

# 2021 FORMULARY

## LIST OF COVERED DRUGS



 VIVA MEDICARE  
*Plus* (HMO)

 VIVA MEDICARE  
*Me* (HMO)

 VIVA MEDICARE  
*Prime* (HMO)



 VIVA MEDICARE  
CLASSIC (HMO)

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

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

VIVA MEDICARE is an HMO plan with a Medicare contract and a contract with the Alabama Medicaid Agency. Enrollment in VIVA MEDICARE depends on contract renewal H0154\_mcdoc2542A\_C\_08/31/2020

VM-5300016



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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means VIVA MEDICARE. When it refers to “plan” or “our plan,” it means VIVA MEDICARE *Plus*, VIVA MEDICARE *Prime*, VIVA MEDICARE *Me*, and VIVA MEDICARE *Classic*.

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

## What is the VIVA MEDICARE formulary?

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

## Can the formulary (drug list) change?

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

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

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

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

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

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

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

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

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

## How do I use the formulary?

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

### Medical Condition

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

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 113. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

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



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

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

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

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

### What if my drug is not on the formulary?

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

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

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

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term care facility, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of

membership in our plan, we may cover a 31-day emergency supply of that drug while you pursue a formulary exception.

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

## For more information

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

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

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

## VIVA MEDICARE's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by VIVA MEDICARE. If you have trouble finding your drug in the list, turn to the Index that begins on page 113.

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.

## Table of Contents

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

VIVA MEDICARE *Plus* – Page VI

VIVA MEDICARE *Me* – Page VII

VIVA MEDICARE *Prime* – Page VIII

VIVA MEDICARE *Classic* – Page IX

## 2021 Copayments (the amount you pay) for Prescription Drugs

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

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

### VIVA MEDICARE *Plus* Drug Benefits Summary

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

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

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

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

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

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

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

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



## 2021 Copayments (the amount you pay) for Prescription Drugs

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

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

### VIVA MEDICARE Me Drug Benefits Summary

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

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

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

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

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

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

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

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

## 2021 Copayments (the amount you pay) for Prescription Drugs

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

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

### VIVA MEDICARE Prime Drug Benefits Summary

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

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

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

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

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

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

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

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



## 2021 Copayments (the amount you pay) for Prescription Drugs

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

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

### VIVA MEDICARE Classic Drug Benefits Summary

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

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

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

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

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

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

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

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

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## 2021 Formulary *(List of Covered Drugs)*

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



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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYSINGLA ER TAB 60 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days), PA
<i>methadone con 10mg/ml</i>	2	QL (90 mL / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	2	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	2	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	2	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 15 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	2	QL (90 tabs / 30 days), PA
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	4	
<i>butorphanol tartrate inj 2 mg/ml</i>	4	
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	QL (120 lozenges / 30 days), PA

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

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

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

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

## **ANTI-INFECTIVES**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 365 days)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate inj 10 mg/ml</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>ivermectin tab 3 mg</i>	2	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 in nacl 0.79% iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	3	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	3	
<i>paromomycin sulfate cap 250 mg</i>	2	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	B/D
<i>pentamidine isethionate for soln 300 mg</i>	2	
<i>praziquantel tab 600 mg</i>	2	
SIVEXTRO INJ 200MG	5	
SIVEXTRO TAB 200MG	5	
<i>streptomycin sulfate for inj 1 gm</i>	5	



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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	2	
<i>fluconazole tab 200 mg</i>	2	
<i>flucytosine cap 250 mg</i>	5	
<i>flucytosine cap 500 mg</i>	5	
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg</i>	2	
<i>griseofulvin ultramicrosize tab 250 mg</i>	2	
<i>itraconazole cap 100 mg</i>	2	PA
<i>ketoconazole tab 200 mg</i>	2	PA
<i>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)
<i>nystatin tab 500000 unit</i>	2	
<i>posaconazole tab delayed release 100 mg</i>	5	QL (93 tabs / 30 days)
<i>terbinafine hcl tab 250 mg</i>	1	QL (90 tabs / year)
<i>voriconazole for inj 200 mg</i>	5	PA
<i>voriconazole for susp 40 mg/ml</i>	5	PA
<i>voriconazole tab 50 mg</i>	2	QL (480 tabs / 30 days), PA
<i>voriconazole tab 200 mg</i>	2	QL (120 tabs / 30 days), PA

### **ANTIMALARIALS**

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	2	
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
APTIVUS SOL	5	NM
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	NM
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	NM
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CRIXIVAN CAP 200MG	4	NM
CRIXIVAN CAP 400MG	4	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	3	NM
<i>etravirine tab 100 mg</i>	5	NM
<i>etravirine tab 200 mg</i>	5	NM
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	NM
FUZEON INJ 90MG	5	NM
INTELENCE TAB 25MG	4	NM
INTELENCE TAB 100MG	5	NM
INTELENCE TAB 200MG	5	NM
INVIRASE TAB 500MG	5	NM
ISENTRESS CHW 25MG	3	NM
ISENTRESS CHW 100MG	5	NM
ISENTRESS HD TAB 600MG	5	NM
ISENTRESS POW 100MG	3	NM
ISENTRESS TAB 400MG	5	NM
<i>lamivudine oral soln 10 mg/ml</i>	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>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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SELZENTRY SOL 20MG/ML	5	NM
SELZENTRY TAB 25MG	3	NM
SELZENTRY TAB 75MG	5	NM
SELZENTRY TAB 150MG	5	NM
SELZENTRY TAB 300MG	5	NM
<i>stavudine cap 15 mg</i>	2	NM
<i>stavudine cap 20 mg</i>	2	NM
<i>stavudine cap 30 mg</i>	2	NM
<i>stavudine cap 40 mg</i>	2	NM
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	NM
TIVICAY PD TAB 5MG	3	NM
TIVICAY TAB 10MG	3	NM
TIVICAY TAB 25MG	5	NM
TIVICAY TAB 50MG	5	NM
TROGARZO INJ 150MG/ML	5	NM, LA
TYBOST TAB 150MG	4	NM
VIRACEPT TAB 250MG	5	NM
VIRACEPT TAB 625MG	5	NM
VIREAD POW 40MG/GM	5	NM
VIREAD TAB 150MG	5	NM
VIREAD TAB 200MG	5	NM
VIREAD TAB 250MG	5	NM
<i>zidovudine cap 100 mg</i>	2	NM
<i>zidovudine syrup 10 mg/ml</i>	2	NM
<i>zidovudine tab 300 mg</i>	2	NM
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	NM
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	NM
BIKTARVY TAB	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 200/25MG	5	NM
DOVATO TAB 50-300MG	5	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days), NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
KALETRA TAB 100-25MG	4	NM
KALETRA TAB 200-50MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TEMIXYS TAB 300-300	5	NM
TRIUMEQ TAB	5	NM
<b>ANTITUBERCULAR AGENTS</b>		
<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	LA, PA
SIRTURO TAB 100MG	5	LA, PA
TRECTOR TAB 250MG	4	
<b>ANTIVIRALS</b>		
<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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 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	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 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
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>	2	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	2	
VEMLIDY TAB 25MG	5	NM, PA
VOSEVI TAB	5	NM, PA
<b>CEPHALOSPORINS</b>		
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 10 gm</i>	2	
<i>cefazolin sodium for inj 500 mg</i>	2	
<i>cefazolin sodium for iv soln 1 gm</i>	2	
CEFAZOLIN SOL	4	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for inj 2 gm</i>	2	
<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	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 inj 1gm</i>	2	
<i>tazicef inj 2gm</i>	2	
TAZICEF INJ 6GM	2	
TEFLARO INJ 400MG	5	
TEFLARO INJ 600MG	5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<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 tab 250mg ec</i>	2	
<i>ery-tab tab 333mg ec</i>	2	
<i>ery-tab tab 500mg ec</i>	2	
ERYTHROCIN INJ 500MG	4	
<i>erythrocin tab 250mg</i>	2	
<i>erythromycin ethylsuccinate tab 400 mg</i>	2	
<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	
<b>FLUOROQUINOLONES</b>		
CIPRO (10%) SUS 500MG/5	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>levofloxacin iv soln 25 mg/ml</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
MOXIFLOXACIN INJ 400/250	4	
<b>PENICILLINS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin &amp; 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>	5	
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 inj 5mu</i>	2	
<i>pfizerpen inj 20000000</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<b>TETRACYCLINES</b>		
<i>doxy 100 inj 100mg</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	
<i>mondoxyne nl cap 100mg</i>	2	
<i>tetracycline hcl cap 250 mg</i>	2	PA
<i>tetracycline hcl cap 500 mg</i>	2	PA
<i>tigecycline for iv soln 50 mg</i>	5	
TIGECYCLINE INJ 50MG	5	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA INJ 100/4ML	5	B/D, NM
<i>carboplatin iv soln 50 mg/5ml</i>	2	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	2	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	2	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	2	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	B/D
CYCLOPHOSPH INJ 1GM	5	B/D
CYCLOPHOSPH TAB 25MG	4	B/D
CYCLOPHOSPH TAB 50MG	4	B/D
CYCLOPHOSPHA INJ 500MG	5	B/D
<i>cyclophosphamide cap 25 mg</i>	2	B/D



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclophosphamide cap 50 mg</i>	2	B/D
<i>cyclophosphamide for inj 1 gm</i>	5	B/D
<i>cyclophosphamide for inj 2 gm</i>	5	B/D
<i>cyclophosphamide for inj 500 mg</i>	5	B/D
LEUKERAN TAB 2MG	5	
<i>oxaliplatin for iv inj 50 mg</i>	5	B/D
<i>oxaliplatin for iv inj 100 mg</i>	5	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	2	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	2	B/D
<i>oxaliplatin iv soln 200 mg/40ml</i>	2	B/D
<i>paraplatin inj 1000mg</i>	2	B/D

### **ANTIBIOTICS**

<i>adriamycin inj 20mg</i>	2	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	2	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	B/D
<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
<i>mercaptopurine tab 50 mg</i>	2	
<i>methotrexate sodium for inj 1 gm</i>	2	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	B/D
ONUREG TAB 200MG	5	NM, LA, PA
ONUREG TAB 300MG	5	NM, LA, PA
PURIXAN SUS 20MG/ML	5	NM
TABLOID TAB 40MG	4	

### **HORMONAL ANTINEOPLASTIC AGENTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>IMMUNOMODULATORS</b>		
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 (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	5	QL (28 caps / 28 days), NM, PA
THALOMID CAP 100MG	5	QL (28 caps / 28 days), NM, PA
THALOMID CAP 150MG	5	QL (56 caps / 28 days), NM, PA
THALOMID CAP 200MG	5	QL (56 caps / 28 days), NM, PA
<b>MISCELLANEOUS</b>		
<i>bexarotene cap 75 mg</i>	5	NM, PA
<i>hydroxyurea cap 500 mg</i>	2	
INQOVI TAB 35-100MG	5	NM, LA, PA
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	2	B/D
KISQALI 200 PAK FEMARA	5	NM, PA
KISQALI 400 PAK FEMARA	5	NM, PA
KISQALI 600 PAK FEMARA	5	NM, PA
LONSURF TAB 15-6.14	5	NM, PA
LONSURF TAB 20-8.19	5	NM, PA
MATULANE CAP 50MG	5	NM, LA
SYNRIBO INJ 3.5MG	5	NM, PA
<i>tretinoin cap 10 mg</i>	5	
WELIREG TAB 40MG	5	NM, LA, PA

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
FARYDAK CAP 10MG	5	NM, LA, PA
FARYDAK CAP 15MG	5	NM, LA, PA
FARYDAK CAP 20MG	5	NM, LA, PA
FOTIVDA CAP 0.89MG	5	QL (21 caps / 28 days), NM, LA, PA
FOTIVDA CAP 1.34MG	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAP 100MG	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN INJ 150MG	5	NM, PA
HERZUMA INJ 150MG	5	NM, PA
HERZUMA INJ 420MG	5	NM, PA
IBRANCE CAP 75MG	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 100MG	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 125MG	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TAB 75MG	5	QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 100MG	5	QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 125MG	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TAB 10MG	5	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TAB 15MG	5	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TAB 30MG	5	QL (30 tabs / 30 days), NM, LA, PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ICLUSIG TAB 45MG	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TAB 50MG	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TAB 100MG	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	5	QL (56 caps / 28 days), NM, LA, PA
IMBRUVICA CAP 140MG	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TAB 140MG	5	QL (112 tabs / 28 days), NM, LA, PA
IMBRUVICA TAB 280MG	5	QL (56 tabs / 28 days), NM, LA, PA
IMBRUVICA TAB 420MG	5	QL (30 tabs / 30 days), NM, LA, PA
IMBRUVICA TAB 560MG	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TAB 1MG	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAP 100MG	5	NM, LA, PA
IRESSA TAB 250MG	5	NM, LA, PA
JAKAFI TAB 5MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA INJ 100MG	5	B/D, NM
KADCYLA INJ 160MG	5	B/D, NM
KANJINTI INJ 420MG	5	NM, PA
KANJINTI SOL 150MG	5	NM, PA
KEYTRUDA INJ 100MG/4M	5	NM, PA
KISQALI TAB 200DOSE	5	NM, PA
KISQALI TAB 400DOSE	5	NM, PA
KISQALI TAB 600DOSE	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	NM, PA
LENVIMA CAP 4MG	5	NM, LA, PA
LENVIMA CAP 8 MG	5	NM, LA, PA
LENVIMA CAP 10 MG	5	NM, LA, PA
LENVIMA CAP 12MG	5	NM, LA, PA
LENVIMA CAP 14 MG	5	NM, LA, PA
LENVIMA CAP 18 MG	5	NM, LA, PA
LENVIMA CAP 20 MG	5	NM, LA, PA
LENVIMA CAP 24 MG	5	NM, LA, PA
LORBRENA TAB 25MG	5	NM, LA, PA
LORBRENA TAB 100MG	5	NM, LA, PA
LUMAKRAS TAB 120MG	5	NM, LA, PA
LYNPARZA TAB 100MG	5	QL (120 tabs / 30 days), NM, LA, PA
LYNPARZA TAB 150MG	5	QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TAB 0.5MG	5	NM, LA, PA
MEKINIST TAB 2MG	5	NM, LA, PA
MEKTOVI TAB 15MG	5	NM, LA, PA
MONJUVI INJ 200MG	5	NM, LA, PA
MVASI INJ 100MG	5	NM, LA, PA
MVASI INJ 400MG	5	NM, LA, PA
NERLYNX TAB 40MG	5	NM, LA, PA
NEXAVAR TAB 200MG	5	NM, LA, PA
NINLARO CAP 2.3MG	5	NM, PA
NINLARO CAP 3MG	5	NM, PA
NINLARO CAP 4MG	5	NM, PA
ODOMZO CAP 200MG	5	NM, LA, PA
OGIVRI INJ 150MG	5	NM, PA
OGIVRI INJ 420MG	5	NM, PA
ONTRUZANT INJ 150MG	5	NM, PA
ONTRUZANT INJ 420MG	5	NM, PA
PEMAZYRE TAB 4.5MG	5	NM, LA, PA
PEMAZYRE TAB 9MG	5	NM, LA, PA
PEMAZYRE TAB 13.5MG	5	NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG TAB DOSE	5	NM, PA
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG TAB DOSE	5	NM, PA
QINLOCK TAB 50MG	5	NM, LA, PA
RETEVMO CAP 40MG	5	NM, LA, PA
RETEVMO CAP 80MG	5	NM, LA, PA
RIABNI SOL 100/10ML	5	NM, LA, PA
RIABNI SOL 500/50ML	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RITUXAN INJ 100MG	5	NM, LA, PA
RITUXAN INJ 500MG	5	NM, LA, PA
RITUXAN INJ HYCELA	5	NM, LA, PA
ROZLYTREK CAP 100MG	5	NM, LA, PA
ROZLYTREK CAP 200MG	5	NM, LA, PA
RUBRACA TAB 200MG	5	NM, LA, PA
RUBRACA TAB 250MG	5	NM, LA, PA
RUBRACA TAB 300MG	5	NM, LA, PA
RUXIENCE INJ 100/10ML	5	NM, PA
RUXIENCE INJ 500/50ML	5	NM, PA
RYDAPT CAP 25MG	5	NM, PA
SPRYCEL TAB 20MG	5	NM, PA
SPRYCEL TAB 50MG	5	NM, PA
SPRYCEL TAB 70MG	5	NM, PA
SPRYCEL TAB 80MG	5	NM, PA
SPRYCEL TAB 100MG	5	NM, PA
SPRYCEL TAB 140MG	5	NM, PA
STIVARGA TAB 40MG	5	NM, LA, PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 50 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
SUTENT CAP 12.5MG	5	QL (30 caps / 30 days), NM, PA
SUTENT CAP 25MG	5	QL (30 caps / 30 days), NM, PA
SUTENT CAP 37.5MG	5	QL (30 caps / 30 days), NM, PA
SUTENT CAP 50MG	5	QL (30 caps / 30 days), NM, PA
TABRECTA TAB 150MG	5	NM, PA
TABRECTA TAB 200MG	5	NM, PA
TAFINLAR CAP 50MG	5	NM, LA, PA
TAFINLAR CAP 75MG	5	NM, LA, PA
TAGRISSE TAB 40MG	5	QL (30 tabs / 30 days), NM, LA, PA
TAGRISSE TAB 80MG	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAP 0.25MG	5	NM, LA, PA
TALZENNA CAP 1MG	5	NM, LA, PA
TASIGNA CAP 50MG	5	NM, PA
TASIGNA CAP 150MG	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TASIGNA CAP 200MG	5	NM, PA
TAZVERIK TAB 200MG	5	NM, LA, PA
TECENTRIQ INJ 840/14	5	NM, LA, PA
TECENTRIQ INJ 1200/20	5	NM, LA, PA
TEPMETKO TAB 225MG	5	NM, LA, PA
TIBSOVO TAB 250MG	5	NM, LA, PA
TRAZIMERA INJ 150MG	5	NM, PA
TRAZIMERA INJ 420MG	5	NM, PA
TRUSELTIQ CAP 50MG	5	NM, LA, PA
TRUSELTIQ CAP 75MG	5	NM, LA, PA
TRUSELTIQ CAP 100MG	5	NM, LA, PA
TRUSELTIQ CAP 125MG	5	NM, LA, PA
TRUXIMA INJ 100/10ML	5	NM, PA
TRUXIMA INJ 500/50ML	5	NM, PA
TUKYSA TAB 50MG	5	NM, LA, PA
TUKYSA TAB 150MG	5	NM, LA, PA
TURALIO CAP 200MG	5	NM, LA, PA
UKONIQ TAB 200MG	5	NM, LA, PA
VELCADE INJ 3.5MG	5	NM, PA
VENCLEXTA TAB 10MG	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TAB 50MG	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TAB 100MG	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TAB 50MG	5	NM, LA, PA
VERZENIO TAB 100MG	5	NM, LA, PA
VERZENIO TAB 150MG	5	NM, LA, PA
VERZENIO TAB 200MG	5	NM, LA, PA
VITRAKVI CAP 25MG	5	NM, LA, PA
VITRAKVI CAP 100MG	5	NM, LA, PA
VITRAKVI SOL 20MG/ML	5	NM, LA, PA
VIZIMPRO TAB 15MG	5	NM, LA, PA
VIZIMPRO TAB 30MG	5	NM, LA, PA
VIZIMPRO TAB 45MG	5	NM, LA, PA
VOTRIENT TAB 200MG	5	NM, LA, PA
XALKORI CAP 200MG	5	NM, LA, PA
XALKORI CAP 250MG	5	NM, LA, PA
XOSPATA TAB 40MG	5	NM, LA, PA
XPOVIO PAK 40MG	5	NM, LA, PA
XPOVIO PAK 50MG	5	NM, LA, PA
XPOVIO PAK 60MG	5	NM, LA, PA
XPOVIO PAK 80MG	5	NM, LA, PA

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

### **PROTECTIVE AGENTS**

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

### **CARDIOVASCULAR**

#### **ACE INHIBITOR COMBINATIONS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; 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	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	



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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 tab 100mg</i>	2	
<i>pacerone tab 200mg</i>	1	
<i>pacerone tab 400mg</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 tab 80mg</i>	1	
<i>sorine tab 120mg</i>	1	
<i>sorine tab 160mg</i>	1	
<i>sorine tab 240mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<b>ANTILIPEMICS, FIBRATES</b>		
ANTARA CAP 30MG	4	
ANTARA CAP 90MG	4	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	2	

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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VASCEPA CAP 1GM	4	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	2	
<b>BETA-BLOCKERS</b>		
<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	
BYSTOLIC TAB 2.5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	4	QL (60 tabs / 30 days)
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	2	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	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	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>cartia xt cap 120/24hr</i>	2	
<i>cartia xt cap 180/24hr</i>	2	
<i>cartia xt cap 240/24hr</i>	2	
<i>cartia xt cap 300/24hr</i>	2	
<i>dilt-xr cap 120mg</i>	2	
<i>dilt-xr cap 180mg</i>	2	
<i>dilt-xr cap 240mg</i>	2	
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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	
<b>NYMALIZE SOL</b>	5	
<i>taztia xt cap 120mg/24</i>	2	
<i>taztia xt cap 180mg/24</i>	2	
<i>taztia xt cap 240mg/24</i>	2	
<i>taztia xt cap 300mg er</i>	2	
<i>taztia xt cap 360mg/24</i>	2	
<i>tiadylt cap 120mg/24</i>	2	
<i>tiadylt cap 180mg/24</i>	2	
<i>tiadylt cap 240mg/24</i>	2	
<i>tiadylt cap 300mg/24</i>	2	
<i>tiadylt cap 360mg/24</i>	2	
<i>tiadylt cap 420mg/24</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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DIURETICS</b>		
<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 &amp; 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 10 mg/ml</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<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 &amp; 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 &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
<b>MISCELLANEOUS</b>		
<b>ADRENALIN INJ 1MG/ML</b>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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 tab 0.25mg</i>	2	QL (30 tabs / 30 days)
<i>digitek tab 0.125mg</i>	2	QL (30 tabs / 30 days)
<i>digox tab 0.25mg</i>	2	QL (30 tabs / 30 days)
<i>digox tab 0.125mg</i>	2	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	2	
<i>digoxin oral soln 0.05 mg/ml</i>	2	
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	QL (30 tabs / 30 days)
<i>droxidopa cap 100 mg</i>	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa cap 200 mg</i>	5	QL (180 caps / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
METHYLDOPA TAB 250MG	2	PA; PA if 70 years and older
METHYLDOPA TAB 500MG	2	PA; PA if 70 years and older
<i>metyrosine cap 250 mg</i>	5	PA
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
NORTHERA CAP 100MG	5	QL (90 caps / 30 days), NM, LA, PA
NORTHERA CAP 200MG	5	QL (180 caps / 30 days), NM, LA, PA
NORTHERA CAP 300MG	5	QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine tab er 12hr 500 mg</i>	2	
<i>ranolazine tab er 12hr 1000 mg</i>	2	
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide dinitrate tab 40 mg</i>	5	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS TAB 0.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 5 mg</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 10 mg</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan tab 62.5 mg</i>	5	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan tab 125 mg</i>	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
<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
<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
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTI-ANXIETY</b>		
<i>alprazolam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	2	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buspirone 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 con 2mg/ml</i>	2	QL (150 mL / 30 days)
<i>lorazepam conc 2 mg/ml</i>	2	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	2	
<i>lorazepam inj 4 mg/ml</i>	2	
<i>lorazepam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	2	QL (150 tabs / 30 days)

### **ANTICONVULSANTS**

APTIOM TAB 200MG	5	QL (60 tabs / 30 days)
APTIOM TAB 400MG	5	QL (60 tabs / 30 days)
APTIOM TAB 600MG	5	QL (60 tabs / 30 days)
APTIOM TAB 800MG	5	QL (60 tabs / 30 days)
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	5	QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	5	QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	5	QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	5	QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	5	QL (60 tabs / 30 days), PA
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	
CELONTIN CAP 300MG	4	
<i>clobazam suspension 2.5 mg/ml</i>	2	QL (480 mL / 30 days), PA
<i>clobazam tab 10 mg</i>	2	QL (60 tabs / 30 days), PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 tab 200mg</i>	2	
<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
FYCOMPA TAB 6MG	5	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	5	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	5	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	5	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	1	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	1	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	1	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	2	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	2	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	2	QL (120 tabs / 30 days)
<i>lamotrigine orally disintegrating tab 25 mg</i>	2	
<i>lamotrigine orally disintegrating tab 50 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine orally disintegrating tab 100 mg</i>	2	
<i>lamotrigine orally disintegrating tab 200 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab er 24hr 25 mg</i>	2	
<i>lamotrigine tab er 24hr 50 mg</i>	2	
<i>lamotrigine tab er 24hr 100 mg</i>	2	
<i>lamotrigine tab er 24hr 200 mg</i>	2	
<i>lamotrigine tab er 24hr 250 mg</i>	2	
<i>lamotrigine tab er 24hr 300 mg</i>	2	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab 250 mg</i>	2	
<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	
PEGANONE TAB 250MG	4	
<i>phenobarbital elixir 20 mg/5ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	3	PA; PA if 70 years and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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), PA
<i>pregabalin cap 50 mg</i>	2	QL (120 caps / 30 days), PA
<i>pregabalin cap 75 mg</i>	2	QL (120 caps / 30 days), PA
<i>pregabalin cap 100 mg</i>	2	QL (120 caps / 30 days), PA
<i>pregabalin cap 150 mg</i>	2	QL (120 caps / 30 days), PA
<i>pregabalin cap 200 mg</i>	2	QL (90 caps / 30 days), PA
<i>pregabalin cap 225 mg</i>	2	QL (60 caps / 30 days), PA
<i>pregabalin cap 300 mg</i>	2	QL (60 caps / 30 days), PA
<i>pregabalin soln 20 mg/ml</i>	2	QL (900 mL / 30 days), PA
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>roweepra tab 500mg</i>	2	
<i>rufinamide susp 40 mg/ml</i>	5	PA
<i>rufinamide tab 200 mg</i>	5	PA
<i>rufinamide tab 400 mg</i>	5	PA
SPRITAM TAB 250MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SPRITAM TAB 500MG	4	
SPRITAM TAB 750MG	4	
SPRITAM TAB 1000MG	4	
<i>subvenite tab 25mg</i>	1	
<i>subvenite tab 100mg</i>	1	
<i>subvenite tab 150mg</i>	1	
<i>subvenite tab 200mg</i>	1	
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
<i>vigabatrin tab 500 mg</i>	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone pow 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	4	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	5	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	5	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 50-200MG	5	QL (56 tabs / 28 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200	5	QL (28 tabs / 28 days)
XCOPRI PAK 150-200	5	QL (56 tabs / 28 days)
XCOPRI TAB 50MG	5	QL (90 tabs / 30 days)
XCOPRI TAB 100MG	5	QL (60 tabs / 30 days)
XCOPRI TAB 150MG	5	QL (60 tabs / 30 days)
XCOPRI TAB 200MG	5	QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
<b>ANTIDEMENTIA</b>		
<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
<i>memantine hcl tab 10 mg</i>	2	PA; PA if < 30 yrs
NAMZARIC CAP	4	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	2	
<i>bupropion hcl tab er 24hr 300 mg</i>	2	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>clomipramine hcl cap 25 mg</i>	4	PA
<i>clomipramine hcl cap 50 mg</i>	4	PA
<i>clomipramine hcl cap 75 mg</i>	4	PA
<i>desipramine hcl tab 10 mg</i>	4	
<i>desipramine hcl tab 25 mg</i>	4	
<i>desipramine hcl tab 50 mg</i>	4	
<i>desipramine hcl tab 75 mg</i>	4	
<i>desipramine hcl tab 100 mg</i>	4	
<i>desipramine hcl tab 150 mg</i>	4	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	2	QL (30 tabs / 30 days), PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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>	2	QL (900 mL / 30 days)
<i>paroxetine hcl tab 10 mg</i>	2	
<i>paroxetine hcl tab 20 mg</i>	2	
<i>paroxetine hcl tab 30 mg</i>	2	
<i>paroxetine hcl tab 40 mg</i>	2	
<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)
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl cap 100 mg</i>	2	QL (120 caps / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN INJ 10MG/ML	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	2	
<i>benztropine mesylate tab 0.5 mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CARB/LEVO TAB 10-100MG	2	
CARB/LEVO TAB 25-100MG	2	
CARB/LEVO TAB 25-250MG	2	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	2	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	2	
<i>carbidopa tab 25 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone tab 200 mg</i>	2	
KYNMOBI MIS 10MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 15MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 20MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 25MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 30MG	5	QL (150 films / 30 days), NM, PA
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	
NEUPRO DIS 8MG/24HR	4	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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
<b>ANTIPSYCHOTICS</b>		
<i>ABILIFY MAIN INJ 300MG</i>	5	QL (1 injection / 28 days)
<i>ABILIFY MAIN INJ 400MG</i>	5	QL (1 injection / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	QL (60 tabs / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	2	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	5	QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	5	QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	5	QL (1 injection / 28 days)
ARISTADA INJ 1064MG	5	QL (1 injection / 56 days)
ARISTADA INJ INITIO	5	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
CAPLYTA CAP 42MG	4	QL (30 caps / 30 days)
CHLORPROMAZI CON 30MG/ML	4	
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>	5	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FANAPT TAB 1MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	5	QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	2	
<i>fluphenazine hcl tab 1 mg</i>	2	
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	
<i>fluphenazine hcl tab 10 mg</i>	2	
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	
<i>haloperidol tab 5 mg</i>	2	
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
INVEGA SUST INJ 39/0.25	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	5	QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	5	QL (1 injection / 90 days)
INVEGA TRINZ INJ 410MG	5	QL (1 injection / 90 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA TRINZ INJ 546MG	5	QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	5	QL (1 injection / 90 days)
LATUDA TAB 20MG	4	QL (30 tabs / 30 days)
LATUDA TAB 40MG	4	QL (30 tabs / 30 days)
LATUDA TAB 60MG	4	QL (30 tabs / 30 days)
LATUDA TAB 80MG	4	QL (60 tabs / 30 days)
LATUDA TAB 120MG	4	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	2	
<i>loxapine succinate cap 10 mg</i>	2	
<i>loxapine succinate cap 25 mg</i>	2	
<i>loxapine succinate cap 50 mg</i>	2	
<i>molindone hcl tab 5 mg</i>	2	
<i>molindone hcl tab 10 mg</i>	2	
<i>molindone hcl tab 25 mg</i>	2	
NUPLAZID CAP 34MG	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TAB 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine for im inj 10 mg</i>	2	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	2	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	2	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	2	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	2	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	
<i>perphenazine tab 8 mg</i>	2	
<i>perphenazine tab 16 mg</i>	2	
PERSERIS INJ 90MG	5	QL (1 injection / 30 days)
PERSERIS INJ 120MG	5	QL (1 injection / 30 days)
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	
<i>quetiapine fumarate tab 25 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quetiapine fumarate tab 50 mg</i>	2	
<i>quetiapine fumarate tab 100 mg</i>	2	
<i>quetiapine fumarate tab 200 mg</i>	2	
<i>quetiapine fumarate tab 300 mg</i>	2	
<i>quetiapine fumarate tab 400 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	2	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	4	QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	4	QL (60 tabs / 30 days)
REXULTI TAB 1MG	4	QL (60 tabs / 30 days)
REXULTI TAB 2MG	4	QL (60 tabs / 30 days)
REXULTI TAB 3MG	4	QL (30 tabs / 30 days)
REXULTI TAB 4MG	4	QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	2	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
SECUADO DIS 3.8MG	4	QL (30 patches / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SECUADO DIS 5.7MG	4	QL (30 patches / 30 days)
SECUADO DIS 7.6MG	4	QL (30 patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	2	
<i>thioridazine hcl tab 25 mg</i>	2	
<i>thioridazine hcl tab 50 mg</i>	2	
<i>thioridazine hcl tab 100 mg</i>	2	
<i>thiothixene cap 1 mg</i>	2	
<i>thiothixene cap 2 mg</i>	2	
<i>thiothixene cap 5 mg</i>	2	
<i>thiothixene cap 10 mg</i>	2	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	
VERSACLOZ SUS 50MG/ML	5	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	4	PA
VRAYLAR CAP 1.5MG	5	QL (60 caps / 30 days), PA
VRAYLAR CAP 3MG	5	QL (30 caps / 30 days), PA
VRAYLAR CAP 4.5MG	5	QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	5	QL (30 caps / 30 days), PA
<i>ziprasidone hcl cap 20 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	2	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	4	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	5	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	5	QL (1 vial / 28 days), PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate tab 20mg er</i>	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
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



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

### **HYPNOTICS**

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

### **MIGRAINE**

AIMOVIG INJ 70MG/ML	3	QL (1 pen / 30 days), NM, PA
AIMOVIG INJ 140MG/ML	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (12 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	2	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	2	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs / 30 days)
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)
<b>MISCELLANEOUS</b>		
AUSTEDO TAB 6MG	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TAB 9MG	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO TAB 12MG	5	QL (120 tabs / 30 days), NM, PA
GRALISE TAB 300MG	4	QL (180 tabs / 30 days), PA
GRALISE TAB 600MG	4	QL (90 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, PA
INGREZZA CAP 40MG	5	QL (30 caps / 30 days), NM, PA
INGREZZA CAP 60MG	5	QL (30 caps / 30 days), NM, PA
INGREZZA CAP 80MG	5	QL (30 caps / 30 days), NM, PA
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
LITHIUM SOL 8MEQ/5ML	4	
LYRICA CR TAB 82.5MG	3	QL (60 tabs / 30 days), PA
LYRICA CR TAB 165MG	3	QL (60 tabs / 30 days), PA
LYRICA CR TAB 330MG	3	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>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
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BETASERON INJ 0.3MG	5	QL (14 syringes / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dalfampridine tab er 12hr 10 mg</i>	2	NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa inj 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa inj 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA

### **MUSCULOSKELETAL THERAPY AGENTS**

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

### **NARCOLEPSY/CATAPLEXY**

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

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

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

<i>ANDRODERM DIS 2MG/24HR</i>	4	QL (30 patches / 30 days), PA
<i>ANDRODERM DIS 4MG/24HR</i>	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
BYDUREON PEN INJ 2MG	3	QL (4 pens / 28 days)
BYETTA INJ 5MCG	4	QL (1 pen / 30 days)
BYETTA INJ 10MCG	4	QL (1 pen / 30 days)
FARXIGA TAB 5MG	3	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	3	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	1	QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	1	QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide xl tab 2.5mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide xl tab 10mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
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)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)

### **ANTIDIABETICS, INSULINS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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) nasal soln 200 unit/act</i>	2	B/D
FORTEO INJ 620/2.48	5	NM, PA
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<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 SOL 60MG/ML	4	QL (1 injection / 180 days), NM
<i>risedronate sodium tab 5 mg</i>	2	
<i>risedronate sodium tab 30 mg</i>	2	
<i>risedronate sodium tab 35 mg</i>	2	
<i>risedronate sodium tab 150 mg</i>	2	
<i>risedronate sodium tab delayed release 35 mg</i>	2	
TYMLOS INJ	5	NM, PA
XGEVA INJ	5	NM, PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	2	B/D, NM
<i>zoledronic acid iv soln 4 mg/100ml</i>	2	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	2	B/D, NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CHELATING AGENTS</b>		
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
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 sus 15gm/60</i>	2	
<i>trientine hcl cap 250 mg</i>	5	NM, PA
VELTASSA POW 8.4GM	4	PA
VELTASSA POW 16.8GM	4	PA
VELTASSA POW 25.2GM	4	PA
<b>CONTRACEPTIVES</b>		
<i>afirmelle tab 0.1-0.02</i>	2	
<i>altavera tab</i>	2	
<i>alyacen tab 1/35</i>	2	
<i>alyacen tab 7/7/7</i>	2	
<i>apri tab</i>	2	
<i>aranelle tab</i>	2	
<i>aubra eq tab 0.1-0.02</i>	2	
<i>aurovela fe tab 1.5/30</i>	2	
<i>aurovela fe tab 1/20</i>	2	
<i>aurovela tab 1/20</i>	2	
<i>aviane tab</i>	2	
<i>ayuna tab</i>	2	
<i>azurette tab 28 day</i>	2	
<i>balziva tab</i>	2	
<i>bekyree tab</i>	2	
<i>blisovi fe tab 1.5/30</i>	2	
<i>briellyn tab</i>	2	
<i>camila tab 0.35mg</i>	2	
<i>caziant pak</i>	2	
<i>chateal tab 0.15/30</i>	2	
<i>cryselle-28 tab 28 tabs</i>	2	
<i>cyclafem tab 1/35</i>	2	
<i>cyclafem tab 7/7/7</i>	2	
<i>cyred eq tab</i>	2	
<i>dasetta tab 1/35</i>	2	
<i>dasetta tab 7/7/7</i>	2	
<i>deblitane tab 0.35mg</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>larissia tab</i>	2	
<i>leena tab</i>	2	
<i>lessina tab</i>	2	
<i>levonest tab</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel &amp; 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-28 tab 0.15/30</i>	2	
<i>lillow tab 0.15/30</i>	2	
<i>loestrin 21 tab 1.5/30</i>	2	
<i>loestrin fe tab 1.5/30</i>	2	
<i>loestrin fe tab 1/20</i>	2	
<i>loestrin tab 1/20-21</i>	2	
<i>loryna tab 3-0.02mg</i>	2	
<i>low-ogestrel tab</i>	2	
<i>lutra tab</i>	2	
<i>lyleq tab 0.35mg</i>	2	
<i>lyza tab 0.35mg</i>	2	
<i>marlissa tab 0.15/30</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	2	
<i>microgestin tab 1.5/30</i>	2	
<i>microgestin tab 1/20</i>	2	
<i>microgestin tab fe1.5/30</i>	2	
<i>microgestin tab fe 1/20</i>	2	
<i>mili tab 0.25/35</i>	2	
<i>mono-linyah tab 0.25-35</i>	2	
<i>necon tab 0.5/35</i>	2	
<i>nikki tab 3-0.02mg</i>	2	
<i>nora-be tab 0.35mg</i>	2	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone tab 0.35 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norgestimate &amp; 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 tab 0.35mg</i>	2	
<i>nortrel tab 0.5/35</i>	2	
<i>nortrel tab 7/7/7</i>	2	
<i>nylia tab 7/7/7</i>	2	
<i>nymyo tab 0.25-35</i>	2	
<i>ocella tab 3-0.03mg</i>	2	
<i>orsythia tab</i>	2	
<i>philith tab 0.4-35</i>	2	
<i>pimtrea tab</i>	2	
<i>pirmella tab 1/35</i>	2	
<i>portia-28 tab</i>	2	
<i>previfem tab</i>	2	
<i>reclipsen tab</i>	2	
<i>setlakin tab</i>	2	
<i>sharobel tab 0.35mg</i>	2	
<i>simliya tab 28 day</i>	2	
<i>sprintec 28 tab 28 day</i>	2	
<i>sronyx tab</i>	2	
<i>syeda tab 3-0.03mg</i>	2	
<i>tarina fe tab 1/20 eq</i>	2	
<i>tilia fe tab</i>	2	
<i>tri-estaryll tab</i>	2	
<i>tri-legest tab fe</i>	2	
<i>tri-linyah tab</i>	2	
<i>tri-lo tab estaryll</i>	2	
<i>tri-lo- tab marzia</i>	2	
<i>tri-lo- tab sprintec</i>	2	
<i>tri-lo-mili tab</i>	2	
<i>tri-mili tab</i>	2	
<i>tri-nymyo tab</i>	2	
<i>tri-previfem tab</i>	2	
<i>tri-sprintec tab</i>	2	
<i>tri-vylibra tab</i>	2	
<i>tri-vylibra tab lo</i>	2	
<i>trivora-28 tab</i>	2	
<i>tulana tab 0.35mg</i>	2	
<i>velivet pak</i>	2	
<i>vestura tab 3-0.02mg</i>	2	
<i>vienva tab 0.1-20</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>viorele tab</i>	2	
<i>vyfemla tab 0.4-35</i>	2	
<i>vylibra tab 0.25-35</i>	2	
<i>wera tab 0.5/35</i>	2	
<i>xulane dis 150-35</i>	2	
<i>zafemy dis 150/35</i>	2	
<i>zarah tab 3-0.03mg</i>	2	
<i>zovia 1/35e tab</i>	2	
<i>zumandimine tab 3-0.03mg</i>	2	
<b>ENDOMETRIOSIS</b>		
<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	
<b>ESTROGENS</b>		
<i>amabelz tab 0.5-0.1</i>	3	
<i>amabelz tab 1-0.5mg</i>	3	
DELESTROGEN INJ 10MG/ML	4	
<i>dotti dis 0.1mg</i>	3	
<i>dotti dis 0.05mg</i>	3	
<i>dotti dis 0.025mg</i>	3	
<i>dotti dis 0.075mg</i>	3	
<i>dotti dis 0.0375mg</i>	3	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol tab 0.5 mg</i>	2	
<i>estradiol tab 1 mg</i>	2	
<i>estradiol tab 2 mg</i>	2	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	3	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	3	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	3	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	3	
<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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
<i>jinteli tab 1mg-5mcg</i>	3	
<i>lopreeza tab 1-0.5mg</i>	3	
<i>lyllana dis 0.1mg</i>	3	
<i>lyllana dis 0.05mg</i>	3	
<i>lyllana dis 0.025mg</i>	3	
<i>lyllana dis 0.075mg</i>	3	
<i>lyllana dis 0.0375mg</i>	3	
<i>mimvey tab 1-0.5mg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvafem tab 10mcg</i>	2	
<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate tab 25 mg</i>	2	
DEXAMETHASON CON 1MG/ML	4	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone tab 20 mg</i>	2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	2	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	2	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	2	B/D
<i>methylprednisolone tab 4 mg</i>	2	B/D
<i>methylprednisolone tab 8 mg</i>	2	B/D
<i>methylprednisolone tab 16 mg</i>	2	B/D
<i>methylprednisolone tab 32 mg</i>	2	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	B/D
<i>prednisolone sod phosphate oral soln 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 syrup 15 mg/5ml (usp solution equivalent)</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	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide susp 50 mg/ml</i>	5	
GVOKE HYPO 2 INJ 1MG/.2ML	3	
GVOKE HYPO 2 INJ .5/.1ML	3	
GVOKE PFS INJ	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISCELLANEOUS</b>		
ALDURAZYME INJ 2.9MG/5M	5	NM, LA, PA
<i>cabergoline tab 0.5 mg</i>	2	
CARBAGLU TAB 200MG	5	NM, LA, PA
CERDELGA CAP 84MG	5	NM, PA
CEREZYME INJ 400UNIT	5	NM, LA, PA
<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
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
OCTREOTIDE INJ 50MCG/ML	2	NM, PA
OCTREOTIDE INJ 100MCG	2	NM, PA
OCTREOTIDE INJ 500MCG	5	NM, PA
OSPHENA TAB 60MG	3	PA
<i>raloxifene hcl tab 60 mg</i>	2	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	NM, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	NM, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	NM, PA
SIGNIFOR INJ 0.3MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.9MG/ML	5	NM, LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	NM, PA
SOMATULINE INJ 60/0.2ML	5	NM, PA
SOMATULINE INJ 90/0.3ML	5	NM, PA
SOMATULINE INJ 120/.5ML	5	NM, PA
SOMAVERT INJ 10MG	5	NM, LA, PA
SOMAVERT INJ 15MG	5	NM, LA, PA
SOMAVERT INJ 20MG	5	NM, LA, PA
SOMAVERT INJ 25MG	5	NM, LA, PA
SOMAVERT INJ 30MG	5	NM, LA, PA
STIMATE SOL 1.5MG/ML	5	NM
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA TAB 210MG	5	QL (360 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>	5	QL (180 packets / 30 days)
<i>sevelamer carbonate tab 800 mg</i>	2	QL (540 tabs / 30 days)

### **PROGESTINS**

<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	3	
<i>megestrol acetate susp 625 mg/5ml</i>	4	PA
<i>norethindrone acetate tab 5 mg</i>	2	

### **THYROID AGENTS**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>unithroid tab 175mcg</i>	2	
<i>unithroid tab 200mcg</i>	2	
<i>unithroid tab 300mcg</i>	2	

### **VITAMIN D ANALOGS**

<i>calcitriol cap 0.5 mcg</i>	2	B/D
<i>calcitriol cap 0.25 mcg</i>	2	B/D
<i>calcitriol inj 1 mcg/ml</i>	2	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	2	B/D
<i>doxercalciferol cap 0.5 mcg</i>	2	B/D
<i>doxercalciferol cap 1 mcg</i>	2	B/D
<i>doxercalciferol cap 2.5 mcg</i>	2	B/D
<i>paricalcitol cap 1 mcg</i>	2	B/D
<i>paricalcitol cap 2 mcg</i>	2	B/D
<i>paricalcitol cap 4 mcg</i>	2	B/D
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 &amp; 125 mg</i>	2	B/D
<i>compro sup 25mg</i>	2	
<i>dronabinol cap 2.5 mg</i>	2	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	2	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	2	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	4	B/D
<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	
<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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
SANCUSO DIS 3.1MG	5	QL (4 patches / 28 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
<b>ANTISPASMODICS</b>		
<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	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine for susp 40 mg/5ml</i>	2	QL (300 mL / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine inj 20 mg/2ml</i>	2	
<i>famotidine inj 40 mg/4ml</i>	2	
<i>famotidine inj 200 mg/20ml</i>	2	
<i>famotidine tab 20 mg</i>	1	QL (120 tabs / 30 days)
<i>famotidine tab 40 mg</i>	1	QL (60 tabs / 30 days)
<i>nizatidine cap 150 mg</i>	2	
<i>nizatidine cap 300 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	2	
<i>budesonide tab er 24hr 9 mg</i>	5	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>mesalamine cap dr 400 mg</i>	2	QL (180 caps / 30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	2	QL (120 caps / 30 days)
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine rectal enema 4 gm &amp; 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	
<b>LAXATIVES</b>		
<i>constulose sol 10gm/15</i>	2	
<i>enulose sol 10gm/15</i>	2	
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	
<i>gavilyte-n sol flav pk</i>	1	
<i>generlac sol 10gm/15</i>	2	
GOLYTELY SOL	3	
KRISTALOSE PAK 10GM	4	
KRISTALOSE PAK 20GM	4	
<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	
SUPREP BOWEL SOL PREP KIT	4	
<b>MISCELLANEOUS</b>		
<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>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	2	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5MG	5	NM, LA, PA
LINZESS CAP 72MCG	4	QL (30 caps / 30 days)
LINZESS CAP 145MCG	4	QL (30 caps / 30 days)
LINZESS CAP 290MCG	4	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOVANTIK TAB 12.5MG	3	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	3	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	5	PA
RELISTOR INJ 12/0.6ML	5	PA
<i>sucralfate tab 1 gm</i>	2	
TRULANCE TAB 3MG	4	QL (30 tabs / 30 days)
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
XIFAXAN TAB 550MG	5	PA
<b>PANCREATIC ENZYMES</b>		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000	4	
ZENPEP CAP 40000	4	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT CAP 30MG DR	4	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	QL (30 caps / 30 days), ST
<i>lansoprazole cap delayed release 15 mg</i>	2	QL (60 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	2	QL (60 caps / 30 days)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	2	QL (60 tabs / 30 days)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	2	QL (60 tabs / 30 days)

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

## **GENITOURINARY**

### **BENIGN PROSTATIC HYPERPLASIA**

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

### **MISCELLANEOUS**

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

### **URINARY ANTISPASMODICS**

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
MYRBETRIQ 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)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	QL (60 tabs / 30 days)
OXYTROL DIS 3.9MG/24	4	
<i>solifenacin succinate tab 5 mg</i>	2	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>trospium chloride tab 20 mg</i>	2	QL (60 tabs / 30 days)

### **VAGINAL ANTI-INFECTIVES**

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

### **HEMATOLOGIC**

#### **ANTICOAGULANTS**

ELIQUIS ST P TAB 5MG	3	QL (74 tabs / 30 days)
ELIQUIS TAB 2.5MG	3	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	2	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	2	
<i>enoxaparin sodium inj 100 mg/ml</i>	2	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj 150 mg/ml</i>	2	
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	2	
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 5000/0.2	5	
FRAGMIN INJ 7500/0.3	5	
FRAGMIN INJ 10000/ML	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FRAGMIN INJ 12500UNT	5	
FRAGMIN INJ 15000UNT	5	
FRAGMIN INJ 18000UNT	5	
FRAGMIN INJ 95000UNT	5	
HEP SOD/NAACL INJ 25000UNT	3	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	2	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	2	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	2	
HEPARIN/NAACL INJ 25000UNT	3	
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
PRADAXA CAP 75MG	4	QL (60 caps / 30 days)
PRADAXA CAP 110MG	4	QL (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 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)
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROCRIT INJ 2000/ML	3	NM, PA
PROCRIT INJ 3000/ML	3	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROCRIT INJ 4000/ML	3	NM, PA
PROCRIT INJ 10000/ML	3	NM, PA
PROCRIT INJ 20000/ML	5	NM, PA
PROCRIT INJ 40000/ML	5	NM, PA
ZARXIO INJ 300/0.5	5	NM, PA
ZARXIO INJ 480/0.8	5	NM, PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
BERINERT INJ 500UNIT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
DOPTELET TAB 20MG	5	NM, LA, PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	5	NM, LA, PA
HAEGARDA INJ 2000UNIT	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline tab er 400 mg</i>	1	
PROMACTA PAK 25MG	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA POW 12.5MG	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	5	QL (60 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>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	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA TAB 60MG	4	



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

## **IMMUNOLOGIC AGENTS**

### **AUTOIMMUNE AGENTS**

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

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

### ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)***

<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

### ***IMMUNOGLOBULINS***

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE INJ 2MU/0.5	5	NM, LA, PA
ARCALYST INJ 220MG	5	NM, PA
INTRON A INJ 10MU	5	B/D, NM
INTRON A INJ 18MU	5	B/D, NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INTRON A INJ 25MU	5	B/D, NM
INTRON A INJ 50MU	5	B/D, NM
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine tab 50 mg</i>	2	B/D
BENLYSTA INJ 120MG	5	NM, PA
BENLYSTA INJ 200MG/ML	5	NM, PA
BENLYSTA INJ 400MG	5	NM, PA
<i>cyclosporine cap 25 mg</i>	2	B/D, NM
<i>cyclosporine cap 100 mg</i>	2	B/D, NM
<i>cyclosporine iv soln 50 mg/ml</i>	2	B/D, NM
<i>cyclosporine modified cap 25 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 50 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 100 mg</i>	2	B/D, NM
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	B/D, NM
<i>everolimus tab 0.5 mg</i>	5	B/D, NM
<i>everolimus tab 0.25 mg</i>	2	B/D, NM
<i>everolimus tab 0.75 mg</i>	5	B/D, NM
<i>gengraf cap 25mg</i>	2	B/D, NM
<i>gengraf cap 100mg</i>	2	B/D, NM
<i>gengraf sol 100mg/ml</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>	5	B/D, NM
<i>tacrolimus cap 0.5 mg</i>	2	B/D, NM
<i>tacrolimus cap 1 mg</i>	2	B/D, NM
<i>tacrolimus cap 5 mg</i>	2	B/D, NM
ZORTRESS TAB 1MG	5	B/D, NM
<b>VACCINES</b>		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	

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

## **NUTRITIONAL/SUPPLEMENTS**

### ***ELECTROLYTES/MINERALS, INJECTABLE***

D2.5W/NACL INJ 0.45%	2	
D5W/LYTES INJ #48	4	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL/NACL INJ 20MEQ/L	2	
POT CHL/NACL INJ 40MEQ/L	2	
POT CHLORIDE INJ 10MEQ	4	
POT CHLORIDE INJ 20MEQ	4	
POT CHLORIDE INJ 40MEQ	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	
<i>sodium chloride iv soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	2	
<i>sodium chloride iv soln 3%</i>	2	
<i>sodium chloride iv soln 5%</i>	2	
TPN ELECTROL INJ	4	B/D

### **ELECTROLYTES/MINERALS/VITAMINS, ORAL**

<i>klor-con 8 tab 8meq er</i>	1	
<i>klor-con 10 tab 10meq er</i>	1	
<i>klor-con m10 tab 10meq er</i>	1	
<i>klor-con m15 tab 15meq er</i>	1	
<i>klor-con m20 tab 20meq er</i>	1	
<i>klor-con pak 20meq</i>	2	
M-NATAL PLUS TAB	3	
PNV FOLIC AC TAB + IRON	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>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride powder packet 20 meq</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
PRENATAL TAB 27-1MG	3	



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

AMINOSYN-PF INJ 7%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf inj 15%</i>	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose inj 5%</i>	2	
<i>dextrose inj 10%</i>	2	
<i>dextrose inj 50%</i>	2	B/D
<i>dextrose inj 70%</i>	2	B/D
FREAMINE III INJ 10%	4	B/D
<i>hepatamine sol 8%</i>	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NUTRILIPID EMU 20%	4	B/D
<i>plenamine inj 15%</i>	2	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

#### **OPHTHALMIC**

##### **ANTI-INFECTIVE/ANTI-INFLAMMATORY**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	
<b>ANTI-INFECTIVES</b>		
<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 oin 0.3% op</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	
<b>ANTI-INFLAMMATORIES</b>		
ALREX SUS 0.2%	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
BROMSITE DRO 0.075%	4	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	2	
DUREZOL EMU 0.05%	3	
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
<b>ANTIALLERGICS</b>		
<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	
LASTACRAFT SOL 0.25%	4	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	2	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	2	
PAZEO DRO 0.7%	3	
ZERVIAE DRO 0.24%	4	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	3	
AZOPT SUS 1% OP	3	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>brinzolamide ophth susp 1%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
LUMIGAN SOL 0.01%	3	
<i>pilocarpine hcl ophth soln 1%</i>	2	
<i>pilocarpine hcl ophth soln 2%</i>	2	
<i>pilocarpine hcl ophth soln 4%</i>	2	
RHOPRESSA SOL 0.02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VYZULTA SOL 0.024%	4	
<b>MISCELLANEOUS</b>		
ATROPINE SUL SOL 1% OP	3	
CYSTADROPS SOL 0.37%	5	NM, LA, PA
CYSTARAN SOL 0.44%	5	NM, LA, PA
ISOPTO ATROP SOL 1% OP	3	
<i>proparacaine hcl ophth soln 0.5%</i>	2	
RESTASIS EMU 0.05%	3	
RESTASIS MUL EMU 0.05%	3	
XIIDRA DRO 5%	3	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
TRELEGY AER ELLIPTA	3	QL (60 blisters / 30 days)
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA AER 17MCG	4	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	3	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	2	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	3	PA; PA if 70 years and older
<i>cyproheptadine hcl tab 4 mg</i>	3	PA; PA if 70 years and older
<i>desloratadine tab 5 mg</i>	2	
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	2	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers / 30 days); (generic of 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>	5	B/D
<b>BROVANA NEB 15MCG</b>	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	2	QL (2 inhalers / 30 days)
PERFOROMIST NEB 20MCG	5	B/D
SEREVENT DIS AER 50MCG	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	
VENTOLIN HFA AER	3	QL (2 inhalers / 30 days)
VENTOLIN HFA AER	3	QL (6 inhalers / 30 days)

### **LEUKOTRIENE MODULATORS**

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

### **MISCELLANEOUS**

<i>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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
PROLASTIN-C INJ 1000MG	5	NM, LA, PA
PULMOZYME SOL 1MG/ML	5	NM, PA
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI INJ 0.3MG	4	
SYMJEPI INJ 0.15MG	4	
THEO-24 CAP 100MG CR	4	
THEO-24 CAP 200MG CR	4	
THEO-24 CAP 300MG CR	4	
THEO-24 CAP 400MG ER	4	
<i>theophylline soln 80 mg/15ml</i>	2	
<i>theophylline tab er 12hr 300 mg</i>	2	
<i>theophylline tab er 12hr 450 mg</i>	2	
<i>theophylline tab er 24hr 400 mg</i>	2	
<i>theophylline tab er 24hr 600 mg</i>	2	
TRIKAFTA TAB	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR INJ 75/0.5	5	NM, LA, PA
XOLAIR INJ 150MG/ML	5	NM, LA, PA
XOLAIR SOL 150MG	5	NM, LA, PA
ZEMAIRA INJ 1000MG	5	NM, LA, PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NASAL STEROIDS</b>		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle / 30 days)
OMNARIS SPR	4	QL (1 inhaler / 30 days)
<b>STEROID INHALANTS</b>		
ARNUITY ELPT INH 50MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	3	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	B/D
FLOVENT DISK AER 50MCG	3	QL (180 inhalations / 30 days)
FLOVENT DISK AER 100MCG	3	QL (240 inhalations / 30 days)
FLOVENT DISK AER 250MCG	3	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	3	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	4	QL (3 inhalers / 30 days)
PULMICORT INH 180MCG	4	QL (2 inhalers / 30 days)
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>accutane cap 20mg</i>	2	PA
<i>accutane cap 30mg</i>	2	PA
<i>accutane cap 40mg</i>	2	PA
<i>amneesteem cap 10mg</i>	2	PA
<i>amneesteem cap 20mg</i>	2	PA
<i>amneesteem cap 40mg</i>	2	PA
<i>avita cre 0.025%</i>	2	QL (45 gm / 30 days), PA
<i>avita gel 0.025%</i>	2	QL (45 gm / 30 days), PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
<i>claravis cap 10mg</i>	2	PA
<i>claravis cap 20mg</i>	2	PA
<i>claravis cap 30mg</i>	2	PA
<i>claravis cap 40mg</i>	2	PA
<i>clindamycin phosphate gel 1%</i>	2	QL (75 gm / 30 days)
<i>clindamycin phosphate lotion 1%</i>	2	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	2	QL (60 mL / 30 days)
<i>ery pad 2%</i>	2	
<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 cap 10mg</i>	2	PA
<i>myorisan cap 20mg</i>	2	PA
<i>myorisan cap 30mg</i>	2	PA
<i>myorisan cap 40mg</i>	2	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<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 cap 10mg</i>	2	PA
<i>zenatane cap 20mg</i>	2	PA
<i>zenatane cap 30mg</i>	2	PA
<i>zenatane cap 40mg</i>	2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate cream 0.1%</i>	2	QL (30 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>mupirocin oint 2%</i>	1	QL (220 gm / 30 days)
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cre 1%</i>	2	
SULFAMYLON CRE 85MG/GM	4	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<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 pow 100000</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 pow 100000</i>	2	QL (60 gm / 30 days)
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin cap 10 mg</i>	2	PA
<i>acitretin cap 17.5 mg</i>	2	PA
<i>acitretin cap 25 mg</i>	2	PA
<i>calcipotriene cream 0.005%</i>	2	QL (120 gm / 30 days), 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 oin 0.005%</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
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo 2%</i>	1	QL (120 mL / 30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort cre 1%</i>	1	
<i>ala-cort cre 2.5%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alclometasone dipropionate oint 0.05%</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	
<i>betamethasone dipropionate cream 0.05%</i>	2	
<i>betamethasone dipropionate lotion 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	5	QL (400 gm / 28 days), PA
<i>clobetasol e cre 0.05%</i>	2	QL (60 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	2	QL (60 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	2	QL (60 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	2	QL (60 gm / 30 days)
<i>clobetasol propionate soln 0.05%</i>	2	QL (50 mL / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide cream 0.01%</i>	2	
<i>fluocinolone acetonide cream 0.025%</i>	2	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	QL (90 mL / 30 days)
<i>fluocinonide cream 0.05%</i>	2	QL (120 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	2	QL (120 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	2	QL (60 gm / 30 days)
<i>fluocinonide oint 0.05%</i>	2	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	2	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	2	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	2	QL (50 gm / 30 days)
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	2	
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm cre 0.5%</i>	1	

### **DERMATOLOGY, LOCAL ANESTHETICS**

<i>glydo gel 2%</i>	2	QL (60 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	2	QL (50 mL / 30 days), PA
<i>lidocaine hcl urethral/mucosal gel 2%</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine oint 5%</i>	2	PA
<i>lidocaine patch 5%</i>	2	QL (3 patches / 1 day), PA
<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)
<i>diclofenac sodium gel 1%</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>	2	
<i>imiquimod cream 5%</i>	2	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
NORITATE CRE 1%	5	QL (60 gm / 30 days)
PANRETIN GEL 0.1%	5	QL (60 gm / 30 days), PA
PICATO GEL 0.05%	4	QL (2 tubes / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PICATO GEL 0.015%	4	QL (3 tubes / 30 days)
<i>podofilox soln 0.5%</i>	2	
<i>procto-med cre hc 2.5%</i>	2	
<i>procto-pak cre 1%</i>	2	
<i>proctosol hc cre 2.5%</i>	2	
<i>proctozone cre -hc 2.5%</i>	2	
RECTIV OIN 0.4%	4	QL (30 gm / 30 days)
<i>rosadan cre 0.75%</i>	2	
<i>tacrolimus oint 0.1%</i>	2	QL (100 gm / 30 days)
<i>tacrolimus oint 0.03%</i>	2	QL (100 gm / 30 days)
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)
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX GEL 0.01%	5	QL (30 gm / 30 days), PA
SANTYL OIN 250/GM	4	
<i>sodium chloride irrigation soln 0.9%</i>	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	2	QL (150 lozenges / 30 days)
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>paroex sol 0.12%</i>	1	
<i>periogard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
<b>OTIC</b>		
<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 oil 0.01%</i>	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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<i>atenolol tab 50 mg</i> .....	36	<i>ayuna tab</i> .....	73
<i>atomoxetine hcl cap 10 mg (base equiv)</i> .....	62	AYVAKIT TAB 100MG .....	22
<i>atomoxetine hcl cap 100 mg (base equiv)</i> .....	62	AYVAKIT TAB 200MG .....	22
<i>atomoxetine hcl cap 18 mg (base equiv)</i> .....	62	AYVAKIT TAB 25MG.....	22
<i>atomoxetine hcl cap 25 mg (base equiv)</i> .....	62	AYVAKIT TAB 300MG .....	22
<i>atomoxetine hcl cap 40 mg (base equiv)</i> .....	62	AYVAKIT TAB 50MG.....	22
<i>atomoxetine hcl cap 60 mg (base equiv)</i> .....	62	<i>azacitidine for inj 100 mg</i> .....	18
<i>atomoxetine hcl cap 80 mg (base equiv)</i> .....	62	<i>azathioprine tab 50 mg</i> .....	95
<i>atorvastatin calcium tab 10 mg (base equivalent)</i> .....	34	<i>azelaic acid gel 15%</i> .....	110
<i>atorvastatin calcium tab 20 mg (base equivalent)</i> .....	34	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> .....	102
<i>atorvastatin calcium tab 40 mg (base equivalent)</i> .....	34	<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i> .....	102
<i>atorvastatin calcium tab 80 mg (base equivalent)</i> .....	34	<i>azelastine hcl ophth soln 0.05%</i> .....	101
<i>atovaquone susp 750 mg/5ml</i> .....	5	<i>azithromycin for susp 100 mg/5ml</i> ...	14
<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	8	<i>azithromycin for susp 200 mg/5ml</i> ...	14
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	8	<i>azithromycin iv for soln 500 mg</i> .....	14
ATROPINE SUL SOL 1% OP.....	102	<i>azithromycin powd pack for susp 1 gm</i> .....	14
ATROVENT HFA AER 17MCG.....	102	<i>azithromycin tab 250 mg</i> .....	14
<i>abra eq tab 0.1-0.02</i> .....	73	<i>azithromycin tab 500 mg</i> .....	14
<i>aurovela fe tab 1.5/30</i> .....	73	<i>azithromycin tab 600 mg</i> .....	14
<i>aurovela fe tab 1/20</i> .....	73	AZOPT SUS 1% OP.....	101
<i>aurovela tab 1/20</i> .....	73	<i>aztreonam for inj 1 gm</i> .....	5
AURYXIA TAB 210MG .....	81	<i>aztreonam for inj 2 gm</i> .....	5
AUSTEDO TAB 12MG.....	65	<i>azurette tab 28 day</i> .....	73
		<b>B</b>	
		<i>bacitracin ophth oint 500 unit/gm</i> ..	100
		<i>bacitracin-polymyxin b ophth oint</i> ..	100
		<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> .....	99
		<i>baclofen tab 10 mg</i> .....	67
		<i>baclofen tab 20 mg</i> .....	67
		<i>balsalazide disodium cap 750 mg</i> .....	86
		BALVERSA TAB 3MG .....	22
		BALVERSA TAB 4MG .....	22
		BALVERSA TAB 5MG .....	22
		<i>balziva tab</i> .....	73
		BANZEL TAB 200MG .....	44
		BANZEL TAB 400MG .....	44
		BARACLUDE SOL.....	12



BASAGLAR INJ 100UNIT .....	71	<i>betamethasone valerate cream 0.1%</i> (base equivalent) .....	109
BCG VACCINE INJ.....	95	<i>betamethasone valerate lotion 0.1%</i> (base equivalent) .....	109
BD ALCOHOL SWABS .....	71	<i>betamethasone valerate oint 0.1%</i> (base equivalent) .....	109
<i>bekyree tab</i> .....	73	BETASERON INJ 0.3MG.....	66
BELSOMRA TAB 10MG .....	64	<i>betaxolol hcl ophth soln 0.5%</i> .....	101
BELSOMRA TAB 15MG .....	64	<i>bethanechol chloride tab 10 mg</i> .....	88
BELSOMRA TAB 20MG .....	64	<i>bethanechol chloride tab 25 mg</i> .....	88
BELSOMRA TAB 5MG.....	64	<i>bethanechol chloride tab 5 mg</i> .....	88
BENAZEP/HCTZ TAB 5-6.25 .....	28	<i>bethanechol chloride tab 50 mg</i> .....	88
<i>benazepril &amp; hydrochlorothiazide tab</i> 10-12.5 mg .....	28	BETOPTIC-S SUS 0.25% OP .....	101
<i>benazepril &amp; hydrochlorothiazide tab</i> 20-12.5 mg .....	28	BEVESPI AER 9-4.8MCG.....	102
<i>benazepril &amp; hydrochlorothiazide tab</i> 20-25 mg .....	28	<i>bexarotene cap 75 mg</i> .....	20
<i>benazepril hcl tab 10 mg</i> .....	29	BEXSERO INJ .....	96
<i>benazepril hcl tab 20 mg</i> .....	29	<i>bicalutamide tab 50 mg</i> .....	19
<i>benazepril hcl tab 40 mg</i> .....	29	BICILLIN L-A INJ 1200000 .....	16
<i>benazepril hcl tab 5 mg</i> .....	29	BICILLIN L-A INJ 2400000 .....	16
BENDEKA INJ 100/4ML.....	17	BICILLIN L-A INJ 600000 .....	16
BENLYSTA INJ 120MG .....	95	BIKTARVY TAB.....	10
BENLYSTA INJ 200MG/ML.....	95	<i>bisoprolol &amp; hydrochlorothiazide tab</i> 10-6.25 mg .....	36
BENLYSTA INJ 400MG .....	95	<i>bisoprolol &amp; hydrochlorothiazide tab</i> 2.5-6.25 mg .....	36
<i>benzoyl peroxide-erythromycin gel 5-</i> 3% .....	107	<i>bisoprolol &amp; hydrochlorothiazide tab 5-</i> 6.25 mg .....	36
<i>benztropine mesylate inj 1 mg/ml</i> ....	54	<i>bisoprolol fumarate tab 10 mg</i> .....	36
<i>benztropine mesylate tab 0.5 mg</i> ....	54	<i>bisoprolol fumarate tab 5 mg</i> .....	36
<i>benztropine mesylate tab 1 mg</i> .....	54	BIVIGAM INJ 10%.....	93
<i>benztropine mesylate tab 2 mg</i> .....	54	BLEPHAMIDE OIN S.O.P. ....	99
<i>bepotastine besilate ophth soln 1.5%</i> .....	101	<i>blisovi fe tab 1.5/30</i> .....	73
BEPREVE DRO 1.5% .....	101	BOOSTRIX INJ.....	96
BERINERT INJ 500UNIT .....	91	BORTEZOMIB INJ 3.5MG.....	22
BESIVANCE SUS 0.6% .....	100	<i>bosentan tab 125 mg</i> .....	43
<i>betamethasone dipropionate</i> <i>augmented cream 0.05%</i> .....	109	<i>bosentan tab 62.5 mg</i> .....	43
<i>betamethasone dipropionate</i> <i>augmented gel 0.05%</i> .....	109	BOSULIF TAB 100MG.....	22
<i>betamethasone dipropionate</i> <i>augmented lotion 0.05%</i> .....	109	BOSULIF TAB 400MG.....	22
<i>betamethasone dipropionate</i> <i>augmented oint 0.05%</i> .....	109	BOSULIF TAB 500MG.....	22
<i>betamethasone dipropionate cream</i> 0.05%.....	109	BRAFTOVI CAP 75MG.....	22
<i>betamethasone dipropionate lotion</i> 0.05%.....	109	BREO ELLIPTA INH 100-25 .....	106
<i>betamethasone dipropionate oint</i> 0.05%.....	109	BREO ELLIPTA INH 200-25 .....	106
		BREZTRI AERO AER SPHERE .....	102
		<i>briellyn tab</i> .....	73
		BRILINTA TAB 60MG .....	91
		BRILINTA TAB 90MG .....	92
		<i>brimonidine tartrate ophth soln 0.15%</i> .....	101

<i>brimonidine tartrate ophth soln 0.2%</i>	51
..... 101	
<i>brinzolamide ophth susp 1%</i> .....	51
BRIVIACT INJ 50MG/5ML.....	51
BRIVIACT SOL 10MG/ML.....	51
BRIVIACT TAB 100MG.....	51
BRIVIACT TAB 10MG.....	51
BRIVIACT TAB 25MG.....	51
BRIVIACT TAB 50MG.....	51
BRIVIACT TAB 75MG.....	51
<i>bromfenac sodium ophth soln 0.09%</i>	51
(base equiv) (once-daily).....	51
<i>bromocriptine mesylate cap 5 mg (base</i>	51
<i>equivalent)</i> .....	51
<i>bromocriptine mesylate tab 2.5 mg</i>	51
<i>(base equivalent)</i> .....	51
BROMSITE DRO 0.075%.....	51
BROVANA NEB 15MCG.....	51
BRUKINSA CAP 80MG.....	51
<i>budesonide delayed release particles</i>	51
<i>cap 3 mg</i> .....	51
<i>budesonide inhalation susp 0.25</i>	51
<i>mg/2ml</i> .....	51
<i>budesonide inhalation susp 0.5 mg/2ml</i>	51
.....	51
<i>budesonide tab er 24hr 9 mg</i> .....	51
<i>bumetanide inj 0.25 mg/ml</i> .....	51
<i>bumetanide tab 0.5 mg</i> .....	51
<i>bumetanide tab 1 mg</i> .....	51
<i>bumetanide tab 2 mg</i> .....	51
<i>buprenorphine hcl sl tab 2 mg (base</i>	51
<i>equiv)</i> .....	51
<i>buprenorphine hcl sl tab 8 mg (base</i>	51
<i>equiv)</i> .....	51
<i>buprenorphine hcl-naloxone hcl sl film</i>	51
<i>12-3 mg (base equiv)</i> .....	51
<i>buprenorphine hcl-naloxone hcl sl film</i>	51
<i>2-0.5 mg (base equiv)</i> .....	51
<i>buprenorphine hcl-naloxone hcl sl film</i>	51
<i>4-1 mg (base equiv)</i> .....	51
<i>buprenorphine hcl-naloxone hcl sl film</i>	51
<i>8-2 mg (base equiv)</i> .....	51
<i>buprenorphine hcl-naloxone hcl sl tab</i>	51
<i>2-0.5 mg (base equiv)</i> .....	51
<i>buprenorphine hcl-naloxone hcl sl tab</i>	51
<i>8-2 mg (base equiv)</i> .....	51
<i>bupropion hcl (smoking deterrent) tab</i>	51
<i>er 12hr 150 mg</i> .....	51
<i>bupropion hcl tab 100 mg</i> .....	51
<i>bupropion hcl tab 75 mg</i> .....	51
<i>bupropion hcl tab er 12hr 100 mg</i> ....	51
<i>bupropion hcl tab er 12hr 150 mg</i> ....	51
<i>bupropion hcl tab er 12hr 200 mg</i> ....	51
<i>bupropion hcl tab er 24hr 150 mg</i> ....	51
<i>bupropion hcl tab er 24hr 300 mg</i> ....	51
<i>buspirone hcl tab 10 mg</i> .....	43
<i>buspirone hcl tab 15 mg</i> .....	43
<i>buspirone hcl tab 30 mg</i> .....	44
<i>buspirone hcl tab 5 mg</i> .....	43
<i>buspirone hcl tab 7.5 mg</i> .....	43
<i>butorphanol tartrate inj 1 mg/ml</i> .....	3
<i>butorphanol tartrate inj 2 mg/ml</i> .....	3
BYDUREON BC INJ 2/0.85ML.....	69
BYDUREON PEN INJ 2MG.....	69
BYETTA INJ 10MCG.....	69
BYETTA INJ 5MCG.....	69
BYSTOLIC TAB 10MG.....	36
BYSTOLIC TAB 2.5MG.....	36
BYSTOLIC TAB 20MG.....	36
BYSTOLIC TAB 5MG.....	36
<b>C</b>	
<i>cabergoline tab 0.5 mg</i> .....	80
CABOMETYX TAB 20MG.....	22
CABOMETYX TAB 40MG.....	22
CABOMETYX TAB 60MG.....	22
<i>calcipotriene cream 0.005%</i> .....	108
<i>calcipotriene oint 0.005%</i> .....	108
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	108
.....	108
<i>calcipotriene-betamethasone</i>	
<i>dipropionate susp 0.005-0.064%</i> . 109	
<i>calcitonin (salmon) nasal soln 200</i>	
<i>unit/act</i> .....	72
<i>calcitrene oin 0.005%</i> .....	108
<i>calcitriol cap 0.25 mcg</i> .....	84
<i>calcitriol cap 0.5 mcg</i> .....	84
<i>calcitriol inj 1 mcg/ml</i> .....	84
<i>calcitriol oral soln 1 mcg/ml</i> .....	84
<i>calcium acetate (phosphate binder) cap</i>	
<i>667 mg (169 mg ca)</i> .....	82
<i>calcium acetate (phosphate binder) tab</i>	
<i>667 mg</i> .....	82
CALQUENCE CAP 100MG.....	22
<i>camila tab 0.35mg</i> .....	73
<i>candesartan cilexetil tab 16 mg</i> .....	32
<i>candesartan cilexetil tab 32 mg</i> .....	32



<i>candesartan cilexetil tab 4 mg</i> .....	32
<i>candesartan cilexetil tab 8 mg</i> .....	32
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i> .....	31
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i> .....	31
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .	31
CAPLYTA CAP 42MG.....	57
CAPRELSA TAB 100MG.....	22
CAPRELSA TAB 300MG.....	22
<i>captopril tab 100 mg</i> .....	29
<i>captopril tab 12.5 mg</i> .....	29
<i>captopril tab 25 mg</i> .....	29
<i>captopril tab 50 mg</i> .....	29
CARB/LEVO TAB 10-100MG.....	55
CARB/LEVO TAB 25-100MG.....	55
CARB/LEVO TAB 25-250MG.....	55
CARBAGLU TAB 200MG.....	80
<i>carbamazepine cap er 12hr 100 mg</i> .	44
<i>carbamazepine cap er 12hr 200 mg</i> .	44
<i>carbamazepine cap er 12hr 300 mg</i> .	44
<i>carbamazepine chew tab 100 mg</i> .....	44
<i>carbamazepine susp 100 mg/5ml</i> ....	44
<i>carbamazepine tab 200 mg</i> .....	44
<i>carbamazepine tab er 12hr 100 mg</i> ..	44
<i>carbamazepine tab er 12hr 200 mg</i> ..	44
<i>carbamazepine tab er 12hr 400 mg</i> ..	44
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	55
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	55
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	55
<i>carbidopa &amp; levodopa tab er 25-100</i> <i>mg</i> .....	55
<i>carbidopa &amp; levodopa tab er 50-200</i> <i>mg</i> .....	55
<i>carbidopa tab 25 mg</i> .....	55
<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i> .....	55
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i> .....	55
<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i> .....	55
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i> .....	55
<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i> .....	55

<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i> .....	55
<i>carboplatin iv soln 150 mg/15ml</i> .....	17
<i>carboplatin iv soln 450 mg/45ml</i> .....	17
<i>carboplatin iv soln 50 mg/5ml</i> .....	17
<i>carboplatin iv soln 600 mg/60ml</i> .....	17
<i>carteolol hcl ophth soln 1%</i> .....	101
<i>cartia xt cap 120/24hr</i> .....	37
<i>cartia xt cap 180/24hr</i> .....	37
<i>cartia xt cap 240/24hr</i> .....	37
<i>cartia xt cap 300/24hr</i> .....	37
<i>carvedilol tab 12.5 mg</i> .....	36
<i>carvedilol tab 25 mg</i> .....	36
<i>carvedilol tab 3.125 mg</i> .....	36
<i>carvedilol tab 6.25 mg</i> .....	36
<i>caspofungin acetate for iv soln 50 mg</i> 7	
<i>caspofungin acetate for iv soln 70 mg</i> 7	
CAYSTON INH 75MG.....	5
<i>caziant pak</i> .....	73
<i>cefaclor cap 250 mg</i> .....	12
<i>cefaclor cap 500 mg</i> .....	12
CEFACLOR ER TAB 500MG.....	12
<i>cefaclor for susp 125 mg/5ml</i> .....	12
<i>cefaclor for susp 250 mg/5ml</i> .....	12
<i>cefaclor for susp 375 mg/5ml</i> .....	13
<i>cefadroxil cap 500 mg</i> .....	13
<i>cefadroxil for susp 250 mg/5ml</i> .....	13
<i>cefadroxil for susp 500 mg/5ml</i> .....	13
CEFAZOLIN INJ 1GM/50ML.....	13
<i>cefazolin sodium for inj 1 gm</i> .....	13
<i>cefazolin sodium for inj 10 gm</i> .....	13
<i>cefazolin sodium for inj 500 mg</i> .....	13
<i>cefazolin sodium for iv soln 1 gm</i> .....	13
CEFAZOLIN SOL.....	13
<i>cefdinir cap 300 mg</i> .....	13
<i>cefdinir for susp 125 mg/5ml</i> .....	13
<i>cefdinir for susp 250 mg/5ml</i> .....	13
<i>cefepime hcl for inj 1 gm</i> .....	13
<i>cefepime hcl for inj 2 gm</i> .....	13
<i>cefixime for susp 100 mg/5ml</i> .....	13
<i>cefixime for susp 200 mg/5ml</i> .....	13
<i>cefoxitin sodium for iv soln 1 gm</i> .....	13
<i>cefoxitin sodium for iv soln 10 gm</i> ....	13
<i>cefoxitin sodium for iv soln 2 gm</i> .....	13
<i>cefpodoxime proxetil for susp 100</i> <i>mg/5ml</i> .....	13
<i>cefpodoxime proxetil for susp 50</i> <i>mg/5ml</i> .....	13

<i>cefpodoxime proxetil tab 100 mg</i> .....	13	<i>chlorpromazine hcl inj 25 mg/ml</i> .....	57
<i>cefpodoxime proxetil tab 200 mg</i> .....	13	<i>chlorpromazine hcl inj 50 mg/2ml</i> ....	57
<i>cefprozil for susp 125 mg/5ml</i> .....	13	<i>chlorpromazine hcl tab 10 mg</i> .....	57
<i>cefprozil for susp 250 mg/5ml</i> .....	13	<i>chlorpromazine hcl tab 100 mg</i> .....	57
<i>cefprozil tab 250 mg</i> .....	13	<i>chlorpromazine hcl tab 200 mg</i> .....	57
<i>cefprozil tab 500 mg</i> .....	13	<i>chlorpromazine hcl tab 25 mg</i> .....	57
<i>ceftazidime for inj 1 gm</i> .....	13	<i>chlorpromazine hcl tab 50 mg</i> .....	57
<i>ceftazidime for inj 6 gm</i> .....	13	<i>chlorthalidone tab 25 mg</i> .....	40
<i>ceftazidime for iv soln 2 gm</i> .....	13	<i>chlorthalidone tab 50 mg</i> .....	40
CEFTAZIDIME/ SOL D5W 1GM .....	13	<i>cholestyramine light powder 4 gm/dose</i>	
CEFTAZIDIME/ SOL D5W 2GM .....	13	.....	35
<i>ceftriaxone sodium for inj 1 gm</i> .....	13	<i>cholestyramine light powder packets 4</i>	
<i>ceftriaxone sodium for inj 10 gm</i> ....	13	<i>gm</i> .....	35
<i>ceftriaxone sodium for inj 2 gm</i> .....	13	<i>cholestyramine powder 4 gm/dose</i> ...	35
<i>ceftriaxone sodium for inj 250 mg</i> ...	13	<i>cholestyramine powder packets 4 gm</i>	35
<i>ceftriaxone sodium for inj 500 mg</i> ...	13	<i>choline fenofibrate cap dr 135 mg</i>	
<i>ceftriaxone sodium for iv soln 1 gm</i> .	13	<i>(fenofibric acid equiv)</i> .....	34
<i>ceftriaxone sodium for iv soln 2 gm</i> .	13	<i>choline fenofibrate cap dr 45 mg</i>	
<i>cefuroxime axetil tab 250 mg</i> .....	13	<i>(fenofibric acid equiv)</i> .....	33
<i>cefuroxime axetil tab 500 mg</i> .....	13	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>cefuroxime sodium for inj 750 mg</i> ....	13	<i>equiv)</i> .....	108
<i>cefuroxime sodium for iv soln 1.5 gm</i>		<i>ciclopirox olamine susp 0.77% (base</i>	
.....	13	<i>equiv)</i> .....	108
<i>celecoxib cap 100 mg</i> .....	1	<i>cilostazol tab 100 mg</i> .....	91
<i>celecoxib cap 200 mg</i> .....	1	<i>cilostazol tab 50 mg</i> .....	91
<i>celecoxib cap 400 mg</i> .....	1	CILOXAN OIN 0.3% OP .....	100
<i>celecoxib cap 50 mg</i> .....	1	CIMDUO TAB 300-300 .....	10
CELONTIN CAP 300MG .....	44	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	
<i>cephalexin cap 250 mg</i> .....	13	.....	80
<i>cephalexin cap 500 mg</i> .....	14	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	
<i>cephalexin for susp 125 mg/5ml</i> .....	14	.....	80
<i>cephalexin for susp 250 mg/5ml</i> .....	14	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	
CERDELGA CAP 84MG .....	80	.....	80
CEREZYME INJ 400UNIT .....	80	CIPRO (10%) SUS 500MG/5 .....	14
<i>cetirizine hcl oral soln 1 mg/ml (5</i>		CIPRO HC SUS OTIC.....	111
<i>mg/5ml)</i> .....	102	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	14
<i>cevimeline hcl cap 30 mg</i> .....	111	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	14
CHANTIX PAK 0.5& 1MG.....	68	<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	
CHANTIX PAK 1MG .....	68	<i>equivalent)</i> .....	100
CHANTIX TAB 0.5MG.....	68	<i>ciprofloxacin hcl tab 100 mg (base</i>	
CHANTIX TAB 1MG .....	68	<i>equiv)</i> .....	14
<i>chateal tab 0.15/30</i> .....	73	<i>ciprofloxacin hcl tab 250 mg (base</i>	
CHEMET CAP 100MG .....	73	<i>equiv)</i> .....	14
<i>chlorhexidine gluconate soln 0.12%</i>	111	<i>ciprofloxacin hcl tab 500 mg (base</i>	
<i>chloroquine phosphate tab 250 mg</i> ....	8	<i>equiv)</i> .....	14
<i>chloroquine phosphate tab 500 mg</i> ....	8	<i>ciprofloxacin hcl tab 750 mg (base</i>	
CHLORPROMAZI CON 100MG/ML .....	57	<i>equiv)</i> .....	14
CHLORPROMAZI CON 30MG/ML.....	57		

<i>ciprofloxacin-dexamethasone otic susp</i>	
0.3-0.1%.....	111
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	
.....	17
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	
.....	17
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..	17
<i>citalopram hydrobromide oral soln 10</i>	
<i>mg/5ml</i> .....	51
<i>citalopram hydrobromide tab 10 mg</i>	
(base equiv) .....	51
<i>citalopram hydrobromide tab 20 mg</i>	
(base equiv) .....	51
<i>citalopram hydrobromide tab 40 mg</i>	
(base equiv) .....	51
<i>claravis cap 10mg</i> .....	107
<i>claravis cap 20mg</i> .....	107
<i>claravis cap 30mg</i> .....	107
<i>claravis cap 40mg</i> .....	107
<i>clarithromycin for susp 125 mg/5ml</i> ..	14
<i>clarithromycin for susp 250 mg/5ml</i> ..	14
<i>clarithromycin tab 250 mg</i> .....	14
<i>clarithromycin tab 500 mg</i> .....	14
<i>clarithromycin tab er 24hr 500 mg</i> ...	14
<i>clindamycin hcl cap 150 mg</i> .....	5
<i>clindamycin hcl cap 300 mg</i> .....	5
<i>clindamycin hcl cap 75 mg</i> .....	5
<i>clindamycin palmitate hcl for soln 75</i>	
<i>mg/5ml (base equiv)</i> .....	5
<i>clindamycin phosphate gel 1%</i> .....	107
<i>clindamycin phosphate in d5w iv soln</i>	
<i>300 mg/50ml</i> .....	5
<i>clindamycin phosphate in d5w iv soln</i>	
<i>600 mg/50ml</i> .....	5
<i>clindamycin phosphate in d5w iv soln</i>	
<i>900 mg/50ml</i> .....	5
<i>clindamycin phosphate inj 300 mg/2ml</i>	
.....	5
<i>clindamycin phosphate inj 600 mg/4ml</i>	
.....	5
<i>clindamycin phosphate inj 9 gm/60ml</i>	5
<i>clindamycin phosphate inj 900 mg/6ml</i>	
.....	5
<i>clindamycin phosphate lotion 1%</i> ...	107
<i>clindamycin phosphate soln 1%</i> .....	107
<i>clindamycin phosphate vaginal cream</i>	
<i>2%</i> .....	89
CLINDMYC/NAC INJ 300/50ML .....	5

CLINDMYC/NAC INJ 600/50ML .....	5
CLINDMYC/NAC INJ 900/50ML .....	5
CLINIMIX INJ 4.25/D10 .....	99
CLINIMIX INJ 4.25/D5W .....	99
CLINIMIX INJ 5%/D15W .....	99
CLINIMIX INJ 5%/D20W .....	99
CLINIMIX INJ 6/5 .....	99
CLINIMIX INJ 8/10 .....	99
CLINIMIX INJ 8/14 .....	99
<i>clinisol sf inj 15%</i> .....	99
CLINOLIPID EMU 20% .....	99
<i>clobazam suspension 2.5 mg/ml</i> .....	44
<i>clobazam tab 10 mg</i> .....	44
<i>clobazam tab 20 mg</i> .....	45
<i>clobetasol e cre 0.05%</i> .....	109
<i>clobetasol propionate cream 0.05%</i>	109
<i>clobetasol propionate gel 0.05%</i> ....	109
<i>clobetasol propionate oint 0.05%</i> ...	109
<i>clobetasol propionate soln 0.05%</i> ...	109
<i>clomipramine hcl cap 25 mg</i> .....	51
<i>clomipramine hcl cap 50 mg</i> .....	51
<i>clomipramine hcl cap 75 mg</i> .....	51
<i>clonazepam orally disintegrating tab</i>	
<i>0.125 mg</i> .....	45
<i>clonazepam orally disintegrating tab</i>	
<i>0.25 mg</i> .....	45
<i>clonazepam orally disintegrating tab</i>	
<i>0.5 mg</i> .....	45
<i>clonazepam orally disintegrating tab 1</i>	
<i>mg</i> .....	45
<i>clonazepam orally disintegrating tab 2</i>	
<i>mg</i> .....	45
<i>clonazepam tab 0.5 mg</i> .....	45
<i>clonazepam tab 1 mg</i> .....	45
<i>clonazepam tab 2 mg</i> .....	45
<i>clonidine hcl tab 0.1 mg</i> .....	41
<i>clonidine hcl tab 0.2 mg</i> .....	41
<i>clonidine hcl tab 0.3 mg</i> .....	41
<i>clonidine td patch weekly 0.1 mg/24hr</i>	
.....	41
<i>clonidine td patch weekly 0.2 mg/24hr</i>	
.....	41
<i>clonidine td patch weekly 0.3 mg/24hr</i>	
.....	41
<i>clopidogrel bisulfate tab 75 mg (base</i>	
<i>equiv)</i> .....	92
<i>clorazepate dipotassium tab 15 mg</i> ..	45
<i>clorazepate dipotassium tab 3.75 mg</i>	45

<i>clorazepate dipotassium tab 7.5 mg</i>	45	CREON CAP 24000UNT	87
<i>clotrimazole cream 1%</i>	108	CREON CAP 3000UNIT	87
<i>clotrimazole soln 1%</i>	108	CREON CAP 36000UNT	87
<i>clotrimazole troche 10 mg</i>	111	CREON CAP 6000UNIT	87
<i>clotrimazole w/ betamethasone cream</i>		CRIXIVAN CAP 200MG	9
<i>1-0.05%</i>	108	CRIXIVAN CAP 400MG	9
<i>clozapine orally disintegrating tab 100</i>		<i>cromolyn sodium ophth soln 4%</i>	101
<i>mg</i>	57	<i>cromolyn sodium oral conc 100 mg/5ml</i>	
<i>clozapine orally disintegrating tab 12.5</i>		.....	86
<i>mg</i>	57	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
<i>clozapine orally disintegrating tab 150</i>		.....	104
<i>mg</i>	57	<i>cryselle-28 tab 28 tabs</i>	73
<i>clozapine orally disintegrating tab 200</i>		<i>cyclafem tab 1/35</i>	73
<i>mg</i>	57	<i>cyclafem tab 7/7/7</i>	73
<i>clozapine orally disintegrating tab 25</i>		<i>cyclobenzaprine hcl tab 10 mg</i>	67
<i>mg</i>	57	<i>cyclobenzaprine hcl tab 5 mg</i>	67
<i>clozapine tab 100 mg</i>	57	CYCLOPHOSPH INJ 1GM	17
<i>clozapine tab 200 mg</i>	57	CYCLOPHOSPH TAB 25MG	17
<i>clozapine tab 25 mg</i>	57	CYCLOPHOSPH TAB 50MG	17
<i>clozapine tab 50 mg</i>	57	CYCLOPHOSPHA INJ 500MG	17
COARTEM TAB 20-120MG	8	<i>cyclophosphamide cap 25 mg</i>	17
<i>colchicine tab 0.6 mg</i>	1	<i>cyclophosphamide cap 50 mg</i>	18
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>cyclophosphamide for inj 1 gm</i>	18
<i>mg</i>	1	<i>cyclophosphamide for inj 2 gm</i>	18
<i>colesevelam hcl packet for susp 3.75</i>		<i>cyclophosphamide for inj 500 mg</i>	18
<i>gm</i>	35	<i>cycloserine cap 250 mg</i>	11
<i>colesevelam hcl tab 625 mg</i>	35	<i>cyclosporine cap 100 mg</i>	95
<i>colestipol hcl granule packets 5 gm</i>	35	<i>cyclosporine cap 25 mg</i>	95
<i>colestipol hcl granules 5 gm</i>	35	<i>cyclosporine iv soln 50 mg/ml</i>	95
<i>colestipol hcl tab 1 gm</i>	35	<i>cyclosporine modified cap 100 mg</i>	95
<i>colistimethate sod for inj 150 mg</i>		<i>cyclosporine modified cap 25 mg</i>	95
<i>(colistin base activity)</i>	5	<i>cyclosporine modified cap 50 mg</i>	95
COMBIGAN SOL 0.2/0.5%	101	<i>cyclosporine modified oral soln 100</i>	
COMBIVENT AER 20-100	102	<i>mg/ml</i>	95
COMETRIQ KIT 100MG	22	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	102
COMETRIQ KIT 140MG	22	<i>cyproheptadine hcl tab 4 mg</i>	102
COMETRIQ KIT 60MG	22	<i>cyred eq tab</i>	73
COMPLERA TAB	10	CYSTADANE POW	80
<i>compro sup 25mg</i>	84	CYSTADROPS SOL 0.37%	102
<i>constulose sol 10gm/15</i>	86	CYSTAGON CAP 150MG	80
COPIKTRA CAP 15MG	22	CYSTAGON CAP 50MG	80
COPIKTRA CAP 25MG	22	CYSTARAN SOL 0.44%	102
CORLANOR SOL 5MG/5ML	41	<i>cytarabine inj 20 mg/ml</i>	18
CORLANOR TAB 5MG	41	<b>D</b>	
CORLANOR TAB 7.5MG	41	D10W/NAACL INJ 0.2%	97
<i>cortisone acetate tab 25 mg</i>	78	D2.5W/NAACL INJ 0.45%	96
COTELLIC TAB 20MG	22	D5W/LYTES INJ #48	96
CREON CAP 12000UNT	87	D5W/NAACL INJ 0.3%	97



<i>dalfampridine tab er 12hr 10 mg</i> .....	67	<i>desmopressin acetate tab 0.2 mg</i> .....	80
DALIRESP TAB 250MCG.....	104	<i>desogest-eth estrad &amp; eth estrad tab</i>	
DALIRESP TAB 500MCG.....	104	<i>0.15-0.02/0.01 mg(21/5)</i> .....	74
<i>danazol cap 100 mg</i> .....	77	<i>desogestrel &amp; ethinyl estradiol tab 0.15</i>	
<i>danazol cap 200 mg</i> .....	77	<i>mg-30 mcg</i> .....	74
<i>danazol cap 50 mg</i> .....	77	<i>desvenlafaxine succinate tab er 24hr</i>	
<i>dantrolene sodium cap 100 mg</i> .....	67	<i>100 mg (base equiv)</i> .....	52
<i>dantrolene sodium cap 25 mg</i> .....	67	<i>desvenlafaxine succinate tab er 24hr</i>	
<i>dantrolene sodium cap 50 mg</i> .....	67	<i>25 mg (base equiv)</i> .....	51
<i>dapsone tab 100 mg</i> .....	6	<i>desvenlafaxine succinate tab er 24hr</i>	
<i>dapsone tab 25 mg</i> .....	6	<i>50 mg (base equiv)</i> .....	52
DAPTACEL INJ.....	96	DEXAMETHASON CON 1MG/ML .....	78
<i>daptomycin for iv soln 350 mg</i> .....	6	<i>dexamethasone elixir 0.5 mg/5ml</i> ....	78
<i>daptomycin for iv soln 500 mg</i> .....	6	<i>dexamethasone sod phosphate</i>	
DAPTOMYCIN SOL 350MG.....	6	<i>preservative free inj 10 mg/ml</i> .....	78
<i>darifenacin hydrobromide tab er 24hr</i>		<i>dexamethasone sodium phosphate inj</i>	
<i>15 mg (base equiv)</i> .....	88	<i>10 mg/ml</i> .....	78
<i>darifenacin hydrobromide tab er 24hr</i>		<i>dexamethasone sodium phosphate inj</i>	
<i>7.5 mg (base equiv)</i> .....	88	<i>100 mg/10ml</i> .....	78
<i>dasetta tab 1/35</i> .....	73	<i>dexamethasone sodium phosphate inj</i>	
<i>dasetta tab 7/7/7</i> .....	73	<i>120 mg/30ml</i> .....	78
DAURISMO TAB 100MG .....	22	<i>dexamethasone sodium phosphate inj</i>	
DAURISMO TAB 25MG .....	22	<i>20 mg/5ml</i> .....	78
<i>deblitane tab 0.35mg</i> .....	73	<i>dexamethasone sodium phosphate inj</i>	
<i>deferasirox granules packet 180 mg</i> ..	73	<i>4 mg/ml</i> .....	78
<i>deferasirox granules packet 360 mg</i> ..	73	<i>dexamethasone sodium phosphate</i>	
<i>deferasirox granules packet 90 mg</i> ..	73	<i>ophth soln 0.1%</i> .....	100
<i>deferasirox tab 180 mg</i> .....	73	<i>dexamethasone soln 0.5 mg/5ml</i> .....	78
<i>deferasirox tab 360 mg</i> .....	73	<i>dexamethasone tab 0.5 mg</i> .....	78
<i>deferasirox tab 90 mg</i> .....	73	<i>dexamethasone tab 0.75 mg</i> .....	78
DELESTROGEN INJ 10MG/ML .....	77	<i>dexamethasone tab 1 mg</i> .....	78
DELSTRIGO TAB.....	10	<i>dexamethasone tab 1.5 mg</i> .....	78
DESCOVY TAB 200/25MG .....	10	<i>dexamethasone tab 2 mg</i> .....	78
<i>desipramine hcl tab 10 mg</i> .....	51	<i>dexamethasone tab 4 mg</i> .....	78
<i>desipramine hcl tab 100 mg</i> .....	51	<i>dexamethasone tab 6 mg</i> .....	78
<i>desipramine hcl tab 150 mg</i> .....	51	DEXILANT CAP 30MG DR.....	87
<i>desipramine hcl tab 25 mg</i> .....	51	DEXILANT CAP 60MG DR.....	87
<i>desipramine hcl tab 50 mg</i> .....	51	<i>dexmethylphenidate hcl tab 10 mg</i> ...62	
<i>desipramine hcl tab 75 mg</i> .....	51	<i>dexmethylphenidate hcl tab 2.5 mg</i> ..62	
<i>desloratadine tab 5 mg</i> .....	102	<i>dexmethylphenidate hcl tab 5 mg</i> .....62	
<i>desmopressin acetate inj 4 mcg/ml</i> ..	80	<i>dextrose 10% w/ sodium chloride</i>	
<i>desmopressin acetate nasal spray soln</i>		<i>0.45%</i> .....	97
<i>0.01%</i> .....	80	<i>dextrose 2.5% w/ sodium chloride</i>	
<i>desmopressin acetate nasal spray soln</i>		<i>0.45%</i> .....	97
<i>0.01% (refrigerated)</i> .....	80	<i>dextrose 5% in lactated ringers</i> .....	97
<i>desmopressin acetate preservative free</i>		<i>dextrose 5% w/ sodium chloride 0.2%</i>	
<i>(pf) inj 4 mcg/ml</i> .....	80	.....	97
<i>desmopressin acetate tab 0.1 mg</i> ....	80		

<i>dextrose 5% w/ sodium chloride</i>		<i>DIFICID SUS</i> .....	14
0.225% .....	97	<i>DIFICID TAB 200MG</i> .....	14
<i>dextrose 5% w/ sodium chloride 0.3%</i>		<i>diflunisal tab 500 mg</i> .....	1
.....	97	<i>difluprednate ophth emulsion 0.05%</i>	
<i>dextrose 5% w/ sodium chloride 0.45%</i>		.....	100
.....	97	<i>digitek tab 0.125mg</i> .....	41
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>digitek tab 0.25mg</i> .....	41
.....	97	<i>digox tab 0.125mg</i> .....	41
<i>dextrose inj 10%</i> .....	99	<i>digox tab 0.25mg</i> .....	41
<i>dextrose inj 5%</i> .....	99	<i>digoxin inj 0.25 mg/ml</i> .....	41
<i>dextrose inj 50%</i> .....	99	<i>digoxin oral soln 0.05 mg/ml</i> .....	41
<i>dextrose inj 70%</i> .....	99	<i>digoxin tab 125 mcg (0.125 mg)</i> .....	41
<i>DIACOMIT CAP 250MG</i> .....	45	<i>digoxin tab 250 mcg (0.25 mg)</i> .....	41
<i>DIACOMIT CAP 500MG</i> .....	45	<i>dihydroergotamine mesylate inj 1</i>	
<i>DIACOMIT PAK 250MG</i> .....	45	mg/ml .....	64
<i>DIACOMIT PAK 500MG</i> .....	45	<i>dihydroergotamine mesylate nasal</i>	
<i>diazepam conc 5 mg/ml</i> .....	45	spray 4 mg/ml .....	64
<i>diazepam inj 5 mg/ml</i> .....	45	<i>DILANTIN CAP 100MG</i> .....	46
<i>diazepam oral soln 1 mg/ml</i> .....	45	<i>DILANTIN CAP 30MG</i> .....	45
<i>diazepam rectal gel delivery system 10</i>		<i>DILANTIN CHW 50MG</i> .....	46
mg .....	45	<i>DILANTIN-125 SUS 125/5ML</i> .....	46
<i>diazepam rectal gel delivery system 2.5</i>		<i>diltiazem hcl cap er 12hr 120 mg</i> .....	37
mg .....	45	<i>diltiazem hcl cap er 12hr 60 mg</i> .....	37
<i>diazepam rectal gel delivery system 20</i>		<i>diltiazem hcl cap er 12hr 90 mg</i> .....	37
mg .....	45	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam tab 10 mg</i> .....	45	120 mg .....	37
<i>diazepam tab 2 mg</i> .....	45	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam tab 5 mg</i> .....	45	180 mg .....	37
<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	240 mg .....	38
<i>diclofenac sodium gel 1%</i> .....	110	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diclofenac sodium ophth soln 0.1%</i> .....	100	300 mg .....	38
<i>diclofenac sodium tab delayed release</i>		<i>diltiazem hcl coated beads cap er 24hr</i>	
25 mg .....	1	360 mg .....	38
<i>diclofenac sodium tab delayed release</i>		<i>diltiazem hcl coated beads tab er 24hr</i>	
50 mg .....	1	180 mg .....	38
<i>diclofenac sodium tab delayed release</i>		<i>diltiazem hcl coated beads tab er 24hr</i>	
75 mg .....	1	240 mg .....	38
<i>diclofenac sodium tab er 24hr 100 mg</i> .....	1	<i>diltiazem hcl coated beads tab er 24hr</i>	
<i>diclofenac w/ misoprostol tab delayed</i>		300 mg .....	38
release 50-0.2 mg .....	1	<i>diltiazem hcl coated beads tab er 24hr</i>	
<i>diclofenac w/ misoprostol tab delayed</i>		360 mg .....	38
release 75-0.2 mg .....	1	<i>diltiazem hcl coated beads tab er 24hr</i>	
<i>dicloxacillin sodium cap 250 mg</i> .....	16	420 mg .....	38
<i>dicloxacillin sodium cap 500 mg</i> .....	16	<i>diltiazem hcl extended release beads</i>	
<i>dicyclomine hcl cap 10 mg</i> .....	85	cap er 24hr 120 mg .....	38
<i>dicyclomine hcl oral soln 10 mg/5ml</i> .....	85	<i>diltiazem hcl extended release beads</i>	
<i>dicyclomine hcl tab 20 mg</i> .....	85	cap er 24hr 180 mg .....	38

<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> .....	38	<i>docetaxel for inj conc 20 mg/ml</i> .....	21
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> .....	38	<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i> .....	21
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> .....	38	DOCETAXEL INJ 160/16ML .....	21
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> .....	38	DOCETAXEL INJ 160/8ML .....	21
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i> .....	38	DOCETAXEL INJ 20MG/2ML .....	21
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i> .....	38	DOCETAXEL INJ 80MG/4ML .....	21
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i> .....	38	DOCETAXEL INJ 80MG/8ML .....	21
<i>diltiazem hcl tab 120 mg</i> .....	38	<i>docetaxel soln for iv infusion 160 mg/16ml</i> .....	21
<i>diltiazem hcl tab 30 mg</i> .....	38	<i>docetaxel soln for iv infusion 20 mg/2ml</i> .....	21
<i>diltiazem hcl tab 60 mg</i> .....	38	<i>docetaxel soln for iv infusion 80 mg/8ml</i> .....	21
<i>diltiazem hcl tab 90 mg</i> .....	38	<i>dofetilide cap 125 mcg (0.125 mg)</i> ...	33
<i>dilt-xr cap 120mg</i> .....	37	<i>dofetilide cap 250 mcg (0.25 mg)</i> .....	33
<i>dilt-xr cap 180mg</i> .....	37	<i>dofetilide cap 500 mcg (0.5 mg)</i> .....	33
<i>dilt-xr cap 240mg</i> .....	37	<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> .....	50
DIP/TET PED INJ 25-5LFU .....	96	<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> .....	50
<i>diphenhydramine hcl inj 50 mg/ml</i> .....	102	<i>donepezil hydrochloride tab 10 mg</i> ...	50
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> .....	86	<i>donepezil hydrochloride tab 5 mg</i> ....	50
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....	87	DOPTELET TAB 20MG .....	91
<i>dipyridamole tab 25 mg</i> .....	92	<i>dorzolamide hcl ophth soln 2%</i> .....	101
<i>dipyridamole tab 50 mg</i> .....	92	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> .....	101
<i>dipyridamole tab 75 mg</i> .....	92	<i>dotti dis 0.025mg</i> .....	77
<i>disopyramide phosphate cap 100 mg</i> .....	33	<i>dotti dis 0.0375mg</i> .....	77
<i>disopyramide phosphate cap 150 mg</i> .....	33	<i>dotti dis 0.05mg</i> .....	77
<i>disulfiram tab 250 mg</i> .....	68	<i>dotti dis 0.075mg</i> .....	77
<i>disulfiram tab 500 mg</i> .....	68	<i>dotti dis 0.1mg</i> .....	77
<i>divalproex sodium cap delayed release sprinkle 125 mg</i> .....	46	DOVATO TAB 50-300MG .....	10
<i>divalproex sodium tab delayed release 125 mg</i> .....	46	<i>doxazosin mesylate tab 1 mg</i> .....	30
<i>divalproex sodium tab delayed release 250 mg</i> .....	46	<i>doxazosin mesylate tab 2 mg</i> .....	30
<i>divalproex sodium tab delayed release 500 mg</i> .....	46	<i>doxazosin mesylate tab 4 mg</i> .....	30
<i>divalproex sodium tab er 24 hr 250 mg</i> .....	46	<i>doxazosin mesylate tab 8 mg</i> .....	30
<i>divalproex sodium tab er 24 hr 500 mg</i> .....	46	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i> .....	64
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i> .....	21	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i> .....	64
		<i>doxepin hcl cap 10 mg</i> .....	52
		<i>doxepin hcl cap 100 mg</i> .....	52
		<i>doxepin hcl cap 150 mg</i> .....	52
		<i>doxepin hcl cap 25 mg</i> .....	52
		<i>doxepin hcl cap 50 mg</i> .....	52
		<i>doxepin hcl cap 75 mg</i> .....	52
		<i>doxepin hcl conc 10 mg/ml</i> .....	52



<i>doxercalciferol cap 0.5 mcg</i> .....	84	<i>ec-naproxen tab 375mg</i> .....	1
<i>doxercalciferol cap 1 mcg</i> .....	84	<i>ec-naproxen tab 500mg</i> .....	1
<i>doxercalciferol cap 2.5 mcg</i> .....	84	EDARBI TAB 40MG .....	32
<i>doxorubicin hcl inj 2 mg/ml</i> .....	18	EDARBI TAB 80MG .....	32
<i>doxorubicin hcl liposomal inj (for iv</i> <i>infusion) 2 mg/ml</i> .....	18	EDARBYCLOR TAB 40-12.5 .....	31
<i>doxy 100 inj 100mg</i> .....	17	EDARBYCLOR TAB 40-25MG .....	31
<i>doxycycline hyclate cap 100 mg</i> .....	17	EDURANT TAB 25MG .....	9
<i>doxycycline hyclate cap 50 mg</i> .....	17	<i>efavirenz cap 200 mg</i> .....	9
<i>doxycycline hyclate for inj 100 mg</i> ...	17	<i>efavirenz cap 50 mg</i> .....	9
<i>doxycycline hyclate tab 100 mg</i> .....	17	<i>efavirenz tab 600 mg</i> .....	9
<i>doxycycline hyclate tab 20 mg</i> .....	17	<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i> .....	10
<i>doxycycline monohydrate cap 100 mg</i> .....	17	<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i> .....	10
<i>doxycycline monohydrate cap 50 mg</i> 17		<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i> .....	10
<i>doxycycline monohydrate tab 100 mg</i> .....	17	<i>elinest tab</i> .....	74
<i>doxycycline monohydrate tab 50 mg</i> 17		ELIQUIS ST P TAB 5MG .....	89
<i>doxycycline monohydrate tab 75 mg</i> 17		ELIQUIS TAB 2.5MG .....	89
DRIZALMA CAP 20MG DR.....	52	ELIQUIS TAB 5MG .....	89
DRIZALMA CAP 30MG DR.....	52	ELLA TAB 30MG .....	74
DRIZALMA CAP 40MG DR.....	52	<i>eluryng mis</i> .....	74
DRIZALMA CAP 60MG DR.....	52	EMCYT CAP 140MG.....	19
<i>dronabinol cap 10 mg</i> .....	84	EMEND SUS 125MG.....	84
<i>dronabinol cap 2.5 mg</i> .....	84	<i>emoquette tab</i> .....	74
<i>dronabinol cap 5 mg</i> .....	84	EMSAM DIS 12MG/24H .....	52
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i> .....	74	EMSAM DIS 6MG/24HR .....	52
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i> .....	74	EMSAM DIS 9MG/24HR .....	52
DROXIA CAP 200MG .....	91	<i>emtricitabine caps 200 mg</i> .....	9
DROXIA CAP 300MG .....	91	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i> .....	10
DROXIA CAP 400MG .....	91	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i> .....	11
<i>droxidopa cap 100 mg</i> .....	41	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i> .....	11
<i>droxidopa cap 200 mg</i> .....	41	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i> .....	11
<i>droxidopa cap 300 mg</i> .....	42	EMTRIVA SOL 10MG/ML .....	9
<i>duloxetine hcl enteric coated pellets</i> <i>cap 20 mg (base eq)</i> .....	52	EMVERM CHW 100MG.....	6
<i>duloxetine hcl enteric coated pellets</i> <i>cap 30 mg (base eq)</i> .....	52	<i>enalapril maleate &amp; hydrochlorothiazide</i> <i>tab 10-25 mg</i> .....	29
<i>duloxetine hcl enteric coated pellets</i> <i>cap 60 mg (base eq)</i> .....	52	<i>enalapril maleate &amp; hydrochlorothiazide</i> <i>tab 5-12.5 mg</i> .....	28
DUREZOL EMU 0.05% .....	100	<i>enalapril maleate tab 10 mg</i> .....	29
<i>dutasteride cap 0.5 mg</i> .....	88	<i>enalapril maleate tab 2.5 mg</i> .....	29
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i> .....	88	<i>enalapril maleate tab 20 mg</i> .....	29
<b>E</b>		<i>enalapril maleate tab 5 mg</i> .....	29
<i>e.e.s. 400 tab 400mg</i> .....	14	ENBREL INJ 25/0.5ML.....	92

ENBREL INJ 25MG .....	92	<i>erlotinib hcl tab 100 mg (base equivalent)</i> .....	22
ENBREL INJ 50MG/ML .....	92	<i>erlotinib hcl tab 150 mg (base equivalent)</i> .....	22
ENBREL MINI INJ 50MG/ML.....	92	<i>erlotinib hcl tab 25 mg (base equivalent)</i> .....	22
ENBREL SRCLK INJ 50MG/ML .....	92	<i>errin tab 0.35mg</i> .....	74
ENDARI POW 5GM .....	91	<i>ertapenem sodium for inj 1 gm (base equivalent)</i> .....	6
ENGERIX-B INJ 10/0.5ML .....	96	<i>ery pad 2%</i> .....	107
ENGERIX-B INJ 20MCG/ML .....	96	<i>ery-tab tab 250mg ec</i> .....	14
<i>enoxaparin sodium inj 100 mg/ml</i> ....	89	<i>ery-tab tab 333mg ec</i> .....	14
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	89	<i>ery-tab tab 500mg ec</i> .....	14
<i>enoxaparin sodium inj 150 mg/ml</i> ....	89	ERYTHROCIN INJ 500MG.....	14
<i>enoxaparin sodium inj 30 mg/0.3ml</i> ..	89	<i>erythrocin tab 250mg</i> .....	14
<i>enoxaparin sodium inj 300 mg/3ml</i> ..	89	<i>erythromycin ethylsuccinate tab 400 mg</i> .....	14
<i>enoxaparin sodium inj 40 mg/0.4ml</i> ..	89	<i>erythromycin ophth oint 5 mg/gm</i> ..	100
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i> .....	89	<i>erythromycin soln 2%</i> .....	107
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i> .....	89	<i>erythromycin tab 250 mg</i> .....	14
<i>enpresse-28 tab</i> .....	74	<i>erythromycin tab 500 mg</i> .....	14
<i>enskyce tab</i> .....	74	<i>erythromycin tab delayed release 250 mg</i> .....	14
ENSTILAR AER .....	109	<i>erythromycin tab delayed release 333 mg</i> .....	14
<i>entacapone tab 200 mg</i> .....	55	<i>erythromycin tab delayed release 500 mg</i> .....	14
<i>entecavir tab 0.5 mg</i> .....	12	<i>erythromycin w/ delayed release particles cap 250 mg</i> .....	14
<i>entecavir tab 1 mg</i> .....	12	ESBRIET CAP 267MG .....	104
ENTRESTO TAB 24-26MG.....	31	ESBRIET TAB 267MG .....	104
ENTRESTO TAB 49-51MG.....	31	ESBRIET TAB 801MG .....	104
ENTRESTO TAB 97-103MG.....	31	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> .....	52
<i>enulose sol 10gm/15</i> .....	86	<i>escitalopram oxalate tab 10 mg (base equiv)</i> .....	52
EPCLUSA TAB 200-50MG .....	12	<i>escitalopram oxalate tab 20 mg (base equiv)</i> .....	52
EPCLUSA TAB 400-100.....	12	<i>escitalopram oxalate tab 5 mg (base equiv)</i> .....	52
EPIDIOLEX SOL 100MG/ML .....	46	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> .....	87
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i> .....	104	<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i> .....	87
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> .....	104	<i>estarylla tab 0.25-35</i> .....	74
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> .....	104	<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> .....	77
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i> .....	18		
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i> .....	18		
<i>epitol tab 200mg</i> .....	46		
EPIVIR HBV SOL 5MG/ML .....	12		
<i>eplerenone tab 25 mg</i> .....	30		
<i>eplerenone tab 50 mg</i> .....	30		
<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	64		
ERIVEDGE CAP 150MG .....	22		
ERLEADA TAB 60MG .....	19		

<i>estradiol &amp; norethindrone acetate tab</i>		<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	
1-0.5 mg .....	77	.....	21
<i>estradiol tab 0.5 mg</i> .....	77	<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	
<i>estradiol tab 1 mg</i> .....	77	.....	21
<i>estradiol tab 2 mg</i> .....	77	<i>etravirine tab 100 mg</i> .....	9
<i>estradiol td patch twice weekly 0.025</i>		<i>etravirine tab 200 mg</i> .....	9
<i>mg/24hr</i> .....	77	<i>euthyrox tab 100mcg</i> .....	82
<i>estradiol td patch twice weekly 0.0375</i>		<i>euthyrox tab 112mcg</i> .....	82
<i>mg/24hr</i> .....	77	<i>euthyrox tab 125mcg</i> .....	82
<i>estradiol td patch twice weekly 0.05</i>		<i>euthyrox tab 137mcg</i> .....	82
<i>mg/24hr</i> .....	77	<i>euthyrox tab 150mcg</i> .....	82
<i>estradiol td patch twice weekly 0.075</i>		<i>euthyrox tab 175mcg</i> .....	82
<i>mg/24hr</i> .....	77	<i>euthyrox tab 200mcg</i> .....	82
<i>estradiol td patch twice weekly 0.1</i>		<i>euthyrox tab 25mcg</i> .....	82
<i>mg/24hr</i> .....	77	<i>euthyrox tab 50mcg</i> .....	82
<i>estradiol td patch weekly 0.025</i>		<i>euthyrox tab 75mcg</i> .....	82
<i>mg/24hr</i> .....	77	<i>euthyrox tab 88mcg</i> .....	82
<i>estradiol td patch weekly 0.0375</i>		<i>everolimus tab 0.25 mg</i> .....	95
<i>mg/24hr (37.5 mcg/24hr)</i> .....	78	<i>everolimus tab 0.5 mg</i> .....	95
<i>estradiol td patch weekly 0.05 mg/24hr</i>		<i>everolimus tab 0.75 mg</i> .....	95
.....	77	<i>everolimus tab 10 mg</i> .....	23
<i>estradiol td patch weekly 0.06 mg/24hr</i>		<i>everolimus tab 2.5 mg</i> .....	22
.....	77	<i>everolimus tab 5 mg</i> .....	23
<i>estradiol td patch weekly 0.075</i>		<i>everolimus tab 7.5 mg</i> .....	23
<i>mg/24hr</i> .....	77	<i>everolimus tab for oral susp 2 mg</i> ....	23
<i>estradiol td patch weekly 0.1 mg/24hr</i>		<i>everolimus tab for oral susp 3 mg</i> ....	23
.....	77	<i>everolimus tab for oral susp 5 mg</i> ....	23
<i>estradiol vaginal cream 0.1 mg/gm</i> ..	78	<i>EVOTAZ TAB 300-150</i> .....	11
<i>estradiol vaginal tab 10 mcg</i> .....	78	<i>exemestane tab 25 mg</i> .....	19
<i>estradiol valerate im in oil 20 mg/ml</i>	78	<i>EXKIVITY CAP 40MG</i> .....	23
<i>estradiol valerate im in oil 40 mg/ml</i>	78	<i>EZALLOR SPR CAP 10MG</i> .....	34
<i>ethambutol hcl tab 100 mg</i> .....	11	<i>EZALLOR SPR CAP 20MG</i> .....	34
<i>ethambutol hcl tab 400 mg</i> .....	11	<i>EZALLOR SPR CAP 40MG</i> .....	34
<i>ethosuximide cap 250 mg</i> .....	46	<i>EZALLOR SPR CAP 5MG</i> .....	34
<i>ethosuximide soln 250 mg/5ml</i> .....	46	<i>ezetimibe tab 10 mg</i> .....	35
<i>ethynodiol diacetate &amp; ethinyl estradiol</i>		<i>ezetimibe-simvastatin tab 10-10 mg</i> .	35
<i>tab 1 mg-35 mcg</i> .....	74	<i>ezetimibe-simvastatin tab 10-20 mg</i> .	35
<i>ethynodiol diacetate &amp; ethinyl estradiol</i>		<i>ezetimibe-simvastatin tab 10-40 mg</i> .	35
<i>tab 1 mg-50 mcg</i> .....	74	<i>ezetimibe-simvastatin tab 10-80 mg</i> .	35
<i>etodolac cap 200 mg</i> .....	1	<b>F</b>	
<i>etodolac cap 300 mg</i> .....	1	<i>FABRAZYME INJ 35MG</i> .....	80
<i>etodolac tab 400 mg</i> .....	1	<i>FABRAZYME INJ 5MG</i> .....	80
<i>etodolac tab 500 mg</i> .....	1	<i>falmina tab</i> .....	74
<i>etodolac tab er 24hr 400 mg</i> .....	1	<i>famciclovir tab 125 mg</i> .....	12
<i>etodolac tab er 24hr 500 mg</i> .....	1	<i>famciclovir tab 250 mg</i> .....	12
<i>etodolac tab er 24hr 600 mg</i> .....	1	<i>famciclovir tab 500 mg</i> .....	12
<i>etonogestrel-ethinyl estradiol va ring</i>		<i>famotidine for susp 40 mg/5ml</i> .....	85
<i>0.120-0.015 mg/24hr</i> .....	74		

<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> .....	85	<i>fentanyl td patch 72hr 100 mcg/hr</i> ....	2
<i>famotidine inj 20 mg/2ml</i> .....	85	<i>fentanyl td patch 72hr 12 mcg/hr</i> .....	2
<i>famotidine inj 200 mg/20ml</i> .....	85	<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	2
<i>famotidine inj 40 mg/4ml</i> .....	85	<i>fentanyl td patch 72hr 50 mcg/hr</i> .....	2
<i>famotidine tab 20 mg</i> .....	85	<i>fentanyl td patch 72hr 75 mcg/hr</i> .....	2
<i>famotidine tab 40 mg</i> .....	85	FETZIMA CAP 120MG .....	52
FANAPT PAK .....	57	FETZIMA CAP 20MG .....	52
FANAPT TAB 10MG .....	58	FETZIMA CAP 40MG .....	52
FANAPT TAB 12MG .....	58	FETZIMA CAP 80MG .....	52
FANAPT TAB 1MG .....	58	FETZIMA CAP TITRATIO .....	53
FANAPT TAB 2MG .....	58	FIASP FLEX INJ TOUCH .....	71
FANAPT TAB 4MG .....	58	FIASP INJ 100/ML .....	71
FANAPT TAB 6MG .....	58	FIASP PENFIL INJ U-100 .....	71
FANAPT TAB 8MG .....	58	FINACEA AER 15% .....	110
FARXIGA TAB 10MG .....	69	<i>finasteride tab 5 mg</i> .....	88
FARXIGA TAB 5MG .....	69	FINTEPLA SOL 2.2MG/ML .....	46
FARYDAK CAP 10MG .....	23	<i>flac oil 0.01%</i> .....	111
FARYDAK CAP 15MG .....	23	FLAREX SUS 0.1% OP .....	100
FARYDAK CAP 20MG .....	23	FLEBOGAMMA INJ 10/100ML .....	93
FASENRA INJ 30MG/ML .....	105	FLEBOGAMMA INJ 10/200ML .....	93
<i>felbamate susp 600 mg/5ml</i> .....	46	FLEBOGAMMA INJ 20/200ML .....	93
<i>felbamate tab 400 mg</i> .....	46	FLEBOGAMMA INJ 20/400ML .....	93
<i>felbamate tab 600 mg</i> .....	46	FLEBOGAMMA INJ 5GM/50ML .....	93
<i>felodipine tab er 24hr 10 mg</i> .....	38	FLEBOGAMMA INJ DIF 5% .....	93
<i>felodipine tab er 24hr 2.5 mg</i> .....	38	<i>flecainide acetate tab 100 mg</i> .....	33
<i>felodipine tab er 24hr 5 mg</i> .....	38	<i>flecainide acetate tab 150 mg</i> .....	33
<i>femynor tab 0.25-35</i> .....	74	<i>flecainide acetate tab 50 mg</i> .....	33
<i>fenofibrate micronized cap 134 mg</i> ..	34	FLOVENT DISK AER 100MCG .....	106
<i>fenofibrate micronized cap 200 mg</i> ..	34	FLOVENT DISK AER 250MCG .....	106
<i>fenofibrate micronized cap 67 mg</i> ....	34	FLOVENT DISK AER 50MCG .....	106
<i>fenofibrate tab 145 mg</i> .....	34	FLOVENT HFA AER 110MCG .....	106
<i>fenofibrate tab 160 mg</i> .....	34	FLOVENT HFA AER 220MCG .....	106
<i>fenofibrate tab 48 mg</i> .....	34	FLOVENT HFA AER 44MCG .....	106
<i>fenofibrate tab 54 mg</i> .....	34	<i>fluconazole for susp 10 mg/ml</i> .....	7
<i>fentanyl citrate lozenge on a handle 1200 mcg</i> .....	3	<i>fluconazole for susp 40 mg/ml</i> .....	7
<i>fentanyl citrate lozenge on a handle 1600 mcg</i> .....	4	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> .....	7
<i>fentanyl citrate lozenge on a handle 200 mcg</i> .....	3	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> .....	8
<i>fentanyl citrate lozenge on a handle 400 mcg</i> .....	3	<i>fluconazole tab 100 mg</i> .....	8
<i>fentanyl citrate lozenge on a handle 600 mcg</i> .....	3	<i>fluconazole tab 150 mg</i> .....	8
<i>fentanyl citrate lozenge on a handle 800 mcg</i> .....	3	<i>fluconazole tab 200 mg</i> .....	8
		<i>fluconazole tab 50 mg</i> .....	8
		<i>flucytosine cap 250 mg</i> .....	8
		<i>flucytosine cap 500 mg</i> .....	8
		<i>fludrocortisone acetate tab 0.1 mg</i> ...	78
		<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> .....	106



<i>fluocinolone acetonide (otic) oil 0.01%</i> .....	111	<i>fluticasone propionate nasal susp 50</i> <i>mcg/act</i> .....	106
<i>fluocinolone acetonide cream 0.01%</i> .....	109	<i>fluticasone propionate oint 0.005%</i>	109
<i>fluocinolone acetonide cream 0.025%</i> .....	109	<i>fluvastatin sodium cap 20 mg (base</i> <i>equivalent)</i> .....	34
<i>fluocinolone acetonide oil 0.01% (body</i> <i>oil)</i> .....	109	<i>fluvastatin sodium cap 40 mg (base</i> <i>equivalent)</i> .....	34
<i>fluocinolone acetonide oil 0.01% (scalp</i> <i>oil)</i> .....	109	<i>fluvastatin sodium tab er 24 hr 80 mg</i> <i>(base equivalent)</i> .....	34
<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</i> <i>0.05%</i> .....	109	<i>fondaparinux sodium subcutaneous inj</i> <i>10 mg/0.8ml</i> .....	89
<i>fluocinonide gel 0.05%</i> .....	109	<i>fondaparinux sodium subcutaneous inj</i> <i>2.5 mg/0.5ml</i> .....	89
<i>fluocinonide oint 0.05%</i> .....	109	<i>fondaparinux sodium subcutaneous inj</i> <i>5 mg/0.4ml</i> .....	89
<i>fluocinonide soln 0.05%</i> .....	109	<i>fondaparinux sodium subcutaneous inj</i> <i>7.5 mg/0.6ml</i> .....	89
<i>fluorometholone ophth susp 0.1%</i>	100	<i>formoterol fumarate soln nebu 20</i> <i>mcg/2ml</i> .....	103
<i>fluorouracil cream 5%</i> .....	110	FORTEO INJ 620/2.48.....	72
<i>fluorouracil iv soln 1 gm/20ml (50</i> <i>mg/ml)</i> .....	18	FOSAMAX + D TAB 70-2800 .....	72
<i>fluorouracil iv soln 2.5 gm/50ml (50</i> <i>mg/ml)</i> .....	18	FOSAMAX + D TAB 70-5600 .....	72
<i>fluorouracil iv soln 5 gm/100ml (50</i> <i>mg/ml)</i> .....	18	<i>fosamprenavir calcium tab 700 mg</i> <i>(base equiv)</i> .....	9
<i>fluorouracil iv soln 500 mg/10ml (50</i> <i>mg/ml)</i> .....	18	<i>fosinopril sodium &amp; hydrochlorothiazide</i> <i>tab 10-12.5 mg</i> .....	29
<i>fluorouracil soln 2%</i> .....	110	<i>fosinopril sodium &amp; hydrochlorothiazide</i> <i>tab 20-12.5 mg</i> .....	29
<i>fluorouracil soln 5%</i> .....	110	<i>fosinopril sodium tab 10 mg</i> .....	29
<i>fluoxetine hcl cap 10 mg</i> .....	53	<i>fosinopril sodium tab 20 mg</i> .....	29
<i>fluoxetine hcl cap 20 mg</i> .....	53	<i>fosinopril sodium tab 40 mg</i> .....	29
<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	FRAGMIN INJ 10000/ML.....	89
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> ...	58	FRAGMIN INJ 12500UNT .....	90
<i>fluphenazine hcl inj 2.5 mg/ml</i> .....	58	FRAGMIN INJ 15000UNT .....	90
<i>fluphenazine hcl oral conc 5 mg/ml</i> ..	58	FRAGMIN INJ 18000UNT .....	90
<i>fluphenazine hcl tab 1 mg</i> .....	58	FRAGMIN INJ 2500/0.2 .....	89
<i>fluphenazine hcl tab 10 mg</i> .....	58	FRAGMIN INJ 5000/0.2 .....	89
<i>fluphenazine hcl tab 2.5 mg</i> .....	58	FRAGMIN INJ 7500/0.3 .....	89
<i>fluphenazine hcl tab 5 mg</i> .....	58	FRAGMIN INJ 95000UNT .....	90
<i>flurbiprofen sodium ophth soln 0.03%</i> .....	100	FREAMINE III INJ 10% .....	99
<i>flurbiprofen tab 100 mg</i> .....	1	<i>frovatriptan succinate tab 2.5 mg (base</i> <i>equivalent)</i> .....	64
<i>flutamide cap 125 mg</i> .....	19	<i>fulvestrant inj 250 mg/5ml</i> .....	19
<i>fluticasone propionate cream 0.05%</i> .....	109		

<i>furosemide inj 10 mg/ml</i> .....	40	GAMUNEX-C INJ 10GM/100 .....	94
<i>furosemide oral soln 10 mg/ml</i> .....	40	GAMUNEX-C INJ 1GM/10ML .....	94
<i>furosemide oral soln 8 mg/ml</i> .....	40	GAMUNEX-C INJ 2.5GM/25 .....	94
<i>furosemide tab 20 mg</i> .....	40	GAMUNEX-C INJ 20GM/200 .....	94
<i>furosemide tab 40 mg</i> .....	40	GAMUNEX-C INJ 40/400ML .....	94
<i>furosemide tab 80 mg</i> .....	40	GAMUNEX-C INJ 5GM/50ML .....	94
FUZEON INJ 90MG .....	9	<i>ganciclovir sodium for inj 500 mg</i> .....	12
FYCOMPA SUS 0.5MG/ML .....	46	GARDASIL 9 INJ .....	96
FYCOMPA TAB 10MG .....	46	<i>gatifloxacin ophth soln 0.5%</i> .....	100
FYCOMPA TAB 12MG .....	46	GATTEX KIT 5MG .....	87
FYCOMPA TAB 2MG .....	46	GAUZE PADS 2 .....	71
FYCOMPA TAB 4MG .....	46	<i>gavilyte-c sol</i> .....	86
FYCOMPA TAB 6MG .....	46	<i>gavilyte-g sol</i> .....	86
FYCOMPA TAB 8MG .....	46	<i>gavilyte-n sol flav pk</i> .....	86
<b>G</b>		GAVRETO CAP 100MG .....	23
<i>gabapentin cap 100 mg</i> .....	46	<i>gemcitabine hcl for inj 1 gm</i> .....	18
<i>gabapentin cap 300 mg</i> .....	46	<i>gemcitabine hcl for inj 2 gm</i> .....	18
<i>gabapentin cap 400 mg</i> .....	46	<i>gemcitabine hcl for inj 200 mg</i> .....	18
<i>gabapentin oral soln 250 mg/5ml</i> ....	46	<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>	
<i>gabapentin tab 600 mg</i> .....	46	<i>mg/ml) (base equiv)</i> .....	18
<i>gabapentin tab 800 mg</i> .....	46	<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> .....	34
<i>galantamine hydrobromide cap er 24hr</i>		<i>generlac sol 10gm/15</i> .....	86
<i>8 mg</i> .....	50	<i>gengraf cap 100mg</i> .....	95
<i>galantamine hydrobromide oral soln 4</i>		<i>gengraf cap 25mg</i> .....	95
<i>mg/ml</i> .....	50	<i>gengraf sol 100mg/ml</i> .....	95
<i>galantamine hydrobromide tab 12 mg</i>		GENOTROPIN INJ 0.2MG .....	80
.....	50	GENOTROPIN INJ 0.4MG .....	80
<i>galantamine hydrobromide tab 4 mg</i>	50	GENOTROPIN INJ 0.6MG .....	80
<i>galantamine hydrobromide tab 8 mg</i>	50	GENOTROPIN INJ 0.8MG .....	80
GAMASTAN INJ .....	93	GENOTROPIN INJ 1.2MG .....	80
GAMMAGARD INJ 10GM/100 .....	94	GENOTROPIN INJ 1.4MG .....	80
GAMMAGARD INJ 1GM/10ML .....	94	GENOTROPIN INJ 1.6MG .....	80
GAMMAGARD INJ 2.5GM/25 .....	94	GENOTROPIN INJ 1.8MG .....	80
GAMMAGARD INJ 20GM/200 .....	94	GENOTROPIN INJ 12MG .....	80
GAMMAGARD INJ 30GM/300 .....	94	GENOTROPIN INJ 1MG .....	80
GAMMAGARD INJ 5GM/50ML .....	94	GENOTROPIN INJ 2MG .....	80
GAMMAGARD SD INJ 10GM HU .....	94	GENOTROPIN INJ 5MG .....	80
GAMMAGARD SD INJ 5GM HU .....	94	<i>gentak oin 0.3% op</i> .....	100
GAMMAKED INJ 10GM/100 .....	94	<i>gentamicin in saline inj 0.8 mg/ml</i> .....	6
GAMMAKED INJ 1GM/10ML .....	94	<i>gentamicin in saline inj 1 mg/ml</i> .....	6
GAMMAKED INJ 20GM/200 .....	94	<i>gentamicin in saline inj 1.2 mg/ml</i> .....	6
GAMMAKED INJ 5GM/50ML .....	94	<i>gentamicin in saline inj 1.6 mg/ml</i> .....	6
GAMMAPLEX INJ 10% .....	94	<i>gentamicin in saline inj 2 mg/ml</i> .....	6
GAMMAPLEX INJ 5% .....	94	<i>gentamicin sulfate cream 0.1%</i> .....	108

<i>gentamicin sulfate inj 10 mg/ml</i> .....	6
<i>gentamicin sulfate inj 40 mg/ml</i> .....	6
<i>gentamicin sulfate oint 0.1%</i> .....	108
<i>gentamicin sulfate ophth soln 0.3%</i>	100
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<i>glatiramer acetate soln prefilled syringe</i> <i>20 mg/ml</i> .....	67
<i>glatiramer acetate soln prefilled syringe</i> <i>40 mg/ml</i> .....	67
<i>glatopa inj 20mg/ml</i> .....	67
<i>glatopa inj 40mg/ml</i> .....	67
<i>glimepiride tab 1 mg</i> .....	69
<i>glimepiride tab 2 mg</i> .....	69
<i>glimepiride tab 4 mg</i> .....	69
<i>glipizide tab 10 mg</i> .....	69
<i>glipizide tab 5 mg</i> .....	69
<i>glipizide tab er 24hr 10 mg</i> .....	69
<i>glipizide tab er 24hr 2.5 mg</i> .....	69
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<i>glipizide xl tab 10mg</i> .....	69
<i>glipizide xl tab 2.5mg</i> .....	69
<i>glipizide xl tab 5mg</i> .....	69
<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	69
<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	69
<i>glipizide-metformin hcl tab 5-500 mg</i>	69
<i>glycopyrrolate tab 1 mg</i> .....	85
<i>glycopyrrolate tab 2 mg</i> .....	85
<i>glydo gel 2%</i> .....	110
GLYXAMBI TAB 10-5 MG .....	69
GLYXAMBI TAB 25-5 MG .....	69
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GRALISE TAB 300MG .....	65
GRALISE TAB 600MG .....	65
<i>granisetron hcl inj 1 mg/ml</i> .....	84
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i> .....	84
<i>granisetron hcl tab 1 mg</i> .....	84
<i>griseofulvin microsize susp 125 mg/5ml</i> .....	8
<i>griseofulvin microsize tab 500 mg</i> .....	8
<i>griseofulvin ultramicrosize tab 125 mg</i>	8
<i>griseofulvin ultramicrosize tab 250 mg</i>	8
<i>guanfacine hcl tab 1 mg</i> .....	42
<i>guanfacine hcl tab 2 mg</i> .....	42
<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i> .....	62
<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i> .....	62
<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i> .....	62
<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i> .....	63
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<i>hailey tab 1.5/30</i> .....	74
<i>halobetasol propionate cream 0.05%</i> .....	109
<i>halobetasol propionate oint 0.05%</i>	109
<i>haloperidol decanoate im soln 100</i> <i>mg/ml</i> .....	58
<i>haloperidol decanoate im soln 50</i> <i>mg/ml</i> .....	58
<i>haloperidol lactate inj 5 mg/ml</i> .....	58
<i>haloperidol lactate oral conc 2 mg/ml</i>	58
<i>haloperidol tab 0.5 mg</i> .....	58
<i>haloperidol tab 1 mg</i> .....	58
<i>haloperidol tab 10 mg</i> .....	58
<i>haloperidol tab 2 mg</i> .....	58
<i>haloperidol tab 20 mg</i> .....	58
<i>haloperidol tab 5 mg</i> .....	58
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HARVONI PAK 45-200MG .....	12
HARVONI TAB 45-200MG .....	12
HARVONI TAB 90-400MG .....	12
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HAVRIX INJ 720UNIT .....	96
<i>heather tab 0.35mg</i> .....	74
HEP SOD/NAACL INJ 25000UNT .....	90
<i>heparin sodium (porcine) 100 unit/ml</i> <i>in d5w</i> .....	90
<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml</i> .....	90
<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i> .....	90



<i>heparin sodium (porcine) inj 20000 unit/ml</i> .....	90	<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i> .....	2
<i>heparin sodium (porcine) inj 5000 unit/ml</i> .....	90	<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i> .....	2
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i> .....	90	<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i> .....	2
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i> .....	90	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....	4
HEPARIN/NACL INJ 25000UNT.....	90	<i>hydrocodone-acetaminophen tab 10-325 mg</i> .....	4
<i>hepatamine sol 8%</i> .....	99	<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	4
HERCEP HYLEC SOL 60-10000.....	23	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....	4
HERCEPTIN INJ 150MG.....	23	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	4
HERZUMA INJ 150MG.....	23	<i>hydrocortisone cream 1%</i> .....	109
HERZUMA INJ 420MG.....	23	<i>hydrocortisone cream 2.5%</i> .....	109
HETLIOZ CAP 20MG .....	64	<i>hydrocortisone enema 100 mg/60ml</i> .86	
HIBERIX SOL 10MCG .....	96	<i>hydrocortisone lotion 2.5%</i> .....	109
HUMIRA INJ 10/0.1ML.....	92	<i>hydrocortisone oint 2.5%</i> .....	109
HUMIRA INJ 20/0.2ML.....	92	<i>hydrocortisone perianal cream 2.5%</i> .....	110
HUMIRA INJ 40/0.4ML.....	92	<i>hydrocortisone tab 10 mg</i> .....	78
HUMIRA KIT 40MG/0.8 .....	92	<i>hydrocortisone tab 20 mg</i> .....	79
HUMIRA PEDIA INJ CROHNS .....	92	<i>hydrocortisone tab 5 mg</i> .....	78
HUMIRA PEN INJ 40/0.4ML .....	92	<i>hydromorphone hcl liqd 1 mg/ml</i> .....	4
HUMIRA PEN INJ 40MG/0.8.....	92	<i>hydromorphone hcl tab 2 mg</i> .....	4
HUMIRA PEN INJ 80/0.8ML .....	92	<i>hydromorphone hcl tab 4 mg</i> .....	4
HUMIRA PEN INJ CD/UC/HS .....	92	<i>hydromorphone hcl tab 8 mg</i> .....	4
HUMIRA PEN INJ PS/UV.....	92	<i>hydroxychloroquine sulfate tab 200 mg</i> .....	93
HUMIRA PEN KIT CD/UC/HS.....	92	<i>hydroxyurea cap 500 mg</i> .....	20
HUMIRA PEN KIT PED UC.....	92	<i>hydroxyzine hcl im soln 25 mg/ml</i> ..	103
HUMIRA PEN KIT PS/UV .....	92	<i>hydroxyzine hcl im soln 50 mg/ml</i> ..	103
HUMULIN R INJ U-500.....	71	<i>hydroxyzine hcl syrup 10 mg/5ml</i> ...	103
<i>hydralazine hcl inj 20 mg/ml</i> .....	42	<i>hydroxyzine hcl tab 10 mg</i> .....	103
<i>hydralazine hcl tab 10 mg</i> .....	42	<i>hydroxyzine hcl tab 25 mg</i> .....	103
<i>hydralazine hcl tab 100 mg</i> .....	42	<i>hydroxyzine hcl tab 50 mg</i> .....	103
<i>hydralazine hcl tab 25 mg</i> .....	42	<i>hydroxyzine pamoate cap 25 mg</i> ....	103
<i>hydralazine hcl tab 50 mg</i> .....	42	<i>hydroxyzine pamoate cap 50 mg</i> ....	103
<i>hydrochlorothiazide cap 12.5 mg</i> .....	40	HYSINGLA ER TAB 100 MG .....	3
<i>hydrochlorothiazide tab 12.5 mg</i> .....	40	HYSINGLA ER TAB 120 MG .....	3
<i>hydrochlorothiazide tab 25 mg</i> .....	40	HYSINGLA ER TAB 20 MG.....	2
<i>hydrochlorothiazide tab 50 mg</i> .....	40	HYSINGLA ER TAB 30 MG.....	2
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i> .....	2	HYSINGLA ER TAB 40 MG.....	2
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i> .....	2	HYSINGLA ER TAB 60 MG.....	3
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i> .....	2	HYSINGLA ER TAB 80 MG.....	3
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i> .....	2		

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<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i> .....	72
<i>ibandronate sodium tab 150 mg (base equivalent)</i> .....	72
IBRANCE CAP 100MG .....	23
IBRANCE CAP 125MG .....	23
IBRANCE CAP 75MG.....	23
IBRANCE TAB 100MG.....	23
IBRANCE TAB 125MG.....	23
IBRANCE TAB 75MG.....	23
<i>ibu tab 600mg</i> .....	1
<i>ibu tab 800mg</i> .....	1
<i>ibuprofen susp 100 mg/5ml</i> .....	1
<i>ibuprofen tab 400 mg</i> .....	1
<i>ibuprofen tab 600 mg</i> .....	1
<i>ibuprofen tab 800 mg</i> .....	1
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i> .....	91
<i>iclevia tab</i> .....	74
ICLUSIG TAB 10MG .....	23
ICLUSIG TAB 15MG .....	23
ICLUSIG TAB 30MG .....	23
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IDHIFA TAB 100MG .....	24
IDHIFA TAB 50MG .....	24
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<i>imatinib mesylate tab 100 mg (base equivalent)</i> .....	24
<i>imatinib mesylate tab 400 mg (base equivalent)</i> .....	24
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IMBRUVICA TAB 280MG .....	24
IMBRUVICA TAB 420MG .....	24
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<i>imipenem-cilastatin intravenous for soln 250 mg</i> .....	6
<i>imipenem-cilastatin intravenous for soln 500 mg</i> .....	6
<i>imipramine hcl tab 10 mg</i> .....	53
<i>imipramine hcl tab 25 mg</i> .....	53
<i>imipramine hcl tab 50 mg</i> .....	53
<i>imiquimod cream 5%</i> .....	110
IMOVAX RABIE INJ 2.5/ML.....	96
<i>incassia tab 0.35mg</i> .....	74
INCRELEX INJ 40MG/4ML .....	80
INCRUSE ELPT INH 62.5MCG .....	102
<i>indapamide tab 1.25 mg</i> .....	40
<i>indapamide tab 2.5 mg</i> .....	40
INFANRIX INJ .....	96
INGREZZA CAP 40-80MG .....	66
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INGREZZA CAP 60MG .....	66
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INQOVI TAB 35-100MG.....	20
INREBIC CAP 100MG .....	24
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INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MH C .....	71
INTELENCE TAB 100MG .....	9
INTELENCE TAB 200MG .....	9
INTELENCE TAB 25MG .....	9
INTRALIPID INJ 20% .....	99
INTRALIPID INJ 30% .....	99
INTRON A INJ 10MU .....	94
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INTRON A INJ 25MU .....	95
INTRON A INJ 50MU .....	95
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INVEGA SUST INJ 156MG/ML.....	58
INVEGA SUST INJ 234/1.5 .....	58
INVEGA SUST INJ 39/0.25 .....	58
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INVEGA TRINZ INJ 273MG .....	58
INVEGA TRINZ INJ 410MG .....	58
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<i>ipratropium bromide inhal soln 0.02%</i> .....	102
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i> .....	102
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i> .....	102
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> .....	102
<i>irbesartan tab 150 mg</i> .....	32
<i>irbesartan tab 300 mg</i> .....	32
<i>irbesartan tab 75 mg</i> .....	32

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<i>irbesartan-hydrochlorothiazide tab</i>	
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<i>mg/ml) .....</i>	20
<i>irinotecan hcl inj 300 mg/15ml (20</i>	
<i>mg/ml) .....</i>	20
<i>irinotecan hcl inj 40 mg/2ml (20</i>	
<i>mg/ml) .....</i>	20
<i>irinotecan hcl inj 500 mg/25ml (20</i>	
<i>mg/ml) .....</i>	20
ISENTRESS CHW 100MG .....	9
ISENTRESS CHW 25MG .....	9
ISENTRESS HD TAB 600MG .....	9
ISENTRESS POW 100MG .....	9
ISENTRESS TAB 400MG.....	9
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<i>isoniazid tab 100 mg</i> .....	11
<i>isoniazid tab 300 mg</i> .....	11
ISOPTO ATROP SOL 1% OP.....	102
<i>isosorbide dinitrate tab 10 mg</i> .....	42
<i>isosorbide dinitrate tab 20 mg</i> .....	42
<i>isosorbide dinitrate tab 30 mg</i> .....	42
<i>isosorbide dinitrate tab 40 mg</i> .....	42
<i>isosorbide dinitrate tab 5 mg</i> .....	42
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<i>isosorbide mononitrate tab 20 mg</i> ....	42
<i>isosorbide mononitrate tab er 24hr 120</i>	
<i>mg .....</i>	42
<i>isosorbide mononitrate tab er 24hr 30</i>	
<i>mg .....</i>	42
<i>isosorbide mononitrate tab er 24hr 60</i>	
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<i>isotretinoin cap 20 mg</i> .....	107
<i>isotretinoin cap 30 mg</i> .....	107
<i>isotretinoin cap 40 mg</i> .....	107
<i>isradipine cap 2.5 mg</i> .....	38
<i>isradipine cap 5 mg</i> .....	38
<i>itraconazole cap 100 mg</i> .....	8
<i>ivermectin tab 3 mg</i> .....	6
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JAKAFI TAB 25MG .....	24
JAKAFI TAB 5MG.....	24
<i>jantoven tab 10mg</i> .....	90
<i>jantoven tab 1mg</i> .....	90
<i>jantoven tab 2.5mg</i> .....	90
<i>jantoven tab 2mg</i> .....	90
<i>jantoven tab 3mg</i> .....	90
<i>jantoven tab 4mg</i> .....	90
<i>jantoven tab 5mg</i> .....	90
<i>jantoven tab 6mg</i> .....	90
<i>jantoven tab 7.5mg</i> .....	90
JANUMET TAB 50-1000 .....	69
JANUMET TAB 50-500MG .....	69
JANUMET XR TAB 100-1000.....	69
JANUMET XR TAB 50-1000 .....	69
JANUMET XR TAB 50-500MG.....	69
JANUVIA TAB 100MG .....	69
JANUVIA TAB 25MG.....	69
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<i>jinteli tab 1mg-5mcg</i> .....	78
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<i>junel 1/20 tab</i> .....	74
<i>junel fe tab 1.5/30</i> .....	74
<i>junel fe tab 1/20</i> .....	74
JUXTAPID CAP 10MG .....	35
JUXTAPID CAP 20MG .....	35
JUXTAPID CAP 30MG .....	35
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KADCYLA INJ 100MG .....	24
KADCYLA INJ 160MG .....	24
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KALETRA TAB 200-50MG.....	11
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KALYDECO PAK 75MG .....	105	KRISTALOSE PAK 20GM .....	86
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KANJINTI SOL 150MG .....	24	KYNMOBI MIS 15MG.....	55
<i>kariva tab 28 day</i> .....	74	KYNMOBI MIS 20MG.....	55
<i>kcl 10 meq/l (0.075%) in dextrose 5%</i> <i>&amp; nacl 0.45% inj</i> .....	97	KYNMOBI MIS 25MG.....	55
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;</i> <i>nacl 0.2% inj</i> .....	97	KYNMOBI MIS 30MG.....	55
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;</i> <i>nacl 0.45% inj</i> .....	97	<b>L</b>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;</i> <i>nacl 0.9% inj</i> .....	97	<i>labetalol hcl tab 100 mg</i> .....	36
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	97	<i>labetalol hcl tab 200 mg</i> .....	36
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	97	<i>labetalol hcl tab 300 mg</i> .....	36
<i>kcl 30 meq/l (0.224%) in dextrose 5%</i> <i>&amp; nacl 0.45% inj</i> .....	97	<i>lactated ringer's solution</i> .....	97
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp;</i> <i>nacl 0.45% inj</i> .....	97	<i>lactic acid (ammonium lactate) cream</i> <i>12%</i> .....	110
KCL/D5W/NACL INJ 0.15/0.2 .....	97	<i>lactic acid (ammonium lactate) lotion</i> <i>12%</i> .....	110
KCL/D5W/NACL INJ 0.3/0.9% .....	97	<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i> .....	86
<i>kelnor 1/50 tab</i> .....	74	<i>lactulose solution 10 gm/15ml</i> .....	86
<i>kelnor tab 1/35</i> .....	74	<i>lamivudine oral soln 10 mg/ml</i> .....	9
<i>ketoconazole cream 2%</i> .....	108	<i>lamivudine tab 100 mg (hbv)</i> .....	12
<i>ketoconazole shampoo 2%</i> .....	108	<i>lamivudine tab 150 mg</i> .....	9
<i>ketoconazole tab 200 mg</i> .....	8	<i>lamivudine tab 300 mg</i> .....	9
<i>ketorolac tromethamine ophth soln</i> <i>0.4%</i> .....	100	<i>lamivudine-zidovudine tab 150-300 mg</i> .....	11
<i>ketorolac tromethamine ophth soln</i> <i>0.5%</i> .....	100	<i>lamotrigine orally disintegrating tab</i> <i>100 mg</i> .....	47
KEYTRUDA INJ 100MG/4M .....	24	<i>lamotrigine orally disintegrating tab</i> <i>200 mg</i> .....	47
KINRIX INJ .....	96	<i>lamotrigine orally disintegrating tab 25</i> <i>mg</i> .....	46
KISQALI 200 PAK FEMARA.....	20	<i>lamotrigine orally disintegrating tab 50</i> <i>mg</i> .....	46
KISQALI 400 PAK FEMARA.....	20	<i>lamotrigine tab 100 mg</i> .....	47
KISQALI 600 PAK FEMARA.....	20	<i>lamotrigine tab 150 mg</i> .....	47
KISQALI TAB 200DOSE .....	24	<i>lamotrigine tab 200 mg</i> .....	47
KISQALI TAB 400DOSE .....	24	<i>lamotrigine tab 25 mg</i> .....	47
KISQALI TAB 600DOSE .....	24	<i>lamotrigine tab chewable dispersible 25</i> <i>mg</i> .....	47
<i>klor-con 10 tab 10meq er</i> .....	98	<i>lamotrigine tab chewable dispersible 5</i> <i>mg</i> .....	47
<i>klor-con 8 tab 8meq er</i> .....	98	<i>lamotrigine tab er 24hr 100 mg</i> .....	47
<i>klor-con m10 tab 10meq er</i> .....	98	<i>lamotrigine tab er 24hr 200 mg</i> .....	47
<i>klor-con m15 tab 15meq er</i> .....	98	<i>lamotrigine tab er 24hr 25 mg</i> .....	47
<i>klor-con m20 tab 20meq er</i> .....	98	<i>lamotrigine tab er 24hr 250 mg</i> .....	47
<i>klor-con pak 20meq</i> .....	98	<i>lamotrigine tab er 24hr 300 mg</i> .....	47
KORLYM TAB 300MG .....	80	<i>lamotrigine tab er 24hr 50 mg</i> .....	47

<i>lansoprazole cap delayed release 15 mg</i> .....	87	<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i> .....	103
<i>lansoprazole cap delayed release 30 mg</i> .....	87	<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i> .....	103
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i> .....	87	<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i> .....	103
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i> .....	87	<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i> .....	104
<i>lapatinib ditosylate tab 250 mg (base equiv)</i> .....	25	<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i> .....	104
<i>larin fe tab 1.5/30</i> .....	74	LEVEMIR INJ .....	71
<i>larin fe tab 1/20</i> .....	74	LEVEMIR INJ FLEXTOUC .....	71
<i>larin tab 1.5/30</i> .....	74	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> .....	47
<i>larin tab 1/20</i> .....	74	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> .....	47
<i>larissia tab</i> .....	75	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> .....	47
LASTACFT SOL 0.25% .....	101	<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i> .....	47
<i>latanoprost ophth soln 0.005%</i> .....	101	<i>levetiracetam oral soln 100 mg/ml</i> .....	47
LATUDA TAB 120MG .....	59	<i>levetiracetam tab 1000 mg</i> .....	47
LATUDA TAB 20MG .....	59	<i>levetiracetam tab 250 mg</i> .....	47
LATUDA TAB 40MG .....	59	<i>levetiracetam tab 500 mg</i> .....	47
LATUDA TAB 60MG .....	59	<i>levetiracetam tab 750 mg</i> .....	47
LATUDA TAB 80MG .....	59	<i>levetiracetam tab er 24hr 500 mg</i> .....	47
<i>leena tab</i> .....	75	<i>levetiracetam tab er 24hr 750 mg</i> .....	47
<i>leflunomide tab 10 mg</i> .....	93	<i>levobunolol hcl ophth soln 0.5%</i> .....	101
<i>leflunomide tab 20 mg</i> .....	93	<i>levocarnitine oral soln 1 gm/10ml (10%)</i> .....	80
LENVIMA CAP 10 MG .....	25	<i>levocarnitine tab 330 mg</i> .....	80
LENVIMA CAP 12MG .....	25	<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i> .....	103
LENVIMA CAP 14 MG .....	25	<i>levocetirizine dihydrochloride tab 5 mg</i> .....	103
LENVIMA CAP 18 MG .....	25	<i>levofloxacin in d5w iv soln 250 mg/50ml</i> .....	15
LENVIMA CAP 20 MG .....	25	<i>levofloxacin in d5w iv soln 500 mg/100ml</i> .....	15
LENVIMA CAP 24 MG .....	25	<i>levofloxacin in d5w iv soln 750 mg/150ml</i> .....	15
LENVIMA CAP 4MG .....	25	<i>levofloxacin iv soln 25 mg/ml</i> .....	15
LENVIMA CAP 8 MG .....	25	<i>levofloxacin oral soln 25 mg/ml</i> .....	15
<i>lessina tab</i> .....	75	<i>levofloxacin tab 250 mg</i> .....	15
<i>letrozole tab 2.5 mg</i> .....	19	<i>levofloxacin tab 500 mg</i> .....	15
<i>leucovorin calcium for inj 100 mg</i> ....	28	<i>levofloxacin tab 750 mg</i> .....	15
<i>leucovorin calcium for inj 200 mg</i> ....	28	<i>levonest tab</i> .....	75
<i>leucovorin calcium for inj 350 mg</i> ....	28		
<i>leucovorin calcium for inj 50 mg</i> .....	28		
<i>leucovorin calcium for inj 500 mg</i> ....	28		
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i> .....	28		
<i>leucovorin calcium tab 10 mg</i> .....	28		
<i>leucovorin calcium tab 15 mg</i> .....	28		
<i>leucovorin calcium tab 25 mg</i> .....	28		
<i>leucovorin calcium tab 5 mg</i> .....	28		
LEUKERAN TAB 2MG .....	18		
<i>leuprolide acetate inj kit 5 mg/ml</i> ....	19		



<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....	75	<i>lidocaine hcl local preservative free (pf) inj 0.5%</i> .....	5
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....	75	<i>lidocaine hcl local preservative free (pf) inj 1.5%</i> .....	5
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	75	<i>lidocaine hcl local preservative free (pf) inj 1%</i> .....	5
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> .....	75	<i>lidocaine hcl soln 4%</i> .....	110
<i>levora-28 tab 0.15/30</i> .....	75	<i>lidocaine hcl urethral/mucosal gel 2%</i> .....	110
<i>levo-t tab 100mcg</i> .....	82	<i>lidocaine hcl viscous soln 2%</i> .....	111
<i>levo-t tab 112mcg</i> .....	82	<i>lidocaine oint 5%</i> .....	110
<i>levo-t tab 125mcg</i> .....	82	<i>lidocaine patch 5%</i> .....	110
<i>levo-t tab 137mcg</i> .....	82	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	110
<i>levo-t tab 150mcg</i> .....	82	<i>lillow tab 0.15/30</i> .....	75
<i>levo-t tab 175mcg</i> .....	82	<i>linezolid for susp 100 mg/5ml</i> .....	6
<i>levo-t tab 200 mcg</i> .....	82	<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i> .....	6
<i>levo-t tab 25mcg</i> .....	82	<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i> .....	6
<i>levo-t tab 300 mcg</i> .....	82	<i>linezolid tab 600 mg</i> .....	6
<i>levo-t tab 50mcg</i> .....	82	LINZESS CAP 145MCG .....	87
<i>levo-t tab 75mcg</i> .....	82	LINZESS CAP 290MCG .....	87
<i>levo-t tab 88mcg</i> .....	82	LINZESS CAP 72MCG .....	87
<i>levothyroxine sodium tab 100 mcg</i> ..	82	<i>liothyronine sodium tab 25 mcg</i> .....	83
<i>levothyroxine sodium tab 112 mcg</i> ..	83	<i>liothyronine sodium tab 5 mcg</i> .....	83
<i>levothyroxine sodium tab 125 mcg</i> ..	83	<i>liothyronine sodium tab 50 mcg</i> .....	83
<i>levothyroxine sodium tab 137 mcg</i> ..	83	<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	29
<i>levothyroxine sodium tab 150 mcg</i> ..	83	<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	29
<i>levothyroxine sodium tab 175 mcg</i> ..	83	<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	29
<i>levothyroxine sodium tab 200 mcg</i> ..	83	<i>lisinopril tab 10 mg</i> .....	29
<i>levothyroxine sodium tab 25 mcg</i> ....	82	<i>lisinopril tab 2.5 mg</i> .....	29
<i>levothyroxine sodium tab 300 mcg</i> ..	83	<i>lisinopril tab 20 mg</i> .....	29
<i>levothyroxine sodium tab 50 mcg</i> ....	82	<i>lisinopril tab 30 mg</i> .....	29
<i>levothyroxine sodium tab 75 mcg</i> ....	82	<i>lisinopril tab 40 mg</i> .....	29
<i>levothyroxine sodium tab 88 mcg</i> ....	82	<i>lisinopril tab 5 mg</i> .....	29
<i>levoxyl tab 100mcg</i> .....	83	<i>lithium carbonate cap 150 mg</i> .....	66
<i>levoxyl tab 112mcg</i> .....	83	<i>lithium carbonate cap 300 mg</i> .....	66
<i>levoxyl tab 125mcg</i> .....	83	<i>lithium carbonate cap 600 mg</i> .....	66
<i>levoxyl tab 137mcg</i> .....	83	<i>lithium carbonate tab 300 mg</i> .....	66
<i>levoxyl tab 150mcg</i> .....	83	<i>lithium carbonate tab er 300 mg</i> .....	66
<i>levoxyl tab 175mcg</i> .....	83	<i>lithium carbonate tab er 450 mg</i> .....	66
<i>levoxyl tab 200mcg</i> .....	83	LITHIUM SOL 8MEQ/5ML .....	66
<i>levoxyl tab 25mcg</i> .....	83	LIVALO TAB 1MG .....	34
<i>levoxyl tab 50mcg</i> .....	83	LIVALO TAB 2MG .....	34
<i>levoxyl tab 75mcg</i> .....	83		
<i>levoxyl tab 88mcg</i> .....	83		
LEXIVA SUS 50MG/ML .....	9		
<i>lidocaine hcl local inj 0.5%</i> .....	5		
<i>lidocaine hcl local inj 1%</i> .....	5		
<i>lidocaine hcl local inj 2%</i> .....	5		

LIVALO TAB 4MG .....	34	LUPR DEP-PED INJ 11.25MG .....	81
<i>loestrin 21 tab 1.5/30</i> .....	75	LUPR DEP-PED INJ 15MG .....	81
<i>loestrin fe tab 1.5/30</i> .....	75	LUPR DEP-PED INJ 3M 30MG .....	80
<i>loestrin fe tab 1/20</i> .....	75	LUPR DEP-PED INJ 7.5MG .....	80
<i>loestrin tab 1/20-21</i> .....	75	LUPRON DEPOT INJ 11.25MG.....	19
LOKELMA PAK 10GM .....	73	LUPRON DEPOT INJ 3.75MG .....	19
LOKELMA PAK 5GM .....	73	<i>lutura tab</i> .....	75
LONSURF TAB 15-6.14 .....	20	<i>lyleq tab 0.35mg</i> .....	75
LONSURF TAB 20-8.19 .....	20	<i>lyllana dis 0.025mg</i> .....	78
<i>loperamide hcl cap 2 mg</i> .....	87	<i>lyllana dis 0.0375mg</i> .....	78
<i>lopinavir-ritonavir soln 400-100</i>		<i>lyllana dis 0.05mg</i> .....	78
<i>mg/5ml (80-20 mg/ml)</i> .....	11	<i>lyllana dis 0.075mg</i> .....	78
<i>lopinavir-ritonavir tab 100-25 mg</i> ....	11	<i>lyllana dis 0.1mg</i> .....	78
<i>lopinavir-ritonavir tab 200-50 mg</i> ....	11	LYNPARZA TAB 100MG.....	25
<i>lopreeza tab 1-0.5mg</i> .....	78	LYNPARZA TAB 150MG.....	25
<i>lorazepam con 2mg/ml</i> .....	44	LYRICA CR TAB 165MG .....	66
<i>lorazepam conc 2 mg/ml</i> .....	44	LYRICA CR TAB 330MG .....	66
<i>lorazepam inj 2 mg/ml</i> .....	44	LYRICA CR TAB 82.5MG .....	66
<i>lorazepam inj 4 mg/ml</i> .....	44	LYSODREN TAB 500MG.....	19
<i>lorazepam tab 0.5 mg</i> .....	44	<i>lyza tab 0.35mg</i> .....	75
<i>lorazepam tab 1 mg</i> .....	44	<b>M</b>	
<i>lorazepam tab 2 mg</i> .....	44	MAGNESIUM SU INJ 20/500ML.....	97
LORBRENA TAB 100MG .....	25	MAGNESIUM SU INJ 2GM/50ML.....	97
LORBRENA TAB 25MG .....	25	MAGNESIUM SU INJ 40G/1000 .....	97
<i>loryna tab 3-0.02mg</i> .....	75	MAGNESIUM SU INJ 4G/100ML .....	97
<i>losartan potassium &amp;</i>		MAGNESIUM SU INJ 80MG/ML .....	97
<i>hydrochlorothiazide tab 100-12.5 mg</i>		<i>magnesium sulfate in dextrose 5% iv</i>	
.....	31	<i>soln 1 gm/100ml</i> .....	97
<i>losartan potassium &amp;</i>		<i>magnesium sulfate inj 50%</i> .....	97
<i>hydrochlorothiazide tab 100-25 mg</i>	31	<i>magnesium sulfate iv soln 2 gm/50ml</i>	
<i>losartan potassium &amp;</i>		<i>(40 mg/ml)</i> .....	97
<i>hydrochlorothiazide tab 50-12.5 mg</i>		<i>magnesium sulfate iv soln 20</i>	
.....	31	<i>gm/500ml (40 mg/ml)</i> .....	97
<i>losartan potassium tab 100 mg</i> .....	32	<i>magnesium sulfate iv soln 4 gm/100ml</i>	
<i>losartan potassium tab 25 mg</i> .....	32	<i>(40 mg/ml)</i> .....	97
<i>losartan potassium tab 50 mg</i> .....	32	<i>magnesium sulfate iv soln 4 gm/50ml</i>	
LOTEMAX OIN 0.5%.....	101	<i>(80 mg/ml)</i> .....	97
<i>lovastatin tab 10 mg</i> .....	34	<i>magnesium sulfate iv soln 40</i>	
<i>lovastatin tab 20 mg</i> .....	34	<i>gm/1000ml (40 mg/ml)</i> .....	98
<i>lovastatin tab 40 mg</i> .....	35	<i>malathion lotion 0.5%</i> .....	111
<i>low-ogestrel tab</i> .....	75	<i>marlissa tab 0.15/30</i> .....	75
<i>loxapine succinate cap 10 mg</i> .....	59	MARPLAN TAB 10MG.....	53
<i>loxapine succinate cap 25 mg</i> .....	59	MATULANE CAP 50MG.....	20
<i>loxapine succinate cap 5 mg</i> .....	59	<i>matzim la tab 180mg/24</i> .....	38
<i>loxapine succinate cap 50 mg</i> .....	59	<i>matzim la tab 240mg/24</i> .....	38
LUMAKRAS TAB 120MG .....	25	<i>matzim la tab 300mg/24</i> .....	38
LUMIGAN SOL 0.01%.....	101	<i>matzim la tab 360mg/24</i> .....	38
LUMIZYME INJ 50MG.....	80	<i>matzim la tab 420mg/24</i> .....	38



MAVYRET TAB 100-40MG.....	12	metformin hcl tab 850 mg.....	70
meclizine hcl tab 12.5 mg.....	84	metformin hcl tab er 24hr 500 mg....	70
meclizine hcl tab 25 mg.....	84	metformin hcl tab er 24hr 750 mg....	70
medroxyprogesterone acetate im susp 150 mg/ml.....	75	methadone con 10mg/ml .....	3
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml .....	75	methadone hcl soln 10 mg/5ml.....	3
medroxyprogesterone acetate tab 10 mg .....	82	methadone hcl soln 5 mg/5ml.....	3
medroxyprogesterone acetate tab 2.5 mg .....	82	methadone hcl tab 10 mg .....	3
medroxyprogesterone acetate tab 5 mg .....	82	methadone hcl tab 5 mg .....	3
mefloquine hcl tab 250 mg .....	8	methazolamide tab 25 mg.....	40
megestrol acetate susp 40 mg/ml....	82	methazolamide tab 50 mg.....	40
megestrol acetate susp 625 mg/5ml	82	methenamine hippurate tab 1 gm .....	6
megestrol acetate tab 20 mg .....	19	methimazole tab 10 mg .....	83
megestrol acetate tab 40 mg .....	19	methimazole tab 5 mg.....	83
MEKINIST TAB 0.5MG .....	25	methotrexate sodium for inj 1 gm ....	18
MEKINIST TAB 2MG .....	25	methotrexate sodium inj 250 mg/10ml (25 mg/ml) .....	18
MEKTOVI TAB 15MG .....	25	methotrexate sodium inj 50 mg/2ml (25 mg/ml) .....	18
meloxicam tab 15 mg .....	1	methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml).....	19
meloxicam tab 7.5 mg .....	1	methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....	19
memantine hcl cap er 24hr 14 mg ...	50	methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) .....	19
memantine hcl cap er 24hr 21 mg ...	50	methotrexate sodium tab 2.5 mg (base equiv).....	93
memantine hcl cap er 24hr 28 mg ...	50	METHYLDOPA TAB 250MG .....	42
memantine hcl cap er 24hr 7 mg .....	50	METHYLDOPA TAB 500MG .....	42
memantine hcl oral solution 2 mg/ml	50	methylphenidate hcl chew tab 10 mg	63
memantine hcl tab 10 mg.....	50	methylphenidate hcl chew tab 2.5 mg .....	63
memantine hcl tab 5 mg.....	50	methylphenidate hcl chew tab 5 mg..	63
MENACTRA INJ.....	96	methylphenidate hcl soln 10 mg/5ml	63
MENQUADFI INJ .....	96	methylphenidate hcl soln 5 mg/5ml ..	63
MENVEO INJ .....	96	methylphenidate hcl tab 10 mg.....	63
mercaptopurine tab 50 mg.....	18	methylphenidate hcl tab 20 mg.....	63
meropenem iv for soln 1 gm .....	6	methylphenidate hcl tab 5 mg.....	63
meropenem iv for soln 500 mg.....	6	methylphenidate hcl tab er 10 mg ....	63
mesalamine cap dr 400 mg.....	86	methylphenidate hcl tab er 20 mg ....	63
mesalamine cap er 24hr 0.375 gm...	86	methylprednisolone acetate inj susp 40 mg/ml .....	79
mesalamine enema 4 gm.....	86	methylprednisolone acetate inj susp 80 mg/ml .....	79
mesalamine rectal enema 4 gm & cleanser wipe kit.....	86	methylprednisolone sod succ for inj 1000 mg (base equiv).....	79
mesalamine suppos 1000 mg.....	86	methylprednisolone sod succ for inj 125 mg (base equiv) .....	79
mesalamine tab delayed release 1.2 gm .....	86		
MESNEX TAB 400MG.....	28		
metadate tab 20mg er .....	63		
metformin hcl tab 1000 mg.....	70		
metformin hcl tab 500 mg .....	70		

<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i> .....	79	<i>micafungin sodium for iv soln 50 mg</i> .	8
<i>methylprednisolone tab 16 mg</i> .....	79	<i>microgestin tab 1.5/30</i> .....	75
<i>methylprednisolone tab 32 mg</i> .....	79	<i>microgestin tab 1/20</i> .....	75
<i>methylprednisolone tab 4 mg</i> .....	79	<i>microgestin tab fe 1/20</i> .....	75
<i>methylprednisolone tab 8 mg</i> .....	79	<i>microgestin tab fe1.5/30</i> .....	75
<i>methylprednisolone tab therapy pack 4 mg (21)</i> .....	79	<i>midodrine hcl tab 10 mg</i> .....	42
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i> .....	84	<i>midodrine hcl tab 2.5 mg</i> .....	42
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> .....	84	<i>midodrine hcl tab 5 mg</i> .....	42
<i>metoclopramide hcl tab 10 mg (base equivalent)</i> .....	84	<i>miglustat cap 100 mg</i> .....	81
<i>metoclopramide hcl tab 5 mg (base equivalent)</i> .....	84	<i>mili tab 0.25/35</i> .....	75
<i>metolazone tab 10 mg</i> .....	40	<i>mimvey tab 1-0.5mg</i> .....	78
<i>metolazone tab 2.5 mg</i> .....	40	<i>minocycline hcl cap 100 mg</i> .....	17
<i>metolazone tab 5 mg</i> .....	40	<i>minocycline hcl cap 50 mg</i> .....	17
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....	36	<i>minocycline hcl cap 75 mg</i> .....	17
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> .....	36	<i>minoxidil tab 10 mg</i> .....	42
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	36	<i>minoxidil tab 2.5 mg</i> .....	42
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> .....	36	<i>mirtazapine orally disintegrating tab 15 mg</i> .....	53
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> .....	36	<i>mirtazapine orally disintegrating tab 30 mg</i> .....	53
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> .....	36	<i>mirtazapine orally disintegrating tab 45 mg</i> .....	53
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> .....	36	<i>mirtazapine tab 15 mg</i> .....	53
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	36	<i>mirtazapine tab 30 mg</i> .....	53
<i>metoprolol tartrate tab 100 mg</i> .....	37	<i>mirtazapine tab 45 mg</i> .....	53
<i>metoprolol tartrate tab 25 mg</i> .....	36	<i>mirtazapine tab 7.5 mg</i> .....	53
<i>metoprolol tartrate tab 50 mg</i> .....	36	<i>misoprostol tab 100 mcg</i> .....	87
<i>metronidazole cream 0.75%</i> .....	110	<i>misoprostol tab 200 mcg</i> .....	87
<i>metronidazole gel 0.75%</i> .....	110	MITIGARE CAP 0.6MG.....	1
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i> .....	6	M-M-R II INJ .....	96
<i>metronidazole lotion 0.75%</i> .....	110	M-NATAL PLUS TAB .....	98
<i>metronidazole tab 250 mg</i> .....	6	<i>modafinil tab 100 mg</i> .....	67
<i>metronidazole tab 500 mg</i> .....	6	<i>modafinil tab 200 mg</i> .....	67
<i>metronidazole vaginal gel 0.75%</i> .....	89	<i>moexipril hcl tab 15 mg</i> .....	29
<i>metyrosine cap 250 mg</i> .....	42	<i>moexipril hcl tab 7.5 mg</i> .....	29
MG SO4/D5W INJ 10MG/ML.....	98	<i>molindone hcl tab 10 mg</i> .....	59
<i>micafungin sodium for iv soln 100 mg</i>	8	<i>molindone hcl tab 25 mg</i> .....	59
		<i>molindone hcl tab 5 mg</i> .....	59
		<i>mometasone furoate cream 0.1%</i> ..	110
		<i>mometasone furoate oint 0.1%</i> .....	110
		<i>mometasone furoate solution 0.1% (lotion)</i> .....	110
		<i>mondoxyne nl cap 100mg</i> .....	17
		MONJUVI INJ 200MG .....	25
		<i>mono-lyyah tab 0.25-35</i> .....	75
		<i>montelukast sodium chew tab 4 mg (base equiv)</i> .....	104

<i>montelukast sodium chew tab 5 mg (base equiv)</i> .....	104	<i>myorisan cap 30mg</i> .....	107
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i> .....	104	<i>myorisan cap 40mg</i> .....	107
<i>montelukast sodium tab 10 mg (base equiv)</i> .....	104	MYRBETRIQ SUS 8MG/ML .....	88
MORPHINE SUL INJ 10MG/ML .....	4	MYRBETRIQ TAB 25MG .....	88
MORPHINE SUL INJ 2MG/ML .....	4	MYRBETRIQ TAB 50MG .....	88
MORPHINE SUL INJ 4MG/ML .....	4	<b>N</b>	
MORPHINE SUL INJ 5MG/ML .....	4	<i>nabumetone tab 500 mg</i> .....	2
MORPHINE SUL INJ 8MG/ML .....	4	<i>nabumetone tab 750 mg</i> .....	2
<i>morphine sulfate iv soln 1 mg/ml</i> .....	4	<i>nadolol tab 20 mg</i> .....	37
<i>morphine sulfate iv soln 4 mg/ml</i> .....	4	<i>nadolol tab 40 mg</i> .....	37
<i>morphine sulfate iv soln pf 10 mg/ml</i> .....	4	<i>nadolol tab 80 mg</i> .....	37
<i>morphine sulfate oral soln 10 mg/5ml</i> .....	4	<i>nafcillin sodium for inj 1 gm</i> .....	16
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> .....	4	<i>nafcillin sodium for inj 2 gm</i> .....	16
<i>morphine sulfate oral soln 20 mg/5ml</i> .....	4	<i>nafcillin sodium for iv soln 1 gm</i> .....	16
<i>morphine sulfate tab 15 mg</i> .....	4	<i>nafcillin sodium for iv soln 10 gm</i> .....	16
<i>morphine sulfate tab 30 mg</i> .....	4	<i>nafcillin sodium for iv soln 2 gm</i> .....	16
<i>morphine sulfate tab er 100 mg</i> .....	3	NAGLAZYME INJ 1MG/ML .....	81
<i>morphine sulfate tab er 15 mg</i> .....	3	<i>nalbuphine hcl inj 10 mg/ml</i> .....	4
<i>morphine sulfate tab er 200 mg</i> .....	3	<i>nalbuphine hcl inj 20 mg/ml</i> .....	4
<i>morphine sulfate tab er 30 mg</i> .....	3	<i>naloxone hcl inj 0.4 mg/ml</i> .....	68
<i>morphine sulfate tab er 60 mg</i> .....	3	<i>naloxone hcl inj 4 mg/10ml</i> .....	68
MOVANTIK TAB 12.5MG .....	87	<i>naloxone hcl soln cartridge 0.4 mg/ml</i> .....	68
MOVANTIK TAB 25MG .....	87	<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> .....	68
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> .....	15	<i>naltrexone hcl tab 50 mg</i> .....	68
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i> .....	100	NAMZARIC CAP .....	50
<i>moxifloxacin hcl tab 400 mg (base equiv)</i> .....	15	NAMZARIC CAP 14-10MG .....	50
MOXIFLOXACIN INJ 400/250 .....	15	NAMZARIC CAP 21-10MG .....	50
MULTAQ TAB 400MG .....	33	NAMZARIC CAP 28-10MG .....	50
<i>mupirocin oint 2%</i> .....	108	NAMZARIC CAP 7-10MG .....	50
MVASI INJ 100MG .....	25	<i>naproxen dr tab 375mg</i> .....	2
MVASI INJ 400MG .....	25	<i>naproxen dr tab 500mg</i> .....	2
<i>mycophenolate mofetil cap 250 mg</i> ..	95	<i>naproxen sodium tab 275 mg</i> .....	2
<i>mycophenolate mofetil for oral susp 200 mg/ml</i> .....	95	<i>naproxen sodium tab 550 mg</i> .....	2
<i>mycophenolate mofetil tab 500 mg</i> ..	95	<i>naproxen tab 250 mg</i> .....	2
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> .....	95	<i>naproxen tab 375 mg</i> .....	2
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> .....	95	<i>naproxen tab 500 mg</i> .....	2
<i>myorisan cap 10mg</i> .....	107	<i>naratriptan hcl tab 1 mg (base equiv)</i> .....	64
<i>myorisan cap 20mg</i> .....	107	<i>naratriptan hcl tab 2.5 mg (base equiv)</i> .....	65
		NARCAN SPR .....	68
		NATACYN SUS 5% OP .....	100
		<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	<i>niacin tab er 750 mg</i>	
NATPARA INJ 75MCG .....	72	<i>(antihyperlipidemic)</i> .....	35
NAYZILAM SPR 5MG.....	47	<i>nicardipine hcl cap 20 mg</i> .....	39
<i>nebivolol hcl tab 10 mg (base</i>		<i>nicardipine hcl cap 30 mg</i> .....	39
<i>equivalent)</i> .....	37	NICOTROL INH .....	68
<i>nebivolol hcl tab 2.5 mg (base</i>		NICOTROL NS SPR 10MG/ML .....	68
<i>equivalent)</i> .....	37	<i>nifedipine tab er 24hr 30 mg</i> .....	39
<i>nebivolol hcl tab 20 mg (base</i>		<i>nifedipine tab er 24hr 60 mg</i> .....	39
<i>equivalent)</i> .....	37	<i>nifedipine tab er 24hr 90 mg</i> .....	39
<i>nebivolol hcl tab 5 mg (base</i>		<i>nifedipine tab er 24hr osmotic release</i>	
<i>equivalent)</i> .....	37	<i>30 mg</i> .....	39
<i>necon tab 0.5/35</i> .....	75	<i>nifedipine tab er 24hr osmotic release</i>	
<i>nefazodone hcl tab 100 mg</i> .....	53	<i>60 mg</i> .....	39
<i>nefazodone hcl tab 150 mg</i> .....	53	<i>nifedipine tab er 24hr osmotic release</i>	
<i>nefazodone hcl tab 200 mg</i> .....	53	<i>90 mg</i> .....	39
<i>nefazodone hcl tab 250 mg</i> .....	53	<i>nikki tab 3-0.02mg</i> .....	75
<i>nefazodone hcl tab 50 mg</i> .....	53	<i>nilutamide tab 150 mg</i> .....	19
<i>neomycin sulfate tab 500 mg</i> .....	6	<i>nimodipine cap 30 mg</i> .....	39
<i>neomycin-bacitrac zn-polymyx</i>		NINLARO CAP 2.3MG .....	25
<i>5(3.5)mg-400unt-10000unt op oin</i>		NINLARO CAP 3MG.....	25
.....	100	NINLARO CAP 4MG.....	25
<i>neomycin-polymy-gramicid op sol</i>		<i>nisoldipine tab er 24hr 17 mg</i> .....	39
<i>1.75-10000-0.025mg-unt-mg/ml</i>	100	<i>nisoldipine tab er 24hr 20 mg</i> .....	39
<i>neomycin-polymyxin-dexamethasone</i>		<i>nisoldipine tab er 24hr 25.5 mg</i> .....	39
<i>ophth oint 0.1%</i> .....	99	<i>nisoldipine tab er 24hr 30 mg</i> .....	39
<i>neomycin-polymyxin-dexamethasone</i>		<i>nisoldipine tab er 24hr 34 mg</i> .....	39
<i>ophth susp 0.1%</i> .....	99	<i>nisoldipine tab er 24hr 40 mg</i> .....	39
<i>neomycin-polymyxin-hc ophth susp</i>	99	<i>nisoldipine tab er 24hr 8.5 mg</i> .....	39
<i>neomycin-polymyxin-hc otic soln 1%</i>		<i>nitazoxanide tab 500 mg</i> .....	6
.....	111	<i>nitisinone cap 10 mg</i> .....	81
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>nitisinone cap 2 mg</i> .....	81
<i>mg/ml-10000 unit/ml-1%</i> .....	112	<i>nitisinone cap 5 mg</i> .....	81
NERLYNX TAB 40MG .....	25	NITRO-BID OIN 2%.....	42
NEUPRO DIS 1MG/24HR .....	55	NITRO-DUR DIS 0.3MG/HR.....	42
NEUPRO DIS 2MG/24HR .....	55	NITRO-DUR DIS 0.8MG/HR.....	42
NEUPRO DIS 3MG/24HR .....	55	<i>nitrofurantoin macrocrystalline cap 100</i>	
NEUPRO DIS 4MG/24HR .....	55	<i>mg</i> .....	6
NEUPRO DIS 6MG/24HR .....	55	<i>nitrofurantoin macrocrystalline cap 50</i>	
NEUPRO DIS 8MG/24HR .....	55	<i>mg</i> .....	6
<i>nevirapine susp 50 mg/5ml</i> .....	9	<i>nitrofurantoin monohydrate</i>	
<i>nevirapine tab 200 mg</i> .....	9	<i>macrocrystalline cap 100 mg</i> .....	6
<i>nevirapine tab er 24hr 100 mg</i> .....	9	<i>nitroglycerin sl tab 0.3 mg</i> .....	42
<i>nevirapine tab er 24hr 400 mg</i> .....	9	<i>nitroglycerin sl tab 0.4 mg</i> .....	42
NEXAVAR TAB 200MG .....	25	<i>nitroglycerin sl tab 0.6 mg</i> .....	42
<i>niacin tab er 1000 mg</i>		<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	
<i>(antihyperlipidemic)</i> .....	35	.....	43
<i>niacin tab er 500 mg</i>		<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	
<i>(antihyperlipidemic)</i> .....	35	.....	43



<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .....	43	NOVOLIN R INJ U-100 .....	71
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> .....	43	NOVOLOG INJ 100/ML .....	71
<i>nizatidine cap 150 mg</i> .....	85	NOVOLOG INJ FLEXPEN .....	71
<i>nizatidine cap 300 mg</i> .....	85	NOVOLOG INJ PENFILL .....	71
<i>nora-be tab 0.35mg</i> .....	75	NOVOLOG MIX INJ 70/30 .....	71
<i>norethindrone &amp; ethinyl estradiol tab 1</i> <i>mg-35 mcg</i> .....	75	NOVOLOG MIX INJ FLEXPEN .....	71
<i>norethindrone ace &amp; ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i> .....	75	NOXAFIL SUS 40MG/ML .....	8
<i>norethindrone ace &amp; ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i> .....	75	NUBEQA TAB 300MG .....	19
<i>norethindrone ace &amp; ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i> .....	75	NUEDEXTA CAP 20-10MG .....	66
<i>norethindrone acetate tab 5 mg</i> .....	82	NULOJIX INJ 250MG .....	95
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i> .....	78	NULYTELY SOL LMN/LIME .....	86
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i> .....	78	NUPLAZID CAP 34MG .....	59
<i>norethindrone tab 0.35 mg</i> .....	75	NUPLAZID TAB 10MG .....	59
<i>norgestimate &amp; ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i> .....	76	NUTRILIPID EMU 20% .....	99
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i> .....	76	<i>nyamyc pow 100000</i> .....	108
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i> .....	76	<i>nylia tab 7/7/7</i> .....	76
NORITATE CRE 1% .....	110	NYMALIZE SOL .....	39
<i>norlyroc tab 0.35mg</i> .....	76	<i>nymyo tab 0.25-35</i> .....	76
NORPACE CAP 100MG CR .....	33	<i>nystatin cream 100000 unit/gm</i> .....	108
NORPACE CAP 150MG CR .....	33	<i>nystatin oint 100000 unit/gm</i> .....	108
NORTHERA CAP 100MG .....	42	<i>nystatin susp 100000 unit/ml</i> .....	111
NORTHERA CAP 200MG .....	42	<i>nystatin tab 500000 unit</i> .....	8
NORTHERA CAP 300MG .....	42	<i>nystatin topical powder 100000</i> <i>unit/gm</i> .....	108
<i>nortrel tab 0.5/35</i> .....	76	<i>nystop pow 100000</i> .....	108
<i>nortrel tab 7/7/7</i> .....	76	<b>○</b>	
<i>nortriptyline hcl cap 10 mg</i> .....	53	<i>ocella tab 3-0.03mg</i> .....	76
<i>nortriptyline hcl cap 25 mg</i> .....	53	OCTAGAM INJ 10/100ML .....	94
<i>nortriptyline hcl cap 50 mg</i> .....	53	OCTAGAM INJ 10GM .....	94
<i>nortriptyline hcl cap 75 mg</i> .....	53	OCTAGAM INJ 1GM .....	94
<i>nortriptyline hcl soln 10 mg/5ml</i> .....	53	OCTAGAM INJ 2.5GM .....	94
NORVIR POW 100MG .....	9	OCTAGAM INJ 20/200ML .....	94
NORVIR SOL 80MG/ML .....	9	OCTAGAM INJ 25GM .....	94
NOVOLIN INJ 70/30 .....	71	OCTAGAM INJ 2GM/20ML .....	94
NOVOLIN INJ 70/30 FP .....	71	OCTAGAM INJ 30/300ML .....	94
NOVOLIN N INJ 100 UNIT .....	71	OCTAGAM INJ 5GM .....	94
NOVOLIN N INJ U-100 .....	71	OCTAGAM INJ 5GM/50ML .....	94
NOVOLIN R INJ 100 UNIT .....	71	<i>octreotide acetate inj 100 mcg/ml (0.1</i> <i>mg/ml)</i> .....	81
		<i>octreotide acetate inj 1000 mcg/ml (1</i> <i>mg/ml)</i> .....	81
		<i>octreotide acetate inj 200 mcg/ml (0.2</i> <i>mg/ml)</i> .....	81
		<i>octreotide acetate inj 50 mcg/ml (0.05</i> <i>mg/ml)</i> .....	81
		<i>octreotide acetate inj 500 mcg/ml (0.5</i> <i>mg/ml)</i> .....	81
		OCTREOTIDE INJ 100MCG .....	81

OCTREOTIDE INJ 500MCG .....	81	<i>olmesartan-amlodipine-</i>	
OCTREOTIDE INJ 50MCG/ML.....	81	<i>hydrochlorothiazide tab 40-5-25 mg</i>	
ODEFSEY TAB .....	11	.....	31
ODOMZO CAP 200MG.....	25	<i>olopatadine hcl nasal soln 0.6% .....</i>	103
OFEV CAP 100MG .....	105	<i>olopatadine hcl ophth soln 0.1% (base</i>	
OFEV CAP 150MG .....	105	<i>equivalent).....</i>	101
<i>ofloxacin ophth soln 0.3% .....</i>	100	<i>olopatadine hcl ophth soln 0.2% (base</i>	
<i>ofloxacin otic soln 0.3% .....</i>	112	<i>equivalent).....</i>	101
OGIVRI INJ 150MG .....	25	<i>omeprazole cap delayed release 10 mg</i>	
OGIVRI INJ 420MG .....	25	.....	88
<i>olanzapine for im inj 10 mg .....</i>	59	<i>omeprazole cap delayed release 20 mg</i>	
<i>olanzapine orally disintegrating tab 10</i>		.....	88
<i>mg .....</i>	59	<i>omeprazole cap delayed release 40 mg</i>	
<i>olanzapine orally disintegrating tab 15</i>		.....	88
<i>mg .....</i>	59	OMNARIS SPR .....	106
<i>olanzapine orally disintegrating tab 20</i>		OMNIPOD KIT STARTER.....	71
<i>mg .....</i>	59	OMNIPOD MIS 5 PACK .....	71
<i>olanzapine orally disintegrating tab 5</i>		<i>ondansetron hcl inj 4 mg/2ml (2</i>	
<i>mg .....</i>	59	<i>mg/ml) .....</i>	84
<i>olanzapine tab 10 mg.....</i>	59	<i>ondansetron hcl inj 40 mg/20ml (2</i>	
<i>olanzapine tab 15 mg.....</i>	59	<i>mg/ml) .....</i>	84
<i>olanzapine tab 2.5 mg.....</i>	59	<i>ondansetron hcl oral soln 4 mg/5ml..</i>	85
<i>olanzapine tab 20 mg.....</i>	59	<i>ondansetron hcl tab 24 mg.....</i>	85
<i>olanzapine tab 5 mg .....</i>	59	<i>ondansetron hcl tab 4 mg .....</i>	85
<i>olanzapine tab 7.5 mg.....</i>	59	<i>ondansetron hcl tab 8 mg .....</i>	85
<i>olmesartan medoxomil tab 20 mg....</i>	32	<i>ondansetron orally disintegrating tab 4</i>	
<i>olmesartan medoxomil tab 40 mg....</i>	32	<i>mg .....</i>	85
<i>olmesartan medoxomil tab 5 mg .....</i>	32	<i>ondansetron orally disintegrating tab 8</i>	
<i>olmesartan medoxomil-</i>		<i>mg .....</i>	85
<i>hydrochlorothiazide tab 20-12.5 mg</i>		ONTRUZANT INJ 150MG.....	25
.....	31	ONTRUZANT INJ 420MG.....	25
<i>olmesartan medoxomil-</i>		ONUREG TAB 200MG .....	19
<i>hydrochlorothiazide tab 40-12.5 mg</i>		ONUREG TAB 300MG .....	19
.....	31	OPSUMIT TAB 10MG .....	43
<i>olmesartan medoxomil-</i>		ORGOVYX TAB 120MG .....	19
<i>hydrochlorothiazide tab 40-25 mg.</i>	31	ORKAMBI GRA 100-125 .....	105
<i>olmesartan-amlodipine-</i>		ORKAMBI GRA 150-188 .....	105
<i>hydrochlorothiazide tab 20-5-12.5</i>		ORKAMBI TAB 100-125.....	105
<i>mg .....</i>	31	ORKAMBI TAB 200-125.....	105
<i>olmesartan-amlodipine-</i>		<i>orsythia tab.....</i>	76
<i>hydrochlorothiazide tab 40-10-12.5</i>		<i>oseltamivir phosphate cap 30 mg (base</i>	
<i>mg .....</i>	31	<i>equiv).....</i>	12
<i>olmesartan-amlodipine-</i>		<i>oseltamivir phosphate cap 45 mg (base</i>	
<i>hydrochlorothiazide tab 40-10-25 mg</i>		<i>equiv).....</i>	12
.....	31	<i>oseltamivir phosphate cap 75 mg (base</i>	
<i>olmesartan-amlodipine-</i>		<i>equiv).....</i>	12
<i>hydrochlorothiazide tab 40-5-12.5</i>		<i>oseltamivir phosphate for susp 6</i>	
<i>mg .....</i>	31	<i>mg/ml (base equiv) .....</i>	12

OSPHEA TAB 60MG.....	81
oxacillin sodium for inj 1 gm (base equivalent) .....	16
oxacillin sodium for inj 2 gm (base equivalent) .....	16
oxacillin sodium for iv soln 10 gm (base equivalent).....	16
oxaliplatin for iv inj 100 mg .....	18
oxaliplatin for iv inj 50 mg .....	18
oxaliplatin iv soln 100 mg/20ml.....	18
oxaliplatin iv soln 200 mg/40ml.....	18
oxaliplatin iv soln 50 mg/10ml .....	18
oxandrolone tab 10 mg .....	68
oxandrolone tab 2.5 mg .....	68
oxaprozin tab 600 mg .....	2
oxcarbazepine susp 300 mg/5ml (60 mg/ml) .....	47
oxcarbazepine tab 150 mg.....	47
oxcarbazepine tab 300 mg.....	47
oxcarbazepine tab 600 mg.....	47
oxybutynin chloride syrup 5 mg/5ml	88
oxybutynin chloride tab 5 mg .....	88
oxybutynin chloride tab er 24hr 10 mg .....	88
oxybutynin chloride tab er 24hr 15 mg .....	88
oxybutynin chloride tab er 24hr 5 mg .....	88
oxycodone hcl cap 5 mg .....	4
oxycodone hcl conc 100 mg/5ml (20 mg/ml) .....	4
oxycodone hcl soln 5 mg/5ml.....	4
oxycodone hcl tab 10 mg.....	4
oxycodone hcl tab 15 mg.....	4
oxycodone hcl tab 20 mg.....	4
oxycodone hcl tab 30 mg.....	4
oxycodone hcl tab 5 mg .....	4
oxycodone w/ acetaminophen tab 10-325 mg .....	5
oxycodone w/ acetaminophen tab 2.5-325 mg .....	4
oxycodone w/ acetaminophen tab 5-325 mg .....	4
oxycodone w/ acetaminophen tab 7.5-325 mg .....	4
OXYTROL DIS 3.9MG/24.....	88
OZEMPIC INJ 2/1.5ML .....	70
OZEMPIC INJ 4MG/3ML .....	70

<b>P</b>	
pacerone tab 100mg .....	33
pacerone tab 200mg .....	33
pacerone tab 400mg .....	33
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) .....	21
paliperidone tab er 24hr 1.5 mg.....	59
paliperidone tab er 24hr 3 mg.....	59
paliperidone tab er 24hr 6 mg.....	59
paliperidone tab er 24hr 9 mg.....	59
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) .....	88
pantoprazole sodium ec tab 40 mg (base equiv) .....	88
pantoprazole sodium for iv soln 40 mg (base equiv) .....	88
PANZYGA SOL 10/100ML.....	94
PANZYGA SOL 1GM/10ML.....	94
PANZYGA SOL 2.5/25ML .....	94
PANZYGA SOL 20/200ML.....	94
PANZYGA SOL 30/300ML.....	94
PANZYGA SOL 5GM/50ML.....	94
paraplatin inj 1000mg .....	18
paricalcitol cap 1 mcg .....	84
paricalcitol cap 2 mcg .....	84
paricalcitol cap 4 mcg .....	84
paroex sol 0.12%.....	111
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



<i>paroxetine hcl tab er 24hr 12.5 mg</i> ..	53	<i>permethrin cream 5%</i> .....	111
<i>paroxetine hcl tab er 24hr 25 mg</i> .....	53	<i>perphenazine tab 16 mg</i> .....	59
<i>paroxetine hcl tab er 24hr 37.5 mg</i> ..	53	<i>perphenazine tab 2 mg</i> .....	59
PASER GRA 4GM .....	11	<i>perphenazine tab 4 mg</i> .....	59
PAXIL SUS 10MG/5ML .....	53	<i>perphenazine tab 8 mg</i> .....	59
PAZEO DRO 0.7%.....	101	PERSERIS INJ 120MG .....	59
PEDIARIX INJ 0.5ML .....	96	PERSERIS INJ 90MG .....	59
PEDVAX HIB INJ .....	96	<i>pfizerpen inj 20000000</i> .....	16
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> <i>for soln 236 gm</i> .....	86	<i>pfizerpen inj 5mu</i> .....	16
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm</i> .....	86	<i>phenelzine sulfate tab 15 mg</i> .....	53
PEGANONE TAB 250MG .....	47	<i>phenobarbital elixir 20 mg/5ml</i> .....	47
PEGASYS INJ .....	12	<i>phenobarbital sodium inj 130 mg/ml</i> ..	47
PEGASYS INJ 180MCG/M .....	12	<i>phenobarbital sodium inj 65 mg/ml</i> ..	47
PEMAZYRE TAB 13.5MG.....	25	<i>phenobarbital tab 100 mg</i> .....	48
PEMAZYRE TAB 4.5MG .....	25	<i>phenobarbital tab 15 mg</i> .....	47
PEMAZYRE TAB 9MG .....	25	<i>phenobarbital tab 16.2 mg</i> .....	48
PEN G PROC INJ 600000 .....	16	<i>phenobarbital tab 30 mg</i> .....	48
PEN GK/DEXTR INJ 40000/ML .....	16	<i>phenobarbital tab 32.4 mg</i> .....	48
PEN GK/DEXTR INJ 60000/ML .....	16	<i>phenobarbital tab 60 mg</i> .....	48
PEN NEEDLES:		<i>phenobarbital tab 64.8 mg</i> .....	48
NOVO/BD/ULTIMED/OWEN/TRIVIDIA		<i>phenobarbital tab 97.2 mg</i> .....	48
.....	71	PHENYTEK CAP 200MG .....	48
<i>penicillamine tab 250 mg</i> .....	73	PHENYTEK CAP 300MG .....	48
<i>penicillin g potassium for inj 20000000</i> <i>unit</i> .....	16	<i>phenytoin chew tab 50 mg</i> .....	48
<i>penicillin g potassium for inj 5000000</i> <i>unit</i> .....	16	<i>phenytoin sodium extended cap 100</i> <i>mg</i> .....	48
<i>penicillin g sodium for inj 5000000 unit</i> <i>.....</i>	16	<i>phenytoin sodium extended cap 200</i> <i>mg</i> .....	48
<i>penicillin v potassium for soln 125</i> <i>mg/5ml</i> .....	16	<i>phenytoin sodium extended cap 300</i> <i>mg</i> .....	48
<i>penicillin v potassium for soln 250</i> <i>mg/5ml</i> .....	16	<i>phenytoin sodium inj 50 mg/ml</i> .....	48
<i>penicillin v potassium tab 250 mg</i> ....	16	<i>phenytoin susp 125 mg/5ml</i> .....	48
<i>penicillin v potassium tab 500 mg</i> ....	16	PHESGO SOL.....	25
PENTACEL INJ .....	96	<i>philith tab 0.4-35</i> .....	76
<i>pentamidine isethionate for</i> <i>nebulization soln 300 mg</i> .....	6	PICATO GEL 0.015% .....	111
<i>pentamidine isethionate for soln 300</i> <i>mg</i> .....	6	PICATO GEL 0.05% .....	110
<i>pentoxifylline tab er 400 mg</i> .....	91	PIFELTRO TAB 100MG.....	9
PERFOROMIST NEB 20MCG .....	104	<i>pilocarpine hcl ophth soln 1%</i> .....	101
<i>perindopril erbumine tab 2 mg</i> .....	29	<i>pilocarpine hcl ophth soln 2%</i> .....	101
<i>perindopril erbumine tab 4 mg</i> .....	29	<i>pilocarpine hcl ophth soln 4%</i> .....	101
<i>perindopril erbumine tab 8 mg</i> .....	29	<i>pilocarpine hcl tab 5 mg</i> .....	111
<i>perio gard sol 0.12%</i> .....	111	<i>pilocarpine hcl tab 7.5 mg</i> .....	111
		<i>pimozide tab 1 mg</i> .....	59
		<i>pimozide tab 2 mg</i> .....	59
		<i>pimtrea tab</i> .....	76
		<i>pindolol tab 10 mg</i> .....	37
		<i>pindolol tab 5 mg</i> .....	37

<i>pioglitazone hcl tab 15 mg (base equiv)</i>	70	<i>potassium chloride microencapsulated</i>	
.....	70	<i>crys er tab 10 meq</i>	98
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	70	<i>potassium chloride microencapsulated</i>	
.....	70	<i>crys er tab 15 meq</i>	98
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	70	<i>potassium chloride microencapsulated</i>	
.....	70	<i>crys er tab 20 meq</i>	98
<i>piperacillin sod-tazobactam na for inj</i>		<i>potassium chloride oral soln 10% (20</i>	
<i>3.375 gm (3-0.375 gm)</i>	17	<i>meq/15ml)</i>	98
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium chloride oral soln 20% (40</i>	
<i>13.5 gm (12-1.5 gm)</i>	17	<i>meq/15ml)</i>	98
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium chloride powder packet 20</i>	
<i>2.25 gm (2-0.25 gm)</i>	17	<i>meq</i>	98
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium chloride tab er 10 meq ....</i>	98
<i>4.5 gm (4-0.5 gm)</i>	17	<i>potassium chloride tab er 20 meq</i>	
<i>piperacillin sod-tazobactam sod for inj</i>		<i>(1500 mg)</i>	98
<i>40.5 gm (36-4.5 gm)</i>	17	<i>potassium chloride tab er 8 meq (600</i>	
PIQRAY 200MG TAB DOSE	25	<i>mg)</i>	98
PIQRAY 250MG TAB DOSE	25	<i>potassium citrate tab er 10 meq (1080</i>	
PIQRAY 300MG TAB DOSE	25	<i>mg)</i>	88
<i>pirmella tab 1/35</i>	76	<i>potassium citrate tab er 15 meq (1620</i>	
<i>piroxicam cap 10 mg</i>	2	<i>mg)</i>	88
<i>piroxicam cap 20 mg</i>	2	<i>potassium citrate tab er 5 meq (540</i>	
PLASMA-LYTE INJ -148	98	<i>mg)</i>	88
PLASMA-LYTE INJ -A	98	PRADAXA CAP 110MG	90
<i>plenamine inj 15%</i>	99	PRADAXA CAP 150MG	90
PLENVU SOL	86	PRADAXA CAP 75MG	90
PNV FOLIC AC TAB + IRON	98	PRALUENT INJ 150MG/ML	35
<i>podofilox soln 0.5%</i>	111	PRALUENT INJ 75MG/ML	35
<i>polymyxin b-trimethoprim ophth soln</i>		<i>pramipexole dihydrochloride tab 0.125</i>	
<i>10000 unit/ml-0.1%</i>	100	<i>mg</i>	55
POMALYST CAP 1MG	20	<i>pramipexole dihydrochloride tab 0.25</i>	
POMALYST CAP 2MG	20	<i>mg</i>	55
POMALYST CAP 3MG	20	<i>pramipexole dihydrochloride tab 0.5</i>	
POMALYST CAP 4MG	20	<i>mg</i>	55
<i>portia-28 tab</i>	76	<i>pramipexole dihydrochloride tab 0.75</i>	
<i>posaconazole tab delayed release 100</i>		<i>mg</i>	55
<i>mg</i>	8	<i>pramipexole dihydrochloride tab 1 mg</i>	
POT CHL/NACL INJ 20MEQ/L	98	.....	55
POT CHL/NACL INJ 40MEQ/L	98	<i>pramipexole dihydrochloride tab 1.5</i>	
POT CHLORIDE INJ 10MEQ	98	<i>mg</i>	55
POT CHLORIDE INJ 20MEQ	98	<i>pramipexole dihydrochloride tab er</i>	
POT CHLORIDE INJ 40MEQ	98	<i>24hr 0.375 mg</i>	56
<i>potassium chloride 20 meq/l (0.15%)</i>		<i>pramipexole dihydrochloride tab er</i>	
<i>in dextrose 5% inj</i>	98	<i>24hr 0.75 mg</i>	55
<i>potassium chloride cap er 10 meq</i>	98	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride cap er 8 meq</i>	98	<i>24hr 1.5 mg</i>	56
<i>potassium chloride inj 2 meq/ml</i>	98	<i>pramipexole dihydrochloride tab er</i>	
		<i>24hr 2.25 mg</i>	56

<i>pramipexole dihydrochloride tab er</i>		<i>pregabalin cap 300 mg</i> .....	48
24hr 3 mg .....	56	<i>pregabalin cap 50 mg</i> .....	48
<i>pramipexole dihydrochloride tab er</i>		<i>pregabalin cap 75 mg</i> .....	48
24hr 3.75 mg .....	56	<i>pregabalin soln 20 mg/ml</i> .....	48
<i>pramipexole dihydrochloride tab er</i>		<i>pregabalin tab er 24hr 165 mg</i> .....	66
24hr 4.5 mg.....	56	<i>pregabalin tab er 24hr 330 mg</i> .....	66
<i>prasugrel hcl tab 10 mg (base equiv)</i>	92	<i>pregabalin tab er 24hr 82.5 mg</i> .....	66
<i>prasugrel hcl tab 5 mg (base equiv)</i> .	92	PREMASOL SOL 10% .....	99
<i>pravastatin sodium tab 10 mg</i> .....	35	PRENATAL TAB 27-1MG .....	98
<i>pravastatin sodium tab 20 mg</i> .....	35	PRENATAL TAB PLUS .....	99
<i>pravastatin sodium tab 40 mg</i> .....	35	PRENATAL VIT TAB LOW IRON .....	99
<i>pravastatin sodium tab 80 mg</i> .....	35	<i>prevalite pow 4gm</i> .....	35
<i>praziquantel tab 600 mg</i> .....	6	<i>prevalite pow 4gm pk</i> .....	35
<i>prazosin hcl cap 1 mg</i> .....	30	<i>previfem tab</i> .....	76
<i>prazosin hcl cap 2 mg</i> .....	30	PREZCOBIX TAB 800-150.....	11
<i>prazosin hcl cap 5 mg</i> .....	30	PREZISTA SUS 100MG/ML.....	9
PRED SOD PHO SOL 1% OP .....	101	PREZISTA TAB 150MG .....	9
<i>prednisolone acetate ophth susp 1%</i>		PREZISTA TAB 600MG .....	9
.....	101	PREZISTA TAB 75MG.....	9
<i>prednisolone sod phosph oral soln 6.7</i>		PREZISTA TAB 800MG .....	9
<i>mg/5ml (5 mg/5ml base)</i> .....	79	PRIFTIN TAB 150MG.....	11
<i>prednisolone sod phosphate oral soln</i>		PRILOSEC POW 10MG.....	88
<i>15 mg/5ml (base equiv)</i> .....	79	PRILOSEC POW 2.5MG.....	88
<i>prednisolone sodium phosphate oral</i>		<i>primaquine phosphate tab 26.3 mg (15</i>	
<i>soln 25 mg/5ml (base eq)</i> .....	79	<i>mg base)</i> .....	8
<i>prednisolone syrup 15 mg/5ml (usp</i>		PRIMAQUINE TAB 26.3MG .....	8
<i>solution equivalent)</i> .....	79	<i>primidone tab 250 mg</i> .....	48
PREDNISON CON 5MG/ML.....	79	<i>primidone tab 50 mg</i> .....	48
<i>prednisone oral soln 5 mg/5ml</i> .....	79	PRIVIGEN INJ 10GRAMS .....	94
<i>prednisone tab 1 mg</i> .....	79	PRIVIGEN INJ 20GRAMS .....	94
<i>prednisone tab 10 mg</i> .....	79	PRIVIGEN INJ 40GRAMS .....	94
<i>prednisone tab 2.5 mg</i> .....	79	PRIVIGEN INJ 5 GRAMS .....	94
<i>prednisone tab 20 mg</i> .....	79	<i>probenecid tab 500 mg</i> .....	1
<i>prednisone tab 5 mg</i> .....	79	PROCALAMINE INJ 3%.....	99
<i>prednisone tab 50 mg</i> .....	79	<i>prochlorperazine edisylate inj 10</i>	
<i>prednisone tab therapy pack 10 mg</i>		<i>mg/2ml</i> .....	85
(21).....	79	<i>prochlorperazine maleate tab 10 mg</i>	
<i>prednisone tab therapy pack 10 mg</i>		<i>(base equivalent)</i> .....	85
(48).....	79	<i>prochlorperazine maleate tab 5 mg</i>	
<i>prednisone tab therapy pack 5 mg (21)</i>		<i>(base equivalent)</i> .....	85
.....	79	<i>prochlorperazine suppos 25 mg</i> .....	85
<i>prednisone tab therapy pack 5 mg (48)</i>		PROCRIT INJ 10000/ML .....	91
.....	79	PROCRIT INJ 2000/ML .....	90
<i>pregabalin cap 100 mg</i> .....	48	PROCRIT INJ 20000/ML .....	91
<i>pregabalin cap 150 mg</i> .....	48	PROCRIT INJ 3000/ML .....	90
<i>pregabalin cap 200 mg</i> .....	48	PROCRIT INJ 4000/ML .....	91
<i>pregabalin cap 225 mg</i> .....	48	PROCRIT INJ 40000/ML .....	91
<i>pregabalin cap 25 mg</i> .....	48	<i>procto-med cre hc 2.5%</i> .....	111

<i>procto-pak cre 1%</i> .....	111
<i>proctosol hc cre 2.5%</i> .....	111
<i>proctozone cre -hc 2.5%</i> .....	111
PROGRAF GRA 0.2MG.....	95
PROGRAF GRA 1MG .....	95
PROLASTIN-C INJ 1000MG.....	105
PROLENSA SOL 0.07% .....	101
PROLIA SOL 60MG/ML.....	72
PROMACTA PAK 25MG .....	91
PROMACTA POW 12.5MG .....	91
PROMACTA TAB 12.5MG .....	91
PROMACTA TAB 25MG .....	91
PROMACTA TAB 50MG .....	91
PROMACTA TAB 75MG .....	91
<i>promethazine hcl inj 25 mg/ml</i> .....	85
<i>promethazine hcl inj 50 mg/ml</i> .....	85
<i>promethazine hcl syrup 6.25 mg/5ml</i> .....	85
<i>promethazine hcl tab 12.5 mg</i> .....	85
<i>promethazine hcl tab 25 mg</i> .....	85
<i>promethazine hcl tab 50 mg</i> .....	85
<i>propafenone hcl cap er 12hr 225 mg</i> .....	33
<i>propafenone hcl cap er 12hr 325 mg</i> .....	33
<i>propafenone hcl cap er 12hr 425 mg</i> .....	33
<i>propafenone hcl tab 150 mg</i> .....	33
<i>propafenone hcl tab 225 mg</i> .....	33
<i>propafenone hcl tab 300 mg</i> .....	33
<i>proparacaine hcl ophth soln 0.5%</i> ..	102
<i>propranolol hcl cap er 24hr 120 mg</i> .	37
<i>propranolol hcl cap er 24hr 160 mg</i> .	37
<i>propranolol hcl cap er 24hr 60 mg</i> ...	37
<i>propranolol hcl cap er 24hr 80 mg</i> ...	37
<i>propranolol hcl oral soln 20 mg/5ml</i> .	37
<i>propranolol hcl oral soln 40 mg/5ml</i> .	37
<i>propranolol hcl tab 10 mg</i> .....	37
<i>propranolol hcl tab 20 mg</i> .....	37
<i>propranolol hcl tab 40 mg</i> .....	37
<i>propranolol hcl tab 60 mg</i> .....	37
<i>propranolol hcl tab 80 mg</i> .....	37
<i>propylthiouracil tab 50 mg</i> .....	83
PROQUAD INJ .....	96
PROSOL INJ 20% .....	99
<i>protriptyline hcl tab 10 mg</i> .....	53
<i>protriptyline hcl tab 5 mg</i> .....	53
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
<b>Q</b>	
QINLOCK TAB 50MG .....	25
QUADRACEL INJ.....	96
<i>quetiapine fumarate tab 100 mg</i> .....	60
<i>quetiapine fumarate tab 200 mg</i> .....	60
<i>quetiapine fumarate tab 25 mg</i> .....	59
<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</i> <i>mg</i> .....	60
<i>quetiapine fumarate tab er 24hr 200</i> <i>mg</i> .....	60
<i>quetiapine fumarate tab er 24hr 300</i> <i>mg</i> .....	60
<i>quetiapine fumarate tab er 24hr 400</i> <i>mg</i> .....	60
<i>quetiapine fumarate tab er 24hr 50 mg</i> .....	60
<i>quinapril hcl tab 10 mg</i> .....	29
<i>quinapril hcl tab 20 mg</i> .....	30
<i>quinapril hcl tab 40 mg</i> .....	30
<i>quinapril hcl tab 5 mg</i> .....	29
<i>quinapril-hydrochlorothiazide tab 10-</i> <i>12.5 mg</i> .....	29
<i>quinapril-hydrochlorothiazide tab 20-</i> <i>12.5 mg</i> .....	29
<i>quinapril-hydrochlorothiazide tab 20-25</i> <i>mg</i> .....	29
<i>quinidine sulfate tab 200 mg</i> .....	33
<i>quinidine sulfate tab 300 mg</i> .....	33
<i>quinine sulfate cap 324 mg</i> .....	8
<b>R</b>	
RABAVERT INJ .....	96
<i>rabeprazole sodium ec tab 20 mg</i> .....	88
<i>raloxifene hcl tab 60 mg</i> .....	81
<i>ramipril cap 1.25 mg</i> .....	30
<i>ramipril cap 10 mg</i> .....	30
<i>ramipril cap 2.5 mg</i> .....	30
<i>ramipril cap 5 mg</i> .....	30
<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</i> <i>equiv)</i> .....	56
<i>rasagiline mesylate tab 1 mg (base</i> <i>equiv)</i> .....	56
RAYALDEE CAP 30MCG .....	84



<i>reclipsen tab</i> .....	76	<i>risedronate sodium tab 5 mg</i> .....	72
RECOMBIVA HB INJ 10MCG/ML .....	96	<i>risedronate sodium tab delayed release</i>	
RECOMBIVA HB INJ 5MCG/0.5.....	96	35 mg .....	72
RECOMBIVA-HB INJ 40MCG/ML .....	96	RISPERDAL INJ 12.5MG .....	60
RECTIV OIN 0.4% .....	111	RISPERDAL INJ 25MG .....	60
REGANEX GEL 0.01% .....	111	RISPERDAL INJ 37.5MG .....	60
RELENZA MIS DISKHALE .....	12	RISPERDAL INJ 50MG .....	60
RELISTOR INJ 12/0.6ML .....	87	<i>risperidone orally disintegrating tab</i>	
RELISTOR INJ 8/0.4ML .....	87	0.25 mg .....	60
REMICADE INJ 100MG .....	92	<i>risperidone orally disintegrating tab 0.5</i>	
RENFLEXIS INJ 100MG .....	92	mg .....	60
<i>repaglinide tab 0.5 mg</i> .....	70	<i>risperidone orally disintegrating tab 1</i>	
<i>repaglinide tab 1 mg</i> .....	70	mg .....	60
<i>repaglinide tab 2 mg</i> .....	70	<i>risperidone orally disintegrating tab 2</i>	
RESTASIS EMU 0.05% .....	102	mg .....	60
RESTASIS MUL EMU 0.05% .....	102	<i>risperidone orally disintegrating tab 3</i>	
RETEVMO CAP 40MG .....	25	mg .....	60
RETEVMO CAP 80MG .....	25	<i>risperidone orally disintegrating tab 4</i>	
REVLIMID CAP 10MG .....	20	mg .....	60
REVLIMID CAP 15MG .....	20	<i>risperidone soln 1 mg/ml</i> .....	60
REVLIMID CAP 2.5MG .....	20	<i>risperidone tab 0.25 mg</i> .....	60
REVLIMID CAP 20MG .....	20	<i>risperidone tab 0.5 mg</i> .....	60
REVLIMID CAP 25MG .....	20	<i>risperidone tab 1 mg</i> .....	60
REVLIMID CAP 5MG .....	20	<i>risperidone tab 2 mg</i> .....	60
REXULTI TAB 0.25MG .....	60	<i>risperidone tab 3 mg</i> .....	60
REXULTI TAB 0.5MG .....	60	<i>risperidone tab 4 mg</i> .....	60
REXULTI TAB 1MG .....	60	<i>ritonavir tab 100 mg</i> .....	9
REXULTI TAB 2MG .....	60	RITUXAN INJ 100MG .....	26
REXULTI TAB 3MG .....	60	RITUXAN INJ 500MG .....	26
REXULTI TAB 4MG .....	60	RITUXAN INJ HYCELA .....	26
REYATAZ POW 50MG .....	9	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
REZUROCK TAB 200MG .....	95	equivalent) .....	50
RHOPRESSA SOL 0.02% .....	101	<i>rivastigmine tartrate cap 3 mg (base</i>	
RIABNI SOL 100/10ML .....	25	equivalent) .....	50
RIABNI SOL 500/50ML .....	25	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
<i>ribavirin cap 200 mg</i> .....	12	equivalent) .....	50
<i>ribavirin tab 200 mg</i> .....	12	<i>rivastigmine tartrate cap 6 mg (base</i>	
<i>rifabutin cap 150 mg</i> .....	11	equivalent) .....	51
<i>rifampin cap 150 mg</i> .....	11	<i>rivastigmine td patch 24hr 13.3</i>	
<i>rifampin cap 300 mg</i> .....	11	mg/24hr .....	51
<i>rifampin for inj 600 mg</i> .....	11	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	
<i>riluzole tab 50 mg</i> .....	66	.....	51
<i>rimantadine hydrochloride tab 100 mg</i>		<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	
.....	12	.....	51
RINVOQ TAB 15MG ER .....	93	<i>rizatriptan benzoate oral disintegrating</i>	
<i>risedronate sodium tab 150 mg</i> .....	72	tab 10 mg (base eq) .....	65
<i>risedronate sodium tab 30 mg</i> .....	72	<i>rizatriptan benzoate oral disintegrating</i>	
<i>risedronate sodium tab 35 mg</i> .....	72	tab 5 mg (base eq) .....	65

<i>rizatriptan benzoate tab 10 mg (base equivalent)</i> .....	65	<i>SANTYL OIN 250/GM</i> .....	111
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i> .....	65	<i>sapropterin dihydrochloride powder packet 100 mg</i> .....	81
<i>ropinirole hydrochloride tab 0.25 mg</i>	56	<i>sapropterin dihydrochloride powder packet 500 mg</i> .....	81
<i>ropinirole hydrochloride tab 0.5 mg</i> ..	56	<i>sapropterin dihydrochloride tab 100 mg</i> .....	81
<i>ropinirole hydrochloride tab 1 mg</i> ....	56	SAVELLA MIS TITR PAK.....	66
<i>ropinirole hydrochloride tab 2 mg</i> ....	56	SAVELLA TAB 100MG.....	66
<i>ropinirole hydrochloride tab 3 mg</i> ....	56	SAVELLA TAB 12.5MG.....	66
<i>ropinirole hydrochloride tab 4 mg</i> ....	56	SAVELLA TAB 25MG .....	66
<i>ropinirole hydrochloride tab 5 mg</i> ....	56	SAVELLA TAB 50MG .....	66
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i> .....	56	<i>scopolamine td patch 72hr 1 mg/3days</i> .....	85
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i> .....	56	SECUADO DIS 3.8MG .....	60
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i> .....	56	SECUADO DIS 5.7MG .....	61
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i> .....	56	SECUADO DIS 7.6MG .....	61
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i> .....	56	<i>selegiline hcl cap 5 mg</i> .....	56
<i>rosadan cre 0.75%</i> .....	111	<i>selegiline hcl tab 5 mg</i> .....	56
<i>rosuvastatin calcium tab 10 mg</i> .....	35	<i>selenium sulfide lotion 2.5%</i> .....	108
<i>rosuvastatin calcium tab 20 mg</i> .....	35	SELZENTRY SOL 20MG/ML .....	10
<i>rosuvastatin calcium tab 40 mg</i> .....	35	SELZENTRY TAB 150MG.....	10
<i>rosuvastatin calcium tab 5 mg</i> .....	35	SELZENTRY TAB 25MG.....	10
ROTARIX SUS .....	96	SELZENTRY TAB 300MG.....	10
ROTATEQ SOL.....	96	SELZENTRY TAB 75MG.....	10
<i>roweepra tab 500mg</i> .....	48	SEREVENT DIS AER 50MCG .....	104
ROZLYTREK CAP 100MG .....	26	<i>sertraline hcl oral concentrate for solution 20 mg/ml</i> .....	53
ROZLYTREK CAP 200MG .....	26	<i>sertraline hcl tab 100 mg</i> .....	53
RUBRACA TAB 200MG .....	26	<i>sertraline hcl tab 25 mg</i> .....	53
RUBRACA TAB 250MG .....	26	<i>sertraline hcl tab 50 mg</i> .....	53
RUBRACA TAB 300MG .....	26	<i>setlakin tab</i> .....	76
<i>rufinamide susp 40 mg/ml</i> .....	48	<i>sevelamer carbonate packet 0.8 gm</i> .82	
<i>rufinamide tab 200 mg</i> .....	48	<i>sevelamer carbonate packet 2.4 gm</i> .82	
<i>rufinamide tab 400 mg</i> .....	48	<i>sevelamer carbonate tab 800 mg</i> ....	82
RUKOBIA TAB 600MG ER.....	9	<i>sharobel tab 0.35mg</i> .....	76
RUXIENCE INJ 100/10ML.....	26	SHINGRIX INJ 50/0.5ML .....	96
RUXIENCE INJ 500/50ML.....	26	SIGNIFOR INJ 0.3MG/ML.....	81
RYBELSUS TAB 14MG.....	70	SIGNIFOR INJ 0.6MG/ML.....	81
RYBELSUS TAB 3MG .....	70	SIGNIFOR INJ 0.9MG/ML.....	81
RYBELSUS TAB 7MG .....	70	<i>sildenafil citrate tab 20 mg</i> .....	43
RYDAPT CAP 25MG .....	26	<i>silodosin cap 4 mg</i> .....	88
<b>S</b>		<i>silodosin cap 8 mg</i> .....	88
<i>sajazir inj 30mg/3ml</i> .....	91	<i>silver sulfadiazine cream 1%</i> .....	108
SANCUSO DIS 3.1MG.....	85	SIMBRINZA SUS 1-0.2%.....	101
SANDIMMUNE SOL 100MG/ML.....	95	<i>simliya tab 28 day</i> .....	76
		<i>simvastatin tab 10 mg</i> .....	35
		<i>simvastatin tab 20 mg</i> .....	35



<i>simvastatin tab 40 mg</i> .....	35	<i>sorine tab 80mg</i> .....	33
<i>simvastatin tab 5 mg</i> .....	35	<i>sotalol hcl (afib/afl) tab 120 mg</i> .....	33
<i>simvastatin tab 80 mg</i> .....	35	<i>sotalol hcl (afib/afl) tab 160 mg</i> .....	33
<i>sirolimus oral soln 1 mg/ml</i> .....	95	<i>sotalol hcl (afib/afl) tab 80 mg</i> .....	33
<i>sirolimus tab 0.5 mg</i> .....	95	<i>sotalol hcl tab 120 mg</i> .....	33
<i>sirolimus tab 1 mg</i> .....	95	<i>sotalol hcl tab 160 mg</i> .....	33
<i>sirolimus tab 2 mg</i> .....	95	<i>sotalol hcl tab 240 mg</i> .....	33
SIRTURO TAB 100MG.....	11	<i>sotalol hcl tab 80 mg</i> .....	33
SIRTURO TAB 20MG .....	11	<i>spironolactone &amp; hydrochlorothiazide</i>	
SIVEXTRO INJ 200MG .....	6	<i>tab 25-25 mg</i> .....	40
SIVEXTRO TAB 200MG .....	6	<i>spironolactone tab 100 mg</i> .....	30
SKYRIZI INJ 150DOSE .....	93	<i>spironolactone tab 25 mg</i> .....	30
SKYRIZI INJ 150MG/ML.....	93	<i>spironolactone tab 50 mg</i> .....	30
SKYRIZI PEN INJ 150MG/ML .....	93	<i>sprintec 28 tab 28 day</i> .....	76
<i>sodium chloride inj 2.5 meq/ml</i>		SPRITAM TAB 1000MG .....	49
<i>(14.6%)</i> .....	98	SPRITAM TAB 250MG.....	48
<i>sodium chloride irrigation soln 0.9%</i>		SPRITAM TAB 500MG.....	49
.....	111	SPRITAM TAB 750MG.....	49
<i>sodium chloride iv soln 0.45%</i> .....	98	SPRYCEL TAB 100MG.....	26
<i>sodium chloride iv soln 0.9%</i> .....	98	SPRYCEL TAB 140MG.....	26
<i>sodium chloride iv soln 3%</i> .....	98	SPRYCEL TAB 20MG .....	26
<i>sodium chloride iv soln 5%</i> .....	98	SPRYCEL TAB 50MG .....	26
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>		SPRYCEL TAB 70MG .....	26
<i>mg/ml soln</i> .....	99	SPRYCEL TAB 80MG .....	26
<i>sodium phenylbutyrate oral powder 3</i>		<i>sps sus 15gm/60</i> .....	73
<i>gm/teaspoonful</i> .....	81	<i>sronyx tab</i> .....	76
<i>sodium phenylbutyrate tab 500 mg</i> ..	81	<i>ssd cre 1%</i> .....	108
<i>sodium polystyrene sulfonate powder</i>		<i>stavudine cap 15 mg</i> .....	10
.....	73	<i>stavudine cap 20 mg</i> .....	10
<i>solifenacin succinate tab 10 mg</i> .....	89	<i>stavudine cap 30 mg</i> .....	10
<i>solifenacin succinate tab 5 mg</i> .....	88	<i>stavudine cap 40 mg</i> .....	10
SOLIQUA INJ 100/33 .....	72	STELARA INJ 45MG/0.5 .....	93
SOLTAMOX SOL 10MG/5ML.....	19	STELARA INJ 90MG/ML .....	93
SOLU-CORTEF INJ 1000MG .....	79	STIMATE SOL 1.5MG/ML .....	81
SOLU-CORTEF INJ 100MG.....	79	STIVARGA TAB 40MG .....	26
SOLU-CORTEF INJ 250MG.....	79	<i>streptomycin sulfate for inj 1 gm</i> .....	6
SOLU-CORTEF INJ 500MG.....	79	STRIBILD TAB .....	11
SOMATULINE INJ 120/.5ML.....	81	<i>subvenite tab 100mg</i> .....	49
SOMATULINE INJ 60/0.2ML.....	81	<i>subvenite tab 150mg</i> .....	49
SOMATULINE INJ 90/0.3ML.....	81	<i>subvenite tab 200mg</i> .....	49
SOMAVERT INJ 10MG.....	81	<i>subvenite tab 25mg</i> .....	49
SOMAVERT INJ 15MG.....	81	<i>sucalfate tab 1 gm</i> .....	87
SOMAVERT INJ 20MG.....	81	<i>sulfacetamide sodium lotion 10%</i>	
SOMAVERT INJ 25MG.....	81	<i>(acne)</i> .....	107
SOMAVERT INJ 30MG.....	81	<i>sulfacetamide sodium ophth oint 10%</i>	
<i>sorine tab 120mg</i> .....	33	.....	100
<i>sorine tab 160mg</i> .....	33	<i>sulfacetamide sodium ophth soln 10%</i>	
<i>sorine tab 240mg</i> .....	33	.....	100

<i>sulfacetamide sodium-prednisolone</i>		SYMDEKO TAB 100-150 .....	105
<i>ophth soln 10-0.23(0.25)%</i> .....	99	SYMDEKO TAB 50-75MG .....	105
SULFADIAZINE TAB 500MG.....	7	SYMJEPI INJ 0.15MG .....	105
<i>sulfamethoxazole-trimethoprim iv soln</i>		SYMJEPI INJ 0.3MG .....	105
400-80 mg/5ml .....	7	SYMPAZAN MIS 10MG.....	49
<i>sulfamethoxazole-trimethoprim susp</i>		SYMPAZAN MIS 20MG.....	49
200-40 mg/5ml .....	7	SYMPAZAN MIS 5MG .....	49
<i>sulfamethoxazole-trimethoprim tab</i>		SYMTUZA TAB .....	11
400-80 mg .....	7	SYNAREL SOL 2MG/ML.....	77
<i>sulfamethoxazole-trimethoprim tab</i>		SYNERCID INJ 500MG.....	7
800-160 mg.....	7	SYNJARDY TAB .....	70
SULFAMYLON CRE 85MG/GM.....	108	SYNJARDY TAB 12.5-500 .....	70
<i>sulfasalazine tab 500 mg</i> .....	86	SYNJARDY TAB 5-1000MG.....	70
<i>sulfasalazine tab delayed release 500</i>		SYNJARDY TAB 5-500MG.....	70
mg .....	86	SYNJARDY XR TAB .....	70
<i>sulindac tab 150 mg</i> .....	2	SYNJARDY XR TAB 10-1000.....	70
<i>sulindac tab 200 mg</i> .....	2	SYNJARDY XR TAB 25-1000.....	70
<i>sumatriptan nasal spray 20 mg/act..</i>	65	SYNJARDY XR TAB 5-1000MG.....	70
<i>sumatriptan nasal spray 5 mg/act....</i>	65	SYNRIBO INJ 3.5MG .....	20
<i>sumatriptan succinate inj 6 mg/0.5ml</i>		SYNTHROID TAB 100MCG .....	83
.....	65	SYNTHROID TAB 112MCG .....	83
<i>sumatriptan succinate solution auto-</i>		SYNTHROID TAB 125MCG .....	83
<i>injector 4 mg/0.5ml</i> .....	65	SYNTHROID TAB 137MCG .....	83
<i>sumatriptan succinate solution auto-</i>		SYNTHROID TAB 150MCG .....	83
<i>injector 6 mg/0.5ml</i> .....	65	SYNTHROID TAB 175MCG .....	83
<i>sumatriptan succinate solution</i>		SYNTHROID TAB 200MCG .....	83
<i>cartridge 4 mg/0.5ml</i> .....	65	SYNTHROID TAB 25MCG .....	83
<i>sumatriptan succinate solution</i>		SYNTHROID TAB 300MCG .....	83
<i>cartridge 6 mg/0.5ml</i> .....	65	SYNTHROID TAB 50MCG .....	83
<i>sumatriptan succinate tab 100 mg ...</i>	65	SYNTHROID TAB 75MCG .....	83
<i>sumatriptan succinate tab 25 mg.....</i>	65	SYNTHROID TAB 88MCG .....	83
<i>sumatriptan succinate tab 50 mg.....</i>	65	<b>T</b>	
<i>sunitinib malate cap 12.5 mg (base</i>		TABLOID TAB 40MG .....	19
<i>equivalent)</i> .....	26	TABRECTA TAB 150MG .....	26
<i>sunitinib malate cap 25 mg (base</i>		TABRECTA TAB 200MG .....	26
<i>equivalent)</i> .....	26	<i>tacrolimus cap 0.5 mg</i> .....	95
<i>sunitinib malate cap 37.5 mg (base</i>		<i>tacrolimus cap 1 mg</i> .....	95
<i>equivalent)</i> .....	26	<i>tacrolimus cap 5 mg</i> .....	95
<i>sunitinib malate cap 50 mg (base</i>		<i>tacrolimus oint 0.03%</i> .....	111
<i>equivalent)</i> .....	26	<i>tacrolimus oint 0.1%</i> .....	111
SUPREP BOWEL SOL PREP KIT .....	86	TAFINLAR CAP 50MG .....	26
SUTENT CAP 12.5MG .....	26	TAFINLAR CAP 75MG .....	26
SUTENT CAP 25MG .....	26	TAGRISSO TAB 40MG .....	26
SUTENT CAP 37.5MG .....	26	TAGRISSO TAB 80MG .....	26
SUTENT CAP 50MG .....	26	TALTZ INJ 80MG/ML .....	93
<i>syeda tab 3-0.03mg</i> .....	76	TALZENNA CAP 0.25MG .....	26
SYMBICORT AER 160-4.5 .....	106	TALZENNA CAP 1MG.....	26
SYMBICORT AER 80-4.5 .....	106		

<i>tamoxifen citrate tab 10 mg (base equivalent)</i> .....	19	TEPMETKO TAB 225MG .....	27
<i>tamoxifen citrate tab 20 mg (base equivalent)</i> .....	19	<i>terazosin hcl cap 1 mg (base equivalent)</i> .....	30
<i>tamsulosin hcl cap 0.4 mg</i> .....	88	<i>terazosin hcl cap 10 mg (base equivalent)</i> .....	30
TARGRETIN GEL 1% .....	111	<i>terazosin hcl cap 2 mg (base equivalent)</i> .....	30
<i>tarina fe tab 1/20 eq</i> .....	76	<i>terazosin hcl cap 5 mg (base equivalent)</i> .....	30
TASIGNA CAP 150MG .....	26	<i>terbinafine hcl tab 250 mg</i> .....	8
TASIGNA CAP 200MG .....	27	<i>terbutaline sulfate tab 2.5 mg</i> .....	104
TASIGNA CAP 50MG .....	26	<i>terbutaline sulfate tab 5 mg</i> .....	104
<i>tazarotene cream 0.1%</i> .....	108	<i>terconazole vaginal cream 0.4%</i> .....	89
<i>tazicef inj 1gm</i> .....	14	<i>terconazole vaginal cream 0.8%</i> .....	89
<i>tazicef inj 2gm</i> .....	14	<i>terconazole vaginal suppos 80 mg</i> .....	89
TAZICEF INJ 6GM .....	14	<i>testosterone cypionate im inj in oil 100 mg/ml</i> .....	68
TAZORAC CRE 0.05% .....	108	<i>testosterone cypionate im inj in oil 200 mg/ml</i> .....	68
<i>taztia xt cap 120mg/24</i> .....	39	<i>testosterone enanthate im inj in oil 200 mg/ml</i> .....	69
<i>taztia xt cap 180mg/24</i> .....	39	<i>testosterone td gel 12.5 mg/act (1%)</i> .....	69
<i>taztia xt cap 240mg/24</i> .....	39	<i>testosterone td gel 25 mg/2.5gm (1%)</i> .....	69
<i>taztia xt cap 300mg er</i> .....	39	<i>testosterone td gel 50 mg/5gm (1%)</i> .....	69
<i>taztia xt cap 360mg/24</i> .....	39	<i>tetrabenazine tab 12.5 mg</i> .....	66
TAZVERIK TAB 200MG .....	27	<i>tetrabenazine tab 25 mg</i> .....	66
TDVAX INJ 2-2 LF .....	96	<i>tetracycline hcl cap 250 mg</i> .....	17
TECENTRIQ INJ 1200/20 .....	27	<i>tetracycline hcl cap 500 mg</i> .....	17
TECENTRIQ INJ 840/14 .....	27	THALOMID CAP 100MG .....	20
TEFLARO INJ 400MG .....	14	THALOMID CAP 150MG .....	20
TEFLARO INJ 600MG .....	14	THALOMID CAP 200MG .....	20
<i>telmisartan tab 20 mg</i> .....	32	THALOMID CAP 50MG .....	20
<i>telmisartan tab 40 mg</i> .....	32	THEO-24 CAP 100MG CR .....	105
<i>telmisartan tab 80 mg</i> .....	32	THEO-24 CAP 200MG CR .....	105
<i>telmisartan-amlodipine tab 40-10 mg</i> .....	32	THEO-24 CAP 300MG CR .....	105
<i>telmisartan-amlodipine tab 40-5 mg</i> .....	32	THEO-24 CAP 400MG ER .....	105
<i>telmisartan-amlodipine tab 80-10 mg</i> .....	32	<i>theophylline soln 80 mg/15ml</i> .....	105
<i>telmisartan-amlodipine tab 80-5 mg</i> .....	32	<i>theophylline tab er 12hr 300 mg</i> .....	105
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> .....	32	<i>theophylline tab er 12hr 450 mg</i> .....	105
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	32	<i>theophylline tab er 24hr 400 mg</i> .....	105
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> .....	32	<i>theophylline tab er 24hr 600 mg</i> .....	105
<i>temazepam cap 15 mg</i> .....	64	<i>thioridazine hcl tab 10 mg</i> .....	61
<i>temazepam cap 30 mg</i> .....	64	<i>thioridazine hcl tab 100 mg</i> .....	61
<i>temazepam cap 7.5 mg</i> .....	64	<i>thioridazine hcl tab 25 mg</i> .....	61
TEMIXYS TAB 300-300 .....	11	<i>thioridazine hcl tab 50 mg</i> .....	61
TENIVAC INJ 5-2LF .....	96	<i>thiothixene cap 1 mg</i> .....	61
<i>tenofovir disoproxil fumarate tab 300 mg</i> .....	10		

<i>thiothixene cap 10 mg</i> .....	61	<i>tobramycin-dexamethasone ophth susp</i>	
<i>thiothixene cap 2 mg</i> .....	61	0.3-0.1% .....	100
<i>thiothixene cap 5 mg</i> .....	61	<i>tolterodine tartrate cap er 24hr 2 mg</i>	89
<i>tiadylt cap 120mg/24</i> .....	39	<i>tolterodine tartrate cap er 24hr 4 mg</i>	89
<i>tiadylt cap 180mg/24</i> .....	39	<i>tolterodine tartrate tab 1 mg</i> .....	89
<i>tiadylt cap 240mg/24</i> .....	39	<i>tolterodine tartrate tab 2 mg</i> .....	89
<i>tiadylt cap 300mg/24</i> .....	39	<i>topiramate sprinkle cap 15 mg</i> .....	49
<i>tiadylt cap 360mg/24</i> .....	39	<i>topiramate sprinkle cap 25 mg</i> .....	49
<i>tiadylt cap 420mg/24</i> .....	39	<i>topiramate tab 100 mg</i> .....	49
<i>tiagabine hcl tab 12 mg</i> .....	49	<i>topiramate tab 200 mg</i> .....	49
<i>tiagabine hcl tab 16 mg</i> .....	49	<i>topiramate tab 25 mg</i> .....	49
<i>tiagabine hcl tab 2 mg</i> .....	49	<i>topiramate tab 50 mg</i> .....	49
<i>tiagabine hcl tab 4 mg</i> .....	49	<i>toposar inj 100/5ml</i> .....	21
TIBSOVO TAB 250MG .....	27	<i>toposar inj 1gm/50ml</i> .....	21
<i>tigecycline for iv soln 50 mg</i> .....	17	<i>toremifene citrate tab 60 mg (base</i>	
TIGECYCLINE INJ 50MG .....	17	equivalent) .....	19
<i>tilia fe tab</i> .....	76	<i>torseamide tab 10 mg</i> .....	40
<i>timolol maleate ophth gel forming soln</i>		<i>torseamide tab 100 mg</i> .....	40
0.25% .....	101	<i>torseamide tab 20 mg</i> .....	40
<i>timolol maleate ophth gel forming soln</i>		<i>torseamide tab 5 mg</i> .....	40
0.5% .....	101	TOVIAZ TAB 4MG .....	89
<i>timolol maleate ophth soln 0.25%</i> .	101	TOVIAZ TAB 8MG .....	89
<i>timolol maleate ophth soln 0.5%</i> ...	101	TPN ELECTROL INJ .....	98
<i>timolol maleate ophth soln 0.5%</i>		TRADJENTA TAB 5MG .....	70
(once-daily) .....	101	<i>tramadol hcl tab 50 mg</i> .....	5
<i>timolol maleate tab 10 mg</i> .....	37	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>timolol maleate tab 20 mg</i> .....	37	mg .....	5
<i>timolol maleate tab 5 mg</i> .....	37	<i>trandolapril tab 1 mg</i> .....	30
TIVICAY PD TAB 5MG .....	10	<i>trandolapril tab 2 mg</i> .....	30
TIVICAY TAB 10MG .....	10	<i>trandolapril tab 4 mg</i> .....	30
TIVICAY TAB 25MG .....	10	<i>tranexamic acid iv soln 1000 mg/10ml</i>	
TIVICAY TAB 50MG .....	10	(100 mg/ml) .....	91
<i>tizanidine hcl tab 2 mg (base</i>		<i>tranexamic acid tab 650 mg</i> .....	91
equivalent) .....	67	<i>tranylcypromine sulfate tab 10 mg</i> ...	53
<i>tizanidine hcl tab 4 mg (base</i>		TRAVASOL INJ 10% .....	99
equivalent) .....	67	TRAZIMERA INJ 150MG .....	27
TOBRADEX OIN 0.3-0.1% .....	99	TRAZIMERA INJ 420MG .....	27
TOBRADEX ST SUS 0.3-0.05 .....	99	<i>trazodone hcl tab 100 mg</i> .....	54
<i>tobramycin nebu soln 300 mg/5ml</i> .....	7	<i>trazodone hcl tab 150 mg</i> .....	54
<i>tobramycin ophth soln 0.3%</i> .....	100	<i>trazodone hcl tab 50 mg</i> .....	54
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>		TRECTOR TAB 250MG .....	11
mg/ml) (base equiv) .....	7	TRELEGY AER ELLIPTA .....	102
<i>tobramycin sulfate inj 10 mg/ml (base</i>		TRELSTAR MIX INJ 11.25MG .....	19
equivalent) .....	7	TRELSTAR MIX INJ 3.75MG .....	19
<i>tobramycin sulfate inj 2 gm/50ml (40</i>		<i>treprostinil inj soln 100 mg/20ml (5</i>	
mg/ml) (base equiv) .....	7	mg/ml) .....	43
<i>tobramycin sulfate inj 80 mg/2ml (40</i>		<i>treprostinil inj soln 20 mg/20ml (1</i>	
mg/ml) (base equiv) .....	7	mg/ml) .....	43



<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i> .....	43	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i> .....	61
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i> .....	43	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i> .....	61
TRESIBA FLEX INJ 100UNIT .....	72	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i> .....	61
TRESIBA FLEX INJ 200UNIT .....	72	<i>trifluridine ophth soln 1%</i> .....	100
TRESIBA INJ 100UNIT .....	72	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> .....	56
<i>tretinoin cap 10 mg</i> .....	20	<i>trihexyphenidyl hcl tab 2 mg</i> .....	56
<i>tretinoin cream 0.025%</i> .....	107	<i>trihexyphenidyl hcl tab 5 mg</i> .....	56
<i>tretinoin cream 0.05%</i> .....	107	TRIJARDY XR TAB .....	70
<i>tretinoin cream 0.1%</i> .....	107	TRIKAFTA TAB .....	105
<i>tretinoin gel 0.01%</i> .....	107	<i>tri-legend tab fe</i> .....	76
<i>tretinoin gel 0.025%</i> .....	107	<i>tri-lynyah tab</i> .....	76
TREXALL TAB 10MG .....	93	<i>tri-lo tab estaryll</i> .....	76
TREXALL TAB 15MG .....	93	<i>tri-lo- tab marzia</i> .....	76
TREXALL TAB 5MG .....	93	<i>tri-lo- tab sprintec</i> .....	76
TREXALL TAB 7.5MG .....	93	<i>tri-lo-mili tab</i> .....	76
<i>triamcinolone acetone aerosol soln 0.147 mg/gm</i> .....	110	<i>trimethoprim tab 100 mg</i> .....	7
<i>triamcinolone acetone cream 0.025%</i> .....	110	<i>tri-mili tab</i> .....	76
<i>triamcinolone acetone cream 0.1%</i> .....	110	<i>trimipramine maleate cap 100 mg</i> .....	54
<i>triamcinolone acetone cream 0.5%</i> .....	110	<i>trimipramine maleate cap 25 mg</i> .....	54
<i>triamcinolone acetone dental paste 0.1%</i> .....	111	<i>trimipramine maleate cap 50 mg</i> .....	54
<i>triamcinolone acetone lotion 0.025%</i> .....	110	TRINTELLIX TAB 10MG .....	54
<i>triamcinolone acetone lotion 0.1%</i> .....	110	TRINTELLIX TAB 20MG .....	54
<i>triamcinolone acetone oint 0.025%</i> .....	110	TRINTELLIX TAB 5MG .....	54
<i>triamcinolone acetone oint 0.1%</i> .....	110	<i>tri-nymyo tab</i> .....	76
<i>triamcinolone acetone oint 0.5%</i> .....	110	<i>tri-previfem tab</i> .....	76
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> .....	40	<i>tri-sprintec tab</i> .....	76
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> .....	40	TRIUMEQ TAB .....	11
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> .....	40	<i>trivora-28 tab</i> .....	76
TRICARE TAB PRENATAL .....	99	<i>tri-vylibra tab</i> .....	76
<i>triderm cre 0.5%</i> .....	110	<i>tri-vylibra tab lo</i> .....	76
<i>trientine hcl cap 250 mg</i> .....	73	TROGARZO INJ 150MG/ML .....	10
<i>tri-estaryll tab</i> .....	76	TROPHAMINE INJ 10% .....	99
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i> .....	61	<i>tropium chloride tab 20 mg</i> .....	89
		TRULANCE TAB 3MG .....	87
		TRULICITY INJ 0.75/0.5 .....	70
		TRULICITY INJ 1.5/0.5 .....	70
		TRULICITY INJ 3/0.5 .....	70
		TRULICITY INJ 4.5/0.5 .....	70
		TRUMENBA INJ .....	96
		TRUSELTIQ CAP 100MG .....	27
		TRUSELTIQ CAP 125MG .....	27
		TRUSELTIQ CAP 50MG .....	27
		TRUSELTIQ CAP 75MG .....	27
		TRUXIMA INJ 100/10ML .....	27

TRUXIMA INJ 500/50ML .....	27	<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i> .....	32
TUKYSA TAB 150MG .....	27	<i>valsartan-hydrochlorothiazide tab 320- 25 mg</i> .....	32
TUKYSA TAB 50MG .....	27	<i>valsartan-hydrochlorothiazide tab 80- 12.5 mg</i> .....	32
<i>tulana tab 0.35mg</i> .....	76	VALTOCO SPR 10MG.....	49
TURALIO CAP 200MG .....	27	VALTOCO SPR 15MG.....	49
TWINRIX INJ.....	96	VALTOCO SPR 20MG.....	49
TYBOST TAB 150MG .....	10	VALTOCO SPR 5MG .....	49
TYMLOS INJ.....	72	<i>vancomycin hcl cap 125 mg (base equivalent)</i> .....	7
TYPHIM VI INJ.....	96	<i>vancomycin hcl cap 250 mg (base equivalent)</i> .....	7
<b>U</b>		<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i> .....	7
UBRELVY TAB 100MG.....	65	<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i> .....	7
UBRELVY TAB 50MG.....	65	<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i> .....	7
UKONIQ TAB 200MG .....	27	<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i> .....	7
<i>unithroid tab 100mcg</i> .....	83	<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i> .....	7
<i>unithroid tab 112mcg</i> .....	83	VANCOMYCIN INJ 1 GM .....	7
<i>unithroid tab 125mcg</i> .....	83	VANCOMYCIN INJ 500MG .....	7
<i>unithroid tab 137mcg</i> .....	83	VANCOMYCIN INJ 750MG .....	7
<i>unithroid tab 150mcg</i> .....	83	<i>vandazole gel 0.75%</i> .....	89
<i>unithroid tab 175mcg</i> .....	84	VAQTA INJ 25/0.5ML .....	96
<i>unithroid tab 200mcg</i> .....	84	VAQTA INJ 50UNT/ML.....	96
<i>unithroid tab 25mcg</i> .....	83	VARENICLINE TAB 0.5MG.....	68
<i>unithroid tab 300mcg</i> .....	84	VARENICLINE TAB 1MG .....	68
<i>unithroid tab 50mcg</i> .....	83	VARIVAX INJ .....	96
<i>unithroid tab 75mcg</i> .....	83	VASCEPA CAP 0.5GM .....	35
<i>unithroid tab 88mcg</i> .....	83	VASCEPA CAP 1GM.....	36
<i>ursodiol cap 300 mg</i> .....	87	VELCADE INJ 3.5MG .....	27
<i>ursodiol tab 250 mg</i> .....	87	<i>velivet pak</i> .....	76
<i>ursodiol tab 500 mg</i> .....	87	VELTASSA POW 16.8GM.....	73
<b>V</b>		VELTASSA POW 25.2GM.....	73
<i>valacyclovir hcl tab 1 gm</i> .....	12	VELTASSA POW 8.4GM .....	73
<i>valacyclovir hcl tab 500 mg</i> .....	12	VEMLIDY TAB 25MG .....	12
VALCHLOR GEL 0.016% .....	111	VENCLEXTA TAB 100MG.....	27
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> .....	12	VENCLEXTA TAB 10MG .....	27
<i>valganciclovir hcl tab 450 mg (base equivalent)</i> .....	12	VENCLEXTA TAB 50MG .....	27
<i>valproate sodium inj 100 mg/ml</i> .....	49	VENCLEXTA TAB START PK.....	27
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> .....	49	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> .....	54
<i>valproic acid cap 250 mg</i> .....	49		
<i>valsartan tab 160 mg</i> .....	32		
<i>valsartan tab 320 mg</i> .....	32		
<i>valsartan tab 40 mg</i> .....	32		
<i>valsartan tab 80 mg</i> .....	32		
<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i> .....	32		
<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i> .....	32		



<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> .....	54	VIIBRYD TAB 40MG .....	54
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> .....	54	VIMPAT INJ 200MG/20.....	49
<i>venlafaxine hcl tab 100 mg (base equivalent)</i> .....	54	VIMPAT SOL 10MG/ML .....	49
<i>venlafaxine hcl tab 25 mg (base equivalent)</i> .....	54	VIMPAT TAB 100MG .....	49
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> .....	54	VIMPAT TAB 150MG .....	49
<i>venlafaxine hcl tab 50 mg (base equivalent)</i> .....	54	VIMPAT TAB 200MG .....	49
<i>venlafaxine hcl tab 75 mg (base equivalent)</i> .....	54	VIMPAT TAB 50MG .....	49
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VENTAVIS SOL 20MCG/ML.....	43	<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i> .....	21
VENTOLIN HFA AER .....	104	<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i> .....	21
<i>verapamil hcl cap er 24hr 100 mg</i> ....	39	<i>viorele tab</i> .....	77
<i>verapamil hcl cap er 24hr 120 mg</i> ....	39	VIRACEPT TAB 250MG .....	10
<i>verapamil hcl cap er 24hr 180 mg</i> ....	39	VIRACEPT TAB 625MG .....	10
<i>verapamil hcl cap er 24hr 200 mg</i> ....	39	VIREAD POW 40MG/GM .....	10
<i>verapamil hcl cap er 24hr 240 mg</i> ....	39	VIREAD TAB 150MG .....	10
<i>verapamil hcl cap er 24hr 300 mg</i> ....	39	VIREAD TAB 200MG .....	10
<i>verapamil hcl cap er 24hr 360 mg</i> ....	39	VIREAD TAB 250MG .....	10
<i>verapamil hcl iv soln 2.5 mg/ml</i> .....	39	VITRAKVI CAP 100MG.....	27
<i>verapamil hcl tab 120 mg</i> .....	39	VITRAKVI CAP 25MG .....	27
<i>verapamil hcl tab 40 mg</i> .....	39	VITRAKVI SOL 20MG/ML .....	27
<i>verapamil hcl tab 80 mg</i> .....	39	VIVITROL INJ 380MG.....	68
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<i>verapamil hcl tab er 180 mg</i> .....	39	VIZIMPRO TAB 30MG.....	27
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V-GO 40 KIT .....	72	VRAYLAR CAP 3MG .....	61
VICTOZA INJ 18MG/3ML.....	70	VRAYLAR CAP 4.5MG .....	61
<i>vienva tab 0.1-20</i> .....	76	VRAYLAR CAP 6MG .....	61
<i>vigabatrin powd pack 500 mg</i> .....	49	<i>vyfemla tab 0.4-35</i> .....	77
<i>vigabatrin tab 500 mg</i> .....	49	<i>vylibra tab 0.25-35</i> .....	77
<i>vigadrone pow 500mg</i> .....	49	VYVANSE CAP 10MG .....	63
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VIIBRYD TAB 10MG .....	54	VYVANSE CAP 30MG .....	63
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		VYVANSE CAP 50MG .....	63
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VYVANSE CHW 30MG .....	63	XIGDUO XR TAB 5-500MG .....	71
VYVANSE CHW 40MG .....	63	XIIDRA DRO 5% .....	102
VYVANSE CHW 50MG .....	64	XOLAIR INJ 150MG/ML .....	105
VYVANSE CHW 60MG .....	64	XOLAIR INJ 75/0.5 .....	105
VYZULTA SOL 0.024%.....	102	XOLAIR SOL 150MG .....	105
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<i>warfarin sodium tab 10 mg</i> .....	90	XPOVIO PAK 40MG.....	27
<i>warfarin sodium tab 2 mg</i> .....	90	XPOVIO PAK 50MG.....	27
<i>warfarin sodium tab 2.5 mg</i> .....	90	XPOVIO PAK 60MG.....	27
<i>warfarin sodium tab 3 mg</i> .....	90	XPOVIO PAK 80MG.....	27
<i>warfarin sodium tab 4 mg</i> .....	90	XTANDI CAP 40MG .....	19
<i>warfarin sodium tab 5 mg</i> .....	90	XTANDI TAB 40MG .....	19
<i>warfarin sodium tab 6 mg</i> .....	90	XTANDI TAB 80MG .....	19
<i>warfarin sodium tab 7.5 mg</i> .....	90	<i>xulane dis 150-35</i> .....	77
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<i>soln</i> .....	111	XYREM SOL 500MG/ML .....	67
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<i>wera tab 0.5/35</i> .....	77	YF-VAX INJ.....	96
<b>X</b>		<i>yuvafem tab 10mcg</i> .....	78
XALKORI CAP 200MG .....	27	<b>Z</b>	
XALKORI CAP 250MG .....	27	<i>zafemy dis 150/35</i> .....	77
XARELTO STAR TAB 15/20MG .....	90	<i>zafirlukast tab 10 mg</i> .....	104
XARELTO TAB 10MG .....	90	<i>zafirlukast tab 20 mg</i> .....	104
XARELTO TAB 15MG .....	90	<i>zarah tab 3-0.03mg</i> .....	77
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XARELTO TAB 20MG .....	90	ZARXIO INJ 480/0.8.....	91
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XCOPRI PAK 100-150.....	50	ZELBORAF TAB 240MG .....	28
XCOPRI PAK 12.5-25 .....	49	ZEMAIRA INJ 1000MG .....	105
XCOPRI PAK 150-200.....	50	<i>zenatane cap 10mg</i> .....	107
XCOPRI PAK 50-100MG .....	49	<i>zenatane cap 20mg</i> .....	107
XCOPRI PAK 50-200MG .....	49	<i>zenatane cap 30mg</i> .....	107
XCOPRI TAB 100MG.....	50	<i>zenatane cap 40mg</i> .....	107
XCOPRI TAB 150MG.....	50	ZENPEP CAP 10000UNT .....	87
XCOPRI TAB 200MG.....	50	ZENPEP CAP 15000UNT .....	87
XCOPRI TAB 50MG.....	50	ZENPEP CAP 20000UNT .....	87
XELJANZ SOL 1MG/ML.....	93	ZENPEP CAP 25000 .....	87
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XELJANZ TAB 5MG.....	93	ZENPEP CAP 40000 .....	87
XELJANZ XR TAB 11MG .....	93	ZENPEP CAP 5000UNIT .....	87
XELJANZ XR TAB 22MG .....	93	ZERVIATE DRO 0.24% .....	101
XGEVA INJ.....	72	<i>zidovudine cap 100 mg</i> .....	10
XIFAXAN TAB 550MG .....	87	<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

<i>ziprasidone hcl cap 80 mg</i> .....	61	<i>zonisamide cap 100 mg</i> .....	50
<i>ziprasidone mesylate for inj 20 mg</i> <i>(base equivalent)</i> .....	61	<i>zonisamide cap 25 mg</i> .....	50
ZIRABEV INJ 100/4ML.....	28	<i>zonisamide cap 50 mg</i> .....	50
ZIRABEV INJ 400/16ML.....	28	ZORTRESS TAB 1MG .....	95
ZIRGAN GEL 0.15% .....	100	ZOSTAVAX INJ.....	96
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i> .....	72	<i>zovia 1/35e tab</i> .....	77
<i>zoledronic acid iv soln 4 mg/100ml</i> ..	72	<i>zumandimine tab 3-0.03mg</i> .....	77
<i>zoledronic acid iv soln 5 mg/100ml</i> ..	72	ZYCLARA PUMP CRE 2.5%.....	111
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<i>zolmitriptan orally disintegrating tab</i> <i>2.5 mg</i> .....	65	ZYDELIG TAB 150MG.....	28
<i>zolmitriptan orally disintegrating tab 5</i> <i>mg</i> .....	65	ZYKADIA TAB 150MG .....	28
<i>zolmitriptan tab 2.5 mg</i> .....	65	ZYLET SUS 0.5-0.3%.....	100
<i>zolmitriptan tab 5 mg</i> .....	65	ZYPITAMAG TAB 2MG .....	35
<i>zolpidem tartrate tab 10 mg</i> .....	64	ZYPITAMAG TAB 4MG .....	35
<i>zolpidem tartrate tab 5 mg</i> .....	64	ZYPREXA RELP INJ 210MG.....	61
		ZYPREXA RELP INJ 300MG.....	61
		ZYPREXA RELP INJ 405MG.....	61
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## NONDISCRIMINATION AND LANGUAGE ACCESSIBILITY NOTICE

### **Nondiscrimination Notice:**

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

#### VIVA HEALTH:

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

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

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

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

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

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

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

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

### **Grievance Procedure:**

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

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

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

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





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

**Procedure:**

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

than 30 days after its filing.

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

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

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

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



## Language Assistance Services:

### Spanish

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

### Traditional Chinese

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

### Korean

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

### Vietnamese

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

### Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية 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, ໂດຍບໍ່ຄ່າ, 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 12/01/2021.  
For more recent information or other questions,  
please contact VIVA MEDICARE at 1-800-633-1542  
or, for TTY users, 711, Monday – Friday, from  
8 a.m. – 8 p.m. (from Oct. 1 – March 31:  
seven days a week, 8 a.m. – 8 p.m.) or visit  
[www.VivaHealth.com/Medicare](http://www.VivaHealth.com/Medicare)



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