

MVP Health Care®

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

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

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

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

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

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

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

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

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

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

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

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

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

¿Qué es el Formulario del MVP Health Care?

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

¿Puede cambiar el Formulario (lista de medicamentos)?

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

Cambios que pueden afectarlo este año

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

Nuevos medicamentos genéricos

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

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

Medicamentos retirados del mercado

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

Otros cambios

Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que se encuentra actualmente en el Formulario; o agregar nuevas restricciones al medicamento de marca o cambiarlo a un nivel de costo compartido diferente, o ambos. O podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente. O bien, podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado en un medicamento, o si pasamos un medicamento a un nivel superior de costo compartido, debemos notificarles a los miembros afectados por el cambio al menos

30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un al menos el mes aplicable suministro de medicamentos (hasta treinta días)

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

Cambios que no lo afectarán si actualmente toma el medicamento

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

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

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

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

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

¿Cómo se utiliza el Formulario?

Hay dos maneras de encontrar su medicamento en el formulario:

Condición Médica

El formulario empieza en la página 1. Los medicamentos de este formulario están agrupados en categorías según el tipo de condición médica para el tratamiento de la cual se utilizan. Por ejemplo, los medicamentos que se utilizan para tratar una condición cardíaca se enumeran bajo la categoría, "Cardiovascular". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 1. Después, busque su medicamento bajo el nombre de la categoría.

Lista Alfabética

Si no está seguro de la categoría bajo la cual buscar, debe buscar su medicamento en el Índice que empieza en la página 110. El Índice da una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice.

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

¿Qué son medicamentos genéricos?

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

¿Hay restricciones en mi cobertura?

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

Autorización Previa

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

Límites de Cantidad

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

Terapia en Pasos

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

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

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

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

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

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

1. Puede pedirle al Centro de Servicios a los Afiliados de MVP una lista de medicamentos parecidos que estén cubiertos por MVP. Cuando reciba la lista, enséñesela a su médico y pídale que le recete un medicamento parecido que esté cubierto por MVP.
2. Le puede pedir a MVP que haga una excepción y cubra su medicamento. Vea la información que aparece a continuación para ver cómo solicitar una excepción.

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

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

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

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

Debe ponerse en contacto con nosotros para pedirnos una decisión de cobertura inicial para una excepción al formulario o de las restricciones de utilización. **Cuando solicite una excepción al formulario o de restricciones de utilización, debe presentar una declaración de su recetador o médico apoyando su solicitud.** Generalmente,

tenemos que tomar una decisión dentro de las 72 horas siguientes a recibir la declaración de apoyo de su recetador. Puede solicitar una excepción acelerada (rápida) si usted o su médico cree que su salud podría verse severamente dañada si espera 72 horas para recibir una decisión. Si su solicitud de acelerar se concede, debemos darle una decisión no más de 24 horas después de recibir una declaración de apoyo de su médico u otro recetador.

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

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

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

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

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

Para obtener más información

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

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

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

Formulario de MVP Health Care

El formulario que empieza en página 1 proporciona información de cobertura acerca de los medicamentos cubiertos por MVP Health Care. Si tiene dificultades para encontrar su medicamento en la lista, vaya al Índice que empieza en la página 110.

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

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

Abreviaturas y definiciones de los términos del formulario

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

No disponible mediante pedido por correo (NM)

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

Autorización previa (PA)

Por razones de seguridad y/o ahorro de costos, MVP Health Care requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que necesitará tener una aprobación de MVP antes de surtir sus recetas. Si no obtiene la aprobación primero, es posible que MVP no cubra el medicamento.

Límites de cantidad (QL)

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

Terapia escalonada (ST)

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

Límites de suministro (DL)

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

Acceso limitado (LA)

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

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

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

Sus Costos Durante el Período Inicial de Cobertura

NOTA:

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

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

Tipo de plan de MVP Medicare Advantage	Deducible	Nivel 1	Nivel 2	Nivel 3	Nivel 4	Nivel 5
		Medicament os genéricos preferidos	Medicamentos genéricos	Medicamentos de marca preferidos	Medicamentos de marca no preferidos	Medicamentos especializados
MVP Medicare Patriot Plan con la Parte D				Lo que paga una vez se cumpla el deducible.		
Región Rochester/ Buffalo ¹	\$250	\$0	\$15	\$45	25%	27%
Todas las Otras Regiones ⁶	\$200	\$0	\$15	\$45	25%	27%
MVP Medicare Gold Giveback con la Parte D						
Región Rochester/ Buffalo ¹	\$400	\$0	\$12	\$42	\$100	27%
MVP Medicare Preferred Gold con la Parte D						
Región Rochester/ Buffalo ¹	\$0	\$0	\$10	\$40	25%	33%
Todas las Otras Regiones	\$0	\$0	\$10	\$35	25%	33%
MVP Medicare Secure Plus con la Parte D				Lo que paga una vez se cumpla el deducible.		
Todas las regiones ³	\$0	\$0	\$15	\$45	25%	33%
MVP Medicare WellSelect Plus con la Parte D				Lo que paga una vez se cumpla el deducible.		
Región Rochester/ Buffalo ¹	\$250	\$0	\$10	\$47	25%	25%
Todas las Otras Regiones ³	\$0	\$0	\$10	\$35	25%	33%
MVP Medicare WellSelect con la Parte D				Lo que paga una vez se cumpla el deducible.		
Región de Hudson Valley ⁴	\$250	\$0	\$12	\$47	25%	27%
Todas las Otras Regiones	\$250	\$0	\$12	\$47	25%	27%
MVP Medicare Secure con la Parte D				Lo que paga una vez se cumpla el deducible.		
Región Rochester/ Buffalo ¹	\$300	\$0	\$15	\$47	25%	25%
Todas las Otras Regiones ³	\$150	\$0	\$10	\$47	25%	30%

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

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

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

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

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

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

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

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

Descripciones de niveles

Nivel 1—Medicamentos genéricos preferidos –Costo \$0

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

Nivel 2—Medicamentos genéricos

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

Nivel 3—Medicamentos de marca preferidos

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

Nivel 4—Medicamentos de marca no preferidos

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

Nivel 5—Medicamentos especializados

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

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

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

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

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

MISCELLANEOUS

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

NSAIDS

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

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

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

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

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole tab 500 mg</i>	2	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	4	DL
<i>nitrofur mac cap 50mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	3	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	3	
<i>pentamidine isethionate inh</i>	2	B/D
<i>pentamidine isethionate inj</i>	4	DL
<i>praziquantel tab 600 mg</i>	3	
<i>pyrimethamine tab 25 mg</i>	5	DL
<i>streptomycin sulfate for inj 1 gm</i>	4	
<i>sulfadiazine tab 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	2	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	2	
<i>SYNERCID INJ 500MG</i>	5	DL
<i>tinidazole tab 250 mg</i>	2	
<i>tinidazole tab 500 mg</i>	2	
<i>TOBI PODHALR CAP 28MG</i>	3	NM, LA, PA; DL
<i>tobramycin nebu soln 300 mg/4ml</i>	5	B/D, NM; DL
<i>tobramycin nebu soln 300 mg/5ml</i>	5	B/D, NM; DL
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	2	B/D; DL
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	2	B/D; DL
<i>trimethoprim tab 100 mg</i>	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	3	DL
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	3	DL
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	2	DL
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	2	DL
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	2	DL
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	2	DL
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	2	DL

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

ANTIFUNGALS

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

ANTIMALARIALS

atovaquone-proguanil hcl tab 250-100 mg	4	DL
chloroquine phosphate tab 250 mg	2	DL
chloroquine phosphate tab 500 mg	2	DL
COARTEM TAB 20-120MG	4	DL
mefloquine hcl tab 250 mg	2	DL

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE TAB 26.3MG	4	DL
<i>quinine sulfate cap 324 mg</i>	2	QL (84 caps / 365 days); DL

ANTIRETROVIRAL AGENTS

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

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

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	NM
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	4	NM
BIKTARVY TAB	5	NM; DL
CIMDUO TAB 300-300	5	NM; DL
COMPLERA TAB	5	NM; DL
DELSTRIGO TAB	5	NM; DL
DESCOVY TAB 120-15MG	5	NM; DL
DESCOVY TAB 200/25MG	5	NM; DL
DOVATO TAB 50-300MG	5	NM; DL
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM; DL

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NM; DL
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	NM
EVOTAZ TAB 300-150	5	NM; DL
GENVOYA TAB	5	NM; DL
JULUCA TAB 50-25MG	5	NM; DL
<i>lamivudine-zidovudine tab 150-300 mg</i>	3	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	3	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	3	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	3	NM
ODEFSEY TAB	5	NM; DL
PREZCOBIX TAB 800-150	5	NM; DL
STRIBILD TAB	5	NM; DL
SYMTUZA TAB	5	NM; DL
TEMIKYS TAB 300-300	4	NM
TRIUMEQ PD TAB	5	NM; DL
TRIUMEQ TAB	5	NM; DL

ANTITUBERCULAR AGENTS

CAPASTAT SUL INJ 1GM	4	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid inj 100 mg/ml</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	2	
<i>isoniazid tab 300 mg</i>	2	
PRETOMANID TAB 200MG	4	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	3	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
SIRTURO TAB 20MG	5	NM, LA; DL
SIRTURO TAB 100MG	5	NM, LA; DL
TRECTOR TAB 250MG	4	

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

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

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

CEPHALOSPORINS

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

Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime for inj 6 gm</i>	2	
<i>ceftazidime for iv soln 2 gm</i>	2	
<i>ceftriaxone sodium for inj 1 gm</i>	2	
<i>ceftriaxone sodium for inj 2 gm</i>	2	
<i>ceftriaxone sodium for inj 10 gm</i>	2	
<i>ceftriaxone sodium for inj 250 mg</i>	2	
<i>ceftriaxone sodium for inj 500 mg</i>	2	
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	2	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	2	
<i>cephalexin cap 250 mg</i>	2	
<i>cephalexin cap 500 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
<i>tazicef</i>	2	
TEFLARO INJ 400MG	4	
TEFLARO INJ 600MG	4	

ERYTHROMYCINS/MACROLIDES

<i>azithromycin for susp 100 mg/5ml</i>	2	
<i>azithromycin for susp 200 mg/5ml</i>	2	
<i>azithromycin iv for soln 500 mg</i>	2	
<i>azithromycin tab 250 mg</i>	2	
<i>azithromycin tab 500 mg</i>	2	
<i>azithromycin tab 600 mg</i>	2	
<i>clarithromycin for susp 125 mg/5ml</i>	2	
<i>clarithromycin for susp 250 mg/5ml</i>	2	
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
DIFICID SUS	5	PA; DL
DIFICID TAB 200MG	5	PA; DL
<i>e.e.s. 400</i>	3	
<i>ery-tab</i>	3	
ERYTHROCIN INJ 500MG	4	
<i>erythromycin ethylsuccinate tab 400 mg</i>	3	
<i>erythromycin tab 250 mg</i>	2	
<i>erythromycin tab 500 mg</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 333 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	2	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	2	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	DL
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	DL
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	2	
<i>levofloxacin tab 500 mg</i>	2	
<i>levofloxacin tab 750 mg</i>	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
<i>ofloxacin tab 300 mg</i>	2	
<i>ofloxacin tab 400 mg</i>	2	
PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>amoxicillin (trihydrate) cap 250 mg</i>	2	
<i>amoxicillin (trihydrate) cap 500 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) tab 500 mg</i>	2	
<i>amoxicillin (trihydrate) tab 875 mg</i>	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin cap 250 mg</i>	2	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin for susp 250 mg/5ml</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	2	
<i>ampicillin sodium for inj 2 gm</i>	2	
<i>ampicillin sodium for inj 125 mg</i>	2	
<i>ampicillin sodium for iv soln 10 gm</i>	2	
BICILLIN C-R INJ 900/300	4	
BICILLIN C-R INJ 1200000	4	
BICILLIN L-A INJ 600000	4	
BICILLIN L-A INJ 1200000	4	
BICILLIN L-A INJ 2400000	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
<i>nafcillin sodium for inj 1 gm</i>	2	
<i>nafcillin sodium for inj 2 gm</i>	2	
<i>nafcillin sodium for iv soln 10 gm</i>	2	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	2	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	2	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	2	
PEN GK/DEXTR INJ 20000/ML	4	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium for inj 20000000 unit</i>	2	
<i>penicillin g sodium for inj 5000000 unit</i>	2	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	2	
<i>penicillin v potassium tab 500 mg</i>	2	
<i>pfizerpen</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	

TETRACYCLINES

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

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>bendamustine hcl for iv soln 25 mg</i>	5	NM; DL
<i>bendamustine hcl for iv soln 100 mg</i>	5	NM; DL
BICNU INJ 100MG	4	
<i>busulfan inj 6 mg/ml</i>	5	DL
<i>carboplatin iv soln 50 mg/5ml</i>	2	DL
<i>carboplatin iv soln 150 mg/15ml</i>	2	
<i>carboplatin iv soln 450 mg/45ml</i>	2	DL
<i>carboplatin iv soln 600 mg/60ml</i>	2	DL
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	DL
CYCLOPHOSPH TAB 25MG	3	B/D
CYCLOPHOSPH TAB 50MG	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide cap 25 mg</i>	3	B/D
<i>cyclophosphamide cap 50 mg</i>	3	B/D
GLEOSTINE CAP 10MG	4	NM
GLEOSTINE CAP 40MG	4	NM
GLEOSTINE CAP 100MG	4	NM
<i>ifosfamide for inj 1 gm</i>	2	
LEUKERAN TAB 2MG	3	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	2	
<i>oxaliplatin for iv inj 100 mg</i>	4	
<i>oxaliplatin iv soln 50 mg/10ml</i>	4	
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	
<i>thiotepa for inj 15 mg</i>	5	NM; DL
TREANDA INJ 25MG	5	NM, LA; DL
TREANDA INJ 100MG	5	NM, LA; DL
YONDELIS INJ 1MG	5	NM, LA; DL
ZANOSAR INJ 1GM	4	

ANTIBIOTICS

<i>bleomycin sulfate for inj 15 unit</i>	2	
<i>bleomycin sulfate for inj 30 unit</i>	2	B/D
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	2	
<i>doxorubicin hcl inj 2 mg/ml</i>	2	
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	4	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	3	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	2	DL
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	2	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	2	DL
<i>mitomycin for iv soln 5 mg</i>	4	
<i>mitomycin for iv soln 20 mg</i>	5	DL
<i>mitomycin for iv soln 40 mg</i>	5	DL

ANTIMETABOLITES

ARRANON INJ 5MG/ML	5	DL
<i>azacitidine for inj 100 mg</i>	5	NM; DL
<i>clofarabine iv soln 1 mg/ml</i>	5	DL
<i>cytarabine inj 20 mg/ml</i>	2	B/D
<i>cytarabine inj pf 20 mg/ml</i>	2	DL
<i>cytarabine inj pf 100 mg/ml</i>	2	B/D
<i>decitabine for inj 50 mg</i>	5	NM; DL
<i>fludarabine phosphate for inj 50 mg</i>	2	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	2	B/D; DL
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	2	B/D
<i>gemcitabine hcl for inj 1 gm</i>	2	

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

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	5	NM; DL
<i>abiraterone acetate tab 500 mg</i>	5	NM; DL
<i>anastrozole tab 1 mg</i>	2	
<i>bicalutamide tab 50 mg</i>	2	
ELIGARD INJ 7.5MG	4	NM; DL
ELIGARD INJ 22.5MG	4	NM
ELIGARD INJ 30MG	4	NM
ELIGARD INJ 45MG	4	NM; DL
EMCYT CAP 140MG	3	
ERLEADA TAB 60MG	5	NM, LA; DL
ERLEADA TAB 240MG	5	NM, LA; DL
EULEXIN CAP 125MG	4	
<i>exemestane tab 25 mg</i>	3	
FASLODEX INJ 250/5ML	5	DL
FIRMAGON INJ 80MG	4	QL (4 vials / 28 days), NM; DL
FIRMAGON INJ 120MG	5	NM; DL
<i>flutamide cap 125 mg</i>	2	
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide inj 1mg/0.2</i>	2	NM
LEUPROLIDE INJ 22.5MG	4	NM
LUPRON DEPOT INJ 3.75MG	4	NM; DL
LUPRON DEPOT INJ 7.5MG	5	NM; DL
LUPRON DEPOT INJ 11.25MG	5	NM; DL
LUPRON DEPOT INJ 22.5MG	5	NM; DL
LUPRON DEPOT INJ 30MG	5	NM; DL
LUPRON DEPOT INJ 45MG	5	NM; DL
LYSODREN TAB 500MG	3	NM, LA

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate tab 20 mg</i>	2	PA; DL
<i>megestrol acetate tab 40 mg</i>	2	PA; DL
<i>nilutamide tab 150 mg</i>	3	
NUBEQA TAB 300MG	5	NM, LA; DL
ORGOVYX TAB 120MG	5	NM, LA; DL
ORSERDU TAB 86MG	5	NM, LA; DL
ORSERDU TAB 345MG	5	NM, LA; DL
SOLTAMOX SOL 10MG/5ML	4	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	2	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	2	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	DL
TRELSTAR MIX INJ 3.75MG	4	NM
TRELSTAR MIX INJ 11.25MG	4	NM
TRELSTAR MIX INJ 22.5MG	4	NM
XTANDI CAP 40MG	5	NM, LA; DL
XTANDI TAB 40MG	5	NM, LA; DL
XTANDI TAB 80MG	5	NM, LA; DL
YONSA TAB 125MG	5	NM, LA; DL

IMMUNOMODULATORS

<i>lenalidomide cap 5 mg</i>	5	NM, LA; DL
<i>lenalidomide cap 10 mg</i>	5	NM, LA; DL
<i>lenalidomide cap 15 mg</i>	5	NM, LA; DL
<i>lenalidomide cap 20 mg</i>	5	NM, LA; DL
<i>lenalidomide cap 25 mg</i>	5	NM, LA; DL
<i>lenalidomide caps 2.5 mg</i>	5	NM, LA; DL
POMALYST CAP 1MG	5	QL (30 caps / 30 days), NM, LA; DL
POMALYST CAP 2MG	5	QL (30 caps / 30 days), NM, LA; DL
POMALYST CAP 3MG	5	QL (30 caps / 30 days), NM, LA; DL
POMALYST CAP 4MG	5	QL (30 caps / 30 days), NM, LA; DL
REVLIMID CAP 2.5MG	5	NM, LA; DL
REVLIMID CAP 5MG	5	NM, LA; DL
REVLIMID CAP 10MG	5	NM, LA; DL
REVLIMID CAP 15MG	5	NM, LA; DL
REVLIMID CAP 20MG	5	NM, LA; DL
REVLIMID CAP 25MG	5	NM, LA; DL
THALOMID CAP 50MG	5	NM, LA; DL
THALOMID CAP 100MG	5	NM, LA; DL
THALOMID CAP 150MG	5	NM, LA; DL

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAP 200MG	5	NM, LA; DL
MISCELLANEOUS		
BESREMI SOL 500MCG	5	NM, LA; DL
<i>bexarotene cap 75 mg</i>	5	NM; DL
<i>dacarbazine for inj 100 mg</i>	2	
<i>dacarbazine for inj 200 mg</i>	2	
ERWINAZE INJ 10000UNT	5	LA; DL
<i>hydroxyurea cap 500 mg</i>	2	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	
IWILFIN TAB 192MG	5	NM, LA, PA; DL
KISQALI 200 PAK FEMARA	5	NM, PA; DL
KISQALI 400 PAK FEMARA	5	NM, PA; DL
KISQALI 600 PAK FEMARA	5	NM, PA; DL
MATULANE CAP 50MG	5	NM, LA; DL
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	2	NM; DL
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	2	NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	2	NM; DL
NIPENT INJ 10MG	5	DL
PROLEUKIN INJ 22MU	5	NM; DL
<i>topotecan hcl for inj 4 mg (base equiv)</i>	5	DL
<i>tretinoin cap 10 mg</i>	5	DL
WELIREG TAB 40MG	5	NM, LA; DL
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	NM, LA; DL
DOCETAXEL INJ 80MG/4ML	3	
DOCETAXEL INJ 160/16ML	3	
ETOPOPHOS INJ 100MG	4	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	2	
HALAVEN INJ 1MG/2ML	5	NM; DL
IXEMPRA KIT INJ 15MG	5	NM; DL
JEVTANA INJ 60/1.5ML	5	NM, LA; DL
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	2	DL
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	2	DL
<i>toposar</i>	2	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	3	
MOLECULAR TARGET AGENTS		
AFINITOR DIS TAB 2MG	5	NM, PA; DL
AFINITOR DIS TAB 3MG	5	NM, PA; DL
AFINITOR DIS TAB 5MG	5	NM, PA; DL
AKEEGA TAB 50/500MG	5	NM, LA, PA; DL
AKEEGA TAB 100/500	5	NM, LA, PA; DL
ALECENSA CAP 150MG	5	NM, LA, PA; DL
ALUNBRIG PAK	5	NM, LA, PA; DL
ALUNBRIG TAB 30MG	5	NM, LA, PA; DL
ALUNBRIG TAB 90MG	5	NM, LA, PA; DL
ALUNBRIG TAB 180MG	5	NM, LA, PA; DL
ARZERRA CON 100/5ML	5	NM, LA; DL
AUGTYRO CAP 40MG	5	NM, LA, PA; DL
AVASTIN INJ	5	NM, LA; DL
AVASTIN INJ 400/16ML	5	NM, LA; DL
AYVAKIT TAB 25MG	5	NM, LA, PA; DL
AYVAKIT TAB 50MG	5	NM, LA, PA; DL
AYVAKIT TAB 100MG	5	NM, LA, PA; DL
AYVAKIT TAB 200MG	5	NM, LA, PA; DL
AYVAKIT TAB 300MG	5	NM, LA, PA; DL
BALVERSA TAB 3MG	5	NM, LA, PA; DL
BALVERSA TAB 4MG	5	NM, LA, PA; DL
BALVERSA TAB 5MG	5	NM, LA, PA; DL
BELEODAQ INJ 500MG	5	NM, LA; DL
BOSULIF CAP 50MG	5	NM, PA; DL
BOSULIF CAP 100MG	5	NM, PA; DL
BOSULIF TAB 100MG	5	NM, PA; DL
BOSULIF TAB 400MG	5	NM, PA; DL
BOSULIF TAB 500MG	5	NM, PA; DL
BRAFTOVI CAP 75MG	5	NM, LA, PA; DL
BRUKINSA CAP 80MG	5	NM, LA, PA; DL
CABOMETYX TAB 20MG	5	NM, LA, PA; DL
CABOMETYX TAB 40MG	5	NM, LA, PA; DL
CABOMETYX TAB 60MG	5	NM, LA, PA; DL
CALQUENCE CAP 100MG	5	NM, LA, PA; DL
CALQUENCE TAB 100MG	5	NM, LA, PA; DL
CAPRELSA TAB 100MG	3	QL (60 tabs / 30 days), NM, LA, PA; DL
CAPRELSA TAB 300MG	3	QL (30 tabs / 30 days), NM, LA, PA; DL
COMETRIQ (60MG DOSE)	5	NM, LA, PA; DL
COMETRIQ KIT 100MG	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ KIT 140MG	5	NM, LA, PA; DL
COPIKTRA CAP 15MG	5	NM, LA, PA; DL
COPIKTRA CAP 25MG	5	NM, LA, PA; DL
COTELLIC TAB 20MG	5	NM, LA, PA; DL
CYRAMZA INJ 100/10ML	5	NM, LA; DL
CYRAMZA INJ 500/50ML	5	NM, LA; DL
DARZALEX SOL 100MG/5M	5	NM, LA; DL
DARZALEX SOL 400MG/20	5	NM, LA; DL
<i>dasatinib tab 20 mg</i>	5	NM, PA; DL
<i>dasatinib tab 50 mg</i>	5	NM, PA; DL
<i>dasatinib tab 70 mg</i>	5	NM, PA; DL
<i>dasatinib tab 80 mg</i>	5	NM, PA; DL
<i>dasatinib tab 100 mg</i>	5	NM, PA; DL
<i>dasatinib tab 140 mg</i>	5	NM, PA; DL
DAURISMO TAB 25MG	5	NM, LA, PA; DL
DAURISMO TAB 100MG	5	NM, LA, PA; DL
EMPLICITI INJ 300MG	5	NM, LA; DL
EMPLICITI INJ 400MG	5	NM, LA; DL
ERBITUX INJ 100MG	5	NM; DL
ERBITUX INJ 200MG	5	NM; DL
ERIVEDGE CAP 150MG	5	NM, LA; DL
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	NM; DL
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	NM; DL
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	NM; DL
<i>everolimus tab 2.5 mg</i>	5	NM, PA; DL
<i>everolimus tab 5 mg</i>	5	NM, PA; DL
<i>everolimus tab 7.5 mg</i>	5	NM, PA; DL
<i>everolimus tab 10 mg</i>	5	NM, PA; DL
<i>everolimus tab for oral susp 2 mg</i>	5	NM, PA; DL
<i>everolimus tab for oral susp 3 mg</i>	5	NM, PA; DL
<i>everolimus tab for oral susp 5 mg</i>	5	NM, PA; DL
FARYDAK CAP 10MG	5	NM, LA, PA; DL
FARYDAK CAP 15MG	5	NM, LA, PA; DL
FARYDAK CAP 20MG	5	NM, LA, PA; DL
FOTIVDA CAP 0.89MG	5	NM, LA, PA; DL
FOTIVDA CAP 1.34MG	5	NM, LA, PA; DL
FRUZAQLA CAP 1MG	5	NM, LA, PA; DL
FRUZAQLA CAP 5MG	5	NM, LA, PA; DL
GAVRETO CAP 100MG	5	NM, LA, PA; DL
<i>gefitinib tab 250 mg</i>	5	NM, PA; DL
GILOTRIF TAB 20MG	5	NM, LA; DL
GILOTRIF TAB 30MG	5	NM, LA; DL
GILOTRIF TAB 40MG	5	NM, LA; DL
HERCEPTIN INJ 150MG	5	NM, LA; DL

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

Drug Name	Drug Tier	Requirements/Limits
KADCYLA INJ 160MG	5	NM, LA; DL
KEYTRUDA INJ 100MG/4M	5	NM, LA; DL
KISQALI 200 DOSE	5	NM, PA; DL
KISQALI 400 DOSE	5	NM, PA; DL
KISQALI 600 DOSE	5	NM, PA; DL
KOSELUGO CAP 10MG	5	NM, LA, PA; DL
KOSELUGO CAP 25MG	5	NM, LA, PA; DL
KRAZATI TAB 200MG	5	NM, LA, PA; DL
KYPROLIS SOL 30MG	5	NM, LA; DL
KYPROLIS SOL 60MG	5	NM, LA; DL
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	NM; DL
LARTRUVO INJ 10MG/ML	5	LA; DL
LARTRUVO INJ 190/19ML	5	LA; DL
LAZCLUZE TAB 80MG	5	NM, LA, PA; DL
LAZCLUZE TAB 240MG	5	NM, LA, PA; DL
LENVIMA CAP 4MG	5	NM, LA, PA; DL
LENVIMA CAP 8 MG	5	NM, LA, PA; DL
LENVIMA CAP 10 MG	5	NM, LA, PA; DL
LENVIMA CAP 12MG	5	NM, LA, PA; DL
LENVIMA CAP 14 MG	5	NM, LA, PA; DL
LENVIMA CAP 18 MG	5	NM, LA, PA; DL
LENVIMA CAP 20 MG	5	NM, LA, PA; DL
LENVIMA CAP 24 MG	5	NM, LA, PA; DL
LORBRENA TAB 25MG	5	NM, LA, PA; DL
LORBRENA TAB 100MG	5	NM, LA, PA; DL
LUMAKRAS TAB 120MG	5	NM, LA, PA; DL
LUMAKRAS TAB 320MG	5	NM, LA, PA; DL
LYNPARZA TAB 100MG	5	NM, LA, PA; DL
LYNPARZA TAB 150MG	5	NM, LA, PA; DL
LYTGOBI TAB 4MG	5	NM, LA, PA; DL
MEKINIST SOL 0.05/ML	5	NM, LA, PA; DL
MEKINIST TAB 0.5MG	5	NM, LA, PA; DL
MEKINIST TAB 2MG	5	NM, LA, PA; DL
MEKTOVI TAB 15MG	5	NM, LA, PA; DL
NERLYNX TAB 40MG	5	NM, LA, PA; DL
NEXAVAR TAB 200MG	5	NM, LA, PA; DL
NINLARO CAP 2.3MG	5	NM, PA; DL
NINLARO CAP 3MG	5	NM, PA; DL
NINLARO CAP 4MG	5	NM, PA; DL
ODOMZO CAP 200MG	5	NM, LA, PA; DL
OGSIVEO TAB 50MG	5	NM, LA, PA; DL
OGSIVEO TAB 100MG	5	NM, LA, PA; DL
OGSIVEO TAB 150MG	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
OJEMDA SUS 25MG/ML	5	NM, LA, PA; DL
OJEMDA TAB 100MG	5	NM, LA, PA; DL
OJJAARA TAB 100MG	5	NM, LA, PA; DL
OJJAARA TAB 150MG	5	NM, LA, PA; DL
OJJAARA TAB 200MG	5	NM, LA, PA; DL
<i>pazopanib hcl tab 200 mg (base equiv)</i>	5	NM; DL
PEMAZYRE TAB 4.5MG	5	NM, LA, PA; DL
PEMAZYRE TAB 9MG	5	NM, LA, PA; DL
PEMAZYRE TAB 13.5MG	5	NM, LA, PA; DL
PERJETA INJ 420/14ML	5	NM, LA; DL
PIQRAY 200MG TAB DOSE	5	NM, PA; DL
PIQRAY 250MG TAB DOSE	5	NM, PA; DL
PIQRAY 300MG TAB DOSE	5	NM, PA; DL
QINLOCK TAB 50MG	5	NM, LA, PA; DL
RETEVMO CAP 40MG	5	NM, LA, PA; DL
RETEVMO CAP 80MG	5	NM, LA, PA; DL
RETEVMO TAB 40MG	5	NM, LA, PA; DL
RETEVMO TAB 80MG	5	NM, LA, PA; DL
RETEVMO TAB 120MG	5	NM, LA, PA; DL
RETEVMO TAB 160MG	5	NM, LA, PA; DL
REZLIDHIA CAP 150MG	5	NM, LA; DL
RITUXAN INJ 100MG	5	NM, LA; DL
RITUXAN INJ 500MG	5	NM, LA; DL
ROZLYTREK CAP 100MG	5	NM, LA, PA; DL
ROZLYTREK CAP 200MG	5	NM, LA, PA; DL
ROZLYTREK PAK 50MG	5	NM, LA, PA; DL
RUBRACA TAB 200MG	5	NM, LA, PA; DL
RUBRACA TAB 250MG	5	NM, LA, PA; DL
RUBRACA TAB 300MG	5	NM, LA, PA; DL
RYDAPT CAP 25MG	5	NM, PA; DL
SCEMBLIX TAB 20MG	5	NM, PA; DL
SCEMBLIX TAB 40MG	5	NM, PA; DL
SCEMBLIX TAB 100MG	5	NM, PA; DL
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	NM, PA; DL
SPRYCEL TAB 20MG	5	NM, PA; DL
SPRYCEL TAB 50MG	5	NM, PA; DL
SPRYCEL TAB 70MG	5	NM, PA; DL
SPRYCEL TAB 80MG	5	NM, PA; DL
SPRYCEL TAB 100MG	5	NM, PA; DL
SPRYCEL TAB 140MG	5	NM, PA; DL
STIVARGA TAB 40MG	5	NM, LA, PA; DL
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate cap 25 mg (base equivalent)</i>	5	NM, PA; DL
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	5	NM, PA; DL
<i>sunitinib malate cap 50 mg (base equivalent)</i>	5	NM, PA; DL
TABRECTA TAB 150MG	5	NM, PA; DL
TABRECTA TAB 200MG	5	NM, PA; DL
TAFINLAR CAP 50MG	5	NM, LA; DL
TAFINLAR CAP 75MG	5	NM, LA; DL
TAFINLAR TAB 10MG	5	NM, LA; DL
TAGRISSE TAB 40MG	5	NM, LA, PA; DL
TAGRISSE TAB 80MG	5	NM, LA, PA; DL
TALZENNA CAP 0.1MG	5	NM, LA, PA; DL
TALZENNA CAP 0.5MG	5	NM, LA, PA; DL
TALZENNA CAP 0.25MG	5	NM, LA, PA; DL
TALZENNA CAP 0.35MG	5	NM, LA, PA; DL
TALZENNA CAP 0.75MG	5	NM, LA, PA; DL
TALZENNA CAP 1MG	5	NM, LA, PA; DL
TASIGNA CAP 50MG	5	NM; DL
TASIGNA CAP 150MG	5	NM; DL
TASIGNA CAP 200MG	5	NM; DL
TAZVERIK TAB 200MG	5	NM, LA, PA; DL
TECENTRIQ INJ 1200/20	5	NM, LA; DL
TECVAYLI INJ 30MG/3ML	5	NM, LA, PA; DL
TECVAYLI INJ 153/1.7	5	NM, LA, PA; DL
TEPMETKO TAB 225MG	5	NM, LA, PA; DL
TIBSOVO TAB 250MG	5	NM, LA; DL
TORISEL INJ 25MG/ML	5	NM; DL
<i>torpenz tab 2.5mg</i>	5	NM, LA, PA; DL
<i>torpenz tab 5mg</i>	5	NM, LA, PA; DL
<i>torpenz tab 7.5mg</i>	5	NM, LA, PA; DL
<i>torpenz tab 10mg</i>	5	NM, LA, PA; DL
TRUQAP PAK 160MG	5	NM, LA, PA; DL
TRUQAP PAK 200MG	5	NM, LA, PA; DL
TRUQAP TAB 160MG	5	NM, LA, PA; DL
TRUQAP TAB 200MG	5	NM, LA, PA; DL
TRUSELTIQ CAP 50MG	5	LA, PA; DL
TRUSELTIQ CAP 75MG	5	LA, PA; DL
TRUSELTIQ CAP 100MG	5	LA, PA; DL
TRUSELTIQ CAP 125MG	5	LA, PA; DL
TUKYSA TAB 50MG	5	NM, LA, PA; DL
TUKYSA TAB 150MG	5	NM, LA, PA; DL
TURALIO CAP 125MG	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
TURALIO CAP 200MG	5	NM, LA, PA; DL
UKONIQ TAB 200MG	5	LA, PA; DL
VANFLYTA TAB 17.7MG	5	NM, LA, PA; DL
VANFLYTA TAB 26.5MG	5	NM, LA, PA; DL
VECTIBIX INJ 100MG	5	NM, LA; DL
VECTIBIX INJ 400MG	5	NM, LA; DL
VENCLEXTA TAB 10MG	4	NM, LA, PA; DL
VENCLEXTA TAB 50MG	4	NM, LA, PA; DL
VENCLEXTA TAB 100MG	5	NM, LA, PA; DL
VENCLEXTA TAB START PK	5	NM, LA, PA; DL
VERZENIO TAB 50MG	5	NM, LA, PA; DL
VERZENIO TAB 100MG	5	NM, LA, PA; DL
VERZENIO TAB 150MG	5	NM, LA, PA; DL
VERZENIO TAB 200MG	5	NM, LA, PA; DL
VITRAKVI CAP 25MG	5	NM, LA, PA; DL
VITRAKVI CAP 100MG	5	NM, LA, PA; DL
VITRAKVI SOL 20MG/ML	5	NM, LA, PA; DL
VIZIMPRO TAB 15MG	5	NM, LA, PA; DL
VIZIMPRO TAB 30MG	5	NM, LA, PA; DL
VIZIMPRO TAB 45MG	5	NM, LA, PA; DL
VONJO CAP 100MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
VORANIGO TAB 10MG	5	NM, LA, PA; DL
VORANIGO TAB 40MG	5	NM, LA, PA; DL
VOTRIENT TAB 200MG	5	NM, LA; DL
XALKORI CAP 20MG	5	NM, LA, PA; DL
XALKORI CAP 50MG	5	NM, LA, PA; DL
XALKORI CAP 150MG	5	NM, LA, PA; DL
XALKORI CAP 200MG	5	NM, LA, PA; DL
XALKORI CAP 250MG	5	NM, LA, PA; DL
XOSPATA TAB 40MG	5	NM, LA, PA; DL
XPOVIO 40 MG TWICE WEEKLY	5	NM, LA, PA; DL
XPOVIO PAK 40MG	5	NM, LA, PA; DL
XPOVIO PAK 50MG	5	NM, LA, PA; DL
XPOVIO PAK 60MG	5	NM, LA, PA; DL
XPOVIO PAK 80MG	5	NM, LA, PA; DL
ZEJULA TAB 100MG	5	NM, LA, PA; DL
ZEJULA TAB 200MG	5	NM, LA, PA; DL
ZEJULA TAB 300MG	5	NM, LA, PA; DL
ZELBORAF TAB 240MG	5	NM, LA, PA; DL
ZOLINZA CAP 100MG	5	NM; DL
ZYDELIG TAB 100MG	5	NM, LA, PA; DL
ZYDELIG TAB 150MG	5	NM, LA, PA; DL
ZYKADIA TAB 150MG	5	NM, LA, PA; DL

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

amlodipine besylate-benazepril hcl cap 2.5-10 mg	2	
amlodipine besylate-benazepril hcl cap 5-10 mg	2	
amlodipine besylate-benazepril hcl cap 5-20 mg	2	
amlodipine besylate-benazepril hcl cap 5-40 mg	2	
amlodipine besylate-benazepril hcl cap 10-20 mg	2	
amlodipine besylate-benazepril hcl cap 10-40 mg	2	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	2	

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	2	
<i>captopril tab 25 mg</i>	2	
<i>captopril tab 50 mg</i>	2	
<i>captopril tab 100 mg</i>	2	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	2	
<i>perindopril erbumine tab 4 mg</i>	2	
<i>perindopril erbumine tab 8 mg</i>	2	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
KERENDIA TAB 10MG	4	
KERENDIA TAB 20MG	4	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	2	
ENTRESTO CAP 6-6MG	3	
ENTRESTO CAP 15-16MG	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	2	
<i>telmisartan-amlodipine tab 40-10 mg</i>	2	
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	2	
<i>candesartan cilexetil tab 8 mg</i>	2	
<i>candesartan cilexetil tab 16 mg</i>	2	
<i>candesartan cilexetil tab 32 mg</i>	2	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	2	
<i>olmesartan medoxomil tab 20 mg</i>	2	
<i>olmesartan medoxomil tab 40 mg</i>	2	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	2	
<i>amiodarone hcl tab 100 mg</i>	2	
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	2	
<i>disopyramide phosphate cap 150 mg</i>	2	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	3	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	3	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	3	NM

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>mexiletine hcl cap 150 mg</i>	3	
<i>mexiletine hcl cap 200 mg</i>	3	
<i>mexiletine hcl cap 250 mg</i>	3	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	
NORPACE CAP 150MG CR	4	
<i>pacerone</i>	2	
<i>procainamide hcl inj 100 mg/ml</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	3	
<i>propafenone hcl cap er 12hr 325 mg</i>	3	
<i>propafenone hcl cap er 12hr 425 mg</i>	3	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>quinidine gluconate tab er 324 mg</i>	3	
<i>quinidine sulfate tab 200 mg</i>	3	
<i>quinidine sulfate tab 300 mg</i>	3	
<i>sorine</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized cap 43 mg</i>	2	
<i>fenofibrate micronized cap 67 mg</i>	2	
<i>fenofibrate micronized cap 134 mg</i>	2	
<i>fenofibrate micronized cap 200 mg</i>	2	
<i>fenofibrate tab 48 mg</i>	2	
<i>fenofibrate tab 54 mg</i>	2	
<i>fenofibrate tab 145 mg</i>	2	
<i>fenofibrate tab 160 mg</i>	2	
<i>gemfibrozil tab 600 mg</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	2	
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2	
LIVALO TAB 1MG	4	
LIVALO TAB 2MG	4	
LIVALO TAB 4MG	4	
<i>lovastatin tab 10 mg</i>	1	
<i>lovastatin tab 20 mg</i>	1	
<i>lovastatin tab 40 mg</i>	1	
<i>pitavastatin calcium tab 1 mg</i>	4	
<i>pitavastatin calcium tab 2 mg</i>	4	
<i>pitavastatin calcium tab 4 mg</i>	4	
<i>pravastatin sodium tab 10 mg</i>	1	
<i>pravastatin sodium tab 20 mg</i>	1	
<i>pravastatin sodium tab 40 mg</i>	1	
<i>pravastatin sodium tab 80 mg</i>	1	
<i>rosuvastatin calcium tab 5 mg</i>	1	
<i>rosuvastatin calcium tab 10 mg</i>	1	
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	1	
<i>simvastatin tab 10 mg</i>	1	
<i>simvastatin tab 20 mg</i>	1	
<i>simvastatin tab 40 mg</i>	1	
<i>simvastatin tab 80 mg</i>	1	
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	4	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
<i>ezetimibe tab 10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
<i>icosapent ethyl cap 0.5 gm</i>	3	
<i>icosapent ethyl cap 1 gm</i>	3	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	3	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	3	
<i>niacor</i>	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	
PRALUENT INJ 75MG/ML	3	QL (2 injections / 28 days), NM, PA; DL
PRALUENT INJ 150MG/ML	3	QL (2 injections / 28 days), NM, PA; DL
<i>prevalite</i>	2	
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	

BETA-BLOCKERS

<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	2	
<i>betaxolol hcl tab 20 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	3	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	3	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	3	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	3	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl iv soln 5 mg/ml</i>	2	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	3	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	3	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	3	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	3	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>diltiazem hcl tab er 24hr 120 mg</i>	2	
<i>diltiazem hcl tab er 24hr 180 mg</i>	2	
<i>diltiazem hcl tab er 24hr 240 mg</i>	2	
<i>diltiazem hcl tab er 24hr 300 mg</i>	2	
<i>diltiazem hcl tab er 24hr 360 mg</i>	2	
<i>diltiazem hcl tab er 24hr 420 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	2	
<i>isradipine cap 5 mg</i>	2	
<i>matzim la tab 180mg/24</i>	2	
<i>matzim la tab 240mg/24</i>	2	
<i>matzim la tab 300mg/24</i>	2	
<i>matzim la tab 360mg/24</i>	2	
<i>matzim la tab 420mg/24</i>	2	
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	4	
<i>nisoldipine tab er 24hr 8.5 mg</i>	4	
<i>nisoldipine tab er 24hr 17 mg</i>	4	
<i>nisoldipine tab er 24hr 20 mg</i>	4	
<i>nisoldipine tab er 24hr 25.5 mg</i>	4	
<i>nisoldipine tab er 24hr 30 mg</i>	4	
<i>nisoldipine tab er 24hr 34 mg</i>	4	
<i>nisoldipine tab er 24hr 40 mg</i>	4	
<i>tiadylt er</i>	2	
<i>verapamil hcl cap er 24hr 100 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	
<i>verapamil hcl cap er 24hr 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 300 mg</i>	2	
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl tab 40 mg</i>	2	
<i>verapamil hcl tab 80 mg</i>	2	
<i>verapamil hcl tab 120 mg</i>	2	
<i>verapamil hcl tab er 120 mg</i>	2	
<i>verapamil hcl tab er 180 mg</i>	2	
<i>verapamil hcl tab er 240 mg</i>	2	

DIURETICS

<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	2	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torsemide tab 5 mg</i>	2	
<i>torsemide tab 10 mg</i>	2	
<i>torsemide tab 20 mg</i>	2	
<i>torsemide tab 100 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
<i>triamterene cap 50 mg</i>	2	
<i>triamterene cap 100 mg</i>	2	
MISCELLANEOUS		
<i>ADRENALIN INJ 1MG/ML</i>	3	
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	3	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	3	
<i>clonidine hcl tab 0.1 mg</i>	2	
<i>clonidine hcl tab 0.2 mg</i>	2	
<i>clonidine hcl tab 0.3 mg</i>	2	
<i>CORLANOR TAB 5MG</i>	4	
<i>CORLANOR TAB 7.5MG</i>	4	
<i>digoxin inj 0.25 mg/ml</i>	2	
<i>digoxin oral soln 0.05 mg/ml</i>	3	
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	
<i>droxidopa cap 100 mg</i>	5	QL (90 caps / 30 days), NM; DL

Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa cap 200 mg</i>	5	QL (180 caps / 30 days), NM; DL
<i>droxidopa cap 300 mg</i>	5	QL (180 caps / 30 days), NM; DL
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>metirosine cap 250 mg</i>	5	NM; DL
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>ranolazine tab er 12hr 500 mg</i>	3	
<i>ranolazine tab er 12hr 1000 mg</i>	3	
VERQUVO TAB 2.5MG	4	
VERQUVO TAB 5MG	4	
VERQUVO TAB 10MG	4	
VYNDAMAX CAP 61MG	5	NM, LA, PA; DL

NITRATES

<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
NITRO-BID OIN 2%	3	
NITROGLYCER INJ 5MG/ML	3	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

Drug Name	Drug Tier	Requirements/Limits
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PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TAB 0.5MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ADEMPAS TAB 1.5MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ADEMPAS TAB 1MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ADEMPAS TAB 2.5MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ADEMPAS TAB 2MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
<i>alyq</i>	5	NM, PA; DL
<i>ambrisentan tab 5 mg</i>	5	NM, LA, PA; DL
<i>ambrisentan tab 10 mg</i>	5	NM, LA, PA; DL
OPSUMIT TAB 10MG	5	NM, LA, PA; DL
<i>sildenafil citrate for suspension 10 mg/ml</i>	5	QL (180 mL / 30 days), NM, PA; DL
<i>sildenafil citrate tab 20 mg</i>	2	QL (90 tabs / 30 days), NM, PA; DL
<i>tadalafil tab 20 mg (pah)</i>	5	NM, PA; DL
TYVASO DPI POW 16-32-48	5	NM, LA, PA; DL
TYVASO DPI POW 16-32MCG	5	NM, LA, PA; DL
TYVASO DPI POW 16MCG	5	NM, LA, PA; DL
TYVASO DPI POW 32-48MCG	5	NM, LA, PA; DL
TYVASO DPI POW 32MCG	5	NM, LA, PA; DL
TYVASO DPI POW 48MCG	5	NM, LA, PA; DL
TYVASO DPI POW 64MCG	5	NM, LA, PA; DL
UPTRAVI TAB 200MCG	5	NM, LA, PA; DL
UPTRAVI TAB 400MCG	5	NM, LA, PA; DL
UPTRAVI TAB 600MCG	5	NM, LA, PA; DL
UPTRAVI TAB 800MCG	5	NM, LA, PA; DL
UPTRAVI TAB 1000MCG	5	NM, LA, PA; DL
UPTRAVI TAB 1200MCG	5	NM, LA, PA; DL
UPTRAVI TAB 1400MCG	5	NM, LA, PA; DL
UPTRAVI TAB 1600MCG	5	NM, LA, PA; DL
VENTAVIS SOL 10MCG/ML	5	NM, LA, PA; DL
VENTAVIS SOL 20MCG/ML	5	NM, LA, PA; DL

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

ALPRAZOLAM CON 1 MG/ML	3	DL
<i>alprazolam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl tab 5 mg</i>	2	
<i>buspirone hcl tab 7.5 mg</i>	2	
<i>buspirone hcl tab 10 mg</i>	2	
<i>buspirone hcl tab 15 mg</i>	2	
<i>buspirone hcl tab 30 mg</i>	2	
<i>chlordiazepoxide hcl cap 5 mg</i>	2	
<i>chlordiazepoxide hcl cap 10 mg</i>	2	
<i>chlordiazepoxide hcl cap 25 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	2	
<i>fluvoxamine maleate tab 50 mg</i>	2	
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam intensol</i>	2	DL
<i>lorazepam tab 0.5 mg</i>	2	
<i>lorazepam tab 1 mg</i>	2	
<i>lorazepam tab 2 mg</i>	2	
LOREEV XR CAP 1.5MG	4	
LOREEV XR CAP 1MG	4	
LOREEV XR CAP 2MG	4	
LOREEV XR CAP 3MG	4	
<i>oxazepam cap 10 mg</i>	2	
<i>oxazepam cap 15 mg</i>	2	
<i>oxazepam cap 30 mg</i>	2	
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	2	
<i>ergoloid mesylates tab 1 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	3	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	3	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	3	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	
<i>galantamine hydrobromide tab 8 mg</i>	2	
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg</i>	3	
<i>memantine hcl cap er 24hr 14 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl cap er 24hr 21 mg</i>	3	
<i>memantine hcl cap er 24hr 28 mg</i>	3	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl tab 5 mg</i>	2	
<i>memantine hcl tab 10 mg</i>	2	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	
<i>rivastigmine transdermal</i>	3	
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	3	
<i>amitriptyline hcl tab 25 mg</i>	3	
<i>amitriptyline hcl tab 50 mg</i>	3	
<i>amitriptyline hcl tab 75 mg</i>	3	
<i>amitriptyline hcl tab 100 mg</i>	3	
<i>amitriptyline hcl tab 150 mg</i>	3	
<i>amoxapine tab 25 mg</i>	2	
<i>amoxapine tab 50 mg</i>	2	
<i>amoxapine tab 100 mg</i>	2	
<i>amoxapine tab 150 mg</i>	2	
AUVELITY TAB 45-105MG	4	
<i>bupropion hcl tab 75 mg</i>	2	
<i>bupropion hcl tab 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 150 mg</i>	2	
<i>bupropion hcl tab er 12hr 200 mg</i>	2	
<i>bupropion hcl tab er 24hr 150 mg</i>	3	
<i>bupropion hcl tab er 24hr 300 mg</i>	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	2	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	2	
<i>clomipramine hcl cap 25 mg</i>	3	
<i>clomipramine hcl cap 50 mg</i>	3	
<i>desipramine hcl tab 10 mg</i>	2	
<i>desipramine hcl tab 25 mg</i>	2	
<i>desipramine hcl tab 50 mg</i>	2	
<i>desipramine hcl tab 75 mg</i>	2	
<i>desipramine hcl tab 100 mg</i>	2	
<i>desipramine hcl tab 150 mg</i>	2	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	3	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	3	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	3	
<i>doxepin hcl cap 10 mg</i>	3	
<i>doxepin hcl cap 25 mg</i>	3	
<i>doxepin hcl cap 50 mg</i>	3	
<i>doxepin hcl cap 75 mg</i>	3	
<i>doxepin hcl cap 100 mg</i>	3	
<i>doxepin hcl cap 150 mg</i>	3	
<i>doxepin hcl conc 10 mg/ml</i>	3	
DRIZALMA CAP 20MG DR	4	PA
DRIZALMA CAP 30MG DR	4	PA
DRIZALMA CAP 40MG DR	4	PA
DRIZALMA CAP 60MG DR	4	PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	3	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	3	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	3	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	3	
EMSAM DIS 6MG/24HR	5	DL
EMSAM DIS 9MG/24HR	5	DL
EMSAM DIS 12MG/24H	5	DL
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	2	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	2	
FETZIMA CAP 20MG	4	
FETZIMA CAP 40MG	4	
FETZIMA CAP 80MG	4	
FETZIMA CAP 120MG	4	
FETZIMA CAP TITRATIO	4	
<i>fluoxetine hcl cap 10 mg</i>	2	
<i>fluoxetine hcl cap 20 mg</i>	2	
<i>fluoxetine hcl cap 40 mg</i>	2	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>imipramine hcl tab 10 mg</i>	3	
<i>imipramine hcl tab 25 mg</i>	3	
<i>imipramine hcl tab 50 mg</i>	3	
MARPLAN TAB 10MG	4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	
<i>mirtazapine tab 7.5 mg</i>	2	
<i>mirtazapine tab 15 mg</i>	2	
<i>mirtazapine tab 30 mg</i>	2	
<i>mirtazapine tab 45 mg</i>	2	
<i>nefazodone hcl tab 50 mg</i>	2	
<i>nefazodone hcl tab 100 mg</i>	2	
<i>nefazodone hcl tab 150 mg</i>	2	
<i>nefazodone hcl tab 200 mg</i>	2	
<i>nefazodone hcl tab 250 mg</i>	2	
<i>nortriptyline hcl cap 10 mg</i>	2	
<i>nortriptyline hcl cap 25 mg</i>	2	
<i>nortriptyline hcl cap 50 mg</i>	2	
<i>nortriptyline hcl cap 75 mg</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	2	
<i>paroxetine hcl tab 10 mg</i>	2	
<i>paroxetine hcl tab 20 mg</i>	2	
<i>paroxetine hcl tab 30 mg</i>	2	
<i>paroxetine hcl tab 40 mg</i>	2	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	3	
<i>paroxetine hcl tab er 24hr 25 mg</i>	3	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	3	
<i>phenelzine sulfate tab 15 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline hcl tab 5 mg</i>	2	
<i>protriptyline hcl tab 10 mg</i>	2	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	
<i>sertraline hcl tab 25 mg</i>	2	
<i>sertraline hcl tab 50 mg</i>	2	
<i>sertraline hcl tab 100 mg</i>	2	
<i>tranylcypromine sulfate tab 10 mg</i>	2	
<i>trazodone hcl tab 50 mg</i>	2	
<i>trazodone hcl tab 100 mg</i>	2	
<i>trazodone hcl tab 150 mg</i>	2	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg</i>	3	
<i>trimipramine maleate cap 50 mg</i>	3	
<i>trimipramine maleate cap 100 mg</i>	3	
TRINTELLIX TAB 5MG	4	
TRINTELLIX TAB 10MG	4	
TRINTELLIX TAB 20MG	4	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	3	
VENLAFAXINE TAB 112.5MG	3	
<i>vilazodone hcl tab 10 mg</i>	3	
<i>vilazodone hcl tab 20 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>vilazodone hcl tab 40 mg</i>	3	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
<i>benztropine mesylate inj 1 mg/ml</i>	3	
<i>benztropine mesylate tab 0.5 mg</i>	2	
<i>benztropine mesylate tab 1 mg</i>	2	
<i>benztropine mesylate tab 2 mg</i>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa tab 25 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	3	
<i>entacapone tab 200 mg</i>	3	
INBRIJA CAP 42MG	5	NM, LA; DL
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	
NEUPRO DIS 8MG/24HR	4	
NOURIANZ TAB 20MG	5	NM, LA; DL
NOURIANZ TAB 40MG	5	NM, LA; DL

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	3	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	3	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
RYTARY CAP 95MG	4	
RYTARY CAP 145MG	4	
RYTARY CAP 195MG	4	
RYTARY CAP 245MG	4	
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
<i>tolcapone tab 100 mg</i>	5	DL
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl tab 2 mg</i>	2	
<i>trihexyphenidyl hcl tab 5 mg</i>	2	
ANTIPSYCHOTICS		
ABILIFY ASIM INJ 720MG	5	DL
ABILIFY ASIM INJ 960MG	5	DL
ABILIFY MAIN INJ 300MG	5	QL (1 injection / 28 days); DL
ABILIFY MAIN INJ 400MG	5	QL (1 injection / 28 days); DL
<i>aripiprazole oral solution 1 mg/ml</i>	4	
<i>aripiprazole orally disintegrating tab 10 mg</i>	4	
<i>aripiprazole orally disintegrating tab 15 mg</i>	4	
<i>aripiprazole tab 2 mg</i>	4	
<i>aripiprazole tab 5 mg</i>	4	
<i>aripiprazole tab 10 mg</i>	4	
<i>aripiprazole tab 15 mg</i>	4	
<i>aripiprazole tab 20 mg</i>	4	
<i>aripiprazole tab 30 mg</i>	4	
ARISTADA INJ 441MG/1.	5	DL
ARISTADA INJ 662MG/2	5	DL

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ 882MG/3	5	DL
ARISTADA INJ 1064MG	5	DL
ARISTADA INJ INITIO	5	DL
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	4	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	4	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	4	
CAPLYTA CAP 10.5MG	5	DL
CAPLYTA CAP 21MG	5	DL
CAPLYTA CAP 42MG	5	DL
<i>chlorpromazine hcl inj 50 mg/2ml</i>	3	
<i>chlorpromazine hcl tab 10 mg</i>	3	
<i>chlorpromazine hcl tab 25 mg</i>	3	
<i>chlorpromazine hcl tab 50 mg</i>	3	
<i>chlorpromazine hcl tab 100 mg</i>	3	
<i>chlorpromazine hcl tab 200 mg</i>	3	
<i>clozapine orally disintegrating tab 12.5 mg</i>	3	
<i>clozapine orally disintegrating tab 25 mg</i>	3	
<i>clozapine orally disintegrating tab 100 mg</i>	3	
<i>clozapine orally disintegrating tab 150 mg</i>	3	
<i>clozapine orally disintegrating tab 200 mg</i>	5	DL
<i>clozapine tab 25 mg</i>	2	
<i>clozapine tab 50 mg</i>	2	
<i>clozapine tab 100 mg</i>	2	
<i>clozapine tab 200 mg</i>	2	
FANAPT TAB 1MG	5	DL
FANAPT TAB 2MG	5	DL
FANAPT TAB 4MG	5	DL
FANAPT TAB 6MG	5	DL
FANAPT TAB 8MG	5	DL
FANAPT TAB 10MG	5	DL
FANAPT TAB 12MG	5	DL
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	2	
<i>fluphenazine hcl tab 1 mg</i>	2	
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	
<i>fluphenazine hcl tab 10 mg</i>	2	
GEODON INJ 20MG	4	DL
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	
<i>haloperidol tab 5 mg</i>	2	
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
INVEGA HAFYE INJ 1092MG	5	QL (1 injection / 180 days); DL
INVEGA HAFYE INJ 1560MG	5	QL (1 injection / 180 days); DL
INVEGA SUST INJ 39/0.25	3	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	5	QL (1 injection / 28 days); DL
INVEGA SUST INJ 117/0.75	5	QL (1 injection / 28 days); DL
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days); DL
INVEGA SUST INJ 234/1.5	5	QL (1 injection / 28 days); DL
INVEGA TRINZ INJ 273MG	5	QL (1 syringe / 90 days); DL
INVEGA TRINZ INJ 410MG	5	QL (1 syringe / 90 days); DL
INVEGA TRINZ INJ 546MG	5	QL (1 syringe / 90 days); DL
INVEGA TRINZ INJ 819MG	5	QL (1 syringe / 90 days); DL
<i>loxapine succinate cap 5 mg</i>	2	
<i>loxapine succinate cap 10 mg</i>	2	
<i>loxapine succinate cap 25 mg</i>	2	
<i>loxapine succinate cap 50 mg</i>	2	
<i>lurasidone hcl tab 20 mg</i>	4	
<i>lurasidone hcl tab 40 mg</i>	4	
<i>lurasidone hcl tab 60 mg</i>	4	
<i>lurasidone hcl tab 80 mg</i>	4	
<i>lurasidone hcl tab 120 mg</i>	4	
LYBALVI TAB 5-10MG	5	DL
LYBALVI TAB 10-10MG	5	DL
LYBALVI TAB 15-10MG	5	DL
LYBALVI TAB 20-10MG	5	DL
<i>molindone hcl tab 5 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>molindone hcl tab 10 mg</i>	4	
<i>molindone hcl tab 25 mg</i>	4	
NUPLAZID CAP 34MG	5	NM, LA, PA; DL
NUPLAZID TAB 10MG	5	NM, LA, PA; DL
<i>olanzapine for im inj 10 mg</i>	2	
<i>olanzapine orally disintegrating tab 5 mg</i>	3	
<i>olanzapine orally disintegrating tab 10 mg</i>	3	
<i>olanzapine orally disintegrating tab 15 mg</i>	3	
<i>olanzapine orally disintegrating tab 20 mg</i>	3	
<i>olanzapine tab 2.5 mg</i>	2	
<i>olanzapine tab 5 mg</i>	2	
<i>olanzapine tab 7.5 mg</i>	2	
<i>olanzapine tab 10 mg</i>	2	
<i>olanzapine tab 15 mg</i>	2	
<i>olanzapine tab 20 mg</i>	2	
<i>paliperidone tab er 24hr 1.5 mg</i>	4	
<i>paliperidone tab er 24hr 3 mg</i>	4	
<i>paliperidone tab er 24hr 6 mg</i>	4	
<i>paliperidone tab er 24hr 9 mg</i>	4	
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	
<i>perphenazine tab 8 mg</i>	2	
<i>perphenazine tab 16 mg</i>	2	
PERSERIS INJ 90MG	5	DL
PERSERIS INJ 120MG	5	DL
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	
<i>quetiapine fumarate tab 25 mg</i>	2	
<i>quetiapine fumarate tab 50 mg</i>	2	
<i>quetiapine fumarate tab 100 mg</i>	2	
<i>quetiapine fumarate tab 150 mg</i>	2	
<i>quetiapine fumarate tab 200 mg</i>	2	
<i>quetiapine fumarate tab 300 mg</i>	2	
<i>quetiapine fumarate tab 400 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	3	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	3	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	3	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	3	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	3	
REXULTI TAB 0.5MG	5	DL
REXULTI TAB 0.25MG	5	DL
REXULTI TAB 1MG	5	DL
REXULTI TAB 2MG	5	QL (30 tabs / 30 days); DL

Drug Name	Drug Tier	Requirements/Limits
REXULTI TAB 3MG	5	QL (30 tabs / 30 days); DL
REXULTI TAB 4MG	5	QL (30 tabs / 30 days); DL
RISPERDAL INJ 12.5MG	4	DL
RISPERDAL INJ 25MG	4	DL
RISPERDAL INJ 37.5MG	4	DL
RISPERDAL INJ 50MG	4	DL
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	4	DL
<i>risperidone microspheres for im extended rel susp 25 mg</i>	4	DL
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	4	DL
<i>risperidone microspheres for im extended rel susp 50 mg</i>	4	DL
<i>risperidone orally disintegrating tab 0.5 mg</i>	3	
<i>risperidone orally disintegrating tab 0.25 mg</i>	3	
<i>risperidone orally disintegrating tab 1 mg</i>	3	
<i>risperidone orally disintegrating tab 2 mg</i>	3	
<i>risperidone orally disintegrating tab 3 mg</i>	3	
<i>risperidone orally disintegrating tab 4 mg</i>	3	
<i>risperidone soln 1 mg/ml</i>	2	
<i>risperidone tab 0.5 mg</i>	2	
<i>risperidone tab 0.25 mg</i>	2	
<i>risperidone tab 1 mg</i>	2	
<i>risperidone tab 2 mg</i>	2	
<i>risperidone tab 3 mg</i>	2	
<i>risperidone tab 4 mg</i>	2	
SECUADO DIS 3.8MG	5	DL
SECUADO DIS 5.7MG	5	DL
SECUADO DIS 7.6MG	5	DL
<i>thioridazine hcl tab 10 mg</i>	3	
<i>thioridazine hcl tab 25 mg</i>	3	
<i>thioridazine hcl tab 50 mg</i>	3	
<i>thioridazine hcl tab 100 mg</i>	3	
<i>thiothixene cap 1 mg</i>	2	
<i>thiothixene cap 2 mg</i>	2	
<i>thiothixene cap 5 mg</i>	2	
<i>thiothixene cap 10 mg</i>	2	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	
UZEDY INJ 50MG	5	DL
UZEDY INJ 75MG	5	DL
UZEDY INJ 100MG	5	DL
UZEDY INJ 125MG	5	DL
UZEDY INJ 150MG	5	DL
UZEDY INJ 200MG	5	DL
UZEDY INJ 250MG	5	DL
VERSACLOZ SUS 50MG/ML	5	DL
VRAYLAR CAP 1.5MG	5	DL
VRAYLAR CAP 3MG	5	DL
VRAYLAR CAP 4.5MG	5	DL
VRAYLAR CAP 6MG	5	DL
<i>ziprasidone hcl cap 20 mg</i>	2	
<i>ziprasidone hcl cap 40 mg</i>	2	
<i>ziprasidone hcl cap 60 mg</i>	2	
<i>ziprasidone hcl cap 80 mg</i>	2	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	3	
ZYPREXA RELP INJ 210MG	4	NM; DL
ZYPREXA RELP INJ 300MG	5	NM; DL
ZYPREXA RELP INJ 405MG	5	NM; DL
ANTISEIZURE AGENTS		
APTIOM TAB 200MG	5	DL
APTIOM TAB 400MG	5	DL
APTIOM TAB 600MG	5	DL
APTIOM TAB 800MG	5	DL
BRIVIACT INJ 50MG/5ML	5	DL
BRIVIACT SOL 10MG/ML	5	DL
BRIVIACT TAB 10MG	5	DL
BRIVIACT TAB 25MG	5	DL
BRIVIACT TAB 50MG	5	DL
BRIVIACT TAB 75MG	5	DL
BRIVIACT TAB 100MG	5	DL
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	
CELONTIN CAP 300MG	3	
<i>clobazam suspension 2.5 mg/ml</i>	4	
<i>clobazam tab 10 mg</i>	4	
<i>clobazam tab 20 mg</i>	4	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	2	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	2	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	2	
<i>clonazepam orally disintegrating tab 1 mg</i>	2	
<i>clonazepam orally disintegrating tab 2 mg</i>	2	
<i>clonazepam tab 0.5 mg</i>	2	
<i>clonazepam tab 1 mg</i>	2	
<i>clonazepam tab 2 mg</i>	2	
<i>clorazepate dipotassium tab 3.75 mg</i>	2	
<i>clorazepate dipotassium tab 7.5 mg</i>	2	
<i>clorazepate dipotassium tab 15 mg</i>	2	
DIACOMIT CAP 250MG	5	NM, LA, PA; DL
DIACOMIT CAP 500MG	5	NM, LA, PA; DL
DIACOMIT PAK 250MG	5	NM, LA, PA; DL
DIACOMIT PAK 500MG	5	NM, LA, PA; DL
<i>diazepam inj 5 mg/ml</i>	3	DL
<i>diazepam intensol</i>	3	DL
<i>diazepam oral soln 1 mg/ml</i>	2	DL
<i>diazepam rectal gel delivery system 2.5 mg</i>	2	
<i>diazepam rectal gel delivery system 10 mg</i>	2	
<i>diazepam rectal gel delivery system 20 mg</i>	2	
<i>diazepam tab 2 mg</i>	2	
<i>diazepam tab 5 mg</i>	2	
<i>diazepam tab 10 mg</i>	2	
DILANTIN CAP 30MG	4	
DILANTIN CAP 100MG	4	
DILANTIN CHW 50MG	4	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	3	
<i>divalproex sodium tab er 24 hr 500 mg</i>	3	
EPIDIOLEX SOL 100MG/ML	5	NM, LA, PA; DL
<i>epitol</i>	2	
EPRONTIA SOL 25MG/ML	4	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	2	
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
FINTEPLA SOL 2.2MG/ML	5	NM, LA; DL
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	2	
FYCOMPA SUS 0.5MG/ML	5	DL
FYCOMPA TAB 2MG	4	QL (30 tabs / 30 days); DL
FYCOMPA TAB 4MG	5	DL
FYCOMPA TAB 6MG	5	DL
FYCOMPA TAB 8MG	5	DL
FYCOMPA TAB 10MG	5	DL
FYCOMPA TAB 12MG	5	DL
<i>gabapentin cap 100 mg</i>	2	
<i>gabapentin cap 300 mg</i>	2	
<i>gabapentin cap 400 mg</i>	2	
<i>gabapentin oral soln 250 mg/5ml</i>	2	
<i>gabapentin tab 600 mg</i>	2	
<i>gabapentin tab 800 mg</i>	2	
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide tab 50 mg</i>	4	
<i>lacosamide tab 100 mg</i>	4	
<i>lacosamide tab 150 mg</i>	4	
<i>lacosamide tab 200 mg</i>	4	
<i>lamotrigine orally disintegrating tab 25 mg</i>	2	
<i>lamotrigine orally disintegrating tab 50 mg</i>	2	
<i>lamotrigine orally disintegrating tab 100 mg</i>	2	
<i>lamotrigine orally disintegrating tab 200 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	2	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	
<i>lamotrigine tab 100 mg</i>	2	
<i>lamotrigine tab 150 mg</i>	2	
<i>lamotrigine tab 200 mg</i>	2	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	2	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	2	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	2	
<i>lamotrigine tab er 24hr 25 mg</i>	4	
<i>lamotrigine tab er 24hr 50 mg</i>	4	
<i>lamotrigine tab er 24hr 100 mg</i>	4	
<i>lamotrigine tab er 24hr 200 mg</i>	4	
<i>lamotrigine tab er 24hr 250 mg</i>	4	
<i>lamotrigine tab er 24hr 300 mg</i>	4	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	3	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	3	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
LIBERVANT MIS 5MG	4	
LIBERVANT MIS 7.5MG	4	
LIBERVANT MIS 10MG	4	
LIBERVANT MIS 12.5MG	4	
LIBERVANT MIS 15MG	4	
<i>lorazepam inj 2 mg/ml</i>	3	DL
<i>lorazepam inj 4 mg/ml</i>	3	DL
<i>methsuximide cap 300 mg</i>	3	
MOTPOLY XR CAP 100MG	4	
MOTPOLY XR CAP 150MG	4	
MOTPOLY XR CAP 200MG	4	
NAYZILAM SPR 5MG	4	DL
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg</i>	2	
<i>oxcarbazepine tab 300 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine tab 600 mg</i>	2	
<i>oxcarbazepine tab er 24hr 150 mg</i>	2	
<i>oxcarbazepine tab er 24hr 300 mg</i>	2	
<i>oxcarbazepine tab er 24hr 600 mg</i>	2	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital tab 15 mg</i>	2	
<i>phenobarbital tab 16.2 mg</i>	2	
<i>phenobarbital tab 30 mg</i>	2	
<i>phenobarbital tab 32.4 mg</i>	2	
<i>phenobarbital tab 60 mg</i>	2	
<i>phenobarbital tab 64.8 mg</i>	2	
<i>phenobarbital tab 97.2 mg</i>	2	
<i>phenobarbital tab 100 mg</i>	2	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin sodium inj 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 50 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 75 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 100 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 150 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 200 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 225 mg</i>	3	QL (60 caps / 30 days)
<i>pregabalin cap 300 mg</i>	3	QL (60 caps / 30 days)
<i>pregabalin soln 20 mg/ml</i>	3	QL (946 mL / 30 days); DL
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 125 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>roweepra</i>	2	
<i>rufinamide susp 40 mg/ml</i>	5	DL
<i>rufinamide tab 200 mg</i>	4	
<i>rufinamide tab 400 mg</i>	5	DL
<i>SPRITAM TAB 250MG</i>	4	
<i>SPRITAM TAB 500MG</i>	4	
<i>SPRITAM TAB 750MG</i>	4	
<i>SPRITAM TAB 1000MG</i>	4	
<i>subvenite</i>	2	
<i>subvenite starter kit/blu</i>	2	
<i>subvenite starter kit/gre</i>	2	
<i>subvenite starter kit/ora</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN MIS 5MG	4	
SYMPAZAN MIS 10MG	5	DL
SYMPAZAN MIS 20MG	5	DL
<i>tiagabine hcl tab 2 mg</i>	3	
<i>tiagabine hcl tab 4 mg</i>	3	
<i>tiagabine hcl tab 12 mg</i>	3	
<i>tiagabine hcl tab 16 mg</i>	3	
<i>topiramate cap er 24hr 25 mg</i>	4	
<i>topiramate cap er 24hr 50 mg</i>	4	
<i>topiramate cap er 24hr 100 mg</i>	4	
<i>topiramate cap er 24hr 200 mg</i>	4	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
VALTOCO SPR 5MG	4	
VALTOCO SPR 10MG	4	
VALTOCO SPR 15MG	4	
VALTOCO SPR 20MG	4	
<i>vigabatrin powd pack 500 mg</i>	5	NM, LA; DL
<i>vigabatrin tab 500 mg</i>	5	NM, LA; DL
<i>vigadrone</i>	5	NM, LA; DL
<i>vigadrone tab 500mg</i>	5	NM, LA; DL
VIGAFYDE SOL 100MG/ML	5	NM, LA; DL
<i>vigpoder pow 500mg</i>	5	NM, LA; DL
VIMPAT INJ 200MG/20	4	
VIMPAT SOL 10MG/ML	4	
VIMPAT TAB 50MG	4	
VIMPAT TAB 100MG	4	
VIMPAT TAB 150MG	4	
VIMPAT TAB 200MG	4	
XCOPRI PAK 12.5-25	4	
XCOPRI PAK 50-100MG	5	DL
XCOPRI PAK 100-150	5	DL
XCOPRI PAK 150-200MG (MAINTENANCE)	5	DL
XCOPRI PAK 150-200MG (TITRATION)	5	DL
XCOPRI TAB 25MG	5	DL
XCOPRI TAB 50MG	5	DL

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TAB 100MG	5	DL
XCOPRI TAB 150MG	5	DL
XCOPRI TAB 200MG	5	DL
ZONISADE SUS 100MG/5	3	
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
ZTALMY SUS 50MG/ML	5	NM, LA, PA; DL

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	3	
<i>dexmethylphenidate hcl tab 2.5 mg</i>	2	
<i>dexmethylphenidate hcl tab 5 mg</i>	2	
<i>dexmethylphenidate hcl tab 10 mg</i>	2	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	
<i>dextroamphetamine sulfate tab 5 mg</i>	2	
<i>dextroamphetamine sulfate tab 10 mg</i>	2	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	
<i>methylphenidate hcl tab 5 mg</i>	2	
<i>methylphenidate hcl tab 10 mg</i>	2	
<i>methylphenidate hcl tab 20 mg</i>	2	

HYPNOTICS

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

MIGRAINE

<i>AIMOVIG INJ 70MG/ML</i>	3	NM, PA
<i>AIMOVIG INJ 140MG/ML</i>	3	NM, PA
<i>AJOVY INJ 225/1.5</i>	3	NM, PA
<i>almotriptan malate tab 6.25 mg</i>	3	QL (12 tabs / 30 days)
<i>almotriptan malate tab 12.5 mg</i>	3	QL (8 tabs / 30 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	QL (24 ampules / 30 days); DL
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	QL (8 mL / 28 days); DL
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)

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

MISCELLANEOUS

AUSTEDO TAB 6MG	5	NM, LA, PA; DL
AUSTEDO TAB 9MG	5	NM, LA, PA; DL
AUSTEDO TAB 12MG	5	NM, LA, PA; DL
AUSTEDO XR TAB 6MG	5	NM, PA; DL
AUSTEDO XR TAB 12MG	5	NM, PA; DL
AUSTEDO XR TAB 18MG	5	NM, PA; DL
AUSTEDO XR TAB 24MG	5	NM, PA; DL
AUSTEDO XR TAB 30MG ER	5	NM, PA; DL
AUSTEDO XR TAB 36MG ER	5	NM, PA; DL
AUSTEDO XR TAB 42MG ER	5	NM, PA; DL
AUSTEDO XR TAB 48MG ER	5	NM, PA; DL
AUSTEDO XR TAB TITR KIT	5	NM, PA; DL
ENSPRYNG INJ	5	NM, LA, PA; DL

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

MULTIPLE SCLEROSIS AGENTS

AUBAGIO TAB 7MG	5	QL (30 tabs / 30 days), NM, LA; DL
AUBAGIO TAB 14MG	5	QL (30 tabs / 30 days), NM, LA; DL
AVONEX PEN KIT 30MCG	5	NM; DL
AVONEX PREFL KIT 30MCG	5	NM; DL
BAFIERTAM CAP 95MG	5	NM, LA; DL
BETASERON INJ 0.3MG	5	NM; DL
<i>dalfampridine tab er 12hr 10 mg</i>	3	QL (60 tabs / 30 days), NM; DL
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	QL (60 caps / 30 days), NM; DL
<i>dimethyl fumarate capsule delayed release 240 mg</i>	5	QL (60 caps / 30 days), NM; DL
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	NM; DL
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	5	QL (30 caps / 30 days), NM; DL

Drug Name	Drug Tier	Requirements/Limits
GILENYA CAP 0.5MG	5	QL (30 caps / 30 days), NM; DL
GILENYA CAP 0.25MG	5	QL (30 caps / 30 days), NM; DL
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	QL (30 syringes / 30 days), NM; DL
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	NM; DL
<i>glatopa</i>	5	NM; DL; (40MG/ML)
<i>glatopa</i>	5	QL (30 mL / 30 days), NM; DL; (20MG/ML)
KESIMPTA INJ 20/.4ML	5	NM, LA; DL
MAYZENT STARTER PACK (7)	4	NM, LA
MAYZENT STARTER PACK (12)	5	NM, LA; DL
MAYZENT TAB 0.25MG	5	NM, LA; DL
MAYZENT TAB 1MG	5	NM, LA; DL
MAYZENT TAB 2MG	5	NM, LA; DL
PLEGRIDY INJ	5	NM, LA; DL
PLEGRIDY INJ PEN	5	NM, LA; DL
REBIF INJ 22/0.5	5	NM; DL
REBIF INJ 44/0.5	5	NM; DL
REBIF REBIDO INJ 22/0.5	5	NM; DL
REBIF REBIDO INJ 44/0.5	5	NM; DL
REBIF REBIDO INJ TITRATN	5	NM; DL
REBIF TITRTN INJ PACK	5	NM; DL
<i>teriflunomide tab 7 mg</i>	5	QL (30 tabs / 30 days), NM; DL
<i>teriflunomide tab 14 mg</i>	5	QL (30 tabs / 30 days), NM; DL
TYSABRI INJ 300/15ML	5	NM, LA; DL
VUMERITY CAP 231MG	5	NM, LA; DL
VUMERITY STARTER	5	LA; DL

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<i>cyclobenzaprine hcl tab 5 mg</i>	3	
<i>cyclobenzaprine hcl tab 10 mg</i>	3	
<i>metaxalone tab 800 mg</i>	3	DL
<i>methocarbamol tab 500 mg</i>	3	DL
<i>methocarbamol tab 750 mg</i>	3	DL
<i>methocarbamol tab 1000 mg</i>	3	DL
<i>tanlor tab 1000mg</i>	3	DL
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	

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

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

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS

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

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

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

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

ANTIDIABETICS, INSULINS

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
ISOPROPYL ALCOHOL 0.7 ML/ML	3	
LANTUS INJ 100/ML	3	
LANTUS SOLOS INJ 100/ML	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXPEN	3	
LYUMJEV INJ 100UT/ML	3	
LYUMJEV KWPN INJ 100UT/ML	3	
LYUMJEV KWPN INJ 200UT/ML	3	
NEEDLES, INSULIN DISP., SAFETY	3	
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / 365 days)
OMNIPOD 5 DX MIS POD G7G6	4	QL (10 pods / 30 days)
OMNIPOD DASH MIS PODS	4	QL (10 pods / 30 days)
OMNIPOD GO KIT 10UNT/DY	4	QL (10 pods / 30 days)
OMNIPOD GO KIT 15UNT/DY	4	QL (10 pods / 30 days)
OMNIPOD GO KIT 20UNT/DY	4	QL (10 pods / 30 days)
OMNIPOD GO KIT 25UNT/DY	4	QL (10 pods / 30 days)
OMNIPOD GO KIT 30UNT/DY	4	QL (10 pods / 30 days)
OMNIPOD GO KIT 35UNT/DY	4	QL (10 pods / 30 days)
OMNIPOD GO KIT 40UNT/DY	4	QL (10 pods / 30 days)
OMNIPOD MIS CLASSIC	4	QL (10 pods / 30 days)
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / 365 days)
TOUJEO MAX INJ 300/ML	3	
TOUJEO SOLO INJ 300/ML	3	
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
V-GO 20 KIT	4	QL (30 devices (1 box) / 30 days)
V-GO 30 KIT	4	QL (30 devices (1 box) / 30 days)
V-GO 40 KIT	4	QL (30 devices (1 box) / 30 days)
XULTOPHY INJ 100/3.6	3	
CALCIUM REGULATORS		
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	
<i>alendronate sodium tab 10 mg</i>	2	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
FORTEO INJ 600/2.4	5	QL (2.4 mL / 28 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	4	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	
<i>pamidronate disodium iv soln 3 mg/ml</i>	2	
<i>pamidronate disodium iv soln 9 mg/ml</i>	2	
PROLIA INJ 60MG/ML	4	QL (2 injections / year), NM
<i>risedronate sodium tab 5 mg</i>	2	
<i>risedronate sodium tab 30 mg</i>	2	
<i>risedronate sodium tab 35 mg</i>	2	
<i>risedronate sodium tab 150 mg</i>	2	
<i>risedronate sodium tab delayed release 35 mg</i>	2	
TERIPARATIDE INJ 620/2.48	5	QL (2.48 mL / 28 days), NM, PA; DL
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	5	QL (2.4 mL / 28 days), NM, PA; DL
XGEVA INJ	5	NM, PA; DL
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	NM

CHELATING AGENTS

CHEMET CAP 100MG	5	DL
<i>deferasirox granules packet 90 mg</i>	5	NM; DL
<i>deferasirox granules packet 180 mg</i>	5	NM; DL
<i>deferasirox granules packet 360 mg</i>	5	NM; DL
<i>deferasirox tab 90 mg</i>	4	NM; DL
<i>deferasirox tab 180 mg</i>	5	NM; DL
<i>deferasirox tab 360 mg</i>	5	NM; DL
<i>deferasirox tab for oral susp 125 mg</i>	4	NM
<i>deferasirox tab for oral susp 250 mg</i>	5	NM; DL
<i>deferasirox tab for oral susp 500 mg</i>	5	NM; DL
<i>deferiprone tab 500 mg</i>	5	NM, LA; DL
<i>deferiprone tab 1000 mg</i>	5	NM, LA; DL
DEPEN TITRA TAB 250MG	5	NM; DL
<i>kionex sus 15gm/60</i>	3	
<i>penicillamine tab 250 mg</i>	5	NM; DL
<i>sodium polystyrene sulfonate powder sps</i>	2	
<i>trientine hcl cap 250 mg</i>	5	NM, PA; DL
<i>trientine hcl cap 500 mg</i>	5	NM, PA; DL
VELTASSA POW 8.4GM	3	
VELTASSA POW 16.8GM	3	
VELTASSA POW 25.2GM	3	

Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES		
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>amethia</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aviane</i>	2	
<i>azurette tab</i>	2	
BALCOLTRA TAB 0.1-20	3	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>camrese lo</i>	3	
<i>cryselle-28</i>	2	
<i>cyred eq tab</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
DEPO-SQ PROV INJ 104	4	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>eluryng mis</i>	2	
<i>enilloring mis</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>gemmily</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>hailey 24 tab fe</i>	2	
<i>heather tab 0.35mg</i>	2	
<i>iclevia</i>	2	
<i>incassia tab 0.35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>joyeaux tab 0.1-20</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>layolis fe</i>	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>loestrin 21 tab 1.5/30</i>	2	
<i>loestrin fe tab 1.5/30</i>	2	
<i>loestrin fe tab 1/20</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>loestrin tab 1/20-21</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	2	
<i>merzee</i>	2	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin 24 fe</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili tab 0.25/35</i>	2	
<i>necon 0.5/35-28</i>	3	
NEXTSTELLIS TAB 3-14.2MG	3	
<i>nikki</i>	2	
<i>nora-be</i>	3	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone tab 0.35 mg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
PREMPRO TAB 0.45-1.5	3	
PREMPRO TAB 0.625-2.5	3	
PREMPRO TAB 0.625-5	3	
<i>yuvaferm</i>	2	
GLUCOCORTICOIDS		
DEPO-MEDROL INJ 20MG/ML	3	
DEPO-MEDROL INJ 40MG/ML	3	
DEPO-MEDROL INJ 80MG/ML	3	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	2	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	2	
<i>methylprednisolone tab 4 mg</i>	2	
<i>methylprednisolone tab 8 mg</i>	2	
<i>methylprednisolone tab 16 mg</i>	2	
<i>methylprednisolone tab 32 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone tab 5 mg</i>	4	
PREDNISON CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	2	
<i>prednisone tab 1 mg</i>	2	
<i>prednisone tab 2.5 mg</i>	2	
<i>prednisone tab 5 mg</i>	2	
<i>prednisone tab 10 mg</i>	2	
<i>prednisone tab 20 mg</i>	2	
<i>prednisone tab 50 mg</i>	2	
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
SOLU-CORTEF INJ 1000MG	3	
SOLU-MEDROL INJ 2GM	3	
SOLU-MEDROL INJ 40MG	3	
SOLU-MEDROL INJ 125MG	3	
SOLU-MEDROL INJ 500MG	3	
SOLU-MEDROL INJ 1000MG	3	

GLUCOSE ELEVATING AGENTS

BAQSIMI ONE POW 3MG/DOSE	3	
<i>diazoxide susp 50 mg/ml</i>	3	
<i>glucagon (rdna) for inj kit 1 mg</i>	3	
GLUCAGON KIT 1MG	3	
GVOKE HYPO 2 INJ 0.5/.1ML	3	
GVOKE HYPO 2 INJ 1MG/.2ML	3	
GVOKE PFS INJ	3	

MISCELLANEOUS

ACTHAR INJ 80UNIT	5	NM, LA, PA; DL
<i>betaine powder for oral solution</i>	4	NM, LA
<i>cabergoline tab 0.5 mg</i>	2	
<i>carglumic acid soluble tab 200 mg</i>	5	NM, LA; DL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	3	B/D, NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	3	B/D, NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	3	B/D, NM
CORTROPHIN GEL 80UNIT	5	NM, LA, PA; DL
CYSTAGON CAP 50MG	3	NM, LA
CYSTAGON CAP 150MG	3	NM, LA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
DOJOLVI LIQ 100%	5	NM, LA; DL
EGRIFTA SV INJ 2MG	5	NM, LA, PA; DL
ENDARI POW 5GM	5	NM, LA; DL

Drug Name	Drug Tier	Requirements/Limits
GALAFOLD CAP 123MG	5	NM, LA, PA; DL
HUMATROPE INJ 6MG	5	NM, PA; DL
HUMATROPE INJ 12MG	5	NM, PA; DL
HUMATROPE INJ 24MG	5	NM, PA; DL
INCRELEX INJ 40MG/4ML	5	NM, LA; DL
ISTURISA TAB 1MG	5	NM, LA; DL
ISTURISA TAB 5MG	5	NM, LA; DL
JYNARQUE PAK 15MG	5	NM, LA, PA; DL
JYNARQUE PAK 30-15MG	5	NM, LA, PA; DL
JYNARQUE PAK 45-15MG	5	NM, LA, PA; DL
JYNARQUE PAK 60-30MG	5	NM, LA, PA; DL
JYNARQUE PAK 90-30MG	5	NM, LA, PA; DL
JYNARQUE TAB 15MG	5	NM, LA, PA; DL
JYNARQUE TAB 30MG	5	NM, LA, PA; DL
KORLYM TAB 300MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	3	
<i>levocarnitine tab 330 mg</i>	3	
LUPR DEP-PED INJ 7.5MG	5	NM; DL
LUPR DEP-PED INJ 11.25MG	5	NM; DL
LUPR DEP-PED INJ 15MG	5	NM; DL
LUPRON DEPOT INJ 45MG	5	NM; DL
<i>mifepristone tab 300 mg</i>	5	QL (120 tabs / 30 days), NM, PA; DL
<i>miglustat cap 100 mg</i>	5	NM, PA; DL
MYALEPT INJ 11.3MG	5	NM, LA, PA; DL
MYCAPSSA CAP 20MG	5	NM, LA; DL
<i>nitisinone cap 2 mg</i>	5	NM; DL
<i>nitisinone cap 5 mg</i>	5	NM; DL
<i>nitisinone cap 10 mg</i>	5	NM; DL
<i>nitisinone cap 20 mg</i>	5	NM; DL
NORDITROPIN INJ 5/1.5ML	5	NM, PA; DL
NORDITROPIN INJ 10/1.5ML	5	NM, PA; DL
NORDITROPIN INJ 15/1.5ML	5	NM, PA; DL
NORDITROPIN INJ 30/3ML	5	NM, PA; DL
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	NM; DL
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	NM; DL
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	NM; DL
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	NM; DL
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	NM; DL

Drug Name	Drug Tier	Requirements/Limits
ORFADIN CAP 20MG	5	NM, LA; DL
ORFADIN SUS 4MG/ML	5	NM, LA; DL
ORIAHNN CAP	5	DL
PROCYSBI GRA 75MG	5	NM, LA; DL
PROCYSBI GRA 300MG	5	NM, LA; DL
<i>raloxifene hcl tab 60 mg</i>	3	
RAVICTI LIQ 1.1GM/ML	5	NM, LA; DL
SANDOSTATIN KIT LAR 10MG	5	NM; DL
SANDOSTATIN KIT LAR 20MG	5	NM; DL
SANDOSTATIN KIT LAR 30MG	5	NM; DL
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	NM, PA; DL
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	NM, PA; DL
<i>sapropterin dihydrochloride tab 100 mg</i>	5	NM, PA; DL
SIGNIFOR INJ 0.3MG/ML	5	NM, LA; DL
SIGNIFOR INJ 0.6MG/ML	5	NM, LA; DL
SIGNIFOR INJ 0.9MG/ML	5	NM, LA; DL
SIGNIFOR LAR INJ 20MG	5	NM, LA; DL
SIGNIFOR LAR INJ 40MG	5	NM, LA; DL
SIGNIFOR LAR INJ 60MG	5	NM, LA; DL
SOMAVERT INJ 10MG	5	NM, LA; DL
SOMAVERT INJ 15MG	5	NM, LA; DL
SOMAVERT INJ 20MG	5	NM, LA; DL
SOMAVERT INJ 25MG	5	NM, LA; DL
SOMAVERT INJ 30MG	5	NM, LA; DL
<i>tolvaptan tab 15 mg</i>	5	NM, PA; DL
<i>tolvaptan tab 30 mg</i>	5	NM, PA; DL
VIJOICE GRA 50MG	5	NM, LA, PA; DL
VIJOICE TAB 50MG	5	NM, LA, PA; DL
VIJOICE TAB 125MG	5	NM, LA, PA; DL
VIJOICE TAB 250MG	5	NM, LA, PA; DL

PHOSPHATE BINDER AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate packet 2.4 gm</i>	3	
<i>sevelamer carbonate tab 800 mg</i>	3	
<i>sevelamer hcl tab 400 mg</i>	3	
<i>sevelamer hcl tab 800 mg</i>	3	
PROGESTINS		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	2	
<i>medroxyprogesterone acetate tab 5 mg</i>	2	
<i>medroxyprogesterone acetate tab 10 mg</i>	2	
<i>megestrol acetate susp 40 mg/ml</i>	2	PA; DL
<i>megestrol acetate susp 625 mg/5ml</i>	4	PA; DL
<i>norethindrone acetate tab 5 mg</i>	2	
<i>progesterone cap 100 mg</i>	2	
<i>progesterone cap 200 mg</i>	2	
THYROID AGENTS		
ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
<i>euthyrox</i>	1	
<i>levothyroxine sodium cap 13 mcg</i>	1	
<i>levothyroxine sodium cap 25 mcg</i>	1	
<i>levothyroxine sodium cap 50 mcg</i>	1	
<i>levothyroxine sodium cap 75 mcg</i>	1	
<i>levothyroxine sodium cap 88 mcg</i>	1	
<i>levothyroxine sodium cap 100 mcg</i>	1	
<i>levothyroxine sodium cap 112 mcg</i>	1	
<i>levothyroxine sodium cap 125 mcg</i>	1	
<i>levothyroxine sodium cap 137 mcg</i>	1	
<i>levothyroxine sodium cap 150 mcg</i>	1	
<i>levothyroxine sodium cap 175 mcg</i>	1	
<i>levothyroxine sodium cap 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
TIROSINT-SOL SOL 25MCG/ML	3	
TIROSINT-SOL SOL 37.5/ML	3	
TIROSINT-SOL SOL 44MCG/ML	3	
TIROSINT-SOL SOL 50MCG/ML	3	
TIROSINT-SOL SOL 62.5/ML	3	
TIROSINT-SOL SOL 75MCG/ML	3	
TIROSINT-SOL SOL 88MCG/ML	3	
TIROSINT-SOL SOL 100MCG	3	
TIROSINT-SOL SOL 112MCG	3	
TIROSINT-SOL SOL 125MCG	3	
TIROSINT-SOL SOL 137MCG	3	
TIROSINT-SOL SOL 150MCG	3	
TIROSINT-SOL SOL 175MCG	3	
TIROSINT-SOL SOL 200MCG	3	
<i>unithroid</i>	3	

VITAMIN D ANALOGS

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

GASTROINTESTINAL

ANTIEMETICS

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

Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol cap 10 mg</i>	3	QL (60 caps / 30 days), PA
<i>granisetron hcl tab 1 mg</i>	2	B/D, QL (30 tabs / 30 days); DL
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	2	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	2	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	DL
<i>ondansetron hcl oral soln 4 mg/5ml</i>	3	B/D; DL
<i>ondansetron hcl tab 4 mg</i>	2	B/D; DL
<i>ondansetron hcl tab 8 mg</i>	2	B/D; DL
<i>ondansetron tab 4mg odt</i>	2	B/D; DL
<i>ondansetron tab 8mg odt</i>	2	B/D; DL
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	2	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl inj 25 mg/ml</i>	2	
<i>promethazine hcl inj 50 mg/ml</i>	2	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	2	DL
<i>promethazine hcl suppos 12.5 mg</i>	2	DL
<i>promethazine hcl suppos 25 mg</i>	2	DL
<i>promethazine hcl tab 12.5 mg</i>	2	DL
<i>promethazine hcl tab 25 mg</i>	2	DL
<i>promethazine hcl tab 50 mg</i>	2	DL
<i>promethegan</i>	2	DL
SANCUSO DIS 3.1MG	4	DL
<i>scopolamine td patch 72hr 1 mg/3days</i>	3	QL (10 patches / 30 days)
VARUBI TAB 90MG	4	B/D, QL (4 tabs / 30 days), NM; DL

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	2	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>dicyclomine hcl tab 20 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate inj 0.2 mg/ml</i>	2	
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>methscopolamine bromide tab 2.5 mg</i>	2	
<i>methscopolamine bromide tab 5 mg</i>	2	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine preservative free inj 20 mg/2ml</i>	2	
<i>famotidine tab 20 mg</i>	2	
<i>famotidine tab 40 mg</i>	2	
<i>nizatidine cap 150 mg</i>	2	
<i>nizatidine cap 300 mg</i>	2	
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	4	
<i>budesonide tab er 24hr 9 mg</i>	5	QL (30 tabs / 30 days); DL
<i>hydrocortisone enema 100 mg/60ml</i>	3	
<i>mesalamine cap dr 400 mg</i>	4	
<i>mesalamine cap er 24hr 0.375 gm</i>	3	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine suppos 1000 mg</i>	4	
<i>mesalamine tab delayed release 1.2 gm</i>	4	
<i>mesalamine tab delayed release 800 mg</i>	4	
<i>sulfasalazin tab 500mg dr</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n sol flav pk</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg-3350/electrolytes/asc</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	5	DL
<i>alosetron hcl tab 1 mg (base equiv)</i>	5	DL
<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	4	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
GATTEX KIT 5MG	5	NM, LA, PA; DL
HELIDAC MIS THERAPY	4	
LINZESS CAP 72MCG	4	QL (30 caps / 30 days)
LINZESS CAP 145MCG	4	QL (30 caps / 30 days)
LINZESS CAP 290MCG	4	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>lubiprostone cap 8 mcg</i>	3	QL (60 caps / 30 days)
<i>lubiprostone cap 24 mcg</i>	3	QL (60 caps / 30 days)
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOVANTIK TAB 12.5MG	3	
MOVANTIK TAB 25MG	3	
RELISTOR INJ 8/0.4ML	5	DL
RELISTOR INJ 12/0.6ML	5	DL
SUCRAID SOL 8500/ML	5	NM, LA; DL
<i>sucralfate susp 1 gm/10ml</i>	3	
<i>sucralfate tab 1 gm</i>	2	
SYMPROIC TAB 0.2MG	3	
TALICIA CAP	4	
<i>ursodiol cap 300 mg</i>	3	
<i>ursodiol tab 250 mg</i>	3	
<i>ursodiol tab 500 mg</i>	3	
VOWST CAP	5	QL (12 caps / 30 days), NM, LA, PA; DL
XERMELO TAB 250MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
XIFAXAN TAB 550MG	5	PA; DL
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	

PROTON PUMP INHIBITORS

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

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

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

MISCELLANEOUS

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

Drug Name	Drug Tier	Requirements/Limits
<i>tiopronin tab 100 mg</i>	5	NM; DL
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	3	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	4	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	4	
GEMTESA TAB 75MG	4	
<i>mirabegron tab er 24 hr 25 mg</i>	3	
<i>mirabegron tab er 24 hr 50 mg</i>	3	
MYRBETRIQ TAB 25MG	3	
MYRBETRIQ TAB 50MG	3	
<i>oxybutynin chloride solution 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	
<i>solifenacin succinate tab 5 mg</i>	3	
<i>solifenacin succinate tab 10 mg</i>	3	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	3	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	3	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
<i>trospium chloride cap er 24hr 60 mg</i>	3	
<i>trospium chloride tab 20 mg</i>	2	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	4	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
VANDAZOLE GEL 0.75%	3	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	5	DL
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	4	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	4	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	4	

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS ST P TAB 5MG	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	4	DL
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	DL
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	DL
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	DL
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	DL
FRAGMIN INJ 2500/0.2	4	DL
FRAGMIN INJ 5000/0.2	4	DL
FRAGMIN INJ 7500/0.3	5	DL
FRAGMIN INJ 10000/ML	5	DL
FRAGMIN INJ 12500UNT	5	DL
FRAGMIN INJ 15000UNT	5	DL
FRAGMIN INJ 18000UNT	5	DL
FRAGMIN INJ 95000UNT	5	DL
HEP SOD/D5W INJ 25000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	3	
<i>jantoven</i>	2	
PRADAXA CAP 75MG	4	
PRADAXA CAP 110MG	4	
PRADAXA CAP 150MG	4	
<i>warfarin sodium tab 1 mg</i>	2	
<i>warfarin sodium tab 2 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tab 2.5 mg</i>	2	
<i>warfarin sodium tab 3 mg</i>	2	
<i>warfarin sodium tab 4 mg</i>	2	
<i>warfarin sodium tab 5 mg</i>	2	
<i>warfarin sodium tab 6 mg</i>	2	
<i>warfarin sodium tab 7.5 mg</i>	2	
<i>warfarin sodium tab 10 mg</i>	2	
XARELTO STAR TAB 15/20MG	3	
XARELTO SUS 1MG/ML	3	
XARELTO TAB 2.5MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	

HEMATOPOIETIC GROWTH FACTORS

GRANIX INJ 300/0.5	5	NM; DL
GRANIX INJ 300/1ML	5	NM; DL
GRANIX INJ 480/0.8	5	NM; DL
GRANIX INJ 480/1.6	5	NM; DL
MOZOBIL INJ	5	NM, LA; DL
NIVESTYM INJ 300/0.5	5	NM; DL
NIVESTYM INJ 300MCG	5	NM; DL
NIVESTYM INJ 480/0.8	5	NM; DL
NIVESTYM INJ 480MCG	5	NM; DL
PROCRIT INJ 2000/ML	3	B/D, NM
PROCRIT INJ 3000/ML	3	B/D, NM
PROCRIT INJ 4000/ML	3	B/D, NM
PROCRIT INJ 10000/ML	3	B/D, NM
PROCRIT INJ 20000/ML	5	B/D, NM; DL
PROCRIT INJ 40000/ML	5	B/D, QL (8 vials / 30 days), NM; DL
UDENYCA INJ 6MG/0.6	5	NM; DL
UDENYCA INJ 6MG/.6ML	5	NM; DL

MISCELLANEOUS

<i>aminocaproic acid tab 500 mg</i>	3	DL
<i>aminocaproic acid tab 1000 mg</i>	3	DL
<i>anagrelide hcl cap 0.5 mg</i>	4	
<i>anagrelide hcl cap 1 mg</i>	4	
CABLIVI KIT 11MG	5	NM, LA; DL
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
CINRYZE SOL 500 UNIT	5	NM, LA, PA; DL
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	NM, PA; DL
MULPLETA TAB 3MG	5	NM, PA; DL
ORLADEYO CAP 110MG	5	NM, LA, PA; DL
ORLADEYO CAP 150MG	5	NM, LA, PA; DL
<i>pentoxifylline tab er 400 mg</i>	2	
PROMACTA PAK 25MG	5	NM, LA, PA; DL
PROMACTA POW 12.5MG	5	NM, LA, PA; DL
PROMACTA TAB 12.5MG	5	NM, LA, PA; DL
PROMACTA TAB 25MG	5	NM, LA, PA; DL
PROMACTA TAB 50MG	5	NM, LA, PA; DL
PROMACTA TAB 75MG	5	NM, LA, PA; DL
RUCONEST INJ 2100UNIT	5	NM, LA, PA; DL
TAKHZYRO INJ 150MG/ML	5	NM, LA, PA; DL
TAKHZYRO INJ 300/2ML	5	NM, LA, PA; DL
TAVNEOS CAP 10MG	5	NM, LA; DL
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	3	

PLATELET AGGREGATION INHIBITORS

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

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

DUPIXENT INJ 100/0.67	5	NM, PA; DL
DUPIXENT INJ 200/1.14	5	NM, PA; DL
DUPIXENT INJ 200MG	5	NM, PA; DL
DUPIXENT INJ 300/2ML	5	NM, PA; DL
ENBREL INJ 25/0.5ML	5	NM, PA; DL
ENBREL INJ 25MG	5	NM, PA; DL
ENBREL INJ 50MG/ML	5	NM, PA; DL
ENBREL MINI INJ 50MG/ML	5	NM, PA; DL
ENBREL SRCLK INJ 50MG/ML	5	NM, PA; DL
HUMIRA INJ 10/0.1ML	5	NM, PA; DL
HUMIRA INJ 20/0.2ML	5	NM, PA; DL
HUMIRA INJ 40/0.4ML	5	NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
HUMIRA KIT 40MG/0.8	5	NM, PA; DL
HUMIRA PEN INJ 40/0.4ML	5	NM, PA; DL
HUMIRA PEN INJ 40MG/0.8	5	NM, PA; DL
HUMIRA PEN INJ 80/0.8ML	5	NM, PA; DL
HUMIRA PEN INJ CD/UC/HS	5	NM, PA; DL
HUMIRA PEN KIT CD/UC/HS	5	NM, PA; DL
HUMIRA PEN KIT PED UC	5	NM, PA; DL
HUMIRA PEN KIT PS/UV	5	NM, PA; DL
KINERET INJ	5	NM, PA; DL
LITFULO CAP 50MG	5	NM, LA, PA; DL
OTEZLA TAB 10/20	5	NM, PA; DL
OTEZLA TAB 10/20/30	5	NM, PA; DL
OTEZLA TAB 20MG	5	NM, PA; DL
OTEZLA TAB 30MG	5	NM, PA; DL
RINVOQ TAB 15MG ER	5	NM, PA; DL
RINVOQ TAB 30MG ER	5	NM, PA; DL
RINVOQ TAB 45MG ER	5	NM, PA; DL
SKYRIZI INJ 150DOSE	5	NM, PA; DL
SKYRIZI INJ 150MG/ML	5	NM, PA; DL
SKYRIZI INJ 180/1.2	5	NM, PA; DL
SKYRIZI INJ 360/2.4	5	NM, PA; DL
SKYRIZI PEN INJ 150MG/ML	5	NM, PA; DL
STELARA INJ 45MG/0.5	5	NM, LA, PA; DL; (vials)
STELARA INJ 45MG/0.5	5	NM, PA; DL; (syringes)
STELARA INJ 90MG/ML	5	NM, PA; DL
TALTZ INJ 20/0.25	5	NM, LA, PA; DL
TALTZ INJ 40/0.5ML	5	NM, LA, PA; DL
TALTZ INJ 80MG/ML	5	NM, LA, PA; DL
XELJANZ SOL 1MG/ML	5	NM, PA; DL
XELJANZ TAB 5MG	5	NM, PA; DL
XELJANZ TAB 10MG	5	NM, PA; DL
XELJANZ XR TAB 11MG	5	NM, PA; DL
XELJANZ XR TAB 22MG	5	NM, PA; DL
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tab 200 mg</i>	3	
JYLAMVO SOL 2MG/ML	4	
<i>leflunomide tab 10 mg</i>	3	
<i>leflunomide tab 20 mg</i>	3	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
RIDAURA CAP 3MG	3	DL
XATMEP SOL 2.5MG/ML	4	DL
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
GAMASTAN INJ	4	NM, LA, PA
GAMMAGARD INJ 2.5GM/25	5	NM, PA; DL
GAMMAGARD INJ 5GM/50ML	5	NM, PA; DL
GAMMAGARD INJ 10GM/100	5	NM, PA; DL
GAMMAGARD INJ 20GM/200	5	NM, PA; DL
GAMMAGARD INJ 30GM/300	5	NM, PA; DL
GAMMAGARD SD INJ 5GM HU	5	NM, PA; DL
GAMMAGARD SD INJ 10GM HU	5	NM, PA; DL
GAMMAKED INJ 1GM/10ML	5	NM, PA; DL
GAMMAKED INJ 5GM/50ML	5	NM, PA; DL
GAMMAKED INJ 10GM/100	5	NM, PA; DL
GAMMAKED INJ 20GM/200	5	NM, PA; DL
GAMMAPLEX INJ 5%	5	NM, LA, PA; DL
GAMMAPLEX INJ 10%	5	NM, LA, PA; DL
GAMUNEX-C INJ 1GM/10ML	5	NM, PA; DL
GAMUNEX-C INJ 5GM/50ML	5	NM, PA; DL
GAMUNEX-C INJ 10GM/100	5	NM, PA; DL
GAMUNEX-C INJ 20GM/200	5	NM, PA; DL
GAMUNEX-C INJ 40/400ML	5	NM, PA; DL
OCTAGAM INJ 1GM	5	NM, PA; DL
OCTAGAM INJ 2GM/20ML	5	NM, PA; DL
PANZYGA SOL 1GM/10ML	5	NM, PA; DL
PANZYGA SOL 2.5/25ML	5	NM, PA; DL
PANZYGA SOL 5GM/50ML	5	NM, PA; DL
PANZYGA SOL 10/100ML	5	NM, PA; DL
PANZYGA SOL 20/200ML	5	NM, PA; DL
PANZYGA SOL 30/300ML	5	NM, PA; DL
PRIVIGEN INJ 20GRAMS	5	NM, PA; DL
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	5	NM, LA, PA; DL
ARCALYST INJ 220MG	5	NM, LA, PA; DL
BEYFORTUS INJ 50/0.5ML	5	DL
BEYFORTUS INJ 100MG/ML	5	DL
GRASTEK SUB 2800BAU	4	PA; DL
INTRON A INJ 10MU	3	LA; DL
INTRON A INJ 18MU	3	LA; DL
INTRON A INJ 25MU	5	DL
INTRON A INJ 50MU	5	LA; DL
ODACTRA SUB	4	PA; DL
SYNAGIS INJ 100MG/ML	5	NM; DL
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	4	B/D, NM
ASTAGRAF XL CAP 1MG	4	B/D, NM
ASTAGRAF XL CAP 5MG	4	B/D, NM

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

Drug Name	Drug Tier	Requirements/Limits
ATGAM INJ 250MG	5	DL
AZATHIOPRINE INJ 100MG	3	B/D
<i>azathioprine tab 50 mg</i>	2	B/D
<i>azathioprine tab 75 mg</i>	2	B/D
<i>azathioprine tab 100 mg</i>	2	B/D
BENLYSTA INJ 120MG	5	NM, LA, PA; DL
BENLYSTA INJ 200MG/ML	5	QL (4 auto-injectors / 28 days), NM, LA, PA; DL
BENLYSTA INJ 200MG/ML	5	QL (4 syringes / 28 days), NM, LA, PA; DL
BENLYSTA INJ 400MG	5	NM, LA, PA; DL
<i>cyclosporine cap 25 mg</i>	3	B/D, NM
<i>cyclosporine cap 100 mg</i>	3	B/D, NM
<i>cyclosporine iv soln 50 mg/ml</i>	2	B/D, NM
<i>cyclosporine modified cap 25 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 50 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 100 mg</i>	2	B/D, NM
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	B/D, NM
ENVARUSUS XR TAB 0.75MG	4	B/D, NM
ENVARUSUS XR TAB 1MG	4	B/D, NM
ENVARUSUS XR TAB 4MG	4	B/D, NM
<i>everolimus tab 0.5 mg</i>	5	B/D, NM; DL
<i>everolimus tab 0.25 mg</i>	4	B/D, QL (60 tabs / 30 days), NM; DL
<i>everolimus tab 0.75 mg</i>	5	B/D, NM; DL
<i>everolimus tab 1 mg</i>	5	B/D, NM; DL
<i>gengraf</i>	2	B/D, NM
LUPKYNIS CAP 7.9MG	5	QL (180 caps / 30 days), NM, LA, PA; DL
<i>mycophenolate mofetil cap 250 mg</i>	2	B/D, NM
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	B/D, NM
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	3	B/D, NM
<i>mycophenolate mofetil tab 500 mg</i>	2	B/D, NM
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	3	B/D, NM
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	3	B/D, NM
MYHIBBIN SUS 200MG/ML	5	B/D, NM; DL
NULOJIX INJ 250MG	5	B/D, NM; DL
PROGRAF GRA 0.2MG	4	B/D, NM
PROGRAF GRA 1MG	4	B/D, NM
PROGRAF INJ 5MG/ML	4	B/D, NM
REZUROCK TAB 200MG	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
SIMULECT INJ 10MG	4	B/D
SIMULECT INJ 20MG	4	B/D
<i>sirolimus oral soln 1 mg/ml</i>	4	B/D, NM
<i>sirolimus tab 0.5 mg</i>	3	B/D, NM
<i>sirolimus tab 1 mg</i>	3	B/D, NM
<i>sirolimus tab 2 mg</i>	3	B/D, NM
<i>tacrolimus cap 0.5 mg</i>	2	B/D, NM
<i>tacrolimus cap 1 mg</i>	2	B/D, NM
<i>tacrolimus cap 5 mg</i>	2	B/D, NM
THYMOGLOBULN INJ 25MG	3	B/D

VACCINES

ABRYSVO INJ	3	
ACTHIB INJ	3	
ADACEL INJ	3	
AREXVY INJ 120MCG	3	
BCG VACCINE INJ 50MG	4	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	
ENGRIX-B INJ 10/0.5ML	3	B/D
ENGRIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ	4	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HEPLISAV-B INJ 20/0.5ML	3	B/D
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	
INFANRIX INJ	3	
IPOL INJ INACTIVE	4	
IXCHIQ INJ	3	
IXIARO INJ	4	
JYNNEOS INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
MENVEO SOL	3	
MRESVIA INJ 50MCG	4	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB INJ	4	
PENBRAYA INJ	3	
PENTACEL INJ	3	

Drug Name	Drug Tier	Requirements/Limits
PREHEVBRIO SUS 10MCG/ML	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	4	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	DL
RECOMBIVA HB INJ 5MCG/0.5	3	B/D
RECOMBIVA HB INJ 10MCG/ML	3	B/D
RECOMBIVA-HB INJ 40MCG/ML	3	B/D
ROTARIX SUS	4	
ROTATEQ SOL	4	
SHINGRIX INJ 50/0.5ML	3	QL (2 injections in lifetime)
TDVAX INJ 2-2 LF	3	
TENIVAC INJ 5-2LF	3	
TICOVAC INJ	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	4	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
VAXCHORA SUS	3	
YF-VAX INJ	4	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D10W/NACL INJ 0.2%	3	
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	
ISOLYTE-P INJ /D5W	4	DL
ISOLYTE-S INJ PH 7.4	4	DL
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	3	
KCL/D5W/LACT INJ 20MEQ/L	3	
<i>lactated ringer's solution</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>mult electro inj ph 5.5</i>	4	DL
PLASMA-LYTE INJ -148	4	DL
PLASMA-LYTE INJ -A	4	DL
POT CHLORIDE INJ 10MEQ	3	
POT CHLORIDE INJ 20MEQ	3	
POT CHLORIDE INJ 40MEQ	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>ringer's solution</i>	3	
<i>sodium chloride iv soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	3	
<i>sodium chloride iv soln 3%</i>	3	
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>effervescent pot chloride</i>	2	
<i>klor-con</i>	2	
<i>klor-con 8</i>	3	
<i>klor-con 10</i>	3	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con/ef</i>	2	
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	3	
<i>potassium chloride powder packet 20 meq</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	3	
<i>sodium fluoride 2.2 mg</i>	2	

IV NUTRITION

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

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

AZASITE SOL 1%	4	
<i>bacitracin ophth oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	2	
CILOXAN OIN 0.3% OP	4	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
<i>levofloxacin ophth soln 0.5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN SUS 5% OP	4	
<i>neo-polycin oin op</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polycin oin op</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
<i>sulfacetamide sodium ophth oint 10%</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	2	
TOBREX OIN 0.3% OP	4	
<i>trifluridine ophth soln 1%</i>	2	
ZIRGAN GEL 0.15%	4	

ANTI-INFLAMMATORIES

<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	2	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	3	
EYSUVIS DRO 0.25%	4	
<i>fluorometholone ophth susp 0.1%</i>	3	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
FML FORTE SUS 0.25% OP	4	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
LOTEMAX OIN 0.5%	3	
LOTEMAX SM GEL 0.38%	4	
<i>loteprednol etabonate ophth gel 0.5%</i>	3	
<i>loteprednol etabonate ophth susp 0.5%</i>	3	
NEVANAC SUS 0.1% OP	4	
PRED MILD SUS 0.12% OP	4	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	3	
PROLENSA SOL 0.07%	4	

ANTIALLERGICS

<i>azelastine hcl ophth soln 0.05%</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
<i>bepotastine besilate ophth soln 1.5%</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
<i>epinastine hcl ophth soln 0.05%</i>	2	
ZERVIAE DRO 0.24%	3	
ANTI GLAUCOMA		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETOPTIC-S SUS 0.25% OP	4	
<i>bimatoprost ophth soln 0.03%</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>brimonidine tartrate ophth soln 0.15%</i>	3	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>brinzolamide ophth susp 1%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
IOPIDINE SOL 1% OP	4	
<i>latanoprost ophth soln 0.005%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01% OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	3	
<i>pilocarpine hcl ophth soln 2%</i>	3	
<i>pilocarpine hcl ophth soln 4%</i>	3	
RHOPRESSA SOL 0.02%	3	
ROCKLATAN DRO	3	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	2	
<i>timolol maleate preservative free ophth soln 0.5%</i>	2	
<i>timolol maleate preservative free ophth soln 0.25%</i>	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
VYZULTA SOL 0.024%	4	
MISCELLANEOUS		
<i>atropine sulfate ophth soln 1%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine (ophth) emulsion 0.05%</i>	3	
CYSTADROPS SOL 0.37%	5	NM, LA, PA; DL
CYSTARAN SOL 0.44%	5	NM, LA, PA; DL
EYLEA INJ 2/0.05ML	5	NM, LA; DL
LUCENTIS SOL 0.3MG	5	NM, LA; DL
LUCENTIS SOL 0.5MG	5	NM, LA; DL
OXERVATE SOL 20MCG/ML	5	NM, LA; DL
RESTASIS EMU 0.05% OP	3	
RESTASIS MUL EMU 0.05% OP	3	
XIIDRA DRO 5%	3	

OTIC

OTIC AGENTS

<i>acetic acid otic soln 2%</i>	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>flac oil 0.01%</i>	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

ANTICHOLINERGICS

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-HISTAMINES		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	2	
azelastine spr 0.1%	2	
cyproheptadine hcl tab 4 mg	3	
desloratadine tab 5 mg	2	
diphenhydramine hcl inj 50 mg/ml	2	
hydroxyzine hcl tab 10 mg	2	
hydroxyzine hcl tab 25 mg	2	
hydroxyzine hcl tab 50 mg	2	
hydroxyzine pamoate cap 25 mg	2	
hydroxyzine pamoate cap 50 mg	2	
hydroxyzine pamoate cap 100 mg	2	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	2	
levocetirizine dihydrochloride tab 5 mg	2	
olopatadine hcl nasal soln 0.6%	2	
BETA AGONISTS		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2	
albuterol sulfate soln nebu 0.5% (5 mg/ml)	2	B/D
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	2	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	2	B/D
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	2	B/D
albuterol sulfate syrup 2 mg/5ml	2	
albuterol sulfate tab 2 mg	2	
albuterol sulfate tab 4 mg	2	
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	4	B/D; DL
formoterol fumarate soln nebu 20 mcg/2ml	4	B/D; DL
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	2	B/D
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	2	B/D
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	2	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	2	B/D
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	3	
SEREVENT DIS AER 50MCG	3	
terbutaline sulfate inj 1 mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	
VENTOLIN HFA AER	3	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	2	B/D; DL
<i>acetylcysteine inhal soln 20%</i>	2	B/D; DL
ARALAST NP INJ 1000MG	5	NM, LA, PA; DL
BRONCHITOL CAP 40MG	4	NM, LA, PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	B/D
DALIRESP TAB 250MCG	4	DL
DALIRESP TAB 500MCG	4	DL
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	3	QL (4 pens / 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	3	QL (4 pens / 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	3	QL (4 pens / 30 days)
ESBRIET CAP 267MG	5	NM, LA, PA; DL
ESBRIET TAB 267MG	5	NM, LA, PA; DL
ESBRIET TAB 801MG	5	NM, LA, PA; DL
FASENRA INJ 10MG/0.5	5	NM, LA, PA; DL
FASENRA INJ 30MG/ML	5	NM, LA, PA; DL
FASENRA PEN INJ 30MG/ML	5	NM, LA, PA; DL
GLASSIA INJ	5	NM, LA, PA; DL
KALYDECO GRA 5.8MG	5	NM, LA, PA; DL
KALYDECO GRA 13.4MG	5	NM, LA, PA; DL
KALYDECO PAK 25MG	5	NM, LA, PA; DL
KALYDECO PAK 50MG	5	NM, LA, PA; DL
KALYDECO PAK 75MG	5	NM, LA, PA; DL
KALYDECO TAB 150MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
OFEV CAP 100MG	5	NM, LA, PA; DL
OFEV CAP 150MG	5	NM, LA, PA; DL
ORKAMBI GRA 75-94MG	5	NM, LA, PA; DL
ORKAMBI GRA 100-125	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 150-188	5	NM, LA, PA; DL
ORKAMBI TAB 100-125	5	NM, LA, PA; DL
ORKAMBI TAB 200-125	5	NM, LA, PA; DL
<i>pirfenidone cap 267 mg</i>	5	NM, PA; DL
<i>pirfenidone tab 267 mg</i>	5	NM, PA; DL
<i>pirfenidone tab 534 mg</i>	5	NM, PA; DL
<i>pirfenidone tab 801 mg</i>	5	NM, PA; DL
PROLASTIN-C INJ 1000MG	5	NM, LA, PA; DL
PULMOZYME SOL 1MG/ML	5	B/D, NM; DL
<i>roflumilast tab 250 mcg</i>	4	DL
<i>roflumilast tab 500 mcg</i>	4	DL
SYMDEKO TAB 50-75MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
THEO-24 CAP 100MG CR	4	
THEO-24 CAP 200MG CR	4	
<i>theophylline tab er 12hr 100 mg</i>	3	
<i>theophylline tab er 12hr 200 mg</i>	3	
<i>theophylline tab er 12hr 300 mg</i>	3	
<i>theophylline tab er 12hr 450 mg</i>	3	
<i>theophylline tab er 24hr 400 mg</i>	2	
<i>theophylline tab er 24hr 600 mg</i>	2	
TRIKAFTA TAB	5	QL (84 tabs / 28 days), NM, LA, PA; DL
XOLAIR INJ 75/0.5	5	NM, LA, PA; DL
XOLAIR INJ 150MG/ML	5	NM, LA, PA; DL
XOLAIR INJ 300/2ML	5	NM, LA, PA; DL
XOLAIR SOL 150MG	5	NM, LA, PA; DL
ZEMAIRA INJ 1000MG	5	NM, LA, PA; DL
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	
XHANCE MIS 93MCG	3	
STEROID INHALANTS		
ARNUITY ELPT INH 50MCG	3	
ARNUITY ELPT INH 100MCG	3	
ARNUITY ELPT INH 200MCG	3	
<i>budesonide inhalation susp 0.5 mg/2ml</i>	3	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	3	B/D
<i>budesonide inhalation susp 1 mg/2ml</i>	3	B/D
<i>fluticasone propionate aer pow ba 50 mcg/act</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate aer pow ba 100 mcg/act</i>	3	
<i>fluticasone propionate aer pow ba 250 mcg/act</i>	3	
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	3	
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	3	
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	3	
PULMICORT INH 90MCG	4	
PULMICORT INH 180MCG	4	

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	4	
ADVAIR HFA AER 115/21	4	
ADVAIR HFA AER 230/21	4	
BREO ELLIPTA INH 50-25MCG	3	
BREO ELLIPTA INH 100-25	3	
BREO ELLIPTA INH 200-25	3	
DULERA AER 50-5MCG	4	
DULERA AER 100-5MCG	4	
DULERA AER 200-5MCG	4	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	
<i>wixela inhub</i>	2	

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i>	3	
<i>amneesteem cap 10mg</i>	3	
<i>amneesteem cap 20mg</i>	3	
<i>amneesteem cap 40mg</i>	3	
<i>avita cre 0.025%</i>	3	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	3	
<i>claravis cap 10mg</i>	3	
<i>claravis cap 20mg</i>	3	
<i>claravis cap 30mg</i>	3	
<i>claravis cap 40mg</i>	3	
<i>clindacin mis etz 1%</i>	2	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>ery</i>	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>isotretinoin cap 10 mg</i>	3	
<i>isotretinoin cap 20 mg</i>	3	
<i>isotretinoin cap 30 mg</i>	3	
<i>isotretinoin cap 40 mg</i>	3	
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<i>tretinoin cream 0.1%</i>	3	PA; DL
<i>tretinoin cream 0.05%</i>	3	PA; DL
<i>tretinoin cream 0.025%</i>	3	PA; DL
<i>tretinoin gel 0.01%</i>	3	PA
<i>tretinoin gel 0.05%</i>	3	PA
<i>tretinoin gel 0.025%</i>	3	PA
<i>zenatane cap 10mg</i>	3	
<i>zenatane cap 20mg</i>	3	
<i>zenatane cap 30mg</i>	3	
<i>zenatane cap 40mg</i>	3	
DERMATOLOGY, ANTIBIOTICS		
<i>ALTABAX OIN 1%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>mupirocin calcium cream 2%</i>	2	
<i>mupirocin oint 2%</i>	2	
<i>silver sulfadiazine cream 1%</i>	3	
<i>ssd</i>	3	
<i>SULFAMYLON CRE 85MG/GM</i>	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox solution 8%</i>	2	DL
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	QL (90 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (90 gm / 30 days)
<i>ketoconazole cream 2%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>luliconazole cream 1%</i>	2	
<i>nyamyc</i>	2	
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	3	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	3	
<i>nystop</i>	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	3	
<i>acitretin cap 17.5 mg</i>	3	
<i>acitretin cap 25 mg</i>	3	
<i>calcipotriene cream 0.005%</i>	4	
<i>calcipotriene oint 0.005%</i>	4	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	4	
<i>calcitriol oint 3 mcg/gm</i>	3	
<i>methoxsalen rapid cap 10 mg</i>	5	DL
<i>tazarotene cream 0.1%</i>	4	
<i>tazarotene gel 0.1%</i>	4	
<i>tazarotene gel 0.05%</i>	4	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	2	
<i>selenium sulfide lotion 2.5%</i>	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	2	
<i>alclometasone dipropionate oint 0.05%</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	3	
<i>betamethasone dipropionate augmented oint 0.05%</i>	3	
<i>betamethasone dipropionate cream 0.05%</i>	2	
<i>betamethasone dipropionate lotion 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	4	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	4	
<i>clobetasol propionate cream 0.05%</i>	4	QL (120 gm / 30 days)
<i>clobetasol propionate e</i>	4	QL (120 gm / 30 days)
<i>clobetasol propionate emulsion foam 0.05%</i>	4	QL (100 gm / 30 days)
<i>clobetasol propionate foam 0.05%</i>	4	QL (100 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL (120 gm / 30 days)
<i>clobetasol propionate lotion 0.05%</i>	4	QL (120 mL / 30 days)
<i>clobetasol propionate oint 0.05%</i>	4	QL (120 gm / 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	4	QL (120 mL / 30 days)
<i>clobetasol propionate soln 0.05%</i>	4	QL (100 mL / 30 days)
<i>clobetasol propionate spray 0.05%</i>	4	QL (120 mL / 30 days)
<i>clocortolone pivalate cream 0.1%</i>	2	
<i>clodan sha 0.05%</i>	4	QL (120 mL / 30 days)
<i>desonide cream 0.05%</i>	4	QL (90 gm / 30 days)
<i>desonide lotion 0.05%</i>	4	QL (120 mL / 30 days)
<i>desonide oint 0.05%</i>	4	QL (90 gm / 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	2	
<i>fluocinolone acetonide cream 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide sc</i>	3	QL (120 mL / 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	3	QL (120 mL / 30 days)
<i>fluocinonide cream 0.05%</i>	2	
<i>fluocinonide emulsified base cream 0.05%</i>	2	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide oint 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	3	QL (120 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	3	QL (120 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	3	QL (120 gm / 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	3	
<i>hydrocortisone butyrate oint 0.1%</i>	3	
<i>hydrocortisone butyrate soln 0.1%</i>	3	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	
<i>hydrocortisone valerate cream 0.2%</i>	3	
<i>hydrocortisone valerate oint 0.2%</i>	3	
<i>mometasone furoate cream 0.1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	
<i>tovet</i>	4	QL (100 gm / 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.025%</i>	2	
<i>triderm</i>	2	
<i>triderm cre 0.1%</i>	2	
VERDESO AER 0.05%	5	QL (100 gm / 30 days); DL

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine oint 5%</i>	3	PA
<i>lidocaine patch 5%</i>	3	QL (90 patches / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30 gm / 30 days)
<i>lidocan pad 5%</i>	3	QL (90 patches / 30 days), PA
<i>tridacaine pad 5%</i>	3	QL (90 patches / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir oint 5%</i>	3	
<i>azelaic acid gel 15%</i>	2	
<i>bexarotene gel 1%</i>	5	NM, PA; DL
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	QL (500 gm / 30 days)
<i>diclofenac sodium soln 1.5%</i>	3	QL (300 mL / 30 days)
EUCRISA OIN 2%	4	
FLUOROPLEX CRE 1%	5	DL
<i>fluorouracil cream 5%</i>	3	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
HYFTOR GEL 0.2%	5	NM, LA; DL
<i>imiquimod cream 5%</i>	3	
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin oint 0.4%</i>	4	
PANRETIN GEL 0.1%	5	DL
<i>penciclovir cream 1%</i>	4	DL
<i>pimecrolimus cream 1%</i>	3	
<i>podofilox soln 0.5%</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
QBREXZA PAD 2.4%	4	QL (30 pledgets / 30 days)
RECTIV OIN 0.4%	4	
<i>tacrolimus oint 0.1%</i>	3	
<i>tacrolimus oint 0.03%</i>	3	
TARGRETIN GEL 1%	5	NM, PA; DL
VALCHLOR GEL 0.016%	5	NM, LA, PA; DL
ZYCLARA PUMP CRE 2.5%	5	DL

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	
<i>spinosad susp 0.9%</i>	2	

DERMATOLOGY, WOUND CARE AGENTS

<i>lactated ringer's for irrigation</i>	3	
REGRANEX GEL 0.01%	5	QL (30 gm / 30 days); DL
<i>ringer's solution for irrigation</i>	3	
SANTYL OIN 250/GM	3	
<i>sodium chloride irrigation soln 0.9%</i>	3	
<i>water for irrigation, sterile irrigation soln</i>	3	

MOUTH/THROAT/DENTAL AGENTS

ARESTIN MIS 1MG	4	NM
<i>cevimeline hcl cap 30 mg</i>	3	
<i>chlorhexidine gluconate soln 0.12%</i>	2	
<i>clotrimazole troche 10 mg</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>sf 5000 plus</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	

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<i>amoxicillin & k clavulanate for susp</i> <i>400-57 mg/5ml</i>	14
<i>amoxicillin & k clavulanate for susp</i> <i>600-42.9 mg/5ml</i>	14
<i>amoxicillin & k clavulanate tab 250-125</i> <i>mg</i>	14
<i>amoxicillin & k clavulanate tab 500-125</i> <i>mg</i>	14
<i>amoxicillin & k clavulanate tab 875-125</i> <i>mg</i>	14
<i>amoxicillin & k clavulanate tab er 12hr</i> <i>1000-62.5 mg</i>	14
<i>amoxicillin (trihydrate) cap 250 mg</i> ..	14
<i>amoxicillin (trihydrate) cap 500 mg</i> ..	14
<i>amoxicillin (trihydrate) chew tab 125</i> <i>mg</i>	14
<i>amoxicillin (trihydrate) chew tab 250</i> <i>mg</i>	14
<i>amoxicillin (trihydrate) for susp 125</i> <i>mg/5ml</i>	14
<i>amoxicillin (trihydrate) for susp 200</i> <i>mg/5ml</i>	14
<i>amoxicillin (trihydrate) for susp 250</i> <i>mg/5ml</i>	14
<i>amoxicillin (trihydrate) for susp 400</i> <i>mg/5ml</i>	15
<i>amoxicillin (trihydrate) tab 500 mg</i> ..	15
<i>amoxicillin (trihydrate) tab 875 mg</i> ..	15
<i>amphetamine-dextroamphetamine tab</i> <i>10 mg</i>	59
<i>amphetamine-dextroamphetamine tab</i> <i>12.5 mg</i>	59
<i>amphetamine-dextroamphetamine tab</i> <i>15 mg</i>	59
<i>amphetamine-dextroamphetamine tab</i> <i>20 mg</i>	59
<i>amphetamine-dextroamphetamine tab</i> <i>30 mg</i>	59
<i>amphetamine-dextroamphetamine tab</i> <i>5 mg</i>	59
<i>amphetamine-dextroamphetamine tab</i> <i>7.5 mg</i>	59
<i>amphotericin b for iv soln 50 mg</i>	7
<i>ampicillin & sulbactam sodium for inj</i> <i>1.5 (1-0.5) gm</i>	15
<i>ampicillin & sulbactam sodium for inj 3</i> <i>(2-1) gm</i>	15
<i>ampicillin & sulbactam sodium for iv</i> <i>soln 15 (10-5) gm</i>	15
<i>ampicillin cap 250 mg</i>	15
<i>ampicillin cap 500 mg</i>	15
<i>ampicillin for susp 250 mg/5ml</i>	15
<i>ampicillin sodium for inj 1 gm</i>	15
<i>ampicillin sodium for inj 125 mg</i>	15
<i>ampicillin sodium for inj 2 gm</i>	15
<i>ampicillin sodium for iv soln 10 gm</i> ..	15
<i>anagrelide hcl cap 0.5 mg</i>	89
<i>anagrelide hcl cap 1 mg</i>	89
<i>anastrozole tab 1 mg</i>	18
<i>ANORO ELLIPT AER 62.5-25</i>	100
<i>apraclonidine hcl ophth soln 0.5%</i> <i>(base equivalent)</i>	99
<i>aprepitant capsule 125 mg</i>	82
<i>aprepitant capsule 40 mg</i>	82
<i>aprepitant capsule 80 mg</i>	82
<i>aprepitant pak 80 & 125</i>	82
<i>apri</i>	71
<i>APTiom TAB 200MG</i>	53
<i>APTiom TAB 400MG</i>	53
<i>APTiom TAB 600MG</i>	53
<i>APTiom TAB 800MG</i>	53
<i>APTIVUS CAP 250MG</i>	8
<i>ARALAST NP INJ 1000MG</i>	102
<i>aranelle</i>	71
<i>ARCALYST INJ 220MG</i>	92
<i>ARESTIN MIS 1MG</i>	109
<i>AREXVY INJ 120MCG</i>	94
<i>arformoterol tartrate soln nebu 15</i> <i>mcg/2ml (base equiv)</i>	101
<i>argatroban inj 250 mg/2.5ml</i> <i>(concentrate for iv infusion)</i>	87
<i>aripiprazole oral solution 1 mg/ml</i>	48

<i>aripiprazole orally disintegrating tab 10 mg</i>	48	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	8
<i>aripiprazole orally disintegrating tab 15 mg</i>	48	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	8
<i>aripiprazole tab 10 mg</i>	48	<i>atenolol & chlorthalidone tab 100-25 mg</i>	35
<i>aripiprazole tab 15 mg</i>	48	<i>atenolol & chlorthalidone tab 50-25 mg</i>	35
<i>aripiprazole tab 2 mg</i>	48	<i>atenolol tab 100 mg</i>	35
<i>aripiprazole tab 20 mg</i>	48	<i>atenolol tab 25 mg</i>	35
<i>aripiprazole tab 30 mg</i>	48	<i>atenolol tab 50 mg</i>	35
<i>aripiprazole tab 5 mg</i>	48	<i>ATGAM INJ 250MG</i>	93
<i>ARISTADA INJ 1064MG</i>	49	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	59
<i>ARISTADA INJ 441MG/1</i>	48	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	59
<i>ARISTADA INJ 662MG/2</i>	48	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	59
<i>ARISTADA INJ 882MG/3</i>	49	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	59
<i>ARISTADA INJ INITIO</i>	49	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	59
<i>armodafinil tab 150 mg</i>	64	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	59
<i>armodafinil tab 200 mg</i>	64	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	59
<i>armodafinil tab 250 mg</i>	64	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	33
<i>armodafinil tab 50 mg</i>	64	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	33
<i>ARMOUR THYRO TAB 120MG</i>	80	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	34
<i>ARMOUR THYRO TAB 15MG</i>	80	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	34
<i>ARMOUR THYRO TAB 180MG</i>	80	<i>atovaquone susp 750 mg/5ml</i>	4
<i>ARMOUR THYRO TAB 240MG</i>	80	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	7
<i>ARMOUR THYRO TAB 300MG</i>	80	<i>atropine sulfate ophth soln 1%</i>	99
<i>ARMOUR THYRO TAB 30MG</i>	80	<i>ATROVENT HFA AER 17MCG</i>	100
<i>ARMOUR THYRO TAB 60MG</i>	80	<i>AUBAGIO TAB 14MG</i>	62
<i>ARMOUR THYRO TAB 90MG</i>	80	<i>AUBAGIO TAB 7MG</i>	62
<i>ARNUITY ELPT INH 100MCG</i>	103	<i>aubra eq</i>	71
<i>ARNUITY ELPT INH 200MCG</i>	103	<i>AUGTYRO CAP 40MG</i>	21
<i>ARNUITY ELPT INH 50MCG</i>	103	<i>AURYXIA TAB 210MG</i>	79
<i>ARRANON INJ 5MG/ML</i>	17	<i>AUSTEDO TAB 12MG</i>	61
<i>ARZERRA CON 100/5ML</i>	21	<i>AUSTEDO TAB 6MG</i>	61
<i>ascomp/codeine</i>	2	<i>AUSTEDO TAB 9MG</i>	61
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	49		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	49		
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	49		
<i>ashlyna</i>	71		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	90		
<i>ASTAGRAF XL CAP 0.5MG</i>	92		
<i>ASTAGRAF XL CAP 1MG</i>	92		
<i>ASTAGRAF XL CAP 5MG</i>	92		
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	8		

AUSTEDO XR TAB 12MG.....	61	<i>baclofen tab 20 mg</i>	63
AUSTEDO XR TAB 18MG.....	61	BAFIERTAM CAP 95MG.....	62
AUSTEDO XR TAB 24MG.....	61	BALCOLTRA TAB 0.1-20	71
AUSTEDO XR TAB 30MG ER	61	<i>balsalazide disodium cap 750 mg</i>	84
AUSTEDO XR TAB 36MG ER	61	BALVERSA TAB 3MG	21
AUSTEDO XR TAB 42MG ER	61	BALVERSA TAB 4MG	21
AUSTEDO XR TAB 48MG ER	61	BALVERSA TAB 5MG	21
AUSTEDO XR TAB 6MG	61	<i>balziva</i>	71
AUSTEDO XR TAB TITR KIT	61	BAQSIMI ONE POW 3MG/DOSE	77
AUVELITY TAB 45-105MG	43	BASAGLAR INJ 100UNIT.....	68
AVASTIN INJ.....	21	BCG VACCINE INJ 50MG	94
AVASTIN INJ 400/16ML.....	21	BD SWAB REG PAD SNGL USE	68
<i>aviane</i>	71	BELEODAQ INJ 500MG	21
<i>avita cre 0.025%</i>	104	<i>benazepril & hydrochlorothiazide tab</i>	
AVONEX PEN KIT 30MCG.....	62	10-12.5 mg	28
AVONEX PREFL KIT 30MCG.....	62	<i>benazepril & hydrochlorothiazide tab</i>	
AYVAKIT TAB 100MG	21	20-12.5 mg	28
AYVAKIT TAB 200MG	21	<i>benazepril & hydrochlorothiazide tab</i>	
AYVAKIT TAB 25MG	21	20-25 mg	28
AYVAKIT TAB 300MG	21	<i>benazepril & hydrochlorothiazide tab 5-</i>	
AYVAKIT TAB 50MG.....	21	6.25 mg	28
<i>azacitidine for inj 100 mg</i>	17	<i>benazepril hcl tab 10 mg</i>	29
AZASITE SOL 1%	97	<i>benazepril hcl tab 20 mg</i>	29
AZATHIOPRINE INJ 100MG	93	<i>benazepril hcl tab 40 mg</i>	29
<i>azathioprine tab 100 mg</i>	93	<i>benazepril hcl tab 5 mg</i>	29
<i>azathioprine tab 50 mg</i>	93	<i>bendamustine hcl for iv soln 100 mg</i>	16
<i>azathioprine tab 75 mg</i>	93	<i>bendamustine hcl for iv soln 25 mg ..</i>	16
<i>azelaic acid gel 15%</i>	108	BENLYSTA INJ 120MG.....	93
<i>azelastine hcl ophth soln 0.05%</i>	98	BENLYSTA INJ 200MG/ML.....	93
<i>azelastine hcl-fluticasone prop nasal</i>		BENLYSTA INJ 400MG.....	93
<i>spray 137-50 mcg/act.....</i>	101	<i>benzoyl peroxide-erythromycin gel 5-</i>	
<i>azelastine spr 0.1%</i>	101	3%	104
<i>azithromycin for susp 100 mg/5ml ...</i>	13	<i>benztropine mesylate inj 1 mg/ml ...</i>	47
<i>azithromycin for susp 200 mg/5ml ...</i>	13	<i>benztropine mesylate tab 0.5 mg</i>	47
<i>azithromycin iv for soln 500 mg</i>	13	<i>benztropine mesylate tab 1 mg</i>	47
<i>azithromycin tab 250 mg.....</i>	13	<i>benztropine mesylate tab 2 mg</i>	47
<i>azithromycin tab 500 mg.....</i>	13	<i>bepotastine besilate ophth soln 1.5%</i>	99
<i>azithromycin tab 600 mg.....</i>	13	BESREMI SOL 500MCG	20
<i>aztreonam for inj 1 gm</i>	4	<i>betaine powder for oral solution</i>	77
<i>azurette tab.....</i>	71	<i>betamethasone dipropionate</i>	
B		<i>augmented cream 0.05%</i>	106
<i>baciim.....</i>	4	<i>betamethasone dipropionate</i>	
<i>bacitracin ophth oint 500 unit/gm</i>	97	<i>augmented gel 0.05%.....</i>	106
<i>bacitracin-polymyxin b ophth oint.....</i>	97	<i>betamethasone dipropionate</i>	
<i>bacitracin-polymyxin-neomycin-hc</i>		<i>augmented lotion 0.05%</i>	106
<i>ophth oint 1%</i>	97	<i>betamethasone dipropionate</i>	
<i>baclofen tab 10 mg.....</i>	63	<i>augmented oint 0.05%</i>	106

<i>betamethasone dipropionate cream</i>	
0.05%.....	106
<i>betamethasone dipropionate lotion</i>	
0.05%.....	106
<i>betamethasone dipropionate oint</i>	
0.05%.....	106
<i>betamethasone valerate cream 0.1%</i>	
(base equivalent)	106
<i>betamethasone valerate lotion 0.1%</i>	
(base equivalent)	106
<i>betamethasone valerate oint 0.1%</i>	
(base equivalent)	107
BETASERON INJ 0.3MG	62
<i>betaxolol hcl ophth soln 0.5%</i>	99
<i>betaxolol hcl tab 10 mg</i>	35
<i>betaxolol hcl tab 20 mg</i>	35
<i>bethanechol chloride tab 10 mg</i>	86
<i>bethanechol chloride tab 25 mg</i>	86
<i>bethanechol chloride tab 5 mg</i>	86
<i>bethanechol chloride tab 50 mg</i>	86
BETOPTIC-S SUS 0.25% OP	99
BEVESPI AER 9-4.8MCG	100
<i>bexarotene cap 75 mg</i>	20
<i>bexarotene gel 1%</i>	108
BEXSERO INJ.....	94
BEYFORTUS INJ 100MG/ML	92
BEYFORTUS INJ 50/0.5ML	92
<i>bicalutamide tab 50 mg</i>	18
BICILLIN C-R INJ 1200000	15
BICILLIN C-R INJ 900/300.....	15
BICILLIN L-A INJ 1200000.....	15
BICILLIN L-A INJ 2400000.....	15
BICILLIN L-A INJ 600000	15
BICNU INJ 100MG	16
BIJUVA CAP 0.5-100	74
BIJUVA CAP 1-100MG	74
BIKTARVY TAB.....	9
<i>bimatoprost ophth soln 0.03%</i>	99
<i>bisoprolol & hydrochlorothiazide tab</i>	
10-6.25 mg	35
<i>bisoprolol & hydrochlorothiazide tab</i>	
2.5-6.25 mg	35
<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
6.25 mg	35
<i>bisoprolol fumarate tab 10 mg</i>	35
<i>bisoprolol fumarate tab 5 mg</i>	35
BIVIGAM INJ 10%	91

<i>bleomycin sulfate for inj 15 unit</i>	17
<i>bleomycin sulfate for inj 30 unit</i>	17
<i>blisovi 24 fe</i>	71
<i>blisovi fe 1.5/30</i>	71
BOOSTRIX INJ	94
BOSULIF CAP 100MG	21
BOSULIF CAP 50MG.....	21
BOSULIF TAB 100MG	21
BOSULIF TAB 400MG.....	21
BOSULIF TAB 500MG.....	21
BRAFTOVI CAP 75MG.....	21
BREO ELLIPTA INH 100-25	104
BREO ELLIPTA INH 200-25	104
BREO ELLIPTA INH 50-25MCG	104
BREZTRI AERO AER SPHERE	100
<i>briellyn</i>	71
BRILINTA TAB 60MG.....	90
BRILINTA TAB 90MG.....	90
<i>brimonidine tartrate ophth soln 0.15%</i>	
.....	99
<i>brimonidine tartrate ophth soln 0.2%</i> 99	
<i>brimonidine tartrate-timolol maleate</i>	
ophth soln 0.2-0.5%.....	99
<i>brinzolamide ophth susp 1%</i>	99
BRIVIACT INJ 50MG/5ML	53
BRIVIACT SOL 10MG/ML	53
BRIVIACT TAB 100MG.....	53
BRIVIACT TAB 10MG	53
BRIVIACT TAB 25MG	53
BRIVIACT TAB 50MG	53
BRIVIACT TAB 75MG	53
<i>bromfenac sodium ophth soln 0.07%</i>	
(base equivalent)	98
<i>bromfenac sodium ophth soln 0.09%</i>	
(base equiv) (once-daily)	98
<i>bromocriptine mesylate tab 2.5 mg</i>	
(base equivalent)	47
BRONCHITOL CAP 40MG	102
BRUKINSA CAP 80MG	21
<i>budesonide delayed release particles</i>	
cap 3 mg.....	84
<i>budesonide inhalation susp 0.25</i>	
mg/2ml.....	103
<i>budesonide inhalation susp 0.5 mg/2ml</i>	
.....	103
<i>budesonide inhalation susp 1 mg/2ml</i>	
.....	103

budesonide tab er 24hr 9 mg	84
bumetanide tab 0.5 mg	38
bumetanide tab 1 mg	38
bumetanide tab 2 mg	38
buprenorphine hcl inj 0.3 mg/ml (base equiv)	3
buprenorphine hcl sl tab 2 mg (base equiv)	64
buprenorphine hcl sl tab 8 mg (base equiv)	64
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	64
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	64
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	64
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	64
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	64
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	64
buprenorphine td patch weekly 10 mcg/hr	2
buprenorphine td patch weekly 15 mcg/hr	2
buprenorphine td patch weekly 20 mcg/hr	2
buprenorphine td patch weekly 5 mcg/hr	2
buprenorphine td patch weekly 7.5 mcg/hr	2
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	64
bupropion hcl tab 100 mg	43
bupropion hcl tab 75 mg	43
bupropion hcl tab er 12hr 100 mg ...	43
bupropion hcl tab er 12hr 150 mg ...	43
bupropion hcl tab er 12hr 200 mg ...	43
bupropion hcl tab er 24hr 150 mg ...	43
bupropion hcl tab er 24hr 300 mg ...	43
buspirone hcl tab 10 mg	42
buspirone hcl tab 15 mg	42
buspirone hcl tab 30 mg	42
buspirone hcl tab 5 mg	42
buspirone hcl tab 7.5 mg	42
busulfan inj 6 mg/ml	16

butalbital-acetaminophen tab 50-325 mg	1
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	3
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	3
butalbital-aspirin-caffeine cap 50-325-40 mg	1
butorphanol tartrate inj 1 mg/ml	3
butorphanol tartrate inj 2 mg/ml	3
butorphanol tartrate nasal soln 10 mg/ml	3
BYDUREON BC INJ 2/0.85ML	65
BYETTA INJ 10MCG	65
BYETTA INJ 5MCG	65
C	
cabergoline tab 0.5 mg	77
CABLIVI KIT 11MG	89
CABOMETYX TAB 20MG	21
CABOMETYX TAB 40MG	21
CABOMETYX TAB 60MG	21
calcipotriene cream 0.005%	106
calcipotriene oint 0.005%	106
calcipotriene soln 0.005% (50 mcg/ml)	106
calcipotriene-betamethasone dipropionate oint 0.005-0.064%..	107
calcipotriene-betamethasone dipropionate susp 0.005-0.064%.	107
calcitonin (salmon) nasal soln 200 unit/act	69
calcitriol cap 0.25 mcg	82
calcitriol cap 0.5 mcg	82
calcitriol inj 1 mcg/ml	82
calcitriol oint 3 mcg/gm	106
calcitriol oral soln 1 mcg/ml	82
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	79
calcium acetate (phosphate binder) tab 667 mg	79
CALQUENCE CAP 100MG	21

CALQUENCE TAB 100MG	21	carbidopa tab 25 mg.....	47
camila.....	71	carbidopa-levodopa-entacapone tabs	
camrese lo	71	12.5-50-200 mg.....	47
candesartan cilexetil tab 16 mg.....	32	carbidopa-levodopa-entacapone tabs	
candesartan cilexetil tab 32 mg.....	32	18.75-75-200 mg	47
candesartan cilexetil tab 4 mg	32	carbidopa-levodopa-entacapone tabs	
candesartan cilexetil tab 8 mg	32	25-100-200 mg.....	47
candesartan cilexetil-		carbidopa-levodopa-entacapone tabs	
hydrochlorothiazide tab 16-12.5 mg		31.25-125-200 mg	47
.....	31	carbidopa-levodopa-entacapone tabs	
candesartan cilexetil-		37.5-150-200 mg	47
hydrochlorothiazide tab 32-12.5 mg		carbidopa-levodopa-entacapone tabs	
.....	31	50-200-200 mg.....	47
candesartan cilexetil-		carboplatin iv soln 150 mg/15ml	16
hydrochlorothiazide tab 32-25 mg .	31	carboplatin iv soln 450 mg/45ml	16
CAPASTAT SUL INJ 1GM.....	10	carboplatin iv soln 50 mg/5ml.....	16
CAPLYTA CAP 10.5MG	49	carboplatin iv soln 600 mg/60ml	16
CAPLYTA CAP 21MG.....	49	carglumic acid soluble tab 200 mg....	77
CAPLYTA CAP 42MG.....	49	carteolol hcl ophth soln 1%	99
CAPRELSA TAB 100MG.....	21	cartia xt.....	37
CAPRELSA TAB 300MG.....	21	carvedilol phosphate cap er 24hr 10	
captopril tab 100 mg	29	mg	35
captopril tab 12.5 mg	29	carvedilol phosphate cap er 24hr 20	
captopril tab 25 mg	29	mg	35
captopril tab 50 mg	29	carvedilol phosphate cap er 24hr 40	
carbamazepine cap er 12hr 100 mg ..	53	mg	35
carbamazepine cap er 12hr 200 mg ..	53	carvedilol phosphate cap er 24hr 80	
carbamazepine cap er 12hr 300 mg ..	53	mg	35
carbamazepine chew tab 100 mg	53	carvedilol tab 12.5 mg	35
carbamazepine susp 100 mg/5ml	53	carvedilol tab 25 mg	35
carbamazepine tab 200 mg	53	carvedilol tab 3.125 mg	35
carbamazepine tab er 12hr 100 mg ..	53	carvedilol tab 6.25 mg	35
carbamazepine tab er 12hr 200 mg ..	54	CAYSTON INH 75MG.....	5
carbamazepine tab er 12hr 400 mg ..	54	cefaclor cap 250 mg	12
carbidopa & levodopa orally		cefaclor cap 500 mg	12
disintegrating tab 10-100 mg.....	47	cefadroxil cap 500 mg.....	12
carbidopa & levodopa orally		cefadroxil for susp 250 mg/5ml.....	12
disintegrating tab 25-100 mg.....	47	cefadroxil for susp 500 mg/5ml.....	12
carbidopa & levodopa orally		cefadroxil tab 1 gm	12
disintegrating tab 25-250 mg.....	47	cefazolin sodium for inj 1 gm	12
carbidopa & levodopa tab 10-100 mg	47	cefazolin sodium for inj 10 gm	12
carbidopa & levodopa tab 25-100 mg	47	cefazolin sodium for inj 500 mg	12
carbidopa & levodopa tab 25-250 mg	47	cefdinir cap 300 mg.....	12
carbidopa & levodopa tab er 25-100		cefdinir for susp 125 mg/5ml.....	12
mg	47	cefdinir for susp 250 mg/5ml.....	12
carbidopa & levodopa tab er 50-200		cefepime hcl for inj 1 gm.....	12
mg	47	cefepime hcl for iv soln 2 gm	12

cefixime cap 400 mg.....	12	chloroquine phosphate tab 500 mg....	7
cefixime for susp 100 mg/5ml.....	12	chlorpromazine hcl inj 50 mg/2ml	49
cefixime for susp 200 mg/5ml.....	12	chlorpromazine hcl tab 10 mg	49
cefotetan disodium for inj 1 gm.....	12	chlorpromazine hcl tab 100 mg	49
cefotetan disodium for inj 2 gm.....	12	chlorpromazine hcl tab 200 mg	49
cefoxitin sodium for iv soln 1 gm	12	chlorpromazine hcl tab 25 mg	49
cefoxitin sodium for iv soln 10 gm	12	chlorpromazine hcl tab 50 mg	49
cefoxitin sodium for iv soln 2 gm	12	chlorthalidone tab 25 mg	38
cefpodoxime proxetil for susp 100		chlorthalidone tab 50 mg	38
mg/5ml	12	cholestyramine light powder 4 gm/dose	
cefpodoxime proxetil for susp 50			34
mg/5ml	12	cholestyramine powder packets 4 gm	34
cefpodoxime proxetil tab 100 mg	12	ciclopirox gel 0.77%	105
cefpodoxime proxetil tab 200 mg	12	ciclopirox olamine cream 0.77% (base	
cefprozil for susp 125 mg/5ml.....	12	equiv)	105
cefprozil for susp 250 mg/5ml.....	12	ciclopirox olamine susp 0.77% (base	
cefprozil tab 250 mg	12	equiv)	105
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<i>endocet tab 2.5-325</i>	3
<i>endocet tab 5-325mg</i>	3
<i>endocet tab 7.5-325mg</i>	3
ENGERIX-B INJ 10/0.5ML.....	94
ENGERIX-B INJ 20MCG/ML	94
<i>enilloring mis</i>	71
<i>enoxaparin sodium inj 300 mg/3ml</i> ..	88
<i>enoxaparin sodium inj soln pref syr 100</i>	
<i>mg/ml</i>	88
<i>enoxaparin sodium inj soln pref syr 120</i>	
<i>mg/0.8ml</i>	88

<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	88	<i>ergotamine w/ caffeine tab 1-100 mg</i>	61
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	88	ERIVEDGE CAP 150MG.....	22
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	88	ERLEADA TAB 240MG	18
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	88	ERLEADA TAB 60MG	18
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	88	<i>erlotinib hcl tab 100 mg (base equivalent)</i>	22
<i>enpresse-28</i>	71	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	22
<i>enskyce</i>	71	<i>erlotinib hcl tab 25 mg (base equivalent)</i>	22
ENSPRYNG INJ.....	61	<i>errin</i>	71
<i>entacapone tab 200 mg</i>	47	<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	5
<i>entecavir tab 0.5 mg</i>	11	ERWINAZE INJ 10000UNT	20
<i>entecavir tab 1 mg</i>	11	<i>ery</i>	105
ENTRESTO CAP 15-16MG	31	<i>ery-tab</i>	13
ENTRESTO CAP 6-6MG.....	31	ERYTHROCIN INJ 500MG.....	13
ENTRESTO TAB 24-26MG	31	<i>erythromycin ethylsuccinate tab 400 mg</i>	13
ENTRESTO TAB 49-51MG	31	<i>erythromycin gel 2%</i>	105
ENTRESTO TAB 97-103MG.....	31	<i>erythromycin ophth oint 5 mg/gm</i>	97
<i>enulose</i>	84	<i>erythromycin soln 2%</i>	105
ENVARUSUS XR TAB 0.75MG	93	<i>erythromycin tab 250 mg</i>	13
ENVARUSUS XR TAB 1MG.....	93	<i>erythromycin tab 500 mg</i>	13
ENVARUSUS XR TAB 4MG.....	93	<i>erythromycin tab delayed release 250 mg</i>	13
EPCLUSA PAK 150-37.5.....	11	<i>erythromycin tab delayed release 333 mg</i>	13
EPCLUSA PAK 200-50MG.....	11	<i>erythromycin tab delayed release 500 mg</i>	13
EPCLUSA TAB 200-50MG.....	11	<i>erythromycin w/ delayed release particles cap 250 mg</i>	13
EPCLUSA TAB 400-100.....	11	ESBRIET CAP 267MG	102
EPIDIOLEX SOL 100MG/ML.....	55	ESBRIET TAB 267MG	102
<i>epinastine hcl ophth soln 0.05%</i>	99	ESBRIET TAB 801MG	102
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	102	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	44
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	102	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	45
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	102	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	45
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	17	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	44
<i>epitol</i>	55	<i>estarylla tab 0.25-35</i>	71
<i>eplerenone tab 25 mg</i>	30	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	74
<i>eplerenone tab 50 mg</i>	30		
EPRONTIA SOL 25MG/ML	55		
ERBITUX INJ 100MG	22		
ERBITUX INJ 200MG	22		
<i>ergoloid mesylates tab 1 mg</i>	42		

<i>estradiol & norethindrone acetate tab</i>		<i>etravirine tab 200 mg</i>	8
1-0.5 mg	75	EUCRISA OIN 2%	108
<i>estradiol tab 0.5 mg</i>	75	EULEXIN CAP 125MG	18
<i>estradiol tab 1 mg</i>	75	<i>euthyrox</i>	80
<i>estradiol tab 2 mg</i>	75	<i>everolimus tab 0.25 mg</i>	93
<i>estradiol td patch twice weekly 0.025</i>		<i>everolimus tab 0.5 mg</i>	93
<i>mg/24hr</i>	75	<i>everolimus tab 0.75 mg</i>	93
<i>estradiol td patch twice weekly 0.0375</i>		<i>everolimus tab 1 mg</i>	93
<i>mg/24hr</i>	75	<i>everolimus tab 10 mg</i>	22
<i>estradiol td patch twice weekly 0.05</i>		<i>everolimus tab 2.5 mg</i>	22
<i>mg/24hr</i>	75	<i>everolimus tab 5 mg</i>	22
<i>estradiol td patch twice weekly 0.075</i>		<i>everolimus tab 7.5 mg</i>	22
<i>mg/24hr</i>	75	<i>everolimus tab for oral susp 2 mg</i>	22
<i>estradiol td patch twice weekly 0.1</i>		<i>everolimus tab for oral susp 3 mg</i>	22
<i>mg/24hr</i>	75	<i>everolimus tab for oral susp 5 mg</i>	22
<i>estradiol td patch weekly 0.025</i>		EVOTAZ TAB 300-150	10
<i>mg/24hr</i>	75	EVRYSDI SOL	62
<i>estradiol td patch weekly 0.0375</i>		<i>exemestane tab 25 mg</i>	18
<i>mg/24hr (37.5 mcg/24hr)</i>	75	EXSERVAN MIS 50MG	62
<i>estradiol td patch weekly 0.05 mg/24hr</i>		EYLEA INJ 2/0.05ML	100
.....	75	EYSUVIS DRO 0.25%	98
<i>estradiol td patch weekly 0.06 mg/24hr</i>		<i>ezetimibe tab 10 mg</i>	34
.....	75	<i>ezetimibe-simvastatin tab 10-10 mg</i> .	34
<i>estradiol td patch weekly 0.075</i>		<i>ezetimibe-simvastatin tab 10-20 mg</i> .	34
<i>mg/24hr</i>	75	<i>ezetimibe-simvastatin tab 10-40 mg</i> .	34
<i>estradiol td patch weekly 0.1 mg/24hr</i>		<i>ezetimibe-simvastatin tab 10-80 mg</i> .	34
.....	75	F	
<i>estradiol vaginal cream 0.1 mg/gm</i> ..	75	<i>falmina</i>	71
<i>estradiol vaginal tab 10 mcg</i>	75	<i>famciclovir tab 125 mg</i>	11
<i>estradiol valerate im in oil 10 mg/ml</i> .	75	<i>famciclovir tab 250 mg</i>	11
<i>estradiol valerate im in oil 20 mg/ml</i> .	75	<i>famciclovir tab 500 mg</i>	11
<i>estropipate tab 1.5 mg</i>	75	<i>famotidine for susp 40 mg/5ml</i>	84
<i>estropipate tab 3 mg</i>	75	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>ethambutol hcl tab 100 mg</i>	10	<i>mg/50ml</i>	84
<i>ethambutol hcl tab 400 mg</i>	10	<i>famotidine preservative free inj 20</i>	
<i>ethosuximide cap 250 mg</i>	55	<i>mg/2ml</i>	84
<i>ethosuximide soln 250 mg/5ml</i>	55	<i>famotidine tab 20 mg</i>	84
<i>ethynodiol diacetate & ethinyl estradiol</i>		<i>famotidine tab 40 mg</i>	84
<i>tab 1 mg-35 mcg</i>	71	FANAPT TAB 10MG	49
<i>ethynodiol diacetate & ethinyl estradiol</i>		FANAPT TAB 12MG	49
<i>tab 1 mg-50 mcg</i>	71	FANAPT TAB 1MG	49
<i>etonogestrel-ethinyl estradiol va ring</i>		FANAPT TAB 2MG	49
<i>0.12-0.015 mg/24hr</i>	71	FANAPT TAB 4MG	49
ETOPOPHOS INJ 100MG	20	FANAPT TAB 6MG	49
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>		FANAPT TAB 8MG	49
.....	20	FARXIGA TAB 10MG	66
<i>etravirine tab 100 mg</i>	8	FARXIGA TAB 5MG	66

FARYDAK CAP 10MG	22	<i>fentanyl td patch 72hr 75 mcg/hr.....</i>	2
FARYDAK CAP 15MG	22	<i>fesoterodine fumarate tab er 24hr 4</i>	
FARYDAK CAP 20MG	22	<i>mg</i>	87
FASENRA INJ 10MG/0.5	102	<i>fesoterodine fumarate tab er 24hr 8</i>	
FASENRA INJ 30MG/ML	102	<i>mg</i>	87
FASENRA PEN INJ 30MG/ML	102	FETZIMA CAP 120MG	45
FASLODEX INJ 250/5ML	18	FETZIMA CAP 20MG	45
<i>febuxostat tab 40 mg</i>	1	FETZIMA CAP 40MG	45
<i>febuxostat tab 80 mg</i>	1	FETZIMA CAP 80MG	45
<i>felbamate susp 600 mg/5ml</i>	55	FETZIMA CAP TITRATIO	45
<i>felbamate tab 400 mg</i>	55	<i>finasteride tab 5 mg</i>	86
<i>felbamate tab 600 mg</i>	55	<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	
<i>felodipine tab er 24hr 10 mg</i>	37	<i>.....</i>	62
<i>felodipine tab er 24hr 2.5 mg</i>	37	FINTEPLA SOL 2.2MG/ML	55
<i>felodipine tab er 24hr 5 mg</i>	37	FIRDAPSE TAB 10MG	62
<i>fenofibrate micronized cap 134 mg ...</i>	33	FIRMAGON INJ 120MG	18
<i>fenofibrate micronized cap 200 mg ...</i>	33	FIRMAGON INJ 80MG	18
<i>fenofibrate micronized cap 43 mg</i>	33	FIRVANQ SOL 25MG/ML	5
<i>fenofibrate micronized cap 67 mg</i>	33	FIRVANQ SOL 50MG/ML	5
<i>fenofibrate tab 145 mg</i>	33	<i>flac oil 0.01%</i>	100
<i>fenofibrate tab 160 mg</i>	33	<i>flavoxate hcl tab 100 mg</i>	86
<i>fenofibrate tab 48 mg</i>	33	<i>flecainide acetate tab 100 mg</i>	33
<i>fenofibrate tab 54 mg</i>	33	<i>flecainide acetate tab 150 mg</i>	33
<i>fentanyl citrate buccal tab 200 mcg</i>		<i>flecainide acetate tab 50 mg</i>	33
<i>(base equiv)</i>	3	<i>fluconazole for susp 10 mg/ml</i>	7
<i>fentanyl citrate buccal tab 400 mcg</i>		<i>fluconazole for susp 40 mg/ml</i>	7
<i>(base equiv)</i>	3	<i>fluconazole in dextrose</i>	7
<i>fentanyl citrate buccal tab 600 mcg</i>		<i>fluconazole in nacl 0.9% inj 200</i>	
<i>(base equiv)</i>	3	<i>mg/100ml</i>	7
<i>fentanyl citrate buccal tab 800 mcg</i>		<i>fluconazole tab 100 mg</i>	7
<i>(base equiv)</i>	3	<i>fluconazole tab 150 mg</i>	7
<i>fentanyl citrate lozenge on a handle</i>		<i>fluconazole tab 200 mg</i>	7
<i>1200 mcg</i>	3	<i>fluconazole tab 50 mg</i>	7
<i>fentanyl citrate lozenge on a handle</i>		<i>flucytosine cap 250 mg</i>	7
<i>1600 mcg</i>	3	<i>flucytosine cap 500 mg</i>	7
<i>fentanyl citrate lozenge on a handle</i>		<i>fludarabine phosphate for inj 50 mg .</i>	17
<i>200 mcg</i>	3	<i>fludrocortisone acetate tab 0.1 mg ...</i>	76
<i>fentanyl citrate lozenge on a handle</i>		<i>flunisolide nasal soln 25 mcg/act</i>	
<i>400 mcg</i>	3	<i>(0.025%)</i>	103
<i>fentanyl citrate lozenge on a handle</i>		<i>fluocinolone acetonide (otic) oil 0.01%</i>	
<i>600 mcg</i>	3	<i>.....</i>	100
<i>fentanyl citrate lozenge on a handle</i>		<i>fluocinolone acetonide cream 0.01%</i>	
<i>800 mcg</i>	3	<i>.....</i>	107
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	<i>fluocinolone acetonide cream 0.025%</i>	
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	<i>.....</i>	107
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	<i>fluocinolone acetonide oint 0.025%</i>	107
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	<i>fluocinolone acetonide sc</i>	107

<i>fluocinolone acetonide soln 0.01%..</i>	107	<i>fluticasone propionate nasal susp 50</i>	
<i>fluocinonide cream 0.05%</i>	107	<i>mcg/act</i>	103
<i>fluocinonide emulsified base cream</i>		<i>fluticasone propionate oint 0.005% </i>	107
<i>0.05%.....</i>	107	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluocinonide gel 0.05%</i>	107	<i>100-50 mcg/act</i>	104
<i>fluocinonide oint 0.05%</i>	107	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluocinonide soln 0.05%</i>	107	<i>250-50 mcg/act</i>	104
<i>fluorometholone ophth susp 0.1%</i>	98	<i>fluticasone-salmeterol aer powder ba</i>	
<i>FLUOROPLEX CRE 1%</i>	108	<i>500-50 mcg/act</i>	104
<i>fluorouracil cream 5%.....</i>	108	<i>fluvastatin sodium cap 20 mg (base</i>	
<i>fluorouracil iv soln 1 gm/20ml (50</i>		<i>equivalent)</i>	34
<i>mg/ml)</i>	17	<i>fluvastatin sodium cap 40 mg (base</i>	
<i>fluorouracil iv soln 5 gm/100ml (50</i>		<i>equivalent)</i>	34
<i>mg/ml)</i>	17	<i>fluvoxamine maleate tab 100 mg</i>	42
<i>fluorouracil soln 2%.....</i>	108	<i>fluvoxamine maleate tab 25 mg</i>	42
<i>fluorouracil soln 5%.....</i>	108	<i>fluvoxamine maleate tab 50 mg</i>	42
<i>fluoxetine hcl cap 10 mg</i>	45	<i>FML FORTE SUS 0.25% OP</i>	98
<i>fluoxetine hcl cap 20 mg</i>	45	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluoxetine hcl cap 40 mg</i>	45	<i>10 mg/0.8ml.....</i>	88
<i>fluoxetine hcl solution 20 mg/5ml....</i>	45	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine decanoate inj 25 mg/ml</i>	49	<i>2.5 mg/0.5ml.....</i>	88
<i>fluphenazine hcl elixir 2.5 mg/5ml....</i>	49	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	49	<i>5 mg/0.4ml</i>	88
<i>fluphenazine hcl oral conc 5 mg/ml... </i>	49	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl tab 1 mg</i>	49	<i>7.5 mg/0.6ml.....</i>	88
<i>fluphenazine hcl tab 10 mg.....</i>	49	<i>formoterol fumarate soln nebu 20</i>	
<i>fluphenazine hcl tab 2.5 mg.....</i>	49	<i>mcg/2ml</i>	101
<i>fluphenazine hcl tab 5 mg</i>	49	<i>FORTEO INJ 600/2.4.....</i>	69
<i>flurazepam hcl cap 15 mg</i>	60	<i>fosamprenavir calcium tab 700 mg</i>	
<i>flurazepam hcl cap 30 mg</i>	60	<i>(base equiv)</i>	8
<i>flurbiprofen sodium ophth soln 0.03%</i>		<i>fosfomycin tromethamine powd pack 3</i>	
<i>.....</i>	98	<i>gm (base equivalent)</i>	5
<i>flutamide cap 125 mg</i>	18	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluticasone propionate aer pow ba 100</i>		<i>tab 10-12.5 mg.....</i>	28
<i>mcg/act</i>	104	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluticasone propionate aer pow ba 250</i>		<i>tab 20-12.5 mg.....</i>	29
<i>mcg/act</i>	104	<i>fosinopril sodium tab 10 mg</i>	29
<i>fluticasone propionate aer pow ba 50</i>		<i>fosinopril sodium tab 20 mg</i>	29
<i>mcg/act</i>	103	<i>fosinopril sodium tab 40 mg</i>	29
<i>fluticasone propionate cream 0.05%</i>		<i>fosphenytoin sodium inj 100 mg/2ml</i>	
<i>.....</i>	107	<i>(phenytoin equiv)</i>	55
<i>fluticasone propionate hfa inhal aer</i>	110	<i>FOTIVDA CAP 0.89MG.....</i>	22
<i>mcg/act</i>	104	<i>FOTIVDA CAP 1.34MG.....</i>	22
<i>fluticasone propionate hfa inhal aer</i>	220	<i>FRAGMIN INJ 10000/ML.....</i>	88
<i>mcg/act</i>	104	<i>FRAGMIN INJ 12500UNT</i>	88
<i>fluticasone propionate hfa inhal aero</i>	44	<i>FRAGMIN INJ 15000UNT</i>	88
<i>mcg/act</i>	104	<i>FRAGMIN INJ 18000UNT</i>	88

FRAGMIN INJ 2500/0.2	88
FRAGMIN INJ 5000/0.2	88
FRAGMIN INJ 7500/0.3	88
FRAGMIN INJ 95000UNT	88
FRUZAQLA CAP 1MG	22
FRUZAQLA CAP 5MG	22
<i>furosemide inj 10 mg/ml</i>	38
<i>furosemide oral soln 10 mg/ml</i>	38
<i>furosemide tab 20 mg</i>	38
<i>furosemide tab 40 mg</i>	39
<i>furosemide tab 80 mg</i>	39
FUZEON INJ 90MG	8
<i>fyavolv tab 0.5-2.5</i>	75
<i>fyavolv tab 1-5</i>	75
FYCOMPA SUS 0.5MG/ML	55
FYCOMPA TAB 10MG	55
FYCOMPA TAB 12MG	55
FYCOMPA TAB 2MG	55
FYCOMPA TAB 4MG	55
FYCOMPA TAB 6MG	55
FYCOMPA TAB 8MG	55
G	
<i>gabapentin cap 100 mg</i>	55
<i>gabapentin cap 300 mg</i>	55
<i>gabapentin cap 400 mg</i>	55
<i>gabapentin oral soln 250 mg/5ml</i>	55
<i>gabapentin tab 600 mg</i>	55
<i>gabapentin tab 800 mg</i>	55
GALAFOLD CAP 123MG	78
<i>galantamine hydrobromide cap er 24hr</i> <i>16 mg</i>	42
<i>galantamine hydrobromide cap er 24hr</i> <i>24 mg</i>	42
<i>galantamine hydrobromide cap er 24hr</i> <i>8 mg</i>	42
<i>galantamine hydrobromide oral soln 4</i> <i>mg/ml</i>	42
<i>galantamine hydrobromide tab 12 mg</i>	42
<i>galantamine hydrobromide tab 4 mg</i>	42
<i>galantamine hydrobromide tab 8 mg</i>	42
GAMASTAN INJ	92
GAMMAGARD INJ 10GM/100	92
GAMMAGARD INJ 2.5GM/25	92
GAMMAGARD INJ 20GM/200	92
GAMMAGARD INJ 30GM/300	92
GAMMAGARD INJ 5GM/50ML	92

GAMMAGARD SD INJ 10GM HU	92
GAMMAGARD SD INJ 5GM HU	92
GAMMAKED INJ 10GM/100	92
GAMMAKED INJ 1GM/10ML	92
GAMMAKED INJ 20GM/200	92
GAMMAKED INJ 5GM/50ML	92
GAMMAPLEX INJ 10%	92
GAMMAPLEX INJ 5%	92
GAMUNEX-C INJ 10GM/100	92
GAMUNEX-C INJ 1GM/10ML	92
GAMUNEX-C INJ 20GM/200	92
GAMUNEX-C INJ 40/400ML	92
GAMUNEX-C INJ 5GM/50ML	92
GARDASIL 9 INJ	94
<i>gatifloxacin ophth soln 0.5%</i>	97
GATTEX KIT 5MG	85
GAUZE PADS & DRESSINGS - PADS 2 X 2	68
<i>gavilyte-c</i>	84
<i>gavilyte-g</i>	84
<i>gavilyte-n sol flav pk</i>	84
GAVRETO CAP 100MG	22
<i>gefitinib tab 250 mg</i>	22
<i>gemcitabine hcl for inj 1 gm</i>	17
<i>gemcitabine hcl for inj 2 gm</i>	18
<i>gemcitabine hcl for inj 200 mg</i>	18
<i>gemfibrozil tab 600 mg</i>	33
<i>gemmily</i>	71
GEMTESA TAB 75MG	87
<i>generlac</i>	84
<i>gengraf</i>	93
<i>gentamicin in saline inj 0.8 mg/ml</i>	5
<i>gentamicin in saline inj 1 mg/ml</i>	5
<i>gentamicin in saline inj 1.2 mg/ml</i>	5
<i>gentamicin in saline inj 1.6 mg/ml</i>	5
<i>gentamicin sulfate cream 0.1%</i>	105
<i>gentamicin sulfate inj 40 mg/ml</i>	5
<i>gentamicin sulfate oint 0.1%</i>	105
<i>gentamicin sulfate ophth soln 0.3%</i>	97
GENVOYA TAB	10
GEODON INJ 20MG	49
GILENYA CAP 0.25MG	63
GILENYA CAP 0.5MG	63
GILOTRIF TAB 20MG	22
GILOTRIF TAB 30MG	22
GILOTRIF TAB 40MG	22
GLASSIA INJ	102

<i>glatiramer acetate soln prefilled syringe</i>	
20 mg/ml	63
<i>glatiramer acetate soln prefilled syringe</i>	
40 mg/ml	63
<i>glatopa</i>	63
GLEOSTINE CAP 100MG	17
GLEOSTINE CAP 10MG	17
GLEOSTINE CAP 40MG	17
<i>glimepiride tab 1 mg</i>	66
<i>glimepiride tab 2 mg</i>	66
<i>glimepiride tab 4 mg</i>	66
<i>glip/metform tab 2.5-250m</i>	66
<i>glip/metform tab 2.5-500m</i>	66
<i>glip/metform tab 5-500mg</i>	66
<i>glipizide tab 10 mg</i>	66
<i>glipizide tab 5 mg</i>	66
<i>glipizide tab er 24hr 10 mg</i>	66
<i>glipizide tab er 24hr 2.5 mg</i>	66
<i>glipizide tab er 24hr 5 mg</i>	66
<i>glucagon (rdna) for inj kit 1 mg</i>	77
GLUCAGON KIT 1MG	77
<i>glycopyrrolate inj 0.2 mg/ml</i>	84
<i>glycopyrrolate inj 0.4 mg/2ml (0.2</i>	
<i>mg/ml)</i>	84
<i>glycopyrrolate inj 1 mg/5ml (0.2</i>	
<i>mg/ml)</i>	84
<i>glycopyrrolate tab 1 mg</i>	84
<i>glycopyrrolate tab 2 mg</i>	84
GLYXAMBI TAB 10-5 MG	66
GLYXAMBI TAB 25-5 MG	66
<i>granisetron hcl tab 1 mg</i>	83
GRANIX INJ 300/0.5	89
GRANIX INJ 300/1ML	89
GRANIX INJ 480/0.8	89
GRANIX INJ 480/1.6	89
GRASTEK SUB 2800BAU	92
<i>griseofulvin microsize susp 125 mg/5ml</i>	
.....	7
<i>griseofulvin microsize tab 500 mg</i>	7
<i>griseofulvin ultramicrosize tab 125 mg</i>	7
<i>griseofulvin ultramicrosize tab 250 mg</i>	7
<i>guanfacine hcl tab er 24hr 1 mg (base</i>	
<i>equiv)</i>	59
<i>guanfacine hcl tab er 24hr 2 mg (base</i>	
<i>equiv)</i>	59
<i>guanfacine hcl tab er 24hr 3 mg (base</i>	
<i>equiv)</i>	59

<i>guanfacine hcl tab er 24hr 4 mg (base</i>	
<i>equiv)</i>	59
GVOKE HYPO 2 INJ 0.5/.1ML	77
GVOKE HYPO 2 INJ 1MG/.2ML	77
GVOKE PFS INJ	77
H	
<i>hailey 24 tab fe</i>	72
HALAVEN INJ 1MG/2ML	20
<i>halobetasol propionate cream 0.05%</i>	
.....	107
<i>halobetasol propionate oint 0.05%</i>	107
<i>haloperidol decanoate im soln 100</i>	
<i>mg/ml</i>	50
<i>haloperidol decanoate im soln 50</i>	
<i>mg/ml</i>	49
<i>haloperidol lactate inj 5 mg/ml</i>	50
<i>haloperidol lactate oral conc 2 mg/ml</i>	50
<i>haloperidol tab 0.5 mg</i>	50
<i>haloperidol tab 1 mg</i>	50
<i>haloperidol tab 10 mg</i>	50
<i>haloperidol tab 2 mg</i>	50
<i>haloperidol tab 20 mg</i>	50
<i>haloperidol tab 5 mg</i>	50
HARVONI PAK 33.75-150MG	11
HARVONI PAK 45-200MG	11
HARVONI TAB 90-400MG	11
HAVRIX INJ 1440UNIT	94
HAVRIX INJ 720UNIT	94
<i>heather tab 0.35mg</i>	72
HELIDAC MIS THERAPY	85
HEP SOD/D5W INJ 25000UNT	88
<i>heparin sodium (porcine) inj 1000</i>	
<i>unit/ml</i>	88
<i>heparin sodium (porcine) inj 10000</i>	
<i>unit/ml</i>	88
<i>heparin sodium (porcine) inj 20000</i>	
<i>unit/ml</i>	88
<i>heparin sodium (porcine) inj 5000</i>	
<i>unit/ml</i>	88
HEPLISAV-B INJ 20/0.5ML	94
HERCEPTIN INJ 150MG	22
HERCEPTIN INJ 440MG	23
HETLIOZ CAP 20MG	60
HIBERIX SOL 10MCG	94
HUMALOG INJ 100/ML	68
HUMALOG JR INJ 100/ML	68
HUMALOG KWIK INJ 100/ML	68

HUMALOG KWIK INJ 200/ML.....	68
HUMALOG MIX INJ 50/50	68
HUMALOG MIX INJ 50/50KWP	68
HUMALOG MIX INJ 75/25KWP	68
HUMALOG MIX SUS 75/25	68
HUMATROPE INJ 12MG.....	78
HUMATROPE INJ 24MG.....	78
HUMATROPE INJ 6MG	78
HUMIRA INJ 10/0.1ML	90
HUMIRA INJ 20/0.2ML	90
HUMIRA INJ 40/0.4ML	90
HUMIRA KIT 40MG/0.8.....	91
HUMIRA PEN INJ 40/0.4ML	91
HUMIRA PEN INJ 40MG/0.8	91
HUMIRA PEN INJ 80/0.8ML	91
HUMIRA PEN INJ CD/UC/HS.....	91
HUMIRA PEN KIT CD/UC/HS	91
HUMIRA PEN KIT PED UC	91
HUMIRA PEN KIT PS/UV	91
HUMULIN INJ 70/30.....	68
HUMULIN INJ 70/30KWP	68
HUMULIN N INJ U-100	68
HUMULIN N INJ U-100KWP.....	68
HUMULIN R INJ U-100	68
HUMULIN R INJ U-500	68
hydralazine hcl tab 10 mg	40
hydralazine hcl tab 100 mg	40
hydralazine hcl tab 25 mg	40
hydralazine hcl tab 50 mg	40
hydrochlorothiazide cap 12.5 mg.....	39
hydrochlorothiazide tab 12.5 mg	39
hydrochlorothiazide tab 25 mg	39
hydrochlorothiazide tab 50 mg	39
hydrocodone-acetaminophen soln 10- 325 mg/15ml.....	3
hydrocodone-acetaminophen soln 7.5- 325 mg/15ml	3
hydrocodone-acetaminophen tab 10- 325 mg	3
hydrocodone-acetaminophen tab 5-300 mg	3
hydrocodone-acetaminophen tab 5-325 mg	3
hydrocodone-acetaminophen tab 7.5- 325 mg	3
hydrocortisone butyrate cream 0.1%	107

hydrocortisone butyrate oint 0.1% .	107
hydrocortisone butyrate soln 0.1% .	107
hydrocortisone enema 100 mg/60ml	84
hydrocortisone lotion 2.5%.....	107
hydrocortisone oint 2.5%	107
hydrocortisone perianal cream 2.5%	108
hydrocortisone tab 10 mg	76
hydrocortisone tab 20 mg	76
hydrocortisone tab 5 mg	76
hydrocortisone valerate cream 0.2%	107
hydrocortisone valerate oint 0.2%..	107
hydromorphone hcl liqd 1 mg/ml.....	3
hydromorphone hcl tab 2 mg	3
hydromorphone hcl tab 4 mg	3
hydromorphone hcl tab 8 mg	4
hydroxychloroquine sulfate tab 200 mg	91
hydroxyurea cap 500 mg	20
hydroxyzine hcl tab 10 mg	101
hydroxyzine hcl tab 25 mg	101
hydroxyzine hcl tab 50 mg	101
hydroxyzine pamoate cap 100 mg..	101
hydroxyzine pamoate cap 25 mg....	101
hydroxyzine pamoate cap 50 mg....	101
HYFTOR GEL 0.2%	108

I

ibandronate sodium iv soln 3 mg/3ml (base equivalent)	70
ibandronate sodium tab 150 mg (base equivalent)	70
IBRANCE CAP 100MG.....	23
IBRANCE CAP 125MG.....	23
IBRANCE CAP 75MG	23
IBRANCE TAB 100MG.....	23
IBRANCE TAB 125MG.....	23
IBRANCE TAB 75MG	23
ibu tab 600mg	1
ibu tab 800mg	1
ibuprofen tab 400 mg	1
ibuprofen tab 600 mg	1
ibuprofen tab 800 mg	1
icatibant acetate subcutaneous soln pref syr 30 mg/3ml.....	90
iclevia	72
ICLUSIG TAB 10MG	23

ICLUSIG TAB 15MG	23	INGREZZA CAP 80MG	62
ICLUSIG TAB 30MG	23	INLYTA TAB 1MG.....	23
ICLUSIG TAB 45MG	23	INLYTA TAB 5MG.....	23
<i>icosapent ethyl cap 0.5 gm</i>	34	INQOVI TAB 35-100MG	18
<i>icosapent ethyl cap 1 gm</i>	34	INREBIC CAP 100MG	23
<i>idarubicin hcl iv inj 10 mg/10ml (1</i> <i>mg/ml)</i>	17	INSULIN LISP INJ 100/ML	68
<i>idarubicin hcl iv inj 20 mg/20ml (1</i> <i>mg/ml)</i>	17	INSULIN LISP INJ JUNIOR	68
<i>idarubicin hcl iv inj 5 mg/5ml (1</i> <i>mg/ml)</i>	17	INSULIN LISP INJ PROTAMIN.....	68
IDHIFA TAB 100MG	23	INSULIN PEN NEEDLE	68
IDHIFA TAB 50MG	23	INSULIN SYRINGE (DISP) U-100 0.3	
<i>ifosfamide for inj 1 gm</i>	17	ML.....	68
<i>imatinib mesylate tab 100 mg (base</i> <i>equivalent)</i>	23	INSULIN SYRINGE (DISP) U-100 1 ML	
<i>imatinib mesylate tab 400 mg (base</i> <i>equivalent)</i>	23		69
IMBRUVICA CAP 140MG	23	INSULIN SYRINGE (DISP) U-100 1/2	
IMBRUVICA CAP 70MG	23	ML.....	69
IMBRUVICA SUS 70MG/ML	23	INTELENCE TAB 25MG	8
IMBRUVICA TAB 140MG	23	INTRALIPID INJ 20%	97
IMBRUVICA TAB 280MG	23	INTRALIPID INJ 30%	97
IMBRUVICA TAB 420MG	23	INTRON A INJ 10MU	92
IMBRUVICA TAB 560MG	23	INTRON A INJ 18MU	92
IMDELLTRA INJ 10MG	23	INTRON A INJ 25MU	92
IMDELLTRA INJ 1MG	23	INTRON A INJ 50MU	92
<i>imipenem-cilastatin intravenous for</i> <i>soln 250 mg</i>	5	<i>introvale</i>	72
<i>imipenem-cilastatin intravenous for</i> <i>soln 500 mg</i>	5	INVEGA HAFYE INJ 1092MG.....	50
<i>imipramine hcl tab 10 mg</i>	45	INVEGA HAFYE INJ 1560MG.....	50
<i>imipramine hcl tab 25 mg</i>	45	INVEGA SUST INJ 117/0.75.....	50
<i>imipramine hcl tab 50 mg</i>	45	INVEGA SUST INJ 156MG/ML.....	50
<i>imiquimod cream 5%</i>	108	INVEGA SUST INJ 234/1.5	50
IMOVAX RABIE INJ 2.5/ML	94	INVEGA SUST INJ 39/0.25	50
IMPAVIDO CAP 50MG.....	5	INVEGA SUST INJ 78/0.5ML	50
INBRIJA CAP 42MG.....	47	INVEGA TRINZ INJ 273MG.....	50
<i>incassia tab 0.35mg</i>	72	INVEGA TRINZ INJ 410MG.....	50
INCRELEX INJ 40MG/4ML	78	INVEGA TRINZ INJ 546MG.....	50
INCRUSE ELPT INH 62.5MCG	100	INVEGA TRINZ INJ 819MG.....	50
<i>indapamide tab 1.25 mg</i>	39	INVIRASE TAB 500MG	8
<i>indapamide tab 2.5 mg</i>	39	INVOKAMET TAB 150-1000	66
INFANRIX INJ	94	INVOKAMET TAB 150-500	66
INGREZZA CAP 40-80MG.....	62	INVOKAMET TAB 50-1000	66
INGREZZA CAP 40MG	62	INVOKAMET TAB 50-500MG	66
INGREZZA CAP 60MG	62	INVOKAMET XR TAB 150-1000.....	66
		INVOKAMET XR TAB 150-500	66
		INVOKAMET XR TAB 50-1000	66
		INVOKAMET XR TAB 50-500MG.....	66
		INVOKANA TAB 100MG	66
		INVOKANA TAB 300MG	66
		IOPIDINE SOL 1% OP	99
		IPOL INJ INACTIVE	94

<i>ipratropium bromide inhal soln 0.02%</i>	100
<i>ipratropium bromide nasal soln 0.03%</i> (21 mcg/spray)	100
<i>ipratropium bromide nasal soln 0.06%</i> (42 mcg/spray)	100
<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	100
<i>irbesartan tab 150 mg</i>	32
<i>irbesartan tab 300 mg</i>	32
<i>irbesartan tab 75 mg</i>	32
<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	31
<i>irbesartan-hydrochlorothiazide tab</i> <i>300-12.5 mg</i>	31
<i>IRESSA TAB 250MG</i>	23
<i>irinotecan hcl inj 100 mg/5ml (20</i> <i>mg/ml)</i>	20
<i>irinotecan hcl inj 40 mg/2ml (20</i> <i>mg/ml)</i>	20
<i>irinotecan hcl inj 500 mg/25ml (20</i> <i>mg/ml)</i>	20
<i>ISENTRESS CHW 100MG</i>	8
<i>ISENTRESS CHW 25MG</i>	8
<i>ISENTRESS HD TAB 600MG</i>	8
<i>ISENTRESS POW 100MG</i>	8
<i>ISENTRESS TAB 400MG</i>	8
<i>isibloom</i>	72
<i>ISOLYTE-P INJ /D5W</i>	95
<i>ISOLYTE-S INJ PH 7.4</i>	95
<i>isoniazid inj 100 mg/ml</i>	10
<i>isoniazid syrup 50 mg/5ml</i>	10
<i>isoniazid tab 100 mg</i>	10
<i>isoniazid tab 300 mg</i>	10
<i>ISOPROPYL ALCOHOL 0.7 ML/ML</i>	69
<i>isosorbide dinitrate tab 10 mg</i>	40
<i>isosorbide dinitrate tab 20 mg</i>	40
<i>isosorbide dinitrate tab 30 mg</i>	40
<i>isosorbide dinitrate tab 5 mg</i>	40
<i>isosorbide mononitrate tab 10 mg</i>	40
<i>isosorbide mononitrate tab 20 mg</i>	40
<i>isosorbide mononitrate tab er 24hr 120</i> <i>mg</i>	40
<i>isosorbide mononitrate tab er 24hr 30</i> <i>mg</i>	40
<i>isosorbide mononitrate tab er 24hr 60</i> <i>mg</i>	40

<i>isotretinoin cap 10 mg</i>	105
<i>isotretinoin cap 20 mg</i>	105
<i>isotretinoin cap 30 mg</i>	105
<i>isotretinoin cap 40 mg</i>	105
<i>isradipine cap 2.5 mg</i>	37
<i>isradipine cap 5 mg</i>	37
<i>ISTODAX INJ 10MG</i>	23
<i>ISTURISA TAB 1MG</i>	78
<i>ISTURISA TAB 5MG</i>	78
<i>itraconazole cap 100 mg</i>	7
<i>ivermectin tab 3 mg</i>	5
<i>IWILFIN TAB 192MG</i>	20
<i>IXCHIQ INJ</i>	94
<i>IXEMPRA KIT INJ 15MG</i>	20
<i>IXIARO INJ</i>	94
J	
<i>JAKAFI TAB 10MG</i>	23
<i>JAKAFI TAB 15MG</i>	23
<i>JAKAFI TAB 20MG</i>	23
<i>JAKAFI TAB 25MG</i>	23
<i>JAKAFI TAB 5MG</i>	23
<i>jantoven</i>	88
<i>JANUMET TAB 50-1000</i>	66
<i>JANUMET TAB 50-500MG</i>	66
<i>JANUMET XR TAB 100-1000</i>	66
<i>JANUMET XR TAB 50-1000</i>	66
<i>JANUMET XR TAB 50-500MG</i>	66
<i>JANUVIA TAB 100MG</i>	66
<i>JANUVIA TAB 25MG</i>	66
<i>JANUVIA TAB 50MG</i>	66
<i>JARDIANCE TAB 10MG</i>	66
<i>JARDIANCE TAB 25MG</i>	66
<i>jasmiel</i>	72
<i>JAYPIRCA TAB 100MG</i>	23
<i>JAYPIRCA TAB 50MG</i>	23
<i>JENTADUETO TAB 2.5-1000</i>	66
<i>JENTADUETO TAB 2.5-500</i>	66
<i>JENTADUETO TAB 2.5-850</i>	66
<i>JENTADUETO TAB XR 2.5-1000MG</i>	66
<i>JENTADUETO TAB XR 5-1000MG</i>	66
<i>JEVTANA INJ 60/1.5ML</i>	20
<i>jinteli tab 1mg-5mcg</i>	75
<i>joyeaux tab 0.1-20</i>	72
<i>juleber</i>	72
<i>JULUCA TAB 50-25MG</i>	10
<i>junel 1.5/30</i>	72
<i>junel 1/20</i>	72

<i>junel fe 1.5/30</i>	72
<i>junel fe 1/20</i>	72
<i>junel fe 24</i>	72
JYLAMVO SOL 2MG/ML.....	91
JYNARQUE PAK 15MG	78
JYNARQUE PAK 30-15MG	78
JYNARQUE PAK 45-15MG	78
JYNARQUE PAK 60-30MG	78
JYNARQUE PAK 90-30MG	78
JYNARQUE TAB 15MG	78
JYNARQUE TAB 30MG	78
JYNNEOS INJ	94
K	
KADCYLA INJ 100MG	23
KADCYLA INJ 160MG	24
<i>kaitlib fe</i>	72
KALYDECO GRA 13.4MG.....	102
KALYDECO GRA 5.8MG.....	102
KALYDECO PAK 25MG	102
KALYDECO PAK 50MG	102
KALYDECO PAK 75MG	102
KALYDECO TAB 150MG	102
<i>kariva</i>	72
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	95
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	95
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	95
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	95
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	96
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	96
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	96
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	96
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	96
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	96
KCL/D5W/LACT INJ 20MEQ/L.....	96
<i>kelnor 1/35</i>	72
<i>kelnor 1/50</i>	72
KERENDIA TAB 10MG	30
KERENDIA TAB 20MG	30

KESIMPTA INJ 20/.4ML	63
<i>ketoconazole cream 2%</i>	105
<i>ketoconazole shampoo 2%</i>	106
<i>ketoconazole tab 200 mg</i>	7
<i>ketorolac tromethamine ophth soln 0.4%</i>	98
<i>ketorolac tromethamine ophth soln 0.5%</i>	98
KEYTRUDA INJ 100MG/4M.....	24
KINERET INJ.....	91
KINRIX INJ	94
<i>kionex sus 15gm/60</i>	70
KISQALI 200 DOSE	24
KISQALI 200 PAK FEMARA.....	20
KISQALI 400 DOSE	24
KISQALI 400 PAK FEMARA.....	20
KISQALI 600 DOSE	24
KISQALI 600 PAK FEMARA.....	20
<i>klor-con</i>	96
<i>klor-con 10</i>	96
<i>klor-con 8</i>	96
<i>klor-con m10</i>	96
<i>klor-con m15</i>	96
<i>klor-con m20</i>	96
<i>klor-con/ef</i>	96
KLOXXADO SPR 8MG	64
KORLYM TAB 300MG.....	78
KOSELUGO CAP 10MG	24
KOSELUGO CAP 25MG	24
KRAZATI TAB 200MG.....	24
<i>kurvelo</i>	72
KYPROLIS SOL 30MG.....	24
KYPROLIS SOL 60MG.....	24
L	
<i>labetalol hcl iv soln 5 mg/ml</i>	36
<i>labetalol hcl tab 100 mg</i>	36
<i>labetalol hcl tab 200 mg</i>	36
<i>labetalol hcl tab 300 mg</i>	36
<i>lacosamide oral solution 10 mg/ml</i> ...	55
<i>lacosamide tab 100 mg</i>	55
<i>lacosamide tab 150 mg</i>	55
<i>lacosamide tab 200 mg</i>	55
<i>lacosamide tab 50 mg</i>	55
<i>lactated ringer's for irrigation</i>	109
<i>lactated ringer's solution</i>	96
<i>lactic acid (ammonium lactate) cream 12%</i>	108

<i>lactic acid (ammonium lactate) lotion</i>		<i>lansoprazole cap delayed release 30</i>	
12%	108	mg	86
<i>lactulose solution 10 gm/15ml</i>	84	<i>lanthanum carbonate chew tab 1000</i>	
LAGEVRIO CAP 200MG	11	mg (elemental)	79
<i>lamivudine oral soln 10 mg/ml</i>	8	<i>lanthanum carbonate chew tab 500 mg</i>	
<i>lamivudine tab 100 mg (hbv)</i>	11	(elemental)	79
<i>lamivudine tab 150 mg</i>	8	<i>lanthanum carbonate chew tab 750 mg</i>	
<i>lamivudine tab 300 mg</i>	8	(elemental)	79
<i>lamivudine-zidovudine tab 150-300 mg</i>		LANTUS INJ 100/ML	69
.....	10	LANTUS SOLOS INJ 100/ML	69
<i>lamotrigine orally disintegrating tab</i>		<i>lapatinib ditosylate tab 250 mg (base</i>	
100 mg	55	equiv)	24
<i>lamotrigine orally disintegrating tab</i>		<i>larin 1.5/30</i>	72
200 mg	55	<i>larin 1/20</i>	72
<i>lamotrigine orally disintegrating tab 25</i>		<i>larin fe 1.5/30</i>	72
<i>mg</i>	55	<i>larin fe 1/20</i>	72
<i>lamotrigine orally disintegrating tab 50</i>		LARTRUVO INJ 10MG/ML	24
<i>mg</i>	55	LARTRUVO INJ 190/19ML	24
<i>lamotrigine tab 100 mg</i>	56	<i>latanoprost ophth soln 0.005%</i>	99
<i>lamotrigine tab 150 mg</i>	56	<i>layolis fe</i>	72
<i>lamotrigine tab 200 mg</i>	56	LAZCLUZE TAB 240MG	24
<i>lamotrigine tab 25 mg</i>	55	LAZCLUZE TAB 80MG	24
<i>lamotrigine tab 25 mg (42) & 100 mg</i>		<i>leena</i>	72
<i>(7) starter kit</i>	55	<i>leflunomide tab 10 mg</i>	91
<i>lamotrigine tab 35 x 25 mg starter kit</i>		<i>leflunomide tab 20 mg</i>	91
.....	55	<i>lenalidomide cap 10 mg</i>	19
<i>lamotrigine tab 84 x 25 mg & 14 x 100</i>		<i>lenalidomide cap 15 mg</i>	19
<i>mg starter kit</i>	56	<i>lenalidomide cap 20 mg</i>	19
<i>lamotrigine tab chewable dispersible 25</i>		<i>lenalidomide cap 25 mg</i>	19
<i>mg</i>	56	<i>lenalidomide cap 5 mg</i>	19
<i>lamotrigine tab chewable dispersible 5</i>		<i>lenalidomide caps 2.5 mg</i>	19
<i>mg</i>	56	LENVIMA CAP 10 MG	24
<i>lamotrigine tab disint 21 x 25 mg & 7 x</i>		LENVIMA CAP 12MG	24
<i>50 mg titration kit</i>	56	LENVIMA CAP 14 MG	24
<i>lamotrigine tab disint 25 (14) & 50 mg</i>		LENVIMA CAP 18 MG	24
<i>(14) & 100 mg (7) kit</i>	56	LENVIMA CAP 20 MG	24
<i>lamotrigine tab disint 42 x 50mg & 14</i>		LENVIMA CAP 24 MG	24
<i>x 100mg titration kit</i>	56	LENVIMA CAP 4MG	24
<i>lamotrigine tab er 24hr 100 mg</i>	56	LENVIMA CAP 8 MG	24
<i>lamotrigine tab er 24hr 200 mg</i>	56	<i>lessina</i>	72
<i>lamotrigine tab er 24hr 25 mg</i>	56	<i>letrozole tab 2.5 mg</i>	18
<i>lamotrigine tab er 24hr 250 mg</i>	56	<i>leucovorin calcium for inj 100 mg</i>	28
<i>lamotrigine tab er 24hr 300 mg</i>	56	<i>leucovorin calcium for inj 200 mg</i>	28
<i>lamotrigine tab er 24hr 50 mg</i>	56	<i>leucovorin calcium for inj 350 mg</i>	28
<i>lansoprazole cap delayed release 15</i>		<i>leucovorin calcium for inj 50 mg</i>	28
<i>mg</i>	86	<i>leucovorin calcium tab 10 mg</i>	28
		<i>leucovorin calcium tab 15 mg</i>	28

<i>leucovorin calcium tab 25 mg</i>	28	<i>levoleucovorin calcium iv soln pf 175</i>	
<i>leucovorin calcium tab 5 mg</i>	28	<i>mg/17.5ml (base equiv)</i>	28
<i>LEUKERAN TAB 2MG</i>	17	<i>levonest</i>	72
<i>leuprolide inj 1mg/0.2</i>	18	<i>levonorgestrel & ethinyl estradiol (91-</i>	
<i>LEUPROLIDE INJ 22.5MG</i>	18	<i>day) tab 0.15-0.03 mg</i>	72
<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i>		<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>(base equiv)</i>	101	<i>0.1 mg-20 mcg</i>	72
<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i>		<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>(base equiv)</i>	101	<i>0.15 mg-30 mcg</i>	72
<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>		<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>(base equiv)</i>	101	<i>30/0.075-40/0.125-30mg-mcg</i>	72
<i>levalbuterol hcl soln nebu conc 1.25</i>		<i>levonorgestrel-ethinyl estradiol</i>	
<i>mg/0.5ml (base equiv)</i>	101	<i>(continuous) tab 90-20 mcg</i>	72
<i>levalbuterol tartrate inhal aerosol 45</i>		<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	
<i>mcg/act (base equiv)</i>	101	<i>eth est tab 0.01mg(7)</i>	72
<i>LEVEMIR INJ</i>	69	<i>levonorg-eth est tab 0.15-0.03mg(84)</i>	
<i>LEVEMIR INJ FLEXPEN</i>	69	<i>& eth est tab 0.01mg(7)</i>	72
<i>levetiracetam in sodium chloride iv soln</i>		<i>levora 0.15/30-28</i>	72
<i>500 mg/100ml</i>	56	<i>levothyroxine sodium cap 100 mcg</i> ...80	
<i>levetiracetam inj 500 mg/5ml (100</i>		<i>levothyroxine sodium cap 112 mcg</i> ...80	
<i>mg/ml)</i>	56	<i>levothyroxine sodium cap 125 mcg</i> ...80	
<i>levetiracetam oral soln 100 mg/ml</i> ...	56	<i>levothyroxine sodium cap 13 mcg</i>80	
<i>levetiracetam tab 1000 mg</i>	56	<i>levothyroxine sodium cap 137 mcg</i> ...80	
<i>levetiracetam tab 250 mg</i>	56	<i>levothyroxine sodium cap 150 mcg</i> ...80	
<i>levetiracetam tab 500 mg</i>	56	<i>levothyroxine sodium cap 175 mcg</i> ...80	
<i>levetiracetam tab 750 mg</i>	56	<i>levothyroxine sodium cap 200 mcg</i> ...80	
<i>levetiracetam tab er 24hr 500 mg</i>	56	<i>levothyroxine sodium cap 25 mcg</i>80	
<i>levetiracetam tab er 24hr 750 mg</i>	56	<i>levothyroxine sodium cap 50 mcg</i>80	
<i>levobunolol hcl ophth soln 0.5%</i>	99	<i>levothyroxine sodium cap 75 mcg</i>80	
<i>levocarnitine oral soln 1 gm/10ml</i>		<i>levothyroxine sodium cap 88 mcg</i>80	
<i>(10%)</i>	78	<i>levothyroxine sodium tab 100 mcg</i> ...80	
<i>levocarnitine tab 330 mg</i>	78	<i>levothyroxine sodium tab 112 mcg</i> ...80	
<i>levocetirizine dihydrochloride soln 2.5</i>		<i>levothyroxine sodium tab 125 mcg</i> ...80	
<i>mg/5ml (0.5 mg/ml)</i>	101	<i>levothyroxine sodium tab 137 mcg</i> ...80	
<i>levocetirizine dihydrochloride tab 5 mg</i>		<i>levothyroxine sodium tab 150 mcg</i> ...80	
.....	101	<i>levothyroxine sodium tab 175 mcg</i> ...81	
<i>levofloxacin in d5w iv soln 250</i>		<i>levothyroxine sodium tab 200 mcg</i> ...81	
<i>mg/50ml</i>	14	<i>levothyroxine sodium tab 25 mcg</i>80	
<i>levofloxacin in d5w iv soln 500</i>		<i>levothyroxine sodium tab 300 mcg</i> ...81	
<i>mg/100ml</i>	14	<i>levothyroxine sodium tab 50 mcg</i>80	
<i>levofloxacin in d5w iv soln 750</i>		<i>levothyroxine sodium tab 75 mcg</i>80	
<i>mg/150ml</i>	14	<i>levothyroxine sodium tab 88 mcg</i>80	
<i>levofloxacin ophth soln 0.5%</i>	97	<i>levoxyl</i>	81
<i>levofloxacin oral soln 25 mg/ml</i>	14	<i>LIBERVANT MIS 10MG</i>	56
<i>levofloxacin tab 250 mg</i>	14	<i>LIBERVANT MIS 12.5MG</i>	56
<i>levofloxacin tab 500 mg</i>	14	<i>LIBERVANT MIS 15MG</i>	56
<i>levofloxacin tab 750 mg</i>	14	<i>LIBERVANT MIS 5MG</i>	56

LIBERVANT MIS 7.5MG	56	loestrin 21 tab 1.5/30	72
lidocaine hcl local inj 2%	4	loestrin fe tab 1.5/30	72
lidocaine hcl local preservative free (pf) inj 0.5%	4	loestrin fe tab 1/20	72
lidocaine hcl viscous soln 2%	109	loestrin tab 1/20-21	73
lidocaine oint 5%	108	LONSURF TAB 15-6.14	18
lidocaine patch 5%	108	LONSURF TAB 20-8.19	18
lidocaine-prilocaine cream 2.5-2.5%	108	loperamide hcl cap 2 mg	85
lidocan pad 5%	108	lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	10
linezolid for susp 100 mg/5ml	5	lopinavir-ritonavir tab 100-25 mg	10
linezolid iv soln 600 mg/300ml (2 mg/ml)	5	lopinavir-ritonavir tab 200-50 mg	10
linezolid tab 600 mg	5	lorazepam inj 2 mg/ml	56
LINZESS CAP 145MCG	85	lorazepam inj 4 mg/ml	56
LINZESS CAP 290MCG	85	lorazepam intensol	42
LINZESS CAP 72MCG	85	lorazepam tab 0.5 mg	42
liothyronine sodium iv soln 10 mcg/ml	81	lorazepam tab 1 mg	42
liothyronine sodium tab 25 mcg	81	lorazepam tab 2 mg	42
liothyronine sodium tab 5 mcg	81	LORBRENA TAB 100MG	24
liothyronine sodium tab 50 mcg	81	LORBRENA TAB 25MG	24
lisinopril & hydrochlorothiazide tab 10- 12.5 mg	29	LOREEV XR CAP 1.5MG	42
lisinopril & hydrochlorothiazide tab 20- 12.5 mg	29	LOREEV XR CAP 1MG	42
lisinopril & hydrochlorothiazide tab 20- 25 mg	29	LOREEV XR CAP 2MG	42
lisinopril tab 10 mg	29	LOREEV XR CAP 3MG	42
lisinopril tab 2.5 mg	29	loryna	73
lisinopril tab 20 mg	29	losartan potassium & hydrochlorothiazide tab 100-12.5 mg	31
lisinopril tab 30 mg	29	losartan potassium & hydrochlorothiazide tab 100-25 mg	31
lisinopril tab 40 mg	29	losartan potassium & hydrochlorothiazide tab 50-12.5 mg	31
lisinopril tab 5 mg	29	losartan potassium tab 100 mg	32
LITFULO CAP 50MG	91	losartan potassium tab 25 mg	32
lithium carbonate cap 150 mg	62	losartan potassium tab 50 mg	32
lithium carbonate cap 300 mg	62	LOTEMAX OIN 0.5%	98
lithium carbonate cap 600 mg	62	LOTEMAX SM GEL 0.38%	98
lithium carbonate tab 300 mg	62	loteprednol etabonate ophth gel 0.5%	98
lithium carbonate tab er 300 mg	62	loteprednol etabonate ophth susp 0.5%	98
lithium carbonate tab er 450 mg	62	lovastatin tab 10 mg	34
lithium oral solution 8 meq/5ml	62	lovastatin tab 20 mg	34
LITHIUM SOL 8MEQ/5ML	62	lovastatin tab 40 mg	34
LIVALO TAB 1MG	34	low-ogestrel	73
LIVALO TAB 2MG	34	loxapine succinate cap 10 mg	50
LIVALO TAB 4MG	34	loxapine succinate cap 25 mg	50
LIVTENCITY TAB 200MG	11		

<i>loxapine succinate cap 5 mg</i>	50
<i>loxapine succinate cap 50 mg</i>	50
<i>lubiprostone cap 24 mcg</i>	85
<i>lubiprostone cap 8 mcg</i>	85
LUCENTIS SOL 0.3MG	100
LUCENTIS SOL 0.5MG	100
<i>luliconazole cream 1%</i>	106
LUMAKRAS TAB 120MG	24
LUMAKRAS TAB 320MG	24
LUMIGAN SOL 0.01% OP	99
LUPKYNIS CAP 7.9MG	93
LUPR DEP-PED INJ 11.25MG	78
LUPR DEP-PED INJ 15MG	78
LUPR DEP-PED INJ 7.5MG	78
LUPRON DEPOT INJ 11.25MG	18
LUPRON DEPOT INJ 22.5MG	18
LUPRON DEPOT INJ 3.75MG	18
LUPRON DEPOT INJ 30MG	18
LUPRON DEPOT INJ 45MG	18, 78
LUPRON DEPOT INJ 7.5MG	18
<i>lurasidone hcl tab 120 mg</i>	50
<i>lurasidone hcl tab 20 mg</i>	50
<i>lurasidone hcl tab 40 mg</i>	50
<i>lurasidone hcl tab 60 mg</i>	50
<i>lurasidone hcl tab 80 mg</i>	50
<i>lutra</i>	73
LYBALVI TAB 10-10MG	50
LYBALVI TAB 15-10MG	50
LYBALVI TAB 20-10MG	50
LYBALVI TAB 5-10MG	50
<i>lyleq</i>	73
<i>lyllana</i>	75
LYNPARZA TAB 100MG	24
LYNPARZA TAB 150MG	24
LYSODREN TAB 500MG	18
LYTGOBI TAB 4MG	24
LYUMJEV INJ 100UT/ML	69
LYUMJEV KWPN INJ 100UT/ML	69
LYUMJEV KWPN INJ 200UT/ML	69
<i>lyza</i>	73
M	
<i>magnesium sulfate inj 50%</i>	96
<i>malathion lotion 0.5%</i>	109
<i>maraviroc tab 150 mg</i>	8
<i>maraviroc tab 300 mg</i>	8
<i>marlissa</i>	73
MARPLAN TAB 10MG	45

MATULANE CAP 50MG	20
<i>matzim la tab 180mg/24</i>	37
<i>matzim la tab 240mg/24</i>	37
<i>matzim la tab 300mg/24</i>	37
<i>matzim la tab 360mg/24</i>	37
<i>matzim la tab 420mg/24</i>	37
MAVYRET PAK 50-20MG	11
MAVYRET TAB 100-40MG	11
MAYZENT STARTER PACK (12)	63
MAYZENT STARTER PACK (7)	63
MAYZENT TAB 0.25MG	63
MAYZENT TAB 1MG	63
MAYZENT TAB 2MG	63
<i>meclizine hcl tab 12.5 mg</i>	83
<i>meclizine hcl tab 25 mg</i>	83
<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i>	73
<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i>	73
<i>medroxyprogesterone acetate tab 10</i> <i>mg</i>	80
<i>medroxyprogesterone acetate tab 2.5</i> <i>mg</i>	80
<i>medroxyprogesterone acetate tab 5 mg</i>	80
<i>mefloquine hcl tab 250 mg</i>	7
<i>megestrol acetate susp 40 mg/ml</i>	80
<i>megestrol acetate susp 625 mg/5ml</i> ..	80
<i>megestrol acetate tab 20 mg</i>	19
<i>megestrol acetate tab 40 mg</i>	19
MEKINIST SOL 0.05/ML	24
MEKINIST TAB 0.5MG	24
MEKINIST TAB 2MG	24
MEKTOVI TAB 15MG	24
<i>meloxicam tab 15 mg</i>	1
<i>meloxicam tab 7.5 mg</i>	1
<i>melphalan hcl for inj 50 mg (base</i> <i>equiv)</i>	17
<i>memantine hcl cap er 24hr 14 mg</i>	42
<i>memantine hcl cap er 24hr 21 mg</i>	43
<i>memantine hcl cap er 24hr 28 mg</i>	43
<i>memantine hcl cap er 24hr 7 mg</i>	42
<i>memantine hcl oral solution 2 mg/ml</i> ..	43
<i>memantine hcl tab 10 mg</i>	43
<i>memantine hcl tab 28 x 5 mg & 21 x</i> <i>10 mg titration pack</i>	43
<i>memantine hcl tab 5 mg</i>	43

MENACTRA INJ.....	94	methylphenidate hcl tab 10 mg.....	60
MENQUADFI INJ	94	methylphenidate hcl tab 20 mg.....	60
MENVEO INJ	94	methylphenidate hcl tab 5 mg.....	60
MENVEO SOL	94	methylprednisolone acetate inj susp 40	
mercaptopurine tab 50 mg	18	mg/ml.....	76
meropenem iv for soln 1 gm	5	methylprednisolone acetate inj susp 80	
meropenem iv for soln 500 mg	5	mg/ml.....	76
merzee	73	methylprednisolone sod succ for inj	
mesalamine cap dr 400 mg	84	125 mg (base equiv).....	76
mesalamine cap er 24hr 0.375 gm ...	84	methylprednisolone sod succ for inj 40	
mesalamine enema 4 gm	84	mg (base equiv).....	76
mesalamine suppos 1000 mg.....	84	methylprednisolone tab 16 mg.....	76
mesalamine tab delayed release 1.2		methylprednisolone tab 32 mg.....	76
gm	84	methylprednisolone tab 4 mg	76
mesalamine tab delayed release 800		methylprednisolone tab 8 mg	76
mg	84	methylprednisolone tab therapy pack 4	
mesna inj 100 mg/ml.....	28	mg (21)	76
MESNEX TAB 400MG.....	28	methyltestosterone cap 10 mg.....	65
metaxalone tab 800 mg	63	metoclopramide hcl inj 5 mg/ml (base	
metformin hcl tab 1000 mg	66	equivalent)	83
metformin hcl tab 500 mg	66	metoclopramide hcl soln 5 mg/5ml (10	
metformin hcl tab 850 mg	66	mg/10ml) (base equiv)	83
metformin hcl tab er 24hr 500 mg....	66	metoclopramide hcl tab 10 mg (base	
metformin hcl tab er 24hr 750 mg....	67	equivalent)	83
methazolamide tab 25 mg	39	metoclopramide hcl tab 5 mg (base	
methazolamide tab 50 mg	39	equivalent)	83
methenamine hippurate tab 1 gm.....	5	metolazone tab 10 mg	39
methimazole tab 10 mg	81	metolazone tab 2.5 mg	39
methimazole tab 5 mg	81	metolazone tab 5 mg.....	39
methitest tab 10mg	65	metoprolol & hydrochlorothiazide tab	
methocarbamol tab 1000 mg	63	100-25 mg	35
methocarbamol tab 500 mg.....	63	metoprolol & hydrochlorothiazide tab	
methocarbamol tab 750 mg.....	63	100-50 mg	35
methotrexate sodium for inj 1 gm	18	metoprolol & hydrochlorothiazide tab	
methotrexate sodium inj 50 mg/2ml		50-25 mg	35
(25 mg/ml).....	18	metoprolol succinate tab er 24hr 100	
methotrexate sodium inj pf 50 mg/2ml		mg (tartrate equiv).....	36
(25 mg/ml).....	18	metoprolol succinate tab er 24hr 200	
methotrexate sodium tab 2.5 mg (base		mg (tartrate equiv).....	36
equiv)	91	metoprolol succinate tab er 24hr 25 mg	
methoxsalen rapid cap 10 mg	106	(tartrate equiv)	36
methscopolamine bromide tab 2.5 mg		metoprolol succinate tab er 24hr 50 mg	
.....	84	(tartrate equiv)	36
methscopolamine bromide tab 5 mg .	84	metoprolol tartrate tab 100 mg	36
methsuximide cap 300 mg	56	metoprolol tartrate tab 25 mg.....	36
methylphenidate hcl soln 10 mg/5ml	60	metoprolol tartrate tab 37.5 mg	36
methylphenidate hcl soln 5 mg/5ml ..	60	metoprolol tartrate tab 50 mg.....	36

metoprolol tartrate tab 75 mg.....	36	mirtazapine tab 45 mg.....	45
metronidazole cream 0.75%	108	mirtazapine tab 7.5 mg.....	45
metronidazole gel 0.75%	108	misoprostol tab 100 mcg.....	85
metronidazole in nacl.....	5	misoprostol tab 200 mcg.....	85
metronidazole lotion 0.75%.....	108	mitomycin for iv soln 20 mg	17
metronidazole tab 250 mg.....	5	mitomycin for iv soln 40 mg	17
metronidazole tab 500 mg.....	6	mitomycin for iv soln 5 mg	17
metronidazole vaginal gel 0.75%	87	mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	20
metyrosine cap 250 mg.....	40	mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	20
mexiletine hcl cap 150 mg.....	33	mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	20
mexiletine hcl cap 200 mg.....	33	M-M-R II INJ.....	94
mexiletine hcl cap 250 mg.....	33	modafinil tab 100 mg.....	64
micafungin sodium for iv soln 100 mg 7		modafinil tab 200 mg.....	64
micafungin sodium for iv soln 50 mg . 7		moexipril hcl tab 15 mg	29
microgestin 1.5/30	73	moexipril hcl tab 7.5 mg	29
microgestin 1/20	73	molindone hcl tab 10 mg.....	51
microgestin 24 fe	73	molindone hcl tab 25 mg.....	51
microgestin fe 1.5/30	73	molindone hcl tab 5 mg	50
microgestin fe 1/20	73	mometasone furoate cream 0.1% ..	107
midodrine hcl tab 10 mg	40	mometasone furoate nasal susp 50 mcg/act	103
midodrine hcl tab 2.5 mg	40	mometasone furoate oint 0.1%.....	108
midodrine hcl tab 5 mg	40	mometasone furoate solution 0.1% (lotion)	108
mifepristone tab 300 mg	78	montelukast sodium chew tab 4 mg (base equiv)	102
miglitol tab 100 mg	67	montelukast sodium chew tab 5 mg (base equiv)	102
miglitol tab 25 mg	67	montelukast sodium tab 10 mg (base equiv)	102
miglitol tab 50 mg	67	morphine sulfate oral soln 10 mg/5ml 4	
miglustat cap 100 mg	78	morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	4
mili tab 0.25/35	73	morphine sulfate oral soln 20 mg/5ml 4	
mimvey tab 1-0.5mg	75	morphine sulfate suppos 10 mg	4
minocycline hcl cap 100 mg.....	16	morphine sulfate tab 15 mg.....	4
minocycline hcl cap 50 mg.....	16	morphine sulfate tab 30 mg.....	4
minocycline hcl cap 75 mg.....	16	morphine sulfate tab er 100 mg	2
minocycline hcl tab 100 mg	16	morphine sulfate tab er 15 mg.....	2
minocycline hcl tab 50 mg	16	morphine sulfate tab er 200 mg	2
minocycline hcl tab 75 mg.....	16	morphine sulfate tab er 30 mg.....	2
minoxidil tab 10 mg.....	40	morphine sulfate tab er 60 mg.....	2
minoxidil tab 2.5 mg.....	40	MOTPOLY XR CAP 100MG	56
mirabegron tab er 24 hr 25 mg	87	MOTPOLY XR CAP 150MG	56
mirabegron tab er 24 hr 50 mg	87		
mirtazapine orally disintegrating tab 15 mg	45		
mirtazapine orally disintegrating tab 30 mg	45		
mirtazapine orally disintegrating tab 45 mg	45		
mirtazapine tab 15 mg.....	45		
mirtazapine tab 30 mg.....	45		

MOTPOLY XR CAP 200MG	56
MOUNJARO INJ 10MG/0.5	67
MOUNJARO INJ 12.5/0.5	67
MOUNJARO INJ 15MG/0.5	67
MOUNJARO INJ 2.5/0.5	67
MOUNJARO INJ 5MG/0.5	67
MOUNJARO INJ 7.5/0.5	67
MOVANTIK TAB 12.5MG	85
MOVANTIK TAB 25MG	85
<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>sodium chloride 0.8% inj</i>	14
<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
<i>equiv)</i>	98
<i>moxifloxacin hcl tab 400 mg (base</i>	
<i>equiv)</i>	14
MOZOBIL INJ	89
MRESVIA INJ 50MCG	94
MULPLETA TAB 3MG	90
<i>mult electro inj ph 5.5</i>	96
MULTAQ TAB 400MG	33
<i>mupirocin calcium cream 2%</i>	105
<i>mupirocin oint 2%</i>	105
MYALEPT INJ 11.3MG	78
MYCAPSSA CAP 20MG	78
<i>mycophenolate mofetil cap 250 mg ..</i>	93
<i>mycophenolate mofetil for oral susp</i>	
<i>200 mg/ml</i>	93
<i>mycophenolate mofetil hcl for iv soln</i>	
<i>500 mg (base equiv)</i>	93
<i>mycophenolate mofetil tab 500 mg ..</i>	93
<i>mycophenolate sodium tab dr 180 mg</i>	
<i>(mycophenolic acid equiv)</i>	93
<i>mycophenolate sodium tab dr 360 mg</i>	
<i>(mycophenolic acid equiv)</i>	93
MYHIBBIN SUS 200MG/ML	93
MYRBETRIQ TAB 25MG	87
MYRBETRIQ TAB 50MG	87

N

<i>nabumetone tab 500 mg</i>	1
<i>nabumetone tab 750 mg</i>	1
<i>nadolol tab 20 mg</i>	36
<i>nadolol tab 40 mg</i>	36
<i>nadolol tab 80 mg</i>	36
<i>naftillin sodium for inj 1 gm</i>	15
<i>naftillin sodium for inj 2 gm</i>	15
<i>naftillin sodium for iv soln 10 gm</i>	15
<i>naloxone hcl inj 0.4 mg/ml</i>	64
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	64
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	64
<i>naloxone hcl soln prefilled syringe 2</i>	
<i>mg/2ml</i>	65
<i>naltrexone hcl tab 50 mg</i>	65
NAMZARIC CAP 14-10MG	43
NAMZARIC CAP 21-10MG	43
NAMZARIC CAP 28-10MG	43
NAMZARIC CAP 7-10MG	43
NAMZARIC CAP PACK	43
<i>naproxen tab 250 mg</i>	1
<i>naproxen tab 375 mg</i>	1
<i>naproxen tab 500 mg</i>	1
<i>naratriptan hcl tab 1 mg (base equiv)</i>	
<i>.....</i>	61
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	
<i>.....</i>	61
NATACYN SUS 5% OP	98
<i>nateglinide tab 120 mg</i>	67
<i>nateglinide tab 60 mg</i>	67
NAYZILAM SPR 5MG	56
<i>nebivolol hcl tab 10 mg (base</i>	
<i>equivalent)</i>	36
<i>nebivolol hcl tab 2.5 mg (base</i>	
<i>equivalent)</i>	36
<i>nebivolol hcl tab 20 mg (base</i>	
<i>equivalent)</i>	36
<i>nebivolol hcl tab 5 mg (base</i>	
<i>equivalent)</i>	36
<i>necon 0.5/35-28</i>	73
NEEDLES, INSULIN DISP., SAFETY ...	69
<i>nefazodone hcl tab 100 mg</i>	45
<i>nefazodone hcl tab 150 mg</i>	45
<i>nefazodone hcl tab 200 mg</i>	45
<i>nefazodone hcl tab 250 mg</i>	45
<i>nefazodone hcl tab 50 mg</i>	45
<i>neomycin sulfate tab 500 mg</i>	6
<i>neomycin-bacitrac zn-polymyx</i>	
<i>5(3.5)mg-400unt-10000unt op oin</i>	98
<i>neomycin-polymyx-gramicid op sol</i>	
<i>1.75-10000-0.025mg-unt-mg/ml ..</i>	98
<i>neomycin-polymyxin-dexamethasone</i>	
<i>ophth oint 0.1%</i>	97
<i>neomycin-polymyxin-dexamethasone</i>	
<i>ophth susp 0.1%</i>	97
<i>neomycin-polymyxin-hc ophth susp ..</i>	97

<i>neomycin-polymyxin-hc otic soln 1%</i>		<i>nisoldipine tab er 24hr 20 mg</i>	38
.....	100	<i>nisoldipine tab er 24hr 25.5 mg</i>	38
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>nisoldipine tab er 24hr 30 mg</i>	38
<i>mg/ml-10000 unit/ml-1%</i>	100	<i>nisoldipine tab er 24hr 34 mg</i>	38
<i>neo-polycin oin hc 1%op</i>	97	<i>nisoldipine tab er 24hr 40 mg</i>	38
<i>neo-polycin oin op</i>	98	<i>nisoldipine tab er 24hr 8.5 mg</i>	38
NERLYNX TAB 40MG	24	<i>nitazoxanide tab 500 mg</i>	6
NEUPRO DIS 1MG/24HR	47	<i>nitisinone cap 10 mg</i>	78
NEUPRO DIS 2MG/24HR	47	<i>nitisinone cap 2 mg</i>	78
NEUPRO DIS 3MG/24HR	47	<i>nitisinone cap 20 mg</i>	78
NEUPRO DIS 4MG/24HR	47	<i>nitisinone cap 5 mg</i>	78
NEUPRO DIS 6MG/24HR	47	NITRO-BID OIN 2%	40
NEUPRO DIS 8MG/24HR	47	<i>nitrofur mac cap 50mg</i>	6
NEVANAC SUS 0.1% OP	98	<i>nitrofurantoin macrocrystalline cap 100</i>	
<i>nevirapine susp 50 mg/5ml</i>	8	<i>mg</i>	6
<i>nevirapine tab 200 mg</i>	8	<i>nitrofurantoin macrocrystalline cap 25</i>	
<i>nevirapine tab er 24hr 400 mg</i>	8	<i>mg</i>	6
NEXAVAR TAB 200MG	24	<i>nitrofurantoin monohydrate</i>	
NEXTSTELLIS TAB 3-14.2MG	73	<i>macrocrystalline cap 100 mg</i>	6
<i>niacin tab er 1000 mg</i>		NITROGLYCER INJ 5MG/ML	40
<i>(antihyperlipidemic)</i>	35	<i>nitroglycerin oint 0.4%</i>	109
<i>niacin tab er 500 mg</i>		<i>nitroglycerin sl tab 0.3 mg</i>	40
<i>(antihyperlipidemic)</i>	34	<i>nitroglycerin sl tab 0.4 mg</i>	40
<i>niacin tab er 750 mg</i>		<i>nitroglycerin sl tab 0.6 mg</i>	40
<i>(antihyperlipidemic)</i>	35	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	
<i>niacor</i>	35		40
<i>nicardipine hcl cap 20 mg</i>	37	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	
<i>nicardipine hcl cap 30 mg</i>	37		40
NICOTROL INH	65	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	
NICOTROL NS SPR 10MG/ML	65		40
<i>nifedipine tab er 24hr 30 mg</i>	37	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	
<i>nifedipine tab er 24hr 60 mg</i>	37		40
<i>nifedipine tab er 24hr 90 mg</i>	38	<i>nitroglycerin tl soln 0.4 mg/spray (400</i>	
<i>nifedipine tab er 24hr osmotic release</i>		<i>mcg/spray)</i>	40
<i>30 mg</i>	38	NITROSTAT SUB 0.3MG	40
<i>nifedipine tab er 24hr osmotic release</i>		NITROSTAT SUB 0.4MG	40
<i>60 mg</i>	38	NITROSTAT SUB 0.6MG	40
<i>nifedipine tab er 24hr osmotic release</i>		NIVESTYM INJ 300/0.5	89
<i>90 mg</i>	38	NIVESTYM INJ 300MCG	89
<i>nikki</i>	73	NIVESTYM INJ 480/0.8	89
<i>nilutamide tab 150 mg</i>	19	NIVESTYM INJ 480MCG	89
<i>nimodipine cap 30 mg</i>	38	<i>nizatidine cap 150 mg</i>	84
NINLARO CAP 2.3MG	24	<i>nizatidine cap 300 mg</i>	84
NINLARO CAP 3MG	24	<i>nora-be</i>	73
NINLARO CAP 4MG	24	NORDITROPIN INJ 10/1.5ML	78
NIPENT INJ 10MG	20	NORDITROPIN INJ 15/1.5ML	78
<i>nisoldipine tab er 24hr 17 mg</i>	38	NORDITROPIN INJ 30/3ML	78

NORDITROPIN INJ 5/1.5ML	78	NULOJIX INJ 250MG	93
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	73	NUPLAZID CAP 34MG.....	51
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....	73	NUPLAZID TAB 10MG.....	51
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	73	NURTEC TAB 75MG ODT.....	61
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....	73	NUTRILIPID EMU 20%	97
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....	73	NUZYRA INJ 100MG.....	16
norethindrone acetate tab 5 mg	80	NUZYRA TAB 150MG.....	16
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....	75	nyamyc.....	106
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	75	nylia 1/35	73
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	73	nylia 7/7/7	73
norethindrone tab 0.35 mg.....	73	nymyo	74
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	73	nystatin cream 100000 unit/gm	106
norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg	73	nystatin oint 100000 unit/gm	106
norlyroc	73	nystatin susp 100000 unit/ml	109
NORPACE CAP 100MG CR	33	nystatin tab 500000 unit.....	7
NORPACE CAP 150MG CR	33	nystatin topical powder 100000 unit/gm.....	106
nortrel 0.5/35 (28).....	73	nystatin-triamcinolone cream 100000- 0.1 unit/gm-%	106
nortrel 1/35.....	73	nystatin-triamcinolone oint 100000-0.1 unit/gm-%	106
nortrel 7/7/7.....	73	nystop	106
nortriptyline hcl cap 10 mg	45	O	
nortriptyline hcl cap 25 mg	45	ocella tab 3-0.03mg	74
nortriptyline hcl cap 50 mg	45	OCTAGAM INJ 1GM.....	92
nortriptyline hcl cap 75 mg	45	OCTAGAM INJ 2GM/20ML.....	92
nortriptyline hcl soln 10 mg/5ml.....	45	octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	78
NORVIR POW 100MG	8	octreotide acetate inj 1000 mcg/ml (1 mg/ml)	78
NORVIR SOL 80MG/ML.....	8	octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	78
NORVIR TAB 100MG	8	octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	78
NOURIANZ TAB 20MG.....	47	octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	78
NOURIANZ TAB 40MG.....	47	ODACTRA SUB.....	92
NOXAFIL SUS 40MG/ML	7	ODEFSEY TAB	10
np thyroid 120	81	ODOMZO CAP 200MG	24
np thyroid 15.....	81	OFEV CAP 100MG.....	102
np thyroid 30.....	81	OFEV CAP 150MG.....	102
np thyroid 60.....	81	ofloxacin ophth soln 0.3%	98
np thyroid 90.....	81	ofloxacin otic soln 0.3%	100
NUBEQA TAB 300MG	19	ofloxacin tab 300 mg	14
NUDEXTA CAP 20-10MG	62	ofloxacin tab 400 mg	14
		OGSIVEO TAB 100MG	24
		OGSIVEO TAB 150MG	24

OGSIVEO TAB 50MG	24	<i>olopatadine hcl nasal soln 0.6%</i>	101
OJEMDA SUS 25MG/ML	25	<i>omega-3-acid ethyl esters cap 1 gm .35</i>	
OJEMDA TAB 100MG	25	<i>omeprazole cap delayed release 10 mg</i>	
OJJAARA TAB 100MG	25		86
OJJAARA TAB 150MG	25	<i>omeprazole cap delayed release 20 mg</i>	
OJJAARA TAB 200MG	25		86
<i>olanzapine for im inj 10 mg</i>	51	<i>omeprazole cap delayed release 40 mg</i>	
<i>olanzapine orally disintegrating tab 10</i>			86
<i>mg</i>	51	OMNIPOD 5 DX KIT INT G7G6	69
<i>olanzapine orally disintegrating tab 15</i>		OMNIPOD 5 DX MIS POD G7G6.....	69
<i>mg</i>	51	OMNIPOD DASH MIS PODS	69
<i>olanzapine orally disintegrating tab 20</i>		OMNIPOD GO KIT 10UNT/DY	69
<i>mg</i>	51	OMNIPOD GO KIT 15UNT/DY	69
<i>olanzapine orally disintegrating tab 5</i>		OMNIPOD GO KIT 20UNT/DY	69
<i>mg</i>	51	OMNIPOD GO KIT 25UNT/DY	69
<i>olanzapine tab 10 mg</i>	51	OMNIPOD GO KIT 30UNT/DY	69
<i>olanzapine tab 15 mg</i>	51	OMNIPOD GO KIT 35UNT/DY	69
<i>olanzapine tab 2.5 mg</i>	51	OMNIPOD GO KIT 40UNT/DY	69
<i>olanzapine tab 20 mg</i>	51	OMNIPOD MIS CLASSIC	69
<i>olanzapine tab 5 mg</i>	51	OMNIPOD PDM KIT CLASSIC.....	69
<i>olanzapine tab 7.5 mg</i>	51	<i>ondansetron hcl inj 4 mg/2ml (2</i>	
<i>olmesartan medoxomil tab 20 mg</i>	32	<i>mg/ml)</i>	83
<i>olmesartan medoxomil tab 40 mg</i>	32	<i>ondansetron hcl inj 40 mg/20ml (2</i>	
<i>olmesartan medoxomil-</i>		<i>mg/ml)</i>	83
<i>hydrochlorothiazide tab 20-12.5 mg</i>		<i>ondansetron hcl oral soln 4 mg/5ml..</i>	83
.....	31	<i>ondansetron hcl tab 4 mg.....</i>	83
<i>olmesartan medoxomil-</i>		<i>ondansetron hcl tab 8 mg.....</i>	83
<i>hydrochlorothiazide tab 40-12.5 mg</i>		<i>ondansetron tab 4mg odt.....</i>	83
.....	31	<i>ondansetron tab 8mg odt.....</i>	83
<i>olmesartan medoxomil-</i>		ONUREG TAB 200MG	18
<i>hydrochlorothiazide tab 40-25 mg .31</i>		ONUREG TAB 300MG	18
<i>olmesartan-amlodipine-</i>		OPSUMIT TAB 10MG	41
<i>hydrochlorothiazide tab 20-5-12.5</i>		ORFADIN CAP 20MG	79
<i>mg</i>	31	ORFADIN SUS 4MG/ML	79
<i>olmesartan-amlodipine-</i>		ORGOVYX TAB 120MG	19
<i>hydrochlorothiazide tab 40-10-12.5</i>		ORIAHNN CAP.....	79
<i>mg</i>	31	ORKAMBI GRA 100-125	102
<i>olmesartan-amlodipine-</i>		ORKAMBI GRA 150-188	103
<i>hydrochlorothiazide tab 40-10-25 mg</i>		ORKAMBI GRA 75-94MG	102
.....	31	ORKAMBI TAB 100-125.....	103
<i>olmesartan-amlodipine-</i>		ORKAMBI TAB 200-125	103
<i>hydrochlorothiazide tab 40-5-12.5</i>		ORLADEYO CAP 110MG	90
<i>mg</i>	31	ORLADEYO CAP 150MG	90
<i>olmesartan-amlodipine-</i>		ORSERDU TAB 345MG	19
<i>hydrochlorothiazide tab 40-5-25 mg</i>		ORSERDU TAB 86MG	19
.....	31	<i>oseltamivir phosphate cap 30 mg (base</i>	
		<i>equiv)</i>	11

<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	11	<i>oxycodone hcl tab 20 mg</i>	4
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	11	<i>oxycodone hcl tab 30 mg</i>	4
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	11	<i>oxycodone hcl tab 5 mg</i>	4
<i>OTEZLA TAB 10/20</i>	91	<i>oxycodone hcl tab er 12hr deter 10 mg</i>	2
<i>OTEZLA TAB 10/20/30</i>	91	<i>oxycodone hcl tab er 12hr deter 20 mg</i>	2
<i>OTEZLA TAB 20MG</i>	91	<i>oxycodone hcl tab er 12hr deter 40 mg</i>	2
<i>OTEZLA TAB 30MG</i>	91	<i>oxycodone hcl tab er 12hr deter 80 mg</i>	2
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	15	<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	4
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	15	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	4
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	15	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	4
<i>oxaliplatin for iv inj 100 mg</i>	17	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	4
<i>oxaliplatin iv soln 100 mg/20ml</i>	17	<i>OXYCONTIN TAB 10MG ER</i>	2
<i>oxaliplatin iv soln 50 mg/10ml</i>	17	<i>OXYCONTIN TAB 15MG ER</i>	2
<i>oxandrolone tab 10 mg</i>	65	<i>OXYCONTIN TAB 20MG ER</i>	2
<i>oxandrolone tab 2.5 mg</i>	65	<i>OXYCONTIN TAB 30MG ER</i>	2
<i>oxazepam cap 10 mg</i>	42	<i>OXYCONTIN TAB 40MG ER</i>	2
<i>oxazepam cap 15 mg</i>	42	<i>OXYCONTIN TAB 60MG ER</i>	2
<i>oxazepam cap 30 mg</i>	42	<i>OXYCONTIN TAB 80MG ER</i>	2
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	56	<i>oxymorphone hcl tab 10 mg</i>	4
<i>oxcarbazepine tab 150 mg</i>	56	<i>oxymorphone hcl tab 5 mg</i>	4
<i>oxcarbazepine tab 300 mg</i>	56	<i>OZEMPIC INJ 2MG/3ML</i>	67
<i>oxcarbazepine tab 600 mg</i>	57	<i>OZEMPIC INJ 4MG/3ML</i>	67
<i>oxcarbazepine tab er 24hr 150 mg</i> ...	57	<i>OZEMPIC INJ 8MG/3ML</i>	67
<i>oxcarbazepine tab er 24hr 300 mg</i> ...	57	P	
<i>oxcarbazepine tab er 24hr 600 mg</i> ...	57	<i>pacerone</i>	33
<i>OXERVATE SOL 20MCG/ML</i>	100	<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	20
<i>oxybutynin chloride solution 5 mg/5ml</i>	87	<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	20
<i>oxybutynin chloride tab 5 mg</i>	87	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	20
<i>oxybutynin chloride tab er 24hr 10 mg</i>	87	<i>paliperidone tab er 24hr 1.5 mg</i>	51
<i>oxybutynin chloride tab er 24hr 15 mg</i>	87	<i>paliperidone tab er 24hr 3 mg</i>	51
<i>oxybutynin chloride tab er 24hr 5 mg</i>	87	<i>paliperidone tab er 24hr 6 mg</i>	51
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	4	<i>paliperidone tab er 24hr 9 mg</i>	51
<i>oxycodone hcl soln 5 mg/5ml</i>	4	<i>pamidronate disodium iv soln 3 mg/ml</i>	70
<i>oxycodone hcl tab 10 mg</i>	4	<i>pamidronate disodium iv soln 9 mg/ml</i>	70
<i>oxycodone hcl tab 15 mg</i>	4		

PANRETIN GEL 0.1%	109
<i>pantoprazole sodium ec tab 20 mg</i> <i>(base equiv)</i>	86
<i>pantoprazole sodium ec tab 40 mg</i> <i>(base equiv)</i>	86
PANZYGA SOL 10/100ML.....	92
PANZYGA SOL 1GM/10ML.....	92
PANZYGA SOL 2.5/25ML.....	92
PANZYGA SOL 20/200ML.....	92
PANZYGA SOL 30/300ML.....	92
PANZYGA SOL 5GM/50ML.....	92
<i>paricalcitol cap 1 mcg</i>	82
<i>paricalcitol cap 2 mcg</i>	82
<i>paricalcitol cap 4 mcg</i>	82
<i>paricalcitol iv soln 2 mcg/ml</i>	82
<i>paroxetine hcl oral susp 10 mg/5ml</i> <i>(base equiv)</i>	45
<i>paroxetine hcl tab 10 mg</i>	45
<i>paroxetine hcl tab 20 mg</i>	45
<i>paroxetine hcl tab 30 mg</i>	45
<i>paroxetine hcl tab 40 mg</i>	45
<i>paroxetine hcl tab er 24hr 12.5 mg</i> ..	45
<i>paroxetine hcl tab er 24hr 25 mg</i>	45
<i>paroxetine hcl tab er 24hr 37.5 mg</i> ..	45
PAXLOVID TAB 150-100	11
PAXLOVID TAB 300-100	11
<i>pazopanib hcl tab 200 mg (base equiv)</i>	25
PEDIARIX INJ 0.5ML	94
PEDVAX HIB INJ.....	94
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> <i>for soln 236 gm</i>	84
<i>peg-3350/electrolytes/asc</i>	84
PEGASYS INJ	11
PEGASYS INJ 180MCG/M.....	11
PEMAZYRE TAB 13.5MG	25
PEMAZYRE TAB 4.5MG	25
PEMAZYRE TAB 9MG	25
PEN GK/DEXTR INJ 20000/ML.....	15
PEN GK/DEXTR INJ 40000/ML.....	15
PEN GK/DEXTR INJ 60000/ML.....	15
PENBRAYA INJ	94
<i>penciclovir cream 1%</i>	109
<i>penicillamine tab 250 mg</i>	70
<i>penicillin g potassium for inj 20000000</i> <i>unit</i>	15

<i>penicillin g sodium for inj 5000000 unit</i>	15
<i>penicillin v potassium for soln 125</i> <i>mg/5ml</i>	15
<i>penicillin v potassium for soln 250</i> <i>mg/5ml</i>	15
<i>penicillin v potassium tab 250 mg</i>	15
<i>penicillin v potassium tab 500 mg</i>	15
PENTACEL INJ.....	94
<i>pentamidine isethionate inh</i>	6
<i>pentamidine isethionate inj</i>	6
<i>pentoxifylline tab er 400 mg</i>	90
<i>perindopril erbumine tab 2 mg</i>	29
<i>perindopril erbumine tab 4 mg</i>	29
<i>perindopril erbumine tab 8 mg</i>	29
<i>periogard</i>	109
PERJETA INJ 420/14ML	25
<i>permethrin cream 5%</i>	109
<i>perphenazine tab 16 mg</i>	51
<i>perphenazine tab 2 mg</i>	51
<i>perphenazine tab 4 mg</i>	51
<i>perphenazine tab 8 mg</i>	51
PERSERIS INJ 120MG	51
PERSERIS INJ 90MG	51
<i>pfizerpen</i>	15
<i>phenelzine sulfate tab 15 mg</i>	45
<i>phenobarbital elixir 20 mg/5ml</i>	57
<i>phenobarbital tab 100 mg</i>	57
<i>phenobarbital tab 15 mg</i>	57
<i>phenobarbital tab 16.2 mg</i>	57
<i>phenobarbital tab 30 mg</i>	57
<i>phenobarbital tab 32.4 mg</i>	57
<i>phenobarbital tab 60 mg</i>	57
<i>phenobarbital tab 64.8 mg</i>	57
<i>phenobarbital tab 97.2 mg</i>	57
<i>phenytoin chew tab 50 mg</i>	57
<i>phenytoin sodium extended cap 100</i> <i>mg</i>	57
<i>phenytoin sodium extended cap 200</i> <i>mg</i>	57
<i>phenytoin sodium extended cap 300</i> <i>mg</i>	57
<i>phenytoin sodium inj 50 mg/ml</i>	57
<i>phenytoin susp 125 mg/5ml</i>	57
PIFELTRO TAB 100MG.....	8
<i>pilocarpine hcl ophth soln 1%</i>	99
<i>pilocarpine hcl ophth soln 2%</i>	99

<i>pilocarpine hcl ophth soln 4%</i>	99	<i>portia-28</i>	74
<i>pilocarpine hcl tab 5 mg</i>	109	<i>posaconazole susp 40 mg/ml</i>	7
<i>pilocarpine hcl tab 7.5 mg</i>	109	<i>posaconazole tab delayed release 100</i>	
<i>pimecrolimus cream 1%</i>	109	<i>mg</i>	7
<i>pimozide tab 1 mg</i>	51	POT CHLORIDE INJ 10MEQ	96
<i>pimozide tab 2 mg</i>	51	POT CHLORIDE INJ 20MEQ	96
<i>pimtrea</i>	74	POT CHLORIDE INJ 40MEQ	96
<i>pindolol tab 10 mg</i>	36	<i>potassium chloride 20 meq/l (0.15%)</i>	
<i>pindolol tab 5 mg</i>	36	<i>in dextrose 5% inj</i>	96
<i>pioglitazone hcl tab 15 mg (base equiv)</i>		<i>potassium chloride cap er 10 meq</i>	96
.....	67	<i>potassium chloride cap er 8 meq</i>	96
<i>pioglitazone hcl tab 30 mg (base equiv)</i>		<i>potassium chloride inj 2 meq/ml</i>	96
.....	67	<i>potassium chloride microencapsulated</i>	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>		<i>crys er tab 10 meq</i>	96
.....	67	<i>potassium chloride microencapsulated</i>	
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>crys er tab 15 meq</i>	96
<i>500 mg</i>	67	<i>potassium chloride microencapsulated</i>	
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>crys er tab 20 meq</i>	96
<i>850 mg</i>	67	<i>potassium chloride oral soln 10% (20</i>	
<i>piperacillin sod-tazobactam sod for inj</i>		<i>meq/15ml)</i>	96
<i>2.25 gm (2-0.25 gm)</i>	15	<i>potassium chloride oral soln 20% (40</i>	
<i>piperacillin sod-tazobactam sod for inj</i>		<i>meq/15ml)</i>	97
<i>4.5 gm (4-0.5 gm)</i>	16	<i>potassium chloride powder packet 20</i>	
<i>piperacillin sod-tazobactam sod for inj</i>		<i>meq</i>	97
<i>40.5 gm (36-4.5 gm)</i>	16	<i>potassium chloride tab er 10 meq</i>	97
PIQRAY 200MG TAB DOSE.....	25	<i>potassium chloride tab er 20 meq</i>	
PIQRAY 250MG TAB DOSE.....	25	<i>(1500 mg)</i>	97
PIQRAY 300MG TAB DOSE.....	25	<i>potassium chloride tab er 8 meq (600</i>	
<i>pirfenidone cap 267 mg</i>	103	<i>mg)</i>	97
<i>pirfenidone tab 267 mg</i>	103	<i>potassium citrate tab er 10 meq (1080</i>	
<i>pirfenidone tab 534 mg</i>	103	<i>mg)</i>	86
<i>pirfenidone tab 801 mg</i>	103	<i>potassium citrate tab er 15 meq (1620</i>	
<i>pitavastatin calcium tab 1 mg</i>	34	<i>mg)</i>	86
<i>pitavastatin calcium tab 2 mg</i>	34	<i>potassium citrate tab er 5 meq (540</i>	
<i>pitavastatin calcium tab 4 mg</i>	34	<i>mg)</i>	86
PLASMA-LYTE INJ -148	96	PRADAXA CAP 110MG	88
PLASMA-LYTE INJ -A.....	96	PRADAXA CAP 150MG	88
PLEGRIDY INJ	63	PRADAXA CAP 75MG.....	88
PLEGRIDY INJ PEN.....	63	PRALUENT INJ 150MG/ML	35
<i>podofilox soln 0.5%</i>	109	PRALUENT INJ 75MG/ML	35
<i>polycin oin op</i>	98	<i>pramipexole dihydrochloride tab 0.125</i>	
<i>polymyxin b-trimethoprim ophth soln</i>		<i>mg</i>	48
<i>10000 unit/ml-0.1%</i>	98	<i>pramipexole dihydrochloride tab 0.25</i>	
POMALYST CAP 1MG	19	<i>mg</i>	48
POMALYST CAP 2MG	19	<i>pramipexole dihydrochloride tab 0.5</i>	
POMALYST CAP 3MG	19	<i>mg</i>	48
POMALYST CAP 4MG	19		

<i>pramipexole dihydrochloride tab 0.75 mg</i>	48	PREMARIN TAB 0.45MG	75
<i>pramipexole dihydrochloride tab 1 mg</i>	48	PREMARIN TAB 0.625MG.....	75
<i>pramipexole dihydrochloride tab 1.5 mg</i>	48	PREMARIN TAB 0.9MG	75
<i>prasugrel hcl tab 10 mg (base equiv)</i>	90	PREMARIN TAB 1.25MG	75
<i>prasugrel hcl tab 5 mg (base equiv)</i>	90	PREMARIN VAG CRE 0.625MG.....	75
<i>pravastatin sodium tab 10 mg</i>	34	PREMASOL SOL 10%	97
<i>pravastatin sodium tab 20 mg</i>	34	PREMPRO TAB 0.3-1.5	75
<i>pravastatin sodium tab 40 mg</i>	34	PREMPRO TAB 0.45-1.5	76
<i>pravastatin sodium tab 80 mg</i>	34	PREMPRO TAB 0.625-2.5.....	76
<i>praziquantel tab 600 mg</i>	6	PREMPRO TAB 0.625-5	76
<i>prazosin hcl cap 1 mg</i>	30	PRETOMANID TAB 200MG	10
<i>prazosin hcl cap 2 mg</i>	30	<i>prevalite</i>	35
<i>prazosin hcl cap 5 mg</i>	30	PREVYMIS TAB 240MG	11
PRED MILD SUS 0.12% OP	98	PREVYMIS TAB 480MG.....	11
PRED SOD PHO SOL 1% OP.....	98	PREZCOBIX TAB 800-150.....	10
<i>prednisolone acetate ophth susp 1%</i>	98	PREZISTA SUS 100MG/ML.....	8
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	76	PREZISTA TAB 150MG	9
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	76	PREZISTA TAB 600MG	9
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	76	PREZISTA TAB 75MG	9
<i>prednisolone soln 15 mg/5ml</i>	76	PREZISTA TAB 800MG	9
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<i>prednisone tab 1 mg</i>	77	<i>primidone tab 250 mg</i>	57
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<i>prednisone tab 5 mg</i>	77	<i>probenecid tab 500 mg</i>	1
<i>prednisone tab 50 mg</i>	77	<i>procainamide hcl inj 100 mg/ml</i>	33
<i>pregabalin cap 100 mg</i>	57	<i>prochlorperazine edisylate inj 10 mg/2ml</i>	83
<i>pregabalin cap 150 mg</i>	57	<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	83
<i>pregabalin cap 200 mg</i>	57	<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	83
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<i>ranolazine tab er 12hr 1000 mg</i>	40	REXULTI TAB 4MG	52
<i>ranolazine tab er 12hr 500 mg</i>	40	REYATAZ POW 50MG	9
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	48	REZLIDHIA CAP 150MG	25
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	48	REZUROCK TAB 200MG	93
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RAYALDEE CAP 30MCG	82	<i>ribavirin cap 200 mg</i>	11
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REBIF REBIDO INJ TITRATN	63	<i>rifampin cap 300 mg</i>	10
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<i>reclipsen</i>	74	<i>riluzole tab 50 mg</i>	62
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REGRANEX GEL 0.01%	109	RINVOQ TAB 30MG ER	91
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RELISTOR INJ 8/0.4ML	85	<i>risedronate sodium tab 30 mg</i>	70
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<i>repaglinide tab 1 mg</i>	67	<i>risedronate sodium tab 5 mg</i>	70
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RETEVMO TAB 160MG	25	<i>risperidone microspheres for im extended rel susp 25 mg</i>	52
RETEVMO TAB 40MG	25	<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	52
RETEVMO TAB 80MG	25	<i>risperidone microspheres for im extended rel susp 50 mg</i>	52
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<i>ritonavir tab 100 mg</i>	9	<i>rufinamide tab 200 mg</i>	57
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<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	43	RYBELSUS TAB 3MG	67
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	43	RYBELSUS TAB 7MG	67
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	43	RYDAPT CAP 25MG	25
<i>rivastigmine transdermal</i>	43	RYTARY CAP 145MG	48
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<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	61	RYTARY CAP 245MG	48
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	61	RYTARY CAP 95MG	48
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<i>roflumilast tab 250 mcg</i>	103	<i>salsalate tab 750 mg</i>	2
<i>roflumilast tab 500 mcg</i>	103	SANCUSO DIS 3.1MG	83
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<i>ropinirole hydrochloride tab 1 mg</i>	48	SANDOSTATIN KIT LAR 30MG.....	79
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<i>ropinirole hydrochloride tab 4 mg</i>	48	<i>sapropterin dihydrochloride powder packet 500 mg</i>	79
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<i>sertraline hcl tab 50 mg</i>	46	<i>sodium chloride iv soln 0.45%</i>	96
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<i>sevelamer hcl tab 400 mg</i>	80		70
<i>sevelamer hcl tab 800 mg</i>	80	<i>solifenacin succinate tab 10 mg</i>	87
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<i>mg/ml.....</i>	41	SOLU-MEDROL INJ 500MG	77
<i>sildenafil citrate tab 20 mg</i>	41	SOMAVERT INJ 10MG	79
<i>silodosin cap 4 mg.....</i>	86	SOMAVERT INJ 15MG	79
<i>silodosin cap 8 mg.....</i>	86	SOMAVERT INJ 20MG	79
<i>silver sulfadiazine cream 1%</i>	105	SOMAVERT INJ 25MG	79
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<i>simvastatin tab 10 mg</i>	34	<i>sorine</i>	33
<i>simvastatin tab 20 mg</i>	34	<i>sotalol hcl (afib/afl) tab 120 mg</i>	33
<i>simvastatin tab 40 mg</i>	34	<i>sotalol hcl (afib/afl) tab 160 mg</i>	33
<i>simvastatin tab 5 mg</i>	34	<i>sotalol hcl (afib/afl) tab 80 mg</i>	33
<i>simvastatin tab 80 mg</i>	34	<i>sotalol hcl tab 120 mg</i>	33
<i>sirolimus oral soln 1 mg/ml</i>	94	<i>sotalol hcl tab 160 mg</i>	33
<i>sirolimus tab 0.5 mg</i>	94	<i>sotalol hcl tab 240 mg</i>	33
<i>sirolimus tab 1 mg</i>	94	<i>sotalol hcl tab 80 mg</i>	33
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SPRYCEL TAB 20MG.....	25	<i>equivalent)</i>	26
SPRYCEL TAB 50MG.....	25	<i>sunitinib malate cap 37.5 mg (base</i>	
SPRYCEL TAB 70MG.....	25	<i>equivalent)</i>	26
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<i>sps</i>	70	<i>equivalent)</i>	26
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<i>subvenite starter kit/ora</i>	57	SYMTUZA TAB.....	10
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<i>sucalfate susp 1 gm/10ml</i>	85	SYNAREL SOL 2MG/ML.....	74
<i>sucalfate tab 1 gm</i>	85	SYNERCID INJ 500MG.....	6
<i>sulfacetamide sodium lotion 10%</i>		SYNJARDY TAB 12.5-1000MG	67
<i>(acne)</i>	105	SYNJARDY TAB 12.5-500.....	67
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.....	98	SYNJARDY TAB 5-500MG.....	67
<i>sulfacetamide sodium ophth soln 10%</i>		SYNJARDY XR TAB 10-1000.....	67
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<i>sulfacetamide sodium-prednisolone</i>		SYNJARDY XR TAB 25-1000.....	68
<i>ophth soln 10-0.23(0.25)%</i>	97	SYNJARDY XR TAB 5-1000MG	67
<i>sulfadiazine tab 500 mg</i>	6	SYNTHROID TAB 100MCG	81
<i>sulfamethoxazole-trimethoprim susp</i>		SYNTHROID TAB 112MCG	81
<i>200-40 mg/5ml</i>	6	SYNTHROID TAB 125MCG	81
<i>sulfamethoxazole-trimethoprim tab</i>		SYNTHROID TAB 137MCG	81
<i>400-80 mg</i>	6	SYNTHROID TAB 150MCG	81
<i>sulfamethoxazole-trimethoprim tab</i>		SYNTHROID TAB 175MCG	81
<i>800-160 mg</i>	6	SYNTHROID TAB 200MCG	81
SULFAMYLON CRE 85MG/GM	105	SYNTHROID TAB 25MCG	81
<i>sulfasalazin tab 500mg dr</i>	84	SYNTHROID TAB 300MCG	81
<i>sulfasalazine tab 500 mg</i>	84	SYNTHROID TAB 50MCG	81
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tacrolimus cap 1 mg94

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tacrolimus oint 0.1%109

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TALTZ INJ 20/0.2591

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TALZENNA CAP 0.25MG26

TALZENNA CAP 0.35MG26

TALZENNA CAP 0.5MG26

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*tamoxifen citrate tab 20 mg (base
equivalent)*19

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tanlor tab 1000mg.....63

TARGRETIN GEL 1%109

tarina 24 fe74

tarina fe 1/20 eq74

TASIGNA CAP 150MG.....26

TASIGNA CAP 200MG.....26

TASIGNA CAP 50MG26

tasimelteon capsule 20 mg60

TAVNEOS CAP 10MG.....90

tazarotene cream 0.1%.....106

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TDVAX INJ 2-2 LF.....95

TECENTRIQ INJ 1200/2026

TECVAYLI INJ 153/1.726

TECVAYLI INJ 30MG/3ML26

TEFLARO INJ 400MG.....13

TEFLARO INJ 600MG.....13

TEGSEDI INJ 284/1.562

telmisartan tab 20 mg32

telmisartan tab 40 mg32

telmisartan tab 80 mg32

telmisartan-amlodipine tab 40-10 mg
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telmisartan-amlodipine tab 40-5 mg .31

telmisartan-amlodipine tab 80-10 mg
.....31

telmisartan-amlodipine tab 80-5 mg .31

*telmisartan-hydrochlorothiazide tab 40-
12.5 mg*31

*telmisartan-hydrochlorothiazide tab 80-
12.5 mg*31

*telmisartan-hydrochlorothiazide tab 80-
25 mg*.....32

temazepam cap 15 mg60

temazepam cap 22.5 mg.....60

temazepam cap 30 mg60

temazepam cap 7.5 mg60

TEMIXYS TAB 300-300.....10

tencon 1

TENIVAC INJ 5-2LF.....95

*tenofovir disoproxil fumarate tab 300
mg* 9

TEPMETKO TAB 225MG26

*terazosin hcl cap 1 mg (base
equivalent)*30

*terazosin hcl cap 10 mg (base
equivalent)*30

*terazosin hcl cap 2 mg (base
equivalent)*30

*terazosin hcl cap 5 mg (base
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terbinafine hcl tab 250 mg 7

terbutaline sulfate inj 1 mg/ml..... 101

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terbutaline sulfate tab 5 mg 102

terconazole vaginal cream 0.4%87

<i>terconazole vaginal cream 0.8%</i>	<i>87</i>	<i>thiothixene cap 1 mg</i>	<i>52</i>
<i>terconazole vaginal suppos 80 mg</i>	<i>87</i>	<i>thiothixene cap 10 mg</i>	<i>52</i>
<i>teriflunomide tab 14 mg</i>	<i>63</i>	<i>thiothixene cap 2 mg</i>	<i>52</i>
<i>teriflunomide tab 7 mg</i>	<i>63</i>	<i>thiothixene cap 5 mg</i>	<i>52</i>
<i>TERIPARATIDE INJ 620/2.48</i>	<i>70</i>	<i>THYMOGLOBULN INJ 25MG</i>	<i>94</i>
<i>teriparatide soln pen-inj 600</i>		<i>tiadylt er</i>	<i>38</i>
<i>mcg/2.4ml</i>	<i>70</i>	<i>tiagabine hcl tab 12 mg</i>	<i>58</i>
<i>testosterone cypionate im inj in oil 100</i>		<i>tiagabine hcl tab 16 mg</i>	<i>58</i>
<i>mg/ml</i>	<i>65</i>	<i>tiagabine hcl tab 2 mg</i>	<i>58</i>
<i>testosterone cypionate im inj in oil 200</i>		<i>tiagabine hcl tab 4 mg</i>	<i>58</i>
<i>mg/ml</i>	<i>65</i>	<i>TIBSOVO TAB 250MG</i>	<i>26</i>
<i>testosterone enanthate im inj in oil 200</i>		<i>TICOVAC INJ</i>	<i>95</i>
<i>mg/ml</i>	<i>65</i>	<i>tigecycline for iv soln 50 mg</i>	<i>16</i>
<i>testosterone td gel 10mg/act (2%) ...</i>	<i>65</i>	<i>tilia fe</i>	<i>74</i>
<i>testosterone td gel 12.5 mg/act (1%)</i>		<i>timolol maleate ophth gel forming soln</i>	
<i>.....</i>	<i>65</i>	<i>0.25%</i>	<i>99</i>
<i>testosterone td gel 20.25 mg/1.25gm</i>		<i>timolol maleate ophth gel forming soln</i>	
<i>(1.62%)</i>	<i>65</i>	<i>0.5%</i>	<i>99</i>
<i>testosterone td gel 20.25 mg/act</i>		<i>timolol maleate ophth soln 0.25%</i>	<i>99</i>
<i>(1.62%)</i>	<i>65</i>	<i>timolol maleate ophth soln 0.5%</i>	<i>99</i>
<i>testosterone td gel 25 mg/2.5gm (1%)</i>		<i>timolol maleate preservative free ophth</i>	
<i>.....</i>	<i>65</i>	<i>soln 0.25%</i>	<i>99</i>
<i>testosterone td gel 40.5 mg/2.5gm</i>		<i>timolol maleate preservative free ophth</i>	
<i>(1.62%)</i>	<i>65</i>	<i>soln 0.5%</i>	<i>99</i>
<i>testosterone td gel 50 mg/5gm (1%)</i>	<i>65</i>	<i>timolol maleate tab 10 mg</i>	<i>36</i>
<i>testosterone td soln 30 mg/act</i>	<i>65</i>	<i>timolol maleate tab 20 mg</i>	<i>36</i>
<i>tetrabenazine tab 12.5 mg</i>	<i>62</i>	<i>timolol maleate tab 5 mg</i>	<i>36</i>
<i>tetrabenazine tab 25 mg</i>	<i>62</i>	<i>tinidazole tab 250 mg</i>	<i>6</i>
<i>tetracycline hcl cap 250 mg</i>	<i>16</i>	<i>tinidazole tab 500 mg</i>	<i>6</i>
<i>tetracycline hcl cap 500 mg</i>	<i>16</i>	<i>tiopronin tab 100 mg</i>	<i>87</i>
<i>THALOMID CAP 100MG</i>	<i>19</i>	<i>TIROSINT CAP 100MCG</i>	<i>81</i>
<i>THALOMID CAP 150MG</i>	<i>19</i>	<i>TIROSINT CAP 112MCG</i>	<i>81</i>
<i>THALOMID CAP 200MG</i>	<i>20</i>	<i>TIROSINT CAP 125MCG</i>	<i>81</i>
<i>THALOMID CAP 50MG</i>	<i>19</i>	<i>TIROSINT CAP 137MCG</i>	<i>81</i>
<i>THEO-24 CAP 100MG CR</i>	<i>103</i>	<i>TIROSINT CAP 13MCG</i>	<i>81</i>
<i>THEO-24 CAP 200MG CR</i>	<i>103</i>	<i>TIROSINT CAP 150MCG</i>	<i>81</i>
<i>theophylline tab er 12hr 100 mg</i>	<i>103</i>	<i>TIROSINT CAP 175MCG</i>	<i>81</i>
<i>theophylline tab er 12hr 200 mg</i>	<i>103</i>	<i>TIROSINT CAP 200</i>	<i>81</i>
<i>theophylline tab er 12hr 300 mg</i>	<i>103</i>	<i>TIROSINT CAP 25MCG</i>	<i>81</i>
<i>theophylline tab er 12hr 450 mg</i>	<i>103</i>	<i>TIROSINT CAP 37.5MCG</i>	<i>81</i>
<i>theophylline tab er 24hr 400 mg</i>	<i>103</i>	<i>TIROSINT CAP 44MCG</i>	<i>81</i>
<i>theophylline tab er 24hr 600 mg</i>	<i>103</i>	<i>TIROSINT CAP 50MCG</i>	<i>81</i>
<i>thioridazine hcl tab 10 mg</i>	<i>52</i>	<i>TIROSINT CAP 62.5MCG</i>	<i>81</i>
<i>thioridazine hcl tab 100 mg</i>	<i>52</i>	<i>TIROSINT CAP 75MCG</i>	<i>81</i>
<i>thioridazine hcl tab 25 mg</i>	<i>52</i>	<i>TIROSINT CAP 88MCG</i>	<i>81</i>
<i>thioridazine hcl tab 50 mg</i>	<i>52</i>	<i>TIROSINT-SOL SOL 100MCG</i>	<i>82</i>
<i>thiotepa for inj 15 mg</i>	<i>17</i>	<i>TIROSINT-SOL SOL 112MCG</i>	<i>82</i>

TIROSINT-SOL SOL 125MCG.....	82	<i>topiramate tab 200 mg</i>	58
TIROSINT-SOL SOL 137MCG.....	82	<i>topiramate tab 25 mg</i>	58
TIROSINT-SOL SOL 13MCG/ML	81	<i>topiramate tab 50 mg</i>	58
TIROSINT-SOL SOL 150MCG.....	82	<i>toposar</i>	20
TIROSINT-SOL SOL 175MCG.....	82	<i>topotecan hcl for inj 4 mg (base equiv)</i>	20
TIROSINT-SOL SOL 200MCG.....	82	<i>.....</i>	20
TIROSINT-SOL SOL 25MCG/ML	82	<i>toremifene citrate tab 60 mg (base</i>	
TIROSINT-SOL SOL 37.5/ML	82	<i>equivalent)</i>	19
TIROSINT-SOL SOL 44MCG/ML	82	TORISEL INJ 25MG/ML.....	26
TIROSINT-SOL SOL 50MCG/ML	82	<i>torpenz tab 10mg.....</i>	26
TIROSINT-SOL SOL 62.5/ML	82	<i>torpenz tab 2.5mg.....</i>	26
TIROSINT-SOL SOL 75MCG/ML	82	<i>torpenz tab 5mg</i>	26
TIROSINT-SOL SOL 88MCG/ML	82	<i>torpenz tab 7.5mg.....</i>	26
TIVICAY PD TAB 5MG.....	9	<i>torsemidide tab 10 mg</i>	39
TIVICAY TAB 10MG.....	9	<i>torsemidide tab 100 mg</i>	39
TIVICAY TAB 25MG.....	9	<i>torsemidide tab 20 mg</i>	39
TIVICAY TAB 50MG.....	9	<i>torsemidide tab 5 mg</i>	39
<i>tizanidine hcl tab 2 mg (base</i>		TOUJEO MAX INJ 300/ML	69
<i>equivalent)</i>	63	TOUJEO SOLO INJ 300/ML.....	69
<i>tizanidine hcl tab 4 mg (base</i>		<i>tovet</i>	108
<i>equivalent)</i>	63	TRADJENTA TAB 5MG	68
TOBI PODHALR CAP 28MG.....	6	<i>tramadol hcl tab 100 mg</i>	4
TOBRADEX OIN 0.3-0.1%	97	<i>tramadol hcl tab 50 mg</i>	4
<i>tobramycin nebu soln 300 mg/4ml</i>	6	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>tobramycin nebu soln 300 mg/5ml</i>	6	<i>mg</i>	4
<i>tobramycin ophth soln 0.3%.....</i>	98	<i>trandolapril tab 1 mg</i>	30
<i>tobramycin sulfate inj 10 mg/ml (base</i>		<i>trandolapril tab 2 mg</i>	30
<i>equivalent)</i>	6	<i>trandolapril tab 4 mg</i>	30
<i>tobramycin sulfate inj 80 mg/2ml (40</i>		<i>trandolapril-verapamil hcl tab er 1-240</i>	
<i>mg/ml) (base equiv)</i>	6	<i>mg</i>	29
<i>tobramycin-dexamethasone ophth susp</i>		<i>trandolapril-verapamil hcl tab er 2-180</i>	
<i>0.3-0.1%.....</i>	97	<i>mg</i>	29
TOBREX OIN 0.3% OP	98	<i>trandolapril-verapamil hcl tab er 2-240</i>	
<i>tolcapone tab 100 mg</i>	48	<i>mg</i>	29
<i>tolterodine tartrate cap er 24hr 2 mg</i>	87	<i>trandolapril-verapamil hcl tab er 4-240</i>	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	87	<i>mg</i>	29
<i>tolterodine tartrate tab 1 mg</i>	87	<i>tranexamic acid iv soln 1000 mg/10ml</i>	
<i>tolterodine tartrate tab 2 mg</i>	87	<i>(100 mg/ml).....</i>	90
<i>tolvaptan tab 15 mg</i>	79	<i>tranexamic acid tab 650 mg</i>	90
<i>tolvaptan tab 30 mg</i>	79	<i>tranylcypromine sulfate tab 10 mg ...</i>	46
<i>topiramate cap er 24hr 100 mg.....</i>	58	TRAVASOL INJ 10%.....	97
<i>topiramate cap er 24hr 200 mg.....</i>	58	<i>travoprost ophth soln 0.004%</i>	
<i>topiramate cap er 24hr 25 mg</i>	58	<i>(benzalkonium free) (bak free)</i>	99
<i>topiramate cap er 24hr 50 mg</i>	58	<i>trazodone hcl tab 100 mg</i>	46
<i>topiramate sprinkle cap 15 mg.....</i>	58	<i>trazodone hcl tab 150 mg</i>	46
<i>topiramate sprinkle cap 25 mg.....</i>	58	<i>trazodone hcl tab 300 mg</i>	46
<i>topiramate tab 100 mg</i>	58	<i>trazodone hcl tab 50 mg</i>	46

TREANDA INJ 100MG	17	<i>tri-estaryl tab</i>	74
TREANDA INJ 25MG.....	17	<i>trifluoperazine hcl tab 1 mg (base</i>	
TRECATOR TAB 250MG	10	<i>equivalent)</i>	52
TRELEGY AER 100MCG.....	100	<i>trifluoperazine hcl tab 10 mg (base</i>	
TRELEGY AER 200MCG.....	100	<i>equivalent)</i>	53
TRELSTAR MIX INJ 11.25MG.....	19	<i>trifluoperazine hcl tab 2 mg (base</i>	
TRELSTAR MIX INJ 22.5MG.....	19	<i>equivalent)</i>	52
TRELSTAR MIX INJ 3.75MG.....	19	<i>trifluoperazine hcl tab 5 mg (base</i>	
TRESIBA FLEX INJ 100UNIT.....	69	<i>equivalent)</i>	53
TRESIBA FLEX INJ 200UNIT.....	69	<i>trifluridine ophth soln 1%</i>	98
TRESIBA INJ 100UNIT.....	69	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	
<i>tretinoin cap 10 mg</i>	20		48
<i>tretinoin cream 0.025%</i>	105	<i>trihexyphenidyl hcl tab 2 mg</i>	48
<i>tretinoin cream 0.05%</i>	105	<i>trihexyphenidyl hcl tab 5 mg</i>	48
<i>tretinoin cream 0.1%</i>	105	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tretinoin gel 0.01%</i>	105	1000MG	68
<i>tretinoin gel 0.025%</i>	105	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>tretinoin gel 0.05%</i>	105	1000MG	68
<i>triamcinolone acetonide cream 0.025%</i>		TRIJARDY XR TAB ER 24HR 25-5-	
.....	108	1000MG	68
<i>triamcinolone acetonide cream 0.1%</i>		TRIJARDY XR TAB ER 24HR 5-2.5-	
.....	108	1000MG	68
<i>triamcinolone acetonide cream 0.5%</i>		TRIKAFTA TAB	103
.....	108	<i>tri-legest fe</i>	74
<i>triamcinolone acetonide dental paste</i>		<i>trimethoprim tab 100 mg</i>	6
0.1%	109	<i>tri-mili tab</i>	74
<i>triamcinolone acetonide lotion 0.025%</i>		<i>trimipramine maleate cap 100 mg</i>	46
.....	108	<i>trimipramine maleate cap 25 mg</i>	46
<i>triamcinolone acetonide lotion 0.1%</i>		<i>trimipramine maleate cap 50 mg</i>	46
.....	108	TRINTELLIX TAB 10MG	46
<i>triamcinolone acetonide oint 0.025%</i>		TRINTELLIX TAB 20MG	46
.....	108	TRINTELLIX TAB 5MG	46
<i>triamcinolone acetonide oint 0.1%</i> .	108	<i>tri-nymyo</i>	74
<i>triamcinolone acetonide oint 0.5%</i> .	108	<i>tri-sprintec</i>	74
<i>triamterene & hydrochlorothiazide cap</i>		TRIUMEQ PD TAB	10
37.5-25 mg	39	TRIUMEQ TAB	10
<i>triamterene & hydrochlorothiazide tab</i>		<i>trivora-28</i>	74
37.5-25 mg	39	<i>tri-vylibra tab</i>	74
<i>triamterene & hydrochlorothiazide tab</i>		TROPHAMINE INJ 10%.....	97
75-50 mg	39	<i>trospium chloride cap er 24hr 60 mg</i> 87	
<i>triamterene cap 100 mg</i>	39	<i>trospium chloride tab 20 mg</i>	87
<i>triamterene cap 50 mg</i>	39	TRULICITY INJ 0.75/0.5	68
<i>tridacaine pad 5%</i>	108	TRULICITY INJ 1.5/0.5.....	68
<i>triderm</i>	108	TRULICITY INJ 3/0.5.....	68
<i>triderm cre 0.1%</i>	108	TRULICITY INJ 4.5/0.5.....	68
<i>trientine hcl cap 250 mg</i>	70	TRUMENBA INJ	95
<i>trientine hcl cap 500 mg</i>	70	TRUQAP PAK 160MG.....	26

TRUQAP PAK 200MG	26
TRUQAP TAB 160MG	26
TRUQAP TAB 200MG	26
TRUSELTIQ CAP 100MG	26
TRUSELTIQ CAP 125MG	26
TRUSELTIQ CAP 50MG	26
TRUSELTIQ CAP 75MG	26
TUKYSA TAB 150MG	26
TUKYSA TAB 50MG	26
TURALIO CAP 125MG	26
TURALIO CAP 200MG	27
<i>turqoz tab</i>	74
TWINRIX INJ	95
TYBLUME CHW 0.1-0.02	74
TYBOST TAB 150MG	9
<i>tydemy</i>	74
TYPHIM VI INJ	95
TYSABRI INJ 300/15ML	63
TYVASO DPI POW 16-32-48	41
TYVASO DPI POW 16-32MCG	41
TYVASO DPI POW 16MCG	41
TYVASO DPI POW 32-48MCG	41
TYVASO DPI POW 32MCG	41
TYVASO DPI POW 48MCG	41
TYVASO DPI POW 64MCG	41
U	
UBRELVY TAB 100MG	61
UBRELVY TAB 50MG	61
UDENYCA INJ 6MG/.6ML	89
UDENYCA INJ 6MG/0.6	89
UKONIQ TAB 200MG	27
<i>unithroid</i>	82
UPTRAVI TAB 1000MCG	41
UPTRAVI TAB 1200MCG	41
UPTRAVI TAB 1400MCG	41
UPTRAVI TAB 1600MCG	41
UPTRAVI TAB 200MCG	41
UPTRAVI TAB 400MCG	41
UPTRAVI TAB 600MCG	41
UPTRAVI TAB 800MCG	41
<i>ursodiol cap 300 mg</i>	85
<i>ursodiol tab 250 mg</i>	85
<i>ursodiol tab 500 mg</i>	85
UZEDY INJ 100MG	53
UZEDY INJ 125MG	53
UZEDY INJ 150MG	53
UZEDY INJ 200MG	53

UZEDY INJ 250MG	53
UZEDY INJ 50MG	53
UZEDY INJ 75MG	53
V	
<i>valacyclovir hcl tab 1 gm</i>	12
<i>valacyclovir hcl tab 500 mg</i>	12
VALCHLOR GEL 0.016%	109
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	12
<i>valproate sodium inj 100 mg/ml</i>	58
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	58
<i>valproic acid cap 250 mg</i>	58
<i>valsartan tab 160 mg</i>	32
<i>valsartan tab 320 mg</i>	32
<i>valsartan tab 40 mg</i>	32
<i>valsartan tab 80 mg</i>	32
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	32
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	32
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	32
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	32
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	32
VALTOCO SPR 10MG	58
VALTOCO SPR 15MG	58
VALTOCO SPR 20MG	58
VALTOCO SPR 5MG	58
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	6
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	6
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	6
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	6
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	6
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	6
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	6
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	7

<i>vancomycin hcl for oral soln 50 mg/ml</i> (base equivalent)	7
VANDAZOLE GEL 0.75%.....	87
VANFLYTA TAB 17.7MG	27
VANFLYTA TAB 26.5MG	27
VAQTA INJ 25/0.5ML	95
VAQTA INJ 50UNT/ML	95
<i>varenicline tartrate tab 0.5 mg (base</i> <i>equiv)</i>	65
<i>varenicline tartrate tab 1 mg (base</i> <i>equiv)</i>	65
<i>varenicline tartrate tab 11 x 0.5 mg &</i> <i>42 x 1 mg start pack</i>	65
VARIVAX INJ.....	95
VARUBI TAB 90MG	83
VASCEPA CAP 0.5GM	35
VASCEPA CAP 1GM	35
VAXCHORA SUS	95
VECTIBIX INJ 100MG	27
VECTIBIX INJ 400MG	27
<i>velivet</i>	74
VELTASSA POW 16.8GM.....	70
VELTASSA POW 25.2GM.....	70
VELTASSA POW 8.4GM.....	70
VENCLEXTA TAB 100MG	27
VENCLEXTA TAB 10MG.....	27
VENCLEXTA TAB 50MG.....	27
VENCLEXTA TAB START PK.....	27
<i>venlafaxine hcl cap er 24hr 150 mg</i> (base equivalent)	46
<i>venlafaxine hcl cap er 24hr 37.5 mg</i> (base equivalent)	46
<i>venlafaxine hcl cap er 24hr 75 mg</i> (base equivalent)	46
<i>venlafaxine hcl tab 100 mg (base</i> <i>equivalent)</i>	46
<i>venlafaxine hcl tab 25 mg (base</i> <i>equivalent)</i>	46
<i>venlafaxine hcl tab 37.5 mg (base</i> <i>equivalent)</i>	46
<i>venlafaxine hcl tab 50 mg (base</i> <i>equivalent)</i>	46
<i>venlafaxine hcl tab 75 mg (base</i> <i>equivalent)</i>	46
<i>venlafaxine hcl tab er 24hr 150 mg</i> (base equivalent)	46
<i>venlafaxine hcl tab er 24hr 225 mg</i> (base equivalent)	46
<i>venlafaxine hcl tab er 24hr 37.5 mg</i> (base equivalent)	46
<i>venlafaxine hcl tab er 24hr 75 mg</i> (base equivalent)	46
VENLAFAXINE TAB 112.5MG.....	46
VENTAVIS SOL 10MCG/ML	41
VENTAVIS SOL 20MCG/ML	41
VENTOLIN HFA AER.....	102
<i>verapamil hcl cap er 24hr 100 mg</i>	38
<i>verapamil hcl cap er 24hr 120 mg</i>	38
<i>verapamil hcl cap er 24hr 180 mg</i>	38
<i>verapamil hcl cap er 24hr 200 mg</i>	38
<i>verapamil hcl cap er 24hr 240 mg</i>	38
<i>verapamil hcl cap er 24hr 300 mg</i>	38
<i>verapamil hcl cap er 24hr 360 mg</i>	38
<i>verapamil hcl tab 120 mg</i>	38
<i>verapamil hcl tab 40 mg</i>	38
<i>verapamil hcl tab 80 mg</i>	38
<i>verapamil hcl tab er 120 mg</i>	38
<i>verapamil hcl tab er 180 mg</i>	38
<i>verapamil hcl tab er 240 mg</i>	38
VERDESO AER 0.05%	108
VERQUVO TAB 10MG	40
VERQUVO TAB 2.5MG	40
VERQUVO TAB 5MG.....	40
VERSACLOZ SUS 50MG/ML.....	53
VERZENIO TAB 100MG.....	27
VERZENIO TAB 150MG.....	27
VERZENIO TAB 200MG.....	27
VERZENIO TAB 50MG	27
<i>vestura</i>	74
V-GO 20 KIT.....	69
V-GO 30 KIT.....	69
V-GO 40 KIT.....	69
<i>vienva</i>	74
<i>vigabatrin powd pack 500 mg</i>	58
<i>vigabatrin tab 500 mg</i>	58
<i>vigadrone</i>	58
<i>vigadrone tab 500mg</i>	58
VIGAFYDE SOL 100MG/ML.....	58
<i>vigpoder pow 500mg</i>	58
VIJOICE GRA 50MG	79
VIJOICE TAB 125MG	79
VIJOICE TAB 250MG	79
VIJOICE TAB 50MG.....	79

<i>vilazodone hcl tab 10 mg</i>	46
<i>vilazodone hcl tab 20 mg</i>	46
<i>vilazodone hcl tab 40 mg</i>	47
VIMPAT INJ 200MG/20	58
VIMPAT SOL 10MG/ML	58
VIMPAT TAB 100MG	58
VIMPAT TAB 150MG	58
VIMPAT TAB 200MG	58
VIMPAT TAB 50MG	58
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	20
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	21
VIRACEPT TAB 250MG	9
VIRACEPT TAB 625MG	9
VIREAD POW 40MG/GM	9
VIREAD TAB 150MG	9
VIREAD TAB 200MG	9
VIREAD TAB 250MG	9
VITRAKVI CAP 100MG	27
VITRAKVI CAP 25MG	27
VITRAKVI SOL 20MG/ML	27
VIVITROL INJ 380MG	65
VIZIMPRO TAB 15MG	27
VIZIMPRO TAB 30MG	27
VIZIMPRO TAB 45MG	27
VONJO CAP 100MG	27
VORANIGO TAB 10MG	27
VORANIGO TAB 40MG	27
<i>voriconazole for inj 200 mg</i>	7
<i>voriconazole for susp 40 mg/ml</i>	7
<i>voriconazole tab 200 mg</i>	7
<i>voriconazole tab 50 mg</i>	7
VOSEVI TAB	12
VOTRIENT TAB 200MG	27
VOWST CAP	85
VRAYLAR CAP 1.5MG	53
VRAYLAR CAP 3MG	53
VRAYLAR CAP 4.5MG	53
VRAYLAR CAP 6MG	53
VUMERITY CAP 231MG	63
VUMERITY STARTER	63
<i>vyfemla</i>	74
<i>vylibra tab 0.25-35</i>	74
VYNDAMAX CAP 61MG	40
VYZULTA SOL 0.024%	99

W

WAKIX TAB 17.8MG	64
WAKIX TAB 4.45MG	64
<i>warfarin sodium tab 1 mg</i>	88
<i>warfarin sodium tab 10 mg</i>	89
<i>warfarin sodium tab 2 mg</i>	88
<i>warfarin sodium tab 2.5 mg</i>	89
<i>warfarin sodium tab 3 mg</i>	89
<i>warfarin sodium tab 4 mg</i>	89
<i>warfarin sodium tab 5 mg</i>	89
<i>warfarin sodium tab 6 mg</i>	89
<i>warfarin sodium tab 7.5 mg</i>	89
<i>water for irrigation, sterile irrigation soln</i>	109
WELIREG TAB 40MG	20
<i>wixela inhub</i>	104
<i>wymzya fe</i>	74

X

XALKORI CAP 150MG	27
XALKORI CAP 200MG	27
XALKORI CAP 20MG	27
XALKORI CAP 250MG	27
XALKORI CAP 50MG	27
XARELTO STAR TAB 15/20MG	89
XARELTO SUS 1MG/ML	89
XARELTO TAB 10MG	89
XARELTO TAB 15MG	89
XARELTO TAB 2.5MG	89
XARELTO TAB 20MG	89
XATMEP SOL 2.5MG/ML	91
XCOPRI PAK 100-150	58
XCOPRI PAK 12.5-25	58
XCOPRI PAK 150-200MG (MAINTENANCE)	58
XCOPRI PAK 150-200MG (TITRATION)	58
XCOPRI PAK 50-100MG	58
XCOPRI TAB 100MG	59
XCOPRI TAB 150MG	59
XCOPRI TAB 200MG	59
XCOPRI TAB 25MG	58
XCOPRI TAB 50MG	58
XELJANZ SOL 1MG/ML	91
XELJANZ TAB 10MG	91
XELJANZ TAB 5MG	91
XELJANZ XR TAB 11MG	91
XELJANZ XR TAB 22MG	91

XENLETA TAB 600MG.....	7
XERMELO TAB 250MG.....	85
XGEVA INJ.....	70
XHANCE MIS 93MCG.....	103
XIFAXAN TAB 200MG.....	7
XIFAXAN TAB 550MG.....	85
XIGDUO XR TAB 10-1000.....	68
XIGDUO XR TAB 10-500MG.....	68
XIGDUO XR TAB 2.5-1000.....	68
XIGDUO XR TAB 5-1000MG.....	68
XIGDUO XR TAB 5-500MG.....	68
XIIDRA DRO 5%.....	100
XOFLUZA TAB 40MG.....	12
XOFLUZA TAB 80MG.....	12
XOLAIR INJ 150MG/ML.....	103
XOLAIR INJ 300/2ML.....	103
XOLAIR INJ 75/0.5.....	103
XOLAIR SOL 150MG.....	103
XOSPATA TAB 40MG.....	27
XPOVIO 40 MG TWICE WEEKLY.....	27
XPOVIO PAK 40MG.....	27
XPOVIO PAK 50MG.....	27
XPOVIO PAK 60MG.....	27
XPOVIO PAK 80MG.....	27
XTANDI CAP 40MG.....	19
XTANDI TAB 40MG.....	19
XTANDI TAB 80MG.....	19
<i>xulane</i>	74
XULTOPHY INJ 100/3.6.....	69
XYREM SOL 500MG/ML.....	64
Y	
YF-VAX INJ.....	95
YONDELIS INJ 1MG.....	17
YONSA TAB 125MG.....	19
YUPELRI SOL.....	100
<i>yuvaferm</i>	76
Z	
<i>zafemy</i>	74
<i>zafirlukast tab 10 mg</i>	102
<i>zafirlukast tab 20 mg</i>	102
<i>zaleplon cap 10 mg</i>	60
<i>zaleplon cap 5 mg</i>	60
ZANOSAR INJ 1GM.....	17
ZEJULA TAB 100MG.....	27
ZEJULA TAB 200MG.....	27
ZEJULA TAB 300MG.....	27
ZELBORAF TAB 240MG.....	27

ZEMAIRA INJ 1000MG.....	103
ZEMDRI INJ 500MG/10.....	7
<i>zenatane cap 10mg</i>	105
<i>zenatane cap 20mg</i>	105
<i>zenatane cap 30mg</i>	105
<i>zenatane cap 40mg</i>	105
ZENPEP CAP 10000UNT.....	86
ZENPEP CAP 15000UNT.....	86
ZENPEP CAP 20000UNT.....	86
ZENPEP CAP 25000UNT.....	86
ZENPEP CAP 3000UNIT.....	86
ZENPEP CAP 40000UNT.....	86
ZENPEP CAP 5000UNIT.....	86
ZENPEP CAP 60000UNT.....	86
ZEPATIER TAB 50-100MG.....	12
ZERVIAE DRO 0.24%.....	99
<i>zidovudine cap 100 mg</i>	9
<i>zidovudine syrup 10 mg/ml</i>	9
<i>zidovudine tab 300 mg</i>	9
ZIMHI SOL.....	65
<i>ziprasidone hcl cap 20 mg</i>	53
<i>ziprasidone hcl cap 40 mg</i>	53
<i>ziprasidone hcl cap 60 mg</i>	53
<i>ziprasidone hcl cap 80 mg</i>	53
<i>ziprasidone mesylate for inj 20 mg</i> <i>(base equivalent)</i>	53
ZIRGAN GEL 0.15%.....	98
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i>	70
<i>zoledronic acid iv soln 5 mg/100ml</i> ...	70
ZOLINZA CAP 100MG.....	27
<i>zolmitriptan nasal spray 2.5 mg/spray</i> <i>unit</i>	61
<i>zolmitriptan nasal spray 5 mg/spray</i> <i>unit</i>	61
<i>zolmitriptan odt tab 2.5 mg</i>	61
<i>zolmitriptan odt tab 5 mg</i>	61
<i>zolmitriptan tab 2.5 mg</i>	61
<i>zolmitriptan tab 5 mg</i>	61
<i>zolpidem tartrate tab 10 mg</i>	60
<i>zolpidem tartrate tab 5 mg</i>	60
<i>zolpidem tartrate tab er 12.5 mg</i>	60
<i>zolpidem tartrate tab er 6.25 mg</i>	60
ZONISADE SUS 100MG/5.....	59
<i>zonisamide cap 100 mg</i>	59
<i>zonisamide cap 25 mg</i>	59
<i>zonisamide cap 50 mg</i>	59

<i>zovia 1/35</i>	74
ZTALMY SUS 50MG/ML.....	59
ZURZUVAE CAP 20MG.....	62
ZURZUVAE CAP 25MG.....	62
ZURZUVAE CAP 30MG.....	62
ZYCLARA PUMP CRE 2.5%	109

ZYDELIG TAB 100MG.....	27
ZYDELIG TAB 150MG.....	27
ZYKADIA TAB 150MG.....	27
ZYPREXA RELP INJ 210MG.....	53
ZYPREXA RELP INJ 300MG.....	53
ZYPREXA RELP INJ 405MG.....	53

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

Para miembros de Medicare Advantage:

1-800-665-7924

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

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

TTY: 711

Para miembros MVP DualAccess (HMO-DSNP):

1-800-665-7924

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

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

TTY: 711

Visite mvphealthcare.com/partdformulary para ver la lista más actualizada de Formularios y obtener más información sobre la cobertura de medicamentos de la Parte D de Medicare.