

Kaiser Permanente

# 2024 Comprehensive Formulary

(List of Covered Drugs)

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

This formulary was updated on 12/01/2024. For more recent information or other questions, please contact the number for your Kaiser Permanente Region listed below, seven days a week, 8 a.m. to 8 p.m., or visit [kp.org/seniorrx](https://kp.org/seniorrx).

## Kaiser Permanente Regions

### CALIFORNIA REGIONS

Kaiser Permanente Senior Advantage (HMO)

#### Member Services

**1-800-443-0815 TTY 711**

### COLORADO REGION

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

#### Member Services

**1-800-476-2167 TTY 711**

### GEORGIA REGION

Kaiser Permanente Senior Advantage (HMO) and Senior Advantage Medicare Medicaid Plan (HMO D-SNP) and Kaiser Permanente Senior Advantage (HMO-POS)

#### Member Services

**1-800-232-4404 TTY 711**

### HAWAII REGION

Kaiser Permanente Senior Advantage (HMO)

#### Member Services

**1-800-805-2739 TTY 711**

### MID-ATLANTIC STATES REGION

(District of Columbia, Maryland, and Virginia)

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

#### Member Services

**1-888-777-5536 TTY 711**

### NORTHWEST REGION

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

#### Member Services

**1-877-221-8221 TTY 711**



Y0043\_N00036439\_Final12\_C

HPMS Approved Formulary File Submission 00024408, Version 24

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Kaiser Permanente. When it refers to “plan” or “our plan,” it means Kaiser Permanente Senior Advantage or Kaiser Permanente Medicare Advantage, depending upon the region in which you are enrolled.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2024. For an updated formulary, please visit our website at [kp.org/seniorrx](https://kp.org/seniorrx) or call us. Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

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

---

## What is the Kaiser Permanente Formulary?

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

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

## Can the formulary (drug list) change?

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

### Changes that can affect you this year:

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

#### New generic drugs

We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when

adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

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

### Drugs removed from the market

If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

### Other changes

We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, or move a drug to a higher cost-sharing tier, we must notify affected members of the change

at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

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

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2024. To get updated information about the drugs covered by our plan, please call us. Contact information for your Kaiser Permanente Region appears on the front and back cover pages.

In the event of a midyear non-maintenance formulary change, we will provide details in the Medicare Part D **Explanation of Benefits** that

we send you or **Provision of Notice** posted at [kp.org/seniorrx](http://kp.org/seniorrx).

## **How do I use the formulary?**

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

### **Medical condition**

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Drugs”. If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

### **Alphabetical listing**

If you are not sure what category to look under, you should look for your drug in the index that begins on page 109. The index provides an alphabetical list of all the drugs included in this document. Preferred generic and generic drugs, preferred brand-name and nonpreferred brand-name drugs, specialty-tier drugs, and injectable vaccines are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic

drugs cost less than brand-name drugs. Cost-sharing for preferred generic drugs may be different than for generic drugs. Please see your **Evidence of Coverage** for more information.

## What are brand-name drugs?

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

## What are specialty-tier drugs?

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

## What are injectable Part D vaccines?

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

## Are there any restrictions on my coverage?

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization restriction. You may also ask us to send you a copy. Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

If your drug is not included on this formulary (list of covered drugs), you should first check our **Kaiser Permanente 2024 Comprehensive Formulary** at [kp.org/seniorrx](https://kp.org/seniorrx) or call our plan at the number listed on the front and back cover pages for your Kaiser Permanente Region and confirm if your drug is covered.

If your Medicare Part D prescription drug is not on our **Kaiser Permanente 2024 Comprehensive Formulary**, you have two options:

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

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

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

- You can ask us to cover a drug even if it is not on our **Kaiser Permanente 2024 Comprehensive Formulary**. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

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

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

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

**Please note:** You can only request an exception for drugs that are considered

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

**For current members with level of care changes**, if you enter into or are discharged from a hospital, skilled nursing facility, or long-term care facility to a different care setting or home, this is what is known as a level of care change. When your level of care changes, you may require an additional fill of your medication. We will generally cover up to a one-month supply of your Part D drugs during this level of care transition period even if the drug is not on our Drug List.

### **For more information**

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

If you have questions about our plan, please call us. Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## Kaiser Permanente's Formulary

The formulary below that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index that begins on page 109.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JARDIANCE) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*).

The second column, "Drug Tier," will indicate what tier number the drug is in:

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

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

**Tier 3** – Preferred brand-name drugs

**Tier 4** – Non-Preferred drugs (the tier includes some generic drugs)

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

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

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

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

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

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

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



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

Region	Mail-Order Contact Numbers (TTY 711)
California	Kaiser Permanente Mail Order Pharmacy Northern CA – <b>1-888-218-6245</b> Monday through Friday, 8 a.m. to 6 p.m., Saturday 8 a.m. to 6 p.m., and Sunday 9 a.m. to 6 p.m. Southern CA – <b>1-866-206-2983</b> Monday through Friday, 7 a.m. to 7 p.m., Saturday, 10 a.m. to 2 p.m.
Colorado	Kaiser Permanente Mail Order Pharmacy <b>1-866-523-6059</b> Monday through Friday, 8 a.m. to 6 p.m.
Georgia	Kaiser Permanente Refill Pharmacy <b>770-434-2008</b> or toll free <b>1-888-662-4579</b> Seven days a week, 24 hours
Hawaii	Kaiser Permanente Mail Order Pharmacy <b>808-643-7979</b> (Oahu and neighbor islands) Monday through Friday, 8:00 a.m. to 5 p.m.
Mid-Atlantic States	Kaiser Permanente Mid-Atlantic Automated Refill Center <b>703-466-4900</b> or toll-free <b>1-800-733-6345</b> Monday through Friday, 7 a.m. to 6 p.m., Saturday, 8:30 a.m. to 4 p.m.
Northwest	Kaiser Permanente Mail Order Pharmacy <b>1-800-548-9809</b> Monday through Friday, 8 a.m. to 5:30 p.m.

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

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

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

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

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

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

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

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

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

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

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

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>cefuroxime sodium solr 1.5 gm</i>	2	HI
<i>cefuroxime sodium solr 750 mg</i>	2	HI
<i>cephalexin caps 250 mg</i>	2	
<i>cephalexin caps 500 mg</i>	2	
<i>cephalexin susr 125 mg/5ml</i>	2	
<i>cephalexin susr 250 mg/5ml</i>	2	
<i>cephalexin tabs 500 mg</i>	2	
CHLORAMPHENICOL SOD SUCCINATE SOLR 1 GM	2	
CIPROFLOXACIN HCL TABS 100 MG	2	
<i>ciprofloxacin hcl tabs 250 mg</i>	2	
<i>ciprofloxacin hcl tabs 500 mg</i>	2	
<i>ciprofloxacin hcl tabs 750 mg</i>	2	
<i>ciprofloxacin in d5w soln 200 mg/100ml</i>	2	HI
<i>ciprofloxacin in d5w soln 400 mg/200ml</i>	2	
<i>ciprofloxacin sus 500mg/5</i>	2	
CLARITHROMYCIN SUSR 125 MG/5ML	2	
CLARITHROMYCIN SUSR 250 MG/5ML	2	
<i>clarithromycin tabs 250 mg</i>	2	
<i>clarithromycin tabs 500 mg</i>	2	
CLEOCIN PHOS INJ 300/2ML	2	
CLEOCIN SOLR 75 MG/5ML	2	
<i>clindamycin hcl caps 150 mg</i>	2	
<i>clindamycin hcl caps 300 mg</i>	2	
<i>clindamycin hcl caps 75 mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin palmitate hcl solr 75 mg/5ml</i>	2	
<i>clindamycin phosphate in d5w soln 300 mg/50ml</i>	2	HI
<i>clindamycin phosphate in d5w soln 600 mg/50ml</i>	2	HI
<i>clindamycin phosphate in d5w soln 900 mg/50ml</i>	2	HI
<i>clindamycin phosphate soln 300 mg/2ml</i>	2	HI
<i>clindamycin phosphate soln 600 mg/4ml</i>	2	HI
<i>clindamycin phosphate soln 900 mg/6ml</i>	2	HI
<i>clindamycin phosphate soln 9000 mg/60ml</i>	2	
<i>colistimethate sodium (cba) solr 150 mg</i>	4	HI
DALVANCE SOLR 500 MG	5	HI
<i>daptomycin solr 350 mg</i>	5	HI
<i>daptomycin solr 500 mg</i>	5	HI
<i>demeclocycline hcl tabs 150 mg</i>	2	
<i>demeclocycline hcl tabs 300 mg</i>	2	
<i>dicloxacillin sodium caps 250 mg</i>	2	
<i>dicloxacillin sodium caps 500 mg</i>	2	
DIFICID SUSR 40 MG/ML	5	NDS
DIFICID TABS 200 MG	5	NDS
DORYX MPC TBEC 60 MG	4	
<i>doxy 100 solr 100 mg</i>	2	HI
<i>doxycycline hyclate caps 100 mg</i>	2	MO
<i>doxycycline hyclate caps 50 mg</i>	2	MO
<i>doxycycline hyclate tabs 100 mg</i>	2	MO
<i>doxycycline hyclate tabs 20 mg</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline monohydrate caps 50 mg</i>	2	MO
<i>doxycycline monohydrate susr 25 mg/5ml</i>	2	MO
<i>doxycycline monohydrate tabs 100 mg</i>	2	MO
<i>doxycycline monohydrate tabs 50 mg</i>	2	MO
E.E.S. 400 TABS 400 MG	2	
<i>ertapenem sodium solr 1 gm</i>	2	HI
ERYTHROCIN LACTOBIONATE SOLR 500 MG	2	HI
ERYTHROMYCIN BASE CPEP 250 MG	2	MO
<i>erythromycin base tabs 250 mg</i>	2	
<i>erythromycin base tabs 500 mg</i>	4	
<i>erythromycin tbec 250 mg</i>	2	
FETROJA SOLR 1 GM	5	NDS
GENTAMICIN IN SALINE SOLN 0.8-0.9 MG/ML-%	2	HI
GENTAMICIN IN SALINE SOLN 1-0.9 MG/ML-%	2	HI
<i>gentamicin in saline soln 1.2-0.9 mg/ml-%</i>	2	HI
GENTAMICIN IN SALINE SOLN 1.6-0.9 MG/ML-%	2	HI
GENTAMICIN IN SALINE SOLN 2-0.9 MG/ML-%	2	
<i>gentamicin sulfate soln 10 mg/ml</i>	2	
<i>gentamicin sulfate soln 40 mg/ml</i>	2	HI
IMIPENEM-CILASTATIN SOLR 250 MG	2	HI

Drug Name	Drug Tier	Requirements/ Limits
<i>imipenem-cilastatin solr 500 mg</i>	2	HI
KIMYRSA SOLR 1200 MG	5	NDS
<i>levofloxacin in d5w soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w soln 500 mg/100ml</i>	2	HI
<i>levofloxacin in d5w soln 750 mg/150ml</i>	2	HI
LEVOFLOXACIN ORAL SOLN 25 MG/ML	2	
<i>levofloxacin soln intravenous 25 mg/ml</i>	2	HI
<i>levofloxacin tabs 250 mg</i>	2	
<i>levofloxacin tabs 500 mg</i>	2	
<i>levofloxacin tabs 750 mg</i>	2	
<i>linezolid soln 600 mg/300ml</i>	2	HI
<i>linezolid susr 100 mg/5ml</i>	5	NDS
<i>linezolid tabs 600 mg</i>	2	NDS
LYMEPAK TABS 100 MG	5	NDS
<i>meropenem solr 1 gm</i>	2	HI
<i>meropenem solr 500 mg</i>	2	HI
<i>minocycline hcl caps 100 mg</i>	2	MO
<i>minocycline hcl caps 50 mg</i>	2	MO
<i>minocycline hcl caps 75 mg</i>	2	MO
<i>minocycline hcl tabs 100 mg</i>	2	MO
MOXIFLOXACIN HCL IN NAACL SOLN 400 MG/250ML	2	HI
<i>moxifloxacin hcl tabs 400 mg</i>	2	
<i>nafcillin sodium solr 1 gm</i>	2	HI
<i>nafcillin sodium solr 10 gm</i>	2	HI
<i>nafcillin sodium solr injection 2 gm</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
NAFCILLIN SODIUM SOLR INTRAVENOUS 2 GM	2	
<i>neomycin sulfate tabs 500 mg</i>	2	
NUZYRA SOLR 100 MG	5	HI, NDS
NUZYRA TABS 150 MG	5	NDS
ORBACTIV SOLR 400 MG	5	NDS
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML	3	HI
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML	3	HI
<i>oxacillin sodium solr 1 gm</i>	2	HI
<i>oxacillin sodium solr 2 gm</i>	2	HI
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML	3	HI
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML	3	HI
<i>penicillin g potassium solr 20000000 unit</i>	2	HI
PENICILLIN G PROCAINE SUSP 600000 UNIT/ML	2	
PENICILLIN G SODIUM SOLR 5000000 UNIT	2	HI
PENICILLIN V POTASSIUM SOLR 125 MG/5ML	2	
PENICILLIN V POTASSIUM SOLR 250 MG/5ML	2	
<i>penicillin v potassium tabs 250 mg</i>	2	
<i>penicillin v potassium tabs 500 mg</i>	2	
<i>piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm</i>	2	HI

Drug Name	Drug Tier	Requirements/ Limits
<i>piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm</i>	2	HI
<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm</i>	2	HI
<i>piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm</i>	2	HI
RECARBRIO SOLR 1.25 GM	5	NDS
SEYSARA TABS 100 MG	5	NDS
SEYSARA TABS 150 MG	5	NDS
SEYSARA TABS 60 MG	5	NDS
SIVEXTRO SOLR 200 MG	5	HI
SIVEXTRO TABS 200 MG	5	NDS
STREPTOMYCIN SULFATE SOLR 1 GM	5	
<i>sulfadiazine tabs 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	MO
<i>sulfamethoxazole-trimethoprim tabs 400-80 mg</i>	2	MO
<i>sulfamethoxazole-trimethoprim tabs 800-160 mg</i>	2	MO
<i>sulfasalazine tabs 500 mg</i>	2	
SULFASALAZINE TBEC 500 MG	2	
SYNERCID SOLR 150-350 MG	3	
<i>tazicef solr 1 gm</i>	2	HI
<i>tazicef solr 2 gm</i>	2	HI
TAZICEF SOLR 6 GM	2	HI
TEFLARO SOLR 600 MG	5	HI

You can find information on what the abbreviations on this table mean by going to the beginning of this table.



Drug Name	Drug Tier	Requirements/ Limits
<i>tetracycline hcl caps 250 mg</i>	2	MO
<i>tetracycline hcl caps 500 mg</i>	2	MO
<i>tigecycline solr 50 mg</i>	5	HI
TOBRAMYCIN SULFATE SOLN 10 MG/ML	2	HI
<i>tobramycin sulfate soln 80 mg/2ml</i>	2	HI
<i>vancomycin hcl caps 125 mg</i>	2	
<i>vancomycin hcl caps 250 mg</i>	2	
<i>vancomycin hcl solr 1 gm</i>	2	HI
<i>vancomycin hcl solr 10 gm</i>	2	HI
<i>vancomycin hcl solr 250 mg/5ml</i>	2	
<i>vancomycin hcl solr 5 gm</i>	2	
<i>vancomycin hcl solr 500 mg</i>	2	HI
XACDURO SOLR 1-1 GM	5	NDS
XENLETA SOLN 150 MG/15ML	5	NDS
XENLETA TABS 600 MG	5	NDS
XIFAXAN TABS 200 MG	4	
XIFAXAN TABS 550 MG	5	NDS
ZEMDRI SOLN 500 MG/10ML	5	HI
ZERBAXA SOLR 1.5 (1-0.5) GM	5	HI
<b>ANTIFUNGALS</b>		
AMBISOME SUSR 50 MG	5	HI
AMPHOTERICIN B SOLR 50 MG	2	HI
<i>caspofungin acetate solr 70 mg</i>	4	HI
CRESEMBA CAPS 186 MG	5	NDS
CRESEMBA CAPS 74.5 MG	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
CRESEMBA SOLR 372 MG	5	NDS
<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	2	HI
<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	2	HI
<i>fluconazole susr 10 mg/ml</i>	2	
<i>fluconazole susr 40 mg/ml</i>	2	
<i>fluconazole tabs 100 mg</i>	2	
<i>fluconazole tabs 150 mg</i>	2	
<i>fluconazole tabs 200 mg</i>	2	
<i>fluconazole tabs 50 mg</i>	2	
<i>flucytosine caps 250 mg</i>	5	NDS
<i>flucytosine caps 500 mg</i>	5	NDS
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tabs 500 mg</i>	2	
<i>griseofulvin ultramicrosize tabs 125 mg</i>	2	
<i>griseofulvin ultramicrosize tabs 250 mg</i>	2	
<i>itraconazole caps 100 mg</i>	2	
ITRACONAZOLE SOLN 10 MG/ML	5	MO
<i>ketoconazole tabs 200 mg</i>	2	
NOXAFIL PACK 300 MG	5	NDS
<i>nystatin susp 100000 unit/ml</i>	2	
<i>nystatin tabs 500000 unit</i>	2	
<i>posaconazole susp 40 mg/ml</i>	5	NDS
<i>posaconazole tbec 100 mg</i>	4	MO
REZZAYO SOLR 200 MG	5	NDS
<i>terbinafine hcl tabs 250 mg</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
TOLSURA CAPS 65 MG	5	NDS
voriconazole solr 200 mg	5	HI
voriconazole susr 40 mg/ml	5	
voriconazole tabs 200 mg	2	
voriconazole tabs 50 mg	2	
<b>ANTIMYCOBACTERIALS</b>		
CAPASTAT SULFATE SOLR 1 GM	3	
cycloserine caps 250 mg	5	
dapsone tabs 100 mg	2	MO
dapsone tabs 25 mg	2	MO
ethambutol hcl tabs 100 mg	2	MO
ethambutol hcl tabs 400 mg	2	MO
ISONIAZID SOLN 100 MG/ML	2	
isoniazid syr 50 mg/5ml	2	MO
ISONIAZID TABS 100 MG	2	MO
isoniazid tabs 300 mg	2	MO
PRETOMANID TABS 200 MG	3	
PRIFTIN TABS 150 MG	4	MO
pyrazinamide tabs 500 mg	2	MO
RIFABUTIN CAPS 150 MG	2	MO
RIFAMATE CAP	2	MO
rifampin caps 150 mg	2	MO
rifampin caps 300 mg	2	MO
rifampin solr 600 mg	2	HI
SIRTURO TABS 100 MG	5	NDS
SIRTURO TABS 20 MG	5	NDS
TRECTOR TABS 250 MG	4	MO
<b>ANTIPROTOZOALS</b>		
ARTESUNATE SOLR 110 MG	5	NDS
atovaquone susp 750 mg/5ml	2	NDS

Drug Name	Drug Tier	Requirements/ Limits
atovaquone-proguanil hcl tabs 250-100 mg	2	
atovaquone-proguanil hcl tabs 62.5-25 mg	2	
chloroquine phosphate tabs 250 mg	2	
chloroquine phosphate tabs 500 mg	2	
COARTEM TABS 20-120 MG	3	
HUMATIN CAPS 250 MG	5	NDS
hydroxychloroquine sulfate tabs 200 mg	2	MO
IMPAVIDO CAPS 50 MG	5	NDS
KRINTAFEL TABS 150 MG	3	
mefloquine hcl tabs 250 mg	2	
metronidazole caps 375 mg	2	
metronidazole soln 500 mg/100ml	2	HI
metronidazole tabs 250 mg	2	
metronidazole tabs 500 mg	2	
NITAZOXANIDE TABS 500 MG	5	
paromomycin sulfate caps 250 mg	2	
pentamidine isethionate solr inhalation 300 mg	2	PA
pentamidine isethionate solr injection 300 mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG	2	
pyrimethamine tabs 25 mg	5	
quinine sulfate caps 324 mg	2	NDS
tinidazole tabs 250 mg	2	
<b>ANTIVIRALS</b>		
abacavir sulfate soln 20 mg/ml	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>abacavir sulfate tabs 300 mg</i>	2	MO
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	2	MO
<i>abacavir-lamivudine-zidovudine tabs 300-150-300 mg</i>	2	MO
<i>acyclovir caps 200 mg</i>	2	MO
<i>acyclovir sodium soln 50 mg/ml</i>	2	HI
<i>acyclovir susp 200 mg/5ml</i>	2	MO
<i>acyclovir tabs 400 mg</i>	2	MO
<i>acyclovir tabs 800 mg</i>	2	MO
<i>adefovir dipivoxil tabs 10 mg</i>	2	NDS
APTIVUS CAPS 250 MG	3	MO
APTIVUS SOLN 100 MG/ML	3	MO
<i>atazanavir sulfate caps 150 mg</i>	2	MO
<i>atazanavir sulfate caps 200 mg</i>	2	MO
<i>atazanavir sulfate caps 300 mg</i>	2	MO
BARACLUDE SOLN 0.05 MG/ML	3	MO
BIKTARVY TABS 30-120-15 MG	3	
BIKTARVY TABS 50-200-25 MG	3	
CABENUVA SUER 400 & 600 MG/2ML	4	
CABENUVA SUER 600 & 900 MG/3ML	4	
<i>cidofovir soln 75 mg/ml</i>	2	
CIMDUO TABS 300-300 MG	2	MO
COMPLERA TABS 200-25-300 MG	3	MO
CRIXIVAN CAPS 200 MG	3	MO
CRIXIVAN CAPS 400 MG	3	MO
<i>darunavir tabs 600 mg</i>	2	MO

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

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

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

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

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG	3	
PEGASYS PROCLICK SOAJ 180 MCG/0.5ML	5	NDS
PEGASYS SOLN 180 MCG/ML	5	NDS
PEGASYS SOSY 180 MCG/0.5ML	5	NDS
PEGINTRON KIT 50 MCG/0.5ML	5	NDS
PIFELTRO TABS 100 MG	4	MO
PREVYMIS SOLN 240 MG/12ML	5	NDS
PREVYMIS SOLN 480 MG/24ML	5	NDS
PREVYMIS TABS 240 MG	5	NDS
PREVYMIS TABS 480 MG	5	NDS
PREZCOBIX TABS 800-150 MG	3	MO
PREZISTA SUSP 100 MG/ML	3	MO
PREZISTA TABS 150 MG	3	MO
PREZISTA TABS 75 MG	3	MO
RAPIVAB SOLN 200 MG/20ML	5	NDS
REBETOL SOL 40MG/ML	4	MO
RELENZA DISKHALER AEPB 5 MG/ACT	3	MO
RESCRIPTOR TAB 200MG	3	MO
RETROVIR SOLN 10 MG/ML	3	MO
REYATAZ PACK 50 MG	4	MO
RIBAPAK PAK 1200/DAY	2	MO
RIBAPAK TAB 1000/DAY	2	MO
<i>ribasphere cap 200mg</i>	2	MO
RIBASPHERE TAB 600MG	2	MO

Drug Name	Drug Tier	Requirements/ Limits
RIBAVIRIN CAPS 200 MG	2	MO
<i>ribavirin solr 6 gm</i>	2	
RIBAVIRIN TABS 200 MG	2	MO
RIMANTADINE HCL TABS 100 MG	2	MO
<i>ritonavir tabs 100 mg</i>	2	MO
RUKOBIA TB12 600 MG	4	
SELZENTRY SOLN 20 MG/ML	4	MO
SELZENTRY TABS 25 MG	3	MO
SELZENTRY TABS 75 MG	3	MO
SOFOSBUVIR-VELPATASVIR TABS 400-100 MG	5	PA, NDS
SOVALDI PACK 150 MG	5	PA, NDS
SOVALDI PACK 200 MG	5	PA, NDS
SOVALDI TABS 200 MG	5	PA, NDS
SOVALDI TABS 400 MG	5	PA, NDS
<i>stavudine caps 15 mg</i>	2	MO
<i>stavudine caps 20 mg</i>	2	MO
<i>stavudine caps 30 mg</i>	2	MO
<i>stavudine caps 40 mg</i>	2	MO
STRIBILD TABS 150-150-200-300 MG	3	MO
SUNLENCA SOLN 463.5 MG/1.5ML	4	MO
SUNLENCA TBPK 4 x 300 MG	4	
SUNLENCA TBPK 5 x 300 MG	4	
SYMFI LO TABS 400-300-300 MG	4	MO
SYMFI TABS 600-300-300 MG	4	MO
SYMITUZA TABS 800-150-200-10 MG	3	MO
SYNAGIS SOLN 100 MG/ML	5	NDS
SYNAGIS SOLN 50 MG/0.5ML	5	NDS
<i>tenofovir disoproxil fumarate tabs 300 mg</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
TIVICAY PD TBSO 5 MG	3	MO
TIVICAY TABS 10 MG	3	MO
TIVICAY TABS 25 MG	3	MO
TIVICAY TABS 50 MG	3	MO
TRIUMEQ PD TBSO 60-5-30 MG	4	MO
TRIUMEQ TABS 600-50-300 MG	3	MO
TRIZIVIR TABS 300-150-300 MG	3	MO
TYBOST TABS 150 MG	3	MO
<i>valacyclovir hcl tabs 1 gm</i>	2	MO
<i>valacyclovir hcl tabs 500 mg</i>	2	MO
<i>valganciclovir hcl solr 50 mg/ml</i>	2	NDS
<i>valganciclovir hcl tabs 450 mg</i>	2	NDS
VEKLURY SOLN 100 MG/20ML	5	NDS
VEKLURY SOLR 100 MG	5	NDS
VEMLIDY TABS 25 MG	5	
VIDEX EC CAP 125MG	4	MO
VIDEX SOL 2GM	3	MO
VIDEX SOL 4GM	3	MO
VIEKIRA PAK TBPK 12.5-75-50 &250 MG	5	PA, NDS
VIRACEPT TABS 250 MG	3	MO
VIRACEPT TABS 625 MG	3	MO
VIREAD POWD 40 MG/GM	3	MO
VIREAD TABS 150 MG	4	MO
VIREAD TABS 200 MG	4	MO
VIREAD TABS 250 MG	4	MO
VOCABRIA TABS 30 MG	4	MO
VOSEVI TABS 400-100-100 MG	5	PA, NDS
XOFLUZA (40 MG DOSE) TBPK 2 x 20 MG	4	MO

Drug Name	Drug Tier	Requirements/ Limits
XOFLUZA (80 MG DOSE) TBPK 2 x 40 MG	4	MO
ZEPATIER TABS 50-100 MG	5	PA, NDS
<i>zidovudine caps 100 mg</i>	2	MO
<i>zidovudine syrp 50 mg/5ml</i>	2	MO
<i>zidovudine tabs 300 mg</i>	2	MO
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine pack 3 gm</i>	2	
<i>methenamine hippurate tabs 1 gm</i>	2	
<i>nitrofurantoin macrocrystal caps 100 mg</i>	2	
<i>nitrofurantoin macrocrystal caps 25 mg</i>	2	
<i>nitrofurantoin macrocrystal caps 50 mg</i>	2	
<i>nitrofurantoin monohyd macro caps 100 mg</i>	2	
<i>nitrofurantoin susp 25 mg/5ml</i>	5	NDS
NITROFURANTOIN SUSP 50 MG/5ML	5	NDS
<i>trimethoprim tabs 100 mg</i>	2	MO
<b>ANTIHISTAMINE DRUGS</b>		
<b>ANTIHISTAMINE DRUGS</b>		
<i>cyproheptadine hcl syrp 2 mg/5ml</i>	2	
<i>cyproheptadine hcl tabs 4 mg</i>	2	
<i>diphenhydramine hcl soln 50 mg/ml</i>	2	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	4	MO
<i>levocetirizine dihydrochloride tabs 5 mg</i>	4	MO
<i>promethazine hcl soln 25 mg/ml</i>	2	
<i>promethazine hcl soln 6.25 mg/5ml</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine hcl tabs 12.5 mg</i>	2	
<i>promethazine hcl tabs 25 mg</i>	2	
<i>promethazine hcl tabs 50 mg</i>	2	
<i>promethegan supp 12.5 mg</i>	2	
<i>promethegan supp 25 mg</i>	2	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate tabs 250 mg</i>	2	
<i>abiraterone acetate tabs 500 mg</i>	5	NDS
ABRAXANE SUSR 100 MG	3	
<i>adriamycin inj 10mg</i>	2	
ADRIAMYCIN SOLR 10 MG	2	
<i>adriamycin solr 50 mg</i>	2	
<i>adrucil inj 2.5/50ml</i>	2	
<i>adrucil inj 5/100ml</i>	2	
<i>adrucil inj 500/10ml</i>	2	
ADSTILADRIN SUSP 300000000000 VP/ML	5	
AFINITOR DISPERZ TBSO 2 MG	5	NDS
AFINITOR DISPERZ TBSO 3 MG	5	NDS
AFINITOR DISPERZ TBSO 5 MG	5	NDS
AFINITOR TABS 10 MG	5	NDS
AKEEGA TABS 100-500 MG	5	NDS
AKEEGA TABS 50-500 MG	5	NDS
ALECENSA CAPS 150 MG	5	NDS
ALIMTA SOLR 500 MG	3	
ALIQOPA SOLR 60 MG	5	NDS
ALUNBRIG TABS 180 MG	5	NDS
ALUNBRIG TABS 30 MG	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG TABS 90 MG	5	NDS
ALUNBRIG TBPK 90 & 180 MG	5	NDS
ALYMSYS SOLN 100 MG/4ML	5	NDS
ALYMSYS SOLN 400 MG/16ML	5	NDS
<i>anastrozole tabs 1 mg</i>	2	
ANKTIVA SOLN 400 MCG/0.4ML	5	NDS
<i>arsenic trioxide soln 12 mg/6ml</i>	5	NDS
ARZERRA CONC 100 MG/5ML	5	NDS
ARZERRA CONC 1000 MG/50ML	5	NDS
ASPARLAS SOLN 3750 UNIT/5ML	5	NDS
AUGTYRO CAPS 40 MG	5	NDS
AVASTIN SOLN 100 MG/4ML	5	
AVASTIN SOLN 400 MG/16ML	5	
AYVAKIT TABS 100 MG	5	NDS
AYVAKIT TABS 200 MG	5	NDS
AYVAKIT TABS 25 MG	5	NDS
AYVAKIT TABS 300 MG	5	NDS
AYVAKIT TABS 50 MG	5	NDS
AZACITIDINE SUSR 100 MG	2	
BALVERSA TABS 3 MG	5	NDS
BALVERSA TABS 4 MG	5	NDS
BALVERSA TABS 5 MG	5	NDS
BAVENCIO SOLN 200 MG/10ML	5	NDS
BCG VACCINE SOLR 50 MG	3	
BELEODAQ INJ 500MG	5	NDS
BELRAPZO SOLN 100 MG/4ML	5	NDS
<i>bendamustine hcl solr 100 mg</i>	5	NDS
<i>bendamustine hcl solr 25 mg</i>	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
BENDAMUSTINE SOL 100/4ML	5	NDS
BENDEKA SOLN 100 MG/4ML	5	NDS
BESPONSOLR 0.9 MG	5	NDS
BESREMI SOSY 500 MCG/ML	5	NDS
BEXAROTENE CAPS 75 MG	5	NDS
<i>bicalutamide tabs 50 mg</i>	2	
<i>bleomycin sulfate solr 15 unit</i>	2	
<i>bleomycin sulfate solr 30 unit</i>	2	
BLINCYTO SOLR 35 MCG	5	NDS
BORTEZOMIB SOLN INJECTION 3.5 MG/1.4ML	4	
BORTEZOMIB SOLR INJECTION 1 MG	4	
BORTEZOMIB SOLR INJECTION 2.5 MG	4	
<i>bortezomib solr injection 3.5 mg</i>	2	
BORTEZOMIB SOLR INTRAVENOUS 3.5 MG	3	
BOSULIF CAPS 100 MG	5	NDS
BOSULIF CAPS 50 MG	5	NDS
BOSULIF TABS 100 MG	5	NDS
BOSULIF TABS 400 MG	5	NDS
BOSULIF TABS 500 MG	5	NDS
BRAFTOVI CAP 50MG	5	NDS
BRAFTOVI CAPS 75 MG	5	NDS
BRUKINSA CAPS 80 MG	5	NDS
<i>busulfan soln 6 mg/ml</i>	2	
CABOMETYX TABS 20 MG	5	NDS
CABOMETYX TABS 40 MG	5	NDS
CABOMETYX TABS 60 MG	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
CALQUENCE CAPS 100 MG	5	NDS
CALQUENCE TABS 100 MG	5	NDS
CAMCEVI PRSY 42 MG	4	
CAPRELSA TABS 100 MG	5	LD, NDS
CAPRELSA TABS 300 MG	5	LD, NDS
<i>carboplatin soln 150 mg/15ml</i>	2	
<i>carboplatin soln 450 mg/45ml</i>	2	
<i>carboplatin soln 50 mg/5ml</i>	2	
<i>carboplatin soln 600 mg/60ml</i>	2	
<i>carmustine solr 100 mg</i>	2	
CARMUSTINE SOLR 300 MG	5	
CARMUSTINE SOLR 50 MG	5	
<i>cisplatin soln 100 mg/100ml</i>	2	
CISPLATIN SOLN 200 MG/200ML	2	
<i>cisplatin soln 50 mg/50ml</i>	2	
CISPLATIN SOLR 50 MG	5	NDS
<i>cladribine soln 10 mg/10ml</i>	2	
<i>clofarabine soln 1 mg/ml</i>	2	
COLUMVI SOLN 10 MG/10ML	5	NDS
COLUMVI SOLN 2.5 MG/2.5ML	5	NDS
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG	5	LD, NDS
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG	5	LD, NDS
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG	5	LD, NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.



Drug Name	Drug Tier	Requirements/ Limits
COPIKTRA CAPS 15 MG	5	NDS
COPIKTRA CAPS 25 MG	5	NDS
COTELIC TABS 20 MG	5	NDS
CYCLOPHOSPH INJ 1GM/2ML	5	NDS
CYCLOPHOSPH INJ 500MG	5	NDS
CYCLOPHOSPHA INJ 2GM/4ML	5	NDS
<i>cyclophosphamide caps 25 mg</i>	2	PA
<i>cyclophosphamide caps 50 mg</i>	2	PA
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 1000 MG/10ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 2 GM/10ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 2000 MG/20ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 500 MG/2.5ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 500 MG/5ML	5	NDS
<i>cyclophosphamide solr 1 gm</i>	2	
<i>cyclophosphamide solr 2 gm</i>	2	
<i>cyclophosphamide solr 500 mg</i>	2	
CYRAMZA SOLN 100 MG/10ML	5	NDS
CYRAMZA SOLN 500 MG/50ML	5	NDS
<i>cytarabine (pf) soln 100 mg/ml</i>	2	
<i>cytarabine (pf) soln 20 mg/ml</i>	2	
CYTARABINE SOLN 20 MG/ML	2	
DACARBAZINE SOLR 100 MG	2	
<i>dacarbazine solr 200 mg</i>	2	
<i>dactinomycin solr 0.5 mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
DANYELZA SOLN 40 MG/10ML	5	NDS
DARZALEX FASPRO SOLN 1800-30000 MG-UT/15ML	5	NDS
DARZALEX SOLN 100 MG/5ML	5	NDS
DARZALEX SOLN 400 MG/20ML	5	NDS
<i>dasatinib tabs 100 mg</i>	5	NDS
<i>dasatinib tabs 140 mg</i>	5	NDS
<i>dasatinib tabs 20 mg</i>	5	NDS
<i>dasatinib tabs 50 mg</i>	5	NDS
<i>dasatinib tabs 70 mg</i>	5	NDS
<i>dasatinib tabs 80 mg</i>	5	NDS
<i>daunorubicin hcl soln 20 mg/4ml</i>	2	
DAURISMO TABS 100 MG	5	NDS
DAURISMO TABS 25 MG	5	NDS
<i>decitabine solr 50 mg</i>	2	
<i>docetaxel conc 20 mg/ml</i>	2	
<i>docetaxel conc 80 mg/4ml</i>	2	
DOCETAXEL INJ 200/10	2	
DOCETAXEL INJ NON-ALCO	5	NDS
<i>docetaxel soln 160 mg/16ml</i>	2	
<i>docetaxel soln 20 mg/2ml</i>	2	
<i>docetaxel soln 80 mg/8ml</i>	2	
DOCIVYX SOLN 160 MG/16ML	5	NDS
DOCIVYX SOLN 20 MG/2ML	5	NDS
DOCIVYX SOLN 80 MG/8ML	5	NDS
<i>doxorubicin hcl liposomal susp 2 mg/ml</i>	2	
DOXORUBICIN HCL SOLN 2 MG/ML	2	
DOXORUBICIN HCL SOLR 10 MG	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>doxorubicin hcl solr 50 mg</i>	2	
DROXIA CAPS 200 MG	4	
DROXIA CAPS 300 MG	4	
DROXIA CAPS 400 MG	4	
ELAHERE SOLN 100 MG/20ML	5	NDS
ELIGARD KIT 22.5 MG	4	
ELIGARD KIT 30 MG	4	
ELIGARD KIT 45 MG	4	
ELIGARD KIT 7.5 MG	4	
ELLENCE SOLN 200 MG/100ML	2	
ELLENCE SOLN 50 MG/25ML	2	
ELREXFIO SOLN 44 MG/1.1ML	5	NDS
ELREXFIO SOLN 76 MG/1.9ML	5	NDS
ELZONRIS SOLN 1000 MCG/ML	5	NDS
EMCYT CAPS 140 MG	5	NDS
EMPLICITI SOLR 300 MG	5	NDS
EMPLICITI SOLR 400 MG	5	NDS
ENHERTU SOLR 100 MG	5	NDS
<i>epirubicin hcl soln 200 mg/100ml</i>	2	
<i>epirubicin hcl soln 50 mg/25ml</i>	2	
EPKINLY SOLN 4 MG/0.8ML	5	NDS
EPKINLY SOLN 48 MG/0.8ML	5	NDS
ERBITUX SOLN 100 MG/50ML	3	
ERBITUX SOLN 200 MG/100ML	3	
<i>eribulin mesylate soln 1 mg/2ml</i>	5	NDS
ERIVEDGE CAPS 150 MG	5	NDS
ERLEADA TABS 240 MG	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
ERLEADA TABS 60 MG	5	NDS
<i>erlotinib hcl tabs 100 mg</i>	5	NDS
<i>erlotinib hcl tabs 150 mg</i>	5	NDS
<i>erlotinib hcl tabs 25 mg</i>	5	NDS
ERWINASE SOLR 10000 UNIT	5	NDS
ERWINAZE SOLR 10000 UNIT	5	NDS
ETOPOPHOS SOLR 100 MG	5	NDS
<i>etoposide soln 1 gm/50ml</i>	2	
<i>etoposide soln 100 mg/5ml</i>	2	
<i>etoposide soln 500 mg/25ml</i>	2	
EULEXIN CAPS 125 MG	5	NDS
<i>everolimus tabs 10 mg</i>	5	NDS
<i>everolimus tabs 2.5 mg</i>	5	NDS
<i>everolimus tabs 5 mg</i>	5	NDS
<i>everolimus tabs 7.5 mg</i>	5	NDS
<i>everolimus tbso 2 mg</i>	5	NDS
<i>everolimus tbso 3 mg</i>	5	NDS
<i>everolimus tbso 5 mg</i>	5	NDS
EVOMELA INJ 50MG	5	NDS
<i>exemestane tabs 25 mg</i>	2	
EXKIVITY CAPS 40 MG	5	NDS
FARYDAK CAPS 10 MG	5	LD, NDS
FARYDAK CAPS 15 MG	5	LD, NDS
FARYDAK CAPS 20 MG	5	LD, NDS
FENSOLVI (6 MONTH) KIT 45 MG	5	
FIRMAGON (240 MG DOSE) SOLR 120 MG/VIAL	4	
FIRMAGON SOLR 80 MG	4	
FLOXURIDINE SOLR 0.5 GM	2	
<i>fludarabine phosphate soln 50 mg/2ml</i>	2	
<i>fludarabine phosphate solr 50 mg</i>	2	
<i>fluorouracil soln 1 gm/20ml</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil soln 2.5 gm/50ml</i>	2	
<i>fluorouracil soln 5 gm/100ml</i>	2	
<i>fluorouracil soln 500 mg/10ml</i>	2	
FLUTAMIDE CAPS 125 MG	2	
FOLOTYN SOLN 20 MG/ML	5	NDS
FOLOTYN SOLN 40 MG/2ML	5	NDS
FOTIVDA CAPS 0.89 MG	5	NDS
FOTIVDA CAPS 1.34 MG	5	NDS
FRUZAQLA CAPS 1 MG	5	NDS
FRUZAQLA CAPS 5 MG	5	NDS
<i>fulvestrant sosy 250 mg/5ml</i>	5	NDS
FYARRO SUSR 100 MG	5	NDS
GAVRETO CAPS 100 MG	5	NDS
GAZYVA SOLN 1000 MG/40ML	5	NDS
<i>gefitinib tabs 250 mg</i>	5	NDS
<i>gemcitabine hcl soln 1 gm/26.3ml</i>	2	
<i>gemcitabine hcl soln 2 gm/52.6ml</i>	2	
<i>gemcitabine hcl soln 200 mg/5.26ml</i>	2	
<i>gemcitabine hcl solr 1 gm</i>	2	
<i>gemcitabine hcl solr 2 gm</i>	2	
<i>gemcitabine hcl solr 200 mg</i>	2	
GILOTRIF TABS 20 MG	5	NDS
GILOTRIF TABS 30 MG	5	NDS
GILOTRIF TABS 40 MG	5	NDS
GLEOSTINE CAPS 10 MG	3	
GLEOSTINE CAPS 100 MG	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
GLEOSTINE CAPS 40 MG	3	
HERCEPTIN HYLECTA SOLN 600-10000 MG-UNT/5ML	5	NDS
HERCEPTIN SOLR 150 MG	5	NDS
HERZUMA SOLR 150 MG	5	NDS
HERZUMA SOLR 420 MG	5	NDS
<i>hydroxyurea caps 500 mg</i>	2	
IBRANCE CAPS 100 MG	5	NDS
IBRANCE CAPS 125 MG	5	NDS
IBRANCE CAPS 75 MG	5	NDS
IBRANCE TABS 100 MG	5	NDS
IBRANCE TABS 125 MG	5	NDS
IBRANCE TABS 75 MG	5	NDS
ICLUSIG TABS 10 MG	5	NDS
ICLUSIG TABS 15 MG	5	NDS
ICLUSIG TABS 30 MG	5	NDS
ICLUSIG TABS 45 MG	5	NDS
IDAMYCIN PFS SOLN 10 MG/10ML	2	
IDAMYCIN PFS SOLN 20 MG/20ML	2	
IDAMYCIN PFS SOLN 5 MG/5ML	2	
<i>idarubicin hcl soln 10 mg/10ml</i>	2	
<i>idarubicin hcl soln 20 mg/20ml</i>	2	
<i>idarubicin hcl soln 5 mg/5ml</i>	2	
IDHIFA TABS 100 MG	5	NDS
IDHIFA TABS 50 MG	5	NDS
IFOSFAMIDE SOLN 1 GM/20ML	2	
IFOSFAMIDE SOLN 3 GM/60ML	2	
IFOSFAMIDE SOLR 1 GM	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>imatinib mesylate tabs 100 mg</i>	2	
<i>imatinib mesylate tabs 400 mg</i>	2	
IMBRUVICA CAPS 140 MG	5	NDS
IMBRUVICA CAPS 70 MG	5	NDS
IMBRUVICA SUSP 70 MG/ML	5	NDS
IMBRUVICA TABS 140 MG	5	NDS
IMBRUVICA TABS 280 MG	5	NDS
IMBRUVICA TABS 420 MG	5	NDS
IMBRUVICA TABS 560 MG	5	NDS
IMDELLTRA SOLR 1 MG	5	NDS
IMDELLTRA SOLR 10 MG	5	NDS
IMFINZI SOLN 120 MG/2.4ML	5	NDS
IMFINZI SOLN 500 MG/10ML	5	NDS
IMJUDO SOLN 25 MG/1.25ML	5	NDS
IMJUDO SOLN 300 MG/15ML	5	NDS
INFUGEM SOLN 1200-0.9 MG/120ML-%	5	NDS
INFUGEM SOLN 1300-0.9 MG/130ML-%	5	NDS
INFUGEM SOLN 1400-0.9 MG/140ML-%	5	NDS
INFUGEM SOLN 1500-0.9 MG/150ML-%	5	NDS
INFUGEM SOLN 1600-0.9 MG/160ML-%	5	NDS
INFUGEM SOLN 1700-0.9 MG/170ML-%	5	NDS
INFUGEM SOLN 1800-0.9 MG/180ML-%	5	NDS
INFUGEM SOLN 1900-0.9 MG/190ML-%	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
INFUGEM SOLN 2000-0.9 MG/200ML-%	5	NDS
INFUGEM SOLN 2200-0.9 MG/220ML-%	5	NDS
INLYTA TABS 1 MG	5	NDS
INLYTA TABS 5 MG	5	NDS
INQOVI TABS 35-100 MG	5	NDS
INREBIC CAPS 100 MG	5	NDS
INTRON A SOLN 10000000 UNIT/ML	5	NDS
INTRON A SOLN 6000000 UNIT/ML	5	NDS
INTRON A SOLR 10000000 UNIT	5	NDS
INTRON A SOLR 18000000 UNIT	5	NDS
INTRON A SOLR 50000000 UNIT	5	NDS
<i>irinotecan hcl soln 100 mg/5ml</i>	2	
<i>irinotecan hcl soln 300 mg/15ml</i>	2	
<i>irinotecan hcl soln 40 mg/2ml</i>	2	
IRINOTECAN HCL SOLN 500 MG/25ML	2	
IWILFIN TABS 192 MG	5	NDS
IXEMPRA KIT SOLR 45 MG	5	NDS
JAKAFI TABS 10 MG	5	NDS
JAKAFI TABS 15 MG	5	NDS
JAKAFI TABS 20 MG	5	NDS
JAKAFI TABS 25 MG	5	NDS
JAKAFI TABS 5 MG	5	NDS
JAYPIRCA TABS 100 MG	5	NDS
JAYPIRCA TABS 50 MG	5	NDS
JEMPERLI SOLN 500 MG/10ML	5	
JYLAMVO SOLN 2 MG/ML	4	
KADCYLA SOLR 100 MG	5	NDS
KADCYLA SOLR 160 MG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
KANJINTI SOLR 150 MG	5	NDS
KANJINTI SOLR 420 MG	5	NDS
KEYTRUDA SOLN 100 MG/4ML	5	NDS
KIMMTRAK SOLN 100 MCG/0.5ML	5	NDS
KISQALI (200 MG DOSE) TBP 200 MG	5	NDS
KISQALI (400 MG DOSE) TBP 200 MG	5	NDS
KISQALI (600 MG DOSE) TBP 200 MG	5	NDS
KISQALI FEMARA (200 MG DOSE) TBP 200 & 2.5 MG	5	NDS
KISQALI FEMARA (400 MG DOSE) TBP 200 & 2.5 MG	5	NDS
KISQALI FEMARA (600 MG DOSE) TBP 200 & 2.5 MG	5	NDS
KOSELUGO CAPS 10 MG	5	NDS
KOSELUGO CAPS 25 MG	5	NDS
KRAZATI TABS 200 MG	5	NDS
KYPROLIS SOLR 10 MG	5	NDS
KYPROLIS SOLR 30 MG	5	NDS
KYPROLIS SOLR 60 MG	5	NDS
<i>lapatinib ditosylate tabs 250 mg</i>	5	NDS
LARTRUVO SOLN 190 MG/19ML	5	NDS
LARTRUVO SOLN 500 MG/50ML	5	NDS
LAZCLUZE TABS 240 MG	5	NDS
LAZCLUZE TABS 80 MG	5	NDS
<i>lenalidomide caps 10 mg</i>	5	NDS
<i>lenalidomide caps 15 mg</i>	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>lenalidomide caps 2.5 mg</i>	5	NDS
<i>lenalidomide caps 20 mg</i>	5	NDS
<i>lenalidomide caps 25 mg</i>	5	NDS
<i>lenalidomide caps 5 mg</i>	5	NDS
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG	5	LD, NDS
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG	5	LD, NDS
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG	5	LD, NDS
LENVIMA (18 MG DAILY DOSE) CPPK 10 MG & 2 X 4 MG	5	LD, NDS
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG	5	LD, NDS
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG	5	LD, NDS
LENVIMA (4 MG DAILY DOSE) CPPK 4 MG	5	LD, NDS
LENVIMA (8 MG DAILY DOSE) CPPK 2 x 4 MG	5	LD, NDS
<i>letrozole tabs 2.5 mg</i>	2	
LEUKERAN TABS 2 MG	5	NDS
<i>leuprolide acetate kit 1 mg/0.2ml</i>	2	
LIBTAYO SOLN 350 MG/7ML	5	NDS
LONSURF TABS 15-6.14 MG	5	NDS
LONSURF TABS 20-8.19 MG	5	NDS
LOQTORZI SOLN 240 MG/6ML	5	NDS
LORBRENA TABS 100 MG	5	NDS
LORBRENA TABS 25 MG	5	NDS
LUMAKRAS TABS 120 MG	5	NDS
LUMAKRAS TABS 320 MG	5	NDS
LUMOXITI SOLR 1 MG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
LUNSUMIO SOLN 1 MG/ML	5	NDS
LUNSUMIO SOLN 30 MG/30ML	5	NDS
LUPANETA PACK KIT 11.25 & 5 MG	5	
LUPANETA PACK KIT 3.75 & 5 MG	5	
LUPRON DEPOT (1-MONTH) KIT 3.75 MG	5	
LUPRON DEPOT (1-MONTH) KIT 7.5 MG	5	
LUPRON DEPOT (3-MONTH) KIT 11.25 MG	5	
LUPRON DEPOT (3-MONTH) KIT 22.5 MG	5	
LUPRON DEPOT (4-MONTH) KIT 30 MG	5	
LUPRON DEPOT (6-MONTH) KIT 45 MG	5	
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG	5	
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG	5	
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	5	
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG	5	
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	5	
LUPRON DEPOT-PED (6-MONTH) KIT 45 MG	5	
LYNPARZA TABS 100 MG	5	NDS
LYNPARZA TABS 150 MG	5	NDS
LYSODREN TABS 500 MG	5	NDS
LYTGOBI (12 MG DAILY DOSE) TBPK 4 MG	5	NDS
LYTGOBI (16 MG DAILY DOSE) TBPK 4 MG	5	NDS
LYTGOBI (20 MG DAILY DOSE) TBPK 4 MG	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
MARGENZA SOLN 250 MG/10ML	5	NDS
MARQIBO INJ 5MG/31ML	5	NDS
MATULANE CAPS 50 MG	5	NDS
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate tabs 20 mg</i>	2	
<i>megestrol acetate tabs 40 mg</i>	2	
MEKINIST SOLR 0.05 MG/ML	5	NDS
MEKINIST TABS 0.5 MG	5	NDS
MEKINIST TABS 2 MG	5	NDS
MEKTOVI TABS 15 MG	5	NDS
<i>melphalan hcl solr 50 mg</i>	2	
<i>mercaptopurine tabs 50 mg</i>	2	
<i>methotrexate sodium (pf) soln 1 gm/40ml</i>	2	
<i>methotrexate sodium (pf) soln 250 mg/10ml</i>	2	
<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	2	
METHOTREXATE SODIUM SOLN 250 MG/10ML	2	
METHOTREXATE SODIUM SOLN 50 MG/2ML	2	
<i>methotrexate sodium solr 1 gm</i>	2	
<i>methotrexate sodium tabs 2.5 mg</i>	2	
<i>mitomycin solr 20 mg</i>	2	
<i>mitomycin solr 40 mg</i>	2	
<i>mitomycin solr 5 mg</i>	2	
<i>mitoxantrone hcl conc 20 mg/10ml</i>	2	
<i>mitoxantrone hcl conc 25 mg/12.5ml</i>	2	
<i>mitoxantrone hcl conc 30 mg/15ml</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
MONJUVI SOLR 200 MG	5	NDS
<i>mutamycin solr 20 mg</i>	2	
<i>mutamycin solr 40 mg</i>	2	
<i>mutamycin solr 5 mg</i>	2	
MVASI SOLN 100 MG/4ML	5	NDS
MVASI SOLN 400 MG/16ML	5	NDS
MYLOTARG SOLR 4.5 MG	5	NDS
<i>nelarabine soln 5 mg/ml</i>	5	NDS
NERLYNX TABS 40 MG	5	NDS
<i>nilutamide tabs 150 mg</i>	5	
NINLARO CAPS 2.3 MG	5	NDS
NINLARO CAPS 3 MG	5	NDS
NINLARO CAPS 4 MG	5	NDS
NUBEQA TABS 300 MG	5	NDS
ODOMZO CAPS 200 MG	5	NDS
OGIVRI SOLR 150 MG	5	NDS
OGIVRI SOLR 420 MG	5	NDS
OGSIVEO TABS 100 MG	5	NDS
OGSIVEO TABS 150 MG	5	NDS
OGSIVEO TABS 50 MG	5	NDS
OJEMDA SUSR 25 MG/ML	5	NDS
OJEMDA TABS 100 MG	5	NDS
OJJAARA TABS 100 MG	5	NDS
OJJAARA TABS 150 MG	5	NDS
OJJAARA TABS 200 MG	5	NDS
ONIVYDE INJ 43 MG/10ML	5	NDS
ONTRUZANT SOLR 150 MG	5	NDS
ONTRUZANT SOLR 420 MG	5	NDS
ONUREG TABS 200 MG	5	NDS
ONUREG TABS 300 MG	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
OPDIVO SOLN 100 MG/10ML	5	NDS
OPDIVO SOLN 120 MG/12ML	5	NDS
OPDIVO SOLN 240 MG/24ML	5	NDS
OPDIVO SOLN 40 MG/4ML	5	NDS
OPDUALAG SOLN 240-80 MG/20ML	5	NDS
ORSERDU TABS 345 MG	5	NDS
ORSERDU TABS 86 MG	5	NDS
OXALIPLATIN SOLN 100 MG/20ML	2	
<i>oxaliplatin soln 50 mg/10ml</i>	2	
<i>oxaliplatin solr 100 mg</i>	2	
<i>oxaliplatin solr 50 mg</i>	2	
<i>paclitaxel conc 100 mg/16.7ml</i>	2	
PACLITAXEL CONC 150 MG/25ML	2	
<i>paclitaxel conc 30 mg/5ml</i>	2	
<i>paclitaxel conc 300 mg/50ml</i>	2	
PACLITAXEL PROTEIN-BOUND PART SUSR 100 MG	5	NDS
PADCEV SOLR 20 MG	5	NDS
PADCEV SOLR 30 MG	5	NDS
PARAPLATIN SOLN 1000 MG/100ML	2	
<i>pazopanib hcl tabs 200 mg</i>	5	NDS
PEMAZYRE TABS 13.5 MG	5	NDS
PEMAZYRE TABS 4.5 MG	5	NDS
PEMAZYRE TABS 9 MG	5	NDS
PEMETREXED DISODIUM SOLN 1 GM/40ML	4	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
PEMETREXED DISODIUM SOLN 100 MG/4ML	4	
PEMETREXED DISODIUM SOLN 500 MG/20ML	4	
PEMETREXED DISODIUM SOLN 850 MG/34ML	4	
<i>pemetrexed disodium solr 100 mg</i>	5	NDS
<i>pemetrexed disodium solr 1000 mg</i>	5	NDS
<i>pemetrexed disodium solr 500 mg</i>	2	
<i>pemetrexed disodium solr 750 mg</i>	5	NDS
PEMETREXED DITROMETHAMINE SOLR 100 MG	5	NDS
PEMETREXED DITROMETHAMINE SOLR 500 MG	5	NDS
PEMETREXED SOLN 1 GM/40ML	5	NDS
PEMETREXED SOLN 100 MG/4ML	5	NDS
PEMETREXED SOLN 500 MG/20ML	5	NDS
PEMFEXY SOLN 500 MG/20ML	5	NDS
PEMRYDI RTU SOLN 100 MG/10ML	5	NDS
PEMRYDI RTU SOLN 500 MG/50ML	5	NDS
PEPAXTO SOLR 20 MG	5	NDS
PERJETA SOLN 420 MG/14ML	5	NDS
PHESGO SOLN 60-60-2000 MG-MG-U/ML	5	NDS
PHESGO SOLN 80-40-2000 MG-MG-U/ML	5	NDS
PIQRAY (200 MG DAILY DOSE) TBPK 200 MG	5	NDS
PIQRAY (250 MG DAILY DOSE) TBPK 200 & 50 MG	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
PIQRAY (300 MG DAILY DOSE) TBPK 2 x 150 MG	5	NDS
POLIVY SOLR 140 MG	5	NDS
POLIVY SOLR 30 MG	5	NDS
POMALYST CAPS 1 MG	5	NDS
POMALYST CAPS 2 MG	5	NDS
POMALYST CAPS 3 MG	5	NDS
POMALYST CAPS 4 MG	5	NDS
PORTRAZZA SOLN 800 MG/50ML	5	NDS
POTELIGEO SOLN 20 MG/5ML	5	NDS
PRALATREXATE SOLN 20 MG/ML	5	NDS
PRALATREXATE SOLN 40 MG/2ML	5	NDS
PURIXAN SUSP 2000 MG/100ML	5	NDS
QINLOCK TABS 50 MG	5	NDS
RETEVMO CAPS 40 MG	5	NDS
RETEVMO CAPS 80 MG	5	NDS
RETEVMO TABS 120 MG	5	NDS
RETEVMO TABS 160 MG	5	NDS
RETEVMO TABS 40 MG	5	NDS
RETEVMO TABS 80 MG	5	NDS
REVLIMID CAPS 2.5 MG	5	NDS
REVLIMID CAPS 20 MG	5	NDS
REZLIDHIA CAPS 150 MG	5	NDS
RIABNI SOLN 100 MG/10ML	5	NDS
RIABNI SOLN 500 MG/50ML	5	NDS
RITUXAN HYCELA SOLN 1400-23400 MG - UT/11.7ML	5	
RITUXAN HYCELA SOLN 1600-26800 MG - UT/13.4ML	5	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.



Drug Name	Drug Tier	Requirements/ Limits
RITUXAN SOLN 100 MG/10ML	5	
RITUXAN SOLN 500 MG/50ML	5	
ROMIDEPSIN SOLN 27.5 MG/5.5ML	5	NDS
ROZLYTREK CAPS 100 MG	5	NDS
ROZLYTREK CAPS 200 MG	5	NDS
ROZLYTREK PACK 50 MG	5	NDS
RUBRACA TABS 200 MG	5	NDS
RUBRACA TABS 250 MG	5	NDS
RUBRACA TABS 300 MG	5	NDS
RUXIENCE SOLN 100 MG/10ML	5	NDS
RUXIENCE SOLN 500 MG/50ML	5	NDS
RYBREVANT SOLN 350 MG/7ML	5	NDS
RYDAPT CAPS 25 MG	5	NDS
RYLAZE SOLN 10 MG/0.5ML	5	NDS
RYTELO SOLR 188 MG	5	NDS
RYTELO SOLR 47 MG	5	NDS
SARCLISA SOLN 100 MG/5ML	5	NDS
SARCLISA SOLN 500 MG/25ML	5	NDS
SCSEMBLIX TABS 100 MG	5	NDS
SCSEMBLIX TABS 20 MG	5	NDS
SCSEMBLIX TABS 40 MG	5	NDS
SIKLOS TABS 1000 MG	5	NDS
SOLTAMOX SOLN 10 MG/5ML	5	
<i>sorafenib tosylate tabs 200 mg</i>	5	NDS
STIVARGA TABS 40 MG	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>sunitinib malate caps 12.5 mg</i>	5	NDS
<i>sunitinib malate caps 25 mg</i>	5	NDS
<i>sunitinib malate caps 37.5 mg</i>	5	NDS
<i>sunitinib malate caps 50 mg</i>	5	NDS
SUTENT CAPS 12.5 MG	5	NDS
SUTENT CAPS 25 MG	5	NDS
SUTENT CAPS 37.5 MG	5	NDS
SUTENT CAPS 50 MG	5	NDS
SYLVANT SOLR 100 MG	5	NDS
SYLVANT SOLR 400 MG	5	NDS
SYNRIBO SOLR 3.5 MG	5	NDS
TABLOID TABS 40 MG	5	NDS
TABRECTA TABS 150 MG	5	NDS
TABRECTA TABS 200 MG	5	NDS
TAFINLAR CAPS 50 MG	5	NDS
TAFINLAR CAPS 75 MG	5	NDS
TAFINLAR TBSO 10 MG	5	NDS
TAGRISSE TABS 40 MG	5	NDS
TAGRISSE TABS 80 MG	5	NDS
TALVEY SOLN 3 MG/1.5ML	5	NDS
TALVEY SOLN 40 MG/ML	5	NDS
TALZENNA CAPS 0.1 MG	5	NDS
TALZENNA CAPS 0.25 MG	5	NDS
TALZENNA CAPS 0.35 MG	5	NDS
TALZENNA CAPS 0.5 MG	5	NDS
TALZENNA CAPS 0.75 MG	5	NDS
TALZENNA CAPS 1 MG	5	NDS
<i>tamoxifen citrate tabs 10 mg</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>tamoxifen citrate tabs 20 mg</i>	2	
TASIGNA CAPS 150 MG	5	NDS
TASIGNA CAPS 200 MG	5	NDS
TASIGNA CAPS 50 MG	5	NDS
TAZVERIK TABS 200 MG	5	NDS
TECENTRIQ HYBREZA SOLN 1875-30000 MG-UT/15ML	5	NDS
TECENTRIQ SOLN 1200 MG/20ML	5	NDS
TECENTRIQ SOLN 840 MG/14ML	5	NDS
TECVAYLI SOLN 153 MG/1.7ML	5	NDS
TECVAYLI SOLN 30 MG/3ML	5	NDS
<i>temsirolimus soln 25 mg/ml</i>	2	
TENIPOSIDE SOLN 10 MG/ML	3	
TEPADINA SOLR 100 MG	5	NDS
TEPMETKO TABS 225 MG	5	NDS
TEVIMBRA SOLN 100 MG/10ML	5	NDS
THALOMID CAPS 100 MG	5	NDS
THALOMID CAPS 150 MG	5	NDS
THALOMID CAPS 200 MG	5	NDS
THALOMID CAPS 50 MG	5	NDS
<i>thiotepa solr 100 mg</i>	5	NDS
<i>thiotepa solr 15 mg</i>	5	NDS
TIBSOVO TABS 250 MG	5	NDS
TIVDAK SOLR 40 MG	5	NDS
<i>toposar soln 1 gm/50ml</i>	2	
<i>toposar soln 100 mg/5ml</i>	2	
<i>toposar soln 500 mg/25ml</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
TOPOTECAN HCL SOLN 4 MG/4ML	2	
<i>topotecan hcl solr 4 mg</i>	2	
<i>toremifene citrate tabs 60 mg</i>	5	NDS
<i>torpenz tabs 10 mg</i>	5	NDS
<i>torpenz tabs 2.5 mg</i>	5	NDS
<i>torpenz tabs 5 mg</i>	5	NDS
<i>torpenz tabs 7.5 mg</i>	5	NDS
TRAZIMERA SOLR 150 MG	5	NDS
TRAZIMERA SOLR 420 MG	5	NDS
TREANDA SOLR 100 MG	5	NDS
TREANDA SOLR 25 MG	5	NDS
TRELSTAR MIXJECT SUSR 11.25 MG	4	
TRELSTAR MIXJECT SUSR 22.5 MG	4	
TRELSTAR MIXJECT SUSR 3.75 MG	4	
<i>tretinoin caps 10 mg</i>	5	NDS
TREXALL TABS 10 MG	2	
TREXALL TABS 15 MG	2	
TREXALL TABS 5 MG	2	
TREXALL TABS 7.5 MG	2	
TRODELVY SOLR 180 MG	5	NDS
TRUQAP TABS 160 MG	5	NDS
TRUQAP TABS 200 MG	5	NDS
TRUQAP TBPk 160 MG	5	NDS
TRUQAP TBPk 200 MG	5	NDS
TRUSELTIQ (100MG DAILY DOSE) CPPK 100 MG	5	NDS
TRUSELTIQ (125MG DAILY DOSE) CPPK 100 & 25 MG	5	NDS
TRUSELTIQ (50MG DAILY DOSE) CPPK 25 MG	5	NDS
TRUSELTIQ (75MG DAILY DOSE) CPPK 25 MG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
TRUXIMA SOLN 100 MG/10ML	3	NDS
TRUXIMA SOLN 500 MG/50ML	3	NDS
TUKYSA TABS 150 MG	5	NDS
TUKYSA TABS 50 MG	5	NDS
TURALIO CAPS 125 MG	5	NDS
TURALIO CAPS 200 MG	5	NDS
UKONIQ TABS 200 MG	5	NDS
UNITUXIN SOLN 17.5 MG/5ML	5	NDS
<i>valrubicin soln 40 mg/ml</i>	2	
VANFLYTA TABS 17.7 MG	5	NDS
VANFLYTA TABS 26.5 MG	5	NDS
VANTAS KIT 50 MG	3	
VEGZELMA SOLN 100 MG/4ML	5	NDS
VEGZELMA SOLN 400 MG/16ML	5	NDS
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG	5	NDS
VENCLEXTA TABS 10 MG	4	NDS
VENCLEXTA TABS 100 MG	5	NDS
VENCLEXTA TABS 50 MG	5	NDS
VERZENIO TABS 100 MG	5	NDS
VERZENIO TABS 150 MG	5	NDS
VERZENIO TABS 200 MG	5	NDS
VERZENIO TABS 50 MG	5	NDS
VINBLASTINE SULFATE SOLN 1 MG/ML	2	
<i>vincasar pfs soln 1 mg/ml</i>	2	
VINCRISTINE SULFATE SOLN 1 MG/ML	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>vinorelbine tartrate soln 10 mg/ml</i>	2	
<i>vinorelbine tartrate soln 50 mg/5ml</i>	2	
VITRAKVI CAPS 100 MG	5	NDS
VITRAKVI CAPS 25 MG	5	NDS
VITRAKVI SOLN 20 MG/ML	5	NDS
VIVIMUSTA SOLN 100 MG/4ML	5	NDS
VIZIMPRO TABS 15 MG	5	NDS
VIZIMPRO TABS 30 MG	5	NDS
VIZIMPRO TABS 45 MG	5	NDS
VONJO CAPS 100 MG	5	NDS
VORANIGO TABS 10 MG	5	NDS
VORANIGO TABS 40 MG	5	NDS
VYXEOS SUSR 44-100 MG	5	NDS
WELIREG TABS 40 MG	5	NDS
XALKORI CAPS 200 MG	5	NDS
XALKORI CAPS 250 MG	5	NDS
XALKORI CPSP 150 MG	5	NDS
XALKORI CPSP 20 MG	5	NDS
XALKORI CPSP 50 MG	5	NDS
XATMEP SOLN 2.5 MG/ML	4	
XOSPATA TABS 40 MG	5	NDS
XPOVIO (100 MG ONCE WEEKLY) TBPK 20 MG	5	NDS
XPOVIO (100 MG ONCE WEEKLY) TBPK 50 MG	5	NDS
XPOVIO (40 MG ONCE WEEKLY) TBPK 20 MG	5	NDS
XPOVIO (40 MG ONCE WEEKLY) TBPK 40 MG	5	NDS
XPOVIO (40 MG TWICE WEEKLY) TBPK 20 MG	5	NDS
XPOVIO (40 MG TWICE WEEKLY) TBPK 40 MG	5	NDS
XPOVIO (60 MG ONCE WEEKLY) TBPK 20 MG	5	NDS
XPOVIO (60 MG ONCE WEEKLY) TBPK 60 MG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (60 MG TWICE WEEKLY) TBP 20 MG	5	NDS
XPOVIO (80 MG ONCE WEEKLY) TBP 20 MG	5	NDS
XPOVIO (80 MG ONCE WEEKLY) TBP 40 MG	5	NDS
XPOVIO (80 MG TWICE WEEKLY) TBP 20 MG	5	NDS
XTANDI CAPS 40 MG	5	NDS
XTANDI TABS 40 MG	5	NDS
XTANDI TABS 80 MG	5	NDS
YERVOY SOLN 200 MG/40ML	3	
YERVOY SOLN 50 MG/10ML	3	
YONDELIS SOLR 1 MG	5	NDS
YONSA TABS 125 MG	5	NDS
ZALTRAP SOLN 100 MG/4ML	5	NDS
ZALTRAP SOLN 200 MG/8ML	5	NDS
ZEJULA CAPS 100 MG	5	NDS
ZEJULA TABS 100 MG	5	NDS
ZEJULA TABS 200 MG	5	NDS
ZEJULA TABS 300 MG	5	NDS
ZELBORAF TABS 240 MG	5	NDS
ZEPZELCA SOLR 4 MG	5	NDS
ZIRABEV SOLN 100 MG/4ML	5	NDS
ZIRABEV SOLN 400 MG/16ML	5	NDS
ZOLINZA CAPS 100 MG	5	NDS
ZYDELIG TABS 100 MG	5	NDS
ZYDELIG TABS 150 MG	5	NDS
ZYKADIA CAP 150MG	5	NDS
ZYKADIA TABS 150 MG	5	NDS
ZYNLONTA SOLR 10 MG	5	NDS
ZYNYZ SOLN 500 MG/20ML	5	NDS
ZYTIGA TABS 500 MG	5	NDS
<b>AUTONOMIC DRUGS</b>		
<b>ANTICHOLINERGIC AGENTS</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>atropine sulfate soln 8 mg/20ml</i>	2	
<i>atropine sulfate sosy 1 mg/10ml</i>	2	
ATROVENT HFA AERS 17 MCG/ACT	4	MO
<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i>	2	
<i>dicyclomine hcl caps 10 mg</i>	2	MO
<i>dicyclomine hcl soln 10 mg/5ml</i>	2	MO
<i>dicyclomine hcl soln 10 mg/ml</i>	2	
<i>dicyclomine hcl tabs 20 mg</i>	2	MO
DUAKLIR PRESSAIR AEPB 400-12 MCG/ACT	5	NDS
<i>glycopyrrolate soln 0.2 mg/ml</i>	2	
<i>glycopyrrolate soln 0.4 mg/2ml</i>	2	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	MO
<i>glycopyrrolate soln injection 1 mg/5ml</i>	2	
<i>glycopyrrolate soln 4 mg/20ml</i>	2	
<i>glycopyrrolate tabs 1 mg</i>	2	MO
GLYCOPYRROLATE TABS 1.5 MG	2	
<i>glycopyrrolate tabs 2 mg</i>	2	MO
<i>ipratropium bromide soln 0.02 %</i>	1	PA, MO
<i>ipratropium bromide soln 0.03 %</i>	2	MO
<i>ipratropium bromide soln 0.06 %</i>	2	MO
LONHALA MAGNAIR REFILL KIT SOLN 25 MCG/ML	5	NDS
PROPANTHELINE BROMIDE TABS 15 MG	2	MO
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	3	MO
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT	3	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
YUPELRI SOLN 175 MCG/3ML	5	PA, NDS
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		
NICOTROL INHA 10 MG	3	MO
<i>varenicline tartrate (starter) tbpk 0.5 mg x 11 &amp; 1 mg x 42</i>	2	MO
<i>varenicline tartrate tabs 0.5 mg</i>	2	MO
<i>varenicline tartrate tabs 1 mg</i>	2	MO
<b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>		
<i>bethanechol chloride tabs 10 mg</i>	2	MO
<i>bethanechol chloride tabs 25 mg</i>	2	MO
<i>bethanechol chloride tabs 5 mg</i>	2	MO
<i>bethanechol chloride tabs 50 mg</i>	2	MO
<i>donepezil hcl tabs 10 mg</i>	1	MO
<i>donepezil hcl tabs 5 mg</i>	1	MO
<i>donepezil hcl tbdp 10 mg</i>	2	MO
<i>donepezil hcl tbdp 5 mg</i>	2	MO
<i>galantamine hydrobromide er cp24 16 mg</i>	2	MO
<i>galantamine hydrobromide er cp24 24 mg</i>	2	MO
<i>galantamine hydrobromide er cp24 8 mg</i>	2	MO
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	MO
<i>galantamine hydrobromide tabs 12 mg</i>	2	MO
<i>galantamine hydrobromide tabs 4 mg</i>	2	MO
<i>galantamine hydrobromide tabs 8 mg</i>	2	MO
GUANIDINE HCL TABS 125 MG	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>pilocarpine hcl tabs 5 mg</i>	2	MO
<i>pyridostigmine bromide er tbc 180 mg</i>	2	MO
<i>pyridostigmine bromide soln 60 mg/5ml</i>	5	MO
<i>pyridostigmine bromide tabs 60 mg</i>	2	MO
REGONOL SOLN 10 MG/2ML	3	
<i>rivastigmine tartrate caps 1.5 mg</i>	2	MO
<i>rivastigmine tartrate caps 3 mg</i>	2	MO
<i>rivastigmine tartrate caps 4.5 mg</i>	2	MO
<i>rivastigmine tartrate caps 6 mg</i>	2	MO
<b>SKELETAL MUSCLE RELAXANTS</b>		
BACLOFEN SOLN 10 MG/5ML	5	NDS
<i>baclofen susp 25 mg/5ml</i>	5	NDS
<i>baclofen tabs 10 mg</i>	2	MO
<i>baclofen tabs 20 mg</i>	2	MO
<i>baclofen tabs 5 mg</i>	2	MO
<i>cyclobenzaprine hcl tabs 10 mg</i>	2	PA
<i>cyclobenzaprine hcl tabs 5 mg</i>	2	PA
<i>dantrolene sodium caps 100 mg</i>	2	
<i>dantrolene sodium caps 25 mg</i>	2	
<i>dantrolene sodium caps 50 mg</i>	2	
LYVISPAH PACK 10 MG	4	
LYVISPAH PACK 20 MG	5	NDS
LYVISPAH PACK 5 MG	4	
METHOCARBAMOL TABS 1000 MG	5	NDS
<i>methocarbamol tabs 500 mg</i>	2	
<i>methocarbamol tabs 750 mg</i>	2	
OZOBAX DS SOLN 10 MG/5ML	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>succinylcholine chloride soln 20 mg/ml</i>	2	
<i>tizanidine hcl tabs 2 mg</i>	2	
<i>tizanidine hcl tabs 4 mg</i>	2	
<b>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</b>		
<i>alfuzosin hcl er tb24 10 mg</i>	2	MO
<i>dihydroergotamine mesylate soln 1 mg/ml</i>	2	
<i>dihydroergotamine mesylate soln 4 mg/ml</i>	5	NDS
ERGOLOID MESYLATES TABS 1 MG	2	MO
ERGOMAR SUBL 2 MG	4	
<i>phenoxybenzamine hcl caps 10 mg</i>	5	NDS
<i>silodosin caps 4 mg</i>	2	MO
<i>silodosin caps 8 mg</i>	2	MO
<i>tamsulosin hcl caps 0.4 mg</i>	1	MO
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		
ALBUTEROL SULFATE ER TB12 4 MG	2	MO
ALBUTEROL SULFATE ER TB12 8 MG	2	MO
<i>albuterol sulfate hfa aers 108 (90 base) mcg/act</i>	2	MO
<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>	2	PA, MO
<i>albuterol sulfate nebu 0.63 mg/3ml</i>	2	PA, MO
<i>albuterol sulfate nebu 1.25 mg/3ml</i>	2	PA, MO
<i>albuterol sulfate nebu 2.5 mg/0.5ml</i>	2	PA, MO
<i>albuterol sulfate syrp 2 mg/5ml</i>	2	MO
<i>albuterol sulfate tabs 2 mg</i>	2	MO
<i>albuterol sulfate tabs 4 mg</i>	2	MO
<i>arformoterol tartrate nebu 15 mcg/2ml</i>	4	PA, MO

Drug Name	Drug Tier	Requirements/ Limits
BROVANA NEBU 15 MCG/2ML	5	PA, MO, NDS
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT	4	MO
<i>dobutamine hcl soln 250 mg/20ml</i>	2	
DOBUTAMINE-DEXTROSE SOLN 1-5 MG/ML-%	2	
DOBUTAMINE-DEXTROSE SOLN 2-5 MG/ML-%	2	
<i>dopamine hcl soln 40 mg/ml</i>	2	
DOPAMINE-DEXTROSE SOLN 0.8-5 MG/ML-%	2	
DOPAMINE-DEXTROSE SOLN 1.6-5 MG/ML-%	2	
DOPAMINE-DEXTROSE SOLN 3.2-5 MG/ML-%	2	
<i>droxidopa caps 100 mg</i>	4	
<i>droxidopa caps 200 mg</i>	4	
<i>droxidopa caps 300 mg</i>	4	
EPINEPHRINE SOAJ 0.15 MG/0.15ML	2	
<i>epinephrine soaj 0.15 mg/0.3ml</i>	2	
<i>epinephrine soaj 0.3 mg/0.3ml</i>	2	
<i>epinephrine sosy 1 mg/10ml</i>	2	
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	2	PA, MO
<i>isoproterenol hcl soln 0.2 mg/ml</i>	2	
METAPROTEREN TAB 10MG	2	MO
METAPROTEREN TAB 20MG	2	MO
<i>midodrine hcl tabs 10 mg</i>	2	MO
<i>midodrine hcl tabs 2.5 mg</i>	2	MO
<i>midodrine hcl tabs 5 mg</i>	2	MO
<i>norepinephrine bitartrate soln 1 mg/ml</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine hcl (pressors) soln 10 mg/ml</i>	2	
SEREVENT DISKUS AEPB 50 MCG/ACT	4	MO
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT	3	MO
<i>terbutaline sulfate soln 1 mg/ml</i>	2	
<i>terbutaline sulfate tabs 2.5 mg</i>	2	MO
<i>terbutaline sulfate tabs 5 mg</i>	2	MO
<b>BLOOD FORMATION, COAGULATION, AND THROMBOSIS</b>		
<b>BLOOD FORMATION MODIFIERS</b>		
ADAKVEO SOLN 100 MG/10ML	5	NDS
<i>icatibant acetate sosal 30 mg/3ml</i>	5	NDS
OXBRYTA TABS 300 MG	5	NDS
OXBRYTA TABS 500 MG	5	NDS
OXBRYTA TBSO 300 MG	5	NDS
RUCONEST SOLR 2100 UNIT	5	HI
<i>sajazir sosal 30 mg/3ml</i>	5	NDS
<b>COAGULANTS AND ANTICOAGULANTS</b>		
<i>aminocaproic acid soln 0.25 gm/ml</i>	2	MO
<i>aminocaproic acid soln 250 mg/ml</i>	2	
<i>aminocaproic acid tabs 1000 mg</i>	2	MO
<i>aminocaproic acid tabs 500 mg</i>	2	MO
<i>anagrelide hcl caps 0.5 mg</i>	2	MO
<i>anagrelide hcl caps 1 mg</i>	2	MO
<i>argatroban soln 250 mg/2.5ml</i>	2	
<i>aspirin-dipyridamole er cp12 25-200 mg</i>	2	MO
BRILINTA TABS 60 MG	3	MO
BRILINTA TABS 90 MG	3	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>cilostazol tabs 100 mg</i>	2	MO
<i>cilostazol tabs 50 mg</i>	2	MO
<i>clopidogrel bisulfate tabs 75 mg</i>	1	MO
<i>dabigatran etexilate mesylate caps 110 mg</i>	2	MO
<i>dabigatran etexilate mesylate caps 150 mg</i>	2	MO
<i>dabigatran etexilate mesylate caps 75 mg</i>	2	MO
ELIQUIS TABS 5 MG	4	MO
ENOXAPARIN SODIUM SOLN 300 MG/3ML	2	
<i>enoxaparin sodium sosal 100 mg/ml</i>	2	
<i>enoxaparin sodium sosal 120 mg/0.8ml</i>	2	
<i>enoxaparin sodium sosal 150 mg/ml</i>	2	
<i>enoxaparin sodium sosal 30 mg/0.3ml</i>	2	
<i>enoxaparin sodium sosal 40 mg/0.4ml</i>	2	
<i>enoxaparin sodium sosal 60 mg/0.6ml</i>	2	
<i>enoxaparin sodium sosal 80 mg/0.8ml</i>	2	
FONDAPARINUX SODIUM SOLN 10 MG/0.8ML	5	NDS
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	2	NDS
FONDAPARINUX SODIUM SOLN 5 MG/0.4ML	5	NDS
FONDAPARINUX SODIUM SOLN 7.5 MG/0.6ML	5	NDS
HEPARIN (PORCINE) IN NA CL SOLN 1000-0.9 UT/500ML-%	2	
HEPARIN (PORCINE) IN NA CL SOLN 2000-0.9 UNIT/L-%	2	
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-%	2	
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-%	2	
<i>heparin sodium (porcine) pf soln 5000 unit/0.5ml</i>	2	
<i>heparin sodium (porcine) soln 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) soln 10000 unit/ml</i>	2	
<i>heparin sodium (porcine) soln 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) soln 5000 unit/ml</i>	2	
<i>jantoven tabs 1 mg</i>	1	MO
<i>jantoven tabs 10 mg</i>	1	MO
<i>jantoven tabs 2 mg</i>	1	MO
<i>jantoven tabs 2.5 mg</i>	1	MO
<i>jantoven tabs 3 mg</i>	1	MO
<i>jantoven tabs 4 mg</i>	1	MO
<i>jantoven tabs 5 mg</i>	1	MO
<i>jantoven tabs 6 mg</i>	1	MO
<i>jantoven tabs 7.5 mg</i>	1	MO
LOVENOX SOLN 300 MG/3ML	2	
LOVENOX SOSY 100 MG/ML	2	
LOVENOX SOSY 120 MG/0.8ML	2	
LOVENOX SOSY 150 MG/ML	2	
LOVENOX SOSY 30 MG/0.3ML	2	
LOVENOX SOSY 40 MG/0.4ML	2	
LOVENOX SOSY 60 MG/0.6ML	2	
LOVENOX SOSY 80 MG/0.8ML	2	
<i>pentoxifylline er tbc 400 mg</i>	2	MO
PRADAXA CAPS 110 MG	3	MO

Drug Name	Drug Tier	Requirements/ Limits
PRADAXA CAPS 150 MG	2	MO
PRADAXA CAPS 75 MG	2	MO
PRADAXA PACK 110 MG	5	NDS
PRADAXA PACK 150 MG	5	NDS
PRADAXA PACK 20 MG	5	NDS
PRADAXA PACK 30 MG	5	NDS
PRADAXA PACK 40 MG	5	NDS
PRADAXA PACK 50 MG	5	NDS
<i>prasugrel hcl tabs 10 mg</i>	2	MO
<i>prasugrel hcl tabs 5 mg</i>	2	MO
<i>tranexamic acid soln 1000 mg/10ml</i>	2	
<i>tranexamic acid tabs 650 mg</i>	2	MO
<i>warfarin sodium tabs 1 mg</i>	1	MO
<i>warfarin sodium tabs 10 mg</i>	1	MO
<i>warfarin sodium tabs 2 mg</i>	1	MO
<i>warfarin sodium tabs 2.5 mg</i>	1	MO
<i>warfarin sodium tabs 3 mg</i>	1	MO
<i>warfarin sodium tabs 4 mg</i>	1	MO
<i>warfarin sodium tabs 5 mg</i>	1	MO
<i>warfarin sodium tabs 6 mg</i>	1	MO
<i>warfarin sodium tabs 7.5 mg</i>	1	
XARELTO STARTER PACK TBPK 15 & 20 MG	4	MO
XARELTO SUSR 1 MG/ML	5	NDS
XARELTO TABS 10 MG	4	MO
XARELTO TABS 15 MG	4	MO
XARELTO TABS 2.5 MG	4	MO
XARELTO TABS 20 MG	4	MO
<b>HEMATOPOIETIC AGENTS</b>		
ALVAIZ TABS 18 MG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.



Drug Name	Drug Tier	Requirements/ Limits
ALVAIZ TABS 36 MG	5	NDS
ALVAIZ TABS 54 MG	5	NDS
ALVAIZ TABS 9 MG	5	NDS
APHEXDA SOLR 62 MG	5	NDS
ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	5	NDS
ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	5	NDS
ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 100 MCG/0.5ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 200 MCG/0.4ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 300 MCG/0.6ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 500 MCG/ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML	5	NDS
CABLIVI KIT 11 MG	5	NDS
DOPTELET TABS 20 MG	5	NDS
FULPHILA SOSY 6 MG/0.6ML	5	NDS
FYLNETRA SOSY 6 MG/0.6ML	5	NDS
GRANIX SOLN 300 MCG/ML	3	
GRANIX SOLN 480 MCG/1.6ML	3	
GRANIX SOSY 300 MCG/0.5ML	3	
GRANIX SOSY 480 MCG/0.8ML	3	

Drug Name	Drug Tier	Requirements/ Limits
LEUKINE SOLR 250 MCG	5	NDS
MOZOBIL SOLN 24 MG/1.2ML	5	NDS
MULPLETA TABS 3 MG	5	NDS
NEULASTA ONPRO PSKT 6 MG/0.6ML	5	NDS
NIVESTYM SOLN 300 MCG/ML	5	NDS
NIVESTYM SOLN 480 MCG/1.6ML	5	NDS
NIVESTYM SOSY 300 MCG/0.5ML	5	NDS
NIVESTYM SOSY 480 MCG/0.8ML	5	NDS
NPLATE SOLR 125 MCG	5	NDS
NYVEPRIA SOSY 6 MG/0.6ML	5	NDS
PLERIXAFOR SOLN 24 MG/1.2ML	5	NDS
PROCRIT SOLN 10000 UNIT/ML	3	
PROCRIT SOLN 2000 UNIT/ML	3	NDS
PROCRIT SOLN 20000 UNIT/ML	5	NDS
PROCRIT SOLN 3000 UNIT/ML	3	NDS
PROCRIT SOLN 4000 UNIT/ML	3	NDS
PROCRIT SOLN 40000 UNIT/ML	5	NDS
PROMACTA PACK 12.5 MG	5	NDS
PROMACTA PACK 25 MG	5	NDS
PROMACTA TABS 12.5 MG	5	NDS
PROMACTA TABS 25 MG	5	NDS
PROMACTA TABS 50 MG	5	NDS
PROMACTA TABS 75 MG	5	NDS
REBLOZYL SOLR 25 MG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
REBLOZYL SOLR 75 MG	5	NDS
RETACRIT SOLN 20000 UNIT/ML	4	NDS
ROLVEDON SOSY 13.2 MG/0.6ML	5	NDS
STIMUFEND SOSY 6 MG/0.6ML	5	NDS
TAVALISSE TABS 100 MG	5	NDS
TAVALISSE TABS 150 MG	5	NDS
UDENYCA ONBODY SOSY 6 MG/0.6ML	5	NDS
UDENYCA SOAJ 6 MG/0.6ML	5	NDS
VAFSEO TABS 300 MG	5	NDS
XOLREMDI CAPS 100 MG	5	NDS
ZARXIO SOSY 300 MCG/0.5ML	5	NDS
ZARXIO SOSY 480 MCG/0.8ML	5	NDS
<b>CARDIOVASCULAR DRUGS</b>		
<b>A-ADRENERGIC BLOCKING AGENTS</b>		
DEMSER CAPS 250 MG	5	NDS
<i>doxazosin mesylate tabs 1 mg</i>	2	MO
<i>doxazosin mesylate tabs 2 mg</i>	2	MO
<i>doxazosin mesylate tabs 4 mg</i>	2	MO
<i>doxazosin mesylate tabs 8 mg</i>	2	MO
METYROSINE CAPS 250 MG	5	NDS
<i>prazosin hcl caps 1 mg</i>	2	MO
<i>prazosin hcl caps 2 mg</i>	2	MO
<i>prazosin hcl caps 5 mg</i>	2	MO
<i>terazosin hcl caps 1 mg</i>	2	MO
<i>terazosin hcl caps 10 mg</i>	2	MO
<i>terazosin hcl caps 2 mg</i>	2	MO
<i>terazosin hcl caps 5 mg</i>	2	MO
<b>ANTILIPEMIC AGENTS</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>atorvastatin calcium tabs 10 mg</i>	1	MO
<i>atorvastatin calcium tabs 20 mg</i>	1	MO
<i>atorvastatin calcium tabs 40 mg</i>	1	MO
<i>atorvastatin calcium tabs 80 mg</i>	1	MO
<i>cholestyramine light pack 4 gm</i>	2	MO
<i>cholestyramine light powd 4 gm/dose</i>	2	MO
<i>cholestyramine pack 4 gm</i>	2	MO
<i>cholestyramine powd 4 gm/dose</i>	2	MO
<i>colesevelam hcl tabs 625 mg</i>	2	MO
COLESTIPOL HCL GRAN 5 GM	2	MO
COLESTIPOL HCL PACK 5 GM	2	MO
<i>colestipol hcl tabs 1 gm</i>	2	MO
EVKEEZA SOLN 1200 MG/8ML	5	NDS
EVKEEZA SOLN 345 MG/2.3ML	5	NDS
<i>ezetimibe tabs 10 mg</i>	1	MO
<i>fenofibrate tabs 160 mg</i>	2	MO
<i>fenofibrate tabs 54 mg</i>	2	MO
<i>gemfibrozil tabs 600 mg</i>	2	MO
<i>icosapent ethyl caps 0.5 gm</i>	2	MO
<i>icosapent ethyl caps 1 gm</i>	2	MO
JUXTAPID CAP 40MG	5	PA, LD, NDS
JUXTAPID CAP 60MG	5	PA, LD, NDS
JUXTAPID CAPS 10 MG	5	PA, LD, NDS
JUXTAPID CAPS 20 MG	5	PA, LD, NDS
JUXTAPID CAPS 30 MG	5	PA, LD, NDS
JUXTAPID CAPS 5 MG	5	PA, LD, NDS
<i>lovastatin tabs 10 mg</i>	1	MO
<i>lovastatin tabs 20 mg</i>	1	MO
<i>lovastatin tabs 40 mg</i>	1	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

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

Drug Name	Drug Tier	Requirements/ Limits
<i>bisoprolol fumarate tabs</i> 10 mg	1	MO
<i>bisoprolol fumarate tabs</i> 5 mg	1	MO
<i>bisoprolol-hydrochlorothiazide tabs</i> 10-6.25 mg	2	MO
<i>bisoprolol-hydrochlorothiazide tabs</i> 2.5-6.25 mg	2	MO
<i>bisoprolol-hydrochlorothiazide tabs</i> 5-6.25 mg	2	MO
<i>carvedilol tabs</i> 12.5 mg	1	MO
<i>carvedilol tabs</i> 25 mg	1	MO
<i>carvedilol tabs</i> 3.125 mg	1	MO
<i>carvedilol tabs</i> 6.25 mg	1	MO
ESMOLOL HCL SOLN 100 MG/10ML	2	
<i>esmolol hcl-sodium chloride soln</i> 2000 mg/100ml	2	
<i>esmolol hcl-sodium chloride soln</i> 2500 mg/250ml	2	
<i>labetalol hcl soln</i> 5 mg/ml	2	
LABETALOL HCL SOSY 10 MG/2ML	2	
LABETALOL HCL SOSY 20 MG/4ML	2	
<i>labetalol hcl tabs</i> 100 mg	2	MO
<i>labetalol hcl tabs</i> 200 mg	2	MO
<i>labetalol hcl tabs</i> 300 mg	2	MO
<i>metoprolol succinate er tb24</i> 100 mg	1	MO
<i>metoprolol succinate er tb24</i> 200 mg	1	MO
<i>metoprolol succinate er tb24</i> 25 mg	1	MO
<i>metoprolol succinate er tb24</i> 50 mg	1	MO
<i>metoprolol tartrate soln</i> 5 mg/5ml	2	
<i>metoprolol tartrate tabs</i> 100 mg	1	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
metoprolol tartrate tabs 25 mg	1	MO
metoprolol tartrate tabs 50 mg	1	MO
metoprolol-hydrochlorothiazide tabs 100-50 mg	2	MO
nadolol tabs 20 mg	2	MO
nadolol tabs 40 mg	2	MO
nadolol tabs 80 mg	2	MO
nebivolol hcl tabs 10 mg	2	MO
nebivolol hcl tabs 2.5 mg	2	MO
nebivolol hcl tabs 20 mg	2	MO
nebivolol hcl tabs 5 mg	2	MO
propranolol hcl er cp24 120 mg	2	MO
propranolol hcl er cp24 160 mg	2	MO
propranolol hcl er cp24 60 mg	2	MO
propranolol hcl er cp24 80 mg	2	MO
propranolol hcl soln 1 mg/ml	2	
propranolol hcl soln 20 mg/5ml	2	MO
PROPRANOLOL HCL SOLN 40 MG/5ML	2	MO
propranolol hcl tabs 10 mg	2	MO
propranolol hcl tabs 20 mg	2	MO
propranolol hcl tabs 40 mg	2	MO
propranolol hcl tabs 60 mg	2	MO
propranolol hcl tabs 80 mg	2	MO
sotalol hcl (af) tabs 120 mg	2	MO
sotalol hcl (af) tabs 160 mg	2	MO
sotalol hcl (af) tabs 80 mg	2	MO
sotalol hcl tabs 120 mg	2	MO
sotalol hcl tabs 160 mg	2	MO

Drug Name	Drug Tier	Requirements/ Limits
sotalol hcl tabs 240 mg	2	MO
sotalol hcl tabs 80 mg	2	MO
timolol maleate tabs 10 mg	2	MO
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>		
amlodipine besy-benazepril hcl caps 10-20 mg	2	MO
amlodipine besy-benazepril hcl caps 10-40 mg	2	MO
amlodipine besy-benazepril hcl caps 2.5-10 mg	2	MO
amlodipine besy-benazepril hcl caps 5-10 mg	2	MO
amlodipine besy-benazepril hcl caps 5-20 mg	2	MO
amlodipine besy-benazepril hcl caps 5-40 mg	2	MO
amlodipine besylate tabs 10 mg	1	MO
amlodipine besylate tabs 2.5 mg	1	MO
amlodipine besylate tabs 5 mg	1	MO
CARDENE IV SOLN 20-4.8 MG/200ML-%	3	
cartia xt cp24 120 mg	2	MO
cartia xt cp24 180 mg	2	MO
cartia xt cp24 240 mg	2	MO
cartia xt cp24 300 mg	2	MO
CONSENSI TABS 10-200 MG	5	NDS
CONSENSI TABS 2.5-200 MG	5	NDS
CONSENSI TABS 5-200 MG	5	NDS
dilt-xr cp24 120 mg	2	MO
dilt-xr cp24 180 mg	2	MO
dilt-xr cp24 240 mg	2	MO
DILTIAZEM HCL ER BEADS CP24 300 MG	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl er coated beads cp24 120 mg</i>	2	MO
<i>diltiazem hcl er coated beads cp24 180 mg</i>	2	MO
<i>diltiazem hcl er coated beads cp24 240 mg</i>	2	MO
<i>diltiazem hcl er coated beads cp24 300 mg</i>	2	MO
<i>diltiazem hcl er coated beads cp24 360 mg</i>	2	MO
<i>diltiazem hcl er cp12 120 mg</i>	2	MO
<i>diltiazem hcl er cp12 60 mg</i>	2	MO
<i>diltiazem hcl er cp12 90 mg</i>	2	MO
<i>diltiazem hcl er cp24 120 mg</i>	2	MO
<i>diltiazem hcl er cp24 180 mg</i>	2	MO
<i>diltiazem hcl er cp24 240 mg</i>	2	MO
<i>diltiazem hcl soln 125 mg/25ml</i>	2	
<i>diltiazem hcl soln 50 mg/10ml</i>	2	
DILTIAZEM HCL SOLR 100 MG	2	
<i>diltiazem hcl tabs 120 mg</i>	2	MO
<i>diltiazem hcl tabs 30 mg</i>	2	MO
<i>diltiazem hcl tabs 60 mg</i>	2	MO
<i>diltiazem hcl tabs 90 mg</i>	2	MO
<i>diltiazem inj 25mg/5ml</i>	2	
<i>felodipine er tb24 10 mg</i>	2	MO
<i>felodipine er tb24 2.5 mg</i>	2	MO
<i>felodipine er tb24 5 mg</i>	2	MO
NICARDIPINE HCL SOLN 2.5 MG/ML	2	
<i>nifedipine caps 10 mg</i>	2	MO
<i>nifedipine caps 20 mg</i>	2	MO
<i>nifedipine er osmotic release tb24 30 mg</i>	2	MO
<i>nifedipine er osmotic release tb24 60 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>nifedipine er osmotic release tb24 90 mg</i>	2	MO
<i>nifedipine er tb24 30 mg</i>	2	MO
<i>nifedipine er tb24 60 mg</i>	2	MO
<i>nifedipine er tb24 90 mg</i>	2	MO
<i>nimodipine caps 30 mg</i>	2	MO
NYMALIZE SOL 60/20ML	5	MO, NDS
NYMALIZE SOLN 6 MG/ML	5	NDS
<i>verapamil hcl er tbc 120 mg</i>	2	MO
<i>verapamil hcl er tbc 180 mg</i>	2	MO
<i>verapamil hcl er tbc 240 mg</i>	2	MO
<i>verapamil hcl soln 2.5 mg/ml</i>	2	
<i>verapamil hcl tabs 120 mg</i>	1	MO
<i>verapamil hcl tabs 40 mg</i>	1	MO
<i>verapamil hcl tabs 80 mg</i>	1	MO
<b>CARDIAC DRUGS</b>		
<i>adenosine soln 12 mg/4ml</i>	2	
<i>adenosine soln 6 mg/2ml</i>	2	
<i>amiodarone hcl soln 150 mg/3ml</i>	2	
<i>amiodarone hcl soln 450 mg/9ml</i>	2	
<i>amiodarone hcl soln 900 mg/18ml</i>	2	
<i>amiodarone hcl tabs 100 mg</i>	2	MO
<i>amiodarone hcl tabs 200 mg</i>	1	MO
<i>amiodarone hcl tabs 400 mg</i>	2	MO
CAMZYOS CAPS 10 MG	5	NDS
CAMZYOS CAPS 15 MG	5	NDS
CAMZYOS CAPS 2.5 MG	5	NDS
CAMZYOS CAPS 5 MG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
CORLANOR SOLN 5 MG/5ML	4	MO
DIGOXIN SOLN 0.05 MG/ML	2	
<i>digoxin soln 0.25 mg/ml</i>	2	
<i>digoxin tabs 125 mcg</i>	2	MO
<i>digoxin tabs 250 mcg</i>	2	MO
<i>disopyramide phosphate caps 100 mg</i>	2	MO
<i>disopyramide phosphate caps 150 mg</i>	2	MO
<i>dofetilide caps 125 mcg</i>	2	MO
<i>dofetilide caps 250 mcg</i>	2	MO
<i>dofetilide caps 500 mcg</i>	2	MO
<i>flecainide acetate tabs 100 mg</i>	2	MO
<i>flecainide acetate tabs 150 mg</i>	2	MO
<i>flecainide acetate tabs 50 mg</i>	2	MO
<i>ibutilide fumarate soln 1 mg/10ml</i>	2	
<i>ivabradine hcl tabs 5 mg</i>	4	MO
<i>ivabradine hcl tabs 7.5 mg</i>	4	MO
LANOXIN PEDIATRIC SOLN 0.1 MG/ML	3	
LIDOCAINE HCL (CARDIAC) PF SOSY 100 MG/5ML	2	
LIDOCAINE HCL (CARDIAC) PF SOSY 50 MG/5ML	2	
<i>lidocaine hcl (cardiac) sosy 100 mg/5ml</i>	2	
LIDOCAINE HCL (CARDIAC) SOSY 50 MG/5ML	2	
LIDOCAINE IN D5W SOLN 4-5 MG/ML-%	2	
LIDOCAINE IN D5W SOLN 8-5 MG/ML-%	2	
<i>mexiletine hcl caps 150 mg</i>	2	MO
<i>mexiletine hcl caps 200 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>mexiletine hcl caps 250 mg</i>	2	MO
<i>milrinone lactate in dextrose soln 20-5 mg/100ml-%</i>	2	
<i>milrinone lactate in dextrose soln 40-5 mg/200ml-%</i>	2	
<i>milrinone lactate soln 10 mg/10ml</i>	2	
MULTAQ TABS 400 MG	4	
NORPACE CR CP12 100 MG	3	MO
NORPACE CR CP12 150 MG	3	MO
<i>procainamide hcl soln 100 mg/ml</i>	2	
<i>procainamide hcl soln 500 mg/ml</i>	2	
<i>propafenone hcl tabs 150 mg</i>	2	MO
<i>propafenone hcl tabs 225 mg</i>	2	MO
<i>propafenone hcl tabs 300 mg</i>	2	MO
<i>quinidine gluconate er tbc 324 mg</i>	2	MO
QUINIDINE SULFATE TABS 200 MG	2	MO
QUINIDINE SULFATE TABS 300 MG	2	MO
<i>ranolazine er tb12 1000 mg</i>	4	MO
VYNDAMAX CAPS 61 MG	5	NDS
VYNDAQEL CAPS 20 MG	5	NDS
<b>HYPOTENSIVE AGENTS</b>		
<i>clonidine hcl (analgesia) soln 100 mcg/ml</i>	2	
<i>clonidine hcl tabs 0.1 mg</i>	1	MO
<i>clonidine hcl tabs 0.2 mg</i>	1	MO
<i>clonidine hcl tabs 0.3 mg</i>	1	MO
<i>clonidine ptwk 0.1 mg/24hr</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>clonidine ptwk 0.2 mg/24hr</i>	2	MO
<i>clonidine ptwk 0.3 mg/24hr</i>	2	MO
<i>guanfacine hcl tabs 1 mg</i>	2	MO
<i>guanfacine hcl tabs 2 mg</i>	2	MO
<i>hydralazine hcl soln 20 mg/ml</i>	2	
<i>hydralazine hcl tabs 10 mg</i>	1	MO
<i>hydralazine hcl tabs 100 mg</i>	1	MO
<i>hydralazine hcl tabs 25 mg</i>	1	MO
<i>hydralazine hcl tabs 50 mg</i>	1	MO
METHYLDOPA TABS 250 MG	2	MO
METHYLDOPA TABS 500 MG	2	MO
<i>minoxidil tabs 10 mg</i>	2	MO
<i>minoxidil tabs 2.5 mg</i>	2	MO
NITROPRESS SOLN 25 MG/ML	2	
<i>nitroprusside sodium soln 25 mg/ml</i>	2	
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b>		
ALISKIREN FUMARATE TABS 150 MG	2	MO
ALISKIREN FUMARATE TABS 300 MG	2	MO
<i>benazepril hcl tabs 10 mg</i>	1	MO
<i>benazepril hcl tabs 20 mg</i>	1	MO
<i>benazepril hcl tabs 40 mg</i>	1	MO
<i>benazepril hcl tabs 5 mg</i>	1	MO
<i>candesartan cilexetil tabs 16 mg</i>	2	MO
<i>candesartan cilexetil tabs 32 mg</i>	2	MO
<i>candesartan cilexetil tabs 4 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>candesartan cilexetil tabs 8 mg</i>	2	MO
<i>captopril tabs 100 mg</i>	2	MO
<i>captopril tabs 12.5 mg</i>	2	MO
<i>captopril tabs 25 mg</i>	2	MO
<i>captopril tabs 50 mg</i>	2	MO
<i>enalapril maleate tabs 10 mg</i>	1	MO
<i>enalapril maleate tabs 2.5 mg</i>	1	MO
<i>enalapril maleate tabs 20 mg</i>	1	MO
<i>enalapril maleate tabs 5 mg</i>	1	MO
<i>enalaprilat soln 1.25 mg/ml</i>	2	
ENTRESTO TABS 24-26 MG	3	MO
ENTRESTO TABS 49-51 MG	3	MO
ENTRESTO TABS 97-103 MG	3	MO
<i>irbesartan tabs 150 mg</i>	2	MO
<i>irbesartan tabs 300 mg</i>	2	MO
<i>irbesartan tabs 75 mg</i>	2	MO
KERENDIA TABS 10 MG	4	MO
KERENDIA TABS 20 MG	4	MO
<i>lisinopril tabs 10 mg</i>	1	MO
<i>lisinopril tabs 2.5 mg</i>	1	MO
<i>lisinopril tabs 20 mg</i>	1	MO
<i>lisinopril tabs 30 mg</i>	1	MO
<i>lisinopril tabs 40 mg</i>	1	MO
<i>lisinopril tabs 5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	1	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>losartan potassium tabs 100 mg</i>	1	MO
<i>losartan potassium tabs 25 mg</i>	1	MO
<i>losartan potassium tabs 50 mg</i>	1	MO
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	1	MO
<i>losartan potassium-hctz tabs 100-25 mg</i>	1	MO
<i>losartan potassium-hctz tabs 50-12.5 mg</i>	1	MO
<i>ramipril caps 1.25 mg</i>	2	MO
<i>ramipril caps 10 mg</i>	2	MO
<i>ramipril caps 2.5 mg</i>	2	MO
<i>ramipril caps 5 mg</i>	2	MO
<i>spironolactone tabs 100 mg</i>	1	MO
<i>spironolactone tabs 25 mg</i>	1	MO
<i>spironolactone tabs 50 mg</i>	1	MO
<i>spironolactone-hctz tabs 25-25 mg</i>	2	MO
VALSARTAN SOLN 4 MG/ML	5	NDS
<i>valsartan tabs 160 mg</i>	1	MO
<i>valsartan tabs 320 mg</i>	1	MO
<i>valsartan tabs 40 mg</i>	1	MO
<i>valsartan tabs 80 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg</i>	2	MO
<i>valsartan-hydrochlorothiazide tabs 160-25 mg</i>	2	MO
<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg</i>	2	MO
<i>valsartan-hydrochlorothiazide tabs 320-25 mg</i>	2	MO
<i>valsartan-hydrochlorothiazide tabs 80-12.5 mg</i>	2	MO
<b>VASODILATING AGENTS</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>dipyridamole tabs 25 mg</i>	2	MO
<i>dipyridamole tabs 50 mg</i>	2	MO
<i>dipyridamole tabs 75 mg</i>	2	MO
ISOSORB DIN TAB 40MG ER	2	MO
<i>isosorbide dinitrate tabs 10 mg</i>	2	MO
<i>isosorbide dinitrate tabs 20 mg</i>	2	MO
<i>isosorbide dinitrate tabs 30 mg</i>	2	MO
<i>isosorbide dinitrate tabs 5 mg</i>	2	MO
<i>isosorbide mononitrate er tb24 120 mg</i>	1	MO
<i>isosorbide mononitrate er tb24 30 mg</i>	1	MO
<i>isosorbide mononitrate er tb24 60 mg</i>	1	MO
<i>isosorbide mononitrate tabs 10 mg</i>	2	MO
<i>isosorbide mononitrate tabs 20 mg</i>	2	MO
LIQREV SUSP 10 MG/ML	5	PA, NDS
<i>minitran pt24 0.1 mg/hr</i>	2	MO
<i>minitran pt24 0.2 mg/hr</i>	2	MO
<i>minitran pt24 0.4 mg/hr</i>	2	MO
<i>minitran pt24 0.6 mg/hr</i>	2	MO
NITRO-BID OINT 2 %	2	MO
NITRO-DUR PT24 0.3 MG/HR	5	MO
NITRO-DUR PT24 0.8 MG/HR	5	MO
<i>nitroglycerin pt24 0.1 mg/hr</i>	2	MO
<i>nitroglycerin pt24 0.2 mg/hr</i>	2	MO
<i>nitroglycerin pt24 0.4 mg/hr</i>	2	MO
<i>nitroglycerin pt24 0.6 mg/hr</i>	2	MO
<i>nitroglycerin soln 0.4 mg/spray</i>	2	MO
NITROGLYCERIN SOLN 5 MG/ML	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.



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

Drug Name	Drug Tier	Requirements/ Limits
CODEINE SULFATE TABS 30 MG	2	NDS
CODEINE SULFATE TABS 60 MG	2	NDS
COXANTO CAPS 300 MG	5	NDS
<i>diclofenac sodium tbec 25 mg</i>	2	
<i>diclofenac sodium tbec 50 mg</i>	2	
<i>diclofenac sodium tbec 75 mg</i>	2	
<i>diflunisal tabs 500 mg</i>	2	
DUEXIS TABS 800-26.6 MG	5	NDS
<i>endocet tabs 5-325 mg</i>	2	NDS
<i>endocet tabs 7.5-325 mg</i>	2	NDS
<i>etodolac caps 200 mg</i>	2	
<i>etodolac caps 300 mg</i>	2	
<i>etodolac tabs 400 mg</i>	2	
<i>etodolac tabs 500 mg</i>	2	
FENTANYL CITRATE (PF) SOCT 100 MCG/2ML	2	NDS
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML	2	NDS
FENTANYL CITRATE (PF) SOLN 2500 MCG/50ML	2	NDS
FENTANYL CITRATE TABS 100 MCG	4	PA, NDS
FENTANYL CITRATE TABS 200 MCG	4	PA, NDS
FENTANYL CITRATE TABS 400 MCG	4	PA, NDS
FENTANYL CITRATE TABS 600 MCG	4	PA, NDS
FENTANYL CITRATE TABS 800 MCG	4	PA, NDS
<i>fentanyl pt72 100 mcg/hr</i>	2	NDS
<i>fentanyl pt72 12 mcg/hr</i>	2	NDS
<i>fentanyl pt72 25 mcg/hr</i>	2	NDS
<i>fentanyl pt72 50 mcg/hr</i>	2	NDS
<i>fentanyl pt72 75 mcg/hr</i>	2	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

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

Drug Name	Drug Tier	Requirements/ Limits
KETOPROFEN CAPS 75 MG	2	
<i>ketorolac tromethamine soln 15 mg/ml</i>	2	
<i>ketorolac tromethamine soln 30 mg/ml</i>	2	
<i>ketorolac tromethamine soln 60 mg/2ml</i>	2	
LAZANDA SOLN 100 MCG/ACT	4	PA, NDS
LAZANDA SOLN 400 MCG/ACT	4	PA, NDS
<i>levorphanol tartrate tabs 2 mg</i>	5	NDS
<i>levorphanol tartrate tabs 3 mg</i>	5	NDS
LORTAB ELIX 10-300 MG/15ML	2	NDS
MECLOFENAMATE SODIUM CAPS 100 MG	2	
MECLOFENAMATE SODIUM CAPS 50 MG	2	
<i>mefenamic acid caps 250 mg</i>	2	
<i>meloxicam tabs 15 mg</i>	1	
<i>meloxicam tabs 7.5 mg</i>	1	
<i>methadone hcl conc 10 mg/ml</i>	2	NDS
<i>methadone hcl intensol conc 10 mg/ml</i>	2	NDS
METHADONE HCL SOLN 5 MG/5ML	2	NDS
<i>methadone hcl tabs 10 mg</i>	2	NDS
<i>methadone hcl tabs 5 mg</i>	2	NDS
<i>morphine sulfate (concentrate) soln 100 mg/5ml</i>	2	NDS
<i>morphine sulfate er tbc 100 mg</i>	2	NDS
<i>morphine sulfate er tbc 15 mg</i>	2	NDS
<i>morphine sulfate er tbc 200 mg</i>	2	NDS
<i>morphine sulfate er tbc 30 mg</i>	2	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate er tbc</i> 60 mg	2	NDS
<i>morphine sulfate soln</i> 10 mg/5ml	2	NDS
MORPHINE SULFATE SOLN 20 MG/5ML	2	NDS
<i>morphine sulfate tabs</i> 15 mg	2	NDS
<i>morphine sulfate tabs</i> 30 mg	2	NDS
<i>nabumetone tabs</i> 500 mg	2	
<i>nabumetone tabs</i> 750 mg	2	
<i>nalbuphine hcl soln</i> 10 mg/ml	2	NDS
<i>nalbuphine hcl soln</i> 20 mg/ml	2	NDS
<i>naproxen susp</i> 125 mg/5ml	2	
<i>naproxen tabs</i> 250 mg	2	
<i>naproxen tabs</i> 375 mg	2	
<i>naproxen tabs</i> 500 mg	2	
<i>naproxen tbec</i> 375 mg	2	
NUCYNTA ER TB12 200 MG	5	NDS
NUCYNTA ER TB12 250 MG	5	NDS
NUCYNTA TABS 100 MG	5	NDS
OXAPROZIN CAPS 300 MG	5	NDS
OXAYDO TABS 5 MG	5	NDS
<i>oxycodone hcl conc</i> 100 mg/5ml	2	NDS
<i>oxycodone hcl soln</i> 5 mg/5ml	2	NDS
<i>oxycodone hcl tabs</i> 10 mg	2	NDS
<i>oxycodone hcl tabs</i> 15 mg	2	NDS
<i>oxycodone hcl tabs</i> 20 mg	2	NDS
<i>oxycodone hcl tabs</i> 30 mg	2	NDS
<i>oxycodone hcl tabs</i> 5 mg	2	NDS

Drug Name	Drug Tier	Requirements/ Limits
OXYCODONE-ACETAMINOPHEN SOLN 10-300 MG/5ML	5	NDS
OXYCODONE-ACETAMINOPHEN TABS 10-300 MG	5	NDS
<i>oxycodone-acetaminophen tabs</i> 10-325 mg	2	NDS
OXYCODONE-ACETAMINOPHEN TABS 5-300 MG	5	NDS
<i>oxycodone-acetaminophen tabs</i> 5-325 mg	2	NDS
OXYCODONE-ACETAMINOPHEN TABS 7.5-300 MG	5	NDS
<i>oxycodone-acetaminophen tabs</i> 7.5-325 mg	2	NDS
OXYCODONE-ASPIRIN TABS 4.8355-325 MG	2	NDS
PERCOCET TABS 10-325 MG	5	NDS
PERCOCET TABS 7.5-325 MG	5	NDS
<i>piroxicam caps</i> 10 mg	2	
<i>piroxicam caps</i> 20 mg	2	
PROLATE SOLN 10-300 MG/5ML	5	NDS
QDOLO SOLN 5 MG/ML	5	NDS
RELAFEN DS TABS 1000 MG	5	NDS
ROXYBOND TABA 15 MG	5	NDS
ROXYBOND TABA 30 MG	5	NDS
ROXYBOND TABA 5 MG	5	NDS
<i>salsalate tabs</i> 500 mg	2	
<i>salsalate tabs</i> 750 mg	2	
SUBSYS LIQD 1200 (600 X 2) MCG	4	PA, NDS
SUBSYS LIQD 1600 (800 X 2) MCG	4	PA, NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>sulindac tabs 150 mg</i>	2	
<i>sulindac tabs 200 mg</i>	2	
TOLECTIN 600 TABS 600 MG	5	NDS
TOLMETIN SODIUM TABS 600 MG	2	
TRAMADOL HCL SOLN 5 MG/ML	5	NDS
<i>tramadol hcl tabs 50 mg</i>	2	NDS
<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	2	NDS
<b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS</b>		
ADDERALL TABS 20 MG	2	NDS
ADDERALL TABS 5 MG	2	NDS
ADDERALL TABS 7.5 MG	2	NDS
<i>amphetamine- dextroamphetamine cp24 10 mg</i>	2	NDS
<i>amphetamine- dextroamphetamine cp24 15 mg</i>	2	NDS
AMPHETAMINE- DEXTROAMPHET ER CP24 20 MG	2	NDS
<i>amphetamine- dextroamphetamine cp24 25 mg</i>	2	NDS
<i>amphetamine- dextroamphetamine cp24 30 mg</i>	2	NDS
<i>amphetamine- dextroamphetamine cp24 5 mg</i>	2	NDS
<i>amphetamine- dextroamphetamine tabs 10 mg</i>	2	NDS
<i>amphetamine- dextroamphetamine tabs 12.5 mg</i>	2	NDS
<i>amphetamine- dextroamphetamine tabs 15 mg</i>	2	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine- dextroamphetamine tabs 20 mg</i>	2	NDS
<i>amphetamine- dextroamphetamine tabs 30 mg</i>	2	NDS
<i>amphetamine- dextroamphetamine tabs 5 mg</i>	2	NDS
<i>amphetamine- dextroamphetamine tabs 7.5 mg</i>	2	NDS
<i>armodafinil tabs 150 mg</i>	2	PA
<i>armodafinil tabs 200 mg</i>	2	PA
<i>armodafinil tabs 250 mg</i>	2	PA
<i>armodafinil tabs 50 mg</i>	2	PA
<i>caffeine citrate soln 20 mg/ml</i>	2	
<i>caffeine citrate soln 60 mg/3ml</i>	2	
<i>dexmethylphenidate hcl er cp24 10 mg</i>	2	NDS
<i>dexmethylphenidate hcl er cp24 15 mg</i>	2	NDS
<i>dexmethylphenidate hcl er cp24 20 mg</i>	2	NDS
<i>dexmethylphenidate hcl er cp24 25 mg</i>	2	NDS
<i>dexmethylphenidate hcl er cp24 30 mg</i>	2	NDS
<i>dexmethylphenidate hcl er cp24 35 mg</i>	2	NDS
<i>dexmethylphenidate hcl er cp24 40 mg</i>	2	NDS
<i>dexmethylphenidate hcl er cp24 5 mg</i>	2	NDS
<i>dexmethylphenidate hcl tabs 10 mg</i>	2	NDS
<i>dexmethylphenidate hcl tabs 2.5 mg</i>	2	NDS
<i>dexmethylphenidate hcl tabs 5 mg</i>	2	NDS
<i>dextroamphetamine sulfate er cp24 10 mg</i>	2	NDS
<i>dextroamphetamine sulfate er cp24 15 mg</i>	2	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine sulfate er cp24 5 mg</i>	2	NDS
<i>dextroamphetamine sulfate tabs 10 mg</i>	2	NDS
<i>dextroamphetamine sulfate tabs 5 mg</i>	2	NDS
<i>lisdexamphetamine dimesylate caps 10 mg</i>	4	NDS
<i>lisdexamphetamine dimesylate caps 20 mg</i>	4	NDS
<i>lisdexamphetamine dimesylate caps 30 mg</i>	4	NDS
<i>lisdexamphetamine dimesylate caps 40 mg</i>	4	NDS
<i>lisdexamphetamine dimesylate caps 50 mg</i>	4	NDS
<i>lisdexamphetamine dimesylate caps 60 mg</i>	4	NDS
<i>lisdexamphetamine dimesylate caps 70 mg</i>	4	NDS
<i>methylphenidate hcl chew 2.5 mg</i>	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 10 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 20 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 30 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 40 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 50 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 60 MG	2	NDS
<i>methylphenidate hcl er (osm) tbc 18 mg</i>	2	NDS
<i>methylphenidate hcl er (osm) tbc 27 mg</i>	2	NDS
<i>methylphenidate hcl er (osm) tbc 36 mg</i>	2	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl er (osm) tbc 54 mg</i>	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 10 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 15 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 20 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 30 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 40 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 50 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 60 MG	2	NDS
<i>methylphenidate hcl er tbc 10 mg</i>	2	NDS
<i>methylphenidate hcl er tbc 20 mg</i>	2	NDS
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	NDS
<i>methylphenidate hcl tabs 10 mg</i>	2	NDS
<i>methylphenidate hcl tabs 20 mg</i>	2	NDS
<i>methylphenidate hcl tabs 5 mg</i>	2	NDS
<i>modafinil tabs 100 mg</i>	2	PA, NDS
<i>modafinil tabs 200 mg</i>	2	PA, NDS
WAKIX TABS 17.8 MG	5	NDS
WAKIX TABS 4.45 MG	5	NDS
<b>ANTICONVULSANTS</b>		
APTIOM TABS 200 MG	5	MO
APTIOM TABS 400 MG	5	MO
APTIOM TABS 600 MG	5	MO
APTIOM TABS 800 MG	5	MO
BRIVIACT SOLN 10 MG/ML	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
BRIVIACT TABS 10 MG	5	NDS
BRIVIACT TABS 100 MG	5	NDS
BRIVIACT TABS 25 MG	5	NDS
BRIVIACT TABS 50 MG	5	NDS
BRIVIACT TABS 75 MG	5	NDS
<i>carbamazepine chew 100 mg</i>	2	MO
CARBAMAZEPINE ER CP12 100 MG	2	MO
CARBAMAZEPINE ER CP12 200 MG	2	MO
CARBAMAZEPINE ER CP12 300 MG	2	MO
<i>carbamazepine er tb12 100 mg</i>	2	MO
<i>carbamazepine er tb12 200 mg</i>	2	MO
<i>carbamazepine er tb12 400 mg</i>	2	MO
<i>carbamazepine susp 100 mg/5ml</i>	2	MO
<i>carbamazepine tabs 200 mg</i>	2	MO
CELONTIN CAPS 300 MG	3	MO
<i>clobazam susp 2.5 mg/ml</i>	2	MO
<i>clobazam tabs 10 mg</i>	2	MO
<i>clobazam tabs 20 mg</i>	2	MO
<i>clonazepam tabs 0.5 mg</i>	2	NDS
<i>clonazepam tabs 1 mg</i>	2	NDS
<i>clonazepam tabs 2 mg</i>	2	NDS
<i>clonazepam tbdp 0.125 mg</i>	2	NDS
<i>clonazepam tbdp 0.25 mg</i>	2	NDS
<i>clonazepam tbdp 0.5 mg</i>	2	NDS
<i>clonazepam tbdp 1 mg</i>	2	NDS
<i>clonazepam tbdp 2 mg</i>	2	NDS
DIACOMIT CAPS 250 MG	5	NDS
DIACOMIT CAPS 500 MG	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
DIACOMIT PACK 250 MG	5	NDS
DIACOMIT PACK 500 MG	5	NDS
DIASTAT ACUDIAL GEL 10 MG	2	NDS
DIASTAT ACUDIAL GEL 20 MG	2	NDS
DIASTAT PEDIATRIC GEL 2.5 MG	2	NDS
<i>diazepam gel 10 mg</i>	4	NDS
DIAZEPAM GEL 2.5 MG	2	NDS
<i>diazepam gel 20 mg</i>	2	NDS
DILANTIN CAPS 100 MG	2	MO
DILANTIN CAPS 30 MG	2	MO
DILANTIN INFATABS CHEW 50 MG	2	MO
<i>divalproex sodium csdr 125 mg</i>	2	MO
<i>divalproex sodium er tb24 250 mg</i>	2	MO
<i>divalproex sodium er tb24 500 mg</i>	2	MO
<i>divalproex sodium tbec 125 mg</i>	2	MO
<i>divalproex sodium tbec 250 mg</i>	2	MO
<i>divalproex sodium tbec 500 mg</i>	2	MO
ELEPSIA XR TB24 1000 MG	5	NDS
ELEPSIA XR TB24 1500 MG	5	NDS
EPIDIOLEX SOLN 100 MG/ML	5	PA
EPRONTIA SOLN 25 MG/ML	4	MO
<i>ethosuximide caps 250 mg</i>	2	MO
<i>ethosuximide soln 250 mg/5ml</i>	2	MO
<i>felbamate susp 600 mg/5ml</i>	5	MO
<i>felbamate tabs 400 mg</i>	2	MO
<i>felbamate tabs 600 mg</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

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

Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine starter kit-blue kit 35 x 25 mg</i>	2	MO
<i>lamotrigine starter kit-green kit 84 x 25 mg &amp; 14x100 mg</i>	2	MO
<i>lamotrigine starter kit-orange kit 42 x 25 mg &amp; 7 x 100 mg</i>	2	MO
<i>lamotrigine tabs 100 mg</i>	2	MO
<i>lamotrigine tabs 150 mg</i>	2	MO
<i>lamotrigine tabs 200 mg</i>	2	MO
<i>lamotrigine tabs 25 mg</i>	2	MO
<i>lamotrigine tbdp 100 mg</i>	2	MO
<i>lamotrigine tbdp 200 mg</i>	2	MO
<i>lamotrigine tbdp 25 mg</i>	2	MO
<i>lamotrigine tbdp 50 mg</i>	2	MO
<i>levetiracetam er tb24 500 mg</i>	2	MO
<i>levetiracetam er tb24 750 mg</i>	2	MO
<i>levetiracetam in nacl soln 1000 mg/100ml</i>	2	
<i>levetiracetam in nacl soln 1500 mg/100ml</i>	2	
LEVETIRACETAM IN NACL SOLN 250 MG/50ML	4	
<i>levetiracetam in nacl soln 500 mg/100ml</i>	2	
<i>levetiracetam soln 100 mg/ml</i>	2	MO
<i>levetiracetam soln 500 mg/5ml</i>	2	
<i>levetiracetam tabs 1000 mg</i>	2	MO
<i>levetiracetam tabs 250 mg</i>	2	MO
<i>levetiracetam tabs 500 mg</i>	2	MO
<i>levetiracetam tabs 750 mg</i>	2	MO
LIBERVANT FILM 10 MG	4	NDS
LIBERVANT FILM 12.5 MG	4	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
LIBERVANT FILM 15 MG	4	NDS
LIBERVANT FILM 5 MG	4	NDS
LIBERVANT FILM 7.5 MG	4	NDS
<i>magnesium sulfate soln 4 gm/50ml</i>	2	
<i>magnesium sulfate soln 50 %</i>	2	HI
MOTPOLY XR CP24 100 MG	4	MO
MOTPOLY XR CP24 150 MG	5	
MOTPOLY XR CP24 200 MG	5	
NAYZILAM SOLN 5 MG/0.1ML	5	NDS
<i>oxcarbazepine susp 300 mg/5ml</i>	2	MO
<i>oxcarbazepine tabs 150 mg</i>	2	MO
<i>oxcarbazepine tabs 300 mg</i>	2	MO
<i>oxcarbazepine tabs 600 mg</i>	2	MO
PEGANONE TABS 250 MG	4	MO
<i>phenytek caps 200 mg</i>	2	MO
<i>phenytek caps 300 mg</i>	2	MO
<i>phenytoin chew 50 mg</i>	2	MO
<i>phenytoin sodium extended caps 100 mg</i>	2	MO
<i>phenytoin sodium extended caps 200 mg</i>	2	MO
<i>phenytoin sodium extended caps 300 mg</i>	2	MO
<i>phenytoin sodium soln 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	MO
<i>pregabalin caps 100 mg</i>	2	MO
<i>pregabalin caps 150 mg</i>	2	MO
<i>pregabalin caps 200 mg</i>	2	MO
<i>pregabalin caps 225 mg</i>	2	MO
<i>pregabalin caps 25 mg</i>	2	MO
<i>pregabalin caps 300 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>pregabalin caps 50 mg</i>	2	MO
<i>pregabalin caps 75 mg</i>	2	MO
<i>pregabalin soln 20 mg/ml</i>	2	MO
PRIMIDONE TABS 125 MG	4	MO
<i>primidone tabs 250 mg</i>	2	MO
<i>primidone tabs 50 mg</i>	2	MO
<i>roweepra tabs 500 mg</i>	2	MO
<i>roweepra tabs 750 mg</i>	2	MO
<i>roweepra xr tb24 500 mg</i>	2	MO
<i>roweepra xr tb24 750 mg</i>	2	MO
<i>rufinamide susp 40 mg/ml</i>	5	
<i>rufinamide tabs 200 mg</i>	4	
<i>rufinamide tabs 400 mg</i>	5	
SPRITAM TB3D 1000 MG	4	NDS
SPRITAM TB3D 250 MG	4	MO
SPRITAM TB3D 500 MG	4	MO
SPRITAM TB3D 750 MG	4	NDS
<i>subvenite starter kit-blue kit 35 x 25 mg</i>	2	MO
<i>subvenite starter kit-green kit 84 x 25 mg &amp; 14x100 mg</i>	2	MO
<i>subvenite starter kit-orange kit 42 x 25 mg &amp; 7 x 100 mg</i>	2	MO
<i>subvenite tabs 100 mg</i>	2	MO
<i>subvenite tabs 150 mg</i>	2	MO
<i>subvenite tabs 200 mg</i>	2	MO
<i>subvenite tabs 25 mg</i>	2	MO
SYMPAZAN FILM 10 MG	5	
SYMPAZAN FILM 20 MG	5	
SYMPAZAN FILM 5 MG	5	
TIAGABINE HCL TABS 12 MG	2	MO
TIAGABINE HCL TABS 16 MG	2	MO
<i>tiagabine hcl tabs 2 mg</i>	2	MO
<i>tiagabine hcl tabs 4 mg</i>	2	MO
<i>topiramate cpsp 15 mg</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.



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

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

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
SUMATRIPTAN SOLN 5 MG/ACT	2	
SUMATRIPTAN SUCCINATE REFILL SOCT 6 MG/0.5ML	2	
<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	2	
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	2	
SUMATRIPTAN SUCCINATE SOSY 6 MG/0.5ML	2	
<i>sumatriptan succinate tabs 100 mg</i>	2	
<i>sumatriptan succinate tabs 25 mg</i>	2	
<i>sumatriptan succinate tabs 50 mg</i>	2	
UBRELVY TABS 100 MG	4	
UBRELVY TABS 50 MG	5	NDS
ZAVZPRET SOLN 10 MG/ACT	5	NDS
<i>zolmitriptan tabs 2.5 mg</i>	2	
<i>zolmitriptan tabs 5 mg</i>	2	
<i>zolmitriptan tbdp 2.5 mg</i>	2	
<i>zolmitriptan tbdp 5 mg</i>	2	
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl caps 100 mg</i>	2	MO
<i>amantadine hcl soln 50 mg/5ml</i>	2	MO
<i>amantadine hcl tabs 100 mg</i>	2	MO
APOKYN SOCT 30 MG/3ML	5	NDS
<i>apomorphine hcl soct 30 mg/3ml</i>	5	NDS
<i>benztropine mesylate soln 1 mg/ml</i>	2	
<i>benztropine mesylate tabs 0.5 mg</i>	2	MO
<i>benztropine mesylate tabs 1 mg</i>	2	MO
<i>benztropine mesylate tabs 2 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>bromocriptine mesylate caps 5 mg</i>	2	MO
<i>bromocriptine mesylate tabs 2.5 mg</i>	2	MO
<i>cabergoline tabs 0.5 mg</i>	2	MO
<i>carbidopa tabs 25 mg</i>	2	MO
<i>carbidopa-levodopa er tbcr 25-100 mg</i>	2	MO
<i>carbidopa-levodopa er tbcr 50-200 mg</i>	2	MO
<i>carbidopa-levodopa tabs 10-100 mg</i>	2	MO
<i>carbidopa-levodopa tabs 25-100 mg</i>	2	MO
<i>carbidopa-levodopa tabs 25-250 mg</i>	2	MO
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	2	MO
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	2	MO
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	2	MO
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	2	MO
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	2	MO
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	2	MO
EMSAM PT24 12 MG/24HR	5	NDS
EMSAM PT24 6 MG/24HR	5	NDS
EMSAM PT24 9 MG/24HR	5	NDS
<i>entacapone tabs 200 mg</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
INBRIJA CAPS 42 MG	5	NDS
KYNMOBI FILM 10 MG	5	NDS
KYNMOBI FILM 15 MG	5	NDS
KYNMOBI FILM 20 MG	5	NDS
KYNMOBI FILM 25 MG	5	NDS
KYNMOBI FILM 30 MG	5	NDS
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 1 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	2	MO
<i>rasagiline mesylate tabs 0.5 mg</i>	2	MO
<i>rasagiline mesylate tabs 1 mg</i>	2	MO
<i>ropinirole hcl er tb24 12 mg</i>	2	MO
<i>ropinirole hcl er tb24 2 mg</i>	2	MO
<i>ropinirole hcl er tb24 4 mg</i>	2	MO
<i>ropinirole hcl er tb24 6 mg</i>	2	MO
<i>ropinirole hcl er tb24 8 mg</i>	2	MO
<i>ropinirole hcl tabs 0.25 mg</i>	2	MO
<i>ropinirole hcl tabs 0.5 mg</i>	2	MO
<i>ropinirole hcl tabs 1 mg</i>	2	MO
<i>ropinirole hcl tabs 2 mg</i>	2	MO
<i>ropinirole hcl tabs 3 mg</i>	2	MO
<i>ropinirole hcl tabs 4 mg</i>	2	MO
<i>ropinirole hcl tabs 5 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>selegiline hcl caps 5 mg</i>	2	MO
<i>selegiline hcl tabs 5 mg</i>	2	MO
<i>tolcapone tabs 100 mg</i>	5	MO
TRIHXYPHENIDYL HCL SOLN 0.4 MG/ML	2	MO
<i>trihexyphenidyl hcl tabs 2 mg</i>	2	MO
<i>trihexyphenidyl hcl tabs 5 mg</i>	2	MO
ZELAPAR TBDP 1.25 MG	5	MO
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>		
<i>alprazolam tabs 0.25 mg</i>	2	NDS
<i>alprazolam tabs 0.5 mg</i>	2	NDS
<i>alprazolam tabs 1 mg</i>	2	NDS
<i>alprazolam tabs 2 mg</i>	2	NDS
<i>bupirone hcl tabs 10 mg</i>	1	
<i>bupirone hcl tabs 15 mg</i>	1	
<i>bupirone hcl tabs 30 mg</i>	1	
<i>bupirone hcl tabs 5 mg</i>	1	
<i>bupirone hcl tabs 7.5 mg</i>	1	
<i>chlordiazepoxide hcl caps 10 mg</i>	2	NDS
<i>chlordiazepoxide hcl caps 25 mg</i>	2	NDS
<i>chlordiazepoxide hcl caps 5 mg</i>	2	NDS
<i>clorazepate dipotassium tabs 15 mg</i>	2	NDS
<i>clorazepate dipotassium tabs 3.75 mg</i>	2	NDS
<i>clorazepate dipotassium tabs 7.5 mg</i>	2	NDS
<i>diazepam intensol conc 5 mg/ml</i>	2	NDS
<i>diazepam soln 5 mg/5ml</i>	2	NDS
<i>diazepam soln 5 mg/ml</i>	2	NDS
<i>diazepam tabs 10 mg</i>	2	NDS
<i>diazepam tabs 2 mg</i>	2	NDS
<i>diazepam tabs 5 mg</i>	2	NDS
DROPERIDOL SOLN 2.5 MG/ML	2	
<i>eszopiclone tabs 1 mg</i>	2	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>eszopiclone tabs 2 mg</i>	2	NDS
<i>eszopiclone tabs 3 mg</i>	2	NDS
HETLIOZ LQ SUSP 4 MG/ML	5	PA, NDS
HYDROXYZINE HCL SOLN 25 MG/ML	2	
HYDROXYZINE HCL SOLN 50 MG/ML	2	
<i>hydroxyzine hcl syrpf 10 mg/5ml</i>	2	
<i>hydroxyzine hcl tabs 10 mg</i>	2	
<i>hydroxyzine hcl tabs 25 mg</i>	2	
<i>hydroxyzine hcl tabs 50 mg</i>	2	
HYDROXYZINE PAMOATE CAPS 100 MG	2	
<i>hydroxyzine pamoate caps 25 mg</i>	2	
<i>hydroxyzine pamoate caps 50 mg</i>	2	
IGALMI FILM 120 MCG	4	NDS
IGALMI FILM 180 MCG	4	NDS
<i>lorazepam inj 4mg/ml</i>	2	NDS
<i>lorazepam intensol conc 2 mg/ml</i>	2	NDS
LORAZEPAM SOLN 2 MG/ML	2	NDS
<i>lorazepam tabs 0.5 mg</i>	2	NDS
<i>lorazepam tabs 1 mg</i>	2	NDS
<i>lorazepam tabs 2 mg</i>	2	NDS
<i>midazolam hcl (pf) soln 10 mg/2ml</i>	2	
<i>midazolam hcl (pf) soln 2 mg/2ml</i>	2	
<i>midazolam hcl (pf) soln 5 mg/ml</i>	2	
<i>midazolam hcl soln 10 mg/2ml</i>	2	
<i>midazolam hcl soln 2 mg/2ml</i>	2	
<i>midazolam hcl soln 25 mg/5ml</i>	2	

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

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
zolpidem tartrate tabs 10 mg	2	NDS
zolpidem tartrate tabs 5 mg	2	NDS
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>		
atomoxetine hcl caps 10 mg	2	MO
atomoxetine hcl caps 100 mg	2	MO
atomoxetine hcl caps 18 mg	2	MO
atomoxetine hcl caps 25 mg	2	MO
atomoxetine hcl caps 40 mg	2	MO
atomoxetine hcl caps 60 mg	2	MO
atomoxetine hcl caps 80 mg	2	MO
AUSTEDO TABS 12 MG	5	NDS
AUSTEDO TABS 6 MG	5	NDS
AUSTEDO TABS 9 MG	5	NDS
AUSTEDO XR PATIENT TITRATION TEPK 12 & 18 & 24 & 30 MG	5	NDS
AUSTEDO XR PATIENT TITRATION TEPK 6 & 12 & 24 MG	5	NDS
AUSTEDO XR TB24 12 MG	5	NDS
AUSTEDO XR TB24 18 MG	5	NDS
AUSTEDO XR TB24 24 MG	5	NDS
AUSTEDO XR TB24 30 MG	5	NDS
AUSTEDO XR TB24 36 MG	5	NDS
AUSTEDO XR TB24 42 MG	5	NDS
AUSTEDO XR TB24 48 MG	5	NDS
AUSTEDO XR TB24 6 MG	5	NDS
DAYBUE SOLN 200 MG/ML	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
edaravone soln 30 mg/100ml	5	NDS
EXSERVAN FILM 50 MG	5	NDS
flumazenil soln 0.5 mg/5ml	2	
flumazenil soln 1 mg/10ml	2	
guanfacine hcl er tb24 1 mg	2	MO
guanfacine hcl er tb24 2 mg	2	MO
guanfacine hcl er tb24 3 mg	2	MO
guanfacine hcl er tb24 4 mg	2	MO
INGREZZA CAPS 40 MG	5	NDS
INGREZZA CAPS 60 MG	5	NDS
INGREZZA CAPS 80 MG	5	NDS
INGREZZA CPPK 40 & 80 MG	5	NDS
INGREZZA CPSP 40 MG	5	NDS
INGREZZA CPSP 60 MG	5	NDS
INGREZZA CPSP 80 MG	5	NDS
LUMRYZ PACK 4.5 GM	5	PA, LD, NDS
LUMRYZ PACK 6 GM	5	PA, LD, NDS
LUMRYZ PACK 7.5 GM	5	PA, LD, NDS
LUMRYZ PACK 9 GM	5	PA, LD, NDS
memantine hcl soln 2 mg/ml	2	MO
memantine hcl tabs 10 mg	2	MO
MEMANTINE HCL TABS 28 x 5 MG & 21 X 10 MG	2	MO
memantine hcl tabs 5 mg	2	MO
NOURIANZ TABS 20 MG	5	NDS
NOURIANZ TABS 40 MG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
NUEDEXTA CAPS 20-10 MG	5	PA, NDS
QALSODY SOLN 100 MG/15ML	5	NDS
RADICAVA ORS STARTER KIT SUSP 105 MG/5ML	5	NDS
RADICAVA ORS SUSP 105 MG/5ML	5	NDS
RADICAVA SOLN 30 MG/100ML	5	NDS
RELYVRIO PACK 3-1 GM	5	NDS
<i>riluzole tabs 50 mg</i>	2	MO, NDS
SODIUM OXYBATE SOLN 500 MG/ML	5	PA, LD, NDS
TEGLUTIK SUSP 50 MG/10ML	5	NDS
<i>tetrabenazine tabs 12.5 mg</i>	4	MO
<i>tetrabenazine tabs 25 mg</i>	4	MO
TIGLUTIK SUSP 50 MG/10ML	5	NDS
XYREM SOLN 500 MG/ML	5	PA, LD, NDS
XYWAV SOLN 500 MG/ML	5	PA, NDS
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN AJKT 30 MCG/0.5ML	5	NDS
AVONEX PREFILLED PSKT 30 MCG/0.5ML	5	NDS
BAFIERTAM CPDR 95 MG	5	NDS
BETASERON KIT 0.3 MG	5	NDS
BRIUMVI SOLN 150 MG/6ML	5	
<i>dalfampridine er tb12 10 mg</i>	2	MO
<i>dimethyl fumarate cpdr 120 mg</i>	2	
<i>dimethyl fumarate cpdr 240 mg</i>	2	
<i>dimethyl fumarate starter pack cdpk 120 &amp; 240 mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
EXTAVIA KIT 0.3 MG	5	NDS
<i> fingolimod hcl caps 0.5 mg</i>	2	MO
GILENYA CAPS 0.25 MG	5	NDS
<i> glatopa sosy 20 mg/ml</i>	4	MO
<i> glatopa sosy 40 mg/ml</i>	4	MO
LEMTRADA SOLN 12 MG/1.2ML	5	NDS
MAYZENT STARTER PACK TBPK 12 x 0.25 MG	5	NDS
MAYZENT TABS 0.25 MG	5	NDS
MAYZENT TABS 1 MG	5	NDS
MAYZENT TABS 2 MG	5	NDS
OCREVUS SOLN 300 MG/10ML	5	
OCREVUS ZUNOVO SOLN 920-23000 MG-UT/23ML	5	
PLEGRIDY SOAJ 125 MCG/0.5ML	5	NDS
PLEGRIDY SOSY 125 MCG/0.5ML	5	NDS
PLEGRIDY STARTER PACK SOAJ 63 & 94 MCG/0.5ML	5	NDS
PLEGRIDY STARTER PACK SOSY 63 & 94 MCG/0.5ML	5	NDS
PONVORY STARTER PACK TBPK 2-3-4-5-6-7-8-9 & 10 MG	5	NDS
PONVORY TABS 20 MG	5	NDS
REBIF REBIDOSE SOAJ 22 MCG/0.5ML	5	NDS
REBIF REBIDOSE SOAJ 44 MCG/0.5ML	5	NDS
REBIF REBIDOSE TITRATION PACK SOAJ 6X8.8 & 6X22 MCG	5	NDS
REBIF TITRATION PACK SOSY 6X8.8 & 6X22 MCG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
TASCENSO ODT TBDP 0.25 MG	5	NDS
TASCENSO ODT TBDP 0.5 MG	5	NDS
teriflunomide tabs 14 mg	4	PA, MO
teriflunomide tabs 7 mg	4	PA, MO
ZEPOSIA 7-DAY STARTER PACK CPPK 4 x 0.23MG & 3 X 0.46MG	5	NDS
ZEPOSIA CAPS 0.92 MG	5	NDS
ZEPOSIA STARTER KIT CPPK 0.23MG & 0.46MG & 0.92MG	5	NDS
ZEPOSIA STARTER KIT CPPK 0.23MG & 0.46MG 0.92MG(21)	5	NDS
<b>OPIATE ANTAGONISTS</b>		
BELBUCA FILM 150 MCG	4	NDS
BELBUCA FILM 300 MCG	4	NDS
BELBUCA FILM 450 MCG	4	NDS
BELBUCA FILM 600 MCG	4	NDS
BELBUCA FILM 75 MCG	4	NDS
BELBUCA FILM 750 MCG	5	NDS
BELBUCA FILM 900 MCG	5	NDS
BRIXADI (WEEKLY) SOSY 16 MG/0.32ML	5	NDS
BRIXADI (WEEKLY) SOSY 24 MG/0.48ML	5	NDS
BRIXADI (WEEKLY) SOSY 32 MG/0.64ML	5	NDS
BRIXADI (WEEKLY) SOSY 8 MG/0.16ML	5	NDS
BRIXADI SOSY 128 MG/0.36ML	5	NDS
BRIXADI SOSY 64 MG/0.18ML	5	NDS
BRIXADI SOSY 96 MG/0.27ML	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
buprenorphine hcl subl 2 mg	2	NDS
buprenorphine hcl subl 8 mg	2	NDS
buprenorphine hcl-naloxone hcl subl 2-0.5 mg	2	NDS
buprenorphine hcl-naloxone hcl subl 8-2 mg	2	NDS
buprenorphine ptwk 10 mcg/hr	2	NDS
buprenorphine ptwk 15 mcg/hr	2	NDS
buprenorphine ptwk 20 mcg/hr	2	NDS
buprenorphine ptwk 5 mcg/hr	2	NDS
buprenorphine ptwk 7.5 mcg/hr	2	NDS
LOFEXIDINE HCL TABS 0.18 MG	5	NDS
naloxone hcl liqd 4 mg/0.1ml	2	
NALOXONE HCL SOCT 0.4 MG/ML	2	
naloxone hcl soln 0.4 mg/ml	2	
naloxone hcl sosy 2 mg/2ml	2	
naloxone inj 0.4mg/ml	2	
naltrexone hcl tabs 50 mg	2	
NARCAN LIQD 4 MG/0.1ML	3	
SUBLOCADE SOSY 100 MG/0.5ML	5	NDS
SUBLOCADE SOSY 300 MG/1.5ML	5	NDS
VIVITROL SUSR 380 MG	5	NDS
<b>PSYCHOTHERAPEUTIC AGENTS</b>		
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	5	
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	5	
ABILIFY MAINTENA PRSY 300 MG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MAINTENA PRSY 400 MG	5	NDS
ABILIFY MAINTENA SRER 300 MG	5	NDS
ABILIFY MAINTENA SRER 400 MG	5	NDS
ABILIFY MYCITE MAINTENANCE KIT TBPK 10 MG	5	NDS
ABILIFY MYCITE MAINTENANCE KIT TBPK 15 MG	5	NDS
ABILIFY MYCITE MAINTENANCE KIT TBPK 2 MG	5	NDS
ABILIFY MYCITE MAINTENANCE KIT TBPK 20 MG	5	NDS
ABILIFY MYCITE MAINTENANCE KIT TBPK 30 MG	5	NDS
ABILIFY MYCITE MAINTENANCE KIT TBPK 5 MG	5	NDS
ABILIFY MYCITE STARTER KIT TBPK 10 MG	5	NDS
ABILIFY MYCITE STARTER KIT TBPK 15 MG	5	NDS
ABILIFY MYCITE STARTER KIT TBPK 2 MG	5	NDS
ABILIFY MYCITE STARTER KIT TBPK 20 MG	5	NDS
ABILIFY MYCITE STARTER KIT TBPK 30 MG	5	NDS
ABILIFY MYCITE STARTER KIT TBPK 5 MG	5	NDS
ABILIFY MYCITE TABS 10 MG	5	NDS
ABILIFY MYCITE TABS 15 MG	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MYCITE TABS 2 MG	5	NDS
ABILIFY MYCITE TABS 20 MG	5	NDS
ABILIFY MYCITE TABS 30 MG	5	NDS
ABILIFY MYCITE TABS 5 MG	5	NDS
<i>amitriptyline hcl tabs 10 mg</i>	2	MO
<i>amitriptyline hcl tabs 100 mg</i>	2	MO
<i>amitriptyline hcl tabs 150 mg</i>	2	MO
<i>amitriptyline hcl tabs 25 mg</i>	2	MO
<i>amitriptyline hcl tabs 50 mg</i>	2	MO
<i>amitriptyline hcl tabs 75 mg</i>	2	MO
<i>amoxapine tabs 100 mg</i>	2	MO
<i>amoxapine tabs 150 mg</i>	2	MO
<i>amoxapine tabs 25 mg</i>	2	MO
<i>amoxapine tabs 50 mg</i>	2	MO
ALENZIN TB24 174 MG	5	MO
ALENZIN TB24 348 MG	5	MO
ALENZIN TB24 522 MG	5	MO
<i>aripiprazole soln 1 mg/ml</i>	2	MO
<i>aripiprazole tabs 10 mg</i>	2	MO
<i>aripiprazole tabs 15 mg</i>	2	MO
<i>aripiprazole tabs 2 mg</i>	2	MO
<i>aripiprazole tabs 20 mg</i>	2	MO
<i>aripiprazole tabs 30 mg</i>	2	MO
<i>aripiprazole tabs 5 mg</i>	2	MO
<i>aripiprazole tbdp 10 mg</i>	5	MO
<i>aripiprazole tbdp 15 mg</i>	5	MO
ARISTADA INITIO PRSY 675 MG/2.4ML	5	NDS
ARISTADA PRSY 1064 MG/3.9ML	5	NDS
ARISTADA PRSY 441 MG/1.6ML	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.



Drug Name	Drug Tier	Requirements/ Limits
ARISTADA PRSY 662 MG/2.4ML	5	NDS
ARISTADA PRSY 882 MG/3.2ML	5	NDS
ASENAPINE MALEATE SUBL 10 MG	2	MO
<i>asenapine maleate subl 2.5 mg</i>	2	MO
ASENAPINE MALEATE SUBL 5 MG	2	MO
AUVELITY TBCR 45-105 MG	4	MO
<i>bupropion hcl er (smoking det) tb12 150 mg</i>	2	MO
<i>bupropion hcl er (sr) tb12 100 mg</i>	2	MO
<i>bupropion hcl er (sr) tb12 150 mg</i>	2	MO
<i>bupropion hcl er (sr) tb12 200 mg</i>	2	MO
<i>bupropion hcl er (xl) tb24 150 mg</i>	2	MO
<i>bupropion hcl er (xl) tb24 300 mg</i>	2	MO
BUPROPION HCL ER (XL) TB24 450 MG	2	MO
<i>bupropion hcl tabs 100 mg</i>	2	MO
<i>bupropion hcl tabs 75 mg</i>	2	MO
CAPLYTA CAPS 10.5 MG	5	NDS
CAPLYTA CAPS 21 MG	5	NDS
CAPLYTA CAPS 42 MG	5	NDS
CHLORDIAZEPOXIDE-AMITRIPTYLINE TABS 10-25 MG	2	
CHLORDIAZEPOXIDE-AMITRIPTYLINE TABS 5-12.5 MG	2	
CHLORPROMAZINE HCL CONC 100 MG/ML	4	MO
CHLORPROMAZINE HCL CONC 30 MG/ML	4	MO
<i>chlorpromazine hcl soln 25 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpromazine hcl soln 50 mg/2ml</i>	2	
<i>chlorpromazine hcl tabs 10 mg</i>	2	MO
<i>chlorpromazine hcl tabs 100 mg</i>	2	MO
<i>chlorpromazine hcl tabs 200 mg</i>	2	MO
<i>chlorpromazine hcl tabs 25 mg</i>	2	MO
<i>chlorpromazine hcl tabs 50 mg</i>	2	MO
CITALOPRAM HYDROBROMIDE CAPS 30 MG	4	MO
<i>citalopram hydrobromide soln 10 mg/5ml</i>	2	MO
<i>citalopram hydrobromide tabs 10 mg</i>	1	MO
<i>citalopram hydrobromide tabs 20 mg</i>	1	MO
<i>citalopram hydrobromide tabs 40 mg</i>	1	MO
<i>clomipramine hcl caps 25 mg</i>	2	MO
<i>clomipramine hcl caps 50 mg</i>	2	MO
<i>clomipramine hcl caps 75 mg</i>	2	MO
<i>clozapine tabs 100 mg</i>	2	NDS
<i>clozapine tabs 200 mg</i>	2	NDS
<i>clozapine tabs 25 mg</i>	2	NDS
<i>clozapine tabs 50 mg</i>	2	NDS
<i>clozapine tbdp 100 mg</i>	2	NDS
CLOZAPINE TBDP 12.5 MG	2	NDS
<i>clozapine tbdp 150 mg</i>	2	NDS
<i>clozapine tbdp 200 mg</i>	2	NDS
<i>clozapine tbdp 25 mg</i>	2	NDS
COBENFY CAPS 100-20 MG	5	NDS
COBENFY CAPS 125-30 MG	5	NDS
COBENFY CAPS 50-20 MG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
COBENFY STARTER PACK CPPK 50-20 & 100-20 MG	5	NDS
<i>compro supp 25 mg</i>	2	MO
<i>desipramine hcl tabs 10 mg</i>	2	MO
<i>desipramine hcl tabs 100 mg</i>	2	MO
<i>desipramine hcl tabs 150 mg</i>	2	MO
<i>desipramine hcl tabs 25 mg</i>	2	MO
<i>desipramine hcl tabs 50 mg</i>	2	MO
<i>desipramine hcl tabs 75 mg</i>	2	MO
<i>desvenlafaxine succinate er tb24 100 mg</i>	2	MO
<i>desvenlafaxine succinate er tb24 25 mg</i>	2	MO
<i>desvenlafaxine succinate er tb24 50 mg</i>	2	MO
<i>doxepin hcl caps 10 mg</i>	2	MO
<i>doxepin hcl caps 100 mg</i>	2	MO
<i>doxepin hcl caps 150 mg</i>	2	MO
<i>doxepin hcl caps 25 mg</i>	2	MO
<i>doxepin hcl caps 50 mg</i>	2	MO
<i>doxepin hcl caps 75 mg</i>	2	MO
<i>doxepin hcl conc 10 mg/ml</i>	2	MO
<i>doxepin hcl tabs 3 mg</i>	2	MO
<i>doxepin hcl tabs 6 mg</i>	2	MO
DRIZALMA SPRINKLE CSDR 20 MG	4	
DRIZALMA SPRINKLE CSDR 30 MG	4	
DRIZALMA SPRINKLE CSDR 40 MG	4	
DRIZALMA SPRINKLE CSDR 60 MG	4	
<i>duloxetine hcl cpep 20 mg</i>	2	MO
<i>duloxetine hcl cpep 30 mg</i>	2	MO
<i>duloxetine hcl cpep 40 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>duloxetine hcl cpep 60 mg</i>	2	MO
<i>escitalopram oxalate soln 5 mg/5ml</i>	2	MO
<i>escitalopram oxalate tabs 10 mg</i>	1	MO
<i>escitalopram oxalate tabs 20 mg</i>	1	MO
<i>escitalopram oxalate tabs 5 mg</i>	1	MO
FANAPT TABS 1 MG	5	NDS
FANAPT TABS 10 MG	5	NDS
FANAPT TABS 12 MG	5	NDS
FANAPT TABS 2 MG	5	NDS
FANAPT TABS 4 MG	5	NDS
FANAPT TABS 6 MG	5	NDS
FANAPT TABS 8 MG	5	NDS
FANAPT TITRATION PACK TABS 1 & 2 & 4 & 6 MG	4	MO
FETZIMA CP24 120 MG	4	MO
FETZIMA CP24 20 MG	4	MO
FETZIMA CP24 40 MG	4	MO
FETZIMA CP24 80 MG	4	MO
FETZIMA TITRATION C4PK 20 & 40 MG	4	MO
FLUOXETINE HCL (PMDD) TABS 10 MG	2	MO
FLUOXETINE HCL (PMDD) TABS 20 MG	2	MO
<i>fluoxetine hcl caps 10 mg</i>	1	MO
<i>fluoxetine hcl caps 20 mg</i>	1	MO
<i>fluoxetine hcl caps 40 mg</i>	1	MO
FLUOXETINE HCL CPDR 90 MG	2	MO
<i>fluoxetine hcl soln 20 mg/5ml</i>	2	MO
<i>fluoxetine hcl tabs 10 mg</i>	2	MO
<i>fluoxetine hcl tabs 20 mg</i>	2	MO
<i>fluoxetine hcl tabs 60 mg</i>	2	MO
<i>fluphenazine decanoate soln 25 mg/ml</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

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

Drug Name	Drug Tier	Requirements/ Limits
<i>imipramine pamoate caps 125 mg</i>	2	MO
<i>imipramine pamoate caps 150 mg</i>	2	MO
<i>imipramine pamoate caps 75 mg</i>	2	MO
INVEGA HAFYERA SUSY 1092 MG/3.5ML	5	
INVEGA HAFYERA SUSY 1560 MG/5ML	5	
INVEGA SUSTENNA SUSY 117 MG/0.75ML	5	NDS
INVEGA SUSTENNA SUSY 156 MG/ML	5	NDS
INVEGA SUSTENNA SUSY 234 MG/1.5ML	5	NDS
INVEGA SUSTENNA SUSY 39 MG/0.25ML	4	
INVEGA SUSTENNA SUSY 78 MG/0.5ML	5	NDS
INVEGA TRINZA SUSY 273 MG/0.88ML	5	NDS
INVEGA TRINZA SUSY 410 MG/1.32ML	5	NDS
INVEGA TRINZA SUSY 546 MG/1.75ML	5	NDS
INVEGA TRINZA SUSY 819 MG/2.63ML	5	NDS
KHEDEZLA TAB 100MG ER	4	MO
KHEDEZLA TAB 50MG ER	4	MO
<i>lithium carbonate caps 150 mg</i>	2	MO
<i>lithium carbonate caps 300 mg</i>	2	MO
LITHIUM CARBONATE CAPS 600 MG	2	MO
<i>lithium carbonate er tbc 300 mg</i>	2	MO
<i>lithium carbonate er tbc 450 mg</i>	2	MO
LITHIUM CARBONATE TABS 300 MG	2	MO
<i>lithium soln 8 meq/5ml</i>	4	MO
<i>loxapine succinate caps 10 mg</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>loxapine succinate caps 25 mg</i>	2	MO
<i>loxapine succinate caps 5 mg</i>	2	MO
<i>loxapine succinate caps 50 mg</i>	2	MO
<i>lurasidone hcl tabs 120 mg</i>	2	MO
<i>lurasidone hcl tabs 20 mg</i>	2	MO
<i>lurasidone hcl tabs 40 mg</i>	2	MO
<i>lurasidone hcl tabs 60 mg</i>	2	MO
<i>lurasidone hcl tabs 80 mg</i>	2	MO
LYBALVI TABS 10-10 MG	5	NDS
LYBALVI TABS 15-10 MG	5	NDS
LYBALVI TABS 20-10 MG	5	NDS
LYBALVI TABS 5-10 MG	5	NDS
MAPROTILINE HCL TABS 25 MG	2	MO
MAPROTILINE HCL TABS 50 MG	2	MO
MAPROTILINE HCL TABS 75 MG	2	MO
MARPLAN TABS 10 MG	4	MO
<i>mirtazapine tabs 15 mg</i>	2	MO
<i>mirtazapine tabs 30 mg</i>	2	MO
<i>mirtazapine tabs 45 mg</i>	2	MO
<i>mirtazapine tabs 7.5 mg</i>	2	MO
<i>mirtazapine tbdp 15 mg</i>	2	MO
<i>mirtazapine tbdp 30 mg</i>	2	MO
<i>mirtazapine tbdp 45 mg</i>	2	MO
MOLINDONE HCL TABS 10 MG	2	MO
MOLINDONE HCL TABS 25 MG	2	MO
MOLINDONE HCL TABS 5 MG	2	MO
NEFAZODONE HCL TABS 100 MG	2	MO

Drug Name	Drug Tier	Requirements/ Limits
NEFAZODONE HCL TABS 150 MG	2	MO
NEFAZODONE HCL TABS 200 MG	2	MO
NEFAZODONE HCL TABS 250 MG	2	MO
NEFAZODONE HCL TABS 50 MG	2	MO
<i>nortriptyline hcl caps 10 mg</i>	2	MO
<i>nortriptyline hcl caps 25 mg</i>	2	MO
<i>nortriptyline hcl caps 50 mg</i>	2	MO
<i>nortriptyline hcl caps 75 mg</i>	2	MO
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	MO
NUPLAZID CAPS 34 MG	5	NDS
NUPLAZID TABS 10 MG	5	NDS
<i>olanzapine solr 10 mg</i>	2	
<i>olanzapine tabs 10 mg</i>	2	MO
<i>olanzapine tabs 15 mg</i>	2	MO
<i>olanzapine tabs 2.5 mg</i>	2	MO
<i>olanzapine tabs 20 mg</i>	2	MO
<i>olanzapine tabs 5 mg</i>	2	MO
<i>olanzapine tabs 7.5 mg</i>	2	MO
<i>olanzapine tbdp 10 mg</i>	2	MO
<i>olanzapine tbdp 15 mg</i>	2	MO
<i>olanzapine tbdp 20 mg</i>	2	MO
<i>olanzapine tbdp 5 mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps 12-25 mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps 12-50 mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps 3-25 mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps 6-25 mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps 6-50 mg</i>	2	MO
<i>paliperidone er tb24 1.5 mg</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>paliperidone er tb24 3 mg</i>	2	MO
<i>paliperidone er tb24 6 mg</i>	2	MO
<i>paliperidone er tb24 9 mg</i>	2	MO
<i>paroxetine hcl er tb24 12.5 mg</i>	2	MO
<i>paroxetine hcl er tb24 25 mg</i>	2	MO
<i>paroxetine hcl er tb24 37.5 mg</i>	2	MO
<i>paroxetine hcl susp 10 mg/5ml</i>	4	MO
<i>paroxetine hcl tabs 10 mg</i>	1	MO
<i>paroxetine hcl tabs 20 mg</i>	1	MO
<i>paroxetine hcl tabs 30 mg</i>	1	MO
<i>paroxetine hcl tabs 40 mg</i>	1	MO
<i>paroxetine mesylate caps 7.5 mg</i>	2	MO
<i>perphenazine tabs 16 mg</i>	2	MO
<i>perphenazine tabs 2 mg</i>	2	MO
<i>perphenazine tabs 4 mg</i>	2	MO
<i>perphenazine tabs 8 mg</i>	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 2-10 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 2-25 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-10 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-25 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-50 MG	2	MO
PERSERIS PRSY 120 MG	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
PERSERIS PRSY 90 MG	5	NDS
PHENELZINE SULFATE TABS 15 MG	2	MO
PIMOZIDE TABS 1 MG	2	MO
PIMOZIDE TABS 2 MG	2	MO
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	2	
PROCHLORPERAZINE EDISYLATE SOLN 50 MG/10ML	2	
<i>prochlorperazine maleate tabs 10 mg</i>	2	
<i>prochlorperazine maleate tabs 5 mg</i>	2	
<i>prochlorperazine supp 25 mg</i>	2	MO
<i>protriptyline hcl tabs 10 mg</i>	2	MO
<i>protriptyline hcl tabs 5 mg</i>	2	MO
<i>quetiapine fumarate er tb24 150 mg</i>	2	MO
<i>quetiapine fumarate er tb24 200 mg</i>	2	MO
<i>quetiapine fumarate er tb24 300 mg</i>	2	MO
<i>quetiapine fumarate er tb24 400 mg</i>	2	MO
<i>quetiapine fumarate er tb24 50 mg</i>	2	MO
<i>quetiapine fumarate tabs 100 mg</i>	2	MO
QUETIAPINE FUMARATE TABS 150 MG	2	MO
<i>quetiapine fumarate tabs 200 mg</i>	2	MO
<i>quetiapine fumarate tabs 25 mg</i>	2	MO
<i>quetiapine fumarate tabs 300 mg</i>	2	MO
<i>quetiapine fumarate tabs 400 mg</i>	2	MO
<i>quetiapine fumarate tabs 50 mg</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
REXULTI TABS 0.25 MG	5	NDS
REXULTI TABS 0.5 MG	5	NDS
REXULTI TABS 1 MG	5	NDS
REXULTI TABS 2 MG	5	NDS
REXULTI TABS 3 MG	5	NDS
REXULTI TABS 4 MG	5	NDS
RISPERDAL CONSTA SRER 12.5 MG	4	NDS
RISPERDAL CONSTA SRER 25 MG	5	NDS
RISPERDAL CONSTA SRER 37.5 MG	5	NDS
RISPERDAL CONSTA SRER 50 MG	5	NDS
<i>risperidone microspheres er srer 12.5 mg</i>	4	NDS
<i>risperidone microspheres er srer 25 mg</i>	5	NDS
<i>risperidone microspheres er srer 37.5 mg</i>	5	NDS
<i>risperidone microspheres er srer 50 mg</i>	5	NDS
<i>risperidone soln 1 mg/ml</i>	2	MO
<i>risperidone tabs 0.25 mg</i>	2	MO
<i>risperidone tabs 0.5 mg</i>	2	MO
<i>risperidone tabs 1 mg</i>	2	MO
<i>risperidone tabs 2 mg</i>	2	MO
<i>risperidone tabs 3 mg</i>	2	MO
<i>risperidone tabs 4 mg</i>	2	MO
RISPERIDONE TBDP 0.25 MG	2	MO
<i>risperidone tbdp 0.5 mg</i>	2	MO
<i>risperidone tbdp 1 mg</i>	2	MO
<i>risperidone tbdp 2 mg</i>	2	MO
<i>risperidone tbdp 3 mg</i>	2	MO
<i>risperidone tbdp 4 mg</i>	2	MO
RYKINDO SRER 25 MG	5	NDS
RYKINDO SRER 37.5 MG	5	NDS
RYKINDO SRER 50 MG	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
SECUADO PT24 3.8 MG/24HR	5	NDS
SECUADO PT24 5.7 MG/24HR	5	NDS
SECUADO PT24 7.6 MG/24HR	5	NDS
SERTRALINE HCL CAPS 150 MG	4	MO
SERTRALINE HCL CAPS 200 MG	4	MO
<i>sertraline hcl conc 20 mg/ml</i>	2	MO
<i>sertraline hcl tabs 100 mg</i>	1	MO
<i>sertraline hcl tabs 25 mg</i>	1	MO
<i>sertraline hcl tabs 50 mg</i>	1	MO
SPRAVATO (56 MG DOSE) SOPK 28 MG/DEVICE	5	NDS
SPRAVATO (84 MG DOSE) SOPK 28 MG/DEVICE	5	NDS
<i>thioridazine hcl tabs 10 mg</i>	2	MO
<i>thioridazine hcl tabs 100 mg</i>	2	MO
<i>thioridazine hcl tabs 25 mg</i>	2	MO
<i>thioridazine hcl tabs 50 mg</i>	2	MO
<i>thiothixene caps 1 mg</i>	2	MO
<i>thiothixene caps 10 mg</i>	2	MO
<i>thiothixene caps 2 mg</i>	2	MO
<i>thiothixene caps 5 mg</i>	2	MO
TOFRANIL TAB 10MG	2	MO
TOFRANIL TAB 25MG	2	MO
TOFRANIL TAB 50MG	2	MO
<i>tranylcypromine sulfate tabs 10 mg</i>	2	MO
<i>trazodone hcl tabs 100 mg</i>	1	MO
<i>trazodone hcl tabs 150 mg</i>	1	MO
<i>trazodone hcl tabs 300 mg</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>trazodone hcl tabs 50 mg</i>	1	MO
<i>trifluoperazine hcl tabs 1 mg</i>	2	MO
<i>trifluoperazine hcl tabs 10 mg</i>	2	MO
<i>trifluoperazine hcl tabs 2 mg</i>	2	MO
<i>trifluoperazine hcl tabs 5 mg</i>	2	MO
<i>trimipramine maleate caps 100 mg</i>	2	MO
<i>trimipramine maleate caps 25 mg</i>	2	MO
<i>trimipramine maleate caps 50 mg</i>	2	MO
TRINTELLIX TABS 10 MG	4	MO
TRINTELLIX TABS 20 MG	4	MO
TRINTELLIX TABS 5 MG	4	MO
UZEDY SUSY 100 MG/0.28ML	5	
UZEDY SUSY 125 MG/0.35ML	5	
UZEDY SUSY 150 MG/0.42ML	5	
UZEDY SUSY 200 MG/0.56ML	5	
UZEDY SUSY 250 MG/0.7ML	5	
UZEDY SUSY 50 MG/0.14ML	5	
UZEDY SUSY 75 MG/0.21ML	5	
VENLAFAXINE BESYLATE ER TB24 112.5 MG	4	MO
<i>venlafaxine hcl er cp24 150 mg</i>	2	MO
<i>venlafaxine hcl er cp24 37.5 mg</i>	2	MO
<i>venlafaxine hcl er cp24 75 mg</i>	2	MO
<i>venlafaxine hcl er tb24 150 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl er tb24 225 mg</i>	2	MO
<i>venlafaxine hcl er tb24 37.5 mg</i>	2	MO
<i>venlafaxine hcl er tb24 75 mg</i>	2	MO
<i>venlafaxine hcl tabs 100 mg</i>	2	MO
<i>venlafaxine hcl tabs 25 mg</i>	2	MO
<i>venlafaxine hcl tabs 37.5 mg</i>	2	MO
<i>venlafaxine hcl tabs 50 mg</i>	2	MO
<i>venlafaxine hcl tabs 75 mg</i>	2	MO
VERSACLOZ SUSP 50 MG/ML	5	
VIIBRYD STARTER PACK KIT 10 & 20 MG	4	MO
<i>vilazodone hcl tabs 10 mg</i>	4	MO
<i>vilazodone hcl tabs 20 mg</i>	4	MO
<i>vilazodone hcl tabs 40 mg</i>	4	MO
VRAYLAR CAPS 1.5 MG	5	NDS
VRAYLAR CAPS 3 MG	5	NDS
VRAYLAR CAPS 4.5 MG	5	NDS
VRAYLAR CAPS 6 MG	5	NDS
VRAYLAR CPPK 1.5 & 3 MG	4	NDS
<i>ziprasidone hcl caps 20 mg</i>	2	MO
<i>ziprasidone hcl caps 40 mg</i>	2	MO
<i>ziprasidone hcl caps 60 mg</i>	2	MO
<i>ziprasidone hcl caps 80 mg</i>	2	MO
<i>ziprasidone mesylate solr 20 mg</i>	2	
ZURZUVAE CAPS 20 MG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
ZURZUVAE CAPS 25 MG	5	NDS
ZURZUVAE CAPS 30 MG	5	NDS
ZYPREXA RELPREVV SUSR 210 MG	4	
<b>DIABETIC SUPPLIES</b>		
<b>DIABETIC SUPPLIES</b>		
ALCOHOL PREP PADS 70 %	2	MO
BD INSULIN SYR ULTRAFINE II MISC 31G X 5/16" 0.3 ML	2	MO
BD INSULIN SYRINGE MISC 29G X 1/2" 1 ML	2	MO
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.5 ML	2	MO
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 1 ML	2	MO
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM	2	MO
CURITY GAUZE PADS 2"X2"	2	MO
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ACIDIFYING AND ALKALINIZING AGENTS</b>		
<i>pot &amp; sod cit-cit ac soln 550-500-334 mg/5ml</i>	2	
<i>potassium citrate er tbc 10 meq (1080 mg)</i>	2	MO
<i>potassium citrate er tbc 15 meq (1620 mg)</i>	2	MO
<i>potassium citrate er tbc 5 meq (540 mg)</i>	2	MO
<i>sod bicarb inj 4.2%</i>	2	
<i>sodium bicarbonate soln 8.4 %</i>	2	
<i>tricitrates soln 550-500-334 mg/5ml</i>	2	
<b>AMMONIA DETOXICANTS</b>		
<i>carglumic acid tbs 200 mg</i>	5	NDS
<i>enulose soln 10 gm/15ml</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>generlac soln 10 gm/15ml</i>	2	MO
<i>lactulose encephalopathy soln 10 gm/15ml</i>	2	MO
<i>lactulose soln 10 gm/15ml</i>	2	MO
LITHOSTAT TABS 250 MG	4	MO
OLPRUVA (2 GM DOSE) THPK 2 GM	5	NDS
OLPRUVA (3 GM DOSE) THPK 3 GM	5	NDS
OLPRUVA (4 GM DOSE) THPK 2 & 2 GM	5	NDS
OLPRUVA (5 GM DOSE) THPK 2 & 3 GM	5	NDS
OLPRUVA (6 GM DOSE) THPK 3 & 3 GM	5	NDS
OLPRUVA (6.67 GM DOSE) THPK 3 & 3.67 GM	5	NDS
PHEBURANE PLLT 483 MG/GM	5	NDS
RAVICTI LIQD 1.1 GM/ML	5	NDS
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	5	NDS
<i>sodium phenylbutyrate tabs 500 mg</i>	5	NDS
<b>CALORIC AGENTS</b>		
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 %	3	HI
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 %	3	HI
CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 %	3	HI
CLINIMIX E/DEXTROSE (5/15) SOLN 5 %	3	HI
CLINIMIX E/DEXTROSE (5/20) SOLN 5 %	3	HI
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 %	3	HI
CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 %	3	HI
CLINIMIX/DEXTROSE (5/15) SOLN 5 %	3	HI

You can find information on what the abbreviations on this table mean by going to the beginning of this table.



Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX/DEXTROSE (5/20) SOLN 5 %	3	HI
<i>clinisol sf soln 15 %</i>	2	HI
DEXTROSE SOLN 10 %	2	HI
DEXTROSE SOLN 5 %	2	HI
DEXTROSE SOLN 50 %	2	
DEXTROSE SOLN 70 %	2	
INTRALIPID EMUL 20 %	2	HI
KABIVEN EMUL 3.3-10.8-3.9 %	5	NDS
NUTRILIPID EMUL 20 %	2	HI
<i>plenamine soln 15 %</i>	2	HI
PREMASOL SOLN 10 %	2	HI
PROCALAMINE SOLN 3 %	3	HI
TRAVASOL SOLN 10 %	2	HI
TROPHAMINE SOLN 10 %	3	HI
<b>DIURETICS</b>		
AMILORIDE HCL TABS 5 MG	2	MO
AMILORIDE-HYDROCHLOROTHIAZIDE TABS 5-50 MG	1	MO
<i>bumetanide soln 0.25 mg/ml</i>	2	
<i>bumetanide tabs 0.5 mg</i>	2	MO
<i>bumetanide tabs 1 mg</i>	2	MO
<i>bumetanide tabs 2 mg</i>	2	MO
CHLOROTHIAZ TAB 250MG	2	MO
CHLOROTHIAZ TAB 500MG	2	MO
<i>chlorthalidone tabs 25 mg</i>	2	MO
<i>chlorthalidone tabs 50 mg</i>	2	MO
<i>ethacrynic acid tabs 25 mg</i>	4	MO
<i>furosemide oral soln 10 mg/ml</i>	2	MO
<i>furosemide soln injection 10 mg/ml</i>	2	HI
FUROSEMIDE SOLN 8 MG/ML	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>furosemide tabs 20 mg</i>	1	MO
<i>furosemide tabs 40 mg</i>	1	MO
<i>furosemide tabs 80 mg</i>	1	MO
<i>hydrochlorothiazide caps 12.5 mg</i>	2	MO
<i>hydrochlorothiazide tabs 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tabs 25 mg</i>	1	MO
<i>hydrochlorothiazide tabs 50 mg</i>	1	MO
<i>indapamide tabs 1.25 mg</i>	1	MO
<i>indapamide tabs 2.5 mg</i>	1	MO
JYNARQUE TABS 15 MG	5	NDS
JYNARQUE TABS 30 MG	5	NDS
JYNARQUE TBPK 15 MG	5	NDS
JYNARQUE TBPK 30 & 15 MG	5	NDS
JYNARQUE TBPK 45 & 15 MG	5	NDS
JYNARQUE TBPK 60 & 30 MG	5	NDS
JYNARQUE TBPK 90 & 30 MG	5	NDS
MANNITOL SOLN 20 %	2	
MANNITOL SOLN 25 %	2	
<i>metolazone tabs 10 mg</i>	2	MO
<i>metolazone tabs 2.5 mg</i>	2	MO
<i>metolazone tabs 5 mg</i>	2	MO
OSMITROL SOLN 20 %	2	
<i>tolvaptan tabs 15 mg</i>	5	NDS
<i>tolvaptan tabs 30 mg</i>	5	NDS
<i>toremide tabs 10 mg</i>	2	MO
<i>toremide tabs 100 mg</i>	2	MO
<i>toremide tabs 20 mg</i>	2	MO
<i>toremide tabs 5 mg</i>	2	MO
TRIAMTERENE CAPS 100 MG	2	MO
TRIAMTERENE CAPS 50 MG	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene-hctz caps 37.5-25 mg</i>	1	MO
<i>triamterene-hctz tabs 37.5-25 mg</i>	1	MO
<i>triamterene-hctz tabs 75-50 mg</i>	1	MO
<b>ION-REMOVING AGENTS</b>		
AURYXIA TABS 1 GM 210 MG(Fe)	5	PA, MO, NDS
<i>kionex susp 15 gm/60ml</i>	2	MO
<i>lanthanum carbonate chew 1000 mg</i>	4	MO
<i>lanthanum carbonate chew 500 mg</i>	4	MO
<i>lanthanum carbonate chew 750 mg</i>	4	MO
LOKELMA PACK 10 GM	4	MO
LOKELMA PACK 5 GM	4	MO
<i>sevelamer carbonate pack 0.8 gm</i>	2	MO
<i>sevelamer carbonate pack 2.4 gm</i>	2	MO
<i>sevelamer carbonate tabs 800 mg</i>	2	MO
<i>sodium polystyrene sulfonate powd</i>	2	MO
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	2	MO
<i>sps (sodium polystyrene sulf) susp 15 gm/60ml</i>	2	MO
VELPHORO CHEW 500 MG	5	NDS
XPHOZAH TABS 20 MG	5	NDS
XPHOZAH TABS 30 MG	5	NDS
<b>REPLACEMENT PREPARATIONS</b>		
<i>calcium acetate (phos binder) caps 667 mg</i>	2	MO
<i>calcium acetate tabs 667 mg</i>	2	MO
DEXTROSE IN LACTATED RINGERS SOLN 5 %	2	
DEXTROSE-SODIUM CHLORIDE SOLN 10-0.45 %	3	HI

Drug Name	Drug Tier	Requirements/ Limits
DEXTROSE-SODIUM CHLORIDE SOLN 2.5-0.45 %	2	HI
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.2 %	2	HI
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.45 %	2	HI
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.9 %	2	HI
KCL (0.149%) IN NACL SOLN 20-0.9 MEQ/L-%	2	HI
KCL (0.298%) IN NACL SOLN 40-0.9 MEQ/L-%	2	HI
<i>kcl in dextrose-nacl soln 10-5-0.45 meq/l-%-%</i>	2	HI
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-%	2	HI
<i>kcl in dextrose-nacl soln 20-5-0.45 meq/l-%-%</i>	2	HI
<i>kcl in dextrose-nacl soln 20-5-0.9 meq/l-%-%</i>	2	HI
<i>kcl in dextrose-nacl soln 30-5-0.45 meq/l-%-%</i>	2	HI
<i>kcl in dextrose-nacl soln 40-5-0.45 meq/l-%-%</i>	2	HI
<i>kcl in dextrose-nacl soln 40-5-0.9 meq/l-%-%</i>	2	HI
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L	3	HI
KLOR-CON 10 TBCR 10 MEQ	2	MO
KLOR-CON TBCR 8 MEQ	2	MO
LACTATED RINGERS SOLN	2	
<i>magnesium sulfate in d5w soln 1-5 gm/100ml-%</i>	2	
PHOSLYRA SOLN 667 MG/5ML	3	MO
PLASMA-LYTE 148 SOLN	3	HI

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
PLASMA-LYTE A SOLN	3	HI
POKONZA PACK 10 MEQ	5	NDS
POTASSIUM ACETATE SOLN 2 MEQ/ML	2	
<i>potassium chloride crys er tbc</i> 10 meq	2	MO
<i>potassium chloride crys er tbc</i> 20 meq	2	MO
<i>potassium chloride er cpcr</i> 10 meq	2	MO
<i>potassium chloride er cpcr</i> 8 meq	2	MO
<i>potassium chloride er tbc</i> 10 meq	2	MO
<i>potassium chloride er tbc</i> 20 meq	2	MO
POTASSIUM CHLORIDE ER TBCR 8 MEQ	2	MO
<i>potassium chloride in nacl soln</i> 20-0.9 meq/l-%	2	HI
<i>potassium chloride in nacl soln</i> 40-0.9 meq/l-%	2	HI
<i>potassium chloride pack</i> 20 meq	2	MO
POTASSIUM CHLORIDE SOLN 10 MEQ/100ML	2	HI
<i>potassium chloride soln</i> 2 meq/ml	2	HI
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML	2	HI
<i>potassium chloride soln</i> 20 meq/15ml (10%)	2	MO
POTASSIUM CHLORIDE SOLN 40 MEQ/100ML	2	HI
<i>potassium chloride soln</i> 40 meq/15ml (20%)	2	MO
<i>potassium cl in dextrose</i> 5% soln 20 meq/l	2	HI
<i>potassium phosphates</i> (66 meq k) soln 45 mmole/15ml	2	
RINGERS SOLN	2	

Drug Name	Drug Tier	Requirements/ Limits
SODIUM CHLORIDE (PF) SOLN 0.9 %	2	
SODIUM CHLORIDE SOLN 0.45 %	2	HI
<i>sodium chloride soln</i> 0.9 %	2	HI
SODIUM CHLORIDE SOLN 3 %	2	HI
<i>sodium chloride soln</i> 4 meq/ml	2	
SODIUM CHLORIDE SOLN 5 %	2	HI
<i>sodium phosphates soln</i> 45 mmole/15ml	2	
<b>URICOSURIC AGENTS</b>		
<i>colchicine-probenecid tabs</i> 0.5-500 mg	2	MO
<i>probenecid tabs</i> 500 mg	2	MO
<b>ENZYMES</b>		
<b>ENZYMES</b>		
ADAGEN INJ 250/ML	3	
ADZYNMA KIT 1500 UNIT	5	NDS
ADZYNMA KIT 500 UNIT	5	NDS
ALDURAZYME SOLN 2.9 MG/5ML	5	NDS
CERDELGA CAPS 84 MG	5	NDS
CEREZYME SOLR 400 UNIT	5	NDS
CREON CPEP 12000-38000 UNIT	3	MO
CREON CPEP 24000-76000 UNIT	3	MO
CREON CPEP 3000-9500 UNIT	3	MO
CREON CPEP 36000-114000 UNIT	3	MO
CREON CPEP 6000-19000 UNIT	3	MO
ELAPRASE SOLN 6 MG/3ML	5	NDS
ELELYSO SOLR 200 UNIT	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
ELFABRIO SOLN 20 MG/10ML	5	NDS
ELFABRIO SOLN 5 MG/2.5ML	5	NDS
ELITEK SOLR 1.5 MG	3	
FABRAZYME SOLR 35 MG	5	NDS
FABRAZYME SOLR 5 MG	5	NDS
KANUMA SOLN 20 MG/10ML	5	NDS
LAMZEDE SOLR 10 MG	5	NDS
LUMIZYME SOLR 50 MG	5	NDS
<i>miglustat caps 100 mg</i>	5	NDS
NAGLAZYME SOLN 1 MG/ML	5	NDS
NEXVIAZYME SOLR 100 MG	5	NDS
PALYNZIQ SOSY 10 MG/0.5ML	5	NDS
PALYNZIQ SOSY 2.5 MG/0.5ML	5	NDS
PALYNZIQ SOSY 20 MG/ML	5	NDS
POMBILITI SOLR 105 MG	5	NDS
PULMOZYME SOLN 2.5 MG/2.5ML	5	PA, NDS
REVCIVI SOLN 2.4 MG/1.5ML	5	NDS
STRENSIQ SOLN 18 MG/0.45ML	5	LD, NDS
STRENSIQ SOLN 28 MG/0.7ML	5	LD, NDS
STRENSIQ SOLN 40 MG/ML	5	LD, NDS
STRENSIQ SOLN 80 MG/0.8ML	5	LD, NDS
SUCRAID SOLN 8500 UNIT/ML	5	LD
VIMIZIM SOLN 5 MG/5ML	5	NDS
VPRIV SOLR 400 UNIT	5	NDS
XENPOZYME SOLR 20 MG	5	NDS

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

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

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

Drug Name	Drug Tier	Requirements/ Limits
FML OINT 0.1 %	3	MO
<i>hydrocortisone-acetic acid soln 1-2 %</i>	2	MO
ILUVIEN IMPL 0.19 MG	5	
KETOROLAC TROMETHAMINE SOLN 0.4 %	2	MO
<i>ketorolac tromethamine soln 0.5 %</i>	2	MO
<i>mometasone furoate susp 50 mcg/act</i>	2	MO
NEOMYCIN-POLYMYXIN-DEXAMETH OINT 3.5-10000-0.1	2	MO
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	2	MO
<i>neomycin-polymyxin-hc soln 1 %</i>	2	MO
<i>neomycin-polymyxin-hc otic susp 3.5-10000-1</i>	2	MO
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSP 3.5-10000-1	2	MO
PRED MILD SUSP 0.12 %	3	MO
PRED-G S.O.P. OINT 0.3-0.6 %	3	MO
PRED-G SUSP 0.3-1 %	3	MO
PREDNISOLONE ACETATE SUSP 1 %	2	MO
PREDNISOLONE SODIUM PHOSPHATE SOLN 1 %	2	MO
RETISERT IMPL 0.59 MG	5	
SULFACETAMIDE-PREDNISOLONE SOLN 10-0.23 %	2	MO
TOBRADEX OINT 0.3-0.1 %	3	MO
<i>tobramycin-dexamethasone susp 0.3-0.1 %</i>	2	MO
VERKAZIA EMUL 0.1 %	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
VEVYE SOLN 0.1 %	5	NDS
YUTIQ IMPL 0.18 MG	5	
<b>ANTIALLERGIC AGENTS</b>		
<i>azelastine hcl soln 0.1 %</i>	2	MO
CROMOLYN SODIUM SOLN 4 %	2	MO
<b>ANTIGLAUCOMA AGENTS</b>		
<i>acetazolamide er cp12 500 mg</i>	2	MO
<i>acetazolamide sodium solr 500 mg</i>	2	
<i>acetazolamide tabs 125 mg</i>	2	MO
<i>acetazolamide tabs 250 mg</i>	2	MO
BETAXOLOL HCL SOLN 0.5 %	2	MO
<i>bimatoprost soln 0.03 %</i>	2	MO
<i>brimonidine tartrate soln 0.2 %</i>	1	MO
<i>dorzolamide hcl soln 2 %</i>	2	MO
<i>dorzolamide hcl-timolol mal soln 2-0.5 %</i>	1	MO
DURYSTA IMPL 10 MCG	5	NDS
<i>latanoprost soln 0.005 %</i>	1	MO
LEVOBUNOLOL HCL SOLN 0.5 %	2	MO
<i>methazolamide tabs 25 mg</i>	2	MO
<i>methazolamide tabs 50 mg</i>	2	MO
PHOSPHOLINE IODIDE SOLR 0.125 %	3	MO
PILOCARPINE HCL SOLN 1 %	2	MO
PILOCARPINE HCL SOLN 2 %	2	MO
PILOCARPINE HCL SOLN 4 %	2	MO
<i>timolol maleate soln 0.25 %</i>	1	MO
<i>timolol maleate soln 0.5 %</i>	1	MO
TRAVOPROST (BAK FREE) SOLN 0.004 %	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<b>EENT DRUGS, MISCELLANEOUS</b>		
<i>acetic acid soln 2 %</i>	2	MO
APRACLONIDINE HCL SOLN 0.5 %	2	MO
<i>atropine sulfate soln 1 %</i>	2	MO
BEOVU SOLN 6 MG/0.05ML	5	
BEOVU SOSY 6 MG/0.05ML	5	
BYOOVIZ SOLN 0.5 MG/0.05ML	5	NDS
CIMERLI SOLN 0.5 MG/0.05ML	5	NDS
CYSTADROPS SOLN 0.37 %	5	NDS
CYSTARAN SOLN 0.44 %	5	
EYLEA SOLN 2 MG/0.05ML	5	
EYLEA SOSY 2 MG/0.05ML	5	
IZERVAY SOLN 2 MG/0.1ML	5	NDS
LACRISERT INST 5 MG	3	MO
LUCENTIS SOLN 0.3 MG/0.05ML	5	NDS
LUCENTIS SOLN 0.5 MG/0.05ML	5	NDS
LUCENTIS SOSY 0.3 MG/0.05ML	5	NDS
LUCENTIS SOSY 0.5 MG/0.05ML	5	NDS
MIEBO SOLN 1.338 GM/ML	5	NDS
OXERVATE SOLN 0.002 %	5	NDS
PHENYLEPHRINE HCL SOLN 10 %	2	
PHENYLEPHRINE HCL SOLN 2.5 %	2	
SUSVIMO (IMPLANT 1ST FILL) SOLN 10 MG/0.1ML	5	
SUSVIMO (IMPLANT REFILL) SOLN 10 MG/0.1ML	5	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
SYFOVRE SOLN 15 MG/0.1ML	5	
TEPEZZA SOLR 500 MG	5	NDS
VABYSMO SOLN 6 MG/0.05ML	5	NDS
VABYSMO SOSY 6 MG/0.05ML	5	
<b>LOCAL ANESTHETICS</b>		
LIDOCAINE HCL SOLN 4 %	2	
<i>lidocaine viscous hcl soln 2 %</i>	2	MO
<i>proparacaine hcl soln 0.5 %</i>	2	MO
<i>tetracaine hcl soln 0.5 %</i>	2	
<b>GASTROINTESTINAL DRUGS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>alosetron hcl tabs 0.5 mg</i>	5	NDS
<i>alosetron hcl tabs 1 mg</i>	5	NDS
<i>balsalazide disodium caps 750 mg</i>	2	MO
DIPENTUM CAPS 250 MG	5	NDS
<i>mesalamine enem 4 gm</i>	2	MO
<i>mesalamine er cpcr 500 mg</i>	2	MO
<i>mesalamine supp 1000 mg</i>	2	MO
<i>mesalamine tbec 1.2 gm</i>	2	MO
PENTASA CPCR 250 MG	3	MO
PENTASA CPCR 500 MG	3	MO
<b>ANTIDIARRHEA AGENTS</b>		
DIPHENOXYLATE-ATROPINE LIQD 2.5-0.025 MG/5ML	2	
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	2	
XERMELO TABS 250 MG	5	LD, NDS
<b>ANTIEMETICS</b>		
<i>aprepitant caps 125 mg</i>	2	PA, NDS
<i>aprepitant caps 40 mg</i>	2	PA, NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>aprepitant caps 80 &amp; 125 mg</i>	2	PA, NDS
<i>aprepitant caps 80 mg</i>	2	PA, NDS
DIMENHYDRINATE SOLN 50 MG/ML	2	
<i>dronabinol caps 10 mg</i>	2	PA
<i>dronabinol caps 2.5 mg</i>	2	PA
<i>dronabinol caps 5 mg</i>	2	PA
<i>fosaprepitant dimeglumine solr 150 mg</i>	2	
<i>granisetron hcl tabs 1 mg</i>	2	PA
<i>meclizine hcl tabs 25 mg</i>	2	
<i>ondansetron hcl soln 4 mg/2ml</i>	2	
<i>ondansetron hcl soln 4 mg/5ml</i>	2	PA
ONDANSETRON HCL SOSY 4 MG/2ML	2	
<i>ondansetron hcl tabs 4 mg</i>	2	PA
<i>ondansetron hcl tabs 8 mg</i>	2	PA
<i>ondansetron inj 40/20ml</i>	2	
<i>ondansetron tbdp 4 mg</i>	2	PA
<i>ondansetron tbdp 8 mg</i>	2	PA
<i>scopolamine pt72 1 mg/3days</i>	2	MO
SYNDROS SOLN 5 MG/ML	5	PA, NDS
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		
<i>bismuth/metronidaz/tetra cyclin caps 140-125-125 mg</i>	4	
<i>cimetidine hcl soln 300 mg/5ml</i>	2	MO
<i>famotidine (pf) soln 20 mg/2ml</i>	2	
FAMOTIDINE PREMIXED SOLN 20-0.9 MG/50ML-%	2	
<i>famotidine soln 40 mg/4ml</i>	2	
<i>famotidine susr 40 mg/5ml</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>famotidine tabs 20 mg</i>	2	MO
<i>famotidine tabs 40 mg</i>	2	MO
<i>misoprostol tabs 100 mcg</i>	2	MO
<i>misoprostol tabs 200 mcg</i>	2	MO
NIZATIDINE SOLN 15 MG/ML	2	MO
<i>omeprazole cpdr 10 mg</i>	2	MO
<i>omeprazole cpdr 20 mg</i>	2	MO
<i>omeprazole cpdr 40 mg</i>	2	MO
PANTOPRAZOLE SODIUM SOLR 40 MG	2	
<i>pantoprazole sodium tbec 20 mg</i>	2	MO
<i>pantoprazole sodium tbec 40 mg</i>	2	MO
<i>sucralfate susp 1 gm/10ml</i>	2	MO
<i>sucralfate tabs 1 gm</i>	2	MO
<b>CATHARTICS AND LAXATIVES</b>		
GAVILYTE-C SOLR 240 GM	2	MO
<i>gavilyte-g solr 236 gm</i>	2	MO
<i>gavilyte-n with flavor pack solr 420 gm</i>	2	MO
<i>peg 3350 sol electrol</i>	2	MO
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i>	2	MO
PEG-3350/ELECTROLYTES SOLR 236 GM	2	MO
SUPREP BOWEL PREP KIT SOLN 17.5-3.13-1.6 GM/177ML	3	
<b>GI DRUGS, MISCELLANEOUS</b>		
BYLVAY (PELLETS) CPSP 200 MCG	5	NDS
BYLVAY (PELLETS) CPSP 600 MCG	5	NDS
BYLVAY CAPS 1200 MCG	5	NDS
BYLVAY CAPS 400 MCG	5	NDS
CHOLBAM CAPS 250 MG	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
CHOLBAM CAPS 50 MG	5	NDS
ENTYVIO PEN SOAJ 108 MG/0.68ML	5	NDS
ENTYVIO SOLR 300 MG	5	NDS
GATTEX KIT 5 MG	5	PA, NDS
GIMOTI SOLN 15 MG/ACT	5	NDS
IBSRELA TABS 50 MG	5	NDS
IQIRVO TABS 80 MG	5	NDS
LINZESS CAPS 145 MCG	4	MO
LINZESS CAPS 290 MCG	4	MO
LINZESS CAPS 72 MCG	4	MO
LIVDELZI CAPS 10 MG	5	NDS
LIVMARLI SOLN 9.5 MG/ML	5	NDS
<i>lubiprostone caps 24 mcg</i>	2	MO
<i>lubiprostone caps 8 mcg</i>	2	MO
<i>metoclopramide hcl soln 5 mg/5ml</i>	2	MO
<i>metoclopramide hcl soln 5 mg/ml</i>	2	
<i>metoclopramide hcl tabs 10 mg</i>	2	MO
<i>metoclopramide hcl tabs 5 mg</i>	2	MO
MOVANTIK TABS 25 MG	4	MO
OCALIVA TABS 10 MG	5	LD, NDS
OCALIVA TABS 5 MG	5	LD, NDS
OMVOH SOAJ 100 MG/ML	5	NDS
OMVOH SOLN 300 MG/15ML	5	NDS
OMVOH SOSY 100 MG/ML	5	NDS
RELISTOR SOLN 12 MG/0.6ML	5	NDS
RELTONE CAPS 200 MG	5	NDS
RELTONE CAPS 400 MG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.



Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI SOCT 180 MG/1.2ML	5	
SKYRIZI SOCT 360 MG/2.4ML	5	
SKYRIZI SOLN 600 MG/10ML	5	
TRULANCE TABS 3 MG	4	
URSODIOL CAPS 200 MG	5	NDS
<i>ursodiol caps 300 mg</i>	2	MO
URSODIOL CAPS 400 MG	5	NDS
<i>ursodiol tabs 250 mg</i>	2	MO
<i>ursodiol tabs 500 mg</i>	2	MO
VELSIPITY TABS 2 MG	5	NDS
VIBERZI TABS 100 MG	5	NDS
VIBERZI TABS 75 MG	5	NDS
<b>HEAVY METAL ANTAGONISTS</b>		
<b>HEAVY METAL ANTAGONISTS</b>		
CHEMET CAPS 100 MG	5	
<i>clovique caps 250 mg</i>	5	NDS
CUVRIOR TABS 300 MG	5	NDS
<i>deferasirox granules pack 180 mg</i>	5	NDS
<i>deferasirox granules pack 360 mg</i>	5	NDS
<i>deferasirox granules pack 90 mg</i>	4	
<i>deferasirox tabs 180 mg</i>	2	
<i>deferasirox tabs 360 mg</i>	2	
<i>deferasirox tabs 90 mg</i>	2	
<i>deferasirox tbso 125 mg</i>	2	
<i>deferasirox tbso 250 mg</i>	2	
<i>deferasirox tbso 500 mg</i>	2	
<i>deferiprone tabs 1000 mg</i>	5	NDS
<i>deferiprone tabs 500 mg</i>	5	NDS
<i>deferoxamine mesylate solr 2 gm</i>	2	
<i>deferoxamine mesylate solr 500 mg</i>	2	
FERRIPROX SOLN 100 MG/ML	5	LD, NDS

Drug Name	Drug Tier	Requirements/ Limits
FERRIPROX TABS 1000 MG	5	NDS
FERRIPROX TWICE-A-DAY TABS 1000 MG	5	NDS
<i>penicillamine caps 250 mg</i>	5	NDS
<i>penicillamine tabs 250 mg</i>	5	NDS
<i>trientine hcl caps 250 mg</i>	5	NDS
TRIENTINE HCL CAPS 500 MG	5	NDS
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>ADRENALS</b>		
AGAMREE SUSP 40 MG/ML	5	NDS
ALKINDI SPRINKLE CPSP 1 MG	5	NDS
ALKINDI SPRINKLE CPSP 2 MG	5	NDS
ALKINDI SPRINKLE CPSP 5 MG	5	NDS
<i>betamethasone sod phos &amp; acet susp 6 (3-3) mg/ml</i>	2	
<i>budesonide cpep 3 mg</i>	2	MO
BUDESONIDE ER TB24 9 MG	4	
CORTISONE AC TAB 25MG	2	MO
<i>deflazacort susp 22.75 mg/ml</i>	5	NDS
<i>deflazacort tabs 18 mg</i>	5	NDS
<i>deflazacort tabs 30 mg</i>	5	NDS
<i>deflazacort tabs 36 mg</i>	5	NDS
<i>deflazacort tabs 6 mg</i>	5	NDS
DEPO-MEDROL SUSP 20 MG/ML	3	
<i>dexamethasone elix 0.5 mg/5ml</i>	2	MO
DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	MO
DEXAMETHASONE SOD PHOS +RFID SOSY 4 MG/ML	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate soln 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate soln 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate soln 4 mg/ml</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE SOLN 4 MG/ML	2	
DEXAMETHASONE SOLN 0.5 MG/5ML	2	
<i>dexamethasone tabs 0.5 mg</i>	2	MO
<i>dexamethasone tabs 0.75 mg</i>	2	MO
<i>dexamethasone tabs 1 mg</i>	2	MO
<i>dexamethasone tabs 1.5 mg</i>	2	MO
<i>dexamethasone tabs 2 mg</i>	2	MO
<i>dexamethasone tabs 4 mg</i>	2	MO
<i>dexamethasone tabs 6 mg</i>	2	MO
EMFLAZA SUSP 22.75 MG/ML	5	LD, NDS
EMFLAZA TABS 18 MG	5	LD, NDS
EMFLAZA TABS 30 MG	5	LD, NDS
EMFLAZA TABS 36 MG	5	LD, NDS
EMFLAZA TABS 6 MG	5	LD, NDS
EOHILIA SUSP 2 MG/10ML	5	NDS
<i>fludrocortisone acetate tabs 0.1 mg</i>	2	MO
<i>hydrocortisone tabs 10 mg</i>	2	MO
<i>hydrocortisone tabs 20 mg</i>	2	MO
<i>hydrocortisone tabs 5 mg</i>	2	MO
KENALOG-10 SUSP 10 MG/ML	3	
MEDROL TABS 2 MG	3	MO
<i>methylpr ss inj 1000mg</i>	2	

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

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone tbpk 10 mg (48)</i>	2	
<i>prednisone tbpk 5 mg (21)</i>	2	
<i>prednisone tbpk 5 mg (48)</i>	2	
SOLU-CORTEF SOLR 100 MG	3	
SOLU-CORTEF SOLR 1000 MG	3	
SOLU-CORTEF SOLR 250 MG	3	
SOLU-CORTEF SOLR 500 MG	3	
SOLU-MEDROL INJ 2GM	3	
TARPEYO CPDR 4 MG	5	NDS
<i>triamcinolone acetonide susp 40 mg/ml</i>	2	
<b>ANDROGENS</b>		
ANADROL-50 TABS 50 MG	5	MO
<i>danazol caps 100 mg</i>	2	MO
<i>danazol caps 200 mg</i>	2	MO
<i>danazol caps 50 mg</i>	2	MO
<i>depo-testosterone soln 100 mg/ml</i>	2	MO
<i>depo-testosterone soln 200 mg/ml</i>	2	MO
METHITEST TABS 10 MG	5	NDS
<i>methyltestosterone caps 10 mg</i>	5	NDS
OXANDROLONE TABS 2.5 MG	2	MO
<i>testosterone cypionate soln 100 mg/ml</i>	2	MO
<i>testosterone cypionate soln 200 mg/ml</i>	2	MO
TESTOSTERONE ENANTHATE SOLN 200 MG/ML	2	MO
<i>testosterone gel 12.5 mg/act (1%)</i>	2	MO
<i>testosterone gel 20.25 mg/act (1.62%)</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone gel 25 mg/2.5gm (1%)</i>	2	MO
<i>testosterone gel 50 mg/5gm (1%)</i>	2	MO
<b>CONTRACEPTIVES</b>		
<i>apri tabs 0.15-30 mg-mcg</i>	2	MO
<i>aranelle tabs 0.5/1/0.5-35 mg-mcg</i>	2	MO
<i>aviane tabs 0.1-20 mg-mcg</i>	2	MO
<i>balziva tabs 0.4-35 mg-mcg</i>	2	MO
<i>cryselle-28 tabs 0.3-30 mg-mcg</i>	2	MO
<i>cyclafem 1/35 tabs 1-35 mg-mcg</i>	2	MO
<i>drospirenone-ethinyl estradiol tabs 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol tabs 3-0.03 mg</i>	2	MO
ELLA TABS 30 MG	3	MO
<i>eluryng ring 0.12-0.015 mg/24hr</i>	2	MO
<i>ethynodiol diac-eth estradiol tabs 1-50 mg-mcg</i>	2	MO
ETONOGESTREL-ETHINYL ESTRADIOL RING 0.12-0.015 MG/24HR	2	MO
<i>jolivette tab 0.35mg</i>	2	MO
<i>junel 1.5/30 tabs 1.5-30 mg-mcg</i>	2	MO
<i>junel 1/20 tabs 1-20 mg-mcg</i>	2	MO
<i>junel fe 1.5/30 tabs 1.5-30 mg-mcg</i>	2	MO
<i>junel fe 1/20 tabs 1-20 mg-mcg</i>	2	MO
<i>junel fe 24 tabs 1-20 mg-mcg(24)</i>	2	MO
<i>kelnor 1/35 tabs 1-35 mg-mcg</i>	2	MO
<i>kelnor 1/50 tabs 1-50 mg-mcg</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
LEENA TABS 0.5/1/0.5-35 MG-MCG	2	MO
levora 0.15/30 (28) tabs 0.15-30 mg-mcg	2	MO
loestrin 1/20 (21) tabs 1-20 mg-mcg	2	MO
lutera tabs 0.1-20 mg-mcg	2	MO
merzee caps 1-20 mg-mcg(24)	2	MO
microgestin 1/20 tabs 1-20 mg-mcg	2	MO
microgestin 24 fe tabs 1-20 mg-mcg	2	MO
microgestin fe 1.5/30 tabs 1.5-30 mg-mcg	2	MO
microgestin fe 1/20 tabs 1-20 mg-mcg	2	MO
necon 0.5/35 (28) tabs 0.5-35 mg-mcg	2	MO
nikki tabs 3-0.02 mg	2	MO
NORA-BE TABS 0.35 MG	2	MO
norethin ace-eth estrad-fe chew 1-20 mg-mcg(24)	2	MO
norethindrone tabs 0.35 mg	2	MO
nortrel 0.5/35 (28) tabs 0.5-35 mg-mcg	2	MO
nortrel 1/35 (21) tabs 1-35 mg-mcg	2	MO
nortrel 1/35 (28) tabs 1-35 mg-mcg	2	MO
nortrel 7/7/7 tabs 0.5/0.75/1-35 mg-mcg	2	MO
nylia 1/35 tabs 1-35 mg-mcg	2	MO
OCELLA TABS 3-0.03 MG	2	MO
OGESTREL TAB	2	MO
portia-28 tabs 0.15-30 mg-mcg	2	MO
reclipsen tabs 0.15-30 mg-mcg	2	MO
sprintec 28 tabs 0.25-35 mg-mcg	2	MO

Drug Name	Drug Tier	Requirements/ Limits
taysofy caps 1-20 mg-mcg(24)	2	MO
tri-lo-sprintec tabs 0.18/0.215/0.25 mg-25 mcg	2	MO
tri-sprintec tabs 0.18/0.215/0.25 mg-35 mcg	2	MO
trivora (28) tabs 50-30/75-40/ 125-30 mcg	2	MO
xulane ptwk 150-35 mcg/24hr	2	MO
<b>DIABETIC AGENTS</b>		
acarbose tabs 100 mg	2	MO
acarbose tabs 25 mg	2	MO
acarbose tabs 50 mg	2	MO
BAQSIMI ONE PACK POWD 3 MG/DOSE	3	
BAQSIMI TWO PACK POWD 3 MG/DOSE	3	
diazoxide susp 50 mg/ml	4	
glimepiride tabs 1 mg	1	MO
glimepiride tabs 2 mg	1	MO
glimepiride tabs 4 mg	1	MO
glipizide er tb24 10 mg	2	MO
glipizide er tb24 2.5 mg	2	MO
glipizide er tb24 5 mg	2	MO
glipizide tabs 10 mg	1	MO
glipizide tabs 5 mg	1	MO
glipizide-metformin hcl tabs 2.5-250 mg	1	MO
glipizide-metformin hcl tabs 2.5-500 mg	1	MO
glipizide-metformin hcl tabs 5-500 mg	1	MO
GLUCAGON EMERGENCY KIT 1 MG	2	
glyburide tabs 1.25 mg	2	MO
glyburide tabs 2.5 mg	2	MO
glyburide tabs 5 mg	2	MO
HUMALOG KWIKPEN SOPN 100 UNIT/ML	4	MO
HUMALOG SOCT 100 UNIT/ML	4	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG SOLN 100 UNIT/ML	3	MO
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML	2	MO
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML	2	MO
HUMULIN N KWIKPEN SUPN 100 UNIT/ML	2	MO
HUMULIN N SUSP 100 UNIT/ML	2	MO
HUMULIN R SOLN 100 UNIT/ML	2	MO
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML	3	MO
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML	3	MO
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML	2	MO
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML	2	MO
JARDIANCE TABS 10 MG	3	MO
JARDIANCE TABS 25 MG	3	MO
KORLYM TABS 300 MG	5	PA, LD, NDS
LIRAGLUTIDE SOPN 18 MG/3ML	3	PA, MO
<i>metformin hcl er tb24 500 mg</i>	1	MO
<i>metformin hcl er tb24 750 mg</i>	1	MO
<i>metformin hcl tabs 1000 mg</i>	1	MO
<i>metformin hcl tabs 500 mg</i>	1	MO
METFORMIN HCL TABS 625 MG	5	NDS
<i>metformin hcl tabs 850 mg</i>	1	MO
<i>nateglinide tabs 120 mg</i>	2	MO
<i>nateglinide tabs 60 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/1.5ML	3	PA, MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML	3	PA, MO
OZEMPIC (1 MG/DOSE) SOPN 2 MG/1.5ML	3	PA, MO
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	3	PA, MO
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	3	PA, MO
<i>pioglitazone hcl tabs 15 mg</i>	1	MO
<i>pioglitazone hcl tabs 30 mg</i>	1	MO
<i>pioglitazone hcl tabs 45 mg</i>	1	MO
<i>repaglinide tabs 0.5 mg</i>	2	MO
<i>repaglinide tabs 1 mg</i>	2	MO
<i>repaglinide tabs 2 mg</i>	2	MO
<i>saxagliptin hcl tabs 5 mg</i>	2	MO
SITAGLIPTIN TABS 100 MG	3	MO
SITAGLIPTIN TABS 25 MG	3	MO
SITAGLIPTIN TABS 50 MG	3	MO
SYMLINPEN 120 SOPN 2700 MCG/2.7ML	5	MO
SYMLINPEN 60 SOPN 1500 MCG/1.5ML	5	MO
TOLBUTAMIDE TABS 500 MG	2	MO
TRADJENTA TABS 5 MG	3	MO
TZIELD SOLN 2 MG/2ML	5	NDS
VICTOZA SOPN 18 MG/3ML	3	PA, MO
<b>ESTROGENS AND ANTIESTROGENS</b>		
CLIMARA PTWK 0.025 MG/24HR	2	MO
CLIMARA PTWK 0.0375 MG/24HR	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
CLIMARA PTWK 0.05 MG/24HR	2	MO
CLIMARA PTWK 0.06 MG/24HR	2	MO
CLIMARA PTWK 0.075 MG/24HR	2	MO
CLIMARA PTWK 0.1 MG/24HR	2	MO
DEPO-ESTRADIOL OIL 5 MG/ML	2	
<i>dotti pttw 0.025 mg/24hr</i>	2	MO
<i>dotti pttw 0.0375 mg/24hr</i>	2	MO
<i>dotti pttw 0.05 mg/24hr</i>	2	MO
<i>dotti pttw 0.075 mg/24hr</i>	2	MO
<i>dotti pttw 0.1 mg/24hr</i>	2	MO
ESTRACE CREA 0.1 MG/GM	2	MO
<i>estradiol crea 0.1 mg/gm</i>	2	MO
<i>estradiol pttw 0.025 mg/24hr</i>	2	MO
<i>estradiol pttw 0.0375 mg/24hr</i>	2	MO
ESTRADIOL PTTW 0.05 MG/24HR	2	MO
<i>estradiol pttw 0.075 mg/24hr</i>	2	MO
<i>estradiol pttw 0.1 mg/24hr</i>	2	MO
ESTRADIOL PTWK 0.025 MG/24HR	2	MO
ESTRADIOL PTWK 0.0375 MG/24HR	2	MO
ESTRADIOL PTWK 0.05 MG/24HR	2	MO
ESTRADIOL PTWK 0.06 MG/24HR	2	MO
ESTRADIOL PTWK 0.075 MG/24HR	2	MO
ESTRADIOL PTWK 0.1 MG/24HR	2	MO
<i>estradiol tabs 0.5 mg</i>	1	MO
<i>estradiol tabs 1 mg</i>	1	MO
<i>estradiol tabs 10 mcg</i>	2	MO
<i>estradiol tabs 2 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol valerate oil 20 mg/ml</i>	2	
<i>estradiol valerate oil 40 mg/ml</i>	2	
ESTRING RING 7.5 MCG/24HR	4	MO
<i>jinteli tabs 1-5 mg-mcg</i>	2	MO
PREMARIN SOLR 25 MG	3	
<i>raloxifene hcl tabs 60 mg</i>	2	MO
<i>yuvaferm tabs 10 mcg</i>	2	MO
<b>GONADOTROPINS</b>		
CHORIONIC GONADOTROPIN SOLR 10000 UNIT	4	PA
MYFEMBREE TABS 40-1-0.5 MG	5	NDS
ORGOVYX TABS 120 MG	5	NDS
ORILISSA TABS 150 MG	5	NDS
ORILISSA TABS 200 MG	5	NDS
TRIPTODUR SRER 22.5 MG	5	NDS
<b>OXYTOCICS</b>		
CARBOPROST TROMETHAMINE SOSY 250 MCG/ML	5	NDS
<i>methergine tabs 0.2 mg</i>	2	
<i>methylergonovine maleate soln 0.2 mg/ml</i>	2	
<i>methylergonovine maleate tabs 0.2 mg</i>	2	
MIFEPREX TABS 200 MG	2	
<i>mifepristone tabs 200 mg</i>	2	
OXYTOCIN SOLN 10 UNIT/ML	2	
<b>PARATHYROID</b>		
<i>calcitonin (salmon) soln 200 unit/act</i>	2	MO
<i>calcitonin (salmon) soln 200 unit/ml</i>	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>cinacalcet hcl tabs 30 mg</i>	2	
<i>cinacalcet hcl tabs 60 mg</i>	2	
<i>cinacalcet hcl tabs 90 mg</i>	2	
FORTEO SOPN 600 MCG/2.4ML	5	NDS
NATPARA CART 100 MCG	5	LD, NDS
NATPARA CART 25 MCG	5	LD, NDS
NATPARA CART 50 MCG	5	LD, NDS
NATPARA CART 75 MCG	5	LD, NDS
<i>teriparatide sopn 600 mcg/2.4ml</i>	5	NDS
TERIPARATIDE SOPN 620 MCG/2.48ML	5	NDS
YORVIPATH SOPN 168 MCG/0.56ML	5	NDS
YORVIPATH SOPN 294 MCG/0.98ML	5	NDS
YORVIPATH SOPN 420 MCG/1.4ML	5	NDS
<b>PITUITARY</b>		
ACTHAR GEL 80 UNIT/ML	5	PA, NDS
ACTHAR GEL AUIJ 40 UNIT/0.5ML	5	PA, NDS
ACTHAR GEL AUIJ 80 UNIT/ML	5	PA, NDS
CORTROPHIN GEL 80 UNIT/ML	5	PA, NDS
<i>desmopressin ace spray refrig soln 0.01 %</i>	2	MO
DESMOPRESSIN ACETATE SOLN 4 MCG/ML	2	
<i>desmopressin acetate spray soln 0.01 %</i>	2	
<i>desmopressin acetate tabs 0.1 mg</i>	2	MO
<i>desmopressin acetate tabs 0.2 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
NGENLA SOPN 24 MG/1.2ML	5	NDS
NGENLA SOPN 60 MG/1.2ML	5	NDS
SKYTROFA CART 11 MG	5	PA, NDS
SKYTROFA CART 13.3 MG	5	PA, NDS
SKYTROFA CART 3 MG	5	PA, NDS
SKYTROFA CART 3.6 MG	5	PA, NDS
SKYTROFA CART 4.3 MG	5	PA, NDS
SKYTROFA CART 5.2 MG	5	PA, NDS
SKYTROFA CART 6.3 MG	5	PA, NDS
SKYTROFA CART 7.6 MG	5	PA, NDS
SKYTROFA CART 9.1 MG	5	PA, NDS
SOGROYA SOPN 10 MG/1.5ML	5	PA, NDS
SOGROYA SOPN 15 MG/1.5ML	5	PA, NDS
SOGROYA SOPN 5 MG/1.5ML	5	PA, NDS
STIMATE SOLN 1.5 MG/ML	3	MO
SYNAREL SOLN 2 MG/ML	5	MO
<b>PROGESTINS</b>		
DEPO-PROVERA SUSP 400 MG/ML	3	
DEPO-SUBQ PROVERA 104 SUSY 104 MG/0.65ML	4	MO
ENDOMETRIN INST 100 MG	4	PA
<i>hydroxyprogesterone caproate oil 250 mg/ml</i>	2	
HYDROXYPROGESTERONE CAPROATE SOLN 1.25 GM/5ML	2	
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
MEDROXYPROGESTERONE ACETATE SUSY 150 MG/ML	2	
<i>medroxyprogesterone acetate tabs 10 mg</i>	2	MO
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	2	MO
<i>medroxyprogesterone acetate tabs 5 mg</i>	2	MO
<i>norethindrone acetate tabs 5 mg</i>	2	MO
<i>progesterone caps 100 mg</i>	2	MO
<i>progesterone caps 200 mg</i>	2	MO
<i>progesterone oil 50 mg/ml</i>	2	
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>		
EGRIFTA SOL 1MG	5	NDS
EGRIFTA SV SOLR 2 MG	5	NDS
HUMATROPE CART 12 MG	5	PA, NDS
HUMATROPE CART 24 MG	5	PA, NDS
HUMATROPE CART 6 MG	5	PA, NDS
HUMATROPE SOLR 5 MG	5	PA, NDS
INCRELEX SOLN 40 MG/4ML	5	NDS
LANREOTIDE ACETATE SOLN 120 MG/0.5ML	5	NDS
MYCAPSSA CPDR 20 MG	5	NDS
NORDITROPIN FLEXPLO SOPN 10 MG/1.5ML	5	PA, NDS
NORDITROPIN FLEXPLO SOPN 15 MG/1.5ML	5	PA, NDS
NORDITROPIN FLEXPLO SOPN 30 MG/3ML	5	PA, NDS

Drug Name	Drug Tier	Requirements/ Limits
NORDITROPIN FLEXPLO SOPN 5 MG/1.5ML	5	PA, NDS
<i>octreotide acetate kit 20 mg</i>	5	NDS
<i>octreotide acetate kit 30 mg</i>	5	NDS
<i>octreotide acetate soln 100 mcg/ml</i>	2	
<i>octreotide acetate soln 1000 mcg/ml</i>	5	
<i>octreotide acetate soln 200 mcg/ml</i>	2	
<i>octreotide acetate soln 50 mcg/ml</i>	2	
<i>octreotide acetate soln 500 mcg/ml</i>	5	
OMNITROPE SOCT 10 MG/1.5ML	2	PA
OMNITROPE SOCT 5 MG/1.5ML	2	PA
OMNITROPE SOLR 5.8 MG	2	PA
SANDOSTATIN LAR DEPOT KIT 10 MG	5	NDS
SANDOSTATIN LAR DEPOT KIT 20 MG	5	NDS
SANDOSTATIN LAR DEPOT KIT 30 MG	5	NDS
SIGNIFOR LAR SRER 10 MG	5	NDS
SIGNIFOR LAR SRER 20 MG	5	NDS
SIGNIFOR LAR SRER 30 MG	5	NDS
SIGNIFOR LAR SRER 40 MG	5	NDS
SIGNIFOR LAR SRER 60 MG	5	NDS
SIGNIFOR SOLN 0.3 MG/ML	5	NDS
SIGNIFOR SOLN 0.6 MG/ML	5	NDS
SIGNIFOR SOLN 0.9 MG/ML	5	NDS
SOMATULINE DEPOT SOLN 120 MG/0.5ML	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.



Drug Name	Drug Tier	Requirements/ Limits
SOMATULINE DEPOT SOLN 60 MG/0.2ML	5	NDS
SOMATULINE DEPOT SOLN 90 MG/0.3ML	5	NDS
SOMAVERT SOLR 10 MG	5	LD, NDS
SOMAVERT SOLR 15 MG	5	LD, NDS
SOMAVERT SOLR 20 MG	5	LD, NDS
SOMAVERT SOLR 25 MG	5	LD, NDS
SOMAVERT SOLR 30 MG	5	LD, NDS
ZORBTIVE SOLR 8.8 MG	5	PA, NDS
<b>THYROID AND ANTITHYROID AGENTS</b>		
LEVOTHYROXINE SODIUM SOLN 100 MCG/ML	5	NDS
LEVOTHYROXINE SODIUM SOLR 100 MCG	2	
LEVOTHYROXINE SODIUM SOLR 200 MCG	2	
LEVOTHYROXINE SODIUM SOLR 500 MCG	2	
<i>levothyroxine sodium tabs 100 mcg</i>	1	MO
<i>levothyroxine sodium tabs 112 mcg</i>	1	MO
<i>levothyroxine sodium tabs 125 mcg</i>	1	MO
<i>levothyroxine sodium tabs 137 mcg</i>	1	MO
<i>levothyroxine sodium tabs 150 mcg</i>	1	MO
<i>levothyroxine sodium tabs 175 mcg</i>	1	MO
<i>levothyroxine sodium tabs 200 mcg</i>	1	MO
<i>levothyroxine sodium tabs 25 mcg</i>	1	MO
<i>levothyroxine sodium tabs 300 mcg</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>levothyroxine sodium tabs 50 mcg</i>	1	MO
<i>levothyroxine sodium tabs 75 mcg</i>	1	MO
<i>levothyroxine sodium tabs 88 mcg</i>	1	MO
LEVOXYL TABS 137 MCG	2	MO
<i>liothyronine sodium tabs 25 mcg</i>	2	MO
<i>liothyronine sodium tabs 5 mcg</i>	2	MO
<i>liothyronine sodium tabs 50 mcg</i>	2	MO
<i>methimazole tabs 10 mg</i>	1	MO
<i>methimazole tabs 5 mg</i>	1	MO
<i>propylthiouracil tabs 50 mg</i>	2	MO
REZDIFFRA TABS 100 MG	5	NDS
REZDIFFRA TABS 60 MG	5	NDS
REZDIFFRA TABS 80 MG	5	NDS
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>5-ALPHA REDUCTASE INHIBITORS</b>		
<i>dutasteride caps 0.5 mg</i>	2	MO
<i>finasteride tabs 5 mg</i>	1	MO
<b>ANTIDOTES</b>		
<i>acetylcysteine soln 10 %</i>	2	PA, MO
<i>acetylcysteine soln 20 %</i>	2	PA, MO
ACETYLCYSTEINE SOLN 200 MG/ML	2	
KHAPZORY SOLR 175 MG	5	NDS
KHAPZORY SOLR 300 MG	5	NDS
<i>leucovorin calcium solr 100 mg</i>	2	
<i>leucovorin calcium solr 200 mg</i>	2	
<i>leucovorin calcium solr 350 mg</i>	2	
<i>leucovorin calcium solr 50 mg</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>leucovorin calcium tabs 10 mg</i>	2	MO
<i>leucovorin calcium tabs 25 mg</i>	2	MO
<i>leucovorin calcium tabs 5 mg</i>	2	MO
<i>levoleucovorin calcium solr 50 mg</i>	2	
PEDMARK SOLN 12.5 %	5	NDS
VISTOGARD PACK 10 GM	5	NDS
VORAXAZE SOLR 1000 UNIT	5	NDS
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol tabs 100 mg</i>	1	MO
<i>allopurinol tabs 300 mg</i>	1	MO
<i>colchicine tabs 0.6 mg</i>	2	MO
<i>febuxostat tabs 40 mg</i>	2	MO
<i>febuxostat tabs 80 mg</i>	2	MO
<b>BONE RESORPTION INHIBITORS</b>		
<i>alendronate sodium tabs 10 mg</i>	1	MO
<i>alendronate sodium tabs 35 mg</i>	1	MO
<i>alendronate sodium tabs 70 mg</i>	1	MO
ALENDRONATE TAB 40MG	2	MO
<i>pamidronate disodium soln 30 mg/10ml</i>	2	
PAMIDRONATE DISODIUM SOLN 6 MG/ML	2	
<i>pamidronate disodium soln 90 mg/10ml</i>	2	
PAMIDRONATE INJ 30MG	2	
PAMIDRONATE INJ 90MG	2	
XGEVA SOLN 120 MG/1.7ML	5	PA, NDS
<i>zoledronic acid conc 4 mg/5ml</i>	2	
ZOLEDRONIC ACID SOLN 4 MG/100ML	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>zoledronic acid soln 5 mg/100ml</i>	2	
<b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS</b>		
ABRILADA (1 PEN) AJKT 40 MG/0.8ML	5	NDS
ABRILADA (2 PEN) AJKT 40 MG/0.8ML	5	NDS
ABRILADA (2 SYRINGE) PSKT 20 MG/0.4ML	5	NDS
ABRILADA (2 SYRINGE) PSKT 40 MG/0.8ML	5	NDS
ACTEMRA ACTPEN SOAJ 162 MG/0.9ML	5	NDS
ACTEMRA SOSY 162 MG/0.9ML	5	NDS
ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML	5	NDS
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	5	NDS
ADALIMUMAB-AATY (2 PEN) AJKT 40 MG/0.4ML	5	NDS
ADALIMUMAB-AATY (2 SYRINGE) PSKT 20 MG/0.2ML	5	NDS
ADALIMUMAB-AATY (2 SYRINGE) PSKT 40 MG/0.4ML	5	NDS
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	5	NDS
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	5	NDS
ADALIMUMAB-ADBM (2 PEN) AJKT 40 MG/0.4ML	5	NDS
ADALIMUMAB-ADBM (2 PEN) AJKT 40 MG/0.8ML	5	NDS
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 10 MG/0.2ML	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

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

Drug Name	Drug Tier	Requirements/ Limits
AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.4ML	3	MO
AVSOLA SOLR 100 MG	5	NDS
CIBINQO TABS 100 MG	5	NDS
CIBINQO TABS 200 MG	5	NDS
CIBINQO TABS 50 MG	5	NDS
CIMZIA (2 SYRINGE) PSKT 200 MG/ML	5	PA, NDS
CIMZIA KIT 2 X 200 MG	5	PA, NDS
CIMZIA-STARTER PSKT 200 MG/ML	5	PA
CYLTEZO (2 PEN) AJKT 40 MG/0.4ML	5	NDS
CYLTEZO (2 PEN) AJKT 40 MG/0.8ML	5	NDS
CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML	5	NDS
CYLTEZO (2 SYRINGE) PSKT 20 MG/0.4ML	5	NDS
CYLTEZO (2 SYRINGE) PSKT 40 MG/0.4ML	5	NDS
CYLTEZO (2 SYRINGE) PSKT 40 MG/0.8ML	5	NDS
CYLTEZO-CD/UC/HS STARTER AJKT 40 MG/0.4ML	5	NDS
CYLTEZO-CD/UC/HS STARTER AJKT 40 MG/0.8ML	5	NDS
CYLTEZO-PSORIASIS/UV STARTER AJKT 40 MG/0.4ML	5	NDS
CYLTEZO-PSORIASIS/UV STARTER AJKT 40 MG/0.8ML	5	NDS
ENBREL MINI SOCT 50 MG/ML	5	NDS
ENBREL SOLN 25 MG/0.5ML	5	NDS
ENBREL SOLR 25 MG	5	NDS
ENBREL SOSY 25 MG/0.5ML	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SOSY 50 MG/ML	5	NDS
ENBREL SURECLICK SOAJ 50 MG/ML	5	NDS
HADLIMA PUSHTOUCH SOAJ 40 MG/0.4ML	5	NDS
HADLIMA PUSHTOUCH SOAJ 40 MG/0.8ML	5	NDS
HADLIMA SOSY 40 MG/0.4ML	5	NDS
HADLIMA SOSY 40 MG/0.8ML	5	NDS
HULIO (2 PEN) AJKT 40 MG/0.8ML	5	NDS
HULIO (2 SYRINGE) PSKT 20 MG/0.4ML	5	NDS
HULIO (2 SYRINGE) PSKT 40 MG/0.8ML	5	NDS
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	5	NDS
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	5	NDS
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	5	NDS
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML	5	NDS
HUMIRA (2 SYRINGE) PSKT 20 MG/0.2ML	5	NDS
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML	5	NDS
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	5	NDS
HUMIRA INJ 10MG/0.2	5	NDS
HUMIRA KIT 20MG/0.4	5	NDS
HUMIRA PEDIA INJ CROHNS	5	NDS
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	5	NDS
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	5	NDS
HUMIRA-PED<40KG CROHNS STARTER PSKT 80 MG/0.8ML & 40MG/0.4ML	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA-PED>=40KG CROHNS START PSKT 80 MG/0.8ML	5	NDS
HUMIRA-PED>=40KG UC STARTER AJKT 80 MG/0.8ML	5	NDS
HUMIRA-PS/UV/ADOL HS STARTER AJKT 40 MG/0.8ML	5	NDS
HUMIRA-PSORIASIS/UEVIT STARTER AJKT 80 MG/0.8ML & 40MG/0.4ML	5	NDS
HYRIMOZ SOAJ 40 MG/0.4ML	5	NDS
HYRIMOZ SOAJ 40 MG/0.8ML	5	NDS
HYRIMOZ SOAJ 80 MG/0.8ML	5	NDS
HYRIMOZ SOSY 10 MG/0.1 ML	5	NDS
HYRIMOZ SOSY 20 MG/0.2ML	5	NDS
HYRIMOZ SOSY 40 MG/0.4ML	5	NDS
HYRIMOZ SOSY 40 MG/0.8ML	5	NDS
HYRIMOZ-CROHNS/UC STARTER SOAJ 80 MG/0.8ML	5	NDS
HYRIMOZ-PED<40KG CROHN STARTER SOSY 80 MG/0.8ML & 40MG/0.4ML	5	NDS
HYRIMOZ-PED>=40KG CROHN START SOSY 80 MG/0.8ML	5	NDS
HYRIMOZ-PLAQ PSOR/UEVIT START SOAJ 80 MG/0.8ML & 40MG/0.4ML	5	NDS
IDACIO (2 PEN) AJKT 40 MG/0.8ML	5	NDS
IDACIO (2 SYRINGE) PSKT 40 MG/0.8ML	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
IDACIO-CROHNS/UC STARTER AJKT 40 MG/0.8ML	5	NDS
IDACIO-PSORIASIS STARTER AJKT 40 MG/0.8ML	5	NDS
INFLECTRA SOLR 100 MG	5	HI
INFLIXIMAB SOLR 100 MG	5	HI
KEVZARA SOAJ 150 MG/1.14ML	5	NDS
KEVZARA SOAJ 200 MG/1.14ML	5	NDS
KEVZARA SOSY 150 MG/1.14ML	5	NDS
KEVZARA SOSY 200 MG/1.14ML	5	NDS
KINERET SOSY 100 MG/0.67ML	5	NDS
<i>leflunomide tabs 10 mg</i>	2	MO
<i>leflunomide tabs 20 mg</i>	2	MO
OLUMIANT TABS 1 MG	5	NDS
OLUMIANT TABS 2 MG	5	NDS
ORENCIA CLICKJECT SOAJ 125 MG/ML	5	NDS
ORENCIA INJ 250MG	5	NDS
ORENCIA SOSY 125 MG/ML	5	NDS
ORENCIA SOSY 50 MG/0.4ML	5	NDS
ORENCIA SOSY 87.5 MG/0.7ML	5	NDS
OTEZLA TABS 20 MG	5	PA, NDS
OTEZLA TABS 30 MG	5	PA, NDS
OTEZLA TBPK 10 & 20 & 30 MG	5	PA, NDS
OTEZLA TBPK 4 x 10 & 51 x20 MG	5	PA, NDS
RASUVO SOAJ 10 MG/0.2ML	3	
RASUVO SOAJ 12.5 MG/0.25ML	3	
RASUVO SOAJ 15 MG/0.3ML	3	

Drug Name	Drug Tier	Requirements/ Limits
RASUVO SOAJ 17.5 MG/0.35ML	3	
RASUVO SOAJ 20 MG/0.4ML	3	
RASUVO SOAJ 22.5 MG/0.45ML	3	
RASUVO SOAJ 25 MG/0.5ML	3	
RASUVO SOAJ 30 MG/0.6ML	3	
RASUVO SOAJ 7.5 MG/0.15ML	3	
RINVOQ LQ SOLN 1 MG/ML	5	NDS
RINVOQ TB24 15 MG	5	NDS
RINVOQ TB24 30 MG	5	NDS
RINVOQ TB24 45 MG	5	NDS
SIMLANDI (1 PEN) AJKT 40 MG/0.4ML	5	NDS
SIMLANDI (2 PEN) AJKT 40 MG/0.4ML	5	NDS
SIMPONI ARIA SOLN 50 MG/4ML	5	NDS
SIMPONI SOAJ 100 MG/ML	5	NDS
SIMPONI SOAJ 50 MG/0.5ML	5	NDS
SIMPONI SOSY 100 MG/ML	5	NDS
SIMPONI SOSY 50 MG/0.5ML	5	NDS
TOFIDENCE SOLN 200 MG/10ML	5	NDS
TOFIDENCE SOLN 400 MG/20ML	5	NDS
TOFIDENCE SOLN 80 MG/4ML	5	NDS
TYENNE SOAJ 162 MG/0.9ML	5	NDS
TYENNE SOLN 200 MG/10ML	5	NDS
TYENNE SOLN 400 MG/20ML	5	NDS
TYENNE SOLN 80 MG/4ML	5	NDS
TYENNE SOSY 162 MG/0.9ML	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
XELJANZ SOLN 1 MG/ML	5	PA, NDS
XELJANZ TABS 10 MG	5	PA, NDS
XELJANZ TABS 5 MG	5	PA, NDS
XELJANZ XR TB24 11 MG	5	PA, NDS
XELJANZ XR TB24 22 MG	5	PA, NDS
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	5	NDS
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	5	NDS
YUFLYMA (2 PEN) AJKT 40 MG/0.4ML	5	NDS
YUFLYMA (2 SYRINGE) PSKT 20 MG/0.2ML	5	NDS
YUFLYMA (2 SYRINGE) PSKT 40 MG/0.4ML	5	NDS
YUFLYMA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	5	NDS
YUSIMRY SOAJ 40 MG/0.8ML	5	NDS
ZYMFENTRA (1 PEN) AJKT 120 MG/ML	5	NDS
ZYMFENTRA (2 PEN) AJKT 120 MG/ML	5	NDS
ZYMFENTRA (2 SYRINGE) PSKT 120 MG/ML	5	NDS
<b>IMMUNE SUPPRESSANTS</b>		
AZATHIOPRINE SODIUM SOLR 100 MG	2	
<i>azathioprine tabs 100 mg</i>	2	PA, MO
<i>azathioprine tabs 50 mg</i>	2	PA, MO
<i>azathioprine tabs 75 mg</i>	2	PA, MO
BENLYSTA SOAJ 200 MG/ML	5	
BENLYSTA SOLR 120 MG	5	
BENLYSTA SOLR 400 MG	5	
BENLYSTA SOSY 200 MG/ML	5	

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine caps 100 mg</i>	2	PA, MO
<i>cyclosporine caps 25 mg</i>	2	PA, MO
<i>cyclosporine modified caps 100 mg</i>	2	PA, MO
<i>cyclosporine modified caps 25 mg</i>	2	PA, MO
<i>cyclosporine modified caps 50 mg</i>	2	PA, MO
<i>cyclosporine modified soln 100 mg/ml</i>	2	PA, MO
<i>cyclosporine soln 50 mg/ml</i>	2	MO
ENVARUSUS XR TB24 0.75 MG	4	PA, MO
ENVARUSUS XR TB24 1 MG	4	PA, MO
ENVARUSUS XR TB24 4 MG	5	PA, MO
<i>everolimus tabs 0.25 mg</i>	5	PA
<i>everolimus tabs 0.5 mg</i>	5	PA
<i>everolimus tabs 0.75 mg</i>	5	PA
<i>everolimus tabs 1 mg</i>	5	PA
GAMIFANT SOLN 10 MG/2ML	5	NDS
GAMIFANT SOLN 100 MG/20ML	5	NDS
GAMIFANT SOLN 50 MG/10ML	5	NDS
<i>gengraf caps 100 mg</i>	2	PA, MO
<i>gengraf caps 25 mg</i>	2	PA, MO
LUPKYNIS CAPS 7.9 MG	5	NDS
MAVENCLAD (10 TABS) TBPK 10 MG	5	NDS
MAVENCLAD (4 TABS) TBPK 10 MG	5	NDS
MAVENCLAD (5 TABS) TBPK 10 MG	5	NDS
MAVENCLAD (6 TABS) TBPK 10 MG	5	NDS
MAVENCLAD (7 TABS) TBPK 10 MG	5	NDS
MAVENCLAD (8 TABS) TBPK 10 MG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
MAVENCLAD (9 TABS) TBPK 10 MG	5	NDS
<i>mycophenolate mofetil caps 250 mg</i>	2	PA, MO
<i>mycophenolate mofetil hcl solr 500 mg</i>	2	
<i>mycophenolate mofetil susr 200 mg/ml</i>	5	PA, MO
<i>mycophenolate mofetil tabs 500 mg</i>	2	PA, MO
<i>mycophenolate sodium tbec 180 mg</i>	2	PA, MO
<i>mycophenolate sodium tbec 360 mg</i>	2	PA, MO
MYHIBBIN SUSP 200 MG/ML	5	PA, MO
NULOJIX SOLR 250 MG	5	NDS
PROGRAF PACK 0.2 MG	4	PA
PROGRAF PACK 1 MG	4	PA
PROGRAF SOLN 5 MG/ML	3	MO
SANDIMMUNE SOLN 100 MG/ML	3	PA, MO
SAPHNELO SOLN 300 MG/2ML	5	NDS
<i>sirolimus soln 1 mg/ml</i>	2	PA, MO
<i>sirolimus tabs 0.5 mg</i>	2	PA, MO
<i>sirolimus tabs 1 mg</i>	2	PA, MO
<i>sirolimus tabs 2 mg</i>	4	PA, MO
<i>tacrolimus caps 0.5 mg</i>	2	PA, MO
<i>tacrolimus caps 1 mg</i>	2	PA, MO
<i>tacrolimus caps 5 mg</i>	2	PA, MO
ZORTRESS TABS 1 MG	5	PA
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ACETIC ACID SOLN 0.25 %	2	
ACTIMMUNE SOLN 100 MCG/0.5ML	5	
AMONDYS 45 SOLN 100 MG/2ML	5	NDS
AMVUTTRA SOSY 25 MG/0.5ML	5	
AQNEURSA PACK 1 GM	5	LD, NDS

Drug Name	Drug Tier	Requirements/ Limits
ARCALYST SOLR 220 MG	5	NDS
<i>argyle sterile water soln</i>	2	
ARTICADENT DENTAL SOCT 4 %-1:100000	2	
ARTICADENT DENTAL SOCT 4 %-1:200000	2	
BERINERT KIT 500 UNIT	5	HI
<i>betaine powd</i>	5	NDS
<i>bupivacaine hcl (pf) soln 0.25 %</i>	2	
<i>bupivacaine hcl (pf) soln 0.5 %</i>	2	
<i>bupivacaine hcl (pf) soln 0.75 %</i>	2	
<i>bupivacaine hcl soln 0.5 %</i>	2	
<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	2	
<i>bupivacaine spinal soln 0.75-8.25 %</i>	2	
<i>bupivacaine-epinephrine (pf) soln 0.25% - 1:200000</i>	2	
<i>bupivacaine-epinephrine (pf) soln 0.5% -1:200000</i>	2	
<i>bupivacaine-epinephrine soln 0.25% -1:200000</i>	2	
<i>bupivacaine-epinephrine soln 0.5% -1:200000</i>	2	
CARNITOR SOLN 1 GM/10ML	2	MO
CARNITOR TABS 330 MG	2	MO
<i>chloroprocaine hcl (pf) soln 2 %</i>	2	
<i>chloroprocaine hcl (pf) soln 3 %</i>	2	
CINRYZE SOLR 500 UNIT	5	HI
CITANEST PLAIN DENTAL SOLN 4 %	2	
COSELA SOLR 300 MG	5	NDS
CRYSVITA SOLN 10 MG/ML	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
CRYSVITA SOLN 20 MG/ML	5	NDS
CRYSVITA SOLN 30 MG/ML	5	NDS
CYSTADANE POWD	5	LD, NDS
CYSTAGON CAPS 150 MG	3	LD, NDS
CYSTAGON CAPS 50 MG	3	LD, NDS
<i>dexrazoxane hcl solr 250 mg</i>	2	
<i>dexrazoxane hcl solr 500 mg</i>	2	
<i>dichlorphenamide tabs 50 mg</i>	5	NDS
DUVYZAT SUSP 8.86 MG/ML	5	NDS
<i>easygel gel 0.4 %</i>	2	
ELMIRON CAPS 100 MG	5	
ENDARI PACK 5 GM	5	NDS
ENJAYMO SOLN 1100 MG/22ML	5	NDS
ENSPRYNG SOSY 120 MG/ML	5	NDS
EVRYSDI SOLR 0.75 MG/ML	5	NDS
EXONDYS 51 SOLN 100 MG/2ML	5	NDS
EXONDYS 51 SOLN 500 MG/10ML	5	NDS
FABHALTA CAPS 200 MG	5	NDS
FILSPARI TABS 200 MG	5	NDS
FILSPARI TABS 400 MG	5	NDS
FIRDAPSE TABS 10 MG	5	NDS
<i>fluoritab soln 0.275 (0.125 f) mg/drop</i>	2	MO
GALAFOLD CAPS 123 MG	5	NDS
GIVLAARI SOLN 189 MG/ML	5	NDS
GRASTEK SUBL 2800 BAU	3	MO
HAEGARDA SOLR 2000 UNIT	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
HAEGARDA SOLR 3000 UNIT	5	NDS
ISTURISA TABS 1 MG	5	NDS
ISTURISA TABS 10 MG	5	NDS
ISTURISA TABS 5 MG	5	NDS
<i>javygtor pack 100 mg</i>	5	NDS
<i>javygtor pack 500 mg</i>	5	NDS
<i>javygtor tabs 100 mg</i>	5	NDS
JOENJA TABS 70 MG	5	NDS
KESIMPTA SOAJ 20 MG/0.4ML	5	NDS
<i>l-glutamine pack 5 gm</i>	5	NDS
LACTATED RINGERS SOLN	2	
<i>levocarnitine soln 1 gm/10ml</i>	2	MO
<i>levocarnitine tabs 330 mg</i>	2	MO
LIDO/DEXTROS INJ 5-7.5%	2	
<i>lidocaine hcl (pf) soln 0.5 %</i>	2	
<i>lidocaine hcl (pf) soln 1 %</i>	2	
<i>lidocaine hcl (pf) soln 1.5 %</i>	2	
<i>lidocaine hcl (pf) soln 2 %</i>	2	
<i>lidocaine hcl (pf) soln 4 %</i>	2	
<i>lidocaine hcl soln 0.5 %</i>	2	
<i>lidocaine hcl soln 1 %</i>	2	
<i>lidocaine hcl soln 2 %</i>	2	
<i>lidocaine-epinephrine (pf) soln 1.5 %-1:200000</i>	2	
<i>lidocaine-epinephrine (pf) soln 2 %-1:200000</i>	2	
<i>lidocaine-epinephrine soln 0.5 %-1:200000</i>	2	
<i>lidocaine-epinephrine soln 1 %-1:100000</i>	2	
<i>lidocaine-epinephrine soln 2 %-1:100000</i>	2	
LIDOCAINE-EPINEPHRINE SOLN 2 %-1:50000	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.



Drug Name	Drug Tier	Requirements/ Limits
<i>mesna soln 100 mg/ml</i>	2	
MESNEX TABS 400 MG	5	NDS
MIPLYFFA CAPS 124 MG	5	NDS
MIPLYFFA CAPS 47 MG	5	NDS
MIPLYFFA CAPS 62 MG	5	NDS
MIPLYFFA CAPS 93 MG	5	NDS
MYALEPT SOLR 11.3 MG	5	NDS
<i>nafrinse chew 2.2 (1 f) mg</i>	2	MO
NAFRINSE DROPS SOLN 0.275 (0.125 F) MG/DROP	2	MO
NULIBRY SOLR 9.5 MG	5	NDS
ODACTRA SUBL 12 SQ-HDM	4	
ONPATTRO SOLN 10 MG/5ML	5	NDS
ORFADIN SUSP 4 MG/ML	5	LD, NDS
ORLADEYO CAPS 110 MG	5	NDS
ORLADEYO CAPS 150 MG	5	NDS
<i>ormalvi tabs 50 mg</i>	5	NDS
OXLUMO SOLN 94.5 MG/0.5ML	5	
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG	5	NDS
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG	5	NDS
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG	5	NDS
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG	5	NDS
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG	5	NDS
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG	5	NDS
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG	5	NDS
PALFORZIA (300 MG TITRATION) PACK 300 MG	5	NDS
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG	5	NDS
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG	5	NDS
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG	5	NDS
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG	5	NDS
PHYSIOLYTE SOLN	2	
<i>physiosol sol irrigat</i>	2	
PIASKY SOLN 340 MG/2ML	5	NDS
POLOCAINE SOLN 1 %	2	
POLOCAINE SOLN 2 %	2	
POLOCAINE-MPF SOLN 1 %	2	
POLOCAINE-MPF SOLN 1.5 %	2	
POLOCAINE-MPF SOLN 2 %	2	
PROCYSBI CPDR 25 MG	5	NDS
PROCYSBI CPDR 75 MG	5	NDS
PROCYSBI PACK 300 MG	5	NDS
PROCYSBI PACK 75 MG	5	NDS
PYRUKYND TABS 20 MG	5	NDS
PYRUKYND TABS 5 MG	5	NDS
PYRUKYND TABS 50 MG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
PYRUKYND TAPER PACK TBPk 5 MG	5	NDS
PYRUKYND TAPER PACK TBPk 7 x 20 MG & 7 X 5 MG	5	NDS
PYRUKYND TAPER PACK TBPk 7 x 50 MG & 7 X 20 MG	5	NDS
RECORLEV TABS 150 MG	5	NDS
REZUROCK TABS 200 MG	5	NDS
RIDAURA CAPS 3 MG	5	MO
RIMSO-50 SOLN 50 %	3	
RINGERS IRRIGATION SOLN	2	
RIVFLOZA SOLN 80 MG/0.5ML	5	NDS
RIVFLOZA SOSY 128 MG/0.8ML	5	NDS
RIVFLOZA SOSY 160 MG/ML	5	NDS
<i>ropivacaine hcl soln 10 mg/ml</i>	2	
<i>ropivacaine hcl soln 2 mg/ml</i>	2	
<i>ropivacaine hcl soln 5 mg/ml</i>	2	
<i>ropivacaine hcl soln 7.5 mg/ml</i>	2	
RYSTIGGO SOLN 280 MG/2ML	5	
RYSTIGGO SOLN 420 MG/3ML	5	
RYSTIGGO SOLN 560 MG/4ML	5	
RYSTIGGO SOLN 840 MG/6ML	5	
<i>sapropterin dihydrochloride pack 100 mg</i>	5	NDS
<i>sapropterin dihydrochloride pack 500 mg</i>	5	NDS
<i>sapropterin dihydrochloride tabs 100 mg</i>	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
SENSORCAINE SOLN 0.5 %	2	
<i>sensorcaine-mpf soln 0.25 %</i>	2	
<i>sensorcaine-mpf soln 0.5 %</i>	2	
<i>sensorcaine-mpf soln 0.75 %</i>	2	
<i>sensorcaine-mpf/epinephrine soln 0.25% -1:200000</i>	2	
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.5% -1:200000	2	
<i>sensorcaine/epinephrine soln 0.25% -1:200000</i>	2	
<i>sensorcaine/epinephrine soln 0.5% -1:200000</i>	2	
SKYCLARYS CAPS 50 MG	5	NDS
SODIUM CHLORIDE SOLN 0.9 %	2	MO
<i>sodium fluoride chew 0.55 (0.25 f) mg</i>	2	MO
<i>sodium fluoride chew 1.1 (0.5 f) mg</i>	2	MO
<i>sodium fluoride chew 2.2 (1 f) mg</i>	2	MO
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML	2	MO
SOHONOS CAPS 1 MG	5	NDS
SOHONOS CAPS 1.5 MG	5	NDS
SOHONOS CAPS 10 MG	5	NDS
SOHONOS CAPS 2.5 MG	5	NDS
SOHONOS CAPS 5 MG	5	NDS
<i>steril water sol irrig</i>	2	
STERILE WATER FOR IRRIGATION SOLN	2	
TAKHZYRO SOLN 300 MG/2ML	5	NDS
TAKHZYRO SOSY 150 MG/ML	5	NDS
TAKHZYRO SOSY 300 MG/2ML	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
TAVNEOS CAPS 10 MG	5	NDS
TEGSEDI SOSY 284 MG/1.5ML	5	NDS
THIOLA TABS 100 MG	5	NDS
THYROGEN SOLR 0.9 MG	5	NDS
<i>tiopronin tabs 100 mg</i>	5	NDS
<i>tiopronin tbec 100 mg</i>	5	NDS
<i>tiopronin tbec 300 mg</i>	5	NDS
TIS-U-SOL SOLN	2	
ULTOMIRIS SOLN 1100 MG/11ML	5	
ULTOMIRIS SOLN 300 MG/30ML	5	
ULTOMIRIS SOLN 300 MG/3ML	5	
VEOPOZ SOLN 400 MG/2ML	5	NDS
VIJOICE PACK 50 MG	5	NDS
VIJOICE TBPK 125 MG	5	NDS
VIJOICE TBPK 200 & 50 MG	5	NDS
VIJOICE TBPK 50 MG	5	NDS
VILTEPSO SOLN 250 MG/5ML	5	NDS
VOWST CAPS	5	NDS
VOXZOGO SOLR 0.4 MG	5	NDS
VOXZOGO SOLR 0.56 MG	5	NDS
VOXZOGO SOLR 1.2 MG	5	NDS
VOYDEYA TABS 100 MG	5	NDS
VOYDEYA TBPK 50 & 100 MG	5	NDS
VUMERITY CAP 231MG	5	NDS
VUMERITY CPDR 231 MG	5	NDS
VYJUVEK GEL 5000000000 PFU/2.5ML	5	NDS
VYONDYS 53 SOLN 100 MG/2ML	5	NDS
VYVGART HYTRULO SOLN 180-2000 MG-UNIT/ML	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
VYVGART SOLN 400 MG/20ML	5	NDS
WAINUA SOAJ 45 MG/0.8ML	5	NDS
WATER FOR IRRIGATION, STERILE SOLN	2	
XEOMIN SOLR 200 UNIT	5	PA, NDS
XURIDEN PACK 2 GM	5	NDS
<i>xylocaine dental soln 2 %-1:100000</i>	2	
<i>xylocaine dental soln 2 %-1:50000</i>	2	
ZILBRYSQ SOSY 16.6 MG/0.416ML	5	NDS
ZILBRYSQ SOSY 23 MG/0.574ML	5	NDS
ZILBRYSQ SOSY 32.4 MG/0.81ML	5	NDS
ZOKINVY CAPS 50 MG	5	NDS
ZOKINVY CAPS 75 MG	5	NDS
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
CINQAIR SOLN 100 MG/10ML	5	NDS
<i>cromolyn sodium conc 100 mg/5ml</i>	2	MO
<i>cromolyn sodium nebu 20 mg/2ml</i>	5	PA, MO
DUPIXENT SOAJ 200 MG/1.14ML	5	PA, NDS
DUPIXENT SOAJ 300 MG/2ML	5	PA, NDS
DUPIXENT SOSY 100 MG/0.67ML	5	PA, NDS
DUPIXENT SOSY 200 MG/1.14ML	5	PA, NDS
DUPIXENT SOSY 300 MG/2ML	5	PA, NDS
FASENRA PEN SOAJ 30 MG/ML	5	NDS
FASENRA SOSY 30 MG/ML	5	PA
<i>montelukast sodium chew 4 mg</i>	1	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>montelukast sodium chew 5 mg</i>	1	MO
<i>montelukast sodium pack 4 mg</i>	2	MO
<i>montelukast sodium tabs 10 mg</i>	1	MO
NUCALA SOAJ 100 MG/ML	5	PA, NDS
NUCALA SOLR 100 MG	5	PA, NDS
NUCALA SOSY 100 MG/ML	5	PA, NDS
NUCALA SOSY 40 MG/0.4ML	5	PA, NDS
<i>zileuton er tb12 600 mg</i>	5	NDS
<b>CYSTIC FIBROSIS</b>		
CAYSTON SOLR 75 MG	5	LD, NDS
KALYDECO PACK 13.4 MG	5	PA, NDS
KALYDECO PACK 25 MG	5	PA, NDS
KALYDECO PACK 5.8 MG	5	PA, NDS
KALYDECO PACK 50 MG	5	PA, NDS
KALYDECO PACK 75 MG	5	PA, NDS
KALYDECO TABS 150 MG	5	PA, NDS
KITABIS PAK NEBU 300 MG/5ML	5	PA
ORKAMBI PACK 100-125 MG	5	NDS
ORKAMBI PACK 150-188 MG	5	NDS
ORKAMBI PACK 75-94 MG	5	NDS
ORKAMBI TABS 100-125 MG	5	NDS
ORKAMBI TABS 200-125 MG	5	NDS
SYMDEKO TBPK 100-150 & 150 MG	5	NDS
SYMDEKO TBPK 50-75 & 75 MG	5	NDS
TOBI PODHALER CAPS 28 MG	5	

Drug Name	Drug Tier	Requirements/ Limits
TOBRAMYCIN NEBU 300 MG/4ML	5	PA
<i>tobramycin nebu 300 mg/5ml</i>	5	PA
TRIKAFTA TBPK 100-50-75 & 150 MG	5	LD, NDS
TRIKAFTA TBPK 50-25-37.5 & 75 MG	5	LD, NDS
TRIKAFTA THPK 100-50-75 & 75 MG	5	LD, NDS
TRIKAFTA THPK 80-40-60 & 59.5 MG	5	LD, NDS
<b>PULMONARY FIBROSIS</b>		
OFEV CAPS 100 MG	5	NDS
OFEV CAPS 150 MG	5	NDS
<i>pirfenidone caps 267 mg</i>	5	PA, NDS
<i>pirfenidone tabs 267 mg</i>	2	PA, MO
PIRFENIDONE TABS 534 MG	5	PA, NDS
<i>pirfenidone tabs 801 mg</i>	2	PA, MO
<b>RESPIRATORY AGENTS, MISCELLANEOUS</b>		
ADVAIR HFA AERO 115-21 MCG/ACT	4	MO
ADVAIR HFA AERO 230-21 MCG/ACT	3	MO
ADVAIR HFA AERO 45-21 MCG/ACT	4	MO
ALVESCO AERS 160 MCG/ACT	3	MO
ALVESCO AERS 80 MCG/ACT	3	MO
ARALAST NP SOLR 1000 MG	3	HI
ASMANEX HFA AERO 100 MCG/ACT	4	MO
ASMANEX HFA AERO 200 MCG/ACT	4	MO
<i>breyana aero 160-4.5 mcg/act</i>	2	
<i>breyana aero 80-4.5 mcg/act</i>	2	
BREZTRI AEROSPHERE AERO 160-9-4.8 MCG/ACT	4	MO
BRONCHITOL CAPS 40 MG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide susp 0.25 mg/2ml</i>	2	PA, MO
<i>budesonide susp 0.5 mg/2ml</i>	2	PA, MO
<i>budesonide susp 1 mg/2ml</i>	4	PA, MO
FLOVENT HFA AERO 44 MCG/ACT	3	MO
FLUTICASONE PROPIONATE HFA AERO 44 MCG/ACT	3	MO
FLUTICASONE-SALMETEROL AEPB 113-14 MCG/ACT	2	MO
FLUTICASONE-SALMETEROL AEPB 232-14 MCG/ACT	2	MO
FLUTICASONE-SALMETEROL AEPB 55-14 MCG/ACT	2	MO
GLASSIA SOLN 1000 MG/50ML	5	HI
OHTUVAYRE SUSP 3 MG/2.5ML	5	PA, NDS
<i>roflumilast tabs 250 mcg</i>	4	MO
<i>roflumilast tabs 500 mcg</i>	4	MO
TEZSPIRE SOAJ 210 MG/1.91ML	5	NDS
TEZSPIRE SOSY 210 MG/1.91ML	5	NDS
WINREVAIR KIT 2 x 45 MG	5	NDS
WINREVAIR KIT 2 x 60 MG	5	NDS
WINREVAIR KIT 45 MG	5	NDS
WINREVAIR KIT 60 MG	5	NDS
<i>wixela inhub aepb 100-50 mcg/act</i>	2	
<i>wixela inhub aepb 250-50 mcg/act</i>	2	
<i>wixela inhub aepb 500-50 mcg/act</i>	2	
XOLAIR SOAJ 150 MG/ML	5	PA, NDS
XOLAIR SOAJ 300 MG/2ML	5	PA, NDS

Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SOAJ 75 MG/0.5ML	5	PA, NDS
XOLAIR SOLR 150 MG	5	PA, NDS
XOLAIR SOSY 150 MG/ML	5	PA, NDS
XOLAIR SOSY 300 MG/2ML	5	PA, NDS
XOLAIR SOSY 75 MG/0.5ML	5	PA, NDS
ZEMAIRA SOLR 4000 MG	5	NDS
ZEMAIRA SOLR 5000 MG	5	NDS
<b>VASODILATING AGENTS</b>		
ADEMPAS TABS 0.5 MG	5	PA, NDS
ADEMPAS TABS 1 MG	5	PA, NDS
ADEMPAS TABS 1.5 MG	5	PA, NDS
ADEMPAS TABS 2 MG	5	PA, NDS
ADEMPAS TABS 2.5 MG	5	PA, NDS
<i>ambrisentan tabs 10 mg</i>	2	
<i>ambrisentan tabs 5 mg</i>	2	
<i>bosentan tabs 125 mg</i>	2	
<i>bosentan tabs 62.5 mg</i>	2	
<i>epoprostenol sodium solr 0.5 mg</i>	2	
<i>epoprostenol sodium solr 1.5 mg</i>	2	
OPSYNVI TABS 10-20 MG	5	NDS
OPSYNVI TABS 10-40 MG	5	NDS
ORENITRAM MONTH 1 TEPK 0.125 & 0.25 MG	5	LD, NDS
ORENITRAM MONTH 2 TEPK 0.125 & 0.25 MG	5	LD, NDS
ORENITRAM MONTH 3 TEPK 0.125 & 0.25 & 1 MG	5	LD, NDS
ORENITRAM TBCR 0.25 MG	5	LD, NDS
ORENITRAM TBCR 1 MG	5	LD, NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
ORENITRAM TBCR 2.5 MG	5	LD, NDS
ORENITRAM TBCR 5 MG	5	LD, NDS
TRACLEER TBSO 32 MG	5	NDS
<i>treprostinil soln 100 mg/20ml</i>	5	PA, LD, NDS
<i>treprostinil soln 20 mg/20ml</i>	5	PA, LD, NDS
<i>treprostinil soln 200 mg/20ml</i>	5	PA, LD, NDS
<i>treprostinil soln 50 mg/20ml</i>	5	PA, LD, NDS
TYVASO DPI INSTITUTIONAL KIT POWD 16 MCG	5	LD, NDS
TYVASO DPI INSTITUTIONAL KIT POWD 32 MCG	5	LD, NDS
TYVASO DPI INSTITUTIONAL KIT POWD 48 MCG	5	LD, NDS
TYVASO DPI INSTITUTIONAL KIT POWD 64 MCG	5	LD, NDS
TYVASO DPI MAINTENANCE KIT POWD 112 x 32MCG & 112 X48MCG	5	LD, NDS
TYVASO DPI MAINTENANCE KIT POWD 16 MCG	5	LD, NDS
TYVASO DPI MAINTENANCE KIT POWD 32 MCG	5	LD, NDS
TYVASO DPI MAINTENANCE KIT POWD 48 MCG	5	LD, NDS
TYVASO DPI MAINTENANCE KIT POWD 64 MCG	5	LD, NDS
TYVASO DPI TITRATION KIT POWD 112 x 16MCG & 84 X 32MCG	5	LD, NDS

Drug Name	Drug Tier	Requirements/ Limits
TYVASO DPI TITRATION KIT POWD 16 & 32 & 48 MCG	5	LD, NDS
TYVASO REFILL KIT SOLN 0.6 MG/ML	5	PA, LD
TYVASO STARTER KIT SOLN 0.6 MG/ML	5	PA, LD
UPTRAVI SOLR 1800 MCG	5	NDS
UPTRAVI TABS 1000 MCG	5	NDS
UPTRAVI TABS 1200 MCG	5	NDS
UPTRAVI TABS 1400 MCG	5	NDS
UPTRAVI TABS 1600 MCG	5	NDS
UPTRAVI TABS 200 MCG	5	NDS
UPTRAVI TABS 400 MCG	5	NDS
UPTRAVI TABS 600 MCG	5	NDS
UPTRAVI TABS 800 MCG	5	NDS
UPTRAVI TITRATION TBPk 200 & 800 MCG	5	NDS
VENTAVIS SOLN 10 MCG/ML	5	PA, LD, NDS
VENTAVIS SOLN 20 MCG/ML	5	PA, LD, NDS
<b>SERUMS, TOXOIDS, AND VACCINES</b>		
<b>SERUMS</b>		
ALYGLO SOLN 10 GM/100ML	5	HI
ALYGLO SOLN 20 GM/200ML	5	HI
ALYGLO SOLN 5 GM/50ML	5	HI
ASCENIV SOLN 5 GM/50ML	5	NDS
CUTAQUIG SOLN 1 GM/6ML	5	PA, NDS
CUTAQUIG SOLN 1.65 GM/10ML	5	PA, NDS
CUTAQUIG SOLN 2 GM/12ML	5	PA, NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

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

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

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

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

Drug Name	Drug Tier	Requirements/ Limits
VAQTA SUSP 25 UNIT/0.5ML	6	
VAQTA SUSP 50 UNIT/ML	6	
VARIVAX SUSR 1350 PFU/0.5ML	6	
VAXCHORA SUSR	3	
YF-VAX INJ	6	
ZOSTAVAX SUSR 19400 UNT/0.65ML	6	
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)</b>		
BENZOYL PEROXIDE GEL 6.5 %	5	NDS
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	2	MO
<i>ciclopirox gel 0.77 %</i>	2	
<i>ciclopirox olamine crea 0.77 %</i>	2	
<i>ciclopirox soln 8 %</i>	2	
<i>clindamycin phos-benzoyl perox gel 1.2-5 %</i>	2	MO
CLINDAMYCIN PHOSPHATE CREA 2 %	2	
<i>clindamycin phosphate gel 1 %</i>	2	MO
CLINDAMYCIN PHOSPHATE LOTN 1 %	2	MO
<i>clindamycin phosphate soln 1 %</i>	2	MO
<i>clindamycin phosphate swab 1 %</i>	2	MO
<i>clotrimazole troc 10 mg</i>	2	
<i>clotrimazole-betamethasone crea 1-0.05 %</i>	2	
CROTAN LOTN 10 %	2	
<i>erythromycin gel 2 %</i>	2	MO
<i>erythromycin soln 2 %</i>	2	MO
<i>gentamicin sulfate crea 0.1 %</i>	2	
<i>gentamicin sulfate oint 0.1 %</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.



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

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

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate sham 0.05 %</i>	2	MO
<i>clobetasol propionate soln 0.05 %</i>	2	MO
<i>colocort ene 100mg</i>	2	MO
CORDRAN TAPE 4 MCG/SQCM	3	MO
CORTISPORIN CRE 0.5%	3	MO
CORTISPORIN OIN 1%	3	MO
<i>desonide crea 0.05 %</i>	2	MO
<i>desonide lotn 0.05 %</i>	2	MO
<i>desonide oint 0.05 %</i>	2	MO
<i>desoximetasone crea 0.25 %</i>	2	MO
<i>desoximetasone oint 0.25 %</i>	2	MO
<i>diclofenac sodium gel 1 %</i>	4	MO
<i>diclofenac sodium gel 3 %</i>	4	MO
<i>diflorasone diacetate oint 0.05 %</i>	4	MO
EBGLYSS SOAJ 250 MG/2ML	5	NDS
ENSTILAR FOAM 0.005-0.064 %	5	NDS
<i>fluocinolone acetonide body oil 0.01 %</i>	2	
<i>fluocinolone acetonide crea 0.01 %</i>	2	MO
<i>fluocinolone acetonide crea 0.025 %</i>	2	MO
<i>fluocinolone acetonide oint 0.025 %</i>	2	MO
<i>fluocinolone acetonide scalp oil 0.01 %</i>	2	MO
<i>fluocinolone acetonide soln 0.01 %</i>	2	MO
<i>fluocinonide crea 0.05 %</i>	2	
<i>fluocinonide emulsified base crea 0.05 %</i>	2	MO
FLUOCINONIDE GEL 0.05 %	2	MO
<i>fluocinonide oint 0.05 %</i>	2	MO
<i>fluocinonide soln 0.05 %</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate crea 0.05 %</i>	2	MO
<i>fluticasone propionate oint 0.005 %</i>	2	MO
<i>halobetasol propionate crea 0.05 %</i>	2	MO
<i>halobetasol propionate foam 0.05 %</i>	4	
<i>halobetasol propionate oint 0.05 %</i>	2	MO
<i>hydrocortisone (perianal) crea 2.5 %</i>	2	MO
HYDROCORTISONE BUTYR LIPO BASE CREA 0.1 %	2	
HYDROCORTISONE BUTYRATE CREA 0.1 %	2	MO
HYDROCORTISONE BUTYRATE OINT 0.1 %	2	MO
HYDROCORTISONE BUTYRATE SOLN 0.1 %	2	MO
<i>hydrocortisone crea 2.5 %</i>	2	MO
HYDROCORTISONE ENEM 100 MG/60ML	2	MO
HYDROCORTISONE LOTN 2.5 %	2	MO
<i>hydrocortisone oint 2.5 %</i>	2	MO
<i>hydrocortisone valerate crea 0.2 %</i>	2	MO
<i>hydrocortisone valerate oint 0.2 %</i>	2	MO
LEXETTE FOAM 0.05 %	5	NDS
<i>mometasone furoate crea 0.1 %</i>	2	MO
<i>mometasone furoate oint 0.1 %</i>	2	MO
<i>mometasone furoate soln 0.1 %</i>	2	MO
NEMLUVIO AUIJ 30 MG	5	NDS
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	MO
PREDNICARBATE CREA 0.1 %	2	MO
<i>proctozone-hc crea 2.5 %</i>	2	MO
RADIAURA CREA 3-0.5 %	5	NDS
<i>triamcinolone acetamide aers 0.147 mg/gm</i>	2	MO
<i>triamcinolone acetamide crea 0.025 %</i>	2	MO
<i>triamcinolone acetamide crea 0.1 %</i>	2	MO
<i>triamcinolone acetamide crea 0.5 %</i>	2	MO
<i>triamcinolone acetamide lotn 0.025 %</i>	2	MO
<i>triamcinolone acetamide lotn 0.1 %</i>	2	MO
<i>triamcinolone acetamide oint 0.025 %</i>	2	MO
<i>triamcinolone acetamide oint 0.1 %</i>	2	MO
<i>triamcinolone acetamide oint 0.5 %</i>	2	MO
<i>triamcinolone acetamide pste 0.1 %</i>	2	MO
WYNZORA CREA 0.005-0.064 %	5	NDS
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		
<i>glydo prsy 2 %</i>	2	MO
HYDROCORTISONE ACE-PRAMOXINE CREA 1-1 %	2	MO
HYDROCORTISONE ACE-PRAMOXINE SUPP 25-18 MG	5	NDS
<i>lidocaine hcl soln 4 %</i>	2	
<i>lidocaine hcl urethral/mucosal prsy 2 %</i>	2	MO
<i>lidocaine oint 5 %</i>	2	MO
<i>lidocaine ptch 5 %</i>	2	PA, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	2	MO
<i>lidocan ptch 5 %</i>	2	PA, MO
PROCTOFOAM HC FOAM 1-1 %	2	
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
AVITA CREA 0.025 %	2	PA, MO
<i>bexarotene gel 1 %</i>	5	PA, NDS
KEPIVANCE SOLR 5.16 MG	5	NDS
KEPIVANCE SOLR 6.25 MG	5	NDS
PANRETIN GEL 0.1 %	5	NDS
RETIN-A CREA 0.025 %	2	PA, MO
RETIN-A CREA 0.05 %	2	PA, MO
RETIN-A CREA 0.1 %	2	PA, MO
RETIN-A GEL 0.01 %	2	PA, MO
RETIN-A GEL 0.025 %	2	PA, MO
RETIN-A MICRO GEL 0.04 %	2	PA, MO
RETIN-A MICRO GEL 0.1 %	2	PA, MO
<i>tretinoin crea 0.025 %</i>	2	PA, MO
<i>tretinoin crea 0.05 %</i>	2	PA, MO
<i>tretinoin crea 0.1 %</i>	2	PA, MO
<i>tretinoin gel 0.01 %</i>	2	PA, MO
<i>tretinoin gel 0.025 %</i>	2	PA, MO
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS</b>		
ABSORICA LD CAPS 16 MG	5	NDS
ABSORICA LD CAPS 24 MG	5	NDS
ABSORICA LD CAPS 32 MG	5	NDS
ABSORICA LD CAPS 8 MG	5	NDS
<i>acitretin caps 10 mg</i>	2	
<i>acitretin caps 17.5 mg</i>	2	
<i>acitretin caps 25 mg</i>	2	
<i>adapalene gel 0.1 %</i>	2	MO
<i>adapalene gel 0.3 %</i>	2	MO
ADAPALENE SOLN 0.1 %	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>adapalene-benzoyl peroxide gel 0.1-2.5 %</i>	2	MO
ADAPALENE-BENZOYL PEROXIDE PADS 0.1-2.5 %	5	NDS
ADBRY SOAJ 300 MG/2ML	5	NDS
ADBRY SOSY 150 MG/ML	5	NDS
<i>ammonium lactate crea 12 %</i>	2	MO
<i>azelaic acid gel 15 %</i>	2	MO
BIMZELX SOAJ 160 MG/ML	5	
BIMZELX SOSY 160 MG/ML	5	
CALCIPOTRIENE CREA 0.005 %	2	MO
<i>calcipotriene oint 0.005 %</i>	2	MO
CALCIPOTRIENE SOLN 0.005 %	2	MO
CARAC CREA 0.5 %	5	
<i>claravis caps 10 mg</i>	2	NDS
<i>claravis caps 20 mg</i>	2	NDS
<i>claravis caps 30 mg</i>	2	NDS
<i>claravis caps 40 mg</i>	2	NDS
COSENTYX (300 MG DOSE) SOSY 150 MG/ML	5	
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML	5	
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML	5	
COSENTYX SOLN 125 MG/5ML	5	
COSENTYX SOSY 150 MG/ML	5	
COSENTYX SOSY 75 MG/0.5ML	5	
COSENTYX UNOREADY SOAJ 300 MG/2ML	5	
DICLONA GEL 1-4.5 %	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN CREA 0.1 %	2	MO
FILSUEZ GEL 10 %	5	NDS
FLUOROURACIL CREA 0.5 %	5	
<i>fluorouracil crea 5 %</i>	2	MO
FLUOROURACIL SOLN 2 %	2	MO
<i>fluorouracil soln 5 %</i>	2	MO
HYFTOR GEL 0.2 %	5	NDS
ILUMYA SOSY 100 MG/ML	5	PA
<i>imiquimod crea 5 %</i>	2	MO
<i>isotretinoin caps 20 mg</i>	2	NDS
<i>isotretinoin caps 30 mg</i>	2	NDS
<i>isotretinoin caps 40 mg</i>	2	NDS
KLISYRI OINT 1 %	5	NDS
KORSUVA SOLN 65 MCG/1.3ML	5	NDS
LITFULO CAPS 50 MG	5	NDS
METHOXSALEN RAPID CAPS 10 MG	5	MO
<i>nitroglycerin oint 0.4 %</i>	4	MO
OPZELURA CREA 1.5 %	5	NDS
PIMECROLIMUS CREA 1 %	2	MO
PODOFILOX SOLN 0.5 %	2	MO
REGRANEX GEL 0.01 %	5	NDS
<i>salicylic acid sham 6 %</i>	2	
SANTYL OINT 250 UNIT/GM	3	MO
SILIQ SOSY 210 MG/1.5ML	5	NDS
SKYRIZI (150 MG DOSE) PSKT 75 MG/0.83ML	5	
SKYRIZI PEN SOAJ 150 MG/ML	5	
SKYRIZI SOSY 150 MG/ML	5	
SOTYKTU TABS 6 MG	5	NDS
SPEVIGO SOLN 450 MG/7.5ML	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
SPEVIGO SOSY 150 MG/ML	5	NDS
STELARA SOLN 130 MG/26ML	5	PA
STELARA SOLN 45 MG/0.5ML	5	PA
STELARA SOSY 45 MG/0.5ML	5	PA
STELARA SOSY 90 MG/ML	5	PA
<i>tacrolimus oint 0.03 %</i>	2	MO
<i>tacrolimus oint 0.1 %</i>	2	MO
TALTZ SOAJ 80 MG/ML	5	NDS
TALTZ SOSY 20 MG/0.25ML	5	NDS
TALTZ SOSY 40 MG/0.5ML	5	NDS
TALTZ SOSY 80 MG/ML	5	NDS
<i>tazarotene crea 0.1 %</i>	2	PA, MO
<i>tazarotene gel 0.05 %</i>	4	PA, MO
<i>tazarotene gel 0.1 %</i>	4	PA, MO
TAZORAC CREA 0.05 %	4	PA, MO
TREMFYA SOAJ 100 MG/ML	5	
TREMFYA SOAJ 200 MG/2ML	5	NDS
TREMFYA SOLN 200 MG/20ML	5	NDS
TREMFYA SOSY 100 MG/ML	5	
TREMFYA SOSY 200 MG/2ML	5	NDS
VALCHLOR GEL 0.016 %	5	NDS
VECTICAL OINT 3 MCG/GM	2	MO
VTAMA CREA 1 %	5	NDS
<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>SMOOTH MUSCLE RELAXANTS</b>		
<i>aminophylline soln 25 mg/ml</i>	2	
<i>darifenacin hydrobromide er tb24 15 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>darifenacin hydrobromide er tb24 7.5 mg</i>	2	MO
<i>elixophyllin elix 80 mg/15ml</i>	2	
<i>flavoxate hcl tabs 100 mg</i>	2	MO
<i>mirabegron er tb24 25 mg</i>	4	MO
<i>mirabegron er tb24 50 mg</i>	4	MO
MYRBETRIQ TB24 25 MG	4	MO
MYRBETRIQ TB24 50 MG	4	MO
<i>oxybutynin chloride er tb24 10 mg</i>	2	MO
<i>oxybutynin chloride er tb24 15 mg</i>	2	MO
<i>oxybutynin chloride er tb24 5 mg</i>	2	MO
<i>oxybutynin chloride soln 5 mg/5ml</i>	2	MO
<i>oxybutynin chloride tabs 5 mg</i>	2	MO
<i>solifenacin succinate tabs 10 mg</i>	2	MO
<i>solifenacin succinate tabs 5 mg</i>	2	MO
THEO-24 CP24 300 MG	2	MO
<i>theophylline elix 80 mg/15ml</i>	2	
THEOPHYLLINE ER TB12 100 MG	2	MO
THEOPHYLLINE ER TB12 200 MG	2	MO
<i>theophylline er tb12 300 mg</i>	2	MO
<i>theophylline er tb12 450 mg</i>	2	MO
<i>theophylline er tb24 400 mg</i>	2	MO
<i>theophylline er tb24 600 mg</i>	2	MO
<i>theophylline soln 80 mg/15ml</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>tolterodine tartrate tabs 1 mg</i>	2	MO
<i>tolterodine tartrate tabs 2 mg</i>	2	
<i>tropium chloride tabs 20 mg</i>	2	MO
<b>VITAMINS</b>		
<b>VITAMINS</b>		
<i>calcitriol caps 0.25 mcg</i>	2	MO
<i>calcitriol caps 0.5 mcg</i>	2	MO
<i>calcitriol oral soln 1 mcg/ml</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
CALCITRIOL INTRAVENOUS SOLN 1 MCG/ML	2	
PARICALCITOL SOLN 2 MCG/ML	2	
PRENATAL TABS 27-1 MG	4	MO
RAYALDEE CPCR 30 MCG	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning of this table.

## Index of Drugs

### A

<i>abacavir sulfate soln 20 mg/ml</i> .....	16	ABILIFY MYCITE TABS 2 MG .....	62
<i>abacavir sulfate tabs 300 mg</i> .....	17	ABILIFY MYCITE TABS 20 MG .....	62
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i> .....	17	ABILIFY MYCITE TABS 30 MG .....	62
<i>abacavir-lamivudine-zidovudine tabs 300-150-300 mg</i> .....	17	ABILIFY MYCITE TABS 5 MG .....	62
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML .....	61	<i>abiraterone acetate tabs 250 mg</i> .....	21
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML .....	61	<i>abiraterone acetate tabs 500 mg</i> .....	21
ABILIFY MAINTENA PRSY 300 MG .....	61	ABRAXANE SUSR 100 MG .....	21
ABILIFY MAINTENA PRSY 400 MG .....	62	ABRILADA (1 PEN) AJKT 40 MG/0.8ML .....	.88
ABILIFY MAINTENA SRER 300 MG .....	62	ABRILADA (2 PEN) AJKT 40 MG/0.8ML .....	.88
ABILIFY MAINTENA SRER 400 MG .....	62	ABRILADA (2 SYRINGE) PSKT 20 MG/0.4ML .....	.88
ABILIFY MYCITE MAINTENANCE KIT TBPK 10 MG .....	62	ABRILADA (2 SYRINGE) PSKT 40 MG/0.8ML .....	.88
ABILIFY MYCITE MAINTENANCE KIT TBPK 15 MG .....	62	ABRYSVO SOLR 120 MCG/0.5ML .....	101
ABILIFY MYCITE MAINTENANCE KIT TBPK 2 MG .....	62	ABSORICA LD CAPS 16 MG .....	105
ABILIFY MYCITE MAINTENANCE KIT TBPK 20 MG .....	62	ABSORICA LD CAPS 24 MG .....	105
ABILIFY MYCITE MAINTENANCE KIT TBPK 30 MG .....	62	ABSORICA LD CAPS 32 MG .....	105
ABILIFY MYCITE MAINTENANCE KIT TBPK 5 MG .....	62	ABSORICA LD CAPS 8 MG .....	105
ABILIFY MYCITE STARTER KIT TBPK 10 MG .....	62	<i>acamprosate calcium tbec 333 mg</i> .....	47
ABILIFY MYCITE STARTER KIT TBPK 15 MG .....	62	<i>acarbose tabs 100 mg</i> .....	82
ABILIFY MYCITE STARTER KIT TBPK 2 MG .....	62	<i>acarbose tabs 25 mg</i> .....	82
ABILIFY MYCITE STARTER KIT TBPK 20 MG .....	62	<i>acarbose tabs 50 mg</i> .....	82
ABILIFY MYCITE STARTER KIT TBPK 30 MG .....	62	<i>acebutolol hcl caps 200 mg</i> .....	41
ABILIFY MYCITE STARTER KIT TBPK 5 MG .....	62	<i>acebutolol hcl caps 400 mg</i> .....	41
ABILIFY MYCITE TABS 10 MG .....	62	ACETAMINOPHEN-CODEINE SOLN 120-12 MG/5ML .....	47
ABILIFY MYCITE TABS 15 MG .....	62	<i>acetaminophen-codeine tabs 300-15 mg</i> .....	47
		<i>acetaminophen-codeine tabs 300-30 mg</i> .....	47
		<i>acetaminophen-codeine tabs 300-60 mg</i> .....	47
		<i>acetazolamide er cp12 500 mg</i> .....	76
		<i>acetazolamide sodium solr 500 mg</i> .....	76
		<i>acetazolamide tabs 125 mg</i> .....	76
		<i>acetazolamide tabs 250 mg</i> .....	76
		ACETIC ACID SOLN 0.25 % .....	93
		<i>acetic acid soln 2 %</i> .....	76
		<i>acetylcysteine soln 10 %</i> .....	87
		<i>acetylcysteine soln 20 %</i> .....	87
		ACETYLCYSTEINE SOLN 200 MG/ML .....	87
		<i>acitretin caps 10 mg</i> .....	105
		<i>acitretin caps 17.5 mg</i> .....	105
		<i>acitretin caps 25 mg</i> .....	105

ACTEMRA ACTPEN SOAJ 162 MG/0.9ML	88	ADALIMUMAB-ADB(PS/UV STARTER)	89
ACTEMRA SOSY 162 MG/0.9ML	88	AJKT 40 MG/0.8ML	89
ACTHAR GEL 80 UNIT/ML	85	ADALIMUMAB-RYVK (2 PEN) AJKT 40	89
ACTHAR GEL AUIJ 40 UNIT/0.5ML	85	MG/0.4ML	89
ACTHAR GEL AUIJ 80 UNIT/ML	85	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	89
ACTHIB SOLR	101	40 MG/0.4ML	89
ACTIMMUNE SOLN 100 MCG/0.5ML	93	<i>adapalene gel 0.1 %</i>	105
<i>acyclovir caps 200 mg</i>	17	<i>adapalene gel 0.3 %</i>	105
<i>acyclovir sodium soln 50 mg/ml</i>	17	ADAPALENE SOLN 0.1 %	105
<i>acyclovir susp 200 mg/5ml</i>	17	<i>adapalene-benzoyl peroxide gel 0.1-2.5 %</i>	106
<i>acyclovir tabs 400 mg</i>	17	ADAPALENE-BENZOYL PEROXIDE PADS	106
<i>acyclovir tabs 800 mg</i>	17	0.1-2.5 %	106
ADACEL SUSP 5-2-15.5 LF-MCG/0.5...	101	ADBRY SOAJ 300 MG/2ML	106
ADAGEN INJ 250/ML	73	ADBRY SOSY 150 MG/ML	106
ADAKVEO SOLN 100 MG/10ML	37	ADDERALL TABS 20 MG	50
ADALIMUMAB-AATY (1 PEN) AJKT 40	88	ADDERALL TABS 5 MG	50
MG/0.4ML	88	ADDERALL TABS 7.5 MG	50
ADALIMUMAB-AATY (1 PEN) AJKT 80	88	<i>adefovir dipivoxil tabs 10 mg</i>	17
MG/0.8ML	88	ADEMPAS TABS 0.5 MG	99
ADALIMUMAB-AATY (2 PEN) AJKT 40	88	ADEMPAS TABS 1 MG	99
MG/0.4ML	88	ADEMPAS TABS 1.5 MG	99
ADALIMUMAB-AATY (2 SYRINGE) PSKT	88	ADEMPAS TABS 2 MG	99
20 MG/0.2ML	88	ADEMPAS TABS 2.5 MG	99
ADALIMUMAB-AATY (2 SYRINGE) PSKT	88	<i>adenosine soln 12 mg/4ml</i>	43
40 MG/0.4ML	88	<i>adenosine soln 6 mg/2ml</i>	43
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	88	<i>adriamycin inj 10mg</i>	21
	88	ADRIAMYCIN SOLR 10 MG	21
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	88	<i>adriamycin solr 50 mg</i>	21
	88	<i>adrucil inj 2.5/50ml</i>	21
ADALIMUMAB-ADB(2 PEN) AJKT 40	88	<i>adrucil inj 5/100ml</i>	21
MG/0.4ML	88	<i>adrucil inj 500/10ml</i>	21
ADALIMUMAB-ADB(2 PEN) AJKT 40	88	ADSTILADRIN SUSP 300000000000	21
MG/0.8ML	88	VP/ML	21
ADALIMUMAB-ADB(2 SYRINGE) PSKT	88	ADVAIR HFA AERO 115-21 MCG/ACT...	98
10 MG/0.2ML	88	ADVAIR HFA AERO 230-21 MCG/ACT...	98
ADALIMUMAB-ADB(2 SYRINGE) PSKT	89	ADVAIR HFA AERO 45-21 MCG/ACT...	98
20 MG/0.4ML	89	ADZYNMA KIT 1500 UNIT	73
ADALIMUMAB-ADB(2 SYRINGE) PSKT	89	ADZYNMA KIT 500 UNIT	73
40 MG/0.4ML	89	AFINITOR DISPERZ TBSO 2 MG	21
ADALIMUMAB-ADB(2 SYRINGE) PSKT	89	AFINITOR DISPERZ TBSO 3 MG	21
40 MG/0.8ML	89	AFINITOR DISPERZ TBSO 5 MG	21
ADALIMUMAB-ADB(CD/UC/HS STRT)	89	AFINITOR TABS 10 MG	21
AJKT 40 MG/0.4ML	89	AGAMREE SUSP 40 MG/ML	79
ADALIMUMAB-ADB(CD/UC/HS STRT)	89	AJOVY SOAJ 225 MG/1.5ML	55
AJKT 40 MG/0.8ML	89	AJOVY SOSY 225 MG/1.5ML	55
ADALIMUMAB-ADB(PS/UV STARTER)	89	AKEEGA TABS 100-500 MG	21
AJKT 40 MG/0.4ML	89	AKEEGA TABS 50-500 MG	21
		albendazole	151



<i>albendazole tabs</i> .....	10	ALYGLO SOLN 10 GM/100ML .....	100
<i>albendazole tabs 200 mg</i> .....	10	ALYGLO SOLN 20 GM/200ML .....	100
ALBUTEROL SULFATE ER TB12 4 MG .	36	ALYGLO SOLN 5 GM/50ML .....	100
ALBUTEROL SULFATE ER TB12 8 MG .	36	ALYMSYS SOLN 100 MG/4ML.....	21
<i>albuterol sulfate hfa aers 108 (90 base)</i>		ALYMSYS SOLN 400 MG/16ML.....	21
<i>mcg/act</i> .....	36	<i>amantadine hcl caps 100 mg</i> .....	56
<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>		<i>amantadine hcl soln 50 mg/5ml</i> .....	56
.....	36	<i>amantadine hcl tabs 100 mg</i> .....	56
<i>albuterol sulfate nebu 0.63 mg/3ml</i> .....	36	AMBISOME SUSR 50 MG .....	15
<i>albuterol sulfate nebu 1.25 mg/3ml</i> .....	36	<i>ambrisentan tabs 10 mg</i> .....	99
<i>albuterol sulfate nebu 2.5 mg/0.5ml</i> .....	36	<i>ambrisentan tabs 5 mg</i> .....	99
<i>albuterol sulfate syrpf 2 mg/5ml</i> .....	36	<i>amikacin sulfate soln 1 gm/4ml</i> .....	10
<i>albuterol sulfate tabs 2 mg</i> .....	36	<i>amikacin sulfate soln 500 mg/2ml</i> .....	10
<i>albuterol sulfate tabs 4 mg</i> .....	36	AMILORIDE HCL TABS 5 MG .....	71
<i>alclometasone dipropionate crea 0.05 %</i>	103	AMILORIDE-HYDROCHLOROTHIAZIDE	
<i>alclometasone dipropionate oint 0.05 %</i>	103	TABS 5-50 MG .....	71
ALCOHOL PREP PADS 70 % .....	70	<i>aminocaproic acid soln 0.25 gm/ml</i> .....	37
ALDURAZYME SOLN 2.9 MG/5ML.....	73	<i>aminocaproic acid soln 250 mg/ml</i> .....	37
ALECENSA CAPS 150 MG .....	21	<i>aminocaproic acid tabs 1000 mg</i> .....	37
<i>alendronate sodium tabs 10 mg</i> .....	88	<i>aminocaproic acid tabs 500 mg</i> .....	37
<i>alendronate sodium tabs 35 mg</i> .....	88	<i>aminophylline soln 25 mg/ml</i> .....	107
<i>alendronate sodium tabs 70 mg</i> .....	88	<i>amiodarone hcl soln 150 mg/3ml</i> .....	43
ALENDRONATE TAB 40MG .....	88	<i>amiodarone hcl soln 450 mg/9ml</i> .....	43
<i>alfuzosin hcl er tb24 10 mg</i> .....	36	<i>amiodarone hcl soln 900 mg/18ml</i> .....	43
ALIMTA SOLR 500 MG .....	21	<i>amiodarone hcl tabs 100 mg</i> .....	43
ALIQOPA SOLR 60 MG .....	21	<i>amiodarone hcl tabs 200 mg</i> .....	43
ALISKIREN FUMARATE TABS 150 MG .	45	<i>amiodarone hcl tabs 400 mg</i> .....	43
ALISKIREN FUMARATE TABS 300 MG .	45	<i>amitriptyline hcl tabs 10 mg</i> .....	62
ALKINDI SPRINKLE CPSP 1 MG.....	79	<i>amitriptyline hcl tabs 100 mg</i> .....	62
ALKINDI SPRINKLE CPSP 2 MG.....	79	<i>amitriptyline hcl tabs 150 mg</i> .....	62
ALKINDI SPRINKLE CPSP 5 MG.....	79	<i>amitriptyline hcl tabs 25 mg</i> .....	62
<i>allopurinol tabs 100 mg</i> .....	88	<i>amitriptyline hcl tabs 50 mg</i> .....	62
<i>allopurinol tabs 300 mg</i> .....	88	<i>amitriptyline hcl tabs 75 mg</i> .....	62
<i>alosetron hcl tabs 0.5 mg</i> .....	77	AMJEVITA SOAJ 40 MG/0.4ML.....	89
<i>alosetron hcl tabs 1 mg</i> .....	77	AMJEVITA SOAJ 40 MG/0.8ML.....	89
<i>alprazolam tabs 0.25 mg</i> .....	57	AMJEVITA SOAJ 80 MG/0.8ML.....	89
<i>alprazolam tabs 0.5 mg</i> .....	57	AMJEVITA SOSY 40 MG/0.4ML.....	89
<i>alprazolam tabs 1 mg</i> .....	57	AMJEVITA SOSY 40 MG/0.8ML.....	89
<i>alprazolam tabs 2 mg</i> .....	57	AMJEVITA-PED 10KG TO <15KG SOSY	
ALUNBRIG TABS 180 MG .....	21	10 MG/0.2ML.....	89
ALUNBRIG TABS 30 MG .....	21	AMJEVITA-PED 15KG TO <30KG SOSY	
ALUNBRIG TABS 90 MG .....	21	20 MG/0.2ML.....	89
ALUNBRIG TBPK 90 & 180 MG .....	21	AMJEVITA-PED 15KG TO <30KG SOSY	
ALVAIZ TABS 18 MG .....	38	20 MG/0.4ML.....	89
ALVAIZ TABS 36 MG .....	39	<i>amlodipine besy-benazepril hcl caps 10-20</i>	
ALVAIZ TABS 54 MG .....	39	<i>mg</i> .....	42
ALVAIZ TABS 9 MG .....	39	<i>amlodipine besy-benazepril hcl caps 10-40</i>	
ALVESCO AERS 160 MCG/ACT.....	98	<i>mg</i> .....	42
ALVESCO AERS 80 MCG/ACT.....	98		

<i>amlodipine besy-benazepril hcl caps 2.5-10 mg</i> .....	42	AMPHETAMINE-DEXTROAMPHET ER CP24 20 MG.....	50
<i>amlodipine besy-benazepril hcl caps 5-10 mg</i> .....	42	<i>amphetamine-dextroamphet er cp24 25 mg</i> .....	50
<i>amlodipine besy-benazepril hcl caps 5-20 mg</i> .....	42	<i>amphetamine-dextroamphet er cp24 30 mg</i> .....	50
<i>amlodipine besy-benazepril hcl caps 5-40 mg</i> .....	42	<i>amphetamine-dextroamphet er cp24 5 mg</i> .....	50
<i>amlodipine besylate tabs 10 mg</i> .....	42	<i>amphetamine-dextroamphetamine tabs 10 mg</i> .....	50
<i>amlodipine besylate tabs 2.5 mg</i> .....	42	<i>amphetamine-dextroamphetamine tabs 12.5 mg</i> .....	50
<i>amlodipine besylate tabs 5 mg</i> .....	42	<i>amphetamine-dextroamphetamine tabs 15 mg</i> .....	50
<i>ammonium lactate crea 12 %</i> .....	106	<i>amphetamine-dextroamphetamine tabs 20 mg</i> .....	50
AMONDYS 45 SOLN 100 MG/2ML.....	93	<i>amphetamine-dextroamphetamine tabs 30 mg</i> .....	50
<i>amoxapine tabs 100 mg</i> .....	62	<i>amphetamine-dextroamphetamine tabs 5 mg</i> .....	50
<i>amoxapine tabs 150 mg</i> .....	62	<i>amphetamine-dextroamphetamine tabs 7.5 mg</i> .....	50
<i>amoxapine tabs 25 mg</i> .....	62	AMPHOTERICIN B SOLR 50 MG.....	15
<i>amoxapine tabs 50 mg</i> .....	62	<i>ampicillin caps 500 mg</i> .....	10
<i>amoxicillin caps 250 mg</i> .....	10	<i>ampicillin sodium solr 1 gm</i> .....	10
<i>amoxicillin caps 500 mg</i> .....	10	<i>ampicillin sodium solr 10 gm</i> .....	10
AMOXICILLIN CHEW 125 MG.....	10	AMPICILLIN SODIUM SOLR 125 MG.....	10
AMOXICILLIN CHEW 250 MG.....	10	<i>ampicillin sodium solr 2 gm</i> .....	10
<i>amoxicillin susr 125 mg/5ml</i> .....	10	<i>ampicillin sodium solr 250 mg</i> .....	10
<i>amoxicillin susr 200 mg/5ml</i> .....	10	<i>ampicillin sodium solr 500 mg</i> .....	10
<i>amoxicillin susr 250 mg/5ml</i> .....	10	<i>ampicillin sodium solr injection 2 gm</i> .....	10
<i>amoxicillin susr 400 mg/5ml</i> .....	10	AMPICILLIN SODIUM SOLR INTRAVENOUS 2 GM.....	10
<i>amoxicillin tabs 500 mg</i> .....	10	<i>ampicillin-sulbactam sodium solr 15 (10-5) gm</i> .....	10
<i>amoxicillin tabs 875 mg</i> .....	10	<i>ampicillin-sulbactam sodium solr injection 1.5 (1-0.5) gm</i> .....	10
AMOXICILLIN-POT CLAVULANATE CHEW 200-28.5 MG.....	10	<i>ampicillin-sulbactam sodium solr injection 3 (2-1) gm</i> .....	10
AMOXICILLIN-POT CLAVULANATE CHEW 400-57 MG.....	10	AMPICILLIN-SULBACTAM SODIUM SOLR INTRAVENOUS 1.5 (1-0.5) GM.....	10
<i>amoxicillin-pot clavulanate susr 200-28.5 mg/5ml</i> .....	10	AMPICILLIN-SULBACTAM SODIUM SOLR INTRAVENOUS 3 (2-1) GM.....	10
<i>amoxicillin-pot clavulanate susr 250-62.5 mg/5ml</i> .....	10	AMVUTTRA SOSY 25 MG/0.5ML.....	93
<i>amoxicillin-pot clavulanate susr 400-57 mg/5ml</i> .....	10	ANADROL-50 TABS 50 MG.....	81
<i>amoxicillin-pot clavulanate susr 600-42.9 mg/5ml</i> .....	10	<i>anagrelide hcl caps 0.5 mg</i> .....	37
<i>amoxicillin-pot clavulanate tabs 250-125 mg</i> .....	10	<i>anagrelide hcl caps 1 mg</i> .....	37
<i>amoxicillin-pot clavulanate tabs 500-125 mg</i> .....	10	<i>anastrozole tabs 1 mg</i> .....	21
<i>amoxicillin-pot clavulanate tabs 875-125 mg</i> .....	10	ANKTIVA SOLN 400 MCG/0.4ML.....	21
<i>amphetamine-dextroamphet er cp24 10 mg</i> .....	50		
<i>amphetamine-dextroamphet er cp24 15 mg</i> .....	50		

ANTABUSE TABS 250 MG .....	47	<i>aripiprazole tabs 15 mg</i> .....	62
ANTABUSE TABS 500 MG .....	47	<i>aripiprazole tabs 2 mg</i> .....	62
APHEXDA SOLR 62 MG .....	39	<i>aripiprazole tabs 20 mg</i> .....	62
ALENZIN TB24 174 MG .....	62	<i>aripiprazole tabs 30 mg</i> .....	62
ALENZIN TB24 348 MG .....	62	<i>aripiprazole tabs 5 mg</i> .....	62
ALENZIN TB24 522 MG .....	62	<i>aripiprazole tbdp 10 mg</i> .....	62
APOKYN SOCT 30 MG/3ML .....	56	<i>aripiprazole tbdp 15 mg</i> .....	62
<i>apomorphine hcl soct 30 mg/3ml</i> .....	56	ARISTADA INITIO PRSY 675 MG/2.4ML	62
APRACLONIDINE HCL SOLN 0.5 %.....	76	ARISTADA PRSY 1064 MG/3.9ML.....	62
<i>aprepitant caps 125 mg</i> .....	77	ARISTADA PRSY 441 MG/1.6ML.....	62
<i>aprepitant caps 40 mg</i> .....	77	ARISTADA PRSY 662 MG/2.4ML.....	63
<i>aprepitant caps 80 &amp; 125 mg</i> .....	77	ARISTADA PRSY 882 MG/3.2ML.....	63
<i>aprepitant caps 80 mg</i> .....	77	<i>armodafinil tabs 150 mg</i> .....	50
<i>apri tabs 0.15-30 mg-mcg</i> .....	81	<i>armodafinil tabs 200 mg</i> .....	50
APTIOM TABS 200 MG.....	51	<i>armodafinil tabs 250 mg</i> .....	50
APTIOM TABS 400 MG.....	51	<i>armodafinil tabs 50 mg</i> .....	50
APTIOM TABS 600 MG.....	51	<i>arsenic trioxide soln 12 mg/6ml</i> .....	21
APTIOM TABS 800 MG.....	51	ARTESUNATE SOLR 110 MG.....	16
APTIVUS CAPS 250 MG.....	17	ARTICADENT DENTAL SOCT 4 %-1	
APTIVUS SOLN 100 MG/ML.....	17	100000 .....	93
AQNEURSA PACK 1 GM.....	93	200000 .....	93
ARALAST NP SOLR 1000 MG.....	98	ARZERRA CONC 100 MG/5ML.....	21
<i>aranelle tabs 0.5/1/0.5-35 mg-mcg</i> .....	81	ARZERRA CONC 1000 MG/50ML.....	21
ARANESP (ALBUMIN FREE) SOLN 100		ASCENIV SOLN 5 GM/50ML.....	100
MCG/ML.....	39	ASENAPINE MALEATE SUBL 10 MG.....	63
ARANESP (ALBUMIN FREE) SOLN 200		<i>asenapine maleate subl 2.5 mg</i> .....	63
MCG/ML.....	39	ASENAPINE MALEATE SUBL 5 MG.....	63
ARANESP (ALBUMIN FREE) SOLN 60		ASMANEX HFA AERO 100 MCG/ACT .....	98
MCG/ML.....	39	ASMANEX HFA AERO 200 MCG/ACT .....	98
ARANESP (ALBUMIN FREE) SOSY 100		ASPARLAS SOLN 3750 UNIT/5ML .....	21
MCG/0.5ML.....	39	<i>aspirin-dipyridamole er cp12 25-200 mg</i> ..	37
ARANESP (ALBUMIN FREE) SOSY 150		<i>atazanavir sulfate caps 150 mg</i> .....	17
MCG/0.3ML.....	39	<i>atazanavir sulfate caps 200 mg</i> .....	17
ARANESP (ALBUMIN FREE) SOSY 200		<i>atazanavir sulfate caps 300 mg</i> .....	17
MCG/0.4ML.....	39	<i>atenolol tabs 100 mg</i> .....	41
ARANESP (ALBUMIN FREE) SOSY 300		<i>atenolol tabs 25 mg</i> .....	41
MCG/0.6ML.....	39	<i>atenolol tabs 50 mg</i> .....	41
ARANESP (ALBUMIN FREE) SOSY 500		<i>atenolol-chlorthalidone tabs 100-25 mg</i> ...	41
MCG/ML.....	39	<i>atenolol-chlorthalidone tabs 50-25 mg</i> .....	41
ARANESP (ALBUMIN FREE) SOSY 60		<i>atomoxetine hcl caps 10 mg</i> .....	59
MCG/0.3ML.....	39	<i>atomoxetine hcl caps 100 mg</i> .....	59
ARCALYST SOLR 220 MG .....	93	<i>atomoxetine hcl caps 18 mg</i> .....	59
AREXVY SUSR 120 MCG/0.5ML.....	101	<i>atomoxetine hcl caps 25 mg</i> .....	59
<i>arformoterol tartrate nebu 15 mcg/2ml</i> .....	36	<i>atomoxetine hcl caps 40 mg</i> .....	59
<i>argatroban soln 250 mg/2.5ml</i> .....	37	<i>atomoxetine hcl caps 60 mg</i> .....	59
<i>argyle sterile water soln</i> .....	93	<i>atomoxetine hcl caps 80 mg</i> .....	59
ARIKAYCE SUSP 590 MG/8.4ML .....	10	<i>atorvastatin calcium tabs 10 mg</i> .....	40
<i>aripiprazole soln 1 mg/ml</i> .....	62	<i>atorvastatin calcium tabs 20 mg</i> .....	40
<i>aripiprazole tabs 10 mg</i> .....	62	<i>atorvastatin calcium tabs 40 mg</i> .....	40

<i>atorvastatin calcium tabs 80 mg</i> .....	40
<i>atovaquone susp 750 mg/5ml</i> .....	16
<i>atovaquone-proguanil hcl tabs 250-100 mg</i> .....	16
<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i> .....	16
<i>atropine sulfate soln 1 %</i> .....	76
<i>atropine sulfate soln 8 mg/20ml</i> .....	34
<i>atropine sulfate sosy 1 mg/10ml</i> .....	34
ATROVENT HFA AERS 17 MCG/ACT ...	34
AUGMENTIN SUSR 125-31.25 MG/5ML.	10
AUGTYRO CAPS 40 MG .....	21
AURYXIA TABS 1 GM 210 MG(FE) .....	72
AUSTEDO TABS 12 MG .....	59
AUSTEDO TABS 6 MG .....	59
AUSTEDO TABS 9 MG .....	59
AUSTEDO XR PATIENT TITRATION TEPK 12 & 18 & 24 & 30 MG .....	59
AUSTEDO XR PATIENT TITRATION TEPK 6 & 12 & 24 MG .....	59
AUSTEDO XR TB24 12 MG .....	59
AUSTEDO XR TB24 18 MG .....	59
AUSTEDO XR TB24 24 MG .....	59
AUSTEDO XR TB24 30 MG .....	59
AUSTEDO XR TB24 36 MG .....	59
AUSTEDO XR TB24 42 MG .....	59
AUSTEDO XR TB24 48 MG .....	59
AUSTEDO XR TB24 6 MG .....	59
AUVELITY TBCR 45-105 MG.....	63
AVASTIN SOLN 100 MG/4ML.....	21
AVASTIN SOLN 400 MG/16ML.....	21
<i>aviane tabs 0.1-20 mg-mcg</i> .....	81
AVITA CREA 0.025 % .....	105
AVONEX PEN AJKT 30 MCG/0.5ML.....	60
AVONEX PREFILLED PSKT 30 MCG/0.5ML.....	60
AVSOLA SOLR 100 MG .....	89
AYVAKIT TABS 100 MG .....	21
AYVAKIT TABS 200 MG .....	21
AYVAKIT TABS 25 MG .....	21
AYVAKIT TABS 300 MG .....	21
AYVAKIT TABS 50 MG .....	21
AZACITIDINE SUSR 100 MG.....	21
AZATHIOPRINE SODIUM SOLR 100 MG .....	92
<i>azathioprine tabs 100 mg</i> .....	92
<i>azathioprine tabs 50 mg</i> .....	92
<i>azathioprine tabs 75 mg</i> .....	92
<i>azelaic acid gel 15 %</i> .....	106

<i>azelastine hcl soln 0.1 %</i> .....	76
<i>azithromycin solr 500 mg</i> .....	11
<i>azithromycin susr 100 mg/5ml</i> .....	11
<i>azithromycin susr 200 mg/5ml</i> .....	11
<i>azithromycin tabs 250 mg</i> .....	11
<i>azithromycin tabs 500 mg</i> .....	11
<i>azithromycin tabs 600 mg</i> .....	11
<i>aztreonam solr 1 gm</i> .....	11

## B

BACITRACIN OINT 500 UNIT/GM.....	74
<i>bacitracin-polymyxin b oint 500-10000 unit/gm</i> .....	74
<i>bacitra-neomycin-polymyxin-hc oint 1 %</i> ..	75
BACLOFEN SOLN 10 MG/5ML .....	35
<i>baclofen susp 25 mg/5ml</i> .....	35
<i>baclofen tabs 10 mg</i> .....	35
<i>baclofen tabs 20 mg</i> .....	35
<i>baclofen tabs 5 mg</i> .....	35
BAFIERTAM CPDR 95 MG.....	60
<i>balsalazide disodium caps 750 mg</i> .....	77
BALVERSA TABS 3 MG .....	21
BALVERSA TABS 4 MG .....	21
BALVERSA TABS 5 MG .....	21
<i>balziva tabs 0.4-35 mg-mcg</i> .....	81
BAQSIMI ONE PACK POWD 3 MG/DOSE .....	82
BAQSIMI TWO PACK POWD 3 MG/DOSE .....	82
BARACLUDGE SOLN 0.05 MG/ML.....	17
BAVENCIO SOLN 200 MG/10ML .....	21
BCG VACCINE SOLR 50 MG .....	21
BD INSULIN SYR ULTRAFINE II MISC 31G X 5/16.....	70
BD INSULIN SYRINGE MISC 29G X 1/2.	70
BD INSULIN SYRINGE U/F MISC 30G X 1/2 .....	70
BD INSULIN SYRINGE U/F MISC 31G X 5/16 .....	70
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM .....	70
BELBUCA FILM 150 MCG .....	61
BELBUCA FILM 300 MCG .....	61
BELBUCA FILM 450 MCG .....	61
BELBUCA FILM 600 MCG .....	61
BELBUCA FILM 75 MCG .....	61
BELBUCA FILM 750 MCG .....	61
BELBUCA FILM 900 MCG .....	61
BELEODAQ INJ 500MG .....	21

BELRAPZO SOLN 100 MG/4ML .....	21	BETAMETHASONE VALERATE OINT	
<i>benazepril hcl tabs 10 mg</i> .....	45	0.1 % .....	103
<i>benazepril hcl tabs 20 mg</i> .....	45	BETASERON KIT 0.3 MG .....	60
<i>benazepril hcl tabs 40 mg</i> .....	45	BETAXOLOL HCL SOLN 0.5 % .....	76
<i>benazepril hcl tabs 5 mg</i> .....	45	<i>bethanechol chloride tabs 10 mg</i> .....	35
<i>bendamustine hcl solr 100 mg</i> .....	21	<i>bethanechol chloride tabs 25 mg</i> .....	35
<i>bendamustine hcl solr 25 mg</i> .....	21	<i>bethanechol chloride tabs 5 mg</i> .....	35
BENDAMUSTINE SOL 100/4ML .....	22	<i>bethanechol chloride tabs 50 mg</i> .....	35
BENDEKA SOLN 100 MG/4ML .....	22	BEXAROTENE CAPS 75 MG .....	22
BENLYSTA SOAJ 200 MG/ML .....	92	<i>bexarotene gel 1 %</i> .....	105
BENLYSTA SOLR 120 MG .....	92	BEXSERO SUSY .....	101
BENLYSTA SOLR 400 MG .....	92	<i>bicalutamide tabs 50 mg</i> .....	22
BENLYSTA SOSY 200 MG/ML .....	92	BICILLIN C-R 900/300 SUSP 900000-	
BENZOYL PEROXIDE FORTE- HC LOTN		300000 UNIT/2ML .....	11
7.5-1 % .....	103	BICILLIN C-R SUSP 1200000 UNIT/2ML	11
BENZOYL PEROXIDE GEL 6.5 % .....	102	BICILLIN L-A SUSY 1200000 UNIT/2ML	11
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>		BICILLIN L-A SUSY 2400000 UNIT/4ML	11
.....	102	BICILLIN L-A SUSY 600000 UNIT/ML	11
<i>benztropine mesylate soln 1 mg/ml</i> .....	56	BIKTARVY TABS 30-120-15 MG .....	17
<i>benztropine mesylate tabs 0.5 mg</i> .....	56	BIKTARVY TABS 50-200-25 MG .....	17
<i>benztropine mesylate tabs 1 mg</i> .....	56	<i>bimatoprost soln 0.03 %</i> .....	76
<i>benztropine mesylate tabs 2 mg</i> .....	56	BIMZELX SOAJ 160 MG/ML .....	106
BEOVU SOLN 6 MG/0.05ML .....	76	BIMZELX SOSY 160 MG/ML .....	106
BEOVU SOSY 6 MG/0.05ML .....	76	<i>bismuth/metronidaz/tetracyclin caps 140-</i>	
BERINERT KIT 500 UNIT .....	93	125-125 mg .....	77
BESPONSA SOLR 0.9 MG .....	22	<i>bisoprolol fumarate tabs 10 mg</i> .....	41
BESREMI SOSY 500 MCG/ML .....	22	<i>bisoprolol fumarate tabs 5 mg</i> .....	41
<i>betaine powd</i> .....	93	<i>bisoprolol-hydrochlorothiazide tabs 10-6.25</i>	
<i>betamethasone dipropionate aug crea</i>		mg .....	41
0.05 % .....	103	<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25</i>	
BETAMETHASONE DIPROPIONATE AUG		mg .....	41
GEL 0.05 % .....	103	<i>bisoprolol-hydrochlorothiazide tabs 5-6.25</i>	
<i>betamethasone dipropionate aug lotn</i>		mg .....	41
0.05 % .....	103	<i>bleomycin sulfate solr 15 unit</i> .....	22
<i>betamethasone dipropionate aug oint</i>		<i>bleomycin sulfate solr 30 unit</i> .....	22
0.05 % .....	103	BLEPHAMIDE S.O.P. OINT 10-0.2 % .....	75
<i>betamethasone dipropionate crea 0.05 %</i>		BLEPHAMIDE SUSP 10-0.2 % .....	75
.....	103	BLINCYTO SOLR 35 MCG .....	22
<i>betamethasone dipropionate lotn 0.05 %</i>		BOOSTRIX SUSP 5-2.5-18.5 LF-MCG/0.5	
.....	103	.....	101
<i>betamethasone dipropionate oint 0.05 %</i>		BOOSTRIX SUSY 5-2.5-18.5 LF-MCG/0.5	
.....	103	.....	101
<i>betamethasone sod phos &amp; acet susp 6 (3-</i>		BORTEZOMIB SOLN INJECTION 3.5	
<i>3) mg/ml</i> .....	79	MG/1.4ML .....	22
BETAMETHASONE VALERATE CREA		BORTEZOMIB SOLR INJECTION 1 MG	22
0.1 % .....	103	BORTEZOMIB SOLR INJECTION 2.5 MG	
<i>betamethasone valerate foam 0.12 %</i> ...	103	.....	22
BETAMETHASONE VALERATE LOTN		<i>bortezomib solr injection 3.5 mg</i> .....	22
0.1 % .....	103		

BORTEZOMIB SOLR INTRAVENOUS 3.5 MG .....	22	<i>bumetanide tabs 2 mg</i> .....	71
<i>bosentan tabs 125 mg</i> .....	99	<i>bupivacaine hcl (pf) soln 0.25 %</i> .....	93
<i>bosentan tabs 62.5 mg</i> .....	99	<i>bupivacaine hcl (pf) soln 0.5 %</i> .....	93
BOSULIF CAPS 100 MG .....	22	<i>bupivacaine hcl (pf) soln 0.75 %</i> .....	93
BOSULIF CAPS 50 MG .....	22	<i>bupivacaine hcl soln 0.5 %</i> .....	93
BOSULIF TABS 100 MG .....	22	<i>bupivacaine in dextrose soln 0.75-8.25 %</i> .....	93
BOSULIF TABS 400 MG .....	22	<i>bupivacaine spinal soln 0.75-8.25 %</i> .....	93
BOSULIF TABS 500 MG .....	22	<i>bupivacaine-epinephrine (pf) soln 0.25% -1</i>	
BRAFTOVI CAP 50MG.....	22	200000 .....	93
BRAFTOVI CAPS 75 MG .....	22	<i>bupivacaine-epinephrine (pf) soln 0.5% -1</i>	
<i>breyana aero 160-4.5 mcg/act</i> .....	98	200000 .....	93
<i>breyana aero 80-4.5 mcg/act</i> .....	98	<i>bupivacaine-epinephrine soln 0.25% -1</i>	
BREZTRI AEROSPHERE AERO 160-9-4.8 MCG/ACT .....	98	200000 .....	93
BRILINTA TABS 60 MG .....	37	<i>buprenorphine hcl subl 2 mg</i> .....	61
BRILINTA TABS 90 MG .....	37	<i>buprenorphine hcl subl 8 mg</i> .....	61
<i>brimonidine tartrate soln 0.2 %</i> .....	76	<i>buprenorphine hcl-naloxone hcl subl 2-0.5</i>	
BRIUMVI SOLN 150 MG/6ML .....	60	mg .....	61
BRIVIACT SOLN 10 MG/ML.....	51	<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	
BRIVIACT TABS 10 MG .....	52	.....	61
BRIVIACT TABS 100 MG .....	52	<i>buprenorphine ptwk 10 mcg/hr</i> .....	61
BRIVIACT TABS 25 MG .....	52	<i>buprenorphine ptwk 15 mcg/hr</i> .....	61
BRIVIACT TABS 50 MG .....	52	<i>buprenorphine ptwk 20 mcg/hr</i> .....	61
BRIVIACT TABS 75 MG .....	52	<i>buprenorphine ptwk 5 mcg/hr</i> .....	61
BRIXADI (WEEKLY) SOSY 16 MG/0.32ML .....	61	<i>buprenorphine ptwk 7.5 mcg/hr</i> .....	61
BRIXADI (WEEKLY) SOSY 24 MG/0.48ML .....	61	<i>bupropion hcl er (smoking det) tb12 150 mg</i>	
BRIXADI (WEEKLY) SOSY 32 MG/0.64ML .....	61	.....	63
BRIXADI (WEEKLY) SOSY 8 MG/0.16ML .....	61	<i>bupropion hcl er (sr) tb12 100 mg</i> .....	63
BRIXADI SOSY 128 MG/0.36ML.....	61	<i>bupropion hcl er (sr) tb12 150 mg</i> .....	63
BRIXADI SOSY 64 MG/0.18ML.....	61	<i>bupropion hcl er (sr) tb12 200 mg</i> .....	63
BRIXADI SOSY 96 MG/0.27ML.....	61	<i>bupropion hcl er (xl) tb24 150 mg</i> .....	63
<i>bromocriptine mesylate caps 5 mg</i> .....	56	<i>bupropion hcl er (xl) tb24 300 mg</i> .....	63
<i>bromocriptine mesylate tabs 2.5 mg</i> .....	56	BUPROPION HCL ER (XL) TB24 450 MG	
BRONCHITOL CAPS 40 MG .....	98	.....	63
BROVANA NEBU 15 MCG/2ML .....	36	<i>bupropion hcl tabs 100 mg</i> .....	63
BRUKINSA CAPS 80 MG .....	22	<i>bupropion hcl tabs 75 mg</i> .....	63
<i>budesonide cpep 3 mg</i> .....	79	<i>bupirone hcl tabs 10 mg</i> .....	57
BUDESONIDE ER TB24 9 MG .....	79	<i>bupirone hcl tabs 15 mg</i> .....	57
<i>budesonide susp 0.25 mg/2ml</i> .....	99	<i>bupirone hcl tabs 30 mg</i> .....	57
<i>budesonide susp 0.5 mg/2ml</i> .....	99	<i>bupirone hcl tabs 5 mg</i> .....	57
<i>budesonide susp 1 mg/2ml</i> .....	99	<i>bupirone hcl tabs 7.5 mg</i> .....	57
<i>bumetanide soln 0.25 mg/ml</i> .....	71	<i>busulfan soln 6 mg/ml</i> .....	22
<i>bumetanide tabs 0.5 mg</i> .....	71	<i>butalbital-apap-caffeine tabs 50-325-40 mg</i>	
<i>bumetanide tabs 1 mg</i> .....	71	.....	47
		<i>butalbital-aspirin-caffeine caps 50-325-40</i>	
		mg .....	47
		BYLVAY (PELLETS) CPSP 200 MCG .....	78
		BYLVAY (PELLETS) CPSP 600 MCG .....	78

BYLVAY CAPS 1200 MCG.....	78
BYLVAY CAPS 400 MCG.....	78
BYOOVIZ SOLN 0.5 MG/0.05ML .....	76

**C**

CABENUVA SUER 400 & 600 MG/2ML ..	17
CABENUVA SUER 600 & 900 MG/3ML ..	17
<i>cabergoline tabs 0.5 mg</i> .....	56
CABLIVI KIT 11 MG.....	39
CABOMETYX TABS 20 MG .....	22
CABOMETYX TABS 40 MG .....	22
CABOMETYX TABS 60 MG .....	22
CAFERGOT TABS 1-100 MG.....	55
<i>caffeine citrate soln 20 mg/ml</i> .....	50
<i>caffeine citrate soln 60 mg/3ml</i> .....	50
CALCIPOTRIENE CREA 0.005 %.....	106
<i>calcipotriene oint 0.005 %</i> .....	106
CALCIPOTRIENE SOLN 0.005 % .....	106
<i>calcipotriene-betameth diprop susp 0.005-0.064 %</i> .....	103
<i>calcitonin (salmon) soln 200 unit/act</i> .....	84
<i>calcitonin (salmon) soln 200 unit/ml</i> .....	84
<i>calcitriol caps 0.25 mcg</i> .....	108
<i>calcitriol caps 0.5 mcg</i> .....	108
CALCITRIOL INTRAVENOUS SOLN 1 MCG/ML.....	108
<i>calcitriol oral soln 1 mcg/ml</i> .....	108
<i>calcium acetate (phos binder) caps 667 mg</i> .....	72
<i>calcium acetate tabs 667 mg</i> .....	72
CALQUENCE CAPS 100 MG .....	22
CALQUENCE TABS 100 MG .....	22
CAMCEVI PRSY 42 MG.....	22
CAMZYOS CAPS 10 MG .....	43
CAMZYOS CAPS 15 MG .....	43
CAMZYOS CAPS 2.5 MG .....	43
CAMZYOS CAPS 5 MG .....	43
<i>candesartan cilexetil tabs 16 mg</i> .....	45
<i>candesartan cilexetil tabs 32 mg</i> .....	45
<i>candesartan cilexetil tabs 4 mg</i> .....	45
<i>candesartan cilexetil tabs 8 mg</i> .....	45
CAPASTAT SULFATE SOLR 1 GM .....	16
CAPLYTA CAPS 10.5 MG.....	63
CAPLYTA CAPS 21 MG.....	63
CAPLYTA CAPS 42 MG.....	63
CAPRELSA TABS 100 MG.....	22
CAPRELSA TABS 300 MG.....	22
<i>captopril tabs 100 mg</i> .....	45
<i>captopril tabs 12.5 mg</i> .....	45

<i>captopril tabs 25 mg</i> .....	45
<i>captopril tabs 50 mg</i> .....	45
CARAC CREA 0.5 % .....	106
<i>carbamazepine chew 100 mg</i> .....	52
CARBAMAZEPINE ER CP12 100 MG .....	52
CARBAMAZEPINE ER CP12 200 MG .....	52
CARBAMAZEPINE ER CP12 300 MG .....	52
<i>carbamazepine er tb12 100 mg</i> .....	52
<i>carbamazepine er tb12 200 mg</i> .....	52
<i>carbamazepine er tb12 400 mg</i> .....	52
<i>carbamazepine susp 100 mg/5ml</i> .....	52
<i>carbamazepine tabs 200 mg</i> .....	52
<i>carbidopa tabs 25 mg</i> .....	56
<i>carbidopa-levodopa er tbcr 25-100 mg</i> .....	56
<i>carbidopa-levodopa er tbcr 50-200 mg</i> .....	56
<i>carbidopa-levodopa tabs 10-100 mg</i> .....	56
<i>carbidopa-levodopa tabs 25-100 mg</i> .....	56
<i>carbidopa-levodopa tabs 25-250 mg</i> .....	56
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG .....	56
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG .....	56
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG .....	56
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG .....	56
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG .....	56
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG .....	56
<i>carboplatin soln 150 mg/15ml</i> .....	22
<i>carboplatin soln 450 mg/45ml</i> .....	22
<i>carboplatin soln 50 mg/5ml</i> .....	22
<i>carboplatin soln 600 mg/60ml</i> .....	22
CARBOPROST TROMETHAMINE SOSY 250 MCG/ML .....	84
CARDENE IV SOLN 20-4.8 MG/200ML-% .....	42
<i>carglumic acid tbso 200 mg</i> .....	70
<i>carmustine solr 100 mg</i> .....	22
CARMUSTINE SOLR 300 MG .....	22
CARMUSTINE SOLR 50 MG .....	22
CARNITOR SOLN 1 GM/10ML .....	93
CARNITOR TABS 330 MG .....	93
<i>cartia xt cp24 120 mg</i> .....	42
<i>cartia xt cp24 180 mg</i> .....	42
<i>cartia xt cp24 240 mg</i> .....	42
<i>cartia xt cp24 300 mg</i> .....	42
<i>carvedilol tabs 12.5 mg</i> .....	41

<i>carvedilol tabs 25 mg</i> .....	41	<i>celecoxib caps 400 mg</i> .....	47
<i>carvedilol tabs 3.125 mg</i> .....	41	<i>celecoxib caps 50 mg</i> .....	47
<i>carvedilol tabs 6.25 mg</i> .....	41	CELONTIN CAPS 300 MG.....	52
<i>caspofungin acetate solr 70 mg</i> .....	15	<i>cephalexin caps 250 mg</i> .....	12
CAYSTON SOLR 75 MG.....	98	<i>cephalexin caps 500 mg</i> .....	12
CEFACLOR CAPS 250 MG.....	11	<i>cephalexin susr 125 mg/5ml</i> .....	12
CEFACLOR CAPS 500 MG.....	11	<i>cephalexin susr 250 mg/5ml</i> .....	12
CEFACLOR SUSR 125 MG/5ML.....	11	<i>cephalexin tabs 500 mg</i> .....	12
CEFACLOR SUSR 250 MG/5ML.....	11	CEQUA SOLN 0.09 %.....	75
CEFACLOR SUSR 375 MG/5ML.....	11	CERDELGA CAPS 84 MG.....	73
<i>cefadroxil caps 500 mg</i> .....	11	CEREZYME SOLR 400 UNIT.....	73
<i>cefazolin sodium solr 1 gm</i> .....	11	CHEMET CAPS 100 MG.....	79
<i>cefazolin sodium solr 10 gm</i> .....	11	CHLORAMPHENICOL SOD SUCCINATE	
<i>cefazolin sodium solr 500 mg</i> .....	11	SOLR 1 GM.....	12
<i>cefdinir caps 300 mg</i> .....	11	<i>chlordiazepoxide hcl caps 10 mg</i> .....	57
<i>cefdinir susr 125 mg/5ml</i> .....	11	<i>chlordiazepoxide hcl caps 25 mg</i> .....	57
<i>cefdinir susr 250 mg/5ml</i> .....	11	<i>chlordiazepoxide hcl caps 5 mg</i> .....	57
CEFEPIME HCL SOLN 2 GM/100ML.....	11	CHLORDIAZEPOXIDE-AMITRIPTYLINE	
<i>cefepime hcl solr 1 gm</i> .....	11	TABS 10-25 MG.....	63
<i>cefepime hcl solr 2 gm</i> .....	11	CHLORDIAZEPOXIDE-AMITRIPTYLINE	
CEFEPIME-DEXTROSE SOLR 2-5		TABS 5-12.5 MG.....	63
GM-%(50ML).....	11	<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i> .....	34
<i>cefixime caps 400 mg</i> .....	11	<i>chlorhexidine gluconate soln 0.12 %</i> .....	74
<i>cefixime susr 100 mg/5ml</i> .....	11	<i>chlorprocaine hcl (pf) soln 2 %</i> .....	93
<i>cefixime susr 200 mg/5ml</i> .....	11	<i>chlorprocaine hcl (pf) soln 3 %</i> .....	93
<i>cefotaxime inj 1gm</i> .....	11	<i>chloroquine phosphate tabs 250 mg</i> .....	16
CEFOTAXIME INJ 500MG.....	11	<i>chloroquine phosphate tabs 500 mg</i> .....	16
<i>cefotetan disodium solr 1 gm</i> .....	11	CHLOROTHIAZ TAB 250MG.....	71
<i>cefotetan disodium solr 2 gm</i> .....	11	CHLOROTHIAZ TAB 500MG.....	71
<i>cefoxitin sodium solr 1 gm</i> .....	11	CHLORPROMAZINE HCL CONC 100	
<i>cefoxitin sodium solr 10 gm</i> .....	11	MG/ML.....	63
<i>cefoxitin sodium solr 2 gm</i> .....	11	CHLORPROMAZINE HCL CONC 30	
<i>cefpodoxime proxetil susr 100 mg/5ml</i> .....	11	MG/ML.....	63
<i>cefpodoxime proxetil susr 50 mg/5ml</i> .....	11	<i>chlorpromazine hcl soln 25 mg/ml</i> .....	63
<i>cefpodoxime proxetil tabs 100 mg</i> .....	11	<i>chlorpromazine hcl soln 50 mg/2ml</i> .....	63
<i>cefpodoxime proxetil tabs 200 mg</i> .....	11	<i>chlorpromazine hcl tabs 10 mg</i> .....	63
<i>ceftazidime solr 1 gm</i> .....	11	<i>chlorpromazine hcl tabs 100 mg</i> .....	63
<i>ceftazidime solr 6 gm</i> .....	11	<i>chlorpromazine hcl tabs 200 mg</i> .....	63
<i>ceftriaxone sodium solr 1 gm</i> .....	11	<i>chlorpromazine hcl tabs 25 mg</i> .....	63
<i>ceftriaxone sodium solr 10 gm</i> .....	11	<i>chlorpromazine hcl tabs 50 mg</i> .....	63
<i>ceftriaxone sodium solr 2 gm</i> .....	11	<i>chlorthalidone tabs 25 mg</i> .....	71
<i>ceftriaxone sodium solr 250 mg</i> .....	11	<i>chlorthalidone tabs 50 mg</i> .....	71
<i>ceftriaxone sodium solr 500 mg</i> .....	11	CHOLBAM CAPS 250 MG.....	78
<i>cefuroxime axetil tabs 250 mg</i> .....	11	CHOLBAM CAPS 50 MG.....	78
<i>cefuroxime axetil tabs 500 mg</i> .....	11	<i>cholestyramine light pack 4 gm</i> .....	40
<i>cefuroxime sodium solr 1.5 gm</i> .....	12	<i>cholestyramine light powd 4 gm/dose</i> .....	40
<i>cefuroxime sodium solr 750 mg</i> .....	12	<i>cholestyramine pack 4 gm</i> .....	40
<i>celecoxib caps 100 mg</i> .....	47	<i>cholestyramine powd 4 gm/dose</i> .....	40
<i>celecoxib caps 200 mg</i> .....	47		



CHORIONIC GONADOTROPIN SOLR 10000 UNIT.....	84	CLARITHROMYCIN SUSR 125 MG/5ML	12
CIBINQO TABS 100 MG .....	89	CLARITHROMYCIN SUSR 250 MG/5ML	12
CIBINQO TABS 200 MG .....	89	<i>clarithromycin tabs 250 mg</i> .....	12
CIBINQO TABS 50 MG .....	89	<i>clarithromycin tabs 500 mg</i> .....	12
<i>ciclopirox gel 0.77 %</i> .....	102	CLEOCIN PHOS INJ 300/2ML.....	12
<i>ciclopirox olamine crea 0.77 %</i> .....	102	CLEOCIN SOLR 75 MG/5ML.....	12
<i>ciclopirox soln 8 %</i> .....	102	CLIMARA PTWK 0.025 MG/24HR .....	83
<i>cidofovir soln 75 mg/ml</i> .....	17	CLIMARA PTWK 0.0375 MG/24HR .....	83
<i>cilostazol tabs 100 mg</i> .....	37	CLIMARA PTWK 0.05 MG/24HR .....	84
<i>cilostazol tabs 50 mg</i> .....	37	CLIMARA PTWK 0.06 MG/24HR .....	84
CILOXAN OINT 0.3 % .....	74	CLIMARA PTWK 0.075 MG/24HR .....	84
CIMDUO TABS 300-300 MG .....	17	CLIMARA PTWK 0.1 MG/24HR.....	84
CIMERLI SOLN 0.5 MG/0.05ML.....	76	<i>clindamycin hcl caps 150 mg</i> .....	12
<i>cimetidine hcl soln 300 mg/5ml</i> .....	77	<i>clindamycin hcl caps 300 mg</i> .....	12
CIMZIA (2 SYRINGE) PSKT 200 MG/ML	89	<i>clindamycin hcl caps 75 mg</i> .....	12
CIMZIA KIT 2 X 200 MG.....	89	<i>clindamycin palmitate hcl solr 75 mg/5ml</i> .12	
CIMZIA-STARTER PSKT 200 MG/ML.....	89	<i>clindamycin phos-benzoyl perox gel 1.2-</i>	
<i>cinacalcet hcl tabs 30 mg</i> .....	85	5 %.....	102
<i>cinacalcet hcl tabs 60 mg</i> .....	85	CLINDAMYCIN PHOSPHATE CREA 2 %	
<i>cinacalcet hcl tabs 90 mg</i> .....	85	.....	102
CINQAIR SOLN 100 MG/10ML .....	97	<i>clindamycin phosphate gel 1 %</i> .....	102
CINRYZE SOLR 500 UNIT .....	93	<i>clindamycin phosphate in d5w soln 300</i>	
CIPROFLOXACIN HCL SOLN 0.3 %.....	74	<i>mg/50ml</i> .....	12
CIPROFLOXACIN HCL TABS 100 MG ...	12	<i>clindamycin phosphate in d5w soln 600</i>	
<i>ciprofloxacin hcl tabs 250 mg</i> .....	12	<i>mg/50ml</i> .....	12
<i>ciprofloxacin hcl tabs 500 mg</i> .....	12	<i>clindamycin phosphate in d5w soln 900</i>	
<i>ciprofloxacin hcl tabs 750 mg</i> .....	12	<i>mg/50ml</i> .....	12
<i>ciprofloxacin in d5w soln 200 mg/100ml</i> ..	12	CLINDAMYCIN PHOSPHATE LOTN 1 %	
<i>ciprofloxacin in d5w soln 400 mg/200ml</i> ..	12	.....	102
<i>ciprofloxacin-dexamethasone susp 0.3-</i>		<i>clindamycin phosphate soln 1 %</i> .....	102
0.1 %.....	75	<i>clindamycin phosphate soln 300 mg/2ml</i> ..12	
<i>ciprofloxacin sus 500mg/5</i> .....	12	<i>clindamycin phosphate soln 600 mg/4ml</i> ..12	
<i>cisplatin soln 100 mg/100ml</i> .....	22	<i>clindamycin phosphate soln 900 mg/6ml</i> ..12	
CISPLATIN SOLN 200 MG/200ML.....	22	.....	12
<i>cisplatin soln 50 mg/50ml</i> .....	22	<i>clindamycin phosphate swab 1 %</i> .....	102
CISPLATIN SOLR 50 MG.....	22	CLINIMIX E/DEXTROSE (2.75/5) SOLN	
CITALOPRAM HYDROBROMIDE CAPS 30		2.75 % .....	70
MG .....	63	CLINIMIX E/DEXTROSE (4.25/10) SOLN	
<i>citalopram hydrobromide soln 10 mg/5ml</i>	63	4.25 % .....	70
<i>citalopram hydrobromide tabs 10 mg</i> .....	63	CLINIMIX E/DEXTROSE (4.25/5) SOLN	
<i>citalopram hydrobromide tabs 20 mg</i> .....	63	4.25 % .....	70
<i>citalopram hydrobromide tabs 40 mg</i> .....	63	CLINIMIX E/DEXTROSE (5/15) SOLN 5 %	
CITANEST PLAIN DENTAL SOLN 4 %... 93		.....	70
<i>cladribine soln 10 mg/10ml</i> .....	22	CLINIMIX E/DEXTROSE (5/20) SOLN 5 %	
<i>claravis caps 10 mg</i> .....	106	.....	70
<i>claravis caps 20 mg</i> .....	106	CLINIMIX/DEXTROSE (4.25/10) SOLN	
<i>claravis caps 30 mg</i> .....	106	4.25 % .....	70
<i>claravis caps 40 mg</i> .....	106		

CLINIMIX/DEXTROSE (4.25/5) SOLN	
4.25 %	70
CLINIMIX/DEXTROSE (5/15) SOLN 5 %	70
CLINIMIX/DEXTROSE (5/20) SOLN 5 %	71
<i>clinisol sf soln 15 %</i>	71
<i>clobazam susp 2.5 mg/ml</i>	52
<i>clobazam tabs 10 mg</i>	52
<i>clobazam tabs 20 mg</i>	52
<i>clobetasol propionate crea 0.05 %</i>	103
<i>clobetasol propionate e crea 0.05 %</i>	103
<i>clobetasol propionate foam 0.05 %</i>	103
<i>clobetasol propionate gel 0.05 %</i>	103
<i>clobetasol propionate liqd 0.05 %</i>	103
<i>clobetasol propionate lotn 0.05 %</i>	103
<i>clobetasol propionate oint 0.05 %</i>	103
<i>clobetasol propionate sham 0.05 %</i>	104
<i>clobetasol propionate soln 0.05 %</i>	104
<i>clofarabine soln 1 mg/ml</i>	22
<i>clomipramine hcl caps 25 mg</i>	63
<i>clomipramine hcl caps 50 mg</i>	63
<i>clomipramine hcl caps 75 mg</i>	63
<i>clonazepam tabs 0.5 mg</i>	52
<i>clonazepam tabs 1 mg</i>	52
<i>clonazepam tabs 2 mg</i>	52
<i>clonazepam tbdp 0.125 mg</i>	52
<i>clonazepam tbdp 0.25 mg</i>	52
<i>clonazepam tbdp 0.5 mg</i>	52
<i>clonazepam tbdp 1 mg</i>	52
<i>clonazepam tbdp 2 mg</i>	52
<i>clonidine hcl (analgesia) soln 100 mcg/ml</i>	44
<i>clonidine hcl tabs 0.1 mg</i>	44
<i>clonidine hcl tabs 0.2 mg</i>	44
<i>clonidine hcl tabs 0.3 mg</i>	44
<i>clonidine ptwk 0.1 mg/24hr</i>	44
<i>clonidine ptwk 0.2 mg/24hr</i>	45
<i>clonidine ptwk 0.3 mg/24hr</i>	45
<i>clopidogrel bisulfate tabs 75 mg</i>	37
<i>clorazepate dipotassium tabs 15 mg</i>	57
<i>clorazepate dipotassium tabs 3.75 mg</i>	57
<i>clorazepate dipotassium tabs 7.5 mg</i>	57
<i>clotrimazole troc 10 mg</i>	102
<i>clotrimazole-betamethasone crea 1-0.05 %</i>	102
<i>clovique caps 250 mg</i>	79
<i>clozapine tabs 100 mg</i>	63
<i>clozapine tabs 200 mg</i>	63
<i>clozapine tabs 25 mg</i>	63
<i>clozapine tabs 50 mg</i>	63
<i>clozapine tbdp 100 mg</i>	63
CLOZAPINE TBDP 12.5 MG	63
<i>clozapine tbdp 150 mg</i>	63
<i>clozapine tbdp 200 mg</i>	63
<i>clozapine tbdp 25 mg</i>	63
COARTEM TABS 20-120 MG	16
COBENFY CAPS 100-20 MG	63
COBENFY CAPS 125-30 MG	63
COBENFY CAPS 50-20 MG	63
COBENFY STARTER PACK CPPK 50-20 & 100-20 MG	64
CODEINE SULFATE TABS 15 MG	47
CODEINE SULFATE TABS 30 MG	47
CODEINE SULFATE TABS 60 MG	47
<i>colchicine tabs 0.6 mg</i>	88
<i>colchicine-probenecid tabs 0.5-500 mg</i>	73
<i>colesevelam hcl tabs 625 mg</i>	40
COLESTIPOL HCL GRAN 5 GM	40
COLESTIPOL HCL PACK 5 GM	40
<i>colestipol hcl tabs 1 gm</i>	40
<i>colistimethate sodium (cba) solr 150 mg</i>	12
<i>colocort ene 100mg</i>	104
COLUMVI SOLN 10 MG/10ML	22
COLUMVI SOLN 2.5 MG/2.5ML	22
COLY-MYCIN S SUS OTIC	75
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT	36
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG	22
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG	22
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG	22
COMPLERA TABS 200-25-300 MG	17
<i>compro supp 25 mg</i>	64
CONSENSI TABS 10-200 MG	42
CONSENSI TABS 2.5-200 MG	42
CONSENSI TABS 5-200 MG	42
COPIKTRA CAPS 15 MG	23
COPIKTRA CAPS 25 MG	23
CORDRAN TAPE 4 MCG/SQCM	104
CORLANOR SOLN 5 MG/5ML	44
CORTISONE AC TAB 25MG	79
CORTISPORIN CRE 0.5%	104
CORTISPORIN OIN 1%	104
CORTROPHIN GEL 80 UNIT/ML	85
COSELA SOLR 300 MG	93
COSENTYX (300 MG DOSE) SOSY 150 MG/ML	106

COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML .....	106	CYCLOPHOSPHAMIDE SOLN 2 GM/10ML .....	23
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML .....	106	CYCLOPHOSPHAMIDE SOLN 2000 MG/20ML.....	23
COSENTYX SOLN 125 MG/5ML.....	106	CYCLOPHOSPHAMIDE SOLN 500 MG/2.5ML.....	23
COSENTYX SOSY 150 MG/ML .....	106	CYCLOPHOSPHAMIDE SOLN 500 MG/5ML.....	23
COSENTYX SOSY 75 MG/0.5ML .....	106	<i>cyclophosphamide solr 1 gm</i> .....	23
COSENTYX UNOREADY SOAJ 300 MG/2ML .....	106	<i>cyclophosphamide solr 2 gm</i> .....	23
COTELLIC TABS 20 MG .....	23	<i>cyclophosphamide solr 500 mg</i> .....	23
COXANTO CAPS 300 MG .....	47	<i>cycloserine caps 250 mg</i> .....	16
CREON CPEP 12000-38000 UNIT.....	73	<i>cyclosporine caps 100 mg</i> .....	92
CREON CPEP 24000-76000 UNIT.....	73	<i>cyclosporine caps 25 mg</i> .....	92
CREON CPEP 3000-9500 UNIT.....	73	<i>cyclosporine emul 0.05 %</i> .....	75
CREON CPEP 36000-114000 UNIT.....	73	<i>cyclosporine modified caps 100 mg</i> .....	92
CREON CPEP 6000-19000 UNIT.....	73	<i>cyclosporine modified caps 25 mg</i> .....	92
CRESEMBA CAPS 186 MG .....	15	<i>cyclosporine modified caps 50 mg</i> .....	92
CRESEMBA CAPS 74.5 MG .....	15	<i>cyclosporine modified soln 100 mg/ml</i> .....	92
CRESEMBA SOLR 372 MG .....	15	<i>cyclosporine soln 50 mg/ml</i> .....	92
CRIXIVAN CAPS 200 MG .....	17	CYLTEZO (2 PEN) AJKT 40 MG/0.4ML...89	
CRIXIVAN CAPS 400 MG .....	17	CYLTEZO (2 PEN) AJKT 40 MG/0.8ML...89	
<i>cromolyn sodium conc 100 mg/5ml</i> .....	97	CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML.....	89
<i>cromolyn sodium nebu 20 mg/2ml</i> .....	97	CYLTEZO (2 SYRINGE) PSKT 20 MG/0.4ML.....	89
CROMOLYN SODIUM SOLN 4 %.....	76	CYLTEZO (2 SYRINGE) PSKT 40 MG/0.4ML.....	89
CROTAN LOTN 10 %.....	102	CYLTEZO (2 SYRINGE) PSKT 40 MG/0.8ML.....	89
<i>cryselle-28 tabs 0.3-30 mg-mcg</i> .....	81	CYLTEZO-CD/UC/HS STARTER AJKT 40 MG/0.4ML.....	89
CRYSVITA SOLN 10 MG/ML .....	93	CYLTEZO-CD/UC/HS STARTER AJKT 40 MG/0.8ML.....	89
CRYSVITA SOLN 20 MG/ML .....	94	CYLTEZO-PSORIASIS/UV STARTER AJKT 40 MG/0.4ML .....	89
CRYSVITA SOLN 30 MG/ML .....	94	CYLTEZO-PSORIASIS/UV STARTER AJKT 40 MG/0.8ML .....	89
CURITY GAUZE PADS 2 .....	70	<i>cyproheptadine hcl syr 2 mg/5ml</i> .....	20
CUTAQUIG SOLN 1 GM/6ML .....	100	<i>cyproheptadine hcl tabs 4 mg</i> .....	20
CUTAQUIG SOLN 1.65 GM/10ML .....	100	CYRAMZA SOLN 100 MG/10ML .....	23
CUTAQUIG SOLN 2 GM/12ML .....	100	CYRAMZA SOLN 500 MG/50ML .....	23
CUTAQUIG SOLN 3.3 GM/20ML .....	101	CYSTADANE POWD .....	94
CUTAQUIG SOLN 4 GM/24ML .....	101	CYSTADROPS SOLN 0.37 %.....	76
CUTAQUIG SOLN 8 GM/48ML .....	101	CYSTAGON CAPS 150 MG.....	94
CUVRIOR TABS 300 MG .....	79	CYSTAGON CAPS 50 MG.....	94
<i>cyclafem 1/35 tabs 1-35 mg-mcg</i> .....	81	CYSTARAN SOLN 0.44 %.....	76
<i>cyclobenzaprine hcl tabs 10 mg</i> .....	35	<i>cytarabine (pf) soln 100 mg/ml</i> .....	23
<i>cyclobenzaprine hcl tabs 5 mg</i> .....	35	<i>cytarabine (pf) soln 20 mg/ml</i> .....	23
CYCLOPHOSPH INJ 1GM/2ML .....	23		
CYCLOPHOSPH INJ 500MG .....	23		
CYCLOPHOSPHA INJ 2GM/4ML.....	23		
<i>cyclophosphamide caps 25 mg</i> .....	23		
<i>cyclophosphamide caps 50 mg</i> .....	23		
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML .....	23		
CYCLOPHOSPHAMIDE SOLN 1000 MG/10ML .....	23		

CYTARABINE SOLN 20 MG/ML .....	23
CYTOGAM SOLN 50 MG/ML .....	101

## D

<i>dabigatran etexilate mesylate caps 110 mg</i> .....	37
<i>dabigatran etexilate mesylate caps 150 mg</i> .....	37
<i>dabigatran etexilate mesylate caps 75 mg</i> .....	37
DACARBAZINE SOLR 100 MG .....	23
<i>dacarbazine solr 200 mg</i> .....	23
<i>dactinomycin solr 0.5 mg</i> .....	23
<i>dalfampridine er tb12 10 mg</i> .....	60
DALVANCE SOLR 500 MG .....	12
<i>danazol caps 100 mg</i> .....	81
<i>danazol caps 200 mg</i> .....	81
<i>danazol caps 50 mg</i> .....	81
<i>dantrolene sodium caps 100 mg</i> .....	35
<i>dantrolene sodium caps 25 mg</i> .....	35
<i>dantrolene sodium caps 50 mg</i> .....	35
DANYELZA SOLN 40 MG/10ML .....	23
<i>dapsone tabs 100 mg</i> .....	16
<i>dapsone tabs 25 mg</i> .....	16
DAPTACEL SUSP 23-15-5.....	101
<i>daptomycin solr 350 mg</i> .....	12
<i>daptomycin solr 500 mg</i> .....	12
<i>darifenacin hydrobromide er tb24 15 mg</i> .....	107
<i>darifenacin hydrobromide er tb24 7.5 mg</i> .....	107
<i>darunavir tabs 600 mg</i> .....	17
<i>darunavir tabs 800 mg</i> .....	17
DARZALEX FASPRO SOLN 1800-30000 MG-UT/15ML .....	23
DARZALEX SOLN 100 MG/5ML .....	23
DARZALEX SOLN 400 MG/20ML .....	23
<i>dasatinib tabs 100 mg</i> .....	23
<i>dasatinib tabs 140 mg</i> .....	23
<i>dasatinib tabs 20 mg</i> .....	23
<i>dasatinib tabs 50 mg</i> .....	23
<i>dasatinib tabs 70 mg</i> .....	23
<i>dasatinib tabs 80 mg</i> .....	23
<i>daunorubicin hcl soln 20 mg/4ml</i> .....	23
DAURISMO TABS 100 MG .....	23
DAURISMO TABS 25 MG .....	23
DAYBUE SOLN 200 MG/ML.....	59
<i>decitabine solr 50 mg</i> .....	23
<i>deferasirox granules pack 180 mg</i> .....	79
<i>deferasirox granules pack 360 mg</i> .....	79

<i>deferasirox granules pack 90 mg</i> .....	79
<i>deferasirox tabs 180 mg</i> .....	79
<i>deferasirox tabs 360 mg</i> .....	79
<i>deferasirox tabs 90 mg</i> .....	79
<i>deferasirox tbso 125 mg</i> .....	79
<i>deferasirox tbso 250 mg</i> .....	79
<i>deferasirox tbso 500 mg</i> .....	79
<i>deferiprone tabs 1000 mg</i> .....	79
<i>deferiprone tabs 500 mg</i> .....	79
<i>deferoxamine mesylate solr 2 gm</i> .....	79
<i>deferoxamine mesylate solr 500 mg</i> .....	79
<i>deflazacort susp 22.75 mg/ml</i> .....	79
<i>deflazacort tabs 18 mg</i> .....	79
<i>deflazacort tabs 30 mg</i> .....	79
<i>deflazacort tabs 36 mg</i> .....	79
<i>deflazacort tabs 6 mg</i> .....	79
DELSTRIGO TABS 100-300-300 MG .....	17
<i>demeclocycline hcl tabs 150 mg</i> .....	12
<i>demeclocycline hcl tabs 300 mg</i> .....	12
DEMSEER CAPS 250 MG .....	40
DEPO-ESTRADIOL OIL 5 MG/ML .....	84
DEPO-MEDROL SUSP 20 MG/ML .....	79
DEPO-PROVERA SUSP 400 MG/ML .....	85
DEPO-SUBQ PROVERA 104 SUSY 104 MG/0.65ML.....	85
<i>depo-testosterone soln 100 mg/ml</i> .....	81
<i>depo-testosterone soln 200 mg/ml</i> .....	81
DESCOVY TABS 120-15 MG .....	17
DESCOVY TABS 200-25 MG .....	17
<i>desipramine hcl tabs 10 mg</i> .....	64
<i>desipramine hcl tabs 100 mg</i> .....	64
<i>desipramine hcl tabs 150 mg</i> .....	64
<i>desipramine hcl tabs 25 mg</i> .....	64
<i>desipramine hcl tabs 50 mg</i> .....	64
<i>desipramine hcl tabs 75 mg</i> .....	64
<i>desmopressin ace spray refrig soln 0.01 %</i> .....	85
DESMOPRESSIN ACETATE SOLN 4 MCG/ML .....	85
<i>desmopressin acetate spray soln 0.01 %</i> .....	85
<i>desmopressin acetate tabs 0.1 mg</i> .....	85
<i>desmopressin acetate tabs 0.2 mg</i> .....	85
<i>desonide crea 0.05 %</i> .....	104
<i>desonide lotn 0.05 %</i> .....	104
<i>desonide oint 0.05 %</i> .....	104
<i>desoximetasone crea 0.25 %</i> .....	104
<i>desoximetasone oint 0.25 %</i> .....	104
<i>desvenlafaxine succinate er tb24 100 mg</i> .....	64
<i>desvenlafaxine succinate er tb24 25 mg</i> .....	64

<i>desvenlafaxine succinate er tb24 50 mg</i> ..	64
<i>dexamethasone elix 0.5 mg/5ml</i> .....	79
DEXAMETHASONE INTENSOL CONC 1	
MG/ML .....	79
DEXAMETHASONE SOD PHOS +RFID	
SOSY 4 MG/ML .....	79
DEXAMETHASONE SODIUM	
PHOSPHATE SOLN 0.1 % .....	75
<i>dexamethasone sodium phosphate soln 10</i>	
<i>mg/ml</i> .....	80
<i>dexamethasone sodium phosphate soln 20</i>	
<i>mg/5ml</i> .....	80
<i>dexamethasone sodium phosphate soln 4</i>	
<i>mg/ml</i> .....	80
DEXAMETHASONE SODIUM	
PHOSPHATE SOSY 4 MG/ML .....	80
DEXAMETHASONE SOLN 0.5 MG/5ML	80
<i>dexamethasone tabs 0.5 mg</i> .....	80
<i>dexamethasone tabs 0.75 mg</i> .....	80
<i>dexamethasone tabs 1 mg</i> .....	80
<i>dexamethasone tabs 1.5 mg</i> .....	80
<i>dexamethasone tabs 2 mg</i> .....	80
<i>dexamethasone tabs 4 mg</i> .....	80
<i>dexamethasone tabs 6 mg</i> .....	80
<i>dexmethylphenidate hcl er cp24 10 mg</i> ...	50
<i>dexmethylphenidate hcl er cp24 15 mg</i> ...	50
<i>dexmethylphenidate hcl er cp24 20 mg</i> ...	50
<i>dexmethylphenidate hcl er cp24 25 mg</i> ...	50
<i>dexmethylphenidate hcl er cp24 30 mg</i> ...	50
<i>dexmethylphenidate hcl er cp24 35 mg</i> ...	50
<i>dexmethylphenidate hcl er cp24 40 mg</i> ...	50
<i>dexmethylphenidate hcl er cp24 5 mg</i> ....	50
<i>dexmethylphenidate hcl tabs 10 mg</i> .....	50
<i>dexmethylphenidate hcl tabs 2.5 mg</i> .....	50
<i>dexmethylphenidate hcl tabs 5 mg</i> .....	50
<i>dexrazoxane hcl solr 250 mg</i> .....	94
<i>dexrazoxane hcl solr 500 mg</i> .....	94
<i>dextroamphetamine sulfate er cp24 10 mg</i>	
.....	50
<i>dextroamphetamine sulfate er cp24 15 mg</i>	
.....	50
<i>dextroamphetamine sulfate er cp24 5 mg</i>	51
<i>dextroamphetamine sulfate tabs 10 mg</i> ...	51
<i>dextroamphetamine sulfate tabs 5 mg</i> .....	51
DEXTROSE IN LACTATED RINGERS	
SOLN 5 % .....	72
DEXTROSE SOLN 10 % .....	71
DEXTROSE SOLN 5 % .....	71
DEXTROSE SOLN 50 % .....	71
DEXTROSE SOLN 70 % .....	71
DEXTROSE-SODIUM CHLORIDE SOLN	
10-0.45 % .....	72
DEXTROSE-SODIUM CHLORIDE SOLN	
2.5-0.45 % .....	72
DEXTROSE-SODIUM CHLORIDE SOLN 5-	
0.2 % .....	72
DEXTROSE-SODIUM CHLORIDE SOLN 5-	
0.45 % .....	72
DEXTROSE-SODIUM CHLORIDE SOLN 5-	
0.9 % .....	72
DIACOMIT CAPS 250 MG .....	52
DIACOMIT CAPS 500 MG .....	52
DIACOMIT PACK 250 MG .....	52
DIACOMIT PACK 500 MG .....	52
DIASTAT ACUDIAL GEL 10 MG.....	52
DIASTAT ACUDIAL GEL 20 MG.....	52
DIASTAT PEDIATRIC GEL 2.5 MG .....	52
<i>diazepam gel 10 mg</i> .....	52
DIAZEPAM GEL 2.5 MG .....	52
<i>diazepam gel 20 mg</i> .....	52
<i>diazepam intensol conc 5 mg/ml</i> .....	57
<i>diazepam soln 5 mg/5ml</i> .....	57
<i>diazepam soln 5 mg/ml</i> .....	57
<i>diazepam tabs 10 mg</i> .....	57
<i>diazepam tabs 2 mg</i> .....	57
<i>diazepam tabs 5 mg</i> .....	57
<i>diazoxide susp 50 mg/ml</i> .....	82
<i>dichlorphenamide tabs 50 mg</i> .....	94
<i>diclofenac sodium gel 1 %</i> .....	104
<i>diclofenac sodium gel 3 %</i> .....	104
<i>diclofenac sodium soln 0.1 %</i> .....	75
<i>diclofenac sodium tbec 25 mg</i> .....	47
<i>diclofenac sodium tbec 50 mg</i> .....	47
<i>diclofenac sodium tbec 75 mg</i> .....	47
DICLONA GEL 1-4.5 %.....	106
<i>dicloxacillin sodium caps 250 mg</i> .....	12
<i>dicloxacillin sodium caps 500 mg</i> .....	12
<i>dicyclomine hcl caps 10 mg</i> .....	34
<i>dicyclomine hcl soln 10 mg/5ml</i> .....	34
<i>dicyclomine hcl soln 10 mg/ml</i> .....	34
<i>dicyclomine hcl tabs 20 mg</i> .....	34
DIDANOSINE CPDR 200 MG .....	17
DIDANOSINE CPDR 250 MG .....	17
DIDANOSINE CPDR 400 MG .....	17
DIFFERIN CREA 0.1 % .....	106
DIFICID SUSR 40 MG/ML.....	12
DIFICID TABS 200 MG .....	12
<i>diflorasone diacetate oint 0.05 %</i> .....	104

<i>diflunisal tabs 500 mg</i> .....	47	DIPHENOXYLATE-ATROPINE LIQD 2.5-	
<i>difluprednate emul 0.05 %</i> .....	75	0.025 MG/5ML .....	77
DIGOXIN SOLN 0.05 MG/ML .....	44	<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	
<i>digoxin soln 0.25 mg/ml</i> .....	44	.....	77
<i>digoxin tabs 125 mcg</i> .....	44	DIPHThERIA-TETANUS TOXOIDS DT	
<i>digoxin tabs 250 mcg</i> .....	44	SUSP 25-5 LFU/0.5ML .....	101
<i>dihydroergotamine mesylate soln 1 mg/ml</i>		<i>dipyridamole tabs 25 mg</i> .....	46
.....	36	<i>dipyridamole tabs 50 mg</i> .....	46
<i>dihydroergotamine mesylate soln 4 mg/ml</i>		<i>dipyridamole tabs 75 mg</i> .....	46
.....	36	<i>disopyramide phosphate caps 100 mg</i> .....	44
DILANTIN CAPS 100 MG .....	52	<i>disopyramide phosphate caps 150 mg</i> .....	44
DILANTIN CAPS 30 MG .....	52	<i>disulfiram tabs 250 mg</i> .....	47
DILANTIN INFATABS CHEW 50 MG .....	52	<i>disulfiram tabs 500 mg</i> .....	47
DILTIAZEM HCL ER BEADS CP24 300 MG		<i>divalproex sodium csdr 125 mg</i> .....	52
.....	42	<i>divalproex sodium er tb24 250 mg</i> .....	52
<i>diltiazem hcl er coated beads cp24 120 mg</i>		<i>divalproex sodium er tb24 500 mg</i> .....	52
.....	43	<i>divalproex sodium tbec 125 mg</i> .....	52
<i>diltiazem hcl er coated beads cp24 180 mg</i>		<i>divalproex sodium tbec 250 mg</i> .....	52
.....	43	<i>divalproex sodium tbec 500 mg</i> .....	52
<i>diltiazem hcl er coated beads cp24 240 mg</i>		<i>dobutamine hcl soln 250 mg/20ml</i> .....	36
.....	43	DOBUTAMINE-DEXTROSE SOLN 1-5	
<i>diltiazem hcl er coated beads cp24 300 mg</i>		MG/ML-% .....	36
.....	43	DOBUTAMINE-DEXTROSE SOLN 2-5	
<i>diltiazem hcl er coated beads cp24 360 mg</i>		MG/ML-% .....	36
.....	43	<i>docetaxel conc 20 mg/ml</i> .....	23
<i>diltiazem hcl er cp12 120 mg</i> .....	43	<i>docetaxel conc 80 mg/4ml</i> .....	23
<i>diltiazem hcl er cp12 60 mg</i> .....	43	DOCETAXEL INJ 200/10 .....	23
<i>diltiazem hcl er cp12 90 mg</i> .....	43	DOCETAXEL INJ NON-ALCO .....	23
<i>diltiazem hcl er cp24 120 mg</i> .....	43	<i>docetaxel soln 160 mg/16ml</i> .....	23
<i>diltiazem hcl er cp24 180 mg</i> .....	43	<i>docetaxel soln 20 mg/2ml</i> .....	23
<i>diltiazem hcl er cp24 240 mg</i> .....	43	<i>docetaxel soln 80 mg/8ml</i> .....	23
<i>diltiazem hcl soln 125 mg/25ml</i> .....	43	DOCIVYX SOLN 160 MG/16ML .....	23
<i>diltiazem hcl soln 50 mg/10ml</i> .....	43	DOCIVYX SOLN 20 MG/2ML .....	23
DILTIAZEM HCL SOLR 100 MG .....	43	DOCIVYX SOLN 80 MG/8ML .....	23
<i>diltiazem hcl tabs 120 mg</i> .....	43	<i>dofetilide caps 125 mcg</i> .....	44
<i>diltiazem hcl tabs 30 mg</i> .....	43	<i>dofetilide caps 250 mcg</i> .....	44
<i>diltiazem hcl tabs 60 mg</i> .....	43	<i>dofetilide caps 500 mcg</i> .....	44
<i>diltiazem hcl tabs 90 mg</i> .....	43	<i>donepezil hcl tabs 10 mg</i> .....	35
<i>diltiazem inj 25mg/5ml</i> .....	43	<i>donepezil hcl tabs 5 mg</i> .....	35
<i>dilt-xr cp24 120 mg</i> .....	42	<i>donepezil hcl tbdp 10 mg</i> .....	35
<i>dilt-xr cp24 180 mg</i> .....	42	<i>donepezil hcl tbdp 5 mg</i> .....	35
<i>dilt-xr cp24 240 mg</i> .....	42	<i>dopamine hcl soln 40 mg/ml</i> .....	36
DIMENHYDRINATE SOLN 50 MG/ML ....	77	DOPAMINE-DEXTROSE SOLN 0.8-5	
<i>dimethyl fumarate cpdr 120 mg</i> .....	60	MG/ML-% .....	36
<i>dimethyl fumarate cpdr 240 mg</i> .....	60	DOPAMINE-DEXTROSE SOLN 1.6-5	
<i>dimethyl fumarate starter pack cdpk 120 &amp;</i>		MG/ML-% .....	36
<i>240 mg</i> .....	60	DOPAMINE-DEXTROSE SOLN 3.2-5	
DIPENTUM CAPS 250 MG .....	77	MG/ML-% .....	36
<i>diphenhydramine hcl soln 50 mg/ml</i> .....	20	DOPTLET TABS 20 MG .....	39

DORYX MPC TBEC 60 MG.....	12
<i>dorzolamide hcl soln 2 %</i> .....	76
<i>dorzolamide hcl-timolol mal soln 2-0.5 %</i> .....	76
<i>dotti pttw 0.025 mg/24hr</i> .....	84
<i>dotti pttw 0.0375 mg/24hr</i> .....	84
<i>dotti pttw 0.05 mg/24hr</i> .....	84
<i>dotti pttw 0.075 mg/24hr</i> .....	84
<i>dotti pttw 0.1 mg/24hr</i> .....	84
DOVATO TABS 50-300 MG.....	17
<i>doxazosin mesylate tabs 1 mg</i> .....	40
<i>doxazosin mesylate tabs 2 mg</i> .....	40
<i>doxazosin mesylate tabs 4 mg</i> .....	40
<i>doxazosin mesylate tabs 8 mg</i> .....	40
<i>doxepin hcl caps 10 mg</i> .....	64
<i>doxepin hcl caps 100 mg</i> .....	64
<i>doxepin hcl caps 150 mg</i> .....	64
<i>doxepin hcl caps 25 mg</i> .....	64
<i>doxepin hcl caps 50 mg</i> .....	64
<i>doxepin hcl caps 75 mg</i> .....	64
<i>doxepin hcl conc 10 mg/ml</i> .....	64
<i>doxepin hcl tabs 3 mg</i> .....	64
<i>doxepin hcl tabs 6 mg</i> .....	64
<i>doxorubicin hcl liposomal susp 2 mg/ml</i> .....	23
DOXORUBICIN HCL SOLN 2 MG/ML.....	23
DOXORUBICIN HCL SOLR 10 MG.....	23
<i>doxorubicin hcl solr 50 mg</i> .....	24
<i>doxy 100 solr 100 mg</i> .....	12
<i>doxycycline hyclate caps 100 mg</i> .....	12
<i>doxycycline hyclate caps 50 mg</i> .....	12
<i>doxycycline hyclate tabs 100 mg</i> .....	12
<i>doxycycline hyclate tabs 20 mg</i> .....	12
<i>doxycycline monohydrate caps 50 mg</i> .....	13
<i>doxycycline monohydrate susr 25 mg/5ml</i> .....	13
<i>doxycycline monohydrate tabs 100 mg</i> .....	13
<i>doxycycline monohydrate tabs 50 mg</i> .....	13
DRIZALMA SPRINKLE CSDR 20 MG.....	64
DRIZALMA SPRINKLE CSDR 30 MG.....	64
DRIZALMA SPRINKLE CSDR 40 MG.....	64
DRIZALMA SPRINKLE CSDR 60 MG.....	64
<i>dronabinol caps 10 mg</i> .....	77
<i>dronabinol caps 2.5 mg</i> .....	77
<i>dronabinol caps 5 mg</i> .....	77
DROPERIDOL SOLN 2.5 MG/ML.....	57
<i>drospirenone-ethinyl estradiol tabs 3-0.02 mg</i> .....	81
<i>drospirenone-ethinyl estradiol tabs 3-0.03 mg</i> .....	81
DROXIA CAPS 200 MG.....	24
DROXIA CAPS 300 MG.....	24

DROXIA CAPS 400 MG.....	24
<i>droxidopa caps 100 mg</i> .....	36
<i>droxidopa caps 200 mg</i> .....	36
<i>droxidopa caps 300 mg</i> .....	36
DUAKLIR PRESSAIR AEPB 400-12 MCG/ACT.....	34
DUEXIS TABS 800-26.6 MG.....	47
<i>duloxetine hcl cpep 20 mg</i> .....	64
<i>duloxetine hcl cpep 30 mg</i> .....	64
<i>duloxetine hcl cpep 40 mg</i> .....	64
<i>duloxetine hcl cpep 60 mg</i> .....	64
DUPIXENT SOAJ 200 MG/1.14ML.....	97
DUPIXENT SOAJ 300 MG/2ML.....	97
DUPIXENT SOSY 100 MG/0.67ML.....	97
DUPIXENT SOSY 200 MG/1.14ML.....	97
DUPIXENT SOSY 300 MG/2ML.....	97
DURYSTA IMPL 10 MCG.....	76
<i>dutasteride caps 0.5 mg</i> .....	87
DUVYZAT SUSP 8.86 MG/ML.....	94

## E

E.E.S. 400 TABS 400 MG.....	13
<i>easygel gel 0.4 %</i> .....	94
EBGLYSS SOAJ 250 MG/2ML.....	104
<i>edaravone soln 30 mg/100ml</i> .....	59
EDURANT TABS 25 MG.....	17
EFAVIRENZ CAPS 200 MG.....	17
EFAVIRENZ CAPS 50 MG.....	17
<i>efavirenz tabs 600 mg</i> .....	17
<i>efavirenz-emtricitab-tenofo df tabs 600-200-300 mg</i> .....	17
EGRIFTA SOL 1MG.....	86
EGRIFTA SV SOLR 2 MG.....	86
ELAHERE SOLN 100 MG/20ML.....	24
ELAPRASE SOLN 6 MG/3ML.....	73
ELELYSO SOLR 200 UNIT.....	73
ELEPSIA XR TB24 1000 MG.....	52
ELEPSIA XR TB24 1500 MG.....	52
<i>eletriptan hydrobromide tabs 20 mg</i> .....	55
<i>eletriptan hydrobromide tabs 40 mg</i> .....	55
ELFABRIO SOLN 20 MG/10ML.....	74
ELFABRIO SOLN 5 MG/2.5ML.....	74
ELIGARD KIT 22.5 MG.....	24
ELIGARD KIT 30 MG.....	24
ELIGARD KIT 45 MG.....	24
ELIGARD KIT 7.5 MG.....	24
ELIQUIS TABS 5 MG.....	37
ELITEK SOLR 1.5 MG.....	74
<i>elixophyllin elix 80 mg/15ml</i> .....	107

ELLA TABS 30 MG.....	81	ENOXAPARIN SODIUM SOLN 300	
ELLEENCE SOLN 200 MG/100ML .....	24	MG/3ML.....	37
ELLEENCE SOLN 50 MG/25ML .....	24	<i>enoxaparin sodium sosy 100 mg/ml</i> .....	37
ELMIRON CAPS 100 MG .....	94	<i>enoxaparin sodium sosy 120 mg/0.8ml</i> ....	37
ELREXFIO SOLN 44 MG/1.1ML.....	24	<i>enoxaparin sodium sosy 150 mg/ml</i> .....	37
ELREXFIO SOLN 76 MG/1.9ML.....	24	<i>enoxaparin sodium sosy 30 mg/0.3ml</i> .....	37
<i>eluryng ring 0.12-0.015 mg/24hr</i> .....	81	<i>enoxaparin sodium sosy 40 mg/0.4ml</i> .....	37
ELZONRIS SOLN 1000 MCG/ML.....	24	<i>enoxaparin sodium sosy 60 mg/0.6ml</i> .....	37
EMCYT CAPS 140 MG.....	24	<i>enoxaparin sodium sosy 80 mg/0.8ml</i> .....	37
EMFLAZA SUSP 22.75 MG/ML.....	80	ENSPLYNG SOSY 120 MG/ML .....	94
EMFLAZA TABS 18 MG .....	80	ENSTILAR FOAM 0.005-0.064 % .....	104
EMFLAZA TABS 30 MG .....	80	<i>entacapone tabs 200 mg</i> .....	56
EMFLAZA TABS 36 MG .....	80	<i>entecavir tabs 0.5 mg</i> .....	17
EMFLAZA TABS 6 MG .....	80	<i>entecavir tabs 1 mg</i> .....	17
EMPLICITI SOLR 300 MG.....	24	ENTRESTO TABS 24-26 MG .....	45
EMPLICITI SOLR 400 MG.....	24	ENTRESTO TABS 49-51 MG .....	45
EMSAM PT24 12 MG/24HR .....	56	ENTRESTO TABS 97-103 MG .....	45
EMSAM PT24 6 MG/24HR .....	56	ENTYVIO PEN SOAJ 108 MG/0.68ML ....	78
EMSAM PT24 9 MG/24HR .....	56	ENTYVIO SOLR 300 MG .....	78
<i>emtricitabine caps 200 mg</i> .....	17	<i>enulose soln 10 gm/15ml</i> .....	70
<i>emtricitabine-tenofovir df tabs 100-150 mg</i>		ENVARUSUS XR TB24 0.75 MG .....	92
.....	17	ENVARUSUS XR TB24 1 MG .....	92
<i>emtricitabine-tenofovir df tabs 133-200 mg</i>		ENVARUSUS XR TB24 4 MG .....	92
.....	17	EOHILIA SUSP 2 MG/10ML.....	80
<i>emtricitabine-tenofovir df tabs 167-250 mg</i>		EPCLUSA PACK 150-37.5 MG.....	17
.....	17	EPCLUSA PACK 200-50 MG.....	17
<i>emtricitabine-tenofovir df tabs 200-300 mg</i>		EPCLUSA TABS 200-50 MG .....	17
.....	17	EPCLUSA TABS 400-100 MG .....	17
EMTRIVA SOLN 10 MG/ML .....	17	EPIDIOLEX SOLN 100 MG/ML.....	52
<i>enalapril maleate tabs 10 mg</i> .....	45	EPINEPHRINE SOAJ 0.15 MG/0.15ML...36	
<i>enalapril maleate tabs 2.5 mg</i> .....	45	<i>epinephrine soaj 0.15 mg/0.3ml</i> .....	36
<i>enalapril maleate tabs 20 mg</i> .....	45	<i>epinephrine soaj 0.3 mg/0.3ml</i> .....	36
<i>enalapril maleate tabs 5 mg</i> .....	45	<i>epinephrine sosy 1 mg/10ml</i> .....	36
<i>enalaprilat soln 1.25 mg/ml</i> .....	45	<i>epirubicin hcl soln 200 mg/100ml</i> .....	24
ENBREL MINI SOCT 50 MG/ML .....	89	<i>epirubicin hcl soln 50 mg/25ml</i> .....	24
ENBREL SOLN 25 MG/0.5ML .....	89	EPIVIR HBV SOLN 5 MG/ML.....	18
ENBREL SOLR 25 MG .....	89	EPKINLY SOLN 4 MG/0.8ML.....	24
ENBREL SOSY 25 MG/0.5ML.....	89	EPKINLY SOLN 48 MG/0.8ML.....	24
ENBREL SOSY 50 MG/ML.....	90	<i>epoprostenol sodium solr 0.5 mg</i> .....	99
ENBREL SURECLICK SOAJ 50 MG/ML .	90	<i>epoprostenol sodium solr 1.5 mg</i> .....	99
ENDARI PACK 5 GM.....	94	EPRONTIA SOLN 25 MG/ML .....	52
<i>endocet tabs 5-325 mg</i> .....	47	ERBITUX SOLN 100 MG/50ML .....	24
<i>endocet tabs 7.5-325 mg</i> .....	47	ERBITUX SOLN 200 MG/100ML .....	24
ENDOMETRIN INST 100 MG.....	85	ERGOLOID MESYLATES TABS 1 MG...36	
ENGERIX-B SUSP 20 MCG/ML .....	101	ERGOMAR SUBL 2 MG .....	36
ENGERIX-B SUSY 10 MCG/0.5ML .....	101	ERGOTAMINE-CAFFEINE TABS 1-100	
ENGERIX-B SUSY 20 MCG/ML .....	101	MG .....	55
ENHERTU SOLR 100 MG.....	24	<i>eribulin mesylate soln 1 mg/2ml</i> .....	24
ENJAYMO SOLN 1100 MG/22ML .....	94	ERIVEDGE CAPS 150 MG .....	24





FABRAZYME SOLR 5 MG .....	74	<i>fentanyl pt72 25 mcg/hr</i> .....	47
<i>famciclovir tabs 125 mg</i> .....	18	<i>fentanyl pt72 50 mcg/hr</i> .....	47
<i>famciclovir tabs 250 mg</i> .....	18	<i>fentanyl pt72 75 mcg/hr</i> .....	47
<i>famciclovir tabs 500 mg</i> .....	18	FERRIPROX SOLN 100 MG/ML.....	79
<i>famotidine (pf) soln 20 mg/2ml</i> .....	77	FERRIPROX TABS 1000 MG .....	79
FAMOTIDINE PREMIXED SOLN 20-0.9		FERRIPROX TWICE-A-DAY TABS 1000	
MG/50ML-% .....	77	MG .....	79
<i>famotidine soln 40 mg/4ml</i> .....	77	FETROJA SOLR 1 GM .....	13
<i>famotidine susr 40 mg/5ml</i> .....	77	FETZIMA CP24 120 MG .....	64
<i>famotidine tabs 20 mg</i> .....	78	FETZIMA CP24 20 MG .....	64
<i>famotidine tabs 40 mg</i> .....	78	FETZIMA CP24 40 MG .....	64
FANAPT TABS 1 MG .....	64	FETZIMA CP24 80 MG .....	64
FANAPT TABS 10 MG .....	64	FETZIMA TITRATION C4PK 20 & 40 MG	64
FANAPT TABS 12 MG .....	64	FILSPARI TABS 200 MG .....	94
FANAPT TABS 2 MG .....	64	FILSPARI TABS 400 MG .....	94
FANAPT TABS 4 MG .....	64	FILSUVEZ GEL 10 %.....	106
FANAPT TABS 6 MG .....	64	<i>finasteride tabs 5 mg</i> .....	87
FANAPT TABS 8 MG .....	64	<i>ingolimod hcl caps 0.5 mg</i> .....	60
FANAPT TITRATION PACK TABS 1 & 2 &		FINTEPLA SOLN 2.2 MG/ML.....	53
4 & 6 MG.....	64	FIRDAPSE TABS 10 MG .....	94
FARYDAK CAPS 10 MG .....	24	FIRMAGON (240 MG DOSE) SOLR 120	
FARYDAK CAPS 15 MG .....	24	MG/VIAL.....	24
FARYDAK CAPS 20 MG .....	24	FIRMAGON SOLR 80 MG .....	24
FASENRA PEN SOAJ 30 MG/ML .....	97	<i>flavoxate hcl tabs 100 mg</i> .....	107
FASENRA SOSY 30 MG/ML .....	97	<i>flecainide acetate tabs 100 mg</i> .....	44
<i>febuxostat tabs 40 mg</i> .....	88	<i>flecainide acetate tabs 150 mg</i> .....	44
<i>febuxostat tabs 80 mg</i> .....	88	<i>flecainide acetate tabs 50 mg</i> .....	44
<i>felbamate susp 600 mg/5ml</i> .....	52	FLOVENT HFA AERO 44 MCG/ACT .....	99
<i>felbamate tabs 400 mg</i> .....	52	FLOXURIDINE SOLR 0.5 GM.....	24
<i>felbamate tabs 600 mg</i> .....	52	<i>fluconazole in sodium chloride soln 200-0.9</i>	
<i>felodipine er tb24 10 mg</i> .....	43	mg/100ml-% .....	15
<i>felodipine er tb24 2.5 mg</i> .....	43	<i>fluconazole in sodium chloride soln 400-0.9</i>	
<i>felodipine er tb24 5 mg</i> .....	43	mg/200ml-% .....	15
<i>fenofibrate tabs 160 mg</i> .....	40	<i>fluconazole susr 10 mg/ml</i> .....	15
<i>fenofibrate tabs 54 mg</i> .....	40	<i>fluconazole susr 40 mg/ml</i> .....	15
FENSOLVI (6 MONTH) KIT 45 MG .....	24	<i>fluconazole tabs 100 mg</i> .....	15
FENTANYL CITRATE (PF) SOCT 100		<i>fluconazole tabs 150 mg</i> .....	15
MCG/2ML.....	47	<i>fluconazole tabs 200 mg</i> .....	15
FENTANYL CITRATE (PF) SOLN 1000		<i>fluconazole tabs 50 mg</i> .....	15
MCG/20ML.....	47	<i>flucytosine caps 250 mg</i> .....	15
FENTANYL CITRATE (PF) SOLN 2500		<i>flucytosine caps 500 mg</i> .....	15
MCG/50ML.....	47	<i>fludarabine phosphate soln 50 mg/2ml</i> .....	24
FENTANYL CITRATE TABS 100 MCG ...	47	<i>fludarabine phosphate solr 50 mg</i> .....	24
FENTANYL CITRATE TABS 200 MCG ...	47	<i>fludrocortisone acetate tabs 0.1 mg</i> .....	80
FENTANYL CITRATE TABS 400 MCG ...	47	<i>flumazenil soln 0.5 mg/5ml</i> .....	59
FENTANYL CITRATE TABS 600 MCG ...	47	<i>flumazenil soln 1 mg/10ml</i> .....	59
FENTANYL CITRATE TABS 800 MCG ...	47	<i>fluocinolone acetonide body oil 0.01 %</i> ..	104
<i>fentanyl pt72 100 mcg/hr</i> .....	47	<i>fluocinolone acetonide crea 0.01 %</i> .....	104
<i>fentanyl pt72 12 mcg/hr</i> .....	47	<i>fluocinolone acetonide crea 0.025 %</i> .....	104

<i>fluocinolone acetonide oil 0.01 %</i> .....	75	FLUTICASONE-SALMETEROL AEPB 232-14 MCG/ACT .....	99
<i>fluocinolone acetonide oint 0.025 %</i> .....	104	FLUTICASONE-SALMETEROL AEPB 55-14 MCG/ACT .....	99
<i>fluocinolone acetonide scalp oil 0.01 %</i> .....	104	<i>fluvoxamine maleate er cp24 100 mg</i> .....	65
<i>fluocinolone acetonide soln 0.01 %</i> .....	104	<i>fluvoxamine maleate er cp24 150 mg</i> .....	65
<i>fluocinonide crea 0.05 %</i> .....	104	<i>fluvoxamine maleate tabs 100 mg</i> .....	65
<i>fluocinonide emulsified base crea 0.05 %</i> .....	104	<i>fluvoxamine maleate tabs 25 mg</i> .....	65
FLUOCINONIDE GEL 0.05 % .....	104	<i>fluvoxamine maleate tabs 50 mg</i> .....	65
<i>fluocinonide oint 0.05 %</i> .....	104	FML FORTE SUSP 0.25 % .....	75
<i>fluocinonide soln 0.05 %</i> .....	104	FML OINT 0.1 % .....	75
<i>fluoritab soln 0.275 (0.125 f) mg/drop</i> .....	94	FOLOTYN SOLN 20 MG/ML .....	25
<i>fluorometholone susp 0.1 %</i> .....	75	FOLOTYN SOLN 40 MG/2ML .....	25
FLUOROURACIL CREA 0.5 % .....	106	FONDAPARINUX SODIUM SOLN 10 MG/0.8ML .....	37
<i>fluorouracil crea 5 %</i> .....	106	<i>fondaparinux sodium soln 2.5 mg/0.5ml</i> .....	37
<i>fluorouracil soln 1 gm/20ml</i> .....	24	FONDAPARINUX SODIUM SOLN 5 MG/0.4ML .....	37
FLUOROURACIL SOLN 2 % .....	106	FONDAPARINUX SODIUM SOLN 7.5 MG/0.6ML .....	37
<i>fluorouracil soln 2.5 gm/50ml</i> .....	25	FORTEO SOPN 600 MCG/2.4ML .....	85
<i>fluorouracil soln 5 %</i> .....	106	<i>fosamprenavir calcium tabs 700 mg</i> .....	18
<i>fluorouracil soln 5 gm/100ml</i> .....	25	<i>fosaprepitant dimeglumine solr 150 mg</i> .....	77
<i>fluorouracil soln 500 mg/10ml</i> .....	25	<i>fosfomycin tromethamine pack 3 gm</i> .....	20
FLUOXETINE HCL (PMDD) TABS 10 MG .....	64	<i>fosphenytoin sodium soln 100 mg pe/2ml</i> .....	53
FLUOXETINE HCL (PMDD) TABS 20 MG .....	64	<i>fosphenytoin sodium soln 500 mg pe/10ml</i> .....	53
<i>fluoxetine hcl caps 10 mg</i> .....	64	FOTIVDA CAPS 0.89 MG .....	25
<i>fluoxetine hcl caps 20 mg</i> .....	64	FOTIVDA CAPS 1.34 MG .....	25
<i>fluoxetine hcl caps 40 mg</i> .....	64	FRUZAQLA CAPS 1 MG .....	25
FLUOXETINE HCL CPDR 90 MG .....	64	FRUZAQLA CAPS 5 MG .....	25
<i>fluoxetine hcl soln 20 mg/5ml</i> .....	64	FULPHILA SOSY 6 MG/0.6ML .....	39
<i>fluoxetine hcl tabs 10 mg</i> .....	64	<i>fulvestrant sosy 250 mg/5ml</i> .....	25
<i>fluoxetine hcl tabs 20 mg</i> .....	64	<i>furosemide oral soln 10 mg/ml</i> .....	71
<i>fluoxetine hcl tabs 60 mg</i> .....	64	FUROSEMIDE SOLN 8 MG/ML .....	71
<i>fluphenazine decanoate soln 25 mg/ml</i> .....	64	<i>furosemide soln injection 10 mg/ml</i> .....	71
FLUPHENAZINE HCL CONC 5 MG/ML .....	65	<i>furosemide tabs 20 mg</i> .....	71
FLUPHENAZINE HCL ELIX 2.5 MG/5ML .....	65	<i>furosemide tabs 40 mg</i> .....	71
FLUPHENAZINE HCL SOLN 2.5 MG/ML .....	65	<i>furosemide tabs 80 mg</i> .....	71
<i>fluphenazine hcl tabs 1 mg</i> .....	65	FUZEON SOLR 90 MG .....	18
<i>fluphenazine hcl tabs 10 mg</i> .....	65	FYARRO SUSR 100 MG .....	25
<i>fluphenazine hcl tabs 2.5 mg</i> .....	65	FYCOMPA SUSP 0.5 MG/ML .....	53
<i>fluphenazine hcl tabs 5 mg</i> .....	65	FYCOMPA TABS 10 MG .....	53
FLURBIPROFEN SODIUM SOLN 0.03 % .....	75	FYCOMPA TABS 12 MG .....	53
FLUTAMIDE CAPS 125 MG .....	25	FYCOMPA TABS 2 MG .....	53
<i>fluticasone propionate crea 0.05 %</i> .....	104	FYCOMPA TABS 4 MG .....	53
FLUTICASONE PROPIONATE HFA AERO 44 MCG/ACT .....	99	FYCOMPA TABS 6 MG .....	53
<i>fluticasone propionate oint 0.005 %</i> .....	104	FYCOMPA TABS 8 MG .....	53
<i>fluticasone propionate susp 50 mcg/act</i> .....	75	FYLNETRA SOSY 6 MG/0.6ML .....	39
FLUTICASONE-SALMETEROL AEPB 113-14 MCG/ACT .....	99		

**G**

*gabapentin caps 100 mg* ..... 53  
*gabapentin caps 300 mg* ..... 53  
*gabapentin caps 400 mg* ..... 53  
*gabapentin soln 250 mg/5ml*..... 53  
*gabapentin tabs 600 mg* ..... 53  
*gabapentin tabs 800 mg* ..... 53  
 GALAFOLD CAPS 123 MG ..... 94  
*galantamine hydrobromide er cp24 16 mg*  
 ..... 35  
*galantamine hydrobromide er cp24 24 mg*  
 ..... 35  
*galantamine hydrobromide er cp24 8 mg* 35  
 GALANTAMINE HYDROBROMIDE SOLN 4  
 MG/ML ..... 35  
*galantamine hydrobromide tabs 12 mg*.... 35  
*galantamine hydrobromide tabs 4 mg*..... 35  
*galantamine hydrobromide tabs 8 mg*..... 35  
 GAMASTAN INJ ..... 101  
 GAMIFANT SOLN 10 MG/2ML..... 92  
 GAMIFANT SOLN 100 MG/20ML..... 92  
 GAMIFANT SOLN 50 MG/10ML..... 92  
 GAMMAGARD S/D LESS IGA SOLR 10  
 GM ..... 101  
 GAMMAGARD S/D LESS IGA SOLR 5 GM  
 ..... 101  
 GAMMAGARD SOLN 2.5 GM/25ML ..... 101  
 GAMMAKED SOLN 1 GM/10ML ..... 101  
 GAMMAPLEX SOLN 10 GM/200ML..... 101  
 GAMUNEX-C SOLN 1 GM/10ML ..... 101  
 GANCICLOVIR SODIUM SOLN 500  
 MG/10ML ..... 18  
*ganciclovir sodium solr 500 mg*..... 18  
 GARDASIL 9 SUSP..... 101  
 GARDASIL 9 SUSY..... 101  
 GATIFLOXACIN SOLN 0.5 %..... 74  
 GATTEX KIT 5 MG ..... 78  
 GAVILYTE-C SOLR 240 GM ..... 78  
*gavilyte-g solr 236 gm*..... 78  
*gavilyte-n with flavor pack solr 420 gm* .... 78  
 GAVRETO CAPS 100 MG ..... 25  
 GAZYVA SOLN 1000 MG/40ML..... 25  
*gefitinib tabs 250 mg*..... 25  
*gemcitabine hcl soln 1 gm/26.3ml*..... 25  
*gemcitabine hcl soln 2 gm/52.6ml*..... 25  
*gemcitabine hcl soln 200 mg/5.26ml*..... 25  
*gemcitabine hcl solr 1 gm* ..... 25  
*gemcitabine hcl solr 2 gm* ..... 25

*gemcitabine hcl solr 200 mg*.....25  
*gemfibrozil tabs 600 mg* .....40  
*generlac soln 10 gm/15ml* .....70  
*gengraf caps 100 mg* .....92  
*gengraf caps 25 mg* .....92  
 GENTAK OINT 0.3 %.....74  
 GENTAMICIN IN SALINE SOLN 0.8-0.9  
 MG/ML-% ..... 13  
*gentamicin in saline soln 1.2-0.9 mg/ml-%*  
 ..... 13  
 GENTAMICIN IN SALINE SOLN 1.6-0.9  
 MG/ML-% ..... 13  
 GENTAMICIN IN SALINE SOLN 1-0.9  
 MG/ML-% ..... 13  
 GENTAMICIN IN SALINE SOLN 2-0.9  
 MG/ML-% ..... 13  
*gentamicin sulfate crea 0.1 %* .....102  
*gentamicin sulfate oint 0.1 %* ..... 102  
*gentamicin sulfate soln 0.3 %*.....74  
*gentamicin sulfate soln 10 mg/ml* ..... 13  
*gentamicin sulfate soln 40 mg/ml* .....13  
 GENVOYA TABS 150-150-200-10 MG ... 18  
 GILENYA CAPS 0.25 MG .....60  
 GILOTRIF TABS 20 MG .....25  
 GILOTRIF TABS 30 MG .....25  
 GILOTRIF TABS 40 MG .....25  
 GIMOTI SOLN 15 MG/ACT .....78  
 GIVLAARI SOLN 189 MG/ML .....94  
 GLASSIA SOLN 1000 MG/50ML .....99  
*glatopa sosy 20 mg/ml* .....60  
*glatopa sosy 40 mg/ml* .....60  
 GLEOSTINE CAPS 10 MG .....25  
 GLEOSTINE CAPS 100 MG .....25  
 GLEOSTINE CAPS 40 MG .....25  
*glimepiride tabs 1 mg* .....82  
*glimepiride tabs 2 mg* .....82  
*glimepiride tabs 4 mg* .....82  
*glipizide er tb24 10 mg* .....82  
*glipizide er tb24 2.5 mg* .....82  
*glipizide er tb24 5 mg* .....82  
*glipizide tabs 10 mg* .....82  
*glipizide tabs 5 mg* .....82  
*glipizide-metformin hcl tabs 2.5-250 mg*...82  
*glipizide-metformin hcl tabs 2.5-500 mg*...82  
*glipizide-metformin hcl tabs 5-500 mg*.....82  
 GLUCAGON EMERGENCY KIT 1 MG ...82  
*glyburide tabs 1.25 mg* .....82  
*glyburide tabs 2.5 mg* .....82  
*glyburide tabs 5 mg* .....82

<i>glycopyrrolate oral soln 1 mg/5ml</i> .....	34
<i>glycopyrrolate soln 0.2 mg/ml</i> .....	34
<i>glycopyrrolate soln 0.4 mg/2ml</i> .....	34
<i>glycopyrrolate soln 4 mg/20ml</i> .....	34
<i>glycopyrrolate soln injection 1 mg/5ml</i> .....	34
<i>glycopyrrolate tabs 1 mg</i> .....	34
GLYCOPYRROLATE TABS 1.5 MG .....	34
<i>glycopyrrolate tabs 2 mg</i> .....	34
<i>glydo prsy 2 %</i> .....	105
<i>granisetron hcl tabs 1 mg</i> .....	77
GRANIX SOLN 300 MCG/ML .....	39
GRANIX SOLN 480 MCG/1.6ML .....	39
GRANIX SOSY 300 MCG/0.5ML .....	39
GRANIX SOSY 480 MCG/0.8ML .....	39
GRASTEK SUBL 2800 BAU .....	94
<i>griseofulvin microsize susp 125 mg/5ml</i> ..	15
<i>griseofulvin microsize tabs 500 mg</i> .....	15
<i>griseofulvin ultramicrosize tabs 125 mg</i> ...	15
<i>griseofulvin ultramicrosize tabs 250 mg</i> ...	15
<i>guanfacine hcl er tb24 1 mg</i> .....	59
<i>guanfacine hcl er tb24 2 mg</i> .....	59
<i>guanfacine hcl er tb24 3 mg</i> .....	59
<i>guanfacine hcl er tb24 4 mg</i> .....	59
<i>guanfacine hcl tabs 1 mg</i> .....	45
<i>guanfacine hcl tabs 2 mg</i> .....	45
GUANIDINE HCL TABS 125 MG .....	35

## H

HADLIMA PUSHTOUCH SOAJ 40 MG/0.4ML .....	90
HADLIMA PUSHTOUCH SOAJ 40 MG/0.8ML .....	90
HADLIMA SOSY 40 MG/0.4ML .....	90
HADLIMA SOSY 40 MG/0.8ML .....	90
HAEGARDA SOLR 2000 UNIT .....	94
HAEGARDA SOLR 3000 UNIT .....	94
<i>halobetasol propionate crea 0.05 %</i> .....	104
<i>halobetasol propionate foam 0.05 %</i> .....	104
<i>halobetasol propionate oint 0.05 %</i> .....	104
<i>haloperidol decanoate soln 100 mg/ml</i> ....	65
<i>haloperidol decanoate soln 50 mg/ml</i> .....	65
<i>haloperidol lactate conc 2 mg/ml</i> .....	65
<i>haloperidol lactate soln 5 mg/ml</i> .....	65
<i>haloperidol tabs 0.5 mg</i> .....	65
<i>haloperidol tabs 1 mg</i> .....	65
<i>haloperidol tabs 10 mg</i> .....	65
<i>haloperidol tabs 2 mg</i> .....	65
<i>haloperidol tabs 20 mg</i> .....	65
<i>haloperidol tabs 5 mg</i> .....	65

HARVONI PACK 33.75-150 MG .....	18
HARVONI PACK 45-200 MG .....	18
HARVONI TABS 45-200 MG .....	18
HARVONI TABS 90-400 MG .....	18
HAVRIX SUSP 1440 EL U/ML .....	101
HAVRIX SUSP 720 EL U/0.5ML .....	101
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% .....	37
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-% .....	37
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML .....	37
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% .....	38
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% .....	38
<i>heparin sodium (porcine) pf soln 5000 unit/0.5ml</i> .....	38
<i>heparin sodium (porcine) soln 1000 unit/ml</i> .....	38
<i>heparin sodium (porcine) soln 10000 unit/ml</i> .....	38
<i>heparin sodium (porcine) soln 20000 unit/ml</i> .....	38
<i>heparin sodium (porcine) soln 5000 unit/ml</i> .....	38
HEPLISAV-B SOSY 20 MCG/0.5ML .....	101
HERCEPTIN HYLECTA SOLN 600-10000 MG-UNT/5ML .....	25
HERCEPTIN SOLR 150 MG .....	25
HERZUMA SOLR 150 MG .....	25
HERZUMA SOLR 420 MG .....	25
HETLIOZ LQ SUSP 4 MG/ML .....	58
HIBERIX SOLR 10 MCG .....	101
HULIO (2 PEN) AJKT 40 MG/0.8ML .....	90
HULIO (2 SYRINGE) PSKT 20 MG/0.4ML .....	90
HULIO (2 SYRINGE) PSKT 40 MG/0.8ML .....	90
HUMALOG KWIKPEN SOPN 100 UNIT/ML .....	82
HUMALOG SOCT 100 UNIT/ML .....	82
HUMALOG SOLN 100 UNIT/ML .....	83
HUMATIN CAPS 250 MG .....	16
HUMATROPE CART 12 MG .....	86
HUMATROPE CART 24 MG .....	86
HUMATROPE CART 6 MG .....	86
HUMATROPE SOLR 5 MG .....	86
HUMIRA (2 PEN) AJKT 40 MG/0.4ML .....	90

HUMIRA (2 PEN) AJKT 40 MG/0.8ML.....	90
HUMIRA (2 PEN) AJKT 80 MG/0.8ML.....	90
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML	90
.....	90
HUMIRA (2 SYRINGE) PSKT 20 MG/0.2ML	90
.....	90
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML	90
.....	90
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	90
.....	90
HUMIRA INJ 10MG/0.2 .....	90
HUMIRA KIT 20MG/0.4 .....	90
HUMIRA PEDIA INJ CROHNS .....	90
HUMIRA-CD/UC/HS STARTER AJKT 40	90
MG/0.8ML .....	90
HUMIRA-CD/UC/HS STARTER AJKT 80	90
MG/0.8ML .....	90
HUMIRA-PED<40KG CROHNS STARTER	90
PSKT 80 MG/0.8ML & 40MG/0.4ML ....	90
HUMIRA-PED>/=40KG CROHNS START	90
PSKT 80 MG/0.8ML .....	90
HUMIRA-PED>/=40KG UC STARTER	90
AJKT 80 MG/0.8ML.....	90
HUMIRA-PS/UV/ADOL HS STARTER	90
AJKT 40 MG/0.8ML.....	90
HUMIRA-PSORIASIS/UEVIT STARTER	90
AJKT 80 MG/0.8ML & 40MG/0.4ML.....	90
HUMULIN 70/30 KWIKPEN SUPN (70-30)	83
100 UNIT/ML.....	83
HUMULIN 70/30 SUSP (70-30) 100	83
UNIT/ML.....	83
HUMULIN N KWIKPEN SUPN 100	83
UNIT/ML.....	83
HUMULIN N SUSP 100 UNIT/ML.....	83
HUMULIN R SOLN 100 UNIT/ML.....	83
HUMULIN R U-500 (CONCENTRATED)	83
SOLN 500 UNIT/ML .....	83
HUMULIN R U-500 KWIKPEN SOPN 500	83
UNIT/ML.....	83
<i>hydralazine hcl soln 20 mg/ml.....</i>	45
<i>hydralazine hcl tabs 10 mg .....</i>	45
<i>hydralazine hcl tabs 100 mg .....</i>	45
<i>hydralazine hcl tabs 25 mg .....</i>	45
<i>hydralazine hcl tabs 50 mg .....</i>	45
<i>hydrochlorothiazide caps 12.5 mg .....</i>	71
<i>hydrochlorothiazide tabs 12.5 mg .....</i>	71
<i>hydrochlorothiazide tabs 25 mg .....</i>	71
<i>hydrochlorothiazide tabs 50 mg .....</i>	71
HYDROCODONE-ACETAMINOPHEN	
SOLN 10-325 MG/15ML .....	48
<i>hydrocodone-acetaminophen soln 7.5-325</i>	48
<i>mg/15ml.....</i>	48
<i>hydrocodone-acetaminophen tabs 10-325</i>	48
<i>mg .....</i>	48
<i>hydrocodone-acetaminophen tabs 5-325</i>	48
<i>mg .....</i>	48
<i>hydrocodone-acetaminophen tabs 7.5-325</i>	48
<i>mg .....</i>	48
<i>hydrocortisone (perianal) crea 2.5 %.....</i>	104
HYDROCORTISONE ACE-PRAMOXINE	
CREA 1-1 % .....	105
HYDROCORTISONE ACE-PRAMOXINE	
SUPP 25-18 MG .....	105
HYDROCORTISONE BUTYR LIPO BASE	
CREA 0.1 % .....	104
HYDROCORTISONE BUTYRATE CREA	
0.1 % .....	104
HYDROCORTISONE BUTYRATE OINT	
0.1 % .....	104
HYDROCORTISONE BUTYRATE SOLN	
0.1 % .....	104
<i>hydrocortisone crea 2.5 % .....</i>	104
HYDROCORTISONE ENEM 100 MG/60ML	
.....	104
HYDROCORTISONE LOTN 2.5 % .....	104
<i>hydrocortisone oint 2.5 %.....</i>	104
<i>hydrocortisone tabs 10 mg .....</i>	80
<i>hydrocortisone tabs 20 mg .....</i>	80
<i>hydrocortisone tabs 5 mg .....</i>	80
<i>hydrocortisone valerate crea 0.2 %.....</i>	104
<i>hydrocortisone valerate oint 0.2 % .....</i>	104
<i>hydrocortisone-acetic acid soln 1-2 %.....</i>	75
<i>hydromorphone hcl liqd 1 mg/ml .....</i>	48
<i>hydromorphone hcl tabs 2 mg .....</i>	48
<i>hydromorphone hcl tabs 4 mg .....</i>	48
<i>hydromorphone hcl tabs 8 mg .....</i>	48
<i>hydroxychloroquine sulfate tabs 200 mg ..</i>	16
<i>hydroxyprogesterone caproate oil 250</i>	
<i>mg/ml.....</i>	85
HYDROXYPROGESTERONE CAPROATE	
SOLN 1.25 GM/5ML .....	85
<i>hydroxyurea caps 500 mg .....</i>	25
HYDROXYZINE HCL SOLN 25 MG/ML...58	
HYDROXYZINE HCL SOLN 50 MG/ML...58	
<i>hydroxyzine hcl syr 10 mg/5ml .....</i>	58
<i>hydroxyzine hcl tabs 10 mg .....</i>	58
<i>hydroxyzine hcl tabs 25 mg .....</i>	58



IMJUDO SOLN 300 MG/15ML.....	26	INVEGA HAFYERA SUSY 1560 MG/5ML	65
IMOVAX RABIES SUSR 2.5 UNIT/ML...	101	INVEGA SUSTENNA SUSY 117	
IMPAVIDO CAPS 50 MG.....	16	MG/0.75ML.....	65
INBRIJA CAPS 42 MG .....	57	INVEGA SUSTENNA SUSY 156 MG/ML	65
INCRELEX SOLN 40 MG/4ML .....	86	INVEGA SUSTENNA SUSY 234 MG/1.5ML	
<i>indapamide tabs 1.25 mg</i> .....	71	.....	65
<i>indapamide tabs 2.5 mg</i> .....	71	INVEGA SUSTENNA SUSY 39 MG/0.25ML	
<i>indocin supp 50 mg</i> .....	48	.....	65
<i>indomethacin caps 25 mg</i> .....	48	INVEGA SUSTENNA SUSY 78 MG/0.5ML	
<i>indomethacin caps 50 mg</i> .....	48	.....	65
<i>indomethacin er cpcr 75 mg</i> .....	48	INVEGA TRINZA SUSY 273 MG/0.88ML	65
<i>indomethacin sodium solr 1 mg</i> .....	48	INVEGA TRINZA SUSY 410 MG/1.32ML	65
INFANRIX SUSP 25-58-10.....	101	INVEGA TRINZA SUSY 546 MG/1.75ML	65
INFLECTRA SOLR 100 MG .....	91	INVEGA TRINZA SUSY 819 MG/2.63ML	65
INFLIXIMAB SOLR 100 MG .....	91	INVIRASE TABS 500 MG .....	18
INFUGEM SOLN 1200-0.9 MG/120ML-%	26	IPOL INJ .....	101
INFUGEM SOLN 1300-0.9 MG/130ML-%	26	<i>ipratropium bromide soln 0.02 %</i> .....	34
INFUGEM SOLN 1400-0.9 MG/140ML-%	26	<i>ipratropium bromide soln 0.03 %</i> .....	34
INFUGEM SOLN 1500-0.9 MG/150ML-%	26	<i>ipratropium bromide soln 0.06 %</i> .....	34
INFUGEM SOLN 1600-0.9 MG/160ML-%	26	<i>ipratropium-albuterol soln 0.5-2.5 (3)</i>	
INFUGEM SOLN 1700-0.9 MG/170ML-%	26	<i>mg/3ml</i> .....	36
INFUGEM SOLN 1800-0.9 MG/180ML-%	26	IQIRVO TABS 80 MG .....	78
INFUGEM SOLN 1900-0.9 MG/190ML-%	26	<i>irbesartan tabs 150 mg</i> .....	45
INFUGEM SOLN 2000-0.9 MG/200ML-%	26	<i>irbesartan tabs 300 mg</i> .....	45
INFUGEM SOLN 2200-0.9 MG/220ML-%	26	<i>irbesartan tabs 75 mg</i> .....	45
INGREZZA CAPS 40 MG .....	59	<i>irinotecan hcl soln 100 mg/5ml</i> .....	26
INGREZZA CAPS 60 MG .....	59	<i>irinotecan hcl soln 300 mg/15ml</i> .....	26
INGREZZA CAPS 80 MG .....	59	<i>irinotecan hcl soln 40 mg/2ml</i> .....	26
INGREZZA CPPK 40 & 80 MG.....	59	IRINOTECAN HCL SOLN 500 MG/25ML	26
INGREZZA CPSP 40 MG .....	59	ISENTRESS CHEW 100 MG .....	18
INGREZZA CPSP 60 MG .....	59	ISENTRESS CHEW 25 MG .....	18
INGREZZA CPSP 80 MG .....	59	ISENTRESS HD TABS 600 MG.....	18
INLYTA TABS 1 MG .....	26	ISENTRESS PACK 100 MG .....	18
INLYTA TABS 5 MG .....	26	ISENTRESS TABS 400 MG.....	18
INQOVI TABS 35-100 MG.....	26	ISONIAZID SOLN 100 MG/ML.....	16
INREBIC CAPS 100 MG.....	26	<i>isoniazid syrp 50 mg/5ml</i> .....	16
INSULIN GLARGINE-YFGN SOLN 100		ISONIAZID TABS 100 MG .....	16
UNIT/ML.....	83	<i>isoniazid tabs 300 mg</i> .....	16
INSULIN GLARGINE-YFGN SOPN 100		<i>isoproterenol hcl soln 0.2 mg/ml</i> .....	36
UNIT/ML.....	83	ISOSORB DIN TAB 40MG ER.....	46
INTELENCE TABS 25 MG .....	18	<i>isosorbide dinitrate tabs 10 mg</i> .....	46
INTRALIPID EMUL 20 %.....	71	<i>isosorbide dinitrate tabs 20 mg</i> .....	46
INTRON A SOLN 10000000 UNIT/ML.....	26	<i>isosorbide dinitrate tabs 30 mg</i> .....	46
INTRON A SOLN 6000000 UNIT/ML.....	26	<i>isosorbide dinitrate tabs 5 mg</i> .....	46
INTRON A SOLR 10000000 UNIT.....	26	<i>isosorbide mononitrate er tb24 120 mg</i> ....	46
INTRON A SOLR 18000000 UNIT.....	26	<i>isosorbide mononitrate er tb24 30 mg</i> .....	46
INTRON A SOLR 50000000 UNIT.....	26	<i>isosorbide mononitrate er tb24 60 mg</i> .....	46
INVEGA HAFYERA SUSY 1092 MG/3.5ML		<i>isosorbide mononitrate tabs 10 mg</i> .....	46
.....	65	<i>isosorbide mononitrate tabs 20 mg</i> .....	46



<i>isotretinoin caps 20 mg</i> .....	106
<i>isotretinoin caps 30 mg</i> .....	106
<i>isotretinoin caps 40 mg</i> .....	106
ISTURISA TABS 1 MG.....	94
ISTURISA TABS 10 MG.....	94
ISTURISA TABS 5 MG.....	94
<i>itraconazole caps 100 mg</i> .....	15
ITRACONAZOLE SOLN 10 MG/ML.....	15
<i>ivabradine hcl tabs 5 mg</i> .....	44
<i>ivabradine hcl tabs 7.5 mg</i> .....	44
<i>ivermectin tabs 3 mg</i> .....	10
IWILFIN TABS 192 MG.....	26
IXCHIQ SOLR.....	102
IXEMPRA KIT SOLR 45 MG.....	26
IXIARO SUSP.....	102
IZERVAY SOLN 2 MG/0.1ML.....	76

**J**

JAKAFI TABS 10 MG.....	26
JAKAFI TABS 15 MG.....	26
JAKAFI TABS 20 MG.....	26
JAKAFI TABS 25 MG.....	26
JAKAFI TABS 5 MG.....	26
<i>jantoven tabs 1 mg</i> .....	38
<i>jantoven tabs 10 mg</i> .....	38
<i>jantoven tabs 2 mg</i> .....	38
<i>jantoven tabs 2.5 mg</i> .....	38
<i>jantoven tabs 3 mg</i> .....	38
<i>jantoven tabs 4 mg</i> .....	38
<i>jantoven tabs 5 mg</i> .....	38
<i>jantoven tabs 6 mg</i> .....	38
<i>jantoven tabs 7.5 mg</i> .....	38
JARDIANCE TABS 10 MG.....	83
JARDIANCE TABS 25 MG.....	83
<i>javygtor pack 100 mg</i> .....	94
<i>javygtor pack 500 mg</i> .....	94
<i>javygtor tabs 100 mg</i> .....	94
JAYPIRCA TABS 100 MG.....	26
JAYPIRCA TABS 50 MG.....	26
JEMPERLI SOLN 500 MG/10ML.....	26
<i>jinteli tabs 1-5 mg-mcg</i> .....	84
JOENJA TABS 70 MG.....	94
<i>jolivette tab 0.35mg</i> .....	81
JULUCA TABS 50-25 MG.....	18
<i>junel 1.5/30 tabs 1.5-30 mg-mcg</i> .....	81
<i>junel 1/20 tabs 1-20 mg-mcg</i> .....	81
<i>junel fe 1.5/30 tabs 1.5-30 mg-mcg</i> .....	81
<i>junel fe 1/20 tabs 1-20 mg-mcg</i> .....	81
<i>junel fe 24 tabs 1-20 mg-mcg(24)</i> .....	81

JUXTAPID CAP 40MG.....	40
JUXTAPID CAP 60MG.....	40
JUXTAPID CAPS 10 MG.....	40
JUXTAPID CAPS 20 MG.....	40
JUXTAPID CAPS 30 MG.....	40
JUXTAPID CAPS 5 MG.....	40
JYLAMVO SOLN 2 MG/ML.....	26
JYNARQUE TABS 15 MG.....	71
JYNARQUE TABS 30 MG.....	71
JYNARQUE TBPK 15 MG.....	71
JYNARQUE TBPK 30 & 15 MG.....	71
JYNARQUE TBPK 45 & 15 MG.....	71
JYNARQUE TBPK 60 & 30 MG.....	71
JYNARQUE TBPK 90 & 30 MG.....	71
JYNNEOS SUSP 0.5 ML.....	102

**K**

KABIVEN EMUL 3.3-10.8-3.9 %.....	71
KADCYLA SOLR 100 MG.....	26
KADCYLA SOLR 160 MG.....	26
KALYDECO PACK 13.4 MG.....	98
KALYDECO PACK 25 MG.....	98
KALYDECO PACK 5.8 MG.....	98
KALYDECO PACK 50 MG.....	98
KALYDECO PACK 75 MG.....	98
KALYDECO TABS 150 MG.....	98
KANJINTI SOLR 150 MG.....	27
KANJINTI SOLR 420 MG.....	27
KANUMA SOLN 20 MG/10ML.....	74
KCL (0.149%) IN NACL SOLN 20-0.9 MEQ/L-%.....	72
KCL (0.298%) IN NACL SOLN 40-0.9 MEQ/L-%.....	72
<i>kcl in dextrose-nacl soln 10-5-0.45 meq/l-%-%.....</i>	72
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-%.....	72
<i>kcl in dextrose-nacl soln 20-5-0.45 meq/l-%-%.....</i>	72
<i>kcl in dextrose-nacl soln 20-5-0.9 meq/l-%-%.....</i>	72
<i>kcl in dextrose-nacl soln 30-5-0.45 meq/l-%-%.....</i>	72
<i>kcl in dextrose-nacl soln 40-5-0.45 meq/l-%-%.....</i>	72
<i>kcl in dextrose-nacl soln 40-5-0.9 meq/l-%-%.....</i>	72
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L.....	72

<i>kelnor 1/35 tabs 1-35 mg-mcg</i> .....	81
<i>kelnor 1/50 tabs 1-50 mg-mcg</i> .....	81
KENALOG-10 SUSP 10 MG/ML.....	80
KEPIVANCE SOLR 5.16 MG.....	105
KEPIVANCE SOLR 6.25 MG.....	105
KERENDIA TABS 10 MG .....	45
KERENDIA TABS 20 MG .....	45
KESIMPTA SOAJ 20 MG/0.4ML.....	94
<i>ketoconazole crea 2 %</i> .....	103
<i>ketoconazole sham 2 %</i> .....	103
<i>ketoconazole tabs 200 mg</i> .....	15
KETOPROFEN CAPS 50 MG.....	48
KETOPROFEN CAPS 75 MG.....	48
KETOROLAC TROMETHAMINE SOLN	
0.4 %.....	75
<i>ketorolac tromethamine soln 0.5 %</i> .....	75
<i>ketorolac tromethamine soln 15 mg/ml</i> ....	48
<i>ketorolac tromethamine soln 30 mg/ml</i> ....	48
<i>ketorolac tromethamine soln 60 mg/2ml</i> ..	48
KEVZARA SOAJ 150 MG/1.14ML .....	91
KEVZARA SOAJ 200 MG/1.14ML.....	91
KEVZARA SOSY 150 MG/1.14ML .....	91
KEVZARA SOSY 200 MG/1.14ML .....	91
KEYTRUDA SOLN 100 MG/4ML.....	27
KHAPZORY SOLR 175 MG.....	87
KHAPZORY SOLR 300 MG.....	87
KHEDEZLA TAB 100MG ER .....	65
KHEDEZLA TAB 50MG ER .....	65
KIMMTRAK SOLN 100 MCG/0.5ML .....	27
KIMYRSA SOLR 1200 MG .....	13
KINERET SOSY 100 MG/0.67ML.....	91
KINRIX SUSP .....	101
KINRIX SUSY 0.5 ML .....	101
<i>kionex susp 15 gm/60ml</i> .....	72
KISQALI (200 MG DOSE) TBPK 200 MG	27
KISQALI (400 MG DOSE) TBPK 200 MG	27
KISQALI (600 MG DOSE) TBPK 200 MG	27
KISQALI FEMARA (200 MG DOSE) TBPK	
200 & 2.5 MG.....	27
KISQALI FEMARA (400 MG DOSE) TBPK	
200 & 2.5 MG.....	27
KISQALI FEMARA (600 MG DOSE) TBPK	
200 & 2.5 MG.....	27
KITABIS PAK NEBU 300 MG/5ML .....	98
KLISYRI OINT 1 % .....	106
KLOR-CON 10 TBCR 10 MEQ.....	72
KLOR-CON TBCR 8 MEQ.....	72
KORLYM TABS 300 MG .....	83
KORSUVA SOLN 65 MCG/1.3ML .....	106

KOSELUGO CAPS 10 MG.....	27
KOSELUGO CAPS 25 MG.....	27
KRAZATI TABS 200 MG.....	27
KRINTAFEL TABS 150 MG .....	16
KYNMOBI FILM 10 MG.....	57
KYNMOBI FILM 15 MG.....	57
KYNMOBI FILM 20 MG.....	57
KYNMOBI FILM 25 MG.....	57
KYNMOBI FILM 30 MG.....	57
KYPROLIS SOLR 10 MG.....	27
KYPROLIS SOLR 30 MG.....	27
KYPROLIS SOLR 60 MG.....	27

## L

<i>labetalol hcl soln 5 mg/ml</i> .....	41
LABELALOL HCL SOSY 10 MG/2ML .....	41
LABELALOL HCL SOSY 20 MG/4ML .....	41
<i>labetalol hcl tabs 100 mg</i> .....	41
<i>labetalol hcl tabs 200 mg</i> .....	41
<i>labetalol hcl tabs 300 mg</i> .....	41
<i>lacosamide soln 10 mg/ml</i> .....	53
<i>lacosamide soln 200 mg/20ml</i> .....	53
<i>lacosamide tabs 100 mg</i> .....	53
<i>lacosamide tabs 150 mg</i> .....	53
<i>lacosamide tabs 200 mg</i> .....	53
<i>lacosamide tabs 50 mg</i> .....	53
LACRISERT INST 5 MG .....	76
LACTATED RINGERS SOLN .....	72, 94
<i>lactulose encephalopathy soln 10 gm/15ml</i>	
.....	70
<i>lactulose soln 10 gm/15ml</i> .....	70
<i>lamivudine soln 10 mg/ml</i> .....	18
<i>lamivudine tabs 100 mg</i> .....	18
<i>lamivudine tabs 150 mg</i> .....	18
<i>lamivudine tabs 300 mg</i> .....	18
<i>lamivudine-zidovudine tabs 150-300 mg</i> ..	18
<i>lamotrigine chew 25 mg</i> .....	53
<i>lamotrigine chew 5 mg</i> .....	53
<i>lamotrigine er tb24 100 mg</i> .....	53
<i>lamotrigine er tb24 200 mg</i> .....	53
<i>lamotrigine er tb24 25 mg</i> .....	53
<i>lamotrigine er tb24 250 mg</i> .....	53
<i>lamotrigine er tb24 300 mg</i> .....	53
<i>lamotrigine er tb24 50 mg</i> .....	53
<i>lamotrigine kit 25 &amp; 50 &amp; 100 mg</i> .....	53
<i>lamotrigine starter kit-blue kit 35 x 25 mg</i>	53
<i>lamotrigine starter kit-green kit 84 x 25 mg</i>	
& 14x100 mg .....	53

<i>lamotrigine starter kit-orange kit 42 x 25 mg &amp; 7 x 100 mg</i> .....	53	LENVIMA (4 MG DAILY DOSE) CPPK 4 MG .....	27
<i>lamotrigine tabs 100 mg</i> .....	53	LENVIMA (8 MG DAILY DOSE) CPPK 2 x 4 MG .....	27
<i>lamotrigine tabs 150 mg</i> .....	53	<i>letrozole tabs 2.5 mg</i> .....	27
<i>lamotrigine tabs 200 mg</i> .....	53	<i>leucovorin calcium solr 100 mg</i> .....	87
<i>lamotrigine tabs 25 mg</i> .....	53	<i>leucovorin calcium solr 200 mg</i> .....	87
<i>lamotrigine tbdp 100 mg</i> .....	53	<i>leucovorin calcium solr 350 mg</i> .....	87
<i>lamotrigine tbdp 200 mg</i> .....	53	<i>leucovorin calcium solr 50 mg</i> .....	87
<i>lamotrigine tbdp 25 mg</i> .....	53	<i>leucovorin calcium tabs 10 mg</i> .....	88
<i>lamotrigine tbdp 50 mg</i> .....	53	<i>leucovorin calcium tabs 25 mg</i> .....	88
LAMZEDE SOLR 10 MG .....	74	<i>leucovorin calcium tabs 5 mg</i> .....	88
LANOXIN PEDIATRIC SOLN 0.1 MG/ML	44	LEUKERAN TABS 2 MG.....	27
LANREOTIDE ACETATE SOLN 120 MG/0.5ML .....	86	LEUKINE SOLR 250 MCG.....	39
<i>lanthanum carbonate chew 1000 mg</i> .....	72	<i>leuprolide acetate kit 1 mg/0.2ml</i> .....	27
<i>lanthanum carbonate chew 500 mg</i> .....	72	<i>levetiracetam er tb24 500 mg</i> .....	53
<i>lanthanum carbonate chew 750 mg</i> .....	72	<i>levetiracetam er tb24 750 mg</i> .....	53
<i>lapatinib ditosylate tabs 250 mg</i> .....	27	<i>levetiracetam in nacl soln 1000 mg/100ml</i>	53
LARTRUVO SOLN 190 MG/19ML.....	27	<i>levetiracetam in nacl soln 1500 mg/100ml</i>	53
LARTRUVO SOLN 500 MG/50ML.....	27	LEVETIRACETAM IN NAACL SOLN 250 MG/50ML.....	53
<i>latanoprost soln 0.005 %</i> .....	76	<i>levetiracetam in nacl soln 500 mg/100ml</i>	53
LAZANDA SOLN 100 MCG/ACT .....	48	<i>levetiracetam soln 100 mg/ml</i> .....	53
LAZANDA SOLN 400 MCG/ACT .....	48	<i>levetiracetam soln 500 mg/5ml</i> .....	53
LAZCLUZE TABS 240 MG .....	27	<i>levetiracetam tabs 1000 mg</i> .....	53
LAZCLUZE TABS 80 MG .....	27	<i>levetiracetam tabs 250 mg</i> .....	53
LEDIPASVIR-SOFOSBUVIR TABS 90-400 MG .....	18	<i>levetiracetam tabs 500 mg</i> .....	53
LEENA TABS 0.5/1/0.5-35 MG-MCG .....	82	<i>levetiracetam tabs 750 mg</i> .....	53
<i>leflunomide tabs 10 mg</i> .....	91	LEVOBUNOLOL HCL SOLN 0.5 % .....	76
<i>leflunomide tabs 20 mg</i> .....	91	<i>levocarnitine soln 1 gm/10ml</i> .....	94
LEMTRADA SOLN 12 MG/1.2ML.....	60	<i>levocarnitine tabs 330 mg</i> .....	94
<i>lenalidomide caps 10 mg</i> .....	27	<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i> .....	20
<i>lenalidomide caps 15 mg</i> .....	27	<i>levocetirizine dihydrochloride tabs 5 mg</i> ...	20
<i>lenalidomide caps 2.5 mg</i> .....	27	<i>levofloxacin in d5w soln 250 mg/50ml</i> .....	13
<i>lenalidomide caps 20 mg</i> .....	27	<i>levofloxacin in d5w soln 500 mg/100ml</i> ....	13
<i>lenalidomide caps 25 mg</i> .....	27	<i>levofloxacin in d5w soln 750 mg/150ml</i> ....	13
<i>lenalidomide caps 5 mg</i> .....	27	LEVOFLOXACIN ORAL SOLN 25 MG/ML .....	13
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG .....	27	<i>levofloxacin soln intravenous 25 mg/ml</i> ....	13
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG .....	27	<i>levofloxacin tabs 250 mg</i> .....	13
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG.....	27	<i>levofloxacin tabs 500 mg</i> .....	13
LENVIMA (18 MG DAILY DOSE) CPPK 10 MG & 2 X 4 MG.....	27	<i>levofloxacin tabs 750 mg</i> .....	13
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG .....	27	<i>levoleucovorin calcium solr 50 mg</i> .....	88
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG .....	27	<i>levora 0.15/30 (28) tabs 0.15-30 mg-mcg</i>	82
		<i>levorphanol tartrate tabs 2 mg</i> .....	48
		<i>levorphanol tartrate tabs 3 mg</i> .....	48
		LEVOTHYROXINE SODIUM SOLN 100 MCG/ML.....	87

LEVOTHYROXINE SODIUM SOLR 100 MCG .....	87	LIDOCAINE IN D5W SOLN 8-5 MG/ML-% .....	44
LEVOTHYROXINE SODIUM SOLR 200 MCG .....	87	<i>lidocaine oint 5 %</i> .....	105
LEVOTHYROXINE SODIUM SOLR 500 MCG .....	87	<i>lidocaine ptch 5 %</i> .....	105
<i>levothyroxine sodium tabs 100 mcg</i> .....	87	<i>lidocaine viscous hcl soln 2 %</i> .....	77
<i>levothyroxine sodium tabs 112 mcg</i> .....	87	<i>lidocaine-epinephrine (pf) soln 1.5 %-1 200000</i> .....	94
<i>levothyroxine sodium tabs 125 mcg</i> .....	87	<i>lidocaine-epinephrine (pf) soln 2 %-1 200000</i> .....	94
<i>levothyroxine sodium tabs 137 mcg</i> .....	87	<i>lidocaine-epinephrine soln 0.5 %-1 200000</i> .....	94
<i>levothyroxine sodium tabs 150 mcg</i> .....	87	<i>lidocaine-epinephrine soln 1 %-1 100000</i> .....	94
<i>levothyroxine sodium tabs 175 mcg</i> .....	87	<i>lidocaine-epinephrine soln 2 %-1 100000</i> .....	94
<i>levothyroxine sodium tabs 200 mcg</i> .....	87	LIDOCAINE-EPINEPHRINE SOLN 2 %-1 50000 .....	94
<i>levothyroxine sodium tabs 25 mcg</i> .....	87	<i>lidocaine-prilocaine crea 2.5-2.5 %</i> .....	105
<i>levothyroxine sodium tabs 300 mcg</i> .....	87	<i>lidocan ptch 5 %</i> .....	105
<i>levothyroxine sodium tabs 50 mcg</i> .....	87	LINDANE SHAM 1 % .....	103
<i>levothyroxine sodium tabs 75 mcg</i> .....	87	<i>linezolid soln 600 mg/300ml</i> .....	13
<i>levothyroxine sodium tabs 88 mcg</i> .....	87	<i>linezolid susr 100 mg/5ml</i> .....	13
LEVOXYL TABS 137 MCG .....	87	<i>linezolid tabs 600 mg</i> .....	13
LEXETTE FOAM 0.05 % .....	104	LINZESS CAPS 145 MCG .....	78
LEXIVA SUSP 50 MG/ML .....	18	LINZESS CAPS 290 MCG .....	78
<i>l-glutamine pack 5 gm</i> .....	94	LINZESS CAPS 72 MCG .....	78
LIBERVANT FILM 10 MG .....	53	<i>liothyronine sodium tabs 25 mcg</i> .....	87
LIBERVANT FILM 12.5 MG .....	53	<i>liothyronine sodium tabs 5 mcg</i> .....	87
LIBERVANT FILM 15 MG .....	54	<i>liothyronine sodium tabs 50 mcg</i> .....	87
LIBERVANT FILM 5 MG .....	54	LIQREV SUSP 10 MG/ML .....	46
LIBERVANT FILM 7.5 MG .....	54	LIRAGLUTIDE SOPN 18 MG/3ML .....	83
LIBTAYO SOLN 350 MG/7ML .....	27	<i>lisdexamfetamine dimesylate caps 10 mg</i> .....	51
LIDO/DEXTROS INJ 5-7.5% .....	94	<i>lisdexamfetamine dimesylate caps 20 mg</i> .....	51
LIDOCAINE HCL (CARDIAC) PF SOSY 100 MG/5ML .....	44	<i>lisdexamfetamine dimesylate caps 30 mg</i> .....	51
LIDOCAINE HCL (CARDIAC) PF SOSY 50 MG/5ML .....	44	<i>lisdexamfetamine dimesylate caps 40 mg</i> .....	51
<i>lidocaine hcl (cardiac) sosal 100 mg/5ml</i> .....	44	<i>lisdexamfetamine dimesylate caps 50 mg</i> .....	51
LIDOCAINE HCL (CARDIAC) SOSY 50 MG/5ML .....	44	<i>lisdexamfetamine dimesylate caps 60 mg</i> .....	51
<i>lidocaine hcl (pf) soln 0.5 %</i> .....	94	<i>lisdexamfetamine dimesylate caps 70 mg</i> .....	51
<i>lidocaine hcl (pf) soln 1 %</i> .....	94	<i>lisinopril tabs 10 mg</i> .....	45
<i>lidocaine hcl (pf) soln 1.5 %</i> .....	94	<i>lisinopril tabs 2.5 mg</i> .....	45
<i>lidocaine hcl (pf) soln 2 %</i> .....	94	<i>lisinopril tabs 20 mg</i> .....	45
<i>lidocaine hcl (pf) soln 4 %</i> .....	94	<i>lisinopril tabs 30 mg</i> .....	45
<i>lidocaine hcl soln 0.5 %</i> .....	94	<i>lisinopril tabs 40 mg</i> .....	45
<i>lidocaine hcl soln 1 %</i> .....	94	<i>lisinopril tabs 5 mg</i> .....	45
<i>lidocaine hcl soln 2 %</i> .....	94	<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i> .....	45
<i>lidocaine hcl soln 4 %</i> .....	105	<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i> .....	45
LIDOCAINE HCL SOLN 4 % .....	77		
<i>lidocaine hcl urethral/mucosal prsy 2 %</i> .....	105		
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% .....	44		

<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	LOVENOX SOSY 30 MG/0.3ML .....	38
.....	LOVENOX SOSY 40 MG/0.4ML .....	38
LITFULO CAPS 50 MG .....	LOVENOX SOSY 60 MG/0.6ML .....	38
<i>lithium carbonate caps 150 mg</i> .....	LOVENOX SOSY 80 MG/0.8ML .....	38
<i>lithium carbonate caps 300 mg</i> .....	<i>loxapine succinate caps 10 mg</i> .....	65
LITHIUM CARBONATE CAPS 600 MG... ..	<i>loxapine succinate caps 25 mg</i> .....	66
<i>lithium carbonate er tbc 300 mg</i> .....	<i>loxapine succinate caps 5 mg</i> .....	66
<i>lithium carbonate er tbc 450 mg</i> .....	<i>loxapine succinate caps 50 mg</i> .....	66
LITHIUM CARBONATE TABS 300 MG ... ..	<i>lubiprostone caps 24 mcg</i> .....	78
<i>lithium soln 8 meq/5ml</i> .....	<i>lubiprostone caps 8 mcg</i> .....	78
LITHOSTAT TABS 250 MG .....	LUCENTIS SOLN 0.3 MG/0.05ML .....	76
LIVDELZI CAPS 10 MG.....	LUCENTIS SOLN 0.5 MG/0.05ML .....	76
LIVMARLI SOLN 9.5 MG/ML .....	LUCENTIS SOSY 0.3 MG/0.05ML .....	76
LIVTENCITY TABS 200 MG .....	LUCENTIS SOSY 0.5 MG/0.05ML .....	76
<i>loestrin 1/20 (21) tabs 1-20 mg-mcg</i> .....	LUMAKRAS TABS 120 MG .....	27
LOFEXIDINE HCL TABS 0.18 MG .....	LUMAKRAS TABS 320 MG .....	27
LOKELMA PACK 10 GM .....	LUMIZYME SOLR 50 MG .....	74
LOKELMA PACK 5 GM .....	LUMOXITI SOLR 1 MG.....	27
LONHALA MAGNAIR REFILL KIT SOLN 25	LUMRYZ PACK 4.5 GM.....	59
MCG/ML.....	LUMRYZ PACK 6 GM.....	59
LONSURF TABS 15-6.14 MG .....	LUMRYZ PACK 7.5 GM.....	59
LONSURF TABS 20-8.19 MG .....	LUMRYZ PACK 9 GM.....	59
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> ...	LUNSUMIO SOLN 1 MG/ML.....	28
<i>lopinavir-ritonavir tabs 100-25 mg</i> .....	LUNSUMIO SOLN 30 MG/30ML.....	28
<i>lopinavir-ritonavir tabs 200-50 mg</i> .....	LUPANETA PACK KIT 11.25 & 5 MG .....	28
LOQTORZI SOLN 240 MG/6ML .....	LUPANETA PACK KIT 3.75 & 5 MG .....	28
<i>lorazepam inj 4mg/ml</i> .....	LUPKYNIS CAPS 7.9 MG .....	92
<i>lorazepam intensol conc 2 mg/ml</i> .....	LUPRON DEPOT (1-MONTH) KIT 3.75 MG	
LORAZEPAM SOLN 2 MG/ML .....	.....	28
<i>lorazepam tabs 0.5 mg</i> .....	LUPRON DEPOT (1-MONTH) KIT 7.5 MG	
<i>lorazepam tabs 1 mg</i> .....	.....	28
<i>lorazepam tabs 2 mg</i> .....	LUPRON DEPOT (3-MONTH) KIT 11.25	
LORBRENA TABS 100 MG .....	MG .....	28
LORBRENA TABS 25 MG.....	LUPRON DEPOT (3-MONTH) KIT 22.5 MG	
LORTAB ELIX 10-300 MG/15ML.....	.....	28
<i>losartan potassium tabs 100 mg</i> .....	LUPRON DEPOT (4-MONTH) KIT 30 MG	
<i>losartan potassium tabs 25 mg</i> .....	.....	28
<i>losartan potassium tabs 50 mg</i> .....	LUPRON DEPOT (6-MONTH) KIT 45 MG	
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	.....	28
.....	LUPRON DEPOT-PED (1-MONTH) KIT	
<i>losartan potassium-hctz tabs 100-25 mg</i> .	11.25 MG.....	28
<i>losartan potassium-hctz tabs 50-12.5 mg</i> .	LUPRON DEPOT-PED (1-MONTH) KIT 15	
<i>lovastatin tabs 10 mg</i> .....	MG .....	28
<i>lovastatin tabs 20 mg</i> .....	LUPRON DEPOT-PED (1-MONTH) KIT 7.5	
<i>lovastatin tabs 40 mg</i> .....	MG .....	28
LOVENOX SOLN 300 MG/3ML .....	LUPRON DEPOT-PED (3-MONTH) KIT	
LOVENOX SOSY 100 MG/ML.....	11.25 MG.....	28
LOVENOX SOSY 120 MG/0.8ML.....	LUPRON DEPOT-PED (3-MONTH) KIT 30	
LOVENOX SOSY 150 MG/ML.....	MG .....	28

LUPRON DEPOT-PED (6-MONTH) KIT 45 MG .....	28
<i>lurasidone hcl tabs 120 mg</i> .....	66
<i>lurasidone hcl tabs 20 mg</i> .....	66
<i>lurasidone hcl tabs 40 mg</i> .....	66
<i>lurasidone hcl tabs 60 mg</i> .....	66
<i>lurasidone hcl tabs 80 mg</i> .....	66
<i>lutea tabs 0.1-20 mg-mcg</i> .....	82
LYBALVI TABS 10-10 MG .....	66
LYBALVI TABS 15-10 MG .....	66
LYBALVI TABS 20-10 MG .....	66
LYBALVI TABS 5-10 MG .....	66
LYMEPAK TABS 100 MG .....	13
LYNPARZA TABS 100 MG .....	28
LYNPARZA TABS 150 MG .....	28
LYSODREN TABS 500 MG .....	28
LYTGOBI (12 MG DAILY DOSE) TBPK 4 MG .....	28
LYTGOBI (16 MG DAILY DOSE) TBPK 4 MG .....	28
LYTGOBI (20 MG DAILY DOSE) TBPK 4 MG .....	28
LYVISPAH PACK 10 MG .....	35
LYVISPAH PACK 20 MG .....	35
LYVISPAH PACK 5 MG .....	35

## M

<i>magnesium sulfate in d5w soln 1-5 gm/100ml-%</i> .....	72
<i>magnesium sulfate soln 4 gm/50ml</i> .....	54
<i>magnesium sulfate soln 50 %</i> .....	54
<i>malathion lotn 0.5 %</i> .....	103
MANNITOL SOLN 20 % .....	71
MANNITOL SOLN 25 % .....	71
MAPROTILINE HCL TABS 25 MG .....	66
MAPROTILINE HCL TABS 50 MG .....	66
MAPROTILINE HCL TABS 75 MG .....	66
<i>maraviroc tabs 150 mg</i> .....	18
<i>maraviroc tabs 300 mg</i> .....	18
MARGENZA SOLN 250 MG/10ML .....	28
MARPLAN TABS 10 MG .....	66
MARQIBO INJ 5MG/31ML .....	28
MATULANE CAPS 50 MG .....	28
MAVENCLAD (10 TABS) TBPK 10 MG ...	92
MAVENCLAD (4 TABS) TBPK 10 MG .....	92
MAVENCLAD (5 TABS) TBPK 10 MG .....	92
MAVENCLAD (6 TABS) TBPK 10 MG .....	92
MAVENCLAD (7 TABS) TBPK 10 MG .....	92
MAVENCLAD (8 TABS) TBPK 10 MG .....	92

MAVENCLAD (9 TABS) TBPK 10 MG .....	93
MAVYRET PACK 50-20 MG .....	18
MAVYRET TABS 100-40 MG .....	18
MAYZENT STARTER PACK TBPK 12 x 0.25 MG .....	60
MAYZENT TABS 0.25 MG .....	60
MAYZENT TABS 1 MG .....	60
MAYZENT TABS 2 MG .....	60
<i>meclizine hcl tabs 25 mg</i> .....	77
MECLOFENAMATE SODIUM CAPS 100 MG .....	48
MECLOFENAMATE SODIUM CAPS 50 MG .....	48
MEDROL TABS 2 MG .....	80
<i>medroxyprogesterone acetate susp 150 mg/ml</i> .....	85
MEDROXYPROGESTERONE ACETATE SUSY 150 MG/ML .....	86
<i>medroxyprogesterone acetate tabs 10 mg</i> .....	86
<i>medroxyprogesterone acetate tabs 2.5 mg</i> .....	86
<i>medroxyprogesterone acetate tabs 5 mg</i> .....	86
<i>mefenamic acid caps 250 mg</i> .....	48
<i>mefloquine hcl tabs 250 mg</i> .....	16
<i>megestrol acetate susp 40 mg/ml</i> .....	28
<i>megestrol acetate tabs 20 mg</i> .....	28
<i>megestrol acetate tabs 40 mg</i> .....	28
MEKINIST SOLR 0.05 MG/ML .....	28
MEKINIST TABS 0.5 MG .....	28
MEKINIST TABS 2 MG .....	28
MEKTOVI TABS 15 MG .....	28
<i>meloxicam tabs 15 mg</i> .....	48
<i>meloxicam tabs 7.5 mg</i> .....	48
<i>melphalan hcl solr 50 mg</i> .....	28
<i>memantine hcl soln 2 mg/ml</i> .....	59
<i>memantine hcl tabs 10 mg</i> .....	59
MEMANTINE HCL TABS 28 x 5 MG & 21 X 10 MG .....	59
<i>memantine hcl tabs 5 mg</i> .....	59
MENACTRA SOLN .....	102
MENQUADFI SOLN .....	102
MENVEO SOLR .....	102
<i>mercaptopurine tabs 50 mg</i> .....	28
<i>meropenem solr 1 gm</i> .....	13
<i>meropenem solr 500 mg</i> .....	13
<i>merzee caps 1-20 mg-mcg(24)</i> .....	82
<i>mesalamine enem 4 gm</i> .....	77
<i>mesalamine er cpcr 500 mg</i> .....	77

<i>mesalamine supp 1000 mg</i> .....	77	METHYLPHENIDATE HCL ER (CD) CPCR	30 MG.....	51
<i>mesalamine tbec 1.2 gm</i> .....	77	METHYLPHENIDATE HCL ER (CD) CPCR	40 MG.....	51
<i>mesna soln 100 mg/ml</i> .....	95	METHYLPHENIDATE HCL ER (CD) CPCR	50 MG.....	51
MESNEX TABS 400 MG .....	95	METHYLPHENIDATE HCL ER (CD) CPCR	60 MG.....	51
METAPROTEREN TAB 10MG .....	36	<i>methylphenidate hcl er (osm) tbc</i>	<i>18 mg</i> .51	
METAPROTEREN TAB 20MG .....	36	<i>methylphenidate hcl er (osm) tbc</i>	<i>27 mg</i> .51	
<i>metformin hcl er tb24 500 mg</i> .....	83	<i>methylphenidate hcl er (osm) tbc</i>	<i>36 mg</i> .51	
<i>metformin hcl er tb24 750 mg</i> .....	83	<i>methylphenidate hcl er (osm) tbc</i>	<i>54 mg</i> .51	
<i>metformin hcl tabs 1000 mg</i> .....	83	METHYLPHENIDATE HCL ER (XR) CP24	10 MG.....	51
<i>metformin hcl tabs 500 mg</i> .....	83	METHYLPHENIDATE HCL ER (XR) CP24	15 MG.....	51
METFORMIN HCL TABS 625 MG.....	83	METHYLPHENIDATE HCL ER (XR) CP24	20 MG.....	51
<i>metformin hcl tabs 850 mg</i> .....	83	METHYLPHENIDATE HCL ER (XR) CP24	30 MG.....	51
<i>methadone hcl conc 10 mg/ml</i> .....	48	METHYLPHENIDATE HCL ER (XR) CP24	40 MG.....	51
<i>methadone hcl intensol conc 10 mg/ml</i> ....	48	METHYLPHENIDATE HCL ER (XR) CP24	50 MG.....	51
METHADONE HCL SOLN 5 MG/5ML ....	48	METHYLPHENIDATE HCL ER (XR) CP24	60 MG.....	51
<i>methadone hcl tabs 10 mg</i> .....	48	<i>methylphenidate hcl er tbc</i>	<i>10 mg</i> .....	51
<i>methadone hcl tabs 5 mg</i> .....	48	<i>methylphenidate hcl er tbc</i>	<i>20 mg</i> .....	51
<i>methazolamide tabs 25 mg</i> .....	76	<i>methylphenidate hcl soln 5 mg/5ml</i> .....	51	
<i>methazolamide tabs 50 mg</i> .....	76	<i>methylphenidate hcl tabs 10 mg</i> .....	51	
<i>methenamine hippurate tabs 1 gm</i> .....	20	<i>methylphenidate hcl tabs 20 mg</i> .....	51	
<i>methergine tabs 0.2 mg</i> .....	84	<i>methylphenidate hcl tabs 5 mg</i> .....	51	
<i>methimazole tabs 10 mg</i> .....	87	<i>methylpr ss inj 1000mg</i> .....	80	
<i>methimazole tabs 5 mg</i> .....	87	<i>methylpr ss inj 40mg</i> .....	80	
METHITEST TABS 10 MG .....	81	<i>methylprednisolone acetate susp 40 mg/ml</i>	.....	80
METHOCARBAMOL TABS 1000 MG.....	35	<i>methylprednisolone acetate susp 80 mg/ml</i>	.....	80
<i>methocarbamol tabs 500 mg</i> .....	35	<i>methylprednisolone sodium succ solr 1000</i>	<i>mg</i> .....	80
<i>methocarbamol tabs 750 mg</i> .....	35	<i>methylprednisolone sodium succ solr 125</i>	<i>mg</i> .....	80
<i>methotrexate sodium (pf) soln 1 gm/40ml</i>	28	<i>methylprednisolone tabs 16 mg</i> .....	80	
<i>methotrexate sodium (pf) soln 250 mg/10ml</i>	28	<i>methylprednisolone tabs 32 mg</i> .....	80	
<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	28	<i>methylprednisolone tabs 4 mg</i> .....	80	
METHOTREXATE SODIUM SOLN 250		<i>methylprednisolone tabs 8 mg</i> .....	80	
MG/10ML .....	28	<i>methylprednisolone tbpk 4 mg</i> .....	80	
METHOTREXATE SODIUM SOLN 50		<i>methyltestosterone caps 10 mg</i> .....	81	
MG/2ML .....	28	<i>metoclopramide hcl soln 5 mg/5ml</i> .....	78	
<i>methotrexate sodium solr 1 gm</i> .....	28			
<i>methotrexate sodium tabs 2.5 mg</i> .....	28			
METHOXSALLEN RAPID CAPS 10 MG .	106			
METHYLDOPA TABS 250 MG .....	45			
METHYLDOPA TABS 500 MG .....	45			
<i>methylergonovine maleate soln 0.2 mg/ml</i>	84			
.....	84			
<i>methylergonovine maleate tabs 0.2 mg</i> ...	84			
<i>methylphenidate hcl chew 2.5 mg</i> .....	51			
METHYLPHENIDATE HCL ER (CD) CPCR				
10 MG .....	51			
METHYLPHENIDATE HCL ER (CD) CPCR				
20 MG .....	51			

<i>metoclopramide hcl soln 5 mg/ml</i> .....	78	<i>milrinone lactate in dextrose soln 20-5</i>	
<i>metoclopramide hcl tabs 10 mg</i> .....	78	<i>mg/100ml-%</i> .....	44
<i>metoclopramide hcl tabs 5 mg</i> .....	78	<i>milrinone lactate in dextrose soln 40-5</i>	
<i>metolazone tabs 10 mg</i> .....	71	<i>mg/200ml-%</i> .....	44
<i>metolazone tabs 2.5 mg</i> .....	71	<i>milrinone lactate soln 10 mg/10ml</i> .....	44
<i>metolazone tabs 5 mg</i> .....	71	<i>minitran pt24 0.1 mg/hr</i> .....	46
<i>metoprolol succinate er tb24 100 mg</i> .....	41	<i>minitran pt24 0.2 mg/hr</i> .....	46
<i>metoprolol succinate er tb24 200 mg</i> .....	41	<i>minitran pt24 0.4 mg/hr</i> .....	46
<i>metoprolol succinate er tb24 25 mg</i> .....	41	<i>minitran pt24 0.6 mg/hr</i> .....	46
<i>metoprolol succinate er tb24 50 mg</i> .....	41	<i>minocycline hcl caps 100 mg</i> .....	13
<i>metoprolol tartrate soln 5 mg/5ml</i> .....	41	<i>minocycline hcl caps 50 mg</i> .....	13
<i>metoprolol tartrate tabs 100 mg</i> .....	41	<i>minocycline hcl caps 75 mg</i> .....	13
<i>metoprolol tartrate tabs 25 mg</i> .....	42	<i>minocycline hcl tabs 100 mg</i> .....	13
<i>metoprolol tartrate tabs 50 mg</i> .....	42	<i>minoxidil tabs 10 mg</i> .....	45
<i>metoprolol-hydrochlorothiazide tabs 100-50</i>		<i>minoxidil tabs 2.5 mg</i> .....	45
<i>mg</i> .....	42	MIPLYFFA CAPS 124 MG .....	95
<i>metronidazole caps 375 mg</i> .....	16	MIPLYFFA CAPS 47 MG .....	95
<i>metronidazole crea 0.75 %</i> .....	103	MIPLYFFA CAPS 62 MG .....	95
<i>metronidazole gel 0.75 %</i> .....	103	MIPLYFFA CAPS 93 MG .....	95
METRONIDAZOLE LOTN 0.75 % .....	103	<i>mirabegron er tb24 25 mg</i> .....	107
<i>metronidazole soln 500 mg/100ml</i> .....	16	<i>mirabegron er tb24 50 mg</i> .....	107
<i>metronidazole tabs 250 mg</i> .....	16	<i>mirtazapine tabs 15 mg</i> .....	66
<i>metronidazole tabs 500 mg</i> .....	16	<i>mirtazapine tabs 30 mg</i> .....	66
METYROSINE CAPS 250 MG .....	40	<i>mirtazapine tabs 45 mg</i> .....	66
<i>mexiletine hcl caps 150 mg</i> .....	44	<i>mirtazapine tabs 7.5 mg</i> .....	66
<i>mexiletine hcl caps 200 mg</i> .....	44	<i>mirtazapine tbdp 15 mg</i> .....	66
<i>mexiletine hcl caps 250 mg</i> .....	44	<i>mirtazapine tbdp 30 mg</i> .....	66
<i>microgestin 1/20 tabs 1-20 mg-mcg</i> .....	82	<i>mirtazapine tbdp 45 mg</i> .....	66
<i>microgestin 24 fe tabs 1-20 mg-mcg</i> .....	82	<i>misoprostol tabs 100 mcg</i> .....	78
<i>microgestin fe 1.5/30 tabs 1.5-30 mg-mcg</i>		<i>misoprostol tabs 200 mcg</i> .....	78
.....	82	<i>mitomycin solr 20 mg</i> .....	28
<i>microgestin fe 1/20 tabs 1-20 mg-mcg</i> .....	82	<i>mitomycin solr 40 mg</i> .....	28
<i>midazolam hcl (pf) soln 10 mg/2ml</i> .....	58	<i>mitomycin solr 5 mg</i> .....	28
<i>midazolam hcl (pf) soln 2 mg/2ml</i> .....	58	<i>mitoxantrone hcl conc 20 mg/10ml</i> .....	28
<i>midazolam hcl (pf) soln 5 mg/ml</i> .....	58	<i>mitoxantrone hcl conc 25 mg/12.5ml</i> .....	28
<i>midazolam hcl soln 10 mg/2ml</i> .....	58	<i>mitoxantrone hcl conc 30 mg/15ml</i> .....	28
<i>midazolam hcl soln 2 mg/2ml</i> .....	58	M-M-R II SOLR .....	102
<i>midazolam hcl soln 25 mg/5ml</i> .....	58	<i>modafinil tabs 100 mg</i> .....	51
<i>midazolam hcl soln 5 mg/5ml</i> .....	58	<i>modafinil tabs 200 mg</i> .....	51
<i>midazolam hcl soln 5 mg/ml</i> .....	58	MOLINDONE HCL TABS 10 MG .....	66
<i>midazolam hcl soln 50 mg/10ml</i> .....	58	MOLINDONE HCL TABS 25 MG .....	66
<i>midodrine hcl tabs 10 mg</i> .....	36	MOLINDONE HCL TABS 5 MG .....	66
<i>midodrine hcl tabs 2.5 mg</i> .....	36	<i>mometasone furoate crea 0.1 %</i> .....	104
<i>midodrine hcl tabs 5 mg</i> .....	36	<i>mometasone furoate oint 0.1 %</i> .....	104
MIEBO SOLN 1.338 GM/ML .....	76	<i>mometasone furoate soln 0.1 %</i> .....	104
MIFEPREX TABS 200 MG .....	84	<i>mometasone furoate susp 50 mcg/act</i> .....	75
<i>mifepristone tabs 200 mg</i> .....	84	MONJUVI SOLR 200 MG .....	29
<i>miglustat caps 100 mg</i> .....	74	<i>montelukast sodium chew 4 mg</i> .....	97
<i>millipred tabs 5 mg</i> .....	80	<i>montelukast sodium chew 5 mg</i> .....	98





NEMBUTAL SOLN 50 MG/ML.....	58	<i>nitrofurantoin macrocrystal caps 100 mg..</i>	20
NEMLUVIO AUIJ 30 MG .....	104	<i>nitrofurantoin macrocrystal caps 25 mg....</i>	20
<i>neomycin sulfate tabs 500 mg .....</i>	14	<i>nitrofurantoin macrocrystal caps 50 mg....</i>	20
<i>neomycin-bacitracin zn-polymyx oint 5-400-10000.....</i>	74	<i>nitrofurantoin monohyd macro caps 100 mg .....</i>	20
NEOMYCIN-POLYMYXIN B GU SOLN 40-200000 .....	103	<i>nitrofurantoin susp 25 mg/5ml.....</i>	20
NEOMYCIN-POLYMYXIN-DEXAMETH OINT 3.5-10000-0.1 .....	75	NITROFURANTOIN SUSP 50 MG/5ML...20	
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1 .....</i>	75	<i>nitroglycerin oint 0.4 %.....</i>	106
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLN 1.75-10000-.025 .....	74	<i>nitroglycerin pt24 0.1 mg/hr.....</i>	46
NEOMYCIN-POLYMYXIN-HC OPTHALMIC SUSP 3.5-10000-1.....	75	<i>nitroglycerin pt24 0.2 mg/hr.....</i>	46
<i>neomycin-polymyxin-hc otic susp 3.5-10000-1.....</i>	75	<i>nitroglycerin pt24 0.4 mg/hr.....</i>	46
<i>neomycin-polymyxin-hc soln 1 %.....</i>	75	<i>nitroglycerin pt24 0.6 mg/hr.....</i>	46
NERLYNX TABS 40 MG.....	29	<i>nitroglycerin soln 0.4 mg/spray.....</i>	46
NEULASTA ONPRO PSKT 6 MG/0.6ML.39		NITROGLYCERIN SOLN 5 MG/ML .....	46
NEVIRAPINE ER TB24 100 MG.....	18	<i>nitroglycerin subl 0.3 mg .....</i>	47
<i>nevirapine er tb24 400 mg .....</i>	18	<i>nitroglycerin subl 0.4 mg .....</i>	47
NEVIRAPINE SUSP 50 MG/5ML.....	18	<i>nitroglycerin subl 0.6 mg .....</i>	47
<i>nevirapine tabs 200 mg .....</i>	18	NITROPRESS SOLN 25 MG/ML .....	45
NEXVIAZYME SOLR 100 MG .....	74	<i>nitroprusside sodium soln 25 mg/ml.....</i>	45
NGENLA SOPN 24 MG/1.2ML .....	85	NIVESTYM SOLN 300 MCG/ML.....	39
NGENLA SOPN 60 MG/1.2ML .....	85	NIVESTYM SOLN 480 MCG/1.6ML.....	39
<i>niacin er (antihyperlipidemic) tbc 500 mg</i>	41	NIVESTYM SOSY 300 MCG/0.5ML.....	39
NIACOR TABS 500 MG.....	41	NIVESTYM SOSY 480 MCG/0.8ML.....	39
NICARDIPINE HCL SOLN 2.5 MG/ML ...	43	NIZATIDINE SOLN 15 MG/ML.....	78
NICOTROL INHA 10 MG.....	35	NORA-BE TABS 0.35 MG.....	82
<i>nifedipine caps 10 mg.....</i>	43	NORDITROPIN FLEXPRO SOPN 10 MG/1.5ML.....	86
<i>nifedipine caps 20 mg.....</i>	43	NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML.....	86
<i>nifedipine er osmotic release tb24 30 mg</i>	43	NORDITROPIN FLEXPRO SOPN 30 MG/3ML.....	86
<i>nifedipine er osmotic release tb24 60 mg</i>	43	NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML.....	86
<i>nifedipine er osmotic release tb24 90 mg</i>	43	<i>norepinephrine bitartrate soln 1 mg/ml.....</i>	36
<i>nifedipine er tb24 30 mg .....</i>	43	<i>norethin ace-eth estrad-fe chew 1-20 mg-mcg(24) .....</i>	82
<i>nifedipine er tb24 60 mg .....</i>	43	<i>norethindrone acetate tabs 5 mg.....</i>	86
<i>nifedipine er tb24 90 mg .....</i>	43	<i>norethindrone tabs 0.35 mg .....</i>	82
<i>nikki tabs 3-0.02 mg.....</i>	82	NORPACE CR CP12 100 MG.....	44
<i>nilutamide tabs 150 mg.....</i>	29	NORPACE CR CP12 150 MG.....	44
<i>nimodipine caps 30 mg.....</i>	43	<i>nortrel 0.5/35 (28) tabs 0.5-35 mg-mcg ...</i>	82
NINLARO CAPS 2.3 MG .....	29	<i>nortrel 1/35 (21) tabs 1-35 mg-mcg.....</i>	82
NINLARO CAPS 3 MG .....	29	<i>nortrel 1/35 (28) tabs 1-35 mg-mcg.....</i>	82
NINLARO CAPS 4 MG .....	29	<i>nortrel 7/7/7 tabs 0.5/0.75/1-35 mg-mcg ..</i>	82
NITAZOXANIDE TABS 500 MG .....	16	<i>nortriptyline hcl caps 10 mg.....</i>	66
NITRO-BID OINT 2 %.....	46	<i>nortriptyline hcl caps 25 mg.....</i>	66
NITRO-DUR PT24 0.3 MG/HR .....	46	<i>nortriptyline hcl caps 50 mg.....</i>	66
NITRO-DUR PT24 0.8 MG/HR .....	46	<i>nortriptyline hcl caps 75 mg.....</i>	66
		<i>nortriptyline hcl soln 10 mg/5ml.....</i>	66

NORVIR CAPS 100 MG	18
NORVIR PACK 100 MG	18
NORVIR SOLN 80 MG/ML	18
NOURIANZ TABS 20 MG	59
NOURIANZ TABS 40 MG	59
NOXAFIL PACK 300 MG	15
NPLATE SOLR 125 MCG	39
NUBEQA TABS 300 MG	29
NUCALA SOAJ 100 MG/ML	98
NUCALA SOLR 100 MG	98
NUCALA SOSY 100 MG/ML	98
NUCALA SOSY 40 MG/0.4ML	98
NUCYNTA ER TB12 200 MG	49
NUCYNTA ER TB12 250 MG	49
NUCYNTA TABS 100 MG	49
NUDEXTA CAPS 20-10 MG	60
NULIBRY SOLR 9.5 MG	95
NULOJIX SOLR 250 MG	93
NUPLAZID CAPS 34 MG	66
NUPLAZID TABS 10 MG	66
NURTEC TBDP 75 MG	55
NUTRILIPID EMUL 20 %	71
NUZYRA SOLR 100 MG	14
NUZYRA TABS 150 MG	14
<i>nylia 1/35 tabs 1-35 mg-mcg</i>	82
NYMALIZE SOL 60/20ML	43
NYMALIZE SOLN 6 MG/ML	43
<i>nystatin crea 100000 unit/gm</i>	103
<i>nystatin oint 100000 unit/gm</i>	103
<i>nystatin powd 100000 unit/gm</i>	103
<i>nystatin susp 100000 unit/ml</i>	15
<i>nystatin tabs 500000 unit</i>	15
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i>	104
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	105
<i>nystop powd 100000 unit/gm</i>	103
NYVEPRIA SOSY 6 MG/0.6ML	39

**O**

OCALIVA TABS 10 MG	78
OCALIVA TABS 5 MG	78
OCELLA TABS 3-0.03 MG	82
OCREVUS SOLN 300 MG/10ML	60
OCREVUS ZUNOVO SOLN 920-23000 MG-UT/23ML	60
OCTAGAM SOLN 1 GM/20ML	101
<i>octreotide acetate kit 20 mg</i>	86
<i>octreotide acetate kit 30 mg</i>	86

<i>octreotide acetate soln 100 mcg/ml</i>	86
<i>octreotide acetate soln 1000 mcg/ml</i>	86
<i>octreotide acetate soln 200 mcg/ml</i>	86
<i>octreotide acetate soln 50 mcg/ml</i>	86
<i>octreotide acetate soln 500 mcg/ml</i>	86
ODACTRA SUBL 12 SQ-HDM	95
ODEFSEY TABS 200-25-25 MG	18
ODOMZO CAPS 200 MG	29
OFEV CAPS 100 MG	98
OFEV CAPS 150 MG	98
<i>ofloxacin ophthalmic soln 0.3 %</i>	75
<i>ofloxacin otic soln 0.3 %</i>	75
OGESTREL TAB	82
OGIVRI SOLR 150 MG	29
OGIVRI SOLR 420 MG	29
OGSIVEO TABS 100 MG	29
OGSIVEO TABS 150 MG	29
OGSIVEO TABS 50 MG	29
OHTUVAYRE SUSP 3 MG/2.5ML	99
OJEMDA SUSR 25 MG/ML	29
OJEMDA TABS 100 MG	29
OJJAARA TABS 100 MG	29
OJJAARA TABS 150 MG	29
OJJAARA TABS 200 MG	29
<i>olanzapine solr 10 mg</i>	66
<i>olanzapine tabs 10 mg</i>	66
<i>olanzapine tabs 15 mg</i>	66
<i>olanzapine tabs 2.5 mg</i>	66
<i>olanzapine tabs 20 mg</i>	66
<i>olanzapine tabs 5 mg</i>	66
<i>olanzapine tabs 7.5 mg</i>	66
<i>olanzapine tbdp 10 mg</i>	66
<i>olanzapine tbdp 15 mg</i>	66
<i>olanzapine tbdp 20 mg</i>	66
<i>olanzapine tbdp 5 mg</i>	66
<i>olanzapine-fluoxetine hcl caps 12-25 mg</i>	66
<i>olanzapine-fluoxetine hcl caps 12-50 mg</i>	66
<i>olanzapine-fluoxetine hcl caps 3-25 mg</i>	66
<i>olanzapine-fluoxetine hcl caps 6-25 mg</i>	66
<i>olanzapine-fluoxetine hcl caps 6-50 mg</i>	66
OLPRUVA (2 GM DOSE) THPK 2 GM	70
OLPRUVA (3 GM DOSE) THPK 3 GM	70
OLPRUVA (4 GM DOSE) THPK 2 & 2 GM	70
OLPRUVA (5 GM DOSE) THPK 2 & 3 GM	70
OLPRUVA (6 GM DOSE) THPK 3 & 3 GM	70

OLPRUVA (6.67 GM DOSE) THPK 3 & 3.67 GM .....	70	ORENITRAM TBCR 0.25 MG .....	99
OLUMIANT TABS 1 MG .....	91	ORENITRAM TBCR 1 MG .....	99
OLUMIANT TABS 2 MG .....	91	ORENITRAM TBCR 2.5 MG .....	100
<i>omega-3-acid ethyl esters caps 1 gm</i> .....	41	ORENITRAM TBCR 5 MG .....	100
<i>omeprazole cpdr 10 mg</i> .....	78	ORFADIN SUSP 4 MG/ML .....	95
<i>omeprazole cpdr 20 mg</i> .....	78	ORGOVYX TABS 120 MG .....	84
<i>omeprazole cpdr 40 mg</i> .....	78	ORLISSA TABS 150 MG .....	84
OMNITROPE SOCT 10 MG/1.5ML .....	86	ORLISSA TABS 200 MG .....	84
OMNITROPE SOCT 5 MG/1.5ML .....	86	ORKAMBI PACK 100-125 MG .....	98
OMNITROPE SOLR 5.8 MG .....	86	ORKAMBI PACK 150-188 MG .....	98
OMVOH SOAJ 100 MG/ML .....	78	ORKAMBI PACK 75-94 MG .....	98
OMVOH SOLN 300 MG/15ML .....	78	ORKAMBI TABS 100-125 MG .....	98
OMVOH SOSY 100 MG/ML .....	78	ORKAMBI TABS 200-125 MG .....	98
<i>ondansetron hcl soln 4 mg/2ml</i> .....	77	ORLADEYO CAPS 110 MG .....	95
<i>ondansetron hcl soln 4 mg/5ml</i> .....	77	ORLADEYO CAPS 150 MG .....	95
ONDANSETRON HCL SOSY 4 MG/2ML .....	77	<i>ormarvi tabs 50 mg</i> .....	95
<i>ondansetron hcl tabs 4 mg</i> .....	77	ORSERDU TABS 345 MG .....	29
<i>ondansetron hcl tabs 8 mg</i> .....	77	ORSERDU TABS 86 MG .....	29
<i>ondansetron inj 40/20ml</i> .....	77	ORTIKOS CP24 6 MG .....	80
<i>ondansetron tbdp 4 mg</i> .....	77	ORTIKOS CP24 9 MG .....	80
<i>ondansetron tbdp 8 mg</i> .....	77	<i>oseltamivir phosphate caps 30 mg</i> .....	18
ONIVYDE INJ 43 MG/10ML .....	29	<i>oseltamivir phosphate caps 45 mg</i> .....	18
ONPATTRO SOLN 10 MG/5ML .....	95	<i>oseltamivir phosphate caps 75 mg</i> .....	18
ONTRUZANT SOLR 150 MG .....	29	<i>oseltamivir phosphate susr 6 mg/ml</i> .....	18
ONTRUZANT SOLR 420 MG .....	29	OSMITROL SOLN 20 % .....	71
ONUREG TABS 200 MG .....	29	OTEZLA TABS 20 MG .....	91
ONUREG TABS 300 MG .....	29	OTEZLA TABS 30 MG .....	91
OPDIVO SOLN 100 MG/10ML .....	29	OTEZLA TBPK 10 & 20 & 30 MG .....	91
OPDIVO SOLN 120 MG/12ML .....	29	OTEZLA TBPK 4 x 10 & 51 x20 MG .....	91
OPDIVO SOLN 240 MG/24ML .....	29	OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML .....	14
OPDIVO SOLN 40 MG/4ML .....	29	OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML .....	14
OPDUALAG SOLN 240-80 MG/20ML .....	29	<i>oxacillin sodium solr 1 gm</i> .....	14
OPSYNVI TABS 10-20 MG .....	99	<i>oxacillin sodium solr 2 gm</i> .....	14
OPSYNVI TABS 10-40 MG .....	99	OXALIPLATIN SOLN 100 MG/20ML .....	29
OPZELURA CREA 1.5 % .....	106	<i>oxaliplatin soln 50 mg/10ml</i> .....	29
ORBACTIV SOLR 400 MG .....	14	<i>oxaliplatin solr 100 mg</i> .....	29
ORENCIA CLICKJECT SOAJ 125 MG/ML .....	91	<i>oxaliplatin solr 50 mg</i> .....	29
ORENCIA INJ 250MG .....	91	OXANDROLONE TABS 2.5 MG .....	81
ORENCIA SOSY 125 MG/ML .....	91	OXAPROZIN CAPS 300 MG .....	49
ORENCIA SOSY 50 MG/0.4ML .....	91	OXAYDO TABS 5 MG .....	49
ORENCIA SOSY 87.5 MG/0.7ML .....	91	<i>oxazepam caps 10 mg</i> .....	58
ORENITRAM MONTH 1 TEPK 0.125 & 0.25 MG .....	99	<i>oxazepam caps 15 mg</i> .....	58
ORENITRAM MONTH 2 TEPK 0.125 & 0.25 MG .....	99	<i>oxazepam caps 30 mg</i> .....	58
ORENITRAM MONTH 3 TEPK 0.125 & 0.25 & 1 MG .....	99	OXBRYTA TABS 300 MG .....	37
		OXBRYTA TABS 500 MG .....	37
		OXBRYTA TBSO 300 MG .....	37
		<i>oxcarbazepine susp 300 mg/5ml</i> .....	54



<i>pantoprazole sodium tbec 40 mg</i> .....	78	<i>pemetrexed disodium solr 1000 mg</i> .....	30
PANZYGA SOLN 1 GM/10ML .....	101	<i>pemetrexed disodium solr 500 mg</i> .....	30
PANZYGA SOLN 10 GM/100ML .....	101	<i>pemetrexed disodium solr 750 mg</i> .....	30
PANZYGA SOLN 2.5 GM/25ML .....	101	PEMETREXED DITROMETHAMINE SOLR	
PANZYGA SOLN 20 GM/200ML .....	101	100 MG.....	30
PANZYGA SOLN 30 GM/300ML .....	101	PEMETREXED DITROMETHAMINE SOLR	
PANZYGA SOLN 5 GM/50ML .....	101	500 MG.....	30
PARAPLATIN SOLN 1000 MG/100ML ....	29	PEMETREXED SOLN 1 GM/40ML .....	30
PARICALCITOL SOLN 2 MCG/ML.....	108	PEMETREXED SOLN 100 MG/4ML .....	30
<i>paromomycin sulfate caps 250 mg</i> .....	16	PEMETREXED SOLN 500 MG/20ML .....	30
<i>paroxetine hcl er tb24 12.5 mg</i> .....	67	PEMFEXY SOLN 500 MG/20ML.....	30
<i>paroxetine hcl er tb24 25 mg</i> .....	67	PEMRYDI RTU SOLN 100 MG/10ML .....	30
<i>paroxetine hcl er tb24 37.5 mg</i> .....	67	PEMRYDI RTU SOLN 500 MG/50ML .....	30
<i>paroxetine hcl susp 10 mg/5ml</i> .....	67	PENBRAYA SUSR.....	102
<i>paroxetine hcl tabs 10 mg</i> .....	67	<i>penicillamine caps 250 mg</i> .....	79
<i>paroxetine hcl tabs 20 mg</i> .....	67	<i>penicillamine tabs 250 mg</i> .....	79
<i>paroxetine hcl tabs 30 mg</i> .....	67	PENICILLIN G POT IN DEXTROSE SOLN	
<i>paroxetine hcl tabs 40 mg</i> .....	67	40000 UNIT/ML .....	14
<i>paroxetine mesylate caps 7.5 mg</i> .....	67	PENICILLIN G POT IN DEXTROSE SOLN	
PAXLOVID (150/100) TBPk 10 x 150 MG &		60000 UNIT/ML .....	14
10 X 100MG .....	18	<i>penicillin g potassium solr 20000000 unit.</i>	14
PAXLOVID (300/100) TBPk 20 x 150 MG &		PENICILLIN G PROCAINE SUSP 600000	
10 X 100MG .....	19	UNIT/ML .....	14
<i>pazopanib hcl tabs 200 mg</i> .....	29	PENICILLIN G SODIUM SOLR 5000000	
PEDIARIX SUSY .....	102	UNIT .....	14
PEDMARK SOLN 12.5 %.....	88	PENICILLIN V POTASSIUM SOLR 125	
PEDVAX HIB SUSP 7.5 MCG/0.5ML ....	102	MG/5ML.....	14
<i>peg 3350 sol electrol</i> .....	78	PENICILLIN V POTASSIUM SOLR 250	
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i> .	78	MG/5ML.....	14
PEG-3350/ELECTROLYTES SOLR 236		<i>penicillin v potassium tabs 250 mg</i> .....	14
GM .....	78	<i>penicillin v potassium tabs 500 mg</i> .....	14
PEGANONE TABS 250 MG .....	54	PENTACEL SUSR .....	102
PEGASYS PROCLICK SOAJ 180		<i>pentamidine isethionate solr inhalation 300</i>	
MCG/0.5ML.....	19	<i>mg</i> .....	16
PEGASYS SOLN 180 MCG/ML.....	19	<i>pentamidine isethionate solr injection 300</i>	
PEGASYS SOSY 180 MCG/0.5ML .....	19	<i>mg</i> .....	16
PEGINTRON KIT 50 MCG/0.5ML.....	19	PENTASA CPCR 250 MG.....	77
PEMAZYRE TABS 13.5 MG .....	29	PENTASA CPCR 500 MG.....	77
PEMAZYRE TABS 4.5 MG .....	29	<i>pentoxifylline er tbc 400 mg</i> .....	38
PEMAZYRE TABS 9 MG .....	29	PEPAXTO SOLR 20 MG.....	30
PEMETREXED DISODIUM SOLN 1		PERCOCET TABS 10-325 MG .....	49
GM/40ML .....	29	PERCOCET TABS 7.5-325 MG .....	49
PEMETREXED DISODIUM SOLN 100		PERJETA SOLN 420 MG/14ML.....	30
MG/4ML .....	30	<i>permethrin crea 5 %</i> .....	103
PEMETREXED DISODIUM SOLN 500		<i>perphenazine tabs 16 mg</i> .....	67
MG/20ML .....	30	<i>perphenazine tabs 2 mg</i> .....	67
PEMETREXED DISODIUM SOLN 850		<i>perphenazine tabs 4 mg</i> .....	67
MG/34ML .....	30	<i>perphenazine tabs 8 mg</i> .....	67
<i>pemetrexed disodium solr 100 mg</i> .....	30		

PERPHENAZINE-AMITRIPTYLINE TABS 2-10 MG .....	67	PILOCARPINE HCL SOLN 2 % .....	76
PERPHENAZINE-AMITRIPTYLINE TABS 2-25 MG .....	67	PILOCARPINE HCL SOLN 4 % .....	76
PERPHENAZINE-AMITRIPTYLINE TABS 4-10 MG .....	67	<i>pilocarpine hcl tabs 5 mg</i> .....	35
PERPHENAZINE-AMITRIPTYLINE TABS 4-25 MG .....	67	PIMECROLIMUS CREA 1 % .....	106
PERPHENAZINE-AMITRIPTYLINE TABS 4-50 MG .....	67	PIMOZIDE TABS 1 MG .....	67
PERSERIS PRSY 120 MG .....	67	PIMOZIDE TABS 2 MG .....	67
PERSERIS PRSY 90 MG .....	67	<i>pioglitazone hcl tabs 15 mg</i> .....	83
PHEBURANE PLLT 483 MG/GM .....	70	<i>pioglitazone hcl tabs 30 mg</i> .....	83
PHENELZINE SULFATE TABS 15 MG ...	67	<i>pioglitazone hcl tabs 45 mg</i> .....	83
<i>phenobarbital elix 20 mg/5ml</i> .....	58	<i>piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm</i> .....	14
<i>phenobarbital sodium soln 130 mg/ml</i> .....	58	<i>piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm</i> .....	14
<i>phenobarbital sodium soln 65 mg/ml</i> .....	58	<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm</i> .....	14
<i>phenobarbital tabs 100 mg</i> .....	58	<i>piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm</i> .....	14
<i>phenobarbital tabs 15 mg</i> .....	58	PIQRAY (200 MG DAILY DOSE) TBPK 200 MG .....	30
<i>phenobarbital tabs 16.2 mg</i> .....	58	PIQRAY (250 MG DAILY DOSE) TBPK 200 & 50 MG .....	30
<i>phenobarbital tabs 30 mg</i> .....	58	PIQRAY (300 MG DAILY DOSE) TBPK 2 x 150 MG .....	30
<i>phenobarbital tabs 32.4 mg</i> .....	58	<i>pirfenidone caps 267 mg</i> .....	98
<i>phenobarbital tabs 60 mg</i> .....	58	<i>pirfenidone tabs 267 mg</i> .....	98
<i>phenobarbital tabs 64.8 mg</i> .....	58	PIRFENIDONE TABS 534 MG .....	98
<i>phenobarbital tabs 97.2 mg</i> .....	58	<i>pirfenidone tabs 801 mg</i> .....	98
<i>phenoxybenzamine hcl caps 10 mg</i> .....	36	<i>piroxicam caps 10 mg</i> .....	49
<i>phenylephrine hcl (pressors) soln 10 mg/ml</i> .....	37	<i>piroxicam caps 20 mg</i> .....	49
PHENYLEPHRINE HCL SOLN 10 % .....	76	PLASMA-LYTE 148 SOLN .....	72
PHENYLEPHRINE HCL SOLN 2.5 % .....	76	PLASMA-LYTE A SOLN .....	73
<i>phenytek caps 200 mg</i> .....	54	PLEGRIDY SOAJ 125 MCG/0.5ML .....	60
<i>phenytek caps 300 mg</i> .....	54	PLEGRIDY SOSY 125 MCG/0.5ML .....	60
<i>phenytoin chew 50 mg</i> .....	54	PLEGRIDY STARTER PACK SOAJ 63 & 94 MCG/0.5ML .....	60
<i>phenytoin sodium extended caps 100 mg</i> .....	54	PLEGRIDY STARTER PACK SOSY 63 & 94 MCG/0.5ML .....	60
<i>phenytoin sodium extended caps 200 mg</i> .....	54	<i>plenamine soln 15 %</i> .....	71
<i>phenytoin sodium extended caps 300 mg</i> .....	54	PLERIXAFOR SOLN 24 MG/1.2ML .....	39
<i>phenytoin sodium soln 50 mg/ml</i> .....	54	PODOFILOX SOLN 0.5 % .....	106
<i>phenytoin susp 125 mg/5ml</i> .....	54	POKONZA PACK 10 MEQ .....	73
PHESGO SOLN 60-60-2000 MG-MG-U/ML .....	30	POLIVY SOLR 140 MG .....	30
PHESGO SOLN 80-40-2000 MG-MG-U/ML .....	30	POLIVY SOLR 30 MG .....	30
PHOSLYRA SOLN 667 MG/5ML .....	72	POLOCAINE SOLN 1 % .....	95
PHOSPHOLINE IODIDE SOLR 0.125 % .....	76	POLOCAINE SOLN 2 % .....	95
PHYSIOLYTE SOLN .....	95	POLOCAINE-MPF SOLN 1 % .....	95
<i>physiosol sol irrigat</i> .....	95	POLOCAINE-MPF SOLN 1.5 % .....	95
PIASKY SOLN 340 MG/2ML .....	95	POLOCAINE-MPF SOLN 2 % .....	95
PIFELTRO TABS 100 MG .....	19		
PILOCARPINE HCL SOLN 1 % .....	76		

<i>polymyxin b-trimethoprim soln 10000-0.1</i>		<i>potassium phosphates(66 meq k) soln 45</i>	
<i>unit/ml-%</i> .....	75	<i>mmole/15ml</i> .....	73
POMALYST CAPS 1 MG.....	30	POTELIGEO SOLN 20 MG/5ML.....	30
POMALYST CAPS 2 MG.....	30	PRADAXA CAPS 110 MG.....	38
POMALYST CAPS 3 MG.....	30	PRADAXA CAPS 150 MG.....	38
POMALYST CAPS 4 MG.....	30	PRADAXA CAPS 75 MG.....	38
POMBILITI SOLR 105 MG.....	74	PRADAXA PACK 110 MG.....	38
PONVORY STARTER PACK TBPK 2-3-4-		PRADAXA PACK 150 MG.....	38
5-6-7-8-9 & 10 MG.....	60	PRADAXA PACK 20 MG.....	38
PONVORY TABS 20 MG.....	60	PRADAXA PACK 30 MG.....	38
<i>portia-28 tabs 0.15-30 mg-mcg</i> .....	82	PRADAXA PACK 40 MG.....	38
PORTRAZZA SOLN 800 MG/50ML.....	30	PRADAXA PACK 50 MG.....	38
<i>posaconazole susp 40 mg/ml</i> .....	15	PRALATREXATE SOLN 20 MG/ML.....	30
<i>posaconazole tbec 100 mg</i> .....	15	PRALATREXATE SOLN 40 MG/2ML.....	30
<i>pot &amp; sod cit-cit ac soln 550-500-334</i>		<i>pramipexole dihydrochloride tabs 0.125 mg</i>	
<i>mg/5ml</i> .....	70	.....	57
POTASSIUM ACETATE SOLN 2 MEQ/ML		<i>pramipexole dihydrochloride tabs 0.25 mg</i>	
.....	73	.....	57
<i>potassium chloride crys er tbc 10 meq ...</i>	73	<i>pramipexole dihydrochloride tabs 0.5 mg</i> .....	57
<i>potassium chloride crys er tbc 20 meq ...</i>	73	<i>pramipexole dihydrochloride tabs 0.75 mg</i>	
<i>potassium chloride er cpcr 10 meq</i> .....	73	.....	57
<i>potassium chloride er cpcr 8 meq</i> .....	73	<i>pramipexole dihydrochloride tabs 1 mg</i> .....	57
<i>potassium chloride er tbc 10 meq</i> .....	73	<i>pramipexole dihydrochloride tabs 1.5 mg</i> .....	57
<i>potassium chloride er tbc 20 meq</i> .....	73	<i>prasugrel hcl tabs 10 mg</i> .....	38
POTASSIUM CHLORIDE ER TBCR 8 MEQ		<i>prasugrel hcl tabs 5 mg</i> .....	38
.....	73	<i>pravastatin sodium tabs 10 mg</i> .....	41
<i>potassium chloride in nacl soln 20-0.9</i>		<i>pravastatin sodium tabs 20 mg</i> .....	41
<i>meq/l-%</i> .....	73	<i>pravastatin sodium tabs 40 mg</i> .....	41
<i>potassium chloride in nacl soln 40-0.9</i>		<i>pravastatin sodium tabs 80 mg</i> .....	41
<i>meq/l-%</i> .....	73	<i>praziquantel tabs 600 mg</i> .....	10
<i>potassium chloride pack 20 meq</i> .....	73	<i>prazosin hcl caps 1 mg</i> .....	40
POTASSIUM CHLORIDE SOLN 10		<i>prazosin hcl caps 2 mg</i> .....	40
MEQ/100ML.....	73	<i>prazosin hcl caps 5 mg</i> .....	40
<i>potassium chloride soln 2 meq/ml</i> .....	73	PRED MILD SUSP 0.12 %.....	75
POTASSIUM CHLORIDE SOLN 20		PRED-G S.O.P. OINT 0.3-0.6 %.....	75
MEQ/100ML.....	73	PRED-G SUSP 0.3-1 %.....	75
<i>potassium chloride soln 20 meq/15ml (10%)</i>		PREDNICARBATE CREA 0.1 %.....	105
.....	73	PREDNISOLONE ACETATE SUSP 1 %.....	75
POTASSIUM CHLORIDE SOLN 40		PREDNISOLONE SODIUM PHOSPHATE	
MEQ/100ML.....	73	SOLN 1 %.....	75
<i>potassium chloride soln 40 meq/15ml (20%)</i>		<i>prednisolone sodium phosphate soln 15</i>	
.....	73	<i>mg/5ml</i> .....	80
<i>potassium citrate er tbc 10 meq (1080 mg)</i>		PREDNISOLONE SODIUM PHOSPHATE	
.....	70	SOLN 6.7 (5 Base) MG/5ML.....	80
<i>potassium citrate er tbc 15 meq (1620 mg)</i>		<i>prednisolone soln 15 mg/5ml</i> .....	80
.....	70	<i>prednisolone tabs 5 mg</i> .....	80
<i>potassium citrate er tbc 5 meq (540 mg)</i>	70	PREDNISON INTENSOL CONC 5 MG/ML	
<i>potassium cl in dextrose 5% soln 20 meq/l</i>		.....	80
.....	73	PREDNISON SOLN 5 MG/5ML.....	80



<i>prednisone tabs 1 mg</i> .....	80	<i>prochlorperazine maleate tabs 10 mg</i> .....	67
<i>prednisone tabs 10 mg</i> .....	80	<i>prochlorperazine maleate tabs 5 mg</i> .....	67
<i>prednisone tabs 2.5 mg</i> .....	80	<i>prochlorperazine supp 25 mg</i> .....	67
<i>prednisone tabs 20 mg</i> .....	80	PROCRI SOLN 10000 UNIT/ML .....	39
<i>prednisone tabs 5 mg</i> .....	80	PROCRI SOLN 2000 UNIT/ML .....	39
<i>prednisone tabs 50 mg</i> .....	80	PROCRI SOLN 20000 UNIT/ML .....	39
<i>prednisone tbpk 10 mg (21)</i> .....	80	PROCRI SOLN 3000 UNIT/ML .....	39
<i>prednisone tbpk 10 mg (48)</i> .....	81	PROCRI SOLN 4000 UNIT/ML .....	39
<i>prednisone tbpk 5 mg (21)</i> .....	81	PROCRI SOLN 40000 UNIT/ML .....	39
<i>prednisone tbpk 5 mg (48)</i> .....	81	PROCTOFOAM HC FOAM 1-1 % .....	105
<i>pregabalin caps 100 mg</i> .....	54	<i>proctozone-hc crea 2.5 %</i> .....	105
<i>pregabalin caps 150 mg</i> .....	54	PROCYSBI CPDR 25 MG .....	95
<i>pregabalin caps 200 mg</i> .....	54	PROCYSBI CPDR 75 MG .....	95
<i>pregabalin caps 225 mg</i> .....	54	PROCYSBI PACK 300 MG .....	95
<i>pregabalin caps 25 mg</i> .....	54	PROCYSBI PACK 75 MG .....	95
<i>pregabalin caps 300 mg</i> .....	54	<i>progesterone caps 100 mg</i> .....	86
<i>pregabalin caps 50 mg</i> .....	54	<i>progesterone caps 200 mg</i> .....	86
<i>pregabalin caps 75 mg</i> .....	54	<i>progesterone oil 50 mg/ml</i> .....	86
<i>pregabalin soln 20 mg/ml</i> .....	54	PROGRAF PACK 0.2 MG .....	93
PREHEVBRIO SUSP 10 MCG/ML .....	102	PROGRAF PACK 1 MG .....	93
PREMARIN SOLR 25 MG .....	84	PROGRAF SOLN 5 MG/ML .....	93
PREMASOL SOLN 10 % .....	71	PROLATE SOLN 10-300 MG/5ML .....	49
PRENATAL TABS 27-1 MG .....	108	PROMACTA PACK 12.5 MG .....	39
PRETOMANID TABS 200 MG .....	16	PROMACTA PACK 25 MG .....	39
<i>prevalite pack 4 gm</i> .....	41	PROMACTA TABS 12.5 MG .....	39
<i>prevalite powd 4 gm/dose</i> .....	41	PROMACTA TABS 25 MG .....	39
PREVYMIS SOLN 240 MG/12ML .....	19	PROMACTA TABS 50 MG .....	39
PREVYMIS SOLN 480 MG/24ML .....	19	PROMACTA TABS 75 MG .....	39
PREVYMIS TABS 240 MG .....	19	<i>promethazine hcl soln 25 mg/ml</i> .....	20
PREVYMIS TABS 480 MG .....	19	<i>promethazine hcl soln 6.25 mg/5ml</i> .....	20
PREZCOBIX TABS 800-150 MG .....	19	<i>promethazine hcl tabs 12.5 mg</i> .....	21
PREZISTA SUSP 100 MG/ML .....	19	<i>promethazine hcl tabs 25 mg</i> .....	21
PREZISTA TABS 150 MG .....	19	<i>promethazine hcl tabs 50 mg</i> .....	21
PREZISTA TABS 75 MG .....	19	<i>promethegan supp 12.5 mg</i> .....	21
PRIFTIN TABS 150 MG .....	16	<i>promethegan supp 25 mg</i> .....	21
PRIMAQUINE PHOSPHATE TABS 26.3		<i>propafenone hcl tabs 150 mg</i> .....	44
(15 Base) MG .....	16	<i>propafenone hcl tabs 225 mg</i> .....	44
PRIMIDONE TABS 125 MG .....	54	<i>propafenone hcl tabs 300 mg</i> .....	44
<i>primidone tabs 250 mg</i> .....	54	PROPANTHELINE BROMIDE TABS 15 MG	
<i>primidone tabs 50 mg</i> .....	54	.....	34
PRIORIX SUSR .....	102	<i>proparacaine hcl soln 0.5 %</i> .....	77
<i>probenecid tabs 500 mg</i> .....	73	<i>propranolol hcl er cp24 120 mg</i> .....	42
<i>procainamide hcl soln 100 mg/ml</i> .....	44	<i>propranolol hcl er cp24 160 mg</i> .....	42
<i>procainamide hcl soln 500 mg/ml</i> .....	44	<i>propranolol hcl er cp24 60 mg</i> .....	42
PROCALAMINE SOLN 3 % .....	71	<i>propranolol hcl er cp24 80 mg</i> .....	42
<i>prochlorperazine edisylate soln 10 mg/2ml</i>		<i>propranolol hcl soln 1 mg/ml</i> .....	42
.....	67	<i>propranolol hcl soln 20 mg/5ml</i> .....	42
PROCHLORPERAZINE EDISYLATE SOLN		PROPRANOLOL HCL SOLN 40 MG/5ML	42
50 MG/10ML .....	67	<i>propranolol hcl tabs 10 mg</i> .....	42

<i>propranolol hcl tabs 20 mg</i> .....	42
<i>propranolol hcl tabs 40 mg</i> .....	42
<i>propranolol hcl tabs 60 mg</i> .....	42
<i>propranolol hcl tabs 80 mg</i> .....	42
<i>propylthiouracil tabs 50 mg</i> .....	87
PROQUAD SUSR.....	102
<i>protriptyline hcl tabs 10 mg</i> .....	67
<i>protriptyline hcl tabs 5 mg</i> .....	67
PULMOZYME SOLN 2.5 MG/2.5ML.....	74
PURIXAN SUSP 2000 MG/100ML .....	30
<i>pyrazinamide tabs 500 mg</i> .....	16
<i>pyridostigmine bromide er tbc 180 mg</i> ....	35
<i>pyridostigmine bromide soln 60 mg/5ml</i> ...	35
<i>pyridostigmine bromide tabs 60 mg</i> .....	35
<i>pyrimethamine tabs 25 mg</i> .....	16
PYRUKYND TABS 20 MG.....	95
PYRUKYND TABS 5 MG.....	95
PYRUKYND TABS 50 MG.....	95
PYRUKYND TAPER PACK TBPK 5 MG .	96
PYRUKYND TAPER PACK TBPK 7 x 20	
MG & 7 X 5 MG.....	96
PYRUKYND TAPER PACK TBPK 7 x 50	
MG & 7 X 20 MG.....	96

## Q

QALSODY SOLN 100 MG/15ML .....	60
QDOLO SOLN 5 MG/ML .....	49
QINLOCK TABS 50 MG .....	30
QUADRACEL SUSP.....	101
QUADRACEL SUSY 0.5 ML.....	101
<i>quetiapine fumarate er tb24 150 mg</i> .....	67
<i>quetiapine fumarate er tb24 200 mg</i> .....	67
<i>quetiapine fumarate er tb24 300 mg</i> .....	67
<i>quetiapine fumarate er tb24 400 mg</i> .....	67
<i>quetiapine fumarate er tb24 50 mg</i> .....	67
<i>quetiapine fumarate tabs 100 mg</i> .....	67
QUETIAPINE FUMARATE TABS 150 MG	
.....	67
<i>quetiapine fumarate tabs 200 mg</i> .....	67
<i>quetiapine fumarate tabs 25 mg</i> .....	67
<i>quetiapine fumarate tabs 300 mg</i> .....	67
<i>quetiapine fumarate tabs 400 mg</i> .....	67
<i>quetiapine fumarate tabs 50 mg</i> .....	67
<i>quinidine gluconate er tbc 324 mg</i> .....	44
QUINIDINE SULFATE TABS 200 MG .....	44
QUINIDINE SULFATE TABS 300 MG .....	44
<i>quinine sulfate caps 324 mg</i> .....	16
QULIPTA TABS 10 MG .....	55
QULIPTA TABS 30 MG .....	55

QULIPTA TABS 60 MG.....	55
-------------------------	----

## R

RABAVERT SUSR.....	102
RADIAURA CREA 3-0.5 % .....	105
RADICAVA ORS STARTER KIT SUSP 105	
MG/5ML.....	60
RADICAVA ORS SUSP 105 MG/5ML.....	60
RADICAVA SOLN 30 MG/100ML .....	60
<i>raloxifene hcl tabs 60 mg</i> .....	84
<i>ramipril caps 1.25 mg</i> .....	46
<i>ramipril caps 10 mg</i> .....	46
<i>ramipril caps 2.5 mg</i> .....	46
<i>ramipril caps 5 mg</i> .....	46
<i>ranolazine er tb12 1000 mg</i> .....	44
RAPIVAB SOLN 200 MG/20ML .....	19
<i>rasagiline mesylate tabs 0.5 mg</i> .....	57
<i>rasagiline mesylate tabs 1 mg</i> .....	57
RASUVO SOAJ 10 MG/0.2ML .....	91
RASUVO SOAJ 12.5 MG/0.25ML .....	91
RASUVO SOAJ 15 MG/0.3ML .....	91
RASUVO SOAJ 17.5 MG/0.35ML .....	91
RASUVO SOAJ 20 MG/0.4ML .....	91
RASUVO SOAJ 22.5 MG/0.45ML .....	91
RASUVO SOAJ 25 MG/0.5ML .....	91
RASUVO SOAJ 30 MG/0.6ML .....	91
RASUVO SOAJ 7.5 MG/0.15ML .....	91
RAVICTI LIQD 1.1 GM/ML.....	70
RAYALDEE CPCR 30 MCG.....	108
REBETOL SOL 40MG/ML.....	19
REBIF REBIDOSE SOAJ 22 MCG/0.5ML60	
REBIF REBIDOSE SOAJ 44 MCG/0.5ML60	
REBIF REBIDOSE TITRATION PACK	
SOAJ 6X8.8 & 6X22 MCG.....	60
REBIF TITRATION PACK SOSY 6X8.8 &	
6X22 MCG.....	60
REBLOZYL SOLR 25 MG .....	39
REBLOZYL SOLR 75 MG .....	40
RECARBRIO SOLR 1.25 GM .....	14
<i>reclipsen tabs 0.15-30 mg-mcg</i> .....	82
RECOMBIVAX HB SUSP 10 MCG/ML ..	102
RECOMBIVAX HB SUSP 40 MCG/ML ..	102
RECOMBIVAX HB SUSP 5 MCG/0.5ML	102
RECOMBIVAX HB SUSY 10 MCG/ML ..	102
RECOMBIVAX HB SUSY 5 MCG/0.5ML	102
RECORLEV TABS 150 MG .....	96
REGONOL SOLN 10 MG/2ML.....	35
REGRANEX GEL 0.01 %.....	106
RELAFEN DS TABS 1000 MG.....	49

RELENZA DISKHALER AEPB 5 MG/ACT	19	RIBASPHERE TAB 600MG	19
.....	19	RIBAVIRIN CAPS 200 MG	19
RELISTOR SOLN 12 MG/0.6ML	78	<i>ribavirin solr 6 gm</i>	19
RELTONE CAPS 200 MG	78	RIBAVIRIN TABS 200 MG	19
RELTONE CAPS 400 MG	78	RIDAURA CAPS 3 MG	96
RELYVRIO PACK 3-1 GM	60	RIFABUTIN CAPS 150 MG	16
<i>repaglinide tabs 0.5 mg</i>	83	RIFAMATE CAP	16
<i>repaglinide tabs 1 mg</i>	83	<i>rifampin caps 150 mg</i>	16
<i>repaglinide tabs 2 mg</i>	83	<i>rifampin caps 300 mg</i>	16
REPATHA SURECLICK SOAJ 140 MG/ML	41	<i>rifampin solr 600 mg</i>	16
.....	41	<i>riluzole tabs 50 mg</i>	60
RESCRIPTOR TAB 200MG	19	RIMANTADINE HCL TABS 100 MG	19
RETACRIT SOLN 20000 UNIT/ML	40	RIMSO-50 SOLN 50 %	96
RETEVMO CAPS 40 MG	30	RINGERS IRRIGATION SOLN	96
RETEVMO CAPS 80 MG	30	RINGERS SOLN	73
RETEVMO TABS 120 MG	30	RINVOQ LQ SOLN 1 MG/ML	91
RETEVMO TABS 160 MG	30	RINVOQ TB24 15 MG	91
RETEVMO TABS 40 MG	30	RINVOQ TB24 30 MG	91
RETEVMO TABS 80 MG	30	RINVOQ TB24 45 MG	91
RETIN-A CREA 0.025 %	105	RISPERDAL CONSTA SRER 12.5 MG	68
RETIN-A CREA 0.05 %	105	RISPERDAL CONSTA SRER 25 MG	68
RETIN-A CREA 0.1 %	105	RISPERDAL CONSTA SRER 37.5 MG	68
RETIN-A GEL 0.01 %	105	RISPERDAL CONSTA SRER 50 MG	68
RETIN-A GEL 0.025 %	105	<i>risperidone microspheres er srer 12.5 mg</i>	68
RETIN-A MICRO GEL 0.04 %	105	<i>risperidone microspheres er srer 25 mg</i>	68
RETIN-A MICRO GEL 0.1 %	105	<i>risperidone microspheres er srer 37.5 mg</i>	68
RETISERT IMPL 0.59 MG	75	<i>risperidone microspheres er srer 50 mg</i>	68
RETROVIR SOLN 10 MG/ML	19	<i>risperidone soln 1 mg/ml</i>	68
REVCOSI SOLN 2.4 MG/1.5ML	74	<i>risperidone tabs 0.25 mg</i>	68
REVLIMID CAPS 2.5 MG	30	<i>risperidone tabs 0.5 mg</i>	68
REVLIMID CAPS 20 MG	30	<i>risperidone tabs 1 mg</i>	68
REXULTI TABS 0.25 MG	68	<i>risperidone tabs 2 mg</i>	68
REXULTI TABS 0.5 MG	68	<i>risperidone tabs 3 mg</i>	68
REXULTI TABS 1 MG	68	<i>risperidone tabs 4 mg</i>	68
REXULTI TABS 2 MG	68	RISPERIDONE TBDP 0.25 MG	68
REXULTI TABS 3 MG	68	<i>risperidone tbdp 0.5 mg</i>	68
REXULTI TABS 4 MG	68	<i>risperidone tbdp 1 mg</i>	68
REYATAZ PACK 50 MG	19	<i>risperidone tbdp 2 mg</i>	68
REZDIFFRA TABS 100 MG	87	<i>risperidone tbdp 3 mg</i>	68
REZDIFFRA TABS 60 MG	87	<i>risperidone tbdp 4 mg</i>	68
REZDIFFRA TABS 80 MG	87	<i>ritonavir tabs 100 mg</i>	19
REZLIDHIA CAPS 150 MG	30	RITUXAN HYCELA SOLN 1400-23400 MG	
REZUROCK TABS 200 MG	96	-UT/11.7ML	30
REZZAYO SOLR 200 MG	15	RITUXAN HYCELA SOLN 1600-26800 MG	
RIABNI SOLN 100 MG/10ML	30	-UT/13.4ML	30
RIABNI SOLN 500 MG/50ML	30	RITUXAN SOLN 100 MG/10ML	31
RIBAPAK PAK 1200/DAY	19	RITUXAN SOLN 500 MG/50ML	31
RIBAPAK TAB 1000/DAY	19	<i>rivastigmine tartrate caps 1.5 mg</i>	35
<i>ribasphere cap 200mg</i>	19	<i>rivastigmine tartrate caps 3 mg</i>	35

<i>rivastigmine tartrate caps 4.5 mg</i> .....	35
<i>rivastigmine tartrate caps 6 mg</i> .....	35
RIVFLOZA SOLN 80 MG/0.5ML.....	96
RIVFLOZA SOSY 128 MG/0.8ML.....	96
RIVFLOZA SOSY 160 MG/ML.....	96
<i>rizatriptan benzoate tabs 10 mg</i> .....	55
<i>rizatriptan benzoate tabs 5 mg</i> .....	55
<i>rizatriptan benzoate tbdp 10 mg</i> .....	55
<i>rizatriptan benzoate tbdp 5 mg</i> .....	55
<i>roflumilast tabs 250 mcg</i> .....	99
<i>roflumilast tabs 500 mcg</i> .....	99
ROLVEDON SOSY 13.2 MG/0.6ML.....	40
ROMIDEPSIN SOLN 27.5 MG/5.5ML.....	31
<i>ropinirole hcl er tb24 12 mg</i> .....	57
<i>ropinirole hcl er tb24 2 mg</i> .....	57
<i>ropinirole hcl er tb24 4 mg</i> .....	57
<i>ropinirole hcl er tb24 6 mg</i> .....	57
<i>ropinirole hcl er tb24 8 mg</i> .....	57
<i>ropinirole hcl tabs 0.25 mg</i> .....	57
<i>ropinirole hcl tabs 0.5 mg</i> .....	57
<i>ropinirole hcl tabs 1 mg</i> .....	57
<i>ropinirole hcl tabs 2 mg</i> .....	57
<i>ropinirole hcl tabs 3 mg</i> .....	57
<i>ropinirole hcl tabs 4 mg</i> .....	57
<i>ropinirole hcl tabs 5 mg</i> .....	57
<i>ropivacaine hcl soln 10 mg/ml</i> .....	96
<i>ropivacaine hcl soln 2 mg/ml</i> .....	96
<i>ropivacaine hcl soln 5 mg/ml</i> .....	96
<i>ropivacaine hcl soln 7.5 mg/ml</i> .....	96
<i>rosuvastatin calcium tabs 10 mg</i> .....	41
<i>rosuvastatin calcium tabs 20 mg</i> .....	41
<i>rosuvastatin calcium tabs 40 mg</i> .....	41
<i>rosuvastatin calcium tabs 5 mg</i> .....	41
ROTARIX SUSP.....	102
ROTARIX SUSR.....	102
ROTATEQ SOLN.....	102
<i>roweepira tabs 500 mg</i> .....	54
<i>roweepira tabs 750 mg</i> .....	54
<i>roweepira xr tb24 500 mg</i> .....	54
<i>roweepira xr tb24 750 mg</i> .....	54
ROXYBOND TABA 15 MG.....	49
ROXYBOND TABA 30 MG.....	49
ROXYBOND TABA 5 MG.....	49
ROZLYTREK CAPS 100 MG.....	31
ROZLYTREK CAPS 200 MG.....	31
ROZLYTREK PACK 50 MG.....	31
RUBRACA TABS 200 MG.....	31
RUBRACA TABS 250 MG.....	31
RUBRACA TABS 300 MG.....	31

RUCONEST SOLR 2100 UNIT.....	37
<i>rufinamide susp 40 mg/ml</i> .....	54
<i>rufinamide tabs 200 mg</i> .....	54
<i>rufinamide tabs 400 mg</i> .....	54
RUKOBIA TB12 600 MG.....	19
RUXIENCE SOLN 100 MG/10ML.....	31
RUXIENCE SOLN 500 MG/50ML.....	31
RYBREVANT SOLN 350 MG/7ML.....	31
RYDAPT CAPS 25 MG.....	31
RYKINDO SRER 25 MG.....	68
RYKINDO SRER 37.5 MG.....	68
RYKINDO SRER 50 MG.....	68
RYLAZE SOLN 10 MG/0.5ML.....	31
RYSTIGGO SOLN 280 MG/2ML.....	96
RYSTIGGO SOLN 420 MG/3ML.....	96
RYSTIGGO SOLN 560 MG/4ML.....	96
RYSTIGGO SOLN 840 MG/6ML.....	96
RYTELO SOLR 188 MG.....	31
RYTELO SOLR 47 MG.....	31

## S

<i>sajazir sosy 30 mg/3ml</i> .....	37
<i>salicylic acid sham 6 %</i> .....	106
<i>salsalate tabs 500 mg</i> .....	49
<i>salsalate tabs 750 mg</i> .....	49
SANDIMMUNE SOLN 100 MG/ML.....	93
SANDOSTATIN LAR DEPOT KIT 10 MG.....	86
SANDOSTATIN LAR DEPOT KIT 20 MG.....	86
SANDOSTATIN LAR DEPOT KIT 30 MG.....	86
SANTYL OINT 250 UNIT/GM.....	106
SAPHNELO SOLN 300 MG/2ML.....	93
<i>sapropterin dihydrochloride pack 100 mg</i> .....	96
<i>sapropterin dihydrochloride pack 500 mg</i> .....	96
<i>sapropterin dihydrochloride tabs 100 mg</i> .....	96
SARCLISA SOLN 100 MG/5ML.....	31
SARCLISA SOLN 500 MG/25ML.....	31
<i>saxagliptin hcl tabs 5 mg</i> .....	83
SCEMBLIX TABS 100 MG.....	31
SCEMBLIX TABS 20 MG.....	31
SCEMBLIX TABS 40 MG.....	31
<i>scopolamine pt72 1 mg/3days</i> .....	77
SECONAL CAPS 100 MG.....	58
SECUADO PT24 3.8 MG/24HR.....	68
SECUADO PT24 5.7 MG/24HR.....	68
SECUADO PT24 7.6 MG/24HR.....	68
<i>selegiline hcl caps 5 mg</i> .....	57
<i>selegiline hcl tabs 5 mg</i> .....	57
<i>selenium sulfide lotn 2.5 %</i> .....	103
<i>selenium sulfide sham 2.25 %</i> .....	103

SELZENTRY SOLN 20 MG/ML .....	19	SIMPONI ARIA SOLN 50 MG/4ML .....	91
SELZENTRY TABS 25 MG.....	19	SIMPONI SOAJ 100 MG/ML .....	91
SELZENTRY TABS 75 MG.....	19	SIMPONI SOAJ 50 MG/0.5ML .....	91
SENSORCAINE SOLN 0.5 %.....	96	SIMPONI SOSY 100 MG/ML .....	91
<i>sensorcaine/epinephrine soln 0.25% -1</i>		SIMPONI SOSY 50 MG/0.5ML .....	91
<i>200000</i> .....	96	<i>simvastatin tabs 10 mg</i> .....	41
<i>sensorcaine/epinephrine soln 0.5% -1</i>		<i>simvastatin tabs 20 mg</i> .....	41
<i>200000</i> .....	96	<i>simvastatin tabs 40 mg</i> .....	41
<i>sensorcaine-mpf soln 0.25 %</i> .....	96	<i>simvastatin tabs 5 mg</i> .....	41
<i>sensorcaine-mpf soln 0.5 %</i> .....	96	<i>simvastatin tabs 80 mg</i> .....	41
<i>sensorcaine-mpf soln 0.75 %</i> .....	96	<i>sirolimus soln 1 mg/ml</i> .....	93
<i>sensorcaine-mpf/epinephrine soln 0.25% -1</i>		<i>sirolimus tabs 0.5 mg</i> .....	93
<i>200000</i> .....	96	<i>sirolimus tabs 1 mg</i> .....	93
SENSORCAINE-MPF/EPINEPHRINE		<i>sirolimus tabs 2 mg</i> .....	93
SOLN 0.5% -1		SIRTURO TABS 100 MG .....	16
<i>200000</i> .....	96	SIRTURO TABS 20 MG .....	16
SEREVENT DISKUS AEPB 50 MCG/ACT		SITAGLIPTIN TABS 100 MG .....	83
.....	37	SITAGLIPTIN TABS 25 MG .....	83
SERTRALINE HCL CAPS 150 MG.....	68	SITAGLIPTIN TABS 50 MG .....	83
SERTRALINE HCL CAPS 200 MG.....	68	SIVEXTRO SOLR 200 MG.....	14
<i>sertraline hcl conc 20 mg/ml</i> .....	68	SIVEXTRO TABS 200 MG .....	14
<i>sertraline hcl tabs 100 mg</i> .....	68	SKYCLARYS CAPS 50 MG .....	96
<i>sertraline hcl tabs 25 mg</i> .....	68	SKYRIZI (150 MG DOSE) PSKT 75	
<i>sertraline hcl tabs 50 mg</i> .....	68	MG/0.83ML.....	106
<i>sevelamer carbonate pack 0.8 gm</i> .....	72	SKYRIZI PEN SOAJ 150 MG/ML.....	106
<i>sevelamer carbonate pack 2.4 gm</i> .....	72	SKYRIZI SOCT 180 MG/1.2ML.....	79
<i>sevelamer carbonate tabs 800 mg</i> .....	72	SKYRIZI SOCT 360 MG/2.4ML.....	79
SEYSARA TABS 100 MG.....	14	SKYRIZI SOLN 600 MG/10ML.....	79
SEYSARA TABS 150 MG.....	14	SKYRIZI SOSY 150 MG/ML.....	106
SEYSARA TABS 60 MG.....	14	SKYTROFA CART 11 MG .....	85
SEZABY SOLR 100 MG .....	58	SKYTROFA CART 13.3 MG .....	85
SHINGRIX SUSR 50 MCG/0.5ML .....	102	SKYTROFA CART 3 MG .....	85
SIGNIFOR LAR SRER 10 MG .....	86	SKYTROFA CART 3.6 MG .....	85
SIGNIFOR LAR SRER 20 MG .....	86	SKYTROFA CART 4.3 MG .....	85
SIGNIFOR LAR SRER 30 MG .....	86	SKYTROFA CART 5.2 MG .....	85
SIGNIFOR LAR SRER 40 MG .....	86	SKYTROFA CART 6.3 MG .....	85
SIGNIFOR LAR SRER 60 MG .....	86	SKYTROFA CART 7.6 MG .....	85
SIGNIFOR SOLN 0.3 MG/ML .....	86	SKYTROFA CART 9.1 MG .....	85
SIGNIFOR SOLN 0.6 MG/ML .....	86	<i>sod bicarb inj 4.2%</i> .....	70
SIGNIFOR SOLN 0.9 MG/ML .....	86	<i>sodium bicarbonate soln 8.4 %</i> .....	70
SIKLOS TABS 1000 MG.....	31	SODIUM CHLORIDE (PF) SOLN 0.9 %...73	
<i>sildenafil citrate susr 10 mg/ml</i> .....	47	SODIUM CHLORIDE SOLN 0.45 %.....	73
<i>sildenafil citrate tabs 20 mg</i> .....	47	<i>sodium chloride soln 0.9 %</i> .....	73
SILIQ SOSY 210 MG/1.5ML .....	106	SODIUM CHLORIDE SOLN 0.9 % .....	96
<i>silodosin caps 4 mg</i> .....	36	SODIUM CHLORIDE SOLN 3 % .....	73
<i>silodosin caps 8 mg</i> .....	36	<i>sodium chloride soln 4 meq/ml</i> .....	73
SILVER SULFADIAZINE CREA 1 % .....	103	SODIUM CHLORIDE SOLN 5 % .....	73
SIMLANDI (1 PEN) AJKT 40 MG/0.4ML..	91	<i>sodium fluoride chew 0.55 (0.25 f) mg</i> .....	96
SIMLANDI (2 PEN) AJKT 40 MG/0.4ML..	91	<i>sodium fluoride chew 1.1 (0.5 f) mg</i> .....	96

<i>sodium fluoride chew 2.2 (1 f) mg</i> .....	96	SOVALDI PACK 200 MG .....	19
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML .....	96	SOVALDI TABS 200 MG .....	19
SODIUM OXYBATE SOLN 500 MG/ML ..	60	SOVALDI TABS 400 MG .....	19
<i>sodium phenylbutyrate powd 3 gm/tsp</i> .....	70	SPEVIGO SOLN 450 MG/7.5ML.....	106
<i>sodium phenylbutyrate tabs 500 mg</i> .....	70	SPEVIGO SOSY 150 MG/ML .....	107
<i>sodium phosphates soln 45 mmole/15ml</i> .	73	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT .....	34
<i>sodium polystyrene sulfonate powd</i> .....	72	<i>spironolactone tabs 100 mg</i> .....	46
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i> .....	72	<i>spironolactone tabs 25 mg</i> .....	46
SOFOSBUVIR-VELPATASVIR TABS 400- 100 MG .....	19	<i>spironolactone tabs 50 mg</i> .....	46
SOGROYA SOPN 10 MG/1.5ML.....	85	<i>spironolactone-hctz tabs 25-25 mg</i> .....	46
SOGROYA SOPN 15 MG/1.5ML.....	85	SPRAVATO (56 MG DOSE) SOPK 28 MG/DEVICE .....	68
SOGROYA SOPN 5 MG/1.5ML.....	85	SPRAVATO (84 MG DOSE) SOPK 28 MG/DEVICE .....	68
SOHONOS CAPS 1 MG .....	96	<i>sprintec 28 tabs 0.25-35 mg-mcg</i> .....	82
SOHONOS CAPS 1.5 MG .....	96	SPRITAM TB3D 1000 MG .....	54
SOHONOS CAPS 10 MG .....	96	SPRITAM TB3D 250 MG .....	54
SOHONOS CAPS 2.5 MG .....	96	SPRITAM TB3D 500 MG .....	54
SOHONOS CAPS 5 MG .....	96	SPRITAM TB3D 750 MG .....	54
<i>solifenacin succinate tabs 10 mg</i> .....	107	<i>sps (sodium polystyrene sulf) susp 15 gm/60ml</i> .....	72
<i>solifenacin succinate tabs 5 mg</i> .....	107	SSD CREA 1 % .....	103
SOLTAMOX SOLN 10 MG/5ML .....	31	<i>stavudine caps 15 mg</i> .....	19
SOLU-CORTEF SOLR 100 MG.....	81	<i>stavudine caps 20 mg</i> .....	19
SOLU-CORTEF SOLR 1000 MG.....	81	<i>stavudine caps 30 mg</i> .....	19
SOLU-CORTEF SOLR 250 MG.....	81	<i>stavudine caps 40 mg</i> .....	19
SOLU-CORTEF SOLR 500 MG.....	81	STELARA SOLN 130 MG/26ML .....	107
SOLU-MEDROL INJ 2GM .....	81	STELARA SOLN 45 MG/0.5ML .....	107
SOMATULINE DEPOT SOLN 120 MG/0.5ML .....	86	STELARA SOSY 45 MG/0.5ML .....	107
SOMATULINE DEPOT SOLN 60 MG/0.2ML .....	87	STELARA SOSY 90 MG/ML .....	107
SOMATULINE DEPOT SOLN 90 MG/0.3ML .....	87	<i>steril water sol irrig</i> .....	96
SOMAVERT SOLR 10 MG .....	87	STERILE WATER FOR IRRIGATION SOLN .....	96
SOMAVERT SOLR 15 MG .....	87	STIMATE SOLN 1.5 MG/ML .....	85
SOMAVERT SOLR 20 MG .....	87	STIMUFEND SOSY 6 MG/0.6ML.....	40
SOMAVERT SOLR 25 MG .....	87	STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT .....	34
SOMAVERT SOLR 30 MG .....	87	STIVARGA TABS 40 MG .....	31
<i>sorafenib tosylate tabs 200 mg</i> .....	31	STRENSIQ SOLN 18 MG/0.45ML .....	74
<i>sotalol hcl (af) tabs 120 mg</i> .....	42	STRENSIQ SOLN 28 MG/0.7ML .....	74
<i>sotalol hcl (af) tabs 160 mg</i> .....	42	STRENSIQ SOLN 40 MG/ML .....	74
<i>sotalol hcl (af) tabs 80 mg</i> .....	42	STRENSIQ SOLN 80 MG/0.8ML .....	74
<i>sotalol hcl tabs 120 mg</i> .....	42	STREPTOMYCIN SULFATE SOLR 1 GM14	
<i>sotalol hcl tabs 160 mg</i> .....	42	STRIBILD TABS 150-150-200-300 MG....	19
<i>sotalol hcl tabs 240 mg</i> .....	42	STRIVERDI RESPIMAT AERS 2.5 MCG/ACT .....	37
<i>sotalol hcl tabs 80 mg</i> .....	42	SUBLOCADE SOSY 100 MG/0.5ML.....	61
SOTYKTU TABS 6 MG.....	106	SUBLOCADE SOSY 300 MG/1.5ML.....	61
SOVALDI PACK 150 MG.....	19		

SUBSYS LIQD 1200 (600 X 2) MCG.....	49
SUBSYS LIQD 1600 (800 X 2) MCG.....	49
subvenite starter kit-blue kit 35 x 25 mg...	54
subvenite starter kit-green kit 84 x 25 mg & 14x100 mg .....	54
subvenite starter kit-orange kit 42 x 25 mg & 7 x 100 mg .....	54
subvenite tabs 100 mg.....	54
subvenite tabs 150 mg.....	54
subvenite tabs 200 mg.....	54
subvenite tabs 25 mg.....	54
succinylcholine chloride soln 20 mg/ml....	36
SUCRAID SOLN 8500 UNIT/ML.....	74
sucrafate susp 1 gm/10ml.....	78
sucrafate tabs 1 gm .....	78
sulfacetamide sodium (acne) lotn 10 % .	103
sulfacetamide sodium soln 10 % .....	75
SULFACETAMIDE-PREDNISOLONE SOLN 10-0.23 % .....	75
sulfadiazine tabs 500 mg .....	14
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml .....	14
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml .....	14
sulfamethoxazole-trimethoprim tabs 400-80 mg.....	14
sulfamethoxazole-trimethoprim tabs 800- 160 mg.....	14
SULFAMYLLON CREA 85 MG/GM.....	103
sulfasalazine tabs 500 mg .....	14
SULFASALAZINE TBEC 500 MG.....	14
sulindac tabs 150 mg.....	50
sulindac tabs 200 mg.....	50
SUMATRIPTAN SOLN 20 MG/ACT .....	55
SUMATRIPTAN SOLN 5 MG/ACT .....	56
SUMATRIPTAN SUCCINATE REFILL SOCT 6 MG/0.5ML .....	56
sumatriptan succinate soaj 6 mg/0.5ml....	56
sumatriptan succinate soln 6 mg/0.5ml....	56
SUMATRIPTAN SUCCINATE SOSY 6 MG/0.5ML .....	56
sumatriptan succinate tabs 100 mg .....	56
sumatriptan succinate tabs 25 mg .....	56
sumatriptan succinate tabs 50 mg .....	56
sunitinib malate caps 12.5 mg .....	31
sunitinib malate caps 25 mg .....	31
sunitinib malate caps 37.5 mg .....	31
sunitinib malate caps 50 mg .....	31
SUNLENCA SOLN 463.5 MG/1.5ML.....	19

SUNLENCA TBPK 4 x 300 MG.....	19
SUNLENCA TBPK 5 x 300 MG.....	19
SUPREP BOWEL PREP KIT SOLN 17.5- 3.13-1.6 GM/177ML.....	78
SUSVIMO (IMPLANT 1ST FILL) SOLN 10 MG/0.1ML.....	76
SUSVIMO (IMPLANT REFILL) SOLN 10 MG/0.1ML.....	76
SUTENT CAPS 12.5 MG .....	31
SUTENT CAPS 25 MG .....	31
SUTENT CAPS 37.5 MG .....	31
SUTENT CAPS 50 MG .....	31
SYFOVRE SOLN 15 MG/0.1ML.....	77
SYLVANT SOLR 100 MG .....	31
SYLVANT SOLR 400 MG .....	31
SYMDEKO TBPK 100-150 & 150 MG.....	98
SYMDEKO TBPK 50-75 & 75 MG.....	98
SYMFI LO TABS 400-300-300 MG .....	19
SYMFI TABS 600-300-300 MG.....	19
SYMLINPEN 120 SOPN 2700 MCG/2.7ML .....	83
SYMLINPEN 60 SOPN 1500 MCG/1.5ML	83
SYMPAZAN FILM 10 MG .....	54
SYMPAZAN FILM 20 MG .....	54
SYMPAZAN FILM 5 MG .....	54
SYMTUZA TABS 800-150-200-10 MG.....	19
SYNAGIS SOLN 100 MG/ML.....	19
SYNAGIS SOLN 50 MG/0.5ML.....	19
SYNAREL SOLN 2 MG/ML .....	85
SYNDROS SOLN 5 MG/ML.....	77
SYNERCID SOLR 150-350 MG .....	14
SYNRIBO SOLR 3.5 MG .....	31

## T

TABLOID TABS 40 MG.....	31
TABRECTA TABS 150 MG .....	31
TABRECTA TABS 200 MG .....	31
tacrolimus caps 0.5 mg .....	93
tacrolimus caps 1 mg .....	93
tacrolimus caps 5 mg .....	93
tacrolimus oint 0.03 %.....	107
tacrolimus oint 0.1 %.....	107
tadalafil (pah) tabs 20 mg.....	47
tadalafil tabs 2.5 mg .....	47
tadalafil tabs 5 mg .....	47
TADLIQ SUSP 20 MG/5ML.....	47
TAFINLAR CAPS 50 MG .....	31
TAFINLAR CAPS 75 MG .....	31
TAFINLAR TBSO 10 MG .....	31

TAGRISSO TABS 40 MG.....	31	<i>temazepam caps 15 mg.....</i>	58
TAGRISSO TABS 80 MG.....	31	<i>temazepam caps 30 mg.....</i>	58
TAKHZYRO SOLN 300 MG/2ML.....	96	<i>temazepam caps 7.5 mg.....</i>	58
TAKHZYRO SOSY 150 MG/ML.....	96	<i>temsirolimus soln 25 mg/ml.....</i>	32
TAKHZYRO SOSY 300 MG/2ML.....	96	TENIPOSIDE SOLN 10 MG/ML.....	32
TALTZ SOAJ 80 MG/ML.....	107	TENIVAC INJ 5-2 LFU.....	101
TALTZ SOSY 20 MG/0.25ML.....	107	<i>tenofovir disoproxil fumarate tabs 300 mg</i>	19
TALTZ SOSY 40 MG/0.5ML.....	107	TEPADINA SOLR 100 MG.....	32
TALTZ SOSY 80 MG/ML.....	107	TEPEZZA SOLR 500 MG.....	77
TALVEY SOLN 3 MG/1.5ML.....	31	TEPMETKO TABS 225 MG.....	32
TALVEY SOLN 40 MG/ML.....	31	<i>terazosin hcl caps 1 mg.....</i>	40
TALZENNA CAPS 0.1 MG.....	31	<i>terazosin hcl caps 10 mg.....</i>	40
TALZENNA CAPS 0.25 MG.....	31	<i>terazosin hcl caps 2 mg.....</i>	40
TALZENNA CAPS 0.35 MG.....	31	<i>terazosin hcl caps 5 mg.....</i>	40
TALZENNA CAPS 0.5 MG.....	31	<i>terbinafine hcl tabs 250 mg.....</i>	15
TALZENNA CAPS 0.75 MG.....	31	<i>terbutaline sulfate soln 1 mg/ml.....</i>	37
TALZENNA CAPS 1 MG.....	31	<i>terbutaline sulfate tabs 2.5 mg.....</i>	37
<i>tamoxifen citrate tabs 10 mg.....</i>	31	<i>terbutaline sulfate tabs 5 mg.....</i>	37
<i>tamoxifen citrate tabs 20 mg.....</i>	32	<i>terconazole crea 0.4 %.....</i>	103
<i>tamsulosin hcl caps 0.4 mg.....</i>	36	<i>terconazole supp 80 mg.....</i>	103
TARPEYO CPDR 4 MG.....	81	<i>teriflunomide tabs 14 mg.....</i>	61
TASCENSO ODT TBDP 0.25 MG.....	61	<i>teriflunomide tabs 7 mg.....</i>	61
TASCENSO ODT TBDP 0.5 MG.....	61	<i>teriparatide sopn 600 mcg/2.4ml.....</i>	85
TASIGNA CAPS 150 MG.....	32	TERIPARATIDE SOPN 620 MCG/2.48ML	85
TASIGNA CAPS 200 MG.....	32	.....	85
TASIGNA CAPS 50 MG.....	32	<i>testosterone cypionate soln 100 mg/ml....</i>	81
<i>tasimelteon caps 20 mg.....</i>	58	<i>testosterone cypionate soln 200 mg/ml....</i>	81
TAVALISSE TABS 100 MG.....	40	TESTOSTERONE ENANTHATE SOLN 200	81
TAVALISSE TABS 150 MG.....	40	MG/ML.....	81
TAVNEOS CAPS 10 MG.....	97	<i>testosterone gel 12.5 mg/act (1%).....</i>	81
<i>taysofy caps 1-20 mg-mcg(24).....</i>	82	<i>testosterone gel 20.25 mg/act (1.62%)....</i>	81
<i>tazarotene crea 0.1 %.....</i>	107	<i>testosterone gel 25 mg/2.5gm (1%).....</i>	81
<i>tazarotene gel 0.05 %.....</i>	107	<i>testosterone gel 50 mg/5gm (1%).....</i>	81
<i>tazarotene gel 0.1 %.....</i>	107	<i>tetrabenazine tabs 12.5 mg.....</i>	60
<i>tazicef solr 1 gm.....</i>	14	<i>tetrabenazine tabs 25 mg.....</i>	60
<i>tazicef solr 2 gm.....</i>	14	<i>tetracaine hcl soln 0.5 %.....</i>	77
TAZICEF SOLR 6 GM.....	14	<i>tetracycline hcl caps 250 mg.....</i>	15
TAZORAC CREA 0.05 %.....	107	<i>tetracycline hcl caps 500 mg.....</i>	15
TAZVERIK TABS 200 MG.....	32	TEVIMBRA SOLN 100 MG/10ML.....	32
TDVAX SUSP 2-2 LF/0.5ML.....	101	TEZSPIRE SOAJ 210 MG/1.91ML.....	99
TECENTRIQ HYBREZA SOLN 1875-30000		TEZSPIRE SOSY 210 MG/1.91ML.....	99
MG-UT/15ML.....	32	THALOMID CAPS 100 MG.....	32
TECENTRIQ SOLN 1200 MG/20ML.....	32	THALOMID CAPS 150 MG.....	32
TECENTRIQ SOLN 840 MG/14ML.....	32	THALOMID CAPS 200 MG.....	32
TECVAYLI SOLN 153 MG/1.7ML.....	32	THALOMID CAPS 50 MG.....	32
TECVAYLI SOLN 30 MG/3ML.....	32	THEO-24 CP24 300 MG.....	107
TEFLARO SOLR 600 MG.....	14	<i>theophylline elix 80 mg/15ml.....</i>	107
TEGLUTIK SUSP 50 MG/10ML.....	60	THEOPHYLLINE ER TB12 100 MG.....	107
TEGSEDI SOSY 284 MG/1.5ML.....	97	THEOPHYLLINE ER TB12 200 MG.....	107



<i>theophylline er tb12 300 mg</i> .....	107	<i>tobramycin-dexamethasone susp 0.3-0.1 %</i>	75
<i>theophylline er tb12 450 mg</i> .....	107	.....	75
<i>theophylline er tb24 400 mg</i> .....	107	TOBREX OINT 0.3 %.....	75
<i>theophylline er tb24 600 mg</i> .....	107	TOFIDENCE SOLN 200 MG/10ML .....	91
<i>theophylline soln 80 mg/15ml</i> .....	107	TOFIDENCE SOLN 400 MG/20ML .....	91
THIOLA TABS 100 MG.....	97	TOFIDENCE SOLN 80 MG/4ML .....	91
<i>thioridazine hcl tabs 10 mg</i> .....	68	TOFRANIL TAB 10MG.....	68
<i>thioridazine hcl tabs 100 mg</i> .....	68	TOFRANIL TAB 25MG.....	68
<i>thioridazine hcl tabs 25 mg</i> .....	68	TOFRANIL TAB 50MG.....	68
<i>thioridazine hcl tabs 50 mg</i> .....	68	TOLBUTAMIDE TABS 500 MG.....	83
<i>thiotepa solr 100 mg</i> .....	32	<i>tolcapone tabs 100 mg</i> .....	57
<i>thiotepa solr 15 mg</i> .....	32	TOLECTIN 600 TABS 600 MG .....	50
<i>thiothixene caps 1 mg</i> .....	68	TOLMETIN SODIUM TABS 600 MG.....	50
<i>thiothixene caps 10 mg</i> .....	68	TOLSURA CAPS 65 MG.....	16
<i>thiothixene caps 2 mg</i> .....	68	<i>tolterodine tartrate tabs 1 mg</i> .....	108
<i>thiothixene caps 5 mg</i> .....	68	<i>tolterodine tartrate tabs 2 mg</i> .....	108
THYROGEN SOLR 0.9 MG .....	97	<i>tolvaptan tabs 15 mg</i> .....	71
TIAGABINE HCL TABS 12 MG .....	54	<i>tolvaptan tabs 30 mg</i> .....	71
TIAGABINE HCL TABS 16 MG .....	54	<i>topiramate cpsp 15 mg</i> .....	54
<i>tiagabine hcl tabs 2 mg</i> .....	54	<i>topiramate cpsp 25 mg</i> .....	55
<i>tiagabine hcl tabs 4 mg</i> .....	54	<i>topiramate er cs24 100 mg</i> .....	55
TIBSOVO TABS 250 MG.....	32	<i>topiramate er cs24 150 mg</i> .....	55
TICOVAC SUSY 1.2 MCG/0.25ML .....	102	<i>topiramate er cs24 200 mg</i> .....	55
TICOVAC SUSY 2.4 MCG/0.5ML .....	102	<i>topiramate er cs24 25 mg</i> .....	55
<i>tigecycline solr 50 mg</i> .....	15	<i>topiramate er cs24 50 mg</i> .....	55
TIGLUTIK SUSP 50 MG/10ML .....	60	<i>topiramate tabs 100 mg</i> .....	55
<i>timolol maleate soln 0.25 %</i> .....	76	<i>topiramate tabs 200 mg</i> .....	55
<i>timolol maleate soln 0.5 %</i> .....	76	<i>topiramate tabs 25 mg</i> .....	55
<i>timolol maleate tabs 10 mg</i> .....	42	<i>topiramate tabs 50 mg</i> .....	55
<i>tinidazole tabs 250 mg</i> .....	16	<i>toposar soln 1 gm/50ml</i> .....	32
<i>tiopronin tabs 100 mg</i> .....	97	<i>toposar soln 100 mg/5ml</i> .....	32
<i>tiopronin tbec 100 mg</i> .....	97	<i>toposar soln 500 mg/25ml</i> .....	32
<i>tiopronin tbec 300 mg</i> .....	97	TOPOTECAN HCL SOLN 4 MG/4ML .....	32
TIS-U-SOL SOLN .....	97	<i>topotecan hcl solr 4 mg</i> .....	32
TIVDAK SOLR 40 MG .....	32	<i>toremifene citrate tabs 60 mg</i> .....	32
TIVICAY PD TBSO 5 MG .....	20	<i>torpenz tabs 10 mg</i> .....	32
TIVICAY TABS 10 MG.....	20	<i>torpenz tabs 2.5 mg</i> .....	32
TIVICAY TABS 25 MG.....	20	<i>torpenz tabs 5 mg</i> .....	32
TIVICAY TABS 50 MG.....	20	<i>torpenz tabs 7.5 mg</i> .....	32
<i>tizanidine hcl tabs 2 mg</i> .....	36	<i>torsemide tabs 10 mg</i> .....	71
<i>tizanidine hcl tabs 4 mg</i> .....	36	<i>torsemide tabs 100 mg</i> .....	71
TOBI PODHALER CAPS 28 MG .....	98	<i>torsemide tabs 20 mg</i> .....	71
TOBRADEX OINT 0.3-0.1 % .....	75	<i>torsemide tabs 5 mg</i> .....	71
TOBRAMYCIN NEBU 300 MG/4ML .....	98	TRACLEER TBSO 32 MG.....	100
<i>tobramycin nebu 300 mg/5ml</i> .....	98	TRADJENTA TABS 5 MG .....	83
<i>tobramycin soln 0.3 %</i> .....	75	TRAMADOL HCL SOLN 5 MG/ML.....	50
TOBRAMYCIN SULFATE SOLN 10 MG/ML	15	<i>tramadol hcl tabs 50 mg</i> .....	50
.....	15	<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	50
<i>tobramycin sulfate soln 80 mg/2ml</i> .....	15	.....	50

<i>tranexamic acid soln 1000 mg/10ml</i> .....	38	TRIAMTERENE CAPS 100 MG .....	71
<i>tranexamic acid tabs 650 mg</i> .....	38	TRIAMTERENE CAPS 50 MG .....	71
<i>tranylcypromine sulfate tabs 10 mg</i> .....	68	<i>triamterene-hctz caps 37.5-25 mg</i> .....	72
TRAVASOL SOLN 10 % .....	71	<i>triamterene-hctz tabs 37.5-25 mg</i> .....	72
TRAVOPROST (BAK FREE) SOLN		<i>triamterene-hctz tabs 75-50 mg</i> .....	72
0.004 % .....	76	<i>triazolam tabs 0.125 mg</i> .....	58
TRAZIMERA SOLR 150 MG .....	32	<i>triazolam tabs 0.25 mg</i> .....	58
TRAZIMERA SOLR 420 MG .....	32	<i>tricitrates soln 550-500-334 mg/5ml</i> .....	70
<i>trazodone hcl tabs 100 mg</i> .....	68	<i>trientine hcl caps 250 mg</i> .....	79
<i>trazodone hcl tabs 150 mg</i> .....	68	TRIENTINE HCL CAPS 500 MG .....	79
<i>trazodone hcl tabs 300 mg</i> .....	68	<i>trifluoperazine hcl tabs 1 mg</i> .....	69
<i>trazodone hcl tabs 50 mg</i> .....	69	<i>trifluoperazine hcl tabs 10 mg</i> .....	69
TREANDA SOLR 100 MG .....	32	<i>trifluoperazine hcl tabs 2 mg</i> .....	69
TREANDA SOLR 25 MG .....	32	<i>trifluoperazine hcl tabs 5 mg</i> .....	69
TRECTOR TABS 250 MG .....	16	TRIFLURIDINE SOLN 1 % .....	75
TRELSTAR MIXJECT SUSR 11.25 MG ..	32	TRIHEXYPHENIDYL HCL SOLN 0.4	
TRELSTAR MIXJECT SUSR 22.5 MG ...	32	MG/ML .....	57
TRELSTAR MIXJECT SUSR 3.75 MG ...	32	<i>trihexyphenidyl hcl tabs 2 mg</i> .....	57
TREMFYA SOAJ 100 MG/ML .....	107	<i>trihexyphenidyl hcl tabs 5 mg</i> .....	57
TREMFYA SOAJ 200 MG/2ML .....	107	TRIKAFTA TBPK 100-50-75 & 150 MG ...	98
TREMFYA SOLN 200 MG/20ML .....	107	TRIKAFTA TBPK 50-25-37.5 & 75 MG ...	98
TREMFYA SOSY 100 MG/ML .....	107	TRIKAFTA THPK 100-50-75 & 75 MG ....	98
TREMFYA SOSY 200 MG/2ML .....	107	TRIKAFTA THPK 80-40-60 & 59.5 MG ...	98
<i>treprostinil soln 100 mg/20ml</i> .....	100	<i>tri-lo-sprintec tabs 0.18/0.215/0.25 mg-25</i>	
<i>treprostinil soln 20 mg/20ml</i> .....	100	<i>mcg</i> .....	82
<i>treprostinil soln 200 mg/20ml</i> .....	100	<i>trimethoprim tabs 100 mg</i> .....	20
<i>treprostinil soln 50 mg/20ml</i> .....	100	<i>trimipramine maleate caps 100 mg</i> .....	69
<i>tretinoin caps 10 mg</i> .....	32	<i>trimipramine maleate caps 25 mg</i> .....	69
<i>tretinoin crea 0.025 %</i> .....	105	<i>trimipramine maleate caps 50 mg</i> .....	69
<i>tretinoin crea 0.05 %</i> .....	105	TRINTELLIX TABS 10 MG .....	69
<i>tretinoin crea 0.1 %</i> .....	105	TRINTELLIX TABS 20 MG .....	69
<i>tretinoin gel 0.01 %</i> .....	105	TRINTELLIX TABS 5 MG .....	69
<i>tretinoin gel 0.025 %</i> .....	105	TRIPTODUR SRER 22.5 MG .....	84
TREXALL TABS 10 MG .....	32	<i>tri-sprintec tabs 0.18/0.215/0.25 mg-35 mcg</i>	
TREXALL TABS 15 MG .....	32	.....	82
TREXALL TABS 5 MG .....	32	TRIUMEQ PD TBSO 60-5-30 MG .....	20
TREXALL TABS 7.5 MG .....	32	TRIUMEQ TABS 600-50-300 MG .....	20
<i>triamcinolone acetonide aers 0.147 mg/gm</i>		<i>trivora (28) tabs 50-30/75-40/ 125-30 mcg</i>	
.....	105	.....	82
<i>triamcinolone acetonide crea 0.025 %</i> ...	105	TRIZIVIR TABS 300-150-300 MG .....	20
<i>triamcinolone acetonide crea 0.1 %</i> .....	105	TRODELVY SOLR 180 MG .....	32
<i>triamcinolone acetonide crea 0.5 %</i> .....	105	TROPHAMINE SOLN 10 % .....	71
<i>triamcinolone acetonide lotn 0.025 %</i> ...	105	<i>tropium chloride tabs 20 mg</i> .....	108
<i>triamcinolone acetonide lotn 0.1 %</i> .....	105	TRULANCE TABS 3 MG .....	79
<i>triamcinolone acetonide oint 0.025 %</i> ...	105	TRUMENBA SUSY .....	102
<i>triamcinolone acetonide oint 0.1 %</i> .....	105	TRUQAP TABS 160 MG .....	32
<i>triamcinolone acetonide oint 0.5 %</i> .....	105	TRUQAP TABS 200 MG .....	32
<i>triamcinolone acetonide pste 0.1 %</i> .....	105	TRUQAP TBPK 160 MG .....	32
<i>triamcinolone acetonide susp 40 mg/ml</i> ...	81	TRUQAP TBPK 200 MG .....	32

TRUSELTIQ (100MG DAILY DOSE) CPPK	
100 MG .....	32
TRUSELTIQ (125MG DAILY DOSE) CPPK	
100 & 25 MG .....	32
TRUSELTIQ (50MG DAILY DOSE) CPPK	
25 MG .....	32
TRUSELTIQ (75MG DAILY DOSE) CPPK	
25 MG .....	32
TRUXIMA SOLN 100 MG/10ML .....	33
TRUXIMA SOLN 500 MG/50ML .....	33
TUKYSA TABS 150 MG .....	33
TUKYSA TABS 50 MG .....	33
TURALIO CAPS 125 MG.....	33
TURALIO CAPS 200 MG.....	33
TWINRIX SUSY 720-20 ELU-MCG/ML .	102
TYBOST TABS 150 MG .....	20
TYENNE SOAJ 162 MG/0.9ML .....	91
TYENNE SOLN 200 MG/10ML.....	91
TYENNE SOLN 400 MG/20ML.....	91
TYENNE SOLN 80 MG/4ML.....	91
TYENNE SOSY 162 MG/0.9ML.....	91
TYPHIM VI SOLN 25 MCG/0.5ML.....	102
TYPHIM VI SOSY 25 MCG/0.5ML.....	102
TYVASO DPI INSTITUTIONAL KIT POWD	
16 MCG.....	100
TYVASO DPI INSTITUTIONAL KIT POWD	
32 MCG.....	100
TYVASO DPI INSTITUTIONAL KIT POWD	
48 MCG.....	100
TYVASO DPI INSTITUTIONAL KIT POWD	
64 MCG.....	100
TYVASO DPI MAINTENANCE KIT POWD	
112 x 32MCG & 112 X48MCG .....	100
TYVASO DPI MAINTENANCE KIT POWD	
16 MCG.....	100
TYVASO DPI MAINTENANCE KIT POWD	
32 MCG.....	100
TYVASO DPI MAINTENANCE KIT POWD	
48 MCG.....	100
TYVASO DPI MAINTENANCE KIT POWD	
64 MCG.....	100
TYVASO DPI TITRATION KIT POWD 112 x	
16MCG & 84 X 32MCG.....	100
TYVASO DPI TITRATION KIT POWD 16 &	
32 & 48 MCG .....	100
TYVASO REFILL KIT SOLN 0.6 MG/ML	100
TYVASO STARTER KIT SOLN 0.6 MG/ML	100
.....	100
TZIELD SOLN 2 MG/2ML.....	83

## U

UBRELVY TABS 100 MG .....	56
UBRELVY TABS 50 MG .....	56
UDENYCA ONBODY SOSY 6 MG/0.6ML	40
UDENYCA SOAJ 6 MG/0.6ML.....	40
UKONIQ TABS 200 MG.....	33
ULTOMIRIS SOLN 1100 MG/11ML .....	97
ULTOMIRIS SOLN 300 MG/30ML .....	97
ULTOMIRIS SOLN 300 MG/3ML .....	97
UNITUXIN SOLN 17.5 MG/5ML.....	33
UPTRAVI SOLR 1800 MCG.....	100
UPTRAVI TABS 1000 MCG.....	100
UPTRAVI TABS 1200 MCG.....	100
UPTRAVI TABS 1400 MCG.....	100
UPTRAVI TABS 1600 MCG.....	100
UPTRAVI TABS 200 MCG.....	100
UPTRAVI TABS 400 MCG.....	100
UPTRAVI TABS 600 MCG.....	100
UPTRAVI TABS 800 MCG.....	100
UPTRAVI TITRATION TBPK 200 & 800	
MCG.....	100
URSODIOL CAPS 200 MG .....	79
<i>ursodiol caps 300 mg</i> .....	79
URSODIOL CAPS 400 MG .....	79
<i>ursodiol tabs 250 mg</i> .....	79
<i>ursodiol tabs 500 mg</i> .....	79
UZEDY SUSY 100 MG/0.28ML.....	69
UZEDY SUSY 125 MG/0.35ML.....	69
UZEDY SUSY 150 MG/0.42ML.....	69
UZEDY SUSY 200 MG/0.56ML.....	69
UZEDY SUSY 250 MG/0.7ML.....	69
UZEDY SUSY 50 MG/0.14ML.....	69
UZEDY SUSY 75 MG/0.21ML.....	69

## V

VABYSMO SOLN 6 MG/0.05ML.....	77
VABYSMO SOSY 6 MG/0.05ML.....	77
VAFSEO TABS 300 MG .....	40
<i>valacyclovir hcl tabs 1 gm</i> .....	20
<i>valacyclovir hcl tabs 500 mg</i> .....	20
VALCHLOR GEL 0.016 % .....	107
<i>valganciclovir hcl solr 50 mg/ml</i> .....	20
<i>valganciclovir hcl tabs 450 mg</i> .....	20
<i>valproate sodium soln 100 mg/ml</i> .....	55
<i>valproic acid caps 250 mg</i> .....	55
<i>valproic acid soln 250 mg/5ml</i> .....	55
<i>valrubicin soln 40 mg/ml</i> .....	33
VALSARTAN SOLN 4 MG/ML .....	46

<i>valsartan tabs 160 mg</i> .....	46	VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG .....	33
<i>valsartan tabs 320 mg</i> .....	46	VENCLEXTA TABS 10 MG .....	33
<i>valsartan tabs 40 mg</i> .....	46	VENCLEXTA TABS 100 MG .....	33
<i>valsartan tabs 80 mg</i> .....	46	VENCLEXTA TABS 50 MG .....	33
<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg</i> .....	46	VENLAFAXINE BESYLATE ER TB24 112.5 MG .....	69
<i>valsartan-hydrochlorothiazide tabs 160-25 mg</i> .....	46	<i>venlafaxine hcl er cp24 150 mg</i> .....	69
<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg</i> .....	46	<i>venlafaxine hcl er cp24 37.5 mg</i> .....	69
<i>valsartan-hydrochlorothiazide tabs 320-25 mg</i> .....	46	<i>venlafaxine hcl er cp24 75 mg</i> .....	69
<i>valsartan-hydrochlorothiazide tabs 80-12.5 mg</i> .....	46	<i>venlafaxine hcl er tb24 150 mg</i> .....	69
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML .....	55	<i>venlafaxine hcl er tb24 225 mg</i> .....	69
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML .....	55	<i>venlafaxine hcl er tb24 37.5 mg</i> .....	69
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML .....	55	<i>venlafaxine hcl er tb24 75 mg</i> .....	69
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML .....	55	<i>venlafaxine hcl tabs 100 mg</i> .....	69
<i>vancomycin hcl caps 125 mg</i> .....	15	<i>venlafaxine hcl tabs 25 mg</i> .....	69
<i>vancomycin hcl caps 250 mg</i> .....	15	<i>venlafaxine hcl tabs 37.5 mg</i> .....	69
<i>vancomycin hcl solr 1 gm</i> .....	15	<i>venlafaxine hcl tabs 50 mg</i> .....	69
<i>vancomycin hcl solr 10 gm</i> .....	15	<i>venlafaxine hcl tabs 75 mg</i> .....	69
<i>vancomycin hcl solr 250 mg/5ml</i> .....	15	VENTAVIS SOLN 10 MCG/ML .....	100
<i>vancomycin hcl solr 5 gm</i> .....	15	VENTAVIS SOLN 20 MCG/ML .....	100
<i>vancomycin hcl solr 500 mg</i> .....	15	VEOPOZ SOLN 400 MG/2ML .....	97
VANDAZOLE GEL 0.75 % .....	103	<i>verapamil hcl er tbcr 120 mg</i> .....	43
VANFLYTA TABS 17.7 MG .....	33	<i>verapamil hcl er tbcr 180 mg</i> .....	43
VANFLYTA TABS 26.5 MG .....	33	<i>verapamil hcl er tbcr 240 mg</i> .....	43
VANTAS KIT 50 MG .....	33	<i>verapamil hcl soln 2.5 mg/ml</i> .....	43
VAQTA SUSP 25 UNIT/0.5ML .....	102	<i>verapamil hcl tabs 120 mg</i> .....	43
VAQTA SUSP 50 UNIT/ML .....	102	<i>verapamil hcl tabs 40 mg</i> .....	43
<i>varenicline tartrate (starter) tbpk 0.5 mg x 11 &amp; 1 mg x 42</i> .....	35	<i>verapamil hcl tabs 80 mg</i> .....	43
<i>varenicline tartrate tabs 0.5 mg</i> .....	35	VERKAZIA EMUL 0.1 % .....	75
<i>varenicline tartrate tabs 1 mg</i> .....	35	VERQUVO TABS 10 MG .....	47
VARIVAX SUSR 1350 PFU/0.5ML .....	102	VERSACLOZ SUSP 50 MG/ML .....	69
VAXCHORA SUSR .....	102	VERZENIO TABS 100 MG .....	33
VECTICAL OINT 3 MCG/GM .....	107	VERZENIO TABS 150 MG .....	33
VEGZELMA SOLN 100 MG/4ML .....	33	VERZENIO TABS 200 MG .....	33
VEGZELMA SOLN 400 MG/16ML .....	33	VERZENIO TABS 50 MG .....	33
VEKLURY SOLN 100 MG/20ML .....	20	VEVYE SOLN 0.1 % .....	76
VEKLURY SOLR 100 MG .....	20	VIBERZI TABS 100 MG .....	79
VELPHORO CHEW 500 MG .....	72	VIBERZI TABS 75 MG .....	79
VELSIPITY TABS 2 MG .....	79	VICTOZA SOPN 18 MG/3ML .....	83
VEMLIDY TABS 25 MG .....	20	VIDEX EC CAP 125MG .....	20
		VIDEX SOL 2GM .....	20
		VIDEX SOL 4GM .....	20
		VIEKIRA PAK TBPK 12.5-75-50 & 250 MG .....	20
		<i>vigabatrin pack 500 mg</i> .....	55
		<i>vigabatrin tabs 500 mg</i> .....	55
		<i>vigadrone tabs 500 mg</i> .....	55
		VIGAFYDE SOLN 100 MG/ML .....	55

VIIBRYD STARTER PACK KIT 10 & 20 MG	74
.....	69
VIJOICE PACK 50 MG	97
VIJOICE TBPK 125 MG	97
VIJOICE TBPK 200 & 50 MG	97
VIJOICE TBPK 50 MG	97
<i>vilazodone hcl tabs 10 mg</i>	69
<i>vilazodone hcl tabs 20 mg</i>	69
<i>vilazodone hcl tabs 40 mg</i>	69
VILTEPSO SOLN 250 MG/5ML	97
VIMIZIM SOLN 5 MG/5ML	74
VINBLASTINE SULFATE SOLN 1 MG/ML	
.....	33
<i>vincasar pfs soln 1 mg/ml</i>	33
VINCRISTINE SULFATE SOLN 1 MG/ML	
.....	33
<i>vinorelbine tartrate soln 10 mg/ml</i>	33
<i>vinorelbine tartrate soln 50 mg/5ml</i>	33
VIRACEPT TABS 250 MG	20
VIRACEPT TABS 625 MG	20
VIREAD POWD 40 MG/GM	20
VIREAD TABS 150 MG	20
VIREAD TABS 200 MG	20
VIREAD TABS 250 MG	20
VISTOGARD PACK 10 GM	88
VITRAKVI CAPS 100 MG	33
VITRAKVI CAPS 25 MG	33
VITRAKVI SOLN 20 MG/ML	33
VIVIMUSTA SOLN 100 MG/4ML	33
VIVITROL SUSR 380 MG	61
VIZIMPRO TABS 15 MG	33
VIZIMPRO TABS 30 MG	33
VIZIMPRO TABS 45 MG	33
VOCABRIA TABS 30 MG	20
VONJO CAPS 100 MG	33
VORANIGO TABS 10 MG	33
VORANIGO TABS 40 MG	33
VORAXAZE SOLR 1000 UNIT	88
<i>voriconazole solr 200 mg</i>	16
<i>voriconazole susr 40 mg/ml</i>	16
<i>voriconazole tabs 200 mg</i>	16
<i>voriconazole tabs 50 mg</i>	16
VOSEVI TABS 400-100-100 MG	20
VOWST CAPS	97
VOXZOGO SOLR 0.4 MG	97
VOXZOGO SOLR 0.56 MG	97
VOXZOGO SOLR 1.2 MG	97
VOYDEYA TABS 100 MG	97
VOYDEYA TBPK 50 & 100 MG	97
VPRIV SOLR 400 UNIT	74
VRAYLAR CAPS 1.5 MG	69
VRAYLAR CAPS 3 MG	69
VRAYLAR CAPS 4.5 MG	69
VRAYLAR CAPS 6 MG	69
VRAYLAR CPPK 1.5 & 3 MG	69
VTAMA CREA 1 %	107
VUMERITY CAP 231MG	97
VUMERITY CPDR 231 MG	97
VYJUVEK GEL 5000000000 PFU/2.5ML	97
VYNDAMAX CAPS 61 MG	44
VYNDAQEL CAPS 20 MG	44
VYONDYS 53 SOLN 100 MG/2ML	97
VYVGART HYTRULO SOLN 180-2000 MG-UNIT/ML	97
VYVGART SOLN 400 MG/20ML	97
VYXEOS SUSR 44-100 MG	33
<b>W</b>	
WAINUA SOAJ 45 MG/0.8ML	97
WAKIX TABS 17.8 MG	51
WAKIX TABS 4.45 MG	51
<i>warfarin sodium tabs 1 mg</i>	38
<i>warfarin sodium tabs 10 mg</i>	38
<i>warfarin sodium tabs 2 mg</i>	38
<i>warfarin sodium tabs 2.5 mg</i>	38
<i>warfarin sodium tabs 3 mg</i>	38
<i>warfarin sodium tabs 4 mg</i>	38
<i>warfarin sodium tabs 5 mg</i>	38
<i>warfarin sodium tabs 6 mg</i>	38
<i>warfarin sodium tabs 7.5 mg</i>	38
WATER FOR IRRIGATION, STERILE SOLN	97
WELIREG TABS 40 MG	33
WINREVAIR KIT 2 x 45 MG	99
WINREVAIR KIT 2 x 60 MG	99
WINREVAIR KIT 45 MG	99
WINREVAIR KIT 60 MG	99
<i>wixela inhub aepb 100-50 mcg/act</i>	99
<i>wixela inhub aepb 250-50 mcg/act</i>	99
<i>wixela inhub aepb 500-50 mcg/act</i>	99
WYNZORA CREA 0.005-0.064 %	105
<b>X</b>	
XACDURO SOLR 1-1 GM	15
XALKORI CAPS 200 MG	33
XALKORI CAPS 250 MG	33
XALKORI CPSP 150 MG	33



YONSA TABS 125 MG .....	34
YORVIPATH SOPN 168 MCG/0.56ML....	85
YORVIPATH SOPN 294 MCG/0.98ML....	85
YORVIPATH SOPN 420 MCG/1.4ML.....	85
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML..	92
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML..	92
YUFLYMA (2 PEN) AJKT 40 MG/0.4ML..	92
YUFLYMA (2 SYRINGE) PSKT 20 MG/0.2ML .....	92
YUFLYMA (2 SYRINGE) PSKT 40 MG/0.4ML .....	92
YUFLYMA-CD/UC/HS STARTER AJKT 80 MG/0.8ML .....	92
YUPELRI SOLN 175 MCG/3ML .....	35
YUSIMRY SOAJ 40 MG/0.8ML .....	92
YUTIQ IMPL 0.18 MG .....	76
yuvafem tabs 10 mcg.....	84

## Z

<i>zaleplon caps 10 mg</i> .....	58
<i>zaleplon caps 5 mg</i> .....	58
ZALTRAP SOLN 100 MG/4ML .....	34
ZALTRAP SOLN 200 MG/8ML .....	34
ZARXIO SOSY 300 MCG/0.5ML .....	40
ZARXIO SOSY 480 MCG/0.8ML .....	40
ZAVZPRET SOLN 10 MG/ACT .....	56
ZEJULA CAPS 100 MG.....	34
ZEJULA TABS 100 MG .....	34
ZEJULA TABS 200 MG .....	34
ZEJULA TABS 300 MG .....	34
ZELAPAR TBDP 1.25 MG .....	57
ZELBORAF TABS 240 MG.....	34
ZEMAIRA SOLR 4000 MG .....	99
ZEMAIRA SOLR 5000 MG .....	99
ZEMDRI SOLN 500 MG/10ML.....	15
ZENPEP CPEP 10000-32000 UNIT .....	74
ZENPEP CPEP 15000-47000 UNIT .....	74
ZENPEP CPEP 20000-63000 UNIT .....	74
ZENPEP CPEP 25000-79000 UNIT .....	74
ZENPEP CPEP 3000-10000 UNIT .....	74
ZENPEP CPEP 40000-126000 UNIT .....	74
ZENPEP CPEP 5000-24000 UNIT .....	74
ZENPEP CPEP 60000-189600 UNIT .....	74
ZEPATIER TABS 50-100 MG .....	20
ZEPOSIA 7-DAY STARTER PACK CPPK 4 x 0.23MG & 3 X 0.46MG .....	61
ZEPOSIA CAPS 0.92 MG.....	61
ZEPOSIA STARTER KIT CPPK 0.23MG & 0.46MG & 0.92MG .....	61

ZEPOSIA STARTER KIT CPPK 0.23MG &0.46MG 0.92MG(21) .....	61
ZEPZELCA SOLR 4 MG .....	34
ZERBAXA SOLR 1.5 (1-0.5) GM .....	15
<i>zidovudine caps 100 mg</i> .....	20
<i>zidovudine syrp 50 mg/5ml</i> .....	20
<i>zidovudine tabs 300 mg</i> .....	20
ZILBRYSQ SOSY 16.6 MG/0.416ML .....	97
ZILBRYSQ SOSY 23 MG/0.574ML.....	97
ZILBRYSQ SOSY 32.4 MG/0.81ML .....	97
<i>zileuton er tb12 600 mg</i> .....	98
<i>ziprasidone hcl caps 20 mg</i> .....	69
<i>ziprasidone hcl caps 40 mg</i> .....	69
<i>ziprasidone hcl caps 60 mg</i> .....	69
<i>ziprasidone hcl caps 80 mg</i> .....	69
<i>ziprasidone mesylate solr 20 mg</i> .....	69
ZIRABEV SOLN 100 MG/4ML .....	34
ZIRABEV SOLN 400 MG/16ML .....	34
ZOKINVY CAPS 50 MG.....	97
ZOKINVY CAPS 75 MG.....	97
<i>zoledronic acid conc 4 mg/5ml</i> .....	88
ZOLEDRONIC ACID SOLN 4 MG/100ML	88
<i>zoledronic acid soln 5 mg/100ml</i> .....	88
ZOLINZA CAPS 100 MG .....	34
<i>zolmitriptan tabs 2.5 mg</i> .....	56
<i>zolmitriptan tabs 5 mg</i> .....	56
<i>zolmitriptan tbdp 2.5 mg</i> .....	56
<i>zolmitriptan tbdp 5 mg</i> .....	56
<i>zolpidem tartrate tabs 10 mg</i> .....	59
<i>zolpidem tartrate tabs 5 mg</i> .....	59
ZONISADE SUSP 100 MG/5ML .....	55
<i>zonisamide caps 100 mg</i> .....	55
<i>zonisamide caps 25 mg</i> .....	55
<i>zonisamide caps 50 mg</i> .....	55
ZORBTIVE SOLR 8.8 MG.....	87
ZORTRESS TABS 1 MG .....	93
ZOSTAVAX SUSR 19400 UNT/0.65ML .	102
ZTALMY SUSP 50 MG/ML.....	55
ZURZUVAE CAPS 20 MG .....	69
ZURZUVAE CAPS 25 MG .....	70
ZURZUVAE CAPS 30 MG .....	70
ZYDELIG TABS 100 MG.....	34
ZYDELIG TABS 150 MG.....	34
ZYKADIA CAP 150MG.....	34
ZYKADIA TABS 150 MG.....	34
ZYMFENTRA (1 PEN) AJKT 120 MG/ML	92
ZYMFENTRA (2 PEN) AJKT 120 MG/ML	92
ZYMFENTRA (2 SYRINGE) PSKT 120 MG/ML.....	92

ZYNLONTA SOLR 10 MG ..... 34  
ZYNYZ SOLN 500 MG/20ML..... 34

ZYPREXA RELPREVV SUSR 210 MG....70  
ZYTIGA TABS 500 MG .....34



# Notice of Nondiscrimination

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

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

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

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 1-800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## Multi-Language Insert

### Multi-language Interpreter Services

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

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

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

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

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

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

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

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

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-443-0815 (TTY 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-443-0815 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-443-0815 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-443-0815 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-443-0815 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-443-0815 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-443-0815 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-443-0815 (TTY 711)**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-443-0815 (TTY 711)** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

# Notice of Nondiscrimination

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal and Colorado state civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, gender expression, or any other basis protected by applicable federal or state laws.

We also:

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

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

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity or gender expression, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, (TTY **1-800-537-7697**). Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

## Multi-Language Insert

### Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-476-2167 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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

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

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

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

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

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

# Notice of Nondiscrimination

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

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

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

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to Attention: Member Services, Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## Multi-Language Insert

### Multi-language Interpreter Services

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

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

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

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

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

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

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

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



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

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

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-232-4404 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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

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

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

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

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

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

# Notice of Nondiscrimination

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

We also:

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

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

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 711 Kapiolani Blvd, Honolulu, HI 96813 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697** (TDD). Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

## Multi-Language Insert

### Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Tongan:** 'Oku 'i ai 'emau sēvesi fakatonu lea ta'etotongi ke ne ala tali ha'o ngaahi fehu'i fekau'aki mo 'emau palani mo'ui lelei pe faito'ó. Te ke ma'u ha tokotaha fakatonulea 'i ha'o fetu'utaki ki he **1-800-805-2739** (TTY **711**). 'E 'i ai ha tokotaha 'oku lea Faka-Pilitānia ke ne tokoni'i koe. Ko e sēvesi ta'etotongi eni.

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

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

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

**Laotian:**

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

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

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

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

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

# Notice of Nondiscrimination

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

We also:

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

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

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 2101 East Jefferson Street, Rockville, MD 20852 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **1-800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## Multi-Language Insert

### Multi-language Interpreter Services

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

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

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

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

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

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

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

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

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-888-777-5536 (TTY 711)**. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-888-777-5536 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-888-777-5536 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-888-777-5536 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-888-777-5536 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-888-777-5536 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-888-777-5536 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-888-777-5536 (TTY 711)**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-888-777-5536 (TTY 711)**. にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



# Notice of Nondiscrimination

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

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

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

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at: Member Relations Department, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232-2099, Phone: **1-800-813-2000** (TTY **711**), Fax: **1-855-347-7239**. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **1-800-537-7697** (TDD). Complaint forms are available at **[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)**.

## For Washington Members

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



## Multi-Language Insert

### Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-877-221-8221 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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

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

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

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

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

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

This formulary was updated on 12/01/2024. For more recent information or other questions, please contact the number for your Kaiser Permanente Region listed below, seven days a week, 8 a.m. to 8 p.m., or visit [kp.org/seniorrx](https://kp.org/seniorrx).

## **Kaiser Permanente Regional**

### **CALIFORNIA REGIONS**

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

Kaiser Permanente Senior Advantage  
(HMO)

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

### **COLORADO REGION**

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

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

**Member Services**  
**1-800-476-2167 TTY 711**

### **GEORGIA REGION**

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

Kaiser Permanente Senior Advantage (HMO)  
and Senior Advantage Medicare Medicaid  
Plan (HMO D-SNP) and Kaiser Permanente  
Senior Advantage (HMO-POS)

**Member Services**  
**1-800-232-4404 TTY 711**



[kp.org/seniorrx](https://kp.org/seniorrx)

Please recycle.

### **HAWAII REGION**

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

Kaiser Permanente Senior Advantage (HMO)

**Member Services**  
**1-800-805-2739 TTY 711**

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

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

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

**Member Services**  
**1-888-777-5536 TTY 711**

### **NORTHWEST REGION**

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

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

**Member Services**  
**1-877-221-8221 TTY 711**