

MVP Health Care[®]

2024 Formulario Comprensivo de Medicare Parte D (Lista de Drogas Cubiertas)

Lea: Este documento contiene información sobre los medicamentos que cubrimos en este plan. Este Formulario se actualizó el 1 de abril de 2024. Para obtener información o preguntas más recientes, comuníquese con el Centro de Atención al Cliente de Medicare MVP.

Mensaje importante sobre lo que paga por las vacunas: Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted, incluso si no ha pagado su deducible.

Obtener ayuda de Medicare: Si eligió este plan porque estaba buscando cobertura de insulina a \$35 al mes o menos, es importante saber que es posible que tenga otras opciones disponibles para 2024 a costos aún más bajos debido a los cambios en el programa de la Parte D de Medicare. Comuníquese con Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los siete días de la semana para obtener ayuda para comparar sus opciones. Los usuarios de TTY deben llamar al 1-877-486-2048.

Recursos adicionales para ayudar: Comuníquese con el Centro de Atención al Cliente de Medicare MVP al **1-800-665-7924** para obtener información adicional.

Los miembros de MVP DualAccess deben llamar al **1-866-954-1872**.

Los usuarios de TTY deben llamar al 711. El horario es de siete días a la semana, de 8 a.m. a 8 p.m., hora del este.

Del 1 de abril al 30 de septiembre, llame de lunes a viernes, de 8 a.m. a 8 p.m.

Visite mvphealthcare.com/partdformulary para obtener la lista de formularios más actualizada.

Nota a los miembros existentes: Este formulario ha cambiado desde el año pasado. Examine este documento para asegurarse de que aún contiene los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros," "nos," o "nuestro," quiere decir MVP Health Care. Cuando se refiere a "plan" o "nuestro plan," quiere decir MVP[®] Medicare Patriot PlanSM (PPO), MVP Medicare Preferred Gold (HMO-POS), MVP Medicare Secure (HMO-POS), MVP Medicare Secure Plus (HMO-POS), MVP[®] Medicare WellSelect[®] (PPO), MVP[®] Medicare WellSelect[®] Plus (PPO), MVP Medicare Gold GivebackSM (PPO), o MVP DualAccess (HMO D-SNP).

Este documento incluye lista de medicamentos (formulario) para nuestro plan que está al día el 1 de abril de 2024. Para obtener un formulario actualizado, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última vez que actualizamos el formulario, aparece en las cubiertas delantera y trasera.

Generalmente, debe utilizar farmacias de red para utilizar su beneficio de medicamentos de receta. Los beneficios, el formulario, la red de farmacias, y/o los copagos/el coseguro pueden cambiar el 1 de enero de 2025, y de vez en cuando durante el año.

¿Qué es el Formulario del MVP Health Care?

Un formulario es una lista de medicamentos cubiertos seleccionados por MVP Health Care consultando con un equipo de proveedores de atención médica, que representa las terapias de receta que se cree son parte necesaria de un programa de tratamiento de calidad. Generalmente, MVP cubrirá los medicamentos enumerados en nuestro formulario siempre que el medicamento sea necesario por motivos médicos, la receta se surta en una farmacia de la red de MVP y se sigan otras reglas del plan. Para obtener más información acerca de cómo surtir sus recetas, examine su Evidencia de Cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de los medicamentos ocurren el 1 de enero, pero MVP podría agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones.

Cambios que pueden afectarlo este año

En los casos a continuación, usted se verá afectado por los cambios de cobertura durante el año.

Nuevos medicamentos genéricos

Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.

- Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada "¿Cómo puedo solicitar que se haga una excepción al Formulario de MVP Health Care?".

Medicamentos retirados del mercado

Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.

Otros cambios

Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que se encuentra actualmente en el Formulario; o agregar nuevas restricciones al medicamento de marca o cambiarlo a un nivel de costo compartido diferente, o ambos. O podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente. O bien, podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado en un medicamento, o si pasamos un medicamento a un nivel superior de costo compartido, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un al menos el mes aplicable suministro de medicamentos (hasta treinta días)

- Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de MVP Health Care?”.

Cambios que no lo afectarán si actualmente toma el medicamento

En general, si usted toma un medicamento de nuestro Formulario para 2024 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos.

No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique la Lista de medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El formulario adjunto está al día el 1 de abril de 2024. Para obtener información actualizada acerca de los medicamentos cubiertos por MVP Health Care, póngase en contacto con nosotros. Nuestra información de contacto aparece en las cubiertas delantera y trasera.

En el caso de un cambio o cambios en el Formulario durante el año, los cambios también se publicarán en mvphealthcare.com. La versión actualizada del Formulario completo se publicará en el sitio web de MVP mensualmente según sea necesario. Para ver la lista de cambios, visite mvphealthcare.com/partdformulary.

O puede solicitar una fe de errata (una copia de los Cambios en el Formulario de 2024) llamando al Centro de Servicios a los Afiliados en los números de teléfono que aparecen en el reverso de su tarjeta de ID de miembro.

¿Cómo se utiliza el Formulario?

Hay dos maneras de encontrar su medicamento en el formulario:

Condición Médica

El formulario empieza en la página 1. Los medicamentos de este formulario están agrupados en categorías según el tipo de condición médica para el tratamiento de la cual se utilizan. Por ejemplo, los medicamentos que se utilizan para tratar una condición

cardiaca se enumeran bajo la categoría, "Cardiovascular". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 1. Después, busque su medicamento bajo el nombre de la categoría.

Lista Alfabética

Si no está seguro de la categoría bajo la cual buscar, debe buscar su medicamento en el Índice que empieza en la página 109. El Índice da una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice.

1. Mire en el Índice para encontrar su medicamento.
2. Al lado de su medicamento verá el número de la página donde puede encontrar información de cobertura.
3. Vaya a la página indicada en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son medicamentos genéricos?

MVP cubre tanto medicamentos de marca como los medicamentos genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (FDA) indicando que tiene el mismo ingrediente activo que el medicamento de marca. Generalmente, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Hay restricciones en mi cobertura?

Es posible que algunos medicamentos cubiertos tengan requisitos adicionales o límites de cobertura. Estos requisitos y límites pueden incluir:

Autorización Previa

MVP requiere que usted o su médico obtenga autorización previa para ciertos medicamentos. Esto quiere decir que necesitará obtener la aprobación de MVP antes de surtir sus recetas. Si no obtiene aprobación, es posible que MVP no cubra el medicamento.

Límites de Cantidad

Para ciertos medicamentos, MVP limita la cantidad de medicamento que cubrirá MVP. Por ejemplo, MVP proporciona 30 tabletas cada 30 días por receta para JANUVIA. Esto puede ser además de un suministro estándar de un mes o tres meses.

Terapia en Pasos

En algunos casos, MVP requiere que pruebe primero ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa condición. Por ejemplo, si el Medicamento A y el Medicamento B tratan su condición médica, es posible que MVP no cubra el Medicamento B a menos que pruebe primero el Medicamento A. Si el Medicamento A no le va bien, MVP cubrirá entonces el Medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales mirando en el formulario que empieza en la página 1. También puede obtener más información acerca de las restricciones aplicadas a medicamentos específicos cubiertos visitando nuestro sitio Web. Hemos puesto en línea documentos que explican nuestras restricciones de autorización previa y de terapia de paso.] También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las cubiertas delantera y trasera.

Puede pedirle a MVP que haga una excepción a estas restricciones a límites, o pedirle una lista de otros medicamentos parecidos que puedan tratar su condición médica. Vea la sección, "¿Cómo se solicita una excepción al Formulario de MVP Health Care?" en la página E para ver información acerca de la manera de solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), lo primero que debe hacer es ponerse en contacto con Servicios de Miembros y preguntar si está cubierto su medicamento. Este documento incluye solo una lista parcial de los medicamentos cubiertos, por eso es posible que MVP cubra su medicamento. Para obtener más información, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las cubiertas delantera y trasera.

Si averigua que MVP Health Care no cubre su medicamento, tiene dos opciones:

1. Puede pedirle al Centro de Servicios a los Afiliados de MVP una lista de medicamentos parecidos que estén cubiertos por MVP. Cuando reciba la lista,

enséñesela a su médico y pídale que le recete un medicamento parecido que esté cubierto por MVP.

2. Le puede pedir a MVP que haga una excepción y cubra su medicamento. Vea la información que aparece a continuación para ver cómo solicitar una excepción.

¿Cómo se solicita una excepción al Formulario de MVP Health Care?

Le puede pedir a MVP Health Care que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento aún si no está en nuestro formulario. Si se aprueba, este medicamento se cubrirá a un nivel predeterminado de costo compartido, y usted no podría pedirnos que proporcionemos el medicamento a un nivel más bajo de costo compartido.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel más bajo de costo compartido. Si se aprueba, esto reduciría la cantidad que debe pagar usted por su medicamento. **NOTA:** Usted no puede solicitarnos la cobertura de un medicamento de Nivel 5 (Nivel de medicamentos especializados) a un nivel de costo compartido más bajo.
- Puede pedirnos que demos una exención para las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, MVP Health Care limita la cantidad de medicamento que cubrimos. Si su medicamento tiene un límite de cantidad, puede pedirnos que otorguemos una exención para el límite y que cubramos una cantidad agostor.

Generalmente, MVP solamente aprobará su solicitud de excepción si los medicamentos de alternativa incluidos en el formulario del plan, el medicamento de costo compartido más bajo, o las restricciones de utilización adicionales no serían tan efectivas en el tratamiento de su condición y/o harían que usted tuviera efectos médicos adversos.

Debe ponerse en contacto con nosotros para pedirnos una decisión de cobertura inicial para una excepción al formulario o de las restricciones de utilización. **Cuando solicite una excepción al formulario o de restricciones de utilización, debe presentar una declaración de su recetador o médico apoyando su solicitud.** Generalmente, tenemos que tomar una decisión dentro de las 72 horas siguientes a recibir la declaración de apoyo de su recetador. Puede solicitar una excepción acelerada (rápida) si usted o su médico cree que su salud podría verse severamente dañada si espera 72 horas para recibir una decisión. Si su solicitud de acelerar se concede, debemos darle

una decisión no más de 24 horas después de recibir una declaración de apoyo de su médico u otro recetador.

¿Qué hago antes de poder hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo de o si continua en nuestro plan, puede que esté tomando medicamentos que no estén en nuestro formulario. O puede que esté tomando un medicamento que esté en el formulario pero su habilidad de obtenerlo sea limitada. Por ejemplo, puede que necesite autorización previa nuestra antes de poder surtir su receta. Debe hablar con su médico para decidir si debería cambiar a un medicamento apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el rumbo correcto que seguir, puede que cubramos su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su habilidad de obtener sus medicamentos es limitada, cubriremos un suministro temporal para un suministro de un mes. Si su receta está indicada para menos días, permitiremos que realice resurtidos por un máximo de hasta 30 días del medicamento. Después del primer suministro para 30 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días mientras solicita la excepción al formulario.

Los miembros que estén cambiando los niveles de cuidado pueden ser elegibles para un suministro de medicamentos de transición fuera de su período de transición de inscripción inicial de 90 días. Los cambios en el nivel de atención pueden incluir: ingresar o salir de un centro de cuidados a largo plazo, dar de alta del hospital al hogar y terminar la estancia en un centro de enfermería especializada y regresar a la cobertura del Formulario de la Parte D bajo su plan.

Para obtener más información

Para obtener información más detallada acerca de su cobertura de medicamentos de receta de MVP Health Care, examine su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas acerca de MVP Health Care, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las cubiertas delantera y trasera.

Si tiene preguntas generales acerca de la cobertura de medicamentos de receta de Medicare, llame a Medicare al **1-800-MEDICARE (1-800-633-4227)** 24 horas al día / 7 días a la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite [medicare.gov](https://www.medicare.gov).

Formulario de MVP Health Care

El formulario que empieza en página 1 proporciona información de cobertura acerca de los medicamentos cubiertos por MVP Health Care. Si tiene dificultades para encontrar su medicamento en la lista, vaya al Índice que empieza en la página 109.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca están en letras mayúsculas (por ejemplo, JANUVIA) y los medicamentos genéricos aparecen en cursiva minúscula (por ejemplo, *allopurinol*).

La información de la columna de Requisitos/Límites le dice si MVP tiene algún requisito especial para la cobertura de su medicamento.

Abreviaturas y definiciones de los términos del formulario

Puede encontrar una o más de las siguientes abreviaturas en el Formulario bajo la columna Requisitos/Límites junto a un nombre de medicamento.

No disponible mediante pedido por correo (NM)

No se permiten ciertos medicamentos a través del programa de farmacia de pedidos por correo. Estas recetas solo pueden abastecerse en una farmacia minorista.

Autorización previa (PA)

Por razones de seguridad y/o ahorro de costos, MVP Health Care requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que

necesitará tener una aprobación de MVP antes de surtir sus recetas. Si no obtiene la aprobación primero, es posible que MVP no cubra el medicamento.

Límites de cantidad (QL)

Por razones de seguridad y/o ahorro de costos, MVP Health Care establece un límite en la cantidad del medicamento que cubrimos para ciertos medicamentos. Por ejemplo, MVP proporciona una cápsula al día para JANUVIA. Este límite puede aplicarse a un suministro estándar de un mes o de tres meses.

Terapia escalonada (ST)

Por razones de seguridad y/o ahorro de costos, en algunos casos MVP Health Care requiere que primero pruebe algunos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esta afección. Por ejemplo, si un medicamento A y un medicamento B tratan su afección médica, puede ser que MVP no cubra el medicamento B a menos que pruebe con el medicamento A primero. Si el medicamento A no funciona para usted, entonces MVP cubrirá el medicamento B.

Límites de suministro (DL)

Por razones de seguridad y/o ahorro de costos, ciertos medicamentos se limitan a un suministro de 30 días a través de una farmacia minorista y no están disponibles a través del programa de pedido por correo.

Acceso limitado (LA)

Algunos medicamentos solamente están disponibles a través de una Farmacia especializada designada debido a la distribución limitada del fabricante.

Cobertura de medicamentos de la Parte B frente a la cobertura de medicamentos de la Parte D (B/D)

Algunos medicamentos podrían cubrirse bajo el beneficio de la Parte B o Parte D, dependiendo de ciertos requisitos. Esto significa que usted o su médico deberán presentar una solicitud a MVP Health Care para que podamos determinar, basándonos en las pautas de Medicare, si su medicamento estará cubierto como Parte B o Parte D. Sus costos compartidos se basarán en esta determinación.

Sus Costos Durante el Período Inicial de Cobertura

NOTA:

1. No todos los planes de MVP Medicare Advantage se ofrecen en cada condado de Nueva York y Vermont.
2. Si usted califica para el EPIC (Programa de Cobertura de seguro farmacéutico para personas agostores) del Estado de Nueva York, un Programa de Asistencia para recetas médicas de Vermont, o un Subsidio por bajos ingresos, los montos que se indican a continuación pueden ser reducidos.

Lo que paga por un suministro de 30 días en una farmacia minorista:

Tipo de plan de MVP Medicare Advantage	Deducible	Nivel 1	Nivel 2	Nivel 3	Nivel 4	Nivel 5
		Medicamentos genéricos preferidos	Medicamentos genéricos	Medicamentos de marca preferidos	Medicamentos de marca no preferidos	Medicamentos especializados
MVP Medicare Patriot Plan con la Parte D				<i>Lo que paga una vez se cumpla el deducible.</i>		
<i>Región Rochester/ Buffalo¹</i>	\$250	\$0	\$15	\$45	25%	27%
<i>Todas las Otras Regiones⁶</i>	\$200	\$0	\$15	\$45	25%	27%
MVP Medicare Gold Giveback con la Parte D						
<i>Región Rochester/ Buffalo¹</i>	\$400	\$0	\$12	\$42	\$100	27%
MVP Medicare Preferred Gold con la Parte D						
<i>Región Rochester/ Buffalo¹</i>	\$0	\$0	\$10	\$40	25%	33%
<i>Todas las Otras Regiones</i>	\$0	\$0	\$10	\$35	25%	33%
MVP Medicare Secure Plus con la Parte D				<i>Lo que paga una vez se cumpla el deducible.</i>		
<i>Todas las regiones³</i>	\$0	\$0	\$15	\$45	25%	33%
MVP Medicare WellSelect Plus con la Parte D				<i>Lo que paga una vez se cumpla el deducible.</i>		
<i>Región Rochester/ Buffalo¹</i>	\$250	\$0	\$10	\$47	25%	25%
<i>Todas las Otras Regiones³</i>	\$0	\$0	\$10	\$35	25%	33%
MVP Medicare WellSelect con la Parte D				<i>Lo que paga una vez se cumpla el deducible.</i>		
<i>Región de Hudson Valley⁴</i>	\$250	\$0	\$12	\$47	25%	27%
<i>Todas las Otras Regiones</i>	\$250	\$0	\$12	\$47	25%	27%
MVP Medicare Secure con la Parte D				<i>Lo que paga una vez se cumpla el deducible.</i>		
<i>Región Rochester/ Buffalo¹</i>	\$300	\$0	\$15	\$47	25%	25%
<i>Todas las Otras Regiones³</i>	\$150	\$0	\$10	\$47	25%	30%

		Nivel 1	Nivel 2	Nivel 3	Nivel 4	Nivel 5
MVP DualAccess		<i>Lo que paga una vez se cumpla el deducible.</i>				
<i>Select Counties</i> ⁵	\$0*	Medicamentos genéricos: \$0* Medicamentos de marca: \$0*				

¹La región de Rochester/Bufalo incluye los condados de Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Wayne, Wyoming, y Yates.

²MVP Medicare Secure Plus no se ofrecen en la región de Rochester/Bufalo.

³Los planes Medicare Secure, MVP Medicare Preferred Gold y MVP Medicare WellSelect Plus no se ofrecen en los condados de Clinton, Essex, Franklin, Hamilton y St. Lawrence de Nueva York ni en ninguno de los condados de Vermont.

⁴La región de Hudson Valley Region incluye los condados de Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, y Westchester.

⁵MVP DualAccess se ofrece en los siguientes condados de Nueva York: Albany, Columbia, Dutchess, Greene, Monroe, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, y Westchester.

⁶MVP Medicare Patriot Plan se ofrece en los siguientes condados de Nueva York: Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Cortland, Delaware, Dutchess, Erie, Fulton, Genesee, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, y Yates.

*MVP DualAccess planes están sujetos a costos compartidos de \$0 y deducibles de \$0, independientemente del nivel de Subsidio por Bajos Ingresos (LIS)

Descripciones de niveles

Nivel 1—Medicamentos genéricos preferidos –Costo \$0

El Nivel 1 incluye medicamentos genéricos seleccionados que se usan para tratar afecciones crónicas como diabetes, presión arterial alta, colesterol alto, y osteoporosis/salud ósea.

Nivel 2—Medicamentos genéricos

El Nivel 2 incluye la mayoría del resto de los medicamentos genéricos en nuestro Formulario. Los medicamentos genéricos tienen los mismos ingredientes activos, concentración y eficacia que las versiones de marca, pero generalmente a un costo mucho menor.

Nivel 3—Medicamentos de marca preferidos

El Nivel 3 incluye medicamentos de marca preferidos que tienen el costo compartido más bajo para los medicamentos de marca. Ciertos medicamentos genéricos pueden aparecer en el Nivel 3 debido a posibles incertidumbres respecto de la seguridad o al alto costo del medicamento.

Nivel 4—Medicamentos de marca no preferidos

El Nivel 4 incluye todos los demás medicamentos de marca y genéricos no preferidos en nuestro Formulario. Los medicamentos de la Parte D excluidos de nuestro Formulario deben pasar por un proceso de excepción para que MVP los cubra. Si son aprobados, tendrán cobertura en el Nivel 4.

Nivel 5—Medicamentos especializados

El Nivel 5 incluye medicamentos genéricos y de marca especializados de alto costo que cuestan \$950 o más para un suministro de un mes. La mayoría de los medicamentos en el Nivel 5 están restringidos a un suministro de un mes en farmacias minoristas, y están excluidos del programa de pedido por correo y del proceso de excepción de nivel.

Los medicamentos de insulina cubiertos por el plan tienen un copago máximo de \$35, independientemente del nivel, y no están sujetos al deducible.

Paxlovid está disponible en todos los planes a un costo compartido de \$0. No se requiere autorización previa ni terapia escalonada.

ANALGESICS	1
ANESTHETICS	4
ANTI-INFECTIVES	4
ANTINEOPLASTIC AGENTS	16
CARDIOVASCULAR.....	28
CENTRAL NERVOUS SYSTEM.....	41
ENDOCRINE AND METABOLIC.....	64
GASTROINTESTINAL.....	81
GENITOURINARY	85
HEMATOLOGIC	86
IMMUNOLOGIC AGENTS	89
NUTRITIONAL/SUPPLEMENTS	94
OPHTHALMIC.....	96
OTIC	98
RESPIRATORY	99
TOPICAL.....	103
Index.....	109

MVP DB 2024 eff 04/01/2024

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS**GOUT**

<i>allopurinol tab 100 mg</i>	2	
<i>allopurinol tab 300 mg</i>	2	
<i>colchicine tab 0.6 mg</i>	3	QL (60 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat tab 40 mg</i>	3	QL (30 tabs / 30 days)
<i>febuxostat tab 80 mg</i>	3	QL (30 tabs / 30 days)
<i>probenecid tab 500 mg</i>	2	

MISCELLANEOUS

<i>butalbital-acetaminophen tab 50-325 mg</i>	2	QL (60 tabs / 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	2	QL (60 caps / 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	2	QL (60 caps / 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	2	QL (60 tabs / 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	2	QL (60 caps / 30 days)
<i>tencon</i>	2	QL (60 tabs / 30 days)

NSAIDS

<i>celecoxib cap 50 mg</i>	3	
<i>celecoxib cap 100 mg</i>	3	
<i>celecoxib cap 200 mg</i>	3	
<i>celecoxib cap 400 mg</i>	3	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>ibu tab 600mg</i>	2	
<i>ibu tab 800mg</i>	2	
<i>ibuprofen tab 400 mg</i>	2	
<i>ibuprofen tab 600 mg</i>	2	
<i>ibuprofen tab 800 mg</i>	2	
<i>meloxicam tab 7.5 mg</i>	2	
<i>meloxicam tab 15 mg</i>	2	
<i>nabumetone tab 500 mg</i>	2	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen tab 250 mg</i>	2	
<i>naproxen tab 375 mg</i>	2	
<i>naproxen tab 500 mg</i>	2	
<i>salsalate tab 500 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>salsalate tab 750 mg</i>	3	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine td patch weekly 5 mcg/hr</i>	3	QL (4 patches / 28 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	3	QL (4 patches / 28 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	3	QL (4 patches / 28 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	3	QL (4 patches / 28 days)
<i>buprenorphine td patch weekly 20 mcg/hr</i>	3	QL (4 patches / 28 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	QL (20 patches / 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	QL (20 patches / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	QL (20 patches / 30 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	3	QL (20 patches / 30 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	3	QL (20 patches / 30 days)
<i>morphine sulfate tab er 15 mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 30 mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 60 mg</i>	2	QL (60 tabs / 30 days)
<i>morphine sulfate tab er 100 mg</i>	2	QL (60 tabs / 30 days)
<i>morphine sulfate tab er 200 mg</i>	2	QL (60 tabs / 30 days)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	3	QL (90 tabs / 30 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	3	QL (90 tabs / 30 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	3	QL (60 tabs / 30 days)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	3	QL (60 tabs / 30 days)
OXYCONTIN TAB 10MG ER	4	QL (90 tabs / 30 days)
OXYCONTIN TAB 15MG ER	4	QL (90 tabs / 30 days)
OXYCONTIN TAB 20MG ER	4	QL (90 tabs / 30 days)
OXYCONTIN TAB 30MG ER	4	QL (90 tabs / 30 days)
OXYCONTIN TAB 40MG ER	4	QL (60 tabs / 30 days)
OXYCONTIN TAB 60MG ER	4	QL (60 tabs / 30 days)
OXYCONTIN TAB 80MG ER	4	QL (60 tabs / 30 days)
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (360 tabs / 30 days)
<i>ascomp/codeine</i>	2	QL (60 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	2	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	2	QL (60 caps / 30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	2	QL (60 caps / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	2	
<i>butorphanol tartrate inj 2 mg/ml</i>	2	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2	QL (4 bottles / 30 days)
<i>endocet tab 2.5-325</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	5	QL (120 tabs / 30 days), PA; DL
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	5	QL (120 tabs / 30 days), PA; DL
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	5	QL (120 tabs / 30 days), PA; DL
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	5	QL (120 tabs / 30 days), PA; DL
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	5	QL (120 tabs / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	4	QL (120 lozenges / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	QL (120 lozenges / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	QL (120 lozenges / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	QL (120 lozenges / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	QL (120 lozenges / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	QL (120 lozenges / 30 days), PA; DL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	3	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	
<i>hydromorphone hcl tab 2 mg</i>	2	QL (250 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	2	QL (250 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab 8 mg</i>	2	QL (250 tabs / 30 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	3	
<i>morphine sulfate oral soln 20 mg/5ml</i>	3	
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	3	
<i>morphine sulfate suppos 10 mg</i>	2	
<i>morphine sulfate tab 15 mg</i>	3	QL (300 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	3	QL (300 tabs / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	QL (120 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	2	
<i>oxycodone hcl tab 5 mg</i>	2	QL (240 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	2	QL (240 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	2	QL (200 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	2	QL (200 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	2	QL (200 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxymorphone hcl tab 5 mg</i>	3	QL (240 tabs / 30 days)
<i>oxymorphone hcl tab 10 mg</i>	3	QL (200 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	2	
<i>tramadol hcl tab 100 mg</i>	2	
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole tab 200 mg</i>	3	
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	2	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	2	
<i>atovaquone susp 750 mg/5ml</i>	4	QL (300 mL / 30 days); DL
<i>aztreonam for inj 1 gm</i>	2	
<i>baciim</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CAYSTON INH 75MG	5	NM, LA, PA; DL
<i>clindamycin hcl cap 75 mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin hcl cap 300 mg</i>	2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
<i>clindamycin phosphate inj 600 mg/4ml</i>	2	
<i>clindamycin phosphate inj 900 mg/6ml</i>	2	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	4	
<i>dapsone tab 25 mg</i>	3	
<i>dapsone tab 100 mg</i>	3	
<i>daptomycin for iv soln 500 mg</i>	5	DL
DORIBAX INJ 250MG	4	
EMVERM CHW 100MG	5	DL
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	4	
FIRVANQ SOL 25MG/ML	3	
FIRVANQ SOL 50MG/ML	3	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	3	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
IMPAVIDO CAP 50MG	5	DL
<i>ivermectin tab 3 mg</i>	2	
<i>linezolid for susp 100 mg/5ml</i>	5	DL
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	4	
<i>linezolid tab 600 mg</i>	2	
<i>meropenem iv for soln 1 gm</i>	2	
<i>meropenem iv for soln 500 mg</i>	2	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole in nacl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	4	DL
<i>nitrofur mac cap 50mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	3	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	3	
<i>pentamidine isethionate inh</i>	2	B/D
<i>pentamidine isethionate inj</i>	4	DL
<i>praziquantel tab 600 mg</i>	3	
<i>pyrimethamine tab 25 mg</i>	5	DL
<i>streptomycin sulfate for inj 1 gm</i>	4	
<i>sulfadiazine tab 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	2	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	2	
SYNERCID INJ 500MG	5	DL
<i>tinidazole tab 250 mg</i>	2	
<i>tinidazole tab 500 mg</i>	2	
TOBI PODHALR CAP 28MG	3	NM, LA, PA; DL
<i>tobramycin nebu soln 300 mg/4ml</i>	5	B/D, NM; DL
<i>tobramycin nebu soln 300 mg/5ml</i>	5	B/D, NM; DL
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	2	B/D; DL
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	2	B/D; DL
<i>trimethoprim tab 100 mg</i>	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	3	DL
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	3	DL
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	2	DL
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	2	DL
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	2	DL
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	2	DL

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Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl for iv soln 750 mg (base equivalent)	2	DL
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	3	
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	3	
XENLETA TAB 600MG	5	NM; DL
XIFAXAN TAB 200MG	4	QL (9 tabs / 30 days), PA; DL
ZEMDRI INJ 500MG/10	5	DL

ANTIFUNGALS

ABELCET INJ 5MG/ML	4	B/D
amphotericin b for iv soln 50 mg	3	B/D; DL
fluconazole for susp 10 mg/ml	2	
fluconazole for susp 40 mg/ml	2	
fluconazole in dextrose	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	2	DL
fluconazole tab 50 mg	2	
fluconazole tab 100 mg	2	
fluconazole tab 150 mg	2	
fluconazole tab 200 mg	2	
flucytosine cap 250 mg	2	
flucytosine cap 500 mg	2	
griseofulvin microsize susp 125 mg/5ml	3	
griseofulvin microsize tab 500 mg	3	
griseofulvin ultramicrosize tab 125 mg	3	
griseofulvin ultramicrosize tab 250 mg	3	
itraconazole cap 100 mg	3	PA
ketoconazole tab 200 mg	4	
miconazole sodium for iv soln 50 mg	5	DL
miconazole sodium for iv soln 100 mg	5	DL
NOXAFIL SUS 40MG/ML	5	PA; DL
nystatin tab 500000 unit	2	
posaconazole susp 40 mg/ml	5	PA; DL
posaconazole tab delayed release 100 mg	5	PA; DL
terbinafine hcl tab 250 mg	2	QL (84 tabs / 365 days)
voriconazole for inj 200 mg	4	PA; DL
voriconazole for susp 40 mg/ml	5	DL
voriconazole tab 50 mg	4	DL
voriconazole tab 200 mg	3	

ANTIMALARIALS

atovaquone-proguanil hcl tab 250-100 mg	4	DL
chloroquine phosphate tab 250 mg	2	DL
chloroquine phosphate tab 500 mg	2	DL

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Drug Name	Drug Tier	Requirements/Limits
COARTEM TAB 20-120MG	4	DL
<i>mefloquine hcl tab 250 mg</i>	2	DL
PRIMAQUINE TAB 26.3MG	4	DL
<i>quinine sulfate cap 324 mg</i>	2	QL (84 caps / 365 days); DL

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	NM
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	NM
APTIVUS CAP 250MG	5	NM; DL
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	4	NM
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	4	NM
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	4	NM
<i>darunavir tab 600 mg</i>	5	NM; DL
<i>darunavir tab 800 mg</i>	5	NM; DL
EDURANT TAB 25MG	5	NM; DL
<i>efavirenz cap 50 mg</i>	2	NM
<i>efavirenz cap 200 mg</i>	2	NM
<i>efavirenz tab 600 mg</i>	2	NM
<i>emtricitabine caps 200 mg</i>	3	NM
EMTRIVA SOL 10MG/ML	3	NM
<i>etravirine tab 100 mg</i>	5	NM; DL
<i>etravirine tab 200 mg</i>	5	NM; DL
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	NM; DL
FUZEON INJ 90MG	3	NM, LA
INTELENCE TAB 25MG	4	NM
INVIRASE TAB 500MG	3	NM
ISENTRESS CHW 25MG	3	NM
ISENTRESS CHW 100MG	5	NM; DL
ISENTRESS HD TAB 600MG	5	NM; DL
ISENTRESS POW 100MG	4	NM
ISENTRESS TAB 400MG	5	NM; DL
<i>lamivudine oral soln 10 mg/ml</i>	2	NM
<i>lamivudine tab 150 mg</i>	2	NM
<i>lamivudine tab 300 mg</i>	2	NM
LEXIVA SUS 50MG/ML	4	NM
<i>maraviroc tab 150 mg</i>	5	NM; DL
<i>maraviroc tab 300 mg</i>	5	NM; DL
<i>nevirapine susp 50 mg/5ml</i>	3	NM
<i>nevirapine tab 200 mg</i>	2	NM
<i>nevirapine tab er 24hr 400 mg</i>	4	NM
NORVIR POW 100MG	4	NM
NORVIR SOL 80MG/ML	3	NM

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Drug Name	Drug Tier	Requirements/Limits
NORVIR TAB 100MG	3	NM
PIFELTRO TAB 100MG	5	NM; DL
PREZISTA SUS 100MG/ML	4	NM
PREZISTA TAB 75MG	4	NM
PREZISTA TAB 150MG	4	NM
PREZISTA TAB 600MG	5	NM; DL
PREZISTA TAB 800MG	5	NM; DL
RETROVIR INJ 10MG/ML	4	NM
REYATAZ POW 50MG	5	NM; DL
<i>ritonavir tab 100 mg</i>	3	NM
RUKOBIA TAB 600MG ER	5	NM; DL
SELZENTRY SOL 20MG/ML	4	NM
SELZENTRY TAB 25MG	4	QL (120 tabs / 30 days), NM; DL
SELZENTRY TAB 75MG	5	NM; DL
SUNLENCA INJ	5	NM, LA; DL
SUNLENCA TAB 300MG	5	NM, LA; DL
<i>tenofovir disoproxil fumarate tab 300 mg</i>	3	NM
TIVICAY PD TAB 5MG	4	NM
TIVICAY TAB 10MG	4	QL (30 tabs / 30 days), NM
TIVICAY TAB 25MG	5	NM; DL
TIVICAY TAB 50MG	5	NM; DL
TYBOST TAB 150MG	4	NM
VIRACEPT TAB 250MG	3	NM
VIRACEPT TAB 625MG	3	NM
VIREAD POW 40MG/GM	3	NM
VIREAD TAB 150MG	3	NM
VIREAD TAB 200MG	3	NM
VIREAD TAB 250MG	3	NM
<i>zidovudine cap 100 mg</i>	2	NM
<i>zidovudine syrup 10 mg/ml</i>	2	NM
<i>zidovudine tab 300 mg</i>	2	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	NM
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	4	NM
BIKTARVY TAB	5	NM; DL
CIMDUO TAB 300-300	5	NM; DL
COMPLERA TAB	5	NM; DL
DELSTRIGO TAB	5	NM; DL
DESCOVY TAB 120-15MG	5	NM; DL
DESCOVY TAB 200/25MG	5	NM; DL

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Drug Name	Drug Tier	Requirements/Limits
DOVATO TAB 50-300MG	5	NM; DL
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM; DL
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NM; DL
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	NM
EVOTAZ TAB 300-150	5	NM; DL
GENVOYA TAB	5	NM; DL
JULUCA TAB 50-25MG	5	NM; DL
<i>lamivudine-zidovudine tab 150-300 mg</i>	3	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	3	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	3	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	3	NM
ODEFSEY TAB	5	NM; DL
PREZCOBIX TAB 800-150	5	NM; DL
STRIBILD TAB	5	NM; DL
SYMTUZA TAB	5	NM; DL
TEMIXYS TAB 300-300	4	NM
TRIUMEQ PD TAB	5	NM; DL
TRIUMEQ TAB	5	NM; DL
TRIZIVIR TAB	4	NM
ANTITUBERCULAR AGENTS		
CAPASTAT SUL INJ 1GM	4	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid inj 100 mg/ml</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	2	
<i>isoniazid tab 300 mg</i>	2	
PRETOMANID TAB 200MG	4	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	3	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>rifampin for inj 600 mg</i>	2	
SIRTURO TAB 20MG	5	NM, LA; DL
SIRTURO TAB 100MG	5	NM, LA; DL
TRECTOR TAB 250MG	4	

ANTIVIRALS

<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir sodium iv soln 50 mg/ml</i>	2	B/D
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	2	NM
<i>cidofovir iv inj 75 mg/ml</i>	2	
<i>entecavir tab 0.5 mg</i>	4	NM
<i>entecavir tab 1 mg</i>	4	NM
EPCLUSA PAK 150-37.5	5	NM, PA; DL
EPCLUSA PAK 200-50MG	5	NM, PA; DL
EPCLUSA TAB 200-50MG	5	NM, PA; DL
EPCLUSA TAB 400-100	5	NM, PA; DL
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
HARVONI PAK 33.75-150MG	5	NM, PA; DL
HARVONI PAK 45-200MG	5	NM, PA; DL
HARVONI TAB 90-400MG	5	NM, PA; DL
LAGEVRIO CAP 200MG	3	
<i>lamivudine tab 100 mg (hbv)</i>	2	NM
LIVTENCITY TAB 200MG	5	NM, LA; DL
MAVYRET PAK 50-20MG	5	NM, PA; DL
MAVYRET TAB 100-40MG	5	NM, PA; DL
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	3	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	3	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	3	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	3	QL (720 mL / 180 days)
PAXLOVID TAB 150-100	3	\$0 cost share
PAXLOVID TAB 300-100	3	\$0 cost share
PEGASYS INJ	5	NM; DL
PEGASYS INJ 180MCG/M	5	NM; DL
PREVYMIS TAB 240MG	5	DL
PREVYMIS TAB 480MG	5	DL

Drug Name	Drug Tier	Requirements/Limits
RELENZA MIS DISKHALE	4	QL (3 inhalers / 180 days)
<i>ribavirin cap 200 mg</i>	2	NM, PA; DL
<i>ribavirin tab 200 mg</i>	2	NM, PA; DL
<i>rimantadine hydrochloride tab 100 mg</i>	2	
SOVALDI PAK 150MG	5	NM, PA; DL
SOVALDI PAK 200MG	5	NM, PA; DL
SOVALDI TAB 200MG	5	NM, PA; DL
SOVALDI TAB 400MG	5	NM, PA; DL
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	2	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	3	
VOSEVI TAB	5	NM, PA; DL
XOFLUZA TAB 40MG	4	QL (4 tabs / 180 days)
XOFLUZA TAB 80MG	4	QL (2 tabs / 180 days)
ZEPATIER TAB 50-100MG	5	NM, PA; DL

CEPHALOSPORINS

<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	2	
<i>cefazolin sodium for inj 1 gm</i>	2	
<i>cefazolin sodium for inj 10 gm</i>	2	
<i>cefazolin sodium for inj 500 mg</i>	2	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for iv soln 2 gm</i>	2	
<i>cefixime cap 400 mg</i>	2	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	
<i>cefotetan disodium for inj 1 gm</i>	2	
<i>cefotetan disodium for inj 2 gm</i>	2	
<i>cefoxitin sodium for iv soln 1 gm</i>	2	
<i>cefoxitin sodium for iv soln 2 gm</i>	2	
<i>cefoxitin sodium for iv soln 10 gm</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	

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<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil tab 500 mg</i>	2	
<i>ceftazidime for inj 1 gm</i>	2	
<i>ceftazidime for inj 6 gm</i>	2	
<i>ceftazidime for iv soln 2 gm</i>	2	
<i>ceftriaxone sodium for inj 1 gm</i>	2	
<i>ceftriaxone sodium for inj 2 gm</i>	2	
<i>ceftriaxone sodium for inj 10 gm</i>	2	
<i>ceftriaxone sodium for inj 250 mg</i>	2	
<i>ceftriaxone sodium for inj 500 mg</i>	2	
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	2	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	2	
<i>cephalexin cap 250 mg</i>	2	
<i>cephalexin cap 500 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
<i>tazicef</i>	2	
TEFLARO INJ 400MG	4	
TEFLARO INJ 600MG	4	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	2	
<i>azithromycin for susp 200 mg/5ml</i>	2	
<i>azithromycin iv for soln 500 mg</i>	2	
<i>azithromycin tab 250 mg</i>	2	
<i>azithromycin tab 500 mg</i>	2	
<i>azithromycin tab 600 mg</i>	2	
<i>clarithromycin for susp 125 mg/5ml</i>	2	
<i>clarithromycin for susp 250 mg/5ml</i>	2	
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
DIFICID SUS	5	PA; DL
DIFICID TAB 200MG	5	PA; DL
<i>e.e.s. 400</i>	3	
<i>ery-tab</i>	3	
ERYTHROCIN INJ 500MG	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin ethylsuccinate tab 400 mg</i>	3	
<i>erythromycin tab 250 mg</i>	2	
<i>erythromycin tab 500 mg</i>	2	

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<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 333 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	2	

FLUOROQUINOLONES

<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	2	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	2	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	DL
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	DL
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	2	
<i>levofloxacin tab 500 mg</i>	2	
<i>levofloxacin tab 750 mg</i>	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
<i>ofloxacin tab 300 mg</i>	2	
<i>ofloxacin tab 400 mg</i>	2	

PENICILLINS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>amoxicillin (trihydrate) cap 250 mg</i>	2	
<i>amoxicillin (trihydrate) cap 500 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) tab 500 mg</i>	2	
<i>amoxicillin (trihydrate) tab 875 mg</i>	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin cap 250 mg</i>	2	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin for susp 250 mg/5ml</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	2	
<i>ampicillin sodium for inj 2 gm</i>	2	
<i>ampicillin sodium for inj 125 mg</i>	2	
<i>ampicillin sodium for iv soln 10 gm</i>	2	
BICILLIN C-R INJ 900/300	4	
BICILLIN C-R INJ 1200000	4	
BICILLIN L-A INJ 600000	4	
BICILLIN L-A INJ 1200000	4	
BICILLIN L-A INJ 2400000	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
<i>nafcillin sodium for inj 1 gm</i>	2	
<i>nafcillin sodium for inj 2 gm</i>	2	
<i>nafcillin sodium for iv soln 10 gm</i>	2	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	2	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	2	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	2	
PEN GK/DEXTR INJ 20000/ML	4	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium for inj 20000000 unit</i>	2	
<i>penicillin g sodium for inj 5000000 unit</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	2	
<i>penicillin v potassium tab 500 mg</i>	2	
<i>pfizerpen</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	

TETRACYCLINES

<i>doxy 100</i>	3	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	3	
<i>doxycycline monohydrate cap 75 mg</i>	3	
<i>doxycycline monohydrate cap 100 mg</i>	3	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	4	
<i>doxycycline monohydrate tab 100 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	4	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>minocycline hcl tab 50 mg</i>	2	
<i>minocycline hcl tab 75 mg</i>	2	
<i>minocycline hcl tab 100 mg</i>	2	
NUZYRA INJ 100MG	5	NM, LA; DL
NUZYRA TAB 150MG	5	NM, LA; DL
<i>tetracycline hcl cap 250 mg</i>	3	
<i>tetracycline hcl cap 500 mg</i>	3	
<i>tigecycline for iv soln 50 mg</i>	4	DL

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>bendamustine hcl for iv soln 25 mg</i>	5	NM; DL
<i>bendamustine hcl for iv soln 100 mg</i>	5	NM; DL
BICNU INJ 100MG	4	
<i>busulfan inj 6 mg/ml</i>	5	DL
<i>carboplatin iv soln 50 mg/5ml</i>	2	DL

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Drug Name	Drug Tier	Requirements/Limits
<i>carboplatin iv soln 150 mg/15ml</i>	2	
<i>carboplatin iv soln 450 mg/45ml</i>	2	DL
<i>carboplatin iv soln 600 mg/60ml</i>	2	DL
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	DL
CYCLOPHOSPH TAB 25MG	3	B/D
CYCLOPHOSPH TAB 50MG	3	B/D
<i>cyclophosphamide cap 25 mg</i>	3	B/D
<i>cyclophosphamide cap 50 mg</i>	3	B/D
GLEOSTINE CAP 10MG	4	NM
GLEOSTINE CAP 40MG	4	NM
GLEOSTINE CAP 100MG	4	NM
<i>ifosfamide for inj 1 gm</i>	2	
LEUKERAN TAB 2MG	3	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	2	
<i>oxaliplatin for iv inj 100 mg</i>	4	
<i>oxaliplatin iv soln 50 mg/10ml</i>	4	
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	
<i>thiotepa for inj 15 mg</i>	5	NM; DL
TREANDA INJ 25MG	5	NM, LA; DL
TREANDA INJ 100MG	5	NM, LA; DL
YONDELIS INJ 1MG	5	NM, LA; DL
ZANOSAR INJ 1GM	4	
ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	2	
<i>bleomycin sulfate for inj 30 unit</i>	2	B/D
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	2	
<i>doxorubicin hcl inj 2 mg/ml</i>	2	
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	4	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	3	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	2	DL
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	2	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	2	DL
<i>mitomycin for iv soln 5 mg</i>	4	
<i>mitomycin for iv soln 20 mg</i>	5	DL
<i>mitomycin for iv soln 40 mg</i>	5	DL
ANTIMETABOLITES		
ARRANON INJ 5MG/ML	5	DL
<i>azacitidine for inj 100 mg</i>	5	NM; DL
<i>clofarabine iv soln 1 mg/ml</i>	5	DL
<i>cytarabine inj 20 mg/ml</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>cytarabine inj pf 20 mg/ml</i>	2	DL
<i>cytarabine inj pf 100 mg/ml</i>	2	B/D
<i>decitabine for inj 50 mg</i>	5	NM; DL
<i>fludarabine phosphate for inj 50 mg</i>	2	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	2	B/D; DL
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	2	B/D
<i>gemcitabine hcl for inj 1 gm</i>	2	
<i>gemcitabine hcl for inj 2 gm</i>	2	
<i>gemcitabine hcl for inj 200 mg</i>	2	
INQOVI TAB 35-100MG	5	NM, LA, PA; DL
LONSURF TAB 15-6.14	5	NM, LA, PA; DL
LONSURF TAB 20-8.19	5	NM, LA, PA; DL
<i>mercaptopurine tab 50 mg</i>	2	
<i>methotrexate sodium for inj 1 gm</i>	2	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	3	
ONUREG TAB 200MG	5	NM, LA, PA; DL
ONUREG TAB 300MG	5	NM, LA, PA; DL
PURIXAN SUS 20MG/ML	4	NM, LA
TABLOID TAB 40MG	4	

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	5	NM; DL
<i>abiraterone acetate tab 500 mg</i>	5	NM; DL
<i>anastrozole tab 1 mg</i>	2	
<i>bicalutamide tab 50 mg</i>	2	
ELIGARD INJ 7.5MG	4	NM; DL
ELIGARD INJ 22.5MG	4	NM
ELIGARD INJ 30MG	4	NM
ELIGARD INJ 45MG	4	NM; DL
EMCYT CAP 140MG	3	
ERLEADA TAB 60MG	5	NM, LA; DL
ERLEADA TAB 240MG	5	NM, LA; DL
EULEXIN CAP 125MG	4	
<i>exemestane tab 25 mg</i>	3	
FASLODEX INJ 250/5ML	5	DL
FIRMAGON INJ 80MG	4	QL (4 vials / 28 days), NM; DL
FIRMAGON INJ 120MG	5	NM; DL
<i>flutamide cap 125 mg</i>	2	
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide inj 1mg/0.2</i>	2	NM
LEUPROLIDE INJ 22.5MG	4	NM

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT INJ 3.75MG	4	NM; DL
LUPRON DEPOT INJ 7.5MG	5	NM; DL
LUPRON DEPOT INJ 11.25MG	5	NM; DL
LUPRON DEPOT INJ 22.5MG	5	NM; DL
LUPRON DEPOT INJ 30MG	5	NM; DL
LUPRON DEPOT INJ 45MG	5	NM; DL
LYSODREN TAB 500MG	3	NM, LA
<i>megestrol acetate tab 20 mg</i>	2	PA; DL
<i>megestrol acetate tab 40 mg</i>	2	PA; DL
<i>nilutamide tab 150 mg</i>	3	
NUBEQA TAB 300MG	5	NM, LA; DL
ORGOVYX TAB 120MG	5	NM, LA; DL
ORSERDU TAB 86MG	5	NM, LA; DL
ORSERDU TAB 345MG	5	NM, LA; DL
SOLTAMOX SOL 10MG/5ML	4	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	2	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	2	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	DL
TRELSTAR MIX INJ 3.75MG	4	NM
TRELSTAR MIX INJ 11.25MG	4	NM
TRELSTAR MIX INJ 22.5MG	4	NM
XTANDI CAP 40MG	5	NM, LA; DL
XTANDI TAB 40MG	5	NM, LA; DL
XTANDI TAB 80MG	5	NM, LA; DL
YONSA TAB 125MG	5	NM, LA; DL
IMMUNOMODULATORS		
<i>lenalidomide cap 5 mg</i>	5	NM, LA; DL
<i>lenalidomide cap 10 mg</i>	5	NM, LA; DL
<i>lenalidomide cap 15 mg</i>	5	NM, LA; DL
<i>lenalidomide cap 20 mg</i>	5	NM, LA; DL
<i>lenalidomide cap 25 mg</i>	5	NM, LA; DL
<i>lenalidomide caps 2.5 mg</i>	5	NM, LA; DL
POMALYST CAP 1MG	5	QL (30 caps / 30 days), NM, LA; DL
POMALYST CAP 2MG	5	QL (30 caps / 30 days), NM, LA; DL
POMALYST CAP 3MG	5	QL (30 caps / 30 days), NM, LA; DL
POMALYST CAP 4MG	5	QL (30 caps / 30 days), NM, LA; DL
REVLIMID CAP 2.5MG	5	NM, LA; DL
REVLIMID CAP 5MG	5	NM, LA; DL

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Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 10MG	5	NM, LA; DL
REVLIMID CAP 15MG	5	NM, LA; DL
REVLIMID CAP 20MG	5	NM, LA; DL
REVLIMID CAP 25MG	5	NM, LA; DL
THALOMID CAP 50MG	5	NM, LA; DL
THALOMID CAP 100MG	5	NM, LA; DL
THALOMID CAP 150MG	5	NM, LA; DL
THALOMID CAP 200MG	5	NM, LA; DL

MISCELLANEOUS

BESREMI SOL 500MCG	5	NM, LA; DL
<i>bexarotene cap 75 mg</i>	5	NM; DL
<i>dacarbazine for inj 100 mg</i>	2	
<i>dacarbazine for inj 200 mg</i>	2	
ERWINAZE INJ 10000UNT	5	LA; DL
<i>hydroxyurea cap 500 mg</i>	2	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	
IWILFIN TAB 192MG	5	NM, LA, PA; DL
KISQALI 200 PAK FEMARA	5	NM, PA; DL
KISQALI 400 PAK FEMARA	5	NM, PA; DL
KISQALI 600 PAK FEMARA	5	NM, PA; DL
MATULANE CAP 50MG	5	NM, LA; DL
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	2	NM; DL
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	2	NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	2	NM; DL
NIPENT INJ 10MG	5	DL
PROLEUKIN INJ 22MU	5	NM; DL
<i>topotecan hcl for inj 4 mg (base equiv)</i>	5	DL
<i>tretinoin cap 10 mg</i>	5	DL
WELIREG TAB 40MG	5	NM, LA; DL

MITOTIC INHIBITORS

ABRAXANE INJ 100MG	5	NM, LA; DL
DOCETAXEL INJ 80MG/4ML	3	
DOCETAXEL INJ 160/16ML	3	
ETOPOPHOS INJ 100MG	4	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	2	
HALAVEN INJ 1MG/2ML	5	NM; DL
IXEMPRA KIT INJ 15MG	5	NM; DL
JEVTANA INJ 60/1.5ML	5	NM, LA; DL
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	2	DL

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	2	DL
<i>toposar</i>	2	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	3	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	3	

MOLECULAR TARGET AGENTS

AFINITOR DIS TAB 2MG	5	NM, PA; DL
AFINITOR DIS TAB 3MG	5	NM, PA; DL
AFINITOR DIS TAB 5MG	5	NM, PA; DL
AKEEGA TAB 50/500MG	5	NM, LA, PA; DL
AKEEGA TAB 100/500	5	NM, LA, PA; DL
ALECENSA CAP 150MG	5	NM, LA, PA; DL
ALUNBRIG PAK	5	NM, LA, PA; DL
ALUNBRIG TAB 30MG	5	NM, LA, PA; DL
ALUNBRIG TAB 90MG	5	NM, LA, PA; DL
ALUNBRIG TAB 180MG	5	NM, LA, PA; DL
ARZERRA CON 100/5ML	5	NM, LA; DL
AUGTYRO CAP 40MG	5	NM, LA, PA; DL
AVASTIN INJ	5	NM, LA; DL
AVASTIN INJ 400/16ML	5	NM, LA; DL
AYVAKIT TAB 25MG	5	NM, LA, PA; DL
AYVAKIT TAB 50MG	5	NM, LA, PA; DL
AYVAKIT TAB 100MG	5	NM, LA, PA; DL
AYVAKIT TAB 200MG	5	NM, LA, PA; DL
AYVAKIT TAB 300MG	5	NM, LA, PA; DL
BALVERSA TAB 3MG	5	NM, LA, PA; DL
BALVERSA TAB 4MG	5	NM, LA, PA; DL
BALVERSA TAB 5MG	5	NM, LA, PA; DL
BELEODAQ INJ 500MG	5	NM, LA; DL
BOSULIF CAP 50MG	5	NM, PA; DL
BOSULIF CAP 100MG	5	NM, PA; DL
BOSULIF TAB 100MG	5	NM, PA; DL
BOSULIF TAB 400MG	5	NM, PA; DL
BOSULIF TAB 500MG	5	NM, PA; DL
BRAFTOVI CAP 75MG	5	NM, LA, PA; DL
BRUKINSA CAP 80MG	5	NM, LA, PA; DL
CABOMETYX TAB 20MG	5	NM, LA, PA; DL
CABOMETYX TAB 40MG	5	NM, LA, PA; DL
CABOMETYX TAB 60MG	5	NM, LA, PA; DL
CALQUENCE CAP 100MG	5	NM, LA, PA; DL
CALQUENCE TAB 100MG	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TAB 100MG	3	QL (60 tabs / 30 days), NM, LA, PA; DL
CAPRELSA TAB 300MG	3	QL (30 tabs / 30 days), NM, LA, PA; DL
COMETRIQ (60MG DOSE)	5	NM, LA, PA; DL
COMETRIQ KIT 100MG	5	NM, LA, PA; DL
COMETRIQ KIT 140MG	5	NM, LA, PA; DL
COPIKTRA CAP 15MG	5	NM, LA, PA; DL
COPIKTRA CAP 25MG	5	NM, LA, PA; DL
COTELLIC TAB 20MG	5	NM, LA, PA; DL
CYRAMZA INJ 100/10ML	5	NM, LA; DL
CYRAMZA INJ 500/50ML	5	NM, LA; DL
DARZALEX SOL 100MG/5M	5	NM, LA; DL
DARZALEX SOL 400MG/20	5	NM, LA; DL
DAURISMO TAB 25MG	5	NM, LA, PA; DL
DAURISMO TAB 100MG	5	NM, LA, PA; DL
EMPLICITI INJ 300MG	5	NM, LA; DL
EMPLICITI INJ 400MG	5	NM, LA; DL
ERBITUX INJ 100MG	5	NM; DL
ERBITUX INJ 200MG	5	NM; DL
ERIVEDGE CAP 150MG	5	NM, LA; DL
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	NM; DL
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	NM; DL
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	NM; DL
<i>everolimus tab 2.5 mg</i>	5	NM, PA; DL
<i>everolimus tab 5 mg</i>	5	NM, PA; DL
<i>everolimus tab 7.5 mg</i>	5	NM, PA; DL
<i>everolimus tab 10 mg</i>	5	NM, PA; DL
<i>everolimus tab for oral susp 2 mg</i>	5	NM, PA; DL
<i>everolimus tab for oral susp 3 mg</i>	5	NM, PA; DL
<i>everolimus tab for oral susp 5 mg</i>	5	NM, PA; DL
EXKIVITY CAP 40MG	5	NM, LA, PA; DL
FARYDAK CAP 10MG	5	NM, LA, PA; DL
FARYDAK CAP 15MG	5	NM, LA, PA; DL
FARYDAK CAP 20MG	5	NM, LA, PA; DL
FOTIVDA CAP 0.89MG	5	NM, LA, PA; DL
FOTIVDA CAP 1.34MG	5	NM, LA, PA; DL
FRUZAQLA CAP 1MG	5	NM, LA, PA; DL
FRUZAQLA CAP 5MG	5	NM, LA, PA; DL
GAVRETO CAP 100MG	5	NM, LA, PA; DL
<i>gefitinib tab 250 mg</i>	5	NM, PA; DL
GILOTRIF TAB 20MG	5	NM, LA; DL
GILOTRIF TAB 30MG	5	NM, LA; DL
GILOTRIF TAB 40MG	5	NM, LA; DL

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Drug Name	Drug Tier	Requirements/Limits
HERCEPTIN INJ 150MG	5	NM, LA; DL
HERCEPTIN INJ 440MG	5	DL
IBRANCE CAP 75MG	5	NM, LA, PA; DL
IBRANCE CAP 100MG	5	NM, LA, PA; DL
IBRANCE CAP 125MG	5	NM, LA, PA; DL
IBRANCE TAB 75MG	5	NM, LA, PA; DL
IBRANCE TAB 100MG	5	NM, LA, PA; DL
IBRANCE TAB 125MG	5	NM, LA, PA; DL
ICLUSIG TAB 10MG	5	NM, LA, PA; DL
ICLUSIG TAB 15MG	5	NM, LA, PA; DL
ICLUSIG TAB 30MG	5	NM, LA, PA; DL
ICLUSIG TAB 45MG	5	NM, LA, PA; DL
IDHIFA TAB 50MG	5	NM, LA, PA; DL
IDHIFA TAB 100MG	5	NM, LA, PA; DL
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	QL (90 tabs / 30 days), NM, PA; DL
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	QL (60 tabs / 30 days), NM, PA; DL
IMBRUVICA CAP 70MG	5	NM, LA, PA; DL
IMBRUVICA CAP 140MG	5	NM, LA, PA; DL
IMBRUVICA SUS 70MG/ML	5	NM, LA, PA; DL
IMBRUVICA TAB 140MG	5	NM, LA, PA; DL
IMBRUVICA TAB 280MG	5	NM, LA, PA; DL
IMBRUVICA TAB 420MG	5	NM, LA, PA; DL
IMBRUVICA TAB 560MG	5	NM, LA, PA; DL
INLYTA TAB 1MG	5	NM, LA, PA; DL
INLYTA TAB 5MG	5	NM, LA, PA; DL
INREBIC CAP 100MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
IRESSA TAB 250MG	5	NM, LA, PA; DL
ISTODAX INJ 10MG	5	NM; DL
JAKAFI TAB 5MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
JAKAFI TAB 10MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
JAKAFI TAB 15MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
JAKAFI TAB 20MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
JAKAFI TAB 25MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
JAYPIRCA TAB 50MG	5	NM, LA, PA; DL
JAYPIRCA TAB 100MG	5	NM, LA, PA; DL
KADCYLA INJ 100MG	5	NM, LA; DL
KADCYLA INJ 160MG	5	NM, LA; DL

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA INJ 100MG/4M	5	NM, LA; DL
KISQALI 200 DOSE	5	NM, PA; DL
KISQALI 400 DOSE	5	NM, PA; DL
KISQALI 600 DOSE	5	NM, PA; DL
KOSELUGO CAP 10MG	5	NM, LA, PA; DL
KOSELUGO CAP 25MG	5	NM, LA, PA; DL
KRAZATI TAB 200MG	5	NM, LA, PA; DL
KYPROLIS SOL 30MG	5	NM, LA; DL
KYPROLIS SOL 60MG	5	NM, LA; DL
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	NM; DL
LARTRUVO INJ 10MG/ML	5	LA; DL
LARTRUVO INJ 190/19ML	5	LA; DL
LENVIMA CAP 4MG	5	NM, LA, PA; DL
LENVIMA CAP 8 MG	5	NM, LA, PA; DL
LENVIMA CAP 10 MG	5	NM, LA, PA; DL
LENVIMA CAP 12MG	5	NM, LA, PA; DL
LENVIMA CAP 14 MG	5	NM, LA, PA; DL
LENVIMA CAP 18 MG	5	NM, LA, PA; DL
LENVIMA CAP 20 MG	5	NM, LA, PA; DL
LENVIMA CAP 24 MG	5	NM, LA, PA; DL
LORBRENA TAB 25MG	5	NM, LA, PA; DL
LORBRENA TAB 100MG	5	NM, LA, PA; DL
LUMAKRAS TAB 120MG	5	NM, LA, PA; DL
LUMAKRAS TAB 320MG	5	NM, LA, PA; DL
LYNPARZA TAB 100MG	5	NM, LA, PA; DL
LYNPARZA TAB 150MG	5	NM, LA, PA; DL
LYTGOBI TAB 4MG	5	NM, LA, PA; DL
MEKINIST SOL 0.05/ML	5	NM, LA, PA; DL
MEKINIST TAB 0.5MG	5	NM, LA, PA; DL
MEKINIST TAB 2MG	5	NM, LA, PA; DL
MEKTOVI TAB 15MG	5	NM, LA, PA; DL
NERLYNX TAB 40MG	5	NM, LA, PA; DL
NEXAVAR TAB 200MG	5	NM, LA, PA; DL
NINLARO CAP 2.3MG	5	NM, PA; DL
NINLARO CAP 3MG	5	NM, PA; DL
NINLARO CAP 4MG	5	NM, PA; DL
ODOMZO CAP 200MG	5	NM, LA, PA; DL
OGSIVEO TAB 50MG	5	NM, LA, PA; DL
OJJAARA TAB 100MG	5	NM, LA, PA; DL
OJJAARA TAB 150MG	5	NM, LA, PA; DL
OJJAARA TAB 200MG	5	NM, LA, PA; DL
<i>pazopanib hcl tab 200 mg (base equiv)</i>	5	NM; DL
PEMAZYRE TAB 4.5MG	5	NM, LA, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
PEMAZYRE TAB 9MG	5	NM, LA, PA; DL
PEMAZYRE TAB 13.5MG	5	NM, LA, PA; DL
PERJETA INJ 420/14ML	5	NM, LA; DL
PIQRAY 200MG TAB DOSE	5	NM, PA; DL
PIQRAY 250MG TAB DOSE	5	NM, PA; DL
PIQRAY 300MG TAB DOSE	5	NM, PA; DL
QINLOCK TAB 50MG	5	NM, LA, PA; DL
RETEVMO CAP 40MG	5	NM, LA, PA; DL
RETEVMO CAP 80MG	5	NM, LA, PA; DL
REZLIDHIA CAP 150MG	5	NM, LA; DL
RITUXAN INJ 100MG	5	NM, LA; DL
RITUXAN INJ 500MG	5	NM, LA; DL
ROZLYTREK CAP 100MG	5	NM, LA, PA; DL
ROZLYTREK CAP 200MG	5	NM, LA, PA; DL
ROZLYTREK PAK 50MG	5	NM, LA, PA; DL
RUBRACA TAB 200MG	5	NM, LA, PA; DL
RUBRACA TAB 250MG	5	NM, LA, PA; DL
RUBRACA TAB 300MG	5	NM, LA, PA; DL
RYDAPT CAP 25MG	5	NM, PA; DL
SCEMBLIX TAB 20MG	5	NM, PA; DL
SCEMBLIX TAB 40MG	5	NM, PA; DL
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	NM, PA; DL
SPRYCEL TAB 20MG	5	NM, PA; DL
SPRYCEL TAB 50MG	5	NM, PA; DL
SPRYCEL TAB 70MG	5	NM, PA; DL
SPRYCEL TAB 80MG	5	NM, PA; DL
SPRYCEL TAB 100MG	5	NM, PA; DL
SPRYCEL TAB 140MG	5	NM, PA; DL
STIVARGA TAB 40MG	5	NM, LA, PA; DL
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	NM, PA; DL
<i>sunitinib malate cap 25 mg (base equivalent)</i>	5	NM, PA; DL
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	5	NM, PA; DL
<i>sunitinib malate cap 50 mg (base equivalent)</i>	5	NM, PA; DL
TABRECTA TAB 150MG	5	NM, PA; DL
TABRECTA TAB 200MG	5	NM, PA; DL
TAFINLAR CAP 50MG	5	NM, LA; DL
TAFINLAR CAP 75MG	5	NM, LA; DL
TAFINLAR TAB 10MG	5	NM, LA; DL
TAGRISSE TAB 40MG	5	NM, LA, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
TAGRISSE TAB 80MG	5	NM, LA, PA; DL
TALZENNA CAP 0.1MG	5	NM, LA, PA; DL
TALZENNA CAP 0.5MG	5	NM, LA, PA; DL
TALZENNA CAP 0.25MG	5	NM, LA, PA; DL
TALZENNA CAP 0.35MG	5	NM, LA, PA; DL
TALZENNA CAP 0.75MG	5	NM, LA, PA; DL
TALZENNA CAP 1MG	5	NM, LA, PA; DL
TASIGNA CAP 50MG	5	NM; DL
TASIGNA CAP 150MG	5	NM; DL
TASIGNA CAP 200MG	5	NM; DL
TAZVERIK TAB 200MG	5	NM, LA, PA; DL
TECENTRIQ INJ 1200/20	5	NM, LA; DL
TECVAYLI INJ 30MG/3ML	5	NM, LA, PA; DL
TECVAYLI INJ 153/1.7	5	NM, LA, PA; DL
TEPMETKO TAB 225MG	5	NM, LA, PA; DL
TIBSOVO TAB 250MG	5	NM, LA; DL
TORISEL INJ 25MG/ML	5	NM; DL
TRUQAP TAB 160MG	5	NM, LA, PA; DL
TRUQAP TAB 200MG	5	NM, LA, PA; DL
TRUSELTIQ CAP 50MG	5	LA, PA; DL
TRUSELTIQ CAP 75MG	5	LA, PA; DL
TRUSELTIQ CAP 100MG	5	LA, PA; DL
TRUSELTIQ CAP 125MG	5	LA, PA; DL
TUKYSA TAB 50MG	5	NM, LA, PA; DL
TUKYSA TAB 150MG	5	NM, LA, PA; DL
TURALIO CAP 125MG	5	NM, LA, PA; DL
TURALIO CAP 200MG	5	NM, LA, PA; DL
UKONIQ TAB 200MG	5	NM, LA, PA; DL
VANFLYTA TAB 17.7MG	5	NM, LA, PA; DL
VANFLYTA TAB 26.5MG	5	NM, LA, PA; DL
VECTIBIX INJ 100MG	5	NM, LA; DL
VECTIBIX INJ 400MG	5	NM, LA; DL
VENCLEXTA TAB 10MG	4	NM, LA, PA; DL
VENCLEXTA TAB 50MG	4	NM, LA, PA; DL
VENCLEXTA TAB 100MG	5	NM, LA, PA; DL
VENCLEXTA TAB START PK	5	NM, LA, PA; DL
VERZENIO TAB 50MG	5	NM, LA, PA; DL
VERZENIO TAB 100MG	5	NM, LA, PA; DL
VERZENIO TAB 150MG	5	NM, LA, PA; DL
VERZENIO TAB 200MG	5	NM, LA, PA; DL
VITRAKVI CAP 25MG	5	NM, LA, PA; DL
VITRAKVI CAP 100MG	5	NM, LA, PA; DL
VITRAKVI SOL 20MG/ML	5	NM, LA, PA; DL
VIZIMPRO TAB 15MG	5	NM, LA, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO TAB 30MG	5	NM, LA, PA; DL
VIZIMPRO TAB 45MG	5	NM, LA, PA; DL
VONJO CAP 100MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
VOTRIENT TAB 200MG	5	NM, LA; DL
XALKORI CAP 20MG	5	NM, LA, PA; DL
XALKORI CAP 50MG	5	NM, LA, PA; DL
XALKORI CAP 150MG	5	NM, LA, PA; DL
XALKORI CAP 200MG	5	NM, LA, PA; DL
XALKORI CAP 250MG	5	NM, LA, PA; DL
XOSPATA TAB 40MG	5	NM, LA, PA; DL
XPOVIO 40 MG TWICE WEEKLY	5	NM, LA, PA; DL
XPOVIO PAK 40MG	5	NM, LA, PA; DL
XPOVIO PAK 50MG	5	NM, LA, PA; DL
XPOVIO PAK 60MG	5	NM, LA, PA; DL
XPOVIO PAK 80MG	5	NM, LA, PA; DL
ZEJULA CAP 100MG	5	NM, LA, PA; DL
ZEJULA TAB 100MG	5	NM, LA, PA; DL
ZEJULA TAB 200MG	5	NM, LA, PA; DL
ZEJULA TAB 300MG	5	NM, LA, PA; DL
ZELBORAF TAB 240MG	5	NM, LA, PA; DL
ZOLINZA CAP 100MG	5	NM; DL
ZYDELIG TAB 100MG	5	NM, LA, PA; DL
ZYDELIG TAB 150MG	5	NM, LA, PA; DL
ZYKADIA TAB 150MG	5	NM, LA, PA; DL

PROTECTIVE AGENTS

<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	4	
ELITEK INJ 1.5MG	5	DL
ELITEK INJ 7.5MG	5	DL
<i>leucovorin calcium for inj 50 mg</i>	2	
<i>leucovorin calcium for inj 100 mg</i>	2	
<i>leucovorin calcium for inj 200 mg</i>	2	
<i>leucovorin calcium for inj 350 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	3	
<i>leucovorin calcium tab 25 mg</i>	4	
<i>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</i>	5	NM; DL
<i>mesna inj 100 mg/ml</i>	2	
MESNEX TAB 400MG	3	

Drug Name	Drug Tier	Requirements/Limits
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CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	2	

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>captopril tab 12.5 mg</i>	2	
<i>captopril tab 25 mg</i>	2	
<i>captopril tab 50 mg</i>	2	
<i>captopril tab 100 mg</i>	2	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	2	
<i>perindopril erbumine tab 4 mg</i>	2	
<i>perindopril erbumine tab 8 mg</i>	2	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
KERENDIA TAB 10MG	4	
KERENDIA TAB 20MG	4	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access DL - Medication restricted to a 30 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	2	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	2	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	2	
<i>telmisartan-amlodipine tab 40-10 mg</i>	2	
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	2	
<i>candesartan cilexetil tab 8 mg</i>	2	
<i>candesartan cilexetil tab 16 mg</i>	2	
<i>candesartan cilexetil tab 32 mg</i>	2	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	2	
<i>olmesartan medoxomil tab 20 mg</i>	2	
<i>olmesartan medoxomil tab 40 mg</i>	2	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	

ANTIARRHYTHMICS

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	2	
<i>amiodarone hcl tab 100 mg</i>	2	
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	2	
<i>disopyramide phosphate cap 150 mg</i>	2	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	3	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	3	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	3	NM
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>mexiletine hcl cap 150 mg</i>	3	
<i>mexiletine hcl cap 200 mg</i>	3	
<i>mexiletine hcl cap 250 mg</i>	3	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	
NORPACE CAP 150MG CR	4	
<i>pacerone</i>	2	
<i>procainamide hcl inj 100 mg/ml</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	3	
<i>propafenone hcl cap er 12hr 325 mg</i>	3	
<i>propafenone hcl cap er 12hr 425 mg</i>	3	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>quinidine gluconate tab er 324 mg</i>	3	
<i>quinidine sulfate tab 200 mg</i>	3	
<i>quinidine sulfate tab 300 mg</i>	3	
<i>sorine</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized cap 43 mg</i>	2	
<i>fenofibrate micronized cap 67 mg</i>	2	
<i>fenofibrate micronized cap 134 mg</i>	2	
<i>fenofibrate micronized cap 200 mg</i>	2	
<i>fenofibrate tab 48 mg</i>	2	
<i>fenofibrate tab 54 mg</i>	2	
<i>fenofibrate tab 145 mg</i>	2	
<i>fenofibrate tab 160 mg</i>	2	
<i>gemfibrozil tab 600 mg</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	2	
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2	
LIVALO TAB 1MG	4	
LIVALO TAB 2MG	4	
LIVALO TAB 4MG	4	
<i>lovastatin tab 10 mg</i>	1	
<i>lovastatin tab 20 mg</i>	1	
<i>lovastatin tab 40 mg</i>	1	
<i>pitavastatin calcium tab 1 mg</i>	4	
<i>pitavastatin calcium tab 2 mg</i>	4	
<i>pitavastatin calcium tab 4 mg</i>	4	
<i>pravastatin sodium tab 10 mg</i>	1	
<i>pravastatin sodium tab 20 mg</i>	1	
<i>pravastatin sodium tab 40 mg</i>	1	
<i>pravastatin sodium tab 80 mg</i>	1	
<i>rosuvastatin calcium tab 5 mg</i>	1	
<i>rosuvastatin calcium tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	1	
<i>simvastatin tab 10 mg</i>	1	
<i>simvastatin tab 20 mg</i>	1	
<i>simvastatin tab 40 mg</i>	1	
<i>simvastatin tab 80 mg</i>	1	

ANTILIPEMICS, MISCELLANEOUS

<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	4	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
<i>ezetimibe tab 10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
<i>icosapent ethyl cap 0.5 gm</i>	3	
<i>icosapent ethyl cap 1 gm</i>	3	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	3	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	3	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	3	
<i>niacor</i>	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	
PRALUENT INJ 75MG/ML	3	QL (2 injections / 28 days), NM, PA; DL; (coverage restricted to Regeneron and Sanofi US brands only)
PRALUENT INJ 150MG/ML	3	QL (2 injections / 28 days), NM, PA; DL; (coverage restricted to Regeneron and Sanofi US brands only)
<i>prevalite</i>	2	
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	

BETA-BLOCKERS

<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	2	
<i>betaxolol hcl tab 20 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	3	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	3	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	3	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	3	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl iv soln 5 mg/ml</i>	2	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **DL** - Medication restricted to a 30 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol tab 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	3	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	3	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	3	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	3	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>diltiazem hcl tab er 24hr 120 mg</i>	2	
<i>diltiazem hcl tab er 24hr 180 mg</i>	2	
<i>diltiazem hcl tab er 24hr 240 mg</i>	2	
<i>diltiazem hcl tab er 24hr 300 mg</i>	2	
<i>diltiazem hcl tab er 24hr 360 mg</i>	2	
<i>diltiazem hcl tab er 24hr 420 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	2	
<i>isradipine cap 5 mg</i>	2	
<i>matzim la tab 180mg/24</i>	2	
<i>matzim la tab 240mg/24</i>	2	
<i>matzim la tab 300mg/24</i>	2	
<i>matzim la tab 360mg/24</i>	2	
<i>matzim la tab 420mg/24</i>	2	
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	4	
<i>nisoldipine tab er 24hr 8.5 mg</i>	4	
<i>nisoldipine tab er 24hr 17 mg</i>	4	
<i>nisoldipine tab er 24hr 20 mg</i>	4	
<i>nisoldipine tab er 24hr 25.5 mg</i>	4	
<i>nisoldipine tab er 24hr 30 mg</i>	4	
<i>nisoldipine tab er 24hr 34 mg</i>	4	
<i>nisoldipine tab er 24hr 40 mg</i>	4	
<i>taztia xt</i>	2	
<i>tiadytl er</i>	2	
<i>verapamil hcl cap er 24hr 100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	
<i>verapamil hcl cap er 24hr 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 300 mg</i>	2	
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl tab 40 mg</i>	2	
<i>verapamil hcl tab 80 mg</i>	2	
<i>verapamil hcl tab 120 mg</i>	2	
<i>verapamil hcl tab er 120 mg</i>	2	
<i>verapamil hcl tab er 180 mg</i>	2	
<i>verapamil hcl tab er 240 mg</i>	2	

DIURETICS

<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	2	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide tab 5 mg</i>	2	
<i>toremide tab 10 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>toremide tab 20 mg</i>	2	
<i>toremide tab 100 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
<i>triamterene cap 50 mg</i>	2	
<i>triamterene cap 100 mg</i>	2	
MISCELLANEOUS		
ADRENALIN INJ 1MG/ML	3	
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	3	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	3	
<i>clonidine hcl tab 0.1 mg</i>	2	
<i>clonidine hcl tab 0.2 mg</i>	2	
<i>clonidine hcl tab 0.3 mg</i>	2	
CORLANOR TAB 5MG	4	
CORLANOR TAB 7.5MG	4	
<i>digoxin inj 0.25 mg/ml</i>	2	
<i>digoxin oral soln 0.05 mg/ml</i>	3	
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	
<i>droxidopa cap 100 mg</i>	5	QL (90 caps / 30 days), NM; DL
<i>droxidopa cap 200 mg</i>	5	QL (180 caps / 30 days), NM; DL
<i>droxidopa cap 300 mg</i>	5	QL (180 caps / 30 days), NM; DL
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>metyrosine cap 250 mg</i>	5	DL
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>ranolazine tab er 12hr 500 mg</i>	3	
<i>ranolazine tab er 12hr 1000 mg</i>	3	
VERQUVO TAB 2.5MG	4	
VERQUVO TAB 5MG	4	

Drug Name	Drug Tier	Requirements/Limits
VERQUVO TAB 10MG	4	
VYNDAMAX CAP 61MG	5	NM, LA, PA; DL
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
NITRO-BID OIN 2%	3	
NITROGLYCER INJ 5MG/ML	3	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TAB 0.5MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ADEMPAS TAB 1.5MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ADEMPAS TAB 1MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ADEMPAS TAB 2.5MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ADEMPAS TAB 2MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
<i>alyq</i>	5	NM, PA; DL
<i>ambrisentan tab 5 mg</i>	5	NM, LA, PA; DL
<i>ambrisentan tab 10 mg</i>	5	NM, LA, PA; DL
OPSUMIT TAB 10MG	5	NM, LA, PA; DL
<i>sildenafil citrate for suspension 10 mg/ml</i>	5	QL (180 mL / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate tab 20 mg</i>	2	QL (90 tabs / 30 days), NM, PA; DL
<i>tadalafil tab 20 mg (pah)</i>	5	NM, PA; DL
TYVASO DPI POW 16-32-48	5	NM, LA, PA; DL
TYVASO DPI POW 16-32MCG	5	NM, LA, PA; DL
TYVASO DPI POW 16MCG	5	NM, LA, PA; DL
TYVASO DPI POW 32-48MCG	5	NM, LA, PA; DL
TYVASO DPI POW 32MCG	5	NM, LA, PA; DL
TYVASO DPI POW 48MCG	5	NM, LA, PA; DL
TYVASO DPI POW 64MCG	5	NM, LA, PA; DL
UPTRAVI TAB 200MCG	5	NM, LA, PA; DL
UPTRAVI TAB 400MCG	5	NM, LA, PA; DL
UPTRAVI TAB 600MCG	5	NM, LA, PA; DL
UPTRAVI TAB 800MCG	5	NM, LA, PA; DL
UPTRAVI TAB 1000MCG	5	NM, LA, PA; DL
UPTRAVI TAB 1200MCG	5	NM, LA, PA; DL
UPTRAVI TAB 1400MCG	5	NM, LA, PA; DL
UPTRAVI TAB 1600MCG	5	NM, LA, PA; DL
VENTAVIS SOL 10MCG/ML	5	NM, LA, PA; DL
VENTAVIS SOL 20MCG/ML	5	NM, LA, PA; DL

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

ALPRAZOLAM CON 1 MG/ML	3	DL
<i>alprazolam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 30 days)
<i>bupirone hcl tab 5 mg</i>	2	
<i>bupirone hcl tab 7.5 mg</i>	2	
<i>bupirone hcl tab 10 mg</i>	2	
<i>bupirone hcl tab 15 mg</i>	2	
<i>bupirone hcl tab 30 mg</i>	2	
<i>chlordiazepoxide hcl cap 5 mg</i>	2	
<i>chlordiazepoxide hcl cap 10 mg</i>	2	
<i>chlordiazepoxide hcl cap 25 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	2	
<i>fluvoxamine maleate tab 50 mg</i>	2	
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam intensol</i>	2	DL
<i>lorazepam tab 0.5 mg</i>	2	
<i>lorazepam tab 1 mg</i>	2	
<i>lorazepam tab 2 mg</i>	2	
LOREEV XR CAP 1.5MG	4	
LOREEV XR CAP 1MG	4	

Drug Name	Drug Tier	Requirements/Limits
LOREEV XR CAP 2MG	4	
LOREEV XR CAP 3MG	4	
<i>oxazepam cap 10 mg</i>	2	
<i>oxazepam cap 15 mg</i>	2	
<i>oxazepam cap 30 mg</i>	2	

ANTIDEMENTIA

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	2	
<i>ergoloid mesylates tab 1 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	3	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	3	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	3	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	
<i>galantamine hydrobromide tab 8 mg</i>	2	
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg</i>	3	
<i>memantine hcl cap er 24hr 14 mg</i>	3	
<i>memantine hcl cap er 24hr 21 mg</i>	3	
<i>memantine hcl cap er 24hr 28 mg</i>	3	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl tab 5 mg</i>	2	
<i>memantine hcl tab 10 mg</i>	2	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	
<i>rivastigmine transdermal</i>	3	
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	3	
<i>amitriptyline hcl tab 25 mg</i>	3	
<i>amitriptyline hcl tab 50 mg</i>	3	
<i>amitriptyline hcl tab 75 mg</i>	3	
<i>amitriptyline hcl tab 100 mg</i>	3	
<i>amitriptyline hcl tab 150 mg</i>	3	
<i>amoxapine tab 25 mg</i>	2	
<i>amoxapine tab 50 mg</i>	2	
<i>amoxapine tab 100 mg</i>	2	
<i>amoxapine tab 150 mg</i>	2	
<i>AUVELITY TAB 45-105MG</i>	4	
<i>bupropion hcl tab 75 mg</i>	2	
<i>bupropion hcl tab 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 150 mg</i>	2	
<i>bupropion hcl tab er 12hr 200 mg</i>	2	
<i>bupropion hcl tab er 24hr 150 mg</i>	3	
<i>bupropion hcl tab er 24hr 300 mg</i>	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	2	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	2	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	2	
<i>clomipramine hcl cap 25 mg</i>	3	
<i>clomipramine hcl cap 50 mg</i>	3	
<i>desipramine hcl tab 10 mg</i>	2	
<i>desipramine hcl tab 25 mg</i>	2	
<i>desipramine hcl tab 50 mg</i>	2	
<i>desipramine hcl tab 75 mg</i>	2	
<i>desipramine hcl tab 100 mg</i>	2	
<i>desipramine hcl tab 150 mg</i>	2	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	3	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	3	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	3	
<i>doxepin hcl cap 10 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 25 mg</i>	3	
<i>doxepin hcl cap 50 mg</i>	3	
<i>doxepin hcl cap 75 mg</i>	3	
<i>doxepin hcl cap 100 mg</i>	3	
<i>doxepin hcl cap 150 mg</i>	3	
<i>doxepin hcl conc 10 mg/ml</i>	3	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	3	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	3	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	3	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	3	
EMSAM DIS 6MG/24HR	5	DL
EMSAM DIS 9MG/24HR	5	DL
EMSAM DIS 12MG/24H	5	DL
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	2	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	2	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	2	
FETZIMA CAP 20MG	4	
FETZIMA CAP 40MG	4	
FETZIMA CAP 80MG	4	
FETZIMA CAP 120MG	4	
FETZIMA CAP TITRATIO	4	
<i>fluoxetine hcl cap 10 mg</i>	2	
<i>fluoxetine hcl cap 20 mg</i>	2	
<i>fluoxetine hcl cap 40 mg</i>	2	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>imipramine hcl tab 10 mg</i>	3	
<i>imipramine hcl tab 25 mg</i>	3	
<i>imipramine hcl tab 50 mg</i>	3	
MARPLAN TAB 10MG	4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	
<i>mirtazapine tab 7.5 mg</i>	2	
<i>mirtazapine tab 15 mg</i>	2	
<i>mirtazapine tab 30 mg</i>	2	
<i>mirtazapine tab 45 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl tab 50 mg</i>	2	
<i>nefazodone hcl tab 100 mg</i>	2	
<i>nefazodone hcl tab 150 mg</i>	2	
<i>nefazodone hcl tab 200 mg</i>	2	
<i>nefazodone hcl tab 250 mg</i>	2	
<i>nortriptyline hcl cap 10 mg</i>	2	
<i>nortriptyline hcl cap 25 mg</i>	2	
<i>nortriptyline hcl cap 50 mg</i>	2	
<i>nortriptyline hcl cap 75 mg</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	2	
<i>paroxetine hcl tab 10 mg</i>	2	
<i>paroxetine hcl tab 20 mg</i>	2	
<i>paroxetine hcl tab 30 mg</i>	2	
<i>paroxetine hcl tab 40 mg</i>	2	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	3	
<i>paroxetine hcl tab er 24hr 25 mg</i>	3	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	3	
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>protriptyline hcl tab 5 mg</i>	2	
<i>protriptyline hcl tab 10 mg</i>	2	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	
<i>sertraline hcl tab 25 mg</i>	2	
<i>sertraline hcl tab 50 mg</i>	2	
<i>sertraline hcl tab 100 mg</i>	2	
<i>tranylcypromine sulfate tab 10 mg</i>	2	
<i>trazodone hcl tab 50 mg</i>	2	
<i>trazodone hcl tab 100 mg</i>	2	
<i>trazodone hcl tab 150 mg</i>	2	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg</i>	3	
<i>trimipramine maleate cap 50 mg</i>	3	
<i>trimipramine maleate cap 100 mg</i>	3	
TRINTELLIX TAB 5MG	4	
TRINTELLIX TAB 10MG	4	
TRINTELLIX TAB 20MG	4	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	3	
VENLAFAXINE TAB 112.5MG	3	
<i>vilazodone hcl tab 10 mg</i>	3	
<i>vilazodone hcl tab 20 mg</i>	3	
<i>vilazodone hcl tab 40 mg</i>	3	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
<i>benztropine mesylate inj 1 mg/ml</i>	3	
<i>benztropine mesylate tab 0.5 mg</i>	2	
<i>benztropine mesylate tab 1 mg</i>	2	
<i>benztropine mesylate tab 2 mg</i>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa tab 25 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	3	
<i>entacapone tab 200 mg</i>	3	
INBRIJA CAP 42MG	5	NM, LA; DL
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	
NEUPRO DIS 8MG/24HR	4	
NOURIANZ TAB 20MG	5	NM, LA; DL
NOURIANZ TAB 40MG	5	NM, LA; DL
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	3	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	3	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
RYTARY CAP 95MG	4	
RYTARY CAP 145MG	4	
RYTARY CAP 195MG	4	
RYTARY CAP 245MG	4	
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
<i>tolcapone tab 100 mg</i>	5	DL

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **DL** - Medication restricted to a 30 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl tab 2 mg</i>	2	
<i>trihexyphenidyl hcl tab 5 mg</i>	2	

ANTIPSYCHOTICS

ABILIFY ASIM INJ 720MG	5	DL
ABILIFY ASIM INJ 960MG	5	DL
ABILIFY MAIN INJ 300MG	5	QL (1 injection / 28 days); DL
ABILIFY MAIN INJ 400MG	5	QL (1 injection / 28 days); DL
<i>aripiprazole oral solution 1 mg/ml</i>	4	
<i>aripiprazole orally disintegrating tab 10 mg</i>	4	
<i>aripiprazole orally disintegrating tab 15 mg</i>	4	
<i>aripiprazole tab 2 mg</i>	4	
<i>aripiprazole tab 5 mg</i>	4	
<i>aripiprazole tab 10 mg</i>	4	
<i>aripiprazole tab 15 mg</i>	4	
<i>aripiprazole tab 20 mg</i>	4	
<i>aripiprazole tab 30 mg</i>	4	
ARISTADA INJ 441MG/1.	5	DL
ARISTADA INJ 662MG/2	5	DL
ARISTADA INJ 882MG/3	5	DL
ARISTADA INJ 1064MG	5	DL
ARISTADA INJ INITIO	5	DL
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	4	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	4	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	4	
CAPLYTA CAP 10.5MG	5	DL
CAPLYTA CAP 21MG	5	DL
CAPLYTA CAP 42MG	5	DL
<i>chlorpromazine hcl inj 50 mg/2ml</i>	3	
<i>chlorpromazine hcl tab 10 mg</i>	3	
<i>chlorpromazine hcl tab 25 mg</i>	3	
<i>chlorpromazine hcl tab 50 mg</i>	3	
<i>chlorpromazine hcl tab 100 mg</i>	3	
<i>chlorpromazine hcl tab 200 mg</i>	3	
<i>clozapine orally disintegrating tab 12.5 mg</i>	3	
<i>clozapine orally disintegrating tab 25 mg</i>	3	
<i>clozapine orally disintegrating tab 100 mg</i>	3	
<i>clozapine orally disintegrating tab 150 mg</i>	3	
<i>clozapine orally disintegrating tab 200 mg</i>	5	DL

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tab 25 mg</i>	2	
<i>clozapine tab 50 mg</i>	2	
<i>clozapine tab 100 mg</i>	2	
<i>clozapine tab 200 mg</i>	2	
FANAPT TAB 1MG	5	DL
FANAPT TAB 2MG	5	DL
FANAPT TAB 4MG	5	DL
FANAPT TAB 6MG	5	DL
FANAPT TAB 8MG	5	DL
FANAPT TAB 10MG	5	DL
FANAPT TAB 12MG	5	DL
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	2	
<i>fluphenazine hcl tab 1 mg</i>	2	
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	
<i>fluphenazine hcl tab 10 mg</i>	2	
GEODON INJ 20MG	4	DL
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	
<i>haloperidol tab 5 mg</i>	2	
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
INVEGA HAFYE INJ 1092MG	5	QL (1 injection / 180 days); DL
INVEGA HAFYE INJ 1560MG	5	QL (1 injection / 180 days); DL
INVEGA SUST INJ 39/0.25	3	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	5	QL (1 injection / 28 days); DL
INVEGA SUST INJ 117/0.75	5	QL (1 injection / 28 days); DL
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days); DL
INVEGA SUST INJ 234/1.5	5	QL (1 injection / 28 days); DL

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZ INJ 273MG	5	QL (1 syringe / 90 days); DL
INVEGA TRINZ INJ 410MG	5	QL (1 syringe / 90 days); DL
INVEGA TRINZ INJ 546MG	5	QL (1 syringe / 90 days); DL
INVEGA TRINZ INJ 819MG	5	QL (1 syringe / 90 days); DL
<i>loxapine succinate cap 5 mg</i>	2	
<i>loxapine succinate cap 10 mg</i>	2	
<i>loxapine succinate cap 25 mg</i>	2	
<i>loxapine succinate cap 50 mg</i>	2	
<i>lurasidone hcl tab 20 mg</i>	4	
<i>lurasidone hcl tab 40 mg</i>	4	
<i>lurasidone hcl tab 60 mg</i>	4	
<i>lurasidone hcl tab 80 mg</i>	4	
<i>lurasidone hcl tab 120 mg</i>	4	
LYBALVI TAB 5-10MG	5	DL
LYBALVI TAB 10-10MG	5	DL
LYBALVI TAB 15-10MG	5	DL
LYBALVI TAB 20-10MG	5	DL
<i>molindone hcl tab 5 mg</i>	4	
<i>molindone hcl tab 10 mg</i>	4	
<i>molindone hcl tab 25 mg</i>	4	
NUPLAZID CAP 34MG	5	NM, LA, PA; DL
NUPLAZID TAB 10MG	5	NM, LA, PA; DL
<i>olanzapine for im inj 10 mg</i>	2	
<i>olanzapine orally disintegrating tab 5 mg</i>	3	
<i>olanzapine orally disintegrating tab 10 mg</i>	3	
<i>olanzapine orally disintegrating tab 15 mg</i>	3	
<i>olanzapine orally disintegrating tab 20 mg</i>	3	
<i>olanzapine tab 2.5 mg</i>	2	
<i>olanzapine tab 5 mg</i>	2	
<i>olanzapine tab 7.5 mg</i>	2	
<i>olanzapine tab 10 mg</i>	2	
<i>olanzapine tab 15 mg</i>	2	
<i>olanzapine tab 20 mg</i>	2	
<i>paliperidone tab er 24hr 1.5 mg</i>	4	
<i>paliperidone tab er 24hr 3 mg</i>	4	
<i>paliperidone tab er 24hr 6 mg</i>	4	
<i>paliperidone tab er 24hr 9 mg</i>	4	
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	
<i>perphenazine tab 8 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine tab 16 mg</i>	2	
PERSERIS INJ 90MG	5	DL
PERSERIS INJ 120MG	5	DL
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	
<i>quetiapine fumarate tab 25 mg</i>	2	
<i>quetiapine fumarate tab 50 mg</i>	2	
<i>quetiapine fumarate tab 100 mg</i>	2	
<i>quetiapine fumarate tab 150 mg</i>	2	
<i>quetiapine fumarate tab 200 mg</i>	2	
<i>quetiapine fumarate tab 300 mg</i>	2	
<i>quetiapine fumarate tab 400 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	3	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	3	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	3	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	3	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	3	
REXULTI TAB 0.5MG	5	DL
REXULTI TAB 0.25MG	5	DL
REXULTI TAB 1MG	5	DL
REXULTI TAB 2MG	5	QL (30 tabs / 30 days); DL
REXULTI TAB 3MG	5	QL (30 tabs / 30 days); DL
REXULTI TAB 4MG	5	QL (30 tabs / 30 days); DL
RISPERDAL INJ 12.5MG	4	DL
RISPERDAL INJ 25MG	4	DL
RISPERDAL INJ 37.5MG	4	DL
RISPERDAL INJ 50MG	4	DL
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	4	DL
<i>risperidone microspheres for im extended rel susp 25 mg</i>	4	DL
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	4	DL
<i>risperidone microspheres for im extended rel susp 50 mg</i>	4	DL
<i>risperidone orally disintegrating tab 0.5 mg</i>	3	
<i>risperidone orally disintegrating tab 0.25 mg</i>	3	
<i>risperidone orally disintegrating tab 1 mg</i>	3	
<i>risperidone orally disintegrating tab 2 mg</i>	3	
<i>risperidone orally disintegrating tab 3 mg</i>	3	
<i>risperidone orally disintegrating tab 4 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone soln 1 mg/ml</i>	2	
<i>risperidone tab 0.5 mg</i>	2	
<i>risperidone tab 0.25 mg</i>	2	
<i>risperidone tab 1 mg</i>	2	
<i>risperidone tab 2 mg</i>	2	
<i>risperidone tab 3 mg</i>	2	
<i>risperidone tab 4 mg</i>	2	
SECUADO DIS 3.8MG	5	DL
SECUADO DIS 5.7MG	5	DL
SECUADO DIS 7.6MG	5	DL
<i>thioridazine hcl tab 10 mg</i>	3	
<i>thioridazine hcl tab 25 mg</i>	3	
<i>thioridazine hcl tab 50 mg</i>	3	
<i>thioridazine hcl tab 100 mg</i>	3	
<i>thiothixene cap 1 mg</i>	2	
<i>thiothixene cap 2 mg</i>	2	
<i>thiothixene cap 5 mg</i>	2	
<i>thiothixene cap 10 mg</i>	2	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	
UZEDY INJ 50MG	5	DL
UZEDY INJ 75MG	5	DL
UZEDY INJ 100MG	5	DL
UZEDY INJ 125MG	5	DL
UZEDY INJ 150MG	5	DL
UZEDY INJ 200MG	5	DL
UZEDY INJ 250MG	5	DL
VERSACLOZ SUS 50MG/ML	5	DL
VRAYLAR CAP 1.5MG	5	DL
VRAYLAR CAP 3MG	5	DL
VRAYLAR CAP 4.5MG	5	DL
VRAYLAR CAP 6MG	5	DL
<i>ziprasidone hcl cap 20 mg</i>	2	
<i>ziprasidone hcl cap 40 mg</i>	2	
<i>ziprasidone hcl cap 60 mg</i>	2	
<i>ziprasidone hcl cap 80 mg</i>	2	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELP INJ 210MG	4	NM; DL
ZYPREXA RELP INJ 300MG	5	NM; DL
ZYPREXA RELP INJ 405MG	5	NM; DL

ANTISEIZURE AGENTS

APTIOM TAB 200MG	5	DL
APTIOM TAB 400MG	5	DL
APTIOM TAB 600MG	5	DL
APTIOM TAB 800MG	5	DL
BRIVIACT INJ 50MG/5ML	5	DL
BRIVIACT SOL 10MG/ML	5	DL
BRIVIACT TAB 10MG	5	DL
BRIVIACT TAB 25MG	5	DL
BRIVIACT TAB 50MG	5	DL
BRIVIACT TAB 75MG	5	DL
BRIVIACT TAB 100MG	5	DL
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	
CELONTIN CAP 300MG	3	
<i>clobazam suspension 2.5 mg/ml</i>	4	
<i>clobazam tab 10 mg</i>	4	
<i>clobazam tab 20 mg</i>	4	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	2	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	2	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	2	
<i>clonazepam orally disintegrating tab 1 mg</i>	2	
<i>clonazepam orally disintegrating tab 2 mg</i>	2	
<i>clonazepam tab 0.5 mg</i>	2	
<i>clonazepam tab 1 mg</i>	2	
<i>clonazepam tab 2 mg</i>	2	
<i>clorazepate dipotassium tab 3.75 mg</i>	2	
<i>clorazepate dipotassium tab 7.5 mg</i>	2	
<i>clorazepate dipotassium tab 15 mg</i>	2	
DIACOMIT CAP 250MG	5	NM, LA, PA; DL
DIACOMIT CAP 500MG	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PAK 250MG	5	NM, LA, PA; DL
DIACOMIT PAK 500MG	5	NM, LA, PA; DL
DIASTAT ACDL GEL 5-10MG	4	
<i>diazepam inj 5 mg/ml</i>	3	DL
<i>diazepam intensol</i>	3	DL
<i>diazepam oral soln 1 mg/ml</i>	2	DL
<i>diazepam rectal gel delivery system 2.5 mg</i>	2	
<i>diazepam rectal gel delivery system 10 mg</i>	2	
<i>diazepam rectal gel delivery system 20 mg</i>	2	
<i>diazepam tab 2 mg</i>	2	
<i>diazepam tab 5 mg</i>	2	
<i>diazepam tab 10 mg</i>	2	
DILANTIN CAP 30MG	4	
DILANTIN CAP 100MG	4	
DILANTIN CHW 50MG	4	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	3	
<i>divalproex sodium tab er 24 hr 500 mg</i>	3	
EPIDIOLEX SOL 100MG/ML	5	NM, LA, PA; DL
<i>epitol</i>	2	
EPRONTIA SOL 25MG/ML	4	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	2	
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
FINTEPLA SOL 2.2MG/ML	5	NM, LA; DL
<i>fosphephenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	2	
FYCOMPA SUS 0.5MG/ML	5	DL
FYCOMPA TAB 2MG	4	QL (30 tabs / 30 days); DL
FYCOMPA TAB 4MG	5	DL
FYCOMPA TAB 6MG	5	DL
FYCOMPA TAB 8MG	5	DL
FYCOMPA TAB 10MG	5	DL

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 12MG	5	DL
<i>gabapentin cap 100 mg</i>	2	
<i>gabapentin cap 300 mg</i>	2	
<i>gabapentin cap 400 mg</i>	2	
<i>gabapentin oral soln 250 mg/5ml</i>	2	
<i>gabapentin tab 600 mg</i>	2	
<i>gabapentin tab 800 mg</i>	2	
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide tab 50 mg</i>	4	
<i>lacosamide tab 100 mg</i>	4	
<i>lacosamide tab 150 mg</i>	4	
<i>lacosamide tab 200 mg</i>	4	
<i>lamotrigine orally disintegrating tab 25 mg</i>	2	
<i>lamotrigine orally disintegrating tab 50 mg</i>	2	
<i>lamotrigine orally disintegrating tab 100 mg</i>	2	
<i>lamotrigine orally disintegrating tab 200 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	2	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	
<i>lamotrigine tab 100 mg</i>	2	
<i>lamotrigine tab 150 mg</i>	2	
<i>lamotrigine tab 200 mg</i>	2	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	2	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	2	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	2	
<i>lamotrigine tab er 24hr 25 mg</i>	4	
<i>lamotrigine tab er 24hr 50 mg</i>	4	
<i>lamotrigine tab er 24hr 100 mg</i>	4	
<i>lamotrigine tab er 24hr 200 mg</i>	4	
<i>lamotrigine tab er 24hr 250 mg</i>	4	
<i>lamotrigine tab er 24hr 300 mg</i>	4	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	3	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	3	
<i>levetiracetam oral soln 100 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
<i>lorazepam inj 2 mg/ml</i>	3	DL
<i>lorazepam inj 4 mg/ml</i>	3	DL
<i>methsuximide cap 300 mg</i>	3	
NAYZILAM SPR 5MG	4	DL
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg</i>	2	
<i>oxcarbazepine tab 300 mg</i>	2	
<i>oxcarbazepine tab 600 mg</i>	2	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital tab 15 mg</i>	2	
<i>phenobarbital tab 16.2 mg</i>	2	
<i>phenobarbital tab 30 mg</i>	2	
<i>phenobarbital tab 32.4 mg</i>	2	
<i>phenobarbital tab 60 mg</i>	2	
<i>phenobarbital tab 64.8 mg</i>	2	
<i>phenobarbital tab 97.2 mg</i>	2	
<i>phenobarbital tab 100 mg</i>	2	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin sodium inj 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 50 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 75 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 100 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 150 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 200 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 225 mg</i>	3	QL (60 caps / 30 days)
<i>pregabalin cap 300 mg</i>	3	QL (60 caps / 30 days)
<i>pregabalin soln 20 mg/ml</i>	3	QL (946 mL / 30 days); DL
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 125 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>roweepra</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide susp 40 mg/ml</i>	5	DL
<i>rufinamide tab 200 mg</i>	4	
<i>rufinamide tab 400 mg</i>	5	DL
SPRITAM TAB 250MG	4	
SPRITAM TAB 500MG	4	
SPRITAM TAB 750MG	4	
SPRITAM TAB 1000MG	4	
<i>subvenite</i>	2	
<i>subvenite starter kit/blu</i>	2	
<i>subvenite starter kit/gre</i>	2	
<i>subvenite starter kit/ora</i>	2	
SYMPAZAN MIS 5MG	4	
SYMPAZAN MIS 10MG	5	DL
SYMPAZAN MIS 20MG	5	DL
<i>tiagabine hcl tab 2 mg</i>	3	
<i>tiagabine hcl tab 4 mg</i>	3	
<i>tiagabine hcl tab 12 mg</i>	3	
<i>tiagabine hcl tab 16 mg</i>	3	
<i>topiramate cap er 24hr 25 mg</i>	4	
<i>topiramate cap er 24hr 50 mg</i>	4	
<i>topiramate cap er 24hr 100 mg</i>	4	
<i>topiramate cap er 24hr 200 mg</i>	4	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
VALTOCO SPR 5MG	4	
VALTOCO SPR 10MG	4	
VALTOCO SPR 15MG	4	
VALTOCO SPR 20MG	4	
<i>vigabatrin powd pack 500 mg</i>	5	NM, LA; DL
<i>vigabatrin tab 500 mg</i>	5	NM, LA; DL
<i>vigadrone</i>	5	NM, LA; DL
<i>vigadrone tab 500mg</i>	5	NM, LA; DL
<i>vigpoder pow 500mg</i>	5	NM, LA; DL
VIMPAT INJ 200MG/20	4	
VIMPAT SOL 10MG/ML	4	
VIMPAT TAB 50MG	4	

Drug Name	Drug Tier	Requirements/Limits
VIMPAT TAB 100MG	4	
VIMPAT TAB 150MG	4	
VIMPAT TAB 200MG	4	
XCOPRI PAK 12.5-25	4	
XCOPRI PAK 50-100MG	5	DL
XCOPRI PAK 100-150	5	DL
XCOPRI PAK 150-200MG (MAINTENANCE)	5	DL
XCOPRI PAK 150-200MG (TITRATION)	5	DL
XCOPRI TAB 50MG	5	DL
XCOPRI TAB 100MG	5	DL
XCOPRI TAB 150MG	5	DL
XCOPRI TAB 200MG	5	DL
ZONISADE SUS 100MG/5	3	
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
ZTALMY SUS 50MG/ML	5	NM, LA, PA; DL

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	3	
<i>dexmethylphenidate hcl tab 2.5 mg</i>	2	
<i>dexmethylphenidate hcl tab 5 mg</i>	2	
<i>dexmethylphenidate hcl tab 10 mg</i>	2	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	
<i>dextroamphetamine sulfate tab 5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate tab 10 mg</i>	2	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	2	
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	
<i>methylphenidate hcl tab 5 mg</i>	2	
<i>methylphenidate hcl tab 10 mg</i>	2	
<i>methylphenidate hcl tab 20 mg</i>	2	

HYPNOTICS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>flurazepam hcl cap 15 mg</i>	2	QL (30 caps / 30 days); DL
<i>flurazepam hcl cap 30 mg</i>	2	QL (30 caps / 30 days); DL
HETLIOZ CAP 20MG	5	NM, LA, PA; DL
<i>ramelteon tab 8 mg</i>	3	QL (30 tabs / 30 days)
<i>tasimelteon capsule 20 mg</i>	5	NM, PA; DL
<i>temazepam cap 7.5 mg</i>	2	QL (30 caps / 30 days); DL
<i>temazepam cap 15 mg</i>	2	QL (30 caps / 30 days); DL
<i>temazepam cap 22.5 mg</i>	2	QL (30 caps / 30 days); DL
<i>temazepam cap 30 mg</i>	2	QL (30 caps / 30 days); DL
<i>zaleplon cap 5 mg</i>	3	QL (30 caps / 30 days); DL
<i>zaleplon cap 10 mg</i>	3	QL (30 caps / 30 days); DL
<i>zolpidem tartrate tab 5 mg</i>	2	QL (30 tabs / 30 days); DL
<i>zolpidem tartrate tab 10 mg</i>	2	QL (30 tabs / 30 days); DL
<i>zolpidem tartrate tab er 6.25 mg</i>	2	QL (30 tabs / 30 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	2	QL (30 tabs / 30 days)

MIGRAINE

AIMOVIG INJ 70MG/ML	3	NM, PA
AIMOVIG INJ 140MG/ML	3	NM, PA

Drug Name	Drug Tier	Requirements/Limits
AJOVY INJ 225/1.5	3	NM, PA
<i>almotriptan malate tab 6.25 mg</i>	3	QL (12 tabs / 30 days)
<i>almotriptan malate tab 12.5 mg</i>	3	QL (8 tabs / 30 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	QL (24 ampules / 30 days); DL
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	QL (8 mL / 28 days); DL
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (8 tabs / 30 days)
EMGALITY INJ 100MG/ML	3	NM, PA
EMGALITY INJ 120MG/ML	3	NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (43 tabs / 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (18 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (9 tabs / 30 days)
NURTEC TAB 75MG ODT	3	QL (16 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	4	QL (12 units / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	4	QL (12 units / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (8 vials / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (18 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (18 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (9 tabs / 30 days)
UBRELVY TAB 50MG	3	QL (16 tabs / 30 days)
UBRELVY TAB 100MG	3	QL (16 tabs / 30 days)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	4	QL (12 units / 30 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	4	QL (12 units / 30 days)
<i>zolmitriptan odt tab 2.5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt tab 5 mg</i>	2	QL (8 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	2	QL (8 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	5	NM, LA, PA; DL
AUSTEDO TAB 9MG	5	NM, LA, PA; DL
AUSTEDO TAB 12MG	5	NM, LA, PA; DL
AUSTEDO XR TAB 6MG	5	NM, PA; DL
AUSTEDO XR TAB 12MG	5	NM, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TAB 24MG	5	NM, PA; DL
AUSTEDO XR TAB TITR KIT	5	NM, PA; DL
ENSPRYNG INJ	5	NM, LA, PA; DL
EVRYSDI SOL	5	QL (240 mL / 30 days), NM, LA, PA; DL
EXSERVAN MIS 50MG	5	NM, LA; DL
FIRDAPSE TAB 10MG	5	NM, LA, PA; DL
INGREZZA CAP 40-80MG	5	NM, LA, PA; DL
INGREZZA CAP 40MG	5	NM, LA, PA; DL
INGREZZA CAP 60MG	5	NM, LA, PA; DL
INGREZZA CAP 80MG	5	NM, LA, PA; DL
<i>lithium carbonate cap 150 mg</i>	2	
<i>lithium carbonate cap 300 mg</i>	2	
<i>lithium carbonate cap 600 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
LITHIUM SOL 8MEQ/5ML	3	
NUEDEXTA CAP 20-10MG	3	PA; DL
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	3	
<i>riluzole tab 50 mg</i>	4	
TEGSEDI INJ 284/1.5	5	NM, LA, PA; DL
<i>tetrabenazine tab 12.5 mg</i>	4	NM, PA
<i>tetrabenazine tab 25 mg</i>	4	NM, PA
ZURZUVAE CAP 20MG	5	NM, LA; DL
ZURZUVAE CAP 25MG	5	NM, LA; DL
ZURZUVAE CAP 30MG	5	NM, LA; DL

MULTIPLE SCLEROSIS AGENTS

AUBAGIO TAB 7MG	5	QL (30 tabs / 30 days), NM, LA; DL
AUBAGIO TAB 14MG	5	QL (30 tabs / 30 days), NM, LA; DL
AVONEX PEN KIT 30MCG	5	NM; DL
AVONEX PREFL KIT 30MCG	5	NM; DL
BAFIERTAM CAP 95MG	5	NM, LA; DL
BETASERON INJ 0.3MG	5	NM; DL
<i>dalfampridine tab er 12hr 10 mg</i>	3	QL (60 tabs / 30 days), NM; DL
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	QL (60 caps / 30 days), NM; DL
<i>dimethyl fumarate capsule delayed release 240 mg</i>	5	QL (60 caps / 30 days), NM; DL
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	NM; DL

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Drug Name	Drug Tier	Requirements/Limits
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	5	QL (30 caps / 30 days), NM; DL
GILENYA CAP 0.5MG	5	QL (30 caps / 30 days), NM; DL
GILENYA CAP 0.25MG	5	QL (30 caps / 30 days), NM; DL
<i> glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	QL (30 syringes / 30 days), NM; DL
<i> glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	NM; DL
<i> glatopa</i>	5	NM; DL; (40MG/ML)
<i> glatopa</i>	5	QL (30 mL / 30 days), NM; DL; (20MG/ML)
KESIMPTA INJ 20/.4ML	5	NM, LA; DL
MAYZENT STARTER PACK (7)	4	NM, LA
MAYZENT STARTER PACK (12)	5	NM, LA; DL
MAYZENT TAB 0.25MG	5	NM, LA; DL
MAYZENT TAB 1MG	5	NM, LA; DL
MAYZENT TAB 2MG	5	NM, LA; DL
PLEGRIDY INJ	5	NM, LA; DL
PLEGRIDY INJ PEN	5	NM, LA; DL
REBIF INJ 22/0.5	5	NM; DL
REBIF INJ 44/0.5	5	NM; DL
REBIF REBIDO INJ 22/0.5	5	NM; DL
REBIF REBIDO INJ 44/0.5	5	NM; DL
REBIF REBIDO INJ TITRATN	5	NM; DL
REBIF TITRTN INJ PACK	5	NM; DL
<i> teriflunomide tab 7 mg</i>	5	QL (30 tabs / 30 days), NM; DL
<i> teriflunomide tab 14 mg</i>	5	QL (30 tabs / 30 days), NM; DL
TYSABRI INJ 300/15ML	5	NM, LA; DL
VUMERITY CAP 231MG	5	NM, LA; DL
VUMERITY STARTER	5	LA; DL
MUSCULOSKELETAL THERAPY AGENTS		
<i> baclofen tab 10 mg</i>	2	
<i> baclofen tab 20 mg</i>	2	
<i> cyclobenzaprine hcl tab 5 mg</i>	3	
<i> cyclobenzaprine hcl tab 10 mg</i>	3	
<i> metaxalone tab 800 mg</i>	3	DL
<i> methocarbamol tab 500 mg</i>	3	DL
<i> methocarbamol tab 750 mg</i>	3	DL
<i> tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i> tizanidine hcl tab 4 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	4	QL (60 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	4	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	4	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	4	QL (30 tabs / 30 days), PA
<i>modafinil tab 100 mg</i>	3	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	3	QL (60 tabs / 30 days), PA
SOD OXYBATE SOL 500MG/ML	5	QL (540 mL / 30 days), NM, LA, PA; DL
WAKIX TAB 4.45MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
WAKIX TAB 17.8MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
XYREM SOL 500MG/ML	5	QL (540 mL / 30 days), NM, LA, PA; DL
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	3	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	3	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	3	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	3	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	3	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	
KLOXXADO SPR 8MG	4	DL
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	2	DL
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	DL
<i>naltrexone hcl tab 50 mg</i>	2	
NICOTROL INH	4	
NICOTROL NS SPR 10MG/ML	4	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	4	
<i>varenicline tartrate tab 1 mg (base equiv)</i>	4	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4	
VIVITROL INJ 380MG	5	NM; DL
ZIMHI SOL	4	DL

ENDOCRINE AND METABOLIC

ANDROGENS

<i>depo-testost inj 100mg/ml</i>	2	
<i>depo-testost inj 200mg/ml</i>	2	
METHITEST TAB 10MG	4	
<i>methyltestosterone cap 10 mg</i>	4	
<i>oxandrolone tab 2.5 mg</i>	2	QL (120 tabs / 30 days)
<i>oxandrolone tab 10 mg</i>	3	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	
<i>testosterone td gel 10mg/act (2%)</i>	3	
<i>testosterone td gel 12.5 mg/act (1%)</i>	3	
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	3	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	3	
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	3	
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	3	
<i>testosterone td gel 50 mg/5gm (1%)</i>	3	
<i>testosterone td soln 30 mg/act</i>	3	

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	2	
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
BYDUREON BC INJ 2/0.85ML	3	QL (4 pens / 28 days), PA
BYETTA INJ 5MCG	4	QL (1 pen / 30 days), PA
BYETTA INJ 10MCG	4	QL (1 pen / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
FARXIGA TAB 5MG	3	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	3	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	1	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	1	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	1	QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250m</i>	2	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500m</i>	2	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	2	QL (120 tabs / 30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
INVOKAMET TAB 50-500MG	4	QL (60 tabs / 30 days)
INVOKAMET TAB 50-1000	4	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	4	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-1000	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	4	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	4	QL (60 tabs / 30 days)
INVOKANA TAB 300MG	4	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	3	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tabs / 30 days)
<i>miglitol tab 25 mg</i>	2	
<i>miglitol tab 50 mg</i>	2	
<i>miglitol tab 100 mg</i>	2	
MOUNJARO INJ 2.5/0.5	3	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	3	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	3	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	3	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	3	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	3	QL (4 pens / 28 days), PA
<i>nateglinide tab 60 mg</i>	2	
<i>nateglinide tab 120 mg</i>	2	
OZEMPIC INJ 2MG/3ML	3	QL (1 pen / 28 days), PA
OZEMPIC INJ 4MG/3ML	3	QL (1 pen / 28 days), PA
OZEMPIC INJ 8MG/3ML	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	2	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	2	QL (90 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	2	
<i>repaglinide tab 1 mg</i>	2	
<i>repaglinide tab 2 mg</i>	2	
RYBELSUS TAB 3MG	3	QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	3	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	3	QL (30 tabs / 30 days), PA
SYMLINPEN 60 INJ 1000MCG	4	
SYMLINPEN 120 INJ 1000MCG	4	
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	3	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	3	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	3	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

BASAGLAR INJ 100UNIT	3	
BD SWAB REG PAD SNGL USE	3	
GAUZE PADS & DRESSINGS - PADS 2 X 2	3	
HUMALOG INJ 100/ML	3	
HUMALOG JR INJ 100/ML	3	
HUMALOG KWIK INJ 100/ML	3	
HUMALOG KWIK INJ 200/ML	3	
HUMALOG MIX INJ 50/50	3	
HUMALOG MIX INJ 50/50KWP	3	
HUMALOG MIX INJ 75/25KWP	3	
HUMALOG MIX SUS 75/25	3	
HUMULIN INJ 70/30	3	
HUMULIN INJ 70/30KWP	3	
HUMULIN N INJ U-100	3	
HUMULIN N INJ U-100KWP	3	
HUMULIN R INJ U-100	3	
HUMULIN R INJ U-500	3	
INSULIN LISP INJ 100/ML	3	
INSULIN LISP INJ JUNIOR	3	
INSULIN LISP INJ PROTAMIN	3	
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
ISOPROPYL ALCOHOL 0.7 ML/ML	3	
LANTUS INJ 100/ML	3	
LANTUS SOLOS INJ 100/ML	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXPEN	3	
LYUMJEV INJ 100UT/ML	3	
LYUMJEV KWPN INJ 100UT/ML	3	
LYUMJEV KWPN INJ 200UT/ML	3	
NEEDLES, INSULIN DISP., SAFETY	3	
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / 365 days)
OMNIPOD 5 G6 MIS PODS	4	QL (10 pods / 30 days)
OMNIPOD DASH MIS PODS	4	QL (10 pods / 30 days)
OMNIPOD MIS CLASSIC	4	QL (10 pods / 30 days)
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / 365 days)
TOUJEO MAX INJ 300/ML	3	
TOUJEO SOLO INJ 300/ML	3	
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
V-GO 20 KIT	4	QL (30 devices (1 box) / 30 days)
V-GO 30 KIT	4	QL (30 devices (1 box) / 30 days)
V-GO 40 KIT	4	QL (30 devices (1 box) / 30 days)
XULTOPHY INJ 100/3.6	3	
CALCIUM REGULATORS		
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	
<i>alendronate sodium tab 10 mg</i>	2	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
FORTEO INJ 600/2.4	5	QL (2.4 mL / 28 days), NM, PA; DL
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	4	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	
NATPARA INJ 25MCG	5	LA, PA; DL
NATPARA INJ 50MCG	5	LA, PA; DL
NATPARA INJ 75MCG	5	LA, PA; DL
NATPARA INJ 100MCG	5	LA, PA; DL

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<i>pamidronate disodium iv soln 3 mg/ml</i>	2	
<i>pamidronate disodium iv soln 9 mg/ml</i>	2	
PROLIA INJ 60MG/ML	4	QL (2 injections / year), NM
<i>risedronate sodium tab 5 mg</i>	2	
<i>risedronate sodium tab 30 mg</i>	2	
<i>risedronate sodium tab 35 mg</i>	2	
<i>risedronate sodium tab 150 mg</i>	2	
<i>risedronate sodium tab delayed release 35 mg</i>	2	
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	5	QL (2.4 mL / 28 days), NM, PA; DL
TERIPARATIDE INJ 620/2.48	5	QL (2.48 mL / 28 days), NM, PA; DL
XGEVA INJ	5	NM, PA; DL
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	NM
CHELATING AGENTS		
CHEMET CAP 100MG	5	DL
<i>deferasirox granules packet 90 mg</i>	5	NM; DL
<i>deferasirox granules packet 180 mg</i>	5	NM; DL
<i>deferasirox granules packet 360 mg</i>	5	NM; DL
<i>deferasirox tab 90 mg</i>	4	NM; DL
<i>deferasirox tab 180 mg</i>	5	NM; DL
<i>deferasirox tab 360 mg</i>	5	NM; DL
<i>deferasirox tab for oral susp 125 mg</i>	4	NM
<i>deferasirox tab for oral susp 250 mg</i>	5	NM; DL
<i>deferasirox tab for oral susp 500 mg</i>	5	NM; DL
<i>deferiprone tab 500 mg</i>	5	NM, LA; DL
<i>deferiprone tab 1000 mg</i>	5	NM, LA; DL
DEPEN TITRA TAB 250MG	5	NM; DL
<i>penicillamine tab 250 mg</i>	5	NM; DL
<i>sodium polystyrene sulfonate powder sps</i>	2	
<i>trientine hcl cap 250 mg</i>	5	NM, PA; DL
VELTASSA POW 8.4GM	3	
VELTASSA POW 16.8GM	3	
VELTASSA POW 25.2GM	3	
CONTRACEPTIVES		
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>amethia</i>	2	
<i>apri</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aviane</i>	2	
BALCOLTRA TAB 0.1-20	3	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>camrese lo</i>	3	
<i>cryselle-28</i>	2	
<i>cyred eq tab</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
DEPO-SQ PROV INJ 104	4	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>eluryng mis</i>	2	
<i>enilloring mis</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>gemmily</i>	2	
<i>hailey 24 tab fe</i>	2	
<i>iclevia</i>	2	
<i>incassia tab 0.35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>joyeaux tab 0.1-20</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>layolis fe</i>	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>loestrin 21 tab 1.5/30</i>	2	
<i>loestrin fe tab 1.5/30</i>	2	
<i>loestrin fe tab 1/20</i>	2	
<i>loestrin tab 1/20-21</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	2	
<i>merzee</i>	2	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin 24 fe</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili tab 0.25/35</i>	2	
<i>necon 0.5/35-28</i>	3	
NEXTSTELLIS TAB 3-14.2MG	3	
<i>nikki</i>	2	
<i>nora-be</i>	3	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone tab 0.35 mg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella tab 3-0.03mg</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SLYND TAB 4MG	3	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda tab 3-0.03mg</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>taysofy cap 1/20</i>	2	
<i>tilia fe</i>	2	
<i>tri-estaryll tab</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-mili tab</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra tab</i>	2	
<i>trivora-28</i>	2	
<i>turqoz tab</i>	2	
TYBLUME CHW 0.1-0.02	3	
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>vyfemla</i>	2	
<i>vylibra tab 0.25-35</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
SYNAREL SOL 2MG/ML	3	
ESTROGENS		
<i>amabelz</i>	2	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
<i>dotti</i>	3	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol tab 0.5 mg</i>	3	
<i>estradiol tab 1 mg</i>	3	
<i>estradiol tab 2 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	3	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	3	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	3	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	3	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>estradiol valerate im in oil 10 mg/ml</i>	3	
<i>estradiol valerate im in oil 20 mg/ml</i>	3	
<i>estropipate tab 1.5 mg</i>	2	
<i>estropipate tab 3 mg</i>	2	
<i>fyavolv tab 0.5-2.5</i>	2	
<i>fyavolv tab 1-5</i>	2	
<i>jinteli tab 1mg-5mcg</i>	2	
<i>lyllana</i>	3	
<i>mimvey tab 1-0.5mg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
PREMARIN INJ 25MG	4	
PREMARIN TAB 0.3MG	3	
PREMARIN TAB 0.9MG	3	
PREMARIN TAB 0.45MG	3	
PREMARIN TAB 0.625MG	3	
PREMARIN TAB 1.25MG	3	
PREMARIN VAG CRE 0.625MG	3	
PREMPRO TAB 0.3-1.5	3	
PREMPRO TAB 0.45-1.5	3	
PREMPRO TAB 0.625-2.5	3	
PREMPRO TAB 0.625-5	3	
<i>yuvaferm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
GLUCOCORTICOIDS		
DEPO-MEDROL INJ 20MG/ML	3	
DEPO-MEDROL INJ 40MG/ML	3	
DEPO-MEDROL INJ 80MG/ML	3	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	2	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	2	
<i>methylprednisolone tab 4 mg</i>	2	
<i>methylprednisolone tab 8 mg</i>	2	
<i>methylprednisolone tab 16 mg</i>	2	
<i>methylprednisolone tab 32 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisolone tab 5 mg</i>	4	
PREDNISON CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	2	
<i>prednisone tab 1 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 2.5 mg</i>	2	
<i>prednisone tab 5 mg</i>	2	
<i>prednisone tab 10 mg</i>	2	
<i>prednisone tab 20 mg</i>	2	
<i>prednisone tab 50 mg</i>	2	
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
SOLU-CORTEF INJ 1000MG	3	
SOLU-MEDROL INJ 2GM	3	
SOLU-MEDROL INJ 40MG	3	
SOLU-MEDROL INJ 125MG	3	
SOLU-MEDROL INJ 500MG	3	
SOLU-MEDROL INJ 1000MG	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE POW 3MG/DOSE	3	
<i>diazoxide susp 50 mg/ml</i>	3	
<i>glucagon (rdna) for inj kit 1 mg</i>	3	
GLUCAGON KIT 1MG	3	
GVOKE HYPO 2 INJ 1MG/.2ML	3	
GVOKE HYPO 2 INJ .5/.1ML	3	
GVOKE PFS INJ	3	
MISCELLANEOUS		
ACTHAR INJ 80UNIT	5	NM, LA, PA; DL
<i>betaine powder for oral solution</i>	4	NM, LA
<i>cabergoline tab 0.5 mg</i>	2	
<i>carglumic acid soluble tab 200 mg</i>	5	NM, LA; DL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	3	B/D, NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	3	B/D, NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	3	B/D, NM
CORTROPHIN GEL 80UNIT	5	NM, LA, PA; DL
CYSTAGON CAP 50MG	3	NM, LA
CYSTAGON CAP 150MG	3	NM, LA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
DOJOLVI LIQ 100%	5	NM, LA; DL
EGRIFTA SV INJ 2MG	5	NM, LA, PA; DL
ENDARI POW 5GM	5	NM, LA; DL
GALAFOLD CAP 123MG	5	NM, LA, PA; DL
HUMATROPE INJ 6MG	5	NM, PA; DL
HUMATROPE INJ 12MG	5	NM, PA; DL
HUMATROPE INJ 24MG	5	NM, PA; DL

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INCRELEX INJ 40MG/4ML	5	NM, LA; DL
ISTURISA TAB 1MG	5	NM, LA; DL
ISTURISA TAB 5MG	5	NM, LA; DL
JYNARQUE PAK 15MG	5	NM, LA, PA; DL
JYNARQUE PAK 30-15MG	5	NM, LA, PA; DL
JYNARQUE PAK 45-15MG	5	NM, LA, PA; DL
JYNARQUE PAK 60-30MG	5	NM, LA, PA; DL
JYNARQUE PAK 90-30MG	5	NM, LA, PA; DL
JYNARQUE TAB 15MG	5	NM, LA, PA; DL
JYNARQUE TAB 30MG	5	NM, LA, PA; DL
KORLYM TAB 300MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	3	
<i>levocarnitine tab 330 mg</i>	3	
LUPR DEP-PED INJ 7.5MG	5	NM; DL
LUPR DEP-PED INJ 11.25MG	5	NM; DL
LUPR DEP-PED INJ 15MG	5	NM; DL
LUPRON DEPOT INJ 45MG	5	NM; DL
<i>miglustat cap 100 mg</i>	5	NM, PA; DL
MYALEPT INJ 11.3MG	5	NM, LA, PA; DL
MYCAPSSA CAP 20MG	5	NM, LA; DL
<i>nitisinone cap 2 mg</i>	5	NM; DL
<i>nitisinone cap 5 mg</i>	5	NM; DL
<i>nitisinone cap 10 mg</i>	5	NM; DL
<i>nitisinone cap 20 mg</i>	5	NM; DL
NORDITROPIN INJ 5/1.5ML	5	NM, PA; DL
NORDITROPIN INJ 10/1.5ML	5	NM, PA; DL
NORDITROPIN INJ 15/1.5ML	5	NM, PA; DL
NORDITROPIN INJ 30/3ML	5	NM, PA; DL
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	NM; DL
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	NM; DL
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	NM; DL
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	NM; DL
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	NM; DL
ORFADIN CAP 20MG	5	NM, LA; DL
ORFADIN SUS 4MG/ML	5	NM, LA; DL
ORIAHNN CAP	5	DL
PROCYSBI GRA 75MG	5	NM, LA; DL
PROCYSBI GRA 300MG	5	NM, LA; DL
<i>raloxifene hcl tab 60 mg</i>	3	

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RAVICTI LIQ 1.1GM/ML	5	NM, LA; DL
SANDOSTATIN KIT LAR 10MG	5	NM; DL
SANDOSTATIN KIT LAR 20MG	5	NM; DL
SANDOSTATIN KIT LAR 30MG	5	NM; DL
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	NM, PA; DL
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	NM, PA; DL
<i>sapropterin dihydrochloride tab 100 mg</i>	5	NM, PA; DL
SIGNIFOR INJ 0.3MG/ML	5	NM, LA; DL
SIGNIFOR INJ 0.6MG/ML	5	NM, LA; DL
SIGNIFOR INJ 0.9MG/ML	5	NM, LA; DL
SIGNIFOR LAR INJ 20MG	5	NM, LA; DL
SIGNIFOR LAR INJ 40MG	5	NM, LA; DL
SIGNIFOR LAR INJ 60MG	5	NM, LA; DL
SOMAVERT INJ 10MG	5	NM, LA; DL
SOMAVERT INJ 15MG	5	NM, LA; DL
SOMAVERT INJ 20MG	5	NM, LA; DL
SOMAVERT INJ 25MG	5	NM, LA; DL
SOMAVERT INJ 30MG	5	NM, LA; DL
<i>tolvaptan tab 15 mg</i>	5	NM, PA; DL
<i>tolvaptan tab 30 mg</i>	5	NM, PA; DL
VIJOICE TAB 50MG	5	NM, LA, PA; DL
VIJOICE TAB 125MG	5	NM, LA, PA; DL
VIJOICE TAB 250MG	5	NM, LA, PA; DL

PHOSPHATE BINDER AGENTS

AURYXIA TAB 210MG	5	PA; DL
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	3	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	3	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	3	
<i>sevelamer carbonate packet 0.8 gm</i>	3	
<i>sevelamer carbonate packet 2.4 gm</i>	3	
<i>sevelamer carbonate tab 800 mg</i>	3	
<i>sevelamer hcl tab 400 mg</i>	3	
<i>sevelamer hcl tab 800 mg</i>	3	

PROGESTINS

<i>medroxyprogesterone acetate tab 2.5 mg</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate tab 5 mg</i>	2	
<i>medroxyprogesterone acetate tab 10 mg</i>	2	
<i>megestrol acetate susp 40 mg/ml</i>	2	PA; DL
<i>megestrol acetate susp 625 mg/5ml</i>	4	PA; DL
<i>norethindrone acetate tab 5 mg</i>	2	
<i>progesterone cap 100 mg</i>	2	
<i>progesterone cap 200 mg</i>	2	
THYROID AGENTS		
<i>ARMOUR THYRO TAB 15MG</i>	3	
<i>ARMOUR THYRO TAB 30MG</i>	3	
<i>ARMOUR THYRO TAB 60MG</i>	3	
<i>ARMOUR THYRO TAB 90MG</i>	3	
<i>ARMOUR THYRO TAB 120MG</i>	3	
<i>ARMOUR THYRO TAB 180MG</i>	3	
<i>ARMOUR THYRO TAB 240MG</i>	3	
<i>ARMOUR THYRO TAB 300MG</i>	3	
<i>euthyrox</i>	1	
<i>levothyroxine sodium cap 13 mcg</i>	1	
<i>levothyroxine sodium cap 25 mcg</i>	1	
<i>levothyroxine sodium cap 50 mcg</i>	1	
<i>levothyroxine sodium cap 75 mcg</i>	1	
<i>levothyroxine sodium cap 88 mcg</i>	1	
<i>levothyroxine sodium cap 100 mcg</i>	1	
<i>levothyroxine sodium cap 112 mcg</i>	1	
<i>levothyroxine sodium cap 125 mcg</i>	1	
<i>levothyroxine sodium cap 137 mcg</i>	1	
<i>levothyroxine sodium cap 150 mcg</i>	1	
<i>levothyroxine sodium cap 175 mcg</i>	1	
<i>levothyroxine sodium cap 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl</i>	3	
<i>liothyronine sodium iv soln 10 mcg/ml</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
<i>methimazole tab 5 mg</i>	2	
<i>methimazole tab 10 mg</i>	2	
<i>np thyroid 15</i>	1	
<i>np thyroid 30</i>	1	
<i>np thyroid 60</i>	1	
<i>np thyroid 90</i>	1	
<i>np thyroid 120</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
TIROSINT CAP 13MCG	3	
TIROSINT CAP 25MCG	3	
TIROSINT CAP 37.5MCG	3	
TIROSINT CAP 44MCG	3	
TIROSINT CAP 50MCG	3	
TIROSINT CAP 62.5MCG	3	
TIROSINT CAP 75MCG	3	
TIROSINT CAP 88MCG	3	
TIROSINT CAP 100MCG	3	
TIROSINT CAP 112MCG	3	
TIROSINT CAP 125MCG	3	
TIROSINT CAP 137MCG	3	
TIROSINT CAP 150MCG	3	
TIROSINT CAP 175MCG	3	
TIROSINT CAP 200	3	
TIROSINT-SOL SOL 13MCG/ML	3	
TIROSINT-SOL SOL 25MCG/ML	3	
TIROSINT-SOL SOL 37.5/ML	3	
TIROSINT-SOL SOL 44MCG/ML	3	
TIROSINT-SOL SOL 50MCG/ML	3	
TIROSINT-SOL SOL 62.5/ML	3	
TIROSINT-SOL SOL 75MCG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
TIROSINT-SOL SOL 88MCG/ML	3	
TIROSINT-SOL SOL 100MCG	3	
TIROSINT-SOL SOL 112MCG	3	
TIROSINT-SOL SOL 125MCG	3	
TIROSINT-SOL SOL 137MCG	3	
TIROSINT-SOL SOL 150MCG	3	
TIROSINT-SOL SOL 175MCG	3	
TIROSINT-SOL SOL 200MCG	3	
<i>unithroid</i>	3	

VITAMIN D ANALOGS

<i>calcitriol cap 0.5 mcg</i>	2	
<i>calcitriol cap 0.25 mcg</i>	2	
<i>calcitriol inj 1 mcg/ml</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	2	
<i>doxercalciferol cap 0.5 mcg</i>	4	
<i>doxercalciferol cap 1 mcg</i>	4	
<i>doxercalciferol cap 2.5 mcg</i>	4	
<i>paricalcitol cap 1 mcg</i>	4	
<i>paricalcitol cap 2 mcg</i>	4	
<i>paricalcitol cap 4 mcg</i>	4	
<i>paricalcitol iv soln 2 mcg/ml</i>	4	
RAYALDEE CAP 30MCG	5	DL

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant capsule 40 mg</i>	3	B/D, QL (1 cap / 30 days); DL
<i>aprepitant capsule 80 mg</i>	3	B/D, QL (8 caps / 30 days); DL
<i>aprepitant capsule 125 mg</i>	3	B/D, QL (2 caps / 30 days); DL
<i>aprepitant pak 80 & 125</i>	3	B/D, QL (6 caps / 30 days); DL
<i>compro</i>	2	
<i>dronabinol cap 2.5 mg</i>	3	QL (60 caps / 30 days), PA
<i>dronabinol cap 5 mg</i>	3	QL (60 caps / 30 days), PA
<i>dronabinol cap 10 mg</i>	3	QL (60 caps / 30 days), PA
<i>granisetron hcl tab 1 mg</i>	2	B/D, QL (30 tabs / 30 days); DL
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	2	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	2	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	DL
<i>ondansetron hcl oral soln 4 mg/5ml</i>	3	B/D; DL
<i>ondansetron hcl tab 4 mg</i>	2	B/D; DL
<i>ondansetron hcl tab 8 mg</i>	2	B/D; DL
<i>ondansetron tab 4mg odt</i>	2	B/D; DL
<i>ondansetron tab 8mg odt</i>	2	B/D; DL
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	2	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl inj 25 mg/ml</i>	2	
<i>promethazine hcl inj 50 mg/ml</i>	2	
<i>promethazine hcl suppos 12.5 mg</i>	2	DL
<i>promethazine hcl suppos 25 mg</i>	2	DL
<i>promethazine hcl syrup 6.25 mg/5ml</i>	2	DL
<i>promethazine hcl tab 12.5 mg</i>	2	DL
<i>promethazine hcl tab 25 mg</i>	2	DL
<i>promethazine hcl tab 50 mg</i>	2	DL
<i>promethegan</i>	2	DL
SANCUSO DIS 3.1MG	4	DL
<i>scopolamine td patch 72hr 1 mg/3days</i>	3	QL (10 patches / 30 days)
VARUBI TAB 90MG	4	B/D, QL (4 tabs / 30 days), NM; DL

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	2	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>dicyclomine hcl tab 20 mg</i>	2	
<i>glycopyrrolate inj 0.2 mg/ml</i>	2	
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>methscopolamine bromide tab 2.5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine bromide tab 5 mg</i>	2	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine preservative free inj 20 mg/2ml</i>	2	
<i>famotidine tab 20 mg</i>	2	
<i>famotidine tab 40 mg</i>	2	
<i>nizatidine cap 150 mg</i>	2	
<i>nizatidine cap 300 mg</i>	2	
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	4	
<i>budesonide tab er 24hr 9 mg</i>	5	QL (30 tabs / 30 days); DL
<i>hydrocortisone enema 100 mg/60ml</i>	3	
<i>mesalamine cap dr 400 mg</i>	4	
<i>mesalamine cap er 24hr 0.375 gm</i>	3	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine suppos 1000 mg</i>	4	
<i>mesalamine tab delayed release 1.2 gm</i>	4	
<i>mesalamine tab delayed release 800 mg</i>	4	
<i>sulfasalazin tab 500mg dr</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg-3350/electrolytes/asc</i>	2	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	5	DL
<i>alosetron hcl tab 1 mg (base equiv)</i>	5	DL
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 30mg</i>	4	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
GATTEX KIT 5MG	5	NM, LA, PA; DL
HELIDAC MIS THERAPY	4	
LINZESS CAP 72MCG	4	QL (30 caps / 30 days)
LINZESS CAP 145MCG	4	QL (30 caps / 30 days)
LINZESS CAP 290MCG	4	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>lubiprostone cap 8 mcg</i>	3	QL (60 caps / 30 days)
<i>lubiprostone cap 24 mcg</i>	3	QL (60 caps / 30 days)
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOVANTIK TAB 12.5MG	3	
MOVANTIK TAB 25MG	3	
RELISTOR INJ 8/0.4ML	5	DL
RELISTOR INJ 12/0.6ML	5	DL
SUCRAID SOL 8500/ML	5	NM, LA; DL
<i>sucralfate susp 1 gm/10ml</i>	3	
<i>sucralfate tab 1 gm</i>	2	
SYMPROIC TAB 0.2MG	3	
TALICIA CAP	4	
<i>ursodiol cap 300 mg</i>	3	
<i>ursodiol tab 250 mg</i>	3	
<i>ursodiol tab 500 mg</i>	3	
VOWST CAP	5	QL (12 caps / 30 days), NM, LA, PA; DL
XERMELO TAB 250MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
XIFAXAN TAB 550MG	5	PA; DL
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 60000UNT	4	

PROTON PUMP INHIBITORS

<i>dexlansoprazole cap delayed release 30 mg</i>	3	QL (30 caps / 30 days)
<i>dexlansoprazole cap delayed release 60 mg</i>	3	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	2	QL (60 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	2	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (60 caps / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
<i>rabeprazole sodium ec tab 20 mg</i>	2	QL (60 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	
<i>dutasteride cap 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	
<i>finasteride tab 5 mg</i>	2	
<i>silodosin cap 4 mg</i>	2	
<i>silodosin cap 8 mg</i>	2	
<i>tadalafil tab 2.5 mg</i>	3	QL (30 tabs / 30 days), PA; DL
<i>tadalafil tab 5 mg</i>	3	QL (30 tabs / 30 days), PA; DL
<i>tamsulosin hcl cap 0.4 mg</i>	2	

MISCELLANEOUS

<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
<i>flavoxate hcl tab 100 mg</i>	2	
<i>potassium citrate tab er 5 meq (540 mg)</i>	3	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	3	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	3	
<i>tiopronin tab 100 mg</i>	5	NM; DL

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	3	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	4	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
GEMTESA TAB 75MG	4	
MYRBETRIQ TAB 25MG	3	
MYRBETRIQ TAB 50MG	3	
<i>oxybutynin chloride solution 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	
<i>solifenacin succinate tab 5 mg</i>	3	
<i>solifenacin succinate tab 10 mg</i>	3	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	3	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	3	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
<i>tropium chloride cap er 24hr 60 mg</i>	3	
<i>tropium chloride tab 20 mg</i>	2	

VAGINAL ANTI-INFECTIVES

CLEOCIN SUP 100MG	4	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
VANDAZOLE GEL 0.75%	3	

HEMATOLOGIC

ANTICOAGULANTS

<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	5	DL
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	4	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	4	
ELIQUIS ST P TAB 5MG	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	4	DL

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	4	DL
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	DL
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	DL
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	DL
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	DL
FRAGMIN INJ 2500/0.2	4	DL
FRAGMIN INJ 5000/0.2	4	DL
FRAGMIN INJ 7500/0.3	5	DL
FRAGMIN INJ 10000/ML	5	DL
FRAGMIN INJ 12500UNT	5	DL
FRAGMIN INJ 15000UNT	5	DL
FRAGMIN INJ 18000UNT	5	DL
FRAGMIN INJ 95000UNT	5	DL
HEP SOD/D5W INJ 25000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	3	
<i>jantoven</i>	2	
PRADAXA CAP 75MG	4	
PRADAXA CAP 110MG	4	
PRADAXA CAP 150MG	4	
<i>warfarin sodium tab 1 mg</i>	2	
<i>warfarin sodium tab 2 mg</i>	2	
<i>warfarin sodium tab 2.5 mg</i>	2	
<i>warfarin sodium tab 3 mg</i>	2	
<i>warfarin sodium tab 4 mg</i>	2	
<i>warfarin sodium tab 5 mg</i>	2	
<i>warfarin sodium tab 6 mg</i>	2	
<i>warfarin sodium tab 7.5 mg</i>	2	
<i>warfarin sodium tab 10 mg</i>	2	
XARELTO STAR TAB 15/20MG	3	
XARELTO SUS 1MG/ML	3	
XARELTO TAB 2.5MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	

Drug Name	Drug Tier	Requirements/Limits
XARELTO TAB 20MG	3	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX INJ 300/0.5	5	NM; DL
GRANIX INJ 300/1ML	5	NM; DL
GRANIX INJ 480/0.8	5	NM; DL
GRANIX INJ 480/1.6	5	NM; DL
MOZOBIL INJ	5	NM, LA; DL
NIVESTYM INJ 300/0.5	5	NM; DL
NIVESTYM INJ 300MCG	5	NM; DL
NIVESTYM INJ 480/0.8	5	NM; DL
NIVESTYM INJ 480MCG	5	NM; DL
PROCRIT INJ 2000/ML	3	B/D, NM
PROCRIT INJ 3000/ML	3	B/D, NM
PROCRIT INJ 4000/ML	3	B/D, NM
PROCRIT INJ 10000/ML	3	B/D, NM
PROCRIT INJ 20000/ML	5	B/D, NM; DL
PROCRIT INJ 40000/ML	5	B/D, QL (8 vials / 30 days), NM; DL
UDENYCA INJ 6MG/0.6	5	NM; DL
UDENYCA INJ 6MG/.6ML	5	NM; DL
MISCELLANEOUS		
<i>aminocaproic acid tab 500 mg</i>	3	DL
<i>aminocaproic acid tab 1000 mg</i>	3	DL
<i>anagrelide hcl cap 0.5 mg</i>	4	
<i>anagrelide hcl cap 1 mg</i>	4	
CABLIVI KIT 11MG	5	NM, LA; DL
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
CINRYZE SOL 500 UNIT	5	NM, LA, PA; DL
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	NM, PA; DL
MULPLETA TAB 3MG	5	NM, PA; DL
ORLADEYO CAP 110MG	5	NM, LA, PA; DL
ORLADEYO CAP 150MG	5	NM, LA, PA; DL
OXBRYTA TAB 300MG	5	NM, LA; DL
OXBRYTA TAB 500MG	5	NM, LA; DL
<i>pentoxifylline tab er 400 mg</i>	2	
PROMACTA PAK 25MG	5	NM, LA, PA; DL
PROMACTA POW 12.5MG	5	NM, LA, PA; DL
PROMACTA TAB 12.5MG	5	NM, LA, PA; DL
PROMACTA TAB 25MG	5	NM, LA, PA; DL

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **DL** - Medication restricted to a 30 day supply

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TAB 50MG	5	NM, LA, PA; DL
PROMACTA TAB 75MG	5	NM, LA, PA; DL
RUCONEST INJ 2100UNIT	5	NM, LA, PA; DL
TAKHZYRO INJ 150MG/ML	5	NM, LA, PA; DL
TAKHZYRO INJ 300/2ML	5	NM, LA, PA; DL
TAVNEOS CAP 10MG	5	NM, LA; DL
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	3	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	3	
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	3	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	2	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	3	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	3	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

DUPIXENT INJ 100/0.67	5	NM, PA; DL
DUPIXENT INJ 200/1.14	5	NM, PA; DL
DUPIXENT INJ 200MG	5	NM, PA; DL
DUPIXENT INJ 300/2ML	5	NM, PA; DL
ENBREL INJ 25/0.5ML	5	NM, PA; DL
ENBREL INJ 25MG	5	NM, PA; DL
ENBREL INJ 50MG/ML	5	NM, PA; DL
ENBREL MINI INJ 50MG/ML	5	NM, PA; DL
ENBREL SRCLK INJ 50MG/ML	5	NM, PA; DL
HUMIRA INJ 10/0.1ML	5	NM, PA; DL
HUMIRA INJ 20/0.2ML	5	NM, PA; DL
HUMIRA INJ 40/0.4ML	5	NM, PA; DL
HUMIRA KIT 40MG/0.8	5	NM, PA; DL
HUMIRA PEDIA INJ CROHNS	5	NM, PA; DL
HUMIRA PEN INJ 40/0.4ML	5	NM, PA; DL
HUMIRA PEN INJ 40MG/0.8	5	NM, PA; DL
HUMIRA PEN INJ 80/0.8ML	5	NM, PA; DL
HUMIRA PEN INJ CD/UC/HS	5	NM, PA; DL
HUMIRA PEN INJ PS/UV	5	NM, PA; DL
HUMIRA PEN KIT CD/UC/HS	5	NM, PA; DL
HUMIRA PEN KIT PED UC	5	NM, PA; DL
HUMIRA PEN KIT PS/UV	5	NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
KINERET INJ	5	NM, PA; DL
LITFULO CAP 50MG	5	NM, LA, PA; DL
OTEZLA TAB 10/20/30	5	NM, PA; DL
OTEZLA TAB 30MG	5	NM, PA; DL
RINVOQ TAB 15MG ER	5	NM, PA; DL
RINVOQ TAB 30MG ER	5	NM, PA; DL
RINVOQ TAB 45MG ER	5	NM, PA; DL
SKYRIZI INJ 150DOSE	5	NM, PA; DL
SKYRIZI INJ 150MG/ML	5	NM, PA; DL
SKYRIZI INJ 180/1.2	5	NM, PA; DL
SKYRIZI INJ 360/2.4	5	NM, PA; DL
SKYRIZI PEN INJ 150MG/ML	5	NM, PA; DL
STELARA INJ 45MG/0.5	5	NM, LA, PA; DL; (vials)
STELARA INJ 45MG/0.5	5	NM, PA; DL; (syringes)
STELARA INJ 90MG/ML	5	NM, PA; DL
TALTZ INJ 80MG/ML	5	NM, LA, PA; DL
XELJANZ SOL 1MG/ML	5	NM, PA; DL
XELJANZ TAB 5MG	5	NM, PA; DL
XELJANZ TAB 10MG	5	NM, PA; DL
XELJANZ XR TAB 11MG	5	NM, PA; DL
XELJANZ XR TAB 22MG	5	NM, PA; DL

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tab 200 mg</i>	3	
<i>leflunomide tab 10 mg</i>	3	
<i>leflunomide tab 20 mg</i>	3	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
RIDAURA CAP 3MG	3	DL
XATMEP SOL 2.5MG/ML	4	DL

IMMUNOGLOBULINS

BIVIGAM INJ 10%	5	NM, LA, PA; DL
GAMASTAN INJ	4	NM, LA, PA
GAMMAGARD INJ 2.5GM/25	5	NM, PA; DL
GAMMAGARD INJ 5GM/50ML	5	NM, PA; DL
GAMMAGARD INJ 10GM/100	5	NM, PA; DL
GAMMAGARD INJ 20GM/200	5	NM, PA; DL
GAMMAGARD INJ 30GM/300	5	NM, PA; DL
GAMMAGARD SD INJ 5GM HU	5	NM, PA; DL
GAMMAGARD SD INJ 10GM HU	5	NM, PA; DL
GAMMAKED INJ 1GM/10ML	5	NM, PA; DL
GAMMAKED INJ 5GM/50ML	5	NM, PA; DL
GAMMAKED INJ 10GM/100	5	NM, PA; DL
GAMMAKED INJ 20GM/200	5	NM, PA; DL
GAMMAPLEX INJ 5%	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX INJ 10%	5	NM, LA, PA; DL
GAMUNEX-C INJ 1GM/10ML	5	NM, PA; DL
GAMUNEX-C INJ 5GM/50ML	5	NM, PA; DL
GAMUNEX-C INJ 10GM/100	5	NM, PA; DL
GAMUNEX-C INJ 20GM/200	5	NM, PA; DL
GAMUNEX-C INJ 40/400ML	5	NM, PA; DL
OCTAGAM INJ 1GM	5	NM, PA; DL
OCTAGAM INJ 2GM/20ML	5	NM, PA; DL
PANZYGA SOL 1GM/10ML	5	NM, PA; DL
PANZYGA SOL 2.5/25ML	5	NM, PA; DL
PANZYGA SOL 5GM/50ML	5	NM, PA; DL
PANZYGA SOL 10/100ML	5	NM, PA; DL
PANZYGA SOL 20/200ML	5	NM, PA; DL
PANZYGA SOL 30/300ML	5	NM, PA; DL
PRIVIGEN INJ 20GRAMS	5	NM, PA; DL
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	5	NM, LA, PA; DL
ARCALYST INJ 220MG	5	NM, LA, PA; DL
BEYFORTUS INJ 50/0.5ML	5	DL
BEYFORTUS INJ 100MG/ML	5	DL
GRASTEK SUB 2800BAU	4	PA; DL
INTRON A INJ 10MU	3	NM, LA; DL
INTRON A INJ 18MU	3	NM, LA; DL
INTRON A INJ 25MU	5	NM; DL
INTRON A INJ 50MU	5	NM, LA; DL
ODACTRA SUB	4	PA; DL
SYNAGIS INJ 100MG/ML	5	NM; DL
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	4	B/D, NM
ASTAGRAF XL CAP 1MG	4	B/D, NM
ASTAGRAF XL CAP 5MG	4	B/D, NM
ATGAM INJ 250MG	5	DL
AZATHIOPRINE INJ 100MG	3	B/D
<i>azathioprine tab 50 mg</i>	2	B/D
<i>azathioprine tab 75 mg</i>	2	B/D
<i>azathioprine tab 100 mg</i>	2	B/D
BENLYSTA INJ 120MG	5	NM, LA, PA; DL
BENLYSTA INJ 200MG/ML	5	QL (4 auto-injectors / 28 days), NM, LA, PA; DL
BENLYSTA INJ 200MG/ML	5	QL (4 syringes / 28 days), NM, LA, PA; DL
BENLYSTA INJ 400MG	5	NM, LA, PA; DL
<i>cyclosporine cap 25 mg</i>	3	B/D, NM
<i>cyclosporine cap 100 mg</i>	3	B/D, NM

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **DL** - Medication restricted to a 30 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine iv soln 50 mg/ml</i>	2	B/D, NM
<i>cyclosporine modified cap 25 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 50 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 100 mg</i>	2	B/D, NM
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	B/D, NM
ENVARUSUS XR TAB 0.75MG	4	B/D, NM
ENVARUSUS XR TAB 1MG	4	B/D, NM
ENVARUSUS XR TAB 4MG	4	B/D, NM
<i>everolimus tab 0.5 mg</i>	5	B/D, NM; DL
<i>everolimus tab 0.25 mg</i>	4	B/D, QL (60 tabs / 30 days), NM; DL
<i>everolimus tab 0.75 mg</i>	5	B/D, NM; DL
<i>everolimus tab 1 mg</i>	5	B/D, NM; DL
<i>gengraf</i>	2	B/D, NM
LUPKYNIS CAP 7.9MG	5	QL (180 caps / 30 days), NM, LA, PA; DL
<i>mycophenolate mofetil cap 250 mg</i>	2	B/D, NM
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	B/D, NM
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	3	B/D, NM
<i>mycophenolate mofetil tab 500 mg</i>	2	B/D, NM
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	3	B/D, NM
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	3	B/D, NM
NULOJIX INJ 250MG	5	B/D, NM; DL
PROGRAF GRA 0.2MG	4	B/D, NM
PROGRAF GRA 1MG	4	B/D, NM
PROGRAF INJ 5MG/ML	4	B/D, NM
REZUROCK TAB 200MG	5	NM, LA, PA; DL
SIMULECT INJ 10MG	4	B/D
SIMULECT INJ 20MG	4	B/D
<i>sirolimus oral soln 1 mg/ml</i>	4	B/D, NM
<i>sirolimus tab 0.5 mg</i>	3	B/D, NM
<i>sirolimus tab 1 mg</i>	3	B/D, NM
<i>sirolimus tab 2 mg</i>	3	B/D, NM
<i>tacrolimus cap 0.5 mg</i>	2	B/D, NM
<i>tacrolimus cap 1 mg</i>	2	B/D, NM
<i>tacrolimus cap 5 mg</i>	2	B/D, NM
THYMOGLOBULN INJ 25MG	3	B/D
VACCINES		
ABRYSVO INJ	3	
ACTHIB INJ	3	

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Drug Name	Drug Tier	Requirements/Limits
ADACEL INJ	3	
AREXVY INJ 120MCG	3	
BCG VACCINE INJ 50MG	4	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ	4	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HEPLISAV-B INJ 20/0.5ML	3	B/D
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	
INFANRIX INJ	3	
IPOL INJ INACTIVE	4	
IXCHIQ INJ	3	
IXIARO INJ	4	
JYNNEOS INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
MENVEO SOL	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB INJ	4	
PENBRAYA INJ	3	
PENTACEL INJ	3	
PREHEVBRIO SUS 10MCG/ML	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	4	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	DL
RECOMBIVA HB INJ 5MCG/0.5	3	B/D
RECOMBIVA HB INJ 10MCG/ML	3	B/D
RECOMBIVA-HB INJ 40MCG/ML	3	B/D
ROTARIX SUS	4	
ROTATEQ SOL	4	
SHINGRIX INJ 50/0.5ML	3	QL (2 injections in lifetime)
TDVAX INJ 2-2 LF	3	

Drug Name	Drug Tier	Requirements/Limits
TENIVAC INJ 5-2LF	3	
TICOVAC INJ	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	4	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
YF-VAX INJ	4	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D10W/NAACL INJ 0.2%	3	
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	
ISOLYTE-P INJ /D5W	4	DL
ISOLYTE-S INJ PH 7.4	4	DL
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	3	
KCL/D5W/LACT INJ 20MEQ/L	3	
<i>lactated ringer's solution</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>mult electro inj ph 5.5</i>	4	DL
PLASMA-LYTE INJ -148	4	DL
PLASMA-LYTE INJ -A	4	DL
POT CHLORIDE INJ 10MEQ	3	

Drug Name	Drug Tier	Requirements/Limits
POT CHLORIDE INJ 20MEQ	3	
POT CHLORIDE INJ 40MEQ	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>ringer's solution</i>	3	
<i>sodium chloride iv soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	3	
<i>sodium chloride iv soln 3%</i>	3	

ELECTROLYTES/MINERALS/VITAMINS, ORAL

<i>effervescent pot chloride</i>	2	
<i>klor-con</i>	2	
<i>klor-con 8</i>	3	
<i>klor-con 10</i>	3	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con/ef</i>	2	
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	3	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	3	
<i>potassium chloride powder packet 20 meq</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	3	
<i>sodium fluoride 2.2 mg</i>	2	

IV NUTRITION

<i>dextrose inj 5%</i>	2	
<i>dextrose inj 10%</i>	3	
INTRALIPID INJ 20%	4	B/D; DL
INTRALIPID INJ 30%	4	B/D; DL
NUTRILIPID EMU 20%	4	B/D; DL
PREMASOL SOL 10%	3	B/D; DL
PROSOL INJ 20%	4	B/D; DL

Drug Name	Drug Tier	Requirements/Limits
TRAVASOL INJ 10%	3	B/D; DL
TROPHAMINE INJ 10%	4	B/D; DL

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>neo-polycin oin hc 1%op</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	

ANTI-INFECTIVES

AZASITE SOL 1%	4	
<i>bacitracin ophth oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	2	
CILOXAN OIN 0.3% OP	4	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
<i>levofloxacin ophth soln 0.5%</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN SUS 5% OP	4	
<i>neo-polycin oin op</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polycin oin op</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
<i>sulfacetamide sodium ophth oint 10%</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	2	
TOBEX OIN 0.3% OP	4	
<i>trifluridine ophth soln 1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	2	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	3	
EYSUVIS DRO 0.25%	4	
<i>fluorometholone ophth susp 0.1%</i>	3	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
FML FORTE SUS 0.25% OP	4	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
LOTEMAX OIN 0.5%	3	
LOTEMAX SM GEL 0.38%	4	
<i>loteprednol etabonate ophth gel 0.5%</i>	3	
<i>loteprednol etabonate ophth susp 0.5%</i>	3	
NEVANAC SUS 0.1% OP	4	
PRED MILD SUS 0.12% OP	4	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	3	
PROLENSA SOL 0.07%	4	
ANTIALLERGICS		
<i>azelastine hcl ophth soln 0.05%</i>	2	
<i>bepotastine besilate ophth soln 1.5%</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
<i>epinastine hcl ophth soln 0.05%</i>	2	
ZERVIAE DRO 0.24%	3	
ANTI GLAUCOMA		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETOPTIC-S SUS 0.25% OP	4	
<i>bimatoprost ophth soln 0.03%</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>brimonidine tartrate ophth soln 0.15%</i>	3	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>brinzolamide ophth susp 1%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
IOPIDINE SOL 1% OP	4	
<i>latanoprost ophth soln 0.005%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	
<i>pilocarpine hcl ophth soln 1%</i>	3	
<i>pilocarpine hcl ophth soln 2%</i>	3	
<i>pilocarpine hcl ophth soln 4%</i>	3	
RHOPRESSA SOL 0.02%	3	
ROCKLATAN DRO	3	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	2	
<i>timolol maleate preservative free ophth soln 0.5%</i>	2	
<i>timolol maleate preservative free ophth soln 0.25%</i>	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
VYZULTA SOL 0.024%	4	
MISCELLANEOUS		
<i>atropine sulfate ophth soln 1%</i>	3	
<i>cyclosporine (ophth) emulsion 0.05%</i>	3	
CYSTADROPS SOL 0.37%	5	NM, LA, PA; DL
CYSTARAN SOL 0.44%	5	NM, LA, PA; DL
EYLEA INJ 2/0.05ML	5	NM, LA; DL
LUCENTIS SOL 0.3MG	5	NM, LA; DL
LUCENTIS SOL 0.5MG	5	NM, LA; DL
OXERVATE SOL 20MCG/ML	5	NM, LA; DL
RESTASIS EMU 0.05% OP	3	
RESTASIS MUL EMU 0.05% OP	3	
XIIDRA DRO 5%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid otic soln 2%</i>	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	
BEVESPI AER 9-4.8MCG	3	
BREZTRI AERO AER SPHERE	3	
COMBIVENT AER 20-100	3	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
TRELEGY AER 100MCG	3	
TRELEGY AER 200MCG	3	

ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	3	
INCRUSE ELPT INH 62.5MCG	3	
<i>ipratropium bromide inhal soln 0.02%</i>	2	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	
YUPELRI SOL	4	B/D

ANTI-HISTAMINES

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	
<i>azelastine spr 0.1%</i>	2	
<i>cyproheptadine hcl tab 4 mg</i>	3	
<i>desloratadine tab 5 mg</i>	2	
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	
<i>hydroxyzine hcl tab 10 mg</i>	2	
<i>hydroxyzine hcl tab 25 mg</i>	2	
<i>hydroxyzine hcl tab 50 mg</i>	2	
<i>hydroxyzine pamoate cap 25 mg</i>	2	
<i>hydroxyzine pamoate cap 50 mg</i>	2	
<i>hydroxyzine pamoate cap 100 mg</i>	2	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	2	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
<i>olopatadine hcl nasal soln 0.6%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
BETA AGONISTS		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg</i>	2	
<i>albuterol sulfate tab 4 mg</i>	2	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	4	B/D; DL
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	4	B/D; DL
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	3	
SEREVENT DIS AER 50MCG	3	
<i>terbutaline sulfate inj 1 mg/ml</i>	2	
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	
VENTOLIN HFA AER	3	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	2	B/D; DL
<i>acetylcysteine inhal soln 20%</i>	2	B/D; DL
ARALAST NP INJ 1000MG	5	NM, LA, PA; DL
BRONCHITOL CAP 40MG	4	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	B/D
DALIRESP TAB 250MCG	4	DL
DALIRESP TAB 500MCG	4	DL
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	3	QL (4 pens / 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	3	QL (4 pens / 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	3	QL (4 pens / 30 days)
ESBRIET CAP 267MG	5	NM, LA, PA; DL
ESBRIET TAB 267MG	5	NM, LA, PA; DL
ESBRIET TAB 801MG	5	NM, LA, PA; DL
FASENRA INJ 30MG/ML	5	NM, LA, PA; DL
FASENRA PEN INJ 30MG/ML	5	NM, LA, PA; DL
GLASSIA INJ	5	NM, LA, PA; DL
KALYDECO GRA 5.8MG	5	NM, LA, PA; DL
KALYDECO GRA 13.4MG	5	NM, LA, PA; DL
KALYDECO PAK 25MG	5	NM, LA, PA; DL
KALYDECO PAK 50MG	5	NM, LA, PA; DL
KALYDECO PAK 75MG	5	NM, LA, PA; DL
KALYDECO TAB 150MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
OFEV CAP 100MG	5	NM, LA, PA; DL
OFEV CAP 150MG	5	NM, LA, PA; DL
ORKAMBI GRA 75-94MG	5	NM, LA, PA; DL
ORKAMBI GRA 100-125	5	NM, LA, PA; DL
ORKAMBI GRA 150-188	5	NM, LA, PA; DL
ORKAMBI TAB 100-125	5	NM, LA, PA; DL
ORKAMBI TAB 200-125	5	NM, LA, PA; DL
<i>pirfenidone cap 267 mg</i>	5	NM, PA; DL
<i>pirfenidone tab 267 mg</i>	5	NM, PA; DL
<i>pirfenidone tab 534 mg</i>	5	NM, PA; DL
<i>pirfenidone tab 801 mg</i>	5	NM, PA; DL
PROLASTIN-C INJ 1000MG	5	NM, LA, PA; DL
PULMOZYME SOL 1MG/ML	5	B/D, NM; DL
<i>roflumilast tab 250 mcg</i>	4	DL
<i>roflumilast tab 500 mcg</i>	4	DL
SYMDEKO TAB 50-75MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
THEO-24 CAP 100MG CR	4	
THEO-24 CAP 200MG CR	4	
<i>theophylline tab er 12hr 300 mg</i>	3	
<i>theophylline tab er 12hr 450 mg</i>	3	
<i>theophylline tab er 24hr 400 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline tab er 24hr 600 mg</i>	2	
TRIKAFTA TAB	5	QL (84 tabs / 28 days), NM, LA, PA; DL
XOLAIR INJ 75/0.5	5	NM, LA, PA; DL
XOLAIR INJ 150MG/ML	5	NM, LA, PA; DL
XOLAIR SOL 150MG	5	NM, LA, PA; DL
ZEMAIRA INJ 1000MG	5	NM, LA, PA; DL

NASAL STEROIDS

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	
XHANCE MIS 93MCG	3	

STEROID INHALANTS

ARNUITY ELPT INH 50MCG	3	
ARNUITY ELPT INH 100MCG	3	
ARNUITY ELPT INH 200MCG	3	
<i>budesonide inhalation susp 0.5 mg/2ml</i>	3	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	3	B/D
<i>budesonide inhalation susp 1 mg/2ml</i>	3	B/D
<i>fluticasone propionate aer pow ba 50 mcg/act</i>	3	
<i>fluticasone propionate aer pow ba 100 mcg/act</i>	3	
<i>fluticasone propionate aer pow ba 250 mcg/act</i>	3	
<i>fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)</i>	3	
<i>fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)</i>	3	
<i>fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)</i>	3	
PULMICORT INH 90MCG	4	
PULMICORT INH 180MCG	4	

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	4	
ADVAIR HFA AER 115/21	4	
ADVAIR HFA AER 230/21	4	
BREO ELLIPTA INH 50-25MCG	3	
BREO ELLIPTA INH 100-25	3	
BREO ELLIPTA INH 200-25	3	
DULERA AER 50-5MCG	4	
DULERA AER 100-5MCG	4	

Drug Name	Drug Tier	Requirements/Limits
DULERA AER 200-5MCG	4	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	
<i>wixela inhub</i>	2	

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i>	3	
<i>amneesteem cap 10mg</i>	3	
<i>amneesteem cap 20mg</i>	3	
<i>amneesteem cap 40mg</i>	3	
<i>avita cre 0.025%</i>	3	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	3	
<i>claravis cap 10mg</i>	3	
<i>claravis cap 20mg</i>	3	
<i>claravis cap 30mg</i>	3	
<i>claravis cap 40mg</i>	3	
<i>clindacin mis etz 1%</i>	2	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	3	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>ery</i>	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>isotretinoin cap 10 mg</i>	3	
<i>isotretinoin cap 20 mg</i>	3	
<i>isotretinoin cap 30 mg</i>	3	
<i>isotretinoin cap 40 mg</i>	3	
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<i>tretinoin cream 0.1%</i>	3	PA; DL
<i>tretinoin cream 0.05%</i>	3	PA; DL
<i>tretinoin cream 0.025%</i>	3	PA; DL
<i>tretinoin gel 0.01%</i>	3	PA
<i>tretinoin gel 0.05%</i>	3	PA
<i>tretinoin gel 0.025%</i>	3	PA
<i>zenatane cap 10mg</i>	3	
<i>zenatane cap 20mg</i>	3	
<i>zenatane cap 30mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>zenatane cap 40mg</i>	3	
DERMATOLOGY, ANTIBIOTICS		
<i>ALTABAX OIN 1%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>mupirocin calcium cream 2%</i>	2	
<i>mupirocin oint 2%</i>	2	
<i>silver sulfadiazine cream 1%</i>	3	
<i>ssd</i>	3	
<i>SULFAMYLON CRE 85MG/GM</i>	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox solution 8%</i>	2	DL
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	QL (90 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (90 gm / 30 days)
<i>ketoconazole cream 2%</i>	2	
<i>luliconazole cream 1%</i>	2	
<i>nyamyc</i>	2	
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	3	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	3	
<i>nystop</i>	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	3	
<i>acitretin cap 17.5 mg</i>	3	
<i>acitretin cap 25 mg</i>	3	
<i>calcipotriene cream 0.005%</i>	4	
<i>calcipotriene oint 0.005%</i>	4	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	4	
<i>calcitriol oint 3 mcg/gm</i>	3	
<i>methoxsalen rapid cap 10 mg</i>	5	DL
<i>tazarotene cream 0.1%</i>	4	
<i>tazarotene gel 0.1%</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene gel 0.05%</i>	4	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	2	
<i>selenium sulfide lotion 2.5%</i>	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	2	
<i>alclometasone dipropionate oint 0.05%</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	3	
<i>betamethasone dipropionate augmented oint 0.05%</i>	3	
<i>betamethasone dipropionate cream 0.05%</i>	2	
<i>betamethasone dipropionate lotion 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	4	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	4	
<i>clobetasol propionate cream 0.05%</i>	4	QL (120 gm / 30 days)
<i>clobetasol propionate e</i>	4	QL (120 gm / 30 days)
<i>clobetasol propionate emulsion foam 0.05%</i>	4	QL (100 gm / 30 days)
<i>clobetasol propionate foam 0.05%</i>	4	QL (100 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL (120 gm / 30 days)
<i>clobetasol propionate lotion 0.05%</i>	4	QL (120 mL / 30 days)
<i>clobetasol propionate oint 0.05%</i>	4	QL (120 gm / 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	4	QL (120 mL / 30 days)
<i>clobetasol propionate soln 0.05%</i>	4	QL (100 mL / 30 days)
<i>clobetasol propionate spray 0.05%</i>	4	QL (120 mL / 30 days)
<i>clocortolone pivalate cream 0.1%</i>	2	
<i>clodan sha 0.05%</i>	4	QL (120 mL / 30 days)
<i>desonide cream 0.05%</i>	4	QL (90 gm / 30 days)
<i>desonide lotion 0.05%</i>	4	QL (120 mL / 30 days)
<i>desonide oint 0.05%</i>	4	QL (90 gm / 30 days)

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<i>fluocinolone acetonide cream 0.01%</i>	2	
<i>fluocinolone acetonide cream 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide sc</i>	3	QL (120 mL / 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	3	QL (120 mL / 30 days)
<i>fluocinonide cream 0.05%</i>	2	
<i>fluocinonide emulsified base cream 0.05%</i>	2	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide oint 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	3	QL (120 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	3	QL (120 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	3	QL (120 gm / 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	3	
<i>hydrocortisone butyrate oint 0.1%</i>	3	
<i>hydrocortisone butyrate soln 0.1%</i>	3	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	
<i>hydrocortisone valerate cream 0.2%</i>	3	
<i>hydrocortisone valerate oint 0.2%</i>	3	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	
<i>tovet</i>	4	QL (100 gm / 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.025%</i>	2	
<i>triderm</i>	2	
<i>triderm cre 0.1%</i>	2	
VERDESO AER 0.05%	5	QL (100 gm / 30 days); DL
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine oint 5%</i>	3	PA
<i>lidocaine patch 5%</i>	3	QL (90 patches / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30 gm / 30 days)
<i>lidocan iii pad 5%</i>	3	QL (90 patches / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir oint 5%</i>	3	
<i>azelaic acid gel 15%</i>	2	
<i>bexarotene gel 1%</i>	5	NM, PA; DL
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	QL (500 gm / 30 days)
<i>diclofenac sodium soln 1.5%</i>	3	QL (300 mL / 30 days)
EUCRISA OIN 2%	4	
FLUOROPLEX CRE 1%	5	DL
<i>fluorouracil cream 0.5%</i>	5	DL
<i>fluorouracil cream 5%</i>	3	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
HYFTOR GEL 0.2%	5	NM, LA; DL
<i>imiquimod cream 5%</i>	3	
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
PANRETIN GEL 0.1%	5	DL
<i>penciclovir cream 1%</i>	4	DL
<i>pimecrolimus cream 1%</i>	3	
<i>podofilox soln 0.5%</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
QBREXZA PAD 2.4%	4	QL (30 pledgets / 30 days)
RECTIV OIN 0.4%	4	
<i>tacrolimus oint 0.1%</i>	3	
<i>tacrolimus oint 0.03%</i>	3	
TARGRETIN GEL 1%	5	NM, PA; DL
VALCHLOR GEL 0.016%	5	NM, LA, PA; DL
ZYCLARA PUMP CRE 2.5%	5	DL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	
<i>spinosad susp 0.9%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
<i>lactated ringer's for irrigation</i>	3	
REGANEX GEL 0.01%	5	QL (30 gm / 30 days); DL

Drug Name	Drug Tier	Requirements/Limits
<i>ringer's solution for irrigation</i>	3	
SANTYL OIN 250/GM	3	
<i>sodium chloride irrigation soln 0.9%</i>	3	
<i>water for irrigation, sterile irrigation soln</i>	3	
MOUTH/THROAT/DENTAL AGENTS		
ARESTIN MIS 1MG	4	NM
<i>cevimeline hcl cap 30 mg</i>	3	
<i>chlorhexidine gluconate soln 0.12%</i>	2	
<i>clotrimazole troche 10 mg</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>sf 5000 plus</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	

Index

A	
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	8
<i>abacavir sulfate tab 300 mg (base equiv)</i>	8
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	9
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	9
ABELCET INJ 5MG/ML	7
ABILIFY ASIM INJ 720MG	48
ABILIFY ASIM INJ 960MG	48
ABILIFY MAIN INJ 300MG	48
ABILIFY MAIN INJ 400MG	48
<i>abiraterone acetate tab 250 mg</i>	18
<i>abiraterone acetate tab 500 mg</i>	18
ABRAXANE INJ 100MG	20
ABRYSVO INJ.....	92
<i>acamprosate calcium tab delayed release 333 mg</i>	63
<i>acarbose tab 100 mg</i>	64
<i>acarbose tab 25 mg</i>	64
<i>acarbose tab 50 mg</i>	64
<i>accutane</i>	103
<i>acebutolol hcl cap 200 mg</i>	35
<i>acebutolol hcl cap 400 mg</i>	35
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2
<i>acetazolamide cap er 12hr 500 mg</i> ...	38
<i>acetazolamide tab 125 mg</i>	38
<i>acetazolamide tab 250 mg</i>	38
<i>acetic acid otic soln 2%</i>	98
<i>acetylcysteine inhal soln 10%</i>	100
<i>acetylcysteine inhal soln 20%</i>	100
<i>acitretin cap 10 mg</i>	104
<i>acitretin cap 17.5 mg</i>	104
<i>acitretin cap 25 mg</i>	104
ACTHAR INJ 80UNIT	76
ACTHIB INJ	92
ACTIMMUNE INJ 2MU/0.5	91
<i>acyclovir cap 200 mg</i>	11
<i>acyclovir oint 5%</i>	107
<i>acyclovir sodium iv soln 50 mg/ml</i>	11
<i>acyclovir susp 200 mg/5ml</i>	11
<i>acyclovir tab 400 mg</i>	11
<i>acyclovir tab 800 mg</i>	11
ADACEL INJ.....	93
<i>adefovir dipivoxil tab 10 mg</i>	11
ADEMPAS TAB 0.5MG	40
ADEMPAS TAB 1.5MG	40
ADEMPAS TAB 1MG	40
ADEMPAS TAB 2.5MG	40
ADEMPAS TAB 2MG	40
ADRENALIN INJ 1MG/ML	39
ADVAIR HFA AER 115/21	102
ADVAIR HFA AER 230/21	102
ADVAIR HFA AER 45/21	102
AFINITOR DIS TAB 2MG.....	21
AFINITOR DIS TAB 3MG.....	21
AFINITOR DIS TAB 5MG.....	21
AIMOVIG INJ 140MG/ML	59
AIMOVIG INJ 70MG/ML	59
AJOVY INJ 225/1.5	60
AKEEGA TAB 100/500.....	21
AKEEGA TAB 50/500MG	21
<i>ala-cort</i>	105
<i>albendazole tab 200 mg</i>	4
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	100
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	100
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	100
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	100
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	100
<i>albuterol sulfate syrup 2 mg/5ml</i> ...	100
<i>albuterol sulfate tab 2 mg</i>	100
<i>albuterol sulfate tab 4 mg</i>	100
<i>alclometasone dipropionate cream 0.05%</i>	105
<i>alclometasone dipropionate oint 0.05%</i>	105

ALECENSA CAP 150MG.....	21	<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	32
<i>alendronate sodium oral soln 70 mg/75ml</i>	68	<i>amiodarone hcl tab 100 mg</i>	32
<i>alendronate sodium tab 10 mg.....</i>	68	<i>amiodarone hcl tab 200 mg</i>	32
<i>alendronate sodium tab 35 mg.....</i>	68	<i>amiodarone hcl tab 400 mg</i>	32
<i>alendronate sodium tab 70 mg.....</i>	68	<i>amitriptyline hcl tab 10 mg.....</i>	43
<i>alfuzosin hcl tab er 24hr 10 mg.....</i>	85	<i>amitriptyline hcl tab 100 mg</i>	43
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	39	<i>amitriptyline hcl tab 150 mg</i>	43
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	39	<i>amitriptyline hcl tab 25 mg.....</i>	43
<i>allopurinol tab 100 mg</i>	1	<i>amitriptyline hcl tab 50 mg.....</i>	43
<i>allopurinol tab 300 mg</i>	1	<i>amitriptyline hcl tab 75 mg.....</i>	43
<i>almotriptan malate tab 12.5 mg</i>	60	<i>amlodipine besylate tab 10 mg (base equivalent)</i>	36
<i>almotriptan malate tab 6.25 mg</i>	60	<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	36
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	83	<i>amlodipine besylate tab 5 mg (base equivalent)</i>	36
<i>alose tron hcl tab 1 mg (base equiv) ..</i>	83	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	28
ALPRAZOLAM CON 1 MG/ML	41	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	28
<i>alprazolam tab 0.25 mg</i>	41	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	28
<i>alprazolam tab 0.5 mg</i>	41	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	28
<i>alprazolam tab 1 mg</i>	41	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	28
<i>alprazolam tab 2 mg</i>	41	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	28
ALTABAX OIN 1%.....	104	<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	30
<i>altavera</i>	69	<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	30
ALUNBRIG PAK	21	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	30
ALUNBRIG TAB 180MG.....	21	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	30
ALUNBRIG TAB 30MG	21	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	30
ALUNBRIG TAB 90MG	21	<i>amlodipine besylate-valsartan tab 10-320 mg</i>	30
<i>alyacen 1/35</i>	69	<i>amlodipine besylate-valsartan tab 5-160 mg</i>	30
<i>alyq.....</i>	40	<i>amlodipine besylate-valsartan tab 5-320 mg</i>	30
<i>amabelz</i>	73	<i>amnesteem cap 10mg</i>	103
<i>amantadine hcl cap 100 mg.....</i>	46	<i>amnesteem cap 20mg</i>	103
<i>amantadine hcl soln 50 mg/5ml</i>	46		
<i>amantadine hcl tab 100 mg</i>	46		
<i>ambrisentan tab 10 mg</i>	40		
<i>ambrisentan tab 5 mg.....</i>	40		
<i>amethia</i>	69		
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	4		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	4		
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	38		
<i>amiloride hcl tab 5 mg</i>	38		
<i>aminocaproic acid tab 1000 mg.....</i>	88		
<i>aminocaproic acid tab 500 mg</i>	88		

<i>amnestem cap 40mg</i>	103	<i>amphetamine-dextroamphetamine tab</i>	
<i>amoxapine tab 100 mg</i>	43	15 mg.....	58
<i>amoxapine tab 150 mg</i>	43	<i>amphetamine-dextroamphetamine tab</i>	
<i>amoxapine tab 25 mg</i>	43	20 mg.....	58
<i>amoxapine tab 50 mg</i>	43	<i>amphetamine-dextroamphetamine tab</i>	
<i>amoxicil cap & clarithro tab & lansopraz</i>		30 mg.....	58
<i>cap dr 500 & 500 & 30mg</i>	83	<i>amphetamine-dextroamphetamine tab</i>	
<i>amoxicillin & k clavulanate chew tab</i>		5 mg.....	58
200-28.5 mg.....	14	<i>amphetamine-dextroamphetamine tab</i>	
<i>amoxicillin & k clavulanate chew tab</i>		7.5 mg.....	58
400-57 mg	14	<i>amphotericin b for iv soln 50 mg</i>	7
<i>amoxicillin & k clavulanate for susp</i>		<i>ampicillin & sulbactam sodium for inj</i>	
200-28.5 mg/5ml	14	1.5 (1-0.5) gm.....	15
<i>amoxicillin & k clavulanate for susp</i>		<i>ampicillin & sulbactam sodium for inj 3</i>	
250-62.5 mg/5ml	14	(2-1) gm	15
<i>amoxicillin & k clavulanate for susp</i>		<i>ampicillin & sulbactam sodium for iv</i>	
400-57 mg/5ml.....	14	soln 15 (10-5) gm	15
<i>amoxicillin & k clavulanate for susp</i>		<i>ampicillin cap 250 mg</i>	15
600-42.9 mg/5ml	14	<i>ampicillin cap 500 mg</i>	15
<i>amoxicillin & k clavulanate tab 250-125</i>		<i>ampicillin for susp 250 mg/5ml</i>	15
mg	14	<i>ampicillin sodium for inj 1 gm</i>	15
<i>amoxicillin & k clavulanate tab 500-125</i>		<i>ampicillin sodium for inj 125 mg</i>	15
mg	14	<i>ampicillin sodium for inj 2 gm</i>	15
<i>amoxicillin & k clavulanate tab 875-125</i>		<i>ampicillin sodium for iv soln 10 gm</i> ...15	
mg	14	<i>anagrelide hcl cap 0.5 mg</i>	88
<i>amoxicillin & k clavulanate tab er 12hr</i>		<i>anagrelide hcl cap 1 mg</i>	88
1000-62.5 mg.....	14	<i>anastrozole tab 1 mg</i>	18
<i>amoxicillin (trihydrate) cap 250 mg</i> ..14		ANORO ELLIPT AER 62.5-25	99
<i>amoxicillin (trihydrate) cap 500 mg</i> ..14		<i>apraclonidine hcl ophth soln 0.5%</i>	
<i>amoxicillin (trihydrate) chew tab 125</i>		<i>(base equivalent)</i>	97
mg	14	<i>aprepitant capsule 125 mg</i>	81
<i>amoxicillin (trihydrate) chew tab 250</i>		<i>aprepitant capsule 40 mg</i>	81
mg	15	<i>aprepitant capsule 80 mg</i>	81
<i>amoxicillin (trihydrate) for susp 125</i>		<i>aprepitant pak 80 & 125</i>	81
mg/5ml.....	15	<i>apri</i>	69
<i>amoxicillin (trihydrate) for susp 200</i>		APTIOM TAB 200MG	53
mg/5ml.....	15	APTIOM TAB 400MG	53
<i>amoxicillin (trihydrate) for susp 250</i>		APTIOM TAB 600MG	53
mg/5ml.....	15	APTIOM TAB 800MG	53
<i>amoxicillin (trihydrate) for susp 400</i>		APTIVUS CAP 250MG.....	8
mg/5ml.....	15	ARALAST NP INJ 1000MG	100
<i>amoxicillin (trihydrate) tab 500 mg</i> ..15		<i>aranelle</i>	70
<i>amoxicillin (trihydrate) tab 875 mg</i> ..15		ARCALYST INJ 220MG.....	91
<i>amphetamine-dextroamphetamine tab</i>		ARESTIN MIS 1MG	108
10 mg.....	58	AREXVY INJ 120MCG	93
<i>amphetamine-dextroamphetamine tab</i>		<i>arformoterol tartrate soln nebu 15</i>	
12.5 mg	58	<i>mcg/2ml (base equiv)</i>	100

<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	86	ASTAGRAF XL CAP 5MG	91
<i>aripiprazole oral solution 1 mg/ml</i> ...	48	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	8
<i>aripiprazole orally disintegrating tab 10 mg</i>	48	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	8
<i>aripiprazole orally disintegrating tab 15 mg</i>	48	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	8
<i>aripiprazole tab 10 mg</i>	48	<i>atenolol & chlorthalidone tab 100-25 mg</i>	34
<i>aripiprazole tab 15 mg</i>	48	<i>atenolol & chlorthalidone tab 50-25 mg</i>	34
<i>aripiprazole tab 2 mg</i>	48	<i>atenolol tab 100 mg</i>	35
<i>aripiprazole tab 20 mg</i>	48	<i>atenolol tab 25 mg</i>	35
<i>aripiprazole tab 30 mg</i>	48	<i>atenolol tab 50 mg</i>	35
<i>aripiprazole tab 5 mg</i>	48	ATGAM INJ 250MG	91
ARISTADA INJ 1064MG	48	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	58
ARISTADA INJ 441MG/1.....	48	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	58
ARISTADA INJ 662MG/2.....	48	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	58
ARISTADA INJ 882MG/3.....	48	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	58
ARISTADA INJ INITIO	48	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	58
<i>armodafinil tab 150 mg</i>	63	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	58
<i>armodafinil tab 200 mg</i>	63	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	58
<i>armodafinil tab 250 mg</i>	63	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	33
<i>armodafinil tab 50 mg</i>	63	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	33
ARMOUR THYRO TAB 120MG	79	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	33
ARMOUR THYRO TAB 15MG	79	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	33
ARMOUR THYRO TAB 180MG	79	<i>atovaquone susp 750 mg/5ml</i>	4
ARMOUR THYRO TAB 240MG	79	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	7
ARMOUR THYRO TAB 300MG	79	<i>atropine sulfate ophth soln 1%</i>	98
ARMOUR THYRO TAB 30MG	79	ATROVENT HFA AER 17MCG	99
ARMOUR THYRO TAB 60MG	79	AUBAGIO TAB 14MG.....	61
ARMOUR THYRO TAB 90MG	79	AUBAGIO TAB 7MG.....	61
ARNUITY ELPT INH 100MCG	102	<i>abra eq</i>	70
ARNUITY ELPT INH 200MCG	102	AUGTYRO CAP 40MG	21
ARNUITY ELPT INH 50MCG	102	AURYXIA TAB 210MG.....	78
ARRANON INJ 5MG/ML.....	17		
ARZERRA CON 100/5ML.....	21		
<i>ascomp/codeine</i>	2		
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	48		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	48		
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	48		
<i>ashlyna</i>	70		
<i>aspirin-dipyridamole cap er 12hr 25- 200 mg</i>	89		
ASTAGRAF XL CAP 0.5MG.....	91		
ASTAGRAF XL CAP 1MG	91		

AUSTEDO TAB 12MG	60	<i>balsalazide disodium cap 750 mg</i>	83
AUSTEDO TAB 6MG	60	BALVERSA TAB 3MG	21
AUSTEDO TAB 9MG	60	BALVERSA TAB 4MG	21
AUSTEDO XR TAB 12MG.....	60	BALVERSA TAB 5MG	21
AUSTEDO XR TAB 24MG.....	61	<i>balziva</i>	70
AUSTEDO XR TAB 6MG	60	BAQSIMI ONE POW 3MG/DOSE	76
AUSTEDO XR TAB TITR KIT	61	BASAGLAR INJ 100UNIT.....	67
AUVELITY TAB 45-105MG	43	BCG VACCINE INJ 50MG	93
AVASTIN INJ.....	21	BD SWAB REG PAD SNGL USE	67
AVASTIN INJ 400/16ML.....	21	BELEODAQ INJ 500MG.....	21
<i>aviane</i>	70	<i>benazepril & hydrochlorothiazide tab</i>	
<i>avita cre 0.025%</i>	103	10-12.5 mg	28
AVONEX PEN KIT 30MCG.....	61	<i>benazepril & hydrochlorothiazide tab</i>	
AVONEX PREFL KIT 30MCG.....	61	20-12.5 mg	28
AYVAKIT TAB 100MG	21	<i>benazepril & hydrochlorothiazide tab</i>	
AYVAKIT TAB 200MG	21	20-25 mg	28
AYVAKIT TAB 25MG.....	21	<i>benazepril & hydrochlorothiazide tab 5-</i>	
AYVAKIT TAB 300MG	21	6.25 mg	28
AYVAKIT TAB 50MG.....	21	<i>benazepril hcl tab 10 mg</i>	28
<i>azacitidine for inj 100 mg</i>	17	<i>benazepril hcl tab 20 mg</i>	28
AZASITE SOL 1%	96	<i>benazepril hcl tab 40 mg</i>	28
AZATHIOPRINE INJ 100MG	91	<i>benazepril hcl tab 5 mg</i>	28
<i>azathioprine tab 100 mg</i>	91	<i>bendamustine hcl for iv soln 100 mg</i> 16	
<i>azathioprine tab 50 mg</i>	91	<i>bendamustine hcl for iv soln 25 mg</i> ..16	
<i>azathioprine tab 75 mg</i>	91	BENLYSTA INJ 120MG.....	91
<i>azelaic acid gel 15%</i>	107	BENLYSTA INJ 200MG/ML.....	91
<i>azelastine hcl ophth soln 0.05%</i>	97	BENLYSTA INJ 400MG.....	91
<i>azelastine hcl-fluticasone prop nasal</i>		<i>benzoyl peroxide-erythromycin gel 5-</i>	
<i>spray 137-50 mcg/act</i>	99	3%	103
<i>azelastine spr 0.1%</i>	99	<i>benztropine mesylate inj 1 mg/ml</i>	46
<i>azithromycin for susp 100 mg/5ml</i> ...	13	<i>benztropine mesylate tab 0.5 mg</i>	46
<i>azithromycin for susp 200 mg/5ml</i> ...	13	<i>benztropine mesylate tab 1 mg</i>	46
<i>azithromycin iv for soln 500 mg</i>	13	<i>benztropine mesylate tab 2 mg</i>	46
<i>azithromycin tab 250 mg</i>	13	<i>bepotastine besilate ophth soln 1.5%</i> 97	
<i>azithromycin tab 500 mg</i>	13	BESREMI SOL 500MCG	20
<i>azithromycin tab 600 mg</i>	13	<i>betaine powder for oral solution</i>	76
<i>aztreonam for inj 1 gm</i>	4	<i>betamethasone dipropionate</i>	
B		<i>augmented cream 0.05%</i>	105
<i>baciim</i>	4	<i>betamethasone dipropionate</i>	
<i>bacitracin ophth oint 500 unit/gm</i>	96	<i>augmented gel 0.05%</i>	105
<i>bacitracin-polymyxin b ophth oint</i>	96	<i>betamethasone dipropionate</i>	
<i>bacitracin-polymyxin-neomycin-hc</i>		<i>augmented lotion 0.05%</i>	105
<i>ophth oint 1%</i>	96	<i>betamethasone dipropionate</i>	
<i>baclofen tab 10 mg</i>	62	<i>augmented oint 0.05%</i>	105
<i>baclofen tab 20 mg</i>	62	<i>betamethasone dipropionate cream</i>	
BAFIERTAM CAP 95MG	61	0.05%	105
BALCOLTRA TAB 0.1-20	70		

<i>betamethasone dipropionate lotion</i>	<i>blisovi 24 fe</i>	70
0.05%.....	<i>blisovi fe 1.5/30</i>	70
<i>betamethasone dipropionate oint</i>	BOOSTRIX INJ	93
0.05%.....	BOSULIF CAP 100MG.....	21
<i>betamethasone valerate cream 0.1%</i>	BOSULIF CAP 50MG.....	21
(<i>base equivalent</i>)	BOSULIF TAB 100MG.....	21
<i>betamethasone valerate lotion 0.1%</i>	BOSULIF TAB 400MG.....	21
(<i>base equivalent</i>)	BOSULIF TAB 500MG.....	21
<i>betamethasone valerate oint 0.1%</i>	BRAFTOVI CAP 75MG.....	21
(<i>base equivalent</i>)	BREO ELLIPTA INH 100-25	102
BETASERON INJ 0.3MG	BREO ELLIPTA INH 200-25	102
<i>betaxolol hcl ophth soln 0.5%</i>	BREO ELLIPTA INH 50-25MCG	102
<i>betaxolol hcl tab 10 mg</i>	BREZTRI AERO AER SPHERE	99
<i>betaxolol hcl tab 20 mg</i>	<i>briellyn</i>	70
<i>bethanechol chloride tab 10 mg</i>	BRILINTA TAB 60MG.....	89
<i>bethanechol chloride tab 25 mg</i>	BRILINTA TAB 90MG.....	89
<i>bethanechol chloride tab 5 mg</i>	<i>brimonidine tartrate ophth soln 0.15%</i>	97
<i>bethanechol chloride tab 50 mg</i> .....	.....	97
BETOPTIC-S SUS 0.25% OP	<i>brimonidine tartrate ophth soln 0.2%</i>	97
BEVESPI AER 9-4.8MCG	<i>brimonidine tartrate-timolol maleate</i>	97
<i>bexarotene cap 75 mg</i>	<i>ophth soln 0.2-0.5%</i>	97
<i>bexarotene gel 1%</i>	<i>brinzolamide ophth susp 1%</i>	97
BXSERO INJ.....	BRIVIACT INJ 50MG/5ML	53
BEYFORTUS INJ 100MG/ML	BRIVIACT SOL 10MG/ML	53
BEYFORTUS INJ 50/0.5ML	BRIVIACT TAB 100MG.....	53
<i>bicalutamide tab 50 mg</i>	BRIVIACT TAB 10MG	53
BICILLIN C-R INJ 1200000	BRIVIACT TAB 25MG	53
BICILLIN C-R INJ 900/300.....	BRIVIACT TAB 50MG	53
BICILLIN L-A INJ 1200000.....	BRIVIACT TAB 75MG	53
BICILLIN L-A INJ 2400000.....	<i>bromfenac sodium ophth soln 0.07%</i>	97
BICILLIN L-A INJ 600000	(<i>base equivalent</i>)	97
BICNU INJ 100MG	<i>bromfenac sodium ophth soln 0.09%</i>	97
BIJUVA CAP 0.5-100	(<i>base equiv</i>) (<i>once-daily</i>)	97
BIJUVA CAP 1-100MG	<i>bromocriptine mesylate tab 2.5 mg</i>	46
BIKTARVY TAB.....	(<i>base equivalent</i>)	46
<i>bimatoprost ophth soln 0.03%</i>	BRONCHITOL CAP 40MG	100
<i>bisoprolol & hydrochlorothiazide tab</i>	BRUKINSA CAP 80MG	21
10-6.25 mg	<i>budesonide delayed release particles</i>	83
<i>bisoprolol & hydrochlorothiazide tab</i>	<i>cap 3 mg</i>	83
2.5-6.25 mg	<i>budesonide inhalation susp 0.25</i>	102
<i>bisoprolol & hydrochlorothiazide tab 5-</i>	<i>mg/2ml</i>	102
6.25 mg	<i>budesonide inhalation susp 0.5 mg/2ml</i>	102
<i>bisoprolol fumarate tab 10 mg</i> .....	.....	102
<i>bisoprolol fumarate tab 5 mg</i>	<i>budesonide inhalation susp 1 mg/2ml</i>	102
BIVIGAM INJ 10% .....	.....	102
<i>bleomycin sulfate for inj 15 unit</i>	<i>budesonide tab er 24hr 9 mg</i>	83
<i>bleomycin sulfate for inj 30 unit</i>	<i>bumetanide tab 0.5 mg</i>	38

<i>bumetanide tab 1 mg</i>	38	<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	3
<i>bumetanide tab 2 mg</i>	38	<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	3	<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	63	<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	63	<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	3
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	63	<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	63	<i>butorphanol tartrate inj 1 mg/ml</i>	3
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	63	<i>butorphanol tartrate inj 2 mg/ml</i>	3
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	63	<i>butorphanol tartrate nasal soln 10 mg/ml</i>	3
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	63	BYDUREON BC INJ 2/0.85ML	64
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	63	BYETTA INJ 10MCG	64
<i>buprenorphine td patch weekly 10 mcg/hr</i>	2	BYETTA INJ 5MCG	64
<i>buprenorphine td patch weekly 15 mcg/hr</i>	2	C	
<i>buprenorphine td patch weekly 20 mcg/hr</i>	2	<i>cabergoline tab 0.5 mg</i>	76
<i>buprenorphine td patch weekly 5 mcg/hr</i>	2	CABLIVI KIT 11MG	88
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	2	CABOMETYX TAB 20MG.....	21
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	63	CABOMETYX TAB 40MG.....	21
<i>bupropion hcl tab 100 mg</i>	43	CABOMETYX TAB 60MG.....	21
<i>bupropion hcl tab 75 mg</i>	43	<i>calcipotriene cream 0.005%</i>	104
<i>bupropion hcl tab er 12hr 100 mg</i>	43	<i>calcipotriene oint 0.005%</i>	104
<i>bupropion hcl tab er 12hr 150 mg</i>	43	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	104
<i>bupropion hcl tab er 12hr 200 mg</i>	43	<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> ..	105
<i>bupropion hcl tab er 24hr 150 mg</i>	43	<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> ..	105
<i>bupropion hcl tab er 24hr 300 mg</i>	43	<i>calcitonin (salmon) nasal soln 200 unit/act</i>	68
<i>bupirone hcl tab 10 mg</i>	41	<i>calcitriol cap 0.25 mcg</i>	81
<i>bupirone hcl tab 15 mg</i>	41	<i>calcitriol cap 0.5 mcg</i>	81
<i>bupirone hcl tab 30 mg</i>	41	<i>calcitriol inj 1 mcg/ml</i>	81
<i>bupirone hcl tab 5 mg</i>	41	<i>calcitriol oint 3 mcg/gm</i>	104
<i>bupirone hcl tab 7.5 mg</i>	41	<i>calcitriol oral soln 1 mcg/ml</i>	81
<i>busulfan inj 6 mg/ml</i>	16	<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	78
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	<i>calcium acetate (phosphate binder) tab 667 mg</i>	78
		CALQUENCE CAP 100MG	21
		CALQUENCE TAB 100MG	21
		<i>camila</i>	70

<i>camrese lo</i>	70	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil tab 16 mg</i>	31	12.5-50-200 mg	47
<i>candesartan cilexetil tab 32 mg</i>	31	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil tab 4 mg</i>	31	18.75-75-200 mg	47
<i>candesartan cilexetil tab 8 mg</i>	31	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil-</i>		25-100-200 mg	47
<i>hydrochlorothiazide tab 16-12.5 mg</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
.....	30	31.25-125-200 mg	47
<i>candesartan cilexetil-</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
<i>hydrochlorothiazide tab 32-12.5 mg</i>		37.5-150-200 mg	47
.....	30	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil-</i>		50-200-200 mg	47
<i>hydrochlorothiazide tab 32-25 mg</i> .	30	<i>carboplatin iv soln 150 mg/15ml</i>	17
CAPASTAT SUL INJ 1GM	10	<i>carboplatin iv soln 450 mg/45ml</i>	17
CAPLYTA CAP 10.5MG	48	<i>carboplatin iv soln 50 mg/5ml</i>	16
CAPLYTA CAP 21MG	48	<i>carboplatin iv soln 600 mg/60ml</i>	17
CAPLYTA CAP 42MG	48	<i>carglumic acid soluble tab 200 mg</i>	76
CAPRELSA TAB 100MG	22	<i>carteolol hcl ophth soln 1%</i>	97
CAPRELSA TAB 300MG	22	<i>cartia xt</i>	36
<i>captopril tab 100 mg</i>	29	<i>carvedilol phosphate cap er 24hr 10</i>	
<i>captopril tab 12.5 mg</i>	29	mg	35
<i>captopril tab 25 mg</i>	29	<i>carvedilol phosphate cap er 24hr 20</i>	
<i>captopril tab 50 mg</i>	29	mg	35
<i>carbamazepine cap er 12hr 100 mg</i> ..	53	<i>carvedilol phosphate cap er 24hr 40</i>	
<i>carbamazepine cap er 12hr 200 mg</i> ..	53	mg	35
<i>carbamazepine cap er 12hr 300 mg</i> ..	53	<i>carvedilol phosphate cap er 24hr 80</i>	
<i>carbamazepine chew tab 100 mg</i>	53	mg	35
<i>carbamazepine susp 100 mg/5ml</i>	53	<i>carvedilol tab 12.5 mg</i>	35
<i>carbamazepine tab 200 mg</i>	53	<i>carvedilol tab 25 mg</i>	35
<i>carbamazepine tab er 12hr 100 mg</i> ..	53	<i>carvedilol tab 3.125 mg</i>	35
<i>carbamazepine tab er 12hr 200 mg</i> ..	53	<i>carvedilol tab 6.25 mg</i>	35
<i>carbamazepine tab er 12hr 400 mg</i> ..	53	CAYSTON INH 75MG	5
<i>carbidopa & levodopa orally</i>		<i>cefaclor cap 250 mg</i>	12
<i>disintegrating tab 10-100 mg</i>	46	<i>cefaclor cap 500 mg</i>	12
<i>carbidopa & levodopa orally</i>		<i>cefadroxil cap 500 mg</i>	12
<i>disintegrating tab 25-100 mg</i>	46	<i>cefadroxil for susp 250 mg/5ml</i>	12
<i>carbidopa & levodopa orally</i>		<i>cefadroxil for susp 500 mg/5ml</i>	12
<i>disintegrating tab 25-250 mg</i>	46	<i>cefadroxil tab 1 gm</i>	12
<i>carbidopa & levodopa tab 10-100 mg</i>	46	<i>cefazolin sodium for inj 1 gm</i>	12
<i>carbidopa & levodopa tab 25-100 mg</i>	46	<i>cefazolin sodium for inj 10 gm</i>	12
<i>carbidopa & levodopa tab 25-250 mg</i>	46	<i>cefazolin sodium for inj 500 mg</i>	12
<i>carbidopa & levodopa tab er 25-100</i>		<i>cefdinir cap 300 mg</i>	12
mg	46	<i>cefdinir for susp 125 mg/5ml</i>	12
<i>carbidopa & levodopa tab er 50-200</i>		<i>cefdinir for susp 250 mg/5ml</i>	12
mg	46	<i>cefepime hcl for inj 1 gm</i>	12
<i>carbidopa tab 25 mg</i>	46	<i>cefepime hcl for iv soln 2 gm</i>	12
		<i>cefixime cap 400 mg</i>	12

<i>cefixime for susp 100 mg/5ml</i>	12	<i>chlorpromazine hcl inj 50 mg/2ml</i>	48
<i>cefixime for susp 200 mg/5ml</i>	12	<i>chlorpromazine hcl tab 10 mg</i>	48
<i>cefotetan disodium for inj 1 gm</i>	12	<i>chlorpromazine hcl tab 100 mg</i>	48
<i>cefotetan disodium for inj 2 gm</i>	12	<i>chlorpromazine hcl tab 200 mg</i>	48
<i>cefoxitin sodium for iv soln 1 gm</i>	12	<i>chlorpromazine hcl tab 25 mg</i>	48
<i>cefoxitin sodium for iv soln 10 gm</i>	12	<i>chlorpromazine hcl tab 50 mg</i>	48
<i>cefoxitin sodium for iv soln 2 gm</i>	12	<i>chlorthalidone tab 25 mg</i>	38
<i>cefpodoxime proxetil for susp 100</i>		<i>chlorthalidone tab 50 mg</i>	38
<i>mg/5ml</i>	12	<i>cholestyramine light powder 4 gm/dose</i>	
<i>cefpodoxime proxetil for susp 50</i>		.....	34
<i>mg/5ml</i>	12	<i>cholestyramine powder packets 4 gm</i>	34
<i>cefpodoxime proxetil tab 100 mg</i>	12	<i>ciclopirox gel 0.77%</i>	104
<i>cefpodoxime proxetil tab 200 mg</i>	12	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>cefprozil for susp 125 mg/5ml</i>	13	<i>equiv)</i>	104
<i>cefprozil for susp 250 mg/5ml</i>	13	<i>ciclopirox olamine susp 0.77% (base</i>	
<i>cefprozil tab 250 mg</i>	13	<i>equiv)</i>	104
<i>cefprozil tab 500 mg</i>	13	<i>ciclopirox shampoo 1%</i>	104
<i>ceftazidime for inj 1 gm</i>	13	<i>ciclopirox solution 8%</i>	104
<i>ceftazidime for inj 6 gm</i>	13	<i>cidofovir iv inj 75 mg/ml</i>	11
<i>ceftazidime for iv soln 2 gm</i>	13	<i>cilostazol tab 100 mg</i>	88
<i>ceftriaxone sodium for inj 1 gm</i>	13	<i>cilostazol tab 50 mg</i>	88
<i>ceftriaxone sodium for inj 10 gm</i>	13	CILOXAN OIN 0.3% OP	96
<i>ceftriaxone sodium for inj 2 gm</i>	13	CIMDUO TAB 300-300	9
<i>ceftriaxone sodium for inj 250 mg</i>	13	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	
<i>ceftriaxone sodium for inj 500 mg</i>	13	.....	76
<i>cefuroxime axetil tab 250 mg</i>	13	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	
<i>cefuroxime axetil tab 500 mg</i>	13	.....	76
<i>cefuroxime sodium for inj 750 mg</i>	13	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	
<i>cefuroxime sodium for iv soln 1.5 gm</i>		.....	76
.....	13	CINRYZE SOL 500 UNIT	88
<i>celecoxib cap 100 mg</i>	1	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	14
<i>celecoxib cap 200 mg</i>	1	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	14
<i>celecoxib cap 400 mg</i>	1	<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	
<i>celecoxib cap 50 mg</i>	1	<i>equivalent)</i>	96
CELONTIN CAP 300MG.....	53	<i>ciprofloxacin hcl otic soln 0.2% (base</i>	
<i>cephalexin cap 250 mg</i>	13	<i>equivalent)</i>	98
<i>cephalexin cap 500 mg</i>	13	<i>ciprofloxacin hcl tab 250 mg (base</i>	
<i>cephalexin for susp 125 mg/5ml</i>	13	<i>equiv)</i>	14
<i>cephalexin for susp 250 mg/5ml</i>	13	<i>ciprofloxacin hcl tab 500 mg (base</i>	
<i>cevimeline hcl cap 30 mg</i>	108	<i>equiv)</i>	14
CHEMET CAP 100MG.....	69	<i>ciprofloxacin hcl tab 750 mg (base</i>	
<i>chlordiazepoxide hcl cap 10 mg</i>	41	<i>equiv)</i>	14
<i>chlordiazepoxide hcl cap 25 mg</i>	41	<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	
<i>chlordiazepoxide hcl cap 5 mg</i>	41	.....	14
<i>chlorhexidine gluconate soln 0.12%</i> 108		<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>chloroquine phosphate tab 250 mg</i>	7	<i>0.3-0.1%</i>	98
<i>chloroquine phosphate tab 500 mg</i>	7		

<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>		<i>clobazam tab 20 mg</i>	53
.....	17	<i>clobetasol propionate cream 0.05%</i>	105
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..	17	<i>clobetasol propionate e</i>	105
<i>citalopram hydrobromide oral soln 10</i>		<i>clobetasol propionate emulsion foam</i>	
<i>mg/5ml</i>	43	<i>0.05%</i>	105
<i>citalopram hydrobromide tab 10 mg</i>		<i>clobetasol propionate foam 0.05%</i> .	105
<i>(base equiv)</i>	43	<i>clobetasol propionate gel 0.05%</i>	105
<i>citalopram hydrobromide tab 20 mg</i>		<i>clobetasol propionate lotion 0.05%</i> .	105
<i>(base equiv)</i>	43	<i>clobetasol propionate oint 0.05%</i> ...	105
<i>citalopram hydrobromide tab 40 mg</i>		<i>clobetasol propionate shampoo 0.05%</i>	
<i>(base equiv)</i>	43	.....	105
<i>claravis cap 10mg</i>	103	<i>clobetasol propionate soln 0.05%</i> ...	105
<i>claravis cap 20mg</i>	103	<i>clobetasol propionate spray 0.05%</i> .	105
<i>claravis cap 30mg</i>	103	<i>clocortolone pivalate cream 0.1%</i> ...	105
<i>claravis cap 40mg</i>	103	<i>clodan sha 0.05%</i>	105
<i>clarithromycin for susp 125 mg/5ml</i> .	13	<i>clofarabine iv soln 1 mg/ml</i>	17
<i>clarithromycin for susp 250 mg/5ml</i> .	13	<i>clomipramine hcl cap 25 mg</i>	43
<i>clarithromycin tab 250 mg</i>	13	<i>clomipramine hcl cap 50 mg</i>	43
<i>clarithromycin tab 500 mg</i>	13	<i>clonazepam orally disintegrating tab</i>	
<i>clarithromycin tab er 24hr 500 mg</i> ...	13	<i>0.125 mg</i>	53
<i>CLEOCIN SUP 100MG</i>	86	<i>clonazepam orally disintegrating tab</i>	
<i>clindacin mis etz 1%</i>	103	<i>0.25 mg</i>	53
<i>clindamycin hcl cap 150 mg</i>	5	<i>clonazepam orally disintegrating tab</i>	
<i>clindamycin hcl cap 300 mg</i>	5	<i>0.5 mg</i>	53
<i>clindamycin hcl cap 75 mg</i>	5	<i>clonazepam orally disintegrating tab 1</i>	
<i>clindamycin palmitate hcl for soln 75</i>		<i>mg</i>	53
<i>mg/5ml (base equiv)</i>	5	<i>clonazepam orally disintegrating tab 2</i>	
<i>clindamycin phosphate gel 1%</i>	103	<i>mg</i>	53
<i>clindamycin phosphate in d5w iv soln</i>		<i>clonazepam tab 0.5 mg</i>	53
<i>300 mg/50ml</i>	5	<i>clonazepam tab 1 mg</i>	53
<i>clindamycin phosphate in d5w iv soln</i>		<i>clonazepam tab 2 mg</i>	53
<i>600 mg/50ml</i>	5	<i>clonidine hcl tab 0.1 mg</i>	39
<i>clindamycin phosphate in d5w iv soln</i>		<i>clonidine hcl tab 0.2 mg</i>	39
<i>900 mg/50ml</i>	5	<i>clonidine hcl tab 0.3 mg</i>	39
<i>clindamycin phosphate inj 600 mg/4ml</i>		<i>clopidogrel bisulfate tab 300 mg (base</i>	
.....	5	<i>equiv)</i>	89
<i>clindamycin phosphate inj 900 mg/6ml</i>		<i>clopidogrel bisulfate tab 75 mg (base</i>	
.....	5	<i>equiv)</i>	89
<i>clindamycin phosphate lotion 1%</i> ...	103	<i>clorazepate dipotassium tab 15 mg</i> ..	53
<i>clindamycin phosphate soln 1%</i>	103	<i>clorazepate dipotassium tab 3.75 mg</i>	53
<i>clindamycin phosphate swab 1%</i>	103	<i>clorazepate dipotassium tab 7.5 mg</i> .	53
<i>clindamycin phosphate vaginal cream</i>		<i>clotrimazole cream 1%</i>	104
<i>2%</i>	86	<i>clotrimazole soln 1%</i>	104
<i>clindamycin phosph-benzoyl peroxide</i>		<i>clotrimazole troche 10 mg</i>	108
<i>(refrig) gel 1.2 (1)-5%</i>	103	<i>clotrimazole w/ betamethasone cream</i>	
<i>clobazam suspension 2.5 mg/ml</i>	53	<i>1-0.05%</i>	104
<i>clobazam tab 10 mg</i>	53		

<i>clozapine orally disintegrating tab 100 mg</i>	48	<i>cyclobenzaprine hcl tab 10 mg</i>	62
<i>clozapine orally disintegrating tab 12.5 mg</i>	48	<i>cyclobenzaprine hcl tab 5 mg</i>	62
<i>clozapine orally disintegrating tab 150 mg</i>	48	CYCLOPHOSPH TAB 25MG	17
<i>clozapine orally disintegrating tab 200 mg</i>	48	CYCLOPHOSPH TAB 50MG	17
<i>clozapine orally disintegrating tab 25 mg</i>	48	<i>cyclophosphamide cap 25 mg</i>	17
<i>clozapine tab 100 mg</i>	49	<i>cyclophosphamide cap 50 mg</i>	17
<i>clozapine tab 200 mg</i>	49	<i>cyclosporine (ophth) emulsion 0.05%</i>	98
<i>clozapine tab 25 mg</i>	49	<i>cyclosporine cap 100 mg</i>	91
<i>clozapine tab 50 mg</i>	49	<i>cyclosporine cap 25 mg</i>	91
COARTEM TAB 20-120MG	8	<i>cyclosporine iv soln 50 mg/ml</i>	92
<i>colchicine tab 0.6 mg</i>	1	<i>cyclosporine modified cap 100 mg</i>	92
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	<i>cyclosporine modified cap 25 mg</i>	92
<i>colesevelam hcl tab 625 mg</i>	34	<i>cyclosporine modified cap 50 mg</i>	92
<i>colestipol hcl granule packets 5 gm</i>	34	<i>cyclosporine modified oral soln 100 mg/ml</i>	92
<i>colestipol hcl tab 1 gm</i>	34	<i>cyproheptadine hcl tab 4 mg</i>	99
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	5	CYRAMZA INJ 100/10ML	22
COMBIVENT AER 20-100	99	CYRAMZA INJ 500/50ML	22
COMETRIQ (60MG DOSE)	22	<i>cyred eq tab</i>	70
COMETRIQ KIT 100MG	22	CYSTADROPS SOL 0.37%	98
COMETRIQ KIT 140MG	22	CYSTAGON CAP 150MG	76
COMPLERA TAB	9	CYSTAGON CAP 50MG	76
<i>compro</i>	81	CYSTARAN SOL 0.44%	98
<i>constulose</i>	83	<i>cytarabine inj 20 mg/ml</i>	17
COPIKTRA CAP 15MG	22	<i>cytarabine inj pf 100 mg/ml</i>	18
COPIKTRA CAP 25MG	22	<i>cytarabine inj pf 20 mg/ml</i>	18
CORLANOR TAB 5MG	39	D	
CORLANOR TAB 7.5MG	39	D10W/NAACL INJ 0.2%	94
CORTROPHIN GEL 80UNIT	76	<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	86
COTELLIC TAB 20MG	22	<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	86
CREON CAP 12000UNT	84	<i>dacarbazine for inj 100 mg</i>	20
CREON CAP 24000UNT	84	<i>dacarbazine for inj 200 mg</i>	20
CREON CAP 3000UNIT	84	<i>dalfampridine tab er 12hr 10 mg</i>	61
CREON CAP 36000UNT	84	DALIRESP TAB 250MCG	101
CREON CAP 6000UNIT	84	DALIRESP TAB 500MCG	101
<i>cromolyn sodium ophth soln 4%</i>	97	<i>danazol cap 100 mg</i>	73
<i>cromolyn sodium oral conc 100 mg/5ml</i>	83	<i>danazol cap 200 mg</i>	73
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	101	<i>danazol cap 50 mg</i>	73
<i>cryselle-28</i>	70	<i>dapsone tab 100 mg</i>	5
		<i>dapsone tab 25 mg</i>	5
		DAPTACEL INJ	93
		<i>daptomycin for iv soln 500 mg</i>	5
		<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	85

<i>darifenacin hydrobromide tab er 24hr</i>	
7.5 mg (base equiv)	85
<i>darunavir tab 600 mg</i>	8
<i>darunavir tab 800 mg</i>	8
<i>DARZALEX SOL 100MG/5M</i>	22
<i>DARZALEX SOL 400MG/20</i>	22
<i>daunorubicin hcl iv soln 20 mg/4ml</i>	
(base equiv)	17
<i>DAURISMO TAB 100MG</i>	22
<i>DAURISMO TAB 25MG</i>	22
<i>deblitane</i>	70
<i>decitabine for inj 50 mg</i>	18
<i>deferasirox granules packet 180 mg</i> .	69
<i>deferasirox granules packet 360 mg</i> .	69
<i>deferasirox granules packet 90 mg</i> ...	69
<i>deferasirox tab 180 mg</i>	69
<i>deferasirox tab 360 mg</i>	69
<i>deferasirox tab 90 mg</i>	69
<i>deferasirox tab for oral susp 125 mg</i>	69
<i>deferasirox tab for oral susp 250 mg</i>	69
<i>deferasirox tab for oral susp 500 mg</i>	69
<i>deferiprone tab 1000 mg</i>	69
<i>deferiprone tab 500 mg</i>	69
<i>DELSTRIGO TAB</i>	9
<i>delyla</i>	70
<i>DEPEN TITRA TAB 250MG</i>	69
<i>DEPO-MEDROL INJ 20MG/ML</i>	75
<i>DEPO-MEDROL INJ 40MG/ML</i>	75
<i>DEPO-MEDROL INJ 80MG/ML</i>	75
<i>DEPO-SQ PROV INJ 104</i>	70
<i>depo-testost inj 100mg/ml</i>	64
<i>depo-testost inj 200mg/ml</i>	64
<i>DESCOVY TAB 120-15MG</i>	9
<i>DESCOVY TAB 200/25MG</i>	9
<i>desipramine hcl tab 10 mg</i>	43
<i>desipramine hcl tab 100 mg</i>	43
<i>desipramine hcl tab 150 mg</i>	43
<i>desipramine hcl tab 25 mg</i>	43
<i>desipramine hcl tab 50 mg</i>	43
<i>desipramine hcl tab 75 mg</i>	43
<i>desloratadine tab 5 mg</i>	99
<i>desmopressin acetate nasal spray soln</i>	
0.01% (refrigerated)	76
<i>desmopressin acetate tab 0.1 mg</i>	76
<i>desmopressin acetate tab 0.2 mg</i>	76
<i>desogest-eth estrad & eth estrad tab</i>	
0.15-0.02/0.01 mg(21/5)	70
<i>desogestrel & ethinyl estradiol tab 0.15</i>	
mg-30 mcg	70
<i>desonide cream 0.05%</i>	105
<i>desonide lotion 0.05%</i>	105
<i>desonide oint 0.05%</i>	105
<i>desvenlafaxine succinate tab er 24hr</i>	
100 mg (base equiv)	43
<i>desvenlafaxine succinate tab er 24hr</i>	
25 mg (base equiv)	43
<i>desvenlafaxine succinate tab er 24hr</i>	
50 mg (base equiv)	43
<i>dexamethasone sodium phosphate inj</i>	
10 mg/ml	75
<i>dexamethasone sodium phosphate inj</i>	
120 mg/30ml	75
<i>dexamethasone sodium phosphate</i>	
ophth soln 0.1%	97
<i>dexamethasone soln 0.5 mg/5ml</i>	75
<i>dexamethasone tab 0.5 mg</i>	75
<i>dexamethasone tab 0.75 mg</i>	75
<i>dexamethasone tab 1 mg</i>	75
<i>dexamethasone tab 1.5 mg</i>	75
<i>dexamethasone tab 2 mg</i>	75
<i>dexamethasone tab 4 mg</i>	75
<i>dexamethasone tab 6 mg</i>	75
<i>dexlansoprazole cap delayed release 30</i>	
mg	85
<i>dexlansoprazole cap delayed release 60</i>	
mg	85
<i>dexmethylphenidate hcl tab 10 mg</i> ...	58
<i>dexmethylphenidate hcl tab 2.5 mg</i> ..	58
<i>dexmethylphenidate hcl tab 5 mg</i>	58
<i>dexrazoxane hcl for inj 250 mg (base</i>	
equivalent)	27
<i>dextroamphetamine sulfate oral</i>	
solution 5 mg/5ml	58
<i>dextroamphetamine sulfate tab 10 mg</i>	
.....	59
<i>dextroamphetamine sulfate tab 5 mg</i>	58
<i>dextrose 10% w/ sodium chloride</i>	
0.45%	94
<i>DEXTROSE 2.5% W/ SODIUM</i>	
CHLORIDE 0.45%	94
<i>dextrose 5% in lactated ringers</i>	94
<i>dextrose 5% w/ sodium chloride 0.2%</i>	
.....	94

<i>dextrose 5% w/ sodium chloride 0.45%</i>	94	<i>dihydroergotamine mesylate nasal</i>	
.....	94	<i>spray 4 mg/ml</i>	60
<i>dextrose 5% w/ sodium chloride 0.9%</i>	94	DILANTIN CAP 100MG	54
.....	94	DILANTIN CAP 30MG	54
<i>dextrose inj 10%</i>	95	DILANTIN CHW 50MG	54
<i>dextrose inj 5%</i>	95	DILANTIN-125 SUS 125/5ML	54
DIACOMIT CAP 250MG	53	<i>diltiazem hcl cap er 12hr 120 mg</i>	36
DIACOMIT CAP 500MG	53	<i>diltiazem hcl cap er 12hr 60 mg</i>	36
DIACOMIT PAK 250MG	54	<i>diltiazem hcl cap er 12hr 90 mg</i>	36
DIACOMIT PAK 500MG	54	<i>diltiazem hcl coated beads cap er 24hr</i>	
DIASTAT ACDL GEL 5-10MG	54	<i>120 mg</i>	36
<i>diazepam inj 5 mg/ml</i>	54	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam intensol</i>	54	<i>180 mg</i>	36
<i>diazepam oral soln 1 mg/ml</i>	54	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam rectal gel delivery system 10</i>		<i>240 mg</i>	36
<i>mg</i>	54	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam rectal gel delivery system 2.5</i>		<i>300 mg</i>	36
<i>mg</i>	54	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam rectal gel delivery system 20</i>		<i>360 mg</i>	36
<i>mg</i>	54	<i>diltiazem hcl extended release beads</i>	
<i>diazepam tab 10 mg</i>	54	<i>cap er 24hr 360 mg</i>	36
<i>diazepam tab 2 mg</i>	54	<i>diltiazem hcl extended release beads</i>	
<i>diazepam tab 5 mg</i>	54	<i>cap er 24hr 420 mg</i>	36
<i>diazoxide susp 50 mg/ml</i>	76	<i>diltiazem hcl iv soln 50 mg/10ml (5</i>	
<i>diclofenac sodium gel 1% (1.16%</i>		<i>mg/ml)</i>	37
<i>diethylamine equiv)</i>	107	<i>diltiazem hcl tab 120 mg</i>	37
<i>diclofenac sodium ophth soln 0.1%</i>	97	<i>diltiazem hcl tab 30 mg</i>	37
<i>diclofenac sodium soln 1.5%</i>	107	<i>diltiazem hcl tab 60 mg</i>	37
<i>diclofenac sodium tab delayed release</i>		<i>diltiazem hcl tab 90 mg</i>	37
<i>50 mg</i>	1	<i>diltiazem hcl tab er 24hr 120 mg</i>	37
<i>diclofenac sodium tab delayed release</i>		<i>diltiazem hcl tab er 24hr 180 mg</i>	37
<i>75 mg</i>	1	<i>diltiazem hcl tab er 24hr 240 mg</i>	37
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	<i>diltiazem hcl tab er 24hr 300 mg</i>	37
<i>dicloxacillin sodium cap 250 mg</i>	15	<i>diltiazem hcl tab er 24hr 360 mg</i>	37
<i>dicloxacillin sodium cap 500 mg</i>	15	<i>diltiazem hcl tab er 24hr 420 mg</i>	37
<i>dicyclomine hcl cap 10 mg</i>	82	<i>dilt-xr</i>	36
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	82	<i>dimethyl fumarate capsule delayed</i>	
<i>dicyclomine hcl tab 20 mg</i>	82	<i>release 120 mg</i>	61
DIFICID SUS	13	<i>dimethyl fumarate capsule delayed</i>	
DIFICID TAB 200MG	13	<i>release 240 mg</i>	61
<i>difluprednate ophth emulsion 0.05%</i>	97	<i>dimethyl fumarate capsule dr starter</i>	
<i>digoxin inj 0.25 mg/ml</i>	39	<i>pack 120 mg & 240 mg</i>	61
<i>digoxin oral soln 0.05 mg/ml</i>	39	DIP/TET PED INJ 25-5LFU	93
<i>digoxin tab 125 mcg (0.125 mg)</i>	39	<i>diphenhydramine hcl inj 50 mg/ml</i>	99
<i>digoxin tab 250 mcg (0.25 mg)</i>	39	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>dihydroergotamine mesylate inj 1</i>		<i>mg/5ml</i>	84
<i>mg/ml</i>	60		

<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	84	<i>doxepin hcl cap 100 mg</i>	44
<i>disopyramide phosphate cap 100 mg</i>	32	<i>doxepin hcl cap 150 mg</i>	44
<i>disopyramide phosphate cap 150 mg</i>	32	<i>doxepin hcl cap 25 mg</i>	44
<i>disulfiram tab 250 mg</i>	63	<i>doxepin hcl cap 50 mg</i>	44
<i>disulfiram tab 500 mg</i>	63	<i>doxepin hcl cap 75 mg</i>	44
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	54	<i>doxepin hcl conc 10 mg/ml</i>	44
<i>divalproex sodium tab delayed release 125 mg</i>	54	<i>doxercalciferol cap 0.5 mcg</i>	81
<i>divalproex sodium tab delayed release 250 mg</i>	54	<i>doxercalciferol cap 1 mcg</i>	81
<i>divalproex sodium tab delayed release 500 mg</i>	54	<i>doxercalciferol cap 2.5 mcg</i>	81
<i>divalproex sodium tab er 24 hr 250 mg</i>	54	<i>doxorubicin hcl inj 2 mg/ml</i>	17
<i>divalproex sodium tab er 24 hr 500 mg</i>	54	<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	17
DOCETAXEL INJ 160/16ML	20	<i>doxy 100</i>	16
DOCETAXEL INJ 80MG/4ML	20	<i>doxycycline hyclate cap 100 mg</i>	16
<i>dofetilide cap 125 mcg (0.125 mg)</i> ...	32	<i>doxycycline hyclate cap 50 mg</i>	16
<i>dofetilide cap 250 mcg (0.25 mg)</i>	32	<i>doxycycline hyclate tab 100 mg</i>	16
<i>dofetilide cap 500 mcg (0.5 mg)</i>	32	<i>doxycycline hyclate tab 20 mg</i>	16
DOJOLVI LIQ 100%	76	<i>doxycycline monohydrate cap 100 mg</i>	16
<i>dolishale</i>	70	<i>doxycycline monohydrate cap 50 mg</i>	16
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	42	<i>doxycycline monohydrate cap 75 mg</i>	16
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	42	<i>doxycycline monohydrate for susp 25 mg/5ml</i>	16
<i>donepezil hydrochloride tab 10 mg</i> ...	42	<i>doxycycline monohydrate tab 100 mg</i>	16
<i>donepezil hydrochloride tab 23 mg</i> ...	42	<i>doxycycline monohydrate tab 150 mg</i>	16
<i>donepezil hydrochloride tab 5 mg</i>	42	<i>doxycycline monohydrate tab 50 mg</i>	16
DORIBAX INJ 250MG	5	<i>doxycycline monohydrate tab 75 mg</i>	16
<i>dorzolamide hcl ophth soln 2%</i>	97	<i>dronabinol cap 10 mg</i>	81
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	98	<i>dronabinol cap 2.5 mg</i>	81
<i>dotti</i>	73	<i>dronabinol cap 5 mg</i>	81
DOVATO TAB 50-300MG	10	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	70
<i>doxazosin mesylate tab 1 mg</i>	29	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	70
<i>doxazosin mesylate tab 2 mg</i>	29	DROXIA CAP 200MG	88
<i>doxazosin mesylate tab 4 mg</i>	30	DROXIA CAP 300MG	88
<i>doxazosin mesylate tab 8 mg</i>	30	DROXIA CAP 400MG	88
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	59	<i>droxidopa cap 100 mg</i>	39
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	59	<i>droxidopa cap 200 mg</i>	39
<i>doxepin hcl cap 10 mg</i>	43	<i>droxidopa cap 300 mg</i>	39
		DULERA AER 100-5MCG	102
		DULERA AER 200-5MCG	103
		DULERA AER 50-5MCG	102
		<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	44

<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	44	EMSAM DIS 6MG/24HR	44
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	44	EMSAM DIS 9MG/24HR	44
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	44	<i>emtricitabine caps 200 mg</i>	8
DUPIXENT INJ 100/0.67	89	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	10
DUPIXENT INJ 200/1.14	89	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	10
DUPIXENT INJ 200MG	89	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	10
DUPIXENT INJ 300/2ML	89	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	10
<i>dutasteride cap 0.5 mg</i>	85	EMTRIVA SOL 10MG/ML	8
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	85	EMVERM CHW 100MG	5
E		<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	28
<i>e.e.s. 400</i>	13	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	28
EDURANT TAB 25MG.....	8	<i>enalapril maleate tab 10 mg</i>	29
<i>efavirenz cap 200 mg</i>	8	<i>enalapril maleate tab 2.5 mg</i>	29
<i>efavirenz cap 50 mg</i>	8	<i>enalapril maleate tab 20 mg</i>	29
<i>efavirenz tab 600 mg</i>	8	<i>enalapril maleate tab 5 mg</i>	29
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	10	ENBREL INJ 25/0.5ML.....	89
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	10	ENBREL INJ 25MG	89
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	10	ENBREL INJ 50MG/ML.....	89
<i>effervescent pot chloride</i>	95	ENBREL MINI INJ 50MG/ML	89
EGRIFTA SV INJ 2MG	76	ENBREL SRCLK INJ 50MG/ML.....	89
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	60	ENDARI POW 5GM.....	76
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	60	<i>endocet tab 10-325mg</i>	3
ELIGARD INJ 22.5MG.....	18	<i>endocet tab 2.5-325</i>	3
ELIGARD INJ 30MG.....	18	<i>endocet tab 5-325mg</i>	3
ELIGARD INJ 45MG.....	18	<i>endocet tab 7.5-325mg</i>	3
ELIGARD INJ 7.5MG.....	18	ENGERIX-B INJ 10/0.5ML.....	93
ELIQUIS ST P TAB 5MG	86	ENGERIX-B INJ 20MCG/ML	93
ELIQUIS TAB 2.5MG	86	<i>enilloring mis</i>	70
ELIQUIS TAB 5MG	86	<i>enoxaparin sodium inj 300 mg/3ml</i> ..	86
ELITEK INJ 1.5MG	27	<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	87
ELITEK INJ 7.5MG	27	<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	87
<i>eluryng mis</i>	70	<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	87
EMCYT CAP 140MG	18	<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	86
EMGALITY INJ 100MG/ML	60	<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	86
EMGALITY INJ 120MG/ML	60	<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	86
EMPLICITI INJ 300MG	22		
EMPLICITI INJ 400MG	22		
EMSAM DIS 12MG/24H	44		

<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	86	<i>errin</i>	70
<i>enpresse-28</i>	70	<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	5
<i>enskyce</i>	70	ERWINAZE INJ 10000UNT	20
ENSPRYNG INJ.....	61	<i>ery</i>	103
<i>entacapone tab 200 mg</i>	47	<i>ery-tab</i>	13
<i>entecavir tab 0.5 mg</i>	11	ERYTHROCIN INJ 500MG.....	13
<i>entecavir tab 1 mg</i>	11	<i>erythrocin stearate</i>	13
ENTRESTO TAB 24-26MG	30	<i>erythromycin ethylsuccinate tab 400 mg</i>	13
ENTRESTO TAB 49-51MG	30	<i>erythromycin gel 2%</i>	103
ENTRESTO TAB 97-103MG.....	30	<i>erythromycin ophth oint 5 mg/gm</i>	96
<i>enulose</i>	83	<i>erythromycin soln 2%</i>	103
ENVARUSUS XR TAB 0.75MG	92	<i>erythromycin tab 250 mg</i>	13
ENVARUSUS XR TAB 1MG.....	92	<i>erythromycin tab 500 mg</i>	13
ENVARUSUS XR TAB 4MG.....	92	<i>erythromycin tab delayed release 250 mg</i>	14
EPCLUSA PAK 150-37.5.....	11	<i>erythromycin tab delayed release 333 mg</i>	14
EPCLUSA PAK 200-50MG.....	11	<i>erythromycin tab delayed release 500 mg</i>	14
EPCLUSA TAB 200-50MG.....	11	<i>erythromycin w/ delayed release particles cap 250 mg</i>	14
EPCLUSA TAB 400-100.....	11	ESBRIET CAP 267MG	101
EPIDIOLEX SOL 100MG/ML.....	54	ESBRIET TAB 267MG	101
<i>epinastine hcl ophth soln 0.05%</i>	97	ESBRIET TAB 801MG	101
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	101	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	44
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	101	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	44
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	101	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	44
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	17	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	44
<i>epitol</i>	54	<i>estarylla tab 0.25-35</i>	70
<i>eplerenone tab 25 mg</i>	29	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	73
<i>eplerenone tab 50 mg</i>	29	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	73
EPRONTIA SOL 25MG/ML	54	<i>estradiol tab 0.5 mg</i>	73
ERBITUX INJ 100MG	22	<i>estradiol tab 1 mg</i>	73
ERBITUX INJ 200MG	22	<i>estradiol tab 2 mg</i>	73
<i>ergoloid mesylates tab 1 mg</i>	42	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	74
<i>ergotamine w/ caffeine tab 1-100 mg</i>	60	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	74
ERIVEDGE CAP 150MG.....	22		
ERLEADA TAB 240MG	18		
ERLEADA TAB 60MG	18		
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	22		
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	22		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	22		

<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	74	<i>everolimus tab 2.5 mg</i>	22
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	74	<i>everolimus tab 5 mg</i>	22
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	74	<i>everolimus tab 7.5 mg</i>	22
<i>estradiol td patch weekly 0.025 mg/24hr</i>	74	<i>everolimus tab for oral susp 2 mg</i>	22
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	74	<i>everolimus tab for oral susp 3 mg</i>	22
<i>estradiol td patch weekly 0.05 mg/24hr</i>	74	<i>everolimus tab for oral susp 5 mg</i>	22
<i>estradiol td patch weekly 0.06 mg/24hr</i>	74	EVOTAZ TAB 300-150.....	10
<i>estradiol td patch weekly 0.075 mg/24hr</i>	74	EVRYSDI SOL	61
<i>estradiol td patch weekly 0.1 mg/24hr</i>	74	<i>exemestane tab 25 mg</i>	18
<i>estradiol vaginal cream 0.1 mg/gm</i> ..	74	EXKIVITY CAP 40MG.....	22
<i>estradiol vaginal tab 10 mcg</i>	74	EXSERVAN MIS 50MG	61
<i>estradiol valerate im in oil 10 mg/ml</i> .74		EYLEA INJ 2/0.05ML	98
<i>estradiol valerate im in oil 20 mg/ml</i> .74		EYSUVIS DRO 0.25%.....	97
<i>estropipate tab 1.5 mg</i>	74	<i>ezetimibe tab 10 mg</i>	34
<i>estropipate tab 3 mg</i>	74	<i>ezetimibe-simvastatin tab 10-10 mg</i> .34	
<i>ethambutol hcl tab 100 mg</i>	10	<i>ezetimibe-simvastatin tab 10-20 mg</i> .34	
<i>ethambutol hcl tab 400 mg</i>	10	<i>ezetimibe-simvastatin tab 10-40 mg</i> .34	
<i>ethosuximide cap 250 mg</i>	54	<i>ezetimibe-simvastatin tab 10-80 mg</i> .34	
<i>ethosuximide soln 250 mg/5ml</i>	54	F	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	70	<i>falmina</i>	70
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	70	<i>famciclovir tab 125 mg</i>	11
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	70	<i>famciclovir tab 250 mg</i>	11
ETOPOPHOS INJ 100MG	20	<i>famciclovir tab 500 mg</i>	11
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	20	<i>famotidine for susp 40 mg/5ml</i>	83
<i>etravirine tab 100 mg</i>	8	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	83
<i>etravirine tab 200 mg</i>	8	<i>famotidine preservative free inj 20 mg/2ml</i>	83
EUCRISA OIN 2%.....	107	<i>famotidine tab 20 mg</i>	83
EULEXIN CAP 125MG	18	<i>famotidine tab 40 mg</i>	83
<i>euthyrox</i>	79	FANAPT TAB 10MG	49
<i>everolimus tab 0.25 mg</i>	92	FANAPT TAB 12MG	49
<i>everolimus tab 0.5 mg</i>	92	FANAPT TAB 1MG.....	49
<i>everolimus tab 0.75 mg</i>	92	FANAPT TAB 2MG.....	49
<i>everolimus tab 1 mg</i>	92	FANAPT TAB 4MG.....	49
<i>everolimus tab 10 mg</i>	22	FANAPT TAB 6MG.....	49
		FANAPT TAB 8MG.....	49
		FARXIGA TAB 10MG	65
		FARXIGA TAB 5MG	65
		FARYDAK CAP 10MG	22
		FARYDAK CAP 15MG	22
		FARYDAK CAP 20MG.....	22
		FASENRA INJ 30MG/ML.....	101
		FASENRA PEN INJ 30MG/ML	101
		FASLODEX INJ 250/5ML.....	18
		<i>febuxostat tab 40 mg</i>	1
		<i>febuxostat tab 80 mg</i>	1

<i>felbamate susp 600 mg/5ml</i>	54	FETZIMA CAP 40MG.....	44
<i>felbamate tab 400 mg</i>	54	FETZIMA CAP 80MG.....	44
<i>felbamate tab 600 mg</i>	54	FETZIMA CAP TITRATIO	44
<i>felodipine tab er 24hr 10 mg</i>	37	<i>finasteride tab 5 mg</i>	85
<i>felodipine tab er 24hr 2.5 mg</i>	37	<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	
<i>felodipine tab er 24hr 5 mg</i>	37	.....	62
<i>fenofibrate micronized cap 134 mg</i> ...	33	FINTEPLA SOL 2.2MG/ML	54
<i>fenofibrate micronized cap 200 mg</i> ...	33	FIRDAPSE TAB 10MG	61
<i>fenofibrate micronized cap 43 mg</i>	33	FIRMAGON INJ 120MG.....	18
<i>fenofibrate micronized cap 67 mg</i>	33	FIRMAGON INJ 80MG.....	18
<i>fenofibrate tab 145 mg</i>	33	FIRVANQ SOL 25MG/ML	5
<i>fenofibrate tab 160 mg</i>	33	FIRVANQ SOL 50MG/ML	5
<i>fenofibrate tab 48 mg</i>	33	<i>flac oil 0.01%</i>	99
<i>fenofibrate tab 54 mg</i>	33	<i>flavoxate hcl tab 100 mg</i>	85
<i>fentanyl citrate buccal tab 100 mcg</i>		<i>flecainide acetate tab 100 mg</i>	32
<i>(base equiv)</i>	3	<i>flecainide acetate tab 150 mg</i>	32
<i>fentanyl citrate buccal tab 200 mcg</i>		<i>flecainide acetate tab 50 mg</i>	32
<i>(base equiv)</i>	3	<i>fluconazole for susp 10 mg/ml</i>	7
<i>fentanyl citrate buccal tab 400 mcg</i>		<i>fluconazole for susp 40 mg/ml</i>	7
<i>(base equiv)</i>	3	<i>fluconazole in dextrose</i>	7
<i>fentanyl citrate buccal tab 600 mcg</i>		<i>fluconazole in nacl 0.9% inj 200</i>	
<i>(base equiv)</i>	3	<i>mg/100ml</i>	7
<i>fentanyl citrate buccal tab 800 mcg</i>		<i>fluconazole tab 100 mg</i>	7
<i>(base equiv)</i>	3	<i>fluconazole tab 150 mg</i>	7
<i>fentanyl citrate lozenge on a handle</i>		<i>fluconazole tab 200 mg</i>	7
<i>1200 mcg</i>	3	<i>fluconazole tab 50 mg</i>	7
<i>fentanyl citrate lozenge on a handle</i>		<i>flucytosine cap 250 mg</i>	7
<i>1600 mcg</i>	3	<i>flucytosine cap 500 mg</i>	7
<i>fentanyl citrate lozenge on a handle</i>		<i>fludarabine phosphate for inj 50 mg</i> .	18
<i>200 mcg</i>	3	<i>fludrocortisone acetate tab 0.1 mg</i> ...	75
<i>fentanyl citrate lozenge on a handle</i>		<i>flunisolide nasal soln 25 mcg/act</i>	
<i>400 mcg</i>	3	<i>(0.025%)</i>	102
<i>fentanyl citrate lozenge on a handle</i>		<i>fluocinolone acetonide (otic) oil 0.01%</i>	
<i>600 mcg</i>	3	.....	99
<i>fentanyl citrate lozenge on a handle</i>		<i>fluocinolone acetonide cream 0.01%</i>	
<i>800 mcg</i>	3	.....	106
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	<i>fluocinolone acetonide cream 0.025%</i>	
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	.....	106
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	<i>fluocinolone acetonide oint 0.025%</i>	106
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	<i>fluocinolone acetonide sc</i>	106
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	<i>fluocinolone acetonide soln 0.01%</i> .	106
<i>fesoterodine fumarate tab er 24hr 4</i>		<i>fluocinonide cream 0.05%</i>	106
<i>mg</i>	85	<i>fluocinonide emulsified base cream</i>	
<i>fesoterodine fumarate tab er 24hr 8</i>		<i>0.05%</i>	106
<i>mg</i>	85	<i>fluocinonide gel 0.05%</i>	106
FETZIMA CAP 120MG	44	<i>fluocinonide oint 0.05%</i>	106
FETZIMA CAP 20MG.....	44	<i>fluocinonide soln 0.05%</i>	106

<i>fluorometholone ophth susp 0.1%</i> ....97	<i>fluticasone-salmeterol aer powder ba</i>
FLUOROPLEX CRE 1% 107	250-50 mcg/act 103
<i>fluorouracil cream 0.5%</i> 107	<i>fluticasone-salmeterol aer powder ba</i>
<i>fluorouracil cream 5%</i> 107	500-50 mcg/act 103
<i>fluorouracil iv soln 1 gm/20ml (50</i>	<i>fluvastatin sodium cap 20 mg (base</i>
<i>mg/ml)</i> .....18	<i>equivalent)</i> .....33
<i>fluorouracil iv soln 5 gm/100ml (50</i>	<i>fluvastatin sodium cap 40 mg (base</i>
<i>mg/ml)</i> .....18	<i>equivalent)</i> .....33
<i>fluorouracil soln 2%</i> 107	<i>fluvoxamine maleate tab 100 mg</i> .....41
<i>fluorouracil soln 5%</i> 107	<i>fluvoxamine maleate tab 25 mg</i> .....41
<i>fluoxetine hcl cap 10 mg</i> .....44	<i>fluvoxamine maleate tab 50 mg</i> .....41
<i>fluoxetine hcl cap 20 mg</i> .....44	FML FORTE SUS 0.25% OP .....97
<i>fluoxetine hcl cap 40 mg</i> .....44	<i>fondaparinux sodium subcutaneous inj</i>
<i>fluoxetine hcl solution 20 mg/5ml</i>....44	10 mg/0.8ml.....87
<i>fluphenazine decanoate inj 25 mg/ml</i> 49	<i>fondaparinux sodium subcutaneous inj</i>
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> ...49	2.5 mg/0.5ml.....87
<i>fluphenazine hcl inj 2.5 mg/ml</i> .....49	<i>fondaparinux sodium subcutaneous inj</i>
<i>fluphenazine hcl oral conc 5 mg/ml</i> ...49	5 mg/0.4ml .....87
<i>fluphenazine hcl tab 1 mg</i> .....49	<i>fondaparinux sodium subcutaneous inj</i>
<i>fluphenazine hcl tab 10 mg</i>.....49	7.5 mg/0.6ml.....87
<i>fluphenazine hcl tab 2.5 mg</i>.....49	<i>formoterol fumarate soln nebu 20</i>
<i>fluphenazine hcl tab 5 mg</i> .....49	<i>mcg/2ml</i> 100
<i>flurazepam hcl cap 15 mg</i> .....59	FORTEO INJ 600/2.4.....68
<i>flurazepam hcl cap 30 mg</i> .....59	<i>fosamprenavir calcium tab 700 mg</i>
<i>flurbiprofen sodium ophth soln 0.03%</i>	(base equiv) 8
.....97	<i>fosfomycin tromethamine powd pack 3</i>
<i>flutamide cap 125 mg</i> .....18	<i>gm (base equivalent)</i> 5
<i>fluticasone propionate aer pow ba 100</i>	<i>fosinopril sodium & hydrochlorothiazide</i>
<i>mcg/act</i> 102	<i>tab 10-12.5 mg</i>.....28
<i>fluticasone propionate aer pow ba 250</i>	<i>fosinopril sodium & hydrochlorothiazide</i>
<i>mcg/act</i> 102	<i>tab 20-12.5 mg</i>.....28
<i>fluticasone propionate aer pow ba 50</i>	<i>fosinopril sodium tab 10 mg</i> .....29
<i>mcg/act</i> 102	<i>fosinopril sodium tab 20 mg</i> .....29
<i>fluticasone propionate cream 0.05%</i>	<i>fosinopril sodium tab 40 mg</i> .....29
..... 106	<i>fosphenytoin sodium inj 100 mg/2ml</i>
<i>fluticasone propionate hfa inhal aer 110</i>	(phenytoin equiv).....54
<i>mcg/act (125/valve)</i> 102	FOTIVDA CAP 0.89MG.....22
<i>fluticasone propionate hfa inhal aer 220</i>	FOTIVDA CAP 1.34MG.....22
<i>mcg/act (250/valve)</i> 102	FRAGMIN INJ 10000/ML.....87
<i>fluticasone propionate hfa inhal aero 44</i>	FRAGMIN INJ 12500UNT .....87
<i>mcg/act (50/valve)</i> 102	FRAGMIN INJ 15000UNT .....87
<i>fluticasone propionate nasal susp 50</i>	FRAGMIN INJ 18000UNT .....87
<i>mcg/act</i> 102	FRAGMIN INJ 2500/0.2 .....87
<i>fluticasone propionate oint 0.005%</i> 106	FRAGMIN INJ 5000/0.2 .....87
<i>fluticasone-salmeterol aer powder ba</i>	FRAGMIN INJ 7500/0.3 .....87
100-50 mcg/act 103	FRAGMIN INJ 95000UNT .....87
	FRUZAQLA CAP 1MG.....22

FRUZAQLA CAP 5MG	22	GAMMAKED INJ 5GM/50ML.....	90
<i>furosemide inj 10 mg/ml</i>	38	GAMMAPLEX INJ 10%	91
<i>furosemide oral soln 10 mg/ml</i>	38	GAMMAPLEX INJ 5%.....	90
<i>furosemide tab 20 mg</i>	38	GAMUNEX-C INJ 10GM/100	91
<i>furosemide tab 40 mg</i>	38	GAMUNEX-C INJ 1GM/10ML.....	91
<i>furosemide tab 80 mg</i>	38	GAMUNEX-C INJ 20GM/200	91
FUZEON INJ 90MG.....	8	GAMUNEX-C INJ 40/400ML.....	91
<i>fyavolv tab 0.5-2.5</i>	74	GAMUNEX-C INJ 5GM/50ML.....	91
<i>fyavolv tab 1-5</i>	74	GARDASIL 9 INJ.....	93
FYCOMPA SUS 0.5MG/ML	54	<i>gatifloxacin ophth soln 0.5%</i>	96
FYCOMPA TAB 10MG	54	GATTEX KIT 5MG	84
FYCOMPA TAB 12MG.....	55	GAUZE PADS & DRESSINGS - PADS 2 X	
FYCOMPA TAB 2MG.....	54	2	67
FYCOMPA TAB 4MG.....	54	<i>gavilyte-c</i>	83
FYCOMPA TAB 6MG.....	54	<i>gavilyte-g</i>	83
FYCOMPA TAB 8MG.....	54	GAVRETO CAP 100MG.....	22
G		<i>gefitinib tab 250 mg</i>	22
<i>gabapentin cap 100 mg</i>	55	<i>gemcitabine hcl for inj 1 gm</i>	18
<i>gabapentin cap 300 mg</i>	55	<i>gemcitabine hcl for inj 2 gm</i>	18
<i>gabapentin cap 400 mg</i>	55	<i>gemcitabine hcl for inj 200 mg</i>	18
<i>gabapentin oral soln 250 mg/5ml</i>	55	<i>gemfibrozil tab 600 mg</i>	33
<i>gabapentin tab 600 mg</i>	55	<i>gemmily</i>	70
<i>gabapentin tab 800 mg</i>	55	GEMTESA TAB 75MG	86
GALAFOLD CAP 123MG	76	<i>generlac</i>	83
<i>galantamine hydrobromide cap er 24hr</i>		<i>gengraf</i>	92
16 mg	42	<i>gentamicin in saline inj 0.8 mg/ml</i>	5
<i>galantamine hydrobromide cap er 24hr</i>		<i>gentamicin in saline inj 1 mg/ml</i>	5
24 mg	42	<i>gentamicin in saline inj 1.2 mg/ml</i>	5
<i>galantamine hydrobromide cap er 24hr</i>		<i>gentamicin in saline inj 1.6 mg/ml</i>	5
8 mg.....	42	<i>gentamicin sulfate cream 0.1%</i>	104
<i>galantamine hydrobromide oral soln 4</i>		<i>gentamicin sulfate inj 40 mg/ml</i>	5
mg/ml.....	42	<i>gentamicin sulfate oint 0.1%</i>	104
<i>galantamine hydrobromide tab 12 mg</i>		<i>gentamicin sulfate ophth soln 0.3%</i> ..	96
.....	42	GENVOYA TAB	10
<i>galantamine hydrobromide tab 4 mg</i>	42	GEODON INJ 20MG.....	49
<i>galantamine hydrobromide tab 8 mg</i>	42	GILENYA CAP 0.25MG	62
GAMASTAN INJ	90	GILENYA CAP 0.5MG.....	62
GAMMAGARD INJ 10GM/100	90	GILOTRIF TAB 20MG.....	22
GAMMAGARD INJ 2.5GM/25.....	90	GILOTRIF TAB 30MG.....	22
GAMMAGARD INJ 20GM/200	90	GILOTRIF TAB 40MG.....	22
GAMMAGARD INJ 30GM/300	90	GLASSIA INJ.....	101
GAMMAGARD INJ 5GM/50ML	90	<i>glatiramer acetate soln prefilled syringe</i>	
GAMMAGARD SD INJ 10GM HU	90	20 mg/ml	62
GAMMAGARD SD INJ 5GM HU	90	<i>glatiramer acetate soln prefilled syringe</i>	
GAMMAKED INJ 10GM/100	90	40 mg/ml	62
GAMMAKED INJ 1GM/10ML.....	90	<i>glatopa</i>	62
GAMMAKED INJ 20GM/200	90	GLEOSTINE CAP 100MG	17

GLEOSTINE CAP 10MG	17
GLEOSTINE CAP 40MG	17
glimepiride tab 1 mg	65
glimepiride tab 2 mg	65
glimepiride tab 4 mg	65
glip/metform tab 2.5-250m	65
glip/metform tab 2.5-500m	65
glip/metform tab 5-500mg	65
glipizide tab 10 mg	65
glipizide tab 5 mg	65
glipizide tab er 24hr 10 mg	65
glipizide tab er 24hr 2.5 mg	65
glipizide tab er 24hr 5 mg	65
glucagon (rdna) for inj kit 1 mg	76
GLUCAGON KIT 1MG	76
glycopyrrolate inj 0.2 mg/ml	82
glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)	82
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)	82
glycopyrrolate tab 1 mg	82
glycopyrrolate tab 2 mg	82
GLYXAMBI TAB 10-5 MG	65
GLYXAMBI TAB 25-5 MG	65
granisetron hcl tab 1 mg	81
GRANIX INJ 300/0.5	88
GRANIX INJ 300/1ML	88
GRANIX INJ 480/0.8	88
GRANIX INJ 480/1.6	88
GRASTEK SUB 2800BAU	91
griseofulvin microsize susp 125 mg/5ml	7
griseofulvin microsize tab 500 mg	7
griseofulvin ultramicrosize tab 125 mg	7
griseofulvin ultramicrosize tab 250 mg	7
guanfacine hcl tab er 24hr 1 mg (base equiv)	59
guanfacine hcl tab er 24hr 2 mg (base equiv)	59
guanfacine hcl tab er 24hr 3 mg (base equiv)	59
guanfacine hcl tab er 24hr 4 mg (base equiv)	59
GVOKE HYPO 2 INJ .5/.1ML	76
GVOKE HYPO 2 INJ 1MG/.2ML	76
GVOKE PFS INJ	76

H	
hailey 24 tab fe	70
HALAVEN INJ 1MG/2ML	20
halobetasol propionate cream 0.05%	106
halobetasol propionate oint 0.05%	106
haloperidol decanoate im soln 100 mg/ml	49
haloperidol decanoate im soln 50 mg/ml	49
haloperidol lactate inj 5 mg/ml	49
haloperidol lactate oral conc 2 mg/ml	49
haloperidol tab 0.5 mg	49
haloperidol tab 1 mg	49
haloperidol tab 10 mg	49
haloperidol tab 2 mg	49
haloperidol tab 20 mg	49
haloperidol tab 5 mg	49
HARVONI PAK 33.75-150MG	11
HARVONI PAK 45-200MG	11
HARVONI TAB 90-400MG	11
HAVRIX INJ 1440UNIT	93
HAVRIX INJ 720UNIT	93
HELIDAC MIS THERAPY	84
HEP SOD/D5W INJ 25000UNT	87
heparin sodium (porcine) inj 1000 unit/ml	87
heparin sodium (porcine) inj 10000 unit/ml	87
heparin sodium (porcine) inj 20000 unit/ml	87
heparin sodium (porcine) inj 5000 unit/ml	87
HEPLISAV-B INJ 20/0.5ML	93
HERCEPTIN INJ 150MG	23
HERCEPTIN INJ 440MG	23
HETLIOZ CAP 20MG	59
HIBERIX SOL 10MCG	93
HUMALOG INJ 100/ML	67
HUMALOG JR INJ 100/ML	67
HUMALOG KWIK INJ 100/ML	67
HUMALOG KWIK INJ 200/ML	67
HUMALOG MIX INJ 50/50	67
HUMALOG MIX INJ 50/50KWP	67
HUMALOG MIX INJ 75/25KWP	67
HUMALOG MIX SUS 75/25	67
HUMATROPE INJ 12MG	76

HUMATROPE INJ 24MG.....	76
HUMATROPE INJ 6MG	76
HUMIRA INJ 10/0.1ML	89
HUMIRA INJ 20/0.2ML	89
HUMIRA INJ 40/0.4ML	89
HUMIRA KIT 40MG/0.8.....	89
HUMIRA PEDIA INJ CROHNS	89
HUMIRA PEN INJ 40/0.4ML	89
HUMIRA PEN INJ 40MG/0.8	89
HUMIRA PEN INJ 80/0.8ML	89
HUMIRA PEN INJ CD/UC/HS.....	89
HUMIRA PEN INJ PS/UV	89
HUMIRA PEN KIT CD/UC/HS	89
HUMIRA PEN KIT PED UC	89
HUMIRA PEN KIT PS/UV	89
HUMULIN INJ 70/30.....	67
HUMULIN INJ 70/30KWP	67
HUMULIN N INJ U-100	67
HUMULIN N INJ U-100KWP	67
HUMULIN R INJ U-100	67
HUMULIN R INJ U-500	67
<i>hydralazine hcl tab 10 mg</i>	<i>39</i>
<i>hydralazine hcl tab 100 mg</i>	<i>39</i>
<i>hydralazine hcl tab 25 mg</i>	<i>39</i>
<i>hydralazine hcl tab 50 mg</i>	<i>39</i>
<i>hydrochlorothiazide cap 12.5 mg.....</i>	<i>38</i>
<i>hydrochlorothiazide tab 12.5 mg</i>	<i>38</i>
<i>hydrochlorothiazide tab 25 mg</i>	<i>38</i>
<i>hydrochlorothiazide tab 50 mg</i>	<i>38</i>
<i>hydrocodone-acetaminophen soln 7.5-</i>	
<i>325 mg/15ml</i>	<i>3</i>
<i>hydrocodone-acetaminophen tab 10-</i>	
<i>325 mg</i>	<i>3</i>
<i>hydrocodone-acetaminophen tab 5-300</i>	
<i>mg</i>	<i>3</i>
<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>mg</i>	<i>3</i>
<i>hydrocodone-acetaminophen tab 7.5-</i>	
<i>325 mg</i>	<i>3</i>
<i>hydrocortisone butyrate cream 0.1%</i>	
<i>.....</i>	<i>106</i>
<i>hydrocortisone butyrate oint 0.1% .</i>	<i>106</i>
<i>hydrocortisone butyrate soln 0.1% .</i>	<i>106</i>
<i>hydrocortisone enema 100 mg/60ml.</i>	<i>83</i>
<i>hydrocortisone lotion 2.5%.....</i>	<i>106</i>
<i>hydrocortisone oint 2.5%</i>	<i>106</i>

<i>hydrocortisone perianal cream 2.5%</i>	
<i>.....</i>	<i>107</i>
<i>hydrocortisone tab 10 mg</i>	<i>75</i>
<i>hydrocortisone tab 20 mg</i>	<i>75</i>
<i>hydrocortisone tab 5 mg</i>	<i>75</i>
<i>hydrocortisone valerate cream 0.2%</i>	
<i>.....</i>	<i>106</i>
<i>hydrocortisone valerate oint 0.2%..</i>	<i>106</i>
<i>hydromorphone hcl liqd 1 mg/ml.....</i>	<i>3</i>
<i>hydromorphone hcl tab 2 mg.....</i>	<i>3</i>
<i>hydromorphone hcl tab 4 mg.....</i>	<i>3</i>
<i>hydromorphone hcl tab 8 mg.....</i>	<i>4</i>
<i>hydroxychloroquine sulfate tab 200 mg</i>	
<i>.....</i>	<i>90</i>
<i>hydroxyurea cap 500 mg</i>	<i>20</i>
<i>hydroxyzine hcl tab 10 mg</i>	<i>99</i>
<i>hydroxyzine hcl tab 25 mg</i>	<i>99</i>
<i>hydroxyzine hcl tab 50 mg</i>	<i>99</i>
<i>hydroxyzine pamoate cap 100 mg</i>	<i>99</i>
<i>hydroxyzine pamoate cap 25 mg.....</i>	<i>99</i>
<i>hydroxyzine pamoate cap 50 mg.....</i>	<i>99</i>
HYFTOR GEL 0.2%	107

I

<i>ibandronate sodium iv soln 3 mg/3ml</i>	
<i>(base equivalent)</i>	<i>68</i>
<i>ibandronate sodium tab 150 mg (base</i>	
<i>equivalent)</i>	<i>68</i>
IBRANCE CAP 100MG.....	23
IBRANCE CAP 125MG.....	23
IBRANCE CAP 75MG	23
IBRANCE TAB 100MG.....	23
IBRANCE TAB 125MG.....	23
IBRANCE TAB 75MG	23
<i>ibu tab 600mg</i>	<i>1</i>
<i>ibu tab 800mg</i>	<i>1</i>
<i>ibuprofen tab 400 mg</i>	<i>1</i>
<i>ibuprofen tab 600 mg</i>	<i>1</i>
<i>ibuprofen tab 800 mg</i>	<i>1</i>
<i>icatibant acetate subcutaneous soln</i>	
<i>pref syr 30 mg/3ml.....</i>	<i>88</i>
<i>iclevia</i>	<i>70</i>
ICLUSIG TAB 10MG	23
ICLUSIG TAB 15MG	23
ICLUSIG TAB 30MG	23
ICLUSIG TAB 45MG	23
<i>icosapent ethyl cap 0.5 gm.....</i>	<i>34</i>
<i>icosapent ethyl cap 1 gm</i>	<i>34</i>

<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	17	INSULIN LISP INJ PROTAMIN.....	67
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	17	INSULIN PEN NEEDLE	67
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	17	INSULIN SYRINGE (DISP) U-100 0.3 ML.....	67
IDHIFA TAB 100MG	23	INSULIN SYRINGE (DISP) U-100 1 ML	68
IDHIFA TAB 50MG	23	INSULIN SYRINGE (DISP) U-100 1/2 ML.....	68
<i>ifosfamide for inj 1 gm</i>	17	INTELENCE TAB 25MG	8
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	23	INTRALIPID INJ 20%	95
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	23	INTRALIPID INJ 30%	95
IMBRUVICA CAP 140MG	23	INTRON A INJ 10MU	91
IMBRUVICA CAP 70MG	23	INTRON A INJ 18MU	91
IMBRUVICA SUS 70MG/ML	23	INTRON A INJ 25MU	91
IMBRUVICA TAB 140MG	23	INTRON A INJ 50MU	91
IMBRUVICA TAB 280MG	23	<i>introvale</i>	70
IMBRUVICA TAB 420MG	23	INVEGA HAFYE INJ 1092MG.....	49
IMBRUVICA TAB 560MG	23	INVEGA HAFYE INJ 1560MG.....	49
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	5	INVEGA SUST INJ 117/0.75.....	49
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	5	INVEGA SUST INJ 156MG/ML.....	49
<i>imipramine hcl tab 10 mg</i>	44	INVEGA SUST INJ 234/1.5	49
<i>imipramine hcl tab 25 mg</i>	44	INVEGA SUST INJ 39/0.25	49
<i>imipramine hcl tab 50 mg</i>	44	INVEGA SUST INJ 78/0.5ML	49
<i>imiquimod cream 5%</i>	107	INVEGA TRINZ INJ 273MG.....	50
IMOVAX RABIE INJ 2.5/ML	93	INVEGA TRINZ INJ 410MG.....	50
IMPAVIDO CAP 50MG.....	5	INVEGA TRINZ INJ 546MG.....	50
INBRIJA CAP 42MG.....	47	INVEGA TRINZ INJ 819MG.....	50
<i>incassia tab 0.35mg</i>	70	INVIRASE TAB 500MG	8
INCRELEX INJ 40MG/4ML	77	INVOKAMET TAB 150-1000	65
INCRUSE ELPT INH 62.5MCG	99	INVOKAMET TAB 150-500	65
<i>indapamide tab 1.25 mg</i>	38	INVOKAMET TAB 50-1000	65
<i>indapamide tab 2.5 mg</i>	38	INVOKAMET TAB 50-500MG	65
INFANRIX INJ	93	INVOKAMET XR TAB 150-1000.....	65
INGREZZA CAP 40-80MG.....	61	INVOKAMET XR TAB 150-500	65
INGREZZA CAP 40MG	61	INVOKAMET XR TAB 50-1000	65
INGREZZA CAP 60MG	61	INVOKAMET XR TAB 50-500MG.....	65
INGREZZA CAP 80MG	61	INVOKANA TAB 100MG	65
INLYTA TAB 1MG.....	23	INVOKANA TAB 300MG	65
INLYTA TAB 5MG.....	23	IOPIDINE SOL 1% OP	98
INQOVI TAB 35-100MG	18	IPOL INJ INACTIVE	93
INREBIC CAP 100MG	23	<i>ipratropium bromide inhal soln 0.02%</i>	99
INSULIN LISP INJ 100/ML	67	<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	99
INSULIN LISP INJ JUNIOR	67	<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	99

<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	99	ISTODAX INJ 10MG	23
<i>irbesartan tab 150 mg</i>	31	ISTURISA TAB 1MG	77
<i>irbesartan tab 300 mg</i>	31	ISTURISA TAB 5MG	77
<i>irbesartan tab 75 mg</i>	31	<i>itraconazole cap 100 mg</i>	7
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	30	<i>ivermectin tab 3 mg</i>	5
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	30	IWILFIN TAB 192MG.....	20
IRESSA TAB 250MG.....	23	IXCHIQ INJ.....	93
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	20	IXEMPRA KIT INJ 15MG.....	20
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	20	IXIARO INJ.....	93
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	20	J	
ISENTRESS CHW 100MG	8	JAKAFI TAB 10MG	23
ISENTRESS CHW 25MG	8	JAKAFI TAB 15MG	23
ISENTRESS HD TAB 600MG	8	JAKAFI TAB 20MG	23
ISENTRESS POW 100MG	8	JAKAFI TAB 25MG	23
ISENTRESS TAB 400MG	8	JAKAFI TAB 5MG	23
<i>isibloom</i>	70	<i>jantoven</i>	87
ISOLYTE-P INJ /D5W	94	JANUMET TAB 50-1000	65
ISOLYTE-S INJ PH 7.4.....	94	JANUMET TAB 50-500MG	65
<i>isoniazid inj 100 mg/ml</i>	10	JANUMET XR TAB 100-1000.....	65
<i>isoniazid syrup 50 mg/5ml</i>	10	JANUMET XR TAB 50-1000	65
<i>isoniazid tab 100 mg</i>	10	JANUMET XR TAB 50-500MG.....	65
<i>isoniazid tab 300 mg</i>	10	JANUVIA TAB 100MG	65
ISOPROPYL ALCOHOL 0.7 ML/ML.....	68	JANUVIA TAB 25MG.....	65
<i>isosorbide dinitrate tab 10 mg</i>	40	JANUVIA TAB 50MG.....	65
<i>isosorbide dinitrate tab 20 mg</i>	40	JARDIANCE TAB 10MG	65
<i>isosorbide dinitrate tab 30 mg</i>	40	JARDIANCE TAB 25MG	65
<i>isosorbide dinitrate tab 5 mg</i>	40	<i>jasmiel</i>	70
<i>isosorbide mononitrate tab 10 mg</i> ...	40	JAYPIRCA TAB 100MG.....	23
<i>isosorbide mononitrate tab 20 mg</i> ...	40	JAYPIRCA TAB 50MG.....	23
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	40	JENTADUETO TAB 2.5-1000.....	65
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	40	JENTADUETO TAB 2.5-500	65
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	40	JENTADUETO TAB 2.5-850	65
<i>isotretinoin cap 10 mg</i>	103	JENTADUETO TAB XR 2.5-1000MG ...	65
<i>isotretinoin cap 20 mg</i>	103	JENTADUETO TAB XR 5-1000MG	65
<i>isotretinoin cap 30 mg</i>	103	JEVTANA INJ 60/1.5ML	20
<i>isotretinoin cap 40 mg</i>	103	<i>jinteli tab 1mg-5mcg</i>	74
<i>isradipine cap 2.5 mg</i>	37	<i>joyeaux tab 0.1-20</i>	71
<i>isradipine cap 5 mg</i>	37	<i>juleber</i>	71
		JULUCA TAB 50-25MG.....	10
		<i>junel 1.5/30</i>	71
		<i>junel 1/20</i>	71
		<i>junel fe 1.5/30</i>	71
		<i>junel fe 1/20</i>	71
		<i>junel fe 24</i>	71
		JYNARQUE PAK 15MG	77
		JYNARQUE PAK 30-15MG	77
		JYNARQUE PAK 45-15MG	77

JYNARQUE PAK 60-30MG	77
JYNARQUE PAK 90-30MG	77
JYNARQUE TAB 15MG	77
JYNARQUE TAB 30MG	77
JYNNEOS INJ	93
K	
KADCYLA INJ 100MG	23
KADCYLA INJ 160MG	23
<i>kaitlib fe</i>	71
KALYDECO GRA 13.4MG.....	101
KALYDECO GRA 5.8MG.....	101
KALYDECO PAK 25MG	101
KALYDECO PAK 50MG	101
KALYDECO PAK 75MG	101
KALYDECO TAB 150MG	101
<i>kariva</i>	71
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	94
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	94
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	94
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	94
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	94
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	94
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	94
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	94
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	94
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	94
KCL/D5W/LACT INJ 20MEQ/L.....	94
<i>kelnor 1/35</i>	71
<i>kelnor 1/50</i>	71
KERENDIA TAB 10MG	29
KERENDIA TAB 20MG	29
KESIMPTA INJ 20/.4ML	62
<i>ketoconazole cream 2%</i>	104
<i>ketoconazole shampoo 2%</i>	105
<i>ketoconazole tab 200 mg</i>	7
<i>ketorolac tromethamine ophth soln 0.4%</i>	97

<i>ketorolac tromethamine ophth soln 0.5%</i>	97
KEYTRUDA INJ 100MG/4M.....	24
KINERET INJ.....	90
KINRIX INJ.....	93
KISQALI 200 DOSE	24
KISQALI 200 PAK FEMARA.....	20
KISQALI 400 DOSE	24
KISQALI 400 PAK FEMARA.....	20
KISQALI 600 DOSE	24
KISQALI 600 PAK FEMARA.....	20
<i>klor-con</i>	95
<i>klor-con 10</i>	95
<i>klor-con 8</i>	95
<i>klor-con m10</i>	95
<i>klor-con m15</i>	95
<i>klor-con m20</i>	95
<i>klor-con/ef</i>	95
KLOXXADO SPR 8MG	63
KORLYM TAB 300MG.....	77
KOSELUGO CAP 10MG	24
KOSELUGO CAP 25MG	24
KRAZATI TAB 200MG.....	24
<i>kurvelo</i>	71
KYPROLIS SOL 30MG.....	24
KYPROLIS SOL 60MG.....	24
L	
<i>labetalol hcl iv soln 5 mg/ml</i>	35
<i>labetalol hcl tab 100 mg</i>	35
<i>labetalol hcl tab 200 mg</i>	35
<i>labetalol hcl tab 300 mg</i>	35
<i>lacosamide oral solution 10 mg/ml</i> ...	55
<i>lacosamide tab 100 mg</i>	55
<i>lacosamide tab 150 mg</i>	55
<i>lacosamide tab 200 mg</i>	55
<i>lacosamide tab 50 mg</i>	55
<i>lactated ringer's for irrigation</i>	107
<i>lactated ringer's solution</i>	94
<i>lactic acid (ammonium lactate) cream 12%</i>	107
<i>lactic acid (ammonium lactate) lotion 12%</i>	107
<i>lactulose solution 10 gm/15ml</i>	83
LAGEVRIO CAP 200MG.....	11
<i>lamivudine oral soln 10 mg/ml</i>	8
<i>lamivudine tab 100 mg (hbv)</i>	11
<i>lamivudine tab 150 mg</i>	8

<i>lamivudine tab 300 mg</i>	8	LANTUS INJ 100/ML	68
<i>lamivudine-zidovudine tab 150-300 mg</i>	10	LANTUS SOLOS INJ 100/ML.....	68
<i>lamotrigine orally disintegrating tab</i> 100 mg	55	<i>lapatinib ditosylate tab 250 mg (base</i> equiv)	24
<i>lamotrigine orally disintegrating tab</i> 200 mg	55	<i>larin 1.5/30</i>	71
<i>lamotrigine orally disintegrating tab 25</i> mg	55	<i>larin 1/20</i>	71
<i>lamotrigine orally disintegrating tab 50</i> mg	55	<i>larin fe 1.5/30</i>	71
<i>lamotrigine tab 100 mg</i>	55	<i>larin fe 1/20</i>	71
<i>lamotrigine tab 150 mg</i>	55	LARTRUVO INJ 10MG/ML.....	24
<i>lamotrigine tab 200 mg</i>	55	LARTRUVO INJ 190/19ML.....	24
<i>lamotrigine tab 25 mg</i>	55	<i>latanoprost ophth soln 0.005%</i>	98
<i>lamotrigine tab 25 mg (42) & 100 mg</i> (7) starter kit	55	<i>layolis fe</i>	71
<i>lamotrigine tab 35 x 25 mg starter kit</i>	55	<i>leena</i>	71
<i>lamotrigine tab 84 x 25 mg & 14 x 100</i> mg starter kit.....	55	<i>leflunomide tab 10 mg</i>	90
<i>lamotrigine tab chewable dispersible 25</i> mg	55	<i>leflunomide tab 20 mg</i>	90
<i>lamotrigine tab chewable dispersible 5</i> mg	55	<i>lenalidomide cap 10 mg</i>	19
<i>lamotrigine tab disint 21 x 25 mg & 7 x</i> 50 mg titration kit	55	<i>lenalidomide cap 15 mg</i>	19
<i>lamotrigine tab disint 25 (14) & 50 mg</i> (14) & 100 mg (7) kit	55	<i>lenalidomide cap 20 mg</i>	19
<i>lamotrigine tab disint 42 x 50mg & 14</i> x 100mg titration kit.....	55	<i>lenalidomide cap 25 mg</i>	19
<i>lamotrigine tab er 24hr 100 mg</i>	55	<i>lenalidomide cap 5 mg</i>	19
<i>lamotrigine tab er 24hr 200 mg</i>	55	<i>lenalidomide caps 2.5 mg</i>	19
<i>lamotrigine tab er 24hr 25 mg</i>	55	LENVIMA CAP 10 MG	24
<i>lamotrigine tab er 24hr 250 mg</i>	55	LENVIMA CAP 12MG	24
<i>lamotrigine tab er 24hr 300 mg</i>	55	LENVIMA CAP 14 MG	24
<i>lamotrigine tab er 24hr 50 mg</i>	55	LENVIMA CAP 18 MG	24
<i>lansoprazole cap delayed release 15</i> mg	85	LENVIMA CAP 20 MG	24
<i>lansoprazole cap delayed release 30</i> mg	85	LENVIMA CAP 24 MG	24
<i>lanthanum carbonate chew tab 1000</i> mg (elemental)	78	LENVIMA CAP 4MG	24
<i>lanthanum carbonate chew tab 500 mg</i> (elemental).....	78	LENVIMA CAP 8 MG	24
<i>lanthanum carbonate chew tab 750 mg</i> (elemental).....	78	<i>lessina</i>	71
		<i>letrozole tab 2.5 mg</i>	18
		<i>leucovorin calcium for inj 100 mg</i>	27
		<i>leucovorin calcium for inj 200 mg</i>	27
		<i>leucovorin calcium for inj 350 mg</i>	27
		<i>leucovorin calcium for inj 50 mg</i>	27
		<i>leucovorin calcium tab 10 mg</i>	27
		<i>leucovorin calcium tab 15 mg</i>	27
		<i>leucovorin calcium tab 25 mg</i>	27
		<i>leucovorin calcium tab 5 mg</i>	27
		LEUKERAN TAB 2MG.....	17
		<i>leuprolide inj 1mg/0.2</i>	18
		LEUPROLIDE INJ 22.5MG	18
		<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i> (base equiv)	100
		<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i> (base equiv)	100

<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	<i>100</i>	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	<i>71</i>
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....</i>	<i>100</i>	<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	<i>71</i>
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	<i>100</i>	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....</i>	<i>71</i>
<i>LEVEMIR INJ.....</i>	<i>68</i>	<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....</i>	<i>71</i>
<i>LEVEMIR INJ FLEXPEN</i>	<i>68</i>	<i>levora 0.15/30-28</i>	<i>71</i>
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	<i>55</i>	<i>levothyroxine sodium cap 100 mcg...79</i>	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	<i>55</i>	<i>levothyroxine sodium cap 112 mcg...79</i>	
<i>levetiracetam oral soln 100 mg/ml ...</i>	<i>55</i>	<i>levothyroxine sodium cap 125 mcg...79</i>	
<i>levetiracetam tab 1000 mg.....</i>	<i>56</i>	<i>levothyroxine sodium cap 13 mcg ....79</i>	
<i>levetiracetam tab 250 mg</i>	<i>56</i>	<i>levothyroxine sodium cap 137 mcg...79</i>	
<i>levetiracetam tab 500 mg</i>	<i>56</i>	<i>levothyroxine sodium cap 150 mcg...79</i>	
<i>levetiracetam tab 750 mg</i>	<i>56</i>	<i>levothyroxine sodium cap 175 mcg...79</i>	
<i>levetiracetam tab er 24hr 500 mg</i>	<i>56</i>	<i>levothyroxine sodium cap 200 mcg...79</i>	
<i>levetiracetam tab er 24hr 750 mg</i>	<i>56</i>	<i>levothyroxine sodium cap 25 mcg ....79</i>	
<i>levobunolol hcl ophth soln 0.5%.....</i>	<i>98</i>	<i>levothyroxine sodium cap 50 mcg ....79</i>	
<i>levocarnitine oral soln 1 gm/10ml (10%).....</i>	<i>77</i>	<i>levothyroxine sodium cap 75 mcg ....79</i>	
<i>levocarnitine tab 330 mg.....</i>	<i>77</i>	<i>levothyroxine sodium cap 88 mcg ....79</i>	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml).....</i>	<i>99</i>	<i>levothyroxine sodium tab 100 mcg ...79</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>	<i>99</i>	<i>levothyroxine sodium tab 112 mcg ...79</i>	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	<i>14</i>	<i>levothyroxine sodium tab 125 mcg ...79</i>	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	<i>14</i>	<i>levothyroxine sodium tab 137 mcg ...79</i>	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	<i>14</i>	<i>levothyroxine sodium tab 150 mcg ...79</i>	
<i>levofloxacin ophth soln 0.5%</i>	<i>96</i>	<i>levothyroxine sodium tab 175 mcg ...79</i>	
<i>levofloxacin oral soln 25 mg/ml.....</i>	<i>14</i>	<i>levothyroxine sodium tab 200 mcg ...79</i>	
<i>levofloxacin tab 250 mg</i>	<i>14</i>	<i>levothyroxine sodium tab 25 mcg .....79</i>	
<i>levofloxacin tab 500 mg</i>	<i>14</i>	<i>levothyroxine sodium tab 300 mcg ...79</i>	
<i>levofloxacin tab 750 mg</i>	<i>14</i>	<i>levothyroxine sodium tab 50 mcg .....79</i>	
<i>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</i>	<i>27</i>	<i>levothyroxine sodium tab 75 mcg .....79</i>	
<i>levonest</i>	<i>71</i>	<i>levothyroxine sodium tab 88 mcg .....79</i>	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....</i>	<i>71</i>	<i>levoxyl.....</i>	<i>79</i>
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	<i>71</i>	<i>LEXIVA SUS 50MG/ML</i>	<i>8</i>
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	<i>71</i>	<i>lidocaine hcl local inj 2%.....</i>	<i>4</i>
		<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	<i>4</i>
		<i>lidocaine hcl viscous soln 2%.....</i>	<i>108</i>
		<i>lidocaine oint 5%</i>	<i>106</i>
		<i>lidocaine patch 5%</i>	<i>106</i>
		<i>lidocaine-prilocaine cream 2.5-2.5%</i>	<i>106</i>
		<i>lidocan iii pad 5%.....</i>	<i>106</i>
		<i>linezolid for susp 100 mg/5ml.....</i>	<i>5</i>
		<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	<i>5</i>

<i>linezolid tab 600 mg</i>	5	<i>lorazepam tab 0.5 mg</i>	41
LINZESS CAP 145MCG	84	<i>lorazepam tab 1 mg</i>	41
LINZESS CAP 290MCG	84	<i>lorazepam tab 2 mg</i>	41
LINZESS CAP 72MCG	84	LORBRENA TAB 100MG	24
<i>liothyronine sodium iv soln 10 mcg/ml</i>	79	LORBRENA TAB 25MG	24
<i>liothyronine sodium tab 25 mcg</i>	80	LOREEV XR CAP 1.5MG	41
<i>liothyronine sodium tab 5 mcg</i>	79	LOREEV XR CAP 1MG	41
<i>liothyronine sodium tab 50 mcg</i>	80	LOREEV XR CAP 2MG	42
<i>lisinopril & hydrochlorothiazide tab 10- 12.5 mg</i>	28	LOREEV XR CAP 3MG	42
<i>lisinopril & hydrochlorothiazide tab 20- 12.5 mg</i>	28	<i>loryna</i>	71
<i>lisinopril & hydrochlorothiazide tab 20- 25 mg</i>	28	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	30
<i>lisinopril tab 10 mg</i>	29	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> 30	
<i>lisinopril tab 2.5 mg</i>	29	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	30
<i>lisinopril tab 20 mg</i>	29	<i>losartan potassium tab 100 mg</i>	32
<i>lisinopril tab 30 mg</i>	29	<i>losartan potassium tab 25 mg</i>	31
<i>lisinopril tab 40 mg</i>	29	<i>losartan potassium tab 50 mg</i>	31
<i>lisinopril tab 5 mg</i>	29	LOTEMAX OIN 0.5%	97
LITFULO CAP 50MG	90	LOTEMAX SM GEL 0.38%	97
<i>lithium carbonate cap 150 mg</i>	61	<i>loteprednol etabonate ophth gel 0.5%</i>	97
<i>lithium carbonate cap 300 mg</i>	61	<i>loteprednol etabonate ophth susp 0.5%</i>	97
<i>lithium carbonate cap 600 mg</i>	61	<i>lovastatin tab 10 mg</i>	33
<i>lithium carbonate tab 300 mg</i>	61	<i>lovastatin tab 20 mg</i>	33
<i>lithium carbonate tab er 300 mg</i>	61	<i>lovastatin tab 40 mg</i>	33
<i>lithium carbonate tab er 450 mg</i>	61	<i>low-ogestrel</i>	71
LITHIUM SOL 8MEQ/5ML	61	<i>loxapine succinate cap 10 mg</i>	50
LIVALO TAB 1MG	33	<i>loxapine succinate cap 25 mg</i>	50
LIVALO TAB 2MG	33	<i>loxapine succinate cap 5 mg</i>	50
LIVALO TAB 4MG	33	<i>loxapine succinate cap 50 mg</i>	50
LIVTENCITY TAB 200MG	11	<i>lubiprostone cap 24 mcg</i>	84
<i>loestrin 21 tab 1.5/30</i>	71	<i>lubiprostone cap 8 mcg</i>	84
<i>loestrin fe tab 1.5/30</i>	71	LUCENTIS SOL 0.3MG	98
<i>loestrin fe tab 1/20</i>	71	LUCENTIS SOL 0.5MG	98
<i>loestrin tab 1/20-21</i>	71	<i>luliconazole cream 1%</i>	104
LONSURF TAB 15-6.14	18	LUMAKRAS TAB 120MG	24
LONSURF TAB 20-8.19	18	LUMAKRAS TAB 320MG	24
<i>loperamide hcl cap 2 mg</i>	84	LUMIGAN SOL 0.01%	98
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	10	LUPKYNIS CAP 7.9MG	92
<i>lopinavir-ritonavir tab 100-25 mg</i>	10	LUPR DEP-PED INJ 11.25MG	77
<i>lopinavir-ritonavir tab 200-50 mg</i>	10	LUPR DEP-PED INJ 15MG	77
<i>lorazepam inj 2 mg/ml</i>	56	LUPR DEP-PED INJ 7.5MG	77
<i>lorazepam inj 4 mg/ml</i>	56		
<i>lorazepam intensol</i>	41		

LUPRON DEPOT INJ 11.25MG.....	19	<i>meclizine hcl tab 25 mg</i>	81
LUPRON DEPOT INJ 22.5MG	19	<i>medroxyprogesterone acetate im susp</i>	
LUPRON DEPOT INJ 3.75MG	19	<i>150 mg/ml</i>	72
LUPRON DEPOT INJ 30MG	19	<i>medroxyprogesterone acetate im susp</i>	
LUPRON DEPOT INJ 45MG	19, 77	<i>prefilled syr 150 mg/ml.....</i>	72
LUPRON DEPOT INJ 7.5MG	19	<i>medroxyprogesterone acetate tab 10</i>	
<i>lurasidone hcl tab 120 mg</i>	50	<i>mg</i>	79
<i>lurasidone hcl tab 20 mg.....</i>	50	<i>medroxyprogesterone acetate tab 2.5</i>	
<i>lurasidone hcl tab 40 mg.....</i>	50	<i>mg</i>	78
<i>lurasidone hcl tab 60 mg.....</i>	50	<i>medroxyprogesterone acetate tab 5 mg</i>	
<i>lurasidone hcl tab 80 mg.....</i>	50	<i>.....</i>	79
<i>lutera.....</i>	71	<i>mefloquine hcl tab 250 mg</i>	8
LYBALVI TAB 10-10MG.....	50	<i>megestrol acetate susp 40 mg/ml</i>	79
LYBALVI TAB 15-10MG.....	50	<i>megestrol acetate susp 625 mg/5ml.</i>	79
LYBALVI TAB 20-10MG.....	50	<i>megestrol acetate tab 20 mg</i>	19
LYBALVI TAB 5-10MG	50	<i>megestrol acetate tab 40 mg</i>	19
<i>lyleq</i>	71	MEKINIST SOL 0.05/ML	24
<i>lyllana.....</i>	74	MEKINIST TAB 0.5MG	24
LYNPARZA TAB 100MG.....	24	MEKINIST TAB 2MG.....	24
LYNPARZA TAB 150MG.....	24	MEKTOVI TAB 15MG	24
LYSODREN TAB 500MG	19	<i>meloxicam tab 15 mg</i>	1
LYTGOBI TAB 4MG.....	24	<i>meloxicam tab 7.5 mg</i>	1
LYUMJEV INJ 100UT/ML	68	<i>melphalan hcl for inj 50 mg (base</i>	
LYUMJEV KWPN INJ 100UT/ML.....	68	<i>equiv)</i>	17
LYUMJEV KWPN INJ 200UT/ML.....	68	<i>memantine hcl cap er 24hr 14 mg....</i>	42
<i>lyza</i>	71	<i>memantine hcl cap er 24hr 21 mg....</i>	42
M		<i>memantine hcl cap er 24hr 28 mg....</i>	42
<i>magnesium sulfate inj 50%</i>	94	<i>memantine hcl cap er 24hr 7 mg.....</i>	42
<i>malathion lotion 0.5%.....</i>	107	<i>memantine hcl oral solution 2 mg/ml</i>	42
<i>maraviroc tab 150 mg.....</i>	8	<i>memantine hcl tab 10 mg</i>	42
<i>maraviroc tab 300 mg.....</i>	8	<i>memantine hcl tab 28 x 5 mg & 21 x</i>	
<i>marlissa</i>	71	<i>10 mg titration pack</i>	42
MARPLAN TAB 10MG.....	44	<i>memantine hcl tab 5 mg</i>	42
MATULANE CAP 50MG.....	20	MENACTRA INJ	93
<i>matzim la tab 180mg/24.....</i>	37	MENQUADFI INJ.....	93
<i>matzim la tab 240mg/24.....</i>	37	MENVEO INJ	93
<i>matzim la tab 300mg/24.....</i>	37	MENVEO SOL.....	93
<i>matzim la tab 360mg/24.....</i>	37	<i>mercaptopurine tab 50 mg</i>	18
<i>matzim la tab 420mg/24.....</i>	37	<i>meropenem iv for soln 1 gm</i>	5
MAVYRET PAK 50-20MG	11	<i>meropenem iv for soln 500 mg</i>	5
MAVYRET TAB 100-40MG	11	<i>merzee</i>	72
MAYZENT STARTER PACK (12).....	62	<i>mesalamine cap dr 400 mg</i>	83
MAYZENT STARTER PACK (7).....	62	<i>mesalamine cap er 24hr 0.375 gm ...</i>	83
MAYZENT TAB 0.25MG.....	62	<i>mesalamine enema 4 gm</i>	83
MAYZENT TAB 1MG	62	<i>mesalamine suppos 1000 mg.....</i>	83
MAYZENT TAB 2MG	62	<i>mesalamine tab delayed release 1.2</i>	
<i>meclizine hcl tab 12.5 mg.....</i>	81	<i>gm</i>	83

<i>mesalamine tab delayed release 800 mg</i>	83	<i>methylprednisolone tab therapy pack 4 mg (21)</i>	75
<i>mesna inj 100 mg/ml</i>	27	<i>methyltestosterone cap 10 mg</i>	64
<i>MESNEX TAB 400MG</i>	27	<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	82
<i>metaxalone tab 800 mg</i>	62	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	82
<i>metformin hcl tab 1000 mg</i>	65	<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	82
<i>metformin hcl tab 500 mg</i>	65	<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	82
<i>metformin hcl tab 850 mg</i>	65	<i>metolazone tab 10 mg</i>	38
<i>metformin hcl tab er 24hr 500 mg</i>	65	<i>metolazone tab 2.5 mg</i>	38
<i>metformin hcl tab er 24hr 750 mg</i>	66	<i>metolazone tab 5 mg</i>	38
<i>methazolamide tab 25 mg</i>	38	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	35
<i>methazolamide tab 50 mg</i>	38	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	35
<i>methenamine hippurate tab 1 gm</i>	5	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	35
<i>methimazole tab 10 mg</i>	80	<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	35
<i>methimazole tab 5 mg</i>	80	<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	35
<i>METHITEST TAB 10MG</i>	64	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	35
<i>methocarbamol tab 500 mg</i>	62	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	35
<i>methocarbamol tab 750 mg</i>	62	<i>metoprolol tartrate tab 100 mg</i>	35
<i>methotrexate sodium for inj 1 gm</i>	18	<i>metoprolol tartrate tab 25 mg</i>	35
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	18	<i>metoprolol tartrate tab 37.5 mg</i>	35
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	18	<i>metoprolol tartrate tab 50 mg</i>	35
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	90	<i>metoprolol tartrate tab 75 mg</i>	35
<i>methoxsalen rapid cap 10 mg</i>	104	<i>metronidazole cream 0.75%</i>	107
<i>methscopolamine bromide tab 2.5 mg</i>	82	<i>metronidazole gel 0.75%</i>	107
<i>methscopolamine bromide tab 5 mg</i> .83		<i>metronidazole in nacl</i>	5
<i>methsuximide cap 300 mg</i>	56	<i>metronidazole lotion 0.75%</i>	107
<i>methylphenidate hcl soln 10 mg/5ml</i> 59		<i>metronidazole tab 250 mg</i>	6
<i>methylphenidate hcl soln 5 mg/5ml</i> ..59		<i>metronidazole tab 500 mg</i>	6
<i>methylphenidate hcl tab 10 mg</i>	59	<i>metronidazole vaginal gel 0.75%</i>	86
<i>methylphenidate hcl tab 20 mg</i>	59	<i>metyrosine cap 250 mg</i>	39
<i>methylphenidate hcl tab 5 mg</i>	59	<i>mexiletine hcl cap 150 mg</i>	32
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	75	<i>mexiletine hcl cap 200 mg</i>	32
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	75	<i>mexiletine hcl cap 250 mg</i>	32
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	75	<i>micafungin sodium for iv soln 100 mg</i> 7	
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	75	<i>micafungin sodium for iv soln 50 mg</i> . 7	
<i>methylprednisolone tab 16 mg</i>	75	<i>microgestin 1.5/30</i>	72
<i>methylprednisolone tab 32 mg</i>	75		
<i>methylprednisolone tab 4 mg</i>	75		
<i>methylprednisolone tab 8 mg</i>	75		

<i>microgestin 1/20</i>	72	<i>molindone hcl tab 10 mg</i>	50
<i>microgestin 24 fe</i>	72	<i>molindone hcl tab 25 mg</i>	50
<i>microgestin fe 1.5/30</i>	72	<i>molindone hcl tab 5 mg</i>	50
<i>microgestin fe 1/20</i>	72	<i>mometasone furoate cream 0.1%</i> ..	106
<i>midodrine hcl tab 10 mg</i>	39	<i>mometasone furoate nasal susp 50</i>	
<i>midodrine hcl tab 2.5 mg</i>	39	<i>mcg/act</i>	102
<i>midodrine hcl tab 5 mg</i>	39	<i>mometasone furoate oint 0.1%</i>	106
<i>miglitol tab 100 mg</i>	66	<i>mometasone furoate solution 0.1%</i>	
<i>miglitol tab 25 mg</i>	66	<i>(lotion)</i>	106
<i>miglitol tab 50 mg</i>	66	<i>montelukast sodium chew tab 4 mg</i>	
<i>miglustat cap 100 mg</i>	77	<i>(base equiv)</i>	100
<i>mili tab 0.25/35</i>	72	<i>montelukast sodium chew tab 5 mg</i>	
<i>mimvey tab 1-0.5mg</i>	74	<i>(base equiv)</i>	100
<i>minocycline hcl cap 100 mg</i>	16	<i>montelukast sodium tab 10 mg (base</i>	
<i>minocycline hcl cap 50 mg</i>	16	<i>equiv)</i>	100
<i>minocycline hcl cap 75 mg</i>	16	<i>morphine sulfate oral soln 10 mg/5ml</i>	4
<i>minocycline hcl tab 100 mg</i>	16	<i>morphine sulfate oral soln 100 mg/5ml</i>	
<i>minocycline hcl tab 50 mg</i>	16	<i>(20 mg/ml)</i>	4
<i>minocycline hcl tab 75 mg</i>	16	<i>morphine sulfate oral soln 20 mg/5ml</i>	4
<i>minoxidil tab 10 mg</i>	39	<i>morphine sulfate suppos 10 mg</i>	4
<i>minoxidil tab 2.5 mg</i>	39	<i>morphine sulfate tab 15 mg</i>	4
<i>mirtazapine orally disintegrating tab 15</i>		<i>morphine sulfate tab 30 mg</i>	4
<i>mg</i>	44	<i>morphine sulfate tab er 100 mg</i>	2
<i>mirtazapine orally disintegrating tab 30</i>		<i>morphine sulfate tab er 15 mg</i>	2
<i>mg</i>	44	<i>morphine sulfate tab er 200 mg</i>	2
<i>mirtazapine orally disintegrating tab 45</i>		<i>morphine sulfate tab er 30 mg</i>	2
<i>mg</i>	44	<i>morphine sulfate tab er 60 mg</i>	2
<i>mirtazapine tab 15 mg</i>	44	<i>MOUNJARO INJ 10MG/0.5</i>	66
<i>mirtazapine tab 30 mg</i>	44	<i>MOUNJARO INJ 12.5/0.5</i>	66
<i>mirtazapine tab 45 mg</i>	44	<i>MOUNJARO INJ 15MG/0.5</i>	66
<i>mirtazapine tab 7.5 mg</i>	44	<i>MOUNJARO INJ 2.5/0.5</i>	66
<i>misoprostol tab 100 mcg</i>	84	<i>MOUNJARO INJ 5MG/0.5</i>	66
<i>misoprostol tab 200 mcg</i>	84	<i>MOUNJARO INJ 7.5/0.5</i>	66
<i>mitomycin for iv soln 20 mg</i>	17	<i>MOVANTIK TAB 12.5MG</i>	84
<i>mitomycin for iv soln 40 mg</i>	17	<i>MOVANTIK TAB 25MG</i>	84
<i>mitomycin for iv soln 5 mg</i>	17	<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>mitoxantrone hcl inj conc 20 mg/10ml</i>		<i>sodium chloride 0.8% inj</i>	14
<i>(2 mg/ml)</i>	20	<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
<i>mitoxantrone hcl inj conc 25</i>		<i>equiv)</i>	96
<i>mg/12.5ml (2 mg/ml)</i>	20	<i>moxifloxacin hcl tab 400 mg (base</i>	
<i>mitoxantrone hcl inj conc 30 mg/15ml</i>		<i>equiv)</i>	14
<i>(2 mg/ml)</i>	20	<i>MOZOBIL INJ</i>	88
<i>M-M-R II INJ</i>	93	<i>MULPLETA TAB 3MG</i>	88
<i>modafinil tab 100 mg</i>	63	<i>mult electro inj ph 5.5</i>	94
<i>modafinil tab 200 mg</i>	63	<i>MULTAQ TAB 400MG</i>	32
<i>moexipril hcl tab 15 mg</i>	29	<i>mupirocin calcium cream 2%</i>	104
<i>moexipril hcl tab 7.5 mg</i>	29	<i>mupirocin oint 2%</i>	104

MYALEPT INJ 11.3MG.....	77	NATPARA INJ 50MCG	68
MYCAPSSA CAP 20MG	77	NATPARA INJ 75MCG	68
<i>mycophenolate mofetil cap 250 mg</i> ..	92	NAYZILAM SPR 5MG	56
<i>mycophenolate mofetil for oral susp</i>		<i>nebivolol hcl tab 10 mg (base</i>	
<i>200 mg/ml</i>	92	<i>equivalent)</i>	36
<i>mycophenolate mofetil hcl for iv soln</i>		<i>nebivolol hcl tab 2.5 mg (base</i>	
<i>500 mg (base equiv)</i>	92	<i>equivalent)</i>	36
<i>mycophenolate mofetil tab 500 mg</i> ...	92	<i>nebivolol hcl tab 20 mg (base</i>	
<i>mycophenolate sodium tab dr 180 mg</i>		<i>equivalent)</i>	36
<i>(mycophenolic acid equiv)</i>	92	<i>nebivolol hcl tab 5 mg (base</i>	
<i>mycophenolate sodium tab dr 360 mg</i>		<i>equivalent)</i>	36
<i>(mycophenolic acid equiv)</i>	92	<i>necon 0.5/35-28</i>	72
MYRBETRIQ TAB 25MG	86	NEEDLES, INSULIN DISP., SAFETY ...	68
MYRBETRIQ TAB 50MG	86	<i>nefazodone hcl tab 100 mg</i>	45
N		<i>nefazodone hcl tab 150 mg</i>	45
<i>nabumetone tab 500 mg</i>	1	<i>nefazodone hcl tab 200 mg</i>	45
<i>nabumetone tab 750 mg</i>	1	<i>nefazodone hcl tab 250 mg</i>	45
<i>nadolol tab 20 mg</i>	35	<i>nefazodone hcl tab 50 mg</i>	45
<i>nadolol tab 40 mg</i>	35	<i>neomycin sulfate tab 500 mg</i>	6
<i>nadolol tab 80 mg</i>	36	<i>neomycin-bacitrac zn-polymyx</i>	
<i>nafcillin sodium for inj 1 gm</i>	15	<i>5(3.5)mg-400unt-10000unt op oin</i>	96
<i>nafcillin sodium for inj 2 gm</i>	15	<i>neomycin-polymy-gramicid op sol</i>	
<i>nafcillin sodium for iv soln 10 gm</i>	15	<i>1.75-10000-0.025mg-unt-mg/ml</i> ..	96
<i>naloxone hcl inj 0.4 mg/ml</i>	63	<i>neomycin-polymyxin-dexamethasone</i>	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	63	<i>ophth oint 0.1%</i>	96
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>		<i>neomycin-polymyxin-dexamethasone</i>	
.....	63	<i>ophth susp 0.1%</i>	96
<i>naloxone hcl soln prefilled syringe 2</i>		<i>neomycin-polymyxin-hc ophth susp</i> ..	96
<i>mg/2ml</i>	64	<i>neomycin-polymyxin-hc otic soln 1%</i>	99
<i>naltrexone hcl tab 50 mg</i>	64	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
NAMZARIC CAP 14-10MG	42	<i>mg/ml-10000 unit/ml-1%</i>	99
NAMZARIC CAP 21-10MG	42	<i>neo-polycin oin hc 1%op</i>	96
NAMZARIC CAP 28-10MG	42	<i>neo-polycin oin op</i>	96
NAMZARIC CAP 7-10MG	42	NERLYNX TAB 40MG	24
NAMZARIC CAP PACK.....	42	NEUPRO DIS 1MG/24HR.....	47
<i>naproxen tab 250 mg</i>	1	NEUPRO DIS 2MG/24HR.....	47
<i>naproxen tab 375 mg</i>	1	NEUPRO DIS 3MG/24HR.....	47
<i>naproxen tab 500 mg</i>	1	NEUPRO DIS 4MG/24HR.....	47
<i>naratriptan hcl tab 1 mg (base equiv)</i>		NEUPRO DIS 6MG/24HR.....	47
.....	60	NEUPRO DIS 8MG/24HR.....	47
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>		NEVANAC SUS 0.1% OP.....	97
.....	60	<i>nevirapine susp 50 mg/5ml</i>	8
NATACYN SUS 5% OP	96	<i>nevirapine tab 200 mg</i>	8
<i>nateglinide tab 120 mg</i>	66	<i>nevirapine tab er 24hr 400 mg</i>	8
<i>nateglinide tab 60 mg</i>	66	NEXAVAR TAB 200MG	24
NATPARA INJ 100MCG	68	NEXTSTELLIS TAB 3-14.2MG	72
NATPARA INJ 25MCG	68		

<i>niacin tab er 1000 mg</i> (antihyperlipidemic).....	34	NITROGLYCER INJ 5MG/ML.....	40
<i>niacin tab er 500 mg</i> (antihyperlipidemic).....	34	<i>nitroglycerin sl tab 0.3 mg</i>	40
<i>niacin tab er 750 mg</i> (antihyperlipidemic).....	34	<i>nitroglycerin sl tab 0.4 mg</i>	40
<i>niacor</i>	34	<i>nitroglycerin sl tab 0.6 mg</i>	40
<i>nicardipine hcl cap 20 mg</i>	37	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	40
<i>nicardipine hcl cap 30 mg</i>	37	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	40
NICOTROL INH.....	64	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	40
NICOTROL NS SPR 10MG/ML	64	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	40
<i>nifedipine tab er 24hr 30 mg</i>	37	<i>nitroglycerin tl soln 0.4 mg/spray (400</i> <i>mcg/spray)</i>	40
<i>nifedipine tab er 24hr 60 mg</i>	37	NITROSTAT SUB 0.3MG	40
<i>nifedipine tab er 24hr 90 mg</i>	37	NITROSTAT SUB 0.4MG	40
<i>nifedipine tab er 24hr osmotic release</i> <i>30 mg</i>	37	NITROSTAT SUB 0.6MG	40
<i>nifedipine tab er 24hr osmotic release</i> <i>60 mg</i>	37	NIVESTYM INJ 300/0.5	88
<i>nifedipine tab er 24hr osmotic release</i> <i>90 mg</i>	37	NIVESTYM INJ 300MCG.....	88
<i>nikki</i>	72	NIVESTYM INJ 480/0.8	88
<i>nilutamide tab 150 mg</i>	19	NIVESTYM INJ 480MCG.....	88
<i>nimodipine cap 30 mg</i>	37	<i>nizatidine cap 150 mg</i>	83
NINLARO CAP 2.3MG	24	<i>nizatidine cap 300 mg</i>	83
NINLARO CAP 3MG	24	<i>nora-be</i>	72
NINLARO CAP 4MG	24	NORDITROPIN INJ 10/1.5ML.....	77
NIPENT INJ 10MG.....	20	NORDITROPIN INJ 15/1.5ML.....	77
<i>nisoldipine tab er 24hr 17 mg</i>	37	NORDITROPIN INJ 30/3ML	77
<i>nisoldipine tab er 24hr 20 mg</i>	37	NORDITROPIN INJ 5/1.5ML	77
<i>nisoldipine tab er 24hr 25.5 mg</i>	37	<i>norelgestromin-ethinyl estradiol td</i> <i>ptwk 150-35 mcg/24hr</i>	72
<i>nisoldipine tab er 24hr 30 mg</i>	37	<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.4 mg-35 mcg</i>	72
<i>nisoldipine tab er 24hr 34 mg</i>	37	<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i>	72
<i>nisoldipine tab er 24hr 40 mg</i>	37	<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	72
<i>nisoldipine tab er 24hr 8.5 mg</i>	37	<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	72
<i>nitazoxanide tab 500 mg</i>	6	<i>norethindrone acetate tab 5 mg</i>	79
<i>nitisinone cap 10 mg</i>	77	<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	74
<i>nitisinone cap 2 mg</i>	77	<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	74
<i>nitisinone cap 20 mg</i>	77	<i>norethindrone ac-ethinyl estrad-fe tab</i> <i>1-20/1-30/1-35 mg-mcg</i>	72
<i>nitisinone cap 5 mg</i>	77	<i>norethindrone tab 0.35 mg</i>	72
NITRO-BID OIN 2%.....	40		
<i>nitrofur mac cap 50mg</i>	6		
<i>nitrofurantoin macrocrystalline cap 100</i> <i>mg</i>	6		
<i>nitrofurantoin macrocrystalline cap 25</i> <i>mg</i>	6		
<i>nitrofurantoin monohydrate</i> <i>macrocrystalline cap 100 mg</i>	6		

<i>norgestimate & ethinyl estradiol tab</i>		<i>nystatin-triamcinolone oint 100000-0.1</i>	
0.25 mg-35 mcg	72	unit/gm-%	104
<i>norgestimate-eth estrad tab 0.18-</i>		<i>nystop</i>	104
35/0.215-35/0.25-35 mg-mcg	72	o	
<i>norlyroc</i>	72	<i>ocella tab 3-0.03mg</i>	72
NORPACE CAP 100MG CR	32	OCTAGAM INJ 1GM.....	91
NORPACE CAP 150MG CR	32	OCTAGAM INJ 2GM/20ML.....	91
<i>nortrel 0.5/35 (28)</i>	72	<i>octreotide acetate inj 100 mcg/ml (0.1</i>	
<i>nortrel 1/35</i>	72	mg/ml)	77
<i>nortrel 7/7/7</i>	72	<i>octreotide acetate inj 1000 mcg/ml (1</i>	
<i>nortriptyline hcl cap 10 mg</i>	45	mg/ml)	77
<i>nortriptyline hcl cap 25 mg</i>	45	<i>octreotide acetate inj 200 mcg/ml (0.2</i>	
<i>nortriptyline hcl cap 50 mg</i>	45	mg/ml)	77
<i>nortriptyline hcl cap 75 mg</i>	45	<i>octreotide acetate inj 50 mcg/ml (0.05</i>	
<i>nortriptyline hcl soln 10 mg/5ml</i>	45	mg/ml)	77
NORVIR POW 100MG	8	<i>octreotide acetate inj 500 mcg/ml (0.5</i>	
NORVIR SOL 80MG/ML.....	8	mg/ml)	77
NORVIR TAB 100MG	9	ODACTRA SUB	91
NOURIANZ TAB 20MG	47	ODEFSEY TAB	10
NOURIANZ TAB 40MG	47	ODOMZO CAP 200MG	24
NOXAFIL SUS 40MG/ML	7	OFEV CAP 100MG.....	101
<i>np thyroid 120</i>	80	OFEV CAP 150MG.....	101
<i>np thyroid 15</i>	80	<i>ofloxacin ophth soln 0.3%</i>	96
<i>np thyroid 30</i>	80	<i>ofloxacin otic soln 0.3%</i>	99
<i>np thyroid 60</i>	80	<i>ofloxacin tab 300 mg</i>	14
<i>np thyroid 90</i>	80	<i>ofloxacin tab 400 mg</i>	14
NUBEQA TAB 300MG	19	OGSIVEO TAB 50MG.....	24
NUDEXTA CAP 20-10MG	61	OJJAARA TAB 100MG	24
NULOJIX INJ 250MG	92	OJJAARA TAB 150MG	24
NUPLAZID CAP 34MG.....	50	OJJAARA TAB 200MG.....	24
NUPLAZID TAB 10MG.....	50	<i>olanzapine for im inj 10 mg</i>	50
NURTEC TAB 75MG ODT.....	60	<i>olanzapine orally disintegrating tab 10</i>	
NUTRILIPID EMU 20%	95	mg	50
NUZYRA INJ 100MG.....	16	<i>olanzapine orally disintegrating tab 15</i>	
NUZYRA TAB 150MG.....	16	mg	50
<i>nyamyc</i>	104	<i>olanzapine orally disintegrating tab 20</i>	
<i>nylia 1/35</i>	72	mg	50
<i>nylia 7/7/7</i>	72	<i>olanzapine orally disintegrating tab 5</i>	
<i>nymyo</i>	72	mg	50
<i>nystatin cream 100000 unit/gm</i>	104	<i>olanzapine tab 10 mg</i>	50
<i>nystatin oint 100000 unit/gm</i>	104	<i>olanzapine tab 15 mg</i>	50
<i>nystatin susp 100000 unit/ml</i>	108	<i>olanzapine tab 2.5 mg</i>	50
<i>nystatin tab 500000 unit</i>	7	<i>olanzapine tab 20 mg</i>	50
<i>nystatin topical powder 100000</i>		<i>olanzapine tab 5 mg</i>	50
unit/gm.....	104	<i>olanzapine tab 7.5 mg</i>	50
<i>nystatin-triamcinolone cream 100000-</i>		<i>olmesartan medoxomil tab 20 mg</i>	32
0.1 unit/gm-%	104	<i>olmesartan medoxomil tab 40 mg</i>	32

<i>olmesartan medoxomil tab 5 mg</i>	32	ONUREG TAB 300MG	18
<i>olmesartan medoxomil-</i>		OPSUMIT TAB 10MG	40
<i>hydrochlorothiazide tab 20-12.5 mg</i>		ORFADIN CAP 20MG	77
.....	31	ORFADIN SUS 4MG/ML	77
<i>olmesartan medoxomil-</i>		ORGOVYX TAB 120MG	19
<i>hydrochlorothiazide tab 40-12.5 mg</i>		ORIAHNN CAP.....	77
.....	31	ORKAMBI GRA 100-125	101
<i>olmesartan medoxomil-</i>		ORKAMBI GRA 150-188	101
<i>hydrochlorothiazide tab 40-25 mg</i> .	31	ORKAMBI GRA 75-94MG	101
<i>olmesartan-amlodipine-</i>		ORKAMBI TAB 100-125.....	101
<i>hydrochlorothiazide tab 20-5-12.5</i>		ORKAMBI TAB 200-125.....	101
<i>mg</i>	31	ORLADEYO CAP 110MG.....	88
<i>olmesartan-amlodipine-</i>		ORLADEYO CAP 150MG.....	88
<i>hydrochlorothiazide tab 40-10-12.5</i>		ORSERDU TAB 345MG	19
<i>mg</i>	31	ORSERDU TAB 86MG	19
<i>olmesartan-amlodipine-</i>		<i>oseltamivir phosphate cap 30 mg (base</i>	
<i>hydrochlorothiazide tab 40-10-25 mg</i>		<i>equiv)</i>	11
.....	31	<i>oseltamivir phosphate cap 45 mg (base</i>	
<i>olmesartan-amlodipine-</i>		<i>equiv)</i>	11
<i>hydrochlorothiazide tab 40-5-12.5</i>		<i>oseltamivir phosphate cap 75 mg (base</i>	
<i>mg</i>	31	<i>equiv)</i>	11
<i>olmesartan-amlodipine-</i>		<i>oseltamivir phosphate for susp 6</i>	
<i>hydrochlorothiazide tab 40-5-25 mg</i>		<i>mg/ml (base equiv)</i>	11
.....	31	OTEZLA TAB 10/20/30.....	90
<i>olopatadine hcl nasal soln 0.6%</i>	99	OTEZLA TAB 30MG	90
<i>omega-3-acid ethyl esters cap 1 gm</i> .	34	<i>oxacillin sodium for inj 1 gm (base</i>	
<i>omeprazole cap delayed release 10 mg</i>		<i>equivalent)</i>	15
.....	85	<i>oxacillin sodium for inj 2 gm (base</i>	
<i>omeprazole cap delayed release 20 mg</i>		<i>equivalent)</i>	15
.....	85	<i>oxacillin sodium for iv soln 10 gm</i>	
<i>omeprazole cap delayed release 40 mg</i>		<i>(base equivalent)</i>	15
.....	85	<i>oxaliplatin for iv inj 100 mg</i>	17
OMNIPOD 5 G6 KIT INTRO	68	<i>oxaliplatin iv soln 100 mg/20ml</i>	17
OMNIPOD 5 G6 MIS PODS	68	<i>oxaliplatin iv soln 50 mg/10ml</i>	17
OMNIPOD DASH MIS PODS.....	68	<i>oxandrolone tab 10 mg</i>	64
OMNIPOD MIS CLASSIC	68	<i>oxandrolone tab 2.5 mg</i>	64
OMNIPOD PDM KIT CLASSIC.....	68	<i>oxazepam cap 10 mg</i>	42
<i>ondansetron hcl inj 4 mg/2ml (2</i>		<i>oxazepam cap 15 mg</i>	42
<i>mg/ml)</i>	82	<i>oxazepam cap 30 mg</i>	42
<i>ondansetron hcl inj 40 mg/20ml (2</i>		OXBRYTA TAB 300MG	88
<i>mg/ml)</i>	82	OXBRYTA TAB 500MG	88
<i>ondansetron hcl oral soln 4 mg/5ml</i> ..	82	<i>oxcarbazepine susp 300 mg/5ml (60</i>	
<i>ondansetron hcl tab 4 mg</i>	82	<i>mg/ml)</i>	56
<i>ondansetron hcl tab 8 mg</i>	82	<i>oxcarbazepine tab 150 mg</i>	56
<i>ondansetron tab 4mg odt</i>	82	<i>oxcarbazepine tab 300 mg</i>	56
<i>ondansetron tab 8mg odt</i>	82	<i>oxcarbazepine tab 600 mg</i>	56
ONUREG TAB 200MG	18	OXERVATE SOL 20MCG/ML.....	98

<i>oxybutynin chloride solution 5 mg/5ml</i>		<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	21
.....86		<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	21
<i>oxybutynin chloride tab 5 mg</i>.....86		<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	20
<i>oxybutynin chloride tab er 24hr 10 mg</i>	86	.....50	
.....86		<i>paliperidone tab er 24hr 1.5 mg</i>.....50	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	86	<i>paliperidone tab er 24hr 3 mg</i>.....50	
.....86		<i>paliperidone tab er 24hr 6 mg</i>.....50	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	86	<i>paliperidone tab er 24hr 9 mg</i>.....50	
.....86		<i>pamidronate disodium iv soln 3 mg/ml</i>	69
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	4	.....69	
<i>oxycodone hcl soln 5 mg/5ml</i>	4	<i>pamidronate disodium iv soln 9 mg/ml</i>	69
<i>oxycodone hcl tab 10 mg</i>	4	.....69	
<i>oxycodone hcl tab 15 mg</i>	4	PANRETIN GEL 0.1%	107
<i>oxycodone hcl tab 20 mg</i>	4	<i>pantoprazole sodium ec tab 20 mg</i>	
<i>oxycodone hcl tab 30 mg</i>	4	(base equiv)	85
<i>oxycodone hcl tab 5 mg</i>	4	<i>pantoprazole sodium ec tab 40 mg</i>	
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	2	(base equiv)	85
.....2		PANZYGA SOL 10/100ML.....	91
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	2	PANZYGA SOL 1GM/10ML.....	91
.....2		PANZYGA SOL 2.5/25ML	91
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	2	PANZYGA SOL 20/200ML.....	91
.....2		PANZYGA SOL 30/300ML.....	91
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	2	PANZYGA SOL 5GM/50ML.....	91
.....2		<i>paricalcitol cap 1 mcg</i>	81
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	4	<i>paricalcitol cap 2 mcg</i>	81
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	4	<i>paricalcitol cap 4 mcg</i>	81
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	4	<i>paricalcitol iv soln 2 mcg/ml</i>	81
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	4	<i>paroxetine hcl oral susp 10 mg/5ml</i>	
OXYCONTIN TAB 10MG ER	2	(base equiv)	45
OXYCONTIN TAB 15MG ER	2	<i>paroxetine hcl tab 10 mg</i>	45
OXYCONTIN TAB 20MG ER	2	<i>paroxetine hcl tab 20 mg</i>	45
OXYCONTIN TAB 30MG ER	2	<i>paroxetine hcl tab 30 mg</i>	45
OXYCONTIN TAB 40MG ER	2	<i>paroxetine hcl tab 40 mg</i>	45
OXYCONTIN TAB 60MG ER	2	<i>paroxetine hcl tab er 24hr 12.5 mg</i> ..	45
OXYCONTIN TAB 80MG ER	2	<i>paroxetine hcl tab er 24hr 25 mg</i>	45
<i>oxymorphone hcl tab 10 mg</i>	4	<i>paroxetine hcl tab er 24hr 37.5 mg</i> ..	45
<i>oxymorphone hcl tab 5 mg</i>	4	PAXLOVID TAB 150-100.....	11
OZEMPIC INJ 2MG/3ML	66	PAXLOVID TAB 300-100.....	11
OZEMPIC INJ 4MG/3ML	66	<i>pazopanib hcl tab 200 mg (base equiv)</i>	
OZEMPIC INJ 8MG/3ML	66	.....24	
P		PEDIARIX INJ 0.5ML	93
<i>pacerone</i>	32	PEDVAX HIB INJ.....	93
		<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	83
		<i>peg-3350/electrolytes/asc</i>	83

PEGASYS INJ	11	<i>phenobarbital tab 97.2 mg</i>	56
PEGASYS INJ 180MCG/M.....	11	<i>phenytoin chew tab 50 mg</i>	56
PEMAZYRE TAB 13.5MG	25	<i>phenytoin sodium extended cap 100</i>	
PEMAZYRE TAB 4.5MG	24	<i>mg</i>	56
PEMAZYRE TAB 9MG	25	<i>phenytoin sodium extended cap 200</i>	
PEN GK/DEXTR INJ 20000/ML.....	15	<i>mg</i>	56
PEN GK/DEXTR INJ 40000/ML.....	15	<i>phenytoin sodium extended cap 300</i>	
PEN GK/DEXTR INJ 60000/ML.....	15	<i>mg</i>	56
PENBRAYA INJ	93	<i>phenytoin sodium inj 50 mg/ml</i>	56
<i> penciclovir cream 1%</i>	107	<i>phenytoin susp 125 mg/5ml</i>	56
<i> penicillamine tab 250 mg</i>	69	PIFELTRO TAB 100MG.....	9
<i> penicillin g potassium for inj 20000000</i>		<i> pilocarpine hcl ophth soln 1%</i>	98
<i> unit</i>	15	<i> pilocarpine hcl ophth soln 2%</i>	98
<i> penicillin g sodium for inj 5000000 unit</i>		<i> pilocarpine hcl ophth soln 4%</i>	98
<i></i>	15	<i> pilocarpine hcl tab 5 mg</i>	108
<i> penicillin v potassium for soln 125</i>		<i> pilocarpine hcl tab 7.5 mg</i>	108
<i> mg/5ml</i>	16	<i> pimecrolimus cream 1%</i>	107
<i> penicillin v potassium for soln 250</i>		<i> pimozide tab 1 mg</i>	51
<i> mg/5ml</i>	16	<i> pimozide tab 2 mg</i>	51
<i> penicillin v potassium tab 250 mg</i>	16	<i> pimtrea</i>	72
<i> penicillin v potassium tab 500 mg</i>	16	<i> pindolol tab 10 mg</i>	36
PENTACEL INJ.....	93	<i> pindolol tab 5 mg</i>	36
<i> pentamidine isethionate inh</i>	6	<i> pioglitazone hcl tab 15 mg (base equiv)</i>	
<i> pentamidine isethionate inj</i>	6	<i></i>	66
<i> pentoxifylline tab er 400 mg</i>	88	<i> pioglitazone hcl tab 30 mg (base equiv)</i>	
<i> perindopril erbumine tab 2 mg</i>	29	<i></i>	66
<i> perindopril erbumine tab 4 mg</i>	29	<i> pioglitazone hcl tab 45 mg (base equiv)</i>	
<i> perindopril erbumine tab 8 mg</i>	29	<i></i>	66
<i> periogard</i>	108	<i> pioglitazone hcl-metformin hcl tab 15-</i>	
PERJETA INJ 420/14ML	25	<i> 500 mg</i>	66
<i> permethrin cream 5%</i>	107	<i> pioglitazone hcl-metformin hcl tab 15-</i>	
<i> perphenazine tab 16 mg</i>	51	<i> 850 mg</i>	66
<i> perphenazine tab 2 mg</i>	50	<i> piperacillin sod-tazobactam sod for inj</i>	
<i> perphenazine tab 4 mg</i>	50	<i> 2.25 gm (2-0.25 gm)</i>	16
<i> perphenazine tab 8 mg</i>	50	<i> piperacillin sod-tazobactam sod for inj</i>	
PERSERIS INJ 120MG	51	<i> 4.5 gm (4-0.5 gm)</i>	16
PERSERIS INJ 90MG	51	<i> piperacillin sod-tazobactam sod for inj</i>	
<i> pfizerpen</i>	16	<i> 40.5 gm (36-4.5 gm)</i>	16
<i> phenelzine sulfate tab 15 mg</i>	45	PIQRAY 200MG TAB DOSE.....	25
<i> phenobarbital elixir 20 mg/5ml</i>	56	PIQRAY 250MG TAB DOSE.....	25
<i> phenobarbital tab 100 mg</i>	56	PIQRAY 300MG TAB DOSE.....	25
<i> phenobarbital tab 15 mg</i>	56	<i> pirfenidone cap 267 mg</i>	101
<i> phenobarbital tab 16.2 mg</i>	56	<i> pirfenidone tab 267 mg</i>	101
<i> phenobarbital tab 30 mg</i>	56	<i> pirfenidone tab 534 mg</i>	101
<i> phenobarbital tab 32.4 mg</i>	56	<i> pirfenidone tab 801 mg</i>	101
<i> phenobarbital tab 60 mg</i>	56	<i> pitavastatin calcium tab 1 mg</i>	33
<i> phenobarbital tab 64.8 mg</i>	56	<i> pitavastatin calcium tab 2 mg</i>	33

<i>pitavastatin calcium tab 4 mg</i>	33	<i>potassium citrate tab er 5 meq (540</i>	
PLASMA-LYTE INJ -148	94	<i>mg)</i>	85
PLASMA-LYTE INJ -A	94	PRADAXA CAP 110MG	87
PLEGRIDY INJ	62	PRADAXA CAP 150MG	87
PLEGRIDY INJ PEN.....	62	PRADAXA CAP 75MG.....	87
<i>podofilox soln 0.5%</i>	107	PRALUENT INJ 150MG/ML	34
<i>polycin oin op</i>	96	PRALUENT INJ 75MG/ML	34
<i>polymyxin b-trimethoprim ophth soln</i>		<i>pramipexole dihydrochloride tab 0.125</i>	
<i>10000 unit/ml-0.1%</i>	96	<i>mg</i>	47
POMALYST CAP 1MG	19	<i>pramipexole dihydrochloride tab 0.25</i>	
POMALYST CAP 2MG	19	<i>mg</i>	47
POMALYST CAP 3MG	19	<i>pramipexole dihydrochloride tab 0.5</i>	
POMALYST CAP 4MG	19	<i>mg</i>	47
<i>portia-28</i>	72	<i>pramipexole dihydrochloride tab 0.75</i>	
<i>posaconazole susp 40 mg/ml</i>	7	<i>mg</i>	47
<i>posaconazole tab delayed release 100</i>		<i>pramipexole dihydrochloride tab 1 mg</i>	
<i>mg</i>	7	.....	47
POT CHLORIDE INJ 10MEQ	94	<i>pramipexole dihydrochloride tab 1.5</i>	
POT CHLORIDE INJ 20MEQ	95	<i>mg</i>	47
POT CHLORIDE INJ 40MEQ	95	<i>prasugrel hcl tab 10 mg (base equiv)</i>	89
<i>potassium chloride 20 meq/l (0.15%)</i>		<i>prasugrel hcl tab 5 mg (base equiv)</i>	.89
<i>in dextrose 5% inj</i>	95	<i>pravastatin sodium tab 10 mg</i>	33
<i>potassium chloride cap er 10 meq</i>	95	<i>pravastatin sodium tab 20 mg</i>	33
<i>potassium chloride cap er 8 meq</i>	95	<i>pravastatin sodium tab 40 mg</i>	33
<i>potassium chloride inj 2 meq/ml</i>	95	<i>pravastatin sodium tab 80 mg</i>	33
<i>potassium chloride microencapsulated</i>		<i>praziquantel tab 600 mg</i>	6
<i>crys er tab 10 meq</i>	95	<i>prazosin hcl cap 1 mg</i>	30
<i>potassium chloride microencapsulated</i>		<i>prazosin hcl cap 2 mg</i>	30
<i>crys er tab 15 meq</i>	95	<i>prazosin hcl cap 5 mg</i>	30
<i>potassium chloride microencapsulated</i>		PRED MILD SUS 0.12% OP	97
<i>crys er tab 20 meq</i>	95	PRED SOD PHO SOL 1% OP.....	97
<i>potassium chloride oral soln 10% (20</i>		<i>prednisolone acetate ophth susp 1%</i>	97
<i>meq/15ml)</i>	95	<i>prednisolone sod phosph oral soln 6.7</i>	
<i>potassium chloride oral soln 20% (40</i>		<i>mg/5ml (5 mg/5ml base)</i>	75
<i>meq/15ml)</i>	95	<i>prednisolone sod phosphate oral soln</i>	
<i>potassium chloride powder packet 20</i>		<i>15 mg/5ml (base equiv)</i>	75
<i>meq</i>	95	<i>prednisolone sodium phosphate oral</i>	
<i>potassium chloride tab er 10 meq</i>	95	<i>soln 25 mg/5ml (base eq)</i>	75
<i>potassium chloride tab er 20 meq</i>		<i>prednisolone soln 15 mg/5ml</i>	75
<i>(1500 mg)</i>	95	<i>prednisolone tab 5 mg</i>	75
<i>potassium chloride tab er 8 meq (600</i>		PREDNISONE CON 5MG/ML	75
<i>mg)</i>	95	<i>prednisone oral soln 5 mg/5ml</i>	75
<i>potassium citrate tab er 10 meq (1080</i>		<i>prednisone tab 1 mg</i>	75
<i>mg)</i>	85	<i>prednisone tab 10 mg</i>	76
<i>potassium citrate tab er 15 meq (1620</i>		<i>prednisone tab 2.5 mg</i>	76
<i>mg)</i>	85	<i>prednisone tab 20 mg</i>	76
		<i>prednisone tab 5 mg</i>	76

<i>prednisone tab 50 mg</i>	76	<i>prochlorperazine maleate tab 5 mg</i>	
<i>pregabalin cap 100 mg</i>	56	<i>(base equivalent)</i>	82
<i>pregabalin cap 150 mg</i>	56	<i>prochlorperazine suppos 25 mg</i>	82
<i>pregabalin cap 200 mg</i>	56	PROCRIT INJ 10000/ML	88
<i>pregabalin cap 225 mg</i>	56	PROCRIT INJ 2000/ML	88
<i>pregabalin cap 25 mg</i>	56	PROCRIT INJ 20000/ML	88
<i>pregabalin cap 300 mg</i>	56	PROCRIT INJ 3000/ML	88
<i>pregabalin cap 50 mg</i>	56	PROCRIT INJ 4000/ML	88
<i>pregabalin cap 75 mg</i>	56	PROCRIT INJ 40000/ML	88
<i>pregabalin soln 20 mg/ml</i>	56	<i>procto-med hc</i>	107
PREHEVBRIO SUS 10MCG/ML	93	<i>proctosol hc</i>	107
PREMARIN INJ 25MG	74	<i>proctozone-hc</i>	107
PREMARIN TAB 0.3MG	74	PROCYSBI GRA 300MG	77
PREMARIN TAB 0.45MG	74	PROCYSBI GRA 75MG	77
PREMARIN TAB 0.625MG	74	<i>progesterone cap 100 mg</i>	79
PREMARIN TAB 0.9MG	74	<i>progesterone cap 200 mg</i>	79
PREMARIN TAB 1.25MG	74	PROGRAF GRA 0.2MG	92
PREMARIN VAG CRE 0.625MG	74	PROGRAF GRA 1MG	92
PREMASOL SOL 10%	95	PROGRAF INJ 5MG/ML	92
PREMPRO TAB 0.3-1.5	74	PROLASTIN-C INJ 1000MG	101
PREMPRO TAB 0.45-1.5	74	PROLENSA SOL 0.07%	97
PREMPRO TAB 0.625-2.5	74	PROLEUKIN INJ 22MU	20
PREMPRO TAB 0.625-5	74	PROLIA INJ 60MG/ML	69
PRETOMANID TAB 200MG	10	PROMACTA PAK 25MG	88
<i>prevalite</i>	34	PROMACTA POW 12.5MG	88
PREVYMIS TAB 240MG	11	PROMACTA TAB 12.5MG	88
PREVYMIS TAB 480MG	11	PROMACTA TAB 25MG	88
PREZCOBIX TAB 800-150	10	PROMACTA TAB 50MG	89
PREZISTA SUS 100MG/ML	9	PROMACTA TAB 75MG	89
PREZISTA TAB 150MG	9	<i>promethazine hcl inj 25 mg/ml</i>	82
PREZISTA TAB 600MG	9	<i>promethazine hcl inj 50 mg/ml</i>	82
PREZISTA TAB 75MG	9	<i>promethazine hcl suppos 12.5 mg</i> ...	82
PREZISTA TAB 800MG	9	<i>promethazine hcl suppos 25 mg</i>	82
PRIFTIN TAB 150MG	10	<i>promethazine hcl syrup 6.25 mg/5ml</i>	82
PRIMAQUINE TAB 26.3MG	8	<i>promethazine hcl tab 12.5 mg</i>	82
<i>primidone tab 125 mg</i>	56	<i>promethazine hcl tab 25 mg</i>	82
<i>primidone tab 250 mg</i>	56	<i>promethazine hcl tab 50 mg</i>	82
<i>primidone tab 50 mg</i>	56	<i>promethegan</i>	82
PRIORIX INJ	93	<i>propafenone hcl cap er 12hr 225 mg</i>	32
PRIVIGEN INJ 20GRAMS	91	<i>propafenone hcl cap er 12hr 325 mg</i>	32
<i>probenecid tab 500 mg</i>	1	<i>propafenone hcl cap er 12hr 425 mg</i>	32
<i>procainamide hcl inj 100 mg/ml</i>	32	<i>propafenone hcl tab 150 mg</i>	32
<i>prochlorperazine edisylate inj 10</i>		<i>propafenone hcl tab 225 mg</i>	32
<i>mg/2ml</i>	82	<i>propafenone hcl tab 300 mg</i>	32
<i>prochlorperazine maleate tab 10 mg</i>		<i>propranolol hcl cap er 24hr 120 mg</i> ..	36
<i>(base equivalent)</i>	82	<i>propranolol hcl cap er 24hr 160 mg</i> ..	36
		<i>propranolol hcl cap er 24hr 60 mg</i> ...	36

propranolol hcl cap er 24hr 80 mg36
propranolol hcl tab 10 mg36
propranolol hcl tab 20 mg36
propranolol hcl tab 40 mg36
propranolol hcl tab 60 mg36
propranolol hcl tab 80 mg36
propylthiouracil tab 50 mg.....80
 PROQUAD INJ93
 PROSOL INJ 20%95
protriptyline hcl tab 10 mg45
protriptyline hcl tab 5 mg45
 PULMICORT INH 180MCG102
 PULMICORT INH 90MCG102
 PULMOZYME SOL 1MG/ML101
 PURIXAN SUS 20MG/ML18
pyrazinamide tab 500 mg10
pyridostigmine bromide tab 60 mg ...61
pyridostigmine bromide tab er 180 mg
61
pyrimethamine tab 25 mg 6
Q
 QBREXZA PAD 2.4%107
 QINLOCK TAB 50MG25
 QUADRACEL INJ93
 QUADRACEL INJ 0.5ML93
quetiapine fumarate tab 100 mg51
quetiapine fumarate tab 150 mg51
quetiapine fumarate tab 200 mg51
quetiapine fumarate tab 25 mg51
quetiapine fumarate tab 300 mg51
quetiapine fumarate tab 400 mg51
quetiapine fumarate tab 50 mg51
quetiapine fumarate tab er 24hr 150
mg51
quetiapine fumarate tab er 24hr 200
mg51
quetiapine fumarate tab er 24hr 300
mg51
quetiapine fumarate tab er 24hr 400
mg51
quetiapine fumarate tab er 24hr 50 mg
51
quinapril hcl tab 10 mg29
quinapril hcl tab 20 mg29
quinapril hcl tab 40 mg29
quinapril hcl tab 5 mg29
quinidine gluconate tab er 324 mg ...32

quinidine sulfate tab 200 mg32
quinidine sulfate tab 300 mg32
quinine sulfate cap 324 mg 8
R
 RABAVERT INJ93
rabeprazole sodium ec tab 20 mg.....85
raloxifene hcl tab 60 mg77
ramelteon tab 8 mg.....59
ramipril cap 1.25 mg29
ramipril cap 10 mg29
ramipril cap 2.5 mg29
ramipril cap 5 mg.....29
ranitidine hcl inj 50 mg/2ml (25
mg/ml)83
ranolazine tab er 12hr 1000 mg39
ranolazine tab er 12hr 500 mg.....39
rasagiline mesylate tab 0.5 mg (base
equiv)47
rasagiline mesylate tab 1 mg (base
equiv)47
 RAVICTI LIQ 1.1GM/ML78
 RAYALDEE CAP 30MCG81
 REBIF INJ 22/0.562
 REBIF INJ 44/0.562
 REBIF REBIDO INJ 22/0.562
 REBIF REBIDO INJ 44/0.562
 REBIF REBIDO INJ TITRATN62
 REBIF TITRTN INJ PACK62
reclipsen72
 RECOMBIVA HB INJ 10MCG/ML93
 RECOMBIVA HB INJ 5MCG/0.593
 RECOMBIVA-HB INJ 40MCG/ML93
 RECTIV OIN 0.4%107
 REGRANEX GEL 0.01%107
 RELENZA MIS DISKHALE12
 RELISTOR INJ 12/0.6ML84
 RELISTOR INJ 8/0.4ML84
repaglinide tab 0.5 mg.....66
repaglinide tab 1 mg.....66
repaglinide tab 2 mg.....66
 RESTASIS EMU 0.05% OP98
 RESTASIS MUL EMU 0.05% OP98
 RETEVMO CAP 40MG25
 RETEVMO CAP 80MG25
 RETROVIR INJ 10MG/ML 9
 REVLIMID CAP 10MG20
 REVLIMID CAP 15MG20

REVLIMID CAP 2.5MG	19	<i>risperidone orally disintegrating tab</i>	
REVLIMID CAP 20MG	20	0.25 mg	51
REVLIMID CAP 25MG	20	<i>risperidone orally disintegrating tab 0.5</i>	
REVLIMID CAP 5MG	19	mg	51
REXULTI TAB 0.25MG	51	<i>risperidone orally disintegrating tab 1</i>	
REXULTI TAB 0.5MG	51	mg	51
REXULTI TAB 1MG	51	<i>risperidone orally disintegrating tab 2</i>	
REXULTI TAB 2MG	51	mg	51
REXULTI TAB 3MG	51	<i>risperidone orally disintegrating tab 3</i>	
REXULTI TAB 4MG	51	mg	51
REYATAZ POW 50MG	9	<i>risperidone orally disintegrating tab 4</i>	
REZLIDHIA CAP 150MG	25	mg	51
REZUROCK TAB 200MG	92	<i>risperidone soln 1 mg/ml</i>	52
RHOPRESSA SOL 0.02%	98	<i>risperidone tab 0.25 mg</i>	52
<i>ribavirin cap 200 mg</i>	12	<i>risperidone tab 0.5 mg</i>	52
<i>ribavirin tab 200 mg</i>	12	<i>risperidone tab 1 mg</i>	52
RIDAURA CAP 3MG	90	<i>risperidone tab 2 mg</i>	52
<i>rifabutin cap 150 mg</i>	10	<i>risperidone tab 3 mg</i>	52
<i>rifampin cap 150 mg</i>	10	<i>risperidone tab 4 mg</i>	52
<i>rifampin cap 300 mg</i>	10	<i>ritonavir tab 100 mg</i>	9
<i>rifampin for inj 600 mg</i>	11	RITUXAN INJ 100MG	25
<i>riluzole tab 50 mg</i>	61	RITUXAN INJ 500MG	25
<i>rimantadine hydrochloride tab 100 mg</i>		<i>rivastigmine tartrate cap 1.5 mg (base</i>	
.....	12	equivalent)	42
<i>ringer's solution</i>	95	<i>rivastigmine tartrate cap 3 mg (base</i>	
<i>ringer's solution for irrigation</i>	108	equivalent)	42
RINVOQ TAB 15MG ER	90	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
RINVOQ TAB 30MG ER	90	equivalent)	42
RINVOQ TAB 45MG ER	90	<i>rivastigmine tartrate cap 6 mg (base</i>	
<i>risedronate sodium tab 150 mg</i>	69	equivalent)	43
<i>risedronate sodium tab 30 mg</i>	69	<i>rivastigmine transdermal</i>	43
<i>risedronate sodium tab 35 mg</i>	69	<i>rizatriptan benzoate oral disintegrating</i>	
<i>risedronate sodium tab 5 mg</i>	69	tab 10 mg (base eq)	60
<i>risedronate sodium tab delayed release</i>		<i>rizatriptan benzoate oral disintegrating</i>	
35 mg	69	tab 5 mg (base eq)	60
RISPERDAL INJ 12.5MG	51	<i>rizatriptan benzoate tab 10 mg (base</i>	
RISPERDAL INJ 25MG	51	equivalent)	60
RISPERDAL INJ 37.5MG	51	<i>rizatriptan benzoate tab 5 mg (base</i>	
RISPERDAL INJ 50MG	51	equivalent)	60
<i>risperidone microspheres for im</i>		ROCKLATAN DRO	98
extended rel susp 12.5 mg	51	<i>roflumilast tab 250 mcg</i>	101
<i>risperidone microspheres for im</i>		<i>roflumilast tab 500 mcg</i>	101
extended rel susp 25 mg	51	<i>ropinirole hydrochloride tab 0.25 mg</i>	47
<i>risperidone microspheres for im</i>		<i>ropinirole hydrochloride tab 0.5 mg ..</i>	47
extended rel susp 37.5 mg	51	<i>ropinirole hydrochloride tab 1 mg</i>	47
<i>risperidone microspheres for im</i>		<i>ropinirole hydrochloride tab 2 mg</i>	47
extended rel susp 50 mg	51	<i>ropinirole hydrochloride tab 3 mg</i>	47

<i>ropinirole hydrochloride tab 4 mg</i>	47	SECUADO DIS 5.7MG	52
<i>ropinirole hydrochloride tab 5 mg</i>	47	SECUADO DIS 7.6MG	52
<i>rosuvastatin calcium tab 10 mg</i>	33	<i>selegiline hcl cap 5 mg</i>	47
<i>rosuvastatin calcium tab 20 mg</i>	34	<i>selegiline hcl tab 5 mg</i>	47
<i>rosuvastatin calcium tab 40 mg</i>	34	<i>selenium sulfide lotion 2.5%</i>	105
<i>rosuvastatin calcium tab 5 mg</i>	33	SELZENTRY SOL 20MG/ML	9
ROTARIX SUS	93	SELZENTRY TAB 25MG.....	9
ROTATEQ SOL.....	93	SELZENTRY TAB 75MG.....	9
<i>roweepra</i>	56	SEREVENT DIS AER 50MCG	100
ROZLYTREK CAP 100MG.....	25	<i>sertraline hcl oral concentrate for</i>	
ROZLYTREK CAP 200MG.....	25	<i>solution 20 mg/ml</i>	45
ROZLYTREK PAK 50MG.....	25	<i>sertraline hcl tab 100 mg</i>	45
RUBRACA TAB 200MG	25	<i>sertraline hcl tab 25 mg</i>	45
RUBRACA TAB 250MG.....	25	<i>sertraline hcl tab 50 mg</i>	45
RUBRACA TAB 300MG.....	25	<i>setlakin</i>	72
RUCONEST INJ 2100UNIT.....	89	<i>sevelamer carbonate packet 0.8 gm</i> .	78
<i>rufinamide susp 40 mg/ml</i>	57	<i>sevelamer carbonate packet 2.4 gm</i> .	78
<i>rufinamide tab 200 mg</i>	57	<i>sevelamer carbonate tab 800 mg</i>	78
<i>rufinamide tab 400 mg</i>	57	<i>sevelamer hcl tab 400 mg</i>	78
RUKOBIA TAB 600MG ER.....	9	<i>sevelamer hcl tab 800 mg</i>	78
RYBELSUS TAB 14MG	66	<i>sf 5000 plus</i>	108
RYBELSUS TAB 3MG	66	<i>sharobel</i>	72
RYBELSUS TAB 7MG	66	SHINGRIX INJ 50/0.5ML	93
RYDAPT CAP 25MG	25	SIGNIFOR INJ 0.3MG/ML.....	78
RYTARY CAP 145MG	47	SIGNIFOR INJ 0.6MG/ML.....	78
RYTARY CAP 195MG	47	SIGNIFOR INJ 0.9MG/ML.....	78
RYTARY CAP 245MG	47	SIGNIFOR LAR INJ 20MG	78
RYTARY CAP 95MG	47	SIGNIFOR LAR INJ 40MG	78
S		SIGNIFOR LAR INJ 60MG	78
<i>salsalate tab 500 mg</i>	1	<i>sildenafil citrate for suspension 10</i>	
<i>salsalate tab 750 mg</i>	2	<i>mg/ml</i>	40
SANCUSO DIS 3.1MG	82	<i>sildenafil citrate tab 20 mg</i>	41
SANDOSTATIN KIT LAR 10MG.....	78	<i>silodosin cap 4 mg</i>	85
SANDOSTATIN KIT LAR 20MG.....	78	<i>silodosin cap 8 mg</i>	85
SANDOSTATIN KIT LAR 30MG.....	78	<i>silver sulfadiazine cream 1%</i>	104
SANTYL OIN 250/GM	108	SIMBRINZA SUS 1-0.2%.....	98
<i>sapropterin dihydrochloride powder</i>		SIMULECT INJ 10MG.....	92
<i>packet 100 mg</i>	78	SIMULECT INJ 20MG.....	92
<i>sapropterin dihydrochloride powder</i>		<i>simvastatin tab 10 mg</i>	34
<i>packet 500 mg</i>	78	<i>simvastatin tab 20 mg</i>	34
<i>sapropterin dihydrochloride tab 100 mg</i>		<i>simvastatin tab 40 mg</i>	34
.....	78	<i>simvastatin tab 5 mg</i>	34
SCEMBLIX TAB 20MG.....	25	<i>simvastatin tab 80 mg</i>	34
SCEMBLIX TAB 40MG.....	25	<i>sirolimus oral soln 1 mg/ml</i>	92
<i>scopolamine td patch 72hr 1 mg/3days</i>		<i>sirolimus tab 0.5 mg</i>	92
.....	82	<i>sirolimus tab 1 mg</i>	92
SECUADO DIS 3.8MG.....	52	<i>sirolimus tab 2 mg</i>	92

SIRTURO TAB 100MG	11	SOVALDI PAK 200MG.....	12
SIRTURO TAB 20MG	11	SOVALDI TAB 200MG	12
SKYRIZI INJ 150DOSE	90	SOVALDI TAB 400MG	12
SKYRIZI INJ 150MG/ML.....	90	<i>spinosad susp 0.9%</i>	107
SKYRIZI INJ 180/1.2	90	<i>spironolactone & hydrochlorothiazide</i>	
SKYRIZI INJ 360/2.4	90	<i>tab 25-25 mg</i>	38
SKYRIZI PEN INJ 150MG/ML	90	<i>spironolactone tab 100 mg</i>	29
SLYND TAB 4MG.....	73	<i>spironolactone tab 25 mg</i>	29
SOD OXYBATE SOL 500MG/ML.....	63	<i>spironolactone tab 50 mg</i>	29
<i>sod sulfate-pot sulf-mg sulf oral sol</i>		<i>sprintec 28</i>	73
<i>17.5-3.13-1.6 gm/177ml</i>	83	SPRITAM TAB 1000MG.....	57
<i>sodium chloride irrigation soln 0.9%</i>		SPRITAM TAB 250MG.....	57
.....	108	SPRITAM TAB 500MG.....	57
<i>sodium chloride iv soln 0.45%</i>	95	SPRITAM TAB 750MG.....	57
<i>sodium chloride iv soln 0.9%</i>	95	SPRYCEL TAB 100MG.....	25
<i>sodium chloride iv soln 3%</i>	95	SPRYCEL TAB 140MG.....	25
<i>sodium fluoride 2.2 mg</i>	95	SPRYCEL TAB 20MG.....	25
<i>sodium polystyrene sulfonate powder</i>		SPRYCEL TAB 50MG.....	25
.....	69	SPRYCEL TAB 70MG.....	25
<i>solifenacin succinate tab 10 mg</i>	86	SPRYCEL TAB 80MG.....	25
<i>solifenacin succinate tab 5 mg</i>	86	<i>sps</i>	69
SOLTAMOX SOL 10MG/5ML	19	<i>sronyx</i>	73
SOLU-CORTEF INJ 1000MG.....	76	<i>ssd</i>	104
SOLU-CORTEF INJ 100MG	76	STELARA INJ 45MG/0.5.....	90
SOLU-CORTEF INJ 250MG	76	STELARA INJ 90MG/ML	90
SOLU-CORTEF INJ 500MG	76	STIVARGA TAB 40MG	25
SOLU-MEDROL INJ 1000MG.....	76	<i>streptomycin sulfate for inj 1 gm</i>	6
SOLU-MEDROL INJ 125MG.....	76	STRIBILD TAB.....	10
SOLU-MEDROL INJ 2GM	76	<i>subvenite</i>	57
SOLU-MEDROL INJ 40MG	76	<i>subvenite starter kit/blu</i>	57
SOLU-MEDROL INJ 500MG.....	76	<i>subvenite starter kit/gre</i>	57
SOMAVERT INJ 10MG	78	<i>subvenite starter kit/ora</i>	57
SOMAVERT INJ 15MG	78	SUCRAID SOL 8500/ML.....	84
SOMAVERT INJ 20MG	78	<i>sucralfate susp 1 gm/10ml</i>	84
SOMAVERT INJ 25MG	78	<i>sucralfate tab 1 gm</i>	84
SOMAVERT INJ 30MG	78	<i>sulfacetamide sodium lotion 10%</i>	
<i>sorafenib tosylate tab 200 mg (base</i>		<i>(acne)</i>	103
<i>equivalent)</i>	25	<i>sulfacetamide sodium ophth oint 10%</i>	
<i>sorine</i>	32	.....	96
<i>sotalol hcl (afib/af) tab 120 mg</i>	33	<i>sulfacetamide sodium ophth soln 10%</i>	
<i>sotalol hcl (afib/af) tab 160 mg</i>	33	.....	96
<i>sotalol hcl (afib/af) tab 80 mg</i>	32	<i>sulfacetamide sodium-prednisolone</i>	
<i>sotalol hcl tab 120 mg</i>	33	<i>ophth soln 10-0.23(0.25)%</i>	96
<i>sotalol hcl tab 160 mg</i>	33	<i>sulfadiazine tab 500 mg</i>	6
<i>sotalol hcl tab 240 mg</i>	33	<i>sulfamethoxazole-trimethoprim susp</i>	
<i>sotalol hcl tab 80 mg</i>	33	<i>200-40 mg/5ml</i>	6
SOVALDI PAK 150MG.....	12		

<i>sulfamethoxazole-trimethoprim tab</i>		SYNTHROID TAB 137MCG	80
400-80 mg	6	SYNTHROID TAB 150MCG	80
<i>sulfamethoxazole-trimethoprim tab</i>		SYNTHROID TAB 175MCG	80
800-160 mg.....	6	SYNTHROID TAB 200MCG	80
SULFAMYLON CRE 85MG/GM	104	SYNTHROID TAB 25MCG	80
<i>sulfasalazin tab 500mg dr</i>	83	SYNTHROID TAB 300MCG	80
<i>sulfasalazine tab 500 mg</i>	83	SYNTHROID TAB 50MCG	80
<i>sumatriptan nasal spray 20 mg/act</i> ..	60	SYNTHROID TAB 75MCG	80
<i>sumatriptan nasal spray 5 mg/act</i>	60	SYNTHROID TAB 88MCG	80
<i>sumatriptan succinate inj 6 mg/0.5ml</i>		T	
.....	60	TABLOID TAB 40MG	18
<i>sumatriptan succinate tab 100 mg</i>	60	TABRECTA TAB 150MG	25
<i>sumatriptan succinate tab 25 mg</i>	60	TABRECTA TAB 200MG	25
<i>sumatriptan succinate tab 50 mg</i>	60	<i>tacrolimus cap 0.5 mg</i>	92
<i>sunitinib malate cap 12.5 mg (base</i>		<i>tacrolimus cap 1 mg</i>	92
<i>equivalent)</i>	25	<i>tacrolimus cap 5 mg</i>	92
<i>sunitinib malate cap 25 mg (base</i>		<i>tacrolimus oint 0.03%</i>	107
<i>equivalent)</i>	25	<i>tacrolimus oint 0.1%</i>	107
<i>sunitinib malate cap 37.5 mg (base</i>		<i>tadalafil tab 2.5 mg</i>	85
<i>equivalent)</i>	25	<i>tadalafil tab 20 mg (pah)</i>	41
<i>sunitinib malate cap 50 mg (base</i>		<i>tadalafil tab 5 mg</i>	85
<i>equivalent)</i>	25	TAFINLAR CAP 50MG	25
SUNLENCA INJ.....	9	TAFINLAR CAP 75MG	25
SUNLENCA TAB 300MG	9	TAFINLAR TAB 10MG	25
<i>syeda tab 3-0.03mg</i>	73	TAGRISO TAB 40MG	25
SYMDEKO TAB 50-75MG	101	TAGRISO TAB 80MG	26
SYMLINPEN 60 INJ 1000MCG	66	TAKHZYRO INJ 150MG/ML.....	89
SYMLNPEN 120 INJ 1000MCG	66	TAKHZYRO INJ 300/2ML	89
SYMPAZAN MIS 10MG.....	57	TALICIA CAP.....	84
SYMPAZAN MIS 20MG.....	57	TALTZ INJ 80MG/ML	90
SYMPAZAN MIS 5MG.....	57	TALZENNA CAP 0.1MG	26
SYMPROIC TAB 0.2MG	84	TALZENNA CAP 0.25MG	26
SYMTUZA TAB.....	10	TALZENNA CAP 0.35MG	26
SYNAGIS INJ 100MG/ML	91	TALZENNA CAP 0.5MG	26
SYNAREL SOL 2MG/ML.....	73	TALZENNA CAP 0.75MG	26
SYNERCID INJ 500MG.....	6	TALZENNA CAP 1MG	26
SYNJARDY TAB 12.5-1000MG	66	<i>tamoxifen citrate tab 10 mg (base</i>	
SYNJARDY TAB 12.5-500.....	66	<i>equivalent)</i>	19
SYNJARDY TAB 5-1000MG.....	66	<i>tamoxifen citrate tab 20 mg (base</i>	
SYNJARDY TAB 5-500MG.....	66	<i>equivalent)</i>	19
SYNJARDY XR TAB 10-1000.....	66	<i>tamsulosin hcl cap 0.4 mg</i>	85
SYNJARDY XR TAB 12.5-1000MG.....	67	TARGETIN GEL 1%	107
SYNJARDY XR TAB 25-1000.....	67	<i>tarina 24 fe</i>	73
SYNJARDY XR TAB 5-1000MG	66	<i>tarina fe 1/20 eq</i>	73
SYNTHROID TAB 100MCG.....	80	TASIGNA CAP 150MG	26
SYNTHROID TAB 112MCG.....	80	TASIGNA CAP 200MG	26
SYNTHROID TAB 125MCG.....	80	TASIGNA CAP 50MG	26

<i>tasimelteon capsule 20 mg</i>	59	<i>terazosin hcl cap 5 mg (base</i>	
TAVNEOS CAP 10MG	89	<i>equivalent)</i>	30
<i>taysofy cap 1/20</i>	73	<i>terbinafine hcl tab 250 mg</i>	7
<i>tazarotene cream 0.1%</i>	104	<i>terbutaline sulfate inj 1 mg/ml</i>	100
<i>tazarotene gel 0.05%</i>	105	<i>terbutaline sulfate tab 2.5 mg</i>	100
<i>tazarotene gel 0.1%</i>	104	<i>terbutaline sulfate tab 5 mg</i>	100
<i>tazicef</i>	13	<i>terconazole vaginal cream 0.4%</i>	86
<i>taztia xt</i>	37	<i>terconazole vaginal cream 0.8%</i>	86
TAZVERIK TAB 200MG	26	<i>terconazole vaginal suppos 80 mg</i>	86
TDVAX INJ 2-2 LF	93	<i>teriflunomide tab 14 mg</i>	62
TECENTRIQ INJ 1200/20	26	<i>teriflunomide tab 7 mg</i>	62
TECVAYLI INJ 153/1.7	26	<i>teriparatide (recombinant) soln pen-inj</i>	
TECVAYLI INJ 30MG/3ML	26	<i>600 mcg/2.4ml</i>	69
TEFLARO INJ 400MG	13	TERIPARATIDE INJ 620/2.48	69
TEFLARO INJ 600MG	13	<i>testosterone cypionate im inj in oil 100</i>	
TEGSEDI INJ 284/1.5	61	<i>mg/ml</i>	64
<i>telmisartan tab 20 mg</i>	32	<i>testosterone cypionate im inj in oil 200</i>	
<i>telmisartan tab 40 mg</i>	32	<i>mg/ml</i>	64
<i>telmisartan tab 80 mg</i>	32	<i>testosterone enanthate im inj in oil 200</i>	
<i>telmisartan-amlodipine tab 40-10 mg</i>		<i>mg/ml</i>	64
.....	31	<i>testosterone td gel 10mg/act (2%)</i> ..	64
<i>telmisartan-amlodipine tab 40-5 mg</i> ..	31	<i>testosterone td gel 12.5 mg/act (1%)</i>	
<i>telmisartan-amlodipine tab 80-10 mg</i>		.....	64
.....	31	<i>testosterone td gel 20.25 mg/1.25gm</i>	
<i>telmisartan-amlodipine tab 80-5 mg</i> ..	31	<i>(1.62%)</i>	64
<i>telmisartan-hydrochlorothiazide tab 40-</i>		<i>testosterone td gel 20.25 mg/act</i>	
<i>12.5 mg</i>	31	<i>(1.62%)</i>	64
<i>telmisartan-hydrochlorothiazide tab 80-</i>		<i>testosterone td gel 25 mg/2.5gm (1%)</i>	
<i>12.5 mg</i>	31	.....	64
<i>telmisartan-hydrochlorothiazide tab 80-</i>		<i>testosterone td gel 40.5 mg/2.5gm</i>	
<i>25 mg</i>	31	<i>(1.62%)</i>	64
<i>temazepam cap 15 mg</i>	59	<i>testosterone td gel 50 mg/5gm (1%)</i> ..	64
<i>temazepam cap 22.5 mg</i>	59	<i>testosterone td soln 30 mg/act</i>	64
<i>temazepam cap 30 mg</i>	59	<i>tetrabenazine tab 12.5 mg</i>	61
<i>temazepam cap 7.5 mg</i>	59	<i>tetrabenazine tab 25 mg</i>	61
TEMIXYS TAB 300-300	10	<i>tetracycline hcl cap 250 mg</i>	16
<i>tencon</i>	1	<i>tetracycline hcl cap 500 mg</i>	16
TENIVAC INJ 5-2LF	94	THALOMID CAP 100MG	20
<i>tenofovir disoproxil fumarate tab 300</i>		THALOMID CAP 150MG	20
<i>mg</i>	9	THALOMID CAP 200MG	20
TEPMETKO TAB 225MG	26	THALOMID CAP 50MG	20
<i>terazosin hcl cap 1 mg (base</i>		THEO-24 CAP 100MG CR	101
<i>equivalent)</i>	30	THEO-24 CAP 200MG CR	101
<i>terazosin hcl cap 10 mg (base</i>		<i>theophylline tab er 12hr 300 mg</i>	101
<i>equivalent)</i>	30	<i>theophylline tab er 12hr 450 mg</i>	101
<i>terazosin hcl cap 2 mg (base</i>		<i>theophylline tab er 24hr 400 mg</i>	101
<i>equivalent)</i>	30	<i>theophylline tab er 24hr 600 mg</i>	102

<i>thioridazine hcl tab 10 mg</i>	52	TIROSINT CAP 62.5MCG	80
<i>thioridazine hcl tab 100 mg</i>	52	TIROSINT CAP 75MCG	80
<i>thioridazine hcl tab 25 mg</i>	52	TIROSINT CAP 88MCG	80
<i>thioridazine hcl tab 50 mg</i>	52	TIROSINT-SOL SOL 100MCG	81
<i>thiotepa for inj 15 mg</i>	17	TIROSINT-SOL SOL 112MCG	81
<i>thiothixene cap 1 mg</i>	52	TIROSINT-SOL SOL 125MCG	81
<i>thiothixene cap 10 mg</i>	52	TIROSINT-SOL SOL 137MCG	81
<i>thiothixene cap 2 mg</i>	52	TIROSINT-SOL SOL 13MCG/ML	80
<i>thiothixene cap 5 mg</i>	52	TIROSINT-SOL SOL 150MCG	81
THYMOGLOBULN INJ 25MG.....	92	TIROSINT-SOL SOL 175MCG	81
<i>tiadylt er</i>	37	TIROSINT-SOL SOL 200MCG	81
<i>tiagabine hcl tab 12 mg</i>	57	TIROSINT-SOL SOL 25MCG/ML	80
<i>tiagabine hcl tab 16 mg</i>	57	TIROSINT-SOL SOL 37.5/ML.....	80
<i>tiagabine hcl tab 2 mg</i>	57	TIROSINT-SOL SOL 44MCG/ML	80
<i>tiagabine hcl tab 4 mg</i>	57	TIROSINT-SOL SOL 50MCG/ML	80
TIBSOVO TAB 250MG	26	TIROSINT-SOL SOL 62.5/ML.....	80
TICOVAC INJ	94	TIROSINT-SOL SOL 75MCG/ML	80
<i>tigecycline for iv soln 50 mg</i>	16	TIROSINT-SOL SOL 88MCG/ML	81
<i>tilia fe</i>	73	TIVICAY PD TAB 5MG	9
<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i>	98	TIVICAY TAB 10MG.....	9
<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i>	98	TIVICAY TAB 25MG.....	9
<i>timolol maleate ophth soln 0.25%</i>	98	TIVICAY TAB 50MG.....	9
<i>timolol maleate ophth soln 0.5%</i>	98	<i>tizanidine hcl tab 2 mg (base</i> <i>equivalent)</i>	62
<i>timolol maleate preservative free ophth</i> <i>soln 0.25%</i>	98	<i>tizanidine hcl tab 4 mg (base</i> <i>equivalent)</i>	62
<i>timolol maleate preservative free ophth</i> <i>soln 0.5%</i>	98	TOBI PODHALR CAP 28MG.....	6
<i>timolol maleate tab 10 mg</i>	36	TOBRADEX OIN 0.3-0.1%	96
<i>timolol maleate tab 20 mg</i>	36	<i>tobramycin nebu soln 300 mg/4ml</i>	6
<i>timolol maleate tab 5 mg</i>	36	<i>tobramycin nebu soln 300 mg/5ml</i>	6
<i>tinidazole tab 250 mg</i>	6	<i>tobramycin ophth soln 0.3%</i>	96
<i>tinidazole tab 500 mg</i>	6	<i>tobramycin sulfate inj 10 mg/ml (base</i> <i>equivalent)</i>	6
<i>tiopronin tab 100 mg</i>	85	<i>tobramycin sulfate inj 80 mg/2ml (40</i> <i>mg/ml) (base equiv)</i>	6
TIROSINT CAP 100MCG.....	80	<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	96
TIROSINT CAP 112MCG.....	80	TOBEX OIN 0.3% OP	96
TIROSINT CAP 125MCG.....	80	<i>tolcapone tab 100 mg</i>	47
TIROSINT CAP 137MCG.....	80	<i>tolterodine tartrate cap er 24hr 2 mg</i> 86	
TIROSINT CAP 13MCG	80	<i>tolterodine tartrate cap er 24hr 4 mg</i> 86	
TIROSINT CAP 150MCG.....	80	<i>tolterodine tartrate tab 1 mg</i>	86
TIROSINT CAP 175MCG.....	80	<i>tolterodine tartrate tab 2 mg</i>	86
TIROSINT CAP 200	80	<i>tolvaptan tab 15 mg</i>	78
TIROSINT CAP 25MCG	80	<i>tolvaptan tab 30 mg</i>	78
TIROSINT CAP 37.5MCG.....	80	<i>topiramate cap er 24hr 100 mg</i>	57
TIROSINT CAP 44MCG	80	<i>topiramate cap er 24hr 200 mg</i>	57
TIROSINT CAP 50MCG	80		

<i>topiramate cap er 24hr 25 mg</i>	57	<i>trazodone hcl tab 50 mg</i>	45
<i>topiramate cap er 24hr 50 mg</i>	57	TREANDA INJ 100MG.....	17
<i>topiramate sprinkle cap 15 mg</i>	57	TREANDA INJ 25MG.....	17
<i>topiramate sprinkle cap 25 mg</i>	57	TRECATOR TAB 250MG	11
<i>topiramate tab 100 mg</i>	57	TRELEGY AER 100MCG.....	99
<i>topiramate tab 200 mg</i>	57	TRELEGY AER 200MCG.....	99
<i>topiramate tab 25 mg</i>	57	TRELSTAR MIX INJ 11.25MG.....	19
<i>topiramate tab 50 mg</i>	57	TRELSTAR MIX INJ 22.5MG	19
<i>toposar</i>	21	TRELSTAR MIX INJ 3.75MG	19
<i>topotecan hcl for inj 4 mg (base equiv)</i>	20	TRESIBA FLEX INJ 100UNIT.....	68
<i>toremifene citrate tab 60 mg (base equivalent)</i>	19	TRESIBA FLEX INJ 200UNIT.....	68
TORISEL INJ 25MG/ML.....	26	TRESIBA INJ 100UNIT	68
<i>toremide tab 10 mg</i>	38	<i>tretinoin cap 10 mg</i>	20
<i>toremide tab 100 mg</i>	39	<i>tretinoin cream 0.025%</i>	103
<i>toremide tab 20 mg</i>	39	<i>tretinoin cream 0.05%</i>	103
<i>toremide tab 5 mg</i>	38	<i>tretinoin cream 0.1%</i>	103
TOUJEO MAX INJ 300/ML	68	<i>tretinoin gel 0.01%</i>	103
TOUJEO SOLO INJ 300/ML.....	68	<i>tretinoin gel 0.025%</i>	103
<i>tovet</i>	106	<i>tretinoin gel 0.05%</i>	103
TRADJENTA TAB 5MG	67	<i>triamcinolone acetone cream 0.025%</i>	106
<i>tramadol hcl tab 100 mg</i>	4	<i>triamcinolone acetone cream 0.1%</i>	106
<i>tramadol hcl tab 50 mg</i>	4	<i>triamcinolone acetone cream 0.5%</i>	106
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	4	<i>triamcinolone acetone dental paste 0.1%</i>	108
<i>trandolapril tab 1 mg</i>	29	<i>triamcinolone acetone lotion 0.025%</i>	106
<i>trandolapril tab 2 mg</i>	29	<i>triamcinolone acetone lotion 0.1%</i>	106
<i>trandolapril tab 4 mg</i>	29	<i>triamcinolone acetone oint 0.025%</i>	106
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	28	<i>triamcinolone acetone oint 0.1%</i> .	106
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	28	<i>triamcinolone acetone oint 0.5%</i> .	106
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	28	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	39
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	28	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	39
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	89	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	39
<i>tranexamic acid tab 650 mg</i>	89	<i>triamterene cap 100 mg</i>	39
<i>tranylcypromine sulfate tab 10 mg</i> ...	45	<i>triamterene cap 50 mg</i>	39
TRAVASOL INJ 10%.....	96	<i>triderm</i>	106
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	98	<i>triderm cre 0.1%</i>	106
<i>trazodone hcl tab 100 mg</i>	45	<i>trientine hcl cap 250 mg</i>	69
<i>trazodone hcl tab 150 mg</i>	45	<i>tri-estaryll tab</i>	73
<i>trazodone hcl tab 300 mg</i>	45		

<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	52	TRUQAP TAB 200MG	26
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	52	TRUSELTIQ CAP 100MG	26
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	52	TRUSELTIQ CAP 125MG	26
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	52	TRUSELTIQ CAP 50MG	26
<i>trifluridine ophth soln 1%</i>	96	TRUSELTIQ CAP 75MG	26
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	48	TUKYSA TAB 150MG	26
<i>trihexyphenidyl hcl tab 2 mg</i>	48	TUKYSA TAB 50MG	26
<i>trihexyphenidyl hcl tab 5 mg</i>	48	TURALIO CAP 125MG	26
TRIJARDY XR TAB ER 24HR 10-5-1000MG	67	TURALIO CAP 200MG	26
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	67	<i>turqoz tab</i>	73
TRIJARDY XR TAB ER 24HR 25-5-1000MG	67	TWINRIX INJ	94
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	67	TYBLUME CHW 0.1-0.02	73
TRIKAFTA TAB	102	TYBOST TAB 150MG	9
<i>tri-legest fe</i>	73	<i>tydemy</i>	73
<i>trimethoprim tab 100 mg</i>	6	TYPHIM VI INJ	94
<i>tri-mili tab</i>	73	TYSABRI INJ 300/15ML	62
<i>trimipramine maleate cap 100 mg</i>	45	TYVASO DPI POW 16-32-48	41
<i>trimipramine maleate cap 25 mg</i>	45	TYVASO DPI POW 16-32MCG	41
<i>trimipramine maleate cap 50 mg</i>	45	TYVASODPI POW 16MCG	41
TRINTELLIX TAB 10MG	45	TYVASO DPI POW 32-48MCG	41
TRINTELLIX TAB 20MG	45	TYVASO DPI POW 32MCG	41
TRINTELLIX TAB 5MG	45	TYVASO DPI POW 48MCG	41
<i>tri-nymyo</i>	73	TYVASO DPI POW 64MCG	41
<i>tri-sprintec</i>	73	U	
TRIUMEQ PD TAB	10	UBRELVY TAB 100MG	60
TRIUMEQ TAB	10	UBRELVY TAB 50MG	60
<i>trivora-28</i>	73	UDENYCA INJ 6MG/.6ML	88
<i>tri-vylibra tab</i>	73	UDENYCA INJ 6MG/0.6	88
TRIZIVIR TAB	10	UKONIQ TAB 200MG	26
TROPHAMINE INJ 10%	96	<i>unithroid</i>	81
<i>trospium chloride cap er 24hr 60 mg</i>	86	UPTRAVI TAB 1000MCG	41
<i>trospium chloride tab 20 mg</i>	86	UPTRAVI TAB 1200MCG	41
TRULICITY INJ 0.75/0.5	67	UPTRAVI TAB 1400MCG	41
TRULICITY INJ 1.5/0.5	67	UPTRAVI TAB 1600MCG	41
TRULICITY INJ 3/0.5	67	UPTRAVI TAB 200MCG	41
TRULICITY INJ 4.5/0.5	67	UPTRAVI TAB 400MCG	41
TRUMENBA INJ	94	UPTRAVI TAB 600MCG	41
TRUQAP TAB 160MG	26	UPTRAVI TAB 800MCG	41
		<i>ursodiol cap 300 mg</i>	84
		<i>ursodiol tab 250 mg</i>	84
		<i>ursodiol tab 500 mg</i>	84
		UZEDY INJ 100MG	52
		UZEDY INJ 125MG	52
		UZEDY INJ 150MG	52
		UZEDY INJ 200MG	52
		UZEDY INJ 250MG	52
		UZEDY INJ 50MG	52

UZEDY INJ 75MG.....52

V

valacyclovir hcl tab 1 gm.....12

valacyclovir hcl tab 500 mg12

VALCHLOR GEL 0.016% 107

valganciclovir hcl tab 450 mg (base equivalent)12

valproate sodium inj 100 mg/ml.....57

valproate sodium oral soln 250 mg/5ml (base equiv)57

valproic acid cap 250 mg.....57

valsartan tab 160 mg.....32

valsartan tab 320 mg.....32

valsartan tab 40 mg32

valsartan tab 80 mg32

valsartan-hydrochlorothiazide tab 160-12.5 mg31

valsartan-hydrochlorothiazide tab 160-25 mg31

valsartan-hydrochlorothiazide tab 320-12.5 mg31

valsartan-hydrochlorothiazide tab 320-25 mg31

valsartan-hydrochlorothiazide tab 80-12.5 mg31

VALTOCO SPR 10MG.....57

VALTOCO SPR 15MG.....57

VALTOCO SPR 20MG.....57

VALTOCO SPR 5MG.....57

vancomycin hcl cap 125 mg (base equivalent) 6

vancomycin hcl cap 250 mg (base equivalent) 6

vancomycin hcl for iv soln 1 gm (base equivalent) 6

vancomycin hcl for iv soln 10 gm (base equivalent) 6

vancomycin hcl for iv soln 5 gm (base equivalent) 6

vancomycin hcl for iv soln 500 mg (base equivalent) 6

vancomycin hcl for iv soln 750 mg (base equivalent) 7

vancomycin hcl for oral soln 25 mg/ml (base equivalent) 7

vancomycin hcl for oral soln 50 mg/ml (base equivalent) 7

VANDAZOLE GEL 0.75%86

VANFLYTA TAB 17.7MG26

VANFLYTA TAB 26.5MG26

VAQTA INJ 25/0.5ML94

VAQTA INJ 50UNT/ML.....94

varenicline tartrate tab 0.5 mg (base equiv)64

varenicline tartrate tab 1 mg (base equiv)64

varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....64

VARIVAX INJ94

VARUBI TAB 90MG82

VASCEPA CAP 0.5GM34

VASCEPA CAP 1GM.....34

VECTIBIX INJ 100MG.....26

VECTIBIX INJ 400MG.....26

velivet73

VELTASSA POW 16.8GM.....69

VELTASSA POW 25.2GM.....69

VELTASSA POW 8.4GM69

VENCLEXTA TAB 100MG.....26

VENCLEXTA TAB 10MG.....26

VENCLEXTA TAB 50MG.....26

VENCLEXTA TAB START PK.....26

venlafaxine hcl cap er 24hr 150 mg (base equivalent)45

venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)45

venlafaxine hcl cap er 24hr 75 mg (base equivalent)45

venlafaxine hcl tab 100 mg (base equivalent)46

venlafaxine hcl tab 25 mg (base equivalent)46

venlafaxine hcl tab 37.5 mg (base equivalent)46

venlafaxine hcl tab 50 mg (base equivalent)46

venlafaxine hcl tab 75 mg (base equivalent)46

venlafaxine hcl tab er 24hr 150 mg (base equivalent)46

venlafaxine hcl tab er 24hr 225 mg (base equivalent)46

venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)46

<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	46	VIMPAT TAB 150MG.....	58
VENLAFAXINE TAB 112.5MG	46	VIMPAT TAB 200MG.....	58
VENTAVIS SOL 10MCG/ML.....	41	VIMPAT TAB 50MG	57
VENTAVIS SOL 20MCG/ML.....	41	<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	21
VENTOLIN HFA AER	100	<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	21
<i>verapamil hcl cap er 24hr 100 mg</i>	37	VIRACEPT TAB 250MG	9
<i>verapamil hcl cap er 24hr 120 mg</i>	38	VIRACEPT TAB 625MG	9
<i>verapamil hcl cap er 24hr 180 mg</i>	38	VIREAD POW 40MG/GM	9
<i>verapamil hcl cap er 24hr 200 mg</i>	38	VIREAD TAB 150MG	9
<i>verapamil hcl cap er 24hr 240 mg</i>	38	VIREAD TAB 200MG	9
<i>verapamil hcl cap er 24hr 300 mg</i>	38	VIREAD TAB 250MG	9
<i>verapamil hcl cap er 24hr 360 mg</i>	38	VITRAKVI CAP 100MG.....	26
<i>verapamil hcl tab 120 mg</i>	38	VITRAKVI CAP 25MG	26
<i>verapamil hcl tab 40 mg</i>	38	VITRAKVI SOL 20MG/ML	26
<i>verapamil hcl tab 80 mg</i>	38	VIVITROL INJ 380MG.....	64
<i>verapamil hcl tab er 120 mg</i>	38	VIZIMPRO TAB 15MG.....	26
<i>verapamil hcl tab er 180 mg</i>	38	VIZIMPRO TAB 30MG.....	27
<i>verapamil hcl tab er 240 mg</i>	38	VIZIMPRO TAB 45MG.....	27
VERDESO AER 0.05%	106	VONJO CAP 100MG.....	27
VERQUVO TAB 10MG	40	<i>voriconazole for inj 200 mg</i>	7
VERQUVO TAB 2.5MG	39	<i>voriconazole for susp 40 mg/ml</i>	7
VERQUVO TAB 5MG	39	<i>voriconazole tab 200 mg</i>	7
VERSACLOZ SUS 50MG/ML.....	52	<i>voriconazole tab 50 mg</i>	7
VERZENIO TAB 100MG.....	26	VOSEVI TAB	12
VERZENIO TAB 150MG.....	26	VOTRIENT TAB 200MG.....	27
VERZENIO TAB 200MG.....	26	VOWST CAP.....	84
VERZENIO TAB 50MG	26	VRAYLAR CAP 1.5MG	52
<i>vestura</i>	73	VRAYLAR CAP 3MG	52
V-GO 20 KIT.....	68	VRAYLAR CAP 4.5MG	52
V-GO 30 KIT.....	68	VRAYLAR CAP 6MG	52
V-GO 40 KIT.....	68	VUMERITY CAP 231MG.....	62
<i>vienna</i>	73	VUMERITY STARTER	62
<i>vigabatrin powd pack 500 mg</i>	57	<i>vyfemla</i>	73
<i>vigabatrin tab 500 mg</i>	57	<i>vylibra tab 0.25-35</i>	73
<i>vigadrone</i>	57	VYNDAMAX CAP 61MG	40
<i>vigadrone tab 500mg</i>	57	VYZULTA SOL 0.024%	98
<i>vigpoder pow 500mg</i>	57	W	
VIJOICE TAB 125MG	78	WAKIX TAB 17.8MG.....	63
VIJOICE TAB 250MG	78	WAKIX TAB 4.45MG.....	63
VIJOICE TAB 50MG.....	78	<i>warfarin sodium tab 1 mg</i>	87
<i>vilazodone hcl tab 10 mg</i>	46	<i>warfarin sodium tab 10 mg</i>	87
<i>vilazodone hcl tab 20 mg</i>	46	<i>warfarin sodium tab 2 mg</i>	87
<i>vilazodone hcl tab 40 mg</i>	46	<i>warfarin sodium tab 2.5 mg</i>	87
VIMPAT INJ 200MG/20.....	57	<i>warfarin sodium tab 3 mg</i>	87
VIMPAT SOL 10MG/ML	57	<i>warfarin sodium tab 4 mg</i>	87
VIMPAT TAB 100MG.....	58		

<i>warfarin sodium tab 5 mg</i>	87	XIGDUO XR TAB 5-500MG	67
<i>warfarin sodium tab 6 mg</i>	87	XIIDRA DRO 5%	98
<i>warfarin sodium tab 7.5 mg</i>	87	XOFLUZA TAB 40MG	12
<i>water for irrigation, sterile irrigation</i>		XOFLUZA TAB 80MG	12
<i>soln</i>	108	XOLAIR INJ 150MG/ML	102
WELIREG TAB 40MG	20	XOLAIR INJ 75/0.5	102
<i>wixela inhub</i>	103	XOLAIR SOL 150MG	102
<i>wymzya fe</i>	73	XOSPATA TAB 40MG	27
X		XPOVIO 40 MG TWICE WEEKLY	27
XALKORI CAP 150MG.....	27	XPOVIO PAK 40MG	27
XALKORI CAP 200MG.....	27	XPOVIO PAK 50MG	27
XALKORI CAP 20MG.....	27	XPOVIO PAK 60MG	27
XALKORI CAP 250MG.....	27	XPOVIO PAK 80MG	27
XALKORI CAP 50MG.....	27	XTANDI CAP 40MG	19
XARELTO STAR TAB 15/20MG	87	XTANDI TAB 40MG	19
XARELTO SUS 1MG/ML	87	XTANDI TAB 80MG	19
XARELTO TAB 10MG	87	<i>xulane</i>	73
XARELTO TAB 15MG	87	XULTOPHY INJ 100/3.6	68
XARELTO TAB 2.5MG	87	XYREM SOL 500MG/ML	63
XARELTO TAB 20MG	88	Y	
XATMEP SOL 2.5MG/ML.....	90	YF-VAX INJ.....	94
XCOPRI PAK 100-150	58	YONDELIS INJ 1MG	17
XCOPRI PAK 12.5-25	58	YONSA TAB 125MG	19
XCOPRI PAK 150-200MG		YUPELRI SOL	99
(MAINTENANCE).....	58	<i>yuvaferm</i>	74
XCOPRI PAK 150-200MG (TITRATION)		Z	
.....	58	<i>zafemy</i>	73
XCOPRI PAK 50-100MG.....	58	<i>zafirlukast tab 10 mg</i>	100
XCOPRI TAB 100MG.....	58	<i>zafirlukast tab 20 mg</i>	100
XCOPRI TAB 150MG.....	58	<i>zaleplon cap 10 mg</i>	59
XCOPRI TAB 200MG.....	58	<i>zaleplon cap 5 mg</i>	59
XCOPRI TAB 50MG	58	ZANOSAR INJ 1GM	17
XELJANZ SOL 1MG/ML	90	ZEJULA CAP 100MG	27
XELJANZ TAB 10MG.....	90	ZEJULA TAB 100MG.....	27
XELJANZ TAB 5MG.....	90	ZEJULA TAB 200MG.....	27
XELJANZ XR TAB 11MG	90	ZEJULA TAB 300MG.....	27
XELJANZ XR TAB 22MG	90	ZELBORAF TAB 240MG.....	27
XENLETA TAB 600MG.....	7	ZEMAIRA INJ 1000MG.....	102
XERMELO TAB 250MG	84	ZEMDRI INJ 500MG/10	7
XGEVA INJ.....	69	<i>zenatane cap 10mg</i>	103
XHANCE MIS 93MCG.....	102	<i>zenatane cap 20mg</i>	103
XIFAXAN TAB 200MG	7	<i>zenatane cap 30mg</i>	103
XIFAXAN TAB 550MG	84	<i>zenatane cap 40mg</i>	104
XIGDUO XR TAB 10-1000	67	ZENPEP CAP 10000UNT.....	84
XIGDUO XR TAB 10-500MG	67	ZENPEP CAP 15000UNT.....	84
XIGDUO XR TAB 2.5-1000	67	ZENPEP CAP 20000UNT.....	84
XIGDUO XR TAB 5-1000MG	67	ZENPEP CAP 25000UNT.....	84

ZENPEP CAP 3000UNIT	84	<i>zolmitriptan odt tab 2.5 mg</i>	60
ZENPEP CAP 40000UNT	84	<i>zolmitriptan odt tab 5 mg</i>	60
ZENPEP CAP 5000UNIT	84	<i>zolmitriptan tab 2.5 mg</i>	60
ZENPEP CAP 60000UNT	85	<i>zolmitriptan tab 5 mg</i>	60
ZEPATIER TAB 50-100MG	12	<i>zolpidem tartrate tab 10 mg</i>	59
ZERVIATE DRO 0.24%	97	<i>zolpidem tartrate tab 5 mg</i>	59
<i>zidovudine cap 100 mg</i>	9	<i>zolpidem tartrate tab er 12.5 mg</i>	59
<i>zidovudine syrup 10 mg/ml</i>	9	<i>zolpidem tartrate tab er 6.25 mg</i>	59
<i>zidovudine tab 300 mg</i>	9	ZONISADE SUS 100MG/5	58
ZIMHI SOL	64	<i>zonisamide cap 100 mg</i>	58
<i>ziprasidone hcl cap 20 mg</i>	52	<i>zonisamide cap 25 mg</i>	58
<i>ziprasidone hcl cap 40 mg</i>	52	<i>zonisamide cap 50 mg</i>	58
<i>ziprasidone hcl cap 60 mg</i>	52	<i>zovia 1/35</i>	73
<i>ziprasidone hcl cap 80 mg</i>	52	ZTALMY SUS 50MG/ML	58
<i>ziprasidone mesylate for inj 20 mg</i> <i>(base equivalent)</i>	52	ZURZUVAE CAP 20MG	61
ZIRGAN GEL 0.15%	97	ZURZUVAE CAP 25MG	61
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i>	69	ZURZUVAE CAP 30MG	61
<i>zoledronic acid iv soln 5 mg/100ml</i>	69	ZYCLARA PUMP CRE 2.5%	107
ZOLINZA CAP 100MG	27	ZYDELIG TAB 100MG	27
<i>zolmitriptan nasal spray 2.5 mg/spray</i> <i>unit</i>	60	ZYDELIG TAB 150MG	27
<i>zolmitriptan nasal spray 5 mg/spray</i> <i>unit</i>	60	ZYKADIA TAB 150MG	27
		ZYPREXA RELP INJ 210MG	53
		ZYPREXA RELP INJ 300MG	53
		ZYPREXA RELP INJ 405MG	53

Este formulario fue actualizado el 1 de abril de 2024. Para obtener información más reciente o si tiene otras preguntas, póngase en contacto con el Centro de Servicios a los Afiliados de MVP.

Para miembros de Medicare Advantage:

1-800-665-7924

Siete días a la semana, de 8 am a 8 pm hora del este

1 de abril al 30 de septiembre, lunes a viernes, de 8 am a 8 pm

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1-800-665-7924

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1 de abril al 30 de septiembre, lunes a viernes, de 8 am a 8 pm

TTY: 711

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