

VIVA MEDICARE

2022

FORMULARY

LIST OF COVERED DRUGS

 VIVA MEDICARE *Plus* (HMO)

 VIVA MEDICARE *Me* (HMO)

 VIVA MEDICARE *Prime* (HMO)

 |  VIVA MEDICARE CLASSIC (HMO)

 INFIRMARY
HEALTH

 VIVA MEDICARE
INFIRMARY HEALTH ADVANTAGE (HMO)

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 *Plus*, VIVA MEDICARE *Prime*, VIVA MEDICARE *Me*, VIVA MEDICARE *Classic*, or VIVA MEDICARE *Infirmiry Health Advantage*.

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 112. 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 112.

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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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 Plus Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE Plus Drug Benefits Summary

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

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

	30-Day Retail Supply		90-Day Retail Supply		90-Day Mail Order Supply	
	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$4	\$0	\$12	\$0	\$12
Tier 2 (Generics)	\$12	\$12	\$36	\$36	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$47	\$141	\$141	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$100	\$300	\$300	\$200	\$300
Tier 5 (Specialty Drugs)	33%	33%	Not Available	Not Available	Not Available	Not Available

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

	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 Me Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE Me Drug Benefits Summary

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

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

	30-Day Retail Supply		90-Day Retail Supply		90-Day Mail Order Supply	
	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$4	\$0	\$12	\$0	\$12
Tier 2 (Generics)	\$12	\$12	\$36	\$36	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$47	\$141	\$141	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$100	\$300	\$300	\$200	\$300
Tier 5 (Specialty Drugs)	33%	33%	Not Available	Not Available	Not Available	Not Available

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

	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 *Prime* Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE *Prime* Drug Benefits Summary

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

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

	30-Day Retail Supply		90-Day Retail Supply		90-Day Mail Order Supply	
	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$4	\$0	\$12	\$0	\$12
Tier 2 (Generics)	\$12	\$12	\$36	\$36	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$47	\$141	\$141	\$94	\$141
Tier 4 (Non-Preferred Drugs)	50%	50%	50%	50%	50%	50%
Tier 5 (Specialty Drugs)	33%	33%	Not Available	Not Available	Not Available	Not Available

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

	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 *Classic* Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE *Classic* Drug Benefits Summary

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

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

	30-Day Retail Supply		90-Day Retail Supply		90-Day Mail Order Supply	
	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$4	\$0	\$12	\$0	\$12
Tier 2 (Generics)	\$12	\$12	\$36	\$36	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$47	\$141	\$141	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$100	\$300	\$300	\$200	\$300
Tier 5 (Specialty Drugs)	33%	33%	Not Available	Not Available	Not Available	Not Available

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

	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 *Infirmary Health Advantage* 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 *Infirmary Health Advantage* Drug Benefits Summary

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

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

	30-Day Retail Supply		90-Day Retail Supply		90-Day Mail Order Supply	
	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$4	\$0	\$12	\$0	\$12
Tier 2 (Generics)	\$12	\$12	\$36	\$36	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$47	\$141	\$141	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$100	\$300	\$300	\$200	\$300
Tier 5 (Specialty Drugs)	33%	33%	Not Available	Not Available	Not Available	Not Available

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

	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
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

<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
<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 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
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

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 60 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days), PA
<i>methadone 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 tab er 15 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	2	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	4	
<i>butorphanol tartrate inj 2 mg/ml</i>	4	
<i>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 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

Drug Name	Drug Tier	Requirements/Limits
<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 5-325 mg</i>	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 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 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	QL (600 mL / 30 days)
<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)
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	
<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)

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

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole tab 200 mg</i>	5	
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	2	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	2	
<i>atovaquone susp 750 mg/5ml</i>	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	

Drug Name	Drug Tier	Requirements/Limits
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	2	
<i>dapsone tab 25 mg</i>	2	
<i>dapsone tab 100 mg</i>	2	
<i>daptomycin for iv soln 350 mg</i>	5	
<i>daptomycin for iv soln 500 mg</i>	5	
DAPTOMYCIN SOL 350MG	5	
EMVERM CHW 100MG	5	QL (12 tabs / year)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate inj 10 mg/ml</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>ivermectin tab 3 mg</i>	2	PA
<i>linezolid for susp 100 mg/5ml</i>	5	QL (1800 mL / 30 days)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	
<i>linezolid tab 600 mg</i>	2	QL (60 tabs / 30 days)
<i>meropenem iv for soln 1 gm</i>	2	
<i>meropenem iv for soln 500 mg</i>	2	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	3	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	3	
<i>paromomycin sulfate cap 250 mg</i>	2	
<i>pentamidine isethionate inh</i>	2	B/D
<i>pentamidine isethionate inj</i>	2	
<i>praziquantel tab 600 mg</i>	2	
SIVEXTRO INJ 200MG	5	
SIVEXTRO TAB 200MG	5	

Drug Name	Drug Tier	Requirements/Limits
<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>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	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	QL (80 caps / 180 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	2	QL (160 caps / 180 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
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	
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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>ketoconazole tab 200 mg</i>	2	PA
<i>miconazole sodium for iv soln 50 mg</i>	5	
<i>miconazole sodium for iv soln 100 mg</i>	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)
<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

Drug Name	Drug Tier	Requirements/Limits
<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
<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

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOL 20MG/ML	5	NM
SELZENTRY TAB 25MG	3	NM
SELZENTRY TAB 75MG	5	NM
SELZENTRY TAB 150MG	5	NM
SELZENTRY TAB 300MG	5	NM
<i>stavudine cap 15 mg</i>	2	NM
<i>stavudine cap 20 mg</i>	2	NM
<i>stavudine cap 30 mg</i>	2	NM
<i>stavudine cap 40 mg</i>	2	NM
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	NM
TIVICAY PD TAB 5MG	3	NM
TIVICAY TAB 10MG	3	NM
TIVICAY TAB 25MG	5	NM
TIVICAY TAB 50MG	5	NM
TROGARZO INJ 150MG/ML	5	NM, LA
TYBOST TAB 150MG	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

Drug Name	Drug Tier	Requirements/Limits
<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
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>adefovir dipivoxil tab 10 mg</i>	5	NM
BARACLUDE SOL	5	NM
<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
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>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
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 TAB 240MG	5	QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	5	QL (28 tabs / 28 days), PA
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

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
<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	
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	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
<i>tazicef</i>	2	
TEFLARO INJ 400MG	5	
TEFLARO INJ 600MG	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	
<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 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		
CIPRO (10%) SUS 500MG/5	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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 tab 400 mg (base equiv)</i>	2	
PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ampicillin sodium for iv soln 10 gm</i>	2	
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	
<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	
<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 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	

Drug Name	Drug Tier	Requirements/Limits
<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	

TETRACYCLINES

<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 tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 100 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	
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	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA INJ 100/4ML	5	B/D, NM
<i>carboplatin iv soln 50 mg/5ml</i>	2	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	2	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	2	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	2	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	B/D
CYCLOPHOSPH INJ 1GM	5	B/D
CYCLOPHOSPH TAB 25MG	4	B/D
CYCLOPHOSPH TAB 50MG	4	B/D
CYCLOPHOSPHA INJ 2GM/10ML	5	B/D

Drug Name	Drug Tier	Requirements/Limits
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
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>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
<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
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	

Drug Name	Drug Tier	Requirements/Limits
<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
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	
EMCYT CAP 140MG	5	
ERLEADA TAB 60MG	5	NM, LA, PA
EULEXIN CAP 125MG	5	
<i>exemestane tab 25 mg</i>	2	
<i>flutamide cap 125 mg</i>	2	
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	5	B/D
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	2	NM, PA
LUPRON DEPOT INJ 3.75MG	5	NM, PA
LUPRON DEPOT INJ 11.25MG	5	NM, PA
LYSODREN TAB 500MG	5	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	

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	2	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	2	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	
TRELSTAR MIX INJ 3.75MG	5	NM, PA
TRELSTAR MIX INJ 11.25MG	5	NM, PA
XTANDI CAP 40MG	5	NM, LA, PA
XTANDI TAB 40MG	5	NM, LA, PA
XTANDI TAB 80MG	5	NM, LA, PA
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

Drug Name	Drug Tier	Requirements/Limits
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
<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
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
<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
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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	2	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	B/D

MOLECULAR TARGET AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA CAP 80MG	5	NM, LA, PA
CABOMETYX TAB 20MG	5	QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 40MG	5	QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 60MG	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAP 100MG	5	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
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
FOTIVDA CAP 1.34MG	5	QL (21 caps / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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
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
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG TAB DOSE	5	NM, PA
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG TAB DOSE	5	NM, PA
QINLOCK TAB 50MG	5	NM, LA, PA
RETEVMO CAP 40MG	5	NM, LA, PA
RETEVMO CAP 80MG	5	NM, LA, PA
RIABNI SOL 100/10ML	5	NM, LA, PA
RIABNI SOL 500/50ML	5	NM, LA, PA
RITUXAN INJ 100MG	5	NM, LA, PA
RITUXAN INJ 500MG	5	NM, LA, PA
RITUXAN INJ HYCELA	5	NM, LA, PA
ROZLYTREK CAP 100MG	5	NM, LA, PA
ROZLYTREK CAP 200MG	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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
SCEMBLIX TAB 20MG	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX 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
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

Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAP 150MG	5	NM, PA
TASIGNA CAP 200MG	5	NM, PA
TAZVERIK TAB 200MG	5	NM, LA, PA
TECENTRIQ INJ 840/14	5	NM, LA, PA
TECENTRIQ INJ 1200/20	5	NM, LA, PA
TEPMETKO TAB 225MG	5	NM, LA, PA
TIBSOVO TAB 250MG	5	NM, LA, PA
TRAZIMERA INJ 150MG	5	NM, PA
TRAZIMERA INJ 420MG	5	NM, PA
TRUSELTIQ 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
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
<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	
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	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)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 4 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 8 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 16 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 32 mg</i>	1	QL (30 tabs / 30 days)
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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 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
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
<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)

Drug Name	Drug Tier	Requirements/Limits
LIVALO TAB 1MG	4	QL (30 tabs / 30 days), ST
LIVALO TAB 2MG	4	QL (30 tabs / 30 days), ST
LIVALO TAB 4MG	4	QL (30 tabs / 30 days), ST
<i>lovastatin tab 10 mg</i>	1	QL (60 tabs / 30 days)
<i>lovastatin tab 20 mg</i>	1	QL (60 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tabs / 30 days)
ZYPITAMAG TAB 2MG	4	QL (30 tabs / 30 days), ST
ZYPITAMAG TAB 4MG	4	QL (30 tabs / 30 days), ST

ANTILIPEMICS, MISCELLANEOUS

<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	2	
<i>cholestyramine powder 4 gm/dose</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
<i>ezetimibe tab 10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<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)
PRALUENT INJ 75MG/ML	3	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PRALUENT INJ 150MG/ML	3	NM, PA
<i>prevalite</i>	2	
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>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	2	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	QL (60 tabs / 30 days)
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>cartia xt</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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<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	
MISCELLANEOUS		
<i>ADRENALIN INJ 1MG/ML</i>	4	
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
<i>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 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
<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>metyrosine cap 250 mg</i>	5	PA
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>ranolazine tab er 12hr 500 mg</i>	2	
<i>ranolazine tab er 12hr 1000 mg</i>	2	
VERQUVO TAB 2.5MG	3	
VERQUVO TAB 5MG	3	
VERQUVO TAB 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
<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	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TAB 0.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 5 mg</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 10 mg</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan tab 62.5 mg</i>	5	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan tab 125 mg</i>	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate tab 20 mg</i>	2	QL (90 tabs / 30 days), NM, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	5	NM, LA, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	5	NM, LA, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	5	NM, LA, PA
VENTAVIS SOL 10MCG/ML	5	NM, PA
VENTAVIS SOL 20MCG/ML	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<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 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
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	

Drug Name	Drug Tier	Requirements/Limits
<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
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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

Drug Name	Drug Tier	Requirements/Limits
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)
<i>lamotrigine orally disintegrating tab 25 mg</i>	2	
<i>lamotrigine orally disintegrating tab 50 mg</i>	2	
<i>lamotrigine orally disintegrating tab 100 mg</i>	2	
<i>lamotrigine orally disintegrating tab 200 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab er 24hr 25 mg</i>	2	
<i>lamotrigine tab er 24hr 50 mg</i>	2	
<i>lamotrigine tab er 24hr 100 mg</i>	2	
<i>lamotrigine tab er 24hr 200 mg</i>	2	
<i>lamotrigine tab er 24hr 250 mg</i>	2	
<i>lamotrigine tab er 24hr 300 mg</i>	2	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>phenobarbital elixir 20 mg/5ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 30 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 60 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	3	PA; PA if 70 years and older
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)

Drug Name	Drug Tier	Requirements/Limits
<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	
SYMPAZAN MIS 5MG	4	QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	5	QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	5	QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	2	
<i>tiagabine hcl tab 4 mg</i>	2	
<i>tiagabine hcl tab 12 mg</i>	2	
<i>tiagabine hcl tab 16 mg</i>	2	
<i>topiramate 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

Drug Name	Drug Tier	Requirements/Limits
<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

ANTIDEMENTIA

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

Drug Name	Drug Tier	Requirements/Limits
<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	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	QL (30 patches / 30 days)

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	

Drug Name	Drug Tier	Requirements/Limits
<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	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	QL (30 tabs / 30 days), PA
<i>doxepin hcl cap 10 mg</i>	3	
<i>doxepin hcl cap 25 mg</i>	3	
<i>doxepin hcl cap 50 mg</i>	3	
<i>doxepin hcl cap 75 mg</i>	3	
<i>doxepin hcl cap 100 mg</i>	3	
<i>doxepin hcl cap 150 mg</i>	4	
<i>doxepin hcl conc 10 mg/ml</i>	3	
DRIZALMA CAP 20MG DR	4	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	4	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	4	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	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	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	5	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	4	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	4	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>imipramine hcl tab 10 mg</i>	2	
<i>imipramine hcl tab 25 mg</i>	2	
<i>imipramine hcl tab 50 mg</i>	2	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	
<i>mirtazapine tab 7.5 mg</i>	2	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	2	
<i>nefazodone hcl tab 100 mg</i>	2	
<i>nefazodone hcl tab 150 mg</i>	2	
<i>nefazodone hcl tab 200 mg</i>	2	
<i>nefazodone hcl tab 250 mg</i>	2	
<i>nortriptyline hcl cap 10 mg</i>	2	
<i>nortriptyline hcl cap 25 mg</i>	2	
<i>nortriptyline hcl cap 50 mg</i>	2	
<i>nortriptyline hcl cap 75 mg</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml</i>	4	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	4	QL (900 mL / 30 days), 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	

Drug Name	Drug Tier	Requirements/Limits
<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	QL (900 mL / 30 days), PA
<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>trimipramine maleate cap 25 mg</i>	4	QL (240 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	4	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	4	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	4	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	4	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	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	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	4	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	4	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 10 mg</i>	2	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 40 mg</i>	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	
<i>benztropine mesylate inj 1 mg/ml</i>	2	
<i>benztropine mesylate tab 0.5 mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>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	
<i>entacapone tab 200 mg</i>	2	
KYNMOBI MIS 10MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 15MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 20MG	5	QL (150 films / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KYNMOBI MIS 25MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 30MG	5	QL (150 films / 30 days), NM, PA
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	
NEUPRO DIS 8MG/24HR	4	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	2	
<i>selegiline hcl cap 5 mg</i>	2	
<i>selegiline hcl tab 5 mg</i>	2	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	3	PA; PA if 70 years and older

ANTIPSYCHOTICS

ABILIFY MAIN INJ 300MG	5	QL (1 injection / 28 days)
ABILIFY MAIN INJ 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)
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	
<i>haloperidol tab 5 mg</i>	2	
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
INVEGA SUST INJ 39/0.25	4	QL (1 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)

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone tab er 24hr 6 mg</i>	2	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	2	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	
<i>perphenazine tab 8 mg</i>	2	
<i>perphenazine tab 16 mg</i>	2	
PERSERIS INJ 90MG	5	QL (1 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)

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

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELP INJ 300MG	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELP INJ 405MG	5	QL (1 vial / 28 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<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)
<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
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er</i>	2	QL (90 tabs / 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
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

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

HYPNOTICS

BELSOMRA TAB 5MG	4	QL (30 tabs / 30 days)
BELSOMRA TAB 10MG	4	QL (30 tabs / 30 days)
BELSOMRA TAB 15MG	4	QL (30 tabs / 30 days)
BELSOMRA TAB 20MG	4	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
HETLIOZ CAP 20MG	5	QL (30 caps / 30 days), NM, LA, PA
<i>temazepam cap 7.5 mg</i>	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 30 mg</i>	2	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>zolpidem tartrate tab 5 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<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

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	QL (40 tabs / 28 days), PA
<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
<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)
UBRELVY TAB 50MG	5	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	5	QL (16 tabs / 30 days), PA
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	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

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TAB 12MG	5	QL (120 tabs / 30 days), NM, PA
GRALISE TAB 300MG	4	QL (180 tabs / 30 days), PA
GRALISE TAB 600MG	4	QL (90 tabs / 30 days), PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, 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
<i>pyridostigmine bromide tab 60 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
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ 0.3MG	5	QL (14 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<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 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<i>cyclobenzaprine hcl tab 5 mg</i>	3	PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	3	PA; PA if 70 years and older
<i>dantrolene sodium cap 25 mg</i>	2	
<i>dantrolene sodium cap 50 mg</i>	2	
<i>dantrolene sodium cap 100 mg</i>	2	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	

NARCOLEPSY/CATAPLEXY

<i>armodafinil tab 50 mg</i>	2	QL (90 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	2	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	2	QL (30 tabs / 30 days), PA
<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
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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
CHANTIX TAB 0.5& 1MG	4	
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naloxone hcl 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

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
<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

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	QL (300 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	QL (300 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	QL (300 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	2	
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
BYDUREON BC INJ 2/0.85ML	3	QL (4 pens / 28 days)
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)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	3	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 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>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
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>repaglinide tab 0.5 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	3	QL (30 tabs / 30 days)
RYBELSUS TAB 7MG	3	QL (30 tabs / 30 days)
RYBELSUS TAB 14MG	3	QL (30 tabs / 30 days)
SYNJARDY TAB 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)

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
<i>ANTIDIABETICS, INSULINS</i>		
BASAGLAR INJ 100UNIT	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	
HUMULIN R INJ U-500	5	B/D
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTOU	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	3	(brand RELION not covered)
NOVOLIN N INJ U-100	3	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	3	(brand RELION not covered)
NOVOLIN R INJ U-100	3	(brand RELION not covered)
NOVOLOG INJ 100/ML	3	(brand RELION not covered)
NOVOLOG INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG INJ PENFILL	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
OMNIPOD 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

Drug Name	Drug Tier	Requirements/Limits
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	
<i>calcitonin (salmon) spray</i>	2	B/D
FORTEO INJ 600/2.4	5	NM, PA
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	2	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	B/D
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	
XGEVA INJ	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<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
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
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>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>chateal</i>	2	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i>	2	
<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>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	
ELLA TAB 30MG	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>hailey 1.5/30</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>kariva</i>	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</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>levora 0.15/30-28</i>	2	
<i>lillow</i>	2	
<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>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	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>nora-be</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	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</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	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel</i>	2	
<i>simliya</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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>xulane</i>	2	
<i>zafemy dis 150/35</i>	2	
<i>zovia 1/35e</i>	2	
<i>zumandimine</i>	2	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
SYNAREL SOL 2MG/ML	5	
ESTROGENS		
<i>amabelz</i>	3	
DELESTROGEN INJ 10MG/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	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<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	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i>	2	
GLUCOCORTICOIDS		
<i>DEXAMETHASON CON 1MG/ML</i>	4	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<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 15 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	
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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	2	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	5	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	B/D, QL (120 tabs / 30 days), NM
CYSTADANE POW	5	NM, LA
CYSTAGON CAP 50MG	4	NM, LA, PA
CYSTAGON CAP 150MG	4	NM, LA, PA
<i>desmopressin acetate inj 4 mcg/ml</i>	5	
<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	
FABRAZYME INJ 5MG	5	NM, LA, PA
FABRAZYME INJ 35MG	5	NM, LA, PA
GENOTROPIN INJ 0.2MG	5	NM, PA
GENOTROPIN INJ 0.4MG	5	NM, PA
GENOTROPIN INJ 0.6MG	5	NM, PA
GENOTROPIN INJ 0.8MG	5	NM, PA
GENOTROPIN INJ 1.2MG	5	NM, PA
GENOTROPIN INJ 1.4MG	5	NM, PA
GENOTROPIN INJ 1.6MG	5	NM, PA
GENOTROPIN INJ 1.8MG	5	NM, PA
GENOTROPIN INJ 1MG	5	NM, PA
GENOTROPIN INJ 2MG	5	NM, PA
GENOTROPIN INJ 5MG	5	NM, PA
GENOTROPIN INJ 12MG	5	NM, PA
INCRELEX INJ 40MG/4ML	5	NM, LA, PA
<i>javygtor pak 100mg</i>	5	NM, LA, PA
<i>javygtor tab 100mg</i>	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

Drug Name	Drug Tier	Requirements/Limits
LUPR DEP-PED INJ 11.25MG	5	NM, PA
LUPR DEP-PED INJ 15MG	5	NM, PA
<i>miglustat cap 100 mg</i>	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME INJ 1MG/ML	5	NM, LA, PA
<i>nitisinone cap 2 mg</i>	5	NM, PA
<i>nitisinone cap 5 mg</i>	5	NM, PA
<i>nitisinone cap 10 mg</i>	5	NM, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	NM, PA
<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
<i>raloxifene hcl tab 60 mg</i>	2	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	NM, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	NM, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	NM, PA
SIGNIFOR INJ 0.3MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.9MG/ML	5	NM, LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	NM, PA
SOMATULINE INJ 60/0.2ML	5	NM, PA
SOMATULINE INJ 90/0.3ML	5	NM, PA
SOMATULINE INJ 120/.5ML	5	NM, PA
SOMAVERT INJ 10MG	5	NM, LA, PA
SOMAVERT INJ 15MG	5	NM, LA, PA
SOMAVERT INJ 20MG	5	NM, LA, PA
SOMAVERT INJ 25MG	5	NM, LA, PA
SOMAVERT INJ 30MG	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	QL (360 tabs / 30 days)
<i>sevelamer carbonate packet 0.8 gm</i>	5	QL (540 packets / 30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	2	QL (180 packets / 30 days)
<i>sevelamer carbonate tab 800 mg</i>	2	QL (540 tabs / 30 days)
VELPHORO CHW 500MG	5	QL (180 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	3	
<i>megestrol acetate susp 625 mg/5ml</i>	4	PA
<i>norethindrone acetate tab 5 mg</i>	2	
THYROID AGENTS		
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 112MCG	4	
SYNTHROID TAB 125MCG	4	
SYNTHROID TAB 137MCG	4	
SYNTHROID TAB 150MCG	4	
SYNTHROID TAB 175MCG	4	
SYNTHROID TAB 200MCG	4	
SYNTHROID TAB 300MCG	4	
<i>unithroid</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

<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
<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)
<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	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>prochlorperazine edisylate inj 10 mg/2ml</i>	2	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl inj 25 mg/ml</i>	3	PA; PA if 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	3	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 50 mg</i>	2	PA; PA if 70 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl cap 10 mg</i>	3	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	4	
<i>dicyclomine hcl tab 20 mg</i>	3	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine for susp 40 mg/5ml</i>	2	QL (300 mL / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine inj 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)

Drug Name	Drug Tier	Requirements/Limits
<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	
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
<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 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)
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	2	
LAXATIVES		
<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	
<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	
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	2	QL (60 tabs / 30 days), PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	5	QL (60 tabs / 30 days), PA
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5MG	5	NM, LA, PA
LINZESS CAP 72MCG	4	QL (30 caps / 30 days)
LINZESS CAP 145MCG	4	QL (30 caps / 30 days)
LINZESS CAP 290MCG	4	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOVANTIK TAB 12.5MG	3	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	3	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	5	PA
RELISTOR INJ 12/0.6ML	5	PA
<i>sucralfate tab 1 gm</i>	2	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
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	
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>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

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	2	QL (60 tabs / 30 days), ST
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	2	
PRILOSEC POW 2.5MG	4	
PRILOSEC POW 10MG	4	
<i>rabeprazole sodium ec tab 20 mg</i>	2	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	2	QL (30 caps / 30 days)
<i>silodosin cap 8 mg</i>	2	QL (30 caps / 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	

MISCELLANEOUS

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

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	2	QL (30 tabs / 30 days), ST
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	2	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	2	QL (30 tabs / 30 days)
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	2	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	4	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	4	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	QL (30 tabs / 30 days)

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

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	
HEP SOD/D5W INJ 20000UNT	2	
HEP SOD/D5W INJ 25000UNT	2	
HEP SOD/NAACL INJ 25000UNT	3	
<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
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)
<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)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 2000/ML	3	NM, PA
PROCRIT INJ 3000/ML	3	NM, PA
PROCRIT INJ 4000/ML	3	NM, PA
PROCRIT INJ 10000/ML	3	NM, PA
PROCRIT INJ 20000/ML	5	NM, PA
PROCRIT INJ 40000/ML	5	NM, PA
ZARXIO INJ 300/0.5	5	NM, PA
ZARXIO INJ 480/0.8	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
BERINERT INJ 500UNIT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
DOPTELET TAB 20MG	5	NM, LA, PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	5	NM, LA, PA
HAEGARDA INJ 2000UNIT	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline tab er 400 mg</i>	1	
PROMACTA PAK 25MG	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA POW 12.5MG	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	5	QL (60 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir inj 30mg/3ml</i>	5	QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA TAB 60MG	4	
BRILINTA TAB 90MG	4	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>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

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole tab 75 mg</i>	3	PA; PA if 70 years and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ENBREL INJ 25/0.5ML	5	QL (16 syringes / 28 days), NM, PA
ENBREL INJ 25MG	5	QL (16 vials / 28 days), NM, PA
ENBREL INJ 50MG/ML	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI INJ 50MG/ML	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SRCLK INJ 50MG/ML	5	QL (8 pens / 28 days), 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
OTEZLA TAB 30MG	5	QL (60 tabs / 30 days), NM, PA
REMICADE INJ 100MG	5	NM, PA
RENFLIXIS 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

Drug Name	Drug Tier	Requirements/Limits
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
TREXALL TAB 15MG	4	B/D
XATMEP SOL 2.5MG/ML	4	B/D
<i>IMMUNOGLOBULINS</i>		
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	5	NM, LA, PA
ARCALYST INJ 220MG	5	NM, 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
IMMUNOSUPPRESSANTS		
<i>azathioprine tab 50 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
<i>everolimus tab 0.5 mg</i>	5	B/D, NM
<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
<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

Drug Name	Drug Tier	Requirements/Limits
<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	
BEXSERO 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	
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	

Drug Name	Drug Tier	Requirements/Limits
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/NACL INJ 0.45%	2	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2	
<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/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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 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
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	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	3	
CILOXAN OIN 0.3% OP	3	
<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>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	
<i>trifluridine ophth soln 1%</i>	2	
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
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	

Drug Name	Drug Tier	Requirements/Limits
<i>difluprednate ophth emulsion 0.05%</i>	2	
FLAREX SUS 0.1% OP	4	
<i>fluorometholone ophth susp 0.1%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
ILEVRO DRO 0.3% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
LOTEMAX OIN 0.5%	3	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	2	
PROLENSA SOL 0.07%	3	
ANTIALLERGICS		
<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	
LASTACAFT SOL 0.25%	4	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	2	
ZERVIATE DRO 0.24%	4	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>brinzolamide ophth susp 1%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	
<i>pilocarpine hcl ophth soln 1%</i>	2	
<i>pilocarpine hcl ophth soln 2%</i>	2	
<i>pilocarpine hcl ophth soln 4%</i>	2	
RHOPRESSA SOL 0.02%	3	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
VYZULTA SOL 0.024%	4	

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	
<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-dexamethasone otic susp 0.3- 0.1%</i>	2	
<i>flac</i>	2	
<i>fluocinolone acetonide (otic) oil 0.01%</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
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)

Drug Name	Drug Tier	Requirements/Limits
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	
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>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>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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	2	B/D
<i>acetylcysteine inhal soln 20%</i>	2	B/D
ARALAST NP INJ 500MG	5	NM, LA, PA
ARALAST NP INJ 1000MG	5	NM, LA, PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	B/D
DALIRESP TAB 250MCG	4	
DALIRESP TAB 500MCG	4	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	2	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	2	(generic of Adrenaclick)
ESBRIET CAP 267MG	5	QL (270 caps / 30 days), NM, PA
ESBRIET TAB 267MG	5	QL (270 tabs / 30 days), NM, PA
ESBRIET TAB 801MG	5	QL (90 tabs / 30 days), NM, PA
FASENRA INJ 30MG/ML	5	NM, LA, PA
FASENRA PEN INJ 30MG/ML	5	NM, LA, PA
KALYDECO PAK 25MG	5	QL (56 packs / 28 days), NM, PA
KALYDECO PAK 50MG	5	QL (56 packs / 28 days), NM, PA
KALYDECO PAK 75MG	5	QL (56 packs / 28 days), NM, PA
KALYDECO TAB 150MG	5	QL (60 tabs / 30 days), NM, PA
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

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone tab 267 mg</i>	5	QL (270 tabs / 30 days), NM, PA
<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		
<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)
STEROID INHALANTS		
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)

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

STEROID/BETA-AGONIST COMBINATIONS

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

TOPICAL

DERMATOLOGY, ACNE

<i>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>amnestem</i>	2	PA
<i>avita</i>	2	QL (45 gm / 30 days), PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (46.6 gm / 30 days)
<i>claravis</i>	2	PA
<i>clindamycin phosphate gel 1%</i>	2	QL (75 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate lotion 1%</i>	2	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	2	QL (60 mL / 30 days)
<i>ery</i>	2	QL (60 pledgets / 30 days)
<i>erythromycin soln 2%</i>	2	QL (60 mL / 30 days)
<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>sulfacetamide sodium lotion 10% (acne)</i>	2	QL (118 mL / 30 days)
<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 0.025%</i>	2	QL (45 gm / 30 days), PA
<i>zenatane</i>	2	PA

DERMATOLOGY, ANTIBIOTICS

<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>ketoconazole cream 2%</i>	2	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)

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	2	PA
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Drug Name	Drug Tier	Requirements/Limits
<i>acitretin cap 17.5 mg</i>	2	PA
<i>acitretin cap 25 mg</i>	2	PA
<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>tazarotene cream 0.1%</i>	2	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05%	4	QL (60 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 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)
<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)
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)

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm</i>	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	2	QL (60 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	2	QL (50 mL / 30 days), PA
<i>lidocaine hcl urethral/mucosal gel 2%</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine oint 5%</i>	2	PA
<i>lidocaine patch 5%</i>	2	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid gel 15%</i>	2	QL (50 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene gel 1%</i>	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	QL (1000 gm / 30 days)
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)
<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
<i>podofilox soln 0.5%</i>	2	QL (7 mL / 28 days)
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc cre 2.5%</i>	2	
<i>proctozone-hc</i>	2	
RECTIV OIN 0.4%	4	QL (30 gm / 30 days)
<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
ZYCLARA PUMP CRE 2.5%	5	QL (15 gm / 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotion 0.5%</i>	2	QL (59 mL / 30 days)
<i>permethrin cream 5%</i>	2	QL (60 gm / 30 days)
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	

Drug Name	Drug Tier	Requirements/Limits
<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>perio gard</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	

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AFINITOR DIS TAB 3MG	22
AFINITOR DIS TAB 5MG	22
AFINITOR TAB 10MG	22
<i>afirmelle</i>	73
AIMOVIG INJ 140MG/ML	64
AIMOVIG INJ 70MG/ML	64
<i>ala-cort</i>	108
<i>albendazole tab 200 mg</i>	5
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> ..	102, 103
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	103
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	103
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	103
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	103
<i>albuterol sulfate syrup 2 mg/5ml</i> ...	103
<i>albuterol sulfate tab 2 mg</i>	103
<i>albuterol sulfate tab 4 mg</i>	103
<i>alclometasone dipropionate cream 0.05%</i>	108
<i>alclometasone dipropionate oint 0.05%</i>	108

ALDURAZYME INJ 2.9MG/5M.....	79	<i>amloride hcl tab 5 mg</i>	40
ALECENSA CAP 150MG	22	<i>amiodarone hcl inj 150 mg/3ml (50</i>	
<i>alendronate sodium oral soln 70</i>		<i>mg/ml)</i>	34
<i>mg/75ml</i>	72	<i>amiodarone hcl inj 450 mg/9ml (50</i>	
<i>alendronate sodium tab 10 mg</i>	72	<i>mg/ml)</i>	34
<i>alendronate sodium tab 35 mg</i>	72	<i>amiodarone hcl inj 900 mg/18ml (50</i>	
<i>alendronate sodium tab 70 mg</i>	72	<i>mg/ml)</i>	34
<i>alfuzosin hcl tab er 24hr 10 mg</i>	87	<i>amiodarone hcl tab 100 mg</i>	34
ALIMTA INJ 100MG	18	<i>amiodarone hcl tab 200 mg</i>	34
ALIMTA INJ 500MG	18	<i>amiodarone hcl tab 400 mg</i>	34
<i>aliskiren fumarate tab 150 mg (base</i>		<i>amitriptyline hcl tab 10 mg</i>	51
<i>equivalent)</i>	41	<i>amitriptyline hcl tab 100 mg</i>	51
<i>aliskiren fumarate tab 300 mg (base</i>		<i>amitriptyline hcl tab 150 mg</i>	51
<i>equivalent)</i>	41	<i>amitriptyline hcl tab 25 mg</i>	51
<i>allopurinol tab 100 mg</i>	1	<i>amitriptyline hcl tab 50 mg</i>	51
<i>allopurinol tab 300 mg</i>	1	<i>amitriptyline hcl tab 75 mg</i>	51
<i>alose tron hcl tab 0.5 mg (base equiv)</i>		<i>amlodipine besylate tab 10 mg (base</i>	
.....	85	<i>equivalent)</i>	38
<i>alose tron hcl tab 1 mg (base equiv)</i> .	85	<i>amlodipine besylate tab 2.5 mg (base</i>	
ALPHAGAN P SOL 0.1%	100	<i>equivalent)</i>	38
<i>alprazolam tab 0.25 mg</i>	44	<i>amlodipine besylate tab 5 mg (base</i>	
<i>alprazolam tab 0.5 mg</i>	44	<i>equivalent)</i>	38
<i>alprazolam tab 1 mg</i>	44	<i>amlodipine besylate-atorvastatin</i>	
<i>alprazolam tab 2 mg</i>	44	<i>calcium tab 10-10 mg</i>	41
ALREX SUS 0.2%.....	99	<i>amlodipine besylate-atorvastatin</i>	
<i>altavera</i>	73	<i>calcium tab 10-20 mg</i>	42
ALTOPREV TAB 20MG ER.....	35	<i>amlodipine besylate-atorvastatin</i>	
ALTOPREV TAB 40MG ER.....	35	<i>calcium tab 10-40 mg</i>	42
ALTOPREV TAB 60MG ER.....	35	<i>amlodipine besylate-atorvastatin</i>	
ALUNBRIG PAK.....	22	<i>calcium tab 10-80 mg</i>	42
ALUNBRIG TAB 180MG	22	<i>amlodipine besylate-atorvastatin</i>	
ALUNBRIG TAB 30MG	22	<i>calcium tab 2.5-10 mg</i>	41
ALUNBRIG TAB 90MG	22	<i>amlodipine besylate-atorvastatin</i>	
<i>alyacen 1/35</i>	73	<i>calcium tab 2.5-20 mg</i>	41
<i>alyacen 7/7/7</i>	73	<i>amlodipine besylate-atorvastatin</i>	
<i>amabelz</i>	77	<i>calcium tab 2.5-40 mg</i>	41
<i>amantadine hcl cap 100 mg</i>	55	<i>amlodipine besylate-atorvastatin</i>	
<i>amantadine hcl soln 50 mg/5ml</i>	55	<i>calcium tab 5-10 mg</i>	41
<i>amantadine hcl tab 100 mg</i>	55	<i>amlodipine besylate-atorvastatin</i>	
AMBISOME INJ 50MG	7	<i>calcium tab 5-20 mg</i>	41
<i>ambrisentan tab 10 mg</i>	43	<i>amlodipine besylate-atorvastatin</i>	
<i>ambrisentan tab 5 mg</i>	43	<i>calcium tab 5-40 mg</i>	41
<i>amikacin sulfate inj 1 gm/4ml (250</i>		<i>amlodipine besylate-atorvastatin</i>	
<i>mg/ml)</i>	5	<i>calcium tab 5-80 mg</i>	41
<i>amikacin sulfate inj 500 mg/2ml (250</i>		<i>amlodipine besylate-benazepril hcl cap</i>	
<i>mg/ml)</i>	5	<i>10-20 mg</i>	29
<i>amloride & hydrochlorothiazide tab 5-</i>		<i>amlodipine besylate-benazepril hcl cap</i>	
<i>50 mg</i>	40	<i>10-40 mg</i>	30

<i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg	29	<i>amoxicillin (trihydrate) chew tab 250</i> mg.....	15
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg	29	<i>amoxicillin (trihydrate) for susp 125</i> mg/5ml	15
<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg	29	<i>amoxicillin (trihydrate) for susp 200</i> mg/5ml	15
<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg	29	<i>amoxicillin (trihydrate) for susp 250</i> mg/5ml	15
<i>amlodipine besylate-olmesartan</i> medoxomil tab 10-20 mg	32	<i>amoxicillin (trihydrate) for susp 400</i> mg/5ml	15
<i>amlodipine besylate-olmesartan</i> medoxomil tab 10-40 mg	32	<i>amoxicillin (trihydrate) tab 500 mg ..</i>	15
<i>amlodipine besylate-olmesartan</i> medoxomil tab 5-20 mg	31	<i>amoxicillin (trihydrate) tab 875 mg ..</i>	15
<i>amlodipine besylate-olmesartan</i> medoxomil tab 5-40 mg	32	<i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg	15
<i>amlodipine besylate-valsartan tab 10-</i> 160 mg	32	<i>amoxicillin & k clavulanate chew tab</i> 400-57 mg	15
<i>amlodipine besylate-valsartan tab 10-</i> 320 mg	32	<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	15
<i>amlodipine besylate-valsartan tab 5-</i> 160 mg	32	<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	15
<i>amlodipine besylate-valsartan tab 5-</i> 320 mg	32	<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml.....	15
<i>amlodipine-valsartan-</i> hydrochlorothiazide tab 10-160-12.5 mg	32	<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	15
<i>amlodipine-valsartan-</i> hydrochlorothiazide tab 10-160-25 mg	32	<i>amoxicillin & k clavulanate tab 250-125</i> mg.....	15
<i>amlodipine-valsartan-</i> hydrochlorothiazide tab 10-320-25 mg	32	<i>amoxicillin & k clavulanate tab 500-125</i> mg.....	15
<i>amlodipine-valsartan-</i> hydrochlorothiazide tab 5-160-12.5 mg	32	<i>amoxicillin & k clavulanate tab 875-125</i> mg.....	15
<i>amlodipine-valsartan-</i> hydrochlorothiazide tab 5-160-25 mg	32	<i>amoxicillin & k clavulanate tab er 12hr</i> 1000-62.5 mg.....	15
<i>amnestem</i>	106	<i>amphetamine-dextroamphetamine cap</i> er 24hr 10 mg	62
<i>amoxapine tab 100 mg</i>	51	<i>amphetamine-dextroamphetamine cap</i> er 24hr 15 mg	62
<i>amoxapine tab 150 mg</i>	51	<i>amphetamine-dextroamphetamine cap</i> er 24hr 20 mg	62
<i>amoxapine tab 25 mg</i>	51	<i>amphetamine-dextroamphetamine cap</i> er 24hr 25 mg	62
<i>amoxapine tab 50 mg</i>	51	<i>amphetamine-dextroamphetamine cap</i> er 24hr 30 mg	62
<i>amoxicillin (trihydrate) cap 250 mg..</i>	15	<i>amphetamine-dextroamphetamine cap</i> er 24hr 5 mg	62
<i>amoxicillin (trihydrate) cap 500 mg..</i>	15	<i>amphetamine-dextroamphetamine tab</i> 10 mg	62
<i>amoxicillin (trihydrate) chew tab 125</i> mg	15	<i>amphetamine-dextroamphetamine tab</i> 12.5 mg.....	62

<i>amphetamine-dextroamphetamine tab</i>	
15 mg	62
<i>amphetamine-dextroamphetamine tab</i>	
20 mg	62
<i>amphetamine-dextroamphetamine tab</i>	
30 mg	62
<i>amphetamine-dextroamphetamine tab</i>	
5 mg.....	62
<i>amphetamine-dextroamphetamine tab</i>	
7.5 mg	62
<i>amphotericin b for iv soln 50 mg</i>	7
<i>amphotericin b liposome iv for susp 50</i>	
mg	7
<i>ampicillin & sulbactam sodium for inj</i>	
1.5 (1-0.5) gm	16
<i>ampicillin & sulbactam sodium for inj 3</i>	
(2-1) gm	16
<i>ampicillin & sulbactam sodium for iv</i>	
soln 1.5 (1-0.5) gm.....	16
<i>ampicillin & sulbactam sodium for iv</i>	
soln 15 (10-5) gm.....	16
<i>ampicillin & sulbactam sodium for iv</i>	
soln 3 (2-1) gm	16
<i>ampicillin cap 500 mg</i>	16
<i>ampicillin sodium for inj 1 gm</i>	16
<i>ampicillin sodium for inj 125 mg</i>	16
<i>ampicillin sodium for inj 2 gm</i>	16
<i>ampicillin sodium for inj 250 mg</i>	16
<i>ampicillin sodium for inj 500 mg</i>	16
<i>ampicillin sodium for iv soln 1 gm</i>	16
<i>ampicillin sodium for iv soln 10 gm</i> ..	16
<i>ampicillin sodium for iv soln 2 gm</i>	16
<i>anagrelide hcl cap 0.5 mg</i>	90
<i>anagrelide hcl cap 1 mg</i>	90
<i>anastrozole tab 1 mg</i>	19
ANDRODERM DIS 2MG/24HR	68
ANDRODERM DIS 4MG/24HR	68
ANORO ELLIPT AER 62.5-25	101
<i>aprepitant capsule 125 mg</i>	83
<i>aprepitant capsule 40 mg</i>	83
<i>aprepitant capsule 80 mg</i>	83
<i>aprepitant capsule therapy pack 80 &</i>	
125 mg	83
<i>apri</i>	73
APTIOM TAB 200MG	44
APTIOM TAB 400MG	44
APTIOM TAB 600MG	44
APTIOM TAB 800MG	44
APTIVUS CAP 250MG	8
ARALAST NP INJ 1000MG	104
ARALAST NP INJ 500MG	104
<i>aranelle</i>	73
ARCALYST INJ 220MG	94
<i>arformoterol tartrate soln nebu 15</i>	
mcg/2ml (base equiv)	103
<i>aripiprazole oral solution 1 mg/ml</i>	57
<i>aripiprazole orally disintegrating tab 10</i>	
mg.....	57
<i>aripiprazole orally disintegrating tab 15</i>	
mg.....	57
<i>aripiprazole tab 10 mg</i>	57
<i>aripiprazole tab 15 mg</i>	57
<i>aripiprazole tab 2 mg</i>	57
<i>aripiprazole tab 20 mg</i>	57
<i>aripiprazole tab 30 mg</i>	57
<i>aripiprazole tab 5 mg</i>	57
ARISTADA INJ 1064MG	57
ARISTADA INJ 441MG/1.	57
ARISTADA INJ 662MG/2	57
ARISTADA INJ 882MG/3	57
ARISTADA INJ INITIO	57
<i>armodafinil tab 150 mg</i>	67
<i>armodafinil tab 200 mg</i>	67
<i>armodafinil tab 250 mg</i>	67
<i>armodafinil tab 50 mg</i>	67
ARNUITY ELPT INH 100MCG.....	105
ARNUITY ELPT INH 200MCG.....	105
ARNUITY ELPT INH 50MCG.....	105
<i>asenapine maleate sl tab 10 mg (base</i>	
equiv)	57
<i>asenapine maleate sl tab 2.5 mg (base</i>	
equiv)	57
<i>asenapine maleate sl tab 5 mg (base</i>	
equiv)	57
<i>aspirin-dipyridamole cap er 12hr 25-</i>	
200 mg.....	90
<i>atazanavir sulfate cap 150 mg (base</i>	
equiv)	8
<i>atazanavir sulfate cap 200 mg (base</i>	
equiv)	9
<i>atazanavir sulfate cap 300 mg (base</i>	
equiv)	9
<i>atenolol & chlorthalidone tab 100-25</i>	
mg.....	37
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
.....	37

<i>atenolol tab 100 mg</i>	37	AYVAKIT TAB 300MG	22
<i>atenolol tab 25 mg</i>	37	AYVAKIT TAB 50MG.....	22
<i>atenolol tab 50 mg</i>	37	<i>azacitidine for inj 100 mg</i>	18
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	62	<i>azathioprine tab 50 mg</i>	94
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	62	<i>azelaic acid gel 15%</i>	109
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	62	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	102
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	62	<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	102
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	62	<i>azelastine hcl ophth soln 0.05%</i>	100
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	62	<i>azithromycin for susp 100 mg/5ml</i> ...	14
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	62	<i>azithromycin for susp 200 mg/5ml</i> ...	14
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	35	<i>azithromycin iv for soln 500 mg</i>	14
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	35	<i>azithromycin powd pack for susp 1 gm</i>	14
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	35	<i>azithromycin tab 250 mg</i>	14
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	35	<i>azithromycin tab 500 mg</i>	14
<i>atovaquone susp 750 mg/5ml</i>	5	<i>azithromycin tab 600 mg</i>	14
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	8	<i>aztreonam for inj 1 gm</i>	5
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	8	<i>aztreonam for inj 2 gm</i>	5
ATROPINE SUL SOL 1% OP.....	101	<i>azurette</i>	73
<i>atropine sulfate ophth soln 1%</i>	101	B	
ATROVENT HFA AER 17MCG	102	<i>bacitracin ophth oint 500 unit/gm</i>	99
<i>aubra eq</i>	73	<i>bacitracin-polymyxin b ophth oint</i>	99
<i>aurovela 1/20</i>	73	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	98
<i>aurovela fe 1.5/30</i>	73	<i>baclofen tab 10 mg</i>	67
<i>aurovela fe 1/20</i>	73	<i>baclofen tab 20 mg</i>	67
AUSTEDO TAB 12MG	66	<i>balsalazide disodium cap 750 mg</i>	85
AUSTEDO TAB 6MG.....	65	BALVERSA TAB 3MG	22
AUSTEDO TAB 9MG.....	65	BALVERSA TAB 4MG	22
AVASTIN INJ.....	22	BALVERSA TAB 5MG	22
AVASTIN INJ 400/16ML	22	<i>balziva</i>	73
<i>aviane</i>	73	BARACLUDGE SOL.....	12
<i>avita</i>	106	BASAGLAR INJ 100UNIT	71
<i>ayuna</i>	73	BCG VACCINE INJ 50MG.....	95
AYVAKIT TAB 100MG.....	22	BD ALCOHOL SWABS	71
AYVAKIT TAB 200MG.....	22	BELSOMRA TAB 10MG.....	64
AYVAKIT TAB 25MG	22	BELSOMRA TAB 15MG.....	64
		BELSOMRA TAB 20MG.....	64
		BELSOMRA TAB 5MG.....	64
		<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	30
		<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	30
		<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	30

<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	30	<i>bethanechol chloride tab 50 mg</i>	87
<i>benazepril hcl tab 10 mg</i>	30	BETOPTIC-S SUS 0.25% OP	100
<i>benazepril hcl tab 20 mg</i>	30	BEVESPI AER 9-4.8MCG	101
<i>benazepril hcl tab 40 mg</i>	30	<i>bexarotene cap 75 mg</i>	21
<i>benazepril hcl tab 5 mg</i>	30	<i>bexarotene gel 1%</i>	110
BENDEKA INJ 100/4ML	17	BEXSERO INJ	95
BENLYSTA INJ 120MG.....	94	<i>bicalutamide tab 50 mg</i>	19
BENLYSTA INJ 200MG/ML.....	94	BICILLIN L-A INJ 1200000	16
BENLYSTA INJ 400MG.....	94	BICILLIN L-A INJ 2400000	16
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	106	BICILLIN L-A INJ 600000.....	16
<i>benztropine mesylate inj 1 mg/ml</i>	55	BIKTARVY TAB 30-120-15 MG	10
<i>benztropine mesylate tab 0.5 mg</i>	55	BIKTARVY TAB 50-200-25 MG	10
<i>benztropine mesylate tab 1 mg</i>	55	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	37
<i>benztropine mesylate tab 2 mg</i>	55	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	37
<i>bepotastine besilate ophth soln 1.5%</i>	100	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	37
BEPREVE DRO 1.5%	100	<i>bisoprolol fumarate tab 10 mg</i>	37
BERINERT INJ 500UNIT	90	<i>bisoprolol fumarate tab 5 mg</i>	37
BESIVANCE SUS 0.6%.....	99	BIVIGAM INJ 10%	92
BESREMI SOL 500MCG	21	BLEPHAMIDE OIN S.O.P.	98
<i>betaine powder for oral solution</i>	79	<i>blisovi fe 1.5/30</i>	73
<i>betamethasone dipropionate augmented cream 0.05%</i>	108	BOOSTRIX INJ	95
<i>betamethasone dipropionate augmented gel 0.05%</i>	108	<i>bortezomib for inj 3.5 mg</i>	22
<i>betamethasone dipropionate augmented lotion 0.05%</i>	108	BORTEZOMIB INJ 1MG	22
<i>betamethasone dipropionate augmented oint 0.05%</i>	108	BORTEZOMIB INJ 2.5MG	22
<i>betamethasone dipropionate cream 0.05%</i>	108	BORTEZOMIB INJ 3.5MG	22
<i>betamethasone dipropionate lotion 0.05%</i>	108	<i>bosentan tab 125 mg</i>	43
<i>betamethasone dipropionate oint 0.05%</i>	108	<i>bosentan tab 62.5 mg</i>	43
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	108	BOSULIF TAB 100MG	22
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	108	BOSULIF TAB 400MG	22
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	108	BOSULIF TAB 500MG	22
BETASERON INJ 0.3MG	66	BRAFTOVI CAP 75MG	22
<i>betaxolol hcl ophth soln 0.5%</i>	100	BREO ELLIPTA INH 100-25.....	106
<i>bethanechol chloride tab 10 mg</i>	87	BREO ELLIPTA INH 200-25.....	106
<i>bethanechol chloride tab 25 mg</i>	87	BREZTRI AERO AER SPHERE	101
<i>bethanechol chloride tab 5 mg</i>	87	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK).....	101
		<i>briellyn</i>	73
		BRILINTA TAB 60MG	90
		BRILINTA TAB 90MG.....	90
		<i>brimonidine tartrate ophth soln 0.15%</i>	100
		.....	100
		<i>brimonidine tartrate ophth soln 0.2%</i>	100
		.....	100
		<i>brinzolamide ophth susp 1%</i>	100
		BRIVIACT INJ 50MG/5ML.....	44

BRIVIACT SOL 10MG/ML	44	<i>bupropion hcl tab er 12hr 200 mg</i>	51
BRIVIACT TAB 100MG	44	<i>bupropion hcl tab er 24hr 150 mg</i>	51
BRIVIACT TAB 10MG	44	<i>bupropion hcl tab er 24hr 300 mg</i>	51
BRIVIACT TAB 25MG	44	<i>bupirone hcl tab 10 mg</i>	44
BRIVIACT TAB 50MG	44	<i>bupirone hcl tab 15 mg</i>	44
BRIVIACT TAB 75MG	44	<i>bupirone hcl tab 30 mg</i>	44
<i>bromfenac sodium ophth soln 0.09%</i>		<i>bupirone hcl tab 5 mg</i>	44
<i>(base equiv) (once-daily)</i>	99	<i>bupirone hcl tab 7.5 mg</i>	44
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>butorphanol tartrate inj 1 mg/ml</i>	3
<i>equivalent)</i>	55	<i>butorphanol tartrate inj 2 mg/ml</i>	3
<i>bromocriptine mesylate tab 2.5 mg</i>		BYDUREON BC INJ 2/0.85ML	69
<i>(base equivalent)</i>	55	BYETTA INJ 10MCG	69
BROMSITE DRO 0.075%	99	BYETTA INJ 5MCG	69
BROVANA NEB 15MCG	103	C	
BRUKINSA CAP 80MG	23	<i>cabergoline tab 0.5 mg</i>	80
<i>budesonide delayed release particles</i>		CABOMETYX TAB 20MG	23
<i>cap 3 mg</i>	85	CABOMETYX TAB 40MG	23
<i>budesonide inhalation susp 0.25</i>		CABOMETYX TAB 60MG	23
<i>mg/2ml</i>	106	<i>calcipotriene oint 0.005%</i>	108
<i>budesonide inhalation susp 0.5 mg/2ml</i>		<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	108
.....	106	.....	108
<i>budesonide tab er 24hr 9 mg</i>	85	<i>calcitonin (salmon) spray</i>	72
<i>bumetanide inj 0.25 mg/ml</i>	40	<i>calcitrene</i>	108
<i>bumetanide tab 0.5 mg</i>	40	<i>calcitriol cap 0.25 mcg</i>	83
<i>bumetanide tab 1 mg</i>	40	<i>calcitriol cap 0.5 mcg</i>	83
<i>bumetanide tab 2 mg</i>	40	<i>calcitriol inj 1 mcg/ml</i>	83
<i>buprenorphine hcl sl tab 2 mg (base</i>		<i>calcitriol oral soln 1 mcg/ml</i>	83
<i>equiv)</i>	67	<i>calcium acetate (phosphate binder) cap</i>	
<i>buprenorphine hcl sl tab 8 mg (base</i>		<i>667 mg (169 mg ca)</i>	82
<i>equiv)</i>	67	<i>calcium acetate (phosphate binder) tab</i>	
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>667 mg</i>	82
<i>12-3 mg (base equiv)</i>	68	CALQUENCE CAP 100MG	23
<i>buprenorphine hcl-naloxone hcl sl film</i>		CALQUENCE TAB 100MG	23
<i>2-0.5 mg (base equiv)</i>	68	<i>camila</i>	73
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>candesartan cilexetil tab 16 mg</i>	33
<i>4-1 mg (base equiv)</i>	68	<i>candesartan cilexetil tab 32 mg</i>	33
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>candesartan cilexetil tab 4 mg</i>	33
<i>8-2 mg (base equiv)</i>	68	<i>candesartan cilexetil tab 8 mg</i>	33
<i>buprenorphine hcl-naloxone hcl sl tab</i>		<i>candesartan cilexetil-</i>	
<i>2-0.5 mg (base equiv)</i>	68	<i>hydrochlorothiazide tab 16-12.5 mg</i>	
<i>buprenorphine hcl-naloxone hcl sl tab</i>		.....	32
<i>8-2 mg (base equiv)</i>	68	<i>candesartan cilexetil-</i>	
<i>bupropion hcl (smoking deterrent) tab</i>		<i>hydrochlorothiazide tab 32-12.5 mg</i>	
<i>er 12hr 150 mg</i>	68	.....	32
<i>bupropion hcl tab 100 mg</i>	51	<i>candesartan cilexetil-</i>	
<i>bupropion hcl tab 75 mg</i>	51	<i>hydrochlorothiazide tab 32-25 mg</i> .	32
<i>bupropion hcl tab er 12hr 100 mg</i>	51	CAPLYTA CAP 10.5MG	57
<i>bupropion hcl tab er 12hr 150 mg</i>	51	CAPLYTA CAP 21MG	57

CAPLYTA CAP 42MG	57	carteolol hcl ophth soln 1%	100
CAPRELSA TAB 100MG.....	23	cartia xt	38
CAPRELSA TAB 300MG.....	23	carvedilol tab 12.5 mg	37
captopril tab 100 mg	30	carvedilol tab 25 mg	37
captopril tab 12.5 mg	30	carvedilol tab 3.125 mg.....	37
captopril tab 25 mg.....	30	carvedilol tab 6.25 mg	37
captopril tab 50 mg.....	30	casprofungin acetate for iv soln 50 mg 7	
carb/levo orally disintegrating tab 10-		casprofungin acetate for iv soln 70 mg 7	
100mg	55	CAYSTON INH 75MG	5
carb/levo orally disintegrating tab 25-		cefaclor cap 250 mg	13
100mg	55	cefaclor cap 500 mg	13
carb/levo orally disintegrating tab 25-		CEFACLOR ER TAB 500MG	13
250mg	55	cefaclor for susp 125 mg/5ml	13
CARBAGLU TAB 200MG	80	cefaclor for susp 250 mg/5ml	13
carbamazepine cap er 12hr 100 mg .	44	cefaclor for susp 375 mg/5ml	13
carbamazepine cap er 12hr 200 mg .	44	cefadroxil cap 500 mg.....	13
carbamazepine cap er 12hr 300 mg .	45	cefadroxil for susp 250 mg/5ml	13
carbamazepine chew tab 100 mg.....	45	cefadroxil for susp 500 mg/5ml	13
carbamazepine susp 100 mg/5ml	45	CEFAZOLIN INJ 1GM/50ML.....	13
carbamazepine tab 200 mg	45	cefazolin sodium for inj 1 gm	13
carbamazepine tab er 12hr 100 mg..	45	cefazolin sodium for inj 10 gm.....	13
carbamazepine tab er 12hr 200 mg..	45	cefazolin sodium for inj 2 gm	13
carbamazepine tab er 12hr 400 mg..	45	cefazolin sodium for inj 500 mg	13
carbidopa & levodopa tab 10-100 mg	55	cefazolin sodium for iv soln 1 gm	13
carbidopa & levodopa tab 25-100 mg	55	CEFAZOLIN SOLN 2GM/100ML-4% ...	13
carbidopa & levodopa tab 25-250 mg	55	cefdinir cap 300 mg.....	13
carbidopa & levodopa tab er 25-100		cefdinir for susp 125 mg/5ml.....	13
mg	55	cefdinir for susp 250 mg/5ml.....	13
carbidopa & levodopa tab er 50-200		cefepime hcl for inj 1 gm	13
mg	55	cefepime hcl for inj 2 gm	13
carbidopa tab 25 mg	55	cefepime hcl for iv soln 2 gm.....	13
carbidopa-levodopa-entacapone tabs		cefixime for susp 100 mg/5ml	13
12.5-50-200 mg	55	cefixime for susp 200 mg/5ml	13
carbidopa-levodopa-entacapone tabs		cefoxitin sodium for iv soln 1 gm.....	13
18.75-75-200 mg.....	55	cefoxitin sodium for iv soln 10 gm....	13
carbidopa-levodopa-entacapone tabs		cefoxitin sodium for iv soln 2 gm.....	13
25-100-200 mg	55	cefpodoxime proxetil for susp 100	
carbidopa-levodopa-entacapone tabs		mg/5ml	13
31.25-125-200 mg	55	cefpodoxime proxetil for susp 50	
carbidopa-levodopa-entacapone tabs		mg/5ml	13
37.5-150-200 mg.....	55	cefpodoxime proxetil tab 100 mg	13
carbidopa-levodopa-entacapone tabs		cefpodoxime proxetil tab 200 mg	13
50-200-200 mg	55	cefprozil for susp 125 mg/5ml	13
carboplatin iv soln 150 mg/15ml	17	cefprozil for susp 250 mg/5ml	13
carboplatin iv soln 450 mg/45ml	17	cefprozil tab 250 mg	13
carboplatin iv soln 50 mg/5ml.....	17	cefprozil tab 500 mg	13
carboplatin iv soln 600 mg/60ml	17	ceftazidime for inj 1 gm.....	13
carglumic acid soluble tab 200 mg ...	80	ceftazidime for inj 6 gm.....	13

<i>ceftazidime for iv soln 2 gm</i>	13	<i>cholestyramine light powder packets 4 gm</i>	36
CEFTAZIDIME/ SOL D5W 1GM.....	13	<i>cholestyramine powder 4 gm/dose</i> ...	36
CEFTAZIDIME/ SOL D5W 2GM.....	13	<i>cholestyramine powder packets 4 gm</i>	36
<i>ceftriaxone sodium for inj 1 gm</i>	13	<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	35
<i>ceftriaxone sodium for inj 10 gm</i>	13	<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	35
<i>ceftriaxone sodium for inj 2 gm</i>	13	<i>ciclopirox olamine cream 0.77% (base equiv)</i>	107
<i>ceftriaxone sodium for inj 250 mg</i> ...	13	<i>ciclopirox olamine susp 0.77% (base equiv)</i>	107
<i>ceftriaxone sodium for inj 500 mg</i> ...	14	<i>cilostazol tab 100 mg</i>	90
<i>ceftriaxone sodium for iv soln 1 gm</i> .	14	<i>cilostazol tab 50 mg</i>	90
<i>ceftriaxone sodium for iv soln 2 gm</i> .	14	CILOXAN OIN 0.3% OP	99
<i>cefuroxime axetil tab 250 mg</i>	14	CIMDUO TAB 300-300.....	10
<i>cefuroxime axetil tab 500 mg</i>	14	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	80
<i>cefuroxime sodium for inj 750 mg</i> ...	14	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	80
<i>cefuroxime sodium for iv soln 1.5 gm</i>	14	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	80
<i>celecoxib cap 100 mg</i>	1	CIPRO (10%) SUS 500MG/5.....	14
<i>celecoxib cap 200 mg</i>	1	CIPRO HC SUS OTIC	101
<i>celecoxib cap 400 mg</i>	1	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	14
<i>celecoxib cap 50 mg</i>	1	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	15
CELONTIN CAP 300MG.....	45	<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	99
<i>cephalexin cap 250 mg</i>	14	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	15
<i>cephalexin cap 500 mg</i>	14	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	15
<i>cephalexin for susp 125 mg/5ml</i>	14	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	15
<i>cephalexin for susp 250 mg/5ml</i>	14	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	15
CERDELGA CAP 84MG.....	80	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	101
CEREZYME INJ 400UNIT.....	80	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	17
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	102	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	17
<i>cevimeline hcl cap 30 mg</i>	110	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..	17
CHANTIX TAB 0.5& 1MG	68	<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	51
<i>chateal</i>	73	<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	51
CHEMET CAP 100MG	73		
<i>chlorhexidine gluconate soln 0.12%</i>	110		
<i>chloroquine phosphate tab 250 mg</i> ...	8		
<i>chloroquine phosphate tab 500 mg</i> ...	8		
CHLORPROMAZI CON 100MG/ML	58		
CHLORPROMAZI CON 30MG/ML.....	57		
<i>chlorpromazine hcl inj 25 mg/ml</i>	58		
<i>chlorpromazine hcl inj 50 mg/2ml</i>	58		
<i>chlorpromazine hcl tab 10 mg</i>	58		
<i>chlorpromazine hcl tab 100 mg</i>	58		
<i>chlorpromazine hcl tab 200 mg</i>	58		
<i>chlorpromazine hcl tab 25 mg</i>	58		
<i>chlorpromazine hcl tab 50 mg</i>	58		
<i>chlorthalidone tab 25 mg</i>	40		
<i>chlorthalidone tab 50 mg</i>	40		
<i>cholestyramine light powder 4 gm/dose</i>	36		

<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	51	<i>clobetasol propionate cream 0.05%</i>	108
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	51	<i>clobetasol propionate e</i>	108
<i>claravis</i>	106	<i>clobetasol propionate gel 0.05%</i>	108
<i>clarithromycin for susp 125 mg/5ml</i> .	14	<i>clobetasol propionate oint 0.05%</i> ...	108
<i>clarithromycin for susp 250 mg/5ml</i> .	14	<i>clobetasol propionate soln 0.05%</i> ...	108
<i>clarithromycin tab 250 mg</i>	14	<i>clomipramine hcl cap 25 mg</i>	52
<i>clarithromycin tab 500 mg</i>	14	<i>clomipramine hcl cap 50 mg</i>	52
<i>clarithromycin tab er 24hr 500 mg</i> ...	14	<i>clomipramine hcl cap 75 mg</i>	52
<i>clindamycin hcl cap 150 mg</i>	5	<i>clonazepam orally disintegrating tab 0.125 mg</i>	45
<i>clindamycin hcl cap 300 mg</i>	5	<i>clonazepam orally disintegrating tab 0.25 mg</i>	45
<i>clindamycin hcl cap 75 mg</i>	5	<i>clonazepam orally disintegrating tab 0.5 mg</i>	45
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	5	<i>clonazepam orally disintegrating tab 1 mg</i>	45
<i>clindamycin phosphate gel 1%</i>	106	<i>clonazepam orally disintegrating tab 2 mg</i>	45
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	5	<i>clonazepam tab 0.5 mg</i>	45
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	5	<i>clonazepam tab 1 mg</i>	45
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	5	<i>clonazepam tab 2 mg</i>	45
<i>clindamycin phosphate inj 300 mg/2ml</i>	5	<i>clonidine hcl tab 0.1 mg</i>	42
<i>clindamycin phosphate inj 600 mg/4ml</i>	5	<i>clonidine hcl tab 0.2 mg</i>	42
<i>clindamycin phosphate inj 9 gm/60ml</i> 5		<i>clonidine hcl tab 0.3 mg</i>	42
<i>clindamycin phosphate inj 900 mg/6ml</i>	5	<i>clonidine td patch weekly 0.1 mg/24hr</i>	42
<i>clindamycin phosphate lotion 1%</i> ... 107		<i>clonidine td patch weekly 0.2 mg/24hr</i>	42
<i>clindamycin phosphate soln 1%</i> 107		<i>clonidine td patch weekly 0.3 mg/24hr</i>	42
<i>clindamycin phosphate vaginal cream 2%</i>	88	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	90
CLINDMYC/NAC INJ 300/50ML	5	<i>clorazepate dipotassium tab 15 mg</i> ..	45
CLINDMYC/NAC INJ 600/50ML	5	<i>clorazepate dipotassium tab 3.75 mg</i>	45
CLINDMYC/NAC INJ 900/50ML	6	<i>clorazepate dipotassium tab 7.5 mg</i> .	45
CLINIMIX INJ 4.25/D10	98	<i>clotrimazole cream 1%</i>	107
CLINIMIX INJ 4.25/D5W	98	<i>clotrimazole soln 1%</i>	107
CLINIMIX INJ 5%/D15W	98	<i>clotrimazole troche 10 mg</i>	111
CLINIMIX INJ 5%/D20W	98	<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	107
CLINIMIX INJ 6/5	98	<i>clozapine orally disintegrating tab 100 mg</i>	58
CLINIMIX INJ 8/10.....	98	<i>clozapine orally disintegrating tab 12.5 mg</i>	58
CLINIMIX INJ 8/14.....	98	<i>clozapine orally disintegrating tab 150 mg</i>	58
<i>clinisol sf 15%</i>	98	<i>clozapine orally disintegrating tab 200 mg</i>	58
CLINOLIPID EMU 20%	98		
<i>clobazam suspension 2.5 mg/ml</i>	45		
<i>clobazam tab 10 mg</i>	45		
<i>clobazam tab 20 mg</i>	45		

<i>clozapine orally disintegrating tab 25 mg</i>	58	CYCLOPHOSPHA INJ 2GM/10ML	17
<i>clozapine tab 100 mg</i>	58	CYCLOPHOSPHA INJ 500MG	18
<i>clozapine tab 200 mg</i>	58	<i>cyclophosphamide cap 25 mg</i>	18
<i>clozapine tab 25 mg</i>	58	<i>cyclophosphamide cap 50 mg</i>	18
<i>clozapine tab 50 mg</i>	58	<i>cyclophosphamide for inj 1 gm</i>	18
COARTEM TAB 20-120MG.....	8	<i>cyclophosphamide for inj 2 gm</i>	18
<i>colchicine tab 0.6 mg</i>	1	<i>cyclophosphamide for inj 500 mg</i>	18
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	<i>cycloserine cap 250 mg</i>	11
<i>colesevelam hcl packet for susp 3.75 gm</i>	36	<i>cyclosporine cap 100 mg</i>	94
<i>colesevelam hcl tab 625 mg</i>	36	<i>cyclosporine cap 25 mg</i>	94
<i>colestipol hcl granule packets 5 gm</i> ..	36	<i>cyclosporine iv soln 50 mg/ml</i>	94
<i>colestipol hcl granules 5 gm</i>	36	<i>cyclosporine modified cap 100 mg</i>	94
<i>colestipol hcl tab 1 gm</i>	36	<i>cyclosporine modified cap 25 mg</i>	94
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	6	<i>cyclosporine modified cap 50 mg</i>	94
COMBIGAN SOL 0.2/0.5%	100	<i>cyclosporine modified oral soln 100 mg/ml</i>	94
COMBIVENT AER 20-100.....	101	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	102
COMETRIQ (60MG DOSE).....	23	<i>cyproheptadine hcl tab 4 mg</i>	102
COMETRIQ KIT 100MG.....	23	<i>cyred eq</i>	73
COMETRIQ KIT 140MG.....	23	CYSTADANE POW	80
COMPLERA TAB	10	CYSTADROPS SOL 0.37%	101
<i>compro</i>	83	CYSTAGON CAP 150MG	80
<i>constulose</i>	85	CYSTAGON CAP 50MG.....	80
COPIKTRA CAP 15MG	23	CYSTARAN SOL 0.44%.....	101
COPIKTRA CAP 25MG	23	<i>cytarabine inj 20 mg/ml</i>	18
CORLANOR SOL 5MG/5ML	42	D	
CORLANOR TAB 5MG.....	42	D10W/NAACL INJ 0.2%.....	96
CORLANOR TAB 7.5MG	42	D2.5W/NAACL INJ 0.45%	96
COTELLIC TAB 20MG	23	D5W/LYTES INJ #48	96
CREON CAP 12000UNT	86	<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	88
CREON CAP 24000UNT	86	<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	88
CREON CAP 3000UNIT.....	86	<i>dalfampridine tab er 12hr 10 mg</i>	67
CREON CAP 36000UNT	86	DALIRESP TAB 250MCG.....	104
CREON CAP 6000UNIT.....	86	DALIRESP TAB 500MCG.....	104
<i>cromolyn sodium ophth soln 4%</i>	100	<i>danazol cap 100 mg</i>	77
<i>cromolyn sodium oral conc 100 mg/5ml</i>	85	<i>danazol cap 200 mg</i>	77
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	104	<i>danazol cap 50 mg</i>	77
<i>cryselle-28</i>	73	<i>dantrolene sodium cap 100 mg</i>	67
<i>cyclobenzaprine hcl tab 10 mg</i>	67	<i>dantrolene sodium cap 25 mg</i>	67
<i>cyclobenzaprine hcl tab 5 mg</i>	67	<i>dantrolene sodium cap 50 mg</i>	67
CYCLOPHOSPH INJ 1GM.....	17	<i>dapsone tab 100 mg</i>	6
CYCLOPHOSPH TAB 25MG	17	<i>dapsone tab 25 mg</i>	6
CYCLOPHOSPH TAB 50MG	17	DAPTACEL INJ	95
		<i>daptomycin for iv soln 350 mg</i>	6
		<i>daptomycin for iv soln 500 mg</i>	6
		DAPTOMYCIN SOL 350MG.....	6

<i>darifenacin hydrobromide tab er 24hr</i>	
15 mg (base equiv)	87
<i>darifenacin hydrobromide tab er 24hr</i>	
7.5 mg (base equiv)	87
<i>dasetta 1/35</i>	74
<i>dasetta 7/7/7</i>	74
<i>DAURISMO TAB 100MG</i>	23
<i>DAURISMO TAB 25MG</i>	23
<i>deblitane</i>	74
<i>deferasirox granules packet 180 mg</i>	73
<i>deferasirox granules packet 360 mg</i>	73
<i>deferasirox granules packet 90 mg</i> ..	73
<i>deferasirox tab 180 mg</i>	73
<i>deferasirox tab 360 mg</i>	73
<i>deferasirox tab 90 mg</i>	73
<i>deferasirox tab for oral susp 125 mg</i>	73
<i>deferasirox tab for oral susp 250 mg</i>	73
<i>deferasirox tab for oral susp 500 mg</i>	73
<i>DELESTROGEN INJ 10MG/ML</i>	77
<i>DELSTRIGO TAB</i>	10
<i>DENGVAXIA SUS</i>	95
<i>DESCOVY TAB 120-15MG</i>	10
<i>DESCOVY TAB 200/25MG</i>	10
<i>desipramine hcl tab 10 mg</i>	52
<i>desipramine hcl tab 100 mg</i>	52
<i>desipramine hcl tab 150 mg</i>	52
<i>desipramine hcl tab 25 mg</i>	52
<i>desipramine hcl tab 50 mg</i>	52
<i>desipramine hcl tab 75 mg</i>	52
<i>desloratadine tab 5 mg</i>	102
<i>desmopressin acetate inj 4 mcg/ml</i> ..	80
<i>desmopressin acetate nasal spray soln</i>	
0.01%	80
<i>desmopressin acetate nasal spray soln</i>	
0.01% (refrigerated)	80
<i>desmopressin acetate preservative free</i>	
(pf) inj 4 mcg/ml	80
<i>desmopressin acetate tab 0.1 mg</i>	80
<i>desmopressin acetate tab 0.2 mg</i>	80
<i>desogest-eth estrad & eth estrad tab</i>	
0.15-0.02/0.01 mg(21/5)	74
<i>desogestrel & ethinyl estradiol tab 0.15</i>	
mg-30 mcg	74
<i>desvenlafaxine succinate tab er 24hr</i>	
100 mg (base equiv)	52
<i>desvenlafaxine succinate tab er 24hr</i>	
25 mg (base equiv)	52
<i>desvenlafaxine succinate tab er 24hr</i>	
50 mg (base equiv)	52
<i>DEXAMETHASON CON 1MG/ML</i>	78
<i>dexamethasone elixir 0.5 mg/5ml</i>	78
<i>dexamethasone sod phosphate</i>	
preservative free inj 10 mg/ml	78
<i>dexamethasone sodium phosphate inj</i>	
10 mg/ml	78
<i>dexamethasone sodium phosphate inj</i>	
100 mg/10ml	78
<i>dexamethasone sodium phosphate inj</i>	
120 mg/30ml	78
<i>dexamethasone sodium phosphate inj</i>	
20 mg/5ml	78
<i>dexamethasone sodium phosphate inj</i>	
4 mg/ml	78
<i>dexamethasone sodium phosphate</i>	
ophth soln 0.1%	99
<i>dexamethasone soln 0.5 mg/5ml</i>	78
<i>dexamethasone tab 0.5 mg</i>	78
<i>dexamethasone tab 0.75 mg</i>	78
<i>dexamethasone tab 1 mg</i>	78
<i>dexamethasone tab 1.5 mg</i>	78
<i>dexamethasone tab 2 mg</i>	78
<i>dexamethasone tab 4 mg</i>	78
<i>dexamethasone tab 6 mg</i>	78
<i>dexlansoprazole cap delayed release 30</i>	
mg	86
<i>dexlansoprazole cap delayed release 60</i>	
mg	86
<i>dexmethylphenidate hcl tab 10 mg</i> ...	62
<i>dexmethylphenidate hcl tab 2.5 mg</i> ..	62
<i>dexmethylphenidate hcl tab 5 mg</i>	62
<i>dextrose 10% w/ sodium chloride</i>	
0.45%	96
<i>dextrose 2.5% w/ sodium chloride</i>	
0.45%	96
<i>dextrose 5% in lactated ringers</i>	96
<i>dextrose 5% w/ sodium chloride 0.2%</i>	
.....	96
<i>dextrose 5% w/ sodium chloride</i>	
0.225%	96
<i>dextrose 5% w/ sodium chloride 0.3%</i>	
.....	96
<i>dextrose 5% w/ sodium chloride 0.45%</i>	
.....	96
<i>dextrose 5% w/ sodium chloride 0.9%</i>	
.....	96

<i>dextrose inj 10%</i>	98	<i>digoxin oral soln 0.05 mg/ml</i>	42
<i>dextrose inj 5%</i>	98	<i>digoxin tab 125 mcg (0.125 mg)</i>	42
<i>dextrose inj 50%</i>	98	<i>digoxin tab 250 mcg (0.25 mg)</i>	42
<i>dextrose inj 70%</i>	98	<i>dihydroergotamine mesylate inj 1</i>	
DIACOMIT CAP 250MG.....	45	<i>mg/ml</i>	65
DIACOMIT CAP 500MG.....	45	<i>dihydroergotamine mesylate nasal</i>	
DIACOMIT PAK 250MG.....	45	<i>spray 4 mg/ml</i>	65
DIACOMIT PAK 500MG.....	45	DILANTIN CAP 100MG.....	46
<i>diazepam conc 5 mg/ml</i>	45	DILANTIN CAP 30MG	46
<i>diazepam inj</i>	45	DILANTIN CHW 50MG	46
<i>diazepam oral soln 1 mg/ml</i>	46	DILANTIN-125 SUS 125/5ML.....	46
<i>diazepam rectal gel delivery system 10</i>		<i>diltiazem hcl cap er 12hr 120 mg</i>	38
<i>mg</i>	46	<i>diltiazem hcl cap er 12hr 60 mg</i>	38
<i>diazepam rectal gel delivery system 2.5</i>		<i>diltiazem hcl cap er 12hr 90 mg</i>	38
<i>mg</i>	46	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam rectal gel delivery system 20</i>		<i>120 mg</i>	38
<i>mg</i>	46	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam tab 10 mg</i>	46	<i>180 mg</i>	38
<i>diazepam tab 2 mg</i>	46	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam tab 5 mg</i>	46	<i>240 mg</i>	38
<i>diazoxide susp 50 mg/ml</i>	79	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diclofenac potassium tab 50 mg</i>	1	<i>300 mg</i>	38
<i>diclofenac sodium gel 1% (1.16%</i>		<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diethylamine equiv)</i>	110	<i>360 mg</i>	38
<i>diclofenac sodium ophth soln 0.1%</i> ..	99	<i>diltiazem hcl coated beads tab er 24hr</i>	
<i>diclofenac sodium tab delayed release</i>		<i>180 mg</i>	39
<i>25 mg</i>	1	<i>diltiazem hcl coated beads tab er 24hr</i>	
<i>diclofenac sodium tab delayed release</i>		<i>240 mg</i>	39
<i>50 mg</i>	1	<i>diltiazem hcl coated beads tab er 24hr</i>	
<i>diclofenac sodium tab delayed release</i>		<i>300 mg</i>	39
<i>75 mg</i>	1	<i>diltiazem hcl coated beads tab er 24hr</i>	
<i>diclofenac sodium tab er 24hr 100 mg</i> 1		<i>360 mg</i>	39
<i>diclofenac w/ misoprostol tab delayed</i>		<i>diltiazem hcl coated beads tab er 24hr</i>	
<i>release 50-0.2 mg</i>	1	<i>420 mg</i>	39
<i>diclofenac w/ misoprostol tab delayed</i>		<i>diltiazem hcl extended release beads</i>	
<i>release 75-0.2 mg</i>	1	<i>cap er 24hr 120 mg</i>	39
<i>dicloxacillin sodium cap 250 mg</i>	16	<i>diltiazem hcl extended release beads</i>	
<i>dicloxacillin sodium cap 500 mg</i>	16	<i>cap er 24hr 180 mg</i>	39
<i>dicyclomine hcl cap 10 mg</i>	84	<i>diltiazem hcl extended release beads</i>	
<i>dicyclomine hcl oral soln 10 mg/5ml</i> 84		<i>cap er 24hr 240 mg</i>	39
<i>dicyclomine hcl tab 20 mg</i>	84	<i>diltiazem hcl extended release beads</i>	
DIFICID SUS.....	14	<i>cap er 24hr 300 mg</i>	39
DIFICID TAB 200MG.....	14	<i>diltiazem hcl extended release beads</i>	
<i>diflunisal tab 500 mg</i>	1	<i>cap er 24hr 360 mg</i>	39
<i>difluprednate ophth emulsion 0.05%</i>		<i>diltiazem hcl extended release beads</i>	
.....	100	<i>cap er 24hr 420 mg</i>	39
<i>digitek</i>	42	<i>diltiazem hcl iv soln 125 mg/25ml (5</i>	
<i>digoxin inj 0.25 mg/ml</i>	42	<i>mg/ml)</i>	39

<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	39	<i>docetaxel soln for iv infusion 80 mg/8ml</i>	21
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	39	<i>dofetilide cap 125 mcg (0.125 mg)</i> ...	34
<i>diltiazem hcl tab 120 mg</i>	39	<i>dofetilide cap 250 mcg (0.25 mg)</i>	34
<i>diltiazem hcl tab 30 mg</i>	39	<i>dofetilide cap 500 mcg (0.5 mg)</i>	34
<i>diltiazem hcl tab 60 mg</i>	39	<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	50
<i>diltiazem hcl tab 90 mg</i>	39	<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	50
<i>dilt-xr</i>	38	<i>donepezil hydrochloride tab 10 mg</i> ...	50
<i>DIP/TET PED INJ 25-5LFU</i>	95	<i>donepezil hydrochloride tab 5 mg</i>	50
<i>diphenhydramine hcl inj 50 mg/ml</i> ..	102	<i>DOPTLET TAB 20MG</i>	90
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	85	<i>dorzolamide hcl ophth soln 2%</i>	100
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	86	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	100
<i>dipyridamole tab 25 mg</i>	90	<i>dotti</i>	77
<i>dipyridamole tab 50 mg</i>	90	<i>DOVATO TAB 50-300MG</i>	10
<i>dipyridamole tab 75 mg</i>	91	<i>doxazosin mesylate tab 1 mg</i>	31
<i>disopyramide phosphate cap 100 mg</i> ..	34	<i>doxazosin mesylate tab 2 mg</i>	31
<i>disopyramide phosphate cap 150 mg</i> ..	34	<i>doxazosin mesylate tab 4 mg</i>	31
<i>disulfiram tab 250 mg</i>	68	<i>doxazosin mesylate tab 8 mg</i>	31
<i>disulfiram tab 500 mg</i>	68	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	64
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	46	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	64
<i>divalproex sodium tab delayed release 125 mg</i>	46	<i>doxepin hcl cap 10 mg</i>	52
<i>divalproex sodium tab delayed release 250 mg</i>	46	<i>doxepin hcl cap 100 mg</i>	52
<i>divalproex sodium tab delayed release 500 mg</i>	46	<i>doxepin hcl cap 150 mg</i>	52
<i>divalproex sodium tab er 24 hr 250 mg</i>	46	<i>doxepin hcl cap 25 mg</i>	52
<i>divalproex sodium tab er 24 hr 500 mg</i>	46	<i>doxepin hcl cap 50 mg</i>	52
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	21	<i>doxepin hcl cap 75 mg</i>	52
<i>docetaxel for inj conc 20 mg/ml</i>	21	<i>doxepin hcl conc 10 mg/ml</i>	52
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	21	<i>doxercalciferol cap 0.5 mcg</i>	83
<i>DOCETAXEL INJ 160/16ML</i>	21	<i>doxercalciferol cap 1 mcg</i>	83
<i>DOCETAXEL INJ 160/8ML</i>	21	<i>doxercalciferol cap 2.5 mcg</i>	83
<i>DOCETAXEL INJ 20MG/2ML</i>	21	<i>doxorubicin hcl inj 2 mg/ml</i>	18
<i>DOCETAXEL INJ 80MG/4ML</i>	21	<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	18
<i>DOCETAXEL INJ 80MG/8ML</i>	21	<i>doxy 100</i>	17
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	21	<i>doxycycline hyclate cap 100 mg</i>	17
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	21	<i>doxycycline hyclate cap 50 mg</i>	17
		<i>doxycycline hyclate for inj 100 mg</i> ...	17
		<i>doxycycline hyclate tab 100 mg</i>	17
		<i>doxycycline hyclate tab 20 mg</i>	17
		<i>doxycycline monohydrate cap 100 mg</i>	17
		<i>doxycycline monohydrate cap 50 mg</i> ..	17

<i>doxycycline monohydrate tab 100 mg</i>		<i>efavirenz-lamivudine-tenofovir df tab</i>	
.....	17	600-300-300 mg	10
<i>doxycycline monohydrate tab 50 mg</i>	17	<i>elinest</i>	74
<i>doxycycline monohydrate tab 75 mg</i>	17	ELIQUIS ST P TAB 5MG	88
DRIZALMA CAP 20MG DR	52	ELIQUIS TAB 2.5MG	88
DRIZALMA CAP 30MG DR	52	ELIQUIS TAB 5MG	88
DRIZALMA CAP 40MG DR	52	ELLA TAB 30MG	74
DRIZALMA CAP 60MG DR	52	<i>eluryng</i>	74
<i>dronabinol cap 10 mg</i>	83	EMCYT CAP 140MG	19
<i>dronabinol cap 2.5 mg</i>	83	<i>emoquette</i>	74
<i>dronabinol cap 5 mg</i>	83	EMSAM DIS 12MG/24H	52
<i>drospirenone-ethinyl estradiol tab 3-</i>		EMSAM DIS 6MG/24HR	52
0.02 mg	74	EMSAM DIS 9MG/24HR	52
<i>drospirenone-ethinyl estradiol tab 3-</i>		<i>emtricitabine caps 200 mg</i>	9
0.03 mg	74	<i>emtricitabine-tenofovir disoproxil</i>	
DROXIA CAP 200MG	90	<i>fumarate tab 100-150 mg</i>	10
DROXIA CAP 300MG	90	<i>emtricitabine-tenofovir disoproxil</i>	
DROXIA CAP 400MG	90	<i>fumarate tab 133-200 mg</i>	11
<i>droxidopa cap 100 mg</i>	42	<i>emtricitabine-tenofovir disoproxil</i>	
<i>droxidopa cap 200 mg</i>	42	<i>fumarate tab 167-250 mg</i>	11
<i>droxidopa cap 300 mg</i>	42	<i>emtricitabine-tenofovir disoproxil</i>	
<i>duloxetine hcl enteric coated pellets</i>		<i>fumarate tab 200-300 mg</i>	11
<i>cap 20 mg (base eq)</i>	52	EMTRIVA SOL 10MG/ML	9
<i>duloxetine hcl enteric coated pellets</i>		EMVERM CHW 100MG	6
<i>cap 30 mg (base eq)</i>	52	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>duloxetine hcl enteric coated pellets</i>		<i>tab 10-25 mg</i>	30
<i>cap 40 mg (base eq)</i>	52	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>duloxetine hcl enteric coated pellets</i>		<i>tab 5-12.5 mg</i>	30
<i>cap 60 mg (base eq)</i>	52	<i>enalapril maleate tab 10 mg</i>	30
<i>dutasteride cap 0.5 mg</i>	87	<i>enalapril maleate tab 2.5 mg</i>	30
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>		<i>enalapril maleate tab 20 mg</i>	30
<i>mg</i>	87	<i>enalapril maleate tab 5 mg</i>	30
E		ENBREL INJ 25/0.5ML	91
<i>e.e.s. 400 tab 400mg</i>	14	ENBREL INJ 25MG	91
<i>ec-naproxen</i>	1	ENBREL INJ 50MG/ML	91
EDARBI TAB 40MG	33	ENBREL MINI INJ 50MG/ML	91
EDARBI TAB 80MG	33	ENBREL SRCLK INJ 50MG/ML	91
EDARBYCLOR TAB 40-12.5	32	ENDARI POW 5GM	90
EDARBYCLOR TAB 40-25MG	32	<i>endocet tab 10-325mg</i>	3
EDURANT TAB 25MG	9	<i>endocet tab 2.5-325mg</i>	3
<i>efavirenz cap 200 mg</i>	9	<i>endocet tab 5-325mg</i>	3
<i>efavirenz cap 50 mg</i>	9	<i>endocet tab 7.5-325mg</i>	3
<i>efavirenz tab 600 mg</i>	9	ENGERIX-B INJ 10/0.5ML	95
<i>efavirenz-emtricitabine-tenofovir df tab</i>		ENGERIX-B INJ 20MCG/ML	95
600-200-300 mg	10	<i>enoxaparin sodium inj 300 mg/3ml</i> ..	88
<i>efavirenz-lamivudine-tenofovir df tab</i>		<i>enoxaparin sodium inj soln pref syr 100</i>	
400-300-300 mg	10	<i>mg/ml</i>	88

<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	88	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	23
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	88	<i>erlotinib hcl tab 25 mg (base equivalent)</i>	23
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	88	<i>errin</i>	74
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	88	<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	6
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	88	<i>ery</i>	107
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	88	<i>ery-tab</i>	14
<i>enpresse-28</i>	74	ERYTHROCIN INJ 500MG	14
<i>enskyce</i>	74	<i>erythrocine stearate</i>	14
ENSTILAR AER	108	<i>erythromycin ethylsuccinate tab 400 mg</i>	14
<i>entacapone tab 200 mg</i>	55	<i>erythromycin lactobionate for inj 500 mg</i>	14
<i>entecavir tab 0.5 mg</i>	12	<i>erythromycin ophth oint 5 mg/gm</i>	99
<i>entecavir tab 1 mg</i>	12	<i>erythromycin soln 2%</i>	107
ENTRESTO TAB 24-26MG	32	<i>erythromycin tab 250 mg</i>	14
ENTRESTO TAB 49-51MG	32	<i>erythromycin tab 500 mg</i>	14
ENTRESTO TAB 97-103MG	32	<i>erythromycin tab delayed release 250 mg</i>	14
<i>enulose</i>	85	<i>erythromycin tab delayed release 333 mg</i>	14
EPCLUSA PAK 150-37.5	12	<i>erythromycin tab delayed release 500 mg</i>	14
EPCLUSA PAK 200-50MG	12	<i>erythromycin w/ delayed release particles cap 250 mg</i>	14
EPCLUSA TAB 200-50MG	12	ESBRIET CAP 267MG	104
EPCLUSA TAB 400-100	12	ESBRIET TAB 267MG	104
EPIDIOLEX SOL 100MG/ML	46	ESBRIET TAB 801MG	104
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	104	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	52
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	104	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	53
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	104	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	53
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	18	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	53
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	18	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	86
<i>epitol</i>	46	<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	86
EPIVIR HBV SOL 5MG/ML	12	<i>estarylla</i>	74
<i>eplerenone tab 25 mg</i>	31	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	77
<i>eplerenone tab 50 mg</i>	31	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	77
EPRONTIA SOL 25MG/ML	46	<i>estradiol tab 0.5 mg</i>	77
<i>ergotamine w/ caffeine tab 1-100 mg</i>	65		
ERIVEDGE CAP 150MG	23		
ERLEADA TAB 60MG	19		
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	23		

estradiol tab 1 mg	77	etoposide inj 500 mg/25ml (20 mg/ml)	21
estradiol tab 2 mg	77	.....	21
estradiol td patch twice weekly 0.025		etravirine tab 100 mg	9
mg/24hr.....	77	etravirine tab 200 mg	9
estradiol td patch twice weekly 0.0375		EULEXIN CAP 125MG	19
mg/24hr.....	77	euthyrox.....	82
estradiol td patch twice weekly 0.05		everolimus tab 0.25 mg	94
mg/24hr.....	77	everolimus tab 0.5 mg	94
estradiol td patch twice weekly 0.075		everolimus tab 0.75 mg	94
mg/24hr.....	77	everolimus tab 1 mg	94
estradiol td patch twice weekly 0.1		everolimus tab 10 mg	23
mg/24hr.....	77	everolimus tab 2.5 mg	23
estradiol td patch weekly 0.025		everolimus tab 5 mg	23
mg/24hr.....	77	everolimus tab 7.5 mg	23
estradiol td patch weekly 0.0375		everolimus tab for oral susp 2 mg	23
mg/24hr (37.5 mcg/24hr)	77	everolimus tab for oral susp 3 mg	23
estradiol td patch weekly 0.05 mg/24hr		everolimus tab for oral susp 5 mg	23
.....	77	EVOTAZ TAB 300-150	11
estradiol td patch weekly 0.06 mg/24hr		exemestane tab 25 mg.....	19
.....	77	EXKIVITY CAP 40MG	23
estradiol td patch weekly 0.075		EZALLOR SPR CAP 10MG	35
mg/24hr.....	77	EZALLOR SPR CAP 20MG	35
estradiol td patch weekly 0.1 mg/24hr		EZALLOR SPR CAP 40MG	35
.....	77	EZALLOR SPR CAP 5MG	35
estradiol vaginal cream 0.1 mg/gm ..	77	ezetimibe tab 10 mg	36
estradiol vaginal tab 10 mcg	77	ezetimibe-simvastatin tab 10-10 mg.	36
estradiol valerate im in oil 20 mg/ml	78	ezetimibe-simvastatin tab 10-20 mg.	36
estradiol valerate im in oil 40 mg/ml	78	ezetimibe-simvastatin tab 10-40 mg.	36
ethambutol hcl tab 100 mg.....	11	ezetimibe-simvastatin tab 10-80 mg.	36
ethambutol hcl tab 400 mg.....	11	F	
ethosuximide cap 250 mg	46	FABRAZYME INJ 35MG	80
ethosuximide soln 250 mg/5ml	46	FABRAZYME INJ 5MG	80
ethynodiol diacetate & ethinyl estradiol		falmina.....	74
tab 1 mg-35 mcg	74	famciclovir tab 125 mg.....	12
ethynodiol diacetate & ethinyl estradiol		famciclovir tab 250 mg.....	12
tab 1 mg-50 mcg	74	famciclovir tab 500 mg.....	12
etodolac cap 200 mg	1	famotidine for susp 40 mg/5ml.....	84
etodolac cap 300 mg	1	famotidine in nacl 0.9% iv soln 20	
etodolac tab 400 mg	1	mg/50ml.....	84
etodolac tab 500 mg	1	famotidine inj 200 mg/20ml	84
etodolac tab er 24hr 400 mg.....	1	famotidine inj 40 mg/4ml	84
etodolac tab er 24hr 500 mg.....	1	famotidine preservative free inj 20	
etodolac tab er 24hr 600 mg.....	1	mg/2ml	84
etonogestrel-ethinyl estradiol va ring		famotidine tab 20 mg.....	84
0.120-0.015 mg/24hr	74	famotidine tab 40 mg.....	85
etoposide inj 100 mg/5ml (20 mg/ml)		FANAPT PAK	58
.....	21	FANAPT TAB 10MG	58
		FANAPT TAB 12MG	58

FANAPT TAB 1MG	58	FETZIMA CAP 40MG.....	53
FANAPT TAB 2MG	58	FETZIMA CAP 80MG.....	53
FANAPT TAB 4MG	58	FETZIMA CAP TITRATIO.....	53
FANAPT TAB 6MG	58	FIASP FLEX INJ TOUCH	71
FANAPT TAB 8MG	58	FIASP INJ 100/ML	71
FARXIGA TAB 10MG	69	FIASP PENFIL INJ U-100.....	71
FARXIGA TAB 5MG.....	69	FINACEA AER 15%	110
FASENRA INJ 30MG/ML.....	104	<i>finasteride tab 5 mg</i>	87
FASENRA PEN INJ 30MG/ML	104	FINTEPLA SOL 2.2MG/ML.....	46
<i>febuxostat tab 40 mg</i>	1	<i>flac</i>	101
<i>febuxostat tab 80 mg</i>	1	FLAREX SUS 0.1% OP	100
<i>felbamate susp 600 mg/5ml</i>	46	FLEBOGAMMA INJ 10/100ML	92
<i>felbamate tab 400 mg</i>	46	FLEBOGAMMA INJ 10/200ML	93
<i>felbamate tab 600 mg</i>	46	FLEBOGAMMA INJ 20/200ML	93
<i>felodipine tab er 24hr 10 mg</i>	39	FLEBOGAMMA INJ 20/400ML	93
<i>felodipine tab er 24hr 2.5 mg</i>	39	FLEBOGAMMA INJ 5GM/50ML	92
<i>felodipine tab er 24hr 5 mg</i>	39	FLEBOGAMMA INJ DIF 5%	93
<i>femynor</i>	74	<i>flecainide acetate tab 100 mg</i>	34
<i>fenofibrate micronized cap 134 mg</i> ..	35	<i>flecainide acetate tab 150 mg</i>	34
<i>fenofibrate micronized cap 200 mg</i> ..	35	<i>flecainide acetate tab 50 mg</i>	34
<i>fenofibrate micronized cap 67 mg</i>	35	FLOVENT DISK AER 100MCG	106
<i>fenofibrate tab 145 mg</i>	35	FLOVENT DISK AER 250MCG.....	106
<i>fenofibrate tab 160 mg</i>	35	FLOVENT DISK AER 50MCG.....	106
<i>fenofibrate tab 48 mg</i>	35	FLOVENT HFA AER 110MCG	106
<i>fenofibrate tab 54 mg</i>	35	FLOVENT HFA AER 220MCG	106
<i>fentanyl citrate lozenge on a handle</i>		FLOVENT HFA AER 44MCG	106
1200 mcg	4	<i>fluconazole for susp 10 mg/ml</i>	7
<i>fentanyl citrate lozenge on a handle</i>		<i>fluconazole for susp 40 mg/ml</i>	7
1600 mcg	4	<i>fluconazole in nacl 0.9% inj 200</i>	
<i>fentanyl citrate lozenge on a handle</i>		<i>mg/100ml</i>	8
200 mcg.....	3	<i>fluconazole in nacl 0.9% inj 400</i>	
<i>fentanyl citrate lozenge on a handle</i>		<i>mg/200ml</i>	8
400 mcg.....	3	<i>fluconazole tab 100 mg</i>	8
<i>fentanyl citrate lozenge on a handle</i>		<i>fluconazole tab 150 mg</i>	8
600 mcg.....	3	<i>fluconazole tab 200 mg</i>	8
<i>fentanyl citrate lozenge on a handle</i>		<i>fluconazole tab 50 mg</i>	8
800 mcg.....	4	<i>flucytosine cap 250 mg</i>	8
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	<i>flucytosine cap 500 mg</i>	8
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	<i>fludrocortisone acetate tab 0.1 mg</i> ...	78
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	<i>flunisolide nasal soln 25 mcg/act</i>	
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	(0.025%).....	105
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	<i>fluocinolone acetate (otic) oil 0.01%</i>	
<i>fesoterodine fumarate tab er 24hr 4</i>		.....	101
<i>mg</i>	87	<i>fluocinolone acetate cream 0.01%</i>	
<i>fesoterodine fumarate tab er 24hr 8</i>		.....	108
<i>mg</i>	87	<i>fluocinolone acetate cream 0.025%</i>	
FETZIMA CAP 120MG.....	53	.....	108
FETZIMA CAP 20MG	53		

<i>fluocinolone acetonide oil 0.01% (body oil)</i>	109	<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	35
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	109	<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	35
<i>fluocinolone acetonide oint 0.025%</i>	109	<i>fluvoxamine maleate tab 100 mg</i>	44
<i>fluocinolone acetonide soln 0.01%</i> .	109	<i>fluvoxamine maleate tab 25 mg</i>	44
<i>fluocinonide cream 0.05%</i>	109	<i>fluvoxamine maleate tab 50 mg</i>	44
<i>fluocinonide emulsified base cream 0.05%</i>	109	<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	89
<i>fluocinonide gel 0.05%</i>	109	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	89
<i>fluocinonide oint 0.05%</i>	109	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	89
<i>fluocinonide soln 0.05%</i>	109	<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	89
<i>fluorometholone ophth susp 0.1%</i> .	100	<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	103
<i>fluorouracil cream 5%</i>	110	FORTEO INJ 600/2.4	72
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	18	FOSAMAX + D TAB 70-2800	72
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	18	FOSAMAX + D TAB 70-5600	72
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	18	<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	9
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	18	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	30
<i>fluorouracil soln 2%</i>	110	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	30
<i>fluorouracil soln 5%</i>	110	<i>fosinopril sodium tab 10 mg</i>	30
<i>fluoxetine hcl cap 10 mg</i>	53	<i>fosinopril sodium tab 20 mg</i>	30
<i>fluoxetine hcl cap 20 mg</i>	53	<i>fosinopril sodium tab 40 mg</i>	30
<i>fluoxetine hcl cap 40 mg</i>	53	FOTIVDA CAP 0.89MG	23
<i>fluoxetine hcl solution 20 mg/5ml</i>	53	FOTIVDA CAP 1.34MG	23
<i>fluphenazine decanoate inj 25 mg/ml</i>	58	FREAMINE III INJ 10%	98
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> ...	58	<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	19
<i>fluphenazine hcl inj 2.5 mg/ml</i>	58	<i>furosemide inj</i>	40
<i>fluphenazine hcl oral conc 5 mg/ml</i> ..	58	<i>furosemide oral soln 10 mg/ml</i>	40
<i>fluphenazine hcl tab 1 mg</i>	58	<i>furosemide oral soln 8 mg/ml</i>	40
<i>fluphenazine hcl tab 10 mg</i>	58	<i>furosemide tab 20 mg</i>	40
<i>fluphenazine hcl tab 2.5 mg</i>	58	<i>furosemide tab 40 mg</i>	40
<i>fluphenazine hcl tab 5 mg</i>	58	<i>furosemide tab 80 mg</i>	41
<i>flurbiprofen sodium ophth soln 0.03%</i>	100	FUZEON INJ 90MG	9
<i>flurbiprofen tab 100 mg</i>	1	<i>fyavolv tab 0.5mg-2.5mcg</i>	78
<i>flutamide cap 125 mg</i>	19	<i>fyavolv tab 1mg-5mcg</i>	78
<i>fluticasone propionate cream 0.05%</i>	109	FYCOMPA SUS 0.5MG/ML	46
<i>fluticasone propionate nasal susp 50 mcg/act.</i>	105	FYCOMPA TAB 10MG	47
<i>fluticasone propionate oint 0.005%</i>	109	FYCOMPA TAB 12MG	47
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	35	FYCOMPA TAB 2MG	46
		FYCOMPA TAB 4MG	46

FYCOMPA TAB 6MG	47	<i>gavilyte-g</i>	85
FYCOMPA TAB 8MG	47	<i>gavilyte-n sol flav pk</i>	85
G		GAVRETO CAP 100MG	24
<i>gabapentin cap 100 mg</i>	47	<i>gemcitabine hcl for inj 1 gm</i>	18
<i>gabapentin cap 300 mg</i>	47	<i>gemcitabine hcl for inj 2 gm</i>	18
<i>gabapentin cap 400 mg</i>	47	<i>gemcitabine hcl for inj 200 mg</i>	18
<i>gabapentin oral soln 250 mg/5ml</i>	47	<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>	
<i>gabapentin tab 600 mg</i>	47	<i>mg/ml) (base equiv)</i>	18
<i>gabapentin tab 800 mg</i>	47	<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>	
<i>galantamine hydrobromide cap er 24hr</i>		<i>mg/ml) (base equiv)</i>	18
<i>16 mg</i>	50	<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>	
<i>galantamine hydrobromide cap er 24hr</i>		<i>mg/ml) (base equiv)</i>	18
<i>24 mg</i>	50	<i>gemfibrozil tab 600 mg</i>	35
<i>galantamine hydrobromide cap er 24hr</i>		<i>generlac</i>	85
<i>8 mg</i>	50	<i>gengraf</i>	94
<i>galantamine hydrobromide oral soln 4</i>		GENOTROPIN INJ 0.2MG	80
<i>mg/ml</i>	50	GENOTROPIN INJ 0.4MG	80
<i>galantamine hydrobromide tab 12 mg</i>		GENOTROPIN INJ 0.6MG	80
.....	50	GENOTROPIN INJ 0.8MG	80
<i>galantamine hydrobromide tab 4 mg</i>	50	GENOTROPIN INJ 1.2MG	80
<i>galantamine hydrobromide tab 8 mg</i>	50	GENOTROPIN INJ 1.4MG	80
GAMASTAN INJ	93	GENOTROPIN INJ 1.6MG	80
GAMMAGARD INJ 10GM/100	93	GENOTROPIN INJ 1.8MG	80
GAMMAGARD INJ 1GM/10ML	93	GENOTROPIN INJ 12MG	80
GAMMAGARD INJ 2.5GM/25	93	GENOTROPIN INJ 1MG	80
GAMMAGARD INJ 20GM/200	93	GENOTROPIN INJ 2MG	80
GAMMAGARD INJ 30GM/300	93	GENOTROPIN INJ 5MG	80
GAMMAGARD INJ 5GM/50ML	93	<i>gentak</i>	99
GAMMAGARD SD INJ 10GM HU	93	<i>gentamicin in saline inj 0.8 mg/ml</i>	6
GAMMAGARD SD INJ 5GM HU	93	<i>gentamicin in saline inj 1 mg/ml</i>	6
GAMMAKED INJ 10GM/100	93	<i>gentamicin in saline inj 1.2 mg/ml</i>	6
GAMMAKED INJ 1GM/10ML	93	<i>gentamicin in saline inj 1.6 mg/ml</i>	6
GAMMAKED INJ 20GM/200	93	<i>gentamicin in saline inj 2 mg/ml</i>	6
GAMMAKED INJ 5GM/50ML	93	<i>gentamicin sulfate cream 0.1%</i>	107
GAMMAPLEX INJ 10%	93	<i>gentamicin sulfate inj 10 mg/ml</i>	6
GAMMAPLEX INJ 5%	93	<i>gentamicin sulfate inj 40 mg/ml</i>	6
GAMUNEX-C INJ 10GM/100	93	<i>gentamicin sulfate oint 0.1%</i>	107
GAMUNEX-C INJ 1GM/10ML	93	<i>gentamicin sulfate ophth soln 0.3%</i> ..	99
GAMUNEX-C INJ 2.5GM/25	93	GENVOYA TAB	11
GAMUNEX-C INJ 20GM/200	93	GILENYA CAP 0.5MG	67
GAMUNEX-C INJ 40/400ML	93	GILOTRIF TAB 20MG	24
GAMUNEX-C INJ 5GM/50ML	93	GILOTRIF TAB 30MG	24
<i>ganciclovir sodium for inj 500 mg</i>	12	GILOTRIF TAB 40MG	24
GARDASIL 9 INJ	95	<i>glatiramer acetate soln prefilled syringe</i>	
<i>gatifloxacin ophth soln 0.5%</i>	99	<i>20 mg/ml</i>	67
GATTEX KIT 5MG	86	<i>glatiramer acetate soln prefilled syringe</i>	
GAUZE PADS 2	71	<i>40 mg/ml</i>	67
<i>gavilyte-c</i>	85	<i>glatopa</i>	67

<i>glimepiride tab 1 mg</i>	69	<i>hailey 1.5/30</i>	74
<i>glimepiride tab 2 mg</i>	69	<i>halobetasol propionate cream 0.05%</i>	109
<i>glimepiride tab 4 mg</i>	69	<i>halobetasol propionate oint 0.05%</i> .	109
<i>glipizide tab 10 mg</i>	69	<i>haloperidol decanoate im soln 100</i> <i>mg/ml</i>	58
<i>glipizide tab 5 mg</i>	69	<i>haloperidol decanoate im soln 50</i> <i>mg/ml</i>	58
<i>glipizide tab er 24hr 10 mg</i>	69	<i>haloperidol lactate inj 5 mg/ml</i>	58
<i>glipizide tab er 24hr 2.5 mg</i>	69	<i>haloperidol lactate oral conc 2 mg/ml</i>	59
<i>glipizide tab er 24hr 5 mg</i>	69	<i>haloperidol tab 0.5 mg</i>	59
<i>glipizide xl</i>	69	<i>haloperidol tab 1 mg</i>	59
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	69	<i>haloperidol tab 10 mg</i>	59
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	69	<i>haloperidol tab 2 mg</i>	59
<i>glipizide-metformin hcl tab 5-500 mg</i>	69	<i>haloperidol tab 20 mg</i>	59
<i>glycopyrrolate tab 1 mg</i>	84	<i>haloperidol tab 5 mg</i>	59
<i>glycopyrrolate tab 2 mg</i>	84	HARVONI PAK 33.75-150MG	12
<i>glydo</i>	109	HARVONI PAK 45-200MG.....	12
GLYXAMBI TAB 10-5 MG	69	HARVONI TAB 45-200MG.....	12
GLYXAMBI TAB 25-5 MG	69	HARVONI TAB 90-400MG.....	12
GOLYTELY SOL.....	85	HAVRIX INJ 1440UNIT	95
GRALISE TAB 300MG.....	66	HAVRIX INJ 720UNIT	95
GRALISE TAB 600MG.....	66	<i>heather</i>	74
<i>granisetron hcl inj 1 mg/ml</i>	83	HEP SOD/D5W INJ 20000UNT	89
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	83	HEP SOD/D5W INJ 25000UNT	89
<i>granisetron hcl tab 1 mg</i>	83	HEP SOD/NAACL INJ 25000UNT.....	89
<i>griseofulvin microsize susp 125 mg/5ml</i>	8	<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml</i>	89
<i>griseofulvin microsize tab 500 mg</i>	8	<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i>	89
<i>griseofulvin ultramicrosize tab 125 mg</i>	8	<i>heparin sodium (porcine) inj 20000</i> <i>unit/ml</i>	89
<i>griseofulvin ultramicrosize tab 250 mg</i>	8	<i>heparin sodium (porcine) inj 5000</i> <i>unit/ml</i>	89
<i>guanfacine hcl tab 1 mg</i>	42	HEPARIN/NAACL INJ 25000UNT.....	89
<i>guanfacine hcl tab 2 mg</i>	42	<i>hepatamine sol 8%</i>	98
<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i>	62	HERCEP HYLEC SOL 60-10000	24
<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i>	63	HERCEPTIN INJ 150MG	24
<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i>	63	HERZUMA INJ 150MG.....	24
<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i>	63	HERZUMA INJ 420MG.....	24
GVOKE HYPO 2 INJ .5/.1ML	79	HETLIOZ CAP 20MG.....	64
GVOKE HYPO 2 INJ 1MG/.2ML.....	79	HIBERIX SOL 10MCG	95
GVOKE KIT SOL 1MG/0.2M.....	79	HUMIRA INJ 10/0.1ML.....	91
GVOKE PFS INJ	79	HUMIRA INJ 20/0.2ML.....	91
H		HUMIRA INJ 40/0.4ML.....	91
HAEGARDA INJ 2000UNIT	90	HUMIRA KIT 40MG/0.8.....	91
HAEGARDA INJ 3000UNIT	90	HUMIRA PEDIA INJ CROHNS	91
		HUMIRA PEN INJ 40/0.4ML	91

HUMIRA PEN INJ 40MG/0.8	91	<i>hydrocortisone tab 10 mg</i>	78
HUMIRA PEN INJ 80/0.8ML.....	91	<i>hydrocortisone tab 20 mg</i>	78
HUMIRA PEN INJ CD/UC/HS.....	91	<i>hydrocortisone tab 5 mg</i>	78
HUMIRA PEN INJ PS/UV	91	<i>hydromorphone hcl liqd 1 mg/ml</i>	4
HUMIRA PEN KIT CD/UC/HS	91	<i>hydromorphone hcl tab 2 mg</i>	4
HUMIRA PEN KIT PED UC	91	<i>hydromorphone hcl tab 4 mg</i>	4
HUMIRA PEN KIT PS/UV	91	<i>hydromorphone hcl tab 8 mg</i>	4
HUMULIN R INJ U-500	71	<i>hydroxychloroquine sulfate tab 200 mg</i>	
<i>hydralazine hcl inj 20 mg/ml</i>	42	.....	92
<i>hydralazine hcl tab 10 mg</i>	42	<i>hydroxyurea cap 500 mg</i>	21
<i>hydralazine hcl tab 100 mg</i>	42	<i>hydroxyzine hcl im soln 25 mg/ml</i> ..	102
<i>hydralazine hcl tab 25 mg</i>	42	<i>hydroxyzine hcl im soln 50 mg/ml</i> ..	102
<i>hydralazine hcl tab 50 mg</i>	42	<i>hydroxyzine hcl syrup 10 mg/5ml</i> ..	102
<i>hydrochlorothiazide cap 12.5 mg</i>	41	<i>hydroxyzine hcl tab 10 mg</i>	102
<i>hydrochlorothiazide tab 12.5 mg</i>	41	<i>hydroxyzine hcl tab 25 mg</i>	102
<i>hydrochlorothiazide tab 25 mg</i>	41	<i>hydroxyzine hcl tab 50 mg</i>	102
<i>hydrochlorothiazide tab 50 mg</i>	41	<i>hydroxyzine pamoate cap 25 mg</i>	102
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxyzine pamoate cap 50 mg</i>	102
<i>deter 100 mg</i>	2	HYSINGLA ER TAB 100 MG.....	3
<i>hydrocodone bitartrate tab er 24hr</i>		HYSINGLA ER TAB 120 MG.....	3
<i>deter 120 mg</i>	2	HYSINGLA ER TAB 20 MG	2
<i>hydrocodone bitartrate tab er 24hr</i>		HYSINGLA ER TAB 30 MG	2
<i>deter 20 mg</i>	2	HYSINGLA ER TAB 40 MG	2
<i>hydrocodone bitartrate tab er 24hr</i>		HYSINGLA ER TAB 60 MG	3
<i>deter 30 mg</i>	2	HYSINGLA ER TAB 80 MG	3
<i>hydrocodone bitartrate tab er 24hr</i>		I	
<i>deter 40 mg</i>	2	<i>ibandronate sodium iv soln 3 mg/3ml</i>	
<i>hydrocodone bitartrate tab er 24hr</i>		<i>(base equivalent)</i>	72
<i>deter 60 mg</i>	2	<i>ibandronate sodium tab 150 mg (base</i>	
<i>hydrocodone bitartrate tab er 24hr</i>		<i>equivalent)</i>	72
<i>deter 80 mg</i>	2	IBRANCE CAP 100MG.....	24
<i>hydrocodone-acetaminophen soln 7.5-</i>		IBRANCE CAP 125MG.....	24
<i>325 mg/15ml</i>	4	IBRANCE CAP 75MG	24
<i>hydrocodone-acetaminophen tab 10-</i>		IBRANCE TAB 100MG.....	24
<i>325 mg</i>	4	IBRANCE TAB 125MG.....	24
<i>hydrocodone-acetaminophen tab 5-325</i>		IBRANCE TAB 75MG	24
<i>mg</i>	4	<i>ibu</i>	1
<i>hydrocodone-acetaminophen tab 7.5-</i>		<i>ibuprofen susp 100 mg/5ml</i>	1
<i>325 mg</i>	4	<i>ibuprofen tab 400 mg</i>	1
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>		<i>ibuprofen tab 600 mg</i>	1
.....	4	<i>ibuprofen tab 800 mg</i>	1
<i>hydrocortisone cream 1%</i>	109	<i>icatibant acetate inj 30 mg/3ml (base</i>	
<i>hydrocortisone cream 2.5%</i>	109	<i>equivalent)</i>	90
<i>hydrocortisone enema 100 mg/60ml</i>	85	<i>iclevia</i>	74
<i>hydrocortisone lotion 2.5%</i>	109	ICLUSIG TAB 10MG	24
<i>hydrocortisone oint 2.5%</i>	109	ICLUSIG TAB 15MG	24
<i>hydrocortisone perianal cream 2.5%</i>		ICLUSIG TAB 30MG	24
.....	110	ICLUSIG TAB 45MG	24

IDHIFA TAB 100MG.....	24	INTRON A INJ 50MU	94
IDHIFA TAB 50MG.....	24	<i>introvale</i>	74
ILEVRO DRO 0.3% OP	100	INVEGA SUST INJ 117/0.75	59
<i>imatinib mesylate tab 100 mg (base</i>		INVEGA SUST INJ 156MG/ML	59
<i>equivalent)</i>	24	INVEGA SUST INJ 234/1.5	59
<i>imatinib mesylate tab 400 mg (base</i>		INVEGA SUST INJ 39/0.25	59
<i>equivalent)</i>	24	INVEGA SUST INJ 78/0.5ML.....	59
IMBRUVICA CAP 140MG.....	24	INVEGA TRINZ INJ 273MG	59
IMBRUVICA CAP 70MG.....	24	INVEGA TRINZ INJ 410MG	59
IMBRUVICA SUS 70MG/ML	24	INVEGA TRINZ INJ 546MG	59
IMBRUVICA TAB 140MG.....	24	INVEGA TRINZ INJ 819MG	59
IMBRUVICA TAB 280MG.....	24	INVIRASE TAB 500MG.....	9
IMBRUVICA TAB 420MG.....	25	IPOL INJ INACTIVE.....	95
IMBRUVICA TAB 560MG.....	25	<i>ipratropium bromide inhal soln 0.02%</i>	
<i>imipenem-cilastatin intravenous for</i>		.....	102
<i>soln 250 mg</i>	6	<i>ipratropium bromide nasal soln 0.03%</i>	
<i>imipenem-cilastatin intravenous for</i>		<i>(21 mcg/spray)</i>	102
<i>soln 500 mg</i>	6	<i>ipratropium bromide nasal soln 0.06%</i>	
<i>imipramine hcl tab 10 mg</i>	53	<i>(42 mcg/spray)</i>	102
<i>imipramine hcl tab 25 mg</i>	53	<i>ipratropium-albuterol nebu soln 0.5-</i>	
<i>imipramine hcl tab 50 mg</i>	53	<i>2.5(3) mg/3ml</i>	101
<i>imiquimod cream 5%</i>	110	<i>irbesartan tab 150 mg</i>	33
IMOVAX RABIE INJ 2.5/ML	95	<i>irbesartan tab 300 mg</i>	33
<i>incassia</i>	74	<i>irbesartan tab 75 mg</i>	33
INCRELEX INJ 40MG/4ML.....	80	<i>irbesartan-hydrochlorothiazide tab</i>	
INCRUSE ELPT INH 62.5MCG	102	<i>150-12.5 mg</i>	32
<i>indapamide tab 1.25 mg</i>	41	<i>irbesartan-hydrochlorothiazide tab</i>	
<i>indapamide tab 2.5 mg</i>	41	<i>300-12.5 mg</i>	32
INFANRIX INJ.....	95	IRESSA TAB 250MG.....	25
INFLIXIMAB INJ 100MG	91	<i>irinotecan hcl inj 100 mg/5ml (20</i>	
INGREZZA CAP 40-80MG	66	<i>mg/ml)</i>	21
INGREZZA CAP 40MG	66	<i>irinotecan hcl inj 300 mg/15ml (20</i>	
INGREZZA CAP 60MG	66	<i>mg/ml)</i>	21
INGREZZA CAP 80MG	66	<i>irinotecan hcl inj 40 mg/2ml (20</i>	
INLYTA TAB 1MG	25	<i>mg/ml)</i>	21
INLYTA TAB 5MG	25	<i>irinotecan hcl inj 500 mg/25ml (20</i>	
INQOVI TAB 35-100MG.....	18	<i>mg/ml)</i>	21
INREBIC CAP 100MG	25	ISENTRESS CHW 100MG	9
INSULIN SAFETY NEEDLES	71	ISENTRESS CHW 25MG	9
INSULIN SYRINGES:		ISENTRESS HD TAB 600MG.....	9
BD/ULTIMED/ALLISON/TRIVIDIA/MH		ISENTRESS POW 100MG	9
C.....	71	ISENTRESS TAB 400MG.....	9
INTELENCE TAB 25MG	9	<i>isibloom</i>	74
INTRALIPID INJ 20%.....	98	ISOLYTE-P INJ /D5W	96
INTRALIPID INJ 30%.....	98	ISOLYTE-S INJ.....	96
INTRON A INJ 10MU	94	ISOLYTE-S INJ PH 7.4.....	96
INTRON A INJ 18MU.....	94	<i>isoniazid syrup 50 mg/5ml</i>	11
INTRON A INJ 25MU.....	94	<i>isoniazid tab 100 mg</i>	11

<i>isoniazid tab 300 mg</i>	11	<i>jinteli</i>	78
ISOPTO ATROP SOL 1% OP	101	<i>jolessa</i>	74
<i>isosorbide dinitrate tab 10 mg</i>	43	<i>juleber</i>	74
<i>isosorbide dinitrate tab 20 mg</i>	43	JULUCA TAB 50-25MG.....	11
<i>isosorbide dinitrate tab 30 mg</i>	43	<i>junel 1.5/30</i>	74
<i>isosorbide dinitrate tab 5 mg</i>	43	<i>junel 1/20</i>	74
<i>isosorbide mononitrate tab 10 mg</i> ...	43	<i>junel fe 1.5/30</i>	74
<i>isosorbide mononitrate tab 20 mg</i> ...	43	<i>junel fe 1/20</i>	74
<i>isosorbide mononitrate tab er 24hr 120</i>		K	
<i>mg</i>	43	KADCYLA INJ 100MG	25
<i>isosorbide mononitrate tab er 24hr 30</i>		KADCYLA INJ 160MG	25
<i>mg</i>	43	KALYDECO PAK 25MG	104
<i>isosorbide mononitrate tab er 24hr 60</i>		KALYDECO PAK 50MG	104
<i>mg</i>	43	KALYDECO PAK 75MG	104
<i>isotretinoin cap 10 mg</i>	107	KALYDECO TAB 150MG	104
<i>isotretinoin cap 20 mg</i>	107	KANJINTI INJ 420MG	25
<i>isotretinoin cap 30 mg</i>	107	KANJINTI SOL 150MG	25
<i>isotretinoin cap 40 mg</i>	107	<i>kariva</i>	74
<i>isradipine cap 2.5 mg</i>	39	<i>kcl 10 meq/l (0.075%) in dextrose 5%</i>	
<i>isradipine cap 5 mg</i>	39	<i>& nacl 0.45% inj</i>	96
<i>itraconazole cap 100 mg</i>	8	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
<i>ivermectin tab 3 mg</i>	6	<i>nacl 0.2% inj</i>	96
IXIARO INJ	95	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
J		<i>nacl 0.45% inj</i>	96
JAKAFI TAB 10MG.....	25	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
JAKAFI TAB 15MG.....	25	<i>nacl 0.9% inj</i>	96
JAKAFI TAB 20MG.....	25	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
JAKAFI TAB 25MG.....	25	.....	96
JAKAFI TAB 5MG.....	25	KCL 20 MEQ/L (0.15%) IN NAACL 0.45%	
<i>jantoven</i>	89	INJ.....	96
JANUMET TAB 50-1000	69	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	
JANUMET TAB 50-500MG	69	.....	96
JANUMET XR TAB 100-1000.....	69	<i>kcl 30 meq/l (0.224%) in dextrose 5%</i>	
JANUMET XR TAB 50-1000	69	<i>& nacl 0.45% inj</i>	96
JANUMET XR TAB 50-500MG.....	69	<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i>	
JANUVIA TAB 100MG.....	69	<i>nacl 0.45% inj</i>	96
JANUVIA TAB 25MG	69	KCL 40 MEQ/L (0.3%) IN NAACL 0.9%	
JANUVIA TAB 50MG	69	INJ.....	96
JARDIANCE TAB 10MG.....	69	KCL/D5W/NAACL INJ 0.3/0.9%	96
JARDIANCE TAB 25MG.....	69	<i>kelnor 1/35</i>	74
<i>jasmiel</i>	74	<i>kelnor 1/50</i>	74
<i>javygtor pak 100mg</i>	80	KERENDIA TAB 10MG.....	31
<i>javygtor tab 100mg</i>	80	KERENDIA TAB 20MG.....	31
JENTADUETO TAB 2.5-1000.....	69	KESIMPTA INJ 20/.4ML.....	67
JENTADUETO TAB 2.5-500	69	<i>ketoconazole cream 2%</i>	107
JENTADUETO TAB 2.5-850	69	<i>ketoconazole shampoo 2%</i>	108
JENTADUETO TAB XR 2.5-1000MG... 70		<i>ketoconazole tab 200 mg</i>	8
JENTADUETO TAB XR 5-1000MG	70		

<i>ketorolac tromethamine ophth soln</i> 0.4%	100	<i>lamivudine-zidovudine tab 150-300 mg</i>	11
<i>ketorolac tromethamine ophth soln</i> 0.5%	100	<i>lamotrigine orally disintegrating tab</i> 100 mg.....	47
KEYTRUDA INJ 100MG/4M.....	25	<i>lamotrigine orally disintegrating tab</i> 200 mg.....	47
KINRIX INJ	95	<i>lamotrigine orally disintegrating tab 25</i> mg.....	47
KISQALI 200 DOSE	25	<i>lamotrigine orally disintegrating tab 50</i> mg.....	47
KISQALI 200 PAK FEMARA.....	21	<i>lamotrigine tab 100 mg</i>	47
KISQALI 400 DOSE	25	<i>lamotrigine tab 150 mg</i>	47
KISQALI 400 PAK FEMARA.....	21	<i>lamotrigine tab 200 mg</i>	47
KISQALI 600 DOSE	25	<i>lamotrigine tab 25 mg</i>	47
KISQALI 600 PAK FEMARA.....	21	<i>lamotrigine tab chewable dispersible</i> 25 mg.....	47
<i>klor-con</i>	97	<i>lamotrigine tab chewable dispersible</i> 5 mg.....	47
<i>klor-con 10</i>	97	<i>lamotrigine tab er 24hr 100 mg</i>	47
<i>klor-con 8</i>	97	<i>lamotrigine tab er 24hr 200 mg</i>	47
<i>klor-con m10</i>	97	<i>lamotrigine tab er 24hr 25 mg</i>	47
<i>klor-con m15</i>	97	<i>lamotrigine tab er 24hr 250 mg</i>	47
<i>klor-con m20</i>	97	<i>lamotrigine tab er 24hr 300 mg</i>	47
KORLYM TAB 300MG	80	<i>lamotrigine tab er 24hr 50 mg</i>	47
<i>kurvelo</i>	74	<i>lansoprazole cap delayed release 15</i> mg.....	86
KYNMOBI MIS 10MG.....	55	<i>lansoprazole cap delayed release 30</i> mg.....	86
KYNMOBI MIS 15MG.....	55	<i>lansoprazole tab delayed release orally</i> <i>disintegrating 15 mg</i>	86
KYNMOBI MIS 20MG.....	55	<i>lansoprazole tab delayed release orally</i> <i>disintegrating 30 mg</i>	87
KYNMOBI MIS 25MG.....	56	<i>lapatinib ditosylate tab 250 mg (base</i> <i>equiv)</i>	25
KYNMOBI MIS 30MG.....	56	<i>larin 1.5/30</i>	74
L		<i>larin 1/20</i>	74
<i>labetalol hcl tab 100 mg</i>	37	<i>larin fe 1.5/30</i>	75
<i>labetalol hcl tab 200 mg</i>	37	<i>larin fe 1/20</i>	75
<i>labetalol hcl tab 300 mg</i>	37	<i>larissia tab</i>	75
<i>lacosamide iv inj 200 mg/20ml (10</i> <i>mg/ml)</i>	47	LASTACAFT SOL 0.25%	100
<i>lacosamide oral solution 10 mg/ml</i> ...	47	<i>latanoprost ophth soln 0.005%</i>	100
<i>lacosamide tab 100 mg</i>	47	LATUDA TAB 120MG	59
<i>lacosamide tab 150 mg</i>	47	LATUDA TAB 20MG.....	59
<i>lacosamide tab 200 mg</i>	47	LATUDA TAB 40MG.....	59
<i>lacosamide tab 50 mg</i>	47	LATUDA TAB 60MG.....	59
<i>lactated ringer's solution</i>	96	LATUDA TAB 80MG.....	59
<i>lactic acid (ammonium lactate) cream</i> 12%	110	<i>leena</i>	75
<i>lactic acid (ammonium lactate) lotion</i> 12%	110	<i>leflunomide tab 10 mg</i>	92
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i>	85		
<i>lactulose solution 10 gm/15ml</i>	85		
<i>lamivudine oral soln 10 mg/ml</i>	9		
<i>lamivudine tab 100 mg (hbv)</i>	12		
<i>lamivudine tab 150 mg</i>	9		
<i>lamivudine tab 300 mg</i>	9		

<i>leflunomide tab 20 mg</i>	92	<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	47
<i>lenalidomide cap 10 mg</i>	20	<i>levetiracetam oral soln 100 mg/ml</i> ...	48
<i>lenalidomide cap 15 mg</i>	20	<i>levetiracetam tab 1000 mg</i>	48
<i>lenalidomide cap 20 mg</i>	20	<i>levetiracetam tab 250 mg</i>	48
<i>lenalidomide cap 25 mg</i>	20	<i>levetiracetam tab 500 mg</i>	48
<i>lenalidomide cap 5 mg</i>	20	<i>levetiracetam tab 750 mg</i>	48
<i>lenalidomide caps 2.5 mg</i>	20	<i>levetiracetam tab er 24hr 500 mg</i> ...	48
LENVIMA CAP 10 MG	25	<i>levetiracetam tab er 24hr 750 mg</i> ...	48
LENVIMA CAP 12MG	25	<i>levobunolol hcl ophth soln 0.5%</i>	100
LENVIMA CAP 14 MG	25	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	80
LENVIMA CAP 18 MG	25	<i>levocarnitine tab 330 mg</i>	80
LENVIMA CAP 20 MG	25	<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	102
LENVIMA CAP 24 MG	26	<i>levocetirizine dihydrochloride tab 5 mg</i>	102
LENVIMA CAP 4MG.....	25	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	15
LENVIMA CAP 8 MG.....	25	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	15
<i>lessina</i>	75	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	15
<i>letrozole tab 2.5 mg</i>	19	<i>levofloxacin iv soln 25 mg/ml</i>	15
<i>leucovorin calcium for inj 100 mg</i> ...	29	<i>levofloxacin oral soln 25 mg/ml</i>	15
<i>leucovorin calcium for inj 200 mg</i> ...	29	<i>levofloxacin tab 250 mg</i>	15
<i>leucovorin calcium for inj 350 mg</i> ...	29	<i>levofloxacin tab 500 mg</i>	15
<i>leucovorin calcium for inj 50 mg</i>	29	<i>levofloxacin tab 750 mg</i>	15
<i>leucovorin calcium for inj 500 mg</i> ...	29	<i>levonest</i>	75
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	29	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	75
<i>leucovorin calcium tab 10 mg</i>	29	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	75
<i>leucovorin calcium tab 15 mg</i>	29	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	75
<i>leucovorin calcium tab 25 mg</i>	29	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	75
<i>leucovorin calcium tab 5 mg</i>	29	<i>levora 0.15/30-28</i>	75
LEUKERAN TAB 2MG.....	18	<i>levo-t</i>	82
<i>leuprolide acetate inj kit 5 mg/ml</i> ...	19	<i>levothyroxine sodium tab 100 mcg</i> ...	82
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	103	<i>levothyroxine sodium tab 112 mcg</i> ...	82
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	103	<i>levothyroxine sodium tab 125 mcg</i> ...	82
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	103	<i>levothyroxine sodium tab 137 mcg</i> ...	82
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	103	<i>levothyroxine sodium tab 150 mcg</i> ...	82
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	103	<i>levothyroxine sodium tab 175 mcg</i> ...	82
LEVEMIR INJ	71	<i>levothyroxine sodium tab 200 mcg</i> ...	82
LEVEMIR INJ FLEXTUOC.....	71	<i>levothyroxine sodium tab 25 mcg</i>	82
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	47	<i>levothyroxine sodium tab 300 mcg</i> ...	82
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	47		
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	47		

<i>levothyroxine sodium tab 50 mcg</i>	82	<i>lithium carbonate cap 300 mg</i>	66
<i>levothyroxine sodium tab 75 mcg</i>	82	<i>lithium carbonate cap 600 mg</i>	66
<i>levothyroxine sodium tab 88 mcg</i>	82	<i>lithium carbonate tab 300 mg</i>	66
<i>levoxyl</i>	82	<i>lithium carbonate tab er 300 mg</i>	66
LEXIVA SUS 50MG/ML	9	<i>lithium carbonate tab er 450 mg</i>	66
<i>lidocaine hcl local inj 0.5%</i>	5	LITHIUM SOL 8MEQ/5ML	66
<i>lidocaine hcl local inj 1%</i>	5	LIVALO TAB 1MG.....	36
<i>lidocaine hcl local inj 2%</i>	5	LIVALO TAB 2MG.....	36
<i>lidocaine hcl local preservative free (pf)</i>		LIVALO TAB 4MG.....	36
<i>inj 0.5%</i>	5	<i>loestrin 1.5/30-21</i>	75
<i>lidocaine hcl local preservative free (pf)</i>		<i>loestrin 1/20-21</i>	75
<i>inj 1.5%</i>	5	<i>loestrin fe 1.5/30</i>	75
<i>lidocaine hcl local preservative free (pf)</i>		<i>loestrin fe 1/20</i>	75
<i>inj 1%</i>	5	LOKELMA PAK 10GM	73
<i>lidocaine hcl soln 4%</i>	109	LOKELMA PAK 5GM.....	73
<i>lidocaine hcl urethral/mucosal gel 2%</i>		LONSURF TAB 15-6.14	18
.....	109	LONSURF TAB 20-8.19.....	18
<i>lidocaine hcl viscous soln 2%</i>	111	<i>loperamide hcl cap 2 mg</i>	86
<i>lidocaine oint 5%</i>	109	<i>lopinavir-ritonavir soln 400-100</i>	
<i>lidocaine patch 5%</i>	109	<i>mg/5ml (80-20 mg/ml)</i>	11
<i>lidocaine-prilocaine cream 2.5-2.5%</i>		<i>lopinavir-ritonavir tab 100-25 mg</i>	11
.....	109	<i>lopinavir-ritonavir tab 200-50 mg</i>	11
<i>lillow</i>	75	<i>lorazepam conc 2 mg/ml</i>	44
<i>linezolid for susp 100 mg/5ml</i>	6	<i>lorazepam inj 2 mg/ml</i>	44
<i>linezolid in sodium chloride iv soln 600</i>		<i>lorazepam inj 4 mg/ml</i>	44
<i>mg/300ml-0.9%</i>	6	<i>lorazepam intensol</i>	44
<i>linezolid iv soln 600 mg/300ml (2</i>		<i>lorazepam tab 0.5 mg</i>	44
<i>mg/ml)</i>	6	<i>lorazepam tab 1 mg</i>	44
<i>linezolid tab 600 mg</i>	6	<i>lorazepam tab 2 mg</i>	44
LINZESS CAP 145MCG.....	86	LORBRENA TAB 100MG	26
LINZESS CAP 290MCG.....	86	LORBRENA TAB 25MG	26
LINZESS CAP 72MCG.....	86	<i>loryna</i>	75
<i>liothyronine sodium tab 25 mcg</i>	82	<i>losartan potassium &</i>	
<i>liothyronine sodium tab 5 mcg</i>	82	<i>hydrochlorothiazide tab 100-12.5 mg</i>	
<i>liothyronine sodium tab 50 mcg</i>	82	.....	32
<i>lisinopril & hydrochlorothiazide tab 10-</i>		<i>losartan potassium &</i>	
<i>12.5 mg</i>	30	<i>hydrochlorothiazide tab 100-25 mg</i>	32
<i>lisinopril & hydrochlorothiazide tab 20-</i>		<i>losartan potassium &</i>	
<i>12.5 mg</i>	30	<i>hydrochlorothiazide tab 50-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-</i>		.....	32
<i>25 mg</i>	30	<i>losartan potassium tab 100 mg</i>	33
<i>lisinopril tab 10 mg</i>	31	<i>losartan potassium tab 25 mg</i>	33
<i>lisinopril tab 2.5 mg</i>	30	<i>losartan potassium tab 50 mg</i>	33
<i>lisinopril tab 20 mg</i>	31	LOTEMAX OIN 0.5%	100
<i>lisinopril tab 30 mg</i>	31	<i>lovastatin tab 10 mg</i>	36
<i>lisinopril tab 40 mg</i>	31	<i>lovastatin tab 20 mg</i>	36
<i>lisinopril tab 5 mg</i>	31	<i>lovastatin tab 40 mg</i>	36
<i>lithium carbonate cap 150 mg</i>	66	<i>low-ogestrel</i>	75

<i>loxapine succinate cap 10 mg</i>	59	MATULANE CAP 50MG	21
<i>loxapine succinate cap 25 mg</i>	59	<i>matzim la</i>	39
<i>loxapine succinate cap 5 mg</i>	59	MAVYRET PAK 50-20MG	12
<i>loxapine succinate cap 50 mg</i>	59	MAVYRET TAB 100-40MG.....	12
LUMAKRAS TAB 120MG.....	26	<i>meclizine hcl tab 12.5 mg</i>	83
LUMIGAN SOL 0.01%	100	<i>meclizine hcl tab 25 mg</i>	83
LUMIZYME INJ 50MG	80	<i>medroxyprogesterone acetate im susp</i>	
LUPR DEP-PED INJ 11.25MG	81	<i>150 mg/ml</i>	75
LUPR DEP-PED INJ 15MG	81	<i>medroxyprogesterone acetate im susp</i>	
LUPR DEP-PED INJ 3M 30MG.....	80	<i>prefilled syr 150 mg/ml</i>	75
LUPR DEP-PED INJ 7.5MG	80	<i>medroxyprogesterone acetate tab 10</i>	
LUPRON DEPOT INJ 11.25MG.....	19	<i>mg</i>	82
LUPRON DEPOT INJ 3.75MG	19	<i>medroxyprogesterone acetate tab 2.5</i>	
<i>lutea</i>	75	<i>mg</i>	82
<i>lyleq</i>	75	<i>medroxyprogesterone acetate tab 5 mg</i>	
<i>lyllana dis 0.025mg</i>	78	.....	82
<i>lyllana dis 0.0375mg</i>	78	<i>mefloquine hcl tab 250 mg</i>	8
<i>lyllana dis 0.05mg</i>	78	<i>megestrol acetate susp 40 mg/ml</i>	82
<i>lyllana dis 0.075mg</i>	78	<i>megestrol acetate susp 625 mg/5ml</i>	82
<i>lyllana dis 0.1mg</i>	78	<i>megestrol acetate tab 20 mg</i>	19
LYNPARZA TAB 100MG	26	<i>megestrol acetate tab 40 mg</i>	19
LYNPARZA TAB 150MG	26	MEKINIST TAB 0.5MG	26
LYSODREN TAB 500MG	19	MEKINIST TAB 2MG.....	26
<i>lyza</i>	75	MEKTOVI TAB 15MG	26
M		<i>meloxicam tab 15 mg</i>	2
MAGNESIUM SU INJ 20/500ML.....	96	<i>meloxicam tab 7.5 mg</i>	2
MAGNESIUM SU INJ 2GM/50ML.....	96	<i>memantine hcl cap er 24hr 14 mg</i>	50
MAGNESIUM SU INJ 40G/1000.....	96	<i>memantine hcl cap er 24hr 21 mg</i>	50
MAGNESIUM SU INJ 4G/100ML	96	<i>memantine hcl cap er 24hr 28 mg</i>	50
MAGNESIUM SU INJ 80MG/ML.....	96	<i>memantine hcl cap er 24hr 7 mg</i>	50
<i>magnesium sulfate in dextrose 5% iv</i>		<i>memantine hcl oral solution 2 mg/ml</i>	50
<i>soln 1 gm/100ml</i>	97	<i>memantine hcl tab 10 mg</i>	51
<i>magnesium sulfate inj 50%</i>	97	<i>memantine hcl tab 5 mg</i>	50
<i>magnesium sulfate iv soln 2 gm/50ml</i>		MENACTRA INJ	95
<i>(40 mg/ml)</i>	97	MENQUADFI INJ.....	95
<i>magnesium sulfate iv soln 20</i>		MENVEO INJ.....	95
<i>gm/500ml (40 mg/ml)</i>	97	<i>mercaptopurine tab 50 mg</i>	18
<i>magnesium sulfate iv soln 4 gm/100ml</i>		<i>meropenem iv for soln 1 gm</i>	6
<i>(40 mg/ml)</i>	97	<i>meropenem iv for soln 500 mg</i>	6
<i>magnesium sulfate iv soln 4 gm/50ml</i>		<i>mesalamine cap dr 400 mg</i>	85
<i>(80 mg/ml)</i>	97	<i>mesalamine cap er 24hr 0.375 gm</i> ...	85
<i>magnesium sulfate iv soln 40</i>		<i>mesalamine enema 4 gm</i>	85
<i>gm/1000ml (40 mg/ml)</i>	97	<i>mesalamine rectal enema 4 gm &</i>	
<i>malathion lotion 0.5%</i>	110	<i>cleanser wipe kit</i>	85
<i>maraviroc tab 150 mg</i>	9	<i>mesalamine suppos 1000 mg</i>	85
<i>maraviroc tab 300 mg</i>	9	<i>mesalamine tab delayed release 1.2</i>	
<i>marlissa</i>	75	<i>gm</i>	85
MARPLAN TAB 10MG	53	MESNEX TAB 400MG.....	29

metadate er.....	63	methylprednisolone sod succ for inj 40 mg (base equiv).....	79
metformin hcl tab 1000 mg	70	methylprednisolone tab 16 mg	79
metformin hcl tab 500 mg	70	methylprednisolone tab 32 mg	79
metformin hcl tab 850 mg	70	methylprednisolone tab 4 mg	79
metformin hcl tab er 24hr 500 mg ...	70	methylprednisolone tab 8 mg	79
metformin hcl tab er 24hr 750 mg ...	70	methylprednisolone tab therapy pack 4 mg (21).....	79
methadone hcl intensol	3	metoclopramide hcl inj 5 mg/ml (base equivalent).....	83
methadone hcl soln 10 mg/5ml	3	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	83
methadone hcl soln 5 mg/5ml.....	3	metoclopramide hcl tab 10 mg (base equivalent).....	84
methadone hcl tab 10 mg	3	metoclopramide hcl tab 5 mg (base equivalent).....	83
methadone hcl tab 5 mg	3	metolazone tab 10 mg	41
methazolamide tab 25 mg	41	metolazone tab 2.5 mg	41
methazolamide tab 50 mg	41	metolazone tab 5 mg	41
methenamine hippurate tab 1 gm.....	6	metoprolol & hydrochlorothiazide tab 100-25 mg	37
methimazole tab 10 mg	82	metoprolol & hydrochlorothiazide tab 100-50 mg	37
methimazole tab 5 mg.....	82	metoprolol & hydrochlorothiazide tab 50-25 mg.....	37
methotrexate sodium for inj 1 gm....	19	metoprolol succinate tab er 24hr 100 mg (tartrate equiv).....	37
methotrexate sodium inj 250 mg/10ml (25 mg/ml).....	19	metoprolol succinate tab er 24hr 200 mg (tartrate equiv).....	37
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	19	metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	37
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml).....	19	metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	37
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....	19	metoprolol tartrate iv soln 5 mg/5ml	37
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....	19	metoprolol tartrate tab 100 mg.....	37
methotrexate sodium tab 2.5 mg (base equiv)	92	metoprolol tartrate tab 25 mg	37
methylphenidate hcl chew tab 10 mg	63	metoprolol tartrate tab 50 mg	37
methylphenidate hcl chew tab 2.5 mg	63	metronidazole cream 0.75%	110
methylphenidate hcl chew tab 5 mg .	63	metronidazole gel 0.75%.....	110
methylphenidate hcl soln 10 mg/5ml	63	metronidazole iv soln 500 mg/100ml .	6
methylphenidate hcl soln 5 mg/5ml .	63	metronidazole lotion 0.75%	110
methylphenidate hcl tab 10 mg	63	metronidazole tab 250 mg	6
methylphenidate hcl tab 20 mg	63	metronidazole tab 500 mg	6
methylphenidate hcl tab 5 mg.....	63	metronidazole vaginal gel 0.75%	88
methylphenidate hcl tab er 10 mg ...	63	metyrosine cap 250 mg.....	42
methylphenidate hcl tab er 20 mg ...	63	MG SO4/D5W INJ 10MG/ML	97
methylprednisolone acetate inj susp 40 mg/ml.....	78	micafungin sodium for iv soln 100 mg	8
methylprednisolone acetate inj susp 80 mg/ml.....	79	micafungin sodium for iv soln 50 mg .	8
methylprednisolone sod succ for inj 1000 mg (base equiv).....	79		
methylprednisolone sod succ for inj 125 mg (base equiv)	79		

<i>microgestin 1.5/30</i>	75	<i>montelukast sodium chew tab 5 mg</i>	
<i>microgestin 1/20</i>	75	<i>(base equiv)</i>	103
<i>microgestin fe 1.5/30</i>	75	<i>montelukast sodium oral granules</i>	
<i>microgestin fe 1/20</i>	75	<i>packet 4 mg (base equiv)</i>	103
<i>midodrine hcl tab 10 mg</i>	42	<i>montelukast sodium tab 10 mg (base</i>	
<i>midodrine hcl tab 2.5 mg</i>	42	<i>equiv)</i>	103
<i>midodrine hcl tab 5 mg</i>	42	MORPHINE SUL INJ 10MG/ML.....	4
<i>miglustat cap 100 mg</i>	81	MORPHINE SUL INJ 2MG/ML.....	4
<i>mili</i>	75	MORPHINE SUL INJ 4MG/ML.....	4
<i>mimvey</i>	78	MORPHINE SUL INJ 5MG/ML.....	4
<i>minocycline hcl cap 100 mg</i>	17	MORPHINE SUL INJ 8MG/ML.....	4
<i>minocycline hcl cap 50 mg</i>	17	<i>morphine sulfate iv soln 1 mg/ml</i>	4
<i>minocycline hcl cap 75 mg</i>	17	<i>morphine sulfate iv soln 10 mg/ml</i>	4
<i>minoxidil tab 10 mg</i>	42	<i>morphine sulfate iv soln 4 mg/ml</i>	4
<i>minoxidil tab 2.5 mg</i>	42	<i>morphine sulfate iv soln 8 mg/ml</i>	4
<i>mirtazapine orally disintegrating tab 15</i>		<i>morphine sulfate oral soln 10 mg/5ml</i>	4
<i>mg</i>	53	<i>(20 mg/ml)</i>	4
<i>mirtazapine orally disintegrating tab 30</i>		<i>morphine sulfate oral soln 20 mg/5ml</i>	4
<i>mg</i>	53	<i>morphine sulfate tab 15 mg</i>	4
<i>mirtazapine orally disintegrating tab 45</i>		<i>morphine sulfate tab 30 mg</i>	4
<i>mg</i>	53	<i>morphine sulfate tab er 100 mg</i>	3
<i>mirtazapine tab 15 mg</i>	53	<i>morphine sulfate tab er 15 mg</i>	3
<i>mirtazapine tab 30 mg</i>	53	<i>morphine sulfate tab er 200 mg</i>	3
<i>mirtazapine tab 45 mg</i>	53	<i>morphine sulfate tab er 30 mg</i>	3
<i>mirtazapine tab 7.5 mg</i>	53	<i>morphine sulfate tab er 60 mg</i>	3
<i>misoprostol tab 100 mcg</i>	86	MOVANTIK TAB 12.5MG	86
<i>misoprostol tab 200 mcg</i>	86	MOVANTIK TAB 25MG	86
MITIGARE CAP 0.6MG.....	1	<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
M-M-R II INJ.....	95	<i>equiv)</i>	99
M-NATAL PLUS TAB.....	97	<i>moxifloxacin hcl tab 400 mg (base</i>	
<i>modafinil tab 100 mg</i>	67	<i>equiv)</i>	15
<i>modafinil tab 200 mg</i>	67	MULTAQ TAB 400MG.....	34
<i>moexipril hcl tab 15 mg</i>	31	<i>mupirocin oint 2%</i>	107
<i>moexipril hcl tab 7.5 mg</i>	31	MVASI INJ 100MG	26
<i>molindone hcl tab 10 mg</i>	59	MVASI INJ 400MG	26
<i>molindone hcl tab 25 mg</i>	59	<i>mycophenolate mofetil cap 250 mg</i> ..	94
<i>molindone hcl tab 5 mg</i>	59	<i>mycophenolate mofetil for oral susp</i>	
<i>mometasone furoate cream 0.1%</i> ..	109	<i>200 mg/ml</i>	94
<i>mometasone furoate nasal susp 50</i>		<i>mycophenolate mofetil tab 500 mg</i> ..	94
<i>mcg/act</i>	105	<i>mycophenolate sodium tab dr 180 mg</i>	
<i>mometasone furoate oint 0.1%</i>	109	<i>(mycophenolic acid equiv)</i>	94
<i>mometasone furoate solution 0.1%</i>		<i>mycophenolate sodium tab dr 360 mg</i>	
<i>(lotion)</i>	109	<i>(mycophenolic acid equiv)</i>	94
MONJUVI INJ 200MG	26	<i>myorisan</i>	107
<i>mono-linyah</i>	75	MYRBETRIQ SUS 8MG/ML	87
<i>montelukast sodium chew tab 4 mg</i>		MYRBETRIQ TAB 25MG.....	87
<i>(base equiv)</i>	103	MYRBETRIQ TAB 50MG.....	87

N	
<i>nabumetone tab 500 mg</i>	2
<i>nabumetone tab 750 mg</i>	2
<i>nadolol tab 20 mg</i>	38
<i>nadolol tab 40 mg</i>	38
<i>nadolol tab 80 mg</i>	38
<i>nafcillin sodium for inj 1 gm</i>	16
<i>nafcillin sodium for inj 2 gm</i>	16
<i>nafcillin sodium for iv soln 1 gm</i>	16
<i>nafcillin sodium for iv soln 10 gm</i>	16
<i>nafcillin sodium for iv soln 2 gm</i>	16
NAGLAZYME INJ 1MG/ML	81
<i>nalbuphine hcl inj 10 mg/ml</i>	4
<i>nalbuphine hcl inj 20 mg/ml</i>	4
<i>naloxone hcl inj 0.4 mg/ml</i>	68
<i>naloxone hcl inj 4 mg/10ml</i>	68
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	68
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	68
<i>naloxone hcl soln prefilled syringe 2</i> <i>mg/2ml</i>	68
<i>naltrexone hcl tab 50 mg</i>	68
NAMZARIC CAP 14-10MG	51
NAMZARIC CAP 21-10MG	51
NAMZARIC CAP 28-10MG	51
NAMZARIC CAP 7-10MG.....	51
NAMZARIC CAP PACK	51
<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>	65
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	65
NATACYN SUS 5% OP.....	99
<i>nateglinide tab 120 mg</i>	70
<i>nateglinide tab 60 mg</i>	70
NATPARA INJ 100MCG	72
NATPARA INJ 25MCG.....	72
NATPARA INJ 50MCG.....	72
NATPARA INJ 75MCG.....	72
NAYZILAM SPR 5MG	48
<i>nebivolol hcl tab 10 mg (base</i> <i>equivalent)</i>	38
<i>nebivolol hcl tab 2.5 mg (base</i> <i>equivalent)</i>	38
<i>nebivolol hcl tab 20 mg (base</i> <i>equivalent)</i>	38
<i>nebivolol hcl tab 5 mg (base</i> <i>equivalent)</i>	38
necon 0.5/35-28	75
<i>nefazodone hcl tab 100 mg</i>	53
<i>nefazodone hcl tab 150 mg</i>	53
<i>nefazodone hcl tab 200 mg</i>	53
<i>nefazodone hcl tab 250 mg</i>	53
<i>nefazodone hcl tab 50 mg</i>	53
<i>neomycin sulfate tab 500 mg</i>	6
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i> 99	
<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i> ..	99
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	99
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	99
<i>neomycin-polymyxin-hc ophth susp</i> ..	99
<i>neomycin-polymyxin-hc otic soln 1%</i>	101
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	101
NERLYNX TAB 40MG	26
NEUPRO DIS 1MG/24HR	56
NEUPRO DIS 2MG/24HR	56
NEUPRO DIS 3MG/24HR	56
NEUPRO DIS 4MG/24HR	56
NEUPRO DIS 6MG/24HR	56
NEUPRO DIS 8MG/24HR	56
<i>nevirapine susp 50 mg/5ml</i>	9
<i>nevirapine tab 200 mg</i>	9
<i>nevirapine tab er 24hr 100 mg</i>	9
<i>nevirapine tab er 24hr 400 mg</i>	9
NEXAVAR TAB 200MG	26
<i>niacin tab er 1000 mg</i> <i>(antihyperlipidemic)</i>	36
<i>niacin tab er 500 mg</i> <i>(antihyperlipidemic)</i>	36
<i>niacin tab er 750 mg</i> <i>(antihyperlipidemic)</i>	36
<i>nicardipine hcl cap 20 mg</i>	39
<i>nicardipine hcl cap 30 mg</i>	39
NICOTROL INH	68
NICOTROL NS SPR 10MG/ML.....	68

<i>nifedipine tab er 24hr 30 mg</i>	39	<i>norethindrone ace & ethinyl estradiol</i>	
<i>nifedipine tab er 24hr 60 mg</i>	39	<i>tab 1 mg-20 mcg</i>	75
<i>nifedipine tab er 24hr 90 mg</i>	39	<i>norethindrone ace & ethinyl estradiol</i>	
<i>nifedipine tab er 24hr osmotic release</i>		<i>tab 1.5 mg-30 mcg</i>	75
<i>30 mg</i>	39	<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>nifedipine tab er 24hr osmotic release</i>		<i>tab 1 mg-20 mcg</i>	76
<i>60 mg</i>	39	<i>norethindrone acetate tab 5 mg</i>	82
<i>nifedipine tab er 24hr osmotic release</i>		<i>norethindrone acetate-ethinyl estradiol</i>	
<i>90 mg</i>	40	<i>tab 0.5 mg-2.5 mcg</i>	78
<i>nikki</i>	75	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>nilutamide tab 150 mg</i>	19	<i>tab 1 mg-5 mcg</i>	78
<i>nimodipine cap 30 mg</i>	40	<i>norethindrone ac-ethinyl estrad-fe tab</i>	
<i>NINLARO CAP 2.3MG</i>	26	<i>1-20/1-30/1-35 mg-mcg</i>	75
<i>NINLARO CAP 3MG</i>	26	<i>norethindrone tab 0.35 mg</i>	76
<i>NINLARO CAP 4MG</i>	26	<i>norgestimate & ethinyl estradiol tab</i>	
<i>nisoldipine tab er 24hr 17 mg</i>	40	<i>0.25 mg-35 mcg</i>	76
<i>nisoldipine tab er 24hr 20 mg</i>	40	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>nisoldipine tab er 24hr 25.5 mg</i>	40	<i>25/0.215-25/0.25-25 mg-mcg</i>	76
<i>nisoldipine tab er 24hr 30 mg</i>	40	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>nisoldipine tab er 24hr 34 mg</i>	40	<i>35/0.215-35/0.25-35 mg-mcg</i>	76
<i>nisoldipine tab er 24hr 40 mg</i>	40	<i>NORITATE CRE 1%</i>	110
<i>nisoldipine tab er 24hr 8.5 mg</i>	40	<i>norlyroc</i>	76
<i>nitazoxanide tab 500 mg</i>	6	<i>NORPACE CAP 100MG CR</i>	34
<i>nitisinone cap 10 mg</i>	81	<i>NORPACE CAP 150MG CR</i>	34
<i>nitisinone cap 2 mg</i>	81	<i>nortrel 0.5/35 (28)</i>	76
<i>nitisinone cap 5 mg</i>	81	<i>nortrel 1/35 (21)</i>	76
<i>NITRO-BID OIN 2%</i>	43	<i>nortrel 1/35 (28)</i>	76
<i>nitrofurantoin macrocrystalline cap 100</i>		<i>nortrel 7/7/7</i>	76
<i>mg</i>	6	<i>nortriptyline hcl cap 10 mg</i>	53
<i>nitrofurantoin macrocrystalline cap 50</i>		<i>nortriptyline hcl cap 25 mg</i>	53
<i>mg</i>	6	<i>nortriptyline hcl cap 50 mg</i>	53
<i>nitrofurantoin monohydrate</i>		<i>nortriptyline hcl cap 75 mg</i>	53
<i>macrocrystalline cap 100 mg</i>	6	<i>nortriptyline hcl soln 10 mg/5ml</i>	53
<i>nitroglycerin sl tab 0.3 mg</i>	43	<i>NORVIR POW 100MG</i>	9
<i>nitroglycerin sl tab 0.4 mg</i>	43	<i>NORVIR SOL 80MG/ML</i>	9
<i>nitroglycerin sl tab 0.6 mg</i>	43	<i>NOVOLIN INJ 70/30</i>	71
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>		<i>NOVOLIN INJ 70/30 FP</i>	71
.....	43	<i>NOVOLIN N INJ 100 UNIT</i>	71
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>		<i>NOVOLIN N INJ U-100</i>	71
.....	43	<i>NOVOLIN R INJ 100 UNIT</i>	71
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>		<i>NOVOLIN R INJ U-100</i>	71
.....	43	<i>NOVOLOG INJ 100/ML</i>	71
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>		<i>NOVOLOG INJ FLEXPEN</i>	71
.....	43	<i>NOVOLOG INJ PENFILL</i>	71
<i>nizatidine cap 150 mg</i>	85	<i>NOVOLOG MIX INJ 70/30</i>	71
<i>nizatidine cap 300 mg</i>	85	<i>NOVOLOG MIX INJ FLEXPEN</i>	71
<i>nora-be</i>	75	<i>NOXAFIL SUS 40MG/ML</i>	8
		<i>NUBEQA TAB 300MG</i>	19

NUEDEXTA CAP 20-10MG	66	<i>octreotide acetate subcutaneous soln</i>	
NULOJIX INJ 250MG	94	<i>pref syr 500 mcg/ml</i>	81
NULYTELY SOL LMN/LIME.....	85	ODEFSEY TAB.....	11
NUPLAZID CAP 34MG	59	ODOMZO CAP 200MG.....	26
NUPLAZID TAB 10MG	59	OFEV CAP 100MG.....	104
NURTEC TAB 75MG ODT	65	OFEV CAP 150MG.....	104
NUTRILIPID EMU 20%	98	<i>ofloxacin ophth soln 0.3%</i>	99
NUZYRA INJ 100MG	17	<i>ofloxacin otic soln 0.3%</i>	101
NUZYRA TAB 150MG	17	OGIVRI INJ 150MG.....	26
<i>nyamyc.....</i>	107	OGIVRI INJ 420MG.....	26
<i>nylia 7/7/7</i>	76	<i>olanzapine for im inj 10 mg.....</i>	59
<i>nylia tab 1/35</i>	76	<i>olanzapine orally disintegrating tab 10</i>	
NYMALIZE SOL.....	40	<i>mg.....</i>	59
<i>nymyo tab 0.25-35</i>	76	<i>olanzapine orally disintegrating tab 15</i>	
<i>nystatin cream 100000 unit/gm</i>	107	<i>mg.....</i>	59
<i>nystatin oint 100000 unit/gm.....</i>	107	<i>olanzapine orally disintegrating tab 20</i>	
<i>nystatin susp 100000 unit/ml.....</i>	111	<i>mg.....</i>	59
<i>nystatin tab 500000 unit.....</i>	8	<i>olanzapine orally disintegrating tab 5</i>	
<i>nystatin topical powder 100000</i>		<i>mg.....</i>	59
<i>unit/gm</i>	107	<i>olanzapine tab 10 mg</i>	59
<i>nystop</i>	107	<i>olanzapine tab 15 mg</i>	59
o		<i>olanzapine tab 2.5 mg</i>	59
<i>ocella</i>	76	<i>olanzapine tab 20 mg</i>	59
OCTAGAM INJ 10/100ML.....	93	<i>olanzapine tab 5 mg</i>	59
OCTAGAM INJ 10GM.....	93	<i>olanzapine tab 7.5 mg</i>	59
OCTAGAM INJ 1GM	93	<i>olmesartan medoxomil tab 20 mg</i>	34
OCTAGAM INJ 2.5GM.....	93	<i>olmesartan medoxomil tab 40 mg</i>	34
OCTAGAM INJ 20/200ML.....	93	<i>olmesartan medoxomil tab 5 mg.....</i>	34
OCTAGAM INJ 25GM.....	93	<i>olmesartan medoxomil-</i>	
OCTAGAM INJ 2GM/20ML.....	93	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
OCTAGAM INJ 30/300ML.....	93	.....	32
OCTAGAM INJ 5GM	93	<i>olmesartan medoxomil-</i>	
OCTAGAM INJ 5GM/50ML.....	93	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		.....	33
<i>mg/ml)</i>	81	<i>olmesartan medoxomil-</i>	
<i>octreotide acetate inj 1000 mcg/ml (1</i>		<i>hydrochlorothiazide tab 40-25 mg .</i>	33
<i>mg/ml)</i>	81	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		<i>hydrochlorothiazide tab 20-5-12.5</i>	
<i>mg/ml)</i>	81	<i>mg.....</i>	33
<i>octreotide acetate inj 50 mcg/ml (0.05</i>		<i>olmesartan-amlodipine-</i>	
<i>mg/ml)</i>	81	<i>hydrochlorothiazide tab 40-10-12.5</i>	
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		<i>mg.....</i>	33
<i>mg/ml)</i>	81	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate subcutaneous soln</i>		<i>hydrochlorothiazide tab 40-10-25 mg</i>	
<i>pref syr 100 mcg/ml.....</i>	81	.....	33
<i>octreotide acetate subcutaneous soln</i>		<i>olmesartan-amlodipine-</i>	
<i>pref syr 50 mcg/ml.....</i>	81	<i>hydrochlorothiazide tab 40-5-12.5</i>	
		<i>mg.....</i>	33

<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	33	<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	12
<i>olopatadine hcl nasal soln 0.6%</i>	102	<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	12
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	100	OTEZLA TAB 10/20/30	91
<i>omeprazole cap delayed release 10 mg</i>	87	OTEZLA TAB 30MG	91
<i>omeprazole cap delayed release 20 mg</i>	87	<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	16
<i>omeprazole cap delayed release 40 mg</i>	87	<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	16
OMNARIS SPR	105	<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	16
OMNIPOD 5 G6 KIT INTRO	71	<i>oxaliplatin for iv inj 100 mg</i>	18
OMNIPOD 5 G6 MIS PODS	71	<i>oxaliplatin for iv inj 50 mg</i>	18
OMNIPOD DASH KIT INTRO	71	<i>oxaliplatin iv soln 100 mg/20ml</i>	18
OMNIPOD DASH MIS PODS	72	<i>oxaliplatin iv soln 200 mg/40ml</i>	18
OMNIPOD MIS CLASSIC	72	<i>oxaliplatin iv soln 50 mg/10ml</i>	18
OMNIPOD PDM KIT CLASSIC	72	<i>oxandrolone tab 10 mg</i>	68
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	84	<i>oxandrolone tab 2.5 mg</i>	68
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	84	<i>oxaprozin tab 600 mg</i>	2
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	84	<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	48
<i>ondansetron hcl oral soln 4 mg/5ml</i>	84	<i>oxcarbazepine tab 150 mg</i>	48
<i>ondansetron hcl tab 24 mg</i>	84	<i>oxcarbazepine tab 300 mg</i>	48
<i>ondansetron hcl tab 4 mg</i>	84	<i>oxcarbazepine tab 600 mg</i>	48
<i>ondansetron hcl tab 8 mg</i>	84	<i>oxybutynin chloride syrup 5 mg/5ml</i>	87
<i>ondansetron orally disintegrating tab 4 mg</i>	84	<i>oxybutynin chloride tab 5 mg</i>	87
<i>ondansetron orally disintegrating tab 8 mg</i>	84	<i>oxybutynin chloride tab er 24hr 10 mg</i>	88
ONTRUZANT INJ 150MG	26	<i>oxybutynin chloride tab er 24hr 15 mg</i>	88
ONTRUZANT INJ 420MG	26	<i>oxybutynin chloride tab er 24hr 5 mg</i>	87
ONUREG TAB 200MG	19	<i>oxycodone hcl cap 5 mg</i>	4
ONUREG TAB 300MG	19	<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	4
OPSUMIT TAB 10MG	43	<i>oxycodone hcl soln 5 mg/5ml</i>	4
ORGOVYX TAB 120MG	19	<i>oxycodone hcl tab 10 mg</i>	4
ORKAMBI GRA 100-125	104	<i>oxycodone hcl tab 15 mg</i>	4
ORKAMBI GRA 150-188	104	<i>oxycodone hcl tab 20 mg</i>	4
ORKAMBI TAB 100-125	104	<i>oxycodone hcl tab 30 mg</i>	4
ORKAMBI TAB 200-125	104	<i>oxycodone hcl tab 5 mg</i>	4
<i>orsythia tab</i>	76	<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	5
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	12	<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i>	4
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	12	<i>oxycodone w/ acetaminophen tab 5- 325 mg</i>	5

oxycodone w/ acetaminophen tab 7.5-325 mg	5
OZEMPIC (0.25 OR 0.5MG/DOSE)....	70
OZEMPIC (1MG/DOSE)	70
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	70
P	
pacerone.....	34
PACLITAXEL INJ 100MG	21
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	21
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	21
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	21
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	22
paclitaxel protein-bound particles for iv susp 100 mg	22
paliperidone tab er 24hr 1.5 mg	59
paliperidone tab er 24hr 3 mg	59
paliperidone tab er 24hr 6 mg	60
paliperidone tab er 24hr 9 mg	60
pamidronate disodium for inj 30 mg. 72	
pamidronate disodium for inj 90 mg. 72	
pamidronate disodium iv soln 3 mg/ml	72
pamidronate disodium iv soln 9 mg/ml	72
PAMIDRONATE INJ 6MG/ML.....	72
PANRETIN GEL 0.1%	110
pantoprazole sodium ec tab 20 mg (base equiv).....	87
pantoprazole sodium ec tab 40 mg (base equiv).....	87
pantoprazole sodium for iv soln 40 mg (base equiv).....	87
PANZYGA SOL 10/100ML.....	93
PANZYGA SOL 1GM/10ML.....	93
PANZYGA SOL 2.5/25ML	93
PANZYGA SOL 20/200ML.....	93
PANZYGA SOL 30/300ML.....	93
PANZYGA SOL 5GM/50ML.....	93
paraplatin.....	18
paricalcitol cap 1 mcg	83
paricalcitol cap 2 mcg	83
paricalcitol cap 4 mcg	83
paromomycin sulfate cap 250 mg	6

paroxetine hcl oral susp 10 mg/5ml (base equiv)	53
paroxetine hcl tab 10 mg	53
paroxetine hcl tab 20 mg	53
paroxetine hcl tab 30 mg	53
paroxetine hcl tab 40 mg	53
paroxetine hcl tab er 24hr 12.5 mg ..	54
paroxetine hcl tab er 24hr 25 mg	54
paroxetine hcl tab er 24hr 37.5 mg ..	54
PASER GRA 4GM	11
PAXIL SUS 10MG/5ML.....	54
PEDIARIX INJ 0.5ML	95
PEDVAX HIB INJ.....	95
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	85
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	85
PEGASYS INJ.....	12
PEGASYS INJ 180MCG/M	12
PEMAZYRE TAB 13.5MG.....	26
PEMAZYRE TAB 4.5MG	26
PEMAZYRE TAB 9MG	26
pemetrexed disodium for iv soln 100 mg (base equiv)	19
pemetrexed disodium for iv soln 1000 mg (base equiv)	19
pemetrexed disodium for iv soln 500 mg (base equiv)	19
pemetrexed disodium for iv soln 750 mg (base equiv)	19
PEN G PROC INJ 600000	16
PEN GK/DEXTR INJ 40000/ML	16
PEN GK/DEXTR INJ 60000/ML	16
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	72
penicillamine tab 250 mg.....	73
penicillin g potassium for inj 20000000 unit.....	16
penicillin g potassium for inj 5000000 unit.....	16
penicillin g sodium for inj 5000000 unit	16
penicillin v potassium for soln 125 mg/5ml	16
penicillin v potassium for soln 250 mg/5ml	16
penicillin v potassium tab 250 mg	16

<i>penicillin v potassium tab 500 mg</i>	16	<i>pimozide tab 1 mg</i>	60
PENTACEL INJ	95	<i>pimozide tab 2 mg</i>	60
<i>pentamidine isethionate inh</i>	6	<i>pimtree</i>	76
<i>pentamidine isethionate inj</i>	6	<i>pindolol tab 10 mg</i>	38
<i>pentoxifylline tab er 400 mg</i>	90	<i>pindolol tab 5 mg</i>	38
<i>perindopril erbumine tab 2 mg</i>	31	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	70
<i>perindopril erbumine tab 4 mg</i>	31	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	70
<i>perindopril erbumine tab 8 mg</i>	31	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	70
<i>periogard</i>	111	<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm).....	17
<i>permethrin cream 5%</i>	110	<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	17
<i>perphenazine tab 16 mg</i>	60	<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	17
<i>perphenazine tab 2 mg</i>	60	<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	17
<i>perphenazine tab 4 mg</i>	60	<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	17
<i>perphenazine tab 8 mg</i>	60	PIQRAY 200MG TAB DOSE	26
PERSERIS INJ 120MG	60	PIQRAY 250MG TAB DOSE	26
PERSERIS INJ 90MG	60	PIQRAY 300MG TAB DOSE	26
<i>pfizerpen</i>	16	<i>pirfenidone tab 267 mg</i>	105
<i>phenelzine sulfate tab 15 mg</i>	54	<i>pirfenidone tab 534 mg</i>	105
<i>phenobarbital elixir 20 mg/5ml</i>	48	<i>pirfenidone tab 801 mg</i>	105
<i>phenobarbital sodium inj 130 mg/ml</i> 48		<i>pirmella 1/35</i>	76
<i>phenobarbital sodium inj 65 mg/ml</i> ..	48	<i>piroxicam cap 10 mg</i>	2
<i>phenobarbital tab 100 mg</i>	48	<i>piroxicam cap 20 mg</i>	2
<i>phenobarbital tab 15 mg</i>	48	PLASMA-LYTE INJ -148.....	97
<i>phenobarbital tab 16.2 mg</i>	48	PLASMA-LYTE INJ -A.....	97
<i>phenobarbital tab 30 mg</i>	48	<i>plenamine</i>	98
<i>phenobarbital tab 32.4 mg</i>	48	PLENVU SOL.....	85
<i>phenobarbital tab 60 mg</i>	48	<i>podofilox soln 0.5%</i>	110
<i>phenobarbital tab 64.8 mg</i>	48	<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	99
<i>phenobarbital tab 97.2 mg</i>	48	POMALYST CAP 1MG	20
PHENYTEK CAP 200MG	48	POMALYST CAP 2MG	20
PHENYTEK CAP 300MG	48	POMALYST CAP 3MG	20
<i>phenytoin chew tab 50 mg</i>	48	POMALYST CAP 4MG	20
<i>phenytoin sodium extended cap 100</i> <i>mg</i>	48	<i>portia-28</i>	76
<i>phenytoin sodium extended cap 200</i> <i>mg</i>	48	<i>posaconazole tab delayed release 100</i> <i>mg</i>	8
<i>phenytoin sodium extended cap 300</i> <i>mg</i>	48	POT CHLORIDE INJ 10MEQ	97
<i>phenytoin sodium inj 50 mg/ml</i>	48	POT CHLORIDE INJ 20MEQ	97
<i>phenytoin susp 125 mg/5ml</i>	48	<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	97
PHESGO SOL	26		
<i>philith</i>	76		
PIFELTRO TAB 100MG	9		
<i>pilocarpine hcl ophth soln 1%</i>	100		
<i>pilocarpine hcl ophth soln 2%</i>	100		
<i>pilocarpine hcl ophth soln 4%</i>	100		
<i>pilocarpine hcl tab 5 mg</i>	111		
<i>pilocarpine hcl tab 7.5 mg</i>	111		

<i>potassium chloride cap er 10 meq....</i>	97	<i>pramipexole dihydrochloride tab 1.5</i>	
<i>potassium chloride cap er 8 meq</i>	97	<i>mg.....</i>	56
<i>potassium chloride inj 10 meq/100ml</i>		<i>pramipexole dihydrochloride tab er</i>	
<i>.....</i>	97	<i>24hr 0.375 mg.....</i>	56
<i>potassium chloride inj 2 meq/ml.....</i>	97	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride inj 20 meq/100ml</i>		<i>24hr 0.75 mg</i>	56
<i>.....</i>	97	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride inj 40 meq/100ml</i>		<i>24hr 1.5 mg</i>	56
<i>.....</i>	97	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride microencapsulated</i>		<i>24hr 2.25 mg</i>	56
<i>crys er tab 10 meq</i>	97	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride microencapsulated</i>		<i>24hr 3 mg.....</i>	56
<i>crys er tab 15 meq</i>	97	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride microencapsulated</i>		<i>24hr 3.75 mg</i>	56
<i>crys er tab 20 meq</i>	97	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride oral soln 10% (20</i>		<i>24hr 4.5 mg</i>	56
<i>meq/15ml)</i>	98	<i>prasugrel hcl tab 10 mg (base equiv)</i>	91
<i>potassium chloride oral soln 20% (40</i>		<i>prasugrel hcl tab 5 mg (base equiv) .</i>	91
<i>meq/15ml)</i>	98	<i>pravastatin sodium tab 10 mg</i>	36
<i>potassium chloride powder packet 20</i>		<i>pravastatin sodium tab 20 mg</i>	36
<i>meq.....</i>	98	<i>pravastatin sodium tab 40 mg</i>	36
<i>potassium chloride tab er 10 meq....</i>	98	<i>pravastatin sodium tab 80 mg</i>	36
<i>potassium chloride tab er 20 meq</i>		<i>praziquantel tab 600 mg.....</i>	6
<i>(1500 mg)</i>	98	<i>prazosin hcl cap 1 mg</i>	31
<i>potassium chloride tab er 8 meq (600</i>		<i>prazosin hcl cap 2 mg</i>	31
<i>mg)</i>	98	<i>prazosin hcl cap 5 mg</i>	31
<i>potassium citrate tab er 10 meq (1080</i>		<i>PRED SOD PHO SOL 1% OP</i>	100
<i>mg)</i>	87	<i>prednisolone acetate ophth susp 1%</i>	
<i>potassium citrate tab er 15 meq (1620</i>		<i>.....</i>	100
<i>mg)</i>	87	<i>prednisolone sod phosph oral soln 6.7</i>	
<i>potassium citrate tab er 5 meq (540</i>		<i>mg/5ml (5 mg/5ml base).....</i>	79
<i>mg)</i>	87	<i>prednisolone sod phosphate oral soln</i>	
<i>PRADAXA CAP 110MG.....</i>	89	<i>15 mg/5ml (base equiv)</i>	79
<i>PRADAXA CAP 150MG.....</i>	89	<i>prednisolone sodium phosphate oral</i>	
<i>PRADAXA CAP 75MG</i>	89	<i>soln 25 mg/5ml (base eq)</i>	79
<i>PRALUENT INJ 150MG/ML</i>	37	<i>prednisolone soln 15 mg/5ml</i>	79
<i>PRALUENT INJ 75MG/ML</i>	36	<i>PREDNISON CON 5MG/ML.....</i>	79
<i>pramipexole dihydrochloride tab 0.125</i>		<i>prednisone oral soln 5 mg/5ml</i>	79
<i>mg</i>	56	<i>prednisone tab 1 mg.....</i>	79
<i>pramipexole dihydrochloride tab 0.25</i>		<i>prednisone tab 10 mg</i>	79
<i>mg</i>	56	<i>prednisone tab 2.5 mg</i>	79
<i>pramipexole dihydrochloride tab 0.5</i>		<i>prednisone tab 20 mg</i>	79
<i>mg</i>	56	<i>prednisone tab 5 mg.....</i>	79
<i>pramipexole dihydrochloride tab 0.75</i>		<i>prednisone tab 50 mg</i>	79
<i>mg</i>	56	<i>prednisone tab therapy pack 10 mg</i>	
<i>pramipexole dihydrochloride tab 1 mg</i>		<i>(21)</i>	79
<i>.....</i>	56	<i>prednisone tab therapy pack 10 mg</i>	
		<i>(48)</i>	79

<i>prednisone tab therapy pack 5 mg (21)</i>	
.....	79
<i>prednisone tab therapy pack 5 mg (48)</i>	
.....	79
<i>pregabalin cap 100 mg</i>	49
<i>pregabalin cap 150 mg</i>	49
<i>pregabalin cap 200 mg</i>	49
<i>pregabalin cap 225 mg</i>	49
<i>pregabalin cap 25 mg</i>	48
<i>pregabalin cap 300 mg</i>	49
<i>pregabalin cap 50 mg</i>	48
<i>pregabalin cap 75 mg</i>	48
<i>pregabalin soln 20 mg/ml</i>	49
<i>pregabalin tab er 24hr 165 mg</i>	66
<i>pregabalin tab er 24hr 330 mg</i>	66
<i>pregabalin tab er 24hr 82.5 mg</i>	66
PREHEVBRIO SUS 10MCG/ML	95
PREMASOL SOL 10%	98
PRENATAL TAB 27-1MG	98
PRENATAL TAB PLUS	98
PRENATAL VIT TAB LOW IRON	98
<i>prevalite</i>	37
PREVMIS TAB 240MG	12
PREVMIS TAB 480MG	12
PREZCOBIX TAB 800-150	11
PREZISTA SUS 100MG/ML	9
PREZISTA TAB 150MG	9
PREZISTA TAB 600MG	9
PREZISTA TAB 75MG	9
PREZISTA TAB 800MG	9
PRIFTIN TAB 150MG	11
PRILOSEC POW 10MG	87
PRILOSEC POW 2.5MG	87
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	8
PRIMAQUINE TAB 26.3MG	8
<i>primidone tab 250 mg</i>	49
<i>primidone tab 50 mg</i>	49
PRIORIX INJ	95
PRIVIGEN INJ 10GRAMS	93
PRIVIGEN INJ 20GRAMS	93
PRIVIGEN INJ 40GRAMS	93
PRIVIGEN INJ 5 GRAMS	93
<i>probenecid tab 500 mg</i>	1
PROCALAMINE INJ 3%	98
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	84
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	84
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	84
<i>prochlorperazine suppos 25 mg</i>	84
PROCRIT INJ 10000/ML	89
PROCRIT INJ 2000/ML	89
PROCRIT INJ 20000/ML	89
PROCRIT INJ 3000/ML	89
PROCRIT INJ 4000/ML	89
PROCRIT INJ 40000/ML	89
<i>procto-med hc</i>	110
<i>procto-pak</i>	110
<i>proctosol hc cre 2.5%</i>	110
<i>proctozone-hc</i>	110
PROGRAF GRA 0.2MG	94
PROGRAF GRA 1MG	94
PROLASTIN-C INJ 1000MG	105
PROLENSA SOL 0.07%	100
PROLIA INJ 60MG/ML	72
PROMACTA PAK 25MG	90
PROMACTA POW 12.5MG	90
PROMACTA TAB 12.5MG	90
PROMACTA TAB 25MG	90
PROMACTA TAB 50MG	90
PROMACTA TAB 75MG	90
<i>promethazine hcl inj 25 mg/ml</i>	84
<i>promethazine hcl inj 50 mg/ml</i>	84
<i>promethazine hcl syrup 6.25 mg/5ml</i>	84
<i>promethazine hcl tab 12.5 mg</i>	84
<i>promethazine hcl tab 25 mg</i>	84
<i>promethazine hcl tab 50 mg</i>	84
<i>propafenone hcl cap er 12hr 225 mg</i>	34
<i>propafenone hcl cap er 12hr 325 mg</i>	34
<i>propafenone hcl cap er 12hr 425 mg</i>	34
<i>propafenone hcl tab 150 mg</i>	34
<i>propafenone hcl tab 225 mg</i>	34
<i>propafenone hcl tab 300 mg</i>	34
<i>proparacaine hcl ophth soln 0.5%</i>	101
<i>propranolol hcl cap er 24hr 120 mg</i>	38
<i>propranolol hcl cap er 24hr 160 mg</i>	38
<i>propranolol hcl cap er 24hr 60 mg</i>	38
<i>propranolol hcl cap er 24hr 80 mg</i>	38
<i>propranolol hcl oral soln 20 mg/5ml</i>	38
<i>propranolol hcl oral soln 40 mg/5ml</i>	38
<i>propranolol hcl tab 10 mg</i>	38
<i>propranolol hcl tab 20 mg</i>	38
<i>propranolol hcl tab 40 mg</i>	38

<i>propranolol hcl tab 60 mg</i>	38
<i>propranolol hcl tab 80 mg</i>	38
<i>propylthiouracil tab 50 mg</i>	82
PROQUAD INJ	95
PROSOL INJ 20%.....	98
<i>protriptyline hcl tab 10 mg</i>	54
<i>protriptyline hcl tab 5 mg</i>	54
PULMICORT INH 180MCG	106
PULMICORT INH 90MCG.....	106
PULMOZYME SOL 1MG/ML	105
PURIXAN SUS 20MG/ML.....	19
<i>pyrazinamide tab 500 mg</i>	11
<i>pyridostigmine bromide tab 60 mg</i> ...	66
Q	
QINLOCK TAB 50MG.....	26
QUADRACEL INJ	95
QUADRACEL INJ 0.5ML	95
<i>quetiapine fumarate tab 100 mg</i>	60
<i>quetiapine fumarate tab 150 mg</i>	60
<i>quetiapine fumarate tab 200 mg</i>	60
<i>quetiapine fumarate tab 25 mg</i>	60
<i>quetiapine fumarate tab 300 mg</i>	60
<i>quetiapine fumarate tab 400 mg</i>	60
<i>quetiapine fumarate tab 50 mg</i>	60
<i>quetiapine fumarate tab er 24hr 150 mg</i>	60
<i>quetiapine fumarate tab er 24hr 200 mg</i>	60
<i>quetiapine fumarate tab er 24hr 300 mg</i>	60
<i>quetiapine fumarate tab er 24hr 400 mg</i>	60
<i>quetiapine fumarate tab er 24hr 50 mg</i>	60
<i>quinapril hcl tab 10 mg</i>	31
<i>quinapril hcl tab 20 mg</i>	31
<i>quinapril hcl tab 40 mg</i>	31
<i>quinapril hcl tab 5 mg</i>	31
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	30
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	30
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	30
<i>quinidine sulfate tab 200 mg</i>	34
<i>quinidine sulfate tab 300 mg</i>	34
<i>quinine sulfate cap 324 mg</i>	8

R	
RABAVERT INJ	95
<i>rabeprazole sodium ec tab 20 mg</i>	87
<i>raloxifene hcl tab 60 mg</i>	81
<i>ramipril cap 1.25 mg</i>	31
<i>ramipril cap 10 mg</i>	31
<i>ramipril cap 2.5 mg</i>	31
<i>ramipril cap 5 mg</i>	31
<i>ranolazine tab er 12hr 1000 mg</i>	42
<i>ranolazine tab er 12hr 500 mg</i>	42
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	56
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	56
RAYALDEE CAP 30MCG.....	83
<i>reclipsen</i>	76
RECOMBIVA HB INJ 10MCG/ML.....	95
RECOMBIVA HB INJ 5MCG/0.5.....	95
RECOMBIVA-HB INJ 40MCG/ML	95
RECTIV OIN 0.4%	110
REGRANEX GEL 0.01%.....	110
RELENZA MIS DISKHALE	12
RELISTOR INJ 12/0.6ML	86
RELISTOR INJ 8/0.4ML.....	86
REMICADE INJ 100MG.....	91
RENFLEXIS INJ 100MG	91
<i>repaglinide tab 0.5 mg</i>	70
<i>repaglinide tab 1 mg</i>	70
<i>repaglinide tab 2 mg</i>	70
RESTASIS EMU 0.05% OP.....	101
RESTASIS MUL EMU 0.05% OP	101
RETEVMO CAP 40MG.....	26
RETEVMO CAP 80MG.....	26
REVLIMID CAP 10MG	20
REVLIMID CAP 15MG	20
REVLIMID CAP 2.5MG	20
REVLIMID CAP 20MG	20
REVLIMID CAP 25MG	20
REVLIMID CAP 5MG	20
REXULTI TAB 0.25MG	60
REXULTI TAB 0.5MG	60
REXULTI TAB 1MG.....	60
REXULTI TAB 2MG.....	60
REXULTI TAB 3MG.....	60
REXULTI TAB 4MG.....	60
REYATAZ POW 50MG	9
REZUROCK TAB 200MG	94
RHOPRESSA SOL 0.02%.....	100

RIABNI SOL 100/10ML.....	26	<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	51
RIABNI SOL 500/50ML.....	26	<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	51
<i>ribavirin cap 200 mg</i>	12	<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	51
<i>ribavirin tab 200 mg</i>	12	<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	51
<i>rifabutin cap 150 mg</i>	11	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	51
<i>rifampin cap 150 mg</i>	11	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	51
<i>rifampin cap 300 mg</i>	11	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	51
<i>rifampin for inj 600 mg</i>	11	<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	65
<i>riluzole tab 50 mg</i>	66	<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	65
<i>rimantadine hydrochloride tab 100 mg</i>	12	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	65
RINVOQ TAB 15MG ER.....	91	<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	65
RINVOQ TAB 30MG ER.....	91	<i>ropinirole hydrochloride tab 0.25 mg</i> 56	
RINVOQ TAB 45MG ER.....	92	<i>ropinirole hydrochloride tab 0.5 mg</i> ..56	
<i>risedronate sodium tab 150 mg</i>	72	<i>ropinirole hydrochloride tab 1 mg</i>.....56	
<i>risedronate sodium tab 30 mg</i>	72	<i>ropinirole hydrochloride tab 2 mg</i>.....56	
<i>risedronate sodium tab 35 mg</i>	72	<i>ropinirole hydrochloride tab 3 mg</i>.....56	
<i>risedronate sodium tab 5 mg</i>	72	<i>ropinirole hydrochloride tab 4 mg</i>.....56	
<i>risedronate sodium tab delayed release 35 mg</i>	72	<i>ropinirole hydrochloride tab 5 mg</i>.....56	
RISPERDAL INJ 12.5MG	60	<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	57
RISPERDAL INJ 25MG.....	60	<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	56
RISPERDAL INJ 37.5MG	60	<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	56
RISPERDAL INJ 50MG.....	60	<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	56
<i>risperidone orally disintegrating tab 0.25 mg</i>	60	<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	57
<i>risperidone orally disintegrating tab 0.5 mg</i>	60	<i>rosadan</i>	110
<i>risperidone orally disintegrating tab 1 mg</i>	60	<i>rosuvastatin calcium tab 10 mg</i>	36
<i>risperidone orally disintegrating tab 2 mg</i>	60	<i>rosuvastatin calcium tab 20 mg</i>	36
<i>risperidone orally disintegrating tab 3 mg</i>	61	<i>rosuvastatin calcium tab 40 mg</i>	36
<i>risperidone orally disintegrating tab 4 mg</i>	61	<i>rosuvastatin calcium tab 5 mg</i>	36
<i>risperidone soln 1 mg/ml</i>	61	ROTARIX SUS.....	95
<i>risperidone tab 0.25 mg</i>	61	ROTATEQ SOL	95
<i>risperidone tab 0.5 mg</i>	61	<i>roweepra</i>	49
<i>risperidone tab 1 mg</i>	61	ROZLYTREK CAP 100MG	26
<i>risperidone tab 2 mg</i>	61		
<i>risperidone tab 3 mg</i>	61		
<i>risperidone tab 4 mg</i>	61		
<i>ritonavir tab 100 mg</i>	9		
RITUXAN INJ 100MG	26		
RITUXAN INJ 500MG	26		
RITUXAN INJ HYCELA	26		

ROZLYTREK CAP 200MG.....	26	<i>sertraline hcl tab 25 mg</i>	54
RUBRACA TAB 200MG.....	27	<i>sertraline hcl tab 50 mg</i>	54
RUBRACA TAB 250MG.....	27	<i>setlakin</i>	76
RUBRACA TAB 300MG.....	27	<i>sevelamer carbonate packet 0.8 gm</i> .	82
<i>rufinamide susp 40 mg/ml</i>	49	<i>sevelamer carbonate packet 2.4 gm</i> .	82
<i>rufinamide tab 200 mg</i>	49	<i>sevelamer carbonate tab 800 mg</i>	82
<i>rufinamide tab 400 mg</i>	49	<i>sharobel</i>	76
RUKOBIA TAB 600MG ER.....	9	SHINGRIX INJ 50/0.5ML.....	95
RUXIENCE INJ 100/10ML	27	SIGNIFOR INJ 0.3MG/ML	81
RUXIENCE INJ 500/50ML	27	SIGNIFOR INJ 0.6MG/ML	81
RYBELSUS TAB 14MG	70	SIGNIFOR INJ 0.9MG/ML	81
RYBELSUS TAB 3MG	70	<i>sildenafil citrate tab 20 mg</i>	43
RYBELSUS TAB 7MG	70	<i>silodosin cap 4 mg</i>	87
RYDAPT CAP 25MG.....	27	<i>silodosin cap 8 mg</i>	87
S		<i>silver sulfadiazine cream 1%</i>	107
<i>sajazir inj 30mg/3ml</i>	90	SIMBRINZA SUS 1-0.2%	100
SANDIMMUNE SOL 100MG/ML.....	94	<i>simliya</i>	76
SANTYL OIN 250/GM	110	<i>simvastatin tab 10 mg</i>	36
<i>sapropterin dihydrochloride powder</i>		<i>simvastatin tab 20 mg</i>	36
<i>packet 100 mg</i>	81	<i>simvastatin tab 40 mg</i>	36
<i>sapropterin dihydrochloride powder</i>		<i>simvastatin tab 5 mg</i>	36
<i>packet 500 mg</i>	81	<i>simvastatin tab 80 mg</i>	36
<i>sapropterin dihydrochloride tab 100 mg</i>		<i>sirolimus oral soln 1 mg/ml</i>	94
.....	81	<i>sirolimus tab 0.5 mg</i>	94
SAVELLA MIS TITR PAK.....	66	<i>sirolimus tab 1 mg</i>	94
SAVELLA TAB 100MG.....	66	<i>sirolimus tab 2 mg</i>	94
SAVELLA TAB 12.5MG.....	66	SIRTURO TAB 100MG.....	11
SAVELLA TAB 25MG	66	SIRTURO TAB 20MG	11
SAVELLA TAB 50MG	66	SIVEXTRO INJ 200MG	6
SCEMBLIX TAB 20MG	27	SIVEXTRO TAB 200MG	6
SCEMBLIX TAB 40MG	27	SKYRIZI INJ 150DOSE	92
<i>scopolamine td patch 72hr 1 mg/3days</i>		SKYRIZI INJ 150MG/ML.....	92
.....	84	SKYRIZI INJ 360/2.4	92
SECUADO DIS 3.8MG	61	SKYRIZI PEN INJ 150MG/ML.....	92
SECUADO DIS 5.7MG	61	SKYRIZI SOL 60MG/ML	92
SECUADO DIS 7.6MG	61	<i>sod sulfate-pot sulf-mg sulf oral sol</i>	
<i>selegiline hcl cap 5 mg</i>	57	<i>17.5-3.13-1.6 gm/177ml</i>	85
<i>selegiline hcl tab 5 mg</i>	57	<i>sodium chloride inj 2.5 meq/ml</i>	
<i>selenium sulfide lotion 2.5%</i>	108	<i>(14.6%)</i>	97
SELZENTRY SOL 20MG/ML.....	10	<i>sodium chloride irrigation soln 0.9%</i>	
SELZENTRY TAB 150MG.....	10	.....	110
SELZENTRY TAB 25MG.....	10	<i>sodium chloride iv soln 0.45%</i>	97
SELZENTRY TAB 300MG.....	10	<i>sodium chloride iv soln 0.9%</i>	97
SELZENTRY TAB 75MG.....	10	<i>sodium chloride iv soln 3%</i>	97
SEREVENT DIS AER 50MCG	103	<i>sodium chloride iv soln 5%</i>	97
<i>sertraline hcl oral concentrate for</i>		<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
<i>solution 20 mg/ml</i>	54	<i>mg/ml soln</i>	98
<i>sertraline hcl tab 100 mg</i>	54		

<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	81	<i>sronyx</i>	76
<i>sodium phenylbutyrate tab 500 mg</i> ..	81	<i>ssd</i>	107
<i>sodium polystyrene sulfonate powder</i>	73	<i>stavudine cap 15 mg</i>	10
<i>solifenacin succinate tab 10 mg</i>	88	<i>stavudine cap 20 mg</i>	10
<i>solifenacin succinate tab 5 mg</i>	88	<i>stavudine cap 30 mg</i>	10
SOLIQUA INJ 100/33.....	72	<i>stavudine cap 40 mg</i>	10
SOLTAMOX SOL 10MG/5ML	19	STELARA INJ 45MG/0.5	92
SOLU-CORTEF INJ 1000MG.....	79	STELARA INJ 90MG/ML.....	92
SOLU-CORTEF INJ 100MG	79	STIVARGA TAB 40MG.....	27
SOLU-CORTEF INJ 250MG	79	<i>streptomycin sulfate for inj 1 gm</i>	7
SOLU-CORTEF INJ 500MG	79	STRIBILD TAB	11
SOMATULINE INJ 120/.5ML	81	<i>subvenite</i>	49
SOMATULINE INJ 60/0.2ML	81	<i>sucrafate tab 1 gm</i>	86
SOMATULINE INJ 90/0.3ML	81	<i>sulfacetamide sodium lotion 10% (acne)</i>	107
SOMAVERT INJ 10MG	81	<i>sulfacetamide sodium ophth oint 10%</i>	99
SOMAVERT INJ 15MG	81	<i>sulfacetamide sodium ophth soln 10%</i>	99
SOMAVERT INJ 20MG	81	<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	99
SOMAVERT INJ 25MG	81	<i>sulfadiazine tab 500 mg</i>	7
SOMAVERT INJ 30MG	81	<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	7
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	27	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	7
<i>sorine</i>	34	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	7
<i>sotalol hcl (afib/afl) tab 120 mg</i>	34	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	7
<i>sotalol hcl (afib/afl) tab 160 mg</i>	34	SULFAMYLON CRE 85MG/GM	107
<i>sotalol hcl (afib/afl) tab 80 mg</i>	34	<i>sulfasalazine tab 500 mg</i>	85
<i>sotalol hcl tab 120 mg</i>	35	<i>sulfasalazine tab delayed release 500 mg</i>	85
<i>sotalol hcl tab 160 mg</i>	35	<i>sulindac tab 150 mg</i>	2
<i>sotalol hcl tab 240 mg</i>	35	<i>sulindac tab 200 mg</i>	2
<i>sotalol hcl tab 80 mg</i>	35	<i>sumatriptan nasal spray 20 mg/act</i> ..	65
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	41	<i>sumatriptan nasal spray 5 mg/act</i>	65
<i>spironolactone tab 100 mg</i>	31	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	65
<i>spironolactone tab 25 mg</i>	31	<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	65
<i>spironolactone tab 50 mg</i>	31	<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	65
<i>sprintec 28</i>	76	<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	65
SPRITAM TAB 1000MG.....	49	<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	65
SPRITAM TAB 250MG	49		
SPRITAM TAB 500MG	49		
SPRITAM TAB 750MG	49		
SPRYCEL TAB 100MG.....	27		
SPRYCEL TAB 140MG.....	27		
SPRYCEL TAB 20MG	27		
SPRYCEL TAB 50MG	27		
SPRYCEL TAB 70MG	27		
SPRYCEL TAB 80MG	27		
<i>sps</i>	73		

<i>sumatriptan succinate tab 100 mg</i> ...	65	TABRECTA TAB 150MG	27
<i>sumatriptan succinate tab 25 mg</i>	65	TABRECTA TAB 200MG	27
<i>sumatriptan succinate tab 50 mg</i>	65	<i>tacrolimus cap 0.5 mg</i>	94
<i>sunitinib malate cap 12.5 mg (base</i>		<i>tacrolimus cap 1 mg</i>	94
<i>equivalent)</i>	27	<i>tacrolimus cap 5 mg</i>	95
<i>sunitinib malate cap 25 mg (base</i>		<i>tacrolimus oint 0.03%</i>	110
<i>equivalent)</i>	27	<i>tacrolimus oint 0.1%</i>	110
<i>sunitinib malate cap 37.5 mg (base</i>		TAFINLAR CAP 50MG	27
<i>equivalent)</i>	27	TAFINLAR CAP 75MG	27
<i>sunitinib malate cap 50 mg (base</i>		TAGRISO TAB 40MG	27
<i>equivalent)</i>	27	TAGRISO TAB 80MG	27
SUPREP BOWEL SOL PREP KIT	85	TALTZ INJ 80MG/ML	92
<i>syeda</i>	76	TALZENNA CAP 0.25MG	27
SYMBICORT AER 160-4.5	106	TALZENNA CAP 0.5MG	27
SYMBICORT AER 80-4.5.....	106	TALZENNA CAP 0.75MG.....	27
SYMDEKO TAB 100-150	105	TALZENNA CAP 1MG	27
SYMDEKO TAB 50-75MG	105	<i>tamoxifen citrate tab 10 mg (base</i>	
SYMJEPI INJ 0.15MG	105	<i>equivalent)</i>	20
SYMJEPI INJ 0.3MG.....	105	<i>tamoxifen citrate tab 20 mg (base</i>	
SYMPAZAN MIS 10MG.....	49	<i>equivalent)</i>	20
SYMPAZAN MIS 20MG.....	49	<i>tamsulosin hcl cap 0.4 mg</i>	87
SYMPAZAN MIS 5MG	49	TARGRETIN GEL 1%	110
SYMTUZA TAB.....	11	<i>tarina fe 1/20 eq</i>	76
SYNAREL SOL 2MG/ML.....	77	TASIGNA CAP 150MG.....	28
SYNERCID INJ 500MG	7	TASIGNA CAP 200MG.....	28
SYNJARDY TAB 12.5-1000MG.....	70	TASIGNA CAP 50MG	27
SYNJARDY TAB 12.5-500.....	70	<i>tazarotene cream 0.1%</i>	108
SYNJARDY TAB 5-1000MG	70	<i>tazicef</i>	14
SYNJARDY TAB 5-500MG.....	70	TAZORAC CRE 0.05%	108
SYNJARDY XR TAB 10-1000	70	<i>taztia xt</i>	40
SYNJARDY XR TAB 12.5-1000MG	70	TAZVERIK TAB 200MG	28
SYNJARDY XR TAB 25-1000.....	70	TDVAX INJ 2-2 LF.....	95
SYNJARDY XR TAB 5-1000MG	70	TECENTRIQ INJ 1200/20	28
SYNRIBO INJ 3.5MG	21	TECENTRIQ INJ 840/14	28
SYNTHROID TAB 100MCG	82	TEFLARO INJ 400MG.....	14
SYNTHROID TAB 112MCG	83	TEFLARO INJ 600MG.....	14
SYNTHROID TAB 125MCG	83	<i>telmisartan tab 20 mg</i>	34
SYNTHROID TAB 137MCG	83	<i>telmisartan tab 40 mg</i>	34
SYNTHROID TAB 150MCG	83	<i>telmisartan tab 80 mg</i>	34
SYNTHROID TAB 175MCG	83	<i>telmisartan-amlodipine tab 40-10 mg</i>	
SYNTHROID TAB 200MCG	83	.....	33
SYNTHROID TAB 25MCG	82	<i>telmisartan-amlodipine tab 40-5 mg</i> ..	33
SYNTHROID TAB 300MCG	83	<i>telmisartan-amlodipine tab 80-10 mg</i>	
SYNTHROID TAB 50MCG	82	.....	33
SYNTHROID TAB 75MCG	82	<i>telmisartan-amlodipine tab 80-5 mg</i> ..	33
SYNTHROID TAB 88MCG	82	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
T		<i>12.5 mg</i>	33
TABLOID TAB 40MG	19		

<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	33	THEO-24 CAP 400MG ER	105
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	33	<i>theophylline elixir 80 mg/15ml</i>	105
<i>temazepam cap 15 mg</i>	64	<i>theophylline soln 80 mg/15ml</i>	105
<i>temazepam cap 30 mg</i>	64	<i>theophylline tab er 12hr 300 mg</i> ...	105
<i>temazepam cap 7.5 mg</i>	64	<i>theophylline tab er 12hr 450 mg</i> ...	105
TEMIXYS TAB 300-300.....	11	<i>theophylline tab er 24hr 400 mg</i> ...	105
TENIVAC INJ 5-2LF	95	<i>theophylline tab er 24hr 600 mg</i> ...	105
<i>tenofovir disoproxil fumarate tab 300 mg</i>	10	<i>thioridazine hcl tab 10 mg</i>	61
TEPMETKO TAB 225MG	28	<i>thioridazine hcl tab 100 mg</i>	61
<i>terazosin hcl cap 1 mg (base equivalent)</i>	31	<i>thioridazine hcl tab 25 mg</i>	61
<i>terazosin hcl cap 10 mg (base equivalent)</i>	31	<i>thioridazine hcl tab 50 mg</i>	61
<i>terazosin hcl cap 2 mg (base equivalent)</i>	31	<i>thiothixene cap 1 mg</i>	61
<i>terazosin hcl cap 5 mg (base equivalent)</i>	31	<i>thiothixene cap 10 mg</i>	61
<i>terbinafine hcl tab 250 mg</i>	8	<i>thiothixene cap 2 mg</i>	61
<i>terbutaline sulfate tab 2.5 mg</i>	103	<i>thiothixene cap 5 mg</i>	61
<i>terbutaline sulfate tab 5 mg</i>	103	<i>tiadylt er</i>	40
<i>terconazole vaginal cream 0.4%</i>	88	<i>tiagabine hcl tab 12 mg</i>	49
<i>terconazole vaginal cream 0.8%</i>	88	<i>tiagabine hcl tab 16 mg</i>	49
<i>terconazole vaginal suppos 80 mg</i> ...	88	<i>tiagabine hcl tab 2 mg</i>	49
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	68	<i>tiagabine hcl tab 4 mg</i>	49
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	68	TIBSOVO TAB 250MG.....	28
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	69	TICOVAC INJ	95
<i>testosterone td gel 12.5 mg/act (1%)</i>	69	<i>tigecycline for iv soln 50 mg</i>	17
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	69	TIGECYCLINE INJ 50MG	17
<i>testosterone td gel 50 mg/5gm (1%)</i>	69	<i>tilia fe</i>	76
<i>tetrabenazine tab 12.5 mg</i>	66	<i>timolol maleate (ophth) once-daily</i> .	100
<i>tetrabenazine tab 25 mg</i>	66	<i>timolol maleate ophth gel forming soln 0.25%</i>	100
<i>tetracycline hcl cap 250 mg</i>	17	<i>timolol maleate ophth gel forming soln 0.5%</i>	100
<i>tetracycline hcl cap 500 mg</i>	17	<i>timolol maleate ophth soln 0.25%</i> ..	101
THALOMID CAP 100MG	21	<i>timolol maleate ophth soln 0.5%</i>	101
THALOMID CAP 150MG	21	<i>timolol maleate tab 10 mg</i>	38
THALOMID CAP 200MG	21	<i>timolol maleate tab 20 mg</i>	38
THALOMID CAP 50MG.....	20	<i>timolol maleate tab 5 mg</i>	38
THEO-24 CAP 100MG CR.....	105	TIVICAY PD TAB 5MG.....	10
THEO-24 CAP 200MG CR.....	105	TIVICAY TAB 10MG.....	10
THEO-24 CAP 300MG CR.....	105	TIVICAY TAB 25MG.....	10
		TIVICAY TAB 50MG.....	10
		<i>tizanidine hcl tab 2 mg (base equivalent)</i>	67
		<i>tizanidine hcl tab 4 mg (base equivalent)</i>	67
		TOBRADEX OIN 0.3-0.1%.....	99
		TOBRADEX ST SUS 0.3-0.05	99
		<i>tobramycin nebu soln 300 mg/5ml</i>	7
		<i>tobramycin ophth soln 0.3%</i>	99

<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	7	<i>trazodone hcl tab 50 mg</i>	54
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	7	TRECTOR TAB 250MG	11
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	7	TRELEGY AER ELLIPTA 100-62.5-25 MCG	101
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	7	TRELEGY AER ELLIPTA 200-62.5-25 MCG	101
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	99	TRELSTAR MIX INJ 11.25MG	20
<i>tolterodine tartrate cap er 24hr 2 mg</i>	88	TRELSTAR MIX INJ 3.75MG	20
<i>tolterodine tartrate cap er 24hr 4 mg</i>	88	<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	43
<i>tolterodine tartrate tab 1 mg</i>	88	<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	43
<i>tolterodine tartrate tab 2 mg</i>	88	<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	44
<i>topiramate sprinkle cap 15 mg</i>	49	<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	43
<i>topiramate sprinkle cap 25 mg</i>	49	TRESIBA FLEX INJ 100UNIT	72
<i>topiramate tab 100 mg</i>	49	TRESIBA FLEX INJ 200UNIT	72
<i>topiramate tab 200 mg</i>	49	TRESIBA INJ 100UNIT	72
<i>topiramate tab 25 mg</i>	49	<i>tretinoin cap 10 mg</i>	21
<i>topiramate tab 50 mg</i>	49	<i>tretinoin cream 0.025%</i>	107
<i>toposar</i>	22	<i>tretinoin cream 0.05%</i>	107
<i>toremifene citrate tab 60 mg (base equivalent)</i>	20	<i>tretinoin cream 0.1%</i>	107
<i>torseamide tab 10 mg</i>	41	<i>tretinoin gel 0.01%</i>	107
<i>torseamide tab 100 mg</i>	41	<i>tretinoin gel 0.025%</i>	107
<i>torseamide tab 20 mg</i>	41	TREXALL TAB 10MG	92
<i>torseamide tab 5 mg</i>	41	TREXALL TAB 15MG	92
TOVIAZ TAB 4MG	88	TREXALL TAB 5MG	92
TOVIAZ TAB 8MG	88	TREXALL TAB 7.5MG	92
TPN ELECTROL INJ	97	<i>triamcinolone acetonide cream 0.025%</i>	109
TRADJENTA TAB 5MG	70	<i>triamcinolone acetonide cream 0.1%</i>	109
<i>tramadol hcl tab 50 mg</i>	5	<i>triamcinolone acetonide cream 0.5%</i>	109
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	5	<i>triamcinolone acetonide dental paste 0.1%</i>	111
<i>trandolapril tab 1 mg</i>	31	<i>triamcinolone acetonide lotion 0.025%</i>	109
<i>trandolapril tab 2 mg</i>	31	<i>triamcinolone acetonide lotion 0.1%</i>	109
<i>trandolapril tab 4 mg</i>	31	<i>triamcinolone acetonide oint 0.025%</i>	109
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	90	<i>triamcinolone acetonide oint 0.1%</i>	109
<i>tranexamic acid tab 650 mg</i>	90	<i>triamcinolone acetonide oint 0.5%</i>	109
<i>tranylcypromine sulfate tab 10 mg</i> ...	54	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	41
TRAVASOL INJ 10%	98		
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> ...	101		
TRAZIMERA INJ 150MG	28		
TRAZIMERA INJ 420MG	28		
<i>trazodone hcl tab 100 mg</i>	54		
<i>trazodone hcl tab 150 mg</i>	54		

<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg.....	41	<i>tri-sprintec</i>	76
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	41	TRIUMEQ PD TAB	11
TRICARE TAB PRENATAL	98	TRIUMEQ TAB.....	11
<i>triderm</i>	109	<i>trivora-28</i>	76
<i>trientine hcl cap 250 mg</i>	73	<i>tri-vylibra</i>	76
<i>tri-estarylla</i>	76	<i>tri-vylibra lo</i>	76
<i>trifluoperazine hcl tab 1 mg (base</i> <i>equivalent)</i>	61	TRIZIVIR TAB.....	11
<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i>	61	TROGARZO INJ 150MG/ML.....	10
<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i>	61	TROPHAMINE INJ 10%	98
<i>trifluoperazine hcl tab 5 mg (base</i> <i>equivalent)</i>	61	<i>trospium chloride tab 20 mg</i>	88
<i>trifluridine ophth soln 1%</i>	99	TRULICITY INJ 0.75/0.5	70
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	57	TRULICITY INJ 1.5/0.5	70
<i>trihexyphenidyl hcl tab 2 mg</i>	57	TRULICITY INJ 3/0.5.....	70
<i>trihexyphenidyl hcl tab 5 mg</i>	57	TRULICITY INJ 4.5/0.5	70
TRIJARDY XR TAB ER 24HR 10-5- 1000MG	70	TRUMENBA INJ	95
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	70	TRUSELTIQ 100 MG DAILY DOSE	28
TRIJARDY XR TAB ER 24HR 25-5- 1000MG	70	TRUSELTIQ 125 MG DAILY DOSE	28
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	70	TRUSELTIQ 50 MG DAILY DOSE.....	28
TRIKAFTA TAB 100-50-75MG & 150MG	105	TRUSELTIQ 75 MG DAILY DOSE.....	28
TRIKAFTA TAB 50-25-37.5MG & 75MG	105	TRUXIMA INJ 100/10ML	28
<i>tri-legest fe</i>	76	TRUXIMA INJ 500/50ML	28
<i>tri-linyah</i>	76	TUKYSA TAB 150MG	28
<i>tri-lo-estarylla</i>	76	TUKYSA TAB 50MG	28
<i>tri-lo-marzia</i>	76	TURALIO CAP 200MG	28
<i>tri-lo-mili</i>	76	TWINRIX INJ	96
<i>tri-lo-sprintec</i>	76	TYBOST TAB 150MG	10
TRIMETHOPRIM TAB 100MG	7	TYPHIM VI INJ	96
<i>tri-mili</i>	76	U	
<i>trimipramine maleate cap 100 mg</i> ...	54	UBRELVY TAB 100MG.....	65
<i>trimipramine maleate cap 25 mg</i>	54	UBRELVY TAB 50MG	65
<i>trimipramine maleate cap 50 mg</i>	54	<i>unithroid</i>	83
TRINTELLIX TAB 10MG	54	<i>ursodiol cap 300 mg</i>	86
TRINTELLIX TAB 20MG	54	<i>ursodiol tab 250 mg</i>	86
TRINTELLIX TAB 5MG	54	<i>ursodiol tab 500 mg</i>	86
<i>tri-nymyo tab</i>	76	V	
		<i>valacyclovir hcl tab 1 gm</i>	12
		<i>valacyclovir hcl tab 500 mg</i>	12
		VALCHLOR GEL 0.016%	110
		<i>valganciclovir hcl for soln 50 mg/ml</i> (base equiv)	12
		<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	12
		<i>valproate sodium inj 100 mg/ml</i>	49
		<i>valproate sodium oral soln 250 mg/5ml</i> (base equiv)	49
		<i>valproic acid cap 250 mg</i>	49
		<i>valsartan tab 160 mg</i>	34
		<i>valsartan tab 320 mg</i>	34

<i>valsartan tab 40 mg</i>	34	VELTASSA POW 16.8GM	73
<i>valsartan tab 80 mg</i>	34	VELTASSA POW 25.2GM	73
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	33	VELTASSA POW 8.4GM.....	73
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	33	VEMLIDY TAB 25MG.....	12
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	33	VENCLEXTA TAB 100MG	28
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	33	VENCLEXTA TAB 10MG.....	28
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	33	VENCLEXTA TAB 50MG.....	28
VALTOCO SPR 10MG	49	VENCLEXTA TAB START PK	28
VALTOCO SPR 15MG	49	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	54
VALTOCO SPR 20MG	49	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	54
VALTOCO SPR 5MG	49	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	54
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	7	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	54
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	7	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	54
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	7	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	54
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	7	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	54
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	7	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	54
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	7	VENTAVIS SOL 10MCG/ML.....	44
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	7	VENTAVIS SOL 20MCG/ML.....	44
VANCOMYCIN INJ 1 GM	7	VENTOLIN HFA (INSTITUTIONAL PACK).....	103
VANCOMYCIN INJ 500MG	7	VENTOLIN HFA AER.....	103
VANCOMYCIN INJ 750MG	7	<i>verapamil hcl cap er 24hr 100 mg</i>	40
VANDAZOLE	88	<i>verapamil hcl cap er 24hr 120 mg</i>	40
VAQTA INJ 25/0.5ML.....	96	<i>verapamil hcl cap er 24hr 180 mg</i>	40
VAQTA INJ 50UNT/ML.....	96	<i>verapamil hcl cap er 24hr 200 mg</i>	40
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	68	<i>verapamil hcl cap er 24hr 240 mg</i>	40
<i>varenicline tartrate tab 1 mg (base equiv)</i>	68	<i>verapamil hcl cap er 24hr 300 mg</i>	40
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	68	<i>verapamil hcl cap er 24hr 360 mg</i>	40
VARIVAX INJ.....	96	<i>verapamil hcl iv soln 2.5 mg/ml</i>	40
VASCEPA CAP 0.5GM.....	37	<i>verapamil hcl tab 120 mg</i>	40
VASCEPA CAP 1GM	37	<i>verapamil hcl tab 40 mg</i>	40
VELCADE INJ 3.5MG	28	<i>verapamil hcl tab 80 mg</i>	40
<i>velivet</i>	77	<i>verapamil hcl tab er 120 mg</i>	40
VELPHORO CHW 500MG.....	82	<i>verapamil hcl tab er 180 mg</i>	40
		<i>verapamil hcl tab er 240 mg</i>	40
		VERQUVO TAB 10MG	42
		VERQUVO TAB 2.5MG	42
		VERQUVO TAB 5MG.....	42
		VERSACLOZ SUS 50MG/ML	61
		VERZENIO TAB 100MG.....	28

VERZENIO TAB 150MG	28	VRAYLAR CAP 1.5MG	61
VERZENIO TAB 200MG	28	VRAYLAR CAP 3MG	61
VERZENIO TAB 50MG	28	VRAYLAR CAP 4.5MG	61
<i>vestura tab 3-0.02mg</i>	77	VRAYLAR CAP 6MG	61
V-GO 20 KIT	72	<i>vyfemla</i>	77
V-GO 30 KIT	72	<i>vylibra</i>	77
V-GO 40 KIT	72	VYVANSE CAP 10MG	63
VICTOZA INJ 18MG/3ML	70	VYVANSE CAP 20MG	63
<i>vienna</i>	77	VYVANSE CAP 30MG	63
<i>vigabatrin powd pack 500 mg</i>	49	VYVANSE CAP 40MG	63
<i>vigabatrin tab 500 mg</i>	50	VYVANSE CAP 50MG	63
<i>vigadrone</i>	50	VYVANSE CAP 60MG	63
VIIBRYD KIT STARTER.....	54	VYVANSE CAP 70MG	63
VIIBRYD TAB 10MG.....	54	VYVANSE CHW 10MG.....	63
VIIBRYD TAB 20MG.....	54	VYVANSE CHW 20MG.....	64
VIIBRYD TAB 40MG.....	54	VYVANSE CHW 30MG.....	64
<i>vilazodone hcl tab 10 mg</i>	54	VYVANSE CHW 40MG.....	64
<i>vilazodone hcl tab 20 mg</i>	54	VYVANSE CHW 50MG.....	64
<i>vilazodone hcl tab 40 mg</i>	54	VYVANSE CHW 60MG.....	64
VIMPAT INJ 200MG/20.....	50	VYZULTA SOL 0.024%	101
VIMPAT SOL 10MG/ML.....	50	W	
<i>vincristine sulfate iv soln 1 mg/ml</i> ...	22	<i>warfarin sodium tab 1 mg</i>	89
<i>vinorelbine tartrate inj 10 mg/ml (base</i>		<i>warfarin sodium tab 10 mg</i>	89
<i>equiv)</i>	22	<i>warfarin sodium tab 2 mg</i>	89
<i>vinorelbine tartrate inj 50 mg/5ml (10</i>		<i>warfarin sodium tab 2.5 mg</i>	89
<i>mg/ml) (base equiv)</i>	22	<i>warfarin sodium tab 3 mg</i>	89
<i>viorele</i>	77	<i>warfarin sodium tab 4 mg</i>	89
VIRACEPT TAB 250MG	10	<i>warfarin sodium tab 5 mg</i>	89
VIRACEPT TAB 625MG	10	<i>warfarin sodium tab 6 mg</i>	89
VIREAD POW 40MG/GM	10	<i>warfarin sodium tab 7.5 mg</i>	89
VIREAD TAB 150MG	10	<i>water for irrigation, sterile irrigation</i>	
VIREAD TAB 200MG	10	<i>soln</i>	110
VIREAD TAB 250MG	10	WELIREG TAB 40MG	21
VITRAKVI CAP 100MG	28	<i>wera</i>	77
VITRAKVI CAP 25MG	28	X	
VITRAKVI SOL 20MG/ML	28	XALKORI CAP 200MG.....	28
VIVITROL INJ 380MG.....	68	XALKORI CAP 250MG.....	28
VIZIMPRO TAB 15MG.....	28	XARELTO STAR TAB 15/20MG.....	89
VIZIMPRO TAB 30MG.....	28	XARELTO SUS 1MG/ML.....	89
VIZIMPRO TAB 45MG.....	28	XARELTO TAB 10MG	89
VONJO CAP 100MG	28	XARELTO TAB 15MG	89
<i>voriconazole for inj 200 mg</i>	8	XARELTO TAB 2.5MG	89
<i>voriconazole for susp 40 mg/ml</i>	8	XARELTO TAB 20MG	89
<i>voriconazole tab 200 mg</i>	8	XATMEP SOL 2.5MG/ML.....	92
<i>voriconazole tab 50 mg</i>	8	XCOPRI PAK 100-150.....	50
VOSEVI TAB	12	XCOPRI PAK 12.5-25	50
VOTRIENT TAB 200MG.....	28	XCOPRI PAK 150-200MG	
VRAYLAR CAP 1.5-3MG	61	(MAINTENANCE).....	50

XCOPRI PAK 150-200MG (TITRATION)	ZARXIO INJ 480/0.8	89
..... 50	ZEJULA CAP 100MG	29
XCOPRI PAK 50-100MG..... 50	ZELBORAF TAB 240MG..... 29	
XCOPRI TAB 100MG 50	ZEMAIRA INJ 1000MG..... 105	
XCOPRI TAB 150MG 50	<i>zenatane</i> 107	
XCOPRI TAB 200MG 50	ZENPEP CAP 10000UNT 86	
XCOPRI TAB 50MG..... 50	ZENPEP CAP 15000UNT 86	
XELJANZ SOL 1MG/ML..... 92	ZENPEP CAP 20000UNT 86	
XELJANZ TAB 10MG 92	ZENPEP CAP 25000UNT 86	
XELJANZ TAB 5MG 92	ZENPEP CAP 3000UNIT 86	
XELJANZ XR TAB 11MG..... 92	ZENPEP CAP 40000UNT 86	
XELJANZ XR TAB 22MG..... 92	ZENPEP CAP 5000UNIT 86	
XERMELO TAB 250MG..... 86	ZERVIATE DRO 0.24% 100	
XGEVA INJ..... 72	<i>zidovudine cap 100 mg</i> 10	
XIFAXAN TAB 550MG..... 86	<i>zidovudine syrup 10 mg/ml</i> 10	
XIGDUO XR TAB 10-1000..... 71	<i>zidovudine tab 300 mg</i> 10	
XIGDUO XR TAB 10-500MG 71	<i>ziprasidone hcl cap 20 mg</i> 61	
XIGDUO XR TAB 2.5-1000..... 71	<i>ziprasidone hcl cap 40 mg</i> 61	
XIGDUO XR TAB 5-1000MG 71	<i>ziprasidone hcl cap 60 mg</i> 61	
XIGDUO XR TAB 5-500MG 71	<i>ziprasidone hcl cap 80 mg</i> 61	
XIIDRA DRO 5%..... 101	<i>ziprasidone mesylate for inj 20 mg</i>	
XOLAIR INJ 150MG/ML 105	<i>(base equivalent)</i> 61	
XOLAIR INJ 75/0.5..... 105	ZIRABEV INJ 100/4ML..... 29	
XOLAIR SOL 150MG 105	ZIRABEV INJ 400/16ML 29	
XOSPATA TAB 40MG..... 29	ZIRGAN GEL 0.15%..... 99	
XPOVIO 100 MG ONCE WEEKLY..... 29	<i>zoledronic acid inj conc for iv infusion 4</i>	
XPOVIO 40 MG ONCE WEEKLY 29	<i>mg/5ml</i> 73	
XPOVIO 40 MG TWICE WEEKLY 29	<i>zoledronic acid iv soln 4 mg/100ml</i> ... 73	
XPOVIO 60 MG ONCE WEEKLY 29	<i>zoledronic acid iv soln 5 mg/100ml</i> ... 73	
XPOVIO 80 MG ONCE WEEKLY 29	ZOLINZA CAP 100MG..... 29	
XPOVIO PAK 100MG 29	<i>zolmitriptan orally disintegrating tab</i>	
XPOVIO PAK 40MG..... 29	<i>2.5 mg</i> 65	
XPOVIO PAK 60MG..... 29	<i>zolmitriptan orally disintegrating tab 5</i>	
XPOVIO PAK 80MG..... 29	<i>mg</i> 65	
XTANDI CAP 40MG..... 20	<i>zolmitriptan tab 2.5 mg</i> 65	
XTANDI TAB 40MG..... 20	<i>zolmitriptan tab 5 mg</i> 65	
XTANDI TAB 80MG..... 20	<i>zolpidem tartrate tab 10 mg</i> 64	
<i>xulane</i> 77	<i>zolpidem tartrate tab 5 mg</i> 64	
XULTOPHY INJ 100/3.6 72	ZONISADE SUS 100MG/5 50	
XYREM SOL 500MG/ML 67	<i>zonisamide cap 100 mg</i> 50	
Y	<i>zonisamide cap 25 mg</i> 50	
YF-VAX INJ 96	<i>zonisamide cap 50 mg</i> 50	
<i>yuvafem</i> 78	ZORTRESS TAB 1MG..... 95	
Z	<i>zovia 1/35e</i> 77	
<i>zafemy dis 150/35</i> 77	ZTALMY SUS 50MG/ML..... 50	
<i>zafirlukast tab 10 mg</i> 104	<i>zumandimine</i> 77	
<i>zafirlukast tab 20 mg</i> 104	ZYCLARA PUMP CRE 2.5% 110	
ZARXIO INJ 300/0.5..... 89	ZYDELIG TAB 100MG 29	

ZYDELIG TAB 150MG.....	29	ZYPITAMAG TAB 4MG.....	36
ZYKADIA TAB 150MG	29	ZYPREXA RELP INJ 210MG	61
ZYLET SUS 0.5-0.3%.....	99	ZYPREXA RELP INJ 300MG	62
ZYPITAMAG TAB 2MG	36	ZYPREXA RELP INJ 405MG	62



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 متوافر 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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