

Kaiser Permanente

2026 Comprehensive Formulary

(List of Covered Drugs) or Drug List

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

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact the number for your Kaiser Permanente Region listed below, seven days a week, 8 a.m. to 8 p.m., or visit kp.org/seniorrx.

Kaiser Permanente Regions

CALIFORNIA REGIONS

Kaiser Permanente Senior Advantage (HMO)

Member Services

1-800-443-0815 TTY 711

COLORADO REGION

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

Member Services

1-800-476-2167 TTY 711

GEORGIA REGION

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

Member Services

1-800-232-4404 TTY 711

HAWAII REGION

Kaiser Permanente Senior Advantage (HMO)

Member Services

1-800-805-2739 TTY 711

MID-ATLANTIC STATES REGION

(District of Columbia, Maryland, and Virginia)

Kaiser Permanente Medicare Advantage (HMO)

Kaiser Permanente Dual Complete (HMO D-SNP), Kaiser Permanente Dual Essential (HMO D-SNP) 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

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

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

This document includes a Drug List (formulary) for our plan which is current as of 10/01/2025. For an updated Drug List (formulary), please visit our website at kp.org/seniorrx or call us. Contact information for your Kaiser Permanente Region, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Kaiser Permanente formulary?

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

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

Can the formulary (drug list) change?

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

Changes that can affect you this year:

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

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

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

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

- If you are currently taking the brand-name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.
- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you that drug that is being changed. For more information, see the section below titled “How do I request an exception to the Kaiser Permanente formulary?”
- Some of these drug types may be new to you. For more information, see the section below titled “What are original

biological products and how are they related to biosimilars?”

Drugs removed from the market

If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

Other changes

We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product, or move it to a different cost-sharing tier or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2025. To get updated information about the drugs covered by our plan, please call us. Contact information for your Kaiser Permanente Region appears on the front and back cover pages.

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

How do I use the formulary?

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

Medical condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Drugs”. If you know what your drug is used for, look for the category name in the list that begins

on page 11. Then look under the category name for your drug.

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 98. The Index provides an alphabetical list of all of the drugs included in this document. Preferred generic and generic drugs, preferred brand name and nonpreferred drugs, specialty-tier drugs, and injectable vaccines are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

What are brand-name drugs?

Brand-name drugs are manufactured and sold by the pharmaceutical company that originally researched and developed the drug. When the patent on a brand-name drug expires, other pharmaceutical companies may manufacture and sell an FDA-approved

generic version of the drug with the same active ingredient(s) at lower prices. Cost-sharing for preferred brand-name drugs may be different than for nonpreferred drugs. Please see your **Evidence of Coverage** for more information.

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

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

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

What are specialty-tier drugs?

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

What are injectable Part D vaccines?

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

Are there any restrictions on my coverage?

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs

by visiting our website. We have posted online a document that explains our prior authorization restriction. You may also ask us to send you a copy. Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first check our **Kaiser Permanente 2026 Comprehensive formulary** at [kp.org/seniorrx](https://www.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 2026 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 2026 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 accordance with our tiering exception process, you can ask us to cover a Part D formulary drug at a lower cost-sharing level. If approved this would lower the amount you must pay for your drug. **Note:** Specialty tier (Tier 5) drugs are not eligible for a tier exception.
- You can ask us to waive coverage restrictions or limits on your drug. For example, if your drug requires prior authorization, you can ask us to waive the prior authorization requirement for your Part D drug.

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

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

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

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

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

In some cases, you might be taking Medicare Part D drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your network provider about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover or requesting a formulary exception so that we will cover the drug you take. While you and your network provider determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your Part D drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If

your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a 30-day supply of medication. If coverage is not approved after your first 30-day supply, we may cover an additional refill, as medically necessary. After you have used these refills, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE**

(**1-800-633-4227**) 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit <http://www.medicare.gov>.

Kaiser Permanente's formulary

The formulary below that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index that begins on page 98.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., TOBREX) 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 (this tier includes some generic drugs)

Tier 4 – Nonpreferred drugs (the tier includes both generic and brand-name drugs)

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

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

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

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

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

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

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

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

Region	Mail-Order Contact Numbers (TTY 711)
California	Kaiser Permanente Mail Order Pharmacy Northern CA – 1-888-218-6245 Monday through Friday, 8 a.m. to 6 p.m., Saturday 8 a.m. to 6 p.m., and Sunday 9 a.m. to 6 p.m. Southern CA – 1-866-206-2983 Monday through Friday, 8 a.m. to 6 p.m. and Sunday 8 a.m. to 6 p.m. – this is only for Pharmacist consultations.
Colorado	Kaiser Permanente Mail Order Pharmacy 1-866-523-6059 Monday through Friday, 8 a.m. to 6 p.m.
Georgia	Kaiser Permanente Refill Pharmacy 770-434-2008 or toll free 1-888-831-0725 Monday through Friday, 8 a.m. to 6 p.m.
Hawaii	Kaiser Permanente Mail Order Pharmacy 808-643-7979 (Oahu and neighbor islands) Monday through Friday, 8:00 a.m. to 5 p.m.
Mid-Atlantic States	Kaiser Permanente Mid-Atlantic Automated Refill Center 703-466-4900 or toll-free 1-800-733-6345 Monday through Friday, 7 a.m. to 6 p.m., Saturday, 8:30 a.m. to 4 p.m.
Northwest	Kaiser Permanente Mail Order Pharmacy 1-800-548-9809 Monday through Friday, 8 a.m. to 5:30 p.m.

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirement s/Limits
<i>amoxicillin-pot clavulanate susr 600-42.9 mg/5ml</i>	2	
<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 injection solr 2 gm</i>	2	
AMPICILLIN SODIUM INTRAVENOUS SOLR 2 GM	2	
<i>ampicillin sodium solr 250 mg</i>	2	
<i>ampicillin sodium solr 500 mg</i>	2	
<i>ampicillin-sulbactam sodium injection solr 1.5 (1-0.5) gm</i>	2	HI
<i>ampicillin-sulbactam sodium injection solr 3 (2-1) gm</i>	2	HI
AMPICILLIN-SULBACTAM SODIUM INTRAVENOUS SOLR 1.5 (1-0.5) GM	2	
AMPICILLIN-SULBACTAM SODIUM INTRAVENOUS SOLR 3 (2-1) GM	2	
ARIKAYCE SUSP 590 MG/8.4ML	5	PA, 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	Requirement s/Limits
AUGMENTIN SUSR 125-31.25 MG/5ML	3	
<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 250 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	
<i>cefepime hcl solr 1 gm</i>	2	HI
<i>cefepime hcl solr 2 gm</i>	2	HI

Drug Name	Drug Tier	Requirement s/Limits
CEFEPIME- DEXTROSE SOLR 2-5 GM-%(50ML)	2	HI
<i>cefixime caps 400 mg</i>	2	
<i>cefixime susr 100 mg/5ml</i>	2	
<i>cefixime susr 200 mg/5ml</i>	2	
CEFOTAXIME SODIUM SOLR 1 GM	2	
<i>cefotetan disodium solr 1 gm</i>	2	HI
<i>cefotetan disodium solr 2 gm</i>	2	HI
<i>cefoxitin sodium solr 1 gm</i>	2	HI
<i>cefoxitin sodium solr 10 gm</i>	2	HI
<i>cefoxitin sodium solr 2 gm</i>	2	HI
CEFPODOXIME PROXETIL SUSR 100 MG/5ML	2	
CEFPODOXIME PROXETIL SUSR 50 MG/5ML	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
CEFTAZIDIME SOLR 6 GM	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	

Drug Name	Drug Tier	Requirement s/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	
<i>ciprofloxacin hcl tabs 250 mg</i>	2	
<i>ciprofloxacin hcl tabs 500 mg</i>	2	
<i>ciprofloxacin hcl tabs 750 mg</i>	2	
CIPROFLOXACIN IN D5W SOLN 200 MG/100ML	2	HI
CIPROFLOXACIN IN D5W SOLN 400 MG/200ML	2	
CLARITHROMYCIN SUSR 125 MG/5ML	2	
CLARITHROMYCIN SUSR 250 MG/5ML	2	
<i>clarithromycin tabs 250 mg</i>	2	
<i>clarithromycin tabs 500 mg</i>	2	
<i>clindamycin hcl caps 150 mg</i>	2	
<i>clindamycin hcl caps 300 mg</i>	2	
<i>clindamycin hcl caps 75 mg</i>	2	
<i>clindamycin palmitate hcl solr 75 mg/5ml</i>	2	
<i>clindamycin phosphate in d5w soln 300 mg/50ml</i>	2	HI
<i>clindamycin phosphate in d5w soln 600</i>	2	HI

Drug Name	Drug Tier	Requirement s/Limits
<i>mg/50ml</i>		
<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>	5	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
<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 solr 100 mg</i>	2	HI
<i>doxycycline hyclate tabs 100 mg</i>	2	MO
<i>doxycycline hyclate tabs 20 mg</i>	2	MO
<i>doxycycline monohydrate caps 50 mg</i>	2	MO
<i>doxycycline monohydrate susr 25 mg/5ml</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<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
<i>fidaxomicin tabs 200 mg</i>	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
GENTAMICIN IN SALINE SOLN 1.2-0.9 MG/ML-%	2	HI
GENTAMICIN IN SALINE SOLN 1.6-0.9 MG/ML-%	2	HI
GENTAMICIN IN SALINE SOLN 2-0.9 MG/ML-%	2	
<i>gentamicin sulfate soln 10 mg/ml</i>	2	
<i>gentamicin sulfate soln 40 mg/ml</i>	2	HI
IMIPENEM-CILASTATIN SOLR 250 MG	2	HI
<i>imipenem-cilastatin solr 500 mg</i>	2	HI

Drug Name	Drug Tier	Requirement s/Limits
<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
<i>levofloxacin oral soln 25 mg/ml</i>	2	
LEVOFLOXACIN INTRAVENOUS SOLN 25 MG/ML	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
<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 NACL 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 2 gm</i>	2	
<i>neomycin sulfate tabs 500 mg</i>	2	
NUZYRA TABS 150	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
MG		
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML	3	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 SODIUM SOLR 5000000 UNIT	2	HI
PENICILLIN V POTASSIUM SOLR 125 MG/5ML	2	
PENICILLIN V POTASSIUM SOLR 250 MG/5ML	2	
<i>penicillin v potassium tabs 250 mg</i>	2	
<i>penicillin v potassium tabs 500 mg</i>	2	
<i>piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm</i>	2	HI
<i>piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm</i>	2	HI
<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm</i>	2	HI
<i>piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm</i>	2	HI
SEYSARA TABS 100 MG	5	NDS
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	

Drug Name	Drug Tier	Requirement s/Limits
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	MO
<i>sulfamethoxazole-trimethoprim tabs 400-80 mg</i>	2	MO
<i>sulfamethoxazole-trimethoprim tabs 800-160 mg</i>	2	MO
<i>sulfasalazine tabs 500 mg</i>	2	
SULFASALAZINE TBEC 500 MG	2	
<i>tazicef solr 1 gm</i>	2	HI
<i>tazicef solr 2 gm</i>	2	HI
TAZICEF SOLR 6 GM	2	HI
TEFLARO SOLR 600 MG	5	HI
<i>tetracycline hcl caps 250 mg</i>	2	MO
<i>tetracycline hcl caps 500 mg</i>	2	MO
<i>tigecycline solr 50 mg</i>	4	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
XIFAXAN TABS 200 MG	4	
XIFAXAN TABS 550 MG	5	NDS
ZERBAXA SOLR 1.5	5	HI

Drug Name	Drug Tier	Requirement s/Limits
(1-0.5) GM		
ANTIFUNGALS		
AMBISOME SUSR 50 MG	5	HI
<i>amphotericin b liposome susr 50 mg</i>	5	HI
AMPHOTERICIN B SOLR 50 MG	2	HI
<i>caspofungin acetate solr 50 mg</i>	4	HI
<i>caspofungin acetate solr 70 mg</i>	4	HI
CRESEMBA CAPS 186 MG	5	NDS
CRESEMBA CAPS 74.5 MG	5	NDS
CRESEMBA SOLR 372 MG	5	NDS
<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	2	HI
<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	2	HI
<i>fluconazole susr 10 mg/ml</i>	2	
<i>fluconazole susr 40 mg/ml</i>	2	
<i>fluconazole tabs 100 mg</i>	2	
<i>fluconazole tabs 150 mg</i>	2	
<i>fluconazole tabs 200 mg</i>	2	
<i>fluconazole tabs 50 mg</i>	2	
<i>flucytosine caps 250 mg</i>	5	NDS
<i>flucytosine caps 500 mg</i>	5	NDS
FULVICIN P/G 165 TABS 165 MG	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	

Drug Name	Drug Tier	Requirement s/Limits
GRISEOFULVIN ULTRAMICROSIZE TABS 165 MG	5	NDS
<i>griseofulvin ultramicrosize tabs 250 mg</i>	2	
<i>itraconazole caps 100 mg</i>	2	
<i>itraconazole soln 10 mg/ml</i>	5	MO
<i>ketoconazole tabs 200 mg</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>nystatin tabs 500000 unit</i>	2	
<i>posaconazole susp 40 mg/ml</i>	5	NDS
<i>posaconazole tbec 100 mg</i>	5	NDS
<i>terbinafine hcl tabs 250 mg</i>	2	
<i>voriconazole solr 200 mg</i>	5	HI
<i>voriconazole susr 40 mg/ml</i>	5	
<i>voriconazole tabs 200 mg</i>	2	
<i>voriconazole tabs 50 mg</i>	2	
ANTIMYCOBACTERIALS		
CYCLOSERINE CAPS 250 MG	5	
<i>dapsone tabs 100 mg</i>	2	MO
<i>dapsone tabs 25 mg</i>	2	MO
<i>ethambutol hcl tabs 100 mg</i>	2	MO
<i>ethambutol hcl tabs 400 mg</i>	2	MO
ISONIAZID SOLN 100 MG/ML	2	
<i>isoniazid syrp 50 mg/5ml</i>	2	MO
<i>isoniazid tabs 100 mg</i>	2	MO
<i>isoniazid tabs 300 mg</i>	2	MO
PRETOMANID TABS	3	

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

Drug Name	Drug Tier	Requirement s/Limits
<i>nitazoxanide tabs 500 mg</i>	5	
<i>pentamidine isethionate solr inhalation 300 mg</i>	2	PA
<i>pentamidine isethionate solr injection 300 mg</i>	2	
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG	2	
<i>pyrimethamine tabs 25 mg</i>	5	
<i>quinine sulfate caps 324 mg</i>	2	NDS
<i>tinidazole tabs 250 mg</i>	2	
ANTIVIRALS		
<i>abacavir sulfate soln 20 mg/ml</i>	2	
<i>abacavir sulfate tabs 300 mg</i>	2	MO
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	2	MO
<i>acyclovir caps 200 mg</i>	2	MO
<i>acyclovir sodium soln 50 mg/ml</i>	2	HI
<i>acyclovir susp 200 mg/5ml</i>	2	MO
<i>acyclovir tabs 400 mg</i>	2	MO
<i>acyclovir tabs 800 mg</i>	2	MO
<i>adefovir dipivoxil tabs 10 mg</i>	2	NDS
APTIVUS CAPS 250 MG	5	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	5	
BIKTARVY TABS 50-200-25 MG	5	
CABENUVA SUER 400	5	

Drug Name	Drug Tier	Requirement s/Limits
& 600 MG/2ML		
CABENUVA SUER 600 & 900 MG/3ML	5	
<i>cidofovir soln 75 mg/ml</i>	2	
CIMDUO TABS 300-300 MG	5	MO
<i>darunavir tabs 600 mg</i>	2	MO
<i>darunavir tabs 800 mg</i>	2	MO
DELSTRIGO TABS 100-300-300 MG	5	MO
DESCOVY TABS 120-15 MG	5	MO
DESCOVY TABS 200-25 MG	5	MO
DOVATO TABS 50-300 MG	5	MO
EDURANT PED TBSO 2.5 MG	5	MO
EDURANT TABS 25 MG	5	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
EFAVIRENZ-LAMIVUDINE-TENOFOVIR TABS 400-300-300 MG	5	MO
<i>efavirenz-lamivudine-tenofovir tabs 600-300-300 mg</i>	5	MO
<i>emtricitab-rilpivir-tenofov df tabs 200-25-300 mg</i>	5	MO
<i>emtricitabine caps 200 mg</i>	2	MO
<i>emtricitabine-tenofovir df tabs 100-150 mg</i>	4	MO
<i>emtricitabine-tenofovir df tabs 133-200 mg</i>	5	MO
<i>emtricitabine-tenofovir df tabs 167-250 mg</i>	4	MO

Drug Name	Drug Tier	Requirement s/Limits
<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
<i>etravirine tabs 100 mg</i>	2	MO
<i>etravirine tabs 200 mg</i>	2	MO
EVOTAZ TABS 300-150 MG	5	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	5	NDS
<i>ganciclovir sodium solr 500 mg</i>	2	
GENVOYA TABS 150-150-200-10 MG	5	MO
HARVONI PACK 33.75-150 MG	5	PA, NDS
HARVONI PACK 45-200 MG	5	PA, NDS
HARVONI TABS 45-200 MG	5	PA, NDS
HARVONI TABS 90-400 MG	5	PA, NDS
INTELENCE TABS 25 MG	3	MO
ISENTRESS CHEW 100 MG	5	MO
ISENTRESS CHEW 25 MG	3	MO
ISENTRESS HD TABS 600 MG	5	MO
ISENTRESS PACK 100 MG	3	MO

Drug Name	Drug Tier	Requirement s/Limits
ISENTRESS TABS 400 MG	5	MO
JULUCA TABS 50-25 MG	5	MO
KALETRA SOLN 400-100 MG/5ML	5	MO
<i>lamivudine soln 10 mg/ml</i>	2	MO
<i>lamivudine tabs 100 mg</i>	2	MO
<i>lamivudine tabs 150 mg</i>	2	MO
<i>lamivudine tabs 300 mg</i>	2	MO
<i>lamivudine-zidovudine tabs 150-300 mg</i>	2	MO
LEDIPASVIR-SOFOSBUVIR TABS 90-400 MG	5	PA, NDS
LEXIVA SUSP 50 MG/ML	5	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>	5	MO
<i>maraviroc tabs 300 mg</i>	5	MO
MAVYRET PACK 50-20 MG	5	PA, NDS
MAVYRET TABS 100-40 MG	5	PA, NDS
<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
ODEFSEY TABS 200-25-25 MG	5	MO
<i>oseltamivir phosphate caps 30 mg</i>	2	MO
<i>oseltamivir phosphate caps 45 mg</i>	2	MO
<i>oseltamivir phosphate</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>caps 75 mg</i>		
<i>oseltamivir phosphate susr 6 mg/ml</i>	2	MO
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG	3	NDS
PAXLOVID (300/100 & 150/100) TBPK 6 x 150 MG & 5 X 100MG	3	NDS
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG	3	NDS
PEGASYS SOLN 180 MCG/ML	5	NDS
PEGASYS SOSY 180 MCG/0.5ML	5	NDS
PIFELTRO TABS 100 MG	5	MO
PREVYMIS PACK 120 MG	5	NDS
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 675-150 MG	5	MO
PREZCOBIX TABS 800-150 MG	5	MO
PREZISTA SUSP 100 MG/ML	5	MO
PREZISTA TABS 150 MG	5	MO
PREZISTA TABS 75 MG	3	MO
RELENZA DISKHALER AEPB 5 MG/ACT	3	MO
RETROVIR SOLN 10 MG/ML	3	MO
REYATAZ PACK 50 MG	5	MO
RIBAVIRIN CAPS 200 MG	2	MO
<i>ribavirin solr 6 gm</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
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	5	
SELZENTRY SOLN 20 MG/ML	5	MO
SELZENTRY TABS 25 MG	5	MO
SELZENTRY TABS 75 MG	5	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
STRIBILD TABS 150-150-200-300 MG	5	MO
SUNLENCA SOLN 463.5 MG/1.5ML	5	MO
SUNLENCA TABS 300 MG	5	
SUNLENCA TBPk 4 x 300 MG	5	
SUNLENCA TBPk 5 x 300 MG	5	
SYMFI LO TABS 400-300-300 MG	5	MO
SYMFI TABS 600-300-300 MG	5	MO
SYMITUZA TABS 800-150-200-10 MG	5	MO
SYNAGIS SOLN 100 MG/ML	5	NDS
SYNAGIS SOLN 50 MG/0.5ML	5	NDS
<i>tenofovir disoproxil fumarate tabs 300 mg</i>	2	MO
TIVICAY PD TBSO 5	5	MO

Drug Name	Drug Tier	Requirement s/Limits
MG		
TIVICAY TABS 10 MG	5	MO
TIVICAY TABS 25 MG	5	MO
TIVICAY TABS 50 MG	5	MO
TRIUMEQ PD TBSO 60-5-30 MG	4	MO
TRIUMEQ TABS 600-50-300 MG	5	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 SOLR 100 MG	5	NDS
VEMLIDY TABS 25 MG	5	
VIRACEPT TABS 250 MG	5	MO
VIRACEPT TABS 625 MG	5	MO
VIREAD POWD 40 MG/GM	5	MO
VIREAD TABS 150 MG	5	MO
VIREAD TABS 200 MG	5	MO
VIREAD TABS 250 MG	5	MO
VOCABRIA TABS 30 MG	5	MO
VOSEVI TABS 400-100-100 MG	5	PA, NDS
<i>zidovudine caps 100 mg</i>	2	MO
<i>zidovudine syrp 50 mg/5ml</i>	2	MO
<i>zidovudine tabs 300 mg</i>	2	MO
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine pack 3 gm</i>	2	
<i>methenamine hippurate tabs 1 gm</i>	2	
<i>nitrofurantoin macrocrystal caps 100 mg</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
<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
ORLYNVAH TABS 500-500 MG	5	NDS
<i>trimethoprim tabs 100 mg</i>	2	MO
ANTI-HISTAMINE DRUGS		
ANTI-HISTAMINE DRUGS		
<i>ciproheptadine hcl syrp 2 mg/5ml</i>	2	
<i>ciproheptadine 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 6.25 mg/5ml</i>	2	
PROMETHAZINE HCL SYRP 6.25 MG/5ML	2	
<i>promethazine hcl tabs 12.5 mg</i>	2	
<i>promethazine hcl tabs 25 mg</i>	2	
<i>promethazine hcl tabs 50 mg</i>	2	
<i>promethegan supp 12.5 mg</i>	2	
<i>promethegan supp 25 mg</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs 250 mg</i>	5	
<i>abiraterone acetate tabs 500 mg</i>	5	NDS
ABRAXANE SUSR 100 MG	3	
<i>adriamycin solr 50 mg</i>	2	
ADSTILADRIN SUSP 300000000000 VP/ML	5	
AKEEGA TABS 100-500 MG	5	NDS
AKEEGA TABS 50-500 MG	5	NDS
ALECENSA CAPS 150 MG	5	NDS
ALIQOPA SOLR 60 MG	5	NDS
ALUNBRIG TABS 180 MG	5	NDS
ALUNBRIG TABS 30 MG	5	NDS
ALUNBRIG TABS 90 MG	5	NDS
ALUNBRIG TBPK 90 & 180 MG	5	NDS
ALYMSYS SOLN 100 MG/4ML	5	NDS
ALYMSYS SOLN 400 MG/16ML	5	NDS
<i>anastrozole tabs 1 mg</i>	1	
ANKTIVA SOLN 400 MCG/0.4ML	5	NDS
<i>arsenic trioxide soln 12 mg/6ml</i>	5	NDS
ARZERRA CONC 100 MG/5ML	5	NDS
ARZERRA CONC 1000 MG/50ML	5	NDS
ASPARLAS SOLN 3750 UNIT/5ML	5	NDS
AUGTYRO CAPS 160 MG	5	NDS
AUGTYRO CAPS 40 MG	5	NDS
AVASTIN SOLN 100	5	

Drug Name	Drug Tier	Requirement s/Limits
MG/4ML		
AVASTIN SOLN 400 MG/16ML	5	
AVMAPKI FAKZYNJA CO-PACK THPK 0.8 & 200 MG	5	NDS
AXTLE SOLR 100 MG	5	NDS
AXTLE SOLR 500 MG	5	NDS
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 SOLR 500 MG	5	NDS
BELRAPZO SOLN 100 MG/4ML	5	NDS
BENDAMUSTINE HCL SOLN 100 MG/4ML	5	NDS
<i>bendamustine hcl solr 100 mg</i>	5	NDS
<i>bendamustine hcl solr 25 mg</i>	5	NDS
BENDEKA SOLN 100 MG/4ML	5	NDS
BESPONSA SOLR 0.9 MG	5	NDS
BESREMI SOSY 500 MCG/ML	5	NDS
<i>bexarotene caps 75 mg</i>	5	NDS
<i>bicalutamide tabs 50</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
<i>mg</i>		
BIZENGRI (750 MG DOSE) SOPK 375 MG/18.75ML	5	NDS
<i>bleomycin sulfate solr 15 unit</i>	2	
<i>bleomycin sulfate solr 30 unit</i>	2	
BLINCYTO SOLR 35 MCG	5	NDS
BORTEZOMIB INJECTION SOLR 1 MG	4	
BORTEZOMIB INJECTION SOLR 2.5 MG	4	
<i>bortezomib injection solr 3.5 mg</i>	2	
BORTEZOMIB INTRAVENOUS SOLR 3.5 MG	3	
BORTEZOMIB INTRAVENOUS SOLN 3.5 MG/1.4ML	4	
BORUZU SOLN 3.5 MG/1.4ML	5	NDS
BOSULIF CAPS 100 MG	5	NDS
BOSULIF CAPS 50 MG	5	NDS
BOSULIF TABS 100 MG	5	NDS
BOSULIF TABS 400 MG	5	NDS
BOSULIF TABS 500 MG	5	NDS
BRAFTOVI CAPS 75 MG	5	NDS
BRUKINSA CAPS 80 MG	5	NDS
BRUKINSA TABS 160 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	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
MG		
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	5	LD, NDS

Drug Name	Drug Tier	Requirement s/Limits
DAILY DOSE) KIT 20 MG		
COPIKTRA CAPS 15 MG	5	NDS
COPIKTRA CAPS 25 MG	5	NDS
COTELLIC TABS 20 MG	5	NDS
<i>cyclophosphamide caps 25 mg</i>	2	PA
<i>cyclophosphamide caps 50 mg</i>	2	PA
CYCLOPHOSPHAMID E SOLN 1 GM/5ML	5	NDS
CYCLOPHOSPHAMID E SOLN 1000 MG/10ML	5	NDS
CYCLOPHOSPHAMID E SOLN 2 GM/10ML	5	NDS
CYCLOPHOSPHAMID E SOLN 2000 MG/20ML	5	NDS
CYCLOPHOSPHAMID E SOLN 500 MG/2.5ML	5	NDS
CYCLOPHOSPHAMID E SOLN 500 MG/5ML	5	NDS
CYCLOPHOSPHAMID E SOLN 500 MG/ML	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</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
<i>mg</i>		
<i>dactinomycin solr 0.5 mg</i>	2	
DANYELZA SOLN 40 MG/10ML	5	NDS
DANZITEN TABS 71 MG	5	NDS
DANZITEN TABS 95 MG	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
DATROWAY SOLR 100 MG	5	NDS
<i>daunorubicin hcl soln 20 mg/4ml</i>	2	
DAURISMO TABS 100 MG	5	NDS
DAURISMO TABS 25 MG	5	NDS
<i>decitabine solr 50 mg</i>	2	
<i>docetaxel conc 20 mg/ml</i>	2	
<i>docetaxel conc 80 mg/4ml</i>	2	
<i>docetaxel soln 160 mg/16ml</i>	2	
<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	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
MG/8ML		
<i>doxorubicin hcl liposomal susp 2 mg/ml</i>	2	
DOXORUBICIN HCL SOLN 2 MG/ML	2	
DOXORUBICIN HCL SOLR 10 MG	2	
<i>doxorubicin hcl solr 50 mg</i>	2	
DROXIA CAPS 200 MG	4	
DROXIA CAPS 300 MG	4	
DROXIA CAPS 400 MG	4	
ELAHERE SOLN 100 MG/20ML	5	NDS
ELIGARD KIT 22.5 MG	4	
ELIGARD KIT 30 MG	4	
ELIGARD KIT 45 MG	4	
ELIGARD KIT 7.5 MG	4	
ELLENCE SOLN 200 MG/100ML	2	
ELLENCE SOLN 50 MG/25ML	2	
ELREXFIO SOLN 44 MG/1.1ML	5	NDS
ELREXFIO SOLN 76 MG/1.9ML	5	NDS
ELZONRIS SOLN 1000 MCG/ML	5	NDS
EMCYT CAPS 140 MG	5	NDS
EMPLICITI SOLR 300 MG	5	NDS
EMPLICITI SOLR 400 MG	5	NDS
ENHERTU SOLR 100 MG	5	NDS
ENSACOVE CAPS 100 MG	5	NDS
ENSACOVE CAPS 25 MG	5	NDS
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	3	

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

Drug Name	Drug Tier	Requirement s/Limits
PHOSPHATE SOLR 50 MG		
<i>fluorouracil soln 1 gm/20ml</i>	2	
<i>fluorouracil soln 2.5 gm/50ml</i>	2	
<i>fluorouracil soln 5 gm/100ml</i>	2	
<i>fluorouracil soln 500 mg/10ml</i>	2	
FOLOTYN SOLN 20 MG/ML	5	NDS
FOTIVDA CAPS 0.89 MG	5	NDS
FOTIVDA CAPS 1.34 MG	5	NDS
FRINDOVYX SOLN 1 GM/2ML	5	NDS
FRINDOVYX SOLN 2 GM/4ML	5	NDS
FRINDOVYX SOLN 500 MG/ML	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 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	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
MG		
GLEOSTINE CAPS 40 MG	3	
GOMEKLI CAPS 1 MG	5	NDS
GOMEKLI CAPS 2 MG	5	NDS
GOMEKLI TBSO 1 MG	5	NDS
HERCEPTIN HYLECTA SOLN 600-10000 MG-UNT/5ML	5	NDS
HERCEPTIN SOLR 150 MG	5	NDS
HERCESSI SOLR 150 MG	5	NDS
HERCESSI SOLR 420 MG	5	NDS
HERNEXEOS TABS 60 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
IBTROZI CAPS 200 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
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	

Drug Name	Drug Tier	Requirement s/Limits
<i>imatinib mesylate tabs 100 mg</i>	2	
<i>imatinib mesylate tabs 400 mg</i>	5	
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
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
IMKELDI SOLN 80 MG/ML	5	NDS
INLYTA TABS 1 MG	5	NDS
INLYTA TABS 5 MG	5	NDS
INQOVI TABS 35-100 MG	5	NDS
INREBIC CAPS 100 MG	5	NDS
<i>irinotecan hcl soln 100 mg/5ml</i>	2	
<i>irinotecan hcl soln 300 mg/15ml</i>	2	
<i>irinotecan hcl soln 40 mg/2ml</i>	2	
IRINOTECAN HCL SOLN 500 MG/25ML	2	
ITOVEBI TABS 3 MG	5	NDS
ITOVEBI TABS 9 MG	5	NDS
IWILFIN TABS 192 MG	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
IXEMPRA KIT SOLR 45 MG	5	NDS
JAKAFI TABS 10 MG	5	NDS
JAKAFI TABS 15 MG	5	NDS
JAKAFI TABS 20 MG	5	NDS
JAKAFI TABS 25 MG	5	NDS
JAKAFI TABS 5 MG	5	NDS
JAYPIRCA TABS 100 MG	5	NDS
JAYPIRCA TABS 50 MG	5	NDS
JEMPERLI SOLN 500 MG/10ML	5	
JYLAMVO SOLN 2 MG/ML	4	
KADCYLA SOLR 100 MG	5	NDS
KADCYLA SOLR 160 MG	5	NDS
KANJINTI SOLR 150 MG	5	NDS
KANJINTI SOLR 420 MG	5	NDS
KEYTRUDA SOLN 100 MG/4ML	5	NDS
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

Drug Name	Drug Tier	Requirement s/Limits
KRAZATI TABS 200 MG	5	NDS
KYPROLIS SOLR 10 MG	5	NDS
KYPROLIS SOLR 30 MG	5	NDS
KYPROLIS SOLR 60 MG	5	NDS
<i>lapatinib ditosylate tabs 250 mg</i>	5	NDS
LAZCLUZE TABS 240 MG	5	NDS
LAZCLUZE TABS 80 MG	5	NDS
<i>lenalidomide caps 10 mg</i>	5	NDS
<i>lenalidomide caps 15 mg</i>	5	NDS
<i>lenalidomide caps 2.5 mg</i>	5	NDS
<i>lenalidomide caps 20 mg</i>	5	NDS
<i>lenalidomide caps 25 mg</i>	5	NDS
<i>lenalidomide caps 5 mg</i>	5	NDS
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG	5	LD, NDS
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG	5	LD, NDS
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

Drug Name	Drug Tier	Requirement s/Limits
<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 240 MG	5	NDS
LUMAKRAS TABS 320 MG	5	NDS
LUNSUMIO SOLN 1 MG/ML	5	NDS
LUNSUMIO SOLN 30 MG/30ML	5	NDS
LUPRON DEPOT (1-MONTH) KIT 3.75 MG	5	
LUPRON DEPOT (1-MONTH) KIT 7.5 MG	4	
LUPRON DEPOT (3-MONTH) KIT 11.25 MG	5	
LUPRON DEPOT (3-MONTH) KIT 22.5 MG	4	
LUPRON DEPOT (4-MONTH) KIT 30 MG	4	
LUPRON DEPOT (6-MONTH) KIT 45 MG	4	
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	5	

Drug Name	Drug Tier	Requirement s/Limits
(3-MONTH) KIT 11.25 MG		
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	5	
LUPRON DEPOT-PED (6-MONTH) KIT 45 MG	5	
LYNPARZA TABS 100 MG	5	NDS
LYNPARZA TABS 150 MG	5	NDS
LYSODREN TABS 500 MG	5	NDS
LYTGOBI (12 MG DAILY DOSE) TBPK 4 MG	5	NDS
LYTGOBI (16 MG DAILY DOSE) TBPK 4 MG	5	NDS
LYTGOBI (20 MG DAILY DOSE) TBPK 4 MG	5	NDS
MARGENZA SOLN 250 MG/10ML	5	NDS
MATULANE CAPS 50 MG	5	NDS
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate tabs 20 mg</i>	2	
<i>megestrol acetate tabs 40 mg</i>	2	
MEKINIST SOLR 0.05 MG/ML	5	NDS
MEKINIST TABS 0.5 MG	5	NDS
MEKINIST TABS 2 MG	5	NDS
MEKTOVI TABS 15 MG	5	NDS
<i>melphalan hcl solr 50 mg</i>	2	
<i>mercaptopurine susp 2000 mg/100ml</i>	5	NDS
<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	

Drug Name	Drug Tier	Requirement s/Limits
<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	
MODEYSO CAPS 125 MG	5	NDS
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
NILOTINIB D-TARTRATE CAPS 150 MG	5	NDS
NILOTINIB D-TARTRATE CAPS 200 MG	5	NDS
NILOTINIB D-TARTRATE CAPS 50 MG	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
<i>nilotinib hcl caps 150 mg</i>	5	NDS
<i>nilotinib hcl caps 200 mg</i>	5	NDS
<i>nilotinib hcl caps 50 mg</i>	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
OPDIVO QVANTIG SOLN 600-10000 MG-UT/5ML	5	NDS
OPDIVO SOLN 100 MG/10ML	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
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 DIPOTASSIUM SOLR 100 MG	5	NDS
PEMETREXED DIPOTASSIUM SOLR 500 MG	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
PEMETREXED DISODIUM SOLN 1 GM/40ML	4	
PEMETREXED DISODIUM SOLN 100 MG/4ML	4	
PEMETREXED DISODIUM SOLN 500 MG/20ML	4	
PEMETREXED DISODIUM SOLN 850 MG/34ML	4	
<i>pemetrexed disodium solr 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
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	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
200 & 50 MG		
PIQRAY (300 MG DAILY DOSE) TBP 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
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
REVUFORJ TABS 110 MG	5	NDS
REVUFORJ TABS 160 MG	5	NDS
REVUFORJ TABS 25 MG	5	NDS
REZLIDHIA CAPS 150 MG	5	NDS
RIABNI SOLN 100 MG/10ML	3	
RIABNI SOLN 500 MG/50ML	3	
RITUXAN HYCELA SOLN 1400-23400 MG	5	

Drug Name	Drug Tier	Requirement s/Limits
-UT/11.7ML		
RITUXAN HYCELA SOLN 1600-26800 MG -UT/13.4ML	5	
RITUXAN SOLN 100 MG/10ML	5	
RITUXAN SOLN 500 MG/50ML	5	
ROMVIMZA CAPS 14 MG	5	NDS
ROMVIMZA CAPS 20 MG	5	NDS
ROMVIMZA CAPS 30 MG	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
RYBREXANT 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
SCEMBLIX TABS 100 MG	5	NDS
SCEMBLIX TABS 20 MG	5	NDS
SCEMBLIX TABS 40	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
MG		
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
<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
SYLVANT SOLR 100 MG	5	NDS
SYLVANT SOLR 400 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
TAGRISSO TABS 40 MG	5	NDS
TAGRISSO 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	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
MG		
TALZENNA CAPS 0.75 MG	5	NDS
TALZENNA CAPS 1 MG	5	NDS
<i>tamoxifen citrate tabs 10 mg</i>	2	
<i>tamoxifen citrate tabs 20 mg</i>	2	
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	
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>topotecan hcl soln 4 mg/4ml</i>	2	
<i>topotecan hcl solr 4 mg</i>	2	
<i>toremifene citrate tabs 60 mg</i>	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
<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
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
TUKYSA TABS 150 MG	5	NDS
TUKYSA TABS 50 MG	5	NDS
TURALIO CAPS 125 MG	5	NDS
UNITUXIN SOLN 17.5 MG/5ML	5	NDS
VABRINTY KIT 22.5 MG	5	
VABRINTY KIT 45 MG	5	
<i>valrubicin soln 40 mg/ml</i>	2	
VANFLYTA TABS 17.7 MG	5	NDS
VANFLYTA TABS 26.5 MG	5	NDS
VEGZELMA SOLN 100 MG/4ML	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
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	
VINCRIStINE SULFATE SOLN 1 MG/ML	2	
<i>vinorelbine tartrate soln 10 mg/ml</i>	2	
<i>vinorelbine tartrate soln 50 mg/5ml</i>	2	
VITRAKVI CAPS 100 MG	5	NDS
VITRAKVI CAPS 25 MG	5	NDS
VITRAKVI SOLN 20 MG/ML	5	NDS
VIVIMUSTA SOLN 100 MG/4ML	5	NDS
VIZIMPRO TABS 15 MG	5	NDS
VIZIMPRO TABS 30 MG	5	NDS
VIZIMPRO TABS 45 MG	5	NDS
VONJO CAPS 100 MG	5	NDS
VORANIGO TABS 10 MG	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
VORANIGO TABS 40 MG	5	NDS
VYLOY SOLR 100 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 50 MG	5	NDS
XPOVIO (40 MG ONCE WEEKLY) TBPk 10 MG	5	NDS
XPOVIO (40 MG ONCE WEEKLY) TBPk 40 MG	5	NDS
XPOVIO (40 MG TWICE WEEKLY) TBPk 40 MG	5	NDS
XPOVIO (60 MG ONCE WEEKLY) TBPk 60 MG	5	NDS
XPOVIO (60 MG TWICE WEEKLY) TBPk 20 MG	5	NDS
XPOVIO (80 MG ONCE WEEKLY) TBPk 40 MG	5	NDS
XPOVIO (80 MG TWICE WEEKLY) TBPk 20 MG	5	NDS
XROMI SOLN 100 MG/ML	5	NDS
XTANDI CAPS 40 MG	5	NDS
XTANDI TABS 40 MG	5	NDS
XTANDI TABS 80 MG	5	NDS
YERVOY SOLN 200 MG/40ML	5	NDS
YERVOY SOLN 50	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
MG/10ML		
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 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
ZIIHERA SOLR 300 MG	5	NDS
ZIRABEV SOLN 100 MG/4ML	5	NDS
ZIRABEV SOLN 400 MG/16ML	5	NDS
ZOLINZA CAPS 100 MG	5	NDS
ZYDELIG TABS 100 MG	5	NDS
ZYDELIG TABS 150 MG	5	NDS
ZYKADIA TABS 150 MG	5	NDS
ZYNLONTA SOLR 10 MG	5	NDS
ZYNYZ SOLN 500 MG/20ML	5	NDS
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate soln 8 mg/20ml</i>	2	
<i>atropine sulfate sosy 1 mg/10ml</i>	2	
ATROVENT HFA AERS 17 MCG/ACT	4	MO
<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i>	2	
<i>dicyclomine hcl caps 10 mg</i>	2	MO
<i>dicyclomine hcl soln 10 mg/5ml</i>	2	MO
<i>dicyclomine hcl soln 10</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
<i>mg/ml</i>		
<i>dicyclomine hcl tabs 20 mg</i>	2	MO
DICYCLOMINE HCL TABS 40 MG	5	NDS
<i>glycopyrrolate soln 0.2 mg/ml</i>	2	
<i>glycopyrrolate soln 0.4 mg/2ml</i>	2	
<i>glycopyrrolate injection soln 1 mg/5ml</i>	2	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	MO
<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
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	4	MO
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	3	MO
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT	3	MO
YUPELRI SOLN 175 MCG/3ML	5	PA, NDS
AUTONOMIC DRUGS, MISCELLANEOUS		
NICOTROL INHA 10 MG	3	MO
NICOTROL NS SOLN 10 MG/ML	4	MO
<i>varenicline tartrate (starter) tbpk 0.5 mg x 11 & 1 mg x 42</i>	2	MO
<i>varenicline tartrate tabs 0.5 mg</i>	2	MO
<i>varenicline tartrate tabs</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>1 mg</i>		
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride tabs 10 mg</i>	2	MO
<i>bethanechol chloride tabs 25 mg</i>	2	MO
<i>bethanechol chloride tabs 5 mg</i>	2	MO
<i>bethanechol chloride tabs 50 mg</i>	2	MO
<i>donepezil hcl tabs 10 mg</i>	1	MO
<i>donepezil hcl tabs 5 mg</i>	1	MO
<i>donepezil hcl tbdp 10 mg</i>	2	MO
<i>donepezil hcl tbdp 5 mg</i>	2	MO
<i>galantamine hydrobromide er cp24 16 mg</i>	2	MO
<i>galantamine hydrobromide er cp24 24 mg</i>	2	MO
<i>galantamine hydrobromide er cp24 8 mg</i>	2	MO
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	MO
<i>galantamine hydrobromide tabs 12 mg</i>	2	MO
<i>galantamine hydrobromide tabs 4 mg</i>	2	MO
<i>galantamine hydrobromide tabs 8 mg</i>	2	MO
<i>pilocarpine hcl tabs 5 mg</i>	2	MO
<i>pyridostigmine bromide er tbc 180 mg</i>	2	MO
<i>pyridostigmine bromide soln 60 mg/5ml</i>	4	MO
<i>pyridostigmine bromide tabs 60 mg</i>	2	MO
REGONOL SOLN 10 MG/2ML	3	
<i>rivastigmine tartrate</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>caps 1.5 mg</i>		
<i>rivastigmine tartrate caps 3 mg</i>	2	MO
<i>rivastigmine tartrate caps 4.5 mg</i>	2	MO
<i>rivastigmine tartrate caps 6 mg</i>	2	MO
SKELETAL MUSCLE RELAXANTS		
<i>baclofen soln 10 mg/5ml</i>	4	
<i>baclofen susp 25 mg/5ml</i>	5	NDS
<i>baclofen tabs 10 mg</i>	2	MO
<i>baclofen tabs 20 mg</i>	2	MO
<i>baclofen tabs 5 mg</i>	2	MO
<i>cyclobenzaprine hcl tabs 10 mg</i>	2	PA
<i>cyclobenzaprine hcl tabs 5 mg</i>	2	PA
<i>dantrolene sodium caps 100 mg</i>	2	
<i>dantrolene sodium caps 25 mg</i>	2	
<i>dantrolene sodium caps 50 mg</i>	2	
METAXALONE TABS 640 MG	5	NDS
<i>methocarbamol tabs 500 mg</i>	2	
<i>methocarbamol tabs 750 mg</i>	2	
<i>succinylcholine chloride soln 20 mg/ml</i>	2	
<i>tizanidine hcl tabs 2 mg</i>	2	
<i>tizanidine hcl tabs 4 mg</i>	2	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<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

Drug Name	Drug Tier	Requirement s/Limits
ERGOMAR SUBL 2 MG	4	
<i>phenoxybenzamine hcl caps 10 mg</i>	5	NDS
<i>silodosin caps 4 mg</i>	2	MO
<i>silodosin caps 8 mg</i>	2	MO
<i>tamsulosin hcl caps 0.4 mg</i>	1	MO
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
<i>albuterol sulfate hfa aers 108 (90 base) mcg/act</i>	2	MO
<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>	2	PA, MO
<i>albuterol sulfate nebu 0.63 mg/3ml</i>	2	PA, MO
<i>albuterol sulfate nebu 1.25 mg/3ml</i>	2	PA, MO
<i>albuterol sulfate nebu 2.5 mg/0.5ml</i>	2	PA, MO
<i>albuterol sulfate syrp 2 mg/5ml</i>	2	MO
<i>albuterol sulfate tabs 2 mg</i>	2	MO
<i>albuterol sulfate tabs 4 mg</i>	2	MO
<i>arformoterol tartrate nebu 15 mcg/2ml</i>	4	PA, MO
AUVI-Q SOAJ 0.1 MG/0.1ML	2	
AUVI-Q SOAJ 0.15 MG/0.15ML	2	
AUVI-Q SOAJ 0.3 MG/0.3ML	2	
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-	2	

Drug Name	Drug Tier	Requirement s/Limits
DEXTROSE SOLN 0.8-5 MG/ML-%		
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 0.3 MG/0.3ML	2	
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	2	PA, MO
<i>isoproterenol hcl soln 0.2 mg/ml</i>	2	
<i>midodrine hcl tabs 10 mg</i>	2	MO
<i>midodrine hcl tabs 2.5 mg</i>	2	MO
<i>midodrine hcl tabs 5 mg</i>	2	MO
<i>norepinephrine bitartrate soln 1 mg/ml</i>	2	
SEREVENT DISKUS AEPB 50 MCG/ACT	4	MO
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT	3	MO
<i>terbutaline sulfate soln 1 mg/ml</i>	2	
<i>terbutaline sulfate tabs 2.5 mg</i>	2	MO
<i>terbutaline sulfate tabs 5 mg</i>	2	MO
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
BLOOD FORMATION MODIFIERS		
ADAKVEO SOLN 100 MG/10ML	5	NDS
<i>icatibant acetate sosal 30 mg/3ml</i>	5	NDS
<i>sajazir sosal 30 mg/3ml</i>	5	NDS
COAGULANTS AND ANTICOAGULANTS		
<i>aminocaproic acid soln 0.25 gm/ml</i>	2	MO
<i>aminocaproic acid soln</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
<i>250 mg/ml</i>		
<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
<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 DVT/PE STARTER PACK TBPB 5 MG	3	
ELIQUIS TABS 2.5 MG	3	MO
ELIQUIS TABS 5 MG	3	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	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
MG/0.8ML		
<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 NACL SOLN 1000-0.9 UT/500ML-%	2	
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9 UNIT/L-%	2	
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML	2	
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-%	2	
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-%	2	
<i>heparin sodium (porcine) pf soln 1000 unit/ml</i>	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>pentoxifylline er tbc 400 mg</i>	2	MO
<i>prasugrel hcl tabs 10 mg</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>prasugrel hcl tabs 5 mg</i>	2	MO
<i>rivaroxaban susr 1 mg/ml</i>	2	MO
<i>ticagrelor tabs 60 mg</i>	2	MO
<i>ticagrelor tabs 90 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	3	MO
XARELTO TABS 10 MG	3	MO
XARELTO TABS 15 MG	3	MO
XARELTO TABS 2.5 MG	3	MO
XARELTO TABS 20 MG	3	MO
HEMATOPOIETIC AGENTS		
ALVAIZ TABS 18 MG	5	NDS
ALVAIZ TABS 36 MG	5	NDS
ALVAIZ TABS 54 MG	5	NDS
ALVAIZ TABS 9 MG	5	NDS
ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	5	NDS
ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	4	
ARANESP (ALBUMIN FREE) SOSY 100 MCG/0.5ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 200 MCG/0.4ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 300 MCG/0.6ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 500 MCG/ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML	5	NDS
CABLIVI KIT 11 MG	5	NDS
DOPTelet TABS 20 MG	5	NDS
<i>eltrombopag olamine pack 12.5 mg</i>	5	NDS
<i>eltrombopag olamine pack 25 mg</i>	5	NDS
<i>eltrombopag olamine tabs 12.5 mg</i>	5	NDS
<i>eltrombopag olamine tabs 25 mg</i>	5	NDS
<i>eltrombopag olamine tabs 50 mg</i>	5	NDS
<i>eltrombopag olamine tabs 75 mg</i>	5	NDS
FULPHILA 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	

Drug Name	Drug Tier	Requirement s/Limits
GRANIX SOSY 480 MCG/0.8ML	3	
LEUKINE SOLR 250 MCG	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
NYPOZI SOSY 300 MCG/0.5ML	5	NDS
NYPOZI SOSY 480 MCG/0.8ML	5	NDS
PLERIXAFOR SOLN 24 MG/1.2ML	5	NDS
PROCRIT SOLN 10000 UNIT/ML	3	
PROCRIT SOLN 2000 UNIT/ML	3	
PROCRIT SOLN 20000 UNIT/ML	5	NDS
PROCRIT SOLN 3000 UNIT/ML	3	
PROCRIT SOLN 4000 UNIT/ML	3	
PROCRIT SOLN 40000 UNIT/ML	5	NDS
RETACRIT SOLN 20000 UNIT/ML	4	NDS
RYZNEUTA SOSY 20 MG/ML	5	NDS
TAVALISSE TABS 100 MG	5	NDS
TAVALISSE TABS 150 MG	5	NDS
ZARXIO SOSY 300 MCG/0.5ML	5	NDS
ZARXIO SOSY 480 MCG/0.8ML	5	NDS
CARDIOVASCULAR DRUGS		
A-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tabs 1 mg</i>	1	MO
<i>doxazosin mesylate</i>	1	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>tabs 2 mg</i>		
<i>doxazosin mesylate tabs 4 mg</i>	1	MO
<i>doxazosin mesylate tabs 8 mg</i>	1	MO
<i>metyrosine caps 250 mg</i>	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>	1	MO
<i>terazosin hcl caps 10 mg</i>	1	MO
<i>terazosin hcl caps 2 mg</i>	1	MO
<i>terazosin hcl caps 5 mg</i>	1	MO
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium tabs 10 mg</i>	1	MO
<i>atorvastatin calcium tabs 20 mg</i>	1	MO
<i>atorvastatin calcium tabs 40 mg</i>	1	MO
<i>atorvastatin calcium tabs 80 mg</i>	1	MO
<i>cholestyramine light pack 4 gm</i>	2	MO
<i>cholestyramine light powd 4 gm/dose</i>	2	MO
<i>cholestyramine pack 4 gm</i>	2	MO
<i>cholestyramine powd 4 gm/dose</i>	2	MO
<i>colesevelam hcl tabs 625 mg</i>	2	MO
COLESTIPOL HCL GRAN 5 GM	2	MO
COLESTIPOL HCL PACK 5 GM	2	MO
<i>colestipol hcl tabs 1 gm</i>	2	MO
<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</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>gm</i>		
<i>lovastatin tabs 10 mg</i>	1	MO
<i>lovastatin tabs 20 mg</i>	1	MO
<i>lovastatin tabs 40 mg</i>	1	MO
NEXLETOL TABS 180 MG	4	MO
<i>niacin er (antihyperlipidemic) tbc 500 mg</i>	2	MO
NIACOR TABS 500 MG	2	MO
<i>omega-3-acid ethyl esters caps 1 gm</i>	2	MO
<i>pravastatin sodium tabs 10 mg</i>	1	MO
<i>pravastatin sodium tabs 20 mg</i>	1	MO
<i>pravastatin sodium tabs 40 mg</i>	1	MO
<i>pravastatin sodium tabs 80 mg</i>	1	MO
<i>prevalite pack 4 gm</i>	2	MO
<i>prevalite powd 4 gm/dose</i>	2	MO
REPATHA SURECLICK SOAJ 140 MG/ML	4	PA
<i>rosuvastatin calcium tabs 10 mg</i>	1	MO
<i>rosuvastatin calcium tabs 20 mg</i>	1	MO
<i>rosuvastatin calcium tabs 40 mg</i>	1	MO
<i>rosuvastatin calcium tabs 5 mg</i>	1	MO
<i>simvastatin tabs 10 mg</i>	1	MO
<i>simvastatin tabs 20 mg</i>	1	MO
<i>simvastatin tabs 40 mg</i>	1	MO
<i>simvastatin tabs 5 mg</i>	1	MO
<i>simvastatin tabs 80 mg</i>	1	MO
TRYNGOLZA SOAJ 80 MG/0.8ML	5	NDS
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl caps 200 mg</i>	2	MO
<i>acebutolol hcl caps 400 mg</i>	2	MO
<i>atenolol tabs 100 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
metoprolol tartrate tabs 100 mg	1	MO
metoprolol tartrate tabs 25 mg	1	MO
metoprolol tartrate tabs 50 mg	1	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	1	MO
propranolol hcl tabs 20 mg	1	MO
propranolol hcl tabs 40 mg	1	MO
propranolol hcl tabs 60 mg	2	MO
propranolol hcl tabs 80 mg	1	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	Requirement s/Limits
sotalol hcl tabs 240 mg	2	MO
sotalol hcl tabs 80 mg	2	MO
timolol maleate tabs 10 mg	2	MO
CALCIUM-CHANNEL BLOCKING AGENTS		
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
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
dilt-xr cp24 120 mg	2	MO
dilt-xr cp24 180 mg	2	MO
dilt-xr cp24 240 mg	2	MO
diltiazem hcl er coated beads cp24 120 mg	2	MO
diltiazem hcl er coated beads cp24 180 mg	2	MO
diltiazem hcl er coated beads cp24 240 mg	2	MO
diltiazem hcl er coated beads cp24 300 mg	2	MO
diltiazem hcl er coated beads cp24 360 mg	2	MO

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

Drug Name	Drug Tier	Requirement s/Limits
120 mg		
verapamil hcl er tbc	2	MO
180 mg		
verapamil hcl er tbc	2	MO
240 mg		
verapamil hcl soln 2.5 mg/ml	2	
verapamil hcl tabs 120 mg	1	MO
verapamil hcl tabs 40 mg	1	MO
verapamil hcl tabs 80 mg	1	MO
CARDIAC DRUGS		
adenosine soln 12 mg/4ml	2	
adenosine soln 6 mg/2ml	2	
amiodarone hcl soln 150 mg/3ml	2	
amiodarone hcl soln 450 mg/9ml	2	
amiodarone hcl soln 900 mg/18ml	2	
amiodarone hcl tabs 100 mg	2	MO
amiodarone hcl tabs 200 mg	1	MO
amiodarone hcl tabs 400 mg	2	MO
ATTRUBY TBP 356 MG	5	NDS
CORLANOR SOLN 5 MG/5ML	4	MO
DIGOXIN SOLN 0.05 MG/ML	2	
digoxin soln 0.25 mg/ml	2	
digoxin tabs 125 mcg	2	MO
digoxin tabs 250 mcg	2	MO
disopyramide phosphate caps 100 mg	2	MO
disopyramide phosphate caps 150 mg	2	MO
dofetilide caps 125 mcg	2	MO
dofetilide caps 250 mcg	2	MO
dofetilide caps 500 mcg	2	MO

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

Drug Name	Drug Tier	Requirement s/Limits
<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
<i>ranolazine er tb12 500 mg</i>	4	MO
VYNDAMAX CAPS 61 MG	5	NDS
VYNDALIN CAPS 20 MG	5	NDS
HYPOTENSIVE AGENTS		
<i>clonidine hcl (analgesia) soln 100 mcg/ml</i>	2	
<i>clonidine hcl tabs 0.1 mg</i>	1	MO
<i>clonidine hcl tabs 0.2 mg</i>	1	MO
<i>clonidine hcl tabs 0.3 mg</i>	1	MO
<i>clonidine ptwk 0.1 mg/24hr</i>	2	MO
<i>clonidine ptwk 0.2 mg/24hr</i>	2	MO
<i>clonidine ptwk 0.3 mg/24hr</i>	2	MO
<i>guanfacine hcl tabs 1 mg</i>	2	MO
<i>guanfacine hcl tabs 2 mg</i>	2	MO
<i>hydralazine hcl soln 20 mg/ml</i>	2	
<i>hydralazine hcl tabs 10 mg</i>	1	MO
<i>hydralazine hcl tabs 100 mg</i>	1	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>hydralazine hcl tabs 25 mg</i>	1	MO
<i>hydralazine hcl tabs 50 mg</i>	1	MO
<i>minoxidil tabs 10 mg</i>	2	MO
<i>minoxidil tabs 2.5 mg</i>	2	MO
<i>nitroprusside sodium soln 25 mg/ml</i>	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
ALISKIREN FUMARATE TABS 150 MG	2	MO
ALISKIREN FUMARATE TABS 300 MG	2	MO
<i>benazepril hcl tabs 10 mg</i>	1	MO
<i>benazepril hcl tabs 20 mg</i>	1	MO
<i>benazepril hcl tabs 40 mg</i>	1	MO
<i>benazepril hcl tabs 5 mg</i>	1	MO
<i>candesartan cilexetil tabs 16 mg</i>	2	MO
<i>candesartan cilexetil tabs 32 mg</i>	2	MO
<i>candesartan cilexetil tabs 4 mg</i>	2	MO
<i>candesartan cilexetil tabs 8 mg</i>	2	MO
<i>captopril tabs 100 mg</i>	2	MO
<i>captopril tabs 12.5 mg</i>	2	MO
<i>captopril tabs 25 mg</i>	2	MO
<i>captopril tabs 50 mg</i>	2	MO
<i>enalapril maleate tabs 10 mg</i>	1	MO
<i>enalapril maleate tabs 2.5 mg</i>	1	MO
<i>enalapril maleate tabs 20 mg</i>	1	MO
<i>enalapril maleate tabs 5 mg</i>	1	MO
<i>enalaprilat soln 1.25 mg/ml</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
ENTRESTO CPSP 15-16 MG	3	MO
ENTRESTO CPSP 6-6 MG	3	MO
<i>eplerenone tabs 25 mg</i>	2	MO
<i>eplerenone tabs 50 mg</i>	2	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
<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>sacubitril-valsartan tabs 24-26 mg</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>sacubitril-valsartan tabs 49-51 mg</i>	2	MO
<i>sacubitril-valsartan tabs 97-103 mg</i>	2	MO
<i>spironolactone tabs 100 mg</i>	1	MO
<i>spironolactone tabs 25 mg</i>	1	MO
<i>spironolactone tabs 50 mg</i>	1	MO
<i>spironolactone-hctz tabs 25-25 mg</i>	2	MO
<i>valsartan tabs 160 mg</i>	1	MO
<i>valsartan tabs 320 mg</i>	1	MO
<i>valsartan tabs 40 mg</i>	1	MO
<i>valsartan tabs 80 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tabs 160-25 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tabs 320-25 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tabs 80-12.5 mg</i>	1	MO
VASODILATING AGENTS		
<i>dipyridamole tabs 25 mg</i>	2	MO
<i>dipyridamole tabs 50 mg</i>	2	MO
<i>dipyridamole tabs 75 mg</i>	2	MO
<i>isosorbide dinitrate tabs 10 mg</i>	2	MO
<i>isosorbide dinitrate tabs 20 mg</i>	2	MO
<i>isosorbide dinitrate tabs 30 mg</i>	2	MO
<i>isosorbide dinitrate tabs 5 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<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
ISOSORBIDE MONONITRATE TABS 10 MG	2	MO
ISOSORBIDE MONONITRATE TABS 20 MG	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	
<i>nitroglycerin subl 0.3 mg</i>	2	MO
<i>nitroglycerin subl 0.4 mg</i>	2	MO
<i>nitroglycerin subl 0.6 mg</i>	2	MO
<i>sildenafil citrate susr 10 mg/ml</i>	2	PA
<i>sildenafil citrate tabs 20 mg</i>	2	PA, MO
<i>tadalafil (pah) tabs 20 mg</i>	2	PA
<i>tadalafil tabs 2.5 mg</i>	2	PA
<i>tadalafil tabs 5 mg</i>	2	PA
VERQUVO TABS 10 MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM AGENTS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium tbec 333 mg</i>	2	MO
<i>disulfiram tabs 250 mg</i>	4	MO
<i>disulfiram tabs 500 mg</i>	4	MO
ANALGESICS AND ANTIPIRETTICS		
ACETAMINOPHEN-CODEINE SOLN 120-12 MG/5ML	2	NDS
<i>acetaminophen-codeine tabs 300-15 mg</i>	2	NDS
<i>acetaminophen-codeine tabs 300-30 mg</i>	2	NDS
<i>acetaminophen-codeine tabs 300-60 mg</i>	2	NDS
BUTALBITAL-APAP-CAFFEINE SOLN 50-325-40 MG/15ML	5	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
CODEINE SULFATE TABS 30 MG	2	NDS
CODEINE SULFATE TABS 60 MG	2	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	
DOLOBID TABS 375 MG	5	NDS
<i>endocet tabs 5-325 mg</i>	2	NDS
<i>endocet tabs 7.5-325 mg</i>	2	NDS

Drug Name	Drug Tier	Requirement s/Limits
<i>etodolac caps 200 mg</i>	2	
<i>etodolac caps 300 mg</i>	2	
<i>etodolac tabs 400 mg</i>	2	
<i>etodolac tabs 500 mg</i>	2	
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML	2	NDS
FENTANYL CITRATE (PF) SOLN 2500 MCG/50ML	2	NDS
FENTANYL CITRATE TABS 100 MCG	4	PA, NDS
FENTANYL CITRATE TABS 200 MCG	4	PA, NDS
<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
HYDROCODONE-ACETAMINOPHEN SOLN 10-300 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	

Drug Name	Drug Tier	Requirement s/Limits
<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	
<i>indocin supp 50 mg</i>	5	NDS
<i>indomethacin caps 25 mg</i>	2	
<i>indomethacin caps 50 mg</i>	2	
<i>indomethacin er cpcr 75 mg</i>	2	
INDOMETHACIN SODIUM SOLR 1 MG	2	
KETOPROFEN CAPS 50 MG	2	
<i>ketorolac tromethamine soln 15 mg/ml</i>	2	
<i>ketorolac tromethamine soln 30 mg/ml</i>	2	
<i>ketorolac tromethamine soln 60 mg/2ml</i>	2	
<i>levorphanol tartrate tabs 2 mg</i>	5	NDS
<i>levorphanol tartrate tabs 3 mg</i>	5	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</i>	2	NDS

Drug Name	Drug Tier	Requirement s/Limits
mg		
<i>morphine sulfate (concentrate) soln 100 mg/5ml</i>	2	NDS
<i>morphine sulfate er tbc 100 mg</i>	2	NDS
<i>morphine sulfate er tbc 15 mg</i>	2	NDS
<i>morphine sulfate er tbc 200 mg</i>	2	NDS
<i>morphine sulfate er tbc 30 mg</i>	2	NDS
<i>morphine sulfate er tbc 60 mg</i>	2	NDS
MORPHINE SULFATE SOLN 10 MG/5ML	2	NDS
MORPHINE SULFATE SOLN 20 MG/5ML	2	NDS
<i>morphine sulfate tabs 15 mg</i>	2	NDS
<i>morphine sulfate tabs 30 mg</i>	2	NDS
<i>nabumetone tabs 500 mg</i>	2	
<i>nabumetone tabs 750 mg</i>	2	
<i>nalbuphine hcl soln 10 mg/ml</i>	2	NDS
<i>nalbuphine hcl soln 20 mg/ml</i>	2	NDS
<i>naproxen susp 125 mg/5ml</i>	2	
<i>naproxen tabs 250 mg</i>	2	
<i>naproxen tabs 375 mg</i>	2	
<i>naproxen tabs 500 mg</i>	2	
<i>naproxen tbc 375 mg</i>	2	
OXAYDO TABS 5 MG	5	NDS
<i>oxycodone hcl conc 100 mg/5ml</i>	2	NDS
<i>oxycodone hcl soln 5 mg/5ml</i>	2	NDS
<i>oxycodone hcl tabs 10 mg</i>	2	NDS
<i>oxycodone hcl tabs 15 mg</i>	2	NDS
<i>oxycodone hcl tabs 20</i>	2	NDS

Drug Name	Drug Tier	Requirement s/Limits
mg		
<i>oxycodone hcl tabs 30 mg</i>	2	NDS
<i>oxycodone hcl tabs 5 mg</i>	2	NDS
<i>oxycodone-acetaminophen tabs 10-325 mg</i>	2	NDS
<i>oxycodone-acetaminophen tabs 5-325 mg</i>	2	NDS
<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	2	NDS
<i>piroxicam caps 10 mg</i>	2	
<i>piroxicam caps 20 mg</i>	2	
<i>salsalate tabs 500 mg</i>	2	
<i>salsalate tabs 750 mg</i>	2	
<i>sulindac tabs 150 mg</i>	2	
<i>sulindac tabs 200 mg</i>	2	
TRAMADOL HCL SOLN 5 MG/ML	4	NDS
<i>tramadol hcl tabs 50 mg</i>	2	NDS
<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	2	NDS
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphet er cp24 10 mg</i>	2	NDS
<i>amphetamine-dextroamphet er cp24 15 mg</i>	2	NDS
<i>amphetamine-dextroamphet er cp24 20 mg</i>	2	NDS
<i>amphetamine-dextroamphet er cp24 25 mg</i>	2	NDS
<i>amphetamine-dextroamphet er cp24 30 mg</i>	2	NDS
<i>amphetamine-dextroamphet er cp24 5 mg</i>	2	NDS

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

Drug Name	Drug Tier	Requirement s/Limits
dexmethylphenidate hcl tabs 2.5 mg	2	NDS
dexmethylphenidate hcl tabs 5 mg	2	NDS
dextroamphetamine sulfate er cp24 10 mg	2	NDS
dextroamphetamine sulfate er cp24 15 mg	2	NDS
dextroamphetamine sulfate er cp24 5 mg	2	NDS
dextroamphetamine sulfate tabs 10 mg	2	NDS
dextroamphetamine sulfate tabs 5 mg	2	NDS
lisdexamfetamine dimesylate caps 10 mg	4	NDS
lisdexamfetamine dimesylate caps 20 mg	4	NDS
lisdexamfetamine dimesylate caps 30 mg	4	NDS
lisdexamfetamine dimesylate caps 40 mg	4	NDS
lisdexamfetamine dimesylate caps 50 mg	4	NDS
lisdexamfetamine dimesylate caps 60 mg	4	NDS
lisdexamfetamine dimesylate caps 70 mg	4	NDS
methylphenidate hcl chew 2.5 mg	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	2	NDS

Drug Name	Drug Tier	Requirement s/Limits
MG		
<i>methylphenidate hcl er (osm) tbc</i> 18 mg	2	NDS
<i>methylphenidate hcl er (osm) tbc</i> 27 mg	2	NDS
<i>methylphenidate hcl er (osm) tbc</i> 36 mg	2	NDS
<i>methylphenidate hcl er (osm) tbc</i> 54 mg	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</i> 10 mg	2	NDS
<i>methylphenidate hcl er tbc</i> 20 mg	2	NDS
<i>methylphenidate hcl soln</i> 5 mg/5ml	2	NDS
<i>methylphenidate hcl tabs</i> 10 mg	2	NDS
<i>methylphenidate hcl tabs</i> 20 mg	2	NDS
<i>methylphenidate hcl tabs</i> 5 mg	2	NDS
<i>modafinil tabs</i> 100 mg	2	PA, NDS
<i>modafinil tabs</i> 200 mg	2	PA, NDS
VYKAT XR TB24 150 MG	5	NDS
VYKAT XR TB24 25	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
MG		
VYKAT XR TB24 75 MG	5	NDS
WAKIX TABS 17.8 MG	5	NDS
WAKIX TABS 4.45 MG	5	NDS
ANTICONVULSANTS		
BRIVIACT SOLN 10 MG/ML	5	NDS
BRIVIACT TABS 10 MG	5	NDS
BRIVIACT TABS 100 MG	5	NDS
BRIVIACT TABS 25 MG	5	NDS
BRIVIACT TABS 50 MG	5	NDS
BRIVIACT TABS 75 MG	5	NDS
<i>carbamazepine chew</i> 100 mg	2	MO
CARBAMAZEPINE CHEW 200 MG	4	MO
<i>carbamazepine er cp12</i> 100 mg	2	MO
<i>carbamazepine er cp12</i> 200 mg	2	MO
<i>carbamazepine er cp12</i> 300 mg	2	MO
<i>carbamazepine er tb12</i> 100 mg	2	MO
<i>carbamazepine er tb12</i> 200 mg	2	MO
<i>carbamazepine er tb12</i> 400 mg	2	MO
<i>carbamazepine susp</i> 100 mg/5ml	2	MO
<i>carbamazepine tabs</i> 200 mg	2	MO
CARBATROL CP12 100 MG	2	MO
CARBATROL CP12 200 MG	2	MO
CARBATROL CP12 300 MG	2	MO
CELONTIN CAPS 300 MG	3	MO
<i>clobazam susp</i> 2.5 mg/ml	2	MO
<i>clobazam tabs</i> 10 mg	2	MO
<i>clobazam tabs</i> 20 mg	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<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
DIACOMIT PACK 250 MG	5	NDS
DIACOMIT PACK 500 MG	5	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

Drug Name	Drug Tier	Requirement s/Limits
EPIDIOLEX SOLN 100 MG/ML	5	PA
<i>eslicarbazepine acetate tabs 200 mg</i>	4	MO
<i>eslicarbazepine acetate tabs 400 mg</i>	4	MO
<i>eslicarbazepine acetate tabs 600 mg</i>	4	MO
<i>eslicarbazepine acetate tabs 800 mg</i>	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>	4	MO
<i>felbamate tabs 400 mg</i>	2	MO
<i>felbamate tabs 600 mg</i>	2	MO
FINTEPLA SOLN 2.2 MG/ML	5	NDS
<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	2	
<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	2	
FYCOMPA SUSP 0.5 MG/ML	5	NDS
<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
GABARONE TABS 100 MG	5	NDS
GABARONE TABS 400 MG	5	NDS
<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</i>	2	MO

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

Drug Name	Drug Tier	Requirement s/Limits
MG/50ML		
<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	5	NDS
LIBERVANT FILM 12.5 MG	5	NDS
LIBERVANT FILM 15 MG	5	NDS
LIBERVANT FILM 5 MG	5	NDS
LIBERVANT FILM 7.5 MG	5	NDS
<i>magnesium sulfate soln 4 gm/50ml</i>	2	
<i>magnesium sulfate soln 50 %</i>	2	HI
<i>methsuximide caps 300 mg</i>	2	MO
NAYZILAM SOLN 5 MG/0.1ML	4	NDS
<i>oxcarbazepine susp 300 mg/5ml</i>	2	MO
<i>oxcarbazepine tabs 150 mg</i>	2	MO
<i>oxcarbazepine tabs 300 mg</i>	2	MO
<i>oxcarbazepine tabs 600 mg</i>	2	MO
<i>perampanel tabs 10 mg</i>	5	
<i>perampanel tabs 12 mg</i>	5	
<i>perampanel tabs 2 mg</i>	4	
<i>perampanel tabs 4 mg</i>	5	
<i>perampanel tabs 6 mg</i>	5	

Drug Name	Drug Tier	Requirement s/Limits
<i>perampanel tabs 8 mg</i>	5	
<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
<i>pregabalin caps 50 mg</i>	2	MO
<i>pregabalin caps 75 mg</i>	2	MO
<i>pregabalin soln 20 mg/ml</i>	2	MO
PRIMIDONE TABS 125 MG	4	MO
<i>primidone tabs 250 mg</i>	2	MO
<i>primidone tabs 50 mg</i>	2	MO
<i>roweepra tabs 500 mg</i>	2	MO
<i>rufinamide susp 40 mg/ml</i>	5	
<i>rufinamide tabs 200 mg</i>	4	
<i>rufinamide tabs 400 mg</i>	5	
SPRITAM TB3D 1000 MG	4	MO
SPRITAM TB3D 250 MG	4	MO
SPRITAM TB3D 500 MG	4	MO
SPRITAM TB3D 750 MG	4	MO
<i>subvenite starter kit-blue kit 35 x 25 mg</i>	2	MO
<i>subvenite starter kit-green kit 84 x 25 mg &</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>14x100 mg</i>		
<i>subvenite starter kit-orange kit 42 x 25 mg & 7 x 100 mg</i>	2	MO
<i>subvenite tabs 100 mg</i>	2	MO
<i>subvenite tabs 150 mg</i>	2	MO
<i>subvenite tabs 200 mg</i>	2	MO
<i>subvenite tabs 25 mg</i>	2	MO
SYMPAZAN FILM 10 MG	5	
SYMPAZAN FILM 20 MG	5	
SYMPAZAN FILM 5 MG	5	
TIAGABINE HCL TABS 12 MG	4	MO
TIAGABINE HCL TABS 16 MG	4	MO
<i>tiagabine hcl tabs 2 mg</i>	4	MO
<i>tiagabine hcl tabs 4 mg</i>	4	MO
<i>topiramate csp 15 mg</i>	2	MO
<i>topiramate csp 25 mg</i>	2	MO
<i>topiramate soln 25 mg/ml</i>	4	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 2 x 7.5 MG/0.1ML	3	
VALTOCO 20 MG DOSE LQPK 2 x 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

Drug Name	Drug Tier	Requirement s/Limits
<i>vigadrone tabs 500 mg</i>	5	NDS
VIGAFYDE SOLN 100 MG/ML	5	NDS
XCOPRI (250 MG DAILY DOSE) TBPk 100 & 150 MG	5	
XCOPRI (350 MG DAILY DOSE) TBPk 150 & 200 MG	5	
XCOPRI TABS 100 MG	5	
XCOPRI TABS 150 MG	5	
XCOPRI TABS 200 MG	5	
XCOPRI TABS 25 MG	5	
XCOPRI TABS 50 MG	5	
XCOPRI TBPk 14 x 12.5 MG & 14 X 25 MG	4	
XCOPRI TBPk 14 x 150 MG & 14 X200 MG	5	
XCOPRI TBPk 14 x 50 MG & 14 X100 MG	5	
ZONISADE SUSP 100 MG/5ML	4	MO
<i>zonisamide caps 100 mg</i>	2	MO
<i>zonisamide caps 25 mg</i>	2	MO
<i>zonisamide caps 50 mg</i>	2	MO
ZTALMY SUSP 50 MG/ML	5	NDS
ANTIMIGRAINE AGENTS		
AJOVY SOAJ 225 MG/1.5ML	4	PA
AJOVY SOSY 225 MG/1.5ML	4	PA
<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

Drug Name	Drug Tier	Requirement s/Limits
QULIPTA TABS 30 MG	5	NDS
QULIPTA TABS 60 MG	5	NDS
<i>rizatriptan benzoate tabs 10 mg</i>	2	
<i>rizatriptan benzoate tabs 5 mg</i>	2	
<i>rizatriptan benzoate tbdp 10 mg</i>	2	
<i>rizatriptan benzoate tbdp 5 mg</i>	2	
SUMATRIPTAN SOLN 20 MG/ACT	2	
SUMATRIPTAN SOLN 5 MG/ACT	2	
SUMATRIPTAN SUCCINATE REFILL SOCT 6 MG/0.5ML	2	
<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	2	
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	2	
<i>sumatriptan succinate tabs 100 mg</i>	2	
<i>sumatriptan succinate tabs 25 mg</i>	2	
<i>sumatriptan succinate tabs 50 mg</i>	2	
UBRELVY TABS 100 MG	3	
UBRELVY TABS 50 MG	5	NDS
ZAVZPRET SOLN 10 MG/ACT	5	NDS
<i>zolmitriptan tabs 2.5 mg</i>	2	
<i>zolmitriptan tabs 5 mg</i>	2	
<i>zolmitriptan tbdp 2.5 mg</i>	2	
<i>zolmitriptan tbdp 5 mg</i>	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps 100 mg</i>	2	MO
<i>amantadine hcl soln 50 mg/5ml</i>	2	MO
<i>amantadine hcl tabs 100 mg</i>	2	MO
<i>apomorphine hcl soct 30 mg/3ml</i>	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
<i>benztropine mesylate soln 1 mg/ml</i>	2	
<i>benztropine mesylate tabs 0.5 mg</i>	2	MO
<i>benztropine mesylate tabs 1 mg</i>	2	MO
<i>benztropine mesylate tabs 2 mg</i>	2	MO
<i>bromocriptine mesylate caps 5 mg</i>	2	MO
<i>bromocriptine mesylate tabs 2.5 mg</i>	2	MO
<i>cabergoline tabs 0.5 mg</i>	2	MO
<i>carbidopa tabs 25 mg</i>	2	MO
<i>carbidopa-levodopa er tbc 25-100 mg</i>	2	MO
<i>carbidopa-levodopa er tbc 50-200 mg</i>	2	MO
<i>carbidopa-levodopa tabs 10-100 mg</i>	2	MO
<i>carbidopa-levodopa tabs 25-100 mg</i>	2	MO
<i>carbidopa-levodopa tabs 25-250 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	MO
EMSAM PT24 12 MG/24HR	5	NDS
EMSAM PT24 6 MG/24HR	5	NDS
EMSAM PT24 9	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
MG/24HR		
<i>entacapone tabs 200 mg</i>	2	MO
INBRIJA CAPS 42 MG	5	NDS
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 1 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	2	MO
<i>rasagiline mesylate tabs 0.5 mg</i>	2	MO
<i>rasagiline mesylate tabs 1 mg</i>	2	MO
<i>ropinirole hcl er tb24 12 mg</i>	2	MO
<i>ropinirole hcl er tb24 2 mg</i>	2	MO
<i>ropinirole hcl er tb24 4 mg</i>	2	MO
<i>ropinirole hcl er tb24 6 mg</i>	2	MO
<i>ropinirole hcl er tb24 8 mg</i>	2	MO
<i>ropinirole hcl tabs 0.25 mg</i>	2	MO
<i>ropinirole hcl tabs 0.5 mg</i>	2	MO
<i>ropinirole hcl tabs 1 mg</i>	2	MO
<i>ropinirole hcl tabs 2 mg</i>	2	MO
<i>ropinirole hcl tabs 3 mg</i>	2	MO
<i>ropinirole hcl tabs 4 mg</i>	2	MO
<i>ropinirole hcl tabs 5 mg</i>	2	MO
<i>selegiline hcl caps 5 mg</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<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
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam tabs 0.25 mg</i>	2	NDS
<i>alprazolam tabs 0.5 mg</i>	2	NDS
<i>alprazolam tabs 1 mg</i>	2	NDS
<i>alprazolam tabs 2 mg</i>	2	NDS
BUCAPSOL CAPS 10 MG	5	NDS
BUCAPSOL CAPS 15 MG	5	NDS
BUCAPSOL CAPS 7.5 MG	5	NDS
<i>buspirone hcl tabs 10 mg</i>	1	
<i>buspirone hcl tabs 15 mg</i>	1	
<i>buspirone hcl tabs 30 mg</i>	1	
<i>buspirone hcl tabs 5 mg</i>	1	
<i>buspirone 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</i>	2	NDS

Drug Name	Drug Tier	Requirement s/Limits
<i>mg/5ml</i>		
<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
<i>droperidol soln 2.5 mg/ml</i>	2	
<i>eszopiclone tabs 1 mg</i>	2	NDS
<i>eszopiclone tabs 2 mg</i>	2	NDS
<i>eszopiclone tabs 3 mg</i>	2	NDS
HYDROXYZINE HCL SOLN 25 MG/ML	2	
HYDROXYZINE HCL SOLN 50 MG/ML	2	
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	2	
<i>hydroxyzine hcl tabs 10 mg</i>	2	
<i>hydroxyzine hcl tabs 25 mg</i>	2	
<i>hydroxyzine hcl tabs 50 mg</i>	2	
HYDROXYZINE PAMOATE CAPS 100 MG	2	
<i>hydroxyzine pamoate caps 25 mg</i>	2	
<i>hydroxyzine pamoate caps 50 mg</i>	2	
IGALMI FILM 120 MCG	4	NDS
IGALMI FILM 180 MCG	4	NDS
<i>lorazepam intensol conc 2 mg/ml</i>	2	NDS
LORAZEPAM SOLN 2 MG/ML	2	NDS
LORAZEPAM SOLN 4 MG/ML	2	NDS
<i>lorazepam tabs 0.5 mg</i>	2	NDS
<i>lorazepam tabs 1 mg</i>	2	NDS
<i>lorazepam tabs 2 mg</i>	2	NDS
<i>midazolam hcl (pf) soln 10 mg/2ml</i>	2	
<i>midazolam hcl (pf) soln 2 mg/2ml</i>	2	
<i>midazolam hcl (pf) soln 5 mg/ml</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
midazolam hcl soln 10 mg/2ml	2	
midazolam hcl soln 2 mg/2ml	2	
midazolam hcl soln 25 mg/5ml	2	
midazolam hcl soln 5 mg/5ml	2	
midazolam hcl soln 5 mg/ml	2	
oxazepam caps 10 mg	2	NDS
oxazepam caps 15 mg	2	NDS
oxazepam caps 30 mg	2	NDS
phenobarbital elix 20 mg/5ml	2	
phenobarbital sodium soln 130 mg/ml	2	
phenobarbital sodium soln 65 mg/ml	2	
phenobarbital tabs 100 mg	2	
phenobarbital tabs 15 mg	2	
phenobarbital tabs 16.2 mg	2	
phenobarbital tabs 30 mg	2	
phenobarbital tabs 32.4 mg	2	
phenobarbital tabs 60 mg	2	
phenobarbital tabs 64.8 mg	2	
phenobarbital tabs 97.2 mg	2	
SEZABY SOLR 100 MG	4	
tasimelteon caps 20 mg	5	PA, NDS
temazepam caps 15 mg	2	NDS
temazepam caps 30 mg	2	NDS
temazepam caps 7.5 mg	2	NDS
triazolam tabs 0.125 mg	2	NDS
triazolam tabs 0.25 mg	2	NDS
zaleplon caps 10 mg	2	NDS
zaleplon caps 5 mg	2	NDS
zolpidem tartrate tabs	2	NDS

Drug Name	Drug Tier	Requirement s/Limits
10 mg		
zolpidem tartrate tabs 5 mg	2	NDS
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
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	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
MG/ML		
<i>flumazenil soln 0.5 mg/5ml</i>	2	
<i>flumazenil soln 1 mg/10ml</i>	2	
<i>guanfacine hcl er tb24 1 mg</i>	2	MO
<i>guanfacine hcl er tb24 2 mg</i>	2	MO
<i>guanfacine hcl er tb24 3 mg</i>	2	MO
<i>guanfacine hcl er tb24 4 mg</i>	2	MO
INGREZZA CAPS 40 MG	5	NDS
INGREZZA CAPS 60 MG	5	NDS
INGREZZA CAPS 80 MG	5	NDS
INGREZZA CPPK 40 & 80 MG	5	NDS
<i>memantine hcl soln 2 mg/ml</i>	2	MO
<i>memantine hcl tabs 10 mg</i>	2	MO
MEMANTINE HCL TABS 28 x 5 MG & 21 X 10 MG	2	MO
<i>memantine hcl tabs 5 mg</i>	2	MO
NOURIANZ TABS 20 MG	5	NDS
NOURIANZ TABS 40 MG	5	NDS
NUDEXTA CAPS 20-10 MG	5	PA, NDS
QALSODY SOLN 100 MG/15ML	5	NDS
RADICAVA ORS STARTER KIT SUSP 105 MG/5ML	5	NDS
RADICAVA ORS SUSP 105 MG/5ML	5	NDS
RELYVRIO PACK 3-1 GM	5	NDS
<i>riluzole tabs 50 mg</i>	2	MO
SODIUM OXYBATE	5	PA, LD, NDS

Drug Name	Drug Tier	Requirement s/Limits
SOLN 500 MG/ML		
<i>tetrabenazine tabs 12.5 mg</i>	4	MO
<i>tetrabenazine tabs 25 mg</i>	4	MO
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN AJKT 30 MCG/0.5ML	5	NDS
AVONEX PREFILLED PSKT 30 MCG/0.5ML	5	NDS
BETASERON KIT 0.3 MG	5	NDS
<i>dalfampridine er tb12 10 mg</i>	2	MO
<i>dimethyl fumarate cpdr 120 mg</i>	2	MO
<i>dimethyl fumarate cpdr 240 mg</i>	2	MO
<i>dimethyl fumarate starter pack cdpk 120 & 240 mg</i>	2	MO
<i> fingolimod hcl caps 0.5 mg</i>	2	MO
<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
OCREVUS SOLN 300 MG/10ML	5	
OCREVUS ZUNOVO SOLN 920-23000 MG-UT/23ML	5	
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
<i>teriflunomide tabs 14 mg</i>	4	PA, MO
<i>teriflunomide tabs 7 mg</i>	4	PA, MO

Drug Name	Drug Tier	Requirement s/Limits
OPIATE ANTAGONISTS		
BELBUCA FILM 150 MCG	4	NDS
BELBUCA FILM 300 MCG	4	NDS
BELBUCA FILM 450 MCG	4	NDS
BELBUCA FILM 600 MCG	4	NDS
BELBUCA FILM 75 MCG	4	NDS
BELBUCA FILM 750 MCG	5	NDS
BELBUCA FILM 900 MCG	5	NDS
<i>buprenorphine hcl subl 2 mg</i>	2	NDS
<i>buprenorphine hcl subl 8 mg</i>	2	NDS
<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	2	NDS
<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	2	NDS
<i>buprenorphine ptwk 10 mcg/hr</i>	2	NDS
<i>buprenorphine ptwk 15 mcg/hr</i>	2	NDS
<i>buprenorphine ptwk 20 mcg/hr</i>	2	NDS
<i>buprenorphine ptwk 5 mcg/hr</i>	2	NDS
<i>buprenorphine ptwk 7.5 mcg/hr</i>	2	NDS
KLOXXADO LIQD 8 MG/0.1ML	4	
<i>lofexidine hcl tabs 0.18 mg</i>	5	NDS
NALOXONE HCL SOCT 0.4 MG/ML	2	
<i>naloxone hcl soln 0.4 mg/ml</i>	2	
<i>naloxone hcl soln 4 mg/10ml</i>	2	
<i>naloxone hcl sosy 2 mg/2ml</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
<i>naltrexone hcl tabs 50 mg</i>	2	
NARCAN LIQD 4 MG/0.1ML	3	
VIVITROL SUSR 380 MG	5	NDS
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	5	
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	5	
ABILIFY MAINTENA PRSY 300 MG	5	NDS
ABILIFY MAINTENA PRSY 400 MG	5	NDS
ABILIFY MAINTENA SRER 300 MG	5	NDS
ABILIFY MAINTENA SRER 400 MG	5	NDS
<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
APLENZIN TB24 348 MG	5	MO
APLENZIN TB24 522 MG	5	MO
<i>aripiprazole soln 1 mg/ml</i>	2	MO
<i>aripiprazole tabs 10 mg</i>	2	MO
<i>aripiprazole tabs 15 mg</i>	2	MO
<i>aripiprazole tabs 2 mg</i>	2	MO
<i>aripiprazole tabs 20 mg</i>	2	MO
<i>aripiprazole tabs 30 mg</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>aripiprazole tabs 5 mg</i>	2	MO
<i>aripiprazole tbdp 10 mg</i>	4	MO
<i>aripiprazole tbdp 15 mg</i>	4	MO
ARISTADA INITIO PRSY 675 MG/2.4ML	5	NDS
ARISTADA PRSY 1064 MG/3.9ML	5	NDS
ARISTADA PRSY 441 MG/1.6ML	5	NDS
ARISTADA PRSY 662 MG/2.4ML	5	NDS
ARISTADA PRSY 882 MG/3.2ML	5	NDS
<i>asenapine maleate subl 10 mg</i>	2	MO
<i>asenapine maleate subl 2.5 mg</i>	2	MO
<i>asenapine maleate subl 5 mg</i>	2	MO
AUVELITY TBCR 45-105 MG	5	NDS
<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-	2	

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

Drug Name	Drug Tier	Requirement s/Limits
<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
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

Drug Name	Drug Tier	Requirement s/Limits
<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>	4	MO
<i>duloxetine hcl cpep 60 mg</i>	2	MO
ERZOFRI SUSY 117 MG/0.75ML	5	NDS
ERZOFRI SUSY 156 MG/ML	5	NDS
ERZOFRI SUSY 234 MG/1.5ML	5	NDS
ERZOFRI SUSY 351 MG/2.25ML	5	NDS
ERZOFRI SUSY 78 MG/0.5ML	5	NDS
<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 A TABS 1 & 2 & 4 & 6 MG	4	MO

Drug Name	Drug Tier	Requirement s/Limits
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	
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

Drug Name	Drug Tier	Requirement s/Limits
<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
<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	

Drug Name	Drug Tier	Requirement s/Limits
INVEGA SUSTENNA SUSY 78 MG/0.5ML	5	NDS
INVEGA TRINZA SUSY 273 MG/0.88ML	5	NDS
INVEGA TRINZA SUSY 410 MG/1.32ML	5	NDS
INVEGA TRINZA SUSY 546 MG/1.75ML	5	NDS
INVEGA TRINZA SUSY 819 MG/2.63ML	5	NDS
<i>lithium carbonate caps 150 mg</i>	2	MO
<i>lithium carbonate caps 300 mg</i>	2	MO
LITHIUM CARBONATE CAPS 600 MG	2	MO
<i>lithium carbonate er tbc 300 mg</i>	2	MO
<i>lithium carbonate er tbc 450 mg</i>	2	MO
LITHIUM CARBONATE TABS 300 MG	2	MO
<i>lithium soln 8 meq/5ml</i>	4	MO
<i>loxapine succinate caps 10 mg</i>	2	MO
<i>loxapine succinate caps 25 mg</i>	2	MO
<i>loxapine succinate caps 5 mg</i>	2	MO
<i>loxapine succinate caps 50 mg</i>	2	MO
<i>lurasidone hcl tabs 120 mg</i>	2	MO
<i>lurasidone hcl tabs 20 mg</i>	2	MO
<i>lurasidone hcl tabs 40 mg</i>	2	MO
<i>lurasidone hcl tabs 60 mg</i>	2	MO
<i>lurasidone hcl tabs 80 mg</i>	2	MO
LYBALVI TABS 10-10 MG	5	NDS
LYBALVI TABS 15-10 MG	5	NDS
LYBALVI TABS 20-10 MG	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
LYBALVI TABS 5-10 MG	5	NDS
MARPLAN TABS 10 MG	4	MO
<i>mirtazapine tabs 15 mg</i>	2	MO
<i>mirtazapine tabs 30 mg</i>	2	MO
<i>mirtazapine tabs 45 mg</i>	2	MO
<i>mirtazapine tabs 7.5 mg</i>	2	MO
<i>mirtazapine tbdp 15 mg</i>	2	MO
<i>mirtazapine tbdp 30 mg</i>	2	MO
<i>mirtazapine tbdp 45 mg</i>	2	MO
MOLINDONE HCL TABS 10 MG	2	MO
MOLINDONE HCL TABS 25 MG	2	MO
MOLINDONE HCL TABS 5 MG	2	MO
NEFAZODONE HCL TABS 100 MG	2	MO
NEFAZODONE HCL TABS 150 MG	2	MO
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

Drug Name	Drug Tier	Requirement s/Limits
<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
OPIPZA FILM 10 MG	5	NDS
OPIPZA FILM 2 MG	5	NDS
OPIPZA FILM 5 MG	5	NDS
<i>paliperidone er tb24 1.5 mg</i>	2	MO
<i>paliperidone er tb24 3 mg</i>	2	MO
<i>paliperidone er tb24 6 mg</i>	2	MO
<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
PAROXETINE HCL SUSP 10 MG/5ML	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</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>mg</i>		
<i>perphenazine tabs 2 mg</i>	2	MO
<i>perphenazine tabs 4 mg</i>	2	MO
<i>perphenazine tabs 8 mg</i>	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 2-10 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 2-25 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-10 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-25 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-50 MG	2	MO
PERSERIS PRSY 120 MG	5	NDS
PERSERIS PRSY 90 MG	5	NDS
PHENELZINE SULFATE TABS 15 MG	2	MO
PIMOZIDE TABS 1 MG	2	MO
PIMOZIDE TABS 2 MG	2	MO
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	2	
<i>prochlorperazine maleate tabs 10 mg</i>	2	
<i>prochlorperazine maleate tabs 5 mg</i>	2	
<i>prochlorperazine supp 25 mg</i>	2	MO
<i>protriptyline hcl tabs 10 mg</i>	2	MO
<i>protriptyline hcl tabs 5 mg</i>	2	MO
<i>quetiapine fumarate er tb24 150 mg</i>	2	MO
<i>quetiapine fumarate er tb24 200 mg</i>	2	MO
<i>quetiapine fumarate er tb24 300 mg</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<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
RALDESY SOLN 10 MG/ML	5	NDS
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	
RISPERDAL CONSTA SRER 25 MG	4	
RISPERDAL CONSTA SRER 37.5 MG	5	NDS
RISPERDAL CONSTA SRER 50 MG	5	NDS
<i>risperidone microspheres er srer 12.5 mg</i>	4	
<i>risperidone microspheres er srer 25 mg</i>	4	
<i>risperidone microspheres er srer 37.5 mg</i>	5	NDS
<i>risperidone microspheres er srer 50</i>	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
<i>mg</i>		
<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	4	MO
<i>risperidone tbdp 0.5 mg</i>	4	MO
<i>risperidone tbdp 1 mg</i>	4	MO
<i>risperidone tbdp 2 mg</i>	4	MO
<i>risperidone tbdp 3 mg</i>	4	MO
<i>risperidone tbdp 4 mg</i>	4	MO
RYKINDO SRER 25 MG	5	NDS
RYKINDO SRER 37.5 MG	5	NDS
RYKINDO SRER 50 MG	5	NDS
SECUADO PT24 3.8 MG/24HR	5	NDS
SECUADO PT24 5.7 MG/24HR	5	NDS
SECUADO PT24 7.6 MG/24HR	5	NDS
<i>sertraline hcl caps 150 mg</i>	4	MO
<i>sertraline hcl caps 200 mg</i>	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
<i>thioridazine hcl tabs 10 mg</i>	2	MO
<i>thioridazine hcl tabs 100 mg</i>	2	MO
<i>thioridazine hcl tabs 25</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
mg		
thioridazine hcl tabs 50 mg	2	MO
thiothixene caps 1 mg	2	MO
thiothixene caps 10 mg	2	MO
thiothixene caps 2 mg	2	MO
thiothixene caps 5 mg	2	MO
tranylcypromine sulfate tabs 10 mg	2	MO
trazodone hcl tabs 100 mg	1	MO
trazodone hcl tabs 150 mg	1	MO
trazodone hcl tabs 300 mg	2	MO
trazodone hcl tabs 50 mg	1	MO
trifluoperazine hcl tabs 1 mg	2	MO
trifluoperazine hcl tabs 10 mg	2	MO
trifluoperazine hcl tabs 2 mg	2	MO
trifluoperazine hcl tabs 5 mg	2	MO
trimipramine maleate caps 100 mg	2	MO
trimipramine maleate caps 25 mg	2	MO
trimipramine maleate caps 50 mg	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	

Drug Name	Drug Tier	Requirement s/Limits
UZEDY SUSY 50 MG/0.14ML	5	
UZEDY SUSY 75 MG/0.21ML	5	
VENLAFAXINE BESYLATE ER TB24 112.5 MG	4	MO
venlafaxine hcl er cp24 150 mg	2	MO
venlafaxine hcl er cp24 37.5 mg	2	MO
venlafaxine hcl er cp24 75 mg	2	MO
venlafaxine hcl er tb24 150 mg	4	MO
venlafaxine hcl er tb24 225 mg	4	MO
venlafaxine hcl er tb24 37.5 mg	4	MO
venlafaxine hcl er tb24 75 mg	4	MO
venlafaxine hcl tabs 100 mg	2	MO
venlafaxine hcl tabs 25 mg	2	MO
venlafaxine hcl tabs 37.5 mg	2	MO
venlafaxine hcl tabs 50 mg	2	MO
venlafaxine hcl tabs 75 mg	2	MO
VERSACLOZ SUSP 50 MG/ML	5	
vilazodone hcl tabs 10 mg	4	MO
vilazodone hcl tabs 20 mg	4	MO
vilazodone hcl tabs 40 mg	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
ziprasidone hcl caps 20 mg	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>ziprasidone hcl caps 40 mg</i>	2	MO
<i>ziprasidone hcl caps 60 mg</i>	2	MO
<i>ziprasidone hcl caps 80 mg</i>	2	MO
<i>ziprasidone mesylate solr 20 mg</i>	2	
ZURZUVAE CAPS 20 MG	5	NDS
ZURZUVAE CAPS 25 MG	5	NDS
ZURZUVAE CAPS 30 MG	5	NDS
ZYPREXA RELPREVV SUSR 210 MG	4	
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
ALCOHOL PREP PADS 70 %	2	MO
BD INSULIN SYR ULTRAFINE II MISC 31G X 5/16" 0.3 ML	2	MO
BD INSULIN SYRINGE MISC 29G X 1/2" 1 ML	2	MO
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2" 0.5 ML	2	MO
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 5/16" 1 ML	2	MO
BD PEN NEEDLE ORIG ULTRAFINE MISC 29G X 12.7MM	2	MO
CURITY GAUZE PADS 2"X2"	2	MO
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AND ALKALINIZING AGENTS		
<i>pot & sod cit-cit ac soln 550-500-334 mg/5ml</i>	2	
<i>potassium citrate er tbc 10 meq (1080 mg)</i>	2	MO
<i>potassium citrate er tbc 15 meq (1620 mg)</i>	2	MO
<i>potassium citrate er tbc 5 meq (540 mg)</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>sodium bicarbonate soln 4.2 %</i>	2	
<i>sodium bicarbonate soln 8.4 %</i>	2	
<i>tricitrates soln 550-500-334 mg/5ml</i>	2	
AMMONIA DETOXICANTS		
<i>carglumic acid tbso 200 mg</i>	5	NDS
<i>enulose soln 10 gm/15ml</i>	2	MO
<i>generlac soln 10 gm/15ml</i>	2	MO
<i>lactulose encephalopathy soln 10 gm/15ml</i>	2	MO
<i>lactulose soln 10 gm/15ml</i>	2	MO
LITHOSTAT TABS 250 MG	4	MO
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	5	NDS
<i>sodium phenylbutyrate tabs 500 mg</i>	5	NDS
CALORIC AGENTS		
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 %	3	HI
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 %	3	HI
CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 %	3	HI
CLINIMIX E/DEXTROSE (5/15) SOLN 5 %	3	HI
CLINIMIX E/DEXTROSE (5/20) SOLN 5 %	3	HI
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 %	3	HI
CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 %	3	HI
CLINIMIX/DEXTROSE (5/15) SOLN 5 %	3	HI
CLINIMIX/DEXTROSE	3	HI

Drug Name	Drug Tier	Requirement s/Limits
(5/20) SOLN 5 %		
<i>clinisol sf soln 15 %</i>	2	HI
DEXTROSE SOLN 10 %	2	HI
<i>dextrose soln 5 %</i>	2	HI
DEXTROSE SOLN 50 %	2	
DEXTROSE SOLN 70 %	2	
GLUCOSE (DEXTROSE) SOLN 50 %	2	
INTRALIPID EMUL 20 %	2	HI
<i>plenamine soln 15 %</i>	2	HI
PREMASOL SOLN 10 %	2	HI
TRAVASOL SOLN 10 %	2	HI
TROPHAMINE SOLN 10 %	3	HI
DIURETICS		
AMILORIDE HCL TABS 5 MG	2	MO
AMILORIDE-HYDROCHLOROTHIAZIDE TABS 5-50 MG	1	MO
<i>bumetanide tabs 0.5 mg</i>	2	MO
<i>bumetanide tabs 1 mg</i>	2	MO
<i>bumetanide tabs 2 mg</i>	2	MO
<i>chlorthalidone tabs 25 mg</i>	2	MO
<i>chlorthalidone tabs 50 mg</i>	2	MO
<i>ethacrynic acid tabs 25 mg</i>	4	MO
<i>furosemide oral soln 10 mg/ml</i>	1	MO
<i>furosemide soln injection 10 mg/ml</i>	2	HI
FUROSEMIDE SOLN 8 MG/ML	2	MO
<i>furosemide tabs 20 mg</i>	1	MO
<i>furosemide tabs 40 mg</i>	1	MO
<i>furosemide tabs 80 mg</i>	1	MO
<i>hydrochlorothiazide</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>caps 12.5 mg</i>		
<i>hydrochlorothiazide tabs 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tabs 25 mg</i>	1	MO
<i>hydrochlorothiazide tabs 50 mg</i>	1	MO
<i>indapamide tabs 1.25 mg</i>	1	MO
<i>indapamide tabs 2.5 mg</i>	1	MO
MANNITOL SOLN 20 %	2	
MANNITOL SOLN 25 %	2	
<i>metolazone tabs 10 mg</i>	2	MO
<i>metolazone tabs 2.5 mg</i>	2	MO
<i>metolazone tabs 5 mg</i>	2	MO
OSMITROL SOLN 20 %	2	
<i>tolvaptan tabs 15 mg</i>	5	NDS
<i>tolvaptan tabs 30 mg</i>	5	NDS
<i>torsemide tabs 10 mg</i>	2	MO
<i>torsemide tabs 100 mg</i>	2	MO
<i>torsemide tabs 20 mg</i>	2	MO
<i>torsemide tabs 5 mg</i>	2	MO
TRIAMTERENE CAPS 100 MG	2	MO
TRIAMTERENE CAPS 50 MG	2	MO
<i>triamterene-hctz caps 37.5-25 mg</i>	1	MO
<i>triamterene-hctz tabs 37.5-25 mg</i>	1	MO
<i>triamterene-hctz tabs 75-50 mg</i>	1	MO
ION-REMOVING AGENTS		
AURYXIA TABS 1 GM 210 MG(FE)	5	MO, NDS
<i>lanthanum carbonate chew 1000 mg</i>	4	MO
<i>lanthanum carbonate chew 500 mg</i>	4	MO
<i>lanthanum carbonate chew 750 mg</i>	4	MO
LOKELMA PACK 10 GM	4	MO
LOKELMA PACK 5 GM	4	MO
<i>sevelamer carbonate</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>pack 0.8 gm</i>		
<i>sevelamer carbonate pack 2.4 gm</i>	2	MO
<i>sevelamer carbonate tabs 800 mg</i>	2	MO
<i>sodium polystyrene sulfonate powd</i>	2	MO
VELPHORO CHEW 500 MG	5	NDS
XPHOZAH TABS 20 MG	5	NDS
XPHOZAH TABS 30 MG	5	NDS
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phos binder) caps 667 mg</i>	2	MO
<i>calcium acetate tabs 667 mg</i>	2	MO
DEXTROSE IN LACTATED RINGERS SOLN 5 %	2	
DEXTROSE-SODIUM CHLORIDE SOLN 10-0.45 %	3	HI
DEXTROSE-SODIUM CHLORIDE SOLN 2.5-0.45 %	2	HI
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.2 %	2	HI
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.45 %	2	HI
<i>dextrose-sodium chloride soln 5-0.9 %</i>	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</i>	2	HI

Drug Name	Drug Tier	Requirement s/Limits
<i>30-5-0.45 meq/l-%-%</i>		
<i>kcl in dextrose-nacl soln 40-5-0.45 meq/l-%-%</i>	2	HI
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-%	2	HI
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L	3	HI
<i>klor-con 10 tbc 10 meq</i>	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	
PLASMA-LYTE 148 SOLN	3	HI
PLASMA-LYTE A SOLN	3	HI
POTASSIUM ACETATE SOLN 2 MEQ/ML	2	
<i>potassium chloride crys er tbc 10 meq</i>	2	MO
<i>potassium chloride crys er tbc 20 meq</i>	2	MO
<i>potassium chloride er cpcr 10 meq</i>	2	MO
<i>potassium chloride er cpcr 8 meq</i>	2	MO
<i>potassium chloride er tbc 10 meq</i>	2	MO
<i>potassium chloride er tbc 20 meq</i>	2	MO
POTASSIUM CHLORIDE ER TBCR 8 MEQ	2	MO
<i>potassium chloride in nacl soln 20-0.9 meq/l-%</i>	2	HI
<i>potassium chloride in nacl soln 40-0.9 meq/l-%</i>	2	HI
<i>potassium chloride pack 20 meq</i>	2	MO
POTASSIUM	2	HI

Drug Name	Drug Tier	Requirement s/Limits
CHLORIDE SOLN 10 MEQ/100ML		
<i>potassium chloride soln 2 meq/ml</i>	2	HI
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML	2	HI
<i>potassium chloride soln 20 meq/15ml (10%)</i>	2	MO
<i>potassium chloride soln 40 meq/15ml (20%)</i>	2	MO
<i>potassium cl in dextrose 5% soln 20 meq/l</i>	2	HI
<i>potassium phosphates(66 meq k) soln 45 mmole/15ml</i>	2	
RINGERS SOLN	2	
SODIUM CHLORIDE (PF) SOLN 0.9 %	2	
SODIUM CHLORIDE SOLN 0.45 %	2	HI
<i>sodium chloride intravenous soln 0.9 %</i>	2	HI
SODIUM CHLORIDE SOLN 3 %	2	HI
SODIUM CHLORIDE SOLN 4 MEQ/ML	2	
SODIUM CHLORIDE SOLN 5 %	2	HI
<i>sodium phosphates soln 45 mmole/15ml</i>	2	
URICOSURIC AGENTS		
<i>colchicine-probenecid tabs 0.5-500 mg</i>	2	MO
<i>probenecid tabs 500 mg</i>	2	MO
ENZYMES		
ENZYMES		
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-	3	MO

Drug Name	Drug Tier	Requirement s/Limits
76000 UNIT		
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
ELFABRIO SOLN 20 MG/10ML	5	NDS
ELFABRIO SOLN 5 MG/2.5ML	5	NDS
ELITEK SOLR 1.5 MG	5	NDS
FABRAZYME SOLR 35 MG	5	NDS
FABRAZYME SOLR 5 MG	5	NDS
HARLIKU TABS 2 MG	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
PALYNZIQ SOSY 10 MG/0.5ML	5	NDS
PALYNZIQ SOSY 2.5 MG/0.5ML	5	NDS
PALYNZIQ SOSY 20 MG/ML	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
VIMIZIM SOLN 5	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
MG/5ML		
VPRIV SOLR 400 UNIT	5	NDS
XENPOZYME SOLR 20 MG	5	NDS
XENPOZYME SOLR 4 MG	5	NDS
<i>yargesa caps 100 mg</i>	5	NDS
ZENPEP CPEP 10000-32000 UNIT	3	MO
ZENPEP CPEP 15000-47000 UNIT	3	MO
ZENPEP CPEP 20000-63000 UNIT	3	MO
ZENPEP CPEP 25000-79000 UNIT	3	MO
ZENPEP CPEP 3000-10000 UNIT	3	MO
ZENPEP CPEP 40000-126000 UNIT	3	MO
ZENPEP CPEP 5000-24000 UNIT	3	MO
ZENPEP CPEP 60000-189600 UNIT	5	NDS
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
BACITRACIN OINT 500 UNIT/GM	2	
<i>bacitracin-polymyxin b oint 500-10000 unit/gm</i>	2	
<i>chlorhexidine gluconate soln 0.12 %</i>	1	
CILOXAN OINT 0.3 %	3	
<i>ciprofloxacin hcl soln 0.3 %</i>	2	
<i>erythromycin oint 5 mg/gm</i>	2	
GATIFLOXACIN SOLN 0.5 %	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-</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
10000		
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLN 1.75-10000-.025	2	
<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	
SULFACETAMIDE SODIUM SOLN 10 %	2	
<i>tobramycin soln 0.3 %</i>	2	
TOBREX OINT 0.3 %	3	
TRIFLURIDINE SOLN 1 %	2	
XDEMVY SOLN 0.25 %	5	NDS
ANTI-INFLAMMATORY AGENTS		
<i>bacitra-neomycin-polymyxin-hc oint 1 %</i>	2	MO
CEQUA SOLN 0.09 %	3	
<i>ciprofloxacin-dexamethasone susp 0.3-0.1 %</i>	2	MO
<i>cyclosporine emul 0.05 %</i>	2	MO
DEXAMETHASONE SODIUM PHOSPHATE SOLN 0.1 %	2	MO
<i>diclofenac sodium soln 0.1 %</i>	2	MO
<i>difluprednate emul 0.05 %</i>	4	MO
<i>fluocinolone 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
<i>hydrocortisone-acetic acid soln 1-2 %</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
KETOROLAC TROMETHAMINE SOLN 0.4 %	2	MO
<i>ketorolac tromethamine soln 0.5 %</i>	2	MO
<i>mometasone furoate susp 50 mcg/act</i>	2	MO
<i>neomycin-polymyxin-dexameth oint 3.5-10000-0.1</i>	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
<i>prednisolone acetate susp 1 %</i>	2	MO
PREDNISOLONE SODIUM PHOSPHATE SOLN 1 %	2	MO
RETISERT IMPL 0.59 MG	5	
SULFACETAMIDE-PREDNISOLONE SOLN 10-0.23 %	2	MO
TOBRADEX OINT 0.3-0.1 %	3	MO
<i>tobramycin-dexamethasone susp 0.3-0.1 %</i>	4	MO
VERKAZIA EMUL 0.1 %	5	NDS
ANTIALLERGIC AGENTS		
<i>azelastine hcl soln 0.05 %</i>	4	
<i>azelastine hcl soln 0.1 %</i>	2	MO
CROMOLYN SODIUM SOLN 4 %	2	MO

Drug Name	Drug Tier	Requirement s/Limits
ANTI GLAUCOMA AGENTS		
<i>acetazolamide er cp12 500 mg</i>	2	MO
<i>acetazolamide sodium solr 500 mg</i>	2	
<i>acetazolamide tabs 125 mg</i>	2	MO
<i>acetazolamide tabs 250 mg</i>	2	MO
BETAXOLOL HCL SOLN 0.5 %	2	MO
<i>bimatoprost soln 0.03 %</i>	2	MO
<i>brimonidine tartrate soln 0.2 %</i>	1	MO
<i>dorzolamide hcl soln 2 %</i>	2	MO
<i>dorzolamide hcl-timolol mal soln 2-0.5 %</i>	1	MO
<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
<i>pilocarpine hcl soln 1 %</i>	2	MO
<i>pilocarpine hcl soln 2 %</i>	2	MO
<i>pilocarpine hcl soln 4 %</i>	2	MO
<i>timolol maleate soln 0.25 %</i>	1	MO
<i>timolol maleate soln 0.5 %</i>	1	MO
<i>travoprost (bak free) soln 0.004 %</i>	2	MO
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid soln 2 %</i>	2	MO
APRACLOPIDINE HCL SOLN 0.5 %	2	MO
<i>atropine sulfate soln 1 %</i>	2	MO
BYOOVIZ SOLN 0.5 MG/0.05ML	5	NDS
CYSTARAN SOLN 0.44	5	

Drug Name	Drug Tier	Requirement s/Limits
%		
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 SOSY 0.3 MG/0.05ML	5	NDS
LUCENTIS SOSY 0.5 MG/0.05ML	5	NDS
MIEBO SOLN 1.338 GM/ML	4	
PAVBLU SOLN 2 MG/0.05ML	5	
PAVBLU SOSY 2 MG/0.05ML	5	
PHENYLEPHRINE HCL SOLN 10 %	2	
<i>phenylephrine hcl soln 2.5 %</i>	2	
SUSVIMO (IMPLANT 1ST FILL) SOLN 10 MG/0.1ML	5	
SUSVIMO (IMPLANT REFILL) SOLN 10 MG/0.1ML	5	
SYFOVRE SOLN 15 MG/0.1ML	5	
VABYSMO SOLN 6 MG/0.05ML	5	NDS
VABYSMO SOSY 6 MG/0.05ML	5	
LOCAL ANESTHETICS		
LIDOCAINE HCL SOLN 4 %	2	
<i>lidocaine viscous hcl soln 2 %</i>	2	MO
<i>proparacaine hcl soln 0.5 %</i>	2	MO
<i>tetracaine hcl soln 0.5 %</i>	2	

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

Drug Name	Drug Tier	Requirement s/Limits
<i>ondansetron hcl soln 4 mg/2ml</i>	2	
<i>ondansetron hcl soln 4 mg/5ml</i>	2	PA
<i>ondansetron hcl soln 40 mg/20ml</i>	2	
ONDANSETRON HCL SOSY 4 MG/2ML	2	
<i>ondansetron hcl tabs 4 mg</i>	2	PA
<i>ondansetron hcl tabs 8 mg</i>	2	PA
<i>ondansetron tbdp 4 mg</i>	2	PA
<i>ondansetron tbdp 8 mg</i>	2	PA
<i>scopolamine pt72 1 mg/3days</i>	4	MO
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>bismuth/metronidaz/tetracyclin caps 140-125-125 mg</i>	4	
<i>cimetidine hcl soln 300 mg/5ml</i>	2	MO
<i>famotidine (pf) soln 20 mg/2ml</i>	2	
FAMOTIDINE PREMIXED SOLN 20-0.9 MG/50ML-%	2	
<i>famotidine soln 40 mg/4ml</i>	2	
<i>famotidine susr 40 mg/5ml</i>	2	MO
<i>famotidine tabs 20 mg</i>	2	MO
<i>famotidine tabs 40 mg</i>	2	MO
<i>misoprostol tabs 100 mcg</i>	2	MO
<i>misoprostol tabs 200 mcg</i>	2	MO
<i>omeprazole cpdr 10 mg</i>	1	MO
<i>omeprazole cpdr 20 mg</i>	2	MO
<i>omeprazole cpdr 40 mg</i>	1	MO
PANTOPRAZOLE SODIUM SOLR 40 MG	2	
<i>pantoprazole sodium tbec 20 mg</i>	1	MO
<i>pantoprazole sodium</i>	1	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>tbec 40 mg</i>		
<i>sucralfate susp 1 gm/10ml</i>	4	MO
<i>sucralfate tabs 1 gm</i>	2	MO
CATHARTICS AND LAXATIVES		
GAVILYTE-C SOLR 240 GM	2	MO
<i>gavilyte-g solr 236 gm</i>	2	MO
<i>na sulfate-k sulfate-mg sulf soln 17.5-3.13-1.6 gm/177ml</i>	4	
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i>	2	MO
PEG-3350/ELECTROLYTES SOLR 236 GM	2	MO
GI DRUGS, MISCELLANEOUS		
ENTYVIO PEN SOAJ 108 MG/0.68ML	5	NDS
ENTYVIO SOLR 300 MG	5	NDS
GATTEX KIT 5 MG	5	PA, NDS
IQIRVO TABS 80 MG	5	NDS
LINZESS CAPS 145 MCG	4	MO
LINZESS CAPS 290 MCG	4	MO
LINZESS CAPS 72 MCG	4	MO
LIVDELZI CAPS 10 MG	5	NDS
LIVMARLI TABS 10 MG	5	NDS
LIVMARLI TABS 15 MG	5	NDS
LIVMARLI TABS 20 MG	5	NDS
LIVMARLI TABS 30 MG	5	NDS
<i>lubiprostone caps 24 mcg</i>	2	MO
<i>lubiprostone caps 8 mcg</i>	2	MO
<i>metoclopramide hcl soln 5 mg/5ml</i>	2	MO
<i>metoclopramide hcl soln 5 mg/ml</i>	2	
<i>metoclopramide hcl tabs 10 mg</i>	1	MO
<i>metoclopramide hcl tabs 5 mg</i>	1	MO

Drug Name	Drug Tier	Requirement s/Limits
MOVANTIK TABS 25 MG	4	MO
OCALIVA TABS 10 MG	5	LD, NDS
OCALIVA TABS 5 MG	5	LD, NDS
RELISTOR SOLN 12 MG/0.6ML	5	NDS
SKYRIZI SOCT 180 MG/1.2ML	5	
SKYRIZI SOCT 360 MG/2.4ML	5	
TRULANCE TABS 3 MG	4	
<i>ursodiol caps 300 mg</i>	2	MO
<i>ursodiol tabs 250 mg</i>	2	MO
<i>ursodiol tabs 500 mg</i>	2	MO
VELSIPITY TABS 2 MG	5	NDS
VIBERZI TABS 100 MG	5	NDS
VIBERZI TABS 75 MG	5	NDS
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPS 100 MG	5	
<i>deferasirox granules pack 180 mg</i>	5	NDS
<i>deferasirox granules pack 360 mg</i>	5	NDS
<i>deferasirox granules pack 90 mg</i>	4	
<i>deferasirox tabs 180 mg</i>	2	
<i>deferasirox tabs 360 mg</i>	2	
<i>deferasirox tabs 90 mg</i>	2	
<i>deferasirox tbso 125 mg</i>	2	
<i>deferasirox tbso 250 mg</i>	2	
<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	
<i>penicillamine caps 250 mg</i>	5	NDS
<i>penicillamine tabs 250</i>	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
<i>mg</i>		
<i>trientine hcl caps 250 mg</i>	5	NDS
TRIENTINE HCL CAPS 500 MG	5	NDS
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	2	
<i>budesonide cpep 3 mg</i>	2	MO
BUDESONIDE ER TB24 9 MG	4	
CORTISONE ACETATE TABS 25 MG	2	MO
<i>deflazacort susp 22.75 mg/ml</i>	5	NDS
<i>deflazacort tabs 18 mg</i>	5	NDS
<i>deflazacort tabs 30 mg</i>	5	NDS
<i>deflazacort tabs 36 mg</i>	5	NDS
<i>deflazacort tabs 6 mg</i>	5	NDS
DEPO-MEDROL SUSP 20 MG/ML	3	
<i>dexamethasone elix 0.5 mg/5ml</i>	2	MO
DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	MO
DEXAMETHASONE SOD PHOS +RFID SOSY 4 MG/ML	2	
<i>dexamethasone sodium phosphate soln 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate soln 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate soln 4 mg/ml</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE SOSY 4 MG/ML	2	
DEXAMETHASONE SOLN 0.5 MG/5ML	2	
<i>dexamethasone tabs 0.5 mg</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<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
<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
<i>jaythari tabs 18 mg</i>	5	NDS
<i>jaythari tabs 30 mg</i>	5	NDS
<i>jaythari tabs 36 mg</i>	5	NDS
<i>jaythari tabs 6 mg</i>	5	NDS
KENALOG-10 SUSP 10 MG/ML	3	
KHINDIVI SOLN 1 MG/ML	5	NDS
MEDROL TABS 2 MG	3	MO
<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 sodium succ solr 40 mg</i>	2	
<i>methylprednisolone tabs 16 mg</i>	2	MO
<i>methylprednisolone tabs 32 mg</i>	2	MO
<i>methylprednisolone tabs 4 mg</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>methylprednisolone tabs 8 mg</i>	2	MO
<i>methylprednisolone tbpk 4 mg</i>	2	MO
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 5 mg/5ml</i>	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	
<i>prednisone tbpk 10 mg (48)</i>	2	
<i>prednisone tbpk 5 mg (21)</i>	2	
<i>prednisone tbpk 5 mg (48)</i>	2	
SOLU-CORTEF SOLR 100 MG	3	
SOLU-CORTEF SOLR 1000 MG	3	
SOLU-CORTEF SOLR 250 MG	3	
SOLU-CORTEF SOLR 500 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
<i>triamcinolone acetonide susp 40 mg/ml</i>	2	
ANDROGENS		
<i>danazol caps 100 mg</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
danazol caps 200 mg	2	MO
danazol caps 50 mg	2	MO
depo-testosterone soln 100 mg/ml	2	MO
depo-testosterone soln 200 mg/ml	2	MO
METHITEST TABS 10 MG	5	NDS
methyltestosterone caps 10 mg	5	NDS
testosterone cypionate soln 100 mg/ml	2	MO
testosterone cypionate soln 200 mg/ml	2	MO
TESTOSTERONE ENANTHATE SOLN 200 MG/ML	2	MO
testosterone gel 12.5 mg/act (1%)	2	MO
testosterone gel 20.25 mg/act (1.62%)	2	MO
testosterone gel 25 mg/2.5gm (1%)	2	MO
testosterone gel 50 mg/5gm (1%)	2	MO
CONTRACEPTIVES		
apri tabs 0.15-30 mg-mcg	2	MO
aranelle tabs 0.5/1/0.5-35 mg-mcg	2	MO
aviane tabs 0.1-20 mg-mcg	2	MO
balziva tabs 0.4-35 mg-mcg	2	MO
cryselle-28 tabs 0.3-30 mg-mcg	2	MO
drospirenone-ethinyl estradiol tabs 3-0.02 mg	2	MO
drospirenone-ethinyl estradiol tabs 3-0.03 mg	2	MO
eluryng ring 0.12-0.015 mg/24hr	2	MO
junel 1.5/30 tabs 1.5-30 mg-mcg	2	MO
junel 1/20 tabs 1-20 mg-mcg	2	MO
junel fe 1.5/30 tabs 1.5-	2	MO

Drug Name	Drug Tier	Requirement s/Limits
30 mg-mcg		
junel fe 1/20 tabs 1-20 mg-mcg	2	MO
junel fe 24 tabs 1-20 mg-mcg(24)	2	MO
kelnor 1/35 tabs 1-35 mg-mcg	2	MO
kelnor 1/50 tabs 1-50 mg-mcg	2	MO
MIRENA (52 MG) IUD 20 MCG/DAY	3	MO
NEXPLANON IMPL 68 MG	3	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
OCELLA TABS 3-0.03 MG	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
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

Drug Name	Drug Tier	Requirement s/Limits
DIABETIC AGENTS		
<i>acarbose tabs 100 mg</i>	2	MO
<i>acarbose tabs 25 mg</i>	2	MO
<i>acarbose tabs 50 mg</i>	2	MO
BAQSIMI ONE PACK POWD 3 MG/DOSE	3	
BAQSIMI TWO PACK POWD 3 MG/DOSE	3	
DAPAGLIFLOZIN PROPANEDIOL TABS 10 MG	3	MO
DAPAGLIFLOZIN PROPANEDIOL TABS 5 MG	3	MO
<i>diazoxide susp 50 mg/ml</i>	4	
FARXIGA TABS 10 MG	3	MO
FARXIGA TABS 5 MG	3	MO
FIASP FLEXTOUCH SOPN 100 UNIT/ML	3	MO
FIASP PENFILL SOCT 100 UNIT/ML	3	MO
FIASP SOLN 100 UNIT/ML	3	MO
<i>glimepiride tabs 1 mg</i>	1	MO
<i>glimepiride tabs 2 mg</i>	1	MO
<i>glimepiride tabs 4 mg</i>	1	MO
<i>glipizide er tb24 10 mg</i>	2	MO
<i>glipizide er tb24 2.5 mg</i>	1	MO
<i>glipizide er tb24 5 mg</i>	1	MO
<i>glipizide tabs 10 mg</i>	1	MO
<i>glipizide tabs 5 mg</i>	1	MO
<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	1	MO
<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	1	MO
<i>glipizide-metformin hcl tabs 5-500 mg</i>	1	MO
<i>glucagon emergency kit 1 mg</i>	2	
<i>glyburide tabs 1.25 mg</i>	2	MO
<i>glyburide tabs 2.5 mg</i>	2	MO
<i>glyburide tabs 5 mg</i>	2	MO
HUMALOG KWIKPEN SOPN 100 UNIT/ML	4	MO

Drug Name	Drug Tier	Requirement s/Limits
HUMALOG SOCT 100 UNIT/ML	4	MO
HUMALOG SOLN 100 UNIT/ML	3	MO
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML	3	MO
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML	3	MO
HUMULIN N KWIKPEN SUPN 100 UNIT/ML	3	MO
HUMULIN N SUSP 100 UNIT/ML	3	MO
HUMULIN R SOLN 100 UNIT/ML	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 ASPART FLEXPEN SOPN 100 UNIT/ML	3	MO
INSULIN ASPART PENFILL SOCT 100 UNIT/ML	3	MO
INSULIN ASPART SOLN 100 UNIT/ML	3	MO
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML	2	MO
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML	2	MO
JANUVIA TABS 100 MG	3	MO
JANUVIA TABS 25 MG	3	MO
JANUVIA TABS 50 MG	3	MO
JARDIANCE TABS 10 MG	3	MO
JARDIANCE TABS 25 MG	3	MO
KIRSTY SOLN 100 UNIT/ML	2	MO
KIRSTY SOPN 100 UNIT/ML	2	MO

Drug Name	Drug Tier	Requirement s/Limits
KORLYM TABS 300 MG	5	PA, LD, NDS
<i>liraglutide sopn 18 mg/3ml</i>	2	PA, MO
<i>metformin hcl er tb24 500 mg</i>	1	MO
<i>metformin hcl er tb24 750 mg</i>	1	MO
<i>metformin hcl tabs 1000 mg</i>	1	MO
<i>metformin hcl tabs 500 mg</i>	1	MO
<i>metformin hcl tabs 850 mg</i>	1	MO
<i>mifepristone tabs 300 mg</i>	5	PA, NDS
<i>nateglinide tabs 120 mg</i>	2	MO
<i>nateglinide tabs 60 mg</i>	2	MO
NOVOLIN R FLEXPEN SOPN 100 UNIT/ML	4	MO
NOVOLOG FLEXPEN SOPN 100 UNIT/ML	3	MO
NOVOLOG PENFILL SOCT 100 UNIT/ML	3	MO
NOVOLOG SOLN 100 UNIT/ML	3	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML	3	PA, MO
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	3	PA, MO
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	3	PA, MO
<i>pioglitazone hcl tabs 15 mg</i>	1	MO
<i>pioglitazone hcl tabs 30 mg</i>	1	MO
<i>pioglitazone hcl tabs 45 mg</i>	1	MO
<i>repaglinide tabs 0.5 mg</i>	2	MO
<i>repaglinide tabs 1 mg</i>	2	MO
<i>repaglinide tabs 2 mg</i>	2	MO
SITAGLIPTIN TABS 100 MG	3	MO

Drug Name	Drug Tier	Requirement s/Limits
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
ESTROGENS AND ANTIESTROGENS		
CLIMARA PTWK 0.025 MG/24HR	2	MO
CLIMARA PTWK 0.0375 MG/24HR	2	MO
CLIMARA PTWK 0.05 MG/24HR	2	MO
CLIMARA PTWK 0.06 MG/24HR	2	MO
CLIMARA PTWK 0.075 MG/24HR	2	MO
CLIMARA PTWK 0.1 MG/24HR	2	MO
DEPO-ESTRADIOL OIL 5 MG/ML	2	
<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 tabs 0.5 mg</i>	1	MO
<i>estradiol tabs 1 mg</i>	1	MO
<i>estradiol tabs 2 mg</i>	1	MO
<i>estradiol valerate oil 20 mg/ml</i>	2	
<i>estradiol valerate oil 40 mg/ml</i>	2	
ESTRING RING 7.5 MCG/24HR	4	MO
<i>jinteli tabs 1-5 mg-mcg</i>	2	MO
PREMARIN SOLR 25 MG	3	

Drug Name	Drug Tier	Requirement s/Limits
<i>raloxifene hcl tabs 60 mg</i>	2	MO
<i>yuvaferm tabs 10 mcg</i>	2	MO
GONADOTROPINS		
CHORIONIC GONADOTROPIN SOLR 10000 UNIT	5	PA, NDS
ORGOVYX TABS 120 MG	5	NDS
ORILISSA TABS 150 MG	5	NDS
ORILISSA TABS 200 MG	5	NDS
OXYTOCICS		
<i>methergine tabs 0.2 mg</i>	2	
<i>methylergonovine maleate soln 0.2 mg/ml</i>	2	
<i>methylergonovine maleate tabs 0.2 mg</i>	2	
MIFEPREX TABS 200 MG	2	
<i>mifepristone tabs 200 mg</i>	2	
OXYTOCIN SOLN 10 UNIT/ML	2	
PARATHYROID		
<i>calcitonin (salmon) soln 200 unit/act</i>	2	MO
<i>calcitonin (salmon) soln 200 unit/ml</i>	5	NDS
<i>cinacalcet hcl tabs 30 mg</i>	2	
<i>cinacalcet hcl tabs 60 mg</i>	2	
<i>cinacalcet hcl tabs 90 mg</i>	2	
FORTEO SOPN 560 MCG/2.24ML	5	NDS
PITUITARY		
CORTROPHIN GEL 80 UNIT/ML	5	PA, NDS
CORTROPHIN GEL PRSY 40 UNIT/0.5ML	5	PA, NDS
CORTROPHIN GEL PRSY 80 UNIT/ML	5	PA, NDS
CRENESSITY CAPS	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
100 MG		
CRENESSITY CAPS 25 MG	5	NDS
CRENESSITY CAPS 50 MG	5	NDS
CRENESSITY SOLN 50 MG/ML	5	NDS
<i>desmopressin ace spray refrig soln 0.01 %</i>	2	MO
DESMOPRESSIN ACETATE SOLN 4 MCG/ML	2	
DESMOPRESSIN ACETATE SPRAY SOLN 0.01 %	2	
<i>desmopressin acetate tabs 0.1 mg</i>	2	MO
<i>desmopressin acetate tabs 0.2 mg</i>	2	MO
SYNAREL SOLN 2 MG/ML	5	MO
PROGESTINS		
DEPO-SUBQ PROVERA 104 SUSY 104 MG/0.65ML	3	MO
ENDOMETRIN INST 100 MG	4	PA
<i>gallifrey tabs 5 mg</i>	2	MO
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	2	
MEDROXYPROGESTERONE ACETATE SUSY 150 MG/ML	2	
<i>medroxyprogesterone acetate tabs 10 mg</i>	2	MO
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	2	MO
<i>medroxyprogesterone acetate tabs 5 mg</i>	2	MO
<i>norethindrone acetate tabs 5 mg</i>	2	MO
<i>progesterone caps 100 mg</i>	2	MO
<i>progesterone caps 200 mg</i>	2	MO
<i>progesterone oil 50 mg/ml</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
EGRIFTA SV SOLR 2 MG	5	NDS
EGRIFTA WR KIT 11.6 MG	5	NDS
INCRELEX SOLN 40 MG/4ML	5	NDS
LANREOTIDE ACETATE SOLN 120 MG/0.5ML	5	NDS
NORDITROPIN FLEXPOR SOPN 10 MG/1.5ML	5	PA, NDS
NORDITROPIN FLEXPOR SOPN 15 MG/1.5ML	5	PA, NDS
NORDITROPIN FLEXPOR SOPN 5 MG/1.5ML	5	PA, NDS
<i>octreotide acetate kit 10 mg</i>	5	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	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
DEPOT KIT 30 MG		
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
SOMAVERT SOLR 10 MG	5	LD, NDS
SOMAVERT SOLR 15 MG	5	LD, NDS
SOMAVERT SOLR 20 MG	5	LD, NDS
SOMAVERT SOLR 25 MG	5	LD, NDS
SOMAVERT SOLR 30 MG	5	LD, NDS
THYROID AND ANTITHYROID AGENTS		
LEVOTHYROXINE SODIUM 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

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

Drug Name	Drug Tier	Requirement s/Limits
<i>leucovorin calcium tabs 25 mg</i>	2	MO
<i>leucovorin calcium tabs 5 mg</i>	2	MO
VORAXAZE SOLR 1000 UNIT	5	NDS
ANTIGOUT AGENTS		
<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
BONE RESORPTION INHIBITORS		
<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
BOMYNTRA SOLN 120 MG/1.7ML	5	PA, NDS
BOMYNTRA SOSY 120 MG/1.7ML	5	PA, NDS
OSENVELT SOLN 120 MG/1.7ML	5	PA, NDS
<i>pamidronate disodium soln 90 mg/10ml</i>	2	
WYOST SOLN 120 MG/1.7ML	5	PA, NDS
<i>zoledronic acid conc 4 mg/5ml</i>	2	
ZOLEDRONIC ACID SOLN 4 MG/100ML	2	
<i>zoledronic acid soln 5 mg/100ml</i>	2	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
AMJEVITA SOAJ 40 MG/0.4ML	3	MO
AMJEVITA SOAJ 80 MG/0.8ML	3	MO
AMJEVITA SOSY 40 MG/0.4ML	3	MO
AMJEVITA-PED 10KG TO <15KG SOSY 10 MG/0.2ML	3	MO

Drug Name	Drug Tier	Requirements/Limits
AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.2ML	3	MO
CIBINQO TABS 100 MG	5	NDS
ENBREL MINI SOCT 50 MG/ML	5	NDS
ENBREL SOLN 25 MG/0.5ML	5	NDS
ENBREL SOSY 25 MG/0.5ML	5	NDS
ENBREL SOSY 50 MG/ML	5	NDS
ENBREL SURECLICK SOAJ 50 MG/ML	5	NDS
INFLECTRA SOLR 100 MG	5	HI
INFLIXIMAB SOLR 100 MG	5	HI
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 SOLR 250 MG	5	NDS
ORENCIA SOSY 125 MG/ML	5	NDS
ORENCIA SOSY 50 MG/0.4ML	5	NDS
ORENCIA SOSY 87.5 MG/0.7ML	5	NDS
OTEZLA TABS 20 MG	5	PA, NDS
OTEZLA TABS 30 MG	5	PA, NDS
OTEZLA TBPK 10 & 20 & 30 MG	5	PA, NDS
OTEZLA TBPK 4 x 10 & 51 x20 MG	5	PA, NDS
RASUVO SOAJ 10 MG/0.2ML	3	
RASUVO SOAJ 12.5 MG/0.25ML	3	
RASUVO SOAJ 15	3	

Drug Name	Drug Tier	Requirements/Limits
MG/0.3ML		
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
TYENNE SOAJ 162 MG/0.9ML	5	NDS
TYENNE SOLN 200 MG/10ML	5	NDS
TYENNE SOLN 400 MG/20ML	5	NDS
TYENNE SOLN 80 MG/4ML	5	NDS
TYENNE SOSY 162 MG/0.9ML	5	NDS
XELJANZ SOLN 1 MG/ML	5	PA, NDS
XELJANZ TABS 10 MG	5	PA, NDS
XELJANZ TABS 5 MG	5	PA, NDS
XELJANZ XR TB24 11 MG	5	PA, NDS
XELJANZ XR TB24 22 MG	5	PA, NDS
ZYMFENTRA (2 PEN) AJKT 120 MG/ML	5	NDS
ZYMFENTRA (2 SYRINGE) PSKT 120 MG/ML	5	NDS
IMMUNE SUPPRESSANTS		
AZATHIOPRINE SODIUM SOLR 100 MG	2	
<i>azathioprine tabs 100</i>	2	PA, MO

Drug Name	Drug Tier	Requirement s/Limits
<i>mg</i>		
<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 SOSY 200 MG/ML	5	
<i>cyclosporine caps 100 mg</i>	2	PA, MO
<i>cyclosporine caps 25 mg</i>	2	PA, MO
<i>cyclosporine modified caps 100 mg</i>	2	PA, MO
<i>cyclosporine modified caps 25 mg</i>	2	PA, MO
<i>cyclosporine modified caps 50 mg</i>	2	PA, MO
<i>cyclosporine modified soln 100 mg/ml</i>	2	PA, MO
<i>cyclosporine soln 50 mg/ml</i>	2	MO
ENVARUS XR TB24 0.75 MG	4	PA, MO
ENVARUS XR TB24 1 MG	4	PA, MO
ENVARUS XR TB24 4 MG	5	PA, MO
<i>everolimus tabs 0.25 mg</i>	4	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
<i>engraf caps 100 mg</i>	2	PA, MO
<i>engraf caps 25 mg</i>	2	PA, MO
<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</i>	2	PA, MO

Drug Name	Drug Tier	Requirement s/Limits
<i>tbec 360 mg</i>		
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
<i>sirolimus soln 1 mg/ml</i>	2	PA, MO
<i>sirolimus tabs 0.5 mg</i>	2	PA, MO
<i>sirolimus tabs 1 mg</i>	2	PA, MO
<i>sirolimus tabs 2 mg</i>	4	PA, MO
<i>tacrolimus caps 0.5 mg</i>	2	PA, MO
<i>tacrolimus caps 1 mg</i>	2	PA, MO
<i>tacrolimus caps 5 mg</i>	2	PA, MO
MISCELLANEOUS THERAPEUTIC AGENTS		
ACETIC ACID SOLN 0.25 %	2	
ACTIMMUNE SOLN 100 MCG/0.5ML	5	
AMVUTTRA SOSY 25 MG/0.5ML	5	
ANDEMBRY SOAJ 200 MG/1.2ML	5	NDS
AQNEURSA PACK 1 GM	5	LD, NDS
ARCALYST SOLR 220 MG	5	NDS
<i>argyle sterile water soln</i>	2	
BERINERT KIT 500 UNIT	5	HI
<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-</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
<i>epinephrine (pf) soln 0.25% -1:200000</i>		
<i>bupivacaine-epinephrine (pf) soln 0.5% -1:200000</i>	2	
<i>bupivacaine-epinephrine soln 0.25% -1:200000</i>	2	
<i>bupivacaine-epinephrine soln 0.5% -1:200000</i>	2	
<i>chloroprocaine hcl (pf) soln 2 %</i>	2	
CINRYZE SOLR 500 UNIT	5	HI
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	
DUVYZAT SUSP 8.86 MG/ML	5	NDS
EKTERLY TABS 300 MG	5	NDS
ELMIRON CAPS 100 MG	5	
ENDARI PACK 5 GM	5	NDS
EVRYSDI SOLR 0.75 MG/ML	5	NDS
EVRYSDI TABS 5 MG	5	NDS
FABHALTA CAPS 200 MG	5	NDS
FIRDAPSE TABS 10 MG	5	NDS
GIVLAARI SOLN 189 MG/ML	5	NDS
GRASTEK SUBL 2800 BAU	3	MO
HAEGARDA SOLR 2000 UNIT	5	NDS
HAEGARDA SOLR 3000 UNIT	5	NDS
KESIMPTA SOAJ 20	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
MG/0.4ML		
LACTATED RINGERS SOLN	2	
<i>levocarnitine soln 1 gm/10ml</i>	2	MO
<i>levocarnitine tabs 330 mg</i>	2	MO
<i>lidocaine hcl (pf) soln 0.5 %</i>	2	
<i>lidocaine hcl (pf) soln 1 %</i>	2	
<i>lidocaine hcl (pf) soln 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	
<i>mesna soln 100 mg/ml</i>	2	
<i>mesna tabs 400 mg</i>	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
NIKTIMVO SOLN 22 MG/0.44ML	5	NDS
NIKTIMVO SOLN 9 MG/0.18ML	5	NDS
ODACTRA SUBL 12 SQ-HDM	4	
ONPATTRO SOLN 10	5	NDS

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

Drug Name	Drug Tier	Requirement s/Limits
PYRUKYND TABS 20 MG	5	NDS
PYRUKYND TABS 5 MG	5	NDS
PYRUKYND TABS 50 MG	5	NDS
PYRUKYND TAPER PACK TBPK 5 MG	5	NDS
PYRUKYND TAPER PACK TBPK 7 x 20 MG & 7 X 5 MG	5	NDS
PYRUKYND TAPER PACK TBPK 7 x 50 MG & 7 X 20 MG	5	NDS
REZUROCK TABS 200 MG	5	NDS
RIDAURA CAPS 3 MG	5	MO
RIMSO-50 SOLN 50 %	3	
RINGERS IRRIGATION SOLN	2	
<i>ropivacaine hcl soln 2 mg/ml</i>	2	
<i>ropivacaine hcl soln 5 mg/ml</i>	2	
<i>sapropterin dihydrochloride pack 100 mg</i>	5	NDS
<i>sapropterin dihydrochloride pack 500 mg</i>	5	NDS
<i>sapropterin dihydrochloride tabs 100 mg</i>	5	NDS
SENSORCAINE SOLN 0.5 %	2	
<i>sensorcaine-mpf soln 0.25 %</i>	2	
<i>sensorcaine-mpf soln 0.5 %</i>	2	
<i>sensorcaine-mpf soln 0.75 %</i>	2	
<i>sensorcaine-mpf/epinephrine soln 0.25% -1:200000</i>	2	
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.5% -1:200000	2	

Drug Name	Drug Tier	Requirement s/Limits
<i>sensorcaine/epinephrine soln 0.25% -1:200000</i>	2	
<i>sensorcaine/epinephrine soln 0.5% -1:200000</i>	2	
SEPHIENCE PACK 1000 MG	5	NDS
SEPHIENCE PACK 250 MG	5	NDS
SKYCLARYS CAPS 50 MG	5	NDS
SODIUM CHLORIDE IRRIGATION SOLN 0.9 %	2	MO
<i>sodium fluoride chew 0.55 (0.25 f) mg</i>	2	MO
<i>sodium fluoride chew 1.1 (0.5 f) mg</i>	2	MO
<i>sodium fluoride chew 2.2 (1 f) mg</i>	2	MO
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML	2	MO
STERILE WATER FOR IRRIGATION SOLN	2	
TAKHZYRO SOLN 300 MG/2ML	5	NDS
TAKHZYRO SOSY 150 MG/ML	5	NDS
TAKHZYRO SOSY 300 MG/2ML	5	NDS
TAVNEOS CAPS 10 MG	5	NDS
THIOLA TABS 100 MG	5	NDS
THYROGEN SOLR 0.9 MG	5	NDS
<i>tiopronin tabs 100 mg</i>	5	NDS
<i>tiopronin tbec 100 mg</i>	5	NDS
<i>tiopronin tbec 300 mg</i>	5	NDS
ULTOMIRIS SOLN 1100 MG/11ML	5	
ULTOMIRIS SOLN 300 MG/3ML	5	
<i>venxxiva tbec 100 mg</i>	5	NDS
<i>venxxiva tbec 300 mg</i>	5	NDS
VIJOICE PACK 50 MG	5	NDS
VIJOICE TBPK 125 MG	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
VIJOICE TBPK 50 MG	5	NDS
VOWST CAPS	5	NDS
VUMERITY CPDR 231 MG	5	NDS
VYVGART HYTRULO SOLN 180-2000 MG-UNIT/ML	5	NDS
VYVGART HYTRULO SOSY 1000-10000 MG-UNT/5ML	5	NDS
VYVGART SOLN 400 MG/20ML	5	NDS
WATER FOR IRRIGATION, STERILE SOLN	2	
XEOMIN SOLR 200 UNIT	5	PA, NDS
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
BRINSUPRI TABS 10 MG	5	NDS
BRINSUPRI TABS 25 MG	5	NDS
<i>cromolyn sodium conc 100 mg/5ml</i>	2	MO
<i>cromolyn sodium nebu 20 mg/2ml</i>	3	PA, MO
DUPIXENT SOAJ 200 MG/1.14ML	5	PA, NDS
DUPIXENT SOAJ 300 MG/2ML	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	PA, NDS
FASENRA SOSY 30 MG/ML	5	PA
<i>montelukast sodium chew 4 mg</i>	1	MO
<i>montelukast sodium chew 5 mg</i>	1	MO
<i>montelukast sodium pack 4 mg</i>	2	MO
<i>montelukast sodium tabs 10 mg</i>	1	MO

Drug Name	Drug Tier	Requirement s/Limits
NUCALA SOAJ 100 MG/ML	5	PA, NDS
NUCALA SOSY 100 MG/ML	5	PA, NDS
NUCALA SOSY 40 MG/0.4ML	5	PA, NDS
<i>zileuton er tb12 600 mg</i>	5	NDS
CYSTIC FIBROSIS		
ALYFTREK TABS 10-50-125 MG	5	LD, NDS
ALYFTREK TABS 4-20-50 MG	5	LD, NDS
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
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	
<i>tobramycin nebu 300 mg/5ml</i>	5	PA
TRIKAFTA TBPK 100-50-75 & 150 MG	5	LD, NDS
TRIKAFTA TBPK 50-	5	LD, NDS

Drug Name	Drug Tier	Requirement s/Limits
25-37.5 & 75 MG		
TRIKAFTA THPK 100-50-75 & 75 MG	5	LD, NDS
TRIKAFTA THPK 80-40-60 & 59.5 MG	5	LD, NDS
PULMONARY FIBROSIS		
OFEV CAPS 100 MG	5	NDS
OFEV CAPS 150 MG	5	NDS
<i>pirfenidone tabs 267 mg</i>	2	PA, MO
PIRFENIDONE TABS 534 MG	5	PA, NDS
<i>pirfenidone tabs 801 mg</i>	5	PA, NDS
RESPIRATORY AGENTS, MISCELLANEOUS		
ADVAIR HFA AERO 115-21 MCG/ACT	4	MO
ADVAIR HFA AERO 230-21 MCG/ACT	3	MO
ADVAIR HFA AERO 45-21 MCG/ACT	4	MO
ALVESCO AERS 160 MCG/ACT	3	MO
ALVESCO AERS 80 MCG/ACT	3	MO
ARALAST NP SOLR 1000 MG	3	HI
ASMANEX HFA AERO 100 MCG/ACT	4	MO
ASMANEX HFA AERO 200 MCG/ACT	4	MO
<i>breyna aero 160-4.5 mcg/act</i>	2	
<i>breyna aero 80-4.5 mcg/act</i>	2	
BREZTRI AEROSPHERE AERO 160-9-4.8 MCG/ACT	4	MO
<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
OHTUVAYRE SUSP 3 MG/2.5ML	5	PA, NDS
<i>roflumilast tabs 250 mcg</i>	4	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>roflumilast tabs 500 mcg</i>	4	MO
TEZSPIRE SOAJ 210 MG/1.91ML	5	NDS
TEZSPIRE SOSY 210 MG/1.91ML	5	NDS
TRELEGY ELLIPTA AEPB 200-62.5-25 MCG/ACT	4	MO
WINREVAIR KIT 2 x 45 MG	5	NDS
WINREVAIR KIT 2 x 60 MG	5	NDS
WINREVAIR KIT 45 MG	5	NDS
WINREVAIR KIT 60 MG	5	NDS
<i>wixela inhub aepb 100-50 mcg/act</i>	2	
<i>wixela inhub aepb 250-50 mcg/act</i>	2	
<i>wixela inhub aepb 500-50 mcg/act</i>	2	
XOLAIR SOAJ 150 MG/ML	5	PA, NDS
XOLAIR SOAJ 300 MG/2ML	5	PA, NDS
XOLAIR SOAJ 75 MG/0.5ML	5	PA, NDS
XOLAIR SOLR 150 MG	5	PA, NDS
XOLAIR SOSY 150 MG/ML	5	PA, NDS
XOLAIR SOSY 300 MG/2ML	5	PA, NDS
XOLAIR SOSY 75 MG/0.5ML	5	PA, NDS
VASODILATING AGENTS		
ADEMPAS TABS 0.5 MG	5	PA, NDS
ADEMPAS TABS 1 MG	5	PA, NDS
ADEMPAS TABS 1.5 MG	5	PA, NDS
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	

Drug Name	Drug Tier	Requirement s/Limits
<i>bosentan tabs 62.5 mg</i>	2	
<i>bosentan tbso 32 mg</i>	5	NDS
<i>epoprostenol sodium solr 1.5 mg</i>	2	
OPSYNVI TABS 10-20 MG	5	PA, NDS
OPSYNVI TABS 10-40 MG	5	PA, NDS
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 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 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

Drug Name	Drug Tier	Requirement s/Limits
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
YUTREPIA CAPS 106 MCG	5	NDS
YUTREPIA CAPS 26.5 MCG	5	NDS
YUTREPIA CAPS 53 MCG	5	NDS
YUTREPIA CAPS 79.5 MCG	5	NDS
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
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	5	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	3	

Drug Name	Drug Tier	Requirement s/Limits
UNIT/ML		
OCTAGAM SOLN 1 GM/20ML	5	HI
TOXOIDS		
KINRIX SUSY 0.5 ML	6	
QUADRACEL SUSP	6	
QUADRACEL SUSY 0.5 ML	6	
TDVAX SUSP 2-2 LF/0.5ML	6	
TENIVAC INJ 5-2 LFU	6	
VACCINES		
ABRYSVO SOLR 120 MCG/0.5ML	6	
ACTHIB SOLR	6	
ADACEL SUSP 5-2-15.5 LF-MCG/0.5	6	
AREXVY SUSR 120 MCG/0.5ML	6	
BEXSERO SUSY 0.5 ML	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	
ENGRIX-B SUSP 20 MCG/ML	6	PA
ENGRIX-B SUSY 10 MCG/0.5ML	6	PA
ENGRIX-B SUSY 20 MCG/ML	6	PA
GARDASIL 9 SUSP 0.5 ML	6	
GARDASIL 9 SUSY 0.5 ML	6	
HAVRIX SUSP 1440 EL U/ML	6	
HAVRIX SUSY 720 EL U/0.5ML	6	
HEPLISAV-B SOSY 20 MCG/0.5ML	6	PA
HIBERIX SOLR 10 MCG	6	
IMOVAX RABIES	6	

Drug Name	Drug Tier	Requirement s/Limits
SUSR 2.5 UNIT/ML		
INFANRIX SUSP 25-58-10	6	
IPOL INJ	6	
IXIARO SUSP	6	
JYNNEOS SUSP 0.5 ML	6	
M-M-R II SOLR	6	
MENACTRA SOLN	6	
MENQUADFI SOLN 0.5 ML	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	
PENMENVY 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	
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 0.5 ML	6	

Drug Name	Drug Tier	Requirement s/Limits
TWINRIX SUSY 720-20 ELU-MCG/ML	6	
TYPHIM VI SOLN 25 MCG/0.5ML	6	
TYPHIM VI SOSY 25 MCG/0.5ML	6	
VAQTA SUSP 25 UNIT/0.5ML	6	
VAQTA SUSP 50 UNIT/ML	6	
VARIVAX SUSR 1350 PFU/0.5ML	6	
VAXCHORA SUSR	3	
VIMKUNYA SUSY 40 MCG/0.8ML	6	
VIVOTIF CPDR	3	
YF-VAX INJ	6	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
BENZOYL PEROXIDE GEL 6.5 %	5	NDS
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	2	MO
<i>ciclopirox gel 0.77 %</i>	2	
<i>ciclopirox olamine crea 0.77 %</i>	2	
<i>ciclopirox soln 8 %</i>	2	
<i>clindamycin phos (once-daily) gel 1 %</i>	2	MO
<i>clindamycin phos (twice-daily) gel 1 %</i>	2	MO
<i>clindamycin phos-benzoyl perox gel 1.2-5 %</i>	2	MO
CLINDAMYCIN PHOSPHATE CREA 2 %	2	
CLINDAMYCIN PHOSPHATE LOTN 1 %	2	MO
<i>clindamycin phosphate soln 1 %</i>	2	MO
<i>clindamycin phosphate swab 1 %</i>	2	MO
<i>clotrimazole crea 1 %</i>	4	

Drug Name	Drug Tier	Requirement s/Limits
<i>clotrimazole troc 10 mg</i>	2	
<i>clotrimazole- betamethasone crea 1- 0.05 %</i>	2	
EMROSI CP24 40 MG	5	NDS
<i>erythromycin gel 2 %</i>	2	MO
<i>erythromycin soln 2 %</i>	2	MO
<i>gentamicin sulfate crea 0.1 %</i>	2	
<i>gentamicin sulfate oint 0.1 %</i>	2	
<i>ketoconazole crea 2 %</i>	2	
<i>ketoconazole sham 2 %</i>	2	
<i>malathion lotn 0.5 %</i>	2	
METRONIDAZOLE CREA 0.75 %	2	
<i>metronidazole gel 0.75 %</i>	2	
<i>metronidazole lotn 0.75 %</i>	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	
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	

Drug Name	Drug Tier	Requirement s/Limits
<i>terconazole supp 80 mg</i>	2	
ZELSUVMI GEL 10.3 %	5	NDS
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
<i>alclometasone dipropionate crea 0.05 %</i>	2	MO
ALCLOMETASONE DIPROPIONATE OINT 0.05 %	2	MO
ANZUPGO CREA 20 MG/GM	5	NDS
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
<i>betamethasone valerate oint 0.1 %</i>	2	MO
<i>calcipotriene-betameth diprop susp 0.005-0.064 %</i>	4	

Drug Name	Drug Tier	Requirement s/Limits
<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
<i>clobetasol propionate sham 0.05 %</i>	2	MO
<i>clobetasol propionate soln 0.05 %</i>	2	MO
CORDRAN TAPE 4 MCG/SQCM	4	MO
<i>desonide crea 0.05 %</i>	2	MO
<i>desonide lotn 0.05 %</i>	2	MO
<i>desonide oint 0.05 %</i>	2	MO
<i>desoximetasone crea 0.25 %</i>	2	MO
<i>desoximetasone oint 0.25 %</i>	2	MO
<i>diclofenac sodium gel 1 %</i>	4	MO
<i>diclofenac sodium gel 3 %</i>	4	MO
<i>diclofenac sodium soln 1.5 %</i>	4	MO
<i>diflorasone diacetate oint 0.05 %</i>	4	MO
EBGLYSS SOAJ 250 MG/2ML	5	NDS
EBGLYSS SOSY 250 MG/2ML	5	NDS
ENSTILAR FOAM 0.005-0.064 %	5	NDS
<i>fluocinolone acetone body oil 0.01 %</i>	2	
<i>fluocinolone acetone crea 0.01 %</i>	2	MO
<i>fluocinolone acetone crea 0.025 %</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>fluocinolone acetone oint 0.025 %</i>	2	MO
<i>fluocinolone acetone scalp oil 0.01 %</i>	2	MO
<i>fluocinolone acetone soln 0.01 %</i>	2	MO
<i>fluocinonide crea 0.05 %</i>	2	
<i>fluocinonide emulsified base crea 0.05 %</i>	2	MO
<i>fluocinonide gel 0.05 %</i>	2	MO
<i>fluocinonide oint 0.05 %</i>	2	MO
<i>fluocinonide soln 0.05 %</i>	2	MO
<i>fluticasone propionate crea 0.05 %</i>	2	MO
<i>fluticasone propionate oint 0.005 %</i>	2	MO
<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
<i>hydrocortisone butyr lipo base crea 0.1 %</i>	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
<i>hydrocortisone enem 100 mg/60ml</i>	2	MO
HYDROCORTISONE LOTN 2.5 %	2	MO
<i>hydrocortisone oint 1 %</i>	2	MO
<i>hydrocortisone oint 2.5 %</i>	2	MO
<i>hydrocortisone valerate</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>crea 0.2 %</i>		
<i>hydrocortisone valerate oint 0.2 %</i>	2	MO
<i>mometasone furoate crea 0.1 %</i>	2	MO
<i>mometasone furoate oint 0.1 %</i>	2	MO
<i>mometasone furoate soln 0.1 %</i>	2	MO
NEMLUVIO AUIJ 30 MG	5	NDS
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i>	2	MO
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	MO
<i>proctozone-hc crea 2.5 %</i>	2	MO
RADIAURA CREA 3-0.5 %	5	NDS
<i>triamcinolone acetronide aers 0.147 mg/gm</i>	2	MO
<i>triamcinolone acetronide crea 0.025 %</i>	2	MO
<i>triamcinolone acetronide crea 0.1 %</i>	2	MO
<i>triamcinolone acetronide crea 0.5 %</i>	2	MO
<i>triamcinolone acetronide lotn 0.025 %</i>	2	MO
<i>triamcinolone acetronide lotn 0.1 %</i>	2	MO
<i>triamcinolone acetronide oint 0.025 %</i>	2	MO
<i>triamcinolone acetronide oint 0.1 %</i>	2	MO
<i>triamcinolone acetronide oint 0.5 %</i>	2	MO
<i>triamcinolone acetronide pste 0.1 %</i>	2	MO
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>glydo prsy 2 %</i>	2	MO
HYDROCORTISONE ACE-PRAMOXINE CREA 1-1 %	2	MO
<i>lidocaine hcl soln 4 %</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
<i>lidocaine hcl urethral/mucosal prsy 2 %</i>	2	MO
<i>lidocaine oint 5 %</i>	2	MO
<i>lidocaine ptch 5 %</i>	2	PA, MO
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	2	MO
<i>lidocan ptch 5 %</i>	2	PA, MO
PROCTOFOAM HC FOAM 1-1 %	2	
CELL STIMULANTS AND PROLIFERANTS		
<i>bexarotene gel 1 %</i>	5	PA, NDS
KEPIVANCE SOLR 5.16 MG	5	NDS
PANRETIN GEL 0.1 %	5	NDS
RETIN-A CREA 0.025 %	2	PA, MO
RETIN-A CREA 0.05 %	2	PA, MO
RETIN-A CREA 0.1 %	2	PA, MO
RETIN-A GEL 0.01 %	2	PA, MO
RETIN-A GEL 0.025 %	2	PA, MO
<i>tretinoin crea 0.025 %</i>	2	PA, MO
<i>tretinoin crea 0.05 %</i>	2	PA, MO
<i>tretinoin crea 0.1 %</i>	2	PA, MO
<i>tretinoin gel 0.01 %</i>	2	PA, MO
<i>tretinoin gel 0.025 %</i>	2	PA, MO
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin caps 10 mg</i>	2	
<i>acitretin caps 17.5 mg</i>	2	
<i>acitretin caps 25 mg</i>	2	
<i>adapalene gel 0.3 %</i>	2	MO
ADAPALENE SOLN 0.1 %	5	NDS
<i>adapalene-benzoyl peroxide gel 0.1-2.5 %</i>	2	MO
ADAPALENE-BENZOYL PEROXIDE PADS 0.1-2.5 %	5	NDS
ADBRY SOAJ 300 MG/2ML	5	NDS
ADBRY SOSY 150 MG/ML	5	NDS
<i>ammonium lactate crea 12 %</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>azelaic acid gel 15 %</i>	2	MO
BIMZELX SOAJ 160 MG/ML	5	
BIMZELX SOAJ 320 MG/2ML	5	
BIMZELX SOSY 160 MG/ML	5	
BIMZELX SOSY 320 MG/2ML	5	
<i>calcipotriene crea 0.005 %</i>	2	MO
<i>calcipotriene oint 0.005 %</i>	2	MO
CALCIPOTRIENE SOLN 0.005 %	2	MO
CALCITRIOL OINT 3 MCG/GM	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 SOSY 150 MG/ML	5	
COSENTYX SOSY 75 MG/0.5ML	5	
COSENTYX UNOREADY SOAJ 300 MG/2ML	5	
FLUOROURACIL CREA 0.5 %	5	
<i>fluorouracil crea 5 %</i>	2	MO
FLUOROURACIL SOLN 2 %	2	MO
<i>fluorouracil soln 5 %</i>	2	MO
<i>imiquimod crea 5 %</i>	2	MO
<i>isotretinoin caps 20 mg</i>	2	NDS

Drug Name	Drug Tier	Requirement s/Limits
<i>isotretinoin caps 30 mg</i>	2	NDS
<i>isotretinoin caps 40 mg</i>	2	NDS
KLISYRI (250 MG) OINT 1 %	5	NDS
LEQSELVI TABS 8 MG	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 %	4	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 PEN SOAJ 150 MG/ML	5	
SKYRIZI SOSY 150 MG/ML	5	
STELARA SOLN 130 MG/26ML	5	PA
STELARA SOLN 45 MG/0.5ML	5	
STELARA SOSY 45 MG/0.5ML	5	
STELARA SOSY 90 MG/ML	5	
<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

Drug Name	Drug Tier	Requirement s/Limits
<i>tazarotene gel 0.1 %</i>	4	PA, MO
TAZORAC CREA 0.05 %	4	PA, MO
TREMFYA CROHNS INDUCTION SOAJ 200 MG/2ML	5	NDS
TREMFYA ONE-PRESS SOAJ 100 MG/ML	5	
TREMFYA PEN 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
USTEKINUMAB SOLN 45 MG/0.5ML	5	
USTEKINUMAB SOSY 45 MG/0.5ML	5	
USTEKINUMAB SOSY 90 MG/ML	5	
VALCHLOR GEL 0.016 %	5	NDS
VTAMA CREA 1 %	5	NDS
YESINTEK SOLN 130 MG/26ML	3	PA
YESINTEK SOLN 45 MG/0.5ML	3	PA
YESINTEK SOSY 45 MG/0.5ML	3	PA
YESINTEK SOSY 90 MG/ML	3	PA
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		
AMINOPHYLLINE SOLN 25 MG/ML	2	
<i>darifenacin hydrobromide er tb24 15 mg</i>	2	MO
<i>darifenacin hydrobromide er tb24 7.5 mg</i>	2	MO
<i>elixophyllin elix 80 mg/15ml</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
<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
<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
<i>tolterodine tartrate tabs 1 mg</i>	2	MO
<i>tolterodine tartrate tabs 2 mg</i>	2	MO
<i>tropium chloride tabs 20 mg</i>	2	MO
VITAMINS		
VITAMINS		
<i>calcitriol caps 0.25 mcg</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>calcitriol caps 0.5 mcg</i>	2	MO
<i>calcitriol oral soln 1 mcg/ml</i>	2	MO
CALCITRIOL INTRAVENOUS SOLN 1 MCG/ML	2	
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ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML	39
ARANESP (ALBUMIN FREE) SOSY 200 MCG/0.4ML	39
ARANESP (ALBUMIN FREE) SOSY 300 MCG/0.6ML	39
ARANESP (ALBUMIN FREE) SOSY 500 MCG/ML	39
ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML	39
ARCALYST SOLR 220 MG	84
AREXVY SUSR 120 MCG/0.5ML	90
<i>arformoterol tartrate nebu 15 mcg/2ml</i>	36

<i>argatroban soln 250 mg/2.5ml</i>	37	<i>atovaquone susp 750 mg/5ml</i>	17
<i>argyle sterile water soln</i>	84	<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	17
ARIKAYCE SUSP 590 MG/8.4ML	11	<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	17
<i>aripiprazole soln 1 mg/ml</i>	59	<i>atropine sulfate soln 1 %</i>	72
<i>aripiprazole tabs 10 mg</i>	59	<i>atropine sulfate soln 8 mg/20ml</i>	34
<i>aripiprazole tabs 15 mg</i>	59	<i>atropine sulfate sosy 1 mg/10ml</i>	34
<i>aripiprazole tabs 2 mg</i>	59	ATROVENT HFA AERS 17 MCG/ACT	34
<i>aripiprazole tabs 20 mg</i>	59	ATTRUBY TBPK 356 MG	43
<i>aripiprazole tabs 30 mg</i>	59	AUGMENTIN SUSR 125-31.25 MG/5ML .	12
<i>aripiprazole tabs 5 mg</i>	60	AUGTYRO CAPS 160 MG	21
<i>aripiprazole tbdp 10 mg</i>	60	AUGTYRO CAPS 40 MG	21
<i>aripiprazole tbdp 15 mg</i>	60	AURYXIA TABS 1 GM 210 MG(FE)	68
ARISTADA INITIO PRSY 675 MG/2.4ML	60	AUSTEDO TABS 12 MG	57
ARISTADA PRSY 1064 MG/3.9ML	60	AUSTEDO TABS 6 MG	57
ARISTADA PRSY 441 MG/1.6ML	60	AUSTEDO TABS 9 MG	57
ARISTADA PRSY 662 MG/2.4ML	60	AUSTEDO XR PATIENT TITRATION TEPK 12 & 18 & 24 & 30 MG	57
ARISTADA PRSY 882 MG/3.2ML	60	AUSTEDO XR PATIENT TITRATION TEPK 6 & 12 & 24 MG	57
<i>armodafinil tabs 150 mg</i>	49	AUSTEDO XR TB24 12 MG	57
<i>armodafinil tabs 200 mg</i>	49	AUSTEDO XR TB24 18 MG	57
<i>armodafinil tabs 250 mg</i>	49	AUSTEDO XR TB24 24 MG	57
<i>armodafinil tabs 50 mg</i>	49	AUSTEDO XR TB24 30 MG	57
<i>arsenic trioxide soln 12 mg/6ml</i>	21	AUSTEDO XR TB24 36 MG	57
ARZERRA CONC 100 MG/5ML	21	AUSTEDO XR TB24 42 MG	57
ARZERRA CONC 1000 MG/50ML	21	AUSTEDO XR TB24 48 MG	57
<i>asenapine maleate subl 10 mg</i>	60	AUSTEDO XR TB24 6 MG	57
<i>asenapine maleate subl 2.5 mg</i>	60	AUVELITY TBCR 45-105 MG	60
<i>asenapine maleate subl 5 mg</i>	60	AUVI-Q SOAJ 0.1 MG/0.1ML	36
ASMANEX HFA AERO 100 MCG/ACT	88	AUVI-Q SOAJ 0.15 MG/0.15ML	36
ASMANEX HFA AERO 200 MCG/ACT	88	AUVI-Q SOAJ 0.3 MG/0.3ML	36
ASPARLAS SOLN 3750 UNIT/5ML	21	AVASTIN SOLN 100 MG/4ML	21
<i>aspirin-dipyridamole er cp12 25-200 mg</i> ..	37	AVASTIN SOLN 400 MG/16ML	22
<i>atazanavir sulfate caps 150 mg</i>	17	<i>aviane tabs 0.1-20 mg-mcg</i>	77
<i>atazanavir sulfate caps 200 mg</i>	17	AVMAPKI FAKZYNJA CO-PACK THPK 0.8 & 200 MG	22
<i>atazanavir sulfate caps 300 mg</i>	17	AVONEX PEN AJKT 30 MCG/0.5ML	58
<i>atenolol tabs 100 mg</i>	40	AVONEX PREFILLED PSKT 30 MCG/0.5ML	58
<i>atenolol tabs 25 mg</i>	41	AXTLE SOLR 100 MG	22
<i>atenolol tabs 50 mg</i>	41	AXTLE SOLR 500 MG	22
<i>atenolol-chlorthalidone tabs 100-25 mg</i> ...	41	AYVAKIT TABS 100 MG	22
<i>atenolol-chlorthalidone tabs 50-25 mg</i>	41	AYVAKIT TABS 200 MG	22
<i>atomoxetine hcl caps 10 mg</i>	57	AYVAKIT TABS 25 MG	22
<i>atomoxetine hcl caps 100 mg</i>	57	AYVAKIT TABS 300 MG	22
<i>atomoxetine hcl caps 18 mg</i>	57	AYVAKIT TABS 50 MG	22
<i>atomoxetine hcl caps 25 mg</i>	57	AZACITIDINE SUSR 100 MG	22
<i>atomoxetine hcl caps 40 mg</i>	57		
<i>atomoxetine hcl caps 60 mg</i>	57		
<i>atomoxetine hcl caps 80 mg</i>	57		
<i>atorvastatin calcium tabs 10 mg</i>	40		
<i>atorvastatin calcium tabs 20 mg</i>	40		
<i>atorvastatin calcium tabs 40 mg</i>	40		
<i>atorvastatin calcium tabs 80 mg</i>	40		

AZATHIOPRINE SODIUM SOLR 100 MG	83
.....	83
<i>azathioprine tabs 100 mg</i>	83
<i>azathioprine tabs 50 mg</i>	84
<i>azathioprine tabs 75 mg</i>	84
<i>azelaic acid gel 15 %</i>	95
<i>azelastine hcl soln 0.05 %</i>	72
<i>azelastine hcl soln 0.1 %</i>	72
<i>azithromycin solr 500 mg</i>	12
<i>azithromycin susr 100 mg/5ml</i>	12
<i>azithromycin susr 200 mg/5ml</i>	12
<i>azithromycin tabs 250 mg</i>	12
<i>azithromycin tabs 500 mg</i>	12
<i>azithromycin tabs 600 mg</i>	12
<i>aztreonam solr 1 gm</i>	12

B

BACITRACIN OINT 500 UNIT/GM	71
<i>bacitracin-polymyxin b oint 500-10000</i>	
<i>unit/gm</i>	71
<i>bacitra-neomycin-polymyxin-hc oint 1 %</i> ..	71
<i>baclofen soln 10 mg/5ml</i>	36
<i>baclofen susp 25 mg/5ml</i>	36
<i>baclofen tabs 10 mg</i>	36
<i>baclofen tabs 20 mg</i>	36
<i>baclofen tabs 5 mg</i>	36
<i>balsalazide disodium caps 750 mg</i>	73
BALVERSA TABS 3 MG	22
BALVERSA TABS 4 MG	22
BALVERSA TABS 5 MG	22
<i>balziva tabs 0.4-35 mg-mcg</i>	77
BAQSIMI ONE PACK POWD 3 MG/DOSE	
.....	78
BAQSIMI TWO PACK POWD 3 MG/DOSE	
.....	78
BARACLUDE SOLN 0.05 MG/ML	17
BAVENCIO SOLN 200 MG/10ML	22
BCG VACCINE SOLR 50 MG	22
BD INSULIN SYR ULTRAFINE II MISC 31G	
X 5/16	67
BD INSULIN SYRINGE MISC 29G X 1/2.	
BD INSULIN SYRINGE ULTRAFINE MISC	
30G X 1/2	67
BD INSULIN SYRINGE ULTRAFINE MISC	
31G X 5/16	67
BD PEN NEEDLE ORIG ULTRAFINE MISC	
29G X 12.7MM	67
BELBUCA FILM 150 MCG	59
BELBUCA FILM 300 MCG	59
BELBUCA FILM 450 MCG	59

BELBUCA FILM 600 MCG	59
BELBUCA FILM 75 MCG	59
BELBUCA FILM 750 MCG	59
BELBUCA FILM 900 MCG	59
BELEODAQ SOLR 500 MG	22
BELRAPZO SOLN 100 MG/4ML	22
<i>benazepril hcl tabs 10 mg</i>	44
<i>benazepril hcl tabs 20 mg</i>	44
<i>benazepril hcl tabs 40 mg</i>	44
<i>benazepril hcl tabs 5 mg</i>	44
BENDAMUSTINE HCL SOLN 100 MG/4ML	
.....	22
<i>bendamustine hcl solr 100 mg</i>	22
<i>bendamustine hcl solr 25 mg</i>	22
BENDEKA SOLN 100 MG/4ML	22
BENLYSTA SOAJ 200 MG/ML	84
BENLYSTA SOSY 200 MG/ML	84
BENZOYL PEROXIDE FORTE- HC LOTN	
7.5-1 %	92
BENZOYL PEROXIDE GEL 6.5 %	91
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	
<i>benztropine mesylate soln 1 mg/ml</i>	55
<i>benztropine mesylate tabs 0.5 mg</i>	55
<i>benztropine mesylate tabs 1 mg</i>	55
<i>benztropine mesylate tabs 2 mg</i>	55
BERINERT KIT 500 UNIT	84
BESPONSA SOLR 0.9 MG	22
BESREMI SOSY 500 MCG/ML	22
<i>betamethasone dipropionate aug crea 0.05</i>	
<i>%</i>	92
BETAMETHASONE DIPROPIONATE AUG	
GEL 0.05 %	92
<i>betamethasone dipropionate aug lotn 0.05</i>	
<i>%</i>	92
<i>betamethasone dipropionate aug oint 0.05</i>	
<i>%</i>	92
<i>betamethasone dipropionate crea 0.05 %</i>	
<i>betamethasone dipropionate lotn 0.05 %</i>	
<i>betamethasone dipropionate oint 0.05 %</i>	
<i>betamethasone sod phos & acet susp 6 (3-</i>	
<i>3) mg/ml</i>	75
BETAMETHASONE VALERATE CREA 0.1	
%	92
<i>betamethasone valerate foam 0.12 %</i>	92
BETAMETHASONE VALERATE LOTN 0.1	
%	92
<i>betamethasone valerate oint 0.1 %</i>	92
BETASERON KIT 0.3 MG	58
BETAXOLOL HCL SOLN 0.5 %	72
<i>bethanechol chloride tabs 10 mg</i>	35

<i>bethanechol chloride tabs 25 mg</i>	35	<i>bosentan tabs 125 mg</i>	89
<i>bethanechol chloride tabs 5 mg</i>	35	<i>bosentan tabs 62.5 mg</i>	89
<i>bethanechol chloride tabs 50 mg</i>	35	<i>bosentan tbso 32 mg</i>	89
<i>bexarotene caps 75 mg</i>	22	BOSULIF CAPS 100 MG.....	22
<i>bexarotene gel 1 %</i>	94	BOSULIF CAPS 50 MG.....	22
BEXSERO SUSY 0.5 ML.....	90	BOSULIF TABS 100 MG.....	22
<i>bicalutamide tabs 50 mg</i>	22	BOSULIF TABS 400 MG.....	22
BICILLIN C-R 900/300 SUSP 900000- 300000 UNIT/2ML.....	12	BOSULIF TABS 500 MG.....	22
BICILLIN C-R SUSP 1200000 UNIT/2ML	12	BRAFTOVI CAPS 75 MG.....	22
BICILLIN L-A SUSY 1200000 UNIT/2ML	12	<i>breyna aero 160-4.5 mcg/act</i>	88
BICILLIN L-A SUSY 2400000 UNIT/4ML	12	<i>breyna aero 80-4.5 mcg/act</i>	88
BICILLIN L-A SUSY 600000 UNIT/ML.....	12	BREZTRI AEROSPHERE AERO 160-9-4.8 MCG/ACT.....	88
BIKTARVY TABS 30-120-15 MG.....	17	<i>brimonidine tartrate soln 0.2 %</i>	72
BIKTARVY TABS 50-200-25 MG.....	17	BRINSUPRI TABS 10 MG.....	87
<i>bimatoprost soln 0.03 %</i>	72	BRINSUPRI TABS 25 MG.....	87
BIMZELX SOAJ 160 MG/ML.....	95	BRIVIACT SOLN 10 MG/ML.....	50
BIMZELX SOAJ 320 MG/2ML.....	95	BRIVIACT TABS 10 MG.....	50
BIMZELX SOSY 160 MG/ML.....	95	BRIVIACT TABS 100 MG.....	50
BIMZELX SOSY 320 MG/2ML.....	95	BRIVIACT TABS 25 MG.....	50
<i>bismuth/metronidaz/tetracyclin caps 140- 125-125 mg</i>	74	BRIVIACT TABS 50 MG.....	50
<i>bisoprolol fumarate tabs 10 mg</i>	41	BRIVIACT TABS 75 MG.....	50
<i>bisoprolol fumarate tabs 5 mg</i>	41	<i>bromocriptine mesylate caps 5 mg</i>	55
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	41	<i>bromocriptine mesylate tabs 2.5 mg</i>	55
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	41	BRUKINSA CAPS 80 MG.....	22
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	41	BRUKINSA TABS 160 MG.....	22
BIZENGRI (750 MG DOSE) SOPK 375 MG/18.75ML.....	22	BUCAPSOL CAPS 10 MG.....	56
<i>bleomycin sulfate solr 15 unit</i>	22	BUCAPSOL CAPS 15 MG.....	56
<i>bleomycin sulfate solr 30 unit</i>	22	BUCAPSOL CAPS 7.5 MG.....	56
BLINCYTO SOLR 35 MCG.....	22	<i>budesonide cpep 3 mg</i>	75
BOMYNTRA SOLN 120 MG/1.7ML.....	82	BUDESONIDE ER TB24 9 MG.....	75
BOMYNTRA SOSY 120 MG/1.7ML.....	82	<i>budesonide susp 0.25 mg/2ml</i>	88
BOOSTRIX SUSP 5-2.5-18.5 LF-MCG/0.5	90	<i>budesonide susp 0.5 mg/2ml</i>	88
BOOSTRIX SUSY 5-2.5-18.5 LF-MCG/0.5	90	<i>budesonide susp 1 mg/2ml</i>	88
BORTEZOMIB INJECTION SOLR 1 MG.....	22	<i>bumetanide tabs 0.5 mg</i>	68
BORTEZOMIB INJECTION SOLR 2.5 MG	22	<i>bumetanide tabs 1 mg</i>	68
<i>bortezomib injection solr 3.5 mg</i>	22	<i>bumetanide tabs 2 mg</i>	68
BORTEZOMIB INTRAVENOUS SOLN 3.5 MG/1.4ML.....	22	<i>bupivacaine hcl (pf) soln 0.25 %</i>	84
BORTEZOMIB INTRAVENOUS SOLR 3.5 MG.....	22	<i>bupivacaine hcl (pf) soln 0.5 %</i>	84
BORUZU SOLN 3.5 MG/1.4ML.....	22	<i>bupivacaine hcl (pf) soln 0.75 %</i>	84
		<i>bupivacaine hcl soln 0.5 %</i>	84
		<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	84
		<i>bupivacaine spinal soln 0.75-8.25 %</i>	84
		<i>bupivacaine-epinephrine (pf) soln 0.25% -1 200000</i>	84
		<i>bupivacaine-epinephrine (pf) soln 0.5% -1 200000</i>	85
		<i>bupivacaine-epinephrine soln 0.25% -1 200000</i>	85
		<i>bupivacaine-epinephrine soln 0.5% -1</i>	

200000.....	85
buprenorphine hcl subl 2 mg.....	59
buprenorphine hcl subl 8 mg.....	59
buprenorphine hcl-naloxone hcl subl 2-0.5 mg.....	59
buprenorphine hcl-naloxone hcl subl 8-2 mg	59
buprenorphine ptwk 10 mcg/hr.....	59
buprenorphine ptwk 15 mcg/hr.....	59
buprenorphine ptwk 20 mcg/hr.....	59
buprenorphine ptwk 5 mcg/hr.....	59
buprenorphine ptwk 7.5 mcg/hr.....	59
bupropion hcl er (smoking det) tb12 150 mg	60
bupropion hcl er (sr) tb12 100 mg.....	60
bupropion hcl er (sr) tb12 150 mg.....	60
bupropion hcl er (sr) tb12 200 mg.....	60
bupropion hcl er (xl) tb24 150 mg.....	60
bupropion hcl er (xl) tb24 300 mg.....	60
BUPROPION HCL ER (XL) TB24 450 MG	60
bupropion hcl tabs 100 mg.....	60
bupropion hcl tabs 75 mg.....	60
buspirone hcl tabs 10 mg.....	56
buspirone hcl tabs 15 mg.....	56
buspirone hcl tabs 30 mg.....	56
buspirone hcl tabs 5 mg.....	56
buspirone hcl tabs 7.5 mg.....	56
busulfan soln 6 mg/ml.....	22
BUTALBITAL-APAP-CAFFEINE SOLN 50- 325-40 MG/15ML.....	46
butalbital-apap-caffeine tabs 50-325-40 mg	46
butalbital-aspirin-caffeine caps 50-325-40 mg.....	46
BYOOVIZ SOLN 0.5 MG/0.05ML.....	72

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CABENUVA SUER 400 & 600 MG/2ML ..	17
CABENUVA SUER 600 & 900 MG/3ML ..	18
cabergoline tabs 0.5 mg.....	55
CABLIVI KIT 11 MG.....	39
CABOMETYX TABS 20 MG.....	22
CABOMETYX TABS 40 MG.....	22
CABOMETYX TABS 60 MG.....	22
caffeine citrate soln 20 mg/ml.....	49
caffeine citrate soln 60 mg/3ml.....	49
calcipotriene crea 0.005 %.....	95
calcipotriene oint 0.005 %.....	95
CALCIPOTRIENE SOLN 0.005 %.....	95

calcipotriene-betameth diprop susp 0.005- 0.064 %.....	92
calcitonin (salmon) soln 200 unit/act.....	80
calcitonin (salmon) soln 200 unit/ml.....	80
calcitriol caps 0.25 mcg.....	96
calcitriol caps 0.5 mcg.....	97
CALCITRIOL INTRAVENOUS SOLN 1 MCG/ML.....	97
CALCITRIOL OINT 3 MCG/GM.....	95
calcitriol oral soln 1 mcg/ml.....	97
calcium acetate (phos binder) caps 667 mg	69
calcium acetate tabs 667 mg.....	69
CALQUENCE CAPS 100 MG.....	23
CALQUENCE TABS 100 MG.....	23
CAMCEVI PRSY 42 MG.....	23
candesartan cilexetil tabs 16 mg.....	44
candesartan cilexetil tabs 32 mg.....	44
candesartan cilexetil tabs 4 mg.....	44
candesartan cilexetil tabs 8 mg.....	44
CAPLYTA CAPS 10.5 MG.....	60
CAPLYTA CAPS 21 MG.....	60
CAPLYTA CAPS 42 MG.....	60
CAPRELSA TABS 100 MG.....	23
CAPRELSA TABS 300 MG.....	23
captopril tabs 100 mg.....	44
captopril tabs 12.5 mg.....	44
captopril tabs 25 mg.....	44
captopril tabs 50 mg.....	44
CARAC CREA 0.5 %.....	95
carbamazepine chew 100 mg.....	50
CARBAMAZEPINE CHEW 200 MG.....	50
carbamazepine er cp12 100 mg.....	50
carbamazepine er cp12 200 mg.....	50
carbamazepine er cp12 300 mg.....	50
carbamazepine er tb12 100 mg.....	50
carbamazepine er tb12 200 mg.....	50
carbamazepine er tb12 400 mg.....	50
carbamazepine susp 100 mg/5ml.....	50
carbamazepine tabs 200 mg.....	50
CARBATROL CP12 100 MG.....	50
CARBATROL CP12 200 MG.....	50
CARBATROL CP12 300 MG.....	50
carbidopa tabs 25 mg.....	55
carbidopa-levodopa er tbcr 25-100 mg.....	55
carbidopa-levodopa er tbcr 50-200 mg.....	55
carbidopa-levodopa tabs 10-100 mg.....	55
carbidopa-levodopa tabs 25-100 mg.....	55
carbidopa-levodopa tabs 25-250 mg.....	55

<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	55
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	55
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	55
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	55
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	55
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	55
<i>carboplatin soln 150 mg/15ml</i>	23
<i>carboplatin soln 450 mg/45ml</i>	23
<i>carboplatin soln 50 mg/5ml</i>	23
<i>carboplatin soln 600 mg/60ml</i>	23
<i>carglumic acid tbso 200 mg</i>	67
<i>carmustine solr 100 mg</i>	23
CARMUSTINE SOLR 300 MG.....	23
CARMUSTINE SOLR 50 MG.....	23
<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>carvedilol tabs 3.125 mg</i>	41
<i>carvedilol tabs 6.25 mg</i>	41
<i>caspofungin acetate solr 50 mg</i>	16
<i>caspofungin acetate solr 70 mg</i>	16
CAYSTON SOLR 75 MG.....	88
CEFACLOR CAPS 250 MG.....	12
CEFACLOR CAPS 500 MG.....	12
CEFACLOR SUSR 250 MG/5ML.....	12
<i>cefadroxil caps 500 mg</i>	12
<i>cefazolin sodium solr 1 gm</i>	12
<i>cefazolin sodium solr 10 gm</i>	12
<i>cefazolin sodium solr 500 mg</i>	12
<i>cefdinir caps 300 mg</i>	12
<i>cefdinir susr 125 mg/5ml</i>	12
<i>cefdinir susr 250 mg/5ml</i>	12
<i>cefepime hcl solr 1 gm</i>	12
<i>cefepime hcl solr 2 gm</i>	12
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML).....	12
<i>cefixime caps 400 mg</i>	12
<i>cefixime susr 100 mg/5ml</i>	12
<i>cefixime susr 200 mg/5ml</i>	12
CEFOTAXIME SODIUM SOLR 1 GM.....	12
<i>cefotetan disodium solr 1 gm</i>	12

<i>cefotetan disodium solr 2 gm</i>	12
<i>cefoxitin sodium solr 1 gm</i>	12
<i>cefoxitin sodium solr 10 gm</i>	12
<i>cefoxitin sodium solr 2 gm</i>	12
CEFPODOXIME PROXETIL SUSR 100 MG/5ML.....	12
CEFPODOXIME PROXETIL SUSR 50 MG/5ML.....	12
<i>cefpodoxime proxetil tabs 100 mg</i>	12
<i>cefpodoxime proxetil tabs 200 mg</i>	12
<i>ceftazidime solr 1 gm</i>	12
CEFTAZIDIME SOLR 6 GM.....	12
<i>ceftriaxone sodium solr 1 gm</i>	12
<i>ceftriaxone sodium solr 10 gm</i>	12
<i>ceftriaxone sodium solr 2 gm</i>	12
<i>ceftriaxone sodium solr 250 mg</i>	12
<i>ceftriaxone sodium solr 500 mg</i>	12
<i>cefuroxime axetil tabs 250 mg</i>	12
<i>cefuroxime axetil tabs 500 mg</i>	12
<i>cefuroxime sodium solr 1.5 gm</i>	13
<i>cefuroxime sodium solr 750 mg</i>	13
<i>celecoxib caps 100 mg</i>	46
<i>celecoxib caps 200 mg</i>	46
<i>celecoxib caps 400 mg</i>	46
<i>celecoxib caps 50 mg</i>	46
CELONTIN CAPS 300 MG.....	50
<i>cephalexin caps 250 mg</i>	13
<i>cephalexin caps 500 mg</i>	13
<i>cephalexin susr 125 mg/5ml</i>	13
<i>cephalexin susr 250 mg/5ml</i>	13
<i>cephalexin tabs 500 mg</i>	13
CEQUA SOLN 0.09 %.....	71
CERDELGA CAPS 84 MG.....	70
CEREZYME SOLR 400 UNIT.....	70
CHEMET CAPS 100 MG.....	75
CHLORAMPHENICOL SOD SUCCINATE SOLR 1 GM.....	13
<i>chlordiazepoxide hcl caps 10 mg</i>	56
<i>chlordiazepoxide hcl caps 25 mg</i>	56
<i>chlordiazepoxide hcl caps 5 mg</i>	56
CHLORDIAZEPOXIDE-AMITRIPTYLINE TABS 10-25 MG.....	60
CHLORDIAZEPOXIDE-AMITRIPTYLINE TABS 5-12.5 MG.....	60
<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i>	34
<i>chlorhexidine gluconate soln 0.12 %</i>	71
<i>chloroprocaine hcl (pf) soln 2 %</i>	85
CHLOROQUINE PHOSPHATE TABS 250 MG.....	17
<i>chloroquine phosphate tabs 500 mg</i>	17

CHLORPROMAZINE HCL CONC 100 MG/ML	60	<i>citalopram hydrobromide tabs 10 mg</i>	60
CHLORPROMAZINE HCL CONC 30 MG/ML	60	<i>citalopram hydrobromide tabs 20 mg</i>	60
<i>chlorpromazine hcl soln 25 mg/ml</i>	60	<i>citalopram hydrobromide tabs 40 mg</i>	60
<i>chlorpromazine hcl soln 50 mg/2ml</i>	60	<i>cladribine soln 10 mg/10ml</i>	23
<i>chlorpromazine hcl tabs 10 mg</i>	60	<i>claravis caps 10 mg</i>	95
<i>chlorpromazine hcl tabs 100 mg</i>	60	<i>claravis caps 20 mg</i>	95
<i>chlorpromazine hcl tabs 200 mg</i>	60	<i>claravis caps 30 mg</i>	95
<i>chlorpromazine hcl tabs 25 mg</i>	60	<i>claravis caps 40 mg</i>	95
<i>chlorpromazine hcl tabs 50 mg</i>	60	CLARITHROMYCIN SUSR 125 MG/5ML	13
<i>chlorthalidone tabs 25 mg</i>	68	CLARITHROMYCIN SUSR 250 MG/5ML	13
<i>chlorthalidone tabs 50 mg</i>	68	<i>clarithromycin tabs 250 mg</i>	13
<i>cholestyramine light pack 4 gm</i>	40	<i>clarithromycin tabs 500 mg</i>	13
<i>cholestyramine light powd 4 gm/dose</i>	40	CLIMARA PTWK 0.025 MG/24HR	79
<i>cholestyramine pack 4 gm</i>	40	CLIMARA PTWK 0.0375 MG/24HR	79
<i>cholestyramine powd 4 gm/dose</i>	40	CLIMARA PTWK 0.05 MG/24HR	79
CHORIONIC GONADOTROPIN SOLR 10000 UNIT	80	CLIMARA PTWK 0.06 MG/24HR	79
CIBINQO TABS 100 MG	83	CLIMARA PTWK 0.075 MG/24HR	79
<i>ciclopirox gel 0.77 %</i>	91	CLIMARA PTWK 0.1 MG/24HR	79
<i>ciclopirox olamine crea 0.77 %</i>	91	<i>clindamycin hcl caps 150 mg</i>	13
<i>ciclopirox soln 8 %</i>	91	<i>clindamycin hcl caps 300 mg</i>	13
<i>cidofovir soln 75 mg/ml</i>	18	<i>clindamycin hcl caps 75 mg</i>	13
<i>cilostazol tabs 100 mg</i>	37	<i>clindamycin palmitate hcl solr 75 mg/5ml</i>	13
<i>cilostazol tabs 50 mg</i>	37	<i>clindamycin phos (once-daily) gel 1 %</i>	91
CILOXAN OINT 0.3 %	71	<i>clindamycin phos (twice-daily) gel 1 %</i>	91
CIMDUO TABS 300-300 MG	18	<i>clindamycin phos-benzoyl perox gel 1.2-5 %</i>	91
<i>cimetidine hcl soln 300 mg/5ml</i>	74	CLINDAMYCIN PHOSPHATE CREA 2 %	91
<i>cinacalcet hcl tabs 30 mg</i>	80	<i>clindamycin phosphate in d5w soln 300 mg/50ml</i>	13
<i>cinacalcet hcl tabs 60 mg</i>	80	<i>clindamycin phosphate in d5w soln 600 mg/50ml</i>	13
<i>cinacalcet hcl tabs 90 mg</i>	80	<i>clindamycin phosphate in d5w soln 900 mg/50ml</i>	13
CINRYZE SOLR 500 UNIT	85	CLINDAMYCIN PHOSPHATE LOTN 1 %	91
<i>ciprofloxacin hcl soln 0.3 %</i>	71	<i>clindamycin phosphate soln 1 %</i>	91
<i>ciprofloxacin hcl tabs 250 mg</i>	13	<i>clindamycin phosphate soln 300 mg/2ml</i>	13
<i>ciprofloxacin hcl tabs 500 mg</i>	13	<i>clindamycin phosphate soln 600 mg/4ml</i>	13
<i>ciprofloxacin hcl tabs 750 mg</i>	13	<i>clindamycin phosphate soln 900 mg/6ml</i>	13
CIPROFLOXACIN IN D5W SOLN 200 MG/100ML	13	<i>clindamycin phosphate soln 9000 mg/60ml</i>	13
CIPROFLOXACIN IN D5W SOLN 400 MG/200ML	13	<i>clindamycin phosphate swab 1 %</i>	91
<i>ciprofloxacin-dexamethasone susp 0.3-0.1 %</i>	71	CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 %	67
<i>cisplatin soln 100 mg/100ml</i>	23	CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 %	67
CISPLATIN SOLN 200 MG/200ML	23	CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 %	67
<i>cisplatin soln 50 mg/50ml</i>	23	CLINIMIX E/DEXTROSE (5/15) SOLN 5 %	67
CISPLATIN SOLR 50 MG	23		
CITALOPRAM HYDROBROMIDE CAPS 30 MG	60		
<i>citalopram hydrobromide soln 10 mg/5ml</i>	60		

CLINIMIX E/DEXTROSE (5/20) SOLN 5 %		<i>clozapine tabs 25 mg</i>	60
.....	67	<i>clozapine tabs 50 mg</i>	61
CLINIMIX/DEXTROSE (4.25/10) SOLN		<i>clozapine tbdp 100 mg</i>	61
4.25 %	67	CLOZAPINE TBDP 12.5 MG	61
CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25		<i>clozapine tbdp 150 mg</i>	61
%	67	<i>clozapine tbdp 200 mg</i>	61
CLINIMIX/DEXTROSE (5/15) SOLN 5 %	67	<i>clozapine tbdp 25 mg</i>	61
CLINIMIX/DEXTROSE (5/20) SOLN 5 %	67	COARTEM TABS 20-120 MG	17
<i>clinisol sf soln 15 %</i>	68	COBENFY CAPS 100-20 MG	61
<i>clobazam susp 2.5 mg/ml</i>	50	COBENFY CAPS 125-30 MG	61
<i>clobazam tabs 10 mg</i>	50	COBENFY CAPS 50-20 MG	61
<i>clobazam tabs 20 mg</i>	50	COBENFY STARTER PACK CPPK 50-20 &	
<i>clobetasol propionate crea 0.05 %</i>	93	100-20 MG	61
<i>clobetasol propionate e crea 0.05 %</i>	93	CODEINE SULFATE TABS 15 MG	46
<i>clobetasol propionate foam 0.05 %</i>	93	CODEINE SULFATE TABS 30 MG	46
<i>clobetasol propionate gel 0.05 %</i>	93	CODEINE SULFATE TABS 60 MG	46
<i>clobetasol propionate liqd 0.05 %</i>	93	<i>colchicine tabs 0.6 mg</i>	82
<i>clobetasol propionate lotn 0.05 %</i>	93	<i>colchicine-probenecid tabs 0.5-500 mg</i>	70
<i>clobetasol propionate oint 0.05 %</i>	93	<i>colesevelam hcl tabs 625 mg</i>	40
<i>clobetasol propionate sham 0.05 %</i>	93	COLESTIPOL HCL GRAN 5 GM	40
<i>clobetasol propionate soln 0.05 %</i>	93	COLESTIPOL HCL PACK 5 GM	40
<i>clofarabine soln 1 mg/ml</i>	23	<i>colestipol hcl tabs 1 gm</i>	40
<i>clomipramine hcl caps 25 mg</i>	60	<i>colistimethate sodium (cba) solr 150 mg</i> ..	13
<i>clomipramine hcl caps 50 mg</i>	60	COLUMVI SOLN 10 MG/10ML	23
<i>clomipramine hcl caps 75 mg</i>	60	COLUMVI SOLN 2.5 MG/2.5ML	23
<i>clonazepam tabs 0.5 mg</i>	51	COMBIVENT RESPIMAT AERS 20-100	
<i>clonazepam tabs 1 mg</i>	51	MCG/ACT	36
<i>clonazepam tabs 2 mg</i>	51	COMETRIQ (100 MG DAILY DOSE) KIT 80	
<i>clonazepam tbdp 0.125 mg</i>	51	& 20 MG	23
<i>clonazepam tbdp 0.25 mg</i>	51	COMETRIQ (140 MG DAILY DOSE) KIT 3	
<i>clonazepam tbdp 0.5 mg</i>	51	x 20 MG & 80 MG	23
<i>clonazepam tbdp 1 mg</i>	51	COMETRIQ (60 MG DAILY DOSE) KIT 20	
<i>clonazepam tbdp 2 mg</i>	51	MG	23
<i>clonidine hcl (analgesia) soln 100 mcg/ml</i>	44	<i>compro supp 25 mg</i>	61
<i>clonidine hcl tabs 0.1 mg</i>	44	COPIKTRA CAPS 15 MG	23
<i>clonidine hcl tabs 0.2 mg</i>	44	COPIKTRA CAPS 25 MG	23
<i>clonidine hcl tabs 0.3 mg</i>	44	CORDRAN TAPE 4 MCG/SQCM	93
<i>clonidine ptwk 0.1 mg/24hr</i>	44	CORLANOR SOLN 5 MG/5ML	43
<i>clonidine ptwk 0.2 mg/24hr</i>	44	CORTISONE ACETATE TABS 25 MG	75
<i>clonidine ptwk 0.3 mg/24hr</i>	44	CORTROPHIN GEL 80 UNIT/ML	80
<i>clopidogrel bisulfate tabs 75 mg</i>	37	CORTROPHIN GEL PRSY 40 UNIT/0.5ML	
<i>clorazepate dipotassium tabs 15 mg</i>	56		80
<i>clorazepate dipotassium tabs 3.75 mg</i>	56	CORTROPHIN GEL PRSY 80 UNIT/ML ..	80
<i>clorazepate dipotassium tabs 7.5 mg</i>	56	COSENTYX (300 MG DOSE) SOSY 150	
<i>clotrimazole crea 1 %</i>	91	MG/ML	95
<i>clotrimazole troc 10 mg</i>	92	COSENTYX SENSOREADY (300 MG)	
<i>clotrimazole-betamethasone crea 1-0.05 %</i>		SOAJ 150 MG/ML	95
.....	92	COSENTYX SENSOREADY PEN SOAJ	
<i>clozapine tabs 100 mg</i>	60	150 MG/ML	95
<i>clozapine tabs 200 mg</i>	60	COSENTYX SOSY 150 MG/ML	95

COSENTYX SOSY 75 MG/0.5ML	95
COSENTYX UNOREADY SOAJ 300 MG/2ML	95
COTELIC TABS 20 MG	23
CRENESSITY CAPS 100 MG	80
CRENESSITY CAPS 25 MG	80
CRENESSITY CAPS 50 MG	80
CRENESSITY SOLN 50 MG/ML	80
CREON CPEP 12000-38000 UNIT	70
CREON CPEP 24000-76000 UNIT	70
CREON CPEP 3000-9500 UNIT	70
CREON CPEP 36000-114000 UNIT	70
CREON CPEP 6000-19000 UNIT	70
CRESEMBA CAPS 186 MG	16
CRESEMBA CAPS 74.5 MG	16
CRESEMBA SOLR 372 MG	16
cromolyn sodium conc 100 mg/5ml	87
cromolyn sodium nebu 20 mg/2ml	87
CROMOLYN SODIUM SOLN 4 %	72
cryselle-28 tabs 0.3-30 mg-mcg	77
CURITY GAUZE PADS 2	67
cyclobenzaprine hcl tabs 10 mg	36
cyclobenzaprine hcl tabs 5 mg	36
cyclophosphamide caps 25 mg	23
cyclophosphamide caps 50 mg	23
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML	23
CYCLOPHOSPHAMIDE SOLN 1000 MG/10ML	23
CYCLOPHOSPHAMIDE SOLN 2 GM/10ML	23
CYCLOPHOSPHAMIDE SOLN 2000 MG/20ML	23
CYCLOPHOSPHAMIDE SOLN 500 MG/2.5ML	23
CYCLOPHOSPHAMIDE SOLN 500 MG/5ML	23
CYCLOPHOSPHAMIDE SOLN 500 MG/ML	23
cyclophosphamide solr 1 gm	23
cyclophosphamide solr 2 gm	23
cyclophosphamide solr 500 mg	23
CYCLOSERINE CAPS 250 MG	16
cyclosporine caps 100 mg	84
cyclosporine caps 25 mg	84
cyclosporine emul 0.05 %	71
cyclosporine modified caps 100 mg	84
cyclosporine modified caps 25 mg	84
cyclosporine modified caps 50 mg	84
cyclosporine modified soln 100 mg/ml	84

cyclosporine soln 50 mg/ml	84
cyproheptadine hcl syrp 2 mg/5ml	21
cyproheptadine hcl tabs 4 mg	21
CYRAMZA SOLN 100 MG/10ML	23
CYRAMZA SOLN 500 MG/50ML	23
CYSTADANE POWD	85
CYSTAGON CAPS 150 MG	85
CYSTAGON CAPS 50 MG	85
CYSTARAN SOLN 0.44 %	72
cytarabine (pf) soln 100 mg/ml	23
cytarabine (pf) soln 20 mg/ml	23
CYTARABINE SOLN 20 MG/ML	23
CYTOGAM SOLN 50 MG/ML	90

D

dabigatran etexilate mesylate caps 110 mg	37
dabigatran etexilate mesylate caps 150 mg	37
dabigatran etexilate mesylate caps 75 mg	37
DACARBAZINE SOLR 100 MG	23
dacarbazine solr 200 mg	23
dactinomycin solr 0.5 mg	24
dalfampridine er tb12 10 mg	58
DALVANCE SOLR 500 MG	13
danazol caps 100 mg	76
danazol caps 200 mg	77
danazol caps 50 mg	77
dantrolene sodium caps 100 mg	36
dantrolene sodium caps 25 mg	36
dantrolene sodium caps 50 mg	36
DANYELZA SOLN 40 MG/10ML	24
DANZITEN TABS 71 MG	24
DANZITEN TABS 95 MG	24
DAPAGLIFLOZIN PROPANEDIOL TABS 10 MG	78
DAPAGLIFLOZIN PROPANEDIOL TABS 5 MG	78
dapsone tabs 100 mg	16
dapsone tabs 25 mg	16
DAPTACEL SUSP 23-15-5	90
daptomycin solr 350 mg	13
daptomycin solr 500 mg	13
darifenacin hydrobromide er tb24 15 mg	96
darifenacin hydrobromide er tb24 7.5 mg	96
darunavir tabs 600 mg	18
darunavir tabs 800 mg	18
DARZALEX FASPRO SOLN 1800-30000 MG-UT/15ML	24

DARZALEX SOLN 100 MG/5ML	24
DARZALEX SOLN 400 MG/20ML	24
dasatinib tabs 100 mg.....	24
dasatinib tabs 140 mg.....	24
dasatinib tabs 20 mg.....	24
dasatinib tabs 50 mg.....	24
dasatinib tabs 70 mg.....	24
dasatinib tabs 80 mg.....	24
DATROWAY SOLR 100 MG.....	24
daunorubicin hcl soln 20 mg/4ml	24
DAURISMO TABS 100 MG	24
DAURISMO TABS 25 MG	24
DAYBUE SOLN 200 MG/ML.....	57
decitabine solr 50 mg.....	24
deferasirox granules pack 180 mg.....	75
deferasirox granules pack 360 mg.....	75
deferasirox granules pack 90 mg.....	75
deferasirox tabs 180 mg	75
deferasirox tabs 360 mg	75
deferasirox tabs 90 mg	75
deferasirox tbso 125 mg	75
deferasirox tbso 250 mg	75
deferasirox tbso 500 mg	75
deferiprone tabs 1000 mg.....	75
deferiprone tabs 500 mg.....	75
deferoxamine mesylate solr 2 gm	75
deferoxamine mesylate solr 500 mg	75
deflazacort susp 22.75 mg/ml.....	75
deflazacort tabs 18 mg	75
deflazacort tabs 30 mg	75
deflazacort tabs 36 mg	75
deflazacort tabs 6 mg	75
DELSTRIGO TABS 100-300-300 MG.....	18
demeclocycline hcl tabs 150 mg	13
demeclocycline hcl tabs 300 mg	13
DEPO-ESTRADIOL OIL 5 MG/ML.....	79
DEPO-MEDROL SUSP 20 MG/ML.....	75
DEPO-SUBQ PROVERA 104 SUSY 104	
MG/0.65ML	80
depo-testosterone soln 100 mg/ml.....	77
depo-testosterone soln 200 mg/ml.....	77
DESCOVY TABS 120-15 MG	18
DESCOVY TABS 200-25 MG	18
desipramine hcl tabs 10 mg.....	61
desipramine hcl tabs 100 mg	61
desipramine hcl tabs 150 mg.....	61
desipramine hcl tabs 25 mg.....	61
desipramine hcl tabs 50 mg.....	61
desipramine hcl tabs 75 mg.....	61

desmopressin ace spray refrig soln 0.01 %	
.....	80
DESMOPRESSIN ACETATE SOLN 4	
MCG/ML	80
DESMOPRESSIN ACETATE SPRAY	
SOLN 0.01 %	80
desmopressin acetate tabs 0.1 mg	80
desmopressin acetate tabs 0.2 mg	80
desonide crea 0.05 %	93
desonide lotn 0.05 %.....	93
desonide oint 0.05 %.....	93
desoximetasone crea 0.25 %.....	93
desoximetasone oint 0.25 %	93
desvenlafaxine succinate er tb24 100 mg	61
desvenlafaxine succinate er tb24 25 mg ..	61
desvenlafaxine succinate er tb24 50 mg ..	61
dexamethasone elix 0.5 mg/5ml.....	75
DEXAMETHASONE INTENSOL CONC 1	
MG/ML.....	75
DEXAMETHASONE SOD PHOS +RFID	
SOSY 4 MG/ML.....	75
DEXAMETHASONE SODIUM	
PHOSPHATE SOLN 0.1 %.....	71
dexamethasone sodium phosphate soln 10	
mg/ml.....	75
dexamethasone sodium phosphate soln 20	
mg/5ml.....	75
dexamethasone sodium phosphate soln 4	
mg/ml.....	75
DEXAMETHASONE SODIUM	
PHOSPHATE SOSY 4 MG/ML.....	75
DEXAMETHASONE SOLN 0.5 MG/5ML ..	75
dexamethasone tabs 0.5 mg	75
dexamethasone tabs 0.75 mg	76
dexamethasone tabs 1 mg	76
dexamethasone tabs 1.5 mg	76
dexamethasone tabs 2 mg	76
dexamethasone tabs 4 mg	76
dexamethasone tabs 6 mg	76
dexmethylphenidate hcl er cp24 10 mg....	49
dexmethylphenidate hcl er cp24 15 mg....	49
dexmethylphenidate hcl er cp24 20 mg....	49
dexmethylphenidate hcl er cp24 25 mg....	49
dexmethylphenidate hcl er cp24 30 mg....	49
dexmethylphenidate hcl er cp24 35 mg....	49
dexmethylphenidate hcl er cp24 40 mg....	49
dexmethylphenidate hcl er cp24 5 mg.....	49
dexmethylphenidate hcl tabs 10 mg	49
dexmethylphenidate hcl tabs 2.5 mg	49
dexmethylphenidate hcl tabs 5 mg	49

<i>dexrazoxane hcl solr 250 mg</i>	85	<i>dicyclomine hcl tabs 20 mg</i>	35
<i>dexrazoxane hcl solr 500 mg</i>	85	DICYCLOMINE HCL TABS 40 MG	35
<i>dextroamphetamine sulfate er cp24 10 mg</i>	49	DIFICID SUSR 40 MG/ML	13
<i>dextroamphetamine sulfate er cp24 15 mg</i>	49	DIFICID TABS 200 MG	13
<i>dextroamphetamine sulfate er cp24 5 mg</i>	49	<i>diflorasone diacetate oint 0.05 %</i>	93
<i>dextroamphetamine sulfate tabs 10 mg</i> ...	49	<i>diflunisal tabs 500 mg</i>	46
<i>dextroamphetamine sulfate tabs 5 mg</i>	49	<i>difluprednate emul 0.05 %</i>	71
DEXTROSE IN LACTATED RINGERS		DIGOXIN SOLN 0.05 MG/ML	43
SOLN 5 %	69	<i>digoxin soln 0.25 mg/ml</i>	43
DEXTROSE SOLN 10 %	68	<i>digoxin tabs 125 mcg</i>	43
<i>dextrose soln 5 %</i>	68	<i>digoxin tabs 250 mcg</i>	43
DEXTROSE SOLN 50 %	68	<i>dihydroergotamine mesylate soln 1 mg/ml</i>	36
DEXTROSE SOLN 70 %	68	<i>dihydroergotamine mesylate soln 4 mg/ml</i>	36
DEXTROSE-SODIUM CHLORIDE SOLN		DILANTIN CAPS 100 MG	51
10-0.45 %	69	DILANTIN CAPS 30 MG	51
DEXTROSE-SODIUM CHLORIDE SOLN		DILANTIN INFATABS CHEW 50 MG	51
2.5-0.45 %	69	<i>diltiazem hcl er coated beads cp24 120 mg</i>	42
DEXTROSE-SODIUM CHLORIDE SOLN 5-		<i>diltiazem hcl er coated beads cp24 180 mg</i>	42
0.2 %	69	<i>diltiazem hcl er coated beads cp24 240 mg</i>	42
DEXTROSE-SODIUM CHLORIDE SOLN 5-		<i>diltiazem hcl er coated beads cp24 300 mg</i>	42
0.45 %	69	<i>diltiazem hcl er coated beads cp24 360 mg</i>	42
<i>dextrose-sodium chloride soln 5-0.9 %</i> ...	69	<i>diltiazem hcl er cp12 120 mg</i>	42
DIACOMIT CAPS 250 MG	51	<i>diltiazem hcl er cp12 60 mg</i>	42
DIACOMIT CAPS 500 MG	51	<i>diltiazem hcl er cp12 90 mg</i>	42
DIACOMIT PACK 250 MG	51	<i>diltiazem hcl er cp24 120 mg</i>	42
DIACOMIT PACK 500 MG	51	<i>diltiazem hcl er cp24 180 mg</i>	42
<i>diazepam gel 10 mg</i>	51	<i>diltiazem hcl er cp24 240 mg</i>	42
DIAZEPAM GEL 2.5 MG	51	<i>diltiazem hcl soln 125 mg/25ml</i>	42
<i>diazepam gel 20 mg</i>	51	<i>diltiazem hcl soln 25 mg/5ml</i>	42
<i>diazepam intensol conc 5 mg/ml</i>	56	<i>diltiazem hcl soln 50 mg/10ml</i>	42
<i>diazepam soln 5 mg/5ml</i>	56	DILTIAZEM HCL SOLR 100 MG	42
<i>diazepam soln 5 mg/ml</i>	56	<i>diltiazem hcl tabs 120 mg</i>	42
<i>diazepam tabs 10 mg</i>	56	<i>diltiazem hcl tabs 30 mg</i>	42
<i>diazepam tabs 2 mg</i>	56	<i>diltiazem hcl tabs 60 mg</i>	42
<i>diazepam tabs 5 mg</i>	56	<i>diltiazem hcl tabs 90 mg</i>	42
<i>diazoxide susp 50 mg/ml</i>	78	<i>dilt-xr cp24 120 mg</i>	42
<i>diclofenac sodium gel 1 %</i>	93	<i>dilt-xr cp24 180 mg</i>	42
<i>diclofenac sodium gel 3 %</i>	93	<i>dilt-xr cp24 240 mg</i>	42
<i>diclofenac sodium soln 0.1 %</i>	71	DIMENHYDRINATE SOLN 50 MG/ML	73
<i>diclofenac sodium soln 1.5 %</i>	93	<i>dimethyl fumarate cpdr 120 mg</i>	58
<i>diclofenac sodium tbec 25 mg</i>	46	<i>dimethyl fumarate cpdr 240 mg</i>	58
<i>diclofenac sodium tbec 50 mg</i>	46	<i>dimethyl fumarate starter pack cdpk 120 &</i> <i>240 mg</i>	58
<i>diclofenac sodium tbec 75 mg</i>	46		
<i>dicloxacillin sodium caps 250 mg</i>	13		
<i>dicloxacillin sodium caps 500 mg</i>	13		
<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		

DIPENTUM CAPS 250 MG.....	73	dotti pttw 0.025 mg/24hr.....	79
diphenhydramine hcl soln 50 mg/ml	21	dotti pttw 0.0375 mg/24hr.....	79
DIPHENOXYLATE-ATROPINE LIQD 2.5-0.025 MG/5ML	73	dotti pttw 0.05 mg/24hr.....	79
diphenoxylate-atropine tabs 2.5-0.025 mg	73	dotti pttw 0.075 mg/24hr.....	79
dipyridamole tabs 25 mg.....	45	dotti pttw 0.1 mg/24hr.....	79
dipyridamole tabs 50 mg.....	45	DOVATO TABS 50-300 MG.....	18
dipyridamole tabs 75 mg.....	45	doxazosin mesylate tabs 1 mg.....	39
disopyramide phosphate caps 100 mg	43	doxazosin mesylate tabs 2 mg.....	39
disopyramide phosphate caps 150 mg	43	doxazosin mesylate tabs 4 mg.....	40
disulfiram tabs 250 mg.....	46	doxazosin mesylate tabs 8 mg.....	40
disulfiram tabs 500 mg.....	46	doxepin hcl caps 10 mg	61
divalproex sodium csdr 125 mg	51	doxepin hcl caps 100 mg	61
divalproex sodium er tb24 250 mg.....	51	doxepin hcl caps 150 mg	61
divalproex sodium er tb24 500 mg.....	51	doxepin hcl caps 25 mg	61
divalproex sodium tbec 125 mg	51	doxepin hcl caps 50 mg	61
divalproex sodium tbec 250 mg	51	doxepin hcl caps 75 mg	61
divalproex sodium tbec 500 mg	51	doxepin hcl conc 10 mg/ml.....	61
dobutamine hcl soln 250 mg/20ml	36	doxepin hcl tabs 3 mg	61
DOBUTAMINE-DEXTROSE SOLN 1-5 MG/ML-%.....	36	doxepin hcl tabs 6 mg	61
DOBUTAMINE-DEXTROSE SOLN 2-5 MG/ML-%.....	36	doxorubicin hcl liposomal susp 2 mg/ml ...	24
docetaxel conc 20 mg/ml.....	24	DOXORUBICIN HCL SOLN 2 MG/ML	24
docetaxel conc 80 mg/4ml.....	24	DOXORUBICIN HCL SOLR 10 MG	24
docetaxel soln 160 mg/16ml	24	doxorubicin hcl solr 50 mg.....	24
docetaxel soln 20 mg/2ml	24	doxy 100 solr 100 mg.....	13
docetaxel soln 80 mg/8ml	24	doxycycline hyclate caps 100 mg.....	13
DOCIVYX SOLN 160 MG/16ML	24	doxycycline hyclate caps 50 mg.....	13
DOCIVYX SOLN 20 MG/2ML	24	doxycycline hyclate solr 100 mg.....	13
DOCIVYX SOLN 80 MG/8ML	24	doxycycline hyclate tabs 100 mg.....	13
dofetilide caps 125 mcg	43	doxycycline hyclate tabs 20 mg.....	13
dofetilide caps 250 mcg	43	doxycycline monohydrate caps 50 mg	13
dofetilide caps 500 mcg	43	doxycycline monohydrate susr 25 mg/5ml	13
DOLOBID TABS 375 MG	46	doxycycline monohydrate tabs 100 mg	14
donepezil hcl tabs 10 mg	35	doxycycline monohydrate tabs 50 mg	14
donepezil hcl tabs 5 mg	35	DRIZALMA SPRINKLE CSDR 20 MG.....	61
donepezil hcl tbdp 10 mg.....	35	DRIZALMA SPRINKLE CSDR 30 MG.....	61
donepezil hcl tbdp 5 mg.....	35	DRIZALMA SPRINKLE CSDR 40 MG.....	61
dopamine hcl soln 40 mg/ml	36	DRIZALMA SPRINKLE CSDR 60 MG.....	61
DOPAMINE-DEXTROSE SOLN 0.8-5 MG/ML-%.....	36	dronabinol caps 10 mg.....	73
DOPAMINE-DEXTROSE SOLN 1.6-5 MG/ML-%.....	37	dronabinol caps 2.5 mg.....	73
DOPAMINE-DEXTROSE SOLN 3.2-5 MG/ML-%.....	37	dronabinol caps 5 mg.....	73
DOPTelet TABS 20 MG.....	39	droperidol soln 2.5 mg/ml.....	56
dorzolamide hcl soln 2 %.....	72	drospirenone-ethinyl estradiol tabs 3-0.02 mg	77
dorzolamide hcl-timolol mal soln 2-0.5 %.	72	drospirenone-ethinyl estradiol tabs 3-0.03 mg	77
		DROXIA CAPS 200 MG	24
		DROXIA CAPS 300 MG	24
		DROXIA CAPS 400 MG	24
		droxidopa caps 100 mg.....	37
		droxidopa caps 200 mg.....	37

<i>droxidopa caps 300 mg</i>	37
<i>duloxetine hcl cpep 20 mg</i>	61
<i>duloxetine hcl cpep 30 mg</i>	61
<i>duloxetine hcl cpep 40 mg</i>	61
<i>duloxetine hcl cpep 60 mg</i>	61
DUPIXENT SOAJ 200 MG/1.14ML.....	87
DUPIXENT SOAJ 300 MG/2ML.....	87
DUPIXENT SOSY 200 MG/1.14ML.....	87
DUPIXENT SOSY 300 MG/2ML.....	87
<i>dutasteride caps 0.5 mg</i>	82
DUVYZAT SUSP 8.86 MG/ML.....	85

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E.E.S. 400 TABS 400 MG	14
EBGLYSS SOAJ 250 MG/2ML.....	93
EBGLYSS SOSY 250 MG/2ML.....	93
EDURANT PED TBSO 2.5 MG.....	18
EDURANT TABS 25 MG	18
EFAVIRENZ CAPS 200 MG	18
EFAVIRENZ CAPS 50 MG	18
<i>efavirenz tabs 600 mg</i>	18
<i>efavirenz-emtricitab-tenofo df tabs 600-200-300 mg</i>	18
EFAVIRENZ-LAMIVUDINE-TENOFOVIR TABS 400-300-300 MG.....	18
<i>efavirenz-lamivudine-tenofovir tabs 600-300-300 mg</i>	18
EGRIFTA SV SOLR 2 MG.....	81
EGRIFTA WR KIT 11.6 MG	81
EKTERLY TABS 300 MG	85
ELAHERE SOLN 100 MG/20ML.....	24
ELAPRASE SOLN 6 MG/3ML	70
ELELYSO SOLR 200 UNIT	70
ELEPSIA XR TB24 1000 MG.....	51
ELEPSIA XR TB24 1500 MG.....	51
<i>eletriptan hydrobromide tabs 20 mg</i>	54
<i>eletriptan hydrobromide tabs 40 mg</i>	54
ELFABRIO SOLN 20 MG/10ML.....	70
ELFABRIO SOLN 5 MG/2.5ML.....	70
ELIGARD KIT 22.5 MG.....	24
ELIGARD KIT 30 MG.....	24
ELIGARD KIT 45 MG.....	24
ELIGARD KIT 7.5 MG.....	24
ELIQUIS DVT/PE STARTER PACK TBPK 5 MG	37
ELIQUIS TABS 2.5 MG	37
ELIQUIS TABS 5 MG	37
ELITEK SOLR 1.5 MG.....	70
<i>elixophyllin elix 80 mg/15ml</i>	96
ELLENCE SOLN 200 MG/100ML	24

ELLENCE SOLN 50 MG/25ML	24
ELMIRON CAPS 100 MG	85
ELREXFIO SOLN 44 MG/1.1ML	24
ELREXFIO SOLN 76 MG/1.9ML	24
<i>eltrombopag olamine pack 12.5 mg</i>	39
<i>eltrombopag olamine pack 25 mg</i>	39
<i>eltrombopag olamine tabs 12.5 mg</i>	39
<i>eltrombopag olamine tabs 25 mg</i>	39
<i>eltrombopag olamine tabs 50 mg</i>	39
<i>eltrombopag olamine tabs 75 mg</i>	39
<i>eluryng ring 0.12-0.015 mg/24hr</i>	77
ELZONRIS SOLN 1000 MCG/ML	24
EMCYT CAPS 140 MG	24
EMPLICITI SOLR 300 MG	24
EMPLICITI SOLR 400 MG	24
EMROSI CP24 40 MG	92
EMSAM PT24 12 MG/24HR.....	55
EMSAM PT24 6 MG/24HR.....	55
EMSAM PT24 9 MG/24HR.....	55
<i>emtricitabine caps 200 mg</i>	18
<i>emtricitabine-tenofovir df tabs 100-150 mg</i>	18
<i>emtricitabine-tenofovir df tabs 133-200 mg</i>	18
<i>emtricitabine-tenofovir df tabs 167-250 mg</i>	18
<i>emtricitabine-tenofovir df tabs 200-300 mg</i>	18
<i>emtricitab-rlpivir-tenofov df tabs 200-25-300 mg</i>	18
EMTRIVA SOLN 10 MG/ML.....	18
<i>enalapril maleate tabs 10 mg</i>	44
<i>enalapril maleate tabs 2.5 mg</i>	44
<i>enalapril maleate tabs 20 mg</i>	44
<i>enalapril maleate tabs 5 mg</i>	44
<i>enalaprilat soln 1.25 mg/ml</i>	44
ENBREL MINI SOCT 50 MG/ML.....	83
ENBREL SOLN 25 MG/0.5ML	83
ENBREL SOSY 25 MG/0.5ML	83
ENBREL SOSY 50 MG/ML	83
ENBREL SURECLICK SOAJ 50 MG/ML	83
ENDARI PACK 5 GM	85
<i>endocet tabs 5-325 mg</i>	46
<i>endocet tabs 7.5-325 mg</i>	46
ENDOMETRIN INST 100 MG	80
ENERGIX-B SUSP 20 MCG/ML	90
ENERGIX-B SUSY 10 MCG/0.5ML	90
ENERGIX-B SUSY 20 MCG/ML	90
ENHERTU SOLR 100 MG	24

ENOXAPARIN SODIUM SOLN 300 MG/3ML	37	ERYTHROMYCIN BASE CPEP 250 MG .14	
<i>enoxaparin sodium sosy 100 mg/ml</i>	37	<i>erythromycin base tabs 250 mg</i>	14
<i>enoxaparin sodium sosy 120 mg/0.8ml</i>	37	<i>erythromycin base tabs 500 mg</i>	14
<i>enoxaparin sodium sosy 150 mg/ml</i>	37	<i>erythromycin gel 2 %</i>	92
<i>enoxaparin sodium sosy 30 mg/0.3ml</i>	37	<i>erythromycin oint 5 mg/gm</i>	71
<i>enoxaparin sodium sosy 40 mg/0.4ml</i>	37	<i>erythromycin soln 2 %</i>	92
<i>enoxaparin sodium sosy 60 mg/0.6ml</i>	37	<i>erythromycin tbec 250 mg</i>	14
<i>enoxaparin sodium sosy 80 mg/0.8ml</i>	37	ERZOFRI SUSY 117 MG/0.75ML	61
ENSACOVE CAPS 100 MG	24	ERZOFRI SUSY 156 MG/ML	61
ENSACOVE CAPS 25 MG	24	ERZOFRI SUSY 234 MG/1.5ML	61
ENSTILAR FOAM 0.005-0.064 %.....	93	ERZOFRI SUSY 351 MG/2.25ML	61
<i>entacapone tabs 200 mg</i>	55	ERZOFRI SUSY 78 MG/0.5ML	61
<i>entecavir tabs 0.5 mg</i>	18	<i>escitalopram oxalate soln 5 mg/5ml</i>	61
<i>entecavir tabs 1 mg</i>	18	<i>escitalopram oxalate tabs 10 mg</i>	61
ENTRESTO CPSP 15-16 MG.....	45	<i>escitalopram oxalate tabs 20 mg</i>	61
ENTRESTO CPSP 6-6 MG.....	45	<i>escitalopram oxalate tabs 5 mg</i>	61
ENTYVIO PEN SOAJ 108 MG/0.68ML....	74	<i>eslicarbazepine acetate tabs 200 mg</i>	51
ENTYVIO SOLR 300 MG	74	<i>eslicarbazepine acetate tabs 400 mg</i>	51
<i>enulose soln 10 gm/15ml</i>	67	<i>eslicarbazepine acetate tabs 600 mg</i>	51
ENVARUSUS XR TB24 0.75 MG	84	<i>eslicarbazepine acetate tabs 800 mg</i>	51
ENVARUSUS XR TB24 1 MG	84	ESMOLOL HCL SOLN 100 MG/10ML	41
ENVARUSUS XR TB24 4 MG	84	<i>esmolol hcl-sodium chloride soln 2500</i>	
EPCLUSA PACK 150-37.5 MG	18	<i>mg/250ml</i>	41
EPCLUSA PACK 200-50 MG	18	ESTRACE CREA 0.1 MG/GM	79
EPCLUSA TABS 200-50 MG	18	<i>estradiol crea 0.1 mg/gm</i>	79
EPCLUSA TABS 400-100 MG	18	<i>estradiol tabs 0.5 mg</i>	79
EPIDIOLEX SOLN 100 MG/ML	51	<i>estradiol tabs 1 mg</i>	79
EPINEPHRINE SOAJ 0.3 MG/0.3ML	37	<i>estradiol tabs 2 mg</i>	79
EPKINLY SOLN 4 MG/0.8ML	24	<i>estradiol valerate oil 20 mg/ml</i>	79
EPKINLY SOLN 48 MG/0.8ML	24	<i>estradiol valerate oil 40 mg/ml</i>	79
<i>eplerenone tabs 25 mg</i>	45	ESTRING RING 7.5 MCG/24HR.....	79
<i>eplerenone tabs 50 mg</i>	45	<i>eszopiclone tabs 1 mg</i>	56
<i>epoprostenol sodium solr 1.5 mg</i>	89	<i>eszopiclone tabs 2 mg</i>	56
ERBITUX SOLN 100 MG/50ML	24	<i>eszopiclone tabs 3 mg</i>	56
ERBITUX SOLN 200 MG/100ML	24	<i>ethacrynic acid tabs 25 mg</i>	68
ERGOLOID MESYLATES TABS 1 MG ...	36	<i>ethambutol hcl tabs 100 mg</i>	16
ERGOMAR SUBL 2 MG	36	<i>ethambutol hcl tabs 400 mg</i>	16
ERGOTAMINE-CAFFEINE TABS 1-100		<i>ethosuximide caps 250 mg</i>	51
MG	54	<i>ethosuximide soln 250 mg/5ml</i>	51
<i>eribulin mesylate soln 1 mg/2ml</i>	25	<i>etodolac caps 200 mg</i>	47
ERIVEDGE CAPS 150 MG	25	<i>etodolac caps 300 mg</i>	47
ERLEADA TABS 240 MG	25	<i>etodolac tabs 400 mg</i>	47
ERLEADA TABS 60 MG	25	<i>etodolac tabs 500 mg</i>	47
<i>erlotinib hcl tabs 100 mg</i>	25	ETOPOPHOS SOLR 100 MG	25
<i>erlotinib hcl tabs 150 mg</i>	25	<i>etoposide soln 1 gm/50ml</i>	25
<i>erlotinib hcl tabs 25 mg</i>	25	<i>etoposide soln 100 mg/5ml</i>	25
<i>ertapenem sodium solr 1 gm</i>	14	<i>etoposide soln 500 mg/25ml</i>	25
ERYTHROCIN LACTOBIONATE SOLR 500		<i>etravirine tabs 100 mg</i>	18
MG	14	<i>etravirine tabs 200 mg</i>	18
		EULEXIN CAPS 125 MG	25

<i>everolimus tabs 0.25 mg</i>	84
<i>everolimus tabs 0.5 mg</i>	84
<i>everolimus tabs 0.75 mg</i>	84
<i>everolimus tabs 1 mg</i>	84
<i>everolimus tabs 10 mg</i>	25
<i>everolimus tabs 2.5 mg</i>	25
<i>everolimus tabs 5 mg</i>	25
<i>everolimus tabs 7.5 mg</i>	25
<i>everolimus tbso 2 mg</i>	25
<i>everolimus tbso 3 mg</i>	25
<i>everolimus tbso 5 mg</i>	25
EVOMELA SOLR 50 MG.....	25
EVOTAZ TABS 300-150 MG.....	18
EVRYSDI SOLR 0.75 MG/ML.....	85
EVRYSDI TABS 5 MG.....	85
<i>exemestane tabs 25 mg</i>	25
EYLEA SOLN 2 MG/0.05ML.....	73
EYLEA SOSY 2 MG/0.05ML.....	73
<i>ezetimibe tabs 10 mg</i>	40

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FABHALTA CAPS 200 MG.....	85
FABRAZYME SOLR 35 MG.....	70
FABRAZYME SOLR 5 MG.....	70
<i>famciclovir tabs 125 mg</i>	18
<i>famciclovir tabs 250 mg</i>	18
<i>famciclovir tabs 500 mg</i>	18
<i>famotidine (pf) soln 20 mg/2ml</i>	74
FAMOTIDINE PREMIXED SOLN 20-0.9 MG/50ML-%.....	74
<i>famotidine soln 40 mg/4ml</i>	74
<i>famotidine susr 40 mg/5ml</i>	74
<i>famotidine tabs 20 mg</i>	74
<i>famotidine tabs 40 mg</i>	74
FANAPT TABS 1 MG.....	61
FANAPT TABS 10 MG.....	61
FANAPT TABS 12 MG.....	61
FANAPT TABS 2 MG.....	61
FANAPT TABS 4 MG.....	61
FANAPT TABS 6 MG.....	61
FANAPT TABS 8 MG.....	61
FANAPT TITRATION PACK A TABS 1 & 2 & 4 & 6 MG.....	61
FARXIGA TABS 10 MG.....	78
FARXIGA TABS 5 MG.....	78
FASENRA PEN SOAJ 30 MG/ML.....	87
FASENRA SOSY 30 MG/ML.....	87
<i>febuxostat tabs 40 mg</i>	82
<i>febuxostat tabs 80 mg</i>	82
<i>felbamate susp 600 mg/5ml</i>	51

<i>felbamate tabs 400 mg</i>	51
<i>felbamate tabs 600 mg</i>	51
<i>felodipine er tb24 10 mg</i>	42
<i>felodipine er tb24 2.5 mg</i>	42
<i>felodipine er tb24 5 mg</i>	42
<i>fenofibrate tabs 160 mg</i>	40
<i>fenofibrate tabs 54 mg</i>	40
FENSOLVI (6 MONTH) KIT 45 MG.....	25
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML.....	47
FENTANYL CITRATE (PF) SOLN 2500 MCG/50ML.....	47
FENTANYL CITRATE TABS 100 MCG....	47
FENTANYL CITRATE TABS 200 MCG....	47
<i>fentanyl pt72 100 mcg/hr</i>	47
<i>fentanyl pt72 12 mcg/hr</i>	47
<i>fentanyl pt72 25 mcg/hr</i>	47
<i>fentanyl pt72 50 mcg/hr</i>	47
<i>fentanyl pt72 75 mcg/hr</i>	47
FETROJA SOLR 1 GM.....	14
FETZIMA CP24 120 MG.....	62
FETZIMA CP24 20 MG.....	62
FETZIMA CP24 40 MG.....	62
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FIASP FLEXTOUCH SOPN 100 UNIT/ML	78
FIASP PENFILL SOCT 100 UNIT/ML.....	78
FIASP SOLN 100 UNIT/ML.....	78
<i>fidaxomicin tabs 200 mg</i>	14
<i>finasteride tabs 5 mg</i>	82
<i>ingolimod hcl caps 0.5 mg</i>	58
FINTEPLA SOLN 2.2 MG/ML.....	51
FIRDAPSE TABS 10 MG.....	85
FIRMAGON (240 MG DOSE) SOLR 120 MG/VIAL.....	25
FIRMAGON SOLR 80 MG.....	25
<i>flavoxate hcl tabs 100 mg</i>	96
<i>flecainide acetate tabs 100 mg</i>	43
<i>flecainide acetate tabs 150 mg</i>	43
<i>flecainide acetate tabs 50 mg</i>	43
FLOXURIDINE SOLR 0.5 GM.....	25
<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	16
<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	16
<i>fluconazole susr 10 mg/ml</i>	16
<i>fluconazole susr 40 mg/ml</i>	16
<i>fluconazole tabs 100 mg</i>	16
<i>fluconazole tabs 150 mg</i>	16

<i>fluconazole tabs 200 mg</i>	16
<i>fluconazole tabs 50 mg</i>	16
<i>flucytosine caps 250 mg</i>	16
<i>flucytosine caps 500 mg</i>	16
<i>fludarabine phosphate soln 50 mg/2ml</i>	25
FLUDARABINE PHOSPHATE SOLR 50 MG.....	25
<i>fludrocortisone acetate tabs 0.1 mg</i>	76
<i>flumazenil soln 0.5 mg/5ml</i>	58
<i>flumazenil soln 1 mg/10ml</i>	58
<i>fluocinolone acetonide body oil 0.01 %</i>	93
<i>fluocinolone acetonide crea 0.01 %</i>	93
<i>fluocinolone acetonide crea 0.025 %</i>	93
<i>fluocinolone acetonide oil 0.01 %</i>	71
<i>fluocinolone acetonide oint 0.025 %</i>	93
<i>fluocinolone acetonide scalp oil 0.01 %</i> ...	93
<i>fluocinolone acetonide soln 0.01 %</i>	93
<i>fluocinonide crea 0.05 %</i>	93
<i>fluocinonide emulsified base crea 0.05 %</i>	93
<i>fluocinonide gel 0.05 %</i>	93
<i>fluocinonide oint 0.05 %</i>	93
<i>fluocinonide soln 0.05 %</i>	93
<i>fluorometholone susp 0.1 %</i>	71
FLUOROURACIL CREA 0.5 %.....	95
<i>fluorouracil crea 5 %</i>	95
<i>fluorouracil soln 1 gm/20ml</i>	25
FLUOROURACIL SOLN 2 %.....	95
<i>fluorouracil soln 2.5 gm/50ml</i>	25
<i>fluorouracil soln 5 %</i>	95
<i>fluorouracil soln 5 gm/100ml</i>	25
<i>fluorouracil soln 500 mg/10ml</i>	25
FLUOXETINE HCL (PMDD) TABS 10 MG	62
FLUOXETINE HCL (PMDD) TABS 20 MG	62
<i>fluoxetine hcl caps 10 mg</i>	62
<i>fluoxetine hcl caps 20 mg</i>	62
<i>fluoxetine hcl caps 40 mg</i>	62
FLUOXETINE HCL CPDR 90 MG.....	62
<i>fluoxetine hcl soln 20 mg/5ml</i>	62
<i>fluoxetine hcl tabs 10 mg</i>	62
<i>fluoxetine hcl tabs 20 mg</i>	62
<i>fluoxetine hcl tabs 60 mg</i>	62
<i>fluphenazine decanoate soln 25 mg/ml</i>	62
FLUPHENAZINE HCL CONC 5 MG/ML..	62
FLUPHENAZINE HCL ELIX 2.5 MG/5ML	62
FLUPHENAZINE HCL SOLN 2.5 MG/ML	62
<i>fluphenazine hcl tabs 1 mg</i>	62
<i>fluphenazine hcl tabs 10 mg</i>	62
<i>fluphenazine hcl tabs 2.5 mg</i>	62

<i>fluphenazine hcl tabs 5 mg</i>	62
FLURBIPROFEN SODIUM SOLN 0.03 %	71
<i>fluticasone propionate crea 0.05 %</i>	93
<i>fluticasone propionate oint 0.005 %</i>	93
<i>fluticasone propionate susp 50 mcg/act</i> ...	71
<i>fluvoxamine maleate er cp24 100 mg</i>	62
<i>fluvoxamine maleate er cp24 150 mg</i>	62
<i>fluvoxamine maleate tabs 100 mg</i>	62
<i>fluvoxamine maleate tabs 25 mg</i>	62
<i>fluvoxamine maleate tabs 50 mg</i>	62
FML FORTE SUSP 0.25 %.....	71
FOLOTYN SOLN 20 MG/ML.....	25
FONDAPARINUX SODIUM SOLN 10 MG/0.8ML.....	37
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i> ...	38
FONDAPARINUX SODIUM SOLN 5 MG/0.4ML.....	38
FONDAPARINUX SODIUM SOLN 7.5 MG/0.6ML.....	38
FORTEO SOPN 560 MCG/2.24ML.....	80
<i>fosamprenavir calcium tabs 700 mg</i>	18
<i>fosaprepitant dimeglumine solr 150 mg</i>	73
<i>fosfomycin tromethamine pack 3 gm</i>	20
<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	51
<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	51
FOTIVDA CAPS 0.89 MG.....	25
FOTIVDA CAPS 1.34 MG.....	25
FRINDOVYX SOLN 1 GM/2ML.....	25
FRINDOVYX SOLN 2 GM/4ML.....	25
FRINDOVYX SOLN 500 MG/ML.....	25
FRUZAQLA CAPS 1 MG.....	25
FRUZAQLA CAPS 5 MG.....	25
FULPHILA SOSY 6 MG/0.6ML.....	39
<i>fulvestrant sosy 250 mg/5ml</i>	25
FULVICIN P/G 165 TABS 165 MG.....	16
<i>furosemide oral soln 10 mg/ml</i>	68
FUROSEMIDE SOLN 8 MG/ML.....	68
<i>furosemide soln injection 10 mg/ml</i>	68
<i>furosemide tabs 20 mg</i>	68
<i>furosemide tabs 40 mg</i>	68
<i>furosemide tabs 80 mg</i>	68
FUZEON SOLR 90 MG.....	18
FYARRO SUSR 100 MG.....	25
FYCOMPA SUSP 0.5 MG/ML.....	51

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<i>gabapentin caps 100 mg</i>	51
<i>gabapentin caps 300 mg</i>	51
<i>gabapentin caps 400 mg</i>	51

<i>gabapentin soln 250 mg/5ml</i>	51
<i>gabapentin tabs 600 mg</i>	51
<i>gabapentin tabs 800 mg</i>	51
GABARONE TABS 100 MG	51
GABARONE TABS 400 MG	51
<i>galantamine hydrobromide er cp24 16 mg</i>	35
<i>galantamine hydrobromide er cp24 24 mg</i>	35
<i>galantamine hydrobromide er cp24 8 mg</i>	35
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	35
<i>galantamine hydrobromide tabs 12 mg</i>	35
<i>galantamine hydrobromide tabs 4 mg</i>	35
<i>galantamine hydrobromide tabs 8 mg</i>	35
<i>gallifrey tabs 5 mg</i>	80
GAMASTAN INJ	90
GAMMAGARD S/D LESS IGA SOLR 10 GM	90
GAMMAGARD S/D LESS IGA SOLR 5 GM	90
GAMMAGARD SOLN 2.5 GM/25ML	90
GAMMAKED SOLN 1 GM/10ML	90
GAMMAPLEX SOLN 10 GM/200ML.....	90
GAMUNEX-C SOLN 1 GM/10ML	90
<i>ganciclovir sodium solr 500 mg</i>	18
GARDASIL 9 SUSP 0.5 ML.....	90
GARDASIL 9 SUSY 0.5 ML.....	90
GATIFLOXACIN SOLN 0.5 %.....	71
GATTEX KIT 5 MG.....	74
GAVILYTE-C SOLR 240 GM.....	74
<i>gavilyte-g solr 236 gm</i>	74
GAVRETO CAPS 100 MG.....	25
GAZYVA SOLN 1000 MG/40ML.....	25
<i>gefitinib tabs 250 mg</i>	25
<i>gemcitabine hcl solr 1 gm</i>	25
<i>gemcitabine hcl solr 2 gm</i>	25
<i>gemcitabine hcl solr 200 mg</i>	25
<i>gemfibrozil tabs 600 mg</i>	40
<i>generlac soln 10 gm/15ml</i>	67
<i>gengraf caps 100 mg</i>	84
<i>gengraf caps 25 mg</i>	84
GENTAMICIN IN SALINE SOLN 0.8-0.9 MG/ML-%.....	14
GENTAMICIN IN SALINE SOLN 1.2-0.9 MG/ML-%.....	14
GENTAMICIN IN SALINE SOLN 1.6-0.9 MG/ML-%.....	14
GENTAMICIN IN SALINE SOLN 1-0.9 MG/ML-%.....	14

GENTAMICIN IN SALINE SOLN 2-0.9 MG/ML-%	14
<i>gentamicin sulfate crea 0.1 %</i>	92
<i>gentamicin sulfate oint 0.1 %</i>	92
<i>gentamicin sulfate soln 0.3 %</i>	71
<i>gentamicin sulfate soln 10 mg/ml</i>	14
<i>gentamicin sulfate soln 40 mg/ml</i>	14
GENVOYA TABS 150-150-200-10 MG	18
GILOTRIF TABS 20 MG	25
GILOTRIF TABS 30 MG	25
GILOTRIF TABS 40 MG	25
GIVLAARI SOLN 189 MG/ML	85
<i>glatopa sosy 20 mg/ml</i>	58
<i>glatopa sosy 40 mg/ml</i>	58
GLEOSTINE CAPS 10 MG	25
GLEOSTINE CAPS 100 MG	25
GLEOSTINE CAPS 40 MG	26
<i>glimepiride tabs 1 mg</i>	78
<i>glimepiride tabs 2 mg</i>	78
<i>glimepiride tabs 4 mg</i>	78
<i>glipizide er tb24 10 mg</i>	78
<i>glipizide er tb24 2.5 mg</i>	78
<i>glipizide er tb24 5 mg</i>	78
<i>glipizide tabs 10 mg</i>	78
<i>glipizide tabs 5 mg</i>	78
<i>glipizide-metformin hcl tabs 2.5-250 mg</i> ...	78
<i>glipizide-metformin hcl tabs 2.5-500 mg</i> ...	78
<i>glipizide-metformin hcl tabs 5-500 mg</i>	78
<i>glucagon emergency kit 1 mg</i>	78
GLUCOSE (DEXTROSE) SOLN 50 %.....	68
<i>glyburide tabs 1.25 mg</i>	78
<i>glyburide tabs 2.5 mg</i>	78
<i>glyburide tabs 5 mg</i>	78
<i>glycopyrrolate injection soln 1 mg/5ml</i>	35
<i>glycopyrrolate oral soln 1 mg/5ml</i>	35
<i>glycopyrrolate soln 0.2 mg/ml</i>	35
<i>glycopyrrolate soln 0.4 mg/2ml</i>	35
<i>glycopyrrolate soln 4 mg/20ml</i>	35
<i>glycopyrrolate tabs 1 mg</i>	35
GLYCOPYRROLATE TABS 1.5 MG	35
<i>glycopyrrolate tabs 2 mg</i>	35
<i>glydo prsy 2 %</i>	94
GOMEKLI CAPS 1 MG	26
GOMEKLI CAPS 2 MG	26
GOMEKLI TBSO 1 MG	26
<i>granisetron hcl tabs 1 mg</i>	73
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	85
griseofulvin microsize susp 125 mg/5ml ..	16
griseofulvin microsize tabs 500 mg	16
griseofulvin ultramicrosize tabs 125 mg ...	16
GRISEOFULVIN ULTRAMICROSIZE TABS	
165 MG	16
griseofulvin ultramicrosize tabs 250 mg ...	16
guanfacine hcl er tb24 1 mg	58
guanfacine hcl er tb24 2 mg	58
guanfacine hcl er tb24 3 mg	58
guanfacine hcl er tb24 4 mg	58
guanfacine hcl tabs 1 mg	44
guanfacine hcl tabs 2 mg	44

H

HAEGARDA SOLR 2000 UNIT	85
HAEGARDA SOLR 3000 UNIT	85
halobetasol propionate crea 0.05 %	93
halobetasol propionate foam 0.05 %	93
halobetasol propionate oint 0.05 %	93
haloperidol decanoate soln 100 mg/ml ...	62
haloperidol decanoate soln 50 mg/ml	62
haloperidol lactate conc 2 mg/ml	62
haloperidol lactate soln 5 mg/ml	62
haloperidol tabs 0.5 mg	62
haloperidol tabs 1 mg	62
haloperidol tabs 10 mg	62
haloperidol tabs 2 mg	62
haloperidol tabs 20 mg	62
haloperidol tabs 5 mg	62
HARLIKU TABS 2 MG	70
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	90
HAVRIX SUSY 720 EL U/0.5ML	90
HEPARIN (PORCINE) IN NAACL SOLN	
1000-0.9 UT/500ML-%	38
HEPARIN (PORCINE) IN NAACL SOLN	
2000-0.9 UNIT/L-%	38
HEPARIN SOD (PORCINE) IN D5W SOLN	
100 UNIT/ML	38
HEPARIN SOD (PORCINE) IN D5W SOLN	
25000-5 UT/500ML-%	38
HEPARIN SOD (PORCINE) IN D5W SOLN	
40-5 UNIT/ML-%	38
heparin sodium (porcine) pf soln 1000	
unit/ml	38

heparin sodium (porcine) pf soln 5000	
unit/0.5ml	38
heparin sodium (porcine) soln 1000 unit/ml	
.....	38
heparin sodium (porcine) soln 10000 unit/ml	
.....	38
heparin sodium (porcine) soln 20000 unit/ml	
.....	38
heparin sodium (porcine) soln 5000 unit/ml	
.....	38
HEPLISAV-B SOSY 20 MCG/0.5ML	90
HERCEPTIN HYLECTA SOLN 600-10000	
MG-UNT/5ML	26
HERCEPTIN SOLR 150 MG	26
HERCESSI SOLR 150 MG	26
HERCESSI SOLR 420 MG	26
HERNEXEOS TABS 60 MG	26
HERZUMA SOLR 150 MG	26
HERZUMA SOLR 420 MG	26
HIBERIX SOLR 10 MCG	90
HUMALOG KWIKPEN SOPN 100 UNIT/ML	
.....	78
HUMALOG SOCT 100 UNIT/ML	78
HUMALOG SOLN 100 UNIT/ML	78
HUMATIN CAPS 250 MG	17
HUMULIN 70/30 KWIKPEN SUPN (70-30)	
100 UNIT/ML	78
HUMULIN 70/30 SUSP (70-30) 100	
UNIT/ML	78
HUMULIN N KWIKPEN SUPN 100	
UNIT/ML	78
HUMULIN N SUSP 100 UNIT/ML	78
HUMULIN R SOLN 100 UNIT/ML	78
HUMULIN R U-500 (CONCENTRATED)	
SOLN 500 UNIT/ML	78
HUMULIN R U-500 KWIKPEN SOPN 500	
UNIT/ML	78
hydralazine hcl soln 20 mg/ml	44
hydralazine hcl tabs 10 mg	44
hydralazine hcl tabs 100 mg	44
hydralazine hcl tabs 25 mg	44
hydralazine hcl tabs 50 mg	44
hydrochlorothiazide caps 12.5 mg	68
hydrochlorothiazide tabs 12.5 mg	68
hydrochlorothiazide tabs 25 mg	68
hydrochlorothiazide tabs 50 mg	68
HYDROCODONE-ACETAMINOPHEN	
SOLN 10-300 MG/15ML	47
hydrocodone-acetaminophen soln 7.5-325	
mg/15ml	47

<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	47
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	47
<i>hydrocodone-acetaminophen tabs 7.5-325 mg</i>	47
<i>hydrocortisone (perianal) crea 2.5 %</i>	93
HYDROCORTISONE ACE-PRAMOXINE CREA 1-1 %.....	94
<i>hydrocortisone butyr lipo base crea 0.1 %</i>	93
HYDROCORTISONE BUTYRATE CREA 0.1 %.....	93
HYDROCORTISONE BUTYRATE OINT 0.1 %.....	93
HYDROCORTISONE BUTYRATE SOLN 0.1 %.....	93
<i>hydrocortisone crea 2.5 %</i>	93
<i>hydrocortisone enem 100 mg/60ml</i>	93
HYDROCORTISONE LOTN 2.5 %.....	93
<i>hydrocortisone oint 1 %</i>	93
<i>hydrocortisone oint 2.5 %</i>	93
<i>hydrocortisone tabs 10 mg</i>	76
<i>hydrocortisone tabs 20 mg</i>	76
<i>hydrocortisone tabs 5 mg</i>	76
<i>hydrocortisone valerate crea 0.2 %</i>	93
<i>hydrocortisone valerate oint 0.2 %</i>	94
<i>hydrocortisone-acetic acid soln 1-2 %</i>	71
<i>hydromorphone hcl liqd 1 mg/ml</i>	47
<i>hydromorphone hcl tabs 2 mg</i>	47
<i>hydromorphone hcl tabs 4 mg</i>	47
<i>hydromorphone hcl tabs 8 mg</i>	47
<i>hydroxychloroquine sulfate tabs 200 mg</i> ..	17
<i>hydroxyurea caps 500 mg</i>	26
HYDROXYZINE HCL SOLN 25 MG/ML ..	56
HYDROXYZINE HCL SOLN 50 MG/ML ..	56
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	56
<i>hydroxyzine hcl tabs 10 mg</i>	56
<i>hydroxyzine hcl tabs 25 mg</i>	56
<i>hydroxyzine hcl tabs 50 mg</i>	56
HYDROXYZINE PAMOATE CAPS 100 MG	56
<i>hydroxyzine pamoate caps 25 mg</i>	56
<i>hydroxyzine pamoate caps 50 mg</i>	56
HYQVIA KIT 10 GM/100ML.....	90
HYQVIA KIT 2.5 GM/25ML.....	90
HYQVIA KIT 20 GM/200ML.....	90
HYQVIA KIT 30 GM/300ML.....	90
HYQVIA KIT 5 GM/50ML.....	90

I

IBRANCE CAPS 100 MG.....	26
IBRANCE CAPS 125 MG.....	26
IBRANCE CAPS 75 MG.....	26
IBRANCE TABS 100 MG.....	26
IBRANCE TABS 125 MG.....	26
IBRANCE TABS 75 MG.....	26
IBTROZI CAPS 200 MG	26
<i>ibu tabs 400 mg</i>	47
<i>ibu tabs 600 mg</i>	47
<i>ibu tabs 800 mg</i>	47
<i>ibuprofen lysine soln 10 mg/ml</i>	47
<i>ibuprofen susp 100 mg/5ml</i>	47
<i>ibuprofen tabs 400 mg</i>	47
<i>ibuprofen tabs 600 mg</i>	47
<i>ibuprofen tabs 800 mg</i>	47
<i>ibutilide fumarate soln 1 mg/10ml</i>	43
<i>icatibant acetate sosy 30 mg/3ml</i>	37
ICLUSIG TABS 10 MG.....	26
ICLUSIG TABS 15 MG.....	26
ICLUSIG TABS 30 MG.....	26
ICLUSIG TABS 45 MG.....	26
<i>icosapent ethyl caps 0.5 gm</i>	40
<i>icosapent ethyl caps 1 gm</i>	40
IDHIFA TABS 100 MG.....	26
IDHIFA TABS 50 MG.....	26
IFOSFAMIDE SOLN 1 GM/20ML.....	26
IFOSFAMIDE SOLN 3 GM/60ML.....	26
IFOSFAMIDE SOLR 1 GM.....	26
IGALMI FILM 120 MCG	56
IGALMI FILM 180 MCG	56
<i>imatinib mesylate tabs 100 mg</i>	26
<i>imatinib mesylate tabs 400 mg</i>	26
IMBRUVICA CAPS 140 MG.....	26
IMBRUVICA CAPS 70 MG.....	26
IMBRUVICA SUSP 70 MG/ML.....	26
IMBRUVICA TABS 140 MG.....	26
IMBRUVICA TABS 280 MG.....	26
IMBRUVICA TABS 420 MG.....	26
IMDELLTRA SOLR 1 MG.....	26
IMDELLTRA SOLR 10 MG.....	26
IMFINZI SOLN 120 MG/2.4ML.....	26
IMFINZI SOLN 500 MG/10ML.....	26
IMIPENEM-CILASTATIN SOLR 250 MG ..	14
<i>imipenem-cilastatin solr 500 mg</i>	14
<i>imipramine hcl tabs 10 mg</i>	62
<i>imipramine hcl tabs 25 mg</i>	62
<i>imipramine hcl tabs 50 mg</i>	62
<i>imipramine pamoate caps 100 mg</i>	62

<i>imipramine pamoate caps 125 mg</i>	62
<i>imipramine pamoate caps 150 mg</i>	62
<i>imipramine pamoate caps 75 mg</i>	62
<i>imiquimod crea 5 %</i>	95
IMJUDO SOLN 25 MG/1.25ML.....	26
IMJUDO SOLN 300 MG/15ML.....	26
IMKELDI SOLN 80 MG/ML.....	26
IMOVAX RABIES SUSR 2.5 UNIT/ML.....	90
IMPAVIDO CAPS 50 MG.....	17
INBRIJA CAPS 42 MG	55
INCRELEX SOLN 40 MG/4ML	81
<i>indapamide tabs 1.25 mg</i>	68
<i>indapamide tabs 2.5 mg</i>	68
<i>indocin supp 50 mg</i>	47
<i>indomethacin caps 25 mg</i>	47
<i>indomethacin caps 50 mg</i>	47
<i>indomethacin er cpcr 75 mg</i>	47
INDOMETHACIN SODIUM SOLR 1 MG ..	47
INFANRIX SUSP 25-58-10.....	91
INFLECTRA SOLR 100 MG	83
INFLIXIMAB SOLR 100 MG	83
INGREZZA CAPS 40 MG	58
INGREZZA CAPS 60 MG	58
INGREZZA CAPS 80 MG	58
INGREZZA CPPK 40 & 80 MG.....	58
INLYTA TABS 1 MG.....	26
INLYTA TABS 5 MG.....	26
INQOVI TABS 35-100 MG.....	26
INREBIC CAPS 100 MG.....	26
INSULIN ASPART FLEXPEN SOPN 100 UNIT/ML.....	78
INSULIN ASPART PENFILL SOCT 100 UNIT/ML.....	78
INSULIN ASPART SOLN 100 UNIT/ML ..	78
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML.....	78
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML.....	78
INTELENCE TABS 25 MG	18
INTRALIPID EMUL 20 %.....	68
INVEGA HAFYERA SUSY 1092 MG/3.5ML	62
INVEGA HAFYERA SUSY 1560 MG/5ML	62
INVEGA SUSTENNA SUSY 117 MG/0.75ML	62
INVEGA SUSTENNA SUSY 156 MG/ML	62
INVEGA SUSTENNA SUSY 234 MG/1.5ML	62
INVEGA SUSTENNA SUSY 39 MG/0.25ML	62

INVEGA SUSTENNA SUSY 78 MG/0.5ML	63
INVEGA TRINZA SUSY 273 MG/0.88ML	63
INVEGA TRINZA SUSY 410 MG/1.32ML	63
INVEGA TRINZA SUSY 546 MG/1.75ML	63
INVEGA TRINZA SUSY 819 MG/2.63ML	63
IPOL INJ	91
<i>ipratropium bromide soln 0.02 %</i>	35
<i>ipratropium bromide soln 0.03 %</i>	35
<i>ipratropium bromide soln 0.06 %</i>	35
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	37
IQIRVO TABS 80 MG	74
<i>irbesartan tabs 150 mg</i>	45
<i>irbesartan tabs 300 mg</i>	45
<i>irbesartan tabs 75 mg</i>	45
<i>irinotecan hcl soln 100 mg/5ml</i>	26
<i>irinotecan hcl soln 300 mg/15ml</i>	26
<i>irinotecan hcl soln 40 mg/2ml</i>	26
IRINOTECAN HCL SOLN 500 MG/25ML	26
ISENTRESS CHEW 100 MG	18
ISENTRESS CHEW 25 MG	18
ISENTRESS HD TABS 600 MG.....	18
ISENTRESS PACK 100 MG	18
ISENTRESS TABS 400 MG.....	19
ISONIAZID SOLN 100 MG/ML.....	16
<i>isoniazid syrp 50 mg/5ml</i>	16
<i>isoniazid tabs 100 mg</i>	16
<i>isoniazid tabs 300 mg</i>	16
<i>isoproterenol hcl soln 0.2 mg/ml</i>	37
<i>isosorbide dinitrate tabs 10 mg</i>	45
<i>isosorbide dinitrate tabs 20 mg</i>	45
<i>isosorbide dinitrate tabs 30 mg</i>	45
<i>isosorbide dinitrate tabs 5 mg</i>	45
<i>isosorbide mononitrate er tb24 120 mg</i>	46
<i>isosorbide mononitrate er tb24 30 mg</i>	46
<i>isosorbide mononitrate er tb24 60 mg</i>	46
ISOSORBIDE MONONITRATE TABS 10 MG	46
ISOSORBIDE MONONITRATE TABS 20 MG	46
<i>isotretinoin caps 20 mg</i>	95
<i>isotretinoin caps 30 mg</i>	95
<i>isotretinoin caps 40 mg</i>	95
ITOVEBI TABS 3 MG.....	26
ITOVEBI TABS 9 MG.....	26
<i>itraconazole caps 100 mg</i>	16
<i>itraconazole soln 10 mg/ml</i>	16
<i>ivabradine hcl tabs 5 mg</i>	43
<i>ivabradine hcl tabs 7.5 mg</i>	43

<i>ivermectin tabs 3 mg</i>	11
IWILFIN TABS 192 MG	26
IXEMPRA KIT SOLR 45 MG.....	27
IXIARO SUSP.....	91
IZERVAY SOLN 2 MG/0.1ML	73

J

JAKAFI TABS 10 MG	27
JAKAFI TABS 15 MG	27
JAKAFI TABS 20 MG	27
JAKAFI TABS 25 MG	27
JAKAFI TABS 5 MG	27
JANUVIA TABS 100 MG	78
JANUVIA TABS 25 MG	78
JANUVIA TABS 50 MG	78
JARDIANCE TABS 10 MG	78
JARDIANCE TABS 25 MG	78
JAYPIRCA TABS 100 MG	27
JAYPIRCA TABS 50 MG	27
<i>jaythari tabs 18 mg</i>	76
<i>jaythari tabs 30 mg</i>	76
<i>jaythari tabs 36 mg</i>	76
<i>jaythari tabs 6 mg</i>	76
JEMPERLI SOLN 500 MG/10ML	27
<i>jinteli tabs 1-5 mg-mcg</i>	79
JULUCA TABS 50-25 MG	19
<i>junel 1.5/30 tabs 1.5-30 mg-mcg</i>	77
<i>junel 1/20 tabs 1-20 mg-mcg</i>	77
<i>junel fe 1.5/30 tabs 1.5-30 mg-mcg</i>	77
<i>junel fe 1/20 tabs 1-20 mg-mcg</i>	77
<i>junel fe 24 tabs 1-20 mg-mcg(24)</i>	77
JYLAMVO SOLN 2 MG/ML	27
JYNNEOS SUSP 0.5 ML	91

K

KADCYLA SOLR 100 MG	27
KADCYLA SOLR 160 MG	27
KALETRA SOLN 400-100 MG/5ML.....	19
KALYDECO PACK 13.4 MG.....	88
KALYDECO PACK 25 MG.....	88
KALYDECO PACK 5.8 MG.....	88
KALYDECO PACK 50 MG.....	88
KALYDECO PACK 75 MG.....	88
KALYDECO TABS 150 MG	88
KANJINTI SOLR 150 MG	27
KANJINTI SOLR 420 MG	27
KCL (0.298%) IN NACL SOLN 40-0.9 MEQ/L-%	69

<i>kcl in dextrose-nacl soln 10-5-0.45 meq/l-%- %</i>	69
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-%	69
<i>kcl in dextrose-nacl soln 20-5-0.45 meq/l-%- %</i>	69
<i>kcl in dextrose-nacl soln 20-5-0.9 meq/l-%- %</i>	69
<i>kcl in dextrose-nacl soln 30-5-0.45 meq/l-%- %</i>	69
<i>kcl in dextrose-nacl soln 40-5-0.45 meq/l-%- %</i>	69
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-%	69
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L	69
<i>kelnor 1/35 tabs 1-35 mg-mcg</i>	77
<i>kelnor 1/50 tabs 1-50 mg-mcg</i>	77
KENALOG-10 SUSP 10 MG/ML	76
KEPIVANCE SOLR 5.16 MG	94
KERENDIA TABS 10 MG.....	45
KERENDIA TABS 20 MG.....	45
KESIMPTA SOAJ 20 MG/0.4ML	85
<i>ketoconazole crea 2 %</i>	92
<i>ketoconazole sham 2 %</i>	92
<i>ketoconazole tabs 200 mg</i>	16
KETOPROFEN CAPS 50 MG	47
KETOROLAC TROMETHAMINE SOLN 0.4 %	72
<i>ketorolac tromethamine soln 0.5 %</i>	72
<i>ketorolac tromethamine soln 15 mg/ml</i>	47
<i>ketorolac tromethamine soln 30 mg/ml</i>	47
<i>ketorolac tromethamine soln 60 mg/2ml</i>	47
KEYTRUDA SOLN 100 MG/4ML	27
KHINDIVI SOLN 1 MG/ML	76
KIMMTRAK SOLN 100 MCG/0.5ML	27
KINERET SOSY 100 MG/0.67ML	83
KINRIX SUSY 0.5 ML	90
KIRSTY SOLN 100 UNIT/ML	78
KIRSTY SOPN 100 UNIT/ML.....	78
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
KLISYRI (250 MG) OINT 1 %.....	95

<i>klor-con 10 tbc 10 meq</i>	69
KLOR-CON TBCR 8 MEQ	69
KLOXXADO LIQD 8 MG/0.1ML	59
KORLYM TABS 300 MG	79
KOSELUGO CAPS 10 MG	27
KOSELUGO CAPS 25 MG	27
KRAZATI TABS 200 MG	27
KRINTAFEL TABS 150 MG	17
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
<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>	51
<i>lacosamide soln 200 mg/20ml</i>	51
<i>lacosamide tabs 100 mg</i>	51
<i>lacosamide tabs 150 mg</i>	51
<i>lacosamide tabs 200 mg</i>	52
<i>lacosamide tabs 50 mg</i>	52
LACRISERT INST 5 MG	73
LACTATED RINGERS SOLN	69, 85
<i>lactulose encephalopathy soln 10 gm/15ml</i>	67
<i>lactulose soln 10 gm/15ml</i>	67
<i>lamivudine soln 10 mg/ml</i>	19
<i>lamivudine tabs 100 mg</i>	19
<i>lamivudine tabs 150 mg</i>	19
<i>lamivudine tabs 300 mg</i>	19
<i>lamivudine-zidovudine tabs 150-300 mg</i> ..	19
<i>lamotrigine chew 25 mg</i>	52
<i>lamotrigine chew 5 mg</i>	52
<i>lamotrigine er tb24 100 mg</i>	52
<i>lamotrigine er tb24 200 mg</i>	52
<i>lamotrigine er tb24 25 mg</i>	52
<i>lamotrigine er tb24 250 mg</i>	52
<i>lamotrigine er tb24 300 mg</i>	52
<i>lamotrigine er tb24 50 mg</i>	52
<i>lamotrigine kit 25 & 50 & 100 mg</i>	52
<i>lamotrigine starter kit-blue kit 35 x 25 mg</i>	52
<i>lamotrigine starter kit-green kit 84 x 25 mg</i> & 14x100 mg	52
<i>lamotrigine starter kit-orange kit 42 x 25 mg</i> & 7 x 100 mg	52
<i>lamotrigine tabs 100 mg</i>	52
<i>lamotrigine tabs 150 mg</i>	52
<i>lamotrigine tabs 200 mg</i>	52

<i>lamotrigine tabs 25 mg</i>	52
<i>lamotrigine tbdp 100 mg</i>	52
<i>lamotrigine tbdp 200 mg</i>	52
<i>lamotrigine tbdp 25 mg</i>	52
<i>lamotrigine tbdp 50 mg</i>	52
LAMZEDE SOLR 10 MG	70
LANOXIN PEDIATRIC SOLN 0.1 MG/ML	43
LANREOTIDE ACETATE SOLN 120 MG/0.5ML	81
<i>lanthanum carbonate chew 1000 mg</i>	68
<i>lanthanum carbonate chew 500 mg</i>	68
<i>lanthanum carbonate chew 750 mg</i>	68
<i>lapatinib ditosylate tabs 250 mg</i>	27
<i>latanoprost soln 0.005 %</i>	72
LAZCLUZE TABS 240 MG	27
LAZCLUZE TABS 80 MG	27
LEDIPASVIR-SOFOSBUVIR TABS 90-400 MG	19
<i>leflunomide tabs 10 mg</i>	83
<i>leflunomide tabs 20 mg</i>	83
LEMTRADA SOLN 12 MG/1.2ML	58
<i>lenalidomide caps 10 mg</i>	27
<i>lenalidomide caps 15 mg</i>	27
<i>lenalidomide caps 2.5 mg</i>	27
<i>lenalidomide caps 20 mg</i>	27
<i>lenalidomide caps 25 mg</i>	27
<i>lenalidomide caps 5 mg</i>	27
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG	27
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG	27
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG	27
LENVIMA (18 MG DAILY DOSE) CPPK 10 MG & 2 X 4 MG	27
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG	27
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG	27
LENVIMA (4 MG DAILY DOSE) CPPK 4 MG	27
LENVIMA (8 MG DAILY DOSE) CPPK 2 x 4 MG	27
LEQSELVI TABS 8 MG	95
<i>letrozole tabs 2.5 mg</i>	28
<i>leucovorin calcium solr 100 mg</i>	82
<i>leucovorin calcium solr 200 mg</i>	82
<i>leucovorin calcium solr 350 mg</i>	82
<i>leucovorin calcium solr 50 mg</i>	82
<i>leucovorin calcium tabs 10 mg</i>	82

<i>leucovorin calcium tabs 25 mg</i>	82	LIBERVANT FILM 10 MG	52
<i>leucovorin calcium tabs 5 mg</i>	82	LIBERVANT FILM 12.5 MG	52
LEUKERAN TABS 2 MG	28	LIBERVANT FILM 15 MG	52
LEUKINE SOLR 250 MCG	39	LIBERVANT FILM 5 MG	52
<i>leuprolide acetate kit 1 mg/0.2ml</i>	28	LIBERVANT FILM 7.5 MG	52
<i>levetiracetam er tb24 500 mg</i>	52	LIBTAYO SOLN 350 MG/7ML.....	28
<i>levetiracetam er tb24 750 mg</i>	52	LIDOCAINE HCL (CARDIAC) PF SOSY	
<i>levetiracetam in nacl soln 1000 mg/100ml</i> 52		100 MG/5ML.....	43
<i>levetiracetam in nacl soln 1500 mg/100ml</i> 52		LIDOCAINE HCL (CARDIAC) PF SOSY 50	
LEVETIRACETAM IN NACL SOLN 250		MG/5ML.....	43
MG/50ML	52	LIDOCAINE HCL (CARDIAC) SOSY 100	
<i>levetiracetam in nacl soln 500 mg/100ml</i> .52		MG/5ML.....	43
<i>levetiracetam soln 100 mg/ml</i>	52	<i>lidocaine hcl (pf) soln 0.5 %</i>	85
<i>levetiracetam soln 500 mg/5ml</i>	52	<i>lidocaine hcl (pf) soln 1 %</i>	85
<i>levetiracetam tabs 1000 mg</i>	52	<i>lidocaine hcl (pf) soln 2 %</i>	85
<i>levetiracetam tabs 250 mg</i>	52	<i>lidocaine hcl (pf) soln 4 %</i>	85
<i>levetiracetam tabs 500 mg</i>	52	<i>lidocaine hcl soln 0.5 %</i>	85
<i>levetiracetam tabs 750 mg</i>	52	<i>lidocaine hcl soln 1 %</i>	85
LEVOBUNOLOL HCL SOLN 0.5 %	72	<i>lidocaine hcl soln 2 %</i>	85
<i>levocarnitine soln 1 gm/10ml</i>	85	<i>lidocaine hcl soln 4 %</i>	94
<i>levocarnitine tabs 330 mg</i>	85	LIDOCAINE HCL SOLN 4 %.....	73
<i>levocetirizine dihydrochloride soln 2.5</i>		<i>lidocaine hcl urethral/mucosal prsy 2 %</i> ...	94
<i>mg/5ml</i>	21	LIDOCAINE IN D5W SOLN 4-5 MG/ML-%	
<i>levocetirizine dihydrochloride tabs 5 mg</i> ..	21		43
<i>levofloxacin in d5w soln 250 mg/50ml</i>	14	<i>lidocaine oint 5 %</i>	94
<i>levofloxacin in d5w soln 500 mg/100ml</i>	14	<i>lidocaine ptch 5 %</i>	94
<i>levofloxacin in d5w soln 750 mg/150ml</i>	14	<i>lidocaine viscous hcl soln 2 %</i>	73
LEVOFLOXACIN INTRAVENOUS SOLN 25		<i>lidocaine-epinephrine (pf) soln 1.5 %-1</i>	
MG/ML	14	200000	85
<i>levofloxacin oral soln 25 mg/ml</i>	14	<i>lidocaine-epinephrine (pf) soln 2 %-1</i>	
<i>levofloxacin tabs 250 mg</i>	14	200000	85
<i>levofloxacin tabs 500 mg</i>	14	<i>lidocaine-epinephrine soln 0.5 %-1</i>	
<i>levofloxacin tabs 750 mg</i>	14	200000	85
<i>levorphanol tartrate tabs 2 mg</i>	47	<i>lidocaine-epinephrine soln 1 %-1</i>	
<i>levorphanol tartrate tabs 3 mg</i>	47	100000	85
LEVOTHYROXINE SODIUM SOLR 500		<i>lidocaine-epinephrine soln 2 %-1</i>	
MCG	81	100000	85
<i>levothyroxine sodium tabs 100 mcg</i>	81	<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	94
<i>levothyroxine sodium tabs 112 mcg</i>	81	<i>lidocan ptch 5 %</i>	94
<i>levothyroxine sodium tabs 125 mcg</i>	81	<i>linezolid soln 600 mg/300ml</i>	14
<i>levothyroxine sodium tabs 137 mcg</i>	81	<i>linezolid susr 100 mg/5ml</i>	14
<i>levothyroxine sodium tabs 150 mcg</i>	81	<i>linezolid tabs 600 mg</i>	14
<i>levothyroxine sodium tabs 175 mcg</i>	81	LINZESS CAPS 145 MCG	74
<i>levothyroxine sodium tabs 200 mcg</i>	81	LINZESS CAPS 290 MCG	74
<i>levothyroxine sodium tabs 25 mcg</i>	81	LINZESS CAPS 72 MCG	74
<i>levothyroxine sodium tabs 300 mcg</i>	82	<i>liothyronine sodium tabs 25 mcg</i>	82
<i>levothyroxine sodium tabs 50 mcg</i>	82	<i>liothyronine sodium tabs 5 mcg</i>	82
<i>levothyroxine sodium tabs 75 mcg</i>	82	<i>liothyronine sodium tabs 50 mcg</i>	82
<i>levothyroxine sodium tabs 88 mcg</i>	82	<i>liraglutide sopn 18 mg/3ml</i>	79
LEXIVA SUSP 50 MG/ML.....	19	<i>lisdexamfetamine dimesylate caps 10 mg</i> 49	

<i>lisdexamfetamine dimesylate caps 20 mg</i>	49	<i>losartan potassium tabs 100 mg</i>	45
<i>lisdexamfetamine dimesylate caps 30 mg</i>	49	<i>losartan potassium tabs 25 mg</i>	45
<i>lisdexamfetamine dimesylate caps 40 mg</i>	49	<i>losartan potassium tabs 50 mg</i>	45
<i>lisdexamfetamine dimesylate caps 50 mg</i>	49	<i>losartan potassium-hctz tabs 100-12.5 mg</i>	45
<i>lisdexamfetamine dimesylate caps 60 mg</i>	49		45
<i>lisdexamfetamine dimesylate caps 70 mg</i>	49	<i>losartan potassium-hctz tabs 100-25 mg</i>	45
<i>lisinopril tabs 10 mg</i>	45	<i>losartan potassium-hctz tabs 50-12.5 mg</i>	45
<i>lisinopril tabs 2.5 mg</i>	45	<i>lovastatin tabs 10 mg</i>	40
<i>lisinopril tabs 20 mg</i>	45	<i>lovastatin tabs 20 mg</i>	40
<i>lisinopril tabs 30 mg</i>	45	<i>lovastatin tabs 40 mg</i>	40
<i>lisinopril tabs 40 mg</i>	45	<i>loxapine succinate caps 10 mg</i>	63
<i>lisinopril tabs 5 mg</i>	45	<i>loxapine succinate caps 25 mg</i>	63
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	45	<i>loxapine succinate caps 5 mg</i>	63
	45	<i>loxapine succinate caps 50 mg</i>	63
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	45	<i>lubiprostone caps 24 mcg</i>	74
	45	<i>lubiprostone caps 8 mcg</i>	74
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	45	LUCENTIS SOSY 0.3 MG/0.05ML	73
	45	LUCENTIS SOSY 0.5 MG/0.05ML	73
LITFULO CAPS 50 MG	95	LUMAKRAS TABS 120 MG	28
<i>lithium carbonate caps 150 mg</i>	63	LUMAKRAS TABS 240 MG	28
<i>lithium carbonate caps 300 mg</i>	63	LUMAKRAS TABS 320 MG	28
LITHIUM CARBONATE CAPS 600 MG	63	LUMIZYME SOLR 50 MG	70
<i>lithium carbonate er tbc 300 mg</i>	63	LUNSUMIO SOLN 1 MG/ML	28
<i>lithium carbonate er tbc 450 mg</i>	63	LUNSUMIO SOLN 30 MG/30ML	28
LITHIUM CARBONATE TABS 300 MG	63	LUPRON DEPOT (1-MONTH) KIT 3.75 MG	28
<i>lithium soln 8 meq/5ml</i>	63		28
LITHOSTAT TABS 250 MG	67	LUPRON DEPOT (1-MONTH) KIT 7.5 MG	28
LIVDELZI CAPS 10 MG	74		28
LIVMARLI TABS 10 MG	74	LUPRON DEPOT (3-MONTH) KIT 11.25 MG	28
LIVMARLI TABS 15 MG	74		28
LIVMARLI TABS 20 MG	74	LUPRON DEPOT (3-MONTH) KIT 22.5 MG	28
LIVMARLI TABS 30 MG	74		28
LIVTENCITY TABS 200 MG	19	LUPRON DEPOT (4-MONTH) KIT 30 MG	28
<i>lofexidine hcl tabs 0.18 mg</i>	59		28
LOKELMA PACK 10 GM	68	LUPRON DEPOT (6-MONTH) KIT 45 MG	28
LOKELMA PACK 5 GM	68		28
LONSURF TABS 15-6.14 MG	28	LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG	28
LONSURF TABS 20-8.19 MG	28	LUPRON DEPOT-PED (1-MONTH) KIT 15 MG	28
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	19		28
<i>lopinavir-ritonavir tabs 100-25 mg</i>	19	LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	28
<i>lopinavir-ritonavir tabs 200-50 mg</i>	19		28
LOQTORZI SOLN 240 MG/6ML	28	LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG	28
<i>lorazepam intensol conc 2 mg/ml</i>	56		28
LORAZEPAM SOLN 2 MG/ML	56	LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	28
LORAZEPAM SOLN 4 MG/ML	56		28
<i>lorazepam tabs 0.5 mg</i>	56	LUPRON DEPOT-PED (6-MONTH) KIT 45 MG	28
<i>lorazepam tabs 1 mg</i>	56		28
<i>lorazepam tabs 2 mg</i>	56	<i>lurasidone hcl tabs 120 mg</i>	63
LORBRENA TABS 100 MG	28	<i>lurasidone hcl tabs 20 mg</i>	63
LORBRENA TABS 25 MG	28		

<i>lurasidone hcl tabs 40 mg</i>	63
<i>lurasidone hcl tabs 60 mg</i>	63
<i>lurasidone hcl tabs 80 mg</i>	63
LYBALVI TABS 10-10 MG.....	63
LYBALVI TABS 15-10 MG.....	63
LYBALVI TABS 20-10 MG.....	63
LYBALVI TABS 5-10 MG.....	63
LYNPARZA TABS 100 MG.....	28
LYNPARZA TABS 150 MG.....	28
LYSODREN TABS 500 MG.....	28
LYTGOBI (12 MG DAILY DOSE) TBPK 4 MG.....	28
LYTGOBI (16 MG DAILY DOSE) TBPK 4 MG.....	28
LYTGOBI (20 MG DAILY DOSE) TBPK 4 MG.....	28

M

<i>magnesium sulfate in d5w soln 1-5 gm/100ml-%</i>	69
<i>magnesium sulfate soln 4 gm/50ml</i>	52
<i>magnesium sulfate soln 50 %</i>	52
<i>malathion lotn 0.5 %</i>	92
MANNITOL SOLN 20 %.....	68
MANNITOL SOLN 25 %.....	68
<i>maraviroc tabs 150 mg</i>	19
<i>maraviroc tabs 300 mg</i>	19
MARGENZA SOLN 250 MG/10ML.....	28
MARPLAN TABS 10 MG.....	63
MATULANE CAPS 50 MG.....	28
MAVYRET PACK 50-20 MG.....	19
MAVYRET TABS 100-40 MG.....	19
<i>meclizine hcl tabs 25 mg</i>	73
MECLOFENAMATE SODIUM CAPS 100 MG.....	47
MECLOFENAMATE SODIUM CAPS 50 MG	47
MEDROL TABS 2 MG.....	76
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	80
MEDROXYPROGESTERONE ACETATE SUSY 150 MG/ML.....	80
<i>medroxyprogesterone acetate tabs 10 mg</i>	80
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	80
<i>medroxyprogesterone acetate tabs 5 mg</i>	80
<i>mefenamic acid caps 250 mg</i>	47
<i>mefloquine hcl tabs 250 mg</i>	17
<i>megestrol acetate susp 40 mg/ml</i>	28

<i>megestrol acetate tabs 20 mg</i>	28
<i>megestrol acetate tabs 40 mg</i>	28
MEKINIST SOLR 0.05 MG/ML.....	28
MEKINIST TABS 0.5 MG.....	28
MEKINIST TABS 2 MG.....	28
MEKTOVI TABS 15 MG.....	28
<i>meloxicam tabs 15 mg</i>	47
<i>meloxicam tabs 7.5 mg</i>	47
<i>melphalan hcl solr 50 mg</i>	28
<i>memantine hcl soln 2 mg/ml</i>	58
<i>memantine hcl tabs 10 mg</i>	58
MEMANTINE HCL TABS 28 x 5 MG & 21 X 10 MG.....	58
<i>memantine hcl tabs 5 mg</i>	58
MENACTRA SOLN.....	91
MENQUADFI SOLN 0.5 ML.....	91
MENVEO SOLR.....	91
<i>mercaptopurine susp 2000 mg/100ml</i>	28
<i>mercaptopurine tabs 50 mg</i>	28
<i>meropenem solr 1 gm</i>	14
<i>meropenem solr 500 mg</i>	14
<i>mesalamine enem 4 gm</i>	73
<i>mesalamine er cpcr 500 mg</i>	73
<i>mesalamine supp 1000 mg</i>	73
<i>mesalamine tbec 1.2 gm</i>	73
<i>mesna soln 100 mg/ml</i>	85
<i>mesna tabs 400 mg</i>	85
METAXALONE TABS 640 MG.....	36
<i>metformin hcl er tb24 500 mg</i>	79
<i>metformin hcl er tb24 750 mg</i>	79
<i>metformin hcl tabs 1000 mg</i>	79
<i>metformin hcl tabs 500 mg</i>	79
<i>metformin hcl tabs 850 mg</i>	79
<i>methadone hcl conc 10 mg/ml</i>	47
<i>methadone hcl intensol conc 10 mg/ml</i>	47
METHADONE HCL SOLN 5 MG/5ML.....	47
<i>methadone hcl tabs 10 mg</i>	47
<i>methadone hcl tabs 5 mg</i>	47
<i>methazolamide tabs 25 mg</i>	72
<i>methazolamide tabs 50 mg</i>	72
<i>methenamine hippurate tabs 1 gm</i>	20
<i>methergine tabs 0.2 mg</i>	80
<i>methimazole tabs 10 mg</i>	82
<i>methimazole tabs 5 mg</i>	82
METHITEST TABS 10 MG.....	77
<i>methocarbamol tabs 500 mg</i>	36
<i>methocarbamol tabs 750 mg</i>	36
<i>methotrexate sodium (pf) soln 1 gm/40ml</i>	28
<i>methotrexate sodium (pf) soln 250 mg/10ml</i>	28

<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	29
METHOTREXATE SODIUM SOLN 250	
MG/10ML	29
METHOTREXATE SODIUM SOLN 50	
MG/2ML	29
<i>methotrexate sodium solr 1 gm</i>	29
<i>methotrexate sodium tabs 2.5 mg</i>	29
METHOXSALIN RAPID CAPS 10 MG ...	95
<i>methsuximide caps 300 mg</i>	52
<i>methylergonovine maleate soln 0.2 mg/ml</i>	
.....	80
<i>methylergonovine maleate tabs 0.2 mg</i> ...	80
<i>methylphenidate hcl chew 2.5 mg</i>	49
METHYLPHENIDATE HCL ER (CD) CPCR	
10 MG	49
METHYLPHENIDATE HCL ER (CD) CPCR	
20 MG	49
METHYLPHENIDATE HCL ER (CD) CPCR	
30 MG	49
METHYLPHENIDATE HCL ER (CD) CPCR	
40 MG	49
METHYLPHENIDATE HCL ER (CD) CPCR	
50 MG	49
METHYLPHENIDATE HCL ER (CD) CPCR	
60 MG	49
<i>methylphenidate hcl er (osm) tbc 18 mg</i> . 50	
<i>methylphenidate hcl er (osm) tbc 27 mg</i> . 50	
<i>methylphenidate hcl er (osm) tbc 36 mg</i> . 50	
<i>methylphenidate hcl er (osm) tbc 54 mg</i> . 50	
METHYLPHENIDATE HCL ER (XR) CP24	
10 MG	50
METHYLPHENIDATE HCL ER (XR) CP24	
15 MG	50
METHYLPHENIDATE HCL ER (XR) CP24	
20 MG	50
METHYLPHENIDATE HCL ER (XR) CP24	
30 MG	50
METHYLPHENIDATE HCL ER (XR) CP24	
40 MG	50
METHYLPHENIDATE HCL ER (XR) CP24	
50 MG	50
METHYLPHENIDATE HCL ER (XR) CP24	
60 MG	50
<i>methylphenidate hcl er tbc 10 mg</i>	50
<i>methylphenidate hcl er tbc 20 mg</i>	50
<i>methylphenidate hcl soln 5 mg/5ml</i>	50
<i>methylphenidate hcl tabs 10 mg</i>	50
<i>methylphenidate hcl tabs 20 mg</i>	50
<i>methylphenidate hcl tabs 5 mg</i>	50

<i>methylprednisolone acetate susp 40 mg/ml</i>	
.....	76
<i>methylprednisolone acetate susp 80 mg/ml</i>	
.....	76
<i>methylprednisolone sodium succ solr 1000</i>	
<i>mg</i>	76
<i>methylprednisolone sodium succ solr 125</i>	
<i>mg</i>	76
<i>methylprednisolone sodium succ solr 40 mg</i>	
.....	76
<i>methylprednisolone tabs 16 mg</i>	76
<i>methylprednisolone tabs 32 mg</i>	76
<i>methylprednisolone tabs 4 mg</i>	76
<i>methylprednisolone tabs 8 mg</i>	76
<i>methylprednisolone tbpk 4 mg</i>	76
<i>methyltestosterone caps 10 mg</i>	77
<i>metoclopramide hcl soln 5 mg/5ml</i>	74
<i>metoclopramide hcl soln 5 mg/ml</i>	74
<i>metoclopramide hcl tabs 10 mg</i>	74
<i>metoclopramide hcl tabs 5 mg</i>	74
<i>metolazone tabs 10 mg</i>	68
<i>metolazone tabs 2.5 mg</i>	68
<i>metolazone tabs 5 mg</i>	68
<i>metoprolol succinate er tb24 100 mg</i>	41
<i>metoprolol succinate er tb24 200 mg</i>	41
<i>metoprolol succinate er tb24 25 mg</i>	41
<i>metoprolol succinate er tb24 50 mg</i>	41
<i>metoprolol tartrate soln 5 mg/5ml</i>	41
<i>metoprolol tartrate tabs 100 mg</i>	41
<i>metoprolol tartrate tabs 25 mg</i>	41
<i>metoprolol tartrate tabs 50 mg</i>	41
<i>metronidazole caps 375 mg</i>	17
METRONIDAZOLE CREA 0.75 %	92
<i>metronidazole gel 0.75 %</i>	92
<i>metronidazole lotn 0.75 %</i>	92
<i>metronidazole soln 500 mg/100ml</i>	17
<i>metronidazole tabs 250 mg</i>	17
<i>metronidazole tabs 500 mg</i>	17
<i>metyrosine caps 250 mg</i>	40
<i>mexiletine hcl caps 150 mg</i>	43
<i>mexiletine hcl caps 200 mg</i>	43
<i>mexiletine hcl caps 250 mg</i>	43
<i>midazolam hcl (pf) soln 10 mg/2ml</i>	56
<i>midazolam hcl (pf) soln 2 mg/2ml</i>	56
<i>midazolam hcl (pf) soln 5 mg/ml</i>	56
<i>midazolam hcl soln 10 mg/2ml</i>	57
<i>midazolam hcl soln 2 mg/2ml</i>	57
<i>midazolam hcl soln 25 mg/5ml</i>	57
<i>midazolam hcl soln 5 mg/5ml</i>	57
<i>midazolam hcl soln 5 mg/ml</i>	57

<i>midodrine hcl tabs 10 mg</i>	37
<i>midodrine hcl tabs 2.5 mg</i>	37
<i>midodrine hcl tabs 5 mg</i>	37
MIEBO SOLN 1.338 GM/ML.....	73
MIFEPREX TABS 200 MG	80
<i>mifepristone tabs 200 mg</i>	80
<i>mifepristone tabs 300 mg</i>	79
<i>miglustat caps 100 mg</i>	70
<i>milrinone lactate in dextrose soln 20-5</i> <i>mg/100ml-%</i>	43
<i>milrinone lactate in dextrose soln 40-5</i> <i>mg/200ml-%</i>	43
<i>milrinone lactate soln 10 mg/10ml</i>	43
<i>minocycline hcl caps 100 mg</i>	14
<i>minocycline hcl caps 50 mg</i>	14
<i>minocycline hcl caps 75 mg</i>	14
<i>minocycline hcl tabs 100 mg</i>	14
<i>minoxidil tabs 10 mg</i>	44
<i>minoxidil tabs 2.5 mg</i>	44
MIPLYFFA CAPS 124 MG.....	85
MIPLYFFA CAPS 47 MG.....	85
MIPLYFFA CAPS 62 MG.....	85
MIPLYFFA CAPS 93 MG.....	85
<i>mirabegron er tb24 25 mg</i>	96
<i>mirabegron er tb24 50 mg</i>	96
MIRENA (52 MG) IUD 20 MCG/DAY	77
<i>mirtazapine tabs 15 mg</i>	63
<i>mirtazapine tabs 30 mg</i>	63
<i>mirtazapine tabs 45 mg</i>	63
<i>mirtazapine tabs 7.5 mg</i>	63
<i>mirtazapine tbdp 15 mg</i>	63
<i>mirtazapine tbdp 30 mg</i>	63
<i>mirtazapine tbdp 45 mg</i>	63
<i>misoprostol tabs 100 mcg</i>	74
<i>misoprostol tabs 200 mcg</i>	74
<i>mitomycin solr 20 mg</i>	29
<i>mitomycin solr 40 mg</i>	29
<i>mitomycin solr 5 mg</i>	29
<i>mitoxantrone hcl conc 20 mg/10ml</i>	29
<i>mitoxantrone hcl conc 25 mg/12.5ml</i>	29
<i>mitoxantrone hcl conc 30 mg/15ml</i>	29
M-M-R II SOLR.....	91
<i>modafinil tabs 100 mg</i>	50
<i>modafinil tabs 200 mg</i>	50
MODEYSO CAPS 125 MG.....	29
MOLINDONE HCL TABS 10 MG.....	63
MOLINDONE HCL TABS 25 MG.....	63
MOLINDONE HCL TABS 5 MG.....	63
<i>mometasone furoate crea 0.1 %</i>	94
<i>mometasone furoate oint 0.1 %</i>	94

<i>mometasone furoate soln 0.1 %</i>	94
<i>mometasone furoate susp 50 mcg/act</i>	72
MONJUVI SOLR 200 MG	29
<i>montelukast sodium chew 4 mg</i>	87
<i>montelukast sodium chew 5 mg</i>	87
<i>montelukast sodium pack 4 mg</i>	87
<i>montelukast sodium tabs 10 mg</i>	87
<i>morphine sulfate (concentrate) soln 100</i> <i>mg/5ml</i>	48
<i>morphine sulfate er tbc 100 mg</i>	48
<i>morphine sulfate er tbc 15 mg</i>	48
<i>morphine sulfate er tbc 200 mg</i>	48
<i>morphine sulfate er tbc 30 mg</i>	48
<i>morphine sulfate er tbc 60 mg</i>	48
MORPHINE SULFATE SOLN 10 MG/5ML	48
MORPHINE SULFATE SOLN 20 MG/5ML	48
<i>morphine sulfate tabs 15 mg</i>	48
<i>morphine sulfate tabs 30 mg</i>	48
MOVANTIK TABS 25 MG	75
MOXIFLOXACIN HCL IN NACL SOLN 400 MG/250ML.....	14
<i>moxifloxacin hcl soln 0.5 %</i>	71
<i>moxifloxacin hcl tabs 400 mg</i>	14
MRESVIA SUSY 50 MCG/0.5ML	91
MULTAQ TABS 400 MG	43
<i>mupirocin calcium crea 2 %</i>	92
<i>mupirocin oint 2 %</i>	92
<i>mutamycin solr 20 mg</i>	29
<i>mutamycin solr 40 mg</i>	29
<i>mutamycin solr 5 mg</i>	29
MVASI SOLN 100 MG/4ML.....	29
MVASI SOLN 400 MG/16ML.....	29
<i>mycophenolate mofetil caps 250 mg</i>	84
<i>mycophenolate mofetil hcl solr 500 mg</i>	84
<i>mycophenolate mofetil sus 200 mg/ml</i>	84
<i>mycophenolate mofetil tabs 500 mg</i>	84
<i>mycophenolate sodium tbec 180 mg</i>	84
<i>mycophenolate sodium tbec 360 mg</i>	84
MYLOTARG SOLR 4.5 MG.....	29

N

<i>na sulfate-k sulfate-mg sulf soln 17.5-3.13-</i> <i>1.6 gm/177ml</i>	74
NABI-HB SOLN 312 UNIT/ML.....	90
<i>nabumetone tabs 500 mg</i>	48
<i>nabumetone tabs 750 mg</i>	48
<i>nadolol tabs 20 mg</i>	41
<i>nadolol tabs 40 mg</i>	41

<i>nadolol tabs 80 mg</i>	41	<i>neomycin-polymyxin-hc soln 1 %</i>	72
<i>naftillin sodium solr 1 gm</i>	14	NERLYNX TABS 40 MG	29
<i>naftillin sodium solr 10 gm</i>	14	<i>nevirapine er tb24 400 mg</i>	19
<i>naftillin sodium solr 2 gm</i>	14	NEVIRAPINE SUSP 50 MG/5ML	19
NAGLAZYME SOLN 1 MG/ML	70	<i>nevirapine tabs 200 mg</i>	19
<i>nalbuphine hcl soln 10 mg/ml</i>	48	NEXLETOL TABS 180 MG	40
<i>nalbuphine hcl soln 20 mg/ml</i>	48	NEXPLANON IMPL 68 MG	77
NALOXONE HCL SOCT 0.4 MG/ML	59	<i>niacin er (antihyperlipidemic) tbc 500 mg</i>	40
<i>naloxone hcl soln 0.4 mg/ml</i>	59	NIACOR TABS 500 MG	40
<i>naloxone hcl soln 4 mg/10ml</i>	59	NICARDIPINE HCL SOLN 2.5 MG/ML	42
<i>naloxone hcl sosy 2 mg/2ml</i>	59	NICOTROL INHA 10 MG	35
<i>naltrexone hcl tabs 50 mg</i>	59	NICOTROL NS SOLN 10 MG/ML	35
<i>naproxen susp 125 mg/5ml</i>	48	<i>nifedipine caps 10 mg</i>	42
<i>naproxen tabs 250 mg</i>	48	<i>nifedipine caps 20 mg</i>	42
<i>naproxen tabs 375 mg</i>	48	<i>nifedipine er osmotic release tb24 30 mg</i>	42
<i>naproxen tabs 500 mg</i>	48	<i>nifedipine er osmotic release tb24 60 mg</i>	42
<i>naproxen tbec 375 mg</i>	48	<i>nifedipine er osmotic release tb24 90 mg</i>	42
<i>naratriptan hcl tabs 1 mg</i>	54	<i>nifedipine er tb24 30 mg</i>	42
<i>naratriptan hcl tabs 2.5 mg</i>	54	<i>nifedipine er tb24 60 mg</i>	42
NARCAN LIQD 4 MG/0.1ML	59	<i>nifedipine er tb24 90 mg</i>	42
NATACYN SUSP 5 %	71	<i>nikki tabs 3-0.02 mg</i>	77
<i>nateglinide tabs 120 mg</i>	79	NIKTIMVO SOLN 22 MG/0.44ML	85
<i>nateglinide tabs 60 mg</i>	79	NIKTIMVO SOLN 9 MG/0.18ML	85
NAYZILAM SOLN 5 MG/0.1ML	52	NILOTINIB D-TARTRATE CAPS 150 MG	29
<i>nebivolol hcl tabs 10 mg</i>	41	NILOTINIB D-TARTRATE CAPS 200 MG	29
<i>nebivolol hcl tabs 2.5 mg</i>	41	NILOTINIB D-TARTRATE CAPS 50 MG	29
<i>nebivolol hcl tabs 20 mg</i>	41	<i>nilotinib hcl caps 150 mg</i>	29
<i>nebivolol hcl tabs 5 mg</i>	41	<i>nilotinib hcl caps 200 mg</i>	29
NEFAZODONE HCL TABS 100 MG	63	<i>nilotinib hcl caps 50 mg</i>	29
NEFAZODONE HCL TABS 150 MG	63	<i>nilutamide tabs 150 mg</i>	29
NEFAZODONE HCL TABS 200 MG	63	<i>nimodipine caps 30 mg</i>	42
NEFAZODONE HCL TABS 250 MG	63	NIMODIPINE SOLN 60 MG/20ML	42
NEFAZODONE HCL TABS 50 MG	63	NINLARO CAPS 2.3 MG	29
<i>nelarabine soln 5 mg/ml</i>	29	NINLARO CAPS 3 MG	29
NEMPLUVIO AUIJ 30 MG	94	NINLARO CAPS 4 MG	29
<i>neomycin sulfate tabs 500 mg</i>	14	<i>nitazoxanide tabs 500 mg</i>	17
<i>neomycin-bacitracin zn-polymyx oint 5-400-10000</i>	71	NITRO-BID OINT 2 %	46
NEOMYCIN-POLYMYXIN B GU SOLN 40-200000	92	NITRO-DUR PT24 0.3 MG/HR	46
<i>neomycin-polymyxin-dexameth oint 3.5-10000-0.1</i>	72	NITRO-DUR PT24 0.8 MG/HR	46
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	72	<i>nitrofurantoin macrocrystal caps 100 mg</i>	20
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLN 1.75-10000-.025	71	<i>nitrofurantoin macrocrystal caps 25 mg</i>	21
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSP 3.5-10000-1	72	<i>nitrofurantoin macrocrystal caps 50 mg</i>	21
<i>neomycin-polymyxin-hc otic susp 3.5-10000-1</i>	72	<i>nitrofurantoin monohyd macro caps 100 mg</i>	21
		<i>nitrofurantoin susp 25 mg/5ml</i>	21
		NITROFURANTOIN SUSP 50 MG/5ML	21
		<i>nitroglycerin oint 0.4 %</i>	95
		<i>nitroglycerin pt24 0.1 mg/hr</i>	46
		<i>nitroglycerin pt24 0.2 mg/hr</i>	46
		<i>nitroglycerin pt24 0.4 mg/hr</i>	46

<i>nitroglycerin pt24 0.6 mg/hr</i>	46
<i>nitroglycerin soln 0.4 mg/spray</i>	46
NITROGLYCERIN SOLN 5 MG/ML	46
<i>nitroglycerin subl 0.3 mg</i>	46
<i>nitroglycerin subl 0.4 mg</i>	46
<i>nitroglycerin subl 0.6 mg</i>	46
<i>nitroprusside sodium soln 25 mg/ml</i>	44
NIVESTYM SOLN 300 MCG/ML	39
NIVESTYM SOLN 480 MCG/1.6ML	39
NIVESTYM SOSY 300 MCG/0.5ML	39
NIVESTYM SOSY 480 MCG/0.8ML	39
NORA-BE TABS 0.35 MG	77
NORDITROPIN FLEXPEN SOPN 10 MG/1.5ML	81
NORDITROPIN FLEXPEN SOPN 15 MG/1.5ML	81
NORDITROPIN FLEXPEN SOPN 5 MG/1.5ML	81
<i>norepinephrine bitartrate soln 1 mg/ml</i>	37
<i>norethin ace-eth estrad-fe chew 1-20 mg- mcg(24)</i>	77
<i>norethindrone acetate tabs 5 mg</i>	80
<i>norethindrone tabs 0.35 mg</i>	77
NORPACE CR CP12 100 MG	43
NORPACE CR CP12 150 MG	43
<i>nortrel 0.5/35 (28) tabs 0.5-35 mg-mcg</i>	77
<i>nortrel 1/35 (21) tabs 1-35 mg-mcg</i>	77
<i>nortrel 1/35 (28) tabs 1-35 mg-mcg</i>	77
<i>nortrel 7/7/7 tabs 0.5/0.75/1-35 mg-mcg</i> ..	77
<i>nortriptyline hcl caps 10 mg</i>	63
<i>nortriptyline hcl caps 25 mg</i>	63
<i>nortriptyline hcl caps 50 mg</i>	63
<i>nortriptyline hcl caps 75 mg</i>	63
<i>nortriptyline hcl soln 10 mg/5ml</i>	63
NORVIR CAPS 100 MG	19
NORVIR PACK 100 MG	19
NOURIANZ TABS 20 MG	58
NOURIANZ TABS 40 MG	58
NOVOLIN R FLEXPEN SOPN 100 UNIT/ML.....	79
NOVOLOG FLEXPEN SOPN 100 UNIT/ML	79
NOVOLOG PENFILL SOCT 100 UNIT/ML	79
NOVOLOG SOLN 100 UNIT/ML.....	79
NUBEQA TABS 300 MG	29
NUCALA SOAJ 100 MG/ML	88
NUCALA SOSY 100 MG/ML.....	88
NUCALA SOSY 40 MG/0.4ML.....	88
NUDEXTA CAPS 20-10 MG.....	58

NULOJIX SOLR 250 MG	84
NUPLAZID CAPS 34 MG	63
NUPLAZID TABS 10 MG	63
NURTEC TBDP 75 MG	54
NUZYRA TABS 150 MG	14
NYPOZI SOSY 300 MCG/0.5ML.....	39
NYPOZI SOSY 480 MCG/0.8ML.....	39
<i>nystatin crea 100000 unit/gm</i>	92
<i>nystatin oint 100000 unit/gm</i>	92
<i>nystatin powd 100000 unit/gm</i>	92
<i>nystatin susp 100000 unit/ml</i>	16
<i>nystatin tabs 500000 unit</i>	16
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i>	94
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	94
<i>nystop powd 100000 unit/gm</i>	92

O

OCALIVA TABS 10 MG	75
OCALIVA TABS 5 MG	75
OCELLA TABS 3-0.03 MG	77
OCREVUS SOLN 300 MG/10ML	58
OCREVUS ZUNOVO SOLN 920-23000 MG-UT/23ML.....	58
OCTAGAM SOLN 1 GM/20ML.....	90
<i>octreotide acetate kit 10 mg</i>	81
<i>octreotide acetate kit 20 mg</i>	81
<i>octreotide acetate kit 30 mg</i>	81
<i>octreotide acetate soln 100 mcg/ml</i>	81
<i>octreotide acetate soln 1000 mcg/ml</i>	81
<i>octreotide acetate soln 200 mcg/ml</i>	81
<i>octreotide acetate soln 50 mcg/ml</i>	81
<i>octreotide acetate soln 500 mcg/ml</i>	81
ODACTRA SUBL 12 SQ-HDM.....	85
ODEFSEY TABS 200-25-25 MG.....	19
ODOMZO CAPS 200 MG	29
OFEV CAPS 100 MG	88
OFEV CAPS 150 MG	88
<i>ofloxacin ophthalmic soln 0.3 %</i>	71
<i>ofloxacin otic soln 0.3 %</i>	71
OGIVRI SOLR 150 MG	29
OGIVRI SOLR 420 MG	29
OGSIVEO TABS 100 MG	29
OGSIVEO TABS 150 MG	29
OGSIVEO TABS 50 MG	29
OHTUVAYRE SUSP 3 MG/2.5ML	88
OJEMDA SUSR 25 MG/ML.....	29
OJEMDA TABS 100 MG	29
OJJAARA TABS 100 MG	29

OJJAARA TABS 150 MG	29	OPIPZA FILM 5 MG	64
OJJAARA TABS 200 MG	29	OPSYNVI TABS 10-20 MG	89
olanzapine solr 10 mg	63	OPSYNVI TABS 10-40 MG	89
olanzapine tabs 10 mg	63	OPZELURA CREA 1.5 %	95
olanzapine tabs 15 mg	63	ORENCIA CLICKJECT SOAJ 125 MG/ML	83
olanzapine tabs 2.5 mg	63	ORENCIA SOLR 250 MG	83
olanzapine tabs 20 mg	63	ORENCIA SOSY 125 MG/ML	83
olanzapine tabs 5 mg	64	ORENCIA SOSY 50 MG/0.4ML	83
olanzapine tabs 7.5 mg	64	ORENCIA SOSY 87.5 MG/0.7ML	83
olanzapine tbdp 10 mg	64	ORGOVYX TABS 120 MG	80
olanzapine tbdp 15 mg	64	ORILISSA TABS 150 MG	80
olanzapine tbdp 20 mg	64	ORILISSA TABS 200 MG	80
olanzapine tbdp 5 mg	64	ORKAMBI PACK 100-125 MG	88
olanzapine-fluoxetine hcl caps 12-25 mg	64	ORKAMBI PACK 150-188 MG	88
olanzapine-fluoxetine hcl caps 12-50 mg	64	ORKAMBI PACK 75-94 MG	88
olanzapine-fluoxetine hcl caps 3-25 mg	64	ORKAMBI TABS 100-125 MG	88
olanzapine-fluoxetine hcl caps 6-25 mg	64	ORKAMBI TABS 200-125 MG	88
olanzapine-fluoxetine hcl caps 6-50 mg	64	ORLYNVAH TABS 500-500 MG	21
OLUMIANT TABS 1 MG	83	ORSERDU TABS 345 MG	30
OLUMIANT TABS 2 MG	83	ORSERDU TABS 86 MG	30
omega-3-acid ethyl esters caps 1 gm	40	oseltamivir phosphate caps 30 mg	19
omeprazole cpdr 10 mg	74	oseltamivir phosphate caps 45 mg	19
omeprazole cpdr 20 mg	74	oseltamivir phosphate caps 75 mg	19
omeprazole cpdr 40 mg	74	oseltamivir phosphate susr 6 mg/ml	19
OMNITROPE SOCT 10 MG/1.5ML	81	OSENVELT SOLN 120 MG/1.7ML	82
OMNITROPE SOCT 5 MG/1.5ML	81	OSMITROL SOLN 20 %	68
OMNITROPE SOLR 5.8 MG	81	OTEZLA TABS 20 MG	83
ondansetron hcl soln 4 mg/2ml	74	OTEZLA TABS 30 MG	83
ondansetron hcl soln 4 mg/5ml	74	OTEZLA TBPK 10 & 20 & 30 MG	83
ondansetron hcl soln 40 mg/20ml	74	OTEZLA TBPK 4 x 10 & 51 x20 MG	83
ONDANSETRON HCL SOSY 4 MG/2ML	74	OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML	15
ondansetron hcl tabs 4 mg	74	OXALIPLATIN SOLN 100 MG/20ML	30
ondansetron hcl tabs 8 mg	74	oxaliplatin soln 50 mg/10ml	30
ondansetron tbdp 4 mg	74	oxaliplatin solr 100 mg	30
ondansetron tbdp 8 mg	74	oxaliplatin solr 50 mg	30
ONIVYDE INJ 43 MG/10ML	29	OXAYDO TABS 5 MG	48
ONPATTRO SOLN 10 MG/5ML	85	oxazepam caps 10 mg	57
ONTRUZANT SOLR 150 MG	29	oxazepam caps 15 mg	57
ONTRUZANT SOLR 420 MG	29	oxazepam caps 30 mg	57
ONUREG TABS 200 MG	29	oxcarbazepine susp 300 mg/5ml	52
ONUREG TABS 300 MG	29	oxcarbazepine tabs 150 mg	52
OPDIVO QVANTIG SOLN 600-10000 MG-UT/5ML	29	oxcarbazepine tabs 300 mg	52
OPDIVO SOLN 100 MG/10ML	29	oxcarbazepine tabs 600 mg	52
OPDIVO SOLN 120 MG/12ML	30	oxybutynin chloride er tb24 10 mg	96
OPDIVO SOLN 240 MG/24ML	30	oxybutynin chloride er tb24 15 mg	96
OPDIVO SOLN 40 MG/4ML	30	oxybutynin chloride er tb24 5 mg	96
OPDUALAG SOLN 240-80 MG/20ML	30	oxybutynin chloride soln 5 mg/5ml	96
OPIPZA FILM 10 MG	64	oxybutynin chloride tabs 5 mg	96
OPIPZA FILM 2 MG	64		

<i>oxycodone hcl conc 100 mg/5ml</i>	48
<i>oxycodone hcl soln 5 mg/5ml</i>	48
<i>oxycodone hcl tabs 10 mg</i>	48
<i>oxycodone hcl tabs 15 mg</i>	48
<i>oxycodone hcl tabs 20 mg</i>	48
<i>oxycodone hcl tabs 30 mg</i>	48
<i>oxycodone hcl tabs 5 mg</i>	48
<i>oxycodone-acetaminophen tabs 10-325 mg</i>	48
<i>oxycodone-acetaminophen tabs 5-325 mg</i>	48
<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	48
OXYTOCIN SOLN 10 UNIT/ML.....	80
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML.....	79
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	79
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	79

P

<i>paclitaxel conc 100 mg/16.7ml</i>	30
PACLITAXEL CONC 150 MG/25ML.....	30
<i>paclitaxel conc 30 mg/5ml</i>	30
<i>paclitaxel conc 300 mg/50ml</i>	30
PACLITAXEL PROTEIN-BOUND PART SUSR 100 MG.....	30
PADCEV SOLR 20 MG.....	30
PADCEV SOLR 30 MG.....	30
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG.....	86
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG.....	86
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG.....	86
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG.....	86
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG.....	86
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG.....	86
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG.....	86
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG.....	86
PALFORZIA (300 MG TITRATION) PACK 300 MG.....	86
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG.....	86

PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG.....	86
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG.....	86
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG.....	86
<i>paliperidone er tb24 1.5 mg</i>	64
<i>paliperidone er tb24 3 mg</i>	64
<i>paliperidone er tb24 6 mg</i>	64
<i>paliperidone er tb24 9 mg</i>	64
PALYNZIQ SOSY 10 MG/0.5ML.....	70
PALYNZIQ SOSY 2.5 MG/0.5ML.....	70
PALYNZIQ SOSY 20 MG/ML.....	70
<i>pamidronate disodium soln 90 mg/10ml</i> ...	82
PANRETIN GEL 0.1 %.....	94
PANTOPRAZOLE SODIUM SOLR 40 MG	74
<i>pantoprazole sodium tbec 20 mg</i>	74
<i>pantoprazole sodium tbec 40 mg</i>	74
PARAPLATIN SOLN 1000 MG/100ML.....	30
<i>paroxetine hcl er tb24 12.5 mg</i>	64
<i>paroxetine hcl er tb24 25 mg</i>	64
<i>paroxetine hcl er tb24 37.5 mg</i>	64
PAROXETINE HCL SUSP 10 MG/5ML.....	64
<i>paroxetine hcl tabs 10 mg</i>	64
<i>paroxetine hcl tabs 20 mg</i>	64
<i>paroxetine hcl tabs 30 mg</i>	64
<i>paroxetine hcl tabs 40 mg</i>	64
<i>paroxetine mesylate caps 7.5 mg</i>	64
PAVBLU SOLN 2 MG/0.05ML.....	73
PAVBLU SOSY 2 MG/0.05ML.....	73
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG.....	19
PAXLOVID (300/100 & 150/100) TBPK 6 x 150 MG & 5 X 100MG.....	19
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG.....	19
<i>pazopanib hcl tabs 200 mg</i>	30
PEDIARIX SUSY.....	91
PEDVAX HIB SUSP 7.5 MCG/0.5ML.....	91
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i> .74	
PEG-3350/ELECTROLYTES SOLR 236 GM.....	74
PEGASYS SOLN 180 MCG/ML.....	19
PEGASYS SOSY 180 MCG/0.5ML.....	19
PEMAZYRE TABS 13.5 MG.....	30
PEMAZYRE TABS 4.5 MG.....	30
PEMAZYRE TABS 9 MG.....	30
PEMETREXED DIPOTASSIUM SOLR 100 MG.....	30

PEMETREXED DIPOTASSIUM SOLR 500 MG	30	<i>perampanel tabs 2 mg</i>	52
PEMETREXED DISODIUM SOLN 1 GM/40ML	30	<i>perampanel tabs 4 mg</i>	52
PEMETREXED DISODIUM SOLN 100 MG/4ML	30	<i>perampanel tabs 6 mg</i>	52
PEMETREXED DISODIUM SOLN 500 MG/20ML	30	<i>perampanel tabs 8 mg</i>	53
PEMETREXED DISODIUM SOLN 850 MG/34ML	30	PERJETA SOLN 420 MG/14ML	30
<i>pemetrexed disodium solr 1000 mg</i>	30	<i>permethrin crea 5 %</i>	92
<i>pemetrexed disodium solr 500 mg</i>	30	<i>perphenazine tabs 16 mg</i>	64
<i>pemetrexed disodium solr 750 mg</i>	30	<i>perphenazine tabs 2 mg</i>	64
PEMETREXED DITROMETHAMINE SOLR 100 MG	30	<i>perphenazine tabs 4 mg</i>	64
PEMETREXED DITROMETHAMINE SOLR 500 MG	30	<i>perphenazine tabs 8 mg</i>	64
PEMETREXED SOLN 1 GM/40ML	30	PERPHENAZINE-AMITRIPTYLINE TABS 2-10 MG	64
PEMETREXED SOLN 100 MG/4ML	30	PERPHENAZINE-AMITRIPTYLINE TABS 2-25 MG	64
PEMETREXED SOLN 500 MG/20ML	30	PERPHENAZINE-AMITRIPTYLINE TABS 4-10 MG	64
PEMFEXY SOLN 500 MG/20ML	30	PERPHENAZINE-AMITRIPTYLINE TABS 4-25 MG	64
PEMRYDI RTU SOLN 100 MG/10ML	30	PERPHENAZINE-AMITRIPTYLINE TABS 4-50 MG	64
PEMRYDI RTU SOLN 500 MG/50ML	30	PERSERIS PRSY 120 MG	64
PENBRAYA SUSR	91	PERSERIS PRSY 90 MG	64
<i>penicillamine caps 250 mg</i>	75	PHENELZINE SULFATE TABS 15 MG	64
<i>penicillamine tabs 250 mg</i>	75	<i>phenobarbital elix 20 mg/5ml</i>	57
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML	15	<i>phenobarbital sodium soln 130 mg/ml</i>	57
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML	15	<i>phenobarbital sodium soln 65 mg/ml</i>	57
<i>penicillin g potassium solr 20000000 unit</i>	15	<i>phenobarbital tabs 100 mg</i>	57
PENICILLIN G SODIUM SOLR 5000000 UNIT	15	<i>phenobarbital tabs 15 mg</i>	57
PENICILLIN V POTASSIUM SOLR 125 MG/5ML	15	<i>phenobarbital tabs 16.2 mg</i>	57
PENICILLIN V POTASSIUM SOLR 250 MG/5ML	15	<i>phenobarbital tabs 30 mg</i>	57
<i>penicillin v potassium tabs 250 mg</i>	15	<i>phenobarbital tabs 32.4 mg</i>	57
<i>penicillin v potassium tabs 500 mg</i>	15	<i>phenobarbital tabs 60 mg</i>	57
PENMENVY SUSR	91	<i>phenobarbital tabs 64.8 mg</i>	57
PENTACEL SUSR	91	<i>phenobarbital tabs 97.2 mg</i>	57
<i>pentamidine isethionate solr inhalation 300 mg</i>	17	<i>phenoxybenzamine hcl caps 10 mg</i>	36
<i>pentamidine isethionate solr injection 300 mg</i>	17	PHENYLEPHRINE HCL SOLN 10 %	73
PENTASA CPCR 250 MG	73	<i>phenylephrine hcl soln 2.5 %</i>	73
PENTASA CPCR 500 MG	73	<i>phenytek caps 200 mg</i>	53
<i>pentoxifylline er tbc 400 mg</i>	38	<i>phenytek caps 300 mg</i>	53
<i>perampanel tabs 10 mg</i>	52	<i>phenytoin chew 50 mg</i>	53
<i>perampanel tabs 12 mg</i>	52	<i>phenytoin sodium extended caps 100 mg</i>	53
		<i>phenytoin sodium extended caps 200 mg</i>	53
		<i>phenytoin sodium extended caps 300 mg</i>	53
		<i>phenytoin sodium soln 50 mg/ml</i>	53
		<i>phenytoin susp 125 mg/5ml</i>	53
		PHESGO SOLN 60-60-2000 MG-MG-U/ML	30
		PHESGO SOLN 80-40-2000 MG-MG-U/ML	30
		PHOSPHOLINE IODIDE SOLR 0.125 %	72

PIFELTRO TABS 100 MG	19
<i>pilocarpine hcl soln 1 %</i>	72
<i>pilocarpine hcl soln 2 %</i>	72
<i>pilocarpine hcl soln 4 %</i>	72
<i>pilocarpine hcl tabs 5 mg</i>	35
PIMECROLIMUS CREA 1 %	95
PIMOZIDE TABS 1 MG	64
PIMOZIDE TABS 2 MG	64
<i>pioglitazone hcl tabs 15 mg</i>	79
<i>pioglitazone hcl tabs 30 mg</i>	79
<i>pioglitazone hcl tabs 45 mg</i>	79
<i>piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm</i>	15
<i>piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm</i>	15
<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm</i>	15
<i>piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm</i>	15
PIQRAY (200 MG DAILY DOSE) TBPk 200 MG	30
PIQRAY (250 MG DAILY DOSE) TBPk 200 & 50 MG	30
PIQRAY (300 MG DAILY DOSE) TBPk 2 x 150 MG	31
<i>pirfenidone tabs 267 mg</i>	88
PIRFENIDONE TABS 534 MG	88
<i>pirfenidone tabs 801 mg</i>	88
<i>piroxicam caps 10 mg</i>	48
<i>piroxicam caps 20 mg</i>	48
PLASMA-LYTE 148 SOLN	69
PLASMA-LYTE A SOLN	69
<i>plenamine soln 15 %</i>	68
PLERIXAFOR SOLN 24 MG/1.2ML	39
PODOFILOX SOLN 0.5 %	95
POLIVY SOLR 140 MG	31
POLIVY SOLR 30 MG	31
POLOCAINE-MPF SOLN 1 %	86
POLOCAINE-MPF SOLN 1.5 %	86
POLOCAINE-MPF SOLN 2 %	86
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	71
POMALYST CAPS 1 MG	31
POMALYST CAPS 2 MG	31
POMALYST CAPS 3 MG	31
POMALYST CAPS 4 MG	31
<i>portia-28 tabs 0.15-30 mg-mcg</i>	77
PORTRAZZA SOLN 800 MG/50ML	31
<i>posaconazole susp 40 mg/ml</i>	16
<i>posaconazole tbec 100 mg</i>	16

<i>pot & sod cit-cit ac soln 550-500-334 mg/5ml</i>	67
POTASSIUM ACETATE SOLN 2 MEQ/ML	69
<i>potassium chloride crys er tbcr 10 meq</i>	69
<i>potassium chloride crys er tbcr 20 meq</i>	69
<i>potassium chloride er cpcr 10 meq</i>	69
<i>potassium chloride er cpcr 8 meq</i>	69
<i>potassium chloride er tbcr 10 meq</i>	69
<i>potassium chloride er tbcr 20 meq</i>	69
POTASSIUM CHLORIDE ER TBCR 8 MEQ	69
<i>potassium chloride in nacl soln 20-0.9 meq/l-%</i>	69
<i>potassium chloride in nacl soln 40-0.9 meq/l-%</i>	69
<i>potassium chloride pack 20 meq</i>	69
POTASSIUM CHLORIDE SOLN 10 MEQ/100ML	69
<i>potassium chloride soln 2 meq/ml</i>	70
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML	70
<i>potassium chloride soln 20 meq/15ml (10%)</i>	70
<i>potassium chloride soln 40 meq/15ml (20%)</i>	70
<i>potassium citrate er tbcr 10 meq (1080 mg)</i>	67
<i>potassium citrate er tbcr 15 meq (1620 mg)</i>	67
<i>potassium citrate er tbcr 5 meq (540 mg)</i>	67
<i>potassium cl in dextrose 5% soln 20 meq/l</i>	70
<i>potassium phosphates(66 meq k) soln 45 mmole/15ml</i>	70
POTELIGEO SOLN 20 MG/5ML	31
PRALATREXATE SOLN 20 MG/ML	31
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	55
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	55
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	55
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	55
<i>pramipexole dihydrochloride tabs 1 mg</i>	55
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	55
<i>prasugrel hcl tabs 10 mg</i>	38
<i>prasugrel hcl tabs 5 mg</i>	38
<i>pravastatin sodium tabs 10 mg</i>	40
<i>pravastatin sodium tabs 20 mg</i>	40

<i>pravastatin sodium tabs 40 mg</i>	40	PREZCOBIX TABS 675-150 MG	19
<i>pravastatin sodium tabs 80 mg</i>	40	PREZCOBIX TABS 800-150 MG	19
<i>praziquantel tabs 600 mg</i>	11	PREZISTA SUSP 100 MG/ML	19
<i>prazosin hcl caps 1 mg</i>	40	PREZISTA TABS 150 MG	19
<i>prazosin hcl caps 2 mg</i>	40	PREZISTA TABS 75 MG	19
<i>prazosin hcl caps 5 mg</i>	40	PRIFTIN TABS 150 MG	17
PRED MILD SUSP 0.12 %	72	PRIMAQUINE PHOSPHATE TABS 26.3	
<i>prednisolone acetate susp 1 %</i>	72	(15 Base) MG	17
PREDNISOLONE SODIUM PHOSPHATE		PRIMIDONE TABS 125 MG	53
SOLN 1 %	72	<i>primidone tabs 250 mg</i>	53
<i>prednisolone sodium phosphate soln 15</i>		<i>primidone tabs 50 mg</i>	53
<i>mg/5ml</i>	76	PRIORIX SUSR	91
<i>prednisolone sodium phosphate soln 5</i>		<i>probenecid tabs 500 mg</i>	70
<i>mg/5ml</i>	76	<i>procainamide hcl soln 100 mg/ml</i>	43
<i>prednisolone soln 15 mg/5ml</i>	76	<i>procainamide hcl soln 500 mg/ml</i>	44
<i>prednisolone tabs 5 mg</i>	76	<i>prochlorperazine edisylate soln 10 mg/2ml</i>	
PREDNISONE INTENSOL CONC 5 MG/ML			64
.....	76	<i>prochlorperazine maleate tabs 10 mg</i>	64
PREDNISONE SOLN 5 MG/5ML	76	<i>prochlorperazine maleate tabs 5 mg</i>	64
<i>prednisone tabs 1 mg</i>	76	<i>prochlorperazine supp 25 mg</i>	64
<i>prednisone tabs 10 mg</i>	76	PROCRT SOLN 10000 UNIT/ML	39
<i>prednisone tabs 2.5 mg</i>	76	PROCRT SOLN 2000 UNIT/ML	39
<i>prednisone tabs 20 mg</i>	76	PROCRT SOLN 20000 UNIT/ML	39
<i>prednisone tabs 5 mg</i>	76	PROCRT SOLN 3000 UNIT/ML	39
<i>prednisone tabs 50 mg</i>	76	PROCRT SOLN 4000 UNIT/ML	39
<i>prednisone tbpk 10 mg (21)</i>	76	PROCRT SOLN 40000 UNIT/ML	39
<i>prednisone tbpk 10 mg (48)</i>	76	PROCTOFOAM HC FOAM 1-1 %	94
<i>prednisone tbpk 5 mg (21)</i>	76	<i>proctozone-hc crea 2.5 %</i>	94
<i>prednisone tbpk 5 mg (48)</i>	76	<i>progesterone caps 100 mg</i>	80
<i>pregabalin caps 100 mg</i>	53	<i>progesterone caps 200 mg</i>	80
<i>pregabalin caps 150 mg</i>	53	<i>progesterone oil 50 mg/ml</i>	80
<i>pregabalin caps 200 mg</i>	53	PROGRAF PACK 0.2 MG	84
<i>pregabalin caps 225 mg</i>	53	PROGRAF PACK 1 MG	84
<i>pregabalin caps 25 mg</i>	53	PROGRAF SOLN 5 MG/ML	84
<i>pregabalin caps 300 mg</i>	53	<i>promethazine hcl soln 6.25 mg/5ml</i>	21
<i>pregabalin caps 50 mg</i>	53	PROMETHAZINE HCL SYRP 6.25 MG/5ML	
<i>pregabalin caps 75 mg</i>	53		21
<i>pregabalin soln 20 mg/ml</i>	53	<i>promethazine hcl tabs 12.5 mg</i>	21
PREHEVBRIO SUSP 10 MCG/ML	91	<i>promethazine hcl tabs 25 mg</i>	21
PREMARIN SOLR 25 MG	79	<i>promethazine hcl tabs 50 mg</i>	21
PREMASOL SOLN 10 %	68	<i>promethegan supp 12.5 mg</i>	21
PRENATAL TABS 27-1 MG	97	<i>promethegan supp 25 mg</i>	21
PRETOMANID TABS 200 MG	16	<i>propafenone hcl tabs 150 mg</i>	44
<i>prevalite pack 4 gm</i>	40	<i>propafenone hcl tabs 225 mg</i>	44
<i>prevalite powd 4 gm/dose</i>	40	<i>propafenone hcl tabs 300 mg</i>	44
PREVYMIS PACK 120 MG	19	<i>proparacaine hcl soln 0.5 %</i>	73
PREVYMIS SOLN 240 MG/12ML	19	<i>propranolol hcl er cp24 120 mg</i>	41
PREVYMIS SOLN 480 MG/24ML	19	<i>propranolol hcl er cp24 160 mg</i>	41
PREVYMIS TABS 240 MG	19	<i>propranolol hcl er cp24 60 mg</i>	41
PREVYMIS TABS 480 MG	19	<i>propranolol hcl er cp24 80 mg</i>	41

<i>propranolol hcl soln 1 mg/ml</i>	41
PROPRANOLOL HCL SOLN 20 MG/5ML	41
PROPRANOLOL HCL SOLN 40 MG/5ML	41
<i>propranolol hcl tabs 10 mg</i>	41
<i>propranolol hcl tabs 20 mg</i>	41
<i>propranolol hcl tabs 40 mg</i>	41
<i>propranolol hcl tabs 60 mg</i>	41
<i>propranolol hcl tabs 80 mg</i>	41
<i>propylthiouracil tabs 50 mg</i>	82
PROQUAD SUSR.....	91
<i>protriptyline hcl tabs 10 mg</i>	64
<i>protriptyline hcl tabs 5 mg</i>	64
PULMOZYME SOLN 2.5 MG/2.5ML.....	70
<i>pyrazinamide tabs 500 mg</i>	17
<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>	17
PYRUKYND TABS 20 MG.....	86
PYRUKYND TABS 5 MG.....	86
PYRUKYND TABS 50 MG.....	86
PYRUKYND TAPER PACK TBPK 5 MG .	86
PYRUKYND TAPER PACK TBPK 7 x 20 MG & 7 X 5 MG.....	86
PYRUKYND TAPER PACK TBPK 7 x 50 MG & 7 X 20 MG.....	86

Q

QALSODY SOLN 100 MG/15ML	58
QINLOCK TABS 50 MG	31
QUADRACEL SUSP.....	90
QUADRACEL SUSY 0.5 ML.....	90
<i>quetiapine fumarate er tb 24 150 mg</i>	64
<i>quetiapine fumarate er tb 24 200 mg</i>	64
<i>quetiapine fumarate er tb 24 300 mg</i>	64
<i>quetiapine fumarate er tb 24 400 mg</i>	65
<i>quetiapine fumarate er tb 24 50 mg</i>	65
<i>quetiapine fumarate tabs 100 mg</i>	65
QUETIAPINE FUMARATE TABS 150 MG	65
<i>quetiapine fumarate tabs 200 mg</i>	65
<i>quetiapine fumarate tabs 25 mg</i>	65
<i>quetiapine fumarate tabs 300 mg</i>	65
<i>quetiapine fumarate tabs 400 mg</i>	65
<i>quetiapine fumarate tabs 50 mg</i>	65
<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>	17
QULIPTA TABS 10 MG	54

QULIPTA TABS 30 MG.....	54
QULIPTA TABS 60 MG.....	54

R

RABAVERT SUSR.....	91
RADIAURA CREA 3-0.5 %	94
RADICAVA ORS STARTER KIT SUSP 105 MG/5ML.....	58
RADICAVA ORS SUSP 105 MG/5ML.....	58
RALDESY SOLN 10 MG/ML	65
<i>raloxifene hcl tabs 60 mg</i>	80
<i>ramipril caps 1.25 mg</i>	45
<i>ramipril caps 10 mg</i>	45
<i>ramipril caps 2.5 mg</i>	45
<i>ramipril caps 5 mg</i>	45
<i>ranolazine er tb 12 1000 mg</i>	44
<i>ranolazine er tb 12 500 mg</i>	44
<i>rasagiline mesylate tabs 0.5 mg</i>	55
<i>rasagiline mesylate tabs 1 mg</i>	55
RASUVO SOAJ 10 MG/0.2ML	83
RASUVO SOAJ 12.5 MG/0.25ML	83
RASUVO SOAJ 15 MG/0.3ML	83
RASUVO SOAJ 17.5 MG/0.35ML	83
RASUVO SOAJ 20 MG/0.4ML	83
RASUVO SOAJ 22.5 MG/0.45ML	83
RASUVO SOAJ 25 MG/0.5ML	83
RASUVO SOAJ 30 MG/0.6ML	83
RASUVO SOAJ 7.5 MG/0.15ML	83
RAYALDEE CPC 30 MCG.....	97
REBIF REBIDOSE SOAJ 22 MCG/0.5ML	58
REBIF REBIDOSE SOAJ 44 MCG/0.5ML	58
REBIF REBIDOSE TITRATION PACK SOAJ 6X8.8 & 6X22 MCG.....	58
REBIF TITRATION PACK SOSY 6X8.8 & 6X22 MCG.....	58
<i>reclipsen tabs 0.15-30 mg-mcg</i>	77
RECOMBIVAX HB SUSP 10 MCG/ML	91
RECOMBIVAX HB SUSP 40 MCG/ML	91
RECOMBIVAX HB SUSP 5 MCG/0.5ML .	91
RECOMBIVAX HB SUSY 10 MCG/ML	91
RECOMBIVAX HB SUSY 5 MCG/0.5ML .	91
REGONOL SOLN 10 MG/2ML.....	35
REGRANEX GEL 0.01 %.....	95
RELENZA DISKHALER AEPB 5 MG/ACT	19
RELISTOR SOLN 12 MG/0.6ML.....	75
RELYVRIO PACK 3-1 GM	58
<i>repaglinide tabs 0.5 mg</i>	79
<i>repaglinide tabs 1 mg</i>	79
<i>repaglinide tabs 2 mg</i>	79

REPATHA SURECLICK SOAJ 140 MG/ML	40	RINVOQ TB24 45 MG.....	83
RETACRIT SOLN 20000 UNIT/ML.....	39	RISPERDAL CONSTA SRER 12.5 MG	65
RETEVMO CAPS 40 MG	31	RISPERDAL CONSTA SRER 25 MG	65
RETEVMO CAPS 80 MG	31	RISPERDAL CONSTA SRER 37.5 MG	65
RETEVMO TABS 120 MG.....	31	RISPERDAL CONSTA SRER 50 MG	65
RETEVMO TABS 160 MG.....	31	<i>risperidone microspheres er srer 12.5 mg</i>	65
RETEVMO TABS 40 MG.....	31	<i>risperidone microspheres er srer 25 mg</i> ...	65
RETEVMO TABS 80 MG.....	31	<i>risperidone microspheres er srer 37.5 mg</i>	65
RETIN-A CREA 0.025 %	94	<i>risperidone microspheres er srer 50 mg</i> ...	65
RETIN-A CREA 0.05 %	94	<i>risperidone soln 1 mg/ml</i>	65
RETIN-A CREA 0.1 %	94	<i>risperidone tabs 0.25 mg</i>	65
RETIN-A GEL 0.01 %	94	<i>risperidone tabs 0.5 mg</i>	65
RETIN-A GEL 0.025 %	94	<i>risperidone tabs 1 mg</i>	65
RETISERT IMPL 0.59 MG.....	72	<i>risperidone tabs 2 mg</i>	65
RETROVIR SOLN 10 MG/ML.....	19	<i>risperidone tabs 3 mg</i>	65
REVCovi SOLN 2.4 MG/1.5ML	70	<i>risperidone tabs 4 mg</i>	65
REVUFORJ TABS 110 MG	31	RISPERIDONE TBDP 0.25 MG	65
REVUFORJ TABS 160 MG	31	<i>risperidone tbdp 0.5 mg</i>	65
REVUFORJ TABS 25 MG	31	<i>risperidone tbdp 1 mg</i>	65
REXULTI TABS 0.25 MG	65	<i>risperidone tbdp 2 mg</i>	65
REXULTI TABS 0.5 MG	65	<i>risperidone tbdp 3 mg</i>	65
REXULTI TABS 1 MG	65	<i>risperidone tbdp 4 mg</i>	65
REXULTI TABS 2 MG	65	<i>ritonavir tabs 100 mg</i>	20
REXULTI TABS 3 MG	65	RITUXAN HYCELA SOLN 1400-23400 MG	
REXULTI TABS 4 MG	65	-UT/11.7ML	31
REYATAZ PACK 50 MG.....	19	RITUXAN HYCELA SOLN 1600-26800 MG	
REZDIFFRA TABS 100 MG.....	82	-UT/13.4ML	31
REZDIFFRA TABS 60 MG	82	RITUXAN SOLN 100 MG/10ML	31
REZDIFFRA TABS 80 MG	82	RITUXAN SOLN 500 MG/50ML	31
REZLIDHIA CAPS 150 MG.....	31	<i>rivaroxaban susr 1 mg/ml</i>	38
REZUROCK TABS 200 MG.....	86	<i>rivastigmine tartrate caps 1.5 mg</i>	35
RIABNI SOLN 100 MG/10ML	31	<i>rivastigmine tartrate caps 3 mg</i>	36
RIABNI SOLN 500 MG/50ML	31	<i>rivastigmine tartrate caps 4.5 mg</i>	36
RIBAVIRIN CAPS 200 MG	19	<i>rivastigmine tartrate caps 6 mg</i>	36
<i>ribavirin solr 6 gm</i>	19	<i>rizatriptan benzoate tabs 10 mg</i>	54
RIBAVIRIN TABS 200 MG.....	20	<i>rizatriptan benzoate tabs 5 mg</i>	54
RIDAURA CAPS 3 MG	86	<i>rizatriptan benzoate tbdp 10 mg</i>	54
RIFABUTIN CAPS 150 MG	17	<i>rizatriptan benzoate tbdp 5 mg</i>	54
<i>rifampin caps 150 mg</i>	17	<i>roflumilast tabs 250 mcg</i>	88
<i>rifampin caps 300 mg</i>	17	<i>roflumilast tabs 500 mcg</i>	89
<i>rifampin solr 600 mg</i>	17	ROMVIMZA CAPS 14 MG	31
<i>riluzole tabs 50 mg</i>	58	ROMVIMZA CAPS 20 MG	31
RIMANTADINE HCL TABS 100 MG	20	ROMVIMZA CAPS 30 MG	31
RIMSO-50 SOLN 50 %.....	86	<i>ropinirole hcl er tb24 12 mg</i>	55
RINGERS IRRIGATION SOLN.....	86	<i>ropinirole hcl er tb24 2 mg</i>	55
RINGERS SOLN	70	<i>ropinirole hcl er tb24 4 mg</i>	55
RINVOQ LQ SOLN 1 MG/ML	83	<i>ropinirole hcl er tb24 6 mg</i>	55
RINVOQ TB24 15 MG	83	<i>ropinirole hcl er tb24 8 mg</i>	55
RINVOQ TB24 30 MG	83	<i>ropinirole hcl tabs 0.25 mg</i>	55
		<i>ropinirole hcl tabs 0.5 mg</i>	55

<i>ropinirole hcl tabs 1 mg</i>	55
<i>ropinirole hcl tabs 2 mg</i>	55
<i>ropinirole hcl tabs 3 mg</i>	55
<i>ropinirole hcl tabs 4 mg</i>	55
<i>ropinirole hcl tabs 5 mg</i>	55
<i>ropivacaine hcl soln 2 mg/ml</i>	86
<i>ropivacaine hcl soln 5 mg/ml</i>	86
<i>rosuvastatin calcium tabs 10 mg</i>	40
<i>rosuvastatin calcium tabs 20 mg</i>	40
<i>rosuvastatin calcium tabs 40 mg</i>	40
<i>rosuvastatin calcium tabs 5 mg</i>	40
ROTARIX SUSP.....	91
ROTATEQ SOLN.....	91
<i>roweepra tabs 500 mg</i>	53
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
<i>rufinamide susp 40 mg/ml</i>	53
<i>rufinamide tabs 200 mg</i>	53
<i>rufinamide tabs 400 mg</i>	53
RUKOBIA TB12 600 MG.....	20
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.....	65
RYKINDO SRER 37.5 MG.....	65
RYKINDO SRER 50 MG.....	65
RYLAZE SOLN 10 MG/0.5ML.....	31
RYTELO SOLR 188 MG.....	31
RYTELO SOLR 47 MG.....	31
RYZNEUTA SOSY 20 MG/ML.....	39

S

<i>sacubitril-valsartan tabs 24-26 mg</i>	45
<i>sacubitril-valsartan tabs 49-51 mg</i>	45
<i>sacubitril-valsartan tabs 97-103 mg</i>	45
<i>sajazir sosy 30 mg/3ml</i>	37
<i>salicylic acid sham 6 %</i>	95
<i>salsalate tabs 500 mg</i>	48
<i>salsalate tabs 750 mg</i>	48
SANDIMMUNE SOLN 100 MG/ML.....	84
SANDOSTATIN LAR DEPOT KIT 10 MG.....	81
SANDOSTATIN LAR DEPOT KIT 20 MG.....	81
SANDOSTATIN LAR DEPOT KIT 30 MG.....	81
SANTYL OINT 250 UNIT/GM.....	95
<i>sapropterin dihydrochloride pack 100 mg</i>	86

<i>sapropterin dihydrochloride pack 500 mg</i>	86
<i>sapropterin dihydrochloride tabs 100 mg</i>	86
SARCLISA SOLN 100 MG/5ML.....	31
SARCLISA SOLN 500 MG/25ML.....	31
SCEMBLIX TABS 100 MG.....	31
SCEMBLIX TABS 20 MG.....	31
SCEMBLIX TABS 40 MG.....	31
<i>scopolamine pt72 1 mg/3days</i>	74
SECUADO PT24 3.8 MG/24HR.....	65
SECUADO PT24 5.7 MG/24HR.....	65
SECUADO PT24 7.6 MG/24HR.....	65
<i>selegiline hcl caps 5 mg</i>	55
<i>selegiline hcl tabs 5 mg</i>	56
<i>selenium sulfide lotn 2.5 %</i>	92
SELZENTRY SOLN 20 MG/ML.....	20
SELZENTRY TABS 25 MG.....	20
SELZENTRY TABS 75 MG.....	20
SENSORCAINE SOLN 0.5 %.....	86
<i>sensorcaine/epinephrine soln 0.25% -1</i> <i>200000</i>	87
<i>sensorcaine/epinephrine soln 0.5% -1</i> <i>200000</i>	87
<i>sensorcaine-mpf soln 0.25 %</i>	86
<i>sensorcaine-mpf soln 0.5 %</i>	86
<i>sensorcaine-mpf soln 0.75 %</i>	86
<i>sensorcaine-mpf/epinephrine soln 0.25% -1</i> <i>200000</i>	86
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.5% -1 200000.....	86
SEPHIENCE PACK 1000 MG.....	87
SEPHIENCE PACK 250 MG.....	87
SEREVENT DISKUS AEPB 50 MCG/ACT	37
<i>sertraline hcl caps 150 mg</i>	65
<i>sertraline hcl caps 200 mg</i>	65
<i>sertraline hcl conc 20 mg/ml</i>	65
<i>sertraline hcl tabs 100 mg</i>	65
<i>sertraline hcl tabs 25 mg</i>	65
<i>sertraline hcl tabs 50 mg</i>	65
<i>sevelamer carbonate pack 0.8 gm</i>	68
<i>sevelamer carbonate pack 2.4 gm</i>	69
<i>sevelamer carbonate tabs 800 mg</i>	69
SEYSARA TABS 100 MG.....	15
SEZABY SOLR 100 MG.....	57
SHINGRIX SUSR 50 MCG/0.5ML.....	91
SIGNIFOR LAR SRER 10 MG.....	81
SIGNIFOR LAR SRER 20 MG.....	81
SIGNIFOR LAR SRER 30 MG.....	81
SIGNIFOR LAR SRER 40 MG.....	81

SIGNIFOR LAR SRER 60 MG.....	81	<i>sodium polystyrene sulfonate powd</i>	69
SIGNIFOR SOLN 0.3 MG/ML	81	SOFOSBUVIR-VELPATASVIR TABS 400-	
SIGNIFOR SOLN 0.6 MG/ML	81	100 MG.....	20
SIGNIFOR SOLN 0.9 MG/ML	81	<i>solifenacin succinate tabs 10 mg</i>	96
SIKLOS TABS 1000 MG.....	32	<i>solifenacin succinate tabs 5 mg</i>	96
<i>sildenafil citrate susr 10 mg/ml</i>	46	SOLTAMOX SOLN 10 MG/5ML.....	32
<i>sildenafil citrate tabs 20 mg</i>	46	SOLU-CORTEF SOLR 100 MG	76
SILIQ SOSY 210 MG/1.5ML.....	95	SOLU-CORTEF SOLR 1000 MG	76
<i>silodosin caps 4 mg</i>	36	SOLU-CORTEF SOLR 250 MG	76
<i>silodosin caps 8 mg</i>	36	SOLU-CORTEF SOLR 500 MG	76
SILVER SULFADIAZINE CREA 1 %	92	SOLU-MEDROL SOLR 2 GM	76
<i>simvastatin tabs 10 mg</i>	40	SOMAVERT SOLR 10 MG.....	81
<i>simvastatin tabs 20 mg</i>	40	SOMAVERT SOLR 15 MG.....	81
<i>simvastatin tabs 40 mg</i>	40	SOMAVERT SOLR 20 MG.....	81
<i>simvastatin tabs 5 mg</i>	40	SOMAVERT SOLR 25 MG.....	81
<i>simvastatin tabs 80 mg</i>	40	SOMAVERT SOLR 30 MG.....	81
<i>sirolimus soln 1 mg/ml</i>	84	<i>sorafenib tosylate tabs 200 mg</i>	32
<i>sirolimus tabs 0.5 mg</i>	84	<i>sotalol hcl (af) tabs 120 mg</i>	41
<i>sirolimus tabs 1 mg</i>	84	<i>sotalol hcl (af) tabs 160 mg</i>	41
<i>sirolimus tabs 2 mg</i>	84	<i>sotalol hcl (af) tabs 80 mg</i>	41
SIRTURO TABS 100 MG	17	<i>sotalol hcl tabs 120 mg</i>	41
SIRTURO TABS 20 MG	17	<i>sotalol hcl tabs 160 mg</i>	41
SITAGLIPTIN TABS 100 MG.....	79	<i>sotalol hcl tabs 240 mg</i>	42
SITAGLIPTIN TABS 25 MG.....	79	<i>sotalol hcl tabs 80 mg</i>	42
SITAGLIPTIN TABS 50 MG.....	79	SOVALDI PACK 150 MG	20
SIVEXTRO TABS 200 MG	15	SOVALDI PACK 200 MG	20
SKYCLARYS CAPS 50 MG.....	87	SOVALDI TABS 200 MG	20
SKYRIZI PEN SOAJ 150 MG/ML	95	SOVALDI TABS 400 MG	20
SKYRIZI SOCT 180 MG/1.2ML	75	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	
SKYRIZI SOCT 360 MG/2.4ML	75		35
SKYRIZI SOSY 150 MG/ML	95	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	
<i>sodium bicarbonate soln 4.2 %</i>	67		35
<i>sodium bicarbonate soln 8.4 %</i>	67	<i>spironolactone tabs 100 mg</i>	45
SODIUM CHLORIDE (PF) SOLN 0.9 % ..	70	<i>spironolactone tabs 25 mg</i>	45
<i>sodium chloride intravenous soln 0.9 %</i> ...	70	<i>spironolactone tabs 50 mg</i>	45
SODIUM CHLORIDE IRRIGATION SOLN		<i>spironolactone-hctz tabs 25-25 mg</i>	45
0.9 %.....	87	<i>sprintec 28 tabs 0.25-35 mg-mcg</i>	77
SODIUM CHLORIDE SOLN 0.45 %	70	SPRITAM TB3D 1000 MG	53
SODIUM CHLORIDE SOLN 3 %	70	SPRITAM TB3D 250 MG	53
SODIUM CHLORIDE SOLN 4 MEQ/ML ..	70	SPRITAM TB3D 500 MG	53
SODIUM CHLORIDE SOLN 5 %	70	SPRITAM TB3D 750 MG	53
<i>sodium fluoride chew 0.55 (0.25 f) mg</i>	87	SSD CREA 1 %	92
<i>sodium fluoride chew 1.1 (0.5 f) mg</i>	87	STELARA SOLN 130 MG/26ML	95
<i>sodium fluoride chew 2.2 (1 f) mg</i>	87	STELARA SOLN 45 MG/0.5ML	95
SODIUM FLUORIDE SOLN 1.1 (0.5 F)		STELARA SOSY 45 MG/0.5ML	95
MG/ML	87	STELARA SOSY 90 MG/ML	95
SODIUM OXYBATE SOLN 500 MG/ML ..	58	STERILE WATER FOR IRRIGATION SOLN	
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	67		87
<i>sodium phenylbutyrate tabs 500 mg</i>	67	STIOLTO RESPIMAT AERS 2.5-2.5	
<i>sodium phosphates soln 45 mmole/15ml</i> ..	70	MCG/ACT.....	35

STIVARGA TABS 40 MG	32
STRENSIQ SOLN 18 MG/0.45ML	70
STRENSIQ SOLN 28 MG/0.7ML	70
STRENSIQ SOLN 40 MG/ML	70
STRENSIQ SOLN 80 MG/0.8ML	70
STREPTOMYCIN SULFATE SOLR 1 GM15	
STRIBILD TABS 150-150-200-300 MG ...	20
STRIVERDI RESPIMAT AERS 2.5	
MCG/ACT	37
<i>subvenite starter kit-blue kit 35 x 25 mg...</i>	53
<i>subvenite starter kit-green kit 84 x 25 mg &</i>	
<i>14x100 mg</i>	53
<i>subvenite starter kit-orange kit 42 x 25 mg &</i>	
<i>7 x 100 mg</i>	53
<i>subvenite tabs 100 mg.....</i>	53
<i>subvenite tabs 150 mg.....</i>	53
<i>subvenite tabs 200 mg.....</i>	53
<i>subvenite tabs 25 mg.....</i>	53
<i>succinylcholine chloride soln 20 mg/ml</i>	36
<i>sucralfate susp 1 gm/10ml.....</i>	74
<i>sucralfate tabs 1 gm</i>	74
<i>sulfacetamide sodium (acne) lotn 10 % ...</i>	92
SULFACETAMIDE SODIUM SOLN 10 % 71	
SULFACETAMIDE-PREDNISOLONE	
SOLN 10-0.23 %	72
<i>sulfadiazine tabs 500 mg</i>	15
<i>sulfamethoxazole-trimethoprim soln 400-80</i>	
<i>mg/5ml</i>	15
<i>sulfamethoxazole-trimethoprim susp 200-40</i>	
<i>mg/5ml</i>	15
<i>sulfamethoxazole-trimethoprim tabs 400-80</i>	
<i>mg</i>	15
<i>sulfamethoxazole-trimethoprim tabs 800-</i>	
<i>160 mg</i>	15
SULFAMYLLON CREA 85 MG/GM	92
<i>sulfasalazine tabs 500 mg</i>	15
SULFASALAZINE TBEC 500 MG.....	15
<i>sulindac tabs 150 mg.....</i>	48
<i>sulindac tabs 200 mg.....</i>	48
SUMATRIPTAN SOLN 20 MG/ACT	54
SUMATRIPTAN SOLN 5 MG/ACT	54
SUMATRIPTAN SUCCINATE REFILL	
SOCT 6 MG/0.5ML	54
<i>sumatriptan succinate soaj 6 mg/0.5ml....</i>	54
<i>sumatriptan succinate soln 6 mg/0.5ml....</i>	54
<i>sumatriptan succinate tabs 100 mg</i>	54
<i>sumatriptan succinate tabs 25 mg</i>	54
<i>sumatriptan succinate tabs 50 mg</i>	54
<i>sunitinib malate caps 12.5 mg</i>	32
<i>sunitinib malate caps 25 mg</i>	32

<i>sunitinib malate caps 37.5 mg.....</i>	32
<i>sunitinib malate caps 50 mg.....</i>	32
SUNLENCA SOLN 463.5 MG/1.5ML	20
SUNLENCA TABS 300 MG.....	20
SUNLENCA TBPK 4 x 300 MG.....	20
SUNLENCA TBPK 5 x 300 MG.....	20
SUSVIMO (IMPLANT 1ST FILL) SOLN 10	
MG/0.1ML.....	73
SUSVIMO (IMPLANT REFILL) SOLN 10	
MG/0.1ML.....	73
SYFOVRE SOLN 15 MG/0.1ML.....	73
SYLVANT SOLR 100 MG	32
SYLVANT SOLR 400 MG	32
SYMDEKO TBPK 100-150 & 150 MG.....	88
SYMDEKO TBPK 50-75 & 75 MG.....	88
SYMFI LO TABS 400-300-300 MG	20
SYMFI TABS 600-300-300 MG	20
SYMLINPEN 120 SOPN 2700 MCG/2.7ML	
.....	79
SYMLINPEN 60 SOPN 1500 MCG/1.5ML	79
SYMPAZAN FILM 10 MG	53
SYMPAZAN FILM 20 MG	53
SYMPAZAN FILM 5 MG	53
SYMTUZA TABS 800-150-200-10 MG.....	20
SYNAGIS SOLN 100 MG/ML.....	20
SYNAGIS SOLN 50 MG/0.5ML.....	20
SYNAREL SOLN 2 MG/ML	80

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TABLOID TABS 40 MG.....	32
TABRECTA TABS 150 MG	32
TABRECTA TABS 200 MG	32
<i>tacrolimus caps 0.5 mg</i>	84
<i>tacrolimus caps 1 mg</i>	84
<i>tacrolimus caps 5 mg</i>	84
<i>tacrolimus oint 0.03 %.....</i>	95
<i>tacrolimus oint 0.1 %.....</i>	95
<i>tadalafil (pah) tabs 20 mg.....</i>	46
<i>tadalafil tabs 2.5 mg</i>	46
<i>tadalafil tabs 5 mg</i>	46
TAFINLAR CAPS 50 MG	32
TAFINLAR CAPS 75 MG	32
TAFINLAR TBSO 10 MG	32
TAGRISSE TABS 40 MG	32
TAGRISSE TABS 80 MG	32
TAKHZYRO SOLN 300 MG/2ML	87
TAKHZYRO SOSY 150 MG/ML	87
TAKHZYRO SOSY 300 MG/2ML	87
TALTZ SOAJ 80 MG/ML	95
TALTZ SOSY 20 MG/0.25ML.....	95

TALTZ SOSY 40 MG/0.5ML	95	<i>teriflunomide tabs 14 mg</i>	58
TALTZ SOSY 80 MG/ML	95	<i>teriflunomide tabs 7 mg</i>	58
TALVEY SOLN 3 MG/1.5ML	32	<i>testosterone cypionate soln 100 mg/ml</i>	77
TALVEY SOLN 40 MG/ML	32	<i>testosterone cypionate soln 200 mg/ml</i>	77
TALZENNA CAPS 0.1 MG	32	TESTOSTERONE ENANTHATE SOLN 200	
TALZENNA CAPS 0.25 MG	32	MG/ML	77
TALZENNA CAPS 0.35 MG	32	<i>testosterone gel 12.5 mg/act (1%)</i>	77
TALZENNA CAPS 0.5 MG	32	<i>testosterone gel 20.25 mg/act (1.62%)</i>	77
TALZENNA CAPS 0.75 MG	32	<i>testosterone gel 25 mg/2.5gm (1%)</i>	77
TALZENNA CAPS 1 MG	32	<i>testosterone gel 50 mg/5gm (1%)</i>	77
<i>tamoxifen citrate tabs 10 mg</i>	32	<i>tetrabenazine tabs 12.5 mg</i>	58
<i>tamoxifen citrate tabs 20 mg</i>	32	<i>tetrabenazine tabs 25 mg</i>	58
<i>tamsulosin hcl caps 0.4 mg</i>	36	<i>tetracaine hcl soln 0.5 %</i>	73
<i>tasimelteon caps 20 mg</i>	57	<i>tetracycline hcl caps 250 mg</i>	15
TAVALISSE TABS 100 MG	39	<i>tetracycline hcl caps 500 mg</i>	15
TAVALISSE TABS 150 MG	39	TEVIMBRA SOLN 100 MG/10ML	32
TAVNEOS CAPS 10 MG	87	TEZSPIRE SOAJ 210 MG/1.91ML	89
<i>tazarotene crea 0.1 %</i>	95	TEZSPIRE SOSY 210 MG/1.91ML	89
<i>tazarotene gel 0.05 %</i>	95	THALOMID CAPS 100 MG	32
<i>tazarotene gel 0.1 %</i>	96	THALOMID CAPS 150 MG	32
<i>tazicef solr 1 gm</i>	15	THALOMID CAPS 200 MG	32
<i>tazicef solr 2 gm</i>	15	THALOMID CAPS 50 MG	32
TAZICEF SOLR 6 GM	15	THEO-24 CP24 300 MG	96
TAZORAC CREA 0.05 %	96	<i>theophylline elix 80 mg/15ml</i>	96
TAZVERIK TABS 200 MG	32	THEOPHYLLINE ER TB12 100 MG	96
TDVAX SUSP 2-2 LF/0.5ML	90	THEOPHYLLINE ER TB12 200 MG	96
TECENTRIQ HYBREZA SOLN 1875-30000		<i>theophylline er tb12 300 mg</i>	96
MG-UT/15ML	32	<i>theophylline er tb12 450 mg</i>	96
TECENTRIQ SOLN 1200 MG/20ML	32	<i>theophylline er tb24 400 mg</i>	96
TECENTRIQ SOLN 840 MG/14ML	32	<i>theophylline er tb24 600 mg</i>	96
TECVAYLI SOLN 153 MG/1.7ML	32	<i>theophylline soln 80 mg/15ml</i>	96
TECVAYLI SOLN 30 MG/3ML	32	THIOLA TABS 100 MG	87
TEFLARO SOLR 600 MG	15	<i>thioridazine hcl tabs 10 mg</i>	65
<i>temazepam caps 15 mg</i>	57	<i>thioridazine hcl tabs 100 mg</i>	65
<i>temazepam caps 30 mg</i>	57	<i>thioridazine hcl tabs 25 mg</i>	65
<i>temazepam caps 7.5 mg</i>	57	<i>thioridazine hcl tabs 50 mg</i>	66
<i>temsirolimus soln 25 mg/ml</i>	32	<i>thiotepa solr 100 mg</i>	32
TENIVAC INJ 5-2 LFU	90	<i>thiotepa solr 15 mg</i>	32
<i>tenofovir disoproxil fumarate tabs 300 mg</i> 20		<i>thiothixene caps 1 mg</i>	66
TEPMETKO TABS 225 MG	32	<i>thiothixene caps 10 mg</i>	66
<i>terazosin hcl caps 1 mg</i>	40	<i>thiothixene caps 2 mg</i>	66
<i>terazosin hcl caps 10 mg</i>	40	<i>thiothixene caps 5 mg</i>	66
<i>terazosin hcl caps 2 mg</i>	40	THYROGEN SOLR 0.9 MG	87
<i>terazosin hcl caps 5 mg</i>	40	TIAGABINE HCL TABS 12 MG	53
<i>terbinafine hcl tabs 250 mg</i>	16	TIAGABINE HCL TABS 16 MG	53
<i>terbutaline sulfate soln 1 mg/ml</i>	37	<i>tiagabine hcl tabs 2 mg</i>	53
<i>terbutaline sulfate tabs 2.5 mg</i>	37	<i>tiagabine hcl tabs 4 mg</i>	53
<i>terbutaline sulfate tabs 5 mg</i>	37	TIBSOVO TABS 250 MG	32
<i>terconazole crea 0.4 %</i>	92	<i>ticagrelor tabs 60 mg</i>	38
<i>terconazole supp 80 mg</i>	92	<i>ticagrelor tabs 90 mg</i>	38

TICOVAC SUSY 1.2 MCG/0.25ML.....	91	TRACLEER TBSO 32 MG.....	89
TICOVAC SUSY 2.4 MCG/0.5ML.....	91	TRAMADOL HCL SOLN 5 MG/ML.....	48
<i>tigecycline solr 50 mg</i>	15	<i>tramadol hcl tabs 50 mg</i>	48
<i>timolol maleate soln 0.25 %</i>	72	<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	48
<i>timolol maleate soln 0.5 %</i>	72	<i>tranexamic acid soln 1000 mg/10ml</i>	38
<i>timolol maleate tabs 10 mg</i>	42	<i>tranexamic acid tabs 650 mg</i>	38
<i>tinidazole tabs 250 mg</i>	17	<i>tranylcypromine sulfate tabs 10 mg</i>	66
<i>tiopronin tabs 100 mg</i>	87	TRAVASOL SOLN 10 %.....	68
<i>tiopronin tbec 100 mg</i>	87	<i>travoprost (bak free) soln 0.004 %</i>	72
<i>tiopronin tbec 300 mg</i>	87	TRAZIMERA SOLR 150 MG.....	33
TIVDAK SOLR 40 MG.....	32	TRAZIMERA SOLR 420 MG.....	33
TIVICAY PD TBSO 5 MG.....	20	<i>trazodone hcl tabs 100 mg</i>	66
TIVICAY TABS 10 MG.....	20	<i>trazodone hcl tabs 150 mg</i>	66
TIVICAY TABS 25 MG.....	20	<i>trazodone hcl tabs 300 mg</i>	66
TIVICAY TABS 50 MG.....	20	<i>trazodone hcl tabs 50 mg</i>	66
<i>tizanidine hcl tabs 2 mg</i>	36	TRECTOR TABS 250 MG.....	17
<i>tizanidine hcl tabs 4 mg</i>	36	TRELEGY ELLIPTA AEPB 200-62.5-25 MCG/ACT.....	89
TOBI PODHALER CAPS 28 MG.....	88	TRELSTAR MIXJECT SUSR 11.25 MG.....	33
TOBRADEX OINT 0.3-0.1 %.....	72	TRELSTAR MIXJECT SUSR 22.5 MG.....	33
<i>tobramycin nebu 300 mg/5ml</i>	88	TRELSTAR MIXJECT SUSR 3.75 MG.....	33
<i>tobramycin soln 0.3 %</i>	71	TREMFYA CROHNS INDUCTION SOAJ 200 MG/2ML.....	96
TOBRAMYCIN SULFATE SOLN 10 MG/ML	15	TREMFYA ONE-PRESS SOAJ 100 MG/ML	96
<i>tobramycin sulfate soln 80 mg/2ml</i>	15	TREMFYA PEN SOAJ 200 MG/2ML.....	96
<i>tobramycin-dexamethasone susp 0.3-0.1 %</i>	72	TREMFYA SOLN 200 MG/20ML.....	96
TOBREX OINT 0.3 %.....	71	TREMFYA SOSY 100 MG/ML.....	96
<i>tolcapone tabs 100 mg</i>	56	TREMFYA SOSY 200 MG/2ML.....	96
<i>tolterodine tartrate tabs 1 mg</i>	96	<i>treprostinil soln 100 mg/20ml</i>	89
<i>tolterodine tartrate tabs 2 mg</i>	96	<i>treprostinil soln 20 mg/20ml</i>	89
<i>tolvaptan tabs 15 mg</i>	68	<i>treprostinil soln 200 mg/20ml</i>	89
<i>tolvaptan tabs 30 mg</i>	68	<i>treprostinil soln 50 mg/20ml</i>	89
<i>topiramate csp 15 mg</i>	53	<i>tretinoin caps 10 mg</i>	33
<i>topiramate csp 25 mg</i>	53	<i>tretinoin crea 0.025 %</i>	94
<i>topiramate soln 25 mg/ml</i>	53	<i>tretinoin crea 0.05 %</i>	94
<i>topiramate tabs 100 mg</i>	53	<i>tretinoin crea 0.1 %</i>	94
<i>topiramate tabs 200 mg</i>	53	<i>tretinoin gel 0.01 %</i>	94
<i>topiramate tabs 25 mg</i>	53	<i>tretinoin gel 0.025 %</i>	94
<i>topiramate tabs 50 mg</i>	53	TREXALL TABS 10 MG.....	33
<i>topotecan hcl soln 4 mg/4ml</i>	32	TREXALL TABS 15 MG.....	33
<i>topotecan hcl solr 4 mg</i>	32	TREXALL TABS 5 MG.....	33
<i>toremifene citrate tabs 60 mg</i>	32	TREXALL TABS 7.5 MG.....	33
<i>torpenz tabs 10 mg</i>	33	<i>triamcinolone acetanide aers 0.147 mg/gm</i>	94
<i>torpenz tabs 2.5 mg</i>	33	<i>triamcinolone acetanide crea 0.025 %</i>	94
<i>torpenz tabs 5 mg</i>	33	<i>triamcinolone acetanide crea 0.1 %</i>	94
<i>torpenz tabs 7.5 mg</i>	33	<i>triamcinolone acetanide crea 0.5 %</i>	94
<i>torsemide tabs 10 mg</i>	68	<i>triamcinolone acetanide lotn 0.025 %</i>	94
<i>torsemide tabs 100 mg</i>	68		
<i>torsemide tabs 20 mg</i>	68		
<i>torsemide tabs 5 mg</i>	68		

<i>triamcinolone acetonide lotn 0.1 %</i>	94
<i>triamcinolone acetonide oint 0.025 %</i>	94
<i>triamcinolone acetonide oint 0.1 %</i>	94
<i>triamcinolone acetonide oint 0.5 %</i>	94
<i>triamcinolone acetonide pste 0.1 %</i>	94
<i>triamcinolone acetonide susp 40 mg/ml</i> ...	76
TRIAMTERENE CAPS 100 MG.....	68
TRIAMTERENE CAPS 50 MG.....	68
<i>triamterene-hctz caps 37.5-25 mg</i>	68
<i>triamterene-hctz tabs 37.5-25 mg</i>	68
<i>triamterene-hctz tabs 75-50 mg</i>	68
<i>triazolam tabs 0.125 mg</i>	57
<i>triazolam tabs 0.25 mg</i>	57
<i>tricitrates soln 550-500-334 mg/5ml</i>	67
<i>trientine hcl caps 250 mg</i>	75
TRIENTINE HCL CAPS 500 MG.....	75
<i>trifluoperazine hcl tabs 1 mg</i>	66
<i>trifluoperazine hcl tabs 10 mg</i>	66
<i>trifluoperazine hcl tabs 2 mg</i>	66
<i>trifluoperazine hcl tabs 5 mg</i>	66
TRIFLURIDINE SOLN 1 %.....	71
TRIHEXYPHENIDYL HCL SOLN 0.4 MG/ML.....	56
<i>trihexyphenidyl hcl tabs 2 mg</i>	56
<i>trihexyphenidyl hcl tabs 5 mg</i>	56
TRIKAFTA TBPK 100-50-75 & 150 MG...88	
TRIKAFTA TBPK 50-25-37.5 & 75 MG...88	
TRIKAFTA THPK 100-50-75 & 75 MG....88	
TRIKAFTA THPK 80-40-60 & 59.5 MG...88	
<i>tri-lo-sprintec tabs 0.18/0.215/0.25 mg-25 mcg</i>	77
<i>trimethoprim tabs 100 mg</i>	21
<i>trimipramine maleate caps 100 mg</i>	66
<i>trimipramine maleate caps 25 mg</i>	66
<i>trimipramine maleate caps 50 mg</i>	66
TRINTELLIX TABS 10 MG.....	66
TRINTELLIX TABS 20 MG.....	66
TRINTELLIX TABS 5 MG.....	66
<i>tri-sprintec tabs 0.18/0.215/0.25 mg-35 mcg</i>	77
TRIUMEQ PD TBSO 60-5-30 MG.....	20
TRIUMEQ TABS 600-50-300 MG.....	20
<i>trivora (28) tabs 50-30/75-40/ 125-30 mcg</i>	77
TRODELVY SOLR 180 MG.....	33
TROPHAMINE SOLN 10 %.....	68
<i>tropium chloride tabs 20 mg</i>	96
TRULANCE TABS 3 MG.....	75
TRUMENBA SUSY 0.5 ML.....	91
TRUQAP TABS 160 MG.....	33

TRUQAP TABS 200 MG.....	33
TRUQAP TBPK 160 MG.....	33
TRUQAP TBPK 200 MG.....	33
TRYNGOLZA SOAJ 80 MG/0.8ML.....	40
TUKYSA TABS 150 MG.....	33
TUKYSA TABS 50 MG.....	33
TURALIO CAPS 125 MG.....	33
TWINRIX SUSY 720-20 ELU-MCG/ML....	91
TYBOST TABS 150 MG.....	20
TYENNE SOAJ 162 MG/0.9ML.....	83
TYENNE SOLN 200 MG/10ML.....	83
TYENNE SOLN 400 MG/20ML.....	83
TYENNE SOLN 80 MG/4ML.....	83
TYENNE SOSY 162 MG/0.9ML.....	83
TYPHIM VI SOLN 25 MCG/0.5ML.....	91
TYPHIM VI SOSY 25 MCG/0.5ML.....	91
TYVASO DPI MAINTENANCE KIT POWD 16 MCG.....	89
TYVASO DPI MAINTENANCE KIT POWD 32 MCG.....	89
TYVASO DPI MAINTENANCE KIT POWD 48 MCG.....	89
TYVASO DPI MAINTENANCE KIT POWD 64 MCG.....	89
TYVASO DPI TITRATION KIT POWD 16 & 32 & 48 MCG.....	89
TYVASO REFILL KIT SOLN 0.6 MG/ML.....	89
TYVASO STARTER KIT SOLN 0.6 MG/ML	89

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UBRELVY TABS 100 MG.....	54
UBRELVY TABS 50 MG.....	54
ULTOMIRIS SOLN 1100 MG/11ML.....	87
ULTOMIRIS SOLN 300 MG/3ML.....	87
UNITUXIN SOLN 17.5 MG/5ML.....	33
UPTRAVI SOLR 1800 MCG.....	89
UPTRAVI TABS 1000 MCG.....	89
UPTRAVI TABS 1200 MCG.....	89
UPTRAVI TABS 1400 MCG.....	89
UPTRAVI TABS 1600 MCG.....	89
UPTRAVI TABS 200 MCG.....	90
UPTRAVI TABS 400 MCG.....	90
UPTRAVI TABS 600 MCG.....	90
UPTRAVI TABS 800 MCG.....	90
UPTRAVI TITRATION TBPK 200 & 800 MCG.....	90
<i>ursodiol caps 300 mg</i>	75
<i>ursodiol tabs 250 mg</i>	75
<i>ursodiol tabs 500 mg</i>	75

USTEKINUMAB SOLN 45 MG/0.5ML	96
USTEKINUMAB SOSY 45 MG/0.5ML	96
USTEKINUMAB SOSY 90 MG/ML	96
UZEDY SUSY 100 MG/0.28ML	66
UZEDY SUSY 125 MG/0.35ML	66
UZEDY SUSY 150 MG/0.42ML	66
UZEDY SUSY 200 MG/0.56ML	66
UZEDY SUSY 250 MG/0.7ML	66
UZEDY SUSY 50 MG/0.14ML	66
UZEDY SUSY 75 MG/0.21ML	66

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VABRINTY KIT 22.5 MG	33
VABRINTY KIT 45 MG	33
VABYSMO SOLN 6 MG/0.05ML.....	73
VABYSMO SOSY 6 MG/0.05ML	73
<i>valacyclovir hcl tabs 1 gm</i>	20
<i>valacyclovir hcl tabs 500 mg</i>	20
VALCHLOR GEL 0.016 %	96
<i>valganciclovir hcl solr 50 mg/ml</i>	20
<i>valganciclovir hcl tabs 450 mg</i>	20
<i>valproate sodium soln 100 mg/ml</i>	53
<i>valproic acid caps 250 mg</i>	53
<i>valproic acid soln 250 mg/5ml</i>	53
<i>valrubicin soln 40 mg/ml</i>	33
<i>valsartan tabs 160 mg</i>	45
<i>valsartan tabs 320 mg</i>	45
<i>valsartan tabs 40 mg</i>	45
<i>valsartan tabs 80 mg</i>	45
<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg</i>	45
<i>valsartan-hydrochlorothiazide tabs 160-25 mg</i>	45
<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg</i>	45
<i>valsartan-hydrochlorothiazide tabs 320-25 mg</i>	45
<i>valsartan-hydrochlorothiazide tabs 80-12.5 mg</i>	45
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML	53
VALTOCO 15 MG DOSE LQPK 2 x 7.5 MG/0.1ML	53
VALTOCO 20 MG DOSE LQPK 2 x 10 MG/0.1ML	53
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML	53
<i>vancomycin hcl caps 125 mg</i>	15
<i>vancomycin hcl caps 250 mg</i>	15
<i>vancomycin hcl solr 1 gm</i>	15

<i>vancomycin hcl solr 10 gm</i>	15
<i>vancomycin hcl solr 250 mg/5ml</i>	15
<i>vancomycin hcl solr 5 gm</i>	15
<i>vancomycin hcl solr 500 mg</i>	15
VANFLYTA TABS 17.7 MG.....	33
VANFLYTA TABS 26.5 MG.....	33
VAQTA SUSP 25 UNIT/0.5ML.....	91
VAQTA SUSP 50 UNIT/ML.....	91
<i>varenicline tartrate (starter) tbpk 0.5 mg x 11 & 1 mg x 42</i>	35
<i>varenicline tartrate tabs 0.5 mg</i>	35
<i>varenicline tartrate tabs 1 mg</i>	35
VARIVAX SUSR 1350 PFU/0.5ML.....	91
VAXCHORA SUSR.....	91
VEGZELMA SOLN 100 MG/4ML	33
VEGZELMA SOLN 400 MG/16ML	33
VEKLURY SOLR 100 MG	20
VELPHORO CHEW 500 MG.....	69
VELSIPITY TABS 2 MG.....	75
VEMLIDY TABS 25 MG	20
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG	33
VENCLEXTA TABS 10 MG.....	33
VENCLEXTA TABS 100 MG.....	33
VENCLEXTA TABS 50 MG.....	33
VENLAFAXINE BESYLATE ER TB24 112.5 MG	66
<i>venlafaxine hcl er cp24 150 mg</i>	66
<i>venlafaxine hcl er cp24 37.5 mg</i>	66
<i>venlafaxine hcl er cp24 75 mg</i>	66
<i>venlafaxine hcl er tb24 150 mg</i>	66
<i>venlafaxine hcl er tb24 225 mg</i>	66
<i>venlafaxine hcl er tb24 37.5 mg</i>	66
<i>venlafaxine hcl er tb24 75 mg</i>	66
<i>venlafaxine hcl tabs 100 mg</i>	66
<i>venlafaxine hcl tabs 25 mg</i>	66
<i>venlafaxine hcl tabs 37.5 mg</i>	66
<i>venlafaxine hcl tabs 50 mg</i>	66
<i>venlafaxine hcl tabs 75 mg</i>	66
<i>venxxiva tbec 100 mg</i>	87
<i>venxxiva tbec 300 mg</i>	87
<i>verapamil hcl er tbcr 120 mg</i>	42
<i>verapamil hcl er tbcr 180 mg</i>	43
<i>verapamil hcl er tbcr 240 mg</i>	43
<i>verapamil hcl soln 2.5 mg/ml</i>	43
<i>verapamil hcl tabs 120 mg</i>	43
<i>verapamil hcl tabs 40 mg</i>	43
<i>verapamil hcl tabs 80 mg</i>	43
VERKAZIA EMUL 0.1 %	72
VERQUVO TABS 10 MG	46

VERSACLOZ SUSP 50 MG/ML.....	66
VERZENIO TABS 100 MG	33
VERZENIO TABS 150 MG	33
VERZENIO TABS 200 MG	33
VERZENIO TABS 50 MG	33
VIBERZI TABS 100 MG.....	75
VIBERZI TABS 75 MG.....	75
<i>vigabatrin pack 500 mg</i>	53
<i>vigabatrin tabs 500 mg</i>	53
<i>vigadrone tabs 500 mg</i>	54
VIGAFYDE SOLN 100 MG/ML	54
VIJOICE PACK 50 MG	87
VIJOICE TBPK 125 MG.....	87
VIJOICE TBPK 50 MG.....	87
<i>vilazodone hcl tabs 10 mg</i>	66
<i>vilazodone hcl tabs 20 mg</i>	66
<i>vilazodone hcl tabs 40 mg</i>	66
VIMIZIM SOLN 5 MG/5ML.....	70
VIMKUNYA SUSY 40 MCG/0.8ML	91
VINBLASTINE SULFATE SOLN 1 MG/ML	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
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.....	59
VIVOTIF CPDR	91
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	34
VORAXAZE SOLR 1000 UNIT	82
<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	87
VPRIV SOLR 400 UNIT	71
VRAYLAR CAPS 1.5 MG	66
VRAYLAR CAPS 3 MG	66
VRAYLAR CAPS 4.5 MG	66
VRAYLAR CAPS 6 MG.....	66
VTAMA CREA 1 %.....	96
VUMERITY CPDR 231 MG.....	87
VYKAT XR TB24 150 MG	50
VYKAT XR TB24 25 MG	50
VYKAT XR TB24 75 MG	50
VYLOY SOLR 100 MG.....	34
VYNDAMAX CAPS 61 MG.....	44
VYNDAQEL CAPS 20 MG	44
VYVGART HYTRULO SOLN 180-2000 MG-UNIT/ML	87
VYVGART HYTRULO SOSY 1000-10000 MG-UNT/5ML	87
VYVGART SOLN 400 MG/20ML.....	87
VYXEOS SUSR 44-100 MG.....	34

W

WAKIX TABS 17.8 MG	50
WAKIX TABS 4.45 MG	50
<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.....	87
WELIREG TABS 40 MG	34
WINREVAIR KIT 2 x 45 MG.....	89
WINREVAIR KIT 2 x 60 MG.....	89
WINREVAIR KIT 45 MG	89
WINREVAIR KIT 60 MG	89
<i>wixela inhub aepb 100-50 mcg/act</i>	89
<i>wixela inhub aepb 250-50 mcg/act</i>	89
<i>wixela inhub aepb 500-50 mcg/act</i>	89
WYOST SOLN 120 MG/1.7ML.....	82

X

XALKORI CAPS 200 MG	34
XALKORI CAPS 250 MG	34
XALKORI CPSP 150 MG	34

XALKORI CPSP 20 MG.....	34
XALKORI CPSP 50 MG.....	34
XARELTO STARTER PACK TBPK 15 & 20 MG	38
XARELTO TABS 10 MG.....	38
XARELTO TABS 15 MG.....	38
XARELTO TABS 2.5 MG.....	38
XARELTO TABS 20 MG.....	38
XATMEP SOLN 2.5 MG/ML	34
XCOPRI (250 MG DAILY DOSE) TBPK 100 & 150 MG.....	54
XCOPRI (350 MG DAILY DOSE) TBPK 150 & 200 MG.....	54
XCOPRI TABS 100 MG.....	54
XCOPRI TABS 150 MG.....	54
XCOPRI TABS 200 MG.....	54
XCOPRI TABS 25 MG.....	54
XCOPRI TABS 50 MG.....	54
XCOPRI TBPK 14 x 12.5 MG & 14 X 25 MG	54
XCOPRI TBPK 14 x 150 MG & 14 X200 MG	54
XCOPRI TBPK 14 x 50 MG & 14 X100 MG	54
XDEMVY SOLN 0.25 %.....	71
XELJANZ SOLN 1 MG/ML	83
XELJANZ TABS 10 MG.....	83
XELJANZ TABS 5 MG.....	83
XELJANZ XR TB24 11 MG.....	83
XELJANZ XR TB24 22 MG.....	83
XENPOZYME SOLR 20 MG.....	71
XENPOZYME SOLR 4 MG.....	71
XEOMIN SOLR 200 UNIT	87
XERMELO TABS 250 MG	73
XIFAXAN TABS 200 MG	15
XIFAXAN TABS 550 MG	15
XOLAIR SOAJ 150 MG/ML	89
XOLAIR SOAJ 300 MG/2ML.....	89
XOLAIR SOAJ 75 MG/0.5ML.....	89
XOLAIR SOLR 150 MG	89
XOLAIR SOSY 150 MG/ML.....	89
XOLAIR SOSY 300 MG/2ML.....	89
XOLAIR SOSY 75 MG/0.5ML	89
XOSPATA TABS 40 MG.....	34
XPHOZAH TABS 20 MG	69
XPHOZAH TABS 30 MG	69
XPOVIO (100 MG ONCE WEEKLY) TBPK 50 MG	34
XPOVIO (40 MG ONCE WEEKLY) TBPK 10 MG	34

XPOVIO (40 MG ONCE WEEKLY) TBPK 40 MG.....	34
XPOVIO (40 MG TWICE WEEKLY) TBPK 40 MG.....	34
XPOVIO (60 MG ONCE WEEKLY) TBPK 60 MG.....	34
XPOVIO (60 MG TWICE WEEKLY) TBPK 20 MG.....	34
XPOVIO (80 MG ONCE WEEKLY) TBPK 40 MG.....	34
XPOVIO (80 MG TWICE WEEKLY) TBPK 20 MG.....	34
XROMI SOLN 100 MG/ML	34
XTANDI CAPS 40 MG	34
XTANDI TABS 40 MG.....	34
XTANDI TABS 80 MG.....	34
<i>xulane ptwk 150-35 mcg/24hr</i>	<i>77</i>

Y

<i>yargesa caps 100 mg</i>	<i>71</i>
YERVOY SOLN 200 MG/40ML.....	34
YERVOY SOLN 50 MG/10ML.....	34
YESINTEK SOLN 130 MG/26ML	96
YESINTEK SOLN 45 MG/0.5ML	96
YESINTEK SOSY 45 MG/0.5ML.....	96
YESINTEK SOSY 90 MG/ML.....	96
YF-VAX INJ.....	91
YONDELIS SOLR 1 MG	34
YONSA TABS 125 MG	34
YUPELRI SOLN 175 MCG/3ML.....	35
YUTREPIA CAPS 106 MCG	90
YUTREPIA CAPS 26.5 MCG	90
YUTREPIA CAPS 53 MCG	90
YUTREPIA CAPS 79.5 MCG	90
<i>yuvafer tabs 10 mcg</i>	<i>80</i>

Z

<i>zaleplon caps 10 mg</i>	<i>57</i>
<i>zaleplon caps 5 mg</i>	<i>57</i>
ZALTRAP SOLN 100 MG/4ML.....	34
ZALTRAP SOLN 200 MG/8ML.....	34
ZARXIO SOSY 300 MCG/0.5ML.....	39
ZARXIO SOSY 480 MCG/0.8ML.....	39
ZAVZPRET SOLN 10 MG/ACT	54
ZEJULA TABS 100 MG.....	34
ZEJULA TABS 200 MG.....	34
ZEJULA TABS 300 MG.....	34
ZELAPAR TBP 1.25 MG.....	56
ZELBORAF TABS 240 MG	34

ZELSUVMI GEL 10.3 %	92	<i>zoledronic acid soln 5 mg/100ml</i>	82
ZENPEP CPEP 10000-32000 UNIT	71	ZOLINZA CAPS 100 MG	34
ZENPEP CPEP 15000-47000 UNIT	71	<i>zolmitriptan tabs 2.5 mg</i>	54
ZENPEP CPEP 20000-63000 UNIT	71	<i>zolmitriptan tabs 5 mg</i>	54
ZENPEP CPEP 25000-79000 UNIT	71	<i>zolmitriptan tbdp 2.5 mg</i>	54
ZENPEP CPEP 3000-10000 UNIT	71	<i>zolmitriptan tbdp 5 mg</i>	54
ZENPEP CPEP 40000-126000 UNIT	71	<i>zolpidem tartrate tabs 10 mg</i>	57
ZENPEP CPEP 5000-24000 UNIT	71	<i>zolpidem tartrate tabs 5 mg</i>	57
ZENPEP CPEP 60000-189600 UNIT	71	ZONISADE SUSP 100 MG/5ML	54
ZEPZELCA SOLR 4 MG	34	<i>zonisamide caps 100 mg</i>	54
ZERBAXA SOLR 1.5 (1-0.5) GM	15	<i>zonisamide caps 25 mg</i>	54
<i>zidovudine caps 100 mg</i>	20	<i>zonisamide caps 50 mg</i>	54
<i>zidovudine syrp 50 mg/5ml</i>	20	ZTALMY SUSP 50 MG/ML	54
<i>zidovudine tabs 300 mg</i>	20	ZURZUVAE CAPS 20 MG	67
ZIIHERA SOLR 300 MG	34	ZURZUVAE CAPS 25 MG	67
<i>zileuton er tb12 600 mg</i>	88	ZURZUVAE CAPS 30 MG	67
<i>ziprasidone hcl caps 20 mg</i>	66	ZYDELIG TABS 100 MG	34
<i>ziprasidone hcl caps 40 mg</i>	67	ZYDELIG TABS 150 MG	34
<i>ziprasidone hcl caps 60 mg</i>	67	ZYKADIA TABS 150 MG	34
<i>ziprasidone hcl caps 80 mg</i>	67	ZYMFENTRA (2 PEN) AJKT 120 MG/ML	83
<i>ziprasidone mesylate solr 20 mg</i>	67	ZYMFENTRA (2 SYRINGE) PSKT 120 MG/ML	83
ZIRABEV SOLN 100 MG/4ML	34	ZYNLONTA SOLR 10 MG	34
ZIRABEV SOLN 400 MG/16ML	34	ZYNYZ SOLN 500 MG/20ML	34
<i>zoledronic acid conc 4 mg/5ml</i>	82	ZYPREXA RELPREVV SUSR 210 MG	67
ZOLEDRONIC ACID SOLN 4 MG/100ML	82		

Nondiscrimination Notice

In this document, “we”, “us”, or “our” means Kaiser Permanente (Kaiser Foundation Health Plan, Inc, Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Medical Group). This notice is available on our website at **kp.org**.

Discrimination is against the law. We follow state and federal civil rights laws.

We do not discriminate, exclude people, or treat them differently because of age, race, ethnic group identification, color, national origin, cultural background, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, medical condition, source of payment, genetic information, citizenship, primary language, or immigration status.

Kaiser Permanente provides the following services:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
 - ◆ Qualified sign language interpreters
 - ◆ Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- 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 our Member Services department at the numbers below. The call is free. Member services is closed on major holidays.

- Medicare, including D-SNP: **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week.
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 hours a day, 7 days a week.
- All others: **1-800-464-4000 (TTY 711)**, 24 hours a day, 7 days a week.

Upon request, this document can be made available to you in braille, large print, audio, or electronic formats. To obtain a copy in one of these alternative formats, or another format, call our Member Services department and ask for the format you need.

How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with us if you believe we have failed to provide these services or unlawfully discriminated in another way. You can file a grievance by phone, by mail, in person, or online. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You can call Member Services for more information on the options that apply to you, or for help filing a grievance. You may file a discrimination grievance in the following ways:

- **By phone:** Call our Member Services department. Phone numbers are listed above.
- **By mail:** Download a form at **kp.org** or call Member Services and ask them to send you a form that you can send back.
- **In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at **kp.org/facilities** for addresses)

- **Online:** Use the online form on our website at **kp.org**

You may also contact the Kaiser Permanente Civil Rights Coordinator directly at the addresses below:

Attn: Kaiser Permanente Civil Rights Coordinator
 Member Relations Grievance Operations
 P.O. Box 939001
 San Diego CA 92193

How to file a grievance with the California Department of Health Care Services Office of Civil Rights *(For Medi-Cal Beneficiaries Only)*

You can also file a civil rights complaint with the California Department of Health Care Services Office of Civil Rights in writing, by phone or by email:

- **By phone:** Call DHCS Office of Civil Rights at **916-440-7370** (TTY **711**)
- **By mail:** Fill out a complaint form or send a letter to:

Office of Civil Rights
 Department of Health Care Services
 P.O. Box 997413, MS 0009
 Sacramento, CA 95899-7413

California Department of Health Care Services Office of Civil Rights Complaint forms are available at: http://www.dhcs.ca.gov/Pages/Language_Access.aspx

- **Online:** Send an email to CivilRights@dhcs.ca.gov

How to file a grievance with the U.S. Department of Health and Human Services Office of Civil Rights

You can file a discrimination complaint with the U.S. Department of Health and Human Services Office of Civil Rights. You can file your complaint in writing, by phone, or online:

- **By phone:** Call **1-800-368-1019** (TTY **711** or **1-800-537-7697**)
- **By mail:** Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201

U.S. Department of Health and Human Services Office of Civil Rights Complaint forms are available at: <https://www.hhs.gov/ocr/office/file/index.html>

- **Online:** Visit the **Office of Civil Rights Complaint Portal** at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Notice of Language Assistance

English: ATTENTION. Language assistance is available at no cost to you. You can ask for interpreter services, including sign language interpreters. You can ask for materials translated into your language or alternative formats, such as braille, audio, or large print. You can also request auxiliary aids and devices at our facilities. Call our Member Services department for help. Member services is closed on major holidays.

- Medicare, including D-SNP: **1-800-443-0815** (TTY 711), 8 a.m. to 8 p.m., 7 days a week
- Medi-Cal: **1-855-839-7613** (TTY 711), 24 hours a day, 7 days a week
- All others: **1-800-464-4000** (TTY 711), 24 hours a day, 7 days a week

Arabic: تنبيه. المساعدة اللغوية متوفرة بدون تكلفة عليك. يمكنك طلب خدمات الترجمة، بما في ذلك مترجمي لغة الإشارة. يمكنك طلب وثائق مترجمة بلغتك أو بصيغ بديلة مثل طريقة برايل للمكفوفين أو ملف صوتي أو الطباعة بأحرف كبيرة. يمكنك أيضاً طلب وسائل مساعدة وأجهزة مساعدة في مرافقنا. اتصل مع قسم خدمات الأعضاء لدينا للحصول على المساعدة. لا تعمل خدمات الأعضاء في العطلات الرئيسية.

- Medicare، بما في ذلك D-SNP على: **1-800-443-0815** (TTY 711)، 8 صباحاً إلى 8 مساءً، 7 أيام في الأسبوع
- Medi-Cal: على **1-855-839-7613** (TTY 711)، 24 ساعة في اليوم، 7 أيام في الأسبوع
- الآخرين جميعاً: **1-800-464-4000** (TTY 711)، 24 ساعة في اليوم، 7 أيام في الأسبوع

Armenian: ՌԻՇՍԱԴՐՈՒԹՅՈՒՆ: Լեզվական աջակցությունը հասանելի է ձեզ անվճար: Դուք կարող եք խնդրել բանավոր թարգմանության ծառայություններ, այդ թվում՝ ժեստերի լեզվի թարգմանիչներ: Դուք կարող եք խնդրել ձեր լեզվով թարգմանված նյութեր կամ այլընտրանքային ձևաչափեր, ինչպիսիք են՝ բրայլը, ձայնագրությունը կամ խոշոր տառատեսակը: Դուք կարող եք նաև դիմել օժանդակ աջակցության և սարքերի համար, որոնք առկա են մեր հաստատություններում: Օգնության համար զանգահարեք մեր Անդամների սպասարկման բաժին: Անդամների սպասարկման բաժինը փակ է հիմնական տոն օրերին:

- Medicare, ներառյալ D-SNP` 1-800-443-0815 (TTY 711), 8 a.m.-ից 8 p.m.-ը, շաբաթը 7 օր
- Medi-Cal` 1-855-839-7613 (TTY 711), օրը 24 ժամ, շաբաթը 7 օր
- Մյուս բոլորը` 1-800-464-4000 (TTY 711), օրը 24 ժամ, շաբաթը 7 օր

Chinese: 请注意，我们有免费语言协助。您可以要求我们提供口译服务，包括手语翻译员。您可以要求将资料翻译成您所使用的语言或其他格式的版本，如盲文、音频或大字版。您还可以要求使用我们设施中的语言辅助工具和设备。请联系会员服务部以获取帮助。重要节假日期间会员服务不开放。

- Medicare, 包括 D-SNP : 1-800-443-0815 (TTY 711), 每周 7 天, 上午 8 点至晚上 8 点
- Medi-Cal : 1-855-839-7613 (TTY 711), 每周 7 天, 每天 24 小时
- 所有其他保险计划: 1-800-757-7585 (TTY 711), 每周 7 天, 每天 24 小时

Farsi: توجه. امکان بهره‌مندی از مساعدت زبانی به طور رایگان برای شما وجود دارد. می‌توانید خدمات ترجمه شفاهی را درخواست کنید، از جمله مترجمان زبان اشاره. همچنین می‌توانید مطالب ترجمه‌شده به زبان خودتان یا در قالب‌های جایگزین را درخواست کنید، از جمله خط بریل، فایل صوتی، یا چاپ با حروف درشت. همچنین می‌توانید امکانات و دستگاه‌های کمکی را از مراکز ما درخواست کنید. برای دریافت کمک، با خدمات اعضای ما تماس بگیرید. خدمات اعضاء، در تعطیلات رسمی بسته است.

- Medicare, شامل D-SNP: با شماره 1-800-443-0815 (TTY 711) از 8 صبح تا 8 عصر، در 7 روز هفته تماس بگیرید
- Medi-Cal: با شماره 1-855-839-7613 (TTY 711)، در 24 ساعت شبانه‌روز، 7 روز هفته تماس بگیرید
- همه موارد دیگر: با شماره 1-800-464-4000 (TTY 711)، در 24 ساعت شبانه‌روز، 7 روز هفته تماس بگیرید

Hindi: ध्यान दें। भाषा सहायता आपके लिए बिना किसी शुल्क के उपलब्ध है। आप दुभाषिया सेवाओं के लिए अनुरोध कर सकते हैं, जिसमें साइन लैंग्वेज के दुभाषिये भी शामिल हैं। आप सामग्रियों को अपनी भाषा या वैकल्पिक प्रारूप, जैसे कि ब्रेल, ऑडियो, या बड़े प्रिंट में अनुवाद करवाने के लिए भी कह सकते हैं। आप हमारे सुविधा-केंद्रों पर सहायक साधनों और उपकरणों का भी अनुरोध कर सकते हैं। सहायता के लिए हमारे सदस्य सेवा विभाग को कॉल करें। सदस्य सेवा विभाग मुख्य छुट्टियों वाले दिन बंद रहता है।

- Medicare, जिसमें D-SNP शामिल है: 1-800-443-0815 (TTY 711), सुबह 8 बजे से रात 8 बजे तक, सप्ताह के 7 दिन
- Medi-Cal: 1-855-839-7613 (TTY 711), दिन के चौबीस घंटे, सप्ताह के 7 दिन
- बाकी सभी: 1-800-464-4000 (TTY 711), दिन के चौबीस घंटे, सप्ताह के 7 दिन

Hmong: FAJ SEEB. Muaj kev pab txhais lus pub dawb rau koj. Koj muaj peev xwm thov kom pab txhais lus, suav nrog kws txhais lus piav tes. Koj muaj peev xwm thov kom muab cov ntaub ntawv no txhais ua koj yam lus los sis ua lwm hom, xws li hom ntawv rau neeg dig muag xuas, tso ua suab lus, los sis luam tawm kom koj. Koj kuj tuaj yeem thov kom muab tej khoom pab dawb thiab tej khoom siv txhawb tau rau ntawm peb cov chaw kuaj mob. Hu mus thov kev pab

rau ntawm peb Lub Chaw Pab Tswv Cuab. Lub chaw pab tswv cuab kaw rau cov hnuv so uas tseem ceeb.

- Medicare, suav nrog D-SNP: **1-800-443-0815 (TTY 711)**, 8 teev sawv ntxov txog 8 teev tsaus ntuj, 7 hnuv hauv ib lub vij
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 teev hauv ib hnuv, 7 hnuv hauv ib lub vij
- Tag nrho lwm yam: **1-800-464-4000 (TTY 711)**, 24 teev hauv ib hnuv, 7 hnuv hauv ib lub vij

Japanese: ご注意。言語サポートは無料でご利用いただけます。あなたは手話通訳を含む通訳サービスを依頼できます。点字、大型活字、または録音音声など、あなたの言語に翻訳された資料や別のフォーマットの資料を求めることができます。当社の施設では補助器具や機器の要請も承っております。支援が必要な方は、加入者サービス部門にお電話ください。加入者向けサービスは主要な休日では営業していません。

- D-SNP を含む Medicare: **1-800-443-0815 (TTY 711)** 、午前 8 時から午後 8 時まで、年中無休
- Medi-Cal: **1-855-839-7613 (TTY 711)** 、24 時間、年中無休
- その他全て: **1-800-464-4000 (TTY 711)** 、24 時間、年中無休

Khmer (Cambodian): យកចិត្តទុកដាក់។ ជំនួយភាសាគឺមានដោយមិនគិតថ្លៃសម្រាប់អ្នក។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែ រួមទាំងអ្នកបកប្រែភាសាសញ្ញាផងដែរ។ អ្នកអាចស្នើសុំឯកសារដែលត្រូវបានបកប្រែជាភាសារបស់អ្នក ឬទម្រង់ផ្សេងទៀតដូចជាអក្សរស្ទាប សំឡេង ឬអក្សរធំៗ។ អ្នកក៏អាចស្នើសុំជំនួយបន្ថែម និងឧបករណ៍ជំនួយនៅតាមកន្លែងរបស់យើងផងដែរ។ សូមទូរសព្ទទៅផ្នែកសេវាសមាជិករបស់យើងសម្រាប់ជំនួយ។ សេវាសមាជិកត្រូវបានបិទនៅថ្ងៃឈប់សម្រាកសំខាន់ៗ។

- Medicare, រួមទាំង D-SNP: **1-800-443-0815 (TTY 711)** ពីម៉ោង 8 ព្រឹក ដល់ 8 យប់ 7 ថ្ងៃក្នុងមួយសប្តាហ៍
- Medi-Cal: **1-855-839-7613 (TTY 711)** 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍
- ផ្សេងៗទៀត: **1-800-464-4000 (TTY 711)** 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍

Korean: 안내 사항. 무료 언어 지원 제공. 수화 통역사를 포함한 통역 서비스를 요청할 수 있습니다. 한국어로 번역된 자료 또는 점자, 오디오 또는 큰 글씨와 같은 대체 형식의 자료를 요청할 수 있습니다. 저희 시설에서 보조 기구와 장치를 요청할 수도 있습니다. 가입자 서비스 부서에 도움을 요청하시기 바랍니다. 주요 공휴일에는 가입자 서비스를 운영하지 않습니다.

- Medicare(D-SNP 포함), 주 7 일 오전 8 시~오후 8 시에 **1-800-443-0815 (TTY 711)** 번으로 문의
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 주 7 일, 하루 24 시간
- 기타: **1-800-464-4000 (TTY 711)**, 주 7 일, 하루 24 시간

Laotian: ໂປດຊາບ. ມີການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ.

ທ່ານສາມາດຂໍບໍລິການນາຍພາສາ, ລວມທັງນາຍພາສາມື. ທ່ານ

ສາມາດຂໍໃຫ້ແປເອກະສານນີ້ເປັນພາສາຂອງທ່ານ ຫຼື ຮູບ ແບບອື່ນ ເຊັ່ນ ອັກສອນນູນ,

ສຽງ, ຫຼື ການພິມຂະໜາດໃຫຍ່. ນອກຈາກນັ້ນທ່ານຍັງສາມາດຮ້ອງຂໍເຄື່ອງຊ່ວຍຟັງ ແລະ

ອຸປະກອນການຊ່ວຍເຫຼືອໃນສະຖານທີ່ຂອງພວກເຮົາ. ໂທຫາພະແນກບໍລິການສະມາຊິກຂອງພວກເຮົາເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ. ພະແນກບໍລິການສະມາຊິກແມ່ນປິດໃນວັນພັກທີ່ສໍາຄັນຕ່າງໆ.

- Medicare, ລວມທັງ D-SNP: **1-800-443-0815 (TTY 711)**, 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ, 7 ວັນຕໍ່ອາທິດ
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ
- ອື່ນໆ: **1-800-464-4000 (TTY 711)**, 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ

Mien: CAU FIM JANGX LONGX OC. Ninh mbuo duqv liepc ziangx tengx faan waac bun meih muangx mv zuqc heuc meih ndorqv nyaanh cingv oc. Meih core haiv tov taux ninh mbuo tengx lorz faan waac bun meih, caux longc buoz wuv faan waac bun muangx. Meih aengx haih tov taux ninh mbuo dorh nyungc horngh jaa dorngx faan benx meih nyei waac a'fai fiev bieqc da'nyei diuc daan, fiev benx domh nzangc-pokc bun hlou, bungx waac-qiez bun uangx, a'fai aamx bieqc domh zeiv-linh. Meih core haih tov longc benx wuotc ginc jaa-dorngx tengx aengx caux jaa-sic nzie bun yiem njiec zorc goux baengc zingh gorn zangc. Mborqv finx lorz taux yie mbuo dinc zangc domh gorn ziux goux baengc mienh nyei dorngx liouh tov heuc ninh mbuo tengx nzie weih. Ziux goux baengc mienh nyei gorn zangc se gec mv zoux gong yiem gingc nyei hnoi-nyieqc oc.

- Medicare, caux D-SNP: **1-800-443-0815 (TTY 711)**, yiem 8 dimv lungh ndorm taux 8 dimv lungh muonx, yietc norm leiz baaix zoux gong 7 hnoi
- Medi-Cal: **1-855-839-7613 (TTY 711)**, yietc hnoi goux junh 24 norm ziangh hoc, yietc norm leiz baaix zoux gong 7 hnoi
- Yietc zungv da'nyei diuc jauv-louc: **1-800-464-4000 (TTY 711)**, yietc hnoi goux junh 24 norm ziangh hoc, yietc norm leiz baaix zoux gong 7 hnoi

Navajo: GIHA. Tséé' naalkáah sídá'ígíí éí doo t'ée' íí'í' dah sídáa'ígíí. T'ée' góó t'í'í'ígíí éí tséé' naalkáah sídá'ígíí bikáa' dah sídaa'ígíí, t'á'ii bik'eh dah na'álka'ígíí. T'á'ii éí t'ée' góó t'í'í'ígíí bik'eh dah deidiyós, t'á'ii éí bi'ée' bik'eh dah na'álka'ígíí bik'eh dah deidiyós. T'á'ii bik'eh dah na'álka'ígíí bikáa' dah na'álka'ígíí t'áa'altso bik'eh dah deidiyós. Bi'ée' naalkáah sídá'ígíí bik'eh ha'a'aah. T'á'ii bik'eh dah na'álka'ígíí éí bik'eh dah naazhja'a'ígíí bik'eh dah na'álka'ígíí.

- Medicare, bikáa' dah deidiyós D-SNP: **1-800-443-0815 (TTY 711)**, 8 a.m. góó 8 p.m., 7 jį t'áálá'í damóo
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 t'ohch'oolí t'áálá'í jį, 7 jį t'áálá'í damóo
- T'áa' al'aq: **1-800-464-4000 (TTY 711)**, 24 t'ohch'oolí t'áálá'í jį, 7 jį t'áálá'í damóo

Punjabi: ਧਿਆਨ ਦਿਓ। ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਦੇ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਦੁਭਾਸ਼ਿਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਿੱਤੇ ਜਾਣ ਲਈ ਕਹਿ ਸਕਦੇ ਹੋ, ਜਿਸ ਵਿੱਚ ਸਾਈਨ ਲੈਂਗਵੇਜ਼ ਦੇ ਦੁਭਾਸ਼ਿਏ ਵੀ ਸ਼ਾਮਲ ਹਨ। ਤੁਸੀਂ ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ, ਜਾਂ ਕਿਸੇ ਵੈਕਲਪਿਕ ਫਾਰਮੈਟ ਵਿੱਚ ਅਨੁਵਾਦਿਤ ਕਰਨ ਲਈ ਵੀ ਕਹਿ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਸਾਡੀਆਂ ਸਹੂਲਤਾਂ 'ਤੇ ਸਹਾਇਕ ਏਡਜ਼ ਅਤੇ ਉਪਕਰਨਾਂ ਲਈ ਵੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ ਸਾਡੇ ਮੈਂਬਰਾਂ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦੇ ਵਿਭਾਗ ਨੂੰ ਕਾਲ ਕਰੋ। ਮੈਂਬਰਾਂ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਾ ਵਿਭਾਗ ਮੁੱਖ ਛੁਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ।

- Medicare, ਜਿਸ ਵਿੱਚ D-SNP ਵੀ ਸ਼ਾਮਲ ਹੈ: **1-800-443-0815 (TTY 711)**, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ
- Medi-Cal: **1-855-839-7613 (TTY 711)**, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ
- ਬਾਕੀ ਸਾਰੇ: **1-800-464-4000 (TTY 711)**, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ

Russian: ВНИМАНИЕ! Для Вас доступны бесплатные услуги перевода. Вы можете запросить услуги устного перевода, в том числе услуги переводчика языка жестов. Вы также можете запросить материалы, переведенные на ваш язык или в альтернативных форматах, например шрифтом Брайля, крупным шрифтом или в аудиоформате. Вы также можете запросить дополнительные приспособления и вспомогательные устройства в наших учреждениях. Если Вам нужна помощь, позвоните в отдел обслуживания участников. Отдел обслуживания участников не работает в дни государственных праздников.

- Medicare, включая D-SNP: **1-800-443-0815 (TTY 711)**, без выходных с 8:00 до 20:00.
- Medi-Cal: **1-855-839-7613 (TTY 711)**, круглосуточно без выходных.
- Любые другие поставщики услуг: **1-800-464-4000 (TTY 711)**, круглосуточно без выходных.

Spanish: ATENCIÓN. Se ofrece ayuda en otros idiomas sin ningún costo para usted. Puede solicitar servicios de interpretación, incluyendo intérpretes de lengua de señas. Puede solicitar materiales traducidos a su idioma o en formatos alternativos, como braille, audio o letra grande. También puede solicitar ayuda adicional y dispositivos auxiliares en nuestros centros de atención. Llame al Departamento de Servicio a los Miembros para pedir ayuda. Servicio a los Miembros está cerrado los días festivos principales.

- Medicare, incluyendo D-SNP: **1-800-443-0815 (TTY 711)**, los 7 días de la semana, de 8 a. m. a 8 p. m., los 7 días de la semana
- Medi-Cal: **1-855-839-7613 (TTY 711)**, las 24 horas del día, los 7 días de la semana.
- Todos los otros: **1-800-788-0616 (TTY 711)**, las 24 horas del día, los 7 días de la semana.

Tagalog: PAUNAWA. May magagamit na tulong sa wika nang wala kang babayaran. Maaari kang humiling ng mga serbisyo ng interpreter, kasama ang mga interpreter sa sign language. Maaari kang humiling ng mga babasahin na nakasalin-wika sa iyong wika o sa mga alternatibong format, na tulad ng braille, audio, o malalaking titik. Puwede ka ring humiling ng mga karagdagang tulong at device sa aming mga pasilidad. Tawagan ang aming departamento ng Mga Serbisyo sa Miyembro para sa tulong. Ang mga serbisyo sa miyembro ay sarado sa mga pangunahing holiday.

- Medicare, kasama ang D-SNP: **1-800-443-0815 (TTY 711)**, 8 a.m. hanggang 8 p.m., 7 araw sa isang linggo
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 oras sa isang araw, 7 araw sa isang linggo
- Ang lahat ng iba: **1-800-464-4000 (TTY 711)**, 24 oras sa isang araw, 7 araw sa isang linggo

Thai: **ส่งถึง** มีบริการให้ความช่วยเหลือด้านภาษา แก่ท่านโดยไม่มีค่าใช้จ่าย ท่านสามารถขอรับบริการล่าม รวมถึงล่ามภาษามือได้ ท่านสามารถขอให้แปลเอกสารเป็นภาษาของท่าน หรือในรูปแบบอื่นๆ เช่นอักษรเบรลล์ ไฟล์เสียง หรือตัวอักษรขนาดใหญ่ ท่านสามารถขอรับอุปกรณ์ ช่วยเหลือและอุปกรณ์เสริมได้ ณ สถานที่ให้บริการของเรา โทรติดต่อฝ่ายบริการสมาชิกของเราเพื่อขอความช่วยเหลือได้ ฝ่ายบริการสมาชิกจะปิดทำการในวันหยุดราชการต่างๆ

- Medicare รวมถึง D-SNP: **1-800-443-0815 (TTY 711)** 8.00 น. ถึง 20.00 น. หรือ 7 วันต่อสัปดาห์
- Medi-Cal: **1-855-839-7613 (TTY 711)** ตลอด 24 ชั่วโมง หรือ 7 วันต่อสัปดาห์
- อื่นๆ ทั้งหมด: **1-800-464-4000 (TTY 711)** ตลอด 24 ชั่วโมง หรือ 7 วันต่อสัปดาห์

Ukrainian: **УВАГА!** Послуги перекладача надаються безкоштовно. Ви можете залишити запит на послуги усного перекладу, зокрема мовою жестів. Ви можете зробити запит на отримання матеріалів, перекладених вашою мовою, або в альтернативних форматах, як-от надрукованим шрифтом Брайля чи великим шрифтом, а також у звуковому форматі. Крім того, ви можете зробити запит на отримання допоміжних засобів і пристроїв у закладах нашої мережі компаній. Якщо вам потрібна допомога, зателефонуйте у відділ обслуговування клієнтів. Відділ обслуговування клієнтів зачинений у державні свята.

- Medicare, зокрема D-SNP: **1-800-443-0815 (TTY 711)**, з 8:00 до 20:00, без вихідних.
- Medi-Cal: **1-855-839-7613 (TTY 711)**, цілодобово, без вихідних.
- Усі інші надавачі послуг: **1-800-464-4000 (TTY 711)**, цілодобово, без вихідних.

Vietnamese: **LƯU Ý.** Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Quý vị có thể yêu cầu dịch vụ thông dịch, bao gồm cả thông dịch viên ngôn ngữ ký hiệu. Quý vị có thể yêu cầu tài liệu được dịch sang ngôn ngữ của quý vị hay định dạng thay thế, chẳng hạn như chữ nổi braille, băng đĩa thu âm hay bản in khổ chữ lớn. Quý vị cũng có thể yêu cầu các phương tiện và thiết bị phụ trợ tại các cơ sở của chúng tôi. Gọi cho ban Dịch Vụ Hội Viên của chúng tôi để được trợ giúp. Ban dịch vụ hội viên không làm việc vào những ngày lễ lớn.

- Medicare, bao gồm cả D-SNP: **1-800-443-0815 (TTY 711)**, 8 giờ sáng đến 8 giờ tối, 7 ngày trong tuần
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 giờ trong ngày, 7 ngày trong tuần
- Mọi chương trình khác: **1-800-464-4000 (TTY 711)**, 24 giờ trong ngày, 7 ngày trong tuần.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal and state civil rights laws and does not discriminate, exclude people or treat them less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), ancestry, age, disability, sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expression, and sex stereotypes), religion, creed or marital status.

Kaiser Health Plan:

- Provides no-cost auxiliary 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, braille, and accessible electronic formats
- Provides 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, ancestry, age, disability, sex, (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expression, and sex stereotypes), religion, creed, or marital status, 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.

This notice is available at

<https://healthy.kaiserpermanente.org/colorado/language-assistance/nondiscrimination-notice>

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-632-9700** (TTY **711**).

አማርኛ (Amharic) ትኩረት፡ አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-632-9700** ይደውሉ (TTY **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-632-9700** (TTY **711**).

Bàsòò Wùdù (Bassa) Mbi sog: nia maa Bàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tsoṅ ni soṅ, niṅ ma kénṅen yé, mbi èyem. Wò nàṅ **1-800-632-9700** (TTY **711**)

中文 (Chinese) 注意事項: 如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-632-9700** (TTY **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-800-632-9700** (TTY (تلفن متنی **711**) تماس بگیرید.

Français (French) ATTENTION: si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-632-9700** (TTY **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistentz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-632-9700** an (TTY **711**).

Igbo (Igbo) TINYE UCHE: Ọ bụrụ na ị na-asụ Igbo, Ọrụ enyemaka nke asụsụ gụnyere udi enyemaka na ọrụ kwesiri ekwesị, n'efu, dị nye gị. Kpọọ **1-800-632-9700** (TTY **711**).

日本語 (Japanese) 注意: 日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。 **1-800-632-9700** までお電話ください (TTY : **711**)。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-632-9700** 로 전화해 주세요(TTY **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yánítí'go Diné Bizaad, saad bee áká'ánída'áwo'déé', biniit'aa da beeso ndinish'aah t'aala'I bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-800-632-9700** (TTY **711**).

नेपाली (Nepali) ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने, उपयुक्त सहायक सहायता र सेवाहरू सहित भाषा सहायता सेवाहरू, निःशुल्क उपलब्ध छन्। फोन **1-800-632-9700** (TTY: **711**)।

Afaan Oromoo (Oromo) XIYYEEFFANNOO: Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-800-632-9700** irratti bilbilaa (TTY **711**)

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-632-9700** (TTY **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-632-9700** (TTY **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-632-9700** (TTY **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-632-9700 (TTY 711)**.

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá ń sọ èdè Yorùbá, àwọn isẹ̀ ìrànlowọ̀ èdè tó fì kún àwọn ohun èlò ìrànlowọ̀ tó yẹ àti àwọn isẹ̀ láisí ìdíyelé wà fún ọ. Pe **1-800-632-9700 (TTY 711)**.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Georgia, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides 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, braille, and accessible electronic formats
- Provides 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 **1-888-865-5813** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Member Relations Unit (MRU), Attn: Kaiser Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE Atlanta, GA 30305-1736. Telephone Number: 1-888-865-5813.

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>.

This notice is available at <https://healthy.kaiserpermanente.org/georgia/language-assistance/nondiscrimination-notice>

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-888-865-5813** (TTY: **711**).

አማርኛ (Amharic) ትኩረት: አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-888-865-5813** ይደውሉ (TTY: 711)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-888-865-5813** (TTY: 711).

中文 (Chinese) 注意事項: 如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-888-865-5813** (TTY: 711)。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-888-865-5813** (TTY: 711) (تلفن متنی) تماس بگیرید.

Français (French) ATTENTION: si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-888-865-5813** (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistentz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-888-865-5813** an (TTY: 711).

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો યોગ્ય સહાયક સહાય અને સેવાઓ સહિતની ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. **1-888-865-5813** (TTY: 711) પર કોલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale kreyòl, w ap jwenn sèvis asistans lang tankou èd ak sèvis konplemantè adapte gratis. Rele **1-888-865-5813** (TTY: 711).

हिन्दी (Hindi) ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए उपयुक्त सहायक उपकरण और सेवाओं सहित भाषा सहायता सेवाएँ मुफ्त उपलब्ध हैं। **1-888-865-5813** (TTY: 711) पर कॉल करें।

日本語 (Japanese) 注意: 日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。 **1-888-865-5813** までお電話ください (TTY: 711)。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-888-865-5813** 로 전화해 주세요 (TTY: 711).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yánítí'go Diné Bizaad, saad bee áká'ánída'áwo'déé', biniit'aa da beeso ndinish'aah t'aala'I bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiiik'eh, éí ná hóló, koji' hódíílnih **1-888-865-5813** (TTY: 711).

Português (Portuguese) ATENÇÃO: Se fala português, temos à sua disposição serviços gratuitos de assistência linguística, incluindo serviços e materiais de apoio adequados. Ligue para **1-888-865-5813** (TTY: 711).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-888-865-5813** (TTY: 711).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-888-865-5813** (TTY: 711).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-888-865-5813** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-888-865-5813** (TTY: **711**).

NONDISCRIMINATION NOTICE

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- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-966-5955** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at:

Membership Services

Attn: Kaiser Civil Rights Coordinator
711 Kapiolani Blvd
Honolulu, HI 96813
1-800-966-5955

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>.

This notice is available at <https://healthy.kaiserpermanente.org/hawaii/language-assistance/nondiscrimination-notice>

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-966-5955** (TTY: **711**).

Cebuano (Bisaya) PAGPAHIMANGNO: Kung nag-istorya ka og Cebuano, ang mga serbisyo sa tabang sa pinulongan lakip ang angay nga mga auxiliary nga mga himan ug serbisyo, libre, anaa kanimo. Tawag sa **1-800-966-5955** (TTY: **711**).

中文 (Chinese) 注意事項: 如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-966-5955** (TTY: **711**)。

Chuuk (Chukese) ESINESIN: Ika en mi sine Fosun Chuuk, mi kawor aninisin fosun fonu mei pachonong pisekin aninis, ese kamo, mi kawor ngonuk. Kekeru **1-800-966-5955** (TTY: **711**).

‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI: Inā ho‘opuka ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke nā lawelawe kōkua ‘ōlelo me nā kōkua kōkua kūpono a me nā lawelawe, manuahi ‘ole, loa‘a i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

Iloko (Ilocano) ATENSION: No makasaoka iti Ilokano, dagiti serbisio a tulong iti pagsasao agraman dagiti maitutop a kanayonan a tulong ken serbisio, a libre, ket mabalin a mausar para kenka. Tawagan ti **1-800-966-5955** (TTY: **711**).

日本語 (Japanese) 注意: 日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-966-5955** までお電話ください (TTY: **711**)。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-966-5955** (TTY: **711**)로 전화해 주세요.

ລາວ (Laotian) ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-800-966-5955** (TTY: **711**).

Kajin Majōl (Marshallese) Roñjake: Ñe kwōjelā kajin Kajin Majōl, eo ej jipañ eok ilo kajin in ekaoba jermal ko jet, ejjelok oñāāer, repellok ñan eok. Kūr tok **1-800-966-5955** (TTY: **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yánítí'go Diné Bizaad, saad bee áká'ánída'áwo'déé', biniit'aa da beeso ndinish'aah t'aala'I bí'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, kojí' hódíílnih **1-800-966-5955** (TTY: **711**).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien me kele mehlel oh sarawi kan me pahn limpoak, en kak sawa ni ke, lokaia kak sawas ni sohte isais. Koahl nempe **1-800-966-5955** (TTY: **711**).

Faa-Samoa (Samoan) FA'AMALU: Afai e te tautala i le Gagana Samoa, o auaunaga fesoasoani i le gagana, e aofia ai meafaigaluega talafeagai ma auaunaga, e leai ni todogi, o lo'o avanoa mo oe. Fa'amalie atu i le **1-800-966-5955** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-966-5955** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-966-5955** (TTY: **711**).

Lea Faka-Tonga (Tongan) FAKATOKANGA: Kapau 'oku ke lea Faka-Tonga, 'oku 'i ai ha sevesi tokoni fakatonu lea pea mo ha naunau me'a fanongo, 'oku ta'etotongi, mo faingamalie kiate koe. Taa **1-800-966-5955** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-966-5955** (TTY: **711**).

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides 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, braille and accessible electronic formats
- Provides 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 **1-800-777-7902** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 4000 Garden City Drive, Hyattsville, MD 20785, telephone number: 1-800-777-7902.

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>.

This notice is available at <https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/language-assistance/nondiscrimination-notice>

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-777-7902** (TTY: **711**).

አማርኛ (Amharic) ትኩረት: አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-777-7902** ይደውሉ (TTY: **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-777-7902** (TTY: **711**).

Bàsɔ̀ò Wùdù (Bassa) Mbi sog: nia maa Bàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tson ni son, niŋ ma kénŋen yé, mbi èyem. Wó nàŋ **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, আপনি বিনামূল্যে, উপযুক্ত সহায়ক পরিষেবা ও সাহায্য সমেত ভাষা সহায়তা পরিষেবা পেতে পারেন। **1-800-777-7902** (TTY: **711**)-এ ফোন করুন।

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 1-800-777-7902 (TTY: 711)。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با 1-800-777-7902 (TTY: 711) تماس بگیرید.

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le 1-800-777-7902 (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenten mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie 1-800-777-7902 an (TTY: 711).

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો યોગ્ય સહાયક સહાય અને સેવાઓ સહિતની ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. 1-800-777-7902 (TTY: 711) પર કોલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale kreyòl, w ap jwenn sèvis asistans lang tankou ed ak sèvis konplemantè adapte gratis. Rele 1-800-777-7902 (TTY: 711).

हिन्दी (Hindi) ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए उपयुक्त सहायक उपकरण और सेवाओं सहित भाषा सहायता सेवाएं मुफ्त उपलब्ध हैं। 1-800-777-7902 पर कॉल करें (TTY: 711).

Igbo (Igbo) TINYE UCHE: Ọ bụrụ na i na-asụ Igbo, Ọrụ enyemaka nke asụsụ gunyere udi enyemaka na ọrụ kwesiri ekwesị, n'efu, dị nye gị. Kpọọ 1-800-777-7902 (TTY: 711).

Italiano (Italian) ATTENZIONE. Se parla italiano, può usufruire gratuitamente dei servizi di assistenza linguistica compresi gli opportuni aiuti e servizi ausiliari. Chiamare il numero 1-800-777-7902 (TTY: 711).

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。1-800-777-7902 までお電話ください (TTY: 711)。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. 1-800-777-7902 로 전화해 주세요 (TTY: 711).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yánífti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', biniit'aa da beeso ndinish'aah t'aala'l bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-800-777-7902 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se fala português, temos à sua disposição serviços gratuitos de assistência linguística, incluindo serviços e materiais de apoio adequados. Ligue para 1-800-777-7902 (TTY: 711).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру 1-800-777-7902 (TTY: 711).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al 1-800-777-7902 (TTY: 711).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa 1-800-777-7902 (TTY: 711).

ไทย (Thai) โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถขอรับบริการช่วยเหลือด้านภาษา รวมทั้งเครื่องช่วยเหลือและบริการเสริมที่เหมาะสมได้ฟรี โทร 1-800-777-7902 (TTY: 711).

اُردو (Urdu) توجہ: اگر آپ اردو بولتے ہیں تو آپ مفت زبان کی معاونت کی خدمات حاصل کر سکتے ہیں، جیسے مناسب معاون امداد اور خدمات۔ کال کریں 1-800-777-7902 (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi 1-800-777-7902 (TTY: 711).

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá n sọ èdè Yorùbá, àwon isẹ̀ ìrànlowó èdè tó fi kún àwon ohun èlò ìrànlowó tó yẹ àti àwon isẹ̀ láísí ìdíyelé wà fún ọ. Pe 1-800-777-7902 (TTY: 711).

Nondiscrimination notice

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, braille, and accessible electronic formats
- Provides 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., Suite 100
Portland, OR 97232-2099
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
Phone: **1-800-368-1019**
TDD: **1-800-537-7697**

Complaint forms are available at **www.hhs.gov/ocr/office/file/index.html**.

For Washington Members:

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at

<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at **1-800-562-6900**, or **360-586-0241** (TDD). Complaint forms are available at **<https://fortress.wa.gov/oic/online services/cc/pub/complaintinformation.aspx>**.

Help in Your Language

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

አማርኛ (Amharic) ትኩረት: አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-813-2000** ይደውሉ (TTY: **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة المجان. اتصل بالرقم **1-800-813-2000** (TTY: **711**).

中文 (Chinese) 注意事項: 如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電**1-800-813-2000** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-800-813-2000** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-813-2000** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistentz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-813-2000** an (TTY: **711**).

日本語 (Japanese) 注意 : 日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。 **1-800-813-2000**までお電話ください (TTY: **711**)。

ខ្មែរ (Khmer) យកចិត្តទុកដាក់: បើអ្នកនិយាយខ្មែរ សេវាជំនួយភាសា រួមទាំងជំនួយនិងសេវាសម្រួលដោយឥតគិតថ្លៃ មានចំពោះអ្នក។ ហៅ **1-800-813-2000** (TTY: **711**)។

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-813-2000**로 전화해 주세요 (TTY: **711**).

ລາວ (Laotian) ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-800-813-2000** (TTY: **711**).

Afaan Oromoo (Oromo) XIYYEEFFANNOO: Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-800-813-2000** irratti bilbilaa (TTY:- **711**)

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਯੋਗ ਸਹਾਇਕ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਸ਼ਾਮਲ ਹਨ। ਕਾਲ ਕਰੋ **1-800-813-2000** (TTY:- **711**)।

Română (Romanian) ATENȚIE: Dacă vorbiți română, vă sunt disponibile gratuit servicii de asistență lingvistică, inclusiv ajutoare și servicii auxiliare adecvate. Sunați la **1-800-813-2000** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-813-2000** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-813-2000** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-813-2000** (TTY: **711**).

ไทย (Thai) โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถขอรับบริการช่วยเหลือด้านภาษา รวมทั้งเครื่องช่วยเหลือและบริการเสริมที่เหมาะสมได้ฟรี โทร **1-800-813-2000** (TTY: **711**).

Українська (Ukrainian) УВАГА! Якщо ви володієте українською мовою, вам доступні безкоштовні послуги з мовної допомоги, включно із відповідною додатковою допомогою та послугами. Зателефонуйте за номером **1-800-813-2000** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-813-2000** (TTY: **711**).

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact the number for your Kaiser Permanente Region listed below, seven days a week, 8 a.m. to 8 p.m., or visit kp.org/seniorrx.

Kaiser Permanente Regional

CALIFORNIA REGIONS

Kaiser Foundation Health Plan, Inc.
393 E. Walnut St.
Pasadena, CA 91188-8514
Kaiser Permanente Senior Advantage
(HMO)

Member Services

1-800-443-0815 TTY 711

COLORADO REGION

Kaiser Foundation Health Plan of Colorado
10350 E. Dakota Ave. Denver, CO 80247
Kaiser Permanente Senior Advantage
(HMO), Kaiser Permanente Dual Complete
(HMO D-SNP), Kaiser Permanente Dual
Essential (HMO D-SNP), and Kaiser
Permanente Senior Advantage (HMO-POS)

Member Services

1-800-476-2167 TTY 711

GEORGIA REGION

Kaiser Foundation Health Plan of Georgia,
Inc. Nine Piedmont Center
3495 Piedmont Road NE Atlanta, GA 30305
Kaiser Permanente Senior Advantage
(HMO), Kaiser Permanente Dual Complete
(HMO D-SNP), Kaiser Permanente Dual
Essential (HMO D-SNP), and Kaiser
Permanente Senior Advantage (HMO-POS)

Member Services

1-800-232-4404 TTY 711

HAWAII REGION

Kaiser Foundation Health Plan, Inc.
711 Kapiolani Blvd. Honolulu, HI 96813
Kaiser Permanente Senior Advantage
(HMO)

Member Services

1-800-805-2739 TTY 711

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

Kaiser Foundation Health Plan
of the Mid-Atlantic States, Inc.
4000 Garden City Drive, Hyattsville, MD
20785
Kaiser Permanente Medicare Advantage
(HMO) and Kaiser Permanente Senior
Advantage (HMO-POS) Kaiser Permanente
Dual Complete (HMO D-SNP), Kaiser
Permanente Dual Essential (HMO D-SNP)

Member Services

1-888-777-5536 TTY 711

NORTHWEST REGION

Kaiser Foundation Health Plan
of the Northwest
500 NE Multnomah St., Suite 100
Portland, OR 97232
Kaiser Permanente Senior Advantage
(HMO) and Kaiser Permanente Senior
Advantage (HMO-POS)

Member Services

1-877-221-8221 TTY 711

kp.org/seniorrx

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