

Kaiser Permanente

2025 Comprehensive Formulary

(List of Covered Drugs) or Drug List

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

This formulary was updated on 10/01/2024. For more recent information or other questions, please contact the number for your Kaiser Permanente Region listed below, seven days a week, 8 a.m. to 8 p.m., or visit kp.org/seniorrx.

Kaiser Permanente Regions

CALIFORNIA REGIONS

Kaiser Permanente Senior Advantage (HMO) and Kaiser Permanente Dual Complete (HMO D-SNP) for members who reside in Alameda, Amador, Contra Costa, El Dorado, Kern, Marin, Mariposa, Napa, Placer, San Francisco, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Ventura, Yolo, and Yuba counties.

Member Services

1-800-443-0815 TTY 711

COLORADO REGION

Kaiser Permanente Senior Advantage (HMO), Kaiser Permanente Dual Complete (HMO D-SNP), Kaiser Permanente Dual Essential (HMO D-SNP), and Kaiser Permanente Senior Advantage (HMO-POS)

Member Services

1-800-476-2167 TTY 711

GEORGIA REGION

Kaiser Permanente Senior Advantage (HMO), Kaiser Permanente Dual Complete (HMO D-SNP), Kaiser Permanente Dual Essential (HMO D-SNP), and Kaiser Permanente Senior Advantage (HMO-POS)

Member Services

1-800-232-4404 TTY 711

HAWAII REGION

Kaiser Permanente Senior Advantage (HMO)

Member Services

1-800-805-2739 TTY 711

MID-ATLANTIC STATES REGION

(District of Columbia, Maryland, and Virginia)

Kaiser Permanente Medicare Advantage (HMO) and Kaiser Permanente Medicare Advantage (HMO-POS)

Member Services

1-888-777-5536 TTY 711



Y0043_H8794_N00039096_C

HPMS Approved Formulary File Submission 00025415

10/01/2024

NORTHWEST REGION

Kaiser Permanente Senior Advantage (HMO) and
Kaiser Permanente Senior Advantage (HMO-POS)

Member Services

1-877-221-8221 TTY 711

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 Kaiser Permanente. When it refers to “plan” or “our plan,” it means Kaiser Permanente Senior Advantage, Kaiser Permanente Medicare Advantage, Kaiser Permanente Dual Complete, Kaiser Permanente Dual Essential, depending upon the region in which you are enrolled.

This document includes a Drug List (formulary) for our plan which is current as of 01/01/2025. For an updated Drug List (formulary), please visit our website at kp.org/seniorrx or call us. Contact information for your Kaiser Permanente Region, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

What is the Kaiser Permanente Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Kaiser Permanente 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Kaiser Permanente network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage

Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Kaiser Permanente may add or remove drugs on formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: kp.org/seniorrx

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

Immediate substitutions of certain new versions of brand name drugs and original biological products

We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

- If you are currently taking the brand-name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you that drug that is being changed. For more information, see the section below titled “How do I request an exception to the Kaiser Permanente Formulary?”

Drugs removed from the market

If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product, or move it to a different cost-sharing tier or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

- If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will 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 Kaiser Permanente Formulary?”

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01/01/2025. To get updated information about the drugs covered by our plan, please call us. Contact information for your Kaiser Permanente Region appears on the front and back cover pages.

In the event of a midyear non-maintenance formulary change, we will provide details in the Medicare Part D **Explanation of Benefits** that we send you or **Provision of Notice** posted at [kp.org/seniorrx](https://www.kp.org/seniorrx).

How do I use the formulary?

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

Medical condition

The formulary begins on page 7. 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 Drugs”. If you

know what your drug is used for, look for the category name in the list that begins on page 11. 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 101. The Index provides an alphabetical list of all of the drugs included in this document. Preferred generic and generic drugs, preferred brand-name and nonpreferred drugs, specialty-tier drugs, and injectable vaccines 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?

Our plan 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 work just as well as and usually cost less than brand-name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws. Cost sharing for preferred generic drugs may be different than for generic drugs. Please see your **Evidence of Coverage** for more information.

What are brand-name drugs?

Brand-name drugs are manufactured and sold by the pharmaceutical company that originally researched and developed the drug. When the

patent on a brand-name drug expires, other pharmaceutical companies may manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices. Cost-sharing for preferred brand-name drugs may be different than for nonpreferred drugs. Please see your **Evidence of Coverage** for more information.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug, or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1 “The Drug List” tells which Part D drugs are covered.

What are specialty-tier drugs?

Specialty-tier drugs are very high-cost drugs approved by the FDA that are on our formulary.

What are injectable Part D vaccines?

Part D vaccines are certain injectable vaccines that are covered under Medicare Part D (for example, Shingrix for shingles, Adacel for Diphtheria, Tetanus, and Pertussis, which are approved by the FDA).

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:** Our plan may require you or your network provider to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

Note: If your prescription has more than one refill remaining, you can only get one refill at a time, unless authorized because you will be away from our service area for an extended period of time.

For certain drugs, we may limit the amount of an extended day supply (amounts that exceed a 30-day supply) that you can receive. Also, if there is a shortage in the marketplace, we may fill your prescription for a limited quantity.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization

restriction. You may also ask us to send you a copy. Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us 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 Kaiser Permanente formulary?" 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 check our **Kaiser Permanente 2025 Comprehensive Formulary** at kp.org/seniorrx or call our plan at the number listed on the front and back cover pages for your Kaiser Permanente Region and confirm if your drug is covered.

If your Medicare Part D prescription drug is not on our **Kaiser Permanente 2025 Comprehensive Formulary**, you have two options:

- You can ask your network provider to prescribe a similar drug that is included on our formulary.
- You can ask us to make an exception and cover your drug. See the next section for information about how to request an exception.

How do I request an exception to the Kaiser Permanente Formulary?

You can ask us 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 **Kaiser Permanente 2025 Comprehensive 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.
- In accord with our tiering exception process, you can ask us to cover a Part D formulary drug at a lower cost-sharing level. If approved this would lower the amount you must pay for your drug. **Note:** Specialty tier (Tier 5) drugs are not eligible for a tier exception.
- You can ask us to waive coverage restrictions or limits on your drug. For example, if your drug requires prior authorization, you can ask us to waive the prior authorization requirement for your Part D drug.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restrictions would not be as effective for you or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception you should submit a statement from your network provider supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

Please note: You can only request an exception for drugs that are considered Medicare Part D prescription drugs by the Centers for Medicare & Medicaid Services (CMS). You cannot get an exception for drugs that are excluded under Medicare Part D. Please refer to your **Evidence of Coverage** for more information about requesting exceptions, including the appeals process.

What can I do if my drug is not on the formulary or has a restriction?

In some cases, you might be taking Medicare Part D drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your network provider about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover or requesting a formulary exception so that we will cover the drug you take. While you and your network provider 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 Part D drugs that is not on our formulary or has a coverage restriction, 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. If coverage is not approved after your first 30-day supply, we may cover an additional refill, as medically necessary. After you have used these refills, 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 will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

For current members with level of care changes, if you enter into or are discharged from a hospital, skilled nursing facility, or long-term care facility to a different care setting or home, this is what is known as a level of care change. When your level of care changes, you may require an additional fill of your medication. We will generally cover up to a

one-month supply of your Part D drugs during this level of care transition period even if the drug is not on our Drug List.

For more information

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

If you have questions about our plan, please call us. Contact information for your Kaiser Permanente Region, 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>.

Kaiser Permanente's Formulary

The formulary below that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index that begins on page 101.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., BRILINTA) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*). The second column, "Drug Tier," will indicate what tier number the drug is in:

Tier 1 – Preferred generic drugs (the tier includes some brand-name drugs)

Tier 2 – Generic drugs (the tier includes some brand-name drugs)

Tier 3 – Preferred brand-name drugs

Tier 4 – Nonpreferred drugs (the tier includes some generic drugs)

Tier 5 – Specialty-tier drugs (the tier includes both generic and brand-name drugs)

Tier 6 – Injectable Part D vaccines (the tier includes brand-name drugs only)

Generally, the cost-sharing you will pay for your drugs depends on your coverage stage, the type of network pharmacy where you purchase your drugs, and your drug's cost-sharing tier on our formulary. Please refer to your **Evidence of Coverage** for the details about your Medicare Part D prescription drug coverage, including your cost-sharing amounts.

Note: If your coverage is through an employer-sponsored group plan (including a union or trust fund), you may have different drug benefits and cost-sharing, and you may have coverage for other drugs that are not covered by Medicare Part D (non-Part D drugs). The amount you pay for non-Part D drugs does not count toward your total out-of-pocket expenditures, and if you are receiving Extra Help to pay for your Medicare Part D prescription drugs, you will not receive any Extra Help to pay for non-Part D drugs. Please check with your group benefits administrator or see your **Evidence of Coverage**.

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. Certain strengths or forms of the drug may be subject to the utilization management codes listed below.

HI = Home infusion drugs may be covered under our medical benefit and obtained at home infusion pharmacies. For more information, please consult your pharmacy directory or call our plan at the number listed on the front and back cover pages for your Kaiser Permanente Region.

LD = Limited-distribution drugs can only be obtained at certain specialty pharmacies. For more information, consult your pharmacy directory or call our plan at the number listed on the front and back cover pages for your Kaiser Permanente Region.

MO = Mail-order drugs. You may order prescription refills of certain medications through our mail-order service online at kp.org/refill or by phone or mobile app, which may lower your costs for a three-month supply. Please contact us at least 5 days before your refills run out. Generally, you should receive them within 3 to 5 days. If not, please contact the mail-order phone number for your Kaiser Permanente Region in the chart below or the phone number on the prescription label for assistance. Not all drugs can be mailed; restrictions and limitations apply. For more information, please visit kp.org/seniorrx or call the appropriate regional phone number below.

Region	Mail-Order Contact Numbers (TTY 711)
California	Kaiser Permanente Mail Order Pharmacy Northern CA – 1-888-218-6245 Monday through Friday, 8 a.m. to 6 p.m., Saturday 8 a.m. to 6 p.m., and Sunday 9 a.m. to 6 p.m. Southern CA – 1-866-206-2983 Monday through Friday and Sunday, 8 a.m. to 6 p.m. For Sunday 8 a.m. to 6 p.m. – this is only for Pharmacist consultations.
Colorado	Kaiser Permanente Mail Order Pharmacy 1-866-523-6059 Monday through Friday, 8 a.m. to 6 p.m.
Georgia	Kaiser Permanente Refill Pharmacy 770-434-2008 or toll free 1-888-662-4579 Seven days a week, 24 hours
Hawaii	Kaiser Permanente Mail Order Pharmacy 808-643-7979 (Oahu and neighbor islands) Monday through Friday, 8:00 a.m. to 5 p.m.
Mid-Atlantic States	Kaiser Permanente Mid-Atlantic Automated Refill Center 703-466-4900 or toll-free 1-800-733-6345 Monday through Friday, 7 a.m. to 6 p.m., Saturday, 8:30 a.m. to 4 p.m.
Northwest	Kaiser Permanente Mail Order Pharmacy 1-800-548-9809 Monday through Friday, 8 a.m. to 5:30 p.m.

NDS = Non-extended Day Supply drugs that are dispensed up to a 30-day supply to monitor for possible adverse effects and to avoid medication waste.

PA = Prior authorization medications may be covered under Medicare Part D or Medicare Part B depending on how they are administered (e.g., via infusion pump, nebulizer, or other Durable Medical Equipment device), where they are administered (at home or in a long-term care facility), and what medical condition they are administered for. Prior authorization may also apply to drugs for which treatment for the medical condition will determine if the drug is non-Part D (excluded) or covered.

DOSAGE FORM	DOSAGE FORM DESCRIPTION
AERO	Aerosol
AEPB	Aerosol Powder, Breath Activated
AERB	Aerosol, Breath Activated
AERP	Aerosol, Powder
AERS	Aerosol, Solution
AUIJ	Auto-injector
AJKT	Auto-injector Kit
CAPS	Capsule
CAPA	Capsule Abuse- Deterrent
CPCW	Capsule Chewable
CPDR	Capsule Delayed Release
CPEP	Capsule Delayed Release Particles
CSDR	Capsule Delayed Release Sprinkle
CDPK	Capsule Delayed Release Therapy Pack
C12A	Capsule ER 12 Hour Abuse-Deterrent
CS12	Capsule ER 12 Hour Sprinkle
C2PK	Capsule ER 12 Hour Therapy Pack
C24A	Capsule ER 24 Hour Abuse-Deterrent
CS24	Capsule ER 24 Hour Sprinkle
C4PK	Capsule ER 24 Hour Therapy Pack
CP12	Capsule Extended Release 12 Hour
CP24	Capsule Extended Release 24 Hour
CPEA	Capsule Extended Release Abuse-Deterrent
CSER	Capsule Extended Release Sprinkle
CEPK	Capsule Extended Release Therapy Pack
CPCR	Capsule Extended Release*
CPSP	Capsule Sprinkle
CPPK	Capsule Therapy Pack
CART	Cartridge
CTKT	Cartridge Kit
CONC	Concentrate

DOSAGE FORM	DOSAGE FORM DESCRIPTION
CREA	Cream
CRYS	Crystals
DEVI	Device
TEST	Diagnostic Test
DPRH	Diaphragm
ELIX	Elixir
EMUL	Emulsion
ENEM	Enema
EXHA	Exhaler
EXHL	Exhaler Liquid
EXHP	Exhaler Powder
EXHS	Exhaler Solution
EXHU	Exhaler Suspension
FLAK	Flakes
EXTR	Fluid Extract
SOLG	Gel Forming Solution
GRAN	Granules
GRAF	Granules Effervescent
IMPL	Implant
INHA	Inhaler
INJ	Injectable
INST	Insert
IUD	Intrauterine Device
JTAJ	Jet-injector (Needleless)
JTKT	Jet-injector Kit (Needleless)
LEAV	Leaves
LIQD	Liquid
LQCR	Liquid Extended- Release
LQPK	Liquid Therapy Pack
LOTN	Lotion
LOZG	Lozenge
LPOP	Lozenge on a Handle
MISC	Miscellaneous
NEBU	Nebulization Solution
OINT	Ointment
PACK	Packet
PSTE	Paste
PTCH	Patch
PT24	Patch 24 HR
PT72	Patch 72 HR
PTTW	Patch Twice Weekly

DOSAGE FORM	DOSAGE FORM DESCRIPTION
PTWK	Patch Weekly
PLLT	Pellet
PEN	Pen-injector
PNKT	Pen-injector Kit
POWD	Powder
PDEF	Powder Effervescent
PRSY	Prefilled Syringe
PSKT	Prefilled Syringe Kit
PUDG	Pudding
SHAM	Shampoo
SHEE	Sheet
SOLN	Solution
SOAJ	Solution Auto-injector
SOCT	Solution Cartridge
SOTJ	Solution Jet-injector
SOPN	Solution Pen-injector
SOSY	Solution Prefilled Syringe
SOLR	Solution Reconstituted
SOPK	Solution Therapy Pack
SPRT	Spirit
STCK	Stick
STRP	Strip
SUPP	Suppository
SUSP	Suspension
SUAJ	Suspension Autoinjector
SUCT	Suspension Cartridge
SUER	Suspension Extended Release
SUTJ	Suspension Jetinjector
SUPN	Suspension Peninjector
SUSY	Suspension Prefilled Syringe
SUSR	Suspension Reconstituted
SRER	Suspension Reconstituted ER
SUPK	Suspension Therapy Pack
SYRP	Syrup
CHER	Table Chewable Extended Release
TABS	Tablet
TABA	Tablet Abuse-Deterrent
CHEW	Tablet Chewable
TBEC	Tablet Delayed Release
TBDD	Tablet Delayed Release Disintegrating

DOSAGE FORM	DOSAGE FORM DESCRIPTION
TDPK	Tablet Delayed Release Therapy Pack
TBDP	Tablet Disintegrating
TB3D	Tablet Disintegrating Soluble
TB3E	Tablet Disintegrating Soluble ER
TPPK	Tablet Disintegrating Therapy Pack
TBEF	Tablet Effervescent
T12A	Tablet ER 12 Hour Abuse-Deterrent
T2PK	Tablet ER 12 Hour Therapy Pack
T24A	Tablet ER 24 Hour Abuse-Deterrent
T4PK	Tablet ER 24 Hour Therapy Pack
TB12	Tablet Extended Release 12 HR*
TB24	Tablet Extended Release 24 HR*
TBEA	Tablet Extended Release Abuse-Deterrent
TBED	Tablet Extended Release Disintegrating
TEPK	Tablet Extended Release Therapy Pack
TBCR	Tablet Extended-Release
TBSO	Tablet Soluble
SUBL	Tablet Sublingual
TBPK	Tablet Therapy Pack
THPK	Therapy Pack
TINC	Tincture
TROC	Troche
WAFR	Wafer

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole tabs 200 mg</i>	2	NDS
<i>ivermectin tabs 3 mg</i>	2	
<i>praziquantel tabs 600 mg</i>	2	MO
ANTIBACTERIALS		
<i>amikacin sulfate soln 1 gm/4ml</i>	2	
<i>amikacin sulfate soln 500 mg/2ml</i>	2	HI
<i>amoxicillin caps 250 mg</i>	2	
<i>amoxicillin caps 500 mg</i>	2	
AMOXICILLIN CHEW 125 MG	2	
AMOXICILLIN CHEW 250 MG	2	
<i>amoxicillin susr 125 mg/5ml</i>	2	
<i>amoxicillin susr 200 mg/5ml</i>	2	
<i>amoxicillin susr 250 mg/5ml</i>	2	
<i>amoxicillin susr 400 mg/5ml</i>	2	
<i>amoxicillin tabs 500 mg</i>	2	
<i>amoxicillin tabs 875 mg</i>	2	
AMOXICILLIN-POT CLAVULANATE CHEW 200-28.5 MG	2	
AMOXICILLIN-POT CLAVULANATE CHEW 400-57 MG	2	
<i>amoxicillin-pot clavulanate susr 200-28.5 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate susr 250-62.5 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate susr 400-57 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate susr 600-42.9 mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate tabs 250-125 mg</i>	2	
<i>amoxicillin-pot clavulanate tabs 500-125 mg</i>	2	
<i>amoxicillin-pot clavulanate tabs 875-125 mg</i>	2	
<i>ampicillin caps 500 mg</i>	2	
<i>ampicillin sodium solr 1 gm</i>	2	HI
<i>ampicillin sodium solr 10 gm</i>	2	HI
AMPICILLIN SODIUM SOLR 125 MG	2	HI
<i>ampicillin sodium solr injection 2 gm</i>	2	
AMPICILLIN SODIUM SOLR INTRAVENOUS 2 GM	2	
<i>ampicillin sodium solr 250 mg</i>	2	
<i>ampicillin sodium solr 500 mg</i>	2	
<i>ampicillin-sulbactam sodium solr injection 1.5 (1-0.5) gm</i>	2	HI
AMPICILLIN-SULBACTAM SODIUM SOLR INTRAVENOUS 1.5 (1-0.5) GM	2	
<i>ampicillin-sulbactam sodium solr 15 (10-5) gm</i>	2	HI
<i>ampicillin-sulbactam sodium solr injection 3 (2-1) gm</i>	2	HI
AMPICILLIN-SULBACTAM SODIUM SOLR INTRAVENOUS 3 (2-1) GM	2	
ARIKAYCE SUSP 590 MG/8.4ML	5	PA, LD, NDS
AUGMENTIN SUSR 125-31.25 MG/5ML	3	
<i>azithromycin solr 500 mg</i>	2	HI

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin susr 100 mg/5ml</i>	2	MO
<i>azithromycin susr 200 mg/5ml</i>	2	MO
<i>azithromycin tabs 250 mg</i>	2	MO
<i>azithromycin tabs 500 mg</i>	2	MO
<i>azithromycin tabs 600 mg</i>	2	MO
<i>aztreonam solr 1 gm</i>	2	HI
BICILLIN C-R 900/300 SUSP 900000-300000 UNIT/2ML	4	
BICILLIN C-R SUSP 1200000 UNIT/2ML	4	
BICILLIN L-A SUSY 1200000 UNIT/2ML	4	
BICILLIN L-A SUSY 2400000 UNIT/4ML	3	
BICILLIN L-A SUSY 600000 UNIT/ML	3	
CEFACLOR CAPS 250 MG	2	
CEFACLOR CAPS 500 MG	2	
CEFACLOR SUSR 125 MG/5ML	4	MO
CEFACLOR SUSR 250 MG/5ML	4	MO
CEFACLOR SUSR 375 MG/5ML	4	MO
<i>cefadroxil caps 500 mg</i>	2	
<i>cefazolin sodium solr 1 gm</i>	2	HI
<i>cefazolin sodium solr 10 gm</i>	2	HI
<i>cefazolin sodium solr 500 mg</i>	2	HI
<i>cefdinir caps 300 mg</i>	2	
<i>cefdinir susr 125 mg/5ml</i>	2	
<i>cefdinir susr 250 mg/5ml</i>	2	
CEFEPIME HCL SOLN 2 GM/100ML	2	HI
<i>cefepime hcl solr 1 gm</i>	2	HI
<i>cefepime hcl solr 2 gm</i>	2	HI

Drug Name	Drug Tier	Requirements/Limits
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML)	2	HI
<i>cefixime caps 400 mg</i>	2	
<i>cefixime susr 100 mg/5ml</i>	2	
<i>cefixime susr 200 mg/5ml</i>	2	
CEFOTAXIME SODIUM SOLR 1 GM	2	
<i>cefotetan disodium solr 1 gm</i>	2	HI
<i>cefotetan disodium solr 2 gm</i>	2	HI
<i>cefoxitin sodium solr 1 gm</i>	2	HI
<i>cefoxitin sodium solr 10 gm</i>	2	HI
<i>cefoxitin sodium solr 2 gm</i>	2	HI
<i>cefpodoxime proxetil susr 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil susr 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil tabs 100 mg</i>	2	
<i>cefpodoxime proxetil tabs 200 mg</i>	2	
<i>ceftazidime solr 1 gm</i>	2	HI
<i>ceftazidime solr 6 gm</i>	2	HI
<i>ceftriaxone sodium solr 1 gm</i>	2	HI
<i>ceftriaxone sodium solr 10 gm</i>	2	HI
<i>ceftriaxone sodium solr 2 gm</i>	2	HI
<i>ceftriaxone sodium solr 250 mg</i>	2	HI
<i>ceftriaxone sodium solr 500 mg</i>	2	HI
<i>cefuroxime axetil tabs 250 mg</i>	2	
<i>cefuroxime axetil tabs 500 mg</i>	2	
<i>cefuroxime sodium solr 1.5 gm</i>	2	HI
<i>cefuroxime sodium solr 750 mg</i>	2	HI

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin caps 250 mg</i>	2	
<i>cephalexin caps 500 mg</i>	2	
<i>cephalexin susr 125 mg/5ml</i>	2	
<i>cephalexin susr 250 mg/5ml</i>	2	
CEPHALEXIN TABS 500 MG	2	
CHLORAMPHENICOL SOD SUCCINATE SOLR 1 GM	2	
CIPROFLOXACIN HCL TABS 100 MG	2	
<i>ciprofloxacin hcl tabs 250 mg</i>	2	
<i>ciprofloxacin hcl tabs 500 mg</i>	2	
<i>ciprofloxacin hcl tabs 750 mg</i>	2	
<i>ciprofloxacin in d5w soln 200 mg/100ml</i>	2	HI
<i>ciprofloxacin in d5w soln 400 mg/200ml</i>	2	
<i>ciprofloxacin susr 500 mg/5ml (10%)</i>	2	
CLARITHROMYCIN SUSR 125 MG/5ML	2	
CLARITHROMYCIN SUSR 250 MG/5ML	2	
<i>clarithromycin tabs 250 mg</i>	2	
<i>clarithromycin tabs 500 mg</i>	2	
<i>clindamycin hcl caps 150 mg</i>	2	
<i>clindamycin hcl caps 300 mg</i>	2	
<i>clindamycin hcl caps 75 mg</i>	2	
<i>clindamycin palmitate hcl solr 75 mg/5ml</i>	2	
<i>clindamycin phosphate in d5w soln 300 mg/50ml</i>	2	HI
<i>clindamycin phosphate in d5w soln 600 mg/50ml</i>	2	HI
<i>clindamycin phosphate in d5w soln 900 mg/50ml</i>	2	HI

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate soln 300 mg/2ml</i>	2	HI
<i>clindamycin phosphate soln 600 mg/4ml</i>	2	HI
<i>clindamycin phosphate soln 900 mg/6ml</i>	2	HI
<i>clindamycin phosphate soln 9000 mg/60ml</i>	2	
<i>colistimethate sodium (cba) solr 150 mg</i>	4	HI
DALVANCE SOLR 500 MG	5	HI
<i>daptomycin solr 350 mg</i>	5	HI
<i>daptomycin solr 500 mg</i>	5	HI
<i>demeclocycline hcl tabs 150 mg</i>	2	
<i>demeclocycline hcl tabs 300 mg</i>	2	
<i>dicloxacillin sodium caps 250 mg</i>	2	
<i>dicloxacillin sodium caps 500 mg</i>	2	
DIFICID SUSR 40 MG/ML	5	NDS
DIFICID TABS 200 MG	5	NDS
DORYX MPC TBEC 60 MG	4	
<i>doxy 100 solr 100 mg</i>	2	HI
<i>doxycycline hyclate caps 100 mg</i>	2	MO
<i>doxycycline hyclate caps 50 mg</i>	2	MO
<i>doxycycline hyclate tabs 100 mg</i>	2	MO
<i>doxycycline hyclate tabs 20 mg</i>	2	MO
<i>doxycycline monohydrate caps 50 mg</i>	2	MO
<i>doxycycline monohydrate susr 25 mg/5ml</i>	2	MO
<i>doxycycline monohydrate tabs 100 mg</i>	2	MO
<i>doxycycline monohydrate tabs 50 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
E.E.S. 400 TABS 400 MG	2	
<i>ertapenem sodium solr 1 gm</i>	2	HI
ERYTHROCIN LACTOBIONATE SOLR 500 MG	2	HI
ERYTHROMYCIN BASE CPEP 250 MG	2	MO
<i>erythromycin base tabs 250 mg</i>	2	
<i>erythromycin base tabs 500 mg</i>	4	
<i>erythromycin tbec 250 mg</i>	2	
FETROJA SOLR 1 GM	5	NDS
GENTAMICIN IN SALINE SOLN 0.8-0.9 MG/ML-%	2	HI
GENTAMICIN IN SALINE SOLN 1-0.9 MG/ML-%	2	HI
<i>gentamicin in saline soln 1.2-0.9 mg/ml-%</i>	2	HI
GENTAMICIN IN SALINE SOLN 1.6-0.9 MG/ML-%	2	HI
GENTAMICIN IN SALINE SOLN 2-0.9 MG/ML-%	2	
<i>gentamicin sulfate soln 10 mg/ml</i>	2	
<i>gentamicin sulfate soln 40 mg/ml</i>	2	HI
IMIPENEM-CILASTATIN SOLR 250 MG	2	HI
<i>imipenem-cilastatin solr 500 mg</i>	2	HI
KIMYRSA SOLR 1200 MG	5	NDS
<i>levofloxacin in d5w soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w soln 500 mg/100ml</i>	2	HI
<i>levofloxacin in d5w soln 750 mg/150ml</i>	2	HI

Drug Name	Drug Tier	Requirements/Limits
LEVOFLOXACIN ORAL SOLN 25 MG/ML	2	
<i>levofloxacin soln intravenous 25 mg/ml</i>	2	HI
<i>levofloxacin tabs 250 mg</i>	2	
<i>levofloxacin tabs 500 mg</i>	2	
<i>levofloxacin tabs 750 mg</i>	2	
<i>linezolid soln 600 mg/300ml</i>	2	HI
<i>linezolid susr 100 mg/5ml</i>	5	NDS
<i>linezolid tabs 600 mg</i>	2	NDS
LYMEPAK TABS 100 MG	5	NDS
<i>meropenem solr 1 gm</i>	2	HI
<i>meropenem solr 500 mg</i>	2	HI
<i>minocycline hcl caps 100 mg</i>	2	MO
<i>minocycline hcl caps 50 mg</i>	2	MO
<i>minocycline hcl caps 75 mg</i>	2	MO
<i>minocycline hcl tabs 100 mg</i>	2	MO
MOXIFLOXACIN HCL IN NAACL SOLN 400 MG/250ML	2	HI
<i>moxifloxacin hcl tabs 400 mg</i>	2	
<i>nafcillin sodium solr 1 gm</i>	2	HI
<i>nafcillin sodium solr 10 gm</i>	2	HI
<i>nafcillin sodium solr injection 2 gm</i>	2	
NAFCILLIN SODIUM SOLR INTRAVENOUS 2 GM	2	
<i>neomycin sulfate tabs 500 mg</i>	2	
NUZYRA TABS 150 MG	5	NDS
ORBACTIV SOLR 400 MG	5	NDS
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML	3	HI

Drug Name	Drug Tier	Requirements/Limits
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML	3	HI
<i>oxacillin sodium solr 1 gm</i>	2	HI
<i>oxacillin sodium solr 2 gm</i>	2	HI
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML	3	HI
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML	3	HI
<i>penicillin g potassium solr 20000000 unit</i>	2	HI
PENICILLIN G PROCAINE SUSP 600000 UNIT/ML	2	
PENICILLIN G SODIUM SOLR 5000000 UNIT	2	HI
PENICILLIN V POTASSIUM SOLR 125 MG/5ML	2	
PENICILLIN V POTASSIUM SOLR 250 MG/5ML	2	
<i>penicillin v potassium tabs 250 mg</i>	2	
<i>penicillin v potassium tabs 500 mg</i>	2	
<i>piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm</i>	2	HI
<i>piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm</i>	2	HI
<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm</i>	2	HI
<i>piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm</i>	2	HI
RECARBRIO SOLR 1.25 GM	5	NDS
SEYSARA TABS 100 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO TABS 200 MG	5	NDS
STREPTOMYCIN SULFATE SOLR 1 GM	5	
SULFADIAZINE TABS 500 MG	2	
<i>sulfamethoxazole-trimethoprim soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	MO
<i>sulfamethoxazole-trimethoprim tabs 400-80 mg</i>	2	MO
<i>sulfamethoxazole-trimethoprim tabs 800-160 mg</i>	2	MO
<i>sulfasalazine tabs 500 mg</i>	2	
SULFASALAZINE TBEC 500 MG	2	
<i>tazicef solr 1 gm</i>	2	HI
<i>tazicef solr 2 gm</i>	2	HI
TAZICEF SOLR 6 GM	2	HI
TEFLARO SOLR 600 MG	5	HI
<i>tetracycline hcl caps 250 mg</i>	2	MO
<i>tetracycline hcl caps 500 mg</i>	2	MO
<i>tigecycline solr 50 mg</i>	5	HI
TOBRAMYCIN SULFATE SOLN 10 MG/ML	2	HI
<i>tobramycin sulfate soln 80 mg/2ml</i>	2	HI
<i>vancomycin hcl caps 125 mg</i>	2	
<i>vancomycin hcl caps 250 mg</i>	2	
<i>vancomycin hcl solr 1 gm</i>	2	HI
<i>vancomycin hcl solr 10 gm</i>	2	HI
<i>vancomycin hcl solr 250 mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl solr 5 gm</i>	2	
<i>vancomycin hcl solr 500 mg</i>	2	HI
XACDURO SOLR 1-1 GM	5	NDS
XENLETA SOLN 150 MG/15ML	5	NDS
XIFAXAN TABS 200 MG	4	
XIFAXAN TABS 550 MG	5	NDS
ZERBAXA SOLR 1.5 (1-0.5) GM	5	HI
ANTIFUNGALS		
AMBISOME SUSR 50 MG	5	HI
AMPHOTERICIN B SOLR 50 MG	2	HI
<i>caspofungin acetate solr 70 mg</i>	4	HI
CRESEMBA CAPS 186 MG	5	NDS
CRESEMBA CAPS 74.5 MG	5	NDS
CRESEMBA SOLR 372 MG	5	NDS
<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	2	HI
<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	2	HI
<i>fluconazole susr 10 mg/ml</i>	2	
<i>fluconazole susr 40 mg/ml</i>	2	
<i>fluconazole tabs 100 mg</i>	2	
<i>fluconazole tabs 150 mg</i>	2	
<i>fluconazole tabs 200 mg</i>	2	
<i>fluconazole tabs 50 mg</i>	2	
<i>flucytosine caps 250 mg</i>	5	NDS
<i>flucytosine caps 500 mg</i>	5	NDS
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tabs 500 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize tabs 125 mg</i>	2	
<i>griseofulvin ultramicrosize tabs 250 mg</i>	2	
<i>itraconazole caps 100 mg</i>	2	
ITRACONAZOLE SOLN 10 MG/ML	5	MO
<i>ketoconazole tabs 200 mg</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>nystatin tabs 500000 unit</i>	2	
<i>posaconazole susp 40 mg/ml</i>	5	NDS
<i>posaconazole tbec 100 mg</i>	4	MO
REZZAYO SOLR 200 MG	5	NDS
<i>terbinafine hcl tabs 250 mg</i>	2	
<i>voriconazole solr 200 mg</i>	5	HI
<i>voriconazole susr 40 mg/ml</i>	5	
<i>voriconazole tabs 200 mg</i>	2	
<i>voriconazole tabs 50 mg</i>	2	
ANTIMYCOBACTERIALS		
<i>cycloserine caps 250 mg</i>	5	
<i>dapsone tabs 100 mg</i>	2	MO
<i>dapsone tabs 25 mg</i>	2	MO
<i>ethambutol hcl tabs 100 mg</i>	2	MO
<i>ethambutol hcl tabs 400 mg</i>	2	MO
ISONIAZID SOLN 100 MG/ML	2	
<i>isoniazid syrp 50 mg/5ml</i>	2	MO
ISONIAZID TABS 100 MG	2	MO
<i>isoniazid tabs 300 mg</i>	2	MO
PRETOMANID TABS 200 MG	3	
PRIFTIN TABS 150 MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide tabs 500 mg</i>	2	MO
RIFABUTIN CAPS 150 MG	2	MO
<i>rifampin caps 150 mg</i>	2	MO
<i>rifampin caps 300 mg</i>	2	MO
<i>rifampin solr 600 mg</i>	2	HI
SIRTURO TABS 100 MG	5	NDS
SIRTURO TABS 20 MG	5	NDS
TRECTOR TABS 250 MG	4	MO
ANTIPROTOZOALS		
ARTESUNATE SOLR 110 MG	5	NDS
<i>atovaquone susp 750 mg/5ml</i>	2	NDS
<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	2	
<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	2	
<i>chloroquine phosphate tabs 250 mg</i>	2	
<i>chloroquine phosphate tabs 500 mg</i>	2	
COARTEM TABS 20-120 MG	3	
HUMATIN CAPS 250 MG	5	NDS
<i>hydroxychloroquine sulfate tabs 200 mg</i>	2	MO
IMPAVIDO CAPS 50 MG	5	NDS
KRINTAFEL TABS 150 MG	3	
<i>mefloquine hcl tabs 250 mg</i>	2	
<i>metronidazole caps 375 mg</i>	2	
<i>metronidazole soln 500 mg/100ml</i>	2	HI
<i>metronidazole tabs 250 mg</i>	2	
<i>metronidazole tabs 500 mg</i>	2	
NITAZOXANIDE TABS 500 MG	5	

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate solr inhalation 300 mg</i>	2	PA
<i>pentamidine isethionate solr injection 300 mg</i>	2	
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG	2	
<i>pyrimethamine tabs 25 mg</i>	5	
<i>quinine sulfate caps 324 mg</i>	2	NDS
<i>tinidazole tabs 250 mg</i>	2	
ANTIVIRALS		
<i>abacavir sulfate soln 20 mg/ml</i>	2	
<i>abacavir sulfate tabs 300 mg</i>	2	MO
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	2	MO
<i>acyclovir caps 200 mg</i>	2	MO
<i>acyclovir sodium soln 50 mg/ml</i>	2	HI
<i>acyclovir susp 200 mg/5ml</i>	2	MO
<i>acyclovir tabs 400 mg</i>	2	MO
<i>acyclovir tabs 800 mg</i>	2	MO
<i>adefovir dipivoxil tabs 10 mg</i>	2	NDS
APTIVUS CAPS 250 MG	3	MO
<i>atazanavir sulfate caps 150 mg</i>	2	MO
<i>atazanavir sulfate caps 200 mg</i>	2	MO
<i>atazanavir sulfate caps 300 mg</i>	2	MO
BARACLUDGE SOLN 0.05 MG/ML	3	MO
BIKTARVY TABS 30-120-15 MG	3	
BIKTARVY TABS 50-200-25 MG	3	
CABENUVA SUER 400 & 600 MG/2ML	4	
CABENUVA SUER 600 & 900 MG/3ML	4	

Drug Name	Drug Tier	Requirements/Limits
<i>cidofovir soln 75 mg/ml</i>	2	
CIMDUO TABS 300-300 MG	2	MO
COMPLERA TABS 200-25-300 MG	3	MO
<i>darunavir tabs 600 mg</i>	2	MO
<i>darunavir tabs 800 mg</i>	2	MO
DELSTRIGO TABS 100-300-300 MG	4	MO
DESCOVY TABS 120-15 MG	4	MO
DESCOVY TABS 200-25 MG	3	MO
DOVATO TABS 50-300 MG	3	MO
EDURANT TABS 25 MG	3	MO
EFAVIRENZ CAPS 200 MG	2	MO
EFAVIRENZ CAPS 50 MG	2	MO
<i>efavirenz tabs 600 mg</i>	2	MO
<i>efavirenz-emtricitab-tenofo df tabs 600-200-300 mg</i>	2	MO
<i>emtricitabine caps 200 mg</i>	2	MO
<i>emtricitabine-tenofovir df tabs 100-150 mg</i>	2	MO
<i>emtricitabine-tenofovir df tabs 133-200 mg</i>	2	MO
<i>emtricitabine-tenofovir df tabs 167-250 mg</i>	2	MO
<i>emtricitabine-tenofovir df tabs 200-300 mg</i>	2	MO
EMTRIVA SOLN 10 MG/ML	3	MO
<i>entecavir tabs 0.5 mg</i>	2	MO
<i>entecavir tabs 1 mg</i>	2	MO
EPCLUSA PACK 150-37.5 MG	5	PA, NDS
EPCLUSA PACK 200-50 MG	5	PA, NDS
EPCLUSA TABS 200-50 MG	5	PA, NDS
EPCLUSA TABS 400-100 MG	5	PA, NDS

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV SOLN 5 MG/ML	3	MO
<i>etravirine tabs 100 mg</i>	2	MO
<i>etravirine tabs 200 mg</i>	2	MO
EVOTAZ TABS 300-150 MG	4	MO
<i>famciclovir tabs 125 mg</i>	2	MO
<i>famciclovir tabs 250 mg</i>	2	MO
<i>famciclovir tabs 500 mg</i>	2	MO
<i>fosamprenavir calcium tabs 700 mg</i>	2	MO
FUZEON SOLR 90 MG	3	NDS
GANCICLOVIR SODIUM SOLN 500 MG/10ML	2	
<i>ganciclovir sodium solr 500 mg</i>	2	
GENVOYA TABS 150-150-200-10 MG	3	MO
HARVONI PACK 33.75-150 MG	5	PA, NDS
HARVONI PACK 45-200 MG	5	PA, NDS
HARVONI TABS 45-200 MG	5	PA, NDS
HARVONI TABS 90-400 MG	5	PA, NDS
INTELENCE TABS 25 MG	3	MO
ISENTRESS CHEW 100 MG	3	MO
ISENTRESS CHEW 25 MG	3	MO
ISENTRESS HD TABS 600 MG	3	MO
ISENTRESS PACK 100 MG	3	MO
ISENTRESS TABS 400 MG	3	MO
JULUCA TABS 50-25 MG	3	MO
<i>lamivudine soln 10 mg/ml</i>	2	MO
<i>lamivudine tabs 100 mg</i>	2	MO
<i>lamivudine tabs 150 mg</i>	2	MO
<i>lamivudine tabs 300 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine-zidovudine tabs 150-300 mg</i>	2	MO
LEDIPASVIR-SOFOSBUVIR TABS 90-400 MG	5	PA, NDS
LEXIVA SUSP 50 MG/ML	4	MO
LIVTENCITY TABS 200 MG	5	NDS
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	2	MO
<i>lopinavir-ritonavir tabs 100-25 mg</i>	2	MO
<i>lopinavir-ritonavir tabs 200-50 mg</i>	2	MO
<i>maraviroc tabs 150 mg</i>	2	MO
<i>maraviroc tabs 300 mg</i>	2	MO
MAVYRET PACK 50-20 MG	5	PA, NDS
MAVYRET TABS 100-40 MG	5	PA, NDS
NEVIRAPINE ER TB24 100 MG	2	MO
<i>nevirapine er tb24 400 mg</i>	2	MO
NEVIRAPINE SUSP 50 MG/5ML	2	MO
<i>nevirapine tabs 200 mg</i>	2	MO
NORVIR CAPS 100 MG	4	MO
NORVIR PACK 100 MG	4	MO
NORVIR SOLN 80 MG/ML	3	MO
ODEFSEY TABS 200-25-25 MG	3	MO
<i>oseltamivir phosphate caps 30 mg</i>	2	MO
<i>oseltamivir phosphate caps 45 mg</i>	2	MO
<i>oseltamivir phosphate caps 75 mg</i>	2	MO
<i>oseltamivir phosphate susr 6 mg/ml</i>	2	MO
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG	3	NDS

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG	5	NDS
PEGASYS SOLN 180 MCG/ML	5	NDS
PEGASYS SOSY 180 MCG/0.5ML	5	NDS
PIFELTRO TABS 100 MG	4	MO
PREVYMIS SOLN 240 MG/12ML	5	NDS
PREVYMIS SOLN 480 MG/24ML	5	NDS
PREVYMIS TABS 240 MG	5	NDS
PREVYMIS TABS 480 MG	5	NDS
PREZCOBIX TABS 800-150 MG	3	MO
PREZISTA SUSP 100 MG/ML	3	MO
PREZISTA TABS 150 MG	3	MO
PREZISTA TABS 75 MG	3	MO
RAPIVAB SOLN 200 MG/20ML	5	NDS
RELENZA DISKHALER AEPB 5 MG/ACT	3	MO
RETROVIR SOLN 10 MG/ML	3	MO
REYATAZ PACK 50 MG	4	MO
RIBAVIRIN CAPS 200 MG	2	MO
<i>ribavirin solr 6 gm</i>	2	
RIBAVIRIN TABS 200 MG	2	MO
RIMANTADINE HCL TABS 100 MG	2	MO
<i>ritonavir tabs 100 mg</i>	2	MO
RUKOBIA TB12 600 MG	4	
SELZENTRY SOLN 20 MG/ML	4	MO
SELZENTRY TABS 25 MG	3	MO
SELZENTRY TABS 75 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
SOFOSBUVIR-VELPATASVIR TABS 400-100 MG	5	PA, NDS
SOVALDI PACK 150 MG	5	PA, NDS
SOVALDI PACK 200 MG	5	PA, NDS
SOVALDI TABS 200 MG	5	PA, NDS
SOVALDI TABS 400 MG	5	PA, NDS
STAVUDINE CAPS 15 MG	2	MO
STAVUDINE CAPS 20 MG	2	MO
STAVUDINE CAPS 30 MG	2	MO
STAVUDINE CAPS 40 MG	2	MO
STRIBILD TABS 150-150-200-300 MG	3	MO
SUNLENCA SOLN 463.5 MG/1.5ML	4	MO
SUNLENCA TBPK 4 x 300 MG	4	
SUNLENCA TBPK 5 x 300 MG	4	
SYMFI LO TABS 400-300-300 MG	4	MO
SYMFI TABS 600-300-300 MG	4	MO
SYMTUZA TABS 800-150-200-10 MG	3	MO
SYNAGIS SOLN 100 MG/ML	5	NDS
SYNAGIS SOLN 50 MG/0.5ML	5	NDS
<i>tenofovir disoproxil fumarate tabs 300 mg</i>	2	MO
TIVICAY PD TBSO 5 MG	3	MO
TIVICAY TABS 10 MG	3	MO
TIVICAY TABS 25 MG	3	MO
TIVICAY TABS 50 MG	3	MO
TRIUMEQ PD TBSO 60-5-30 MG	4	MO
TRIUMEQ TABS 600-50-300 MG	3	MO
TRIZIVIR TABS 300-150-300 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
TYBOST TABS 150 MG	3	MO
<i>valacyclovir hcl tabs 1 gm</i>	2	MO
<i>valacyclovir hcl tabs 500 mg</i>	2	MO
<i>valganciclovir hcl solr 50 mg/ml</i>	2	NDS
<i>valganciclovir hcl tabs 450 mg</i>	2	NDS
VEKLURY SOLR 100 MG	5	NDS
VEMLIDY TABS 25 MG	5	
VIEKIRA PAK TBPK 12.5-75-50 &250 MG	5	PA, NDS
VIRACEPT TABS 250 MG	3	MO
VIRACEPT TABS 625 MG	3	MO
VIREAD POWD 40 MG/GM	3	MO
VIREAD TABS 150 MG	4	MO
VIREAD TABS 200 MG	4	MO
VIREAD TABS 250 MG	4	MO
VOCABRIA TABS 30 MG	4	MO
VOSEVI TABS 400-100-100 MG	5	PA, NDS
<i>zidovudine caps 100 mg</i>	2	MO
<i>zidovudine syrp 50 mg/5ml</i>	2	MO
<i>zidovudine tabs 300 mg</i>	2	MO
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine pack 3 gm</i>	2	
<i>methenamine hippurate tabs 1 gm</i>	2	
<i>nitrofurantoin macrocrystal caps 100 mg</i>	2	
<i>nitrofurantoin macrocrystal caps 25 mg</i>	2	
<i>nitrofurantoin macrocrystal caps 50 mg</i>	2	
<i>nitrofurantoin monohyd macro caps 100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin susp 25 mg/5ml</i>	5	NDS
NITROFURANTOIN SUSP 50 MG/5ML	5	NDS
<i>trimethoprim tabs 100 mg</i>	2	MO
ANTIHISTAMINE DRUGS		
ANTIHISTAMINE DRUGS		
<i>cyproheptadine hcl syrp 2 mg/5ml</i>	2	
<i>cyproheptadine hcl tabs 4 mg</i>	2	
<i>diphenhydramine hcl soln 50 mg/ml</i>	2	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	4	MO
<i>levocetirizine dihydrochloride tabs 5 mg</i>	4	MO
<i>promethazine hcl soln 25 mg/ml</i>	2	
<i>promethazine hcl soln 6.25 mg/5ml</i>	2	
<i>promethazine hcl tabs 12.5 mg</i>	2	
<i>promethazine hcl tabs 25 mg</i>	2	
<i>promethazine hcl tabs 50 mg</i>	2	
<i>promethegan supp 12.5 mg</i>	2	
<i>promethegan supp 25 mg</i>	2	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs 250 mg</i>	2	
<i>abiraterone acetate tabs 500 mg</i>	5	NDS
ABRAXANE SUSR 100 MG	3	
<i>adriamycin solr 50 mg</i>	2	
ADSTILADRIN SUSP 300000000000 VP/ML	5	

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ TBSO 2 MG	5	NDS
AFINITOR DISPERZ TBSO 3 MG	5	NDS
AFINITOR DISPERZ TBSO 5 MG	5	NDS
AFINITOR TABS 10 MG	5	NDS
AKEEGA TABS 100-500 MG	5	NDS
AKEEGA TABS 50-500 MG	5	NDS
ALECENSA CAPS 150 MG	5	NDS
ALIMTA SOLR 500 MG	3	
ALIQOPA SOLR 60 MG	5	NDS
ALUNBRIG TABS 180 MG	5	NDS
ALUNBRIG TABS 30 MG	5	NDS
ALUNBRIG TABS 90 MG	5	NDS
ALUNBRIG TBPK 90 & 180 MG	5	NDS
ALYMSYS SOLN 100 MG/4ML	5	NDS
ALYMSYS SOLN 400 MG/16ML	5	NDS
<i>anastrozole tabs 1 mg</i>	1	
ANKTIVA SOLN 400 MCG/0.4ML	5	NDS
<i>arsenic trioxide soln 12 mg/6ml</i>	5	NDS
ARZERRA CONC 100 MG/5ML	5	NDS
ARZERRA CONC 1000 MG/50ML	5	NDS
ASPARLAS SOLN 3750 UNIT/5ML	5	NDS
AUGTYRO CAPS 40 MG	5	NDS
AVASTIN SOLN 100 MG/4ML	5	
AVASTIN SOLN 400 MG/16ML	5	
AYVAKIT TABS 100 MG	5	NDS
AYVAKIT TABS 200 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
AYVAKIT TABS 25 MG	5	NDS
AYVAKIT TABS 300 MG	5	NDS
AYVAKIT TABS 50 MG	5	NDS
AZACITIDINE SUSR 100 MG	2	
BALVERSA TABS 3 MG	5	NDS
BALVERSA TABS 4 MG	5	NDS
BALVERSA TABS 5 MG	5	NDS
BAVENCIO SOLN 200 MG/10ML	5	NDS
BCG VACCINE SOLR 50 MG	3	
BELEODAQ SOLR 500 MG	5	NDS
BELRAPZO SOLN 100 MG/4ML	5	NDS
BENDAMUSTINE HCL SOLN 100 MG/4ML	5	NDS
<i>bendamustine hcl solr 100 mg</i>	5	NDS
<i>bendamustine hcl solr 25 mg</i>	5	NDS
BENDEKA SOLN 100 MG/4ML	5	NDS
BESPONSA SOLR 0.9 MG	5	NDS
BESREMI SOSY 500 MCG/ML	5	NDS
BEXAROTENE CAPS 75 MG	5	NDS
<i>bicalutamide tabs 50 mg</i>	2	
<i>bleomycin sulfate solr 15 unit</i>	2	
<i>bleomycin sulfate solr 30 unit</i>	2	
BLINCYTO SOLR 35 MCG	5	NDS
BORTEZOMIB SOLN INJECTION 3.5 MG/1.4ML	4	
BORTEZOMIB SOLR INJECTION 1 MG	4	
BORTEZOMIB SOLR INJECTION 2.5 MG	4	
<i>bortezomib solr injection 3.5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
BORTEZOMIB SOLR INTRAVENOUS 3.5 MG	3	
BOSULIF CAPS 100 MG	5	NDS
BOSULIF CAPS 50 MG	5	NDS
BOSULIF TABS 100 MG	5	NDS
BOSULIF TABS 400 MG	5	NDS
BOSULIF TABS 500 MG	5	NDS
BRAFTOVI CAPS 75 MG	5	NDS
BRUKINSA CAPS 80 MG	5	NDS
<i>busulfan soln 6 mg/ml</i>	2	
CABOMETYX TABS 20 MG	5	NDS
CABOMETYX TABS 40 MG	5	NDS
CABOMETYX TABS 60 MG	5	NDS
CALQUENCE CAPS 100 MG	5	NDS
CALQUENCE TABS 100 MG	5	NDS
CAMCEVI PRSY 42 MG	4	
CAPRELSA TABS 100 MG	5	LD, NDS
CAPRELSA TABS 300 MG	5	LD, NDS
<i>carboplatin soln 150 mg/15ml</i>	2	
<i>carboplatin soln 450 mg/45ml</i>	2	
<i>carboplatin soln 50 mg/5ml</i>	2	
<i>carboplatin soln 600 mg/60ml</i>	2	
<i>carmustine solr 100 mg</i>	2	
CARMUSTINE SOLR 300 MG	5	
CARMUSTINE SOLR 50 MG	5	
<i>cisplatin soln 100 mg/100ml</i>	2	
CISPLATIN SOLN 200 MG/200ML	2	
<i>cisplatin soln 50 mg/50ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CISPLATIN SOLR 50 MG	5	NDS
<i>cladribine soln 10 mg/10ml</i>	2	
<i>clofarabine soln 1 mg/ml</i>	2	
COLUMVI SOLN 10 MG/10ML	5	NDS
COLUMVI SOLN 2.5 MG/2.5ML	5	NDS
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG	5	LD, NDS
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG	5	LD, NDS
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG	5	LD, NDS
COPIKTRA CAPS 15 MG	5	NDS
COPIKTRA CAPS 25 MG	5	NDS
COTELLIC TABS 20 MG	5	NDS
CYCLOPHOSPH INJ 1GM/2ML	5	NDS
CYCLOPHOSPH INJ 500MG	5	NDS
CYCLOPHOSPHA INJ 2GM/4ML	5	NDS
<i>cyclophosphamide caps 25 mg</i>	2	PA
<i>cyclophosphamide caps 50 mg</i>	2	PA
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 1000 MG/10ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 2 GM/10ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 2000 MG/20ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 500 MG/2.5ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 500 MG/5ML	5	NDS
<i>cyclophosphamide solr 1 gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide solr 2 gm</i>	2	
<i>cyclophosphamide solr 500 mg</i>	2	
CYRAMZA SOLN 100 MG/10ML	5	NDS
CYRAMZA SOLN 500 MG/50ML	5	NDS
<i>cytarabine (pf) soln 100 mg/ml</i>	2	
<i>cytarabine (pf) soln 20 mg/ml</i>	2	
CYTARABINE SOLN 20 MG/ML	2	
DACARBAZINE SOLR 100 MG	2	
<i>dacarbazine solr 200 mg</i>	2	
<i>dactinomycin solr 0.5 mg</i>	2	
DANYELZA SOLN 40 MG/10ML	5	NDS
DARZALEX FASPRO SOLN 1800-30000 MG-UT/15ML	5	NDS
DARZALEX SOLN 100 MG/5ML	5	NDS
DARZALEX SOLN 400 MG/20ML	5	NDS
<i>dasatinib tabs 100 mg</i>	5	NDS
<i>dasatinib tabs 140 mg</i>	5	NDS
<i>dasatinib tabs 20 mg</i>	5	NDS
<i>dasatinib tabs 50 mg</i>	5	NDS
<i>dasatinib tabs 70 mg</i>	5	NDS
<i>dasatinib tabs 80 mg</i>	5	NDS
<i>daunorubicin hcl soln 20 mg/4ml</i>	2	
DAURISMO TABS 100 MG	5	NDS
DAURISMO TABS 25 MG	5	NDS
<i>decitabine solr 50 mg</i>	2	
<i>docetaxel conc 20 mg/ml</i>	2	
<i>docetaxel conc 80 mg/4ml</i>	2	
<i>docetaxel soln 160 mg/16ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel soln 20 mg/2ml</i>	2	
<i>docetaxel soln 80 mg/8ml</i>	2	
DOCIVYX SOLN 160 MG/16ML	5	NDS
DOCIVYX SOLN 20 MG/2ML	5	NDS
DOCIVYX SOLN 80 MG/8ML	5	NDS
<i>doxorubicin hcl liposomal inj 2 mg/ml</i>	2	
DOXORUBICIN HCL SOLN 2 MG/ML	2	
DOXORUBICIN HCL SOLR 10 MG	2	
<i>doxorubicin hcl solr 50 mg</i>	2	
DROXIA CAPS 200 MG	4	
DROXIA CAPS 300 MG	4	
DROXIA CAPS 400 MG	4	
ELAHERE SOLN 100 MG/20ML	5	NDS
ELIGARD KIT 22.5 MG	4	
ELIGARD KIT 30 MG	4	
ELIGARD KIT 45 MG	4	
ELIGARD KIT 7.5 MG	4	
ELLENCE SOLN 200 MG/100ML	2	
ELLENCE SOLN 50 MG/25ML	2	
ELREXFIO SOLN 44 MG/1.1ML	5	NDS
ELREXFIO SOLN 76 MG/1.9ML	5	NDS
ELZONRIS SOLN 1000 MCG/ML	5	NDS
EMCYT CAPS 140 MG	5	NDS
EMPLICITI SOLR 300 MG	5	NDS
EMPLICITI SOLR 400 MG	5	NDS
ENHERTU SOLR 100 MG	5	NDS
EPKINLY SOLN 4 MG/0.8ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
EPKINLY SOLN 48 MG/0.8ML	5	NDS
ERBITUX SOLN 100 MG/50ML	3	
ERBITUX SOLN 200 MG/100ML	3	
<i>eribulin mesylate soln 1 mg/2ml</i>	5	NDS
ERIVEDGE CAPS 150 MG	5	NDS
ERLEADA TABS 240 MG	5	NDS
ERLEADA TABS 60 MG	5	NDS
<i>erlotinib hcl tabs 100 mg</i>	5	NDS
<i>erlotinib hcl tabs 150 mg</i>	5	NDS
<i>erlotinib hcl tabs 25 mg</i>	5	NDS
ETOPOPHOS SOLR 100 MG	5	NDS
<i>etoposide soln 1 gm/50ml</i>	2	
<i>etoposide soln 100 mg/5ml</i>	2	
<i>etoposide soln 500 mg/25ml</i>	2	
EULEXIN CAPS 125 MG	5	NDS
<i>everolimus tabs 10 mg</i>	5	NDS
<i>everolimus tabs 2.5 mg</i>	5	NDS
<i>everolimus tabs 5 mg</i>	5	NDS
<i>everolimus tabs 7.5 mg</i>	5	NDS
<i>everolimus tbso 2 mg</i>	5	NDS
<i>everolimus tbso 3 mg</i>	5	NDS
<i>everolimus tbso 5 mg</i>	5	NDS
EVOMELA SOLR 50 MG	5	NDS
<i>exemestane tabs 25 mg</i>	2	
FENSOLVI (6 MONTH) KIT 45 MG	5	
FIRMAGON (240 MG DOSE) SOLR 120 MG/VIAL	5	NDS
FIRMAGON SOLR 80 MG	4	
FLOXURIDINE SOLR 0.5 GM	2	
<i>fludarabine phosphate soln 50 mg/2ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
FLUDARABINE PHOSPHATE SOLR 50 MG	2	
<i>fluorouracil soln 1 gm/20ml</i>	2	
<i>fluorouracil soln 2.5 gm/50ml</i>	2	
<i>fluorouracil soln 5 gm/100ml</i>	2	
<i>fluorouracil soln 500 mg/10ml</i>	2	
FLUTAMIDE CAPS 125 MG	2	
FOLOTYN SOLN 20 MG/ML	5	NDS
FOLOTYN SOLN 40 MG/2ML	5	NDS
FOTIVDA CAPS 0.89 MG	5	NDS
FOTIVDA CAPS 1.34 MG	5	NDS
FRUZAQLA CAPS 1 MG	5	NDS
FRUZAQLA CAPS 5 MG	5	NDS
<i>fulvestrant sosy 250 mg/5ml</i>	5	NDS
FYARRO SUSR 100 MG	5	NDS
GAVRETO CAPS 100 MG	5	NDS
GAZYVA SOLN 1000 MG/40ML	5	NDS
<i>gefitinib tabs 250 mg</i>	5	NDS
<i>gemcitabine hcl soln 1 gm/26.3ml</i>	2	
<i>gemcitabine hcl soln 2 gm/52.6ml</i>	2	
<i>gemcitabine hcl soln 200 mg/5.26ml</i>	2	
<i>gemcitabine hcl solr 1 gm</i>	2	
<i>gemcitabine hcl solr 2 gm</i>	2	
<i>gemcitabine hcl solr 200 mg</i>	2	
GILOTRIF TABS 20 MG	5	NDS
GILOTRIF TABS 30 MG	5	NDS
GILOTRIF TABS 40 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAPS 10 MG	3	
GLEOSTINE CAPS 100 MG	5	NDS
GLEOSTINE CAPS 40 MG	3	
HERCEPTIN HYLECTA SOLN 600-10000 MG-UNT/5ML	5	NDS
HERCEPTIN SOLR 150 MG	5	NDS
HERZUMA SOLR 150 MG	5	NDS
HERZUMA SOLR 420 MG	5	NDS
<i>hydroxyurea caps 500 mg</i>	2	
IBRANCE CAPS 100 MG	5	NDS
IBRANCE CAPS 125 MG	5	NDS
IBRANCE CAPS 75 MG	5	NDS
IBRANCE TABS 100 MG	5	NDS
IBRANCE TABS 125 MG	5	NDS
IBRANCE TABS 75 MG	5	NDS
ICLUSIG TABS 10 MG	5	NDS
ICLUSIG TABS 15 MG	5	NDS
ICLUSIG TABS 30 MG	5	NDS
ICLUSIG TABS 45 MG	5	NDS
IDAMYCIN PFS SOLN 10 MG/10ML	2	
IDAMYCIN PFS SOLN 20 MG/20ML	2	
IDAMYCIN PFS SOLN 5 MG/5ML	2	
<i>idarubicin hcl soln 10 mg/10ml</i>	2	
<i>idarubicin hcl soln 20 mg/20ml</i>	2	
<i>idarubicin hcl soln 5 mg/5ml</i>	2	
IDHIFA TABS 100 MG	5	NDS
IDHIFA TABS 50 MG	5	NDS
IFOSFAMIDE SOLN 1 GM/20ML	2	

Drug Name	Drug Tier	Requirements/Limits
IFOSFAMIDE SOLN 3 GM/60ML	2	
IFOSFAMIDE SOLR 1 GM	2	
<i>imatinib mesylate tabs 100 mg</i>	2	
<i>imatinib mesylate tabs 400 mg</i>	2	
IMBRUVICA CAPS 140 MG	5	NDS
IMBRUVICA CAPS 70 MG	5	NDS
IMBRUVICA SUSP 70 MG/ML	5	NDS
IMBRUVICA TABS 140 MG	5	NDS
IMBRUVICA TABS 280 MG	5	NDS
IMBRUVICA TABS 420 MG	5	NDS
IMBRUVICA TABS 560 MG	5	NDS
IMDELLTRA SOLR 1 MG	5	NDS
IMDELLTRA SOLR 10 MG	5	NDS
IMFINZI SOLN 120 MG/2.4ML	5	NDS
IMFINZI SOLN 500 MG/10ML	5	NDS
IMJUDO SOLN 25 MG/1.25ML	5	NDS
IMJUDO SOLN 300 MG/15ML	5	NDS
INFUGEM SOLN 1200-0.9 MG/120ML-%	5	NDS
INFUGEM SOLN 1300-0.9 MG/130ML-%	5	NDS
INFUGEM SOLN 1400-0.9 MG/140ML-%	5	NDS
INFUGEM SOLN 1500-0.9 MG/150ML-%	5	NDS
INFUGEM SOLN 1600-0.9 MG/160ML-%	5	NDS
INFUGEM SOLN 1700-0.9 MG/170ML-%	5	NDS

Drug Name	Drug Tier	Requirements/Limits
INFUGEM SOLN 1800-0.9 MG/180ML-%	5	NDS
INFUGEM SOLN 1900-0.9 MG/190ML-%	5	NDS
INFUGEM SOLN 2000-0.9 MG/200ML-%	5	NDS
INFUGEM SOLN 2200-0.9 MG/220ML-%	5	NDS
INLYTA TABS 1 MG	5	NDS
INLYTA TABS 5 MG	5	NDS
INQOVI TABS 35-100 MG	5	NDS
INREBIC CAPS 100 MG	5	NDS
<i>irinotecan hcl soln 100 mg/5ml</i>	2	
<i>irinotecan hcl soln 300 mg/15ml</i>	2	
<i>irinotecan hcl soln 40 mg/2ml</i>	2	
IRINOTECAN HCL SOLN 500 MG/25ML	2	
IWILFIN TABS 192 MG	5	NDS
IXEMPRA KIT SOLR 45 MG	5	NDS
JAKAFI TABS 10 MG	5	NDS
JAKAFI TABS 15 MG	5	NDS
JAKAFI TABS 20 MG	5	NDS
JAKAFI TABS 25 MG	5	NDS
JAKAFI TABS 5 MG	5	NDS
JAYPIRCA TABS 100 MG	5	NDS
JAYPIRCA TABS 50 MG	5	NDS
JEMPERLI SOLN 500 MG/10ML	5	
JYLAMVO SOLN 2 MG/ML	4	
KADCYLA SOLR 100 MG	5	NDS
KADCYLA SOLR 160 MG	5	NDS
KANJINTI SOLR 150 MG	5	NDS
KANJINTI SOLR 420 MG	5	NDS
KEYTRUDA SOLN 100 MG/4ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
KIMMTRAK SOLN 100 MCG/0.5ML	5	NDS
KISQALI (200 MG DOSE) TBPB 200 MG	5	NDS
KISQALI (400 MG DOSE) TBPB 200 MG	5	NDS
KISQALI (600 MG DOSE) TBPB 200 MG	5	NDS
KISQALI FEMARA (200 MG DOSE) TBPB 200 & 2.5 MG	5	NDS
KISQALI FEMARA (400 MG DOSE) TBPB 200 & 2.5 MG	5	NDS
KISQALI FEMARA (600 MG DOSE) TBPB 200 & 2.5 MG	5	NDS
KOSELUGO CAPS 10 MG	5	NDS
KOSELUGO CAPS 25 MG	5	NDS
KRAZATI TABS 200 MG	5	NDS
KYPROLIS SOLR 10 MG	5	NDS
KYPROLIS SOLR 30 MG	5	NDS
KYPROLIS SOLR 60 MG	5	NDS
<i>lapatinib ditosylate tabs 250 mg</i>	5	NDS
LAZCLUZE TABS 240 MG	5	NDS
LAZCLUZE TABS 80 MG	5	NDS
<i>lenalidomide caps 10 mg</i>	5	NDS
<i>lenalidomide caps 15 mg</i>	5	NDS
<i>lenalidomide caps 2.5 mg</i>	5	NDS
<i>lenalidomide caps 20 mg</i>	5	NDS
<i>lenalidomide caps 25 mg</i>	5	NDS
<i>lenalidomide caps 5 mg</i>	5	NDS
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG	5	LD, NDS
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG	5	LD, NDS

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG	5	LD, NDS
LENVIMA (18 MG DAILY DOSE) CPPK 10 MG & 2 X 4 MG	5	LD, NDS
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG	5	LD, NDS
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG	5	LD, NDS
LENVIMA (4 MG DAILY DOSE) CPPK 4 MG	5	LD, NDS
LENVIMA (8 MG DAILY DOSE) CPPK 2 x 4 MG	5	LD, NDS
<i>letrozole tabs 2.5 mg</i>	2	
LEUKERAN TABS 2 MG	5	NDS
<i>leuprolide acetate kit 1 mg/0.2ml</i>	2	
LIBTAYO SOLN 350 MG/7ML	5	NDS
LONSURF TABS 15-6.14 MG	5	NDS
LONSURF TABS 20-8.19 MG	5	NDS
LOQTORZI SOLN 240 MG/6ML	5	NDS
LORBRENA TABS 100 MG	5	NDS
LORBRENA TABS 25 MG	5	NDS
LUMAKRAS TABS 120 MG	5	NDS
LUMAKRAS TABS 320 MG	5	NDS
LUMOXITI SOLR 1 MG	5	NDS
LUNSUMIO SOLN 1 MG/ML	5	NDS
LUNSUMIO SOLN 30 MG/30ML	5	NDS
LUPRON DEPOT (1-MONTH) KIT 3.75 MG	5	
LUPRON DEPOT (1-MONTH) KIT 7.5 MG	5	
LUPRON DEPOT (3-MONTH) KIT 11.25 MG	5	

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3-MONTH) KIT 22.5 MG	5	
LUPRON DEPOT (4-MONTH) KIT 30 MG	5	
LUPRON DEPOT (6-MONTH) KIT 45 MG	5	
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG	5	
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG	5	
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	5	
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG	5	
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	5	
LUPRON DEPOT-PED (6-MONTH) KIT 45 MG	5	
LYNPARZA TABS 100 MG	5	NDS
LYNPARZA TABS 150 MG	5	NDS
LYSODREN TABS 500 MG	5	NDS
LYTGOBI (12 MG DAILY DOSE) TBPK 4 MG	5	NDS
LYTGOBI (16 MG DAILY DOSE) TBPK 4 MG	5	NDS
LYTGOBI (20 MG DAILY DOSE) TBPK 4 MG	5	NDS
MARGENZA SOLN 250 MG/10ML	5	NDS
MATULANE CAPS 50 MG	5	NDS
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate tabs 20 mg</i>	2	
<i>megestrol acetate tabs 40 mg</i>	2	
MEKINIST SOLR 0.05 MG/ML	5	NDS
MEKINIST TABS 0.5 MG	5	NDS
MEKINIST TABS 2 MG	5	NDS
MEKTOVI TABS 15 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>melfalan hcl solr 50 mg</i>	2	
<i>mercaptopurine tabs 50 mg</i>	2	
<i>methotrexate sodium (pf) soln 1 gm/40ml</i>	2	
<i>methotrexate sodium (pf) soln 250 mg/10ml</i>	2	
<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	2	
METHOTREXATE SODIUM SOLN 250 MG/10ML	2	
METHOTREXATE SODIUM SOLN 50 MG/2ML	2	
<i>methotrexate sodium solr 1 gm</i>	2	
<i>methotrexate sodium tabs 2.5 mg</i>	2	
<i>mitomycin solr 20 mg</i>	2	
<i>mitomycin solr 40 mg</i>	2	
<i>mitomycin solr 5 mg</i>	2	
<i>mitoxantrone hcl conc 20 mg/10ml</i>	2	
<i>mitoxantrone hcl conc 25 mg/12.5ml</i>	2	
<i>mitoxantrone hcl conc 30 mg/15ml</i>	2	
MONJUVI SOLR 200 MG	5	NDS
<i>mutamycin solr 20 mg</i>	2	
<i>mutamycin solr 40 mg</i>	2	
<i>mutamycin solr 5 mg</i>	2	
MVASI SOLN 100 MG/4ML	5	NDS
MVASI SOLN 400 MG/16ML	5	NDS
MYLOTARG SOLR 4.5 MG	5	NDS
<i>nelarabine soln 5 mg/ml</i>	5	NDS
NERLYNX TABS 40 MG	5	NDS
<i>nilutamide tabs 150 mg</i>	5	
NINLARO CAPS 2.3 MG	5	NDS
NINLARO CAPS 3 MG	5	NDS
NINLARO CAPS 4 MG	5	NDS
NUBEQA TABS 300 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
ODOMZO CAPS 200 MG	5	NDS
OGIVRI SOLR 150 MG	5	NDS
OGIVRI SOLR 420 MG	5	NDS
OGSIVEO TABS 100 MG	5	NDS
OGSIVEO TABS 150 MG	5	NDS
OGSIVEO TABS 50 MG	5	NDS
OJEMDA SUSR 25 MG/ML	5	NDS
OJEMDA TABS 100 MG	5	NDS
OJJAARA TABS 100 MG	5	NDS
OJJAARA TABS 150 MG	5	NDS
OJJAARA TABS 200 MG	5	NDS
ONIVYDE INJ 43 MG/10ML	5	NDS
ONTRUZANT SOLR 150 MG	5	NDS
ONTRUZANT SOLR 420 MG	5	NDS
ONUREG TABS 200 MG	5	NDS
ONUREG TABS 300 MG	5	NDS
OPDIVO SOLN 100 MG/10ML	5	NDS
OPDIVO SOLN 120 MG/12ML	5	NDS
OPDIVO SOLN 240 MG/24ML	5	NDS
OPDIVO SOLN 40 MG/4ML	5	NDS
OPDUALAG SOLN 240-80 MG/20ML	5	NDS
ORSERDU TABS 345 MG	5	NDS
ORSERDU TABS 86 MG	5	NDS
OXALIPLATIN SOLN 100 MG/20ML	2	
<i>oxaliplatin soln 50 mg/10ml</i>	2	
<i>oxaliplatin solr 100 mg</i>	2	
<i>oxaliplatin solr 50 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel conc 100 mg/16.7ml</i>	2	
PACLITAXEL CONC 150 MG/25ML	2	
<i>paclitaxel conc 30 mg/5ml</i>	2	
<i>paclitaxel conc 300 mg/50ml</i>	2	
PACLITAXEL PROTEIN-BOUND PART SUSR 100 MG	5	NDS
PADCEV SOLR 20 MG	5	NDS
PADCEV SOLR 30 MG	5	NDS
PARAPLATIN SOLN 1000 MG/100ML	2	
<i>pazopanib hcl tabs 200 mg</i>	5	NDS
PEMAZYRE TABS 13.5 MG	5	NDS
PEMAZYRE TABS 4.5 MG	5	NDS
PEMAZYRE TABS 9 MG	5	NDS
PEMETREXED DISODIUM SOLN 1 GM/40ML	4	
PEMETREXED DISODIUM SOLN 100 MG/4ML	4	
PEMETREXED DISODIUM SOLN 500 MG/20ML	4	
PEMETREXED DISODIUM SOLN 850 MG/34ML	4	
<i>pemetrexed disodium solr 100 mg</i>	5	NDS
<i>pemetrexed disodium solr 1000 mg</i>	5	NDS
<i>pemetrexed disodium solr 500 mg</i>	2	
<i>pemetrexed disodium solr 750 mg</i>	5	NDS
PEMETREXED DITROMETHAMINE SOLR 100 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
PEMETREXED DITROMETHAMINE SOLR 500 MG	5	NDS
PEMETREXED SOLN 1 GM/40ML	5	NDS
PEMETREXED SOLN 100 MG/4ML	5	NDS
PEMETREXED SOLN 500 MG/20ML	5	NDS
PEMFEXY SOLN 500 MG/20ML	5	NDS
PEMRYDI RTU SOLN 100 MG/10ML	5	NDS
PEMRYDI RTU SOLN 500 MG/50ML	5	NDS
PERJETA SOLN 420 MG/14ML	5	NDS
PHESGO SOLN 60-60-2000 MG-MG-U/ML	5	NDS
PHESGO SOLN 80-40-2000 MG-MG-U/ML	5	NDS
PIQRAY (200 MG DAILY DOSE) TBPK 200 MG	5	NDS
PIQRAY (250 MG DAILY DOSE) TBPK 200 & 50 MG	5	NDS
PIQRAY (300 MG DAILY DOSE) TBPK 2 x 150 MG	5	NDS
POLIVY SOLR 140 MG	5	NDS
POLIVY SOLR 30 MG	5	NDS
POMALYST CAPS 1 MG	5	NDS
POMALYST CAPS 2 MG	5	NDS
POMALYST CAPS 3 MG	5	NDS
POMALYST CAPS 4 MG	5	NDS
PORTRAZZA SOLN 800 MG/50ML	5	NDS
POTELIGEO SOLN 20 MG/5ML	5	NDS
PRALATREXATE SOLN 20 MG/ML	5	NDS
PRALATREXATE SOLN 40 MG/2ML	5	NDS
PURIXAN SUSP 2000 MG/100ML	5	NDS
QINLOCK TABS 50 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
RETEVMO CAPS 40 MG	5	NDS
RETEVMO CAPS 80 MG	5	NDS
RETEVMO TABS 120 MG	5	NDS
RETEVMO TABS 160 MG	5	NDS
RETEVMO TABS 40 MG	5	NDS
RETEVMO TABS 80 MG	5	NDS
REVLIMID CAPS 2.5 MG	5	NDS
REVLIMID CAPS 20 MG	5	NDS
REZLIDHIA CAPS 150 MG	5	NDS
RIABNI SOLN 100 MG/10ML	3	
RIABNI SOLN 500 MG/50ML	3	
RITUXAN HYCELA SOLN 1400-23400 MG - UT/11.7ML	5	
RITUXAN HYCELA SOLN 1600-26800 MG - UT/13.4ML	5	
RITUXAN SOLN 100 MG/10ML	5	
RITUXAN SOLN 500 MG/50ML	5	
ROZLYTREK CAPS 100 MG	5	NDS
ROZLYTREK CAPS 200 MG	5	NDS
ROZLYTREK PACK 50 MG	5	NDS
RUBRACA TABS 200 MG	5	NDS
RUBRACA TABS 250 MG	5	NDS
RUBRACA TABS 300 MG	5	NDS
RUXIENCE SOLN 100 MG/10ML	5	NDS
RUXIENCE SOLN 500 MG/50ML	5	NDS
RYBREVANT SOLN 350 MG/7ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
RYDAPT CAPS 25 MG	5	NDS
RYLAZE SOLN 10 MG/0.5ML	5	NDS
RYTELO SOLR 188 MG	5	NDS
RYTELO SOLR 47 MG	5	NDS
SARCLISA SOLN 100 MG/5ML	5	NDS
SARCLISA SOLN 500 MG/25ML	5	NDS
SCSEMBLIX TABS 100 MG	5	NDS
SCSEMBLIX TABS 20 MG	5	NDS
SCSEMBLIX TABS 40 MG	5	NDS
SIKLOS TABS 1000 MG	5	NDS
SOLTAMOX SOLN 10 MG/5ML	5	
<i>sorafenib tosylate tabs 200 mg</i>	5	NDS
SPRYCEL TABS 100 MG	5	NDS
SPRYCEL TABS 140 MG	5	NDS
SPRYCEL TABS 20 MG	5	NDS
SPRYCEL TABS 50 MG	5	NDS
SPRYCEL TABS 70 MG	5	NDS
SPRYCEL TABS 80 MG	5	NDS
STIVARGA TABS 40 MG	5	NDS
<i>sunitinib malate caps 12.5 mg</i>	5	NDS
<i>sunitinib malate caps 25 mg</i>	5	NDS
<i>sunitinib malate caps 37.5 mg</i>	5	NDS
<i>sunitinib malate caps 50 mg</i>	5	NDS
SUTENT CAPS 12.5 MG	5	NDS
SUTENT CAPS 25 MG	5	NDS
SUTENT CAPS 37.5 MG	5	NDS
SUTENT CAPS 50 MG	5	NDS
SYLVANT SOLR 100 MG	5	NDS
SYLVANT SOLR 400 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
SYNRIBO SOLR 3.5 MG	5	NDS
TABLOID TABS 40 MG	5	NDS
TABRECTA TABS 150 MG	5	NDS
TABRECTA TABS 200 MG	5	NDS
TAFINLAR CAPS 50 MG	5	NDS
TAFINLAR CAPS 75 MG	5	NDS
TAFINLAR TBSO 10 MG	5	NDS
TAGRISSE TABS 40 MG	5	NDS
TAGRISSE TABS 80 MG	5	NDS
TALVEY SOLN 3 MG/1.5ML	5	NDS
TALVEY SOLN 40 MG/ML	5	NDS
TALZENNA CAPS 0.1 MG	5	NDS
TALZENNA CAPS 0.25 MG	5	NDS
TALZENNA CAPS 0.35 MG	5	NDS
TALZENNA CAPS 0.5 MG	5	NDS
TALZENNA CAPS 0.75 MG	5	NDS
TALZENNA CAPS 1 MG	5	NDS
<i>tamoxifen citrate tabs 10 mg</i>	2	
<i>tamoxifen citrate tabs 20 mg</i>	2	
TASIGNA CAPS 150 MG	5	NDS
TASIGNA CAPS 200 MG	5	NDS
TASIGNA CAPS 50 MG	5	NDS
TAZVERIK TABS 200 MG	5	NDS
TECENTRIQ SOLN 1200 MG/20ML	5	NDS
TECENTRIQ SOLN 840 MG/14ML	5	NDS
TECVAYLI SOLN 153 MG/1.7ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
TECVAYLI SOLN 30 MG/3ML	5	NDS
<i>temsirolimus soln 25 mg/ml</i>	2	
TEPADINA SOLR 100 MG	5	NDS
TEPMETKO TABS 225 MG	5	NDS
TEVIMBRA SOLN 100 MG/10ML	5	NDS
THALOMID CAPS 100 MG	5	NDS
THALOMID CAPS 150 MG	5	NDS
THALOMID CAPS 200 MG	5	NDS
THALOMID CAPS 50 MG	5	NDS
<i>thiotepa solr 100 mg</i>	5	NDS
<i>thiotepa solr 15 mg</i>	5	NDS
TIBSOVO TABS 250 MG	5	NDS
TIVDAK SOLR 40 MG	5	NDS
<i>toposar soln 1 gm/50ml</i>	2	
<i>toposar soln 100 mg/5ml</i>	2	
<i>toposar soln 500 mg/25ml</i>	2	
<i>topotecan hcl soln 4 mg/4ml</i>	2	
<i>topotecan hcl solr 4 mg</i>	2	
<i>toremifene citrate tabs 60 mg</i>	5	NDS
<i>torpenz tabs 10 mg</i>	5	NDS
<i>torpenz tabs 2.5 mg</i>	5	NDS
<i>torpenz tabs 5 mg</i>	5	NDS
<i>torpenz tabs 7.5 mg</i>	5	NDS
TRAZIMERA SOLR 150 MG	5	NDS
TRAZIMERA SOLR 420 MG	5	NDS
TREANDA SOLR 100 MG	5	NDS
TREANDA SOLR 25 MG	5	NDS
TRELSTAR MIXJECT SUSR 11.25 MG	4	
TRELSTAR MIXJECT SUSR 22.5 MG	4	

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT SUSR 3.75 MG	4	
<i>retinoin caps 10 mg</i>	5	NDS
TREXALL TABS 10 MG	2	
TREXALL TABS 15 MG	2	
TREXALL TABS 5 MG	2	
TREXALL TABS 7.5 MG	2	
TRODELVY SOLR 180 MG	5	NDS
TRUQAP TABS 160 MG	5	NDS
TRUQAP TABS 200 MG	5	NDS
TRUSELTIQ (100MG DAILY DOSE) CPPK 100 MG	5	NDS
TRUSELTIQ (125MG DAILY DOSE) CPPK 100 & 25 MG	5	NDS
TRUSELTIQ (50MG DAILY DOSE) CPPK 25 MG	5	NDS
TRUSELTIQ (75MG DAILY DOSE) CPPK 25 MG	5	NDS
TUKYSA TABS 150 MG	5	NDS
TUKYSA TABS 50 MG	5	NDS
TURALIO CAPS 125 MG	5	NDS
TURALIO CAPS 200 MG	5	NDS
UNITUXIN SOLN 17.5 MG/5ML	5	NDS
<i>valrubicin soln 40 mg/ml</i>	2	
VANFLYTA TABS 17.7 MG	5	NDS
VANFLYTA TABS 26.5 MG	5	NDS
VEGZELMA SOLN 100 MG/4ML	5	NDS
VEGZELMA SOLN 400 MG/16ML	5	NDS
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG	5	NDS
VENCLEXTA TABS 10 MG	4	NDS
VENCLEXTA TABS 100 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 50 MG	5	NDS
VERZENIO TABS 100 MG	5	NDS
VERZENIO TABS 150 MG	5	NDS
VERZENIO TABS 200 MG	5	NDS
VERZENIO TABS 50 MG	5	NDS
VINBLASTINE SULFATE SOLN 1 MG/ML	2	
<i>vincasar pfs soln 1 mg/ml</i>	2	
VINCRISTINE SULFATE SOLN 1 MG/ML	2	
<i>vinorelbine tartrate soln 10 mg/ml</i>	2	
<i>vinorelbine tartrate soln 50 mg/5ml</i>	2	
VITRAKVI CAPS 100 MG	5	NDS
VITRAKVI CAPS 25 MG	5	NDS
VITRAKVI SOLN 20 MG/ML	5	NDS
VIVIMUSTA SOLN 100 MG/4ML	5	NDS
VIZIMPRO TABS 15 MG	5	NDS
VIZIMPRO TABS 30 MG	5	NDS
VIZIMPRO TABS 45 MG	5	NDS
VONJO CAPS 100 MG	5	NDS
VORANIGO TABS 10 MG	5	NDS
VORANIGO TABS 40 MG	5	NDS
VYXEOS SUSR 44-100 MG	5	NDS
WELIREG TABS 40 MG	5	NDS
XALKORI CAPS 200 MG	5	NDS
XALKORI CAPS 250 MG	5	NDS
XALKORI CPSP 150 MG	5	NDS
XALKORI CPSP 20 MG	5	NDS
XALKORI CPSP 50 MG	5	NDS
XATMEP SOLN 2.5 MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
XOSPATA TABS 40 MG	5	NDS
XPOVIO (100 MG ONCE WEEKLY) TBP 50 MG	5	NDS
XPOVIO (40 MG ONCE WEEKLY) TBP 40 MG	5	NDS
XPOVIO (40 MG TWICE WEEKLY) TBP 40 MG	5	NDS
XPOVIO (60 MG ONCE WEEKLY) TBP 60 MG	5	NDS
XPOVIO (60 MG TWICE WEEKLY) TBP 20 MG	5	NDS
XPOVIO (80 MG ONCE WEEKLY) TBP 40 MG	5	NDS
XPOVIO (80 MG TWICE WEEKLY) TBP 20 MG	5	NDS
XTANDI CAPS 40 MG	5	NDS
XTANDI TABS 40 MG	5	NDS
XTANDI TABS 80 MG	5	NDS
YERVOY SOLN 200 MG/40ML	5	NDS
YERVOY SOLN 50 MG/10ML	5	NDS
YONDELIS SOLR 1 MG	5	NDS
YONSA TABS 125 MG	5	NDS
ZALTRAP SOLN 100 MG/4ML	5	NDS
ZALTRAP SOLN 200 MG/8ML	5	NDS
ZEJULA CAPS 100 MG	5	NDS
ZEJULA TABS 100 MG	5	NDS
ZEJULA TABS 200 MG	5	NDS
ZEJULA TABS 300 MG	5	NDS
ZELBORAF TABS 240 MG	5	NDS
ZEPZELCA SOLR 4 MG	5	NDS
ZIRABEV SOLN 100 MG/4ML	5	NDS
ZIRABEV SOLN 400 MG/16ML	5	NDS
ZOLINZA CAPS 100 MG	5	NDS
ZYDELIG TABS 100 MG	5	NDS
ZYDELIG TABS 150 MG	5	NDS
ZYKADIA TABS 150 MG	5	NDS
ZYNLONTA SOLR 10 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
ZYNYZ SOLN 500 MG/20ML	5	NDS
ZYTIGA TABS 500 MG	5	NDS
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate soln 8 mg/20ml</i>	2	
<i>atropine sulfate sosy 1 mg/10ml</i>	2	
ATROVENT HFA AERS 17 MCG/ACT	4	MO
<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i>	2	
<i>dicyclomine hcl caps 10 mg</i>	2	MO
<i>dicyclomine hcl soln 10 mg/5ml</i>	2	MO
<i>dicyclomine hcl soln 10 mg/ml</i>	2	
<i>dicyclomine hcl tabs 20 mg</i>	2	MO
<i>glycopyrrolate soln 0.2 mg/ml</i>	2	
<i>glycopyrrolate soln 0.4 mg/2ml</i>	2	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	MO
<i>glycopyrrolate soln injection 1 mg/5ml</i>	2	
<i>glycopyrrolate soln 4 mg/20ml</i>	2	
<i>glycopyrrolate tabs 1 mg</i>	2	MO
GLYCOPYRROLATE TABS 1.5 MG	2	
<i>glycopyrrolate tabs 2 mg</i>	2	MO
<i>ipratropium bromide soln 0.02 %</i>	1	PA, MO
<i>ipratropium bromide soln 0.03 %</i>	2	MO
<i>ipratropium bromide soln 0.06 %</i>	2	MO
LONHALA MAGNAIR REFILL KIT SOLN 25 MCG/ML	5	NDS
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	3	MO

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT	3	MO
YUPELRI SOLN 175 MCG/3ML	5	PA, NDS
AUTONOMIC DRUGS, MISCELLANEOUS		
NICOTROL INHA 10 MG	3	MO
<i>varenicline tartrate (starter) tbpk 0.5 mg x 11 & 1 mg x 42</i>	2	MO
<i>varenicline tartrate tabs 0.5 mg</i>	2	MO
<i>varenicline tartrate tabs 1 mg</i>	2	MO
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride tabs 10 mg</i>	2	MO
<i>bethanechol chloride tabs 25 mg</i>	2	MO
<i>bethanechol chloride tabs 5 mg</i>	2	MO
<i>bethanechol chloride tabs 50 mg</i>	2	MO
<i>donepezil hcl tabs 10 mg</i>	1	MO
<i>donepezil hcl tabs 5 mg</i>	1	MO
<i>donepezil hcl tbdp 10 mg</i>	2	MO
<i>donepezil hcl tbdp 5 mg</i>	2	MO
<i>galantamine hydrobromide er cp24 16 mg</i>	2	MO
<i>galantamine hydrobromide er cp24 24 mg</i>	2	MO
<i>galantamine hydrobromide er cp24 8 mg</i>	2	MO
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	MO
<i>galantamine hydrobromide tabs 12 mg</i>	2	MO
<i>galantamine hydrobromide tabs 4 mg</i>	2	MO
<i>galantamine hydrobromide tabs 8 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl tabs 5 mg</i>	2	MO
<i>pyridostigmine bromide er tbc 180 mg</i>	2	MO
<i>pyridostigmine bromide soln 60 mg/5ml</i>	4	MO
<i>pyridostigmine bromide tabs 60 mg</i>	2	MO
REGONOL SOLN 10 MG/2ML	3	
<i>rivastigmine tartrate caps 1.5 mg</i>	2	MO
<i>rivastigmine tartrate caps 3 mg</i>	2	MO
<i>rivastigmine tartrate caps 4.5 mg</i>	2	MO
<i>rivastigmine tartrate caps 6 mg</i>	2	MO
SKELETAL MUSCLE RELAXANTS		
BACLOFEN SOLN 10 MG/5ML	4	
<i>baclofen susp 25 mg/5ml</i>	5	NDS
<i>baclofen tabs 10 mg</i>	2	MO
<i>baclofen tabs 20 mg</i>	2	MO
<i>baclofen tabs 5 mg</i>	2	MO
<i>cyclobenzaprine hcl tabs 10 mg</i>	2	PA
<i>cyclobenzaprine hcl tabs 5 mg</i>	2	PA
<i>dantrolene sodium caps 100 mg</i>	2	
<i>dantrolene sodium caps 25 mg</i>	2	
<i>dantrolene sodium caps 50 mg</i>	2	
<i>methocarbamol tabs 500 mg</i>	2	
<i>methocarbamol tabs 750 mg</i>	2	
OZOBAX DS SOLN 10 MG/5ML	5	NDS
<i>succinylcholine chloride soln 20 mg/ml</i>	2	
<i>tizanidine hcl tabs 2 mg</i>	2	
<i>tizanidine hcl tabs 4 mg</i>	2	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		

Drug Name	Drug Tier	Requirements/Limits
<i>alfuzosin hcl er tb 24 10 mg</i>	2	MO
<i>dihydroergotamine mesylate soln 1 mg/ml</i>	2	
<i>dihydroergotamine mesylate soln 4 mg/ml</i>	5	NDS
ERGOLOID MESYLATES TABS 1 MG	2	MO
ERGOMAR SUBL 2 MG	4	
<i>phenoxybenzamine hcl caps 10 mg</i>	5	NDS
<i>silodosin caps 4 mg</i>	2	MO
<i>silodosin caps 8 mg</i>	2	MO
<i>tamsulosin hcl caps 0.4 mg</i>	1	MO
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
<i>albuterol sulfate hfa aers 108 (90 base) mcg/act</i>	2	MO
<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>	2	PA, MO
<i>albuterol sulfate nebu 0.63 mg/3ml</i>	2	PA, MO
<i>albuterol sulfate nebu 1.25 mg/3ml</i>	2	PA, MO
<i>albuterol sulfate nebu 2.5 mg/0.5ml</i>	2	PA, MO
<i>albuterol sulfate syrp 2 mg/5ml</i>	2	MO
<i>albuterol sulfate tabs 2 mg</i>	2	MO
<i>albuterol sulfate tabs 4 mg</i>	2	MO
<i>arformoterol tartrate nebu 15 mcg/2ml</i>	4	PA, MO
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT	4	MO
<i>dobutamine hcl soln 250 mg/20ml</i>	2	
DOBUTAMINE-DEXTROSE SOLN 1-5 MG/ML-%	2	
DOBUTAMINE-DEXTROSE SOLN 2-5 MG/ML-%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dopamine hcl soln 40 mg/ml</i>	2	
DOPAMINE-DEXTROSE SOLN 0.8-5 MG/ML-%	2	
DOPAMINE-DEXTROSE SOLN 1.6-5 MG/ML-%	2	
DOPAMINE-DEXTROSE SOLN 3.2-5 MG/ML-%	2	
<i>droxidopa caps 100 mg</i>	4	
<i>droxidopa caps 200 mg</i>	4	
<i>droxidopa caps 300 mg</i>	4	
EPINEPHRINE SOAJ 0.15 MG/0.15ML	2	
<i>epinephrine soaj 0.15 mg/0.3ml</i>	2	
<i>epinephrine soaj 0.3 mg/0.3ml</i>	2	
EPINEPHRINE SOSY 1 MG/10ML	2	
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	2	PA, MO
<i>isoproterenol hcl soln 0.2 mg/ml</i>	2	
<i>midodrine hcl tabs 10 mg</i>	2	MO
<i>midodrine hcl tabs 2.5 mg</i>	2	MO
<i>midodrine hcl tabs 5 mg</i>	2	MO
<i>norepinephrine bitartrate soln 1 mg/ml</i>	2	
<i>phenylephrine hcl (pressors) soln 10 mg/ml</i>	2	
SEREVENT DISKUS AEPB 50 MCG/ACT	4	MO
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT	3	MO
<i>terbutaline sulfate soln 1 mg/ml</i>	2	
<i>terbutaline sulfate tabs 2.5 mg</i>	2	MO
<i>terbutaline sulfate tabs 5 mg</i>	2	MO
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
BLOOD FORMATION MODIFIERS		
ADAKVEO SOLN 100 MG/10ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate sosal 30 mg/3ml</i>	5	NDS
OXBRYTA TABS 500 MG	5	NDS
<i>sajazir sosal 30 mg/3ml</i>	5	NDS
COAGULANTS AND ANTICOAGULANTS		
<i>aminocaproic acid soln 0.25 gm/ml</i>	2	MO
<i>aminocaproic acid soln 250 mg/ml</i>	2	
<i>aminocaproic acid tabs 1000 mg</i>	2	MO
<i>aminocaproic acid tabs 500 mg</i>	2	MO
<i>anagrelide hcl caps 0.5 mg</i>	2	MO
<i>anagrelide hcl caps 1 mg</i>	2	MO
<i>argatroban soln 250 mg/2.5ml</i>	2	
<i>aspirin-dipyridamole er cp12 25-200 mg</i>	2	MO
BRILINTA TABS 60 MG	3	MO
BRILINTA TABS 90 MG	3	MO
<i>cilostazol tabs 100 mg</i>	2	MO
<i>cilostazol tabs 50 mg</i>	2	MO
<i>clopidogrel bisulfate tabs 75 mg</i>	1	MO
<i>dabigatran etexilate mesylate caps 110 mg</i>	2	MO
<i>dabigatran etexilate mesylate caps 150 mg</i>	2	MO
<i>dabigatran etexilate mesylate caps 75 mg</i>	2	MO
ELIQUIS TABS 5 MG	4	MO
ENOXAPARIN SODIUM SOLN 300 MG/3ML	2	
<i>enoxaparin sodium sosal 100 mg/ml</i>	2	
<i>enoxaparin sodium sosal 120 mg/0.8ml</i>	2	
<i>enoxaparin sodium sosal 150 mg/ml</i>	2	
<i>enoxaparin sodium sosal 30 mg/0.3ml</i>	2	
<i>enoxaparin sodium sosal 40 mg/0.4ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium sosal 60 mg/0.6ml</i>	2	
<i>enoxaparin sodium sosal 80 mg/0.8ml</i>	2	
FONDAPARINUX SODIUM SOLN 10 MG/0.8ML	5	NDS
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	2	NDS
FONDAPARINUX SODIUM SOLN 5 MG/0.4ML	5	NDS
FONDAPARINUX SODIUM SOLN 7.5 MG/0.6ML	5	NDS
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-%	2	
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-%	2	
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML	2	
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-%	2	
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-%	2	
<i>heparin sodium (porcine) pf soln 5000 unit/0.5ml</i>	2	
<i>heparin sodium (porcine) soln 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) soln 10000 unit/ml</i>	2	
<i>heparin sodium (porcine) soln 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) soln 5000 unit/ml</i>	2	
<i>jantoven tabs 1 mg</i>	1	MO
<i>jantoven tabs 10 mg</i>	1	MO
<i>jantoven tabs 2 mg</i>	1	MO
<i>jantoven tabs 2.5 mg</i>	1	MO
<i>jantoven tabs 3 mg</i>	1	MO
<i>jantoven tabs 4 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>jantoven tabs 5 mg</i>	1	MO
<i>jantoven tabs 6 mg</i>	1	MO
<i>jantoven tabs 7.5 mg</i>	1	MO
LOVENOX SOLN 300 MG/3ML	2	
LOVENOX SOSY 100 MG/ML	2	
LOVENOX SOSY 120 MG/0.8ML	2	
LOVENOX SOSY 150 MG/ML	2	
LOVENOX SOSY 30 MG/0.3ML	2	
LOVENOX SOSY 40 MG/0.4ML	2	
LOVENOX SOSY 60 MG/0.6ML	2	
LOVENOX SOSY 80 MG/0.8ML	2	
<i>pentoxifylline er tbc 400 mg</i>	2	MO
PRADAXA CAPS 110 MG	3	MO
PRADAXA CAPS 150 MG	2	MO
PRADAXA CAPS 75 MG	2	MO
<i>prasugrel hcl tabs 10 mg</i>	2	MO
<i>prasugrel hcl tabs 5 mg</i>	2	MO
<i>tranexamic acid soln 1000 mg/10ml</i>	2	
<i>tranexamic acid tabs 650 mg</i>	2	MO
<i>warfarin sodium tabs 1 mg</i>	1	MO
<i>warfarin sodium tabs 10 mg</i>	1	MO
<i>warfarin sodium tabs 2 mg</i>	1	MO
<i>warfarin sodium tabs 2.5 mg</i>	1	MO
<i>warfarin sodium tabs 3 mg</i>	1	MO
<i>warfarin sodium tabs 4 mg</i>	1	MO
<i>warfarin sodium tabs 5 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tabs 6 mg	1	MO
warfarin sodium tabs 7.5 mg	1	
XARELTO STARTER PACK TBPK 15 & 20 MG	4	MO
XARELTO SUSR 1 MG/ML	5	NDS
XARELTO TABS 10 MG	4	MO
XARELTO TABS 15 MG	4	MO
XARELTO TABS 2.5 MG	4	MO
XARELTO TABS 20 MG	4	MO
HEMATOPOIETIC AGENTS		
ALVAIZ TABS 18 MG	5	NDS
ALVAIZ TABS 36 MG	5	NDS
ALVAIZ TABS 54 MG	5	NDS
ALVAIZ TABS 9 MG	5	NDS
APHEXDA SOLR 62 MG	5	NDS
ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	5	NDS
ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	5	NDS
ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	4	
ARANESP (ALBUMIN FREE) SOSY 100 MCG/0.5ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 200 MCG/0.4ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 300 MCG/0.6ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 500 MCG/ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
CABLIVI KIT 11 MG	5	NDS
DOPTELET TABS 20 MG	5	NDS
FULPHILA SOSY 6 MG/0.6ML	5	NDS
GRANIX SOLN 300 MCG/ML	4	
GRANIX SOLN 480 MCG/1.6ML	4	
GRANIX SOSY 300 MCG/0.5ML	4	
GRANIX SOSY 480 MCG/0.8ML	4	
LEUKINE SOLR 250 MCG	5	NDS
MOZOBIL SOLN 24 MG/1.2ML	5	NDS
NEULASTA ONPRO PSKT 6 MG/0.6ML	5	NDS
NIVESTYM SOLN 300 MCG/ML	5	NDS
NIVESTYM SOLN 480 MCG/1.6ML	5	NDS
NIVESTYM SOSY 300 MCG/0.5ML	5	NDS
NIVESTYM SOSY 480 MCG/0.8ML	5	NDS
NPLATE SOLR 125 MCG	5	NDS
PLERIXAFOR SOLN 24 MG/1.2ML	5	NDS
PROCRIT SOLN 10000 UNIT/ML	3	
PROCRIT SOLN 2000 UNIT/ML	3	NDS
PROCRIT SOLN 20000 UNIT/ML	5	NDS
PROCRIT SOLN 3000 UNIT/ML	3	NDS
PROCRIT SOLN 4000 UNIT/ML	3	NDS
PROCRIT SOLN 40000 UNIT/ML	5	NDS
PROMACTA PACK 12.5 MG	5	NDS
PROMACTA PACK 25 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABS 12.5 MG	5	NDS
PROMACTA TABS 25 MG	5	NDS
PROMACTA TABS 50 MG	5	NDS
PROMACTA TABS 75 MG	5	NDS
REBLOZYL SOLR 25 MG	5	NDS
REBLOZYL SOLR 75 MG	5	NDS
RETACRIT SOLN 20000 UNIT/ML	4	NDS
ROLVEDON SOSY 13.2 MG/0.6ML	5	NDS
STIMUFEND SOSY 6 MG/0.6ML	5	NDS
TAVALISSE TABS 100 MG	5	NDS
TAVALISSE TABS 150 MG	5	NDS
UDENYCA ONBODY SOSY 6 MG/0.6ML	5	NDS
UDENYCA SOAJ 6 MG/0.6ML	5	NDS
VAFSEO TABS 300 MG	5	NDS
XOLREMDI CAPS 100 MG	5	NDS
ZARXIO SOSY 300 MCG/0.5ML	5	NDS
ZARXIO SOSY 480 MCG/0.8ML	5	NDS
CARDIOVASCULAR DRUGS		
A-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tabs 1 mg</i>	2	MO
<i>doxazosin mesylate tabs 2 mg</i>	2	MO
<i>doxazosin mesylate tabs 4 mg</i>	2	MO
<i>doxazosin mesylate tabs 8 mg</i>	2	MO
METYROSINE CAPS 250 MG	5	NDS
<i>prazosin hcl caps 1 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>prazosin hcl caps 2 mg</i>	2	MO
<i>prazosin hcl caps 5 mg</i>	2	MO
<i>terazosin hcl caps 1 mg</i>	1	MO
<i>terazosin hcl caps 10 mg</i>	1	MO
<i>terazosin hcl caps 2 mg</i>	1	MO
<i>terazosin hcl caps 5 mg</i>	1	MO
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium tabs 10 mg</i>	1	MO
<i>atorvastatin calcium tabs 20 mg</i>	1	MO
<i>atorvastatin calcium tabs 40 mg</i>	1	MO
<i>atorvastatin calcium tabs 80 mg</i>	1	MO
<i>cholestyramine light pack 4 gm</i>	2	MO
<i>cholestyramine light powd 4 gm/dose</i>	2	MO
<i>cholestyramine pack 4 gm</i>	2	MO
<i>cholestyramine powd 4 gm/dose</i>	2	MO
<i>colesevelam hcl tabs 625 mg</i>	2	MO
COLESTIPOL HCL GRAN 5 GM	2	MO
COLESTIPOL HCL PACK 5 GM	2	MO
<i>colestipol hcl tabs 1 gm</i>	2	MO
EVKEEZA SOLN 1200 MG/8ML	5	NDS
EVKEEZA SOLN 345 MG/2.3ML	5	NDS
<i>ezetimibe tabs 10 mg</i>	1	MO
<i>fenofibrate tabs 160 mg</i>	2	MO
<i>fenofibrate tabs 54 mg</i>	2	MO
<i>gemfibrozil tabs 600 mg</i>	2	MO
<i>icosapent ethyl caps 0.5 gm</i>	2	MO
<i>icosapent ethyl caps 1 gm</i>	2	MO
<i>lovastatin tabs 10 mg</i>	1	MO
<i>lovastatin tabs 20 mg</i>	1	MO
<i>lovastatin tabs 40 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>niacin er (antihyperlipidemic) tbc</i> 500 mg	2	MO
NIACOR TABS 500 MG	2	MO
<i>omega-3-acid ethyl esters caps</i> 1 gm	2	MO
<i>pravastatin sodium tabs</i> 10 mg	1	MO
<i>pravastatin sodium tabs</i> 20 mg	1	MO
<i>pravastatin sodium tabs</i> 40 mg	1	MO
<i>pravastatin sodium tabs</i> 80 mg	1	MO
<i>prevalite pack</i> 4 gm	2	MO
<i>prevalite powd</i> 4 gm/dose	2	MO
REPATHA SURECLICK SOAJ 140 MG/ML	4	PA
<i>rosuvastatin calcium tabs</i> 10 mg	1	MO
<i>rosuvastatin calcium tabs</i> 20 mg	1	MO
<i>rosuvastatin calcium tabs</i> 40 mg	1	MO
<i>rosuvastatin calcium tabs</i> 5 mg	1	MO
<i>simvastatin tabs</i> 10 mg	1	MO
<i>simvastatin tabs</i> 20 mg	1	MO
<i>simvastatin tabs</i> 40 mg	1	MO
<i>simvastatin tabs</i> 5 mg	1	MO
<i>simvastatin tabs</i> 80 mg	1	MO
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl caps</i> 200 mg	2	MO
<i>acebutolol hcl caps</i> 400 mg	2	MO
<i>atenolol tabs</i> 100 mg	1	MO
<i>atenolol tabs</i> 25 mg	1	MO
<i>atenolol tabs</i> 50 mg	1	MO
<i>atenolol-chlorthalidone tabs</i> 100-25 mg	1	MO
<i>atenolol-chlorthalidone tabs</i> 50-25 mg	1	MO
<i>bisoprolol fumarate tabs</i> 10 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate tabs</i> 5 mg	1	MO
<i>bisoprolol-hydrochlorothiazide tabs</i> 10-6.25 mg	2	MO
<i>bisoprolol-hydrochlorothiazide tabs</i> 2.5-6.25 mg	2	MO
<i>bisoprolol-hydrochlorothiazide tabs</i> 5-6.25 mg	2	MO
<i>carvedilol tabs</i> 12.5 mg	1	MO
<i>carvedilol tabs</i> 25 mg	1	MO
<i>carvedilol tabs</i> 3.125 mg	1	MO
<i>carvedilol tabs</i> 6.25 mg	1	MO
ESMOLOL HCL SOLN 100 MG/10ML	2	
<i>esmolol hcl-sodium chloride soln</i> 2000 mg/100ml	2	
<i>esmolol hcl-sodium chloride soln</i> 2500 mg/250ml	2	
<i>labetalol hcl soln</i> 5 mg/ml	2	
LABETALOL HCL SOSY 10 MG/2ML	2	
LABETALOL HCL SOSY 20 MG/4ML	2	
<i>labetalol hcl tabs</i> 100 mg	2	MO
<i>labetalol hcl tabs</i> 200 mg	2	MO
<i>labetalol hcl tabs</i> 300 mg	2	MO
<i>metoprolol succinate er tb</i> 24 100 mg	1	MO
<i>metoprolol succinate er tb</i> 24 200 mg	1	MO
<i>metoprolol succinate er tb</i> 24 25 mg	1	MO
<i>metoprolol succinate er tb</i> 24 50 mg	1	MO
<i>metoprolol tartrate soln</i> 5 mg/5ml	2	
<i>metoprolol tartrate tabs</i> 100 mg	1	MO
<i>metoprolol tartrate tabs</i> 25 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate tabs 50 mg</i>	1	MO
<i>metoprolol-hydrochlorothiazide tabs 100-50 mg</i>	2	MO
<i>nadolol tabs 20 mg</i>	2	MO
<i>nadolol tabs 40 mg</i>	2	MO
<i>nadolol tabs 80 mg</i>	2	MO
<i>nebivolol hcl tabs 10 mg</i>	2	MO
<i>nebivolol hcl tabs 2.5 mg</i>	2	MO
<i>nebivolol hcl tabs 20 mg</i>	2	MO
<i>nebivolol hcl tabs 5 mg</i>	2	MO
<i>propranolol hcl er cp24 120 mg</i>	2	MO
<i>propranolol hcl er cp24 160 mg</i>	2	MO
<i>propranolol hcl er cp24 60 mg</i>	2	MO
<i>propranolol hcl er cp24 80 mg</i>	2	MO
<i>propranolol hcl soln 1 mg/ml</i>	2	
<i>propranolol hcl soln 20 mg/5ml</i>	2	MO
PROPRANOLOL HCL SOLN 40 MG/5ML	2	MO
<i>propranolol hcl tabs 10 mg</i>	1	MO
<i>propranolol hcl tabs 20 mg</i>	1	MO
<i>propranolol hcl tabs 40 mg</i>	1	MO
<i>propranolol hcl tabs 60 mg</i>	2	MO
<i>propranolol hcl tabs 80 mg</i>	1	MO
<i>sotalol hcl (af) tabs 120 mg</i>	2	MO
<i>sotalol hcl (af) tabs 160 mg</i>	2	MO
<i>sotalol hcl (af) tabs 80 mg</i>	2	MO
<i>sotalol hcl tabs 120 mg</i>	2	MO
<i>sotalol hcl tabs 160 mg</i>	2	MO
<i>sotalol hcl tabs 240 mg</i>	2	MO
<i>sotalol hcl tabs 80 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate tabs 10 mg</i>	2	MO
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besy-benazepril hcl caps 10-20 mg</i>	2	MO
<i>amlodipine besy-benazepril hcl caps 10-40 mg</i>	2	MO
<i>amlodipine besy-benazepril hcl caps 2.5-10 mg</i>	2	MO
<i>amlodipine besy-benazepril hcl caps 5-10 mg</i>	2	MO
<i>amlodipine besy-benazepril hcl caps 5-20 mg</i>	2	MO
<i>amlodipine besy-benazepril hcl caps 5-40 mg</i>	2	MO
<i>amlodipine besylate tabs 10 mg</i>	1	MO
<i>amlodipine besylate tabs 2.5 mg</i>	1	MO
<i>amlodipine besylate tabs 5 mg</i>	1	MO
<i>cartia xt cp24 120 mg</i>	2	MO
<i>cartia xt cp24 180 mg</i>	2	MO
<i>cartia xt cp24 240 mg</i>	2	MO
<i>cartia xt cp24 300 mg</i>	2	MO
<i>dilt-xr cp24 120 mg</i>	2	MO
<i>dilt-xr cp24 180 mg</i>	2	MO
<i>dilt-xr cp24 240 mg</i>	2	MO
DILTIAZEM HCL ER BEADS CP24 300 MG	2	MO
<i>diltiazem hcl er coated beads cp24 120 mg</i>	2	MO
<i>diltiazem hcl er coated beads cp24 180 mg</i>	2	MO
<i>diltiazem hcl er coated beads cp24 240 mg</i>	2	MO
<i>diltiazem hcl er coated beads cp24 300 mg</i>	2	MO
<i>diltiazem hcl er coated beads cp24 360 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er cp12 120 mg</i>	2	MO
<i>diltiazem hcl er cp12 60 mg</i>	2	MO
<i>diltiazem hcl er cp12 90 mg</i>	2	MO
<i>diltiazem hcl er cp24 120 mg</i>	2	MO
<i>diltiazem hcl er cp24 180 mg</i>	2	MO
<i>diltiazem hcl er cp24 240 mg</i>	2	MO
<i>diltiazem hcl soln 125 mg/25ml</i>	2	
<i>diltiazem hcl soln 25 mg/5ml</i>	2	
<i>diltiazem hcl soln 50 mg/10ml</i>	2	
DILTIAZEM HCL SOLR 100 MG	2	
<i>diltiazem hcl tabs 120 mg</i>	2	MO
<i>diltiazem hcl tabs 30 mg</i>	2	MO
<i>diltiazem hcl tabs 60 mg</i>	2	MO
<i>diltiazem hcl tabs 90 mg</i>	2	MO
<i>felodipine er tb24 10 mg</i>	2	MO
<i>felodipine er tb24 2.5 mg</i>	2	MO
<i>felodipine er tb24 5 mg</i>	2	MO
NICARDIPINE HCL SOLN 2.5 MG/ML	2	
<i>nifedipine caps 10 mg</i>	2	MO
<i>nifedipine caps 20 mg</i>	2	MO
<i>nifedipine er osmotic release tb24 30 mg</i>	2	MO
<i>nifedipine er osmotic release tb24 60 mg</i>	2	MO
<i>nifedipine er osmotic release tb24 90 mg</i>	2	MO
<i>nifedipine er tb24 30 mg</i>	2	MO
<i>nifedipine er tb24 60 mg</i>	2	MO
<i>nifedipine er tb24 90 mg</i>	2	MO
<i>nimodipine caps 30 mg</i>	2	MO
NYMALIZE SOLN 6 MG/ML	5	NDS
<i>verapamil hcl er tbc 120 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl er tbc 180 mg</i>	2	MO
<i>verapamil hcl er tbc 240 mg</i>	2	MO
<i>verapamil hcl soln 2.5 mg/ml</i>	2	
<i>verapamil hcl tabs 120 mg</i>	1	MO
<i>verapamil hcl tabs 40 mg</i>	1	MO
<i>verapamil hcl tabs 80 mg</i>	1	MO
CARDIAC DRUGS		
<i>adenosine soln 12 mg/4ml</i>	2	
<i>adenosine soln 6 mg/2ml</i>	2	
<i>amiodarone hcl soln 150 mg/3ml</i>	2	
<i>amiodarone hcl soln 450 mg/9ml</i>	2	
AMIODARONE HCL SOLN 900 MG/18ML	2	
<i>amiodarone hcl tabs 100 mg</i>	2	MO
<i>amiodarone hcl tabs 200 mg</i>	1	MO
<i>amiodarone hcl tabs 400 mg</i>	2	MO
CAMZYOS CAPS 10 MG	5	NDS
CAMZYOS CAPS 5 MG	5	NDS
CORLANOR SOLN 5 MG/5ML	4	MO
DIGOXIN SOLN 0.05 MG/ML	2	
<i>digoxin soln 0.25 mg/ml</i>	2	
<i>digoxin tabs 125 mcg</i>	2	MO
<i>digoxin tabs 250 mcg</i>	2	MO
<i>disopyramide phosphate caps 100 mg</i>	2	MO
<i>disopyramide phosphate caps 150 mg</i>	2	MO
<i>dofetilide caps 125 mcg</i>	2	MO
<i>dofetilide caps 250 mcg</i>	2	MO
<i>dofetilide caps 500 mcg</i>	2	MO
<i>flecainide acetate tabs 100 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate tabs 150 mg</i>	2	MO
<i>flecainide acetate tabs 50 mg</i>	2	MO
<i>ibutilide fumarate soln 1 mg/10ml</i>	2	
<i>ivabradine hcl tabs 5 mg</i>	4	MO
<i>ivabradine hcl tabs 7.5 mg</i>	4	MO
LANOXIN PEDIATRIC SOLN 0.1 MG/ML	3	
LIDOCAINE HCL (CARDIAC) PF SOSY 100 MG/5ML	2	
LIDOCAINE HCL (CARDIAC) PF SOSY 50 MG/5ML	2	
<i>lidocaine hcl (cardiac) sosy 100 mg/5ml</i>	2	
LIDOCAINE HCL (CARDIAC) SOSY 50 MG/5ML	2	
LIDOCAINE IN D5W SOLN 4-5 MG/ML-%	2	
LIDOCAINE IN D5W SOLN 8-5 MG/ML-%	2	
<i>mexiletine hcl caps 150 mg</i>	2	MO
<i>mexiletine hcl caps 200 mg</i>	2	MO
<i>mexiletine hcl caps 250 mg</i>	2	MO
<i>milrinone lactate in dextrose soln 20-5 mg/100ml-%</i>	2	
<i>milrinone lactate in dextrose soln 40-5 mg/200ml-%</i>	2	
<i>milrinone lactate soln 10 mg/10ml</i>	2	
MULTAQ TABS 400 MG	4	
NORPACE CR CP12 100 MG	3	MO
NORPACE CR CP12 150 MG	3	MO
<i>procainamide hcl soln 100 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PROCAINAMIDE HCL SOLN 500 MG/ML	2	
<i>propafenone hcl tabs 150 mg</i>	2	MO
<i>propafenone hcl tabs 225 mg</i>	2	MO
<i>propafenone hcl tabs 300 mg</i>	2	MO
<i>quinidine gluconate er tbc 324 mg</i>	2	MO
QUINIDINE SULFATE TABS 200 MG	2	MO
QUINIDINE SULFATE TABS 300 MG	2	MO
<i>ranolazine er tb12 1000 mg</i>	4	MO
VYNDAMAX CAPS 61 MG	5	NDS
VYNDAQEL CAPS 20 MG	5	NDS
HYPOTENSIVE AGENTS		
<i>clonidine hcl (analgesia) soln 100 mcg/ml</i>	2	
<i>clonidine hcl tabs 0.1 mg</i>	1	MO
<i>clonidine hcl tabs 0.2 mg</i>	1	MO
<i>clonidine hcl tabs 0.3 mg</i>	1	MO
<i>clonidine ptwk 0.1 mg/24hr</i>	2	MO
<i>clonidine ptwk 0.2 mg/24hr</i>	2	MO
<i>clonidine ptwk 0.3 mg/24hr</i>	2	MO
<i>guanfacine hcl tabs 1 mg</i>	2	MO
<i>guanfacine hcl tabs 2 mg</i>	2	MO
<i>hydralazine hcl soln 20 mg/ml</i>	2	
<i>hydralazine hcl tabs 10 mg</i>	1	MO
<i>hydralazine hcl tabs 100 mg</i>	1	MO
<i>hydralazine hcl tabs 25 mg</i>	1	MO
<i>hydralazine hcl tabs 50 mg</i>	1	MO
METHYLDOPA TABS 500 MG	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>minoxidil tabs 10 mg</i>	2	MO
<i>minoxidil tabs 2.5 mg</i>	2	MO
<i>nitroprusside sodium soln 25 mg/ml</i>	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
ALISKIREN FUMARATE TABS 150 MG	2	MO
ALISKIREN FUMARATE TABS 300 MG	2	MO
<i>benazepril hcl tabs 10 mg</i>	1	MO
<i>benazepril hcl tabs 20 mg</i>	1	MO
<i>benazepril hcl tabs 40 mg</i>	1	MO
<i>benazepril hcl tabs 5 mg</i>	1	MO
<i>candesartan cilexetil tabs 16 mg</i>	2	MO
<i>candesartan cilexetil tabs 32 mg</i>	2	MO
<i>candesartan cilexetil tabs 4 mg</i>	2	MO
<i>candesartan cilexetil tabs 8 mg</i>	2	MO
<i>captopril tabs 100 mg</i>	2	MO
<i>captopril tabs 12.5 mg</i>	2	MO
<i>captopril tabs 25 mg</i>	2	MO
<i>captopril tabs 50 mg</i>	2	MO
<i>enalapril maleate tabs 10 mg</i>	1	MO
<i>enalapril maleate tabs 2.5 mg</i>	1	MO
<i>enalapril maleate tabs 20 mg</i>	1	MO
<i>enalapril maleate tabs 5 mg</i>	1	MO
<i>enalaprilat inj 1.25 mg/ml</i>	2	
ENTRESTO TABS 24-26 MG	3	MO
ENTRESTO TABS 49-51 MG	3	MO
ENTRESTO TABS 97-103 MG	3	MO
<i>irbesartan tabs 150 mg</i>	2	MO
<i>irbesartan tabs 300 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan tabs 75 mg</i>	2	MO
KERENDIA TABS 10 MG	4	MO
KERENDIA TABS 20 MG	4	MO
<i>lisinopril tabs 10 mg</i>	1	MO
<i>lisinopril tabs 2.5 mg</i>	1	MO
<i>lisinopril tabs 20 mg</i>	1	MO
<i>lisinopril tabs 30 mg</i>	1	MO
<i>lisinopril tabs 40 mg</i>	1	MO
<i>lisinopril tabs 5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	1	MO
<i>losartan potassium tabs 100 mg</i>	1	MO
<i>losartan potassium tabs 25 mg</i>	1	MO
<i>losartan potassium tabs 50 mg</i>	1	MO
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	1	MO
<i>losartan potassium-hctz tabs 100-25 mg</i>	1	MO
<i>losartan potassium-hctz tabs 50-12.5 mg</i>	1	MO
<i>ramipril caps 1.25 mg</i>	2	MO
<i>ramipril caps 10 mg</i>	2	MO
<i>ramipril caps 2.5 mg</i>	2	MO
<i>ramipril caps 5 mg</i>	2	MO
<i>spironolactone tabs 100 mg</i>	1	MO
<i>spironolactone tabs 25 mg</i>	1	MO
<i>spironolactone tabs 50 mg</i>	1	MO
<i>spironolactone-hctz tabs 25-25 mg</i>	2	MO
<i>valsartan tabs 160 mg</i>	1	MO
<i>valsartan tabs 320 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan tabs 40 mg</i>	1	MO
<i>valsartan tabs 80 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tabs 160-25 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tabs 320-25 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tabs 80-12.5 mg</i>	1	MO
VASODILATING AGENTS		
<i>dipyridamole tabs 25 mg</i>	2	MO
<i>dipyridamole tabs 50 mg</i>	2	MO
<i>dipyridamole tabs 75 mg</i>	2	MO
<i>isosorbide dinitrate tabs 10 mg</i>	2	MO
<i>isosorbide dinitrate tabs 20 mg</i>	2	MO
<i>isosorbide dinitrate tabs 30 mg</i>	2	MO
<i>isosorbide dinitrate tabs 5 mg</i>	2	MO
<i>isosorbide mononitrate er tb24 120 mg</i>	1	MO
<i>isosorbide mononitrate er tb24 30 mg</i>	1	MO
<i>isosorbide mononitrate er tb24 60 mg</i>	1	MO
<i>isosorbide mononitrate tabs 10 mg</i>	2	MO
<i>isosorbide mononitrate tabs 20 mg</i>	2	MO
NITRO-BID OINT 2 %	2	MO
NITRO-DUR PT24 0.3 MG/HR	5	MO
NITRO-DUR PT24 0.8 MG/HR	5	MO
<i>nitroglycerin pt24 0.1 mg/hr</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin pt24 0.2 mg/hr</i>	2	MO
<i>nitroglycerin pt24 0.4 mg/hr</i>	2	MO
<i>nitroglycerin pt24 0.6 mg/hr</i>	2	MO
<i>nitroglycerin soln 0.4 mg/spray</i>	2	MO
NITROGLYCERIN SOLN 5 MG/ML	2	
<i>nitroglycerin subl 0.3 mg</i>	2	MO
<i>nitroglycerin subl 0.4 mg</i>	2	MO
<i>nitroglycerin subl 0.6 mg</i>	2	MO
<i>sildenafil citrate susr 10 mg/ml</i>	2	PA
<i>sildenafil citrate tabs 20 mg</i>	2	PA, MO
<i>tadalafil (pah) tabs 20 mg</i>	2	PA
<i>tadalafil tabs 2.5 mg</i>	2	PA
<i>tadalafil tabs 5 mg</i>	2	PA
VERQUVO TABS 10 MG	4	MO
CENTRAL NERVOUS SYSTEM AGENTS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium tbec 333 mg</i>	2	MO
<i>disulfiram tabs 250 mg</i>	2	MO
<i>disulfiram tabs 500 mg</i>	2	MO
ANALGESICS AND ANTIPIRETTICS		
ACETAMINOPHEN-CODEINE SOLN 120-12 MG/5ML	2	NDS
<i>acetaminophen-codeine tabs 300-15 mg</i>	2	NDS
<i>acetaminophen-codeine tabs 300-30 mg</i>	2	NDS
<i>acetaminophen-codeine tabs 300-60 mg</i>	2	NDS
<i>butalbital-apap-caffeine tabs 50-325-40 mg</i>	2	
<i>butalbital-aspirin-caffeine caps 50-325-40 mg</i>	2	
<i>celecoxib caps 100 mg</i>	2	
<i>celecoxib caps 200 mg</i>	2	
<i>celecoxib caps 400 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib caps 50 mg</i>	2	
CODEINE SULFATE TABS 15 MG	2	NDS
CODEINE SULFATE TABS 30 MG	2	NDS
CODEINE SULFATE TABS 60 MG	2	NDS
COXANTO CAPS 300 MG	5	NDS
<i>diclofenac sodium tbec 25 mg</i>	2	
<i>diclofenac sodium tbec 50 mg</i>	2	
<i>diclofenac sodium tbec 75 mg</i>	2	
<i>diflunisal tabs 500 mg</i>	2	
<i>endocet tabs 5-325 mg</i>	2	NDS
<i>endocet tabs 7.5-325 mg</i>	2	NDS
<i>etodolac caps 200 mg</i>	2	
<i>etodolac caps 300 mg</i>	2	
<i>etodolac tabs 400 mg</i>	2	
<i>etodolac tabs 500 mg</i>	2	
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML	2	NDS
FENTANYL CITRATE (PF) SOLN 2500 MCG/50ML	2	NDS
FENTANYL CITRATE TABS 100 MCG	4	PA, NDS
FENTANYL CITRATE TABS 200 MCG	4	PA, NDS
FENTANYL CITRATE TABS 400 MCG	4	PA, NDS
FENTANYL CITRATE TABS 600 MCG	4	PA, NDS
FENTANYL CITRATE TABS 800 MCG	4	PA, NDS
<i>fentanyl pt72 100 mcg/hr</i>	2	NDS
<i>fentanyl pt72 12 mcg/hr</i>	2	NDS
<i>fentanyl pt72 25 mcg/hr</i>	2	NDS
<i>fentanyl pt72 50 mcg/hr</i>	2	NDS
<i>fentanyl pt72 75 mcg/hr</i>	2	NDS
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	2	NDS
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	2	NDS
<i>hydrocodone-acetaminophen tabs 7.5-325 mg</i>	2	NDS
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	NDS
<i>hydromorphone hcl tabs 2 mg</i>	2	NDS
<i>hydromorphone hcl tabs 4 mg</i>	2	NDS
<i>hydromorphone hcl tabs 8 mg</i>	2	NDS
<i>ibu tabs 400 mg</i>	2	
<i>ibu tabs 600 mg</i>	2	
<i>ibu tabs 800 mg</i>	2	
<i>ibuprofen lysine soln 10 mg/ml</i>	2	
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tabs 400 mg</i>	2	
<i>ibuprofen tabs 600 mg</i>	2	
<i>ibuprofen tabs 800 mg</i>	2	
ILARIS SOLN 150 MG/ML	5	NDS
<i>indocin supp 50 mg</i>	5	NDS
<i>indomethacin caps 25 mg</i>	2	
<i>indomethacin caps 50 mg</i>	2	
<i>indomethacin er cpcr 75 mg</i>	2	
INDOMETHACIN SODIUM SOLR 1 MG	2	
KETOPROFEN CAPS 50 MG	2	
<i>ketorolac tromethamine soln 15 mg/ml</i>	2	
<i>ketorolac tromethamine soln 30 mg/ml</i>	2	
<i>ketorolac tromethamine soln 60 mg/2ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levorphanol tartrate tabs 2 mg</i>	5	NDS
<i>levorphanol tartrate tabs 3 mg</i>	5	NDS
LORTAB ELIX 10-300 MG/15ML	2	NDS
MECLOFENAMATE SODIUM CAPS 100 MG	2	
MECLOFENAMATE SODIUM CAPS 50 MG	2	
<i>mefenamic acid caps 250 mg</i>	2	
<i>meloxicam tabs 15 mg</i>	1	
<i>meloxicam tabs 7.5 mg</i>	1	
<i>methadone hcl conc 10 mg/ml</i>	2	NDS
<i>methadone hcl intensol conc 10 mg/ml</i>	2	NDS
METHADONE HCL SOLN 5 MG/5ML	2	NDS
<i>methadone hcl tabs 10 mg</i>	2	NDS
<i>methadone hcl tabs 5 mg</i>	2	NDS
<i>morphine sulfate (concentrate) soln 100 mg/5ml</i>	2	NDS
<i>morphine sulfate er tbc 100 mg</i>	2	NDS
<i>morphine sulfate er tbc 15 mg</i>	2	NDS
<i>morphine sulfate er tbc 200 mg</i>	2	NDS
<i>morphine sulfate er tbc 30 mg</i>	2	NDS
<i>morphine sulfate er tbc 60 mg</i>	2	NDS
<i>morphine sulfate soln 10 mg/5ml</i>	2	NDS
MORPHINE SULFATE SOLN 20 MG/5ML	2	NDS
<i>morphine sulfate tabs 15 mg</i>	2	NDS
<i>morphine sulfate tabs 30 mg</i>	2	NDS
<i>nabumetone tabs 500 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone tabs 750 mg</i>	2	
<i>nalbuphine hcl soln 10 mg/ml</i>	2	NDS
<i>nalbuphine hcl soln 20 mg/ml</i>	2	NDS
<i>naproxen susp 125 mg/5ml</i>	2	
<i>naproxen tabs 250 mg</i>	2	
<i>naproxen tabs 375 mg</i>	2	
<i>naproxen tabs 500 mg</i>	2	
<i>naproxen tbc 375 mg</i>	2	
NUCYNTA ER TB12 200 MG	5	NDS
NUCYNTA TABS 100 MG	5	NDS
OXAPROZIN CAPS 300 MG	5	NDS
OXAYDO TABS 5 MG	5	NDS
<i>oxycodone hcl conc 100 mg/5ml</i>	2	NDS
<i>oxycodone hcl soln 5 mg/5ml</i>	2	NDS
<i>oxycodone hcl tabs 10 mg</i>	2	NDS
<i>oxycodone hcl tabs 15 mg</i>	2	NDS
<i>oxycodone hcl tabs 20 mg</i>	2	NDS
<i>oxycodone hcl tabs 30 mg</i>	2	NDS
<i>oxycodone hcl tabs 5 mg</i>	2	NDS
OXYCODONE-ACETAMINOPHEN SOLN 10-300 MG/5ML	5	NDS
<i>oxycodone-acetaminophen tabs 10-325 mg</i>	2	NDS
<i>oxycodone-acetaminophen tabs 5-325 mg</i>	2	NDS
<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	2	NDS
PERCOCET TABS 10-325 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
PERCOCET TABS 7.5-325 MG	5	NDS
<i>piroxicam caps 10 mg</i>	2	
<i>piroxicam caps 20 mg</i>	2	
QDOLO SOLN 5 MG/ML	5	NDS
<i>salsalate tabs 500 mg</i>	2	
<i>salsalate tabs 750 mg</i>	2	
<i>sulindac tabs 150 mg</i>	2	
<i>sulindac tabs 200 mg</i>	2	
TOLECTIN 600 TABS 600 MG	5	NDS
TOLMETIN SODIUM TABS 600 MG	2	
TRAMADOL HCL SOLN 5 MG/ML	4	NDS
<i>tramadol hcl tabs 50 mg</i>	2	NDS
<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	2	NDS
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
ADDERALL TABS 20 MG	2	NDS
ADDERALL TABS 5 MG	2	NDS
ADDERALL TABS 7.5 MG	2	NDS
<i>amphetamine-dextroamphet er cp24 10 mg</i>	2	NDS
<i>amphetamine-dextroamphet er cp24 15 mg</i>	2	NDS
AMPHETAMINE-DEXTROAMPHET ER CP24 20 MG	2	NDS
<i>amphetamine-dextroamphet er cp24 25 mg</i>	2	NDS
<i>amphetamine-dextroamphet er cp24 30 mg</i>	2	NDS
<i>amphetamine-dextroamphet er cp24 5 mg</i>	2	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tabs 10 mg</i>	2	NDS
<i>amphetamine-dextroamphetamine tabs 12.5 mg</i>	2	NDS
<i>amphetamine-dextroamphetamine tabs 15 mg</i>	2	NDS
<i>amphetamine-dextroamphetamine tabs 20 mg</i>	2	NDS
<i>amphetamine-dextroamphetamine tabs 30 mg</i>	2	NDS
<i>amphetamine-dextroamphetamine tabs 5 mg</i>	2	NDS
<i>amphetamine-dextroamphetamine tabs 7.5 mg</i>	2	NDS
<i>armodafinil tabs 150 mg</i>	2	PA
<i>armodafinil tabs 200 mg</i>	2	PA
<i>armodafinil tabs 250 mg</i>	2	PA
<i>armodafinil tabs 50 mg</i>	2	PA
<i>caffeine citrate soln 20 mg/ml</i>	2	
<i>caffeine citrate soln 60 mg/3ml</i>	2	
<i>dexmethylphenidate hcl er cp24 10 mg</i>	2	NDS
<i>dexmethylphenidate hcl er cp24 15 mg</i>	2	NDS
<i>dexmethylphenidate hcl er cp24 20 mg</i>	2	NDS
<i>dexmethylphenidate hcl er cp24 25 mg</i>	2	NDS
<i>dexmethylphenidate hcl er cp24 30 mg</i>	2	NDS
<i>dexmethylphenidate hcl er cp24 35 mg</i>	2	NDS
<i>dexmethylphenidate hcl er cp24 40 mg</i>	2	NDS
<i>dexmethylphenidate hcl er cp24 5 mg</i>	2	NDS
<i>dexmethylphenidate hcl tabs 10 mg</i>	2	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl tabs 2.5 mg</i>	2	NDS
<i>dexmethylphenidate hcl tabs 5 mg</i>	2	NDS
<i>dextroamphetamine sulfate er cp24 10 mg</i>	2	NDS
<i>dextroamphetamine sulfate er cp24 15 mg</i>	2	NDS
<i>dextroamphetamine sulfate er cp24 5 mg</i>	2	NDS
<i>dextroamphetamine sulfate tabs 10 mg</i>	2	NDS
<i>dextroamphetamine sulfate tabs 5 mg</i>	2	NDS
<i>lisdexamfetamine dimesylate caps 10 mg</i>	4	NDS
<i>lisdexamfetamine dimesylate caps 20 mg</i>	4	NDS
<i>lisdexamfetamine dimesylate caps 30 mg</i>	4	NDS
<i>lisdexamfetamine dimesylate caps 40 mg</i>	4	NDS
<i>lisdexamfetamine dimesylate caps 50 mg</i>	4	NDS
<i>lisdexamfetamine dimesylate caps 60 mg</i>	4	NDS
<i>lisdexamfetamine dimesylate caps 70 mg</i>	4	NDS
<i>methylphenidate hcl chew 2.5 mg</i>	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 10 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 20 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 30 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 40 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 50 MG	2	NDS

Drug Name	Drug Tier	Requirements/Limits
METHYLPHENIDATE HCL ER (CD) CPCR 60 MG	2	NDS
<i>methylphenidate hcl er (osm) tbc 18 mg</i>	2	NDS
<i>methylphenidate hcl er (osm) tbc 27 mg</i>	2	NDS
<i>methylphenidate hcl er (osm) tbc 36 mg</i>	2	NDS
<i>methylphenidate hcl er (osm) tbc 54 mg</i>	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 10 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 15 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 20 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 30 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 40 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 50 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 60 MG	2	NDS
<i>methylphenidate hcl er tbc 10 mg</i>	2	NDS
<i>methylphenidate hcl er tbc 20 mg</i>	2	NDS
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	NDS
<i>methylphenidate hcl tabs 10 mg</i>	2	NDS
<i>methylphenidate hcl tabs 20 mg</i>	2	NDS
<i>methylphenidate hcl tabs 5 mg</i>	2	NDS
<i>modafinil tabs 100 mg</i>	2	PA, NDS
<i>modafinil tabs 200 mg</i>	2	PA, NDS
WAKIX TABS 17.8 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
WAKIX TABS 4.45 MG	5	NDS
ANTICONVULSANTS		
APTIOM TABS 200 MG	5	MO
APTIOM TABS 400 MG	5	MO
APTIOM TABS 600 MG	5	MO
APTIOM TABS 800 MG	5	MO
BRIVIACT SOLN 10 MG/ML	5	NDS
BRIVIACT TABS 10 MG	5	NDS
BRIVIACT TABS 100 MG	5	NDS
BRIVIACT TABS 25 MG	5	NDS
BRIVIACT TABS 50 MG	5	NDS
BRIVIACT TABS 75 MG	5	NDS
<i>carbamazepine chew 100 mg</i>	2	MO
CARBAMAZEPINE ER CP12 100 MG	2	MO
CARBAMAZEPINE ER CP12 200 MG	2	MO
CARBAMAZEPINE ER CP12 300 MG	2	MO
<i>carbamazepine er tb12 100 mg</i>	2	MO
<i>carbamazepine er tb12 200 mg</i>	2	MO
<i>carbamazepine er tb12 400 mg</i>	2	MO
<i>carbamazepine susp 100 mg/5ml</i>	2	MO
<i>carbamazepine tabs 200 mg</i>	2	MO
CELONTIN CAPS 300 MG	3	MO
<i>clobazam susp 2.5 mg/ml</i>	2	MO
<i>clobazam tabs 10 mg</i>	2	MO
<i>clobazam tabs 20 mg</i>	2	MO
<i>clonazepam tabs 0.5 mg</i>	2	NDS
<i>clonazepam tabs 1 mg</i>	2	NDS
<i>clonazepam tabs 2 mg</i>	2	NDS
<i>clonazepam tbdp 0.125 mg</i>	2	NDS
<i>clonazepam tbdp 0.25 mg</i>	2	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tbdp 0.5 mg</i>	2	NDS
<i>clonazepam tbdp 1 mg</i>	2	NDS
<i>clonazepam tbdp 2 mg</i>	2	NDS
DIACOMIT CAPS 250 MG	5	NDS
DIACOMIT CAPS 500 MG	5	NDS
DIACOMIT PACK 250 MG	5	NDS
DIACOMIT PACK 500 MG	5	NDS
DIASTAT ACUDIAL GEL 10 MG	2	NDS
DIASTAT ACUDIAL GEL 20 MG	2	NDS
<i>diazepam gel 10 mg</i>	4	NDS
DIAZEPAM GEL 2.5 MG	2	NDS
<i>diazepam gel 20 mg</i>	2	NDS
DILANTIN CAPS 100 MG	2	MO
DILANTIN CAPS 30 MG	2	MO
DILANTIN INFATABS CHEW 50 MG	2	MO
<i>divalproex sodium csdr 125 mg</i>	2	MO
<i>divalproex sodium er tb24 250 mg</i>	2	MO
<i>divalproex sodium er tb24 500 mg</i>	2	MO
<i>divalproex sodium tbec 125 mg</i>	2	MO
<i>divalproex sodium tbec 250 mg</i>	2	MO
<i>divalproex sodium tbec 500 mg</i>	2	MO
ELEPSIA XR TB24 1000 MG	5	NDS
ELEPSIA XR TB24 1500 MG	5	NDS
EPIDIOLEX SOLN 100 MG/ML	5	PA
EPRONTIA SOLN 25 MG/ML	4	MO
<i>ethosuximide caps 250 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide soln 250 mg/5ml</i>	2	MO
<i>felbamate susp 600 mg/5ml</i>	4	MO
<i>felbamate tabs 400 mg</i>	2	MO
<i>felbamate tabs 600 mg</i>	2	MO
FINTEPLA SOLN 2.2 MG/ML	5	NDS
<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	2	
<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	2	
FYCOMPA SUSP 0.5 MG/ML	5	NDS
FYCOMPA TABS 10 MG	5	
FYCOMPA TABS 12 MG	5	
FYCOMPA TABS 2 MG	4	
FYCOMPA TABS 4 MG	5	
FYCOMPA TABS 6 MG	5	
FYCOMPA TABS 8 MG	5	
<i>gabapentin caps 100 mg</i>	2	MO
<i>gabapentin caps 300 mg</i>	2	MO
<i>gabapentin caps 400 mg</i>	2	MO
<i>gabapentin soln 250 mg/5ml</i>	2	MO
<i>gabapentin tabs 600 mg</i>	2	MO
<i>gabapentin tabs 800 mg</i>	2	MO
<i>lacosamide soln 10 mg/ml</i>	4	
<i>lacosamide soln 200 mg/20ml</i>	4	
<i>lacosamide tabs 100 mg</i>	2	MO
<i>lacosamide tabs 150 mg</i>	2	MO
<i>lacosamide tabs 200 mg</i>	2	MO
<i>lacosamide tabs 50 mg</i>	2	MO
<i>lamotrigine chew 25 mg</i>	2	MO
<i>lamotrigine chew 5 mg</i>	2	MO
<i>lamotrigine er tb24 100 mg</i>	2	MO
<i>lamotrigine er tb24 200 mg</i>	2	MO
<i>lamotrigine er tb24 25 mg</i>	2	MO
<i>lamotrigine er tb24 250 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine er tb24 300 mg</i>	2	MO
<i>lamotrigine er tb24 50 mg</i>	2	MO
<i>lamotrigine kit 25 & 50 & 100 mg</i>	2	MO
<i>lamotrigine starter kit-blue kit 35 x 25 mg</i>	2	MO
<i>lamotrigine starter kit-green kit 84 x 25 mg & 14x100 mg</i>	2	MO
<i>lamotrigine starter kit-orange kit 42 x 25 mg & 7 x 100 mg</i>	2	MO
<i>lamotrigine tabs 100 mg</i>	2	MO
<i>lamotrigine tabs 150 mg</i>	2	MO
<i>lamotrigine tabs 200 mg</i>	2	MO
<i>lamotrigine tabs 25 mg</i>	2	MO
<i>lamotrigine tbdp 100 mg</i>	2	MO
<i>lamotrigine tbdp 200 mg</i>	2	MO
<i>lamotrigine tbdp 25 mg</i>	2	MO
<i>lamotrigine tbdp 50 mg</i>	2	MO
<i>levetiracetam er tb24 500 mg</i>	2	MO
<i>levetiracetam er tb24 750 mg</i>	2	MO
<i>levetiracetam in nacl soln 1000 mg/100ml</i>	2	
<i>levetiracetam in nacl soln 1500 mg/100ml</i>	2	
LEVETIRACETAM IN NACL SOLN 250 MG/50ML	4	
<i>levetiracetam in nacl soln 500 mg/100ml</i>	2	
<i>levetiracetam soln 100 mg/ml</i>	2	MO
<i>levetiracetam soln 500 mg/5ml</i>	2	
<i>levetiracetam tabs 1000 mg</i>	2	MO
<i>levetiracetam tabs 250 mg</i>	2	MO
<i>levetiracetam tabs 500 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tabs 750 mg</i>	2	MO
LIBERVANT FILM 10 MG	4	NDS
LIBERVANT FILM 12.5 MG	4	NDS
LIBERVANT FILM 15 MG	4	NDS
LIBERVANT FILM 5 MG	4	NDS
LIBERVANT FILM 7.5 MG	4	NDS
<i>magnesium sulfate soln 4 gm/50ml</i>	2	
<i>magnesium sulfate soln 50 %</i>	2	HI
MOTPOLY XR CP24 100 MG	4	MO
MOTPOLY XR CP24 150 MG	5	
MOTPOLY XR CP24 200 MG	5	
NAYZILAM SOLN 5 MG/0.1ML	4	NDS
<i>oxcarbazepine susp 300 mg/5ml</i>	2	MO
<i>oxcarbazepine tabs 150 mg</i>	2	MO
<i>oxcarbazepine tabs 300 mg</i>	2	MO
<i>oxcarbazepine tabs 600 mg</i>	2	MO
<i>phenytek caps 200 mg</i>	2	MO
<i>phenytek caps 300 mg</i>	2	MO
<i>phenytoin chew 50 mg</i>	2	MO
<i>phenytoin sodium extended caps 100 mg</i>	2	MO
<i>phenytoin sodium extended caps 200 mg</i>	2	MO
<i>phenytoin sodium extended caps 300 mg</i>	2	MO
<i>phenytoin sodium soln 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	MO
<i>pregabalin caps 100 mg</i>	2	MO
<i>pregabalin caps 150 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin caps 200 mg</i>	2	MO
<i>pregabalin caps 225 mg</i>	2	MO
<i>pregabalin caps 25 mg</i>	2	MO
<i>pregabalin caps 300 mg</i>	2	MO
<i>pregabalin caps 50 mg</i>	2	MO
<i>pregabalin caps 75 mg</i>	2	MO
<i>pregabalin soln 20 mg/ml</i>	2	MO
PRIMIDONE TABS 125 MG	4	MO
<i>primidone tabs 250 mg</i>	2	MO
<i>primidone tabs 50 mg</i>	2	MO
<i>roweepra tabs 500 mg</i>	2	MO
<i>rufinamide susp 40 mg/ml</i>	5	
<i>rufinamide tabs 200 mg</i>	4	
<i>rufinamide tabs 400 mg</i>	5	
SPRITAM TB3D 1000 MG	4	NDS
SPRITAM TB3D 250 MG	4	MO
SPRITAM TB3D 500 MG	4	MO
SPRITAM TB3D 750 MG	4	NDS
<i>subvenite starter kit-blue kit 35 x 25 mg</i>	2	MO
<i>subvenite starter kit-green kit 84 x 25 mg & 14x100 mg</i>	2	MO
<i>subvenite starter kit-orange kit 42 x 25 mg & 7 x 100 mg</i>	2	MO
<i>subvenite tabs 100 mg</i>	2	MO
<i>subvenite tabs 150 mg</i>	2	MO
<i>subvenite tabs 200 mg</i>	2	MO
<i>subvenite tabs 25 mg</i>	2	MO
SYMPAZAN FILM 10 MG	5	
SYMPAZAN FILM 20 MG	5	
SYMPAZAN FILM 5 MG	5	
TIAGABINE HCL TABS 12 MG	2	MO
TIAGABINE HCL TABS 16 MG	2	MO
<i>tiagabine hcl tabs 2 mg</i>	2	MO
<i>tiagabine hcl tabs 4 mg</i>	2	MO
<i>topiramate cpsp 15 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate cpsp 25 mg</i>	2	MO
<i>topiramate er cs24 100 mg</i>	2	MO
<i>topiramate er cs24 150 mg</i>	2	MO
<i>topiramate er cs24 200 mg</i>	2	MO
<i>topiramate er cs24 25 mg</i>	2	MO
<i>topiramate er cs24 50 mg</i>	2	MO
<i>topiramate tabs 100 mg</i>	2	MO
<i>topiramate tabs 200 mg</i>	2	MO
<i>topiramate tabs 25 mg</i>	2	MO
<i>topiramate tabs 50 mg</i>	2	MO
<i>valproate sodium soln 100 mg/ml</i>	2	
<i>valproic acid caps 250 mg</i>	2	MO
<i>valproic acid soln 250 mg/5ml</i>	2	MO
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML	3	
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	3	
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	3	
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML	3	
<i>vigabatrin pack 500 mg</i>	5	LD, NDS
<i>vigabatrin tabs 500 mg</i>	5	NDS
<i>vigadrone tabs 500 mg</i>	5	NDS
VIGAFYDE SOLN 100 MG/ML	5	NDS
XCOPRI (250 MG DAILY DOSE) TBPK 100 & 150 MG	5	
XCOPRI (350 MG DAILY DOSE) TBPK 150 & 200 MG	5	
XCOPRI TABS 100 MG	5	
XCOPRI TABS 150 MG	5	
XCOPRI TABS 200 MG	5	
XCOPRI TABS 25 MG	5	
XCOPRI TABS 50 MG	5	

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TBPK 14 x 12.5 MG & 14 X 25 MG	4	
XCOPRI TBPK 14 x 150 MG & 14 X200 MG	5	
XCOPRI TBPK 14 x 50 MG & 14 X100 MG	5	
ZONISADE SUSP 100 MG/5ML	4	MO
<i>zonisamide caps 100 mg</i>	2	MO
<i>zonisamide caps 25 mg</i>	2	MO
<i>zonisamide caps 50 mg</i>	2	MO
ZTALMY SUSP 50 MG/ML	5	NDS
ANTIMIGRAINE AGENTS		
AJOVY SOAJ 225 MG/1.5ML	4	PA
AJOVY SOSY 225 MG/1.5ML	4	PA
CAFERGOT TABS 1-100 MG	2	
<i>eletriptan hydrobromide tabs 20 mg</i>	2	
<i>eletriptan hydrobromide tabs 40 mg</i>	2	
ERGOTAMINE-CAFFEINE TABS 1-100 MG	2	
<i>naratriptan hcl tabs 1 mg</i>	2	
<i>naratriptan hcl tabs 2.5 mg</i>	2	
NURTEC TBDP 75 MG	5	NDS
QULIPTA TABS 10 MG	5	NDS
QULIPTA TABS 30 MG	5	NDS
QULIPTA TABS 60 MG	5	NDS
<i>rizatriptan benzoate tabs 10 mg</i>	2	
<i>rizatriptan benzoate tabs 5 mg</i>	2	
<i>rizatriptan benzoate tbdp 10 mg</i>	2	
<i>rizatriptan benzoate tbdp 5 mg</i>	2	
SUMATRIPTAN SOLN 20 MG/ACT	2	
SUMATRIPTAN SOLN 5 MG/ACT	2	

Drug Name	Drug Tier	Requirements/Limits
SUMATRIPTAN SUCCINATE REFILL SOCT 6 MG/0.5ML	2	
<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	2	
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	2	
<i>sumatriptan succinate tabs 100 mg</i>	2	
<i>sumatriptan succinate tabs 25 mg</i>	2	
<i>sumatriptan succinate tabs 50 mg</i>	2	
UBRELVY TABS 100 MG	3	
UBRELVY TABS 50 MG	5	NDS
ZAVZPRET SOLN 10 MG/ACT	5	NDS
<i>zolmitriptan tabs 2.5 mg</i>	2	
<i>zolmitriptan tabs 5 mg</i>	2	
<i>zolmitriptan tbdp 2.5 mg</i>	2	
<i>zolmitriptan tbdp 5 mg</i>	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps 100 mg</i>	2	MO
<i>amantadine hcl soln 50 mg/5ml</i>	2	MO
<i>amantadine hcl tabs 100 mg</i>	2	MO
APOKYN SOCT 30 MG/3ML	5	NDS
<i>apomorphine hcl soct 30 mg/3ml</i>	5	NDS
<i>benztropine mesylate soln 1 mg/ml</i>	2	
<i>benztropine mesylate tabs 0.5 mg</i>	2	MO
<i>benztropine mesylate tabs 1 mg</i>	2	MO
<i>benztropine mesylate tabs 2 mg</i>	2	MO
<i>bromocriptine mesylate caps 5 mg</i>	2	MO
<i>bromocriptine mesylate tabs 2.5 mg</i>	2	MO
<i>cabergoline tabs 0.5 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa tabs 25 mg</i>	2	MO
<i>carbidopa-levodopa er tbc 25-100 mg</i>	2	MO
<i>carbidopa-levodopa er tbc 50-200 mg</i>	2	MO
<i>carbidopa-levodopa tabs 10-100 mg</i>	2	MO
<i>carbidopa-levodopa tabs 25-100 mg</i>	2	MO
<i>carbidopa-levodopa tabs 25-250 mg</i>	2	MO
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	2	MO
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	2	MO
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	2	MO
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	2	MO
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	2	MO
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	2	MO
EMSAM PT24 12 MG/24HR	5	NDS
EMSAM PT24 6 MG/24HR	5	NDS
EMSAM PT24 9 MG/24HR	5	NDS
<i>entacapone tabs 200 mg</i>	2	MO
INBRIJA CAPS 42 MG	5	NDS
KYNMOBI FILM 10 MG	5	NDS
KYNMOBI FILM 15 MG	5	NDS
KYNMOBI FILM 20 MG	5	NDS
KYNMOBI FILM 25 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
KYNMOBI FILM 30 MG	5	NDS
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 1 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	2	MO
<i>rasagiline mesylate tabs 0.5 mg</i>	2	MO
<i>rasagiline mesylate tabs 1 mg</i>	2	MO
<i>ropinirole hcl er tb24 12 mg</i>	2	MO
<i>ropinirole hcl er tb24 2 mg</i>	2	MO
<i>ropinirole hcl er tb24 4 mg</i>	2	MO
<i>ropinirole hcl er tb24 6 mg</i>	2	MO
<i>ropinirole hcl er tb24 8 mg</i>	2	MO
<i>ropinirole hcl tabs 0.25 mg</i>	2	MO
<i>ropinirole hcl tabs 0.5 mg</i>	2	MO
<i>ropinirole hcl tabs 1 mg</i>	2	MO
<i>ropinirole hcl tabs 2 mg</i>	2	MO
<i>ropinirole hcl tabs 3 mg</i>	2	MO
<i>ropinirole hcl tabs 4 mg</i>	2	MO
<i>ropinirole hcl tabs 5 mg</i>	2	MO
<i>selegiline hcl caps 5 mg</i>	2	MO
<i>selegiline hcl tabs 5 mg</i>	2	MO
<i>tolcapone tabs 100 mg</i>	5	MO
TRIHEXYPHENIDYL HCL SOLN 0.4 MG/ML	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl tabs 2 mg</i>	2	MO
<i>trihexyphenidyl hcl tabs 5 mg</i>	2	MO
ZELAPAR TBDP 1.25 MG	5	MO
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam tabs 0.25 mg</i>	2	NDS
<i>alprazolam tabs 0.5 mg</i>	2	NDS
<i>alprazolam tabs 1 mg</i>	2	NDS
<i>alprazolam tabs 2 mg</i>	2	NDS
<i>bupirone hcl tabs 10 mg</i>	1	
<i>bupirone hcl tabs 15 mg</i>	1	
<i>bupirone hcl tabs 30 mg</i>	1	
<i>bupirone hcl tabs 5 mg</i>	1	
<i>bupirone hcl tabs 7.5 mg</i>	1	
<i>chlordiazepoxide hcl caps 10 mg</i>	2	NDS
<i>chlordiazepoxide hcl caps 25 mg</i>	2	NDS
<i>chlordiazepoxide hcl caps 5 mg</i>	2	NDS
<i>clorazepate dipotassium tabs 15 mg</i>	2	NDS
<i>clorazepate dipotassium tabs 3.75 mg</i>	2	NDS
<i>clorazepate dipotassium tabs 7.5 mg</i>	2	NDS
<i>diazepam intensol conc 5 mg/ml</i>	2	NDS
<i>diazepam soln 5 mg/5ml</i>	2	NDS
<i>diazepam soln 5 mg/ml</i>	2	NDS
<i>diazepam tabs 10 mg</i>	2	NDS
<i>diazepam tabs 2 mg</i>	2	NDS
<i>diazepam tabs 5 mg</i>	2	NDS
DROPERIDOL SOLN 2.5 MG/ML	2	
<i>eszopiclone tabs 1 mg</i>	2	NDS
<i>eszopiclone tabs 2 mg</i>	2	NDS
<i>eszopiclone tabs 3 mg</i>	2	NDS
HYDROXYZINE HCL SOLN 25 MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
HYDROXYZINE HCL SOLN 50 MG/ML	2	
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	2	
<i>hydroxyzine hcl tabs 10 mg</i>	2	
<i>hydroxyzine hcl tabs 25 mg</i>	2	
<i>hydroxyzine hcl tabs 50 mg</i>	2	
HYDROXYZINE PAMOATE CAPS 100 MG	2	
<i>hydroxyzine pamoate caps 25 mg</i>	2	
<i>hydroxyzine pamoate caps 50 mg</i>	2	
IGALMI FILM 120 MCG	4	NDS
IGALMI FILM 180 MCG	4	NDS
<i>lorazepam intensol conc 2 mg/ml</i>	2	NDS
LORAZEPAM SOLN 2 MG/ML	2	NDS
LORAZEPAM SOLN 4 MG/ML	2	NDS
<i>lorazepam tabs 0.5 mg</i>	2	NDS
<i>lorazepam tabs 1 mg</i>	2	NDS
<i>lorazepam tabs 2 mg</i>	2	NDS
<i>midazolam hcl (pf) soln 10 mg/2ml</i>	2	
<i>midazolam hcl (pf) soln 2 mg/2ml</i>	2	
<i>midazolam hcl (pf) soln 5 mg/ml</i>	2	
<i>midazolam hcl soln 10 mg/2ml</i>	2	
<i>midazolam hcl soln 2 mg/2ml</i>	2	
<i>midazolam hcl soln 25 mg/5ml</i>	2	
<i>midazolam hcl soln 5 mg/5ml</i>	2	
<i>midazolam hcl soln 5 mg/ml</i>	2	
<i>midazolam hcl soln 50 mg/10ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
NEMBUTAL SOLN 50 MG/ML	2	
<i>oxazepam caps 10 mg</i>	2	NDS
<i>oxazepam caps 15 mg</i>	2	NDS
<i>oxazepam caps 30 mg</i>	2	NDS
<i>phenobarbital elix 20 mg/5ml</i>	2	
<i>phenobarbital sodium soln 130 mg/ml</i>	2	
<i>phenobarbital sodium soln 65 mg/ml</i>	2	
<i>phenobarbital tabs 100 mg</i>	2	
<i>phenobarbital tabs 15 mg</i>	2	
<i>phenobarbital tabs 16.2 mg</i>	2	
<i>phenobarbital tabs 30 mg</i>	2	
<i>phenobarbital tabs 32.4 mg</i>	2	
<i>phenobarbital tabs 60 mg</i>	2	
<i>phenobarbital tabs 64.8 mg</i>	2	
<i>phenobarbital tabs 97.2 mg</i>	2	
SEZABY SOLR 100 MG	4	
<i>tasimelteon caps 20 mg</i>	5	PA, NDS
<i>temazepam caps 15 mg</i>	2	NDS
<i>temazepam caps 30 mg</i>	2	NDS
<i>temazepam caps 7.5 mg</i>	2	NDS
<i>triazolam tabs 0.125 mg</i>	2	NDS
<i>triazolam tabs 0.25 mg</i>	2	NDS
<i>zaleplon caps 10 mg</i>	2	NDS
<i>zaleplon caps 5 mg</i>	2	NDS
<i>zolpidem tartrate tabs 10 mg</i>	2	NDS
<i>zolpidem tartrate tabs 5 mg</i>	2	NDS
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>atomoxetine hcl caps 10 mg</i>	2	MO
<i>atomoxetine hcl caps 100 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl caps 18 mg</i>	2	MO
<i>atomoxetine hcl caps 25 mg</i>	2	MO
<i>atomoxetine hcl caps 40 mg</i>	2	MO
<i>atomoxetine hcl caps 60 mg</i>	2	MO
<i>atomoxetine hcl caps 80 mg</i>	2	MO
AUSTEDO TABS 12 MG	5	NDS
AUSTEDO TABS 6 MG	5	NDS
AUSTEDO TABS 9 MG	5	NDS
AUSTEDO XR PATIENT TITRATION TEPK 12 & 18 & 24 & 30 MG	5	NDS
AUSTEDO XR PATIENT TITRATION TEPK 6 & 12 & 24 MG	5	NDS
AUSTEDO XR TB24 12 MG	5	NDS
AUSTEDO XR TB24 18 MG	5	NDS
AUSTEDO XR TB24 24 MG	5	NDS
AUSTEDO XR TB24 30 MG	5	NDS
AUSTEDO XR TB24 36 MG	5	NDS
AUSTEDO XR TB24 42 MG	5	NDS
AUSTEDO XR TB24 48 MG	5	NDS
AUSTEDO XR TB24 6 MG	5	NDS
DAYBUE SOLN 200 MG/ML	5	NDS
<i>edaravone soln 30 mg/100ml</i>	5	NDS
<i>flumazenil soln 0.5 mg/5ml</i>	2	
<i>flumazenil soln 1 mg/10ml</i>	2	
<i>guanfacine hcl er tb24 1 mg</i>	2	MO
<i>guanfacine hcl er tb24 2 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl er tb24 3 mg</i>	2	MO
<i>guanfacine hcl er tb24 4 mg</i>	2	MO
INGREZZA CAPS 40 MG	5	NDS
INGREZZA CAPS 60 MG	5	NDS
INGREZZA CAPS 80 MG	5	NDS
INGREZZA CPPK 40 & 80 MG	5	NDS
INGREZZA CPSP 40 MG	5	NDS
INGREZZA CPSP 60 MG	5	NDS
INGREZZA CPSP 80 MG	5	NDS
<i>memantine hcl soln 2 mg/ml</i>	2	MO
<i>memantine hcl tabs 10 mg</i>	2	MO
MEMANTINE HCL TABS 28 x 5 MG & 21 X 10 MG	2	MO
<i>memantine hcl tabs 5 mg</i>	2	MO
NOURIANZ TABS 20 MG	5	NDS
NOURIANZ TABS 40 MG	5	NDS
NUDEXTA CAPS 20-10 MG	5	PA, NDS
QALSODY SOLN 100 MG/15ML	5	NDS
RADICAVA ORS STARTER KIT SUSP 105 MG/5ML	5	NDS
RADICAVA ORS SUSP 105 MG/5ML	5	NDS
RADICAVA SOLN 30 MG/100ML	5	NDS
RELYVRIO PACK 3-1 GM	5	NDS
<i>riluzole tabs 50 mg</i>	2	MO, NDS
SODIUM OXYBATE SOLN 500 MG/ML	5	PA, LD, NDS
TEGLUTIK SUSP 50 MG/10ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine tabs 12.5 mg	4	MO
tetrabenazine tabs 25 mg	4	MO
TIGLUTIK SUSP 50 MG/10ML	5	NDS
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN AJKT 30 MCG/0.5ML	5	NDS
AVONEX PREFILLED PSKT 30 MCG/0.5ML	5	NDS
BETASERON KIT 0.3 MG	5	NDS
BRIUMVI SOLN 150 MG/6ML	5	
dalfampridine er tb12 10 mg	2	MO
dimethyl fumarate cpdr 120 mg	2	
dimethyl fumarate cpdr 240 mg	2	
dimethyl fumarate starter pack cdpk 120 & 240 mg	2	
fingolimod hcl caps 0.5 mg	2	MO
GILENYA CAPS 0.25 MG	5	NDS
glatopa sosy 20 mg/ml	4	MO
glatopa sosy 40 mg/ml	4	MO
LEMTRADA SOLN 12 MG/1.2ML	5	NDS
MAYZENT TABS 2 MG	5	NDS
OCREVUS SOLN 300 MG/10ML	5	
PLEGRIDY SOPN 125 MCG/0.5ML	5	NDS
PLEGRIDY SOSY 125 MCG/0.5ML	5	NDS
PLEGRIDY STARTER PACK SOPN 63 & 94 MCG/0.5ML	5	NDS
PLEGRIDY STARTER PACK SOSY 63 & 94 MCG/0.5ML	5	NDS
REBIF REBIDOSE SOAJ 22 MCG/0.5ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SOAJ 44 MCG/0.5ML	5	NDS
REBIF REBIDOSE TITRATION PACK SOAJ 6X8.8 & 6X22 MCG	5	NDS
REBIF TITRATION PACK SOSY 6X8.8 & 6X22 MCG	5	NDS
teriflunomide tabs 14 mg	4	PA, MO
teriflunomide tabs 7 mg	4	PA, MO
ZEPOSIA 7-DAY STARTER PACK CPPK 4 x 0.23MG & 3 X 0.46MG	5	NDS
ZEPOSIA CAPS 0.92 MG	5	NDS
ZEPOSIA STARTER KIT CPPK 0.23MG & 0.46MG & 0.92MG	5	NDS
ZEPOSIA STARTER KIT CPPK 0.23MG & 0.46MG 0.92MG(21)	5	NDS
OPIATE ANTAGONISTS		
BELBUCA FILM 150 MCG	4	NDS
BELBUCA FILM 300 MCG	4	NDS
BELBUCA FILM 450 MCG	4	NDS
BELBUCA FILM 600 MCG	4	NDS
BELBUCA FILM 75 MCG	4	NDS
BELBUCA FILM 750 MCG	5	NDS
BELBUCA FILM 900 MCG	5	NDS
BRIXADI (WEEKLY) SOSY 16 MG/0.32ML	5	NDS
BRIXADI (WEEKLY) SOSY 24 MG/0.48ML	5	NDS
BRIXADI (WEEKLY) SOSY 32 MG/0.64ML	5	NDS
BRIXADI (WEEKLY) SOSY 8 MG/0.16ML	5	NDS
BRIXADI SOSY 128 MG/0.36ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
BRIXADI SOSY 64 MG/0.18ML	5	NDS
BRIXADI SOSY 96 MG/0.27ML	5	NDS
<i>buprenorphine hcl subl 2 mg</i>	2	NDS
<i>buprenorphine hcl subl 8 mg</i>	2	NDS
<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	2	NDS
<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	2	NDS
<i>buprenorphine ptwk 10 mcg/hr</i>	2	NDS
<i>buprenorphine ptwk 15 mcg/hr</i>	2	NDS
<i>buprenorphine ptwk 20 mcg/hr</i>	2	NDS
<i>buprenorphine ptwk 5 mcg/hr</i>	2	NDS
<i>buprenorphine ptwk 7.5 mcg/hr</i>	2	NDS
<i>lofexidine hcl tabs 0.18 mg</i>	5	NDS
LUCEMYRA TABS 0.18 MG	5	NDS
<i>naloxone hcl liqd 4 mg/0.1ml</i>	2	
NALOXONE HCL SOCT 0.4 MG/ML	2	
<i>naloxone hcl soln 0.4 mg/ml</i>	2	
<i>naloxone hcl soln 4 mg/10ml</i>	2	
<i>naloxone hcl sosy 2 mg/2ml</i>	2	
<i>naltrexone hcl tabs 50 mg</i>	2	
NARCAN LIQD 4 MG/0.1ML	3	
SUBLOCADE SOSY 100 MG/0.5ML	5	NDS
SUBLOCADE SOSY 300 MG/1.5ML	5	NDS
VIVITROL SUSR 380 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	5	
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	5	
ABILIFY MAINTENA PRSY 300 MG	5	NDS
ABILIFY MAINTENA PRSY 400 MG	5	NDS
ABILIFY MAINTENA SRER 300 MG	5	NDS
ABILIFY MAINTENA SRER 400 MG	5	NDS
ABILIFY MYCITE MAINTENANCE KIT TBPK 10 MG	5	NDS
ABILIFY MYCITE STARTER KIT TBPK 15 MG	5	NDS
ABILIFY MYCITE STARTER KIT TBPK 2 MG	5	NDS
ABILIFY MYCITE STARTER KIT TBPK 20 MG	5	NDS
ABILIFY MYCITE STARTER KIT TBPK 30 MG	5	NDS
ABILIFY MYCITE STARTER KIT TBPK 5 MG	5	NDS
<i>amitriptyline hcl tabs 10 mg</i>	2	MO
<i>amitriptyline hcl tabs 100 mg</i>	2	MO
<i>amitriptyline hcl tabs 150 mg</i>	2	MO
<i>amitriptyline hcl tabs 25 mg</i>	2	MO
<i>amitriptyline hcl tabs 50 mg</i>	2	MO
<i>amitriptyline hcl tabs 75 mg</i>	2	MO
<i>amoxapine tabs 100 mg</i>	2	MO
<i>amoxapine tabs 150 mg</i>	2	MO
<i>amoxapine tabs 25 mg</i>	2	MO
<i>amoxapine tabs 50 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
APLENZIN TB24 348 MG	5	MO
APLENZIN TB24 522 MG	5	MO
<i>aripiprazole soln 1 mg/ml</i>	2	MO
<i>aripiprazole tabs 10 mg</i>	2	MO
<i>aripiprazole tabs 15 mg</i>	2	MO
<i>aripiprazole tabs 2 mg</i>	2	MO
<i>aripiprazole tabs 20 mg</i>	2	MO
<i>aripiprazole tabs 30 mg</i>	2	MO
<i>aripiprazole tabs 5 mg</i>	2	MO
<i>aripiprazole tbdp 10 mg</i>	5	MO
<i>aripiprazole tbdp 15 mg</i>	4	MO
ARISTADA INITIO PRSY 675 MG/2.4ML	5	NDS
ARISTADA PRSY 1064 MG/3.9ML	5	NDS
ARISTADA PRSY 441 MG/1.6ML	5	NDS
ARISTADA PRSY 662 MG/2.4ML	5	NDS
ARISTADA PRSY 882 MG/3.2ML	5	NDS
ASENAPINE MALEATE SUBL 10 MG	2	MO
<i>asenapine maleate subl 2.5 mg</i>	2	MO
ASENAPINE MALEATE SUBL 5 MG	2	MO
AUVELITY TBCR 45-105 MG	4	MO
<i>bupropion hcl er (smoking det) tb12 150 mg</i>	2	MO
<i>bupropion hcl er (sr) tb12 100 mg</i>	2	MO
<i>bupropion hcl er (sr) tb12 150 mg</i>	2	MO
<i>bupropion hcl er (sr) tb12 200 mg</i>	2	MO
<i>bupropion hcl er (xl) tb24 150 mg</i>	2	MO
<i>bupropion hcl er (xl) tb24 300 mg</i>	2	MO
BUPROPION HCL ER (XL) TB24 450 MG	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tabs 100 mg</i>	2	MO
<i>bupropion hcl tabs 75 mg</i>	2	MO
CAPLYTA CAPS 10.5 MG	5	NDS
CAPLYTA CAPS 21 MG	5	NDS
CAPLYTA CAPS 42 MG	5	NDS
CHLORDIAZEPOXIDE-AMITRIPTYLINE TABS 10-25 MG	2	
CHLORDIAZEPOXIDE-AMITRIPTYLINE TABS 5-12.5 MG	2	
CHLORPROMAZINE HCL CONC 100 MG/ML	4	MO
CHLORPROMAZINE HCL CONC 30 MG/ML	4	MO
<i>chlorpromazine hcl soln 25 mg/ml</i>	2	
<i>chlorpromazine hcl soln 50 mg/2ml</i>	2	
<i>chlorpromazine hcl tabs 10 mg</i>	2	MO
<i>chlorpromazine hcl tabs 100 mg</i>	2	MO
<i>chlorpromazine hcl tabs 200 mg</i>	2	MO
<i>chlorpromazine hcl tabs 25 mg</i>	2	MO
<i>chlorpromazine hcl tabs 50 mg</i>	2	MO
CITALOPRAM HYDROBROMIDE CAPS 30 MG	4	MO
<i>citalopram hydrobromide soln 10 mg/5ml</i>	2	MO
<i>citalopram hydrobromide tabs 10 mg</i>	1	MO
<i>citalopram hydrobromide tabs 20 mg</i>	1	MO
<i>citalopram hydrobromide tabs 40 mg</i>	1	MO
<i>clomipramine hcl caps 25 mg</i>	2	MO
<i>clomipramine hcl caps 50 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl caps 75 mg</i>	2	MO
<i>clozapine tabs 100 mg</i>	2	NDS
<i>clozapine tabs 200 mg</i>	2	NDS
<i>clozapine tabs 25 mg</i>	2	NDS
<i>clozapine tabs 50 mg</i>	2	NDS
<i>clozapine tbdp 100 mg</i>	2	NDS
CLOZAPINE TBDP 12.5 MG	2	NDS
<i>clozapine tbdp 150 mg</i>	2	NDS
<i>clozapine tbdp 200 mg</i>	2	NDS
<i>clozapine tbdp 25 mg</i>	2	NDS
<i>compro supp 25 mg</i>	2	MO
<i>desipramine hcl tabs 10 mg</i>	2	MO
<i>desipramine hcl tabs 100 mg</i>	2	MO
<i>desipramine hcl tabs 150 mg</i>	2	MO
<i>desipramine hcl tabs 25 mg</i>	2	MO
<i>desipramine hcl tabs 50 mg</i>	2	MO
<i>desipramine hcl tabs 75 mg</i>	2	MO
<i>desvenlafaxine succinate er tb24 100 mg</i>	2	MO
<i>desvenlafaxine succinate er tb24 25 mg</i>	2	MO
<i>desvenlafaxine succinate er tb24 50 mg</i>	2	MO
<i>doxepin hcl caps 10 mg</i>	2	MO
<i>doxepin hcl caps 100 mg</i>	2	MO
<i>doxepin hcl caps 150 mg</i>	2	MO
<i>doxepin hcl caps 25 mg</i>	2	MO
<i>doxepin hcl caps 50 mg</i>	2	MO
<i>doxepin hcl caps 75 mg</i>	2	MO
<i>doxepin hcl conc 10 mg/ml</i>	2	MO
<i>doxepin hcl tabs 3 mg</i>	2	MO
<i>doxepin hcl tabs 6 mg</i>	2	MO
DRIZALMA SPRINKLE CSDR 20 MG	4	
DRIZALMA SPRINKLE CSDR 30 MG	4	

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE CSDR 40 MG	4	
DRIZALMA SPRINKLE CSDR 60 MG	4	
<i>duloxetine hcl cpep 20 mg</i>	2	MO
<i>duloxetine hcl cpep 30 mg</i>	2	MO
<i>duloxetine hcl cpep 40 mg</i>	2	MO
<i>duloxetine hcl cpep 60 mg</i>	2	MO
<i>escitalopram oxalate soln 5 mg/5ml</i>	2	MO
<i>escitalopram oxalate tabs 10 mg</i>	1	MO
<i>escitalopram oxalate tabs 20 mg</i>	1	MO
<i>escitalopram oxalate tabs 5 mg</i>	1	MO
FANAPT TABS 1 MG	5	NDS
FANAPT TABS 10 MG	5	NDS
FANAPT TABS 12 MG	5	NDS
FANAPT TABS 2 MG	5	NDS
FANAPT TABS 4 MG	5	NDS
FANAPT TABS 6 MG	5	NDS
FANAPT TABS 8 MG	5	NDS
FANAPT TITRATION PACK TABS 1 & 2 & 4 & 6 MG	4	MO
FETZIMA CP24 120 MG	4	MO
FETZIMA CP24 20 MG	4	MO
FETZIMA CP24 40 MG	4	MO
FETZIMA CP24 80 MG	4	MO
FETZIMA TITRATION C4PK 20 & 40 MG	4	MO
FLUOXETINE HCL (PMDD) TABS 10 MG	2	MO
FLUOXETINE HCL (PMDD) TABS 20 MG	2	MO
<i>fluoxetine hcl caps 10 mg</i>	1	MO
<i>fluoxetine hcl caps 20 mg</i>	1	MO
<i>fluoxetine hcl caps 40 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
FLUOXETINE HCL CPDR 90 MG	2	MO
<i>fluoxetine hcl soln 20 mg/5ml</i>	2	MO
<i>fluoxetine hcl tabs 10 mg</i>	2	MO
<i>fluoxetine hcl tabs 20 mg</i>	2	MO
<i>fluoxetine hcl tabs 60 mg</i>	2	MO
<i>fluphenazine decanoate soln 25 mg/ml</i>	2	
FLUPHENAZINE HCL CONC 5 MG/ML	2	MO
FLUPHENAZINE HCL ELIX 2.5 MG/5ML	2	MO
FLUPHENAZINE HCL SOLN 2.5 MG/ML	2	
<i>fluphenazine hcl tabs 1 mg</i>	2	MO
<i>fluphenazine hcl tabs 10 mg</i>	2	MO
<i>fluphenazine hcl tabs 2.5 mg</i>	2	MO
<i>fluphenazine hcl tabs 5 mg</i>	2	MO
<i>fluvoxamine maleate er cp24 100 mg</i>	2	MO
<i>fluvoxamine maleate er cp24 150 mg</i>	2	MO
<i>fluvoxamine maleate tabs 100 mg</i>	2	MO
<i>fluvoxamine maleate tabs 25 mg</i>	2	MO
<i>fluvoxamine maleate tabs 50 mg</i>	2	MO
<i>haloperidol decanoate soln 100 mg/ml</i>	2	
<i>haloperidol decanoate soln 50 mg/ml</i>	2	
<i>haloperidol lactate conc 2 mg/ml</i>	2	MO
<i>haloperidol lactate soln 5 mg/ml</i>	2	
<i>haloperidol tabs 0.5 mg</i>	2	MO
<i>haloperidol tabs 1 mg</i>	2	MO
<i>haloperidol tabs 10 mg</i>	2	MO
<i>haloperidol tabs 2 mg</i>	2	MO
<i>haloperidol tabs 20 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tabs 5 mg</i>	2	MO
<i>imipramine hcl tabs 10 mg</i>	2	MO
<i>imipramine hcl tabs 25 mg</i>	2	MO
<i>imipramine hcl tabs 50 mg</i>	2	MO
<i>imipramine pamoate caps 100 mg</i>	2	MO
<i>imipramine pamoate caps 125 mg</i>	2	MO
<i>imipramine pamoate caps 150 mg</i>	2	MO
<i>imipramine pamoate caps 75 mg</i>	2	MO
INVEGA HAFYERA SUSY 1092 MG/3.5ML	5	
INVEGA HAFYERA SUSY 1560 MG/5ML	5	
INVEGA SUSTENNA SUSY 117 MG/0.75ML	5	NDS
INVEGA SUSTENNA SUSY 156 MG/ML	5	NDS
INVEGA SUSTENNA SUSY 234 MG/1.5ML	5	NDS
INVEGA SUSTENNA SUSY 39 MG/0.25ML	4	
INVEGA SUSTENNA SUSY 78 MG/0.5ML	5	NDS
INVEGA TRINZA SUSY 273 MG/0.88ML	5	NDS
INVEGA TRINZA SUSY 410 MG/1.32ML	5	NDS
INVEGA TRINZA SUSY 546 MG/1.75ML	5	NDS
INVEGA TRINZA SUSY 819 MG/2.63ML	5	NDS
<i>lithium carbonate caps 150 mg</i>	2	MO
<i>lithium carbonate caps 300 mg</i>	2	MO
LITHIUM CARBONATE CAPS 600 MG	2	MO
<i>lithium carbonate er tbc 300 mg</i>	2	MO
<i>lithium carbonate er tbc 450 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
LITHIUM CARBONATE TABS 300 MG	2	MO
<i>lithium soln 8 meq/5ml</i>	4	MO
<i>loxapine succinate caps 10 mg</i>	2	MO
<i>loxapine succinate caps 25 mg</i>	2	MO
<i>loxapine succinate caps 5 mg</i>	2	MO
<i>loxapine succinate caps 50 mg</i>	2	MO
<i>lurasidone hcl tabs 120 mg</i>	2	MO
<i>lurasidone hcl tabs 20 mg</i>	2	MO
<i>lurasidone hcl tabs 40 mg</i>	2	MO
<i>lurasidone hcl tabs 60 mg</i>	2	MO
<i>lurasidone hcl tabs 80 mg</i>	2	MO
LYBALVI TABS 10-10 MG	5	NDS
LYBALVI TABS 15-10 MG	5	NDS
LYBALVI TABS 20-10 MG	5	NDS
LYBALVI TABS 5-10 MG	5	NDS
MARPLAN TABS 10 MG	4	MO
<i>mirtazapine tabs 15 mg</i>	2	MO
<i>mirtazapine tabs 30 mg</i>	2	MO
<i>mirtazapine tabs 45 mg</i>	2	MO
<i>mirtazapine tabs 7.5 mg</i>	2	MO
<i>mirtazapine tbdp 15 mg</i>	2	MO
<i>mirtazapine tbdp 30 mg</i>	2	MO
<i>mirtazapine tbdp 45 mg</i>	2	MO
MOLINDONE HCL TABS 10 MG	2	MO
MOLINDONE HCL TABS 25 MG	2	MO
MOLINDONE HCL TABS 5 MG	2	MO
NEFAZODONE HCL TABS 100 MG	2	MO
NEFAZODONE HCL TABS 150 MG	2	MO

Drug Name	Drug Tier	Requirements/Limits
NEFAZODONE HCL TABS 200 MG	2	MO
NEFAZODONE HCL TABS 250 MG	2	MO
NEFAZODONE HCL TABS 50 MG	2	MO
<i>nortriptyline hcl caps 10 mg</i>	2	MO
<i>nortriptyline hcl caps 25 mg</i>	2	MO
<i>nortriptyline hcl caps 50 mg</i>	2	MO
<i>nortriptyline hcl caps 75 mg</i>	2	MO
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	MO
NUPLAZID CAPS 34 MG	5	NDS
NUPLAZID TABS 10 MG	5	NDS
<i>olanzapine solr 10 mg</i>	2	
<i>olanzapine tabs 10 mg</i>	2	MO
<i>olanzapine tabs 15 mg</i>	2	MO
<i>olanzapine tabs 2.5 mg</i>	2	MO
<i>olanzapine tabs 20 mg</i>	2	MO
<i>olanzapine tabs 5 mg</i>	2	MO
<i>olanzapine tabs 7.5 mg</i>	2	MO
<i>olanzapine tbdp 10 mg</i>	2	MO
<i>olanzapine tbdp 15 mg</i>	2	MO
<i>olanzapine tbdp 20 mg</i>	2	MO
<i>olanzapine tbdp 5 mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps 12-25 mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps 12-50 mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps 3-25 mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps 6-25 mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps 6-50 mg</i>	2	MO
<i>paliperidone er tb24 1.5 mg</i>	2	MO
<i>paliperidone er tb24 3 mg</i>	2	MO
<i>paliperidone er tb24 6 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er tb24 9 mg</i>	2	MO
<i>paroxetine hcl er tb24 12.5 mg</i>	2	MO
<i>paroxetine hcl er tb24 25 mg</i>	2	MO
<i>paroxetine hcl er tb24 37.5 mg</i>	2	MO
<i>paroxetine hcl susp 10 mg/5ml</i>	4	MO
<i>paroxetine hcl tabs 10 mg</i>	1	MO
<i>paroxetine hcl tabs 20 mg</i>	1	MO
<i>paroxetine hcl tabs 30 mg</i>	1	MO
<i>paroxetine hcl tabs 40 mg</i>	1	MO
<i>paroxetine mesylate caps 7.5 mg</i>	2	MO
<i>perphenazine tabs 16 mg</i>	2	MO
<i>perphenazine tabs 2 mg</i>	2	MO
<i>perphenazine tabs 4 mg</i>	2	MO
<i>perphenazine tabs 8 mg</i>	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 2-10 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 2-25 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-10 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-25 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-50 MG	2	MO
PERSERIS PRSY 120 MG	5	NDS
PERSERIS PRSY 90 MG	5	NDS
PHENELZINE SULFATE TABS 15 MG	2	MO
PIMOZIDE TABS 1 MG	2	MO

Drug Name	Drug Tier	Requirements/Limits
PIMOZIDE TABS 2 MG	2	MO
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	2	
<i>prochlorperazine maleate tabs 10 mg</i>	2	
<i>prochlorperazine maleate tabs 5 mg</i>	2	
<i>prochlorperazine supp 25 mg</i>	2	MO
<i>protriptyline hcl tabs 10 mg</i>	2	MO
<i>protriptyline hcl tabs 5 mg</i>	2	MO
<i>quetiapine fumarate er tb24 150 mg</i>	2	MO
<i>quetiapine fumarate er tb24 200 mg</i>	2	MO
<i>quetiapine fumarate er tb24 300 mg</i>	2	MO
<i>quetiapine fumarate er tb24 400 mg</i>	2	MO
<i>quetiapine fumarate er tb24 50 mg</i>	2	MO
<i>quetiapine fumarate tabs 100 mg</i>	2	MO
QUETIAPINE FUMARATE TABS 150 MG	2	MO
<i>quetiapine fumarate tabs 200 mg</i>	2	MO
<i>quetiapine fumarate tabs 25 mg</i>	2	MO
<i>quetiapine fumarate tabs 300 mg</i>	2	MO
<i>quetiapine fumarate tabs 400 mg</i>	2	MO
<i>quetiapine fumarate tabs 50 mg</i>	2	MO
REXULTI TABS 0.25 MG	5	NDS
REXULTI TABS 0.5 MG	5	NDS
REXULTI TABS 1 MG	5	NDS
REXULTI TABS 2 MG	5	NDS
REXULTI TABS 3 MG	5	NDS
REXULTI TABS 4 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA SRER 12.5 MG	4	NDS
RISPERDAL CONSTA SRER 25 MG	4	
RISPERDAL CONSTA SRER 37.5 MG	5	NDS
RISPERDAL CONSTA SRER 50 MG	5	NDS
<i>risperidone microspheres er srer 12.5 mg</i>	4	NDS
<i>risperidone microspheres er srer 25 mg</i>	4	
<i>risperidone microspheres er srer 37.5 mg</i>	5	NDS
<i>risperidone microspheres er srer 50 mg</i>	5	NDS
<i>risperidone soln 1 mg/ml</i>	2	MO
<i>risperidone tabs 0.25 mg</i>	2	MO
<i>risperidone tabs 0.5 mg</i>	2	MO
<i>risperidone tabs 1 mg</i>	2	MO
<i>risperidone tabs 2 mg</i>	2	MO
<i>risperidone tabs 3 mg</i>	2	MO
<i>risperidone tabs 4 mg</i>	2	MO
RISPERIDONE TBDP 0.25 MG	2	MO
<i>risperidone tbdp 0.5 mg</i>	2	MO
<i>risperidone tbdp 1 mg</i>	2	MO
<i>risperidone tbdp 2 mg</i>	2	MO
<i>risperidone tbdp 3 mg</i>	2	MO
<i>risperidone tbdp 4 mg</i>	2	MO
RYKINDO SRER 25 MG	5	NDS
RYKINDO SRER 37.5 MG	5	NDS
RYKINDO SRER 50 MG	5	NDS
SECUADO PT24 3.8 MG/24HR	5	NDS
SECUADO PT24 5.7 MG/24HR	5	NDS
SECUADO PT24 7.6 MG/24HR	5	NDS
SERTRALINE HCL CAPS 150 MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
SERTRALINE HCL CAPS 200 MG	4	MO
<i>sertraline hcl conc 20 mg/ml</i>	2	MO
<i>sertraline hcl tabs 100 mg</i>	1	MO
<i>sertraline hcl tabs 25 mg</i>	1	MO
<i>sertraline hcl tabs 50 mg</i>	1	MO
SPRAVATO (56 MG DOSE) SOPK 28 MG/DEVICE	5	NDS
SPRAVATO (84 MG DOSE) SOPK 28 MG/DEVICE	5	NDS
<i>thioridazine hcl tabs 10 mg</i>	2	MO
<i>thioridazine hcl tabs 100 mg</i>	2	MO
<i>thioridazine hcl tabs 25 mg</i>	2	MO
<i>thioridazine hcl tabs 50 mg</i>	2	MO
<i>thiothixene caps 1 mg</i>	2	MO
<i>thiothixene caps 10 mg</i>	2	MO
<i>thiothixene caps 2 mg</i>	2	MO
<i>thiothixene caps 5 mg</i>	2	MO
<i>tranylcypromine sulfate tabs 10 mg</i>	2	MO
<i>trazodone hcl tabs 100 mg</i>	1	MO
<i>trazodone hcl tabs 150 mg</i>	1	MO
<i>trazodone hcl tabs 300 mg</i>	2	MO
<i>trazodone hcl tabs 50 mg</i>	1	MO
<i>trifluoperazine hcl tabs 1 mg</i>	2	MO
<i>trifluoperazine hcl tabs 10 mg</i>	2	MO
<i>trifluoperazine hcl tabs 2 mg</i>	2	MO
<i>trifluoperazine hcl tabs 5 mg</i>	2	MO
<i>trimipramine maleate caps 100 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate caps 25 mg</i>	2	MO
<i>trimipramine maleate caps 50 mg</i>	2	MO
TRINTELLIX TABS 10 MG	4	MO
TRINTELLIX TABS 20 MG	4	MO
TRINTELLIX TABS 5 MG	4	MO
UZEDY SUSY 100 MG/0.28ML	5	
UZEDY SUSY 125 MG/0.35ML	5	
UZEDY SUSY 150 MG/0.42ML	5	
UZEDY SUSY 200 MG/0.56ML	5	
UZEDY SUSY 250 MG/0.7ML	5	
UZEDY SUSY 50 MG/0.14ML	5	
UZEDY SUSY 75 MG/0.21ML	5	
VENLAFAXINE BESYLATE ER TB24 112.5 MG	4	MO
<i>venlafaxine hcl er cp24 150 mg</i>	2	MO
<i>venlafaxine hcl er cp24 37.5 mg</i>	2	MO
<i>venlafaxine hcl er cp24 75 mg</i>	2	MO
<i>venlafaxine hcl er tb24 150 mg</i>	2	MO
<i>venlafaxine hcl er tb24 225 mg</i>	2	MO
<i>venlafaxine hcl er tb24 37.5 mg</i>	2	MO
<i>venlafaxine hcl er tb24 75 mg</i>	2	MO
<i>venlafaxine hcl tabs 100 mg</i>	2	MO
<i>venlafaxine hcl tabs 25 mg</i>	2	MO
<i>venlafaxine hcl tabs 37.5 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tabs 50 mg</i>	2	MO
<i>venlafaxine hcl tabs 75 mg</i>	2	MO
VERSACLOZ SUSP 50 MG/ML	5	
VIIBRYD STARTER PACK KIT 10 & 20 MG	4	MO
<i>vilazodone hcl tabs 10 mg</i>	4	MO
<i>vilazodone hcl tabs 20 mg</i>	4	MO
<i>vilazodone hcl tabs 40 mg</i>	4	MO
VRAYLAR CAPS 1.5 MG	5	NDS
VRAYLAR CAPS 3 MG	5	NDS
VRAYLAR CAPS 4.5 MG	5	NDS
VRAYLAR CAPS 6 MG	5	NDS
VRAYLAR CPPK 1.5 & 3 MG	4	NDS
<i>ziprasidone hcl caps 20 mg</i>	2	MO
<i>ziprasidone hcl caps 40 mg</i>	2	MO
<i>ziprasidone hcl caps 60 mg</i>	2	MO
<i>ziprasidone hcl caps 80 mg</i>	2	MO
<i>ziprasidone mesylate solr 20 mg</i>	2	
ZURZUVAE CAPS 20 MG	5	NDS
ZURZUVAE CAPS 25 MG	5	NDS
ZURZUVAE CAPS 30 MG	5	NDS
ZYPREXA RELPREVV SUSR 210 MG	4	
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
ALCOHOL PREP PADS 70 %	2	MO
BD INSULIN SYR ULTRAFINE II MISC 31G X 5/16" 0.3 ML	2	MO

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE MISC 29G X 1/2" 1 ML	2	MO
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.5 ML	2	MO
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 1 ML	2	MO
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM	2	MO
CURITY GAUZE PADS 2"X2"	2	MO
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AND ALKALINIZING AGENTS		
<i>pot & sod cit-cit ac soln 550-500-334 mg/5ml</i>	2	
<i>potassium citrate er tbc 10 meq (1080 mg)</i>	2	MO
<i>potassium citrate er tbc 15 meq (1620 mg)</i>	2	MO
<i>potassium citrate er tbc 5 meq (540 mg)</i>	2	MO
<i>sodium bicarbonate soln 4.2 %</i>	2	
<i>sodium bicarbonate soln 8.4 %</i>	2	
<i>tricitrates soln 550-500-334 mg/5ml</i>	2	
AMMONIA DETOXICANTS		
<i>carglumic acid tbc 200 mg</i>	5	NDS
<i>enulose soln 10 gm/15ml</i>	2	MO
<i>generlac soln 10 gm/15ml</i>	2	MO
<i>lactulose encephalopathy soln 10 gm/15ml</i>	2	MO
<i>lactulose soln 10 gm/15ml</i>	2	MO
LITHOSTAT TABS 250 MG	4	MO
OLPRUVA (2 GM DOSE) THPK 2 GM	5	NDS
OLPRUVA (3 GM DOSE) THPK 3 GM	5	NDS

Drug Name	Drug Tier	Requirements/Limits
OLPRUVA (4 GM DOSE) THPK 2 & 2 GM	5	NDS
OLPRUVA (5 GM DOSE) THPK 2 & 3 GM	5	NDS
OLPRUVA (6 GM DOSE) THPK 3 & 3 GM	5	NDS
OLPRUVA (6.67 GM DOSE) THPK 3 & 3.67 GM	5	NDS
RAVICTI LIQD 1.1 GM/ML	5	NDS
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	5	NDS
<i>sodium phenylbutyrate tabs 500 mg</i>	5	NDS
CALORIC AGENTS		
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 %	3	HI
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 %	3	HI
CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 %	3	HI
CLINIMIX E/DEXTROSE (5/15) SOLN 5 %	3	HI
CLINIMIX E/DEXTROSE (5/20) SOLN 5 %	3	HI
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 %	3	HI
CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 %	3	HI
CLINIMIX/DEXTROSE (5/15) SOLN 5 %	3	HI
CLINIMIX/DEXTROSE (5/20) SOLN 5 %	3	HI
<i>clinisol sf soln 15 %</i>	2	HI
DEXTROSE SOLN 10 %	2	HI
DEXTROSE SOLN 5 %	2	HI
DEXTROSE SOLN 50 %	2	
DEXTROSE SOLN 70 %	2	
INTRALIPID EMUL 20 %	2	HI
KABIVEN EMUL 3.3-10.8-3.9 %	5	NDS
<i>plenamine soln 15 %</i>	2	HI
PREMASOL SOLN 10 %	2	HI
TRAVASOL SOLN 10 %	2	HI

Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE SOLN 10 %	3	HI
DIURETICS		
AMILORIDE HCL TABS 5 MG	2	MO
AMILORIDE-HYDROCHLOROTHIAZIDE TABS 5-50 MG	1	MO
<i>bumetanide soln 0.25 mg/ml</i>	2	
<i>bumetanide tabs 0.5 mg</i>	2	MO
<i>bumetanide tabs 1 mg</i>	2	MO
<i>bumetanide tabs 2 mg</i>	2	MO
<i>chlorthalidone tabs 25 mg</i>	2	MO
<i>chlorthalidone tabs 50 mg</i>	2	MO
<i>ethacrynic acid tabs 25 mg</i>	4	MO
<i>furosemide oral soln 10 mg/ml</i>	1	MO
<i>furosemide soln injection 10 mg/ml</i>	2	HI
FUROSEMIDE SOLN 8 MG/ML	2	MO
<i>furosemide tabs 20 mg</i>	1	MO
<i>furosemide tabs 40 mg</i>	1	MO
<i>furosemide tabs 80 mg</i>	1	MO
<i>hydrochlorothiazide caps 12.5 mg</i>	2	MO
<i>hydrochlorothiazide tabs 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tabs 25 mg</i>	1	MO
<i>hydrochlorothiazide tabs 50 mg</i>	1	MO
<i>indapamide tabs 1.25 mg</i>	1	MO
<i>indapamide tabs 2.5 mg</i>	1	MO
MANNITOL SOLN 20 %	2	
MANNITOL SOLN 25 %	2	
<i>metolazone tabs 10 mg</i>	2	MO
<i>metolazone tabs 2.5 mg</i>	2	MO
<i>metolazone tabs 5 mg</i>	2	MO
OSMITROL SOLN 20 %	2	
<i>tolvaptan tabs 15 mg</i>	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan tabs 30 mg</i>	5	NDS
<i>toremide tabs 10 mg</i>	2	MO
<i>toremide tabs 100 mg</i>	2	MO
<i>toremide tabs 20 mg</i>	2	MO
<i>toremide tabs 5 mg</i>	2	MO
TRIAMTERENE CAPS 100 MG	2	MO
TRIAMTERENE CAPS 50 MG	2	MO
<i>triamterene-hctz caps 37.5-25 mg</i>	1	MO
<i>triamterene-hctz tabs 37.5-25 mg</i>	1	MO
<i>triamterene-hctz tabs 75-50 mg</i>	1	MO
ION-REMOVING AGENTS		
AURYXIA TABS 1 GM 210 MG(Fe)	5	PA, MO, NDS
<i>lanthanum carbonate chew 1000 mg</i>	4	MO
<i>lanthanum carbonate chew 500 mg</i>	4	MO
<i>lanthanum carbonate chew 750 mg</i>	4	MO
LOKELMA PACK 10 GM	4	MO
LOKELMA PACK 5 GM	4	MO
<i>sevelamer carbonate pack 0.8 gm</i>	2	MO
<i>sevelamer carbonate pack 2.4 gm</i>	2	MO
<i>sevelamer carbonate tabs 800 mg</i>	2	MO
<i>sodium polystyrene sulfonate powd</i>	2	MO
VELPHORO CHEW 500 MG	5	NDS
XPHOZAH TABS 20 MG	5	NDS
XPHOZAH TABS 30 MG	5	NDS
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phos binder) caps 667 mg</i>	2	MO
<i>calcium acetate tabs 667 mg</i>	2	MO
DEXTROSE IN LACTATED RINGERS SOLN 5 %	2	

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE-SODIUM CHLORIDE SOLN 10-0.45 %	3	HI
DEXTROSE-SODIUM CHLORIDE SOLN 2.5-0.45 %	2	HI
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.2 %	2	HI
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.45 %	2	HI
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.9 %	2	HI
KCL (0.149%) IN NACL SOLN 20-0.9 MEQ/L-%	2	HI
KCL (0.298%) IN NACL SOLN 40-0.9 MEQ/L-%	2	HI
<i>kcl in dextrose-nacl soln 10-5-0.45 meq/l-%-%</i>	2	HI
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-%	2	HI
<i>kcl in dextrose-nacl soln 20-5-0.45 meq/l-%-%</i>	2	HI
<i>kcl in dextrose-nacl soln 20-5-0.9 meq/l-%-%</i>	2	HI
<i>kcl in dextrose-nacl soln 30-5-0.45 meq/l-%-%</i>	2	HI
<i>kcl in dextrose-nacl soln 40-5-0.45 meq/l-%-%</i>	2	HI
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-%	2	HI
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L	3	HI
KLOR-CON 10 TBCR 10 MEQ	2	MO
KLOR-CON TBCR 8 MEQ	2	MO
LACTATED RINGERS SOLN	2	
<i>magnesium sulfate in d5w soln 1-5 gm/100ml-%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PHOSLYRA SOLN 667 MG/5ML	3	MO
PLASMA-LYTE 148 SOLN	3	HI
PLASMA-LYTE A SOLN	3	HI
POKONZA PACK 10 MEQ	5	NDS
POTASSIUM ACETATE SOLN 2 MEQ/ML	2	
<i>potassium chloride crys er tbc 10 meq</i>	2	MO
<i>potassium chloride crys er tbc 20 meq</i>	2	MO
<i>potassium chloride er cpcr 10 meq</i>	2	MO
<i>potassium chloride er cpcr 8 meq</i>	2	MO
<i>potassium chloride er tbc 10 meq</i>	2	MO
<i>potassium chloride er tbc 20 meq</i>	2	MO
POTASSIUM CHLORIDE ER TBCR 8 MEQ	2	MO
<i>potassium chloride in nacl soln 20-0.9 meq/l-%</i>	2	HI
<i>potassium chloride in nacl soln 40-0.9 meq/l-%</i>	2	HI
<i>potassium chloride pack 20 meq</i>	2	MO
POTASSIUM CHLORIDE SOLN 10 MEQ/100ML	2	HI
<i>potassium chloride soln 2 meq/ml</i>	2	HI
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML	2	HI
<i>potassium chloride soln 20 meq/15ml (10%)</i>	2	MO
POTASSIUM CHLORIDE SOLN 40 MEQ/100ML	2	HI
<i>potassium chloride soln 40 meq/15ml (20%)</i>	2	MO
<i>potassium cl in dextrose 5% soln 20 meq/l</i>	2	HI

Drug Name	Drug Tier	Requirements/Limits
<i>potassium phosphates(66 meq k) soln 45 mmole/15ml</i>	2	
RINGERS SOLN	2	
SODIUM CHLORIDE (PF) SOLN 0.9 %	2	
SODIUM CHLORIDE SOLN 0.45 %	2	HI
<i>sodium chloride soln 0.9 %</i>	2	HI
SODIUM CHLORIDE SOLN 3 %	2	HI
SODIUM CHLORIDE SOLN 4 MEQ/ML	2	
SODIUM CHLORIDE SOLN 5 %	2	HI
<i>sodium phosphates soln 45 mmole/15ml</i>	2	
URICOSURIC AGENTS		
<i>colchicine-probenecid tabs 0.5-500 mg</i>	2	MO
<i>probenecid tabs 500 mg</i>	2	MO
ENZYMES		
ENZYMES		
ADZYNMA KIT 1500 UNIT	5	NDS
ADZYNMA KIT 500 UNIT	5	NDS
ALDURAZYME SOLN 2.9 MG/5ML	5	NDS
CERDELGA CAPS 84 MG	5	NDS
CEREZYME SOLR 400 UNIT	5	NDS
CREON CPEP 12000-38000 UNIT	3	MO
CREON CPEP 24000-76000 UNIT	3	MO
CREON CPEP 3000-9500 UNIT	3	MO
CREON CPEP 36000-114000 UNIT	3	MO
CREON CPEP 6000-19000 UNIT	3	MO
ELAPRASE SOLN 6 MG/3ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
ELELYSO SOLR 200 UNIT	5	NDS
ELFABRIO SOLN 20 MG/10ML	5	NDS
ELFABRIO SOLN 5 MG/2.5ML	5	NDS
ELITEK SOLR 1.5 MG	5	NDS
FABRAZYME SOLR 35 MG	5	NDS
FABRAZYME SOLR 5 MG	5	NDS
KANUMA SOLN 20 MG/10ML	5	NDS
LAMZEDE SOLR 10 MG	5	NDS
LUMIZYME SOLR 50 MG	5	NDS
<i>miglustat caps 100 mg</i>	5	NDS
NAGLAZYME SOLN 1 MG/ML	5	NDS
NEXVIAZYME SOLR 100 MG	5	NDS
PALYNZIQ SOSY 10 MG/0.5ML	5	NDS
PALYNZIQ SOSY 2.5 MG/0.5ML	5	NDS
PALYNZIQ SOSY 20 MG/ML	5	NDS
POMBILITI SOLR 105 MG	5	NDS
PULMOZYME SOLN 2.5 MG/2.5ML	5	PA, NDS
STRENSIQ SOLN 18 MG/0.45ML	5	LD, NDS
STRENSIQ SOLN 28 MG/0.7ML	5	LD, NDS
STRENSIQ SOLN 40 MG/ML	5	LD, NDS
STRENSIQ SOLN 80 MG/0.8ML	5	LD, NDS
SUCRAID SOLN 8500 UNIT/ML	5	LD
VIMIZIM SOLN 5 MG/5ML	5	NDS
VPRIV SOLR 400 UNIT	5	NDS
XENPOZYME SOLR 20 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
XENPOZYME SOLR 4 MG	5	NDS
<i>yargesa caps 100 mg</i>	5	NDS
ZENPEP CPEP 10000-32000 UNIT	3	MO
ZENPEP CPEP 15000-47000 UNIT	3	MO
ZENPEP CPEP 20000-63000 UNIT	3	MO
ZENPEP CPEP 25000-79000 UNIT	3	MO
ZENPEP CPEP 3000-10000 UNIT	3	MO
ZENPEP CPEP 40000-126000 UNIT	3	MO
ZENPEP CPEP 5000-24000 UNIT	3	MO
ZENPEP CPEP 60000-189600 UNIT	5	NDS
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
BACITRACIN OINT 500 UNIT/GM	2	
<i>bacitracin-polymyxin b oint 500-10000 unit/gm</i>	2	
<i>chlorhexidine gluconate soln 0.12 %</i>	1	
CILOXAN OINT 0.3 %	3	
CIPROFLOXACIN HCL SOLN 0.3 %	2	
<i>erythromycin oint 5 mg/gm</i>	2	
GATIFLOXACIN SOLN 0.5 %	2	
GENTAK OINT 0.3 %	2	
<i>gentamicin sulfate soln 0.3 %</i>	2	
<i>moxifloxacin hcl soln 0.5 %</i>	2	
NATACYN SUSP 5 %	3	
<i>neomycin-bacitracin zn-polymyx oint 5-400-10000</i>	2	
NEOMYCIN-POLYMYXIN-	2	

Drug Name	Drug Tier	Requirements/Limits
GRAMICIDIN SOLN 1.75-10000-.025		
<i>ofloxacin otic soln 0.3 %</i>	2	
<i>ofloxacin ophthalmic soln 0.3 %</i>	2	
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	2	
<i>sulfacetamide sodium soln 10 %</i>	2	
<i>tobramycin soln 0.3 %</i>	2	
TOBREX OINT 0.3 %	3	
TRIFLURIDINE SOLN 1 %	2	
XDEMVIY SOLN 0.25 %	5	NDS
ANTI-INFLAMMATORY AGENTS		
<i>bacitra-neomycin-polymyxin-hc oint 1 %</i>	2	MO
BLEPHAMIDE S.O.P. OINT 10-0.2 %	2	MO
CEQUA SOLN 0.09 %	4	
<i>ciprofloxacin-dexamethasone susp 0.3-0.1 %</i>	2	MO
<i>cyclosporine emul 0.05 %</i>	2	MO
DEXAMETHASONE SODIUM PHOSPHATE SOLN 0.1 %	2	MO
<i>diclofenac sodium soln 0.1 %</i>	2	MO
<i>difluprednate emul 0.05 %</i>	4	MO
<i>fluocinolone acetate oil 0.01 %</i>	2	MO
<i>fluorometholone susp 0.1 %</i>	2	MO
FLURBIPROFEN SODIUM SOLN 0.03 %	2	MO
<i>fluticasone propionate susp 50 mcg/act</i>	2	MO
FML FORTE SUSP 0.25 %	3	MO
FML OINT 0.1 %	3	MO
<i>hydrocortisone-acetic acid soln 1-2 %</i>	2	MO
ILUVIEN IMPL 0.19 MG	5	

Drug Name	Drug Tier	Requirements/Limits
KETOROLAC TROMETHAMINE SOLN 0.4 %	2	MO
<i>ketorolac tromethamine soln 0.5 %</i>	2	MO
<i>mometasone furoate susp 50 mcg/act</i>	2	MO
NEOMYCIN-POLYMYXIN-DEXAMETH OINT 3.5-10000-0.1	2	MO
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	2	MO
<i>neomycin-polymyxin-hc soln 1 %</i>	2	MO
<i>neomycin-polymyxin-hc otic susp 3.5-10000-1</i>	2	MO
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSP 3.5-10000-1	2	MO
PRED MILD SUSP 0.12 %	3	MO
PRED-G S.O.P. OINT 0.3-0.6 %	3	MO
PREDNISOLONE ACETATE SUSP 1 %	2	MO
PREDNISOLONE SODIUM PHOSPHATE SOLN 1 %	2	MO
RETISERT IMPL 0.59 MG	5	
SULFACETAMIDE-PREDNISOLONE SOLN 10-0.23 %	2	MO
TOBRADEX OINT 0.3-0.1 %	3	MO
<i>tobramycin-dexamethasone susp 0.3-0.1 %</i>	4	MO
VERKAZIA EMUL 0.1 %	5	NDS
VEVYE SOLN 0.1 %	5	NDS
YUTIQ IMPL 0.18 MG	5	
ANTIALLERGIC AGENTS		
<i>azelastine hcl soln 0.05 %</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl soln 0.1 %</i>	2	MO
CROMOLYN SODIUM SOLN 4 %	2	MO
ANTIGLAUCOMA AGENTS		
<i>acetazolamide er cp12 500 mg</i>	2	MO
<i>acetazolamide sodium solr 500 mg</i>	2	
<i>acetazolamide tabs 125 mg</i>	2	MO
<i>acetazolamide tabs 250 mg</i>	2	MO
BETAXOLOL HCL SOLN 0.5 %	2	MO
<i>bimatoprost soln 0.03 %</i>	2	MO
<i>brimonidine tartrate soln 0.2 %</i>	1	MO
<i>dorzolamide hcl soln 2 %</i>	2	MO
<i>dorzolamide hcl-timolol mal soln 2-0.5 %</i>	1	MO
DURYSTA IMPL 10 MCG	5	NDS
<i>latanoprost soln 0.005 %</i>	1	MO
LEVOBUNOLOL HCL SOLN 0.5 %	2	MO
<i>methazolamide tabs 25 mg</i>	2	MO
<i>methazolamide tabs 50 mg</i>	2	MO
PHOSPHOLINE IODIDE SOLR 0.125 %	3	MO
PILOCARPINE HCL SOLN 1 %	2	MO
PILOCARPINE HCL SOLN 2 %	2	MO
PILOCARPINE HCL SOLN 4 %	2	MO
<i>timolol maleate soln 0.25 %</i>	1	MO
<i>timolol maleate soln 0.5 %</i>	1	MO
TRAVOPROST (BAK FREE) SOLN 0.004 %	2	MO
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid soln 2 %</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
APRACLONIDINE HCL SOLN 0.5 %	2	MO
<i>atropine sulfate soln 1 %</i>	2	MO
BEOVU SOLN 6 MG/0.05ML	5	
BEOVU SOSY 6 MG/0.05ML	5	
BYOOVIZ SOLN 0.5 MG/0.05ML	5	NDS
CIMERLI SOLN 0.5 MG/0.05ML	5	NDS
CYSTARAN SOLN 0.44 %	5	
EYLEA SOLN 2 MG/0.05ML	5	
EYLEA SOSY 2 MG/0.05ML	5	
IZERVAY SOLN 2 MG/0.1ML	5	NDS
LACRISERT INST 5 MG	3	MO
LUCENTIS SOLN 0.3 MG/0.05ML	5	NDS
LUCENTIS SOSY 0.3 MG/0.05ML	5	NDS
LUCENTIS SOSY 0.5 MG/0.05ML	5	NDS
MIEBO SOLN 1.338 GM/ML	4	
OXERVATE SOLN 0.002 %	5	NDS
PHENYLEPHRINE HCL SOLN 10 %	2	
PHENYLEPHRINE HCL SOLN 2.5 %	2	
SUSVIMO (IMPLANT 1ST FILL) SOLN 10 MG/0.1ML	5	
SUSVIMO (IMPLANT REFILL) SOLN 10 MG/0.1ML	5	
SYFOVRE SOLN 15 MG/0.1ML	5	
TEPEZZA SOLR 500 MG	5	NDS
VABYSMO SOLN 6 MG/0.05ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
VABYSMO SOSY 6 MG/0.05ML	5	
LOCAL ANESTHETICS		
LIDOCAINE HCL SOLN 4 %	2	
<i>lidocaine viscous hcl soln 2 %</i>	2	MO
<i>proparacaine hcl soln 0.5 %</i>	2	MO
<i>tetracaine hcl soln 0.5 %</i>	2	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>alosetron hcl tabs 0.5 mg</i>	4	MO
<i>alosetron hcl tabs 1 mg</i>	5	NDS
<i>balsalazide disodium caps 750 mg</i>	2	MO
DIPENTUM CAPS 250 MG	5	NDS
<i>mesalamine enem 4 gm</i>	2	MO
<i>mesalamine er cpcr 500 mg</i>	2	MO
<i>mesalamine supp 1000 mg</i>	2	MO
<i>mesalamine tbec 1.2 gm</i>	2	MO
PENTASA CPCR 250 MG	3	MO
PENTASA CPCR 500 MG	3	MO
ANTIDIARRHEA AGENTS		
DIPHENOXYLATE-ATROPINE LIQD 2.5-0.025 MG/5ML	2	
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	2	
XERMELO TABS 250 MG	5	LD, NDS
ANTIEMETICS		
<i>aprepitant caps 125 mg</i>	2	PA, NDS
<i>aprepitant caps 40 mg</i>	2	PA, NDS
<i>aprepitant caps 80 & 125 mg</i>	2	PA, NDS
<i>aprepitant caps 80 mg</i>	2	PA, NDS
DIMENHYDRINATE SOLN 50 MG/ML	2	
<i>dronabinol caps 10 mg</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol caps 2.5 mg</i>	2	PA
<i>dronabinol caps 5 mg</i>	2	PA
<i>fosaprepitant dimeglumine solr 150 mg</i>	2	
<i>granisetron hcl tabs 1 mg</i>	2	PA
<i>meclizine hcl tabs 25 mg</i>	2	
<i>ondansetron hcl soln 4 mg/2ml</i>	2	
<i>ondansetron hcl soln 4 mg/5ml</i>	2	PA
<i>ondansetron hcl soln 40 mg/20ml</i>	2	
ONDANSETRON HCL SOSY 4 MG/2ML	2	
<i>ondansetron hcl tabs 4 mg</i>	2	PA
<i>ondansetron hcl tabs 8 mg</i>	2	PA
<i>ondansetron tbdp 4 mg</i>	2	PA
<i>ondansetron tbdp 8 mg</i>	2	PA
<i>scopolamine pt72 1 mg/3days</i>	2	MO
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>bismuth/metronidaz/tetracyclin caps 140-125-125 mg</i>	4	
<i>cimetidine hcl soln 300 mg/5ml</i>	2	MO
<i>famotidine (pf) soln 20 mg/2ml</i>	2	
FAMOTIDINE PREMIXED SOLN 20-0.9 MG/50ML-%	2	
<i>famotidine soln 40 mg/4ml</i>	2	
<i>famotidine susr 40 mg/5ml</i>	2	MO
<i>famotidine tabs 20 mg</i>	2	MO
<i>famotidine tabs 40 mg</i>	2	MO
<i>misoprostol tabs 100 mcg</i>	2	MO
<i>misoprostol tabs 200 mcg</i>	2	MO
<i>omeprazole cpdr 10 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cpdr 20 mg</i>	2	MO
<i>omeprazole cpdr 40 mg</i>	1	MO
PANTOPRAZOLE SODIUM SOLR 40 MG	2	
<i>pantoprazole sodium tbec 20 mg</i>	1	MO
<i>pantoprazole sodium tbec 40 mg</i>	1	MO
<i>sucralfate susp 1 gm/10ml</i>	2	MO
<i>sucralfate tabs 1 gm</i>	2	MO
CATHARTICS AND LAXATIVES		
GAVILYTE-C SOLR 240 GM	2	MO
<i>gavilyte-g solr 236 gm</i>	2	MO
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i>	2	MO
PEG-3350/ELECTROLYTES SOLR 236 GM	2	MO
SUPREP BOWEL PREP KIT SOLN 17.5-3.13-1.6 GM/177ML	4	
GI DRUGS, MISCELLANEOUS		
CHOLBAM CAPS 250 MG	5	NDS
CHOLBAM CAPS 50 MG	5	NDS
ENTYVIO SOLR 300 MG	5	NDS
ENTYVIO SOPN 108 MG/0.68ML	5	NDS
GATTEX KIT 5 MG	5	PA, NDS
IQIRVO TABS 80 MG	5	NDS
LINZESS CAPS 145 MCG	4	MO
LINZESS CAPS 290 MCG	4	MO
LINZESS CAPS 72 MCG	4	MO
LIVDELZI CAPS 10 MG	5	NDS
<i>lubiprostone caps 24 mcg</i>	2	MO
<i>lubiprostone caps 8 mcg</i>	2	MO
<i>metoclopramide hcl soln 5 mg/5ml</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl soln 5 mg/ml</i>	2	
<i>metoclopramide hcl tabs 10 mg</i>	1	MO
<i>metoclopramide hcl tabs 5 mg</i>	1	MO
MOVANTIK TABS 25 MG	4	MO
OALIVA TABS 10 MG	5	LD, NDS
OALIVA TABS 5 MG	5	LD, NDS
OMVOH SOAJ 100 MG/ML	5	NDS
OMVOH SOLN 300 MG/15ML	5	NDS
OMVOH SOSY 100 MG/ML	5	NDS
RELISTOR SOLN 12 MG/0.6ML	5	NDS
SKYRIZI SOCT 180 MG/1.2ML	5	
SKYRIZI SOCT 360 MG/2.4ML	5	
SKYRIZI SOLN 600 MG/10ML	5	
TRULANCE TABS 3 MG	4	
<i>ursodiol caps 300 mg</i>	2	MO
<i>ursodiol tabs 250 mg</i>	2	MO
<i>ursodiol tabs 500 mg</i>	2	MO
VELSIPITY TABS 2 MG	5	NDS
VIBERZI TABS 100 MG	5	NDS
VIBERZI TABS 75 MG	5	NDS
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPS 100 MG	5	
<i>deferasirox granules pack 180 mg</i>	5	NDS
<i>deferasirox granules pack 360 mg</i>	5	NDS
<i>deferasirox granules pack 90 mg</i>	4	
<i>deferasirox tabs 180 mg</i>	2	
<i>deferasirox tabs 360 mg</i>	2	
<i>deferasirox tabs 90 mg</i>	2	
<i>deferasirox tbso 125 mg</i>	2	
<i>deferasirox tbso 250 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox tbso 500 mg</i>	2	
<i>deferiprone tabs 1000 mg</i>	5	NDS
<i>deferiprone tabs 500 mg</i>	5	NDS
<i>deferoxamine mesylate solr 2 gm</i>	2	
<i>deferoxamine mesylate solr 500 mg</i>	2	
FERRIPROX TABS 1000 MG	5	NDS
FERRIPROX TWICE-A-DAY TABS 1000 MG	5	NDS
<i>penicillamine caps 250 mg</i>	5	NDS
<i>penicillamine tabs 250 mg</i>	5	NDS
<i>trientine hcl caps 250 mg</i>	5	NDS
TRIENTINE HCL CAPS 500 MG	5	NDS
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
AGAMREE SUSP 40 MG/ML	5	NDS
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	2	
<i>budesonide cpep 3 mg</i>	2	MO
BUDESONIDE ER TB24 9 MG	4	
CORTISONE ACETATE TABS 25 MG	2	MO
<i>deflazacort susp 22.75 mg/ml</i>	5	NDS
<i>deflazacort tabs 18 mg</i>	5	NDS
<i>deflazacort tabs 30 mg</i>	5	NDS
<i>deflazacort tabs 36 mg</i>	5	NDS
<i>deflazacort tabs 6 mg</i>	5	NDS
DEPO-MEDROL SUSP 20 MG/ML	3	
<i>dexamethasone elix 0.5 mg/5ml</i>	2	MO
DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	MO

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE SOD PHOS +RFID SOSY 4 MG/ML	2	
<i>dexamethasone sodium phosphate soln 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate soln 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate soln 4 mg/ml</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE SOSY 4 MG/ML	2	
DEXAMETHASONE SOLN 0.5 MG/5ML	2	
<i>dexamethasone tabs 0.5 mg</i>	2	MO
<i>dexamethasone tabs 0.75 mg</i>	2	MO
<i>dexamethasone tabs 1 mg</i>	2	MO
<i>dexamethasone tabs 1.5 mg</i>	2	MO
<i>dexamethasone tabs 2 mg</i>	2	MO
<i>dexamethasone tabs 4 mg</i>	2	MO
<i>dexamethasone tabs 6 mg</i>	2	MO
EMFLAZA TABS 36 MG	5	LD, NDS
EMFLAZA TABS 6 MG	5	LD, NDS
EOHILIA SUSP 2 MG/10ML	5	NDS
<i>fludrocortisone acetate tabs 0.1 mg</i>	2	MO
<i>hydrocortisone tabs 10 mg</i>	2	MO
<i>hydrocortisone tabs 20 mg</i>	2	MO
<i>hydrocortisone tabs 5 mg</i>	2	MO
KENALOG-10 SUSP 10 MG/ML	3	
MEDROL TABS 2 MG	3	MO
<i>methylprednisolone acetate susp 40 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate susp 80 mg/ml</i>	2	
<i>methylprednisolone sodium succ solr 1000 mg</i>	2	
<i>methylprednisolone sodium succ solr 125 mg</i>	2	
<i>methylprednisolone sodium succ solr 40 mg</i>	2	
<i>methylprednisolone tabs 16 mg</i>	2	MO
<i>methylprednisolone tabs 32 mg</i>	2	MO
<i>methylprednisolone tabs 4 mg</i>	2	MO
<i>methylprednisolone tabs 8 mg</i>	2	MO
<i>methylprednisolone tbpk 4 mg</i>	2	MO
<i>millipred tabs 5 mg</i>	4	MO
ORTIKOS CP24 6 MG	5	NDS
ORTIKOS CP24 9 MG	5	NDS
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	2	
PREDNISOLONE SODIUM PHOSPHATE SOLN 6.7 (5 Base) MG/5ML	2	MO
<i>prednisolone soln 15 mg/5ml</i>	2	MO
<i>prednisolone tabs 5 mg</i>	4	MO
PREDNISONE INTENSOL CONC 5 MG/ML	2	MO
PREDNISONE SOLN 5 MG/5ML	2	MO
<i>prednisone tabs 1 mg</i>	1	MO
<i>prednisone tabs 10 mg</i>	1	MO
<i>prednisone tabs 2.5 mg</i>	1	MO
<i>prednisone tabs 20 mg</i>	1	MO
<i>prednisone tabs 5 mg</i>	1	MO
<i>prednisone tabs 50 mg</i>	1	MO
<i>prednisone tbpk 10 mg (21)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tbpk 10 mg (48)</i>	2	
<i>prednisone tbpk 5 mg (21)</i>	2	
<i>prednisone tbpk 5 mg (48)</i>	2	
SOLU-CORTEF SOLR 100 MG	3	
SOLU-CORTEF SOLR 1000 MG	3	
SOLU-CORTEF SOLR 250 MG	3	
SOLU-CORTEF SOLR 500 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
<i>triamcinolone acetone susp 40 mg/ml</i>	2	
ANDROGENS		
<i>danazol caps 100 mg</i>	2	MO
<i>danazol caps 200 mg</i>	2	MO
<i>danazol caps 50 mg</i>	2	MO
<i>depo-testosterone soln 100 mg/ml</i>	2	MO
<i>depo-testosterone soln 200 mg/ml</i>	2	MO
METHITEST TABS 10 MG	5	NDS
<i>methyltestosterone caps 10 mg</i>	5	NDS
<i>testosterone cypionate soln 100 mg/ml</i>	2	MO
<i>testosterone cypionate soln 200 mg/ml</i>	2	MO
TESTOSTERONE ENANTHATE SOLN 200 MG/ML	2	MO
<i>testosterone gel 12.5 mg/act (1%)</i>	2	MO
<i>testosterone gel 20.25 mg/act (1.62%)</i>	2	MO
<i>testosterone gel 25 mg/2.5gm (1%)</i>	2	MO
<i>testosterone gel 50 mg/5gm (1%)</i>	2	MO
CONTRACEPTIVES		

Drug Name	Drug Tier	Requirements/Limits
<i>apri tabs 0.15-30 mg-mcg</i>	2	MO
<i>aranelle tabs 0.5/1/0.5-35 mg-mcg</i>	2	MO
<i>aviane tabs 0.1-20 mg-mcg</i>	2	MO
<i>balziva tabs 0.4-35 mg-mcg</i>	2	MO
<i>cryselle-28 tabs 0.3-30 mg-mcg</i>	2	MO
<i>drospirenone-ethinyl estradiol tabs 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol tabs 3-0.03 mg</i>	2	MO
ELLA TABS 30 MG	3	MO
<i>eluryng ring 0.12-0.015 mg/24hr</i>	2	MO
<i>ethynodiol diac-eth estradiol tabs 1-50 mg-mcg</i>	2	MO
ETONOGESTREL-ETHINYL ESTRADIOL RING 0.12-0.015 MG/24HR	2	MO
<i>junel 1.5/30 tabs 1.5-30 mg-mcg</i>	2	MO
<i>junel 1/20 tabs 1-20 mg-mcg</i>	2	MO
<i>junel fe 1.5/30 tabs 1.5-30 mg-mcg</i>	2	MO
<i>junel fe 1/20 tabs 1-20 mg-mcg</i>	2	MO
<i>junel fe 24 tabs 1-20 mg-mcg(24)</i>	2	MO
<i>kelnor 1/35 tabs 1-35 mg-mcg</i>	2	MO
<i>kelnor 1/50 tabs 1-50 mg-mcg</i>	2	MO
LEENA TABS 0.5/1/0.5-35 MG-MCG	2	MO
<i>levora 0.15/30 (28) tabs 0.15-30 mg-mcg</i>	2	MO
<i>loestrin 1/20 (21) tabs 1-20 mg-mcg</i>	2	MO
<i>lutera tabs 0.1-20 mg-mcg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>merzee caps 1-20 mg-mcg(24)</i>	2	MO
<i>microgestin 1/20 tabs 1-20 mg-mcg</i>	2	MO
<i>microgestin 24 fe tabs 1-20 mg-mcg</i>	2	MO
<i>microgestin fe 1.5/30 tabs 1.5-30 mg-mcg</i>	2	MO
<i>microgestin fe 1/20 tabs 1-20 mg-mcg</i>	2	MO
MIRENA (52 MG) IUD 20 MCG/DAY	3	MO
<i>necon 0.5/35 (28) tabs 0.5-35 mg-mcg</i>	2	MO
NEXPLANON IMPL 68 MG	3	MO
<i>nikki tabs 3-0.02 mg</i>	2	MO
NORA-BE TABS 0.35 MG	2	MO
<i>norethin ace-eth estrad-fe chew 1-20 mg-mcg(24)</i>	2	MO
<i>norethindrone tabs 0.35 mg</i>	2	MO
<i>nortrel 0.5/35 (28) tabs 0.5-35 mg-mcg</i>	2	MO
<i>nortrel 1/35 (21) tabs 1-35 mg-mcg</i>	2	MO
<i>nortrel 1/35 (28) tabs 1-35 mg-mcg</i>	2	MO
<i>nortrel 7/7/7 tabs 0.5/0.75/1-35 mg-mcg</i>	2	MO
<i>nylia 1/35 tabs 1-35 mg-mcg</i>	2	MO
OCELLA TABS 3-0.03 MG	2	MO
<i>portia-28 tabs 0.15-30 mg-mcg</i>	2	MO
<i>reclipsen tabs 0.15-30 mg-mcg</i>	2	MO
<i>sprintec 28 tabs 0.25-35 mg-mcg</i>	2	MO
<i>taysofy caps 1-20 mg-mcg(24)</i>	2	MO
<i>tri-lo-sprintec tabs 0.18/0.215/0.25 mg-25 mcg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tri-sprintec tabs 0.18/0.215/0.25 mg-35 mcg</i>	2	MO
<i>trivora (28) tabs 50-30/75-40/ 125-30 mcg</i>	2	MO
<i>xulane ptwk 150-35 mcg/24hr</i>	2	MO
DIABETIC AGENTS		
<i>acarbose tabs 100 mg</i>	2	MO
<i>acarbose tabs 25 mg</i>	2	MO
<i>acarbose tabs 50 mg</i>	2	MO
BAQSIMI ONE PACK POWD 3 MG/DOSE	3	
BAQSIMI TWO PACK POWD 3 MG/DOSE	3	
<i>diazoxide susp 50 mg/ml</i>	4	
<i>glimepiride tabs 1 mg</i>	1	MO
<i>glimepiride tabs 2 mg</i>	1	MO
<i>glimepiride tabs 4 mg</i>	1	MO
<i>glipizide er tb24 10 mg</i>	2	MO
<i>glipizide er tb24 2.5 mg</i>	1	MO
<i>glipizide er tb24 5 mg</i>	1	MO
<i>glipizide tabs 10 mg</i>	1	MO
<i>glipizide tabs 5 mg</i>	1	MO
<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	1	MO
<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	1	MO
<i>glipizide-metformin hcl tabs 5-500 mg</i>	1	MO
GLUCAGON EMERGENCY KIT 1 MG	2	
<i>glyburide tabs 1.25 mg</i>	2	MO
<i>glyburide tabs 2.5 mg</i>	2	MO
<i>glyburide tabs 5 mg</i>	2	MO
HUMALOG KWIKPEN SOPN 100 UNIT/ML	4	MO
HUMALOG SOCT 100 UNIT/ML	4	MO
HUMALOG SOLN 100 UNIT/ML	3	MO
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML	3	MO

Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML	3	MO
HUMULIN N KWIKPEN SUPN 100 UNIT/ML	3	MO
HUMULIN N SUSP 100 UNIT/ML	3	MO
HUMULIN R SOLN 100 UNIT/ML	3	MO
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML	3	MO
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML	3	MO
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML	2	MO
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML	2	MO
JARDIANCE TABS 10 MG	3	MO
JARDIANCE TABS 25 MG	3	MO
KORLYM TABS 300 MG	5	PA, LD, NDS
LIRAGLUTIDE SOPN 18 MG/3ML	3	PA, MO
<i>metformin hcl er tb24 500 mg</i>	1	MO
<i>metformin hcl er tb24 750 mg</i>	1	MO
<i>metformin hcl tabs 1000 mg</i>	1	MO
<i>metformin hcl tabs 500 mg</i>	1	MO
<i>metformin hcl tabs 850 mg</i>	1	MO
<i>mifepristone tabs 300 mg</i>	5	PA, NDS
<i>nateglinide tabs 120 mg</i>	2	MO
<i>nateglinide tabs 60 mg</i>	2	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/1.5ML	3	PA, MO

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML	3	PA, MO
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	3	PA, MO
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	3	PA, MO
<i>pioglitazone hcl tabs 15 mg</i>	1	MO
<i>pioglitazone hcl tabs 30 mg</i>	1	MO
<i>pioglitazone hcl tabs 45 mg</i>	1	MO
<i>repaglinide tabs 0.5 mg</i>	2	MO
<i>repaglinide tabs 1 mg</i>	2	MO
<i>repaglinide tabs 2 mg</i>	2	MO
<i>saxagliptin hcl tabs 5 mg</i>	2	MO
SITAGLIPTIN TABS 100 MG	3	MO
SITAGLIPTIN TABS 25 MG	3	MO
SITAGLIPTIN TABS 50 MG	3	MO
SYMLINPEN 120 SOPN 2700 MCG/2.7ML	5	MO
SYMLINPEN 60 SOPN 1500 MCG/1.5ML	5	MO
TRADJENTA TABS 5 MG	3	MO
TZIELD SOLN 2 MG/2ML	5	NDS
ESTROGENS AND ANTIESTROGENS		
CLIMARA PTWK 0.025 MG/24HR	2	MO
CLIMARA PTWK 0.0375 MG/24HR	2	MO
CLIMARA PTWK 0.05 MG/24HR	2	MO
CLIMARA PTWK 0.06 MG/24HR	2	MO
CLIMARA PTWK 0.075 MG/24HR	2	MO
CLIMARA PTWK 0.1 MG/24HR	2	MO
DEPO-ESTRADIOL OIL 5 MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dotti pttw 0.025 mg/24hr</i>	2	MO
<i>dotti pttw 0.0375 mg/24hr</i>	2	MO
<i>dotti pttw 0.05 mg/24hr</i>	2	MO
<i>dotti pttw 0.075 mg/24hr</i>	2	MO
<i>dotti pttw 0.1 mg/24hr</i>	2	MO
ESTRACE CREA 0.1 MG/GM	2	MO
<i>estradiol crea 0.1 mg/gm</i>	2	MO
<i>estradiol pttw 0.025 mg/24hr</i>	2	MO
<i>estradiol pttw 0.0375 mg/24hr</i>	2	MO
ESTRADIOL PTTW 0.05 MG/24HR	2	MO
<i>estradiol pttw 0.075 mg/24hr</i>	2	MO
<i>estradiol pttw 0.1 mg/24hr</i>	2	MO
<i>estradiol tabs 0.5 mg</i>	1	MO
<i>estradiol tabs 1 mg</i>	1	MO
<i>estradiol tabs 10 mcg</i>	2	MO
<i>estradiol tabs 2 mg</i>	1	MO
<i>estradiol valerate oil 20 mg/ml</i>	2	
<i>estradiol valerate oil 40 mg/ml</i>	2	
ESTRING RING 7.5 MCG/24HR	4	MO
<i>jinteli tabs 1-5 mg-mcg</i>	2	MO
PREMARIN SOLR 25 MG	3	
<i>raloxifene hcl tabs 60 mg</i>	2	MO
<i>yuvafem tabs 10 mcg</i>	2	MO
GONADOTROPINS		
CHORIONIC GONADOTROPIN SOLR 10000 UNIT	4	PA
ORGOVYX TABS 120 MG	5	NDS
ORLISSA TABS 150 MG	5	NDS
ORLISSA TABS 200 MG	5	NDS
TRIPTODUR SRER 22.5 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
OXYTOCICS		
CARBOPROST TROMETHAMINE SOSY 250 MCG/ML	5	NDS
<i>methergine tabs 0.2 mg</i>	2	
<i>methylergonovine maleate soln 0.2 mg/ml</i>	2	
<i>methylergonovine maleate tabs 0.2 mg</i>	2	
MIFEPREX TABS 200 MG	2	
<i>mifepristone tabs 200 mg</i>	2	
OXYTOCIN SOLN 10 UNIT/ML	2	
PARATHYROID		
<i>calcitonin (salmon) soln 200 unit/act</i>	2	MO
<i>calcitonin (salmon) soln 200 unit/ml</i>	5	NDS
<i>cinacalcet hcl tabs 30 mg</i>	2	
<i>cinacalcet hcl tabs 60 mg</i>	2	
<i>cinacalcet hcl tabs 90 mg</i>	2	
FORTEO SOPN 600 MCG/2.4ML	5	NDS
TERIPARATIDE (RECOMBINANT) SOPN 620 MCG/2.48ML	5	NDS
<i>teriparatide sopn 600 mcg/2.4ml</i>	5	NDS
YORVIPATH SOPN 168 MCG/0.56ML	5	NDS
YORVIPATH SOPN 294 MCG/0.98ML	5	NDS
YORVIPATH SOPN 420 MCG/1.4ML	5	NDS
PITUITARY		
ACTHAR GEL 80 UNIT/ML	5	PA, NDS
ACTHAR GEL AUIJ 40 UNIT/0.5ML	5	PA, NDS
ACTHAR GEL AUIJ 80 UNIT/ML	5	PA, NDS

Drug Name	Drug Tier	Requirements/Limits
CORTROPHIN GEL 80 UNIT/ML	5	PA, NDS
<i>desmopressin ace spray refrig soln 0.01 %</i>	2	MO
DESMOPRESSIN ACETATE SOLN 4 MCG/ML	2	
<i>desmopressin acetate spray soln 0.01 %</i>	2	
<i>desmopressin acetate tabs 0.1 mg</i>	2	MO
<i>desmopressin acetate tabs 0.2 mg</i>	2	MO
NGENLA SOPN 24 MG/1.2ML	5	NDS
NGENLA SOPN 60 MG/1.2ML	5	NDS
SYNAREL SOLN 2 MG/ML	5	MO
PROGESTINS		
DEPO-SUBQ PROVERA 104 SUSY 104 MG/0.65ML	3	MO
ENDOMETRIN INST 100 MG	4	PA
HYDROXYPROGESTERONE CAPROATE SOLN 1.25 GM/5ML	2	
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	2	
MEDROXYPROGESTERONE ACETATE SUSY 150 MG/ML	2	
<i>medroxyprogesterone acetate tabs 10 mg</i>	2	MO
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	2	MO
<i>medroxyprogesterone acetate tabs 5 mg</i>	2	MO
<i>norethindrone acetate tabs 5 mg</i>	2	MO
<i>progesterone caps 100 mg</i>	2	MO
<i>progesterone caps 200 mg</i>	2	MO
<i>progesterone oil 50 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
EGRIFTA SV SOLR 2 MG	5	NDS
HUMATROPE CART 6 MG	5	PA, NDS
INCRELEX SOLN 40 MG/4ML	5	NDS
LANREOTIDE ACETATE SOLN 120 MG/0.5ML	5	NDS
NORDITROPIN FLEXPPO SOPN 10 MG/1.5ML	5	PA, NDS
NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML	5	PA, NDS
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML	5	PA, NDS
<i>octreotide acetate soln 100 mcg/ml</i>	2	
<i>octreotide acetate soln 1000 mcg/ml</i>	5	
<i>octreotide acetate soln 200 mcg/ml</i>	2	
<i>octreotide acetate soln 50 mcg/ml</i>	2	
<i>octreotide acetate soln 500 mcg/ml</i>	5	
OMNITROPE SOCT 10 MG/1.5ML	2	PA
OMNITROPE SOCT 5 MG/1.5ML	2	PA
OMNITROPE SOLR 5.8 MG	2	PA
SANDOSTATIN LAR DEPOT KIT 10 MG	5	NDS
SANDOSTATIN LAR DEPOT KIT 20 MG	5	NDS
SANDOSTATIN LAR DEPOT KIT 30 MG	5	NDS
SIGNIFOR LAR SRER 10 MG	5	NDS
SIGNIFOR LAR SRER 20 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR SRER 30 MG	5	NDS
SIGNIFOR LAR SRER 40 MG	5	NDS
SIGNIFOR LAR SRER 60 MG	5	NDS
SIGNIFOR SOLN 0.3 MG/ML	5	NDS
SIGNIFOR SOLN 0.6 MG/ML	5	NDS
SIGNIFOR SOLN 0.9 MG/ML	5	NDS
SOMATULINE DEPOT SOLN 120 MG/0.5ML	5	NDS
SOMATULINE DEPOT SOLN 60 MG/0.2ML	5	NDS
SOMATULINE DEPOT SOLN 90 MG/0.3ML	5	NDS
SOMAVERT SOLR 10 MG	5	LD, NDS
SOMAVERT SOLR 15 MG	5	LD, NDS
SOMAVERT SOLR 20 MG	5	LD, NDS
SOMAVERT SOLR 25 MG	5	LD, NDS
SOMAVERT SOLR 30 MG	5	LD, NDS
THYROID AND ANTITHYROID AGENTS		
LEVOTHYROXINE SODIUM SOLN 100 MCG/ML	5	NDS
LEVOTHYROXINE SODIUM SOLR 100 MCG	2	
LEVOTHYROXINE SODIUM SOLR 200 MCG	2	
LEVOTHYROXINE SODIUM SOLR 500 MCG	2	
<i>levothyroxine sodium tabs 100 mcg</i>	1	MO
<i>levothyroxine sodium tabs 112 mcg</i>	1	MO
<i>levothyroxine sodium tabs 125 mcg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tabs 137 mcg</i>	1	MO
<i>levothyroxine sodium tabs 150 mcg</i>	1	MO
<i>levothyroxine sodium tabs 175 mcg</i>	1	MO
<i>levothyroxine sodium tabs 200 mcg</i>	1	MO
<i>levothyroxine sodium tabs 25 mcg</i>	1	MO
<i>levothyroxine sodium tabs 300 mcg</i>	1	MO
<i>levothyroxine sodium tabs 50 mcg</i>	1	MO
<i>levothyroxine sodium tabs 75 mcg</i>	1	MO
<i>levothyroxine sodium tabs 88 mcg</i>	1	MO
<i>liothyronine sodium tabs 25 mcg</i>	2	MO
<i>liothyronine sodium tabs 5 mcg</i>	2	MO
<i>liothyronine sodium tabs 50 mcg</i>	2	MO
<i>methimazole tabs 10 mg</i>	1	MO
<i>methimazole tabs 5 mg</i>	1	MO
<i>propylthiouracil tabs 50 mg</i>	2	MO
REZDIFFRA TABS 100 MG	5	NDS
REZDIFFRA TABS 60 MG	5	NDS
REZDIFFRA TABS 80 MG	5	NDS
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA REDUCTASE INHIBITORS		
<i>dutasteride caps 0.5 mg</i>	2	MO
<i>finasteride tabs 5 mg</i>	1	MO
ANTIDOTES		
<i>acetylcysteine soln 10 %</i>	2	PA, MO
<i>acetylcysteine soln 20 %</i>	2	PA, MO
ACETYLCYSTEINE SOLN 200 MG/ML	2	
KHAPZORY SOLR 175 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
KHAPZORY SOLR 300 MG	5	NDS
leucovorin calcium solr 100 mg	2	
leucovorin calcium solr 200 mg	2	
leucovorin calcium solr 350 mg	2	
leucovorin calcium solr 50 mg	2	
leucovorin calcium tabs 10 mg	2	MO
leucovorin calcium tabs 25 mg	2	MO
leucovorin calcium tabs 5 mg	2	MO
levoleucovorin calcium solr 50 mg	2	
PEDMARK SOLN 12.5 %	5	NDS
VISTOGARD PACK 10 GM	5	NDS
VORAXAZE SOLR 1000 UNIT	5	NDS
ANTIGOUT AGENTS		
allopurinol tabs 100 mg	1	MO
allopurinol tabs 300 mg	1	MO
colchicine tabs 0.6 mg	2	MO
febuxostat tabs 40 mg	2	MO
febuxostat tabs 80 mg	2	MO
BONE RESORPTION INHIBITORS		
alendronate sodium tabs 10 mg	1	MO
alendronate sodium tabs 35 mg	1	MO
alendronate sodium tabs 70 mg	1	MO
pamidronate disodium soln 30 mg/10ml	2	
PAMIDRONATE DISODIUM SOLN 6 MG/ML	2	
pamidronate disodium soln 90 mg/10ml	2	
XGEVA SOLN 120 MG/1.7ML	5	PA, NDS

Drug Name	Drug Tier	Requirements/Limits
zoledronic acid conc 4 mg/5ml	2	
ZOLEDRONIC ACID SOLN 4 MG/100ML	2	
zoledronic acid soln 5 mg/100ml	2	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ABRILADA (1 PEN) AJKT 40 MG/0.8ML	5	NDS
ABRILADA (2 PEN) AJKT 40 MG/0.8ML	5	NDS
ABRILADA (2 SYRINGE) PSKT 20 MG/0.4ML	5	NDS
ABRILADA (2 SYRINGE) PSKT 40 MG/0.8ML	5	NDS
ACTEMRA ACTPEN SOAJ 162 MG/0.9ML	5	NDS
ACTEMRA SOSY 162 MG/0.9ML	5	NDS
ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML	5	NDS
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	5	NDS
ADALIMUMAB-AATY (2 PEN) AJKT 40 MG/0.4ML	5	NDS
ADALIMUMAB-AATY (2 SYRINGE) PSKT 20 MG/0.2ML	5	NDS
ADALIMUMAB-AATY (2 SYRINGE) PSKT 40 MG/0.4ML	5	NDS
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	5	NDS
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	5	NDS
ADALIMUMAB-ADBM (2 PEN) AJKT 40 MG/0.4ML	5	NDS
ADALIMUMAB-ADBM (2 PEN) AJKT 40 MG/0.8ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBDM (2 SYRINGE) PSKT 10 MG/0.2ML	5	NDS
ADALIMUMAB-ADBDM (2 SYRINGE) PSKT 20 MG/0.4ML	5	NDS
ADALIMUMAB-ADBDM (2 SYRINGE) PSKT 40 MG/0.4ML	5	NDS
ADALIMUMAB-ADBDM (2 SYRINGE) PSKT 40 MG/0.8ML	5	NDS
ADALIMUMAB-ADBDM(CD/UC/HS STRT) AJKT 40 MG/0.4ML	5	NDS
ADALIMUMAB-ADBDM(CD/UC/HS STRT) AJKT 40 MG/0.8ML	5	NDS
ADALIMUMAB-ADBDM(PS/UV STARTER) AJKT 40 MG/0.4ML	5	NDS
ADALIMUMAB-ADBDM(PS/UV STARTER) AJKT 40 MG/0.8ML	5	NDS
ADALIMUMAB-RYVK (2 PEN) AJKT 40 MG/0.4ML	5	NDS
ADALIMUMAB-RYVK (2 SYRINGE) PSKT 40 MG/0.4ML	5	NDS
AMJEVITA SOAJ 40 MG/0.4ML	3	MO
AMJEVITA SOAJ 80 MG/0.8ML	3	MO
AMJEVITA SOSY 40 MG/0.4ML	3	MO
AMJEVITA-PED 10KG TO <15KG SOSY 10 MG/0.2ML	3	MO
AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.2ML	3	MO
AVSOLA SOLR 100 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
CIBINQO TABS 100 MG	5	NDS
CIMZIA (2 SYRINGE) PSKT 200 MG/ML	5	PA, NDS
CIMZIA KIT 2 X 200 MG	5	PA, NDS
CIMZIA STARTER KIT PSKT 6 X 200 MG/ML	5	PA
ENBREL MINI SOCT 50 MG/ML	5	NDS
ENBREL SOLN 25 MG/0.5ML	5	NDS
ENBREL SOSY 25 MG/0.5ML	5	NDS
ENBREL SOSY 50 MG/ML	5	NDS
ENBREL SURECLICK SOAJ 50 MG/ML	5	NDS
HADLIMA PUSHTOUCH SOAJ 40 MG/0.8ML	5	NDS
HADLIMA SOSY 40 MG/0.8ML	5	NDS
HUMIRA (2 PEN) PNKT 40 MG/0.8ML	5	NDS
HUMIRA (2 PEN) PNKT 80 MG/0.8ML	5	NDS
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML	5	NDS
HUMIRA (2 SYRINGE) PSKT 20 MG/0.2ML	5	NDS
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML	5	NDS
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	5	NDS
HUMIRA-CD/UC/HS STARTER PNKT 40 MG/0.8ML	5	NDS
HUMIRA-CD/UC/HS STARTER PNKT 80 MG/0.8ML	5	NDS
HUMIRA-PED<40KG CROHNS STARTER PSKT 80 MG/0.8ML & 40MG/0.4ML	5	NDS
HUMIRA-PED>=40KG CROHNS START PSKT 80 MG/0.8ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
HUMIRA-PED>=40KG UC STARTER PNKT 80 MG/0.8ML	5	NDS
HUMIRA-PS/UV/ADOL HS STARTER PNKT 40 MG/0.8ML	5	NDS
HUMIRA-PSORIASIS/UEVIT STARTER PNKT 80 MG/0.8ML & 40MG/0.4ML	5	NDS
HYRIMOZ SOAJ 40 MG/0.8ML	5	NDS
HYRIMOZ SOSY 40 MG/0.8ML	5	NDS
HYRIMOZ-PED>=40KG CROHN START SOSY 80 MG/0.8ML	5	NDS
IDACIO (2 PEN) AJKT 40 MG/0.8ML	5	NDS
IDACIO (2 SYRINGE) PSKT 40 MG/0.8ML	5	NDS
IDACIO-CROHNS/UC STARTER AJKT 40 MG/0.8ML	5	NDS
IDACIO-PSORIASIS STARTER AJKT 40 MG/0.8ML	5	NDS
INFLECTRA SOLR 100 MG	5	HI
INFLIXIMAB SOLR 100 MG	5	HI
KEVZARA SOAJ 200 MG/1.14ML	5	NDS
KEVZARA SOSY 150 MG/1.14ML	5	NDS
KEVZARA SOSY 200 MG/1.14ML	5	NDS
KINERET SOSY 100 MG/0.67ML	5	NDS
<i>leflunomide tabs 10 mg</i>	2	MO
<i>leflunomide tabs 20 mg</i>	2	MO
OLUMIANT TABS 1 MG	5	NDS
OLUMIANT TABS 2 MG	5	NDS
ORENCIA CLICKJECT SOAJ 125 MG/ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
ORENCIA SOLR 250 MG	5	NDS
ORENCIA SOSY 125 MG/ML	5	NDS
ORENCIA SOSY 50 MG/0.4ML	5	NDS
ORENCIA SOSY 87.5 MG/0.7ML	5	NDS
OTEZLA TABS 20 MG	5	PA, NDS
OTEZLA TABS 30 MG	5	PA, NDS
OTEZLA TBPK 10 & 20 & 30 MG	5	PA, NDS
OTEZLA TBPK 4 x 10 & 51 x20 MG	5	PA, NDS
RASUVO SOAJ 10 MG/0.2ML	3	
RASUVO SOAJ 12.5 MG/0.25ML	3	
RASUVO SOAJ 15 MG/0.3ML	3	
RASUVO SOAJ 17.5 MG/0.35ML	3	
RASUVO SOAJ 20 MG/0.4ML	3	
RASUVO SOAJ 22.5 MG/0.45ML	3	
RASUVO SOAJ 25 MG/0.5ML	3	
RASUVO SOAJ 30 MG/0.6ML	3	
RASUVO SOAJ 7.5 MG/0.15ML	3	
RINVOQ LQ SOLN 1 MG/ML	5	NDS
RINVOQ TB24 15 MG	5	NDS
RINVOQ TB24 30 MG	5	NDS
RINVOQ TB24 45 MG	5	NDS
SIMLANDI (1 PEN) AJKT 40 MG/0.4ML	5	NDS
SIMLANDI (2 PEN) AJKT 40 MG/0.4ML	5	NDS
SIMPONI ARIA SOLN 50 MG/4ML	5	NDS
SIMPONI SOAJ 100 MG/ML	5	NDS
SIMPONI SOAJ 50 MG/0.5ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SOSY 100 MG/ML	5	NDS
SIMPONI SOSY 50 MG/0.5ML	5	NDS
TOFIDENCE SOLN 200 MG/10ML	5	NDS
TOFIDENCE SOLN 400 MG/20ML	5	NDS
TOFIDENCE SOLN 80 MG/4ML	5	NDS
TYENNE SOAJ 162 MG/0.9ML	5	NDS
TYENNE SOLN 200 MG/10ML	5	NDS
TYENNE SOLN 400 MG/20ML	5	NDS
TYENNE SOLN 80 MG/4ML	5	NDS
TYENNE SOSY 162 MG/0.9ML	5	NDS
XELJANZ SOLN 1 MG/ML	5	PA, NDS
XELJANZ TABS 10 MG	5	PA, NDS
XELJANZ TABS 5 MG	5	PA, NDS
XELJANZ XR TB24 11 MG	5	PA, NDS
XELJANZ XR TB24 22 MG	5	PA, NDS
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	5	NDS
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	5	NDS
YUFLYMA (2 PEN) AJKT 40 MG/0.4ML	5	NDS
YUFLYMA (2 SYRINGE) PSKT 20 MG/0.2ML	5	NDS
YUFLYMA (2 SYRINGE) PSKT 40 MG/0.4ML	5	NDS
YUFLYMA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	5	NDS
ZYMFENTRA (1 PEN) AJKT 120 MG/ML	5	NDS
ZYMFENTRA (2 PEN) AJKT 120 MG/ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
ZYMFENTRA (2 SYRINGE) PSKT 120 MG/ML	5	NDS
IMMUNE SUPPRESSANTS		
AZATHIOPRINE SODIUM SOLR 100 MG	2	
<i>azathioprine tabs 100 mg</i>	2	PA, MO
<i>azathioprine tabs 50 mg</i>	2	PA, MO
<i>azathioprine tabs 75 mg</i>	2	PA, MO
BENLYSTA SOAJ 200 MG/ML	5	
BENLYSTA SOLR 120 MG	5	
BENLYSTA SOLR 400 MG	5	
BENLYSTA SOSY 200 MG/ML	5	
<i>cyclosporine caps 100 mg</i>	2	PA, MO
<i>cyclosporine caps 25 mg</i>	2	PA, MO
<i>cyclosporine modified caps 100 mg</i>	2	PA, MO
<i>cyclosporine modified caps 25 mg</i>	2	PA, MO
<i>cyclosporine modified caps 50 mg</i>	2	PA, MO
<i>cyclosporine modified soln 100 mg/ml</i>	2	PA, MO
<i>cyclosporine soln 50 mg/ml</i>	2	MO
ENVARUSUS XR TB24 0.75 MG	4	PA, MO
ENVARUSUS XR TB24 1 MG	4	PA, MO
ENVARUSUS XR TB24 4 MG	5	PA, MO
<i>everolimus tabs 0.25 mg</i>	5	PA
<i>everolimus tabs 0.5 mg</i>	5	PA
<i>everolimus tabs 0.75 mg</i>	5	PA
<i>everolimus tabs 1 mg</i>	5	PA
GAMIFANT SOLN 10 MG/2ML	5	NDS
GAMIFANT SOLN 100 MG/20ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
GAMIFANT SOLN 50 MG/10ML	5	NDS
<i>gengraf caps 100 mg</i>	2	PA, MO
<i>gengraf caps 25 mg</i>	2	PA, MO
MAVENCLAD (5 TABS) TBPK 10 MG	5	NDS
MAVENCLAD (7 TABS) TBPK 10 MG	5	NDS
<i>mycophenolate mofetil caps 250 mg</i>	2	PA, MO
<i>mycophenolate mofetil hcl solr 500 mg</i>	2	
<i>mycophenolate mofetil susr 200 mg/ml</i>	5	PA, MO
<i>mycophenolate mofetil tabs 500 mg</i>	2	PA, MO
<i>mycophenolate sodium tbec 180 mg</i>	2	PA, MO
<i>mycophenolate sodium tbec 360 mg</i>	2	PA, MO
MYHIBBIN SUSP 200 MG/ML	5	PA, MO
NULOJIX SOLR 250 MG	5	NDS
PROGRAF PACK 0.2 MG	4	PA
PROGRAF PACK 1 MG	4	PA
PROGRAF SOLN 5 MG/ML	3	MO
SANDIMMUNE SOLN 100 MG/ML	3	PA, MO
SAPHNELO SOLN 300 MG/2ML	5	NDS
<i>sirolimus soln 1 mg/ml</i>	2	PA, MO
<i>sirolimus tabs 0.5 mg</i>	2	PA, MO
<i>sirolimus tabs 1 mg</i>	2	PA, MO
<i>sirolimus tabs 2 mg</i>	4	PA, MO
<i>tacrolimus caps 0.5 mg</i>	2	PA, MO
<i>tacrolimus caps 1 mg</i>	2	PA, MO
<i>tacrolimus caps 5 mg</i>	2	PA, MO
MISCELLANEOUS THERAPEUTIC AGENTS		
ACETIC ACID SOLN 0.25 %	2	
ACTIMMUNE SOLN 100 MCG/0.5ML	5	
AMONDYS 45 SOLN 100 MG/2ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
AMVUTTRA SOSY 25 MG/0.5ML	5	
ARCALYST SOLR 220 MG	5	NDS
<i>argyle sterile water soln</i>	2	
ARTICADENT DENTAL SOCT 4 %-1:100000	2	
BERINERT KIT 500 UNIT	5	HI
<i>betaine powd</i>	5	NDS
<i>bupivacaine hcl (pf) soln 0.25 %</i>	2	
<i>bupivacaine hcl (pf) soln 0.5 %</i>	2	
<i>bupivacaine hcl (pf) soln 0.75 %</i>	2	
<i>bupivacaine hcl soln 0.5 %</i>	2	
<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	2	
<i>bupivacaine spinal soln 0.75-8.25 %</i>	2	
<i>bupivacaine-epinephrine (pf) soln 0.25% - 1:200000</i>	2	
<i>bupivacaine-epinephrine (pf) soln 0.5% -1:200000</i>	2	
<i>bupivacaine-epinephrine soln 0.25% -1:200000</i>	2	
<i>bupivacaine-epinephrine soln 0.5% -1:200000</i>	2	
<i>chloroprocaine hcl (pf) soln 2 %</i>	2	
<i>chloroprocaine hcl (pf) soln 3 %</i>	2	
CINRYZE SOLR 500 UNIT	5	HI
COSELA SOLR 300 MG	5	NDS
CRYSVITA SOLN 10 MG/ML	5	NDS
CRYSVITA SOLN 20 MG/ML	5	NDS
CRYSVITA SOLN 30 MG/ML	5	NDS
CYSTADANE POWD	5	LD, NDS
CYSTAGON CAPS 150 MG	3	LD, NDS

Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAPS 50 MG	3	LD, NDS
<i>dexrazoxane hcl solr 250 mg</i>	2	
<i>dexrazoxane hcl solr 500 mg</i>	2	
<i>dichlorphenamide tabs 50 mg</i>	5	NDS
DUVYZAT SUSP 8.86 MG/ML	5	NDS
<i>easygel gel 0.4 %</i>	2	
ELMIRON CAPS 100 MG	5	
ENDARI PACK 5 GM	5	NDS
ENJAYMO SOLN 1100 MG/22ML	5	NDS
EVRYSDI SOLR 0.75 MG/ML	5	NDS
EXONDYS 51 SOLN 100 MG/2ML	5	NDS
EXONDYS 51 SOLN 500 MG/10ML	5	NDS
FABHALTA CAPS 200 MG	5	NDS
FIRDAPSE TABS 10 MG	5	NDS
<i>fluoritab soln 0.275 (0.125 f) mg/drop</i>	2	MO
GALAFOLD CAPS 123 MG	5	NDS
GIVLAARI SOLN 189 MG/ML	5	NDS
GRASTEK SUBL 2800 BAU	3	MO
HAEGARDA SOLR 2000 UNIT	5	NDS
HAEGARDA SOLR 3000 UNIT	5	NDS
ISTURISA TABS 1 MG	5	NDS
ISTURISA TABS 10 MG	5	NDS
ISTURISA TABS 5 MG	5	NDS
JOENJA TABS 70 MG	5	NDS
KESIMPTA SOAJ 20 MG/0.4ML	5	NDS
<i>l-glutamine pack 5 gm</i>	5	NDS
LACTATED RINGERS SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine soln 1 gm/10ml</i>	2	MO
<i>levocarnitine tabs 330 mg</i>	2	MO
<i>lidocaine hcl (pf) soln 0.5 %</i>	2	
<i>lidocaine hcl (pf) soln 1 %</i>	2	
<i>lidocaine hcl (pf) soln 1.5 %</i>	2	
<i>lidocaine hcl (pf) soln 2 %</i>	2	
<i>lidocaine hcl (pf) soln 4 %</i>	2	
<i>lidocaine hcl soln 0.5 %</i>	2	
<i>lidocaine hcl soln 1 %</i>	2	
<i>lidocaine hcl soln 2 %</i>	2	
<i>lidocaine-epinephrine soln 0.5 %-1:200000</i>	2	
<i>lidocaine-epinephrine soln 1 %-1:100000</i>	2	
<i>lidocaine-epinephrine soln 1.5 %-1:200000</i>	2	
<i>lidocaine-epinephrine soln 2 %-1:100000</i>	2	
<i>lidocaine-epinephrine soln 2 %-1:200000</i>	2	
<i>mesna soln 100 mg/ml</i>	2	
MESNEX TABS 400 MG	5	NDS
<i>nafrinse chew 2.2 (1 f) mg</i>	2	MO
NAFRINSE DROPS SOLN 0.275 (0.125 F) MG/DROP	2	MO
NULIBRY SOLR 9.5 MG	5	NDS
ODACTRA SUBL 12 SQ-HDM	4	
ONPATTRO SOLN 10 MG/5ML	5	NDS
ORLADEYO CAPS 150 MG	5	NDS
<i>ormalvi tabs 50 mg</i>	5	NDS
OXLUMO SOLN 94.5 MG/0.5ML	5	

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG	5	NDS
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG	5	NDS
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG	5	NDS
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG	5	NDS
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG	5	NDS
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG	5	NDS
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG	5	NDS
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG	5	NDS
PALFORZIA (300 MG TITRATION) PACK 300 MG	5	NDS
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG	5	NDS
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG	5	NDS
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG	5	NDS
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG	5	NDS
PHYSIOLYTE SOLN	2	
PHYSIOSOL IRRIGATION SOLN	2	
PIASKY SOLN 340 MG/2ML	5	NDS
POLOCAINE SOLN 1 %	2	
POLOCAINE SOLN 2 %	2	

Drug Name	Drug Tier	Requirements/Limits
POLOCAINE-MPF SOLN 1 %	2	
POLOCAINE-MPF SOLN 1.5 %	2	
POLOCAINE-MPF SOLN 2 %	2	
PROCYSBI CPDR 25 MG	5	NDS
PROCYSBI CPDR 75 MG	5	NDS
PYRUKYND TABS 20 MG	5	NDS
PYRUKYND TABS 5 MG	5	NDS
PYRUKYND TABS 50 MG	5	NDS
PYRUKYND TAPER PACK TBPK 5 MG	5	NDS
PYRUKYND TAPER PACK TBPK 7 x 20 MG & 7 X 5 MG	5	NDS
PYRUKYND TAPER PACK TBPK 7 x 50 MG & 7 X 20 MG	5	NDS
REZUROCK TABS 200 MG	5	NDS
RIDAURA CAPS 3 MG	5	MO
RIMSO-50 SOLN 50 %	3	
RINGERS IRRIGATION SOLN	2	
RIVFLOZA SOLN 80 MG/0.5ML	5	NDS
RIVFLOZA SOSY 128 MG/0.8ML	5	NDS
RIVFLOZA SOSY 160 MG/ML	5	NDS
<i>ropivacaine hcl soln 10 mg/ml</i>	2	
<i>ropivacaine hcl soln 2 mg/ml</i>	2	
<i>ropivacaine hcl soln 5 mg/ml</i>	2	
<i>ropivacaine hcl soln 7.5 mg/ml</i>	2	
RYSTIGGO SOLN 280 MG/2ML	5	
RYSTIGGO SOLN 420 MG/3ML	5	

Drug Name	Drug Tier	Requirements/Limits
RYSTIGGO SOLN 560 MG/4ML	5	
RYSTIGGO SOLN 840 MG/6ML	5	
<i>sapropterin dihydrochloride pack 100 mg</i>	5	NDS
<i>sapropterin dihydrochloride pack 500 mg</i>	5	NDS
<i>sapropterin dihydrochloride tabs 100 mg</i>	5	NDS
SENSORCAINE SOLN 0.5 %	2	
<i>sensorcaine-mpf soln 0.25 %</i>	2	
<i>sensorcaine-mpf soln 0.5 %</i>	2	
<i>sensorcaine-mpf soln 0.75 %</i>	2	
<i>sensorcaine-mpf/epinephrine soln 0.25% -1:200000</i>	2	
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.5% -1:200000	2	
<i>sensorcaine/epinephrine soln 0.25% -1:200000</i>	2	
<i>sensorcaine/epinephrine soln 0.5% -1:200000</i>	2	
SKYCLARYS CAPS 50 MG	5	NDS
SODIUM CHLORIDE IRRIGATION SOLN 0.9 %	2	MO
<i>sodium fluoride chew 0.55 (0.25 f) mg</i>	2	MO
<i>sodium fluoride chew 1.1 (0.5 f) mg</i>	2	MO
<i>sodium fluoride chew 2.2 (1 f) mg</i>	2	MO
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML	2	MO
SOHONOS CAPS 1 MG	5	NDS
SOHONOS CAPS 1.5 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
SOHONOS CAPS 10 MG	5	NDS
SOHONOS CAPS 2.5 MG	5	NDS
SOHONOS CAPS 5 MG	5	NDS
STERILE WATER FOR IRRIGATION SOLN	2	
TAKHZYRO SOLN 300 MG/2ML	5	NDS
TAKHZYRO SOSY 150 MG/ML	5	NDS
TAKHZYRO SOSY 300 MG/2ML	5	NDS
TAVNEOS CAPS 10 MG	5	NDS
THIOLA TABS 100 MG	5	NDS
THYROGEN SOLR 0.9 MG	5	NDS
<i>tiopronin tabs 100 mg</i>	5	NDS
<i>tiopronin tbec 100 mg</i>	5	NDS
<i>tiopronin tbec 300 mg</i>	5	NDS
TIS-U-SOL SOLN	2	
ULTOMIRIS SOLN 1100 MG/11ML	5	
ULTOMIRIS SOLN 300 MG/3ML	5	
VEOPOZ SOLN 400 MG/2ML	5	NDS
VIJOICE PACK 50 MG	5	NDS
VIJOICE TBPK 125 MG	5	NDS
VIJOICE TBPK 50 MG	5	NDS
VILTEPSO SOLN 250 MG/5ML	5	NDS
VOWST CAPS	5	NDS
VOYDEYA TABS 100 MG	5	NDS
VOYDEYA TBPK 50 & 100 MG	5	NDS
VUMERITY CPDR 231 MG	5	NDS
VYJUVEK GEL 5000000000 PFU/2.5ML	5	NDS
VYONDYS 53 SOLN 100 MG/2ML	5	NDS
VYVGART HYTRULO SOLN 180-2000 MG-UNIT/ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
VYVGART SOLN 400 MG/20ML	5	NDS
WAINUA SOAJ 45 MG/0.8ML	5	NDS
WATER FOR IRRIGATION, STERILE SOLN	2	
XEOMIN SOLR 200 UNIT	5	PA, NDS
ZILBRYSQ SOSY 16.6 MG/0.416ML	5	NDS
ZILBRYSQ SOSY 23 MG/0.574ML	5	NDS
ZILBRYSQ SOSY 32.4 MG/0.81ML	5	NDS
ZOKINVY CAPS 50 MG	5	NDS
ZOKINVY CAPS 75 MG	5	NDS
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
CINQAIR SOLN 100 MG/10ML	5	NDS
<i>cromolyn sodium conc 100 mg/5ml</i>	2	MO
<i>cromolyn sodium nebu 20 mg/2ml</i>	3	PA, MO
DUPIXENT SOPN 200 MG/1.14ML	5	PA, NDS
DUPIXENT SOPN 300 MG/2ML	5	PA, NDS
DUPIXENT SOSY 100 MG/0.67ML	5	PA, NDS
DUPIXENT SOSY 200 MG/1.14ML	5	PA, NDS
DUPIXENT SOSY 300 MG/2ML	5	PA, NDS
FASENRA PEN SOAJ 30 MG/ML	5	NDS
FASENRA SOSY 30 MG/ML	5	PA
<i>montelukast sodium chew 4 mg</i>	1	MO
<i>montelukast sodium chew 5 mg</i>	1	MO
<i>montelukast sodium pack 4 mg</i>	2	MO
<i>montelukast sodium tabs 10 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
NUCALA SOAJ 100 MG/ML	5	PA, NDS
NUCALA SOSY 100 MG/ML	5	PA, NDS
NUCALA SOSY 40 MG/0.4ML	5	PA, NDS
<i>zileuton er tb12 600 mg</i>	5	NDS
CYSTIC FIBROSIS		
CAYSTON SOLR 75 MG	5	LD, NDS
KALYDECO PACK 13.4 MG	5	PA, NDS
KALYDECO PACK 25 MG	5	PA, NDS
KALYDECO PACK 5.8 MG	5	PA, NDS
KALYDECO PACK 50 MG	5	PA, NDS
KALYDECO PACK 75 MG	5	PA, NDS
KALYDECO TABS 150 MG	5	PA, NDS
KITABIS PAK NEBU 300 MG/5ML	5	PA
ORKAMBI PACK 100-125 MG	5	NDS
ORKAMBI PACK 150-188 MG	5	NDS
ORKAMBI PACK 75-94 MG	5	NDS
ORKAMBI TABS 100-125 MG	5	NDS
ORKAMBI TABS 200-125 MG	5	NDS
SYMDEKO TBPK 100-150 & 150 MG	5	NDS
SYMDEKO TBPK 50-75 & 75 MG	5	NDS
TOBI PODHALER CAPS 28 MG	5	
TOBRAMYCIN NEBU 300 MG/4ML	5	PA
<i>tobramycin nebu 300 mg/5ml</i>	5	PA
TRIKAFTA TBPK 100-50-75 & 150 MG	5	LD, NDS
TRIKAFTA TBPK 50-25-37.5 & 75 MG	5	LD, NDS

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA THPK 100-50-75 & 75 MG	5	LD, NDS
TRIKAFTA THPK 80-40-60 & 59.5 MG	5	LD, NDS
PULMONARY FIBROSIS		
OFEV CAPS 100 MG	5	NDS
OFEV CAPS 150 MG	5	NDS
<i>pirfenidone caps 267 mg</i>	5	PA, NDS
<i>pirfenidone tabs 267 mg</i>	2	PA, MO
PIRFENIDONE TABS 534 MG	5	PA, NDS
<i>pirfenidone tabs 801 mg</i>	2	PA, MO
RESPIRATORY AGENTS, MISCELLANEOUS		
ADVAIR HFA AERO 115-21 MCG/ACT	4	MO
ADVAIR HFA AERO 230-21 MCG/ACT	3	MO
ADVAIR HFA AERO 45-21 MCG/ACT	4	MO
ALVESCO AERS 160 MCG/ACT	3	MO
ALVESCO AERS 80 MCG/ACT	3	MO
ARALAST NP SOLR 1000 MG	3	HI
ASMANEX HFA AERO 100 MCG/ACT	4	MO
ASMANEX HFA AERO 200 MCG/ACT	4	MO
<i>breyna aero 160-4.5 mcg/act</i>	2	
<i>breyna aero 80-4.5 mcg/act</i>	2	
BREZTRI AEROSPHERE AERO 160-9-4.8 MCG/ACT	4	MO
BRONCHITOL CAPS 40 MG	5	NDS
<i>budesonide susp 0.25 mg/2ml</i>	2	PA, MO
<i>budesonide susp 0.5 mg/2ml</i>	2	PA, MO
<i>budesonide susp 1 mg/2ml</i>	4	PA, MO

Drug Name	Drug Tier	Requirements/Limits
FLUTICASON E PROPIONATE HFA AERO 44 MCG/ACT	3	MO
OHTUVAYRE SUSP 3 MG/2.5ML	5	PA, NDS
<i>roflumilast tabs 250 mcg</i>	4	MO
<i>roflumilast tabs 500 mcg</i>	4	MO
TEZSPIRE SOAJ 210 MG/1.91ML	5	NDS
TEZSPIRE SOSY 210 MG/1.91ML	5	NDS
WINREVAIR KIT 2 x 45 MG	5	NDS
WINREVAIR KIT 2 x 60 MG	5	NDS
WINREVAIR KIT 45 MG	5	NDS
WINREVAIR KIT 60 MG	5	NDS
<i>wixela inhub aepb 100- 50 mcg/act</i>	2	
<i>wixela inhub aepb 250- 50 mcg/act</i>	2	
<i>wixela inhub aepb 500- 50 mcg/act</i>	2	
XOLAIR SOAJ 150 MG/ML	5	PA, NDS
XOLAIR SOAJ 300 MG/2ML	5	PA, NDS
XOLAIR SOAJ 75 MG/0.5ML	5	PA, NDS
XOLAIR SOLR 150 MG	5	PA, NDS
XOLAIR SOSY 150 MG/ML	5	PA, NDS
XOLAIR SOSY 300 MG/2ML	5	PA, NDS
XOLAIR SOSY 75 MG/0.5ML	5	PA, NDS
ZEMAIRA SOLR 4000 MG	5	NDS
ZEMAIRA SOLR 5000 MG	5	NDS
VASODILATING AGENTS		
ADEMPAS TABS 0.5 MG	5	PA, NDS
ADEMPAS TABS 1 MG	5	PA, NDS
ADEMPAS TABS 1.5 MG	5	PA, NDS

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TABS 2 MG	5	PA, NDS
ADEMPAS TABS 2.5 MG	5	PA, NDS
<i>ambrisentan tabs 10 mg</i>	2	
<i>ambrisentan tabs 5 mg</i>	2	
<i>bosentan tabs 125 mg</i>	2	
<i>bosentan tabs 62.5 mg</i>	2	
<i>epoprostenol sodium solr 0.5 mg</i>	2	
<i>epoprostenol sodium solr 1.5 mg</i>	2	
OPSYNVI TABS 10-20 MG	5	PA, NDS
OPSYNVI TABS 10-40 MG	5	PA, NDS
ORENITRAM TBCR 0.25 MG	5	LD, NDS
ORENITRAM TBCR 1 MG	5	LD, NDS
ORENITRAM TBCR 2.5 MG	5	LD, NDS
ORENITRAM TBCR 5 MG	5	LD, NDS
TRACLEER TBSO 32 MG	5	NDS
<i>treprostinil soln 100 mg/20ml</i>	5	PA, LD, NDS
<i>treprostinil soln 20 mg/20ml</i>	5	PA, LD, NDS
<i>treprostinil soln 200 mg/20ml</i>	5	PA, LD, NDS
<i>treprostinil soln 50 mg/20ml</i>	5	PA, LD, NDS
TYVASO DPI INSTITUTIONAL KIT POWD 16 MCG	5	LD, NDS
TYVASO DPI INSTITUTIONAL KIT POWD 32 MCG	5	LD, NDS
TYVASO DPI INSTITUTIONAL KIT POWD 48 MCG	5	LD, NDS
TYVASO DPI INSTITUTIONAL KIT POWD 64 MCG	5	LD, NDS

Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI MAINTENANCE KIT POWD 16 MCG	5	LD, NDS
TYVASO DPI MAINTENANCE KIT POWD 32 MCG	5	LD, NDS
TYVASO DPI MAINTENANCE KIT POWD 48 MCG	5	LD, NDS
TYVASO DPI MAINTENANCE KIT POWD 64 MCG	5	LD, NDS
TYVASO DPI TITRATION KIT POWD 112 x 16MCG & 84 X 32MCG	5	LD, NDS
TYVASO DPI TITRATION KIT POWD 16 & 32 & 48 MCG	5	LD, NDS
TYVASO REFILL KIT SOLN 0.6 MG/ML	5	PA, LD
TYVASO STARTER KIT SOLN 0.6 MG/ML	5	PA, LD
UPTRAVI SOLR 1800 MCG	5	NDS
UPTRAVI TABS 1000 MCG	5	NDS
UPTRAVI TABS 1200 MCG	5	NDS
UPTRAVI TABS 1400 MCG	5	NDS
UPTRAVI TABS 1600 MCG	5	NDS
UPTRAVI TABS 200 MCG	5	NDS
UPTRAVI TABS 400 MCG	5	NDS
UPTRAVI TABS 600 MCG	5	NDS
UPTRAVI TABS 800 MCG	5	NDS
UPTRAVI TITRATION TBPK 200 & 800 MCG	5	NDS
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
ALYGLO SOLN 10 GM/100ML	5	HI

Drug Name	Drug Tier	Requirements/Limits
ALYGLO SOLN 20 GM/200ML	5	HI
ALYGLO SOLN 5 GM/50ML	5	HI
ASCENIV SOLN 5 GM/50ML	5	NDS
CUTAQUIG SOLN 1 GM/6ML	5	PA, NDS
CUTAQUIG SOLN 1.65 GM/10ML	5	PA, NDS
CUTAQUIG SOLN 2 GM/12ML	5	PA, NDS
CUTAQUIG SOLN 3.3 GM/20ML	5	PA, NDS
CUTAQUIG SOLN 4 GM/24ML	5	PA, NDS
CUTAQUIG SOLN 8 GM/48ML	5	PA, NDS
CYTOGAM INJ 50 MG/ML	3	
GAMASTAN INJ	3	
GAMMAGARD S/D LESS IGA SOLR 10 GM	5	HI
GAMMAGARD S/D LESS IGA SOLR 5 GM	5	HI
GAMMAGARD SOLN 2.5 GM/25ML	5	HI
GAMMAKED SOLN 1 GM/10ML	5	HI
GAMMAPLEX SOLN 10 GM/200ML	3	HI
GAMUNEX-C SOLN 1 GM/10ML	5	HI
HYQVIA KIT 10 GM/100ML	5	PA, NDS
HYQVIA KIT 2.5 GM/25ML	5	PA, NDS
HYQVIA KIT 20 GM/200ML	5	PA, NDS
HYQVIA KIT 30 GM/300ML	5	PA, NDS
HYQVIA KIT 5 GM/50ML	5	PA, NDS
NABI-HB SOLN 312 UNIT/ML	3	
OCTAGAM SOLN 1 GM/20ML	3	HI
TOXOIDS		

Drug Name	Drug Tier	Requirements/Limits
DIPHTHERIA-TETANUS TOXOIDS DT SUSP 25-5 LFU/0.5ML	6	
KINRIX SUSY 0.5 ML	6	
QUADRACEL SUSP	6	
QUADRACEL SUSY 0.5 ML	6	
TDVAX SUSP 2-2 LF/0.5ML	6	
TENIVAC INJ 5-2 LFU	6	
VACCINES		
ABRYSVO SOLR 120 MCG/0.5ML	6	
ACTHIB SOLR	6	
ADACEL SUSP 5-2-15.5 LF-MCG/0.5	6	
AREXVY SUSR 120 MCG/0.5ML	6	
BEXSERO SUSY	6	
BOOSTRIX SUSP 5-2.5-18.5 LF-MCG/0.5	6	
BOOSTRIX SUSY 5-2.5-18.5 LF-MCG/0.5	6	
DAPTACEL SUSP 23-15-5	6	
ENGERIX-B SUSP 20 MCG/ML	6	PA
ENGERIX-B SUSY 10 MCG/0.5ML	6	PA
ENGERIX-B SUSY 20 MCG/ML	6	PA
GARDASIL 9 SUSP	6	
GARDASIL 9 SUSY	6	
HAVRIX SUSP 1440 EL U/ML	6	
HAVRIX SUSP 720 EL U/0.5ML	6	
HEPLISAV-B SOSY 20 MCG/0.5ML	6	PA
HIBERIX SOLR 10 MCG	6	
IMOVAX RABIES SUSR 2.5 UNIT/ML	6	
INFANRIX SUSP 25-58-10	6	
IPOL INJ	6	
IXCHIQ SOLR	6	

Drug Name	Drug Tier	Requirements/Limits
IXIARO SUSP	6	
JYNNEOS SUSP 0.5 ML	6	
M-M-R II SOLR	6	
MENACTRA SOLN	6	
MENQUADFI SOLN	6	
MENVEO SOLR	6	
MRESVIA SUSY 50 MCG/0.5ML	6	
PEDIARIX SUSY	6	
PEDVAX HIB SUSP 7.5 MCG/0.5ML	6	
PENBRAYA SUSR	6	
PENTACEL SUSR	6	
PREHEVBRIO SUSP 10 MCG/ML	6	PA
PRIORIX SUSR	6	
PROQUAD SUSR	6	
RABAVERT SUSR	6	
RECOMBIVAX HB SUSP 10 MCG/ML	6	PA
RECOMBIVAX HB SUSP 40 MCG/ML	6	PA
RECOMBIVAX HB SUSP 5 MCG/0.5ML	6	PA
RECOMBIVAX HB SUSY 10 MCG/ML	6	PA
RECOMBIVAX HB SUSY 5 MCG/0.5ML	6	PA
ROTARIX SUSP	4	
ROTARIX SUSR	4	
ROTATEQ SOLN	4	
SHINGRIX SUSR 50 MCG/0.5ML	6	
TICOVAC SUSY 1.2 MCG/0.25ML	6	
TICOVAC SUSY 2.4 MCG/0.5ML	6	
TRUMENBA SUSY	6	
TWINRIX SUSY 720-20 ELU-MCG/ML	6	
TYPHIM VI SOLN 25 MCG/0.5ML	6	
TYPHIM VI SOSY 25 MCG/0.5ML	6	

Drug Name	Drug Tier	Requirements/Limits
VAQTA SUSP 25 UNIT/0.5ML	6	
VAQTA SUSP 50 UNIT/ML	6	
VARIVAX INJ 1350 PFU/0.5ML	6	
VAXCHORA SUSR	3	
YF-VAX INJ	6	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
BENZOYL PEROXIDE GEL 6.5 %	5	NDS
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	2	MO
<i>ciclopirox gel 0.77 %</i>	2	
<i>ciclopirox olamine crea 0.77 %</i>	2	
<i>ciclopirox soln 8 %</i>	2	
<i>clindamycin phosph-benzoyl perox gel 1.2-5 %</i>	2	MO
CLINDAMYCIN PHOSPHATE CREA 2 %	2	
<i>clindamycin phosphate gel 1 %</i>	2	MO
CLINDAMYCIN PHOSPHATE LOTN 1 %	2	MO
<i>clindamycin phosphate soln 1 %</i>	2	MO
<i>clindamycin phosphate swab 1 %</i>	2	MO
<i>clotrimazole crea 1 %</i>	4	
<i>clotrimazole troc 10 mg</i>	2	
<i>clotrimazole-betamethasone crea 1-0.05 %</i>	2	
CROTAN LOTN 10 %	2	
<i>erythromycin gel 2 %</i>	2	MO
<i>erythromycin soln 2 %</i>	2	MO
<i>gentamicin sulfate crea 0.1 %</i>	2	
<i>gentamicin sulfate oint 0.1 %</i>	2	
<i>ketoconazole crea 2 %</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole sham 2 %</i>	2	
<i>malathion lotn 0.5 %</i>	2	
<i>metronidazole crea 0.75 %</i>	2	
<i>metronidazole gel 0.75 %</i>	2	
METRONIDAZOLE LOTN 0.75 %	2	
<i>mupirocin calcium crea 2 %</i>	2	
<i>mupirocin oint 2 %</i>	2	
NEOMYCIN-POLYMYXIN B GU SOLN 40-200000	2	
<i>nystatin crea 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin powd 100000 unit/gm</i>	2	
<i>nystop powd 100000 unit/gm</i>	2	
<i>permethrin crea 5 %</i>	2	
<i>selenium sulfide lotn 2.5 %</i>	2	
<i>selenium sulfide sham 2.25 %</i>	2	
SILVER SULFADIAZINE CREA 1 %	2	
SSD CREA 1 %	2	
<i>sulfacetamide sodium (acne) lotn 10 %</i>	2	MO
SULFAMYLON CREA 85 MG/GM	3	
<i>terconazole crea 0.4 %</i>	2	
<i>terconazole supp 80 mg</i>	2	
VANDAZOLE GEL 0.75 %	2	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
<i>alclometasone dipropionate crea 0.05 %</i>	2	MO
<i>alclometasone dipropionate oint 0.05 %</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
BENZOYL PEROXIDE FORTE- HC LOTN 7.5-1 %	5	NDS
<i>betamethasone dipropionate aug crea 0.05 %</i>	2	MO
BETAMETHASONE DIPROPIONATE AUG GEL 0.05 %	2	MO
<i>betamethasone dipropionate aug lotn 0.05 %</i>	2	MO
<i>betamethasone dipropionate aug oint 0.05 %</i>	2	MO
<i>betamethasone dipropionate crea 0.05 %</i>	2	MO
<i>betamethasone dipropionate lotn 0.05 %</i>	2	MO
<i>betamethasone dipropionate oint 0.05 %</i>	2	MO
BETAMETHASONE VALERATE CREA 0.1 %	2	MO
<i>betamethasone valerate foam 0.12 %</i>	2	MO
BETAMETHASONE VALERATE LOTN 0.1 %	2	MO
BETAMETHASONE VALERATE OINT 0.1 %	2	MO
<i>calcipotriene-betameth diprop susp 0.005-0.064 %</i>	4	
<i>clobetasol propionate crea 0.05 %</i>	2	
<i>clobetasol propionate e crea 0.05 %</i>	2	MO
<i>clobetasol propionate foam 0.05 %</i>	2	MO
<i>clobetasol propionate gel 0.05 %</i>	2	MO
<i>clobetasol propionate liqd 0.05 %</i>	2	MO
<i>clobetasol propionate lotn 0.05 %</i>	2	MO
<i>clobetasol propionate oint 0.05 %</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate sham 0.05 %</i>	2	MO
<i>clobetasol propionate soln 0.05 %</i>	2	MO
CORDRAN TAPE 4 MCG/SQCM	3	MO
<i>desonide crea 0.05 %</i>	2	MO
<i>desonide lotn 0.05 %</i>	2	MO
<i>desonide oint 0.05 %</i>	2	MO
<i>desoximetasone crea 0.25 %</i>	2	MO
<i>desoximetasone oint 0.25 %</i>	2	MO
<i>diclofenac sodium gel 1 %</i>	4	MO
<i>diclofenac sodium gel 3 %</i>	4	MO
<i>diclofenac sodium soln 1.5 %</i>	4	
<i>diflorasone diacetate oint 0.05 %</i>	4	MO
ENSTILAR FOAM 0.005-0.064 %	5	NDS
<i>fluocinolone acetonide body oil 0.01 %</i>	2	
<i>fluocinolone acetonide crea 0.01 %</i>	2	MO
<i>fluocinolone acetonide crea 0.025 %</i>	2	MO
<i>fluocinolone acetonide oint 0.025 %</i>	2	MO
<i>fluocinolone acetonide scalp oil 0.01 %</i>	2	MO
<i>fluocinolone acetonide soln 0.01 %</i>	2	MO
<i>fluocinonide crea 0.05 %</i>	2	
<i>fluocinonide emulsified base crea 0.05 %</i>	2	MO
FLUOCINONIDE GEL 0.05 %	2	MO
<i>fluocinonide oint 0.05 %</i>	2	MO
<i>fluocinonide soln 0.05 %</i>	2	MO
<i>fluticasone propionate crea 0.05 %</i>	2	MO
<i>fluticasone propionate oint 0.005 %</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate crea 0.05 %</i>	2	MO
<i>halobetasol propionate foam 0.05 %</i>	4	
<i>halobetasol propionate oint 0.05 %</i>	2	MO
<i>hydrocortisone (perianal) crea 2.5 %</i>	2	MO
HYDROCORTISONE BUTYR LIPO BASE CREA 0.1 %	2	
HYDROCORTISONE BUTYRATE CREA 0.1 %	2	MO
HYDROCORTISONE BUTYRATE OINT 0.1 %	2	MO
HYDROCORTISONE BUTYRATE SOLN 0.1 %	2	MO
<i>hydrocortisone crea 2.5 %</i>	2	MO
HYDROCORTISONE ENEM 100 MG/60ML	2	MO
HYDROCORTISONE LOTN 2.5 %	2	MO
<i>hydrocortisone oint 2.5 %</i>	2	MO
<i>hydrocortisone valerate crea 0.2 %</i>	2	MO
<i>hydrocortisone valerate oint 0.2 %</i>	2	MO
<i>mometasone furoate crea 0.1 %</i>	2	MO
<i>mometasone furoate oint 0.1 %</i>	2	MO
<i>mometasone furoate soln 0.1 %</i>	2	MO
NEMLUVIO AUIJ 30 MG	5	NDS
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i>	2	MO
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	MO
<i>proctozone-hc crea 2.5 %</i>	2	MO
RADIAURA CREA 3-0.5 %	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide aers 0.147 mg/gm</i>	2	MO
<i>triamcinolone acetonide crea 0.025 %</i>	2	MO
<i>triamcinolone acetonide crea 0.1 %</i>	2	MO
<i>triamcinolone acetonide crea 0.5 %</i>	2	MO
<i>triamcinolone acetonide lotn 0.025 %</i>	2	MO
<i>triamcinolone acetonide lotn 0.1 %</i>	2	MO
<i>triamcinolone acetonide oint 0.025 %</i>	2	MO
<i>triamcinolone acetonide oint 0.1 %</i>	2	MO
<i>triamcinolone acetonide oint 0.5 %</i>	2	MO
<i>triamcinolone acetonide pste 0.1 %</i>	2	MO
WYNZORA CREA 0.005-0.064 %	5	NDS
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>glydo prsy 2 %</i>	2	MO
HYDROCORTISONE ACE-PRAMOXINE CREA 1-1 %	2	MO
HYDROCORTISONE ACE-PRAMOXINE SUPP 25-18 MG	5	NDS
<i>lidocaine hcl soln 4 %</i>	2	
<i>lidocaine hcl urethral/mucosal prsy 2 %</i>	2	MO
<i>lidocaine oint 5 %</i>	2	MO
<i>lidocaine ptch 5 %</i>	2	PA, MO
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	2	MO
<i>lidocan ptch 5 %</i>	2	PA, MO
PROCTOFOAM HC FOAM 1-1 %	2	
CELL STIMULANTS AND PROLIFERANTS		
AVITA CREA 0.025 %	2	PA, MO
<i>bexarotene gel 1 %</i>	5	PA, NDS

Drug Name	Drug Tier	Requirements/Limits
KEPIVANCE SOLR 5.16 MG	5	NDS
KEPIVANCE SOLR 6.25 MG	5	NDS
PANRETIN GEL 0.1 %	5	NDS
RETIN-A CREA 0.025 %	2	PA, MO
RETIN-A CREA 0.05 %	2	PA, MO
RETIN-A CREA 0.1 %	2	PA, MO
RETIN-A GEL 0.01 %	2	PA, MO
RETIN-A GEL 0.025 %	2	PA, MO
<i>tretinoin crea 0.025 %</i>	2	PA, MO
<i>tretinoin crea 0.05 %</i>	2	PA, MO
<i>tretinoin crea 0.1 %</i>	2	PA, MO
<i>tretinoin gel 0.01 %</i>	2	PA, MO
<i>tretinoin gel 0.025 %</i>	2	PA, MO
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin caps 10 mg</i>	2	
<i>acitretin caps 17.5 mg</i>	2	
<i>acitretin caps 25 mg</i>	2	
<i>adapalene gel 0.1 %</i>	2	MO
<i>adapalene gel 0.3 %</i>	2	MO
ADAPALENE SOLN 0.1 %	5	NDS
<i>adapalene-benzoyl peroxide gel 0.1-2.5 %</i>	2	MO
ADAPALENE-BENZOYL PEROXIDE PADS 0.1-2.5 %	5	NDS
ADBRY SOAJ 300 MG/2ML	5	NDS
ADBRY SOSY 150 MG/ML	5	NDS
<i>ammonium lactate crea 12 %</i>	2	MO
<i>azelaic acid gel 15 %</i>	2	MO
BIMZELX SOAJ 160 MG/ML	5	
BIMZELX SOSY 160 MG/ML	5	
CALCIPOTRIENE CREA 0.005 %	2	MO
<i>calcipotriene oint 0.005 %</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
CALCIPOTRIENE SOLN 0.005 %	2	MO
CARAC CREA 0.5 %	5	
<i>claravis caps 10 mg</i>	2	NDS
<i>claravis caps 20 mg</i>	2	NDS
<i>claravis caps 30 mg</i>	2	NDS
<i>claravis caps 40 mg</i>	2	NDS
COSENTYX (300 MG DOSE) SOSY 150 MG/ML	5	
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML	5	
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML	5	
COSENTYX SOLN 125 MG/5ML	5	
COSENTYX SOSY 150 MG/ML	5	
COSENTYX SOSY 75 MG/0.5ML	5	
COSENTYX UNOREADY SOAJ 300 MG/2ML	5	
DICLONA GEL 1-4.5 %	5	NDS
FILSUVEZ GEL 10 %	5	NDS
FLUOROURACIL CREA 0.5 %	5	
<i>fluorouracil crea 5 %</i>	2	MO
FLUOROURACIL SOLN 2 %	2	MO
<i>fluorouracil soln 5 %</i>	2	MO
<i>imiquimod crea 5 %</i>	2	MO
<i>isotretinoin caps 20 mg</i>	2	NDS
<i>isotretinoin caps 30 mg</i>	2	NDS
<i>isotretinoin caps 40 mg</i>	2	NDS
KLISYRI OINT 1 %	5	NDS
KORSUVA SOLN 65 MCG/1.3ML	5	NDS
LITFULO CAPS 50 MG	5	NDS
METHOXSALLEN RAPID CAPS 10 MG	5	MO
<i>nitroglycerin oint 0.4 %</i>	4	MO
OPZELURA CREA 1.5 %	5	NDS

Drug Name	Drug Tier	Requirements/Limits
PIMECROLIMUS CREA 1 %	2	MO
PODOFILOX SOLN 0.5 %	2	MO
REGGRANEX GEL 0.01 %	5	NDS
<i>salicylic acid sham 6 %</i>	2	
SANTYL OINT 250 UNIT/GM	3	MO
SILIQ SOSY 210 MG/1.5ML	5	NDS
SKYRIZI PEN SOAJ 150 MG/ML	5	
SKYRIZI SOSY 150 MG/ML	5	
SOTYKTU TABS 6 MG	5	NDS
SPEVIGO SOLN 450 MG/7.5ML	5	NDS
SPEVIGO SOSY 150 MG/ML	5	NDS
STELARA SOLN 130 MG/26ML	5	PA
STELARA SOLN 45 MG/0.5ML	5	PA
STELARA SOSY 45 MG/0.5ML	5	PA
STELARA SOSY 90 MG/ML	5	PA
<i>tacrolimus oint 0.03 %</i>	2	MO
<i>tacrolimus oint 0.1 %</i>	2	MO
TALTZ SOAJ 80 MG/ML	5	NDS
TALTZ SOSY 20 MG/0.25ML	5	NDS
TALTZ SOSY 40 MG/0.5ML	5	NDS
TALTZ SOSY 80 MG/ML	5	NDS
<i>tazarotene crea 0.1 %</i>	2	PA, MO
<i>tazarotene gel 0.05 %</i>	4	PA, MO
<i>tazarotene gel 0.1 %</i>	4	PA, MO
TAZORAC CREA 0.05 %	4	PA, MO
TREMFYA SOPN 100 MG/ML	5	
TREMFYA SOSY 100 MG/ML	5	

Drug Name	Drug Tier	Requirements/Limits
VALCHLOR GEL 0.016 %	5	NDS
VECTICAL OINT 3 MCG/GM	2	MO
VTAMA CREA 1 %	5	NDS
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		
<i>aminophylline soln 25 mg/ml</i>	2	
<i>darifenacin hydrobromide er tb24 15 mg</i>	2	MO
<i>darifenacin hydrobromide er tb24 7.5 mg</i>	2	MO
<i>elixophyllin elix 80 mg/15ml</i>	2	
<i>flavoxate hcl tabs 100 mg</i>	2	MO
<i>mirabegron er tb24 25 mg</i>	4	MO
<i>mirabegron er tb24 50 mg</i>	4	MO
MYRBETRIQ TB24 25 MG	4	MO
MYRBETRIQ TB24 50 MG	4	MO
<i>oxybutynin chloride er tb24 10 mg</i>	2	MO
<i>oxybutynin chloride er tb24 15 mg</i>	2	MO
<i>oxybutynin chloride er tb24 5 mg</i>	2	MO
<i>oxybutynin chloride soln 5 mg/5ml</i>	2	MO
<i>oxybutynin chloride tabs 5 mg</i>	2	MO
<i>solifenacin succinate tabs 10 mg</i>	2	MO
<i>solifenacin succinate tabs 5 mg</i>	2	MO
THEO-24 CP24 300 MG	2	MO
<i>theophylline elix 80 mg/15ml</i>	2	
THEOPHYLLINE ER TB12 100 MG	2	MO

Drug Name	Drug Tier	Requirements/Limits
THEOPHYLLINE ER TB12 200 MG	2	MO
<i>theophylline er tb12 300 mg</i>	2	MO
<i>theophylline er tb12 450 mg</i>	2	MO
<i>theophylline er tb24 400 mg</i>	2	MO
<i>theophylline er tb24 600 mg</i>	2	MO
<i>theophylline soln 80 mg/15ml</i>	2	MO
<i>tolterodine tartrate tabs 1 mg</i>	2	MO
<i>tolterodine tartrate tabs 2 mg</i>	2	
<i>tropium chloride tabs 20 mg</i>	2	MO
VITAMINS		
VITAMINS		
<i>calcitriol caps 0.25 mcg</i>	2	MO
<i>calcitriol caps 0.5 mcg</i>	2	MO
<i>calcitriol oral soln 1 mcg/ml</i>	2	MO
CALCITRIOL INTRAVENOUS SOLN 1 MCG/ML	2	
PARICALCITOL SOLN 2 MCG/ML	2	
PRENATAL TABS 27-1 MG	4	MO
RAYALDEE CPCR 30 MCG	5	NDS

Index of Drugs

A

<i>abacavir sulfate soln 20 mg/ml</i>	17	<i>acetaminophen-codeine tabs 300-15 mg</i> .45
<i>abacavir sulfate tabs 300 mg</i>	17	<i>acetaminophen-codeine tabs 300-30 mg</i> .45
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	17	<i>acetaminophen-codeine tabs 300-60 mg</i> .45
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	59	<i>acetazolamide er cp12 500 mg</i>
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	59	<i>acetazolamide sodium solr 500 mg</i>
ABILIFY MAINTENA PRSY 300 MG	59	<i>acetazolamide tabs 125 mg</i>
ABILIFY MAINTENA PRSY 400 MG	59	<i>acetazolamide tabs 250 mg</i>
ABILIFY MAINTENA SRER 300 MG	59	ACETIC ACID SOLN 0.25 %
ABILIFY MAINTENA SRER 400 MG	59	<i>acetic acid soln 2 %</i>
ABILIFY MYCITE MAINTENANCE KIT TBPK 10 MG	59	<i>acetylcysteine soln 10 %</i>
ABILIFY MYCITE STARTER KIT TBPK 15 MG	59	<i>acetylcysteine soln 20 %</i>
ABILIFY MYCITE STARTER KIT TBPK 2 MG	59	ACETYLCYSTEINE SOLN 200 MG/ML
ABILIFY MYCITE STARTER KIT TBPK 20 MG	59	<i>acitretin caps 10 mg</i>
ABILIFY MYCITE STARTER KIT TBPK 30 MG	59	<i>acitretin caps 17.5 mg</i>
ABILIFY MYCITE STARTER KIT TBPK 5 MG	59	<i>acitretin caps 25 mg</i>
<i>abiraterone acetate tabs 250 mg</i>	21	ACTEMRA ACTPEN SOAJ 162 MG/0.9ML
<i>abiraterone acetate tabs 500 mg</i>	21	ACTEMRA SOSY 162 MG/0.9ML
ABRAXANE SUSR 100 MG	21	ACTHAR GEL 80 UNIT/ML
ABRILADA (1 PEN) AJKT 40 MG/0.8ML	83	ACTHAR GEL AUIJ 40 UNIT/0.5ML
ABRILADA (2 PEN) AJKT 40 MG/0.8ML	83	ACTHAR GEL AUIJ 80 UNIT/ML
ABRILADA (2 SYRINGE) PSKT 20 MG/0.4ML	83	ACTHIB SOLR
ABRILADA (2 SYRINGE) PSKT 40 MG/0.8ML	83	ACTIMMUNE SOLN 100 MCG/0.5ML
ABRYSVO SOLR 120 MCG/0.5ML	94	<i>acyclovir caps 200 mg</i>
<i>acamprosate calcium tbec 333 mg</i>	45	<i>acyclovir sodium soln 50 mg/ml</i>
<i>acarbose tabs 100 mg</i>	78	<i>acyclovir susp 200 mg/5ml</i>
<i>acarbose tabs 25 mg</i>	78	<i>acyclovir tabs 400 mg</i>
<i>acarbose tabs 50 mg</i>	78	<i>acyclovir tabs 800 mg</i>
<i>acebutolol hcl caps 200 mg</i>	40	ADACEL SUSP 5-2-15.5 LF-MCG/0.5
<i>acebutolol hcl caps 400 mg</i>	40	ADAKVEO SOLN 100 MG/10ML
ACETAMINOPHEN-CODEINE SOLN 120-12 MG/5ML	45	ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML
		ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML
		ADALIMUMAB-AATY (2 PEN) AJKT 40 MG/0.4ML
		ADALIMUMAB-AATY (2 SYRINGE) PSKT 20 MG/0.2ML
		ADALIMUMAB-AATY (2 SYRINGE) PSKT 40 MG/0.4ML
		ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML

ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	83	ADVAIR HFA AERO 230-21 MCG/ACT...	92
ADALIMUMAB-ADBM (2 PEN) AJKT 40 MG/0.4ML	83	ADVAIR HFA AERO 45-21 MCG/ACT	92
ADALIMUMAB-ADBM (2 PEN) AJKT 40 MG/0.8ML	83	ADZYNMA KIT 1500 UNIT	70
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 10 MG/0.2ML	84	ADZYNMA KIT 500 UNIT	70
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 20 MG/0.4ML	84	AFINITOR DISPERZ TBSO 2 MG	21
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML	84	AFINITOR DISPERZ TBSO 3 MG	21
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.8ML	84	AFINITOR DISPERZ TBSO 5 MG	21
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT 40 MG/0.4ML	84	AFINITOR TABS 10 MG	21
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT 40 MG/0.8ML	84	AGAMREE SUSP 40 MG/ML	75
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT 40 MG/0.4ML	84	AJOVY SOAJ 225 MG/1.5ML	53
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT 40 MG/0.8ML	84	AJOVY SOSY 225 MG/1.5ML	53
ADALIMUMAB-RYVK (2 PEN) AJKT 40 MG/0.4ML	84	AKEEGA TABS 100-500 MG	21
ADALIMUMAB-RYVK (2 SYRINGE) PSKT 40 MG/0.4ML	84	AKEEGA TABS 50-500 MG	21
<i>adapalene gel 0.1 %</i>	98	albendazole	139
<i>adapalene gel 0.3 %</i>	98	<i>albendazole tabs</i>	11
ADAPALENE SOLN 0.1 %	98	<i>albendazole tabs 200 mg</i>	11
<i>adapalene-benzoyl peroxide gel 0.1-2.5 %</i>	98	<i>albuterol sulfate hfa aers 108 (90 base) mcg/act</i>	35
ADAPALENE-BENZOYL PEROXIDE PADS 0.1-2.5 %	98	<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>	35
ADBRY SOAJ 300 MG/2ML	98	<i>albuterol sulfate nebu 0.63 mg/3ml</i>	35
ADBRY SOSY 150 MG/ML	98	<i>albuterol sulfate nebu 1.25 mg/3ml</i>	35
ADDERALL TABS 20 MG	48	<i>albuterol sulfate nebu 2.5 mg/0.5ml</i>	35
ADDERALL TABS 5 MG	48	<i>albuterol sulfate syrp 2 mg/5ml</i>	35
ADDERALL TABS 7.5 MG	48	<i>albuterol sulfate tabs 2 mg</i>	35
<i>adefovir dipivoxil tabs 10 mg</i>	17	<i>albuterol sulfate tabs 4 mg</i>	35
ADEMPAS TABS 0.5 MG	92	<i>alclometasone dipropionate crea 0.05 %</i>	96
ADEMPAS TABS 1 MG	92	<i>alclometasone dipropionate oint 0.05 %</i>	96
ADEMPAS TABS 1.5 MG	92	ALCOHOL PREP PADS 70 %	66
ADEMPAS TABS 2 MG	93	ALDURAZYME SOLN 2.9 MG/5ML	70
ADEMPAS TABS 2.5 MG	93	ALECENSA CAPS 150 MG	21
<i>adenosine soln 12 mg/4ml</i>	42	<i>alendronate sodium tabs 10 mg</i>	83
<i>adenosine soln 6 mg/2ml</i>	42	<i>alendronate sodium tabs 35 mg</i>	83
<i>adriamycin solr 50 mg</i>	21	<i>alendronate sodium tabs 70 mg</i>	83
ADSTILADRIN SUSP 300000000000 VP/ML	21	<i>alfuzosin hcl er tb24 10 mg</i>	35
ADVAIR HFA AERO 115-21 MCG/ACT...	92	ALIMTA SOLR 500 MG	21
		ALIQOPA SOLR 60 MG	21
		ALISKIREN FUMARATE TABS 150 MG	44
		ALISKIREN FUMARATE TABS 300 MG	44
		<i>allopurinol tabs 100 mg</i>	83
		<i>allopurinol tabs 300 mg</i>	83
		<i>alosetron hcl tabs 0.5 mg</i>	73
		<i>alosetron hcl tabs 1 mg</i>	73
		<i>alprazolam tabs 0.25 mg</i>	55
		<i>alprazolam tabs 0.5 mg</i>	55
		<i>alprazolam tabs 1 mg</i>	55
		<i>alprazolam tabs 2 mg</i>	55
		ALUNBRIG TABS 180 MG	21
		ALUNBRIG TABS 30 MG	21
		ALUNBRIG TABS 90 MG	21

ALUNBRIG TBPk 90 & 180 MG	21	<i>amlodipine besy-benazepril hcl caps 10-40</i>	41
ALVAIZ TABS 18 MG	38	<i>mg</i>	41
ALVAIZ TABS 36 MG	38	<i>amlodipine besy-benazepril hcl caps 2.5-10</i>	41
ALVAIZ TABS 54 MG	38	<i>mg</i>	41
ALVAIZ TABS 9 MG	38	<i>amlodipine besy-benazepril hcl caps 5-10</i>	41
ALVESCO AERS 160 MCG/ACT.....	92	<i>mg</i>	41
ALVESCO AERS 80 MCG/ACT.....	92	<i>amlodipine besy-benazepril hcl caps 5-20</i>	41
ALYGLO SOLN 10 GM/100ML.....	93	<i>mg</i>	41
ALYGLO SOLN 20 GM/200ML.....	94	<i>amlodipine besy-benazepril hcl caps 5-40</i>	41
ALYGLO SOLN 5 GM/50ML.....	94	<i>mg</i>	41
ALYMSYS SOLN 100 MG/4ML	21	<i>amlodipine besylate tabs 10 mg</i>	41
ALYMSYS SOLN 400 MG/16ML	21	<i>amlodipine besylate tabs 2.5 mg</i>	41
<i>amantadine hcl caps 100 mg</i>	54	<i>amlodipine besylate tabs 5 mg</i>	41
<i>amantadine hcl soln 50 mg/5ml</i>	54	<i>ammonium lactate crea 12 %</i>	98
<i>amantadine hcl tabs 100 mg</i>	54	AMONDYS 45 SOLN 100 MG/2ML.....	87
AMBISOME SUSR 50 MG.....	16	<i>amoxapine tabs 100 mg</i>	59
<i>ambrisentan tabs 10 mg</i>	93	<i>amoxapine tabs 150 mg</i>	59
<i>ambrisentan tabs 5 mg</i>	93	<i>amoxapine tabs 25 mg</i>	59
<i>amikacin sulfate soln 1 gm/4ml</i>	11	<i>amoxapine tabs 50 mg</i>	59
<i>amikacin sulfate soln 500 mg/2ml</i>	11	<i>amoxicillin caps 250 mg</i>	11
AMILORIDE HCL TABS 5 MG.....	68	<i>amoxicillin caps 500 mg</i>	11
AMILORIDE-HYDROCHLOROTHIAZIDE		AMOXICILLIN CHEW 125 MG.....	11
TABS 5-50 MG.....	68	AMOXICILLIN CHEW 250 MG.....	11
<i>aminocaproic acid soln 0.25 gm/ml</i>	36	<i>amoxicillin susr 125 mg/5ml</i>	11
<i>aminocaproic acid soln 250 mg/ml</i>	36	<i>amoxicillin susr 200 mg/5ml</i>	11
<i>aminocaproic acid tabs 1000 mg</i>	36	<i>amoxicillin susr 250 mg/5ml</i>	11
<i>aminocaproic acid tabs 500 mg</i>	36	<i>amoxicillin susr 400 mg/5ml</i>	11
<i>aminophylline soln 25 mg/ml</i>	100	<i>amoxicillin tabs 500 mg</i>	11
<i>amiodarone hcl soln 150 mg/3ml</i>	42	<i>amoxicillin tabs 875 mg</i>	11
<i>amiodarone hcl soln 450 mg/9ml</i>	42	AMOXICILLIN-POT CLAVULANATE CHEW	
AMIODARONE HCL SOLN 900 MG/18ML		200-28.5 MG	11
.....	42	AMOXICILLIN-POT CLAVULANATE CHEW	
<i>amiodarone hcl tabs 100 mg</i>	42	400-57 MG	11
<i>amiodarone hcl tabs 200 mg</i>	42	<i>amoxicillin-pot clavulanate susr 200-28.5</i>	11
<i>amiodarone hcl tabs 400 mg</i>	42	<i>mg/5ml</i>	11
<i>amitriptyline hcl tabs 10 mg</i>	59	<i>amoxicillin-pot clavulanate susr 250-62.5</i>	11
<i>amitriptyline hcl tabs 100 mg</i>	59	<i>mg/5ml</i>	11
<i>amitriptyline hcl tabs 150 mg</i>	59	<i>amoxicillin-pot clavulanate susr 400-57</i>	11
<i>amitriptyline hcl tabs 25 mg</i>	59	<i>mg/5ml</i>	11
<i>amitriptyline hcl tabs 50 mg</i>	59	<i>amoxicillin-pot clavulanate susr 600-42.9</i>	11
<i>amitriptyline hcl tabs 75 mg</i>	59	<i>mg/5ml</i>	11
AMJEVITA SOAJ 40 MG/0.4ML	84	<i>amoxicillin-pot clavulanate tabs 250-125 mg</i>	11
AMJEVITA SOAJ 80 MG/0.8ML	84	.....	11
AMJEVITA SOSY 40 MG/0.4ML.....	84	<i>amoxicillin-pot clavulanate tabs 500-125 mg</i>	11
AMJEVITA-PED 10KG TO <15KG SOSY		.....	11
10 MG/0.2ML	84	<i>amoxicillin-pot clavulanate tabs 875-125 mg</i>	11
AMJEVITA-PED 15KG TO <30KG SOSY		.....	11
20 MG/0.2ML	84	<i>amphetamine-dextroamphet er cp24 10 mg</i>	48
<i>amlodipine besy-benazepril hcl caps 10-20</i>		.....
<i>mg</i>	41		

<i>amphetamine-dextroamphetamine cp24 15 mg</i>	APLENZIN TB24 348 MG	60
..... 48	APLENZIN TB24 522 MG	60
AMPHETAMINE-DEXTROAMPHET ER	APOKYN SOCT 30 MG/3ML	54
CP24 20 MG	<i>apomorphine hcl soct 30 mg/3ml</i>	54
<i>amphetamine-dextroamphetamine cp24 25 mg</i>	APRACLONIDINE HCL SOLN 0.5 %	73
..... 48	<i>aprepitant caps 125 mg</i>	73
<i>amphetamine-dextroamphetamine cp24 30 mg</i>	<i>aprepitant caps 40 mg</i>	73
..... 48	<i>aprepitant caps 80 & 125 mg</i>	73
<i>amphetamine-dextroamphetamine cp24 5 mg</i>	<i>aprepitant caps 80 mg</i>	73
..... 48	<i>apri tabs 0.15-30 mg-mcg</i>	77
<i>amphetamine-dextroamphetamine tabs 10</i>	APTIOM TABS 200 MG	50
<i>mg</i>	APTIOM TABS 400 MG	50
<i>amphetamine-dextroamphetamine tabs</i>	APTIOM TABS 600 MG	50
<i>12.5 mg</i>	APTIOM TABS 800 MG	50
<i>amphetamine-dextroamphetamine tabs 15</i>	APTIVUS CAPS 250 MG	17
<i>mg</i>	ARALAST NP SOLR 1000 MG	92
<i>amphetamine-dextroamphetamine tabs 20</i>	<i>aranelle tabs 0.5/1/0.5-35 mg-mcg</i>	77
<i>mg</i>	ARANESP (ALBUMIN FREE) SOLN 100	
<i>amphetamine-dextroamphetamine tabs 30</i>	MCG/ML	38
<i>mg</i>	ARANESP (ALBUMIN FREE) SOLN 200	
<i>amphetamine-dextroamphetamine tabs 5</i>	MCG/ML	38
<i>mg</i>	ARANESP (ALBUMIN FREE) SOLN 60	
<i>amphetamine-dextroamphetamine tabs 7.5</i>	MCG/ML	38
<i>mg</i>	ARANESP (ALBUMIN FREE) SOSY 100	
AMPHOTERICIN B SOLR 50 MG	MCG/0.5ML	38
..... 16	ARANESP (ALBUMIN FREE) SOSY 150	
<i>ampicillin caps 500 mg</i>	MCG/0.3ML	38
..... 11	ARANESP (ALBUMIN FREE) SOSY 200	
<i>ampicillin sodium solr 1 gm</i>	MCG/0.4ML	38
..... 11	ARANESP (ALBUMIN FREE) SOSY 300	
<i>ampicillin sodium solr 10 gm</i>	MCG/0.6ML	38
..... 11	ARANESP (ALBUMIN FREE) SOSY 500	
AMPICILLIN SODIUM SOLR 125 MG	MCG/ML	38
..... 11	ARANESP (ALBUMIN FREE) SOSY 60	
<i>ampicillin sodium solr 250 mg</i>	MCG/0.3ML	38
..... 11	ARCALYST SOLR 220 MG	87
<i>ampicillin sodium solr 500 mg</i>	AREXVY SUSR 120 MCG/0.5ML	94
..... 11	<i>arformoterol tartrate nebu 15 mcg/2ml</i>	35
<i>ampicillin sodium solr injection 2 gm</i>	<i>argatroban soln 250 mg/2.5ml</i>	36
..... 11	<i>argyle sterile water soln</i>	87
AMPICILLIN SODIUM SOLR	ARIKAYCE SUSP 590 MG/8.4ML	11
INTRAVENOUS 2 GM	<i>aripiprazole soln 1 mg/ml</i>	60
..... 11	<i>aripiprazole tabs 10 mg</i>	60
<i>ampicillin-sulbactam sodium solr 15 (10-5)</i>	<i>aripiprazole tabs 15 mg</i>	60
<i>gm</i>	<i>aripiprazole tabs 2 mg</i>	60
<i>ampicillin-sulbactam sodium solr injection</i>	<i>aripiprazole tabs 20 mg</i>	60
<i>1.5 (1-0.5) gm</i>	<i>aripiprazole tabs 30 mg</i>	60
..... 11	<i>aripiprazole tabs 5 mg</i>	60
<i>ampicillin-sulbactam sodium solr injection 3</i>	<i>aripiprazole tbdp 10 mg</i>	60
<i>(2-1) gm</i>	<i>aripiprazole tbdp 15 mg</i>	60
..... 11		
AMPICILLIN-SULBACTAM SODIUM SOLR		
INTRAVENOUS 1.5 (1-0.5) GM		
..... 11		
AMPICILLIN-SULBACTAM SODIUM SOLR		
INTRAVENOUS 3 (2-1) GM		
..... 11		
AMVUTTRA SOSY 25 MG/0.5ML		
..... 87		
<i>anagrelide hcl caps 0.5 mg</i>		
..... 36		
<i>anagrelide hcl caps 1 mg</i>		
..... 36		
<i>anastrozole tabs 1 mg</i>		
..... 21		
ANKTIVA SOLN 400 MCG/0.4ML		
..... 21		
APHEXDA SOLR 62 MG		
..... 38		

ARISTADA INITIO PRSY 675 MG/2.4ML	60	ATROVENT HFA AERS 17 MCG/ACT	34
ARISTADA PRSY 1064 MG/3.9ML	60	AUGMENTIN SUSR 125-31.25 MG/5ML	11
ARISTADA PRSY 441 MG/1.6ML	60	AUGTYRO CAPS 40 MG	21
ARISTADA PRSY 662 MG/2.4ML	60	AURYXIA TABS 1 GM 210 MG(Fe)	68
ARISTADA PRSY 882 MG/3.2ML	60	AUSTEDO TABS 12 MG	57
<i>armodafinil tabs 150 mg</i>	48	AUSTEDO TABS 6 MG	57
<i>armodafinil tabs 200 mg</i>	48	AUSTEDO TABS 9 MG	57
<i>armodafinil tabs 250 mg</i>	48	AUSTEDO XR PATIENT TITRATION TEPK	
<i>armodafinil tabs 50 mg</i>	48	12 & 18 & 24 & 30 MG	57
<i>arsenic trioxide soln 12 mg/6ml</i>	21	AUSTEDO XR PATIENT TITRATION TEPK	
ARTESUNATE SOLR 110 MG	17	6 & 12 & 24 MG	57
ARTICADENT DENTAL SOCT 4 %-1		AUSTEDO XR TB24 12 MG	57
100000	87	AUSTEDO XR TB24 18 MG	57
ARZERRA CONC 100 MG/5ML	21	AUSTEDO XR TB24 24 MG	57
ARZERRA CONC 1000 MG/50ML	21	AUSTEDO XR TB24 30 MG	57
ASCENIV SOLN 5 GM/50ML	94	AUSTEDO XR TB24 36 MG	57
ASENAPINE MALEATE SUBL 10 MG	60	AUSTEDO XR TB24 42 MG	57
<i>asenapine maleate subl 2.5 mg</i>	60	AUSTEDO XR TB24 48 MG	57
ASENAPINE MALEATE SUBL 5 MG	60	AUSTEDO XR TB24 6 MG	57
ASMANEX HFA AERO 100 MCG/ACT	92	AUVELITY TBCR 45-105 MG	60
ASMANEX HFA AERO 200 MCG/ACT	92	AVASTIN SOLN 100 MG/4ML	21
ASPARLAS SOLN 3750 UNIT/5ML	21	AVASTIN SOLN 400 MG/16ML	21
<i>aspirin-dipyridamole er cp12 25-200 mg</i>	36	<i>aviane tabs 0.1-20 mg-mcg</i>	77
<i>atazanavir sulfate caps 150 mg</i>	17	AVITA CREA 0.025 %	98
<i>atazanavir sulfate caps 200 mg</i>	17	AVONEX PEN AJKT 30 MCG/0.5ML	58
<i>atazanavir sulfate caps 300 mg</i>	17	AVONEX PREFILLED PSKT 30	
<i>atenolol tabs 100 mg</i>	40	MCG/0.5ML	58
<i>atenolol tabs 25 mg</i>	40	AVSOLA SOLR 100 MG	84
<i>atenolol tabs 50 mg</i>	40	AYVAKIT TABS 100 MG	21
<i>atenolol-chlorthalidone tabs 100-25 mg</i>	40	AYVAKIT TABS 200 MG	21
<i>atenolol-chlorthalidone tabs 50-25 mg</i>	40	AYVAKIT TABS 25 MG	22
<i>atomoxetine hcl caps 10 mg</i>	56	AYVAKIT TABS 300 MG	22
<i>atomoxetine hcl caps 100 mg</i>	56	AYVAKIT TABS 50 MG	22
<i>atomoxetine hcl caps 18 mg</i>	57	AZACITIDINE SUSR 100 MG	22
<i>atomoxetine hcl caps 25 mg</i>	57	AZATHIOPRINE SODIUM SOLR 100 MG	
<i>atomoxetine hcl caps 40 mg</i>	57		86
<i>atomoxetine hcl caps 60 mg</i>	57	<i>azathioprine tabs 100 mg</i>	86
<i>atomoxetine hcl caps 80 mg</i>	57	<i>azathioprine tabs 50 mg</i>	86
<i>atorvastatin calcium tabs 10 mg</i>	39	<i>azathioprine tabs 75 mg</i>	86
<i>atorvastatin calcium tabs 20 mg</i>	39	<i>azelaic acid gel 15 %</i>	98
<i>atorvastatin calcium tabs 40 mg</i>	39	<i>azelastine hcl soln 0.05 %</i>	72
<i>atorvastatin calcium tabs 80 mg</i>	39	<i>azelastine hcl soln 0.1 %</i>	72
<i>atovaquone susp 750 mg/5ml</i>	17	<i>azithromycin solr 500 mg</i>	11
<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	17	<i>azithromycin susr 100 mg/5ml</i>	12
	17	<i>azithromycin susr 200 mg/5ml</i>	12
<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	17	<i>azithromycin tabs 250 mg</i>	12
	17	<i>azithromycin tabs 500 mg</i>	12
<i>atropine sulfate soln 1 %</i>	73	<i>azithromycin tabs 600 mg</i>	12
<i>atropine sulfate soln 8 mg/20ml</i>	34	<i>aztreonam solr 1 gm</i>	12
<i>atropine sulfate sosy 1 mg/10ml</i>	34		

B

BACITRACIN OINT 500 UNIT/GM 71
bacitracin-polymyxin b oint 500-10000 unit/gm 71
bacitra-neomycin-polymyxin-hc oint 1 %.. 71
 BACLOFEN SOLN 10 MG/5ML 35
baclofen susp 25 mg/5ml..... 35
baclofen tabs 10 mg 35
baclofen tabs 20 mg 35
baclofen tabs 5 mg 35
balsalazide disodium caps 750 mg 73
 BALVERSA TABS 3 MG 22
 BALVERSA TABS 4 MG 22
 BALVERSA TABS 5 MG 22
balziva tabs 0.4-35 mg-mcg..... 77
 BAQSIMI ONE PACK POWD 3 MG/DOSE 78
 BAQSIMI TWO PACK POWD 3 MG/DOSE 78
 BARACLUDE SOLN 0.05 MG/ML 17
 BAVENCIO SOLN 200 MG/10ML 22
 BCG VACCINE SOLR 50 MG 22
 BD INSULIN SYR ULTRAFINE II MISC 31G X 5/16 66
 BD INSULIN SYRINGE MISC 29G X 1/2. 67
 BD INSULIN SYRINGE U/F MISC 30G X 1/2 67
 BD INSULIN SYRINGE U/F MISC 31G X 5/16 67
 BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM 67
 BELBUCA FILM 150 MCG 58
 BELBUCA FILM 300 MCG 58
 BELBUCA FILM 450 MCG 58
 BELBUCA FILM 600 MCG 58
 BELBUCA FILM 75 MCG 58
 BELBUCA FILM 750 MCG 58
 BELBUCA FILM 900 MCG 58
 BELEODAQ SOLR 500 MG 22
 BELRAPZO SOLN 100 MG/4ML 22
benazepril hcl tabs 10 mg 44
benazepril hcl tabs 20 mg 44
benazepril hcl tabs 40 mg 44
benazepril hcl tabs 5 mg 44
 BENDAMUSTINE HCL SOLN 100 MG/4ML 22
bendamustine hcl solr 100 mg 22
bendamustine hcl solr 25 mg 22
 BENDEKA SOLN 100 MG/4ML 22

BENLYSTA SOAJ 200 MG/ML86
 BENLYSTA SOLR 120 MG86
 BENLYSTA SOLR 400 MG86
 BENLYSTA SOSY 200 MG/ML86
 BENZOYL PEROXIDE FORTE- HC LOTN 7.5-1 %96
 BENZOYL PEROXIDE GEL 6.5 %95
benzoyl peroxide-erythromycin gel 5-3 % 95
benztropine mesylate soln 1 mg/ml54
benztropine mesylate tabs 0.5 mg54
benztropine mesylate tabs 1 mg54
benztropine mesylate tabs 2 mg54
 BEOVU SOLN 6 MG/0.05ML 73
 BEOVU SOSY 6 MG/0.05ML 73
 BERINERT KIT 500 UNIT87
 BESPONSA SOLR 0.9 MG22
 BESREMI SOSY 500 MCG/ML22
betaine powd..... 87
betamethasone dipropionate aug crea 0.05 %96
 BETAMETHASONE DIPROPIONATE AUG GEL 0.05 %96
betamethasone dipropionate aug lotn 0.05 %96
betamethasone dipropionate aug oint 0.05 %96
betamethasone dipropionate crea 0.05 % 96
betamethasone dipropionate lotn 0.05 % .96
betamethasone dipropionate oint 0.05 % .96
betamethasone sod phos & acet susp 6 (3-3) mg/ml75
 BETAMETHASONE VALERATE CREA 0.1 %96
betamethasone valerate foam 0.12 %96
 BETAMETHASONE VALERATE LOTN 0.1 %96
 BETAMETHASONE VALERATE OINT 0.1 %96
 BETASERON KIT 0.3 MG58
 BETAXOLOL HCL SOLN 0.5 % 72
bethanechol chloride tabs 10 mg34
bethanechol chloride tabs 25 mg34
bethanechol chloride tabs 5 mg34
bethanechol chloride tabs 50 mg34
 BEXAROTENE CAPS 75 MG22
bexarotene gel 1 %98
 BEXSERO SUSY94
bicalutamide tabs 50 mg22
 BICILLIN C-R 900/300 SUSP 900000-300000 UNIT/2ML 12

BICILLIN C-R SUSP 1200000 UNIT/2ML	12	BRIUMVI SOLN 150 MG/6ML	58
BICILLIN L-A SUSY 1200000 UNIT/2ML	12	BRIVIACT SOLN 10 MG/ML	50
BICILLIN L-A SUSY 2400000 UNIT/4ML	12	BRIVIACT TABS 10 MG	50
BICILLIN L-A SUSY 600000 UNIT/ML	12	BRIVIACT TABS 100 MG	50
BIKTARVY TABS 30-120-15 MG	17	BRIVIACT TABS 25 MG	50
BIKTARVY TABS 50-200-25 MG	17	BRIVIACT TABS 50 MG	50
<i>bimatoprost soln 0.03 %</i>	72	BRIVIACT TABS 75 MG	50
BIMZELX SOAJ 160 MG/ML	98	BRIXADI (WEEKLY) SOSY 16 MG/0.32ML	58
BIMZELX SOSY 160 MG/ML	98	BRIXADI (WEEKLY) SOSY 24 MG/0.48ML	58
<i>bismuth/metronidaz/tetracyclin caps 140-125-125 mg</i>	74	BRIXADI (WEEKLY) SOSY 32 MG/0.64ML	58
<i>bisoprolol fumarate tabs 10 mg</i>	40	BRIXADI (WEEKLY) SOSY 8 MG/0.16ML	58
<i>bisoprolol fumarate tabs 5 mg</i>	40	BRIXADI SOSY 128 MG/0.36ML	58
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	40	BRIXADI SOSY 64 MG/0.18ML	59
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	40	BRIXADI SOSY 96 MG/0.27ML	59
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	40	<i>bromocriptine mesylate caps 5 mg</i>	54
<i>bleomycin sulfate solr 15 unit</i>	22	<i>bromocriptine mesylate tabs 2.5 mg</i>	54
<i>bleomycin sulfate solr 30 unit</i>	22	BRONCHITOL CAPS 40 MG	92
BLEPHAMIDE S.O.P. OINT 10-0.2 %	71	BRUKINSA CAPS 80 MG	22
BLINCYTO SOLR 35 MCG	22	<i>budesonide cpep 3 mg</i>	75
BOOSTRIX SUSP 5-2.5-18.5 LF-MCG/0.5	94	BUDESONIDE ER TB24 9 MG	75
BOOSTRIX SUSY 5-2.5-18.5 LF-MCG/0.5	94	<i>budesonide susp 0.25 mg/2ml</i>	92
BORTEZOMIB SOLN INJECTION 3.5 MG/1.4ML	22	<i>budesonide susp 0.5 mg/2ml</i>	92
BORTEZOMIB SOLR INJECTION 1 MG	22	<i>budesonide susp 1 mg/2ml</i>	92
BORTEZOMIB SOLR INJECTION 2.5 MG	22	<i>bumetanide soln 0.25 mg/ml</i>	68
<i>bortezomib solr injection 3.5 mg</i>	22	<i>bumetanide tabs 0.5 mg</i>	68
BORTEZOMIB SOLR INTRAVENOUS 3.5 MG	22	<i>bumetanide tabs 1 mg</i>	68
<i>bosentan tabs 125 mg</i>	93	<i>bumetanide tabs 2 mg</i>	68
<i>bosentan tabs 62.5 mg</i>	93	<i>bupivacaine hcl (pf) soln 0.25 %</i>	87
BOSULIF CAPS 100 MG	22	<i>bupivacaine hcl (pf) soln 0.5 %</i>	87
BOSULIF CAPS 50 MG	22	<i>bupivacaine hcl (pf) soln 0.75 %</i>	87
BOSULIF TABS 100 MG	22	<i>bupivacaine hcl soln 0.5 %</i>	87
BOSULIF TABS 400 MG	22	<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	87
BOSULIF TABS 500 MG	22	<i>bupivacaine-spinal soln 0.75-8.25 %</i>	87
BRAFTOVI CAPS 75 MG	22	<i>bupivacaine-epinephrine (pf) soln 0.25% -1 200000</i>	87
<i>breyana aero 160-4.5 mcg/act</i>	92	<i>bupivacaine-epinephrine (pf) soln 0.5% -1 200000</i>	87
<i>breyana aero 80-4.5 mcg/act</i>	92	<i>bupivacaine-epinephrine soln 0.25% -1 200000</i>	87
BREZTRI AEROSPHERE AERO 160-9-4.8 MCG/ACT	92	<i>bupivacaine-epinephrine soln 0.5% -1 200000</i>	87
BRILINTA TABS 60 MG	36	<i>buprenorphine hcl subl 2 mg</i>	59
BRILINTA TABS 90 MG	36	<i>buprenorphine hcl subl 8 mg</i>	59
<i>brimonidine tartrate soln 0.2 %</i>	72	<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	59

<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	59
<i>buprenorphine ptwk 10 mcg/hr</i>	59
<i>buprenorphine ptwk 15 mcg/hr</i>	59
<i>buprenorphine ptwk 20 mcg/hr</i>	59
<i>buprenorphine ptwk 5 mcg/hr</i>	59
<i>buprenorphine ptwk 7.5 mcg/hr</i>	59
<i>bupropion hcl er (smoking det) tb12 150 mg</i>	60
<i>bupropion hcl er (sr) tb12 100 mg</i>	60
<i>bupropion hcl er (sr) tb12 150 mg</i>	60
<i>bupropion hcl er (sr) tb12 200 mg</i>	60
<i>bupropion hcl er (xl) tb24 150 mg</i>	60
<i>bupropion hcl er (xl) tb24 300 mg</i>	60
BUPROPION HCL ER (XL) TB24 450 MG	60
<i>bupropion hcl tabs 100 mg</i>	60
<i>bupropion hcl tabs 75 mg</i>	60
<i>bupirone hcl tabs 10 mg</i>	55
<i>bupirone hcl tabs 15 mg</i>	55
<i>bupirone hcl tabs 30 mg</i>	55
<i>bupirone hcl tabs 5 mg</i>	55
<i>bupirone hcl tabs 7.5 mg</i>	55
<i>busulfan soln 6 mg/ml</i>	22
<i>butalbital-apap-caffeine tabs 50-325-40 mg</i>	45
<i>butalbital-aspirin-caffeine caps 50-325-40 mg</i>	45
BYOOVIZ SOLN 0.5 MG/0.05ML	73

C

CABENUVA SUER 400 & 600 MG/2ML	17
CABENUVA SUER 600 & 900 MG/3ML	17
<i>cabergoline tabs 0.5 mg</i>	54
CABLIVI KIT 11 MG	38
CABOMETYX TABS 20 MG	22
CABOMETYX TABS 40 MG	22
CABOMETYX TABS 60 MG	22
CAFERGOT TABS 1-100 MG	53
<i>caffeine citrate soln 20 mg/ml</i>	48
<i>caffeine citrate soln 60 mg/3ml</i>	48
CALCIPOTRIENE CREA 0.005 %	98
<i>calcipotriene oint 0.005 %</i>	98
CALCIPOTRIENE SOLN 0.005 %	99
<i>calcipotriene-betameth diprop susp 0.005-0.064 %</i>	96
<i>calcitonin (salmon) soln 200 unit/act</i>	80
<i>calcitonin (salmon) soln 200 unit/ml</i>	80
<i>calcitriol caps 0.25 mcg</i>	100
<i>calcitriol caps 0.5 mcg</i>	100

CALCITRIOL INTRAVENOUS SOLN 1 MCG/ML	100
<i>calcitriol oral soln 1 mcg/ml</i>	100
<i>calcium acetate (phos binder) caps 667 mg</i>	68
<i>calcium acetate tabs 667 mg</i>	68
CALQUENCE CAPS 100 MG	22
CALQUENCE TABS 100 MG	22
CAMCEVI PRSY 42 MG	22
CAMZYOS CAPS 10 MG	42
CAMZYOS CAPS 5 MG	42
<i>candesartan cilexetil tabs 16 mg</i>	44
<i>candesartan cilexetil tabs 32 mg</i>	44
<i>candesartan cilexetil tabs 4 mg</i>	44
<i>candesartan cilexetil tabs 8 mg</i>	44
CAPLYTA CAPS 10.5 MG	60
CAPLYTA CAPS 21 MG	60
CAPLYTA CAPS 42 MG	60
CAPRELSA TABS 100 MG	22
CAPRELSA TABS 300 MG	22
<i>captopril tabs 100 mg</i>	44
<i>captopril tabs 12.5 mg</i>	44
<i>captopril tabs 25 mg</i>	44
<i>captopril tabs 50 mg</i>	44
CARAC CREA 0.5 %	99
<i>carbamazepine chew 100 mg</i>	50
CARBAMAZEPINE ER CP12 100 MG	50
CARBAMAZEPINE ER CP12 200 MG	50
CARBAMAZEPINE ER CP12 300 MG	50
<i>carbamazepine er tb12 100 mg</i>	50
<i>carbamazepine er tb12 200 mg</i>	50
<i>carbamazepine er tb12 400 mg</i>	50
<i>carbamazepine susp 100 mg/5ml</i>	50
<i>carbamazepine tabs 200 mg</i>	50
<i>carbidopa tabs 25 mg</i>	54
<i>carbidopa-levodopa er tbc 25-100 mg</i>	54
<i>carbidopa-levodopa er tbc 50-200 mg</i>	54
<i>carbidopa-levodopa tabs 10-100 mg</i>	54
<i>carbidopa-levodopa tabs 25-100 mg</i>	54
<i>carbidopa-levodopa tabs 25-250 mg</i>	54
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	54
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	54
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	54
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	54
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	54

CARBIDOPA-LEVODOPA-ENTACAPONE	
TABS 50-200-200 MG.....	54
carboplatin soln 150 mg/15ml.....	22
carboplatin soln 450 mg/45ml.....	22
carboplatin soln 50 mg/5ml.....	22
carboplatin soln 600 mg/60ml.....	22
CARBOPROST TROMETHAMINE SOSY	
250 MCG/ML.....	80
carglumic acid tbso 200 mg.....	67
carmustine solr 100 mg.....	22
CARMUSTINE SOLR 300 MG.....	22
CARMUSTINE SOLR 50 MG.....	22
cartia xt cp24 120 mg.....	41
cartia xt cp24 180 mg.....	41
cartia xt cp24 240 mg.....	41
cartia xt cp24 300 mg.....	41
carvedilol tabs 12.5 mg.....	40
carvedilol tabs 25 mg.....	40
carvedilol tabs 3.125 mg.....	40
carvedilol tabs 6.25 mg.....	40
caspofungin acetate solr 70 mg.....	16
CAYSTON SOLR 75 MG.....	91
CEFACLOR CAPS 250 MG.....	12
CEFACLOR CAPS 500 MG.....	12
CEFACLOR SUSR 125 MG/5ML.....	12
CEFACLOR SUSR 250 MG/5ML.....	12
CEFACLOR SUSR 375 MG/5ML.....	12
cefadroxil caps 500 mg.....	12
cefazolin sodium solr 1 gm.....	12
cefazolin sodium solr 10 gm.....	12
cefazolin sodium solr 500 mg.....	12
cefdinir caps 300 mg.....	12
cefdinir susr 125 mg/5ml.....	12
cefdinir susr 250 mg/5ml.....	12
CEFEPIME HCL SOLN 2 GM/100ML.....	12
cefepime hcl solr 1 gm.....	12
cefepime hcl solr 2 gm.....	12
CEFEPIME-DEXTROSE SOLR 2-5	
GM-%(50ML).....	12
cefixime caps 400 mg.....	12
cefixime susr 100 mg/5ml.....	12
cefixime susr 200 mg/5ml.....	12
CEFOTAXIME SODIUM SOLR 1 GM.....	12
cefotetan disodium solr 1 gm.....	12
cefotetan disodium solr 2 gm.....	12
cefoxitin sodium solr 1 gm.....	12
cefoxitin sodium solr 10 gm.....	12
cefoxitin sodium solr 2 gm.....	12
cefpodoxime proxetil susr 100 mg/5ml.....	12
cefpodoxime proxetil susr 50 mg/5ml.....	12
cefpodoxime proxetil tabs 100 mg.....	12
cefpodoxime proxetil tabs 200 mg.....	12
ceftazidime solr 1 gm.....	12
ceftazidime solr 6 gm.....	12
ceftriaxone sodium solr 1 gm.....	12
ceftriaxone sodium solr 10 gm.....	12
ceftriaxone sodium solr 2 gm.....	12
ceftriaxone sodium solr 250 mg.....	12
ceftriaxone sodium solr 500 mg.....	12
cefuroxime axetil tabs 250 mg.....	12
cefuroxime axetil tabs 500 mg.....	12
cefuroxime sodium solr 1.5 gm.....	12
cefuroxime sodium solr 750 mg.....	12
celecoxib caps 100 mg.....	45
celecoxib caps 200 mg.....	45
celecoxib caps 400 mg.....	45
celecoxib caps 50 mg.....	46
CELONTIN CAPS 300 MG.....	50
cephalexin caps 250 mg.....	13
cephalexin caps 500 mg.....	13
cephalexin susr 125 mg/5ml.....	13
cephalexin susr 250 mg/5ml.....	13
CEPHALEXIN TABS 500 MG.....	13
CEQUA SOLN 0.09 %.....	71
CERDELGA CAPS 84 MG.....	70
CEREZYME SOLR 400 UNIT.....	70
CHEMET CAPS 100 MG.....	75
CHLORAMPHENICOL SOD SUCCINATE	
SOLR 1 GM.....	13
chlordiazepoxide hcl caps 10 mg.....	55
chlordiazepoxide hcl caps 25 mg.....	55
chlordiazepoxide hcl caps 5 mg.....	55
CHLORDIAZEPOXIDE-AMITRIPTYLINE	
TABS 10-25 MG.....	60
CHLORDIAZEPOXIDE-AMITRIPTYLINE	
TABS 5-12.5 MG.....	60
chlordiazepoxide-clidinium caps 5-2.5 mg.....	34
chlorhexidine gluconate soln 0.12 %.....	71
chlorprocaine hcl (pf) soln 2 %.....	87
chlorprocaine hcl (pf) soln 3 %.....	87
chloroquine phosphate tabs 250 mg.....	17
chloroquine phosphate tabs 500 mg.....	17
CHLORPROMAZINE HCL CONC 100	
MG/ML.....	60
CHLORPROMAZINE HCL CONC 30	
MG/ML.....	60
chlorpromazine hcl soln 25 mg/ml.....	60
chlorpromazine hcl soln 50 mg/2ml.....	60
chlorpromazine hcl tabs 10 mg.....	60
chlorpromazine hcl tabs 100 mg.....	60

<i>chlorpromazine hcl tabs 200 mg</i>	60	<i>citalopram hydrobromide tabs 10 mg</i>	60
<i>chlorpromazine hcl tabs 25 mg</i>	60	<i>citalopram hydrobromide tabs 20 mg</i>	60
<i>chlorpromazine hcl tabs 50 mg</i>	60	<i>citalopram hydrobromide tabs 40 mg</i>	60
<i>chlorthalidone tabs 25 mg</i>	68	<i>cladribine soln 10 mg/10ml</i>	23
<i>chlorthalidone tabs 50 mg</i>	68	<i>claravis caps 10 mg</i>	99
CHOLBAM CAPS 250 MG	74	<i>claravis caps 20 mg</i>	99
CHOLBAM CAPS 50 MG	74	<i>claravis caps 30 mg</i>	99
<i>cholestyramine light pack 4 gm</i>	39	<i>claravis caps 40 mg</i>	99
<i>cholestyramine light powd 4 gm/dose</i>	39	CLARITHROMYCIN SUSR 125 MG/5ML	13
<i>cholestyramine pack 4 gm</i>	39	CLARITHROMYCIN SUSR 250 MG/5ML	13
<i>cholestyramine powd 4 gm/dose</i>	39	<i>clarithromycin tabs 250 mg</i>	13
CHORIONIC GONADOTROPIN SOLR		<i>clarithromycin tabs 500 mg</i>	13
10000 UNIT	80	CLIMARA PTWK 0.025 MG/24HR	79
CIBINQO TABS 100 MG	84	CLIMARA PTWK 0.0375 MG/24HR	79
<i>ciclopirox gel 0.77 %</i>	95	CLIMARA PTWK 0.05 MG/24HR	79
<i>ciclopirox olamine crea 0.77 %</i>	95	CLIMARA PTWK 0.06 MG/24HR	79
<i>ciclopirox soln 8 %</i>	95	CLIMARA PTWK 0.075 MG/24HR	79
<i>cidofovir soln 75 mg/ml</i>	18	CLIMARA PTWK 0.1 MG/24HR	79
<i>cilostazol tabs 100 mg</i>	36	<i>clindamycin hcl caps 150 mg</i>	13
<i>cilostazol tabs 50 mg</i>	36	<i>clindamycin hcl caps 300 mg</i>	13
CILOXAN OINT 0.3 %	71	<i>clindamycin hcl caps 75 mg</i>	13
CIMDUO TABS 300-300 MG	18	<i>clindamycin palmitate hcl solr 75 mg/5ml</i> .	13
CIMERLI SOLN 0.5 MG/0.05ML	73	<i>clindamycin phos-benzoyl perox gel 1.2-</i>	
<i>cimetidine hcl soln 300 mg/5ml</i>	74	5 %	95
CIMZIA (2 SYRINGE) PSKT 200 MG/ML	84	CLINDAMYCIN PHOSPHATE CREA 2 %	95
CIMZIA KIT 2 X 200 MG	84	<i>clindamycin phosphate gel 1 %</i>	95
CIMZIA STARTER KIT PSKT 6 X 200		<i>clindamycin phosphate in d5w soln 300</i>	
MG/ML	84	mg/50ml	13
<i>cinacalcet hcl tabs 30 mg</i>	80	<i>clindamycin phosphate in d5w soln 600</i>	
<i>cinacalcet hcl tabs 60 mg</i>	80	mg/50ml	13
<i>cinacalcet hcl tabs 90 mg</i>	80	<i>clindamycin phosphate in d5w soln 900</i>	
CINQAIR SOLN 100 MG/10ML	91	mg/50ml	13
CINRYZE SOLR 500 UNIT	87	CLINDAMYCIN PHOSPHATE LOTN 1 %	95
CIPROFLOXACIN HCL SOLN 0.3 %	71	<i>clindamycin phosphate soln 1 %</i>	95
CIPROFLOXACIN HCL TABS 100 MG ..	13	<i>clindamycin phosphate soln 300 mg/2ml</i> ..	13
<i>ciprofloxacin hcl tabs 250 mg</i>	13	<i>clindamycin phosphate soln 600 mg/4ml</i> ..	13
<i>ciprofloxacin hcl tabs 500 mg</i>	13	<i>clindamycin phosphate soln 900 mg/6ml</i> ..	13
<i>ciprofloxacin hcl tabs 750 mg</i>	13	<i>clindamycin phosphate soln 9000 mg/60ml</i>	
<i>ciprofloxacin in d5w soln 200 mg/100ml</i> ..	13	.....	13
<i>ciprofloxacin in d5w soln 400 mg/200ml</i> ..	13	<i>clindamycin phosphate swab 1 %</i>	95
<i>ciprofloxacin susr 500 mg/5ml (10%)</i>	13	CLINIMIX E/DEXTROSE (2.75/5) SOLN	
<i>ciprofloxacin-dexamethasone susp 0.3-</i>		2.75 %	67
0.1 %	71	CLINIMIX E/DEXTROSE (4.25/10) SOLN	
<i>cisplatin soln 100 mg/100ml</i>	22	4.25 %	67
CISPLATIN SOLN 200 MG/200ML	22	CLINIMIX E/DEXTROSE (4.25/5) SOLN	
<i>cisplatin soln 50 mg/50ml</i>	22	4.25 %	67
CISPLATIN SOLR 50 MG	23	CLINIMIX E/DEXTROSE (5/15) SOLN 5 %	
CITALOPRAM HYDROBROMIDE CAPS 30		.....	67
MG	60	CLINIMIX E/DEXTROSE (5/20) SOLN 5 %	
<i>citalopram hydrobromide soln 10 mg/5ml</i> 60		.....	67

CLINIMIX/DEXTROSE (4.25/10) SOLN	
4.25 %	67
CLINIMIX/DEXTROSE (4.25/5) SOLN	
4.25 %	67
CLINIMIX/DEXTROSE (5/15) SOLN 5 %	67
CLINIMIX/DEXTROSE (5/20) SOLN 5 %	67
<i>clinisol sf soln 15 %</i>	67
<i>clobazam susp 2.5 mg/ml</i>	50
<i>clobazam tabs 10 mg</i>	50
<i>clobazam tabs 20 mg</i>	50
<i>clobetasol propionate crea 0.05 %</i>	96
<i>clobetasol propionate e crea 0.05 %</i>	96
<i>clobetasol propionate foam 0.05 %</i>	96
<i>clobetasol propionate gel 0.05 %</i>	96
<i>clobetasol propionate liqd 0.05 %</i>	96
<i>clobetasol propionate lotn 0.05 %</i>	96
<i>clobetasol propionate oint 0.05 %</i>	96
<i>clobetasol propionate sham 0.05 %</i>	97
<i>clobetasol propionate soln 0.05 %</i>	97
<i>clofarabine soln 1 mg/ml</i>	23
<i>clomipramine hcl caps 25 mg</i>	60
<i>clomipramine hcl caps 50 mg</i>	60
<i>clomipramine hcl caps 75 mg</i>	61
<i>clonazepam tabs 0.5 mg</i>	50
<i>clonazepam tabs 1 mg</i>	50
<i>clonazepam tabs 2 mg</i>	50
<i>clonazepam tbdp 0.125 mg</i>	50
<i>clonazepam tbdp 0.25 mg</i>	50
<i>clonazepam tbdp 0.5 mg</i>	50
<i>clonazepam tbdp 1 mg</i>	50
<i>clonazepam tbdp 2 mg</i>	50
<i>clonidine hcl (analgesia) soln 100 mcg/ml</i>	43
<i>clonidine hcl tabs 0.1 mg</i>	43
<i>clonidine hcl tabs 0.2 mg</i>	43
<i>clonidine hcl tabs 0.3 mg</i>	43
<i>clonidine ptwk 0.1 mg/24hr</i>	43
<i>clonidine ptwk 0.2 mg/24hr</i>	43
<i>clonidine ptwk 0.3 mg/24hr</i>	43
<i>clopidogrel bisulfate tabs 75 mg</i>	36
<i>clorazepate dipotassium tabs 15 mg</i>	55
<i>clorazepate dipotassium tabs 3.75 mg</i>	55
<i>clorazepate dipotassium tabs 7.5 mg</i>	55
<i>clotrimazole crea 1 %</i>	95
<i>clotrimazole troc 10 mg</i>	95
<i>clotrimazole-betamethasone crea 1-0.05 %</i>	95
<i>clozapine tabs 100 mg</i>	61
<i>clozapine tabs 200 mg</i>	61
<i>clozapine tabs 25 mg</i>	61
<i>clozapine tabs 50 mg</i>	61
<i>clozapine tbdp 100 mg</i>	61
CLOZAPINE TBDP 12.5 MG	61
<i>clozapine tbdp 150 mg</i>	61
<i>clozapine tbdp 200 mg</i>	61
<i>clozapine tbdp 25 mg</i>	61
COARTEM TABS 20-120 MG	17
CODEINE SULFATE TABS 15 MG	46
CODEINE SULFATE TABS 30 MG	46
CODEINE SULFATE TABS 60 MG	46
<i>colchicine tabs 0.6 mg</i>	83
<i>colchicine-probenecid tabs 0.5-500 mg</i>	70
<i>colesevelam hcl tabs 625 mg</i>	39
COLESTIPOL HCL GRAN 5 GM	39
COLESTIPOL HCL PACK 5 GM	39
<i>colestipol hcl tabs 1 gm</i>	39
<i>colistimethate sodium (cba) solr 150 mg</i>	13
COLUMVI SOLN 10 MG/10ML	23
COLUMVI SOLN 2.5 MG/2.5ML	23
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT	35
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG	23
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG	23
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG	23
COMPLERA TABS 200-25-300 MG	18
<i>compro supp 25 mg</i>	61
COPIKTRA CAPS 15 MG	23
COPIKTRA CAPS 25 MG	23
CORDRAN TAPE 4 MCG/SQCM	97
CORLANOR SOLN 5 MG/5ML	42
CORTISONE ACETATE TABS 25 MG	75
CORTROPHIN GEL 80 UNIT/ML	81
COSELA SOLR 300 MG	87
COSENTYX (300 MG DOSE) SOSY 150 MG/ML	99
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML	99
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML	99
COSENTYX SOLN 125 MG/5ML	99
COSENTYX SOSY 150 MG/ML	99
COSENTYX SOSY 75 MG/0.5ML	99
COSENTYX UNOREADY SOAJ 300 MG/2ML	99
COTELLIC TABS 20 MG	23
COXANTO CAPS 300 MG	46
CREON CPEP 12000-38000 UNIT	70
CREON CPEP 24000-76000 UNIT	70

CREON CPEP 3000-9500 UNIT.....	70
CREON CPEP 36000-114000 UNIT.....	70
CREON CPEP 6000-19000 UNIT.....	70
CRESEMBA CAPS 186 MG.....	16
CRESEMBA CAPS 74.5 MG.....	16
CRESEMBA SOLR 372 MG.....	16
<i>cromolyn sodium conc 100 mg/5ml</i>	91
<i>cromolyn sodium nebu 20 mg/2ml</i>	91
CROMOLYN SODIUM SOLN 4 %.....	72
CROTAN LOTN 10 %.....	95
<i>crystelle-28 tabs 0.3-30 mg-mcg</i>	77
CRYSVITA SOLN 10 MG/ML.....	87
CRYSVITA SOLN 20 MG/ML.....	87
CRYSVITA SOLN 30 MG/ML.....	87
CURITY GAUZE PADS 2.....	67
CUTAQUIG SOLN 1 GM/6ML.....	94
CUTAQUIG SOLN 1.65 GM/10ML.....	94
CUTAQUIG SOLN 2 GM/12ML.....	94
CUTAQUIG SOLN 3.3 GM/20ML.....	94
CUTAQUIG SOLN 4 GM/24ML.....	94
CUTAQUIG SOLN 8 GM/48ML.....	94
<i>cyclobenzaprine hcl tabs 10 mg</i>	35
<i>cyclobenzaprine hcl tabs 5 mg</i>	35
CYCLOPHOSPH INJ 1GM/2ML.....	23
CYCLOPHOSPH INJ 500MG.....	23
CYCLOPHOSPHA INJ 2GM/4ML.....	23
<i>cyclophosphamide caps 25 mg</i>	23
<i>cyclophosphamide caps 50 mg</i>	23
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML.....	23
CYCLOPHOSPHAMIDE SOLN 1000 MG/10ML.....	23
CYCLOPHOSPHAMIDE SOLN 2 GM/10ML.....	23
CYCLOPHOSPHAMIDE SOLN 2000 MG/20ML.....	23
CYCLOPHOSPHAMIDE SOLN 500 MG/2.5ML.....	23
CYCLOPHOSPHAMIDE SOLN 500 MG/5ML.....	23
<i>cyclophosphamide solr 1 gm</i>	23
<i>cyclophosphamide solr 2 gm</i>	23
<i>cyclophosphamide solr 500 mg</i>	23
<i>cycloserine caps 250 mg</i>	16
<i>cyclosporine caps 100 mg</i>	86
<i>cyclosporine caps 25 mg</i>	86
<i>cyclosporine emul 0.05 %</i>	71
<i>cyclosporine modified caps 100 mg</i>	86
<i>cyclosporine modified caps 25 mg</i>	86
<i>cyclosporine modified caps 50 mg</i>	86

<i>cyclosporine modified soln 100 mg/ml</i>	86
<i>cyclosporine soln 50 mg/ml</i>	86
<i>cyproheptadine hcl syrp 2 mg/5ml</i>	21
<i>cyproheptadine hcl tabs 4 mg</i>	21
CYRAMZA SOLN 100 MG/10ML.....	23
CYRAMZA SOLN 500 MG/50ML.....	23
CYSTADANE POWD.....	87
CYSTAGON CAPS 150 MG.....	87
CYSTAGON CAPS 50 MG.....	88
CYSTARAN SOLN 0.44 %.....	73
<i>cytarabine (pf) soln 100 mg/ml</i>	23
<i>cytarabine (pf) soln 20 mg/ml</i>	23
CYTARABINE SOLN 20 MG/ML.....	23
CYTOGAM INJ 50 MG/ML.....	94

D

<i>dabigatran etexilate mesylate caps 110 mg</i>	36
<i>dabigatran etexilate mesylate caps 150 mg</i>	36
<i>dabigatran etexilate mesylate caps 75 mg</i>	36
DACARBAZINE SOLR 100 MG.....	23
<i>dacarbazine solr 200 mg</i>	23
<i>dactinomycin solr 0.5 mg</i>	23
<i>dalfampridine er tb12 10 mg</i>	58
DALVANCE SOLR 500 MG.....	13
<i>danazol caps 100 mg</i>	77
<i>danazol caps 200 mg</i>	77
<i>danazol caps 50 mg</i>	77
<i>dantrolene sodium caps 100 mg</i>	35
<i>dantrolene sodium caps 25 mg</i>	35
<i>dantrolene sodium caps 50 mg</i>	35
DANYELZA SOLN 40 MG/10ML.....	23
<i>dapsone tabs 100 mg</i>	16
<i>dapsone tabs 25 mg</i>	16
DAPTACEL SUSP 23-15-5.....	94
<i>daptomycin solr 350 mg</i>	13
<i>daptomycin solr 500 mg</i>	13
<i>darifenacin hydrobromide er tb24 15 mg</i>	100
<i>darifenacin hydrobromide er tb24 7.5 mg</i>	100
<i>darunavir tabs 600 mg</i>	18
<i>darunavir tabs 800 mg</i>	18
DARZALEX FASPRO SOLN 1800-30000 MG-UT/15ML.....	23
DARZALEX SOLN 100 MG/5ML.....	23
DARZALEX SOLN 400 MG/20ML.....	23
<i>dasatinib tabs 100 mg</i>	23
<i>dasatinib tabs 140 mg</i>	23

<i>dasatinib tabs 20 mg</i>	23	<i>desmopressin acetate tabs 0.2 mg</i>	81
<i>dasatinib tabs 50 mg</i>	23	<i>desonide crea 0.05 %</i>	97
<i>dasatinib tabs 70 mg</i>	23	<i>desonide lotn 0.05 %</i>	97
<i>dasatinib tabs 80 mg</i>	23	<i>desonide oint 0.05 %</i>	97
<i>daunorubicin hcl soln 20 mg/4ml</i>	23	<i>desoximetasone crea 0.25 %</i>	97
DAURISMO TABS 100 MG	23	<i>desoximetasone oint 0.25 %</i>	97
DAURISMO TABS 25 MG	23	<i>desvenlafaxine succinate er tb24 100 mg</i> 61	
DAYBUE SOLN 200 MG/ML.....	57	<i>desvenlafaxine succinate er tb24 25 mg</i> ..61	
<i>decitabine solr 50 mg</i>	23	<i>desvenlafaxine succinate er tb24 50 mg</i> ..61	
<i>deferasirox granules pack 180 mg</i>	75	<i>dexamethasone elix 0.5 mg/5ml</i>	75
<i>deferasirox granules pack 360 mg</i>	75	DEXAMETHASONE INTENSOL CONC 1	
<i>deferasirox granules pack 90 mg</i>	75	MG/ML.....	75
<i>deferasirox tabs 180 mg</i>	75	DEXAMETHASONE SOD PHOS +RFID	
<i>deferasirox tabs 360 mg</i>	75	SOSY 4 MG/ML.....	76
<i>deferasirox tabs 90 mg</i>	75	DEXAMETHASONE SODIUM	
<i>deferasirox tbso 125 mg</i>	75	PHOSPHATE SOLN 0.1 %.....	71
<i>deferasirox tbso 250 mg</i>	75	<i>dexamethasone sodium phosphate soln 10</i>	
<i>deferasirox tbso 500 mg</i>	75	<i>mg/ml</i>	76
<i>deferiprone tabs 1000 mg</i>	75	<i>dexamethasone sodium phosphate soln 20</i>	
<i>deferiprone tabs 500 mg</i>	75	<i>mg/5ml</i>	76
<i>deferoxamine mesylate solr 2 gm</i>	75	<i>dexamethasone sodium phosphate soln 4</i>	
<i>deferoxamine mesylate solr 500 mg</i>	75	<i>mg/ml</i>	76
<i>deflazacort susp 22.75 mg/ml</i>	75	DEXAMETHASONE SODIUM	
<i>deflazacort tabs 18 mg</i>	75	PHOSPHATE SOSY 4 MG/ML.....	76
<i>deflazacort tabs 30 mg</i>	75	DEXAMETHASONE SOLN 0.5 MG/5ML .76	
<i>deflazacort tabs 36 mg</i>	75	<i>dexamethasone tabs 0.5 mg</i>	76
<i>deflazacort tabs 6 mg</i>	75	<i>dexamethasone tabs 0.75 mg</i>	76
DELSTRIGO TABS 100-300-300 MG.....	18	<i>dexamethasone tabs 1 mg</i>	76
<i>demeclocycline hcl tabs 150 mg</i>	13	<i>dexamethasone tabs 1.5 mg</i>	76
<i>demeclocycline hcl tabs 300 mg</i>	13	<i>dexamethasone tabs 2 mg</i>	76
DEPO-ESTRADIOL OIL 5 MG/ML.....	79	<i>dexamethasone tabs 4 mg</i>	76
DEPO-MEDROL SUSP 20 MG/ML.....	75	<i>dexamethasone tabs 6 mg</i>	76
DEPO-SUBQ PROVERA 104 SUSY 104		<i>dexmethylphenidate hcl er cp24 10 mg</i>	48
MG/0.65ML	81	<i>dexmethylphenidate hcl er cp24 15 mg</i>	48
<i>depo-testosterone soln 100 mg/ml</i>	77	<i>dexmethylphenidate hcl er cp24 20 mg</i>	48
<i>depo-testosterone soln 200 mg/ml</i>	77	<i>dexmethylphenidate hcl er cp24 25 mg</i>	48
DESCOVY TABS 120-15 MG	18	<i>dexmethylphenidate hcl er cp24 30 mg</i>	48
DESCOVY TABS 200-25 MG	18	<i>dexmethylphenidate hcl er cp24 35 mg</i>	48
<i>desipramine hcl tabs 10 mg</i>	61	<i>dexmethylphenidate hcl er cp24 40 mg</i>	48
<i>desipramine hcl tabs 100 mg</i>	61	<i>dexmethylphenidate hcl er cp24 5 mg</i>	48
<i>desipramine hcl tabs 150 mg</i>	61	<i>dexmethylphenidate hcl tabs 10 mg</i>	48
<i>desipramine hcl tabs 25 mg</i>	61	<i>dexmethylphenidate hcl tabs 2.5 mg</i>	49
<i>desipramine hcl tabs 50 mg</i>	61	<i>dexmethylphenidate hcl tabs 5 mg</i>	49
<i>desipramine hcl tabs 75 mg</i>	61	<i>dexrazoxane hcl solr 250 mg</i>	88
<i>desmopressin ace spray refrig soln 0.01 %</i>		<i>dexrazoxane hcl solr 500 mg</i>	88
.....	81	<i>dextroamphetamine sulfate er cp24 10 mg</i>	
DESMOPRESSIN ACETATE SOLN 4		.....	49
MCG/ML.....	81	<i>dextroamphetamine sulfate er cp24 15 mg</i>	
<i>desmopressin acetate spray soln 0.01 %</i> 81		.....	49
<i>desmopressin acetate tabs 0.1 mg</i>	81	<i>dextroamphetamine sulfate er cp24 5 mg</i> 49	

<i>dextroamphetamine sulfate tabs 10 mg</i> ...	49	DIFICID TABS 200 MG	13
<i>dextroamphetamine sulfate tabs 5 mg</i>	49	<i>diflorasone diacetate oint 0.05 %</i>	97
DEXTROSE IN LACTATED RINGERS		<i>diflunisal tabs 500 mg</i>	46
SOLN 5 %	68	<i>difluprednate emul 0.05 %</i>	71
DEXTROSE SOLN 10 %	67	DIGOXIN SOLN 0.05 MG/ML.....	42
DEXTROSE SOLN 5 %	67	<i>digoxin soln 0.25 mg/ml</i>	42
DEXTROSE SOLN 50 %	67	<i>digoxin tabs 125 mcg</i>	42
DEXTROSE SOLN 70 %	67	<i>digoxin tabs 250 mcg</i>	42
DEXTROSE-SODIUM CHLORIDE SOLN		<i>dihydroergotamine mesylate soln 1 mg/ml</i>	
10-0.45 %	69	.....	35
DEXTROSE-SODIUM CHLORIDE SOLN		<i>dihydroergotamine mesylate soln 4 mg/ml</i>	
2.5-0.45 %	69	.....	35
DEXTROSE-SODIUM CHLORIDE SOLN 5-		DILANTIN CAPS 100 MG	50
0.2 %	69	DILANTIN CAPS 30 MG	50
DEXTROSE-SODIUM CHLORIDE SOLN 5-		DILANTIN INFATABS CHEW 50 MG.....	50
0.45 %	69	DILTIAZEM HCL ER BEADS CP24 300 MG	
DEXTROSE-SODIUM CHLORIDE SOLN 5-		.....	41
0.9 %	69	<i>diltiazem hcl er coated beads cp24 120 mg</i>	
DIACOMIT CAPS 250 MG.....	50	.....	41
DIACOMIT CAPS 500 MG.....	50	<i>diltiazem hcl er coated beads cp24 180 mg</i>	
DIACOMIT PACK 250 MG.....	50	.....	41
DIACOMIT PACK 500 MG.....	50	<i>diltiazem hcl er coated beads cp24 240 mg</i>	
DIASTAT ACUDIAL GEL 10 MG	50	.....	41
DIASTAT ACUDIAL GEL 20 MG	50	<i>diltiazem hcl er coated beads cp24 300 mg</i>	
<i>diazepam gel 10 mg</i>	50	.....	41
DIAZEPAM GEL 2.5 MG	50	<i>diltiazem hcl er coated beads cp24 360 mg</i>	
<i>diazepam gel 20 mg</i>	50	.....	41
<i>diazepam intensol conc 5 mg/ml</i>	55	<i>diltiazem hcl er cp12 120 mg</i>	42
<i>diazepam soln 5 mg/5ml</i>	55	<i>diltiazem hcl er cp12 60 mg</i>	42
<i>diazepam soln 5 mg/ml</i>	55	<i>diltiazem hcl er cp12 90 mg</i>	42
<i>diazepam tabs 10 mg</i>	55	<i>diltiazem hcl er cp24 120 mg</i>	42
<i>diazepam tabs 2 mg</i>	55	<i>diltiazem hcl er cp24 180 mg</i>	42
<i>diazepam tabs 5 mg</i>	55	<i>diltiazem hcl er cp24 240 mg</i>	42
<i>diazoxide susp 50 mg/ml</i>	78	<i>diltiazem hcl soln 125 mg/25ml</i>	42
<i>dichlorphenamide tabs 50 mg</i>	88	<i>diltiazem hcl soln 25 mg/5ml</i>	42
<i>diclofenac sodium gel 1 %</i>	97	<i>diltiazem hcl soln 50 mg/10ml</i>	42
<i>diclofenac sodium gel 3 %</i>	97	DILTIAZEM HCL SOLR 100 MG.....	42
<i>diclofenac sodium soln 0.1 %</i>	71	<i>diltiazem hcl tabs 120 mg</i>	42
<i>diclofenac sodium soln 1.5 %</i>	97	<i>diltiazem hcl tabs 30 mg</i>	42
<i>diclofenac sodium tbec 25 mg</i>	46	<i>diltiazem hcl tabs 60 mg</i>	42
<i>diclofenac sodium tbec 50 mg</i>	46	<i>diltiazem hcl tabs 90 mg</i>	42
<i>diclofenac sodium tbec 75 mg</i>	46	<i>dilt-xr cp24 120 mg</i>	41
DICLONA GEL 1-4.5 %	99	<i>dilt-xr cp24 180 mg</i>	41
<i>dicloxacillin sodium caps 250 mg</i>	13	<i>dilt-xr cp24 240 mg</i>	41
<i>dicloxacillin sodium caps 500 mg</i>	13	DIMENHYDRINATE SOLN 50 MG/ML.....	73
<i>dicyclomine hcl caps 10 mg</i>	34	<i>dimethyl fumarate cpdr 120 mg</i>	58
<i>dicyclomine hcl soln 10 mg/5ml</i>	34	<i>dimethyl fumarate cpdr 240 mg</i>	58
<i>dicyclomine hcl soln 10 mg/ml</i>	34	<i>dimethyl fumarate starter pack cdpk 120 &</i>	
<i>dicyclomine hcl tabs 20 mg</i>	34	240 mg	58
DIFICID SUSR 40 MG/ML	13	DIPENTUM CAPS 250 MG	73

<i>diphenhydramine hcl soln 50 mg/ml</i>	21	<i>doxazosin mesylate tabs 1 mg</i>	39
DIPHENOXYLATE-ATROPINE LIQD 2.5-0.025 MG/5ML	73	<i>doxazosin mesylate tabs 2 mg</i>	39
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	73	<i>doxazosin mesylate tabs 4 mg</i>	39
DIPHThERIA-TETANUS TOXOIDS DT SUSP 25-5 LFU/0.5ML	94	<i>doxazosin mesylate tabs 8 mg</i>	39
<i>dipyridamole tabs 25 mg</i>	45	<i>doxepin hcl caps 10 mg</i>	61
<i>dipyridamole tabs 50 mg</i>	45	<i>doxepin hcl caps 100 mg</i>	61
<i>dipyridamole tabs 75 mg</i>	45	<i>doxepin hcl caps 150 mg</i>	61
<i>disopyramide phosphate caps 100 mg</i>	42	<i>doxepin hcl caps 25 mg</i>	61
<i>disopyramide phosphate caps 150 mg</i>	42	<i>doxepin hcl caps 50 mg</i>	61
<i>disulfiram tabs 250 mg</i>	45	<i>doxepin hcl caps 75 mg</i>	61
<i>disulfiram tabs 500 mg</i>	45	<i>doxepin hcl conc 10 mg/ml</i>	61
<i>divalproex sodium csdr 125 mg</i>	50	<i>doxepin hcl tabs 3 mg</i>	61
<i>divalproex sodium er tb24 250 mg</i>	50	<i>doxepin hcl tabs 6 mg</i>	61
<i>divalproex sodium er tb24 500 mg</i>	50	<i>doxorubicin hcl liposomal inj 2 mg/ml</i>	24
<i>divalproex sodium tbec 125 mg</i>	50	DOXORUBICIN HCL SOLN 2 MG/ML	24
<i>divalproex sodium tbec 250 mg</i>	50	DOXORUBICIN HCL SOLR 10 MG	24
<i>divalproex sodium tbec 500 mg</i>	50	<i>doxorubicin hcl solr 50 mg</i>	24
<i>dobutamine hcl soln 250 mg/20ml</i>	35	<i>doxy 100 solr 100 mg</i>	13
DOBUTAMINE-DEXTROSE SOLN 1-5 MG/ML-%	35	<i>doxycycline hyclate caps 100 mg</i>	13
DOBUTAMINE-DEXTROSE SOLN 2-5 MG/ML-%	35	<i>doxycycline hyclate caps 50 mg</i>	13
<i>docetaxel conc 20 mg/ml</i>	23	<i>doxycycline hyclate tabs 100 mg</i>	13
<i>docetaxel conc 80 mg/4ml</i>	23	<i>doxycycline hyclate tabs 20 mg</i>	13
<i>docetaxel soln 160 mg/16ml</i>	23	<i>doxycycline monohydrate caps 50 mg</i>	13
<i>docetaxel soln 20 mg/2ml</i>	24	<i>doxycycline monohydrate susr 25 mg/5ml</i>	13
<i>docetaxel soln 80 mg/8ml</i>	24	<i>doxycycline monohydrate tabs 100 mg</i>	13
DOCIVYX SOLN 160 MG/16ML	24	<i>doxycycline monohydrate tabs 50 mg</i>	13
DOCIVYX SOLN 20 MG/2ML	24	DRIZALMA SPRINKLE CSDR 20 MG	61
DOCIVYX SOLN 80 MG/8ML	24	DRIZALMA SPRINKLE CSDR 30 MG	61
<i>dofetilide caps 125 mcg</i>	42	DRIZALMA SPRINKLE CSDR 40 MG	61
<i>dofetilide caps 250 mcg</i>	42	DRIZALMA SPRINKLE CSDR 60 MG	61
<i>dofetilide caps 500 mcg</i>	42	<i>dronabinol caps 10 mg</i>	73
<i>donepezil hcl tabs 10 mg</i>	34	<i>dronabinol caps 2.5 mg</i>	74
<i>donepezil hcl tabs 5 mg</i>	34	<i>dronabinol caps 5 mg</i>	74
<i>donepezil hcl tbdp 10 mg</i>	34	DROPERIDOL SOLN 2.5 MG/ML	55
<i>donepezil hcl tbdp 5 mg</i>	34	<i>drospirenone-ethinyl estradiol tabs 3-0.02 mg</i>	77
<i>dopamine hcl soln 40 mg/ml</i>	36	<i>drospirenone-ethinyl estradiol tabs 3-0.03 mg</i>	77
DOPAMINE-DEXTROSE SOLN 0.8-5 MG/ML-%	36	DROXIA CAPS 200 MG	24
DOPAMINE-DEXTROSE SOLN 1.6-5 MG/ML-%	36	DROXIA CAPS 300 MG	24
DOPAMINE-DEXTROSE SOLN 3.2-5 MG/ML-%	36	DROXIA CAPS 400 MG	24
DOPTLET TABS 20 MG	38	<i>droxidopa caps 100 mg</i>	36
DORYX MPC TBEC 60 MG	13	<i>droxidopa caps 200 mg</i>	36
<i>doxazosin hcl soln 2 %</i>	72		

<i>droxidopa caps 300 mg</i>	36
<i>duloxetine hcl cpep 20 mg</i>	61
<i>duloxetine hcl cpep 30 mg</i>	61
<i>duloxetine hcl cpep 40 mg</i>	61
<i>duloxetine hcl cpep 60 mg</i>	61
DUPIXENT SOPN 200 MG/1.14ML	91
DUPIXENT SOPN 300 MG/2ML	91
DUPIXENT SOSY 100 MG/0.67ML	91
DUPIXENT SOSY 200 MG/1.14ML	91
DUPIXENT SOSY 300 MG/2ML	91
DURYSTA IMPL 10 MCG	72
<i>dutasteride caps 0.5 mg</i>	82
DUVYZAT SUSP 8.86 MG/ML	88

E

E.E.S. 400 TABS 400 MG	14
<i>easygel gel 0.4 %</i>	88
<i>edaravone soln 30 mg/100ml</i>	57
EDURANT TABS 25 MG	18
EFAVIRENZ CAPS 200 MG	18
EFAVIRENZ CAPS 50 MG	18
<i>efavirenz tabs 600 mg</i>	18
<i>efavirenz-emtricitab-tenofo df tabs 600-200-300 mg</i>	18
EGRIFTA SV SOLR 2 MG	81
ELAHERE SOLN 100 MG/20ML	24
ELAPRASE SOLN 6 MG/3ML	70
ELELYSO SOLR 200 UNIT	70
ELEPSIA XR TB24 1000 MG	50
ELEPSIA XR TB24 1500 MG	50
<i>eletriptan hydrobromide tabs 20 mg</i>	53
<i>eletriptan hydrobromide tabs 40 mg</i>	53
ELFABRIO SOLN 20 MG/10ML	70
ELFABRIO SOLN 5 MG/2.5ML	70
ELIGARD KIT 22.5 MG	24
ELIGARD KIT 30 MG	24
ELIGARD KIT 45 MG	24
ELIGARD KIT 7.5 MG	24
ELIQUIS TABS 5 MG	36
ELITEK SOLR 1.5 MG	70
<i>elixophyllin elix 80 mg/15ml</i>	100
ELLA TABS 30 MG	77
ELLENCE SOLN 200 MG/100ML	24
ELLENCE SOLN 50 MG/25ML	24
ELMIRON CAPS 100 MG	88
ELREXFIO SOLN 44 MG/1.1ML	24
ELREXFIO SOLN 76 MG/1.9ML	24
<i>eluryng ring 0.12-0.015 mg/24hr</i>	77
ELZONRIS SOLN 1000 MCG/ML	24
EMCYT CAPS 140 MG	24

EMFLAZA TABS 36 MG	76
EMFLAZA TABS 6 MG	76
EMPLICITI SOLR 300 MG	24
EMPLICITI SOLR 400 MG	24
EMSAM PT24 12 MG/24HR	54
EMSAM PT24 6 MG/24HR	54
EMSAM PT24 9 MG/24HR	54
<i>emtricitabine caps 200 mg</i>	18
<i>emtricitabine-tenofovir df tabs 100-150 mg</i>	18
<i>emtricitabine-tenofovir df tabs 133-200 mg</i>	18
<i>emtricitabine-tenofovir df tabs 167-250 mg</i>	18
<i>emtricitabine-tenofovir df tabs 200-300 mg</i>	18
EMTRIVA SOLN 10 MG/ML	18
<i>enalapril maleate tabs 10 mg</i>	44
<i>enalapril maleate tabs 2.5 mg</i>	44
<i>enalapril maleate tabs 20 mg</i>	44
<i>enalapril maleate tabs 5 mg</i>	44
<i>enalaprilat inj 1.25 mg/ml</i>	44
ENBREL MINI SOCT 50 MG/ML	84
ENBREL SOLN 25 MG/0.5ML	84
ENBREL SOSY 25 MG/0.5ML	84
ENBREL SOSY 50 MG/ML	84
ENBREL SURECLICK SOAJ 50 MG/ML	84
ENDARI PACK 5 GM	88
<i>endocet tabs 5-325 mg</i>	46
<i>endocet tabs 7.5-325 mg</i>	46
ENDOMETRIN INST 100 MG	81
ENGERIX-B SUSP 20 MCG/ML	94
ENGERIX-B SUSY 10 MCG/0.5ML	94
ENGERIX-B SUSY 20 MCG/ML	94
ENHERTU SOLR 100 MG	24
ENJAYMO SOLN 1100 MG/22ML	88
ENOXAPARIN SODIUM SOLN 300 MG/3ML	36
<i>enoxaparin sodium sosy 100 mg/ml</i>	36
<i>enoxaparin sodium sosy 120 mg/0.8ml</i>	36
<i>enoxaparin sodium sosy 150 mg/ml</i>	36
<i>enoxaparin sodium sosy 30 mg/0.3ml</i>	36
<i>enoxaparin sodium sosy 40 mg/0.4ml</i>	36
<i>enoxaparin sodium sosy 60 mg/0.6ml</i>	37
<i>enoxaparin sodium sosy 80 mg/0.8ml</i>	37
ENSTILAR FOAM 0.005-0.064 %	97
<i>entacapone tabs 200 mg</i>	54
<i>entecavir tabs 0.5 mg</i>	18
<i>entecavir tabs 1 mg</i>	18
ENTRESTO TABS 24-26 MG	44

ENTRESTO TABS 49-51 MG	44	<i>escitalopram oxalate tabs 5 mg</i>	61
ENTRESTO TABS 97-103 MG	44	ESMOLOL HCL SOLN 100 MG/10ML	40
ENTYVIO SOLR 300 MG	74	<i>esmolol hcl-sodium chloride soln 2000</i>	
ENTYVIO SOPN 108 MG/0.68ML	74	<i>mg/100ml</i>	40
<i>enulose soln 10 gm/15ml</i>	67	<i>esmolol hcl-sodium chloride soln 2500</i>	
ENVARBUS XR TB24 0.75 MG	86	<i>mg/250ml</i>	40
ENVARBUS XR TB24 1 MG.....	86	ESTRACE CREA 0.1 MG/GM.....	80
ENVARBUS XR TB24 4 MG.....	86	<i>estradiol crea 0.1 mg/gm</i>	80
EOHILIA SUSP 2 MG/10ML	76	<i>estradiol pttw 0.025 mg/24hr</i>	80
EPCLUSA PACK 150-37.5 MG	18	<i>estradiol pttw 0.0375 mg/24hr</i>	80
EPCLUSA PACK 200-50 MG	18	ESTRADIOL PTTW 0.05 MG/24HR	80
EPCLUSA TABS 200-50 MG.....	18	<i>estradiol pttw 0.075 mg/24hr</i>	80
EPCLUSA TABS 400-100 MG.....	18	<i>estradiol pttw 0.1 mg/24hr</i>	80
EPIDIOLEX SOLN 100 MG/ML	50	<i>estradiol tabs 0.5 mg</i>	80
EPINEPHRINE SOAJ 0.15 MG/0.15ML...	36	<i>estradiol tabs 1 mg</i>	80
<i>epinephrine soaj 0.15 mg/0.3ml</i>	36	<i>estradiol tabs 10 mcg</i>	80
<i>epinephrine soaj 0.3 mg/0.3ml</i>	36	<i>estradiol tabs 2 mg</i>	80
EPINEPHRINE SOSY 1 MG/10ML.....	36	<i>estradiol valerate oil 20 mg/ml</i>	80
EPIVIR HBV SOLN 5 MG/ML	18	<i>estradiol valerate oil 40 mg/ml</i>	80
EPKINLY SOLN 4 MG/0.8ML	24	ESTRING RING 7.5 MCG/24HR.....	80
EPKINLY SOLN 48 MG/0.8ML	24	<i>eszopiclone tabs 1 mg</i>	55
<i>epoprostenol sodium solr 0.5 mg</i>	93	<i>eszopiclone tabs 2 mg</i>	55
<i>epoprostenol sodium solr 1.5 mg</i>	93	<i>eszopiclone tabs 3 mg</i>	55
EPRONTIA SOLN 25 MG/ML	50	<i>ethacrynic acid tabs 25 mg</i>	68
ERBITUX SOLN 100 MG/50ML.....	24	<i>ethambutol hcl tabs 100 mg</i>	16
ERBITUX SOLN 200 MG/100ML.....	24	<i>ethambutol hcl tabs 400 mg</i>	16
ERGOLOID MESYLATES TABS 1 MG ...	35	<i>ethosuximide caps 250 mg</i>	50
ERGOMAR SUBL 2 MG	35	<i>ethosuximide soln 250 mg/5ml</i>	51
ERGOTAMINE-CAFFEINE TABS 1-100		<i>ethynodiol diac-eth estradiol tabs 1-50 mg-</i>	
MG	53	<i>mcg</i>	77
<i>eribulin mesylate soln 1 mg/2ml</i>	24	<i>etodolac caps 200 mg</i>	46
ERIVEDGE CAPS 150 MG.....	24	<i>etodolac caps 300 mg</i>	46
ERLEADA TABS 240 MG	24	<i>etodolac tabs 400 mg</i>	46
ERLEADA TABS 60 MG	24	<i>etodolac tabs 500 mg</i>	46
<i>erlotinib hcl tabs 100 mg</i>	24	ETONOGESTREL-ETHINYL ESTRADIOL	
<i>erlotinib hcl tabs 150 mg</i>	24	RING 0.12-0.015 MG/24HR.....	77
<i>erlotinib hcl tabs 25 mg</i>	24	ETOPOPHOS SOLR 100 MG	24
<i>ertapenem sodium solr 1 gm</i>	14	<i>etoposide soln 1 gm/50ml</i>	24
ERYTHROCIN LACTOBIONATE SOLR 500		<i>etoposide soln 100 mg/5ml</i>	24
MG	14	<i>etoposide soln 500 mg/25ml</i>	24
ERYTHROMYCIN BASE CPEP 250 MG. 14		<i>etravirine tabs 100 mg</i>	18
<i>erythromycin base tabs 250 mg</i>	14	<i>etravirine tabs 200 mg</i>	18
<i>erythromycin base tabs 500 mg</i>	14	EULEXIN CAPS 125 MG	24
<i>erythromycin gel 2 %</i>	95	<i>everolimus tabs 0.25 mg</i>	86
<i>erythromycin oint 5 mg/gm</i>	71	<i>everolimus tabs 0.5 mg</i>	86
<i>erythromycin soln 2 %</i>	95	<i>everolimus tabs 0.75 mg</i>	86
<i>erythromycin tbec 250 mg</i>	14	<i>everolimus tabs 1 mg</i>	86
<i>escitalopram oxalate soln 5 mg/5ml</i>	61	<i>everolimus tabs 10 mg</i>	24
<i>escitalopram oxalate tabs 10 mg</i>	61	<i>everolimus tabs 2.5 mg</i>	24
<i>escitalopram oxalate tabs 20 mg</i>	61	<i>everolimus tabs 5 mg</i>	24

<i>everolimus tabs 7.5 mg</i>	24
<i>everolimus tbso 2 mg</i>	24
<i>everolimus tbso 3 mg</i>	24
<i>everolimus tbso 5 mg</i>	24
EVKEEZA SOLN 1200 MG/8ML.....	39
EVKEEZA SOLN 345 MG/2.3ML.....	39
EVOMELA SOLR 50 MG.....	24
EVOTAZ TABS 300-150 MG.....	18
EVRYSDI SOLR 0.75 MG/ML.....	88
<i>exemestane tabs 25 mg</i>	24
EXONDYS 51 SOLN 100 MG/2ML.....	88
EXONDYS 51 SOLN 500 MG/10ML.....	88
EYLEA SOLN 2 MG/0.05ML.....	73
EYLEA SOSY 2 MG/0.05ML.....	73
<i>ezetimibe tabs 10 mg</i>	39

F

FABHALTA CAPS 200 MG.....	88
FABRAZYME SOLR 35 MG.....	70
FABRAZYME SOLR 5 MG.....	70
<i>famciclovir tabs 125 mg</i>	18
<i>famciclovir tabs 250 mg</i>	18
<i>famciclovir tabs 500 mg</i>	18
<i>famotidine (pf) soln 20 mg/2ml</i>	74
FAMOTIDINE PREMIXED SOLN 20-0.9 MG/50ML-%.....	74
<i>famotidine soln 40 mg/4ml</i>	74
<i>famotidine susr 40 mg/5ml</i>	74
<i>famotidine tabs 20 mg</i>	74
<i>famotidine tabs 40 mg</i>	74
FANAPT TABS 1 MG.....	61
FANAPT TABS 10 MG.....	61
FANAPT TABS 12 MG.....	61
FANAPT TABS 2 MG.....	61
FANAPT TABS 4 MG.....	61
FANAPT TABS 6 MG.....	61
FANAPT TABS 8 MG.....	61
FANAPT TITRATION PACK TABS 1 & 2 & 4 & 6 MG.....	61
FASENRA PEN SOAJ 30 MG/ML.....	91
FASENRA SOSY 30 MG/ML.....	91
<i>febuxostat tabs 40 mg</i>	83
<i>febuxostat tabs 80 mg</i>	83
<i>felbamate susp 600 mg/5ml</i>	51
<i>felbamate tabs 400 mg</i>	51
<i>felbamate tabs 600 mg</i>	51
<i>felodipine er tb24 10 mg</i>	42
<i>felodipine er tb24 2.5 mg</i>	42
<i>felodipine er tb24 5 mg</i>	42
<i>fenofibrate tabs 160 mg</i>	39

<i>fenofibrate tabs 54 mg</i>	39
FENSOLVI (6 MONTH) KIT 45 MG.....	24
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML.....	46
FENTANYL CITRATE (PF) SOLN 2500 MCG/50ML.....	46
FENTANYL CITRATE TABS 100 MCG....	46
FENTANYL CITRATE TABS 200 MCG....	46
FENTANYL CITRATE TABS 400 MCG....	46
FENTANYL CITRATE TABS 600 MCG....	46
FENTANYL CITRATE TABS 800 MCG....	46
<i>fantanyl pt72 100 mcg/hr</i>	46
<i>fantanyl pt72 12 mcg/hr</i>	46
<i>fantanyl pt72 25 mcg/hr</i>	46
<i>fantanyl pt72 50 mcg/hr</i>	46
<i>fantanyl pt72 75 mcg/hr</i>	46
FERRIPROX TABS 1000 MG.....	75
FERRIPROX TWICE-A-DAY TABS 1000 MG.....	75
FETROJA SOLR 1 GM.....	14
FETZIMA CP24 120 MG.....	61
FETZIMA CP24 20 MG.....	61
FETZIMA CP24 40 MG.....	61
FETZIMA CP24 80 MG.....	61
FETZIMA TITRATION C4PK 20 & 40 MG61	
FILSUVEZ GEL 10 %.....	99
<i>finasteride tabs 5 mg</i>	82
<i>ingolimod hcl caps 0.5 mg</i>	58
FINTEPLA SOLN 2.2 MG/ML.....	51
FIRDAPSE TABS 10 MG.....	88
FIRMAGON (240 MG DOSE) SOLR 120 MG/VIAL.....	24
FIRMAGON SOLR 80 MG.....	24
<i>flavoxate hcl tabs 100 mg</i>	100
<i>flecainide acetate tabs 100 mg</i>	42
<i>flecainide acetate tabs 150 mg</i>	43
<i>flecainide acetate tabs 50 mg</i>	43
FLOXURIDINE SOLR 0.5 GM.....	24
<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	16
<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	16
<i>fluconazole susr 10 mg/ml</i>	16
<i>fluconazole susr 40 mg/ml</i>	16
<i>fluconazole tabs 100 mg</i>	16
<i>fluconazole tabs 150 mg</i>	16
<i>fluconazole tabs 200 mg</i>	16
<i>fluconazole tabs 50 mg</i>	16
<i>flucytosine caps 250 mg</i>	16
<i>flucytosine caps 500 mg</i>	16

<i>fludarabine phosphate soln 50 mg/2ml</i>	24	<i>fluticasone propionate crea 0.05 %</i>	97
FLUDARABINE PHOSPHATE SOLR 50		FLUTICASONE PROPIONATE HFA AERO	
MG	25	44 MCG/ACT	92
<i>fludrocortisone acetate tabs 0.1 mg</i>	76	<i>fluticasone propionate oint 0.005 %</i>	97
<i>flumazenil soln 0.5 mg/5ml</i>	57	<i>fluticasone propionate susp 50 mcg/act</i> ...	71
<i>flumazenil soln 1 mg/10ml</i>	57	<i>fluvoxamine maleate er cp24 100 mg</i>	62
<i>fluocinolone acetonide body oil 0.01 %</i>	97	<i>fluvoxamine maleate er cp24 150 mg</i>	62
<i>fluocinolone acetonide crea 0.01 %</i>	97	<i>fluvoxamine maleate tabs 100 mg</i>	62
<i>fluocinolone acetonide crea 0.025 %</i>	97	<i>fluvoxamine maleate tabs 25 mg</i>	62
<i>fluocinolone acetonide oil 0.01 %</i>	71	<i>fluvoxamine maleate tabs 50 mg</i>	62
<i>fluocinolone acetonide oint 0.025 %</i>	97	FML FORTE SUSP 0.25 %	71
<i>fluocinolone acetonide scalp oil 0.01 %</i> ...	97	FML OINT 0.1 %	71
<i>fluocinolone acetonide soln 0.01 %</i>	97	FOLOTYN SOLN 20 MG/ML	25
<i>fluocinonide crea 0.05 %</i>	97	FOLOTYN SOLN 40 MG/2ML	25
<i>fluocinonide emulsified base crea 0.05 %</i>	97	FONDAPARINUX SODIUM SOLN 10	
FLUOCINONIDE GEL 0.05 %	97	MG/0.8ML	37
<i>fluocinonide oint 0.05 %</i>	97	<i>fondaparinux sodium soln 2.5 mg/0.5ml</i> ...	37
<i>fluocinonide soln 0.05 %</i>	97	FONDAPARINUX SODIUM SOLN 5	
<i>fluoritab soln 0.275 (0.125 f) mg/drop</i>	88	MG/0.4ML	37
<i>fluorometholone susp 0.1 %</i>	71	FONDAPARINUX SODIUM SOLN 7.5	
FLUOROURACIL CREA 0.5 %	99	MG/0.6ML	37
<i>fluorouracil crea 5 %</i>	99	FORTEO SOPN 600 MCG/2.4ML	80
<i>fluorouracil soln 1 gm/20ml</i>	25	<i>fosamprenavir calcium tabs 700 mg</i>	18
FLUOROURACIL SOLN 2 %	99	<i>fosaprepitant dimeglumine solr 150 mg</i> ...	74
<i>fluorouracil soln 2.5 gm/50ml</i>	25	<i>fosfomycin tromethamine pack 3 gm</i>	20
<i>fluorouracil soln 5 %</i>	99	<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	51
<i>fluorouracil soln 5 gm/100ml</i>	25	<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	51
<i>fluorouracil soln 500 mg/10ml</i>	25	.....	51
FLUOXETINE HCL (PMDD) TABS 10 MG		FOTIVDA CAPS 0.89 MG	25
.....	61	FOTIVDA CAPS 1.34 MG	25
FLUOXETINE HCL (PMDD) TABS 20 MG		FRUZAQLA CAPS 1 MG	25
.....	61	FRUZAQLA CAPS 5 MG	25
<i>fluoxetine hcl caps 10 mg</i>	61	FULPHILA SOSY 6 MG/0.6ML	38
<i>fluoxetine hcl caps 20 mg</i>	61	<i>fulvestrant sosy 250 mg/5ml</i>	25
<i>fluoxetine hcl caps 40 mg</i>	61	<i>furosemide oral soln 10 mg/ml</i>	68
FLUOXETINE HCL CPDR 90 MG	62	FUROSEMIDE SOLN 8 MG/ML	68
<i>fluoxetine hcl soln 20 mg/5ml</i>	62	<i>furosemide soln injection 10 mg/ml</i>	68
<i>fluoxetine hcl tabs 10 mg</i>	62	<i>furosemide tabs 20 mg</i>	68
<i>fluoxetine hcl tabs 20 mg</i>	62	<i>furosemide tabs 40 mg</i>	68
<i>fluoxetine hcl tabs 60 mg</i>	62	<i>furosemide tabs 80 mg</i>	68
<i>fluphenazine decanoate soln 25 mg/ml</i> ...	62	FUZEON SOLR 90 MG	18
FLUPHENAZINE HCL CONC 5 MG/ML ..	62	FYARRO SUSR 100 MG	25
FLUPHENAZINE HCL ELIX 2.5 MG/5ML	62	FYCOMPA SUSP 0.5 MG/ML	51
FLUPHENAZINE HCL SOLN 2.5 MG/ML	62	FYCOMPA TABS 10 MG	51
<i>fluphenazine hcl tabs 1 mg</i>	62	FYCOMPA TABS 12 MG	51
<i>fluphenazine hcl tabs 10 mg</i>	62	FYCOMPA TABS 2 MG	51
<i>fluphenazine hcl tabs 2.5 mg</i>	62	FYCOMPA TABS 4 MG	51
<i>fluphenazine hcl tabs 5 mg</i>	62	FYCOMPA TABS 6 MG	51
FLURBIPROFEN SODIUM SOLN 0.03 %	71	FYCOMPA TABS 8 MG	51
FLUTAMIDE CAPS 125 MG	25		

G

<i>gabapentin caps 100 mg</i>	51	<i>generlac soln 10 gm/15ml</i>	67
<i>gabapentin caps 300 mg</i>	51	<i>gengraf caps 100 mg</i>	87
<i>gabapentin caps 400 mg</i>	51	<i>gengraf caps 25 mg</i>	87
<i>gabapentin soln 250 mg/5ml</i>	51	GENTAK OINT 0.3 %.....	71
<i>gabapentin tabs 600 mg</i>	51	GENTAMICIN IN SALINE SOLN 0.8-0.9	
<i>gabapentin tabs 800 mg</i>	51	MG/ML-%	14
GALAFOLD CAPS 123 MG	88	<i>gentamicin in saline soln 1.2-0.9 mg/ml-%</i>	
<i>galantamine hydrobromide er cp24 16 mg</i>		.....	14
.....	34	GENTAMICIN IN SALINE SOLN 1.6-0.9	
<i>galantamine hydrobromide er cp24 24 mg</i>		MG/ML-%	14
.....	34	GENTAMICIN IN SALINE SOLN 1-0.9	
<i>galantamine hydrobromide er cp24 8 mg</i>	34	MG/ML-%	14
GALANTAMINE HYDROBROMIDE SOLN 4		GENTAMICIN IN SALINE SOLN 2-0.9	
MG/ML	34	MG/ML-%	14
<i>galantamine hydrobromide tabs 12 mg</i>	34	<i>gentamicin sulfate crea 0.1 %</i>	95
<i>galantamine hydrobromide tabs 4 mg</i>	34	<i>gentamicin sulfate oint 0.1 %</i>	95
<i>galantamine hydrobromide tabs 8 mg</i>	34	<i>gentamicin sulfate soln 0.3 %</i>	71
GAMASTAN INJ	94	<i>gentamicin sulfate soln 10 mg/ml</i>	14
GAMIFANT SOLN 10 MG/2ML.....	86	<i>gentamicin sulfate soln 40 mg/ml</i>	14
GAMIFANT SOLN 100 MG/20ML.....	86	GENVOYA TABS 150-150-200-10 MG	18
GAMIFANT SOLN 50 MG/10ML.....	87	GILENYA CAPS 0.25 MG	58
GAMMAGARD S/D LESS IGA SOLR 10		GILOTRIF TABS 20 MG	25
GM	94	GILOTRIF TABS 30 MG	25
GAMMAGARD S/D LESS IGA SOLR 5 GM		GILOTRIF TABS 40 MG	25
.....	94	GIVLAARI SOLN 189 MG/ML	88
GAMMAGARD SOLN 2.5 GM/25ML	94	<i>glatopa sosy 20 mg/ml</i>	58
GAMMAKED SOLN 1 GM/10ML	94	<i>glatopa sosy 40 mg/ml</i>	58
GAMMAPLEX SOLN 10 GM/200ML.....	94	GLEOSTINE CAPS 10 MG	25
GAMUNEX-C SOLN 1 GM/10ML	94	GLEOSTINE CAPS 100 MG	25
GANCICLOVIR SODIUM SOLN 500		GLEOSTINE CAPS 40 MG	25
MG/10ML	18	<i>glimepiride tabs 1 mg</i>	78
<i>ganciclovir sodium solr 500 mg</i>	18	<i>glimepiride tabs 2 mg</i>	78
GARDASIL 9 SUSP.....	94	<i>glimepiride tabs 4 mg</i>	78
GARDASIL 9 SUSY.....	94	<i>glipizide er tb24 10 mg</i>	78
GATIFLOXACIN SOLN 0.5 %.....	71	<i>glipizide er tb24 2.5 mg</i>	78
GATTEX KIT 5 MG	74	<i>glipizide er tb24 5 mg</i>	78
GAVILYTE-C SOLR 240 GM	74	<i>glipizide tabs 10 mg</i>	78
<i>gavilyte-g solr 236 gm</i>	74	<i>glipizide tabs 5 mg</i>	78
GAVRETO CAPS 100 MG.....	25	<i>glipizide-metformin hcl tabs 2.5-250 mg</i> ...78	
GAZYVA SOLN 1000 MG/40ML.....	25	<i>glipizide-metformin hcl tabs 2.5-500 mg</i> ...78	
<i>gefitinib tabs 250 mg</i>	25	<i>glipizide-metformin hcl tabs 5-500 mg</i>.....78	
<i>gemcitabine hcl soln 1 gm/26.3ml</i>	25	GLUCAGON EMERGENCY KIT 1 MG ....78	
<i>gemcitabine hcl soln 2 gm/52.6ml</i>	25	<i>glyburide tabs 1.25 mg</i>	78
<i>gemcitabine hcl soln 200 mg/5.26ml</i>	25	<i>glyburide tabs 2.5 mg</i>	78
<i>gemcitabine hcl solr 1 gm</i>	25	<i>glyburide tabs 5 mg</i>	78
<i>gemcitabine hcl solr 2 gm</i>	25	<i>glycopyrrolate oral soln 1 mg/5ml</i>	34
<i>gemcitabine hcl solr 200 mg</i>	25	<i>glycopyrrolate soln 0.2 mg/ml</i>	34
<i>gemfibrozil tabs 600 mg</i>	39	<i>glycopyrrolate soln 0.4 mg/2ml</i>	34
		<i>glycopyrrolate soln 4 mg/20ml</i>	34
		<i>glycopyrrolate soln injection 1 mg/5ml</i>	34

<i>glycopyrrolate tabs 1 mg</i>	34
GLYCOPYRROLATE TABS 1.5 MG	34
<i>glycopyrrolate tabs 2 mg</i>	34
<i>glydo prsy 2 %</i>	98
<i>granisetron hcl tabs 1 mg</i>	74
GRANIX SOLN 300 MCG/ML.....	38
GRANIX SOLN 480 MCG/1.6ML.....	38
GRANIX SOSY 300 MCG/0.5ML.....	38
GRANIX SOSY 480 MCG/0.8ML.....	38
GRASTEK SUBL 2800 BAU.....	88
<i>griseofulvin microsize susp 125 mg/5ml</i> ..	16
<i>griseofulvin microsize tabs 500 mg</i>	16
<i>griseofulvin ultramicrosize tabs 125 mg</i> ...	16
<i>griseofulvin ultramicrosize tabs 250 mg</i> ...	16
<i>guanfacine hcl er tb24 1 mg</i>	57
<i>guanfacine hcl er tb24 2 mg</i>	57
<i>guanfacine hcl er tb24 3 mg</i>	57
<i>guanfacine hcl er tb24 4 mg</i>	57
<i>guanfacine hcl tabs 1 mg</i>	43
<i>guanfacine hcl tabs 2 mg</i>	43

H

HADLIMA PUSHTOUCH SOAJ 40 MG/0.8ML	84
HADLIMA SOSY 40 MG/0.8ML	84
HAEGARDA SOLR 2000 UNIT.....	88
HAEGARDA SOLR 3000 UNIT.....	88
<i>halobetasol propionate crea 0.05 %</i>	97
<i>halobetasol propionate foam 0.05 %</i>	97
<i>halobetasol propionate oint 0.05 %</i>	97
<i>haloperidol decanoate soln 100 mg/ml</i>	62
<i>haloperidol decanoate soln 50 mg/ml</i>	62
<i>haloperidol lactate conc 2 mg/ml</i>	62
<i>haloperidol lactate soln 5 mg/ml</i>	62
<i>haloperidol tabs 0.5 mg</i>	62
<i>haloperidol tabs 1 mg</i>	62
<i>haloperidol tabs 10 mg</i>	62
<i>haloperidol tabs 2 mg</i>	62
<i>haloperidol tabs 20 mg</i>	62
<i>haloperidol tabs 5 mg</i>	62
HARVONI PACK 33.75-150 MG.....	18
HARVONI PACK 45-200 MG.....	18
HARVONI TABS 45-200 MG	18
HARVONI TABS 90-400 MG	18
HAVRIX SUSP 1440 EL U/ML.....	94
HAVRIX SUSP 720 EL U/0.5ML.....	94
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-%.....	37
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-%	37

HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML	37
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-%	37
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-%.....	37
<i>heparin sodium (porcine) pf soln 5000 unit/0.5ml</i>	37
<i>heparin sodium (porcine) soln 1000 unit/ml</i>	37
<i>heparin sodium (porcine) soln 10000 unit/ml</i>	37
<i>heparin sodium (porcine) soln 20000 unit/ml</i>	37
<i>heparin sodium (porcine) soln 5000 unit/ml</i>	37
HEPLISAV-B SOSY 20 MCG/0.5ML.....	94
HERCEPTIN HYLECTA SOLN 600-10000 MG-UNT/5ML	25
HERCEPTIN SOLR 150 MG	25
HERZUMA SOLR 150 MG	25
HERZUMA SOLR 420 MG	25
HIBERIX SOLR 10 MCG.....	94
HUMALOG KWIKPEN SOPN 100 UNIT/ML	78
HUMALOG SOCT 100 UNIT/ML.....	78
HUMALOG SOLN 100 UNIT/ML	78
HUMATIN CAPS 250 MG	17
HUMATROPE CART 6 MG.....	81
HUMIRA (2 PEN) PNKT 40 MG/0.8ML	84
HUMIRA (2 PEN) PNKT 80 MG/0.8ML	84
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML	84
HUMIRA (2 SYRINGE) PSKT 20 MG/0.2ML	84
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML	84
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	84
HUMIRA-CD/UC/HS STARTER PNKT 40 MG/0.8ML.....	84
HUMIRA-CD/UC/HS STARTER PNKT 80 MG/0.8ML.....	84
HUMIRA-PED<40KG CROHNS STARTER PSKT 80 MG/0.8ML & 40MG/0.4ML....	84
HUMIRA-PED>/=40KG CROHNS START PSKT 80 MG/0.8ML	84
HUMIRA-PED>/=40KG UC STARTER PNKT 80 MG/0.8ML	85

<i>ibutilide fumarate soln 1 mg/10ml</i>	43	<i>imipramine pamoate caps 150 mg</i>	62
<i>icatibant acetate sosy 30 mg/3ml</i>	36	<i>imipramine pamoate caps 75 mg</i>	62
ICLUSIG TABS 10 MG	25	<i>imiquimod crea 5 %</i>	99
ICLUSIG TABS 15 MG	25	IMJUDO SOLN 25 MG/1.25ML	26
ICLUSIG TABS 30 MG	25	IMJUDO SOLN 300 MG/15ML	26
ICLUSIG TABS 45 MG	25	IMOVAX RABIES SUSR 2.5 UNIT/ML	94
<i>icosapent ethyl caps 0.5 gm</i>	39	IMPAVIDO CAPS 50 MG	17
<i>icosapent ethyl caps 1 gm</i>	39	INBRIJA CAPS 42 MG	54
IDACIO (2 PEN) AJKT 40 MG/0.8ML	85	INCRELEX SOLN 40 MG/4ML	81
IDACIO (2 SYRINGE) PSKT 40 MG/0.8ML	85	<i>indapamide tabs 1.25 mg</i>	68
IDACIO-CROHNS/UC STARTER AJKT 40 MG/0.8ML	85	<i>indapamide tabs 2.5 mg</i>	68
IDACIO-PSORIASIS STARTER AJKT 40 MG/0.8ML	85	<i>indocin supp 50 mg</i>	46
IDAMYCIN PFS SOLN 10 MG/10ML	25	<i>indomethacin caps 25 mg</i>	46
IDAMYCIN PFS SOLN 20 MG/20ML	25	<i>indomethacin caps 50 mg</i>	46
IDAMYCIN PFS SOLN 5 MG/5ML	25	<i>indomethacin er cpcr 75 mg</i>	46
<i>idarubicin hcl soln 10 mg/10ml</i>	25	INDOMETHACIN SODIUM SOLR 1 MG	46
<i>idarubicin hcl soln 20 mg/20ml</i>	25	INFANRIX SUSP 25-58-10	94
<i>idarubicin hcl soln 5 mg/5ml</i>	25	INFLECTRA SOLR 100 MG	85
IDHIFA TABS 100 MG	25	INFLIXIMAB SOLR 100 MG	85
IDHIFA TABS 50 MG	25	INFUGEM SOLN 1200-0.9 MG/120ML-%	26
IFOSFAMIDE SOLN 1 GM/20ML	25	INFUGEM SOLN 1300-0.9 MG/130ML-%	26
IFOSFAMIDE SOLN 3 GM/60ML	26	INFUGEM SOLN 1400-0.9 MG/140ML-%	26
IFOSFAMIDE SOLR 1 GM	26	INFUGEM SOLN 1500-0.9 MG/150ML-%	26
IGALMI FILM 120 MCG	56	INFUGEM SOLN 1600-0.9 MG/160ML-%	26
IGALMI FILM 180 MCG	56	INFUGEM SOLN 1700-0.9 MG/170ML-%	26
ILARIS SOLN 150 MG/ML	46	INFUGEM SOLN 1800-0.9 MG/180ML-%	26
ILUVIEN IMPL 0.19 MG	71	INFUGEM SOLN 1900-0.9 MG/190ML-%	26
<i>imatinib mesylate tabs 100 mg</i>	26	INFUGEM SOLN 2000-0.9 MG/200ML-%	26
<i>imatinib mesylate tabs 400 mg</i>	26	INFUGEM SOLN 2200-0.9 MG/220ML-%	26
IMBRUVICA CAPS 140 MG	26	INGREZZA CAPS 40 MG	57
IMBRUVICA CAPS 70 MG	26	INGREZZA CAPS 60 MG	57
IMBRUVICA SUSP 70 MG/ML	26	INGREZZA CAPS 80 MG	57
IMBRUVICA TABS 140 MG	26	INGREZZA CPPK 40 & 80 MG	57
IMBRUVICA TABS 280 MG	26	INGREZZA CPSP 40 MG	57
IMBRUVICA TABS 420 MG	26	INGREZZA CPSP 60 MG	57
IMBRUVICA TABS 560 MG	26	INGREZZA CPSP 80 MG	57
IMDELLTRA SOLR 1 MG	26	INLYTA TABS 1 MG	26
IMDELLTRA SOLR 10 MG	26	INLYTA TABS 5 MG	26
IMFINZI SOLN 120 MG/2.4ML	26	INQOVI TABS 35-100 MG	26
IMFINZI SOLN 500 MG/10ML	26	INREBIC CAPS 100 MG	26
IMIPENEM-CILASTATIN SOLR 250 MG	14	INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML	79
<i>imipenem-cilastatin solr 500 mg</i>	14	INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML	79
<i>imipramine hcl tabs 10 mg</i>	62	INTELENCE TABS 25 MG	18
<i>imipramine hcl tabs 25 mg</i>	62	INTRALIPID EMUL 20 %	67
<i>imipramine hcl tabs 50 mg</i>	62	INVEGA HAFYERA SUSY 1092 MG/3.5ML	62
<i>imipramine pamoate caps 100 mg</i>	62	INVEGA HAFYERA SUSY 1560 MG/5ML	62
<i>imipramine pamoate caps 125 mg</i>	62		

INVEGA SUSTENNA SUSY 117 MG/0.75ML	62
INVEGA SUSTENNA SUSY 156 MG/ML	62
INVEGA SUSTENNA SUSY 234 MG/1.5ML	62
INVEGA SUSTENNA SUSY 39 MG/0.25ML	62
INVEGA SUSTENNA SUSY 78 MG/0.5ML	62
INVEGA TRINZA SUSY 273 MG/0.88ML	62
INVEGA TRINZA SUSY 410 MG/1.32ML	62
INVEGA TRINZA SUSY 546 MG/1.75ML	62
INVEGA TRINZA SUSY 819 MG/2.63ML	62
IPOL INJ.....	94
<i>ipratropium bromide soln 0.02 %</i>	34
<i>ipratropium bromide soln 0.03 %</i>	34
<i>ipratropium bromide soln 0.06 %</i>	34
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	36
IQIRVO TABS 80 MG	74
<i>irbesartan tabs 150 mg</i>	44
<i>irbesartan tabs 300 mg</i>	44
<i>irbesartan tabs 75 mg</i>	44
<i>irinotecan hcl soln 100 mg/5ml</i>	26
<i>irinotecan hcl soln 300 mg/15ml</i>	26
<i>irinotecan hcl soln 40 mg/2ml</i>	26
IRINOTECAN HCL SOLN 500 MG/25ML	26
ISENTRESS CHEW 100 MG	18
ISENTRESS CHEW 25 MG	18
ISENTRESS HD TABS 600 MG	18
ISENTRESS PACK 100 MG	18
ISENTRESS TABS 400 MG	18
ISONIAZID SOLN 100 MG/ML	16
<i>isoniazid syrp 50 mg/5ml</i>	16
ISONIAZID TABS 100 MG.....	16
<i>isoniazid tabs 300 mg</i>	16
<i>isoproterenol hcl soln 0.2 mg/ml</i>	36
<i>isosorbide dinitrate tabs 10 mg</i>	45
<i>isosorbide dinitrate tabs 20 mg</i>	45
<i>isosorbide dinitrate tabs 30 mg</i>	45
<i>isosorbide dinitrate tabs 5 mg</i>	45
<i>isosorbide mononitrate er tb24 120 mg</i>	45
<i>isosorbide mononitrate er tb24 30 mg</i>	45
<i>isosorbide mononitrate er tb24 60 mg</i>	45
<i>isosorbide mononitrate tabs 10 mg</i>	45
<i>isosorbide mononitrate tabs 20 mg</i>	45
<i>isotretinoin caps 20 mg</i>	99
<i>isotretinoin caps 30 mg</i>	99
<i>isotretinoin caps 40 mg</i>	99
ISTURISA TABS 1 MG	88

ISTURISA TABS 10 MG	88
ISTURISA TABS 5 MG	88
<i>itraconazole caps 100 mg</i>	16
ITRACONAZOLE SOLN 10 MG/ML	16
<i>ivabradine hcl tabs 5 mg</i>	43
<i>ivabradine hcl tabs 7.5 mg</i>	43
<i>ivermectin tabs 3 mg</i>	11
IWILFIN TABS 192 MG	26
IXCHIQ SOLR.....	94
IXEMPRA KIT SOLR 45 MG	26
IXIARO SUSP	95
IZERVAY SOLN 2 MG/0.1ML	73

J

JAKAFI TABS 10 MG	26
JAKAFI TABS 15 MG	26
JAKAFI TABS 20 MG	26
JAKAFI TABS 25 MG	26
JAKAFI TABS 5 MG	26
<i>jantoven tabs 1 mg</i>	37
<i>jantoven tabs 10 mg</i>	37
<i>jantoven tabs 2 mg</i>	37
<i>jantoven tabs 2.5 mg</i>	37
<i>jantoven tabs 3 mg</i>	37
<i>jantoven tabs 4 mg</i>	37
<i>jantoven tabs 5 mg</i>	37
<i>jantoven tabs 6 mg</i>	37
<i>jantoven tabs 7.5 mg</i>	37
JARDIANCE TABS 10 MG	79
JARDIANCE TABS 25 MG	79
JAYPIRCA TABS 100 MG	26
JAYPIRCA TABS 50 MG	26
JEMPERLI SOLN 500 MG/10ML	26
<i>jinteli tabs 1-5 mg-mcg</i>	80
JOENJA TABS 70 MG	88
JULUCA TABS 50-25 MG	18
<i>junel 1.5/30 tabs 1.5-30 mg-mcg</i>	77
<i>junel 1/20 tabs 1-20 mg-mcg</i>	77
<i>junel fe 1.5/30 tabs 1.5-30 mg-mcg</i>	77
<i>junel fe 1/20 tabs 1-20 mg-mcg</i>	77
<i>junel fe 24 tabs 1-20 mg-mcg(24)</i>	77
JYLAMVO SOLN 2 MG/ML	26
JYNNEOS SUSP 0.5 ML	95

K

KABIVEN EMUL 3.3-10.8-3.9 %	67
KADCYLA SOLR 100 MG	26
KADCYLA SOLR 160 MG	26
KALYDECO PACK 13.4 MG	91

<i>lactulose encephalopathy soln 10 gm/15ml</i>	67	<i>lenalidomide caps 20 mg</i>	27
.....	67	<i>lenalidomide caps 25 mg</i>	27
<i>lactulose soln 10 gm/15ml</i>	67	<i>lenalidomide caps 5 mg</i>	27
<i>lamivudine soln 10 mg/ml</i>	18	LENVIMA (10 MG DAILY DOSE) CPPK 10	27
<i>lamivudine tabs 100 mg</i>	18	MG	27
<i>lamivudine tabs 150 mg</i>	18	LENVIMA (12 MG DAILY DOSE) CPPK 3 x	27
<i>lamivudine tabs 300 mg</i>	18	4 MG	27
<i>lamivudine-zidovudine tabs 150-300 mg</i>	19	LENVIMA (14 MG DAILY DOSE) CPPK 10	27
<i>lamotrigine chew 25 mg</i>	51	& 4 MG	27
<i>lamotrigine chew 5 mg</i>	51	LENVIMA (18 MG DAILY DOSE) CPPK 10	27
<i>lamotrigine er tb24 100 mg</i>	51	MG & 2 X 4 MG	27
<i>lamotrigine er tb24 200 mg</i>	51	LENVIMA (20 MG DAILY DOSE) CPPK 2 x	27
<i>lamotrigine er tb24 25 mg</i>	51	10 MG	27
<i>lamotrigine er tb24 250 mg</i>	51	LENVIMA (24 MG DAILY DOSE) CPPK 2 x	27
<i>lamotrigine er tb24 300 mg</i>	51	10 MG & 4 MG	27
<i>lamotrigine er tb24 50 mg</i>	51	LENVIMA (4 MG DAILY DOSE) CPPK 4	27
<i>lamotrigine kit 25 & 50 & 100 mg</i>	51	MG	27
<i>lamotrigine starter kit-blue kit 35 x 25 mg</i>	51	LENVIMA (8 MG DAILY DOSE) CPPK 2 x 4	27
<i>lamotrigine starter kit-green kit 84 x 25 mg</i>	51	MG	27
<i>& 14x100 mg</i>	51	<i>letrozole tabs 2.5 mg</i>	27
<i>lamotrigine starter kit-orange kit 42 x 25 mg</i>	51	<i>leucovorin calcium solr 100 mg</i>	83
<i>& 7 x 100 mg</i>	51	<i>leucovorin calcium solr 200 mg</i>	83
<i>lamotrigine tabs 100 mg</i>	51	<i>leucovorin calcium solr 350 mg</i>	83
<i>lamotrigine tabs 150 mg</i>	51	<i>leucovorin calcium solr 50 mg</i>	83
<i>lamotrigine tabs 200 mg</i>	51	<i>leucovorin calcium tabs 10 mg</i>	83
<i>lamotrigine tabs 25 mg</i>	51	<i>leucovorin calcium tabs 25 mg</i>	83
<i>lamotrigine tbdp 100 mg</i>	51	<i>leucovorin calcium tabs 5 mg</i>	83
<i>lamotrigine tbdp 200 mg</i>	51	LEUKERAN TABS 2 MG	27
<i>lamotrigine tbdp 25 mg</i>	51	LEUKINE SOLR 250 MCG	38
<i>lamotrigine tbdp 50 mg</i>	51	<i>leuprolide acetate kit 1 mg/0.2ml</i>	27
LAMZEDE SOLR 10 MG	70	<i>levetiracetam er tb24 500 mg</i>	51
LANOXIN PEDIATRIC SOLN 0.1 MG/ML	43	<i>levetiracetam er tb24 750 mg</i>	51
LANREOTIDE ACETATE SOLN 120	81	<i>levetiracetam in nacl soln 1000 mg/100ml</i>	51
MG/0.5ML	81	<i>levetiracetam in nacl soln 1500 mg/100ml</i>	51
<i>lanthanum carbonate chew 1000 mg</i>	68	LEVETIRACETAM IN NAACL SOLN 250	51
<i>lanthanum carbonate chew 500 mg</i>	68	MG/50ML	51
<i>lanthanum carbonate chew 750 mg</i>	68	<i>levetiracetam in nacl soln 500 mg/100ml</i>	51
<i>lapatinib ditosylate tabs 250 mg</i>	27	<i>levetiracetam soln 100 mg/ml</i>	51
<i>latanoprost soln 0.005 %</i>	72	<i>levetiracetam soln 500 mg/5ml</i>	51
LAZCLUZE TABS 240 MG	27	<i>levetiracetam tabs 1000 mg</i>	51
LAZCLUZE TABS 80 MG	27	<i>levetiracetam tabs 250 mg</i>	51
LEDIPASVIR-SOFOSBUVIR TABS 90-400	19	<i>levetiracetam tabs 500 mg</i>	51
MG	19	<i>levetiracetam tabs 750 mg</i>	52
LEENA TABS 0.5/1/0.5-35 MG-MCG	77	LEVOBUNOLOL HCL SOLN 0.5 %	72
<i>leflunomide tabs 10 mg</i>	85	<i>levocarnitine soln 1 gm/10ml</i>	88
<i>leflunomide tabs 20 mg</i>	85	<i>levocarnitine tabs 330 mg</i>	88
LEMTRADA SOLN 12 MG/1.2ML	58	<i>levocetirizine dihydrochloride soln 2.5</i>	21
<i>lenalidomide caps 10 mg</i>	27	<i>mg/5ml</i>	21
<i>lenalidomide caps 15 mg</i>	27	<i>levocetirizine dihydrochloride tabs 5 mg</i>	21
<i>lenalidomide caps 2.5 mg</i>	27	<i>levofloxacin in d5w soln 250 mg/50ml</i>	14

<i>levofloxacin in d5w soln 500 mg/100ml</i>	14	<i>lidocaine hcl (pf) soln 2 %</i>	88
<i>levofloxacin in d5w soln 750 mg/150ml</i>	14	<i>lidocaine hcl (pf) soln 4 %</i>	88
LEVOFLOXACIN ORAL SOLN 25 MG/ML		<i>lidocaine hcl soln 0.5 %</i>	88
.....	14	<i>lidocaine hcl soln 1 %</i>	88
<i>levofloxacin soln intravenous 25 mg/ml</i> ...	14	<i>lidocaine hcl soln 2 %</i>	88
<i>levofloxacin tabs 250 mg</i>	14	<i>lidocaine hcl soln 4 %</i>	98
<i>levofloxacin tabs 500 mg</i>	14	LIDOCAINE HCL SOLN 4 %.....	73
<i>levofloxacin tabs 750 mg</i>	14	<i>lidocaine hcl urethral/mucosal prsy 2 %</i> ...	98
<i>levoleucovorin calcium solr 50 mg</i>	83	LIDOCAINE IN D5W SOLN 4-5 MG/ML-%	
<i>levora 0.15/30 (28) tabs 0.15-30 mg-mcg</i>	77	.....	43
<i>levorphanol tartrate tabs 2 mg</i>	47	LIDOCAINE IN D5W SOLN 8-5 MG/ML-%	
<i>levorphanol tartrate tabs 3 mg</i>	47	.....	43
LEVOTHYROXINE SODIUM SOLN 100		<i>lidocaine oint 5 %</i>	98
MCG/ML.....	82	<i>lidocaine ptch 5 %</i>	98
LEVOTHYROXINE SODIUM SOLR 100		<i>lidocaine viscous hcl soln 2 %</i>	73
MCG	82	<i>lidocaine-epinephrine soln 0.5 %-1</i>	
LEVOTHYROXINE SODIUM SOLR 200		200000	88
MCG	82	<i>lidocaine-epinephrine soln 1 %-1</i>	
LEVOTHYROXINE SODIUM SOLR 500		100000	88
MCG	82	<i>lidocaine-epinephrine soln 1.5 %-1</i>	
<i>levothyroxine sodium tabs 100 mcg</i>	82	200000	88
<i>levothyroxine sodium tabs 112 mcg</i>	82	<i>lidocaine-epinephrine soln 2 %-1</i>	
<i>levothyroxine sodium tabs 125 mcg</i>	82	100000	88
<i>levothyroxine sodium tabs 137 mcg</i>	82	200000	88
<i>levothyroxine sodium tabs 150 mcg</i>	82	<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	98
<i>levothyroxine sodium tabs 175 mcg</i>	82	<i>lidocan ptch 5 %</i>	98
<i>levothyroxine sodium tabs 200 mcg</i>	82	<i>linezolid soln 600 mg/300ml</i>	14
<i>levothyroxine sodium tabs 25 mcg</i>	82	<i>linezolid susr 100 mg/5ml</i>	14
<i>levothyroxine sodium tabs 300 mcg</i>	82	<i>linezolid tabs 600 mg</i>	14
<i>levothyroxine sodium tabs 50 mcg</i>	82	LINZESS CAPS 145 MCG	74
<i>levothyroxine sodium tabs 75 mcg</i>	82	LINZESS CAPS 290 MCG	74
<i>levothyroxine sodium tabs 88 mcg</i>	82	LINZESS CAPS 72 MCG	74
LEXIVA SUSP 50 MG/ML.....	19	<i>liothyronine sodium tabs 25 mcg</i>	82
<i>l-glutamine pack 5 gm</i>	88	<i>liothyronine sodium tabs 5 mcg</i>	82
LIBERVANT FILM 10 MG.....	52	<i>liothyronine sodium tabs 50 mcg</i>	82
LIBERVANT FILM 12.5 MG.....	52	LIRAGLUTIDE SOPN 18 MG/3ML.....	79
LIBERVANT FILM 15 MG.....	52	<i>lisdexamfetamine dimesylate caps 10 mg</i>	49
LIBERVANT FILM 5 MG.....	52	<i>lisdexamfetamine dimesylate caps 20 mg</i>	49
LIBERVANT FILM 7.5 MG.....	52	<i>lisdexamfetamine dimesylate caps 30 mg</i>	49
LIBTAYO SOLN 350 MG/7ML	27	<i>lisdexamfetamine dimesylate caps 40 mg</i>	49
LIDOCAINE HCL (CARDIAC) PF SOSY		<i>lisdexamfetamine dimesylate caps 50 mg</i>	49
100 MG/5ML	43	<i>lisdexamfetamine dimesylate caps 60 mg</i>	49
LIDOCAINE HCL (CARDIAC) PF SOSY 50		<i>lisdexamfetamine dimesylate caps 70 mg</i>	49
MG/5ML	43	<i>lisinopril tabs 10 mg</i>	44
<i>lidocaine hcl (cardiac) sosal 100 mg/5ml</i> ..	43	<i>lisinopril tabs 2.5 mg</i>	44
LIDOCAINE HCL (CARDIAC) SOSY 50		<i>lisinopril tabs 20 mg</i>	44
MG/5ML	43	<i>lisinopril tabs 30 mg</i>	44
<i>lidocaine hcl (pf) soln 0.5 %</i>	88	<i>lisinopril tabs 40 mg</i>	44
<i>lidocaine hcl (pf) soln 1 %</i>	88	<i>lisinopril tabs 5 mg</i>	44
<i>lidocaine hcl (pf) soln 1.5 %</i>	88		

<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	44	LOVENOX SOSY 120 MG/0.8ML	37
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	44	LOVENOX SOSY 150 MG/ML	37
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	44	LOVENOX SOSY 30 MG/0.3ML	37
LITFULO CAPS 50 MG	99	LOVENOX SOSY 40 MG/0.4ML	37
<i>lithium carbonate caps 150 mg</i>	62	LOVENOX SOSY 60 MG/0.6ML	37
<i>lithium carbonate caps 300 mg</i>	62	LOVENOX SOSY 80 MG/0.8ML	37
LITHIUM CARBONATE CAPS 600 MG...	62	<i>loxapine succinate caps 10 mg</i>	63
<i>lithium carbonate er tbcr 300 mg</i>	62	<i>loxapine succinate caps 25 mg</i>	63
<i>lithium carbonate er tbcr 450 mg</i>	62	<i>loxapine succinate caps 5 mg</i>	63
LITHIUM CARBONATE TABS 300 MG ...	63	<i>loxapine succinate caps 50 mg</i>	63
<i>lithium soln 8 meq/5ml</i>	63	<i>lubiprostone caps 24 mcg</i>	74
LITHOSTAT TABS 250 MG.....	67	<i>lubiprostone caps 8 mcg</i>	74
LIVDELZI CAPS 10 MG.....	74	LUCEMYRA TABS 0.18 MG	59
LIVTENCITY TABS 200 MG.....	19	LUCENTIS SOLN 0.3 MG/0.05ML	73
<i>loestrin 1/20 (21) tabs 1-20 mg-mcg</i>	77	LUCENTIS SOSY 0.3 MG/0.05ML	73
<i>lofexidine hcl tabs 0.18 mg</i>	59	LUCENTIS SOSY 0.5 MG/0.05ML	73
LOKELMA PACK 10 GM	68	LUMAKRAS TABS 120 MG	27
LOKELMA PACK 5 GM	68	LUMAKRAS TABS 320 MG	27
LONHALA MAGNAIR REFILL KIT SOLN 25 MCG/ML.....	34	LUMIZYME SOLR 50 MG	70
LONSURF TABS 15-6.14 MG	27	LUMOXITI SOLR 1 MG.....	27
LONSURF TABS 20-8.19 MG	27	LUNSUMIO SOLN 1 MG/ML.....	27
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> ...	19	LUNSUMIO SOLN 30 MG/30ML.....	27
<i>lopinavir-ritonavir tabs 100-25 mg</i>	19	LUPRON DEPOT (1-MONTH) KIT 3.75 MG	27
<i>lopinavir-ritonavir tabs 200-50 mg</i>	19	.....	27
LOQTORZI SOLN 240 MG/6ML	27	LUPRON DEPOT (1-MONTH) KIT 7.5 MG	27
<i>lorazepam intensol conc 2 mg/ml</i>	56	.....	27
LORAZEPAM SOLN 2 MG/ML	56	LUPRON DEPOT (3-MONTH) KIT 11.25 MG	27
LORAZEPAM SOLN 4 MG/ML	56	.....	27
<i>lorazepam tabs 0.5 mg</i>	56	LUPRON DEPOT (3-MONTH) KIT 22.5 MG	28
<i>lorazepam tabs 1 mg</i>	56	.....	28
<i>lorazepam tabs 2 mg</i>	56	LUPRON DEPOT (4-MONTH) KIT 30 MG	28
LORBRENA TABS 100 MG.....	27	.....	28
LORBRENA TABS 25 MG.....	27	LUPRON DEPOT (6-MONTH) KIT 45 MG	28
LORTAB ELIX 10-300 MG/15ML.....	47	.....	28
<i>losartan potassium tabs 100 mg</i>	44	LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG.....	28
<i>losartan potassium tabs 25 mg</i>	44	.....	28
<i>losartan potassium tabs 50 mg</i>	44	LUPRON DEPOT-PED (1-MONTH) KIT 15 MG	28
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	44	.....	28
.....	44	LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	28
<i>losartan potassium-hctz tabs 100-25 mg</i> .	44	.....	28
<i>losartan potassium-hctz tabs 50-12.5 mg</i> .	44	LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG.....	28
<i>lovastatin tabs 10 mg</i>	39	.....	28
<i>lovastatin tabs 20 mg</i>	39	LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	28
<i>lovastatin tabs 40 mg</i>	39	.....	28
LOVENOX SOLN 300 MG/3ML	37	LUPRON DEPOT-PED (6-MONTH) KIT 45 MG	28
LOVENOX SOSY 100 MG/ML.....	37	.....	28
		<i>lurasidone hcl tabs 120 mg</i>	63
		<i>lurasidone hcl tabs 20 mg</i>	63
		<i>lurasidone hcl tabs 40 mg</i>	63
		<i>lurasidone hcl tabs 60 mg</i>	63

<i>lurasidone hcl tabs 80 mg</i>	63
<i>lutera tabs 0.1-20 mg-mcg</i>	77
LYBALVI TABS 10-10 MG.....	63
LYBALVI TABS 15-10 MG.....	63
LYBALVI TABS 20-10 MG.....	63
LYBALVI TABS 5-10 MG.....	63
LYMEPAK TABS 100 MG.....	14
LYNPARZA TABS 100 MG.....	28
LYNPARZA TABS 150 MG.....	28
LYSODREN TABS 500 MG.....	28
LYTGOBI (12 MG DAILY DOSE) TBPK 4 MG.....	28
LYTGOBI (16 MG DAILY DOSE) TBPK 4 MG.....	28
LYTGOBI (20 MG DAILY DOSE) TBPK 4 MG.....	28

M

<i>magnesium sulfate in d5w soln 1-5 gm/100ml-%</i>	69
<i>magnesium sulfate soln 4 gm/50ml</i>	52
<i>magnesium sulfate soln 50 %</i>	52
<i>malathion lotn 0.5 %</i>	96
MANNITOL SOLN 20 %.....	68
MANNITOL SOLN 25 %.....	68
<i>maraviroc tabs 150 mg</i>	19
<i>maraviroc tabs 300 mg</i>	19
MARGENZA SOLN 250 MG/10ML.....	28
MARPLAN TABS 10 MG.....	63
MATULANE CAPS 50 MG.....	28
MAVENCLAD (5 TABS) TBPK 10 MG.....	87
MAVENCLAD (7 TABS) TBPK 10 MG.....	87
MAVYRET PACK 50-20 MG.....	19
MAVYRET TABS 100-40 MG.....	19
MAYZENT TABS 2 MG.....	58
<i>meclizine hcl tabs 25 mg</i>	74
MECLOFENAMATE SODIUM CAPS 100 MG.....	47
MECLOFENAMATE SODIUM CAPS 50 MG	47
MEDROL TABS 2 MG.....	76
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	81
MEDROXYPROGESTERONE ACETATE SUSY 150 MG/ML.....	81
<i>medroxyprogesterone acetate tabs 10 mg</i>	81
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	81
<i>medroxyprogesterone acetate tabs 5 mg</i>	81

<i>mefenamic acid caps 250 mg</i>	47
<i>mefloquine hcl tabs 250 mg</i>	17
<i>megestrol acetate susp 40 mg/ml</i>	28
<i>megestrol acetate tabs 20 mg</i>	28
<i>megestrol acetate tabs 40 mg</i>	28
MEKINIST SOLR 0.05 MG/ML.....	28
MEKINIST TABS 0.5 MG.....	28
MEKINIST TABS 2 MG.....	28
MEKTOVI TABS 15 MG.....	28
<i>meloxicam tabs 15 mg</i>	47
<i>meloxicam tabs 7.5 mg</i>	47
<i>melphalan hcl solr 50 mg</i>	28
<i>memantine hcl soln 2 mg/ml</i>	57
<i>memantine hcl tabs 10 mg</i>	57
MEMANTINE HCL TABS 28 x 5 MG & 21 X 10 MG.....	57
<i>memantine hcl tabs 5 mg</i>	57
MENACTRA SOLN.....	95
MENQUADFI SOLN.....	95
MENVEO SOLR.....	95
<i>mercaptapurine tabs 50 mg</i>	28
<i>meropenem solr 1 gm</i>	14
<i>meropenem solr 500 mg</i>	14
<i>merzee caps 1-20 mg-mcg(24)</i>	78
<i>mesalamine enem 4 gm</i>	73
<i>mesalamine er cpcr 500 mg</i>	73
<i>mesalamine supp 1000 mg</i>	73
<i>mesalamine tbec 1.2 gm</i>	73
<i>mesna soln 100 mg/ml</i>	88
MESNEX TABS 400 MG.....	88
<i>metformin hcl er tb24 500 mg</i>	79
<i>metformin hcl er tb24 750 mg</i>	79
<i>metformin hcl tabs 1000 mg</i>	79
<i>metformin hcl tabs 500 mg</i>	79
<i>metformin hcl tabs 850 mg</i>	79
<i>methadone hcl conc 10 mg/ml</i>	47
<i>methadone hcl intensol conc 10 mg/ml</i>	47
METHADONE HCL SOLN 5 MG/5ML.....	47
<i>methadone hcl tabs 10 mg</i>	47
<i>methadone hcl tabs 5 mg</i>	47
<i>methazolamide tabs 25 mg</i>	72
<i>methazolamide tabs 50 mg</i>	72
<i>methenamine hippurate tabs 1 gm</i>	20
<i>methergine tabs 0.2 mg</i>	80
<i>methimazole tabs 10 mg</i>	82
<i>methimazole tabs 5 mg</i>	82
METHITEST TABS 10 MG.....	77
<i>methocarbamol tabs 500 mg</i>	35
<i>methocarbamol tabs 750 mg</i>	35
<i>methotrexate sodium (pf) soln 1 gm/40ml</i>	28

<i>methotrexate sodium (pf) soln 250 mg/10ml</i>		<i>methylphenidate hcl tabs 5 mg</i>	49
.....	28	<i>methylprednisolone acetate susp 40 mg/ml</i>	
<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	28	.....	76
METHOTREXATE SODIUM SOLN 250		<i>methylprednisolone acetate susp 80 mg/ml</i>	
MG/10ML	28	.....	76
METHOTREXATE SODIUM SOLN 50		<i>methylprednisolone sodium succ solr 1000</i>	
MG/2ML	28	mg	76
<i>methotrexate sodium solr 1 gm</i>	28	<i>methylprednisolone sodium succ solr 125</i>	
<i>methotrexate sodium tabs 2.5 mg</i>	28	mg	76
METHOXSALEN RAPID CAPS 10 MG ...	99	<i>methylprednisolone sodium succ solr 40 mg</i>	
METHYLDOPA TABS 500 MG	43	.....	76
<i>methylergonovine maleate soln 0.2 mg/ml</i>		<i>methylprednisolone tabs 16 mg</i>	76
.....	80	<i>methylprednisolone tabs 32 mg</i>	76
<i>methylergonovine maleate tabs 0.2 mg</i> ...	80	<i>methylprednisolone tabs 4 mg</i>	76
<i>methylphenidate hcl chew 2.5 mg</i>	49	<i>methylprednisolone tabs 8 mg</i>	76
METHYLPHENIDATE HCL ER (CD) CPR		<i>methylprednisolone tbpk 4 mg</i>	76
10 MG	49	<i>methyltestosterone caps 10 mg</i>	77
METHYLPHENIDATE HCL ER (CD) CPR		<i>metoclopramide hcl soln 5 mg/5ml</i>	74
20 MG	49	<i>metoclopramide hcl soln 5 mg/ml</i>	75
METHYLPHENIDATE HCL ER (CD) CPR		<i>metoclopramide hcl tabs 10 mg</i>	75
30 MG	49	<i>metoclopramide hcl tabs 5 mg</i>	75
METHYLPHENIDATE HCL ER (CD) CPR		<i>metolazone tabs 10 mg</i>	68
40 MG	49	<i>metolazone tabs 2.5 mg</i>	68
METHYLPHENIDATE HCL ER (CD) CPR		<i>metolazone tabs 5 mg</i>	68
50 MG	49	<i>metoprolol succinate er tb24 100 mg</i>	40
METHYLPHENIDATE HCL ER (CD) CPR		<i>metoprolol succinate er tb24 200 mg</i>	40
60 MG	49	<i>metoprolol succinate er tb24 25 mg</i>	40
<i>methylphenidate hcl er (osm) tbc 18 mg</i>	49	<i>metoprolol succinate er tb24 50 mg</i>	40
<i>methylphenidate hcl er (osm) tbc 27 mg</i>	49	<i>metoprolol tartrate soln 5 mg/5ml</i>	40
<i>methylphenidate hcl er (osm) tbc 36 mg</i>	49	<i>metoprolol tartrate tabs 100 mg</i>	40
<i>methylphenidate hcl er (osm) tbc 54 mg</i>	49	<i>metoprolol tartrate tabs 25 mg</i>	40
METHYLPHENIDATE HCL ER (XR) CP24		<i>metoprolol tartrate tabs 50 mg</i>	41
10 MG	49	<i>metoprolol-hydrochlorothiazide tabs 100-50</i>	
METHYLPHENIDATE HCL ER (XR) CP24		mg	41
15 MG	49	<i>metronidazole caps 375 mg</i>	17
METHYLPHENIDATE HCL ER (XR) CP24		<i>metronidazole crea 0.75 %</i>	96
20 MG	49	<i>metronidazole gel 0.75 %</i>	96
METHYLPHENIDATE HCL ER (XR) CP24		METRONIDAZOLE LOTN 0.75 %.....	96
30 MG	49	<i>metronidazole soln 500 mg/100ml</i>	17
METHYLPHENIDATE HCL ER (XR) CP24		<i>metronidazole tabs 250 mg</i>	17
40 MG	49	<i>metronidazole tabs 500 mg</i>	17
METHYLPHENIDATE HCL ER (XR) CP24		METYROSINE CAPS 250 MG	39
50 MG	49	<i>mexiletine hcl caps 150 mg</i>	43
METHYLPHENIDATE HCL ER (XR) CP24		<i>mexiletine hcl caps 200 mg</i>	43
60 MG	49	<i>mexiletine hcl caps 250 mg</i>	43
<i>methylphenidate hcl er tbc 10 mg</i>	49	<i>microgestin 1/20 tabs 1-20 mg-mcg</i>	78
<i>methylphenidate hcl er tbc 20 mg</i>	49	<i>microgestin 24 fe tabs 1-20 mg-mcg</i>	78
<i>methylphenidate hcl soln 5 mg/5ml</i>	49	<i>microgestin fe 1.5/30 tabs 1.5-30 mg-mcg</i>	
<i>methylphenidate hcl tabs 10 mg</i>	49	.....	78
<i>methylphenidate hcl tabs 20 mg</i>	49	<i>microgestin fe 1/20 tabs 1-20 mg-mcg</i>	78

<i>midazolam hcl (pf) soln 10 mg/2ml</i>	56	MOLINDONE HCL TABS 10 MG	63
<i>midazolam hcl (pf) soln 2 mg/2ml</i>	56	MOLINDONE HCL TABS 25 MG	63
<i>midazolam hcl (pf) soln 5 mg/ml</i>	56	MOLINDONE HCL TABS 5 MG	63
<i>midazolam hcl soln 10 mg/2ml</i>	56	<i>mometasone furoate crea 0.1 %</i>	97
<i>midazolam hcl soln 2 mg/2ml</i>	56	<i>mometasone furoate oint 0.1 %</i>	97
<i>midazolam hcl soln 25 mg/5ml</i>	56	<i>mometasone furoate soln 0.1 %</i>	97
<i>midazolam hcl soln 5 mg/5ml</i>	56	<i>mometasone furoate susp 50 mcg/act</i>	72
<i>midazolam hcl soln 5 mg/ml</i>	56	MONJUVI SOLR 200 MG	28
<i>midazolam hcl soln 50 mg/10ml</i>	56	<i>montelukast sodium chew 4 mg</i>	91
<i>midodrine hcl tabs 10 mg</i>	36	<i>montelukast sodium chew 5 mg</i>	91
<i>midodrine hcl tabs 2.5 mg</i>	36	<i>montelukast sodium pack 4 mg</i>	91
<i>midodrine hcl tabs 5 mg</i>	36	<i>montelukast sodium tabs 10 mg</i>	91
MIEBO SOLN 1.338 GM/ML.....	73	<i>morphine sulfate (concentrate) soln 100</i>	
MIFEPREX TABS 200 MG	80	<i>mg/5ml</i>	47
<i>mifepristone tabs 200 mg</i>	80	<i>morphine sulfate er tbc 100 mg</i>	47
<i>mifepristone tabs 300 mg</i>	79	<i>morphine sulfate er tbc 15 mg</i>	47
<i>miglustat caps 100 mg</i>	70	<i>morphine sulfate er tbc 200 mg</i>	47
<i>millipred tabs 5 mg</i>	76	<i>morphine sulfate er tbc 30 mg</i>	47
<i>milrinone lactate in dextrose soln 20-5</i>		<i>morphine sulfate er tbc 60 mg</i>	47
<i>mg/100ml-%</i>	43	<i>morphine sulfate soln 10 mg/5ml</i>	47
<i>milrinone lactate in dextrose soln 40-5</i>		MORPHINE SULFATE SOLN 20 MG/5ML	
<i>mg/200ml-%</i>	43	.....	47
<i>milrinone lactate soln 10 mg/10ml</i>	43	<i>morphine sulfate tabs 15 mg</i>	47
<i>minocycline hcl caps 100 mg</i>	14	<i>morphine sulfate tabs 30 mg</i>	47
<i>minocycline hcl caps 50 mg</i>	14	MOTPOLY XR CP24 100 MG	52
<i>minocycline hcl caps 75 mg</i>	14	MOTPOLY XR CP24 150 MG	52
<i>minocycline hcl tabs 100 mg</i>	14	MOTPOLY XR CP24 200 MG	52
<i>minoxidil tabs 10 mg</i>	44	MOVANTIK TABS 25 MG	75
<i>minoxidil tabs 2.5 mg</i>	44	MOXIFLOXACIN HCL IN NAACL SOLN 400	
<i>mirabegron er tb24 25 mg</i>	100	<i>MG/250ML</i>	14
<i>mirabegron er tb24 50 mg</i>	100	<i>moxifloxacin hcl soln 0.5 %</i>	71
MIRENA (52 MG) IUD 20 MCG/DAY	78	<i>moxifloxacin hcl tabs 400 mg</i>	14
<i>mirtazapine tabs 15 mg</i>	63	MOZOBIL SOLN 24 MG/1.2ML.....	38
<i>mirtazapine tabs 30 mg</i>	63	MRESVIA SUSY 50 MCG/0.5ML	95
<i>mirtazapine tabs 45 mg</i>	63	MULTAQ TABS 400 MG	43
<i>mirtazapine tabs 7.5 mg</i>	63	<i>mupirocin calcium crea 2 %</i>	96
<i>mirtazapine tbdp 15 mg</i>	63	<i>mupirocin oint 2 %</i>	96
<i>mirtazapine tbdp 30 mg</i>	63	<i>mutamycin solr 20 mg</i>	28
<i>mirtazapine tbdp 45 mg</i>	63	<i>mutamycin solr 40 mg</i>	28
<i>misoprostol tabs 100 mcg</i>	74	<i>mutamycin solr 5 mg</i>	28
<i>misoprostol tabs 200 mcg</i>	74	MVASI SOLN 100 MG/4ML.....	28
<i>mitomycin solr 20 mg</i>	28	MVASI SOLN 400 MG/16ML.....	28
<i>mitomycin solr 40 mg</i>	28	<i>mycophenolate mofetil caps 250 mg</i>	87
<i>mitomycin solr 5 mg</i>	28	<i>mycophenolate mofetil hcl solr 500 mg</i>	87
<i>mitoxantrone hcl conc 20 mg/10ml</i>	28	<i>mycophenolate mofetil susr 200 mg/ml</i>	87
<i>mitoxantrone hcl conc 25 mg/12.5ml</i>	28	<i>mycophenolate mofetil tabs 500 mg</i>	87
<i>mitoxantrone hcl conc 30 mg/15ml</i>	28	<i>mycophenolate sodium tbec 180 mg</i>	87
M-M-R II SOLR.....	95	<i>mycophenolate sodium tbec 360 mg</i>	87
<i>modafinil tabs 100 mg</i>	49	MYHIBBIN SUSP 200 MG/ML	87
<i>modafinil tabs 200 mg</i>	49	MYLOTARG SOLR 4.5 MG.....	28

MYRBETRIQ TB24 25 MG	100
MYRBETRIQ TB24 50 MG	100

N

NABI-HB SOLN 312 UNIT/ML	94
<i>nabumetone tabs 500 mg</i>	47
<i>nabumetone tabs 750 mg</i>	47
<i>nadolol tabs 20 mg</i>	41
<i>nadolol tabs 40 mg</i>	41
<i>nadolol tabs 80 mg</i>	41
<i>nafcillin sodium solr 1 gm</i>	14
<i>nafcillin sodium solr 10 gm</i>	14
<i>nafcillin sodium solr injection 2 gm</i>	14
NAFCILLIN SODIUM SOLR	
INTRAVENOUS 2 GM	14
<i>nafrinse chew 2.2 (1 f) mg</i>	88
NAFRINSE DROPS SOLN 0.275 (0.125 F)	
MG/DROP	88
NAGLAZYME SOLN 1 MG/ML	70
<i>nalbuphine hcl soln 10 mg/ml</i>	47
<i>nalbuphine hcl soln 20 mg/ml</i>	47
<i>naloxone hcl liqd 4 mg/0.1ml</i>	59
NALOXONE HCL SOCT 0.4 MG/ML	59
<i>naloxone hcl soln 0.4 mg/ml</i>	59
<i>naloxone hcl soln 4 mg/10ml</i>	59
<i>naloxone hcl sosy 2 mg/2ml</i>	59
<i>naltrexone hcl tabs 50 mg</i>	59
<i>naproxen susp 125 mg/5ml</i>	47
<i>naproxen tabs 250 mg</i>	47
<i>naproxen tabs 375 mg</i>	47
<i>naproxen tabs 500 mg</i>	47
<i>naproxen tbec 375 mg</i>	47
<i>naratriptan hcl tabs 1 mg</i>	53
<i>naratriptan hcl tabs 2.5 mg</i>	53
NARCAN LIQD 4 MG/0.1ML	59
NATACYN SUSP 5 %	71
<i>nateglinide tabs 120 mg</i>	79
<i>nateglinide tabs 60 mg</i>	79
NAYZILAM SOLN 5 MG/0.1ML	52
<i>nebivolol hcl tabs 10 mg</i>	41
<i>nebivolol hcl tabs 2.5 mg</i>	41
<i>nebivolol hcl tabs 20 mg</i>	41
<i>nebivolol hcl tabs 5 mg</i>	41
<i>necon 0.5/35 (28) tabs 0.5-35 mg-mcg</i>	78
NEFAZODONE HCL TABS 100 MG	63
NEFAZODONE HCL TABS 150 MG	63
NEFAZODONE HCL TABS 200 MG	63
NEFAZODONE HCL TABS 250 MG	63
NEFAZODONE HCL TABS 50 MG	63
<i>nelarabine soln 5 mg/ml</i>	28

NEMBUTAL SOLN 50 MG/ML	56
NEMLUVIO AUIJ 30 MG	97
<i>neomycin sulfate tabs 500 mg</i>	14
<i>neomycin-bacitracin zn-polymyx oint 5-400-10000</i>	71
NEOMYCIN-POLYMYXIN B GU SOLN 40-200000	96
NEOMYCIN-POLYMYXIN-DEXAMETH	
OINT 3.5-10000-0.1	72
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	72
NEOMYCIN-POLYMYXIN-GRAMICIDIN	
SOLN 1.75-10000-.025	71
NEOMYCIN-POLYMYXIN-HC	
OPHTHALMIC SUSP 3.5-10000-1	72
<i>neomycin-polymyxin-hc otic susp 3.5-10000-1</i>	72
<i>neomycin-polymyxin-hc soln 1 %</i>	72
NERLYNX TABS 40 MG	28
NEULASTA ONPRO PSKT 6 MG/0.6ML	38
NEVIRAPINE ER TB24 100 MG	19
<i>nevirapine er tb24 400 mg</i>	19
NEVIRAPINE SUSP 50 MG/5ML	19
<i>nevirapine tabs 200 mg</i>	19
NEXPLANON IMPL 68 MG	78
NEXVIAZYME SOLR 100 MG	70
NGENLA SOPN 24 MG/1.2ML	81
NGENLA SOPN 60 MG/1.2ML	81
<i>niacin er (antihyperlipidemic) tbcr 500 mg</i>	40
NIACOR TABS 500 MG	40
NICARDIPINE HCL SOLN 2.5 MG/ML	42
NICOTROL INHA 10 MG	34
<i>nifedipine caps 10 mg</i>	42
<i>nifedipine caps 20 mg</i>	42
<i>nifedipine er osmotic release tb24 30 mg</i>	42
<i>nifedipine er osmotic release tb24 60 mg</i>	42
<i>nifedipine er osmotic release tb24 90 mg</i>	42
<i>nifedipine er tb24 30 mg</i>	42
<i>nifedipine er tb24 60 mg</i>	42
<i>nifedipine er tb24 90 mg</i>	42
<i>nikki tabs 3-0.02 mg</i>	78
<i>nilutamide tabs 150 mg</i>	28
<i>nimodipine caps 30 mg</i>	42
NINLARO CAPS 2.3 MG	28
NINLARO CAPS 3 MG	28
NINLARO CAPS 4 MG	28
NITAZOXANIDE TABS 500 MG	17
NITRO-BID OINT 2 %	45
NITRO-DUR PT24 0.3 MG/HR	45
NITRO-DUR PT24 0.8 MG/HR	45

<i>nitrofurantoin macrocrystal caps 100 mg</i> . 20	
<i>nitrofurantoin macrocrystal caps 25 mg</i> ... 20	
<i>nitrofurantoin macrocrystal caps 50 mg</i> ... 20	
<i>nitrofurantoin monohyd macro caps 100 mg</i> 20	
<i>nitrofurantoin susp 25 mg/5ml</i> 21	
NITROFURANTOIN SUSP 50 MG/5ML .. 21	
<i>nitroglycerin oint 0.4 %</i> 99	
<i>nitroglycerin pt24 0.1 mg/hr</i> 45	
<i>nitroglycerin pt24 0.2 mg/hr</i> 45	
<i>nitroglycerin pt24 0.4 mg/hr</i> 45	
<i>nitroglycerin pt24 0.6 mg/hr</i> 45	
<i>nitroglycerin soln 0.4 mg/spray</i> 45	
NITROGLYCERIN SOLN 5 MG/ML..... 45	
<i>nitroglycerin subl 0.3 mg</i> 45	
<i>nitroglycerin subl 0.4 mg</i> 45	
<i>nitroglycerin subl 0.6 mg</i> 45	
<i>nitroprusside sodium soln 25 mg/ml</i> 44	
NIVESTYM SOLN 300 MCG/ML 38	
NIVESTYM SOLN 480 MCG/1.6ML 38	
NIVESTYM SOSY 300 MCG/0.5ML 38	
NIVESTYM SOSY 480 MCG/0.8ML 38	
NORA-BE TABS 0.35 MG 78	
NORDITROPIN FLEXPPO SOPN 10 MG/1.5ML 81	
NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML 81	
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML 81	
<i>norepinephrine bitartrate soln 1 mg/ml</i> 36	
<i>norethin ace-eth estrad-fe chew 1-20 mg- mcg(24)</i> 78	
<i>norethindrone acetate tabs 5 mg</i> 81	
<i>norethindrone tabs 0.35 mg</i> 78	
NORPACE CR CP12 100 MG 43	
NORPACE CR CP12 150 MG 43	
<i>nortrel 0.5/35 (28) tabs 0.5-35 mg-mcg</i> 78	
<i>nortrel 1/35 (21) tabs 1-35 mg-mcg</i> 78	
<i>nortrel 1/35 (28) tabs 1-35 mg-mcg</i> 78	
<i>nortrel 7/7/7 tabs 0.5/0.75/1-35 mg-mcg</i> .. 78	
<i>nortriptyline hcl caps 10 mg</i> 63	
<i>nortriptyline hcl caps 25 mg</i> 63	
<i>nortriptyline hcl caps 50 mg</i> 63	
<i>nortriptyline hcl caps 75 mg</i> 63	
<i>nortriptyline hcl soln 10 mg/5ml</i> 63	
NORVIR CAPS 100 MG 19	
NORVIR PACK 100 MG 19	
NORVIR SOLN 80 MG/ML 19	
NOURIANZ TABS 20 MG 57	
NOURIANZ TABS 40 MG 57	

NPLATE SOLR 125 MCG .....38	
NUBEQA TABS 300 MG .....28	
NUCALA SOAJ 100 MG/ML..... 91	
NUCALA SOSY 100 MG/ML 91	
NUCALA SOSY 40 MG/0.4ML 91	
NUCYNTA ER TB12 200 MG.....47	
NUCYNTA TABS 100 MG .....47	
NUDEXTA CAPS 20-10 MG 57	
NULIBRY SOLR 9.5 MG 88	
NULOJIX SOLR 250 MG 87	
NUPLAZID CAPS 34 MG .....63	
NUPLAZID TABS 10 MG 63	
NURTEC TBDP 75 MG .....53	
NUZYRA TABS 150 MG 14	
<i>nylia 1/35 tabs 1-35 mg-mcg</i> 78	
NYMALIZE SOLN 6 MG/ML .....42	
<i>nystatin crea 100000 unit/gm</i> 96	
<i>nystatin oint 100000 unit/gm</i> 96	
<i>nystatin powd 100000 unit/gm</i> 96	
<i>nystatin susp 100000 unit/ml</i> 16	
<i>nystatin tabs 500000 unit</i> 16	
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i> 97	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i> 97	
<i>nystop powd 100000 unit/gm</i> 96	

O

OCALIVA TABS 10 MG .....75	
OCALIVA TABS 5 MG 75	
OCELLA TABS 3-0.03 MG..... 78	
OCREVUS SOLN 300 MG/10ML .....58	
OCTAGAM SOLN 1 GM/20ML..... 94	
<i>octreotide acetate soln 100 mcg/ml</i> 81	
<i>octreotide acetate soln 1000 mcg/ml</i> 81	
<i>octreotide acetate soln 200 mcg/ml</i> 81	
<i>octreotide acetate soln 50 mcg/ml</i> 81	
<i>octreotide acetate soln 500 mcg/ml</i> 81	
ODACTRA SUBL 12 SQ-HDM..... 88	
ODEFSEY TABS 200-25-25 MG 19	
ODOMZO CAPS 200 MG 29	
OFEV CAPS 100 MG 92	
OFEV CAPS 150 MG 92	
<i>ofloxacin ophthalmic soln 0.3 %</i> 71	
<i>ofloxacin otic soln 0.3 %</i> 71	
OGIVRI SOLR 150 MG 29	
OGIVRI SOLR 420 MG 29	
OGSIVEO TABS 100 MG 29	
OGSIVEO TABS 150 MG 29	
OGSIVEO TABS 50 MG 29	

OHTUVAYRE SUSP 3 MG/2.5ML.....	92	<i>ondansetron tbdp 4 mg</i>	74
OJEMDA SUSR 25 MG/ML	29	<i>ondansetron tbdp 8 mg</i>	74
OJEMDA TABS 100 MG	29	ONIVYDE INJ 43 MG/10ML	29
OJJAARA TABS 100 MG	29	ONPATTRO SOLN 10 MG/5ML	88
OJJAARA TABS 150 MG	29	ONTRUZANT SOLR 150 MG.....	29
OJJAARA TABS 200 MG	29	ONTRUZANT SOLR 420 MG.....	29
<i>olanzapine solr 10 mg</i>	63	ONUREG TABS 200 MG	29
<i>olanzapine tabs 10 mg</i>	63	ONUREG TABS 300 MG	29
<i>olanzapine tabs 15 mg</i>	63	OPDIVO SOLN 100 MG/10ML.....	29
<i>olanzapine tabs 2.5 mg</i>	63	OPDIVO SOLN 120 MG/12ML.....	29
<i>olanzapine tabs 20 mg</i>	63	OPDIVO SOLN 240 MG/24ML.....	29
<i>olanzapine tabs 5 mg</i>	63	OPDIVO SOLN 40 MG/4ML.....	29
<i>olanzapine tabs 7.5 mg</i>	63	OPDUALAG SOLN 240-80 MG/20ML.....	29
<i>olanzapine tbdp 10 mg</i>	63	OPSYNVI TABS 10-20 MG	93
<i>olanzapine tbdp 15 mg</i>	63	OPSYNVI TABS 10-40 MG	93
<i>olanzapine tbdp 20 mg</i>	63	OPZELURA CREA 1.5 %.....	99
<i>olanzapine tbdp 5 mg</i>	63	ORBACTIV SOLR 400 MG	14
<i>olanzapine-fluoxetine hcl caps 12-25 mg</i>	63	ORENCIA CLICKJECT SOAJ 125 MG/ML	85
<i>olanzapine-fluoxetine hcl caps 12-50 mg</i>	63	.....	85
<i>olanzapine-fluoxetine hcl caps 3-25 mg</i>	63	ORENCIA SOLR 250 MG	85
<i>olanzapine-fluoxetine hcl caps 6-25 mg</i>	63	ORENCIA SOSY 125 MG/ML	85
<i>olanzapine-fluoxetine hcl caps 6-50 mg</i>	63	ORENCIA SOSY 50 MG/0.4ML	85
OLPRUVA (2 GM DOSE) THPK 2 GM	67	ORENCIA SOSY 87.5 MG/0.7ML	85
OLPRUVA (3 GM DOSE) THPK 3 GM	67	ORENITRAM TBCR 0.25 MG	93
OLPRUVA (4 GM DOSE) THPK 2 & 2 GM	67	ORENITRAM TBCR 1 MG	93
.....	67	ORENITRAM TBCR 2.5 MG	93
OLPRUVA (5 GM DOSE) THPK 2 & 3 GM	67	ORENITRAM TBCR 5 MG	93
.....	67	ORGOVYX TABS 120 MG	80
OLPRUVA (6 GM DOSE) THPK 3 & 3 GM	67	ORLISSA TABS 150 MG	80
.....	67	ORLISSA TABS 200 MG	80
OLPRUVA (6.67 GM DOSE) THPK 3 &	67	ORKAMBI PACK 100-125 MG	91
3.67 GM	67	ORKAMBI PACK 150-188 MG	91
OLUMIANT TABS 1 MG	85	ORKAMBI PACK 75-94 MG	91
OLUMIANT TABS 2 MG	85	ORKAMBI TABS 100-125 MG	91
<i>omega-3-acid ethyl esters caps 1 gm</i>	40	ORKAMBI TABS 200-125 MG	91
<i>omeprazole cpdr 10 mg</i>	74	ORLADEYO CAPS 150 MG.....	88
<i>omeprazole cpdr 20 mg</i>	74	<i>ormarvi tabs 50 mg</i>	88
<i>omeprazole cpdr 40 mg</i>	74	ORSERDU TABS 345 MG	29
OMNITROPE SOCT 10 MG/1.5ML	81	ORSERDU TABS 86 MG	29
OMNITROPE SOCT 5 MG/1.5ML	81	ORTIKOS CP24 6 MG	76
OMNITROPE SOLR 5.8 MG.....	81	ORTIKOS CP24 9 MG	76
OMVOH SOAJ 100 MG/ML	75	<i>oseltamivir phosphate caps 30 mg</i>	19
OMVOH SOLN 300 MG/15ML.....	75	<i>oseltamivir phosphate caps 45 mg</i>	19
OMVOH SOSY 100 MG/ML	75	<i>oseltamivir phosphate caps 75 mg</i>	19
<i>ondansetron hcl soln 4 mg/2ml</i>	74	<i>oseltamivir phosphate susr 6 mg/ml</i>	19
<i>ondansetron hcl soln 4 mg/5ml</i>	74	OSMITROL SOLN 20 %	68
<i>ondansetron hcl soln 40 mg/20ml</i>	74	OTEZLA TABS 20 MG	85
ONDANSETRON HCL SOSY 4 MG/2ML	74	OTEZLA TABS 30 MG	85
<i>ondansetron hcl tabs 4 mg</i>	74	OTEZLA TBPK 10 & 20 & 30 MG	85
<i>ondansetron hcl tabs 8 mg</i>	74	OTEZLA TBPK 4 x 10 & 51 x20 MG	85

OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML	14
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML	15
<i>oxacillin sodium solr 1 gm</i>	15
<i>oxacillin sodium solr 2 gm</i>	15
OXALIPLATIN SOLN 100 MG/20ML	29
<i>oxaliplatin soln 50 mg/10ml</i>	29
<i>oxaliplatin solr 100 mg</i>	29
<i>oxaliplatin solr 50 mg</i>	29
OXAPROZIN CAPS 300 MG	47
OXAYDO TABS 5 MG	47
<i>oxazepam caps 10 mg</i>	56
<i>oxazepam caps 15 mg</i>	56
<i>oxazepam caps 30 mg</i>	56
OXBRYTA TABS 500 MG	36
<i>oxcarbazepine susp 300 mg/5ml</i>	52
<i>oxcarbazepine tabs 150 mg</i>	52
<i>oxcarbazepine tabs 300 mg</i>	52
<i>oxcarbazepine tabs 600 mg</i>	52
OXERVATE SOLN 0.002 %	73
OXLUMO SOLN 94.5 MG/0.5ML.....	88
<i>oxybutynin chloride er tb24 10 mg</i>	100
<i>oxybutynin chloride er tb24 15 mg</i>	100
<i>oxybutynin chloride er tb24 5 mg</i>	100
<i>oxybutynin chloride soln 5 mg/5ml</i>	100
<i>oxybutynin chloride tabs 5 mg</i>	100
<i>oxycodone hcl conc 100 mg/5ml</i>	47
<i>oxycodone hcl soln 5 mg/5ml</i>	47
<i>oxycodone hcl tabs 10 mg</i>	47
<i>oxycodone hcl tabs 15 mg</i>	47
<i>oxycodone hcl tabs 20 mg</i>	47
<i>oxycodone hcl tabs 30 mg</i>	47
<i>oxycodone hcl tabs 5 mg</i>	47
OXYCODONE-ACETAMINOPHEN SOLN 10-300 MG/5ML	47
<i>oxycodone-acetaminophen tabs 10-325 mg</i>	47
<i>oxycodone-acetaminophen tabs 5-325 mg</i>	47
<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	47
OXYTOCIN SOLN 10 UNIT/ML	80
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/1.5ML	79
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML	79
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	79

OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	79
OZOBAX DS SOLN 10 MG/5ML.....	35

P

<i>paclitaxel conc 100 mg/16.7ml</i>	29
PACLITAXEL CONC 150 MG/25ML	29
<i>paclitaxel conc 30 mg/5ml</i>	29
<i>paclitaxel conc 300 mg/50ml</i>	29
PACLITAXEL PROTEIN-BOUND PART SUSR 100 MG.....	29
PADCEV SOLR 20 MG.....	29
PADCEV SOLR 30 MG.....	29
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG.....	89
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG.....	89
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG.....	89
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG.....	89
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG.....	89
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG.....	89
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG.....	89
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG.....	89
PALFORZIA (300 MG TITRATION) PACK 300 MG.....	89
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG.....	89
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG.....	89
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG.....	89
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG	89
<i>paliperidone er tb24 1.5 mg</i>	63
<i>paliperidone er tb24 3 mg</i>	63
<i>paliperidone er tb24 6 mg</i>	63
<i>paliperidone er tb24 9 mg</i>	64
PALYNZIQ SOSY 10 MG/0.5ML.....	70
PALYNZIQ SOSY 2.5 MG/0.5ML.....	70
PALYNZIQ SOSY 20 MG/ML.....	70
<i>pamidronate disodium soln 30 mg/10ml</i> ...83	
PAMIDRONATE DISODIUM SOLN 6 MG/ML.....	83
<i>pamidronate disodium soln 90 mg/10ml</i> ...83	

PANRETIN GEL 0.1 %	98	PEMETREXED SOLN 500 MG/20ML	30
PANTOPRAZOLE SODIUM SOLR 40 MG		PEMFEXY SOLN 500 MG/20ML.....	30
.....	74	PEMRYDI RTU SOLN 100 MG/10ML	30
<i>pantoprazole sodium tbec 20 mg</i>	74	PEMRYDI RTU SOLN 500 MG/50ML	30
<i>pantoprazole sodium tbec 40 mg</i>	74	PENBRAYA SUSR.....	95
PARAPLATIN SOLN 1000 MG/100ML ...	29	<i>penicillamine caps 250 mg</i>	75
PARICALCITOL SOLN 2 MCG/ML.....	100	<i>penicillamine tabs 250 mg</i>	75
<i>paroxetine hcl er tb24 12.5 mg</i>	64	PENICILLIN G POT IN DEXTROSE SOLN	
<i>paroxetine hcl er tb24 25 mg</i>	64	40000 UNIT/ML	15
<i>paroxetine hcl er tb24 37.5 mg</i>	64	PENICILLIN G POT IN DEXTROSE SOLN	
<i>paroxetine hcl susp 10 mg/5ml</i>	64	60000 UNIT/ML	15
<i>paroxetine hcl tabs 10 mg</i>	64	<i>penicillin g potassium solr 20000000 unit</i> .15	
<i>paroxetine hcl tabs 20 mg</i>	64	PENICILLIN G PROCAINE SUSP 600000	
<i>paroxetine hcl tabs 30 mg</i>	64	UNIT/ML	15
<i>paroxetine hcl tabs 40 mg</i>	64	PENICILLIN G SODIUM SOLR 5000000	
<i>paroxetine mesylate caps 7.5 mg</i>	64	UNIT	15
PAXLOVID (150/100) TBPk 10 x 150 MG &		PENICILLIN V POTASSIUM SOLR 125	
10 X 100MG	19	MG/5ML.....	15
PAXLOVID (300/100) TBPk 20 x 150 MG &		PENICILLIN V POTASSIUM SOLR 250	
10 X 100MG	19	MG/5ML.....	15
<i>pazopanib hcl tabs 200 mg</i>	29	<i>penicillin v potassium tabs 250 mg</i>	15
PEDIARIX SUSY	95	<i>penicillin v potassium tabs 500 mg</i>	15
PEDMARK SOLN 12.5 %	83	PENTACEL SUSR	95
PEDVAX HIB SUSP 7.5 MCG/0.5ML	95	<i>pentamidine isethionate solr inhalation 300</i>	
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i> .	74	<i>mg</i>	17
PEG-3350/ELECTROLYTES SOLR 236		<i>pentamidine isethionate solr injection 300</i>	
GM	74	<i>mg</i>	17
PEGASYS SOLN 180 MCG/ML.....	19	PENTASA CPCR 250 MG.....	73
PEGASYS SOSY 180 MCG/0.5ML	19	PENTASA CPCR 500 MG.....	73
PEMAZYRE TABS 13.5 MG.....	29	<i>pentoxifylline er tbc 400 mg</i>	37
PEMAZYRE TABS 4.5 MG.....	29	PERCOCET TABS 10-325 MG	47
PEMAZYRE TABS 9 MG.....	29	PERCOCET TABS 7.5-325 MG	48
PEMETREXED DISODIUM SOLN 1		PERJETA SOLN 420 MG/14ML.....	30
GM/40ML	29	<i>permethrin crea 5 %</i>	96
PEMETREXED DISODIUM SOLN 100		<i>perphenazine tabs 16 mg</i>	64
MG/4ML	29	<i>perphenazine tabs 2 mg</i>	64
PEMETREXED DISODIUM SOLN 500		<i>perphenazine tabs 4 mg</i>	64
MG/20ML	29	<i>perphenazine tabs 8 mg</i>	64
PEMETREXED DISODIUM SOLN 850		PERPHENAZINE-AMITRIPTYLINE TABS	
MG/34ML	29	2-10 MG	64
<i>pemetrexed disodium solr 100 mg</i>	29	PERPHENAZINE-AMITRIPTYLINE TABS	
<i>pemetrexed disodium solr 1000 mg</i>	29	2-25 MG	64
<i>pemetrexed disodium solr 500 mg</i>	29	PERPHENAZINE-AMITRIPTYLINE TABS	
<i>pemetrexed disodium solr 750 mg</i>	29	4-10 MG	64
PEMETREXED DITROMETHAMINE SOLR		PERPHENAZINE-AMITRIPTYLINE TABS	
100 MG	29	4-25 MG	64
PEMETREXED DITROMETHAMINE SOLR		PERPHENAZINE-AMITRIPTYLINE TABS	
500 MG	30	4-50 MG	64
PEMETREXED SOLN 1 GM/40ML.....	30	PERSERIS PRSY 120 MG.....	64
PEMETREXED SOLN 100 MG/4ML.....	30	PERSERIS PRSY 90 MG	64

PHENELZINE SULFATE TABS 15 MG ... 64	<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm</i> 15
<i>phenobarbital elix 20 mg/5ml</i> 56	<i>piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm</i> 15
<i>phenobarbital sodium soln 130 mg/ml</i> 56	PIQRAY (200 MG DAILY DOSE) TBPK 200 MG 30
<i>phenobarbital sodium soln 65 mg/ml</i> 56	PIQRAY (250 MG DAILY DOSE) TBPK 200 & 50 MG 30
<i>phenobarbital tabs 100 mg</i> 56	PIQRAY (300 MG DAILY DOSE) TBPK 2 x 150 MG 30
<i>phenobarbital tabs 15 mg</i> 56	<i>pirfenidone caps 267 mg</i> 92
<i>phenobarbital tabs 16.2 mg</i> 56	<i>pirfenidone tabs 267 mg</i> 92
<i>phenobarbital tabs 30 mg</i> 56	PIRFENIDONE TABS 534 MG 92
<i>phenobarbital tabs 32.4 mg</i> 56	<i>pirfenidone tabs 801 mg</i> 92
<i>phenobarbital tabs 60 mg</i> 56	<i>piroxicam caps 10 mg</i> 48
<i>phenobarbital tabs 64.8 mg</i> 56	<i>piroxicam caps 20 mg</i> 48
<i>phenobarbital tabs 97.2 mg</i> 56	PLASMA-LYTE 148 SOLN 69
<i>phenoxybenzamine hcl caps 10 mg</i> 35	PLASMA-LYTE A SOLN 69
<i>phenylephrine hcl (pressors) soln 10 mg/ml</i> 36	PLEGRIDY SOPN 125 MCG/0.5ML 58
PHENYLEPHRINE HCL SOLN 10 % 73	PLEGRIDY SOSY 125 MCG/0.5ML 58
PHENYLEPHRINE HCL SOLN 2.5 % 73	PLEGRIDY STARTER PACK SOPN 63 & 94 MCG/0.5ML 58
<i>phenytek caps 200 mg</i> 52	PLEGRIDY STARTER PACK SOSY 63 & 94 MCG/0.5ML 58
<i>phenytek caps 300 mg</i> 52	<i>plenamine soln 15 %</i> 67
<i>phenytoin chew 50 mg</i> 52	PLERIXAFOR SOLN 24 MG/1.2ML 38
<i>phenytoin sodium extended caps 100 mg</i> 52	PODOFILOX SOLN 0.5 % 99
<i>phenytoin sodium extended caps 200 mg</i> 52	POKONZA PACK 10 MEQ 69
<i>phenytoin sodium extended caps 300 mg</i> 52	POLIVY SOLR 140 MG 30
<i>phenytoin sodium soln 50 mg/ml</i> 52	POLIVY SOLR 30 MG 30
<i>phenytoin susp 125 mg/5ml</i> 52	POLOCAINE SOLN 1 % 89
PHESGO SOLN 60-60-2000 MG-MG-U/ML 30	POLOCAINE SOLN 2 % 89
PHESGO SOLN 80-40-2000 MG-MG-U/ML 30	POLOCAINE-MPF SOLN 1 % 89
PHOSLYRA SOLN 667 MG/5ML 69	POLOCAINE-MPF SOLN 1.5 % 89
PHOSPHOLINE IODIDE SOLR 0.125 % 72	POLOCAINE-MPF SOLN 2 % 89
PHYSIOLYTE SOLN 89	<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i> 71
PHYSIOSOL IRRIGATION SOLN 89	POMALYST CAPS 1 MG 30
PIASKY SOLN 340 MG/2ML 89	POMALYST CAPS 2 MG 30
PIFELTRO TABS 100 MG 19	POMALYST CAPS 3 MG 30
PILOCARPINE HCL SOLN 1 % 72	POMALYST CAPS 4 MG 30
PILOCARPINE HCL SOLN 2 % 72	POMBILITI SOLR 105 MG 70
PILOCARPINE HCL SOLN 4 % 72	<i>portia-28 tabs 0.15-30 mg-mcg</i> 78
<i>pilocarpine hcl tabs 5 mg</i> 35	PORTRAZZA SOLN 800 MG/50ML 30
PIMECROLIMUS CREA 1 % 99	<i>posaconazole susp 40 mg/ml</i> 16
PIMOZIDE TABS 1 MG 64	<i>posaconazole tbec 100 mg</i> 16
PIMOZIDE TABS 2 MG 64	<i>pot & sod cit-cit ac soln 550-500-334 mg/5ml</i> 67
<i>pioglitazone hcl tabs 15 mg</i> 79	POTASSIUM ACETATE SOLN 2 MEQ/ML 69
<i>pioglitazone hcl tabs 30 mg</i> 79	
<i>pioglitazone hcl tabs 45 mg</i> 79	
<i>piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm</i> 15	
<i>piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm</i> 15	

<i>potassium chloride crys er tbc</i> 10 meq ...	69	<i>pravastatin sodium tabs</i> 10 mg	40
<i>potassium chloride crys er tbc</i> 20 meq ...	69	<i>pravastatin sodium tabs</i> 20 mg	40
<i>potassium chloride er cpcr</i> 10 meq	69	<i>pravastatin sodium tabs</i> 40 mg	40
<i>potassium chloride er cpcr</i> 8 meq	69	<i>pravastatin sodium tabs</i> 80 mg	40
<i>potassium chloride er tbc</i> 10 meq	69	<i>praziquantel tabs</i> 600 mg	11
<i>potassium chloride er tbc</i> 20 meq	69	<i>prazosin hcl caps</i> 1 mg	39
POTASSIUM CHLORIDE ER TBCR 8 MEQ	69	<i>prazosin hcl caps</i> 2 mg	39
.....	69	<i>prazosin hcl caps</i> 5 mg	39
<i>potassium chloride in nacl soln</i> 20-0.9	69	PRED MILD SUSP 0.12 %	72
<i>meq/l-%</i>	69	PRED-G S.O.P. OINT 0.3-0.6 %	72
<i>potassium chloride in nacl soln</i> 40-0.9	69	PREDNISOLONE ACETATE SUSP 1 %	72
<i>meq/l-%</i>	69	PREDNISOLONE SODIUM PHOSPHATE	
<i>potassium chloride pack</i> 20 meq	69	SOLN 1 %	72
POTASSIUM CHLORIDE SOLN 10	69	<i>prednisolone sodium phosphate soln</i> 15	
MEQ/100ML	69	<i>mg/5ml</i>	76
<i>potassium chloride soln</i> 2 meq/ml	69	PREDNISOLONE SODIUM PHOSPHATE	
POTASSIUM CHLORIDE SOLN 20	69	SOLN 6.7 (5 Base) MG/5ML	76
MEQ/100ML	69	<i>prednisolone soln</i> 15 mg/5ml	76
<i>potassium chloride soln</i> 20 meq/15ml (10%)	69	<i>prednisolone tabs</i> 5 mg	76
.....	69	PREDNISON INTENSOL CONC 5 MG/ML	
POTASSIUM CHLORIDE SOLN 40	69	.....	76
MEQ/100ML	69	PREDNISON SOLN 5 MG/5ML	76
<i>potassium chloride soln</i> 40 meq/15ml (20%)	69	<i>prednisone tabs</i> 1 mg	76
.....	69	<i>prednisone tabs</i> 10 mg	76
<i>potassium citrate er tbc</i> 10 meq (1080 mg)	67	<i>prednisone tabs</i> 2.5 mg	76
.....	67	<i>prednisone tabs</i> 20 mg	76
<i>potassium citrate er tbc</i> 15 meq (1620 mg)	67	<i>prednisone tabs</i> 5 mg	76
.....	67	<i>prednisone tabs</i> 50 mg	76
<i>potassium citrate er tbc</i> 5 meq (540 mg)	67	<i>prednisone tbpk</i> 10 mg (21)	76
<i>potassium cl in dextrose</i> 5% soln 20 meq/l	69	<i>prednisone tbpk</i> 10 mg (48)	77
.....	69	<i>prednisone tbpk</i> 5 mg (21)	77
<i>potassium phosphates</i> (66 meq k) soln 45	70	<i>prednisone tbpk</i> 5 mg (48)	77
<i>mmole/15ml</i>	70	<i>pregabalin caps</i> 100 mg	52
POTELIGEO SOLN 20 MG/5ML	30	<i>pregabalin caps</i> 150 mg	52
PRADAXA CAPS 110 MG	37	<i>pregabalin caps</i> 200 mg	52
PRADAXA CAPS 150 MG	37	<i>pregabalin caps</i> 225 mg	52
PRADAXA CAPS 75 MG	37	<i>pregabalin caps</i> 25 mg	52
PRALATREXATE SOLN 20 MG/ML	30	<i>pregabalin caps</i> 300 mg	52
PRALATREXATE SOLN 40 MG/2ML	30	<i>pregabalin caps</i> 50 mg	52
<i>pramipexole dihydrochloride tabs</i> 0.125 mg	55	<i>pregabalin caps</i> 75 mg	52
.....	55	<i>pregabalin soln</i> 20 mg/ml	52
<i>pramipexole dihydrochloride tabs</i> 0.25 mg	55	PREHEVBRIO SUSP 10 MCG/ML	95
.....	55	PREMARIN SOLR 25 MG	80
<i>pramipexole dihydrochloride tabs</i> 0.5 mg	55	PREMASOL SOLN 10 %	67
<i>pramipexole dihydrochloride tabs</i> 0.75 mg	55	PRENATAL TABS 27-1 MG	100
.....	55	PRETOMANID TABS 200 MG	16
<i>pramipexole dihydrochloride tabs</i> 1 mg ...	55	<i>prevalite pack</i> 4 gm	40
<i>pramipexole dihydrochloride tabs</i> 1.5 mg	55	<i>prevalite powd</i> 4 gm/dose	40
<i>prasugrel hcl tabs</i> 10 mg	37	PREVYMIS SOLN 240 MG/12ML	19
<i>prasugrel hcl tabs</i> 5 mg	37	PREVYMIS SOLN 480 MG/24ML	19

QUETIAPINE FUMARATE TABS 150 MG	64
<i>quetiapine fumarate tabs 200 mg</i>	64
<i>quetiapine fumarate tabs 25 mg</i>	64
<i>quetiapine fumarate tabs 300 mg</i>	64
<i>quetiapine fumarate tabs 400 mg</i>	64
<i>quetiapine fumarate tabs 50 mg</i>	64
<i>quinidine gluconate er tbc 324 mg</i>	43
QUINIDINE SULFATE TABS 200 MG	43
QUINIDINE SULFATE TABS 300 MG	43
<i>quinine sulfate caps 324 mg</i>	17
QULIPTA TABS 10 MG	53
QULIPTA TABS 30 MG	53
QULIPTA TABS 60 MG	53

R

RABAVERT SUSR	95
RADIAURA CREA 3-0.5 %	97
RADICAVA ORS STARTER KIT SUSP 105 MG/5ML	57
RADICAVA ORS SUSP 105 MG/5ML	57
RADICAVA SOLN 30 MG/100ML	57
<i>raloxifene hcl tabs 60 mg</i>	80
<i>ramipril caps 1.25 mg</i>	44
<i>ramipril caps 10 mg</i>	44
<i>ramipril caps 2.5 mg</i>	44
<i>ramipril caps 5 mg</i>	44
<i>ranolazine er tb 12 1000 mg</i>	43
RAPIVAB SOLN 200 MG/20ML	19
<i>rasagiline mesylate tabs 0.5 mg</i>	55
<i>rasagiline mesylate tabs 1 mg</i>	55
RASUVO SOAJ 10 MG/0.2ML	85
RASUVO SOAJ 12.5 MG/0.25ML	85
RASUVO SOAJ 15 MG/0.3ML	85
RASUVO SOAJ 17.5 MG/0.35ML	85
RASUVO SOAJ 20 MG/0.4ML	85
RASUVO SOAJ 22.5 MG/0.45ML	85
RASUVO SOAJ 25 MG/0.5ML	85
RASUVO SOAJ 30 MG/0.6ML	85
RASUVO SOAJ 7.5 MG/0.15ML	85
RAVICTI LIQD 1.1 GM/ML	67
RAYALDEE CPCR 30 MCG	100
REBIF REBIDOSE SOAJ 22 MCG/0.5ML	58
REBIF REBIDOSE SOAJ 44 MCG/0.5ML	58
REBIF REBIDOSE TITRATION PACK SOAJ 6X8.8 & 6X22 MCG	58
REBIF TITRATION PACK SOSY 6X8.8 & 6X22 MCG	58
REBLOZYL SOLR 25 MG	39
REBLOZYL SOLR 75 MG	39

RECARBRIO SOLR 1.25 GM	15
<i>reclipsen tabs 0.15-30 mg-mcg</i>	78
RECOMBIVAX HB SUSP 10 MCG/ML	95
RECOMBIVAX HB SUSP 40 MCG/ML	95
RECOMBIVAX HB SUSP 5 MCG/0.5ML	95
RECOMBIVAX HB SUSY 10 MCG/ML	95
RECOMBIVAX HB SUSY 5 MCG/0.5ML	95
REGONOL SOLN 10 MG/2ML	35
REGRANEX GEL 0.01 %	99
RELENZA DISKHALER AEPB 5 MG/ACT	19
RELISTOR SOLN 12 MG/0.6ML	75
RELYVRIO PACK 3-1 GM	57
<i>repaglinide tabs 0.5 mg</i>	79
<i>repaglinide tabs 1 mg</i>	79
<i>repaglinide tabs 2 mg</i>	79
REPATHA SURECLICK SOAJ 140 MG/ML	40
RETACRIT SOLN 20000 UNIT/ML	39
RETEVMO CAPS 40 MG	30
RETEVMO CAPS 80 MG	30
RETEVMO TABS 120 MG	30
RETEVMO TABS 160 MG	30
RETEVMO TABS 40 MG	30
RETEVMO TABS 80 MG	30
RETIN-A CREA 0.025 %	98
RETIN-A CREA 0.05 %	98
RETIN-A CREA 0.1 %	98
RETIN-A GEL 0.01 %	98
RETIN-A GEL 0.025 %	98
RETISERT IMPL 0.59 MG	72
RETROVIR SOLN 10 MG/ML	19
REVLIMID CAPS 2.5 MG	30
REVLIMID CAPS 20 MG	30
REXULTI TABS 0.25 MG	64
REXULTI TABS 0.5 MG	64
REXULTI TABS 1 MG	64
REXULTI TABS 2 MG	64
REXULTI TABS 3 MG	64
REXULTI TABS 4 MG	64
REYATAZ PACK 50 MG	19
REZDIFFRA TABS 100 MG	82
REZDIFFRA TABS 60 MG	82
REZDIFFRA TABS 80 MG	82
REZLIDHIA CAPS 150 MG	30
REZUROCK TABS 200 MG	89
REZZAYO SOLR 200 MG	16
RIABNI SOLN 100 MG/10ML	30
RIABNI SOLN 500 MG/50ML	30
RIBAVIRIN CAPS 200 MG	19

<i>ribavirin solr 6 gm</i>	19	RIVFLOZA SOSY 160 MG/ML	89
RIBAVIRIN TABS 200 MG	19	<i>rizatriptan benzoate tabs 10 mg</i>	53
RIDAURA CAPS 3 MG	89	<i>rizatriptan benzoate tabs 5 mg</i>	53
RIFABUTIN CAPS 150 MG	17	<i>rizatriptan benzoate tbdp 10 mg</i>	53
<i>rifampin caps 150 mg</i>	17	<i>rizatriptan benzoate tbdp 5 mg</i>	53
<i>rifampin caps 300 mg</i>	17	<i>roflumilast tabs 250 mcg</i>	92
<i>rifampin solr 600 mg</i>	17	<i>roflumilast tabs 500 mcg</i>	92
<i>riluzole tabs 50 mg</i>	57	ROLVEDON SOSY 13.2 MG/0.6ML	39
RIMANTADINE HCL TABS 100 MG	19	<i>ropinirole hcl er tb24 12 mg</i>	55
RIMSO-50 SOLN 50 %	89	<i>ropinirole hcl er tb24 2 mg</i>	55
RINGERS IRRIGATION SOLN	89	<i>ropinirole hcl er tb24 4 mg</i>	55
RINGERS SOLN	70	<i>ropinirole hcl er tb24 6 mg</i>	55
RINVOQ LQ SOLN 1 MG/ML	85	<i>ropinirole hcl er tb24 8 mg</i>	55
RINVOQ TB24 15 MG	85	<i>ropinirole hcl tabs 0.25 mg</i>	55
RINVOQ TB24 30 MG	85	<i>ropinirole hcl tabs 0.5 mg</i>	55
RINVOQ TB24 45 MG	85	<i>ropinirole hcl tabs 1 mg</i>	55
RISPERDAL CONSTA SRER 12.5 MG ..	65	<i>ropinirole hcl tabs 2 mg</i>	55
RISPERDAL CONSTA SRER 25 MG	65	<i>ropinirole hcl tabs 3 mg</i>	55
RISPERDAL CONSTA SRER 37.5 MG ..	65	<i>ropinirole hcl tabs 4 mg</i>	55
RISPERDAL CONSTA SRER 50 MG	65	<i>ropinirole hcl tabs 5 mg</i>	55
<i>risperidone microspheres er srer 12.5 mg</i>	65	<i>ropivacaine hcl soln 10 mg/ml</i>	89
<i>risperidone microspheres er srer 25 mg</i> ..	65	<i>ropivacaine hcl soln 2 mg/ml</i>	89
<i>risperidone microspheres er srer 37.5 mg</i>	65	<i>ropivacaine hcl soln 5 mg/ml</i>	89
<i>risperidone microspheres er srer 50 mg</i> ..	65	<i>ropivacaine hcl soln 7.5 mg/ml</i>	89
<i>risperidone soln 1 mg/ml</i>	65	<i>rosuvastatin calcium tabs 10 mg</i>	40
<i>risperidone tabs 0.25 mg</i>	65	<i>rosuvastatin calcium tabs 20 mg</i>	40
<i>risperidone tabs 0.5 mg</i>	65	<i>rosuvastatin calcium tabs 40 mg</i>	40
<i>risperidone tabs 1 mg</i>	65	<i>rosuvastatin calcium tabs 5 mg</i>	40
<i>risperidone tabs 2 mg</i>	65	ROTARIX SUSP	95
<i>risperidone tabs 3 mg</i>	65	ROTARIX SUSR	95
<i>risperidone tabs 4 mg</i>	65	ROTATEQ SOLN	95
RISPERIDONE TBDP 0.25 MG	65	<i>roweepra tabs 500 mg</i>	52
<i>risperidone tbdp 0.5 mg</i>	65	ROZLYTREK CAPS 100 MG	30
<i>risperidone tbdp 1 mg</i>	65	ROZLYTREK CAPS 200 MG	30
<i>risperidone tbdp 2 mg</i>	65	ROZLYTREK PACK 50 MG	30
<i>risperidone tbdp 3 mg</i>	65	RUBRACA TABS 200 MG	30
<i>risperidone tbdp 4 mg</i>	65	RUBRACA TABS 250 MG	30
<i>ritonavir tabs 100 mg</i>	19	RUBRACA TABS 300 MG	30
RITUXAN HYCELA SOLN 1400-23400 MG		<i>rufinamide susp 40 mg/ml</i>	52
-UT/11.7ML	30	<i>rufinamide tabs 200 mg</i>	52
RITUXAN HYCELA SOLN 1600-26800 MG		<i>rufinamide tabs 400 mg</i>	52
-UT/13.4ML	30	RUKOBIA TB12 600 MG	19
RITUXAN SOLN 100 MG/10ML	30	RUXIENCE SOLN 100 MG/10ML	30
RITUXAN SOLN 500 MG/50ML	30	RUXIENCE SOLN 500 MG/50ML	30
<i>rivastigmine tartrate caps 1.5 mg</i>	35	RYBREVANT SOLN 350 MG/7ML	30
<i>rivastigmine tartrate caps 3 mg</i>	35	RYDAPT CAPS 25 MG	31
<i>rivastigmine tartrate caps 4.5 mg</i>	35	RYKINDO SRER 25 MG	65
<i>rivastigmine tartrate caps 6 mg</i>	35	RYKINDO SRER 37.5 MG	65
RIVFLOZA SOLN 80 MG/0.5ML	89	RYKINDO SRER 50 MG	65
RIVFLOZA SOSY 128 MG/0.8ML	89	RYLAZE SOLN 10 MG/0.5ML	31

RYSTIGGO SOLN 280 MG/2ML	89
RYSTIGGO SOLN 420 MG/3ML	89
RYSTIGGO SOLN 560 MG/4ML	90
RYSTIGGO SOLN 840 MG/6ML	90
RYTELO SOLR 188 MG	31
RYTELO SOLR 47 MG	31

S

<i>sajazir sosy 30 mg/3ml</i>	36
<i>salicylic acid sham 6 %</i>	99
<i>salsalate tabs 500 mg</i>	48
<i>salsalate tabs 750 mg</i>	48
SANDIMMUNE SOLN 100 MG/ML	87
SANDOSTATIN LAR DEPOT KIT 10 MG	81
SANDOSTATIN LAR DEPOT KIT 20 MG	81
SANDOSTATIN LAR DEPOT KIT 30 MG	81
SANTYL OINT 250 UNIT/GM	99
SAPHNELO SOLN 300 MG/2ML	87
<i>sapropterin dihydrochloride pack 100 mg</i>	90
<i>sapropterin dihydrochloride pack 500 mg</i>	90
<i>sapropterin dihydrochloride tabs 100 mg</i>	90
SARCLISA SOLN 100 MG/5ML	31
SARCLISA SOLN 500 MG/25ML	31
<i>saxagliptin hcl tabs 5 mg</i>	79
SCSEMBLIX TABS 100 MG	31
SCSEMBLIX TABS 20 MG	31
SCSEMBLIX TABS 40 MG	31
<i>scopolamine pt72 1 mg/3days</i>	74
SECUADO PT24 3.8 MG/24HR	65
SECUADO PT24 5.7 MG/24HR	65
SECUADO PT24 7.6 MG/24HR	65
<i>selegiline hcl caps 5 mg</i>	55
<i>selegiline hcl tabs 5 mg</i>	55
<i>selenium sulfide lotn 2.5 %</i>	96
<i>selenium sulfide sham 2.25 %</i>	96
SELZENTRY SOLN 20 MG/ML	19
SELZENTRY TABS 25 MG	19
SELZENTRY TABS 75 MG	19
SENSORCAINE SOLN 0.5 %	90
<i>sensorcaine/epinephrine soln 0.25% -1</i> <i>200000</i>	90
<i>sensorcaine/epinephrine soln 0.5% -1</i> <i>200000</i>	90
<i>sensorcaine-mpf soln 0.25 %</i>	90
<i>sensorcaine-mpf soln 0.5 %</i>	90
<i>sensorcaine-mpf soln 0.75 %</i>	90
<i>sensorcaine-mpf/epinephrine soln 0.25% -1</i> <i>200000</i>	90
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.5% -1	

200000	90
SEREVENT DISKUS AEPB 50 MCG/ACT	36
SERTRALINE HCL CAPS 150 MG	65
SERTRALINE HCL CAPS 200 MG	65
<i>sertraline hcl conc 20 mg/ml</i>	65
<i>sertraline hcl tabs 100 mg</i>	65
<i>sertraline hcl tabs 25 mg</i>	65
<i>sertraline hcl tabs 50 mg</i>	65
<i>sevelamer carbonate pack 0.8 gm</i>	68
<i>sevelamer carbonate pack 2.4 gm</i>	68
<i>sevelamer carbonate tabs 800 mg</i>	68
SEYSARA TABS 100 MG	15
SEZABY SOLR 100 MG	56
SHINGRIX SUSR 50 MCG/0.5ML	95
SIGNIFOR LAR SRER 10 MG	81
SIGNIFOR LAR SRER 20 MG	81
SIGNIFOR LAR SRER 30 MG	82
SIGNIFOR LAR SRER 40 MG	82
SIGNIFOR LAR SRER 60 MG	82
SIGNIFOR SOLN 0.3 MG/ML	82
SIGNIFOR SOLN 0.6 MG/ML	82
SIGNIFOR SOLN 0.9 MG/ML	82
SIKLOS TABS 1000 MG	31
<i>sildenafil citrate susr 10 mg/ml</i>	45
<i>sildenafil citrate tabs 20 mg</i>	45
SILIQ SOSY 210 MG/1.5ML	99
<i>silodosin caps 4 mg</i>	35
<i>silodosin caps 8 mg</i>	35
SILVER SULFADIAZINE CREA 1 %	96
SIMLANDI (1 PEN) AJKT 40 MG/0.4ML ..	85
SIMLANDI (2 PEN) AJKT 40 MG/0.4ML ..	85
SIMPONI ARIA SOLN 50 MG/4ML	85
SIMPONI SOAJ 100 MG/ML	85
SIMPONI SOAJ 50 MG/0.5ML	85
SIMPONI SOSY 100 MG/ML	86
SIMPONI SOSY 50 MG/0.5ML	86
<i>simvastatin tabs 10 mg</i>	40
<i>simvastatin tabs 20 mg</i>	40
<i>simvastatin tabs 40 mg</i>	40
<i>simvastatin tabs 5 mg</i>	40
<i>simvastatin tabs 80 mg</i>	40
<i>sirolimus soln 1 mg/ml</i>	87
<i>sirolimus tabs 0.5 mg</i>	87
<i>sirolimus tabs 1 mg</i>	87
<i>sirolimus tabs 2 mg</i>	87
SIRTURO TABS 100 MG	17
SIRTURO TABS 20 MG	17
SITAGLIPTIN TABS 100 MG	79
SITAGLIPTIN TABS 25 MG	79

SITAGLIPTIN TABS 50 MG.....	79	SOMAVERT SOLR 15 MG.....	82
SIVEXTRO TABS 200 MG	15	SOMAVERT SOLR 20 MG.....	82
SKYCLARYS CAPS 50 MG.....	90	SOMAVERT SOLR 25 MG.....	82
SKYRIZI PEN SOAJ 150 MG/ML	99	SOMAVERT SOLR 30 MG.....	82
SKYRIZI SOCT 180 MG/1.2ML	75	<i>sorafenib tosylate tabs 200 mg</i>	31
SKYRIZI SOCT 360 MG/2.4ML	75	<i>sotalol hcl (af) tabs 120 mg</i>	41
SKYRIZI SOLN 600 MG/10ML	75	<i>sotalol hcl (af) tabs 160 mg</i>	41
SKYRIZI SOSY 150 MG/ML.....	99	<i>sotalol hcl (af) tabs 80 mg</i>	41
<i>sodium bicarbonate soln 4.2 %</i>	67	<i>sotalol hcl tabs 120 mg</i>	41
<i>sodium bicarbonate soln 8.4 %</i>	67	<i>sotalol hcl tabs 160 mg</i>	41
SODIUM CHLORIDE (PF) SOLN 0.9 % ..	70	<i>sotalol hcl tabs 240 mg</i>	41
SODIUM CHLORIDE IRRIGATION SOLN		<i>sotalol hcl tabs 80 mg</i>	41
0.9 %.....	90	SOTYKTU TABS 6 MG	99
SODIUM CHLORIDE SOLN 0.45 %	70	SOVALDI PACK 150 MG	20
<i>sodium chloride soln 0.9 %</i>	70	SOVALDI PACK 200 MG	20
SODIUM CHLORIDE SOLN 3 %.....	70	SOVALDI TABS 200 MG	20
SODIUM CHLORIDE SOLN 4 MEQ/ML ..	70	SOVALDI TABS 400 MG	20
SODIUM CHLORIDE SOLN 5 %	70	SPEVIGO SOLN 450 MG/7.5ML.....	99
<i>sodium fluoride chew 0.55 (0.25 f) mg</i>	90	SPEVIGO SOSY 150 MG/ML	99
<i>sodium fluoride chew 1.1 (0.5 f) mg</i>	90	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	
<i>sodium fluoride chew 2.2 (1 f) mg</i>	90	.....	34
SODIUM FLUORIDE SOLN 1.1 (0.5 F)		<i>spironolactone tabs 100 mg</i>	44
MG/ML	90	<i>spironolactone tabs 25 mg</i>	44
SODIUM OXYBATE SOLN 500 MG/ML ..	57	<i>spironolactone tabs 50 mg</i>	44
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	67	<i>spironolactone-hctz tabs 25-25 mg</i>	44
<i>sodium phenylbutyrate tabs 500 mg</i>	67	SPRAVATO (56 MG DOSE) SOPK 28	
<i>sodium phosphates soln 45 mmole/15ml</i> ..	70	MG/DEVICE	65
<i>sodium polystyrene sulfonate powd</i>	68	SPRAVATO (84 MG DOSE) SOPK 28	
SOFOSBUVIR-VELPATASVIR TABS 400-		MG/DEVICE	65
100 MG	20	<i>sprintec 28 tabs 0.25-35 mg-mcg</i>	78
SOHONOS CAPS 1 MG	90	SPRITAM TB3D 1000 MG	52
SOHONOS CAPS 1.5 MG	90	SPRITAM TB3D 250 MG	52
SOHONOS CAPS 10 MG	90	SPRITAM TB3D 500 MG	52
SOHONOS CAPS 2.5 MG	90	SPRITAM TB3D 750 MG	52
SOHONOS CAPS 5 MG	90	SPRYCEL TABS 100 MG	31
<i>solifenacin succinate tabs 10 mg</i>	100	SPRYCEL TABS 140 MG	31
<i>solifenacin succinate tabs 5 mg</i>	100	SPRYCEL TABS 20 MG	31
SOLTAMOX SOLN 10 MG/5ML	31	SPRYCEL TABS 50 MG	31
SOLU-CORTEF SOLR 100 MG.....	77	SPRYCEL TABS 70 MG	31
SOLU-CORTEF SOLR 1000 MG.....	77	SPRYCEL TABS 80 MG	31
SOLU-CORTEF SOLR 250 MG.....	77	SSD CREA 1 %	96
SOLU-CORTEF SOLR 500 MG.....	77	STAVUDINE CAPS 15 MG	20
SOLU-MEDROL SOLR 2 GM	77	STAVUDINE CAPS 20 MG	20
SOMATULINE DEPOT SOLN 120		STAVUDINE CAPS 30 MG	20
MG/0.5ML	82	STAVUDINE CAPS 40 MG	20
SOMATULINE DEPOT SOLN 60 MG/0.2ML		STELARA SOLN 130 MG/26ML	99
.....	82	STELARA SOLN 45 MG/0.5ML	99
SOMATULINE DEPOT SOLN 90 MG/0.3ML		STELARA SOSY 45 MG/0.5ML	99
.....	82	STELARA SOSY 90 MG/ML	99
SOMAVERT SOLR 10 MG	82		

STERILE WATER FOR IRRIGATION SOLN	90
STIMUFEND SOSY 6 MG/0.6ML	39
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT	34
STIVARGA TABS 40 MG	31
STRENSIQ SOLN 18 MG/0.45ML	70
STRENSIQ SOLN 28 MG/0.7ML	70
STRENSIQ SOLN 40 MG/ML	70
STRENSIQ SOLN 80 MG/0.8ML	70
STREPTOMYCIN SULFATE SOLR 1 GM15	
STRIBILD TABS 150-150-200-300 MG	20
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT	36
SUBLOCADE SOSY 100 MG/0.5ML	59
SUBLOCADE SOSY 300 MG/1.5ML	59
<i>subvenite starter kit-blue kit 35 x 25 mg</i>	52
<i>subvenite starter kit-green kit 84 x 25 mg & 14x100 mg</i>	52
<i>subvenite starter kit-orange kit 42 x 25 mg & 7 x 100 mg</i>	52
<i>subvenite tabs 100 mg</i>	52
<i>subvenite tabs 150 mg</i>	52
<i>subvenite tabs 200 mg</i>	52
<i>subvenite tabs 25 mg</i>	52
<i>succinylcholine chloride soln 20 mg/ml</i>	35
SUCRAID SOLN 8500 UNIT/ML	70
<i>sucrafate susp 1 gm/10ml</i>	74
<i>sucrafate tabs 1 gm</i>	74
<i>sulfacetamide sodium (acne) lotn 10 %</i>	96
<i>sulfacetamide sodium soln 10 %</i>	71
SULFACETAMIDE-PREDNISOLONE SOLN 10-0.23 %	72
SULFADIAZINE TABS 500 MG	15
<i>sulfamethoxazole-trimethoprim soln 400-80 mg/5ml</i>	15
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	15
<i>sulfamethoxazole-trimethoprim tabs 400-80 mg</i>	15
<i>sulfamethoxazole-trimethoprim tabs 800- 160 mg</i>	15
SULFAMYLON CREA 85 MG/GM	96
<i>sulfasalazine tabs 500 mg</i>	15
SULFASALAZINE TBEC 500 MG	15
<i>sulindac tabs 150 mg</i>	48
<i>sulindac tabs 200 mg</i>	48
SUMATRIPTAN SOLN 20 MG/ACT	53
SUMATRIPTAN SOLN 5 MG/ACT	53

SUMATRIPTAN SUCCINATE REFILL SOCT 6 MG/0.5ML	54
<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	54
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	54
<i>sumatriptan succinate tabs 100 mg</i>	54
<i>sumatriptan succinate tabs 25 mg</i>	54
<i>sumatriptan succinate tabs 50 mg</i>	54
<i>sunitinib malate caps 12.5 mg</i>	31
<i>sunitinib malate caps 25 mg</i>	31
<i>sunitinib malate caps 37.5 mg</i>	31
<i>sunitinib malate caps 50 mg</i>	31
SUNLENCA SOLN 463.5 MG/1.5ML	20
SUNLENCA TBPK 4 x 300 MG	20
SUNLENCA TBPK 5 x 300 MG	20
SUPREP BOWEL PREP KIT SOLN 17.5- 3.13-1.6 GM/177ML	74
SUSVIMO (IMPLANT 1ST FILL) SOLN 10 MG/0.1ML	73
SUSVIMO (IMPLANT REFILL) SOLN 10 MG/0.1ML	73
SUTENT CAPS 12.5 MG	31
SUTENT CAPS 25 MG	31
SUTENT CAPS 37.5 MG	31
SUTENT CAPS 50 MG	31
SYFOVRE SOLN 15 MG/0.1ML	73
SYLVANT SOLR 100 MG	31
SYLVANT SOLR 400 MG	31
SYMDEKO TBPK 100-150 & 150 MG	91
SYMDEKO TBPK 50-75 & 75 MG	91
SYMFI LO TABS 400-300-300 MG	20
SYMFI TABS 600-300-300 MG	20
SYMLINPEN 120 SOPN 2700 MCG/2.7ML	79
SYMLINPEN 60 SOPN 1500 MCG/1.5ML	79
SYMPAZAN FILM 10 MG	52
SYMPAZAN FILM 20 MG	52
SYMPAZAN FILM 5 MG	52
SYMTUZA TABS 800-150-200-10 MG	20
SYNAGIS SOLN 100 MG/ML	20
SYNAGIS SOLN 50 MG/0.5ML	20
SYNAREL SOLN 2 MG/ML	81
SYNRIBO SOLR 3.5 MG	31

T

TABLOID TABS 40 MG	31
TABRECTA TABS 150 MG	31
TABRECTA TABS 200 MG	31
<i>tacrolimus caps 0.5 mg</i>	87
<i>tacrolimus caps 1 mg</i>	87
<i>tacrolimus caps 5 mg</i>	87

<i>tacrolimus oint 0.03 %</i>	99	TEGLUTIK SUSP 50 MG/10ML	57
<i>tacrolimus oint 0.1 %</i>	99	<i>temazepam caps 15 mg</i>	56
<i>tadalafil (pah) tabs 20 mg</i>	45	<i>temazepam caps 30 mg</i>	56
<i>tadalafil tabs 2.5 mg</i>	45	<i>temazepam caps 7.5 mg</i>	56
<i>tadalafil tabs 5 mg</i>	45	<i>temsirolimus soln 25 mg/ml</i>	32
TAFINLAR CAPS 50 MG	31	TENIVAC INJ 5-2 LFU	94
TAFINLAR CAPS 75 MG	31	<i>tenofovir disoproxil fumarate tabs 300 mg</i> 20	
TAFINLAR TBSO 10 MG	31	TEPADINA SOLR 100 MG	32
TAGRISSE TABS 40 MG	31	TEPEZZA SOLR 500 MG	73
TAGRISSE TABS 80 MG	31	TEPMETKO TABS 225 MG	32
TAKHZYRO SOLN 300 MG/2ML	90	<i>terazosin hcl caps 1 mg</i>	39
TAKHZYRO SOSY 150 MG/ML	90	<i>terazosin hcl caps 10 mg</i>	39
TAKHZYRO SOSY 300 MG/2ML	90	<i>terazosin hcl caps 2 mg</i>	39
TALTZ SOAJ 80 MG/ML	99	<i>terazosin hcl caps 5 mg</i>	39
TALTZ SOSY 20 MG/0.25ML	99	<i>terbinafine hcl tabs 250 mg</i>	16
TALTZ SOSY 40 MG/0.5ML	99	<i>terbutaline sulfate soln 1 mg/ml</i>	36
TALTZ SOSY 80 MG/ML	99	<i>terbutaline sulfate tabs 2.5 mg</i>	36
TALVEY SOLN 3 MG/1.5ML	31	<i>terbutaline sulfate tabs 5 mg</i>	36
TALVEY SOLN 40 MG/ML	31	<i>terconazole crea 0.4 %</i>	96
TALZENNA CAPS 0.1 MG	31	<i>terconazole supp 80 mg</i>	96
TALZENNA CAPS 0.25 MG	31	<i>teriflunomide tabs 14 mg</i>	58
TALZENNA CAPS 0.35 MG	31	<i>teriflunomide tabs 7 mg</i>	58
TALZENNA CAPS 0.5 MG	31	TERIPARATIDE (RECOMBINANT) SOPN	
TALZENNA CAPS 0.75 MG	31	620 MCG/2.48ML	80
TALZENNA CAPS 1 MG	31	<i>teriparatide sopn 600 mcg/2.4ml</i>	80
<i>tamoxifen citrate tabs 10 mg</i>	31	<i>testosterone cypionate soln 100 mg/ml</i>	77
<i>tamoxifen citrate tabs 20 mg</i>	31	<i>testosterone cypionate soln 200 mg/ml</i>	77
<i>tamsulosin hcl caps 0.4 mg</i>	35	TESTOSTERONE ENANTHATE SOLN 200	
TASIGNA CAPS 150 MG	31	MG/ML	77
TASIGNA CAPS 200 MG	31	<i>testosterone gel 12.5 mg/act (1%)</i>	77
TASIGNA CAPS 50 MG	31	<i>testosterone gel 20.25 mg/act (1.62%)</i>	77
<i>tasimelteon caps 20 mg</i>	56	<i>testosterone gel 25 mg/2.5gm (1%)</i>	77
TAVALISSE TABS 100 MG	39	<i>testosterone gel 50 mg/5gm (1%)</i>	77
TAVALISSE TABS 150 MG	39	<i>tetrabenazine tabs 12.5 mg</i>	58
TAVNEOS CAPS 10 MG	90	<i>tetrabenazine tabs 25 mg</i>	58
<i>taysofy caps 1-20 mg-mcg(24)</i>	78	<i>tetracaine hcl soln 0.5 %</i>	73
<i>tazarotene crea 0.1 %</i>	99	<i>tetracycline hcl caps 250 mg</i>	15
<i>tazarotene gel 0.05 %</i>	99	<i>tetracycline hcl caps 500 mg</i>	15
<i>tazarotene gel 0.1 %</i>	99	TEVIMBRA SOLN 100 MG/10ML	32
<i>tazicef solr 1 gm</i>	15	TEZSPIRE SOAJ 210 MG/1.91ML	92
<i>tazicef solr 2 gm</i>	15	TEZSPIRE SOSY 210 MG/1.91ML	92
TAZICEF SOLR 6 GM	15	THALOMID CAPS 100 MG	32
TAZORAC CREA 0.05 %	99	THALOMID CAPS 150 MG	32
TAZVERIK TABS 200 MG	31	THALOMID CAPS 200 MG	32
TDVAX SUSP 2-2 LF/0.5ML	94	THALOMID CAPS 50 MG	32
TECENTRIQ SOLN 1200 MG/20ML	31	THEO-24 CP24 300 MG	100
TECENTRIQ SOLN 840 MG/14ML	31	<i>theophylline elix 80 mg/15ml</i>	100
TECVAYLI SOLN 153 MG/1.7ML	31	THEOPHYLLINE ER TB12 100 MG	100
TECVAYLI SOLN 30 MG/3ML	32	THEOPHYLLINE ER TB12 200 MG	100
TEFLARO SOLR 600 MG	15	<i>theophylline er tb12 300 mg</i>	100

<i>theophylline er tb12 450 mg</i>	100	TOBEX OINT 0.3 %.....	71
<i>theophylline er tb24 400 mg</i>	100	TOFIDENCE SOLN 200 MG/10ML	86
<i>theophylline er tb24 600 mg</i>	100	TOFIDENCE SOLN 400 MG/20ML	86
<i>theophylline soln 80 mg/15ml</i>	100	TOFIDENCE SOLN 80 MG/4ML	86
THIOLA TABS 100 MG.....	90	<i>tolcapone tabs 100 mg</i>	55
<i>thioridazine hcl tabs 10 mg</i>	65	TOLECTIN 600 TABS 600 MG	48
<i>thioridazine hcl tabs 100 mg</i>	65	TOLMETIN SODIUM TABS 600 MG.....	48
<i>thioridazine hcl tabs 25 mg</i>	65	<i>tolterodine tartrate tabs 1 mg</i>	100
<i>thioridazine hcl tabs 50 mg</i>	65	<i>tolterodine tartrate tabs 2 mg</i>	100
<i>thiotepa solr 100 mg</i>	32	<i>tolvaptan tabs 15 mg</i>	68
<i>thiotepa solr 15 mg</i>	32	<i>tolvaptan tabs 30 mg</i>	68
<i>thiothixene caps 1 mg</i>	65	<i>topiramate csp 15 mg</i>	52
<i>thiothixene caps 10 mg</i>	65	<i>topiramate csp 25 mg</i>	53
<i>thiothixene caps 2 mg</i>	65	<i>topiramate er cs24 100 mg</i>	53
<i>thiothixene caps 5 mg</i>	65	<i>topiramate er cs24 150 mg</i>	53
THYROGEN SOLR 0.9 MG.....	90	<i>topiramate er cs24 200 mg</i>	53
TIAGABINE HCL TABS 12 MG	52	<i>topiramate er cs24 25 mg</i>	53
TIAGABINE HCL TABS 16 MG	52	<i>topiramate er cs24 50 mg</i>	53
<i>tiagabine hcl tabs 2 mg</i>	52	<i>topiramate tabs 100 mg</i>	53
<i>tiagabine hcl tabs 4 mg</i>	52	<i>topiramate tabs 200 mg</i>	53
TIBSOVO TABS 250 MG.....	32	<i>topiramate tabs 25 mg</i>	53
TICOVAC SUSY 1.2 MCG/0.25ML.....	95	<i>topiramate tabs 50 mg</i>	53
TICOVAC SUSY 2.4 MCG/0.5ML.....	95	<i>toposar soln 1 gm/50ml</i>	32
<i>tigecycline solr 50 mg</i>	15	<i>toposar soln 100 mg/5ml</i>	32
TIGLUTIK SUSP 50 MG/10ML	58	<i>toposar soln 500 mg/25ml</i>	32
<i>timolol maleate soln 0.25 %</i>	72	<i>topotecan hcl soln 4 mg/4ml</i>	32
<i>timolol maleate soln 0.5 %</i>	72	<i>topotecan hcl solr 4 mg</i>	32
<i>timolol maleate tabs 10 mg</i>	41	<i>toremifene citrate tabs 60 mg</i>	32
<i>tinidazole tabs 250 mg</i>	17	<i>torpenz tabs 10 mg</i>	32
<i>tiopronin tabs 100 mg</i>	90	<i>torpenz tabs 2.5 mg</i>	32
<i>tiopronin tbec 100 mg</i>	90	<i>torpenz tabs 5 mg</i>	32
<i>tiopronin tbec 300 mg</i>	90	<i>torpenz tabs 7.5 mg</i>	32
TIS-U-SOL SOLN	90	<i>toremide tabs 10 mg</i>	68
TIVDAK SOLR 40 MG	32	<i>toremide tabs 100 mg</i>	68
TIVICAY PD TBSO 5 MG	20	<i>toremide tabs 20 mg</i>	68
TIVICAY TABS 10 MG.....	20	<i>toremide tabs 5 mg</i>	68
TIVICAY TABS 25 MG.....	20	TRACLEER TBSO 32 MG.....	93
TIVICAY TABS 50 MG.....	20	TRADJENTA TABS 5 MG	79
<i>tizanidine hcl tabs 2 mg</i>	35	TRAMADOL HCL SOLN 5 MG/ML.....	48
<i>tizanidine hcl tabs 4 mg</i>	35	<i>tramadol hcl tabs 50 mg</i>	48
TOBI PODHALER CAPS 28 MG	91	<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	48
TOBRADEX OINT 0.3-0.1 %	72	<i>tranexamic acid soln 1000 mg/10ml</i>	37
TOBRAMYCIN NEBU 300 MG/4ML	91	<i>tranexamic acid tabs 650 mg</i>	37
<i>tobramycin nebu 300 mg/5ml</i>	91	<i>tranylcypromine sulfate tabs 10 mg</i>	65
<i>tobramycin soln 0.3 %</i>	71	TRAVASOL SOLN 10 %	67
TOBRAMYCIN SULFATE SOLN 10 MG/ML	15	TRAVOPROST (BAK FREE) SOLN 0.004 %	72
<i>tobramycin sulfate soln 80 mg/2ml</i>	15	TRAZIMERA SOLR 150 MG	32
<i>tobramycin-dexamethasone susp 0.3-0.1 %</i>	72	TRAZIMERA SOLR 420 MG.....	32

<i>trazodone hcl tabs 100 mg</i>	65	<i>trifluoperazine hcl tabs 2 mg</i>	65
<i>trazodone hcl tabs 150 mg</i>	65	<i>trifluoperazine hcl tabs 5 mg</i>	65
<i>trazodone hcl tabs 300 mg</i>	65	TRIFLURIDINE SOLN 1 %.....	71
<i>trazodone hcl tabs 50 mg</i>	65	TRIHXYPHENIDYL HCL SOLN 0.4	
TREANDA SOLR 100 MG	32	MG/ML.....	55
TREANDA SOLR 25 MG	32	<i>trihexyphenidyl hcl tabs 2 mg</i>	55
TRECATOR TABS 250 MG	17	<i>trihexyphenidyl hcl tabs 5 mg</i>	55
TRELSTAR MIXJECT SUSR 11.25 MG ..	32	TRIKAFTA TBPK 100-50-75 & 150 MG ...	91
TRELSTAR MIXJECT SUSR 22.5 MG	32	TRIKAFTA TBPK 50-25-37.5 & 75 MG	91
TRELSTAR MIXJECT SUSR 3.75 MG	32	TRIKAFTA THPK 100-50-75 & 75 MG	92
TREMFYA SOPN 100 MG/ML.....	99	TRIKAFTA THPK 80-40-60 & 59.5 MG	92
TREMFYA SOSY 100 MG/ML.....	99	<i>tri-lo-sprintec tabs 0.18/0.215/0.25 mg-25</i>	
<i>treprostinil soln 100 mg/20ml</i>	93	<i>mcg</i>	78
<i>treprostinil soln 20 mg/20ml</i>	93	<i>trimethoprim tabs 100 mg</i>	21
<i>treprostinil soln 200 mg/20ml</i>	93	<i>trimipramine maleate caps 100 mg</i>	65
<i>treprostinil soln 50 mg/20ml</i>	93	<i>trimipramine maleate caps 25 mg</i>	66
<i>tretinoin caps 10 mg</i>	32	<i>trimipramine maleate caps 50 mg</i>	66
<i>tretinoin crea 0.025 %</i>	98	TRINTELLIX TABS 10 MG.....	66
<i>tretinoin crea 0.05 %</i>	98	TRINTELLIX TABS 20 MG.....	66
<i>tretinoin crea 0.1 %</i>	98	TRINTELLIX TABS 5 MG.....	66
<i>tretinoin gel 0.01 %</i>	98	TRIPTODUR SRER 22.5 MG.....	80
<i>tretinoin gel 0.025 %</i>	98	<i>tri-sprintec tabs 0.18/0.215/0.25 mg-35 mcg</i>	
TREXALL TABS 10 MG.....	32	.....	78
TREXALL TABS 15 MG.....	32	TRIUMEQ PD TBSO 60-5-30 MG	20
TREXALL TABS 5 MG.....	32	TRIUMEQ TABS 600-50-300 MG	20
TREXALL TABS 7.5 MG.....	32	<i>trivora (28) tabs 50-30/75-40/ 125-30 mcg</i>	
<i>triamcinolone acetone aers 0.147 mg/gm</i>		.....	78
.....	98	TRIZIVIR TABS 300-150-300 MG	20
<i>triamcinolone acetone crea 0.025 %</i>	98	TRODELVY SOLR 180 MG	32
<i>triamcinolone acetone crea 0.1 %</i>	98	TROPHAMINE SOLN 10 %	68
<i>triamcinolone acetone crea 0.5 %</i>	98	<i>trospium chloride tabs 20 mg</i>	100
<i>triamcinolone acetone lotn 0.025 %</i>	98	TRULANCE TABS 3 MG.....	75
<i>triamcinolone acetone lotn 0.1 %</i>	98	TRUMENBA SUSY	95
<i>triamcinolone acetone oint 0.025 %</i>	98	TRUQAP TABS 160 MG	32
<i>triamcinolone acetone oint 0.1 %</i>	98	TRUQAP TABS 200 MG	32
<i>triamcinolone acetone oint 0.5 %</i>	98	TRUSELTIQ (100MG DAILY DOSE) CPPK	
<i>triamcinolone acetone pste 0.1 %</i>	98	100 MG.....	32
<i>triamcinolone acetone susp 40 mg/ml</i> ...	77	TRUSELTIQ (125MG DAILY DOSE) CPPK	
TRIAMTERENE CAPS 100 MG.....	68	100 & 25 MG	32
TRIAMTERENE CAPS 50 MG.....	68	TRUSELTIQ (50MG DAILY DOSE) CPPK	
<i>triamterene-hctz caps 37.5-25 mg</i>	68	25 MG.....	32
<i>triamterene-hctz tabs 37.5-25 mg</i>	68	TRUSELTIQ (75MG DAILY DOSE) CPPK	
<i>triamterene-hctz tabs 75-50 mg</i>	68	25 MG.....	32
<i>triazolam tabs 0.125 mg</i>	56	TUKYSA TABS 150 MG.....	32
<i>triazolam tabs 0.25 mg</i>	56	TUKYSA TABS 50 MG.....	32
<i>tricitrates soln 550-500-334 mg/5ml</i>	67	TURALIO CAPS 125 MG	32
<i>trientine hcl caps 250 mg</i>	75	TURALIO CAPS 200 MG	32
TRIENTINE HCL CAPS 500 MG	75	TWINRIX SUSY 720-20 ELU-MCG/ML....	95
<i>trifluoperazine hcl tabs 1 mg</i>	65	TYBOST TABS 150 MG.....	20
<i>trifluoperazine hcl tabs 10 mg</i>	65	TYENNE SOAJ 162 MG/0.9ML.....	86

TYENNE SOLN 200 MG/10ML.....	86
TYENNE SOLN 400 MG/20ML.....	86
TYENNE SOLN 80 MG/4ML.....	86
TYENNE SOSY 162 MG/0.9ML.....	86
TYPHIM VI SOLN 25 MCG/0.5ML.....	95
TYPHIM VI SOSY 25 MCG/0.5ML.....	95
TYVASO DPI INSTITUTIONAL KIT POWD 16 MCG.....	93
TYVASO DPI INSTITUTIONAL KIT POWD 32 MCG.....	93
TYVASO DPI INSTITUTIONAL KIT POWD 48 MCG.....	93
TYVASO DPI INSTITUTIONAL KIT POWD 64 MCG.....	93
TYVASO DPI MAINTENANCE KIT POWD 16 MCG.....	93
TYVASO DPI MAINTENANCE KIT POWD 32 MCG.....	93
TYVASO DPI MAINTENANCE KIT POWD 48 MCG.....	93
TYVASO DPI MAINTENANCE KIT POWD 64 MCG.....	93
TYVASO DPI TITRATION KIT POWD 112 x 16MCG & 84 X 32MCG.....	93
TYVASO DPI TITRATION KIT POWD 16 & 32 & 48 MCG.....	93
TYVASO REFILL KIT SOLN 0.6 MG/ML.....	93
TYVASO STARTER KIT SOLN 0.6 MG/ML	93
TZIELD SOLN 2 MG/2ML.....	79

U

UBRELVY TABS 100 MG.....	54
UBRELVY TABS 50 MG.....	54
UDENYCA ONBODY SOSY 6 MG/0.6ML.....	39
UDENYCA SOAJ 6 MG/0.6ML.....	39
ULTOMIRIS SOLN 1100 MG/11ML.....	90
ULTOMIRIS SOLN 300 MG/3ML.....	90
UNITUXIN SOLN 17.5 MG/5ML.....	32
UPTRAVI SOLR 1800 MCG.....	93
UPTRAVI TABS 1000 MCG.....	93
UPTRAVI TABS 1200 MCG.....	93
UPTRAVI TABS 1400 MCG.....	93
UPTRAVI TABS 1600 MCG.....	93
UPTRAVI TABS 200 MCG.....	93
UPTRAVI TABS 400 MCG.....	93
UPTRAVI TABS 600 MCG.....	93
UPTRAVI TABS 800 MCG.....	93
UPTRAVI TITRATION TBPK 200 & 800 MCG.....	93

<i>ursodiol caps 300 mg.....</i>	75
<i>ursodiol tabs 250 mg.....</i>	75
<i>ursodiol tabs 500 mg.....</i>	75
UZEDY SUSY 100 MG/0.28ML.....	66
UZEDY SUSY 125 MG/0.35ML.....	66
UZEDY SUSY 150 MG/0.42ML.....	66
UZEDY SUSY 200 MG/0.56ML.....	66
UZEDY SUSY 250 MG/0.7ML.....	66
UZEDY SUSY 50 MG/0.14ML.....	66
UZEDY SUSY 75 MG/0.21ML.....	66

V

VABYSMO SOLN 6 MG/0.05ML.....	73
VABYSMO SOSY 6 MG/0.05ML.....	73
VAFSEO TABS 300 MG.....	39
<i>valacyclovir hcl tabs 1 gm.....</i>	20
<i>valacyclovir hcl tabs 500 mg.....</i>	20
VALCHLOR GEL 0.016 %.....	100
<i>valganciclovir hcl solr 50 mg/ml.....</i>	20
<i>valganciclovir hcl tabs 450 mg.....</i>	20
<i>valproate sodium soln 100 mg/ml.....</i>	53
<i>valproic acid caps 250 mg.....</i>	53
<i>valproic acid soln 250 mg/5ml.....</i>	53
<i>valrubicin soln 40 mg/ml.....</i>	32
<i>valsartan tabs 160 mg.....</i>	44
<i>valsartan tabs 320 mg.....</i>	44
<i>valsartan tabs 40 mg.....</i>	45
<i>valsartan tabs 80 mg.....</i>	45
<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg.....</i>	45
<i>valsartan-hydrochlorothiazide tabs 160-25 mg.....</i>	45
<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg.....</i>	45
<i>valsartan-hydrochlorothiazide tabs 320-25 mg.....</i>	45
<i>valsartan-hydrochlorothiazide tabs 80-12.5 mg.....</i>	45
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML.....	53
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML.....	53
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML.....	53
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML	53
<i>vancomycin hcl caps 125 mg.....</i>	15
<i>vancomycin hcl caps 250 mg.....</i>	15
<i>vancomycin hcl solr 1 gm.....</i>	15
<i>vancomycin hcl solr 10 gm.....</i>	15

<i>vancomycin hcl solr 250 mg/5ml</i>	15	VERSACLOZ SUSP 50 MG/ML	66
<i>vancomycin hcl solr 5 gm</i>	16	VERZENIO TABS 100 MG.....	33
<i>vancomycin hcl solr 500 mg</i>	16	VERZENIO TABS 150 MG.....	33
VANDAZOLE GEL 0.75 %.....	96	VERZENIO TABS 200 MG.....	33
VANFLYTA TABS 17.7 MG	32	VERZENIO TABS 50 MG.....	33
VANFLYTA TABS 26.5 MG	32	VEVYE SOLN 0.1 %	72
VAQTA SUSP 25 UNIT/0.5ML.....	95	VIBERZI TABS 100 MG	75
VAQTA SUSP 50 UNIT/ML	95	VIBERZI TABS 75 MG	75
<i>varenicline tartrate (starter) tbpk 0.5 mg x</i> <i>11 & 1 mg x 42</i>	34	VIEKIRA PAK TBPK 12.5-75-50 &250 MG	20
<i>varenicline tartrate tabs 0.5 mg</i>	34	<i>vigabatrin pack 500 mg</i>	53
<i>varenicline tartrate tabs 1 mg</i>	34	<i>vigabatrin tabs 500 mg</i>	53
VARIVAX INJ 1350 PFU/0.5ML.....	95	<i>vigadrone tabs 500 mg</i>	53
VAXCHORA SUSR.....	95	VIGAFYDE SOLN 100 MG/ML.....	53
VECTICAL OINT 3 MCG/GM.....	100	VIIBRYD STARTER PACK KIT 10 & 20 MG	66
VEGZELMA SOLN 100 MG/4ML.....	32	VIJOICE PACK 50 MG.....	90
VEGZELMA SOLN 400 MG/16ML.....	32	VIJOICE TBPK 125 MG	90
VEKLURY SOLR 100 MG	20	VIJOICE TBPK 50 MG	90
VELPHORO CHEW 500 MG	68	<i>vilazodone hcl tabs 10 mg</i>	66
VELSIPITY TABS 2 MG	75	<i>vilazodone hcl tabs 20 mg</i>	66
VEMLIDY TABS 25 MG.....	20	<i>vilazodone hcl tabs 40 mg</i>	66
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG	32	VILTEPSO SOLN 250 MG/5ML	90
VENCLEXTA TABS 10 MG	32	VIMIZIM SOLN 5 MG/5ML	70
VENCLEXTA TABS 100 MG	32	VINBLASTINE SULFATE SOLN 1 MG/ML	33
VENCLEXTA TABS 50 MG	33	<i>vincasar pfs soln 1 mg/ml</i>	33
VENLAFAXINE BESYLATE ER TB24 112.5 MG	66	VINCRISTINE SULFATE SOLN 1 MG/ML	33
<i>venlafaxine hcl er cp24 150 mg</i>	66	<i>vinorelbine tartrate soln 10 mg/ml</i>	33
<i>venlafaxine hcl er cp24 37.5 mg</i>	66	<i>vinorelbine tartrate soln 50 mg/5ml</i>	33
<i>venlafaxine hcl er cp24 75 mg</i>	66	VIRACEPT TABS 250 MG	20
<i>venlafaxine hcl er tb24 150 mg</i>	66	VIRACEPT TABS 625 MG	20
<i>venlafaxine hcl er tb24 225 mg</i>	66	VIREAD POWD 40 MG/GM	20
<i>venlafaxine hcl er tb24 37.5 mg</i>	66	VIREAD TABS 150 MG.....	20
<i>venlafaxine hcl er tb24 75 mg</i>	66	VIREAD TABS 200 MG.....	20
<i>venlafaxine hcl tabs 100 mg</i>	66	VIREAD TABS 250 MG.....	20
<i>venlafaxine hcl tabs 25 mg</i>	66	VISTOGARD PACK 10 GM.....	83
<i>venlafaxine hcl tabs 37.5 mg</i>	66	VITRAKVI CAPS 100 MG	33
<i>venlafaxine hcl tabs 50 mg</i>	66	VITRAKVI CAPS 25 MG	33
<i>venlafaxine hcl tabs 75 mg</i>	66	VITRAKVI SOLN 20 MG/ML	33
VEOPOZ SOLN 400 MG/2ML	90	VIVIMUSTA SOLN 100 MG/4ML	33
<i>verapamil hcl er tbcr 120 mg</i>	42	VIVITROL SUSR 380 MG	59
<i>verapamil hcl er tbcr 180 mg</i>	42	VIZIMPRO TABS 15 MG.....	33
<i>verapamil hcl er tbcr 240 mg</i>	42	VIZIMPRO TABS 30 MG.....	33
<i>verapamil hcl soln 2.5 mg/ml</i>	42	VIZIMPRO TABS 45 MG.....	33
<i>verapamil hcl tabs 120 mg</i>	42	VOCABRIA TABS 30 MG	20
<i>verapamil hcl tabs 40 mg</i>	42	VONJO CAPS 100 MG	33
<i>verapamil hcl tabs 80 mg</i>	42	VORANIGO TABS 10 MG.....	33
VERKAZIA EMUL 0.1 %.....	72	VORANIGO TABS 40 MG.....	33
VERQUVO TABS 10 MG.....	45		

VORAXAZE SOLR 1000 UNIT	83
<i>voriconazole solr 200 mg</i>	16
<i>voriconazole susr 40 mg/ml</i>	16
<i>voriconazole tabs 200 mg</i>	16
<i>voriconazole tabs 50 mg</i>	16
VOSEVI TABS 400-100-100 MG	20
VOWST CAPS.....	90
VOYDEYA TABS 100 MG	90
VOYDEYA TBPK 50 & 100 MG	90
VPRIV SOLR 400 UNIT	70
VRAYLAR CAPS 1.5 MG	66
VRAYLAR CAPS 3 MG	66
VRAYLAR CAPS 4.5 MG	66
VRAYLAR CAPS 6 MG	66
VRAYLAR CPPK 1.5 & 3 MG	66
VTAMA CREA 1 %	100
VUMERITY CPDR 231 MG	90
VYJUVEK GEL 5000000000 PFU/2.5ML	90
VYNDAMAX CAPS 61 MG	43
VYNDAQEL CAPS 20 MG.....	43
VYONDYS 53 SOLN 100 MG/2ML.....	90
VYVGART HYTRULO SOLN 180-2000 MG- UNIT/ML.....	90
VYVGART SOLN 400 MG/20ML	91
VYXEOS SUSR 44-100 MG	33

W

WAINUA SOAJ 45 MG/0.8ML	91
WAKIX TABS 17.8 MG	49
WAKIX TABS 4.45 MG	50
<i>warfarin sodium tabs 1 mg</i>	37
<i>warfarin sodium tabs 10 mg</i>	37
<i>warfarin sodium tabs 2 mg</i>	37
<i>warfarin sodium tabs 2.5 mg</i>	37
<i>warfarin sodium tabs 3 mg</i>	37
<i>warfarin sodium tabs 4 mg</i>	37
<i>warfarin sodium tabs 5 mg</i>	37
<i>warfarin sodium tabs 6 mg</i>	38
<i>warfarin sodium tabs 7.5 mg</i>	38
WATER FOR IRRIGATION, STERILE SOLN	91
WELIREG TABS 40 MG	33
WINREVAIR KIT 2 x 45 MG	92
WINREVAIR KIT 2 x 60 MG	92
WINREVAIR KIT 45 MG	92
WINREVAIR KIT 60 MG	92
<i>wixela inhub aepb 100-50 mcg/act</i>	92
<i>wixela inhub aepb 250-50 mcg/act</i>	92
<i>wixela inhub aepb 500-50 mcg/act</i>	92
WYNZORA CREA 0.005-0.064 %	98

X

XACDURO SOLR 1-1 GM.....	16
XALKORI CAPS 200 MG	33
XALKORI CAPS 250 MG	33
XALKORI CPSP 150 MG	33
XALKORI CPSP 20 MG	33
XALKORI CPSP 50 MG	33
XARELTO STARTER PACK TBPK 15 & 20 MG	38
XARELTO SUSR 1 MG/ML.....	38
XARELTO TABS 10 MG	38
XARELTO TABS 15 MG	38
XARELTO TABS 2.5 MG	38
XARELTO TABS 20 MG	38
XATMEP SOLN 2.5 MG/ML.....	33
XCOPRI (250 MG DAILY DOSE) TBPK 100 & 150 MG	53
XCOPRI (350 MG DAILY DOSE) TBPK 150 & 200 MG	53
XCOPRI TABS 100 MG	53
XCOPRI TABS 150 MG	53
XCOPRI TABS 200 MG	53
XCOPRI TABS 25 MG	53
XCOPRI TABS 50 MG	53
XCOPRI TBPK 14 x 12.5 MG & 14 X 25 MG	53
XCOPRI TBPK 14 x 150 MG & 14 X200 MG	53
XCOPRI TBPK 14 x 50 MG & 14 X100 MG	53
XDEMVI SOLN 0.25 %	71
XELJANZ SOLN 1 MG/ML	86
XELJANZ TABS 10 MG	86
XELJANZ TABS 5 MG	86
XELJANZ XR TB24 11 MG	86
XELJANZ XR TB24 22 MG	86
XENLETA SOLN 150 MG/15ML	16
XENPOZYME SOLR 20 MG	70
XENPOZYME SOLR 4 MG	71
XEOMIN SOLR 200 UNIT	91
XERMELO TABS 250 MG.....	73
XGEVA SOLN 120 MG/1.7ML	83
XIFAXAN TABS 200 MG.....	16
XIFAXAN TABS 550 MG.....	16
XOLAIR SOAJ 150 MG/ML	92
XOLAIR SOAJ 300 MG/2ML	92
XOLAIR SOAJ 75 MG/0.5ML	92
XOLAIR SOLR 150 MG	92
XOLAIR SOSY 150 MG/ML	92

XOLAIR SOSY 300 MG/2ML	92
XOLAIR SOSY 75 MG/0.5ML	92
XOLREMDI CAPS 100 MG.....	39
XOSPATA TABS 40 MG.....	33
XPHOZAH TABS 20 MG	68
XPHOZAH TABS 30 MG	68
XPOVIO (100 MG ONCE WEEKLY) TBPK 50 MG	33
XPOVIO (40 MG ONCE WEEKLY) TBPK 40 MG	33
XPOVIO (40 MG TWICE WEEKLY) TBPK 40 MG	33
XPOVIO (60 MG ONCE WEEKLY) TBPK 60 MG	33
XPOVIO (60 MG TWICE WEEKLY) TBPK 20 MG	33
XPOVIO (80 MG ONCE WEEKLY) TBPK 40 MG	33
XPOVIO (80 MG TWICE WEEKLY) TBPK 20 MG	33
XTANDI CAPS 40 MG	33
XTANDI TABS 40 MG	33
XTANDI TABS 80 MG	33
<i>xulane ptwk 150-35 mcg/24hr</i>	78

Y

<i>yargesa caps 100 mg</i>	71
YERVOY SOLN 200 MG/40ML	33
YERVOY SOLN 50 MG/10ML	33
YF-VAX INJ	95
YONDELIS SOLR 1 MG	33
YONSA TABS 125 MG	33
YORVIPATH SOPN 168 MCG/0.56ML....	80
YORVIPATH SOPN 294 MCG/0.98ML....	80
YORVIPATH SOPN 420 MCG/1.4ML.....	80
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML..	86
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML..	86
YUFLYMA (2 PEN) AJKT 40 MG/0.4ML..	86
YUFLYMA (2 SYRINGE) PSKT 20 MG/0.2ML	86
YUFLYMA (2 SYRINGE) PSKT 40 MG/0.4ML	86
YUFLYMA-CD/UC/HS STARTER AJKT	80
MG/0.8ML	86
YUPELRI SOLN 175 MCG/3ML	34
YUTIQ IMPL 0.18 MG.....	72
<i>yuvafem tabs 10 mcg</i>	80

Z

<i>zaleplon caps 10 mg</i>	56
<i>zaleplon caps 5 mg</i>	56
ZALTRAP SOLN 100 MG/4ML.....	33
ZALTRAP SOLN 200 MG/8ML.....	33
ZARXIO SOSY 300 MCG/0.5ML.....	39
ZARXIO SOSY 480 MCG/0.8ML.....	39
ZAVZPRET SOLN 10 MG/ACT	54
ZEJULA CAPS 100 MG	33
ZEJULA TABS 100 MG.....	33
ZEJULA TABS 200 MG.....	33
ZEJULA TABS 300 MG.....	33
ZELAPAR TBDP 1.25 MG.....	55
ZELBORAF TABS 240 MG	33
ZEMAIRA SOLR 4000 MG.....	92
ZEMAIRA SOLR 5000 MG.....	92
ZENPEP CPEP 10000-32000 UNIT	71
ZENPEP CPEP 15000-47000 UNIT	71
ZENPEP CPEP 20000-63000 UNIT	71
ZENPEP CPEP 25000-79000 UNIT	71
ZENPEP CPEP 3000-10000 UNIT	71
ZENPEP CPEP 40000-126000 UNIT	71
ZENPEP CPEP 5000-24000 UNIT	71
ZENPEP CPEP 60000-189600 UNIT	71
ZEPOSIA 7-DAY STARTER PACK CPPK 4 x 0.23MG & 3 X 0.46MG.....	58
ZEPOSIA CAPS 0.92 MG	58
ZEPOSIA STARTER KIT CPPK 0.23MG & 0.46MG & 0.92MG.....	58
ZEPOSIA STARTER KIT CPPK 0.23MG &0.46MG 0.92MG(21)	58
ZEPZELCA SOLR 4 MG	33
ZERBAXA SOLR 1.5 (1-0.5) GM	16
<i>zidovudine caps 100 mg</i>	20
<i>zidovudine syrp 50 mg/5ml</i>	20
<i>zidovudine tabs 300 mg</i>	20
ZILBRYSQ SOSY 16.6 MG/0.416ML	91
ZILBRYSQ SOSY 23 MG/0.574ML.....	91
ZILBRYSQ SOSY 32.4 MG/0.81ML	91
<i>zileuton er tb12 600 mg</i>	91
<i>ziprasidone hcl caps 20 mg</i>	66
<i>ziprasidone hcl caps 40 mg</i>	66
<i>ziprasidone hcl caps 60 mg</i>	66
<i>ziprasidone hcl caps 80 mg</i>	66
<i>ziprasidone mesylate solr 20 mg</i>	66
ZIRABEV SOLN 100 MG/4ML	33
ZIRABEV SOLN 400 MG/16ML	33
ZOKINVY CAPS 50 MG.....	91
ZOKINVY CAPS 75 MG.....	91

<i>zoledronic acid conc 4 mg/5ml</i>	83	ZURZUVAE CAPS 20 MG	66
ZOLEDRONIC ACID SOLN 4 MG/100ML	83	ZURZUVAE CAPS 25 MG	66
<i>zoledronic acid soln 5 mg/100ml</i>	83	ZURZUVAE CAPS 30 MG	66
ZOLINZA CAPS 100 MG	33	ZYDELIG TABS 100 MG.....	33
<i>zolmitriptan tabs 2.5 mg</i>	54	ZYDELIG TABS 150 MG.....	33
<i>zolmitriptan tabs 5 mg</i>	54	ZYKADIA TABS 150 MG.....	33
<i>zolmitriptan tbdp 2.5 mg</i>	54	ZYMFENTRA (1 PEN) AJKT 120 MG/ML	86
<i>zolmitriptan tbdp 5 mg</i>	54	ZYMFENTRA (2 PEN) AJKT 120 MG/ML	86
<i>zolpidem tartrate tabs 10 mg</i>	56	ZYMFENTRA (2 SYRINGE) PSKT 120	
<i>zolpidem tartrate tabs 5 mg</i>	56	MG/ML.....	86
ZONISADE SUSP 100 MG/5ML	53	ZYNLONTA SOLR 10 MG.....	33
<i>zonisamide caps 100 mg</i>	53	ZYNYZ SOLN 500 MG/20ML	34
<i>zonisamide caps 25 mg</i>	53	ZYPREXA RELPREVV SUSR 210 MG....	66
<i>zonisamide caps 50 mg</i>	53	ZYTIGA TABS 500 MG	34
ZTALMY SUSP 50 MG/ML	53		

Notice of Nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, call Member Services at **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente 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 our Civil Rights Coordinator by writing to One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our 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, DC 20201, **1-800-368-1019**, **1-800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-443-0815** (TTY **711**). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-443-0815** (TTY **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-443-0815** (TTY **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-443-0815** (TTY **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-443-0815** (TTY **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-443-0815** (TTY **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-443-0815** (TTY **711**). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-443-0815** (TTY **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



Notice of Nondiscrimination

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no-cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no-cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-632-9700** (TTY **711**).

If you believe that Kaiser Health Plan 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 by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**).

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, DC 20201, **1-800-368-1019**, (TTY **1-800-537-7697**). Complaint forms are available at hhs.gov/ocr/office/file/index.html.



Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-476-2167 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-476-2167 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-476-2167 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-476-2167 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-476-2167 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-476-2167 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-476-2167 (TTY 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-476-2167 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-476-2167 (TTY 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-476-2167 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: ناز ان تقدم خدمتكم لترجم لغوري لمخيل لبل لجة عن أيبل ولتقت لمخيل لاصحة أو جدول الودي لعين الل صل ول
س يقومش خص ولتحدث **1-800-476-2167 (TTY 711)** لغى نهرج فورى، لیس لعیكس ولتصل البن لغى
بماعتك. هذه خدمة مخيل لة لغى

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-476-2167 (TTY 711)** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-476-2167 (TTY 711)**. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-476-2167 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-476-2167 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-476-2167 (TTY 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-476-2167 (TTY 711)** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - ◆ Qualified sign language interpreters.
 - ◆ Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters.
 - ◆ Information written in other languages.

If you need these services, call Member Services at **1-800-232-4404 (TTY 711)**, 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente 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 our Civil Rights Coordinator by writing to Attention: Member Services, Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our 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, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-232-4404 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-232-4404 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-232-4404 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-232-4404 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-232-4404 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-232-4404 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-232-4404 (TTY 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-232-4404 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-232-4404 (TTY 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-232-4404 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: نزلنا قدم خدمتنا لترجم لغيري لم يولي قبال لجة عن أي سؤال ولتقت فوق لاصحة أو جدول الأوي لة لينا. لك حصول سيقوم شخص م (TTY 711) **1-800-232-4404** نخرج فوري، ليس ليعكس و لالتص الينا نغى ب من اعترك. هذه خدمة م يولي يفت حدت ل عوي

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-232-4404 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-232-4404 (TTY 711)**. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-232-4404 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-232-4404 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-232-4404 (TTY 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-232-4404 (TTY 711)** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - ◆ Qualified sign language interpreters.
 - ◆ Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters.
 - ◆ Information written in other languages.

If you need these services, call Member Services at **1-800-805-2739 (TTY 711)**, 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente 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 our Civil Rights Coordinator by writing to 711 Kapiolani Blvd, Honolulu, HI 96813 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our 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, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-805-2739 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-805-2739 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-805-2739 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-805-2739 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-805-2739 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-805-2739 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-805-2739 (TTY 711)**. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-805-2739 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-805-2739 (TTY 711)**. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-805-2739 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-805-2739 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-805-2739 (TTY 711)**. पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-805-2739 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-805-2739 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-805-2739 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-805-2739 (TTY 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-805-2739 (TTY 711)**にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Tongan: 'Oku 'i ai 'emau sēvesi fakatonu lea ta'etotongi ke ne ala tali ha'o ngaahi fehu'i fekau'aki mo 'emau palani mo'ui leleí pe faito'ó. Te ke ma'u ha tokotaha

fakatonulea 'i ha'o fetu'utaki ki he **1-800-805-2739** (TTY **711**). 'E 'i ai ha tokotaha 'oku lea Faka-Pilitānia ke ne tokoni'i koe. Ko e sēvesi ta'etotongi eni.

Ilocano: Addaankami kadagiti libre a serbisio ti mangitarus tapno sungbatan ti aniaman a saludsod nga addaan ka maipapan ti plano iti salun-at wenno agasmi. Tapno mangala ti mangitarus, maidawat a tawagannakam iti **1-800-805-2739** (TTY **711**). Maysa a tao nga agsasao iti Ilocano ti makatulong kenka. Daytoy ket libre a serbisio.

Pohnpeian: Mie sahpis ni soh isepe oang kawehwe peidek kan me komwi sohte wehwehki oang palien roson mwahu de wasa me pwain kohdahn wini. Komwi en kak iang alehdi sawas wet, komw telepwohndo reht ni **1-800-805-2739** (TTY **711**). Mie me kak Lokaiahn Pohnpei me pahn seweseiuk. Sawas wet sohte isepe.

Samoaan: E iai a matou auaunaga faaliliuupu e tali i soo sau fesili e uiga i lou soifua maloloina poo fuafuaga o vailaau. A fia maua se faaliliuupu, na'ou lou valaau mai lava ia matou i le **1-800-805-2739** (TTY **711**). O le fesoasoani atu se tasi e tautala Gagana Samoa. E le totogia lea auaunaga.

Laotian:

ພວກເຮົາມີບໍລິການລ່າມແປພາສາຟຣີເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ **1-800-805-2739** (TTY **711**). ຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນບໍລິການຟຣີ.

Bisayan: Duna mi'y libreng serbisyo sa tig-interpret aron motubag sa bisan unsa nimong mga pangutana mahitungod sa imong panglawas o plan sa tambal. Aron mokuha og tig-interpret, tawagi lang mi sa **1-800-805-2739** (TTY **711**). Ang usa ka tawo nga nagsulti og Pinulongan makatabang kanimo. Kini usa ka libreng serbisyo.

Marshallese: Ewor ad jermal in ukok ko ñan uak jabdewōt kajitok emaroñ in wōt am ikijen bŭlāān in ājmour ako uno ko rekajur. Ñan bukot juon riukok, kurtok kij ilo **1-800-805-2739** (TTY **711**). Juon armij ej kajiton Kajin eo ñan jibañ eok. Ejelok onean jermal in.

Hawaiian: Inā kekahi mau nīnau nāu e pili ana i kā mākou papahana 'inikua mālama olakino a i 'ole ka 'inikua lā'au kuhikuhi, loa'a ia pū ke kōkua unuhi manuahi i ka 'ōlelo Hawai'i. Inā makemake 'oe i kēia kōkua, e 'olu'olu ke kelepona mai iā mākou i ka helu **1-800-805-2739** (TTY **711**). no ka wala'au 'ana e pili ana i kēia mau papahana i ka 'ōlelo Hawai'i. Eia la ke kōkua manuahi.

Chuukese: Mi kawor aninisin chiaku ika awewen kapas ika epwe wor omw kapas eis fan iten ach kei okot ren pekin manaw me sefei. Ika ke mochen nōunōu emon chon chiaku, kopwe kori kich ren en namba **1-800-805-2739** (TTY **711**). Emon aramas mi sine Chuuk mi tongeni anisuk. Ei aninis ese kamo.

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - ◆ Qualified sign language interpreters.
 - ◆ Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters.
 - ◆ Information written in other languages.

If you need these services, call Member Services at **1-888-777-5536** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente 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 our Civil Rights Coordinator by writing to 2101 East Jefferson Street, Rockville, MD 20852 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our 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, DC 20201, **1-800-368-1019, 1-800-537-7697 (TDD)**. Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-888-777-5536 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-888-777-5536 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-888-777-5536 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-888-777-5536 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-888-777-5536 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-888-777-5536 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-888-777-5536 (TTY 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-888-777-5536 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



Nondiscrimination Notice

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Member Services at **1-800-813-2000** (TTY: **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at: Member Relations Department, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232-2099, Phone: **1-800-813-2000** (TTY: **711**), Fax: **1-855-347-7239**.

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, DC 2020, Phone: 1-800-368-1019, TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

For Washington Members

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 1-800-562-6900, or 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Help in Your Language

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-813-2000** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-813-2000** (TTY: **711**).

العربية (Arabic) ملحوظة: إذا كنت تتحدث بالعربية فإن خدماتنا من اعدت لغوي تتنوع ولدينا لخدمة مجانية.
لتصل ب رقم **1-800-813-2000** (TTY: **711**).

中文 (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**1-800-813-2000** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت کنید می‌توانید خدمات رایگان زبان را برای شما فراهم می‌کنیم.
با **1-800-813-2000** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-813-2000** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-813-2000** (TTY: **711**).

日本語 (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。**1-800-813-2000** (TTY: **711**) まで、お電話にてご連絡ください。

ខ្មែរ (Khmer) ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1-800-813-2000** (TTY: **711**)។

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-813-2000** (TTY: **711**) 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດຊານ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-813-2000 (TTY: 711).

Afaan Oromoo (Oromo) XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-813-2000** (TTY: **711**).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-800-813-2000** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ।

Română (Romanian) ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la **1-800-813-2000** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-813-2000** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-813-2000** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-813-2000** (TTY: **711**).

ไทย (Thai) หมายเหตุ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-813-2000** (TTY: **711**).

Українська (Ukrainian) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-800-813-2000** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-813-2000** (TTY: **711**).

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-221-8221 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-877-221-8221 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-877-221-8221 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-877-221-8221 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-877-221-8221 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-877-221-8221 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-877-221-8221 (TTY 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-877-221-8221 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-877-221-8221 (TTY 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-877-221-8221 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: نزلنا قدم خدمتنا لترجم لغوري لمخيل في طلب المساعدة عن أي سؤال ولتتفق على تفاصيل أو جدول الأيديلة. لك حصول سيقوم شخص خاص وإتحدث **1-877-221-8221 (TTY 711)** لغوي نخرج لغوري، ليس لغويكس ووللا تصال هنا لغوي بمناعتك. هذه خدمة مخيلية لا لغوية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-877-221-8221 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-877-221-8221 (TTY 711)**. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-877-221-8221 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-877-221-8221 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-877-221-8221 (TTY 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-877-221-8221 (TTY 711)** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

This formulary was updated on 10/01/2024. For more recent information or other questions, please contact the number for your Kaiser Permanente Region listed below, seven days a week, 8 a.m. to 8 p.m., or visit kp.org/seniorrx.

Kaiser Permanente Regional

CALIFORNIA REGIONS

Kaiser Foundation Health Plan, Inc.
393 E. Walnut St.
Pasadena, CA 91188-8514

Kaiser Permanente Senior Advantage (HMO) and Kaiser Permanente Dual Complete (HMO D-SNP) for members who reside in Alameda, Amador, Contra Costa, El Dorado, Kern, Marin, Mariposa, Napa, Placer, San Francisco, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Ventura, Yolo, and Yuba counties.

Member Service Contact Center
1-800-443-0815 TTY 711

COLORADO REGION

Kaiser Foundation Health Plan of Colorado
10350 E. Dakota Ave. Denver, CO 80247

Kaiser Permanente Senior Advantage (HMO), Kaiser Permanente Dual Complete (HMO D-SNP), Kaiser Permanente Dual Essential (HMO D-SNP), and Kaiser Permanente Senior Advantage (HMO-POS)

Member Services
1-800-476-2167 TTY 711

GEORGIA REGION

Kaiser Foundation Health Plan of Georgia, Inc. Nine Piedmont Center
3495 Piedmont Road NE Atlanta, GA 30305

Kaiser Permanente Senior Advantage (HMO), Kaiser Permanente Dual Complete (HMO D-SNP), Kaiser Permanente Dual Essential (HMO D-SNP), and Kaiser Permanente Senior Advantage (HMO-POS)

Member Services
1-800-232-4404 TTY 711

HAWAII REGION

Kaiser Foundation Health Plan, Inc.
711 Kapiolani Blvd.
Honolulu, HI 96813

Kaiser Permanente Senior Advantage (HMO)

Member Services
1-800-805-2739 TTY 711

MID-ATLANTIC STATES REGION (District of Columbia, Maryland, and Virginia)

Kaiser Foundation Health Plan
of the Mid-Atlantic States, Inc.
2101 East Jefferson St.
Rockville, MD 20852

Kaiser Permanente Medicare Advantage (HMO) and Kaiser Permanente Senior Advantage (HMO-POS)

Member Services
1-888-777-5536 TTY 711

NORTHWEST REGION

Kaiser Foundation Health Plan
of the Northwest
500 NE Multnomah St., Suite 100
Portland, OR 97232

Kaiser Permanente Senior Advantage (HMO)
and Kaiser Permanente Senior Advantage
(HMO-POS)

Member Services

1-877-221-8221 TTY 711



kp.org/seniorrx

 Please recycle.