

MVP Health Care®

2023 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 diciembre de 2023. 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.

Mensaje importante sobre lo que paga por la insulina: No pagará más de \$ 35 por un suministro de un mes de cada insulina cubierta por nuestro plan, sin importar en qué nivel de costos compartidos se encuentre, 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 2023 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), o MVP DualAccess (HMO D-SNP).

Este documento incluye lista de medicamentos (formulario) para nuestro plan que está al día el 1 de diciembre de 2023. 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 2024, 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 2023 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2023, 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 1 de diciembre de 2023. 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 caso de producirse un cambio o cambios en el Formulario durante el año, los cambios también se publicarán en mvphealthcare.com. La versión actualizada del Formulario integral se publicará mensualmente en el sitio web del MVP según sea necesario. Para ver la lista de cambios, inicie sesión en nuestra página principal y:

- Seleccione *Members*, luego *Medicare*
- Elija *Drug Coverage (Part D)*
- Seleccione *Covered Drugs and Formulary*
- Seleccione *Monthly Medicare Formulary Updates*

O puede solicitar una fe de errata (una copia de los Cambios en el Formulario de 2023) 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 cardíaca 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	Deductible	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				<i>Lo que paga una vez se cumpla el deducible.</i>		
<i>Seleccionar condados¹</i>	\$250	\$0	\$15	\$45	25%	27%
MVP Medicare Preferred Gold con la Parte D						
<i>Región Rochester/ Buffalo²</i>	\$0	\$0	\$10	\$40	26%	33%
<i>Todas las Otras Regiones⁴</i>	\$0	\$0	\$10	\$35	26%	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 de Hudson Valley⁵</i>	\$0	\$0	\$10	\$35	25%	33%
<i>Todas las Otras Regiones^{3,4}</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 Rochester/ Buffalo²</i>	\$250	\$0	\$10	\$47	25%	25%
<i>Región de Hudson Valley⁵</i>	\$250	\$0	\$12	\$47	25%	27%
<i>Todas las Otras Regiones</i>	\$300	\$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/ Buffalo²</i>	\$300	\$0	\$10	\$47	25%	25%
<i>Todas las Otras Regiones⁴</i>	\$150	\$0	\$10	\$47	25%	30%
MVP DualAccess				<i>Lo que paga una vez se cumpla el deducible.</i>		
<i>Select Counties⁶</i>	\$0-\$104*	Medicamentos genéricos: \$0 / \$1.45 / \$4.15 / 15%** Medicamentos de marca: \$0 / \$4.30 / \$10.35 / 15%**				

¹MVP 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, Schuylar, Seneca, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, y Yates.

²La región de Rochester/Bufalo incluye los condados de Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Wayne, Wyoming, y Yates.

³MVP Medicare Secure Plus y MVP Medicare WellSelect Plus no se ofrecen en la región de Rochester/Bufalo.

⁴Los 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.

⁵La región de Hudson Valley Region incluye los condados de Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, y Westchester.

⁶MVP 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.

* Su deducible será de \$0 a \$104 según su nivel de "Ayuda Adicional".

** El costo compartido de los medicamentos con receta surtidos en cualquier farmacia de la red se basa en su nivel de "Ayuda Adicional".

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. Algunos 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 \$830 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.

ANALGESICS	1
ANESTHETICS.....	4
ANTI-INFECTIVES	4
ANTINEOPLASTIC AGENTS.....	17
CARDIOVASCULAR.....	28
CENTRAL NERVOUS SYSTEM.....	41
ENDOCRINE AND METABOLIC.....	64
GASTROINTESTINAL.....	81
GENITOURINARY	85
HEMATOLOGIC	86
IMMUNOLOGIC AGENTS	89
NUTRITIONAL/SUPPLEMENTS	93
OPHTHALMIC.....	95
OTIC	98
RESPIRATORY	98
TOPICAL.....	103
Index.....	109

MVP DB 2023 eff 12/01/2023

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 300 mg/2ml</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	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole in nacl</i>	2	
<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>paromomycin sulfate cap 250 mg</i>	2	
<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	PA; 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

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	2	DL
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	2	DL
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	3	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	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
<i>amphotericin b for iv soln 50 mg</i>	3	B/D; DL
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole in dextrose</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	DL
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	2	
<i>fluconazole tab 200 mg</i>	2	
<i>flucytosine cap 250 mg</i>	2	
<i>flucytosine cap 500 mg</i>	2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	3	
<i>griseofulvin microsize tab 500 mg</i>	3	
<i>griseofulvin ultramicrosize tab 125 mg</i>	3	
<i>griseofulvin ultramicrosize tab 250 mg</i>	3	
<i>itraconazole cap 100 mg</i>	3	PA
<i>ketoconazole tab 200 mg</i>	4	
<i>miconazole sodium for iv soln 50 mg</i>	5	DL
<i>miconazole sodium for iv soln 100 mg</i>	5	DL
NOXAFIL SUS 40MG/ML	5	PA; DL
<i>nystatin tab 500000 unit</i>	2	
<i>posaconazole susp 40 mg/ml</i>	5	PA; DL
<i>posaconazole tab delayed release 100 mg</i>	5	PA; DL
<i>terbinafine hcl tab 250 mg</i>	2	QL (84 tabs / 365 days)
<i>voriconazole for inj 200 mg</i>	4	PA; DL
<i>voriconazole for susp 40 mg/ml</i>	5	DL
<i>voriconazole tab 50 mg</i>	4	DL
<i>voriconazole tab 200 mg</i>	3	

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	DL
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Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate tab 250 mg</i>	2	DL
<i>chloroquine phosphate tab 500 mg</i>	2	DL
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
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 100 mg</i>	2	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine tab er 24hr 400 mg</i>	4	NM
NORVIR POW 100MG	4	NM
NORVIR SOL 80MG/ML	3	NM
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

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Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO TAB	5	NM; DL
DESCOVY TAB 120-15MG	5	NM; DL
DESCOVY TAB 200/25MG	5	NM; DL
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>	5	NM; DL
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
TE MIXYS 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin cap 150 mg</i>	3	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
SIRTURO TAB 20MG	5	NM, LA; 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
<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)
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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Drug Name	Drug Tier	Requirements/Limits
<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>cephalexin tab 250 mg</i>	2	
<i>cephalexin tab 500 mg</i>	2	
SUPRAX SUS 500/5ML	4	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate tab 400 mg</i>	3	
<i>erythromycin tab 250 mg</i>	2	
<i>erythromycin tab 500 mg</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 333 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	2	

FLUOROQUINOLONES

<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	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 200 mg/20ml (1%)</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 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<i>BICILLIN C-R INJ 900/300</i>	4	
<i>BICILLIN C-R INJ 1200000</i>	4	
<i>BICILLIN L-A INJ 600000</i>	4	
<i>BICILLIN L-A INJ 1200000</i>	4	
<i>BICILLIN L-A INJ 2400000</i>	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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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

Drug Name	Drug Tier	Requirements/Limits
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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
<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	

Drug Name	Drug Tier	Requirements/Limits
<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
<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	
PURIXAN SUS 20MG/ML	4	NM
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

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Drug Name	Drug Tier	Requirements/Limits
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
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
<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	5	NM; DL
TRELSTAR MIX INJ 11.25MG	5	NM; DL
TRELSTAR MIX INJ 22.5MG	5	NM; DL
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

Drug Name	Drug Tier	Requirements/Limits
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
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	
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
ONUREG TAB 200MG	5	NM, LA, PA; DL
ONUREG TAB 300MG	5	NM, LA, PA; DL
PROLEUKIN INJ 22MU	5	NM; DL
SYNRIBO INJ 3.5MG	5	NM; DL
TAVNEOS CAP 10MG	5	NM, LA; DL
TECVAYLI INJ 30MG/3ML	5	NM, LA, PA; DL
TECVAYLI INJ 153/1.7	5	NM, LA, PA; DL
<i>topotecan hcl for inj 4 mg (base equiv)</i>	5	DL
<i>tretinoin cap 10 mg</i>	5	DL

Drug Name	Drug Tier	Requirements/Limits
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
<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
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 TAB 100MG	5	NM, PA; DL
BOSULIF TAB 400MG	5	NM, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
FOTIVDA CAP 1.34MG	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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
OJJAARA TAB 100MG	5	NM, LA, PA; DL
OJJAARA TAB 150MG	5	NM, LA, PA; DL
OJJAARA TAB 200MG	5	NM, LA, PA; DL
PEMAZYRE TAB 4.5MG	5	NM, LA, PA; DL
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
REZUROCK TAB 200MG	5	NM, LA, PA; 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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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
TEPMETKO TAB 225MG	5	NM, LA, PA; DL
TIBSOVO TAB 250MG	5	NM, LA; DL
TORISEL INJ 25MG/ML	5	NM; 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; DL
VECTIBIX INJ 400MG	5	NM; 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
VIJOICE TAB 50MG	5	NM, LA, PA; DL
VIJOICE TAB 125MG	5	NM, LA, PA; DL
VIJOICE TAB 250MG	5	NM, LA, PA; DL
VITRAKVI CAP 25MG	5	NM, LA, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
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
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 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	
<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	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 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>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	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>losartan potassium tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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>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	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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>tiadylt er</i>	2	
<i>verapamil hcl cap er 24hr 100 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
KERENDIA TAB 10MG	4	
KERENDIA TAB 20MG	4	
<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	
<i>toremide tab 20 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
VYNDAMAX CAP 61MG	5	NM, LA, PA; DL
VYNDAQEL CAP 20MG	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	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
<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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>oxazepam cap 15 mg</i>	2	
<i>oxazepam cap 30 mg</i>	2	
ANTICONVULSANTS		
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
DIACOMIT PAK 250MG	5	NM, LA, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PAK 500MG	5	NM, LA, PA; DL
DIASTAT ACDL GEL 5-10MG	4	
DIASTAT ACDL GEL 12.5-20	4	
DIASTAT PED GEL 2.5M GEL	4	
<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>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	
<i>rufinamide susp 40 mg/ml</i>	5	DL
<i>rufinamide tab 200 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<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 kit start 35</i>	2	
<i>subvenite kit start 49</i>	2	
<i>subvenite kit start 98</i>	2	
<i>subvenite tab 25mg</i>	2	
<i>subvenite tab 100mg</i>	2	
<i>subvenite tab 150mg</i>	2	
<i>subvenite tab 200mg</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
VIMPAT INJ 200MG/20	4	
VIMPAT SOL 10MG/ML	5	DL
VIMPAT TAB 50MG	4	

Drug Name	Drug Tier	Requirements/Limits
VIMPAT TAB 100MG	5	DL
VIMPAT TAB 150MG	5	DL
VIMPAT TAB 200MG	5	DL
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

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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
AUVELITY TAB 45-105MG	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
DRIZALMA CAP 20MG DR	4	PA
DRIZALMA CAP 30MG DR	4	PA
DRIZALMA CAP 40MG DR	4	PA
DRIZALMA CAP 60MG DR	4	PA
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
VIIBRYD KIT STARTER	4	
VIIBRYD TAB 10MG	4	
VIIBRYD TAB 20MG	4	
VIIBRYD TAB 40MG	4	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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
KYNMOBI MIS 10MG	5	NM; DL
KYNMOBI MIS 15MG	5	NM; DL
KYNMOBI MIS 20MG	5	NM; DL
KYNMOBI MIS 25MG	5	NM; DL
KYNMOBI MIS 30MG	5	NM; 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	

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Drug Name	Drug Tier	Requirements/Limits
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
<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	

Drug Name	Drug Tier	Requirements/Limits
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
<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	

Drug Name	Drug Tier	Requirements/Limits
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
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
LATUDA TAB 20MG	4	
LATUDA TAB 40MG	4	
LATUDA TAB 60MG	4	
LATUDA TAB 80MG	4	
LATUDA TAB 120MG	4	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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 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	
<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	

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

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<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	
<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

Drug Name	Drug Tier	Requirements/Limits
<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

<i>AIMOVIG INJ 70MG/ML</i>	3	NM, PA
<i>AIMOVIG INJ 140MG/ML</i>	3	NM, PA
<i>AJOVY INJ 225/1.5</i>	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)
<i>EMGALITY INJ 100MG/ML</i>	3	NM, PA
<i>EMGALITY INJ 120MG/ML</i>	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)
<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)
<i>UBRELVY TAB 50MG</i>	5	QL (16 tabs / 30 days); DL
<i>UBRELVY TAB 100MG</i>	5	QL (16 tabs / 30 days); DL
<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)

Drug Name	Drug Tier	Requirements/Limits
<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
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
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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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)

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	DL
<i>naltrexone hcl tab 50 mg</i>	2	
NARCAN SPR 4MG	4	DL
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); DL
<i>oxandrolone tab 10 mg</i>	3	DL
<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	

Drug Name	Drug Tier	Requirements/Limits
<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)
BYDUREON INJ 2MG	3	QL (4 vials / 28 days)
BYETTA INJ 5MCG	4	QL (1 pen / 30 days)
BYETTA INJ 10MCG	4	QL (1 pen / 30 days)
FARXIGA TAB 5MG	3	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	3	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	1	QL (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)

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (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)
<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	
<i>nateglinide tab 60 mg</i>	2	
<i>nateglinide tab 120 mg</i>	2	
OZEMPIC INJ 2/1.5ML	3	QL (1 pen / 28 days)
OZEMPIC INJ 2MG/3ML	3	QL (1 pen / 28 days)
OZEMPIC INJ 4MG/3ML	3	QL (1 pen / 28 days)
OZEMPIC INJ 8MG/3ML	3	QL (1 pen / 28 days)
<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)
RYBELSUS TAB 7MG	3	QL (30 tabs / 30 days)
RYBELSUS TAB 14MG	3	QL (30 tabs / 30 days)
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	3	QL (60 tabs / 30 days); (12.5-1000MG)
SYNJARDY XR TAB 5-1000MG	3	QL (120 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (60 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 3/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 4.5/0.5	3	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	3	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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 300IU/ML	3	
TOUJEO SOLO INJ 300IU/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
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tab 150 mg</i>	2	
<i>risedronate sodium tab delayed release 35 mg</i>	2	
TERIPARATIDE INJ	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>	5	NM; DL
<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
LOKELMA PAK 5GM	4	
LOKELMA PAK 10GM	4	
<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	5	DL
VELTASSA POW 16.8GM	5	DL
VELTASSA POW 25.2GM	5	DL

CONTRACEPTIVES

<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>amethia</i>	2	
<i>apri</i>	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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>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>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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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>lutra</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	2	
<i>merzee</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	

Drug Name	Drug Tier	Requirements/Limits
NEXTSTELLIS TAB 3-14.2MG	3	
<i>nikki</i>	2	
<i>nora-be</i>	3	
<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	
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>tilia fe</i>	2	
<i>tri-estaryl 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	

Drug Name	Drug Tier	Requirements/Limits
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 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
ORIAHNN CAP	5	DL
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>yuvafem</i>	2	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>diazoxide susp 50 mg/ml</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
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
INCRELEX INJ 40MG/4ML	5	NM, LA; DL
ISTURISA TAB 1MG	5	NM, LA; DL
ISTURISA TAB 5MG	5	NM, LA; DL
ISTURISA TAB 10MG	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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT INJ PED 6MON	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
PROCYSBI GRA 75MG	5	NM, LA; DL
PROCYSBI GRA 300MG	5	NM, LA; DL
<i>raloxifene hcl tab 60 mg</i>	3	
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

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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
XERMELO TAB 250MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ZORBTIVE INJ 8.8MG	5	NM, 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	
<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

ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
<i>euthyrox</i>	1	
<i>levo-t tab 25mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levo-t tab 50mcg</i>	1	
<i>levo-t tab 75mcg</i>	1	
<i>levo-t tab 88mcg</i>	1	
<i>levo-t tab 100mcg</i>	1	
<i>levo-t tab 112mcg</i>	1	
<i>levo-t tab 125mcg</i>	1	
<i>levo-t tab 137mcg</i>	1	
<i>levo-t tab 150mcg</i>	1	
<i>levo-t tab 175mcg</i>	1	
<i>levo-t tab 200 mcg</i>	1	
<i>levo-t tab 300 mcg</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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

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
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ranitidine hcl inj 150 mg/6ml (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>	4	
<i>SUPREP BOWEL PREP</i>	4	
MISCELLANEOUS		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	5	DL
<i>alose tron hcl tab 1 mg (base equiv)</i>	5	DL
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	4	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
<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	
<i>GATTEX KIT 5MG</i>	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
HELIDAC MIS THERAPY	5	DL
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
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	
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)

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Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
TOVIAZ TAB 4MG	4	
TOVIAZ TAB 8MG	4	
<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
<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

Drug Name	Drug Tier	Requirements/Limits
<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	
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

Drug Name	Drug Tier	Requirements/Limits
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
RETACRIT INJ 2000UNIT	3	B/D, NM
RETACRIT INJ 3000UNIT	3	B/D, NM
RETACRIT INJ 4000UNIT	3	B/D, NM
RETACRIT INJ 10000UNT	3	B/D, NM
RETACRIT INJ 20000UNI	3	B/D, NM
RETACRIT INJ 40000UNT	3	B/D, QL (8 vials / 30 days), NM
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
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

Drug Name	Drug Tier	Requirements/Limits
TAKHZYRO INJ 300/2ML	5	NM, LA, PA; 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	4	
BRILINTA TAB 90MG	4	
<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
KINERET INJ	5	NM, 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

Drug Name	Drug Tier	Requirements/Limits
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
FLEBOGAMMA INJ 5GM/50ML	5	NM, 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
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

Drug Name	Drug Tier	Requirements/Limits
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 50MG	5	NM; DL
SYNAGIS INJ 100MG/ML	5	NM; DL

IMMUNOSUPPRESSANTS

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
<i>cyclosporine iv soln 50 mg/ml</i>	2	B/D, NM
<i>cyclosporine modified cap 25 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 50 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 100 mg</i>	2	B/D, NM
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	B/D, NM
<i>everolimus tab 0.5 mg</i>	5	B/D, NM; 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>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
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
IXIARO INJ	4	
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	
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	
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	
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Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
TOBREX OIN 0.3% OP	4	
<i>trifluridine ophth soln 1%</i>	2	
ZIRGAN GEL 0.15%	4	

ANTI-INFLAMMATORIES

<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	2	
ZERVIAE DRO 0.24%	3	

ANTI GLAUCOMA

ALPHAGAN P SOL 0.1%	3	
<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	
<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%	3	

Drug Name	Drug Tier	Requirements/Limits
<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	
CYSTDROPS 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	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>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	
COMBIVENT AER 20-100	3	

Drug Name	Drug Tier	Requirements/Limits
<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	
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

Drug Name	Drug Tier	Requirements/Limits
<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 sulfat inj 1 mg/ml</i>	2	
<i>terbutaline sulfat tab 2.5 mg</i>	2	
<i>terbutaline sulfat 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
BREZTRI AERO AER SPHERE	3	
<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

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
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	
<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	

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
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
FLOVENT DISK AER 50MCG	3	
FLOVENT DISK AER 100MCG	3	
FLOVENT DISK AER 250MCG	3	
FLOVENT HFA AER 44MCG	3	
FLOVENT HFA AER 110MCG	3	
FLOVENT HFA AER 220MCG	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 DISKU AER 100/50	3	
ADVAIR DISKU AER 250/50	3	
ADVAIR DISKU AER 500/50	3	
ADVAIR HFA AER 45/21	3	
ADVAIR HFA AER 115/21	3	
ADVAIR HFA AER 230/21	3	
BREO ELLIPTA INH 50-25MCG	3	
BREO ELLIPTA INH 100-25	3	
BREO ELLIPTA INH 200-25	3	
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	3	
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	3	
<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	
SYMBICORT AER 80-4.5	3	
SYMBICORT AER 160-4.5	3	
<i>wixela inhub</i>	2	

Drug Name	Drug Tier	Requirements/Limits
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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>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; DL
<i>tretinoin gel 0.05%</i>	3	PA; DL
<i>tretinoin gel 0.025%</i>	3	PA; DL
<i>zenatane cap 10mg</i>	3	
<i>zenatane cap 20mg</i>	3	
<i>zenatane cap 30mg</i>	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
SULFAMYLON CRE 85MG/GM	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	
<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>amcinonide lotion 0.1%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<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 foam 0.005%</i>	4	
<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)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 lotion 0.05%</i>	3	QL (120 mL / 30 days)
<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	
<i>VERDESO AER 0.05%</i>	5	QL (100 gm / 30 days); DL

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine hcl soln 4%</i>	3	QL (50 mL / 30 days), PA
<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)

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)

Drug Name	Drug Tier	Requirements/Limits
<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
<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
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Drug Name	Drug Tier	Requirements/Limits
<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	53
ABILIFY ASIM INJ 960MG	53
ABILIFY MAIN INJ 300MG	53
ABILIFY MAIN INJ 400MG	53
<i>abiraterone acetate tab 250 mg</i>	18
<i>abiraterone acetate tab 500 mg</i>	18
ABRAXANE INJ 100MG	21
ABRYSVO INJ.....	92
<i>acamprosate calcium tab delayed release 333 mg</i>	63
<i>acarbose tab 100 mg</i>	65
<i>acarbose tab 25 mg</i>	65
<i>acarbose tab 50 mg</i>	65
<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>	106
<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.....	92
<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 DISKU AER 100/50.....	102
ADVAIR DISKU AER 250/50.....	102
ADVAIR DISKU AER 500/50.....	102
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	60
AIMOVIG INJ 70MG/ML	60
AJOVY INJ 225/1.5	60
AKEEGA TAB 100/500.....	21
AKEEGA TAB 50/500MG	21
<i>ala-cort</i>	104
<i>albendazole tab 200 mg</i>	4
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	99
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	99
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	99
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	99
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	99
<i>albuterol sulfate syrup 2 mg/5ml</i>	99
<i>albuterol sulfate tab 2 mg</i>	99
<i>albuterol sulfate tab 4 mg</i>	99

<i>alclometasone dipropionate cream</i>		<i>amikacin sulfate inj 500 mg/2ml (250</i>	
0.05%.....	104	mg/ml)	4
<i>alclometasone dipropionate oint 0.05%</i>		<i>amiloride & hydrochlorothiazide tab 5-</i>	
.....	104	50 mg.....	38
<i>ALECENSA CAP 150MG.....</i>	21	<i>amiloride hcl tab 5 mg</i>	38
<i>alendronate sodium oral soln 70</i>		<i>aminocaproic acid tab 1000 mg.....</i>	88
<i>mg/75ml</i>	68	<i>aminocaproic acid tab 500 mg</i>	88
<i>alendronate sodium tab 10 mg.....</i>	68	<i>amiodarone hcl inj 150 mg/3ml (50</i>	
<i>alendronate sodium tab 35 mg.....</i>	68	<i>mg/ml)</i>	32
<i>alendronate sodium tab 70 mg.....</i>	68	<i>amiodarone hcl tab 100 mg</i>	32
<i>alfuzosin hcl tab er 24hr 10 mg.....</i>	85	<i>amiodarone hcl tab 200 mg</i>	32
<i>aliskiren fumarate tab 150 mg (base</i>		<i>amiodarone hcl tab 400 mg</i>	32
<i>equivalent)</i>	39	<i>amitriptyline hcl tab 10 mg.....</i>	48
<i>aliskiren fumarate tab 300 mg (base</i>		<i>amitriptyline hcl tab 100 mg</i>	48
<i>equivalent)</i>	39	<i>amitriptyline hcl tab 150 mg</i>	48
<i>allopurinol tab 100 mg</i>	1	<i>amitriptyline hcl tab 25 mg.....</i>	48
<i>allopurinol tab 300 mg</i>	1	<i>amitriptyline hcl tab 50 mg.....</i>	48
<i>almotriptan malate tab 12.5 mg</i>	60	<i>amitriptyline hcl tab 75 mg.....</i>	48
<i>almotriptan malate tab 6.25 mg</i>	60	<i>amlodipine besylate tab 10 mg (base</i>	
<i>alose tron hcl tab 0.5 mg (base equiv)</i>		<i>equivalent)</i>	36
.....	83	<i>amlodipine besylate tab 2.5 mg (base</i>	
<i>alose tron hcl tab 1 mg (base equiv) ..</i>	83	<i>equivalent)</i>	36
<i>ALPHAGAN P SOL 0.1%.....</i>	97	<i>amlodipine besylate tab 5 mg (base</i>	
<i>ALPRAZOLAM CON 1 MG/ML</i>	41	<i>equivalent)</i>	36
<i>alprazolam tab 0.25 mg</i>	41	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>alprazolam tab 0.5 mg</i>	41	<i>10-20 mg</i>	28
<i>alprazolam tab 1 mg</i>	41	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>alprazolam tab 2 mg</i>	41	<i>10-40 mg</i>	28
<i>ALTABAX OIN 1%.....</i>	103	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>altavera</i>	69	<i>2.5-10 mg</i>	28
<i>ALUNBRIG PAK</i>	21	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>ALUNBRIG TAB 180MG.....</i>	21	<i>5-10 mg</i>	28
<i>ALUNBRIG TAB 30MG</i>	21	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>ALUNBRIG TAB 90MG</i>	21	<i>5-20 mg</i>	28
<i>alyacen 1/35</i>	69	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>alyq.....</i>	40	<i>5-40 mg</i>	28
<i>amabelz</i>	73	<i>amlodipine besylate-olmesartan</i>	
<i>amantadine hcl cap 100 mg.....</i>	51	<i>medoxomil tab 10-20 mg</i>	30
<i>amantadine hcl soln 50 mg/5ml</i>	52	<i>amlodipine besylate-olmesartan</i>	
<i>amantadine hcl tab 100 mg</i>	52	<i>medoxomil tab 10-40 mg</i>	30
<i>ambrisentan tab 10 mg</i>	40	<i>amlodipine besylate-olmesartan</i>	
<i>ambrisentan tab 5 mg.....</i>	40	<i>medoxomil tab 5-20 mg</i>	30
<i>amcinonide lotion 0.1%</i>	104	<i>amlodipine besylate-olmesartan</i>	
<i>amethia</i>	69	<i>medoxomil tab 5-40 mg</i>	30
<i>amikacin sulfate inj 1 gm/4ml (250</i>		<i>amlodipine besylate-valsartan tab 10-</i>	
<i>mg/ml)</i>	4	<i>160 mg</i>	30

<i>amlodipine besylate-valsartan tab 10-320 mg</i>	30	<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	15
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	30	<i>amoxicillin (trihydrate) tab 500 mg</i> ..	15
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	30	<i>amoxicillin (trihydrate) tab 875 mg</i> ..	15
<i>amnesteem cap 10mg</i>	103	<i>amphetamine-dextroamphetamine tab 10 mg</i>	58
<i>amnesteem cap 20mg</i>	103	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	58
<i>amnesteem cap 40mg</i>	103	<i>amphetamine-dextroamphetamine tab 15 mg</i>	58
<i>amoxapine tab 100 mg</i>	48	<i>amphetamine-dextroamphetamine tab 20 mg</i>	58
<i>amoxapine tab 150 mg</i>	48	<i>amphetamine-dextroamphetamine tab 30 mg</i>	58
<i>amoxapine tab 25 mg</i>	48	<i>amphetamine-dextroamphetamine tab 5 mg</i>	58
<i>amoxapine tab 50 mg</i>	48	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	58
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	83	<i>amphotericin b for iv soln 50 mg</i>	7
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	14	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	15
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	14	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	15
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	14	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	15
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	14	<i>ampicillin cap 250 mg</i>	15
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	14	<i>ampicillin cap 500 mg</i>	15
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	14	<i>ampicillin for susp 250 mg/5ml</i>	15
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	14	<i>ampicillin sodium for inj 1 gm</i>	15
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	14	<i>ampicillin sodium for inj 125 mg</i>	15
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	14	<i>ampicillin sodium for inj 2 gm</i>	15
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	15	<i>ampicillin sodium for iv soln 10 gm</i> ...	15
<i>amoxicillin (trihydrate) cap 250 mg</i> ..	15	<i>anagrelide hcl cap 0.5 mg</i>	88
<i>amoxicillin (trihydrate) cap 500 mg</i> ..	15	<i>anagrelide hcl cap 1 mg</i>	88
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	15	<i>anastrozole tab 1 mg</i>	18
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	15	<i>ANORO ELLIPT AER 62.5-25</i>	98
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	15	<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	97
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	15	<i>aprepitant capsule 125 mg</i>	81
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	15	<i>aprepitant capsule 40 mg</i>	81
		<i>aprepitant capsule 80 mg</i>	81
		<i>aprepitant pak 80 & 125</i>	81
		<i>apri</i>	69
		<i>APTiom TAB 200MG</i>	42
		<i>APTiom TAB 400MG</i>	42
		<i>APTiom TAB 600MG</i>	42
		<i>APTiom TAB 800MG</i>	42

APTIVUS CAP 250MG	8	<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	54
ARALAST NP INJ 1000MG	100	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	54
<i>aranelle</i>	69	<i>ashlyna</i>	69
ARCALYST INJ 220MG	91	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	89
ARESTIN MIS 1MG.....	107	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	8
AREXVY INJ 120MCG	92	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	8
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	99	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	8
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	86	<i>atenolol & chlorthalidone tab 100-25 mg</i>	34
<i>aripiprazole oral solution 1 mg/ml</i>	53	<i>atenolol & chlorthalidone tab 50-25 mg</i>	34
<i>aripiprazole orally disintegrating tab 10 mg</i>	53	<i>atenolol tab 100 mg</i>	35
<i>aripiprazole orally disintegrating tab 15 mg</i>	53	<i>atenolol tab 25 mg</i>	35
<i>aripiprazole tab 10 mg</i>	53	<i>atenolol tab 50 mg</i>	35
<i>aripiprazole tab 15 mg</i>	53	ATGAM INJ 250MG	91
<i>aripiprazole tab 2 mg</i>	53	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	58
<i>aripiprazole tab 20 mg</i>	53	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	59
<i>aripiprazole tab 30 mg</i>	53	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	58
<i>aripiprazole tab 5 mg</i>	53	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	58
ARISTADA INJ 1064MG	54	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	58
ARISTADA INJ 441MG/1.....	54	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	58
ARISTADA INJ 662MG/2.....	54	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	59
ARISTADA INJ 882MG/3.....	54	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	33
ARISTADA INJ INITIO	54	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	33
<i>armodafinil tab 150 mg</i>	63	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	33
<i>armodafinil tab 200 mg</i>	63	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	33
<i>armodafinil tab 250 mg</i>	63	<i>atovaquone susp 750 mg/5ml</i>	4
<i>armodafinil tab 50 mg</i>	63	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	7
ARMOUR THYRO TAB 120MG	78	<i>atropine sulfate ophth soln 1%</i>	98
ARMOUR THYRO TAB 15MG	78		
ARMOUR THYRO TAB 180MG	78		
ARMOUR THYRO TAB 240MG	78		
ARMOUR THYRO TAB 300MG	78		
ARMOUR THYRO TAB 30MG	78		
ARMOUR THYRO TAB 60MG	78		
ARMOUR THYRO TAB 90MG	78		
ARNUITY ELPT INH 100MCG	102		
ARNUITY ELPT INH 200MCG	102		
ARNUITY ELPT INH 50MCG	101		
ARRANON INJ 5MG/ML.....	18		
ARZERRA CON 100/5ML	21		
<i>ascomp/codeine</i>	2		
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	54		

ATROVENT HFA AER 17MCG	99	<i>baclofen tab 10 mg</i>	62
AUBAGIO TAB 14MG	61	<i>baclofen tab 20 mg</i>	62
AUBAGIO TAB 7MG.....	61	BAFIERTAM CAP 95MG.....	61
<i>aubra eq</i>	69	BALCOLTRA TAB 0.1-20	69
AURYXIA TAB 210MG.....	78	<i>balsalazide disodium cap 750 mg</i>	83
AUSTEDO TAB 12MG	61	BALVERSA TAB 3MG	21
AUSTEDO TAB 6MG	61	BALVERSA TAB 4MG	21
AUSTEDO TAB 9MG	61	BALVERSA TAB 5MG	21
AUSTEDO XR TAB 12MG.....	61	<i>balziva</i>	69
AUSTEDO XR TAB 24MG.....	61	BAQSIMI ONE POW 3MG/DOSE	75
AUSTEDO XR TAB 6MG	61	BASAGLAR INJ 100UNIT.....	67
AUSTEDO XR TAB TITR KIT	61	BCG VACCINE INJ 50MG	92
AUVELITY TAB 45-105MG	48	BD SWAB REG PAD SNGL USE	67
AVASTIN INJ.....	21	BELEODAQ INJ 500MG.....	21
AVASTIN INJ 400/16ML.....	21	<i>benazepril & hydrochlorothiazide tab</i>	
<i>aviane</i>	69	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>	18	<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> 17	
<i>azathioprine tab 50 mg</i>	91	<i>bendamustine hcl for iv soln 25 mg</i> ..17	
<i>azathioprine tab 75 mg</i>	91	BENLYSTA INJ 120MG.....	91
<i>azelaic acid gel 15%</i>	106	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>	52
<i>azithromycin for susp 100 mg/5ml</i> ...	13	<i>benztropine mesylate tab 0.5 mg</i>	52
<i>azithromycin for susp 200 mg/5ml</i> ...	13	<i>benztropine mesylate tab 1 mg</i>	52
<i>azithromycin iv for soln 500 mg</i>	13	<i>benztropine mesylate tab 2 mg</i>	52
<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>	95		

<i>betamethasone dipropionate</i>	
<i>augmented oint 0.05%</i>	105
<i>betamethasone dipropionate cream</i>	
<i>0.05%</i>	105
<i>betamethasone dipropionate lotion</i>	
<i>0.05%</i>	105
<i>betamethasone dipropionate oint</i>	
<i>0.05%</i>	105
<i>betamethasone valerate cream 0.1%</i>	
<i>(base equivalent)</i>	105
<i>betamethasone valerate lotion 0.1%</i>	
<i>(base equivalent)</i>	105
<i>betamethasone valerate oint 0.1%</i>	
<i>(base equivalent)</i>	105
BETASERON INJ 0.3MG	61
<i>betaxolol hcl ophth soln 0.5%</i>	97
<i>betaxolol hcl tab 10 mg</i>	35
<i>betaxolol hcl tab 20 mg</i>	35
<i>bethanechol chloride tab 10 mg</i>	85
<i>bethanechol chloride tab 25 mg</i>	85
<i>bethanechol chloride tab 5 mg</i>	85
<i>bethanechol chloride tab 50 mg</i>	85
BETOPTIC-S SUS 0.25% OP	97
BEVESPI AER 9-4.8MCG	98
<i>bexarotene cap 75 mg</i>	20
<i>bexarotene gel 1%</i>	106
BEXSERO INJ.....	92
BEYFORTUS INJ 100MG/ML	91
BEYFORTUS INJ 50/0.5ML	91
<i>bicalutamide tab 50 mg</i>	18
BICILLIN C-R INJ 1200000	15
BICILLIN C-R INJ 900/300.....	15
BICILLIN L-A INJ 1200000.....	15
BICILLIN L-A INJ 2400000.....	15
BICILLIN L-A INJ 600000	15
BICNU INJ 100MG	17
BIJUVA CAP 1-100MG	73
BIKTARVY TAB.....	9
<i>bimatoprost ophth soln 0.03%</i>	97
<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>10-6.25 mg</i>	34
<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>2.5-6.25 mg</i>	34
<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
<i>6.25 mg</i>	34
<i>bisoprolol fumarate tab 10 mg</i>	35
<i>bisoprolol fumarate tab 5 mg</i>	35
BIVIGAM INJ 10%	90
<i>bleomycin sulfate for inj 15 unit</i>	17
<i>bleomycin sulfate for inj 30 unit</i>	17
<i>blisovi 24 fe</i>	69
<i>blisovi fe 1.5/30</i>	70
BOOSTRIX INJ	92
BOSULIF TAB 100MG	21
BOSULIF TAB 400MG	21
BOSULIF TAB 500MG	22
BRAFTOVI CAP 75MG.....	22
BREO ELLIPTA INH 100-25	102
BREO ELLIPTA INH 200-25	102
BREO ELLIPTA INH 50-25MCG	102
BREZTRI AERO AER SPHERE	100
<i>briellyn</i>	70
BRILINTA TAB 60MG.....	89
BRILINTA TAB 90MG.....	89
<i>brimonidine tartrate ophth soln 0.15%</i>	
.....	97
<i>brimonidine tartrate ophth soln 0.2%</i>	97
<i>brimonidine tartrate-timolol maleate</i>	
<i>ophth soln 0.2-0.5%</i>	97
<i>brinzolamide ophth susp 1%</i>	97
BRIVIACT INJ 50MG/5ML	42
BRIVIACT SOL 10MG/ML	42
BRIVIACT TAB 100MG.....	42
BRIVIACT TAB 10MG	42
BRIVIACT TAB 25MG	42
BRIVIACT TAB 50MG	42
BRIVIACT TAB 75MG	42
<i>bromfenac sodium ophth soln 0.09%</i>	
<i>(base equiv) (once-daily)</i>	96
<i>bromocriptine mesylate tab 2.5 mg</i>	
<i>(base equivalent)</i>	52
BRUKINSA CAP 80MG	22
<i>budesonide delayed release particles</i>	
<i>cap 3 mg</i>	83
<i>budesonide inhalation susp 0.25</i>	
<i>mg/2ml</i>	102
<i>budesonide inhalation susp 0.5 mg/2ml</i>	
.....	102
<i>budesonide inhalation susp 1 mg/2ml</i>	
.....	102
<i>budesonide tab er 24hr 9 mg</i>	83
<i>bumetanide tab 0.5 mg</i>	38
<i>bumetanide tab 1 mg</i>	38
<i>bumetanide tab 2 mg</i>	38

<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	3	<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	63	<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	63	<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1
<i>buprenorphine hcl-naloxone hcl sl film 12-3 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 2-0.5 mg (base equiv)</i>	63	<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	63	<i>butorphanol tartrate inj 1 mg/ml</i>	3
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	63	<i>butorphanol tartrate inj 2 mg/ml</i>	3
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	63	<i>butorphanol tartrate nasal soln 10 mg/ml</i>	3
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	63	BYDUREON BC INJ 2/0.85ML	65
<i>buprenorphine td patch weekly 10 mcg/hr</i>	2	BYDUREON INJ 2MG	65
<i>buprenorphine td patch weekly 15 mcg/hr</i>	2	BYETTA INJ 10MCG	65
<i>buprenorphine td patch weekly 20 mcg/hr</i>	2	BYETTA INJ 5MCG	65
<i>buprenorphine td patch weekly 5 mcg/hr</i>	2	C	
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	2	<i>cabergoline tab 0.5 mg</i>	76
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	64	CABLIVI KIT 11MG	88
<i>bupropion hcl tab 100 mg</i>	48	CABOMETYX TAB 20MG	22
<i>bupropion hcl tab 75 mg</i>	48	CABOMETYX TAB 40MG	22
<i>bupropion hcl tab er 12hr 100 mg</i>	48	CABOMETYX TAB 60MG	22
<i>bupropion hcl tab er 12hr 150 mg</i>	48	<i>calcipotriene cream 0.005%</i>	104
<i>bupropion hcl tab er 12hr 200 mg</i>	48	<i>calcipotriene foam 0.005%</i>	105
<i>bupropion hcl tab er 24hr 150 mg</i>	48	<i>calcipotriene oint 0.005%</i>	104
<i>bupropion hcl tab er 24hr 300 mg</i>	48	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	104
<i>bupirone hcl tab 10 mg</i>	41	<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> ..	105
<i>bupirone hcl tab 15 mg</i>	41	<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> ..	105
<i>bupirone hcl tab 30 mg</i>	41	<i>calcitonin (salmon) nasal soln 200 unit/act</i>	68
<i>bupirone hcl tab 5 mg</i>	41	<i>calcitriol cap 0.25 mcg</i>	81
<i>bupirone hcl tab 7.5 mg</i>	41	<i>calcitriol cap 0.5 mcg</i>	81
<i>busulfan inj 6 mg/ml</i>	17	<i>calcitriol inj 1 mcg/ml</i>	81
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	<i>calcitriol oint 3 mcg/gm</i>	104
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	3	<i>calcitriol oral soln 1 mcg/ml</i>	81
		<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	78
		<i>calcium acetate (phosphate binder) tab 667 mg</i>	78
		CALQUENCE CAP 100MG	22
		CALQUENCE TAB 100MG	22
		<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	52
<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	52
<i>candesartan cilexetil tab 8 mg</i>	31	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil-</i>		25-100-200 mg.....	52
<i>hydrochlorothiazide tab 16-12.5 mg</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
.....	30	31.25-125-200 mg	52
<i>candesartan cilexetil-</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
<i>hydrochlorothiazide tab 32-12.5 mg</i>		37.5-150-200 mg	52
.....	30	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil-</i>		50-200-200 mg.....	52
<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	54	<i>carboplatin iv soln 50 mg/5ml</i>	17
CAPLYTA CAP 21MG.....	54	<i>carboplatin iv soln 600 mg/60ml</i>	17
CAPLYTA CAP 42MG.....	54	<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> ..	42	<i>carvedilol phosphate cap er 24hr 40</i>	
<i>carbamazepine cap er 12hr 200 mg</i> ..	42	mg	35
<i>carbamazepine cap er 12hr 300 mg</i> ..	42	<i>carvedilol phosphate cap er 24hr 80</i>	
<i>carbamazepine chew tab 100 mg</i>	42	mg	35
<i>carbamazepine susp 100 mg/5ml</i>	42	<i>carvedilol tab 12.5 mg</i>	35
<i>carbamazepine tab 200 mg</i>	42	<i>carvedilol tab 25 mg</i>	35
<i>carbamazepine tab er 12hr 100 mg</i> ..	42	<i>carvedilol tab 3.125 mg</i>	35
<i>carbamazepine tab er 12hr 200 mg</i> ..	42	<i>carvedilol tab 6.25 mg</i>	35
<i>carbamazepine tab er 12hr 400 mg</i> ..	42	CAYSTON INH 75MG.....	5
<i>carbidopa & levodopa orally</i>		<i>cefaclor cap 250 mg</i>	12
<i>disintegrating tab 10-100 mg</i>	52	<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>	52	<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>	52	<i>cefadroxil tab 1 gm</i>	12
<i>carbidopa & levodopa tab 10-100 mg</i>	52	<i>cefazolin sodium for inj 1 gm</i>	12
<i>carbidopa & levodopa tab 25-100 mg</i>	52	<i>cefazolin sodium for inj 10 gm</i>	12
<i>carbidopa & levodopa tab 25-250 mg</i>	52	<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	52	<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	52	<i>cefepime hcl for inj 1 gm</i>	12
<i>carbidopa tab 25 mg</i>	52	<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>chloroquine phosphate tab 250 mg</i>	8
<i>cefixime for susp 200 mg/5ml</i>	12	<i>chloroquine phosphate tab 500 mg</i>	8
<i>cefotetan disodium for inj 1 gm</i>	12	<i>chlorpromazine hcl inj 50 mg/2ml</i>	54
<i>cefotetan disodium for inj 2 gm</i>	12	<i>chlorpromazine hcl tab 10 mg</i>	54
<i>cefoxitin sodium for iv soln 1 gm</i>	12	<i>chlorpromazine hcl tab 100 mg</i>	54
<i>cefoxitin sodium for iv soln 10 gm</i>	12	<i>chlorpromazine hcl tab 200 mg</i>	54
<i>cefoxitin sodium for iv soln 2 gm</i>	12	<i>chlorpromazine hcl tab 25 mg</i>	54
<i>cefpodoxime proxetil for susp 100</i>		<i>chlorpromazine hcl tab 50 mg</i>	54
<i>mg/5ml</i>	12	<i>chlorthalidone tab 25 mg</i>	38
<i>cefpodoxime proxetil for susp 50</i>		<i>chlorthalidone tab 50 mg</i>	38
<i>mg/5ml</i>	12	<i>cholestyramine light powder 4 gm/dose</i>	
<i>cefpodoxime proxetil tab 100 mg</i>	12	.....	34
<i>cefpodoxime proxetil tab 200 mg</i>	12	<i>cholestyramine powder packets 4 gm</i>	34
<i>cefprozil for susp 125 mg/5ml</i>	13	<i>ciclopirox gel 0.77%</i>	104
<i>cefprozil for susp 250 mg/5ml</i>	13	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>cefprozil tab 250 mg</i>	13	<i>equiv)</i>	104
<i>cefprozil tab 500 mg</i>	13	<i>ciclopirox olamine susp 0.77% (base</i>	
<i>ceftazidime for inj 1 gm</i>	13	<i>equiv)</i>	104
<i>ceftazidime for inj 6 gm</i>	13	<i>ciclopirox shampoo 1%</i>	104
<i>ceftazidime for iv soln 2 gm</i>	13	<i>ciclopirox solution 8%</i>	104
<i>ceftriaxone sodium for inj 1 gm</i>	13	<i>cidofovir iv inj 75 mg/ml</i>	11
<i>ceftriaxone sodium for inj 10 gm</i>	13	<i>cilostazol tab 100 mg</i>	88
<i>ceftriaxone sodium for inj 2 gm</i>	13	<i>cilostazol tab 50 mg</i>	88
<i>ceftriaxone sodium for inj 250 mg</i>	13	CILOXAN OIN 0.3% OP.....	96
<i>ceftriaxone sodium for inj 500 mg</i>	13	CIMDUO TAB 300-300.....	9
<i>cefuroxime axetil tab 250 mg</i>	13	<i>cinacalcet hcl tab 30 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 60 mg (base equiv)</i>	
<i>cefuroxime sodium for iv soln 1.5 gm</i>		.....	76
.....	13	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	
<i>celecoxib cap 100 mg</i>	1	.....	76
<i>celecoxib cap 200 mg</i>	1	CINRYZE SOL 500 UNIT.....	88
<i>celecoxib cap 400 mg</i>	1	CIPRO HC SUS OTIC.....	98
<i>celecoxib cap 50 mg</i>	1	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	14
CELONTIN CAP 300MG.....	42	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	14
<i>cephalexin cap 250 mg</i>	13	<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	
<i>cephalexin cap 500 mg</i>	13	<i>equivalent)</i>	96
<i>cephalexin for susp 125 mg/5ml</i>	13	<i>ciprofloxacin hcl otic soln 0.2% (base</i>	
<i>cephalexin for susp 250 mg/5ml</i>	13	<i>equivalent)</i>	98
<i>cephalexin tab 250 mg</i>	13	<i>ciprofloxacin hcl tab 100 mg (base</i>	
<i>cephalexin tab 500 mg</i>	13	<i>equiv)</i>	14
<i>cevimeline hcl cap 30 mg</i>	108	<i>ciprofloxacin hcl tab 250 mg (base</i>	
CHEMET CAP 100MG.....	69	<i>equiv)</i>	14
<i>chlordiazepoxide hcl cap 10 mg</i>	41	<i>ciprofloxacin hcl tab 500 mg (base</i>	
<i>chlordiazepoxide hcl cap 25 mg</i>	41	<i>equiv)</i>	14
<i>chlordiazepoxide hcl cap 5 mg</i>	41	<i>ciprofloxacin hcl tab 750 mg (base</i>	
<i>chlorhexidine gluconate soln 0.12%</i>	108	<i>equiv)</i>	14

<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	14	<i>clindamycin phosphate soln 1%</i>	103
.....	14	<i>clindamycin phosphate swab 1%....</i>	103
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	14	<i>clindamycin phosphate vaginal cream</i>	
.....	14	2%	86
<i>ciprofloxacin-dexamethasone otic susp</i>		<i>clindamycin phosph-benzoyl peroxide</i>	
0.3-0.1%.....	98	(refrig) gel 1.2 (1)-5%.....	103
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	17	<i>clobazam suspension 2.5 mg/ml</i>	42
.....	17	<i>clobazam tab 10 mg</i>	42
<i>cisplatin inj 50 mg/50ml (1 mg/ml) ..</i>	17	<i>clobazam tab 20 mg</i>	42
<i>citalopram hydrobromide oral soln 10</i>		<i>clobetasol propionate cream 0.05%</i>	105
mg/5ml	48	<i>clobetasol propionate e</i>	105
<i>citalopram hydrobromide tab 10 mg</i>		<i>clobetasol propionate emulsion foam</i>	
(base equiv)	48	0.05%	105
<i>citalopram hydrobromide tab 20 mg</i>		<i>clobetasol propionate foam 0.05% .</i>	105
(base equiv)	48	<i>clobetasol propionate gel 0.05%</i>	105
<i>citalopram hydrobromide tab 40 mg</i>		<i>clobetasol propionate lotion 0.05%.</i>	105
(base equiv)	48	<i>clobetasol propionate oint 0.05% ...</i>	105
<i>claravis cap 10mg</i>	103	<i>clobetasol propionate shampoo 0.05%</i>	
<i>claravis cap 20mg</i>	103	.....	105
<i>claravis cap 30mg</i>	103	<i>clobetasol propionate soln 0.05%... </i>	105
<i>claravis cap 40mg</i>	103	<i>clobetasol propionate spray 0.05%.</i>	105
<i>clarithromycin for susp 125 mg/5ml .</i>	13	<i>clocortolone pivalate cream 0.1%... </i>	105
<i>clarithromycin for susp 250 mg/5ml .</i>	13	<i>clodan sha 0.05%</i>	105
<i>clarithromycin tab 250 mg.....</i>	13	<i>clofarabine iv soln 1 mg/ml</i>	18
<i>clarithromycin tab 500 mg.....</i>	13	<i>clomipramine hcl cap 25 mg</i>	48
<i>clarithromycin tab er 24hr 500 mg ...</i>	13	<i>clomipramine hcl cap 50 mg</i>	48
<i>CLEOCIN SUP 100MG.....</i>	86	<i>clonazepam orally disintegrating tab</i>	
<i>clindacin mis etz 1%.....</i>	103	0.125 mg	42
<i>clindamycin hcl cap 150 mg.....</i>	5	<i>clonazepam orally disintegrating tab</i>	
<i>clindamycin hcl cap 300 mg.....</i>	5	0.25 mg	42
<i>clindamycin hcl cap 75 mg</i>	5	<i>clonazepam orally disintegrating tab</i>	
<i>clindamycin palmitate hcl for soln 75</i>		0.5 mg	42
mg/5ml (base equiv)	5	<i>clonazepam orally disintegrating tab 1</i>	
<i>clindamycin phosphate gel 1%</i>	103	mg	42
<i>clindamycin phosphate in d5w iv soln</i>		<i>clonazepam orally disintegrating tab 2</i>	
300 mg/50ml	5	mg	42
<i>clindamycin phosphate in d5w iv soln</i>		<i>clonazepam tab 0.5 mg.....</i>	42
600 mg/50ml	5	<i>clonazepam tab 1 mg</i>	42
<i>clindamycin phosphate in d5w iv soln</i>		<i>clonazepam tab 2 mg</i>	42
900 mg/50ml	5	<i>clonidine hcl tab 0.1 mg</i>	39
<i>clindamycin phosphate inj 300 mg/2ml</i>		<i>clonidine hcl tab 0.2 mg</i>	39
.....	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	equiv)	89
<i>clindamycin phosphate inj 900 mg/6ml</i>		<i>clopidogrel bisulfate tab 75 mg (base</i>	
.....	5	equiv)	89
<i>clindamycin phosphate lotion 1% ...</i>	103	<i>clorazepate dipotassium tab 15 mg ..</i>	42

<i>clorazepate dipotassium tab 3.75 mg</i>	42	<i>CREON CAP 6000UNIT</i>	84
<i>clorazepate dipotassium tab 7.5 mg</i>	42	<i>cromolyn sodium ophth soln 4%</i>	97
<i>clotrimazole cream 1%</i>	104	<i>cromolyn sodium oral conc 100 mg/5ml</i>	83
<i>clotrimazole soln 1%</i>	104	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	100
<i>clotrimazole troche 10 mg</i>	108	<i>cryselle-28</i>	70
<i>clotrimazole w/ betamethasone cream</i>		<i>cyclobenzaprine hcl tab 10 mg</i>	63
<i>1-0.05%</i>	104	<i>cyclobenzaprine hcl tab 5 mg</i>	63
<i>clozapine orally disintegrating tab 100</i>		<i>CYCLOPHOSPH TAB 25MG</i>	17
<i>mg</i>	54	<i>CYCLOPHOSPH TAB 50MG</i>	17
<i>clozapine orally disintegrating tab 12.5</i>		<i>cyclophosphamide cap 25 mg</i>	17
<i>mg</i>	54	<i>cyclophosphamide cap 50 mg</i>	17
<i>clozapine orally disintegrating tab 150</i>		<i>cyclosporine (ophth) emulsion 0.05%</i>	98
<i>mg</i>	54	<i>cyclosporine cap 100 mg</i>	91
<i>clozapine orally disintegrating tab 200</i>		<i>cyclosporine cap 25 mg</i>	91
<i>mg</i>	54	<i>cyclosporine iv soln 50 mg/ml</i>	91
<i>clozapine orally disintegrating tab 25</i>		<i>cyclosporine modified cap 100 mg</i>	91
<i>mg</i>	54	<i>cyclosporine modified cap 25 mg</i>	91
<i>clozapine tab 100 mg</i>	54	<i>cyclosporine modified cap 50 mg</i>	91
<i>clozapine tab 200 mg</i>	54	<i>cyclosporine modified oral soln 100</i>	
<i>clozapine tab 25 mg</i>	54	<i>mg/ml</i>	91
<i>clozapine tab 50 mg</i>	54	<i>cyproheptadine hcl tab 4 mg</i>	99
<i>COARTEM TAB 20-120MG</i>	8	<i>CYRAMZA INJ 100/10ML</i>	22
<i>colchicine tab 0.6 mg</i>	1	<i>CYRAMZA INJ 500/50ML</i>	22
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>cyred eq tab</i>	70
<i>mg</i>	1	<i>CYSTADROPS SOL 0.37%</i>	98
<i>colesevelam hcl tab 625 mg</i>	34	<i>CYSTAGON CAP 150MG</i>	76
<i>colestipol hcl granule packets 5 gm</i>	34	<i>CYSTAGON CAP 50MG</i>	76
<i>colestipol hcl tab 1 gm</i>	34	<i>CYSTARAN SOL 0.44%</i>	98
<i>colistimethate sod for inj 150 mg</i>		<i>cytarabine inj 20 mg/ml</i>	18
<i>(colistin base activity)</i>	5	<i>cytarabine inj pf 100 mg/ml</i>	18
<i>COMBIVENT AER 20-100</i>	98	<i>cytarabine inj pf 20 mg/ml</i>	18
<i>COMETRIQ (60MG DOSE)</i>	22	D	
<i>COMETRIQ KIT 100MG</i>	22	<i>D10W/NAACL INJ 0.2%</i>	93
<i>COMETRIQ KIT 140MG</i>	22	<i>dabigatran etexilate mesylate cap 150</i>	
<i>COMPLERA TAB</i>	9	<i>mg (etexilate base eq)</i>	86
<i>compro</i>	81	<i>dabigatran etexilate mesylate cap 75</i>	
<i>constulose</i>	83	<i>mg (etexilate base eq)</i>	86
<i>COPIKTRA CAP 15MG</i>	22	<i>dacarbazine for inj 100 mg</i>	20
<i>COPIKTRA CAP 25MG</i>	22	<i>dacarbazine for inj 200 mg</i>	20
<i>CORLANOR TAB 5MG</i>	39	<i>dalfampridine tab er 12hr 10 mg</i>	62
<i>CORLANOR TAB 7.5MG</i>	39	<i>DALIRESPI TAB 250MCG</i>	100
<i>CORTROPHIN GEL 80UNIT</i>	76	<i>DALIRESPI TAB 500MCG</i>	100
<i>COTELLIC TAB 20MG</i>	22	<i>danazol cap 100 mg</i>	73
<i>CREON CAP 12000UNT</i>	84	<i>danazol cap 200 mg</i>	73
<i>CREON CAP 24000UNT</i>	84		
<i>CREON CAP 3000UNIT</i>	84		
<i>CREON CAP 36000UNT</i>	84		

<i>danazol cap 50 mg</i>	73	<i>desloratadine tab 5 mg</i>	99
<i>dapsone tab 100 mg</i>	5	<i>desmopressin acetate nasal spray soln</i>	
<i>dapsone tab 25 mg</i>	5	<i>0.01% (refrigerated)</i>	76
DAPTACEL INJ.....	92	<i>desmopressin acetate tab 0.1 mg</i>	76
<i>daptomycin for iv soln 500 mg</i>	5	<i>desmopressin acetate tab 0.2 mg</i>	76
<i>darifenacin hydrobromide tab er 24hr</i>		<i>desogest-eth estrad & eth estrad tab</i>	
<i>15 mg (base equiv)</i>	85	<i>0.15-0.02/0.01 mg(21/5)</i>	70
<i>darifenacin hydrobromide tab er 24hr</i>		<i>desogestrel & ethinyl estradiol tab 0.15</i>	
<i>7.5 mg (base equiv)</i>	85	<i>mg-30 mcg</i>	70
<i>darunavir tab 600 mg</i>	8	<i>desonide cream 0.05%</i>	105
<i>darunavir tab 800 mg</i>	8	<i>desonide lotion 0.05%</i>	105
DARZALEX SOL 100MG/5M	22	<i>desonide oint 0.05%</i>	105
DARZALEX SOL 400MG/20	22	<i>desvenlafaxine succinate tab er 24hr</i>	
<i>daunorubicin hcl iv soln 20 mg/4ml</i>		<i>100 mg (base equiv)</i>	49
<i>(base equiv)</i>	17	<i>desvenlafaxine succinate tab er 24hr</i>	
DAURISMO TAB 100MG	22	<i>25 mg (base equiv)</i>	49
DAURISMO TAB 25MG.....	22	<i>desvenlafaxine succinate tab er 24hr</i>	
<i>deblitane</i>	70	<i>50 mg (base equiv)</i>	49
<i>decitabine for inj 50 mg</i>	18	<i>dexamethasone sodium phosphate inj</i>	
<i>deferasirox granules packet 180 mg</i> .69		<i>10 mg/ml</i>	74
<i>deferasirox granules packet 360 mg</i> .69		<i>dexamethasone sodium phosphate inj</i>	
<i>deferasirox granules packet 90 mg</i> ...69		<i>120 mg/30ml</i>	74
<i>deferasirox tab 180 mg</i>	69	<i>dexamethasone sodium phosphate</i>	
<i>deferasirox tab 360 mg</i>	69	<i>ophth soln 0.1%</i>	96
<i>deferasirox tab 90 mg</i>	69	<i>dexamethasone soln 0.5 mg/5ml</i>	74
<i>deferasirox tab for oral susp 125 mg</i> 69		<i>dexamethasone tab 0.5 mg</i>	74
<i>deferasirox tab for oral susp 250 mg</i> 69		<i>dexamethasone tab 0.75 mg</i>	74
<i>deferasirox tab for oral susp 500 mg</i> 69		<i>dexamethasone tab 1 mg</i>	74
<i>deferiprone tab 1000 mg</i>	69	<i>dexamethasone tab 1.5 mg</i>	74
<i>deferiprone tab 500 mg</i>	69	<i>dexamethasone tab 2 mg</i>	74
DELSTRIGO TAB.....	10	<i>dexamethasone tab 4 mg</i>	74
<i>delyla</i>	70	<i>dexamethasone tab 6 mg</i>	74
DEPEN TITRA TAB 250MG.....	69	<i>dexlansoprazole cap delayed release 30</i>	
DEPO-MEDROL INJ 20MG/ML	74	<i>mg</i>	84
DEPO-MEDROL INJ 40MG/ML	74	<i>dexlansoprazole cap delayed release 60</i>	
DEPO-MEDROL INJ 80MG/ML	74	<i>mg</i>	84
DEPO-SQ PROV INJ 104	70	<i>dexmethylphenidate hcl tab 10 mg</i> ...59	
<i>depo-testost inj 100mg/ml</i>	64	<i>dexmethylphenidate hcl tab 2.5 mg</i> ..59	
<i>depo-testost inj 200mg/ml</i>	64	<i>dexmethylphenidate hcl tab 5 mg</i> ....59	
DESCOVY TAB 120-15MG	10	<i>dexrazoxane hcl for inj 250 mg (base</i>	
DESCOVY TAB 200/25MG	10	<i>equivalent)</i>	27
<i>desipramine hcl tab 10 mg</i>	49	<i>dextroamphetamine sulfate oral</i>	
<i>desipramine hcl tab 100 mg</i>	49	<i>solution 5 mg/5ml</i>	59
<i>desipramine hcl tab 150 mg</i>	49	<i>dextroamphetamine sulfate tab 10 mg</i>	
<i>desipramine hcl tab 25 mg</i>	49	.....	59
<i>desipramine hcl tab 50 mg</i>	49	<i>dextroamphetamine sulfate tab 5 mg</i> 59	
<i>desipramine hcl tab 75 mg</i>	49		

<i>dextrose 10% w/ sodium chloride</i>		DIFICID TAB 200MG	13
0.45%.....	94	<i>difluprednate ophth emulsion 0.05%</i>	96
DEXTROSE 2.5% W/ SODIUM		<i>digoxin inj 0.25 mg/ml</i>	39
CHLORIDE 0.45%.....	94	<i>digoxin oral soln 0.05 mg/ml</i>	39
<i>dextrose 5% in lactated ringers</i>	94	<i>digoxin tab 125 mcg (0.125 mg)</i>	39
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>digoxin tab 250 mcg (0.25 mg)</i>	39
.....	94	<i>dihydroergotamine mesylate inj 1</i>	
<i>dextrose 5% w/ sodium chloride 0.45%</i>		mg/ml.....	60
.....	94	<i>dihydroergotamine mesylate nasal</i>	
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>spray 4 mg/ml</i>	60
.....	94	DILANTIN CAP 100MG	43
<i>dextrose inj 10%</i>	95	DILANTIN CAP 30MG	43
<i>dextrose inj 5%</i>	95	DILANTIN CHW 50MG	43
DIACOMIT CAP 250MG.....	42	DILANTIN-125 SUS 125/5ML	43
DIACOMIT CAP 500MG.....	42	<i>diltiazem hcl cap er 12hr 120 mg</i>	36
DIACOMIT PAK 250MG.....	42	<i>diltiazem hcl cap er 12hr 60 mg</i>	36
DIACOMIT PAK 500MG.....	43	<i>diltiazem hcl cap er 12hr 90 mg</i>	36
DIASTAT ACDL GEL 12.5-20	43	<i>diltiazem hcl coated beads cap er 24hr</i>	
DIASTAT ACDL GEL 5-10MG	43	120 mg	36
DIASTAT PED GEL 2.5M GEL	43	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam intensol</i>	43	180 mg	36
<i>diazepam oral soln 1 mg/ml</i>	43	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam rectal gel delivery system 10</i>		240 mg	36
mg	43	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam rectal gel delivery system 2.5</i>		300 mg	36
mg	43	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam rectal gel delivery system 20</i>		360 mg	36
mg	43	<i>diltiazem hcl extended release beads</i>	
<i>diazepam tab 10 mg</i>	43	cap er 24hr 360 mg	36
<i>diazepam tab 2 mg</i>	43	<i>diltiazem hcl extended release beads</i>	
<i>diazepam tab 5 mg</i>	43	cap er 24hr 420 mg	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>		mg/ml)	36
<i>diethylamine equiv)</i>	106	<i>diltiazem hcl tab 120 mg</i>	37
<i>diclofenac sodium ophth soln 0.1%</i> ...96		<i>diltiazem hcl tab 30 mg</i>	36
<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
50 mg	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
75 mg	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	release 120 mg	62
DIFICID SUS	13		

<i>dimethyl fumarate capsule delayed release 240 mg</i>	62	<i>doxazosin mesylate tab 2 mg</i>	29
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	62	<i>doxazosin mesylate tab 4 mg</i>	29
DIP/TET PED INJ 25-5LFU	92	<i>doxazosin mesylate tab 8 mg</i>	29
<i>diphenhydramine hcl inj 50 mg/ml</i> ...	99	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	59
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	83	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	59
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	83	<i>doxepin hcl cap 10 mg</i>	49
<i>disopyramide phosphate cap 100 mg</i>	32	<i>doxepin hcl cap 100 mg</i>	49
<i>disopyramide phosphate cap 150 mg</i>	32	<i>doxepin hcl cap 150 mg</i>	49
<i>disulfiram tab 250 mg</i>	64	<i>doxepin hcl cap 25 mg</i>	49
<i>disulfiram tab 500 mg</i>	64	<i>doxepin hcl cap 50 mg</i>	49
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	43	<i>doxepin hcl cap 75 mg</i>	49
<i>divalproex sodium tab delayed release 125 mg</i>	43	<i>doxepin hcl cap 150 mg</i>	49
<i>divalproex sodium tab delayed release 250 mg</i>	43	<i>doxepin hcl conc 10 mg/ml</i>	49
<i>divalproex sodium tab delayed release 500 mg</i>	43	<i>doxercalciferol cap 0.5 mcg</i>	81
<i>divalproex sodium tab er 24 hr 250 mg</i>	43	<i>doxercalciferol cap 1 mcg</i>	81
<i>divalproex sodium tab er 24 hr 500 mg</i>	43	<i>doxercalciferol cap 2.5 mcg</i>	81
DOCETAXEL INJ 160/16ML	21	<i>doxorubicin hcl inj 2 mg/ml</i>	17
DOCETAXEL INJ 80MG/4ML	21	<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	17
<i>dofetilide cap 125 mcg (0.125 mg)</i> ...	32	<i>doxy 100</i>	16
<i>dofetilide cap 250 mcg (0.25 mg)</i>	32	<i>doxycycline hyclate cap 100 mg</i>	16
<i>dofetilide cap 500 mcg (0.5 mg)</i>	32	<i>doxycycline hyclate cap 50 mg</i>	16
DOJOLVI LIQ 100%	76	<i>doxycycline hyclate tab 100 mg</i>	16
<i>dolishale</i>	70	<i>doxycycline hyclate tab 20 mg</i>	16
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	47	<i>doxycycline monohydrate cap 100 mg</i>	16
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	47	<i>doxycycline monohydrate cap 50 mg</i>	16
<i>donepezil hydrochloride tab 10 mg</i> ...	47	<i>doxycycline monohydrate cap 75 mg</i>	16
<i>donepezil hydrochloride tab 23 mg</i> ...	47	<i>doxycycline monohydrate for susp 25 mg/5ml</i>	16
<i>donepezil hydrochloride tab 5 mg</i>	47	<i>doxycycline monohydrate tab 100 mg</i>	16
DORIBAX INJ 250MG	5	<i>doxycycline monohydrate tab 150 mg</i>	16
<i>dorzolamide hcl ophth soln 2%</i>	97	<i>doxycycline monohydrate tab 50 mg</i>	16
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	97	<i>doxycycline monohydrate tab 75 mg</i>	16
<i>dotti</i>	73	DRIZALMA CAP 20MG DR	49
DOVATO TAB 50-300MG	10	DRIZALMA CAP 30MG DR	49
<i>doxazosin mesylate tab 1 mg</i>	29	DRIZALMA CAP 40MG DR	49
		DRIZALMA CAP 60MG DR	49
		<i>dronabinol cap 10 mg</i>	81
		<i>dronabinol cap 2.5 mg</i>	81
		<i>dronabinol cap 5 mg</i>	81
		<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	70

<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	70	ELIQUIS TAB 5MG	86
DROXIA CAP 200MG	88	ELITEK INJ 1.5MG	27
DROXIA CAP 300MG	88	ELITEK INJ 7.5MG	27
DROXIA CAP 400MG	88	EMCYT CAP 140MG	18
<i>droxidopa cap 100 mg</i>	39	EMGALITY INJ 100MG/ML	60
<i>droxidopa cap 200 mg</i>	39	EMGALITY INJ 120MG/ML	60
<i>droxidopa cap 300 mg</i>	39	EMPLICITI INJ 300MG	22
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	49	EMPLICITI INJ 400MG	22
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	49	EMSAM DIS 12MG/24H	49
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	49	EMSAM DIS 6MG/24HR	49
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	49	EMSAM DIS 9MG/24HR	49
DUPIXENT INJ 100/0.67	89	<i>emtricitabine caps 200 mg</i>	8
DUPIXENT INJ 200/1.14	89	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	10
DUPIXENT INJ 200MG	89	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	10
DUPIXENT INJ 300/2ML	89	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	10
<i>dutasteride cap 0.5 mg</i>	85	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	10
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	85	EMTRIVA SOL 10MG/ML	8
E		EMVERM CHW 100MG	5
<i>e.e.s. 400</i>	13	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	28
EDURANT TAB 25MG	8	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	28
<i>efavirenz cap 200 mg</i>	8	<i>enalapril maleate tab 10 mg</i>	29
<i>efavirenz cap 50 mg</i>	8	<i>enalapril maleate tab 2.5 mg</i>	29
<i>efavirenz tab 600 mg</i>	8	<i>enalapril maleate tab 20 mg</i>	29
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	10	<i>enalapril maleate tab 5 mg</i>	29
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	10	ENBREL INJ 25/0.5ML	89
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	10	ENBREL INJ 25MG	89
<i>effervescent pot chloride</i>	94	ENBREL INJ 50MG/ML	89
EGRIFTA SV INJ 2MG	76	ENBREL MINI INJ 50MG/ML	89
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	60	ENBREL SRCLK INJ 50MG/ML	89
<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	92
ELIQUIS ST P TAB 5MG	86	ENGERIX-B INJ 20MCG/ML	92
ELIQUIS TAB 2.5MG	86	<i>enoxaparin sodium inj 300 mg/3ml</i> ..	86
		<i>mg/ml</i>	86
		<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	86

<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	86	<i>erlotinib hcl tab 100 mg (base equivalent)</i>	22
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	86	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	22
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	86	<i>erlotinib hcl tab 25 mg (base equivalent)</i>	22
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	86	<i>errin</i>	70
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	86	<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	5
<i>enpresse-28</i>	70	<i>ERWINAZE INJ 10000UNT</i>	20
<i>enskyce</i>	70	<i>ery</i>	103
<i>ENSPRYNG INJ</i>	61	<i>ery-tab</i>	13
<i>entacapone tab 200 mg</i>	52	<i>ERYTHROCIN INJ 500MG</i>	13
<i>entecavir tab 0.5 mg</i>	11	<i>erythrocin stearate</i>	13
<i>entecavir tab 1 mg</i>	11	<i>erythromycin ethylsuccinate tab 400 mg</i>	14
<i>ENTRESTO TAB 24-26MG</i>	30	<i>erythromycin gel 2%</i>	103
<i>ENTRESTO TAB 49-51MG</i>	30	<i>erythromycin ophth oint 5 mg/gm</i>	96
<i>ENTRESTO TAB 97-103MG</i>	30	<i>erythromycin soln 2%</i>	103
<i>enulose</i>	83	<i>erythromycin tab 250 mg</i>	14
<i>EPCLUSA PAK 150-37.5</i>	11	<i>erythromycin tab 500 mg</i>	14
<i>EPCLUSA PAK 200-50MG</i>	11	<i>erythromycin tab delayed release 250 mg</i>	14
<i>EPCLUSA TAB 200-50MG</i>	11	<i>erythromycin tab delayed release 333 mg</i>	14
<i>EPCLUSA TAB 400-100</i>	11	<i>erythromycin tab delayed release 500 mg</i>	14
<i>EPIDIOLEX SOL 100MG/ML</i>	43	<i>erythromycin w/ delayed release particles cap 250 mg</i>	14
<i>epinastine hcl ophth soln 0.05%</i>	97	<i>ESBRIET CAP 267MG</i>	100
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	100	<i>ESBRIET TAB 267MG</i>	100
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	100	<i>ESBRIET TAB 801MG</i>	100
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	100	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	49
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	17	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	49
<i>epitol</i>	43	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	49
<i>eplerenone tab 25 mg</i>	29	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	49
<i>eplerenone tab 50 mg</i>	29	<i>estarylla tab 0.25-35</i>	70
<i>EPRONTIA SOL 25MG/ML</i>	43	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	73
<i>ERBITUX INJ 100MG</i>	22	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	73
<i>ERBITUX INJ 200MG</i>	22	<i>estradiol tab 0.5 mg</i>	73
<i>ergoloid mesylates tab 1 mg</i>	47	<i>estradiol tab 1 mg</i>	73
<i>ergotamine w/ caffeine tab 1-100 mg</i>	60		
<i>ERIVEDGE CAP 150MG</i>	22		
<i>ERLEADA TAB 240MG</i>	18		
<i>ERLEADA TAB 60MG</i>	18		

<i>estradiol tab 2 mg</i>	73	<i>everolimus tab 0.75 mg</i>	92
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	73	<i>everolimus tab 1 mg</i>	92
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	73	<i>everolimus tab 10 mg</i>	22
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	73	<i>everolimus tab 2.5 mg</i>	22
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	73	<i>everolimus tab 5 mg</i>	22
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	73	<i>everolimus tab 7.5 mg</i>	22
<i>estradiol td patch weekly 0.025 mg/24hr</i>	73	<i>everolimus tab for oral susp 2 mg</i>	22
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	73	<i>everolimus tab for oral susp 3 mg</i>	22
<i>estradiol td patch weekly 0.05 mg/24hr</i>	73	<i>everolimus tab for oral susp 5 mg</i>	22
<i>estradiol td patch weekly 0.06 mg/24hr</i>	73	EVOTAZ TAB 300-150	10
<i>estradiol td patch weekly 0.075 mg/24hr</i>	73	EVRYSDI SOL	61
<i>estradiol td patch weekly 0.1 mg/24hr</i>	73	<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	<i>ezetimibe tab 10 mg</i>	34
<i>estropipate tab 1.5 mg</i>	74	<i>ezetimibe-simvastatin tab 10-10 mg</i> ..	34
<i>estropipate tab 3 mg</i>	74	<i>ezetimibe-simvastatin tab 10-20 mg</i> ..	34
<i>ethambutol hcl tab 100 mg</i>	10	<i>ezetimibe-simvastatin tab 10-40 mg</i> ..	34
<i>ethambutol hcl tab 400 mg</i>	10	<i>ezetimibe-simvastatin tab 10-80 mg</i> ..	34
<i>ethosuximide cap 250 mg</i>	43	F	
<i>ethosuximide soln 250 mg/5ml</i>	43	<i>falmina</i>	70
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	70	<i>famciclovir tab 125 mg</i>	11
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	70	<i>famciclovir tab 250 mg</i>	11
ETOPOPHOS INJ 100MG	21	<i>famciclovir tab 500 mg</i>	11
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i> ..	21	<i>famotidine for susp 40 mg/5ml</i>	82
<i>etravirine tab 100 mg</i>	8	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	82
<i>etravirine tab 200 mg</i>	8	<i>famotidine preservative free inj 20 mg/2ml</i>	82
EUCRISA OIN 2%	107	<i>famotidine tab 20 mg</i>	82
EULEXIN CAP 125MG	18	<i>famotidine tab 40 mg</i>	83
<i>euthyrox</i>	78	FANAPT TAB 10MG	54
<i>everolimus tab 0.25 mg</i>	92	FANAPT TAB 12MG	54
<i>everolimus tab 0.5 mg</i>	91	FANAPT TAB 1MG	54
		FANAPT TAB 2MG	54
		FANAPT TAB 4MG	54
		FANAPT TAB 6MG	54
		FANAPT TAB 8MG	54
		FARXIGA TAB 10MG	65
		FARXIGA TAB 5MG	65
		FARYDAK CAP 10MG	22
		FARYDAK CAP 15MG	22
		FARYDAK CAP 20MG	22
		FASENRA INJ 30MG/ML	100
		FASENRA PEN INJ 30MG/ML	100
		FASLODEX INJ 250/5ML	18

<i>febuxostat tab 40 mg</i>	1	FETZIMA CAP 120MG	50
<i>febuxostat tab 80 mg</i>	1	FETZIMA CAP 20MG	49
<i>felbamate susp 600 mg/5ml</i>	43	FETZIMA CAP 40MG	49
<i>felbamate tab 400 mg</i>	43	FETZIMA CAP 80MG	49
<i>felbamate tab 600 mg</i>	43	FETZIMA CAP TITRATIO	50
<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>	62
<i>felodipine tab er 24hr 5 mg</i>	37	FINTEPLA SOL 2.2MG/ML	43
<i>fenofibrate micronized cap 134 mg</i> ...	33	FIRDAPSE TAB 10MG	61
<i>fenofibrate micronized cap 200 mg</i> ...	33	FIRMAGON INJ 120MG	19
<i>fenofibrate micronized cap 43 mg</i>	33	FIRMAGON INJ 80MG	18
<i>fenofibrate micronized cap 67 mg</i>	33	FIRVANQ SOL 25MG/ML	5
<i>fenofibrate tab 145 mg</i>	33	FIRVANQ SOL 50MG/ML	5
<i>fenofibrate tab 160 mg</i>	33	<i>flac oil 0.01%</i>	98
<i>fenofibrate tab 48 mg</i>	33	<i>flavoxate hcl tab 100 mg</i>	85
<i>fenofibrate tab 54 mg</i>	33	FLEBOGAMMA INJ 5GM/50ML	90
<i>fentanyl citrate buccal tab 100 mcg</i> (base equiv)	3	<i>flecainide acetate tab 100 mg</i>	32
<i>fentanyl citrate buccal tab 200 mcg</i> (base equiv)	3	<i>flecainide acetate tab 150 mg</i>	32
<i>fentanyl citrate buccal tab 400 mcg</i> (base equiv)	3	<i>flecainide acetate tab 50 mg</i>	32
<i>fentanyl citrate buccal tab 600 mcg</i> (base equiv)	3	FLOVENT DISK AER 100MCG	102
<i>fentanyl citrate buccal tab 800 mcg</i> (base equiv)	3	FLOVENT DISK AER 250MCG	102
<i>fentanyl citrate lozenge on a handle</i> 1200 mcg	3	FLOVENT DISK AER 50MCG	102
<i>fentanyl citrate lozenge on a handle</i> 1600 mcg	3	FLOVENT HFA AER 110MCG	102
<i>fentanyl citrate lozenge on a handle</i> 200 mcg	3	FLOVENT HFA AER 220MCG	102
<i>fentanyl citrate lozenge on a handle</i> 400 mcg	3	FLOVENT HFA AER 44MCG	102
<i>fentanyl citrate lozenge on a handle</i> 600 mcg	3	<i>fluconazole for susp 10 mg/ml</i>	7
<i>fentanyl citrate lozenge on a handle</i> 800 mcg	3	<i>fluconazole for susp 40 mg/ml</i>	7
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	<i>fluconazole in dextrose</i>	7
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	7
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	<i>fluconazole tab 100 mg</i>	7
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	<i>fluconazole tab 150 mg</i>	7
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	<i>fluconazole tab 200 mg</i>	7
<i>fesoterodine fumarate tab er 24hr 4</i> <i>mg</i>	85	<i>fluconazole tab 50 mg</i>	7
<i>fesoterodine fumarate tab er 24hr 8</i> <i>mg</i>	85	<i>flucytosine cap 250 mg</i>	7
		<i>flucytosine cap 500 mg</i>	7
		<i>fludarabine phosphate for inj 50 mg</i> .	18
		<i>fludrocortisone acetate tab 0.1 mg</i> ...	75
		<i>flunisolide nasal soln 25 mcg/act</i> (0.025%)	101
		<i>fluocinolone acetonide (otic) oil 0.01%</i>	98
		<i>fluocinolone acetonide cream 0.01%</i>	105
		<i>fluocinolone acetonide cream 0.025%</i>	105

<i>fluocinolone acetonide oint 0.025%</i>	105	<i>fluticasone propionate hfa inhal aero 44</i>	44
<i>fluocinolone acetonide sc.....</i>	105	<i>mcg/act (50/valve).....</i>	102
<i>fluocinolone acetonide soln 0.01%..</i>	105	<i>fluticasone propionate lotion 0.05%</i>	106
<i>fluocinonide cream 0.05%</i>	105	<i>fluticasone propionate nasal susp 50</i>	
<i>fluocinonide emulsified base cream</i>		<i>mcg/act</i>	101
<i>0.05%.....</i>	105	<i>fluticasone propionate oint 0.005%</i>	106
<i>fluocinonide gel 0.05%</i>	106	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluocinonide oint 0.05%</i>	106	<i>100-50 mcg/act</i>	102
<i>fluocinonide soln 0.05%</i>	106	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluorometholone ophth susp 0.1% ...</i>	96	<i>250-50 mcg/act</i>	102
<i>FLUOROPLEX CRE 1%</i>	107	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluorouracil cream 0.5%.....</i>	107	<i>500-50 mcg/act</i>	102
<i>fluorouracil cream 5%.....</i>	107	<i>fluvastatin sodium cap 20 mg (base</i>	
<i>fluorouracil iv soln 1 gm/20ml (50</i>		<i>equivalent)</i>	33
<i>mg/ml)</i>	18	<i>fluvastatin sodium cap 40 mg (base</i>	
<i>fluorouracil iv soln 5 gm/100ml (50</i>		<i>equivalent)</i>	33
<i>mg/ml)</i>	18	<i>fluvoxamine maleate tab 100 mg</i>	41
<i>fluorouracil soln 2%.....</i>	107	<i>fluvoxamine maleate tab 25 mg</i>	41
<i>fluorouracil soln 5%.....</i>	107	<i>fluvoxamine maleate tab 50 mg</i>	41
<i>fluoxetine hcl cap 10 mg</i>	50	<i>FML FORTE SUS 0.25% OP</i>	96
<i>fluoxetine hcl cap 20 mg</i>	50	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluoxetine hcl cap 40 mg</i>	50	<i>10 mg/0.8ml.....</i>	87
<i>fluoxetine hcl solution 20 mg/5ml.....</i>	50	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine decanoate inj 25 mg/ml</i>	54	<i>2.5 mg/0.5ml.....</i>	87
<i>fluphenazine hcl elixir 2.5 mg/5ml ...</i>	54	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	54	<i>5 mg/0.4ml</i>	87
<i>fluphenazine hcl oral conc 5 mg/ml... </i>	54	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl tab 1 mg</i>	54	<i>7.5 mg/0.6ml.....</i>	87
<i>fluphenazine hcl tab 10 mg.....</i>	54	<i>formoterol fumarate soln nebu 20</i>	
<i>fluphenazine hcl tab 2.5 mg.....</i>	54	<i>mcg/2ml</i>	100
<i>fluphenazine hcl tab 5 mg</i>	54	<i>FORTEO INJ 600/2.4.....</i>	68
<i>flurazepam hcl cap 15 mg</i>	59	<i>fosamprenavir calcium tab 700 mg</i>	
<i>flurazepam hcl cap 30 mg</i>	59	<i>(base equiv)</i>	8
<i>flurbiprofen sodium ophth soln 0.03%</i>		<i>fosfomycin tromethamine powd pack 3</i>	
<i>.....</i>	96	<i>gm (base equivalent).....</i>	5
<i>flutamide cap 125 mg</i>	19	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluticasone furoate-vilanterol aero</i>		<i>tab 10-12.5 mg.....</i>	28
<i>powd ba 100-25 mcg/act.....</i>	102	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluticasone furoate-vilanterol aero</i>		<i>tab 20-12.5 mg.....</i>	28
<i>powd ba 200-25 mcg/act.....</i>	102	<i>fosinopril sodium tab 10 mg</i>	29
<i>fluticasone propionate cream 0.05%</i>		<i>fosinopril sodium tab 20 mg</i>	29
<i>.....</i>	106	<i>fosinopril sodium tab 40 mg</i>	29
<i>fluticasone propionate hfa inhal aer 110</i>		<i>fosphenytoin sodium inj 100 mg/2ml</i>	
<i>mcg/act (125/valve)</i>	102	<i>(phenytoin equiv).....</i>	43
<i>fluticasone propionate hfa inhal aer 220</i>		<i>FOTIVDA CAP 0.89MG.....</i>	22
<i>mcg/act (250/valve)</i>	102	<i>FOTIVDA CAP 1.34MG.....</i>	23
		<i>FRAGMIN INJ 10000/ML.....</i>	87

FRAGMIN INJ 12500UNT	87	GAMMAGARD INJ 5GM/50ML	90
FRAGMIN INJ 15000UNT	87	GAMMAGARD SD INJ 10GM HU	90
FRAGMIN INJ 18000UNT	87	GAMMAGARD SD INJ 5GM HU	90
FRAGMIN INJ 2500/0.2	87	GAMMAKED INJ 10GM/100	90
FRAGMIN INJ 5000/0.2	87	GAMMAKED INJ 1GM/10ML.....	90
FRAGMIN INJ 7500/0.3	87	GAMMAKED INJ 20GM/200	90
FRAGMIN INJ 95000UNT	87	GAMMAKED INJ 5GM/50ML.....	90
<i>furosemide inj 10 mg/ml</i>	38	GAMMAPLEX INJ 10%	90
<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	90
<i>furosemide tab 40 mg</i>	38	GAMUNEX-C INJ 1GM/10ML.....	90
<i>furosemide tab 80 mg</i>	38	GAMUNEX-C INJ 20GM/200	90
FUZEON INJ 90MG.....	8	GAMUNEX-C INJ 40/400ML.....	91
<i>fyavolv tab 0.5-2.5</i>	74	GAMUNEX-C INJ 5GM/50ML.....	90
<i>fyavolv tab 1-5</i>	74	GARDASIL 9 INJ.....	92
FYCOMPA SUS 0.5MG/ML	43	<i>gatifloxacin ophth soln 0.5%</i>	96
FYCOMPA TAB 10MG	43	GATTEX KIT 5MG	83
FYCOMPA TAB 12MG	44	GAUZE PADS & DRESSINGS - PADS 2 X	
FYCOMPA TAB 2MG.....	43	2	67
FYCOMPA TAB 4MG.....	43	<i>gavilyte-c</i>	83
FYCOMPA TAB 6MG.....	43	<i>gavilyte-g</i>	83
FYCOMPA TAB 8MG.....	43	GAVRETO CAP 100MG.....	23
G		<i>gefitinib tab 250 mg</i>	23
<i>gabapentin cap 100 mg</i>	44	<i>gemcitabine hcl for inj 1 gm</i>	18
<i>gabapentin cap 300 mg</i>	44	<i>gemcitabine hcl for inj 2 gm</i>	18
<i>gabapentin cap 400 mg</i>	44	<i>gemcitabine hcl for inj 200 mg</i>	18
<i>gabapentin oral soln 250 mg/5ml</i>	44	<i>gemfibrozil tab 600 mg</i>	33
<i>gabapentin tab 600 mg</i>	44	<i>gemmily</i>	70
<i>gabapentin tab 800 mg</i>	44	GEMTESA TAB 75MG	85
GALAFOLD CAP 123MG	76	<i>generlac</i>	83
<i>galantamine hydrobromide cap er 24hr</i>		<i>gengraf</i>	92
16 mg	47	<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	47	<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.....	47	<i>gentamicin sulfate cream 0.1%</i>	103
<i>galantamine hydrobromide oral soln 4</i>		<i>gentamicin sulfate inj 40 mg/ml</i>	5
mg/ml.....	47	<i>gentamicin sulfate oint 0.1%</i>	103
<i>galantamine hydrobromide tab 12 mg</i>		<i>gentamicin sulfate ophth soln 0.3%</i> ..	96
.....	47	GENVOYA TAB	10
<i>galantamine hydrobromide tab 4 mg</i>	47	GEODON INJ 20MG.....	55
<i>galantamine hydrobromide tab 8 mg</i>	47	GILENYA CAP 0.25MG	62
GAMASTAN INJ	90	GILENYA CAP 0.5MG.....	62
GAMMAGARD INJ 10GM/100	90	GILOTRIF TAB 20MG.....	23
GAMMAGARD INJ 2.5GM/25.....	90	GILOTRIF TAB 30MG.....	23
GAMMAGARD INJ 20GM/200	90	GILOTRIF TAB 40MG.....	23
GAMMAGARD INJ 30GM/300	90	GLASSIA INJ.....	100

<i>glatiramer acetate soln prefilled syringe</i> 20 mg/ml	62	<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i>	59
<i>glatiramer acetate soln prefilled syringe</i> 40 mg/ml	62	GVOKE HYPO 2 INJ .5/.1ML	76
<i>glatopa</i>	62	GVOKE HYPO 2 INJ 1MG/.2ML.....	76
GLEOSTINE CAP 100MG	17	GVOKE PFS INJ	76
GLEOSTINE CAP 10MG	17	H	
GLEOSTINE CAP 40MG	17	<i>hailey 24 tab fe</i>	70
<i>glimepiride tab 1 mg</i>	65	HALAVEN INJ 1MG/2ML.....	21
<i>glimepiride tab 2 mg</i>	65	<i>halobetasol propionate cream 0.05%</i>	106
<i>glimepiride tab 4 mg</i>	65	<i>halobetasol propionate oint 0.05%</i> .	106
<i>glip/metform tab 2.5-250m</i>	65	<i>haloperidol decanoate im soln 100</i> <i>mg/ml</i>	55
<i>glip/metform tab 2.5-500m</i>	65	<i>haloperidol decanoate im soln 50</i> <i>mg/ml</i>	55
<i>glip/metform tab 5-500mg</i>	65	<i>haloperidol lactate inj 5 mg/ml</i>	55
<i>glipizide tab 10 mg</i>	65	<i>haloperidol lactate oral conc 2 mg/ml</i>	55
<i>glipizide tab 5 mg</i>	65	<i>haloperidol tab 0.5 mg</i>	55
<i>glipizide tab er 24hr 10 mg</i>	65	<i>haloperidol tab 1 mg</i>	55
<i>glipizide tab er 24hr 2.5 mg</i>	65	<i>haloperidol tab 10 mg</i>	55
<i>glipizide tab er 24hr 5 mg</i>	65	<i>haloperidol tab 2 mg</i>	55
GLUCAGON KIT 1MG.....	76	<i>haloperidol tab 20 mg</i>	55
<i>glycopyrrolate inj 0.2 mg/ml</i>	82	<i>haloperidol tab 5 mg</i>	55
<i>glycopyrrolate inj 0.4 mg/2ml (0.2</i> <i>mg/ml)</i>	82	HARVONI PAK 33.75-150MG.....	11
<i>glycopyrrolate inj 1 mg/5ml (0.2</i> <i>mg/ml)</i>	82	HARVONI PAK 45-200MG	11
<i>glycopyrrolate tab 1 mg</i>	82	HARVONI TAB 90-400MG	11
<i>glycopyrrolate tab 2 mg</i>	82	HAVRIX INJ 1440UNIT	93
GLYXAMBI TAB 10-5 MG	65	HAVRIX INJ 720UNIT.....	93
GLYXAMBI TAB 25-5 MG	65	HELIDAC MIS THERAPY	84
<i>granisetron hcl tab 1 mg</i>	81	HEP SOD/D5W INJ 25000UNT.....	87
GRANIX INJ 300/0.5	87	<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml</i>	87
GRANIX INJ 300/1ML.....	87	<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i>	87
GRANIX INJ 480/0.8	87	<i>heparin sodium (porcine) inj 20000</i> <i>unit/ml</i>	87
GRANIX INJ 480/1.6	87	<i>heparin sodium (porcine) inj 5000</i> <i>unit/ml</i>	87
GRASTEK SUB 2800BAU.....	91	HEPLISAV-B INJ 20/0.5ML.....	93
<i>griseofulvin microsize susp 125 mg/5ml</i>	7	HERCEPTIN INJ 150MG	23
<i>griseofulvin microsize tab 500 mg</i>	7	HERCEPTIN INJ 440MG	23
<i>griseofulvin ultramicrosize tab 125 mg</i>	7	HETLIOZ CAP 20MG.....	59
<i>griseofulvin ultramicrosize tab 250 mg</i>	7	HIBERIX SOL 10MCG	93
<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i>	59	HUMALOG INJ 100/ML	67
<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i>	59	HUMALOG JR INJ 100/ML	67
<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i>	59	HUMALOG KWIK INJ 100/ML.....	67
		HUMALOG KWIK INJ 200/ML.....	67

HUMALOG MIX INJ 50/50	67	<i>hydrocortisone butyrate soln 0.1%</i> .	106
HUMALOG MIX INJ 50/50KWP.....	67	<i>hydrocortisone enema 100 mg/60ml</i>	83
HUMALOG MIX INJ 75/25KWP.....	67	<i>hydrocortisone lotion 2.5%</i>	106
HUMALOG MIX SUS 75/25.....	67	<i>hydrocortisone oint 2.5%</i>	106
HUMATROPE INJ 12MG.....	76	<i>hydrocortisone perianal cream 2.5%</i>	
HUMATROPE INJ 24MG.....	76	.....	107
HUMATROPE INJ 6MG	76	<i>hydrocortisone tab 10 mg</i>	75
HUMIRA INJ 10/0.1ML	89	<i>hydrocortisone tab 20 mg</i>	75
HUMIRA INJ 20/0.2ML	89	<i>hydrocortisone tab 5 mg</i>	75
HUMIRA INJ 40/0.4ML	89	<i>hydrocortisone valerate cream 0.2%</i>	
HUMIRA KIT 40MG/0.8.....	89	.....	106
HUMIRA PEDIA INJ CROHNS	89	<i>hydrocortisone valerate oint 0.2%</i> ..	106
HUMIRA PEN INJ 40/0.4ML	89	<i>hydromorphone hcl liqd 1 mg/ml</i>	3
HUMIRA PEN INJ 40MG/0.8	89	<i>hydromorphone hcl tab 2 mg</i>	3
HUMIRA PEN INJ 80/0.8ML	89	<i>hydromorphone hcl tab 4 mg</i>	3
HUMIRA PEN INJ CD/UC/HS.....	89	<i>hydromorphone hcl tab 8 mg</i>	4
HUMIRA PEN INJ PS/UV	89	<i>hydroxychloroquine sulfate tab 200 mg</i>	
HUMIRA PEN KIT CD/UC/HS	89	.....	90
HUMIRA PEN KIT PED UC	89	<i>hydroxyurea cap 500 mg</i>	20
HUMIRA PEN KIT PS/UV	89	<i>hydroxyzine hcl tab 10 mg</i>	99
HUMULIN INJ 70/30.....	67	<i>hydroxyzine hcl tab 25 mg</i>	99
HUMULIN INJ 70/30KWP	67	<i>hydroxyzine hcl tab 50 mg</i>	99
HUMULIN N INJ U-100	67	<i>hydroxyzine pamoate cap 100 mg</i>	99
HUMULIN N INJ U-100KWP	67	<i>hydroxyzine pamoate cap 25 mg</i>	99
HUMULIN R INJ U-100	67	<i>hydroxyzine pamoate cap 50 mg</i>	99
HUMULIN R INJ U-500	67	HYFTOR GEL 0.2%	107
<i>hydralazine hcl tab 10 mg</i>	39	I	
<i>hydralazine hcl tab 100 mg</i>	39	<i>ibandronate sodium iv soln 3 mg/3ml</i>	
<i>hydralazine hcl tab 25 mg</i>	39	(base equivalent)	68
<i>hydralazine hcl tab 50 mg</i>	39	<i>ibandronate sodium tab 150 mg (base</i>	
<i>hydrochlorothiazide cap 12.5 mg</i>	38	equivalent)	68
<i>hydrochlorothiazide tab 12.5 mg</i>	38	IBRANCE CAP 100MG.....	23
<i>hydrochlorothiazide tab 25 mg</i>	38	IBRANCE CAP 125MG.....	23
<i>hydrochlorothiazide tab 50 mg</i>	38	IBRANCE CAP 75MG	23
<i>hydrocodone-acetaminophen soln 7.5-</i>		IBRANCE TAB 100MG.....	23
<i>325 mg/15ml</i>	3	IBRANCE TAB 125MG.....	23
<i>hydrocodone-acetaminophen tab 10-</i>		IBRANCE TAB 75MG	23
<i>325 mg</i>	3	<i>ibu tab 600mg</i>	1
<i>hydrocodone-acetaminophen tab 5-300</i>		<i>ibu tab 800mg</i>	1
<i>mg</i>	3	<i>ibuprofen tab 400 mg</i>	1
<i>hydrocodone-acetaminophen tab 5-325</i>		<i>ibuprofen tab 600 mg</i>	1
<i>mg</i>	3	<i>ibuprofen tab 800 mg</i>	1
<i>hydrocodone-acetaminophen tab 7.5-</i>		<i>icatibant acetate subcutaneous soln</i>	
<i>325 mg</i>	3	<i>pref syr 30 mg/3ml</i>	88
<i>hydrocortisone butyrate cream 0.1%</i>		<i>iclevia</i>	70
.....	106	ICLUSIG TAB 10MG	23
<i>hydrocortisone butyrate oint 0.1%</i> .	106	ICLUSIG TAB 15MG	23

ICLUSIG TAB 30MG	23	INQOVI TAB 35-100MG	18
ICLUSIG TAB 45MG	23	INREBIC CAP 100MG	23
<i>icosapent ethyl cap 0.5 gm</i>	34	INSULIN LISP INJ 100/ML	67
<i>icosapent ethyl cap 1 gm</i>	34	INSULIN LISP INJ JUNIOR	67
<i>idarubicin hcl iv inj 10 mg/10ml (1</i> <i>mg/ml)</i>	17	INSULIN LISP INJ PROTAMIN	67
<i>idarubicin hcl iv inj 20 mg/20ml (1</i> <i>mg/ml)</i>	17	INSULIN PEN NEEDLE	67
<i>idarubicin hcl iv inj 5 mg/5ml (1</i> <i>mg/ml)</i>	17	INSULIN SYRINGE (DISP) U-100 0.3 ML	67
IDHIFA TAB 100MG	23	INSULIN SYRINGE (DISP) U-100 1 ML	67
IDHIFA TAB 50MG	23	INSULIN SYRINGE (DISP) U-100 1/2 ML	67
<i>ifosfamide for inj 1 gm</i>	17	INTELENCE TAB 25MG	8
<i>imatinib mesylate tab 100 mg (base</i> <i>equivalent)</i>	23	INTRALIPID INJ 20%	95
<i>imatinib mesylate tab 400 mg (base</i> <i>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	55
IMBRUVICA TAB 560MG	23	INVEGA HAFYE INJ 1560MG	55
<i>imipenem-cilastatin intravenous for</i> <i>soln 250 mg</i>	5	INVEGA SUST INJ 117/0.75	55
<i>imipenem-cilastatin intravenous for</i> <i>soln 500 mg</i>	5	INVEGA SUST INJ 156MG/ML	55
<i>imipramine hcl tab 10 mg</i>	50	INVEGA SUST INJ 234/1.5	55
<i>imipramine hcl tab 25 mg</i>	50	INVEGA SUST INJ 39/0.25	55
<i>imipramine hcl tab 50 mg</i>	50	INVEGA SUST INJ 78/0.5ML	55
<i>imiquimod cream 5%</i>	107	INVEGA TRINZ INJ 273MG	55
IMOVAX RABIE INJ 2.5/ML	93	INVEGA TRINZ INJ 410MG	55
IMPAVIDO CAP 50MG	5	INVEGA TRINZ INJ 546MG	55
INBRIJA CAP 42MG	52	INVEGA TRINZ INJ 819MG	55
<i>incassia tab 0.35mg</i>	70	INVIRASE TAB 500MG	8
INCRELEX INJ 40MG/4ML	76	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	97
		IPOL INJ INACTIVE	93
		<i>ipratropium bromide inhal soln 0.02%</i>	99

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	99	<i>isotretinoin cap 30 mg</i>	103
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	99	<i>isotretinoin cap 40 mg</i>	103
<i>ipratropium-albuterol nebu soln 0.5- 2.5(3) mg/3ml</i>	99	<i>isradipine cap 2.5 mg</i>	37
<i>irbesartan tab 150 mg</i>	31	<i>isradipine cap 5 mg</i>	37
<i>irbesartan tab 300 mg</i>	31	ISTODAX INJ 10MG	23
<i>irbesartan tab 75 mg</i>	31	ISTURISA TAB 10MG	76
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	30	ISTURISA TAB 1MG	76
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	30	ISTURISA TAB 5MG	76
IRESSA TAB 250MG.....	23	<i>itraconazole cap 100 mg</i>	7
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	20	<i>ivermectin tab 3 mg</i>	5
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	20	IXEMPRA KIT INJ 15MG.....	21
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	20	IXIARO INJ.....	93
ISENTRESS CHW 100MG	8	J	
ISENTRESS CHW 25MG	8	JAKAFI TAB 10MG	23
ISENTRESS HD TAB 600MG	8	JAKAFI TAB 15MG	23
ISENTRESS POW 100MG	8	JAKAFI TAB 20MG	23
ISENTRESS TAB 400MG	8	JAKAFI TAB 25MG	24
<i>isibloom</i>	70	JAKAFI TAB 5MG	23
ISOLYTE-P INJ /D5W	94	<i>jantoven</i>	87
ISOLYTE-S INJ PH 7.4.....	94	JANUMET TAB 50-1000	65
<i>isoniazid inj 100 mg/ml</i>	10	JANUMET TAB 50-500MG	65
<i>isoniazid syrup 50 mg/5ml</i>	10	JANUMET XR TAB 100-1000.....	65
<i>isoniazid tab 100 mg</i>	10	JANUMET XR TAB 50-1000	65
<i>isoniazid tab 300 mg</i>	10	JANUMET XR TAB 50-500MG.....	65
ISOPROPYL ALCOHOL 0.7 ML/ML.....	67	JANUVIA TAB 100MG	65
<i>isosorbide dinitrate tab 10 mg</i>	40	JANUVIA TAB 25MG.....	65
<i>isosorbide dinitrate tab 20 mg</i>	40	JANUVIA TAB 50MG.....	65
<i>isosorbide dinitrate tab 30 mg</i>	40	JARDIANCE TAB 10MG.....	65
<i>isosorbide dinitrate tab 5 mg</i>	40	JARDIANCE TAB 25MG	65
<i>isosorbide mononitrate tab 10 mg</i> ...	40	<i>jasmiel</i>	70
<i>isosorbide mononitrate tab 20 mg</i> ...	40	JAYPIRCA TAB 100MG.....	24
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	40	JAYPIRCA TAB 50MG.....	24
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	40	JENTADUETO TAB 2.5-1000.....	66
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	40	JENTADUETO TAB 2.5-500	66
<i>isotretinoin cap 10 mg</i>	103	JENTADUETO TAB 2.5-850	66
<i>isotretinoin cap 20 mg</i>	103	JENTADUETO TAB XR 2.5-1000MG ...	66
		JENTADUETO TAB XR 5-1000MG	66
		JEVTANA INJ 60/1.5ML	21
		<i>jinteli tab 1mg-5mcg</i>	74
		<i>juleber</i>	70
		JULUCA TAB 50-25MG.....	10
		<i>junel 1.5/30</i>	70
		<i>junel 1/20</i>	70
		<i>junel fe 1.5/30</i>	70
		<i>junel fe 1/20</i>	70
		<i>junel fe 24</i>	70
		JYNARQUE PAK 15MG	76

JYNARQUE PAK 30-15MG	76
JYNARQUE PAK 45-15MG	76
JYNARQUE PAK 60-30MG	76
JYNARQUE PAK 90-30MG	76
JYNARQUE TAB 15MG	76
JYNARQUE TAB 30MG	76

K

KADCYLA INJ 100MG	24
KADCYLA INJ 160MG	24
<i>kaitlib fe</i>	70
KALYDECO GRA 13.4MG	101
KALYDECO PAK 25MG	101
KALYDECO PAK 50MG	101
KALYDECO PAK 75MG	101
KALYDECO TAB 150MG	101
<i>kariva</i>	70
<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>	70
<i>kelnor 1/50</i>	70
KERENDIA TAB 10MG	38
KERENDIA TAB 20MG	38
KESIMPTA INJ 20/.4ML	62
<i>ketoconazole cream 2%</i>	104
<i>ketoconazole shampoo 2%</i>	104
<i>ketoconazole tab 200 mg</i>	7
<i>ketorolac tromethamine ophth soln 0.4%</i>	96

<i>ketorolac tromethamine ophth soln 0.5%</i>	97
KEYTRUDA INJ 100MG/4M.....	24
KINERET INJ.....	89
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>	94
<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	64
KORLYM TAB 300MG.....	76
KOSELUGO CAP 10MG	24
KOSELUGO CAP 25MG	24
KRAZATI TAB 200MG.....	24
<i>kurvelo</i>	70
KYNMOBI MIS 10MG	52
KYNMOBI MIS 15MG	52
KYNMOBI MIS 20MG	52
KYNMOBI MIS 25MG	52
KYNMOBI MIS 30MG	52
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> ...	44
<i>lacosamide tab 100 mg</i>	44
<i>lacosamide tab 150 mg</i>	44
<i>lacosamide tab 200 mg</i>	44
<i>lacosamide tab 50 mg</i>	44
<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	<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	78
<i>lamivudine oral soln 10 mg/ml</i>	8	<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	78
<i>lamivudine tab 100 mg (hbv)</i>	11	LANTUS INJ 100/ML	67
<i>lamivudine tab 150 mg</i>	8	LANTUS SOLOS INJ 100/ML.....	67
<i>lamivudine tab 300 mg</i>	8	<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	24
<i>lamivudine-zidovudine tab 150-300 mg</i>	10	<i>larin 1.5/30</i>	71
<i>lamotrigine orally disintegrating tab 100 mg</i>	44	<i>larin 1/20</i>	71
<i>lamotrigine orally disintegrating tab 200 mg</i>	44	<i>larin fe 1.5/30</i>	71
<i>lamotrigine orally disintegrating tab 25 mg</i>	44	<i>larin fe 1/20</i>	71
<i>lamotrigine orally disintegrating tab 50 mg</i>	44	LARTRUVO INJ 10MG/ML.....	24
<i>lamotrigine tab 100 mg</i>	44	LARTRUVO INJ 190/19ML.....	24
<i>lamotrigine tab 150 mg</i>	44	<i>latanoprost ophth soln 0.005%</i>	97
<i>lamotrigine tab 200 mg</i>	44	LATUDA TAB 120MG	55
<i>lamotrigine tab 25 mg</i>	44	LATUDA TAB 20MG.....	55
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	44	LATUDA TAB 40MG.....	55
<i>lamotrigine tab 35 x 25 mg starter kit</i>	44	LATUDA TAB 60MG.....	55
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	44	LATUDA TAB 80MG.....	55
<i>lamotrigine tab chewable dispersible 25 mg</i>	44	<i>layolis fe</i>	71
<i>lamotrigine tab chewable dispersible 5 mg</i>	44	<i>leena</i>	71
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	44	<i>leflunomide tab 10 mg</i>	90
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	44	<i>leflunomide tab 20 mg</i>	90
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	44	<i>lenalidomide cap 10 mg</i>	19
<i>lamotrigine tab er 24hr 100 mg</i>	44	<i>lenalidomide cap 15 mg</i>	19
<i>lamotrigine tab er 24hr 200 mg</i>	44	<i>lenalidomide cap 20 mg</i>	19
<i>lamotrigine tab er 24hr 25 mg</i>	44	<i>lenalidomide cap 25 mg</i>	19
<i>lamotrigine tab er 24hr 250 mg</i>	44	<i>lenalidomide cap 5 mg</i>	19
<i>lamotrigine tab er 24hr 300 mg</i>	44	<i>lenalidomide caps 2.5 mg</i>	19
<i>lamotrigine tab er 24hr 50 mg</i>	44	LENVIMA CAP 10 MG	24
<i>lansoprazole cap delayed release 15 mg</i>	84	LENVIMA CAP 12MG	24
<i>lansoprazole cap delayed release 30 mg</i>	84	LENVIMA CAP 14 MG	24
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	78	LENVIMA CAP 18 MG	24
		LENVIMA CAP 20 MG	24
		LENVIMA CAP 24 MG	24
		LENVIMA CAP 4MG	24
		LENVIMA CAP 8 MG	24
		<i>lessina</i>	71
		<i>letrozole tab 2.5 mg</i>	19
		<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	<i>levoleucovorin calcium iv soln pf 175</i>	
LEUKERAN TAB 2MG	17	<i>mg/17.5ml (base equiv)</i>	27
<i>leuprolide inj 1mg/0.2</i>	19	<i>levonest</i>	71
LEUPROLIDE INJ 22.5MG.....	19	<i>levonorgestrel & ethinyl estradiol (91-</i>	
<i>levabuterol hcl soln nebu 0.31 mg/3ml</i>		<i>day) tab 0.15-0.03 mg</i>	71
<i>(base equiv)</i>	100	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>levabuterol hcl soln nebu 0.63 mg/3ml</i>		<i>0.1 mg-20 mcg</i>	71
<i>(base equiv)</i>	100	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>levabuterol hcl soln nebu 1.25 mg/3ml</i>		<i>0.15 mg-30 mcg</i>	71
<i>(base equiv)</i>	100	<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>levabuterol hcl soln nebu conc 1.25</i>		<i>30/0.075-40/0.125-30mg-mcg</i>	71
<i>mg/0.5ml (base equiv)</i>	100	<i>levonorgestrel-ethinyl estradiol</i>	
<i>levabuterol tartrate inhal aerosol 45</i>		<i>(continuous) tab 90-20 mcg</i>	71
<i>mcg/act (base equiv)</i>	100	<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	
LEVEMIR INJ.....	67	<i>eth est tab 0.01mg(7)</i>	71
LEVEMIR INJ FLEXPEN	68	<i>levonorg-eth est tab 0.15-0.03mg(84)</i>	
<i>levetiracetam in sodium chloride iv soln</i>		<i>& eth est tab 0.01mg(7)</i>	71
<i>500 mg/100ml</i>	44	<i>levora 0.15/30-28</i>	71
<i>levetiracetam inj 500 mg/5ml (100</i>		<i>levo-t tab 100mcg</i>	79
<i>mg/ml)</i>	44	<i>levo-t tab 112mcg</i>	79
<i>levetiracetam oral soln 100 mg/ml</i> ...	44	<i>levo-t tab 125mcg</i>	79
<i>levetiracetam tab 1000 mg</i>	45	<i>levo-t tab 137mcg</i>	79
<i>levetiracetam tab 250 mg</i>	45	<i>levo-t tab 150mcg</i>	79
<i>levetiracetam tab 500 mg</i>	45	<i>levo-t tab 175mcg</i>	79
<i>levetiracetam tab 750 mg</i>	45	<i>levo-t tab 200 mcg</i>	79
<i>levetiracetam tab er 24hr 500 mg</i> ...	45	<i>levo-t tab 25mcg</i>	78
<i>levetiracetam tab er 24hr 750 mg</i> ...	45	<i>levo-t tab 300 mcg</i>	79
<i>levobunolol hcl ophth soln 0.5%</i>	97	<i>levo-t tab 50mcg</i>	79
<i>levocarnitine oral soln 1 gm/10ml</i>		<i>levo-t tab 75mcg</i>	79
<i>(10%)</i>	76	<i>levo-t tab 88mcg</i>	79
<i>levocarnitine tab 330 mg</i>	76	<i>levothyroxine sodium cap 100 mcg</i> ...79	
<i>levocetirizine dihydrochloride soln 2.5</i>		<i>levothyroxine sodium cap 112 mcg</i> ...79	
<i>mg/5ml (0.5 mg/ml)</i>	99	<i>levothyroxine sodium cap 125 mcg</i> ...79	
<i>levocetirizine dihydrochloride tab 5 mg</i>		<i>levothyroxine sodium cap 13 mcg</i> ...79	
.....	99	<i>levothyroxine sodium cap 137 mcg</i> ...79	
<i>levofloxacin in d5w iv soln 250</i>		<i>levothyroxine sodium cap 150 mcg</i> ...79	
<i>mg/50ml</i>	14	<i>levothyroxine sodium cap 175 mcg</i> ...79	
<i>levofloxacin in d5w iv soln 500</i>		<i>levothyroxine sodium cap 200 mcg</i> ...79	
<i>mg/100ml</i>	14	<i>levothyroxine sodium cap 25 mcg</i> ...79	
<i>levofloxacin in d5w iv soln 750</i>		<i>levothyroxine sodium cap 50 mcg</i> ...79	
<i>mg/150ml</i>	14	<i>levothyroxine sodium cap 75 mcg</i> ...79	
<i>levofloxacin ophth soln 0.5%</i>	96	<i>levothyroxine sodium cap 88 mcg</i> ...79	
<i>levofloxacin oral soln 25 mg/ml</i>	14	<i>levothyroxine sodium tab 100 mcg</i> ...79	
<i>levofloxacin tab 250 mg</i>	14	<i>levothyroxine sodium tab 112 mcg</i> ...79	
<i>levofloxacin tab 500 mg</i>	14	<i>levothyroxine sodium tab 125 mcg</i> ...79	
<i>levofloxacin tab 750 mg</i>	14	<i>levothyroxine sodium tab 137 mcg</i> ...79	
		<i>levothyroxine sodium tab 150 mcg</i> ...79	

<i>levothyroxine sodium tab 175 mcg</i> ...	79	<i>lithium carbonate tab er 450 mg</i>	61
<i>levothyroxine sodium tab 200 mcg</i> ...	79	LITHIUM SOL 8MEQ/5ML	61
<i>levothyroxine sodium tab 25 mcg</i>	79	LIVALO TAB 1MG.....	33
<i>levothyroxine sodium tab 300 mcg</i> ...	79	LIVALO TAB 2MG.....	33
<i>levothyroxine sodium tab 50 mcg</i>	79	LIVALO TAB 4MG.....	33
<i>levothyroxine sodium tab 75 mcg</i>	79	LIVTENCITY TAB 200MG.....	11
<i>levothyroxine sodium tab 88 mcg</i>	79	<i>loestrin 21 tab 1.5/30</i>	71
<i>levoxyl</i>	79	<i>loestrin fe tab 1.5/30</i>	71
LEXIVA SUS 50MG/ML	8	<i>loestrin fe tab 1/20</i>	71
<i>lidocaine hcl local inj 2%</i>	4	<i>loestrin tab 1/20-21</i>	71
<i>lidocaine hcl local preservative free (pf)</i> <i>inj 0.5%</i>	4	LOKELMA PAK 10GM	69
<i>lidocaine hcl soln 4%</i>	106	LOKELMA PAK 5GM.....	69
<i>lidocaine hcl viscous soln 2%</i>	108	LONSURF TAB 15-6.14.....	18
<i>lidocaine oint 5%</i>	106	LONSURF TAB 20-8.19.....	18
<i>lidocaine patch 5%</i>	106	<i>loperamide hcl cap 2 mg</i>	84
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	106	<i>lopinavir-ritonavir soln 400-100</i> <i>mg/5ml (80-20 mg/ml)</i>	10
<i>linezolid for susp 100 mg/5ml</i>	5	<i>lopinavir-ritonavir tab 100-25 mg</i>	10
<i>linezolid iv soln 600 mg/300ml (2</i> <i>mg/ml)</i>	5	<i>lopinavir-ritonavir tab 200-50 mg</i>	10
<i>linezolid tab 600 mg</i>	5	<i>lorazepam intensol</i>	41
LINZESS CAP 145MCG	84	<i>lorazepam tab 0.5 mg</i>	41
LINZESS CAP 290MCG	84	<i>lorazepam tab 1 mg</i>	41
LINZESS CAP 72MCG	84	<i>lorazepam tab 2 mg</i>	41
<i>liothyronine sodium iv soln 10 mcg/ml</i>	79	LORBRENA TAB 100MG	24
<i>liothyronine sodium tab 25 mcg</i>	79	LORBRENA TAB 25MG	24
<i>liothyronine sodium tab 5 mcg</i>	79	LOREEV XR CAP 1.5MG	41
<i>liothyronine sodium tab 50 mcg</i>	79	LOREEV XR CAP 1MG	41
<i>lisinopril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	28	LOREEV XR CAP 2MG	41
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	28	LOREEV XR CAP 3MG	41
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>25 mg</i>	28	<i>loryna</i>	71
<i>lisinopril tab 10 mg</i>	29	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5 mg</i>	30
<i>lisinopril tab 2.5 mg</i>	29	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i> 30	
<i>lisinopril tab 20 mg</i>	29	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5 mg</i>	30
<i>lisinopril tab 30 mg</i>	29	<i>losartan potassium tab 100 mg</i>	31
<i>lisinopril tab 40 mg</i>	29	<i>losartan potassium tab 25 mg</i>	31
<i>lisinopril tab 5 mg</i>	29	<i>losartan potassium tab 50 mg</i>	31
<i>lithium carbonate cap 150 mg</i>	61	LOTEMAX OIN 0.5%	97
<i>lithium carbonate cap 300 mg</i>	61	LOTEMAX SM GEL 0.38%	97
<i>lithium carbonate cap 600 mg</i>	61	<i>loteprednol etabonate ophth gel 0.5%</i>	97
<i>lithium carbonate tab 300 mg</i>	61	<i>loteprednol etabonate ophth susp 0.5%</i>	97
<i>lithium carbonate tab er 300 mg</i>	61		

<i>lovastatin tab 10 mg</i>	33
<i>lovastatin tab 20 mg</i>	33
<i>lovastatin tab 40 mg</i>	33
<i>low-ogestrel</i>	71
<i>loxapine succinate cap 10 mg</i>	55
<i>loxapine succinate cap 25 mg</i>	55
<i>loxapine succinate cap 5 mg</i>	55
<i>loxapine succinate cap 50 mg</i>	55
<i>lubiprostone cap 24 mcg</i>	84
<i>lubiprostone cap 8 mcg</i>	84
LUCENTIS SOL 0.3MG	98
LUCENTIS SOL 0.5MG	98
<i>luliconazole cream 1%</i>	104
LUMAKRAS TAB 120MG	24
LUMAKRAS TAB 320MG	24
LUMIGAN SOL 0.01%.....	97
LUPKYNIS CAP 7.9MG	92
LUPR DEP-PED INJ 11.25MG	76
LUPR DEP-PED INJ 15MG.....	76
LUPR DEP-PED INJ 7.5MG.....	76
LUPRON DEPOT INJ 11.25MG.....	19
LUPRON DEPOT INJ 22.5MG	19
LUPRON DEPOT INJ 3.75MG	19
LUPRON DEPOT INJ 30MG	19
LUPRON DEPOT INJ 45MG	19
LUPRON DEPOT INJ 7.5MG	19
LUPRON DEPOT INJ PED 6MON	77
<i>lurasidone hcl tab 120 mg</i>	56
<i>lurasidone hcl tab 20 mg</i>	55
<i>lurasidone hcl tab 40 mg</i>	55
<i>lurasidone hcl tab 60 mg</i>	55
<i>lurasidone hcl tab 80 mg</i>	56
<i>lutera</i>	71
LYBALVI TAB 10-10MG.....	56
LYBALVI TAB 15-10MG.....	56
LYBALVI TAB 20-10MG.....	56
LYBALVI TAB 5-10MG	56
<i>lyleq</i>	71
<i>lyllana</i>	74
LYNPARZA TAB 100MG.....	24
LYNPARZA TAB 150MG.....	24
LYSODREN TAB 500MG	19
LYTGOBI TAB 4MG.....	24
LYUMJEV INJ 100UT/ML	68
LYUMJEV KWPN INJ 100UT/ML.....	68
LYUMJEV KWPN INJ 200UT/ML.....	68
<i>lyza</i>	71

M	
<i>magnesium sulfate inj 50%</i>	94
<i>malathion lotion 0.5%</i>	107
<i>maraviroc tab 150 mg</i>	8
<i>maraviroc tab 300 mg</i>	8
<i>marlissa</i>	71
MARPLAN TAB 10MG.....	50
MATULANE CAP 50MG.....	20
<i>matzim la tab 180mg/24</i>	37
<i>matzim la tab 240mg/24</i>	37
<i>matzim la tab 300mg/24</i>	37
<i>matzim la tab 360mg/24</i>	37
<i>matzim la tab 420mg/24</i>	37
MAVYRET PAK 50-20MG	11
MAVYRET TAB 100-40MG	11
MAYZENT STARTER PACK (12).....	62
MAYZENT STARTER PACK (7).....	62
MAYZENT TAB 0.25MG.....	62
MAYZENT TAB 1MG	62
MAYZENT TAB 2MG	62
<i>meclizine hcl tab 12.5 mg</i>	81
<i>meclizine hcl tab 25 mg</i>	81
<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i>	71
<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i>	71
<i>medroxyprogesterone acetate tab 10</i> <i>mg</i>	78
<i>medroxyprogesterone acetate tab 2.5</i> <i>mg</i>	78
<i>medroxyprogesterone acetate tab 5 mg</i>	78
<i>mefloquine hcl tab 250 mg</i>	8
<i>megestrol acetate susp 40 mg/ml</i>	78
<i>megestrol acetate susp 625 mg/5ml</i> .78	
<i>megestrol acetate tab 20 mg</i>	19
<i>megestrol acetate tab 40 mg</i>	19
MEKINIST SOL 0.05/ML	24
MEKINIST TAB 0.5MG	24
MEKINIST TAB 2MG.....	24
MEKTOVI TAB 15MG	24
<i>meloxicam tab 15 mg</i>	1
<i>meloxicam tab 7.5 mg</i>	1
<i>mephalan hcl for inj 50 mg (base</i> <i>equiv)</i>	17
<i>memantine hcl cap er 24hr 14 mg</i>	47
<i>memantine hcl cap er 24hr 21 mg</i>	47

<i>memantine hcl cap er 24hr 28 mg</i>	47	<i>methscopolamine bromide tab 2.5 mg</i>	
<i>memantine hcl cap er 24hr 7 mg</i>	47	.....	82
<i>memantine hcl oral solution 2 mg/ml</i>	47	<i>methscopolamine bromide tab 5 mg</i> .	82
<i>memantine hcl tab 10 mg</i>	47	<i>methsuximide cap 300 mg</i>	45
<i>memantine hcl tab 28 x 5 mg & 21 x</i>		<i>methylphenidate hcl soln 10 mg/5ml</i>	59
<i>10 mg titration pack</i>	48	<i>methylphenidate hcl soln 5 mg/5ml</i> ..	59
<i>memantine hcl tab 5 mg</i>	47	<i>methylphenidate hcl tab 10 mg</i>	59
MENACTRA INJ.....	93	<i>methylphenidate hcl tab 20 mg</i>	59
MENQUADFI INJ	93	<i>methylphenidate hcl tab 5 mg</i>	59
MENVEO INJ	93	<i>methylprednisolone acetate inj susp 40</i>	
MENVEO SOL	93	<i>mg/ml</i>	75
<i>mercaptapurine tab 50 mg</i>	18	<i>methylprednisolone acetate inj susp 80</i>	
<i>meropenem iv for soln 1 gm</i>	5	<i>mg/ml</i>	75
<i>meropenem iv for soln 500 mg</i>	5	<i>methylprednisolone sod succ for inj</i>	
<i>merzee</i>	71	<i>125 mg (base equiv)</i>	75
<i>mesalamine cap dr 400 mg</i>	83	<i>methylprednisolone sod succ for inj 40</i>	
<i>mesalamine cap er 24hr 0.375 gm</i> ...	83	<i>mg (base equiv)</i>	75
<i>mesalamine enema 4 gm</i>	83	<i>methylprednisolone tab 16 mg</i>	75
<i>mesalamine suppos 1000 mg</i>	83	<i>methylprednisolone tab 32 mg</i>	75
<i>mesalamine tab delayed release 1.2</i>		<i>methylprednisolone tab 4 mg</i>	75
<i>gm</i>	83	<i>methylprednisolone tab 8 mg</i>	75
<i>mesalamine tab delayed release 800</i>		<i>methylprednisolone tab therapy pack 4</i>	
<i>mg</i>	83	<i>mg (21)</i>	75
<i>mesna inj 100 mg/ml</i>	27	<i>methyltestosterone cap 10 mg</i>	64
MESNEX TAB 400MG.....	27	<i>metoclopramide hcl inj 5 mg/ml (base</i>	
<i>metaxalone tab 800 mg</i>	63	<i>equivalent)</i>	81
<i>metformin hcl tab 1000 mg</i>	66	<i>metoclopramide hcl soln 5 mg/5ml (10</i>	
<i>metformin hcl tab 500 mg</i>	66	<i>mg/10ml) (base equiv)</i>	81
<i>metformin hcl tab 850 mg</i>	66	<i>metoclopramide hcl tab 10 mg (base</i>	
<i>metformin hcl tab er 24hr 500 mg</i>	66	<i>equivalent)</i>	81
<i>metformin hcl tab er 24hr 750 mg</i>	66	<i>metoclopramide hcl tab 5 mg (base</i>	
<i>methazolamide tab 25 mg</i>	38	<i>equivalent)</i>	81
<i>methazolamide tab 50 mg</i>	38	<i>metolazone tab 10 mg</i>	38
<i>methenamine hippurate tab 1 gm</i>	5	<i>metolazone tab 2.5 mg</i>	38
<i>methimazole tab 10 mg</i>	79	<i>metolazone tab 5 mg</i>	38
<i>methimazole tab 5 mg</i>	79	<i>metoprolol & hydrochlorothiazide tab</i>	
METHITEST TAB 10MG	64	<i>100-25 mg</i>	35
<i>methocarbamol tab 500 mg</i>	63	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>methocarbamol tab 750 mg</i>	63	<i>100-50 mg</i>	35
<i>methotrexate sodium for inj 1 gm</i>	18	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>methotrexate sodium inj 50 mg/2ml</i>		<i>50-25 mg</i>	34
<i>(25 mg/ml)</i>	18	<i>metoprolol succinate tab er 24hr 100</i>	
<i>methotrexate sodium inj pf 50 mg/2ml</i>		<i>mg (tartrate equiv)</i>	35
<i>(25 mg/ml)</i>	18	<i>metoprolol succinate tab er 24hr 200</i>	
<i>methotrexate sodium tab 2.5 mg (base</i>		<i>mg (tartrate equiv)</i>	35
<i>equiv)</i>	90	<i>metoprolol succinate tab er 24hr 25 mg</i>	
<i>methoxsalen rapid cap 10 mg</i>	104	<i>(tartrate equiv)</i>	35

<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	35	<i>mirtazapine orally disintegrating tab 45 mg</i>	50
<i>metoprolol tartrate tab 100 mg</i>	35	<i>mirtazapine tab 15 mg</i>	50
<i>metoprolol tartrate tab 25 mg</i>	35	<i>mirtazapine tab 30 mg</i>	50
<i>metoprolol tartrate tab 37.5 mg</i>	35	<i>mirtazapine tab 45 mg</i>	50
<i>metoprolol tartrate tab 50 mg</i>	35	<i>mirtazapine tab 7.5 mg</i>	50
<i>metoprolol tartrate tab 75 mg</i>	35	<i>misoprostol tab 100 mcg</i>	84
<i>metronidazole cream 0.75%</i>	107	<i>misoprostol tab 200 mcg</i>	84
<i>metronidazole gel 0.75%</i>	107	<i>mitomycin for iv soln 20 mg</i>	18
<i>metronidazole in nacl</i>	6	<i>mitomycin for iv soln 40 mg</i>	18
<i>metronidazole lotion 0.75%</i>	107	<i>mitomycin for iv soln 5 mg</i>	17
<i>metronidazole tab 250 mg</i>	6	<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	20
<i>metronidazole tab 500 mg</i>	6	<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	20
<i>metronidazole vaginal gel 0.75%</i>	86	<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	20
<i>metyrosine cap 250 mg</i>	39	<i>M-M-R II INJ</i>	93
<i>mexiletine hcl cap 150 mg</i>	32	<i>modafinil tab 100 mg</i>	63
<i>mexiletine hcl cap 200 mg</i>	32	<i>modafinil tab 200 mg</i>	63
<i>mexiletine hcl cap 250 mg</i>	32	<i>moexipril hcl tab 15 mg</i>	29
<i>micafungin sodium for iv soln 100 mg</i> 7		<i>moexipril hcl tab 7.5 mg</i>	29
<i>micafungin sodium for iv soln 50 mg</i> . 7		<i>molindone hcl tab 10 mg</i>	56
<i>microgestin 1.5/30</i>	71	<i>molindone hcl tab 25 mg</i>	56
<i>microgestin 1/20</i>	71	<i>molindone hcl tab 5 mg</i>	56
<i>microgestin 24 fe</i>	71	<i>mometasone furoate cream 0.1%</i> ..	106
<i>microgestin fe 1.5/30</i>	71	<i>mometasone furoate nasal susp 50 mcg/act</i>	101
<i>microgestin fe 1/20</i>	71	<i>mometasone furoate oint 0.1%</i>	106
<i>midodrine hcl tab 10 mg</i>	39	<i>mometasone furoate solution 0.1% (lotion)</i>	106
<i>midodrine hcl tab 2.5 mg</i>	39	<i>montelukast sodium chew tab 4 mg (base equiv)</i>	100
<i>midodrine hcl tab 5 mg</i>	39	<i>montelukast sodium chew tab 5 mg (base equiv)</i>	100
<i>miglitol tab 100 mg</i>	66	<i>montelukast sodium tab 10 mg (base equiv)</i>	100
<i>miglitol tab 25 mg</i>	66	<i>morphine sulfate oral soln 10 mg/5ml</i> 4	
<i>miglitol tab 50 mg</i>	66	<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	4
<i>miglustat cap 100 mg</i>	77	<i>morphine sulfate oral soln 20 mg/5ml</i> 4	
<i>mili tab 0.25/35</i>	71	<i>morphine sulfate suppos 10 mg</i>	4
<i>mimvey tab 1-0.5mg</i>	74	<i>morphine sulfate tab 15 mg</i>	4
<i>minocycline hcl cap 100 mg</i>	16	<i>morphine sulfate tab 30 mg</i>	4
<i>minocycline hcl cap 50 mg</i>	16	<i>morphine sulfate tab er 100 mg</i>	2
<i>minocycline hcl cap 75 mg</i>	16	<i>morphine sulfate tab er 15 mg</i>	2
<i>minocycline hcl tab 100 mg</i>	16	<i>morphine sulfate tab er 200 mg</i>	2
<i>minocycline hcl tab 50 mg</i>	16		
<i>minocycline hcl tab 75 mg</i>	16		
<i>minoxidil tab 10 mg</i>	39		
<i>minoxidil tab 2.5 mg</i>	39		
<i>mirtazapine orally disintegrating tab 15 mg</i>	50		
<i>mirtazapine orally disintegrating tab 30 mg</i>	50		

<i>morphine sulfate tab er 30 mg</i>	2	NAMZARIC CAP 7-10MG	48
<i>morphine sulfate tab er 60 mg</i>	2	NAMZARIC CAP PACK	48
MOVANTIK TAB 12.5MG	84	<i>naproxen tab 250 mg</i>	1
MOVANTIK TAB 25MG	84	<i>naproxen tab 375 mg</i>	1
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	96	<i>naproxen tab 500 mg</i>	1
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	14	<i>naratriptan hcl tab 1 mg (base equiv)</i>	60
MOZOBIL INJ	87	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	60
MULPLETA TAB 3MG	88	NARCAN SPR 4MG	64
<i>mult electro inj ph 5.5</i>	94	NATACYN SUS 5% OP	96
MULTAQ TAB 400MG	32	<i>nateglinide tab 120 mg</i>	66
<i>mupirocin calcium cream 2%</i>	103	<i>nateglinide tab 60 mg</i>	66
<i>mupirocin oint 2%</i>	103	NATPARA INJ 100MCG	68
MYALEPT INJ 11.3MG	77	NATPARA INJ 25MCG	68
MYCAPSSA CAP 20MG	77	NATPARA INJ 50MCG	68
<i>mycophenolate mofetil cap 250 mg</i> ..	92	NATPARA INJ 75MCG	68
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	92	NAYZILAM SPR 5MG	45
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	92	<i>nebivolol hcl tab 10 mg (base equivalent)</i>	36
<i>mycophenolate mofetil tab 500 mg</i> ..	92	<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	35
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	92	<i>nebivolol hcl tab 20 mg (base equivalent)</i>	36
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	92	<i>nebivolol hcl tab 5 mg (base equivalent)</i>	35
MYRBETRIQ TAB 25MG	85	<i>necon 0.5/35-28</i>	71
MYRBETRIQ TAB 50MG	85	NEEDLES, INSULIN DISP., SAFETY ...	68
N		<i>nefazodone hcl tab 100 mg</i>	50
<i>nabumetone tab 500 mg</i>	1	<i>nefazodone hcl tab 150 mg</i>	50
<i>nabumetone tab 750 mg</i>	1	<i>nefazodone hcl tab 200 mg</i>	50
<i>nadolol tab 20 mg</i>	35	<i>nefazodone hcl tab 250 mg</i>	50
<i>nadolol tab 40 mg</i>	35	<i>nefazodone hcl tab 50 mg</i>	50
<i>nadolol tab 80 mg</i>	35	neomycin sulfate tab 500 mg	6
<i>nafcillin sodium for inj 1 gm</i>	15	<i>neomycin-bacitrac zn-polymyx 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 1.75-10000-0.025mg-unt-mg/ml</i> ..	96
<i>naloxone hcl inj 0.4 mg/ml</i>	64	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	95
<i>naloxone hcl nasal spray 4 mg/0.1ml</i> 64		<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	95
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	64	<i>neomycin-polymyxin-hc ophth susp</i> ..	95
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	64	<i>neomycin-polymyxin-hc otic soln 1%</i> 98	
<i>naltrexone hcl tab 50 mg</i>	64	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	98
NAMZARIC CAP 14-10MG	48	<i>neo-polycin oin hc 1%op</i>	95
NAMZARIC CAP 21-10MG	48		
NAMZARIC CAP 28-10MG	48		

<i>neo-polycin oin op</i>	96	<i>nisoldipine tab er 24hr 40 mg</i>	37
NERLYNX TAB 40MG.....	24	<i>nisoldipine tab er 24hr 8.5 mg</i>	37
NEUPRO DIS 1MG/24HR.....	52	<i>nitazoxanide tab 500 mg</i>	6
NEUPRO DIS 2MG/24HR.....	52	<i>nitisinone cap 10 mg</i>	77
NEUPRO DIS 3MG/24HR.....	52	<i>nitisinone cap 2 mg</i>	77
NEUPRO DIS 4MG/24HR.....	52	<i>nitisinone cap 20 mg</i>	77
NEUPRO DIS 6MG/24HR.....	52	<i>nitisinone cap 5 mg</i>	77
NEUPRO DIS 8MG/24HR.....	52	NITRO-BID OIN 2%.....	40
NEVANAC SUS 0.1% OP.....	97	<i>nitrofur mac cap 50mg</i>	6
<i>nevirapine susp 50 mg/5ml</i>	8	<i>nitrofurantoin macrocrystalline cap 100</i> <i>mg</i>	6
<i>nevirapine tab 200 mg</i>	8	<i>nitrofurantoin macrocrystalline cap 25</i> <i>mg</i>	6
<i>nevirapine tab er 24hr 100 mg</i>	8	<i>nitrofurantoin monohydrate</i> <i>macrocrystalline cap 100 mg</i>	6
<i>nevirapine tab er 24hr 400 mg</i>	9	NITROGLYCER INJ 5MG/ML.....	40
NEXAVAR TAB 200MG.....	24	<i>nitroglycerin sl tab 0.3 mg</i>	40
NEXTSTELLIS TAB 3-14.2MG.....	72	<i>nitroglycerin sl tab 0.4 mg</i>	40
<i>niacin tab er 1000 mg</i> <i>(antihyperlipidemic)</i>	34	<i>nitroglycerin sl tab 0.6 mg</i>	40
<i>niacin tab er 500 mg</i> <i>(antihyperlipidemic)</i>	34	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	40
<i>niacin tab er 750 mg</i> <i>(antihyperlipidemic)</i>	34	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	40
<i>niacor</i>	34	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	40
<i>nicardipine hcl cap 20 mg</i>	37	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	40
<i>nicardipine hcl cap 30 mg</i>	37	<i>nitroglycerin tl soln 0.4 mg/spray (400</i> <i>mcg/spray)</i>	40
NICOTROL INH.....	64	NITROSTAT SUB 0.3MG.....	40
NICOTROL NS SPR 10MG/ML.....	64	NITROSTAT SUB 0.4MG.....	40
<i>nifedipine tab er 24hr 30 mg</i>	37	NITROSTAT SUB 0.6MG.....	40
<i>nifedipine tab er 24hr 60 mg</i>	37	NIVESTYM INJ 300/0.5.....	87
<i>nifedipine tab er 24hr 90 mg</i>	37	NIVESTYM INJ 300MCG.....	87
<i>nifedipine tab er 24hr osmotic release</i> <i>30 mg</i>	37	NIVESTYM INJ 480/0.8.....	87
<i>nifedipine tab er 24hr osmotic release</i> <i>60 mg</i>	37	NIVESTYM INJ 480MCG.....	87
<i>nifedipine tab er 24hr osmotic release</i> <i>90 mg</i>	37	<i>nizatidine cap 150 mg</i>	83
<i>nikki</i>	72	<i>nizatidine cap 300 mg</i>	83
<i>nilutamide tab 150 mg</i>	19	<i>nora-be</i>	72
<i>nimodipine cap 30 mg</i>	37	NORDITROPIN INJ 10/1.5ML.....	77
NINLARO CAP 2.3MG.....	24	NORDITROPIN INJ 15/1.5ML.....	77
NINLARO CAP 3MG.....	24	NORDITROPIN INJ 30/3ML.....	77
NINLARO CAP 4MG.....	24	NORDITROPIN INJ 5/1.5ML.....	77
NIPENT INJ 10MG.....	20	<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.4 mg-35 mcg</i>	72
<i>nisoldipine tab er 24hr 17 mg</i>	37	<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i>	72
<i>nisoldipine tab er 24hr 20 mg</i>	37		
<i>nisoldipine tab er 24hr 25.5 mg</i>	37		
<i>nisoldipine tab er 24hr 30 mg</i>	37		
<i>nisoldipine tab er 24hr 34 mg</i>	37		

<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	72	<i>nylia 1/35</i>	72
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	72	<i>nylia 7/7/7</i>	72
<i>norethindrone acetate tab 5 mg</i>	78	<i>nymyo</i>	72
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	74	<i>nystatin cream 100000 unit/gm</i>	104
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	74	<i>nystatin oint 100000 unit/gm</i>	104
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	72	<i>nystatin susp 100000 unit/ml</i>	108
<i>norethindrone tab 0.35 mg</i>	72	<i>nystatin tab 500000 unit</i>	7
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	72	<i>nystatin topical powder 100000 unit/gm</i>	104
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	72	<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	104
<i>norlyroc</i>	72	<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	104
<i>NORPACE CAP 100MG CR</i>	32	<i>nystop</i>	104
<i>NORPACE CAP 150MG CR</i>	32	O	
<i>nortrel 0.5/35 (28)</i>	72	<i>ocella tab 3-0.03mg</i>	72
<i>nortrel 1/35</i>	72	<i>OCTAGAM INJ 1GM</i>	91
<i>nortrel 7/7/7</i>	72	<i>OCTAGAM INJ 2GM/20ML</i>	91
<i>nortriptyline hcl cap 10 mg</i>	50	<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	77
<i>nortriptyline hcl cap 25 mg</i>	50	<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	77
<i>nortriptyline hcl cap 50 mg</i>	50	<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	77
<i>nortriptyline hcl cap 75 mg</i>	50	<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	77
<i>nortriptyline hcl soln 10 mg/5ml</i>	50	<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	77
<i>NORVIR POW 100MG</i>	9	<i>ODACTRA SUB</i>	91
<i>NORVIR SOL 80MG/ML</i>	9	<i>ODEFSEY TAB</i>	10
<i>NORVIR TAB 100MG</i>	9	<i>ODOMZO CAP 200MG</i>	24
<i>NOURIANZ TAB 20MG</i>	53	<i>OFEV CAP 100MG</i>	101
<i>NOURIANZ TAB 40MG</i>	53	<i>OFEV CAP 150MG</i>	101
<i>NOXAFIL SUS 40MG/ML</i>	7	<i>ofloxacin ophth soln 0.3%</i>	96
<i>np thyroid 120</i>	80	<i>ofloxacin otic soln 0.3%</i>	98
<i>np thyroid 15</i>	79	<i>ofloxacin tab 300 mg</i>	14
<i>np thyroid 30</i>	79	<i>ofloxacin tab 400 mg</i>	14
<i>np thyroid 60</i>	80	<i>OJJAARA TAB 100MG</i>	25
<i>np thyroid 90</i>	80	<i>OJJAARA TAB 150MG</i>	25
<i>NUBEQA TAB 300MG</i>	19	<i>OJJAARA TAB 200MG</i>	25
<i>NUDEXTA CAP 20-10MG</i>	61	<i>olanzapine for im inj 10 mg</i>	56
<i>NULOJIX INJ 250MG</i>	92	<i>olanzapine orally disintegrating tab 10 mg</i>	56
<i>NUPLAZID CAP 34MG</i>	56	<i>olanzapine orally disintegrating tab 15 mg</i>	56
<i>NUPLAZID TAB 10MG</i>	56	<i>olanzapine orally disintegrating tab 20 mg</i>	56
<i>NUTRILIPID EMU 20%</i>	95		
<i>NUZYRA INJ 100MG</i>	16		
<i>NUZYRA TAB 150MG</i>	16		
<i>nyamyc</i>	104		

<i>olanzapine orally disintegrating tab 5 mg</i>	56	OMNIPOD MIS CLASSIC	68
<i>olanzapine tab 10 mg</i>	56	OMNIPOD PDM KIT CLASSIC.....	68
<i>olanzapine tab 15 mg</i>	56	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	82
<i>olanzapine tab 2.5 mg</i>	56	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	82
<i>olanzapine tab 20 mg</i>	56	<i>ondansetron hcl oral soln 4 mg/5ml..</i>	82
<i>olanzapine tab 5 mg</i>	56	<i>ondansetron hcl tab 4 mg</i>	82
<i>olanzapine tab 7.5 mg</i>	56	<i>ondansetron hcl tab 8 mg</i>	82
<i>olmesartan medoxomil tab 20 mg</i>	32	<i>ondansetron tab 4mg odt</i>	82
<i>olmesartan medoxomil tab 40 mg</i>	32	<i>ondansetron tab 8mg odt</i>	82
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	30	ONUREG TAB 200MG	20
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	31	ONUREG TAB 300MG	20
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> .	31	OPSUMIT TAB 10MG	40
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	31	ORFADIN CAP 20MG	77
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	31	ORFADIN SUS 4MG/ML	77
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	31	ORGOVYX TAB 120MG	19
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	31	ORIAHNN CAP.....	74
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	31	ORKAMBI GRA 100-125	101
<i>olopatadine hcl nasal soln 0.6%</i>	99	ORKAMBI GRA 150-188	101
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	97	ORKAMBI GRA 75-94MG	101
<i>omega-3-acid ethyl esters cap 1 gm</i> .	34	ORKAMBI TAB 100-125	101
<i>omeprazole cap delayed release 10 mg</i>	84	ORKAMBI TAB 200-125.....	101
<i>omeprazole cap delayed release 20 mg</i>	84	ORLADEYO CAP 110MG	88
<i>omeprazole cap delayed release 40 mg</i>	85	ORLADEYO CAP 150MG	88
OMNIPOD 5 G6 KIT INTRO	68	ORSERDU TAB 345MG	19
OMNIPOD 5 G6 MIS PODS	68	ORSERDU TAB 86MG	19
OMNIPOD DASH MIS PODS.....	68	<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	11
		<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	11
		<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	11
		<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	11
		OTEZLA TAB 10/20/30	89
		OTEZLA TAB 30MG	89
		<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	15
		<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	15
		<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	15
		<i>oxaliplatin for iv inj 100 mg</i>	17
		<i>oxaliplatin iv soln 100 mg/20ml</i>	17
		<i>oxaliplatin iv soln 50 mg/10ml</i>	17
		<i>oxandrolone tab 10 mg</i>	64

<i>oxandrolone tab 2.5 mg</i>	64	OXYCONTIN TAB 20MG ER	2
<i>oxazepam cap 10 mg</i>	41	OXYCONTIN TAB 30MG ER	2
<i>oxazepam cap 15 mg</i>	42	OXYCONTIN TAB 40MG ER	2
<i>oxazepam cap 30 mg</i>	42	OXYCONTIN TAB 60MG ER	2
OXBRYTA TAB 300MG	88	OXYCONTIN TAB 80MG ER	2
OXBRYTA TAB 500MG	88	<i>oxymorphone hcl tab 10 mg</i>	4
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	45	<i>oxymorphone hcl tab 5 mg</i>	4
<i>oxcarbazepine tab 150 mg</i>	45	OZEMPIC INJ 2/1.5ML.....	66
<i>oxcarbazepine tab 300 mg</i>	45	OZEMPIC INJ 2MG/3ML.....	66
<i>oxcarbazepine tab 600 mg</i>	45	OZEMPIC INJ 4MG/3ML.....	66
OXERVATE SOL 20MCG/ML.....	98	OZEMPIC INJ 8MG/3ML.....	66
<i>oxybutynin chloride solution 5 mg/5ml</i>	85	P	
.....	85	<i>pacerone</i>	32
<i>oxybutynin chloride tab 5 mg</i>	85	<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	21
<i>oxybutynin chloride tab er 24hr 10 mg</i>	85	<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	21
.....	85	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	21
<i>oxybutynin chloride tab er 24hr 15 mg</i>	85	.....	21
.....	85	<i>paliperidone tab er 24hr 1.5 mg</i>	56
<i>oxybutynin chloride tab er 24hr 5 mg</i>	85	<i>paliperidone tab er 24hr 3 mg</i>	56
.....	85	<i>paliperidone tab er 24hr 6 mg</i>	56
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	4	<i>paliperidone tab er 24hr 9 mg</i>	56
<i>oxycodone hcl soln 5 mg/5ml</i>	4	<i>pamidronate disodium iv soln 3 mg/ml</i>	68
<i>oxycodone hcl tab 10 mg</i>	4	.....	68
<i>oxycodone hcl tab 15 mg</i>	4	<i>pamidronate disodium iv soln 9 mg/ml</i>	68
<i>oxycodone hcl tab 20 mg</i>	4	.....	68
<i>oxycodone hcl tab 30 mg</i>	4	PANRETIN GEL 0.1%	107
<i>oxycodone hcl tab 5 mg</i>	4	<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	85
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	2	<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	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>paromomycin sulfate cap 250 mg</i>	6
OXYCONTIN TAB 10MG ER	2	<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	50
OXYCONTIN TAB 15MG ER	2	<i>paroxetine hcl tab 10 mg</i>	50
		<i>paroxetine hcl tab 20 mg</i>	50

<i>paroxetine hcl tab 30 mg</i>	50	<i>phenelzine sulfate tab 15 mg</i>	50
<i>paroxetine hcl tab 40 mg</i>	50	<i>phenobarbital elixir 20 mg/5ml</i>	45
<i>paroxetine hcl tab er 24hr 12.5 mg</i> ..	50	<i>phenobarbital tab 100 mg</i>	45
<i>paroxetine hcl tab er 24hr 25 mg</i>	50	<i>phenobarbital tab 15 mg</i>	45
<i>paroxetine hcl tab er 24hr 37.5 mg</i> ..	50	<i>phenobarbital tab 16.2 mg</i>	45
PEDIARIX INJ 0.5ML	93	<i>phenobarbital tab 30 mg</i>	45
PEDVAX HIB INJ.....	93	<i>phenobarbital tab 32.4 mg</i>	45
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>phenobarbital tab 60 mg</i>	45
<i>for soln 236 gm</i>	83	<i>phenobarbital tab 64.8 mg</i>	45
<i>peg-3350/electrolytes/asc</i>	83	<i>phenobarbital tab 97.2 mg</i>	45
PEGASYS INJ	11	<i>phenytoin chew tab 50 mg</i>	45
PEGASYS INJ 180MCG/M.....	11	<i>phenytoin sodium extended cap 100</i>	
PEMAZYRE TAB 13.5MG	25	<i>mg</i>	45
PEMAZYRE TAB 4.5MG	25	<i>phenytoin sodium extended cap 200</i>	
PEMAZYRE TAB 9MG	25	<i>mg</i>	45
PEN GK/DEXTR INJ 20000/ML.....	16	<i>phenytoin sodium extended cap 300</i>	
PEN GK/DEXTR INJ 40000/ML.....	16	<i>mg</i>	45
PEN GK/DEXTR INJ 60000/ML.....	16	<i>phenytoin sodium inj 50 mg/ml</i>	45
<i>penciclovir cream 1%</i>	107	<i>phenytoin susp 125 mg/5ml</i>	45
<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>	97
<i>unit</i>	16	<i>pilocarpine hcl ophth soln 2%</i>	97
<i>penicillin g sodium for inj 5000000 unit</i>		<i>pilocarpine hcl ophth soln 4%</i>	97
<i>.....</i>	16	<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>	56
<i>mg/5ml</i>	16	<i>pimozide tab 2 mg</i>	56
<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>	56	<i>850 mg</i>	66
<i>perphenazine tab 2 mg</i>	56	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>perphenazine tab 4 mg</i>	56	<i>2.25 gm (2-0.25 gm)</i>	16
<i>perphenazine tab 8 mg</i>	56	<i>piperacillin sod-tazobactam sod for inj</i>	
PERSERIS INJ 120MG	56	<i>4.5 gm (4-0.5 gm)</i>	16
PERSERIS INJ 90MG	56	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>pfizerpen</i>	16	<i>40.5 gm (36-4.5 gm)</i>	16

PIQRAY 200MG TAB DOSE.....	25	<i>potassium chloride tab er 8 meq (600 mg)</i>	95
PIQRAY 250MG TAB DOSE.....	25	<i>potassium citrate tab er 10 meq (1080 mg)</i>	85
PIQRAY 300MG TAB DOSE.....	25	<i>potassium citrate tab er 15 meq (1620 mg)</i>	85
<i>pirfenidone cap 267 mg</i>	101	<i>potassium citrate tab er 5 meq (540 mg)</i>	85
<i>pirfenidone tab 267 mg</i>	101	PRADAXA CAP 110MG.....	87
<i>pirfenidone tab 534 mg</i>	101	PRADAXA CAP 150MG.....	87
<i>pirfenidone tab 801 mg</i>	101	PRADAXA CAP 75MG.....	87
PLASMA-LYTE INJ -148	94	PRALUENT INJ 150MG/ML	34
PLASMA-LYTE INJ -A.....	94	PRALUENT INJ 75MG/ML	34
PLEGRIDY INJ	62	<i>pramipexole dihydrochloride tab 0.125 mg</i>	53
PLEGRIDY INJ PEN.....	62	<i>pramipexole dihydrochloride tab 0.25 mg</i>	53
<i>podofilox soln 0.5%</i>	107	<i>pramipexole dihydrochloride tab 0.5 mg</i>	53
<i>polycin oin op</i>	96	<i>pramipexole dihydrochloride tab 0.75 mg</i>	53
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	96	<i>pramipexole dihydrochloride tab 1 mg</i>	53
POMALYST CAP 1MG	19	<i>pramipexole dihydrochloride tab 1.5 mg</i>	53
POMALYST CAP 2MG	19	<i>prasugrel hcl tab 10 mg (base equiv)</i>	89
POMALYST CAP 3MG	20	<i>prasugrel hcl tab 5 mg (base equiv)</i> .	89
POMALYST CAP 4MG	20	<i>pravastatin sodium tab 10 mg</i>	33
<i>portia-28</i>	72	<i>pravastatin sodium tab 20 mg</i>	33
<i>posaconazole susp 40 mg/ml</i>	7	<i>pravastatin sodium tab 40 mg</i>	33
<i>posaconazole tab delayed release 100 mg</i>	7	<i>pravastatin sodium tab 80 mg</i>	33
POT CHLORIDE INJ 10MEQ	94	<i>praziquantel tab 600 mg</i>	6
POT CHLORIDE INJ 20MEQ	94	<i>prazosin hcl cap 1 mg</i>	30
POT CHLORIDE INJ 40MEQ	94	<i>prazosin hcl cap 2 mg</i>	30
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	94	<i>prazosin hcl cap 5 mg</i>	30
<i>potassium chloride cap er 10 meq</i>	95	PRED MILD SUS 0.12% OP	97
<i>potassium chloride cap er 8 meq</i>	95	PRED SOD PHO SOL 1% OP.....	97
<i>potassium chloride inj 2 meq/ml</i>	94	<i>prednisolone acetate ophth susp 1%</i> 97	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	95	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	75
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	95	<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	75
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	95	<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	75
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	95	<i>prednisolone soln 15 mg/5ml</i>	75
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	95	<i>prednisolone tab 5 mg</i>	75
<i>potassium chloride powder packet 20 meq</i>	95	PREDNISON CON 5MG/ML	75
<i>potassium chloride tab er 10 meq</i>	95		
<i>potassium chloride tab er 20 meq (1500 mg)</i>	95		

<i>prednisone oral soln 5 mg/5ml</i>	75	<i>procainamide hcl inj 100 mg/ml</i>	32
<i>prednisone tab 1 mg</i>	75	<i>prochlorperazine edisylate inj 10</i>	
<i>prednisone tab 10 mg</i>	75	<i>mg/2ml</i>	82
<i>prednisone tab 2.5 mg</i>	75	<i>prochlorperazine maleate tab 10 mg</i>	
<i>prednisone tab 20 mg</i>	75	<i>(base equivalent)</i>	82
<i>prednisone tab 5 mg</i>	75	<i>prochlorperazine maleate tab 5 mg</i>	
<i>prednisone tab 50 mg</i>	75	<i>(base equivalent)</i>	82
<i>pregabalin cap 100 mg</i>	45	<i>prochlorperazine suppos 25 mg</i>	82
<i>pregabalin cap 150 mg</i>	45	PROCRIT INJ 10000/ML.....	88
<i>pregabalin cap 200 mg</i>	45	PROCRIT INJ 2000/ML.....	88
<i>pregabalin cap 225 mg</i>	45	PROCRIT INJ 20000/ML.....	88
<i>pregabalin cap 25 mg</i>	45	PROCRIT INJ 3000/ML.....	88
<i>pregabalin cap 300 mg</i>	45	PROCRIT INJ 4000/ML.....	88
<i>pregabalin cap 50 mg</i>	45	PROCRIT INJ 40000/ML.....	88
<i>pregabalin cap 75 mg</i>	45	<i>procto-med hc</i>	107
<i>pregabalin soln 20 mg/ml</i>	45	<i>proctosol hc</i>	107
PREHEVBRIO SUS 10MCG/ML.....	93	<i>proctozone-hc</i>	107
PREMARIN INJ 25MG.....	74	PROCYSBI GRA 300MG.....	77
PREMARIN TAB 0.3MG.....	74	PROCYSBI GRA 75MG.....	77
PREMARIN TAB 0.45MG.....	74	<i>progesterone cap 100 mg</i>	78
PREMARIN TAB 0.625MG.....	74	<i>progesterone cap 200 mg</i>	78
PREMARIN TAB 0.9MG.....	74	PROGRAF GRA 0.2MG.....	92
PREMARIN TAB 1.25MG.....	74	PROGRAF GRA 1MG.....	92
PREMARIN VAG CRE 0.625MG.....	74	PROGRAF INJ 5MG/ML.....	92
PREMASOL SOL 10%.....	95	PROLASTIN-C INJ 1000MG.....	101
PREMPRO TAB 0.3-1.5.....	74	PROLENSA SOL 0.07%.....	97
PREMPRO TAB 0.45-1.5.....	74	PROLEUKIN INJ 22MU.....	20
PREMPRO TAB 0.625-2.5.....	74	PROLIA INJ 60MG/ML.....	68
PREMPRO TAB 0.625-5.....	74	PROMACTA PAK 25MG.....	88
PRETOMANID TAB 200MG.....	10	PROMACTA POW 12.5MG.....	88
<i>prevalite</i>	34	PROMACTA TAB 12.5MG.....	88
PREVYMIS TAB 240MG.....	11	PROMACTA TAB 25MG.....	88
PREVYMIS TAB 480MG.....	11	PROMACTA TAB 50MG.....	88
PREZCOBIX TAB 800-150.....	10	PROMACTA TAB 75MG.....	88
PREZISTA SUS 100MG/ML.....	9	<i>promethazine hcl inj 25 mg/ml</i>	82
PREZISTA TAB 150MG.....	9	<i>promethazine hcl inj 50 mg/ml</i>	82
PREZISTA TAB 600MG.....	9	<i>promethazine hcl suppos 12.5 mg</i>	82
PREZISTA TAB 75MG.....	9	<i>promethazine hcl suppos 25 mg</i>	82
PREZISTA TAB 800MG.....	9	<i>promethazine hcl syrup 6.25 mg/5ml</i>	82
PRIFTIN TAB 150MG.....	10	<i>promethazine hcl tab 12.5 mg</i>	82
PRIMAQUINE TAB 26.3MG.....	8	<i>promethazine hcl tab 25 mg</i>	82
<i>primidone tab 125 mg</i>	45	<i>promethazine hcl tab 50 mg</i>	82
<i>primidone tab 250 mg</i>	45	<i>promethegan</i>	82
<i>primidone tab 50 mg</i>	45	<i>propafenone hcl cap er 12hr 225 mg</i>	32
PRIORIX INJ.....	93	<i>propafenone hcl cap er 12hr 325 mg</i>	32
PRIVIGEN INJ 20GRAMS.....	91	<i>propafenone hcl cap er 12hr 425 mg</i>	32
<i>probenecid tab 500 mg</i>	1	<i>propafenone hcl tab 150 mg</i>	32

<i>propafenone hcl tab 225 mg</i>	32
<i>propafenone hcl tab 300 mg</i>	32
<i>propranolol hcl cap er 24hr 120 mg</i> ..	36
<i>propranolol hcl cap er 24hr 160 mg</i> ..	36
<i>propranolol hcl cap er 24hr 60 mg</i>	36
<i>propranolol hcl cap er 24hr 80 mg</i>	36
<i>propranolol hcl tab 10 mg</i>	36
<i>propranolol hcl tab 20 mg</i>	36
<i>propranolol hcl tab 40 mg</i>	36
<i>propranolol hcl tab 60 mg</i>	36
<i>propranolol hcl tab 80 mg</i>	36
<i>propylthiouracil tab 50 mg</i>	80
PROQUAD INJ	93
PROSOL INJ 20%	95
<i>protriptyline hcl tab 10 mg</i>	50
<i>protriptyline hcl tab 5 mg</i>	50
PULMICORT INH 180MCG	102
PULMICORT INH 90MCG	102
PULMOZYME SOL 1MG/ML	101
PURIXAN SUS 20MG/ML	18
<i>pyrazinamide tab 500 mg</i>	10
<i>pyridostigmine bromide tab 60 mg</i> ...	61
<i>pyridostigmine bromide tab er 180 mg</i>	61
<i>pyrimethamine tab 25 mg</i>	6
Q	
QBREXZA PAD 2.4%	107
QINLOCK TAB 50MG	25
QUADRACEL INJ	93
QUADRACEL INJ 0.5ML	93
<i>quetiapine fumarate tab 100 mg</i>	56
<i>quetiapine fumarate tab 150 mg</i>	56
<i>quetiapine fumarate tab 200 mg</i>	56
<i>quetiapine fumarate tab 25 mg</i>	56
<i>quetiapine fumarate tab 300 mg</i>	56
<i>quetiapine fumarate tab 400 mg</i>	56
<i>quetiapine fumarate tab 50 mg</i>	56
<i>quetiapine fumarate tab er 24hr 150</i> <i>mg</i>	56
<i>quetiapine fumarate tab er 24hr 200</i> <i>mg</i>	56
<i>quetiapine fumarate tab er 24hr 300</i> <i>mg</i>	57
<i>quetiapine fumarate tab er 24hr 400</i> <i>mg</i>	57
<i>quetiapine fumarate tab er 24hr 50 mg</i>	56

<i>quinapril hcl tab 10 mg</i>	29
<i>quinapril hcl tab 20 mg</i>	29
<i>quinapril hcl tab 40 mg</i>	29
<i>quinapril hcl tab 5 mg</i>	29
<i>quinidine gluconate tab er 324 mg</i> ...	32
<i>quinidine sulfate tab 200 mg</i>	32
<i>quinidine sulfate tab 300 mg</i>	32
<i>quinine sulfate cap 324 mg</i>	8
R	
RABAVERT INJ	93
<i>rabeprazole sodium ec tab 20 mg</i>	85
<i>raloxifene hcl tab 60 mg</i>	77
<i>ramelteon tab 8 mg</i>	59
<i>ramipril cap 1.25 mg</i>	29
<i>ramipril cap 10 mg</i>	29
<i>ramipril cap 2.5 mg</i>	29
<i>ramipril cap 5 mg</i>	29
<i>ranitidine hcl inj 150 mg/6ml (25</i> <i>mg/ml)</i>	83
<i>ranitidine hcl inj 50 mg/2ml (25</i> <i>mg/ml)</i>	83
<i>ranolazine tab er 12hr 1000 mg</i>	39
<i>ranolazine tab er 12hr 500 mg</i>	39
<i>rasagiline mesylate tab 0.5 mg (base</i> <i>equiv)</i>	53
<i>rasagiline mesylate tab 1 mg (base</i> <i>equiv)</i>	53
RAVICTI LIQ 1.1GM/ML.....	77
RAYALDEE CAP 30MCG	81
REBIF INJ 22/0.5	62
REBIF INJ 44/0.5	62
REBIF REBIDO INJ 22/0.5	62
REBIF REBIDO INJ 44/0.5	62
REBIF REBIDO INJ TITRATN	62
REBIF TITRTN INJ PACK	62
<i>reclipsen</i>	72
RECOMBIVA HB INJ 10MCG/ML	93
RECOMBIVA HB INJ 5MCG/0.5	93
RECOMBIVA-HB INJ 40MCG/ML.....	93
RECTIV OIN 0.4%	107
REGRANEX GEL 0.01%	107
RELENZA MIS DISKHALE.....	12
RELISTOR INJ 12/0.6ML.....	84
RELISTOR INJ 8/0.4ML	84
<i>repaglinide tab 0.5 mg</i>	66
<i>repaglinide tab 1 mg</i>	66
<i>repaglinide tab 2 mg</i>	66

RESTASIS EMU 0.05% OP	98	<i>risedronate sodium tab delayed release</i>	
RESTASIS MUL EMU 0.05% OP	98	35 mg	69
RETACRIT INJ 10000UNT	88	RISPERDAL INJ 12.5MG	57
RETACRIT INJ 20000UNI	88	RISPERDAL INJ 25MG	57
RETACRIT INJ 2000UNIT	88	RISPERDAL INJ 37.5MG	57
RETACRIT INJ 3000UNIT	88	RISPERDAL INJ 50MG	57
RETACRIT INJ 40000UNT	88	<i>risperidone orally disintegrating tab</i>	
RETACRIT INJ 4000UNIT	88	0.25 mg	57
RETEVMO CAP 40MG	25	<i>risperidone orally disintegrating tab 0.5</i>	
RETEVMO CAP 80MG	25	mg	57
RETROVIR INJ 10MG/ML	9	<i>risperidone orally disintegrating tab 1</i>	
REVLIMID CAP 10MG	20	mg	57
REVLIMID CAP 15MG	20	<i>risperidone orally disintegrating tab 2</i>	
REVLIMID CAP 2.5MG	20	mg	57
REVLIMID CAP 20MG	20	<i>risperidone orally disintegrating tab 3</i>	
REVLIMID CAP 25MG	20	mg	57
REVLIMID CAP 5MG	20	<i>risperidone orally disintegrating tab 4</i>	
REXULTI TAB 0.25MG	57	mg	57
REXULTI TAB 0.5MG	57	<i>risperidone soln 1 mg/ml</i>	57
REXULTI TAB 1MG	57	<i>risperidone tab 0.25 mg</i>	57
REXULTI TAB 2MG	57	<i>risperidone tab 0.5 mg</i>	57
REXULTI TAB 3MG	57	<i>risperidone tab 1 mg</i>	57
REXULTI TAB 4MG	57	<i>risperidone tab 2 mg</i>	57
REYATAZ POW 50MG	9	<i>risperidone tab 3 mg</i>	57
REZLIDHIA CAP 150MG	25	<i>risperidone tab 4 mg</i>	57
REZUROCK TAB 200MG	25	<i>ritonavir tab 100 mg</i>	9
RHOPRESSA SOL 0.02%	97	RITUXAN INJ 100MG	25
<i>ribavirin cap 200 mg</i>	12	RITUXAN INJ 500MG	25
<i>ribavirin tab 200 mg</i>	12	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
RIDAURA CAP 3MG	90	equivalent)	48
<i>rifabutin cap 150 mg</i>	11	<i>rivastigmine tartrate cap 3 mg (base</i>	
<i>rifampin cap 150 mg</i>	11	equivalent)	48
<i>rifampin cap 300 mg</i>	11	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
<i>rifampin for inj 600 mg</i>	11	equivalent)	48
<i>riluzole tab 50 mg</i>	61	<i>rivastigmine tartrate cap 6 mg (base</i>	
<i>rimantadine hydrochloride tab 100 mg</i>		equivalent)	48
.....	12	<i>rivastigmine transdermal</i>	48
<i>ringer's solution</i>	94	<i>rizatriptan benzoate oral disintegrating</i>	
<i>ringer's solution for irrigation</i>	107	tab 10 mg (base eq)	60
RINVOQ TAB 15MG ER	89	<i>rizatriptan benzoate oral disintegrating</i>	
RINVOQ TAB 30MG ER	89	tab 5 mg (base eq)	60
RINVOQ TAB 45MG ER	90	<i>rizatriptan benzoate tab 10 mg (base</i>	
<i>risedronate sodium tab 150 mg</i>	69	equivalent)	60
<i>risedronate sodium tab 30 mg</i>	68	<i>rizatriptan benzoate tab 5 mg (base</i>	
<i>risedronate sodium tab 35 mg</i>	68	equivalent)	60
<i>risedronate sodium tab 5 mg</i>	68	ROCKLATAN DRO	97
		<i>roflumilast tab 250 mcg</i>	101

<i>roflumilast tab 500 mcg</i>	101	SCEMBLIX TAB 20MG.....	25
<i>ropinirole hydrochloride tab 0.25 mg</i>	53	SCEMBLIX TAB 40MG.....	25
<i>ropinirole hydrochloride tab 0.5 mg</i> ..	53	<i>scopolamine td patch 72hr 1 mg/3days</i>	
<i>ropinirole hydrochloride tab 1 mg</i>	53	.....	82
<i>ropinirole hydrochloride tab 2 mg</i>	53	SECUADO DIS 3.8MG	57
<i>ropinirole hydrochloride tab 3 mg</i>	53	SECUADO DIS 5.7MG	57
<i>ropinirole hydrochloride tab 4 mg</i>	53	SECUADO DIS 7.6MG	57
<i>ropinirole hydrochloride tab 5 mg</i>	53	<i>selegiline hcl cap 5 mg</i>	53
<i>rosuvastatin calcium tab 10 mg</i>	33	<i>selegiline hcl tab 5 mg</i>	53
<i>rosuvastatin calcium tab 20 mg</i>	33	<i>selenium sulfide lotion 2.5%</i>	104
<i>rosuvastatin calcium tab 40 mg</i>	33	SELZENTRY SOL 20MG/ML	9
<i>rosuvastatin calcium tab 5 mg</i>	33	SELZENTRY TAB 25MG.....	9
ROTARIX SUS	93	SELZENTRY TAB 75MG.....	9
ROTATEQ SOL.....	93	SEREVENT DIS AER 50MCG	100
<i>roweepra</i>	45	<i>sertraline hcl oral concentrate for</i>	
ROZLYTREK CAP 100MG.....	25	<i>solution 20 mg/ml</i>	50
ROZLYTREK CAP 200MG.....	25	<i>sertraline hcl tab 100 mg</i>	50
RUBRACA TAB 200MG.....	25	<i>sertraline hcl tab 25 mg</i>	50
RUBRACA TAB 250MG.....	25	<i>sertraline hcl tab 50 mg</i>	50
RUBRACA TAB 300MG.....	25	<i>setlakin</i>	72
RUCONEST INJ 2100UNIT.....	88	<i>sevelamer carbonate packet 0.8 gm</i> .	78
<i>rufinamide susp 40 mg/ml</i>	45	<i>sevelamer carbonate packet 2.4 gm</i> .	78
<i>rufinamide tab 200 mg</i>	45	<i>sevelamer carbonate tab 800 mg</i>	78
<i>rufinamide tab 400 mg</i>	46	<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.....	77
RYTARY CAP 145MG	53	SIGNIFOR INJ 0.6MG/ML.....	77
RYTARY CAP 195MG	53	SIGNIFOR INJ 0.9MG/ML.....	77
RYTARY CAP 245MG	53	SIGNIFOR LAR INJ 20MG	77
RYTARY CAP 95MG	53	SIGNIFOR LAR INJ 40MG	77
S		SIGNIFOR LAR INJ 60MG	77
<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>	40
SANDOSTATIN KIT LAR 10MG.....	77	<i>silodosin cap 4 mg</i>	85
SANDOSTATIN KIT LAR 20MG.....	77	<i>silodosin cap 8 mg</i>	85
SANDOSTATIN KIT LAR 30MG.....	77	<i>silver sulfadiazine cream 1%</i>	103
SANTYL OIN 250/GM	107	SIMBRINZA SUS 1-0.2%.....	97
<i>sapropterin dihydrochloride powder</i>		SIMULECT INJ 10MG.....	92
<i>packet 100 mg</i>	77	SIMULECT INJ 20MG.....	92
<i>sapropterin dihydrochloride powder</i>		<i>simvastatin tab 10 mg</i>	33
<i>packet 500 mg</i>	77	<i>simvastatin tab 20 mg</i>	34
<i>sapropterin dihydrochloride tab 100 mg</i>		<i>simvastatin tab 40 mg</i>	34
.....	77	<i>simvastatin tab 5 mg</i>	33

<i>simvastatin tab 80 mg</i>	34	<i>sotalol hcl tab 120 mg</i>	33
<i>sirolimus oral soln 1 mg/ml</i>	92	<i>sotalol hcl tab 160 mg</i>	33
<i>sirolimus tab 0.5 mg</i>	92	<i>sotalol hcl tab 240 mg</i>	33
<i>sirolimus tab 1 mg</i>	92	<i>sotalol hcl tab 80 mg</i>	33
<i>sirolimus tab 2 mg</i>	92	SOVALDI PAK 150MG.....	12
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.....	72	<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>	72
<i>17.5-3.13-1.6 gm/177ml</i>	83	SPRITAM TAB 1000MG.....	46
<i>sodium chloride irrigation soln 0.9%</i>		SPRITAM TAB 250MG.....	46
.....	107	SPRITAM TAB 500MG.....	46
<i>sodium chloride iv soln 0.45%</i>	94	SPRITAM TAB 750MG.....	46
<i>sodium chloride iv soln 0.9%</i>	94	SPRYCEL TAB 100MG.....	25
<i>sodium chloride iv soln 3%</i>	94	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>	72
SOLU-CORTEF INJ 1000MG.....	75	<i>ssd</i>	103
SOLU-CORTEF INJ 100MG	75	STELARA INJ 45MG/0.5.....	90
SOLU-CORTEF INJ 250MG	75	STELARA INJ 90MG/ML	90
SOLU-CORTEF INJ 500MG	75	STIVARGA TAB 40MG	25
SOLU-MEDROL INJ 1000MG.....	75	<i>streptomycin sulfate for inj 1 gm</i>	6
SOLU-MEDROL INJ 125MG.....	75	STRIBILD TAB.....	10
SOLU-MEDROL INJ 2GM	75	<i>subvenite kit start 35</i>	46
SOLU-MEDROL INJ 40MG	75	<i>subvenite kit start 49</i>	46
SOLU-MEDROL INJ 500MG.....	75	<i>subvenite kit start 98</i>	46
SOMAVERT INJ 10MG	77	<i>subvenite tab 100mg</i>	46
SOMAVERT INJ 15MG	77	<i>subvenite tab 150mg</i>	46
SOMAVERT INJ 20MG	77	<i>subvenite tab 200mg</i>	46
SOMAVERT INJ 25MG	78	<i>subvenite tab 25mg</i>	46
SOMAVERT INJ 30MG	78	SUCRAID SOL 8500/ML.....	84
<i>sorafenib tosylate tab 200 mg (base</i>		<i>sucrafate susp 1 gm/10ml</i>	84
<i>equivalent)</i>	25	<i>sucrafate tab 1 gm</i>	84
<i>sorine</i>	32	<i>sulfacetamide sodium lotion 10%</i>	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	32	<i>(acne)</i>	103
<i>sotalol hcl (afib/afl) tab 160 mg</i>	33	<i>sulfacetamide sodium ophth oint 10%</i>	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	32	.....	96

<i>sulfacetamide sodium ophth soln 10%</i>	96	SYNERCID INJ 500MG.....	6
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	96	SYNJARDY TAB 12.5-1000MG	66
<i>sulfadiazine tab 500 mg</i>	6	SYNJARDY TAB 12.5-500.....	66
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	6	SYNJARDY TAB 5-1000MG	66
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	6	SYNJARDY TAB 5-500MG.....	66
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	6	SYNJARDY XR TAB.....	66
SULFAMYLLON CRE 85MG/GM	104	SYNJARDY XR TAB 10-1000.....	66
<i>sulfasalazin tab 500mg dr</i>	83	SYNJARDY XR TAB 25-1000.....	66
<i>sulfasalazine tab 500 mg</i>	83	SYNJARDY XR TAB 5-1000MG	66
<i>sumatriptan nasal spray 20 mg/act</i> ..	60	SYNRIBO INJ 3.5MG	20
<i>sumatriptan nasal spray 5 mg/act</i>	60	SYNTHROID TAB 100MCG	80
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	60	SYNTHROID TAB 112MCG	80
<i>sumatriptan succinate tab 100 mg</i>	60	SYNTHROID TAB 125MCG	80
<i>sumatriptan succinate tab 25 mg</i>	60	SYNTHROID TAB 137MCG	80
<i>sumatriptan succinate tab 50 mg</i>	60	SYNTHROID TAB 150MCG	80
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	25	SYNTHROID TAB 175MCG	80
<i>sunitinib malate cap 25 mg (base equivalent)</i>	25	SYNTHROID TAB 200MCG	80
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	25	SYNTHROID TAB 25MCG	80
<i>sunitinib malate cap 50 mg (base equivalent)</i>	25	SYNTHROID TAB 300MCG	80
SUNLENCA INJ.....	9	SYNTHROID TAB 50MCG	80
SUNLENCA TAB 300MG	9	SYNTHROID TAB 75MCG	80
SUPRAX SUS 500/5ML	13	SYNTHROID TAB 88MCG	80
SUPREP BOWEL PREP.....	83	T	
<i>syeda tab 3-0.03mg</i>	72	TABLOID TAB 40MG	18
SYMBICORT AER 160-4.5	102	TABRECTA TAB 150MG	25
SYMBICORT AER 80-4.5	102	TABRECTA TAB 200MG	25
SYMDEKO TAB 50-75MG	101	<i>tacrolimus cap 0.5 mg</i>	92
SYMLINPEN 60 INJ 1000MCG.....	66	<i>tacrolimus cap 1 mg</i>	92
SYMLNPEN 120 INJ 1000MCG	66	<i>tacrolimus cap 5 mg</i>	92
SYMPAZAN MIS 10MG.....	46	<i>tacrolimus oint 0.03%</i>	107
SYMPAZAN MIS 20MG.....	46	<i>tacrolimus oint 0.1%</i>	107
SYMPAZAN MIS 5MG.....	46	<i>tadalafil tab 2.5 mg</i>	85
SYMPROIC TAB 0.2MG	84	<i>tadalafil tab 20 mg (pah)</i>	40
SYMTUZA TAB.....	10	<i>tadalafil tab 5 mg</i>	85
SYNAGIS INJ 100MG/ML	91	TAFINLAR CAP 50MG	26
SYNAGIS INJ 50MG	91	TAFINLAR CAP 75MG	26
SYNAREL SOL 2MG/ML.....	73	TAFINLAR TAB 10MG	26
		TAGRISSO TAB 40MG	26
		TAGRISSO TAB 80MG	26
		TAKHZYRO INJ 150MG/ML.....	88
		TAKHZYRO INJ 300/2ML	89
		TALICIA CAP.....	84
		TALTZ INJ 80MG/ML	90
		TALZENNA CAP 0.1MG	26
		TALZENNA CAP 0.25MG	26
		TALZENNA CAP 0.35MG	26
		TALZENNA CAP 0.5MG	26

TALZENNA CAP 0.75MG	26	TEMIXYS TAB 300-300.....	10
TALZENNA CAP 1MG	26	<i>tencon</i>	1
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	19	TENIVAC INJ 5-2LF.....	93
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	19	<i>tenofovir disoproxil fumarate tab 300 mg</i>	9
<i>tamsulosin hcl cap 0.4 mg</i>	85	TEPMETKO TAB 225MG	26
TARGRETIN GEL 1%	107	<i>terazosin hcl cap 1 mg (base equivalent)</i>	30
<i>tarina 24 fe</i>	72	<i>terazosin hcl cap 10 mg (base equivalent)</i>	30
<i>tarina fe 1/20 eq</i>	72	<i>terazosin hcl cap 2 mg (base equivalent)</i>	30
TASIGNA CAP 150MG.....	26	<i>terazosin hcl cap 5 mg (base equivalent)</i>	30
TASIGNA CAP 200MG.....	26	<i>terbinafine hcl tab 250 mg</i>	7
TASIGNA CAP 50MG	26	<i>terbutaline sulfate inj 1 mg/ml</i>	100
<i>tasimelteon capsule 20 mg</i>	59	<i>terbutaline sulfate tab 2.5 mg</i>	100
TAVNEOS CAP 10MG	20	<i>terbutaline sulfate tab 5 mg</i>	100
<i>tazarotene cream 0.1%</i>	104	<i>terconazole vaginal cream 0.4%</i>	86
<i>tazarotene gel 0.05%</i>	104	<i>terconazole vaginal cream 0.8%</i>	86
<i>tazarotene gel 0.1%</i>	104	<i>terconazole vaginal suppos 80 mg</i>	86
<i>tazicef</i>	13	<i>teriflunomide tab 14 mg</i>	62
<i>taztia xt</i>	37	<i>teriflunomide tab 7 mg</i>	62
TAZVERIK TAB 200MG	26	TERIPARATIDE INJ	69
TDVAX INJ 2-2 LF.....	93	<i>testosterone cypionate im inj in oil 100 mg/ml</i>	64
TECENTRIQ INJ 1200/20	26	<i>testosterone cypionate im inj in oil 200 mg/ml</i>	64
TECVAYLI INJ 153/1.7	20	<i>testosterone enanthate im inj in oil 200 mg/ml</i>	64
TECVAYLI INJ 30MG/3ML.....	20	<i>testosterone td gel 10mg/act (2%)</i> ..	64
TEFLARO INJ 400MG	13	<i>testosterone td gel 12.5 mg/act (1%)</i>	64
TEFLARO INJ 600MG	13	<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	64
TEGSEDI INJ 284/1.5	61	<i>testosterone td gel 20.25 mg/act (1.62%)</i>	64
<i>telmisartan tab 20 mg</i>	32	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	64
<i>telmisartan tab 40 mg</i>	32	<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	64
<i>telmisartan tab 80 mg</i>	32	<i>testosterone td gel 50 mg/5gm (1%)</i> 64	
<i>telmisartan-amlodipine tab 40-10 mg</i>	31	<i>testosterone td soln 30 mg/act</i>	65
<i>telmisartan-amlodipine tab 40-5 mg</i> .31		<i>tetrabenazine tab 12.5 mg</i>	61
<i>telmisartan-amlodipine tab 80-10 mg</i>	31	<i>tetrabenazine tab 25 mg</i>	61
<i>telmisartan-amlodipine tab 80-5 mg</i> .31		<i>tetracycline hcl cap 250 mg</i>	16
<i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i>	31	<i>tetracycline hcl cap 500 mg</i>	16
<i>telmisartan-hydrochlorothiazide tab 80- 12.5 mg</i>	31		
<i>telmisartan-hydrochlorothiazide tab 80- 25 mg</i>	31		
<i>temazepam cap 15 mg</i>	59		
<i>temazepam cap 22.5 mg</i>	59		
<i>temazepam cap 30 mg</i>	59		
<i>temazepam cap 7.5 mg</i>	59		

THALOMID CAP 100MG	20	TIROSINT CAP 125MCG	80
THALOMID CAP 150MG	20	TIROSINT CAP 137MCG	80
THALOMID CAP 200MG	20	TIROSINT CAP 13MCG	80
THALOMID CAP 50MG	20	TIROSINT CAP 150MCG	80
THEO-24 CAP 100MG CR	101	TIROSINT CAP 175MCG	80
THEO-24 CAP 200MG CR	101	TIROSINT CAP 200	80
<i>theophylline tab er 12hr 300 mg</i>	101	TIROSINT CAP 25MCG	80
<i>theophylline tab er 12hr 450 mg</i>	101	TIROSINT CAP 37.5MCG	80
<i>theophylline tab er 24hr 400 mg</i>	101	TIROSINT CAP 44MCG	80
<i>theophylline tab er 24hr 600 mg</i>	101	TIROSINT CAP 50MCG	80
<i>thioridazine hcl tab 10 mg</i>	57	TIROSINT CAP 62.5MCG	80
<i>thioridazine hcl tab 100 mg</i>	57	TIROSINT CAP 75MCG	80
<i>thioridazine hcl tab 25 mg</i>	57	TIROSINT CAP 88MCG	80
<i>thioridazine hcl tab 50 mg</i>	57	TIROSINT-SOL SOL 100MCG	80
<i>thiotepa for inj 15 mg</i>	17	TIROSINT-SOL SOL 112MCG	80
<i>thiothixene cap 1 mg</i>	57	TIROSINT-SOL SOL 125MCG	80
<i>thiothixene cap 10 mg</i>	57	TIROSINT-SOL SOL 137MCG	80
<i>thiothixene cap 2 mg</i>	57	TIROSINT-SOL SOL 13MCG/ML	80
<i>thiothixene cap 5 mg</i>	57	TIROSINT-SOL SOL 150MCG	80
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>	46	TIROSINT-SOL SOL 25MCG/ML	80
<i>tiagabine hcl tab 16 mg</i>	46	TIROSINT-SOL SOL 37.5/ML	80
<i>tiagabine hcl tab 2 mg</i>	46	TIROSINT-SOL SOL 44MCG/ML	80
<i>tiagabine hcl tab 4 mg</i>	46	TIROSINT-SOL SOL 50MCG/ML	80
TIBSOVO TAB 250MG	26	TIROSINT-SOL SOL 62.5/ML	80
TICOVAC INJ	93	TIROSINT-SOL SOL 75MCG/ML	80
<i>tigecycline for iv soln 50 mg</i>	16	TIROSINT-SOL SOL 88MCG/ML	80
<i>tilia fe</i>	72	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>	63
<i>timolol maleate preservative free ophth</i> <i>soln 0.25%</i>	98	<i>tizanidine hcl tab 4 mg (base</i> <i>equivalent)</i>	63
<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		

TOBREX OIN 0.3% OP	96	<i>trandolapril-verapamil hcl tab er 4-240</i>	
<i>tolcapone tab 100 mg</i>	53	<i>mg</i>	28
<i>tolterodine tartrate cap er 24hr 2 mg</i>	86	<i>tranexamic acid iv soln 1000 mg/10ml</i>	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	86	<i>(100 mg/ml)</i>	89
<i>tolterodine tartrate tab 1 mg</i>	86	<i>tranexamic acid tab 650 mg</i>	89
<i>tolterodine tartrate tab 2 mg</i>	86	<i>tranylcypramine sulfat e tab 10 mg</i> ...	51
<i>tolvaptan tab 15 mg</i>	78	TRAVASOL INJ 10%.....	95
<i>tolvaptan tab 30 mg</i>	78	<i>travoprost ophth soln 0.004%</i>	
<i>topiramate cap er 24hr 100 mg</i>	46	<i>(benzalkonium free) (bak free)</i>	98
<i>topiramate cap er 24hr 200 mg</i>	46	<i>trazodone hcl tab 100 mg</i>	51
<i>topiramate cap er 24hr 25 mg</i>	46	<i>trazodone hcl tab 150 mg</i>	51
<i>topiramate cap er 24hr 50 mg</i>	46	<i>trazodone hcl tab 300 mg</i>	51
<i>topiramate sprinkle cap 15 mg</i>	46	<i>trazodone hcl tab 50 mg</i>	51
<i>topiramate sprinkle cap 25 mg</i>	46	TREANDA INJ 100MG.....	17
<i>topiramate tab 100 mg</i>	46	TREANDA INJ 25MG.....	17
<i>topiramate tab 200 mg</i>	46	TRECATOR TAB 250MG	11
<i>topiramate tab 25 mg</i>	46	TRELEGY AER 100MCG.....	99
<i>topiramate tab 50 mg</i>	46	TRELEGY AER 200MCG.....	99
<i>toposar</i>	21	TRELSTAR MIX INJ 11.25MG.....	19
<i>topotecan hcl for inj 4 mg (base equiv)</i>		TRELSTAR MIX INJ 22.5MG	19
.....	20	TRELSTAR MIX INJ 3.75MG	19
<i>toremifene citrate tab 60 mg (base</i>		TRESIBA FLEX INJ 100UNIT.....	68
<i>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>	38	<i>tretinoin cream 0.05%</i>	103
<i>toremide tab 5 mg</i>	38	<i>tretinoin cream 0.1%</i>	103
TOUJEO MAX INJ 300IU/ML	68	<i>tretinoin gel 0.01%</i>	103
TOUJEO SOLO INJ 300IU/ML.....	68	<i>tretinoin gel 0.025%</i>	103
<i>tovet</i>	106	<i>tretinoin gel 0.05%</i>	103
TOVIAZ TAB 4MG	86	<i>triamcinolone acet onide cream 0.025%</i>	
TOVIAZ TAB 8MG	86	.....	106
TRADJENTA TAB 5MG	66	<i>triamcinolone acet onide cream 0.1%</i>	
<i>tramadol hcl tab 100 mg</i>	4	.....	106
<i>tramadol hcl tab 50 mg</i>	4	<i>triamcinolone acet onide cream 0.5%</i>	
<i>tramadol-acetaminophen tab 37.5-325</i>		.....	106
<i>mg</i>	4	<i>triamcinolone acet onide dental paste</i>	
<i>trandolapril tab 1 mg</i>	29	<i>0.1%</i>	108
<i>trandolapril tab 2 mg</i>	29	<i>triamcinolone acet onide lotion 0.025%</i>	
<i>trandolapril tab 4 mg</i>	29	.....	106
<i>trandolapril-verapamil hcl tab er 1-240</i>		<i>triamcinolone acet onide lotion 0.1%</i>	
<i>mg</i>	28	.....	106
<i>trandolapril-verapamil hcl tab er 2-180</i>		<i>triamcinolone acet onide oint 0.025%</i>	
<i>mg</i>	28	.....	106
<i>trandolapril-verapamil hcl tab er 2-240</i>		<i>triamcinolone acet onide oint 0.1%</i> .	106
<i>mg</i>	28	<i>triamcinolone acet onide oint 0.5%</i> .	106

<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	39	<i>trivora-28</i>	72
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	39	<i>tri-vylibra tab</i>	72
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	39	TRIZIVIR TAB	10
<i>triamterene cap 100 mg</i>	39	TROPHAMINE INJ 10%	95
<i>triamterene cap 50 mg</i>	39	<i>tropium chloride cap er 24hr 60 mg</i>	86
<i>triderm</i>	106	<i>tropium chloride tab 20 mg</i>	86
<i>triderm cre 0.1%</i>	106	TRULICITY INJ 0.75/0.5	67
<i>trientine hcl cap 250 mg</i>	69	TRULICITY INJ 1.5/0.5	67
<i>tri-estaryl tab</i>	72	TRULICITY INJ 3/0.5	67
<i>trifluoperazine hcl tab 1 mg (base</i> <i>equivalent)</i>	57	TRULICITY INJ 4.5/0.5	67
<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i>	58	TRUMENBA INJ	93
<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i>	57	TRUSELTIQ CAP 100MG	26
<i>trifluoperazine hcl tab 5 mg (base</i> <i>equivalent)</i>	58	TRUSELTIQ CAP 125MG	26
<i>trifluridine ophth soln 1%</i>	96	TRUSELTIQ CAP 50MG	26
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	53	TRUSELTIQ CAP 75MG	26
<i>trihexyphenidyl hcl tab 2 mg</i>	53	TUKYSA TAB 150MG	26
<i>trihexyphenidyl hcl tab 5 mg</i>	53	TUKYSA TAB 50MG	26
TRIJARDY XR TAB ER 24HR 10-5- 1000MG	67	TURALIO CAP 125MG	26
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	67	TURALIO CAP 200MG	26
TRIJARDY XR TAB ER 24HR 25-5- 1000MG	67	TWINRIX INJ	93
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	67	TYBLUME CHW 0.1-0.02	73
TRIKAFTA TAB	101	TYBOST TAB 150MG	9
<i>tri-legest fe</i>	72	<i>tydemy</i>	73
<i>trimethoprim tab 100 mg</i>	6	TYPHIM VI INJ	93
<i>tri-mili tab</i>	72	TYSABRI INJ 300/15ML	62
<i>trimipramine maleate cap 100 mg</i>	51	TYVASO DPI POW 16-32-48	41
<i>trimipramine maleate cap 25 mg</i>	51	TYVASO DPI POW 16-32MCG	41
<i>trimipramine maleate cap 50 mg</i>	51	TYVASO DPI POW 16MCG	41
TRINTELLIX TAB 10MG	51	TYVASO DPI POW 32-48MCG	41
TRINTELLIX TAB 20MG	51	TYVASO DPI POW 32MCG	41
TRINTELLIX TAB 5MG	51	TYVASO DPI POW 48MCG	41
<i>tri-nymyo</i>	72	TYVASO DPI POW 64MCG	41
<i>tri-sprintec</i>	72	U	
TRIUMEQ PD TAB	10	UBRELVY TAB 100MG	60
TRIUMEQ TAB	10	UBRELVY TAB 50MG	60
		UDENYCA INJ 6MG/.6ML	88
		UDENYCA INJ 6MG/0.6	88
		UKONIQ TAB 200MG	26
		<i>unithroid</i>	81
		UPTRAVI TAB 1000MCG	41
		UPTRAVI TAB 1200MCG	41
		UPTRAVI TAB 1400MCG	41
		UPTRAVI TAB 1600MCG	41
		UPTRAVI TAB 200MCG	41
		UPTRAVI TAB 400MCG	41
		UPTRAVI TAB 600MCG	41
		UPTRAVI TAB 800MCG	41

<i>ursodiol cap 300 mg</i>	84	<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	6
<i>ursodiol tab 250 mg</i>	84	<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	7
<i>ursodiol tab 500 mg</i>	84	<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	7
UZEDY INJ 100MG	58	<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	7
UZEDY INJ 125MG	58	<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	7
UZEDY INJ 150MG	58	VANDAZOLE GEL 0.75%	86
UZEDY INJ 200MG	58	VANFLYTA TAB 17.7MG	26
UZEDY INJ 250MG	58	VANFLYTA TAB 26.5MG	26
UZEDY INJ 50MG	58	VAQTA INJ 25/0.5ML	93
UZEDY INJ 75MG	58	VAQTA INJ 50UNT/ML	93
V		<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	64
<i>valacyclovir hcl tab 1 gm</i>	12	<i>varenicline tartrate tab 1 mg (base equiv)</i>	64
<i>valacyclovir hcl tab 500 mg</i>	12	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	64
VALCHLOR GEL 0.016%	107	VARIVAX INJ	93
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	12	VARUBI TAB 90MG	82
<i>valproate sodium inj 100 mg/ml</i>	46	VASCEPA CAP 0.5GM	34
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	46	VASCEPA CAP 1GM	34
<i>valproic acid cap 250 mg</i>	46	VECTIBIX INJ 100MG	26
<i>valsartan tab 160 mg</i>	32	VECTIBIX INJ 400MG	26
<i>valsartan tab 320 mg</i>	32	<i>velivet</i>	73
<i>valsartan tab 40 mg</i>	32	VELTASSA POW 16.8GM	69
<i>valsartan tab 80 mg</i>	32	VELTASSA POW 25.2GM	69
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	31	VELTASSA POW 8.4GM	69
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	31	VENCLEXTA TAB 100MG	26
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	31	VENCLEXTA TAB 10MG	26
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	31	VENCLEXTA TAB 50MG	26
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	31	VENCLEXTA TAB START PK	26
VALTOCO SPR 10MG	46	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	51
VALTOCO SPR 15MG	46	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	51
VALTOCO SPR 20MG	46	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	51
VALTOCO SPR 5MG	46	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	51
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	6	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	51
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	6	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	51
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	6		
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	6		

<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	51	VIIBRYD TAB 20MG	51
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	51	VIIBRYD TAB 40MG	51
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	51	VIJOICE TAB 125MG	26
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	51	VIJOICE TAB 250MG	26
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	51	VIJOICE TAB 50MG.....	26
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	51	<i>vilazodone hcl tab 10 mg</i>	51
VENLAFAXINE TAB 112.5MG	51	<i>vilazodone hcl tab 20 mg</i>	51
VENTAVIS SOL 10MCG/ML.....	41	<i>vilazodone hcl tab 40 mg</i>	51
VENTAVIS SOL 20MCG/ML.....	41	VIMPAT INJ 200MG/20.....	46
VENTOLIN HFA AER	100	VIMPAT SOL 10MG/ML.....	46
<i>verapamil hcl cap er 24hr 100 mg</i>	37	VIMPAT TAB 100MG.....	47
<i>verapamil hcl cap er 24hr 120 mg</i>	37	VIMPAT TAB 150MG.....	47
<i>verapamil hcl cap er 24hr 180 mg</i>	37	VIMPAT TAB 200MG.....	47
<i>verapamil hcl cap er 24hr 200 mg</i>	37	VIMPAT TAB 50MG	46
<i>verapamil hcl cap er 24hr 240 mg</i>	38	<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	21
<i>verapamil hcl cap er 24hr 300 mg</i>	38	<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	21
<i>verapamil hcl cap er 24hr 360 mg</i>	38	VIRACEPT TAB 250MG	9
<i>verapamil hcl tab 120 mg</i>	38	VIRACEPT TAB 625MG	9
<i>verapamil hcl tab 40 mg</i>	38	VIREAD POW 40MG/GM	9
<i>verapamil hcl tab 80 mg</i>	38	VIREAD TAB 150MG	9
<i>verapamil hcl tab er 120 mg</i>	38	VIREAD TAB 200MG	9
<i>verapamil hcl tab er 180 mg</i>	38	VIREAD TAB 250MG	9
<i>verapamil hcl tab er 240 mg</i>	38	VITRAKVI CAP 100MG.....	27
VERDESO AER 0.05%	106	VITRAKVI CAP 25MG	26
VERSACLOZ SUS 50MG/ML.....	58	VITRAKVI SOL 20MG/ML	27
VERZENIO TAB 100MG.....	26	VIVITROL INJ 380MG.....	64
VERZENIO TAB 150MG.....	26	VIZIMPRO TAB 15MG.....	27
VERZENIO TAB 200MG.....	26	VIZIMPRO TAB 30MG.....	27
VERZENIO TAB 50MG	26	VIZIMPRO TAB 45MG.....	27
<i>vestura</i>	73	VONJO CAP 100MG.....	27
V-GO 20 KIT	68	<i>voriconazole for inj 200 mg</i>	7
V-GO 30 KIT	68	<i>voriconazole for susp 40 mg/ml</i>	7
V-GO 40 KIT	68	<i>voriconazole tab 200 mg</i>	7
VICTOZA INJ 18MG/3ML.....	67	<i>voriconazole tab 50 mg</i>	7
<i>vienna</i>	73	VOSEVI TAB	12
<i>vigabatrin powd pack 500 mg</i>	46	VOTRIENT TAB 200MG.....	27
<i>vigabatrin tab 500 mg</i>	46	VOWST CAP.....	84
<i>vigadrone</i>	46	VRAYLAR CAP 1.5MG	58
<i>vigadrone tab 500mg</i>	46	VRAYLAR CAP 3MG	58
VIIBRYD KIT STARTER	51	VRAYLAR CAP 4.5MG	58
VIIBRYD TAB 10MG	51	VRAYLAR CAP 6MG	58
		VUMERITY CAP 231MG.....	62
		VUMERITY STARTER	62
		<i>vyfemla</i>	73
		<i>vylibra tab 0.25-35</i>	73

VYNDAMAX CAP 61MG	39	XIGDUO XR TAB 10-500MG	67
VYNDAQEL CAP 20MG	39	XIGDUO XR TAB 2.5-1000	67
VYZULTA SOL 0.024%	98	XIGDUO XR TAB 5-1000MG	67
W		XIGDUO XR TAB 5-500MG	67
WAKIX TAB 17.8MG	63	XIIDRA DRO 5%	98
WAKIX TAB 4.45MG	63	XOFLUZA TAB 40MG	12
<i>warfarin sodium tab 1 mg</i>	87	XOFLUZA TAB 80MG	12
<i>warfarin sodium tab 10 mg</i>	87	XOLAIR INJ 150MG/ML	101
<i>warfarin sodium tab 2 mg</i>	87	XOLAIR INJ 75/0.5	101
<i>warfarin sodium tab 2.5 mg</i>	87	XOLAIR SOL 150MG	101
<i>warfarin sodium tab 3 mg</i>	87	XOSPATA TAB 40MG	27
<i>warfarin sodium tab 4 mg</i>	87	XPOVIO 40 MG TWICE WEEKLY	27
<i>warfarin sodium tab 5 mg</i>	87	XPOVIO PAK 40MG	27
<i>warfarin sodium tab 6 mg</i>	87	XPOVIO PAK 50MG	27
<i>warfarin sodium tab 7.5 mg</i>	87	XPOVIO PAK 60MG	27
<i>water for irrigation, sterile irrigation</i>		XPOVIO PAK 80MG	27
<i>soln</i>	107	XTANDI CAP 40MG	19
WELIREG TAB 40MG	21	XTANDI TAB 40MG	19
<i>wixela inhub</i>	102	XTANDI TAB 80MG	19
<i>wymzya fe</i>	73	<i>xulane</i>	73
X		XULTOPHY INJ 100/3.6	68
XALKORI CAP 200MG	27	XYREM SOL 500MG/ML	63
XALKORI CAP 250MG	27	Y	
XATMEP SOL 2.5MG/ML	90	YF-VAX INJ	93
XCOPRI PAK 100-150	47	YONDELIS INJ 1MG	17
XCOPRI PAK 12.5-25	47	YONSA TAB 125MG	19
XCOPRI PAK 150-200MG		YUPELRI SOL	99
(MAINTENANCE)	47	<i>yuvaferm</i>	74
XCOPRI PAK 150-200MG (TITRATION)		Z	
.....	47	<i>zafemy</i>	73
XCOPRI PAK 50-100MG	47	<i>zafirlukast tab 10 mg</i>	100
XCOPRI TAB 100MG	47	<i>zafirlukast tab 20 mg</i>	100
XCOPRI TAB 150MG	47	<i>zaleplon cap 10 mg</i>	59
XCOPRI TAB 200MG	47	<i>zaleplon cap 5 mg</i>	59
XCOPRI TAB 50MG	47	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	101
XERMELO TAB 250MG	78	ZEMDRI INJ 500MG/10	7
XGEVA INJ	69	<i>zenatane cap 10mg</i>	103
XHANCE MIS 93MCG	101	<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>	103
XIGDUO XR TAB 10-1000	67	ZENPEP CAP 10000UNT	84

ZENPEP CAP 15000UNT.....	84	<i>zolmitriptan nasal spray 5 mg/spray</i>	
ZENPEP CAP 20000UNT.....	84	<i>unit</i>	60
ZENPEP CAP 25000UNT.....	84	<i>zolmitriptan odt tab 2.5 mg</i>	61
ZENPEP CAP 3000UNIT	84	<i>zolmitriptan odt tab 5 mg</i>	61
ZENPEP CAP 40000UNT.....	84	<i>zolmitriptan tab 2.5 mg</i>	61
ZENPEP CAP 5000UNIT	84	<i>zolmitriptan tab 5 mg</i>	61
ZEPATIER TAB 50-100MG.....	12	<i>zolpidem tartrate tab 10 mg</i>	60
ZERVIAE DRO 0.24%	97	<i>zolpidem tartrate tab 5 mg</i>	60
<i>zidovudine cap 100 mg</i>	9	<i>zolpidem tartrate tab er 12.5 mg</i>	60
<i>zidovudine syrup 10 mg/ml</i>	9	<i>zolpidem tartrate tab er 6.25 mg</i>	60
<i>zidovudine tab 300 mg</i>	9	ZONISADE SUS 100MG/5	47
ZIMHI SOL	64	<i>zonisamide cap 100 mg</i>	47
<i>ziprasidone hcl cap 20 mg</i>	58	<i>zonisamide cap 25 mg</i>	47
<i>ziprasidone hcl cap 40 mg</i>	58	<i>zonisamide cap 50 mg</i>	47
<i>ziprasidone hcl cap 60 mg</i>	58	ZORBTIVE INJ 8.8MG.....	78
<i>ziprasidone hcl cap 80 mg</i>	58	<i>zovia 1/35</i>	73
<i>ziprasidone mesylate for inj 20 mg</i>		ZTALMY SUS 50MG/ML	47
<i>(base equivalent)</i>	58	ZYCLARA PUMP CRE 2.5%	107
ZIRGAN GEL 0.15%.....	96	ZYDELIG TAB 100MG.....	27
<i>zoledronic acid inj conc for iv infusion 4</i>		ZYDELIG TAB 150MG.....	27
<i>mg/5ml</i>	69	ZYKADIA TAB 150MG.....	27
<i>zoledronic acid iv soln 5 mg/100ml</i> ...	69	ZYPREXA RELP INJ 210MG.....	58
ZOLINZA CAP 100MG.....	27	ZYPREXA RELP INJ 300MG.....	58
<i>zolmitriptan nasal spray 2.5 mg/spray</i>		ZYPREXA RELP INJ 405MG.....	58
<i>unit</i>	60		

Este formulario fue actualizado el 1 de diciembre de 2023. 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

TTY: 711

Para miembros MVP DualAccess (HMO-DSNP):

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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