	
norethindrone tab 0.35 mg	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg	2	
norlyroc tab 0.35mg	2	
nortrel tab 0.5/35	2	
nortrel tab 7/7/7	2	
nylia tab 7/7/7	2	
nymyo tab 0.25-35	2	
ocella tab 3-0.03mg	2	
orsythia tab	2	
philith tab 0.4-35	2	
pimtreya tab	2	
pirmella tab 1/35	2	
portia-28 tab	2	
previfem tab	2	
reclipsen tab	2	
rivelsa tab	2	
setlakin tab	2	
sharobel tab 0.35mg	2	
simliya tab 28 day	2	
simpesse tab	2	
SLYND TAB 4MG	4	
sprintec 28 tab 28 day	2	
sronyx tab	2	
syeda tab 3-0.03mg	2	
tarina 24 fe tab	2	
tarina fe tab 1/20 eq	2	
tilia fe tab	2	
tri-estaryll tab	2	
tri-legest tab fe	2	
tri-linyah tab	2	
tri-lo tab estaryll	2	
tri-lo- tab marzia	2	
tri-lo- tab sprintec	2	
tri-lo-mili tab	2	
tri-mili tab	2	
tri-nymyo tab	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-previfem tab</i>	2	
<i>tri-sprintec tab</i>	2	
<i>tri-vylibra tab</i>	2	
<i>tri-vylibra tab lo</i>	2	
<i>trivora-28 tab</i>	2	
<i>tulana tab 0.35mg</i>	2	
TYBLUME CHW 0.1-0.02	4	
<i>tydemy tab</i>	2	
<i>velivet pak</i>	2	
<i>vestura tab 3-0.02mg</i>	2	
<i>vienna tab 0.1-20</i>	2	
<i>viovere tab</i>	2	
<i>vyfemla tab 0.4-35</i>	2	
<i>vylibra tab 0.25-35</i>	2	
<i>wera tab 0.5/35</i>	2	
<i>wymzya fe chw 0.4mg-35</i>	2	
<i>xulane dis 150-35</i>	2	
<i>zafemy dis 150/35</i>	2	
<i>zarah tab 3-0.03mg</i>	2	
<i>zovia 1/35e tab</i>	2	
<i>zumandimine tab 3-0.03mg</i>	2	

ENDOMETRIOSIS

<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
LUPANETA KIT 3.75-5	5	NM, PA
LUPANETA KIT 11.25-5	5	NM, PA
ORILISSA TAB 150MG	5	PA
ORILISSA TAB 200MG	5	PA
SYNAREL SOL 2MG/ML	5	

ESTROGENS

<i>ALORA DIS 0.1MG</i>	4	
<i>ALORA DIS 0.05MG</i>	4	
<i>ALORA DIS 0.025MG</i>	4	
<i>ALORA DIS 0.075MG</i>	4	
<i>amabelz tab 0.5-0.1</i>	3	
<i>amabelz tab 1-0.5mg</i>	3	
DELESTROGEN INJ 10MG/ML	4	
DEPO-ESTRADI INJ 5MG/ML	4	
<i>dotti dis 0.1mg</i>	3	
<i>dotti dis 0.05mg</i>	3	
<i>dotti dis 0.025mg</i>	3	
<i>dotti dis 0.075mg</i>	3	
<i>dotti dis 0.0375mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
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	2	
estradiol vaginal tab 10 mcg	2	
estradiol valerate im in oil 20 mg/ml	2	
estradiol valerate im in oil 40 mg/ml	2	
ESTRING MIS 2MG	4	
FEMRING MIS 0.1MG/24	4	
FEMRING MIS 0.05/24H	4	
IMVEXXY MAIN SUP 4MCG	4	PA
IMVEXXY MAIN SUP 10MCG	4	PA
IMVEXXY STRT SUP 4MCG	4	PA
IMVEXXY STRT SUP 10MCG	4	PA
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	
MENOSTAR DIS 14MCG	4	
mimvey tab 1-0.5mg	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethynodiol dihydrogesterone tab 1 mg-5 mcg</i>	3	
PREMARIN INJ 25MG	4	
PREMARIN VAG CRE 0.625MG	3	
<i>yuvafem tab 10mcg</i>	2	
GLUCOCORTICOIDS		
<i>cortisone acetate tab 25 mg</i>	2	
DEPO-MEDROL INJ 20MG/ML	4	B/D
DEXAMETHASONE CON 1MG/ML	4	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
MEDROL TAB 2MG	4	B/D
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	2	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	2	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	2	B/D
<i>methylprednisolone tab 4 mg</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tab 8 mg</i>	2	B/D
<i>methylprednisolone tab 16 mg</i>	2	B/D
<i>methylprednisolone tab 32 mg</i>	2	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
MILLIPRED TAB 5MG	4	B/D
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	2	B/D
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	2	B/D
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	2	B/D
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	B/D
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	2	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	B/D
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	2	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	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>	2	B/D
<i>prednisone tab 1 mg</i>	1	B/D
<i>prednisone tab 2.5 mg</i>	1	B/D
<i>prednisone tab 5 mg</i>	1	B/D
<i>prednisone tab 10 mg</i>	1	B/D
<i>prednisone tab 20 mg</i>	1	B/D
<i>prednisone tab 50 mg</i>	1	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
SOLU-MEDROL INJ 2GM	4	B/D
GLUCOSE ELEVATING AGENTS		
<i>diazoxide susp 50 mg/ml</i>	5	
<i>GVOKE HYPO 2 INJ 1MG/.2ML</i>	3	
<i>GVOKE HYPO 2 INJ .5/.1ML</i>	3	
<i>GVOKE PFS INJ</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ALDURAZYME INJ 2.9MG/5M	5	NM, LA, PA
BYNFEZIA PEN INJ 2500MCG	5	NM, PA
<i>cabergoline tab 0.5 mg</i>	2	
CARBAGLU TAB 200MG	5	NM, LA, PA
CERDELGA CAP 84MG	5	NM, PA
CEREZYME INJ 400UNIT	5	NM, LA, PA
CHOR GONADOT INJ 10000UNT	4	NM, PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	2	B/D, NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	5	B/D, NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	B/D, 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	
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	5	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
DOJOLVI LIQ 100%	5	NM, LA, PA
EGRIFTA SV INJ 2MG	5	NM, LA, PA
ELAPRASE INJ 6MG/3ML	5	NM, LA, PA
ELELYSO INJ 200UNIT	5	NM, PA
FABRAZYME INJ 5MG	5	NM, LA, PA
FABRAZYME INJ 35MG	5	NM, LA, PA
FENSOLVI INJ 45MG	5	NM, LA, PA
GALAFOLD CAP 123MG	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
HUMATROPE INJ 6MG	5	NM, PA
HUMATROPE INJ 12MG	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMATROPE INJ 24MG	5	NM, PA
INCRELEX INJ 40MG/4ML	5	NM, LA, PA
ISTURISA TAB 1MG	5	NM, LA, PA
ISTURISA TAB 5MG	5	NM, LA, PA
ISTURISA TAB 10MG	5	NM, LA, PA
JYNARQUE PAK 30-15MG	5	NM, LA, PA
JYNARQUE PAK 45-15MG	5	NM, LA, PA
JYNARQUE PAK 60-30MG	5	NM, LA, PA
JYNARQUE PAK 90-30MG	5	NM, LA, PA
JYNARQUE TAB 15MG	5	NM, LA, PA
JYNARQUE TAB 30MG	5	NM, LA, PA
KORLYM TAB 300MG	5	NM, LA, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	B/D
<i>levocarnitine tab 330 mg</i>	2	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>methergine tab 0.2mg</i>	5	PA
<i>methylergonovine maleate tab 0.2 mg</i>	5	PA
<i>miglustat cap 100 mg</i>	5	QL (90 caps / 30 days), NM, PA
MYCAPSSA CAP 20MG	5	QL (112 caps / 28 days), NM, LA, PA
MYFEMBREE TAB	5	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
NORDITROPIN INJ 5/1.5ML	5	NM, PA
NORDITROPIN INJ 10/1.5ML	5	NM, PA
NORDITROPIN INJ 15/1.5ML	5	NM, PA
NORDITROPIN INJ 30/3ML	5	NM, PA
NOVAREL INJ 5000UNIT	4	NM, PA
NOVAREL INJ 10000UNT	4	NM, PA
NUTROPIN AQ INJ 10MG/2ML	5	NM, LA, PA
NUTROPIN AQ INJ 20MG/2ML	5	NM, LA, PA
NUTROPIN AQ INJ NUSPIN 5	5	NM, LA, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	2	NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	NM, PA
OCTREOTIDE INJ 50MCG/ML	2	NM, PA
OCTREOTIDE INJ 100MCG	2	NM, PA
OCTREOTIDE INJ 500MCG	5	NM, PA
OMNITROPE INJ 5.8MG	5	NM, LA, PA
OMNITROPE INJ 5/1.5ML	5	NM, LA, PA
OMNITROPE INJ 10/1.5ML	5	NM, LA, PA
ORIAHNN CAP	5	PA
OSPHENA TAB 60MG	3	PA
PALYNZIQ INJ 2.5/0.5	5	NM, LA, PA
PALYNZIQ INJ 10/0.5ML	5	NM, LA, PA
PALYNZIQ INJ 20MG/ML	5	NM, LA, PA
PREGNYL INJ 10000UNT	4	NM, PA
PROSYSBI CAP 25MG	5	NM, LA, PA
PROSYSBI CAP 75MG	5	NM, LA, PA
PROSYSBI GRA 75MG	5	NM, LA, PA
PROSYSBI GRA 300MG	5	NM, LA, PA
<i>raloxifene hcl tab 60 mg</i>	2	
RAVICTI LIQ 1.1GM/ML	5	NM, LA, PA
SAIZEN INJ 5MG	5	NM, LA, PA
SAIZEN INJ 8.8MG	5	NM, LA, PA
SAIZENPREP INJ 8.8MG	5	NM, LA, PA
SAMSCA TAB 15MG	5	NM, LA, PA
SAMSCA TAB 30MG	5	NM, LA, PA
SANDOSTATIN KIT LAR 10MG	5	NM, PA
SANDOSTATIN KIT LAR 20MG	5	NM, PA
SANDOSTATIN KIT LAR 30MG	5	NM, PA
<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
SEROSTIM INJ 4MG	5	NM, LA, PA
SEROSTIM INJ 5MG	5	NM, LA, PA
SEROSTIM INJ 6MG	5	NM, LA, 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
SIGNIFOR LAR INJ 10MG	5	NM, LA, PA
SIGNIFOR LAR INJ 20MG	5	NM, LA, PA
SIGNIFOR LAR INJ 30MG	5	NM, LA, PA
SIGNIFOR LAR INJ 40MG	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR INJ 60MG	5	NM, LA, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	NM, PA
sodium phenylbutyrate tab 500 mg	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
tolvaptan tab 15 mg	5	NM, PA
tolvaptan tab 30 mg	5	NM, PA
VIMIZIM INJ 5MG/5ML	5	NM, PA
VPRIV INJ 400UNIT	5	NM, PA
ZOMACTON INJ 5MG	4	NM, PA
ZOMACTON INJ 10MG	5	NM, PA
ZORBITIVE INJ 8.8MG	5	NM, PA

PHOSPHATE BINDER AGENTS

AURYXIA TAB 210MG	5	PA
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	2	
calcium acetate (phosphate binder) tab 667 mg	2	
FOSRENOL POW 750MG	5	
FOSRENOL POW 1000MG	5	
lanthanum carbonate chew tab 500 mg (elemental)	5	
lanthanum carbonate chew tab 750 mg (elemental)	5	
lanthanum carbonate chew tab 1000 mg (elemental)	5	
PHOSLYRA SOL	4	
sevelamer carbonate packet 0.8 gm	5	
sevelamer carbonate packet 2.4 gm	5	
sevelamer carbonate tab 800 mg	2	
sevelamer hcl tab 400 mg	2	
sevelamer hcl tab 800 mg	2	
VELPHORO CHW 500MG	5	

PROGESTINS

CRINONE GEL 4% VAG	4	PA
CRINONE GEL 8% VAG	4	PA
medroxyprogesterone acetate tab 2.5 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>progesterone cap 100 mg</i>	2	
<i>progesterone cap 200 mg</i>	2	

THYROID AGENTS

<i>euthyrox tab 25mcg</i>	2	
<i>euthyrox tab 50mcg</i>	2	
<i>euthyrox tab 75mcg</i>	2	
<i>euthyrox tab 88mcg</i>	2	
<i>euthyrox tab 100mcg</i>	2	
<i>euthyrox tab 112mcg</i>	2	
<i>euthyrox tab 125mcg</i>	2	
<i>euthyrox tab 137mcg</i>	2	
<i>euthyrox tab 150mcg</i>	2	
<i>euthyrox tab 175mcg</i>	2	
<i>euthyrox tab 200mcg</i>	2	
<i>levo-t tab 25mcg</i>	2	
<i>levo-t tab 50mcg</i>	2	
<i>levo-t tab 75mcg</i>	2	
<i>levo-t tab 88mcg</i>	2	
<i>levo-t tab 100mcg</i>	2	
<i>levo-t tab 112mcg</i>	2	
<i>levo-t tab 125mcg</i>	2	
<i>levo-t tab 137mcg</i>	2	
<i>levo-t tab 150mcg</i>	2	
<i>levo-t tab 175mcg</i>	2	
<i>levo-t tab 200 mcg</i>	2	
<i>levo-t tab 300 mcg</i>	2	
<i>levothyroxine sodium cap 13 mcg</i>	2	
<i>levothyroxine sodium cap 25 mcg</i>	2	
<i>levothyroxine sodium cap 50 mcg</i>	2	
<i>levothyroxine sodium cap 75 mcg</i>	2	
<i>levothyroxine sodium cap 88 mcg</i>	2	
<i>levothyroxine sodium cap 100 mcg</i>	2	
<i>levothyroxine sodium cap 112 mcg</i>	2	
<i>levothyroxine sodium cap 125 mcg</i>	2	
<i>levothyroxine sodium cap 137 mcg</i>	2	
<i>levothyroxine sodium cap 150 mcg</i>	2	
<i>levothyroxine sodium cap 175 mcg</i>	2	
<i>levothyroxine sodium cap 200 mcg</i>	2	
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 300 mcg</i>	2	
<i>levoxyl tab 25mcg</i>	2	
<i>levoxyl tab 50mcg</i>	2	
<i>levoxyl tab 75mcg</i>	2	
<i>levoxyl tab 88mcg</i>	2	
<i>levoxyl tab 100mcg</i>	2	
<i>levoxyl tab 112mcg</i>	2	
<i>levoxyl tab 125mcg</i>	2	
<i>levoxyl tab 137mcg</i>	2	
<i>levoxyl tab 150mcg</i>	2	
<i>levoxyl tab 175mcg</i>	2	
<i>levoxyl tab 200mcg</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
<i>SYNTHROID TAB 25MCG</i>	4	
<i>SYNTHROID TAB 50MCG</i>	4	
<i>SYNTHROID TAB 75MCG</i>	4	
<i>SYNTHROID TAB 88MCG</i>	4	
<i>SYNTHROID TAB 100MCG</i>	4	
<i>SYNTHROID TAB 112MCG</i>	4	
<i>SYNTHROID TAB 125MCG</i>	4	
<i>SYNTHROID TAB 137MCG</i>	4	
<i>SYNTHROID TAB 150MCG</i>	4	
<i>SYNTHROID TAB 175MCG</i>	4	
<i>SYNTHROID TAB 200MCG</i>	4	
<i>SYNTHROID TAB 300MCG</i>	4	
<i>THYQUIDITY SOL 100MCG</i>	4	
<i>TIROSINT CAP 13MCG</i>	4	
<i>TIROSINT CAP 25MCG</i>	4	
<i>TIROSINT CAP 50MCG</i>	4	
<i>TIROSINT CAP 75MCG</i>	4	
<i>TIROSINT CAP 88MCG</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAP 100MCG	4	
TIROSINT CAP 112MCG	4	
TIROSINT CAP 125MCG	4	
TIROSINT CAP 137MCG	4	
TIROSINT CAP 150MCG	4	
TIROSINT CAP 175MCG	4	
TIROSINT CAP 200	4	
TIROSINT-SOL SOL 13MCG/ML	4	
TIROSINT-SOL SOL 25MCG/ML	4	
TIROSINT-SOL SOL 37.5/ML	4	
TIROSINT-SOL SOL 44MCG/ML	4	
TIROSINT-SOL SOL 50MCG/ML	4	
TIROSINT-SOL SOL 62.5/ML	4	
TIROSINT-SOL SOL 75MCG/ML	4	
TIROSINT-SOL SOL 88MCG/ML	4	
TIROSINT-SOL SOL 100MCG	4	
TIROSINT-SOL SOL 112MCG	4	
TIROSINT-SOL SOL 125MCG	4	
TIROSINT-SOL SOL 137MCG	4	
TIROSINT-SOL SOL 150MCG	4	
TIROSINT-SOL SOL 175MCG	4	
TIROSINT-SOL SOL 200MCG	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>	2	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	2	B/D
<i>doxercalciferol cap 0.5 mcg</i>	2	B/D
<i>doxercalciferol cap 1 mcg</i>	2	B/D
<i>doxercalciferol cap 2.5 mcg</i>	2	B/D
<i>paricalcitol cap 1 mcg</i>	2	B/D
<i>paricalcitol cap 2 mcg</i>	2	B/D
<i>paricalcitol cap 4 mcg</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
RAYALDEE CAP 30MCG	5	
GASTROINTESTINAL		
ANTIEMETICS		
AKYNZEO CAP 300-0.5	4	B/D
AKYNZEO INJ	4	
AKYNZEO INJ 235-0.25	4	
<i>aprepitant capsule 40 mg</i>	2	B/D
<i>aprepitant capsule 80 mg</i>	2	B/D
<i>aprepitant capsule 125 mg</i>	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
CINVANTI INJ 130/18ML	4	
<i>compro sup 25mg</i>	2	
<i>dronabinol cap 2.5 mg</i>	2	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	2	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	2	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	4	B/D
<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i>	2	
GIMOTI SPR 15MG	5	PA
<i>gransetron hcl inj 1 mg/ml</i>	2	
<i>gransetron hcl inj 4 mg/4ml (1 mg/ml)</i>	2	
<i>gransetron hcl tab 1 mg</i>	2	B/D
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
METOCLOPRAMI TAB 10MG ODT	4	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	2	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<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>	2	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	2	B/D
<i>ondansetron hcl tab 4 mg</i>	2	B/D
<i>ondansetron hcl tab 8 mg</i>	2	B/D
<i>ondansetron hcl tab 24 mg</i>	2	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron orally disintegrating tab 8 mg</i>	2	B/D
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	2	
<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)</i>	2	
PALONOSETRON INJ 0.25/2ML	4	
<i>phenadoz sup 25mg</i>	4	PA; PA if 70 years and older
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	2	
<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>	2	
<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 suppos 12.5 mg</i>	4	PA; PA if 70 years and older
<i>promethazine hcl suppos 25 mg</i>	4	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 50 mg</i>	2	PA; PA if 70 years and older
<i>promethegan sup 12.5mg</i>	4	PA; PA if 70 years and older
<i>promethegan sup 25mg</i>	4	PA; PA if 70 years and older
<i>promethegan sup 50mg</i>	4	PA; PA if 70 years and older
SANCUSO DIS 3.1MG	5	QL (4 patches / 28 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
SUSTOL INJ 10/0.4ML	4	
SYNDROS SOL 5MG/ML	5	B/D, QL (120 mL / 30 days)
VARUBI TAB 90MG	4	B/D
ZUPLENZ MIS 4MG	5	B/D

Drug Name	Drug Tier	Requirements/Limits
<u>ANTISPASMODICS</u>		
ATROPINE SUL INJ 0.1MG/ML	4	
ATROPINE SUL INJ 0.05MG/1	4	
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	4	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	4	
CUVPOSA SOL 1MG/5ML	4	
<i>dicyclomine hcl cap 10 mg</i>	3	
<i>dicyclomine hcl inj 10 mg/ml</i>	4	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	4	
<i>dicyclomine hcl tab 20 mg</i>	3	
GLYCATE TAB 1.5MG	4	
GLYCOPYRRROL INJ 0.2MG/ML	4	
GLYCOPYRRROL INJ 0.4/2ML	4	
<i>glycopyrrolate inj 0.2 mg/ml</i>	2	
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>methscopolamine bromide tab 2.5 mg</i>	2	PA; PA if 70 years and older
<i>methscopolamine bromide tab 5 mg</i>	2	PA; PA if 70 years and older
<u>H2-RECEPTOR ANTAGONISTS</u>		
<i>cimetidine hcl soln 300 mg/5ml</i>	2	
<i>cimetidine tab 200 mg</i>	2	
<i>cimetidine tab 300 mg</i>	2	
<i>cimetidine tab 400 mg</i>	2	
<i>cimetidine tab 800 mg</i>	2	
<i>famotidine for susp 40 mg/5ml</i>	2	QL (300 mL / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine inj 20 mg/2ml</i>	2	
<i>famotidine inj 40 mg/4ml</i>	2	
<i>famotidine inj 200 mg/20ml</i>	2	
<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>	2	
<i>nizatidine cap 300 mg</i>	2	
<i>nizatidine oral soln 15 mg/ml</i>	2	
<u>INFLAMMATORY BOWEL DISEASE</u>		
<i>balsalazide disodium cap 750 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
budesonide delayed release particles cap 3 mg	2	
budesonide tab er 24hr 9 mg	5	
DIPENTUM CAP 250MG	5	
hydrocortisone enema 100 mg/60ml	2	
mesalamine cap dr 400 mg	2	QL (180 caps / 30 days)
mesalamine cap er 24hr 0.375 gm	2	QL (120 caps / 30 days)
mesalamine enema 4 gm	2	
mesalamine rectal enema 4 gm & cleanser wipe kit	2	
mesalamine suppos 1000 mg	2	
mesalamine tab delayed release 1.2 gm	2	QL (120 tabs / 30 days)
mesalamine tab delayed release 800 mg	2	QL (180 tabs / 30 days)
ORTIKOS CAP 6MG ER	5	
ORTIKOS CAP 9MG ER	5	
PENTASA CAP 250MG CR	5	QL (480 caps / 30 days)
PENTASA CAP 500MG CR	5	QL (240 caps / 30 days)
SFROWASA ENE 4GM	5	
sulfasalazine tab 500 mg	2	
sulfasalazine tab delayed release 500 mg	2	
UCERIS AER 2MG/ACT	4	
LAXATIVES		
CLENPIQ SOL	4	
constulose sol 10gm/15	2	
enulose sol 10gm/15	2	
gavilyte-c sol	1	
gavilyte-g sol	1	
gavilyte-n sol flav pk	1	
generlac sol 10gm/15	2	
GOLYTELY SOL	3	
KRISTALOSE PAK 10GM	4	
KRISTALOSE PAK 20GM	4	
lactulose (encephalopathy) solution 10 gm/15ml	2	
lactulose solution 10 gm/15ml	2	
NULYTELY SOL LMN/LIME	3	
OSMOPREP TAB 1.5GM	4	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PLENVU SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
SUTAB TAB	4	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	2	QL (60 tabs / 30 days), PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	5	QL (60 tabs / 30 days), PA
AMITIZA CAP 8MCG	4	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	4	QL (60 caps / 30 days)
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	2	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	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)
<i>loperamide hcl cap 2 mg</i>	2	
<i>lubiprostone cap 8 mcg</i>	2	QL (180 caps / 30 days)
<i>lubiprostone cap 24 mcg</i>	2	QL (60 caps / 30 days)
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOTEGRITY TAB 1MG	4	
MOTEGRITY TAB 2MG	4	
MOVANTIK TAB 12.5MG	3	
MOVANTIK TAB 25MG	3	
OMECLAMOX- MIS PAK	4	
RELISTOR INJ 8/0.4ML	5	PA
RELISTOR INJ 12/0.6ML	5	PA
RELISTOR TAB 150MG	5	PA
SUCRAID SOL 8500/ML	5	NM, LA, PA
<i>sucralfate susp 1 gm/10ml</i>	2	
<i>sucralfate tab 1 gm</i>	2	
SYMPROIC TAB 0.2MG	4	
TALICIA CAP	4	
TRULANCE TAB 3MG	4	QL (30 tabs / 30 days)
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
VIBERZI TAB 75MG	5	PA
VIBERZI TAB 100MG	5	PA
XIFAXAN TAB 550MG	5	PA
PANCREATIC ENZYMEs		
CREON CAP 3000UNIT	3	

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

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
PANCREAZE CAP 2600UNIT	4	
PANCREAZE CAP 4200UNIT	4	
PANCREAZE CAP 10500UNT	4	
PANCREAZE CAP 16800UNT	4	
PANCREAZE CAP 21000UNT	4	
PANCREAZE CAP 37000	4	
PERTZYE CAP 4000UNIT	4	
PERTZYE CAP 8000UNIT	4	
PERTZYE CAP 16000U	4	
PERTZYE CAP 24000U	4	
VIOKACE TAB 10440	4	
VIOKACE TAB 20880	5	
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>	2	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	2	QL (30 packets / 30 days)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	2	QL (30 packets / 30 days)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	2	QL (30 packets / 30 days)
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	2	
<i>lansoprazole cap delayed release 15 mg</i>	2	QL (60 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	2	QL (60 caps / 30 days)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	2	QL (60 tabs / 30 days)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	2	QL (60 tabs / 30 days)
NEXIUM GRA 2.5MG DR	4	
NEXIUM GRA 5MG DR	4	

Drug Name	Drug Tier	Requirements/Limits
<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 delayed release susp packet 40 mg</i>	2	QL (30 packets / 30 days)
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	2	
PRILOSEC POW 2.5MG	4	
PRILOSEC POW 10MG	4	
<i>rabeprazole sodium ec tab 20 mg</i>	2	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
CARDURA XL TAB 4MG	4	ST
CARDURA XL TAB 8MG	4	ST
<i>dutasteride cap 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	2	
<i>silodosin cap 8 mg</i>	2	
<i>tamsulosin hcl cap 0.4 mg</i>	1	

MISCELLANEOUS

<i>acetic acid irrigation soln 0.25%</i>	2	
<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
ELMIRON CAP 100MG	5	QL (90 caps / 30 days)
INTRAROSA SUP 6.5MG	4	PA
<i>neomycin-polymyxin b gu irrigation soln</i>	2	
<i>potassium citrate tab er 5 meq (540 mg)</i>	2	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	2	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	2	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	2	
GELNIQUE GEL 10%	4	ST
MYRBETRIQ SUS 8MG/ML	4	
MYRBETRIQ TAB 25MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ TAB 50MG	4	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	
OXYTROL DIS 3.9MG/24	4	ST
<i>solifenacin succinate tab 5 mg</i>	2	
<i>solifenacin succinate tab 10 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	ST
<i>tolterodine tartrate tab 1 mg</i>	2	ST
<i>tolterodine tartrate tab 2 mg</i>	2	ST
TOVIAZ TAB 4MG	3	
TOVIAZ TAB 8MG	3	
<i>trospium chloride cap er 24hr 60 mg</i>	2	
<i>trospium chloride tab 20 mg</i>	2	

VAGINAL ANTI-INFECTIVES

CLEOCIN SUP 100MG	4	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
CLINDESSE CRE 2%	4	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>miconazole 3 sup 200mg</i>	2	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
<i>vandazole gel 0.75%</i>	2	

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>	2	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	2	
<i>enoxaparin sodium inj 100 mg/ml</i>	2	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj 150 mg/ml</i>	2	
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	2	
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 5000/0.2	5	
FRAGMIN INJ 7500/0.3	5	
FRAGMIN INJ 10000/ML	5	
FRAGMIN INJ 12500UNT	5	
FRAGMIN INJ 15000UNT	5	
FRAGMIN INJ 18000UNT	5	
FRAGMIN INJ 95000UNT	5	
HEP SOD/NACL INJ 25000UNT	3	
HEPARIN SOD INJ 5000/0.5	4	B/D
HEPARIN SOD INJ 5000/ML	4	B/D
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	2	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	B/D
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	2	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	2	
HEPARIN/NACL INJ 25000UNT	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	
PRADAXA CAP 75MG	4	QL (60 caps / 30 days)
PRADAXA CAP 110MG	4	QL (120 caps / 30 days)
PRADAXA CAP 150MG	4	QL (60 caps / 30 days)
SAVAYSA TAB 15MG	4	QL (30 tabs / 30 days)
SAVAYSA TAB 30MG	4	QL (30 tabs / 30 days)
SAVAYSA TAB 60MG	4	QL (30 tabs / 30 days)
<i>warfarin sodium tab 1 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	3	QL (60 tabs / 30 days)
XARELTO TAB 10MG	3	QL (30 tabs / 30 days)
XARELTO TAB 15MG	3	QL (30 tabs / 30 days)
XARELTO TAB 20MG	3	QL (30 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	3	NM, PA
ARANESP INJ 25MCG	3	NM, PA
ARANESP INJ 40MCG	3	NM, PA
ARANESP INJ 60MCG	5	NM, PA
ARANESP INJ 100MCG	5	NM, PA
ARANESP INJ 150MCG	5	NM, PA
ARANESP INJ 200MCG	5	NM, PA
ARANESP INJ 300MCG	5	NM, PA
ARANESP INJ 500MCG	5	NM, PA
EPOGEN INJ 2000/ML	4	NM, PA
EPOGEN INJ 3000/ML	4	NM, PA
EPOGEN INJ 4000/ML	4	NM, PA
EPOGEN INJ 10000/ML	4	NM, PA
EPOGEN INJ 20000/ML	5	NM, PA
LEUKINE INJ 250MCG	5	NM, PA
MOZOBIL INJ	5	NM, PA
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
RETACRIT INJ 2000UNIT	4	NM, PA
RETACRIT INJ 3000UNIT	4	NM, PA
RETACRIT INJ 4000UNIT	4	NM, PA
RETACRIT INJ 10000UNT	4	NM, PA
RETACRIT INJ 20000UNI	4	NM, PA
RETACRIT INJ 40000UNT	5	NM, PA
ZARXIO INJ 300/0.5	5	NM, PA
ZARXIO INJ 480/0.8	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ADAKVEO INJ 100/10ML	5	NM, PA
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
BERINERT INJ 500UNIT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
CINRYZE SOL 500 UNIT	5	QL (20 vials / 30 days), NM, LA, PA
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
MULPLETA TAB 3MG	5	NM, PA
ORLADEYO CAP 110MG	5	QL (28 caps / 28 days), NM, LA, PA
ORLADEYO CAP 150MG	5	QL (28 caps / 28 days), NM, LA, PA
OXBRYTA TAB 500MG	5	NM, LA, PA
<i>pentoxifylline tab er 400 mg</i>	1	
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
RUCONEST INJ 2100UNIT	5	QL (12 vials / 30 days), NM, PA
<i>sajazir inj 30mg/3ml</i>	5	QL (9 syringes / 30 days), NM, PA
SIKLOS TAB 100MG	4	
SIKLOS TAB 1000MG	5	

Drug Name	Drug Tier	Requirements/Limits
TAKHYRO INJ 300/2ML	5	QL (2 vials / 28 days), NM, LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	2	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA TAB 60MG	4	
BRILINTA TAB 90MG	4	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	2	
<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>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	
ZONTIVITY TAB 2.08MG	4	

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
ENTYVIO INJ 300MG	5	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

Drug Name	Drug Tier	Requirements/Limits
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
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	2	
leflunomide tab 10 mg	2	QL (30 tabs / 30 days)
leflunomide tab 20 mg	2	QL (30 tabs / 30 days)
methotrexate sodium tab 2.5 mg (base equiv)	2	
TREXALL TAB 5MG	4	B/D
TREXALL TAB 7.5MG	4	B/D

Drug Name	Drug Tier	Requirements/Limits
TREXALL TAB 10MG	4	B/D
TREXALL TAB 15MG	4	B/D
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
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

Drug Name	Drug Tier	Requirements/Limits
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
GRASTEK SUB 2800BAU	4	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
INTRON A INJ 50MU	5	B/D, NM
ODACTRA SUB	4	PA
ORALAIR SUB 300 IR	4	NM, PA
RAGWITEK SUB	4	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	4	B/D, NM
ASTAGRAF XL CAP 1MG	4	B/D, NM
ASTAGRAF XL CAP 5MG	5	B/D, NM
ATGAM INJ 250MG	5	B/D
<i>azasan tab 75 mg</i>	2	B/D
<i>azasan tab 100mg</i>	2	B/D
<i>azathioprine tab 50 mg</i>	2	B/D
<i>azathioprine tab 75 mg</i>	2	B/D
<i>azathioprine tab 100 mg</i>	2	B/D
BENLYSTA INJ 120MG	5	NM, PA
BENLYSTA INJ 200MG/ML	5	NM, PA
BENLYSTA INJ 400MG	5	NM, PA
<i>cyclosporine cap 25 mg</i>	2	B/D, NM
<i>cyclosporine cap 100 mg</i>	2	B/D, NM
<i>cyclosporine iv soln 50 mg/ml</i>	2	B/D, NM
<i>cyclosporine modified cap 25 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 50 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 100 mg</i>	2	B/D, NM
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	B/D, NM
ENVARSUS XR TAB 0.75MG	4	B/D, NM
ENVARSUS XR TAB 1MG	4	B/D, NM
ENVARSUS XR TAB 4MG	4	B/D, NM
<i>everolimus tab 0.5 mg</i>	5	B/D, NM
<i>everolimus tab 0.25 mg</i>	2	B/D, NM
<i>everolimus tab 0.75 mg</i>	5	B/D, NM
<i>gengraf cap 25mg</i>	2	B/D, NM

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

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf cap 100mg</i>	2	B/D, NM
<i>gengraf sol 100mg/ml</i>	2	B/D, NM
LUPKYNIS CAP 7.9MG	5	NM, LA, PA
<i>mycophenolate mofetil cap 250 mg</i>	2	B/D, NM
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	B/D, NM
<i>mycophenolate mofetil tab 500 mg</i>	2	B/D, NM
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	B/D, NM
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	B/D, NM
NULOJIX INJ 250MG	5	B/D, NM
PROGRAF GRA 0.2MG	4	B/D, NM
PROGRAF GRA 1MG	4	B/D, NM
REZUROCK TAB 200MG	5	NM, LA, PA
SANDIMMUNE SOL 100MG/ML	3	B/D, NM
<i>sirolimus oral soln 1 mg/ml</i>	5	B/D, NM
<i>sirolimus tab 0.5 mg</i>	2	B/D, NM
<i>sirolimus tab 1 mg</i>	2	B/D, NM
<i>sirolimus tab 2 mg</i>	5	B/D, NM
<i>tacrolimus cap 0.5 mg</i>	2	B/D, NM
<i>tacrolimus cap 1 mg</i>	2	B/D, NM
<i>tacrolimus cap 5 mg</i>	2	B/D, NM
ZORTRESS TAB 1MG	5	B/D, NM

VACCINES

ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	
BEXSERO INJ	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
ROTAVERSE 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%	2
D5W/LYTES INJ #48	4
D5W/NACL INJ 0.3%	3
D10W/NACL INJ 0.2%	3
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% in lactated ringers</i>	2
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2
ISOLYTE-P INJ /D5W	4
ISOLYTE-S INJ	4
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2

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

Drug Name	Drug Tier Requirements/Limits
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	2
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	2
kcl 20 meq/l (0.15%) in nacl 0.9% inj	2
kcl 20 meq/l (0.15%) in nacl 0.45% inj	2
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	2
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	2
KCL/D5W/LACT INJ 20MEQ/L	4
KCL/D5W/NAACL INJ 0.3/0.9%	4
KCL/D5W/NAACL INJ 0.15/0.2	4
<i>lactated ringer's solution</i>	2
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
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3
<i>magnesium sulfate inj 50%</i>	3
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	3
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	3
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	3
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	3
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	3
MG SO4/D5W INJ 10MG/ML	3
PLASMA-LYTE INJ -148	4
PLASMA-LYTE INJ -A	4
POT CHL/NAACL INJ 20MEQ/L	2
POT CHL/NAACL INJ 40MEQ/L	2
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>	2
<i>potassium chloride inj 2 meq/ml</i>	2
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2
<i>sodium chloride iv soln 0.9%</i>	2
<i>sodium chloride iv soln 0.45%</i>	2

Drug Name	Drug Tier	Requirements/Limits
sodium chloride iv soln 3%	2	
sodium chloride iv soln 5%	2	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con 8 tab 8meq er	1	
klor-con 10 tab 10meq er	1	
klor-con m10 tab 10meq er	1	
klor-con m15 tab 15meq er	1	
klor-con m20 tab 20meq er	1	
klor-con pak 20meq	2	
M-NATAL PLUS TAB	3	
PNV FOLIC AC TAB + IRON	3	
potassium chloride cap er 8 meq	2	
potassium chloride cap er 10 meq	2	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	2	
potassium chloride oral soln 20% (40 meq/15ml)	2	
potassium chloride powder packet 20 meq	2	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
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 E INJ 2.75/D5W	4	B/D
CLINIMIX E INJ 4.25/D5W	4	B/D
CLINIMIX E INJ 4.25/D10	4	B/D
CLINIMIX E INJ 5%/D15W	4	B/D
CLINIMIX E INJ 5%/D20W	4	B/D
CLINIMIX E INJ 8/10	4	B/D
CLINIMIX E INJ 8/14	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf inj 15%</i>	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose inj 5%</i>	2	
<i>dextrose inj 10%</i>	2	
<i>dextrose inj 50%</i>	2	B/D
<i>dextrose inj 70%</i>	2	B/D
FREAMINE III INJ 10%	4	B/D
<i>hepatamine sol 8%</i>	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NUTRILIPID EMU 20%	4	B/D
<i>plenamine inj 15%</i>	2	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
SMOFLIPID EMU	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2
BLEPHAMIDE OIN S.O.P.	4
BLEPHAMIDE SUS OP	4
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2
<i>neomycin-polymyxin-hc ophth susp</i>	2
PRED-G S.O.P OIN OP	4
PRED-G SUS OP	4
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2
TOBRADEX OIN 0.3-0.1%	3
TOBRADEX ST SUS 0.3-0.05	3
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2
ZYLET SUS 0.5-0.3%	3

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
AZASITE SOL 1%	4	
bacitracin ophth oint 500 unit/gm	2	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUS 0.6%	3	
CILOXAN OIN 0.3% OP	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	2	
gentak oin 0.3% op	2	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	2	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	2	
moxifloxacin hcl ophth soln 0.5% (base equiv)	2	
NATACYN SUS 5% OP	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin	2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
ofloxacin ophth soln 0.3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium ophth oint 10%	2	
sulfacetamide sodium ophth soln 10%	2	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	4	
trifluridine ophth soln 1%	2	
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
ACUVAIL SOL 0.45%	4	
ALREX SUS 0.2%	3	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	2	
BROMSITE DRO 0.075%	4	
dexamethasone sodium phosphate ophth soln 0.1%	2	
diclofenac sodium ophth soln 0.1%	2	
diloprednate ophth emulsion 0.05%	2	
DUREZOL EMU 0.05%	3	
EYSUVIS DRO 0.25%	4	QL (8.3 mL / 30 days)
FLAREX SUS 0.1% OP	4	
fluorometholone ophth susp 0.1%	2	

Drug Name	Drug Tier Requirements/Limits
<i>flurbiprofen sodium ophth soln 0.03%</i>	2
FML FORTE SUS 0.25% OP	4
FML OIN 0.1% OP	4
ILEVRO DRO 0.3% OP	3
INVELTYS SUS 1%	4
<i>ketorolac tromethamine ophth soln 0.4%</i>	2
<i>ketorolac tromethamine ophth soln 0.5%</i>	2
LOTEMAX GEL 0.5%	4
LOTEMAX OIN 0.5%	3
LOTEMAX SM GEL 0.38%	4
<i>loteprednol etabonate ophth gel 0.5%</i>	2
<i>loteprednol etabonate ophth susp 0.5%</i>	2
MAXIDEX SUS 0.1% OP	4
PRED MILD SUS 0.12% OP	4
PRED SOD PHO SOL 1% OP	3
<i>prednisolone acetate ophth susp 1%</i>	2
PROLENSA SOL 0.07%	3
ANTIALLERGICS	
ALOCRIL SOL 2%	4
ALOMIDE SOL 0.1% OP	4
<i>azelastine hcl ophth soln 0.05%</i>	2
<i>bepotastine besilate ophth soln 1.5%</i>	2
BEPREVE DRO 1.5%	3
<i>cromolyn sodium ophth soln 4%</i>	1
<i>epinastine hcl ophth soln 0.05%</i>	2
LASTACAFT SOL 0.25%	4
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	2
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	2
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>	2
BETIMOL SOL 0.5%	4
BETIMOL SOL 0.25%	4
BETOPTIC-S SUS 0.25% OP	3
<i>brimonidine tartrate ophth soln 0.2%</i>	1
<i>brimonidine tartrate ophth soln 0.15%</i>	2
<i>brinzolamide ophth susp 1%</i>	2
<i>carteolol hcl ophth soln 1%</i>	2
COMBIGAN SOL 0.2/0.5%	3
<i>dorzolamide hcl ophth soln 2%</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
LUMIGAN SOL 0.01%	3	
<i>pilocarpine hcl ophth soln 1%</i>	2	
<i>pilocarpine hcl ophth soln 2%</i>	2	
<i>pilocarpine hcl ophth soln 4%</i>	2	
RHOPRESSA SOL 0.02%	3	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once- daily)</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	2	
TIMOPTIC OCU SOL 0.25% OP	4	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
VYZULTA SOL 0.024%	4	
XELPROS EMU 0.005%	4	ST
ZIOPTAN DRO 0.0015%	4	ST

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	
LACRISERT MIS 5MG OP	4	
<i>proparacaine hcl ophth soln 0.5%</i>	2	
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)

Drug Name	Drug Tier	Requirements/Limits
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>	2	B/D
STIOLTO AER 2.5-2.5	4	QL (1 inhaler / 30 days)
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>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	
LONHALA MAGN SOL 25MCG	5	QL (60 mL / 30 days)
SPIRIVA AER 1.25MCG	4	QL (1 inhaler / 30 days)
SPIRIVA CAP HANDIHLR	4	QL (30 caps / 30 days)
SPIRIVA SPR 2.5MCG	4	QL (1 inhaler / 30 days)
TUDORZA PRES AER 400/ACT	4	QL (1 inhaler / 30 days)
TUDORZA PRES AER 400/ACT	4	QL (2 inhalers / 30 days)
YUPELRI SOL	5	B/D

ANTIHISTAMINE COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	QL (1 bottle / 30 days)
CLARINEX-D TAB 2.5-120	4	

ANTIHISTAMINES

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	2	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<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>desloratadine tab 5 mg</i>	2	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	2	
<i>desloratadine tab orally disintegrating 5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
diphenhydramine hcl inj 50 mg/ml	2	
hydroxyzine hcl im soln 25 mg/ml	4	PA; PA if 70 years and older
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
hydroxyzine pamoate cap 100 mg	2	PA; PA if 70 years and older
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	2	
levocetirizine dihydrochloride tab 5 mg	1	
olopatadine hcl nasal soln 0.6%	2	

BETA AGONISTS

albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	2	B/D
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	2	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)	2	B/D
albuterol sulfate syrup 2 mg/5ml	2	
albuterol sulfate tab 2 mg	2	
albuterol sulfate tab 4 mg	2	
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	5	B/D
BROVANA NEB 15MCG	5	B/D
formoterol fumarate soln nebu 20 mcg/2ml	5	B/D
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	2	QL (2 inhalers / 30 days)
PERFOROMIST NEB 20MCG	5	B/D
SEREVENT DIS AER 50MCG	3	QL (60 inhalations / 30 days)
STRIVERDI AER 2.5MCG	4	QL (1 inhaler / 30 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	5	
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	
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>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	

MISCELLANEOUS

<i>acetyl/cysteine inhal soln 10%</i>	2	B/D
<i>acetyl/cysteine inhal soln 20%</i>	2	B/D
ARALAST NP INJ 500MG	5	NM, LA, PA
ARALAST NP INJ 1000MG	5	NM, LA, PA
BRONCHITOL CAP 40MG	5	QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	B/D
DALIRESP TAB 250MCG	4	
DALIRESP TAB 500MCG	4	
ELIXOPHYLLIN ELX 80/15ML	4	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	(generic of EpiPen)

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	2	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	2	(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
GLASSIA INJ	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
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>	2	
<i>theophylline tab er 12hr 300 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
theophylline tab er 12hr 450 mg	2	
theophylline tab er 24hr 400 mg	2	
theophylline tab er 24hr 600 mg	2	
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		
BECONASE AQ SUS 0.042%	4	QL (2 inhalers / 30 days)
flunisolide nasal soln 25 mcg/act (0.025%)	2	QL (3 bottles / 30 days)
fluticasone propionate nasal susp 50 mcg/act	2	QL (1 bottle / 30 days)
mometasone furoate nasal susp 50 mcg/act	2	QL (2 inhalers / 30 days)
OMNARIS SPR	4	QL (1 inhaler / 30 days)
QNASL AER 80MCG	4	QL (1 inhaler / 30 days)
QNASL CHILD SPR 40MCG	4	QL (1 inhaler / 30 days)
XHANCE MIS 93MCG	4	QL (2 bottles / 30 days)
ZETONNA AER 37MCG	4	QL (1 inhaler / 30 days)
STEROID INHALANTS		
ALVESCO AER 80MCG	4	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	4	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	3	QL (30 inhalations / 30 days)
ASMANEX 14 AER 220MCG	4	QL (8 inhalers / 28 days)
ASMANEX 30 AER 110MCG	4	QL (2 inhalers / 30 days)
ASMANEX 30 AER 220MCG	4	QL (4 inhalers / 30 days)
ASMANEX 60 AER 220MCG	4	QL (2 inhalers / 30 days)
ASMANEX 120 AER 220MCG	4	QL (1 inhaler / 30 days)
ASMANEX HFA AER 50MCG	4	QL (1 inhaler / 30 days)
ASMANEX HFA AER 100 MCG	4	QL (1 inhaler / 30 days)
ASMANEX HFA AER 200 MCG	4	QL (1 inhaler / 30 days)
budesonide inhalation susp 0.5 mg/2ml	2	B/D

Drug Name	Drug Tier	Requirements/Limits
budesonide inhalation susp 0.25 mg/2ml	2	B/D
budesonide inhalation susp 1 mg/2ml	2	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)
QVAR REDIHA AER 80MCG	4	QL (2 inhalers / 30 days)
QVAR REDIHAL AER 40MCG	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)
DULERA AER 50-5MCG	4	QL (1 inhaler / 30 days)
DULERA AER 100-5MCG	4	QL (1 inhaler / 30 days)
DULERA AER 200-5MCG	4	QL (1 inhaler / 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

accutane cap 20mg	2	PA
accutane cap 30mg	2	PA
accutane cap 40mg	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene cream 0.1%</i>	2	
<i>adapalene gel 0.1%</i>	2	
<i>adapalene gel 0.3%</i>	2	
<i>ADAPALENE SOL 0.1%</i>	4	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	
AKLIEF CRE 0.005%	4	QL (45 gm / 30 days), PA
ALTRENO LOT 0.05%	4	QL (45 gm / 30 days), PA
<i>amnesteem cap 10mg</i>	2	PA
<i>amnesteem cap 20mg</i>	2	PA
<i>amnesteem cap 40mg</i>	2	PA
ARAZLO LOT 0.045%	4	QL (45 gm / 30 days), PA
<i>avita cre 0.025%</i>	2	QL (45 gm / 30 days), PA
<i>avita gel 0.025%</i>	2	QL (45 gm / 30 days), PA
AZELEX CRE 20%	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
<i>claravis cap 10mg</i>	2	PA
<i>claravis cap 20mg</i>	2	PA
<i>claravis cap 30mg</i>	2	PA
<i>claravis cap 40mg</i>	2	PA
<i>clindacin-p pad 1%</i>	2	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	QL (75 gm / 30 days)
<i>clindamycin phosphate lotion 1%</i>	2	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	2	QL (60 mL / 30 days)
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	2	QL (50 gm / 30 days)
<i>clindamycin phosphate-tretinoin gel 1.2- 0.025%</i>	2	
<i>dapsone gel 5%</i>	2	QL (90 gm / 30 days)
<i>dapsone gel 7.5%</i>	2	QL (90 gm / 30 days)
DIFFERIN LOT 0.1%	4	
EPIDUO FORTE GEL 0.3-2.5%	4	
<i>ery pad 2%</i>	2	
<i>erythromycin gel 2%</i>	2	QL (60 gm / 30 days)
<i>erythromycin soln 2%</i>	2	QL (60 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
FABIOR AER 0.1%	4	QL (100 gm / 30 days), PA
<i>isotretinoin cap 10 mg</i>	2	PA
<i>isotretinoin cap 20 mg</i>	2	PA
<i>isotretinoin cap 30 mg</i>	2	PA
<i>isotretinoin cap 40 mg</i>	2	PA
<i>myorisan cap 10mg</i>	2	PA
<i>myorisan cap 20mg</i>	2	PA
<i>myorisan cap 30mg</i>	2	PA
<i>myorisan cap 40mg</i>	2	PA
ONEXTON GEL 1.2-3.75	4	
RETIN-A MICR GEL 0.06%	5	QL (50 gm / 30 days), PA
RETIN-A MICR GEL 0.08%	5	QL (50 gm / 30 days), PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
TAZAROTENE AER 0.1%	4	QL (100 gm / 30 days), PA
<i>tretinoin cream 0.1%</i>	2	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.05%</i>	2	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.025%</i>	2	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.01%</i>	2	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.05%</i>	2	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	2	QL (45 gm / 30 days), PA
<i>tretinoin microsphere gel 0.1%</i>	2	QL (50 gm / 30 days), PA
<i>tretinoin microsphere gel 0.04%</i>	2	QL (50 gm / 30 days), PA
<i>zenatane cap 10mg</i>	2	PA
<i>zenatane cap 20mg</i>	2	PA
<i>zenatane cap 30mg</i>	2	PA
<i>zenatane cap 40mg</i>	2	PA

DERMATOLOGY, ANTIBIOTICS

CENTANY OIN 2%	4	QL (220 gm / 30 days)
<i>gentamicin sulfate cream 0.1%</i>	2	QL (30 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>mupirocin oint 2%</i>	1	QL (220 gm / 30 days)
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cre 1%</i>	2	
SULFAMYLYON CRE 85MG/GM	4	

Drug Name	Drug Tier	Requirements/Limits
XEPI CRE 1%	4	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine cream 0.77% (base equiv)	2	QL (90 gm / 30 days)
ciclopirox olamine susp 0.77% (base equiv)	2	QL (60 mL / 30 days)
clotrimazole cream 1%	2	QL (45 gm / 30 days)
clotrimazole soln 1%	2	QL (30 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	2	QL (45 gm / 30 days)
clotrimazole w/ betamethasone lotion 1-0.05%	2	QL (30 mL / 30 days)
ERTACZO CRE 2%	5	QL (60 gm / 30 days)
ketoconazole cream 2%	2	QL (60 gm / 30 days)
luliconazole cream 1%	2	QL (60 gm / 30 days)
MENTAX CRE 1%	4	
naftifine hcl cream 1%	2	QL (90 gm / 30 days)
naftifine hcl cream 2%	2	QL (60 gm / 30 days)
naftifine hcl gel 1%	2	QL (90 gm / 30 days)
NAFTIN GEL 2%	4	QL (60 gm / 30 days)
nyamyc pow 100000	2	QL (60 gm / 30 days)
nystatin cream 100000 unit/gm	2	QL (30 gm / 30 days)
nystatin oint 100000 unit/gm	2	QL (30 gm / 30 days)
nystatin topical powder 100000 unit/gm	2	QL (60 gm / 30 days)
nystop pow 100000	2	QL (60 gm / 30 days)
OXISTAT LOT 1%	4	QL (60 mL / 30 days), PA
DERMATOLOGY, ANTI-PSORIATICS		
acitretin cap 10 mg	2	PA
acitretin cap 17.5 mg	2	PA
acitretin cap 25 mg	2	PA
calcipotriene cream 0.005%	2	QL (120 gm / 30 days), PA
calcipotriene oint 0.005%	2	QL (120 gm / 30 days), PA
calcipotriene soln 0.005% (50 mcg/ml)	2	QL (120 mL / 30 days), PA
calcitrene oin 0.005%	2	QL (120 gm / 30 days), PA
calcitriol oint 3 mcg/gm	2	QL (800 gm / 28 days), PA
methoxsalen rapid cap 10 mg	5	
tazarotene cream 0.1%	2	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05%	4	QL (60 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
TAZORAC GEL 0.1%	4	QL (100 gm / 30 days), PA
TAZORAC GEL 0.05%	4	QL (100 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	1	QL (120 mL / 30 days)
selenium sulfide lotion 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort cre 1%	1	
ala-cort cre 2.5%	1	
alclometasone dipropionate cream 0.05%	2	
alclometasone dipropionate oint 0.05%	2	
betamethasone dipropionate augmented cream 0.05%	2	
betamethasone dipropionate augmented gel 0.05%	2	
betamethasone dipropionate augmented lotion 0.05%	2	
betamethasone dipropionate augmented oint 0.05%	2	
betamethasone dipropionate cream 0.05%	2	
betamethasone dipropionate lotion 0.05%	2	
betamethasone dipropionate oint 0.05%	2	
betamethasone valerate aerosol foam 0.12%	2	
betamethasone valerate cream 0.1% (base equivalent)	2	
betamethasone valerate lotion 0.1% (base equivalent)	2	
betamethasone valerate oint 0.1% (base equivalent)	2	
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	2	QL (400 gm / 28 days), PA
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	5	QL (400 gm / 28 days), PA
clobetasol e cre 0.05%	2	QL (60 gm / 30 days)
clobetasol propionate cream 0.05%	2	QL (60 gm / 30 days)
clobetasol propionate gel 0.05%	2	QL (60 gm / 30 days)
clobetasol propionate oint 0.05%	2	QL (60 gm / 30 days)
clobetasol propionate soln 0.05%	2	QL (50 mL / 30 days)
clocortolone pivalate cream 0.1%	2	
desonide cream 0.05%	2	QL (60 gm / 30 days)
desonide lotion 0.05%	2	QL (118 mL / 30 days)
desonide oint 0.05%	2	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide cream 0.01%</i>	2	
<i>fluocinolone acetonide cream 0.025%</i>	2	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	QL (90 mL / 30 days)
<i>fluocinonide cream 0.05%</i>	2	QL (120 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	2	QL (120 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	2	QL (60 gm / 30 days)
<i>fluocinonide oint 0.05%</i>	2	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	2	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	2	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	2	QL (50 gm / 30 days)
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	
<i>PANDEL CRE 0.1%</i>	5	QL (80 gm / 30 days)
<i>prednicarbate oint 0.1%</i>	2	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	2	
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm cre 0.5%</i>	1	

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo gel 2%</i>	2	QL (60 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	2	QL (50 mL / 30 days), PA
<i>lidocaine hcl urethral/mucosal gel 2%</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine oint 5%</i>	2	PA
<i>lidocaine patch 5%</i>	2	QL (3 patches / 1 day), PA

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir cream 5%</i>	5	QL (5 gm / 30 days)
<i>acyclovir oint 5%</i>	2	QL (30 gm / 30 days)
<i>azelaic acid gel 15%</i>	2	QL (50 gm / 30 days)
<i>CONDYLOX GEL 0.5%</i>	4	
<i>CORTIFOAM AER 90MG</i>	4	
<i>DENAVIR CRE 1%</i>	5	QL (5 gm / 30 days)
<i>diclofenac sodium gel 1%</i>	2	QL (1000 gm / 30 days)
<i>diclofenac sodium soln 1.5%</i>	2	QL (300 mL / 28 days), PA
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	2	
<i>EUCRISA OIN 2%</i>	4	PA
<i>FINACEA AER 15%</i>	4	QL (50 gm / 30 days)
<i>fluorouracil cream 5%</i>	2	QL (40 gm / 30 days)
<i>fluorouracil soln 2%</i>	2	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	2	QL (10 mL / 30 days)
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>imiquimod cream 5%</i>	2	QL (24 packets / 30 days)
<i>KLISYRI OIN 1%</i>	5	QL (5 packets / 30 days), PA
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
<i>NORITATE CRE 1%</i>	5	QL (60 gm / 30 days)
<i>PANRETIN GEL 0.1%</i>	5	QL (60 gm / 30 days), PA
<i>PENNSAID SOL 2%</i>	5	QL (224 gm / 28 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>	2	
<i>procto-med cre hc 2.5%</i>	2	
<i>procto-pak cre 1%</i>	2	
<i>proctosol hc cre 2.5%</i>	2	
<i>proctozone cre -hc 2.5%</i>	2	
<i>QBREXZA PAD 2.4%</i>	4	QL (30 pouches / 30 days), PA
<i>RECTIV OIN 0.4%</i>	4	
<i>rosadan cre 0.75%</i>	2	
<i>tacrolimus oint 0.1%</i>	2	QL (100 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
tacrolimus oint 0.03%	2	QL (100 gm / 30 days)
TARGRETIN GEL 1%	5	QL (60 gm / 30 days), NM, PA
VALCHLOR GEL 0.016%	5	QL (60 gm / 30 days), NM, LA, PA
XERESE CRE 5-1%	5	QL (5 gm / 30 days)
ZYCLARA PUMP CRE 2.5%	5	QL (15 gm / 30 days)

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>crotan lot 10%</i>	2	QL (454 gm / 30 days)
<i>ivermectin lotion 0.5%</i>	2	
<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	
<i>spinosad susp 0.9%</i>	2	

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL 0.01%	5	QL (30 gm / 30 days), PA
SANTYL OIN 250/GM	4	
<i>sodium chloride irrigation soln 0.9%</i>	2	
<i>water for irrigation, sterile irrigation soln</i>	2	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	2	QL (150 lozenges / 30 days)
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
ORAVIG TAB 50MG	5	
<i>paroex sol 0.12%</i>	1	
<i>periogard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	

OTIC

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<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
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<i>atenolol tab 100 mg.....</i>	44
<i>atenolol tab 25 mg</i>	44
<i>atenolol tab 50 mg</i>	44
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<i>atomoxetine hcl cap 100 mg (base equiv)</i>	74
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	74
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	74
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	74
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	74
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	74
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	42
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	42
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	42
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	42
<i>atovaquone susp 750 mg/5ml.....</i>	9
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	13
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	13
ATROPINE SUL INJ 0.05MG/1	109
ATROPINE SUL INJ 0.1MG/ML	109
ATROPINE SUL SOL 1% OP	129
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	109
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	109
ATROVENT HFA AER 17MCG	130
<i>aubra eq tab 0.1-0.02</i>	91
<i>aurovela 24 tab fe 1/20</i>	91
<i>aurovela fe tab 1.5/30</i>	91
<i>aurovela fe tab 1/20</i>	91
<i>aurovela tab 1/20</i>	91
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AVASTIN INJ 400/16ML	29
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<i>avita gel 0.025%</i>	136
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AYVAKIT TAB 25MG.....	29
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<i>azasan tab 100mg.....</i>	121

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<i>azathioprine tab 100 mg</i>	121
<i>azathioprine tab 50 mg</i>	121
<i>azathioprine tab 75 mg</i>	121
<i>azelaic acid gel 15%</i>	141
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	130
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	130
<i>azelastine hcl ophth soln 0.05%</i>	128
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	130
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<i>azithromycin tab 250 mg</i>	20
<i>azithromycin tab 500 mg</i>	20
<i>azithromycin tab 600 mg</i>	20
AZOPT SUS 1% OP	128
AZSTARYS CAP 26.1-5.2	74
AZSTARYS CAP 39.2-7.8	74
AZSTARYS CAP 52.3-10.	74
<i>aztreonam for inj 1 gm</i>	9
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BASAGLAR INJ 100UNIT	88
BAXDELA INJ 300MG.....	20

BAXDELA TAB 450MG	20
BCG VACCINE INJ	122
BD ALCOHOL SWABS.....	88
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<i>bekyree tab</i>	92
BELBUCA MIS 150MCG	2
BELBUCA MIS 300MCG	2
BELBUCA MIS 450MCG	2
BELBUCA MIS 600MCG	2
BELBUCA MIS 750MCG	2
BELBUCA MIS 75MCG	2
BELBUCA MIS 900MCG	2
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BELSOMRA TAB 10MG	78
BELSOMRA TAB 15MG	78
BELSOMRA TAB 20MG	78
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<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	36
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	36
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	36
<i>benazepril hcl tab 10 mg</i>	37
<i>benazepril hcl tab 20 mg</i>	37
<i>benazepril hcl tab 40 mg</i>	37
<i>benazepril hcl tab 5 mg</i>	37
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BENLYSTA INJ 200MG/ML.....	121
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<i>benztropine mesylate tab 1 mg</i>	65
<i>benztropine mesylate tab 2 mg</i>	65
<i>bepotastine besilate ophth soln 1.5%</i>	128
BEPREVE DRO 1.5%	128
BERINERT INJ 500UNIT	117
BESIVANCE SUS 0.6%.....	127
BESPONSA INJ 0.9MG.....	29
<i>betamethasone dipropionate augmented cream 0.05%</i>	139
<i>betamethasone dipropionate augmented gel 0.05%</i>	139

betamethasone dipropionate
 augmented lotion 0.05% 139
betamethasone dipropionate
 augmented oint 0.05% 139
betamethasone dipropionate cream
 0.05% 139
betamethasone dipropionate lotion
 0.05% 139
betamethasone dipropionate oint
 0.05% 139
betamethasone valerate aerosol foam
 0.12% 139
betamethasone valerate cream 0.1%
 (base equivalent) 139
betamethasone valerate lotion 0.1%
 (base equivalent) 139
betamethasone valerate oint 0.1%
 (base equivalent) 139
 BETASERON INJ 0.3MG 82
betaxolol hcl ophth soln 0.5% 128
betaxolol hcl tab 10 mg 44
betaxolol hcl tab 20 mg 45
bethanechol chloride tab 10 mg 113
bethanechol chloride tab 25 mg 113
bethanechol chloride tab 5 mg 113
bethanechol chloride tab 50 mg 113
 BETIMOL SOL 0.25% 128
 BETIMOL SOL 0.5% 128
 BETOPTIC-S SUS 0.25% OP 128
 BEVESPI AER 9-4.8MCG 129
bexarotene cap 75 mg 27
 BEXSERO INJ 122
bicalutamide tab 50 mg 26
 BICILLIN C-R INJ 1200000 22
 BICILLIN C-R INJ 900/300 22
 BICILLIN L-A INJ 1200000 22
 BICILLIN L-A INJ 2400000 22
 BICILLIN L-A INJ 600000 22
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 BIKTARVY TAB 15
 BINOSTO TAB 70MG 90
bisoprolol & hydrochlorothiazide tab
 10-6.25 mg 44
bisoprolol & hydrochlorothiazide tab
 2.5-6.25 mg 44
bisoprolol & hydrochlorothiazide tab 5-
 6.25 mg 44
bisoprolol fumarate tab 10 mg 45

bisoprolol fumarate tab 5 mg 45
 BIVIGAM INJ 10% 120
 BLEPHAMIDE OIN S.O.P. 126
 BLEPHAMIDE SUS OP 126
blisovi 24 tab fe 1/20 92
blisovi fe tab 1.5/30 92
 BOOSTRIX INJ 122
 BORTEZOMIB INJ 3.5MG 29
bosentan tab 125 mg 52
bosentan tab 62.5 mg 52
 BOSULIF TAB 100MG 29
 BOSULIF TAB 400MG 29
 BOSULIF TAB 500MG 29
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 BREO ELLIPTA INH 200-25 135
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briellyn tab 92
 BRILINTA TAB 60MG 118
 BRILINTA TAB 90MG 118
brimonidine tartrate ophth soln 0.15%
 128
brimonidine tartrate ophth soln 0.2%
 128
brinzolamide ophth susp 1% 128
 BRIVIACT INJ 50MG/5ML 54
 BRIVIACT SOL 10MG/ML 54
 BRIVIACT TAB 100MG 54
 BRIVIACT TAB 10MG 54
 BRIVIACT TAB 25MG 54
 BRIVIACT TAB 50MG 54
 BRIVIACT TAB 75MG 54
bromfenac sodium ophth soln 0.09%
 (base equiv) (once-daily) 127
bromocriptine mesylate cap 5 mg (base
equivalent) 65
bromocriptine mesylate tab 2.5 mg
 (base equivalent) 65
 BROMSITE DRO 0.075% 127
 BRONCHITOL CAP 40MG 132
 BROVANA NEB 15MCG 131
 BRUKINSA CAP 80MG 29
budesonide delayed release particles
 cap 3 mg 110
budesonide inhalation susp 0.25
 mg/2ml 135

<i>budesonide inhalation susp 0.5 mg/2ml</i>	134
<i>budesonide inhalation susp 1 mg/2ml</i>	135
<i>budesonide tab er 24hr 9 mg</i>	110
<i>bumetanide inj 0.25 mg/ml</i>	49
<i>bumetanide tab 0.5 mg</i>	49
<i>bumetanide tab 1 mg</i>	49
<i>bumetanide tab 2 mg</i>	49
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	83
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	83
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	83
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	83
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	83
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	83
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	83
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	83
<i>buprenorphine td patch weekly 10 mcg/hr</i>	2
<i>buprenorphine td patch weekly 15 mcg/hr</i>	2
<i>buprenorphine td patch weekly 20 mcg/hr</i>	2
<i>buprenorphine td patch weekly 5 mcg/hr</i>	2
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	83
<i>bupropion hcl tab 100 mg</i>	61
<i>bupropion hcl tab 75 mg</i>	61
<i>bupropion hcl tab er 12hr 100 mg</i>	61
<i>bupropion hcl tab er 12hr 150 mg</i>	61
<i>bupropion hcl tab er 12hr 200 mg</i>	61
<i>bupropion hcl tab er 24hr 150 mg</i>	61
<i>bupropion hcl tab er 24hr 300 mg</i>	61
<i>bupropion hcl tab er 24hr 450 mg</i>	61
<i>buspirone hcl tab 10 mg</i>	53
<i>buspirone hcl tab 15 mg</i>	53
<i>buspirone hcl tab 30 mg</i>	53

<i>buspirone hcl tab 5 mg</i>	53
<i>buspirone hcl tab 7.5 mg</i>	53
<i>butorphanol tartrate inj 1 mg/ml</i>	6
<i>butorphanol tartrate inj 2 mg/ml</i>	6
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	6
BYDUREON BC INJ 2/0.85ML	85
BYDUREON PEN INJ 2MG	85
BYETTA INJ 10MCG	85
BYETTA INJ 5MCG	85
BYNFEZIA PEN INJ 2500MCG	100
BYSTOLIC TAB 10MG	45
BYSTOLIC TAB 2.5MG	45
BYSTOLIC TAB 20MG	45
BYSTOLIC TAB 5MG	45
C	
<i>cabergoline tab 0.5 mg</i>	100
CABOMETYX TAB 20MG	29
CABOMETYX TAB 40MG	29
CABOMETYX TAB 60MG	29
<i>calcipotriene cream 0.005%</i>	138
<i>calcipotriene oint 0.005%</i>	138
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	138
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	139
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	139
<i>calcitonin (salmon) inj 200 unit/ml</i>	90
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	90
<i>calcitrene oin 0.005%</i>	138
<i>calcitriol cap 0.25 mcg</i>	106
<i>calcitriol cap 0.5 mcg</i>	106
<i>calcitriol inj 1 mcg/ml</i>	106
<i>calcitriol oint 3 mcg/gm</i>	138
<i>calcitriol oral soln 1 mcg/ml</i>	106
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	103
<i>calcium acetate (phosphate binder) tab 667 mg</i>	103
CALQUENCE CAP 100MG	29
<i>camila tab 0.35mg</i>	92
<i>camrese lo tab</i>	92
<i>camrese tab</i>	92
<i>candesartan cilexetil tab 16 mg</i>	40
<i>candesartan cilexetil tab 32 mg</i>	40
<i>candesartan cilexetil tab 4 mg</i>	40

candesartan cilexetil tab 8 mg	40
candesartan cilexetil-	
hydrochlorothiazide tab 16-12.5 mg	
.....	39
candesartan cilexetil-	
hydrochlorothiazide tab 32-12.5 mg	
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candesartan cilexetil-	
hydrochlorothiazide tab 32-25 mg .	39
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CAPRELSA TAB 100MG	29
CAPRELSA TAB 300MG	29
captopril tab 100 mg.....	37
captopril tab 12.5 mg.....	37
captopril tab 25 mg	37
captopril tab 50 mg	37
CARB/LEVO TAB 10-100MG.....	65
CARB/LEVO TAB 25-100MG.....	65
CARB/LEVO TAB 25-250MG.....	65
CARBAGLU TAB 200MG	100
carbamazepine cap er 12hr 100 mg .	54
carbamazepine cap er 12hr 200 mg .	54
carbamazepine cap er 12hr 300 mg .	54
carbamazepine chew tab 100 mg....	54
carbamazepine susp 100 mg/5ml	54
carbamazepine tab 200 mg.....	54
carbamazepine tab er 12hr 100 mg..	54
carbamazepine tab er 12hr 200 mg..	54
carbamazepine tab er 12hr 400 mg..	54
carbidopa & levodopa tab 10-100 mg	65
carbidopa & levodopa tab 25-100 mg	65
carbidopa & levodopa tab 25-250 mg	65
carbidopa & levodopa tab er 25-100	
mg	65
carbidopa & levodopa tab er 50-200	
mg	65
carbidopa tab 25 mg	65
carbidopa-levodopa-entacapone tabs	
12.5-50-200 mg	65
carbidopa-levodopa-entacapone tabs	
18.75-75-200 mg	65
carbidopa-levodopa-entacapone tabs	
25-100-200 mg	65
carbidopa-levodopa-entacapone tabs	
31.25-125-200 mg	65
carbidopa-levodopa-entacapone tabs	
37.5-150-200 mg	65

carbidopa-levodopa-entacapone tabs	
50-200-200 mg.....	65
carboplatin iv soln 150 mg/15ml	24
carboplatin iv soln 450 mg/45ml	24
carboplatin iv soln 50 mg/5ml.....	24
carboplatin iv soln 600 mg/60ml	24
CARDIZEM LA TAB 120MG.....	46
CARDURA XL TAB 4MG	113
CARDURA XL TAB 8MG	113
CAROSPIR SUS 25MG/5ML	38
carteolol hcl ophth soln 1%	128
cartia xt cap 120/24hr	46
cartia xt cap 180/24hr	46
cartia xt cap 240/24hr	46
cartia xt cap 300/24hr	46
carvedilol phosphate cap er 24hr 10	
mg	45
carvedilol phosphate cap er 24hr 20	
mg	45
carvedilol phosphate cap er 24hr 40	
mg	45
carvedilol phosphate cap er 24hr 80	
mg	45
carvedilol tab 12.5 mg	45
carvedilol tab 25 mg	45
carvedilol tab 3.125 mg	45
carvedilol tab 6.25 mg	45
caspofungin acetate for iv soln 50 mg	
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caspofungin acetate for iv soln 70 mg	
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CAYSTON INH 75MG.....	9
caziant pak	92
cefaclor cap 250 mg	18
cefaclor cap 500 mg	18
CEFACLOR ER TAB 500MG.....	18
cefaclor for susp 125 mg/5ml	18
cefaclor for susp 250 mg/5ml	18
cefaclor for susp 375 mg/5ml	18
cefadroxil cap 500 mg	18
cefadroxil for susp 250 mg/5ml.....	18
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cefadroxil tab 1 gm	18
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cefazolin sodium for inj 1 gm.....	18
cefazolin sodium for inj 10 gm	18
cefazolin sodium for inj 500 mg	18
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<i>cefdinir cap 300 mg</i>	<i>18</i>	<i>celecoxib cap 400 mg</i>	<i>1</i>
<i>cefdinir for susp 125 mg/5ml</i>	<i>18</i>	<i>celecoxib cap 50 mg</i>	<i>1</i>
<i>cefdinir for susp 250 mg/5ml</i>	<i>18</i>	CELONTIN CAP 300MG.....	54
<i>cefepime hcl for inj 1 gm</i>	<i>18</i>	CENTANY OIN 2%	137
<i>cefepime hcl for inj 2 gm</i>	<i>18</i>	cephalexin cap 250 mg	19
CEFEPIME INJ 1GM	18	cephalexin cap 500 mg	19
CEFEPIME INJ 2G/100ML	18	cephalexin cap 750 mg	19
CEFEPIME/DEX INJ 1GM	18	cephalexin for susp 125 mg/5ml	19
CEFEPIME/DEX INJ 2GM	18	cephalexin for susp 250 mg/5ml	19
<i>cefixime cap 400 mg</i>	<i>18</i>	cephalexin tab 250 mg	19
<i>cefixime for susp 100 mg/5ml</i>	<i>18</i>	cephalexin tab 500 mg	19
<i>cefixime for susp 200 mg/5ml</i>	<i>18</i>	CERDELGA CAP 84MG.....	100
<i>cefotetan disodium for inj 1 gm</i>	<i>18</i>	CEREZYME INJ 400UNIT.....	100
<i>cefotetan disodium for inj 2 gm</i>	<i>18</i>	cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	130
CEFOXITIN INJ 1GM.....	18	cevimeline hcl cap 30 mg	142
CEFOXITIN INJ 2GM.....	18	CHANTIX PAK 0.5& 1MG	83
<i>cefoxitin sodium for iv soln 1 gm</i>	<i>18</i>	CHANTIX PAK 1MG	83
<i>cefoxitin sodium for iv soln 10 gm ...</i>	<i>18</i>	CHANTIX TAB 0.5MG	83
<i>cefoxitin sodium for iv soln 2 gm</i>	<i>18</i>	CHANTIX TAB 1MG	83
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	<i>19</i>	chateal tab 0.15/30.....	92
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	<i>18</i>	CHEMET CAP 100MG.....	91
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<i>cefpodoxime proxetil tab 200 mg....</i>	<i>19</i>	chloroquine phosphate tab 250 mg...13	
<i>cefprozil for susp 125 mg/5ml</i>	<i>19</i>	chloroquine phosphate tab 500 mg...13	
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<i>cefprozil tab 250 mg</i>	<i>19</i>	CHLORPROMAZI CON 30MG/ML	69
<i>cefprozil tab 500 mg</i>	<i>19</i>	chlorpromazine hcl inj 25 mg/ml	69
<i>ceftazidime for inj 1 gm.....</i>	<i>19</i>	chlorpromazine hcl inj 50 mg/2ml69	
<i>ceftazidime for inj 6 gm.....</i>	<i>19</i>	chlorpromazine hcl tab 10 mg	69
<i>ceftazidime for iv soln 2 gm</i>	<i>19</i>	chlorpromazine hcl tab 100 mg	69
CEFTAZIDIME/ SOL D5W 1GM	19	chlorpromazine hcl tab 200 mg	69
CEFTAZIDIME/ SOL D5W 2GM	19	chlorpromazine hcl tab 25 mg	69
<i>ceftriaxone sodium for inj 1 gm</i>	<i>19</i>	chlorpromazine hcl tab 50 mg	69
<i>ceftriaxone sodium for inj 10 gm</i>	<i>19</i>	chlorthalidone tab 25 mg	49
<i>ceftriaxone sodium for inj 2 gm</i>	<i>19</i>	chlorthalidone tab 50 mg	49
<i>ceftriaxone sodium for inj 250 mg ...</i>	<i>19</i>	cholestyramine light powder 4 gm/dose	43
<i>ceftriaxone sodium for inj 500 mg ...</i>	<i>19</i>	cholestyramine light powder packets 4 gm	43
<i>ceftriaxone sodium for iv soln 1 gm .</i>	<i>19</i>	cholestyramine powder 4 gm/dose ...43	
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<i>cefuroxime axetil tab 250 mg</i>	<i>19</i>	choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	42
<i>cefuroxime axetil tab 500 mg</i>	<i>19</i>	choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	42
<i>cefuroxime sodium for inj 750 mg....</i>	<i>19</i>	CHOR GONADOT INJ 10000UNT	100
<i>cefuroxime sodium for iv soln 1.5 gm</i>	<i>19</i>		
<i>celecoxib cap 100 mg.....</i>	<i>1</i>		

<i>ciclopirox olamine cream 0.77% (base equiv)</i>	138
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	138
<i>cidofovir iv inj 75 mg/ml</i>	17
<i>cilostazol tab 100 mg</i>	117
<i>cilostazol tab 50 mg</i>	117
<i>CILOXAN OIN 0.3% OP</i>	127
<i>CIMDUO TAB 300-300</i>	15
<i>cimetidine hcl soln 300 mg/5ml</i>	109
<i>cimetidine tab 200 mg</i>	109
<i>cimetidine tab 300 mg</i>	109
<i>cimetidine tab 400 mg</i>	109
<i>cimetidine tab 800 mg</i>	109
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	100
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	100
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	100
<i>CINRYZE SOL 500 UNIT</i>	117
<i>CINVANTI INJ 130/18ML</i>	107
<i>CIPRO (10%) SUS 500MG/5</i>	20
<i>CIPRO HC SUS OTIC</i>	142
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	20
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	20
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	127
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	142
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	20
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	20
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	20
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	20
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	142
<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>	142
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	24
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	24
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..	24
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	61
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	61
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	61
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	61
<i>claravis cap 10mg</i>	136
<i>claravis cap 20mg</i>	136
<i>claravis cap 30mg</i>	136
<i>claravis cap 40mg</i>	136
<i>CLARINEX-D TAB 2.5-120</i>	130
<i>clarithromycin for susp 125 mg/5ml</i> .20	
<i>clarithromycin for susp 250 mg/5ml</i> .20	
<i>clarithromycin tab 250 mg</i>	20
<i>clarithromycin tab 500 mg</i>	20
<i>clarithromycin tab er 24hr 500 mg</i> ...20	
<i>CLENPIQ SOL</i>	110
<i>CLEOCIN SUP 100MG</i>	114
<i>clindacin-p pad 1%</i>	136
<i>clindamycin hcl cap 150 mg</i>	9
<i>clindamycin hcl cap 300 mg</i>	9
<i>clindamycin hcl cap 75 mg</i>	9
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	9
<i>clindamycin phosphate foam 1%</i>136	
<i>clindamycin phosphate gel 1%</i>136	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	9
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	9
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	9
<i>clindamycin phosphate inj 300 mg/2ml</i>	9
<i>clindamycin phosphate inj 600 mg/4ml</i>	9
<i>clindamycin phosphate inj 9 gm/60ml</i> 9	
<i>clindamycin phosphate inj 900 mg/6ml</i>	9
<i>clindamycin phosphate lotion 1%</i> ...136	
<i>clindamycin phosphate soln 1%</i>136	
<i>clindamycin phosphate swab 1%</i>136	
<i>clindamycin phosphate vaginal cream 2%</i>	114
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	136

<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	136
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	136
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	136
<i>CLINDESSE CRE 2%</i>	114
<i>CLINDMYC/NAC INJ 300/50ML</i>	9
<i>CLINDMYC/NAC INJ 600/50ML</i>	10
<i>CLINDMYC/NAC INJ 900/50ML</i>	10
<i>CLINIMIX E INJ 2.75/D5W</i>	125
<i>CLINIMIX E INJ 4.25/D10</i>	125
<i>CLINIMIX E INJ 4.25/D5W</i>	125
<i>CLINIMIX E INJ 5%/D15W</i>	125
<i>CLINIMIX E INJ 5%/D20W</i>	125
<i>CLINIMIX E INJ 8/10</i>	125
<i>CLINIMIX E INJ 8/14</i>	125
<i>CLINIMIX INJ 4.25/D10</i>	126
<i>CLINIMIX INJ 4.25/D5W</i>	125
<i>CLINIMIX INJ 5%/D15W</i>	126
<i>CLINIMIX INJ 5%/D20W</i>	126
<i>CLINIMIX INJ 6/5</i>	126
<i>CLINIMIX INJ 8/10</i>	126
<i>CLINIMIX INJ 8/14</i>	126
<i>clinisol sf inj 15%</i>	126
<i>CLINOLIPID EMU 20%</i>	126
<i>clobazam suspension 2.5 mg/ml</i>	54
<i>clobazam tab 10 mg</i>	54
<i>clobazam tab 20 mg</i>	54
<i>clobetasol e cre 0.05%</i>	139
<i>clobetasol propionate cream 0.05%</i>	139
<i>clobetasol propionate gel 0.05%</i>	139
<i>clobetasol propionate oint 0.05%</i>	139
<i>clobetasol propionate soln 0.05%</i>	139
<i>clocortolone pivalate cream 0.1%</i>	139
<i>clomipramine hcl cap 25 mg</i>	61
<i>clomipramine hcl cap 50 mg</i>	61
<i>clomipramine hcl cap 75 mg</i>	61
<i>clonazepam orally disintegrating tab 0.125 mg</i>	54
<i>clonazepam orally disintegrating tab 0.25 mg</i>	54
<i>clonazepam orally disintegrating tab 0.5 mg</i>	54
<i>clonazepam orally disintegrating tab 1 mg</i>	54
<i>clonazepam orally disintegrating tab 2 mg</i>	54

<i>clonazepam tab 0.5 mg</i>	54
<i>clonazepam tab 1 mg</i>	54
<i>clonazepam tab 2 mg</i>	54
<i>clonidine hcl tab 0.1 mg</i>	50
<i>clonidine hcl tab 0.2 mg</i>	50
<i>clonidine hcl tab 0.3 mg</i>	50
<i>clonidine td patch weekly 0.1 mg/24hr</i>	50
<i>clonidine td patch weekly 0.2 mg/24hr</i>	50
<i>clonidine td patch weekly 0.3 mg/24hr</i>	50
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	118
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	118
<i>clorazepate dipotassium tab 15 mg</i>	55
<i>clorazepate dipotassium tab 3.75 mg</i>	54
<i>clorazepate dipotassium tab 7.5 mg</i>	55
<i>clotrimazole cream 1%</i>	138
<i>clotrimazole soln 1%</i>	138
<i>clotrimazole troche 10 mg</i>	142
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	138
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	138
<i>clozapine orally disintegrating tab 100 mg</i>	69
<i>clozapine orally disintegrating tab 12.5 mg</i>	69
<i>clozapine orally disintegrating tab 150 mg</i>	69
<i>clozapine orally disintegrating tab 200 mg</i>	69
<i>clozapine orally disintegrating tab 25 mg</i>	69
<i>clozapine tab 100 mg</i>	69
<i>clozapine tab 200 mg</i>	69
<i>clozapine tab 25 mg</i>	69
<i>clozapine tab 50 mg</i>	69
<i>COARTEM TAB 20-120MG</i>	13
<i>CODEINE SULF TAB 15MG</i>	6
<i>CODEINE SULF TAB 60MG</i>	6
<i>codeine sulfate tab 30 mg</i>	6
<i>colchicine tab 0.6 mg</i>	1
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1

colesevelam hcl packet for susp	3.75 gm	43
colesevelam hcl tab 625 mg	43	
colestipol hcl granule packets 5 gm..	43	
colestipol hcl granules 5 gm ..	43	
colestipol hcl tab 1 gm ..	43	
colistimethate sod for inj 150 mg (colistin base activity)	10	
COMBIGAN SOL 0.2/0.5%	128	
COMBIVENT AER 20-100	130	
COMETRIQ KIT 100MG	30	
COMETRIQ KIT 140MG	30	
COMETRIQ KIT 60MG	29	
COMPLERA TAB	15	
compro sup 25mg.....	107	
CONDYLOX GEL 0.5%	141	
constulose sol 10gm/15.....	110	
COPIKTRA CAP 15MG	30	
COPIKTRA CAP 25MG	30	
CORLANOR SOL 5MG/5ML	50	
CORLANOR TAB 5MG	50	
CORLANOR TAB 7.5MG	50	
CORTIFOAM AER 90MG	141	
cortisone acetate tab 25 mg.....	98	
CORTISPORIN SUS -TC OTIC	142	
COTELLIC TAB 20MG	30	
COTEMPLA TAB 17.3MG.....	74	
COTEMPLA TAB 25.9MG.....	74	
COTEMPLA TAB 8.6MG	74	
CREON CAP 12000UNT	112	
CREON CAP 24000UNT	112	
CREON CAP 3000UNIT	111	
CREON CAP 36000UNT	112	
CREON CAP 6000UNIT	112	
CRESEMBA CAP 186 MG	12	
CRESEMBA INJ 372MG	12	
CRINONE GEL 4% VAG	103	
CRINONE GEL 8% VAG	103	
CRIXIVAN CAP 200MG.....	14	
CRIXIVAN CAP 400MG.....	14	
cromolyn sodium ophth soln 4%....	128	
cromolyn sodium oral conc 100 mg/5ml	111	
cromolyn sodium soln nebu 20 mg/2ml	132	
crotan lot 10%	142	
cryselle-28 tab 28 tabs.....	92	
CUVPOSA SOL 1MG/5ML.....	109	

cyclafem tab 1/35	92
cyclafem tab 7/7/7	92
cyclobenzaprine hcl tab 10 mg	82
cyclobenzaprine hcl tab 5 mg.....	82
CYCLOPHOSPH INJ 1GM.....	24
CYCLOPHOSPH TAB 25MG	24
CYCLOPHOSPH TAB 50MG	24
CYCLOPHOSPHA INJ 500MG	24
cyclophosphamide cap 25 mg	24
cyclophosphamide cap 50 mg	24
cyclophosphamide for inj 1 gm	24
cyclophosphamide for inj 2 gm	24
cyclophosphamide for inj 500 mg	24
cycloserine cap 250 mg	16
cyclosporine cap 100 mg	121
cyclosporine cap 25 mg	121
cyclosporine iv soln 50 mg/ml.....	121
cyclosporine modified cap 100 mg	121
cyclosporine modified cap 25 mg....	121
cyclosporine modified cap 50 mg....	121
cyclosporine modified oral soln 100 mg/ml	121
cyproheptadine hcl syrup 2 mg/5ml	130
cyproheptadine hcl tab 4 mg	130
cyred eq tab	92
CYSTADANE POW	100
CYSTADROPS SOL 0.37%.....	129
CYSTAGON CAP 150MG.....	100
CYSTAGON CAP 50MG	100
CYSTARAN SOL 0.44%	129
cytarabine inj 20 mg/ml.....	25
cytarabine inj pf 100 mg/ml	25
D	
D10W/NACL INJ 0.2%	123
D2.5W/NACL INJ 0.45%.....	123
D5W/LYTES INJ #48.....	123
D5W/NACL INJ 0.3%	123
dalfampridine tab er 12hr 10 mg	82
DALIRESP TAB 250MCG	132
DALIRESP TAB 500MCG	132
DALVANCE SOL 500MG	10
danazol cap 100 mg	96
danazol cap 200 mg	96
danazol cap 50 mg	96
dantrolene sodium cap 100 mg	82
dantrolene sodium cap 25 mg.....	82
dantrolene sodium cap 50 mg	82
dapsone gel 5%	136

dapsone gel 7.5%	136
dapsone tab 100 mg	10
dapsone tab 25 mg.....	10
DAPTACEL INJ.....	122
daptomycin for iv soln 350 mg	10
daptomycin for iv soln 500 mg	10
DAPTO MYCIN SOL 350MG.....	10
darifenacin hydrobromide tab er 24hr 15 mg (base equiv).....	113
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv).....	113
dasetta tab 1/35	92
dasetta tab 7/7/7	92
DAURISMO TAB 100MG	30
DAURISMO TAB 25MG.....	30
daysee tab	92
DAYTRANA DIS 10MG/9HR	74
DAYTRANA DIS 15MG/9HR	74
DAYTRANA DIS 20MG/9HR	74
DAYTRANA DIS 30MG/9HR	74
DAYVIGO TAB 10MG	78
DAYVIGO TAB 5MG	78
deblitane tab 0.35mg	92
decitabine for inj 50 mg	25
deferasirox granules packet 180 mg.	91
deferasirox granules packet 360 mg.	91
deferasirox granules packet 90 mg ..	91
deferasirox tab 180 mg	91
deferasirox tab 360 mg	91
deferasirox tab 90 mg	91
deferasirox tab for oral susp 125 mg	91
deferasirox tab for oral susp 250 mg	91
deferasirox tab for oral susp 500 mg	91
deferiprone tab 500 mg.....	91
DELESTROGEN INJ 10MG/ML	96
DELSTRIGO TAB.....	15
demeclocycline hcl tab 150 mg.....	23
demeclocycline hcl tab 300 mg	23
DENAVIR CRE 1%.....	141
DEPO-ESTRADI INJ 5MG/ML.....	96
DEPO-MEDROL INJ 20MG/ML	98
DEPO-SQ PROV INJ 104	92
DESCO VY TAB 200/25MG	15
desipramine hcl tab 10 mg.....	61
desipramine hcl tab 100 mg	61
desipramine hcl tab 150 mg	61
desipramine hcl tab 25 mg.....	61
desipramine hcl tab 50 mg.....	61

desipramine hcl tab 75 mg	61
desloratadine tab 5 mg	130
desloratadine tab orally disintegrating 2.5 mg	130
desloratadine tab orally disintegrating 5 mg	130
desmopressin acetate inj 4 mcg/ml	100
desmopressin acetate nasal spray soln 0.01%	100
desmopressin acetate nasal spray soln 0.01% (refrigerated)	100
desmopressin acetate preservative free (pf) inj 4 mcg/ml.....	100
desmopressin acetate tab 0.1 mg...100	
desmopressin acetate tab 0.2 mg...100	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	92
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	92
desonide cream 0.05%	139
desonide lotion 0.05%	139
desonide oint 0.05%	139
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	62
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	61
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	62
DEXAMETHASON CON 1MG/ML	98
dexamethasone elixir 0.5 mg/5ml	98
dexamethasone sod phosphate preservative free inj 10 mg/ml	98
dexamethasone sodium phosphate inj 10 mg/ml	98
dexamethasone sodium phosphate inj 100 mg/10ml.....	98
dexamethasone sodium phosphate inj 120 mg/30ml.....	98
dexamethasone sodium phosphate inj 20 mg/5ml	98
dexamethasone sodium phosphate inj 4 mg/ml.....	98
dexamethasone sodium phosphate ophth soln 0.1%	127
dexamethasone soln 0.5 mg/5ml	98
dexamethasone tab 0.5 mg	98
dexamethasone tab 0.75 mg	98
dexamethasone tab 1 mg	98

dexamethasone tab 1.5 mg	98
dexamethasone tab 2 mg	98
dexamethasone tab 4 mg	98
dexamethasone tab 6 mg	98
DEXILANT CAP 30MG DR	112
DEXILANT CAP 60MG DR	112
dexmethylphenidate hcl cap er 24 hr 10 mg	75
dexmethylphenidate hcl cap er 24 hr 15 mg	75
dexmethylphenidate hcl cap er 24 hr 20 mg	75
dexmethylphenidate hcl cap er 24 hr 25 mg	75
dexmethylphenidate hcl cap er 24 hr 30 mg	75
dexmethylphenidate hcl cap er 24 hr 35 mg	75
dexmethylphenidate hcl cap er 24 hr 5 mg	74
dexmethylphenidate hcl tab 10 mg ..	75
dexmethylphenidate hcl tab 2.5 mg .	75
dexmethylphenidate hcl tab 5 mg	75
dextrose 10% w/ sodium chloride 0.45%.....	123
dextrose 2.5% w/ sodium chloride 0.45%.....	123
dextrose 5% in lactated ringers.....	123
dextrose 5% w/ sodium chloride 0.2%	123
dextrose 5% w/ sodium chloride 0.225%.....	123
dextrose 5% w/ sodium chloride 0.3%	123
dextrose 5% w/ sodium chloride 0.45%	123
dextrose 5% w/ sodium chloride 0.9%	123
dextrose inj 10%.....	126
dextrose inj 5%	126
dextrose inj 50%.....	126
dextrose inj 70%.....	126
DIACOMIT CAP 250MG	55
DIACOMIT CAP 500MG	55
DIACOMIT PAK 250MG	55
DIACOMIT PAK 500MG	55
diazepam conc 5 mg/ml	55
diazepam inj 5 mg/ml.....	55
diazepam oral soln 1 mg/ml	55
diazepam rectal gel delivery system 10 mg	55
diazepam rectal gel delivery system 2.5 mg	55
diazepam rectal gel delivery system 20 mg	55
diazepam tab 10 mg.....	55
diazepam tab 2 mg	55
diazepam tab 5 mg	55
diazoxide susp 50 mg/ml	99
diclofenac potassium tab 50 mg	1
diclofenac sodium gel 1%.....	141
diclofenac sodium ophth soln 0.1%.127	
diclofenac sodium soln 1.5%	141
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	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1
dicloxacillin sodium cap 250 mg	22
dicloxacillin sodium cap 500 mg	22
dicyclomine hcl cap 10 mg	109
dicyclomine hcl inj 10 mg/ml	109
dicyclomine hcl oral soln 10 mg/5ml	109
dicyclomine hcl tab 20 mg	109
DIFFERIN LOT 0.1%	136
DIFICID SUS	20
DIFICID TAB 200MG	20
diflunisal tab 500 mg	1
difluprednate ophth emulsion 0.05%	127
digitek tab 0.125mg	50
digitek tab 0.25mg	50
digox tab 0.125mg	50
digox tab 0.25mg.....	50
digoxin inj 0.25 mg/ml	50
digoxin oral soln 0.05 mg/ml	50
digoxin tab 125 mcg (0.125 mg)	50

<i>digoxin tab 250 mcg (0.25 mg)</i>	50
<i>dihydroergotamine mesylate inj 1 mg/ml.....</i>	79
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	79
DILANTIN CAP 100MG.....	55
DILANTIN CAP 30MG.....	55
DILANTIN CHW 50MG	55
DILANTIN-125 SUS 125/5ML.....	55
<i>diltiazem hcl cap er 12hr 120 mg....</i>	46
<i>diltiazem hcl cap er 12hr 60 mg</i>	46
<i>diltiazem hcl cap er 12hr 90 mg</i>	46
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	46
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	46
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	46
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	46
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	46
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	46
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	46
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	47
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	47
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	47
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	47
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	47
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	47
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	47
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	47
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	47
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	47
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	47

<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	47
<i>diltiazem hcl tab 120 mg.....</i>	47
<i>diltiazem hcl tab 30 mg.....</i>	47
<i>diltiazem hcl tab 60 mg.....</i>	47
<i>diltiazem hcl tab 90 mg.....</i>	47
<i>dilt-xr cap 120mg</i>	46
<i>dilt-xr cap 180mg</i>	46
<i>dilt-xr cap 240mg</i>	46
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DIPENTUM CAP 250MG	110
<i>diphenhydramine hcl inj 50 mg/ml .</i>	131
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml.....</i>	111
<i>diphenoxylate w/ atropine tab 2.5- 0.025 mg</i>	111
dipyridamole tab 25 mg	118
dipyridamole tab 50 mg	118
dipyridamole tab 75 mg	118
<i>disopyramide phosphate cap 100 mg</i>	41
<i>disopyramide phosphate cap 150 mg</i>	41
disulfiram tab 250 mg.....	83
disulfiram tab 500 mg.....	83
DIURIL SUS 250/5ML	49
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	55
<i>divalproex sodium tab delayed release 125 mg</i>	55
<i>divalproex sodium tab delayed release 250 mg</i>	55
<i>divalproex sodium tab delayed release 500 mg</i>	55
<i>divalproex sodium tab er 24 hr 250 mg</i>	55
<i>divalproex sodium tab er 24 hr 500 mg</i>	55
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	28
<i>docetaxel for inj conc 20 mg/ml</i>	28
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	28
DOCETAXEL INJ 160/16ML	28
DOCETAXEL INJ 160/8ML.....	28
DOCETAXEL INJ 20MG/2ML	28
DOCETAXEL INJ 80MG/4ML	28
DOCETAXEL INJ 80MG/8ML	28
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	28

<i>docetaxel soln for iv infusion</i> 20 mg/2ml	28
<i>docetaxel soln for iv infusion</i> 80 mg/8ml	28
<i>dofetilide cap</i> 125 mcg (0.125 mg) ..	41
<i>dofetilide cap</i> 250 mcg (0.25 mg)	41
<i>dofetilide cap</i> 500 mcg (0.5 mg)	41
<i>DOJOLVI LIQ</i> 100%	100
<i>dolishale tab</i> 90-20mcg	92
<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab</i> 10 mg	60
<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab</i> 5 mg	60
<i>donepezil hydrochloride tab</i> 10 mg ..	60
<i>donepezil hydrochloride tab</i> 23 mg ..	60
<i>donepezil hydrochloride tab</i> 5 mg	60
<i>DOPTELET TAB</i> 20MG	117
<i>dorzolamide hcl ophth soln</i> 2%.....	128
<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>sol</i> 22.3-6.8 mg/ml pf	129
<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>soln</i> 22.3-6.8 mg/ml	129
<i>dotti dis</i> 0.025mg	96
<i>dotti dis</i> 0.0375mg	96
<i>dotti dis</i> 0.05mg	96
<i>dotti dis</i> 0.075mg	96
<i>dotti dis</i> 0.1mg.....	96
<i>DOVATO TAB</i> 50-300MG	15
<i>doxazosin mesylate tab</i> 1 mg	38
<i>doxazosin mesylate tab</i> 2 mg	38
<i>doxazosin mesylate tab</i> 4 mg	38
<i>doxazosin mesylate tab</i> 8 mg	38
<i>doxepin hcl (sleep) tab</i> 3 mg (base	
<i>equiv</i>)	78
<i>doxepin hcl (sleep) tab</i> 6 mg (base	
<i>equiv</i>)	78
<i>doxepin hcl cap</i> 10 mg	62
<i>doxepin hcl cap</i> 100 mg	62
<i>doxepin hcl cap</i> 150 mg	62
<i>doxepin hcl cap</i> 25 mg	62
<i>doxepin hcl cap</i> 50 mg	62
<i>doxepin hcl cap</i> 75 mg	62
<i>doxepin hcl conc</i> 10 mg/ml	62
<i>doxercalciferol cap</i> 0.5 mcg	106
<i>doxercalciferol cap</i> 1 mcg	106
<i>doxercalciferol cap</i> 2.5 mcg	106
<i>doxorubicin hcl inj</i> 2 mg/ml.....	24

<i>doxorubicin hcl liposomal inj (for iv</i>	
<i>infusion)</i> 2 mg/ml.....	24
<i>doxy</i> 100 inj 100mg	23
<i>doxycycline (rosacea) cap delayed</i>	
<i>release</i> 40 mg	141
<i>doxycycline hyclate cap</i> 100 mg	23
<i>doxycycline hyclate cap</i> 50 mg	23
<i>doxycycline hyclate for inj</i> 100 mg	23
<i>doxycycline hyclate tab</i> 100 mg	23
<i>doxycycline hyclate tab</i> 20 mg	23
<i>doxycycline hyclate tab delayed release</i>	
<i>100 mg</i>	23
<i>doxycycline hyclate tab delayed release</i>	
<i>150 mg</i>	23
<i>doxycycline hyclate tab delayed release</i>	
<i>200 mg</i>	23
<i>doxycycline hyclate tab delayed release</i>	
<i>50 mg</i>	23
<i>doxycycline monohydrate cap</i> 100 mg	
.....	23
<i>doxycycline monohydrate cap</i> 150 mg	
.....	23
<i>doxycycline monohydrate cap</i> 50 mg	23
<i>doxycycline monohydrate cap</i> 75 mg	23
<i>doxycycline monohydrate for susp</i> 25	
<i>mg/5ml</i>	23
<i>doxycycline monohydrate tab</i> 100 mg	
.....	23
<i>doxycycline monohydrate tab</i> 150 mg	
.....	23
<i>doxycycline monohydrate tab</i> 50 mg.	23
<i>doxycycline monohydrate tab</i> 75 mg.	23
<i>DRIZALMA CAP</i> 20MG DR	62
<i>DRIZALMA CAP</i> 30MG DR	62
<i>DRIZALMA CAP</i> 40MG DR	62
<i>DRIZALMA CAP</i> 60MG DR	62
<i>dronabinol cap</i> 10 mg	107
<i>dronabinol cap</i> 2.5 mg	107
<i>dronabinol cap</i> 5 mg	107
<i>drospirenone-ethinyl estradiol tab</i> 3-	
<i>0.02 mg</i>	92
<i>drospirenone-ethinyl estradiol tab</i> 3-	
<i>0.03 mg</i>	92
<i>drospirenone-ethinyl estrad-</i>	
<i>levomefolate tab</i> 3-0.02-0.451 mg	92

<i>drospirenone-ethinyl estrad-</i>	
<i>levomefolate tab 3-0.03-0.451 mg</i>	92
DROXIA CAP 200MG	117
DROXIA CAP 300MG	117
DROXIA CAP 400MG	117
<i>droxidopa cap 100 mg</i>	50
<i>droxidopa cap 200 mg</i>	50
<i>droxidopa cap 300 mg</i>	51
DULERA AER 100-5MCG	135
DULERA AER 200-5MCG	135
DULERA AER 50-5MCG	135
<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 20 mg (base eq)</i>	62
<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 30 mg (base eq)</i>	62
<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 60 mg (base eq)</i>	62
DUOPA SUS 4.63-20	65
DUREZOL EMU 0.05%	127
<i>dutasteride cap 0.5 mg</i>	113
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>mg</i>	113
DUTOPROL TAB 100-12.5	44
DUTOPROL TAB 25-12.5	44
DUTOPROL TAB 50-12.5	44
DYANAVEL XR SUS 2.5MG/ML	75
E	
<i>e.e.s. 400 tab 400mg</i>	20
<i>ec-naproxen tab 375mg</i>	1
<i>ec-naproxen tab 500mg</i>	1
EDARBI TAB 40MG.....	40
EDARBI TAB 80MG.....	40
EDARBYCLOR TAB 40-12.5	39
EDARBYCLOR TAB 40-25MG.....	39
EDURANT TAB 25MG.....	14
<i>efavirenz cap 200 mg</i>	14
<i>efavirenz cap 50 mg</i>	14
<i>efavirenz tab 600 mg</i>	14
<i>efavirenz-emtricitabine-tenofovir df tab</i>	
<i>600-200-300 mg</i>	15
<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>400-300-300 mg</i>	15
<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>600-300-300 mg</i>	15
EGRIFTA SV INJ 2MG	100
ELAPRASE INJ 6MG/3ML.....	100
ELELYSO INJ 200UNIT.....	100

<i>eletriptan hydrobromide tab 20 mg</i>	
<i>(base equivalent)</i>	79
<i>eletriptan hydrobromide tab 40 mg</i>	
<i>(base equivalent)</i>	79
ELIGARD INJ 22.5MG.....	26
ELIGARD INJ 30MG	26
ELIGARD INJ 45MG	26
ELIGARD INJ 7.5MG	26
<i>elinetab</i>	92
ELIQUIS ST P TAB 5MG.....	114
ELIQUIS TAB 2.5MG	114
ELIQUIS TAB 5MG	114
ELITEK INJ 1.5MG	35
ELITEK INJ 7.5MG	35
ELIXOPHYLLIN ELX 80/15ML.....	132
ELLA TAB 30MG	92
ELMIRON CAP 100MG	113
<i>eluryng mis</i>	92
EMCYT CAP 140MG.....	26
EMEND SUS 125MG.....	107
<i>emoquette tab</i>	92
EMSAM DIS 12MG/24H	62
EMSAM DIS 6MG/24HR	62
EMSAM DIS 9MG/24HR	62
<i>emtricitabine caps 200 mg</i>	14
<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 100-150 mg</i>	16
<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 133-200 mg</i>	16
<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 167-250 mg</i>	16
<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 200-300 mg</i>	16
EMTRIVA SOL 10MG/ML	14
EMVERM CHW 100MG	10
<i>enalapril maleate & hydrochlorothiazide</i>	
<i>tab 10-25 mg</i>	36
<i>enalapril maleate & hydrochlorothiazide</i>	
<i>tab 5-12.5 mg</i>	36
<i>enalapril maleate oral soln 1 mg/ml</i> ..	37
<i>enalapril maleate tab 10 mg</i>	37
<i>enalapril maleate tab 2.5 mg</i>	37
<i>enalapril maleate tab 20 mg</i>	37
<i>enalapril maleate tab 5 mg</i>	37
ENBREL INJ 25/0.5ML.....	118
ENBREL INJ 25MG	118
ENBREL INJ 50MG/ML.....	118
ENBREL MINI INJ 50MG/ML	118

ENBREL SRCLK INJ 50MG/ML	118	eplerenone tab 50 mg.....	38
ENDARI POW 5GM	117	EPOGEN INJ 10000/ML	116
ENGERIX-B INJ 10/0.5ML	122	EPOGEN INJ 2000/ML	116
ENGERIX-B INJ 20MCG/ML	122	EPOGEN INJ 20000/ML	116
<i>enoxaparin sodium inj 100 mg/ml..</i>	114	EPOGEN INJ 3000/ML	116
<i>enoxaparin sodium inj 120 mg/0.8ml ..</i>	114	EPOGEN INJ 4000/ML	116
<i>enoxaparin sodium inj 150 mg/ml..</i>	114	EQUETRO CAP 100MG.....	80
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	114	EQUETRO CAP 200MG.....	80
<i>enoxaparin sodium inj 300 mg/3ml</i>	114	EQUETRO CAP 300MG.....	80
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	114	ERAXIS INJ 100MG.....	12
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml.....</i>	114	ERAXIS INJ 50MG	12
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml.....</i>	114	ERBITUX INJ 100MG.....	30
enpresse-28 tab	92	ERBITUX INJ 200MG.....	30
enskyce tab	92	<i>ergotamine w/ caffeine tab 1-100 mg ..</i>	79
ENSTILAR AER	139	ERIVEDGE CAP 150MG.....	30
entacapone tab 200 mg.....	65	ERLEADA TAB 60MG	26
entecavir tab 0.5 mg.....	17	<i>erlotinib hcl tab 100 mg (base equivalent).....</i>	30
entecavir tab 1 mg	17	<i>erlotinib hcl tab 150 mg (base equivalent).....</i>	30
ENTRESTO TAB 24-26MG.....	39	<i>erlotinib hcl tab 25 mg (base equivalent).....</i>	30
ENTRESTO TAB 49-51MG.....	39	errin tab 0.35mg.....	92
ENTRESTO TAB 97-103MG	39	ERTACZO CRE 2%.....	138
ENTYVIO INJ 300MG	118	<i>ertapenem sodium for inj 1 gm (base equivalent).....</i>	10
<i>enulose sol 10gm/15.....</i>	110	ery pad 2%	136
ENVARSUS XR TAB 0.75MG	121	ery-tab tab 250mg ec	20
ENVARSUS XR TAB 1MG	121	ery-tab tab 333mg ec	20
ENVARSUS XR TAB 4MG	121	ery-tab tab 500mg ec	20
EPANED SOL 1MG/ML.....	37	ERYTHROCIN INJ 500MG.....	20
EPCLUSA TAB 200-50MG	17	<i>erythrocin tab 250mg</i>	20
EPCLUSA TAB 400-100	17	<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	20
EPIDIOLEX SOL 100MG/ML	55	<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	20
EPIDUO FORTE GEL 0.3-2.5%	136	<i>erythromycin ethylsuccinate tab 400 mg</i>	20
<i>epinastine hcl ophth soln 0.05%....</i>	128		
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	133	erythromycin gel 2%	136
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	133	<i>erythromycin ophth oint 5 mg/gm ..</i>	127
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	132	<i>erythromycin soln 2%.....</i>	136
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	25	erythromycin tab 250 mg	20
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	25	erythromycin tab 500 mg	20
<i>epitol tab 200mg</i>	55	<i>erythromycin tab delayed release 250 mg</i>	20
EPIVIR HBV SOL 5MG/ML	17		
<i>eplerenone tab 25 mg</i>	38	<i>erythromycin tab delayed release 333 mg</i>	20

<i>erythromycin tab delayed release 500 mg</i>	20
<i>erythromycin w/ delayed release particles cap 250 mg</i>	20
ESBRIET CAP 267MG	133
ESBRIET TAB 267MG	133
ESBRIET TAB 801MG	133
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	62
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	62
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	62
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	62
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	112
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	112
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	112
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	112
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	112
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	112
<i>estarrylla tab 0.25-35</i>	92
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	97
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	97
<i>estradiol tab 0.5 mg</i>	97
<i>estradiol tab 1 mg</i>	97
<i>estradiol tab 2 mg</i>	97
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	97
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	97
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	97
<i>estradiol td patch twice weekly 0.06 mg/24hr</i>	97
<i>estradiol td patch weekly 0.075 mg/24hr</i>	97
<i>estradiol td patch weekly 0.1 mg/24hr</i>	97
<i>estradiol vaginal cream 0.1 mg/gm</i>	97
<i>estradiol vaginal tab 10 mcg</i>	97
<i>estradiol valerate im in oil 20 mg/ml</i>	97
<i>estradiol valerate im in oil 40 mg/ml</i>	97
<i>ESTRING MIS 2MG</i>	97
<i>ethacrynic acid tab 25 mg</i>	49
<i>ethambutol hcl tab 100 mg</i>	16
<i>ethambutol hcl tab 400 mg</i>	16
<i>ethosuximide cap 250 mg</i>	56
<i>ethosuximide soln 250 mg/5ml</i>	56
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	92
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	92
<i>etodolac cap 200 mg</i>	1
<i>etodolac cap 300 mg</i>	1
<i>etodolac tab 400 mg</i>	1
<i>etodolac tab 500 mg</i>	1
<i>etodolac tab er 24hr 400 mg</i>	1
<i>etodolac tab er 24hr 500 mg</i>	1
<i>etodolac tab er 24hr 600 mg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	92
<i>ETOPOPHOS INJ 100MG</i>	28
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	28
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	28
<i>etravirine tab 100 mg</i>	14
<i>etravirine tab 200 mg</i>	14
<i>EUCRISA OIN 2%</i>	141
<i>euthyrox tab 100mcg</i>	104
<i>euthyrox tab 112mcg</i>	104
<i>euthyrox tab 125mcg</i>	104
<i>euthyrox tab 137mcg</i>	104
<i>euthyrox tab 150mcg</i>	104
<i>euthyrox tab 175mcg</i>	104
<i>euthyrox tab 200mcg</i>	104

euthyrox tab 25mcg.....	104
euthyrox tab 50mcg.....	104
euthyrox tab 75mcg.....	104
euthyrox tab 88mcg.....	104
EVENITY INJ 105MG	90
everolimus tab 0.25 mg	121
everolimus tab 0.5 mg	121
everolimus tab 0.75 mg	121
everolimus tab 10 mg	30
everolimus tab 2.5 mg	30
everolimus tab 5 mg	30
everolimus tab 7.5 mg	30
everolimus tab for oral susp 2 mg....	30
everolimus tab for oral susp 3 mg....	30
everolimus tab for oral susp 5 mg....	30
EVOTAZ TAB 300-150	16
exemestane tab 25 mg.....	26
EXKIVITY CAP 40MG	30
EXSERVAN MIS 50MG	81
EYSUVIS DRO 0.25%	127
EZALLOR SPR CAP 10MG	42
EZALLOR SPR CAP 20MG	42
EZALLOR SPR CAP 40MG	42
EZALLOR SPR CAP 5MG	42
ezetimibe tab 10 mg	43
ezetimibe-simvastatin tab 10-10 mg	43
ezetimibe-simvastatin tab 10-20 mg	43
ezetimibe-simvastatin tab 10-40 mg	43
ezetimibe-simvastatin tab 10-80 mg	43
F	
FABIOR AER 0.1%	137
FABRAZYME INJ 35MG	100
FABRAZYME INJ 5MG	100
falmina tab	92
famciclovir tab 125 mg.....	17
famciclovir tab 250 mg.....	17
famciclovir tab 500 mg.....	17
famotidine for susp 40 mg/5ml.....	109
famotidine in nacl 0.9% iv soln 20 mg/50ml	109
famotidine inj 20 mg/2ml	109
famotidine inj 200 mg/20ml.....	109
famotidine inj 40 mg/4ml	109
famotidine tab 20 mg.....	109
famotidine tab 40 mg.....	109
FANAPT PAK	69
FANAPT TAB 10MG	69
FANAPT TAB 12MG	69
FANAPT TAB 1MG	69
FANAPT TAB 2MG	69
FANAPT TAB 4MG	69
FANAPT TAB 6MG	69
FANAPT TAB 8MG	69
FARXIGA TAB 10MG	85
FARXIGA TAB 5MG	85
FARYDAK CAP 10MG	30
FARYDAK CAP 15MG	30
FARYDAK CAP 20MG	30
FASENRA INJ 30MG/ML.....	133
FASENRA PEN INJ 30MG/ML	133
fayosim tab	93
felbamate susp 600 mg/5ml	56
felbamate tab 400 mg	56
felbamate tab 600 mg	56
felodipine tab er 24hr 10 mg	47
felodipine tab er 24hr 2.5 mg	47
felodipine tab er 24hr 5 mg	47
FEMRING MIS 0.05/24H	97
FEMRING MIS 0.1MG/24	97
femynor tab 0.25-35	93
fenofibrate cap 150 mg	42
fenofibrate cap 50 mg.....	42
fenofibrate micronized cap 130 mg...42	
fenofibrate micronized cap 134 mg...42	
fenofibrate micronized cap 200 mg...42	
fenofibrate micronized cap 43 mg....42	
fenofibrate micronized cap 67 mg....42	
fenofibrate tab 145 mg	42
fenofibrate tab 160 mg	42
fenofibrate tab 48 mg	42
fenofibrate tab 54 mg	42
FENSOLVI INJ 45MG.....	100
fentanyl citrate buccal tab 100 mcg (base equiv)	6
fentanyl citrate buccal tab 200 mcg (base equiv)	6
fentanyl citrate buccal tab 400 mcg (base equiv)	6
fentanyl citrate buccal tab 600 mcg (base equiv)	6
fentanyl citrate buccal tab 800 mcg (base equiv)	6
fentanyl citrate lozenge on a handle 1200 mcg.....	7
fentanyl citrate lozenge on a handle 1600 mcg.....	7

<i>fentanyl citrate lozenge on a handle</i>	
200 mcg	6
<i>fentanyl citrate lozenge on a handle</i>	
400 mcg	6
<i>fentanyl citrate lozenge on a handle</i>	
600 mcg	6
<i>fentanyl citrate lozenge on a handle</i>	
800 mcg	6
<i>fentanyl td patch 72hr 100 mcg/hr</i>	3
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2
<i>fentanyl td patch 72hr 50 mcg/hr</i>	3
<i>fentanyl td patch 72hr 75 mcg/hr</i>	3
<i>FERPRX 2-DAY TAB 1000MG</i>	91
<i>FERRIPROX SOL 100MG/ML</i>	91
<i>FERRIPROX TAB 1000MG</i>	91
<i>FETROJA INJ 1GM</i>	19
<i>FETZIMA CAP 120MG</i>	62
<i>FETZIMA CAP 20MG</i>	62
<i>FETZIMA CAP 40MG</i>	62
<i>FETZIMA CAP 80MG</i>	62
<i>FETZIMA CAP TITRATIO</i>	62
<i>FIASP FLEX INJ TOUCH</i>	88
<i>FIASP INJ 100/ML</i>	88
<i>FIASP PENFIL INJ U-100</i>	88
<i>FINACEA AER 15%</i>	141
<i>finasteride tab 5 mg</i>	113
<i>FINTEPLA SOL 2.2MG/ML</i>	56
<i>FIRMAGON INJ 120MG</i>	26
<i>FIRMAGON INJ 80MG</i>	26
<i>FIRVANQ SOL 25MG/ML</i>	10
<i>FIRVANQ SOL 50MG/ML</i>	10
<i>flac oil 0.01%</i>	142
<i>FLAREX SUS 0.1% OP</i>	127
<i>FLEBOGAMMA INJ 10/100ML</i>	120
<i>FLEBOGAMMA INJ 10/200ML</i>	120
<i>FLEBOGAMMA INJ 20/200ML</i>	120
<i>FLEBOGAMMA INJ 20/400ML</i>	120
<i>FLEBOGAMMA INJ 5GM/50ML</i>	120
<i>FLEBOGAMMA INJ DIF 5%</i>	120
<i>flecainide acetate tab 100 mg</i>	41
<i>flecainide acetate tab 150 mg</i>	41
<i>flecainide acetate tab 50 mg</i>	41
<i>FLOLIPID SUS 20MG/5ML</i>	42
<i>FLOLIPID SUS 40MG/5ML</i>	42
<i>FLOVENT DISK AER 100MCG</i>	135
<i>FLOVENT DISK AER 250MCG</i>	135
<i>FLOVENT DISK AER 50MCG</i>	135
<i>FLOVENT HFA AER 110MCG</i>	135
<i>FLOVENT HFA AER 220MCG</i>	135
<i>FLOVENT HFA AER 44MCG</i>	135
<i>fluconazole for susp 10 mg/ml</i>	12
<i>fluconazole for susp 40 mg/ml</i>	12
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	12
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	12
<i>fluconazole tab 100 mg</i>	13
<i>fluconazole tab 150 mg</i>	13
<i>fluconazole tab 200 mg</i>	13
<i>fluconazole tab 50 mg</i>	13
<i>flucytosine cap 250 mg</i>	13
<i>flucytosine cap 500 mg</i>	13
<i>fludarabine phosphate for inj 50 mg</i> ..25	
<i>fludarabine phosphate inj 25 mg/ml</i> ..25	
<i>fludrocortisone acetate tab 0.1 mg</i> ...98	
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	134
<i>fluocinolone acetonide (otic) oil 0.01%</i>	142
<i>fluocinolone acetonide cream 0.01%</i>	140
<i>fluocinolone acetonide cream 0.025%</i>	140
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	140
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	140
<i>fluocinolone acetonide oint 0.025%</i> ..140	
<i>fluocinolone acetonide soln 0.01%</i> ..140	
<i>fluocinonide cream 0.05%</i>	140
<i>fluocinonide emulsified base cream 0.05%</i>	140
<i>fluocinonide gel 0.05%</i>	140
<i>fluocinonide oint 0.05%</i>	140
<i>fluocinonide soln 0.05%</i>	140
<i>fluorometholone ophth susp 0.1%</i> ..127	
<i>fluorouracil cream 5%</i>	141
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	25
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	25
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	25
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	25

<i>fluorouracil soln 2%</i>	141
<i>fluorouracil soln 5%</i>	141
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	62
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	62
<i>fluoxetine hcl cap 10 mg</i>	62
<i>fluoxetine hcl cap 20 mg</i>	62
<i>fluoxetine hcl cap 40 mg</i>	62
<i>fluoxetine hcl cap delayed release 90 mg</i>	63
<i>fluoxetine hcl solution 20 mg/5ml</i>	63
<i>fluoxetine hcl tab 10 mg</i>	63
<i>fluoxetine hcl tab 20 mg</i>	63
<i>fluoxetine hcl tab 60 mg</i>	63
<i>fluphenazine decanoate inj 25 mg/ml</i> 69	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> ...	69
<i>fluphenazine hcl inj 2.5 mg/ml</i>	69
<i>fluphenazine hcl oral conc 5 mg/ml</i> ..	69
<i>fluphenazine hcl tab 1 mg</i>	69
<i>fluphenazine hcl tab 10 mg</i>	70
<i>fluphenazine hcl tab 2.5 mg</i>	70
<i>fluphenazine hcl tab 5 mg</i>	70
<i>flurbiprofen sodium ophth soln 0.03%</i>	128
<i>flurbiprofen tab 100 mg</i>	1
<i>flutamide cap 125 mg</i>	26
<i>fluticasone propionate cream 0.05%</i>	140
<i>fluticasone propionate nasal susp 50 mcg/act</i>	134
<i>fluticasone propionate oint 0.005%</i> 140	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	42
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	42
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	43
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	53
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	53
<i>fluvoxamine maleate tab 100 mg</i>	53
<i>fluvoxamine maleate tab 25 mg</i>	53
<i>fluvoxamine maleate tab 50 mg</i>	53
<i>FML FORTE SUS 0.25% OP</i>	128
<i>FML OIN 0.1% OP</i>	128
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	115
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	114
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	115
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	115
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	131
<i>FORTEO INJ 620/2.48</i>	90
<i>FOSAMAX + D TAB 70-2800</i>	90
<i>FOSAMAX + D TAB 70-5600</i>	90
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	14
<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i>	107
<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i>	17
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	36
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	36
<i>fosinopril sodium tab 10 mg</i>	37
<i>fosinopril sodium tab 20 mg</i>	37
<i>fosinopril sodium tab 40 mg</i>	37
<i>FOSRENOL POW 1000MG</i>	103
<i>FOSRENOL POW 750MG</i>	103
<i>FOTIVDA CAP 0.89MG</i>	30
<i>FOTIVDA CAP 1.34MG</i>	30
<i>FRAGMIN INJ 10000/ML</i>	115
<i>FRAGMIN INJ 12500UNT</i>	115
<i>FRAGMIN INJ 15000UNT</i>	115
<i>FRAGMIN INJ 18000UNT</i>	115
<i>FRAGMIN INJ 2500/0.2</i>	115
<i>FRAGMIN INJ 5000/0.2</i>	115
<i>FRAGMIN INJ 7500/0.3</i>	115
<i>FRAGMIN INJ 95000UNT</i>	115
<i>FREAMINE III INJ 10%</i>	126
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	79
<i>fulvestrant inj 250 mg/5ml</i>	26
<i>furosemide inj 10 mg/ml</i>	49
<i>furosemide oral soln 10 mg/ml</i>	49
<i>furosemide oral soln 8 mg/ml</i>	49
<i>furosemide tab 20 mg</i>	49
<i>furosemide tab 40 mg</i>	49
<i>furosemide tab 80 mg</i>	49
<i>FUZEON INJ 90MG</i>	14
<i>FYCOMPA SUS 0.5MG/ML</i>	56

FYCOMPA TAB 10MG	56
FYCOMPA TAB 12MG	56
FYCOMPA TAB 2MG.....	56
FYCOMPA TAB 4MG.....	56
FYCOMPA TAB 6MG.....	56
FYCOMPA TAB 8MG.....	56
G	
<i>gabapentin cap 100 mg</i>	56
<i>gabapentin cap 300 mg</i>	56
<i>gabapentin cap 400 mg</i>	56
<i>gabapentin oral soln 250 mg/5ml</i>	56
<i>gabapentin tab 600 mg</i>	56
<i>gabapentin tab 800 mg</i>	56
GALAFOLD CAP 123MG.....	100
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	60
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	60
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	60
<i>galantamine hydrobromide oral soln 4 mg/ml.....</i>	60
<i>galantamine hydrobromide tab 12 mg </i>	60
<i>galantamine hydrobromide tab 4 mg</i>	60
<i>galantamine hydrobromide tab 8 mg</i>	60
GAMASTAN INJ	120
GAMMAGARD INJ 10GM/100	120
GAMMAGARD INJ 1GM/10ML.....	120
GAMMAGARD INJ 2.5GM/25	120
GAMMAGARD INJ 20GM/200	120
GAMMAGARD INJ 30GM/300	120
GAMMAGARD INJ 5GM/50ML.....	120
GAMMAGARD SD INJ 10GM HU.....	120
GAMMAGARD SD INJ 5GM HU	120
GAMMAKED INJ 10GM/100	120
GAMMAKED INJ 1GM/10ML	120
GAMMAKED INJ 20GM/200	120
GAMMAKED INJ 5GM/50ML	120
GAMMAPLEX INJ 10%	120
GAMMAPLEX INJ 5%	120
GAMUNEX-C INJ 10GM/100.....	120
GAMUNEX-C INJ 1GM/10ML	120
GAMUNEX-C INJ 2.5GM/25	120
GAMUNEX-C INJ 20GM/200.....	120
GAMUNEX-C INJ 40/400ML	120
GAMUNEX-C INJ 5GM/50ML	120
GANCICLOVIR INJ 500MG.....	17

<i>ganciclovir sodium for inj 500 mg.....</i>	17
GARDASIL 9 INJ	122
<i>gatifloxacin ophth soln 0.5%</i>	127
GATTEX KIT 5MG	111
GAUZE PADS 2X2.....	88
<i>gavilyte-c sol.....</i>	110
<i>gavilyte-g sol</i>	110
<i>gavilyte-n sol flav pk</i>	110
GAVRETO CAP 100MG.....	30
GELNIQUE GEL 10%.....	113
<i>gemcitabine hcl for inj 1 gm</i>	25
<i>gemcitabine hcl for inj 2 gm</i>	25
<i>gemcitabine hcl for inj 200 mg.....</i>	25
<i>gemcitabine hcl inj 1 gm/10ml (100 mg/ml) (base equiv).....</i>	25
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv).....</i>	25
<i>gemcitabine hcl inj 2 gm/20ml (100 mg/ml) (base equiv).....</i>	25
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv).....</i>	25
<i>gemcitabine hcl inj 200 mg/2ml (100 mg/ml) (base equiv).....</i>	25
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv).....</i>	25
gemfibrozil tab 600 mg	42
gemmily cap 1/20	93
generlac sol 10gm/15	110
gengraf cap 100mg	122
gengraf cap 25mg	121
gengraf sol 100mg/ml	122
GENOTROPIN INJ 0.2MG	100
GENOTROPIN INJ 0.4MG	100
GENOTROPIN INJ 0.6MG	100
GENOTROPIN INJ 0.8MG	100
GENOTROPIN INJ 1.2MG	100
GENOTROPIN INJ 1.4MG	100
GENOTROPIN INJ 1.6MG	100
GENOTROPIN INJ 1.8MG	100
GENOTROPIN INJ 12MG	100
GENOTROPIN INJ 1MG	100
GENOTROPIN INJ 2MG	100
GENOTROPIN INJ 5MG	100
gentak oin 0.3% op	127
<i>gentamicin in saline inj 0.8 mg/ml....</i>	10
<i>gentamicin in saline inj 1 mg/ml</i>	10
<i>gentamicin in saline inj 1.2 mg/ml....</i>	10
<i>gentamicin in saline inj 1.6 mg/ml....</i>	10

<i>gentamicin in saline inj 2 mg/ml</i>	10
<i>gentamicin sulfate cream 0.1%</i>	137
<i>gentamicin sulfate inj 10 mg/ml</i>	10
<i>gentamicin sulfate inj 40 mg/ml</i>	10
<i>gentamicin sulfate oint 0.1%</i>	137
<i>gentamicin sulfate ophth soln 0.3%</i>	127
<i>GENVOYA TAB</i>	16
<i>gianvi tab 3-0.02mg</i>	93
<i>GILENYA CAP 0.5MG</i>	82
<i>GILOTrif TAB 20MG</i>	30
<i>GILOTrif TAB 30MG</i>	30
<i>GILOTrif TAB 40MG</i>	30
<i>GIMOTI SPR 15MG</i>	107
<i>GLASSIA INJ</i>	133
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	82
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	82
<i>glatopa inj 20mg/ml</i>	82
<i>glatopa inj 40mg/ml</i>	82
<i>glimepiride tab 1 mg</i>	85
<i>glimepiride tab 2 mg</i>	85
<i>glimepiride tab 4 mg</i>	85
<i>glipizide tab 10 mg</i>	85
<i>glipizide tab 5 mg</i>	85
<i>glipizide tab er 24hr 10 mg</i>	85
<i>glipizide tab er 24hr 2.5 mg</i>	85
<i>glipizide tab er 24hr 5 mg</i>	85
<i>glipizide xl tab 10mg</i>	85
<i>glipizide xl tab 2.5mg</i>	85
<i>glipizide xl tab 5mg</i>	85
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	85
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	86
<i>glipizide-metformin hcl tab 5-500 mg</i>	86
<i>GLOPERBA SOL 0.6/5ML</i>	1
<i>GLYCATE TAB 1.5MG</i>	109
<i>GLYCOPYRRROL INJ 0.2MG/ML</i>	109
<i>GLYCOPYRRROL INJ 0.4/2ML</i>	109
<i>glycopyrrolate inj 0.2 mg/ml</i>	109
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	109
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	109
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	109
<i>glycopyrrolate tab 1 mg</i>	109
<i>glycopyrrolate tab 2 mg</i>	109
<i>glydo gel 2%</i>	140
<i>GLYXAMBI TAB 10-5 MG</i>	86
<i>GLYXAMBI TAB 25-5 MG</i>	86
<i>GOCOVRI CAP 137MG</i>	65
<i>GOCOVRI CAP 68.5MG</i>	65
<i>GOLYTELY SOL</i>	110
<i>GONITRO POW 400MCG</i>	51
<i>GRALISE TAB 300MG</i>	81
<i>GRALISE TAB 600MG</i>	81
<i>granisetron hcl inj 1 mg/ml</i>	107
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	107
<i>granisetron hcl tab 1 mg</i>	107
<i>GRASTEK SUB 2800BAU</i>	121
<i>griseofulvin microsize susp 125 mg/5ml</i>	13
<i>griseofulvin microsize tab 500 mg</i>	13
<i>griseofulvin ultramicrosize tab 125 mg</i>	13
<i>griseofulvin ultramicrosize tab 250 mg</i>	13
<i>guanfacine hcl tab 1 mg</i>	51
<i>guanfacine hcl tab 2 mg</i>	51
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	75
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	75
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	75
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	75
<i>GVOKE HYPO 2 INJ .5/.1ML</i>	99
<i>GVOKE HYPO 2 INJ 1MG/.2ML</i>	99
<i>GVOKE PFS INJ</i>	99
H	
<i>HAEGARDA INJ 2000UNIT</i>	117
<i>HAEGARDA INJ 3000UNIT</i>	117
<i>hailey 24 tab fe</i>	93
<i>hailey tab 1.5/30</i>	93
<i>HALAVEN INJ 1MG/2ML</i>	28
<i>halobetasol propionate cream 0.05%</i>	140
<i>halobetasol propionate oint 0.05%</i>	140
<i>haloperidol decanoate im soln 100 mg/ml</i>	70
<i>haloperidol decanoate im soln 50 mg/ml</i>	70

<i>haloperidol lactate inj 5 mg/ml</i>	70
<i>haloperidol lactate oral conc 2 mg/ml</i>	70
<i>haloperidol tab 0.5 mg</i>	70
<i>haloperidol tab 1 mg</i>	70
<i>haloperidol tab 10 mg</i>	70
<i>haloperidol tab 2 mg</i>	70
<i>haloperidol tab 20 mg</i>	70
<i>haloperidol tab 5 mg</i>	70
HARVONI PAK	17
HARVONI PAK 45-200MG.....	17
HARVONI TAB 45-200MG.....	17
HARVONI TAB 90-400MG.....	17
HAVRIX INJ 1440UNIT	122
HAVRIX INJ 720UNIT	122
<i>heather tab 0.35mg</i>	93
HEP SOD/NACL INJ 25000UNT	115
HEPARIN SOD INJ 5000/0.5	115
HEPARIN SOD INJ 5000/ML	115
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	115
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	115
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	115
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	115
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	115
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	115
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	115
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	115
HEPARIN/NACL INJ 25000UNT.....	115
<i>hepatamine sol 8%</i>	126
HERCEP HYLEC SOL 60-10000.....	30
HERCEPTIN INJ 150MG.....	30
HERZUMA INJ 150MG.....	30
HERZUMA INJ 420MG.....	30
HETLIOZ CAP 20MG	78
HIBERIX SOL 10MCG	122
HORIZANT TAB 300MG ER	81
HORIZANT TAB 600MG ER	81
HUMALOG INJ 100/ML.....	88
HUMALOG JR INJ 100/ML.....	88
HUMALOG KWIK INJ 100/ML.....	88
HUMALOG KWIK INJ 200/ML.....	88
HUMALOG MIX INJ 50/50	88
HUMALOG MIX INJ 50/50KWP.....	88
HUMALOG MIX INJ 75/25KWP.....	88
HUMALOG MIX SUS 75/25.....	88
HUMATROPE INJ 12MG	100
HUMATROPE INJ 24MG	101
HUMATROPE INJ 6MG	100
HUMIRA INJ 10/0.1ML	118
HUMIRA INJ 20/0.2ML	118
HUMIRA INJ 40/0.4ML	118
HUMIRA KIT 40MG/0.8	118
HUMIRA PEDIA INJ CROHNS	118
HUMIRA PEN INJ 40/0.4ML.....	119
HUMIRA PEN INJ 40MG/0.8	119
HUMIRA PEN INJ 80/0.8ML.....	119
HUMIRA PEN INJ CD/UC/HS.....	119
HUMIRA PEN INJ PS/UV	119
HUMIRA PEN KIT CD/UC/HS	119
HUMIRA PEN KIT PED UC	119
HUMIRA PEN KIT PS/UV	119
HUMULIN INJ 70/30	88
HUMULIN INJ 70/30KWP	88
HUMULIN N INJ U-100	88
HUMULIN N INJ U-100KWP	88
HUMULIN R INJ U-100	88
HUMULIN R INJ U-500	88
<i>hydralazine hcl inj 20 mg/ml</i>	51
<i>hydralazine hcl tab 10 mg</i>	51
<i>hydralazine hcl tab 100 mg</i>	51
<i>hydralazine hcl tab 25 mg</i>	51
<i>hydralazine hcl tab 50 mg</i>	51
<i>hydrochlorothiazide cap 12.5 mg</i>	49
<i>hydrochlorothiazide tab 12.5 mg</i>	49
<i>hydrochlorothiazide tab 25 mg</i>	49
<i>hydrochlorothiazide tab 50 mg</i>	49
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	3
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	3
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	3
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	3
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	3
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	3

hydrocodone bitartrate tab er 24hr deter 80 mg	3
HYDROCODONE CAP 10MG ER	3
HYDROCODONE CAP 15MG ER	3
HYDROCODONE CAP 20MG ER	3
HYDROCODONE CAP 30MG ER	3
HYDROCODONE CAP 40MG ER	3
HYDROCODONE CAP 50MG ER	3
hydrocodone-acetaminophen soln 7.5- 325 mg/15ml	7
hydrocodone-acetaminophen tab 10- 300 mg	7
hydrocodone-acetaminophen tab 10- 325 mg	7
hydrocodone-acetaminophen tab 5-300 mg	7
hydrocodone-acetaminophen tab 5-325 mg	7
hydrocodone-acetaminophen tab 7.5- 300 mg	7
hydrocodone-acetaminophen tab 7.5- 325 mg	7
hydrocodone-ibuprofen tab 10-200 mg	7
hydrocodone-ibuprofen tab 5-200 mg	7
hydrocodone-ibuprofen tab 7.5-200 mg	7
hydrocortisone cream 1%.....	140
hydrocortisone cream 2.5%	140
hydrocortisone enema 100 mg/60ml	110
hydrocortisone lotion 2.5%	140
hydrocortisone oint 2.5%	140
hydrocortisone perianal cream 2.5%	141
hydrocortisone tab 10 mg.....	98
hydrocortisone tab 20 mg.....	98
hydrocortisone tab 5 mg.....	98
hydrocortisone w/ acetic acid otic soln 1-2%	143
HYDROMORPHON INJ 1MG/ML.....	7
HYDROMORPHON INJ 2MG/ML.....	7
HYDROMORPHON INJ 4MG/ML.....	7
hydromorphone hcl inj 1 mg/ml.....	7
hydromorphone hcl inj 2 mg/ml.....	7
hydromorphone hcl inj 4 mg/ml.....	7
hydromorphone hcl liqd 1 mg/ml	7

hydromorphone hcl preservative free (pf) inj 10 mg/ml	7
hydromorphone hcl tab 2 mg.....	7
hydromorphone hcl tab 4 mg.....	7
hydromorphone hcl tab 8 mg.....	7
hydromorphone hcl tab er 24hr 12 mg3	3
hydromorphone hcl tab er 24hr 16 mg3	3
hydromorphone hcl tab er 24hr 32 mg3	3
hydromorphone hcl tab er 24hr 8 mg. 3	3
hydroxychloroquine sulfate tab 200 mg	119
hydroxyprogesterone caproate im in oil 1.25 gm/5ml	26
hydroxyurea cap 500 mg	27
hydroxyzine hcl im soln 25 mg/ml ..	131
hydroxyzine hcl im soln 50 mg/ml ..	131
hydroxyzine hcl syrup 10 mg/5ml...	131
hydroxyzine hcl tab 10 mg	131
hydroxyzine hcl tab 25 mg	131
hydroxyzine hcl tab 50 mg	131
hydroxyzine pamoate cap 100 mg..	131
hydroxyzine pamoate cap 25 mg....	131
hydroxyzine pamoate cap 50 mg....	131
HYSINGLA ER TAB 100 MG	4
HYSINGLA ER TAB 120 MG	4
HYSINGLA ER TAB 20 MG	3
HYSINGLA ER TAB 30 MG	3
HYSINGLA ER TAB 40 MG.....	3
HYSINGLA ER TAB 60 MG	3
HYSINGLA ER TAB 80 MG.....	4
I	
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	90
ibandronate sodium tab 150 mg (base equivalent).....	90
IBRANCE CAP 100MG	31
IBRANCE CAP 125MG	31
IBRANCE CAP 75MG	31
IBRANCE TAB 100MG	31
IBRANCE TAB 125MG	31
IBRANCE TAB 75MG	31
ibu tab 600mg	1
ibu tab 800mg	1
ibuprofen susp 100 mg/5ml.....	1
ibuprofen tab 400 mg	1
ibuprofen tab 600 mg	1
ibuprofen tab 800 mg	1

<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	117
<i>iclevia tab</i>	93
ICLUSIG TAB 10MG	31
ICLUSIG TAB 15MG	31
ICLUSIG TAB 30MG	31
ICLUSIG TAB 45MG	31
IDHIFA TAB 100MG	31
IDHIFA TAB 50MG	31
ILEVRO DRO 0.3% OP	128
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	31
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	31
IMBRUVICA CAP 140MG	31
IMBRUVICA CAP 70MG	31
IMBRUVICA TAB 140MG	31
IMBRUVICA TAB 280MG	31
IMBRUVICA TAB 420MG	31
IMBRUVICA TAB 560MG	31
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	10
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	10
imipramine hcl tab 10 mg	63
imipramine hcl tab 25 mg	63
imipramine hcl tab 50 mg	63
imipramine pamoate cap 100 mg....	63
imipramine pamoate cap 125 mg....	63
imipramine pamoate cap 150 mg....	63
imipramine pamoate cap 75 mg	63
<i>imiquimod cream 5%</i>	141
IMOVAX RABIE INJ 2.5/ML.....	122
IMVEXXY MAIN SUP 10MCG	97
IMVEXXY MAIN SUP 4MCG	97
IMVEXXY STRT SUP 10MCG	97
IMVEXXY STRT SUP 4MCG	97
INBRIJA CAP 42MG	65
<i>incassia tab 0.35mg</i>	93
INCRELEX INJ 40MG/4ML	101
INCRUSE ELPT INH 62.5MCG	130
<i>indapamide tab 1.25 mg</i>	49
<i>indapamide tab 2.5 mg</i>	49
INFANRIX INJ	122
INFUGEM SOL 1200MG.....	25
INFUGEM SOL 1300MG.....	25
INFUGEM SOL 1400MG.....	25
INFUGEM SOL 1500MG.....	25
INFUGEM SOL 1600MG	25
INFUGEM SOL 1700MG	25
INFUGEM SOL 1800MG	25
INFUGEM SOL 1900MG	25
INFUGEM SOL 2000MG	25
INFUGEM SOL 2200MG	25
INGREZZA CAP 40-80MG	81
INGREZZA CAP 40MG	81
INGREZZA CAP 60MG	81
INGREZZA CAP 80MG	81
INLYTA TAB 1MG	31
INLYTA TAB 5MG	31
INQOVI TAB 35-100MG.....	27
INREBIC CAP 100MG	31
INS ASP PROT INJ FLEXPEN.....	88
INSULIN ASPA INJ 100/ML	89
INSULIN ASPA INJ 70/30	89
INSULIN ASPA INJ FLEXPEN	89
INSULIN ASPA INJ PENFILL	89
INSULIN LISP INJ 100/ML	89
INSULIN LISP INJ JUNIOR	89
INSULIN LISP INJ PROTAMIN	89
INSULIN SAFETY NEEDLES	89
INSULIN SYRINGES:	
BD/ULTIMED/ALLISON/TRIVIDIA/MH C	89
INTELENCE TAB 100MG	14
INTELENCE TAB 200MG	14
INTELENCE TAB 25MG	14
INTRALIPID INJ 20%	126
INTRALIPID INJ 30%	126
INTRAROSA SUP 6.5MG	113
INTRON A INJ 10MU	121
INTRON A INJ 18MU	121
INTRON A INJ 25MU	121
INTRON A INJ 50MU	121
introvale tab.....	93
INVEGA SUST INJ 117/0.75.....	70
INVEGA SUST INJ 156MG/ML.....	70
INVEGA SUST INJ 234/1.5	70
INVEGA SUST INJ 39/0.25	70
INVEGA SUST INJ 78/0.5ML	70
INVEGA TRINZ INJ 273MG	70
INVEGA TRINZ INJ 410MG	70
INVEGA TRINZ INJ 546MG	70
INVEGA TRINZ INJ 819MG	70
INVELTYS SUS 1%	128
INVIRASE TAB 500MG	14

INVOKAMET TAB 150-1000	86
INVOKAMET TAB 150-500.....	86
INVOKAMET TAB 50-1000.....	86
INVOKAMET TAB 50-500MG	86
INVOKAMET XR TAB 150-1000	86
INVOKAMET XR TAB 150-500	86
INVOKAMET XR TAB 50-1000	86
INVOKAMET XR TAB 50-500MG	86
INVOKANA TAB 100MG	86
INVOKANA TAB 300MG	86
IPOL INJ INACTIVE	122
<i>ipratropium bromide inhal soln 0.02%</i>	130
<i>ipratropium bromide nasal soln 0.03%</i> (21 mcg/spray)	130
<i>ipratropium bromide nasal soln 0.06%</i> (42 mcg/spray)	130
<i>ipratropium-albuterol nebu soln 0.5-</i> 2.5(3) mg/3ml	130
irbesartan tab 150 mg.....	40
irbesartan tab 300 mg.....	40
irbesartan tab 75 mg	40
irbesartan-hydrochlorothiazide tab 150-12.5 mg	39
irbesartan-hydrochlorothiazide tab 300-12.5 mg	39
IRESSA TAB 250MG	31
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	27
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	27
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	27
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	27
ISENTRESS CHW 100MG	14
ISENTRESS CHW 25MG	14
ISENTRESS HD TAB 600MG	14
ISENTRESS POW 100MG	14
ISENTRESS TAB 400MG.....	14
isibloom tab	93
ISOLYTE-P INJ /D5W.....	123
ISOLYTE-S INJ	123
isoniazid syrup 50 mg/5ml.....	16
isoniazid tab 100 mg.....	16
isoniazid tab 300 mg.....	16
ISOPTO ATROP SOL 1% OP.....	129
<i>isosorbide dinitrate tab 10 mg</i>	52

<i>isosorbide dinitrate tab 20 mg</i>	52
<i>isosorbide dinitrate tab 30 mg</i>	52
<i>isosorbide dinitrate tab 40 mg</i>	52
<i>isosorbide dinitrate tab 5 mg</i>	51
<i>isosorbide mononitrate tab 10 mg</i>	52
<i>isosorbide mononitrate tab 20 mg</i>	52
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	52
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	52
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<i>levofloxacin ophth soln 0.5%</i>	127
<i>levofloxacin oral soln 25 mg/ml</i>	20
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<i>levofloxacin tab 500 mg</i>	20
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<i>levoxyl tab 175mcg</i>	105
<i>levoxyl tab 200mcg</i>	105
<i>levoxyl tab 25mcg</i>	105
<i>levoxyl tab 50mcg</i>	105
<i>levoxyl tab 75mcg</i>	105
<i>levoxyl tab 88mcg</i>	105
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<i>lidocaine hcl local inj 1%</i>	9
<i>lidocaine hcl local inj 2%</i>	9
<i>lidocaine hcl local preservative free (pf)</i>	
<i> inj 0.5%</i>	9
<i>lidocaine hcl local preservative free (pf)</i>	
<i> inj 1.5%</i>	9
<i>lidocaine hcl local preservative free (pf)</i>	
<i> inj 1%</i>	9
<i>lidocaine hcl local preservative free (pf)</i>	
<i> inj 2%</i>	9
<i>lidocaine hcl local preservative free (pf)</i>	
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<i>lidocaine hcl soln 4%</i>	140
<i>lidocaine hcl urethral/mucosal gel 2%</i>	
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<i>lidocaine hcl viscous soln 2%</i>	142
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<i>lidocaine patch 5%</i>	140
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<i>linezolid for susp 100 mg/5ml</i>	10
<i>linezolid in sodium chloride iv soln 600</i>	
<i> mg/300ml-0.9%</i>	10
<i>linezolid iv soln 600 mg/300ml (2</i>	
<i> mg/ml)</i>	10
<i>linezolid tab 600 mg</i>	10
<i>LINZESS CAP 145MCG</i>	111
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<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	37
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	37
<i>lisinopril tab 10 mg</i>	37
<i>lisinopril tab 2.5 mg</i>	37
<i>lisinopril tab 20 mg</i>	37
<i>lisinopril tab 30 mg</i>	37
<i>lisinopril tab 40 mg</i>	37
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<i>lithium carbonate cap 300 mg</i>	81
<i>lithium carbonate cap 600 mg</i>	81
<i>lithium carbonate tab er 300 mg</i>	81
<i>lithium carbonate tab er 450 mg</i>	81
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<i>loestrin 21 tab 1.5/30</i>	94
<i>loestrin fe tab 1.5/30</i>	94
<i>loestrin fe tab 1/20</i>	94
<i>loestrin tab 1/20-21</i>	94
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LONSURF TAB 15-6.14	27
LONSURF TAB 20-8.19	28
<i>loperamide hcl cap 2 mg</i>	111
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	16
<i>lopinavir-ritonavir tab 100-25 mg</i>	16
<i>lopinavir-ritonavir tab 200-50 mg</i>	16
<i>lopreeza tab 1-0.5mg</i>	97
<i>lorazepam con 2mg/ml</i>	53
<i>lorazepam conc 2 mg/ml</i>	53
<i>lorazepam inj 2 mg/ml</i>	53
<i>lorazepam inj 4 mg/ml</i>	53
<i>lorazepam tab 0.5 mg</i>	53
<i>lorazepam tab 1 mg</i>	53
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<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	39
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	39
<i>losartan potassium tab 100 mg</i>	40
<i>losartan potassium tab 25 mg</i>	40
<i>losartan potassium tab 50 mg</i>	40
LOTEMAX GEL 0.5%	128
LOTEMAX OIN 0.5%	128
LOTEMAX SM GEL 0.38%	128
<i>loteprednol etabonate ophth gel 0.5%</i>	128
<i>loteprednol etabonate ophth susp 0.5%</i>	128
<i>lovastatin tab 10 mg</i>	43
<i>lovastatin tab 20 mg</i>	43
<i>lovastatin tab 40 mg</i>	43
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<i>loxapine succinate cap 25 mg</i>	70
<i>loxapine succinate cap 5 mg</i>	70
<i>loxapine succinate cap 50 mg</i>	70
<i>lubiprostone cap 24 mcg</i>	111
<i>lubiprostone cap 8 mcg</i>	111
LUCEMYRA TAB 0.18MG	84
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LUMIGAN SOL 0.01%	129
LUMIZYME INJ 50MG	101
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<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	124
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<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	124
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<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	124
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<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	124
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<i>matzim la tab 180mg/24</i>	47
<i>matzim la tab 240mg/24</i>	47
<i>matzim la tab 300mg/24</i>	47
<i>matzim la tab 360mg/24</i>	47
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<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	94
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	94
<i>medroxyprogesterone acetate tab 10 mg</i>	104
<i>medroxyprogesterone acetate tab 2.5 mg</i>	103
<i>medroxyprogesterone acetate tab 5 mg</i>	104
<i>mefloquine hcl tab 250 mg</i>	13
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<i>melodetta chw 24 fe</i>	94
<i>meloxicam tab 15 mg</i>	2
<i>meloxicam tab 7.5 mg</i>	2
<i>memantine hcl cap er 24hr 14 mg</i> ..	60
<i>memantine hcl cap er 24hr 21 mg</i> ..	60
<i>memantine hcl cap er 24hr 28 mg</i> ..	60
<i>memantine hcl cap er 24hr 7 mg</i> ..	60
<i>memantine hcl oral solution 2 mg/ml</i> ..	60
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<i>meropenem iv for soln 1 gm</i>	10
<i>meropenem iv for soln 500 mg</i>	10
<i>mesalamine cap dr 400 mg</i>	110
<i>mesalamine cap er 24hr 0.375 gm</i> ..	110
<i>mesalamine enema 4 gm</i>	110
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	110
<i>mesalamine suppos 1000 mg</i>	110
<i>mesalamine tab delayed release 1.2 gm</i>	110

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<i>mg</i>	110
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<i>metadate tab 20mg er</i>	75
<i>metformin hcl oral soln 500 mg/5ml.</i> ..	86
<i>metformin hcl tab 1000 mg</i>	86
<i>metformin hcl tab 500 mg</i>	86
<i>metformin hcl tab 850 mg</i>	86
<i>metformin hcl tab er 24hr 500 mg</i> ...	86
<i>metformin hcl tab er 24hr 750 mg</i> ...	86
<i>methadone con 10mg/ml</i>	4
<i>methadone hcl soln 10 mg/5ml</i>	4
<i>methadone hcl soln 5 mg/5ml</i>	4
<i>methadone hcl tab 10 mg</i>	4
<i>methadone hcl tab 5 mg</i>	4
<i>methazolamide tab 25 mg</i>	49
<i>methazolamide tab 50 mg</i>	49
<i>methenamine hippurate tab 1 gm</i>	10
<i>methergine tab 0.2mg</i>	101
<i>methimazole tab 10 mg</i>	105
<i>methimazole tab 5 mg</i>	105
<i>methotrexate sodium for inj 1 gm</i>	25
<i>methotrexate sodium inj 250 mg/10ml</i>	
<i>(25 mg/ml)</i>	26
<i>methotrexate sodium inj 50 mg/2ml</i>	
<i>(25 mg/ml)</i>	26
<i>methotrexate sodium inj pf 1000</i>	
<i>mg/40ml (25 mg/ml)</i>	26
<i>methotrexate sodium inj pf 250</i>	
<i>mg/10ml (25 mg/ml)</i>	26
<i>methotrexate sodium inj pf 50 mg/2ml</i>	
<i>(25 mg/ml)</i>	26
<i>methotrexate sodium tab 2.5 mg (base</i>	
<i>equiv)</i>	119
<i>methoxsalen rapid cap 10 mg</i>	138
<i>methscopolamine bromide tab 2.5 mg</i>	
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<i>methscopolamine bromide tab 5 mg</i>	
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<i>METHYLDOPA TAB 250MG</i>	51
<i>METHYLDOPA TAB 500MG</i>	51
<i>methylergonovine maleate tab 0.2 mg</i>	
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<i>METHYLPHENID TAB 72MG ER</i>	75
<i>methylphenidate hcl cap er 10 mg (cd)</i>	
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<i>methylphenidate hcl cap er 20 mg (cd)</i>	
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<i>methylphenidate hcl cap er 24hr 10 mg</i>	
<i>(la)</i>	76
<i>methylphenidate hcl cap er 24hr 10 mg</i>	
<i>(xr)</i>	76
<i>methylphenidate hcl cap er 24hr 15 mg</i>	
<i>(xr)</i>	76
<i>methylphenidate hcl cap er 24hr 20 mg</i>	
<i>(la)</i>	76
<i>methylphenidate hcl cap er 24hr 20 mg</i>	
<i>(xr)</i>	76
<i>methylphenidate hcl cap er 24hr 30 mg</i>	
<i>(la)</i>	76
<i>methylphenidate hcl cap er 24hr 30 mg</i>	
<i>(xr)</i>	76
<i>methylphenidate hcl cap er 24hr 40 mg</i>	
<i>(la)</i>	76
<i>methylphenidate hcl cap er 24hr 40 mg</i>	
<i>(xr)</i>	76
<i>methylphenidate hcl cap er 24hr 50 mg</i>	
<i>(xr)</i>	76
<i>methylphenidate hcl cap er 24hr 60 mg</i>	
<i>(la)</i>	76
<i>methylphenidate hcl cap er 24hr 60 mg</i>	
<i>(xr)</i>	76
<i>methylphenidate hcl cap er 30 mg (cd)</i>	
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<i>methylphenidate hcl cap er 40 mg (cd)</i>	
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<i>methylphenidate hcl cap er 50 mg (cd)</i>	
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<i>methylphenidate hcl cap er 60 mg (cd)</i>	
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<i>methylphenidate hcl chew tab 10 mg</i>	76
<i>methylphenidate hcl chew tab 2.5 mg</i>	
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<i>methylphenidate hcl chew tab 5 mg</i> ..	76
<i>methylphenidate hcl soln 10 mg/5ml</i>	76
<i>methylphenidate hcl soln 5 mg/5ml</i> ..	76
<i>methylphenidate hcl tab 10 mg</i>	77
<i>methylphenidate hcl tab 20 mg</i>	77
<i>methylphenidate hcl tab 5 mg</i>	76
<i>methylphenidate hcl tab er 10 mg</i>	77
<i>methylphenidate hcl tab er 20 mg</i>	77
<i>methylphenidate hcl tab er 24hr 18 mg</i>	
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<i>methylphenidate hcl tab er 24hr 27 mg</i>	
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<i>methylphenidate hcl tab er 24hr 36 mg</i>	77
<i>methylphenidate hcl tab er 24hr 54 mg</i>	77
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	77
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	77
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	77
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	77
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	98
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	98
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	98
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	98
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	98
<i>methylprednisolone tab 16 mg</i>	99
<i>methylprednisolone tab 32 mg</i>	99
<i>methylprednisolone tab 4 mg</i>	98
<i>methylprednisolone tab 8 mg</i>	99
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	99
METOCLOPRAMI TAB 10MG ODT	107
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	107
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	107
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	107
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	107
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	107
<i>metolazone tab 10 mg</i>	49
<i>metolazone tab 2.5 mg</i>	49
<i>metolazone tab 5 mg</i>	49
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	44
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	44
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	44
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	45
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	45
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	45
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	45
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	45
<i>metoprolol tartrate tab 100 mg</i>	45
<i>metoprolol tartrate tab 25 mg</i>	45
<i>metoprolol tartrate tab 50 mg</i>	45
METRONIDAZOL INJ 5MG/ML	10
<i>metronidazole cap 375 mg</i>	10
<i>metronidazole cream 0.75%</i>	141
<i>metronidazole gel 0.75%</i>	141
<i>metronidazole in nacl 0.74% iv soln 500 mg/100ml</i>	10
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	10
<i>metronidazole lotion 0.75%</i>	141
<i>metronidazole tab 250 mg</i>	11
<i>metronidazole tab 500 mg</i>	11
<i>metronidazole vaginal gel 0.75%</i>	114
<i>metyrosine cap 250 mg</i>	51
MG SO4/D5W INJ 10MG/ML	124
MIACALCIN INJ 200/ML	90
<i>mibelas 24 chw fe</i>	94
<i>micafungin sodium for iv soln 100 mg</i>	13
<i>micafungin sodium for iv soln 50 mg</i>	13
<i>miconazole 3 sup 200mg</i>	114
<i>microgestin tab 1.5/30</i>	94
<i>microgestin tab 1/20</i>	94
<i>microgestin tab fe 1/20</i>	94
<i>microgestin tab fe1.5/30</i>	94
<i>midodrine hcl tab 10 mg</i>	51
<i>midodrine hcl tab 2.5 mg</i>	51
<i>midodrine hcl tab 5 mg</i>	51
<i> miglitol tab 100 mg</i>	87
<i> miglitol tab 25 mg</i>	86
<i> miglitol tab 50 mg</i>	87
<i> miglustat cap 100 mg</i>	101
<i> mili tab 0.25/35</i>	94
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<i> mimvey tab 1-0.5mg</i>	97
<i> minocycline hcl cap 100 mg</i>	23
<i> minocycline hcl cap 50 mg</i>	23

<i>minocycline hcl cap 75 mg</i>	23
<i>minocycline hcl tab 100 mg</i>	24
<i>minocycline hcl tab 50 mg</i>	23
<i>minocycline hcl tab 75 mg</i>	24
<i>minocycline hcl tab er 24hr 135 mg</i> ..	24
<i>minocycline hcl tab er 24hr 45 mg</i> ...	24
<i>minocycline hcl tab er 24hr 90 mg</i> ...	24
<i>minoxidil tab 10 mg</i>	51
<i>minoxidil tab 2.5 mg</i>	51
<i>mirtazapine orally disintegrating tab 15 mg</i>	63
<i>mirtazapine orally disintegrating tab 30 mg</i>	63
<i>mirtazapine orally disintegrating tab 45 mg</i>	63
<i>mirtazapine tab 15 mg</i>	63
<i>mirtazapine tab 30 mg</i>	63
<i>mirtazapine tab 45 mg</i>	63
<i>mirtazapine tab 7.5 mg</i>	63
<i>misoprostol tab 100 mcg</i>	111
<i>misoprostol tab 200 mcg</i>	111
<i>MITIGARE CAP 0.6MG</i>	1
<i>M-M-R II INJ</i>	122
<i>M-NATAL PLUS TAB</i>	125
<i>modafinil tab 100 mg</i>	83
<i>modafinil tab 200 mg</i>	83
<i>moexipril hcl tab 15 mg</i>	37
<i>moexipril hcl tab 7.5 mg</i>	37
<i>molindone hcl tab 10 mg</i>	70
<i>molindone hcl tab 25 mg</i>	70
<i>molindone hcl tab 5 mg</i>	70
<i>mometasone furoate cream 0.1%</i> ..	140
<i>mometasone furoate nasal susp 50 mcg/act</i>	134
<i>mometasone furoate oint 0.1%</i>	140
<i>mometasone furoate solution 0.1% (lotion)</i>	140
<i>monodoxyne nl cap 100mg</i>	24
<i>monodoxyne nl cap 75mg</i>	24
<i>MONJUVI INJ 200MG</i>	32
<i>mono-linyah tab 0.25-35</i>	94
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	132
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	132
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	132
<i>montelukast sodium tab 10 mg (base equiv)</i>	132
<i>MORPHINE SUL INJ 10MG/ML</i>	7
<i>MORPHINE SUL INJ 2MG/ML</i>	7
<i>MORPHINE SUL INJ 4MG/ML</i>	7
<i>MORPHINE SUL INJ 5MG/ML</i>	7
<i>MORPHINE SUL INJ 8MG/ML</i>	7
<i>morpheine sulfate beads cap er 24hr 120 mg</i>	4
<i>morpheine sulfate beads cap er 24hr 30 mg</i>	4
<i>morpheine sulfate beads cap er 24hr 45 mg</i>	4
<i>morpheine sulfate beads cap er 24hr 60 mg</i>	4
<i>morpheine sulfate beads cap er 24hr 75 mg</i>	4
<i>morpheine sulfate beads cap er 24hr 90 mg</i>	4
<i>morpheine sulfate cap er 24hr 10 mg</i> ..	4
<i>morpheine sulfate cap er 24hr 100 mg</i> ..	4
<i>morpheine sulfate cap er 24hr 20 mg</i> ..	4
<i>morpheine sulfate cap er 24hr 30 mg</i> ..	4
<i>morpheine sulfate cap er 24hr 40 mg</i> ..	4
<i>morpheine sulfate cap er 24hr 50 mg</i> ..	4
<i>morpheine sulfate cap er 24hr 60 mg</i> ..	4
<i>morpheine sulfate cap er 24hr 80 mg</i> ..	4
<i>morpheine sulfate iv soln 1 mg/ml</i>	7
<i>morpheine sulfate iv soln 4 mg/ml</i>	7
<i>morpheine sulfate iv soln pf 10 mg/ml.</i> ..	7
<i>morpheine sulfate oral soln 10 mg/5ml</i> ..	7
<i>morpheine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	8
<i>morpheine sulfate oral soln 20 mg/5ml</i> ..	7
<i>morpheine sulfate tab 15 mg</i>	8
<i>morpheine sulfate tab 30 mg</i>	8
<i>morpheine sulfate tab er 100 mg</i>	5
<i>morpheine sulfate tab er 15 mg</i>	4
<i>morpheine sulfate tab er 200 mg</i>	5
<i>morpheine sulfate tab er 30 mg</i>	5
<i>morpheine sulfate tab er 60 mg</i>	5
<i>MOTEGRITY TAB 1MG</i>	111
<i>MOTEGRITY TAB 2MG</i>	111
<i>MOVANTIK TAB 12.5MG</i>	111
<i>MOVANTIK TAB 25MG</i>	111
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	21

<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	127
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	127
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	21
MOXIFLOXACIN INJ 400/250	21
MOZOBIL INJ	116
MULPLETA TAB 3MG.....	117
MULTAQ TAB 400MG	41
<i>mupirocin oint 2%</i>	137
MVASI INJ 100MG	32
MVASI INJ 400MG	32
MYCAPSSA CAP 20MG	101
<i>mycophenolate mofetil cap 250 mg</i> 122	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	122
<i>mycophenolate mofetil tab 500 mg</i> 122	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	122
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	122
MYDAYIS CAP 12.5MG.....	77
MYDAYIS CAP 25MG	77
MYDAYIS CAP 37.5MG.....	77
MYDAYIS CAP 50MG	77
MYFEMBREE TAB	101
<i>myorisan cap 10mg</i>	137
<i>myorisan cap 20mg</i>	137
<i>myorisan cap 30mg</i>	137
<i>myorisan cap 40mg</i>	137
MYRBETRIQ SUS 8MG/ML	113
MYRBETRIQ TAB 25MG.....	113
MYRBETRIQ TAB 50MG.....	114
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<i>nabumetone tab 500 mg</i>	2
<i>nabumetone tab 750 mg</i>	2
<i>nadolol tab 20 mg</i>	45
<i>nadolol tab 40 mg</i>	45
<i>nadolol tab 80 mg</i>	45
NAFCILLIN INJ 1GM/50ML	22
NAFCILLIN INJ 2GM/100.....	22
<i>nafcillin sodium for inj 1 gm</i>	22
<i>nafcillin sodium for inj 2 gm</i>	22
<i>nafcillin sodium for iv soln 1 gm</i>	22
<i>nafcillin sodium for iv soln 10 gm</i>	22
<i>nafcillin sodium for iv soln 2 gm</i>	22
<i>naftifine hcl cream 1%</i>	138
<i>naftifine hcl cream 2%</i>	138
<i>naftifine hcl gel 1%</i>	138
NAFTIN GEL 2%.....	138
NAGLAZYME INJ 1MG/ML	101
<i>nalbuphine hcl inj 10 mg/ml</i>	8
<i>nalbuphine hcl inj 20 mg/ml</i>	8
<i>naloxone hcl inj 0.4 mg/ml</i>	84
<i>naloxone hcl inj 4 mg/10ml</i>	84
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	84
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	84
<i>naltrexone hcl tab 50 mg</i>	84
NAMZARIC CAP.....	60
NAMZARIC CAP 14-10MG	60
NAMZARIC CAP 21-10MG	60
NAMZARIC CAP 28-10MG	60
NAMZARIC CAP 7-10MG.....	60
<i>naproxen dr tab 375mg</i>	2
<i>naproxen dr tab 500mg</i>	2
<i>naproxen sodium tab 275 mg</i>	2
<i>naproxen sodium tab 550 mg</i>	2
<i>naproxen tab 250 mg</i>	2
<i>naproxen tab 375 mg</i>	2
<i>naproxen tab 500 mg</i>	2
<i>naratriptan hcl tab 1 mg (base equiv)</i>	79
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	79
NARCAN SPR	84
NATACYN SUS 5% OP.....	127
NATAZIA TAB	94
<i>nateglinide tab 120 mg</i>	87
<i>nateglinide tab 60 mg</i>	87
NATESTO GEL 5.5MG.....	84
NATPARA INJ 100MCG	90
NATPARA INJ 25MCG	90
NATPARA INJ 50MCG	90
NATPARA INJ 75MCG	90
NAYZILAM SPR 5MG	57
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	45
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	45
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	45
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	45

<i>necon tab 0.5/35</i>	94
<i>nefazodone hcl tab 100 mg</i>	63
<i>nefazodone hcl tab 150 mg</i>	63
<i>nefazodone hcl tab 200 mg</i>	63
<i>nefazodone hcl tab 250 mg</i>	63
<i>nefazodone hcl tab 50 mg</i>	63
<i>neomycin sulfate tab 500 mg</i>	11
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
.....	127
<i>neomycin-polomy-gramicid op sol</i>	
<i>1.75-10000-0.025mg-unt-mg/ml</i>	127
<i>neomycin-polomyxin b gu irrigation soln</i>	113
<i>neomycin-polomyxin-dexamethasone ophth oint 0.1%</i>	126
<i>neomycin-polomyxin-dexamethasone ophth susp 0.1%</i>	126
<i>neomycin-polomyxin-hc ophth susp</i> 126	
<i>neomycin-polomyxin-hc otic soln 1%</i>	
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<i>neomycin-polomyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	143
NERLYNX TAB 40MG	32
NEUPRO DIS 1MG/24HR	66
NEUPRO DIS 2MG/24HR	66
NEUPRO DIS 3MG/24HR	66
NEUPRO DIS 4MG/24HR	66
NEUPRO DIS 6MG/24HR	66
NEUPRO DIS 8MG/24HR	66
<i>nevirapine susp 50 mg/5ml</i>	14
<i>nevirapine tab 200 mg</i>	14
<i>nevirapine tab er 24hr 100 mg</i>	14
<i>nevirapine tab er 24hr 400 mg</i>	14
NEXAVAR TAB 200MG	32
NEXIUM GRA 2.5MG DR	112
NEXIUM GRA 5MG DR	112
NEXLETOL TAB 180MG	44
NEXLIZET TAB 180/10MG	44
NEXTSTELLIS TAB 3-14.2MG	94
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	44
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	44
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	44
<i>nicardipine hcl cap 20 mg</i>	47
<i>nicardipine hcl cap 30 mg</i>	47
NICARDIPINE SOL 20/200ML	47
NICARDIPINE SOL 40/200ML	47
NICOTROL INH	84
NICOTROL NS SPR 10MG/ML	84
<i>nifedipine tab er 24hr 30 mg</i>	47
<i>nifedipine tab er 24hr 60 mg</i>	47
<i>nifedipine tab er 24hr 90 mg</i>	47
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	47
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	48
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	48
<i>nikki tab 3-0.02mg</i>	94
<i>nilutamide tab 150 mg</i>	26
<i>nimodipine cap 30 mg</i>	48
NINLARO CAP 2.3MG	32
NINLARO CAP 3MG	32
NINLARO CAP 4MG	33
NIPENT INJ 10MG	28
<i>nisoldipine tab er 24hr 17 mg</i>	48
<i>nisoldipine tab er 24hr 20 mg</i>	48
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<i>oxycodone hcl tab 10 mg</i>	8
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<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	63
<i>paroxetine hcl tab 10 mg</i>	63
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<i>potassium chloride powder packet 20 meq</i>	125
<i>potassium chloride tab er 10 meq..</i>	125
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<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	99
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<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	99
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	99
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<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	99
<i>PREDNISONE CON 5MG/ML</i>	99
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<i>prednisone tab 1 mg</i>	99
<i>prednisone tab 10 mg</i>	99
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<i>prednisone tab 20 mg</i>	99
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SIGNIFOR INJ 0.6MG/ML	102
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SIGNIFOR LAR INJ 30MG	102
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<i>sildenafil citrate for suspension 10</i>	
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<i>sildenafil citrate tab 20 mg</i>	52
<i>silodosin cap 4 mg</i>	113
<i>silodosin cap 8 mg</i>	113
<i>silver sulfadiazine cream 1%</i>	137
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<i>simliya tab 28 day.....</i>	95
<i>simpesse tab</i>	95
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<i>simvastatin tab 20 mg</i>	43
<i>simvastatin tab 40 mg</i>	43
<i>simvastatin tab 5 mg</i>	43
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<i>sirolimus oral soln 1 mg/ml</i>	122
<i>sirolimus tab 0.5 mg</i>	122
<i>sirolimus tab 1 mg</i>	122
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<i>sodium chloride irrigation soln 0.9%</i>	
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<i>sodium chloride iv soln 0.45%</i>	124
<i>sodium chloride iv soln 0.9%</i>	124
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<i>mg/ml soln.....</i>	125
<i>sodium phenylbutyrate oral powder 3</i>	
<i>gm/teaspoonful.....</i>	103
<i>sodium phenylbutyrate tab 500 mg</i>	103
<i>sodium polystyrene sulfonate powder</i>	
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<i>solifenacin succinate tab 10 mg</i>	114
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SOLIQUA INJ 100/33	89
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SOLU-CORTEF INJ 1000MG	99
SOLU-CORTEF INJ 100MG.....	99
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<i>sorine tab 160mg</i>	41
<i>sorine tab 240mg</i>	41
<i>sorine tab 80mg</i>	41
<i>sotalol hcl (afib/afl) tab 120 mg</i>	41
<i>sotalol hcl (afib/afl) tab 160 mg</i>	41
<i>sotalol hcl (afib/afl) tab 80 mg</i>	41
<i>sotalol hcl tab 120 mg.....</i>	41
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<i>sronyx tab</i>	95
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<i>stavudine cap 20 mg</i>	15
<i>stavudine cap 30 mg</i>	15
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SUBSYS SPR 1200MCG	8
SUBSYS SPR 1600MCG	8
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<i>400-80 mg/5ml.....</i>	11
<i>sulfamethoxazole-trimethoprim susp</i>	
<i>200-40 mg/5ml.....</i>	11
<i>sulfamethoxazole-trimethoprim tab</i>	
<i>400-80 mg</i>	11

<i>sulfamethoxazole-trimethoprim tab</i>	
<i>800-160 mg</i>	11
<i>SULFAMYLON CRE 85MG/GM</i>	137
<i>sulfasalazine tab 500 mg</i>	110
<i>sulfasalazine tab delayed release 500 mg</i>	110
<i>sulindac tab 150 mg</i>	2
<i>sulindac tab 200 mg</i>	2
<i>sumatriptan nasal spray 20 mg/act.</i> ..	79
<i>sumatriptan nasal spray 5 mg/act.</i> ..	79
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	80
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	80
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	80
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	80
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	80
<i>sumatriptan succinate tab 100 mg</i> ...	80
<i>sumatriptan succinate tab 25 mg</i>	80
<i>sumatriptan succinate tab 50 mg</i>	80
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	80
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	33
<i>sunitinib malate cap 25 mg (base equivalent)</i>	33
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	34
<i>sunitinib malate cap 50 mg (base equivalent)</i>	34
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<i>SUNOSI TAB 75MG</i>	83
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<i>SUPRAX SUS 500/5ML</i>	19
<i>SUPREP BOWEL SOL PREP KIT</i>	110
<i>SUSTOL INJ 10/0.4ML</i>	108
<i>SUTAB TAB</i>	110
<i>SUTENT CAP 12.5MG</i>	34
<i>SUTENT CAP 25MG</i>	34
<i>SUTENT CAP 37.5MG</i>	34
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<i>SYMBICORT AER 80-4.5</i>	135
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<i>SYMDEKO TAB 50-75MG</i>	133
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<i>SYMLNPEN 120 INJ 1000MCG</i>	87
<i>SYMPAZAN MIS 10MG</i>	59
<i>SYMPAZAN MIS 20MG</i>	59
<i>SYMPAZAN MIS 5MG</i>	59
<i>SYMPROIC TAB 0.2MG</i>	111
<i>SYMTUZA TAB</i>	16
<i>SYNAREL SOL 2MG/ML</i>	96
<i>SYNDROS SOL 5MG/ML</i>	108
<i>SYNERCID INJ 500MG</i>	11
<i>SYNJARDY TAB</i>	87
<i>SYNJARDY TAB 12.5-500</i>	87
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<i>SYNTHROID TAB 25MCG</i>	105
<i>SYNTHROID TAB 300MCG</i>	105
<i>SYNTHROID TAB 50MCG</i>	105
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<i>TABLOID TAB 40MG</i>	26
<i>TABRECTA TAB 150MG</i>	34
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<i>tacrolimus cap 0.5 mg</i>	122
<i>tacrolimus cap 1 mg</i>	122
<i>tacrolimus cap 5 mg</i>	122
<i>tacrolimus oint 0.03%</i>	142
<i>tacrolimus oint 0.1%</i>	141
<i>tadalafil tab 20 mg (pah)</i>	52
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<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	27
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	27
<i>tamsulosin hcl cap 0.4 mg</i>	113
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<i>taztia xt cap 120mg/24</i>	48
<i>taztia xt cap 180mg/24</i>	48
<i>taztia xt cap 240mg/24</i>	48
<i>taztia xt cap 300mg er</i>	48
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<i>telmisartan tab 20 mg</i>	40
<i>telmisartan tab 40 mg.....</i>	40
<i>telmisartan tab 80 mg</i>	40
<i>telmisartan-amlodipine tab 40-10 mg</i>	40
<i>telmisartan-amlodipine tab 40-5 mg</i>	40
<i>telmisartan-amlodipine tab 80-10 mg</i>	40
<i>telmisartan-amlodipine tab 80-5 mg</i>	40
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	40
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	40
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	40
<i>temazepam cap 15 mg</i>	78
<i>temazepam cap 30 mg</i>	79
<i>temazepam cap 7.5 mg</i>	78
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<i>temsirolimus soln for iv infusion 25 mg/ml</i>	34
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<i>tenofovir disoproxil fumarate tab 300 mg</i>	15
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<i>terazosin hcl cap 10 mg (base equivalent)</i>	38
<i>terazosin hcl cap 2 mg (base equivalent)</i>	38
<i>terazosin hcl cap 5 mg (base equivalent)</i>	38
<i>terbinafine hcl tab 250 mg</i>	13
<i>terbutaline sulfate inj 1 mg/ml</i>	132
<i>terbutaline sulfate tab 2.5 mg.....</i>	132
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<i>terconazole vaginal cream 0.8%</i>	114
<i>terconazole vaginal suppos 80 mg</i>	114
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	84
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	84
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	84
<i>testosterone td gel 10mg/act (2%)</i>	84
<i>testosterone td gel 12.5 mg/act (1%)</i>	84
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	84
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	85
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	85

<i>testosterone td gel 40.5 mg/2.5gm</i>	
(1.62%)	85
<i>testosterone td gel 50 mg/5gm (1%)</i>	85
<i>testosterone td soln 30 mg/act</i>	85
<i>tetrabenazine tab 12.5 mg</i>	82
<i>tetrabenazine tab 25 mg</i>	82
<i>tetracycline hcl cap 250 mg</i>	24
<i>tetracycline hcl cap 500 mg</i>	24
<i>THALOMID CAP 100MG</i>	27
<i>THALOMID CAP 150MG</i>	27
<i>THALOMID CAP 200MG</i>	27
<i>THALOMID CAP 50MG</i>	27
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<i>THEO-24 CAP 200MG CR</i>	133
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<i>theophylline soln 80 mg/15ml</i>	133
<i>theophylline tab er 12hr 300 mg</i>	133
<i>theophylline tab er 12hr 450 mg</i>	134
<i>theophylline tab er 24hr 400 mg</i>	134
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<i>thioridazine hcl tab 10 mg</i>	72
<i>thioridazine hcl tab 100 mg</i>	72
<i>thioridazine hcl tab 25 mg</i>	72
<i>thioridazine hcl tab 50 mg</i>	72
<i>thiothixene cap 1 mg</i>	72
<i>thiothixene cap 10 mg</i>	72
<i>thiothixene cap 2 mg</i>	72
<i>thiothixene cap 5 mg</i>	72
<i>THYQUIDITY SOL 100MCG</i>	105
<i>tiadylt cap 120mg/24</i>	48
<i>tiadylt cap 180mg/24</i>	48
<i>tiadylt cap 240mg/24</i>	48
<i>tiadylt cap 300mg/24</i>	48
<i>tiadylt cap 360mg/24</i>	48
<i>tiadylt cap 420mg/24</i>	48
<i>tiagabine hcl tab 12 mg</i>	59
<i>tiagabine hcl tab 16 mg</i>	59
<i>tiagabine hcl tab 2 mg</i>	59
<i>tiagabine hcl tab 4 mg</i>	59
<i>TIBSOVO TAB 250MG</i>	34
<i>tigecycline for iv soln 50 mg</i>	24
<i>TIGECYCLINE INJ 50MG</i>	24
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<i>tilia fe tab</i>	95
<i>timolol maleate ophth gel forming soln</i>	
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<i>timolol maleate ophth soln 0.5%....</i>	129
<i>timolol maleate ophth soln 0.5%</i>	
<i>(once-daily)</i>	129
<i>timolol maleate preservative free ophth</i>	
<i>soln 0.5%</i>	129
<i>timolol maleate tab 10 mg</i>	46
<i>timolol maleate tab 20 mg</i>	46
<i>timolol maleate tab 5 mg</i>	46
<i>TIMOPTIC OCU SOL 0.25% OP</i>	129
<i>tinidazole tab 250 mg</i>	11
<i>tinidazole tab 500 mg</i>	11
<i>TIROSINT CAP 100MCG</i>	106
<i>TIROSINT CAP 112MCG</i>	106
<i>TIROSINT CAP 125MCG</i>	106
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<i>TIROSINT CAP 75MCG</i>	105
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<i>TIROSINT-SOL SOL 112MCG</i>	106
<i>TIROSINT-SOL SOL 125MCG</i>	106
<i>TIROSINT-SOL SOL 137MCG</i>	106
<i>TIROSINT-SOL SOL 13MCG/ML</i>	106
<i>TIROSINT-SOL SOL 150MCG</i>	106
<i>TIROSINT-SOL SOL 175MCG</i>	106
<i>TIROSINT-SOL SOL 200MCG</i>	106
<i>TIROSINT-SOL SOL 25MCG/ML</i>	106
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<i>TIROSINT-SOL SOL 62.5/ML</i>	106
<i>TIROSINT-SOL SOL 75MCG/ML</i>	106
<i>TIROSINT-SOL SOL 88MCG/ML</i>	106
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<i>TIVICAY TAB 10MG</i>	15
<i>TIVICAY TAB 25MG</i>	15
<i>TIVICAY TAB 50MG</i>	15
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<i>tizanidine hcl cap 4 mg (base equivalent)</i>	82	<i>topiramate tab 25 mg</i>	59
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	82	<i>topiramate tab 50 mg</i>	59
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	82	<i>toposar inj 100/5ml</i>	28
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	82	<i>toposar inj 1gm/50ml</i>	28
TOBI PODHALR CAP 28MG	11	<i>toremifene citrate tab 60 mg (base equivalent)</i>	27
TOBRADEX OIN 0.3-0.1%.....	126	<i>torsemide tab 10 mg</i>	49
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<i>tobramycin nebu soln 300 mg/4ml</i> ... 11		<i>torsemide tab 20 mg</i>	49
<i>tobramycin nebu soln 300 mg/5ml</i> ... 11		<i>torsemide tab 5 mg</i>	49
<i>tobramycin ophth soln 0.3%</i>	127	TOSYMRA SOL 10MG	80
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	11	TOVIAZ TAB 4MG	114
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	11	TOVIAZ TAB 8MG	114
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	11	TPN ELECTROL INJ	125
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	11	TRACLEER TAB 32MG	52
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	126	TRADJENTA TAB 5MG	87
TOBREX OIN 0.3% OP.....	127	<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	5
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<i>tolterodine tartrate cap er 24hr 2 mg</i>	114	<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	5
<i>tolterodine tartrate cap er 24hr 4 mg</i>	114	<i>tramadol hcl tab 100 mg</i>	8
<i>tolterodine tartrate tab 1 mg</i>	114	<i>tramadol hcl tab 50 mg</i>	8
<i>tolterodine tartrate tab 2 mg</i>	114	<i>tramadol hcl tab er 24hr 100 mg</i>	5
<i>tolvaptan tab 15 mg</i>	103	<i>tramadol hcl tab er 24hr 200 mg</i>	5
<i>tolvaptan tab 30 mg</i>	103	<i>tramadol hcl tab er 24hr 300 mg</i>	5
<i>topiramate cap er 24hr sprinkle 100 mg</i>	59	<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	5
<i>topiramate cap er 24hr sprinkle 150 mg</i>	59	<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	5
<i>topiramate cap er 24hr sprinkle 200 mg</i>	59	<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	6
<i>topiramate cap er 24hr sprinkle 25 mg</i>	59	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	9
<i>topiramate cap er 24hr sprinkle 50 mg</i>	59	TRANDO/VERAP TAB 2-180 ER.....	37
<i>topiramate sprinkle cap 15 mg</i>	59	TRANDO/VERAP TAB 2-240 ER.....	37
<i>topiramate sprinkle cap 25 mg</i>	59	TRANDO/VERAP TAB 4-240 ER.....	37
<i>topiramate tab 100 mg</i>	59	<i>trandolapril tab 1 mg</i>	38
<i>topiramate tab 200 mg</i>	59	<i>trandolapril tab 2 mg</i>	38

<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> ...	129
TRAZIMERA INJ 150MG	34
TRAZIMERA INJ 420MG	34
<i>trazodone hcl tab 100 mg</i>	64
<i>trazodone hcl tab 150 mg</i>	64
<i>trazodone hcl tab 300 mg</i>	64
<i>trazodone hcl tab 50 mg</i>	64
TREANDA INJ 100MG	24
TREANDA INJ 25MG	24
TRECATOR TAB 250MG.....	16
TRELEGY AER ELLIPTA	130
TRELSTAR MIX INJ 11.25MG	27
TRELSTAR MIX INJ 22.5MG.....	27
TRELSTAR MIX INJ 3.75MG	27
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	53
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	52
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	53
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	52
TRESIBA FLEX INJ 100UNIT	89
TRESIBA FLEX INJ 200UNIT	89
TRESIBA INJ 100UNIT	89
<i>tretinoin cap 10 mg</i>	28
<i>tretinoin cream 0.025%</i>	137
<i>tretinoin cream 0.05%</i>	137
<i>tretinoin cream 0.1%</i>	137
<i>tretinoin gel 0.01%</i>	137
<i>tretinoin gel 0.025%</i>	137
<i>tretinoin gel 0.05%</i>	137
<i>tretinoin microsphere gel 0.04%</i>	137
<i>tretinoin microsphere gel 0.1%</i>	137
TREXALL TAB 10MG	120
TREXALL TAB 15MG	120
TREXALL TAB 5MG.....	119
TREXALL TAB 7.5MG	119
<i>trezix cap</i>	9
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	140
<i>triamcinolone acetonide cream 0.025%</i>	140
<i>triamcinolone acetonide cream 0.1%</i>	140
<i>triamcinolone acetonide cream 0.5%</i>	140

<i>triamcinolone acetonide dental paste 0.1%</i>	142
<i>triamcinolone acetonide lotion 0.025%</i>	140
<i>triamcinolone acetonide lotion 0.1%</i>	140
<i>triamcinolone acetonide oint 0.025%</i>	140
<i>triamcinolone acetonide oint 0.1%</i>	140
<i>triamcinolone acetonide oint 0.5%</i>	140
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	49
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	49
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	49
<i>triamterene cap 100 mg</i>	49
<i>triamterene cap 50 mg</i>	49
TRICARE TAB PRENATAL	125
<i>triderm cre 0.5%</i>	140
<i>trientine hcl cap 250 mg</i>	91
<i>tri-estaryl tab</i>	95
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	72
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	73
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	72
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	72
<i>trifluridine ophth soln 1%</i>	127
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	67
<i>trihexyphenidyl hcl tab 2 mg</i>	67
<i>trihexyphenidyl hcl tab 5 mg</i>	67
TRIJARDY XR TAB	88
TRIKAFTA TAB	134
<i>tri-legest tab fe</i>	95
<i>tri-linyah tab</i>	95
<i>tri-lo tab estaryl</i>	95
<i>tri-lo- tab marzia</i>	95
<i>tri-lo- tab sprintec</i>	95
<i>tri-lo-mili tab</i>	95
<i>trimethoprim tab 100 mg</i>	11
<i>tri-mili tab</i>	95
<i>trimipramine maleate cap 100 mg</i>	64
<i>trimipramine maleate cap 25 mg</i>	64
<i>trimipramine maleate cap 50 mg</i>	64

TRINTELLIX TAB 10MG	64
TRINTELLIX TAB 20MG	64
TRINTELLIX TAB 5MG.....	64
<i>tri-nymyo tab.....</i>	95
<i>tri-previfem tab.....</i>	96
<i>tri-sprintec tab</i>	96
TRIUMEQ TAB	16
<i>trivora-28 tab</i>	96
<i>tri-vylibra tab.....</i>	96
<i>tri-vylibra tab lo</i>	96
TRODELVY SOL 180MG.....	34
TROGARZO INJ 150MG/ML.....	15
TROKENDI XR CAP 100MG.....	59
TROKENDI XR CAP 200MG.....	59
TROKENDI XR CAP 25MG.....	59
TROKENDI XR CAP 50MG.....	59
TROPHAMINE INJ 10%	126
<i>trospium chloride cap er 24hr 60 mg</i>	114
<i>trospium chloride tab 20 mg</i>	114
TRULANCE TAB 3MG	111
TRULICITY INJ 0.75/0.5	88
TRULICITY INJ 1.5/0.5	88
TRULICITY INJ 3/0.5	88
TRULICITY INJ 4.5/0.5	88
TRUMENBA INJ.....	123
TRUSELTIQ CAP 100MG.....	34
TRUSELTIQ CAP 125MG.....	34
TRUSELTIQ CAP 50MG	34
TRUSELTIQ CAP 75MG	34
TRUXIMA INJ 100/10ML	34
TRUXIMA INJ 500/50ML	34
TUDORZA PRES AER 400/ACT	130
TUKYSA TAB 150MG	34
TUKYSA TAB 50MG	34
<i>tulana tab 0.35mg</i>	96
TURALIO CAP 200MG	34
TWINRIX INJ.....	123
TYBLUME CHW 0.1-0.02	96
TYBOST TAB 150MG	15
<i>tydemy tab.....</i>	96
TYMLOS INJ.....	90
TYPHIM VI INJ.....	123
TYVASO SOL 0.6MG/ML.....	53
U	
UBRELVY TAB 100MG	80
UBRELVY TAB 50MG.....	80
UCERIS AER 2MG/ACT.....	110

UKONIQ TAB 200MG.....	34
<i>unithroid tab 100mcg</i>	106
<i>unithroid tab 112mcg</i>	106
<i>unithroid tab 125mcg</i>	106
<i>unithroid tab 137mcg</i>	106
<i>unithroid tab 150mcg</i>	106
<i>unithroid tab 175mcg</i>	106
<i>unithroid tab 200mcg</i>	106
<i>unithroid tab 25mcg</i>	106
<i>unithroid tab 300mcg</i>	106
<i>unithroid tab 50mcg</i>	106
<i>unithroid tab 75mcg</i>	106
<i>unithroid tab 88mcg</i>	106
UPTRAVI TAB 1000MCG	53
UPTRAVI TAB 1200MCG	53
UPTRAVI TAB 1400MCG	53
UPTRAVI TAB 1600MCG	53
UPTRAVI TAB 200/800	53
UPTRAVI TAB 200MCG	53
UPTRAVI TAB 400MCG	53
UPTRAVI TAB 600MCG	53
UPTRAVI TAB 800MCG	53
<i>ursodiol cap 300 mg</i>	111
<i>ursodiol tab 250 mg</i>	111
<i>ursodiol tab 500 mg</i>	111
V	
VABOMERE INJ 2GM(1-1).....	11
<i>valacyclovir hcl tab 1 gm.....</i>	17
<i>valacyclovir hcl tab 500 mg</i>	17
VALCHLOR GEL 0.016%	142
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	17
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	18
<i>valproate sodium inj 100 mg/ml.....</i>	59
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	59
<i>valproic acid cap 250 mg</i>	59
<i>valsartan tab 160 mg</i>	40
<i>valsartan tab 320 mg</i>	40
<i>valsartan tab 40 mg</i>	40
<i>valsartan tab 80 mg</i>	40
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	40
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	40
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	40

<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	40	<i>VELTASSA POW 16.8GM</i>	91
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	40	<i>VELTASSA POW 25.2GM</i>	91
VALTOCO SPR 10MG	59	<i>VELTASSA POW 8.4GM</i>	91
VALTOCO SPR 15MG	59	<i>VEMLIDY TAB 25MG</i>	18
VALTOCO SPR 20MG	59	<i>VENCLEXTA TAB 100MG</i>	35
VALTOCO SPR 5MG.....	59	<i>VENCLEXTA TAB 10MG</i>	35
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	12	<i>VENCLEXTA TAB 50MG</i>	35
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	12	<i>VENCLEXTA TAB START PK</i>	35
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	12	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	64
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	12	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	64
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	12	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	64
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	12	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	64
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	12	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	64
VANCOMYCIN INJ 1 GM	12	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	64
VANCOMYCIN INJ 1.25GM	12	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	64
VANCOMYCIN INJ 1.5/300	12	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	64
VANCOMYCIN INJ 1GM/200M	12	<i>VENTAVIS SOL 10MCG/ML</i>	53
VANCOMYCIN INJ 250MG	12	<i>VENTAVIS SOL 20MCG/ML</i>	53
VANCOMYCIN INJ 500MG	12	<i>VENTOLIN HFA AER</i>	132
VANCOMYCIN INJ 750MG	12	<i>verapamil hcl cap er 24hr 100 mg</i>	48
VANCOMYCIN SOL 1.25GM	12	<i>verapamil hcl cap er 24hr 120 mg</i>	48
VANCOMYCIN SOL 1.5GM	12	<i>verapamil hcl cap er 24hr 180 mg</i>	48
VANCOMYCIN SOL 1.75GM	12	<i>verapamil hcl cap er 24hr 200 mg</i>	48
VANCOMYCIN SOL 250/5ML.....	12	<i>verapamil hcl cap er 24hr 240 mg</i>	48
VANCOMYCIN SOL 2G/400ML.....	12	<i>verapamil hcl cap er 24hr 300 mg</i>	48
<i>vandazole gel 0.75%</i>	114	<i>verapamil hcl cap er 24hr 360 mg</i>	48
VAQTA INJ 25/0.5ML.....	123	<i>verapamil hcl iv soln 2.5 mg/ml</i>	48
VAQTA INJ 50UNT/ML	123	<i>verapamil hcl tab 120 mg</i>	48
VARENICLINE TAB 0.5MG	84	<i>verapamil hcl tab 40 mg</i>	48
VARENICLINE TAB 1MG	84	<i>verapamil hcl tab 80 mg</i>	48
VARIVAX INJ.....	123	<i>verapamil hcl tab er 120 mg</i>	48
VARUBI TAB 90MG	108	<i>verapamil hcl tab er 180 mg</i>	48
VASCEPA CAP 0.5GM	44	<i>verapamil hcl tab er 240 mg</i>	48
VASCEPA CAP 1GM	44	<i>VERQUVO TAB 10MG</i>	51
VECTIBIX INJ 100MG	34	<i>VERQUVO TAB 2.5MG</i>	51
VECTIBIX INJ 400MG	34	<i>VERQUVO TAB 5MG</i>	51
VELCADE INJ 3.5MG	35	<i>VERSACLOZ SUS 50MG/ML</i>	73
<i>velvet pak</i>	96	<i>VERZENIO TAB 100MG</i>	35
VELPHORO CHW 500MG	103	<i>VERZENIO TAB 150MG</i>	35
		<i>VERZENIO TAB 200MG</i>	35

VERZENIO TAB 50MG.....	35
vestura tab 3-0.02mg	96
V-GO 20 KIT.....	90
V-GO 30 KIT.....	90
V-GO 40 KIT.....	90
VIBATIV INJ 750MG.....	12
VIBERZI TAB 100MG.....	111
VIBERZI TAB 75MG.....	111
VIBRAMYCIN SYP 50MG/5ML.....	24
VICTOZA INJ 18MG/3ML.....	88
vienna tab 0.1-20	96
vigabatrin powd pack 500 mg	59
vigabatrin tab 500 mg	59
vigadronе pow 500mg.....	59
VIIBRYD KIT STARTER	64
VIIBRYD TAB 10MG	64
VIIBRYD TAB 20MG	64
VIIBRYD TAB 40MG	64
VIMIZIM INJ 5MG/5ML	103
VIMPAT INJ 200MG/20	59
VIMPAT SOL 10MG/ML	59
VIMPAT TAB 100MG	59
VIMPAT TAB 150MG	59
VIMPAT TAB 200MG	59
VIMPAT TAB 50MG.....	59
vincristine sulfate iv soln 1 mg/ml....	28
vinorelbine tartrate inj 10 mg/ml (base equiv)	28
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	28
VIOKACE TAB 10440.....	112
VIOKACE TAB 20880.....	112
viorele tab	96
VIRACEPT TAB 250MG.....	15
VIRACEPT TAB 625MG.....	15
VIREAD POW 40MG/GM.....	15
VIREAD TAB 150MG	15
VIREAD TAB 200MG	15
VIREAD TAB 250MG	15
VITRAKVI CAP 100MG	35
VITRAKVI CAP 25MG.....	35
VITRAKVI SOL 20MG/ML.....	35
VIVITROL INJ 380MG	84
VIZIMPRO TAB 15MG	35
VIZIMPRO TAB 30MG	35
VIZIMPRO TAB 45MG	35
voriconazole for inj 200 mg.....	13
voriconazole for susp 40 mg/ml.....	13

voriconazole tab 200 mg	13
voriconazole tab 50 mg.....	13
VOSEVI TAB	18
VOTRIENT TAB 200MG.....	35
VPRIIV INJ 400UNIT	103
VRAYLAR CAP 1.5-3MG	73
VRAYLAR CAP 1.5MG	73
VRAYLAR CAP 3MG	73
VRAYLAR CAP 4.5MG	73
VRAYLAR CAP 6MG	73
vyfemla tab 0.4-35.....	96
vylibra tab 0.25-35	96
VYNDAMAX CAP 61MG	51
VYNDAQEL CAP 20MG.....	51
VYVANSE CAP 10MG.....	78
VYVANSE CAP 20MG.....	78
VYVANSE CAP 30MG.....	78
VYVANSE CAP 40MG.....	78
VYVANSE CAP 50MG.....	78
VYVANSE CAP 60MG.....	78
VYVANSE CAP 70MG.....	78
VYVANSE CHW 10MG.....	78
VYVANSE CHW 20MG.....	78
VYVANSE CHW 30MG.....	78
VYVANSE CHW 40MG.....	78
VYVANSE CHW 50MG.....	78
VYVANSE CHW 60MG.....	78
VYZULTA SOL 0.024%	129
W	
warfarin sodium tab 1 mg	115
warfarin sodium tab 10 mg.....	116
warfarin sodium tab 2 mg	116
warfarin sodium tab 2.5 mg.....	116
warfarin sodium tab 3 mg	116
warfarin sodium tab 4 mg	116
warfarin sodium tab 5 mg	116
warfarin sodium tab 6 mg	116
warfarin sodium tab 7.5 mg.....	116
water for irrigation, sterile irrigation soln	142
WELIREG TAB 40MG	28
wera tab 0.5/35.....	96
wymzya fe chw 0.4mg-35	96
X	
XADAGO TAB 100MG	67
XADAGO TAB 50MG.....	67
XALKORI CAP 200MG.....	35
XALKORI CAP 250MG.....	35

XARELTO STAR TAB 15/20MG	116
XARELTO TAB 10MG	116
XARELTO TAB 15MG	116
XARELTO TAB 2.5MG	116
XARELTO TAB 20MG	116
XATMEP SOL 2.5MG/ML.....	120
XCOPRI PAK 100-150.....	60
XCOPRI PAK 12.5-25	59
XCOPRI PAK 150-200.....	60
XCOPRI PAK 50-100MG	60
XCOPRI PAK 50-200MG	60
XCOPRI TAB 100MG.....	60
XCOPRI TAB 150MG.....	60
XCOPRI TAB 200MG.....	60
XCOPRI TAB 50MG.....	60
XELJANZ SOL 1MG/ML.....	119
XELJANZ TAB 10MG	119
XELJANZ TAB 5MG.....	119
XELJANZ XR TAB 11MG	119
XELJANZ XR TAB 22MG	119
XELPROS EMU 0.005%.....	129
XENLETA INJ 150/15ML.....	12
XENLETA TAB 600MG	12
XEOMIN INJ 100UNIT.....	82
XEOMIN INJ 200UNIT.....	83
XEOMIN INJ 50 UNIT	82
XEPI CRE 1%.....	138
XERESE CRE 5-1%	142
XGEVA INJ.....	90
XHANCE MIS 93MCG	134
XIFAXAN TAB 200MG	12
XIFAXAN TAB 550MG	111
XIGDUO XR TAB 10-1000	88
XIGDUO XR TAB 10-500MG	88
XIGDUO XR TAB 2.5-1000	88
XIGDUO XR TAB 5-1000MG	88
XIGDUO XR TAB 5-500MG	88
XiIDRA DRO 5%.....	129
XOFLUZA TAB 20MG	18
XOFLUZA TAB 40MG	18
XOFLUZA TAB 80MG	18
XOLAIR INJ 150MG/ML.....	134
XOLAIR INJ 75/0.5	134
XOLAIR SOL 150MG.....	134
XOSPATA TAB 40MG	35
XPOVIO PAK 100MG.....	35
XPOVIO PAK 40MG	35
XPOVIO PAK 50MG	35
XPOVIO PAK 60MG	35
XPOVIO PAK 80MG	35
XTAMPZA ER CAP 13.5MG	6
XTAMPZA ER CAP 18MG	6
XTAMPZA ER CAP 27MG	6
XTAMPZA ER CAP 36MG	6
XTAMPZA ER CAP 9MG.....	6
XTANDI CAP 40MG	27
XTANDI TAB 40MG	27
XTANDI TAB 80MG	27
xulane dis 150-35	96
XULTOPHY INJ 100/3.6	90
XYREM SOL 500MG/ML	83
Y	
YEROVY INJ 200MG	35
YEROVY INJ 50MG.....	35
YF-VAX INJ.....	123
YUPELRI SOL.....	130
<i>yuvafem tab 10mcg</i>	98
Z	
<i>zafemy dis 150/35</i>	96
<i>zafirlukast tab 10 mg.....</i>	132
<i>zafirlukast tab 20 mg.....</i>	132
<i>zarah tab 3-0.03mg</i>	96
ZARXIO INJ 300/0.5	116
ZARXIO INJ 480/0.8	116
ZEJULA CAP 100MG.....	35
ZELAPAR TAB 1.25MG.....	67
ZELBORA TAB 240MG	35
ZEMAIRA INJ 1000MG	134
ZEMBRACE SYM INJ 3/0.5ML	80
ZEMDRI INJ 500MG/10	12
<i>zenatane cap 10mg</i>	137
<i>zenatane cap 20mg</i>	137
<i>zenatane cap 30mg</i>	137
<i>zenatane cap 40mg</i>	137
ZENPEP CAP 10000UNT	112
ZENPEP CAP 15000UNT	112
ZENPEP CAP 20000UNT	112
ZENPEP CAP 25000	112
ZENPEP CAP 3000UNIT	112
ZENPEP CAP 40000	112
ZENPEP CAP 5000UNIT	112
ZERBAXA INJ 1.5GM.....	19
ZERVIADE DRO 0.24%	128
ZETONNA AER 37MCG	134
<i>zidovudine cap 100 mg</i>	15
<i>zidovudine syrup 10 mg/ml</i>	15

<i>zidovudine tab 300 mg</i>	15
ZIOPTAN DRO 0.0015%	129
<i>ziprasidone hcl cap 20 mg</i>	73
<i>ziprasidone hcl cap 40 mg</i>	73
<i>ziprasidone hcl cap 60 mg</i>	73
<i>ziprasidone hcl cap 80 mg</i>	73
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	73
ZIRABEV INJ 100/4ML.....	35
ZIRABEV INJ 400/16ML.....	35
ZIRGAN GEL 0.15%	127
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	90
<i>zoledronic acid iv soln 4 mg/100ml</i> ..	90
<i>zoledronic acid iv soln 5 mg/100ml</i> ..	90
ZOLEDRONIC INJ 4MG/100.....	90
ZOLINZA CAP 100MG	35
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	80
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	80
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	80
<i>zolmitriptan orally disintegrating tab 5 mg</i>	80
<i>zolmitriptan tab 2.5 mg</i>	80
<i>zolmitriptan tab 5 mg</i>	80
<i>zolpidem tartrate tab 10 mg</i>	79
<i>zolpidem tartrate tab 5 mg</i>	79
ZOMACTON INJ 10MG	103
ZOMACTON INJ 5MG	103
ZOMIG SPR 2.5MG.....	80

ZOMIG SPR 5MG	80
<i>zonisamide cap 100 mg</i>	60
<i>zonisamide cap 25 mg</i>	60
<i>zonisamide cap 50 mg</i>	60
ZONTIVITY TAB 2.08MG.....	118
ZORBTIVE INJ 8.8MG	103
ZORTRESS TAB 1MG	122
ZOSTAVAX INJ.....	123
ZOSYN SOL 2-0.25GM	23
ZOSYN SOL 3-0.375G.....	23
ZOSYN SOL 4-0.50GM	23
<i>zovia 1/35e tab</i>	96
ZUBSOLV SUB 0.7-0.18	84
ZUBSOLV SUB 1.4-0.36	84
ZUBSOLV SUB 11.4-2.9	84
ZUBSOLV SUB 2.9-0.71	84
ZUBSOLV SUB 5.7-1.4	84
ZUBSOLV SUB 8.6-2.1	84
<i>zumandimine tab 3-0.03mg</i>	96
ZUPLENZ MIS 4MG	108
ZYCLARA PUMP CRE 2.5%	142
ZYDELIG TAB 100MG.....	35
ZYDELIG TAB 150MG	35
ZYKADIA TAB 150MG	35
ZYLET SUS 0.5-0.3%.....	126
ZYPITAMAG TAB 2MG	43
ZYPITAMAG TAB 4MG	43
ZYPREXA RELP INJ 210MG.....	73
ZYPREXA RELP INJ 300MG.....	73
ZYPREXA RELP INJ 405MG.....	73
ZYTIGA TAB 500MG.....	27



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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 اذنر اللغة، فإن خدمات المساعدة اللغوية : توافر لك بالمجان. اتصل برقم 1-800-633-1542 (TTY: 711). (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).

Hindi

ध्यान दें: आप हिंदी बोलते हैं, तो भाषा सहायता सेवाओं के प्रभार से मुक्त आप के लिए उपलब्ध हैं। कॉल 1-800-633-1542 (TTY : 711)।

Laotian

ໂປຣລາວ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ການປໍ່ເນີການຈຸ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແນ້ງຄ່າ, ດະນູມມີຜົນມີໃຫ້ທ່ານ. ໂທຣ 1-800-633-1542 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-633-1542 (телефон: 711).

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-633-1542 (TTY: 711).

Turkish

DİKKAT: Eğer Türkçe konuşuyorsanız, dil yardım hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-633-1542 (TTY: 711) irtibat numaralarını arayın.

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-633-1542 (TTY: 711)まで、お電話にてご連絡ください。

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
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



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