

# 2021 FORMULARY

LIST OF COVERED DRUGS



 VIVA MEDICARE  
Plus (HMO)

 VIVA MEDICARE  
*Me* (HMO)

 VIVA MEDICARE  
Prime (HMO)

 |  VIVA MEDICARE  
CLASSIC (HMO)

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

This formulary was updated on 06/01/2021. 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](http://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\_mcdoc2542A\_C\_08/31/2020

VM-5300016



**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 Plus, VIVA MEDICARE Prime, VIVA MEDICARE Me, and VIVA MEDICARE Classic.

This document includes a list of the drugs (formulary) for our plan which is current as of 06/01/2021. 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 06/01/2021. 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](http://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 111. 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 111.

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:

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VIVA MEDICARE *Me* – Page VII

VIVA MEDICARE *Prime* – Page VIII

VIVA MEDICARE *Classic* – Page IX



## 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 Plus 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 Plus Drug Benefits Summary

**I. Deductible: \$150.** The amount you pay before the coverage starts. The deductible does not apply to Tier 1 or Tier 2 generics.

**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 Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$4	\$0	\$12	\$0	\$12
Tier 2 (Generics)	\$12	\$12	\$36	\$36	\$24	\$36
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)	30%	30%	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 Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost 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. <sup>1</sup>		25% for generics and on brand name drugs. <sup>1</sup>		25% for generics and on brand name drugs. <sup>1</sup>	
Tier 5 (Specialty Drugs)	25% for generics and on brand name drugs. <sup>1</sup>		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

<sup>1</sup>You 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 Me 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 Me 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 Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$4	\$0	\$12	\$0	\$12
Tier 2 (Generics)	\$12	\$12	\$36	\$36	\$24	\$36
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 Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost 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. <sup>1</sup>		25% for generics and on brand name drugs. <sup>1</sup>		25% for generics and on brand name drugs. <sup>1</sup>	
Tier 5 (Specialty Drugs)	25% for generics and on brand name drugs. <sup>1</sup>		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

<sup>1</sup>You 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 Prime 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 Prime 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 Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$4	\$0	\$12	\$0	\$12
Tier 2 (Generics)	\$12	\$12	\$36	\$36	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$47	\$141	\$141	\$94	\$141
Tier 4 (Non-Preferred Drugs)	50%	50%	50%	50%	50%	50%
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 Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost 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. <sup>1</sup>		25% for generics and on brand name drugs. <sup>1</sup>		25% for generics and on brand name drugs. <sup>1</sup>	
Tier 5 (Specialty Drugs)	25% for generics and on brand name drugs. <sup>1</sup>		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

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



**VIVA MEDICARE CLASSIC (HMO)**

## 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 Classic 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 Classic Drug Benefits Summary

**I. Deductible: \$150.** The amount you pay before the coverage starts. The deductible does not apply to Tier 1 or Tier 2 generics.

**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 Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$4	\$0	\$12	\$0	\$12
Tier 2 (Generics)	\$12	\$12	\$36	\$36	\$24	\$36
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)	30%	30%	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 Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	25%	25%	25%	25%	25%	25%
Tier 2 (Generics)	25%			25%		
Tiers 3 & 4 (Preferred Brands and Non-Preferred Drugs)	25% for generics and on brand name drugs. <sup>1</sup>		25% for generics and on brand name drugs. <sup>1</sup>		25% for generics and on brand name drugs. <sup>1</sup>	
Tier 5 (Specialty Drugs)	25% for generics and on brand name drugs. <sup>1</sup>		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%
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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

<sup>1</sup>You 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
<b>ANALGESICS</b>		
<b>GOUT</b>		
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	2	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	2	
MITIGARE CAP 0.6MG	3	QL (60 caps / 30 days)
probenecid tab 500 mg	2	
<b>NSAIDS</b>		
celecoxib cap 50 mg	2	QL (240 caps / 30 days)
celecoxib cap 100 mg	2	QL (120 caps / 30 days)
celecoxib cap 200 mg	2	QL (60 caps / 30 days)
celecoxib cap 400 mg	2	QL (30 caps / 30 days)
diclofenac potassium tab 50 mg	2	QL (120 tabs / 30 days)
diclofenac sodium tab delayed release 25 mg	2	
diclofenac sodium tab delayed release 50 mg	2	
diclofenac sodium tab delayed release 75 mg	2	
diclofenac sodium tab er 24hr 100 mg	2	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	2	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	2	
diflunisal tab 500 mg	2	
ec-naproxen tab 375mg	2	
ec-naproxen tab 500mg	2	
etodolac cap 200 mg	2	
etodolac cap 300 mg	2	
etodolac tab 400 mg	2	
etodolac tab 500 mg	2	
etodolac tab er 24hr 400 mg	2	
etodolac tab er 24hr 500 mg	2	
etodolac tab er 24hr 600 mg	2	
flurbiprofen tab 100 mg	2	
ibu tab 600mg	1	
ibu tab 800mg	1	
ibuprofen susp 100 mg/5ml	2	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	

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

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

#### **OPIOID ANALGESICS, LONG-ACTING**

fentanyl td patch 72hr 12 mcg/hr	2	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 25 mcg/hr	2	QL (10 patches / 30 days), PA
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
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYSINGLA ER TAB 60 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 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 tab er 15 mg</i>	2	QL (90 tabs / 30 days), PA
<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

#### **OPIOID ANALGESICS, SHORT-ACTING**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	4	
<i>butorphanol tartrate inj 2 mg/ml</i>	4	
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	QL (120 lozenges / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 5-325 mg	2	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	2	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	2	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	2	QL (150 tabs / 30 days)
hydromorphone hcl liqd 1 mg/ml	2	QL (600 mL / 30 days)
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)
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 pf 4 mg/ml	4	B/D
morphine sulfate iv soln pf 8 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)
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	
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 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

## **ANTI-INFECTIVES**

### **ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole tab 200 mg</i>	5	
<i>ALINIA SUS 100/5ML</i>	5	QL (180 mL / 30 days)
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	2	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	2	
<i>atovaquone susp 750 mg/5ml</i>	5	
<i>aztreonam for inj 1 gm</i>	2	
<i>aztreonam for inj 2 gm</i>	2	
<i>CAYSTON INH 75MG</i>	5	NM, LA, PA
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
<i>clindamycin phosphate inj 9 gm/60ml</i>	2	
<i>clindamycin phosphate inj 300 mg/2ml</i>	2	
<i>clindamycin phosphate inj 600 mg/4ml</i>	2	
<i>clindamycin phosphate inj 900 mg/6ml</i>	2	
<i>CLINDMYC/NAC INJ 300/50ML</i>	4	
<i>CLINDMYC/NAC INJ 600/50ML</i>	4	
<i>CLINDMYC/NAC INJ 900/50ML</i>	4	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	2	
<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	
<i>DAPTOMYCIN SOL 350MG</i>	5	
<i>EMVERM CHW 100MG</i>	5	QL (12 tabs / 365 days)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	
<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	
<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)
<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	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	2	
<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 50 mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	3	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	3	
<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>praziquantel tab 600 mg</i>	2	
<i>SIVEXTRO INJ 200MG</i>	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SIVEXTRO TAB 200MG	5	
<i>streptomycin sulfate for inj 1 gm</i>	5	
SULFADIAZINE TAB 500MG	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	
SYNERCID INJ 500MG	5	
<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	
trimethoprim tab 100 mg	1	
<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 500MG	4	
VANCOMYCIN INJ 750MG	4	
<b>ANTIFUNGALS</b>		
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	
<i>fluconazole for susp 10 mg/ml</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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>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 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>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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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
ritonavir tab 100 mg	2	NM
RUKOBIA TAB 600MG ER	5	NM

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days), NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<b>EVOTAZ TAB 300-150</b>	5	NM
<b>GENVOYA TAB</b>	5	NM
<b>JULUCA TAB 50-25MG</b>	5	NM
<b>KALETRA TAB 100-25MG</b>	4	NM
<b>KALETRA TAB 200-50MG</b>	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
<b>ODEFSEY TAB</b>	5	NM
<b>PREZCOBIX TAB 800-150</b>	5	NM
<b>STRIBILD TAB</b>	5	NM
<b>SYMTUZA TAB</b>	5	NM
<b>TEMIXYS TAB 300-300</b>	5	NM
<b>TRIUMEQ TAB</b>	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	
<b>PASER GRA 4GM</b>	4	
<b>PRIFTIN TAB 150MG</b>	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	
<b>SIRTURO TAB 20MG</b>	5	LA, PA
<b>SIRTURO TAB 100MG</b>	5	LA, PA
<b>TRECATOR TAB 250MG</b>	4	

#### **ANTIVIRALS**

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	2	B/D
<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
<b>BARACLUDE SOL</b>	5	NM

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
entecavir tab 0.5 mg	2	NM
entecavir tab 1 mg	2	NM
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
EPIVIR HBV SOL 5MG/ML	4	NM
famciclovir tab 125 mg	2	
famciclovir tab 250 mg	2	
famciclovir tab 500 mg	2	
ganciclovir sodium for inj 500 mg	2	B/D
HARVONI PAK	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
lamivudine tab 100 mg (hbv)	2	NM
MAVYRET TAB 100-40MG	5	NM, PA
oseltamivir phosphate cap 30 mg (base equiv)	2	QL (168 caps / year)
oseltamivir phosphate cap 45 mg (base equiv)	2	QL (84 caps / year)
oseltamivir phosphate cap 75 mg (base equiv)	2	QL (84 caps / year)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	2	QL (1080 mL / year)
PEGASYS INJ	5	NM, PA
PEGASYS INJ 180MCG/M	5	NM, PA
RELENZA MIS DISKHALE	3	QL (6 inhalers / year)
ribavirin cap 200 mg	2	NM
ribavirin tab 200 mg	2	NM
rimantadine hydrochloride tab 100 mg	2	
valacyclovir hcl tab 1 gm	2	
valacyclovir hcl tab 500 mg	2	
valganciclovir hcl for soln 50 mg/ml (base equiv)	2	
valganciclovir hcl tab 450 mg (base equivalent)	2	
VEMLIDY TAB 25MG	5	NM, PA
VOSEVI TAB	5	NM, PA

### **CEPHALOSPORINS**

cefaclor cap 250 mg	2
cefaclor cap 500 mg	2
CEFACLOR ER TAB 500MG	4
cefaclor for susp 125 mg/5ml	2
cefaclor for susp 250 mg/5ml	2
cefaclor for susp 375 mg/5ml	2
cefadroxil cap 500 mg	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
cefadroxil for susp 250 mg/5ml	2	
cefadroxil for susp 500 mg/5ml	2	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium for inj 1 gm	2	
cefazolin sodium for inj 10 gm	2	
cefazolin sodium for inj 500 mg	2	
cefazolin sodium for iv soln 1 gm	2	
CEFAZOLIN SOL	4	
cefdinir cap 300 mg	2	
cefdinir for susp 125 mg/5ml	2	
cefdinir for susp 250 mg/5ml	2	
cefepime hcl for inj 1 gm	2	
cefepime hcl for inj 2 gm	2	
cefixime for susp 100 mg/5ml	2	
cefixime for susp 200 mg/5ml	2	
cefoxitin sodium for inj 10 gm	2	
cefoxitin sodium for iv soln 1 gm	2	
cefoxitin sodium for iv soln 2 gm	2	
cefpodoxime proxetil for susp 50 mg/5ml	2	
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 2 gm	2	
ceftazidime for inj 6 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 7.5 gm	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	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
cephalexin for susp 125 mg/5ml	2	
cephalexin for susp 250 mg/5ml	2	
tazicef inj 1gm	2	
tazicef inj 2gm	2	
tazicef inj 6gm	2	
TEFLARO INJ 400MG	5	
TEFLARO INJ 600MG	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	
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	
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 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***

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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>levofloxacin iv soln 25 mg/ml</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
<b>MOXIFLOXACIN INJ 400/250</b>	<b>4</b>	

### **PENICILLINS**

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

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

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
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
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 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 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 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 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
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	

### **TETRACYCLINES**

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 monohydrate cap 50 mg	2	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate tab 50 mg	2	
doxycycline monohydrate tab 75 mg	2	
doxycycline monohydrate tab 100 mg	2	
minocycline hcl cap 50 mg	2	
minocycline hcl cap 75 mg	2	
minocycline hcl cap 100 mg	2	
monodoxine nl cap 100mg	2	
tetracycline hcl cap 250 mg	2	PA
tetracycline hcl cap 500 mg	2	PA
tigecycline for iv soln 50 mg	5	
TIGECYCLINE INJ 50MG	5	

### **ANTINEOPLASTIC AGENTS**

#### **ALKYLATING AGENTS**

BENDEKA INJ 100/4ML	5	B/D, NM
carboplatin iv soln 50 mg/5ml	2	B/D
carboplatin iv soln 150 mg/15ml	2	B/D
carboplatin iv soln 450 mg/45ml	2	B/D
carboplatin iv soln 600 mg/60ml	2	B/D
cisplatin inj 50 mg/50ml (1 mg/ml)	2	B/D
cisplatin inj 100 mg/100ml (1 mg/ml)	2	B/D
cisplatin inj 200 mg/200ml (1 mg/ml)	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
cyclophosphamide cap 25 mg	2	B/D
cyclophosphamide cap 50 mg	2	B/D
cyclophosphamide for inj 1 gm	5	B/D

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

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
POMALYST CAP 2MG	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 3MG	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAP 4MG	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAP 2.5MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	5	QL (28 caps / 28 days), NM, PA
THALOMID CAP 100MG	5	QL (28 caps / 28 days), NM, PA
THALOMID CAP 150MG	5	QL (56 caps / 28 days), NM, PA
THALOMID CAP 200MG	5	QL (56 caps / 28 days), NM, PA

#### **MISCELLANEOUS**

<i>bexarotene cap 75 mg</i>	5	NM, PA
<i>hydroxyurea cap 500 mg</i>	2	
<i>INQOVI TAB 35-100MG</i>	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
<i>KISQALI 200 PAK FEMARA</i>	5	NM, PA
<i>KISQALI 400 PAK FEMARA</i>	5	NM, PA
<i>KISQALI 600 PAK FEMARA</i>	5	NM, PA
<i>LONSURF TAB 15-6.14</i>	5	NM, PA
<i>LONSURF TAB 20-8.19</i>	5	NM, PA
<i>MATULANE CAP 50MG</i>	5	NM, LA
<i>SYNRIBO INJ 3.5MG</i>	5	NM, PA
<i>tretinoin cap 10 mg</i>	5	

#### **MITOTIC INHIBITORS**

<i>ABRAXANE INJ 100MG</i>	5	B/D
<i>docetaxel for inj conc 20 mg/ml</i>	2	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<i>DOCETAXEL INJ 20MG/2ML</i>	5	B/D
<i>DOCETAXEL INJ 80MG/4ML</i>	5	B/D
<i>DOCETAXEL INJ 80MG/8ML</i>	5	B/D
<i>DOCETAXEL INJ 160/8ML</i>	5	B/D
<i>DOCETAXEL INJ 160/16ML</i>	5	B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	5	B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	5	B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	5	B/D
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	2	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	2	B/D
<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
AFINITOR DIS TAB 3MG	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	5	QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	5	QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	5	NM, LA, PA
ALUNBRIG PAK	5	NM, LA, PA
ALUNBRIG TAB 30MG	5	NM, LA, PA
ALUNBRIG TAB 90MG	5	NM, LA, PA
ALUNBRIG TAB 180MG	5	NM, LA, PA
AVASTIN INJ	5	NM, LA, PA
AVASTIN INJ 400/16ML	5	NM, LA, PA
AYVAKIT TAB 100MG	5	QL (30 tabs / 30 days), NM, LA, PA
AYVAKIT TAB 200MG	5	QL (30 tabs / 30 days), NM, LA, PA

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN INJ 150MG	5	NM, PA
HERZUMA INJ 150MG	5	NM, PA
HERZUMA INJ 420MG	5	NM, PA
IBRANCE CAP 75MG	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 100MG	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 125MG	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TAB 75MG	5	QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 100MG	5	QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 125MG	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TAB 10MG	5	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TAB 15MG	5	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TAB 30MG	5	QL (30 tabs / 30 days), NM, LA, PA
ICLUSIG TAB 45MG	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TAB 50MG	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TAB 100MG	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	5	QL (56 caps / 28 days), NM, LA, PA
IMBRUVICA CAP 140MG	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TAB 140MG	5	QL (112 tabs / 28 days), NM, LA, PA
IMBRUVICA TAB 280MG	5	QL (56 tabs / 28 days), NM, LA, PA
IMBRUVICA TAB 420MG	5	QL (30 tabs / 30 days), NM, LA, PA
IMBRUVICA TAB 560MG	5	QL (30 tabs / 30 days), NM, LA, PA

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NERLYNX TAB 40MG	5	NM, LA, PA
NEXAVAR TAB 200MG	5	NM, LA, PA
NINLARO CAP 2.3MG	5	NM, PA
NINLARO CAP 3MG	5	NM, PA
NINLARO CAP 4MG	5	NM, PA
ODOMZO CAP 200MG	5	NM, LA, PA
OGIVRI INJ 150MG	5	NM, PA
OGIVRI INJ 420MG	5	NM, PA
ONTRUZANT INJ 150MG	5	NM, PA
ONTRUZANT INJ 420MG	5	NM, PA
PEMAZYRE TAB 4.5MG	5	NM, LA, PA
PEMAZYRE TAB 9MG	5	NM, LA, PA
PEMAZYRE TAB 13.5MG	5	NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG TAB DOSE	5	NM, PA
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG TAB DOSE	5	NM, PA
QINLOCK TAB 50MG	5	NM, LA, PA
RETEVMO CAP 40MG	5	NM, LA, PA
RETEVMO CAP 80MG	5	NM, LA, PA
RIABNI SOL 100/10ML	5	NM, LA, PA
RIABNI SOL 500/50ML	5	NM, LA, PA
RITUXAN INJ 100MG	5	NM, LA, PA
RITUXAN INJ 500MG	5	NM, LA, PA
RITUXAN INJ HYCELA	5	NM, LA, PA
ROZLYTREK CAP 100MG	5	NM, LA, PA
ROZLYTREK CAP 200MG	5	NM, LA, PA
RUBRACA TAB 200MG	5	NM, LA, PA
RUBRACA TAB 250MG	5	NM, LA, PA
RUBRACA TAB 300MG	5	NM, LA, PA
RUXIENCE INJ 100/10ML	5	NM, PA
RUXIENCE INJ 500/50ML	5	NM, PA
RYDAPT CAP 25MG	5	NM, PA
SPRYCEL TAB 20MG	5	NM, PA
SPRYCEL TAB 50MG	5	NM, PA
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
SUTENT CAP 12.5MG	5	QL (30 caps / 30 days), NM, PA
SUTENT CAP 25MG	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUTENT CAP 37.5MG	5	QL (30 caps / 30 days), NM, PA
SUTENT CAP 50MG	5	QL (30 caps / 30 days), NM, PA
TABRECTA TAB 150MG	5	NM, PA
TABRECTA TAB 200MG	5	NM, PA
TAFINLAR CAP 50MG	5	NM, LA, PA
TAFINLAR CAP 75MG	5	NM, LA, PA
TAGRISSO TAB 40MG	5	QL (30 tabs / 30 days), NM, LA, PA
TAGRISSO TAB 80MG	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAP 0.25MG	5	NM, LA, PA
TALZENNA CAP 1MG	5	NM, LA, PA
TASIGNA CAP 50MG	5	NM, PA
TASIGNA CAP 150MG	5	NM, PA
TASIGNA CAP 200MG	5	NM, PA
TAZVERIK TAB 200MG	5	NM, LA, PA
TECENTRIQ INJ 840/14	5	NM, LA, PA
TECENTRIQ INJ 1200/20	5	NM, LA, PA
TEPMETKO TAB 225MG	5	NM, LA, PA
TIBSOVO TAB 250MG	5	NM, LA, PA
TRAZIMERA INJ 150MG	5	NM, PA
TRAZIMERA INJ 420MG	5	NM, PA
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
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 60MG	5	NM, LA, PA
XPOVIO PAK 80MG	5	NM, LA, PA
XPOVIO PAK 100MG	5	NM, LA, PA
ZEJULA CAP 100MG	5	NM, LA, PA
ZELBORAF TAB 240MG	5	NM, LA, PA
ZIRABEV INJ 100/4ML	5	NM, PA
ZIRABEV INJ 400/16ML	5	NM, PA
ZOLINZA CAP 100MG	5	NM, PA
ZYDELIG TAB 100MG	5	NM, LA, PA
ZYDELIG TAB 150MG	5	NM, LA, PA
ZYKADIA TAB 150MG	5	NM, LA, PA

#### **PROTECTIVE AGENTS**

<i>leucovorin calcium for inj 50 mg</i>	2	B/D
<i>leucovorin calcium for inj 100 mg</i>	2	B/D
<i>leucovorin calcium for inj 200 mg</i>	2	B/D
<i>leucovorin calcium for inj 350 mg</i>	2	B/D
<i>leucovorin calcium for inj 500 mg</i>	2	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	2	B/D
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
MESNEX TAB 400MG	5	

#### **CARDIOVASCULAR**

##### **ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
amlodipine besylate-benazepril hcl cap 10-40 mg	1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 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	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
<b>ACE INHIBITORS</b>		
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate tab 2.5 mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
eplerenone tab 25 mg	2	
eplerenone tab 50 mg	2	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
<b>ALPHA BLOCKERS</b>		
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
prazosin hcl cap 1 mg	2	
prazosin hcl cap 2 mg	2	
prazosin hcl cap 5 mg	2	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
terazosin hcl cap 10 mg (base equivalent)	2	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL (30 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>losartan potassium &amp; 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)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

<i>candesartan cilexetil tab 4 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 8 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 16 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 32 mg</i>	1	QL (30 tabs / 30 days)
<i>EDARBI TAB 40MG</i>	4	QL (30 tabs / 30 days)
<i>EDARBI TAB 80MG</i>	4	QL (30 tabs / 30 days)
<i>irbesartan tab 75 mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan tab 150 mg</i>	1	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
irbesartan tab 300 mg	1	QL (30 tabs / 30 days)
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil tab 20 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil tab 40 mg	1	QL (30 tabs / 30 days)
telmisartan tab 20 mg	1	QL (30 tabs / 30 days)
telmisartan tab 40 mg	1	QL (30 tabs / 30 days)
telmisartan tab 80 mg	1	QL (30 tabs / 30 days)
valsartan tab 40 mg	1	QL (60 tabs / 30 days)
valsartan tab 80 mg	1	QL (60 tabs / 30 days)
valsartan tab 160 mg	1	QL (60 tabs / 30 days)
valsartan tab 320 mg	1	QL (30 tabs / 30 days)

#### **ANTIARRHYTHMICS**

amiodarone hcl inj 150 mg/3ml (50 mg/ml)	2	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	2	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	2	
amiodarone hcl tab 100 mg	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinidine sulfate tab 300 mg</i>	2	
<i>sorine tab 80mg</i>	1	
<i>sorine tab 120mg</i>	1	
<i>sorine tab 160mg</i>	1	
<i>sorine tab 240mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>ANTARA CAP 30MG</i>	4	
<i>ANTARA CAP 90MG</i>	4	
<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 micronized cap 67 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	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>ALTOPREV TAB 20MG ER</i>	5	QL (60 tabs / 30 days), ST
<i>ALTOPREV TAB 40MG ER</i>	5	QL (30 tabs / 30 days), ST
<i>ALTOPREV TAB 60MG ER</i>	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)
<i>EZALLOR SPR CAP 5MG</i>	4	QL (30 caps / 30 days), ST
<i>EZALLOR SPR CAP 10MG</i>	4	QL (30 caps / 30 days), ST

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EZALLOR SPR CAP 20MG	4	QL (30 caps / 30 days), ST
EZALLOR SPR CAP 40MG	4	QL (30 caps / 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)
<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

#### **ANTI-LIPEMICS, 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<i>JUXTAPID CAP 5MG</i>	5	NM, LA, PA
<i>JUXTAPID CAP 10MG</i>	5	NM, LA, PA
<i>JUXTAPID CAP 20MG</i>	5	NM, LA, PA
<i>JUXTAPID CAP 30MG</i>	5	NM, LA, PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	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>PRALUENT INJ 75MG/ML</i>	3	NM, PA
<i>PRALUENT INJ 150MG/ML</i>	3	NM, PA
<i>prevalite pow 4gm</i>	2	
<i>prevalite pow 4gm pk</i>	2	
<i>VASCEPA CAP 0.5GM</i>	4	
<i>VASCEPA CAP 1GM</i>	4	

#### **BETA-BLOCKER/DIURETIC COMBINATIONS**

<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	2
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	2
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	2
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>	2
<i>propranolol &amp; hydrochlorothiazide tab 80-25 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>bisoprolol fumarate tab 5 mg</i>	1
<i>bisoprolol fumarate 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BYSTOLIC TAB 2.5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	4	QL (60 tabs / 30 days)
<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>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>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<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 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	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
cartia xt cap 120/24hr	2	
cartia xt cap 180/24hr	2	
cartia xt cap 240/24hr	2	
cartia xt cap 300/24hr	2	
dilt-xr cap 120mg	2	
dilt-xr cap 180mg	2	
dilt-xr cap 240mg	2	
diltiazem hcl cap er 12hr 60 mg	2	
diltiazem hcl cap er 12hr 90 mg	2	
diltiazem hcl cap er 12hr 120 mg	2	
diltiazem hcl coated beads cap er 24hr 120 mg	2	
diltiazem hcl coated beads cap er 24hr 180 mg	2	
diltiazem hcl coated beads cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 300 mg	2	
diltiazem hcl coated beads cap er 24hr 360 mg	2	
diltiazem hcl coated beads tab er 24hr 180 mg	2	
diltiazem hcl coated beads tab er 24hr 240 mg	2	
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	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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	
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	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
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
amiloride & hydrochlorothiazide tab 5-50 mg	1
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
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
methazolamide tab 25 mg	2
methazolamide tab 50 mg	2

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	

#### **MISCELLANEOUS**

ADRENALIN INJ 1MG/ML	4	
aliskiren fumarate tab 150 mg (base equivalent)	2	
aliskiren fumarate tab 300 mg (base equivalent)	2	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
clonidine td patch weekly 0.2 mg/24hr	2	
clonidine td patch weekly 0.3 mg/24hr	2	
CORLANOR SOL 5MG/5ML	4	
CORLANOR TAB 5MG	4	
CORLANOR TAB 7.5MG	4	
digitek tab 0.25mg	2	QL (30 tabs / 30 days)
digitek tab 0.125mg	2	QL (30 tabs / 30 days)
digox tab 0.25mg	2	QL (30 tabs / 30 days)
digox tab 0.125mg	2	QL (30 tabs / 30 days)
digoxin inj 0.25 mg/ml	2	
digoxin oral soln 0.05 mg/ml	2	
digoxin tab 125 mcg (0.125 mg)	2	QL (30 tabs / 30 days)
digoxin tab 250 mcg (0.25 mg)	2	QL (30 tabs / 30 days)
droxidopa cap 100 mg	5	QL (90 caps / 30 days), NM, PA
droxidopa cap 200 mg	5	QL (180 caps / 30 days), NM, PA
droxidopa cap 300 mg	5	QL (180 caps / 30 days), NM, PA
guanfacine hcl tab 1 mg	3	PA; PA if 70 years and older
guanfacine hcl tab 2 mg	3	PA; PA if 70 years and older
hydralazine hcl inj 20 mg/ml	2	
hydralazine hcl tab 10 mg	2	
hydralazine hcl tab 25 mg	2	
hydralazine hcl tab 50 mg	2	
hydralazine hcl tab 100 mg	2	
methyldopa tab 250 mg	2	PA; PA if 70 years and older
methyldopa tab 500 mg	2	PA; PA if 70 years and older
metyrosine cap 250 mg	5	PA
midodrine hcl tab 2.5 mg	2	
midodrine hcl tab 5 mg	2	
midodrine hcl tab 10 mg	2	
minoxidil tab 2.5 mg	2	
minoxidil tab 10 mg	2	
NORTHERA CAP 100MG	5	QL (90 caps / 30 days), NM, LA, PA
NORTHERA CAP 200MG	5	QL (180 caps / 30 days), NM, LA, PA
NORTHERA CAP 300MG	5	QL (180 caps / 30 days), NM, LA, PA
ranolazine tab er 12hr 500 mg	2	
ranolazine tab er 12hr 1000 mg	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 5 mg</i>	2	
<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>minitran dis 0.1mg/hr</i>	2	
<i>minitran dis 0.2mg/hr</i>	2	
<i>minitran dis 0.4mg/hr</i>	2	
<i>minitran dis 0.6mg/hr</i>	2	
<b>NITRO-BID OIN 2%</b>	3	
<b>NITRO-DUR DIS 0.3MG/HR</b>	4	
<b>NITRO-DUR DIS 0.8MG/HR</b>	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	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS TAB 0.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 5 mg</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 10 mg</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan tab 62.5 mg</i>	5	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan tab 125 mg</i>	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	5	QL (30 tabs / 30 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
sildenafil citrate tab 20 mg	2	QL (90 tabs / 30 days), NM, PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	5	NM, LA, PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	5	NM, LA, PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	5	NM, LA, PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	5	NM, LA, PA
VENTAVIS SOL 10MCG/ML	5	NM, PA
VENTAVIS SOL 20MCG/ML	5	NM, PA

## CENTRAL NERVOUS SYSTEM

### ANTIANXIETY

alprazolam tab 0.5 mg	2	QL (150 tabs / 30 days)
alprazolam tab 0.25 mg	2	QL (150 tabs / 30 days)
alprazolam tab 1 mg	2	QL (150 tabs / 30 days)
alprazolam tab 2 mg	2	QL (150 tabs / 30 days)
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	2	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	2	
fluvoxamine maleate tab 25 mg	2	
fluvoxamine maleate tab 50 mg	2	
fluvoxamine maleate tab 100 mg	2	
lorazepam con 2mg/ml	2	QL (150 mL / 30 days)
lorazepam conc 2 mg/ml	2	QL (150 mL / 30 days)
lorazepam inj 2 mg/ml	2	
lorazepam inj 4 mg/ml	2	
lorazepam tab 0.5 mg	2	QL (150 tabs / 30 days)
lorazepam tab 1 mg	2	QL (150 tabs / 30 days)
lorazepam tab 2 mg	2	QL (150 tabs / 30 days)

### ANTICONVULSANTS

APTIOM TAB 200MG	5	QL (60 tabs / 30 days)
APTIOM TAB 400MG	5	QL (60 tabs / 30 days)
APTIOM TAB 600MG	5	QL (60 tabs / 30 days)
APTIOM TAB 800MG	5	QL (60 tabs / 30 days)
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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<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
DIACOMIT CAP 250MG	5	NM, LA, PA
DIACOMIT CAP 500MG	5	NM, LA, PA
DIACOMIT PAK 250MG	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIACOMIT PAK 500MG	5	NM, LA, PA
diazepam conc 5 mg/ml	2	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam inj 5 mg/ml	2	
diazepam oral soln 1 mg/ml	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
diazepam rectal gel delivery system 2.5 mg	2	
diazepam rectal gel delivery system 10 mg	2	
diazepam rectal gel delivery system 20 mg	2	
diazepam tab 2 mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam tab 5 mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam tab 10 mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	4	
DILANTIN CAP 100MG	4	
DILANTIN CHW 50MG	4	
DILANTIN-125 SUS 125/5ML	4	
divalproex sodium cap delayed release sprinkle 125 mg	2	
divalproex sodium tab delayed release 125 mg	2	
divalproex sodium tab delayed release 250 mg	2	
divalproex sodium tab delayed release 500 mg	2	
divalproex sodium tab er 24 hr 250 mg	2	
divalproex sodium tab er 24 hr 500 mg	2	
EPIDIOLEX SOL 100MG/ML	5	QL (600 mL / 30 days), NM, LA, PA
epitol tab 200mg	2	
ethosuximide cap 250 mg	2	
ethosuximide soln 250 mg/5ml	2	
felbamate susp 600 mg/5ml	5	
felbamate tab 400 mg	2	
felbamate tab 600 mg	2	
FINTEPLA SOL 2.2MG/ML	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUS 0.5MG/ML	5	QL (720 mL / 30 days), PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FYCOMPA TAB 2MG	4	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	5	QL (60 tabs / 30 days), PA
FYCOMPA TAB 6MG	5	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	5	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	5	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	5	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	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>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 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 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	
<i>lamotrigine tab er 24hr 250 mg</i>	2	
<i>lamotrigine tab er 24hr 300 mg</i>	2	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab 250 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
<b>NAYZILAM SPR 5MG</b>	4	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg</i>	2	
<i>oxcarbazepine tab 300 mg</i>	2	
<i>oxcarbazepine tab 600 mg</i>	2	
<b>PEGANONE TAB 250MG</b>	4	
<i>phenobarbital elixir 20 mg/5ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 30 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 60 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	3	PA; PA if 70 years and older
<b>PHENYTEK CAP 200MG</b>	4	
<b>PHENYTEK CAP 300MG</b>	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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>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 tab 25mg</i>	1	
<i>subvenite tab 100mg</i>	1	
<i>subvenite tab 150mg</i>	1	
<i>subvenite tab 200mg</i>	1	
<i>SYMPAZAN MIS 5MG</i>	4	QL (60 films / 30 days), PA
<i>SYMPAZAN MIS 10MG</i>	5	QL (60 films / 30 days), PA
<i>SYMPAZAN MIS 20MG</i>	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 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	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VALTOCO LIQ 15MG	4	
VALTOCO LIQ 20MG	4	
VALTOCO SPR 5MG	4	
VALTOCO SPR 10MG	4	
vigabatrin powd pack 500 mg	5	QL (180 packets / 30 days), NM, LA, PA
vigabatrin tab 500 mg	5	QL (180 tabs / 30 days), NM, LA, PA
vigadrone pow 500mg	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	4	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	5	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	5	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 150-200	5	QL (28 tabs / 28 days)
XCOPRI PAK 150-200	5	QL (56 tabs / 28 days)
XCOPRI TAB 50-200MG	5	QL (56 tabs / 28 days)
XCOPRI TAB 50MG	5	QL (90 tabs / 30 days)
XCOPRI TAB 100MG	5	QL (60 tabs / 30 days)
XCOPRI TAB 150MG	5	QL (60 tabs / 30 days)
XCOPRI TAB 200MG	5	QL (60 tabs / 30 days)
zonisamide cap 25 mg	2	
zonisamide cap 50 mg	2	
zonisamide cap 100 mg	2	

#### **ANTIDEMENTIA**

donepezil hydrochloride orally disintegrating tab 5 mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride tab 10 mg	1	
galantamine hydrobromide cap er 24hr 8 mg	2	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 16 mg	2	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 24 mg	2	QL (30 caps / 30 days)
galantamine hydrobromide oral soln 4 mg/ml	2	
galantamine hydrobromide tab 4 mg	2	QL (60 tabs / 30 days)
galantamine hydrobromide tab 8 mg	2	QL (60 tabs / 30 days)
galantamine hydrobromide tab 12 mg	2	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
memantine hcl cap er 24hr 7 mg	2	PA; PA if < 30 yrs
memantine hcl cap er 24hr 14 mg	2	PA; PA if < 30 yrs
memantine hcl cap er 24hr 21 mg	2	PA; PA if < 30 yrs
memantine hcl cap er 24hr 28 mg	2	PA; PA if < 30 yrs
memantine hcl oral solution 2 mg/ml	2	PA; PA if < 30 yrs
memantine hcl tab 5 mg	2	PA; PA if < 30 yrs
memantine hcl tab 10 mg	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	
rivastigmine tartrate cap 1.5 mg (base equivalent)	2	QL (90 caps / 30 days)
rivastigmine tartrate cap 3 mg (base equivalent)	2	QL (90 caps / 30 days)
rivastigmine tartrate cap 4.5 mg (base equivalent)	2	QL (60 caps / 30 days)
rivastigmine tartrate cap 6 mg (base equivalent)	2	QL (60 caps / 30 days)
rivastigmine td patch 24hr 4.6 mg/24hr	2	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	2	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	2	QL (30 patches / 30 days)

#### **ANTIDEPRESSANTS**

amitriptyline hcl tab 10 mg	3
amitriptyline hcl tab 25 mg	3
amitriptyline hcl tab 50 mg	3
amitriptyline hcl tab 75 mg	3
amitriptyline hcl tab 100 mg	3
amitriptyline hcl tab 150 mg	3
amoxapine tab 25 mg	3
amoxapine tab 50 mg	3
amoxapine tab 100 mg	3
amoxapine tab 150 mg	3
bupropion hcl tab 75 mg	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
citalopram hydrobromide oral soln 10 mg/5ml	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	QL (30 tabs / 30 days), PA
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	2	QL (30 tabs / 30 days), PA
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	2	QL (30 tabs / 30 days), PA
doxepin hcl cap 10 mg	3	
doxepin hcl cap 25 mg	3	
doxepin hcl cap 50 mg	3	
doxepin hcl cap 75 mg	3	
doxepin hcl cap 100 mg	3	
doxepin hcl cap 150 mg	4	
doxepin hcl conc 10 mg/ml	3	
DRIZALMA CAP 20MG DR	4	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	4	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	4	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	4	QL (60 caps / 30 days), PA
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	2	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	2	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	2	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	5	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	5	QL (30 patches / 30 days), PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMSAM DIS 12MG/24H	5	QL (30 patches / 30 days), 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	
FETZIMA CAP 20MG	4	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	4	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</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>maprotiline hcl tab 25 mg</i>	2	
<i>maprotiline hcl tab 50 mg</i>	2	
<i>maprotiline hcl tab 75 mg</i>	2	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
nortriptyline hcl soln 10 mg/5ml	4	
paroxetine hcl tab 10 mg	2	
paroxetine hcl tab 20 mg	2	
paroxetine hcl tab 30 mg	2	
paroxetine hcl tab 40 mg	2	
paroxetine hcl tab er 24hr 12.5 mg	4	QL (60 tabs / 30 days)
paroxetine hcl tab er 24hr 25 mg	4	QL (60 tabs / 30 days)
paroxetine hcl tab er 24hr 37.5 mg	4	QL (60 tabs / 30 days)
PAXIL SUS 10MG/5ML	4	QL (900 mL / 30 days)
phenelzine sulfate tab 15 mg	2	
protriptyline hcl tab 5 mg	4	
protriptyline hcl tab 10 mg	4	
sertraline hcl oral concentrate for solution 20 mg/ml	2	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
tranylcypromine sulfate tab 10 mg	2	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trimipramine maleate cap 25 mg	4	QL (240 caps / 30 days)
trimipramine maleate cap 50 mg	4	QL (120 caps / 30 days)
trimipramine maleate cap 100 mg	4	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	4	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	4	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	4	QL (30 tabs / 30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	2	
venlafaxine hcl tab 37.5 mg (base equivalent)	2	
venlafaxine hcl tab 50 mg (base equivalent)	2	
venlafaxine hcl tab 75 mg (base equivalent)	2	
venlafaxine hcl tab 100 mg (base equivalent)	2	
VIIBRYD KIT STARTER	4	
VIIBRYD TAB 10MG	4	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	4	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIIBRYD TAB 40MG	4	QL (30 tabs / 30 days)
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl cap 100 mg</i>	2	QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN INJ 10MG/ML	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	2	
<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>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	2	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	2	
<i>carbidopa &amp; 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>entacapone tab 200 mg</i>	2	
KYNMOBI MIS 10MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 15MG	5	QL (150 films / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KYNMOBI MIS 20MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 25MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 30MG	5	QL (150 films / 30 days), NM, PA
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	
NEUPRO DIS 8MG/24HR	4	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>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	
<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	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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

#### **ANTIPSYCHOTICS**

ABILIFY MAIN INJ 300MG	5	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	5	QL (1 injection / 28 days)
<i>ariPIPRAZOLE oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>ariPIPRAZOLE orally disintegrating tab 10 mg</i>	5	QL (60 tabs / 30 days)
<i>ariPIPRAZOLE orally disintegrating tab 15 mg</i>	5	QL (60 tabs / 30 days)
<i>ariPIPRAZOLE tab 2 mg</i>	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)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
CAPLYTA CAP 42MG	4	QL (30 caps / 30 days)
<i>chlorpromazine hcl inj 25 mg/ml</i>	2	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
fluphenazine hcl tab 2.5 mg	2	
fluphenazine hcl tab 5 mg	2	
fluphenazine hcl tab 10 mg	2	
haloperidol decanoate im soln 50 mg/ml	2	
haloperidol decanoate im soln 100 mg/ml	2	
haloperidol lactate inj 5 mg/ml	2	
haloperidol lactate oral conc 2 mg/ml	2	
haloperidol tab 0.5 mg	2	
haloperidol tab 1 mg	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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**

<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
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	QL (30 caps / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
dexmethylphenidate hcl tab 2.5 mg	2	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl tab 5 mg	2	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl tab 10 mg	2	QL (60 tabs / 30 days), PA
guanfacine hcl tab er 24hr 1 mg (base equiv)	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
guanfacine hcl tab er 24hr 2 mg (base equiv)	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
guanfacine hcl tab er 24hr 3 mg (base equiv)	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
guanfacine hcl tab er 24hr 4 mg (base equiv)	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
metadate tab 20mg er	2	QL (90 tabs / 30 days), PA
methylphenidate hcl chew tab 2.5 mg	2	QL (180 tabs / 30 days), PA
methylphenidate hcl chew tab 5 mg	2	QL (180 tabs / 30 days), PA
methylphenidate hcl chew tab 10 mg	2	QL (180 tabs / 30 days), PA
methylphenidate hcl soln 5 mg/5ml	2	QL (1800 mL / 30 days), PA
methylphenidate hcl soln 10 mg/5ml	2	QL (900 mL / 30 days), PA
methylphenidate hcl tab 5 mg	2	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 10 mg	2	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 20 mg	2	QL (90 tabs / 30 days), PA
methylphenidate hcl tab er 10 mg	2	QL (90 tabs / 30 days), PA
methylphenidate hcl tab er 20 mg	2	QL (90 tabs / 30 days), PA
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
<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
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<b>MIGRAINE</b>		
<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>dihydroergotamine mesylate inj 1 mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	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>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)
<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>UBRELVY TAB 50MG</i>	5	QL (16 tabs / 30 days), PA
<i>UBRELVY TAB 100MG</i>	5	QL (16 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)

### **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
GRALISE TAB 300MG	4	QL (180 tabs / 30 days), PA
GRALISE TAB 600MG	4	QL (90 tabs / 30 days), 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 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>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 tab 60 mg</i>	2	
<i>riluzole tab 50 mg</i>	2	
SAVELLA MIS TITR PAK	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAVELLA TAB 12.5MG	4	QL (60 tabs / 30 days), PA
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

#### **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 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<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 tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	

#### **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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<i>XYREM SOL 500MG/ML</i>	5	QL (540 mL / 30 days), NM, LA, PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<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	
<i>CHANTIX PAK 0.5&amp; 1MG</i>	4	
<i>CHANTIX PAK 1MG</i>	4	
<i>CHANTIX TAB 0.5MG</i>	4	
<i>CHANTIX TAB 1MG</i>	4	
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	
<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	
<i>NARCAN SPR</i>	3	
<i>NICOTROL INH</i>	4	
<i>NICOTROL NS SPR 10MG/ML</i>	4	
<i>VIVITROL INJ 380MG</i>	5	NM

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
ANDRODERM DIS 2MG/24HR		
ANDRODERM DIS 2MG/24HR	4	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	4	QL (30 patches / 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 12.5 mg/act (1%)</i>	2	QL (300 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 50 mg/5gm (1%)</i>	2	QL (300 gm / 30 days), PA
<b>ANTIDIABETICS</b>		
<i>acarbose tab 25 mg</i>	2	
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
BYDUREON BC INJ 2/0.85ML	3	QL (4 pens / 28 days)
BYDUREON PEN INJ 2MG	3	QL (4 pens / 28 days)
BYETTA INJ 5MCG	4	QL (1 pen / 30 days)
BYETTA INJ 10MCG	4	QL (1 pen / 30 days)
FARXIGA TAB 5MG	3	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	3	QL (30 tabs / 30 days)
<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)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	3	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR	3	QL (30 tabs / 30 days); 5-1000mg
JENTADUETO TAB XR	3	QL (60 tabs / 30 days); 2.5-1000mg
<i>metformin hcl tab 500 mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
OZEMPIC INJ 2/1.5ML	3	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	3	QL (2 pens / 28 days)
OZEMPIC INJ 4MG/3ML	3	QL (1 pen / 28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	3	QL (30 tabs / 30 days)
RYBELSUS TAB 7MG	3	QL (30 tabs / 30 days)
RYBELSUS TAB 14MG	3	QL (30 tabs / 30 days)
SYNJARDY TAB	3	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB	3	QL (60 tabs / 30 days)
TRULICITY INJ 0.75/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 3/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 4.5/0.5	3	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	3	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)

#### ***ANTIDIABETICS, INSULINS***

BASAGLAR INJ 100UNIT	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	Kwikpen
HUMULIN R INJ U-500	5	B/D
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES:	3	
BD/ULTIMED/ALLISON/TRIVIDIA/MHC		
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTOUCH	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	3	(brand RELION not covered)
NOVOLIN N INJ U-100	3	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	3	(brand RELION not covered)
NOVOLIN R INJ U-100	3	(brand RELION not covered)
NOVOLOG INJ 100/ML	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
OMNIPOD KIT STARTER	4	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	4	QL (10 boxes / 30 days), PA
PEN NEEDLES:	3	
NOVO/BD/ULTIMED/OWEN/TRIVIDIA		
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
<b>CALCIUM REGULATORS</b>		
alendronate sodium oral soln 70 mg/75ml	2	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 70 mg	1	
calcitonin (salmon) nasal soln 200 unit/act	2	B/D
FORTEO INJ 620/2.48	5	NM, PA
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	2	B/D, QL (1 injection / 90 days)
ibandronate sodium tab 150 mg (base equivalent)	2	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
pamidronate disodium for inj 30 mg	2	B/D
pamidronate disodium for inj 90 mg	2	B/D
pamidronate disodium iv soln 3 mg/ml	2	B/D
pamidronate disodium iv soln 9 mg/ml	2	B/D
PAMIDRONATE INJ 6MG/ML	3	B/D
PROLIA SOL 60MG/ML	4	QL (1 injection / 180 days), NM
risedronate sodium tab 5 mg	2	
risedronate sodium tab 30 mg	2	
risedronate sodium tab 35 mg	2	
risedronate sodium tab 150 mg	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
risedronate sodium tab delayed release 35 mg	2	
TYMLOS INJ	5	NM, PA
XGEVA INJ	5	NM, PA
zoledronic acid inj conc for iv infusion 4 mg/5ml	2	B/D, NM
zoledronic acid iv soln 4 mg/100ml	2	B/D, NM
zoledronic acid iv soln 5 mg/100ml	2	B/D, NM

### **CHELATING AGENTS**

CHEMET CAP 100MG	4	
clovique cap 250mg	5	PA
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
LOKELMA PAK 5GM	3	
LOKELMA PAK 10GM	3	
penicillamine tab 250 mg	5	
sodium polystyrene sulfonate powder	2	
sps sus 15gm/60	2	
trientine hcl cap 250 mg	5	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	
apri tab	2	
aranelle tab	2	
aubra eq tab 0.1-0.02	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	
balziva tab	2	
bekyree tab	2	
blisovi fe tab 1.5/30	2	
briellyn tab	2	
camila tab 0.35mg	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>caziant pak</i>	2	
<i>chateal tab 0.15/30</i>	2	
<i>cryselle-28 tab 28 tabs</i>	2	
<i>cyclafem tab 1/35</i>	2	
<i>cyclafem tab 7/7/7</i>	2	
<i>cyred eq tab</i>	2	
<i>dasetta tab 1/35</i>	2	
<i>dasetta tab 7/7/7</i>	2	
<i>deblitane tab 0.35mg</i>	2	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest tab</i>	2	
<i>ELLA TAB 30MG</i>	3	
<i>eluryng mis</i>	2	
<i>emoquette tab</i>	2	
<i>enpresse-28 tab</i>	2	
<i>enskyce tab</i>	2	
<i>errin tab 0.35mg</i>	2	
<i>estarrylla tab 0.25-35</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	
<i>falmina tab</i>	2	
<i>femynor tab 0.25-35</i>	2	
<i>gianvi tab 3-0.02mg</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 tab 1.5/30</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>junel fe tab 1/20</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 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>leena tab</i>	2	
<i>lessina tab</i>	2	
<i>levonest tab</i>	2	
<i>levonorgestrel &amp; ethynodiol-diol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel &amp; ethynodiol-diol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel &amp; ethynodiol-diol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-ethynodiol-diol tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora-28 tab 0.15/30</i>	2	
<i>lillow tab 0.15/30</i>	2	
<i>loestrin 21 tab 1.5/30</i>	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>lyeq tab 0.35mg</i>	2	
<i>lyza tab 0.35mg</i>	2	
<i>marlissa tab 0.15/30</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</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>necon tab 0.5/35</i>	2	
<i>nikki tab 3-0.02mg</i>	2	
<i>nora-be tab 0.35mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
norethindrone & ethinyl estradiol tab 1 mg- 35 mcg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	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	
pimtrea tab	2	
pirmella tab 1/35	2	
portia-28 tab	2	
previfem tab	2	
reclipsen tab	2	
setlakin tab	2	
sharobel tab 0.35mg	2	
simliya tab 28 day	2	
sprintec 28 tab 28 day	2	
sronyx tab	2	
syeda tab 3-0.03mg	2	
tarina fe tab 1/20 eq	2	
tilia fe tab	2	
tri-estarryll tab	2	
tri-legest tab fe	2	
tri-linyah tab	2	
tri-lo tab estarryll	2	
tri-lo- tab marzia	2	
tri-lo- tab sprintec	2	
tri-lo-mili tab	2	
tri-mili tab	2	
tri-nymyo tab	2	
tri-previfem tab	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<i>velivet pak</i>	2	
<i>vienna tab 0.1-20</i>	2	
<i>viorele 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>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	
<b><i>ENDOMETRIOSIS</i></b>		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
<i>SYNAREL SOL 2MG/ML</i>	5	
<b><i>ESTROGENS</i></b>		
<i>amabelz tab 0.5-0.1</i>	3	
<i>amabelz tab 1-0.5mg</i>	3	
<i>DELESTROGEN INJ 10MG/ML</i>	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	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol tab 0.5 mg</i>	2	
<i>estradiol tab 1 mg</i>	2	
<i>estradiol tab 2 mg</i>	2	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	3	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	3	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	3	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	3	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	3
<i>estradiol td patch weekly 0.1 mg/24hr</i>	3
<i>estradiol td patch weekly 0.05 mg/24hr</i>	3
<i>estradiol td patch weekly 0.06 mg/24hr</i>	3
<i>estradiol td patch weekly 0.025 mg/24hr</i>	3
<i>estradiol td patch weekly 0.075 mg/24hr</i>	3
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	3
<i>estradiol vaginal cream 0.1 mg/gm</i>	2
<i>estradiol vaginal tab 10 mcg</i>	2
<i>estradiol valerate im in oil 20 mg/ml</i>	2
<i>estradiol valerate im in oil 40 mg/ml</i>	2
<i>jinteli tab 1mg-5mcg</i>	3
<i>lopreeza tab 1-0.5mg</i>	3
<i>lyllana dis 0.1mg</i>	3
<i>lyllana dis 0.05mg</i>	3
<i>lyllana dis 0.025mg</i>	3
<i>lyllana dis 0.075mg</i>	3
<i>lyllana dis 0.0375mg</i>	3
<i>mimvey tab 1-0.5mg</i>	3
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3
<i>yuvafem tab 10mcg</i>	2
<b>GLUCOCORTICOIDS</b>	
<i>cortisone acetate tab 25 mg</i>	2
<i>DEXAMETHASON CON 1MG/ML</i>	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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
dexamethasone tab 1.5 mg	2	
dexamethasone tab 2 mg	2	
dexamethasone tab 4 mg	2	
dexamethasone tab 6 mg	2	
fludrocortisone acetate tab 0.1 mg	2	
hydrocortisone tab 5 mg	2	
hydrocortisone tab 10 mg	2	
hydrocortisone tab 20 mg	2	
methylprednisolone acetate inj susp 40 mg/ml	2	B/D
methylprednisolone acetate inj susp 80 mg/ml	2	B/D
methylprednisolone sod succ for inj 40 mg (base equiv)	2	B/D
methylprednisolone sod succ for inj 125 mg (base equiv)	2	B/D
methylprednisolone sod succ for inj 1000 mg (base equiv)	2	B/D
methylprednisolone tab 4 mg	2	B/D
methylprednisolone tab 8 mg	2	B/D
methylprednisolone tab 16 mg	2	B/D
methylprednisolone tab 32 mg	2	B/D
methylprednisolone tab therapy pack 4 mg (21)	2	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	2	B/D
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	2	B/D
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	2	B/D
prednisolone syrup 15 mg/5ml (usp solution equivalent)	2	B/D
PREDNISONE CON 5MG/ML	4	B/D
prednisone oral soln 5 mg/5ml	2	B/D
prednisone tab 1 mg	1	B/D
prednisone tab 2.5 mg	1	B/D
prednisone tab 5 mg	1	B/D
prednisone tab 10 mg	1	B/D
prednisone tab 20 mg	1	B/D
prednisone tab 50 mg	1	B/D
prednisone tab therapy pack 5 mg (21)	2	
prednisone tab therapy pack 5 mg (48)	2	
prednisone tab therapy pack 10 mg (21)	2	
prednisone tab therapy pack 10 mg (48)	2	
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
diazoxide susp 50 mg/ml	5	
GVOKE HYPO 2 INJ 1MG/.2ML	3	
GVOKE HYPO 2 INJ .5/.1ML	3	
GVOKE PFS INJ	3	
<b>MISCELLANEOUS</b>		
ALDURAZYME INJ 2.9MG/5M	5	NM, LA, PA
cabergoline tab 0.5 mg	2	
CARBAGLU TAB 200MG	5	NM, LA, PA
CERDELGA CAP 84MG	5	NM, PA
CEREZYME INJ 400UNIT	5	NM, LA, PA
cinacalcet hcl tab 30 mg (base equiv)	2	B/D, QL (120 tabs / 30 days), NM
cinacalcet hcl tab 60 mg (base equiv)	5	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl tab 90 mg (base equiv)	5	B/D, QL (120 tabs / 30 days), NM
CYSTADANE POW	5	NM, LA
CYSTAGON CAP 50MG	4	NM, LA, PA
CYSTAGON CAP 150MG	4	NM, LA, PA
desmopressin acetate inj 4 mcg/ml	5	
desmopressin acetate nasal spray soln 0.01%	2	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	2	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	5	
desmopressin acetate tab 0.1 mg	2	
desmopressin acetate tab 0.2 mg	2	
FABRAZYME INJ 5MG	5	NM, LA, PA
FABRAZYME INJ 35MG	5	NM, LA, PA
GENOTROPIN INJ 0.2MG	5	NM, PA
GENOTROPIN INJ 0.4MG	5	NM, PA
GENOTROPIN INJ 0.6MG	5	NM, PA
GENOTROPIN INJ 0.8MG	5	NM, PA
GENOTROPIN INJ 1.2MG	5	NM, PA
GENOTROPIN INJ 1.4MG	5	NM, PA
GENOTROPIN INJ 1.6MG	5	NM, PA
GENOTROPIN INJ 1.8MG	5	NM, PA
GENOTROPIN INJ 1MG	5	NM, PA
GENOTROPIN INJ 2MG	5	NM, PA
GENOTROPIN INJ 5MG	5	NM, PA
GENOTROPIN INJ 12MG	5	NM, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INCRELEX INJ 40MG/4ML	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>miglustat cap 100 mg</i>	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME INJ 1MG/ML	5	NM, LA, PA
<i>nitisinone cap 2 mg</i>	5	NM, PA
<i>nitisinone cap 5 mg</i>	5	NM, PA
<i>nitisinone cap 10 mg</i>	5	NM, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	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
<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
OSPHENA TAB 60MG	3	PA
<i>raloxifene hcl tab 60 mg</i>	2	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	NM, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	NM, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	NM, PA
SIGNIFOR INJ 0.3MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.9MG/ML	5	NM, LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	NM, PA
SOMATULINE INJ 60/0.2ML	5	NM, PA
SOMATULINE INJ 90/0.3ML	5	NM, PA
SOMATULINE INJ 120/.5ML	5	NM, PA
SOMAVERT INJ 10MG	5	NM, LA, PA
SOMAVERT INJ 15MG	5	NM, LA, PA
SOMAVERT INJ 20MG	5	NM, LA, PA
SOMAVERT INJ 25MG	5	NM, LA, PA
SOMAVERT INJ 30MG	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STIMATE SOL 1.5MG/ML	5	NM
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA TAB 210MG	5	QL (360 tabs / 30 days), PA
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	2	QL (360 caps / 30 days)
calcium acetate (phosphate binder) tab 667 mg	2	QL (360 tabs / 30 days)
sevelamer carbonate packet 0.8 gm	5	QL (540 packets / 30 days)
sevelamer carbonate packet 2.4 gm	5	QL (180 packets / 30 days)
sevelamer carbonate tab 800 mg	2	QL (540 tabs / 30 days)
<b>PROGESTINS</b>		
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 40 mg/ml	3	
megestrol acetate susp 625 mg/5ml	4	PA
norethindrone acetate tab 5 mg	2	
<b>THYROID AGENTS</b>		
euthyrox tab 25mcg	2	
euthyrox tab 50mcg	2	
euthyrox tab 75mcg	2	
euthyrox tab 88mcg	2	
euthyrox tab 100mcg	2	
euthyrox tab 112mcg	2	
euthyrox tab 125mcg	2	
euthyrox tab 137mcg	2	
euthyrox tab 150mcg	2	
euthyrox tab 175mcg	2	
euthyrox tab 200mcg	2	
levo-t tab 25mcg	2	
levo-t tab 50mcg	2	
levo-t tab 75mcg	2	
levo-t tab 88mcg	2	
levo-t tab 100mcg	2	
levo-t tab 112mcg	2	
levo-t tab 125mcg	2	
levo-t tab 137mcg	2	
levo-t tab 150mcg	2	
levo-t tab 175mcg	2	
levo-t tab 200 mcg	2	
levo-t tab 300 mcg	2	
levothyroxine sodium tab 25 mcg	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levothyroxine sodium tab 50 mcg</i>	2	
<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>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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<b>RAYALDEE CAP 30MCG</b>	<b>5</b>	

### **GASTROINTESTINAL**

#### **ANTIEMETICS**

<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 &amp; 125 mg</i>	2	B/D
<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)
<b>EMEND SUS 125MG</b>	<b>4</b>	B/D
<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	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</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	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<i>ondansetron orally disintegrating tab 8 mg</i>	2	B/D
<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 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>SANCUSO DIS 3.1MG</i>	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

### **ANTISPASMODICS**

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

### **H2-RECEPTOR ANTAGONISTS**

<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
famotidine tab 20 mg	1	QL (120 tabs / 30 days)
famotidine tab 40 mg	1	QL (60 tabs / 30 days)
nizatidine cap 150 mg	2	
nizatidine cap 300 mg	2	

### **INFLAMMATORY BOWEL DISEASE**

balsalazide disodium cap 750 mg	2	
budesonide delayed release particles cap 3 mg	2	
budesonide tab er 24hr 9 mg	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)
sulfasalazine tab 500 mg	2	
sulfasalazine tab delayed release 500 mg	2	

### **LAXATIVES**

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	
NULYTLY SOL LMN/LIME	3	
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	
trilyte sol	1	

### **MISCELLANEOUS**

alosetron hcl tab 0.5 mg (base equiv)	2	QL (60 tabs / 30 days), PA
alosetron hcl tab 1 mg (base equiv)	5	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOVANTIK TAB 12.5MG	3	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	3	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	5	PA
RELISTOR INJ 12/0.6ML	5	PA
<i>sucralfate tab 1 gm</i>	2	
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	
XIFAXAN TAB 550MG	5	PA
<b>PANCREATIC ENZYMEs</b>		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000	4	
ZENPEP CAP 40000	4	
<b>PROTON PUMP INHIBITORS</b>		
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>lansoprazole cap delayed release 15 mg</i>	2	QL (60 caps / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	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	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	2	QL (30 caps / 30 days)
<i>silodosin cap 8 mg</i>	2	QL (30 caps / 30 days)
<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	
<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	QL (30 tabs / 30 days)
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
MYRBETRIQ TAB 25MG	4	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	QL (60 tabs / 30 days)
OXYTROL DIS 3.9MG/24	4	
<i>solifenacain succinate tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>solifenacain succinate tab 10 mg</i>	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	2	QL (60 tabs / 30 days), ST
<i>tolterodine tartrate tab 2 mg</i>	2	QL (60 tabs / 30 days), ST
TOVIAZ TAB 4MG	3	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	3	QL (30 tabs / 30 days)
<i>trospium chloride tab 20 mg</i>	2	QL (60 tabs / 30 days)

#### **VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>metronidazole vaginal gel 0.75%</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**

<i>ELIQUIS ST P TAB 5MG</i>	3	QL (74 tabs / 30 days)
<i>ELIQUIS TAB 2.5MG</i>	3	QL (60 tabs / 30 days)
<i>ELIQUIS TAB 5MG</i>	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 60 mg/0.6ml</i>	2	
<i>enoxaparin sodium inj 80 mg/0.8ml</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>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	
<i>FRAGMIN INJ 2500/0.2</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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/NAACL INJ 25000UNT	3	
<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)-dextrose iv sol 20000 unit/500ml-5%</i>	2	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	2	
HEPARIN/NAACL 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 (60 caps / 30 days)
PRADAXA CAP 150MG	4	QL (60 caps / 30 days)
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROCRIT INJ 2000/ML	3	NM, PA
PROCRIT INJ 3000/ML	3	NM, PA
PROCRIT INJ 4000/ML	3	NM, PA
PROCRIT INJ 10000/ML	3	NM, PA
PROCRIT INJ 20000/ML	5	NM, PA
PROCRIT INJ 40000/ML	5	NM, PA
ZARXIO INJ 300/0.5	5	NM, PA
ZARXIO INJ 480/0.8	5	NM, PA
<b>MISCELLANEOUS</b>		
<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	
DOPTELET TAB 20MG	5	NM, LA, PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	5	NM, LA, PA
HAEGARDA INJ 2000UNIT	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline tab er 400 mg</i>	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
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	2	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BRILINTA TAB 60MG	4	
BRILINTA TAB 90MG	4	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	3	PA; PA if 70 years and older
<i>dipyridamole tab 50 mg</i>	3	PA; PA if 70 years and older
<i>dipyridamole tab 75 mg</i>	3	PA; PA if 70 years and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	

## **IMMUNOLOGIC AGENTS**

### **AUTOIMMUNE AGENTS**

ENBREL INJ 25/0.5ML	5	QL (16 syringes / 28 days), NM, PA
ENBREL INJ 25MG	5	QL (16 vials / 28 days), NM, PA
ENBREL INJ 50MG/ML	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI INJ 50MG/ML	5	QL (8 injections / 28 days), NM, PA
ENBREL SRCLK INJ 50MG/ML	5	QL (8 injections / 28 days), NM, PA
HUMIRA INJ 10/0.1ML	5	QL (2 injections / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	5	QL (2 injections / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	5	QL (6 injections / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEN INJ 40/0.4ML	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 80/0.8ML	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	5	NM, PA
HUMIRA PEN INJ PS/UV	5	NM, PA
HUMIRA PEN KIT CD/UC/HS	5	NM, PA
HUMIRA PEN KIT PS/UV	5	NM, PA
REMICADE INJ 100MG	5	NM, PA
RENFLEXIS INJ 100MG	5	NM, LA, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RINVOQ TAB 15MG ER	5	QL (30 tabs / 30 days), NM, PA
SKYRIZI INJ 150DOSE	5	QL (7 kits / 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
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

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

#### **IMMUNOMODULATORS**

ACTIMMUNE INJ 2MU/0.5	5	NM, LA, PA
ARCALYST INJ 220MG	5	NM, PA
INTRON A INJ 10MU	5	B/D, NM
INTRON A INJ 18MU	5	B/D, NM
INTRON A INJ 25MU	5	B/D, NM
INTRON A INJ 50MU	5	B/D, NM

#### **IMMUNOSUPPRESSANTS**

azathioprine tab 50 mg	2	B/D
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You can find information on what the symbols and abbreviations on this table mean by going to page number V.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BENLYSTA INJ 120MG	5	NM, PA
BENLYSTA INJ 200MG/ML	5	NM, PA
BENLYSTA INJ 400MG	5	NM, PA
cyclosporine cap 25 mg	2	B/D, NM
cyclosporine cap 100 mg	2	B/D, NM
cyclosporine iv soln 50 mg/ml	2	B/D, NM
cyclosporine modified cap 25 mg	2	B/D, NM
cyclosporine modified cap 50 mg	2	B/D, NM
cyclosporine modified cap 100 mg	2	B/D, NM
cyclosporine modified oral soln 100 mg/ml	2	B/D, NM
everolimus tab 0.5 mg	5	B/D, NM
everolimus tab 0.25 mg	2	B/D, NM
everolimus tab 0.75 mg	5	B/D, NM
gengraf cap 25mg	2	B/D, NM
gengraf cap 100mg	2	B/D, NM
gengraf sol 100mg/ml	2	B/D, NM
mycophenolate mofetil cap 250 mg	2	B/D, NM
mycophenolate mofetil for oral susp 200 mg/ml	5	B/D, NM
mycophenolate mofetil tab 500 mg	2	B/D, NM
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	2	B/D, NM
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	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
SANDIMMUNE SOL 100MG/ML	3	B/D, NM
sirolimus oral soln 1 mg/ml	5	B/D, NM
sirolimus tab 0.5 mg	2	B/D, NM
sirolimus tab 1 mg	2	B/D, NM
sirolimus tab 2 mg	5	B/D, NM
tacrolimus cap 0.5 mg	2	B/D, NM
tacrolimus cap 1 mg	2	B/D, NM
tacrolimus cap 5 mg	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

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

## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES/MINERALS, INJECTABLE

D5W/LYTES INJ #48	4
D5W/NACL INJ 0.3%	3
D10W/NACL INJ 0.2%	3
dextrose 2.5% w/ sodium chloride 0.45%	2
dextrose 5% in lactated ringers	2
dextrose 5% w/ sodium chloride 0.2%	2
dextrose 5% w/ sodium chloride 0.9%	2

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
dextrose 5% w/ sodium chloride 0.45%	2	
dextrose 10% w/ sodium chloride 0.45%	2	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	2	
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/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL 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	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	3	
magnesium sulfate inj 50%	3	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	3	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	3	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	3	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	3	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	3	
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
POT CHLORIDE INJ 40MEQ	4	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	2	
potassium chloride inj 2 meq/ml	2	
sodium chloride inj 2.5 meq/ml (14.6%)	2	
sodium chloride iv soln 0.9%	2	
sodium chloride iv soln 0.45%	2	
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 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 INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 HBC INJ 6.9%	4	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
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
<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
<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

### ***ANTI-INFECTIVES***

<i>bacitracin ophth oint 500 unit/gm</i>	2
<i>bacitracin-polymyxin b ophth oint</i>	1
BESIVANCE SUS 0.6%	3
CILOXAN OIN 0.3% OP	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
moxifloxacin hcl ophth soln 0.5% (base equiv)	2	
NATACYN SUS 5% OP	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-polomyx-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	
trifluridine ophth soln 1%	2	
ZIRGAN GEL 0.15%	4	
<b>ANTI-INFLAMMATORIES</b>		
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	
DUREZOL EMU 0.05%	3	
FLAREX SUS 0.1% OP	4	
fluorometholone ophth susp 0.1%	2	
flurbiprofen sodium ophth soln 0.03%	2	
ILEVRO DRO 0.3% OP	3	
ketorolac tromethamine ophth soln 0.4%	2	
ketorolac tromethamine ophth soln 0.5%	2	
LOTEMAX OIN 0.5%	3	
PRED SOD PHO SOL 1% OP	3	
prednisolone acetate ophth susp 1%	2	
PROLENSA SOL 0.07%	3	
<b>ANTIALLERGICS</b>		
azelastine hcl ophth soln 0.05%	2	
BEPREVE DRO 1.5%	3	
cromolyn sodium ophth soln 4%	1	
LASTACAFT SOL 0.25%	4	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	3	
AZOPT SUS 1% OP	3	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
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	
<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	
PHOSPHOLINE SOL 0.125%OP	4	
<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	
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	
VYZULTA SOL 0.024%	4	
<b>MISCELLANEOUS</b>		
ATROPINE SUL SOL 1% OP	3	
CYSTADROPS SOL 0.37%	5	NM, LA, PA
CYSTARAN SOL 0.44%	5	NM, LA, PA
<i>proparacaine hcl ophth soln 0.5%</i>	2	
RESTASIS EMU 0.05%	3	
RESTASIS MUL EMU 0.05%	3	
XIIDRA DRO 5%	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
TRELEGY AER ELLIPTA	3	QL (60 blisters / 30 days)
<b>ANTICHOLINERGICS</b>		
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	
<b>ANTIHISTAMINES</b>		
<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>diphenhydramine hcl inj 50 mg/ml</i>	2	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 10 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 25 mg</i>	2	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydroxyzine hcl tab 50 mg	2	PA; PA if 70 years and older
hydroxyzine pamoate cap 25 mg	2	PA; PA if 70 years and older
hydroxyzine pamoate cap 50 mg	2	PA; PA if 70 years and older
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	2	
levocetirizine dihydrochloride tab 5 mg	1	
olopatadine hcl nasal soln 0.6%	2	
<b>BETA AGONISTS</b>		
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	
albuterol sulfate tab er 12hr 4 mg	2	
albuterol sulfate tab er 12hr 8 mg	2	
BROVANA NEB 15MCG	5	B/D
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	2	B/D
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	2	B/D
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	2	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	2	B/D
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	2	QL (2 inhalers / 30 days)
PERFOROMIST NEB 20MCG	5	B/D
SEREVENT DIS AER 50MCG	3	QL (60 inhalations / 30 days)
terbutaline sulfate tab 2.5 mg	2	
terbutaline sulfate tab 5 mg	2	
VENTOLIN HFA AER	3	QL (2 inhalers / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENTOLIN HFA AER	3	QL (6 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<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	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhal soln 10%</i>	2	B/D
<i>acetylcysteine inhal soln 20%</i>	2	B/D
ARALAST NP INJ 500MG	5	NM, LA, PA
ARALAST NP INJ 1000MG	5	NM, LA, PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	B/D
DALIRESP TAB 250MCG	4	
DALIRESP TAB 500MCG	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)
<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
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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
<i>theophylline tab er 12hr 450 mg</i>	2	
<i>theophylline tab er 24hr 400 mg</i>	2	
<i>theophylline tab er 24hr 600 mg</i>	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
<b>NASAL STEROIDS</b>		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle / 30 days)
OMNARIS SPR	4	QL (1 inhaler / 30 days)
<b>STEROID INHALANTS</b>		
ARNUITY ELPT INH 50MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	3	QL (30 inhalations / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARNUITY ELPT INH 200MCG	3	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	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)

#### ***STEROID/BETA-AGONIST COMBINATIONS***

ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)

#### **TOPICAL**

#### ***DERMATOLOGY, ACNE***

<i>accutane cap 20mg</i>	2	PA
<i>accutane cap 30mg</i>	2	PA
<i>accutane cap 40mg</i>	2	PA
<i>amnesteem cap 10mg</i>	2	PA
<i>amnesteem cap 20mg</i>	2	PA
<i>amnesteem cap 40mg</i>	2	PA
<i>avita cre 0.025%</i>	2	QL (45 gm / 30 days), PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
ketoconazole cream 2%	2	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)
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
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
tazarotene cream 0.1%	2	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05%	4	QL (60 gm / 30 days), PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
ketoconazole shampoo 2%	1	QL (120 mL / 30 days)
selenium sulfide lotion 2.5%	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
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	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	5	QL (400 gm / 28 days), PA
<i>clobetasol e cre 0.05%</i>	2	QL (60 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	2	QL (60 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	2	QL (60 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	2	QL (60 gm / 30 days)
<i>clobetasol propionate soln 0.05%</i>	2	QL (50 mL / 30 days)
<i>ENSTILAR AER</i>	4	QL (120 gm / 30 days), PA
<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>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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm cre 0.5%</i>	1	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<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
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30 gm / 30 days), PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>azelaic acid gel 15%</i>	2	QL (50 gm / 30 days)
<i>diclofenac sodium gel 1%</i>	2	QL (1000 gm / 30 days)
<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>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>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>RECTIV OIN 0.4%</i>	4	QL (30 gm / 30 days)
<i>rosadan cre 0.75%</i>	2	
<i>tacrolimus oint 0.1%</i>	2	QL (100 gm / 30 days)
<i>tacrolimus oint 0.03%</i>	2	QL (100 gm / 30 days)
<i>TARGRETIN GEL 1%</i>	5	QL (60 gm / 30 days), NM, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VALCHLOR GEL 0.016%	5	QL (60 gm / 30 days), NM, LA, PA
ZYCLARA PUMP CRE 2.5%	5	QL (15 gm / 30 days)
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
malathion lotion 0.5%	2	
permethrin cream 5%	2	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX GEL 0.01%	5	QL (30 gm / 30 days), PA
SANTYL OIN 250/GM	4	
sodium chloride irrigation soln 0.9%	2	
water for irrigation, sterile irrigation soln	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
cevimeline hcl cap 30 mg	2	
chlorhexidine gluconate soln 0.12%	1	
clotrimazole troche 10 mg	2	QL (150 lozenges / 30 days)
lidocaine hcl viscous soln 2%	2	
nystatin susp 100000 unit/ml	2	
paroex sol 0.12%	1	
periogard sol 0.12%	1	
pilocarpine hcl tab 5 mg	2	
pilocarpine hcl tab 7.5 mg	2	
triamicinolone acetonide dental paste 0.1%	2	
<b>OTIC</b>		
acetic acid otic soln 2%	2	
CIPRO HC SUS OTIC	4	
ciprofloxacin-dexamethasone otic susp 0.3- 0.1%	2	
flac oil 0.01%	2	
fluocinolone acetonide (otic) oil 0.01%	2	
neomycin-polymyxin-hc otic soln 1%	2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
ofloxacin otic soln 0.3%	2	

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<i>ariPIPRAZOLE orally disintegrating tab 10 mg</i>	56
<i>ariPIPRAZOLE orally disintegrating tab 15 mg</i>	56
<i>ariPIPRAZOLE tab 10 mg</i>	56
<i>ariPIPRAZOLE tab 15 mg</i>	56
<i>ariPIPRAZOLE tab 2 mg</i>	56
<i>ariPIPRAZOLE tab 20 mg</i>	56
<i>ariPIPRAZOLE tab 30 mg</i>	56
<i>ariPIPRAZOLE tab 5 mg</i>	56
<i>ARISTADA INJ 1064MG</i>	56
<i>ARISTADA INJ 441MG/1</i>	56
<i>ARISTADA INJ 662MG/2</i>	56
<i>ARISTADA INJ 882MG/3</i>	56
<i>ARISTADA INJ INITIO</i>	56
<i>armodafinil tab 150 mg</i>	66
<i>armodafinil tab 200 mg</i>	66
<i>armodafinil tab 250 mg</i>	67
<i>armodafinil tab 50 mg</i>	66
<i>ARNUITY ELPT INH 100MCG</i>	104
<i>ARNUITY ELPT INH 200MCG</i>	105
<i>ARNUITY ELPT INH 50MCG</i>	104
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	56
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	56
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	56
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	90
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	8

atazanavir sulfate cap 200 mg (base equiv) .....	9
atazanavir sulfate cap 300 mg (base equiv) .....	9
atenolol & chlorthalidone tab 100-25 mg .....	35
atenolol & chlorthalidone tab 50-25 mg .....	35
atenolol tab 100 mg .....	35
atenolol tab 25 mg.....	35
atenolol tab 50 mg.....	35
atomoxetine hcl cap 10 mg (base equiv) .....	61
atomoxetine hcl cap 100 mg (base equiv) .....	62
atomoxetine hcl cap 18 mg (base equiv) .....	61
atomoxetine hcl cap 25 mg (base equiv) .....	61
atomoxetine hcl cap 40 mg (base equiv) .....	61
atomoxetine hcl cap 60 mg (base equiv) .....	61
atomoxetine hcl cap 80 mg (base equiv) .....	62
atorvastatin calcium tab 10 mg (base equivalent) .....	33
atorvastatin calcium tab 20 mg (base equivalent) .....	33
atorvastatin calcium tab 40 mg (base equivalent) .....	33
atorvastatin calcium tab 80 mg (base equivalent) .....	33
atovaquone susp 750 mg/5ml .....	5
atovaquone-proguanil hcl tab 250-100 mg .....	8
atovaquone-proguanil hcl tab 62.5-25 mg .....	8
ATROPINE SUL SOL 1% OP.....	100
ATROVENT HFA AER 17MCG .....	101
aubra eq tab 0.1-0.02 .....	72
aurovela fe tab 1.5/30 .....	72
aurovela fe tab 1/20.....	72
aurovela tab 1/20 .....	72
AURYXIA TAB 210MG .....	81
AUSTEDO TAB 12MG .....	65
AUSTEDO TAB 6MG.....	65
AUSTEDO TAB 9MG.....	65
AVASTIN INJ .....	21
AVASTIN INJ 400/16ML.....	21
aviane tab .....	72
avita cre 0.025% .....	105
avita gel 0.025% .....	106
ayuna tab .....	72
AYVAKIT TAB 100MG .....	21
AYVAKIT TAB 200MG .....	21
AYVAKIT TAB 300MG .....	22
azacitidine for inj 100 mg .....	18
azathioprine tab 50 mg .....	93
azelaic acid gel 15% .....	109
azelastine hcl nasal spray 0.1% (137 mcg/spray) .....	101
azelastine hcl nasal spray 0.15% (205.5 mcg/spray).....	101
azelastine hcl ophth soln 0.05%.....	99
azithromycin for susp 100 mg/5ml ...	14
azithromycin for susp 200 mg/5ml ...	14
azithromycin iv for soln 500 mg .....	14
azithromycin powd pack for susp 1 gm .....	14
azithromycin tab 250 mg .....	14
azithromycin tab 500 mg .....	14
azithromycin tab 600 mg .....	14
AZOPT SUS 1% OP .....	100
aztreonam for inj 1 gm.....	5
aztreonam for inj 2 gm.....	5
azurette tab 28 day .....	72
<b>B</b>	
bacitracin ophth oint 500 unit/gm ....	98
bacitracin-polymyxin b ophth oint ....	98
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....	98
baclofen tab 10 mg.....	66
baclofen tab 20 mg.....	66
balsalazide disodium cap 750 mg .....	85
BALVERSA TAB 3MG .....	22
BALVERSA TAB 4MG .....	22
BALVERSA TAB 5MG .....	22
balziva tab .....	72
BANZEL TAB 200MG .....	43
BANZEL TAB 400MG .....	43
BARACLUDE SOL.....	11
BASAGLAR INJ 100UNIT .....	70
BCG VACCINE INJ .....	94
BD ALCOHOL SWABS .....	70
bekyree tab.....	72

BELSOMRA TAB 10MG .....	63
BELSOMRA TAB 15MG .....	63
BELSOMRA TAB 20MG .....	63
BELSOMRA TAB 5MG .....	63
benazepril & hydrochlorothiazide tab 10-12.5 mg.....	28
benazepril & hydrochlorothiazide tab 20-12.5 mg.....	28
benazepril & hydrochlorothiazide tab 20-25 mg .....	28
benazepril & hydrochlorothiazide tab 5- 6.25 mg .....	28
benazepril hcl tab 10 mg.....	28
benazepril hcl tab 20 mg.....	28
benazepril hcl tab 40 mg.....	28
benazepril hcl tab 5 mg .....	28
BENDEKA INJ 100/4ML .....	17
BENLYSTA INJ 120MG.....	94
BENLYSTA INJ 200MG/ML.....	94
BENLYSTA INJ 400MG.....	94
benzoyl peroxide-erythromycin gel 5- 3%.....	106
benztropine mesylate inj 1 mg/ml....	54
benztropine mesylate tab 0.5 mg ....	54
benztropine mesylate tab 1 mg .....	54
benztropine mesylate tab 2 mg .....	54
BEPREVE DRO 1.5%.....	99
BERINERT INJ 500UNIT .....	90
BESIVANCE SUS 0.6%.....	98
betamethasone dipropionate augmented cream 0.05% .....	107
betamethasone dipropionate augmented gel 0.05%.....	107
betamethasone dipropionate augmented lotion 0.05% .....	107
betamethasone dipropionate augmented oint 0.05% .....	107
betamethasone dipropionate cream 0.05% .....	107
betamethasone dipropionate lotion 0.05% .....	107
betamethasone dipropionate oint 0.05% .....	108
betamethasone valerate cream 0.1% (base equivalent).....	108
betamethasone valerate lotion 0.1% (base equivalent).....	108

betamethasone valerate oint 0.1% (base equivalent) .....	108
BETASERON INJ 0.3MG .....	66
betaxolol hcl ophth soln 0.5% .....	100
bethanechol chloride tab 10 mg .....	87
bethanechol chloride tab 25 mg .....	87
bethanechol chloride tab 5 mg.....	87
bethanechol chloride tab 50 mg .....	87
BETOPTIC-S SUS 0.25% OP .....	100
BEVESPI AER 9-4.8MCG .....	101
bexarotene cap 75 mg .....	20
BEXSERO INJ .....	94
bicalutamide tab 50 mg.....	19
BICILLIN L-A INJ 1200000 .....	16
BICILLIN L-A INJ 2400000 .....	16
BICILLIN L-A INJ 600000.....	16
BIKTARVY TAB.....	10
bisoprolol & hydrochlorothiazide tab 10-6.25 mg .....	35
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg .....	35
bisoprolol & hydrochlorothiazide tab 5- 6.25 mg .....	35
bisoprolol fumarate tab 10 mg.....	35
bisoprolol fumarate tab 5 mg .....	35
BIVIGAM INJ 10% .....	92
BLEPHAMIDE OIN S.O.P. .....	98
blisovi fe tab 1.5/30 .....	72
BOOSTRIX INJ .....	94
BORTEZOMIB INJ 3.5MG .....	22
bosentan tab 125 mg .....	42
bosentan tab 62.5 mg .....	42
BOSULIF TAB 100MG .....	22
BOSULIF TAB 400MG .....	22
BOSULIF TAB 500MG .....	22
BRAFTOVI CAP 75MG .....	22
BREO ELLIPTA INH 100-25.....	105
BREO ELLIPTA INH 200-25.....	105
BREZTRI AERO AER SPHERE .....	101
briellyn tab .....	72
BRILINTA TAB 60MG.....	91
BRILINTA TAB 90MG.....	91
brimonidine tartrate ophth soln 0.15% .....	100
brimonidine tartrate ophth soln 0.2% .....	100
brinzolamide ophth susp 1% .....	100
BRIVIACT INJ 50MG/5ML.....	43

BRIVIACT SOL 10MG/ML .....	43
BRIVIACT TAB 100MG .....	44
BRIVIACT TAB 10MG .....	43
BRIVIACT TAB 25MG .....	44
BRIVIACT TAB 50MG .....	44
BRIVIACT TAB 75MG .....	44
<i>bromfenac sodium ophth soln 0.09%</i>	
(base equiv) (once-daily) .....	99
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i> .....	54
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> .....	54
BROMSITE DRO 0.075% .....	99
BROVANA NEB 15MCG .....	102
BRUKINSA CAP 80MG .....	22
<i>budesonide delayed release particles</i>	
<i>cap 3 mg</i> .....	85
<i>budesonide inhalation susp 0.25 mg/2ml</i> .....	105
<i>budesonide inhalation susp 0.5 mg/2ml</i> .....	105
<i>budesonide tab er 24hr 9 mg</i> .....	85
<i>bumetanide inj 0.25 mg/ml</i> .....	39
<i>bumetanide tab 0.5 mg</i> .....	39
<i>bumetanide tab 1 mg</i> .....	39
<i>bumetanide tab 2 mg</i> .....	39
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i> .....	67
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i> .....	67
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> .....	67
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .....	67
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....	67
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....	67
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> .....	67
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> .....	67
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> .....	67
<i>bupropion hcl tab 100 mg</i> .....	50
<i>bupropion hcl tab 75 mg</i> .....	50
<i>bupropion hcl tab er 12hr 100 mg</i> ....	50
<i>bupropion hcl tab er 12hr 150 mg</i> ....	50
<i>bupropion hcl tab er 12hr 200 mg</i> ....	50
<i>bupropion hcl tab er 24hr 150 mg</i> ....	50
<i>bupropion hcl tab er 24hr 300 mg</i> ....	50
<i>buspirone hcl tab 10 mg</i> .....	43
<i>buspirone hcl tab 15 mg</i> .....	43
<i>buspirone hcl tab 30 mg</i> .....	43
<i>buspirone hcl tab 5 mg</i> .....	43
<i>buspirone hcl tab 7.5 mg</i> .....	43
<i>butorphanol tartrate inj 1 mg/ml</i> .....	3
<i>butorphanol tartrate inj 2 mg/ml</i> .....	3
BYDUREON BC INJ 2/0.85ML .....	68
BYDUREON PEN INJ 2MG .....	68
BYETTA INJ 10MCG .....	68
BYETTA INJ 5MCG .....	68
BYSTOLIC TAB 10MG .....	36
BYSTOLIC TAB 2.5MG .....	36
BYSTOLIC TAB 20MG .....	36
BYSTOLIC TAB 5MG .....	36
<b>C</b>	
<i>cabergoline tab 0.5 mg</i> .....	79
CABOMETYX TAB 20MG .....	22
CABOMETYX TAB 40MG .....	22
CABOMETYX TAB 60MG .....	22
<i>calcipotriene cream 0.005%</i> .....	107
<i>calcipotriene oint 0.005%</i> .....	107
<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .....	107
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> . 108	
<i>calcitonin (salmon) nasal soln 200 unit/act</i> .....	71
<i>calcitrene oin 0.005%</i> .....	107
<i>calcitriol cap 0.25 mcg</i> .....	83
<i>calcitriol cap 0.5 mcg</i> .....	83
<i>calcitriol inj 1 mcg/ml</i> .....	83
<i>calcitriol oral soln 1 mcg/ml</i> .....	83
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> .....	81
<i>calcium acetate (phosphate binder) tab 667 mg.</i> .....	81
CALQUENCE CAP 100MG.....	22
<i>camila tab 0.35mg</i> .....	72
<i>candesartan cilexetil tab 16 mg</i> .....	31
<i>candesartan cilexetil tab 32 mg</i> .....	31
<i>candesartan cilexetil tab 4 mg</i> .....	31
<i>candesartan cilexetil tab 8 mg</i> .....	31

*candesartan cilexetil-*  
*hydrochlorothiazide tab 16-12.5 mg*  
..... 30  
*candesartan cilexetil-*  
*hydrochlorothiazide tab 32-12.5 mg*  
..... 30  
*candesartan cilexetil-*  
*hydrochlorothiazide tab 32-25 mg*. 30  
CAPLYTA CAP 42MG ..... 56  
CAPRELSA TAB 100MG..... 22  
CAPRELSA TAB 300MG..... 22  
*captopril & hydrochlorothiazide tab 25-*  
*15 mg* ..... 28  
*captopril & hydrochlorothiazide tab 25-*  
*25 mg* ..... 28  
*captopril & hydrochlorothiazide tab 50-*  
*15 mg* ..... 28  
*captopril & hydrochlorothiazide tab 50-*  
*25 mg* ..... 28  
*captopril tab 100 mg* ..... 28  
*captopril tab 12.5 mg* ..... 28  
*captopril tab 25 mg*..... 28  
*captopril tab 50 mg*..... 28  
CARBAGLU TAB 200MG..... 79  
*carbamazepine cap er 12hr 100 mg* .44  
*carbamazepine cap er 12hr 200 mg* .44  
*carbamazepine cap er 12hr 300 mg* .44  
*carbamazepine chew tab 100 mg*.... 44  
*carbamazepine susp 100 mg/5ml* .... 44  
*carbamazepine tab 200 mg* ..... 44  
*carbamazepine tab er 12hr 100 mg*.. 44  
*carbamazepine tab er 12hr 200 mg*.. 44  
*carbamazepine tab er 12hr 400 mg*.. 44  
*carbidopa & levodopa orally*  
*disintegrating tab 10-100 mg* ..... 54  
*carbidopa & levodopa orally*  
*disintegrating tab 25-100 mg* ..... 54  
*carbidopa & levodopa orally*  
*disintegrating tab 25-250 mg* ..... 54  
*carbidopa & levodopa tab 10-100 mg*54  
*carbidopa & levodopa tab 25-100 mg*54  
*carbidopa & levodopa tab 25-250 mg*54  
*carbidopa & levodopa tab er 25-100*  
*mg* ..... 54  
*carbidopa & levodopa tab er 50-200*  
*mg* ..... 54  
*carbidopa tab 25 mg* ..... 54

*carbidopa-levodopa-entacapone tabs*  
12.5-50-200 mg ..... 54  
*carbidopa-levodopa-entacapone tabs*  
18.75-75-200 mg ..... 54  
*carbidopa-levodopa-entacapone tabs*  
25-100-200 mg ..... 54  
*carbidopa-levodopa-entacapone tabs*  
31.25-125-200 mg ..... 54  
*carbidopa-levodopa-entacapone tabs*  
37.5-150-200 mg ..... 54  
*carbidopa-levodopa-entacapone tabs*  
50-200-200 mg ..... 54  
*carboplatin iv soln 150 mg/15ml* .....17  
*carboplatin iv soln 450 mg/45ml* .....17  
*carboplatin iv soln 50 mg/5ml* .....17  
*carboplatin iv soln 600 mg/60ml* .....17  
*carteolol hcl ophth soln 1%* ..... 100  
*cartia xt cap 120/24hr* ..... 37  
*cartia xt cap 180/24hr* ..... 37  
*cartia xt cap 240/24hr* ..... 37  
*cartia xt cap 300/24hr* ..... 37  
*carvedilol tab 12.5 mg* ..... 36  
*carvedilol tab 25 mg* ..... 36  
*carvedilol tab 3.125 mg* ..... 36  
*carvedilol tab 6.25 mg* ..... 36  
*caspofungin acetate for iv soln 50 mg* 7  
*caspofungin acetate for iv soln 70 mg* 7  
CAYSTON INH 75MG ..... 5  
*caziant pak* ..... 73  
*cefaclor cap 250 mg* ..... 12  
*cefaclor cap 500 mg* ..... 12  
CEFACLOR ER TAB 500MG ..... 12  
*cefaclor for susp 125 mg/5ml* ..... 12  
*cefaclor for susp 250 mg/5ml* ..... 12  
*cefaclor for susp 375 mg/5ml* ..... 12  
*cefadroxil cap 500 mg* ..... 12  
*cefadroxil for susp 250 mg/5ml* ..... 13  
*cefadroxil for susp 500 mg/5ml* ..... 13  
CEFAZOLIN INJ 1GM/50ML ..... 13  
*cefazin sodium for inj 1 gm* ..... 13  
*cefazin sodium for inj 10 gm* ..... 13  
*cefazin sodium for inj 500 mg* ..... 13  
*cefazin sodium for iv soln 1 gm* .....13  
CEFAZOLIN SOL ..... 13  
*cefdinir cap 300 mg* ..... 13  
*cefdinir for susp 125 mg/5ml* ..... 13  
*cefdinir for susp 250 mg/5ml* ..... 13  
*cefepime hcl for inj 1 gm* ..... 13

cefepime hcl for inj 2 gm.....	13
cefixime for susp 100 mg/5ml.....	13
cefixime for susp 200 mg/5ml.....	13
cefoxitin sodium for inj 10 gm.....	13
cefoxitin sodium for iv soln 1 gm .....	13
cefoxitin sodium for iv soln 2 gm .....	13
cefpodoxime proxetil for susp 100 mg/5ml.....	13
cefpodoxime proxetil for susp 50 mg/5ml.....	13
cefpodoxime proxetil tab 100 mg.....	13
cefpodoxime proxetil tab 200 mg.....	13
cefprozil for susp 125 mg/5ml.....	13
cefprozil for susp 250 mg/5ml.....	13
cefprozil tab 250 mg .....	13
cefprozil tab 500 mg .....	13
ceftazidime for inj 1 gm .....	13
ceftazidime for inj 2 gm .....	13
ceftazidime for inj 6 gm .....	13
CEFTAZIDIME/ SOL D5W 1GM.....	13
CEFTAZIDIME/ SOL D5W 2GM.....	13
ceftriaxone sodium for inj 1 gm.....	13
ceftriaxone sodium for inj 10 gm .....	13
ceftriaxone sodium for inj 2 gm.....	13
ceftriaxone sodium for inj 250 mg ...	13
ceftriaxone sodium for inj 500 mg ...	13
ceftriaxone sodium for iv soln 1 gm .	13
ceftriaxone sodium for iv soln 2 gm .	13
cefuroxime axetil tab 250 mg.....	13
cefuroxime axetil tab 500 mg.....	13
cefuroxime sodium for inj 7.5 gm ....	13
cefuroxime sodium for inj 750 mg ...	13
cefuroxime sodium for iv soln 1.5 gm .....	13
celecoxib cap 100 mg .....	1
celecoxib cap 200 mg .....	1
celecoxib cap 400 mg .....	1
celecoxib cap 50 mg .....	1
CELONTIN CAP 300MG.....	44
cephalexin cap 250 mg .....	13
cephalexin cap 500 mg .....	13
cephalexin for susp 125 mg/5ml.....	14
cephalexin for susp 250 mg/5ml.....	14
CERDELGA CAP 84MG.....	79
CEREZYME INJ 400UNIT.....	79
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....	101
cevimeline hcl cap 30 mg .....	110
CHANTIX PAK 0.5& 1MG .....	67
CHANTIX PAK 1MG .....	67
CHANTIX TAB 0.5MG .....	67
CHANTIX TAB 1MG .....	67
chateal tab 0.15/30 .....	73
CHEMET CAP 100MG.....	72
chlorhexidine gluconate soln 0.12% 110	
chloroquine phosphate tab 250 mg....	8
chloroquine phosphate tab 500 mg....	8
chlorpromazine hcl inj 25 mg/ml.....	56
chlorpromazine hcl inj 50 mg/2ml ....	56
chlorpromazine hcl tab 10 mg .....	57
chlorpromazine hcl tab 100 mg.....	57
chlorpromazine hcl tab 200 mg.....	57
chlorpromazine hcl tab 25 mg .....	57
chlorpromazine hcl tab 50 mg .....	57
chlorthalidone tab 25 mg .....	39
chlorthalidone tab 50 mg .....	39
cholestyramine light powder 4 gm/dose .....	34
cholestyramine light powder packets 4 gm.....	34
cholestyramine powder 4 gm/dose ...	34
cholestyramine powder packets 4 gm	34
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	33
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	33
ciclopirox olamine cream 0.77% (base equiv) .....	106
ciclopirox olamine susp 0.77% (base equiv) .....	107
cilostazol tab 100 mg .....	90
cilostazol tab 50 mg .....	90
CILOXAN OIN 0.3% OP .....	98
CIMDUO TAB 300-300.....	10
cinacalcet hcl tab 30 mg (base equiv) .....	79
cinacalcet hcl tab 60 mg (base equiv) .....	79
cinacalcet hcl tab 90 mg (base equiv) .....	79
CIPRO (10%) SUS 500MG/5.....	14
CIPRO HC SUS OTIC .....	110
ciprofloxacin 200 mg/100ml in d5w ..	14
ciprofloxacin 400 mg/200ml in d5w ..	14
ciprofloxacin hcl ophth soln 0.3% (base equivalent) .....	99

<i>ciprofloxacin hcl tab 100 mg (base equiv)</i> .....	14
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> .....	14
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> .....	14
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i> .....	14
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	110
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .....	17
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .....	17
<i>cisplatin inj 50 mg/50ml (1 mg/ml) ..</i>	17
<i>citalopram hydrobromide oral soln 10 mg/5ml</i> .....	50
<i>citalopram hydrobromide tab 10 mg (base equiv)</i> .....	51
<i>citalopram hydrobromide tab 20 mg (base equiv)</i> .....	51
<i>citalopram hydrobromide tab 40 mg (base equiv)</i> .....	51
<i>claravis cap 10mg</i> .....	106
<i>claravis cap 20mg</i> .....	106
<i>claravis cap 30mg</i> .....	106
<i>claravis cap 40mg</i> .....	106
<i>clarithromycin for susp 125 mg/5ml.</i> 14	
<i>clarithromycin for susp 250 mg/5ml.</i> 14	
<i>clarithromycin tab 250 mg</i> .....	14
<i>clarithromycin tab 500 mg</i> .....	14
<i>clarithromycin tab er 24hr 500 mg</i> ... 14	
<i>clindamycin hcl cap 150 mg</i> .....	5
<i>clindamycin hcl cap 300 mg</i> .....	5
<i>clindamycin hcl cap 75 mg</i> .....	5
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> .....	5
<i>clindamycin phosphate gel 1%</i> .....	106
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> .....	5
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> .....	5
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> .....	5
<i>clindamycin phosphate inj 300 mg/2ml</i> .....	5
<i>clindamycin phosphate inj 600 mg/4ml</i> .....	5
<i>clindamycin phosphate inj 9 gm/60ml 5 clindamycin phosphate inj 900 mg/6ml</i> .....	5
<i>clindamycin phosphate lotion 1% ... 106</i>	
<i>clindamycin phosphate soln 1% .... 106</i>	
<i>clindamycin phosphate vaginal cream 2%</i> .....	88
<i>CLINDMYC/NAC INJ 300/50ML.....</i>	5
<i>CLINDMYC/NAC INJ 600/50ML.....</i>	5
<i>CLINDMYC/NAC INJ 900/50ML.....</i>	5
<i>CLINIMIX INJ 4.25/D10 .....</i>	97
<i>CLINIMIX INJ 4.25/D5W .....</i>	97
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<i>EMSAM DIS 12MG/24H</i> .....	52
<i>EMSAM DIS 6MG/24HR</i> .....	51
<i>EMSAM DIS 9MG/24HR</i> .....	51
<i>emtricitabine caps 200 mg</i> .....	9
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....	10
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	11
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....	11
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	11
<i>EMTRIVA SOL 10MG/ML</i> .....	9
<i>EMVERM CHW 100MG</i> .....	6
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....	28
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....	28
<i>enalapril maleate tab 10 mg</i> .....	29
<i>enalapril maleate tab 2.5 mg</i> .....	28
<i>enalapril maleate tab 20 mg</i> .....	29
<i>enalapril maleate tab 5 mg</i> .....	29

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<i>enoxaparin sodium inj 100 mg/ml....</i>	88
<i>enoxaparin sodium inj 120 mg/0.8ml/88</i>	
<i>enoxaparin sodium inj 150 mg/ml....</i>	88
<i>enoxaparin sodium inj 30 mg/0.3ml..</i>	88
<i>enoxaparin sodium inj 300 mg/3ml..</i>	88
<i>enoxaparin sodium inj 40 mg/0.4ml.</i>	88
<i>enoxaparin sodium inj 60 mg/0.6ml.</i>	88
<i>enoxaparin sodium inj 80 mg/0.8ml.</i>	88
<i>enpresse-28 tab .....</i>	73
<i>enskyce tab .....</i>	73
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entecavir tab 0.5 mg .....	12
entecavir tab 1 mg.....	12
ENTRESTO TAB 24-26MG .....	30
ENTRESTO TAB 49-51MG .....	30
ENTRESTO TAB 97-103MG .....	30
<i>enulose sol 10gm/15 .....</i>	85
EPCLUSA TAB 200-50MG.....	12
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<i>epinephrine solution auto-injector 0.15</i>	
<i>mg/0.15ml (1:1000).....</i>	103
<i>epinephrine solution auto-injector 0.15</i>	
<i>mg/0.3ml (1:2000) .....</i>	103
<i>epinephrine solution auto-injector 0.3</i>	
<i>mg/0.3ml (1:1000) .....</i>	103
<i>epirubicin hcl iv soln 200 mg/100ml (2</i>	
<i>mg/ml) .....</i>	18
<i>epirubicin hcl iv soln 50 mg/25ml (2</i>	
<i>mg/ml) .....</i>	18
<i>epitol tab 200mg .....</i>	45
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<i>ergotamine w/ caffeine tab 1-100 mg</i>	
<i>.....</i>	64
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<i>erlotinib hcl tab 150 mg (base</i>	
<i>equivalent).....</i>	22
<i>erlotinib hcl tab 25 mg (base</i>	
<i>equivalent).....</i>	22
<i>errin tab 0.35mg .....</i>	73
<i>ertapenem sodium for inj 1 gm (base</i>	
<i>equivalent).....</i>	6
<i>ery pad 2% .....</i>	106
<i>ery-tab tab 250mg ec .....</i>	14
<i>ery-tab tab 333mg ec .....</i>	14
<i>ery-tab tab 500mg ec .....</i>	14
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<i>erythrocin tab 250mg .....</i>	14
<i>erythromycin ethylsuccinate tab 400</i>	
<i>mg .....</i>	14
<i>erythromycin ophth oint 5 mg/gm....</i>	99
<i>erythromycin soln 2% .....</i>	106
<i>erythromycin tab 250 mg .....</i>	14
<i>erythromycin tab 500 mg .....</i>	14
<i>erythromycin tab delayed release 250</i>	
<i>mg .....</i>	14
<i>erythromycin tab delayed release 333</i>	
<i>mg .....</i>	14
<i>erythromycin tab delayed release 500</i>	
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<i>escitalopram oxalate soln 5 mg/5ml</i>	
<i>(base equiv) .....</i>	52
<i>escitalopram oxalate tab 10 mg (base</i>	
<i>equiv) .....</i>	52
<i>escitalopram oxalate tab 20 mg (base</i>	
<i>equiv) .....</i>	52
<i>escitalopram oxalate tab 5 mg (base</i>	
<i>equiv) .....</i>	52
<i>esomeprazole magnesium cap delayed</i>	
<i>release 20 mg (base eq) .....</i>	86
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<i>release 40 mg (base eq) .....</i>	86
<i>estarrylla tab 0.25-35 .....</i>	73
<i>estradiol &amp; norethindrone acetate tab</i>	
<i>0.5-0.1 mg .....</i>	76

<i>estradiol &amp; norethindrone acetate tab</i>	
<i>1-0.5 mg</i>	76
<i>estradiol tab 0.5 mg</i>	76
<i>estradiol tab 1 mg</i>	76
<i>estradiol tab 2 mg</i>	76
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	76
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	77
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	76
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	76
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	76
<i>estradiol td patch weekly 0.025 mg/24hr</i>	77
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	77
<i>estradiol td patch weekly 0.05 mg/24hr</i>	77
<i>estradiol td patch weekly 0.06 mg/24hr</i>	77
<i>estradiol td patch weekly 0.075 mg/24hr</i>	77
<i>estradiol td patch weekly 0.1 mg/24hr</i>	77
<i>estradiol vaginal cream 0.1 mg/gm</i>	77
<i>estradiol vaginal tab 10 mcg</i>	77
<i>estradiol valerate im in oil 20 mg/ml</i>	77
<i>estradiol valerate im in oil 40 mg/ml</i>	77
<i>ethambutol hcl tab 100 mg</i>	11
<i>ethambutol hcl tab 400 mg</i>	11
<i>ethosuximide cap 250 mg</i>	45
<i>ethosuximide soln 250 mg/5ml</i>	45
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	73
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	73
<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>	73
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	21
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	21
<i>euthyrox tab 100mcg</i>	81
<i>euthyrox tab 112mcg</i>	81
<i>euthyrox tab 125mcg</i>	81
<i>euthyrox tab 137mcg</i>	81
<i>euthyrox tab 150mcg</i>	81
<i>euthyrox tab 175mcg</i>	81
<i>euthyrox tab 200mcg</i>	81
<i>euthyrox tab 25mcg</i>	81
<i>euthyrox tab 50mcg</i>	81
<i>euthyrox tab 75mcg</i>	81
<i>euthyrox tab 88mcg</i>	81
<i>everolimus tab 0.25 mg</i>	94
<i>everolimus tab 0.5 mg</i>	94
<i>everolimus tab 0.75 mg</i>	94
<i>everolimus tab 2.5 mg</i>	22
<i>everolimus tab 5 mg</i>	22
<i>everolimus tab 7.5 mg</i>	22
<i>EVOTAZ TAB 300-150</i>	11
<i>exemestane tab 25 mg</i>	19
<i>EZALLOR SPR CAP 10MG</i>	33
<i>EZALLOR SPR CAP 20MG</i>	34
<i>EZALLOR SPR CAP 40MG</i>	34
<i>EZALLOR SPR CAP 5MG</i>	33
<i>ezetimibe tab 10 mg</i>	35
<i>ezetimibe-simvastatin tab 10-10 mg</i>	35
<i>ezetimibe-simvastatin tab 10-20 mg</i>	35
<i>ezetimibe-simvastatin tab 10-40 mg</i>	35
<i>ezetimibe-simvastatin tab 10-80 mg</i>	35
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<i>FABRAZYME INJ 35MG</i>	79
<i>FABRAZYME INJ 5MG</i>	79
<i>falmina tab</i>	73
<i>famciclovir tab 125 mg</i>	12
<i>famciclovir tab 250 mg</i>	12
<i>famciclovir tab 500 mg</i>	12
<i>famotidine for susp 40 mg/5ml</i>	84
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	84
<i>famotidine inj 20 mg/2ml</i>	84
<i>famotidine inj 200 mg/20ml</i>	84
<i>famotidine inj 40 mg/4ml</i>	84
<i>famotidine tab 20 mg</i>	85
<i>famotidine tab 40 mg</i>	85
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<i>felbamate susp 600 mg/5ml</i> .....	45
<i>felbamate tab 400 mg</i> .....	45
<i>felbamate tab 600 mg</i> .....	45
<i>felodipine tab er 24hr 10 mg</i> .....	38
<i>felodipine tab er 24hr 2.5 mg</i> .....	38
<i>felodipine tab er 24hr 5 mg</i> .....	38
<i>femynor tab 0.25-35</i> .....	73
<i>fenofibrate micronized cap 134 mg</i> ..	33
<i>fenofibrate micronized cap 200 mg</i> ..	33
<i>fenofibrate micronized cap 67 mg</i> ...	33
<i>fenofibrate tab 145 mg</i> .....	33
<i>fenofibrate tab 160 mg</i> .....	33
<i>fenofibrate tab 48 mg</i> .....	33
<i>fenofibrate tab 54 mg</i> .....	33
<i>fentanyl citrate lozenge on a handle</i> <i>1200 mcg</i> .....	3
<i>fentanyl citrate lozenge on a handle</i> <i>1600 mcg</i> .....	4
<i>fentanyl citrate lozenge on a handle</i> <i>200 mcg</i> .....	3
<i>fentanyl citrate lozenge on a handle</i> <i>400 mcg</i> .....	3
<i>fentanyl citrate lozenge on a handle</i> <i>600 mcg</i> .....	3
<i>fentanyl citrate lozenge on a handle</i> <i>800 mcg</i> .....	3
<i>fentanyl td patch 72hr 100 mcg/hr</i> ....	2
<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> .....	2
<i>fentanyl td patch 72hr 75 mcg/hr</i> .....	2
FETZIMA CAP 120MG.....	52
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FETZIMA CAP 40MG .....	52
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FIASP FLEX INJ TOUCH .....	70
FIASP INJ 100/ML .....	70
FIASP PENFIL INJ U-100 .....	70
FINACEA AER 15% .....	109
<i>finasteride tab 5 mg</i> .....	87
FINTEPLA SOL 2.2MG/ML.....	45
<i>flac oil 0.01%</i> .....	110
FLAREX SUS 0.1% OP .....	99
FLEBOGAMMA INJ 10/100ML .....	92
FLEBOGAMMA INJ 10/200ML .....	92
FLEBOGAMMA INJ 20/200ML .....	92
FLEBOGAMMA INJ 20/400ML .....	92
FLEBOGAMMA INJ 5GM/50ML .....	92
FLEBOGAMMA INJ DIF 5% .....	92
<i>flecainide acetate tab 100 mg</i> .....	32
<i>flecainide acetate tab 150 mg</i> .....	32
<i>flecainide acetate tab 50 mg</i> .....	32
FLOVENT DISK AER 100MCG .....	105
FLOVENT DISK AER 250MCG .....	105
FLOVENT DISK AER 50MCG.....	105
FLOVENT HFA AER 110MCG .....	105
FLOVENT HFA AER 220MCG .....	105
FLOVENT HFA AER 44MCG .....	105
<i>fluconazole for susp 10 mg/ml</i> .....	7
<i>fluconazole for susp 40 mg/ml</i> .....	8
<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i> .....	8
<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i> .....	8
<i>fluconazole tab 100 mg</i> .....	8
<i>fluconazole tab 150 mg</i> .....	8
<i>fluconazole tab 200 mg</i> .....	8
<i>fluconazole tab 50 mg</i> .....	8
<i>flucytosine cap 250 mg</i> .....	8
<i>flucytosine cap 500 mg</i> .....	8
<i>fludrocortisone acetate tab 0.1 mg</i> ...	78
<i>flunisolide nasal soln 25 mcg/act</i> <i>(0.025%)</i> .....	104
<i>fluocinolone acetonide (otic) oil 0.01%</i> .....	110
<i>fluocinolone acetonide cream 0.01%</i> .....	108
<i>fluocinolone acetonide cream 0.025%</i> .....	108
<i>fluocinolone acetonide oil 0.01% (body</i> <i>oil)</i> .....	108

<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> .....	108
<i>fluocinolone acetonide oint 0.025%</i> .....	108
<i>fluocinolone acetonide soln 0.01%</i> .....	108
<i>fluocinonide cream 0.05%</i> .....	108
<i>fluocinonide emulsified base cream 0.05%</i> .....	108
<i>fluocinonide gel 0.05%</i> .....	108
<i>fluocinonide oint 0.05%</i> .....	108
<i>fluocinonide soln 0.05%</i> .....	108
<i>fluorometholone ophth susp 0.1%</i> ...	99
<i>fluorouracil cream 5%</i> .....	109
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i> .....	18
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i> .....	18
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i> .....	18
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i> .....	18
<i>fluorouracil soln 2%</i> .....	109
<i>fluorouracil soln 5%</i> .....	109
<i>fluoxetine hcl cap 10 mg</i> .....	52
<i>fluoxetine hcl cap 20 mg</i> .....	52
<i>fluoxetine hcl cap 40 mg</i> .....	52
<i>fluoxetine hcl solution 20 mg/5ml</i> ....	52
<i>fluphenazine decanoate inj 25 mg/ml</i> ....	57
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> ...	57
<i>fluphenazine hcl inj 2.5 mg/ml</i> .....	57
<i>fluphenazine hcl oral conc 5 mg/ml</i> ..	57
<i>fluphenazine hcl tab 1 mg</i> .....	57
<i>fluphenazine hcl tab 10 mg</i> .....	57
<i>fluphenazine hcl tab 2.5 mg</i> .....	57
<i>fluphenazine hcl tab 5 mg</i> .....	57
<i>flurbiprofen sodium ophth soln 0.03%</i> .....	99
<i>flurbiprofen tab 100 mg</i> .....	1
<i>flutamide cap 125 mg</i> .....	19
<i>fluticasone propionate cream 0.05%</i> .....	108
<i>fluticasone propionate nasal susp 50 mcg/act.</i> .....	104
<i>fluticasone propionate oint 0.005%</i> .....	108
<i>fluvastatin sodium cap 20 mg (base equivalent)</i> .....	34
<i>fluvastatin sodium cap 40 mg (base equivalent)</i> .....	34

<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> .....	34
<i>fluvoxamine maleate tab 100 mg</i> .....	43
<i>fluvoxamine maleate tab 25 mg</i> .....	43
<i>fluvoxamine maleate tab 50 mg</i> .....	43
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> .....	88
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> .....	88
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> .....	88
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> .....	88
<i>FORTEO INJ 620/2.48</i> .....	71
<i>FOSAMAX + D TAB 70-2800</i> .....	71
<i>FOSAMAX + D TAB 70-5600</i> .....	71
<i>fosamprenavir calcium tab 700 mg (base equiv)</i> .....	9
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	28
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	28
<i>fosinopril sodium tab 10 mg</i> .....	29
<i>fosinopril sodium tab 20 mg</i> .....	29
<i>fosinopril sodium tab 40 mg</i> .....	29
<i>FRAGMIN INJ 10000/ML</i> .....	89
<i>FRAGMIN INJ 12500UNT</i> .....	89
<i>FRAGMIN INJ 15000UNT</i> .....	89
<i>FRAGMIN INJ 18000UNT</i> .....	89
<i>FRAGMIN INJ 2500/0.2</i> .....	88
<i>FRAGMIN INJ 5000/0.2</i> .....	89
<i>FRAGMIN INJ 7500/0.3</i> .....	89
<i>FRAGMIN INJ 95000UNT</i> .....	89
<i>FREAMINE HBC INJ 6.9%</i> .....	98
<i>FREAMINE III INJ 10%</i> .....	98
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i> .....	64
<i>fulvestrant inj 250 mg/5ml</i> .....	19
<i>furosemide inj 10 mg/ml</i> .....	39
<i>furosemide oral soln 10 mg/ml</i> .....	39
<i>furosemide oral soln 8 mg/ml</i> .....	39
<i>furosemide tab 20 mg</i> .....	39
<i>furosemide tab 40 mg</i> .....	39
<i>furosemide tab 80 mg</i> .....	39
<i>FUZEON INJ 90MG</i> .....	9
<i>FYCOMPA SUS 0.5MG/ML</i> .....	45
<i>FYCOMPA TAB 10MG</i> .....	46
<i>FYCOMPA TAB 12MG</i> .....	46

FYCOMPA TAB 2MG .....	46
FYCOMPA TAB 4MG .....	46
FYCOMPA TAB 6MG .....	46
FYCOMPA TAB 8MG .....	46
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<i>gabapentin cap 100 mg .....</i>	46
<i>gabapentin cap 300 mg .....</i>	46
<i>gabapentin cap 400 mg .....</i>	46
<i>gabapentin oral soln 250 mg/5ml ....</i>	46
<i>gabapentin tab 600 mg.....</i>	46
<i>gabapentin tab 800 mg.....</i>	46
<i>galantamine hydrobromide cap er 24hr 16 mg .....</i>	49
<i>galantamine hydrobromide cap er 24hr 24 mg .....</i>	49
<i>galantamine hydrobromide cap er 24hr 8 mg.....</i>	49
<i>galantamine hydrobromide oral soln 4 mg/ml.....</i>	49
<i>galantamine hydrobromide tab 12 mg .....</i>	49
<i>galantamine hydrobromide tab 4 mg</i>	49
<i>galantamine hydrobromide tab 8 mg</i>	49
GAMASTAN INJ.....	92
GAMMAGARD INJ 10GM/100.....	92
GAMMAGARD INJ 1GM/10ML.....	92
GAMMAGARD INJ 2.5GM/25.....	92
GAMMAGARD INJ 20GM/200 .....	93
GAMMAGARD INJ 30GM/300 .....	93
GAMMAGARD INJ 5GM/50ML.....	92
GAMMAGARD SD INJ 10GM HU .....	93
GAMMAGARD SD INJ 5GM HU .....	93
GAMMAKED INJ 10GM/100 .....	93
GAMMAKED INJ 1GM/10ML.....	93
GAMMAKED INJ 20GM/200 .....	93
GAMMAKED INJ 5GM/50ML.....	93
GAMMAPLEX INJ 10% .....	93
GAMMAPLEX INJ 5% .....	93
GAMUNEX-C INJ 10GM/100 .....	93
GAMUNEX-C INJ 1GM/10ML.....	93
GAMUNEX-C INJ 2.5GM/25.....	93
GAMUNEX-C INJ 20GM/200 .....	93
GAMUNEX-C INJ 40/400ML.....	93
GAMUNEX-C INJ 5GM/50ML.....	93
<i>ganciclovir sodium for inj 500 mg ....</i>	12
GARDASIL 9 INJ .....	95
<i>gatifloxacin ophth soln 0.5%.....</i>	99
GATTEX KIT 5MG .....	86
GAUZE PADS 2 .....	70
<i>gavilyte-c sol.....</i>	85
<i>gavilyte-g sol .....</i>	85
<i>gavilyte-n sol flav pk .....</i>	85
GAVRETO CAP 100MG .....	22
<i>gemcitabine hcl for inj 1 gm.....</i>	18
<i>gemcitabine hcl for inj 2 gm.....</i>	18
<i>gemcitabine hcl for inj 200 mg .....</i>	18
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv) .....</i>	18
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv) .....</i>	18
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv) .....</i>	18
gemfibrozil tab 600 mg .....	33
generlac sol 10gm/15 .....	85
gengraf cap 100mg .....	94
gengraf cap 25mg .....	94
gengraf sol 100mg/ml.....	94
GENOTROPIN INJ 0.2MG .....	79
GENOTROPIN INJ 0.4MG .....	79
GENOTROPIN INJ 0.6MG .....	79
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GENOTROPIN INJ 1.6MG .....	79
GENOTROPIN INJ 1.8MG .....	79
GENOTROPIN INJ 12MG .....	79
GENOTROPIN INJ 1MG .....	79
GENOTROPIN INJ 2MG .....	79
GENOTROPIN INJ 5MG .....	79
<i>gentak oin 0.3% op .....</i>	99
<i>gentamicin in saline inj 0.8 mg/ml ....</i>	6
<i>gentamicin in saline inj 1 mg/ml .....</i>	6
<i>gentamicin in saline inj 1.2 mg/ml ....</i>	6
<i>gentamicin in saline inj 1.6 mg/ml ....</i>	6
<i>gentamicin in saline inj 2 mg/ml .....</i>	6
<i>gentamicin sulfate cream 0.1% .....</i>	106
<i>gentamicin sulfate inj 10 mg/ml.....</i>	6
<i>gentamicin sulfate inj 40 mg/ml.....</i>	6
<i>gentamicin sulfate oint 0.1%.....</i>	106
<i>gentamicin sulfate ophth soln 0.3%..</i>	99
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GILENYA CAP 0.5MG .....	66
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<i>20 mg/ml</i> .....	66
<i>glatiramer acetate soln prefilled syringe</i>	
<i>40 mg/ml</i> .....	66
<i>glatopa inj 20mg/ml</i> .....	66
<i>glatopa inj 40mg/ml</i> .....	66
<i>glimepiride tab 1 mg</i> .....	68
<i>glimepiride tab 2 mg</i> .....	68
<i>glimepiride tab 4 mg</i> .....	68
<i>glipizide tab 10 mg</i> .....	68
<i>glipizide tab 5 mg</i> .....	68
<i>glipizide tab er 24hr 10 mg.</i> .....	68
<i>glipizide tab er 24hr 2.5 mg</i> .....	68
<i>glipizide tab er 24hr 5 mg</i> .....	68
<i>glipizide xl tab 10mg</i> .....	68
<i>glipizide xl tab 2.5mg</i> .....	68
<i>glipizide xl tab 5mg</i> .....	68
<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	68
<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	68
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<i>glycopyrrolate tab 1 mg</i> .....	84
<i>glycopyrrolate tab 2 mg</i> .....	84
<i>glydo gel 2%</i> .....	109
<i>GLYXAMBI TAB 10-5 MG</i> .....	69
<i>GLYXAMBI TAB 25-5 MG</i> .....	69
<i>GOLYTELY SOL</i> .....	85
<i>GRALISE TAB 300MG</i> .....	65
<i>GRALISE TAB 600MG</i> .....	65
<i>granisetron hcl inj 1 mg/ml</i> .....	83
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i> .....	83
<i>granisetron hcl tab 1 mg</i> .....	83
<i>griseofulvin microsize susp 125 mg/5ml</i> .....	8
<i>griseofulvin microsize tab 500 mg</i> .....	8
<i>griseofulvin ultramicrosize tab 125 mg</i> 8	
<i>griseofulvin ultramicrosize tab 250 mg</i> 8	
<i>guanfacine hcl tab 1 mg</i> .....	41
<i>guanfacine hcl tab 2 mg</i> .....	41
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> .....	62
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> .....	62
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> .....	62
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> .....	62
<i>GVOKE HYPO 2 INJ .5/.1ML</i> .....	79
<i>GVOKE HYPO 2 INJ 1MG/.2ML</i> .....	79
<i>GVOKE PFS INJ</i> .....	79
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<i>HAEGARDA INJ 2000UNIT</i> .....	90
<i>HAEGARDA INJ 3000UNIT</i> .....	90
<i>hailey tab 1.5/30</i> .....	73
<i>halobetasol propionate cream 0.05%</i> .....	108
<i>halobetasol propionate oint 0.05%</i> .108	
<i>haloperidol decanoate im soln 100 mg/ml</i> .....	57
<i>haloperidol decanoate im soln 50 mg/ml</i> .....	57
<i>haloperidol lactate inj 5 mg/ml</i> .....	57
<i>haloperidol lactate oral conc 2 mg/ml</i> 57	
<i>haloperidol tab 0.5 mg</i> .....	57
<i>haloperidol tab 1 mg</i> .....	57
<i>haloperidol tab 10 mg</i> .....	58
<i>haloperidol tab 2 mg</i> .....	58
<i>haloperidol tab 20 mg</i> .....	58
<i>haloperidol tab 5 mg</i> .....	58
<i>HARVONI PAK</i> .....	12
<i>HARVONI PAK 45-200MG</i> .....	12
<i>HARVONI TAB 45-200MG</i> .....	12
<i>HARVONI TAB 90-400MG</i> .....	12
<i>HAVRIX INJ 1440UNIT</i> .....	95
<i>HAVRIX INJ 720UNIT</i> .....	95
<i>heather tab 0.35mg</i> .....	73
<i>HEP SOD/NACL INJ 25000UNT</i> .....	89
<i>heparin sodium (porcine) 100 unit/ml</i> .....	
<i>in d5w</i> .....	89
<i>heparin sodium (porcine) inj 1000 unit/ml</i> .....	89
<i>heparin sodium (porcine) inj 10000 unit/ml</i> .....	89
<i>heparin sodium (porcine) inj 20000 unit/ml</i> .....	89
<i>heparin sodium (porcine) inj 5000 unit/ml</i> .....	89
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i> .....	89
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i> .....	89
<i>HEPARIN/NACL INJ 25000UNT</i> .....	89
<i>hepatamine sol 8%</i> .....	98

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HERCEPTIN INJ 150MG .....	23
HERZUMA INJ 150MG .....	23
HERZUMA INJ 420MG .....	23
HETLIOZ CAP 20MG .....	63
HIBERIX SOL 10MCG.....	95
HUMIRA INJ 10/0.1ML .....	91
HUMIRA INJ 20/0.2ML .....	91
HUMIRA INJ 40/0.4ML .....	91
HUMIRA KIT 40MG/0.8 .....	91
HUMIRA PEDIA INJ CROHNS .....	91
HUMIRA PEN INJ 40/0.4ML.....	91
HUMIRA PEN INJ 40MG/0.8 .....	91
HUMIRA PEN INJ 80/0.8ML.....	91
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<i>hydralazine hcl inj 20 mg/ml.....</i>	41
<i>hydralazine hcl tab 10 mg .....</i>	41
<i>hydralazine hcl tab 100 mg .....</i>	41
<i>hydralazine hcl tab 25 mg .....</i>	41
<i>hydralazine hcl tab 50 mg .....</i>	41
<i>hydrochlorothiazide cap 12.5 mg ....</i>	39
<i>hydrochlorothiazide tab 12.5 mg ....</i>	39
<i>hydrochlorothiazide tab 25 mg .....</i>	39
<i>hydrochlorothiazide tab 50 mg .....</i>	39
<i>hydrocodone bitartrate tab er 24hr deter 100 mg .....</i>	2
<i>hydrocodone bitartrate tab er 24hr deter 120 mg .....</i>	2
<i>hydrocodone bitartrate tab er 24hr deter 20 mg .....</i>	2
<i>hydrocodone bitartrate tab er 24hr deter 30 mg .....</i>	2
<i>hydrocodone bitartrate tab er 24hr deter 40 mg .....</i>	2
<i>hydrocodone bitartrate tab er 24hr deter 60 mg .....</i>	2
<i>hydrocodone bitartrate tab er 24hr deter 80 mg.....</i>	2
<i>hydrocodone-acetaminophen soln 7.5- 325 mg/15ml .....</i>	4
<i>hydrocodone-acetaminophen tab 10- 325 mg .....</i>	4
<i>hydrocodone-acetaminophen tab 5-325 mg .....</i>	4
hydrocodone-acetaminophen tab 7.5- 325 mg.....	4
hydrocodone-ibuprofen tab 7.5-200 mg .....	4
<i>hydrocortisone cream 1% .....</i>	108
<i>hydrocortisone cream 2.5% .....</i>	108
<i>hydrocortisone enema 100 mg/60ml</i>	85
<i>hydrocortisone lotion 2.5% .....</i>	108
<i>hydrocortisone oint 2.5% .....</i>	108
<i>hydrocortisone perianal cream 2.5%</i>	
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hydrocortisone tab 10 mg .....	78
hydrocortisone tab 20 mg .....	78
hydrocortisone tab 5 mg.....	78
hydromorphone hcl liqd 1 mg/ml ..	4
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hydromorphone hcl tab 4 mg .....	4
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hydroxyurea cap 500 mg .....	20
hydroxyzine hcl im soln 25 mg/ml..	101
hydroxyzine hcl im soln 50 mg/ml..	101
hydroxyzine hcl syrup 10 mg/5ml ..	101
hydroxyzine hcl tab 10 mg.....	101
hydroxyzine hcl tab 25 mg.....	101
hydroxyzine hcl tab 50 mg.....	102
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HYSINGLA ER TAB 20 MG .....	2
HYSINGLA ER TAB 30 MG .....	2
HYSINGLA ER TAB 40 MG .....	2
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<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent) .....</i>	71
<i>ibandronate sodium tab 150 mg (base equivalent) .....</i>	71
IBRANCE CAP 100MG.....	23
IBRANCE CAP 125MG.....	23
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IBRANCE TAB 125MG.....	23
IBRANCE TAB 75MG .....	23
<i>ibu tab 600mg .....</i>	1

<i>ibu tab 800mg</i>	1
<i>ibuprofen susp 100 mg/5ml</i>	1
<i>ibuprofen tab 400 mg</i>	1
<i>ibuprofen tab 600 mg</i>	1
<i>ibuprofen tab 800 mg</i>	1
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	90
<i>iclevia tab</i>	73
<b>ICLUSIG TAB 10MG</b>	23
<b>ICLUSIG TAB 15MG</b>	23
<b>ICLUSIG TAB 30MG</b>	23
<b>ICLUSIG TAB 45MG</b>	23
<b>IDHIFA TAB 100MG</b>	23
<b>IDHIFA TAB 50MG</b>	23
<b>ILEVRO DRO 0.3% OP</b>	99
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	23
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	23
<b>IMBRUICA CAP 140MG</b>	23
<b>IMBRUICA CAP 70MG</b>	23
<b>IMBRUICA TAB 140MG</b>	23
<b>IMBRUICA TAB 280MG</b>	23
<b>IMBRUICA TAB 420MG</b>	23
<b>IMBRUICA TAB 560MG</b>	23
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	6
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	6
<i>imipramine hcl tab 10 mg</i>	52
<i>imipramine hcl tab 25 mg</i>	52
<i>imipramine hcl tab 50 mg</i>	52
<i>imiquimod cream 5%</i>	109
<b>IMOVA RABIE INJ 2.5/ML</b>	95
<i>incassia tab 0.35mg</i>	73
<b>INCRELEX INJ 40MG/4ML</b>	80
<b>INCRUSE ELPT INH 62.5MCG</b>	101
<i>indapamide tab 1.25 mg</i>	39
<i>indapamide tab 2.5 mg</i>	39
<b>INFANRIX INJ</b>	95
<b>INGREZZA CAP 40-80MG</b>	65
<b>INGREZZA CAP 40MG</b>	65
<b>INGREZZA CAP 80MG</b>	65
<b>INLYTA TAB 1MG</b>	24
<b>INLYTA TAB 5MG</b>	24
<b>INQOVI TAB 35-100MG</b>	20
<b>INREBIC CAP 100MG</b>	24
<b>INSULIN SAFETY NEEDLES</b>	70

## INSULIN SYRINGES:

<b>BD/ULTIMED/ALLISON/TRIVIDIA/MH C</b>	70
<b>INTELENCE TAB 100MG</b>	9
<b>INTELENCE TAB 200MG</b>	9
<b>INTELENCE TAB 25MG</b>	9
<b>INTRALIPID INJ 20%</b>	98
<b>INTRALIPID INJ 30%</b>	98
<b>INTRON A INJ 10MU</b>	93
<b>INTRON A INJ 18MU</b>	93
<b>INTRON A INJ 25MU</b>	93
<b>INTRON A INJ 50MU</b>	93
<i>introvale tab</i>	73
<b>INVEGA SUST INJ 117/0.75</b>	58
<b>INVEGA SUST INJ 156MG/ML</b>	58
<b>INVEGA SUST INJ 234/1.5</b>	58
<b>INVEGA SUST INJ 39/0.25</b>	58
<b>INVEGA SUST INJ 78/0.5ML</b>	58
<b>INVEGA TRINZ INJ 273MG</b>	58
<b>INVEGA TRINZ INJ 410MG</b>	58
<b>INVEGA TRINZ INJ 546MG</b>	58
<b>INVEGA TRINZ INJ 819MG</b>	58
<b>INVIRASE TAB 500MG</b>	9
<b>IPOL INJ INACTIVE</b>	95
<i>ipratropium bromide inhal soln 0.02%</i>	101
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	101
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	101
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	101
<i>irbesartan tab 150 mg</i>	31
<i>irbesartan tab 300 mg</i>	32
<i>irbesartan tab 75 mg</i>	31
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	30
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	30
<b>IRESSA TAB 250MG</b>	24
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	20
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	20
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	20
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	20

ISENTRESS CHW 100MG.....	9
ISENTRESS CHW 25MG.....	9
ISENTRESS HD TAB 600MG.....	9
ISENTRESS POW 100MG.....	9
ISENTRESS TAB 400MG.....	9
<i>isibloom tab.....</i>	73
ISOLYTE-P INJ /D5W .....	96
ISOLYTE-S INJ .....	96
<i>isoniazid syrup 50 mg/5ml .....</i>	11
<i>isoniazid tab 100 mg .....</i>	11
<i>isoniazid tab 300 mg .....</i>	11
<i>isosorbide dinitrate tab 10 mg.....</i>	42
<i>isosorbide dinitrate tab 20 mg.....</i>	42
<i>isosorbide dinitrate tab 30 mg.....</i>	42
<i>isosorbide dinitrate tab 40 mg.....</i>	42
<i>isosorbide dinitrate tab 5 mg .....</i>	42
<i>isosorbide mononitrate tab 10 mg ...</i>	42
<i>isosorbide mononitrate tab 20 mg ...</i>	42
<i>isosorbide mononitrate tab er 24hr 120 mg .....</i>	42
<i>isosorbide mononitrate tab er 24hr 30 mg .....</i>	42
<i>isosorbide mononitrate tab er 24hr 60 mg .....</i>	42
<i>isotretinoin cap 10 mg .....</i>	106
<i>isotretinoin cap 20 mg .....</i>	106
<i>isotretinoin cap 30 mg .....</i>	106
<i>isotretinoin cap 40 mg .....</i>	106
<i>isradipine cap 2.5 mg .....</i>	38
<i>isradipine cap 5 mg.....</i>	38
<i>itraconazole cap 100 mg .....</i>	8
<i>ivermectin tab 3 mg .....</i>	6
IXIARO INJ .....	95
<b>J</b>	
<i>JAKAFI TAB 10MG.....</i>	24
<i>JAKAFI TAB 15MG.....</i>	24
<i>JAKAFI TAB 20MG.....</i>	24
<i>JAKAFI TAB 25MG.....</i>	24
<i>JAKAFI TAB 5MG.....</i>	24
<i>jantoven tab 10mg.....</i>	89
<i>jantoven tab 1mg .....</i>	89
<i>jantoven tab 2.5mg.....</i>	89
<i>jantoven tab 2mg .....</i>	89
<i>jantoven tab 3mg .....</i>	89
<i>jantoven tab 4mg .....</i>	89
<i>jantoven tab 5mg .....</i>	89
<i>jantoven tab 6mg .....</i>	89
<i>jantoven tab 7.5mg.....</i>	89
JANUMET TAB 50-1000 .....	69
JANUMET TAB 50-500MG .....	69
JANUMET XR TAB 100-1000 .....	69
JANUMET XR TAB 50-1000.....	69
JANUMET XR TAB 50-500MG .....	69
JANUVIA TAB 100MG .....	69
JANUVIA TAB 25MG .....	69
JANUVIA TAB 50MG .....	69
JARDIANCE TAB 10MG .....	69
JARDIANCE TAB 25MG .....	69
<i>jasmiel tab 3-0.02mg.....</i>	73
JENTADUETO TAB 2.5-1000 .....	69
JENTADUETO TAB 2.5-500.....	69
JENTADUETO TAB 2.5-850.....	69
JENTADUETO TAB XR .....	69
<i>jinteli tab 1mg-5mcg .....</i>	77
<i>jolessa tab .....</i>	73
<i>juleber tab .....</i>	73
JULUCA TAB 50-25MG.....	11
<i>junel 1.5/30 tab.....</i>	73
<i>junel 1/20 tab .....</i>	73
<i>junel fe tab 1.5/30 .....</i>	73
<i>junel fe tab 1/20 .....</i>	74
JUXTAPID CAP 10MG .....	35
JUXTAPID CAP 20MG .....	35
JUXTAPID CAP 30MG .....	35
JUXTAPID CAP 5MG .....	35
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KADCYLA INJ 100MG .....	24
KADCYLA INJ 160MG .....	24
KALETRA TAB 100-25MG .....	11
KALETRA TAB 200-50MG .....	11
KALYDECO PAK 25MG .....	103
KALYDECO PAK 50MG .....	103
KALYDECO PAK 75MG .....	103
KALYDECO TAB 150MG .....	103
KANJINTI INJ 420MG .....	24
KANJINTI SOL 150MG .....	24
<i>kariva tab 28 day .....</i>	74
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj .....</i>	96
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj .....</i>	96
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj .....</i>	96
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj .....</i>	96

<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	96
.....	96
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	96
.....	96
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	96
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	96
KCL/D5W/NAACL INJ 0.15/0.2	96
KCL/D5W/NAACL INJ 0.3/0.9%	96
<i>kelnor 1/50 tab</i>	74
<i>kelnor tab 1/35</i>	74
<i>ketoconazole cream 2%</i>	107
<i>ketoconazole shampoo 2%</i>	107
<i>ketoconazole tab 200 mg</i>	8
<i>ketorolac tromethamine ophth soln 0.4%</i>	99
<i>ketorolac tromethamine ophth soln 0.5%</i>	99
KEYTRUDA INJ 100MG/4M	24
KINRIX INJ	95
KISQALI 200 PAK FEMARA	20
KISQALI 400 PAK FEMARA	20
KISQALI 600 PAK FEMARA	20
KISQALI TAB 200DOSE	24
KISQALI TAB 400DOSE	24
KISQALI TAB 600DOSE	24
<i>klor-con 10 tab 10meq er</i>	97
<i>klor-con 8 tab 8meq er</i>	97
<i>klor-con m10 tab 10meq er</i>	97
<i>klor-con m15 tab 15meq er</i>	97
<i>klor-con m20 tab 20meq er</i>	97
<i>klor-con pak 20meq</i>	97
KORLYM TAB 300MG	80
KRISTALOSE PAK 10GM	85
KRISTALOSE PAK 20GM	85
<i>kurvelo tab 0.15/30</i>	74
KYNMOBI MIS 10MG	54
KYNMOBI MIS 15MG	54
KYNMOBI MIS 20MG	55
KYNMOBI MIS 25MG	55
KYNMOBI MIS 30MG	55
<b>L</b>	
<i>labetalol hcl tab 100 mg</i>	36
<i>labetalol hcl tab 200 mg</i>	36
<i>labetalol hcl tab 300 mg</i>	36
<i>lactated ringer's solution</i>	96

<i>lactic acid (ammonium lactate) cream 12%</i>	109
<i>lactic acid (ammonium lactate) lotion 12%</i>	109
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	85
<i>lactulose solution 10 gm/15ml</i>	85
<i>lamivudine oral soln 10 mg/ml</i>	9
<i>lamivudine tab 100 mg (hbv)</i>	12
<i>lamivudine tab 150 mg</i>	9
<i>lamivudine tab 300 mg</i>	9
<i>lamivudine-zidovudine tab 150-300 mg</i>	11
<i>lamotrigine orally disintegrating tab 100 mg</i>	46
<i>lamotrigine orally disintegrating tab 200 mg</i>	46
<i>lamotrigine orally disintegrating tab 25 mg</i>	46
<i>lamotrigine orally disintegrating tab 50 mg</i>	46
<i>lamotrigine tab 100 mg</i>	46
<i>lamotrigine tab 150 mg</i>	46
<i>lamotrigine tab 200 mg</i>	46
<i>lamotrigine tab 25 mg</i>	46
<i>lamotrigine tab chewable dispersible 25 mg</i>	46
<i>lamotrigine tab chewable dispersible 5 mg</i>	46
<i>lamotrigine tab er 24hr 100 mg</i>	46
<i>lamotrigine tab er 24hr 200 mg</i>	46
<i>lamotrigine tab er 24hr 25 mg</i>	46
<i>lamotrigine tab er 24hr 250 mg</i>	46
<i>lamotrigine tab er 24hr 300 mg</i>	46
<i>lamotrigine tab er 24hr 50 mg</i>	46
<i>lansoprazole cap delayed release 15 mg</i>	86
<i>lansoprazole cap delayed release 30 mg</i>	87
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	87
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	87
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	24
<i>larin fe tab 1.5/30</i>	74
<i>larin fe tab 1/20</i>	74
<i>larin tab 1.5/30</i>	74

<i>larin tab 1/20</i>	74
<i>larissia tab</i>	74
<i>LASTACAF T SOL 0.25%</i>	99
<i>latanoprost ophth soln 0.005%</i>	100
<i>LATUDA TAB 120MG</i>	58
<i>LATUDA TAB 20MG</i>	58
<i>LATUDA TAB 40MG</i>	58
<i>LATUDA TAB 60MG</i>	58
<i>LATUDA TAB 80MG</i>	58
<i>leena tab</i>	74
<i>leflunomide tab 10 mg</i>	92
<i>leflunomide tab 20 mg</i>	92
<i>LENVIMA CAP 10 MG</i>	24
<i>LENVIMA CAP 12MG</i>	24
<i>LENVIMA CAP 14 MG</i>	24
<i>LENVIMA CAP 18 MG</i>	24
<i>LENVIMA CAP 20 MG</i>	24
<i>LENVIMA CAP 24 MG</i>	24
<i>LENVIMA CAP 4MG</i>	24
<i>LENVIMA CAP 8 MG</i>	24
<i>lessina tab</i>	74
<i>letrozole tab 2.5 mg</i>	19
<i>leucovorin calcium for inj 100 mg</i>	27
<i>leucovorin calcium for inj 200 mg</i>	27
<i>leucovorin calcium for inj 350 mg</i>	27
<i>leucovorin calcium for inj 50 mg</i>	27
<i>leucovorin calcium for inj 500 mg</i>	27
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	27
<i>leucovorin calcium tab 10 mg</i>	27
<i>leucovorin calcium tab 15 mg</i>	27
<i>leucovorin calcium tab 25 mg</i>	27
<i>leucovorin calcium tab 5 mg</i>	27
<i>LEUKERAN TAB 2MG</i>	18
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<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	102
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	102
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	102
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	102
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	102
<i>LEVEMIR INJ</i>	70
<i>LEVEMIR INJ FLEXTOUC</i>	70
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	46
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	46
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	46
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	46
<i>levetiracetam oral soln 100 mg/ml</i>	46
<i>levetiracetam tab 1000 mg</i>	47
<i>levetiracetam tab 250 mg</i>	46
<i>levetiracetam tab 500 mg</i>	47
<i>levetiracetam tab 750 mg</i>	47
<i>levetiracetam tab er 24hr 500 mg</i>	47
<i>levetiracetam tab er 24hr 750 mg</i>	47
<i>levobunolol hcl ophth soln 0.5%</i>	100
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	80
<i>levocarnitine tab 330 mg</i>	80
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	102
<i>levocetirizine dihydrochloride tab 5 mg</i>	102
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	14
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	14
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	15
<i>levofloxacin iv soln 25 mg/ml</i>	15
<i>levofloxacin oral soln 25 mg/ml</i>	15
<i>levofloxacin tab 250 mg</i>	15
<i>levofloxacin tab 500 mg</i>	15
<i>levofloxacin tab 750 mg</i>	15
<i>levonest tab</i>	74
<i>levonorgestrel &amp; ethinyl estradiol (91- day) tab 0.15-0.03 mg</i>	74
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	74
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	74
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	74
<i>levora-28 tab 0.15/30</i>	74
<i>levo-t tab 100mcg</i>	81
<i>levo-t tab 112mcg</i>	81
<i>levo-t tab 125mcg</i>	81
<i>levo-t tab 137mcg</i>	81

<i>levo-t tab 150mcg</i> .....	81
<i>levo-t tab 175mcg</i> .....	81
<i>levo-t tab 200 mcg</i> .....	81
<i>levo-t tab 25mcg</i> .....	81
<i>levo-t tab 300 mcg</i> .....	81
<i>levo-t tab 50mcg</i> .....	81
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<i>levothyroxine sodium tab 25 mcg</i> ....	81
<i>levothyroxine sodium tab 300 mcg</i> ..	82
<i>levothyroxine sodium tab 50 mcg</i> ....	82
<i>levothyroxine sodium tab 75 mcg</i> ....	82
<i>levothyroxine sodium tab 88 mcg</i> ....	82
<i>levoxyl tab 100mcg</i> .....	82
<i>levoxyl tab 112mcg</i> .....	82
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<i>levoxyl tab 150mcg</i> .....	82
<i>levoxyl tab 175mcg</i> .....	82
<i>levoxyl tab 200mcg</i> .....	82
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<i>levoxyl tab 50mcg</i> .....	82
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<i>levoxyl tab 88mcg</i> .....	82
<i>LEXIVA SUS 50MG/ML</i> .....	9
<i>lidocaine hcl local inj 0.5%</i> .....	5
<i>lidocaine hcl local inj 1%</i> .....	5
<i>lidocaine hcl local inj 2%</i> .....	5
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i> .....	5
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i> .....	5
<i>lidocaine hcl local preservative free (pf) inj 1%</i> .....	5
<i>lidocaine hcl soln 4%</i> .....	109
<i>lidocaine hcl urethral/mucosal gel 2%</i> .....	109
<i>lidocaine hcl viscous soln 2%</i> .....	110
<i>lidocaine oint 5%</i> .....	109
<i>lidocaine patch 5%</i> .....	109
<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	109
<i>lillow tab 0.15/30</i> .....	74
<i>linezolid for susp 100 mg/5ml</i> .....	6
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i> .....	6
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i> .....	6
<i>linezolid tab 600 mg</i> .....	6
<i>LINZESS CAP 145MCG</i> .....	86
<i>LINZESS CAP 290MCG</i> .....	86
<i>LINZESS CAP 72MCG</i> .....	86
<i>liothyronine sodium tab 25 mcg</i> .....	82
<i>liothyronine sodium tab 5 mcg</i> .....	82
<i>liothyronine sodium tab 50 mcg</i> .....	82
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	28
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	28
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	28
<i>lisinopril tab 10 mg</i> .....	29
<i>lisinopril tab 2.5 mg</i> .....	29
<i>lisinopril tab 20 mg</i> .....	29
<i>lisinopril tab 30 mg</i> .....	29
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<i>lithium carbonate tab 300 mg</i> .....	65
<i>lithium carbonate tab er 300 mg</i> .....	65
<i>lithium carbonate tab er 450 mg</i> .....	65
<i>LITHIUM SOL 8MEQ/5ML</i> .....	65
<i>LIVALO TAB 1MG</i> .....	34
<i>LIVALO TAB 2MG</i> .....	34
<i>LIVALO TAB 4MG</i> .....	34
<i>loestrin 21 tab 1.5/30</i> .....	74
<i>loestrin fe tab 1.5/30</i> .....	74
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<i>loestrin tab 1/20-21</i> .....	74
<i>LOKELMA PAK 10GM</i> .....	72
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<i>loperamide hcl cap 2 mg</i> .....	86
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<i>lorazepam con 2mg/ml</i> .....	43
<i>lorazepam conc 2 mg/ml</i> .....	43
<i>lorazepam inj 2 mg/ml</i> .....	43
<i>lorazepam inj 4 mg/ml</i> .....	43
<i>lorazepam tab 0.5 mg</i> .....	43
<i>lorazepam tab 1 mg</i> .....	43
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<i>losartan potassium &amp;</i> <i>hydrochlorothiazide tab 100-12.5 mg</i> .....	30
<i>losartan potassium &amp;</i> <i>hydrochlorothiazide tab 100-25 mg</i>	31
<i>losartan potassium &amp;</i> <i>hydrochlorothiazide tab 50-12.5 mg</i> .....	30
<i>losartan potassium tab 100 mg</i> .....	32
<i>losartan potassium tab 25 mg</i> .....	32
<i>losartan potassium tab 50 mg</i> .....	32
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<i>lovastatin tab 10 mg</i> .....	34
<i>lovastatin tab 20 mg</i> .....	34
<i>lovastatin tab 40 mg</i> .....	34
<i>low-ogestrel tab</i> .....	74
<i>loxapine succinate cap 10 mg</i> .....	58
<i>loxapine succinate cap 25 mg</i> .....	58
<i>loxapine succinate cap 5 mg</i> .....	58
<i>loxapine succinate cap 50 mg</i> .....	58
LUMIGAN SOL 0.01% .....	100
LUMIZYME INJ 50MG .....	80
LUPR DEP-PED INJ 11.25MG .....	80
LUPR DEP-PED INJ 15MG .....	80
LUPR DEP-PED INJ 3M 30MG.....	80
LUPR DEP-PED INJ 7.5MG .....	80
LUPRON DEPOT INJ 11.25MG.....	19
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<i>lutea tab</i> .....	74
<i>lyleq tab 0.35mg</i> .....	74
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<i>yllana dis 0.0375mg</i> .....	77
<i>yllana dis 0.05mg</i> .....	77
<i>yllana dis 0.075mg</i> .....	77
<i>yllana dis 0.1mg</i> .....	77
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LYNPARZA TAB 150MG .....	24
 <i>LYRICA CR TAB 165MG</i> .....	65
<i>LYRICA CR TAB 330MG</i> .....	65
<i>LYRICA CR TAB 82.5MG</i> .....	65
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<i>lyza tab 0.35mg</i> .....	74
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<i>MAGNESIUM SU INJ 20/500ML</i> .....	96
<i>MAGNESIUM SU INJ 2GM/50ML</i> .....	96
<i>MAGNESIUM SU INJ 40G/1000</i> .....	96
<i>MAGNESIUM SU INJ 4G/100ML</i> .....	96
<i>MAGNESIUM SU INJ 80MG/ML</i> .....	96
<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i> .....	96
<i>magnesium sulfate inj 50%</i> .....	96
<i>magnesium sulfate iv soln 2 gm/50ml</i> (40 mg/ml) .....	96
<i>magnesium sulfate iv soln 20</i> gm/500ml (40 mg/ml).....	96
<i>magnesium sulfate iv soln 4 gm/100ml</i> (40 mg/ml) .....	96
<i>magnesium sulfate iv soln 4 gm/50ml</i> (80 mg/ml) .....	96
<i>magnesium sulfate iv soln 40</i> gm/1000ml (40 mg/ml) .....	96
<i>malathion lotion 0.5%</i> .....	110
<i>maprotiline hcl tab 25 mg</i> .....	52
<i>maprotiline hcl tab 50 mg</i> .....	52
<i>maprotiline hcl tab 75 mg</i> .....	52
<i>marlissa tab 0.15/30</i> .....	74
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<i>matzim la tab 240mg/24</i> .....	38
<i>matzim la tab 300mg/24</i> .....	38
<i>matzim la tab 360mg/24</i> .....	38
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<i>meclizine hcl tab 12.5 mg</i> .....	83
<i>meclizine hcl tab 25 mg</i> .....	83
<i>medroxyprogesterone acetate im susp</i> 150 mg/ml .....	74
<i>medroxyprogesterone acetate im susp</i> prefilled syr 150 mg/ml .....	74
<i>medroxyprogesterone acetate tab 10</i> mg.....	81
<i>medroxyprogesterone acetate tab 2.5</i> mg.....	81

<i>medroxyprogesterone acetate tab 5 mg</i>	81
<i>mefloquine hcl tab 250 mg</i>	8
<i>megestrol acetate susp 40 mg/ml</i>	81
<i>megestrol acetate susp 625 mg/5ml</i>	81
<i>megestrol acetate tab 20 mg</i>	19
<i>megestrol acetate tab 40 mg</i>	19
<i>MEKINIST TAB 0.5MG</i>	24
<i>MEKINIST TAB 2MG</i>	24
<i>MEKTOVI TAB 15MG</i>	24
<i>meloxicam tab 15 mg</i>	1
<i>meloxicam tab 7.5 mg</i>	1
<i>memantine hcl cap er 24hr 14 mg</i>	50
<i>memantine hcl cap er 24hr 21 mg</i>	50
<i>memantine hcl cap er 24hr 28 mg</i>	50
<i>memantine hcl cap er 24hr 7 mg</i>	50
<i>memantine hcl oral solution 2 mg/ml</i>	50
<i>memantine hcl tab 10 mg</i>	50
<i>memantine hcl tab 5 mg</i>	50
<i>MENACTRA INJ</i>	95
<i>MENQUADFI INJ</i>	95
<i>MENVEO INJ</i>	95
<i>mercaptopurine tab 50 mg</i>	18
<i>meropenem iv for soln 1 gm</i>	6
<i>meropenem iv for soln 500 mg</i>	6
<i>mesalamine cap dr 400 mg</i>	85
<i>mesalamine cap er 24hr 0.375 gm</i>	85
<i>mesalamine enema 4 gm</i>	85
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	85
<i>mesalamine suppos 1000 mg</i>	85
<i>mesalamine tab delayed release 1.2 gm</i>	85
<i>MESNEX TAB 400MG</i>	27
<i>metadate tab 20mg er</i>	62
<i>metformin hcl tab 1000 mg</i>	69
<i>metformin hcl tab 500 mg</i>	69
<i>metformin hcl tab 850 mg</i>	69
<i>metformin hcl tab er 24hr 500 mg</i>	69
<i>metformin hcl tab er 24hr 750 mg</i>	69
<i>methadone con 10mg/ml</i>	3
<i>methadone hcl soln 10 mg/5ml</i>	3
<i>methadone hcl soln 5 mg/5ml</i>	3
<i>methadone hcl tab 10 mg</i>	3
<i>methadone hcl tab 5 mg</i>	3
<i>methazolamide tab 25 mg</i>	39
<i>methazolamide tab 50 mg</i>	39
<i>methenamine hippurate tab 1 gm</i>	6
<i>methimazole tab 10 mg</i>	82
<i>methimazole tab 5 mg</i>	82
<i>methotrexate sodium for inj 1 gm</i>	18
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	18
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	18
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	19
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	19
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	18
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	92
<i>methyldopa tab 250 mg</i>	41
<i>methyldopa tab 500 mg</i>	41
<i>methylphenidate hcl chew tab 10 mg</i>	62
<i>methylphenidate hcl chew tab 2.5 mg</i>	62
<i>methylphenidate hcl chew tab 5 mg .</i>	62
<i>methylphenidate hcl soln 10 mg/5ml</i>	62
<i>methylphenidate hcl soln 5 mg/5ml..</i>	62
<i>methylphenidate hcl tab 10 mg.....</i>	62
<i>methylphenidate hcl tab 20 mg.....</i>	62
<i>methylphenidate hcl tab 5 mg .....</i>	62
<i>methylphenidate hcl tab er 10 mg .....</i>	62
<i>methylphenidate hcl tab er 20 mg .....</i>	62
<i>methylprednisolone acetate inj susp 40 mg/ml .....</i>	78
<i>methylprednisolone acetate inj susp 80 mg/ml .....</i>	78
<i>methylprednisolone sod succ for inj 1000 mg (base equiv) .....</i>	78
<i>methylprednisolone sod succ for inj 125 mg (base equiv) .....</i>	78
<i>methylprednisolone sod succ for inj 40 mg (base equiv) .....</i>	78
<i>methylprednisolone tab 16 mg .....</i>	78
<i>methylprednisolone tab 32 mg .....</i>	78
<i>methylprednisolone tab 4 mg .....</i>	78
<i>methylprednisolone tab 8 mg .....</i>	78
<i>methylprednisolone tab therapy pack 4 mg (21) .....</i>	78
<i>metoclopramide hcl inj 5 mg/ml (base equivalent) .....</i>	83
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) .....</i>	83

metoclopramide hcl tab 10 mg (base equivalent) .....	84
metoclopramide hcl tab 5 mg (base equivalent) .....	83
metolazone tab 10 mg .....	40
metolazone tab 2.5 mg .....	40
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metoprolol & hydrochlorothiazide tab 100-25 mg.....	35
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metoprolol tartrate tab 100 mg .....	36
metoprolol tartrate tab 25 mg.....	36
metoprolol tartrate tab 50 mg.....	36
metronidazole cream 0.75% .....	109
metronidazole gel 0.75% .....	109
metronidazole in nacl 0.79% iv soln 500 mg/100ml.....	6
metronidazole lotion 0.75% .....	109
metronidazole tab 250 mg.....	6
metronidazole tab 500 mg.....	6
metronidazole vaginal gel 0.75%....	88
metyrosine cap 250 mg .....	41
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micafungin sodium for iv soln 50 mg ..	8
microgestin tab 1.5/30 .....	74
microgestin tab 1/20 .....	74
microgestin tab fe 1/20.....	74
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midodrine hcl tab 10 mg .....	41
midodrine hcl tab 2.5 mg .....	41
midodrine hcl tab 5 mg .....	41
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mihi tab 0.25/35 .....	74
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minocycline hcl cap 100 mg .....	17
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mirtazapine orally disintegrating tab 15 mg .....	52
mirtazapine orally disintegrating tab 30 mg .....	52
mirtazapine orally disintegrating tab 45 mg .....	52
mirtazapine tab 15 mg .....	52
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mirtazapine tab 45 mg .....	52
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moexipril hcl tab 15 mg.....	29
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mometasone furoate oint 0.1% ..	108
mometasone furoate solution 0.1% (lotion) .....	108
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mono-linyah tab 0.25-35 .....	74
montelukast sodium chew tab 4 mg (base equiv) .....	103
montelukast sodium chew tab 5 mg (base equiv) .....	103
montelukast sodium oral granules packet 4 mg (base equiv) .....	103
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MORPHINE SUL INJ 4MG/ML.....	4

MORPHINE SUL INJ 5MG/ML .....	4
MORPHINE SUL INJ 8MG/ML .....	4
<i>morphine sulfate iv soln 1 mg/ml .....</i>	4
<i>morphine sulfate iv soln pf 10 mg/ml .</i>	4
<i>morphine sulfate iv soln pf 4 mg/ml ...</i>	4
<i>morphine sulfate iv soln pf 8 mg/ml ...</i>	4
<i>morphine sulfate oral soln 10 mg/5ml</i>	4
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml) .....</i>	4
<i>morphine sulfate oral soln 20 mg/5ml</i>	4
<i>morphine sulfate tab 15 mg.....</i>	4
<i>morphine sulfate tab 30 mg.....</i>	4
<i>morphine sulfate tab er 100 mg .....</i>	3
<i>morphine sulfate tab er 15 mg .....</i>	3
<i>morphine sulfate tab er 200 mg .....</i>	3
<i>morphine sulfate tab er 30 mg .....</i>	3
<i>morphine sulfate tab er 60 mg .....</i>	3
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<i>moxifloxacin hcl ophth soln 0.5% (base equiv) .....</i>	99
<i>moxifloxacin hcl tab 400 mg (base equiv) .....</i>	15
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<i>naproxen tab 250 mg.....</i>	2
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<i>nefazodone hcl tab 200 mg .....</i>	52
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*nystatin oint 100000 unit/gm* ..... 107  
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*octreotide acetate inj 1000 mcg/ml (1*  
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*octreotide acetate inj 200 mcg/ml (0.2*  
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*octreotide acetate inj 50 mcg/ml (0.05*  
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<i>equivalent)</i> .....	100
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<i>ondansetron hcl inj 40 mg/20ml (2</i>	
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<i>ondansetron hcl oral soln 4 mg/5ml..</i>	84
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<i>oseltamivir phosphate cap 75 mg (base</i>	
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<i>oxaliplatin iv soln 100 mg/20ml</i> .....	18
<i>oxaliplatin iv soln 200 mg/40ml</i> .....	18
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<i>oxandrolone tab 2.5 mg</i> .....	68
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<i>oxcarbazepine tab 300 mg</i> .....	47
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<i>oxycodone hcl soln 5 mg/5ml</i>	4
<i>oxycodone hcl tab 10 mg</i>	4
<i>oxycodone hcl tab 15 mg</i>	4
<i>oxycodone hcl tab 20 mg</i>	4
<i>oxycodone hcl tab 30 mg</i>	4
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<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	4
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<i>pacerone tab 200mg</i>	32
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<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	21
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	21
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	21
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	21
<i>paliperidone tab er 24hr 1.5 mg</i>	59
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<i>pamidronate disodium iv soln 3 mg/ml</i>	71
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<i>paraplatin inj 1000mg</i>	18
<i>paricalcitol cap 1 mcg</i>	83
<i>paricalcitol cap 2 mcg</i>	83
<i>paricalcitol cap 4 mcg</i>	83
<i>paroex sol 0.12%</i>	110
<i>paromomycin sulfate cap 250 mg</i>	6
<i>paroxetine hcl tab 10 mg</i>	53
<i>paroxetine hcl tab 20 mg</i>	53
<i>paroxetine hcl tab 30 mg</i>	53
<i>paroxetine hcl tab 40 mg</i>	53
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	53
<i>paroxetine hcl tab er 24hr 25 mg</i>	53
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phenobarbital tab 97.2 mg .....	47
PHENYTEK CAP 200MG.....	47
PHENYTEK CAP 300MG.....	47
phenytoin chew tab 50 mg .....	47
phenytoin sodium extended cap 100	
mg.....	47
phenytoin sodium extended cap 200	
mg.....	47
phenytoin sodium extended cap 300	
mg.....	47
phenytoin sodium inj 50 mg/ml .....	47
phenytoin susp 125 mg/5ml.....	47
PHESGO SOL.....	25
philith tab 0.4-35 .....	75
PHOSPHOLINE SOL 0.125%OP .....	100
PICATO GEL 0.015%.....	109
PICATO GEL 0.05% .....	109
PIFELTRO TAB 100MG .....	9
pilocarpine hcl ophth soln 1%.....	100
pilocarpine hcl ophth soln 2%.....	100
pilocarpine hcl ophth soln 4%.....	100
pilocarpine hcl tab 5 mg .....	110
pilocarpine hcl tab 7.5 mg.....	110
pimozide tab 1 mg .....	59
pimozide tab 2 mg .....	59
pimtrea tab .....	75
pindolol tab 10 mg .....	36
pindolol tab 5 mg .....	36
pioglitazone hcl tab 15 mg (base equiv)	
.....	69
pioglitazone hcl tab 30 mg (base equiv)	
.....	69
pioglitazone hcl tab 45 mg (base equiv)	
.....	69
piperacillin sod-tazobactam na for inj	
3.375 gm (3-0.375 gm).....	16
piperacillin sod-tazobactam sod for inj	
13.5 gm (12-1.5 gm) .....	17
piperacillin sod-tazobactam sod for inj	
2.25 gm (2-0.25 gm) .....	17
piperacillin sod-tazobactam sod for inj	
4.5 gm (4-0.5 gm) .....	17
piperacillin sod-tazobactam sod for inj	
40.5 gm (36-4.5 gm) .....	17
PIQRAY 200MG TAB DOSE .....	25
PIQRAY 250MG TAB DOSE .....	25
PIQRAY 300MG TAB DOSE .....	25
pirmella tab 1/35 .....	75
piroxicam cap 10 mg .....	2

<i>piroxicam cap 20 mg</i> .....	2
PLASMA-LYTE INJ -148 .....	96
PLASMA-LYTE INJ -A .....	96
<i>plenamine inj 15%</i> .....	98
PLENVU SOL .....	85
PNV FOLIC AC TAB + IRON.....	97
<i>podoфilox soln 0.5%</i> .....	109
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....	99
POMALYST CAP 1MG.....	19
POMALYST CAP 2MG.....	20
POMALYST CAP 3MG.....	20
POMALYST CAP 4MG.....	20
<i>portia-28 tab</i> .....	75
<i>posaconazole tab delayed release 100 mg</i> .....	8
POT CHL/NACL INJ 20MEQ/L.....	96
POT CHL/NACL INJ 40MEQ/L.....	96
POT CHLORIDE INJ 10MEQ .....	96
POT CHLORIDE INJ 20MEQ .....	96
POT CHLORIDE INJ 40MEQ .....	97
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> .....	97
<i>potassium chloride cap er 10 meq</i> ....	97
<i>potassium chloride cap er 8 meq</i> .....	97
<i>potassium chloride inj 2 meq/ml</i> .....	97
<i>potassium chloride microencapsulated crys er tab 10 meq</i> .....	97
<i>potassium chloride microencapsulated crys er tab 20 meq</i> .....	97
<i>potassium chloride oral soln 10% (20 meq/15ml)</i> .....	97
<i>potassium chloride oral soln 20% (40 meq/15ml)</i> .....	97
<i>potassium chloride powder packet 20 meq</i> .....	97
<i>potassium chloride tab er 10 meq</i> ....	97
<i>potassium chloride tab er 20 meq (1500 mg)</i> .....	97
<i>potassium chloride tab er 8 meq (600 mg)</i> .....	97
<i>potassium citrate tab er 10 meq (1080 mg)</i> .....	87
<i>potassium citrate tab er 15 meq (1620 mg)</i> .....	87
<i>potassium citrate tab er 5 meq (540 mg)</i> .....	87
PRADAXA CAP 110MG.....	89
PRADAXA CAP 150MG .....	89
PRADAXA CAP 75MG.....	89
PRALUENT INJ 150MG/ML.....	35
PRALUENT INJ 75MG/ML.....	35
<i>pramipexole dihydrochloride tab 0.125 mg</i> .....	55
<i>pramipexole dihydrochloride tab 0.25 mg</i> .....	55
<i>pramipexole dihydrochloride tab 0.5 mg</i> .....	55
<i>pramipexole dihydrochloride tab 0.75 mg</i> .....	55
<i>pramipexole dihydrochloride tab 1 mg .....</i>	55
<i>pramipexole dihydrochloride tab 1.5 mg</i> .....	55
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> .....	55
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i> .....	55
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i> .....	55
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i> .....	55
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i> .....	55
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i> .....	55
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i> .....	55
<i>prasugrel hcl tab 10 mg (base equiv)</i> 91	
<i>prasugrel hcl tab 5 mg (base equiv)</i> .91	
<i>pravastatin sodium tab 10 mg</i> .....	34
<i>pravastatin sodium tab 20 mg</i> .....	34
<i>pravastatin sodium tab 40 mg</i> .....	34
<i>pravastatin sodium tab 80 mg</i> .....	34
<i>praziquantel tab 600 mg</i> .....	6
<i>prazosin hcl cap 1 mg</i> .....	29
<i>prazosin hcl cap 2 mg</i> .....	29
<i>prazosin hcl cap 5 mg</i> .....	29
<i>PRED SOD PHO SOL 1% OP</i> .....	99
<i>prednisolone acetate ophth susp 1%</i> 99	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> .....	78
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> .....	78
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> .....	78

<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i> .....	78
PREDNISONE CON 5MG/ML .....	78
<i>prednisone oral soln 5 mg/5ml</i> .....	78
<i>prednisone tab 1 mg</i> .....	78
<i>prednisone tab 10 mg</i> .....	78
<i>prednisone tab 2.5 mg</i> .....	78
<i>prednisone tab 20 mg</i> .....	78
<i>prednisone tab 5 mg</i> .....	78
<i>prednisone tab 50 mg</i> .....	78
<i>prednisone tab therapy pack 10 mg (21)</i> .....	78
<i>prednisone tab therapy pack 10 mg (48)</i> .....	78
<i>prednisone tab therapy pack 5 mg (21)</i> .....	78
<i>prednisone tab therapy pack 5 mg (48)</i> .....	78
<i>pregabalin cap 100 mg</i> .....	48
<i>pregabalin cap 150 mg</i> .....	48
<i>pregabalin cap 200 mg</i> .....	48
<i>pregabalin cap 225 mg</i> .....	48
<i>pregabalin cap 25 mg</i> .....	47
<i>pregabalin cap 300 mg</i> .....	48
<i>pregabalin cap 50 mg</i> .....	47
<i>pregabalin cap 75 mg</i> .....	48
<i>pregabalin soln 20 mg/ml</i> .....	48
<i>pregabalin tab er 24hr 165 mg</i> .....	65
<i>pregabalin tab er 24hr 330 mg</i> .....	65
<i>pregabalin tab er 24hr 82.5 mg</i> .....	65
PREMASOL SOL 10% .....	98
PRENATAL TAB 27-1MG .....	97
PRENATAL TAB PLUS .....	97
PRENATAL VIT TAB LOW IRON .....	97
<i>prevalite pow 4gm</i> .....	35
<i>prevalite pow 4gm pk</i> .....	35
<i>previfem tab</i> .....	75
PREZCOBIX TAB 800-150 .....	11
PREZISTA SUS 100MG/ML .....	9
PREZISTA TAB 150MG .....	9
PREZISTA TAB 600MG .....	9
PREZISTA TAB 75MG .....	9
PREZISTA TAB 800MG .....	9
PRIFTIN TAB 150MG .....	11
PRILOSEC POW 10MG .....	87
PRILOSEC POW 2.5MG .....	87
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i> .....	8
PRIMAQUINE TAB 26.3MG .....	8
<i>primidone tab 250 mg</i> .....	48
<i>primidone tab 50 mg</i> .....	48
PRIVIGEN INJ 10GRAMS .....	93
PRIVIGEN INJ 20GRAMS .....	93
PRIVIGEN INJ 40GRAMS .....	93
PRIVIGEN INJ 5 GRAMS .....	93
<i>probenecid tab 500 mg</i> .....	1
PROCALAMINE INJ 3% .....	98
<i>prochlorperazine edisylate inj 10 mg/2ml</i> .....	84
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i> .....	84
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i> .....	84
<i>prochlorperazine suppos 25 mg</i> .....	84
PROCRT INJ 10000/ML .....	90
PROCRT INJ 2000/ML .....	90
PROCRT INJ 20000/ML .....	90
PROCRT INJ 3000/ML .....	90
PROCRT INJ 4000/ML .....	90
PROCRT INJ 40000/ML .....	90
<i>procto-med cre hc 2.5%</i> .....	109
<i>procto-pak cre 1%</i> .....	109
<i>proctosol hc cre 2.5%</i> .....	109
<i>proctozone cre -hc 2.5%</i> .....	109
PROGRAF GRA 0.2MG .....	94
PROGRAF GRA 1MG .....	94
PROLASTIN-C INJ 1000MG .....	104
PROLENSA SOL 0.07% .....	99
PROLIA SOL 60MG/ML .....	71
PROMACTA PAK 25MG .....	90
PROMACTA POW 12.5MG .....	90
PROMACTA TAB 12.5MG .....	90
PROMACTA TAB 25MG .....	90
PROMACTA TAB 50MG .....	90
PROMACTA TAB 75MG .....	90
<i>promethazine hcl inj 25 mg/ml</i> .....	84
<i>promethazine hcl inj 50 mg/ml</i> .....	84
<i>promethazine hcl syrup 6.25 mg/5ml</i> .....	84
<i>promethazine hcl tab 12.5 mg</i> .....	84
<i>promethazine hcl tab 25 mg</i> .....	84
<i>promethazine hcl tab 50 mg</i> .....	84
<i>propafenone hcl cap er 12hr 225 mg</i> .....	32
<i>propafenone hcl cap er 12hr 325 mg</i> .....	32
<i>propafenone hcl cap er 12hr 425 mg</i> .....	32
<i>propafenone hcl tab 150 mg</i> .....	32
<i>propafenone hcl tab 225 mg</i> .....	32

<i>propafenone hcl tab 300 mg</i> .....	32
<i>proparacaine hcl ophth soln 0.5%..</i> 100	
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i> .....	35
<i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i> .....	35
<i>propranolol hcl cap er 24hr 120 mg..</i> 36	
<i>propranolol hcl cap er 24hr 160 mg..</i> 36	
<i>propranolol hcl cap er 24hr 60 mg</i> ... 36	
<i>propranolol hcl cap er 24hr 80 mg</i> ... 36	
<i>propranolol hcl oral soln 20 mg/5ml.</i> 36	
<i>propranolol hcl oral soln 40 mg/5ml.</i> 36	
<i>propranolol hcl tab 10 mg</i> .....	36
<i>propranolol hcl tab 20 mg</i> .....	36
<i>propranolol hcl tab 40 mg</i> .....	36
<i>propranolol hcl tab 60 mg</i> .....	36
<i>propranolol hcl tab 80 mg</i> .....	36
<i>propylthiouracil tab 50 mg</i> ..... 82	
<b>PROQUAD INJ</b> .....	95
<b>PROSOL INJ 20%</b> ..... 98	
<i>protriptyline hcl tab 10 mg</i> .....	53
<i>protriptyline hcl tab 5 mg</i> .....	53
<b>PULMICORT INH 180MCG</b> .....	105
<b>PULMICORT INH 90MCG</b> ..... 105	
<b>PULMOZYME SOL 1MG/ML</b> .....	104
<b>PURIXAN SUS 20MG/ML</b> ..... 19	
<i>pyrazinamide tab 500 mg</i> ..... 11	
<i>pyridostigmine bromide tab 60 mg</i> ... 65	
<b>Q</b>	
<i>QINLOCK TAB 50MG</i> ..... 25	
<b>QUADRACEL INJ</b> .....	95
<i>quetiapine fumarate tab 100 mg</i> .... 59	
<i>quetiapine fumarate tab 200 mg</i> .... 59	
<i>quetiapine fumarate tab 25 mg</i> .... 59	
<i>quetiapine fumarate tab 300 mg</i> .... 59	
<i>quetiapine fumarate tab 400 mg</i> .... 59	
<i>quetiapine fumarate tab 50 mg</i> .... 59	
<i>quetiapine fumarate tab er 24hr 150 mg</i> .....	59
<i>quetiapine fumarate tab er 24hr 200 mg</i> .....	59
<i>quetiapine fumarate tab er 24hr 300 mg</i> .....	59
<i>quetiapine fumarate tab er 24hr 400 mg</i> .....	59
<i>quetiapine fumarate tab er 24hr 50 mg</i> .....	59
<i>quinapril hcl tab 10 mg</i> .....	29
<i>quinapril hcl tab 20 mg</i> .....	29
<i>quinapril hcl tab 40 mg</i> .....	29
<i>quinapril hcl tab 5 mg</i> .....	29
<i>quinapril-hydrochlorothiazide tab 10- 12.5 mg</i> ..... 28	
<i>quinapril-hydrochlorothiazide tab 20- 12.5 mg</i> ..... 28	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> ..... 28	
<i>quinidine sulfate tab 200 mg</i> .....	32
<i>quinidine sulfate tab 300 mg</i> .....	33
<i>quinine sulfate cap 324 mg</i> .....	8
<b>R</b>	
<b>RABAVERT INJ</b> .....	95
<i>rabeprazole sodium ec tab 20 mg</i> .... 87	
<i>raloxifene hcl tab 60 mg</i> .....	80
<i>ramipril cap 1.25 mg</i> .....	29
<i>ramipril cap 10 mg</i> .....	29
<i>ramipril cap 2.5 mg</i> .....	29
<i>ramipril cap 5 mg</i> .....	29
<i>ranolazine tab er 12hr 1000 mg</i> ..... 41	
<i>ranolazine tab er 12hr 500 mg</i> .....	41
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i> .....	55
<i>rasagiline mesylate tab 1 mg (base equiv)</i> .....	55
<b>RAYALDEE CAP 30MCG</b> ..... 83	
<i>reclipsen tab</i> .....	75
<b>RECOMBIVA HB INJ 10MCG/ML</b> ..... 95	
<b>RECOMBIVA HB INJ 5MCG/0.5</b> ..... 95	
<b>RECOMBIVA-HB INJ 40MCG/ML</b> .....	95
<b>RECTIV OIN 0.4%</b> .....	109
<b>REGRANEX GEL 0.01%</b> ..... 110	
<b>RELENZA MIS DISKHALE</b> .....	12
<b>RELISTOR INJ 12/0.6ML</b> .....	86
<b>RELISTOR INJ 8/0.4ML</b> ..... 86	
<b>REMICADE INJ 100MG</b> ..... 91	
<b>RENFLEXIS INJ 100MG</b> .....	91
<i>repaglinide tab 0.5 mg</i> .....	69
<i>repaglinide tab 1 mg</i> .....	69
<i>repaglinide tab 2 mg</i> .....	69
<b>RESTASIS EMU 0.05%</b> .....	100
<b>RESTASIS MUL EMU 0.05%</b> ..... 100	
<b>RETEVMO CAP 40MG</b> ..... 25	
<b>RETEVMO CAP 80MG</b> ..... 25	
<b>REVLIMID CAP 10MG</b> .....	20
<b>REVLIMID CAP 15MG</b> .....	20
<b>REVLIMID CAP 2.5MG</b> .....	20

REVLIMID CAP 20MG .....	20
REVLIMID CAP 25MG .....	20
REVLIMID CAP 5MG.....	20
REXULTI TAB 0.25MG .....	59
REXULTI TAB 0.5MG.....	59
REXULTI TAB 1MG .....	59
REXULTI TAB 2MG .....	59
REXULTI TAB 3MG .....	59
REXULTI TAB 4MG .....	59
REYATAZ POW 50MG.....	9
RHOPRESSA SOL 0.02% .....	100
RIABNI SOL 100/10ML.....	25
RIABNI SOL 500/50ML.....	25
<i>ribavirin cap 200 mg .....</i>	12
<i>ribavirin tab 200 mg.....</i>	12
<i>rifabutin cap 150 mg .....</i>	11
<i>rifampin cap 150 mg .....</i>	11
<i>rifampin cap 300 mg .....</i>	11
<i>rifampin for inj 600 mg .....</i>	11
<i>riluzole tab 50 mg.....</i>	65
<i>rimantadine hydrochloride tab 100 mg .....</i>	12
RINVOQ TAB 15MG ER.....	92
<i>risedronate sodium tab 150 mg .....</i>	71
<i>risedronate sodium tab 30 mg .....</i>	71
<i>risedronate sodium tab 35 mg .....</i>	71
<i>risedronate sodium tab 5 mg .....</i>	71
<i>risedronate sodium tab delayed release 35 mg .....</i>	72
RISPERDAL INJ 12.5MG .....	59
RISPERDAL INJ 25MG .....	59
RISPERDAL INJ 37.5MG .....	59
RISPERDAL INJ 50MG .....	60
<i>risperidone orally disintegrating tab 0.25 mg .....</i>	60
<i>risperidone orally disintegrating tab 0.5 mg .....</i>	60
<i>risperidone orally disintegrating tab 1 mg .....</i>	60
<i>risperidone orally disintegrating tab 2 mg .....</i>	60
<i>risperidone orally disintegrating tab 3 mg .....</i>	60
<i>risperidone orally disintegrating tab 4 mg .....</i>	60
<i>risperidone soln 1 mg/ml .....</i>	60
<i>risperidone tab 0.25 mg.....</i>	60
<i>risperidone tab 0.5 mg .....</i>	60
<i>risperidone tab 1 mg.....</i>	60
<i>risperidone tab 2 mg.....</i>	60
<i>risperidone tab 3 mg.....</i>	60
<i>risperidone tab 4 mg.....</i>	60
<i>ritonavir tab 100 mg .....</i>	9
RITUXAN INJ 100MG.....	25
RITUXAN INJ 500MG.....	25
RITUXAN INJ HYCELA.....	25
<i>rivastigmine tartrate cap 1.5 mg (base equivalent) .....</i>	50
<i>rivastigmine tartrate cap 3 mg (base equivalent) .....</i>	50
<i>rivastigmine tartrate cap 4.5 mg (base equivalent) .....</i>	50
<i>rivastigmine tartrate cap 6 mg (base equivalent) .....</i>	50
<i>rivastigmine td patch 24hr 13.3 mg/24hr .....</i>	50
<i>rivastigmine td patch 24hr 4.6 mg/24hr .....</i>	50
<i>rivastigmine td patch 24hr 9.5 mg/24hr .....</i>	50
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) .....</i>	64
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq) .....</i>	64
<i>rizatriptan benzoate tab 10 mg (base equivalent) .....</i>	64
<i>rizatriptan benzoate tab 5 mg (base equivalent) .....</i>	64
<i>ropinirole hydrochloride tab 0.25 mg .....</i>	55
<i>ropinirole hydrochloride tab 0.5 mg .....</i>	55
<i>ropinirole hydrochloride tab 1 mg .....</i>	55
<i>ropinirole hydrochloride tab 2 mg .....</i>	55
<i>ropinirole hydrochloride tab 3 mg .....</i>	55
<i>ropinirole hydrochloride tab 4 mg .....</i>	55
<i>ropinirole hydrochloride tab 5 mg .....</i>	55
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) .....</i>	56
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) .....</i>	55
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) .....</i>	55
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) .....</i>	56
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) .....</i>	56
<i>rosadan cre 0.75% .....</i>	109

<i>rosuvastatin calcium tab 10 mg</i>	34
<i>rosuvastatin calcium tab 20 mg</i>	34
<i>rosuvastatin calcium tab 40 mg</i>	34
<i>rosuvastatin calcium tab 5 mg</i>	34
ROTARIX SUS	95
ROTAQUE SOL	95
<i>roweepra tab 500mg</i>	48
ROZLYTREK CAP 100MG	25
ROZLYTREK CAP 200MG	25
RUBRACA TAB 200MG	25
RUBRACA TAB 250MG	25
RUBRACA TAB 300MG	25
<i>rufinamide susp 40 mg/ml</i>	48
RUKOBIA TAB 600MG ER	9
RUXIENCE INJ 100/10ML	25
RUXIENCE INJ 500/50ML	25
RYBELSUS TAB 14MG	69
RYBELSUS TAB 3MG	69
RYBELSUS TAB 7MG	69
RYDAPT CAP 25MG	25
<b>S</b>	
SANCUSO DIS 3.1MG	84
SANDIMMUNE SOL 100MG/ML	94
SANTYL OIN 250/GM	110
<i>sapropterin dihydrochloride powder packet 100 mg</i>	80
<i>sapropterin dihydrochloride powder packet 500 mg</i>	80
<i>sapropterin dihydrochloride tab 100 mg</i>	80
SAVELLA MIS TITR PAK	65
SAVELLA TAB 100MG	66
SAVELLA TAB 12.5MG	66
SAVELLA TAB 25MG	66
SAVELLA TAB 50MG	66
<i>scopolamine td patch 72hr 1 mg/3days</i>	84
SECUADO DIS 3.8MG	60
SECUADO DIS 5.7MG	60
SECUADO DIS 7.6MG	60
<i>selegiline hcl cap 5 mg</i>	56
<i>selegiline hcl tab 5 mg</i>	56
<i>selenium sulfide lotion 2.5%</i>	107
SELZENTRY SOL 20MG/ML	10
SELZENTRY TAB 150MG	10
SELZENTRY TAB 25MG	10
SELZENTRY TAB 300MG	10
SELZENTRY TAB 75MG	10

SEREVENT DIS AER 50MCG	102
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	53
sertraline hcl tab 100 mg	53
sertraline hcl tab 25 mg	53
sertraline hcl tab 50 mg	53
<i>setlakin tab</i>	75
<i>sevelamer carbonate packet 0.8 gm</i>	.81
<i>sevelamer carbonate packet 2.4 gm</i>	.81
<i>sevelamer carbonate tab 800 mg</i>	.81
<i>sharobel tab 0.35mg</i>	75
SHINGRIX INJ 50/0.5ML	95
SIGNIFOR INJ 0.3MG/ML	80
SIGNIFOR INJ 0.6MG/ML	80
SIGNIFOR INJ 0.9MG/ML	80
<i>sildenafil citrate tab 20 mg</i>	43
<i>silodosin cap 4 mg</i>	87
<i>silodosin cap 8 mg</i>	87
<i>silver sulfadiazine cream 1%</i>	106
SIMBRINZA SUS 1-0.2%	100
<i>simliya tab 28 day</i>	75
<i>simvastatin tab 10 mg</i>	34
<i>simvastatin tab 20 mg</i>	34
<i>simvastatin tab 40 mg</i>	34
<i>simvastatin tab 5 mg</i>	34
<i>simvastatin tab 80 mg</i>	34
<i>sirolimus oral soln 1 mg/ml</i>	94
<i>sirolimus tab 0.5 mg</i>	94
<i>sirolimus tab 1 mg</i>	94
<i>sirolimus tab 2 mg</i>	94
SIRTURO TAB 100MG	11
SIRTURO TAB 20MG	11
SIVEXTRO INJ 200MG	6
SIVEXTRO TAB 200MG	7
SKYRIZI INJ 150DOSE	92
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	97
<i>sodium chloride irrigation soln 0.9%</i>	110
<i>sodium chloride iv soln 0.45%</i>	97
<i>sodium chloride iv soln 0.9%</i>	97
<i>sodium chloride iv soln 3%</i>	97
<i>sodium chloride iv soln 5%</i>	97
<i>sodium fluoride chew; tab; 1.1 (0.5 f mg/ml soln</i>	97
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	80
<i>sodium phenylbutyrate tab 500 mg</i>	.80

<i>sodium polystyrene sulfonate powder</i>	72
<i>solifenacin succinate tab 10 mg</i>	88
<i>solifenacin succinate tab 5 mg</i>	88
SOLIQUA INJ 100/33	71
SOLTAMOX SOL 10MG/5ML	19
SOLU-CORTEF INJ 1000MG	79
SOLU-CORTEF INJ 100MG	78
SOLU-CORTEF INJ 250MG	78
SOLU-CORTEF INJ 500MG	79
SOMATULINE INJ 120/.5ML	80
SOMATULINE INJ 60/0.2ML	80
SOMATULINE INJ 90/0.3ML	80
SOMAVERT INJ 10MG	80
SOMAVERT INJ 15MG	80
SOMAVERT INJ 20MG	80
SOMAVERT INJ 25MG	80
SOMAVERT INJ 30MG	80
<i>sorine tab 120mg</i>	33
<i>sorine tab 160mg</i>	33
<i>sorine tab 240mg</i>	33
<i>sorine tab 80mg</i>	33
<i>sotalol hcl (afib/afl) tab 120 mg</i>	33
<i>sotalol hcl (afib/afl) tab 160 mg</i>	33
<i>sotalol hcl (afib/afl) tab 80 mg</i>	33
<i>sotalol hcl tab 120 mg</i>	33
<i>sotalol hcl tab 160 mg</i>	33
<i>sotalol hcl tab 240 mg</i>	33
<i>sotalol hcl tab 80 mg</i>	33
<i>spironolactone &amp; hydrochlorothiazide</i>	
<i>tab 25-25 mg</i>	40
<i>spironolactone tab 100 mg</i>	29
<i>spironolactone tab 25 mg</i>	29
<i>spironolactone tab 50 mg</i>	29
<i>sprintec 28 tab 28 day</i>	75
SPRITAM TAB 1000MG	48
SPRITAM TAB 250MG	48
SPRITAM TAB 500MG	48
SPRITAM TAB 750MG	48
SPRYCEL TAB 100MG	25
SPRYCEL TAB 140MG	25
SPRYCEL TAB 20MG	25
SPRYCEL TAB 50MG	25
SPRYCEL TAB 70MG	25
SPRYCEL TAB 80MG	25
<i>sps sus 15gm/60</i>	72
<i>sronyx tab</i>	75
<i>ssd cre 1%</i>	106
<i>stavudine cap 15 mg</i>	10
<i>stavudine cap 20 mg</i>	10
<i>stavudine cap 30 mg</i>	10
<i>stavudine cap 40 mg</i>	10
STELARA INJ 45MG/0.5	92
STELARA INJ 90MG/ML	92
STIMATE SOL 1.5MG/ML	81
STIVARGA TAB 40MG	25
<i>streptomycin sulfate for inj 1 gm</i>	7
STRIBILD TAB	11
<i>subvenite tab 100mg</i>	48
<i>subvenite tab 150mg</i>	48
<i>subvenite tab 200mg</i>	48
<i>subvenite tab 25mg</i>	48
<i>sucralfate tab 1 gm</i>	86
<i>sulfacetamide sodium lotion 10%</i>	
<i>(acne)</i>	106
<i>sulfacetamide sodium ophth oint 10%</i>	
<i>.....</i>	99
<i>sulfacetamide sodium ophth soln 10%</i>	
<i>.....</i>	99
<i>sulfacetamide sodium-prednisolone</i>	
<i>ophth soln 10-0.23(0.25)%</i>	98
SULFADIAZINE TAB 500MG	7
<i>sulfamethoxazole-trimethoprim iv soln</i>	
<i>400-80 mg/5ml</i>	7
<i>sulfamethoxazole-trimethoprim susp</i>	
<i>200-40 mg/5ml</i>	7
<i>sulfamethoxazole-trimethoprim tab</i>	
<i>400-80 mg</i>	7
<i>sulfamethoxazole-trimethoprim tab</i>	
<i>800-160 mg</i>	7
SULFAMYLON CRE 85MG/GM	106
<i>sulfasalazine tab 500 mg</i>	85
<i>sulfasalazine tab delayed release 500</i>	
<i>mg</i>	85
<i>sulindac tab 150 mg</i>	2
<i>sulindac tab 200 mg</i>	2
<i>sumatriptan nasal spray 20 mg/act</i>	..64
<i>sumatriptan nasal spray 5 mg/act</i>	..64
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	
<i>.....</i>	64
<i>sumatriptan succinate solution auto-</i>	
<i>injector 4 mg/0.5ml</i>	64
<i>sumatriptan succinate solution auto-</i>	
<i>injector 6 mg/0.5ml</i>	64
<i>sumatriptan succinate solution</i>	
<i>cartridge 4 mg/0.5ml</i>	64

<i>sumatriptan succinate solution</i>	
cartridge 6 mg/0.5ml.....	64
<i>sumatriptan succinate tab 100 mg</i> ...	64
<i>sumatriptan succinate tab 25 mg</i> ....	64
<i>sumatriptan succinate tab 50 mg</i> ....	64
SUPREP BOWEL SOL PREP KIT .....	85
SUTENT CAP 12.5MG.....	25
SUTENT CAP 25MG .....	25
SUTENT CAP 37.5MG.....	26
SUTENT CAP 50MG .....	26
<i>syeda tab 3-0.03mg</i> .....	75
SYMBICORT AER 160-4.5 .....	105
SYMBICORT AER 80-4.5.....	105
SYMDEKO TAB 100-150 .....	104
SYMDEKO TAB 50-75MG .....	104
SYMJEPI INJ 0.15MG .....	104
SYMJEPI INJ 0.3MG.....	104
SYMPAZAN MIS 10MG.....	48
SYMPAZAN MIS 20MG.....	48
SYMPAZAN MIS 5MG .....	48
SYMTUZA TAB.....	11
SYNAREL SOL 2MG/ML.....	76
SYNERCID INJ 500MG .....	7
SYNJARDY TAB.....	69
SYNJARDY TAB 12.5-500.....	70
SYNJARDY TAB 5-1000MG .....	69
SYNJARDY TAB 5-500MG.....	69
SYNJARDY XR TAB .....	70
SYNJARDY XR TAB 10-1000 .....	70
SYNJARDY XR TAB 25-1000.....	70
SYNJARDY XR TAB 5-1000MG .....	70
SYNRIBO INJ 3.5MG.....	20
SYNTHROID TAB 100MCG .....	82
SYNTHROID TAB 112MCG .....	82
SYNTHROID TAB 125MCG .....	82
SYNTHROID TAB 137MCG .....	82
SYNTHROID TAB 150MCG .....	82
SYNTHROID TAB 175MCG .....	82
SYNTHROID TAB 200MCG .....	82
SYNTHROID TAB 25MCG .....	82
SYNTHROID TAB 300MCG .....	82
SYNTHROID TAB 50MCG .....	82
SYNTHROID TAB 75MCG .....	82
SYNTHROID TAB 88MCG .....	82
<b>T</b>	
TABLOID TAB 40MG .....	19
TABRECTA TAB 150MG .....	26
TABRECTA TAB 200MG .....	26
<i>tacrolimus cap 0.5 mg</i> .....	94
<i>tacrolimus cap 1 mg</i> .....	94
<i>tacrolimus cap 5 mg</i> .....	94
<i>tacrolimus oint 0.03%</i> .....	109
<i>tacrolimus oint 0.1%</i> .....	109
TAFINLAR CAP 50MG .....	26
TAFINLAR CAP 75MG .....	26
TAGRISSO TAB 40MG .....	26
TAGRISSO TAB 80MG .....	26
TALTZ INJ 80MG/ML .....	92
TALZENNA CAP 0.25MG.....	26
TALZENNA CAP 1MG .....	26
<i>tamoxifen citrate tab 10 mg (base equivalent)</i> .....	19
<i>tamoxifen citrate tab 20 mg (base equivalent)</i> .....	19
tamsulosin hcl cap 0.4 mg .....	87
TARGETIN GEL 1% .....	109
<i>tarina fe tab 1/20 eq</i> .....	75
TASIGNA CAP 150MG.....	26
TASIGNA CAP 200MG.....	26
TASIGNA CAP 50MG .....	26
<i>tazarotene cream 0.1%</i> .....	107
<i>tazicef inj 1gm</i> .....	14
<i>tazicef inj 2gm</i> .....	14
<i>tazicef inj 6gm</i> .....	14
TAZORAC CRE 0.05% .....	107
<i>tazzia xt cap 120mg/24</i> .....	38
<i>tazzia xt cap 180mg/24</i> .....	38
<i>tazzia xt cap 240mg/24</i> .....	38
<i>tazzia xt cap 300mg er</i> .....	38
<i>tazzia xt cap 360mg/24</i> .....	38
TAZVERIK TAB 200MG .....	26
TDVAX INJ 2-2 LF.....	95
TECENTRIQ INJ 1200/20 .....	26
TECENTRIQ INJ 840/14 .....	26
TEFLARO INJ 400MG .....	14
TEFLARO INJ 600MG .....	14
<i>telmisartan tab 20 mg</i> .....	32
<i>telmisartan tab 40 mg</i> .....	32
<i>telmisartan tab 80 mg</i> .....	32
<i>telmisartan-amlodipine tab 40-10 mg</i> .....	31
<i>telmisartan-amlodipine tab 40-5 mg</i> .....	31
<i>telmisartan-amlodipine tab 80-10 mg</i> .....	31
<i>telmisartan-amlodipine tab 80-5 mg</i> .....	31

<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> .....	31
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	31
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> .....	31
<i>temazepam cap 15 mg</i> .....	63
<i>temazepam cap 30 mg</i> .....	63
<i>temazepam cap 7.5 mg</i> .....	63
<i>TEMIXYS TAB 300-300</i> .....	11
<i>TENIVAC INJ 5-2LF</i> .....	95
<i>tenofovir disoproxil fumarate tab 300 mg</i> .....	10
<i>TEPMETKO TAB 225MG</i> .....	26
<i>terazosin hcl cap 1 mg (base equivalent)</i> .....	29
<i>terazosin hcl cap 10 mg (base equivalent)</i> .....	30
<i>terazosin hcl cap 2 mg (base equivalent)</i> .....	29
<i>terazosin hcl cap 5 mg (base equivalent)</i> .....	29
<i>terbinafine hcl tab 250 mg</i> .....	8
<i>terbutaline sulfate tab 2.5 mg</i> .....	102
<i>terbutaline sulfate tab 5 mg</i> .....	102
<i>terconazole vaginal cream 0.4%</i> .....	88
<i>terconazole vaginal cream 0.8%</i> .....	88
<i>terconazole vaginal suppos 80 mg</i> ...	88
<i>testosterone cypionate im inj in oil 100 mg/ml</i> .....	68
<i>testosterone cypionate im inj in oil 200 mg/ml</i> .....	68
<i>testosterone enanthate im inj in oil 200 mg/ml</i> .....	68
<i>testosterone td gel 12.5 mg/act (1%)</i> .....	68
<i>testosterone td gel 25 mg/2.5gm (1%)</i> .....	68
<i>testosterone td gel 50 mg/5gm (1%)</i> 68	
<i>tetrabenazine tab 12.5 mg</i> .....	66
<i>tetrabenazine tab 25 mg</i> .....	66
<i>tetracycline hcl cap 250 mg</i> .....	17
<i>tetracycline hcl cap 500 mg</i> .....	17
<i>THALOMID CAP 100MG</i> .....	20
<i>THALOMID CAP 150MG</i> .....	20
<i>THALOMID CAP 200MG</i> .....	20
<i>THALOMID CAP 50MG</i> .....	20
<i>THEO-24 CAP 100MG CR</i> .....	104
<i>THEO-24 CAP 200MG CR</i> .....	104
<i>THEO-24 CAP 300MG CR</i> .....	104
<i>THEO-24 CAP 400MG ER</i> .....	104
<i>theophylline soln 80 mg/15ml</i> .....	104
<i>theophylline tab er 12hr 300 mg</i> ....	104
<i>theophylline tab er 12hr 450 mg</i> ....	104
<i>theophylline tab er 24hr 400 mg</i> ....	104
<i>theophylline tab er 24hr 600 mg</i> ....	104
<i>thioridazine hcl tab 10 mg</i> .....	60
<i>thioridazine hcl tab 100 mg</i> .....	60
<i>thioridazine hcl tab 25 mg</i> .....	60
<i>thioridazine hcl tab 50 mg</i> .....	60
<i>thiothixene cap 1 mg</i> .....	60
<i>thiothixene cap 10 mg</i> .....	60
<i>thiothixene cap 2 mg</i> .....	60
<i>thiothixene cap 5 mg</i> .....	60
<i>tiadylt cap 120mg/24</i> .....	38
<i>tiadylt cap 180mg/24</i> .....	38
<i>tiadylt cap 240mg/24</i> .....	39
<i>tiadylt cap 300mg/24</i> .....	39
<i>tiadylt cap 360mg/24</i> .....	39
<i>tiadylt cap 420mg/24</i> .....	39
<i>tiagabine hcl tab 12 mg</i> .....	48
<i>tiagabine hcl tab 16 mg</i> .....	48
<i>tiagabine hcl tab 2 mg</i> .....	48
<i>tiagabine hcl tab 4 mg</i> .....	48
<i>TIBSOVO TAB 250MG</i> .....	26
<i>tigecycline for iv soln 50 mg</i> .....	17
<i>TIGECYCLINE INJ 50MG</i> .....	17
<i>tilia fe tab</i> .....	75
<i>timolol maleate ophth gel forming soln 0.25%</i> .....	100
<i>timolol maleate ophth gel forming soln 0.5%</i> .....	100
<i>timolol maleate ophth soln 0.25%</i> ..	100
<i>timolol maleate ophth soln 0.5%....</i>	100
<i>timolol maleate ophth soln 0.5% (once-daily)</i> .....	100
<i>timolol maleate tab 10 mg</i> .....	36
<i>timolol maleate tab 20 mg</i> .....	36
<i>timolol maleate tab 5 mg</i> .....	36
<i>TIVICAY PD TAB 5MG</i> .....	10
<i>TIVICAY TAB 10MG</i> .....	10
<i>TIVICAY TAB 25MG</i> .....	10
<i>TIVICAY TAB 50MG</i> .....	10
<i>tizanidine hcl tab 2 mg (base equivalent)</i> .....	66

<i>tizanidine hcl tab 4 mg (base equivalent)</i> .....	66
TOBRADEX OIN 0.3-0.1% .....	98
TOBRADEX ST SUS 0.3-0.05.....	98
<i>tobramycin nebu soln 300 mg/5ml</i> .....	7
<i>tobramycin ophth soln 0.3%</i> .....	99
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i> .....	7
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i> .....	7
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i> .....	7
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i> .....	7
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	98
<i>tolterodine tartrate cap er 24hr 2 mg</i> .....	88
<i>tolterodine tartrate cap er 24hr 4 mg</i> .....	88
<i>tolterodine tartrate tab 1 mg</i> .....	88
<i>tolterodine tartrate tab 2 mg</i> .....	88
<i>topiramate sprinkle cap 15 mg</i> .....	48
<i>topiramate sprinkle cap 25 mg</i> .....	48
<i>topiramate tab 100 mg</i> .....	48
<i>topiramate tab 200 mg</i> .....	48
<i>topiramate tab 25 mg</i> .....	48
<i>topiramate tab 50 mg</i> .....	48
<i>toposar inj 100/5ml</i> .....	21
<i>toposar inj 1gm/50ml</i> .....	21
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	19
<i>torsemide tab 10 mg</i> .....	40
<i>torsemide tab 100 mg</i> .....	40
<i>torsemide tab 20 mg</i> .....	40
<i>torsemide tab 5 mg.</i> .....	40
TOVIAZ TAB 4MG.....	88
TOVIAZ TAB 8MG.....	88
TPN ELECTROL INJ.....	97
TRADJENTA TAB 5MG .....	70
<i>tramadol hcl tab 50 mg</i> .....	5
<i>tramadol-acetaminophen tab 37.5-325 mg</i> .....	5
<i>trandolapril tab 1 mg</i> .....	29
<i>trandolapril tab 2 mg</i> .....	29
<i>trandolapril tab 4 mg</i> .....	29
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> .....	90
<i>tranexamic acid tab 650 mg</i> .....	90
<i>tranylcypromine sulfate tab 10 mg</i> ...	53
<i>TRAVASOL INJ 10%</i> .....	98
TRAZIMERA INJ 150MG .....	26
TRAZIMERA INJ 420MG .....	26
<i>trazodone hcl tab 100 mg</i> .....	53
<i>trazodone hcl tab 150 mg</i> .....	53
<i>trazodone hcl tab 50 mg</i> .....	53
TRECATOR TAB 250MG .....	11
TRELEGY AER ELLIPTA .....	101
TRELSTAR MIX INJ 11.25MG .....	19
TRELSTAR MIX INJ 3.75MG .....	19
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i> .....	43
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i> .....	43
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i> .....	43
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i> .....	43
TRESIBA FLEX INJ 100UNIT .....	71
TRESIBA FLEX INJ 200UNIT .....	71
TRESIBA INJ 100UNIT.....	71
<i>tretinoin cap 10 mg</i> .....	20
<i>tretinoin cream 0.025%</i> .....	106
<i>tretinoin cream 0.05%</i> .....	106
<i>tretinoin cream 0.1%</i> .....	106
<i>tretinoin gel 0.01%</i> .....	106
<i>tretinoin gel 0.025%</i> .....	106
TREXALL TAB 10MG .....	92
TREXALL TAB 15MG .....	92
TREXALL TAB 5MG.....	92
TREXALL TAB 7.5MG .....	92
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i> .....	108
<i>triamcinolone acetonide cream 0.025%</i> .....	108
<i>triamcinolone acetonide cream 0.1%</i> .....	108
<i>triamcinolone acetonide cream 0.5%</i> .....	108
<i>triamcinolone acetonide dental paste 0.1%</i> .....	110
<i>triamcinolone acetonide lotion 0.025%</i> .....	108
<i>triamcinolone acetonide lotion 0.1%</i> .....	108
<i>triamcinolone acetonide oint 0.025%</i> .....	109
<i>triamcinolone acetonide oint 0.1%</i> .....	108

triamicinolone acetonide oint 0.5% .	109
triamterene & hydrochlorothiazide cap 37.5-25 mg.....	40
triamterene & hydrochlorothiazide tab 37.5-25 mg.....	40
triamterene & hydrochlorothiazide tab 75-50 mg .....	40
TRICARE TAB PRENATAL .....	97
triderm cre 0.5% .....	109
trientine hcl cap 250 mg .....	72
tri-estaryll tab.....	75
trifluoperazine hcl tab 1 mg (base equivalent) .....	60
trifluoperazine hcl tab 10 mg (base equivalent) .....	60
trifluoperazine hcl tab 2 mg (base equivalent) .....	60
trifluoperazine hcl tab 5 mg (base equivalent) .....	60
trifluridine ophth soln 1%.....	99
trihexyphenidyl hcl oral soln 0.4 mg/ml .....	56
trihexyphenidyl hcl tab 2 mg.....	56
trihexyphenidyl hcl tab 5 mg.....	56
TRIJARDY XR TAB .....	70
TRIKAFTA TAB.....	104
tri-legest tab fe .....	75
tri-linyah tab.....	75
tri-lo tab estaryll.....	75
tri-lo- tab marzia .....	75
tri-lo- tab sprintec.....	75
tri-lo-mili tab .....	75
trilyte sol.....	85
trimethoprim tab 100 mg .....	7
tri-mili tab .....	75
trimipramine maleate cap 100 mg ...	53
trimipramine maleate cap 25 mg ....	53
trimipramine maleate cap 50 mg ....	53
TRINTELLIX TAB 10MG .....	53
TRINTELLIX TAB 20MG .....	53
TRINTELLIX TAB 5MG .....	53
tri-nymyo tab.....	75
tri-previfem tab .....	75
tri-sprintec tab .....	76
TRIUMEQ TAB .....	11
trivora-28 tab .....	76
tri-vylibra tab.....	76
tri-vylibra tab lo .....	76

TROGARZO INJ 150MG/ML.....	10
TROPHAMINE INJ 10% .....	98
trospium chloride tab 20 mg .....	88
TRULANCE TAB 3MG .....	86
TRULICITY INJ 0.75/0.5 .....	70
TRULICITY INJ 1.5/0.5 .....	70
TRULICITY INJ 3/0.5.....	70
TRULICITY INJ 4.5/0.5 .....	70
TRUMENBA INJ .....	95
TRUXIMA INJ 100/10ML .....	26
TRUXIMA INJ 500/50ML .....	26
TUKYSA TAB 150MG .....	26
TUKYSA TAB 50MG .....	26
tulana tab 0.35mg.....	76
TURALIO CAP 200MG .....	26
TWINRIX INJ .....	95
TYBOST TAB 150MG .....	10
TYMLOS INJ .....	72
TYPHIM VI INJ .....	95
<b>U</b>	
UBRELVY TAB 100MG.....	64
UBRELVY TAB 50MG .....	64
UKONIQ TAB 200MG .....	26
unithroid tab 100mcg.....	82
unithroid tab 112mcg.....	83
unithroid tab 125mcg.....	83
unithroid tab 137mcg.....	83
unithroid tab 150mcg.....	83
unithroid tab 175mcg.....	83
unithroid tab 200mcg.....	83
unithroid tab 25mcg .....	82
unithroid tab 300mcg.....	83
unithroid tab 50mcg .....	82
unithroid tab 75mcg .....	82
unithroid tab 88mcg .....	82
ursodiol cap 300 mg .....	86
ursodiol tab 250 mg .....	86
ursodiol tab 500 mg .....	86
<b>V</b>	
valacyclovir hcl tab 1 gm .....	12
valacyclovir hcl tab 500 mg.....	12
VALCHLOR GEL 0.016% .....	110
valganciclovir hcl for soln 50 mg/ml (base equiv) .....	12
valganciclovir hcl tab 450 mg (base equivalent).....	12
valproate sodium inj 100 mg/ml .....	48

<i>valproate sodium oral soln 250 mg/5ml</i>	72
(base equiv).....	48
<i>valproic acid cap 250 mg</i> .....	48
<i>valsartan tab 160 mg</i> .....	32
<i>valsartan tab 320 mg</i> .....	32
<i>valsartan tab 40 mg</i> .....	32
<i>valsartan tab 80 mg</i> .....	32
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> .....	31
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> .....	31
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> .....	31
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .....	31
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	31
<i>VALTOCO LIQ 15MG</i> .....	49
<i>VALTOCO LIQ 20MG</i> .....	49
<i>VALTOCO SPR 10MG</i> .....	49
<i>VALTOCO SPR 5MG</i> .....	49
<i>vancomycin hcl cap 125 mg (base equivalent)</i> .....	7
<i>vancomycin hcl cap 250 mg (base equivalent)</i> .....	7
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i> .....	7
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i> .....	7
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i> .....	7
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i> .....	7
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i> .....	7
<i>VANCOMYCIN INJ 1 GM</i> .....	7
<i>VANCOMYCIN INJ 500MG</i> .....	7
<i>VANCOMYCIN INJ 750MG</i> .....	7
<i>vandazole gel 0.75%</i> .....	88
<i>VAQTA INJ 25/0.5ML</i> .....	95
<i>VAQTA INJ 50UNT/ML</i> .....	95
<i>VARIVAX INJ</i> .....	95
<i>VASCEPA CAP 0.5GM</i> .....	35
<i>VASCEPA CAP 1GM</i> .....	35
<i>VELCADE INJ 3.5MG</i> .....	26
<i>velivet pak</i> .....	76
<i>VELTASSA POW 16.8GM</i> .....	72
<i>VELTASSA POW 25.2GM</i> .....	72
<i>VELTASSA POW 8.4GM</i> .....	72
<i>VEMLIDY TAB 25MG</i> .....	12
<i>VENCLEXTA TAB 100MG</i> .....	26
<i>VENCLEXTA TAB 10MG</i> .....	26
<i>VENCLEXTA TAB 50MG</i> .....	26
<i>VENCLEXTA TAB START PK</i> .....	26
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> .....	53
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> .....	53
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> .....	53
<i>venlafaxine hcl tab 100 mg (base equivalent)</i> .....	53
<i>venlafaxine hcl tab 25 mg (base equivalent)</i> .....	53
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> .....	53
<i>venlafaxine hcl tab 50 mg (base equivalent)</i> .....	53
<i>venlafaxine hcl tab 75 mg (base equivalent)</i> .....	53
<i>VENTAVIS SOL 10MCG/ML</i> .....	43
<i>VENTAVIS SOL 20MCG/ML</i> .....	43
<i>VENTOLIN HFA AER</i> .....	102, 103
<i>verapamil hcl cap er 24hr 100 mg</i> ....	39
<i>verapamil hcl cap er 24hr 120 mg</i> ....	39
<i>verapamil hcl cap er 24hr 180 mg</i> ....	39
<i>verapamil hcl cap er 24hr 200 mg</i> ....	39
<i>verapamil hcl cap er 24hr 240 mg</i> ....	39
<i>verapamil hcl cap er 24hr 300 mg</i> ....	39
<i>verapamil hcl cap er 24hr 360 mg</i> ....	39
<i>verapamil hcl iv soln 2.5 mg/ml</i> .....	39
<i>verapamil hcl tab 120 mg</i> .....	39
<i>verapamil hcl tab 40 mg</i> .....	39
<i>verapamil hcl tab 80 mg</i> .....	39
<i>verapamil hcl tab er 120 mg</i> .....	39
<i>verapamil hcl tab er 180 mg</i> .....	39
<i>verapamil hcl tab er 240 mg</i> .....	39
<i>VERSACLOZ SUS 50MG/ML</i> .....	60
<i>VERZENIO TAB 100MG</i> .....	26
<i>VERZENIO TAB 150MG</i> .....	26
<i>VERZENIO TAB 200MG</i> .....	26
<i>VERZENIO TAB 50MG</i> .....	26
<i>V-GO 20 KIT</i> .....	71
<i>V-GO 30 KIT</i> .....	71
<i>V-GO 40 KIT</i> .....	71
<i>VICTOZA INJ 18MG/3ML</i> .....	70

<i>vienna tab 0.1-20</i>	76
<i>vigabatrin powd pack 500 mg</i>	49
<i>vigabatrin tab 500 mg</i>	49
<i>vigadronе pow 500mg</i>	49
VIIBRYD KIT STARTER	53
VIIBRYD TAB 10MG	53
VIIBRYD TAB 20MG	53
VIIBRYD TAB 40MG	54
VIMPAT INJ 200MG/20	49
VIMPAT SOL 10MG/ML	49
VIMPAT TAB 100MG	49
VIMPAT TAB 150MG	49
VIMPAT TAB 200MG	49
VIMPAT TAB 50MG	49
<i>vincristine sulfate iv soln 1 mg/ml</i>	21
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	21
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	21
viorele tab	76
VIRACEPT TAB 250MG	10
VIRACEPT TAB 625MG	10
VIREAD POW 40MG/GM	10
VIREAD TAB 150MG	10
VIREAD TAB 200MG	10
VIREAD TAB 250MG	10
VITRAKVI CAP 100MG	26
VITRAKVI CAP 25MG	26
VITRAKVI SOL 20MG/ML	26
VIVITROL INJ 380MG	67
VIZIMPRO TAB 15MG	27
VIZIMPRO TAB 30MG	27
VIZIMPRO TAB 45MG	27
<i>voriconazole for inj 200 mg</i>	8
<i>voriconazole for susp 40 mg/ml</i>	8
<i>voriconazole tab 200 mg</i>	8
<i>voriconazole tab 50 mg</i>	8
VOSEVI TAB	12
VOTRIENT TAB 200MG	27
VRAYLAR CAP 1.5-3MG	60
VRAYLAR CAP 1.5MG	60
VRAYLAR CAP 3MG	60
VRAYLAR CAP 4.5MG	61
VRAYLAR CAP 6MG	61
<i>vyfemla tab 0.4-35</i>	76
<i>vylibra tab 0.25-35</i>	76
VYVANSE CAP 10MG	62
VYVANSE CAP 20MG	62
VYVANSE CAP 30MG	62
VYVANSE CAP 40MG	63
VYVANSE CAP 50MG	63
VYVANSE CAP 60MG	63
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VYVANSE CHW 10MG	63
VYVANSE CHW 20MG	63
VYVANSE CHW 30MG	63
VYVANSE CHW 40MG	63
VYVANSE CHW 50MG	63
VYVANSE CHW 60MG	63
VYZULTA SOL 0.024%	100
<b>W</b>	
<i>warfarin sodium tab 1 mg</i>	89
<i>warfarin sodium tab 10 mg</i>	89
<i>warfarin sodium tab 2 mg</i>	89
<i>warfarin sodium tab 2.5 mg</i>	89
<i>warfarin sodium tab 3 mg</i>	89
<i>warfarin sodium tab 4 mg</i>	89
<i>warfarin sodium tab 5 mg</i>	89
<i>warfarin sodium tab 6 mg</i>	89
<i>warfarin sodium tab 7.5 mg</i>	89
<i>water for irrigation, sterile irrigation soln</i>	110
<i>wera tab 0.5/35</i>	76
<b>X</b>	
XALKORI CAP 200MG	27
XALKORI CAP 250MG	27
XARELTO STAR TAB 15/20MG	89
XARELTO TAB 10MG	89
XARELTO TAB 15MG	89
XARELTO TAB 2.5MG	89
XARELTO TAB 20MG	89
XATMEP SOL 2.5MG/ML	92
XCOPRI PAK 12.5-25	49
XCOPRI PAK 150-200	49
XCOPRI PAK 50-100MG	49
XCOPRI TAB 100MG	49
XCOPRI TAB 150MG	49
XCOPRI TAB 200MG	49
XCOPRI TAB 50-200MG	49
XCOPRI TAB 50MG	49
XELJANZ SOL 1MG/ML	92
XELJANZ TAB 10MG	92
XELJANZ TAB 5MG	92
XELJANZ XR TAB 11MG	92
XELJANZ XR TAB 22MG	92
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XIGDUO XR TAB 10-1000.....	70
XIGDUO XR TAB 10-500MG .....	70
XIGDUO XR TAB 2.5-1000.....	70
XIGDUO XR TAB 5-1000MG .....	70
XIGDUO XR TAB 5-500MG .....	70
XiIDRA DRO 5% .....	100
XOLAIR INJ 150MG/ML .....	104
XOLAIR INJ 75/0.5.....	104
XOLAIR SOL 150MG .....	104
XOSPATA TAB 40MG.....	27
XPOVIO PAK 100MG .....	27
XPOVIO PAK 40MG.....	27
XPOVIO PAK 60MG.....	27
XPOVIO PAK 80MG.....	27
XTANDI CAP 40MG.....	19
XTANDI TAB 40MG.....	19
XTANDI TAB 80MG.....	19
xulane dis 150-35.....	76
XULTOPHY INJ 100/3.6 .....	71
XYREM SOL 500MG/ML .....	67
<b>Y</b>	
YF-VAX INJ.....	95
yuvafem tab 10mcg .....	77
<b>Z</b>	
zafemy dis 150/35 .....	76
zafirlukast tab 10 mg .....	103
zafirlukast tab 20 mg .....	103
zarah tab 3-0.03mg .....	76
ZARXIO INJ 300/0.5.....	90
ZARXIO INJ 480/0.8.....	90
ZEJULA CAP 100MG.....	27
ZELBORA TAB 240MG .....	27
ZEMAIRA INJ 1000MG .....	104
zenatane cap 10mg.....	106
zenatane cap 20mg.....	106
zenatane cap 30mg.....	106
zenatane cap 40mg.....	106
ZENPEP CAP 10000UNT .....	86
ZENPEP CAP 15000UNT .....	86
ZENPEP CAP 20000UNT .....	86
ZENPEP CAP 25000 .....	86
ZENPEP CAP 3000UNIT .....	86
ZENPEP CAP 40000 .....	86
ZENPEP CAP 5000UNIT .....	86
ZERVIATE DRO 0.24% .....	100
zidovudine cap 100 mg .....	10
zidovudine syrup 10 mg/ml .....	10
zidovudine tab 300 mg.....	10
ziprasidone hcl cap 20 mg .....	61
ziprasidone hcl cap 40 mg .....	61
ziprasidone hcl cap 60 mg .....	61
ziprasidone hcl cap 80 mg .....	61
ziprasidone mesylate for inj 20 mg (base equivalent) .....	61
ZIRABEV INJ 100/4ML.....	27
ZIRABEV INJ 400/16ML .....	27
ZIRGAN GEL 0.15% .....	99
zoledronic acid inj conc for iv infusion 4 mg/5ml .....	72
zoledronic acid iv soln 4 mg/100ml...72	72
zoledronic acid iv soln 5 mg/100ml...72	72
ZOLINZA CAP 100MG.....	27
zolmitriptan orally disintegrating tab 2.5 mg .....	65
zolmitriptan orally disintegrating tab 5 mg .....	65
zolmitriptan tab 2.5 mg .....	65
zolmitriptan tab 5 mg .....	65
zolpidem tartrate tab 10 mg.....	64
zolpidem tartrate tab 5 mg .....	63
zonisamide cap 100 mg.....	49
zonisamide cap 25 mg .....	49
zonisamide cap 50 mg .....	49
ZORTRESS TAB 1MG.....	94
ZOSTAVAX INJ.....	95
zovia 1/35e tab.....	76
zumandimine tab 3-0.03mg .....	76
ZYCLARA PUMP CRE 2.5% .....	110
ZYDELIG TAB 100MG .....	27
ZYDELIG TAB 150MG .....	27
ZYKADIA TAB 150MG .....	27
ZYLET SUS 0.5-0.3% .....	98
ZYPITAMAG TAB 2MG.....	34
ZYPITAMAG TAB 4MG.....	34
ZYPREXA RELP INJ 210MG .....	61
ZYPREXA RELP INJ 300MG .....	61
ZYPREXA RELP INJ 405MG .....	61
ZYTIGA TAB 500MG .....	19

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## NONDISCRIMINATION AND LANGUAGE ACCESSIBILITY NOTICE

### **Nondiscrimination Notice:**

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

VIVA HEALTH:

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

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

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

Address: 417 20<sup>th</sup> 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 20<sup>th</sup> Street North, Suite 1100  
Birmingham, AL, 35203  
Phone: 1-800-633-1542 (TTY: 711)  
Fax: 205-449-7626  
Email: VIVACivilRightsCoord@uabmc.edu

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

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



who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

**Procedure:**

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

than 30 days after its filing.

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

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

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

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



## Language Assistance Services:

### Spanish

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

### Traditional Chinese

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

### Korean

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

### Vietnamese

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

### Arabic

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

### German

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

### French

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

### Gujarati

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

### Tagalog

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

### 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

ໄປລາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການລ່ວງຫຼືອດັ່ງນັ້ນພາສາ, ໂດຍບໍ່ແຈ້ງຄ່າ, ດະນຸມີຝ່າມໃຫ້ທ່ານ. ໃທດ 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 konuşuyor iseniz, dil yardımî 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 06/01/2021.  
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](http://www.VivaHealth.com/Medicare)



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Birmingham, Alabama 35203

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