



2022

FORMULARY

LIST OF COVERED DRUGS



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

This formulary was updated on 12/01/2022. For more recent information or other questions, please contact VIVA MEDICARE Member Service at 1-800-633-1542 (TTY users should call 711), Monday – Friday, 8 a.m. – 8 p.m. (October 1 – March 31: 7 days a week, 8 a.m. – 8 p.m.), or visit www.VivaHealth.com/Medicare.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means VIVA MEDICARE. When it refers to “plan” or “our plan,” it means VIVA MEDICARE *Premier* or VIVA MEDICARE *Preferred*.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2022. 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, 2023, and from time to time during the year.

What is the VIVA MEDICARE Formulary?

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

Can the Formulary (drug list) change?

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

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

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

authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2022. To get updated information about the drugs covered by VIVA MEDICARE, please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 141. 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 we will cover. For example, VIVA MEDICARE provides 30 tablets per prescription for MITIGARE. 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 online 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, unless the drug is 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, tier, or utilization restriction exception. **When you request a formulary, tier, 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 are 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 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. Before your temporary 31-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 31-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 141.

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

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

“PA” means the drug requires Prior Authorization.

“QL” means there is a quantity limit on the drug.

“NM” means the drug is not available at mail order.

“ST” means the drug requires step therapy.

“LA” means the drug has limited access and can only be dispensed by designated pharmacies.

“B/D” means a determination must be made as to whether the drug is covered under the Medicare Part B benefit or Medicare Part D benefit.

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

VIVA MEDICARE *Premier* – Page VI

VIVA MEDICARE *Preferred* – Page VII

2022 Copayments (the amount you pay) for Prescription Drugs

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

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

VIVA MEDICARE Premier Drug Benefits Summary

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

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

	30-Day Retail Supply		90-Day Retail Supply		90-Day Mail Order Supply	
	Preferred 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)	\$8	\$8	\$24	\$24	\$16	\$24
Tier 3 (Preferred Brands)	\$47	\$47	\$141	\$141	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$100	\$300	\$300	\$200	\$300
Tier 5 (Specialty Drugs)	33%	33%	Not Available	Not Available	Not Available	Not Available

III. Coverage Gap: The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$4,430.

	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%		25%		25%	
Tier 5 (Specialty Drugs)	25%		Not Available		Not Available	

IV. Catastrophic Coverage: The amounts you pay after your total yearly out-of-pocket drug costs reach \$7,050.

	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 \$3.95 or 5%	Greater of \$3.95 or 5%	Greater of \$3.95 or 5%
Tiers 3 & 4 (Preferred Brands and Non-Preferred Drugs)	Greater of \$3.95 for generics (including brand drugs treated as generics) and \$9.85 for all other drugs, or 5%	Greater of \$3.95 for generics (including brand drugs treated as generics) and \$9.85 for all other drugs, or 5%	Greater of \$3.95 for generics (including brand drugs treated as generics) and \$9.85 for all other drugs, or 5%
Tier 5 (Specialty Drugs)	Greater of \$3.95 for generics (including brand drugs treated as generics) and \$9.85 for all other drugs, or 5%	Not Available	Not Available



2022 Copayments (the amount you pay) for Prescription Drugs

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

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

VIVA MEDICARE Preferred Drug Benefits Summary

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

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

	30-Day Retail Supply		90-Day Retail Supply		90-Day Mail Order Supply	
	Preferred 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)	\$8	\$8	\$24	\$24	\$16	\$24
Tier 3 (Preferred Brands)	\$47	\$47	\$141	\$141	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$100	\$300	\$300	\$200	\$300
Tier 5 (Specialty Drugs)	33%	33%	Not Available	Not Available	Not Available	Not Available

III. Coverage Gap: The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$4,430.

	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%		25%		25%	
Tier 5 (Specialty Drugs)	25%		Not Available		Not Available	

IV. Catastrophic Coverage: The amounts you pay after your total yearly out-of-pocket drug costs reach \$7,050.

	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 \$3.95 or 5%	Greater of \$3.95 or 5%	Greater of \$3.95 or 5%
Tiers 3 & 4 (Preferred Brands and Non-Preferred Drugs)	Greater of \$3.95 for generics (including brand drugs treated as generics) and \$9.85 for all other drugs, or 5%	Greater of \$3.95 for generics (including brand drugs treated as generics) and \$9.85 for all other drugs, or 5%	Greater of \$3.95 for generics (including brand drugs treated as generics) and \$9.85 for all other drugs, or 5%
Tier 5 (Specialty Drugs)	Greater of \$3.95 for generics (including brand drugs treated as generics) and \$9.85 for all other drugs, or 5%	Not Available	Not Available

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat tab 40 mg</i>	2	PA
<i>febuxostat tab 80 mg</i>	2	PA
GLOPERBA SOL 0.6/5ML	4	QL (300 mL / 30 days)
MITIGARE CAP 0.6MG	3	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	2	
NSAIDS		
<i>celecoxib cap 50 mg</i>	2	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	2	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	2	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	2	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>diflunisal tab 500 mg</i>	2	
<i>ec-naproxen</i>	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i>	2	QL (90 tabs / 30 days)
<i>etodolac cap 200 mg</i>	2	
<i>etodolac cap 300 mg</i>	2	
<i>etodolac tab 400 mg</i>	2	
<i>etodolac tab 500 mg</i>	2	
<i>etodolac tab er 24hr 400 mg</i>	2	
<i>etodolac tab er 24hr 500 mg</i>	2	
<i>etodolac tab er 24hr 600 mg</i>	2	
<i>flurbiprofen tab 100 mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	2	
<i>naproxen sodium tab 550 mg</i>	2	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	2	QL (120 tabs / 30 days)
<i>naproxen tab ec 500 mg</i>	2	QL (90 tabs / 30 days)
<i>oxaprozin tab 600 mg</i>	2	
<i>piroxicam cap 10 mg</i>	2	
<i>piroxicam cap 20 mg</i>	2	
<i>sulindac tab 150 mg</i>	2	
<i>sulindac tab 200 mg</i>	2	

OPIOID ANALGESICS, LONG-ACTING

BELBUCA MIS 75MCG	4	QL (60 buccal films / 30 days), PA
BELBUCA MIS 150MCG	4	QL (60 buccal films / 30 days), PA
BELBUCA MIS 300MCG	4	QL (60 buccal films / 30 days), PA
BELBUCA MIS 450MCG	4	QL (60 buccal films / 30 days), PA
BELBUCA MIS 600MCG	4	QL (60 buccal films / 30 days), PA
BELBUCA MIS 750MCG	5	QL (60 buccal films / 30 days), PA
BELBUCA MIS 900MCG	5	QL (60 buccal films / 30 days), PA
<i>buprenorphine td patch weekly 5 mcg/hr</i>	2	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	2	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	2	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	2	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	2	QL (4 patches / 28 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	QL (10 patches / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	2	QL (60 caps / 30 days), PA
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	2	QL (60 caps / 30 days), PA
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	2	QL (60 caps / 30 days), PA
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	2	QL (60 caps / 30 days), PA
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	2	QL (60 caps / 30 days), PA
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	2	QL (60 caps / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	2	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	2	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	2	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	2	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	3	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	3	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	3	QL (30 tabs / 30 days), PA
<i>hydromorphone hcl tab er 24hr 8 mg</i>	2	QL (30 tabs / 30 days), PA
<i>hydromorphone hcl tab er 24hr 12 mg</i>	2	QL (30 tabs / 30 days), PA
<i>hydromorphone hcl tab er 24hr 16 mg</i>	2	QL (30 tabs / 30 days), PA
<i>hydromorphone hcl tab er 24hr 32 mg</i>	2	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 20 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<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
NUCYNTA ER TAB 50MG	4	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 100MG	5	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 150MG	5	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 200MG	5	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 250MG	5	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 10MG ER	4	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG ER	4	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	4	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	4	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	5	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	5	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	5	QL (60 tabs / 30 days), PA
<i>tramadol hcl tab er 24hr 100 mg</i>	2	QL (30 tabs / 30 days), PA
<i>tramadol hcl tab er 24hr 200 mg</i>	2	QL (30 tabs / 30 days), PA
<i>tramadol hcl tab er 24hr 300 mg</i>	2	QL (30 tabs / 30 days), PA
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	2	QL (30 tabs / 30 days), PA
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	2	QL (30 tabs / 30 days), PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	2	QL (30 tabs / 30 days), PA
XTAMPZA ER CAP 9MG	4	QL (60 caps / 30 days), PA
XTAMPZA ER CAP 13.5MG	4	QL (60 caps / 30 days), PA
XTAMPZA ER CAP 18MG	4	QL (60 caps / 30 days), PA
XTAMPZA ER CAP 27MG	4	QL (60 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 36MG	5	QL (240 caps / 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>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	2	QL (300 caps / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	4	
<i>butorphanol tartrate inj 2 mg/ml</i>	4	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2	QL (10 mL / 30 days)
CODEINE SULF TAB 15MG	4	QL (180 tabs / 30 days)
CODEINE SULF TAB 60MG	4	QL (180 tabs / 30 days)
<i>codeine sulfate tab 30 mg</i>	2	QL (180 tabs / 30 days)
<i>endocet tab 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	2	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	5	QL (120 tabs / 30 days), PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	5	QL (120 tabs / 30 days), PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	5	QL (120 tabs / 30 days), PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	5	QL (120 tabs / 30 days), PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	5	QL (120 tabs / 30 days), PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	QL (150 tabs / 30 days)
HYDROMORPHON INJ 1MG/ML	4	B/D
HYDROMORPHON INJ 2MG/ML	4	B/D
HYDROMORPHON INJ 4MG/ML	4	B/D
<i>hydromorphone hcl inj 1 mg/ml</i>	4	B/D
<i>hydromorphone hcl inj 2 mg/ml</i>	4	B/D
<i>hydromorphone hcl inj 4 mg/ml</i>	4	B/D
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	QL (600 mL / 30 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	4	B/D
<i>hydromorphone hcl tab 2 mg</i>	2	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	2	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	2	QL (180 tabs / 30 days)
LAZANDA SPR 100MCG	5	QL (30 bottles / 30 days), PA
LAZANDA SPR 400MCG	5	QL (30 bottles / 30 days), PA
MORPHINE SUL INJ 2MG/ML	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
MORPHINE SUL INJ 5MG/ML	4	B/D
MORPHINE SUL INJ 8MG/ML	4	B/D
MORPHINE SUL INJ 10MG/ML	4	B/D
<i>morphine sulfate iv soln 1 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln 4 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln 8 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln 10 mg/ml</i>	4	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	2	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	2	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	2	QL (180 tabs / 30 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	4	
<i>nalbuphine hcl inj 20 mg/ml</i>	4	
NUCYNTA TAB 50MG	4	QL (180 tabs / 30 days)
NUCYNTA TAB 75MG	4	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TAB 100MG	5	QL (180 tabs / 30 days)
OXAYDO TAB 5MG	4	QL (180 tabs / 30 days)
OXAYDO TAB 7.5MG	5	QL (360 tabs / 30 days)
<i>oxycodone hcl cap 5 mg</i>	2	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	2	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)
<i>oxymorphone hcl tab 5 mg</i>	2	QL (180 tabs / 30 days)
<i>oxymorphone hcl tab 10 mg</i>	2	QL (180 tabs / 30 days)
SUBSYS SPR 100MCG	5	QL (120 sprays / 30 days), PA
SUBSYS SPR 200MCG	5	QL (120 sprays / 30 days), PA
SUBSYS SPR 400MCG	5	QL (120 sprays / 30 days), PA
SUBSYS SPR 600MCG	5	QL (120 sprays / 30 days), PA
SUBSYS SPR 800MCG	5	QL (120 sprays / 30 days), PA
SUBSYS SPR 1200MCG	5	QL (240 sprays / 30 days), PA
SUBSYS SPR 1600MCG	5	QL (240 sprays / 30 days), PA
<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)
<i>trezix</i>	2	QL (300 caps / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	2	

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

AEMCOLO TAB 194MG	4	QL (12 tabs / 30 days)
<i>albendazole tab 200 mg</i>	5	
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	2	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	2	
ARIKAYCE SUS	5	NM, LA, PA
<i>atovaquone susp 750 mg/5ml</i>	2	
<i>aztreonam for inj 1 gm</i>	2	
<i>aztreonam for inj 2 gm</i>	2	
CAYSTON INH 75MG	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	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	2	
DALVANCE SOL 500MG	5	
<i>dapsone tab 25 mg</i>	2	
<i>dapsone tab 100 mg</i>	2	
<i>daptomycin for iv soln 350 mg</i>	5	
<i>daptomycin for iv soln 500 mg</i>	5	
DAPTOMYCIN SOL 350MG	5	

Drug Name	Drug Tier	Requirements/Limits
EMVERM CHW 100MG	5	QL (12 tabs / year)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	
FIRVANQ SOL 25MG/ML	4	QL (1800 mL / 180 days)
FIRVANQ SOL 50MG/ML	4	QL (1800 mL / 180 days)
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate inj 10 mg/ml</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>ivermectin tab 3 mg</i>	2	PA
KIMYRSA INJ 1200MG	5	
<i>linezolid for susp 100 mg/5ml</i>	5	QL (1800 mL / 30 days)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	
<i>linezolid tab 600 mg</i>	2	QL (60 tabs / 30 days)
MEROP/NAACL INJ 1GM/50ML	4	
MEROP/NAACL INJ 500/50ML	4	
<i>meropenem iv for soln 1 gm</i>	2	
<i>meropenem iv for soln 500 mg</i>	2	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole 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 25 mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	3	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	3	
ORBACTIV SOL 400MG	5	
<i>paramomycin sulfate cap 250 mg</i>	2	
<i>pentamidine isethionate inh</i>	2	B/D
<i>pentamidine isethionate inj</i>	2	
<i>polymyxin b sulfate for inj 500000 unit</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>praziquantel tab 600 mg</i>	2	
RECARBRIO INJ 1.25GM	5	
SIVEXTRO INJ 200MG	5	
SIVEXTRO TAB 200MG	5	
SOLOSEC GRA 2GM	4	
<i>streptomycin sulfate for inj 1 gm</i>	2	
<i>sulfadiazine tab 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SYNERCID INJ 500MG	5	
<i>tinidazole tab 250 mg</i>	2	
<i>tinidazole tab 500 mg</i>	2	
TOBI PODHALR CAP 28MG	5	NM, LA, PA
<i>tobramycin nebu soln 300 mg/4ml</i>	5	NM, PA
<i>tobramycin nebu soln 300 mg/5ml</i>	5	NM, PA
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	2	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	2	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	2	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	2	
TRIMETHOPRIM TAB 100MG	1	
VABOMERE INJ 2GM(1-1)	5	
<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 1.5 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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>micafungin sodium for iv soln 50 mg</i>	5	
<i>micafungin sodium for iv soln 100 mg</i>	5	
NOXAFIL INJ 300/16.7	5	
NOXAFIL SUS 40MG/ML	5	QL (630 mL / 30 days), PA
<i>nystatin tab 500000 unit</i>	2	
<i>posaconazole tab delayed release 100 mg</i>	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl tab 250 mg</i>	1	QL (90 tabs / year)
TOLSURA CAP 65MG	5	PA
VIVJOA CAP 150MG	4	QL (18 caps / 84 days), PA
<i>voriconazole for inj 200 mg</i>	5	PA
<i>voriconazole for susp 40 mg/ml</i>	5	PA
<i>voriconazole tab 50 mg</i>	2	QL (480 tabs / 30 days), PA
<i>voriconazole tab 200 mg</i>	2	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl tab 250 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
PRIMAQUINE TAB 26.3MG	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
APTIVUS CAP 250MG	5	NM
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	NM
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	NM
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	NM
EDURANT TAB 25MG	5	NM
<i>efavirenz cap 50 mg</i>	2	NM
<i>efavirenz cap 200 mg</i>	2	NM
<i>efavirenz tab 600 mg</i>	2	NM
<i>emtricitabine caps 200 mg</i>	2	NM
EMTRIVA SOL 10MG/ML	4	NM
<i>etravirine tab 100 mg</i>	5	NM
<i>etravirine tab 200 mg</i>	5	NM

Drug Name	Drug Tier	Requirements/Limits
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	NM
FUZEON INJ 90MG	5	NM
INTELENCE TAB 25MG	4	NM
INVIRASE TAB 500MG	5	NM
ISENTRESS CHW 25MG	3	NM
ISENTRESS CHW 100MG	5	NM
ISENTRESS HD TAB 600MG	5	NM
ISENTRESS POW 100MG	3	NM
ISENTRESS TAB 400MG	5	NM
<i>lamivudine oral soln 10 mg/ml</i>	2	NM
<i>lamivudine tab 150 mg</i>	2	NM
<i>lamivudine tab 300 mg</i>	2	NM
LEXIVA SUS 50MG/ML	4	NM
<i>maraviroc tab 150 mg</i>	5	NM
<i>maraviroc tab 300 mg</i>	5	NM
<i>nevirapine susp 50 mg/5ml</i>	2	NM
<i>nevirapine tab 200 mg</i>	2	NM
<i>nevirapine tab er 24hr 100 mg</i>	2	NM
<i>nevirapine tab er 24hr 400 mg</i>	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
<i>ritonavir tab 100 mg</i>	2	NM
RUKOBIA TAB 600MG ER	5	NM
SELZENTRY SOL 20MG/ML	5	NM
SELZENTRY TAB 25MG	3	NM
SELZENTRY TAB 75MG	5	NM
SELZENTRY TAB 150MG	5	NM
SELZENTRY TAB 300MG	5	NM
<i>stavudine cap 15 mg</i>	2	NM
<i>stavudine cap 20 mg</i>	2	NM
<i>stavudine cap 30 mg</i>	2	NM
<i>stavudine cap 40 mg</i>	2	NM
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	NM

Drug Name	Drug Tier	Requirements/Limits
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	3	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 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	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
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TEMIXYS TAB 300-300	5	NM
TRIUMEQ PD TAB	5	NM
TRIUMEQ TAB	5	NM
TRIZIVIR TAB	5	NM

ANTITUBERCULAR AGENTS

<i>cycloserine cap 250 mg</i>	5	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	4	
PRETOMANID TAB 200MG	4	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
SIRTURO TAB 20MG	5	NM, LA, PA
SIRTURO TAB 100MG	5	NM, LA, PA
TRECTOR TAB 250MG	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
BARACLUDE SOL	5	NM
<i>cidofovir iv inj 75 mg/ml</i>	2	
<i>entecavir tab 0.5 mg</i>	2	NM
<i>entecavir tab 1 mg</i>	2	NM
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV SOL 5MG/ML	4	NM
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i>	5	B/D
GANCICLOVIR INJ 500MG	4	B/D
<i>ganciclovir sodium for inj 500 mg</i>	2	B/D
HARVONI PAK 33.75-150MG	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	2	NM
LIVTENCITY TAB 200MG	5	QL (112 tabs / 28 days), NM, LA, PA
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	QL (1080 mL / year)
PEGASYS INJ	5	NM, PA
PEGASYS INJ 180MCG/M	5	NM, PA
PREVYMIS INJ 240/12	5	
PREVYMIS INJ 480/24	5	
PREVYMIS TAB 240MG	5	QL (28 tabs / 28 days)
PREVYMIS TAB 480MG	5	QL (28 tabs / 28 days)
RELENZA MIS DISKHALE	3	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	2	NM
<i>ribavirin tab 200 mg</i>	2	NM
<i>rimantadine hydrochloride tab 100 mg</i>	2	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	2	
VEMLIDY TAB 25MG	5	NM, PA
VOSEVI TAB	5	NM, PA
XOFLUZA TAB 40MG	4	QL (2 tabs / 180 days)
XOFLUZA TAB 80MG	4	QL (1 tab / 180 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin tab er 24hr 500 mg</i>	2	
DIFICID SUS	5	
DIFICID TAB 200MG	5	
<i>e.e.s. 400 tab 400mg</i>	2	
<i>ery-tab</i>	2	
ERYTHROCIN INJ 500MG	5	
<i>erythrocin stearate</i>	2	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	5	
<i>erythromycin ethylsuccinate tab 400 mg</i>	2	
<i>erythromycin lactobionate for inj 500 mg</i>	5	
<i>erythromycin tab 250 mg</i>	2	
<i>erythromycin tab 500 mg</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 333 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	2	
FLUOROQUINOLONES		
BAXDELA INJ 300MG	5	
BAXDELA TAB 450MG	5	
CIPRO (10%) SUS 500MG/5	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<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	
MOXIFLOXACIN INJ 400/250	4	
PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium for iv soln 10 gm</i>	2	
BICILLIN C-R INJ 900/300	4	
BICILLIN C-R INJ 1200000	4	
BICILLIN L-A INJ 600000	4	
BICILLIN L-A INJ 1200000	4	
BICILLIN L-A INJ 2400000	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
NAFCILLIN INJ 1GM/50ML	5	
NAFCILLIN INJ 2GM/100	5	
<i>nafcillin sodium for inj 1 gm</i>	2	
<i>nafcillin sodium for inj 2 gm</i>	2	
<i>nafcillin sodium for iv soln 1 gm</i>	2	
<i>nafcillin sodium for iv soln 2 gm</i>	2	
<i>nafcillin sodium for iv soln 10 gm</i>	5	
OXACILLIN INJ 1GM	4	
OXACILLIN INJ 2GM	4	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	2	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	2	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	2	
PEN G PROC INJ 600000	4	
PEN GK/DEXTR INJ 20000/ML	4	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium for inj 5000000 unit</i>	2	
<i>penicillin g potassium for inj 20000000 unit</i>	2	
<i>penicillin g sodium for inj 5000000 unit</i>	2	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>pfizerpen</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
ZOSYN SOL 2-0.25GM	4	

Drug Name	Drug Tier	Requirements/Limits
ZOSYN SOL 3-0.375G	4	
ZOSYN SOL 4-0.50GM	4	
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	2	
<i>demeclocycline hcl tab 300 mg</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	2	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 100 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>minocycline hcl tab 50 mg</i>	2	
<i>minocycline hcl tab 75 mg</i>	2	
<i>minocycline hcl tab 100 mg</i>	2	
NUZYRA INJ 100MG	5	NM, LA
NUZYRA TAB 150MG	5	NM, LA
<i>tetracycline hcl cap 250 mg</i>	2	PA
<i>tetracycline hcl cap 500 mg</i>	2	PA
<i>tigecycline for iv soln 50 mg</i>	2	
TIGECYCLINE INJ 50MG	5	
VIBRAMYCIN SYP 50MG/5ML	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA INJ 100/4ML	5	B/D, NM
<i>carboplatin iv soln 50 mg/5ml</i>	2	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	2	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	2	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	2	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	B/D
CYCLOPHOSPH INJ 1GM	5	B/D
CYCLOPHOSPH TAB 25MG	4	B/D
CYCLOPHOSPH TAB 50MG	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHA INJ 2GM/10ML	5	B/D
CYCLOPHOSPHA INJ 500MG	5	B/D
<i>cyclophosphamide cap 25 mg</i>	2	B/D
<i>cyclophosphamide cap 50 mg</i>	2	B/D
<i>cyclophosphamide for inj 1 gm</i>	5	B/D
<i>cyclophosphamide for inj 2 gm</i>	5	B/D
<i>cyclophosphamide for inj 500 mg</i>	5	B/D
LEUKERAN TAB 2MG	4	
<i>oxaliplatin for iv inj 50 mg</i>	5	B/D
<i>oxaliplatin for iv inj 100 mg</i>	5	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	2	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	2	B/D
<i>oxaliplatin iv soln 200 mg/40ml</i>	2	B/D
<i>paraplatin</i>	2	B/D
TREANDA INJ 25MG	5	B/D, NM
TREANDA INJ 100MG	5	B/D, NM
ANTIBIOTICS		
<i>adriamycin</i>	2	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	2	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	2	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	2	B/D
ANTIMETABOLITES		
ALIMTA INJ 100MG	5	B/D
ALIMTA INJ 500MG	5	B/D
<i>azacitidine for inj 100 mg</i>	5	B/D, NM
<i>cytarabine inj 20 mg/ml</i>	2	B/D
<i>cytarabine inj pf 100 mg/ml</i>	2	B/D
<i>decitabine for inj 50 mg</i>	5	B/D, NM
<i>fludarabine phosphate for inj 50 mg</i>	2	B/D
<i>fludarabine phosphate inj 25 mg/ml</i>	2	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	2	B/D
<i>gemcitabine hcl for inj 1 gm</i>	2	B/D
<i>gemcitabine hcl for inj 2 gm</i>	2	B/D
<i>gemcitabine hcl for inj 200 mg</i>	2	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	2	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	2	B/D
GEMCITABINE INJ 1GM/10ML	2	B/D
GEMCITABINE INJ 2GM/20ML	2	B/D
GEMCITABINE INJ 200MG	2	B/D
INFUGEM SOL 1200MG	5	B/D
INFUGEM SOL 1300MG	5	B/D
INFUGEM SOL 1400MG	5	B/D
INFUGEM SOL 1500MG	5	B/D
INFUGEM SOL 1600MG	5	B/D
INFUGEM SOL 1700MG	5	B/D
INFUGEM SOL 1800MG	5	B/D
INFUGEM SOL 1900MG	5	B/D
INFUGEM SOL 2000MG	5	B/D
INFUGEM SOL 2200MG	5	B/D
INQOVI TAB 35-100MG	5	NM, LA, PA
LONSURF TAB 15-6.14	5	NM, PA
LONSURF TAB 20-8.19	5	NM, PA
<i>mercaptopurine tab 50 mg</i>	2	
<i>methotrexate sodium for inj 1 gm</i>	2	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	B/D
ONUREG TAB 200MG	5	NM, LA, PA
ONUREG TAB 300MG	5	NM, LA, PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	5	B/D
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	5	B/D
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	5	B/D
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	5	B/D
PEMETREXED INJ 100MG	5	B/D
PEMETREXED INJ 500MG	5	B/D
PEMETREXED SOL 1GM/40ML	5	B/D
PEMETREXED SOL 100/4ML	5	B/D
PEMETREXED SOL 500/20ML	5	B/D

Drug Name	Drug Tier	Requirements/Limits
PURIXAN SUS 20MG/ML	5	NM
TABLOID TAB 40MG	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	5	NM, PA
<i>abiraterone acetate tab 500 mg</i>	5	NM, PA
<i>anastrozole tab 1 mg</i>	1	
<i>bicalutamide tab 50 mg</i>	2	
ELIGARD INJ 7.5MG	4	B/D, NM
ELIGARD INJ 22.5MG	4	B/D, NM
ELIGARD INJ 30MG	4	B/D, NM
ELIGARD INJ 45MG	4	B/D, NM
EMCYT CAP 140MG	5	
ERLEADA TAB 60MG	5	NM, LA, PA
EULEXIN CAP 125MG	5	
<i>exemestane tab 25 mg</i>	2	
FIRMAGON INJ 80MG	4	B/D, NM
FIRMAGON INJ 120MG	5	B/D, NM
<i>flutamide cap 125 mg</i>	2	
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	5	B/D
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	5	B/D
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	2	NM, PA
LUPRON DEPOT INJ 3.75MG	5	NM, PA
LUPRON DEPOT INJ 7.5MG	5	NM, PA
LUPRON DEPOT INJ 11.25MG	5	NM, PA
LUPRON DEPOT INJ 22.5MG	5	NM, PA
LUPRON DEPOT INJ 30MG	5	NM, PA
LYSODREN TAB 500MG	5	NM
<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
TRELSTAR MIX INJ 22.5MG	5	NM, PA
XTANDI CAP 40MG	5	NM, LA, PA
XTANDI TAB 40MG	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
XTANDI TAB 80MG	5	NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide cap 5 mg</i>	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide cap 10 mg</i>	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide cap 15 mg</i>	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide cap 20 mg</i>	5	QL (21 caps / 28 days), NM, LA, PA
<i>lenalidomide cap 25 mg</i>	5	QL (21 caps / 28 days), NM, LA, PA
<i>lenalidomide caps 2.5 mg</i>	5	QL (28 caps / 28 days), NM, LA, PA
POMALYST CAP 1MG	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 2MG	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 3MG	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAP 4MG	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAP 2.5MG	5	QL (28 caps / 28 days), NM, LA, PA
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 (21 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	5	QL (21 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		
BESREMI SOL 500MCG	5	NM, LA, PA
<i>bexarotene cap 75 mg</i>	5	NM, PA
<i>hydroxyurea cap 500 mg</i>	2	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	2	B/D
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAP 50MG	5	NM, LA
NIPENT INJ 10MG	5	B/D
ONIVYDE INJ 4.3MG/ML	5	B/D, NM
SYNRIBO INJ 3.5MG	5	NM, PA
<i>tretinoin cap 10 mg</i>	5	
WELIREG TAB 40MG	5	NM, LA, PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	B/D, NM
<i>docetaxel for inj conc 20 mg/ml</i>	2	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	B/D
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	5	B/D
DOCETAXEL INJ 20MG/2ML	5	B/D
DOCETAXEL INJ 80MG/4ML	5	B/D
DOCETAXEL INJ 80MG/8ML	5	B/D
DOCETAXEL INJ 160/8ML	5	B/D
DOCETAXEL INJ 160/16ML	5	B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	5	B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	5	B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	5	B/D
ETOPOPHOS INJ 100MG	4	B/D
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	2	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	2	B/D
HALAVEN INJ 1MG/2ML	5	B/D, NM
IXEMPRA KIT INJ 15MG	5	B/D, NM
IXEMPRA KIT INJ 45MG	5	B/D, NM
PACLITAXEL INJ 100MG	5	B/D, NM
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D, NM
<i>toposar</i>	2	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<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
ALIQOPA INJ 60MG	5	NM, LA, PA
ALUNBRIG PAK	5	NM, LA, PA
ALUNBRIG TAB 30MG	5	NM, LA, PA
ALUNBRIG TAB 90MG	5	NM, LA, PA
ALUNBRIG TAB 180MG	5	NM, LA, PA
ARZERRA CON 100/5ML	5	B/D, NM
AVASTIN INJ	5	NM, LA, PA
AVASTIN INJ 400/16ML	5	NM, LA, PA
AYVAKIT TAB 25MG	5	QL (30 tabs / 30 days), NM, LA, PA
AYVAKIT TAB 50MG	5	QL (30 tabs / 30 days), NM, LA, PA
AYVAKIT TAB 100MG	5	QL (30 tabs / 30 days), NM, LA, PA
AYVAKIT TAB 200MG	5	QL (30 tabs / 30 days), NM, LA, PA
AYVAKIT TAB 300MG	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TAB 3MG	5	NM, LA, PA
BALVERSA TAB 4MG	5	NM, LA, PA
BALVERSA TAB 5MG	5	NM, LA, PA
BELEODAQ INJ 500MG	5	NM, PA
BESPONSIA INJ 0.9MG	5	NM, LA, PA
<i>bortezomib for inj 3.5 mg</i>	5	NM, PA
BORTEZOMIB INJ 1MG	5	NM, PA
BORTEZOMIB INJ 2.5MG	5	NM, 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

Drug Name	Drug Tier	Requirements/Limits
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	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TAB 100MG	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TAB 100MG	5	NM, LA, PA
CAPRELSA TAB 300MG	5	NM, LA, PA
COMETRIQ (60MG DOSE)	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
ERBITUX INJ 100MG	5	B/D, NM
ERBITUX INJ 200MG	5	B/D, NM
ERIVEDGE CAP 150MG	5	NM, LA, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	QL (30 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 2.5 mg</i>	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 5 mg</i>	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 7.5 mg</i>	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 10 mg</i>	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus tab for oral susp 2 mg</i>	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus tab for oral susp 3 mg</i>	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus tab for oral susp 5 mg</i>	5	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAP 40MG	5	NM, LA, PA
FOTIVDA CAP 0.89MG	5	QL (21 caps / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
FOTIVDA CAP 1.34MG	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAP 100MG	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN INJ 150MG	5	NM, PA
HERZUMA INJ 150MG	5	NM, PA
HERZUMA INJ 420MG	5	NM, PA
IBRANCE CAP 75MG	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 100MG	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 125MG	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TAB 75MG	5	QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 100MG	5	QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 125MG	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TAB 10MG	5	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TAB 15MG	5	QL (30 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 (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAP 140MG	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUS 70MG/ML	5	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TAB 140MG	5	QL (30 tabs / 30 days), NM, LA, PA
IMBRUVICA TAB 280MG	5	QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TAB 420MG	5	QL (30 tabs / 30 days), NM, LA, PA
IMBRUVICA TAB 560MG	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TAB 1MG	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAP 100MG	5	NM, LA, PA
IRESSA TAB 250MG	5	NM, LA, PA
JAKAFI TAB 5MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA INJ 100MG	5	B/D, NM
KADCYLA INJ 160MG	5	B/D, NM
KANJINTI INJ 420MG	5	NM, PA
KANJINTI SOL 150MG	5	NM, PA
KEYTRUDA INJ 100MG/4M	5	NM, PA
KISQALI 200 DOSE	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE	5	QL (63 tabs / 28 days), NM, PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	NM, PA
LENVIMA CAP 4MG	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA CAP 8 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 10 MG	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA CAP 12MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 20 MG	5	QL (60 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA
LIBTAYO INJ 350/7ML	5	NM, LA, PA
LORBRENA TAB 25MG	5	NM, LA, PA
LORBRENA TAB 100MG	5	NM, LA, PA
LUMAKRAS TAB 120MG	5	NM, LA, PA
LYNPARZA TAB 100MG	5	QL (120 tabs / 30 days), NM, LA, PA
LYNPARZA TAB 150MG	5	QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TAB 0.5MG	5	NM, LA, PA
MEKINIST TAB 2MG	5	NM, LA, PA
MEKTOVI TAB 15MG	5	NM, LA, PA
MONJUVI INJ 200MG	5	NM, LA, PA
MVASI INJ 100MG	5	NM, LA, PA
MVASI INJ 400MG	5	NM, LA, PA
NERLYNX TAB 40MG	5	NM, LA, PA
NEXAVAR TAB 200MG	5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAP 2.3MG	5	QL (3 caps / 28 days), NM, PA
NINLARO CAP 3MG	5	QL (3 caps / 28 days), NM, PA
NINLARO CAP 4MG	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAP 200MG	5	NM, LA, PA
OGIVRI INJ 150MG	5	NM, PA
OGIVRI INJ 420MG	5	NM, PA
ONTRUZANT INJ 150MG	5	NM, PA
ONTRUZANT INJ 420MG	5	NM, PA
PEMAZYRE TAB 4.5MG	5	NM, LA, PA
PEMAZYRE TAB 9MG	5	NM, LA, PA
PEMAZYRE TAB 13.5MG	5	NM, LA, PA
PERJETA INJ 420/14ML	5	NM, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG TAB DOSE	5	NM, PA
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG TAB DOSE	5	NM, PA
POTELIGEO INJ 20MG/5ML	5	NM, LA, PA
QINLOCK TAB 50MG	5	NM, LA, PA
RETEVMO CAP 40MG	5	NM, LA, PA
RETEVMO CAP 80MG	5	NM, LA, PA
RIABNI SOL 100/10ML	5	NM, LA, PA
RIABNI SOL 500/50ML	5	NM, LA, PA
RITUXAN INJ 100MG	5	NM, LA, PA
RITUXAN INJ 500MG	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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	QL (120 tabs / 30 days), NM, LA, PA
RUBRACA TAB 250MG	5	QL (120 tabs / 30 days), NM, LA, PA
RUBRACA TAB 300MG	5	QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE INJ 100/10ML	5	NM, PA
RUXIENCE INJ 500/50ML	5	NM, PA
RYDAPT CAP 25MG	5	NM, PA
SARCLISA SOL 100/5ML	5	NM, LA, PA
SARCLISA SOL 500/25ML	5	NM, LA, PA
SCSEMBLIX TAB 20MG	5	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TAB 40MG	5	QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	QL (120 tabs / 30 days), 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
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 50 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
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
TAGRISSEO TAB 40MG	5	QL (30 tabs / 30 days), NM, LA, PA
TAGRISSEO TAB 80MG	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAP 0.5MG	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAP 0.25MG	5	QL (90 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAP 0.75MG	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAP 1MG	5	QL (30 caps / 30 days), NM, LA, PA
TASIGNA CAP 50MG	5	NM, PA
TASIGNA CAP 150MG	5	NM, PA
TASIGNA CAP 200MG	5	NM, PA
TAZVERIK TAB 200MG	5	NM, LA, PA
TECENTRIQ INJ 840/14	5	NM, LA, PA
TECENTRIQ INJ 1200/20	5	NM, LA, PA
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	5	B/D, NM
TEPMETKO TAB 225MG	5	NM, LA, PA
TIBSOVO TAB 250MG	5	NM, LA, PA
TRAZIMERA INJ 150MG	5	NM, PA
TRAZIMERA INJ 420MG	5	NM, PA
TRODELVY SOL 180MG	5	NM, LA, PA
TRUSELTIQ 50 MG DAILY DOSE	5	NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE	5	NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE	5	NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	5	NM, LA, PA
TRUXIMA INJ 100/10ML	5	NM, PA
TRUXIMA INJ 500/50ML	5	NM, PA
TUKYSA TAB 50MG	5	NM, LA, PA
TUKYSA TAB 150MG	5	NM, LA, PA
TURALIO CAP 200MG	5	NM, LA, PA
VECTIBIX INJ 100MG	5	B/D, NM
VECTIBIX INJ 400MG	5	B/D, NM
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	QL (56 tabs / 28 days), NM, LA, PA
VERZENIO TAB 100MG	5	QL (56 tabs / 28 days), NM, LA, PA
VERZENIO TAB 150MG	5	QL (56 tabs / 28 days), NM, LA, PA
VERZENIO TAB 200MG	5	QL (56 tabs / 28 days), 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

Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO TAB 15MG	5	NM, LA, PA
VIZIMPRO TAB 30MG	5	NM, LA, PA
VIZIMPRO TAB 45MG	5	NM, LA, PA
VONJO CAP 100MG	5	QL (120 caps / 30 days), 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 40 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY	5	NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY	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
YERVOY INJ 50MG	5	NM, PA
YERVOY INJ 200MG	5	NM, PA
ZEJULA CAP 100MG	5	QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TAB 240MG	5	NM, LA, PA
ZIRABEV INJ 100/4ML	5	NM, PA
ZIRABEV INJ 400/16ML	5	NM, PA
ZOLINZA CAP 100MG	5	NM, PA
ZYDELIG TAB 100MG	5	NM, LA, PA
ZYDELIG TAB 150MG	5	NM, LA, PA
ZYKADIA TAB 150MG	5	NM, LA, PA
PROTECTIVE AGENTS		
ELITEK INJ 1.5MG	5	B/D
ELITEK INJ 7.5MG	5	B/D
KHAPZORY SOL 175MG	5	B/D, NM
KHAPZORY SOL 300MG	5	B/D, NM
<i>leucovorin calcium for inj 50 mg</i>	2	B/D
<i>leucovorin calcium for inj 100 mg</i>	2	B/D
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	5	B/D, NM
<i>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</i>	2	B/D, NM
<i>levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)</i>	2	B/D, NM
MESNEX TAB 400MG	5	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	5	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
EPANED SOL 1MG/ML	5	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
QBRELIS SOL 1MG/ML	5	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ALDOSTERONE RECEPTOR ANTAGONISTS		
CAROSPIR SUS 25MG/5ML	4	
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
KERENDIA TAB 10MG	3	QL (30 tabs / 30 days)
KERENDIA TAB 20MG	3	QL (30 tabs / 30 days)
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
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	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
EDARBI TAB 40MG	4	QL (30 tabs / 30 days)
EDARBI TAB 80MG	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)
<i>irbesartan tab 300 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan tab 80 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan tab 40 mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan tab 80 mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	2	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	2	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	2	
<i>amiodarone hcl tab 100 mg</i>	2	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate cap 150 mg</i>	4	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	NM
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	
NORPACE CAP 150MG CR	4	
<i>pacerone</i>	1	
<i>pacerone</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	2	
<i>propafenone hcl cap er 12hr 325 mg</i>	2	
<i>propafenone hcl cap er 12hr 425 mg</i>	2	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>sorine</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	
SOTYLIZE SOL 5MG/ML	4	
ANTILIPEMICS, FIBRATES		
<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 43 mg</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	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TAB 20MG ER	5	QL (60 tabs / 30 days), ST

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

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tabs / 30 days)
ZYPITAMAG TAB 2MG	4	QL (30 tabs / 30 days), ST
ZYPITAMAG TAB 4MG	4	QL (30 tabs / 30 days), ST

ANTILIPEMICS, MISCELLANEOUS

<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	2	
<i>cholestyramine powder 4 gm/dose</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
<i>ezetimibe tab 10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
EZETIMIBE/ROSUVASTATIN TAB 10-5MG	4	QL (30 tabs / 30 days)
EZETIMIBE/ROSUVASTATIN TAB 10-10MG	4	QL (30 tabs / 30 days)
EZETIMIBE/ROSUVASTATIN TAB 10-20MG	4	QL (30 tabs / 30 days)
EZETIMIBE/ROSUVASTATIN TAB 10-40MG	4	QL (30 tabs / 30 days)
JUXTAPID CAP 5MG	5	NM, LA, PA
JUXTAPID CAP 10MG	5	NM, LA, PA
JUXTAPID CAP 20MG	5	NM, LA, PA
JUXTAPID CAP 30MG	5	NM, LA, PA
NEXLETOL TAB 180MG	4	QL (30 tabs / 30 days), PA
NEXLIZET TAB 180/10MG	4	QL (30 tabs / 30 days), PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	QL (60 tabs / 30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	PA
PRALUENT INJ 75MG/ML	3	NM, PA
PRALUENT INJ 150MG/ML	3	NM, PA
<i>prevalite</i>	2	
ROSZET TAB 5-10MG	4	QL (30 tabs / 30 days)
ROSZET TAB 10-10MG	4	QL (30 tabs / 30 days)
ROSZET TAB 20-10MG	4	QL (30 tabs / 30 days)
ROSZET TAB 40-10MG	4	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	2	
<i>betaxolol hcl tab 20 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days)
<i>carvedilol phosphate cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days)
<i>carvedilol phosphate cap er 24hr 40 mg</i>	2	QL (30 caps / 30 days)
<i>carvedilol phosphate cap er 24hr 80 mg</i>	2	QL (30 caps / 30 days)
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
KAPSPARGO CAP 25MG	4	
KAPSPARGO CAP 50MG	4	
KAPSPARGO CAP 100MG	4	
KAPSPARGO CAP 200MG	4	
<i>labetalol hcl iv soln 5 mg/ml</i>	2	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	2	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl inj 1 mg/ml</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
CARDIZEM LA TAB 120MG	4	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	2	
<i>isradipine cap 5 mg</i>	2	
<i>matzim la</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
NICARDIPINE SOL 20/200ML	4	
NICARDIPINE SOL 40/200ML	4	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	2	
<i>nisoldipine tab er 24hr 8.5 mg</i>	2	
<i>nisoldipine tab er 24hr 17 mg</i>	2	
<i>nisoldipine tab er 24hr 20 mg</i>	2	
<i>nisoldipine tab er 24hr 25.5 mg</i>	2	
<i>nisoldipine tab er 24hr 30 mg</i>	2	
<i>nisoldipine tab er 24hr 34 mg</i>	2	
<i>nisoldipine tab er 24hr 40 mg</i>	2	
NYMALIZE SOL	5	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl cap er 24hr 100 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	
<i>verapamil hcl cap er 24hr 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 300 mg</i>	2	
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	2	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
DIURETICS		
<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
ALDACTAZIDE TAB 50/50	4	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide inj 0.25 mg/ml</i>	2	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
DIURIL SUS 250/5ML	4	
<i>ethacrynic acid tab 25 mg</i>	2	
<i>furosemide inj</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
KEVEYIS TAB 50MG	5	NM, PA
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	2	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
THALITONE TAB 15MG	4	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
<i>triamterene cap 50 mg</i>	2	
<i>triamterene cap 100 mg</i>	2	
MISCELLANEOUS		
ADRENALIN INJ 1MG/ML	4	
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
BIDIL TAB	4	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	
CORLANOR SOL 5MG/5ML	4	
CORLANOR TAB 5MG	4	
CORLANOR TAB 7.5MG	4	
<i>digitek</i>	2	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	2	
<i>digoxin oral soln 0.05 mg/ml</i>	2	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	2	QL (120 tabs / 30 days)
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	QL (30 tabs / 30 days)
<i>droxidopa cap 100 mg</i>	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa cap 200 mg</i>	5	QL (180 caps / 30 days), NM, PA
<i>droxidopa cap 300 mg</i>	5	QL (180 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tab 1 mg</i>	3	PA; PA if 70 years and older
<i>guanfacine hcl tab 2 mg</i>	3	PA; PA if 70 years and older
<i>hydralazine hcl inj 20 mg/ml</i>	2	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
LANOXIN PED INJ 0.1MG/ML	4	
LANOXIN TAB 0.0625MG	4	QL (120 tabs / 30 days)
<i>metirosine cap 250 mg</i>	5	PA
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	PA
<i>ranolazine tab er 12hr 500 mg</i>	2	
<i>ranolazine tab er 12hr 1000 mg</i>	2	
TEKTURNA HCT TAB 300-12.5	4	
TEKTURNA HCT TAB 300-25MG	4	
VERQUVO TAB 2.5MG	3	
VERQUVO TAB 5MG	3	
VERQUVO TAB 10MG	3	
VYNDAMAX CAP 61MG	5	QL (30 caps / 30 days), NM, LA, PA
VYNDAQEL CAP 20MG	5	QL (120 caps / 30 days), NM, LA, PA
NITRATES		
GONITRO POW 400MCG	4	
<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 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	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.3MG/HR	5	
NITRO-DUR DIS 0.8MG/HR	5	
<i>nitroglycerin sl tab 0.3 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TAB 0.5MG	5	NM, LA, PA
ADEMPAS TAB 1.5MG	5	NM, LA, PA
ADEMPAS TAB 1MG	5	NM, LA, PA
ADEMPAS TAB 2.5MG	5	NM, LA, PA
ADEMPAS TAB 2MG	5	NM, LA, PA
<i>alyq</i>	5	NM, PA
<i>ambrisentan tab 5 mg</i>	5	NM, LA, PA
<i>ambrisentan tab 10 mg</i>	5	NM, LA, PA
<i>bosentan tab 62.5 mg</i>	5	NM, LA, PA
<i>bosentan tab 125 mg</i>	5	NM, LA, PA
OPSUMIT TAB 10MG	5	NM, LA, PA
ORENITRAM TAB 0.25MG	5	NM, LA, PA
ORENITRAM TAB 0.125MG	4	NM, LA, PA
ORENITRAM TAB 1MG	5	NM, LA, PA
ORENITRAM TAB 2.5MG	5	NM, LA, PA
ORENITRAM TAB 5MG	5	NM, LA, PA
<i>sildenafil citrate for suspension 10 mg/ml</i>	5	NM, PA
<i>sildenafil citrate tab 20 mg</i>	2	NM, PA
<i>tadalafil tab 20 mg (pah)</i>	5	NM, PA
TRACLEER TAB 32MG	5	NM, LA, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	5	NM, LA, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	5	NM, LA, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	5	NM, LA, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	5	NM, LA, PA
TYVASO DPI POW 16-32-48	5	NM, LA, PA
TYVASO DPI POW 16-32MCG	5	NM, LA, PA
TYVASO DPI POW 16MCG	5	NM, LA, PA
TYVASO DPI POW 32-48MCG	5	NM, LA, PA
TYVASO DPI POW 32MCG	5	NM, LA, PA
TYVASO DPI POW 48MCG	5	NM, LA, PA
TYVASO DPI POW 64MCG	5	NM, LA, PA
TYVASO SOL 0.6MG/ML	5	NM, PA
UPTRAVI PACK TAB 200/800	5	NM, LA, PA
UPTRAVI TAB 200MCG	5	NM, LA, PA

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

CENTRAL NERVOUS SYSTEM

ANTIAXIETY

ALPRAZOLAM CON 1 MG/ML	4	QL (300 mL / 30 days)
<i>alprazolam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 30 days)
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	2	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	2	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	2	QL (90 caps / 30 days)
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	2	QL (60 caps / 30 days)
<i>fluvoxamine maleate tab 25 mg</i>	2	
<i>fluvoxamine maleate tab 50 mg</i>	2	
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam conc 2 mg/ml</i>	2	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	2	
<i>lorazepam inj 4 mg/ml</i>	2	
<i>lorazepam intensol</i>	2	QL (150 mL / 30 days)
<i>lorazepam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	2	QL (150 tabs / 30 days)

ANTICONVULSANTS

APTIOM TAB 200MG	5	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)
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	5	QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	5	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
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	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAP 500MG	5	QL (180 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PAK 250MG	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PAK 500MG	5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam conc 5 mg/ml</i>	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj</i>	2	
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	2	
<i>diazepam rectal gel delivery system 10 mg</i>	2	
<i>diazepam rectal gel delivery system 20 mg</i>	2	
<i>diazepam tab 2 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	4	
DILANTIN CAP 100MG	4	
DILANTIN CHW 50MG	4	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	
EPIDIOLEX SOL 100MG/ML	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i>	2	
EPRONTIA SOL 25MG/ML	4	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
FINTEPLA SOL 2.2MG/ML	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUS 0.5MG/ML	5	QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	4	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	5	QL (60 tabs / 30 days), PA
FYCOMPA TAB 6MG	5	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	5	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	5	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	5	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	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>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	5	
<i>lacosamide oral solution 10 mg/ml</i>	2	QL (1200 mL / 30 days)
<i>lacosamide tab 50 mg</i>	2	QL (120 tabs / 30 days)
<i>lacosamide tab 100 mg</i>	2	QL (60 tabs / 30 days)
<i>lacosamide tab 150 mg</i>	2	QL (60 tabs / 30 days)
<i>lacosamide tab 200 mg</i>	2	QL (60 tabs / 30 days)
LAMICTAL ODT KIT BLUE	4	
LAMICTAL ODT KIT GREEN	4	
LAMICTAL XR KIT	4	
<i>lamotrigine orally disintegrating tab 25 mg</i>	2	
<i>lamotrigine orally disintegrating tab 50 mg</i>	2	
<i>lamotrigine orally disintegrating tab 100 mg</i>	2	
<i>lamotrigine orally disintegrating tab 200 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	2	
<i>lamotrigine tab er 24hr 25 mg</i>	2	
<i>lamotrigine tab er 24hr 50 mg</i>	2	
<i>lamotrigine tab er 24hr 100 mg</i>	2	
<i>lamotrigine tab er 24hr 200 mg</i>	2	
<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	
<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	
NAYZILAM SPR 5MG	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	
OXTELLAR XR TAB 150MG	4	
OXTELLAR XR TAB 300MG	4	
OXTELLAR XR TAB 600MG	5	
<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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tab 60 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	3	PA; PA if 70 years and older
PHENYTEK CAP 200MG	4	
PHENYTEK CAP 300MG	4	
<i>phenytoin chew tab 50 mg</i>	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)
<i>pregabalin cap 50 mg</i>	2	QL (120 caps / 30 days)
<i>pregabalin cap 75 mg</i>	2	QL (120 caps / 30 days)
<i>pregabalin cap 100 mg</i>	2	QL (120 caps / 30 days)
<i>pregabalin cap 150 mg</i>	2	QL (120 caps / 30 days)
<i>pregabalin cap 200 mg</i>	2	QL (90 caps / 30 days)
<i>pregabalin cap 225 mg</i>	2	QL (60 caps / 30 days)
<i>pregabalin cap 300 mg</i>	2	QL (60 caps / 30 days)
<i>pregabalin soln 20 mg/ml</i>	2	QL (900 mL / 30 days)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>roweepra</i>	2	
<i>rufinamide susp 40 mg/ml</i>	5	QL (2300 mL / 28 days), PA
<i>rufinamide tab 200 mg</i>	5	QL (480 tabs / 30 days), PA
<i>rufinamide tab 400 mg</i>	5	QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	4	QL (360 tabs / 30 days)
SPRITAM TAB 500MG	4	QL (180 tabs / 30 days)
SPRITAM TAB 750MG	4	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	4	QL (90 tabs / 30 days)
<i>subvenite</i>	1	
<i>subvenite starter kit/blu</i>	2	
<i>subvenite starter kit/gre</i>	2	
<i>subvenite starter kit/ora</i>	2	
SYMPAZAN MIS 5MG	4	QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	5	QL (60 films / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN MIS 20MG	5	QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	2	
<i>tiagabine hcl tab 4 mg</i>	2	
<i>tiagabine hcl tab 12 mg</i>	2	
<i>tiagabine hcl tab 16 mg</i>	2	
<i>topiramate 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	
VALTOCO SPR 5MG	4	
VALTOCO SPR 10MG	4	
VALTOCO SPR 15MG	4	
VALTOCO SPR 20MG	4	
<i>vigabatrin powd pack 500 mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500 mg</i>	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 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)
ZONISADE SUS 100MG/5	4	QL (900 mL / 30 days), PA
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
ZTALMY SUS 50MG/ML	5	QL (1100 mL / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ANTIDEMENTIA		
ADLARITY DIS 5MG/DAY	4	QL (4 patches / 28 days), PA
ADLARITY DIS 10MG/DAY	4	QL (4 patches / 28 days), PA
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	
<i>galantamine hydrobromide tab 8 mg</i>	2	
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 21 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	2	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	3	
<i>amitriptyline hcl tab 25 mg</i>	3	
<i>amitriptyline hcl tab 50 mg</i>	3	
<i>amitriptyline hcl tab 75 mg</i>	3	
<i>amitriptyline hcl tab 100 mg</i>	3	
<i>amitriptyline hcl tab 150 mg</i>	3	
<i>amoxapine tab 25 mg</i>	3	
<i>amoxapine tab 50 mg</i>	3	
<i>amoxapine tab 100 mg</i>	3	
<i>amoxapine tab 150 mg</i>	3	
<i>bupropion hcl tab 75 mg</i>	2	
<i>bupropion hcl tab 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 150 mg</i>	2	
<i>bupropion hcl tab er 12hr 200 mg</i>	2	
<i>bupropion hcl tab er 24hr 150 mg</i>	2	
<i>bupropion hcl tab er 24hr 300 mg</i>	2	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>clomipramine hcl cap 25 mg</i>	4	PA
<i>clomipramine hcl cap 50 mg</i>	4	PA
<i>clomipramine hcl cap 75 mg</i>	4	PA
<i>desipramine hcl tab 10 mg</i>	4	
<i>desipramine hcl tab 25 mg</i>	4	
<i>desipramine hcl tab 50 mg</i>	4	
<i>desipramine hcl tab 75 mg</i>	4	
<i>desipramine hcl tab 100 mg</i>	4	
<i>desipramine hcl tab 150 mg</i>	4	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	2	PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	PA
<i>doxepin hcl cap 10 mg</i>	3	
<i>doxepin hcl cap 25 mg</i>	3	
<i>doxepin hcl cap 50 mg</i>	3	
<i>doxepin hcl cap 75 mg</i>	3	
<i>doxepin hcl cap 100 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 150 mg</i>	4	
<i>doxepin hcl conc 10 mg/ml</i>	3	
DRIZALMA CAP 20MG DR	4	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	4	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	4	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	2	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	2	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	2	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	2	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	5	PA
EMSAM DIS 9MG/24HR	5	PA
EMSAM DIS 12MG/24H	5	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	4	PA
FETZIMA CAP 40MG	4	PA
FETZIMA CAP 80MG	4	PA
FETZIMA CAP 120MG	4	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 cap delayed release 90 mg</i>	2	
<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>imipramine pamoate cap 75 mg</i>	4	
<i>imipramine pamoate cap 100 mg</i>	4	
<i>imipramine pamoate cap 125 mg</i>	4	
<i>imipramine pamoate cap 150 mg</i>	4	
MARPLAN TAB 10MG	4	

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	
<i>mirtazapine tab 7.5 mg</i>	2	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	2	
<i>nefazodone hcl tab 100 mg</i>	2	
<i>nefazodone hcl tab 150 mg</i>	2	
<i>nefazodone hcl tab 200 mg</i>	2	
<i>nefazodone hcl tab 250 mg</i>	2	
<i>nortriptyline hcl cap 10 mg</i>	2	
<i>nortriptyline hcl cap 25 mg</i>	2	
<i>nortriptyline hcl cap 50 mg</i>	2	
<i>nortriptyline hcl cap 75 mg</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml</i>	4	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	4	PA
<i>paroxetine hcl tab 10 mg</i>	2	
<i>paroxetine hcl tab 20 mg</i>	2	
<i>paroxetine hcl tab 30 mg</i>	2	
<i>paroxetine hcl tab 40 mg</i>	2	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	4	QL (60 tabs / 30 days)
<i>paroxetine hcl tab er 24hr 25 mg</i>	4	QL (60 tabs / 30 days)
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	4	QL (60 tabs / 30 days)
PAXIL SUS 10MG/5ML	4	PA
PEXEVA TAB 10MG	4	QL (60 tabs / 30 days)
PEXEVA TAB 20MG	4	QL (30 tabs / 30 days)
PEXEVA TAB 30MG	4	QL (60 tabs / 30 days)
PEXEVA TAB 40MG	4	QL (30 tabs / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>protriptyline hcl tab 5 mg</i>	4	
<i>protriptyline hcl tab 10 mg</i>	4	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	2	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg</i>	4	
<i>trimipramine maleate cap 50 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate cap 100 mg</i>	4	
TRINTELLIX TAB 5MG	4	
TRINTELLIX TAB 10MG	4	
TRINTELLIX TAB 20MG	4	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	2	
VIIBRYD KIT STARTER	4	
VIIBRYD TAB 10MG	4	
VIIBRYD TAB 20MG	4	
VIIBRYD TAB 40MG	4	
<i>vilazodone hcl tab 10 mg</i>	2	
<i>vilazodone hcl tab 20 mg</i>	2	
<i>vilazodone hcl tab 40 mg</i>	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	2	QL (120 caps / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN INJ 10MG/ML	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	5	QL (20 cartridges / 30 days), NM, 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	

Drug Name	Drug Tier	Requirements/Limits
<i>carb/levo orally disintegrating tab 10-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-250mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa tab 25 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
DUOPA SUS 4.63-20	5	B/D, NM
<i>entacapone tab 200 mg</i>	2	
GOCOVRI CAP 68.5MG	5	QL (60 caps / 30 days), NM, LA, PA
GOCOVRI CAP 137MG	5	QL (60 caps / 30 days), NM, LA, PA
INBRIJA CAP 42MG	5	QL (300 caps / 30 days), NM, LA, PA
KYNMOBI MIS 10MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 15MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 20MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 25MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 30MG	5	QL (150 films / 30 days), NM, PA
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	

Drug Name	Drug Tier	Requirements/Limits
NEUPRO DIS 8MG/24HR	4	
NOURIANZ TAB 20MG	5	QL (30 tabs / 30 days), NM, LA
NOURIANZ TAB 40MG	5	QL (30 tabs / 30 days), NM, LA
ONGENTYS CAP 25MG	4	QL (30 caps / 30 days), PA
ONGENTYS CAP 50MG	4	QL (30 caps / 30 days), PA
OSMOLEX ER PAK	4	QL (60 tabs / 30 days), NM, PA
OSMOLEX ER TAB 129MG	4	QL (30 tabs / 30 days), NM, PA
OSMOLEX ER TAB 193MG	4	QL (30 tabs / 30 days), NM, PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	2	
RYTARY CAP 95MG	4	ST
RYTARY CAP 145MG	4	ST
RYTARY CAP 195MG	4	ST
RYTARY CAP 245MG	4	ST
<i>selegiline hcl cap 5 mg</i>	2	
<i>selegiline hcl tab 5 mg</i>	2	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	3	PA; PA if 70 years and older
XADAGO TAB 50MG	5	
XADAGO TAB 100MG	5	
ZELAPAR TAB 1.25MG	5	
ANTIPSYCHOTICS		
ABILIFY MAIN INJ 300MG	5	QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	5	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	5	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	5	QL (1 syringe / 28 days)
ABILIFY MYCI TAB 2MG	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 2MG MANT	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 2MG STRT	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 5MG	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 5MG MANT	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 5MG STRT	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 10MG	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 10MG MNT	5	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCI TAB 10MG STR	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 15MG	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 15MG MNT	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 15MG STR	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 20MG	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 20MG MNT	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 20MG STR	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 30MG	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 30MG MNT	5	QL (30 tabs / 30 days), PA
ABILIFY MYCI TAB 30MG STR	5	QL (30 tabs / 30 days), PA
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	2	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 syringe / 28 days)
ARISTADA INJ 662MG/2	5	QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	5	QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	5	QL (1 syringe / 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 10.5MG	5	QL (30 caps / 30 days), PA
CAPLYTA CAP 21MG	5	QL (30 caps / 30 days), PA
CAPLYTA CAP 42MG	4	QL (30 caps / 30 days), PA
CHLORPROMAZI CON 30MG/ML	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	
<i>haloperidol tab 5 mg</i>	2	
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
INVEGA SUST INJ 39/0.25	4	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	5	QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	5	QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	5	QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	5	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	5	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	5	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	5	QL (1 syringe / 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>loxapine succinate cap 5 mg</i>	2	
<i>loxapine succinate cap 10 mg</i>	2	
<i>loxapine succinate cap 25 mg</i>	2	
<i>loxapine 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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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 syringe / 30 days)
PERSERIS INJ 120MG	5	QL (1 syringe / 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 150 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)
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)

Drug Name	Drug Tier	Requirements/Limits
<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	
VRAYLAR CAP 1.5MG	5	QL (60 caps / 30 days)
VRAYLAR CAP 3MG	5	QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	5	QL (30 caps / 30 days)
VRAYLAR CAP 6MG	5	QL (30 caps / 30 days)
<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), NM, PA
ZYPREXA RELP INJ 300MG	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELP INJ 405MG	5	QL (1 vial / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADZENYS XR TAB 3.1MG	4	QL (60 tabs / 30 days), PA
ADZENYS XR TAB 6.3MG	4	QL (60 tabs / 30 days), PA
ADZENYS XR TAB 9.4MG	4	QL (60 tabs / 30 days), PA
ADZENYS XR TAB 12.5MG	4	QL (30 tabs / 30 days), PA
ADZENYS XR TAB 15.7 MG	4	QL (30 tabs / 30 days), PA
ADZENYS XR TAB 18.8MG	4	QL (30 tabs / 30 days), PA
<i>amphetamine-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)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	QL (30 caps / 30 days)
AZSTARYS CAP 26.1-5.2	4	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
AZSTARYS CAP 39.2-7.8	4	QL (30 caps / 30 days), PA
AZSTARYS CAP 52.3-10.	4	QL (30 caps / 30 days), PA
COTEMPLA TAB 8.6MG	4	QL (60 tabs / 30 days), PA
COTEMPLA TAB 17.3MG	4	QL (60 tabs / 30 days), PA
COTEMPLA TAB 25.9MG	4	QL (60 tabs / 30 days), PA
DAYTRANA DIS 10MG/9HR	4	QL (30 patches / 30 days), PA
DAYTRANA DIS 15MG/9HR	4	QL (30 patches / 30 days), PA
DAYTRANA DIS 20MG/9HR	4	QL (30 patches / 30 days), PA
DAYTRANA DIS 30MG/9HR	4	QL (30 patches / 30 days), PA
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	2	QL (60 caps / 30 days), PA
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	2	QL (60 caps / 30 days), PA
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	2	QL (60 caps / 30 days), PA
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	2	QL (60 caps / 30 days), PA
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	2	QL (30 caps / 30 days), PA
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	2	QL (30 caps / 30 days), PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 5 mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
DYANAVEL XR CHW 5MG	4	QL (60 tabs / 30 days), PA
DYANAVEL XR CHW 10MG	4	QL (30 tabs / 30 days), PA
DYANAVEL XR CHW 15MG	4	QL (30 tabs / 30 days), PA
DYANAVEL XR CHW 20MG	4	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
DYANAVEL XR SUS 2.5MG/ML	4	QL (240 mL / 30 days), PA
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
JORNAY PM CAP 20MG ER	4	QL (60 caps / 30 days), PA
JORNAY PM CAP 40MG ER	4	QL (60 caps / 30 days), PA
JORNAY PM CAP 60MG ER	4	QL (30 caps / 30 days), PA
JORNAY PM CAP 80MG ER	4	QL (30 caps / 30 days), PA
JORNAY PM CAP 100MG ER	4	QL (30 caps / 30 days), PA
<i>metadate er</i>	2	QL (90 tabs / 30 days), PA
METHYLPHENID TAB 72MG ER	4	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl cap er 10 mg (cd)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 20 mg (cd)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	2	QL (30 caps / 30 days), PA
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	2	QL (30 caps / 30 days), PA
<i>methylphenidate hcl cap er 30 mg (cd)</i>	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl cap er 40 mg (cd)</i>	2	QL (30 caps / 30 days), PA
<i>methylphenidate hcl cap er 50 mg (cd)</i>	2	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 60 mg (cd)</i>	2	QL (30 caps / 30 days), PA
<i>methylphenidate hcl chew tab 2.5 mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 5 mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 10 mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl tab 5 mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 10 mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 10 mg</i>	2	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 24hr 18 mg</i>	2	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl tab er 24hr 27 mg</i>	2	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl tab er 24hr 36 mg</i>	2	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl tab er 24hr 54 mg</i>	2	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	2	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	2	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	2	QL (30 tabs / 30 days), PA
<i>methylphenidate td patch 10 mg/9hr</i>	2	QL (30 patches / 30 days), PA
<i>methylphenidate td patch 15 mg/9hr</i>	2	QL (30 patches / 30 days), PA
<i>methylphenidate td patch 20 mg/9hr</i>	2	QL (30 patches / 30 days), PA
<i>methylphenidate td patch 30 mg/9hr</i>	2	QL (30 patches / 30 days), PA
MYDAYIS CAP 12.5MG	4	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
MYDAYIS CAP 25MG	4	QL (30 caps / 30 days), PA
MYDAYIS CAP 37.5MG	4	QL (30 caps / 30 days), PA
MYDAYIS CAP 50MG	4	QL (30 caps / 30 days), PA
QELBREE CAP 100MG ER	4	QL (120 caps / 30 days), PA
QELBREE CAP 150MG ER	4	QL (60 caps / 30 days), PA
QELBREE CAP 200MG ER	4	QL (90 caps / 30 days), PA
QUILLICHEW CHW 20MG ER	4	QL (60 tabs / 30 days), PA
QUILLICHEW CHW 30MG ER	4	QL (60 tabs / 30 days), PA
QUILLICHEW CHW 40MG ER	4	QL (30 tabs / 30 days), PA
QUILLIVANT SUS 25MG/5ML	4	QL (360 mL / 30 days), PA
RELEXXII TAB 72MG	4	QL (30 tabs / 30 days), PA
VYVANSE CAP 10MG	4	QL (60 caps / 30 days), PA
VYVANSE CAP 20MG	4	QL (60 caps / 30 days), PA
VYVANSE CAP 30MG	4	QL (60 caps / 30 days), PA
VYVANSE CAP 40MG	4	QL (30 caps / 30 days), PA
VYVANSE CAP 50MG	4	QL (30 caps / 30 days), PA
VYVANSE CAP 60MG	4	QL (30 caps / 30 days), PA
VYVANSE CAP 70MG	4	QL (30 caps / 30 days), PA
VYVANSE CHW 10MG	4	QL (60 tabs / 30 days), PA
VYVANSE CHW 20MG	4	QL (60 tabs / 30 days), PA
VYVANSE CHW 30MG	4	QL (60 tabs / 30 days), PA
VYVANSE CHW 40MG	4	QL (30 tabs / 30 days), PA
VYVANSE CHW 50MG	4	QL (30 tabs / 30 days), PA
VYVANSE CHW 60MG	4	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS		
BELSOMRA TAB 5MG	4	QL (30 tabs / 30 days)
BELSOMRA TAB 10MG	4	QL (30 tabs / 30 days)
BELSOMRA TAB 15MG	4	QL (30 tabs / 30 days)
BELSOMRA TAB 20MG	4	QL (30 tabs / 30 days)
DAYVIGO TAB 5MG	4	QL (30 tabs / 30 days)
DAYVIGO TAB 10MG	4	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
HETLIOZ CAP 20MG	5	QL (30 caps / 30 days), NM, LA, PA
QUVIVIQ TAB 25MG	4	QL (30 tabs / 30 days)
QUVIVIQ TAB 50MG	4	QL (30 tabs / 30 days)
<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
<i>zolpidem tartrate tab 10 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG INJ 70MG/ML	3	QL (1 pen / 30 days), NM, PA
AIMOVIG INJ 140MG/ML	3	QL (1 pen / 30 days), NM, PA
<i>almotriptan malate tab 6.25 mg</i>	2	QL (12 tabs / 30 days)
<i>almotriptan malate tab 12.5 mg</i>	2	QL (12 tabs / 30 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	QL (8 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	QL (40 tabs / 28 days), PA
<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)
NURTEC TAB 75MG ODT	5	QL (16 tabs / 30 days), PA
ONZETRA XSAI MIS 11MG	5	QL (16 nosepieces / 30 days), ST
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	2	QL (24 units / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	2	QL (12 units / 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)
TOSYMRA SOL 10MG	4	QL (18 units / 30 days), ST
UBRELVY TAB 50MG	5	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	5	QL (16 tabs / 30 days), PA
ZEMBRACE SYM INJ 3/0.5ML	5	QL (24 pens / 30 days), ST
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	2	QL (12 units / 30 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	2	QL (12 units / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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
EQUETRO CAP 100MG	4	
EQUETRO CAP 200MG	4	
EQUETRO CAP 300MG	4	
EXSERVAN MIS 50MG	5	QL (60 films / 30 days), NM, LA, PA
GRALISE TAB 300MG	4	QL (180 tabs / 30 days), PA
GRALISE TAB 600MG	4	QL (90 tabs / 30 days), PA
HORIZANT TAB 300MG ER	4	PA
HORIZANT TAB 600MG ER	4	PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, LA, PA
INGREZZA CAP 40MG	5	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 60MG	5	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 80MG	5	QL (30 caps / 30 days), NM, LA, 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	
NUDEXTA 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

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	5	
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	2	
<i>riluzole tab 50 mg</i>	2	
SAVELLA MIS TITR PAK	4	PA
SAVELLA TAB 12.5MG	4	QL (60 tabs / 30 days), PA
SAVELLA TAB 25MG	4	QL (60 tabs / 30 days), PA
SAVELLA TAB 50MG	4	QL (60 tabs / 30 days), PA
SAVELLA TAB 100MG	4	QL (60 tabs / 30 days), PA
<i>tetrabenazine tab 12.5 mg</i>	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	5	QL (120 tabs / 30 days), NM, PA
TIGLUTIK SUS 50/10ML	5	QL (600 mL / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BETASERON INJ 0.3MG	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine tab er 12hr 10 mg</i>	2	NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i>	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i>	5	QL (30 syringes / 30 days), NM, PA
KESIMPTA INJ 20/.4ML	5	QL (16 pens / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tab 5 mg</i>	2	
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
BOTOX INJ 100UNIT	5	PA
BOTOX INJ 200UNIT	5	PA
<i>cyclobenzaprine hcl tab 5 mg</i>	3	PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	3	PA; PA if 70 years and older
<i>dantrolene sodium cap 25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium cap 50 mg</i>	2	
<i>dantrolene sodium cap 100 mg</i>	2	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	2	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	
XEOMIN INJ 50 UNIT	4	NM, PA
XEOMIN INJ 100UNIT	5	NM, PA
XEOMIN INJ 200UNIT	5	NM, PA

NARCOLEPSY/CATAPLEXY

<i>armodafinil tab 50 mg</i>	2	QL (90 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	2	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	2	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	2	QL (30 tabs / 30 days), PA
<i>modafinil tab 100 mg</i>	2	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	2	QL (60 tabs / 30 days), PA
SUNOSI TAB 75MG	4	QL (30 tabs / 30 days), PA
SUNOSI TAB 150MG	4	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	5	QL (540 mL / 30 days), NM, LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	2	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2- 0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
CHANTIX TAB 0.5& 1MG	4	
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	
KLOXXADO SPR 8MG	3	
LUCEMYRA TAB 0.18MG	5	QL (228 tabs / 14 days), PA
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</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	
NICOTROL INH	4	
NICOTROL NS SPR 10MG/ML	4	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	2	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	2	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	
VIVITROL INJ 380MG	5	NM
ZIMHI SOL	4	
ZUBSOLV SUB 0.7-0.18	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 1.4-0.36	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 2.9-0.71	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 5.7-1.4	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 8.6-2.1	4	QL (60 tabs / 30 days)
ZUBSOLV SUB 11.4-2.9	4	QL (30 tabs / 30 days)

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM DIS 2MG/24HR	4	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	4	QL (30 patches / 30 days), PA
JATENZO CAP 158MG	4	QL (120 caps / 30 days), PA
JATENZO CAP 198MG	4	QL (120 caps / 30 days), PA
JATENZO CAP 237MG	5	QL (60 caps / 30 days), PA
NATESTO GEL 5.5MG	4	QL (21.96 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone tab 2.5 mg</i>	2	QL (120 tabs / 30 days), PA
<i>oxandrolone tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone td gel 10mg/act (2%)</i>	2	QL (120 gm / 30 days), PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	QL (300 gm / 30 days), PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	2	QL (150 gm / 30 days), PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	2	QL (150 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	QL (300 gm / 30 days), PA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	2	QL (150 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	QL (300 gm / 30 days), PA
<i>testosterone td soln 30 mg/act</i>	2	QL (180 mL / 30 days), PA
TLANDO CAP 112.5 MG	4	QL (120 caps / 30 days), PA

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	2	
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	4	QL (30 tabs / 30 days), ST
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	4	QL (30 tabs / 30 days), ST
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	4	QL (30 tabs / 30 days), ST
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	4	QL (60 tabs / 30 days), ST
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	4	QL (60 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	4	QL (60 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	4	QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	4	QL (30 tabs / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-pioglitazone tab 25-15 mg</i>	4	QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 25-30 mg</i>	4	QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 25-45 mg</i>	4	QL (30 tabs / 30 days), ST
BYDUREON BC INJ 2/0.85ML	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</i>	1	QL (60 tabs / 30 days)
<i>glipizide xl</i>	1	QL (90 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)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
INVOKAMET TAB 50-500MG	4	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	4	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	4	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	4	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	4	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	4	QL (60 tabs / 30 days)
INVOKANA TAB 300MG	4	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	3	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
KOMBIGLYZ XR TAB 2.5-1000	4	QL (60 tabs / 30 days), ST
KOMBIGLYZ XR TAB 5-500MG	4	QL (30 tabs / 30 days), ST
KOMBIGLYZ XR TAB 5-1000MG	4	QL (30 tabs / 30 days), ST
<i>metformin hcl oral soln 500 mg/5ml</i>	2	QL (780 mL / 30 days)
<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>miglitol tab 25 mg</i>	2	
<i>miglitol tab 50 mg</i>	2	
<i>miglitol tab 100 mg</i>	2	
<i>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
ONGLYZA TAB 2.5MG	4	QL (30 tabs / 30 days), ST
ONGLYZA TAB 5MG	4	QL (30 tabs / 30 days), ST
OZEMPIC (0.25 OR 0.5MG/DOSE)	3	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE)	3	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE)	3	QL (2 pens / 28 days)
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	3	QL (1 pen / 28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	2	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	2	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
QTERN TAB 5-5MG	4	QL (30 tabs / 30 days)
QTERN TAB 10-5MG	4	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
repaglinide tab 2 mg	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) s)
SEGLUROMET TAB 2.5-500	4	QL (120 tabs / 30 days))
SEGLUROMET TAB 2.5-1000	4	QL (60 tabs / 30 days))
SEGLUROMET TAB 7.5-500	4	QL (60 tabs / 30 days) s);
SEGLUROMET TAB 7.5-1000	4	QL (60 tabs / 30 days)
STEGLATRO TAB 5MG	4	QL (90 tabs / 30 days) ___
STEGLATRO TAB 15MG	4	QL (30 tabs / 30 days));
STEGLUJAN TAB 5-100MG	4	QL (30 tabs / 30 days)
STEGLUJAN TAB 15-100MG	4	QL (30 tabs / 30 days) ___
SYMLINPEN 60 INJ 1000MCG	5	PA ___
SYMLNPEN 120 INJ 1000MCG	5	PA ___
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days) ___
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days))
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days))
SYNJARDY TAB 12.5-1000MG	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 12.5-1000MG	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 ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days) ___
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days) ___
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days) ___
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days))
TRULICITY 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) s)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days) s)
ANTIDIABETICS, INSULINS s)		
ADMELOG INJ 100U/ML	4)
ADMELOG SOLO INJ 100U/ML	4)
AFREZZA POW 4-8 UNIT	5)
AFREZZA POW 4-8-12	5	s)
AFREZZA POW 4UNIT	4)
AFREZZA POW 8 UNIT	4)
SEGLUROMET TAB 7.5-1000	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits	s
AFREZZA POW 8-12UNIT	5		
AFREZZA POW 12 UNIT	5		
APIDRA INJ SOLOSTAR	4		
APIDRA INJ U-100	4		
BASAGLAR INJ 100UNIT	3		
BD ALCOHOL SWABS	3		
FIASP FLEX INJ TOUCH	3		
FIASP INJ 100/ML	3		s)
FIASP PENFIL INJ U-100	3		
GAUZE PADS 2X2	3		
HUMALOG INJ 100/ML	4		
HUMALOG JR INJ 100/ML	4		
HUMALOG KWIK INJ 100/ML	4		
HUMALOG KWIK INJ 200/ML	4		
HUMALOG MIX INJ 50/50	4		
HUMALOG MIX INJ 50/50KWP	4		
HUMALOG MIX INJ 75/25KWP	4		
HUMALOG MIX SUS 75/25	4		
HUMULIN INJ 70/30	4		
HUMULIN INJ 70/30KWP	4		
HUMULIN N INJ U-100	4		
HUMULIN N INJ U-100KWP	4		
HUMULIN R INJ U-100	4		
HUMULIN R INJ U-500	5		
HUMULIN R INJ U-500	5	B/D	
INS ASP PROT INJ FLEXPEN	4		
INSULIN ASPA INJ 70/30	4		
INSULIN ASPA INJ 100/ML	4		
INSULIN ASPA INJ FLEXPEN	4		
INSULIN ASPA INJ PENFILL	4		
INSULIN LISP INJ 100/ML	4		
INSULIN LISP INJ JUNIOR	4		
INSULIN LISP INJ PROTAMIN	4		
INSULIN SAFETY NEEDLES	3		
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	3		
LEVEMIR INJ	3		
LEVEMIR INJ FLEXTOUC	3		
LYUMJEV INJ 100UT/ML	4		
LYUMJEV KWPN INJ 100UT/ML	4		
LYUMJEV KWPN INJ 200UT/ML	4		
NOVOLIN70/30 INJ RELION	4		
NOVOLIN INJ 70/30	3		
NOVOLIN INJ 70/30 FP	3		
NOVOLIN INJ 70/30 FP RELION	4		
NOVOLIN N INJ 100 UNIT	3		

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N INJ 100 UNIT	4	
NOVOLIN N INJ RELION	4	
NOVOLIN N INJ U-100	3	
NOVOLIN R INJ 100 UNIT	3	
NOVOLIN R INJ 100 UNIT	4	
NOVOLIN R INJ RELION	4	
NOVOLIN R INJ U-100	3	
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEX REL	4	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG INJ RELION	4	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEX REL	4	
NOVOLOG MIX INJ FLEXPEN	3	
NOVOLOG RELI INJ 70/30	4	
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / year), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	3	
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
BINOSTO TAB 70MG	4	ST
<i>calcitonin (salmon) inj</i>	5	B/D
<i>calcitonin (salmon) spray</i>	2	B/D
EVENITY INJ 105MG	5	NM, PA
FORTEO INJ 600/2.4	5	NM, PA
FOSAMAX + D TAB 70-2800	4	ST

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	2	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	B/D
MIACALCIN INJ 200/ML	5	B/D
NATPARA INJ 25MCG	5	NM, PA
NATPARA INJ 50MCG	5	NM, PA
NATPARA INJ 75MCG	5	NM, PA
NATPARA INJ 100MCG	5	NM, PA
<i>pamidronate disodium for inj 30 mg</i>	2	B/D
<i>pamidronate disodium for inj 90 mg</i>	2	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	2	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	2	B/D
PAMIDRONATE INJ 6MG/ML	3	B/D
PROLIA INJ 60MG/ML	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium tab 5 mg</i>	2	
<i>risedronate sodium tab 30 mg</i>	2	
<i>risedronate sodium tab 35 mg</i>	2	
<i>risedronate sodium tab 150 mg</i>	2	
<i>risedronate sodium tab delayed release 35 mg</i>	2	
TYMLOS INJ	5	NM, PA
XGEVA INJ	5	NM, PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	2	B/D, NM
<i>zoledronic acid iv soln 4 mg/100ml</i>	2	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	2	B/D, NM
ZOLEDRONIC INJ 4MG/100	4	B/D, NM
CHELATING AGENTS		
CHEMET CAP 100MG	4	
<i>deferasirox granules packet 90 mg</i>	5	NM, PA
<i>deferasirox granules packet 180 mg</i>	5	NM, PA
<i>deferasirox granules packet 360 mg</i>	5	NM, PA
<i>deferasirox tab 90 mg</i>	5	NM, PA
<i>deferasirox tab 180 mg</i>	5	NM, PA
<i>deferasirox tab 360 mg</i>	5	NM, PA
<i>deferasirox tab for oral susp 125 mg</i>	2	NM, PA
<i>deferasirox tab for oral susp 250 mg</i>	5	NM, PA
<i>deferasirox tab for oral susp 500 mg</i>	5	NM, PA
<i>deferiprone tab 500 mg</i>	5	NM, LA, PA
<i>deferiprone tab 1000 mg</i>	5	NM, LA, PA
FERPRX 2-DAY TAB 1000MG	5	NM, LA, PA
FERRIPROX SOL 100MG/ML	5	NM, LA, PA
FERRIPROX TAB 1000MG	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
LOKELMA PAK 5GM	3	
LOKELMA PAK 10GM	3	
<i>penicillamine tab 250 mg</i>	5	NM
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i>	2	
<i>trientine hcl cap 250 mg</i>	5	NM, PA
VELTASSA POW 8.4GM	3	
VELTASSA POW 16.8GM	3	
VELTASSA POW 25.2GM	3	

CONTRACEPTIVES

<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	
ANNOVERA MIS	4	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
BALCOLTRA TAB 0.1-20	4	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>chateal</i>	2	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i>	2	
DEPO-SQ PROV INJ 104	4	

Drug Name	Drug Tier	Requirements/Limits
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>dolishale tab 90-20mcg</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>ELLA TAB 30MG</i>	3	
<i>eluryng</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & 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</i>	2	
<i>femynor</i>	2	
<i>finzala chw fe 1/20</i>	2	
<i>gemmily</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>heather</i>	2	
<i>iclevia</i>	2	
<i>incassia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe chw</i>	2	
<i>kariva</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>layolis fe</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>lillow</i>	2	
<i>LO LOESTRIN TAB 1-10-10</i>	4	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>marlissa</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>merzee cap 1/20</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>micrgstin 24 tab fe 1/20</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
NATAZIA TAB	4	
<i>necon 0.5/35-28</i>	2	
NEXTSTELLIS TAB 3-14.2MG	4	PA
<i>nikki</i>	2	
<i>nora-be</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	
<i>norethindrone tab 0.35 mg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nylia tab 1/35</i>	2	
<i>nymyo tab 0.25-35</i>	2	
<i>ocella</i>	2	
<i>orsythia tab</i>	2	
PHEXXI GEL	4	
<i>philith</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
<i>setlakin</i>	2	
<i>sharobel</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
SLYND TAB 4MG	4	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>taysofy cap 1/20</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo tab</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
TYBLUME CHW 0.1-0.02	4	
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vestura tab 3-0.02mg</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	
<i>zafemy dis 150/35</i>	2	
<i>zovia 1/35e</i>	2	
<i>zumandimine</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
ORILISSA TAB 150MG	5	PA
ORILISSA TAB 200MG	5	PA
SYNAREL SOL 2MG/ML	5	
ESTROGENS		
<i>amabelz</i>	3	
DELESTROGEN INJ 10MG/ML	4	
DEPO-ESTRADI INJ 5MG/ML	4	
<i>dotti</i>	3	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol 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	
<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	
ESTRING MIS 2MG	4	
FEMRING MIS 0.1MG/24	4	
FEMRING MIS 0.05/24H	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
IMVEXXY MAIN SUP 4MCG	4	PA

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAIN SUP 10MCG	4	PA
IMVEXXY STRT SUP 4MCG	4	PA
IMVEXXY STRT SUP 10MCG	4	PA
<i>jinteli</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	
MENOSTAR DIS 14MCG	4	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
PREMARIN INJ 25MG	4	
PREMARIN VAG CRE 0.625MG	4	
<i>yuvafem</i>	2	
GLUCOCORTICOIDS		
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	2	
DEPO-MEDROL INJ 20MG/ML	4	B/D
DEXAMETHASON CON 1MG/ML	4	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
MEDROL TAB 2MG	4	B/D
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	2	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	2	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	2	B/D
<i>methylprednisolone tab 4 mg</i>	2	B/D
<i>methylprednisolone tab 8 mg</i>	2	B/D
<i>methylprednisolone tab 16 mg</i>	2	B/D
<i>methylprednisolone tab 32 mg</i>	2	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	B/D
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	2	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	B/D
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	2	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	B/D
<i>prednisolone soln 15 mg/5ml</i>	2	B/D
PREDNISON CON 5MG/ML	4	B/D
<i>prednisone oral soln 5 mg/5ml</i>	2	B/D
<i>prednisone tab 1 mg</i>	1	B/D
<i>prednisone tab 2.5 mg</i>	1	B/D
<i>prednisone tab 5 mg</i>	1	B/D
<i>prednisone tab 10 mg</i>	1	B/D
<i>prednisone tab 20 mg</i>	1	B/D
<i>prednisone tab 50 mg</i>	1	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
SOLU-MEDROL INJ 2GM	4	B/D

Drug Name	Drug Tier	Requirements/Limits
GLUCOSE ELEVATING AGENTS		
<i>diazoxide susp 50 mg/ml</i>	5	
GVOKE HYPO 2 INJ 1MG/.2ML	3	
GVOKE HYPO 2 INJ .5/.1ML	3	
GVOKE KIT SOL 1MG/0.2M	3	
GVOKE PFS INJ	3	
MISCELLANEOUS		
ALDURAZYME INJ 2.9MG/5M	5	NM, LA, PA
<i>betaine powder for oral solution</i>	5	NM, LA
<i>cabergoline tab 0.5 mg</i>	2	
CARBAGLU TAB 200MG	5	NM, LA, PA
<i>carglumic acid soluble tab 200 mg</i>	5	NM, LA, PA
CERDELGA CAP 84MG	5	NM, PA
CEREZYME INJ 400UNIT	5	NM, LA, PA
CHOR GONADOT INJ 10000UNT	4	NM, PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	2	B/D, NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	5	B/D, NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	B/D, NM
CYSTADANE POW	5	NM, LA
CYSTAGON CAP 50MG	4	NM, LA, PA
CYSTAGON CAP 150MG	4	NM, LA, PA
<i>desmopressin acetate inj 4 mcg/ml</i>	5	
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	5	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
DOJOLVI LIQ 100%	5	NM, LA, PA
EGRIFTA SV INJ 2MG	5	NM, LA, PA
ELAPRASE INJ 6MG/3ML	5	NM, LA, PA
ELELYSO INJ 200UNIT	5	NM, PA
FABRAZYME INJ 5MG	5	NM, LA, PA
FABRAZYME INJ 35MG	5	NM, LA, PA
FENSOLVI INJ 45MG	5	NM, LA, PA
GALAFOLD CAP 123MG	5	NM, LA, PA
GENOTROPIN INJ 0.2MG	5	NM, PA
GENOTROPIN INJ 0.4MG	5	NM, PA
GENOTROPIN INJ 0.6MG	5	NM, PA
GENOTROPIN INJ 0.8MG	5	NM, PA
GENOTROPIN INJ 1.2MG	5	NM, PA
GENOTROPIN INJ 1.4MG	5	NM, PA
GENOTROPIN INJ 1.6MG	5	NM, PA
GENOTROPIN INJ 1.8MG	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN INJ 1MG	5	NM, PA
GENOTROPIN INJ 2MG	5	NM, PA
GENOTROPIN INJ 5MG	5	NM, PA
GENOTROPIN INJ 12MG	5	NM, PA
HUMATROPE INJ 6MG	5	NM, PA
HUMATROPE INJ 12MG	5	NM, PA
HUMATROPE INJ 24MG	5	NM, PA
INCRELEX INJ 40MG/4ML	5	NM, LA, PA
<i>javygtor pak 100mg</i>	5	NM, LA, PA
<i>javygtor tab 100mg</i>	5	NM, LA, PA
JYNARQUE PAK 15MG	5	NM, LA, PA
JYNARQUE PAK 30-15MG	5	NM, LA, PA
JYNARQUE PAK 45-15MG	5	NM, LA, PA
JYNARQUE PAK 60-30MG	5	NM, LA, PA
JYNARQUE PAK 90-30MG	5	NM, LA, PA
JYNARQUE TAB 15MG	5	NM, LA, PA
JYNARQUE TAB 30MG	5	NM, LA, PA
KORLYM TAB 300MG	5	NM, LA, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	B/D
<i>levocarnitine tab 330 mg</i>	2	B/D
LUMIZYME INJ 50MG	5	NM, LA, PA
LUPR DEP-PED INJ 3M 30MG	5	NM, PA
LUPR DEP-PED INJ 7.5MG	5	NM, PA
LUPR DEP-PED INJ 11.25MG	5	NM, PA
LUPR DEP-PED INJ 15MG	5	NM, PA
<i>methergine</i>	5	PA
<i>methylergonovine maleate tab 0.2 mg</i>	5	PA
<i>miglustat cap 100 mg</i>	5	QL (90 caps / 30 days), NM, PA
MYCAPSSA CAP 20MG	5	QL (112 caps / 28 days), NM, LA, PA
MYFEMBREE TAB	5	PA
NAGLAZYME INJ 1MG/ML	5	NM, LA, PA
<i>nitisinone cap 2 mg</i>	5	NM, PA
<i>nitisinone cap 5 mg</i>	5	NM, PA
<i>nitisinone cap 10 mg</i>	5	NM, PA
NORDITROPIN INJ 5/1.5ML	5	NM, PA
NORDITROPIN INJ 10/1.5ML	5	NM, PA
NORDITROPIN INJ 15/1.5ML	5	NM, PA
NORDITROPIN INJ 30/3ML	5	NM, PA
NOVAREL INJ 5000UNIT	4	NM, PA
NOVAREL INJ 10000UNT	4	NM, PA
NUTROPIN AQ INJ 10MG/2ML	5	NM, LA, PA
NUTROPIN AQ INJ 20MG/2ML	5	NM, LA, PA
NUTROPIN AQ INJ NUSPIN 5	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<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
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	2	NM, PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	2	NM, PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	5	NM, PA
OMNITROPE INJ 5.8MG	5	NM, LA, PA
OMNITROPE INJ 5/1.5ML	5	NM, LA, PA
OMNITROPE INJ 10/1.5ML	5	NM, LA, PA
ORIAHNN CAP	5	PA
OSPHENA TAB 60MG	4	PA
PALYNZIQ INJ 2.5/0.5	5	NM, LA, PA
PALYNZIQ INJ 10/0.5ML	5	NM, LA, PA
PALYNZIQ INJ 20MG/ML	5	NM, LA, PA
PREGNYL INJ 10000UNT	4	NM, PA
PROCYSBI CAP 25MG	5	NM, LA, PA
PROCYSBI CAP 75MG	5	NM, LA, PA
PROCYSBI GRA 75MG	5	NM, LA, PA
PROCYSBI GRA 300MG	5	NM, LA, PA
<i>raloxifene hcl tab 60 mg</i>	2	
RAVICTI LIQ 1.1GM/ML	5	NM, LA, PA
SAIZEN INJ 5MG	5	NM, LA, PA
SAIZEN INJ 8.8MG	5	NM, LA, PA
SAIZENPREP INJ 8.8MG	5	NM, LA, PA
SAMSCA TAB 15MG	5	NM, LA, PA
SAMSCA TAB 30MG	5	NM, LA, PA
SANDOSTATIN KIT LAR 10MG	5	NM, PA
SANDOSTATIN KIT LAR 20MG	5	NM, PA
SANDOSTATIN KIT LAR 30MG	5	NM, PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	NM, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	NM, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	NM, PA
SEROSTIM INJ 4MG	5	NM, LA, PA
SEROSTIM INJ 5MG	5	NM, LA, PA
SEROSTIM INJ 6MG	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR INJ 0.3MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.9MG/ML	5	NM, LA, PA
SIGNIFOR LAR INJ 10MG	5	NM, LA, PA
SIGNIFOR LAR INJ 20MG	5	NM, LA, PA
SIGNIFOR LAR INJ 30MG	5	NM, LA, PA
SIGNIFOR LAR INJ 40MG	5	NM, LA, PA
SIGNIFOR LAR INJ 60MG	5	NM, LA, PA
SKYTROFA INJ 3.6MG	5	NM, LA, PA
SKYTROFA INJ 3MG	5	NM, LA, PA
SKYTROFA INJ 4.3MG	5	NM, LA, PA
SKYTROFA INJ 5.2MG	5	NM, LA, PA
SKYTROFA INJ 6.3MG	5	NM, LA, PA
SKYTROFA INJ 7.6MG	5	NM, LA, PA
SKYTROFA INJ 9.1MG	5	NM, LA, PA
SKYTROFA INJ 11MG	5	NM, LA, PA
SKYTROFA INJ 13.3MG	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
<i>tolvaptan tab 15 mg</i>	5	NM, PA
<i>tolvaptan tab 30 mg</i>	5	NM, PA
VIMIZIM INJ 5MG/5ML	5	NM, PA
VPRIV INJ 400UNIT	5	NM, PA
ZOMACTON INJ 5MG	4	NM, PA
ZOMACTON INJ 10MG	5	NM, PA
ZORBTIVE INJ 8.8MG	5	NM, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
PHOSLYRA SOL	4	
<i>sevelamer carbonate packet 0.8 gm</i>	5	
<i>sevelamer carbonate packet 2.4 gm</i>	2	
<i>sevelamer carbonate tab 800 mg</i>	2	
<i>sevelamer hcl tab 400 mg</i>	2	
<i>sevelamer hcl tab 800 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
VELPHORO CHW 500MG	5	
PROGESTINS		
CRINONE GEL 4% VAG	4	PA
CRINONE GEL 8% VAG	4	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	3	
<i>megestrol acetate susp 625 mg/5ml</i>	4	PA
<i>norethindrone acetate tab 5 mg</i>	2	
<i>progesterone cap 100 mg</i>	2	
<i>progesterone cap 200 mg</i>	2	
THYROID AGENTS		
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium cap 13 mcg</i>	2	
<i>levothyroxine sodium cap 25 mcg</i>	2	
<i>levothyroxine sodium cap 50 mcg</i>	2	
<i>levothyroxine sodium cap 75 mcg</i>	2	
<i>levothyroxine sodium cap 88 mcg</i>	2	
<i>levothyroxine sodium cap 100 mcg</i>	2	
<i>levothyroxine sodium cap 112 mcg</i>	2	
<i>levothyroxine sodium cap 125 mcg</i>	2	
<i>levothyroxine sodium cap 137 mcg</i>	2	
<i>levothyroxine sodium cap 150 mcg</i>	2	
<i>levothyroxine sodium cap 175 mcg</i>	2	
<i>levothyroxine sodium cap 200 mcg</i>	2	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil tab 50 mg</i>	2	
SYNTHROID TAB 25MCG	4	
SYNTHROID TAB 50MCG	4	
SYNTHROID TAB 75MCG	4	
SYNTHROID TAB 88MCG	4	
SYNTHROID TAB 100MCG	4	
SYNTHROID TAB 112MCG	4	
SYNTHROID TAB 125MCG	4	
SYNTHROID TAB 137MCG	4	
SYNTHROID TAB 150MCG	4	
SYNTHROID TAB 175MCG	4	
SYNTHROID TAB 200MCG	4	
SYNTHROID TAB 300MCG	4	
THYQUIDITY SOL 100MCG	4	
TIROSINT-SOL SOL 13MCG/ML	4	
TIROSINT-SOL SOL 25MCG/ML	4	
TIROSINT-SOL SOL 37.5/ML	4	
TIROSINT-SOL SOL 44MCG/ML	4	
TIROSINT-SOL SOL 50MCG/ML	4	
TIROSINT-SOL SOL 62.5/ML	4	
TIROSINT-SOL SOL 75MCG/ML	4	
TIROSINT-SOL SOL 88MCG/ML	4	
TIROSINT-SOL SOL 100MCG	4	
TIROSINT-SOL SOL 112MCG	4	
TIROSINT-SOL SOL 125MCG	4	
TIROSINT-SOL SOL 137MCG	4	
TIROSINT-SOL SOL 150MCG	4	
TIROSINT-SOL SOL 175MCG	4	
TIROSINT-SOL SOL 200MCG	4	
<i>unithroid</i>	1	
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
RAYALDEE CAP 30MCG	5	
GASTROINTESTINAL		
ANTIEMETICS		
AKYNZEO CAP 300-0.5	4	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)</i>	2	
PALONOSETRON INJ 0.25/2ML	4	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	2	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl inj 25 mg/ml</i>	3	PA; PA if 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	3	PA; PA if 70 years and older
<i>promethazine hcl suppos 12.5 mg</i>	4	PA; PA if 70 years and older
<i>promethazine hcl suppos 25 mg</i>	4	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 50 mg</i>	2	PA; PA if 70 years and older
<i>promethegan</i>	4	PA; PA if 70 years and older
SANCUSO DIS 3.1MG	5	QL (4 patches / 28 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
SUSTOL INJ 10/0.4ML	4	
SYNDROS SOL 5MG/ML	5	B/D, QL (120 mL / 30 days)
VARUBI TAB 90MG	4	B/D, NM
ANTISPASMODICS		
ATROPINE SUL INJ 0.1MG/ML	4	
ATROPINE SUL INJ 0.05MG/1	4	
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	4	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	4	
CUVPOSA SOL 1MG/5ML	4	
<i>dicyclomine hcl cap 10 mg</i>	3	
<i>dicyclomine hcl inj 10 mg/ml</i>	4	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl tab 20 mg</i>	3	
GLYCOPYRROL INJ 0.2MG/ML	4	
GLYCOPYRROL INJ 0.4/2ML	4	
<i>glycopyrrolate (oral)</i>	2	
<i>glycopyrrolate inj 0.2 mg/ml</i>	2	
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>methscopolamine bromide tab 2.5 mg</i>	2	PA; PA if 70 years and older
<i>methscopolamine bromide tab 5 mg</i>	2	PA; PA if 70 years and older

H2-RECEPTOR ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	2	
<i>cimetidine tab 200 mg</i>	2	
<i>cimetidine tab 300 mg</i>	2	
<i>cimetidine tab 400 mg</i>	2	
<i>cimetidine tab 800 mg</i>	2	
<i>famotidine for susp 40 mg/5ml</i>	2	QL (300 mL / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine inj 40 mg/4ml</i>	2	
<i>famotidine inj 200 mg/20ml</i>	2	
<i>famotidine preservative free inj 20 mg/2ml</i>	2	
<i>famotidine tab 20 mg</i>	1	QL (120 tabs / 30 days)
<i>famotidine tab 40 mg</i>	1	QL (60 tabs / 30 days)
<i>nizatidine cap 150 mg</i>	2	
<i>nizatidine cap 300 mg</i>	2	
<i>nizatidine oral soln 15 mg/ml</i>	2	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	2	PA
<i>budesonide tab er 24hr 9 mg</i>	5	PA
DIPENTUM CAP 250MG	5	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>mesalamine cap dr 400 mg</i>	2	QL (180 caps / 30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	2	QL (120 caps / 30 days)
<i>mesalamine cap er 500 mg</i>	5	QL (240 caps / 30 days)
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine tab delayed release 1.2 gm</i>	2	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine tab delayed release 800 mg</i>	2	QL (180 tabs / 30 days)
ORTIKOS CAP 6MG ER	5	PA
ORTIKOS CAP 9MG ER	5	PA
PENTASA CAP 250MG CR	4	QL (480 caps / 30 days)
PENTASA CAP 500MG CR	5	QL (240 caps / 30 days)
SFROWASA ENE 4GM	5	
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	2	
UCERIS AER 2MG/ACT	4	

LAXATIVES

CLENPIQ SOL	4	
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n sol flav pk</i>	1	
<i>generlac</i>	2	
GOLYTELY SOL	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
NULYTELY SOL LMN/LIME	3	
OSMOPREP TAB 1.5GM	4	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
SUPREP BOWEL SOL PREP KIT	4	
SUTAB TAB	4	

MISCELLANEOUS

<i>alose tron hcl tab 0.5 mg (base equiv)</i>	2	QL (60 tabs / 30 days), PA
<i>alose tron hcl tab 1 mg (base equiv)</i>	5	QL (60 tabs / 30 days), PA
<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

Drug Name	Drug Tier	Requirements/Limits
IBSRELA TAB 50MG	5	QL (60 tabs / 30 days), PA
LINZESS CAP 72MCG	4	QL (30 caps / 30 days)
LINZESS CAP 145MCG	4	QL (30 caps / 30 days)
LINZESS CAP 290MCG	4	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>lubiprostone cap 8 mcg</i>	2	QL (180 caps / 30 days)
<i>lubiprostone cap 24 mcg</i>	2	QL (60 caps / 30 days)
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOTEGRITY TAB 1MG	4	
MOTEGRITY TAB 2MG	4	
MOVANTIK TAB 12.5MG	3	
MOVANTIK TAB 25MG	3	
OMECLAMOX- MIS PAK	4	
RELISTOR INJ 8/0.4ML	5	PA
RELISTOR INJ 12/0.6ML	5	PA
RELISTOR TAB 150MG	5	PA
SUCRAID SOL 8500/ML	5	NM, LA, PA
<i>sucralfate tab 1 gm</i>	2	
SYMPROIC TAB 0.2MG	4	
TALICIA CAP	4	
TRULANCE TAB 3MG	4	QL (30 tabs / 30 days)
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
VIBERZI TAB 75MG	5	PA
VIBERZI TAB 100MG	5	PA
VOQUEZNA PAK DUAL PAK	4	QL (2 boxes / year)
VOQUEZNA PAK TRIP PK	4	QL (2 boxes / year)
XERMELO TAB 250MG	5	QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TAB 550MG	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
PANCREAZE CAP 2600UNIT	4	
PANCREAZE CAP 4200UNIT	4	
PANCREAZE CAP 10500UNT	4	
PANCREAZE CAP 16800UNT	4	
PANCREAZE CAP 21000UNT	4	
PANCREAZE CAP 37000	4	
PERTZYE CAP 4000UNIT	4	

Drug Name	Drug Tier	Requirements/Limits
PERTZYE CAP 8000UNIT	4	
PERTZYE CAP 16000U	4	
PERTZYE CAP 24000U	4	
VIOKACE TAB 10440	4	
VIOKACE TAB 20880	5	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	

PROTON PUMP INHIBITORS

<i>dexlansoprazole cap delayed release 30 mg</i>	2	QL (30 caps / 30 days)
<i>dexlansoprazole cap delayed release 60 mg</i>	2	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	2	QL (30 packets / 30 days)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	2	QL (30 packets / 30 days)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	2	QL (30 packets / 30 days)
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	2	
<i>lansoprazole cap delayed release 15 mg</i>	2	QL (60 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	2	QL (60 caps / 30 days)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	2	QL (60 tabs / 30 days), ST
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	2	QL (60 tabs / 30 days), ST
NEXIUM GRA 2.5MG DR	4	
NEXIUM GRA 5MG DR	4	
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	2	QL (30 packets / 30 days), ST
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	2	
PRILOSEC POW 2.5MG	4	

Drug Name	Drug Tier	Requirements/Limits
PRILOSEC POW 10MG	4	
<i>rabeprazole sodium ec tab 20 mg</i>	2	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

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

MISCELLANEOUS

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

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	2	ST
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	2	ST
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	2	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	2	
GELNIQUE GEL 10%	4	ST
MYRBETRIQ SUS 8MG/ML	4	
MYRBETRIQ TAB 25MG	4	
MYRBETRIQ TAB 50MG	4	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	
OXYTROL DIS 3.9MG/24	4	ST
<i>solifenacin succinate tab 5 mg</i>	2	
<i>solifenacin succinate tab 10 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	ST

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	ST
<i>tolterodine tartrate tab 1 mg</i>	2	ST
<i>tolterodine tartrate tab 2 mg</i>	2	ST
TOVIAZ TAB 4MG	3	
TOVIAZ TAB 8MG	3	
<i>tropium chloride cap er 24hr 60 mg</i>	2	
<i>tropium chloride tab 20 mg</i>	2	

VAGINAL ANTI-INFECTIVES

CLEOCIN SUP 100MG	4	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
CLINDESSE CRE 2%	4	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>miconazole 3</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	
VANDAZOLE	2	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	2	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	2	QL (60 caps / 30 days)
ELIQUIS ST P TAB 5MG	3	QL (74 tabs / 30 days)
ELIQUIS TAB 2.5MG	3	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</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	

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 5000/0.2	5	
FRAGMIN INJ 7500/0.3	5	
FRAGMIN INJ 10000/ML	5	
FRAGMIN INJ 12500UNT	5	
FRAGMIN INJ 15000UNT	5	
FRAGMIN INJ 18000UNT	5	
FRAGMIN INJ 95000UNT	5	
HEP SOD/D5W INJ 20000UNT	2	
HEP SOD/D5W INJ 25000UNT	2	
HEP SOD/NAACL INJ 25000UNT	3	
HEPARIN SOD INJ 5000/0.5	4	B/D
HEPARIN SOD INJ 5000/ML	4	B/D
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	B/D
HEPARIN/NAACL INJ 25000UNT	3	
<i>jantoven</i>	1	
PRADAXA CAP 75MG	4	QL (60 caps / 30 days)
PRADAXA CAP 110MG	4	QL (120 caps / 30 days)
PRADAXA CAP 150MG	4	QL (60 caps / 30 days)
SAVAYSA TAB 15MG	4	QL (30 tabs / 30 days)
SAVAYSA TAB 30MG	4	QL (30 tabs / 30 days)
SAVAYSA TAB 60MG	4	QL (30 tabs / 30 days)
<i>warfarin sodium tab 1 mg</i>	1	
<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 SUS 1MG/ML	3	QL (620 mL / 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)

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	3	NM, PA
ARANESP INJ 25MCG	3	NM, PA
ARANESP INJ 40MCG	3	NM, PA
ARANESP INJ 60MCG	5	NM, PA
ARANESP INJ 100MCG	5	NM, PA
ARANESP INJ 150MCG	5	NM, PA
ARANESP INJ 200MCG	5	NM, PA
ARANESP INJ 300MCG	5	NM, PA
ARANESP INJ 500MCG	5	NM, PA
EPOGEN INJ 2000/ML	4	NM, PA
EPOGEN INJ 3000/ML	4	NM, PA
EPOGEN INJ 4000/ML	4	NM, PA
EPOGEN INJ 10000/ML	4	NM, PA
EPOGEN INJ 20000/ML	5	NM, PA
LEUKINE INJ 250MCG	5	NM, PA
MOZOBIL INJ	5	NM, PA
PROCRIT INJ 2000/ML	3	NM, PA
PROCRIT INJ 3000/ML	3	NM, PA
PROCRIT INJ 4000/ML	3	NM, PA
PROCRIT INJ 10000/ML	3	NM, PA
PROCRIT INJ 20000/ML	5	NM, PA
PROCRIT INJ 40000/ML	5	NM, PA
RETACRIT INJ 2000UNIT	4	NM, PA
RETACRIT INJ 3000UNIT	4	NM, PA
RETACRIT INJ 4000UNIT	4	NM, PA
RETACRIT INJ 10000UNT	4	NM, PA
RETACRIT INJ 20000UNI	4	NM, PA
RETACRIT INJ 40000UNT	5	NM, PA
ZARXIO INJ 300/0.5	5	NM, PA
ZARXIO INJ 480/0.8	5	NM, PA
MISCELLANEOUS		
ADAKVEO INJ 100/10ML	5	NM, PA
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
BERINERT INJ 500UNIT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
CINRYZE SOL 500 UNIT	5	QL (20 vials / 30 days), NM, LA, PA
DOPTELET TAB 20MG	5	NM, LA, PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	

Drug Name	Drug Tier	Requirements/Limits
ENDARI POW 5GM	5	NM, LA, PA
HAEGARDA INJ 2000UNIT	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	5	QL (9 syringes / 30 days), NM, PA
MULPLETA TAB 3MG	5	NM, PA
ORLADEYO CAP 110MG	5	QL (28 caps / 28 days), NM, LA, PA
ORLADEYO CAP 150MG	5	QL (28 caps / 28 days), NM, LA, PA
OXBRYTA TAB 300MG	5	NM, LA, PA
OXBRYTA TAB 500MG	5	NM, LA, PA
<i>pentoxifylline tab er 400 mg</i>	1	
PROMACTA PAK 25MG	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA POW 12.5MG	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	5	QL (60 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	5	QL (60 tabs / 30 days), NM, LA, PA
RUCONEST INJ 2100UNIT	5	QL (12 vials / 30 days), NM, PA
<i>sajazir inj 30mg/3ml</i>	5	QL (9 syringes / 30 days), NM, PA
SIKLOS TAB 100MG	4	
SIKLOS TAB 1000MG	5	
TAKHZYRO INJ 300/2ML	5	QL (2 syringes / 28 days), NM, LA, PA
TAKHZYRO INJ 300/2ML	5	QL (2 vials / 28 days), NM, LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA TAB 60MG	4	
BRILINTA TAB 90MG	4	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	2	
<i>dipyridamole tab 25 mg</i>	3	PA; PA if 70 years and older
<i>dipyridamole tab 50 mg</i>	3	PA; PA if 70 years and older
<i>dipyridamole tab 75 mg</i>	3	PA; PA if 70 years and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	
ZONTIVITY TAB 2.08MG	4	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ENBREL INJ 25/0.5ML	5	QL (16 syringes / 28 days), NM, PA
ENBREL INJ 25MG	5	QL (16 vials / 28 days), NM, PA
ENBREL INJ 50MG/ML	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI INJ 50MG/ML	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SRCLK INJ 50MG/ML	5	QL (8 pens / 28 days), NM, PA
ENTYVIO INJ 300MG	5	NM, PA
HUMIRA INJ 10/0.1ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEN INJ 40/0.4ML	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 80/0.8ML	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	5	NM, PA
HUMIRA PEN INJ PS/UV	5	NM, PA
HUMIRA PEN KIT CD/UC/HS	5	NM, PA
HUMIRA PEN KIT PED UC	5	NM, PA
HUMIRA PEN KIT PS/UV	5	NM, PA
INFLIXIMAB INJ 100MG	5	NM, LA, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 30MG	5	QL (60 tabs / 30 days), NM, PA
REMICADE INJ 100MG	5	NM, PA
RENFLEXIS INJ 100MG	5	NM, LA, PA
RINVOQ TAB 15MG ER	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TAB 30MG ER	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TAB 45MG ER	5	QL (112 tabs / year), NM, PA
SKYRIZI INJ 150DOSE	5	QL (7 kits / 365 days), NM, PA
SKYRIZI INJ 150MG/ML	5	QL (7 syringes / 365 days), NM, PA
SKYRIZI INJ 360/2.4	5	QL (7 cartridges / 365 days), NM, PA
SKYRIZI PEN INJ 150MG/ML	5	QL (7 pens / 365 days), NM, PA
SKYRIZI SOL 60MG/ML	5	QL (6 vials / year), NM, PA
STELARA INJ 45MG/0.5	5	QL (2 vials / 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
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>leflunomide tab 10 mg</i>	2	QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
TREXALL TAB 5MG	4	B/D
TREXALL TAB 7.5MG	4	B/D
TREXALL TAB 10MG	4	B/D

Drug Name	Drug Tier	Requirements/Limits
TREXALL TAB 15MG	4	B/D
XATMEP SOL 2.5MG/ML	4	B/D
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	5	NM, LA, PA
BIVIGAM INJ 10%	5	NM, PA
FLEBOGAMMA INJ 5GM/50ML	5	NM, PA
FLEBOGAMMA INJ 10/100ML	5	NM, PA
FLEBOGAMMA INJ 10/200ML	5	NM, PA
FLEBOGAMMA INJ 20/200ML	5	NM, PA
FLEBOGAMMA INJ 20/400ML	5	NM, PA
FLEBOGAMMA INJ DIF 5%	5	NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD INJ 1GM/10ML	5	NM, PA
GAMMAGARD INJ 2.5GM/25	5	NM, PA
GAMMAGARD INJ 5GM/50ML	5	NM, PA
GAMMAGARD INJ 10GM/100	5	NM, PA
GAMMAGARD INJ 20GM/200	5	NM, PA
GAMMAGARD INJ 30GM/300	5	NM, PA
GAMMAGARD SD INJ 5GM HU	5	NM, PA
GAMMAGARD SD INJ 10GM HU	5	NM, PA
GAMMAKED INJ 1GM/10ML	5	NM, PA
GAMMAKED INJ 5GM/50ML	5	NM, PA
GAMMAKED INJ 10GM/100	5	NM, PA
GAMMAKED INJ 20GM/200	5	NM, PA
GAMMAPLEX INJ 5%	5	NM, PA
GAMMAPLEX INJ 10%	5	NM, PA
GAMUNEX-C INJ 1GM/10ML	5	NM, PA
GAMUNEX-C INJ 2.5GM/25	5	NM, PA
GAMUNEX-C INJ 5GM/50ML	5	NM, PA
GAMUNEX-C INJ 10GM/100	5	NM, PA
GAMUNEX-C INJ 20GM/200	5	NM, PA
GAMUNEX-C INJ 40/400ML	5	NM, PA
OCTAGAM INJ 1GM	5	NM, PA
OCTAGAM INJ 2.5GM	5	NM, PA
OCTAGAM INJ 2GM/20ML	5	NM, PA
OCTAGAM INJ 5GM	5	NM, PA
OCTAGAM INJ 5GM/50ML	5	NM, PA
OCTAGAM INJ 10/100ML	5	NM, PA
OCTAGAM INJ 10GM	5	NM, PA
OCTAGAM INJ 20/200ML	5	NM, PA
OCTAGAM INJ 25GM	5	NM, PA
OCTAGAM INJ 30/300ML	5	NM, PA
PANZYGA SOL 1GM/10ML	5	NM, PA
PANZYGA SOL 2.5/25ML	5	NM, PA
PANZYGA SOL 5GM/50ML	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PANZYGA SOL 10/100ML	5	NM, PA
PANZYGA SOL 20/200ML	5	NM, PA
PANZYGA SOL 30/300ML	5	NM, PA
PRIVIGEN INJ 5 GRAMS	5	NM, PA
PRIVIGEN INJ 10GRAMS	5	NM, PA
PRIVIGEN INJ 20GRAMS	5	NM, PA
PRIVIGEN INJ 40GRAMS	5	NM, PA

IMMUNOMODULATORS

ACTIMMUNE INJ 2MU/0.5	5	NM, LA, PA
ARCALYST INJ 220MG	5	NM, PA
GRASTEK SUB 2800BAU	4	PA
INTRON A INJ 10MU	3	B/D, NM
INTRON A INJ 18MU	4	B/D, NM
INTRON A INJ 18MU	5	B/D, NM
INTRON A INJ 25MU	5	B/D, NM
INTRON A INJ 50MU	5	B/D, NM
ODACTRA SUB	4	PA
ORALAIR SUB 300 IR	4	NM, PA
RAGWITEK SUB	4	PA
VYVGART INJ 400/20ML	5	NM, LA, PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL CAP 0.5MG	4	B/D, NM
ASTAGRAF XL CAP 1MG	4	B/D, NM
ASTAGRAF XL CAP 5MG	5	B/D, NM
ATGAM INJ 250MG	5	B/D
<i>azasan tab 75 mg</i>	2	B/D
<i>azasan tab 100mg</i>	2	B/D
<i>azathioprine tab 50 mg</i>	2	B/D
<i>azathioprine tab 75 mg</i>	2	B/D
<i>azathioprine tab 100 mg</i>	2	B/D
BENLYSTA INJ 120MG	5	NM, PA
BENLYSTA INJ 200MG/ML	5	QL (8 syringes / 28 days), NM, PA
BENLYSTA INJ 400MG	5	NM, PA
<i>cyclosporine cap 25 mg</i>	2	B/D, NM
<i>cyclosporine cap 100 mg</i>	2	B/D, NM
<i>cyclosporine iv soln 50 mg/ml</i>	2	B/D, NM
<i>cyclosporine modified cap 25 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 50 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 100 mg</i>	2	B/D, NM
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	B/D, NM
ENVARUSUS XR TAB 0.75MG	4	B/D, NM
ENVARUSUS XR TAB 1MG	4	B/D, NM
ENVARUSUS XR TAB 4MG	5	B/D, NM
<i>everolimus tab 0.5 mg</i>	5	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tab 0.25 mg</i>	5	B/D, NM
<i>everolimus tab 0.75 mg</i>	5	B/D, NM
<i>everolimus tab 1 mg</i>	5	B/D, NM
<i>gengraf</i>	2	B/D, NM
LUPKYNIS CAP 7.9MG	5	NM, LA, PA
<i>mycophenolate mofetil cap 250 mg</i>	2	B/D, NM
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	B/D, NM
<i>mycophenolate mofetil tab 500 mg</i>	2	B/D, NM
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	B/D, NM
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	B/D, NM
NULOJIX INJ 250MG	5	B/D, NM
PROGRAF GRA 0.2MG	4	B/D, NM
PROGRAF GRA 1MG	4	B/D, NM
REZUROCK TAB 200MG	5	NM, LA, PA
SANDIMMUNE SOL 100MG/ML	3	B/D, NM
<i>sirolimus oral soln 1 mg/ml</i>	5	B/D, NM
<i>sirolimus tab 0.5 mg</i>	2	B/D, NM
<i>sirolimus tab 1 mg</i>	2	B/D, NM
<i>sirolimus tab 2 mg</i>	2	B/D, NM
<i>tacrolimus cap 0.5 mg</i>	2	B/D, NM
<i>tacrolimus cap 1 mg</i>	2	B/D, NM
<i>tacrolimus cap 5 mg</i>	2	B/D, NM
ZORTRESS TAB 1MG	5	B/D, NM

VACCINES

ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ 50MG	3	
BXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENGVAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ	3	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	

Drug Name	Drug Tier	Requirements/Limits
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	
PREHEVBRIO SUS 10MCG/ML	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	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	
ROTATEQ 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
TICOVAC INJ	3	
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	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NAACL INJ 0.45%	2	
D5W/LYTES INJ #48	4	
D10W/NAACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	4	
KCL/D5W/LACT INJ 20MEQ/L	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	2	
MAGNESIUM SU INJ 2GM/50ML	3	
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	
MAGNESIUM SU INJ 80MG/ML	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHLORIDE INJ 10MEQ	4	
POT CHLORIDE INJ 20MEQ	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>potassium chloride inj 10 meq/100ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride inj 20 meq/100ml</i>	2	
<i>potassium chloride inj 40 meq/100ml</i>	2	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	
<i>sodium chloride iv soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	2	
<i>sodium chloride iv soln 3%</i>	2	
<i>sodium chloride iv soln 5%</i>	2	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i>	2	
<i>klor-con 8</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	1	
M-NATAL PLUS TAB	3	
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride powder packet 20 meq</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TRICARE TAB PRENATAL	3	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	4	B/D
CLINIMIX E INJ 4.25/D5W	4	B/D
CLINIMIX E INJ 4.25/D10	4	B/D
CLINIMIX E INJ 5%/D15W	4	B/D
CLINIMIX E INJ 5%/D20W	4	B/D
CLINIMIX E INJ 8/10	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E INJ 8/14	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose inj 5%</i>	2	
<i>dextrose inj 10%</i>	2	
<i>dextrose inj 50%</i>	2	B/D
<i>dextrose inj 70%</i>	2	B/D
FREAMINE III INJ 10%	4	B/D
<i>hepatamine sol 8%</i>	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NUTRILIPID EMU 20%	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
SMOFLIPID EMU	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
BLEPHAMIDE OIN S.O.P.	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
PRED-G S.O.P OIN OP	4	
<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

AZASITE SOL 1%	4	
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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	2	
<i>levofloxacin ophth soln 1.5%</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN SUS 5% OP	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBEX OIN 0.3% OP	4	
<i>trifluridine ophth soln 1%</i>	2	
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
ACUVAIL SOL 0.45%	4	
ALREX SUS 0.2%	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
BROMSITE DRO 0.075%	4	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	2	
EYSUVIS DRO 0.25%	4	QL (8.3 mL / 30 days)
FLAREX SUS 0.1% OP	4	
<i>fluorometholone ophth susp 0.1%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
FML FORTE SUS 0.25% OP	4	
FML OIN 0.1% OP	4	

Drug Name	Drug Tier	Requirements/Limits
ILEVRO DRO 0.3% OP	3	
INVELTYS SUS 1%	4	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
LOTEMAX OIN 0.5%	3	
LOTEMAX SM GEL 0.38%	4	
<i>loteprednol etabonate ophth gel 0.5%</i>	2	
<i>loteprednol etabonate ophth susp 0.5%</i>	2	
MAXIDEX SUS 0.1% OP	4	
PRED MILD SUS 0.12% OP	4	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	2	
PROLENSA SOL 0.07%	3	
ANTIALLERGICS		
ALOCRI SOL 2%	4	
ALOMIDE SOL 0.1% OP	4	
<i>azelastine hcl ophth soln 0.05%</i>	2	
<i>bepotastine besilate ophth soln 1.5%</i>	2	
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	2	
LASTACFT SOL 0.25%	4	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	2	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	2	
ZERVIA DRO 0.24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETIMOL SOL 0.5%	4	
BETIMOL SOL 0.25%	4	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>brinzolamide ophth susp 1%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	

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

MISCELLANEOUS

ATROPINE SUL SOL 1% OP	3	
<i>atropine sulfate ophth soln 1%</i>	2	
CYSTADROPS SOL 0.37%	5	NM, LA, PA
CYSTARAN SOL 0.44%	5	NM, LA, PA
ISOPTO ATROP SOL 1% OP	3	
LACRISERT MIS 5MG OP	4	
<i>proparacaine hcl ophth soln 0.5%</i>	2	
RESTASIS EMU 0.05% OP	3	
RESTASIS MUL EMU 0.05% OP	3	
XIIDRA DRO 5%	3	

OTIC

OTIC AGENTS

<i>acetic acid otic soln 2%</i>	2	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	2	
CORTISPORIN SUS -TC OTIC	4	
<i>flac</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days); (Institutional Pack)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
STIOLTO AER 2.5-2.5	4	QL (1 inhaler / 30 days)
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	4	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	3	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	
LONHALA MAGN SOL 25MCG	5	QL (60 mL / 30 days)
SPIRIVA AER 1.25MCG	4	QL (1 inhaler / 30 days)
SPIRIVA CAP HANDIHLR	4	QL (30 caps / 30 days)
SPIRIVA SPR 2.5MCG	4	QL (1 inhaler / 30 days)
TUDORZA PRES AER 400/ACT	4	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR (INSTITUTIONAL PACK)	4	QL (2 inhalers / 30 days)
YUPELRI SOL	5	PA

ANTI-HISTAMINE COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	2	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	3	PA; PA if 70 years and older
<i>cyproheptadine hcl tab 4 mg</i>	3	PA; PA if 70 years and older
<i>desloratadine tab 5 mg</i>	2	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	2	
<i>desloratadine tab orally disintegrating 5 mg</i>	2	
<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
<i>hydroxyzine hcl tab 50 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 100 mg</i>	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	2	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
<i>olopatadine hcl nasal soln 0.6%</i>	2	
BETA AGONISTS		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg</i>	2	
<i>albuterol sulfate tab 4 mg</i>	2	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	2	B/D
BROVANA NEB 15MCG	5	B/D
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	5	B/D
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	2	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	3	QL (60 inhalations / 30 days)
STRIVERDI AER 2.5MCG	4	QL (1 inhaler / 30 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	2	
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	
VENTOLIN HFA (INSTITUTIONAL PACK)	3	QL (6 inhalers / 30 days)
VENTOLIN HFA AER	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<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
BRONCHITOL CAP 40MG	5	QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	B/D
DALIRESP TAB 250MCG	4	
DALIRESP TAB 500MCG	4	
<i>elixophyllin elx 80/15ml</i>	5	
<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
GLASSIA INJ	5	NM, LA, PA
KALYDECO PAK 25MG	5	QL (56 packs / 28 days), NM, PA
KALYDECO PAK 50MG	5	QL (56 packs / 28 days), NM, PA
KALYDECO PAK 75MG	5	QL (56 packs / 28 days), NM, PA
KALYDECO TAB 150MG	5	QL (60 tabs / 30 days), NM, PA
OFEV CAP 100MG	5	QL (60 caps / 30 days), NM, PA
OFEV CAP 150MG	5	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone tab 267 mg</i>	5	QL (270 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone tab 534 mg</i>	5	QL (90 tabs / 30 days), NM, PA
<i>pirfenidone tab 801 mg</i>	5	QL (90 tabs / 30 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 elixir 80 mg/15ml</i>	2	
<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 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR INJ 75/0.5	5	NM, LA, PA
XOLAIR INJ 150MG/ML	5	NM, LA, PA
XOLAIR SOL 150MG	5	NM, LA, PA
ZEMAIRA INJ 1000MG	5	NM, LA, PA
NASAL STEROIDS		
BECONASE AQ SUS 0.042%	4	QL (2 inhalers / 30 days)
<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)
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	QL (2 inhalers / 30 days)
OMNARIS SPR	4	QL (1 inhaler / 30 days)
QNASL AER 80MCG	4	QL (1 inhaler / 30 days)
QNASL CHILD SPR 40MCG	4	QL (1 inhaler / 30 days)
XHANCE MIS 93MCG	4	QL (2 bottles / 30 days)
ZETONNA AER 37MCG	4	QL (1 inhaler / 30 days)
STEROID INHALANTS		
ALVESCO AER 80MCG	4	QL (3 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ALVESCO AER 160MCG	4	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	3	QL (30 inhalations / 30 days)
ASMANEX 14 AER 220MCG	4	QL (8 inhalers / 28 days)
ASMANEX 30 AER 110MCG	4	QL (2 inhalers / 30 days)
ASMANEX 30 AER 220MCG	4	QL (4 inhalers / 30 days)
ASMANEX 60 AER 220MCG	4	QL (2 inhalers / 30 days)
ASMANEX 120 AER 220MCG	4	QL (1 inhaler / 30 days)
ASMANEX HFA AER 50MCG	4	QL (1 inhaler / 30 days)
ASMANEX HFA AER 100 MCG	4	QL (1 inhaler / 30 days)
ASMANEX HFA AER 200 MCG	4	QL (1 inhaler / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	B/D
<i>budesonide inhalation susp 1 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)
QVAR REDIIHA AER 80MCG	4	QL (2 inhalers / 30 days)
QVAR REDIIHAL AER 40MCG	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	4	QL (1 inhaler / 30 days)
DULERA AER 100-5MCG	4	QL (1 inhaler / 30 days)
DULERA AER 200-5MCG	4	QL (1 inhaler / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane cap 10mg</i>	2	PA
<i>acutane cap 20mg</i>	2	PA
<i>acutane cap 30mg</i>	2	PA
<i>acutane cap 40mg</i>	2	PA
<i>adapalene gel 0.1%</i>	2	QL (45 gm / 30 days), PA
<i>adapalene gel 0.3%</i>	2	QL (45 gm / 30 days), PA
ADAPALENE SOL 0.1%	4	QL (120 mL / 30 days), PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	2	
AKLIEF CRE 0.005%	4	QL (45 gm / 30 days), PA
ALTRENO LOT 0.05%	4	QL (45 gm / 30 days), PA
<i>amnestem</i>	2	PA
ARAZLO LOT 0.045%	4	QL (45 gm / 30 days), PA
<i>avita</i>	2	QL (45 gm / 30 days), PA
AZELEX CRE 20%	4	QL (50 gm / 30 days)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (46.6 gm / 30 days)
<i>claravis</i>	2	PA
<i>clindacin-p</i>	2	QL (69 pledgets / 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	QL (45 gm / 30 days)
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	QL (75 gm / 30 days)
<i>clindamycin phosphate lotion 1%</i>	2	QL (60 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate soln 1%</i>	2	QL (60 mL / 30 days)
<i>clindamycin phosphate swab 1%</i>	2	QL (69 pledgets / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	QL (50 gm / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	2	QL (50 gm / 30 days)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	2	QL (60 gm / 30 days)
<i>dapsone gel 5%</i>	2	QL (90 gm / 30 days)
<i>dapsone gel 7.5%</i>	2	QL (90 gm / 30 days)
DIFFERIN LOT 0.1%	4	QL (59 mL / 30 days), PA
EPIDUO FORTE GEL 0.3-2.5%	4	
<i>ery</i>	2	QL (60 pledgets / 30 days)
<i>erythromycin gel 2%</i>	2	QL (60 gm / 30 days)
<i>erythromycin soln 2%</i>	2	QL (60 mL / 30 days)
FABIOR AER 0.1%	4	QL (100 gm / 30 days), PA
<i>isotretinoin cap 10 mg</i>	2	PA
<i>isotretinoin cap 20 mg</i>	2	PA
<i>isotretinoin cap 30 mg</i>	2	PA
<i>isotretinoin cap 40 mg</i>	2	PA
<i>myorisan</i>	2	PA
<i>neuac gel 1.2-5%</i>	2	QL (45 gm / 30 days)
ONEXTON GEL 1.2-3.75	4	QL (50 gm / 30 days)
RETIN-A MICR GEL 0.06%	5	QL (50 gm / 30 days), PA
RETIN-A MICR GEL 0.08%	5	QL (50 gm / 30 days), PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	QL (118 mL / 30 days)
TAZAROTENE AER 0.1%	4	QL (100 gm / 30 days), PA
<i>tretinoin cream 0.1%</i>	2	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.05%</i>	2	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.025%</i>	2	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.01%</i>	2	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.05%</i>	2	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	2	QL (45 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin microsphere gel 0.1%</i>	2	QL (50 gm / 30 days), PA
<i>tretinoin microsphere gel 0.04%</i>	2	QL (50 gm / 30 days), PA
TWYNEO CRE 0.1-3%	4	QL (30 gm / 30 days), PA
WINLEVI CRE 1%	4	QL (60 gm / 30 days), PA
<i>zenatane</i>	2	PA

DERMATOLOGY, ANTIBIOTICS

CENTANY OIN 2%	4	QL (220 gm / 30 days)
<i>gentamicin sulfate cream 0.1%</i>	2	QL (30 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	2	QL (30 gm / 30 days)
<i>mupirocin oint 2%</i>	1	QL (220 gm / 30 days)
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd</i>	2	
SULFAMYLON CRE 85MG/GM	4	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	QL (60 mL / 30 days)
<i>clotrimazole cream 1%</i>	2	QL (45 gm / 30 days)
<i>clotrimazole soln 1%</i>	2	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (45 gm / 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	QL (30 mL / 30 days)
<i>ketoconazole cream 2%</i>	2	QL (60 gm / 30 days)
MENTAX CRE 1%	4	QL (30 gm / 30 days)
<i>naftifine hcl cream 1%</i>	2	QL (90 gm / 30 days)
<i>naftifine hcl cream 2%</i>	2	QL (60 gm / 30 days)
<i>naftifine hcl gel 1%</i>	2	QL (90 gm / 30 days)
NAFTIN GEL 2%	4	QL (60 gm / 30 days)
<i>nyamyc</i>	2	QL (60 gm / 30 days)
<i>nystatin cream 100000 unit/gm</i>	2	QL (30 gm / 30 days)
<i>nystatin oint 100000 unit/gm</i>	2	QL (30 gm / 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	2	QL (60 gm / 30 days)
<i>nystop</i>	2	QL (60 gm / 30 days)
OXISTAT LOT 1%	4	QL (60 mL / 30 days), PA

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	2	PA
<i>acitretin cap 17.5 mg</i>	2	PA
<i>acitretin cap 25 mg</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene oint 0.005%</i>	2	QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	QL (120 mL / 30 days), PA
<i>calcitrene</i>	2	QL (120 gm / 30 days), PA
<i>methoxsalen rapid cap 10 mg</i>	5	
<i>tazarotene cream 0.1%</i>	2	QL (60 gm / 30 days), PA
<i>tazarotene gel 0.1%</i>	2	QL (100 gm / 30 days), PA
<i>tazarotene gel 0.05%</i>	2	QL (100 gm / 30 days), PA
TAZORAC CRE 0.05%	4	QL (60 gm / 30 days), PA
TAZORAC GEL 0.1%	4	QL (100 gm / 30 days), PA
TAZORAC GEL 0.05%	4	QL (100 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	1	QL (120 mL / 30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	2	QL (60 gm / 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	2	QL (60 gm / 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate oint 0.05%</i>	2	QL (120 gm / 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	2	QL (120 gm / 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	QL (120 gm / 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	QL (120 mL / 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	QL (120 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	2	QL (60 gm / 30 days)
<i>clobetasol propionate e</i>	2	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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>desonide cream 0.05%</i>	2	QL (60 gm / 30 days)
<i>desonide lotion 0.05%</i>	2	QL (118 mL / 30 days)
<i>desonide oint 0.05%</i>	2	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide cream 0.01%</i>	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	2	QL (120 gm / 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	2	QL (120 gm / 30 days)
<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	
PANDEL CRE 0.1%	5	QL (80 gm / 30 days)
<i>prednicarbate oint 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
triderm	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	2	QL (60 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<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

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir oint 5%</i>	2	QL (30 gm / 30 days)
<i>azelaic acid gel 15%</i>	2	QL (50 gm / 30 days)
<i>bexarotene gel 1%</i>	5	QL (60 gm / 30 days), NM, PA
CONDYLOX GEL 0.5%	4	QL (7 gm / 28 days)
CORTIFOAM AER 90MG	4	
DENAVIR CRE 1%	5	QL (5 gm / 30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	QL (1000 gm / 30 days)
<i>diclofenac sodium soln 1.5%</i>	2	QL (300 mL / 28 days), PA
<i>diclofenac sodium soln 2%</i>	5	QL (224 gm / 28 days), PA
EUCRISA OIN 2%	4	QL (120 gm / 30 days), PA
FINACEA AER 15%	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>	1	
<i>imiquimod cream 5%</i>	2	QL (24 packets / 30 days)
KLISYRI OIN 1%	5	QL (5 packets / 30 days), PA
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>metronidazole cream 0.75%</i>	2	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	2	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	2	QL (59 mL / 30 days)
NORITATE CRE 1%	5	QL (60 gm / 30 days)
PANRETIN GEL 0.1%	5	QL (60 gm / 30 days), PA
PENNSAID SOL 2%	5	QL (224 gm / 28 days), PA
<i>podofilox soln 0.5%</i>	2	QL (7 mL / 28 days)
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>proctosol hc cre 2.5%</i>	2	
<i>proctozone-hc</i>	2	
QBREXZA PAD 2.4%	4	QL (30 pouches / 30 days), PA
RECTIV OIN 0.4%	4	
<i>rosadan</i>	2	QL (45 gm / 30 days)
<i>tacrolimus oint 0.1%</i>	2	QL (100 gm / 30 days)
<i>tacrolimus oint 0.03%</i>	2	QL (100 gm / 30 days)
TARGRETIN GEL 1%	5	QL (60 gm / 30 days), NM, PA
VALCHLOR GEL 0.016%	5	QL (60 gm / 30 days), NM, LA, PA
XERESE CRE 5-1%	5	QL (5 gm / 30 days)
ZYCLARA PUMP CRE 2.5%	5	QL (15 gm / 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i>	2	QL (454 gm / 30 days)
<i>malathion lotion 0.5%</i>	2	QL (59 mL / 30 days)
<i>permethrin cream 5%</i>	2	QL (60 gm / 30 days)
<i>spinosad susp 0.9%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX GEL 0.01%	5	QL (30 gm / 30 days), PA
SANTYL OIN 250/GM	4	QL (180 gm / 30 days)
<i>sodium chloride irrigation soln 0.9%</i>	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	2	QL (150 lozenges / 30 days)
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>periogard</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	2	
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<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	40	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	21
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	39	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	21
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	39	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	21
<i>amnestem</i>	134	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	21
<i>amoxapine tab 100 mg</i>	61	<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	108
<i>amoxapine tab 150 mg</i>	61	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	73
<i>amoxapine tab 25 mg</i>	61	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	73
<i>amoxapine tab 50 mg</i>	61	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	73
<i>amoxicillin (trihydrate) cap 250 mg</i> ..	21	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	73
<i>amoxicillin (trihydrate) cap 500 mg</i> ..	21	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	73
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	21	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	73
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	21	<i>amphetamine-dextroamphetamine tab 10 mg</i>	73
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	21	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	73
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	21	<i>amphetamine-dextroamphetamine tab 15 mg</i>	73

<i>amphetamine-dextroamphetamine tab</i>	
20 mg	73
<i>amphetamine-dextroamphetamine tab</i>	
30 mg	73
<i>amphetamine-dextroamphetamine tab</i>	
5 mg.....	73
<i>amphetamine-dextroamphetamine tab</i>	
7.5 mg	73
<i>amphotericin b for iv soln 50 mg</i>	12
<i>amphotericin b liposome iv for susp 50</i>	
mg	12
<i>ampicillin & sulbactam sodium for inj</i>	
1.5 (1-0.5) gm	21
<i>ampicillin & sulbactam sodium for inj 3</i>	
(2-1) gm	21
<i>ampicillin & sulbactam sodium for iv</i>	
soln 1.5 (1-0.5) gm.....	21
<i>ampicillin & sulbactam sodium for iv</i>	
soln 15 (10-5) gm	21
<i>ampicillin & sulbactam sodium for iv</i>	
soln 3 (2-1) gm	21
<i>ampicillin cap 500 mg</i>	21
<i>ampicillin sodium for inj 1 gm</i>	21
<i>ampicillin sodium for inj 125 mg</i>	21
<i>ampicillin sodium for inj 2 gm</i>	21
<i>ampicillin sodium for inj 250 mg</i>	21
<i>ampicillin sodium for inj 500 mg</i>	21
<i>ampicillin sodium for iv soln 1 gm</i>	21
<i>ampicillin sodium for iv soln 10 gm</i> ..	22
<i>ampicillin sodium for iv soln 2 gm</i>	21
<i>anagrelide hcl cap 0.5 mg</i>	114
<i>anagrelide hcl cap 1 mg</i>	114
<i>anastrozole tab 1 mg</i>	26
ANDRODERM DIS 2MG/24HR	83
ANDRODERM DIS 4MG/24HR	83
ANNOVERA MIS	91
ANORO ELLIPT AER 62.5-25	128
APIDRA INJ SOLOSTAR	88
APIDRA INJ U-100	88
APOKYN INJ 10MG/ML	64
<i>apomorphine hcl soln cartridge 30</i>	
mg/3ml	64
<i>aprepitant capsule 125 mg</i>	105
<i>aprepitant capsule 40 mg</i>	105
<i>aprepitant capsule 80 mg</i>	105
<i>aprepitant capsule therapy pack 80 &</i>	
125 mg	105
<i>apri</i>	91
APTIOM TAB 200MG	53
APTIOM TAB 400MG	53
APTIOM TAB 600MG	53
APTIOM TAB 800MG	53
APTIVUS CAP 250MG	13
ARALAST NP INJ 1000MG	131
ARALAST NP INJ 500MG	131
<i>aranelle</i>	91
ARANESP INJ 100MCG	114
ARANESP INJ 10MCG	114
ARANESP INJ 150MCG	114
ARANESP INJ 200MCG	114
ARANESP INJ 25MCG	114
ARANESP INJ 300MCG	114
ARANESP INJ 40MCG	114
ARANESP INJ 500MCG	114
ARANESP INJ 60MCG	114
ARAZLO LOT 0.045%	134
ARCALYST INJ 220MG	119
<i>arformoterol tartrate soln nebu 15</i>	
mcg/2ml (base equiv)	130
ARIKAYCE SUS	9
<i>aripiprazole oral solution 1 mg/ml</i>	68
<i>aripiprazole orally disintegrating tab 10</i>	
mg.....	68
<i>aripiprazole orally disintegrating tab 15</i>	
mg.....	68
<i>aripiprazole tab 10 mg</i>	68
<i>aripiprazole tab 15 mg</i>	68
<i>aripiprazole tab 2 mg</i>	68
<i>aripiprazole tab 20 mg</i>	68
<i>aripiprazole tab 30 mg</i>	68
<i>aripiprazole tab 5 mg</i>	68
ARISTADA INJ 1064MG	68
ARISTADA INJ 441MG/1.	68
ARISTADA INJ 662MG/2	68
ARISTADA INJ 882MG/3	68
ARISTADA INJ INITIO	68
<i>armodafinil tab 150 mg</i>	82
<i>armodafinil tab 200 mg</i>	82
<i>armodafinil tab 250 mg</i>	82
<i>armodafinil tab 50 mg</i>	82
ARNUITY ELPT INH 100MCG	133
ARNUITY ELPT INH 200MCG	133
ARNUITY ELPT INH 50MCG.....	133
ARZERRA CON 100/5ML	29

<i>asenapine maleate sl tab 10 mg (base equiv)</i>	68	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	73
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	68	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	43
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	68	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	43
<i>ashlyna</i>	91	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	43
ASMANEX 120 AER 220MCG	133	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	43
ASMANEX 14 AER 220MCG	133	<i>atovaquone susp 750 mg/5ml</i>	9
ASMANEX 30 AER 110MCG	133	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	13
ASMANEX 30 AER 220MCG	133	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	13
ASMANEX 60 AER 220MCG	133	ATROPINE SUL INJ 0.05MG/1	106
ASMANEX HFA AER 100 MCG	133	ATROPINE SUL INJ 0.1MG/ML	106
ASMANEX HFA AER 200 MCG	133	ATROPINE SUL SOL 1% OP	127
ASMANEX HFA AER 50MCG	133	<i>atropine sulfate ophth soln 1%</i>	127
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	115	<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	106
ASTAGRAF XL CAP 0.5MG	119	<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	106
ASTAGRAF XL CAP 1MG	119	ATROVENT HFA AER 17MCG	128
ASTAGRAF XL CAP 5MG	119	<i>aubra eq</i>	91
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	13	<i>aurovela 1/20</i>	91
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	13	<i>aurovela 24 fe</i>	91
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	13	<i>aurovela fe 1.5/30</i>	91
<i>atenolol & chlorthalidone tab 100-25 mg</i>	45	<i>aurovela fe 1/20</i>	91
<i>atenolol & chlorthalidone tab 50-25 mg</i>	45	AUSTEDO TAB 12MG	80
<i>atenolol tab 100 mg</i>	45	AUSTEDO TAB 6MG	80
<i>atenolol tab 25 mg</i>	45	AUSTEDO TAB 9MG	80
<i>atenolol tab 50 mg</i>	45	AVASTIN INJ	29
ATGAM INJ 250MG	119	AVASTIN INJ 400/16ML	29
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	73	<i>aviane</i>	91
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	73	<i>avita</i>	134
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	73	AVYCAZ INJ 2-0.5GM	18
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	73	<i>ayuna</i>	91
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	73	AYVAKIT TAB 100MG	29
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	73	AYVAKIT TAB 200MG	29
		AYVAKIT TAB 25MG	29
		AYVAKIT TAB 300MG	29
		AYVAKIT TAB 50MG	29
		<i>azacitidine for inj 100 mg</i>	24
		<i>azasan tab 100mg</i>	119
		<i>azasan tab 75 mg</i>	119
		AZASITE SOL 1%	124

<i>azathioprine tab 100 mg</i>	119	BELBUCA MIS 150MCG.....	2
<i>azathioprine tab 50 mg</i>	119	BELBUCA MIS 300MCG.....	2
<i>azathioprine tab 75 mg</i>	119	BELBUCA MIS 450MCG.....	2
<i>azelaic acid gel 15%</i>	139	BELBUCA MIS 600MCG.....	2
<i>azelastine hcl nasal spray 0.1% (137</i> <i>mcg/spray)</i>	129	BELBUCA MIS 750MCG.....	2
<i>azelastine hcl nasal spray 0.15%</i> <i>(205.5 mcg/spray)</i>	129	BELBUCA MIS 75MCG	2
<i>azelastine hcl ophth soln 0.05%</i>	126	BELBUCA MIS 900MCG.....	2
<i>azelastine hcl-fluticasone prop nasal</i> <i>spray 137-50 mcg/act.</i>	128	BELEODAQ INJ 500MG	29
AZELEX CRE 20%	134	BELSOMRA TAB 10MG	78
<i>azithromycin for susp 100 mg/5ml</i> ...	19	BELSOMRA TAB 15MG	78
<i>azithromycin for susp 200 mg/5ml</i> ...	19	BELSOMRA TAB 20MG	78
<i>azithromycin iv for soln 500 mg</i>	19	BELSOMRA TAB 5MG.....	78
<i>azithromycin powd pack for susp 1 gm</i>	19	<i>benazepril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	37
<i>azithromycin tab 250 mg</i>	19	<i>benazepril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	37
<i>azithromycin tab 500 mg</i>	19	<i>benazepril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	37
<i>azithromycin tab 600 mg</i>	19	<i>benazepril & hydrochlorothiazide tab 5-</i> <i>6.25mg</i>	37
AZSTARYS CAP 26.1-5.2	73	<i>benazepril hcl tab 10 mg</i>	38
AZSTARYS CAP 39.2-7.8	74	<i>benazepril hcl tab 20 mg</i>	38
AZSTARYS CAP 52.3-10.....	74	<i>benazepril hcl tab 40 mg</i>	38
<i>aztreonam for inj 1 gm</i>	9	<i>benazepril hcl tab 5 mg</i>	38
<i>aztreonam for inj 2 gm</i>	9	BENDEKA INJ 100/4ML.....	23
<i>azurette</i>	91	BENLYSTA INJ 120MG	119
B		BENLYSTA INJ 200MG/ML	119
<i>bacitracin ophth oint 500 unit/gm</i> ..	125	BENLYSTA INJ 400MG	119
<i>bacitracin-polymyxin b ophth oint</i> ..	125	<i>benzoyl peroxide-erythromycin gel 5-</i> <i>3%</i>	134
<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	124	<i>benztropine mesylate inj 1 mg/ml</i>	64
<i>baclofen tab 10 mg</i>	81	<i>benztropine mesylate tab 0.5 mg</i>	64
<i>baclofen tab 20 mg</i>	81	<i>benztropine mesylate tab 1 mg</i>	64
<i>baclofen tab 5 mg</i>	81	<i>benztropine mesylate tab 2 mg</i>	64
BALCOLTRA TAB 0.1-20	91	<i>bepotastine besilate ophth soln 1.5%</i>	126
<i>balsalazide disodium cap 750 mg</i> ...	107	BEPREVE DRO 1.5%	126
BALVERSA TAB 3MG	29	BERINERT INJ 500UNIT	114
BALVERSA TAB 4MG	29	BESIVANCE SUS 0.6%	125
BALVERSA TAB 5MG	29	BESPONSA INJ 0.9MG	29
<i>balziva</i>	91	BESREMI SOL 500MCG.....	27
BARACLUDGE SOL	16	<i>betaine powder for oral solution</i>	99
BASAGLAR INJ 100UNIT.....	88	<i>betamethasone dipropionate</i> <i>augmented cream 0.05%</i>	137
BAXDELA INJ 300MG	20	<i>betamethasone dipropionate</i> <i>augmented gel 0.05%</i>	137
BAXDELA TAB 450MG	20		
BCG VACCINE INJ 50MG	120		
BD ALCOHOL SWABS.....	88		
BECONASE AQ SUS 0.042%	132		

<i>betamethasone dipropionate augmented lotion 0.05%</i>	137	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	45
<i>betamethasone dipropionate augmented oint 0.05%</i>	137	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	45
<i>betamethasone dipropionate cream 0.05%</i>	137	<i>bisoprolol fumarate tab 10 mg</i>	45
<i>betamethasone dipropionate lotion 0.05%</i>	137	<i>bisoprolol fumarate tab 5 mg</i>	45
<i>betamethasone dipropionate oint 0.05%</i>	137	BIVIGAM INJ 10%	118
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	97	BLEPHAMIDE OIN S.O.P.	124
<i>betamethasone valerate aerosol foam 0.12%</i>	137	<i>blisovi 24 fe</i>	91
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	137	<i>blisovi fe 1.5/30</i>	91
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	137	BOOSTRIX INJ	120
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	137	<i>bortezomib for inj 3.5 mg</i>	29
BETASERON INJ 0.3MG	81	BORTEZOMIB INJ 1MG	29
<i>betaxolol hcl ophth soln 0.5%</i>	126	BORTEZOMIB INJ 2.5MG	29
<i>betaxolol hcl tab 10 mg</i>	45	BORTEZOMIB INJ 3.5MG	29
<i>betaxolol hcl tab 20 mg</i>	45	<i>bosentan tab 125 mg</i>	52
<i>bethanechol chloride tab 10 mg</i>	111	<i>bosentan tab 62.5 mg</i>	52
<i>bethanechol chloride tab 25 mg</i>	111	BOSULIF TAB 100MG	29
<i>bethanechol chloride tab 5 mg</i>	111	BOSULIF TAB 400MG	29
<i>bethanechol chloride tab 50 mg</i>	111	BOSULIF TAB 500MG	29
BETIMOL SOL 0.25%.....	126	BOTOX INJ 100UNIT	81
BETIMOL SOL 0.5%	126	BOTOX INJ 200UNIT	81
BETOPTIC-S SUS 0.25% OP.....	126	BRAFTOVI CAP 75MG	29
BEVESPI AER 9-4.8MCG.....	128	BREO ELLIPTA INH 100-25.....	134
<i>bexarotene cap 75 mg</i>	27	BREO ELLIPTA INH 200-25.....	134
<i>bexarotene gel 1%</i>	139	BREZTRI AERO AER SPHERE	128
BEXSERO INJ	120	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK).....	128
<i>bicalutamide tab 50 mg</i>	26	<i>briellyn</i>	91
BICILLIN C-R INJ 1200000	22	BRILINTA TAB 60MG.....	115
BICILLIN C-R INJ 900/300.....	22	BRILINTA TAB 90MG.....	115
BICILLIN L-A INJ 1200000.....	22	<i>brimonidine tartrate ophth soln 0.15%</i>	126
BICILLIN L-A INJ 2400000.....	22	<i>brimonidine tartrate ophth soln 0.2%</i>	126
BICILLIN L-A INJ 600000	22	<i>brinzolamide ophth susp 1%</i>	126
BIDIL TAB	50	BRIVIACT INJ 50MG/5ML.....	53
BIKTARVY TAB 30-120-15 MG.....	15	BRIVIACT SOL 10MG/ML.....	53
BIKTARVY TAB 50-200-25 MG.....	15	BRIVIACT TAB 100MG.....	54
BINOSTO TAB 70MG.....	89	BRIVIACT TAB 10MG.....	53
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	45	BRIVIACT TAB 25MG.....	53
		BRIVIACT TAB 50MG.....	54
		BRIVIACT TAB 75MG.....	54
		<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	125
		<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	64

<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	64	<i>bupropion hcl tab 100 mg</i>	61
BROMSITE DRO 0.075%	125	<i>bupropion hcl tab 75 mg</i>	61
BRONCHITOL CAP 40MG	131	<i>bupropion hcl tab er 12hr 100 mg</i>	61
BROVANA NEB 15MCG.....	130	<i>bupropion hcl tab er 12hr 150 mg</i>	61
BRUKINSA CAP 80MG	29	<i>bupropion hcl tab er 12hr 200 mg</i>	61
<i>budesonide delayed release particles cap 3 mg</i>	107	<i>bupropion hcl tab er 24hr 150 mg</i>	61
<i>budesonide inhalation susp 0.25 mg/2ml</i>	133	<i>bupropion hcl tab er 24hr 300 mg</i>	61
<i>budesonide inhalation susp 0.5 mg/2ml</i>	133	<i>buspirone hcl tab 10 mg</i>	53
<i>budesonide inhalation susp 1 mg/2ml</i>	133	<i>buspirone hcl tab 15 mg</i>	53
<i>budesonide tab er 24hr 9 mg</i>	107	<i>buspirone hcl tab 30 mg</i>	53
<i>bumetanide inj 0.25 mg/ml</i>	49	<i>buspirone hcl tab 5 mg</i>	53
<i>bumetanide tab 0.5 mg</i>	49	<i>buspirone hcl tab 7.5 mg</i>	53
<i>bumetanide tab 1 mg</i>	49	<i>butorphanol tartrate inj 1 mg/ml</i>	6
<i>bumetanide tab 2 mg</i>	49	<i>butorphanol tartrate inj 2 mg/ml</i>	6
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	82	<i>butorphanol tartrate nasal soln 10 mg/ml</i>	6
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	82	BYDUREON BC INJ 2/0.85ML.....	85
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	82	BYETTA INJ 10MCG	85
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	82	BYETTA INJ 5MCG	85
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	82	C	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	82	<i>cabergoline tab 0.5 mg</i>	99
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	82	CABOMETYX TAB 20MG	30
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	83	CABOMETYX TAB 40MG	30
<i>buprenorphine td patch weekly 10 mcg/hr</i>	2	CABOMETYX TAB 60MG	30
<i>buprenorphine td patch weekly 15 mcg/hr</i>	2	<i>calcipotriene oint 0.005%</i>	137
<i>buprenorphine td patch weekly 20 mcg/hr</i>	2	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	137
<i>buprenorphine td patch weekly 5 mcg/hr</i>	2	<i>calcitonin (salmon) inj</i>	89
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	2	<i>calcitonin (salmon) spray</i>	89
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	83	<i>calcitrene</i>	137
		<i>calcitriol cap 0.25 mcg</i>	104
		<i>calcitriol cap 0.5 mcg</i>	104
		<i>calcitriol inj 1 mcg/ml</i>	104
		<i>calcitriol oral soln 1 mcg/ml</i>	104
		<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	102
		<i>calcium acetate (phosphate binder) tab 667 mg</i>	102
		CALQUENCE CAP 100MG.....	30
		CALQUENCE TAB 100MG.....	30
		<i>camila</i>	91
		<i>camrese</i>	91
		<i>camrese lo</i>	91
		<i>candesartan cilexetil tab 16 mg</i>	41
		<i>candesartan cilexetil tab 32 mg</i>	41
		<i>candesartan cilexetil tab 4 mg</i>	41
		<i>candesartan cilexetil tab 8 mg</i>	41

<i>candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg</i>	40	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	65
<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i>	40	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	65
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i>	40	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	65
CAPLYTA CAP 10.5MG	68	<i>carboplatin iv soln 150 mg/15ml</i>	23
CAPLYTA CAP 21MG	68	<i>carboplatin iv soln 450 mg/45ml</i>	23
CAPLYTA CAP 42MG	68	<i>carboplatin iv soln 50 mg/5ml</i>	23
CAPRELSA TAB 100MG	30	<i>carboplatin iv soln 600 mg/60ml</i>	23
CAPRELSA TAB 300MG	30	CARDIZEM LA TAB 120MG	46
<i>captopril tab 100 mg</i>	38	CARDURA XL TAB 4MG	111
<i>captopril tab 12.5 mg</i>	38	CARDURA XL TAB 8MG	111
<i>captopril tab 25 mg</i>	38	<i>carglumic acid soluble tab 200 mg</i>	99
<i>captopril tab 50 mg</i>	38	CAROSPIR SUS 25MG/5ML	39
<i>carb/levo orally disintegrating tab 10- 100mg</i>	65	<i>carteolol hcl ophth soln 1%</i>	126
<i>carb/levo orally disintegrating tab 25- 100mg</i>	65	<i>cartia xt</i>	46
<i>carb/levo orally disintegrating tab 25- 250mg</i>	65	<i>carvedilol phosphate cap er 24hr 10 mg</i>	45
CARBAGLU TAB 200MG	99	<i>carvedilol phosphate cap er 24hr 20 mg</i>	45
<i>carbamazepine cap er 12hr 100 mg</i>	54	<i>carvedilol phosphate cap er 24hr 40 mg</i>	45
<i>carbamazepine cap er 12hr 200 mg</i>	54	<i>carvedilol phosphate cap er 24hr 80 mg</i>	45
<i>carbamazepine cap er 12hr 300 mg</i>	54	<i>carvedilol tab 12.5 mg</i>	45
<i>carbamazepine chew tab 100 mg</i>	54	<i>carvedilol tab 25 mg</i>	45
<i>carbamazepine susp 100 mg/5ml</i>	54	<i>carvedilol tab 3.125 mg</i>	45
<i>carbamazepine tab 200 mg</i>	54	<i>carvedilol tab 6.25 mg</i>	45
<i>carbamazepine tab er 12hr 100 mg</i>	54	<i>casprofungin acetate for iv soln 50 mg</i>	12
<i>carbamazepine tab er 12hr 200 mg</i>	54	<i>casprofungin acetate for iv soln 70 mg</i>	12
<i>carbamazepine tab er 12hr 400 mg</i>	54	CAYSTON INH 75MG	9
<i>carbidopa & levodopa tab 10-100 mg</i>	65	<i>cefaclor cap 250 mg</i>	18
<i>carbidopa & levodopa tab 25-100 mg</i>	65	<i>cefaclor cap 500 mg</i>	18
<i>carbidopa & levodopa tab 25-250 mg</i>	65	CEFACLOR ER TAB 500MG	18
<i>carbidopa & levodopa tab er 25-100 mg</i>	65	<i>cefaclor for susp 125 mg/5ml</i>	18
<i>carbidopa & levodopa tab er 50-200 mg</i>	65	<i>cefaclor for susp 250 mg/5ml</i>	18
<i>carbidopa tab 25 mg</i>	65	<i>cefaclor for susp 375 mg/5ml</i>	18
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	65	<i>cefadroxil cap 500 mg</i>	18
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	65	<i>cefadroxil for susp 250 mg/5ml</i>	18
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	65	<i>cefadroxil for susp 500 mg/5ml</i>	18
		<i>cefadroxil tab 1 gm</i>	18
		CEFAZOLIN INJ 1GM/50ML	18
		<i>cefazolin sodium for inj 1 gm</i>	18
		<i>cefazolin sodium for inj 10 gm</i>	18

<i>cefazolin sodium for inj 2 gm</i>	18	<i>cefuroxime axetil tab 500 mg</i>	19
<i>cefazolin sodium for inj 500 mg</i>	18	<i>cefuroxime sodium for inj 750 mg</i>	19
<i>cefazolin sodium for iv soln 1 gm</i>	18	<i>cefuroxime sodium for iv soln 1.5 gm</i>	
CEFAZOLIN SOLN 2GM/100ML-4%...	18	.....	19
<i>cefdinir cap 300 mg</i>	18	<i>celecoxib cap 100 mg</i>	1
<i>cefdinir for susp 125 mg/5ml</i>	18	<i>celecoxib cap 200 mg</i>	1
<i>cefdinir for susp 250 mg/5ml</i>	18	<i>celecoxib cap 400 mg</i>	1
<i>cefepime hcl for inj 1 gm</i>	18	<i>celecoxib cap 50 mg</i>	1
<i>cefepime hcl for inj 2 gm</i>	18	CELONTIN CAP 300MG	54
<i>cefepime hcl for iv soln 2 gm</i>	18	CENTANY OIN 2%	136
CEFEPIME INJ 1GM	18	<i>cephalexin cap 250 mg</i>	19
CEFEPIME INJ 2G/100ML.....	18	<i>cephalexin cap 500 mg</i>	19
CEFEPIME/DEX INJ 1GM.....	18	<i>cephalexin cap 750 mg</i>	19
CEFEPIME/DEX INJ 2GM.....	18	<i>cephalexin for susp 125 mg/5ml</i>	19
<i>cefixime cap 400 mg</i>	18	<i>cephalexin for susp 250 mg/5ml</i>	19
<i>cefixime for susp 100 mg/5ml</i>	18	<i>cephalexin tab 250 mg</i>	19
<i>cefixime for susp 200 mg/5ml</i>	18	<i>cephalexin tab 500 mg</i>	19
<i>cefotetan disodium for inj 1 gm</i>	18	CERDELGA CAP 84MG	99
<i>cefotetan disodium for inj 2 gm</i>	18	CEREZYME INJ 400UNIT	99
CEFOXITIN INJ 1GM	18	<i>cetirizine hcl oral soln 1 mg/ml (5</i>	
CEFOXITIN INJ 2GM	18	<i>mg/5ml)</i>	129
<i>cefoxitin sodium for iv soln 1 gm</i>	18	<i>cevimeline hcl cap 30 mg</i>	140
<i>cefoxitin sodium for iv soln 10 gm</i> ...	18	CHANTIX TAB 0.5& 1MG.....	83
<i>cefoxitin sodium for iv soln 2 gm</i>	18	<i>chateal</i>	91
<i>cefpodoxime proxetil for susp 100</i>		CHEMET CAP 100MG.....	90
<i>mg/5ml</i>	18	<i>chlorhexidine gluconate soln 0.12%</i>	140
<i>cefpodoxime proxetil for susp 50</i>		<i>chloroquine phosphate tab 250 mg</i> ...13	
<i>mg/5ml</i>	18	<i>chloroquine phosphate tab 500 mg</i> ...13	
<i>cefpodoxime proxetil tab 100 mg</i>	18	CHLORPROMAZI CON 100MG/ML	69
<i>cefpodoxime proxetil tab 200 mg</i>	18	CHLORPROMAZI CON 30MG/ML	68
<i>cefprozil for susp 125 mg/5ml</i>	18	<i>chlorpromazine hcl inj 25 mg/ml</i>	69
<i>cefprozil for susp 250 mg/5ml</i>	18	<i>chlorpromazine hcl inj 50 mg/2ml</i>	69
<i>cefprozil tab 250 mg</i>	19	<i>chlorpromazine hcl tab 10 mg</i>	69
<i>cefprozil tab 500 mg</i>	19	<i>chlorpromazine hcl tab 100 mg</i>	69
<i>ceftazidime for inj 1 gm</i>	19	<i>chlorpromazine hcl tab 200 mg</i>	69
<i>ceftazidime for inj 6 gm</i>	19	<i>chlorpromazine hcl tab 25 mg</i>	69
<i>ceftazidime for iv soln 2 gm</i>	19	<i>chlorpromazine hcl tab 50 mg</i>	69
CEFTAZIDIME/ SOL D5W 1GM.....	19	<i>chlorthalidone tab 25 mg</i>	49
CEFTAZIDIME/ SOL D5W 2GM.....	19	<i>chlorthalidone tab 50 mg</i>	49
<i>ceftriaxone sodium for inj 1 gm</i>	19	<i>cholestyramine light powder 4 gm/dose</i>	
<i>ceftriaxone sodium for inj 10 gm</i>	19	.....	44
<i>ceftriaxone sodium for inj 2 gm</i>	19	<i>cholestyramine light powder packets 4</i>	
<i>ceftriaxone sodium for inj 250 mg</i> ...	19	<i>gm</i>	44
<i>ceftriaxone sodium for inj 500 mg</i> ...	19	<i>cholestyramine powder 4 gm/dose</i> ...	44
<i>ceftriaxone sodium for iv soln 1 gm</i> .	19	<i>cholestyramine powder packets 4 gm</i>	44
<i>ceftriaxone sodium for iv soln 2 gm</i> .	19	<i>choline fenofibrate cap dr 135 mg</i>	
<i>cefuroxime axetil tab 250 mg</i>	19	<i>(fenofibric acid equiv)</i>	42

<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	42	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	23
CHOR GONADOT INJ 10000UNT	99	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..	23
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	136	<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	61
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	136	<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	61
<i>cidofovir iv inj 75 mg/ml</i>	16	<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	61
<i>cilostazol tab 100 mg</i>	114	<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	61
<i>cilostazol tab 50 mg</i>	114	<i>claravis</i>	134
CILOXAN OIN 0.3% OP	125	CLARINEX-D TAB 2.5-120	128
CIMDUO TAB 300-300	15	<i>clarithromycin for susp 125 mg/5ml</i> .	19
<i>cimetidine hcl soln 300 mg/5ml</i>	107	<i>clarithromycin for susp 250 mg/5ml</i> .	19
<i>cimetidine tab 200 mg</i>	107	<i>clarithromycin tab 250 mg</i>	19
<i>cimetidine tab 300 mg</i>	107	<i>clarithromycin tab 500 mg</i>	19
<i>cimetidine tab 400 mg</i>	107	<i>clarithromycin tab er 24hr 500 mg</i> ...	20
<i>cimetidine tab 800 mg</i>	107	CLENPIQ SOL	108
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	99	CLEOCIN SUP 100MG	112
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	99	<i>clindacin-p</i>	134
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	99	<i>clindamycin hcl cap 150 mg</i>	9
CINRYZE SOL 500 UNIT	114	<i>clindamycin hcl cap 300 mg</i>	9
CINVANTI INJ 130/18ML	105	<i>clindamycin hcl cap 75 mg</i>	9
CIPRO (10%) SUS 500MG/5	20	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	9
CIPRO HC SUS OTIC	127	<i>clindamycin phosphate foam 1%</i>	134
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	20	<i>clindamycin phosphate gel 1%</i>	134
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	20	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	9
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	125	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	9
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	127	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	9
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	20	<i>clindamycin phosphate inj 300 mg/2ml</i>	9
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	20	<i>clindamycin phosphate inj 600 mg/4ml</i>	9
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	20	<i>clindamycin phosphate inj 9 gm/60ml</i> 9	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	20	<i>clindamycin phosphate inj 900 mg/6ml</i>	9
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	127	<i>clindamycin phosphate lotion 1%</i> ...	134
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	127	<i>clindamycin phosphate soln 1%</i>	135
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	23	<i>clindamycin phosphate swab 1%</i>	135
		<i>clindamycin phosphate vaginal cream 2%</i>	112

<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	135	<i>clonazepam orally disintegrating tab 2 mg</i>	54
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	135	<i>clonazepam tab 0.5 mg</i>	54
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	135	<i>clonazepam tab 1 mg</i>	54
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	134	<i>clonazepam tab 2 mg</i>	54
CLINDESSE CRE 2%.....	112	<i>clonidine hcl tab 0.1 mg</i>	50
CLINDMYC/NAC INJ 300/50ML	9	<i>clonidine hcl tab 0.2 mg</i>	50
CLINDMYC/NAC INJ 600/50ML	9	<i>clonidine hcl tab 0.3 mg</i>	50
CLINDMYC/NAC INJ 900/50ML	9	<i>clonidine td patch weekly 0.1 mg/24hr</i>	50
CLINIMIX E INJ 2.75/D5W	123	<i>clonidine td patch weekly 0.2 mg/24hr</i>	50
CLINIMIX E INJ 4.25/D10.....	123	<i>clonidine td patch weekly 0.3 mg/24hr</i>	50
CLINIMIX E INJ 4.25/D5W.....	123	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	116
CLINIMIX E INJ 5%/D15W	123	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	115
CLINIMIX E INJ 5%/D20W.....	123	<i>clorazepate dipotassium tab 15 mg</i> ..	54
CLINIMIX E INJ 8/10	123	<i>clorazepate dipotassium tab 3.75 mg</i>	54
CLINIMIX E INJ 8/14	124	<i>clorazepate dipotassium tab 7.5 mg</i> .	54
CLINIMIX INJ 4.25/D10	124	<i>clotrimazole cream 1%</i>	136
CLINIMIX INJ 4.25/D5W	124	<i>clotrimazole soln 1%</i>	136
CLINIMIX INJ 5%/D15W	124	<i>clotrimazole troche 10 mg</i>	140
CLINIMIX INJ 5%/D20W	124	<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	136
CLINIMIX INJ 6/5	124	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	136
CLINIMIX INJ 8/10.....	124	<i>clozapine orally disintegrating tab 100 mg</i>	69
CLINIMIX INJ 8/14.....	124	<i>clozapine orally disintegrating tab 12.5 mg</i>	69
<i>clinisol sf 15%</i>	124	<i>clozapine orally disintegrating tab 150 mg</i>	69
CLINOLIPID EMU 20%	124	<i>clozapine orally disintegrating tab 200 mg</i>	69
<i>clobazam suspension 2.5 mg/ml</i>	54	<i>clozapine orally disintegrating tab 25 mg</i>	69
<i>clobazam tab 10 mg</i>	54	<i>clozapine tab 100 mg</i>	69
<i>clobazam tab 20 mg</i>	54	<i>clozapine tab 200 mg</i>	69
<i>clobetasol propionate cream 0.05%</i> 137		<i>clozapine tab 25 mg</i>	69
<i>clobetasol propionate e</i>	137	<i>clozapine tab 50 mg</i>	69
<i>clobetasol propionate gel 0.05%</i>	138	COARTEM TAB 20-120MG	13
<i>clobetasol propionate oint 0.05%</i> ... 138		CODEINE SULF TAB 15MG	6
<i>clobetasol propionate soln 0.05%</i> .. 138		CODEINE SULF TAB 60MG	6
<i>clomipramine hcl cap 25 mg</i>	61	<i>codeine sulfate tab 30 mg</i>	6
<i>clomipramine hcl cap 50 mg</i>	61	<i>colchicine tab 0.6 mg</i>	1
<i>clomipramine hcl cap 75 mg</i>	61		
<i>clonazepam orally disintegrating tab 0.125 mg</i>	54		
<i>clonazepam orally disintegrating tab 0.25 mg</i>	54		
<i>clonazepam orally disintegrating tab 0.5 mg</i>	54		
<i>clonazepam orally disintegrating tab 1 mg</i>	54		

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	<i>cyclobenzaprine hcl tab 10 mg</i>	81
<i>colesevelam hcl packet for susp 3.75 gm</i>	44	<i>cyclobenzaprine hcl tab 5 mg</i>	81
<i>colesevelam hcl tab 625 mg</i>	44	CYCLOPHOSPH INJ 1GM	23
<i>colestipol hcl granule packets 5 gm</i> ..	44	CYCLOPHOSPH TAB 25MG.....	23
<i>colestipol hcl granules 5 gm</i>	44	CYCLOPHOSPH TAB 50MG.....	23
<i>colestipol hcl tab 1 gm</i>	44	CYCLOPHOSPHA INJ 2GM/10ML	24
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	9	CYCLOPHOSPHA INJ 500MG	24
COMBIGAN SOL 0.2/0.5%	126	<i>cyclophosphamide cap 25 mg</i>	24
COMBIVENT AER 20-100.....	128	<i>cyclophosphamide cap 50 mg</i>	24
COMETRIQ (60MG DOSE).....	30	<i>cyclophosphamide for inj 1 gm</i>	24
COMETRIQ KIT 100MG.....	30	<i>cyclophosphamide for inj 2 gm</i>	24
COMETRIQ KIT 140MG.....	30	<i>cyclophosphamide for inj 500 mg</i>	24
COMPLERA TAB	15	<i>cycloserine cap 250 mg</i>	16
<i>compro</i>	105	<i>cyclosporine cap 100 mg</i>	119
CONDYLOX GEL 0.5%.....	139	<i>cyclosporine cap 25 mg</i>	119
<i>constulose</i>	108	<i>cyclosporine iv soln 50 mg/ml</i>	119
COPIKTRA CAP 15MG	30	<i>cyclosporine modified cap 100 mg</i> ..	119
COPIKTRA CAP 25MG	30	<i>cyclosporine modified cap 25 mg</i> ...	119
CORLANOR SOL 5MG/5ML	50	<i>cyclosporine modified cap 50 mg</i> ...	119
CORLANOR TAB 5MG.....	50	<i>cyclosporine modified oral soln 100 mg/ml</i>	119
CORLANOR TAB 7.5MG	50	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	129
CORTIFOAM AER 90MG	139	<i>cyproheptadine hcl tab 4 mg</i>	129
CORTISPORIN SUS -TC OTIC	127	<i>cyred eq</i>	91
COTELLIC TAB 20MG	30	CYSTADANE POW	99
COTEMPLA TAB 17.3MG	74	CYSTADROPS SOL 0.37%	127
COTEMPLA TAB 25.9MG	74	CYSTAGON CAP 150MG	99
COTEMPLA TAB 8.6MG.....	74	CYSTAGON CAP 50MG.....	99
CREON CAP 12000UNT	109	CYSTARAN SOL 0.44%.....	127
CREON CAP 24000UNT	109	<i>cytarabine inj 20 mg/ml</i>	24
CREON CAP 3000UNIT	109	<i>cytarabine inj pf 100 mg/ml</i>	24
CREON CAP 36000UNT	109	D	
CREON CAP 6000UNIT.....	109	D10W/NAACL INJ 0.2%.....	121
CRESEMBA CAP 186 MG.....	12	D2.5W/NAACL INJ 0.45%	121
CRESEMBA INJ 372MG.....	12	D5W/LYTES INJ #48.....	121
CRINONE GEL 4% VAG	103	<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	112
CRINONE GEL 8% VAG	103	<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	112
<i>cromolyn sodium ophth soln 4%</i>	126	<i>dalfampridine tab er 12hr 10 mg</i>	81
<i>cromolyn sodium oral conc 100 mg/5ml</i>	108	DALIRESP TAB 250MCG.....	131
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	131	DALIRESP TAB 500MCG.....	131
<i>crotan</i>	140	DALVANCE SOL 500MG	9
<i>cryselle-28</i>	91	<i>danazol cap 100 mg</i>	96
CUVPOSA SOL 1MG/5ML	106	<i>danazol cap 200 mg</i>	96
		<i>danazol cap 50 mg</i>	96
		<i>dantrolene sodium cap 100 mg</i>	82

<i>dantrolene sodium cap 25 mg</i>	81	DESCOVY TAB 120-15MG	15
<i>dantrolene sodium cap 50 mg</i>	82	DESCOVY TAB 200/25MG	15
<i>dapsone gel 5%</i>	135	<i>desipramine hcl tab 10 mg</i>	61
<i>dapsone gel 7.5%</i>	135	<i>desipramine hcl tab 100 mg</i>	61
<i>dapsone tab 100 mg</i>	9	<i>desipramine hcl tab 150 mg</i>	61
<i>dapsone tab 25 mg</i>	9	<i>desipramine hcl tab 25 mg</i>	61
DAPTACEL INJ	120	<i>desipramine hcl tab 50 mg</i>	61
<i>daptomycin for iv soln 350 mg</i>	9	<i>desipramine hcl tab 75 mg</i>	61
<i>daptomycin for iv soln 500 mg</i>	9	<i>desloratadine tab 5 mg</i>	129
DAPTOMYCIN SOL 350MG	9	<i>desloratadine tab orally disintegrating</i>	
<i>darifenacin hydrobromide tab er 24hr</i>		2.5 mg	129
15 mg (base equiv)	111	<i>desloratadine tab orally disintegrating</i>	
<i>darifenacin hydrobromide tab er 24hr</i>		5 mg	129
7.5 mg (base equiv)	111	<i>desmopressin acetate inj 4 mcg/ml</i> ..	99
<i>dasetta 1/35</i>	91	<i>desmopressin acetate nasal spray soln</i>	
<i>dasetta 7/7/7</i>	91	0.01%	99
DAURISMO TAB 100MG	30	<i>desmopressin acetate nasal spray soln</i>	
DAURISMO TAB 25MG	30	0.01% (refrigerated)	99
<i>daysee</i>	91	<i>desmopressin acetate preservative free</i>	
DAYTRANA DIS 10MG/9HR	74	(pf) inj 4 mcg/ml	99
DAYTRANA DIS 15MG/9HR	74	<i>desmopressin acetate tab 0.1 mg</i>	99
DAYTRANA DIS 20MG/9HR	74	<i>desmopressin acetate tab 0.2 mg</i>	99
DAYTRANA DIS 30MG/9HR	74	<i>desogest-eth estrad & eth estrad tab</i>	
DAYVIGO TAB 10MG	78	0.15-0.02/0.01 mg(21/5)	92
DAYVIGO TAB 5MG	78	<i>desogestrel & ethinyl estradiol tab 0.15</i>	
<i>deblitane</i>	91	mg-30 mcg	92
<i>decitabine for inj 50 mg</i>	24	<i>desonide cream 0.05%</i>	138
<i>deferasirox granules packet 180 mg</i> ..	90	<i>desonide lotion 0.05%</i>	138
<i>deferasirox granules packet 360 mg</i> ..	90	<i>desonide oint 0.05%</i>	138
<i>deferasirox granules packet 90 mg</i> ..	90	<i>desvenlafaxine succinate tab er 24hr</i>	
<i>deferasirox tab 180 mg</i>	90	100 mg (base equiv)	61
<i>deferasirox tab 360 mg</i>	90	<i>desvenlafaxine succinate tab er 24hr</i>	
<i>deferasirox tab 90 mg</i>	90	25 mg (base equiv)	61
<i>deferasirox tab for oral susp 125 mg</i> ..	90	<i>desvenlafaxine succinate tab er 24hr</i>	
<i>deferasirox tab for oral susp 250 mg</i> ..	90	50 mg (base equiv)	61
<i>deferasirox tab for oral susp 500 mg</i> ..	90	DEXAMETHASON CON 1MG/ML	97
<i>deferiprone tab 1000 mg</i>	90	<i>dexamethasone elixir 0.5 mg/5ml</i>	97
<i>deferiprone tab 500 mg</i>	90	<i>dexamethasone sod phosphate</i>	
DELESTROGEN INJ 10MG/ML	96	preservative free inj 10 mg/ml	97
DELSTRIGO TAB	15	<i>dexamethasone sodium phosphate inj</i>	
<i>demeclocycline hcl tab 150 mg</i>	23	10 mg/ml	97
<i>demeclocycline hcl tab 300 mg</i>	23	<i>dexamethasone sodium phosphate inj</i>	
DENAVIR CRE 1%	139	100 mg/10ml	97
DENGVAXIA SUS	120	<i>dexamethasone sodium phosphate inj</i>	
DEPO-ESTRADI INJ 5MG/ML	96	120 mg/30ml	97
DEPO-MEDROL INJ 20MG/ML	97	<i>dexamethasone sodium phosphate inj</i>	
DEPO-SQ PROV INJ 104	91	20 mg/5ml	97

dexamethasone sodium phosphate inj 4 mg/ml	97	dextrose 5% w/ sodium chloride 0.45%	121
dexamethasone sodium phosphate ophth soln 0.1%	125	dextrose 5% w/ sodium chloride 0.9%	121
dexamethasone soln 0.5 mg/5ml.....	97	dextrose inj 10%	124
dexamethasone tab 0.5 mg	97	dextrose inj 5%	124
dexamethasone tab 0.75 mg	97	dextrose inj 50%	124
dexamethasone tab 1 mg.....	97	dextrose inj 70%	124
dexamethasone tab 1.5 mg	97	DIACOMIT CAP 250MG	54
dexamethasone tab 2 mg.....	97	DIACOMIT CAP 500MG	54
dexamethasone tab 4 mg.....	97	DIACOMIT PAK 250MG	55
dexamethasone tab 6 mg.....	97	DIACOMIT PAK 500MG	55
dexlansoprazole cap delayed release 30 mg	110	diazepam conc 5 mg/ml	55
dexlansoprazole cap delayed release 60 mg	110	diazepam inj	55
dexmethylphenidate hcl cap er 24 hr 10 mg	74	diazepam oral soln 1 mg/ml.....	55
dexmethylphenidate hcl cap er 24 hr 15 mg	74	diazepam rectal gel delivery system 10 mg.....	55
dexmethylphenidate hcl cap er 24 hr 20 mg	74	diazepam rectal gel delivery system 2.5 mg.....	55
dexmethylphenidate hcl cap er 24 hr 25 mg	74	diazepam rectal gel delivery system 20 mg.....	55
dexmethylphenidate hcl cap er 24 hr 30 mg	74	diazepam tab 10 mg	55
dexmethylphenidate hcl cap er 24 hr 35 mg	74	diazepam tab 2 mg.....	55
dexmethylphenidate hcl cap er 24 hr 40 mg	74	diazepam tab 5 mg.....	55
dexmethylphenidate hcl cap er 24 hr 5 mg	74	diazoxide susp 50 mg/ml.....	99
dexmethylphenidate hcl tab 10 mg ..	74	diclofenac potassium tab 50 mg.....	1
dexmethylphenidate hcl tab 2.5 mg .	74	diclofenac sodium gel 1% (1.16% diethylamine equiv)	139
dexmethylphenidate hcl tab 5 mg	74	diclofenac sodium ophth soln 0.1% 125	
dextrose 10% w/ sodium chloride 0.45%	121	diclofenac sodium soln 1.5%	139
dextrose 2.5% w/ sodium chloride 0.45%	121	diclofenac sodium soln 2%	139
dextrose 5% in lactated ringers.....	121	diclofenac sodium tab delayed release 25 mg	1
dextrose 5% w/ sodium chloride 0.2%	121	diclofenac sodium tab delayed release 50 mg	1
dextrose 5% w/ sodium chloride 0.225%.....	121	diclofenac sodium tab delayed release 75 mg	1
dextrose 5% w/ sodium chloride 0.3%	121	diclofenac sodium tab er 24hr 100 mg 1	
		diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1
		diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1
		dicloxacillin sodium cap 250 mg.....	22
		dicloxacillin sodium cap 500 mg.....	22
		dicyclomine hcl cap 10 mg	106
		dicyclomine hcl inj 10 mg/ml.....	106

<i>dicyclomine hcl oral soln 10 mg/5ml</i>		<i>diltiazem hcl extended release beads</i>	
.....	106	<i>cap er 24hr 120 mg</i>	47
<i>dicyclomine hcl tab 20 mg</i>	107	<i>diltiazem hcl extended release beads</i>	
DIFFERIN LOT 0.1%	135	<i>cap er 24hr 180 mg</i>	47
DIFICID SUS.....	20	<i>diltiazem hcl extended release beads</i>	
DIFICID TAB 200MG.....	20	<i>cap er 24hr 240 mg</i>	47
<i>diflunisal tab 500 mg</i>	1	<i>diltiazem hcl extended release beads</i>	
<i>difluprednate ophth emulsion 0.05%</i>		<i>cap er 24hr 300 mg</i>	47
.....	125	<i>diltiazem hcl extended release beads</i>	
<i>digitek</i>	50	<i>cap er 24hr 360 mg</i>	47
<i>digoxin inj 0.25 mg/ml</i>	50	<i>diltiazem hcl extended release beads</i>	
<i>digoxin oral soln 0.05 mg/ml</i>	50	<i>cap er 24hr 420 mg</i>	47
<i>digoxin tab 125 mcg (0.125 mg)</i>	50	<i>diltiazem hcl iv soln 125 mg/25ml (5</i>	
<i>digoxin tab 250 mcg (0.25 mg)</i>	50	<i>mg/ml)</i>	47
<i>digoxin tab 62.5 mcg (0.0625 mg)</i> ...	50	<i>diltiazem hcl iv soln 25 mg/5ml (5</i>	
<i>dihydroergotamine mesylate inj 1</i>		<i>mg/ml)</i>	47
<i>mg/ml</i>	78	<i>diltiazem hcl iv soln 50 mg/10ml (5</i>	
<i>dihydroergotamine mesylate nasal</i>		<i>mg/ml)</i>	47
<i>spray 4 mg/ml</i>	78	<i>diltiazem hcl tab 120 mg</i>	47
DILANTIN CAP 100MG	55	<i>diltiazem hcl tab 30 mg</i>	47
DILANTIN CAP 30MG	55	<i>diltiazem hcl tab 60 mg</i>	47
DILANTIN CHW 50MG.....	55	<i>diltiazem hcl tab 90 mg</i>	47
DILANTIN-125 SUS 125/5ML	55	<i>dilt-xr</i>	46
<i>diltiazem hcl cap er 12hr 120 mg</i>	47	DIP/TET PED INJ 25-5LFU.....	120
<i>diltiazem hcl cap er 12hr 60 mg</i>	46	DIPENTUM CAP 250MG.....	107
<i>diltiazem hcl cap er 12hr 90 mg</i>	46	<i>diphenhydramine hcl inj 50 mg/ml</i> .	129
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>120 mg</i>	47	<i>mg/5ml</i>	108
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>180 mg</i>	47	<i>0.025 mg</i>	108
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>dipyridamole tab 25 mg</i>	116
<i>240 mg</i>	47	<i>dipyridamole tab 50 mg</i>	116
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>dipyridamole tab 75 mg</i>	116
<i>300 mg</i>	47	<i>disopyramide phosphate cap 100 mg</i>	41
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>disopyramide phosphate cap 150 mg</i>	42
<i>360 mg</i>	47	<i>disulfiram tab 250 mg</i>	83
<i>diltiazem hcl coated beads tab er 24hr</i>		<i>disulfiram tab 500 mg</i>	83
<i>180 mg</i>	47	DIURIL SUS 250/5ML.....	49
<i>diltiazem hcl coated beads tab er 24hr</i>		<i>divalproex sodium cap delayed release</i>	
<i>240 mg</i>	47	<i>sprinkle 125 mg</i>	55
<i>diltiazem hcl coated beads tab er 24hr</i>		<i>divalproex sodium tab delayed release</i>	
<i>300 mg</i>	47	<i>125 mg</i>	55
<i>diltiazem hcl coated beads tab er 24hr</i>		<i>divalproex sodium tab delayed release</i>	
<i>360 mg</i>	47	<i>250 mg</i>	55
<i>diltiazem hcl coated beads tab er 24hr</i>		<i>divalproex sodium tab delayed release</i>	
<i>420 mg</i>	47	<i>500 mg</i>	55

<i>divalproex sodium tab er 24 hr 250 mg</i>	55	<i>doxepin hcl (sleep) tab 6 mg (base</i> <i>equiv)</i>	78
<i>divalproex sodium tab er 24 hr 500 mg</i>	55	<i>doxepin hcl cap 10 mg</i>	61
<i>docetaxel for inj conc 160 mg/8ml (20</i> <i>mg/ml)</i>	28	<i>doxepin hcl cap 100 mg</i>	61
<i>docetaxel for inj conc 20 mg/ml</i>	28	<i>doxepin hcl cap 150 mg</i>	62
<i>docetaxel for inj conc 80 mg/4ml (20</i> <i>mg/ml)</i>	28	<i>doxepin hcl cap 25 mg</i>	61
DOCETAXEL INJ 160/16ML	28	<i>doxepin hcl cap 50 mg</i>	61
DOCETAXEL INJ 160/8ML	28	<i>doxepin hcl cap 75 mg</i>	61
DOCETAXEL INJ 20MG/2ML	28	<i>doxepin hcl conc 10 mg/ml</i>	62
DOCETAXEL INJ 80MG/4ML	28	<i>doxercalciferol cap 0.5 mcg</i>	104
DOCETAXEL INJ 80MG/8ML	28	<i>doxercalciferol cap 1 mcg</i>	104
<i>docetaxel soln for iv infusion 160</i> <i>mg/16ml</i>	28	<i>doxercalciferol cap 2.5 mcg</i>	104
<i>docetaxel soln for iv infusion 20</i> <i>mg/2ml</i>	28	<i>doxorubicin hcl inj 2 mg/ml</i>	24
<i>docetaxel soln for iv infusion 80</i> <i>mg/8ml</i>	28	<i>doxorubicin hcl liposomal inj (for iv</i> <i>infusion) 2 mg/ml</i>	24
<i>dofetilide cap 125 mcg (0.125 mg)</i> ..	42	<i>doxy 100</i>	23
<i>dofetilide cap 250 mcg (0.25 mg)</i>	42	<i>doxycycline hyclate cap 100 mg</i>	23
<i>dofetilide cap 500 mcg (0.5 mg)</i>	42	<i>doxycycline hyclate cap 50 mg</i>	23
DOJOLVI LIQ 100%.....	99	<i>doxycycline hyclate for inj 100 mg</i> ...	23
<i>dolishale tab 90-20mcg</i>	92	<i>doxycycline hyclate tab 100 mg</i>	23
<i>donepezil hydrochloride orally</i> <i>disintegrating tab 10 mg</i>	60	<i>doxycycline hyclate tab 20 mg</i>	23
<i>donepezil hydrochloride orally</i> <i>disintegrating tab 5 mg</i>	60	<i>doxycycline monohydrate cap 100 mg</i>	23
<i>donepezil hydrochloride tab 10 mg</i> ..	60	<i>doxycycline monohydrate cap 50 mg</i> 23	
<i>donepezil hydrochloride tab 23 mg</i> ..	60	<i>doxycycline monohydrate for susp 25</i> <i>mg/5ml</i>	23
<i>donepezil hydrochloride tab 5 mg</i>	60	<i>doxycycline monohydrate tab 100 mg</i>	23
DOPTELET TAB 20MG	114	<i>doxycycline monohydrate tab 150 mg</i>	23
<i>dorzolamide hcl ophth soln 2%</i>	126	<i>doxycycline monohydrate tab 50 mg</i> 23	
<i>dorzolamide hcl-timolol maleate ophth</i> <i>sol 22.3-6.8 mg/ml pf</i>	126	<i>doxycycline monohydrate tab 75 mg</i> 23	
<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 22.3-6.8 mg/ml</i>	126	DRIZALMA CAP 20MG DR.....	62
<i>dotti</i>	96	DRIZALMA CAP 30MG DR.....	62
DOVATO TAB 50-300MG	15	DRIZALMA CAP 40MG DR.....	62
<i>doxazosin mesylate tab 1 mg</i>	39	DRIZALMA CAP 60MG DR.....	62
<i>doxazosin mesylate tab 2 mg</i>	39	<i>dronabinol cap 10 mg</i>	105
<i>doxazosin mesylate tab 4 mg</i>	39	<i>dronabinol cap 2.5 mg</i>	105
<i>doxazosin mesylate tab 8 mg</i>	39	<i>dronabinol cap 5 mg</i>	105
<i>doxepin hcl (sleep) tab 3 mg (base</i> <i>equiv)</i>	78	<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	92
		<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	92
		<i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.03-0.451 mg</i> 92	
		DROXIA CAP 200MG	114
		DROXIA CAP 300MG	114

DROXIA CAP 400MG.....	114	<i>eletriptan hydrobromide tab 40 mg</i>	
<i>droxidopa cap 100 mg</i>	50	<i>(base equivalent)</i>	79
<i>droxidopa cap 200 mg</i>	50	ELIGARD INJ 22.5MG.....	26
<i>droxidopa cap 300 mg</i>	50	ELIGARD INJ 30MG.....	26
DULERA AER 100-5MCG.....	134	ELIGARD INJ 45MG.....	26
DULERA AER 200-5MCG.....	134	ELIGARD INJ 7.5MG.....	26
DULERA AER 50-5MCG.....	134	<i>elinest</i>	92
<i>duloxetine hcl enteric coated pellets</i>		ELIQUIS ST P TAB 5MG	112
<i>cap 20 mg (base eq)</i>	62	ELIQUIS TAB 2.5MG	112
<i>duloxetine hcl enteric coated pellets</i>		ELIQUIS TAB 5MG	112
<i>cap 30 mg (base eq)</i>	62	ELITEK INJ 1.5MG	36
<i>duloxetine hcl enteric coated pellets</i>		ELITEK INJ 7.5MG	36
<i>cap 40 mg (base eq)</i>	62	<i>elixophyllin elx 80/15ml</i>	131
<i>duloxetine hcl enteric coated pellets</i>		ELLA TAB 30MG	92
<i>cap 60 mg (base eq)</i>	62	ELMIRON CAP 100MG	111
DUOPA SUS 4.63-20	65	<i>eluryng</i>	92
<i>dutasteride cap 0.5 mg</i>	111	EMCYT CAP 140MG.....	26
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>		EMEND SUS 125MG.....	105
<i>mg</i>	111	<i>emoquette</i>	92
DYANAVEL XR CHW 10MG	74	EMSAM DIS 12MG/24H.....	62
DYANAVEL XR CHW 15MG	74	EMSAM DIS 6MG/24HR	62
DYANAVEL XR CHW 20MG	74	EMSAM DIS 9MG/24HR	62
DYANAVEL XR CHW 5MG.....	74	<i>emtricitabine caps 200 mg</i>	13
DYANAVEL XR SUS 2.5MG/ML	75	<i>emtricitabine-tenofovir disoproxil</i>	
E		<i>fumarate tab 100-150 mg</i>	15
<i>e.e.s. 400 tab 400mg</i>	20	<i>emtricitabine-tenofovir disoproxil</i>	
<i>ec-naproxen</i>	1	<i>fumarate tab 133-200 mg</i>	15
EDARBI TAB 40MG.....	41	<i>emtricitabine-tenofovir disoproxil</i>	
EDARBI TAB 80MG.....	41	<i>fumarate tab 167-250 mg</i>	15
EDARBYCLOR TAB 40-12.5	40	<i>emtricitabine-tenofovir disoproxil</i>	
EDARBYCLOR TAB 40-25MG	40	<i>fumarate tab 200-300 mg</i>	15
EDURANT TAB 25MG	13	EMTRIVA SOL 10MG/ML	13
<i>efavirenz cap 200 mg</i>	13	EMVERM CHW 100MG	10
<i>efavirenz cap 50 mg</i>	13	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>efavirenz tab 600 mg</i>	13	<i>tab 10-25 mg</i>	37
<i>efavirenz-emtricitabine-tenofovir df tab</i>		<i>enalapril maleate & hydrochlorothiazide</i>	
<i>600-200-300 mg</i>	15	<i>tab 5-12.5 mg</i>	37
<i>efavirenz-lamivudine-tenofovir df tab</i>		<i>enalapril maleate oral soln 1 mg/ml</i> ..	38
<i>400-300-300 mg</i>	15	<i>enalapril maleate tab 10 mg</i>	38
<i>efavirenz-lamivudine-tenofovir df tab</i>		<i>enalapril maleate tab 2.5 mg</i>	38
<i>600-300-300 mg</i>	15	<i>enalapril maleate tab 20 mg</i>	38
EGRIFTA SV INJ 2MG.....	99	<i>enalapril maleate tab 5 mg</i>	38
ELAPRASE INJ 6MG/3ML	99	ENBREL INJ 25/0.5ML	116
ELELYSO INJ 200UNIT	99	ENBREL INJ 25MG	116
<i>eletriptan hydrobromide tab 20 mg</i>		ENBREL INJ 50MG/ML	116
<i>(base equivalent)</i>	79	ENBREL MINI INJ 50MG/ML.....	116
		ENBREL SRCLK INJ 50MG/ML	116

ENDARI POW 5GM	115	<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	131
<i>endocet tab 10-325mg</i>	6	<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	131
<i>endocet tab 2.5-325mg</i>	6	<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	24
<i>endocet tab 5-325mg</i>	6	<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	24
<i>endocet tab 7.5-325mg</i>	6	<i>epitol</i>	55
ENGERIX-B INJ 10/0.5ML	120	EPIVIR HBV SOL 5MG/ML	17
ENGERIX-B INJ 20MCG/ML	120	<i>eplerenone tab 25 mg</i>	39
<i>enoxaparin sodium inj 300 mg/3ml</i>	112	<i>eplerenone tab 50 mg</i>	39
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	112	EPOGEN INJ 10000/ML.....	114
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	112	EPOGEN INJ 2000/ML	114
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	112	EPOGEN INJ 20000/ML.....	114
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	112	EPOGEN INJ 3000/ML	114
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	112	EPOGEN INJ 4000/ML	114
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	112	EPRONTIA SOL 25MG/ML.....	55
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	112	EQUETRO CAP 100MG	80
<i>enpresse-28</i>	92	EQUETRO CAP 200MG	80
<i>enskyce</i>	92	EQUETRO CAP 300MG	80
ENSTILAR AER	138	ERAXIS INJ 100MG.....	12
<i>entacapone tab 200 mg</i>	65	ERAXIS INJ 50MG	12
<i>entecavir tab 0.5 mg</i>	16	ERBITUX INJ 100MG	30
<i>entecavir tab 1 mg</i>	16	ERBITUX INJ 200MG	30
ENTRESTO TAB 24-26MG	40	<i>ergotamine w/ caffeine tab 1-100 mg</i>	79
ENTRESTO TAB 49-51MG	40	ERIVEDGE CAP 150MG	30
ENTRESTO TAB 97-103MG	40	ERLEADA TAB 60MG	26
ENTYVIO INJ 300MG	116	<i>erlotinib hcl tab 100 mg (base equivalent)</i>	30
<i>enulose</i>	108	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	30
ENVARUSUS XR TAB 0.75MG	119	<i>erlotinib hcl tab 25 mg (base equivalent)</i>	30
ENVARUSUS XR TAB 1MG.....	119	<i>errin</i>	92
ENVARUSUS XR TAB 4MG.....	119	<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	10
EPANED SOL 1MG/ML	38	<i>ery</i>	135
EPCLUSA PAK 150-37.5	16	<i>ery-tab</i>	20
EPCLUSA PAK 200-50MG.....	16	ERYTHROCIN INJ 500MG	20
EPCLUSA TAB 200-50MG.....	16	<i>erythrocin stearate</i>	20
EPCLUSA TAB 400-100	16	<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	20
EPIDIOLEX SOL 100MG/ML.....	55	<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	20
EPIDUO FORTE GEL 0.3-2.5%	135		
<i>epinastine hcl ophth soln 0.05%</i>	126		
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	131		

<i>erythromycin ethylsuccinate tab 400 mg</i>	20	<i>estradiol tab 2 mg</i>	96
<i>erythromycin gel 2%</i>	135	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	96
<i>erythromycin lactobionate for inj 500 mg</i>	20	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	96
<i>erythromycin ophth oint 5 mg/gm</i> .	125	<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	96
<i>erythromycin soln 2%</i>	135	<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	96
<i>erythromycin tab 250 mg</i>	20	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	96
<i>erythromycin tab 500 mg</i>	20	<i>estradiol td patch weekly 0.025 mg/24hr</i>	96
<i>erythromycin tab delayed release 250 mg</i>	20	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	96
<i>erythromycin tab delayed release 333 mg</i>	20	<i>estradiol td patch weekly 0.05 mg/24hr</i>	96
<i>erythromycin tab delayed release 500 mg</i>	20	<i>estradiol td patch weekly 0.06 mg/24hr</i>	96
<i>erythromycin w/ delayed release particles cap 250 mg</i>	20	<i>estradiol td patch weekly 0.075 mg/24hr</i>	96
<i>ESBRIET CAP 267MG</i>	131	<i>estradiol td patch weekly 0.1 mg/24hr</i>	96
<i>ESBRIET TAB 267MG</i>	131	<i>estradiol vaginal cream 0.1 mg/gm</i> ..	96
<i>ESBRIET TAB 801MG</i>	131	<i>estradiol vaginal tab 10 mcg</i>	96
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	62	<i>estradiol valerate im in oil 20 mg/ml</i> .	96
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	62	<i>estradiol valerate im in oil 40 mg/ml</i> .	96
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	62	<i>ESTRING MIS 2MG</i>	96
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	62	<i>ethacrynic acid tab 25 mg</i>	49
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	110	<i>ethambutol hcl tab 100 mg</i>	16
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	110	<i>ethambutol hcl tab 400 mg</i>	16
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	110	<i>ethosuximide cap 250 mg</i>	55
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	110	<i>ethosuximide soln 250 mg/5ml</i>	55
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	110	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	92
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	110	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	92
<i>estarylla</i>	92	<i>etodolac cap 200 mg</i>	1
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	96	<i>etodolac cap 300 mg</i>	1
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	96	<i>etodolac tab 400 mg</i>	1
<i>estradiol tab 0.5 mg</i>	96	<i>etodolac tab 500 mg</i>	1
<i>estradiol tab 1 mg</i>	96	<i>etodolac tab er 24hr 400 mg</i>	1
		<i>etodolac tab er 24hr 500 mg</i>	1
		<i>etodolac tab er 24hr 600 mg</i>	1
		<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	92
		<i>ETOPOPHOS INJ 100MG</i>	28

<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	
.....	28
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	
.....	28
<i>etravirine tab 100 mg</i>	13
<i>etravirine tab 200 mg</i>	13
EUCRISA OIN 2%	139
EULEXIN CAP 125MG	26
<i>euthyrox</i>	103
EVENITY INJ 105MG	89
<i>everolimus tab 0.25 mg</i>	120
<i>everolimus tab 0.5 mg</i>	119
<i>everolimus tab 0.75 mg</i>	120
<i>everolimus tab 1 mg</i>	120
<i>everolimus tab 10 mg</i>	30
<i>everolimus tab 2.5 mg</i>	30
<i>everolimus tab 5 mg</i>	30
<i>everolimus tab 7.5 mg</i>	30
<i>everolimus tab for oral susp 2 mg</i>	30
<i>everolimus tab for oral susp 3 mg</i>	30
<i>everolimus tab for oral susp 5 mg</i>	30
EVOTAZ TAB 300-150	15
<i>exemestane tab 25 mg</i>	26
EXKIVITY CAP 40MG	30
EXSERVAN MIS 50MG	80
EYSUVIS DRO 0.25%	125
EZALLOR SPR CAP 10MG	43
EZALLOR SPR CAP 20MG	43
EZALLOR SPR CAP 40MG	43
EZALLOR SPR CAP 5MG	43
<i>ezetimibe tab 10 mg</i>	44
EZETIMIBE/ROSUVASTATIN TAB 10-10MG	44
EZETIMIBE/ROSUVASTATIN TAB 10-20MG	44
EZETIMIBE/ROSUVASTATIN TAB 10-40MG	44
EZETIMIBE/ROSUVASTATIN TAB 10-5MG	44
<i>ezetimibe-simvastatin tab 10-10 mg</i>	44
<i>ezetimibe-simvastatin tab 10-20 mg</i>	44
<i>ezetimibe-simvastatin tab 10-40 mg</i>	44
<i>ezetimibe-simvastatin tab 10-80 mg</i>	44
F	
FABIOR AER 0.1%	135
FABRAZYME INJ 35MG	99
FABRAZYME INJ 5MG	99
<i>falmina</i>	92
<i>famciclovir tab 125 mg</i>	17
<i>famciclovir tab 250 mg</i>	17
<i>famciclovir tab 500 mg</i>	17
<i>famotidine for susp 40 mg/5ml</i>	107
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	107
<i>famotidine inj 200 mg/20ml</i>	107
<i>famotidine inj 40 mg/4ml</i>	107
<i>famotidine preservative free inj 20 mg/2ml</i>	107
<i>famotidine tab 20 mg</i>	107
<i>famotidine tab 40 mg</i>	107
FANAPT PAK	69
FANAPT TAB 10MG	69
FANAPT TAB 12MG	69
FANAPT TAB 1MG	69
FANAPT TAB 2MG	69
FANAPT TAB 4MG	69
FANAPT TAB 6MG	69
FANAPT TAB 8MG	69
FARXIGA TAB 10MG	85
FARXIGA TAB 5MG	85
FASENRA INJ 30MG/ML	131
FASENRA PEN INJ 30MG/ML	131
<i>febuxostat tab 40 mg</i>	1
<i>febuxostat tab 80 mg</i>	1
<i>felbamate susp 600 mg/5ml</i>	55
<i>felbamate tab 400 mg</i>	55
<i>felbamate tab 600 mg</i>	55
<i>felodipine tab er 24hr 10 mg</i>	47
<i>felodipine tab er 24hr 2.5 mg</i>	47
<i>felodipine tab er 24hr 5 mg</i>	47
FEMRING MIS 0.05/24H	96
FEMRING MIS 0.1MG/24	96
<i>femynor</i>	92
<i>fenofibrate micronized cap 134 mg</i>	42
<i>fenofibrate micronized cap 200 mg</i>	42
<i>fenofibrate micronized cap 43 mg</i>	42
<i>fenofibrate micronized cap 67 mg</i>	42
<i>fenofibrate tab 145 mg</i>	42
<i>fenofibrate tab 160 mg</i>	42
<i>fenofibrate tab 48 mg</i>	42
<i>fenofibrate tab 54 mg</i>	42
FENSOLVI INJ 45MG	99
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	6

<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>.....6	FIRVANQ SOL 25MG/ML .....10
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>.....6	FIRVANQ SOL 50MG/ML .....10
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>.....6	<i>flac</i>.....127
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>.....6	FLAREX SUS 0.1% OP .....125
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>.....6	FLEBOGAMMA INJ 10/100ML .....118
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>.....6	FLEBOGAMMA INJ 10/200ML .....118
<i>fentanyl citrate lozenge on a handle 200 mcg</i>.....6	FLEBOGAMMA INJ 20/200ML .....118
<i>fentanyl citrate lozenge on a handle 400 mcg</i>.....6	FLEBOGAMMA INJ 20/400ML .....118
<i>fentanyl citrate lozenge on a handle 600 mcg</i>.....6	FLEBOGAMMA INJ 5GM/50ML .....118
<i>fentanyl citrate lozenge on a handle 800 mcg</i>.....6	FLEBOGAMMA INJ DIF 5% .....118
<i>fentanyl td patch 72hr 100 mcg/hr</i> ....3	<i>flecainide acetate tab 100 mg</i>.....42
<i>fentanyl td patch 72hr 12 mcg/hr</i> .....2	<i>flecainide acetate tab 150 mg</i>.....42
<i>fentanyl td patch 72hr 25 mcg/hr</i> .....2	<i>flecainide acetate tab 50 mg</i> .....42
<i>fentanyl td patch 72hr 50 mcg/hr</i> .....2	FLOLIPID SUS 20MG/5ML .....43
<i>fentanyl td patch 72hr 75 mcg/hr</i> .....3	FLOLIPID SUS 40MG/5ML .....43
FERPRX 2-DAY TAB 1000MG .....90	FLOVENT DISK AER 100MCG .....133
FERRIPROX SOL 100MG/ML .....90	FLOVENT DISK AER 250MCG .....133
FERRIPROX TAB 1000MG .....90	FLOVENT DISK AER 50MCG .....133
<i>fesoterodine fumarate tab er 24hr 4 mg</i> .....111	FLOVENT HFA AER 110MCG .....133
<i>fesoterodine fumarate tab er 24hr 8 mg</i> .....111	FLOVENT HFA AER 220MCG .....133
FETROJA INJ 1GM .....19	FLOVENT HFA AER 44MCG .....133
FETZIMA CAP 120MG .....62	<i>fluconazole for susp 10 mg/ml</i>.....12
FETZIMA CAP 20MG .....62	<i>fluconazole for susp 40 mg/ml</i>.....12
FETZIMA CAP 40MG .....62	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>.....12
FETZIMA CAP 80MG .....62	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>.....12
FETZIMA CAP TITRATIO .....62	<i>fluconazole tab 100 mg</i> .....12
FIASP FLEX INJ TOUCH .....88	<i>fluconazole tab 150 mg</i> .....12
FIASP INJ 100/ML .....88	<i>fluconazole tab 200 mg</i> .....12
FIASP PENFIL INJ U-100 .....88	<i>fluconazole tab 50 mg</i>.....12
FINACEA AER 15%.....139	<i>flucytosine cap 250 mg</i> .....12
<i>finasteride tab 5 mg</i> .....111	<i>flucytosine cap 500 mg</i> .....12
FINTEPLA SOL 2.2MG/ML .....56	<i>fludarabine phosphate for inj 50 mg</i> .24
<i>finzala chw fe 1/20</i> .....92	<i>fludarabine phosphate inj 25 mg/ml</i> .24
FIRMAGON INJ 120MG .....26	<i>fludrocortisone acetate tab 0.1 mg</i> ...97
FIRMAGON INJ 80MG .....26	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>.....132
	<i>fluocinolone acetonide (otic) oil 0.01%</i> .....128
	<i>fluocinolone acetonide cream 0.01%</i> .....138
	<i>fluocinolone acetonide cream 0.025%</i> .....138
	<i>fluocinolone acetonide oil 0.01% (body oil)</i>.....138

<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	138	<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	43
<i>fluocinolone acetonide oint 0.025%</i>	138	<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	43
<i>fluocinolone acetonide soln 0.01%</i>	138	<i>fluvoxamine maleate cap er 24hr 100 mg</i>	53
<i>fluocinonide cream 0.05%</i>	138	<i>fluvoxamine maleate cap er 24hr 150 mg</i>	53
<i>fluocinonide emulsified base cream 0.05%</i>	138	<i>fluvoxamine maleate tab 100 mg</i>	53
<i>fluocinonide gel 0.05%</i>	138	<i>fluvoxamine maleate tab 25 mg</i>	53
<i>fluocinonide oint 0.05%</i>	138	<i>fluvoxamine maleate tab 50 mg</i>	53
<i>fluocinonide soln 0.05%</i>	138	<i>FML FORTE SUS 0.25% OP</i>	125
<i>fluorometholone ophth susp 0.1%</i>	125	<i>FML OIN 0.1% OP</i>	125
<i>fluorouracil cream 5%</i>	139	<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	113
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	24	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	112
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	24	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	112
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	24	<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	113
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	24	<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	130
<i>fluorouracil soln 2%</i>	139	<i>FORTEO INJ 600/2.4</i>	89
<i>fluorouracil soln 5%</i>	139	<i>FOSAMAX + D TAB 70-2800</i>	89
<i>fluoxetine hcl cap 10 mg</i>	62	<i>FOSAMAX + D TAB 70-5600</i>	90
<i>fluoxetine hcl cap 20 mg</i>	62	<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	14
<i>fluoxetine hcl cap 40 mg</i>	62	<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i>	105
<i>fluoxetine hcl cap delayed release 90 mg</i>	62	<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i>	17
<i>fluoxetine hcl solution 20 mg/5ml</i>	62	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	37
<i>fluphenazine decanoate inj 25 mg/ml</i>	69	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	37
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> ...	69	<i>fosinopril sodium tab 10 mg</i>	38
<i>fluphenazine hcl inj 2.5 mg/ml</i>	69	<i>fosinopril sodium tab 20 mg</i>	38
<i>fluphenazine hcl oral conc 5 mg/ml</i> ..	69	<i>fosinopril sodium tab 40 mg</i>	38
<i>fluphenazine hcl tab 1 mg</i>	69	<i>FOTIVDA CAP 0.89MG</i>	30
<i>fluphenazine hcl tab 10 mg</i>	69	<i>FOTIVDA CAP 1.34MG</i>	31
<i>fluphenazine hcl tab 2.5 mg</i>	69	<i>FRAGMIN INJ 10000/ML</i>	113
<i>fluphenazine hcl tab 5 mg</i>	69	<i>FRAGMIN INJ 12500UNT</i>	113
<i>flurbiprofen sodium ophth soln 0.03%</i>	125	<i>FRAGMIN INJ 15000UNT</i>	113
<i>flurbiprofen tab 100 mg</i>	1	<i>FRAGMIN INJ 18000UNT</i>	113
<i>flutamide cap 125 mg</i>	26	<i>FRAGMIN INJ 2500/0.2</i>	113
<i>fluticasone propionate cream 0.05%</i>	138	<i>FRAGMIN INJ 5000/0.2</i>	113
<i>fluticasone propionate nasal susp 50 mcg/act</i>	132		
<i>fluticasone propionate oint 0.005%</i>	138		
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	43		

FRAGMIN INJ 7500/0.3	113	GAMMAGARD INJ 20GM/200	118
FRAGMIN INJ 95000UNT	113	GAMMAGARD INJ 30GM/300	118
FREAMINE III INJ 10%	124	GAMMAGARD INJ 5GM/50ML	118
<i>frovatriptan succinate tab 2.5 mg (base</i>		GAMMAGARD SD INJ 10GM HU	118
<i>equivalent)</i>	79	GAMMAGARD SD INJ 5GM HU	118
<i>fulvestrant inj soln pref syr 250</i>		GAMMAKED INJ 10GM/100	118
<i>mg/5ml</i>	26	GAMMAKED INJ 1GM/10ML	118
<i>furosemide inj</i>	49	GAMMAKED INJ 20GM/200	118
<i>furosemide oral soln 10 mg/ml</i>	49	GAMMAKED INJ 5GM/50ML	118
<i>furosemide oral soln 8 mg/ml</i>	49	GAMMAPLEX INJ 10%	118
<i>furosemide tab 20 mg</i>	49	GAMMAPLEX INJ 5%	118
<i>furosemide tab 40 mg</i>	49	GAMUNEX-C INJ 10GM/100	118
<i>furosemide tab 80 mg</i>	49	GAMUNEX-C INJ 1GM/10ML	118
FUZEON INJ 90MG	14	GAMUNEX-C INJ 2.5GM/25	118
<i>fyavolv tab 0.5mg-2.5mcg</i>	96	GAMUNEX-C INJ 20GM/200	118
<i>fyavolv tab 1mg-5mcg</i>	96	GAMUNEX-C INJ 40/400ML	118
FYCOMPA SUS 0.5MG/ML	56	GAMUNEX-C INJ 5GM/50ML	118
FYCOMPA TAB 10MG	56	GANCICLOVIR INJ 500MG	17
FYCOMPA TAB 12MG	56	<i>ganciclovir sodium for inj 500 mg</i>	17
FYCOMPA TAB 2MG	56	GARDASIL 9 INJ	120
FYCOMPA TAB 4MG	56	<i>gatifloxacin ophth soln 0.5%</i>	125
FYCOMPA TAB 6MG	56	GATTEX KIT 5MG	108
FYCOMPA TAB 8MG	56	GAUZE PADS 2X2	88
G		<i>gavilyte-c</i>	108
<i>gabapentin cap 100 mg</i>	56	<i>gavilyte-g</i>	108
<i>gabapentin cap 300 mg</i>	56	<i>gavilyte-n sol flav pk</i>	108
<i>gabapentin cap 400 mg</i>	56	GAVRETO CAP 100MG	31
<i>gabapentin oral soln 250 mg/5ml</i>	56	GELNIQUE GEL 10%	111
<i>gabapentin tab 600 mg</i>	56	<i>gemcitabine hcl for inj 1 gm</i>	24
<i>gabapentin tab 800 mg</i>	56	<i>gemcitabine hcl for inj 2 gm</i>	24
GALAFOLD CAP 123MG	99	<i>gemcitabine hcl for inj 200 mg</i>	24
<i>galantamine hydrobromide cap er 24hr</i>		<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>	
<i>16 mg</i>	60	<i>mg/ml) (base equiv)</i>	24
<i>galantamine hydrobromide cap er 24hr</i>		<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>	
<i>24 mg</i>	60	<i>mg/ml) (base equiv)</i>	25
<i>galantamine hydrobromide cap er 24hr</i>		<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>	
<i>8 mg</i>	60	<i>mg/ml) (base equiv)</i>	25
<i>galantamine hydrobromide oral soln 4</i>		GEMCITABINE INJ 1GM/10ML	25
<i>mg/ml</i>	60	GEMCITABINE INJ 200MG	25
<i>galantamine hydrobromide tab 12 mg</i>		GEMCITABINE INJ 2GM/20ML	25
.....	60	<i>gemfibrozil tab 600 mg</i>	42
<i>galantamine hydrobromide tab 4 mg</i>	60	<i>gemmily</i>	92
<i>galantamine hydrobromide tab 8 mg</i>	60	<i>generlac</i>	108
GAMASTAN INJ	118	<i>gengraf</i>	120
GAMMAGARD INJ 10GM/100	118	GENOTROPIN INJ 0.2MG	99
GAMMAGARD INJ 1GM/10ML	118	GENOTROPIN INJ 0.4MG	99
GAMMAGARD INJ 2.5GM/25	118	GENOTROPIN INJ 0.6MG	99

GENOTROPIN INJ 0.8MG	99	GLYCOPYRROL INJ 0.2MG/ML	107
GENOTROPIN INJ 1.2MG	99	GLYCOPYRROL INJ 0.4/2ML.....	107
GENOTROPIN INJ 1.4MG	99	<i>glycopyrrolate (oral)</i>	107
GENOTROPIN INJ 1.6MG	99	<i>glycopyrrolate inj 0.2 mg/ml</i>	107
GENOTROPIN INJ 1.8MG	99	<i>glycopyrrolate inj 0.4 mg/2ml (0.2</i>	
GENOTROPIN INJ 12MG	100	<i>mg/ml)</i>	107
GENOTROPIN INJ 1MG.....	100	<i>glycopyrrolate inj 1 mg/5ml (0.2</i>	
GENOTROPIN INJ 2MG.....	100	<i>mg/ml)</i>	107
GENOTROPIN INJ 5MG.....	100	<i>glycopyrrolate inj 4 mg/20ml (0.2</i>	
<i>gentak</i>	125	<i>mg/ml)</i>	107
<i>gentamicin in saline inj 0.8 mg/ml</i> ...	10	<i>glycopyrrolate tab 1 mg</i>	107
<i>gentamicin in saline inj 1 mg/ml</i>	10	<i>glycopyrrolate tab 2 mg</i>	107
<i>gentamicin in saline inj 1.2 mg/ml</i> ...	10	<i>glydo</i>	138
<i>gentamicin in saline inj 1.6 mg/ml</i> ...	10	GLYXAMBI TAB 10-5 MG.....	85
<i>gentamicin in saline inj 2 mg/ml</i>	10	GLYXAMBI TAB 25-5 MG.....	85
<i>gentamicin sulfate cream 0.1%</i>	136	GOCOVRI CAP 137MG	65
<i>gentamicin sulfate inj 10 mg/ml</i>	10	GOCOVRI CAP 68.5MG	65
<i>gentamicin sulfate inj 40 mg/ml</i>	10	GOLYTELY SOL	108
<i>gentamicin sulfate oint 0.1%</i>	136	GONITRO POW 400MCG	51
<i>gentamicin sulfate ophth soln 0.3%</i>	125	GRALISE TAB 300MG	80
GENVOYA TAB.....	15	GRALISE TAB 600MG	80
GILENYA CAP 0.5MG	81	<i>granisetron hcl inj 1 mg/ml</i>	105
GILOTRIF TAB 20MG	31	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	
GILOTRIF TAB 30MG	31	.....	105
GILOTRIF TAB 40MG	31	<i>granisetron hcl tab 1 mg</i>	105
GIMOTI SPR 15MG	105	GRASTEK SUB 2800BAU	119
GLASSIA INJ.....	131	<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>glatiramer acetate soln prefilled syringe</i>		.....	12
<i>20 mg/ml</i>	81	<i>griseofulvin microsize tab 500 mg</i>	12
<i>glatiramer acetate soln prefilled syringe</i>		<i>griseofulvin ultramicrosize tab 125 mg</i>	
<i>40 mg/ml</i>	81	.....	12
<i>glatopa</i>	81	<i>griseofulvin ultramicrosize tab 250 mg</i>	
<i>glimepiride tab 1 mg</i>	85	.....	12
<i>glimepiride tab 2 mg</i>	85	<i>guanfacine hcl tab 1 mg</i>	51
<i>glimepiride tab 4 mg</i>	85	<i>guanfacine hcl tab 2 mg</i>	51
<i>glipizide tab 10 mg</i>	85	<i>guanfacine hcl tab er 24hr 1 mg (base</i>	
<i>glipizide tab 5 mg</i>	85	<i>equiv)</i>	75
<i>glipizide tab er 24hr 10 mg</i>	85	<i>guanfacine hcl tab er 24hr 2 mg (base</i>	
<i>glipizide tab er 24hr 2.5 mg</i>	85	<i>equiv)</i>	75
<i>glipizide tab er 24hr 5 mg</i>	85	<i>guanfacine hcl tab er 24hr 3 mg (base</i>	
<i>glipizide xl</i>	85	<i>equiv)</i>	75
<i>glipizide-metformin hcl tab 2.5-250 mg</i>		<i>guanfacine hcl tab er 24hr 4 mg (base</i>	
.....	85	<i>equiv)</i>	75
<i>glipizide-metformin hcl tab 2.5-500 mg</i>		GVOKE HYPO 2 INJ .5/.1ML.....	99
.....	85	GVOKE HYPO 2 INJ 1MG/.2ML	99
<i>glipizide-metformin hcl tab 5-500 mg</i>	85	GVOKE KIT SOL 1MG/0.2M	99
GLOPERBA SOL 0.6/5ML	1	GVOKE PFS INJ.....	99

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HAEGARDA INJ 2000UNIT	115
HAEGARDA INJ 3000UNIT	115
<i>hailey 1.5/30</i>	92
<i>hailey 24 fe</i>	92
HALAVEN INJ 1MG/2ML.....	28
<i>halobetasol propionate cream 0.05%</i>	138
<i>halobetasol propionate oint 0.05%</i>	138
<i>haloperidol decanoate im soln 100</i> <i>mg/ml</i>	69
<i>haloperidol decanoate im soln 50</i> <i>mg/ml</i>	69
<i>haloperidol lactate inj 5 mg/ml</i>	69
<i>haloperidol lactate oral conc 2 mg/ml</i>	69
<i>haloperidol tab 0.5 mg</i>	70
<i>haloperidol tab 1 mg</i>	70
<i>haloperidol tab 10 mg</i>	70
<i>haloperidol tab 2 mg</i>	70
<i>haloperidol tab 20 mg</i>	70
<i>haloperidol tab 5 mg</i>	70
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HARVONI PAK 45-200MG	17
HARVONI TAB 45-200MG	17
HARVONI TAB 90-400MG	17
HAVRIX INJ 1440UNIT	120
HAVRIX INJ 720UNIT.....	120
<i>heather</i>	92
HEP SOD/D5W INJ 20000UNT	113
HEP SOD/D5W INJ 25000UNT	113
HEP SOD/NACL INJ 25000UNT	113
HEPARIN SOD INJ 5000/0.5.....	113
HEPARIN SOD INJ 5000/ML	113
<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml</i>	113
<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i>	113
<i>heparin sodium (porcine) inj 20000</i> <i>unit/ml</i>	113
<i>heparin sodium (porcine) inj 5000</i> <i>unit/ml</i>	113
<i>heparin sodium (porcine) pf inj 5000</i> <i>unit/0.5ml</i>	113
HEPARIN/NACL INJ 25000UNT	113
<i>hepatamine sol 8%</i>	124
HERCEP HYLEC SOL 60-10000	31
HERCEPTIN INJ 150MG	31
HERZUMA INJ 150MG.....	31
HERZUMA INJ 420MG.....	31
HETLIOZ CAP 20MG.....	78
HIBERIX SOL 10MCG	120
HORIZANT TAB 300MG ER	80
HORIZANT TAB 600MG ER	80
HUMALOG INJ 100/ML.....	88
HUMALOG JR INJ 100/ML.....	88
HUMALOG KWIK INJ 100/ML	88
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HUMALOG MIX INJ 50/50.....	88
HUMALOG MIX INJ 50/50KWP	88
HUMALOG MIX INJ 75/25KWP	88
HUMALOG MIX SUS 75/25	88
HUMATROPE INJ 12MG.....	100
HUMATROPE INJ 24MG.....	100
HUMATROPE INJ 6MG	100
HUMIRA INJ 10/0.1ML.....	116
HUMIRA INJ 20/0.2ML.....	116
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<i>hydralazine hcl inj 20 mg/ml</i>	51
<i>hydralazine hcl tab 10 mg</i>	51
<i>hydralazine hcl tab 100 mg</i>	51
<i>hydralazine hcl tab 25 mg</i>	51
<i>hydralazine hcl tab 50 mg</i>	51
<i>hydrochlorothiazide cap 12.5 mg</i>	49
<i>hydrochlorothiazide tab 12.5 mg</i>	49
<i>hydrochlorothiazide tab 25 mg</i>	49
<i>hydrochlorothiazide tab 50 mg</i>	49
<i>hydrocodone bitartrate cap er 12hr 10</i> <i>mg</i>	3

hydrocodone bitartrate cap er 12hr 15 mg	3	hydrocortisone lotion 2.5%	138
hydrocodone bitartrate cap er 12hr 20 mg	3	hydrocortisone oint 2.5%	138
hydrocodone bitartrate cap er 12hr 30 mg	3	hydrocortisone perianal cream 2.5%	139
hydrocodone bitartrate cap er 12hr 40 mg	3	hydrocortisone tab 10 mg	98
hydrocodone bitartrate cap er 12hr 50 mg	3	hydrocortisone tab 20 mg	98
hydrocodone bitartrate tab er 24hr deter 100 mg	3	hydrocortisone tab 5 mg	97
hydrocodone bitartrate tab er 24hr deter 120 mg	3	hydrocortisone w/ acetic acid otic soln 1-2%	128
hydrocodone bitartrate tab er 24hr deter 20 mg	3	HYDROMORPHON INJ 1MG/ML	7
hydrocodone bitartrate tab er 24hr deter 30 mg	3	HYDROMORPHON INJ 2MG/ML	7
hydrocodone bitartrate tab er 24hr deter 40 mg	3	HYDROMORPHON INJ 4MG/ML	7
hydrocodone bitartrate tab er 24hr deter 60 mg	3	hydromorphone hcl inj 1 mg/ml	7
hydrocodone bitartrate tab er 24hr deter 80 mg	3	hydromorphone hcl inj 2 mg/ml	7
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	6	hydromorphone hcl inj 4 mg/ml	7
hydrocodone-acetaminophen tab 10-300 mg	7	hydromorphone hcl liqd 1 mg/ml	7
hydrocodone-acetaminophen tab 10-325 mg	7	hydromorphone hcl preservative free (pf) inj 10 mg/ml	7
hydrocodone-acetaminophen tab 5-300 mg	6	hydromorphone hcl tab 2 mg	7
hydrocodone-acetaminophen tab 5-325 mg	6	hydromorphone hcl tab 4 mg	7
hydrocodone-acetaminophen tab 7.5-300 mg	7	hydromorphone hcl tab 8 mg	7
hydrocodone-acetaminophen tab 7.5-325 mg	7	hydromorphone hcl tab er 24hr 12 mg	3
hydrocodone-ibuprofen tab 10-200 mg	7	hydromorphone hcl tab er 24hr 16 mg	3
hydrocodone-ibuprofen tab 5-200 mg	7	hydromorphone hcl tab er 24hr 32 mg	3
hydrocodone-ibuprofen tab 7.5-200 mg	7	hydromorphone hcl tab er 24hr 8 mg.	3
hydrocortisone cream 1%	138	hydroxychloroquine sulfate tab 200 mg	117
hydrocortisone cream 2.5%	138	hydroxyprogesterone caproate im in oil 1.25 gm/5ml	26
hydrocortisone enema 100 mg/60ml	107	hydroxyurea cap 500 mg	27
		hydroxyzine hcl im soln 25 mg/ml ..	129
		hydroxyzine hcl im soln 50 mg/ml ..	129
		hydroxyzine hcl syrup 10 mg/5ml ..	129
		hydroxyzine hcl tab 10 mg	129
		hydroxyzine hcl tab 25 mg	129
		hydroxyzine hcl tab 50 mg	129
		hydroxyzine pamoate cap 100 mg ..	129
		hydroxyzine pamoate cap 25 mg	129
		hydroxyzine pamoate cap 50 mg	129
		HYSINGLA ER TAB 100 MG	4
		HYSINGLA ER TAB 120 MG	4
		HYSINGLA ER TAB 20 MG	3
		HYSINGLA ER TAB 30 MG	3
		HYSINGLA ER TAB 40 MG	3
		HYSINGLA ER TAB 60 MG	3
		HYSINGLA ER TAB 80 MG	3

I	
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	90
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	90
IBRANCE CAP 100MG	31
IBRANCE CAP 125MG	31
IBRANCE CAP 75MG	31
IBRANCE TAB 100MG	31
IBRANCE TAB 125MG	31
IBRANCE TAB 75MG	31
IBSRELA TAB 50MG.....	109
<i>ibu</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>	115
<i>iclevia</i>	92
ICLUSIG TAB 10MG.....	31
ICLUSIG TAB 15MG.....	31
ICLUSIG TAB 30MG.....	31
ICLUSIG TAB 45MG.....	31
IDHIFA TAB 100MG.....	31
IDHIFA TAB 50MG.....	31
ILEVRO DRO 0.3% OP	126
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	31
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	31
IMBRUVICA CAP 140MG.....	31
IMBRUVICA CAP 70MG.....	31
IMBRUVICA SUS 70MG/ML	31
IMBRUVICA TAB 140MG.....	31
IMBRUVICA TAB 280MG.....	31
IMBRUVICA TAB 420MG.....	32
IMBRUVICA TAB 560MG.....	32
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	10
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	10
<i>imipramine hcl tab 10 mg</i>	62
<i>imipramine hcl tab 25 mg</i>	62
<i>imipramine hcl tab 50 mg</i>	62
<i>imipramine pamoate cap 100 mg</i>	62
<i>imipramine pamoate cap 125 mg</i>	62
<i>imipramine pamoate cap 150 mg</i>	62
<i>imipramine pamoate cap 75 mg</i>	62
<i>imiquimod cream 5%</i>	139
IMOVAX RABIE INJ 2.5/ML.....	120
IMVEXXY MAIN SUP 10MCG	97
IMVEXXY MAIN SUP 4MCG	96
IMVEXXY STRT SUP 10MCG.....	97
IMVEXXY STRT SUP 4MCG	97
INBRIJA CAP 42MG.....	65
<i>incassia</i>	92
INCRELEX INJ 40MG/4ML	100
INCRUSE ELPT INH 62.5MCG.....	128
<i>indapamide tab 1.25 mg</i>	49
<i>indapamide tab 2.5 mg</i>	49
INFANRIX INJ	120
INFLIXIMAB INJ 100MG	116
INFUGEM SOL 1200MG.....	25
INFUGEM SOL 1300MG.....	25
INFUGEM SOL 1400MG.....	25
INFUGEM SOL 1500MG.....	25
INFUGEM SOL 1600MG.....	25
INFUGEM SOL 1700MG.....	25
INFUGEM SOL 1800MG.....	25
INFUGEM SOL 1900MG.....	25
INFUGEM SOL 2000MG.....	25
INFUGEM SOL 2200MG.....	25
INGREZZA CAP 40-80MG.....	80
INGREZZA CAP 40MG	80
INGREZZA CAP 60MG	80
INGREZZA CAP 80MG	80
INLYTA TAB 1MG.....	32
INLYTA TAB 5MG.....	32
INQOVI TAB 35-100MG	25
INREBIC CAP 100MG	32
INS ASP PROT INJ FLEXPEN	88
INSULIN ASPA INJ 100/ML.....	88
INSULIN ASPA INJ 70/30.....	88
INSULIN ASPA INJ FLEXPEN	88
INSULIN ASPA INJ PENFILL.....	88
INSULIN LISP INJ 100/ML.....	88
INSULIN LISP INJ JUNIOR.....	88
INSULIN LISP INJ PROTAMIN	88
INSULIN SAFETY NEEDLES.....	88
INSULIN SYRINGES:	
BD/ULTIMED/ALLISON/TRIVIDIA/MH C	88
INTELENCE TAB 25MG	14

INTRALIPID INJ 20%.....	124	<i>irinotecan hcl inj 100 mg/5ml (20</i>	
INTRALIPID INJ 30%.....	124	<i>mg/ml).....</i>	28
INTRAROSA SUP 6.5MG.....	111	<i>irinotecan hcl inj 300 mg/15ml (20</i>	
INTRON A INJ 10MU.....	119	<i>mg/ml).....</i>	28
INTRON A INJ 18MU.....	119	<i>irinotecan hcl inj 40 mg/2ml (20</i>	
INTRON A INJ 25MU.....	119	<i>mg/ml).....</i>	27
INTRON A INJ 50MU.....	119	<i>irinotecan hcl inj 500 mg/25ml (20</i>	
<i>introvale</i>	92	<i>mg/ml).....</i>	28
INVEGA SUST INJ 117/0.75.....	70	ISENTRESS CHW 100MG	14
INVEGA SUST INJ 156MG/ML.....	70	ISENTRESS CHW 25MG	14
INVEGA SUST INJ 234/1.5.....	70	ISENTRESS HD TAB 600MG.....	14
INVEGA SUST INJ 39/0.25.....	70	ISENTRESS POW 100MG	14
INVEGA SUST INJ 78/0.5ML	70	ISENTRESS TAB 400MG.....	14
INVEGA TRINZ INJ 273MG.....	70	<i>isibloom</i>	92
INVEGA TRINZ INJ 410MG.....	70	ISOLYTE-P INJ /D5W	121
INVEGA TRINZ INJ 546MG.....	70	ISOLYTE-S INJ.....	121
INVEGA TRINZ INJ 819MG.....	70	ISOLYTE-S INJ PH 7.4.....	121
INVELTYS SUS 1%.....	126	<i>isoniazid syrup 50 mg/5ml</i>	16
INVIRASE TAB 500MG	14	<i>isoniazid tab 100 mg</i>	16
INVOKAMET TAB 150-1000.....	85	<i>isoniazid tab 300 mg</i>	16
INVOKAMET TAB 150-500	85	ISOPTO ATROP SOL 1% OP.....	127
INVOKAMET TAB 50-1000	85	<i>isosorbide dinitrate tab 10 mg</i>	51
INVOKAMET TAB 50-500MG.....	85	<i>isosorbide dinitrate tab 20 mg</i>	51
INVOKAMET XR TAB 150-1000.....	85	<i>isosorbide dinitrate tab 30 mg</i>	51
INVOKAMET XR TAB 150-500.....	85	<i>isosorbide dinitrate tab 5 mg</i>	51
INVOKAMET XR TAB 50-1000.....	85	<i>isosorbide dinitrate-hydralazine hcl tab</i>	
INVOKAMET XR TAB 50-500MG	85	<i>20-37.5 mg</i>	51
INVOKANA TAB 100MG	85	<i>isosorbide mononitrate tab 10 mg</i>	51
INVOKANA TAB 300MG	85	<i>isosorbide mononitrate tab 20 mg</i>	51
IPOL INJ INACTIVE	120	<i>isosorbide mononitrate tab er 24hr 120</i>	
<i>ipratropium bromide inhal soln 0.02%</i>		<i>mg</i>	51
.....	128	<i>isosorbide mononitrate tab er 24hr 30</i>	
<i>ipratropium bromide nasal soln 0.03%</i>		<i>mg</i>	51
<i>(21 mcg/spray)</i>	128	<i>isosorbide mononitrate tab er 24hr 60</i>	
<i>ipratropium bromide nasal soln 0.06%</i>		<i>mg</i>	51
<i>(42 mcg/spray)</i>	128	<i>isotretinoin cap 10 mg</i>	135
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>isotretinoin cap 20 mg</i>	135
<i>2.5(3) mg/3ml</i>	128	<i>isotretinoin cap 30 mg</i>	135
<i>irbesartan tab 150 mg</i>	41	<i>isotretinoin cap 40 mg</i>	135
<i>irbesartan tab 300 mg</i>	41	<i>isradipine cap 2.5 mg</i>	47
<i>irbesartan tab 75 mg</i>	41	<i>isradipine cap 5 mg</i>	47
<i>irbesartan-hydrochlorothiazide tab</i>		<i>itraconazole cap 100 mg</i>	12
<i>150-12.5 mg</i>	40	<i>itraconazole oral soln 10 mg/ml</i>	12
<i>irbesartan-hydrochlorothiazide tab</i>		<i>ivermectin tab 3 mg</i>	10
<i>300-12.5 mg</i>	40	IXEMPRA KIT INJ 15MG	28
IRESSA TAB 250MG	32	IXEMPRA KIT INJ 45MG	28
		IXIARO INJ	120

J			
JAKAFI TAB 10MG.....	32	JYNARQUE PAK 30-15MG.....	100
JAKAFI TAB 15MG.....	32	JYNARQUE PAK 45-15MG.....	100
JAKAFI TAB 20MG.....	32	JYNARQUE PAK 60-30MG.....	100
JAKAFI TAB 25MG.....	32	JYNARQUE PAK 90-30MG.....	100
JAKAFI TAB 5MG.....	32	JYNARQUE TAB 15MG.....	100
<i>jantoven</i>	113	JYNARQUE TAB 30MG.....	100
JANUMET TAB 50-1000.....	85	K	
JANUMET TAB 50-500MG.....	85	KADCYLA INJ 100MG.....	32
JANUMET XR TAB 100-1000.....	85	KADCYLA INJ 160MG.....	32
JANUMET XR TAB 50-1000.....	85	<i>kaitlib fe chw</i>	92
JANUMET XR TAB 50-500MG.....	85	KALYDECO PAK 25MG.....	131
JANUVIA TAB 100MG.....	85	KALYDECO PAK 50MG.....	131
JANUVIA TAB 25MG.....	85	KALYDECO PAK 75MG.....	131
JANUVIA TAB 50MG.....	85	KALYDECO TAB 150MG.....	131
JARDIANCE TAB 10MG.....	85	KANJINTI INJ 420MG.....	32
JARDIANCE TAB 25MG.....	85	KANJINTI SOL 150MG.....	32
<i>jasmiel</i>	92	KAPSPARGO CAP 100MG.....	45
JATENZO CAP 158MG.....	83	KAPSPARGO CAP 200MG.....	45
JATENZO CAP 198MG.....	83	KAPSPARGO CAP 25MG.....	45
JATENZO CAP 237MG.....	83	KAPSPARGO CAP 50MG.....	45
<i>javygtor pak 100mg</i>	100	<i>kariva</i>	92
<i>javygtor tab 100mg</i>	100	<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	122
JENTADUETO TAB 2.5-1000.....	86	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	122
JENTADUETO TAB 2.5-500.....	86	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	122
JENTADUETO TAB 2.5-850.....	86	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	122
JENTADUETO TAB XR 2.5-1000MG... ..	86	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	122
JENTADUETO TAB XR 5-1000MG.....	86	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	122
<i>jinteli</i>	97	<i>kcl 20 MEQ/L (0.15%) IN NAACL 0.45% INJ</i>	122
<i>jolessa</i>	92	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	122
JORNAY PM CAP 100MG ER.....	75	<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	122
JORNAY PM CAP 20MG ER.....	75	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	122
JORNAY PM CAP 40MG ER.....	75	KCL 40 MEQ/L (0.3%) IN NAACL 0.9% INJ.....	122
JORNAY PM CAP 60MG ER.....	75	KCL/D5W/LACT INJ 20MEQ/L.....	122
JORNAY PM CAP 80MG ER.....	75	KCL/D5W/NAACL INJ 0.3/0.9%.....	122
<i>juleber</i>	92	<i>kelnor 1/35</i>	93
JULUCA TAB 50-25MG.....	15	<i>kelnor 1/50</i>	93
<i>junel 1.5/30</i>	92	KERENDIA TAB 10MG.....	39
<i>junel 1/20</i>	92	KERENDIA TAB 20MG.....	39
<i>junel fe 1.5/30</i>	92		
<i>junel fe 1/20</i>	92		
<i>junel fe 24</i>	92		
JUXTAPID CAP 10MG.....	44		
JUXTAPID CAP 20MG.....	44		
JUXTAPID CAP 30MG.....	44		
JUXTAPID CAP 5MG.....	44		
JYNARQUE PAK 15MG.....	100		

KESIMPTA INJ 20/.4ML	81	<i>lacosamide tab 150 mg</i>	56
<i>ketoconazole cream 2%</i>	136	<i>lacosamide tab 200 mg</i>	56
<i>ketoconazole shampoo 2%</i>	137	<i>lacosamide tab 50 mg</i>	56
<i>ketoconazole tab 200 mg</i>	12	LACRISERT MIS 5MG OP.....	127
<i>ketorolac tromethamine ophth soln</i>		<i>lactated ringer's solution</i>	122
0.4%	126	<i>lactic acid (ammonium lactate) cream</i>	
<i>ketorolac tromethamine ophth soln</i>		12%.....	139
0.5%	126	<i>lactic acid (ammonium lactate) lotion</i>	
KEVEYIS TAB 50MG.....	49	12%.....	139
KEYTRUDA INJ 100MG/4M.....	32	<i>lactulose (encephalopathy) solution 10</i>	
KHAPZORY SOL 175MG.....	36	gm/15ml.....	108
KHAPZORY SOL 300MG.....	36	<i>lactulose solution 10 gm/15ml</i>	108
KIMYRSA INJ 1200MG	10	LAMICTAL ODT KIT BLUE.....	56
KINRIX INJ	120	LAMICTAL ODT KIT GREEN.....	56
KISQALI 200 DOSE	32	LAMICTAL XR KIT.....	56
KISQALI 200 PAK FEMARA.....	28	<i>lamivudine oral soln 10 mg/ml</i>	14
KISQALI 400 DOSE	32	<i>lamivudine tab 100 mg (hbv)</i>	17
KISQALI 400 PAK FEMARA.....	28	<i>lamivudine tab 150 mg</i>	14
KISQALI 600 DOSE	32	<i>lamivudine tab 300 mg</i>	14
KISQALI 600 PAK FEMARA.....	28	<i>lamivudine-zidovudine tab 150-300 mg</i>	
KLISYRI OIN 1%.....	139	.....	15
<i>klor-con</i>	123	<i>lamotrigine orally disintegrating tab</i>	
<i>klor-con 10</i>	123	100 mg.....	56
<i>klor-con 8</i>	123	<i>lamotrigine orally disintegrating tab</i>	
<i>klor-con m10</i>	123	200 mg.....	56
<i>klor-con m15</i>	123	<i>lamotrigine orally disintegrating tab 25</i>	
<i>klor-con m20</i>	123	mg.....	56
KLOXXADO SPR 8MG.....	83	<i>lamotrigine orally disintegrating tab 50</i>	
KOMBIGLYZ XR TAB 2.5-1000.....	86	mg.....	56
KOMBIGLYZ XR TAB 5-1000MG	86	<i>lamotrigine tab 100 mg</i>	56
KOMBIGLYZ XR TAB 5-500MG.....	86	<i>lamotrigine tab 150 mg</i>	56
KORLYM TAB 300MG	100	<i>lamotrigine tab 200 mg</i>	56
<i>kurvelo</i>	93	<i>lamotrigine tab 25 mg</i>	56
KYNMOBI MIS 10MG.....	65	<i>lamotrigine tab 25 mg (42) & 100 mg</i>	
KYNMOBI MIS 15MG.....	65	(7) starter kit.....	56
KYNMOBI MIS 20MG.....	65	<i>lamotrigine tab 35 x 25 mg starter kit</i>	
KYNMOBI MIS 25MG.....	65	.....	56
KYNMOBI MIS 30MG.....	65	<i>lamotrigine tab 84 x 25 mg & 14 x 100</i>	
L		mg starter kit	56
<i>labetalol hcl iv soln 5 mg/ml</i>	45	<i>lamotrigine tab chewable dispersible 25</i>	
<i>labetalol hcl tab 100 mg</i>	45	mg.....	57
<i>labetalol hcl tab 200 mg</i>	45	<i>lamotrigine tab chewable dispersible 5</i>	
<i>labetalol hcl tab 300 mg</i>	45	mg.....	57
<i>lacosamide iv inj 200 mg/20ml (10</i>		<i>lamotrigine tab disint 25 (14) & 50 mg</i>	
mg/ml)	56	(14) & 100 mg (7) kit.....	57
<i>lacosamide oral solution 10 mg/ml</i> ...	56	<i>lamotrigine tab er 24hr 100 mg</i>	57
<i>lacosamide tab 100 mg</i>	56	<i>lamotrigine tab er 24hr 200 mg</i>	57

<i>lamotrigine tab er 24hr 25 mg</i>	57	LENVIMA CAP 4MG	32
<i>lamotrigine tab er 24hr 250 mg</i>	57	LENVIMA CAP 8 MG	32
<i>lamotrigine tab er 24hr 300 mg</i>	57	<i>lessina</i>	93
<i>lamotrigine tab er 24hr 50 mg</i>	57	<i>letrozole tab 2.5 mg</i>	26
LANOXIN PED INJ 0.1MG/ML.....	51	<i>leucovorin calcium for inj 100 mg</i>	36
LANOXIN TAB 0.0625MG	51	<i>leucovorin calcium for inj 200 mg</i>	36
<i>lansoprazole cap delayed release 15</i> <i>mg</i>	110	<i>leucovorin calcium for inj 350 mg</i>	36
<i>lansoprazole cap delayed release 30</i> <i>mg</i>	110	<i>leucovorin calcium for inj 50 mg</i>	36
<i>lansoprazole tab delayed release orally</i> <i>disintegrating 15 mg</i>	110	<i>leucovorin calcium for inj 500 mg</i>	36
<i>lansoprazole tab delayed release orally</i> <i>disintegrating 30 mg</i>	110	<i>leucovorin calcium inj 500 mg/50ml</i> <i>(10 mg/ml)</i>	36
<i>lapatinib ditosylate tab 250 mg (base</i> <i>equiv)</i>	32	<i>leucovorin calcium tab 10 mg</i>	36
<i>larin 1.5/30</i>	93	<i>leucovorin calcium tab 15 mg</i>	36
<i>larin 1/20</i>	93	<i>leucovorin calcium tab 25 mg</i>	36
<i>larin 24 fe</i>	93	<i>leucovorin calcium tab 5 mg</i>	36
<i>larin fe 1.5/30</i>	93	LEUKERAN TAB 2MG	24
<i>larin fe 1/20</i>	93	LEUKINE INJ 250MCG	114
<i>larissia tab</i>	93	<i>leuprolide acetate inj kit 5 mg/ml</i>	26
LASTACAFT SOL 0.25%	126	<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i> <i>(base equiv)</i>	130
<i>latanoprost ophth soln 0.005%</i>	126	<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	130
LATUDA TAB 120MG.....	70	<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	130
LATUDA TAB 20MG	70	<i>levalbuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml (base equiv)</i>	130
LATUDA TAB 40MG	70	<i>levalbuterol tartrate inhal aerosol 45</i> <i>mcg/act (base equiv)</i>	130
LATUDA TAB 60MG	70	LEVEMIR INJ	88
LATUDA TAB 80MG	70	LEVEMIR INJ FLEXTUOC	88
<i>layolis fe</i>	93	<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	57
LAZANDA SPR 100MCG	7	<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	57
LAZANDA SPR 400MCG	7	<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	57
<i>leena</i>	93	<i>levetiracetam inj 500 mg/5ml (100</i> <i>mg/ml)</i>	57
<i>leflunomide tab 10 mg</i>	117	<i>levetiracetam oral soln 100 mg/ml</i> ...	57
<i>leflunomide tab 20 mg</i>	117	<i>levetiracetam tab 1000 mg</i>	57
<i>lenalidomide cap 10 mg</i>	27	<i>levetiracetam tab 250 mg</i>	57
<i>lenalidomide cap 15 mg</i>	27	<i>levetiracetam tab 500 mg</i>	57
<i>lenalidomide cap 20 mg</i>	27	<i>levetiracetam tab 750 mg</i>	57
<i>lenalidomide cap 25 mg</i>	27	<i>levetiracetam tab er 24hr 500 mg</i>	57
<i>lenalidomide cap 5 mg</i>	27	<i>levetiracetam tab er 24hr 750 mg</i>	57
<i>lenalidomide caps 2.5 mg</i>	27	<i>levobunolol hcl ophth soln 0.5%</i>	126
LENVIMA CAP 10 MG	32		
LENVIMA CAP 12MG	32		
LENVIMA CAP 14 MG	32		
LENVIMA CAP 18 MG	32		
LENVIMA CAP 20 MG	32		
LENVIMA CAP 24 MG	33		

levocarnitine oral soln 1 gm/10ml (10%).....	100	levothyroxine sodium cap 112 mcg.	103
levocarnitine tab 330 mg	100	levothyroxine sodium cap 125 mcg.	103
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	129	levothyroxine sodium cap 13 mcg ..	103
levocetirizine dihydrochloride tab 5 mg	129	levothyroxine sodium cap 137 mcg.	103
levofloxacin in d5w iv soln 250 mg/50ml	20	levothyroxine sodium cap 150 mcg.	103
levofloxacin in d5w iv soln 500 mg/100ml.....	20	levothyroxine sodium cap 175 mcg.	103
levofloxacin in d5w iv soln 750 mg/150ml.....	20	levothyroxine sodium cap 200 mcg.	103
levofloxacin iv soln 25 mg/ml.....	20	levothyroxine sodium cap 25 mcg ..	103
levofloxacin ophth soln 0.5%	125	levothyroxine sodium cap 50 mcg ..	103
levofloxacin ophth soln 1.5%	125	levothyroxine sodium cap 75 mcg ..	103
levofloxacin oral soln 25 mg/ml.....	20	levothyroxine sodium cap 88 mcg ..	103
levofloxacin tab 250 mg.....	20	levothyroxine sodium tab 100 mcg.	103
levofloxacin tab 500 mg.....	20	levothyroxine sodium tab 112 mcg.	103
levofloxacin tab 750 mg.....	20	levothyroxine sodium tab 125 mcg.	103
levoleucovorin calcium for iv inj 50 mg (base equiv).....	37	levothyroxine sodium tab 137 mcg.	103
levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv).....	37	levothyroxine sodium tab 150 mcg.	103
levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)	37	levothyroxine sodium tab 175 mcg.	103
levonest.....	93	levothyroxine sodium tab 200 mcg.	103
levonor-eth est tab 0.15- 0.02/0.025/0.03 mg ð est 0.01 mg	93	levothyroxine sodium tab 25 mcg...	103
levonorgestrel & ethinyl estradiol (91- day) tab 0.15-0.03 mg.....	93	levothyroxine sodium tab 300 mcg.	103
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	93	levothyroxine sodium tab 50 mcg...	103
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	93	levothyroxine sodium tab 75 mcg...	103
levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg.....	93	levothyroxine sodium tab 88 mcg...	103
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	93	levoxyl	103
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	93	LEXIVA SUS 50MG/ML.....	14
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....	93	LIBTAYO INJ 350/7ML.....	33
levora 0.15/30-28.....	93	lidocaine hcl local inj 0.5%.....	8
levo-t	103	lidocaine hcl local inj 1%	8
levothyroxine sodium cap 100 mcg	103	lidocaine hcl local inj 2%	8
		lidocaine hcl local preservative free (pf) inj 0.5%	8
		lidocaine hcl local preservative free (pf) inj 1.5%	9
		lidocaine hcl local preservative free (pf) inj 1%	9
		lidocaine hcl local preservative free (pf) inj 2%	9
		lidocaine hcl local preservative free (pf) inj 4%	9
		lidocaine hcl soln 4%	139
		lidocaine hcl urethral/mucosal gel 2%	139
		lidocaine hcl viscous soln 2%	140
		lidocaine oint 5%	139
		lidocaine patch 5%	139
		lidocaine-prilocaine cream 2.5-2.5%	139

<i>lillow</i>	93	<i>lopinavir-ritonavir soln 400-100</i>	
<i>linezolid for susp 100 mg/5ml</i>	10	<i>mg/5ml (80-20 mg/ml)</i>	16
<i>linezolid in sodium chloride iv soln 600</i>		<i>lopinavir-ritonavir tab 100-25 mg</i>	16
<i>mg/300ml-0.9%</i>	10	<i>lopinavir-ritonavir tab 200-50 mg</i>	16
<i>linezolid iv soln 600 mg/300ml (2</i>		<i>lorazepam conc 2 mg/ml</i>	53
<i>mg/ml)</i>	10	<i>lorazepam inj 2 mg/ml</i>	53
<i>linezolid tab 600 mg</i>	10	<i>lorazepam inj 4 mg/ml</i>	53
LINZESS CAP 145MCG	109	<i>lorazepam intensol</i>	53
LINZESS CAP 290MCG	109	<i>lorazepam tab 0.5 mg</i>	53
LINZESS CAP 72MCG	109	<i>lorazepam tab 1 mg</i>	53
<i>liothyronine sodium tab 25 mcg</i>	103	<i>lorazepam tab 2 mg</i>	53
<i>liothyronine sodium tab 5 mcg</i>	103	LORBRENA TAB 100MG	33
<i>liothyronine sodium tab 50 mcg</i>	103	LORBRENA TAB 25MG	33
<i>lisinopril & hydrochlorothiazide tab 10-</i>		<i>loryna</i>	93
<i>12.5 mg</i>	37	<i>losartan potassium &</i>	
<i>lisinopril & hydrochlorothiazide tab 20-</i>		<i>hydrochlorothiazide tab 100-12.5 mg</i>	
<i>12.5 mg</i>	37	.....	40
<i>lisinopril & hydrochlorothiazide tab 20-</i>		<i>losartan potassium &</i>	
<i>25 mg</i>	37	<i>hydrochlorothiazide tab 100-25 mg</i>	40
<i>lisinopril tab 10 mg</i>	38	<i>losartan potassium &</i>	
<i>lisinopril tab 2.5 mg</i>	38	<i>hydrochlorothiazide tab 50-12.5 mg</i>	
<i>lisinopril tab 20 mg</i>	38	.....	40
<i>lisinopril tab 30 mg</i>	38	<i>losartan potassium tab 100 mg</i>	41
<i>lisinopril tab 40 mg</i>	38	<i>losartan potassium tab 25 mg</i>	41
<i>lisinopril tab 5 mg</i>	38	<i>losartan potassium tab 50 mg</i>	41
<i>lithium carbonate cap 150 mg</i>	80	LOTEMAX OIN 0.5%	126
<i>lithium carbonate cap 300 mg</i>	80	LOTEMAX SM GEL 0.38%	126
<i>lithium carbonate cap 600 mg</i>	80	<i>loteprednol etabonate ophth gel 0.5%</i>	
<i>lithium carbonate tab 300 mg</i>	80	.....	126
<i>lithium carbonate tab er 300 mg</i>	80	<i>loteprednol etabonate ophth susp 0.5%</i>	
<i>lithium carbonate tab er 450 mg</i>	80	.....	126
LITHIUM SOL 8MEQ/5ML	80	<i>lovastatin tab 10 mg</i>	43
LIVALO TAB 1MG	43	<i>lovastatin tab 20 mg</i>	43
LIVALO TAB 2MG	43	<i>lovastatin tab 40 mg</i>	43
LIVALO TAB 4MG	43	<i>low-ogestrel</i>	93
LIVTENCITY TAB 200MG	17	<i>loxapine succinate cap 10 mg</i>	70
LO LOESTRIN TAB 1-10-10	93	<i>loxapine succinate cap 25 mg</i>	70
<i>loestrin 1.5/30-21</i>	93	<i>loxapine succinate cap 5 mg</i>	70
<i>loestrin 1/20-21</i>	93	<i>loxapine succinate cap 50 mg</i>	70
<i>loestrin fe 1.5/30</i>	93	<i>lubiprostone cap 24 mcg</i>	109
<i>loestrin fe 1/20</i>	93	<i>lubiprostone cap 8 mcg</i>	109
LOKELMA PAK 10GM	91	LUCEMYRA TAB 0.18MG	83
LOKELMA PAK 5GM	91	LUMAKRAS TAB 120MG	33
LONHALA MAGN SOL 25MCG	128	LUMIGAN SOL 0.01%	126
LONSURF TAB 15-6.14	25	LUMIZYME INJ 50MG	100
LONSURF TAB 20-8.19	25	LUPKYNIS CAP 7.9MG	120
<i>loperamide hcl cap 2 mg</i>	109	LUPR DEP-PED INJ 11.25MG	100

LUPR DEP-PED INJ 15MG	100	<i>matzim la</i>	47
LUPR DEP-PED INJ 3M 30MG.....	100	MAVYRET PAK 50-20MG	17
LUPR DEP-PED INJ 7.5MG	100	MAVYRET TAB 100-40MG.....	17
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LUPRON DEPOT INJ 3.75MG	26	<i>meclizine hcl tab 25 mg</i>	105
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LUPRON DEPOT INJ 7.5MG	26	<i>medroxyprogesterone acetate im susp</i>	
<i>luter</i>	93	150 mg/ml	93
<i>lyleq</i>	93	<i>medroxyprogesterone acetate im susp</i>	
<i>lyllana dis 0.025mg</i>	97	<i>prefilled syr 150 mg/ml</i>	93
<i>lyllana dis 0.0375mg</i>	97	<i>medroxyprogesterone acetate tab 10</i>	
<i>lyllana dis 0.05mg</i>	97	<i>mg</i>	103
<i>lyllana dis 0.075mg</i>	97	<i>medroxyprogesterone acetate tab 2.5</i>	
<i>lyllana dis 0.1mg</i>	97	<i>mg</i>	103
LYNPARZA TAB 100MG	33	<i>medroxyprogesterone acetate tab 5 mg</i>	
LYNPARZA TAB 150MG	33	.....	103
LYSODREN TAB 500MG	26	<i>mefloquine hcl tab 250 mg</i>	13
LYUMJEV INJ 100UT/ML	88	<i>megestrol acetate susp 40 mg/ml</i> ..	103
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M		<i>megestrol acetate tab 40 mg</i>	26
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MAGNESIUM SU INJ 2GM/50ML.....	122	MEKINIST TAB 2MG.....	33
MAGNESIUM SU INJ 40G/1000.....	122	MEKTOVI TAB 15MG	33
MAGNESIUM SU INJ 4G/100ML	122	<i>meloxicam tab 15 mg</i>	2
MAGNESIUM SU INJ 80MG/ML.....	122	<i>meloxicam tab 7.5 mg</i>	2
<i>magnesium sulfate in dextrose 5% iv</i>		<i>memantine hcl cap er 24hr 14 mg</i>	60
<i>soln 1 gm/100ml</i>	122	<i>memantine hcl cap er 24hr 21 mg</i>	60
<i>magnesium sulfate inj 50%</i>	122	<i>memantine hcl cap er 24hr 28 mg</i>	60
<i>magnesium sulfate iv soln 2 gm/50ml</i>		<i>memantine hcl cap er 24hr 7 mg</i>	60
<i>(40 mg/ml)</i>	122	<i>memantine hcl oral solution 2 mg/ml</i>	60
<i>magnesium sulfate iv soln 20</i>		<i>memantine hcl tab 10 mg</i>	60
<i>gm/500ml (40 mg/ml)</i>	122	<i>memantine hcl tab 5 mg</i>	60
<i>magnesium sulfate iv soln 4 gm/100ml</i>		MENACTRA INJ	121
<i>(40 mg/ml)</i>	122	MENOSTAR DIS 14MCG	97
<i>magnesium sulfate iv soln 4 gm/50ml</i>		MENQUADFI INJ.....	121
<i>(80 mg/ml)</i>	122	MENTAX CRE 1%	136
<i>magnesium sulfate iv soln 40</i>		MENVEO INJ.....	121
<i>gm/1000ml (40 mg/ml)</i>	122	<i>mercaptopurine tab 50 mg</i>	25
<i>malathion lotion 0.5%</i>	140	MEROP/NAACL INJ 1GM/50ML	10
<i>maraviroc tab 150 mg</i>	14	MEROP/NAACL INJ 500/50ML	10
<i>maraviroc tab 300 mg</i>	14	<i>meropenem iv for soln 1 gm</i>	10
<i>marlissa</i>	93	<i>meropenem iv for soln 500 mg</i>	10
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methadone hcl soln 10 mg/5ml 4
methadone hcl soln 5 mg/5ml 4
methadone hcl tab 10 mg 4
methadone hcl tab 5 mg 4
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methazolamide tab 50 mg 49
methenamine hippurate tab 1 gm.... 10
methergine..... 100
methimazole tab 10 mg 103
methimazole tab 5 mg..... 103
methotrexate sodium for inj 1 gm.... 25
*methotrexate sodium inj 250 mg/10ml
(25 mg/ml)*..... 25
*methotrexate sodium inj 50 mg/2ml
(25 mg/ml)*..... 25
*methotrexate sodium inj pf 1000
mg/40ml (25 mg/ml)*..... 25
*methotrexate sodium inj pf 250
mg/10ml (25 mg/ml)*..... 25
*methotrexate sodium inj pf 50 mg/2ml
(25 mg/ml)*..... 25
*methotrexate sodium tab 2.5 mg (base
equiv)* 117
methoxsalen rapid cap 10 mg 137
*methscopolamine bromide tab 2.5 mg
.....* 107
*methscopolamine bromide tab 5 mg
.....* 107

*methylergonovine maleate tab 0.2 mg
.....* 100
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*methylphenidate hcl cap er 10 mg (cd)
.....*75
*methylphenidate hcl cap er 20 mg (cd)
.....*75
*methylphenidate hcl cap er 24hr 10 mg
(la)75*
*methylphenidate hcl cap er 24hr 20 mg
(la)75*
*methylphenidate hcl cap er 24hr 30 mg
(la)75*
*methylphenidate hcl cap er 24hr 40 mg
(la)75*
*methylphenidate hcl cap er 24hr 60 mg
(la)75*
*methylphenidate hcl cap er 30 mg (cd)
.....75*
*methylphenidate hcl cap er 40 mg (cd)
.....75*
*methylphenidate hcl cap er 50 mg (cd)
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<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	76	<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	46
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	76	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	45
<i>methylphenidate td patch 10 mg/9hr</i>	76	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	46
<i>methylphenidate td patch 15 mg/9hr</i>	76	<i>metoprolol tartrate iv soln 5 mg/5ml</i>	46
<i>methylphenidate td patch 20 mg/9hr</i>	76	<i>metoprolol tartrate tab 100 mg</i>	46
<i>methylphenidate td patch 30 mg/9hr</i>	76	<i>metoprolol tartrate tab 25 mg</i>	46
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	98	<i>metoprolol tartrate tab 50 mg</i>	46
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	98	<i>metronidazole cap 375 mg</i>	10
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	98	<i>metronidazole cream 0.75%</i>	139
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	98	<i>metronidazole gel 0.75%</i>	139
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	98	<i>metronidazole iv soln 500 mg/100ml</i>	10
<i>methylprednisolone tab 16 mg</i>	98	<i>metronidazole lotion 0.75%</i>	139
<i>methylprednisolone tab 32 mg</i>	98	<i>metronidazole tab 250 mg</i>	10
<i>methylprednisolone tab 4 mg</i>	98	<i>metronidazole tab 500 mg</i>	10
<i>methylprednisolone tab 8 mg</i>	98	<i>metronidazole vaginal gel 0.75%</i> ...	112
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	98	<i>metyrosine cap 250 mg</i>	51
METOCLOPRAMI TAB 10MG ODT	105	MG SO4/D5W INJ 10MG/ML	122
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	105	MIACALCIN INJ 200/ML	90
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	105	<i>micafungin sodium for iv soln 100 mg</i>	13
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	105	<i>micafungin sodium for iv soln 50 mg</i>	13
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	105	<i>miconazole 3</i>	112
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	105	<i>micrgstin 24 tab fe 1/20</i>	94
<i>metolazone tab 10 mg</i>	49	<i>microgestin 1.5/30</i>	94
<i>metolazone tab 2.5 mg</i>	49	<i>microgestin 1/20</i>	94
<i>metolazone tab 5 mg</i>	49	<i>microgestin fe 1.5/30</i>	94
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	45	<i>microgestin fe 1/20</i>	94
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	45	<i>midodrine hcl tab 10 mg</i>	51
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	45	<i>midodrine hcl tab 2.5 mg</i>	51
		<i>midodrine hcl tab 5 mg</i>	51
		<i>miglitol tab 100 mg</i>	86
		<i>miglitol tab 25 mg</i>	86
		<i>miglitol tab 50 mg</i>	86
		<i>miglustat cap 100 mg</i>	100
		<i>mili</i>	94
		<i>mimvey</i>	97
		<i>minocycline hcl cap 100 mg</i>	23
		<i>minocycline hcl cap 50 mg</i>	23
		<i>minocycline hcl cap 75 mg</i>	23
		<i>minocycline hcl tab 100 mg</i>	23
		<i>minocycline hcl tab 50 mg</i>	23
		<i>minocycline hcl tab 75 mg</i>	23

<i>minoxidil tab 10 mg</i>	51	<i>morphine sulfate beads cap er 24hr 30 mg</i>	4
<i>minoxidil tab 2.5 mg</i>	51	<i>morphine sulfate beads cap er 24hr 45 mg</i>	4
<i>mirtazapine orally disintegrating tab 15 mg</i>	63	<i>morphine sulfate beads cap er 24hr 60 mg</i>	4
<i>mirtazapine orally disintegrating tab 30 mg</i>	63	<i>morphine sulfate beads cap er 24hr 75 mg</i>	4
<i>mirtazapine orally disintegrating tab 45 mg</i>	63	<i>morphine sulfate beads cap er 24hr 90 mg</i>	4
<i>mirtazapine tab 15 mg</i>	63	<i>morphine sulfate cap er 24hr 10 mg</i> ..	4
<i>mirtazapine tab 30 mg</i>	63	<i>morphine sulfate cap er 24hr 100 mg</i> ..	4
<i>mirtazapine tab 45 mg</i>	63	<i>morphine sulfate cap er 24hr 20 mg</i> ..	4
<i>mirtazapine tab 7.5 mg</i>	63	<i>morphine sulfate cap er 24hr 30 mg</i> ..	4
<i>misoprostol tab 100 mcg</i>	109	<i>morphine sulfate cap er 24hr 40 mg</i> ..	4
<i>misoprostol tab 200 mcg</i>	109	<i>morphine sulfate cap er 24hr 50 mg</i> ..	4
MITIGARE CAP 0.6MG.....	1	<i>morphine sulfate cap er 24hr 60 mg</i> ..	4
M-M-R II INJ	121	<i>morphine sulfate cap er 24hr 80 mg</i> ..	4
M-NATAL PLUS TAB.....	123	<i>morphine sulfate iv soln 1 mg/ml</i>	7
<i>modafinil tab 100 mg</i>	82	<i>morphine sulfate iv soln 10 mg/ml</i>	7
<i>modafinil tab 200 mg</i>	82	<i>morphine sulfate iv soln 4 mg/ml</i>	7
<i>moexipril hcl tab 15 mg</i>	38	<i>morphine sulfate iv soln 8 mg/ml</i>	7
<i>moexipril hcl tab 7.5 mg</i>	38	<i>morphine sulfate oral soln 10 mg/5ml</i> ..	7
<i>molindone hcl tab 10 mg</i>	70	<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	7
<i>molindone hcl tab 25 mg</i>	70	<i>morphine sulfate oral soln 20 mg/5ml</i> ..	7
<i>molindone hcl tab 5 mg</i>	70	<i>morphine sulfate tab 15 mg</i>	7
<i>mometasone furoate cream 0.1%</i> ..	138	<i>morphine sulfate tab 30 mg</i>	7
<i>mometasone furoate nasal susp 50 mcg/act</i>	132	<i>morphine sulfate tab er 100 mg</i>	5
<i>mometasone furoate oint 0.1%</i>	138	<i>morphine sulfate tab er 15 mg</i>	4
<i>mometasone furoate solution 0.1% (lotion)</i>	138	<i>morphine sulfate tab er 200 mg</i>	5
MONJUVI INJ 200MG	33	<i>morphine sulfate tab er 30 mg</i>	4
<i>mono-lynyah</i>	94	<i>morphine sulfate tab er 60 mg</i>	4
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	130	MOTEGRITY TAB 1MG	109
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	130	MOTEGRITY TAB 2MG	109
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	130	MOVANTIK TAB 12.5MG	109
<i>montelukast sodium tab 10 mg (base equiv)</i>	130	MOVANTIK TAB 25MG	109
MORPHINE SUL INJ 10MG/ML	7	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	20
MORPHINE SUL INJ 2MG/ML	7	<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	125
MORPHINE SUL INJ 4MG/ML	7	<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	125
MORPHINE SUL INJ 5MG/ML	7	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	20
MORPHINE SUL INJ 8MG/ML	7	MOXIFLOXACIN INJ 400/250	20
<i>morphine sulfate beads cap er 24hr 120 mg</i>	4	MOZOBIL INJ.....	114

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MULTAQ TAB 400MG	42
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MVASI INJ 400MG.....	33
MYCAPSSA CAP 20MG.....	100
<i>mycophenolate mofetil cap 250 mg</i>	120
<i>mycophenolate mofetil for oral susp</i>	
<i>200 mg/ml</i>	120
<i>mycophenolate mofetil tab 500 mg</i>	120
<i>mycophenolate sodium tab dr 180 mg</i>	
<i>(mycophenolic acid equiv)</i>	120
<i>mycophenolate sodium tab dr 360 mg</i>	
<i>(mycophenolic acid equiv)</i>	120
MYDAYIS CAP 12.5MG	76
MYDAYIS CAP 25MG	77
MYDAYIS CAP 37.5MG	77
MYDAYIS CAP 50MG	77
MYFEMBREE TAB	100
<i>myorisan</i>	135
MYRBETRIQ SUS 8MG/ML.....	111
MYRBETRIQ TAB 25MG	111
MYRBETRIQ TAB 50MG	111

N

<i>nabumetone tab 500 mg</i>	2
<i>nabumetone tab 750 mg</i>	2
<i>nadolol tab 20 mg</i>	46
<i>nadolol tab 40 mg</i>	46
<i>nadolol tab 80 mg</i>	46
NAFCILLIN INJ 1GM/50ML	22
NAFCILLIN INJ 2GM/100	22
<i>nafcillin sodium for inj 1 gm</i>	22
<i>nafcillin sodium for inj 2 gm</i>	22
<i>nafcillin sodium for iv soln 1 gm</i>	22
<i>nafcillin sodium for iv soln 10 gm</i>	22
<i>nafcillin sodium for iv soln 2 gm</i>	22
<i>naftifine hcl cream 1%</i>	136
<i>naftifine hcl cream 2%</i>	136
<i>naftifine hcl gel 1%</i>	136
NAFTIN GEL 2%	136
NAGLAZYME INJ 1MG/ML	100
<i>nalbuphine hcl inj 10 mg/ml</i>	7
<i>nalbuphine hcl inj 20 mg/ml</i>	7
<i>naloxone hcl inj 0.4 mg/ml</i>	83
<i>naloxone hcl inj 4 mg/10ml</i>	83
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	83

<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	
.....	83
<i>naloxone hcl soln prefilled syringe 2</i>	
<i>mg/2ml</i>	83
<i>naltrexone hcl tab 50 mg</i>	83
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NAMZARIC CAP 21-10MG	60
NAMZARIC CAP 28-10MG	60
NAMZARIC CAP 7-10MG	60
NAMZARIC CAP PACK.....	60
<i>naproxen sodium tab 275 mg</i>	2
<i>naproxen sodium tab 550 mg</i>	2
<i>naproxen tab 250 mg</i>	2
<i>naproxen tab 375 mg</i>	2
<i>naproxen tab 500 mg</i>	2
<i>naproxen tab ec 375 mg</i>	2
<i>naproxen tab ec 500 mg</i>	2
<i>naratriptan hcl tab 1 mg (base equiv)</i>	
.....	79
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	
.....	79
NATACYN SUS 5% OP	125
NATAZIA TAB	94
<i>nateglinide tab 120 mg</i>	86
<i>nateglinide tab 60 mg</i>	86
NATESTO GEL 5.5MG	83
NATPARA INJ 100MCG	90
NATPARA INJ 25MCG	90
NATPARA INJ 50MCG	90
NATPARA INJ 75MCG	90
NAYZILAM SPR 5MG	57
<i>nebivolol hcl tab 10 mg (base</i>	
<i>equivalent)</i>	46
<i>nebivolol hcl tab 2.5 mg (base</i>	
<i>equivalent)</i>	46
<i>nebivolol hcl tab 20 mg (base</i>	
<i>equivalent)</i>	46
<i>nebivolol hcl tab 5 mg (base</i>	
<i>equivalent)</i>	46
necon 0.5/35-28	94
<i>nefazodone hcl tab 100 mg</i>	63
<i>nefazodone hcl tab 150 mg</i>	63
<i>nefazodone hcl tab 200 mg</i>	63
<i>nefazodone hcl tab 250 mg</i>	63
<i>nefazodone hcl tab 50 mg</i>	63
<i>neomycin sulfate tab 500 mg</i>	10

<i>neomycin-bacitrac zn-polymyx</i>	
5(3.5)mg-400unt-10000unt op oin	
.....	125
<i>neomycin-polymy-gramicid op sol</i>	
1.75-10000-0.025mg-unt-mg/ml	125
<i>neomycin-polymyxin b gu irrigation</i>	
soln	111
<i>neomycin-polymyxin-dexamethasone</i>	
ophth oint 0.1%.....	124
<i>neomycin-polymyxin-dexamethasone</i>	
ophth susp 0.1%	124
<i>neomycin-polymyxin-hc ophth susp</i>	124
<i>neomycin-polymyxin-hc otic soln 1%</i>	
.....	128
<i>neomycin-polymyxin-hc otic susp 3.5</i>	
mg/ml-10000 unit/ml-1%.....	128
NERLYNX TAB 40MG.....	33
<i>neuac gel 1.2-5%</i>	135
NEUPRO DIS 1MG/24HR.....	65
NEUPRO DIS 2MG/24HR.....	65
NEUPRO DIS 3MG/24HR.....	65
NEUPRO DIS 4MG/24HR.....	65
NEUPRO DIS 6MG/24HR.....	65
NEUPRO DIS 8MG/24HR.....	66
<i>nevirapine susp 50 mg/5ml</i>	14
<i>nevirapine tab 200 mg</i>	14
<i>nevirapine tab er 24hr 100 mg</i>	14
<i>nevirapine tab er 24hr 400 mg</i>	14
NEXAVAR TAB 200MG.....	33
NEXIUM GRA 2.5MG DR	110
NEXIUM GRA 5MG DR.....	110
NEXLETOL TAB 180MG.....	44
NEXLIZET TAB 180/10MG.....	44
NEXTSTELLIS TAB 3-14.2MG	94
<i>niacin tab er 1000 mg</i>	
(antihyperlipidemic)	44
<i>niacin tab er 500 mg</i>	
(antihyperlipidemic)	44
<i>niacin tab er 750 mg</i>	
(antihyperlipidemic)	44
<i>nicardipine hcl cap 20 mg</i>	48
<i>nicardipine hcl cap 30 mg</i>	48
NICARDIPINE SOL 20/200ML	48
NICARDIPINE SOL 40/200ML	48
NICOTROL INH.....	83
NICOTROL NS SPR 10MG/ML	83
<i>nifedipine tab er 24hr 30 mg</i>	48
<i>nifedipine tab er 24hr 60 mg</i>	48
<i>nifedipine tab er 24hr 90 mg</i>	48
<i>nifedipine tab er 24hr osmotic release</i>	
30 mg	48
<i>nifedipine tab er 24hr osmotic release</i>	
60 mg	48
<i>nifedipine tab er 24hr osmotic release</i>	
90 mg	48
<i>nikki</i>	94
<i>nilutamide tab 150 mg</i>	26
<i>nimodipine cap 30 mg</i>	48
NINLARO CAP 2.3MG	33
NINLARO CAP 3MG	33
NINLARO CAP 4MG	33
NIPENT INJ 10MG.....	28
<i>nisoldipine tab er 24hr 17 mg</i>	48
<i>nisoldipine tab er 24hr 20 mg</i>	48
<i>nisoldipine tab er 24hr 25.5 mg</i>	48
<i>nisoldipine tab er 24hr 30 mg</i>	48
<i>nisoldipine tab er 24hr 34 mg</i>	48
<i>nisoldipine tab er 24hr 40 mg</i>	48
<i>nisoldipine tab er 24hr 8.5 mg</i>	48
<i>nitazoxanide tab 500 mg</i>	10
<i>nitisinone cap 10 mg</i>	100
<i>nitisinone cap 2 mg</i>	100
<i>nitisinone cap 5 mg</i>	100
NITRO-BID OIN 2%.....	51
NITRO-DUR DIS 0.3MG/HR	51
NITRO-DUR DIS 0.8MG/HR	51
<i>nitrofurantoin macrocrystalline cap 100</i>	
mg.....	10
<i>nitrofurantoin macrocrystalline cap 25</i>	
mg.....	10
<i>nitrofurantoin macrocrystalline cap 50</i>	
mg.....	10
<i>nitrofurantoin monohydrate</i>	
macrocrystalline cap 100 mg	10
<i>nitroglycerin sl tab 0.3 mg</i>	51
<i>nitroglycerin sl tab 0.4 mg</i>	52
<i>nitroglycerin sl tab 0.6 mg</i>	52
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	
.....	52
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	
.....	52
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	
.....	52

<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	<i>nortrel 7/7/7</i>	94
..... 52	<i>nortriptyline hcl cap 10 mg</i>	63
<i>nitroglycerin tl soln 0.4 mg/spray (400</i>	<i>nortriptyline hcl cap 25 mg</i>	63
<i>mcg/spray)</i>	<i>nortriptyline hcl cap 50 mg</i>	63
52	<i>nortriptyline hcl cap 75 mg</i>	63
<i>nizatidine cap 150 mg</i>	<i>nortriptyline hcl soln 10 mg/5ml</i>	63
107	NORVIR POW 100MG	14
<i>nizatidine cap 300 mg</i>	NORVIR SOL 80MG/ML.....	14
107	NOURIANZ TAB 20MG	66
<i>nizatidine oral soln 15 mg/ml</i>	NOURIANZ TAB 40MG	66
107	NOVAREL INJ 10000UNT	100
<i>nora-be</i>	NOVAREL INJ 5000UNIT	100
94	NOVOLIN INJ 70/30.....	88
NORDITROPIN INJ 10/1.5ML.....	NOVOLIN INJ 70/30 FP.....	88
100	NOVOLIN INJ 70/30 FP RELION	88
NORDITROPIN INJ 15/1.5ML.....	NOVOLIN N INJ 100 UNIT	88, 89
100	NOVOLIN N INJ RELION.....	89
NORDITROPIN INJ 30/3ML	NOVOLIN N INJ U-100.....	89
100	NOVOLIN R INJ 100 UNIT	89
<i>norethindrone & ethinyl estradiol-fe</i>	NOVOLIN R INJ RELION.....	89
<i>chew tab 0.4 mg-35 mcg</i>	NOVOLIN R INJ U-100.....	89
94	NOVOLIN70/30 INJ RELION	88
<i>norethindrone & ethinyl estradiol-fe</i>	NOVOLOG INJ 100/ML.....	89
<i>chew tab 0.8 mg-25 mcg</i>	NOVOLOG INJ FLEX REL	89
94	NOVOLOG INJ FLEXPEN	89
<i>norethindrone ace & ethinyl estradiol</i>	NOVOLOG INJ PENFILL.....	89
<i>tab 1 mg-20 mcg</i>	NOVOLOG INJ RELION	89
94	NOVOLOG MIX INJ 70/30.....	89
<i>norethindrone ace & ethinyl estradiol</i>	NOVOLOG MIX INJ FLEX REL	89
<i>tab 1.5 mg-30 mcg</i>	NOVOLOG MIX INJ FLEXPEN.....	89
94	NOVOLOG RELI INJ 70/30.....	89
<i>norethindrone ace & ethinyl estradiol-fe</i>	NOXAFIL INJ 300/16.7	13
<i>tab 1 mg-20 mcg</i>	NOXAFIL SUS 40MG/ML.....	13
94	NUBEQA TAB 300MG.....	26
<i>norethindrone ace-eth estradiol-fe</i>	NUCYNTA ER TAB 100MG.....	5
<i>chew tab 1 mg-20 mcg (24)</i>	NUCYNTA ER TAB 150MG.....	5
94	NUCYNTA ER TAB 200MG.....	5
<i>norethindrone ace-ethinyl estradiol-fe</i>	NUCYNTA ER TAB 250MG.....	5
<i>cap 1 mg-20 mcg (24)</i>	NUCYNTA ER TAB 50MG	5
94	NUCYNTA TAB 100MG	8
<i>norethindrone acetate tab 5 mg</i>	NUCYNTA TAB 50MG	7
103	NUCYNTA TAB 75MG.....	7
<i>norethindrone acetate-ethinyl estradiol</i>	NUEDEXTA CAP 20-10MG	80
<i>tab 0.5 mg-2.5 mcg</i>	NULOJIX INJ 250MG	120
97	NULYTELY SOL LMN/LIME	108
<i>norethindrone acetate-ethinyl estradiol</i>	NUPLAZID CAP 34MG.....	70
<i>tab 1 mg-5 mcg</i>	NUPLAZID TAB 10MG.....	70
97		
<i>norethindrone ac-ethinyl estrad-fe tab</i>		
<i>1-20/1-30/1-35 mg-mcg</i>		
94		
<i>norethindrone tab 0.35 mg</i>		
94		
<i>norgestimate & ethinyl estradiol tab</i>		
<i>0.25 mg-35 mcg</i>		
94		
<i>norgestimate-eth estrad tab 0.18-</i>		
<i>25/0.215-25/0.25-25 mg-mcg</i>		
94		
<i>norgestimate-eth estrad tab 0.18-</i>		
<i>35/0.215-35/0.25-35 mg-mcg</i>		
94		
NORITATE CRE 1%		139
<i>norlyroc</i>		94
NORPACE CAP 100MG CR		42
NORPACE CAP 150MG CR		42
<i>nortrel 0.5/35 (28)</i>		94
<i>nortrel 1/35 (21)</i>		94
<i>nortrel 1/35 (28)</i>		94

NURTEC TAB 75MG ODT	79	ODACTRA SUB.....	119
NUTRILIPID EMU 20%	124	ODEFSEY TAB.....	16
NUTROPIN AQ INJ 10MG/2ML	100	ODOMZO CAP 200MG.....	33
NUTROPIN AQ INJ 20MG/2ML	100	OFEV CAP 100MG.....	131
NUTROPIN AQ INJ NUSPIN 5.....	100	OFEV CAP 150MG.....	131
NUZYRA INJ 100MG	23	<i>ofloxacin ophth soln 0.3%</i>	125
NUZYRA TAB 150MG	23	<i>ofloxacin otic soln 0.3%</i>	128
<i>nyamyc</i>	136	OGIVRI INJ 150MG.....	33
<i>nylia 7/7/7</i>	94	OGIVRI INJ 420MG.....	33
<i>nylia tab 1/35</i>	94	<i>olanzapine for im inj 10 mg</i>	70
NYMALIZE SOL.....	48	<i>olanzapine orally disintegrating tab 10</i>	
<i>nymyo tab 0.25-35</i>	94	<i>mg</i>	70
<i>nystatin cream 100000 unit/gm</i>	136	<i>olanzapine orally disintegrating tab 15</i>	
<i>nystatin oint 100000 unit/gm</i>	136	<i>mg</i>	70
<i>nystatin susp 100000 unit/ml</i>	140	<i>olanzapine orally disintegrating tab 20</i>	
<i>nystatin tab 500000 unit</i>	13	<i>mg</i>	70
<i>nystatin topical powder 100000</i>		<i>olanzapine orally disintegrating tab 5</i>	
<i>unit/gm</i>	136	<i>mg</i>	70
<i>nystop</i>	136	<i>olanzapine tab 10 mg</i>	70
O		<i>olanzapine tab 15 mg</i>	70
<i>ocella</i>	94	<i>olanzapine tab 2.5 mg</i>	70
OCTAGAM INJ 10/100ML.....	118	<i>olanzapine tab 20 mg</i>	70
OCTAGAM INJ 10GM.....	118	<i>olanzapine tab 5 mg</i>	70
OCTAGAM INJ 1GM	118	<i>olanzapine tab 7.5 mg</i>	70
OCTAGAM INJ 2.5GM.....	118	<i>olmesartan medoxomil tab 20 mg</i>	41
OCTAGAM INJ 20/200ML.....	118	<i>olmesartan medoxomil tab 40 mg</i>	41
OCTAGAM INJ 25GM.....	118	<i>olmesartan medoxomil tab 5 mg</i>	41
OCTAGAM INJ 2GM/20ML.....	118	<i>olmesartan medoxomil-</i>	
OCTAGAM INJ 30/300ML.....	118	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
OCTAGAM INJ 5GM	118	.....	40
OCTAGAM INJ 5GM/50ML.....	118	<i>olmesartan medoxomil-</i>	
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		<i>hydrochlorothiazide tab 40-12.5 mg</i>	
<i>mg/ml)</i>	101	.....	40
<i>octreotide acetate inj 1000 mcg/ml (1</i>		<i>olmesartan medoxomil-</i>	
<i>mg/ml)</i>	101	<i>hydrochlorothiazide tab 40-25 mg</i> .40	
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		<i>olmesartan-amlodipine-</i>	
<i>mg/ml)</i>	101	<i>hydrochlorothiazide tab 20-5-12.5</i>	
<i>octreotide acetate inj 50 mcg/ml (0.05</i>		<i>mg</i>	40
<i>mg/ml)</i>	101	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		<i>hydrochlorothiazide tab 40-10-12.5</i>	
<i>mg/ml)</i>	101	<i>mg</i>	40
<i>octreotide acetate subcutaneous soln</i>		<i>olmesartan-amlodipine-</i>	
<i>pref syr 100 mcg/ml</i>	101	<i>hydrochlorothiazide tab 40-10-25 mg</i>	
<i>octreotide acetate subcutaneous soln</i>		.....	40
<i>pref syr 50 mcg/ml</i>	101	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate subcutaneous soln</i>		<i>hydrochlorothiazide tab 40-5-12.5</i>	
<i>pref syr 500 mcg/ml</i>	101	<i>mg</i>	40

<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	40	ONTRUZANT INJ 420MG	33
<i>olopatadine hcl nasal soln 0.6%</i>	129	ONUREG TAB 200MG	25
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	126	ONUREG TAB 300MG	25
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	126	ONZETRA XSAI MIS 11MG	79
OMECLAMOX- MIS PAK	109	OPSUMIT TAB 10MG	52
<i>omega-3-acid ethyl esters cap 1 gm</i>	44	ORALAIR SUB 300 IR	119
<i>omeprazole cap delayed release 10 mg</i>	110	ORBACTIV SOL 400MG	10
<i>omeprazole cap delayed release 20 mg</i>	110	ORENITRAM TAB 0.125MG	52
<i>omeprazole cap delayed release 40 mg</i>	110	ORENITRAM TAB 0.25MG	52
OMNARIS SPR	132	ORENITRAM TAB 1MG	52
OMNIPOD 5 G6 KIT INTRO	89	ORENITRAM TAB 2.5MG	52
OMNIPOD 5 G6 MIS PODS	89	ORENITRAM TAB 5MG	52
OMNIPOD DASH KIT INTRO	89	ORGOVYX TAB 120MG	26
OMNIPOD DASH MIS PODS	89	ORIAHNN CAP	101
OMNIPOD MIS CLASSIC	89	ORILISSA TAB 150MG	96
OMNIPOD PDM KIT CLASSIC	89	ORILISSA TAB 200MG	96
OMNITROPE INJ 10/1.5ML	101	ORKAMBI GRA 100-125	131
OMNITROPE INJ 5.8MG	101	ORKAMBI GRA 150-188	131
OMNITROPE INJ 5/1.5ML	101	ORKAMBI TAB 100-125	131
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	105	ORKAMBI TAB 200-125	131
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	105	ORLADEYO CAP 110MG	115
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	105	ORLADEYO CAP 150MG	115
<i>ondansetron hcl oral soln 4 mg/5ml</i>	105	<i>orsythia tab</i>	94
<i>ondansetron hcl tab 24 mg</i>	105	ORTIKOS CAP 6MG ER	108
<i>ondansetron hcl tab 4 mg</i>	105	ORTIKOS CAP 9MG ER	108
<i>ondansetron hcl tab 8 mg</i>	105	<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	17
<i>ondansetron orally disintegrating tab 4 mg</i>	105	<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	17
<i>ondansetron orally disintegrating tab 8 mg</i>	105	<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	17
ONEXTON GEL 1.2-3.75	135	<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	17
ONGENTYS CAP 25MG	66	OSMOLEX ER PAK	66
ONGENTYS CAP 50MG	66	OSMOLEX ER TAB 129MG	66
ONGLYZA TAB 2.5MG	86	OSMOLEX ER TAB 193MG	66
ONGLYZA TAB 5MG	86	OSMOPREP TAB 1.5GM	108
ONIVYDE INJ 4.3MG/ML	28	OSPHENA TAB 60MG	101
ONTRUZANT INJ 150MG	33	OTEZLA TAB 10/20/30	116
		OTEZLA TAB 30MG	117
		OXACILLIN INJ 1GM	22
		OXACILLIN INJ 2GM	22
		<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	22
		<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	22

<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	22	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	8
<i>oxaliplatin for iv inj 100 mg</i>	24	OXYCONTIN TAB 10MG ER.....	5
<i>oxaliplatin for iv inj 50 mg</i>	24	OXYCONTIN TAB 15MG ER.....	5
<i>oxaliplatin iv soln 100 mg/20ml</i>	24	OXYCONTIN TAB 20MG ER.....	5
<i>oxaliplatin iv soln 200 mg/40ml</i>	24	OXYCONTIN TAB 30MG ER.....	5
<i>oxaliplatin iv soln 50 mg/10ml</i>	24	OXYCONTIN TAB 40MG ER.....	5
<i>oxandrolone tab 10 mg</i>	84	OXYCONTIN TAB 60MG ER.....	5
<i>oxandrolone tab 2.5 mg</i>	84	OXYCONTIN TAB 80MG ER.....	5
<i>oxaprozin tab 600 mg</i>	2	<i>oxymorphone hcl tab 10 mg</i>	8
OXAYDO TAB 5MG.....	8	<i>oxymorphone hcl tab 5 mg</i>	8
OXAYDO TAB 7.5MG.....	8	OXYTROL DIS 3.9MG/24.....	111
OXBRYTA TAB 300MG.....	115	OZEMPIC (0.25 OR 0.5MG/DOSE)....	86
OXBRYTA TAB 500MG.....	115	OZEMPIC (1MG/DOSE).....	86
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	57	OZEMPIC (2MG/DOSE) SOPN 8MG/3ML.....	86
<i>oxcarbazepine tab 150 mg</i>	57	P	
<i>oxcarbazepine tab 300 mg</i>	57	<i>pacerone</i>	42
<i>oxcarbazepine tab 600 mg</i>	57	PACLITAXEL INJ 100MG.....	28
OXISTAT LOT 1%.....	136	<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	28
OXTELLAR XR TAB 150MG.....	57	<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	28
OXTELLAR XR TAB 300MG.....	57	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	28
OXTELLAR XR TAB 600MG.....	57	<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	28
<i>oxybutynin chloride syrup 5 mg/5ml</i>	111	<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	28
<i>oxybutynin chloride tab 5 mg</i>	111	<i>paliperidone tab er 24hr 1.5 mg</i>	70
<i>oxybutynin chloride tab er 24hr 10 mg</i>	111	<i>paliperidone tab er 24hr 3 mg</i>	70
<i>oxybutynin chloride tab er 24hr 15 mg</i>	111	<i>paliperidone tab er 24hr 6 mg</i>	70
<i>oxybutynin chloride tab er 24hr 5 mg</i>	111	<i>paliperidone tab er 24hr 9 mg</i>	70
<i>oxycodone hcl cap 5 mg</i>	8	<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	105
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	8	<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)</i>	106
<i>oxycodone hcl soln 5 mg/5ml</i>	8	PALONOSETRON INJ 0.25/2ML.....	106
<i>oxycodone hcl tab 10 mg</i>	8	PALYNZIQ INJ 10/0.5ML.....	101
<i>oxycodone hcl tab 15 mg</i>	8	PALYNZIQ INJ 2.5/0.5.....	101
<i>oxycodone hcl tab 20 mg</i>	8	PALYNZIQ INJ 20MG/ML.....	101
<i>oxycodone hcl tab 30 mg</i>	8	<i>pamidronate disodium for inj 30 mg</i>	90
<i>oxycodone hcl tab 5 mg</i>	8	<i>pamidronate disodium for inj 90 mg</i>	90
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	8	<i>pamidronate disodium iv soln 3 mg/ml</i>	90
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	8	<i>pamidronate disodium iv soln 9 mg/ml</i>	90
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	8		

PAMIDRONATE INJ 6MG/ML.....	90	PEMAZYRE TAB 13.5MG.....	33
PANCREAZE CAP 10500UNT.....	109	PEMAZYRE TAB 4.5MG.....	33
PANCREAZE CAP 16800UNT.....	109	PEMAZYRE TAB 9MG.....	33
PANCREAZE CAP 21000UNT.....	109	<i>pemetrexed disodium for iv soln 100</i>	
PANCREAZE CAP 2600UNIT.....	109	<i>mg (base equiv).....</i>	<i>25</i>
PANCREAZE CAP 37000.....	109	<i>pemetrexed disodium for iv soln 1000</i>	
PANCREAZE CAP 4200UNIT.....	109	<i>mg (base equiv).....</i>	<i>25</i>
PANDEL CRE 0.1%.....	138	<i>pemetrexed disodium for iv soln 500</i>	
PANRETIN GEL 0.1%.....	139	<i>mg (base equiv).....</i>	<i>25</i>
<i>pantoprazole sodium ec tab 20 mg</i>		<i>pemetrexed disodium for iv soln 750</i>	
<i>(base equiv).....</i>	<i>110</i>	<i>mg (base equiv).....</i>	<i>25</i>
<i>pantoprazole sodium ec tab 40 mg</i>		PEMETREXED INJ 100MG.....	25
<i>(base equiv).....</i>	<i>110</i>	PEMETREXED INJ 500MG.....	25
<i>pantoprazole sodium for delayed</i>		PEMETREXED SOL 100/4ML.....	25
<i>release susp packet 40 mg.....</i>	<i>110</i>	PEMETREXED SOL 1GM/40ML.....	25
<i>pantoprazole sodium for iv soln 40 mg</i>		PEMETREXED SOL 500/20ML.....	25
<i>(base equiv).....</i>	<i>110</i>	PEN G PROC INJ 600000.....	22
PANZYGA SOL 10/100ML.....	119	PEN GK/DEXTR INJ 20000/ML.....	22
PANZYGA SOL 1GM/10ML.....	118	PEN GK/DEXTR INJ 40000/ML.....	22
PANZYGA SOL 2.5/25ML.....	118	PEN GK/DEXTR INJ 60000/ML.....	22
PANZYGA SOL 20/200ML.....	119	PEN NEEDLES:	
PANZYGA SOL 30/300ML.....	119	NOVO/BD/ULTIMED/OWEN/TRIVIDIA	
PANZYGA SOL 5GM/50ML.....	118	.....	89
<i>paraplatin.....</i>	<i>24</i>	<i>penicillamine tab 250 mg.....</i>	<i>91</i>
<i>paricalcitol cap 1 mcg.....</i>	<i>104</i>	<i>penicillin g potassium for inj 20000000</i>	
<i>paricalcitol cap 2 mcg.....</i>	<i>104</i>	<i>unit.....</i>	<i>22</i>
<i>paricalcitol cap 4 mcg.....</i>	<i>104</i>	<i>penicillin g potassium for inj 5000000</i>	
<i>paromomycin sulfate cap 250 mg....</i>	<i>10</i>	<i>unit.....</i>	<i>22</i>
<i>paroxetine hcl oral susp 10 mg/5ml</i>		<i>penicillin g sodium for inj 5000000 unit</i>	
<i>(base equiv).....</i>	<i>63</i>	.....	<i>22</i>
<i>paroxetine hcl tab 10 mg.....</i>	<i>63</i>	<i>penicillin v potassium for soln 125</i>	
<i>paroxetine hcl tab 20 mg.....</i>	<i>63</i>	<i>mg/5ml.....</i>	<i>22</i>
<i>paroxetine hcl tab 30 mg.....</i>	<i>63</i>	<i>penicillin v potassium for soln 250</i>	
<i>paroxetine hcl tab 40 mg.....</i>	<i>63</i>	<i>mg/5ml.....</i>	<i>22</i>
<i>paroxetine hcl tab er 24hr 12.5 mg..</i>	<i>63</i>	<i>penicillin v potassium tab 250 mg....</i>	<i>22</i>
<i>paroxetine hcl tab er 24hr 25 mg....</i>	<i>63</i>	<i>penicillin v potassium tab 500 mg....</i>	<i>22</i>
<i>paroxetine hcl tab er 24hr 37.5 mg..</i>	<i>63</i>	PENNSAID SOL 2%.....	139
PASER GRA 4GM.....	16	PENTACEL INJ.....	121
PAXIL SUS 10MG/5ML.....	63	<i>pentamidine isethionate inh.....</i>	<i>10</i>
PEDIARIX INJ 0.5ML.....	121	<i>pentamidine isethionate inj.....</i>	<i>10</i>
PEDVAX HIB INJ.....	121	PENTASA CAP 250MG CR.....	108
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		PENTASA CAP 500MG CR.....	108
<i>for soln 236 gm.....</i>	<i>108</i>	<i>pentoxifylline tab er 400 mg.....</i>	<i>115</i>
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>		<i>perindopril erbumine tab 2 mg.....</i>	<i>38</i>
<i>420 gm.....</i>	<i>108</i>	<i>perindopril erbumine tab 4 mg.....</i>	<i>38</i>
PEGASYS INJ.....	17	<i>perindopril erbumine tab 8 mg.....</i>	<i>38</i>
PEGASYS INJ 180MCG/M.....	17	<i>periogard.....</i>	<i>140</i>

PERJETA INJ 420/14ML	33	<i>pilocarpine hcl ophth soln 2%</i>	127
<i>permethrin cream 5%</i>	140	<i>pilocarpine hcl ophth soln 4%</i>	127
<i>perphenazine tab 16 mg</i>	71	<i>pilocarpine hcl tab 5 mg</i>	140
<i>perphenazine tab 2 mg</i>	71	<i>pilocarpine hcl tab 7.5 mg</i>	140
<i>perphenazine tab 4 mg</i>	71	<i>pimozide tab 1 mg</i>	71
<i>perphenazine tab 8 mg</i>	71	<i>pimozide tab 2 mg</i>	71
PERSERIS INJ 120MG	71	<i>pimtreea</i>	95
PERSERIS INJ 90MG	71	<i>pindolol tab 10 mg</i>	46
PERTZYE CAP 16000U.....	110	<i>pindolol tab 5 mg</i>	46
PERTZYE CAP 24000U.....	110	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	86
PERTZYE CAP 4000UNIT	109	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	86
PERTZYE CAP 8000UNIT	110	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	86
PEXEVA TAB 10MG.....	63	<i>pioglitazone hcl-glimepiride tab 30-2</i> <i>mg</i>	86
PEXEVA TAB 20MG.....	63	<i>pioglitazone hcl-glimepiride tab 30-4</i> <i>mg</i>	86
PEXEVA TAB 30MG.....	63	<i>pioglitazone hcl-metformin hcl tab 15-</i> <i>500 mg</i>	86
PEXEVA TAB 40MG.....	63	<i>pioglitazone hcl-metformin hcl tab 15-</i> <i>850 mg</i>	86
<i>pfizerpen</i>	22	<i>piperacillin sod-tazobactam na for inj</i> <i>3.375 gm (3-0.375 gm)</i>	22
<i>phenelzine sulfate tab 15 mg</i>	63	<i>piperacillin sod-tazobactam sod for inj</i> <i>13.5 gm (12-1.5 gm)</i>	22
<i>phenobarbital elixir 20 mg/5ml</i>	57	<i>piperacillin sod-tazobactam sod for inj</i> <i>2.25 gm (2-0.25 gm)</i>	22
<i>phenobarbital sodium inj 130 mg/ml</i>	57	<i>piperacillin sod-tazobactam sod for inj</i> <i>4.5 gm (4-0.5 gm)</i>	22
<i>phenobarbital sodium inj 65 mg/ml..</i>	57	<i>piperacillin sod-tazobactam sod for inj</i> <i>40.5 gm (36-4.5 gm)</i>	22
<i>phenobarbital tab 100 mg</i>	58	PIQRAY 200MG TAB DOSE	33
<i>phenobarbital tab 15 mg</i>	57	PIQRAY 250MG TAB DOSE	33
<i>phenobarbital tab 16.2 mg</i>	57	PIQRAY 300MG TAB DOSE	33
<i>phenobarbital tab 30 mg</i>	57	<i>pirfenidone tab 267 mg</i>	131
<i>phenobarbital tab 32.4 mg</i>	57	<i>pirfenidone tab 534 mg</i>	132
<i>phenobarbital tab 60 mg</i>	58	<i>pirfenidone tab 801 mg</i>	132
<i>phenobarbital tab 64.8 mg</i>	58	<i>pirmella 1/35</i>	95
<i>phenobarbital tab 97.2 mg</i>	58	<i>piroxicam cap 10 mg</i>	2
<i>phenoxybenzamine hcl cap 10 mg</i> ...	51	<i>piroxicam cap 20 mg</i>	2
PHENYTEK CAP 200MG	58	PLASMA-LYTE INJ -148.....	122
PHENYTEK CAP 300MG	58	PLASMA-LYTE INJ -A.....	122
<i>phenytoin chew tab 50 mg</i>	58	<i>plenamine</i>	124
<i>phenytoin sodium extended cap 100</i> <i>mg</i>	58	PLENVU SOL.....	108
<i>phenytoin sodium extended cap 200</i> <i>mg</i>	58	<i>podofilox soln 0.5%</i>	139
<i>phenytoin sodium extended cap 300</i> <i>mg</i>	58		
<i>phenytoin sodium inj 50 mg/ml</i>	58		
<i>phenytoin susp 125 mg/5ml</i>	58		
PHESGO SOL	33		
PHEXXI GEL.....	94		
<i>philith</i>	94		
PHOSLYRA SOL	102		
PIFELTRO TAB 100MG	14		
<i>pilocarpine hcl ophth soln 1%</i>	127		

<i>polymyxin b sulfate for inj 500000 unit</i>	POTELIGEO INJ 20MG/5ML	33
.....	PRADAXA CAP 110MG	113
<i>polymyxin b-trimethoprim ophth soln</i>	PRADAXA CAP 150MG	113
10000 unit/ml-0.1%.....	PRADAXA CAP 75MG	113
POMALYST CAP 1MG.....	PRALUENT INJ 150MG/ML.....	44
POMALYST CAP 2MG.....	PRALUENT INJ 75MG/ML.....	44
POMALYST CAP 3MG.....	<i>pramipexole dihydrochloride tab 0.125</i>	
POMALYST CAP 4MG.....	mg.....	66
<i>portia-28.....</i>	<i>pramipexole dihydrochloride tab 0.25</i>	
<i>posaconazole tab delayed release 100</i>	mg.....	66
mg	<i>pramipexole dihydrochloride tab 0.5</i>	
POT CHLORIDE INJ 10MEQ	mg.....	66
POT CHLORIDE INJ 20MEQ.....	<i>pramipexole dihydrochloride tab 0.75</i>	
<i>potassium chloride 20 meq/l (0.15%)</i>	mg.....	66
<i>in dextrose 5% inj.....</i>	<i>pramipexole dihydrochloride tab 1 mg</i>	
<i>potassium chloride cap er 10 meq..</i>	.....	66
<i>potassium chloride cap er 8 meq ...</i>	<i>pramipexole dihydrochloride tab 1.5</i>	
<i>potassium chloride inj 10 meq/100ml</i>	mg.....	66
.....	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride inj 2 meq/ml....</i>	24hr 0.375 mg.....	66
<i>potassium chloride inj 20 meq/100ml</i>	<i>pramipexole dihydrochloride tab er</i>	
.....	24hr 0.75 mg	66
<i>potassium chloride inj 40 meq/100ml</i>	<i>pramipexole dihydrochloride tab er</i>	
.....	24hr 1.5 mg	66
<i>potassium chloride microencapsulated</i>	<i>pramipexole dihydrochloride tab er</i>	
<i>crys er tab 10 meq</i>	24hr 2.25 mg	66
<i>potassium chloride microencapsulated</i>	<i>pramipexole dihydrochloride tab er</i>	
<i>crys er tab 15 meq</i>	24hr 3 mg.....	66
<i>potassium chloride microencapsulated</i>	<i>pramipexole dihydrochloride tab er</i>	
<i>crys er tab 20 meq</i>	24hr 3.75 mg	66
<i>potassium chloride oral soln 10% (20</i>	<i>pramipexole dihydrochloride tab er</i>	
<i>meq/15ml)</i>	24hr 4.5 mg	66
<i>potassium chloride oral soln 20% (40</i>	<i>prasugrel hcl tab 10 mg (base equiv)</i>	
<i>meq/15ml) .....</i>	.....	116
<i>potassium chloride powder packet 20</i>	<i>prasugrel hcl tab 5 mg (base equiv)</i>	
<i>meq.....</i>	.....	116
<i>potassium chloride tab er 10 meq..</i>	<i>pravastatin sodium tab 10 mg</i>	43
<i>potassium chloride tab er 20 meq</i>	<i>pravastatin sodium tab 20 mg</i>	43
<i>(1500 mg)</i>	<i>pravastatin sodium tab 40 mg</i>	43
<i>potassium chloride tab er 8 meq (600</i>	<i>pravastatin sodium tab 80 mg</i>	43
<i>mg)</i>	<i>praziquantel tab 600 mg.....</i>	11
<i>potassium citrate tab er 10 meq (1080</i>	<i>prazosin hcl cap 1 mg</i>	39
<i>mg)</i>	<i>prazosin hcl cap 2 mg</i>	39
<i>potassium citrate tab er 15 meq (1620</i>	<i>prazosin hcl cap 5 mg</i>	39
<i>mg)</i>	PRED MILD SUS 0.12% OP	126
<i>potassium citrate tab er 5 meq (540</i>	PRED SOD PHO SOL 1% OP	126
<i>mg)</i>	PRED-G S.O.P OIN OP.....	124
	<i>prednicarbate oint 0.1%.....</i>	138

<i>prednisolone acetate ophth susp 1%</i>	126	PRENATAL TAB PLUS.....	123
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	98	PRENATAL VIT TAB LOW IRON.....	123
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	98	PRETOMANID TAB 200MG.....	16
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	98	<i>prevalite</i>	44
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	98	PREVYMIS INJ 240/12.....	17
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	98	PREVYMIS INJ 480/24.....	17
<i>prednisolone soln 15 mg/5ml.....</i>	98	PREVYMIS TAB 240MG	17
PREDNISON CON 5MG/ML	98	PREVYMIS TAB 480MG	17
<i>prednisone oral soln 5 mg/5ml.....</i>	98	PREZCOBIX TAB 800-150	16
<i>prednisone tab 1 mg</i>	98	PREZISTA SUS 100MG/ML	14
<i>prednisone tab 10 mg.....</i>	98	PREZISTA TAB 150MG.....	14
<i>prednisone tab 2.5 mg.....</i>	98	PREZISTA TAB 600MG.....	14
<i>prednisone tab 20 mg.....</i>	98	PREZISTA TAB 75MG	14
<i>prednisone tab 5 mg</i>	98	PREZISTA TAB 800MG.....	14
<i>prednisone tab 50 mg.....</i>	98	PRIFTIN TAB 150MG	16
<i>prednisone tab therapy pack 10 mg (21).....</i>	98	PRILOSEC POW 10MG	111
<i>prednisone tab therapy pack 10 mg (48).....</i>	98	PRILOSEC POW 2.5MG	110
<i>prednisone tab therapy pack 5 mg (21)</i>	98	<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	13
<i>prednisone tab therapy pack 5 mg (48)</i>	98	PRIMAQUINE TAB 26.3MG	13
<i>pregabalin cap 100 mg</i>	58	<i>primidone tab 250 mg.....</i>	58
<i>pregabalin cap 150 mg</i>	58	<i>primidone tab 50 mg</i>	58
<i>pregabalin cap 200 mg</i>	58	PRIORIX INJ.....	121
<i>pregabalin cap 225 mg</i>	58	PRIVIGEN INJ 10GRAMS.....	119
<i>pregabalin cap 25 mg</i>	58	PRIVIGEN INJ 20GRAMS.....	119
<i>pregabalin cap 300 mg</i>	58	PRIVIGEN INJ 40GRAMS.....	119
<i>pregabalin cap 50 mg</i>	58	PRIVIGEN INJ 5 GRAMS.....	119
<i>pregabalin cap 75 mg</i>	58	<i>probenecid tab 500 mg</i>	1
<i>pregabalin soln 20 mg/ml.....</i>	58	PROCALAMINE INJ 3%	124
<i>pregabalin tab er 24hr 165 mg.....</i>	80	<i>prochlorperazine edisylate inj 10 mg/2ml</i>	106
<i>pregabalin tab er 24hr 330 mg.....</i>	80	<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	106
<i>pregabalin tab er 24hr 82.5 mg.....</i>	80	<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	106
PREGNYL INJ 10000UNT	101	<i>prochlorperazine suppos 25 mg</i>	106
PREHEVBRIO SUS 10MCG/ML.....	121	PROCRIT INJ 10000/ML.....	114
PREMARIN INJ 25MG	97	PROCRIT INJ 2000/ML.....	114
PREMARIN VAG CRE 0.625MG.....	97	PROCRIT INJ 20000/ML.....	114
PREMASOL SOL 10%	124	PROCRIT INJ 3000/ML.....	114
PRENATAL TAB 27-1MG	123	PROCRIT INJ 4000/ML.....	114
		PROCRIT INJ 40000/ML.....	114
		<i>procto-med hc</i>	139
		<i>procto-pak</i>	139
		<i>proctosol hc cre 2.5%</i>	140
		<i>proctozone-hc</i>	140
		PROCYSBI CAP 25MG.....	101

PROCYSBI CAP 75MG	101	PROSOL INJ 20%	124
PROCYSBI GRA 300MG	101	<i>protriptyline hcl tab 10 mg</i>	63
PROCYSBI GRA 75MG.....	101	<i>protriptyline hcl tab 5 mg</i>	63
<i>progesterone cap 100 mg</i>	103	PULMICORT INH 180MCG	133
<i>progesterone cap 200 mg</i>	103	PULMICORT INH 90MCG	133
PROGRAF GRA 0.2MG	120	PULMOZYME SOL 1MG/ML.....	132
PROGRAF GRA 1MG.....	120	PURIXAN SUS 20MG/ML	26
PROLASTIN-C INJ 1000MG	132	<i>pyrazinamide tab 500 mg</i>	16
PROLENSA SOL 0.07%.....	126	<i>pyridostigmine bromide oral soln 60</i>	
PROLIA INJ 60MG/ML	90	<i>mg/5ml</i>	81
PROMACTA PAK 25MG	115	<i>pyridostigmine bromide tab 60 mg</i> ...	81
PROMACTA POW 12.5MG.....	115	<i>pyridostigmine bromide tab er 180 mg</i>	
PROMACTA TAB 12.5MG.....	115	.....	81
PROMACTA TAB 25MG	115	Q	
PROMACTA TAB 50MG	115	QBRELIS SOL 1MG/ML	38
PROMACTA TAB 75MG	115	QBREXZA PAD 2.4%	140
<i>promethazine hcl inj 25 mg/ml</i>	106	QELBREE CAP 100MG ER	77
<i>promethazine hcl inj 50 mg/ml</i>	106	QELBREE CAP 150MG ER	77
<i>promethazine hcl suppos 12.5 mg</i> .	106	QELBREE CAP 200MG ER	77
<i>promethazine hcl suppos 25 mg</i>	106	QINLOCK TAB 50MG	33
<i>promethazine hcl syrup 6.25 mg/5ml</i>		QNASL AER 80MCG	132
.....	106	QNASL CHILD SPR 40MCG	132
<i>promethazine hcl tab 12.5 mg</i>	106	QTERN TAB 10-5MG	86
<i>promethazine hcl tab 25 mg</i>	106	QTERN TAB 5-5MG	86
<i>promethazine hcl tab 50 mg</i>	106	QUADRACEL INJ.....	121
<i>promethegan</i>	106	QUADRACEL INJ 0.5ML.....	121
<i>propafenone hcl cap er 12hr 225 mg</i>	42	<i>quetiapine fumarate tab 100 mg</i>	71
<i>propafenone hcl cap er 12hr 325 mg</i>	42	<i>quetiapine fumarate tab 150 mg</i>	71
<i>propafenone hcl cap er 12hr 425 mg</i>	42	<i>quetiapine fumarate tab 200 mg</i>	71
<i>propafenone hcl tab 150 mg</i>	42	<i>quetiapine fumarate tab 25 mg</i>	71
<i>propafenone hcl tab 225 mg</i>	42	<i>quetiapine fumarate tab 300 mg</i>	71
<i>propafenone hcl tab 300 mg</i>	42	<i>quetiapine fumarate tab 400 mg</i>	71
<i>propracaine hcl ophth soln 0.5%</i> ..	127	<i>quetiapine fumarate tab 50 mg</i>	71
<i>propranolol hcl cap er 24hr 120 mg</i> ..	46	<i>quetiapine fumarate tab er 24hr 150</i>	
<i>propranolol hcl cap er 24hr 160 mg</i> ..	46	<i>mg</i>	71
<i>propranolol hcl cap er 24hr 60 mg</i> ...	46	<i>quetiapine fumarate tab er 24hr 200</i>	
<i>propranolol hcl cap er 24hr 80 mg</i> ...	46	<i>mg</i>	71
<i>propranolol hcl inj 1 mg/ml</i>	46	<i>quetiapine fumarate tab er 24hr 300</i>	
<i>propranolol hcl oral soln 20 mg/5ml</i> .	46	<i>mg</i>	71
<i>propranolol hcl oral soln 40 mg/5ml</i> .	46	<i>quetiapine fumarate tab er 24hr 400</i>	
<i>propranolol hcl tab 10 mg</i>	46	<i>mg</i>	71
<i>propranolol hcl tab 20 mg</i>	46	<i>quetiapine fumarate tab er 24hr 50 mg</i>	
<i>propranolol hcl tab 40 mg</i>	46	.....	71
<i>propranolol hcl tab 60 mg</i>	46	QUILLICHEW CHW 20MG ER.....	77
<i>propranolol hcl tab 80 mg</i>	46	QUILLICHEW CHW 30MG ER.....	77
<i>propylthiouracil tab 50 mg</i>	104	QUILLICHEW CHW 40MG ER.....	77
PROQUAD INJ	121	QUILLIVANT SUS 25MG/5ML	77

<i>quinapril hcl tab 10 mg</i>	38
<i>quinapril hcl tab 20 mg</i>	38
<i>quinapril hcl tab 40 mg</i>	38
<i>quinapril hcl tab 5 mg</i>	38
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	37
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	37
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	37
<i>quinidine sulfate tab 200 mg</i>	42
<i>quinidine sulfate tab 300 mg</i>	42
<i>quinine sulfate cap 324 mg</i>	13
QUVIVIQ TAB 25MG	78
QUVIVIQ TAB 50MG	78
QVAR REDIIHA AER 80MCG	133
QVAR REDIIHAL AER 40MCG.....	133
R	
RABAVERT INJ	121
<i>rabeprazole sodium ec tab 20 mg</i> ..	111
RAGWITEK SUB.....	119
<i>raloxifene hcl tab 60 mg</i>	101
<i>ramipril cap 1.25 mg</i>	38
<i>ramipril cap 10 mg</i>	38
<i>ramipril cap 2.5 mg</i>	38
<i>ramipril cap 5 mg</i>	38
<i>ranolazine tab er 12hr 1000 mg</i>	51
<i>ranolazine tab er 12hr 500 mg</i>	51
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	66
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	66
RAVICTI LIQ 1.1GM/ML.....	101
RAYALDEE CAP 30MCG	104
RECARBRIO INJ 1.25GM.....	11
<i>reclipsen</i>	95
RECOMBIVA HB INJ 10MCG/ML	121
RECOMBIVA HB INJ 5MCG/0.5	121
RECOMBIVA-HB INJ 40MCG/ML.....	121
RECTIV OIN 0.4%.....	140
REGRANEX GEL 0.01%	140
RELENZA MIS DISKHALE.....	17
RELEXXII TAB 72MG.....	77
RELISTOR INJ 12/0.6ML.....	109
RELISTOR INJ 8/0.4ML	109
RELISTOR TAB 150MG	109
REMICADE INJ 100MG	117

RENFLEXIS INJ 100MG	117
<i>repaglinide tab 0.5 mg</i>	86
<i>repaglinide tab 1 mg</i>	86
<i>repaglinide tab 2 mg</i>	87
RESTASIS EMU 0.05% OP.....	127
RESTASIS MUL EMU 0.05% OP	127
RETACRIT INJ 10000UNT.....	114
RETACRIT INJ 20000UNI	114
RETACRIT INJ 2000UNIT	114
RETACRIT INJ 3000UNIT	114
RETACRIT INJ 40000UNT.....	114
RETACRIT INJ 4000UNIT	114
RETEVMO CAP 40MG.....	33
RETEVMO CAP 80MG.....	33
RETIN-A MICR GEL 0.06%	135
RETIN-A MICR GEL 0.08%	135
REVLIMID CAP 10MG	27
REVLIMID CAP 15MG	27
REVLIMID CAP 2.5MG	27
REVLIMID CAP 20MG	27
REVLIMID CAP 25MG	27
REVLIMID CAP 5MG	27
REXULTI TAB 0.25MG	71
REXULTI TAB 0.5MG	71
REXULTI TAB 1MG.....	71
REXULTI TAB 2MG.....	71
REXULTI TAB 3MG.....	71
REXULTI TAB 4MG.....	71
REYATAZ POW 50MG	14
REZUROCK TAB 200MG	120
RHOPRESSA SOL 0.02%.....	127
RIABNI SOL 100/10ML	33
RIABNI SOL 500/50ML	33
<i>ribavirin cap 200 mg</i>	17
<i>ribavirin tab 200 mg</i>	17
<i>rifabutin cap 150 mg</i>	16
<i>rifampin cap 150 mg</i>	16
<i>rifampin cap 300 mg</i>	16
<i>rifampin for inj 600 mg</i>	16
<i>riluzole tab 50 mg</i>	81
<i>rimantadine hydrochloride tab 100 mg</i>	17
RINVOQ TAB 15MG ER	117
RINVOQ TAB 30MG ER	117
RINVOQ TAB 45MG ER	117
<i>risedronate sodium tab 150 mg</i>	90
<i>risedronate sodium tab 30 mg</i>	90

<i>risedronate sodium tab 35 mg</i>	90	<i>rizatriptan benzoate oral disintegrating</i>	
<i>risedronate sodium tab 5 mg</i>	90	<i>tab 10 mg (base eq)</i>	79
<i>risedronate sodium tab delayed release</i>		<i>rizatriptan benzoate oral disintegrating</i>	
<i>35 mg</i>	90	<i>tab 5 mg (base eq)</i>	79
RISPERDAL INJ 12.5MG	71	<i>rizatriptan benzoate tab 10 mg (base</i>	
RISPERDAL INJ 25MG	71	<i>equivalent)</i>	79
RISPERDAL INJ 37.5MG	71	<i>rizatriptan benzoate tab 5 mg (base</i>	
RISPERDAL INJ 50MG	71	<i>equivalent)</i>	79
<i>risperidone orally disintegrating tab</i>		ROCKLATAN DRO	127
<i>0.25 mg</i>	71	<i>ropinirole hydrochloride tab 0.25 mg</i>	66
<i>risperidone orally disintegrating tab 0.5</i>		<i>ropinirole hydrochloride tab 0.5 mg</i> ..	66
<i>mg</i>	71	<i>ropinirole hydrochloride tab 1 mg</i>	66
<i>risperidone orally disintegrating tab 1</i>		<i>ropinirole hydrochloride tab 2 mg</i>	66
<i>mg</i>	71	<i>ropinirole hydrochloride tab 3 mg</i>	66
<i>risperidone orally disintegrating tab 2</i>		<i>ropinirole hydrochloride tab 4 mg</i>	66
<i>mg</i>	71	<i>ropinirole hydrochloride tab 5 mg</i>	66
<i>risperidone orally disintegrating tab 3</i>		<i>ropinirole hydrochloride tab er 24hr 12</i>	
<i>mg</i>	71	<i>mg (base equivalent)</i>	67
<i>risperidone orally disintegrating tab 4</i>		<i>ropinirole hydrochloride tab er 24hr 2</i>	
<i>mg</i>	71	<i>mg (base equivalent)</i>	66
<i>risperidone soln 1 mg/ml</i>	71	<i>ropinirole hydrochloride tab er 24hr 4</i>	
<i>risperidone tab 0.25 mg</i>	72	<i>mg (base equivalent)</i>	67
<i>risperidone tab 0.5 mg</i>	72	<i>ropinirole hydrochloride tab er 24hr 6</i>	
<i>risperidone tab 1 mg</i>	72	<i>mg (base equivalent)</i>	67
<i>risperidone tab 2 mg</i>	72	<i>ropinirole hydrochloride tab er 24hr 8</i>	
<i>risperidone tab 3 mg</i>	72	<i>mg (base equivalent)</i>	67
<i>risperidone tab 4 mg</i>	72	rosadan.....	140
<i>ritonavir tab 100 mg</i>	14	<i>rosuvastatin calcium tab 10 mg</i>	43
RITUXAN INJ 100MG	33	<i>rosuvastatin calcium tab 20 mg</i>	43
RITUXAN INJ 500MG	33	<i>rosuvastatin calcium tab 40 mg</i>	43
RITUXAN INJ HYCELA	34	<i>rosuvastatin calcium tab 5 mg</i>	43
<i>rivastigmine tartrate cap 1.5 mg (base</i>		ROSZET TAB 10-10MG	44
<i>equivalent)</i>	60	ROSZET TAB 20-10MG	44
<i>rivastigmine tartrate cap 3 mg (base</i>		ROSZET TAB 40-10MG	44
<i>equivalent)</i>	60	ROSZET TAB 5-10MG.....	44
<i>rivastigmine tartrate cap 4.5 mg (base</i>		ROTARIX SUS.....	121
<i>equivalent)</i>	60	ROTATEQ SOL	121
<i>rivastigmine tartrate cap 6 mg (base</i>		<i>roweepa</i>	58
<i>equivalent)</i>	60	ROZLYTREK CAP 100MG	34
<i>rivastigmine td patch 24hr 13.3</i>		ROZLYTREK CAP 200MG	34
<i>mg/24hr</i>	60	RUBRACA TAB 200MG	34
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>		RUBRACA TAB 250MG	34
<i>.....</i>	60	RUBRACA TAB 300MG	34
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>		RUCONEST INJ 2100UNIT	115
<i>.....</i>	60	<i>rufinamide susp 40 mg/ml</i>	58
<i>rivelsa</i>	95	<i>rufinamide tab 200 mg</i>	58
		<i>rufinamide tab 400 mg</i>	58

RUKOBIA TAB 600MG ER.....	14	SEGLUROMET TAB 2.5-1000	87
RUXIENCE INJ 100/10ML	34	SEGLUROMET TAB 2.5-500	87
RUXIENCE INJ 500/50ML	34	SEGLUROMET TAB 7.5-1000	87
RYBELSUS TAB 14MG	87	SEGLUROMET TAB 7.5-500	87
RYBELSUS TAB 3MG.....	87	<i>selegiline hcl cap 5 mg</i>	67
RYBELSUS TAB 7MG	87	<i>selegiline hcl tab 5 mg</i>	67
RYDAPT CAP 25MG.....	34	<i>selenium sulfide lotion 2.5%</i>	137
RYTARY CAP 145MG	67	SELZENTRY SOL 20MG/ML.....	14
RYTARY CAP 195MG	67	SELZENTRY TAB 150MG	14
RYTARY CAP 245MG	67	SELZENTRY TAB 25MG.....	14
RYTARY CAP 95MG.....	67	SELZENTRY TAB 300MG	14
S		SELZENTRY TAB 75MG.....	14
SAIZEN INJ 5MG.....	101	SEREVENT DIS AER 50MCG.....	130
SAIZEN INJ 8.8MG	101	SEROSTIM INJ 4MG	101
SAIZENPREP INJ 8.8MG	101	SEROSTIM INJ 5MG	101
<i>sajazir inj 30mg/3ml</i>	115	SEROSTIM INJ 6MG	101
SAMSCA TAB 15MG.....	101	<i>sertraline hcl oral concentrate for</i>	
SAMSCA TAB 30MG.....	101	<i>solution 20 mg/ml</i>	63
SANCUSO DIS 3.1MG	106	<i>sertraline hcl tab 100 mg</i>	63
SANDIMMUNE SOL 100MG/ML.....	120	<i>sertraline hcl tab 25 mg</i>	63
SANDOSTATIN KIT LAR 10MG	101	<i>sertraline hcl tab 50 mg</i>	63
SANDOSTATIN KIT LAR 20MG	101	<i>setlakin</i>	95
SANDOSTATIN KIT LAR 30MG	101	<i>sevelamer carbonate packet 0.8 gm</i>	102
SANTYL OIN 250/GM	140	<i>sevelamer carbonate packet 2.4 gm</i>	102
<i>sapropterin dihydrochloride powder</i>		<i>sevelamer carbonate tab 800 mg</i> ...	102
<i>packet 100 mg</i>	101	<i>sevelamer hcl tab 400 mg</i>	102
<i>sapropterin dihydrochloride powder</i>		<i>sevelamer hcl tab 800 mg</i>	102
<i>packet 500 mg</i>	101	SFROWASA ENE 4GM.....	108
<i>sapropterin dihydrochloride tab 100 mg</i>		<i>sharobel</i>	95
.....	101	SHINGRIX INJ 50/0.5ML.....	121
SARCLISA SOL 100/5ML	34	SIGNIFOR INJ 0.3MG/ML	102
SARCLISA SOL 500/25ML.....	34	SIGNIFOR INJ 0.6MG/ML	102
SAVAYSA TAB 15MG.....	113	SIGNIFOR INJ 0.9MG/ML	102
SAVAYSA TAB 30MG.....	113	SIGNIFOR LAR INJ 10MG.....	102
SAVAYSA TAB 60MG.....	113	SIGNIFOR LAR INJ 20MG.....	102
SAVELLA MIS TITR PAK.....	81	SIGNIFOR LAR INJ 30MG.....	102
SAVELLA TAB 100MG.....	81	SIGNIFOR LAR INJ 40MG.....	102
SAVELLA TAB 12.5MG.....	81	SIGNIFOR LAR INJ 60MG.....	102
SAVELLA TAB 25MG	81	SIKLOS TAB 1000MG	115
SAVELLA TAB 50MG	81	SIKLOS TAB 100MG.....	115
SCEMBLIX TAB 20MG	34	<i>sildenafil citrate for suspension 10</i>	
SCEMBLIX TAB 40MG	34	<i>mg/ml</i>	52
<i>scopolamine td patch 72hr 1 mg/3days</i>		<i>sildenafil citrate tab 20 mg</i>	52
.....	106	<i>silodosin cap 4 mg</i>	111
SECUADO DIS 3.8MG	72	<i>silodosin cap 8 mg</i>	111
SECUADO DIS 5.7MG	72	<i>silver sulfadiazine cream 1%</i>	136
SECUADO DIS 7.6MG	72	SIMBRINZA SUS 1-0.2%	127

<i>simliya</i>	95	<i>sodium polystyrene sulfonate powder</i>	91
<i>simpesse</i>	95	.....	91
<i>simvastatin tab 10 mg</i>	44	<i>solifenacin succinate tab 10 mg</i>	111
<i>simvastatin tab 20 mg</i>	44	<i>solifenacin succinate tab 5 mg</i>	111
<i>simvastatin tab 40 mg</i>	44	SOLQUA INJ 100/33	89
<i>simvastatin tab 5 mg</i>	43	SOLOSEC GRA 2GM	11
<i>simvastatin tab 80 mg</i>	44	SOLTAMOX SOL 10MG/5ML.....	26
<i>sirolimus oral soln 1 mg/ml</i>	120	SOLU-CORTEF INJ 1000MG.....	98
<i>sirolimus tab 0.5 mg</i>	120	SOLU-CORTEF INJ 100MG.....	98
<i>sirolimus tab 1 mg</i>	120	SOLU-CORTEF INJ 250MG.....	98
<i>sirolimus tab 2 mg</i>	120	SOLU-CORTEF INJ 500MG.....	98
SIRTURO TAB 100MG	16	SOLU-CORTEF INJ 2GM	98
SIRTURO TAB 20MG	16	SOMATULINE INJ 120/.5ML.....	102
SIVEXTRO INJ 200MG.....	11	SOMATULINE INJ 60/0.2ML.....	102
SIVEXTRO TAB 200MG.....	11	SOMATULINE INJ 90/0.3ML.....	102
SKYRIZI INJ 150DOSE.....	117	SOMAVERT INJ 10MG.....	102
SKYRIZI INJ 150MG/ML	117	SOMAVERT INJ 15MG.....	102
SKYRIZI INJ 360/2.4.....	117	SOMAVERT INJ 20MG.....	102
SKYRIZI PEN INJ 150MG/ML	117	SOMAVERT INJ 25MG.....	102
SKYRIZI SOL 60MG/ML	117	SOMAVERT INJ 30MG.....	102
SKYTROFA INJ 11MG	102	<i>sorafenib tosylate tab 200 mg (base</i>	
SKYTROFA INJ 13.3MG	102	<i>equivalent)</i>	34
SKYTROFA INJ 3.6MG	102	<i>sorine</i>	42
SKYTROFA INJ 3MG.....	102	<i>sotalol hcl (afib/afl) tab 120 mg</i>	42
SKYTROFA INJ 4.3MG	102	<i>sotalol hcl (afib/afl) tab 160 mg</i>	42
SKYTROFA INJ 5.2MG	102	<i>sotalol hcl (afib/afl) tab 80 mg</i>	42
SKYTROFA INJ 6.3MG	102	<i>sotalol hcl tab 120 mg</i>	42
SKYTROFA INJ 7.6MG	102	<i>sotalol hcl tab 160 mg</i>	42
SKYTROFA INJ 9.1MG	102	<i>sotalol hcl tab 240 mg</i>	42
SLYND TAB 4MG.....	95	<i>sotalol hcl tab 80 mg</i>	42
SMOFLIPID EMU	124	SOTYLIZE SOL 5MG/ML	42
<i>sod sulfate-pot sulf-mg sulf oral sol</i>		<i>spinosad susp 0.9%</i>	140
<i>17.5-3.13-1.6 gm/177ml</i>	108	SPIRIVA AER 1.25MCG.....	128
<i>sodium chloride inj 2.5 meq/ml</i>		SPIRIVA CAP HANDIHLR.....	128
<i>(14.6%)</i>	123	SPIRIVA SPR 2.5MCG.....	128
<i>sodium chloride irrigation soln 0.9%</i>		<i>spironolactone & hydrochlorothiazide</i>	
.....	140	<i>tab 25-25 mg</i>	49
<i>sodium chloride iv soln 0.45%</i>	123	<i>spironolactone tab 100 mg</i>	39
<i>sodium chloride iv soln 0.9%</i>	123	<i>spironolactone tab 25 mg</i>	39
<i>sodium chloride iv soln 3%</i>	123	<i>spironolactone tab 50 mg</i>	39
<i>sodium chloride iv soln 5%</i>	123	<i>sprintec 28</i>	95
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>		SPRITAM TAB 1000MG	58
<i>mg/ml soln</i>	123	SPRITAM TAB 250MG.....	58
<i>sodium phenylbutyrate oral powder 3</i>		SPRITAM TAB 500MG.....	58
<i>gm/teaspoonful</i>	102	SPRITAM TAB 750MG.....	58
<i>sodium phenylbutyrate tab 500 mg</i>	102	SPRYCEL TAB 100MG	34
		SPRYCEL TAB 140MG	34

SPRYCEL TAB 20MG	34	<i>sulfamethoxazole-trimethoprim susp</i>	
SPRYCEL TAB 50MG	34	200-40 mg/5ml.....	11
SPRYCEL TAB 70MG	34	<i>sulfamethoxazole-trimethoprim tab</i>	
SPRYCEL TAB 80MG	34	400-80 mg	11
<i>sps</i>	91	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sronyx</i>	95	800-160 mg	11
<i>ssd</i>	136	SULFAMYLON CRE 85MG/GM.....	136
<i>stavudine cap 15 mg</i>	14	<i>sulfasalazine tab 500 mg</i>	108
<i>stavudine cap 20 mg</i>	14	<i>sulfasalazine tab delayed release 500</i>	
<i>stavudine cap 30 mg</i>	14	mg.....	108
<i>stavudine cap 40 mg</i>	14	<i>sulindac tab 150 mg</i>	2
STEGLATRO TAB 15MG	87	<i>sulindac tab 200 mg</i>	2
STEGLATRO TAB 5MG.....	87	<i>sumatriptan nasal spray 20 mg/act</i> ..	79
STEGLUJAN TAB 15-100MG	87	<i>sumatriptan nasal spray 5 mg/act</i>	79
STEGLUJAN TAB 5-100MG	87	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	
STELARA INJ 45MG/0.5	117	.....	79
STELARA INJ 90MG/ML	117	<i>sumatriptan succinate solution auto-</i>	
STIOLTO AER 2.5-2.5.....	128	<i>injector 4 mg/0.5ml</i>	79
STIVARGA TAB 40MG	34	<i>sumatriptan succinate solution auto-</i>	
<i>streptomycin sulfate for inj 1 gm</i>	11	<i>injector 6 mg/0.5ml</i>	79
STRIBILD TAB	16	<i>sumatriptan succinate solution</i>	
STRIVERDI AER 2.5MCG	130	<i>cartridge 4 mg/0.5ml</i>	79
SUBSYS SPR 100MCG.....	8	<i>sumatriptan succinate solution</i>	
SUBSYS SPR 1200MCG	8	<i>cartridge 6 mg/0.5ml</i>	79
SUBSYS SPR 1600MCG	8	<i>sumatriptan succinate tab 100 mg</i> ..	79
SUBSYS SPR 200MCG.....	8	<i>sumatriptan succinate tab 25 mg</i>	79
SUBSYS SPR 400MCG.....	8	<i>sumatriptan succinate tab 50 mg</i>	79
SUBSYS SPR 600MCG.....	8	<i>sunitinib malate cap 12.5 mg (base</i>	
SUBSYS SPR 800MCG.....	8	<i>equivalent)</i>	34
<i>subvenite</i>	58	<i>sunitinib malate cap 25 mg (base</i>	
<i>subvenite starter kit/blu</i>	58	<i>equivalent)</i>	34
<i>subvenite starter kit/gre</i>	58	<i>sunitinib malate cap 37.5 mg (base</i>	
<i>subvenite starter kit/ora</i>	58	<i>equivalent)</i>	34
SUCRAID SOL 8500/ML.....	109	<i>sunitinib malate cap 50 mg (base</i>	
<i>sucralfate tab 1 gm</i>	109	<i>equivalent)</i>	34
<i>sulfacetamide sodium lotion 10%</i>		SUNOSI TAB 150MG	82
<i>(acne)</i>	135	SUNOSI TAB 75MG.....	82
<i>sulfacetamide sodium ophth oint 10%</i>		SUPRAX CHW 100MG.....	19
.....	125	SUPRAX CHW 200MG.....	19
<i>sulfacetamide sodium ophth soln 10%</i>		SUPRAX SUS 500/5ML	19
.....	125	SUPREP BOWEL SOL PREP KIT.....	108
<i>sulfacetamide sodium-prednisolone</i>		SUSTOL INJ 10/0.4ML.....	106
<i>ophth soln 10-0.23(0.25)%</i>	124	SUTAB TAB	108
<i>sulfadiazine tab 500 mg</i>	11	<i>syeda</i>	95
<i>sulfamethoxazole-trimethoprim iv soln</i>		SYMBICORT AER 160-4.5.....	134
400-80 mg/5ml	11	SYMBICORT AER 80-4.5	134
		SYMDEKO TAB 100-150.....	132

SYMDEKO TAB 50-75MG	132	TAGRISSE TAB 80MG	34
SYMJEPI INJ 0.15MG	132	TAKHZYRO INJ 300/2ML.....	115
SYMJEPI INJ 0.3MG.....	132	TALICIA CAP	109
SYMLINPEN 60 INJ 1000MCG	87	TALTZ INJ 80MG/ML	117
SYMLNPEN 120 INJ 1000MCG	87	TALZENNA CAP 0.25MG.....	34
SYMPAZAN MIS 10MG.....	58	TALZENNA CAP 0.5MG	34
SYMPAZAN MIS 20MG.....	59	TALZENNA CAP 0.75MG.....	35
SYMPAZAN MIS 5MG	58	TALZENNA CAP 1MG	35
SYMPROIC TAB 0.2MG	109	<i>tamoxifen citrate tab 10 mg (base</i>	
SYMTUZA TAB.....	16	<i>equivalent)</i>	26
SYNAREL SOL 2MG/ML.....	96	<i>tamoxifen citrate tab 20 mg (base</i>	
SYNDROS SOL 5MG/ML.....	106	<i>equivalent)</i>	26
SYNERCID INJ 500MG	11	<i>tamsulosin hcl cap 0.4 mg</i>	111
SYNJARDY TAB 12.5-1000MG.....	87	TARGRETIN GEL 1%	140
SYNJARDY TAB 12.5-500.....	87	<i>tarina 24 fe</i>	95
SYNJARDY TAB 5-1000MG	87	<i>tarina fe 1/20 eq</i>	95
SYNJARDY TAB 5-500MG.....	87	TASIGNA CAP 150MG.....	35
SYNJARDY XR TAB 10-1000.....	87	TASIGNA CAP 200MG.....	35
SYNJARDY XR TAB 12.5-1000MG....	87	TASIGNA CAP 50MG	35
SYNJARDY XR TAB 25-1000.....	87	<i>taysofy cap 1/20</i>	95
SYNJARDY XR TAB 5-1000MG	87	TAZAROTENE AER 0.1%	135
SYNRIBO INJ 3.5MG.....	28	<i>tazarotene cream 0.1%</i>	137
SYNTHROID TAB 100MCG	104	<i>tazarotene gel 0.05%</i>	137
SYNTHROID TAB 112MCG	104	<i>tazarotene gel 0.1%</i>	137
SYNTHROID TAB 125MCG	104	<i>tazicef</i>	19
SYNTHROID TAB 137MCG	104	TAZORAC CRE 0.05%	137
SYNTHROID TAB 150MCG	104	TAZORAC GEL 0.05%.....	137
SYNTHROID TAB 175MCG	104	TAZORAC GEL 0.1%	137
SYNTHROID TAB 200MCG	104	<i>taztia xt</i>	48
SYNTHROID TAB 25MCG	104	TAZVERIK TAB 200MG	35
SYNTHROID TAB 300MCG	104	TDVAX INJ 2-2 LF.....	121
SYNTHROID TAB 50MCG	104	TECENTRIQ INJ 1200/20	35
SYNTHROID TAB 75MCG	104	TECENTRIQ INJ 840/14	35
SYNTHROID TAB 88MCG	104	TEFLARO INJ 400MG.....	19
T		TEFLARO INJ 600MG.....	19
TABLOID TAB 40MG	26	TEKTURNA HCT TAB 300-12.5	51
TABRECTA TAB 150MG	34	TEKTURNA HCT TAB 300-25MG	51
TABRECTA TAB 200MG	34	<i>telmisartan tab 20 mg</i>	41
<i>tacrolimus cap 0.5 mg</i>	120	<i>telmisartan tab 40 mg</i>	41
<i>tacrolimus cap 1 mg</i>	120	<i>telmisartan tab 80 mg</i>	41
<i>tacrolimus cap 5 mg</i>	120	<i>telmisartan-amlodipine tab 40-10 mg</i>	
<i>tacrolimus oint 0.03%</i>	140	.....	40
<i>tacrolimus oint 0.1%</i>	140	<i>telmisartan-amlodipine tab 40-5 mg</i> .40	
<i>tadalafil tab 20 mg (pah)</i>	52	<i>telmisartan-amlodipine tab 80-10 mg</i>	
TAFINLAR CAP 50MG	34	.....	40
TAFINLAR CAP 75MG	34	<i>telmisartan-amlodipine tab 80-5 mg</i> .40	
TAGRISSE TAB 40MG.....	34		

<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	40	<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	84
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	40	<i>testosterone td gel 50 mg/5gm (1%)</i>	84
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	41	<i>testosterone td soln 30 mg/act</i>	84
<i>temazepam cap 15 mg</i>	78	<i>tetrabenazine tab 12.5 mg</i>	81
<i>temazepam cap 30 mg</i>	78	<i>tetrabenazine tab 25 mg</i>	81
<i>temazepam cap 7.5 mg</i>	78	<i>tetracycline hcl cap 250 mg</i>	23
<i>TEMIXYS TAB 300-300</i>	16	<i>tetracycline hcl cap 500 mg</i>	23
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	35	<i>THALITONE TAB 15MG</i>	49
<i>TENIVAC INJ 5-2LF</i>	121	<i>THALOMID CAP 100MG</i>	27
<i>tenofovir disoproxil fumarate tab 300 mg</i>	14	<i>THALOMID CAP 150MG</i>	27
<i>TEPMETKO TAB 225MG</i>	35	<i>THALOMID CAP 200MG</i>	27
<i>terazosin hcl cap 1 mg (base equivalent)</i>	39	<i>THALOMID CAP 50MG</i>	27
<i>terazosin hcl cap 10 mg (base equivalent)</i>	39	<i>THEO-24 CAP 100MG CR</i>	132
<i>terazosin hcl cap 2 mg (base equivalent)</i>	39	<i>THEO-24 CAP 200MG CR</i>	132
<i>terazosin hcl cap 5 mg (base equivalent)</i>	39	<i>THEO-24 CAP 300MG CR</i>	132
<i>terbinafine hcl tab 250 mg</i>	13	<i>THEO-24 CAP 400MG ER</i>	132
<i>terbutaline sulfate inj 1 mg/ml</i>	130	<i>theophylline elixir 80 mg/15ml</i>	132
<i>terbutaline sulfate tab 2.5 mg</i>	130	<i>theophylline soln 80 mg/15ml</i>	132
<i>terbutaline sulfate tab 5 mg</i>	130	<i>theophylline tab er 12hr 300 mg</i>	132
<i>terconazole vaginal cream 0.4%</i>	112	<i>theophylline tab er 12hr 450 mg</i>	132
<i>terconazole vaginal cream 0.8%</i>	112	<i>theophylline tab er 24hr 400 mg</i>	132
<i>terconazole vaginal suppos 80 mg</i> .	112	<i>theophylline tab er 24hr 600 mg</i>	132
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	84	<i>thioridazine hcl tab 10 mg</i>	72
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	84	<i>thioridazine hcl tab 100 mg</i>	72
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	84	<i>thioridazine hcl tab 25 mg</i>	72
<i>testosterone td gel 10mg/act (2%)</i> ..	84	<i>thioridazine hcl tab 50 mg</i>	72
<i>testosterone td gel 12.5 mg/act (1%)</i>	84	<i>thiothixene cap 1 mg</i>	72
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	84	<i>thiothixene cap 10 mg</i>	72
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	84	<i>thiothixene cap 2 mg</i>	72
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	84	<i>thiothixene cap 5 mg</i>	72
		<i>THYQUIDITY SOL 100MCG</i>	104
		<i>tiadylt er</i>	48
		<i>tiagabine hcl tab 12 mg</i>	59
		<i>tiagabine hcl tab 16 mg</i>	59
		<i>tiagabine hcl tab 2 mg</i>	59
		<i>tiagabine hcl tab 4 mg</i>	59
		<i>TIBSOVO TAB 250MG</i>	35
		<i>TICOVAC INJ</i>	121
		<i>tigecycline for iv soln 50 mg</i>	23
		<i>TIGECYCLINE INJ 50MG</i>	23
		<i>TIGLUTIK SUS 50/10ML</i>	81
		<i>tilia fe</i>	95
		<i>timolol maleate (ophth) once-daily</i> .	127
		<i>timolol maleate ophth gel forming soln 0.25%</i>	127

<i>timolol maleate ophth gel forming soln 0.5%</i>	127	<i>tobramycin nebu soln 300 mg/4ml</i> ...	11
<i>timolol maleate ophth soln 0.25%</i> .	127	<i>tobramycin nebu soln 300 mg/5ml</i> ...	11
<i>timolol maleate ophth soln 0.5%</i> ...	127	<i>tobramycin ophth soln 0.3%</i>	125
<i>timolol maleate preservative free ophth soln 0.25%</i>	127	<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	11
<i>timolol maleate preservative free ophth soln 0.5%</i>	127	<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	11
<i>timolol maleate tab 10 mg</i>	46	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	11
<i>timolol maleate tab 20 mg</i>	46	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	11
<i>timolol maleate tab 5 mg</i>	46	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	124
TIMOPTIC OCU SOL 0.25% OP	127	TOBEX OIN 0.3% OP	125
<i>tinidazole tab 250 mg</i>	11	TOLSURA CAP 65MG	13
<i>tinidazole tab 500 mg</i>	11	<i>tolterodine tartrate cap er 24hr 2 mg</i>	111
TIROSINT-SOL SOL 100MCG	104	<i>tolterodine tartrate cap er 24hr 4 mg</i>	112
TIROSINT-SOL SOL 112MCG	104	<i>tolterodine tartrate tab 1 mg</i>	112
TIROSINT-SOL SOL 125MCG	104	<i>tolterodine tartrate tab 2 mg</i>	112
TIROSINT-SOL SOL 137MCG	104	<i>tolvaptan tab 15 mg</i>	102
TIROSINT-SOL SOL 13MCG/ML	104	<i>tolvaptan tab 30 mg</i>	102
TIROSINT-SOL SOL 150MCG	104	<i>topiramate sprinkle cap 15 mg</i>	59
TIROSINT-SOL SOL 175MCG	104	<i>topiramate sprinkle cap 25 mg</i>	59
TIROSINT-SOL SOL 200MCG	104	<i>topiramate tab 100 mg</i>	59
TIROSINT-SOL SOL 25MCG/ML	104	<i>topiramate tab 200 mg</i>	59
TIROSINT-SOL SOL 37.5/ML	104	<i>topiramate tab 25 mg</i>	59
TIROSINT-SOL SOL 44MCG/ML	104	<i>topiramate tab 50 mg</i>	59
TIROSINT-SOL SOL 50MCG/ML	104	<i>toposar</i>	28
TIROSINT-SOL SOL 62.5/ML	104	<i>toremifene citrate tab 60 mg (base equivalent)</i>	26
TIROSINT-SOL SOL 75MCG/ML	104	<i>toremide tab 10 mg</i>	49
TIROSINT-SOL SOL 88MCG/ML	104	<i>toremide tab 100 mg</i>	49
TIVICAY PD TAB 5MG	15	<i>toremide tab 20 mg</i>	49
TIVICAY TAB 10MG	15	<i>toremide tab 5 mg</i>	49
TIVICAY TAB 25MG	15	TOSYMRA SOL 10MG	79
TIVICAY TAB 50MG	15	TOVIAZ TAB 4MG	112
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	82	TOVIAZ TAB 8MG	112
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	82	TPN ELECTROL INJ	123
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	82	TRACLEER TAB 32MG	52
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	82	TRADJENTA TAB 5MG	87
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	82	<i>tramadol hcl tab 50 mg</i>	8
TLANDO CAP 112.5 MG	84	<i>tramadol hcl tab er 24hr 100 mg</i>	5
TOBI PODHALR CAP 28MG	11	<i>tramadol hcl tab er 24hr 200 mg</i>	5
TOBRADEX OIN 0.3-0.1%	124	<i>tramadol hcl tab er 24hr 300 mg</i>	5
TOBRADEX ST SUS 0.3-0.05	124		

<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	5	<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	52
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	5	<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	52
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	5	TRESIBA FLEX INJ 100UNIT	89
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	8	TRESIBA FLEX INJ 200UNIT	89
<i>trandolapril tab 1 mg</i>	38	TRESIBA INJ 100UNIT.....	89
<i>trandolapril tab 2 mg</i>	38	<i>tretinoin cap 10 mg</i>	28
<i>trandolapril tab 4 mg</i>	38	<i>tretinoin cream 0.025%</i>	135
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	38	<i>tretinoin cream 0.05%</i>	135
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	38	<i>tretinoin cream 0.1%</i>	135
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	38	<i>tretinoin gel 0.01%</i>	135
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	38	<i>tretinoin gel 0.025%</i>	135
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	115	<i>tretinoin gel 0.05%</i>	135
<i>tranexamic acid tab 650 mg</i>	115	<i>tretinoin microsphere gel 0.04%</i>	136
<i>tranylcypromine sulfate tab 10 mg</i> ...	63	<i>tretinoin microsphere gel 0.1%</i>	136
TRAVASOL INJ 10%	124	TREXALL TAB 10MG.....	117
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> ...	127	TREXALL TAB 15MG.....	118
TRAZIMERA INJ 150MG.....	35	TREXALL TAB 5MG.....	117
TRAZIMERA INJ 420MG.....	35	TREXALL TAB 7.5MG.....	117
<i>trazodone hcl tab 100 mg</i>	63	<i>trezix</i>	8
<i>trazodone hcl tab 150 mg</i>	63	<i>triamcinolone acetonide cream 0.025%</i>	138
<i>trazodone hcl tab 300 mg</i>	63	<i>triamcinolone acetonide cream 0.1%</i>	138
<i>trazodone hcl tab 50 mg</i>	63	<i>triamcinolone acetonide cream 0.5%</i>	138
TREANDA INJ 100MG.....	24	<i>triamcinolone acetonide dental paste 0.1%</i>	140
TREANDA INJ 25MG	24	<i>triamcinolone acetonide lotion 0.025%</i>	138
TRECTOR TAB 250MG	16	<i>triamcinolone acetonide lotion 0.1%</i>	138
TRELEGY AER ELLIPTA 100-62.5-25 MCG	128	<i>triamcinolone acetonide oint 0.025%</i>	138
TRELEGY AER ELLIPTA 200-62.5-25 MCG	128	<i>triamcinolone acetonide oint 0.1%</i> .	138
TRELSTAR MIX INJ 11.25MG.....	26	<i>triamcinolone acetonide oint 0.5%</i> .	138
TRELSTAR MIX INJ 22.5MG.....	26	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	49
TRELSTAR MIX INJ 3.75MG.....	26	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	49
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	52	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	49
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	52	<i>triamterene cap 100 mg</i>	49
		<i>triamterene cap 50 mg</i>	49
		TRICARE TAB PRENATAL.....	123
		<i>triderm</i>	138

<i>trientine hcl cap 250 mg</i>	91	<i>tri-vylibra lo</i>	95
<i>tri-estarylla</i>	95	TRIZIVIR TAB	16
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	72	TRODELVY SOL 180MG	35
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	72	TROGARZO INJ 150MG/ML	15
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	72	TROPHAMINE INJ 10%	124
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	72	<i>trospium chloride cap er 24hr 60 mg</i>	112
<i>trifluridine ophth soln 1%</i>	125	<i>trospium chloride tab 20 mg</i>	112
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	67	TRULANCE TAB 3MG	109
<i>trihexyphenidyl hcl tab 2 mg</i>	67	TRULICITY INJ 0.75/0.5	87
<i>trihexyphenidyl hcl tab 5 mg</i>	67	TRULICITY INJ 1.5/0.5	87
TRIJARDY XR TAB ER 24HR 10-5-1000MG	87	TRULICITY INJ 3/0.5	87
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	87	TRULICITY INJ 4.5/0.5	87
TRIJARDY XR TAB ER 24HR 25-5-1000MG	87	TRUMENBA INJ	121
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	87	TRUSELTIQ 100 MG DAILY DOSE	35
TRIKAFTA TAB 100-50-75MG & 150MG	132	TRUSELTIQ 125 MG DAILY DOSE	35
TRIKAFTA TAB 50-25-37.5MG & 75MG	132	TRUSELTIQ 50 MG DAILY DOSE	35
<i>tri-legest fe</i>	95	TRUSELTIQ 75 MG DAILY DOSE	35
<i>tri-linyah</i>	95	TRUXIMA INJ 100/10ML	35
<i>tri-lo-estarylla</i>	95	TRUXIMA INJ 500/50ML	35
<i>tri-lo-marzia</i>	95	TUDORZA PRES AER 400/ACT	128
<i>tri-lo-mili</i>	95	TUDORZA PRESSAIR (INSTITUTIONAL PACK)	128
<i>tri-lo-sprintec</i>	95	TUKYSA TAB 150MG	35
TRIMETHOPRIM TAB 100MG	11	TUKYSA TAB 50MG	35
<i>tri-mili</i>	95	TURALIO CAP 200MG	35
<i>trimipramine maleate cap 100 mg</i> ...	64	TWINRIX INJ	121
<i>trimipramine maleate cap 25 mg</i>	63	TWYNEO CRE 0.1-3%	136
<i>trimipramine maleate cap 50 mg</i>	63	TYBLUME CHW 0.1-0.02	95
TRINTELLIX TAB 10MG	64	TYBOST TAB 150MG	15
TRINTELLIX TAB 20MG	64	<i>tydemy</i>	95
TRINTELLIX TAB 5MG	64	TYMLOS INJ	90
<i>tri-nymyo tab</i>	95	TYPHIM VI INJ	121
<i>tri-sprintec</i>	95	TYVASO DPI POW 16-32-48	52
TRIUMEQ PD TAB	16	TYVASO DPI POW 16-32MCG	52
TRIUMEQ TAB	16	TYVASO DPI POW 16MCG	52
<i>trivora-28</i>	95	TYVASO DPI POW 32-48MCG	52
<i>tri-vylibra</i>	95	TYVASO DPI POW 32MCG	52
		TYVASO DPI POW 48MCG	52
		TYVASO DPI POW 64MCG	52
		TYVASO SOL 0.6MG/ML	52
		U	
		UBRELVY TAB 100MG	79
		UBRELVY TAB 50MG	79
		UCERIS AER 2MG/ACT	108
		<i>unithroid</i>	104
		UPTRAVI PACK TAB 200/800	52

UPTRAVI TAB 1000MCG	53
UPTRAVI TAB 1200MCG	53
UPTRAVI TAB 1400MCG	53
UPTRAVI TAB 1600MCG	53
UPTRAVI TAB 200MCG.....	52
UPTRAVI TAB 400MCG.....	53
UPTRAVI TAB 600MCG.....	53
UPTRAVI TAB 800MCG.....	53
<i>ursodiol cap 300 mg</i>	109
<i>ursodiol tab 250 mg</i>	109
<i>ursodiol tab 500 mg</i>	109

V	
VABOMERE INJ 2GM(1-1).....	11
<i>valacyclovir hcl tab 1 gm</i>	17
<i>valacyclovir hcl tab 500 mg</i>	17
VALCHLOR GEL 0.016%	140
<i>valganciclovir hcl for soln 50 mg/ml</i> <i>(base equiv)</i>	17
<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	17
<i>valproate sodium inj 100 mg/ml</i>	59
<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i>	59
<i>valproic acid cap 250 mg</i>	59
<i>valsartan tab 160 mg</i>	41
<i>valsartan tab 320 mg</i>	41
<i>valsartan tab 40 mg</i>	41
<i>valsartan tab 80 mg</i>	41
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i>	41
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>25 mg</i>	41
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>12.5 mg</i>	41
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>25 mg</i>	41
<i>valsartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i>	41
VALTOCO SPR 10MG	59
VALTOCO SPR 15MG	59
VALTOCO SPR 20MG	59
VALTOCO SPR 5MG	59
<i>vancomycin hcl cap 125 mg (base</i> <i>equivalent)</i>	11
<i>vancomycin hcl cap 250 mg (base</i> <i>equivalent)</i>	11

<i>vancomycin hcl for iv soln 1 gm (base</i> <i>equivalent)</i>	11
<i>vancomycin hcl for iv soln 1.5 gm</i> <i>(base equivalent)</i>	11
<i>vancomycin hcl for iv soln 10 gm (base</i> <i>equivalent)</i>	11
<i>vancomycin hcl for iv soln 5 gm (base</i> <i>equivalent)</i>	11
<i>vancomycin hcl for iv soln 500 mg</i> <i>(base equivalent)</i>	11
<i>vancomycin hcl for iv soln 750 mg</i> <i>(base equivalent)</i>	11
VANCOMYCIN INJ 1 GM	12
VANCOMYCIN INJ 1.25GM	12
VANCOMYCIN INJ 1.5/300	12
VANCOMYCIN INJ 1GM/200M	12
VANCOMYCIN INJ 500MG	12
VANCOMYCIN INJ 750MG	12
VANCOMYCIN SOL 1.25GM	12
VANCOMYCIN SOL 1.5GM	12
VANCOMYCIN SOL 1.75GM	12
VANCOMYCIN SOL 250/5ML	12
VANCOMYCIN SOL 2G/400ML	12
VANDAZOLE	112
VAQTA INJ 25/0.5ML	121
VAQTA INJ 50UNT/ML	121
<i>varenicline tartrate tab 0.5 mg (base</i> <i>equiv)</i>	83
<i>varenicline tartrate tab 1 mg (base</i> <i>equiv)</i>	83
<i>varenicline tartrate tab 11 x 0.5 mg &</i> <i>42 x 1 mg start pack</i>	83
VARIVAX INJ	121
VARUBI TAB 90MG	106
VASCEPA CAP 0.5GM	45
VASCEPA CAP 1GM.....	45
VECTIBIX INJ 100MG	35
VECTIBIX INJ 400MG	35
VELCADE INJ 3.5MG	35
<i>velivet</i>	95
VELPHORO CHW 500MG	103
VELTASSA POW 16.8GM	91
VELTASSA POW 25.2GM	91
VELTASSA POW 8.4GM.....	91
VEMLIDY TAB 25MG.....	17
VENCLEXTA TAB 100MG	35
VENCLEXTA TAB 10MG.....	35

VENCLEXTA TAB 50MG	35	V-GO 30 KIT	89
VENCLEXTA TAB START PK.....	35	V-GO 40 KIT	89
<i>venlafaxine hcl cap er 24hr 150 mg</i>		VIBATIV INJ 750MG.....	12
<i>(base equivalent)</i>	64	VIBERZI TAB 100MG.....	109
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>		VIBERZI TAB 75MG	109
<i>(base equivalent)</i>	64	VIBRAMYCIN SYP 50MG/5ML.....	23
<i>venlafaxine hcl cap er 24hr 75 mg</i>		VICTOZA INJ 18MG/3ML.....	87
<i>(base equivalent)</i>	64	<i>vienna</i>	95
<i>venlafaxine hcl tab 100 mg (base</i>		<i>vigabatrin powd pack 500 mg</i>	59
<i>equivalent)</i>	64	<i>vigabatrin tab 500 mg</i>	59
<i>venlafaxine hcl tab 25 mg (base</i>		<i>vigadrone</i>	59
<i>equivalent)</i>	64	VIIBRYD KIT STARTER	64
<i>venlafaxine hcl tab 37.5 mg (base</i>		VIIBRYD TAB 10MG	64
<i>equivalent)</i>	64	VIIBRYD TAB 20MG	64
<i>venlafaxine hcl tab 50 mg (base</i>		VIIBRYD TAB 40MG	64
<i>equivalent)</i>	64	<i>vilazodone hcl tab 10 mg</i>	64
<i>venlafaxine hcl tab 75 mg (base</i>		<i>vilazodone hcl tab 20 mg</i>	64
<i>equivalent)</i>	64	<i>vilazodone hcl tab 40 mg</i>	64
VENTAVIS SOL 10MCG/ML.....	53	VIMIZIM INJ 5MG/5ML	102
VENTAVIS SOL 20MCG/ML.....	53	VIMPAT INJ 200MG/20	59
VENTOLIN HFA (INSTITUTIONAL		VIMPAT SOL 10MG/ML	59
PACK)	130	<i>vincristine sulfate iv soln 1 mg/ml</i>	28
VENTOLIN HFA AER.....	130	<i>vinorelbine tartrate inj 10 mg/ml (base</i>	
<i>verapamil hcl cap er 24hr 100 mg</i> ...	48	<i>equiv)</i>	29
<i>verapamil hcl cap er 24hr 120 mg</i> ...	48	<i>vinorelbine tartrate inj 50 mg/5ml (10</i>	
<i>verapamil hcl cap er 24hr 180 mg</i> ...	48	<i>mg/ml) (base equiv)</i>	29
<i>verapamil hcl cap er 24hr 200 mg</i> ...	48	VIOKACE TAB 10440.....	110
<i>verapamil hcl cap er 24hr 240 mg</i> ...	48	VIOKACE TAB 20880.....	110
<i>verapamil hcl cap er 24hr 300 mg</i> ...	48	<i>viorele</i>	95
<i>verapamil hcl cap er 24hr 360 mg</i> ...	48	VIRACEPT TAB 250MG.....	15
<i>verapamil hcl iv soln 2.5 mg/ml</i>	48	VIRACEPT TAB 625MG.....	15
<i>verapamil hcl tab 120 mg</i>	48	VIREAD POW 40MG/GM.....	15
<i>verapamil hcl tab 40 mg</i>	48	VIREAD TAB 150MG.....	15
<i>verapamil hcl tab 80 mg</i>	48	VIREAD TAB 200MG.....	15
<i>verapamil hcl tab er 120 mg</i>	48	VIREAD TAB 250MG.....	15
<i>verapamil hcl tab er 180 mg</i>	48	VITRAKVI CAP 100MG.....	35
<i>verapamil hcl tab er 240 mg</i>	48	VITRAKVI CAP 25MG.....	35
VERQUVO TAB 10MG.....	51	VITRAKVI SOL 20MG/ML.....	35
VERQUVO TAB 2.5MG.....	51	VIVITROL INJ 380MG.....	83
VERQUVO TAB 5MG.....	51	VIVJOA CAP 150MG	13
VERSACLOZ SUS 50MG/ML.....	72	VIZIMPRO TAB 15MG	36
VERZENIO TAB 100MG	35	VIZIMPRO TAB 30MG	36
VERZENIO TAB 150MG	35	VIZIMPRO TAB 45MG	36
VERZENIO TAB 200MG	35	VONJO CAP 100MG.....	36
VERZENIO TAB 50MG	35	VOQUEZNA PAK DUAL PAK.....	109
<i>vestura tab 3-0.02mg</i>	95	VOQUEZNA PAK TRIP PK	109
V-GO 20 KIT	89	<i>voriconazole for inj 200 mg</i>	13

<i>voriconazole for susp 40 mg/ml</i>	13
<i>voriconazole tab 200 mg</i>	13
<i>voriconazole tab 50 mg</i>	13
VOSEVI TAB	17
VOTRIENT TAB 200MG.....	36
VPRIV INJ 400UNIT	102
VRAYLAR CAP 1.5-3MG	72
VRAYLAR CAP 1.5MG.....	72
VRAYLAR CAP 3MG.....	72
VRAYLAR CAP 4.5MG.....	72
VRAYLAR CAP 6MG.....	72
<i>vyfemla</i>	95
<i>vylibra</i>	95
VYNDAMAX CAP 61MG	51
VYNDAQEL CAP 20MG.....	51
VYVANSE CAP 10MG.....	77
VYVANSE CAP 20MG.....	77
VYVANSE CAP 30MG.....	77
VYVANSE CAP 40MG.....	77
VYVANSE CAP 50MG.....	77
VYVANSE CAP 60MG.....	77
VYVANSE CAP 70MG.....	77
VYVANSE CHW 10MG	77
VYVANSE CHW 20MG	77
VYVANSE CHW 30MG	77
VYVANSE CHW 40MG	77
VYVANSE CHW 50MG	77
VYVANSE CHW 60MG	77
VYVGART INJ 400/20ML.....	119
VYZULTA SOL 0.024%	127

W

<i>warfarin sodium tab 1 mg</i>	113
<i>warfarin sodium tab 10 mg</i>	113
<i>warfarin sodium tab 2 mg</i>	113
<i>warfarin sodium tab 2.5 mg</i>	113
<i>warfarin sodium tab 3 mg</i>	113
<i>warfarin sodium tab 4 mg</i>	113
<i>warfarin sodium tab 5 mg</i>	113
<i>warfarin sodium tab 6 mg</i>	113
<i>warfarin sodium tab 7.5 mg</i>	113
<i>water for irrigation, sterile irrigation soln</i>	140
WELIREG TAB 40MG.....	28
<i>wera</i>	95
WINLEVI CRE 1%	136
<i>wymzya fe</i>	95

X

XADAGO TAB 100MG	67
XADAGO TAB 50MG.....	67
XALKORI CAP 200MG.....	36
XALKORI CAP 250MG.....	36
XARELTO STAR TAB 15/20MG.....	113
XARELTO SUS 1MG/ML.....	113
XARELTO TAB 10MG	113
XARELTO TAB 15MG	113
XARELTO TAB 2.5MG	113
XARELTO TAB 20MG	113
XATMEP SOL 2.5MG/ML.....	118
XCOPRI PAK 100-150.....	59
XCOPRI PAK 12.5-25	59
XCOPRI PAK 150-200MG (MAINTENANCE).....	59
XCOPRI PAK 150-200MG (TITRATION)	59
XCOPRI PAK 50-100MG	59
XCOPRI TAB 100MG.....	59
XCOPRI TAB 150MG.....	59
XCOPRI TAB 200MG.....	59
XCOPRI TAB 50MG	59
XELJANZ SOL 1MG/ML	117
XELJANZ TAB 10MG.....	117
XELJANZ TAB 5MG	117
XELJANZ XR TAB 11MG	117
XELJANZ XR TAB 22MG	117
XELPROS EMU 0.005%.....	127
XENLETA INJ 150/15ML.....	12
XENLETA TAB 600MG.....	12
XEOMIN INJ 100UNIT.....	82
XEOMIN INJ 200UNIT.....	82
XEOMIN INJ 50 UNIT	82
XERESE CRE 5-1%	140
XERMELO TAB 250MG	109
XGEVA INJ	90
XHANCE MIS 93MCG.....	132
XIFAXAN TAB 200MG	12
XIFAXAN TAB 550MG	109
XIGDUO XR TAB 10-1000	87
XIGDUO XR TAB 10-500MG.....	87
XIGDUO XR TAB 2.5-1000	87
XIGDUO XR TAB 5-1000MG.....	87
XIGDUO XR TAB 5-500MG	87
XIIDRA DRO 5%	127
XOFLUZA TAB 40MG	17

XOFLUZA TAB 80MG.....	17	ZENPEP CAP 25000UNT	110
XOLAIR INJ 150MG/ML	132	ZENPEP CAP 3000UNIT	110
XOLAIR INJ 75/0.5.....	132	ZENPEP CAP 40000UNT	110
XOLAIR SOL 150MG	132	ZENPEP CAP 5000UNIT	110
XOSPATA TAB 40MG.....	36	ZERBAXA INJ 1.5GM	19
XPOVIO 100 MG ONCE WEEKLY.....	36	ZERVIATE DRO 0.24%	126
XPOVIO 40 MG ONCE WEEKLY	36	ZETONNA AER 37MCG.....	132
XPOVIO 40 MG TWICE WEEKLY	36	<i>zidovudine cap 100 mg</i>	15
XPOVIO 60 MG ONCE WEEKLY	36	<i>zidovudine syrup 10 mg/ml.....</i>	15
XPOVIO 80 MG ONCE WEEKLY	36	<i>zidovudine tab 300 mg.....</i>	15
XPOVIO PAK 100MG	36	ZIMHI SOL.....	83
XPOVIO PAK 40MG.....	36	ZIOPTAN DRO 0.0015%	127
XPOVIO PAK 60MG.....	36	<i>ziprasidone hcl cap 20 mg</i>	72
XPOVIO PAK 80MG.....	36	<i>ziprasidone hcl cap 40 mg</i>	72
XTAMPZA ER CAP 13.5MG	5	<i>ziprasidone hcl cap 60 mg</i>	72
XTAMPZA ER CAP 18MG	5	<i>ziprasidone hcl cap 80 mg</i>	72
XTAMPZA ER CAP 27MG	5	<i>ziprasidone mesylate for inj 20 mg</i>	
XTAMPZA ER CAP 36MG.....	6	<i>(base equivalent)</i>	72
XTAMPZA ER CAP 9MG.....	5	ZIRABEV INJ 100/4ML.....	36
XTANDI CAP 40MG.....	26	ZIRABEV INJ 400/16ML.....	36
XTANDI TAB 40MG.....	26	ZIRGAN GEL 0.15%.....	125
XTANDI TAB 80MG.....	27	<i>zoledronic acid inj conc for iv infusion 4</i>	
<i>xulane</i>	95	<i>mg/5ml</i>	90
XULTOPHY INJ 100/3.6	89	<i>zoledronic acid iv soln 4 mg/100ml...90</i>	
XYREM SOL 500MG/ML	82	<i>zoledronic acid iv soln 5 mg/100ml...90</i>	
Y		ZOLEDRONIC INJ 4MG/100	90
YERVOY INJ 200MG.....	36	ZOLINZA CAP 100MG.....	36
YERVOY INJ 50MG	36	<i>zolmitriptan nasal spray 2.5 mg/spray</i>	
YF-VAX INJ	121	<i>unit.....</i>	79
YUPELRI SOL	128	<i>zolmitriptan nasal spray 5 mg/spray</i>	
<i>yuvaferm.....</i>	97	<i>unit.....</i>	79
Z		<i>zolmitriptan orally disintegrating tab</i>	
<i>zafemy dis 150/35</i>	95	<i>2.5 mg</i>	80
<i>zafirlukast tab 10 mg</i>	130	<i>zolmitriptan orally disintegrating tab 5</i>	
<i>zafirlukast tab 20 mg</i>	130	<i>mg.....</i>	80
ZARXIO INJ 300/0.5.....	114	<i>zolmitriptan tab 2.5 mg</i>	80
ZARXIO INJ 480/0.8.....	114	<i>zolmitriptan tab 5 mg</i>	80
ZEJULA CAP 100MG.....	36	<i>zolpidem tartrate tab 10 mg.....</i>	78
ZELAPAR TAB 1.25MG	67	<i>zolpidem tartrate tab 5 mg</i>	78
ZELBORAF TAB 240MG	36	ZOMACTON INJ 10MG	102
ZEMAIRA INJ 1000MG	132	ZOMACTON INJ 5MG.....	102
ZEMBRACE SYM INJ 3/0.5ML	79	ZONISADE SUS 100MG/5	59
ZEMDRI INJ 500MG/10	12	<i>zonisamide cap 100 mg</i>	59
<i>zenatane</i>	136	<i>zonisamide cap 25 mg</i>	59
ZENPEP CAP 10000UNT	110	<i>zonisamide cap 50 mg</i>	59
ZENPEP CAP 15000UNT	110	ZONTIVITY TAB 2.08MG	116
ZENPEP CAP 20000UNT	110	ZORBTIVE INJ 8.8MG.....	102

ZORTRESS TAB 1MG	120	<i>zumandimine</i>	95
ZOSYN SOL 2-0.25GM	22	ZYCLARA PUMP CRE 2.5%	140
ZOSYN SOL 3-0.375G.....	23	ZYDELIG TAB 100MG	36
ZOSYN SOL 4-0.50GM	23	ZYDELIG TAB 150MG	36
<i>zovia 1/35e</i>	95	ZYKADIA TAB 150MG.....	36
ZTALMY SUS 50MG/ML	59	ZYLET SUS 0.5-0.3%	124
ZUBSOLV SUB 0.7-0.18	83	ZYPITAMAG TAB 2MG.....	44
ZUBSOLV SUB 1.4-0.36	83	ZYPITAMAG TAB 4MG.....	44
ZUBSOLV SUB 11.4-2.9	83	ZYPREXA RELP INJ 210MG	72
ZUBSOLV SUB 2.9-0.71	83	ZYPREXA RELP INJ 300MG	72
ZUBSOLV SUB 5.7-1.4.....	83	ZYPREXA RELP INJ 405MG	72
ZUBSOLV SUB 8.6-2.1.....	83		



NONDISCRIMINATION AND LANGUAGE ACCESSIBILITY NOTICE

Nondiscrimination Notice:

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

VIVA HEALTH:

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

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

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

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

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, VIVA HEALTH'S Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint

Portal, available at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by
mail or phone at:

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

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

Grievance Procedure:

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

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

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

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



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

Procedure:

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

than 30 days after its filing.

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

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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

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



Language Assistance Services:

Spanish

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

Traditional Chinese

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

Korean

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

Vietnamese

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

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة 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 છે, 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

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 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 (телетайп: 711).

Portugese

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 yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-633-1542 (TTY: 711) irtibat numaralarını arayın.

Japanese

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

PLEASE READ:

This formulary was updated on 12/01/2022.

For more recent information or other questions, please contact VIVA MEDICARE Member Services at 1-800-633-1542 (TTY users should call 711), Monday – Friday, 8 a.m. – 8 p.m. (October 1 – March 31: 7 days a week, 8 a.m. – 8 p.m.), or visit www.VivaHealth.com/Medicare.



417 20th Street North, Suite 1100
Birmingham, Alabama 35203

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