



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

A Division of the Department of State Treasurer

North Carolina State Health Plan 2025 Custom Formulary

Effective 01/01/2025

Please talk to your provider about prescribing formulary medications, which may help reduce your out-of-pocket costs. This list can help guide you and your doctor in selecting an appropriate medication.

The comprehensive formulary document is regularly updated. Please visit the [Plan's website](#) for the most up-to-date information. This guide was current at the time of printing and is subject to change.

To search for a medication name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on Search.

USE CAUTION BEFORE PRINTING; LARGE CONTENT DOCUMENT!

Table of Contents

Member Guide to Covered Medications on the Formulary	5
Formulary Tiers	5
Pharmacy Benefit Cost-Share Compare by Plan	6
Generic Medications	7
Compounded Prescriptions	7
Utilization Management: Prior Authorization, Quantity Limitations and Step Therapy Medications.....	7
Specialty Medications	8
Affordable Care Act.....	8
High Deductible Health Plan (HDHP) Preventive Medications	8
Insulin.....	9
Non-Covered Medications	9
Medical Benefit Specialty Medications	9
Preferred Blood Glucose Monitoring and Diabetic Supplies	9
Using the Member Guide to the Basic Formulary	10
Legend	11
NOTICE	12
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	133
ALLERGENIC EXTRACTS/BIOLOGICALS MISC	20
ALTERNATIVE MEDICINES.....	21
AMINOGLYCOSIDES	21
ANALGESICS - ANTI-INFLAMMATORY	21
ANALGESICS - NONNARCOTIC	30
ANALGESICS - OPIOID.....	32
ANDROGENS-ANABOLIC	42
ANORECTAL AND RELATED PRODUCTS.....	43
ANTHELMINTICS	43
ANTI-INFECTIVE AGENTS - MISC.	44
ANTIANGINAL AGENTS.....	48
ANTIANKXIETY AGENTS	49
ANTIARRHYTHMICS	51
ANTIASTHMATIC AND BRONCHODILATOR AGENTS.....	53
ANTICOAGULANTS	57
ANTICONVULSANTS.....	60
ANTIDEPRESSANTS.....	68
ANTIDIABETICS	74
ANTIDIARRHEAL/PROBIOTIC AGENTS.....	81
ANTIDOTES AND SPECIFIC ANTAGONISTS	82
ANTIEMETICS.....	83
ANTIFUNGALS	85
ANTIHISTAMINES.....	86
ANTIHYPERTENSIVES.....	87
ANTIHYPERTENSIVES	91

ANTIMALARIALS	100
ANTIMYASTHENIC/CHOLINERGIC AGENTS	100
ANTIMYCOBACTERIAL AGENTS	101
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	101
ANTIPARKINSON AND RELATED THERAPY AGENTS	119
ANTIPSYCHOTICS/ANTIMANIC AGENTS	122
ANTISEPTICS & DISINFECTANTS	129
ANTIVIRALS	129
BETA BLOCKERS	135
CALCIUM CHANNEL BLOCKERS	138
CARDIOTONICS	142
CARDIOVASCULAR AGENTS - MISC.	142
CEPHALOSPORINS	146
CONTRACEPTIVES	148
CORTICOSTEROIDS	155
COUGH/COLD/ALLERGY	159
DERMATOLOGICALS	160
DIAGNOSTIC PRODUCTS	177
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	182
DIGESTIVE AIDS	182
DIURETICS	182
ENDOCRINE AND METABOLIC AGENTS - MISC.	184
ESTROGENS	192
FLUOROQUINOLONES	195
GASTROINTESTINAL AGENTS - MISC.	195
GENERAL ANESTHETICS	199
GENITOURINARY AGENTS - MISCELLANEOUS	200
GOUT AGENTS	202
HEMATOLOGICAL AGENTS - MISC.	202
HEMATOPOIETIC AGENTS	208
HEMOSTATICS	212
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	213
LAXATIVES	215
LOCAL ANESTHETICS-PARENTERAL	216
MACROLIDES	218
MEDICAL DEVICES AND SUPPLIES	219
MIGRAINE PRODUCTS	229
MINERALS & ELECTROLYTES	231
MISCELLANEOUS THERAPEUTIC CLASSES	236
MOUTH/THROAT/DENTAL AGENTS	241
MULTIVITAMINS	242
MUSCULOSKELETAL THERAPY AGENTS	246
NASAL AGENTS - SYSTEMIC AND TOPICAL	248
NEUROMUSCULAR AGENTS	249

NUTRIENTS	251
OPHTHALMIC AGENTS.....	252
OTIC AGENTS	259
OXYTOCICS.....	259
PASSIVE IMMUNIZING AND TREATMENT AGENTS	260
PENICILLINS	262
PROGESTINS	264
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	264
RESPIRATORY AGENTS - MISC.....	272
SULFONAMIDES.....	273
TETRACYCLINES	273
THYROID AGENTS	275
TOXOIDS	279
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	280
URINARY ANTISPASMODICS	283
VACCINES.....	285
VAGINAL AND RELATED PRODUCTS.....	287
VASOPRESSORS.....	288
VITAMINS	289
Index	290

Member Guide to Covered Medications on the Formulary

This guide lists the approved brand name and generic prescription medications that have been reviewed by the North Carolina State Health Plan (Plan). Please refer to this formulary guide for information about medications covered by this formulary and present this guide to your provider if you require a prescription.

The prescription medications listed in the formulary, or their tier placement may change from time to time due to a change in the cost of the medication and/or in the classification of the medication by the U.S. Food and Drug Administration (FDA) or nationally recognized medication databases (e.g., Medi-Span). For a more complete listing of medication coverage and costs, you may use our drug [Lookup tools](#). You may also call CVS Caremark® Customer Service at 1-888-321-3124 to verify prescription medication benefits.

A formulary is a list of prescription medications covered by a health plan. The Plan's Pharmacy & Therapeutics (P&T) Committee reviews medications at least quarterly. This includes ongoing reviews of clinical information about new medications and reviews of new safety and efficacy information about older medications. The majority of the Plan's P&T Committee is composed of practicing prescribers and pharmacists independent of the Plan. Tier placement of prescription medications in the formulary may be determined by the effectiveness and safety of the medication, the cost of the medication, and/or the classification of the medications by the FDA or nationally recognized medication databases (e.g., Medi-Span).

Please refer to <https://www.shpnc.org> for detailed information regarding your pharmacy benefits, including out-of-pocket costs, prior authorization and step therapy medication requests, and applicable exclusions.

Formulary Tiers

The Formulary covers most medications approved by the FDA, within existing benefits. The plan design determines the member's payment obligation.

Definitions for the Tiers are as follows:

Tier 0: Made up of zero-cost medications including Affordable Care Act (ACA) preventive medications, insulin, and preferred Blood Glucose Meters (BGMs).

Tier 1: Typically includes the most cost-effective of non-specialty prescription medications; most are generic though there are a few instances in which the branded product is more cost-effective. Also includes some specialty generic oral antiretroviral and anti-rejection immunosuppressant medications.

Tier 2: Typically includes preferred brand non-specialty medications and some high-cost generics. Also includes some specialty brand oral antiretroviral and anti-rejection immunosuppressant medications and preferred Continuous Glucose Monitors (CGMs) and associated supplies.

Tier 3: Typically includes non-preferred brands, including branded generics (also known as single source generics), non-specialty medications and compounds. Also includes some non-preferred specialty brand oral antiretroviral medications. Excluded, non-specialty medications that are approved via the exceptions process also take a Tier 3 copay.

Tier 4: Typically includes the most cost-effective specialty medications including generics and some biosimilars.

Tier 5: Typically includes preferred brand specialty medications and some biosimilar medications. Also includes some high-cost non-specialty medications.

Tier 6: Non-preferred brand specialty prescription medications. Excluded, specialty medications that are approved via the exceptions process also take a Tier 6 copay.

Tier 7: Preferred diabetic supplies and preferred Blood Glucose Meter (BGM) supplies.

Pharmacy Benefit Cost-Share Compare by Plan

The grid below provides a summary of the 2025 Plan Year cost-share and unique copays for each of the Plans. Additional description for unique copays and reference to other resources is found in following pages within the guide.

Formulary Tier or Unique Copay	80/20 Plan	70/30 Plan	High Deductible Health Plan
Tier 0	\$0	\$0	\$0
Tier 1	\$5 copay per 30-day supply	\$16 copay per 30-day supply	50% after deductible
Tier 2	\$30 copay per 30-day supply	\$47 copay per 30-day supply	50% after deductible
Tier 3	Deductible/coinsurance	Deductible/coinsurance	50% after deductible
Tier 4	\$100 copay per 30-day supply	\$200 copay per 30-day supply	50% after deductible
Tier 5	\$250 copay per 30-day supply	\$350 copay per 30-day supply	50% after deductible
Tier 6	Deductible/coinsurance	Deductible/coinsurance	50% after deductible
Tier 7	\$5 copay per 30-day supply	\$10 copay per 30-day supply	50% after deductible
HDHP Preventive Medications (PV)	not applicable	not applicable	50% bypass deductible

Generic Medications

In most cases, choosing a generic medication equivalent, when available, may mean significant savings to you. We encourage you to discuss with your provider whether a generic alternative is an available treatment option. Especially for medications that are taken daily and refilled frequently, you will experience the long-term savings of a lower medication payment month after month. **If you choose a brand name prescription medication and a generic equivalent is available, you may be subject to higher out-of-pocket expense.**

Compounded Prescriptions

Compounded prescriptions contain two or more medications mixed together. Compounded prescriptions are processed according to member benefits. To be eligible for coverage, compounded medications must contain at least one ingredient that is defined as a prescription medication and must not be a copy of a commercially available product. Compounded medications may be subject to prior authorization and benefit exclusion.

Utilization Management: Prior Authorization, Quantity Limitations and Step Therapy Medications

Certain medications may be subject to prior authorization, quantity limitations, or step therapy programs. The Plan's P&T Committee reviews and approves the clinical criteria for these programs.

- Medications that have prior authorization requirements must be reviewed by CVS Caremark for coverage determination before coverage can be authorized.
- Certain medications may also have limitations on the quantity and days' supply for coverage. Quantities in excess of the coverage limit must be reviewed and approved by CVS Caremark coverage determination before coverage can be authorized for amounts in excess of the limits.
- For coverage of step therapy medications, the Plan requires that the member has tried non-restricted formulary alternatives medications first. Coverage for step therapy medications may be provided without the use of a non-step therapy medication if the prescriber certifies in writing that the member has previously used non-restricted medications and the non-restricted medications have been detrimental to the member's health or have been ineffective in treating the same condition and, in the opinion of the prescriber, are likely to be detrimental to the member's health or ineffective in treating the condition in the future. Clinical rationale and documentation for exception requests may be required.

The FDA is responsible for approving medications for use based on clinical data proving the medication is safe and effective for that specific use. The Plan's utilization management programs follow FDA-approved uses for these medications. However, the Plan recognizes that in many cases, "off-label" (i.e., non-FDA approved) uses of prescription medications may be acceptable. In determining the acceptability of off label uses, the Plan utilizes several sources of clinical information including but not limited to:

1. Nationally recognized clinical references including American Hospital Formulary Service Medication Information
2. The results of at least two randomized, controlled clinical studies that support a specific off-label use, and that are published in peer-reviewed professional medical journals
3. Consultations with internal and external physician experts regarding community standards. Additional searches for current supporting medical literature may be performed utilizing standard electronic databases.

Specialty Medications

These medications, as classified by the Plan, have unique uses, treat complex medical conditions, require special dosing or monitoring, are typically prescribed by a specialist provider and/or require special patient education, training, or coordination of care. Most specialty medications can be found on Tier 6, but some may be found on lower specialty Tiers 4 or 5.

Specialty medications will need to be filled with CVS Specialty[®] pharmacy. These medications are identified in the specialty column of the formulary guide. Call the CVS Specialty customer service number at 1-800-237-2767 to determine the steps required to fill your specialty medication prescription.

Affordable Care Act

Please note, some medications may have \$0 cost-sharing under the Affordable Care Act (ACA) for members enrolled in the 70/30, 80/20 or HDHP plans. These medications take Tier 0. Examples of categories of medications that may be subject to \$0 cost share include aspirin, breast cancer preventive, fluoride supplements, folic acid supplements, gonorrhea prophylaxis (newborn), iron supplements, tobacco cessation, vaccines, vitamin D supplements, and some contraceptive medications and devices. You may find additional information about these medications on the [ACA Preventive List](#). These medications are identified by the notation of "**ACA**" next to qualifying medications within the formulary guide. If you do not find the medication you are searching for, consult or contact CVS Caremark customer service at 1-888-321-3124 to find out if the medication is available over the counter or is covered under your medical and/or pharmacy benefit.

High Deductible Health Plan (HDHP) Preventive Medications

For the High Deductible Health Plan some preventive medications used to prevent or manage certain health conditions are covered without meeting a deductible. Coinsurance will still apply. These medications are identified in the guide with a "**PV**" notation. Additional information about these medications can be found on the [HDHP Preventive Medication List](#).

Insulin

The Plan will cover the full cost of insulin. This means that any covered insulin or insulin approved through the formulary exceptions (medical necessity) process will take Tier 0 and have a \$0 copay/coinsurance for members. Preferred insulin products are identified in the guide with a notation of “**\$0 copay per 30-day supply**”.

Non-Covered Medications

The Plan has a custom closed formulary. In a “closed” formulary, certain drugs are not covered. This comprehensive formulary document notes drugs that are not covered by the Plan. This is applicable to the Traditional Pharmacy Benefit (which includes the 80/20 Plan and 70/30 Plan). Non-covered medications are designated in the formulary guide with an “**NC.**” A formulary exception process is available to support Plan members who, per their prescriber, have a medical necessity to remain on a non-covered drug. The exception process is administered by CVS Caremark, the Plan’s Pharmacy Benefit Manager.

Medical Benefit Specialty Medications

Some specialty medications are covered under the medical benefit and are subject to office charges. These medications are usually administered by intramuscular injection or intravenous injection or infusion under provider supervision in an office, outpatient setting or through home infusion. Medical benefit specialty medications are designated in the formulary guide with an “**M.**” Members may obtain prior authorization, and providers may contact Aetna Customer Service at 1-833-690-1037.

Preferred Blood Glucose Monitoring and Diabetic Supplies

Diabetic testing supplies associated with the Plan’s preferred Blood Glucose Monitoring (BGM) systems take Tier 7 and will have a unique copay of \$5 per 30-day supply for the 80/20 Plan or \$10 per 30-day supply for the 70/30 Plan. This unique copay also applies to preferred insulin pens and syringes and lancets. It does not apply to Continuous Glucose Monitoring (CGM) products.

Using the Member Guide to the Basic Formulary

The Medication List is organized into broad categories (e.g., ANALGESICS AND ANESTHETICS). The graphic below shows the information that is provided in each column of the medication list and is an example only. Please use the medication search function to find current information for medications on the medication list.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>ANALGESICS, OTHER</i>		
OFIRMEV INJ 10MG/ML	1	PA
<i>ANESTHETICS PV</i>		
AMIDATE INJ 2MG/ML	4	PA, ST, QL, SP, ACA, PV
BREVITAL SOD INJ 2.5GM	5	PA, ST, QL, SP, ACA, PV
BREVITAL SOD INJ 500MG	5	PA, ST, QL, SP, ACA, PV
DIPRIVAN INJ	5	
DIPRIVAN INJ 100MG/ML	5	PV
DIPRIVAN INJ 200/20ML	5	
DIPRIVAN INJ 500/50ML	5	
<i>etomidate iv soln 2 mg/ml</i>	2	ST

Document Layout Key

Column	Description
Drug Name	Lists the medication name. Generic medications are listed in lowercase, <i>italicized</i> letters. Brand name medications are CAPITALIZED. Separate medication entries are required for some dosage forms such as extended-release and delayed-release.
Drug Tier	Indicates the tier level.
Requirements/Limits	Indicates how the medication is classified or whether any Utilization Management program(s) apply. For instance, SP indicates that the medication is classified as specialty, PV indicates that the medication is considered preventive, and ST notates that step therapy applies for this medication. A full list of abbreviations can be found under the LEGEND section of this document.

Legend

Abbreviation/Acronym

cap
chew
conc
cr
dr
ec
effer
equiv
er
inhal
inj
liq
lot
nebu
odt
oint
ophth
powd
sl
sol/soln
sr
suppos
susp
tab
td
ACA
NC
OTC
PA
PV
QL
SP
ST

Definition

capsule
chewable
concentrate
controlled-release
delayed-release
enteric coated
effervescent
equivalent
extended-release
inhalation
injection
liquid
lotion
nebulizer
orally disintegrating tablet
ointment
ophthalmic
powder
sublingual
solution
sustained-release
suppository
suspension
tablet
transdermal
Affordable Care Act Copay
Not Covered
Over the counter
Prior Authorization
Preventive (HDHP)
Quantity Limit
Specialty
Step Therapy

NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with North Carolina State Health Plan or CVS Caremark.

When viewing the formulary via the Internet, please be advised that this document is updated periodically, and changes may appear prior to their effective date to allow for client notification.

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	PA, QL
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	PA, QL
DESOXYN TAB 5MG	3	PA, QL
DEXEDRINE CAP 10MG CR	3	PA, QL
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	PA, QL
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	PA, QL
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	PA, QL
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	PA, QL
<i>dextroamphetamine sulfate tab 2.5 mg</i>	2	PA, QL
<i>dextroamphetamine sulfate tab 5 mg</i>	1	PA, QL
<i>dextroamphetamine sulfate tab 7.5 mg</i>	2	PA, QL
<i>dextroamphetamine sulfate tab 10 mg</i>	1	PA, QL
<i>dextroamphetamine sulfate tab 15 mg</i>	2	PA, QL
<i>dextroamphetamine sulfate tab 20 mg</i>	2	PA, QL
<i>dextroamphetamine sulfate tab 30 mg</i>	2	PA, QL
DYANAVEL XR SUS 2.5MG/ML	NC	
DYANAVEL XR TAB 5MG	NC	
DYANAVEL XR TAB 10MG	NC	
DYANAVEL XR TAB 15MG	NC	
DYANAVEL XR TAB 20MG	NC	
EVEKEO ODT TAB 5MG	NC	
EVEKEO ODT TAB 10MG	NC	
EVEKEO ODT TAB 15MG	NC	
EVEKEO ODT TAB 20MG	NC	
EVEKEO TAB 5MG	NC	
EVEKEO TAB 10MG	NC	
<i>lisdexamfetamine dimesylate cap 10 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate cap 10 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate cap 20 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate cap 20 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate cap 30 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate cap 30 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate cap 40 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate cap 40 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate cap 50 mg</i>	2	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate cap 50 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate cap 60 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate cap 60 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate cap 70 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate cap 70 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	2	PA, QL
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	2	PA, QL
<i>methamphetamine hcl tab 5 mg</i>	2	PA, QL
MYDAYIS CAP 12.5MG	NC	
MYDAYIS CAP 25MG	NC	
MYDAYIS CAP 37.5MG	NC	
MYDAYIS CAP 50MG	NC	
<i>procentra sol 5mg/5ml</i>	2	PA, QL
VYVANSE CAP 10MG	3	PA, QL
VYVANSE CAP 20MG	3	PA, QL
VYVANSE CAP 30MG	3	PA, QL
VYVANSE CAP 40MG	3	PA, QL
VYVANSE CAP 50MG	3	PA, QL
VYVANSE CAP 60MG	3	PA, QL
VYVANSE CAP 70MG	3	PA, QL
VYVANSE CHW 10MG	3	PA, QL
VYVANSE CHW 20MG	3	PA, QL
VYVANSE CHW 30MG	3	PA, QL
VYVANSE CHW 40MG	3	PA, QL
VYVANSE CHW 50MG	3	PA, QL
VYVANSE CHW 60MG	3	PA, QL
XELSTRYM PAD 9MG/9HR	NC	
XELSTRYM PAD 13.5/9HR	NC	
XELSTRYM PAD 18MG/9HR	NC	
<i>zenzedi tab 2.5mg</i>	2	PA, QL
<i>zenzedi tab 5mg</i>	1	PA, QL
<i>zenzedi tab 7.5mg</i>	2	PA, QL
<i>zenzedi tab 10mg</i>	1	PA, QL
<i>zenzedi tab 15mg</i>	2	PA, QL
<i>zenzedi tab 20mg</i>	2	PA, QL
<i>zenzedi tab 30mg</i>	2	PA, QL
ANALEPTICS		
CAFCIT INJ 60MG/3ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)</i>	1	
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
DOPRAM INJ 20MG/ML	3	

ANOREXIANTS NON-AMPHETAMINE

ADIPEX-P CAP 37.5MG	3	PA; PV
ADIPEX-P TAB 37.5MG	3	PA; PV
<i>benzphetamine hcl tab 25 mg</i>	1	PA; PV
<i>benzphetamine hcl tab 50 mg</i>	1	PA; PV
<i>diethylpropion hcl tab 25 mg</i>	1	PA; PV
<i>diethylpropion hcl tab er 24hr 75 mg</i>	1	PA; PV
LOMAIRA TAB 8MG	NC	
<i>phendimetrazine tartrate tab 35 mg</i>	1	PA; PV
<i>phentermine hcl cap 15 mg</i>	1	PA; PV
<i>phentermine hcl cap 30 mg</i>	1	PA; PV
<i>phentermine hcl cap 37.5 mg</i>	1	PA; PV
<i>phentermine hcl tab 37.5 mg</i>	1	PA; PV
PLENITY CAP	NC	
QSYMIA CAP 3.75-23	2	PA; PV
QSYMIA CAP 7.5-46MG	2	PA; PV
QSYMIA CAP 11.25-69	2	PA; PV
QSYMIA CAP 15-92MG	2	PA; PV

ANTI-OBESITY AGENTS

CONTRAIVE TAB 8-90MG	NC	
IMCIVREE INJ 10MG/ML	NC	
<i>orlistat cap 120 mg</i>	2	PA; PV
XENICAL CAP 120MG	NC	

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	PA, QL
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	PA, QL
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	PA, QL
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	PA, QL
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	PA, QL
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	PA, QL
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	PA, QL
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
INTUNIV TAB 1MG	NC	

Drug Name	Drug Tier	Requirements/Limits
INTUNIV TAB 2MG	NC	
INTUNIV TAB 3MG	NC	
INTUNIV TAB 4MG	NC	
ONYDA XR SUS 0.1MG/ML	3	PA
QELBREE CAP 100MG ER	2	PA, QL
QELBREE CAP 150MG ER	2	PA, QL
QELBREE CAP 200MG ER	2	PA, QL
STRATTERA CAP 10MG	3	PA, QL
STRATTERA CAP 18MG	3	PA, QL
STRATTERA CAP 25MG	3	PA, QL
STRATTERA CAP 40MG	3	PA, QL
STRATTERA CAP 60MG	3	PA, QL
STRATTERA CAP 80MG	3	PA, QL
STRATTERA CAP 100MG	3	PA, QL
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	PA, QL
SUNOSI TAB 150MG	2	PA, QL
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	5	SP, PA, QL
WAKIX TAB 17.8MG	5	SP, PA, QL
STIMULANTS - MISC.		
ADHANSIA XR CAP 25MG	NC	
ADHANSIA XR CAP 35MG	NC	
ADHANSIA XR CAP 45MG	NC	
ADHANSIA XR CAP 55MG	NC	
ADHANSIA XR CAP 70MG	NC	
ADHANSIA XR CAP 85MG	NC	
APTENSIO XR CAP 10MG	NC	
APTENSIO XR CAP 15MG	NC	
APTENSIO XR CAP 20MG	NC	
APTENSIO XR CAP 30MG	NC	
APTENSIO XR CAP 40MG	NC	
APTENSIO XR CAP 50MG	NC	
APTENSIO XR CAP 60MG	NC	
<i>armodafinil tab 50 mg</i>	1	PA, QL
<i>armodafinil tab 150 mg</i>	1	PA, QL
<i>armodafinil tab 200 mg</i>	1	PA, QL
<i>armodafinil tab 250 mg</i>	1	PA, QL
AZSTARYS CAP 26.1-5.2	2	PA, QL
AZSTARYS CAP 39.2-7.8	2	PA, QL
AZSTARYS CAP 52.3-10.	2	PA, QL
CONCERTA TAB 18MG	NC	

Drug Name	Drug Tier	Requirements/Limits
CONCERTA TAB 27MG	NC	
CONCERTA TAB 36MG	NC	
CONCERTA TAB 54MG	NC	
COTEMPLA XR TAB 8.6MG	NC	
COTEMPLA XR TAB 17.3MG	NC	
COTEMPLA XR TAB 25.9MG	NC	
DAYTRANA DIS 10MG/9HR	NC	
DAYTRANA DIS 15MG/9HR	NC	
DAYTRANA DIS 20MG/9HR	NC	
DAYTRANA DIS 30MG/9HR	NC	
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	PA, QL
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	PA, QL
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	PA, QL
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	PA, QL
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	PA, QL
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	PA, QL
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	PA, QL
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	PA, QL
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	PA, QL
<i>dexmethylphenidate hcl tab 5 mg</i>	1	PA, QL
<i>dexmethylphenidate hcl tab 10 mg</i>	1	PA, QL
FOCALIN TAB 2.5MG	3	PA, QL
FOCALIN TAB 5MG	3	PA, QL
FOCALIN TAB 10MG	3	PA, QL
FOCALIN XR CAP 5MG	NC	
FOCALIN XR CAP 10MG	NC	
FOCALIN XR CAP 15MG	NC	
FOCALIN XR CAP 20MG	NC	
FOCALIN XR CAP 25MG	NC	
FOCALIN XR CAP 30MG	NC	
FOCALIN XR CAP 35MG	NC	
FOCALIN XR CAP 40MG	NC	
JORNAY PM CAP 20MG ER	NC	
JORNAY PM CAP 40MG ER	NC	
JORNAY PM CAP 60MG ER	NC	
JORNAY PM CAP 80MG ER	NC	
JORNAY PM CAP 100MG ER	NC	
METADATE CD CAP 10MG	NC	
METADATE CD CAP 20MG	NC	
METADATE CD CAP 30MG	NC	
METADATE CD CAP 40MG	NC	
METADATE CD CAP 50MG	NC	
METADATE CD CAP 60MG	NC	

Drug Name	Drug Tier	Requirements/Limits
METHYLIN SOL 5MG/5ML	3	PA, QL
METHYLIN SOL 10MG/5ML	3	PA, QL
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	PA, QL
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	PA, QL
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	PA, QL
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	PA, QL
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	PA, QL
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	PA, QL
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	PA, QL
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	PA, QL
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	PA, QL
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	PA, QL
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	PA, QL
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	PA, QL
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	2	PA, QL
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	PA, QL
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	PA, QL
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	PA, QL
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	PA, QL
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	PA, QL
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	PA, QL
<i>methylphenidate hcl chew tab 5 mg</i>	1	PA, QL
<i>methylphenidate hcl chew tab 10 mg</i>	1	PA, QL
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	PA, QL
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	PA, QL
<i>methylphenidate hcl tab 5 mg</i>	1	PA, QL
<i>methylphenidate hcl tab 10 mg</i>	1	PA, QL
<i>methylphenidate hcl tab 20 mg</i>	1	PA, QL
<i>methylphenidate hcl tab er 10 mg</i>	1	PA, QL
<i>methylphenidate hcl tab er 20 mg</i>	1	PA, QL
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	PA, QL
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	PA, QL
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	PA, QL
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	PA, QL
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	PA, QL
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	PA, QL
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	PA, QL
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	2	PA, QL
<i>methylphenidate td patch 10 mg/9hr</i>	2	PA, QL
<i>methylphenidate td patch 15 mg/9hr</i>	2	PA, QL
<i>methylphenidate td patch 20 mg/9hr</i>	2	PA, QL
<i>methylphenidate td patch 30 mg/9hr</i>	2	PA, QL
<i>modafinil tab 100 mg</i>	1	PA, QL
<i>modafinil tab 200 mg</i>	1	PA, QL
NUVIGIL TAB 50MG	NC	
NUVIGIL TAB 150MG	NC	
NUVIGIL TAB 200MG	NC	
NUVIGIL TAB 250MG	NC	
PROVIGIL TAB 100MG	NC	
PROVIGIL TAB 200MG	NC	
QUILLICHEW CHW 20MG ER	NC	
QUILLICHEW CHW 30MG ER	NC	
QUILLICHEW CHW 40MG ER	NC	
QUILLIVANT SUS 25MG/5ML	NC	
RELEXXII TAB 72MG ER	NC	
RITALIN LA CAP 10MG	3	PA, QL
RITALIN LA CAP 20MG	3	PA, QL
RITALIN LA CAP 30MG	3	PA, QL
RITALIN LA CAP 40MG	3	PA, QL
RITALIN TAB 5MG	3	PA, QL
RITALIN TAB 10MG	3	PA, QL
RITALIN TAB 20MG	3	PA, QL

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU	2	PA; PV
ODACTRA SUB	3	PA; PV
ORALAIR SUB 300 IR	2	PA; PV
PALFORZIA CAP ESCALAT	NC	
PALFORZIA CAP LEVEL 1	NC	
PALFORZIA CAP LEVEL 2	NC	
PALFORZIA CAP LEVEL 3	NC	
PALFORZIA CAP LEVEL 4	NC	
PALFORZIA CAP LEVEL 5	NC	
PALFORZIA CAP LEVEL 6	NC	
PALFORZIA CAP LEVEL 7	NC	
PALFORZIA CAP LEVEL 8	NC	
PALFORZIA CAP LEVEL 9	NC	
PALFORZIA CAP LEVEL 10	NC	
PALFORZIA POW LEVEL 11	NC	

Drug Name	Drug Tier	Requirements/Limits
RAGWITEK SUB	2	PA; PV
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - A'S		
ALPHA-LIPOIC SOL ACID	3	
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	1	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	1	
ARIKAYCE SUS	6	SP, PA
BETHKIS NEB 300/4ML	NC	SP
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate inj 10 mg/ml</i>	1	
<i>gentamicin sulfate inj 40 mg/ml</i>	1	
HUMATIN CAP 250MG	NC	
KITABIS PAK NEB 300/5ML	NC	SP
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>streptomycin sulfate for inj 1 gm</i>	1	
TOBI NEB 300/5ML	NC	SP
TOBI PODHALR CAP 28MG	NC	SP
<i>tobramycin nebu soln 300 mg/4ml</i>	4	SP, PA, QL
<i>tobramycin nebu soln 300 mg/5ml</i>	4	SP, PA, QL
<i>tobramycin sulfate for inj 1.2 gm</i>	2	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	2	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	1	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	1	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	1	
ZEMDRI INJ 500MG/10	3	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ABRILADA 1PN INJ 40/0.8ML	NC	SP
ABRILADA INJ 20/0.4ML	NC	SP
ABRILADA INJ 40/0.8ML	NC	SP
ADALIMU-AATY KIT 20/0.2ML	NC	SP

Drug Name	Drug Tier	Requirements/Limits
ADALIMU-AATY KIT 40/0.4ML	NC	SP
ADALIMU-ADAZ INJ 40/0.4ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
ADALIMU-FKJP KIT 20/0.4ML	NC	SP
AMJEVITA INJ 10/0.2ML	NC	SP
AMJEVITA INJ 20/0.2ML	NC	SP
AMJEVITA INJ 20/0.4ML	NC	SP
AMJEVITA INJ 40/0.4ML	NC	SP
AMJEVITA INJ 40/0.8ML	NC	SP
AMJEVITA INJ 80/0.8ML	NC	SP
CYLTEZO INJ 10/0.2ML	NC	SP
CYLTEZO INJ 20/0.4ML	NC	SP
CYLTEZO INJ 40/0.8ML	NC	SP
HADLIMA INJ 40/0.4ML	NC	SP
HADLIMA INJ 40/0.8ML	NC	SP
HADLIMA PUSH INJ 40/0.4ML	NC	SP
HADLIMA PUSH INJ 40/0.8ML	NC	SP
HULIO INJ 40/0.8ML	NC	SP
HULIO KIT 20/0.4ML	NC	SP
HUMIRA INJ 10/0.1ML	NC	SP
HUMIRA INJ 20/0.2ML	NC	SP
HUMIRA INJ 40/0.4ML	NC	SP
HUMIRA KIT 40MG/0.8	NC	SP
HUMIRA PEDIA INJ CROHNS	NC	SP
HUMIRA PEN INJ 40/0.4ML	NC	SP
HUMIRA PEN INJ 40MG/0.8	NC	SP
HUMIRA PEN INJ 80/0.8ML	NC	SP
HUMIRA PEN KIT PS/UV	NC	SP
HYRIMOZ INJ 10/0.1ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 20/0.2ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HYRIMOZ INJ 40/0.4ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HYRIMOZ INJ 40/0.8ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HYRIMOZ INJ 80/0.8ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HYRIMOZ SENS INJ 80/0.8ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HYRIMOZ-CROH INJ UC SP	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HYRIMOZ-PED INJ CROHNS	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ-PLAQ INJ PSOR/UVE	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HYRIMOZ-PLAQ INJ PSORIASI	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
IDACIO 2-PEN INJ 40/0.8ML	NC	SP
IDACIO 2-SYR INJ 40/0.8ML	NC	SP
SIMLANDI 1PN KIT 40/0.4ML	NC	SP
SIMLANDI 2PN INJ 40/0.4ML	NC	SP
SIMPONI ARIA SOL 50MG/4ML	5	SP, PA, QL
SIMPONI INJ 50/0.5ML	NC	SP
SIMPONI INJ 100MG/ML	NC	SP
YUFLYMA 1PEN KIT 80/0.8ML	NC	SP
YUSIMRY INJ 40/0.8ML	NC	SP
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB 2MG	NC	SP
RINVOQ LQ SOL 1MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
RINVOQ TAB 15MG ER	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
RINVOQ TAB 30MG ER	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 45MG ER	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
XELJANZ SOL 1MG/ML	5	SP, PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ TAB 5MG	5	SP, PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ TAB 10MG	5	SP, PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ XR TAB 11MG	5	SP, PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ XR TAB 22MG	5	SP, PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis

ANTIRHEUMATIC ANTIMETABOLITES

OTREXUP INJ 10MG	NC	SP
OTREXUP INJ 12.5/0.4	NC	SP
OTREXUP INJ 15MG	NC	SP
OTREXUP INJ 17.5/0.4	NC	SP
OTREXUP INJ 20MG	NC	SP
OTREXUP INJ 22.5/0.4	NC	SP
OTREXUP INJ 25MG	NC	SP
RASUVO INJ 7.5MG	5	SP, PA, QL
RASUVO INJ 10MG	5	SP, PA, QL
RASUVO INJ 12.5MG	5	SP, PA, QL
RASUVO INJ 15MG	5	SP, PA, QL
RASUVO INJ 17.5MG	5	SP, PA, QL
RASUVO INJ 22.5MG	5	SP, PA, QL
RASUVO INJ 25MG	5	SP, PA, QL
RASUVO INJ 30MG	5	SP, PA, QL
REDITREX INJ 7.5/.3ML	NC	SP
REDITREX INJ 10/.4ML	NC	SP
REDITREX INJ 12.5/0.5	NC	SP
REDITREX INJ 15/.6ML	NC	SP
REDITREX INJ 17.5/0.7	NC	SP

Drug Name	Drug Tier	Requirements/Limits
REDITREX INJ 20/.8ML	NC	SP
REDITREX INJ 22.5/0.9	NC	SP
REDITREX INJ 25MG/ML	NC	SP
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	NC	SP
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ	NC	SP
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ 150MG/ML	6	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 80MG/4ML	NC	SP
ACTEMRA INJ 162/0.9	NC	SP
ACTEMRA INJ 200/10ML	NC	SP
ACTEMRA INJ 400/20ML	NC	SP
KEVZARA INJ 150/1.14	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
TYENNE INJ 80MG/4ML	NC	SP
TYENNE INJ 200/10ML	NC	SP
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS TAB 550MG	3	
ARTHROTEC 50 TAB	NC	
ARTHROTEC 75 TAB	NC	
CALDOLOR INJ 4MG/ML	3	
CALDOLOR INJ 800/8ML	3	
<i>cataflam tab 50mg</i>	1	
CELEBREX CAP 50MG	NC	
CELEBREX CAP 100MG	NC	
CELEBREX CAP 200MG	NC	
CELEBREX CAP 400MG	NC	
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
COMBOGESIC INJ 300-1000	NC	
DAYPRO TAB 600MG	3	
<i>diclofenac potassium tab 25 mg</i>	NC	
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
DUEXIS TAB 800-26.6	NC	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
<i>ec-naproxen tab 375mg</i>	1	
<i>ec-naproxen tab 500mg</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
<i>fenoprofen calcium cap 400 mg</i>	NC	
<i>fenoprofen calcium tab 600 mg</i>	NC	
FENOPROFEN CAP 200MG	NC	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibu tab 400mg</i>	1	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen lysine iv soln 10 mg/ml (base equivalent)</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	NC	
INDOCIN SUP 50MG	NC	
INDOCIN SUS 25MG/5ML	NC	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>indomethacin sodium iv for soln 1 mg</i>	1	
INDOMETHACIN SUP 100MG	3	
<i>indomethacin suppos 50 mg</i>	1	
<i>indomethacin susp 25 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen cap 25 mg</i>	NC	
<i>ketoprofen cap 50 mg</i>	3	
<i>ketoprofen cap er 24hr 200 mg</i>	NC	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine inj 15 mg/ml</i>	1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	2	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam cap 5 mg</i>	NC	
<i>meloxicam cap 10 mg</i>	NC	
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NALFON CAP 400MG	3	ST
NALFON TAB 600MG	3	ST
NAPRELAN TAB 375MG CR	NC	
NAPRELAN TAB 500MG CR	NC	
NAPRELAN TAB 750MG CR	NC	
NAPROSYN SUS 125/5ML	3	
NAPROSYN TAB 500MG	3	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i>	NC	
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i>	NC	
<i>naproxen susp 125 mg/5ml</i>	NC	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	NC	
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
NEOPROFEN SOL 10MG/ML	3	
NUDROXIPAK KIT DSDR-50	NC	
NUDROXIPAK KIT DSDR-75	NC	
NUDROXIPAK KIT E-400	NC	
NUDROXIPAK KIT I-800	NC	
NUDROXIPAK KIT M-15	NC	
NUDROXIPAK KIT N-500	NC	
<i>oxaprozin cap 300 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
PREVIDOLRX PAK ANALGESI	NC	
RELAFEN DS TAB 1000MG	NC	
<i>relafen tab 500mg</i>	NC	
<i>relafen tab 750mg</i>	NC	
SPRIX SPR 15.75MG	NC	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
TRESNI SUP 100MG	3	
VIMOVO TAB 375-20MG	NC	
VIMOVO TAB 500-20MG	NC	
VIVLODEX CAP 5MG	NC	
VIVLODEX CAP 10MG	NC	
ZIPSOR CAP 25MG	NC	
ZORVOLEX CAP 18MG	NC	
ZORVOLEX CAP 35MG	NC	
ZYNRELEF INJ 200-6MG	3	
ZYNRELEF INJ 400-12MG	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 10/20/30	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 20MG	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 30MG	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA INJ 50/0.4ML	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA INJ 87.5/0.7	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA INJ 125MG/ML	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA INJ 250MG	NC	SP
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL INJ 25MG	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL INJ 50MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL MINI INJ 50MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL SRCLK INJ 50MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
ALLZITAL TAB 25-325MG	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>bac tab</i>	1	QL
BUT/ASA/CAF TAB	NC	
BUTAL/APAP CAP 50-300MG	NC	
<i>butalbital-acetaminophen cap 50-300 mg</i>	NC	
<i>butalbital-acetaminophen tab 25-325 mg</i>	NC	
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	NC	
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	NC	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL
<i>esgic cap</i>	NC	
ESGIC TAB	3	QL
FIORICET CAP	NC	
<i>tencon tab 50-325mg</i>	1	QL
<i>vanatol lq sol</i>	NC	
<i>vtol lq sol</i>	NC	
<i>zebutal cap</i>	NC	

ANALGESICS OTHER

<i>acetaminophen iv soln 10 mg/ml</i>	2	
<i>clonidine hcl inj (for epidural infusion) 100 mcg/ml</i>	1	
<i>clonidine hcl inj (for epidural infusion) 500 mcg/ml</i>	1	
DURACLON INJ	3	
LOTREXONE CAP 1.5MG	NC	
LOTREXONE CAP 4.5MG	NC	

ANALGESICS-PEPTIDE CHANNEL BLOCKERS

PRIALT INJ 25MCG/ML	6	SP
PRIALT INJ 100MCG	6	SP
PRIALT INJ 500MCG	6	SP

SALICYLATES

<i>aspirin adlt tab 81mg ec</i>	0	OTC; ACA, PV
<i>aspirin chew tab 81 mg</i>	0	OTC; ACA, PV
<i>aspirin chld chw 81mg</i>	0	OTC; ACA, PV
<i>aspirin ec tab 81mg</i>	0	OTC; ACA, PV
<i>aspirin low chw 81mg</i>	0	OTC; ACA, PV
<i>aspirin low tab 81mg</i>	0	OTC; ACA, PV
<i>aspirin low tab 81mg ec</i>	0	OTC; ACA, PV
<i>aspirin low tab 81mg ec</i>	0	OTC; ACA, PV
<i>aspirin tab delayed release 81 mg</i>	0	OTC; ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin tab delayed release 81 mg</i>	0	OTC; ACA, PV
<i>aspirin-81 chw 81mg</i>	0	OTC; ACA, PV
<i>bayer low chw 81mg</i>	0	OTC; ACA, PV
<i>bayer low tab 81mg ec</i>	0	OTC; ACA, PV
<i>child asa chw 81mg</i>	0	OTC; ACA, PV
<i>cvs aspirin tab 81mg ec</i>	0	OTC; ACA, PV
<i>diflunisal tab 500 mg</i>	1	
DOLOBID TAB 250MG	3	
<i>ecotrin low tab 81mg ec</i>	0	OTC; ACA, PV
<i>eq aspirin chw 81mg</i>	0	OTC; ACA, PV
<i>eql aspirin chw 81mg</i>	0	OTC; ACA, PV
<i>ft aspirin chw 81mg</i>	0	OTC; ACA, PV
<i>ft aspirin tab 81mg</i>	0	OTC; ACA, PV
<i>gnp aspirin chw 81mg</i>	0	OTC; ACA, PV
<i>gnp aspirin tab 81mg ec</i>	0	OTC; ACA, PV
<i>goodsense tab 81mg ec</i>	0	OTC; ACA, PV
<i>hm aspirin chw 81mg</i>	0	OTC; ACA, PV
<i>kls aspirin tab 81mg ec</i>	0	OTC; ACA, PV
<i>kp aspirin tab 81mg ec</i>	0	OTC; ACA, PV
<i>mm aspirin tab low dose</i>	0	OTC; ACA, PV
<i>qc aspirin chw 81mg</i>	0	OTC; ACA, PV
<i>qc child asa chw 81mg</i>	0	OTC; ACA, PV
<i>ra aspirin chw 81mg</i>	0	OTC; ACA, PV
<i>ra aspirin tab 81mg ec</i>	0	OTC; ACA, PV
<i>salsalate tab 750 mg</i>	1	
<i>sb child asa chw 81mg</i>	0	OTC; ACA, PV
<i>sm aspirin chw 81mg</i>	0	OTC; ACA, PV
<i>sm aspirin tab 81mg ec</i>	0	OTC; ACA, PV
<i>st joseph chw low 81mg</i>	0	OTC; ACA, PV
<i>st joseph tab low 81mg</i>	0	OTC; ACA, PV

ANALGESICS - OPIOID

OPIOID AGONISTS

ACTIQ LOZ 200MCG	3	PA, QL
ACTIQ LOZ 400MCG	3	PA, QL
ACTIQ LOZ 600MCG	3	PA, QL
ACTIQ LOZ 800MCG	3	PA, QL
ACTIQ LOZ 1200MCG	3	PA, QL
ACTIQ LOZ 1600MCG	3	PA, QL
ALFENTANIL INJ 1000/2ML	3	
ALFENTANIL INJ 2500/5ML	3	
ARYMO ER TAB 15MG	NC	
ARYMO ER TAB 30MG	NC	
ARYMO ER TAB 60MG	NC	

Drug Name	Drug Tier	Requirements/Limits
CODEINE SULF TAB 15MG	3	PA, QL
CODEINE SULF TAB 60MG	3	PA, QL
<i>codeine sulfate tab 30 mg</i>	1	PA, QL
CONZIP CAP 100MG	3	ST, PA, QL
CONZIP CAP 200MG	3	ST, PA, QL
CONZIP CAP 300MG	3	ST, PA, QL
DEMEROL INJ 25MG/ML	3	
DEMEROL INJ 50MG/ML	3	
DEMEROL INJ 75MG/ML	3	
DEMEROL INJ 100MG/ML	3	
DILAUDID INJ 0.2MG/ML	3	
DILAUDID INJ 1MG/ML	NC	
DILAUDID INJ 2MG/ML	NC	
DILAUDID LIQ 1MG/ML	3	PA, QL
DILAUDID TAB 2MG	3	PA, QL
DILAUDID TAB 4MG	3	PA, QL
DILAUDID TAB 8MG	3	PA, QL
DSUVIA SUB 30MCG	NC	
<i>duramorph inj 0.5mg/ml</i>	1	
<i>duramorph inj 1mg/ml</i>	1	
FENTANY/NACL INJ 1000MCG	3	
FENTANYL CIT INJ 50MCG/ML	3	
FENTANYL CIT INJ 100MCG	3	
FENTANYL CIT INJ 250MCG	3	
FENTANYL CIT SOL 10MCG/ML	NC	
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA, QL
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	2	PA, QL
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA, QL
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA, QL
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA, QL
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA, QL
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA, QL
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA, QL
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA, QL
<i>fentanyl citrate pf soln prefilled syringe 50 mcg/ml</i>	1	
<i>fentanyl citrate preservative free (pf) inj 50 mcg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate preservative free (pf) inj 100 mcg/2ml</i>	1	
<i>fentanyl citrate preservative free (pf) inj 250 mcg/5ml</i>	1	
<i>fentanyl citrate preservative free (pf) inj 500 mcg/10ml</i>	1	
<i>fentanyl citrate preservative free (pf) inj 1000 mcg/20ml</i>	1	
<i>fentanyl citrate preservative free (pf) inj 2500 mcg/50ml</i>	1	
FENTANYL INJ 50MCG/ML	NC	
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	ST, PA, QL
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	ST, PA, QL
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	2	ST, PA, QL
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	ST, PA, QL
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	2	ST, PA, QL
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	ST, PA, QL
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	2	ST, PA, QL
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	ST, PA, QL
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	2	ST, PA, QL
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	2	ST, PA, QL
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	2	ST, PA, QL
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	2	ST, PA, QL
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	2	ST, PA, QL
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	2	ST, PA, QL
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	2	ST, PA, QL
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	2	ST, PA, QL
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	2	ST, PA, QL
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	2	ST, PA, QL
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	2	ST, PA, QL
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	ST, PA, QL
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	ST, PA, QL
HYDROMO/NACL INJ 2MG/ML	NC	
HYDROMO/NACL INJ 20/100ML	3	
HYDROMORPHON INJ 0.2MG/ML	3	
HYDROMORPHON INJ 1MG/ML	3	
HYDROMORPHON INJ 2MG/ML	3	
HYDROMORPHON INJ 4MG/ML	3	
HYDROMORPHON INJ 10MG/ML	3	
HYDROMORPHON INJ 30/30ML	3	
HYDROMORPHON SOL 0.2MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl inj 0.2 mg/ml</i>	1	
<i>hydromorphone hcl inj 1 mg/ml</i>	1	
<i>hydromorphone hcl inj 2 mg/ml</i>	1	
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	PA, QL
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	1	
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	ST, PA, QL
<i>hydromorphone hcl tab er 24hr 12 mg</i>	2	ST, PA, QL
<i>hydromorphone hcl tab er 24hr 16 mg</i>	2	ST, PA, QL
<i>hydromorphone hcl tab er 24hr 32 mg</i>	2	ST, PA, QL
HYSINGLA ER TAB 20 MG	NC	
HYSINGLA ER TAB 30 MG	NC	
HYSINGLA ER TAB 40 MG	NC	
HYSINGLA ER TAB 60 MG	NC	
HYSINGLA ER TAB 80 MG	NC	
HYSINGLA ER TAB 100 MG	NC	
HYSINGLA ER TAB 120 MG	NC	
INFUMORPH INJ 10MG/ML	3	
INFUMORPH INJ 25MG/ML	3	
IONSYS PAD 40MCG/AC	NC	
LAZANDA SPR 100MCG	NC	
LAZANDA SPR 300MCG	NC	
LAZANDA SPR 400MCG	NC	
<i>levorphanol tartrate tab 2 mg</i>	NC	
<i>meperidine hcl inj 25 mg/ml</i>	1	
<i>meperidine hcl inj 50 mg/ml</i>	1	
<i>meperidine hcl inj 100 mg/ml</i>	1	
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA, QL
<i>meperidine hcl tab 50 mg</i>	2	PA, QL
METHADO/NACL INJ 1MG/ML	3	
METHADO/NACL INJ 5MG/5ML	3	
METHADO/NACL INJ 10MG/ML	3	
<i>methadone con 10mg/ml</i>	1	ST, PA, QL
<i>methadone hcl conc 10 mg/ml</i>	1	ST, PA, QL
<i>methadone hcl inj 10 mg/ml</i>	1	ST, PA, QL
<i>methadone hcl soln 5 mg/5ml</i>	1	ST, PA, QL
<i>methadone hcl soln 10 mg/5ml</i>	1	ST, PA, QL
<i>methadone hcl tab 5 mg</i>	1	ST, PA, QL
<i>methadone hcl tab 10 mg</i>	1	ST, PA, QL
<i>methadone hcl tab for oral susp 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
METHADONE INJ 10MG/ML	3	ST, PA, QL
METHADOSE CON 10MG/ML	3	SP, PA, QL
METHADOSE SF CON 10MG/ML	3	SP, PA, QL
<i>methadose tab 40mg</i>	1	SP, PA, QL
<i>mitigo inj 10mg/ml</i>	1	
<i>mitigo inj 25mg/ml</i>	1	
MORPHABOND TAB 15MG ER	NC	
MORPHABOND TAB 30MG ER	NC	
MORPHABOND TAB 60MG ER	NC	
MORPHABOND TAB 100MG ER	NC	
MORPHIN/NAACL INJ 1MG/ML	3	
MORPHIN/NAACL INJ 2MG-0.9%	NC	
MORPHIN/NAACL INJ 4MG-0.9%	NC	
MORPHIN/NAACL INJ 100/100	3	
MORPHINE SUL INJ 1MG/ML	3	
MORPHINE SUL INJ 2MG2/ML	3	
MORPHINE SUL INJ 2MG/ML	3	
MORPHINE SUL INJ 2MG/ML	NC	
MORPHINE SUL INJ 4MG/ML	3	
MORPHINE SUL INJ 8MG/ML	3	
MORPHINE SUL INJ 10MG/ML	3	
MORPHINE SUL INJ 250MG/50	3	
MORPHINE SUL INJ NAACL	3	
MORPHINE SUL SOL 50MG/ML	3	
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	ST, PA, QL
<i>morphine sulfate beads cap er 24hr 45 mg</i>	2	ST, PA, QL
<i>morphine sulfate beads cap er 24hr 60 mg</i>	2	ST, PA, QL
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	ST, PA, QL
<i>morphine sulfate beads cap er 24hr 90 mg</i>	2	ST, PA, QL
<i>morphine sulfate beads cap er 24hr 120 mg</i>	2	ST, PA, QL
<i>morphine sulfate cap er 24hr 10 mg</i>	2	ST, PA, QL
<i>morphine sulfate cap er 24hr 20 mg</i>	2	ST, PA, QL
<i>morphine sulfate cap er 24hr 30 mg</i>	2	ST, PA, QL
<i>morphine sulfate cap er 24hr 50 mg</i>	2	ST, PA, QL
<i>morphine sulfate cap er 24hr 60 mg</i>	2	ST, PA, QL
<i>morphine sulfate cap er 24hr 80 mg</i>	2	ST, PA, QL
<i>morphine sulfate cap er 24hr 100 mg</i>	2	ST, PA, QL
<i>morphine sulfate inj pf 0.5 mg/ml</i>	1	
<i>morphine sulfate inj pf 1 mg/ml</i>	1	
<i>morphine sulfate iv soln 4 mg/ml</i>	1	
<i>morphine sulfate iv soln 8 mg/ml</i>	1	
<i>morphine sulfate iv soln 10 mg/ml</i>	1	
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL
<i>morphine sulfate tab 15 mg</i>	1	PA, QL
<i>morphine sulfate tab 30 mg</i>	1	PA, QL
<i>morphine sulfate tab er 15 mg</i>	1	ST, PA, QL
<i>morphine sulfate tab er 30 mg</i>	1	ST, PA, QL
<i>morphine sulfate tab er 60 mg</i>	1	ST, PA, QL
<i>morphine sulfate tab er 100 mg</i>	1	ST, PA, QL
<i>morphine sulfate tab er 200 mg</i>	2	ST, PA, QL
MS CONTIN TAB 15MG ER	3	ST, PA, QL
MS CONTIN TAB 30MG ER	3	ST, PA, QL
MS CONTIN TAB 60MG ER	3	ST, PA, QL
MS CONTIN TAB 100MG ER	3	ST, PA, QL
MS CONTIN TAB 200MG ER	3	ST, PA, QL
NUCYNTA ER TAB 50MG	NC	
NUCYNTA ER TAB 100MG	NC	
NUCYNTA ER TAB 150MG	NC	
NUCYNTA ER TAB 200MG	NC	
NUCYNTA ER TAB 250MG	NC	
NUCYNTA TAB 50MG	NC	
NUCYNTA TAB 75MG	NC	
NUCYNTA TAB 100MG	NC	
OXAYDO TAB 7.5MG	NC	
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	PA, QL
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	2	ST, PA, QL
OXYCONTIN TAB 10MG ER	NC	
OXYCONTIN TAB 15MG ER	NC	
OXYCONTIN TAB 20MG ER	NC	
OXYCONTIN TAB 30MG ER	NC	
OXYCONTIN TAB 40MG ER	NC	
OXYCONTIN TAB 60MG ER	NC	
OXYCONTIN TAB 80MG ER	NC	
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL
<i>oxymorphone hcl tab er 12hr 5 mg</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	NC	
<i>oxymorphone hcl tab er 12hr 10 mg</i>	NC	
<i>oxymorphone hcl tab er 12hr 15 mg</i>	NC	
<i>oxymorphone hcl tab er 12hr 20 mg</i>	NC	
<i>oxymorphone hcl tab er 12hr 30 mg</i>	NC	
<i>oxymorphone hcl tab er 12hr 40 mg</i>	NC	
<i>remifentanil hcl for iv soln 1 mg</i>	1	
<i>remifentanil hcl for iv soln 2 mg</i>	1	
<i>remifentanil hcl for iv soln 5 mg</i>	1	
ROXICODONE TAB 15MG	3	PA, QL
ROXICODONE TAB 30MG	3	PA, QL
ROXYBOND TAB 5MG	NC	
ROXYBOND TAB 15MG	NC	
ROXYBOND TAB 30MG	NC	
SUBSYS SPR 100MCG	NC	
SUBSYS SPR 200MCG	NC	
SUBSYS SPR 400MCG	NC	
SUBSYS SPR 600MCG	NC	
SUBSYS SPR 800MCG	NC	
SUBSYS SPR 1200MCG	NC	
SUBSYS SPR 1600MCG	NC	
<i>sufentanil citrate inj 50 mcg/ml</i>	1	
<i>sufentanil citrate inj 100 mcg/2ml (50 mcg/ml)</i>	1	
<i>sufentanil citrate inj 250 mcg/5ml (50 mcg/ml)</i>	1	
SUFENTANIL INJ 50MCG/ML	3	
SUFENTANIL INJ 100/2ML	3	
SUFENTANIL INJ 250/5ML	3	
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	NC	
<i>tramadol hcl cap er 24hr biphasic release 150 mg</i>	NC	
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	NC	
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	NC	
<i>tramadol hcl oral soln 5 mg/ml</i>	2	
<i>tramadol hcl tab 25 mg</i>	2	PA, QL
<i>tramadol hcl tab 50 mg</i>	1	PA, QL
<i>tramadol hcl tab 100 mg</i>	NC	
<i>tramadol hcl tab er 24hr 100 mg</i>	1	ST, PA, QL
<i>tramadol hcl tab er 24hr 200 mg</i>	1	ST, PA, QL
<i>tramadol hcl tab er 24hr 300 mg</i>	1	ST, PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	ST, PA, QL
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	ST, PA, QL
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	2	ST, PA, QL
ULTIVA INJ 1MG	3	
ULTIVA INJ 2MG	3	
ULTIVA INJ 5MG	3	
XTAMPZA ER CAP 9MG	NC	
XTAMPZA ER CAP 13.5MG	NC	
XTAMPZA ER CAP 18MG	NC	
XTAMPZA ER CAP 27MG	NC	
XTAMPZA ER CAP 36MG	NC	
ZOHYDRO ER CAP 10MG	NC	
ZOHYDRO ER CAP 15MG	NC	
ZOHYDRO ER CAP 20MG	NC	
ZOHYDRO ER CAP 30MG	NC	
ZOHYDRO ER CAP 40MG	NC	
ZOHYDRO ER CAP 50MG	NC	

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	2	QL
<i>ascomp/cod cap 30mg</i>	1	QL
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	2	QL
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL
<i>endocet tab 2.5-325</i>	1	PA, QL
<i>endocet tab 5-325mg</i>	1	PA, QL
<i>endocet tab 7.5-325</i>	1	PA, QL
<i>endocet tab 10-325mg</i>	1	PA, QL
FENT/ROPIVAC INJ 0.4/200	NC	
FENT/ROPIVAC INJ NAACL	NC	
FENTANYL CIT INJ BUPIVACA	NC	
FIORICET CAP CODEINE	3	QL

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	PA, QL
LORTAB ELX 10-300MG	3	PA, QL
NALOCET TAB 2.5-300	NC	
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL
PERCOCET TAB 2.5-325	NC	
PERCOCET TAB 5-325MG	NC	
PERCOCET TAB 7.5-325	NC	
PERCOCET TAB 10-325MG	NC	
PRIMLEV TAB 5-300MG	NC	
PRIMLEV TAB 7.5-300	NC	
PRIMLEV TAB 10-300MG	NC	
SEGLENTIS TAB 56-44MG	NC	
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL
<i>trezix cap</i>	2	QL
ULTRACET TAB 37.5-325	3	QL
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	ST, PA, QL
BELBUCA MIS 150MCG	2	ST, PA, QL
BELBUCA MIS 300MCG	2	ST, PA, QL
BELBUCA MIS 450MCG	2	ST, PA, QL
BELBUCA MIS 600MCG	2	ST, PA, QL
BELBUCA MIS 750MCG	2	ST, PA, QL
BELBUCA MIS 900MCG	2	ST, PA, QL
BRIXADI SOL 8/0.16ML	3	PV
BRIXADI SOL 16/0.32	3	PV
BRIXADI SOL 24/0.48	3	PV

Drug Name	Drug Tier	Requirements/Limits
BRIXADI SOL 32/0.64	3	PV
BRIXADI SOL 64/0.18	3	PV
BRIXADI SOL 96/0.27	3	PV
BRIXADI SOL 128/0.36	3	PV
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	PA; PV
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	PA; PV
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	PV
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	PV
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	PV
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	PV
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	PV
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	PV
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	ST, PA, QL
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	ST, PA, QL
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	ST, PA, QL
<i>buprenorphine td patch weekly 15 mcg/hr</i>	2	ST, PA, QL
<i>buprenorphine td patch weekly 20 mcg/hr</i>	2	ST, PA, QL
<i>butorphanol tartrate inj 1 mg/ml</i>	1	
<i>butorphanol tartrate inj 2 mg/ml</i>	1	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	PA, QL
BUTRANS DIS 5MCG/HR	NC	
BUTRANS DIS 7.5/HR	NC	
BUTRANS DIS 10MCG/HR	NC	
BUTRANS DIS 15MCG/HR	NC	
BUTRANS DIS 20MCG/HR	NC	
<i>nalbuphine hcl inj 10 mg/ml</i>	2	
<i>nalbuphine hcl inj 20 mg/ml</i>	2	
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA, QL
PROBUPHINE IMP KIT 74.2	NC	
SUBLOCADE INJ 100/0.5	3	PV
SUBLOCADE INJ 300/1.5	3	PV
SUBOXONE MIS 2-0.5MG	NC	
SUBOXONE MIS 4-1MG	NC	
SUBOXONE MIS 8-2MG	NC	
SUBOXONE MIS 12-3MG	NC	
ZUBSOLV SUB 0.7-0.18	2	PV

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 1.4-0.36	2	PV
ZUBSOLV SUB 2.9-0.71	2	PV
ZUBSOLV SUB 5.7-1.4	2	PV
ZUBSOLV SUB 8.6-2.1	2	PV
ZUBSOLV SUB 11.4-2.9	2	PV

ANDROGENS-ANABOLIC

ANDROGENS

ANDROGEL GEL 1%(25MG)	NC	
ANDROGEL GEL 1%(50MG)	NC	
ANDROGEL GEL 1.62%	NC	
AVEED INJ 750/3ML	6	SP, PA
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	2	
<i>depo-testost inj 100mg/ml</i>	3	PA
<i>depo-testost inj 200mg/ml</i>	3	PA
FORTESTA GEL 10MG/ACT	NC	
JATENZO CAP 158MG	3	
JATENZO CAP 198MG	3	
JATENZO CAP 237MG	3	
KYZATREX CAP 100MG	NC	
KYZATREX CAP 150MG	NC	
KYZATREX CAP 200MG	NC	
<i>methitest tab 10mg</i>	1	PA
<i>methyltestosterone cap 10 mg</i>	1	PA
NATESTO GEL 5.5MG	2	PA
TESTIM GEL 1%(50MG)	NC	
TESTOPEL MIS PELLETS	3	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
TESTOSTERONE MIS 25MG	3	PA
TESTOSTERONE MIS 50MG	3	PA
TESTOSTERONE MIS 100MG	3	PA
TESTOSTERONE MIS 200MG	3	PA
<i>testosterone td gel 10mg/act (2%)</i>	2	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	PA; Authorized generics for Testim and Vogelxo are not covered
<i>testosterone td gel 12.5 mg/act (1%)</i>	NC	Authorized generics for Testim and Vogelxo are not covered
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	2	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA; Authorized generics for Testim and Vogelxo are not covered
<i>testosterone td soln 30 mg/act</i>	2	PA
TLANDO CAP 112.5 MG	NC	
VOGELXO GEL 1%(50MG)	NC	
VOGELXO GEL PUMP 1%	NC	
XYOSTED INJ 50/0.5	3	PA
XYOSTED INJ 75/0.5	3	PA
XYOSTED INJ 100/0.5	3	PA

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>budesonide rectal foam 2 mg/act</i>	2	
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
UCERIS AER 2MG/ACT	3	

RECTAL COMBINATIONS

ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	

RECTAL STEROIDS

<i>anucort-hc sup 25mg</i>	1	
ANUSOL-HC CRE 2.5%	3	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>procto-med cre hc 2.5%</i>	1	
<i>procto-pak cre 1%</i>	1	
<i>proctocort cre 1%</i>	1	
PROCTOCORT SUP 30MG	3	
<i>proctosol hc cre 2.5%</i>	1	
<i>proctozone cre -hc 2.5%</i>	1	

VASODILATING AGENTS

<i>nitroglycerin oint 0.4%</i>	2	
RECTIV OIN 0.4%	3	

ANTHELMINTICS

Drug Name	Drug Tier	Requirements/Limits
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	2	PA, QL
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	PA, QL
EMVERM CHW 100MG	2	PA, QL
<i>ivermectin tab 3 mg</i>	1	
<i>praziquantel tab 600 mg</i>	2	QL
STROMEKTOL TAB 3MG	3	

ANTI-INFECTIVE AGENTS - MISC.

ANTI-INFECTIVE AGENTS - MISC.

AEMCOLO TAB 194MG	3	
<i>bacitracin intramuscular for soln 50000 unit</i>	1	
FIRST-METRON SUS 100MG/ML	NC	
FLAGYL CAP 375MG	3	
IMPAVIDO CAP 50MG	3	
LIKMEZ SUS 500/5ML	NC	
METRONIDAZOL INJ 500MG	3	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole iv soln 500 mg/100ml</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
NEBUPENT INH 300MG	3	
PENTAM 300 INJ 300MG	3	
<i>pentamidine isethionate for inj soln 300 mg</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	2	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 200MG	3	
XIFAXAN TAB 550MG	2	

ANTI-INFECTIVE MISC. - COMBINATIONS

BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>sulfatrim pd sus 200-40/5</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>uro-sp cap 118mg</i>	1	
XACDURO INJ 1-1GM	3	
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750 mg/5ml</i>	2	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	3	
<i>nitazoxanide tab 500 mg</i>	2	
CARBAPENEMS		
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
INVANZ INJ 1GM	3	
<i>meropenem iv for soln 1 gm</i>	2	
<i>meropenem iv for soln 500 mg</i>	2	
PRIMAXIN IV INJ 500MG	3	
RECARBRIO INJ 1.25GM	3	
VABOMERE INJ 2GM(1-1)	3	
CHLORAMPHENICOLS		
<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	1	
CYCLIC LIPOPEPTIDES		
CUBICIN RF INJ 500MG	3	
<i>daptomycin for iv soln 350 mg</i>	2	
<i>daptomycin for iv soln 500 mg</i>	2	
DAPTOMYCIN INJ 350MG	3	
DAPTOMYCIN INJ 500MG	3	
GLYCOPEPTIDES		
DALVANCE SOL 500MG	3	
FIRVANQ SOL 25MG/ML	NC	
FIRVANQ SOL 50MG/ML	NC	
KIMYRSA INJ 1200MG	NC	
ORBACTIV SOL 400MG	3	
VANOCIN CAP 125MG	3	
VANOCIN CAP 250MG	3	
VANCOMY/NACL INJ 1.5/250	3	
VANCOMY/NACL INJ 1.5/500	3	
VANCOMY/NACL INJ 1.25/250	3	
VANCOMY/NACL INJ 1.75/250	3	
VANCOMY/NACL INJ 1/250ML	3	

Drug Name	Drug Tier	Requirements/Limits
VANCOMY/NAACL INJ 2/500ML	3	
VANCOMY/NAACL INJ 750/150	3	
VANCOMYC/D5W INJ 1.5/250	3	
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
VANCOMYC/D5W INJ 1GM	3	
VANCOMYC/D5W INJ 500MG	3	
VANCOMYC/D5W INJ 750MG	3	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 100 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	1	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	2	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	2	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 1.5/300	3	
VANCOMYCIN INJ 1.5GM	3	
VANCOMYCIN INJ 1.25/250	3	
VANCOMYCIN INJ 1.25GM	3	
VANCOMYCIN INJ 1.75GM	3	
VANCOMYCIN INJ 1GM/200M	3	
VANCOMYCIN INJ 2GM	3	
VANCOMYCIN INJ 5GM	3	
VANCOMYCIN INJ 10GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750/250	3	
VANCOMYCIN INJ 750MG	3	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN SOL 1.75GM	3	
VANCOMYCIN SOL 2G/400ML	3	
VIBATIV INJ 750MG	3	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
CLEOCIN PHOS INJ 9GM/60ML	3	
CLEOCIN PHOS INJ 300/2ML	3	
CLEOCIN PHOS INJ 600/4ML	3	
CLEOCIN PHOS INJ 900/6ML	3	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	1	
<i>clindamycin phosphate inj 300 mg/2ml</i>	1	
<i>clindamycin phosphate inj 600 mg/4ml</i>	1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	1	
LINCOCIN INJ 300MG/ML	3	
LINCOCIN INJ 600/2ML	3	
<i>lincomycin hcl inj 300 mg/ml</i>	1	
MONOBACTAMS		
AZACTAM INJ 1GM	3	
AZACTAM INJ 2GM	3	
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 gm</i>	1	
CAYSTON INH 75MG	NC	
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid tab 600 mg</i>	1	
SIVEXTRO INJ 200MG	3	PA
SIVEXTRO TAB 200MG	3	PA
ZYVOX SOL 2MG/ML	3	
ZYVOX SUS 100MG/5M	3	
ZYVOX TAB 600MG	3	

POLYMYXINS

<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	2	
COLY-MYCIN M INJ 150MG	3	
<i>polymyxin b sulfate for inj 500000 unit</i>	1	

URINARY ANTI-INFECTIVES

<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	2	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	3	
MACRODANTIN CAP 25MG	NC	
MACRODANTIN CAP 50MG	NC	
MACRODANTIN CAP 100MG	NC	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	2	
<i>nitrofurantoin susp 25 mg/5ml</i>	NC	

ANTIANGINAL AGENTS

ANTIANGINALS-OTHER

RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	

NITRATES

GONITRO POW 400MCG	NC	
ISORDIL TAB 5MG	3	PV
ISORDIL TAB 40MG	3	PV
<i>isosorbide dinitrate tab 5 mg</i>	1	PV
<i>isosorbide dinitrate tab 10 mg</i>	1	PV
<i>isosorbide dinitrate tab 20 mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tab 30 mg</i>	1	PV
<i>isosorbide dinitrate tab 40 mg</i>	NC	
<i>isosorbide mononitrate tab 10 mg</i>	1	PV
<i>isosorbide mononitrate tab 20 mg</i>	1	PV
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	PV
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	PV
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	PV
NITRO-BID OIN 2%	3	PV
NITRO-DUR DIS 0.1MG/HR	3	PV
NITRO-DUR DIS 0.2MG/HR	3	PV
NITRO-DUR DIS 0.3MG/HR	3	PV
NITRO-DUR DIS 0.4MG/HR	3	PV
NITRO-DUR DIS 0.6MG/HR	3	PV
NITRO-DUR DIS 0.8MG/HR	3	PV
NITROGLYCER INJ 5MG/ML	3	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	1	
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	1	
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	PV
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	PV
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	PV
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	PV
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	PV
NITROLINGUAL SPR 400MCG	3	PV
NITROMIST AER 400MCG	3	PV
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

ANTI-ANXIETY AGENTS

ANTI-ANXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	1	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	1	
<i>droperidol inj 2.5 mg/ml</i>	1	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	2	
<i>hydroxyzine hcl im soln 50 mg/ml</i>	2	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	2	
<i>meprobamate tab 400 mg</i>	2	

BENZODIAZEPINES

ALPRAZOLAM CON 1 MG/ML	3	
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.5mg xr</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 1mg xr</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab 2mg xr</i>	1	
<i>alprazolam tab 3mg xr</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	
<i>alprazolam tab er 24hr 1 mg</i>	1	
<i>alprazolam tab er 24hr 2 mg</i>	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
ATIVAN INJ 2MG/ML	NC	
ATIVAN INJ 4MG/ML	NC	
ATIVAN TAB 0.5MG	NC	
ATIVAN TAB 1MG	NC	
ATIVAN TAB 2MG	NC	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>diazepam conc 5 mg/ml</i>	2	
<i>diazepam inj 5 mg/ml</i>	2	
DIAZEPAM INJ 5MG/ML	3	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	
<i>diazepam tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam tab 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam inj 2 mg/ml</i>	1	
<i>lorazepam inj 4 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
LOREEV XR CAP 1.5MG	3	
LOREEV XR CAP 1MG	3	
LOREEV XR CAP 2MG	3	
LOREEV XR CAP 3MG	3	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	
TRANXENE T TAB 7.5MG	3	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	
XANAX TAB 0.5MG	NC	
XANAX TAB 0.25MG	NC	
XANAX TAB 1MG	NC	
XANAX TAB 2MG	NC	
XANAX XR TAB 0.5MG	NC	
XANAX XR TAB 1MG	NC	
XANAX XR TAB 2MG	NC	
XANAX XR TAB 3MG	NC	

ANTIARRHYTHMICS

ANTIARRHYTHMICS - MISC.

<i>adenosine iv soln 6 mg/2ml</i>	1	
<i>adenosine iv soln 12 mg/4ml</i>	1	

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	2	PV
<i>disopyramide phosphate cap 150 mg</i>	1	PV
NORPACE CAP 100MG	NC	
NORPACE CAP 100MG CR	3	PV
NORPACE CAP 150MG	NC	
NORPACE CAP 150MG CR	3	PV
<i>procainamide hcl inj 100 mg/ml</i>	1	
<i>procainamide hcl inj 500 mg/ml</i>	1	
<i>quinidine gluconate tab er 324 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE I-B		
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	1	
<i>lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)</i>	1	
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	2	
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	1	
LIDOCAINE INJ 20MG/ML	3	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1	
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate tab 50 mg</i>	1	PV
<i>flecainide acetate tab 100 mg</i>	1	PV
<i>flecainide acetate tab 150 mg</i>	1	PV
<i>propafenone hcl cap er 12hr 225 mg</i>	1	PV
<i>propafenone hcl cap er 12hr 325 mg</i>	1	PV
<i>propafenone hcl cap er 12hr 425 mg</i>	2	PV
<i>propafenone hcl tab 150 mg</i>	1	PV
<i>propafenone hcl tab 225 mg</i>	1	PV
<i>propafenone hcl tab 300 mg</i>	1	PV
RYTHMOL SR CAP 225MG	3	
RYTHMOL SR CAP 325MG	3	
RYTHMOL SR CAP 425MG	3	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	1	
<i>amiodarone hcl tab 100 mg</i>	1	PV
<i>amiodarone hcl tab 200 mg</i>	1	PV
<i>amiodarone hcl tab 400 mg</i>	1	PV
CORVERT INJ 1MG/10ML	3	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	4	SP; PV
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	SP; PV
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	SP; PV
<i>ibutilide fumarate inj 1 mg/10ml</i>	1	
MULTAQ TAB 400MG	2	
NEXTERONE INJ	NC	
<i>pacерone tab 100mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>pacerone tab 200mg</i>	1	PV
<i>pacerone tab 400mg</i>	1	PV
TIKOSYN CAP 125MCG	6	SP; PV
TIKOSYN CAP 250MCG	6	SP; PV
TIKOSYN CAP 500MCG	6	SP; PV

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	PV
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ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES

CINQAIR INJ	NC	
FASENRA INJ 10MG/0.5	5	SP, PA, QL; PV
FASENRA INJ 30MG/ML	5	SP, PA, QL; PV
FASENRA PEN INJ 30MG/ML	5	SP, PA, QL; PV
NUCALA INJ 40MG/0.4	5	SP, PA, QL; PV
NUCALA INJ 100MG	NC	
NUCALA INJ 100MG/ML	5	SP, PA, QL; PV
TEZSPIRE INJ 210MG	5	SP, PA, QL
TEZSPIRE SOL 210MG	5	SP, PA, QL
XOLAIR INJ 75/0.5	5	SP, PA, QL; PV
XOLAIR INJ 150MG/ML	5	SP, PA, QL; PV
XOLAIR INJ 300/2ML	5	SP, PA, QL; PV
XOLAIR SOL 150MG	5	SP, PA, QL; PV

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	3	
INCRUSE ELPT INH 62.5MCG	NC	
<i>ipratropium bromide inhal soln 0.02%</i>	1	
LONHALA MAGN SOL 25MCG	NC	
SEEBRI NEOHA CAP 15.6MCG	NC	
SPIRIVA AER 1.25MCG	2	PV
SPIRIVA CAP HANDHLR	1	
SPIRIVA SPR 2.5MCG	2	
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	NC	
TUDORZA PRES AER 400/ACT	NC	
YUPELRI SOL	2	

LEUKOTRIENE MODULATORS

ACCOLATE TAB 10MG	3	PV
ACCOLATE TAB 20MG	3	PV
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	PV
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	PV
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	PV
SINGULAIR CHW 4MG	NC	
SINGULAIR CHW 5MG	NC	
SINGULAIR GRA 4MG	NC	
SINGULAIR TAB 10MG	NC	
<i>zafirlukast tab 10 mg</i>	1	PV
<i>zafirlukast tab 20 mg</i>	1	PV
<i>zileuton tab er 12hr 600 mg</i>	NC	
ZYFLO TAB 600MG	NC	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	NC	
DALIRESP TAB 500MCG	NC	
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	
STEROID INHALANTS		
ALVESCO AER 80MCG	NC	
ALVESCO AER 160MCG	NC	
ARNUITY ELPT INH 50MCG	NC	
ARNUITY ELPT INH 100MCG	NC	
ARNUITY ELPT INH 200MCG	NC	
ASMANEX 7 AER 110MCG	NC	
ASMANEX 14 AER 220MCG	NC	
ASMANEX 30 AER 110MCG	NC	
ASMANEX 30 AER 220MCG	NC	
ASMANEX 60 AER 220MCG	NC	
ASMANEX 120 AER 220MCG	NC	
ASMANEX HFA AER 100 MCG	2	QL
ASMANEX HFA AER 200 MCG	2	QL
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	PA, QL; PV
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	PA, QL; PV
<i>budesonide inhalation susp 1 mg/2ml</i>	2	PA, QL; PV
FLOVENT DISK AER 50MCG	NC	
FLOVENT DISK AER 100MCG	NC	
FLOVENT DISK AER 250MCG	NC	
FLOVENT HFA AER 44MCG	NC	
FLOVENT HFA AER 110MCG	NC	
FLOVENT HFA AER 220MCG	NC	
<i>fluticasone propionate aer pow ba 50 mcg/act</i>	1	QL
<i>fluticasone propionate aer pow ba 100 mcg/act</i>	1	QL
<i>fluticasone propionate aer pow ba 250 mcg/act</i>	2	QL
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	NC	
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	NC	
PULMICORT INH 90MCG	2	QL; PV
PULMICORT INH 180MCG	2	QL; PV
PULMICORT SUS 0.5MG/2	3	PA, QL; PV
PULMICORT SUS 0.25MG/2	3	PA, QL; PV
PULMICORT SUS 1MG/2ML	3	PA, QL; PV
QVAR REDIIHA AER 80MCG	NC	
QVAR REDIIHAL AER 40MCG	NC	
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	NC	
ADVAIR DISKU AER 250/50	NC	
ADVAIR DISKU AER 500/50	NC	
ADVAIR HFA AER 45/21	NC	
ADVAIR HFA AER 115/21	NC	
ADVAIR HFA AER 230/21	NC	
AIRDUO RESPI INH 55-14	NC	
AIRDUO RESPI INH 113-14	NC	
AIRDUO RESPI INH 232-14	NC	
AIRSUPRA AER 90-80MCG	2	QL
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	2	
<i>albuterol sulfate tab 4 mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	QL
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	2	QL; PV
BEVESPI AER 9-4.8MCG	NC	
BREO ELLIPTA INH 50-25MCG	2	QL; PV
BREO ELLIPTA INH 100-25	2	QL; PV
BREO ELLIPTA INH 200-25	2	QL; PV
<i>breyndra aer 80/4.5</i>	1	QL; PV
<i>breyndra aer 160/4.5</i>	1	QL; PV

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AERO AER SPHERE	2	QL
BROVANA NEB 15MCG	3	QL; PV
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL; PV
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL; PV
COMBIVENT AER 20-100	3	
DUAKLIR AER 400/12	NC	
DULERA AER 50-5MCG	NC	
DULERA AER 100-5MCG	NC	
DULERA AER 200-5MCG	NC	
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL; PV
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL; PV
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL; PV; (except NDC 66993058697 is NC)
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	1	QL; PV; (except NDC 66993008696 is NC)
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	1	QL; PV; (except NDC 66993008796 is NC)
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	1	QL; PV; (except NDC 66993008896 is NC)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	2	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	
<i>isoproterenol hcl inj 0.2 mg/ml</i>	1	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL
PERFOROMIST NEB 20MCG	3	QL
PROAIR HFA AER	NC	
PROAIR RESPI AER	NC	
PROVENTIL AER HFA	NC	

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DIS AER 50MCG	2	QL
STIOLTO AER 2.5-2.5	2	QL
STRIVERDI AER 2.5MCG	2	QL
SYMBICORT AER 80-4.5	NC	
SYMBICORT AER 160-4.5	NC	
<i>terbutaline sulfate inj 1 mg/ml</i>	1	
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER 100MCG	2	QL; PV
TRELEGY AER 200MCG	2	QL; PV
UTIBRON CAP NEOHALER	NC	
VENTOLIN HFA AER	NC	
<i>wixela inhub aer 100/50</i>	1	QL; PV
<i>wixela inhub aer 250/50</i>	1	QL; PV
<i>wixela inhub aer 500/50</i>	1	QL; PV
XOPENEX CONC NEB 1.25/0.5	3	QL
XOPENEX HFA AER	NC	
XOPENEX NEB 0.31MG	3	QL
XOPENEX NEB 0.63MG	3	QL
XOPENEX NEB 1.25/3ML	3	QL

XANTHINES

<i>aminophylline inj 25 mg/ml</i>	1	
<i>elixophyllin elx 80/15ml</i>	1	
THEO-24 CAP 100MG CR	NC	
THEO-24 CAP 200MG CR	NC	
THEO-24 CAP 300MG CR	NC	
THEO-24 CAP 400MG ER	NC	
<i>theophylline elixir 80 mg/15ml</i>	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

COUMADIN TAB 1MG	NC	
COUMADIN TAB 2.5MG	NC	
COUMADIN TAB 2MG	NC	
COUMADIN TAB 3MG	NC	
COUMADIN TAB 4MG	NC	
COUMADIN TAB 5MG	NC	
COUMADIN TAB 6MG	NC	

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TAB 7.5MG	NC	
COUMADIN TAB 10MG	NC	
<i>jantoven tab 1mg</i>	1	PV
<i>jantoven tab 2.5mg</i>	1	PV
<i>jantoven tab 2mg</i>	1	PV
<i>jantoven tab 3mg</i>	1	PV
<i>jantoven tab 4mg</i>	1	PV
<i>jantoven tab 5mg</i>	1	PV
<i>jantoven tab 6mg</i>	1	PV
<i>jantoven tab 7.5mg</i>	1	PV
<i>jantoven tab 10mg</i>	1	PV
<i>warfarin sodium tab 1 mg</i>	1	PV
<i>warfarin sodium tab 2 mg</i>	1	PV
<i>warfarin sodium tab 2.5 mg</i>	1	PV
<i>warfarin sodium tab 3 mg</i>	1	PV
<i>warfarin sodium tab 4 mg</i>	1	PV
<i>warfarin sodium tab 5 mg</i>	1	PV
<i>warfarin sodium tab 6 mg</i>	1	PV
<i>warfarin sodium tab 7.5 mg</i>	1	PV
<i>warfarin sodium tab 10 mg</i>	1	PV

DIRECT FACTOR XA INHIBITORS

BEVYXXA CAP 40MG	NC	
BEVYXXA CAP 80MG	NC	
ELIQUIS ST P TAB 5MG	2	PV
ELIQUIS TAB 2.5MG	2	PV
ELIQUIS TAB 5MG	2	PV
SAVAYSA TAB 15MG	NC	
SAVAYSA TAB 30MG	NC	
SAVAYSA TAB 60MG	NC	
XARELTO STAR TAB 15/20MG	2	PV
XARELTO SUS 1MG/ML	2	PV
XARELTO TAB 2.5MG	2	PV
XARELTO TAB 10MG	2	PV
XARELTO TAB 15MG	2	PV
XARELTO TAB 20MG	2	PV

HEPARINS AND HEPARINOID-LIKE AGENTS

ARIXTRA INJ 2.5/0.5	3	PV
ARIXTRA INJ 5/0.4ML	3	PV
ARIXTRA INJ 7.5/0.6	3	PV
ARIXTRA INJ 10/0.8ML	3	PV
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	PV
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	PV
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	2	PV
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	2	PV
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	2	PV
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	2	PV
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	2	PV
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	PV
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	2	PV
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	2	PV
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	2	PV
FRAGMIN INJ 2500/0.2	3	PV
FRAGMIN INJ 2500/ML	3	PV
FRAGMIN INJ 5000/0.2	3	PV
FRAGMIN INJ 7500/0.3	3	PV
FRAGMIN INJ 10000/ML	3	PV
FRAGMIN INJ 12500UNT	3	PV
FRAGMIN INJ 15000UNT	3	PV
FRAGMIN INJ 18000UNT	3	PV
FRAGMIN INJ 95000UNT	3	PV
HEP SOD/D5W INJ 100/ML	NC	
HEP SOD/D5W INJ 20000UNT	NC	
HEP SOD/D5W INJ 25000UNT	NC	
HEP SOD/DEXT INJ 25000UNT	NC	
HEP SOD/NAACL INJ 12500UNT	3	
HEP SOD/NAACL INJ 25000UNT	NC	
<i>heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%</i>	1	
<i>heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%</i>	1	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	NC	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	NC	
LOVENOX INJ 30/0.3ML	3	PV
LOVENOX INJ 40/0.4ML	3	PV
LOVENOX INJ 60/0.6ML	3	PV
LOVENOX INJ 80/0.8ML	3	PV
LOVENOX INJ 100MG/ML	3	PV
LOVENOX INJ 120/0.8	3	PV
LOVENOX INJ 150MG/ML	3	PV
LOVENOX INJ 300/3ML	3	PV

IN VITRO/LOCK ANTICOAGULANTS

ACD FORMULA SOL A	3	
ANTICOAGULNT SOL SOD CITR	3	
NOCLOT-50 SOL ACD-A	3	
TRICITRASOL CON	3	

THROMBIN INHIBITORS

ANGIOMAX INJ 250MG	3	
ARGATROBAN INJ 50/50ML	3	
ARGATROBAN INJ 50MG/50M	3	
ARGATROBAN INJ 100MG/ML	3	
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	1	
<i>argatroban iv soln 50 mg/50ml (1 mg/ml)</i>	1	
BIVALIR/NAACL INJ 250/50	NC	
BIVALIR/NAACL INJ 500/100	NC	
<i>bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)</i>	1	
<i>bivalirudin trifluoroacetate iv soln 250 mg/50ml (base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	PV
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	1	PV
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	PV
PRADAXA CAP 75MG	NC	
PRADAXA CAP 110MG	NC	
PRADAXA CAP 150MG	NC	

ANTICONVULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUS 0.5MG/ML	2	PV
FYCOMPA TAB 2MG	2	PV

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 4MG	2	PV
FYCOMPA TAB 6MG	2	PV
FYCOMPA TAB 8MG	2	PV
FYCOMPA TAB 10MG	2	PV
FYCOMPA TAB 12MG	2	PV

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam suspension 2.5 mg/ml</i>	1	PA; PV
<i>clobazam tab 10 mg</i>	1	PA; PV
<i>clobazam tab 20 mg</i>	2	PA; PV
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	PV
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	PV
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	PV
<i>clonazepam orally disintegrating tab 1 mg</i>	1	PV
<i>clonazepam orally disintegrating tab 2 mg</i>	1	PV
<i>clonazepam tab 0.5 mg</i>	1	PV
<i>clonazepam tab 1 mg</i>	1	PV
<i>clonazepam tab 2 mg</i>	1	PV
<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	
KLONOPIN TAB 0.5MG	3	PV
KLONOPIN TAB 1MG	3	PV
KLONOPIN TAB 2MG	3	PV
NAYZILAM SPR 5MG	2	
ONFI SUS 2.5MG/ML	NC	
ONFI TAB 10MG	NC	
ONFI TAB 20MG	NC	
VALTOCO SPR 5MG	2	
VALTOCO SPR 10MG	2	
VALTOCO SPR 15MG	2	
VALTOCO SPR 20MG	2	

ANTICONVULSANTS - MISC.

APTIOM TAB 200MG	2	PV
APTIOM TAB 400MG	2	PV
APTIOM TAB 600MG	2	PV
APTIOM TAB 800MG	2	PV
BANZEL SUS 40MG/ML	NC	
BANZEL TAB 200MG	NC	
BANZEL TAB 400MG	NC	
BRIVIACT INJ 50MG/5ML	3	PV
BRIVIACT SOL 10MG/ML	3	PV
BRIVIACT TAB 10MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT TAB 25MG	3	PV
BRIVIACT TAB 50MG	3	PV
BRIVIACT TAB 75MG	3	PV
BRIVIACT TAB 100MG	3	PV
<i>carbamazepine cap er 12hr 100 mg</i>	1	PV
<i>carbamazepine cap er 12hr 200 mg</i>	1	PV
<i>carbamazepine cap er 12hr 300 mg</i>	1	PV
<i>carbamazepine chew tab 100 mg</i>	1	PV
<i>carbamazepine susp 100 mg/5ml</i>	1	PV
<i>carbamazepine tab 200 mg</i>	1	PV
<i>carbamazepine tab er 12hr 100 mg</i>	1	PV
<i>carbamazepine tab er 12hr 200 mg</i>	1	PV
<i>carbamazepine tab er 12hr 400 mg</i>	1	PV
CARBATROL CAP 100MG	3	PV
CARBATROL CAP 200MG	3	PV
CARBATROL CAP 300MG	3	PV
DIACOMIT CAP 250MG	NC	SP
DIACOMIT CAP 500MG	NC	SP
DIACOMIT PAK 250MG	NC	SP
DIACOMIT PAK 500MG	NC	SP
ELEPSIA XR TAB 1000MG	NC	
ELEPSIA XR TAB 1500MG	NC	
EPIDIOLEX SOL 100MG/ML	6	SP, PA, QL; PV
<i>epitol tab 200mg</i>	1	PV
FINTEPLA SOL 2.2MG/ML	NC	
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
KEPPRA INJ 500/5ML	NC	
KEPPRA SOL 100MG/ML	NC	
KEPPRA TAB 250MG	NC	
KEPPRA TAB 500MG	NC	
KEPPRA TAB 750MG	NC	
KEPPRA TAB 1000MG	NC	
KEPPRA XR TAB 500MG	NC	
KEPPRA XR TAB 750MG	NC	
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	1	PV
<i>lacosamide oral solution 10 mg/ml</i>	2	PV
<i>lacosamide tab 50 mg</i>	1	PV
<i>lacosamide tab 100 mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide tab 150 mg</i>	1	PV
<i>lacosamide tab 200 mg</i>	1	PV
LAMICTAL CHW 5MG	NC	
LAMICTAL CHW 25MG	NC	
LAMICTAL KIT START 35	NC	
LAMICTAL KIT START 49	NC	
LAMICTAL KIT START 98	NC	
LAMICTAL ODT KIT	NC	
LAMICTAL ODT TAB 25MG	NC	
LAMICTAL ODT TAB 50MG	NC	
LAMICTAL ODT TAB 100MG	NC	
LAMICTAL ODT TAB 200MG	NC	
LAMICTAL TAB 25MG	NC	
LAMICTAL TAB 100MG	NC	
LAMICTAL TAB 150MG	NC	
LAMICTAL TAB 200MG	NC	
LAMICTAL XR KIT	NC	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	PV
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	PV
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	PV
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	PV
<i>lamotrigine tab 25 mg</i>	1	PV
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	PV
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	PV
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	PV
<i>lamotrigine tab 100 mg</i>	1	PV
<i>lamotrigine tab 150 mg</i>	1	PV
<i>lamotrigine tab 200 mg</i>	1	PV
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	PV
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	PV
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	2	PV
<i>lamotrigine tab er 24hr 25 mg</i>	1	PV
<i>lamotrigine tab er 24hr 25 mg</i>	NC	(applies to NDC 31722024030 only)
<i>lamotrigine tab er 24hr 50 mg</i>	1	PV
<i>lamotrigine tab er 24hr 50 mg</i>	NC	(applies to NDC 31722024130 only)
<i>lamotrigine tab er 24hr 100 mg</i>	1	PV
<i>lamotrigine tab er 24hr 100 mg</i>	NC	(applies to NDC 31722024230 only)

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab er 24hr 200 mg</i>	1	PV
<i>lamotrigine tab er 24hr 200 mg</i>	NC	(applies to NDC 31722024330 only)
<i>lamotrigine tab er 24hr 250 mg</i>	2	PV
<i>lamotrigine tab er 24hr 250 mg</i>	NC	(applies to NDC 31722024430 only)
<i>lamotrigine tab er 24hr 300 mg</i>	1	PV
<i>lamotrigine tab er 24hr 300 mg</i>	NC	(applies to NDC 31722024530 only)
LEVETIRACETA INJ 5MG/ML	3	
LEVETIRACETA INJ 10MG/ML	3	
LEVETIRACETA INJ 15MG/ML	3	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	PV
<i>levetiracetam tab 250 mg</i>	1	PV
<i>levetiracetam tab 500 mg</i>	1	PV
<i>levetiracetam tab 750 mg</i>	1	PV
<i>levetiracetam tab 1000 mg</i>	1	PV
<i>levetiracetam tab er 24hr 500 mg</i>	1	PV
<i>levetiracetam tab er 24hr 750 mg</i>	1	PV
LYRICA CAP 25MG	NC	
LYRICA CAP 50MG	NC	
LYRICA CAP 75MG	NC	
LYRICA CAP 100MG	NC	
LYRICA CAP 150MG	NC	
LYRICA CAP 200MG	NC	
LYRICA CAP 225MG	NC	
LYRICA CAP 300MG	NC	
LYRICA SOL 20MG/ML	NC	
MOTPOLY XR CAP 100MG	NC	
MOTPOLY XR CAP 150MG	NC	
MOTPOLY XR CAP 200MG	NC	
MYSOLINE TAB 50MG	3	PV
MYSOLINE TAB 250MG	3	PV
NEURONTIN CAP 100MG	3	
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	

Drug Name	Drug Tier	Requirements/Limits
NEURONTIN SOL 250/5ML	3	
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	PV
<i>oxcarbazepine tab 150 mg</i>	1	PV
<i>oxcarbazepine tab 300 mg</i>	1	PV
<i>oxcarbazepine tab 600 mg</i>	1	PV
<i>oxcarbazepine tab er 24hr 150 mg</i>	1	PV
<i>oxcarbazepine tab er 24hr 300 mg</i>	1	PV
<i>oxcarbazepine tab er 24hr 600 mg</i>	1	PV
OXTELLAR XR TAB 150MG	2	PV
OXTELLAR XR TAB 300MG	2	PV
OXTELLAR XR TAB 600MG	2	PV
<i>pregabalin cap 25 mg</i>	1	
<i>pregabalin cap 50 mg</i>	1	
<i>pregabalin cap 75 mg</i>	1	
<i>pregabalin cap 100 mg</i>	1	
<i>pregabalin cap 150 mg</i>	1	
<i>pregabalin cap 200 mg</i>	1	
<i>pregabalin cap 225 mg</i>	1	
<i>pregabalin cap 300 mg</i>	1	
<i>pregabalin soln 20 mg/ml</i>	2	
<i>primidone tab 50 mg</i>	1	PV
<i>primidone tab 250 mg</i>	1	PV
QUDEXY XR CAP 25/24HR	3	PV
QUDEXY XR CAP 50/24HR	3	PV
QUDEXY XR CAP 100/24HR	3	PV
QUDEXY XR CAP 150/24HR	3	PV
QUDEXY XR CAP 200/24HR	3	PV
<i>roweepra tab 500mg</i>	1	PV
<i>rufinamide susp 40 mg/ml</i>	2	PV
<i>rufinamide tab 200 mg</i>	2	PV
<i>rufinamide tab 400 mg</i>	2	PV
<i>subvenite kit start 35</i>	2	PV
<i>subvenite kit start 49</i>	2	PV
<i>subvenite kit start 98</i>	2	PV
<i>subvenite tab 25mg</i>	1	PV
<i>subvenite tab 100mg</i>	1	PV
<i>subvenite tab 150mg</i>	1	PV
<i>subvenite tab 200mg</i>	1	PV
TEGRETOL SUS 100/5ML	NC	
TEGRETOL TAB 200MG	NC	
TEGRETOL-XR TAB 100MG	NC	

Drug Name	Drug Tier	Requirements/Limits
TEGRETOL-XR TAB 200MG	NC	
TEGRETOL-XR TAB 400MG	NC	
TOPAMAX SPR CAP 15MG	3	PV
TOPAMAX SPR CAP 25MG	3	PV
TOPAMAX TAB 25MG	3	PV
TOPAMAX TAB 50MG	3	PV
TOPAMAX TAB 100MG	3	PV
TOPAMAX TAB 200MG	3	PV
<i>topiramate cap er 24hr 25 mg</i>	2	
<i>topiramate cap er 24hr 50 mg</i>	2	
<i>topiramate cap er 24hr 100 mg</i>	2	
<i>topiramate cap er 24hr 200 mg</i>	2	
<i>topiramate cap er 24hr sprinkle 25 mg</i>	NC	
<i>topiramate cap er 24hr sprinkle 50 mg</i>	NC	
<i>topiramate cap er 24hr sprinkle 100 mg</i>	NC	
<i>topiramate cap er 24hr sprinkle 150 mg</i>	NC	
<i>topiramate cap er 24hr sprinkle 200 mg</i>	NC	
<i>topiramate sprinkle cap 15 mg</i>	1	PV
<i>topiramate sprinkle cap 25 mg</i>	1	PV
<i>topiramate tab 25 mg</i>	1	PV
<i>topiramate tab 50 mg</i>	1	PV
<i>topiramate tab 100 mg</i>	1	PV
<i>topiramate tab 200 mg</i>	1	PV
TRILEPTAL SUS 300MG/5M	NC	
TRILEPTAL TAB 150MG	NC	
TRILEPTAL TAB 300MG	NC	
TRILEPTAL TAB 600MG	NC	
TROKENDI XR CAP 25MG	3	PV
TROKENDI XR CAP 50MG	3	PV
TROKENDI XR CAP 100MG	3	PV
TROKENDI XR CAP 200MG	3	PV
VIMPAT INJ 200MG/20	NC	
VIMPAT SOL 10MG/ML	NC	
VIMPAT TAB 50MG	NC	
VIMPAT TAB 100MG	NC	
VIMPAT TAB 150MG	NC	
VIMPAT TAB 200MG	NC	
ZONEGRAN CAP 25MG	NC	
ZONEGRAN CAP 100MG	NC	
<i>zonisamide cap 25 mg</i>	1	PV
<i>zonisamide cap 50 mg</i>	1	PV
<i>zonisamide cap 100 mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	1	PV
<i>felbamate tab 400 mg</i>	1	PV
<i>felbamate tab 600 mg</i>	2	PV
FELBATOL TAB 400MG	3	PV
FELBATOL TAB 600MG	3	PV
XCOPRI PAK 12.5-25	2	PV
XCOPRI PAK 50-100MG	2	PV
XCOPRI PAK 100-150	2	PV
XCOPRI PAK 150-200	2	PV
XCOPRI TAB 25MG	2	PV
XCOPRI TAB 50MG	2	PV
XCOPRI TAB 100MG	2	PV
XCOPRI TAB 150MG	2	PV
XCOPRI TAB 200MG	2	PV
GABA MODULATORS		
GABITRIL TAB 2MG	2	PV
GABITRIL TAB 4MG	2	PV
GABITRIL TAB 12MG	2	PV
GABITRIL TAB 16MG	2	PV
SABRIL POW 500MG	NC	SP
SABRIL TAB 500MG	NC	SP
<i>tiagabine hcl tab 2 mg</i>	1	PV
<i>tiagabine hcl tab 4 mg</i>	2	PV
<i>tiagabine hcl tab 12 mg</i>	2	PV
<i>tiagabine hcl tab 16 mg</i>	1	PV
<i>vigabatrin powd pack 500 mg</i>	4	SP, PA, QL; PV
<i>vigabatrin tab 500 mg</i>	4	SP, PA, QL; PV
<i>vigadrone pow 500mg</i>	4	SP, PA, QL; PV
VIGAFYDE SOL 100MG/ML	NC	SP
<i>vigpoder pow 500mg</i>	4	SP, PA, QL; PV
HYDANTOINS		
CEREBYX INJ 100/2ML	3	
CEREBYX INJ 500/10ML	3	
DILANTIN CAP 30MG	NC	
DILANTIN CAP 100MG	NC	
DILANTIN CHW 50MG	NC	
DILANTIN-125 SUS 125/5ML	NC	
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	1	
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytek cap 200mg</i>	1	PV
<i>phenytek cap 300mg</i>	1	PV
<i>phenytoin chew tab 50 mg</i>	1	PV
<i>phenytoin sodium extended cap 100 mg</i>	1	PV
<i>phenytoin sodium extended cap 200 mg</i>	1	PV
<i>phenytoin sodium extended cap 300 mg</i>	1	PV
<i>phenytoin sodium inj 50 mg/ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	PV

SUCCINIMIDES

CELONTIN CAP 300MG	3	PV
<i>ethosuximide cap 250 mg</i>	1	PV
<i>ethosuximide soln 250 mg/5ml</i>	1	PV
<i>methsuximide cap 300 mg</i>	2	PV
ZARONTIN CAP 250MG	3	PV
ZARONTIN SOL 250/5ML	3	PV

VALPROIC ACID

DEPAKOTE ER TAB 250MG	NC	
DEPAKOTE ER TAB 500MG	NC	
DEPAKOTE SPR CAP 125MG	NC	
DEPAKOTE TAB 125MG DR	NC	
DEPAKOTE TAB 250MG DR	NC	
DEPAKOTE TAB 500MG DR	NC	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	PV
<i>divalproex sodium tab delayed release 125 mg</i>	1	PV
<i>divalproex sodium tab delayed release 250 mg</i>	1	PV
<i>divalproex sodium tab delayed release 500 mg</i>	1	PV
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	PV
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	PV
<i>valproate sodium inj 100 mg/ml</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	PV
<i>valproic acid cap 250 mg</i>	1	PV

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine orally disintegrating tab 15 mg</i>	1	PV
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	PV
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	PV
<i>mirtazapine tab 7.5 mg</i>	1	PV
<i>mirtazapine tab 15 mg</i>	1	PV
<i>mirtazapine tab 30 mg</i>	1	PV
<i>mirtazapine tab 45 mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
REMERON SLTB TAB 15MG	3	PV
REMERON SLTB TAB 30MG	3	PV
REMERON SLTB TAB 45MG	3	PV
REMERON TAB 15MG	3	PV
REMERON TAB 30MG	3	PV

ANTIDEPRESSANT COMBINATIONS

AUVELITY TAB 45-105MG	NC	
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ANTIDEPRESSANTS - MISC.

APLENZIN TAB 174MG	NC	
APLENZIN TAB 348MG	NC	
APLENZIN TAB 522MG	NC	
<i>bupropion hcl tab 75 mg</i>	1	PV
<i>bupropion hcl tab 100 mg</i>	1	PV
<i>bupropion hcl tab er 12hr 100 mg</i>	1	PV
<i>bupropion hcl tab er 12hr 150 mg</i>	1	PV
<i>bupropion hcl tab er 12hr 200 mg</i>	1	PV
<i>bupropion hcl tab er 24hr 150 mg</i>	1	PV
<i>bupropion hcl tab er 24hr 300 mg</i>	1	PV
<i>bupropion hcl tab er 24hr 450 mg</i>	NC	
FORFIVO XL TAB 450MG	3	PV
WELLBUTRIN TAB 100MG SR	3	PV
WELLBUTRIN TAB 150MG SR	3	PV
WELLBUTRIN TAB 200MG SR	3	PV
WELLBUTRIN TAB XL 150MG	NC	
WELLBUTRIN TAB XL 300MG	NC	

GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID

ZURZUVAE CAP 20MG	6	SP, PA
ZURZUVAE CAP 25MG	6	SP, PA
ZURZUVAE CAP 30MG	6	SP, PA

MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM DIS 6MG/24HR	3	PV
EMSAM DIS 9MG/24HR	3	PV
EMSAM DIS 12MG/24H	3	PV
MARPLAN TAB 10MG	3	PV
NARDIL TAB 15MG	3	PV
PARNATE TAB 10MG	3	PV
<i>phenelzine sulfate tab 15 mg</i>	1	PV
<i>tranylcypromine sulfate tab 10 mg</i>	2	PV

N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS

SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	PV
CELEXA TAB 20MG	3	PV
CELEXA TAB 40MG	3	PV
CITALOPRAM CAP 30MG	3	PV
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	PV
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	PV
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	PV
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	PV
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	PV
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	PV
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	PV
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	PV
<i>fluoxetine hcl cap 10 mg</i>	1	PV
<i>fluoxetine hcl cap 20 mg</i>	1	PV
<i>fluoxetine hcl cap 40 mg</i>	1	PV
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	PV
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	PV
<i>fluoxetine hcl tab 10 mg</i>	1	PV
<i>fluoxetine hcl tab 20 mg</i>	1	PV
FLUOXETINE TAB 60MG	3	PV
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	2	PV
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	PV
<i>fluvoxamine maleate tab 25 mg</i>	1	PV
<i>fluvoxamine maleate tab 50 mg</i>	1	PV
<i>fluvoxamine maleate tab 100 mg</i>	1	PV
LEXAPRO TAB 5MG	NC	
LEXAPRO TAB 10MG	NC	
LEXAPRO TAB 20MG	NC	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	2	PV
<i>paroxetine hcl tab 10 mg</i>	1	PV
<i>paroxetine hcl tab 20 mg</i>	1	PV
<i>paroxetine hcl tab 30 mg</i>	1	PV
<i>paroxetine hcl tab 40 mg</i>	1	PV
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	PV
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	PV
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	PV
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	NC	(applies to NDC 60505367503 only)

Drug Name	Drug Tier	Requirements/Limits
PAXIL CR TAB 12.5MG	NC	
PAXIL CR TAB 25MG	NC	
PAXIL CR TAB 37.5MG	NC	
PAXIL SUS 10MG/5ML	NC	
PAXIL TAB 10MG	NC	
PAXIL TAB 20MG	NC	
PAXIL TAB 30MG	NC	
PAXIL TAB 40MG	NC	
PEXEVA TAB 10MG	NC	
PEXEVA TAB 20MG	NC	
PEXEVA TAB 30MG	NC	
PEXEVA TAB 40MG	NC	
PROZAC CAP 10MG	NC	
PROZAC CAP 20MG	NC	
PROZAC CAP 40MG	NC	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	PV
<i>sertraline hcl tab 25 mg</i>	1	PV
<i>sertraline hcl tab 50 mg</i>	1	PV
<i>sertraline hcl tab 100 mg</i>	1	PV
ZOLOFT CON 20MG/ML	NC	
ZOLOFT TAB 25MG	NC	
ZOLOFT TAB 50MG	NC	
ZOLOFT TAB 100MG	NC	
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	1	PV
<i>nefazodone hcl tab 100 mg</i>	2	PV
<i>nefazodone hcl tab 150 mg</i>	1	PV
<i>nefazodone hcl tab 200 mg</i>	1	PV
<i>nefazodone hcl tab 250 mg</i>	2	PV
<i>trazodone hcl tab 50 mg</i>	1	PV
<i>trazodone hcl tab 100 mg</i>	1	PV
<i>trazodone hcl tab 150 mg</i>	1	PV
<i>trazodone hcl tab 300 mg</i>	1	PV
TRINTELLIX TAB 5MG	2	PV
TRINTELLIX TAB 10MG	2	PV
TRINTELLIX TAB 20MG	2	PV
VIIBRYD KIT STARTER	NC	
VIIBRYD TAB 10MG	NC	
VIIBRYD TAB 20MG	NC	
VIIBRYD TAB 40MG	NC	
<i>vilazodone hcl tab 10 mg</i>	1	PV
<i>vilazodone hcl tab 20 mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>vilazodone hcl tab 40 mg</i>	1	PV
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA CAP 20MG	NC	
CYMBALTA CAP 30MG	NC	
CYMBALTA CAP 60MG	NC	
DESVENLAFAX TAB 50MG ER	3	PV
DESVENLAFAX TAB 100MG ER	3	PV
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	PV
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	PV
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	PV
DRIZALMA CAP 20MG DR	NC	
DRIZALMA CAP 30MG DR	NC	
DRIZALMA CAP 40MG DR	NC	
DRIZALMA CAP 60MG DR	NC	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	PV
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	PV
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	PV
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	PV
EFFEXOR XR CAP 37.5MG	NC	
EFFEXOR XR CAP 75MG	NC	
EFFEXOR XR CAP 150MG	NC	
FETZIMA CAP 20MG	3	PV
FETZIMA CAP 40MG	3	PV
FETZIMA CAP 80MG	3	PV
FETZIMA CAP 120MG	3	PV
FETZIMA CAP TITRATIO	3	PV
PRISTIQ TAB 25MG	NC	
PRISTIQ TAB 50MG	NC	
PRISTIQ TAB 100MG	NC	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	PV
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	PV
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	PV
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	PV
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	PV
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	PV
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	PV
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	PV
VENLAFAXINE TAB 112.5MG	NC	

TRICYCLIC AGENTS

<i>amitriptyline hcl tab 10 mg</i>	1	PV
<i>amitriptyline hcl tab 25 mg</i>	1	PV
<i>amitriptyline hcl tab 50 mg</i>	1	PV
<i>amitriptyline hcl tab 75 mg</i>	1	PV
<i>amitriptyline hcl tab 100 mg</i>	1	PV
<i>amitriptyline hcl tab 150 mg</i>	1	PV
<i>amoxapine tab 25 mg</i>	1	PV
<i>amoxapine tab 50 mg</i>	1	PV
<i>amoxapine tab 100 mg</i>	1	PV
<i>amoxapine tab 150 mg</i>	1	PV
ANAFRANIL CAP 25MG	3	PV
ANAFRANIL CAP 50MG	3	PV
ANAFRANIL CAP 75MG	3	PV
<i>clomipramine hcl cap 25 mg</i>	1	PV
<i>clomipramine hcl cap 50 mg</i>	1	PV
<i>clomipramine hcl cap 75 mg</i>	1	PV
<i>desipramine hcl tab 10 mg</i>	1	PV
<i>desipramine hcl tab 25 mg</i>	1	PV
<i>desipramine hcl tab 50 mg</i>	1	PV
<i>desipramine hcl tab 75 mg</i>	1	PV
<i>desipramine hcl tab 100 mg</i>	1	PV
<i>desipramine hcl tab 150 mg</i>	1	PV
<i>doxepin hcl cap 10 mg</i>	1	PV
<i>doxepin hcl cap 25 mg</i>	1	PV
<i>doxepin hcl cap 50 mg</i>	1	PV
<i>doxepin hcl cap 75 mg</i>	1	PV
<i>doxepin hcl cap 100 mg</i>	1	PV
<i>doxepin hcl cap 150 mg</i>	1	PV
<i>doxepin hcl conc 10 mg/ml</i>	1	PV
<i>imipramine hcl tab 10 mg</i>	1	PV
<i>imipramine hcl tab 25 mg</i>	1	PV
<i>imipramine hcl tab 50 mg</i>	1	PV
<i>imipramine pamoate cap 75 mg</i>	2	PV
<i>imipramine pamoate cap 100 mg</i>	2	PV
<i>imipramine pamoate cap 125 mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate cap 150 mg</i>	2	PV
NORPRAMIN TAB 10MG	3	PV
NORPRAMIN TAB 25MG	3	PV
<i>nortriptyline hcl cap 10 mg</i>	1	PV
<i>nortriptyline hcl cap 25 mg</i>	1	PV
<i>nortriptyline hcl cap 50 mg</i>	1	PV
<i>nortriptyline hcl cap 75 mg</i>	1	PV
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	PV
PAMELOR CAP 10MG	3	PV
PAMELOR CAP 25MG	3	PV
PAMELOR CAP 50MG	3	PV
PAMELOR CAP 75MG	3	PV
<i>protriptyline hcl tab 5 mg</i>	1	PV
<i>protriptyline hcl tab 10 mg</i>	2	PV
<i>trimipramine maleate cap 25 mg</i>	1	PV
<i>trimipramine maleate cap 50 mg</i>	1	PV
<i>trimipramine maleate cap 100 mg</i>	1	PV

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	1	PV
<i>acarbose tab 50 mg</i>	1	PV
<i>acarbose tab 100 mg</i>	1	PV
<i>miglitol tab 25 mg</i>	2	PV
<i>miglitol tab 50 mg</i>	1	PV
<i>miglitol tab 100 mg</i>	1	PV
PRECOSE TAB 25MG	3	PV
PRECOSE TAB 50MG	3	PV
PRECOSE TAB 100MG	3	PV

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	2	PV
SYMLNPEN 120 INJ 1000MCG	2	PV

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-500MG	3	PV
ACTOPLUS MET TAB 15-850MG	3	PV
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	NC	
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	NC	
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	NC	
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	NC	
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	NC	
<i>alogliptin-pioglitazone tab 25-15 mg</i>	NC	
<i>alogliptin-pioglitazone tab 25-30 mg</i>	NC	
<i>alogliptin-pioglitazone tab 25-45 mg</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg</i>	NC	
<i>dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg</i>	NC	
DUETACT TAB 30-2MG	3	PV
DUETACT TAB 30-4MG	3	PV
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	PV
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	PV
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	PV
<i>glyburide-metformin tab 1.25-250 mg</i>	1	PV
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PV
<i>glyburide-metformin tab 5-500 mg</i>	1	PV
GLYXAMBI TAB 10-5 MG	2	PV
GLYXAMBI TAB 25-5 MG	2	PV
INVOKAMET TAB 50-500MG	NC	
INVOKAMET TAB 50-1000	NC	
INVOKAMET TAB 150-500	NC	
INVOKAMET TAB 150-1000	NC	
INVOKAMET XR TAB 50-500MG	NC	
INVOKAMET XR TAB 50-1000	NC	
INVOKAMET XR TAB 150-500	NC	
INVOKAMET XR TAB 150-1000	NC	
JANUMET TAB 50-500MG	2	PV
JANUMET TAB 50-1000	2	PV
JANUMET XR TAB 50-500MG	2	PV
JANUMET XR TAB 50-1000	2	PV
JANUMET XR TAB 100-1000	2	PV
JENTADUETO TAB 2.5-500	NC	
JENTADUETO TAB 2.5-850	NC	
JENTADUETO TAB 2.5-1000	NC	
JENTADUETO TAB XR	NC	
KAZANO 12.5- TAB 500MG	NC	
KAZANO 12.5- TAB 1000MG	NC	
KOMBIGLYZ XR TAB 2.5-1000	NC	
KOMBIGLYZ XR TAB 5-500MG	NC	
KOMBIGLYZ XR TAB 5-1000MG	NC	
OSENI TAB 12.5-15	NC	
OSENI TAB 12.5-30	NC	
OSENI TAB 12.5-45	NC	
OSENI TAB 25-15MG	NC	
OSENI TAB 25-30MG	NC	
OSENI TAB 25-45MG	NC	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	2	PV

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	2	PV
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	PV
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	PV
QTERN TAB 5-5MG	NC	
QTERN TAB 10-5MG	NC	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	2	
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	2	
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1	
SEGLUROMET TAB 2.5-500	NC	
SEGLUROMET TAB 2.5-1000	NC	
SEGLUROMET TAB 7.5-500	NC	
SEGLUROMET TAB 7.5-1000	NC	
SOLQUA INJ 100/33	0	\$0 Copay per 30-day supply
STEGLUJAN TAB 5-100MG	NC	
STEGLUJAN TAB 15-100MG	NC	
SYNJARDY TAB	2	PV
SYNJARDY TAB 5-500MG	2	PV
SYNJARDY TAB 5-1000MG	2	PV
SYNJARDY TAB 12.5-500	2	PV
SYNJARDY XR TAB	2	PV
SYNJARDY XR TAB 5-1000MG	2	PV
SYNJARDY XR TAB 10-1000	2	PV
SYNJARDY XR TAB 25-1000	2	PV
TRIJARDY XR TAB	2	PV
XIGDUO XR TAB 2.5-1000	2	PV
XIGDUO XR TAB 5-500MG	2	PV
XIGDUO XR TAB 5-1000MG	2	PV
XIGDUO XR TAB 10-500MG	2	PV
XIGDUO XR TAB 10-1000	2	PV
XULTOPHY INJ 100/3.6	0	\$0 Copay per 30-day supply
BIGUANIDES		
FORTAMET TAB 500MG	NC	
FORTAMET TAB 1000MG	NC	
GLUMETZA TAB 500MG	NC	
GLUMETZA TAB 1000MG	NC	
<i>metformin hcl oral soln 500 mg/5ml</i>	2	PV
<i>metformin hcl tab 500 mg</i>	1	PV
<i>metformin hcl tab 625 mg</i>	NC	
<i>metformin hcl tab 850 mg</i>	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tab 1000 mg</i>	1	PV
<i>metformin hcl tab er 24hr 500 mg</i>	1	PV
<i>metformin hcl tab er 24hr 750 mg</i>	1	PV
<i>metformin hcl tab er 24hr modified release 500 mg</i>	NC	(generic for GLUMTEZA)
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	NC	(generic for GLUMTEZA)
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	NC	(generic for FORTAMET)
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	NC	(generic for FORTAMET)
RIOMET SOL 500/5ML	NC	

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	2	
GLUCAGEN INJ HYPOKIT	NC	
<i>glucagon (rdna) for inj kit 1 mg</i>	2	
GLUCAGON KIT 1MG	NC	
GVOKE HYPO 1 INJ 0.5/.1ML	2	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ 0.5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE KIT SOL 1MG/0.2M	2	
GVOKE PFS INJ	2	
KORLYM TAB 300MG	NC	
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	2	

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	NC	
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	NC	
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	NC	
JANUVIA TAB 25MG	2	PV
JANUVIA TAB 50MG	2	PV
JANUVIA TAB 100MG	2	PV
NESINA TAB 6.25MG	NC	
NESINA TAB 12.5MG	NC	
NESINA TAB 25MG	NC	
ONGLYZA TAB 2.5MG	NC	
ONGLYZA TAB 5MG	NC	
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	2	PV
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	PV
TRADJENTA TAB 5MG	NC	

Drug Name	Drug Tier	Requirements/Limits
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
ADLYXIN INJ 10/20MCG	NC	
ADLYXIN INJ 20MCG	NC	
BYDUREON PEN INJ 2MG	NC	
BYETTA INJ 5MCG	NC	
BYETTA INJ 10MCG	NC	
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	1	PA, QL; PV
MOUNJARO INJ 2.5/0.5	2	PA, QL; PV
MOUNJARO INJ 5MG/0.5	2	PA, QL; PV
MOUNJARO INJ 7.5/0.5	2	PA, QL; PV
MOUNJARO INJ 10MG/0.5	2	PA, QL; PV
MOUNJARO INJ 12.5/0.5	2	PA, QL; PV
MOUNJARO INJ 15MG/0.5	2	PA, QL; PV
OZEMPIC INJ 2/1.5ML	2	PA, QL; PV
OZEMPIC INJ 4MG/3ML	2	PA, QL; PV
OZEMPIC INJ 8MG/3ML	2	PA, QL; PV
RYBELSUS TAB 3MG	2	PA, QL; PV
RYBELSUS TAB 7MG	2	PA, QL; PV
RYBELSUS TAB 14MG	2	PA, QL; PV
TRULICITY INJ 0.75/0.5	2	PA, QL; PV
TRULICITY INJ 1.5/0.5	2	PA, QL; PV
TRULICITY INJ 3/0.5	2	PA, QL; PV
TRULICITY INJ 4.5/0.5	2	PA, QL; PV
VICTOZA INJ 18MG/3ML	NC	
INSULIN		
AFREZZA POW 4-8 UNIT	NC	
AFREZZA POW 4-8-12	NC	
AFREZZA POW 4UNIT	NC	
APIDRA INJ SOLOSTAR	NC	
APIDRA INJ U-100	NC	
BASAGLAR INJ 100UNIT	NC	
FIASP FLEX INJ TOUCH	0	\$0 Copay per 30-day supply
FIASP INJ 100/ML	0	\$0 Copay per 30-day supply
FIASP PENFIL INJ U-100	0	\$0 Copay per 30-day supply
GLARGIN YFGN INJ 100U/ML	NC	
GLARGIN YFGN SOL 100U/ML	NC	
HUMALOG INJ 100/ML	NC	

Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIK INJ 100/ML	NC	
HUMALOG KWIK INJ 200/ML	NC	
HUMALOG MIX INJ 50/50	NC	
HUMALOG MIX INJ 50/50KWP	NC	
HUMALOG MIX INJ 75/25KWP	NC	
HUMALOG MIX SUS 75/25	NC	
HUMULIN BR INJ U-100	NC	OTC
HUMULIN INJ 70/30	NC	OTC
HUMULIN INJ 70/30KWP	NC	OTC
HUMULIN N INJ U-100	NC	OTC
HUMULIN N INJ U-100KWP	NC	OTC
HUMULIN N PN INJ U-100	NC	OTC
HUMULIN PEN INJ 70/30	NC	OTC
HUMULIN R INJ U-100	NC	OTC
HUMULIN R INJ U-500	0	\$0 Copay per 30-day supply
INS ASP PROT INJ FLEXPEN	NC	
INS DEGL FLX INJ 100UNIT	NC	
INS DEGL FLX INJ 200UNIT	NC	
INSULIN DEGL INJ 100UNIT	NC	
LANTUS INJ 100/ML	0	\$0 Copay per 30-day supply
LANTUS SOLOS INJ 100/ML	0	\$0 Copay per 30-day supply
LEVEMIR INJ	NC	
LEVEMIR INJ FLEXTOUC	NC	
LYUMJEV INJ 100OUT/ML	NC	
LYUMJEV KWPN INJ 100OUT/ML	NC	
LYUMJEV KWPN INJ 200OUT/ML	NC	
LYUMJEV TMPO INJ 100OUT/ML	NC	
NOVOLIN INJ 70/30	0	OTC; \$0 Copay per 30-day supply
NOVOLIN INJ 70/30 FP	0	OTC; \$0 Copay per 30-day supply
NOVOLIN N INJ 100 UNIT	0	OTC; \$0 Copay per 30-day supply
NOVOLIN N INJ U-100	0	OTC; \$0 Copay per 30-day supply
NOVOLIN R INJ 100 UNIT	0	OTC; \$0 Copay per 30-day supply
NOVOLIN R INJ U-100	0	OTC; \$0 Copay per 30-day supply

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG INJ 100/ML	0	\$0 Copay per 30-day supply
NOVOLOG INJ FLEXPEN	0	\$0 Copay per 30-day supply
NOVOLOG INJ PENFILL	0	\$0 Copay per 30-day supply
NOVOLOG MIX INJ 70/30	0	\$0 Copay per 30-day supply
NOVOLOG MIX INJ FLEXPEN	0	\$0 Copay per 30-day supply
REZVOGLAR INJ 100UT/ML	NC	
SEMGLEE INJ 100U/ML	NC	
TOUJEO MAX INJ 300/ML	0	\$0 Copay per 30-day supply
TOUJEO SOLO INJ 300/ML	0	\$0 Copay per 30-day supply
TRESIBA FLEX INJ 100UNIT	0	\$0 Copay per 30-day supply
TRESIBA FLEX INJ 200UNIT	0	\$0 Copay per 30-day supply
TRESIBA INJ 100UNIT	0	\$0 Copay per 30-day supply

INSULIN SENSITIZING AGENTS

ACTOS TAB 15MG	NC	
ACTOS TAB 30MG	NC	
ACTOS TAB 45MG	NC	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	PV
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	PV
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	PV

MEGLITINIDE ANALOGUES

<i>nateglinide tab 60 mg</i>	1	PV
<i>nateglinide tab 120 mg</i>	1	PV
<i>repaglinide tab 0.5 mg</i>	1	PV
<i>repaglinide tab 1 mg</i>	1	PV
<i>repaglinide tab 2 mg</i>	1	PV

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

BRENZAVVY TAB 20MG	NC	
<i>dapagliflozin propanediol tab 5 mg (base equivalent)</i>	NC	
<i>dapagliflozin propanediol tab 10 mg (base equivalent)</i>	NC	
FARXIGA TAB 5MG	2	PV
FARXIGA TAB 10MG	2	PV

Drug Name	Drug Tier	Requirements/Limits
INVOKANA TAB 100MG	NC	
INVOKANA TAB 300MG	NC	
JARDIANCE TAB 10MG	2	PV
JARDIANCE TAB 25MG	2	PV
STEGLATRO TAB 5MG	NC	
STEGLATRO TAB 15MG	NC	

SULFONYLUREAS

AMARYL TAB 1MG	3	PV
AMARYL TAB 2MG	3	PV
AMARYL TAB 4MG	3	PV
<i>glimepiride tab 1 mg</i>	1	PV
<i>glimepiride tab 2 mg</i>	1	PV
<i>glimepiride tab 3 mg</i>	1	PV
<i>glimepiride tab 4 mg</i>	1	PV
<i>glipizide tab 2.5 mg</i>	1	PV
<i>glipizide tab 5 mg</i>	1	PV
<i>glipizide tab 10 mg</i>	1	PV
<i>glipizide tab er 24hr 2.5 mg</i>	1	PV
<i>glipizide tab er 24hr 5 mg</i>	1	PV
<i>glipizide tab er 24hr 10 mg</i>	1	PV
<i>glipizide xl tab 2.5mg</i>	1	PV
<i>glipizide xl tab 5mg</i>	1	PV
<i>glipizide xl tab 10mg</i>	1	PV
GLUCOTROL XL TAB 2.5MG	3	PV
GLUCOTROL XL TAB 5MG	3	PV
GLUCOTROL XL TAB 10MG	3	PV
<i>glyburide micronized tab 1.5 mg</i>	1	PV
<i>glyburide micronized tab 3 mg</i>	1	PV
<i>glyburide micronized tab 6 mg</i>	1	PV
<i>glyburide tab 1.25 mg</i>	1	PV
<i>glyburide tab 2.5 mg</i>	1	PV
<i>glyburide tab 5 mg</i>	1	PV

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TAB 125MG	NC	
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ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

DERMACINRX CAP PROBISOL	3	
<i>lactojen cap</i>	NC	
SUREBIOTIC CAP PROB SUP	3	
VISBIOME PAK	3	
ZELAC CAP	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX CAP 60-1.25	3	
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl cap 2 mg</i>	1	
MOTOFEN TAB 1-0.025	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	
<i>deferasirox granules packet 90 mg</i>	4	SP, PA
<i>deferasirox granules packet 180 mg</i>	4	SP, PA
<i>deferasirox granules packet 360 mg</i>	4	SP, PA
<i>deferasirox tab 90 mg</i>	4	SP, PA
<i>deferasirox tab 180 mg</i>	4	SP, PA
<i>deferasirox tab 360 mg</i>	4	SP, PA
<i>deferasirox tab for oral susp 125 mg</i>	4	SP, PA
<i>deferasirox tab for oral susp 250 mg</i>	4	SP, PA
<i>deferasirox tab for oral susp 500 mg</i>	4	SP, PA
<i>deferiprone tab 500 mg</i>	4	SP, PA
<i>deferiprone tab 1000 mg</i>	4	SP, PA
EXJADE TAB 125MG	NC	SP
EXJADE TAB 250MG	NC	SP
EXJADE TAB 500MG	NC	SP
FERPRX 2-DAY TAB 1000MG	NC	
FERRIPROX SOL 100MG/ML	NC	SP
FERRIPROX TAB 500MG	NC	SP
FERRIPROX TAB 1000MG	NC	SP
JADENU SPRKL GRA 90MG	NC	SP
JADENU SPRKL GRA 180MG	NC	SP
JADENU SPRKL GRA 360MG	NC	SP
JADENU TAB 90MG	NC	SP
JADENU TAB 180MG	NC	SP
JADENU TAB 360MG	NC	SP
PENTETATE CA SOL 200MG/ML	3	
PENTETATE ZI SOL 200MG/ML	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ACETADOTE INJ 200MG/ML	3	
<i>acetylcysteine inj 200 mg/ml</i>	1	
ANDEXXA SOL 200MG	3	
BAL IN OIL INJ 100MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
BRIDION INJ 200/2ML	NC	
BRIDION INJ 500/5ML	NC	
CALCIUM DISO INJ 1GM/5ML	3	
CYANOKIT INJ 5GM	3	
<i>deferoxamine mesylate for inj 2 gm</i>	4	SP, PA
<i>deferoxamine mesylate for inj 500 mg</i>	4	SP, PA
DESFERAL INJ 500MG	NC	
DIGIFAB INJ 40MG	3	
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	1	
PRAXBIND INJ 2.5/50	3	
PROTOPAM CHL INJ 1GM	3	
PROVAYBLUE INJ	NC	
RADIOGARDASE CAP 0.5GM	3	
SOD NITRITE INJ 30MG/ML	3	
SOD THIOSULF INJ 25%	3	
<i>sodium thiosulfate iv soln 250 mg/ml (25%)</i>	1	
VISTOGARD PAK 10GM	2	SP, QL

BENZODIAZEPINE ANTAGONISTS

<i>flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml)</i>	1	
<i>flumazenil iv soln 1 mg/10ml (0.1 mg/ml)</i>	1	

OPIOID ANTAGONISTS

KLOXXADO SPR 8MG	3	
NALMEFENE INJ 1MG/ML	3	
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	PV
NARCAN SPR 4MG	3	
OPVEE SPR 2.7/0.1	NC	
REXTOVY SPR 4/0.25ML	NC	
VIVITROL INJ 380MG	3	PA, QL; PV
ZIMHI SOL	NC	

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

ANZEMET TAB 50MG	3	PA, QL
<i>granisetron hcl inj 1 mg/ml</i>	1	PA, QL
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	1	PA, QL
<i>granisetron hcl tab 1 mg</i>	1	PA, QL
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	1	PA, QL
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	1	PA, QL
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL
<i>ondansetron hcl tab 4 mg</i>	1	PA, QL
<i>ondansetron hcl tab 8 mg</i>	1	PA, QL
<i>ondansetron hcl tab 24 mg</i>	1	PA, QL
<i>ondansetron orally disintegrating tab 4 mg</i>	1	PA, QL
<i>ondansetron orally disintegrating tab 8 mg</i>	1	PA, QL
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	1	PA, QL
PALONOSETRON INJ 0.25/2ML	3	PA, QL
POSFREA INJ 0.25/5ML	3	
SANCUSO DIS 3.1MG	2	PA, QL
SUSTOL INJ 10/0.4ML	NC	
ANTIEMETICS - ANTICHOLINERGIC		
DIMENHYDRIN INJ 50MG/ML	3	
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
TIGAN INJ 100MG/ML	3	
TRANSDERM-SC DIS 1.5MG	NC	
TRANSDERM-SC DIS 1MG/3DAY	NC	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
ANTIEMETICS - ANTIDOPAMINERGIC		
BARHEMSYS INJ 10MG/4ML	NC	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	PA, QL
AKYNZEO INJ	3	PA, QL
AKYNZEO INJ 235-0.25	3	QL
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	PA, QL
<i>dronabinol cap 5 mg</i>	1	PA, QL
<i>dronabinol cap 10 mg</i>	1	PA, QL
MARINOL CAP 2.5MG	3	PA, QL
MARINOL CAP 5MG	3	PA, QL
MARINOL CAP 10MG	3	PA, QL
SYNDROS SOL 5MG/ML	NC	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
APONVIE INJ 32/4.4ML	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule 40 mg</i>	2	PA, QL
<i>aprepitant capsule 80 mg</i>	2	PA, QL
<i>aprepitant capsule 125 mg</i>	1	PA, QL
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	PA, QL
EMEND CAP 80MG	3	PA, QL
EMEND SOL 150MG	3	PA, QL
EMEND SUS 125MG	3	PA, QL
EMEND TRIPAC PAK 80 & 125	3	PA, QL
<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i>	2	PA, QL
VARUBI TAB 90MG	3	PA, QL

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

BREXAFEMME TAB 150MG	3	ST, PA, QL
CANCIDAS INJ 50MG	3	
CANCIDAS INJ 70MG	3	
<i>casprofungin acetate for iv soln 50 mg</i>	1	
<i>casprofungin acetate for iv soln 70 mg</i>	1	
CASPOFUNGIN INJ 50MG	3	
CASPOFUNGIN INJ 70MG	3	
ERAXIS INJ 50MG	3	
ERAXIS INJ 100MG	3	
MICAFUNGIN INJ 50MG	3	
MICAFUNGIN INJ 100MG	3	
<i>micafungin sodium for iv soln 50 mg</i>	1	
<i>micafungin sodium for iv soln 100 mg</i>	2	
MYCAMINE INJ 100MG	3	
REZZAYO INJ 200MG	3	

ANTIFUNGALS

ABELCET INJ 5MG/ML	3	
AMBISOME INJ 50MG	3	
<i>amphotericin b for iv soln 50 mg</i>	2	
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
<i>flucytosine cap 250 mg</i>	2	
<i>flucytosine cap 500 mg</i>	NC	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 186 MG	NC	
CRESEMBA INJ 372MG	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 200MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
FLUCONAZOLE SOL /NACL	3	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	2	
<i>ketoconazole tab 200 mg</i>	1	
NOXAFIL INJ 300/16.7	NC	
NOXAFIL SUS 40MG/ML	NC	
NOXAFIL TAB 100MG	NC	
<i>posaconazole susp 40 mg/ml</i>	2	QL
<i>posaconazole tab delayed release 100 mg</i>	NC	
SPORANOX CAP 100MG	3	
SPORANOX CAP PULSEPAK	3	
SPORANOX SOL 10MG/ML	3	
VFEND IV INJ 200MG	3	PA
VFEND SUS 40MG/ML	3	PA
VFEND TAB 50MG	3	PA
VIVJOA CAP 150MG	3	PA, QL
<i>voriconazole for inj 200 mg</i>	2	PA
<i>voriconazole for susp 40 mg/ml</i>	2	PA
VORICONAZOLE INJ 200MG	3	PA
<i>voriconazole tab 50 mg</i>	2	PA
<i>voriconazole tab 200 mg</i>	2	PA

ANTI-HISTAMINES

ANTI-HISTAMINES - ALKYLAMINES

<i>dexchlorpheniramine maleate oral soln 2 mg/5ml</i>	NC	
<i>ryclora sol 2mg/5ml</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMIN TAB 6MG	NC	
<i>carbinoxamine maleate extended release susp 4 mg/5ml</i>	1	
<i>carbinoxamine maleate soln 4 mg/5ml</i>	2	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
<i>diphen elx 12.5/5ml</i>	NC	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	2	
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
KARBINAL ER SUS 4MG/5ML	3	
RYVENT TAB 6MG	NC	
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
CLARINEX TAB 5MG	3	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
ANTIHISTAMINES - PHENOTHIAZINES		
PHENERGAN INJ 25MG/ML	3	
PHENERGAN INJ 50MG/ML	3	
<i>promethazine hcl inj 25 mg/ml</i>	1	
<i>promethazine hcl inj 50 mg/ml</i>	2	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	2	
<i>promethazine hcl suppos 25 mg</i>	2	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
<i>promethegan sup 12.5mg</i>	2	
<i>promethegan sup 25mg</i>	2	
<i>promethegan sup 50mg</i>	2	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	

ANTIHYPERLIPIDEMICS

Drug Name	Drug Tier	Requirements/Limits
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	ST, PA
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA INJ 345/2.3	6	SP, PA, QL
EVKEEZA INJ 1200/8	6	SP, PA, QL
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	PV
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	PV
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	PV
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	PV
NEXLIZET TAB 180/10MG	2	ST, PA
OMEGA-3/D-3 KIT WELLNESS	NC	
ROSZET TAB 5-10MG	NC	
ROSZET TAB 10-10MG	NC	
ROSZET TAB 20-10MG	NC	
ROSZET TAB 40-10MG	NC	
SURE RESULT KIT O3D3 SYS	NC	
VYTORIN TAB 10-10MG	3	PV
VYTORIN TAB 10-20MG	3	PV
VYTORIN TAB 10-40MG	3	PV
VYTORIN TAB 10-80MG	3	PV
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl cap 0.5 gm</i>	NC	
<i>icosapent ethyl cap 1 gm</i>	NC	
LOVAZA CAP 1GM	NC	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA; PV
VASCEPA CAP 0.5GM	1	PA; PV
VASCEPA CAP 1GM	1	PA; PV
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	PV
<i>cholestyramine light powder packets 4 gm</i>	1	PV
<i>cholestyramine powder 4 gm/dose</i>	1	PV
<i>cholestyramine powder packets 4 gm</i>	1	PV
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	PV
<i>colesevelam hcl tab 625 mg</i>	1	PV
COLESTID GRA 5GM	3	PV
COLESTID TAB 1GM	3	PV
<i>colestipol hcl granule packets 5 gm</i>	1	PV
<i>colestipol hcl granules 5 gm</i>	1	PV
<i>colestipol hcl tab 1 gm</i>	1	PV
<i>prevalite pow 4gm</i>	1	PV
<i>prevalite pow 4gm pk</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
QUESTRAN POW 4GM	3	PV
QUESTRAN POW 4GM LITE	3	PV
WELCHOL PAK 3.75GM	3	PV
WELCHOL TAB 625MG	3	PV

FIBRIC ACID DERIVATIVES

ANTARA CAP 30MG	3	ST; PV
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	PV
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	PV
<i>fenofibrate cap 50 mg</i>	NC	
<i>fenofibrate cap 150 mg</i>	1	PV
<i>fenofibrate micronized cap 30 mg</i>	NC	
<i>fenofibrate micronized cap 43 mg</i>	1	PV
<i>fenofibrate micronized cap 67 mg</i>	1	PV
<i>fenofibrate micronized cap 90 mg</i>	NC	
<i>fenofibrate micronized cap 130 mg</i>	NC	
<i>fenofibrate micronized cap 134 mg</i>	1	PV
<i>fenofibrate micronized cap 200 mg</i>	1	PV
<i>fenofibrate tab 40 mg</i>	NC	
<i>fenofibrate tab 48 mg</i>	1	PV
<i>fenofibrate tab 54 mg</i>	1	PV
<i>fenofibrate tab 120 mg</i>	NC	
<i>fenofibrate tab 145 mg</i>	1	PV
<i>fenofibrate tab 160 mg</i>	1	PV
<i>fenofibric acid tab 35 mg</i>	1	PV
FENOGLIDE TAB 40MG	3	PV
FENOGLIDE TAB 120MG	NC	
FIBRICOR TAB 35MG	3	PV
FIBRICOR TAB 105MG	3	PV
<i>gemfibrozil tab 600 mg</i>	1	PV
LIPOFEN CAP 50MG	3	PV
LIPOFEN CAP 150MG	3	PV
LOPID TAB 600MG	3	PV
TRICOR TAB 48MG	NC	
TRICOR TAB 145MG	NC	
TRILIPIX CAP 45MG	3	PV
TRILIPIX CAP 135MG	3	PV

HMG COA REDUCTASE INHIBITORS

ADVICOR TAB 500-20MG	NC	
ADVICOR TAB 750-20MG	NC	
ADVICOR TAB 1000-20	NC	
ADVICOR TAB 1000-40	NC	

Drug Name	Drug Tier	Requirements/Limits
ALTOPREV TAB 20MG ER	NC	
ALTOPREV TAB 40MG ER	NC	
ALTOPREV TAB 60MG ER	NC	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	ACA, PV
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	ACA, PV
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	PV
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	PV
CRESTOR TAB 5MG	NC	
CRESTOR TAB 10MG	NC	
CRESTOR TAB 20MG	NC	
CRESTOR TAB 40MG	NC	
EZALLOR SPR CAP 5MG	NC	
EZALLOR SPR CAP 10MG	NC	
EZALLOR SPR CAP 20MG	NC	
EZALLOR SPR CAP 40MG	NC	
FLOLIPID SUS 20MG/5ML	NC	
FLOLIPID SUS 40MG/5ML	NC	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	0	ACA, PV
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	0	ACA, PV
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	0	ACA, PV
LESCOL XL TAB 80MG	NC	
LIPITOR TAB 10MG	NC	
LIPITOR TAB 20MG	NC	
LIPITOR TAB 40MG	NC	
LIPITOR TAB 80MG	NC	
LIVALO TAB 1MG	NC	
LIVALO TAB 2MG	NC	
LIVALO TAB 4MG	NC	
<i>lovastatin tab 10 mg</i>	0	ACA, PV
<i>lovastatin tab 20 mg</i>	0	ACA, PV
<i>lovastatin tab 40 mg</i>	0	ACA, PV
<i>pitavastatin calcium tab 1 mg</i>	0	ACA, PV
<i>pitavastatin calcium tab 2 mg</i>	0	ACA, PV
<i>pitavastatin calcium tab 4 mg</i>	0	ACA, PV
<i>pravastatin sodium tab 10 mg</i>	0	ACA, PV
<i>pravastatin sodium tab 20 mg</i>	0	ACA, PV
<i>pravastatin sodium tab 40 mg</i>	0	ACA, PV
<i>pravastatin sodium tab 80 mg</i>	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tab 5 mg</i>	0	ACA, PV
<i>rosuvastatin calcium tab 10 mg</i>	0	ACA, PV
<i>rosuvastatin calcium tab 20 mg</i>	1	PV
<i>rosuvastatin calcium tab 40 mg</i>	1	PV
SIMVASTATIN SUS 20MG/5ML	NC	
<i>simvastatin tab 5 mg</i>	0	ACA, PV
<i>simvastatin tab 10 mg</i>	0	ACA, PV
<i>simvastatin tab 20 mg</i>	0	ACA, PV
<i>simvastatin tab 40 mg</i>	0	ACA, PV
<i>simvastatin tab 80 mg</i>	1	PV
ZOCOR TAB 10MG	3	PV
ZOCOR TAB 20MG	3	PV
ZOCOR TAB 40MG	3	PV
ZYPITAMAG TAB 1MG	NC	
ZYPITAMAG TAB 2MG	NC	
ZYPITAMAG TAB 4MG	NC	

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg</i>	1	PV
ZETIA TAB 10MG	NC	

MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS

JUXTAPID CAP 5MG	NC	
JUXTAPID CAP 10MG	NC	
JUXTAPID CAP 20MG	NC	
JUXTAPID CAP 30MG	NC	

NICOTINIC ACID DERIVATIVES

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	PV
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	NC	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	PV
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	PV
<i>niacor tab 500mg</i>	NC	
NIASPAN TAB 1000 ER	3	PV

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

LEQVIO SOL	NC	
PRALUENT INJ 75MG/ML	NC	
PRALUENT INJ 150MG/ML	NC	
REPATHA INJ 140MG/ML	2	PA, QL; PV
REPATHA PUSH INJ 420/3.5	2	PA, QL; PV
REPATHA SURE INJ 140MG/ML	2	PA, QL; PV

ANTIHYPERTENSIVES

ACE INHIBITORS

ACCUPRIL TAB 5MG	3	PV
ACCUPRIL TAB 10MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
ACCUPRIL TAB 20MG	3	PV
ACCUPRIL TAB 40MG	3	PV
ALTACE CAP 1.25MG	3	PV
ALTACE CAP 2.5MG	3	PV
ALTACE CAP 5MG	3	PV
ALTACE CAP 10MG	3	PV
<i>benazepril hcl tab 5 mg</i>	1	PV
<i>benazepril hcl tab 10 mg</i>	1	PV
<i>benazepril hcl tab 20 mg</i>	1	PV
<i>benazepril hcl tab 40 mg</i>	1	PV
<i>captopril tab 12.5 mg</i>	1	PV
<i>captopril tab 25 mg</i>	1	PV
<i>captopril tab 50 mg</i>	1	PV
<i>captopril tab 100 mg</i>	1	PV
<i>enalapril maleate oral soln 1 mg/ml</i>	2	PV
<i>enalapril maleate tab 2.5 mg</i>	1	PV
<i>enalapril maleate tab 5 mg</i>	1	PV
<i>enalapril maleate tab 10 mg</i>	1	PV
<i>enalapril maleate tab 20 mg</i>	1	PV
<i>enalaprilat iv soln 1.25 mg/ml</i>	1	
EPANED SOL 1MG/ML	NC	
<i>fosinopril sodium tab 10 mg</i>	1	PV
<i>fosinopril sodium tab 20 mg</i>	1	PV
<i>fosinopril sodium tab 40 mg</i>	1	PV
<i>lisinopril tab 2.5 mg</i>	1	PV
<i>lisinopril tab 5 mg</i>	1	PV
<i>lisinopril tab 10 mg</i>	1	PV
<i>lisinopril tab 20 mg</i>	1	PV
<i>lisinopril tab 30 mg</i>	1	PV
<i>lisinopril tab 40 mg</i>	1	PV
LOTENSIN TAB 10MG	3	PV
LOTENSIN TAB 20MG	3	PV
LOTENSIN TAB 40MG	3	PV
<i>moexipril hcl tab 7.5 mg</i>	1	PV
<i>moexipril hcl tab 15 mg</i>	1	PV
<i>perindopril erbumine tab 2 mg</i>	1	PV
<i>perindopril erbumine tab 4 mg</i>	1	PV
<i>perindopril erbumine tab 8 mg</i>	1	PV
QBRELIS SOL 1MG/ML	3	PV
<i>quinapril hcl tab 5 mg</i>	1	PV
<i>quinapril hcl tab 10 mg</i>	1	PV
<i>quinapril hcl tab 20 mg</i>	1	PV
<i>quinapril hcl tab 40 mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril cap 1.25 mg</i>	1	PV
<i>ramipril cap 2.5 mg</i>	1	PV
<i>ramipril cap 5 mg</i>	1	PV
<i>ramipril cap 10 mg</i>	1	PV
<i>trandolapril tab 1 mg</i>	1	PV
<i>trandolapril tab 2 mg</i>	1	PV
<i>trandolapril tab 4 mg</i>	1	PV
VASOTEC TAB 2.5MG	3	PV
VASOTEC TAB 5MG	3	PV
VASOTEC TAB 10MG	3	PV
VASOTEC TAB 20MG	3	PV
ZESTRIL TAB 2.5MG	3	PV
ZESTRIL TAB 5MG	3	PV
ZESTRIL TAB 10MG	3	PV
ZESTRIL TAB 20MG	3	PV
ZESTRIL TAB 30MG	3	PV
ZESTRIL TAB 40MG	3	PV
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP 250MG	3	PA
DIBENZYLINE CAP 10MG	3	
<i>metirosine cap 250 mg</i>	1	PA
<i>phenoxybenzamine hcl cap 10 mg</i>	2	
<i>phentolamine mesylate for inj 5 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TAB 4MG	NC	
ATACAND TAB 8MG	NC	
ATACAND TAB 16MG	NC	
ATACAND TAB 32MG	NC	
AVAPRO TAB 75MG	3	PV
AVAPRO TAB 150MG	3	PV
AVAPRO TAB 300MG	3	PV
BENICAR TAB 5MG	NC	
BENICAR TAB 20MG	NC	
BENICAR TAB 40MG	NC	
<i>candesartan cilexetil tab 4 mg</i>	1	PV
<i>candesartan cilexetil tab 8 mg</i>	1	PV
<i>candesartan cilexetil tab 16 mg</i>	1	PV
<i>candesartan cilexetil tab 32 mg</i>	1	PV
COZAAR TAB 25MG	NC	
COZAAR TAB 50MG	NC	
COZAAR TAB 100MG	NC	
DIOVAN TAB 40MG	NC	

Drug Name	Drug Tier	Requirements/Limits
DIOVAN TAB 80MG	NC	
DIOVAN TAB 160MG	NC	
DIOVAN TAB 320MG	NC	
EDARBI TAB 40MG	NC	
EDARBI TAB 80MG	NC	
<i>irbesartan tab 75 mg</i>	1	PV
<i>irbesartan tab 150 mg</i>	1	PV
<i>irbesartan tab 300 mg</i>	1	PV
<i>losartan potassium tab 25 mg</i>	1	PV
<i>losartan potassium tab 50 mg</i>	1	PV
<i>losartan potassium tab 100 mg</i>	1	PV
MICARDIS TAB 20MG	NC	
MICARDIS TAB 40MG	NC	
MICARDIS TAB 80MG	NC	
<i>olmesartan medoxomil tab 5 mg</i>	1	PV
<i>olmesartan medoxomil tab 20 mg</i>	1	PV
<i>olmesartan medoxomil tab 40 mg</i>	1	PV
<i>telmisartan tab 20 mg</i>	1	PV
<i>telmisartan tab 40 mg</i>	1	PV
<i>telmisartan tab 80 mg</i>	1	PV
<i>valsartan oral soln 4 mg/ml</i>	NC	
<i>valsartan tab 40 mg</i>	1	PV
<i>valsartan tab 80 mg</i>	1	PV
<i>valsartan tab 160 mg</i>	1	PV
<i>valsartan tab 320 mg</i>	1	PV
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	3	PV
CATAPRES-TTS DIS 0.2/24HR	3	PV
CATAPRES-TTS DIS 0.3/24HR	3	PV
<i>clonidine hcl tab 0.1 mg</i>	1	PV
<i>clonidine hcl tab 0.2 mg</i>	1	PV
<i>clonidine hcl tab 0.3 mg</i>	1	PV
<i>clonidine tab er 24hr 0.17 mg</i>	2	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	PV
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	PV
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	PV
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	PV
<i>guanfacine hcl tab 2 mg</i>	1	PV
<i>methyldopa tab 250 mg</i>	2	
MINIPRESS CAP 1MG	3	
NEXICLON XR TAB 0.17MG	NC	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	PV
ACCURETIC TAB 20-12.5	3	PV
ACCURETIC TAB 20-25MG	3	PV
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	PV
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	PV
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	PV
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	PV
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	PV
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	PV
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	PV
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	PV
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	PV
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	PV
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	PV
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	PV
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	PV
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	PV
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	2	PV
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	2	PV
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	2	PV
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	2	PV
ATACAND HCT TAB 16-12.5	NC	
ATACAND HCT TAB 32-12.5	NC	
ATACAND HCT TAB 32-25MG	NC	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	PV
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	PV
AVALIDE TAB 150-12.5	3	PV
AVALIDE TAB 300-12.5	3	PV
AZOR TAB 5-20MG	NC	
AZOR TAB 5-40MG	NC	
AZOR TAB 10-20MG	NC	
AZOR TAB 10-40MG	NC	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	PV
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PV
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PV
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	PV
BENICAR HCT TAB 20-12.5	NC	
BENICAR HCT TAB 40-12.5	NC	
BENICAR HCT TAB 40-25MG	NC	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	PV
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	PV
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	PV
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	PV
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	PV
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	PV
DIOVAN HCT TAB 80/12.5	NC	
DIOVAN HCT TAB 160-12.5	NC	
DIOVAN HCT TAB 160-25MG	NC	
DIOVAN HCT TAB 320-12.5	NC	

Drug Name	Drug Tier	Requirements/Limits
DIOVAN HCT TAB 320-25MG	NC	
DUTOPROL TAB 25-12.5	NC	
DUTOPROL TAB 50-12.5	NC	
DUTOPROL TAB 100-12.5	NC	
EDARBYCLOR TAB 40-12.5	NC	
EDARBYCLOR TAB 40-25MG	NC	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	PV
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	PV
EXFORGE TAB 5-160MG	NC	
EXFORGE TAB 5-320MG	NC	
EXFORGE TAB 10-160MG	NC	
EXFORGE TAB 10-320MG	NC	
EXFORGEH/5- TAB 160-12.5	NC	
EXFORGEH/5- TAB 160-25	NC	
EXFORGEH/10- TAB 160-12.5	NC	
EXFORGEH/10- TAB 160-25	NC	
EXFORGEH/10- TAB 320-25	NC	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	PV
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	PV
HYZAAR TAB 50-12.5	NC	
HYZAAR TAB 100-12.5	NC	
HYZAAR TAB 100-25	NC	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	PV
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	PV
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PV
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PV
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	PV
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	PV
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	PV
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	PV
LOTENSIN HCT TAB 10-12.5	3	PV
LOTENSIN HCT TAB 20-12.5	3	PV
LOTENSIN HCT TAB 20-25MG	3	PV
LOTREL CAP 5-10MG	3	PV
LOTREL CAP 5-20MG	3	PV
LOTREL CAP 10-20MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
LOTREL CAP 10-40MG	3	PV
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	PV
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	PV
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	PV
MICARDIS HCT TAB 40/12.5	NC	
MICARDIS HCT TAB 80-25MG	NC	
MICARDIS HCT TAB 80/12.5	NC	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	PV
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	PV
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	PV
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	PV
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	PV
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	PV
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	PV
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	PV
PRESTALIA TAB 3.5-2.5	NC	
PRESTALIA TAB 7-5MG	NC	
PRESTALIA TAB 14-10MG	NC	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	PV
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	PV
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	PV
TEKTURNA HCT TAB 150-12.5	2	PV
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	PV
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	PV
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	PV
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	PV
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	PV
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	PV
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	PV
TENORETIC TAB 50	3	PV
TENORETIC TAB 100	3	PV
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	PV
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	PV
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	2	PV
TRIBENZOR20- TAB 5-12.5MG	3	PV
TRIBENZOR40- TAB 5-12.5MG	3	PV
TRIBENZOR40- TAB 5-25MG	3	PV
TRIBENZOR40- TAB 10-12.5	3	PV
TRIBENZOR40- TAB 10-25MG	3	PV
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	PV
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	PV
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	PV
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	PV
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	PV
VASERETIC TAB 10-25MG	3	PV
ZESTORETIC TAB 10-12.5	NC	
ZESTORETIC TAB 20-12.5	NC	
ZESTORETIC TAB 20-25MG	NC	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	PV
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	PV
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	PV
TEKTURNA TAB 150MG	3	PV
TEKTURNA TAB 300MG	3	PV
ENDOTHELIN RECEPTOR ANTAGONISTS		
TRYVIO TAB 12.5MG	3	PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
INSPIRA TAB 25MG	3	
INSPIRA TAB 50MG	3	
VASODILATORS		
<i>hydralazine hcl inj 20 mg/ml</i>	1	
<i>hydralazine hcl tab 10 mg</i>	1	PV
<i>hydralazine hcl tab 25 mg</i>	1	PV
<i>hydralazine hcl tab 50 mg</i>	1	PV
<i>hydralazine hcl tab 100 mg</i>	1	PV
<i>minoxidil tab 2.5 mg</i>	1	PV
<i>minoxidil tab 10 mg</i>	1	PV
NIPRIDE RTU INJ 20/100ML	NC	

Drug Name	Drug Tier	Requirements/Limits
NIPRIDE RTU INJ 50/100ML	NC	
<i>nitroprusside sodium iv soln 25 mg/ml</i>	1	

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	PV
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	PV
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	3	PV
MALARONE TAB 250-100	3	PV

ANTIMALARIALS

ARAKODA TAB 100MG	NC	
ARTESUNATE SOL 110MG	3	
<i>chloroquine phosphate tab 250 mg</i>	1	PV
<i>chloroquine phosphate tab 500 mg</i>	1	PV
DARAPRIM TAB 25MG	NC	
<i>hydroxychloroquine sulfate tab 100 mg</i>	3	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>hydroxychloroquine sulfate tab 300 mg</i>	3	
<i>hydroxychloroquine sulfate tab 400 mg</i>	3	
KRINTAFEL TAB 150MG	NC	
<i>mefloquine hcl tab 250 mg</i>	1	PV
PLAQUENIL TAB 200MG	3	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	PV
PRIMAQUINE TAB 26.3MG	3	PV
<i>pyrimethamine tab 25 mg</i>	2	
QUALAQUIN CAP 324MG	3	
<i>quinine sulfate cap 324 mg</i>	1	
SOVUNA TAB 200MG	NC	
SOVUNA TAB 300MG	NC	

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

BLOXIVERZ INJ 5MG/10ML	3	
BLOXIVERZ INJ 10/10ML	3	
FIRDAPSE TAB 10MG	6	SP, PA, QL
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
NEOSTIG METH INJ 5MG/10ML	3	
NEOSTIG METH INJ 10/10ML	3	
<i>neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)</i>	1	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	2	
REGONOL INJ 5MG/ML	3	

ANTIMYCOBACTERIAL AGENTS

ANTIMYCOBACTERIAL AGENTS

<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid inj 100 mg/ml</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	2	
RIFADIN INJ 600 MG	3	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

ALKERAN TAB 2MG	3	
BELRAPZO SOL 100/4ML	NC	SP
BENDEKA INJ 100/4ML	6	SP, PA
<i>busulfan inj 6 mg/ml</i>	1	
BUSULFEX INJ 6MG/ML	3	
<i>carboplatin iv soln 50 mg/5ml</i>	1	
<i>carboplatin iv soln 150 mg/15ml</i>	1	
<i>carboplatin iv soln 450 mg/45ml</i>	1	
<i>carboplatin iv soln 600 mg/60ml</i>	1	
<i>carmustine for inj 100 mg</i>	1	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1	
CISPLATIN INJ 50MG	3	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	1	
CYCLOPHOSPH INJ 1GM	3	
CYCLOPHOSPH INJ 1GM/2ML	3	
CYCLOPHOSPH INJ 2GM/4ML	3	
CYCLOPHOSPH INJ 500/5ML	3	
CYCLOPHOSPH INJ 1000MG	3	
CYCLOPHOSPH INJ 2000MG	3	
CYCLOPHOSPH TAB 25MG	3	
CYCLOPHOSPH TAB 50MG	3	
CYCLOPHOSPHA INJ 2GM/10ML	3	
CYCLOPHOSPHA INJ 500MG	3	
<i>cyclophosphamide cap 25 mg</i>	2	
<i>cyclophosphamide cap 50 mg</i>	2	
<i>cyclophosphamide for inj 1 gm</i>	1	
<i>cyclophosphamide for inj 2 gm</i>	1	
<i>cyclophosphamide for inj 500 mg</i>	1	
<i>cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)</i>	1	
EVOMELA INJ 50MG	NC	SP
GLEOSTINE CAP 10MG	5	SP
GLEOSTINE CAP 40MG	5	SP
GLEOSTINE CAP 100MG	5	SP
GLIADEL WAF 7.7MG	3	
IFEX INJ 1GM	3	
IFEX INJ 3GM	3	
<i>ifosfamide for inj 1 gm</i>	1	
IFOSFAMIDE INJ 3GM	3	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	1	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	1	
LEUKERAN TAB 2MG	3	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	1	
<i>melphalan tab 2 mg</i>	2	
MYLERAN TAB 2MG	3	
<i>oxaliplatin for iv inj 50 mg</i>	1	
<i>oxaliplatin for iv inj 100 mg</i>	1	
<i>oxaliplatin iv soln 50 mg/10ml</i>	1	
<i>oxaliplatin iv soln 100 mg/20ml</i>	1	
<i>oxaliplatin iv soln 200 mg/40ml</i>	1	
<i>paraplatin inj 50mg/5ml</i>	1	
<i>paraplatin inj 150/15ml</i>	1	
<i>paraplatin inj 1000mg</i>	1	
PEPAXTO INJ 20MG	NC	
TEMODAR CAP 250MG	6	SP, ST, PA

Drug Name	Drug Tier	Requirements/Limits
TEMODAR INJ 100MG	6	SP, ST, PA
<i>temozolomide cap 5 mg</i>	4	SP, PA
<i>temozolomide cap 20 mg</i>	4	SP, PA
<i>temozolomide cap 100 mg</i>	4	SP, PA
<i>temozolomide cap 140 mg</i>	4	SP, PA
<i>temozolomide cap 180 mg</i>	4	SP, PA
<i>temozolomide cap 250 mg</i>	4	SP, PA
TEPADINA INJ 15MG	6	SP, PA
TEPADINA INJ 100MG	6	SP, PA
<i>thiotepa for inj 15 mg</i>	4	SP, PA
<i>thiotepa for inj 100 mg</i>	4	SP, PA
TREANDA INJ 25MG	6	SP, PA
TREANDA INJ 100MG	6	SP, PA
YONDELIS INJ 1MG	6	SP
ZANOSAR INJ 1GM	3	

ANTIMETABOLITES

ALIMTA INJ 100MG	NC	SP
ALIMTA INJ 500MG	NC	SP
ARRANON INJ 5MG/ML	3	
<i>azacitidine for inj 100 mg</i>	4	SP, PA
<i>capecitabine tab 150 mg</i>	4	SP, PA, QL
<i>capecitabine tab 500 mg</i>	4	SP, PA, QL
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	1	
<i>clofarabine iv soln 1 mg/ml</i>	1	
<i>cytarabine inj 20 mg/ml</i>	1	
<i>cytarabine inj pf 20 mg/ml</i>	1	
<i>cytarabine inj pf 100 mg/ml</i>	1	
<i>decitabine for inj 50 mg</i>	4	SP, PA, QL
<i>floxuridine for inj 0.5 gm</i>	1	
<i>fludarabine phosphate for inj 50 mg</i>	1	
<i>fludarabine phosphate inj 25 mg/ml</i>	1	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	1	
FOLOTYN INJ 20MG/ML	6	SP, PA
FOLOTYN INJ 40MG/2ML	6	SP, PA
<i>gemcitabine hcl for inj 1 gm</i>	1	
<i>gemcitabine hcl for inj 2 gm</i>	1	
<i>gemcitabine hcl for inj 200 mg</i>	1	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i> <i>(base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	1	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	1	
GEMCITABINE INJ 1.5GM/15	3	
GEMCITABINE INJ 1GM	3	
GEMCITABINE INJ 1GM/10ML	3	
GEMCITABINE INJ 2GM	3	
GEMCITABINE INJ 2GM/20ML	3	
GEMCITABINE INJ 200MG	3	
INFUGEM SOL 1200MG	NC	SP
INFUGEM SOL 1300MG	NC	SP
INFUGEM SOL 1400MG	NC	SP
INFUGEM SOL 1500MG	NC	SP
INFUGEM SOL 1600MG	NC	SP
INFUGEM SOL 1700MG	NC	SP
INFUGEM SOL 1800MG	NC	SP
INFUGEM SOL 2000MG	NC	SP
INFUGEM SOL 2200MG	NC	SP
JYLAMVO SOL 2MG/ML	NC	SP
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
<i>nelarabine iv soln 5 mg/ml</i>	1	
ONUREG TAB 200MG	6	SP, PA, QL
ONUREG TAB 300MG	6	SP, PA, QL
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	1	
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	1	
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	1	
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PEMETREXED SOL 1GM/40ML	NC	
PEMETREXED SOL 100/4ML	NC	
PEMETREXED SOL 500/20ML	NC	
PEMETREXED SOL 850/34ML	NC	
PEMFEXY SOL 500/20ML	NC	
PURIXAN SUS 20MG/ML	6	SP, PA
TABLOID TAB 40MG	3	
TREXALL TAB 5MG	2	
TREXALL TAB 7.5MG	2	
TREXALL TAB 10MG	2	
TREXALL TAB 15MG	2	
VIDAZA INJ 100MG	6	SP, PA
XATMEP SOL 2.5MG/ML	3	
XELODA TAB 150MG	6	SP, ST, PA, QL
XELODA TAB 500MG	6	SP, ST, PA, QL

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

ALYMSYS SOL 100/4ML	NC	SP
ALYMSYS SOL 400/16ML	NC	SP
AVASTIN INJ	NC	SP
AVASTIN INJ 400/16ML	NC	SP
CYRAMZA INJ 100/10ML	6	SP, PA
CYRAMZA INJ 500/50ML	6	SP, PA
FRUZAQLA CAP 1MG	NC	SP
FRUZAQLA CAP 5MG	NC	SP
INLYTA TAB 1MG	5	SP, PA, QL
INLYTA TAB 5MG	5	SP, PA, QL
LENVIMA CAP 4MG	5	SP, PA, QL
LENVIMA CAP 8 MG	5	SP, PA, QL
LENVIMA CAP 10 MG	5	SP, PA, QL
LENVIMA CAP 12MG	5	SP, PA, QL
LENVIMA CAP 14 MG	5	SP, PA, QL
LENVIMA CAP 18 MG	5	SP, PA, QL
LENVIMA CAP 20 MG	5	SP, PA, QL
LENVIMA CAP 24 MG	5	SP, PA, QL
MVASI INJ 100MG	NC	SP
MVASI INJ 400MG	NC	SP
VEGZELMA SOL 100/4ML	NC	SP
VEGZELMA SOL 400/16ML	NC	SP
ZALTRAP INJ 100/4ML	6	SP, PA
ZALTRAP INJ 200/8ML	6	SP, PA
ZIRABEV INJ 100/4ML	4	SP, PA
ZIRABEV INJ 400/16ML	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
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ANTINEOPLASTIC - ANTI-HER2 AGENTS

HERCEPTIN INJ 150MG	NC	SP
HERZUMA INJ 150MG	NC	SP
HERZUMA INJ 420MG	NC	SP
KANJINTI INJ 420MG	5	SP, PA
KANJINTI SOL 150MG	5	SP, PA
OGIVRI INJ 150MG	5	SP, PA
OGIVRI INJ 420MG	5	SP, PA
ONTRUZANT INJ 150MG	NC	SP
ONTRUZANT INJ 420MG	NC	SP
PERJETA INJ 420/14ML	5	SP, PA
TRAZIMERA INJ 150MG	5	SP, PA
TRAZIMERA INJ 420MG	5	SP, PA
TUKYSA TAB 50MG	6	SP, PA, QL
TUKYSA TAB 150MG	6	SP, PA, QL

ANTINEOPLASTIC - ANTIBODIES

ADCETRIS INJ 50MG	6	SP, PA
ARZERRA CON 100/5ML	6	SP, PA
BAVENCIO INJ 20MG/ML	6	SP, PA
BESPOUSA INJ 0.9MG	6	SP, PA
BLINCYTO INJ 35MCG	6	SP, PA
COLUMVI INJ 2.5MG	NC	SP
COLUMVI INJ 10/10ML	NC	SP
DARZALEX SOL 100/5ML	6	PA
DARZALEX SOL 400/20ML	6	PA
DARZALEX SOL 400MG/20	6	SP, PA
ELAHERE INJ 5MG/ML	6	SP, PA
ELREXFIO INJ 44/1.1ML	NC	SP
ELREXFIO INJ 76/1.9ML	NC	SP
EMPLICITI INJ 300MG	6	SP, PA
EMPLICITI INJ 400MG	6	SP, PA
ENHERTU INJ 100MG	6	SP, PA
GAZYVA INJ 25MG/ML	6	SP, PA
IMDELLTRA INJ 1MG	6	SP, PA
IMDELLTRA INJ 10MG	6	SP, PA
IMFINZI INJ 120/2.4	6	SP, PA
IMFINZI INJ 500/10	6	SP, PA
IMJUDO INJ 25/1.25	6	SP, PA
IMJUDO INJ 300/15ML	6	SP, PA
JEMPERLI SOL 500/10ML	NC	SP
KADCYLA INJ 100MG	6	SP, PA
KADCYLA INJ 160MG	6	SP, PA

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA INJ 100MG/4M	6	SP, PA
KIMMTRAK SOL 100MCG	6	SP, PA, QL
LIBTAYO INJ 350/7ML	6	SP, PA, QL
LUNSUMIO INJ 1MG/ML	NC	SP
LUNSUMIO INJ 30MG/30	NC	SP
MYLOTARG INJ 4.5MG	6	SP, PA
OPDIVO INJ 40MG/4ML	6	SP, PA
OPDIVO INJ 100MG/10	6	SP, PA
OPDIVO INJ 120MG/12	6	SP, PA
OPDIVO INJ 240/24	6	SP, PA
PADCEV INJ 20MG	6	SP, PA, QL
PADCEV INJ 30MG	6	SP, PA, QL
POLIVY INJ 30MG	6	SP, PA
POLIVY INJ 140MG	6	SP, PA
POTELIGEO INJ 20MG/5ML	6	SP, PA
RITUXAN INJ 100MG	NC	SP
RITUXAN INJ 500MG	NC	SP
RUXIENCE INJ 100/10ML	4	SP, PA
RUXIENCE INJ 500/50ML	4	SP, PA
SARCLISA SOL 100/5ML	6	SP, PA
SARCLISA SOL 500/25ML	6	SP, PA
TALVEY INJ 3/1.5ML	NC	SP
TALVEY INJ 40MG/ML	NC	SP
TECENTRIQ INJ 840/14	6	SP, PA
TECENTRIQ INJ 1200/20	6	SP, PA
TEVIMBRA INJ 100/10ML	NC	SP
TIVDAK INJ 40MG	6	SP, PA, QL
TRUXIMA INJ 100/10ML	NC	SP
TRUXIMA INJ 500/50ML	NC	SP
UNITUXIN INJ	6	SP
YERVOY INJ 50MG	6	SP, PA
YERVOY INJ 200MG	6	SP, PA
ZEVALIN KIT Y-90	3	
ZYNLONTA SOL 10MG	NC	SP
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	6	SP, PA, QL
VENCLEXTA TAB 50MG	6	SP, PA, QL
VENCLEXTA TAB 100MG	6	SP, PA, QL
VENCLEXTA TAB START PK	6	SP, PA, QL
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
AMTAGVI INJ	NC	
KYMRIAH SUS	NC	

Drug Name	Drug Tier	Requirements/Limits
PROVENGE INJ	3	
YESCARTA INJ	NC	
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX INJ 100MG	6	SP, PA
ERBITUX INJ 200MG	6	SP, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	4	SP, PA, QL
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	4	SP, PA, QL
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	4	SP, PA, QL
GILOTRIF TAB 20MG	6	SP, PA, QL
GILOTRIF TAB 30MG	6	SP, PA, QL
GILOTRIF TAB 40MG	6	SP, PA, QL
IRESSA TAB 250MG	NC	SP
PORTRAZZA INJ 800/50ML	6	SP, PA
TAGRISSE TAB 40MG	5	SP, PA, QL
TAGRISSE TAB 80MG	5	SP, PA, QL
TARCEVA TAB 100MG	6	SP, ST, PA, QL
TARCEVA TAB 150MG	6	SP, ST, PA, QL
VECTIBIX INJ 100MG	6	SP, PA
VECTIBIX INJ 400MG	6	SP, PA
VIZIMPRO TAB 15MG	NC	SP
VIZIMPRO TAB 30MG	NC	SP
VIZIMPRO TAB 45MG	NC	SP
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 25MG	NC	SP
DAURISMO TAB 100MG	NC	SP
ERIVEDGE CAP 150MG	5	SP, PA, QL
ODOMZO CAP 200MG	5	SP, PA, QL
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	4	SP, PA, QL
<i>abiraterone acetate tab 500 mg</i>	4	SP, PA, QL
<i>anastrozole tab 1 mg</i>	1	ACA, PV
ARIMIDEX TAB 1MG	3	PV
AROMASIN TAB 25MG	3	PV
<i>bicalutamide tab 50 mg</i>	1	
CAMCEVI INJ 42MG	NC	SP
CASODEX TAB 50MG	3	
ELIGARD INJ 7.5MG	5	SP, PA
ELIGARD INJ 22.5MG	5	SP, PA
ELIGARD INJ 30MG	5	SP, PA
ELIGARD INJ 45MG	5	SP, PA
ERLEADA TAB 60MG	5	SP, PA, QL
ERLEADA TAB 240MG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>exemestane tab 25 mg</i>	0	ACA, PV
FARESTON TAB 60MG	3	
FASLODEX INJ 250/5ML	6	SP, PA
FEMARA TAB 2.5MG	3	PV
FIRMAGON INJ 80MG	NC	SP
FIRMAGON INJ 120MG	NC	SP
<i>flutamide cap 125 mg</i>	1	
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	4	SP, PA
<i>letrozole tab 2.5 mg</i>	1	PV
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	SP, PA
LUPRON DEPOT INJ 3.75MG	6	SP, PA, QL
LUPRON DEPOT INJ 7.5MG	NC	SP
LUPRON DEPOT INJ 11.25MG	6	SP, PA, QL
LUPRON DEPOT INJ 22.5MG	NC	SP
LUPRON DEPOT INJ 30MG	NC	SP
LUPRON DEPOT INJ 45MG	NC	SP
LYSODREN TAB 500MG	5	SP
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
NILANDRON TAB 150MG	NC	SP
<i>nilutamide tab 150 mg</i>	1	
NUBEQA TAB 300MG	5	SP, PA, QL
ORGOVYX TAB 120MG	6	SP, PA, QL
ORSERDU TAB 86MG	NC	SP
ORSERDU TAB 345MG	NC	SP
SOLTAMOX SOL 10MG/5ML	3	PV
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	ACA, PV
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	ACA, PV
<i>toremifene citrate tab 60 mg (base equivalent)</i>	2	
TRELSTAR MIX INJ 3.75MG	NC	SP
TRELSTAR MIX INJ 11.25MG	NC	SP
TRELSTAR MIX INJ 22.5MG	NC	SP
XTANDI CAP 40MG	5	SP, PA, QL
XTANDI TAB 40MG	5	SP, PA, QL
XTANDI TAB 80MG	5	SP, PA, QL
YONSA TAB 125MG	5	SP, PA, QL
ZOLADEX IMP 3.6MG	NC	SP
ZOLADEX IMP 10.8MG	NC	SP
ZYTIGA TAB 250MG	NC	SP
ZYTIGA TAB 500MG	NC	SP
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAP 2MG	6	SP, PA, QL
POMALYST CAP 3MG	6	SP, PA, QL
POMALYST CAP 4MG	6	SP, PA, QL
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	6	SP, PA, QL
XPOVIO PAK 50MG	6	SP, PA, QL
XPOVIO PAK 60MG	6	SP, PA, QL
XPOVIO PAK 80MG	6	SP, PA, QL
ANTINEOPLASTIC ANTIBIOTICS		
<i>adriamycin inj 50mg</i>	1	
<i>bleomycin sulfate for inj 15 unit</i>	1	
<i>bleomycin sulfate for inj 30 unit</i>	1	
<i>dactinomycin for inj 0.5 mg</i>	1	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	1	
<i>daunorubicin hcl iv soln 50 mg/10ml (base equiv)</i>	1	
DAUNORUBICIN INJ 20MG/4ML	3	
DAUNORUBICIN INJ 50/10ML	3	
DOXIL INJ 20/10ML	3	
DOXIL INJ 50/25ML	3	
<i>doxorubicin hcl for inj 10 mg</i>	1	
<i>doxorubicin hcl for inj 50 mg</i>	1	
<i>doxorubicin hcl inj 2 mg/ml</i>	1	
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	1	
DOXORUBICIN INJ 2MG/ML	3	
DOXORUBICIN INJ 10/5ML	3	
DOXORUBICIN INJ 10MG/5ML	3	
DOXORUBICIN INJ 20/10ML	3	
DOXORUBICIN INJ 50/25ML	3	
DOXORUBICIN INJ 200/100	3	
ELLENCE INJ 2MG/ML	3	
IDAMYCIN PFS INJ 5MG/5ML	3	
IDAMYCIN PFS INJ 10/10ML	3	
IDAMYCIN PFS INJ 20/20ML	3	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	1	
<i>mitomycin for iv soln 5 mg</i>	1	
<i>mitomycin for iv soln 20 mg</i>	1	
<i>mitomycin for iv soln 40 mg</i>	1	
MITOMYCIN SOL 20MG	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	4	SP, PA
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	4	SP, PA
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	4	SP, PA
<i>mutamycin inj 5mg</i>	1	
<i>mutamycin inj 20mg</i>	1	
<i>mutamycin inj 40mg</i>	1	
<i>valrubicin soln for intravesical instillation 40 mg/ml</i>	4	SP
VALSTAR SOL 40MG/ML	6	SP

ANTINEOPLASTIC COMBINATIONS

HERCEP HYLEC SOL 60-10000	NC	SP
INQOVI TAB 35-100MG	6	SP, PA, QL
LONSURF TAB 15-6.14	5	SP, PA, QL
LONSURF TAB 20-8.19	5	SP, PA, QL
OPDUALAG SOL	NC	SP
PHESGO SOL	5	SP, PA
RITUXAN INJ HYCELA	6	SP, PA
VYXEOS INJ 44-100MG	6	SP, PA

ANTINEOPLASTIC ENZYME INHIBITORS

AFINITOR DIS TAB 2MG	NC	SP
AFINITOR DIS TAB 3MG	NC	SP
AFINITOR DIS TAB 5MG	NC	SP
AFINITOR TAB 2.5MG	NC	SP
AFINITOR TAB 5MG	NC	SP
AFINITOR TAB 7.5MG	NC	SP
AFINITOR TAB 10MG	NC	SP
ALECENSA CAP 150MG	5	SP, PA, QL
ALIQOPA INJ 60MG	NC	SP
ALUNBRIG PAK	5	SP, PA, QL
ALUNBRIG TAB 30MG	5	SP, PA, QL
ALUNBRIG TAB 90MG	5	SP, PA, QL
ALUNBRIG TAB 180MG	5	SP, PA, QL
AUGTYRO CAP 40MG	5	SP, PA, QL
BALVERSA TAB 3MG	6	SP, PA, QL
BALVERSA TAB 4MG	6	SP, PA, QL
BALVERSA TAB 5MG	6	SP, PA, QL
BELEODAQ INJ 500MG	6	SP, PA
<i>bortezomib for inj 3.5 mg</i>	4	SP, PA
BORTEZOMIB INJ 3.5/1.4	NC	SP
BORTEZOMIB INJ 3.5MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
BOSULIF CAP 50MG	5	SP, PA, QL
BOSULIF CAP 100MG	5	SP, PA, QL
BOSULIF TAB 100MG	5	SP, PA, QL
BOSULIF TAB 400MG	5	SP, PA, QL
BOSULIF TAB 500MG	5	SP, PA, QL
BRAFTOVI CAP 75MG	5	SP, PA, QL
BRUKINSA CAP 80MG	5	SP, PA, QL
CABOMETYX TAB 20MG	5	SP, PA, QL
CABOMETYX TAB 40MG	5	SP, PA, QL
CABOMETYX TAB 60MG	5	SP, PA, QL
CALQUENCE CAP 100MG	6	SP, PA, QL
CALQUENCE TAB 100MG	6	SP, PA, QL
CAPRELSA TAB 100MG	6	SP, PA, QL
CAPRELSA TAB 300MG	6	SP, PA, QL
COMETRIQ KIT 60MG	6	SP, PA, QL
COMETRIQ KIT 100MG	6	SP, PA, QL
COMETRIQ KIT 140MG	6	SP, PA, QL
COPIKTRA CAP 15MG	5	SP, PA, QL
COPIKTRA CAP 25MG	5	SP, PA, QL
COTELLIC TAB 20MG	5	SP, PA, QL
<i>dasatinib tab 20 mg</i>	4	SP, PA, QL
<i>dasatinib tab 50 mg</i>	4	SP, PA, QL
<i>dasatinib tab 70 mg</i>	4	SP, PA, QL
<i>dasatinib tab 80 mg</i>	4	SP, PA, QL
<i>dasatinib tab 100 mg</i>	4	SP, PA, QL
<i>dasatinib tab 140 mg</i>	4	SP, PA, QL
<i>everolimus tab 2.5 mg</i>	4	SP, PA, QL
<i>everolimus tab 5 mg</i>	4	SP, PA, QL
<i>everolimus tab 7.5 mg</i>	4	SP, PA, QL
<i>everolimus tab 10 mg</i>	4	SP, PA, QL
<i>everolimus tab for oral susp 2 mg</i>	4	SP, PA, QL
<i>everolimus tab for oral susp 3 mg</i>	4	SP, PA, QL
<i>everolimus tab for oral susp 5 mg</i>	4	SP, PA, QL
FARYDAK CAP 10MG	NC	SP
FARYDAK CAP 15MG	NC	SP
FARYDAK CAP 20MG	NC	SP
FOTIVDA CAP 0.89MG	NC	SP
FOTIVDA CAP 1.34MG	NC	SP
FYARRO SUS 100MG	6	SP, PA
GAVRETO CAP 100MG	5	SP, PA, QL
GLEEVEC TAB 100MG	NC	SP
GLEEVEC TAB 400MG	NC	SP
IBRANCE CAP 75MG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAP 100MG	5	SP, PA, QL
IBRANCE CAP 125MG	5	SP, PA, QL
IBRANCE TAB 75MG	5	SP, PA, QL
IBRANCE TAB 100MG	5	SP, PA, QL
IBRANCE TAB 125MG	5	SP, PA, QL
ICLUSIG TAB 10MG	NC	SP
ICLUSIG TAB 15MG	NC	SP
ICLUSIG TAB 30MG	NC	SP
ICLUSIG TAB 45MG	NC	SP
IDHIFA TAB 50MG	6	SP, PA, QL
IDHIFA TAB 100MG	6	SP, PA, QL
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	4	SP, PA, QL
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	4	SP, PA
IMBRUVICA CAP 70MG	NC	SP
IMBRUVICA CAP 140MG	NC	SP
IMBRUVICA SUS 70MG/ML	NC	SP
IMBRUVICA TAB 140MG	NC	SP
IMBRUVICA TAB 280MG	NC	SP
IMBRUVICA TAB 420MG	NC	SP
IMBRUVICA TAB 560MG	NC	SP
INREBIC CAP 100MG	NC	SP
ISTODAX INJ 10MG	6	SP, PA
JAKAFI TAB 5MG	NC	SP
JAKAFI TAB 10MG	NC	SP
JAKAFI TAB 15MG	NC	SP
JAKAFI TAB 20MG	NC	SP
JAKAFI TAB 25MG	NC	SP
JAYPIRCA TAB 50MG	NC	SP
JAYPIRCA TAB 100MG	NC	SP
KISQALI TAB 200DOSE	5	SP, PA, QL
KISQALI TAB 400DOSE	5	SP, PA, QL
KISQALI TAB 600DOSE	5	SP, PA, QL
KOSELUGO CAP 10MG	6	SP, PA, QL
KOSELUGO CAP 25MG	6	SP, PA, QL
KRAZATI TAB 200MG	5	SP, PA, QL
KYPROLIS SOL 10MG	NC	SP
KYPROLIS SOL 30MG	NC	SP
KYPROLIS SOL 60MG	NC	SP
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	4	SP, PA, QL
LORBRENA TAB 25MG	NC	SP
LORBRENA TAB 100MG	NC	SP
LUMAKRAS TAB 120MG	5	SP, PA, QL
LUMAKRAS TAB 320MG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TAB 100MG	5	SP, PA, QL
LYNPARZA TAB 150MG	5	SP, PA, QL
LYTGOBI TAB 4MG	NC	SP
MEKINIST SOL 0.05/ML	6	SP, PA, QL
MEKINIST TAB 0.5MG	6	SP, PA, QL
MEKINIST TAB 2MG	6	SP, PA, QL
MEKTOVI TAB 15MG	5	SP, PA, QL
NERLYNX TAB 40MG	6	SP, PA, QL
NEXAVAR TAB 200MG	NC	SP
NINLARO CAP 2.3MG	5	SP, PA, QL
NINLARO CAP 3MG	5	SP, PA, QL
NINLARO CAP 4MG	5	SP, PA, QL
OGSIVEO TAB 100MG	NC	SP
<i>pazopanib hcl tab 200 mg (base equiv)</i>	4	SP, PA, QL
PEMAZYRE TAB 4.5MG	NC	SP
PEMAZYRE TAB 9MG	NC	SP
PEMAZYRE TAB 13.5MG	NC	SP
PIQRAY 200MG TAB DOSE	6	SP, PA, QL
PIQRAY 250MG TAB DOSE	6	SP, PA, QL
PIQRAY 300MG TAB DOSE	6	SP, PA, QL
QINLOCK TAB 50MG	NC	SP
RETEVMO CAP 40MG	5	SP, PA, QL
RETEVMO CAP 80MG	5	SP, PA, QL
RETEVMO TAB 40MG	5	SP, PA, QL
RETEVMO TAB 80MG	5	SP, PA, QL
RETEVMO TAB 120MG	5	SP, PA, QL
RETEVMO TAB 160MG	5	SP, PA, QL
<i>romidepsin for iv inj 10 mg</i>	4	SP, PA
ROZLYTREK CAP 100MG	5	SP, PA, QL
ROZLYTREK CAP 200MG	5	SP, PA, QL
ROZLYTREK PAK 50MG	5	SP, PA, QL
RUBRACA TAB 200MG	NC	SP
RUBRACA TAB 250MG	NC	SP
RUBRACA TAB 300MG	NC	SP
RYDAPT CAP 25MG	6	SP, PA, QL
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	4	SP, PA, QL
SPRYCEL TAB 20MG	5	SP, PA, QL
SPRYCEL TAB 50MG	5	SP, PA, QL
SPRYCEL TAB 70MG	5	SP, PA, QL
SPRYCEL TAB 80MG	5	SP, PA, QL
SPRYCEL TAB 100MG	5	SP, PA, QL
SPRYCEL TAB 140MG	5	SP, PA, QL
STIVARGA TAB 40MG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	4	SP, PA, QL
<i>sunitinib malate cap 25 mg (base equivalent)</i>	4	SP, PA, QL
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	4	SP, PA, QL
<i>sunitinib malate cap 50 mg (base equivalent)</i>	4	SP, PA, QL
SUTENT CAP 12.5MG	NC	SP
SUTENT CAP 25MG	NC	SP
SUTENT CAP 37.5MG	NC	SP
SUTENT CAP 50MG	NC	SP
TABRECTA TAB 150MG	NC	SP
TABRECTA TAB 200MG	NC	SP
TAFINLAR CAP 50MG	6	SP, PA, QL
TAFINLAR CAP 75MG	6	SP, PA, QL
TAFINLAR TAB 10MG	6	SP, PA, QL
TALZENNA CAP 0.1MG	NC	SP
TALZENNA CAP 0.5MG	NC	SP
TALZENNA CAP 0.25MG	NC	SP
TALZENNA CAP 0.35MG	NC	SP
TALZENNA CAP 0.75MG	NC	SP
TALZENNA CAP 1MG	NC	SP
TASIGNA CAP 50MG	NC	SP
TASIGNA CAP 150MG	NC	SP
TASIGNA CAP 200MG	NC	SP
TAZVERIK TAB 200MG	NC	SP
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	4	SP, PA, QL
TEPMETKO TAB 225MG	NC	SP
TIBSOVO TAB 250MG	6	SP, PA, QL
TORISEL INJ 25MG/ML	6	SP, ST, PA, QL
<i>torpenz tab 2.5mg</i>	4	SP, PA, QL
<i>torpenz tab 5mg</i>	4	SP, PA, QL
<i>torpenz tab 7.5mg</i>	4	SP, PA, QL
<i>torpenz tab 10mg</i>	4	SP, PA, QL
TRUQAP TAB 160MG	NC	SP
TURALIO CAP 200MG	NC	SP
TYKERB TAB 250MG	6	SP, PA, QL
UKONIQ TAB 200MG	NC	SP
VANFLYTA TAB 17.7MG	6	SP, PA, QL
VANFLYTA TAB 26.5MG	6	SP, PA, QL
VELCADE INJ 3.5MG	6	SP, PA
VERZENIO TAB 50MG	6	SP, PA, QL
VERZENIO TAB 100MG	6	SP, PA, QL
VERZENIO TAB 150MG	6	SP, PA, QL
VERZENIO TAB 200MG	6	SP, PA, QL
VITRAKVI CAP 25MG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAP 100MG	5	SP, PA, QL
VITRAKVI SOL 20MG/ML	5	SP, PA, QL
VONJO CAP 100MG	6	SP, PA, QL
VORANIGO TAB 10MG	6	SP, PA, QL
VORANIGO TAB 40MG	6	SP, PA, QL
VOTRIENT TAB 200MG	NC	SP
XALKORI CAP 20MG	6	SP, PA, QL
XALKORI CAP 50MG	6	SP, PA, QL
XALKORI CAP 150MG	6	SP, PA, QL
XALKORI CAP 200MG	NC	SP
XALKORI CAP 250MG	NC	SP
XOSPATA TAB 40MG	5	SP, PA, QL
ZEJULA CAP 100MG	5	SP, PA, QL
ZEJULA TAB 100MG	5	SP, PA, QL
ZEJULA TAB 200MG	5	SP, PA, QL
ZEJULA TAB 300MG	5	SP, PA, QL
ZELBORAF TAB 240MG	5	SP, PA, QL
ZOLINZA CAP 100MG	6	SP, PA, QL
ZYDELIG TAB 100MG	5	SP, PA, QL
ZYDELIG TAB 150MG	5	SP, PA, QL
ZYKADIA TAB 150MG	5	SP, PA, QL
ANTINEOPLASTIC ENZYMES		
ASPARLAS INJ 3750/5ML	6	SP, PA
ONCASPAS INJ 750/ML	6	SP, PA
RYLAZE INJ 10/0.5ML	6	SP, PA, QL
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
LUTATHERA SOL 370MBQ	NC	SP
XOFIGO INJ 1100KBQ	NC	SP
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	6	SP, PA
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	1	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	4	
BESREMI SOL 500MCG	5	SP, PA, QL
<i>bexarotene cap 75 mg</i>	4	SP, PA
<i>dacarbazine for inj 100 mg</i>	1	
<i>dacarbazine for inj 200 mg</i>	1	
ELZONRIS SOL 1000MCG	NC	SP
HYDREA CAP 500MG	3	
<i>hydroxyurea cap 500 mg</i>	1	
INTRON A INJ 10MU	6	SP, PA
INTRON A INJ 50MU	6	SP, PA
MATULANE CAP 50MG	3	

Drug Name	Drug Tier	Requirements/Limits
NIPENT INJ 10MG	3	
PHOTOFRIN INJ 75MG	3	
PROLEUKIN INJ 22MU	6	SP, PA
TARGRETIN CAP 75MG	NC	SP
TICE BCG INJ	3	
<i>tretinoin cap 10 mg</i>	2	
TRISENOX INJ 12MG/6ML	6	
UVADEX SOL 20MCG/ML	3	
CHEMOTHERAPY ADJUNCTS		
ELITEK INJ 1.5MG	3	
ELITEK INJ 7.5MG	3	
KEPIVANCE INJ 5.16MG	NC	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA INJ 300MG	NC	SP
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	1	
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	1	
IWILFIN TAB 192MG	6	SP, PA, QL
KHAPZORY SOL 175MG	NC	SP
KHAPZORY SOL 300MG	NC	SP
<i>leucovorin calcium for inj 50 mg</i>	1	
<i>leucovorin calcium for inj 100 mg</i>	1	
<i>leucovorin calcium for inj 200 mg</i>	1	
<i>leucovorin calcium for inj 350 mg</i>	1	
<i>leucovorin calcium for inj 500 mg</i>	1	
<i>leucovorin calcium inj 100 mg/10ml (10 mg/ml)</i>	1	
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	1	
<i>leucovorin calcium tab 5 mg</i>	1	
<i>leucovorin calcium tab 10 mg</i>	1	
<i>leucovorin calcium tab 15 mg</i>	1	
<i>leucovorin calcium tab 25 mg</i>	1	
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	4	SP, PA
<i>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</i>	4	SP, PA
<i>levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)</i>	4	SP, PA
<i>mesna inj 100 mg/ml</i>	1	
MESNEX INJ 1GM	3	
MESNEX TAB 400MG	3	
PEDMARK INJ 12.5GM	3	
TOTECT INJ 500MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
VORAXAZE INJ 1000UNIT	6	SP
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	6	SP
<i>docetaxel for inj conc 20 mg/ml</i>	1	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	1	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	1	
DOCETAXEL INJ 20MG/2ML	3	
DOCETAXEL INJ 20MG/ML	3	
DOCETAXEL INJ 80MG/4ML	3	
DOCETAXEL INJ 80MG/8ML	3	
DOCETAXEL INJ 160/8ML	3	
DOCETAXEL INJ 160/16ML	3	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	1	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	1	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	1	
<i>eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)</i>	4	SP, PA
ETOPOPHOS INJ 100MG	3	
<i>etoposide cap 50 mg</i>	2	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	1	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	1	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	1	
HALAVEN INJ 1MG/2ML	6	SP, PA
IXEMPRA KIT INJ 15MG	6	SP, PA
IXEMPRA KIT INJ 45MG	6	SP, PA
JEVTANA INJ 60/1.5ML	6	SP, PA
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1	
<i>toposar inj 1gm/50ml</i>	1	
<i>toposar inj 100/5ml</i>	1	
<i>toposar inj 500/25ml</i>	1	
<i>vinblastine sulfate inj 1 mg/ml</i>	1	
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	1	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	1	
ONCOLYTIC VIRAL AGENTS		
IMLYGIC INJ	6	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TOPOISOMERASE I INHIBITORS		
CAMPTOSAR INJ 40MG/2ML	3	
CAMPTOSAR INJ 100/5ML	3	
CAMPTOSAR INJ 300/15ML	3	
HYCAMTIN CAP 0.25MG	6	SP, PA
HYCAMTIN CAP 1MG	6	SP, PA
HYCAMTIN INJ 4MG	3	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	1	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	1	
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	1	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	1	
ONIVYDE INJ 4.3MG/ML	6	SP
<i>topotecan hcl for inj 4 mg (base equiv)</i>	1	
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	1	
TOPOTECAN INJ 4MG/4ML	3	
TRODELVY SOL 180MG	6	SP, PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	2	
LODOSYN TAB 25MG	3	
NOURIANZ TAB 20MG	NC	SP
NOURIANZ TAB 40MG	NC	SP
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate inj 1 mg/ml</i>	1	
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
<i>entacapone tab 200 mg</i>	1	
ONGENTYS CAP 25MG	NC	
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	NC	SP

Drug Name	Drug Tier	Requirements/Limits
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	4	PA, QL
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	6	SP, PA
GOCOVRI CAP 68.5MG	NC	
GOCOVRI CAP 137MG	NC	
INBRIJA CAP 42MG	5	SP, PA, QL
KYNMOBI MIS 10MG	5	SP, PA, QL
KYNMOBI MIS 15MG	5	SP, PA, QL
KYNMOBI MIS 20MG	5	SP, PA, QL
KYNMOBI MIS 25MG	5	SP, PA, QL
KYNMOBI MIS 30MG	5	SP, PA, QL
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	

Drug Name	Drug Tier	Requirements/Limits
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
OSMOLEX ER TAB 129MG	NC	
OSMOLEX ER TAB 193MG	NC	
OSMOLEX ER TAB 258MG	NC	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 200 TAB	3	

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
XADAGO TAB 50MG	NC	
XADAGO TAB 100MG	NC	
ZELAPAR TAB 1.25MG	3	

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
LITHOBID TAB 300MG CR	3	

ANTIPSYCHOTICS - MISC.

CAPLYTA CAP 10.5MG	3	PA; PV
CAPLYTA CAP 21MG	3	PA; PV
CAPLYTA CAP 42MG	3	PA; PV
EQUETRO CAP 100MG	3	PV
EQUETRO CAP 200MG	3	PV
EQUETRO CAP 300MG	3	PV
GEODON CAP 20MG	3	PV
GEODON CAP 40MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
GEODON CAP 60MG	3	PV
GEODON CAP 80MG	3	PV
GEODON INJ 20MG	3	
LATUDA TAB 20MG	NC	
LATUDA TAB 40MG	NC	
LATUDA TAB 60MG	NC	
LATUDA TAB 80MG	NC	
LATUDA TAB 120MG	NC	
<i>lurasidone hcl tab 20 mg</i>	2	PA; PV
<i>lurasidone hcl tab 40 mg</i>	2	PA; PV
<i>lurasidone hcl tab 60 mg</i>	2	PA; PV
<i>lurasidone hcl tab 80 mg</i>	2	PA; PV
<i>lurasidone hcl tab 120 mg</i>	2	PA; PV
NUPLAZID CAP 34MG	6	SP, PA, QL
NUPLAZID TAB 10MG	6	SP, PA, QL
VRAYLAR CAP 1.5MG	2	PA; PV
VRAYLAR CAP 3MG	2	PA; PV
VRAYLAR CAP 4.5MG	2	PA; PV
VRAYLAR CAP 6MG	2	PA; PV
<i>ziprasidone hcl cap 20 mg</i>	1	PV
<i>ziprasidone hcl cap 40 mg</i>	1	PV
<i>ziprasidone hcl cap 60 mg</i>	1	PV
<i>ziprasidone hcl cap 80 mg</i>	1	PV
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	
BENZISOXAZOLES		
ERZOFRI INJ 39/0.25	3	
ERZOFRI INJ 78/0.5ML	3	
ERZOFRI INJ 117/0.75	3	
ERZOFRI INJ 156MG/ML	3	
ERZOFRI INJ 234/1.5	3	
FANAPT PAK	NC	
FANAPT TAB 1MG	NC	
FANAPT TAB 2MG	NC	
FANAPT TAB 4MG	NC	
FANAPT TAB 6MG	NC	
FANAPT TAB 8MG	NC	
FANAPT TAB 10MG	NC	
FANAPT TAB 12MG	NC	
INVEGA HAFYE INJ 1092MG	3	
INVEGA HAFYE INJ 1560MG	3	
INVEGA SUST INJ 39/0.25	3	PV
INVEGA SUST INJ 78/0.5ML	3	PV

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUST INJ 117/0.75	3	PV
INVEGA SUST INJ 156MG/ML	3	PV
INVEGA SUST INJ 234/1.5	3	PV
INVEGA TAB 3MG	3	PV
INVEGA TAB 6MG	3	PV
INVEGA TAB 9MG	3	PV
INVEGA TRINZ INJ 273MG	NC	
INVEGA TRINZ INJ 410MG	NC	
INVEGA TRINZ INJ 546MG	NC	
INVEGA TRINZ INJ 819MG	NC	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	PV
<i>paliperidone tab er 24hr 3 mg</i>	1	PV
<i>paliperidone tab er 24hr 6 mg</i>	1	PV
<i>paliperidone tab er 24hr 9 mg</i>	2	PV
PERSERIS INJ 90MG	2	PV
PERSERIS INJ 120MG	2	PV
RISPERDAL INJ 12.5MG	3	PV
RISPERDAL INJ 25MG	3	PV
RISPERDAL INJ 37.5MG	3	PV
RISPERDAL INJ 50MG	3	PV
RISPERDAL SOL 1MG/ML	3	PV
RISPERDAL TAB 0.5MG	3	PV
RISPERDAL TAB 1MG	3	PV
RISPERDAL TAB 2MG	3	PV
RISPERDAL TAB 3MG	3	PV
RISPERDAL TAB 4MG	3	PV
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	1	PV
<i>risperidone microspheres for im extended rel susp 25 mg</i>	1	PV
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	1	PV
<i>risperidone microspheres for im extended rel susp 50 mg</i>	1	PV
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	PV
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	PV
<i>risperidone orally disintegrating tab 1 mg</i>	1	PV
<i>risperidone orally disintegrating tab 2 mg</i>	1	PV
<i>risperidone orally disintegrating tab 3 mg</i>	1	PV
<i>risperidone orally disintegrating tab 4 mg</i>	2	PV
<i>risperidone soln 1 mg/ml</i>	1	PV
<i>risperidone tab 0.5 mg</i>	1	PV
<i>risperidone tab 0.25 mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 1 mg</i>	1	PV
<i>risperidone tab 2 mg</i>	1	PV
<i>risperidone tab 3 mg</i>	1	PV
<i>risperidone tab 4 mg</i>	1	PV
RYKINDO INJ 25MG	NC	
RYKINDO INJ 37.5MG	NC	
RYKINDO INJ 50MG	NC	
UZEDY INJ 50MG	NC	
UZEDY INJ 75MG	NC	
UZEDY INJ 100MG	NC	
UZEDY INJ 125MG	NC	
UZEDY INJ 150MG	NC	
UZEDY INJ 200MG	NC	
UZEDY INJ 250MG	NC	

BUTYROPHENONES

HALDOL DECAN INJ 50MG/ML	3	PV
HALDOL DECAN INJ 100MG/ML	3	PV
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	PV
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	PV
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	PV
<i>haloperidol tab 0.5 mg</i>	1	PV
<i>haloperidol tab 1 mg</i>	1	PV
<i>haloperidol tab 2 mg</i>	1	PV
<i>haloperidol tab 5 mg</i>	1	PV
<i>haloperidol tab 10 mg</i>	1	PV
<i>haloperidol tab 20 mg</i>	1	PV

DIBENZAPINES

ADASUVE INH 10MG	3	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	2	PA; PV
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	PA; PV
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	PA; PV
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	PV
<i>clozapine orally disintegrating tab 25 mg</i>	1	PV
<i>clozapine orally disintegrating tab 100 mg</i>	2	PV
<i>clozapine orally disintegrating tab 150 mg</i>	2	PV
<i>clozapine orally disintegrating tab 200 mg</i>	1	PV
<i>clozapine tab 25 mg</i>	1	PV
<i>clozapine tab 50 mg</i>	1	PV
<i>clozapine tab 100 mg</i>	1	PV
<i>clozapine tab 200 mg</i>	1	PV
CLOZARIL TAB 25MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
CLOZARIL TAB 100MG	3	PV
<i>loxapine succinate cap 5 mg</i>	1	PV
<i>loxapine succinate cap 10 mg</i>	1	PV
<i>loxapine succinate cap 25 mg</i>	1	PV
<i>loxapine succinate cap 50 mg</i>	1	PV
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	PV
<i>olanzapine orally disintegrating tab 10 mg</i>	1	PV
<i>olanzapine orally disintegrating tab 15 mg</i>	1	PV
<i>olanzapine orally disintegrating tab 20 mg</i>	1	PV
<i>olanzapine tab 2.5 mg</i>	1	PV
<i>olanzapine tab 5 mg</i>	1	PV
<i>olanzapine tab 7.5 mg</i>	1	PV
<i>olanzapine tab 10 mg</i>	1	PV
<i>olanzapine tab 15 mg</i>	1	PV
<i>olanzapine tab 20 mg</i>	1	PV
<i>quetiapine fumarate tab 25 mg</i>	1	PV
<i>quetiapine fumarate tab 50 mg</i>	1	PV
<i>quetiapine fumarate tab 100 mg</i>	1	PV
<i>quetiapine fumarate tab 150 mg</i>	1	PV
<i>quetiapine fumarate tab 200 mg</i>	1	PV
<i>quetiapine fumarate tab 300 mg</i>	1	PV
<i>quetiapine fumarate tab 400 mg</i>	1	PV
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	PV
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	PV
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	PV
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	PV
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	PV
SAPHRIS SUB 2.5MG	3	PA; PV
SAPHRIS SUB 5MG	3	PA; PV
SAPHRIS SUB 10MG	3	PA; PV
SECUADO DIS 3.8MG	NC	
SECUADO DIS 5.7MG	NC	
SECUADO DIS 7.6MG	NC	
SEROQUEL TAB 25MG	3	PV
SEROQUEL TAB 50MG	3	PV
SEROQUEL TAB 100MG	3	PV
SEROQUEL TAB 200MG	3	PV
SEROQUEL TAB 300MG	3	PV
SEROQUEL TAB 400MG	3	PV
SEROQUEL XR TAB 50MG	NC	
SEROQUEL XR TAB 150MG	NC	
SEROQUEL XR TAB 200MG	NC	

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR TAB 300MG	NC	
SEROQUEL XR TAB 400MG	NC	
VERSACLOZ SUS 50MG/ML	3	PV
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	
ZYPREXA RELP INJ 405MG	3	
ZYPREXA TAB 2.5MG	3	PV
ZYPREXA TAB 5MG	3	PV
ZYPREXA TAB 7.5MG	3	PV
ZYPREXA TAB 10MG	3	PV
ZYPREXA TAB 15MG	3	PV
ZYPREXA TAB 20MG	3	PV
ZYPREXA ZYDI TAB 5MG	3	PV
ZYPREXA ZYDI TAB 10MG	3	PV
ZYPREXA ZYDI TAB 15MG	3	PV
ZYPREXA ZYDI TAB 20MG	3	PV
DIHYDROINDOLONES		
<i>molindone hcl tab 5 mg</i>	1	PV
<i>molindone hcl tab 10 mg</i>	1	PV
<i>molindone hcl tab 25 mg</i>	1	PV
PHENOTHIAZINES		
<i>chlorpromazine hcl inj 25 mg/ml</i>	2	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	2	
<i>chlorpromazine hcl tab 10 mg</i>	1	PV
<i>chlorpromazine hcl tab 25 mg</i>	1	PV
<i>chlorpromazine hcl tab 50 mg</i>	1	PV
<i>chlorpromazine hcl tab 100 mg</i>	1	PV
<i>chlorpromazine hcl tab 200 mg</i>	2	PV
<i>compro sup 25mg</i>	2	
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	PV
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	PV
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	PV
<i>fluphenazine hcl tab 1 mg</i>	1	PV
<i>fluphenazine hcl tab 2.5 mg</i>	1	PV
<i>fluphenazine hcl tab 5 mg</i>	1	PV
<i>fluphenazine hcl tab 10 mg</i>	1	PV
<i>perphenazine tab 2 mg</i>	1	PV
<i>perphenazine tab 4 mg</i>	1	PV
<i>perphenazine tab 8 mg</i>	1	PV
<i>perphenazine tab 16 mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	2	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>thioridazine hcl tab 10 mg</i>	1	PV
<i>thioridazine hcl tab 25 mg</i>	1	PV
<i>thioridazine hcl tab 50 mg</i>	1	PV
<i>thioridazine hcl tab 100 mg</i>	1	PV
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	PV
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	PV
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	PV
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	PV

QUINOLINONE DERIVATIVES

ABILIFY ASIM INJ 720MG	NC	
ABILIFY ASIM INJ 960MG	NC	
ABILIFY MAIN INJ 300MG	2	PV
ABILIFY MAIN INJ 400MG	2	PV
ABILIFY MYCI TAB 2MG MANT	NC	
ABILIFY MYCI TAB 2MG STRT	NC	
ABILIFY MYCI TAB 5MG MANT	NC	
ABILIFY MYCI TAB 5MG STRT	NC	
ABILIFY MYCI TAB 10MG MNT	NC	
ABILIFY MYCI TAB 10MG STR	NC	
ABILIFY MYCI TAB 15MG MNT	NC	
ABILIFY MYCI TAB 15MG STR	NC	
ABILIFY MYCI TAB 20MG MNT	NC	
ABILIFY MYCI TAB 20MG STR	NC	
ABILIFY MYCI TAB 30MG MNT	NC	
ABILIFY MYCI TAB 30MG STR	NC	
ABILIFY TAB 2MG	NC	
ABILIFY TAB 5MG	NC	
ABILIFY TAB 10MG	NC	
ABILIFY TAB 15MG	NC	
ABILIFY TAB 20MG	NC	
ABILIFY TAB 30MG	NC	
<i>aripiprazole oral solution 1 mg/ml</i>	2	PV
<i>aripiprazole orally disintegrating tab 10 mg</i>	2	PV
<i>aripiprazole orally disintegrating tab 15 mg</i>	2	PV
<i>aripiprazole tab 2 mg</i>	1	PV
<i>aripiprazole tab 5 mg</i>	1	PV
<i>aripiprazole tab 10 mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole tab 15 mg</i>	1	PV
<i>aripiprazole tab 20 mg</i>	1	PV
<i>aripiprazole tab 30 mg</i>	1	PV
ARISTADA INJ 441MG/1.	3	PV
ARISTADA INJ 662MG/2	3	PV
ARISTADA INJ 882MG/3	3	PV
ARISTADA INJ 1064MG	3	PV
ARISTADA INJ INITIO	3	PV
REXULTI TAB 0.5MG	3	PA; PV
REXULTI TAB 0.25MG	3	PA; PV
REXULTI TAB 1MG	3	PA; PV
REXULTI TAB 2MG	3	PA; PV
REXULTI TAB 3MG	3	PA; PV
REXULTI TAB 4MG	3	PA; PV

THIOXANTHENES

<i>thiothixene cap 1 mg</i>	1	PV
<i>thiothixene cap 2 mg</i>	1	PV
<i>thiothixene cap 5 mg</i>	1	PV
<i>thiothixene cap 10 mg</i>	1	PV

ANTISEPTICS & DISINFECTANTS

ANTISEPTICS & DISINFECTANTS

FORMALDEHYDE SOL 37%	3	
<i>formaldehyde solution 10%</i>	1	
GLUTARALDEHY SOL 25%	3	
<i>hydrogen peroxide soln 30%</i>	1	

CHLORINE ANTISEPTICS

ANASEPT SPR	NC	OTC
BENZALKONIUM SOL 50%	3	
BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	

IODINE ANTISEPTICS

IODINE TIN 2%	3	
LUGOLS SOL IODINE	3	

ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	SP, QL
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	SP, QL
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	SP, QL
APRETUDE SUS 600MG ER	0	SP, QL; ACA, PV
APTIVUS CAP 250MG	NC	SP
APTIVUS SOL	NC	SP
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	SP, QL

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	SP, QL
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	SP, QL
ATRIPLA TAB	NC	SP
BIKTARVY TAB	2	SP, QL
CABENUVA SUS 400-600	6	SP, PA, QL
CABENUVA SUS 600-900	6	SP, PA, QL
CIMDUO TAB 300-300	2	SP, PA, QL
COMPLERA TAB	NC	SP
DELSTRIGO TAB	NC	SP
DESCOVY TAB 120-15MG	2	SP, QL; PV
DESCOVY TAB 200/25MG	0	SP, QL; ACA, PV (\$0 cost share when used for HIV PrEP; tier 2 copay applies when used for HIV treatment)
DOVATO TAB 50-300MG	2	SP, QL
EDURANT TAB 25MG	NC	SP
<i>efavirenz tab 600 mg</i>	1	SP, QL
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	SP, QL
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	SP, QL
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	SP, QL
<i>emtricitabine caps 200 mg</i>	1	SP, QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	SP, QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	SP, QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	SP, QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	SP, QL; ACA, PV
EMTRIVA CAP 200MG	2	SP, QL
EMTRIVA SOL 10MG/ML	2	SP, QL
EPIVIR SOL 10MG/ML	2	SP, QL
EPIVIR TAB 150MG	2	SP, QL
EPIVIR TAB 300MG	2	SP, QL
<i>etravirine tab 100 mg</i>	1	SP, QL
<i>etravirine tab 200 mg</i>	1	SP, QL
EVOTAZ TAB 300-150	3	SP, QL
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	SP, QL
FUZEON INJ 90MG	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
GENVOYA TAB	2	SP, QL
INTELENCE TAB 25MG	NC	SP
INTELENCE TAB 100MG	NC	SP
INTELENCE TAB 200MG	NC	SP
INVIRASE TAB 500MG	NC	SP
ISENTRESS CHW 25MG	2	SP, QL
ISENTRESS CHW 100MG	2	SP, QL
ISENTRESS HD TAB 600MG	2	SP, QL
ISENTRESS POW 100MG	2	SP, QL
ISENTRESS TAB 400MG	2	SP, QL
JULUCA TAB 50-25MG	3	SP, QL
KALETRA SOL	NC	SP
KALETRA TAB 100-25MG	NC	SP
KALETRA TAB 200-50MG	NC	SP
<i>lamivudine oral soln 10 mg/ml</i>	1	SP, QL
<i>lamivudine tab 150 mg</i>	1	SP, QL
<i>lamivudine tab 300 mg</i>	1	SP, QL
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	SP, QL
LEXIVA SUS 50MG/ML	NC	SP
LEXIVA TAB 700MG	NC	SP
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	SP, QL
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	SP, QL
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	SP, QL
<i>maraviroc tab 150 mg</i>	1	SP, QL
<i>maraviroc tab 300 mg</i>	1	SP, QL
<i>nevirapine susp 50 mg/5ml</i>	1	SP, QL
<i>nevirapine tab 200 mg</i>	1	SP, QL
<i>nevirapine tab er 24hr 400 mg</i>	1	SP, QL
NORVIR POW 100MG	NC	SP
NORVIR SOL 80MG/ML	NC	SP
NORVIR TAB 100MG	NC	SP
ODEFSEY TAB	2	SP, QL
PIFELTRO TAB 100MG	NC	SP
PREZCOBIX TAB 800-150	3	SP, QL
PREZISTA SUS 100MG/ML	NC	SP
PREZISTA TAB 75MG	NC	SP
PREZISTA TAB 150MG	NC	SP
PREZISTA TAB 600MG	NC	SP
PREZISTA TAB 800MG	NC	SP
RETROVIR CAP 100MG	2	SP, QL
RETROVIR INJ 10MG/ML	2	SP, QL
RETROVIR SYP 50MG/5ML	2	SP, QL

Drug Name	Drug Tier	Requirements/Limits
REYATAZ CAP 200MG	NC	SP
REYATAZ CAP 300MG	NC	SP
REYATAZ POW 50MG	NC	SP
<i>ritonavir tab 100 mg</i>	1	SP
RUKOBIA TAB 600MG ER	6	SP, QL
SELZENTRY SOL 20MG/ML	NC	SP
SELZENTRY TAB 25MG	NC	SP
SELZENTRY TAB 75MG	NC	SP
SELZENTRY TAB 150MG	NC	SP
SELZENTRY TAB 300MG	NC	SP
STRIBILD TAB	NC	SP
SUNLENCA INJ	NC	SP
SUNLENCA TAB 300MG	NC	SP
SUSTIVA CAP 50MG	2	SP, QL
SUSTIVA CAP 200MG	2	SP, QL
SYMFI LO TAB	3	SP, QL
SYMFI TAB	3	SP, QL
SYMTUZA TAB	2	SP, QL
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	SP, QL
TIVICAY PD TAB 5MG	2	SP, QL
TIVICAY TAB 50MG	2	SP, QL
TRIUMEQ PD TAB	2	SP, QL
TRIUMEQ TAB	2	SP, QL
TROGARZO INJ 150MG/ML	6	SP
TRUVADA TAB 100-150	NC	SP
TRUVADA TAB 133-200	NC	SP
TRUVADA TAB 167-250	NC	SP
TRUVADA TAB 200-300	NC	SP
TYBOST TAB 150MG	2	SP, QL
VIRACEPT TAB 250MG	NC	SP
VIRACEPT TAB 625MG	NC	SP
VIREAD POW 40MG/GM	3	SP, QL
VIREAD TAB 150MG	3	SP, QL
VIREAD TAB 200MG	3	SP, QL
VIREAD TAB 250MG	3	SP, QL
VIREAD TAB 300MG	3	SP, QL
ZIAGEN SOL 20MG/ML	2	SP, QL
<i>zidovudine cap 100 mg</i>	1	SP, QL
<i>zidovudine syrup 10 mg/ml</i>	1	SP, QL
<i>zidovudine tab 300 mg</i>	1	SP, QL
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	5	QL
PAXLOVID TAB 300-100	5	QL

Drug Name	Drug Tier	Requirements/Limits
CMV AGENTS		
<i>cidofovir iv inj 75 mg/ml</i>	2	
<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i>	1	
FOSCAVIR INJ 24MG/ML	3	
<i>ganciclovir sodium for inj 500 mg</i>	1	
LIVTENCITY TAB 200MG	6	SP, QL
PREVYMIS INJ 240/12	3	
PREVYMIS INJ 480/24	3	
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
VALCYTE SOL 50MG/ML	NC	
VALCYTE TAB 450MG	NC	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	2	QL
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	2	QL
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	4	SP
BARACLUDE SOL	6	SP, QL
BARACLUDE TAB 0.5MG	NC	SP
BARACLUDE TAB 1MG	NC	SP
<i>entecavir tab 0.5 mg</i>	4	SP, QL
<i>entecavir tab 1 mg</i>	4	SP, QL
EPCLUSA PAK 150-37.5	5	SP, PA, QL; for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA PAK 200-50MG	5	SP, PA, QL; for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA TAB 200-50MG	5	SP, PA, QL; for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA TAB 400-100	5	SP, PA, QL; for genotypes 1, 2, 3, 4, 5 and 6
EPIVIR HBV SOL 5MG/ML	NC	SP
EPIVIR HBV TAB 100MG	NC	SP
HARVONI PAK	5	SP, PA, QL; only for genotypes 1, 4, 5 and 6
HARVONI PAK 45-200MG	5	SP, PA, QL; only for genotypes 1, 4, 5 and 6
HARVONI TAB 45-200MG	5	SP, PA, QL; only for genotypes 1, 4, 5 and 6
HARVONI TAB 90-400MG	5	SP, PA, QL; only for genotypes 1, 4, 5 and 6
HEPSERA TAB 10MG	NC	SP
<i>lamivudine tab 100 mg (hbv)</i>	4	SP

Drug Name	Drug Tier	Requirements/Limits
LEDIP-SOFOSB TAB 90-400MG	NC	SP
MAVYRET TAB 100-40MG	NC	SP
PEGASYS INJ	NC	SP
PEGASYS INJ 180MCG/M	NC	SP
PEGASYS INJ PROCLICK	NC	SP
PEGASYS KIT 180MCG/M	NC	SP
<i>ribavirin cap 200 mg</i>	4	SP, PA, QL
<i>ribavirin tab 200 mg</i>	4	SP, PA, QL
SOFOS/VELPAT TAB 400-100	NC	SP
SOVALDI PAK 150MG	6	SP, PA, QL
SOVALDI PAK 200MG	6	SP, PA, QL
SOVALDI TAB 200MG	6	SP, PA, QL
SOVALDI TAB 400MG	6	SP, PA, QL
VEMLIDY TAB 25MG	5	SP
VIEKIRA PAK TAB	NC	SP
VOSEVI TAB	5	SP, PA, QL; for use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
ZEPATIER TAB 50-100MG	NC	SP
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
SITAVIG TAB 50MG	NC	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
VALTREX TAB 1GM	NC	
VALTREX TAB 500MG	NC	
ZOVIRAX SUS 200/5ML	3	
INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	PA, QL
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	PA, QL
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	PA, QL
RAPIVAB INJ 200MG/20	3	
RELENZA MIS DISKHALE	2	PA, QL
<i>rimantadine hydrochloride tab 100 mg</i>	1	
TAMIFLU CAP 30MG	3	PA, QL
TAMIFLU CAP 45MG	3	PA, QL
TAMIFLU CAP 75MG	3	PA, QL
TAMIFLU SUS 6MG/ML	3	PA, QL
XOFLUZA TAB 20MG	NC	
XOFLUZA TAB 40MG	NC	

MISC. ANTIVIRALS

REMDESIVIR INJ 100MG	3	PA, QL
TEMBEXA SUS 10MG/ML	3	
TEMBEXA TAB 100MG	3	
TPOXX CAP 200MG	3	
TPOXX INJ	3	
VEKLURY INJ 100MG	3	PA, QL

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	PV
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	PV
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	PV
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	PV
<i>carvedilol tab 3.125 mg</i>	1	PV
<i>carvedilol tab 6.25 mg</i>	1	PV
<i>carvedilol tab 12.5 mg</i>	1	PV
<i>carvedilol tab 25 mg</i>	1	PV
COREG CR CAP 10MG	NC	
COREG CR CAP 20MG	NC	
COREG CR CAP 40MG	NC	
COREG CR CAP 80MG	NC	
COREG TAB 3.125MG	3	PV
COREG TAB 6.25MG	3	PV
COREG TAB 12.5MG	3	PV
COREG TAB 25MG	3	PV
<i>labetalol hcl iv soln 5 mg/ml</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	PV
<i>labetalol hcl tab 200 mg</i>	1	PV
<i>labetalol hcl tab 300 mg</i>	1	PV
LABETALOL INJ 20/4ML	3	

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	1	PV
<i>acebutolol hcl cap 400 mg</i>	1	PV
<i>atenolol tab 25 mg</i>	1	PV
<i>atenolol tab 50 mg</i>	1	PV
<i>atenolol tab 100 mg</i>	1	PV
<i>betaxolol hcl tab 10 mg</i>	1	PV
<i>betaxolol hcl tab 20 mg</i>	1	PV
<i>bisoprolol fumarate tab 5 mg</i>	1	PV
<i>bisoprolol fumarate tab 10 mg</i>	1	PV
BREVIBLOC DS SOL 2000MG	3	
BREVIBLOC INJ 10MG/ML	3	
BREVIBLOC PM SOL 2500MG	3	
BREVIBLOC SOL	3	
BREVIBLOC SOL 10MG/ML	3	
BREVIBLOC SOL 2000MG	3	
BREVIBLOC SOL 2500MG	3	
BYSTOLIC TAB 2.5MG	NC	
BYSTOLIC TAB 5MG	NC	
BYSTOLIC TAB 10MG	NC	
BYSTOLIC TAB 20MG	NC	
<i>esmolol hcl inj 100 mg/10ml</i>	1	
ESMOLOL HCL SOL 2000/100	3	
ESMOLOL HCL SOL 2500/250	3	
<i>esmolol hcl-sodium chloride iv soln 2000 mg/100ml</i>	1	
<i>esmolol hcl-sodium chloride iv soln 2500 mg/250ml</i>	1	
KAPSPARGO CAP 25MG	NC	
KAPSPARGO CAP 50MG	NC	
KAPSPARGO CAP 100MG	NC	
KAPSPARGO CAP 200MG	NC	
LOPRESSOR TAB 50MG	3	PV
LOPRESSOR TAB 100MG	3	PV
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	PV
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	PV
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	PV
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	PV
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate tab 25 mg</i>	1	PV
<i>metoprolol tartrate tab 37.5 mg</i>	1	PV
<i>metoprolol tartrate tab 50 mg</i>	1	PV
<i>metoprolol tartrate tab 75 mg</i>	1	PV
<i>metoprolol tartrate tab 100 mg</i>	1	PV
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	PV
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	PV
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	PV
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	PV
TENORMIN TAB 25MG	3	PV
TENORMIN TAB 50MG	3	PV
TENORMIN TAB 100MG	3	PV
TOPROL XL TAB 25MG	NC	
TOPROL XL TAB 50MG	NC	
TOPROL XL TAB 100MG	NC	
TOPROL XL TAB 200MG	NC	
BETA BLOCKERS NON-SELECTIVE		
BETAPACE AF TAB 80MG	NC	
BETAPACE AF TAB 120MG	NC	
BETAPACE AF TAB 160MG	NC	
BETAPACE TAB 80MG	NC	
BETAPACE TAB 120MG	NC	
BETAPACE TAB 160MG	NC	
CORGARD TAB 80MG	3	PV
HEMANGEOL SOL 4.28/ML	3	
INDERAL LA CAP 60MG	NC	
INDERAL LA CAP 80MG	NC	
INDERAL LA CAP 120MG	NC	
INDERAL LA CAP 160MG	NC	
INDERAL XL CAP 80MG	NC	
INDERAL XL CAP 120MG	NC	
INNOPRAN XL CAP 80MG	NC	
INNOPRAN XL CAP 120MG	NC	
<i>nadolol tab 20 mg</i>	1	PV
<i>nadolol tab 40 mg</i>	1	PV
<i>nadolol tab 80 mg</i>	1	PV
<i>pindolol tab 5 mg</i>	1	PV
<i>pindolol tab 10 mg</i>	1	PV
<i>propranolol hcl cap er 24hr 60 mg</i>	1	PV
<i>propranolol hcl cap er 24hr 80 mg</i>	1	PV
<i>propranolol hcl cap er 24hr 120 mg</i>	1	PV
<i>propranolol hcl cap er 24hr 160 mg</i>	1	PV
<i>propranolol hcl inj 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	PV
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	PV
<i>propranolol hcl tab 10 mg</i>	1	PV
<i>propranolol hcl tab 20 mg</i>	1	PV
<i>propranolol hcl tab 40 mg</i>	1	PV
<i>propranolol hcl tab 60 mg</i>	1	PV
<i>propranolol hcl tab 80 mg</i>	1	PV
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	PV
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	PV
<i>sotalol hcl (afib/af) tab 160 mg</i>	1	PV
SOTALOL HCL INJ 150/10ML	3	
<i>sotalol hcl tab 80 mg</i>	1	PV
<i>sotalol hcl tab 120 mg</i>	1	PV
<i>sotalol hcl tab 160 mg</i>	1	PV
<i>sotalol hcl tab 240 mg</i>	1	PV
SOTYLIZE SOL 5MG/ML	3	PV
<i>timolol maleate tab 5 mg</i>	1	PV
<i>timolol maleate tab 10 mg</i>	1	PV
<i>timolol maleate tab 20 mg</i>	1	PV

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKER COMBINATIONS

CONSENSI TAB 2.5-200	NC	
CONSENSI TAB 5-200MG	NC	
CONSENSI TAB 10-200MG	NC	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	PV
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	PV
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	PV
CALAN SR TAB 120MG	3	PV
CALAN SR TAB 180MG	3	PV
CALAN SR TAB 240MG	3	PV
CARDENE IV INJ 40/200ML	3	
CARDENE IV SOL 20/200ML	3	
CARDIZEM CD CAP 120MG/24	NC	
CARDIZEM CD CAP 180MG/24	NC	
CARDIZEM CD CAP 240MG/24	NC	
CARDIZEM CD CAP 360MG/24	NC	
CARDIZEM LA TAB 120MG	NC	
CARDIZEM LA TAB 180MG	NC	
CARDIZEM LA TAB 240MG	NC	

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM LA TAB 300MG/24	NC	
CARDIZEM LA TAB 360MG	NC	
CARDIZEM LA TAB 420MG/24	NC	
CARDIZEM TAB 30MG	NC	
CARDIZEM TAB 60MG	NC	
CARDIZEM TAB 120MG	NC	
<i>cartia xt cap 120/24hr</i>	1	PV
<i>cartia xt cap 180/24hr</i>	1	PV
<i>cartia xt cap 240/24hr</i>	1	PV
<i>cartia xt cap 300/24hr</i>	1	PV
CLEVIPREX EMU 0.5MG/ML	3	
CONJUPRI TAB 2.5MG	NC	
<i>dilt-xr cap 120mg</i>	1	PV
<i>dilt-xr cap 180mg</i>	1	PV
<i>dilt-xr cap 240mg</i>	1	PV
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	PV
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	PV
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	PV
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	PV
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	PV
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	PV
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	PV
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	PV
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	PV
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	PV
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	PV
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	PV
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	PV
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	PV
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	PV
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	PV
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	PV
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	PV
<i>diltiazem hcl tab 60 mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl tab 90 mg</i>	1	PV
<i>diltiazem hcl tab 120 mg</i>	1	PV
<i>diltiazem hcl tab er 24hr 180 mg</i>	NC	
<i>diltiazem hcl tab er 24hr 240 mg</i>	NC	
<i>diltiazem hcl tab er 24hr 300 mg</i>	NC	
<i>diltiazem hcl tab er 24hr 360 mg</i>	NC	
<i>diltiazem hcl tab er 24hr 420 mg</i>	NC	
DILTIAZEM INJ 100MG	3	
<i>felodipine tab er 24hr 2.5 mg</i>	1	PV
<i>felodipine tab er 24hr 5 mg</i>	1	PV
<i>felodipine tab er 24hr 10 mg</i>	1	PV
<i>isradipine cap 2.5 mg</i>	1	PV
<i>isradipine cap 5 mg</i>	1	PV
KATERZIA SUS 1MG/ML	NC	
<i>levamlodipine maleate tab 2.5 mg</i>	1	
<i>levamlodipine maleate tab 5 mg</i>	1	
<i>matzim la tab 180mg/24</i>	NC	
<i>matzim la tab 240mg/24</i>	NC	
<i>matzim la tab 300mg/24</i>	NC	
<i>matzim la tab 360mg/24</i>	NC	
<i>matzim la tab 420mg/24</i>	NC	
<i>nicardipine hcl cap 20 mg</i>	2	PV; (except NDCs 35573045785, 62559020590 and 68462012090 are not covered)
<i>nicardipine hcl cap 30 mg</i>	2	PV
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	1	
<i>nifedipine cap 10 mg</i>	1	PV
<i>nifedipine cap 20 mg</i>	1	PV
<i>nifedipine tab er 24hr 30 mg</i>	1	PV
<i>nifedipine tab er 24hr 60 mg</i>	1	PV
<i>nifedipine tab er 24hr 90 mg</i>	1	PV
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	PV
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	PV
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	PV
<i>nimodipine cap 30 mg</i>	2	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	PV
<i>nisoldipine tab er 24hr 17 mg</i>	2	PV
<i>nisoldipine tab er 24hr 20 mg</i>	2	PV
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	PV
<i>nisoldipine tab er 24hr 30 mg</i>	1	PV
<i>nisoldipine tab er 24hr 34 mg</i>	2	PV

Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine tab er 24hr 40 mg</i>	2	PV
NORLIQVA SOL 1MG/ML	NC	
NORVASC TAB 2.5MG	NC	
NORVASC TAB 5MG	NC	
NORVASC TAB 10MG	NC	
NYMALIZE SOL	3	
PROCARDIA XL TAB 30MG CR	3	PV
PROCARDIA XL TAB 60MG CR	3	PV
PROCARDIA XL TAB 90MG CR	3	PV
SULAR TAB 8.5MG ER	3	PV
SULAR TAB 17MG ER	3	PV
SULAR TAB 34MG ER	3	PV
<i>tiadytl cap 120mg/24</i>	1	PV
<i>tiadytl cap 180mg/24</i>	1	PV
<i>tiadytl cap 240mg/24</i>	1	PV
<i>tiadytl cap 300mg/24</i>	1	PV
<i>tiadytl cap 360mg/24</i>	1	PV
<i>tiadytl cap 420mg/24</i>	1	PV
TIAZAC CAP 120MG/24	3	PV
TIAZAC CAP 180MG/24	3	PV
TIAZAC CAP 240MG/24	3	PV
TIAZAC CAP 300MG/24	3	PV
TIAZAC CAP 360MG/24	3	PV
TIAZAC CAP 420MG/24	3	PV
<i>verapamil hcl cap er 24hr 100 mg</i>	1	PV
<i>verapamil hcl cap er 24hr 120 mg</i>	1	PV
<i>verapamil hcl cap er 24hr 180 mg</i>	1	PV
<i>verapamil hcl cap er 24hr 200 mg</i>	1	PV
<i>verapamil hcl cap er 24hr 240 mg</i>	1	PV
<i>verapamil hcl cap er 24hr 300 mg</i>	2	PV
<i>verapamil hcl cap er 24hr 360 mg</i>	1	PV
<i>verapamil hcl iv soln 2.5 mg/ml</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	PV
<i>verapamil hcl tab 80 mg</i>	1	PV
<i>verapamil hcl tab 120 mg</i>	1	PV
<i>verapamil hcl tab er 120 mg</i>	1	PV
<i>verapamil hcl tab er 180 mg</i>	1	PV
<i>verapamil hcl tab er 240 mg</i>	1	PV
VERELAN CAP 120MG SR	3	PV
VERELAN CAP 180MG SR	3	PV
VERELAN CAP 240MG SR	3	PV
VERELAN CAP 360MG SR	3	PV
VERELAN PM CAP 100MG ER	3	PV

Drug Name	Drug Tier	Requirements/Limits
VERELAN PM CAP 200MG ER	3	PV
VERELAN PM CAP 300MG ER	3	PV

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digitek tab 0.25mg</i>	1	
<i>digitek tab 0.125mg</i>	1	
<i>digoxin inj 0.25 mg/ml</i>	1	
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	2	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN INJ 0.5/2ML	3	
LANOXIN INJ 0.25MG/1	3	
LANOXIN PED INJ 0.1MG/ML	3	
LANOXIN TAB 0.25MG	NC	
LANOXIN TAB 0.125MG	NC	
LANOXIN TAB 0.0625MG	3	

INOTROPES

<i>dobutamine hcl inj 12.5 mg/ml</i>	1	
<i>dopamine hcl inj 40 mg/ml</i>	1	
<i>milrinone lactate in dextrose 5% iv soln 20 mg/100ml</i>	1	
<i>milrinone lactate in dextrose 5% iv soln 40 mg/200ml</i>	1	
<i>milrinone lactate iv soln 10 mg/10ml (base equivalent)</i>	1	
<i>milrinone lactate iv soln 20 mg/20ml (base equivalent)</i>	1	
<i>milrinone lactate iv soln 50 mg/50ml (base equivalent)</i>	1	

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAP 2.5MG	6	SP, PA, QL
CAMZYOS CAP 5MG	6	SP, PA, QL
CAMZYOS CAP 10MG	6	SP, PA, QL
CAMZYOS CAP 15MG	6	SP, PA, QL

CARDIOPLEGIC SOLUTIONS

ADENOCAINE INJ 40ML	3	
CARDIOPL IND SOL 4:1	3	
CARDIOPL IND SOL 8:1	3	
CARDIOPL IND SOL LOW DEX8	3	
CARDIOPL IND SOL NON-EN 8	3	

Drug Name	Drug Tier	Requirements/Limits
CARDIOPL IND SOL PLASMA 4	3	
CARDIOPL IND SOL PLS/TROM	3	
CARDIOPL MN SOL 8:1	3	
CARDIOPL MN SOL PLS/TROM	3	
CARDIOPL REP SOL 4:1	3	
CARDIOPLE MN SOL LOW TROM	3	
CARDIOPLEGI INJ DEL NIDO	3	
CARDIOPLEGI SOL DEL NIDO	3	
CARDIOPLEGIA SOL MAIN 4:1	3	
CARDIOPLEGIC SOL	3	
<i>cardioplegic soln</i>	1	
MICROPLEGIA INJ MSA/MSG	3	
PLEGISOL SOL	3	

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	PV
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	PV
BIDIL TAB	3	
CADUET TAB 5-10MG	3	PV
CADUET TAB 5-20MG	3	PV
CADUET TAB 5-40MG	3	PV
CADUET TAB 5-80MG	3	PV
CADUET TAB 10-10MG	3	PV
CADUET TAB 10-20MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
CADUET TAB 10-40MG	3	PV
CADUET TAB 10-80MG	3	PV
ENTRESTO CAP 6-6MG	2	PA; PV
ENTRESTO CAP 15-16MG	2	PA; PV
ENTRESTO TAB 24-26MG	2	PA; PV
ENTRESTO TAB 49-51MG	2	PA; PV
ENTRESTO TAB 97-103MG	2	PA; PV
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
OPSYNVI TAB 10-20MG	NC	
OPSYNVI TAB 10-40MG	NC	
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA TAB 400MG	NC	
IMPOTENCE AGENTS		
CIALIS TAB 2.5MG	NC	
CIALIS TAB 5MG	NC	
CIALIS TAB 10MG	NC	
CIALIS TAB 20MG	NC	
<i>tadalafil tab 2.5 mg</i>	1	ST, QL
<i>tadalafil tab 5 mg</i>	1	ST, QL
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium for inj 0.5 mg</i>	4	SP, PA
<i>epoprostenol sodium for inj 1.5 mg</i>	4	SP, PA
FLOLAN INJ 0.5MG	6	SP, PA
FLOLAN INJ 1.5MG	6	SP, PA
ORENITRAM TAB 0.25MG	5	SP, PA
ORENITRAM TAB 0.125MG	5	SP, PA
ORENITRAM TAB 1MG	5	SP, PA
ORENITRAM TAB 2.5MG	5	SP, PA
ORENITRAM TAB 5MG	5	SP, PA
ORENITRAM TAB MONTH 1	5	SP, PA
ORENITRAM TAB MONTH 2	5	SP, PA
ORENITRAM TAB MONTH 3	5	SP, PA
REMODULIN INJ 1MG/ML	NC	
REMODULIN INJ 2.5MG/ML	NC	
REMODULIN INJ 5MG/ML	NC	
REMODULIN INJ 10MG/ML	NC	
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	4	SP, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	4	SP, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	4	SP, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	4	SP, PA
TYVASO DPI POW 16-32-48	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI POW 16-32MCG	6	SP, PA, QL
TYVASO DPI POW 16MCG	6	SP, PA, QL
TYVASO DPI POW 32-48MCG	6	SP, PA, QL
TYVASO DPI POW 32MCG	6	SP, PA, QL
TYVASO DPI POW 48MCG	6	SP, PA, QL
TYVASO DPI POW 64MCG	6	SP, PA, QL
TYVASO RF KT SOL 0.6MG/ML	6	SP, PA, QL
TYVASO SOL 0.6MG/ML	6	SP, PA, QL
TYVASO ST KT SOL 0.6MG/ML	6	SP, PA, QL
VELETRI INJ 0.5MG	6	SP, PA
VELETRI INJ 1.5MG	6	SP, PA
VENTAVIS SOL 10MCG/ML	6	SP, PA, QL
VENTAVIS SOL 20MCG/ML	6	SP, PA, QL

PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR

WINREVAIR INJ 45MG	NC	SP
WINREVAIR INJ 60MG	NC	SP

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i>	4	SP, PA, QL
<i>ambrisentan tab 10 mg</i>	4	SP, PA, QL
<i>bosentan tab 62.5 mg</i>	4	SP, PA, QL
<i>bosentan tab 125 mg</i>	4	SP, PA, QL
LETAIRIS TAB 5MG	NC	SP
LETAIRIS TAB 10MG	NC	SP
OPSUMIT TAB 10MG	5	SP, PA, QL
TRACLEER TAB 32MG	NC	SP
TRACLEER TAB 62.5MG	NC	SP
TRACLEER TAB 125MG	NC	SP

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

ADCIRCA TAB 20MG	NC	SP
<i>alyq tab 20mg</i>	4	SP, PA, QL
LIQREV SUS 10MG/ML	NC	SP
REVATIO INJ	NC	SP
REVATIO SUS 10MG/ML	NC	SP
REVATIO TAB 20MG	NC	SP
<i>sildenafil citrate for suspension 10 mg/ml</i>	4	SP, PA, QL
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	4	SP, PA
<i>sildenafil citrate tab 20 mg</i>	4	SP, PA, QL
<i>tadalafil tab 20 mg (pah)</i>	4	SP, PA, QL
TADLIQ SUS 20MG/5ML	5	SP, PA, QL

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI INJ 1800MCG	5	SP, PA, QL
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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI PACK TAB 200/800	5	SP, PA, QL
UPTRAVI TAB 200MCG	5	SP, PA, QL
UPTRAVI TAB 400MCG	5	SP, PA, QL
UPTRAVI TAB 600MCG	5	SP, PA, QL
UPTRAVI TAB 800MCG	5	SP, PA, QL
UPTRAVI TAB 1000MCG	5	SP, PA, QL
UPTRAVI TAB 1200MCG	5	SP, PA, QL
UPTRAVI TAB 1400MCG	5	SP, PA, QL
UPTRAVI TAB 1600MCG	5	SP, PA, QL
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	6	SP, PA, QL
ADEMPAS TAB 1.5MG	5	SP, PA, QL
ADEMPAS TAB 1MG	5	SP, PA, QL
ADEMPAS TAB 2.5MG	5	SP, PA, QL
ADEMPAS TAB 2MG	5	SP, PA, QL
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	PA
CORLANOR TAB 5MG	2	PA
CORLANOR TAB 7.5MG	2	PA
<i>ivabradine hcl tab 5 mg (base equiv)</i>	2	PA
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	2	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	6	SP, PA, QL
VYNDAQEL CAP 20MG	NC	
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA
VERQUVO TAB 10MG	2	PA
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ 2-0.5GM	3	
ZERBAXA INJ 1.5GM	3	
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	2	
CEFAZOL/DEX SOL 1GM	3	
CEFAZOL/DEX SOL 2GM	3	
CEFAZOLIN INJ 1GM/50ML	3	
CEFAZOLIN INJ 2GM	3	
CEFAZOLIN INJ 3GM	3	

Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN INJ 100GM	3	
CEFAZOLIN INJ 300GM	3	
<i>cefazolin sodium for inj 1 gm</i>	1	
<i>cefazolin sodium for inj 2 gm</i>	1	
<i>cefazolin sodium for inj 3 gm</i>	1	
<i>cefazolin sodium for inj 10 gm</i>	2	
<i>cefazolin sodium for inj 500 mg</i>	1	
<i>cefazolin sodium for iv soln 1 gm</i>	1	
CEFAZOLIN SOL	NC	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	2	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	2	
CEFACLOR ER TAB 500MG	3	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefotetan disodium for inj 1 gm</i>	1	
<i>cefotetan disodium for inj 2 gm</i>	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium for iv soln 1 gm</i>	1	
<i>cefoxitin sodium for iv soln 2 gm</i>	1	
<i>cefoxitin sodium for iv soln 10 gm</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<i>cefuroxime sodium for inj 750 mg</i>	1	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	2	
<i>cefixime for susp 100 mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cefixime for susp 200 mg/5ml</i>	2	
<i>cefotaxime sodium for inj 1 gm</i>	1	
<i>cefotaxime sodium for inj 2 gm</i>	1	
<i>cefepodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefepodoxime proxetil for susp 100 mg/5ml</i>	2	
<i>cefepodoxime proxetil tab 100 mg</i>	1	
<i>cefepodoxime proxetil tab 200 mg</i>	1	
<i>ceftazidime for inj 1 gm</i>	1	
<i>ceftazidime for inj 6 gm</i>	2	
<i>ceftazidime for iv soln 2 gm</i>	2	
CEFTAZIDIME/ SOL D5W 1GM	3	
CEFTAZIDIME/ SOL D5W 2GM	3	
CEFTRIAX/DEX INJ 1GM	3	
CEFTRIAX/DEX INJ 2GM	3	
CEFTRIAXONE INJ 100GM	3	
<i>ceftriaxone sodium for inj 1 gm</i>	1	
<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>	1	
<i>ceftriaxone sodium for inj 500 mg</i>	1	
<i>ceftriaxone sodium for iv soln 1 gm</i>	1	
<i>ceftriaxone sodium for iv soln 2 gm</i>	1	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	1	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	1	
<i>tazicef inj 1gm</i>	1	
TAZICEF INJ 1GM/50ML	3	
<i>tazicef inj 2gm</i>	2	
<i>tazicef inj 6gm</i>	2	
CEPHALOSPORINS - 4TH GENERATION		
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for iv soln 2 gm</i>	1	
<i>cefepime hcl for iv soln 2 gm</i>	2	
CEFEPIME INJ 1GM	3	
CEFEPIME INJ 2G/100ML	3	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ 400MG	3	
TEFLARO INJ 600MG	3	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA INJ 1GM	3	

CONTRACEPTIVES

Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle tab 0.1-0.02</i>	0	ACA, PV
<i>altavera tab</i>	0	ACA, PV
<i>alyacen tab 1/35</i>	0	ACA, PV
<i>alyacen tab 7/7/7</i>	0	ACA, PV
<i>amethia tab</i>	0	ACA, PV
<i>amethyst tab 90-20mcg</i>	0	ACA, PV
<i>apri tab</i>	0	ACA, PV
<i>aranelle tab</i>	0	ACA, PV
<i>ashlyna tab</i>	0	ACA, PV
<i>aubra eq tab 0.1-0.02</i>	0	ACA, PV
<i>aubra tab 0.1-0.02</i>	0	ACA, PV
<i>aurovela 24 tab fe 1/20</i>	0	ACA, PV
<i>aurovela fe tab 1.5/30</i>	0	ACA, PV
<i>aurovela fe tab 1/20</i>	0	ACA, PV
<i>aurovela tab 1.5/30</i>	0	ACA, PV
<i>aurovela tab 1/20</i>	0	ACA, PV
<i>aviane tab</i>	0	ACA, PV
<i>ayuna tab</i>	0	ACA, PV
<i>azurette tab</i>	0	ACA, PV
BALCOLTRA TAB 0.1-20	NC	
<i>balziva tab</i>	0	ACA, PV
BEYAZ TAB	NC	
<i>blisovi 24 tab fe 1/20</i>	0	ACA, PV
<i>blisovi fe tab 1.5/30</i>	0	ACA, PV
<i>blisovi fe tab 1/20</i>	0	ACA, PV
<i>briellyn tab</i>	0	ACA, PV
<i>camrese lo tab</i>	0	ACA, PV
<i>camrese tab</i>	0	ACA, PV
<i>charlotte 24 chw fe 1/20</i>	0	ACA, PV
<i>chateal eq tab 0.15/30</i>	0	ACA, PV
<i>chateal tab 0.15/30</i>	0	ACA, PV
<i>cryselle-28 tab 28 tabs</i>	0	ACA, PV
<i>cyred eq tab</i>	0	ACA, PV
<i>cyred tab</i>	0	ACA, PV
<i>dasetta tab 1/35</i>	0	ACA, PV
<i>dasetta tab 7/7/7</i>	0	ACA, PV
<i>daysee tab</i>	0	ACA, PV
<i>delyla tab 0.1-0.02</i>	0	ACA, PV
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	0	ACA, PV
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>dolishale tab 90-20mcg</i>	0	ACA, PV
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	ACA, PV
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	ACA, PV
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	ACA, PV
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	ACA, PV
<i>elimest tab</i>	0	ACA, PV
<i>enpresse-28 tab</i>	0	ACA, PV
<i>enskyce tab</i>	0	ACA, PV
<i>estarylla tab 0.25-35</i>	0	ACA, PV
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	0	ACA, PV
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	ACA, PV
<i>falmina tab</i>	0	ACA, PV
FEMLYV TAB 1/0.02MG	0	ACA, PV
<i>femynor tab 0.25-35</i>	0	ACA, PV
<i>finzala chw fe 1/20</i>	0	ACA, PV
<i>gemmily cap 1/20</i>	0	ACA, PV
<i>hailey 24 tab fe</i>	0	ACA, PV
<i>hailey fe tab 1.5/30</i>	0	ACA, PV
<i>hailey fe tab 1/20</i>	0	ACA, PV
<i>hailey tab 1.5/30</i>	0	ACA, PV
<i>iclevia tab</i>	0	ACA, PV
<i>introvale tab</i>	0	ACA, PV
<i>isibloom tab</i>	0	ACA, PV
<i>jaimiess tab</i>	0	ACA, PV
<i>jasmiel tab 3-0.02mg</i>	0	ACA, PV
<i>jolessa tab</i>	0	ACA, PV
<i>joyeaux tab 0.1-20</i>	0	ACA, PV
<i>juleber tab</i>	0	ACA, PV
<i>junel 1.5/30 tab</i>	0	ACA, PV
<i>junel 1/20 tab</i>	0	ACA, PV
<i>junel fe 24 tab 1/20</i>	0	ACA, PV
<i>junel fe tab 1.5/30</i>	0	ACA, PV
<i>junel fe tab 1/20</i>	0	ACA, PV
<i>kaitlib fe chw</i>	0	ACA, PV
<i>kalliga tab</i>	0	ACA, PV
<i>kariva tab 28 day</i>	0	ACA, PV
<i>kelnor 1/50 tab</i>	0	ACA, PV
<i>kelnor tab 1/35</i>	0	ACA, PV
<i>kurvelo tab 0.15/30</i>	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>larin 24 tab fe 1/20</i>	0	ACA, PV
<i>larin fe tab 1.5/30</i>	0	ACA, PV
<i>larin fe tab 1/20</i>	0	ACA, PV
<i>larin tab 1.5/30</i>	0	ACA, PV
<i>larin tab 1/20</i>	0	ACA, PV
<i>layolis fe chw</i>	0	ACA, PV
<i>leena tab</i>	0	ACA, PV
<i>lessina tab</i>	0	ACA, PV
<i>levonest tab</i>	0	ACA, PV
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	0	ACA, PV
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	ACA, PV
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	0	ACA, PV
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	ACA, PV
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	ACA, PV
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	ACA, PV
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	ACA, PV
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	ACA, PV
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	0	ACA, PV
<i>levora-28 tab 0.15/30</i>	0	ACA, PV
LO LOESTRIN TAB 1-10-10	0	ACA, PV
<i>lo-zumandimi tab 3-0.02mg</i>	0	ACA, PV
<i>loestrin 21 tab 1.5/30</i>	0	ACA, PV
<i>loestrin fe tab 1.5/30</i>	0	ACA, PV
<i>loestrin fe tab 1/20</i>	0	ACA, PV
<i>loestrin tab 1/20-21</i>	0	ACA, PV
<i>lojaimiess tab</i>	0	ACA, PV
<i>loryna tab 3-0.02mg</i>	0	ACA, PV
LOSEASONIQUE TAB	3	ACA, PV
<i>low-ogestrel tab</i>	0	ACA, PV
<i>lutra tab</i>	0	ACA, PV
<i>marlissa tab 0.15/30</i>	0	ACA, PV
<i>merzee cap 1/20</i>	0	ACA, PV
<i>microgestin tab 1.5/30</i>	0	ACA, PV
<i>microgestin tab 1/20</i>	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin tab fe1.5/30</i>	0	ACA, PV
<i>microgestin tab fe 1/20</i>	0	ACA, PV
<i>mili tab 0.25/35</i>	0	ACA, PV
MINASTRIN 24 CHW FE	NC	
<i>mono-lynyah tab 0.25-35</i>	0	ACA, PV
NATAZIA TAB	0	ACA, PV
<i>necon tab 0.5/35</i>	0	ACA, PV
NEXTSTELLIS TAB 3-14.2MG	0	ACA, PV
<i>nikki tab 3-0.02mg</i>	0	ACA, PV
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	ACA, PV
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	ACA, PV
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1- 30/1-35 mg-mcg</i>	0	ACA, PV
<i>norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg</i>	0	ACA, PV
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	ACA, PV
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	0	ACA, PV
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	ACA, PV
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	ACA, PV
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	ACA, PV
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	ACA, PV
<i>norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg</i>	0	ACA, PV
<i>norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg</i>	0	ACA, PV
<i>nortrel tab 0.5/35</i>	0	ACA, PV
<i>nortrel tab 1/35</i>	0	ACA, PV
<i>nortrel tab 7/7/7</i>	0	ACA, PV
<i>nylia tab 1/35</i>	0	ACA, PV
<i>nylia tab 7/7/7</i>	0	ACA, PV
<i>ocella tab 3-0.03mg</i>	0	ACA, PV
ORTHO TRI- TAB CYCLN LO	NC	
<i>philith tab 0.4-35</i>	0	ACA, PV
<i>pimtrea tab</i>	0	ACA, PV
<i>portia-28 tab</i>	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>reclipsen tab</i>	0	ACA, PV
<i>rivelsa tab</i>	0	ACA, PV
SAFYRAL TAB	3	ACA, PV
SEASONIQUE TAB	NC	
<i>setlakin tab</i>	0	ACA, PV
<i>simliya tab 28 day</i>	0	ACA, PV
<i>simpesse tab</i>	0	ACA, PV
<i>sprintec 28 tab 28 day</i>	0	ACA, PV
<i>sronyx tab</i>	0	ACA, PV
<i>syeda tab 3-0.03mg</i>	0	ACA, PV
<i>tarina 24 fe tab</i>	0	ACA, PV
<i>tarina fe tab 1/20</i>	0	ACA, PV
<i>tarina fe tab 1/20 eq</i>	0	ACA, PV
<i>taysofy cap 1/20</i>	0	ACA, PV
TAYTULLA CAP 1MG/20MC	NC	
<i>tilia fe tab</i>	0	ACA, PV
<i>tri femynor tab</i>	0	ACA, PV
<i>tri-estaryll tab</i>	0	ACA, PV
<i>tri-legest tab fe</i>	0	ACA, PV
<i>tri-lynyah tab</i>	0	ACA, PV
<i>tri-lo tab estaryll</i>	0	ACA, PV
<i>tri-lo- tab marzia</i>	0	ACA, PV
<i>tri-lo- tab sprintec</i>	0	ACA, PV
<i>tri-lo-mili tab</i>	0	ACA, PV
<i>tri-mili tab</i>	0	ACA, PV
<i>tri-sprintec tab</i>	0	ACA, PV
<i>tri-vylibra tab</i>	0	ACA, PV
<i>tri-vylibra tab lo</i>	0	ACA, PV
<i>trivora-28 tab</i>	0	ACA, PV
<i>turqoz tab</i>	0	ACA, PV
TYBLUME CHW 0.1-0.02	NC	
<i>tydemy tab</i>	0	ACA, PV
<i>velivet pak</i>	0	ACA, PV
<i>vestura tab 3-0.02mg</i>	0	ACA, PV
<i>vienva tab 0.1-20</i>	0	ACA, PV
<i>viorele tab</i>	0	ACA, PV
<i>volnea tab</i>	0	ACA, PV
<i>vyfemla tab 0.4-35</i>	0	ACA, PV
<i>vylibra tab 0.25-35</i>	0	ACA, PV
<i>wera tab 0.5/35</i>	0	ACA, PV
<i>wymzya fe chw 0.4mg-35</i>	0	ACA, PV
YASMIN 28 TAB 3-0.03MG	NC	
YAZ TAB 3-0.02MG	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>zovia 1/35 tab</i>	0	ACA, PV
<i>zumandimine tab 3-0.03mg</i>	0	ACA, PV
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	ACA, PV
TWIRLA DIS 120-30	NC	
<i>xulane dis 150-35</i>	0	ACA, PV
<i>zafemy dis 150/35</i>	0	ACA, PV
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL; ACA
<i>eluryng mis</i>	NC	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	NC	
NUVARING MIS	0	ACA, PV
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A	0	ACA, PV
EMERGENCY CONTRACEPTIVES		
<i>aftera tab 1.5mg</i>	0	OTC; ACA, PV
<i>afterpill tab 1.5mg</i>	0	OTC; ACA, PV
<i>econtra ez tab 1.5mg</i>	0	OTC; ACA, PV
<i>econtra os tab 1.5mg</i>	0	OTC; ACA, PV
ELLA TAB 30MG	0	ACA, PV
<i>levonorgestrel tab 1.5 mg</i>	0	OTC; ACA, PV
<i>my choice tab 1.5mg</i>	0	OTC; ACA, PV
<i>my way tab 1.5mg</i>	0	OTC; ACA, PV
<i>new day tab 1.5mg</i>	0	OTC; ACA, PV
<i>opcicon tab 1.5mg</i>	0	OTC; ACA, PV
<i>option 2 tab 1.5mg</i>	0	OTC; ACA, PV
<i>react tab 1.5mg</i>	0	OTC; ACA, PV
<i>take action tab 1.5mg</i>	0	OTC; ACA, PV
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG	0	ACA, PV
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	3	ACA, PV
DEPO-SQ PROV INJ 104	3	QL; ACA, PV
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL; ACA, PV
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL; ACA, PV
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	0	ACA, PV
LILETTA IUD 52MG	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
MIRENA IUD SYSTEM	0	ACA, PV
SKYLA IUD 13.5MG	0	ACA, PV
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila tab 0.35mg</i>	0	ACA, PV
<i>deblitane tab 0.35mg</i>	0	ACA, PV
<i>emzahh tab 0.35mg</i>	0	ACA, PV
<i>errin tab 0.35mg</i>	0	ACA, PV
<i>heather tab 0.35mg</i>	0	ACA, PV
<i>incassia tab 0.35mg</i>	0	ACA, PV
<i>jencycla tab 0.35mg</i>	0	ACA, PV
<i>lyleq tab 0.35mg</i>	0	ACA, PV
<i>lyza tab 0.35mg</i>	0	ACA, PV
<i>nora-be tab 0.35mg</i>	0	ACA, PV
<i>norethindrone tab 0.35 mg</i>	0	ACA, PV
<i>norlyroc tab 0.35mg</i>	0	ACA, PV
OPILL TAB 0.075MG	0	OTC; ACA, PV
<i>sharobel tab 0.35mg</i>	0	ACA, PV
SLYND TAB 4MG	NC	

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

AGAMREE SUS 40MG/ML	NC	
BETA-PHOS/AC INJ 3-3MG/ML	NC	
BETAMETH COM INJ 7MG/ML	NC	
BETAMETH SOD INJ 6MG/ML	3	
BETAMETH SOD INJ 12MG/2ML	3	
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	2	(applies to NDC 71283062002 only)
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>budesonide tab er 24hr 9 mg</i>	NC	
CELESTONE INJ SOLUSPAN	NC	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
<i>deflazacort susp 22.75 mg/ml</i>	4	SP, PA
<i>deflazacort tab 6 mg</i>	4	SP, PA
<i>deflazacort tab 18 mg</i>	4	SP, PA
<i>deflazacort tab 30 mg</i>	4	SP, PA
<i>deflazacort tab 36 mg</i>	4	SP, PA
DEPO-MEDROL INJ 20MG/ML	3	
DEPO-MEDROL INJ 40MG/ML	3	
DEPO-MEDROL INJ 80MG/ML	3	
DEXAMETH LA INJ 16MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
DEXAMETH PHO INJ 4MG/ML	3	
DEXAMETH PHO INJ 10MG/ML	3	
DEXAMETHASON CON 1MG/ML	3	
DEXAMETHASON INJ 8MG/ML	3	
DEXAMETHASON SUS 8-4MG/ML	3	
DEXAMETHASON SUS 8MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	1	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	2	
DEXONTO 0.4% SOL 20MG/5ML	NC	
<i>dexpak pak 6 day</i>	NC	
<i>dexpak pak 10 day</i>	NC	
<i>dexpak pak 13 day</i>	NC	
EMFLAZA SUS 22.75/ML	NC	
EMFLAZA TAB 6MG	NC	
EMFLAZA TAB 18MG	NC	
EMFLAZA TAB 30MG	NC	
EMFLAZA TAB 36MG	NC	
EOHILIA SUS 2MG/10ML	NC	
<i>hidex 6-day pak 1.5mg</i>	2	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
KENALOG-10 INJ 10MG/ML	3	
KENALOG-40 INJ 40MG/ML	3	
KENALOG-80 INJ 80MG/ML	3	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
METHY-BUPIVA SUS 8-5MG/ML	NC	
METHYL-BUPIV SUS 40-5MG	NC	
METHYLPR ACE INJ 40MG/ML	3	
METHYLPR ACE INJ 80MG/ML	3	
METHYLPREDNI INJ 80MG/ML	3	
METHYLPREDNI SUS 50MG/ML	NC	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	1	
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	1	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	1	
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	1	
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	2	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
MILLIPRED DP PAK 5MG	NC	
MILLIPRED TAB 5MG	NC	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
PEDIAPRED SOL 5MG/5ML	3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	2	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	2	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	NC	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	NC	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisolone tab 5 mg</i>	2	
PREDNISON CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	2	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
RAYOS TAB 1MG	NC	
RAYOS TAB 2MG	NC	
RAYOS TAB 5MG	NC	
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
SOLU-CORTEF INJ 1000MG	3	
SOLU-MEDROL INJ 1GM	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	
TARPEYO CAP 4MG	NC	
TRIAM-BUPIVA SUS 40-5MG	NC	
TRIAMCIN ACE INJ 40MG/ML	3	
TRIAMCINOLON INJ 40MG/ML	3	
TRIAMCINOLON INJ 80MG/2ML	3	
TRIAMCINOLON INJ 80MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide inj susp 40 mg/ml</i>	1	
UCERIS TAB 9MG	1	
ZILRETTA INJ 32MG	NC	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	NC	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	
<i>hydromet syp 5-1.5/5</i>	1	
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	
<i>prometh vc syp 6.25-5/5</i>	1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	2	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	NC	(applies to NDCs 62135030247 and 62135030248 only)
EXPECTORANTS		
<i>potassium iodide oral soln 1 gm/ml</i>	1	
SSKI SOL 1GM/ML	3	
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
NEBUSAL NEB 6%	3	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
MUCOLYTICS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	NC	
ABSORICA CAP 20MG	NC	
ABSORICA CAP 25MG	NC	
ABSORICA CAP 30MG	NC	
ABSORICA CAP 35MG	NC	
ABSORICA CAP 40MG	NC	
ABSORICA LD CAP 8MG	NC	
ABSORICA LD CAP 16MG	NC	
ABSORICA LD CAP 24MG	NC	
ABSORICA LD CAP 32MG	NC	
ACANYA GEL 1.2-2.5%	NC	
<i>accutane cap 10mg</i>	1	PA
<i>accutane cap 20mg</i>	1	PA
<i>accutane cap 30mg</i>	2	PA
<i>accutane cap 40mg</i>	1	PA
ACZONE GEL 5%	NC	
ACZONE GEL 7.5%	NC	
ADAPAL/BEN P PAD 0.1-2.5%	NC	
<i>adapalene cream 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.3%</i>	1	PA
<i>adapalene pads 0.1%</i>	NC	
ADAPALENE SOL 0.1%	3	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	PA
AKLIEF CRE 0.005%	2	PA
ALTRENO LOT 0.05%	NC	
<i>amneesteem cap 10mg</i>	1	PA
<i>amneesteem cap 20mg</i>	1	PA
<i>amneesteem cap 40mg</i>	1	PA
AMZEEQ AER 4%	NC	
ARAZLO LOT 0.045%	NC	
ATRALIN GEL 0.05%	3	PA
<i>avita gel 0.025%</i>	1	PA
AZELEX CRE 20%	NC	

Drug Name	Drug Tier	Requirements/Limits
BENZAC AC LIQ 5% WASH	3	ST, PA
BENZA CLIN GEL 1-5%	NC	
BENZA CLIN GEL 1-5%PUMP	NC	
BENZAMYCIN GEL 5-3%	3	
BENZEPRO AER 5.3%	3	
<i>benzoyl peroxide foam 9.8%</i>	2	
<i>benzoyl peroxide gel 8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>claravis cap 10mg</i>	1	PA
<i>claravis cap 20mg</i>	1	PA
<i>claravis cap 30mg</i>	2	PA
<i>claravis cap 40mg</i>	1	PA
CLEOCIN-T LOT 1%	3	ST, PA
<i>clindacin mis etz 1%</i>	2	
<i>clindacin-p pad 1%</i>	2	
CLINDAGEL GEL 1%	3	ST, PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	PA
<i>clindamycin phosphate gel 1%</i>	1	PA
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate gel 1%</i>	NC	(applies to NDC 69238203107 only)
<i>clindamycin phosphate lotion 1%</i>	1	PA
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.3%	3	PA
DIFFERIN LOT 0.1%	NC	
EPIDUO FORTE GEL 0.3-2.5%	2	ST, PA
EPIDUO GEL 0.1-2.5%	2	ST, PA
EPSOLAY CRE 5%	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>ery pad 2%</i>	1	
ERYGEL GEL 2%	3	ST, PA
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
EVOCLIN AER 1%	3	ST, PA
FABIOR AER 0.1%	NC	
<i>isotretinoin cap 10 mg</i>	1	PA
<i>isotretinoin cap 20 mg</i>	1	PA
<i>isotretinoin cap 25 mg</i>	NC	
<i>isotretinoin cap 30 mg</i>	2	PA
<i>isotretinoin cap 35 mg</i>	NC	
<i>isotretinoin cap 40 mg</i>	1	PA
KLARON LOT 10%	3	ST, PA
<i>myorisan cap 10mg</i>	1	PA
<i>myorisan cap 20mg</i>	1	PA
<i>myorisan cap 30mg</i>	2	PA
<i>myorisan cap 40mg</i>	1	PA
<i>neuac gel 1.2-5%</i>	1	
ONEXTON GEL 1.2-3.75	3	ST, PA
PR BENZOYL LIQ 7% WASH	1	
<i>resorcinol-sulfur lotion 2-5%</i>	1	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
RETIN-A MICR GEL 0.1%	NC	
RETIN-A MICR GEL 0.1%	NC	
RETIN-A MICR GEL 0.1%PUMP	NC	
RETIN-A MICR GEL 0.04%	NC	
RETIN-A MICR GEL 0.04%PMP	NC	
RETIN-A MICR GEL 0.06%	NC	
RETIN-A MICR GEL 0.08%	NC	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	PA
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	2	
<i>sulfamez emu 10-1%</i>	1	
<i>tretinoin cream 0.1%</i>	1	PA
<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.05%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin microsphere gel 0.1%</i>	2	PA
<i>tretinoin microsphere gel 0.04%</i>	2	PA
<i>tretinoin microsphere gel 0.08%</i>	2	
TWYNEO CRE 0.1-3%	2	ST, PA
VELTIN GEL	NC	
WINLEVI CRE 1%	2	ST, PA, QL
ZACLIR LOT 8%	3	ST, PA
<i>zenatane cap 10mg</i>	1	PA
<i>zenatane cap 20mg</i>	1	PA
<i>zenatane cap 30mg</i>	2	PA
<i>zenatane cap 40mg</i>	1	PA
ZIANA GEL	NC	

AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS

VEREGEN OIN 15%	NC	
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ANALGESICS - TOPICAL

MUSCUSOLICE CRE 2%	NC	
PRAKETAMIDE CRE 5%	NC	

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>arthr pain gel 1%</i>	1	PA, OTC
<i>diclofenac epolamine patch 1.3%</i>	1	PA, QL
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	PA, QL
<i>diclofenac sodium soln 1.5%</i>	1	PA, QL
<i>diclofenac sodium soln 2%</i>	NC	
DICLOFONO GEL 1.6%	NC	
FLECTOR DIS 1.3%	3	PA, QL
PENNSAID SOL 2%	NC	

ANTIBIOTICS - TOPICAL

ALTABAX OIN 1%	NC	
CENTANY OIN 2%	3	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin calcium cream 2%</i>	NC	
<i>mupirocin oint 2%</i>	1	
NEO-SYNALAR CRE	NC	

ANTIFUNGALS - TOPICAL

<i>ciclodan sol 8%</i>	1	PA
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox solution 8%</i>	1	PA
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
ECOZA AER 1%	3	
ERTACZO CRE 2%	3	
EXELDERM CRE 1%	3	
EXELDERM SOL 1%	3	
EXTINA AER 2%	3	
FUNGIMEZ SOL	3	
<i>iodoquimez cre 1-1.9%</i>	1	
JUBLIA SOL 10%	NC	
KERYDIN SOL 5%	NC	
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole foam 2%</i>	NC	
<i>ketoconazole shampoo 2%</i>	1	
<i>ketodan aer 2%</i>	NC	
<i>klayesta pow 100000</i>	1	
LOPROX SUS 0.77%	NC	
<i>luliconazole cream 1%</i>	NC	
LUZU CRE 1%	3	
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	2	
<i>naftifine hcl cream 1%</i>	2	
<i>naftifine hcl cream 2%</i>	1	
<i>naftifine hcl gel 2%</i>	2	
NAFTIN GEL 2%	2	
<i>nyamyc pow 100000</i>	1	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>nystop pow 100000</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	QL
OXISTAT LOT 1%	3	PA, QL
<i>sulconazole nitrate cream 1%</i>	2	
<i>sulconazole nitrate solution 1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tavorole soln 5%</i>	NC	
VUSION OIN	3	
XOLEGEL GEL 2%	NC	

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

AMELUZ GEL 10%	NC	SP
<i>bexarotene gel 1%</i>	4	SP, PA
CARAC CRE 0.5%	NC	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
EFUDEX CRE 5%	3	
<i>fluorouracil cream 0.5%</i>	NC	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
KLISYRI OIN 1% (250)	NC	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
TARGRETIN GEL 1%	NC	SP
VALCHLOR GEL 0.016%	6	SP, PA, QL

ANTIPRURITICS - TOPICAL

<i>doxepin hcl cream 5%</i>	NC	
PRUDOXIN CRE 5%	3	ST, PA, QL
ZONALON CRE 5%	3	ST, PA, QL

ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	1	PA
<i>acitretin cap 17.5 mg</i>	2	PA
<i>acitretin cap 25 mg</i>	1	PA
BIMZELX INJ 160MG/ML	5	SP, PA, QL; (after 2 primary preferred products)
<i>calcipotriene cream 0.005%</i>	NC	
<i>calcipotriene foam 0.005%</i>	NC	
<i>calcipotriene oint 0.005%</i>	1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	PA
<i>calcitrene oin 0.005%</i>	1	PA
<i>calcitriol oint 3 mcg/gm</i>	NC	
COSENTYX INJ 75MG/0.5	5	SP, PA, QL; for pediatric patients less than 50 kg
COSENTYX INJ 150MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 300DOSE	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
DOVONEX CRE 0.005%	3	PA
ILUMYA SOL 100MG/ML	5	SP, PA, QL
<i>methoxsalen rapid cap 10 mg</i>	1	
SILIQ INJ 210/1.5	NC	SP
SKYRIZI INJ 150DOSE	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis, Crohn's disease
SKYRIZI INJ 150MG/ML	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis, Crohn's disease
SKYRIZI PEN INJ 150MG/ML	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis, Crohn's disease
SORILUX AER 0.005%	NC	
SOTYKTU TAB 6MG	5	SP, PA
SPEVIGO INJ 150/1ML	6	SP, PA, QL
SPEVIGO INJ 450/7.5	6	SP, PA, QL
STELARA INJ 45MG/0.5	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis, Crohn's and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 90MG/ML	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis, Crohn's and Ulcerative Colitis
TALTZ INJ 80MG/ML	5	SP, PA, QL; Preferred for Psoriasis
<i>tazarotene cream 0.1%</i>	1	PA
<i>tazarotene cream 0.05%</i>	1	PA
<i>tazarotene gel 0.1%</i>	1	PA
<i>tazarotene gel 0.05%</i>	1	PA
TAZORAC CRE 0.1%	NC	
TAZORAC CRE 0.05%	NC	
TAZORAC GEL 0.1%	NC	
TAZORAC GEL 0.05%	NC	
TREMFYA INJ 100MG/ML	5	SP, PA, QL; Preferred for Psoriasis; Psoriatic Arthritis
VECTICAL OIN 3MCG/GM	NC	SP
VTAMA CRE 1%	2	PA, QL
ZORYVE CRE 0.3%	2	PA, QL
ANTISEBORRHEIC PRODUCTS		
ESKATA SOL 40%	NC	
NUTRASEB CRE	3	PA
PROMISEB CRE	3	PA
<i>selenium sulfide lotion 2.5%</i>	1	
ZORYVE MIS 0.3%	3	PA, QL
ANTIVIRALS - TOPICAL		
<i>acyclovir cream 5%</i>	NC	
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1%	3	
<i>penciclovir cream 1%</i>	2	
XERESE CRE 5-1%	NC	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
SILVADENE CRE 1%	3	
<i>silver sulfadiazine cream 1%</i>	1	
<i>ssd cre 1%</i>	1	
SULFAMYLON CRE 85MG/GM	3	
CORTICOSTEROIDS - TOPICAL		
<i>ala scalp lot 2%</i>	NC	
<i>ala-cort cre 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ala-cort cre 2.5%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>amcinonide cream 0.1%</i>	1	
APEXICON E CRE 0.05%	NC	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	NC	
<i>betamethasone valerate aerosol foam 0.12%</i>	1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
BRYHALI LOT 0.01%	2	PA
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	NC	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	NC	
CAPEX SHA 0.01%	2	PA
<i>clobetasol e cre 0.05%</i>	1	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate emulsion foam 0.05%</i>	NC	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotion 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>clobetasol propionate spray 0.05%</i>	NC	
CLOBEX LOT 0.05%	3	PA
CLOBEX SHA 0.05%	3	PA

Drug Name	Drug Tier	Requirements/Limits
CLOBEX SPR 0.05%	NC	
<i>clocortolone pivalate cream 0.1%</i>	NC	
<i>clodan sha 0.05%</i>	1	
CLODERM CRE 0.1%	3	PA
CORDRAN 80X3 TAP 4MCG/CM	NC	
CORDRAN CRE 0.05%	NC	
CORDRAN CRE 0.025%	NC	
CORDRAN LOT 0.05%	NC	
CORDRAN OIN 0.05%	NC	
DERMA-SMOOTH OIL /FS BODY	3	PA
DERMA-SMOOTH OIL /FS SCLP	3	PA
<i>desonide cream 0.05%</i>	1	PA
<i>desonide gel 0.05%</i>	NC	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
DESOWEN CRE 0.05%	3	PA
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	2	
<i>desoximetasone oint 0.05%</i>	NC	
<i>desoximetasone oint 0.25%</i>	1	
<i>desoximetasone spray 0.25%</i>	1	
<i>desrx gel 0.05%</i>	NC	
<i>diflorasone diacetate cream 0.05%</i>	NC	
<i>diflorasone diacetate oint 0.05%</i>	NC	
DIPROLENE OIN 0.05%	3	PA
DUOBRII LOT	NC	
ENSTILAR AER	2	PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.1%</i>	NC	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>flurandrenolide cream 0.05%</i>	NC	
<i>flurandrenolide lotion 0.05%</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>flurandrenolide oint 0.05%</i>	NC	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halcinonide cream 0.1%</i>	NC	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
HALOG CRE 0.1%	NC	
HALOG OIN 0.1%	NC	
HALOG SOL 0.1%	NC	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	NC	
<i>hydrocortisone butyrate lotion 0.1%</i>	NC	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
IMPOYZ CRE 0.025%	NC	
KENALOG AER SPRAY	3	PA
LOCOID LOT 0.1%	3	PA
MICORT-HC CRE 2.5%	NC	
<i>mometasone furoate cream 0.1%</i>	1	PA
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>nolix cre 0.05%</i>	NC	
<i>nolix lot 0.05%</i>	NC	
OLUX AER 0.05%	3	PA
OLUX-E AER 0.05%	NC	
PANDEL CRE 0.1%	3	PA
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
<i>prednicarbate oint 0.1%</i>	1	
PSORCON CRE 0.05%	NC	
SERNIVO SPR 0.05%	3	PA
SYNALAR CRE 0.025%	3	PA
SYNALAR OIN 0.025%	3	PA

Drug Name	Drug Tier	Requirements/Limits
TACLONEX SUS	3	PA
TEXACORT SOL 2.5%	3	PA
TOPICORT CRE 0.05%	3	PA
TOPICORT CRE 0.25%	3	PA
TOPICORT GEL 0.05%	3	PA
TOPICORT OIN 0.05%	3	PA
TOPICORT OIN 0.25%	3	PA
TOPICORT SPR 0.25%	3	PA
<i>tovet aer 0.05%</i>	NC	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	NC	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.05%</i>	NC	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>trianex oin 0.05%</i>	NC	
<i>triderm cre 0.1%</i>	1	
<i>triderm cre 0.5%</i>	1	
ULTRAVATE LOT 0.05%	NC	
VANOS CRE 0.1%	3	PA
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	5	SP, PA, QL
ADBRY INJ 300/2ML	5	SP, PA, QL
CIBINQO TAB 50MG	5	SP, PA, QL
CIBINQO TAB 100MG	5	SP, PA, QL
CIBINQO TAB 200MG	5	SP, PA, QL
DUPIXENT INJ 200/1.14	5	SP, PA, QL
DUPIXENT INJ 200MG	5	SP, PA, QL
DUPIXENT INJ 300/2ML	5	SP, PA, QL
OPZELURA CRE 1.5%	2	PA, QL
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea cre 41%</i>	NC	
<i>uredeb cre 39%</i>	1	
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
LACTIC ACID CRE E	3	

Drug Name	Drug Tier	Requirements/Limits
LACTIC ACID LOT 10%	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	6	SP, PA
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	2	
<i>imiquimod cream 5%</i>	1	
ZYCLARA CRE 3.75%	3	
ZYCLARA PUMP CRE 2.5%	3	
ZYCLARA PUMP CRE 3.75%	3	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CRE 1%	NC	
HYFTOR GEL 0.2%	NC	
<i>pimecrolimus cream 1%</i>	1	PA
PROTOPIC OIN 0.1%	3	PA
PROTOPIC OIN 0.03%	3	PA
<i>tacrolimus oint 0.1%</i>	1	PA
<i>tacrolimus oint 0.03%</i>	1	PA
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL 0.5%	3	
GORDOFILM SOL	3	
<i>podofilox gel 0.5%</i>	2	
<i>podofilox soln 0.5%</i>	1	
PYROGALL ACD OIN	3	
SALIMEZ FORT CRE 10%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
ANACAINE OIN	3	
CRYODOSE AER TA	3	
ETHYL CHLOR AER FINE PIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
<i>ethyl chloride aerosol spray</i>	1	
GEBAUERS SPR AER /STRETCH	3	
<i>glydo gel 2%</i>	1	PA, QL
LIDOCAINE CRE TETRACAI	NC	
<i>lidocaine hcl soln 4%</i>	1	PA, QL
<i>lidocaine hcl urethral/mucosal gel 2%</i>	2	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	PA, QL
<i>lidocaine oint 5%</i>	1	PA, QL
<i>lidocaine patch 5%</i>	1	PA, QL
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	PA, QL
LIDODERM DIS 5%	3	PA, QL
<i>lydexa cre 4.12%</i>	NC	
PAIN EASE AER MD STRM	3	
PAIN EASE AER MIST	3	
PLIAGLIS CRE 7-7%	NC	
PRAMOX GEL 1%	NC	
QUTENZA KIT 8% 1-PCH	6	SP
QUTENZA KIT 8% 2-PCH	6	SP
QUTENZA KIT 8% 4-PCH	6	SP
<i>tridacaine pad 5%</i>	1	PA
<i>zeruvia pad 4-1%</i>	1	
ZTLIDO PAD 1.8%	3	PA, QL
MISC. DERMATOLOGICAL PRODUCTS		
ALADERM PLUS EMU	NC	
ALEVAMAX CRE	3	PA
ALEVICYN SG GEL ANTIPRUR	NC	
CERACADE EMU	3	PA
CERACADE EMU	NC	
CERAMAX CRE	NC	
DEXERYL CRE	3	PA
EMULSION SB EMU	3	PA
EMULSION SB EMU	NC	
ENTTY EMU SPRAY	3	PA
ENTTY EMU SPRAY	NC	
EPICERAM EMU	NC	
HPR PLUS AER	NC	
HPR PLUS CRE	3	PA
HPR PLUS CRE	NC	
HPR PLUS KIT	NC	
HYLATOPIC CRE PLUS	3	PA
KAMDOY EMU	NC	
LEVICYN GEL	3	PA
MIMYX CRE	3	PA
NEOSALUS AER	3	PA
NEOSALUS CRE	3	PA
NEOSALUS LOT	3	PA
NIVATOPIC CRE PLUS	3	PA
PHLAG SPR	3	PA

Drug Name	Drug Tier	Requirements/Limits
PR CREAM KIT	3	PA
PRESERA AER	3	PA
PRUCLAIR CRE	3	PA
PRUMYX CRE	3	PA
REMIGEN CREA CRE	3	PA
SEBUDERM GEL	3	PA
STRATA MARK GEL	NC	
SUVICORT EMU	NC	
SYNERDERM EMU	NC	
TETRIX CRE	3	PA
XERALUX CRE	3	PA
MISC. TOPICAL		
ACUICYN SOL	NC	
ARNICA TIN FLOWER	3	
AVENOVA SOL 0.01%	NC	
BENZOIN TIN NF	3	
BORIC ACID GRA	3	
DRYSOL SOL 20%	3	
HYCLODEX SOL 0.012%	NC	
HYPOCYN SOL 0.012%	NC	
QBREXZA PAD 2.4%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	ST, QL
ZORYVE CRE 0.15%	2	PA, QL
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	PA
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	2	
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	NC	
FINACEA AER 15%	2	PA
FINACEA GEL 15%	NC	
<i>ivermectin cream 1%</i>	NC	
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
MIRVASO GEL 0.33%	NC	

Drug Name	Drug Tier	Requirements/Limits
NORITATE CRE 1%	NC	
ORACEA CAP 40MG	1	
RHOFADE CRE 1%	3	PA
<i>rosadan cre 0.75%</i>	1	
<i>rosadan gel 0.75%</i>	1	
SOOLANTRA CRE 1%	1	PA
SCABICIDES & PEDICULICIDES		
<i>crotan lot 10%</i>	2	
ELIMITE CRE 5%	3	
<i>malathion lotion 0.5%</i>	2	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	2	
SULF LIME SOL	3	
SCAR TREATMENT PRODUCTS		
BEAU RX GEL	NC	
KELARX GEL	NC	
RECEDO GEL	NC	
SILIPAC KIT	NC	
TAR PRODUCTS		
<i>coal tar soln 20%</i>	1	
WOUND CARE PRODUCTS		
ACTCT FLEX 3 PAD 4"X4"	3	PA
ACTI ANTIMIC PAD 4"X4"	3	PA
ACTICOAT 7 PAD 4"X5"	3	PA
ACTICOAT MIS 4"X4"	3	PA
ALEVICYN SOL DERMAL	NC	
ALLEVYN AG MIS 6-3/4"	3	PA
ALLEVYN AG MIS 9"X9"SAC	3	PA
ALLEVYN AG PAD 3"X3"	3	PA
ALLEVYN AG PAD 4"X4"	3	PA
ALLEVYN AG PAD 5"X5"	3	PA
ALLEVYN AG PAD 7"X7"	3	PA
ALLEVYN GENT PAD 4"X4	3	PA
ALLEVYN GENT PAD 8"X8"	3	PA
AMORPH WOUND GEL DRESSING	3	PA
AQUACEL AG PAD 5"X4"	3	PA
AQUACEL FOAM PAD 7"X7"	3	PA
ARIDA GEL	3	PA
AVO CREAM EMU	3	PA
BIAFINE EMU	3	PA

Drug Name	Drug Tier	Requirements/Limits
BIONECT AER 0.2%	3	PA
BIONECT CRE 0.2%	3	PA
BIONECT GEL 0.2%	3	PA
BIOSTEP MIS 4"X4"	3	PA
CA ALGINATE MIS 12" ROPE	3	PA
CA ALGINATE PAD 2"X2"	3	PA
CA ALGINATE PAD 4"X4"	3	PA
CA ALGINATE PAD 4"X8"	3	PA
CURITY HYPER MIS 1/2"X15'	3	PA
CURITY NAACL PAD 6"X6-3/4	3	PA
DURAFIBER AG PAD 4"X4"	3	PA
ENDO DERMAL MIS 5X5 CM	3	PA
FILSUVEZ GEL 10%	NC	
HYDRFRA BLUE PAD RDY 2.5"	3	PA
HYDRFRA BLUE PAD RDY 4X5"	3	PA
HYDRFRA BLUE PAD RDY 8X8"	3	PA
HYDRFRA MRF PAD 2"X2.75"	3	PA
HYDROFERA PAD BLUE 2X2	3	PA
HYDROFERA PAD BLUE 4X4	3	PA
HYDROFERA PAD BLUE 6X6	3	PA
HYDROFERA PAD BLUE 9MM	3	PA
HYDROFERA PAD MRF4"X4"	3	PA
HYDROFERA PAD MRF 2.5"	3	PA
HYDROFRA MRF PAD 2-1/4X8"	3	PA
KERAGEL GEL WOUND	3	PA
KERAGELT GEL	3	PA
KERAMATRIX MIS 2X3CM	3	PA
KERAMATRIX MIS 5X5CM	3	PA
KERAMATRIX MIS 10X10CM	3	PA
KERASTAT CRE	3	PA
KERASTAT GEL 5%	3	PA
LEVICYN SOL DERMAL	NC	
LIDOTREX GEL 2%	NC	
LUXAMEND CRE	3	PA
MATRIX WOUND MIS BILAYER	3	PA
MICROCYN LIQ	3	PA
MIRO3D WOUND PAD 2X2X2CM	3	PA
MIRO3D WOUND PAD 3X3X2CM	3	PA
MIRO3D WOUND PAD 4X4X2CM	3	PA
MIRO3D WOUND PAD 5X5X2CM	3	PA
MIRO3D WOUND PAD 7X5X2CM	3	PA
MIRO3D WOUND PAD 10X5X2CM	3	PA
MIROTRACT MIS 3MMX5CM	3	PA

Drug Name	Drug Tier	Requirements/Limits
MIROTRACT MIS 3MMX9CM	3	PA
MIROTRACT MIS 5MMX5CM	3	PA
MIROTRACT MIS 5MMX9CM	3	PA
NORMLGEL AG GEL	3	PA
OMEZA COLLAG LIQ 1.6/2ML	3	PA
RADIAPLEXRX GEL	3	PA
REGRANEX GEL 0.01%	3	
RESTORE SILV PAD 2"X2"	3	PA
RESTORE SILV PAD 4"X4"	3	PA
RESTORE SILV PAD 4"X4.75"	3	PA
RESTORE SILV PAD 4"X5"	3	PA
SILVRSTAT GEL DRESSING	3	PA
SOLOX GEL	3	PA
SONAFINE EMU	3	PA
STRATA GRT GEL	NC	
VASHE CLEANS SOL	NC	
VASHE WOUND SOL THERAPY	3	PA
VELEX OIN	3	PA
XEROFORM OCL PAD 1X8"	3	PA
XEROFORM OIL MIS 1"X8"	3	PA
XEROFORM OIL MIS ROLL 4X9	3	PA
XEROFORM OIL PAD 2"X2"	3	PA
XEROFORM PET PAD 4X4 DRES	3	PA
XEROFORM PET PAD 5X9 DRES	3	PA
XEROFRM GAUZ MIS 1"X8"	3	PA
XEROFRM GAUZ MIS 5"X9"	3	PA
XEROFRM GAUZ PAD 5"X9"	3	PA
XEROFRM PETR PAD 2"X2"	3	PA
XEROFRM PETR PAD 4"X4"	3	PA
XEROFRM ROLL MIS 4"X9"	3	PA

DIAGNOSTIC PRODUCTS

DIAGNOSTIC PRODUCTS, MISC.

BREEZA ORAL SOL ABD/PELV	3	
BREEZA ORAL SOL CONTRAST	3	

DIAGNOSTIC TESTS

ACCU-CHEK TES AVIVA PL	7	OTC; PV
ACCU-CHEK TES GUIDE	7	OTC; PV
ACCU-CHEK TES SMART	7	OTC; PV
ACCUTREND TES GLUCOSE	NC	OTC
ACURA TES BLD GLUC	NC	OTC
ADVANCE TES INTUITIO	NC	OTC
ADVANCE TES MICRO-DW	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE TES	NC	OTC
ADVOCATE TES REDI-COD	NC	OTC
ADVOCATE TES REDICODE	NC	OTC
AGAMATRIX TES AMP	NC	OTC
AGAMATRIX TES JAZZ	NC	OTC
AGAMATRIX TES KEYNOTE	NC	OTC
AGAMATRIX TES PRESTO	NC	OTC
ASSURE 3 TES	NC	OTC
ASSURE 4 TES	NC	OTC
ASSURE II TES	NC	OTC
ASSURE II TES CHECK	NC	OTC
ASSURE PRISM TES MULTI	NC	OTC
ASSURE PRO TES	NC	OTC
ASSURE TES PLATINUM	NC	OTC
AT LAST TES	NC	OTC
AUTOCODE TES BLD GLUC	NC	OTC
BAYER BREEZE MIS 2 TEST	NC	OTC
BG STAR TES BLD GLUC	NC	OTC
BIOSCANNER TES GLUCOSE	NC	OTC
BIOTEL CARE TES STRIPS	NC	OTC
BLOOD GLUCOS TES	NC	OTC
BLOOD GLUCOS TES PREMIUM	NC	OTC
BLOOD GLUCOS TES STRIPS	NC	OTC
BREEZE 2 MIS TEST	NC	OTC
CARESENS N TES	NC	OTC
CARESENS N TES GLUCOSE	NC	OTC
CLEVER CHEK TES	NC	OTC
CLEVER CHEK TES AUTO CD	NC	OTC
CLEVER CHEK TES VOICE	NC	OTC
CLEVER CHOIC TES MICRO	NC	OTC
CLEVR CHOICE TES AUTO-CD	NC	OTC
CONFIRM/MICR TES GLUCOSE	NC	OTC
CONTOUR TES BLD GLUC	NC	OTC
CONTOUR TES NEXT	NC	OTC
CONTROL AST TES	NC	OTC
CONTROL TES	NC	OTC
COOL BLOOD TES GLUCOSE	NC	OTC
CVS ADVANCED TES GLUCOSE	NC	OTC
CVS TRUE MET TES GLUCOSE	NC	OTC
D-CARE BLOOD TES GLUCOSE	NC	
DIATRUE PLUS TES STRIPS	NC	OTC
DUO-CARE TES	NC	OTC
EASY PLUS II TES BLD GLUC	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
EASY PLUS TES BLD GLUC	NC	OTC
EASY STEP TES	NC	OTC
EASY TALK TES BLD GLUC	NC	OTC
EASY TOUCH TES GLUCOSE	NC	OTC
EASY TOUCH TES STRIPS	NC	OTC
EASY TRAK TES BLD GLUC	NC	OTC
EASYGLUCO TES	NC	OTC
EASYGLUCO TES PLUS	NC	OTC
EASYMAX 15 TES	NC	OTC
EASYMAX TES	NC	OTC
EASYPLUS TES BLD GLUC	NC	OTC
EASYPRO PLUS TES	NC	OTC
EASYPRO TES BLD GLUC	NC	OTC
ELEMENT TES	NC	OTC
ELEMNT COMPA TES STRIPS	NC	OTC
EMBRACE EVO TES	NC	OTC
EMBRACE PRO TES	NC	OTC
EMBRACE TES BLD GLUC	NC	OTC
EQL TRUETEST TES BLD GLUC	NC	OTC
EVENCARE + TES BLD GLUC	NC	OTC
EVENCARE G2 TES	NC	OTC
EVENCARE G3 TES	NC	OTC
EVENCARE TES BLD GLUC	NC	OTC
EVENCARE TES MINI	NC	OTC
EVOLUTION TES AUTOCODE	NC	OTC
EXACTECH TES	NC	OTC
EXACTECH TES R-S-G	NC	OTC
EZ SMART PLS TES BLD GLUC	NC	OTC
EZ SMART TES BLD GLUC	NC	OTC
FIFTY50 GLUC TES 2.0	NC	OTC
FORA BLOOD TES GLUCOSE	NC	OTC
FORA D15G TES BLD GLUC	NC	OTC
FORA D20 TES BLD GLUC	NC	OTC
FORA D40/G31 TES GLUCOSE	NC	OTC
FORA G20 TES BLD GLUC	NC	OTC
FORA G30/V10 TES BLD GLUC	NC	OTC
FORA GD20 TES BLD GLUC	NC	OTC
FORA GD50 TES	NC	OTC
FORA TN'G TES TN'G VOI	NC	OTC
FORA V10 TES BLD GLUC	NC	OTC
FORA V12 TES BLD GLUC	NC	OTC
FORA V20 TES BLD GLUC	NC	OTC
FORA V30A TES BLD GLUC	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
FORACARE TES GD40	NC	OTC
FORACARE TES PREM V10	NC	OTC
FORACARE TES TST N GO	NC	OTC
FORTISCARE TES BLD GLUC	NC	OTC
FREESTYLE TES	NC	OTC
FREESTYLE TES INSULINX	NC	OTC
FREESTYLE TES LITE	NC	OTC
FREESTYLE TES PREC NEO	NC	OTC
GE100 BLOOD TES GLUCOSE	NC	OTC
GENSTRIP 50 TES	NC	OTC
GHT TEST TES STRIPS	NC	OTC
GLUCO PERFEC TES 3	NC	OTC
GLUCOCARD 01 TES PLUS	NC	OTC
GLUCOCARD 01 TES SENSOR	NC	OTC
GLUCOCARD TES EXPRESSI	NC	OTC
GLUCOCARD TES VITAL	NC	OTC
GLUCOCARD TES X-SENSOR	NC	OTC
GLUCOCOM TES	NC	OTC
GLUCONAVII TES STRIPS	NC	OTC
GLUCOSE TES STRIPS	NC	OTC
GMATE BLOOD TES GLUCOSE	NC	OTC
IHEALTH BLOO TES GLUCOSE	NC	OTC
IN TOUCH TES BLOOD	NC	OTC
INFINITY TES BLD GLUC	NC	OTC
KROGER BLOOD TES GLUCOSE	NC	OTC
KROGER TES	NC	OTC
LIBERTY NEXT TES GEN	NC	OTC
LIBERTY TES	NC	OTC
MAXIMA BLOOD TES GLUCOSE	NC	OTC
MEIJER BLOOD TES GLUCOSE	NC	OTC
MEIJER TES TRUETEST	NC	OTC
MEIJER TES TRUETRAC	NC	OTC
MICRODOT TES	NC	OTC
MYGLUCOHEALT TES BLD GLUC	NC	OTC
NEUTEK 2TEK TES STRIPS	NC	OTC
NEXGEN TES	NC	OTC
NO CODING TES BLD GLUC	NC	OTC
NOVA MAX TES GLUCOSE	NC	OTC
ON CALL PLUS TES BLD GLUC	NC	OTC
ON CALL TES EXPRESS	NC	OTC
ON CALL VIVD TES BLD GLUC	NC	OTC
ONETOUCH TES ULT BLUE	7	OTC; PV
ONETOUCH TES ULTRA	7	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH TES VERIO	7	OTC; PV
OPTIUM TES	NC	OTC
OPTIUMEZ TES	NC	OTC
OPTUMRX TES BLD GLUC	NC	OTC
PEN NEEDLES MIS 29GX12MM	NC	OTC
POCKETCHEM TES EZ	NC	OTC
PRECISION PT TES OF CARE	NC	OTC
PRECISION TES PCX	NC	OTC
PRECISION TES PCX PLUS	NC	OTC
PRECISION TES QID	NC	OTC
PRECISION TES SOF-TACT	NC	OTC
PRECISION TES XTRA	NC	OTC
PRODIGY NO TES CODING	NC	OTC
PTS PANELS TES GLUCOSE	NC	OTC
QUICKTEK TES	NC	OTC
QUINTET AC TES BLD GLUC	NC	OTC
QUINTET TES BLD GLUC	NC	OTC
RA TRUETEST TES	NC	OTC
REFUAH PLUS TES BLD GLUC	NC	OTC
RELION BLOOD TES GLUCOSE	NC	OTC
RELION PLATN TES GLUCOSE	NC	OTC
RELION PRIME TES	NC	OTC
RELION PRIME TES GLUCOSE	NC	OTC
RELION TES ULTIMA	NC	OTC
REVEAL TES BLD GLUC	NC	OTC
RIGHTEST TES GS100	NC	OTC
RIGHTEST TES GS300	NC	OTC
RIGHTEST TES GS550	NC	OTC
SMART SENSE TES TEST	NC	OTC
SMARTEST TES BLD GLUC	NC	OTC
SOLUS V2 TES AUDIBLE	NC	OTC
SUPREME TES	NC	OTC
SURE EDGE TES	NC	OTC
SURE-TEST TES EASYPLUS	NC	OTC
SURECHEK TES BLD GLUC	NC	OTC
TRUE METRIX TES GLUCOSE	NC	OTC
TRUETEST TES	NC	OTC
TRUETEST TES BLD GLUC	NC	OTC
TRUETRACK TES	NC	OTC
TRUETRACK TES BLD GLUC	NC	OTC
ULTIMA TES	NC	OTC
ULTRATRAK TES ULTIMATE	NC	OTC
ULTRATRK PRO TES	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
UNISTRIP1 TES GENERIC	NC	OTC
VOCAL POINT TES BLD GLUC	NC	OTC
WAVESENSE TES PRESTO	NC	OTC
XPRESS TES BLD GLUC	NC	OTC

RADIOGRAPHIC CONTRAST MEDIA

<i>diatrizoate meglumine & sodium oral soln 66-10%</i>	1	
<i>iopamidol inj 51%</i>	1	
<i>iopamidol iv soln 61%</i>	1	
<i>iopamidol iv soln 76%</i>	1	

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

PODIAPN CAP	3	
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DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOL 8500/ML	6	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	

DIURETICS

Drug Name	Drug Tier	Requirements/Limits
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide sodium for inj 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
KEVEYIS TAB 50MG	6	SP, PA, QL
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>ormalvi tab 50mg</i>	4	SP, PA, QL
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 25/25	3	PV
ALDACTAZIDE TAB 50/50	3	PV
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	PV
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	PV
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	PV
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	PV
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	PV
LOOP DIURETICS		
<i>bumetanide inj 0.25 mg/ml</i>	1	
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
<i>ethacrynate sodium for inj 50 mg</i>	1	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide inj 10 mg/ml</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
SOAANZ TAB 20MG	NC	
SOAANZ TAB 40MG	NC	

Drug Name	Drug Tier	Requirements/Limits
SOAAZ TAB 60MG	NC	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
OSMOTIC DIURETICS		
<i>mannitol iv soln 20%</i>	1	
<i>mannitol iv soln 25%</i>	1	
<i>osmitrol inj 10%</i>	1	
<i>osmitrol inj 15%</i>	1	
<i>osmitrol vfx inj 20%</i>	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
<i>amiloride hcl tab 5 mg</i>	1	
CAROSPIR SUS 25MG/5ML	NC	
DYRENIUM CAP 50MG	NC	
DYRENIUM CAP 100MG	NC	
<i>spironolactone susp 25 mg/5ml</i>	2	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide sodium for inj 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	PV
<i>chlorthalidone tab 50 mg</i>	1	PV
DIURIL SUS 250/5ML	3	PV
<i>hydrochlorothiazide cap 12.5 mg</i>	1	PV
<i>hydrochlorothiazide tab 12.5 mg</i>	1	PV
<i>hydrochlorothiazide tab 25 mg</i>	1	PV
<i>hydrochlorothiazide tab 50 mg</i>	1	PV
<i>indapamide tab 1.25 mg</i>	1	PV
<i>indapamide tab 2.5 mg</i>	1	PV
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
SOD DIURIL INJ 500MG	3	
THALITONE TAB 15MG	3	PV

ENDOCRINE AND METABOLIC AGENTS - MISC.

Drug Name	Drug Tier	Requirements/Limits
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 1MG	NC	
ISTURISA TAB 5MG	NC	
ISTURISA TAB 10MG	NC	
RECORLEV TAB 150MG	NC	
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	PV
ACTONEL TAB 150MG	3	PV
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	PV
<i>alendronate sodium tab 5 mg</i>	1	PV
<i>alendronate sodium tab 10 mg</i>	1	PV
<i>alendronate sodium tab 35 mg</i>	1	PV
<i>alendronate sodium tab 70 mg</i>	1	PV
ATELVIA TAB	3	PV
BINOSTO TAB 70MG	3	ST; PV
<i>calcitonin (salmon) inj 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	PV
EVENITY INJ 105MG	NC	
FORTEO INJ 600/2.4	6	SP, PA, QL; PV
FOSAMAX + D TAB 70-2800	3	ST; PV
FOSAMAX + D TAB 70-5600	3	ST; PV
FOSAMAX TAB 70MG	3	PV
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	1	PV
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	PV
MIACALCIN INJ 200/ML	NC	
MIACALCIN INJ 400/2ML	NC	
NATPARA INJ 25MCG	6	SP, PA, QL
NATPARA INJ 50MCG	6	SP, PA, QL
NATPARA INJ 75MCG	6	SP, PA, QL
NATPARA INJ 100MCG	6	SP, PA, QL
<i>pamidronate disodium iv soln 3 mg/ml</i>	1	
<i>pamidronate disodium iv soln 9 mg/ml</i>	1	
PAMIDRONATE INJ 6MG/ML	3	
PROLIA INJ 60MG/ML	5	SP, PA, QL; PV
RECLAST INJ 5/100ML	6	SP, PA; PV
<i>risedronate sodium tab 5 mg</i>	1	PV
<i>risedronate sodium tab 30 mg</i>	2	PV
<i>risedronate sodium tab 35 mg</i>	1	PV
<i>risedronate sodium tab 150 mg</i>	1	PV
<i>risedronate sodium tab delayed release 35 mg</i>	1	PV
TERIPARATIDE INJ 620/2.48	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	4	SP, PA, QL; PV
TYMLOS INJ	5	SP, PA, QL; PV
XGEVA INJ	6	SP, PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	SP, PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	SP, PA; PV
ZOLEDRONIC INJ 4/100ML	6	SP, PA
CORTICOTROPIN		
ACTHAR INJ 80UNIT	6	SP, PA, QL
ACTHAR INJ GEL	6	SP, PA, QL
CORTROPHIN GEL 80UNIT	6	SP, PA, QL
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	NC	SP
<i>clomid tab 50mg</i>	1	PA
<i>clomiphene citrate tab 50 mg</i>	1	PA
FOLLISTIM AQ INJ 300UNIT	5	SP, PA, QL
FOLLISTIM AQ INJ 600UNIT	5	SP, PA, QL
FOLLISTIM AQ INJ 900UNIT	5	SP, PA, QL
GONAL-F INJ 450UNIT	NC	SP
GONAL-F INJ 1050UNIT	NC	SP
GONAL-F RFF INJ 75UNIT	NC	SP
GONAL-F RFF INJ 300/0.5	NC	SP
GONAL-F RFF INJ 450/0.75	NC	SP
GONAL-F RFF INJ 900/1.5	NC	SP
MENOPUR INJ 75UNIT	5	SP, PA
NOVAREL INJ 5000UNIT	NC	SP
OVIDREL INJ	5	SP, PA
PREGNYL INJ 10000UNT	NC	SP
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate for inj kit 0.25 mg</i>	4	SP, PA
<i>fyremadel sol 250/0.5</i>	NC	SP
GANIRELIX AC INJ 250/0.5	4	SP, PA
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	NC	SP
ORLISSA TAB 150MG	2	PA
ORLISSA TAB 200MG	2	PA
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG	NC	SP
SOMAVERT INJ 15MG	NC	SP
SOMAVERT INJ 20MG	NC	SP
SOMAVERT INJ 25MG	NC	SP
SOMAVERT INJ 30MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
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GROWTH HORMONE RELEASING HORMONES (GHRH)

EGRIFTA SV INJ 2MG	6	SP, PA, QL
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GROWTH HORMONES

GENOTROPIN INJ 0.2MG	NC	SP
GENOTROPIN INJ 0.4MG	NC	SP
GENOTROPIN INJ 0.6MG	NC	SP
GENOTROPIN INJ 0.8MG	NC	SP
GENOTROPIN INJ 1.2MG	NC	SP
GENOTROPIN INJ 1.4MG	NC	SP
GENOTROPIN INJ 1.6MG	NC	SP
GENOTROPIN INJ 1.8MG	NC	SP
GENOTROPIN INJ 1MG	NC	SP
GENOTROPIN INJ 2MG	NC	SP
GENOTROPIN INJ 5MG	NC	SP
GENOTROPIN INJ 12MG	NC	SP
HUMATROPE INJ 6MG	5	SP, PA
HUMATROPE INJ 12MG	5	SP, PA
HUMATROPE INJ 24MG	5	SP, PA
NGENLA INJ 24/1.2ML	NC	SP
NGENLA INJ 60/1.2ML	NC	SP
NORDITROPIN INJ 5/1.5ML	5	SP, PA
NORDITROPIN INJ 10/1.5ML	5	SP, PA
NORDITROPIN INJ 15/1.5ML	5	SP, PA
NORDITROPIN INJ 30/3ML	5	SP, PA
NUTROPIN AQ INJ 10MG/2ML	NC	SP
NUTROPIN AQ INJ 20MG/2ML	NC	SP
NUTROPIN AQ INJ NUSPIN 5	NC	SP
OMNITROPE INJ 5.8MG	NC	SP
OMNITROPE INJ 5/1.5ML	NC	SP
OMNITROPE INJ 10/1.5ML	NC	SP
SAIZEN INJ 5MG	NC	SP
SAIZEN INJ 8.8MG	NC	SP
SEROSTIM INJ 4MG	6	SP, PA
SEROSTIM INJ 5MG	6	SP, PA
SEROSTIM INJ 6MG	6	SP, PA
SKYTROFA INJ 3.6MG	NC	SP
SKYTROFA INJ 3MG	NC	SP
SKYTROFA INJ 4.3MG	NC	SP
SKYTROFA INJ 5.2MG	NC	SP
SKYTROFA INJ 6.3MG	NC	SP
SKYTROFA INJ 7.6MG	NC	SP
SKYTROFA INJ 9.1MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
SKYTROFA INJ 11MG	NC	SP
SKYTROFA INJ 13.3MG	NC	SP
SOGROYA INJ 5MG/1.5	5	SP, PA
SOGROYA INJ 10MG/1.5	5	SP, PA
SOGROYA INJ 15MG/1.5	5	SP, PA
ZOMACTON INJ 5MG	NC	SP
ZOMACTON INJ 10MG	NC	SP
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	3	PV
OSPHENA TAB 60MG	NC	
<i>raloxifene hcl tab 60 mg</i>	1	ACA, PV
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA INJ 500MG	6	SP, PA
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	6	SP, PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI INJ 45MG	5	SP, PA, QL
LUPR DEP-PED INJ 3M 30MG	5	SP, PA, QL
LUPR DEP-PED INJ 7.5MG	5	SP, PA, QL
LUPR DEP-PED INJ 11.25MG	5	SP, PA, QL
LUPR DEP-PED INJ 15MG	5	SP, PA, QL
SUPPRELIN LA KIT 50MG	5	SP, PA
SYNAREL SOL 2MG/ML	3	PA
TRIPTODUR SUS 22.5MG	NC	SP
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH TAB 45MG	NC	SP
METABOLIC MODIFIERS		
ALDURAZYME INJ 2.9MG/5M	6	SP, PA
AMMONUL INJ 10%	3	
<i>betaine powder for oral solution</i>	4	SP, PA
BRINEURA KIT 150/5ML	NC	SP
BUPHENYL POW	NC	SP
BUPHENYL TAB 500MG	NC	SP
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol inj 1 mcg/ml</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
CARBAGLU TAB 200MG	NC	SP
<i>carglumic acid soluble tab 200 mg</i>	4	SP, PA
CARNITOR INJ 1GM/5ML	3	
CARNITOR SF SOL 1GM/10ML	NC	SP
CARNITOR SOL 1GM/10ML	NC	SP

Drug Name	Drug Tier	Requirements/Limits
CARNITOR TAB 330MG	NC	SP
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	4	SP, PA, QL
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	4	SP, PA, QL
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	4	SP, PA, QL
CITRULLINE TAB EASY 1GM	3	
CRYSVITA INJ 10MG/ML	6	PA, QL
CRYSVITA INJ 20MG/ML	6	PA, QL
CRYSVITA INJ 30MG/ML	6	PA, QL
CYSTADANE POW	NC	SP
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	1	
ELAPRASE INJ 6MG/3ML	6	SP, PA
ELFABRIO SOL 5MG/2.5	5	SP, PA
ELFABRIO SOL 20/10ML	5	SP, PA
FABRAZYME INJ 5MG	5	SP, PA
FABRAZYME INJ 35MG	5	SP, PA
GALAFOLD CAP 123MG	5	SP, PA, QL
HECTOROL INJ 4MCG/2ML	3	
<i>javygtor pak 100mg</i>	4	SP, PA
<i>javygtor pow 500mg</i>	4	SP, PA
<i>javygtor tab 100mg</i>	4	SP, PA
KANUMA INJ 20/10ML	6	SP, PA
KUVAN POW 100MG	NC	SP
KUVAN POW 500MG	NC	SP
KUVAN TAB 100MG	NC	SP
LAMZEDE INJ 10MG	6	SP, PA
<i>levocarnitine inj 200 mg/ml</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
LUMIZYME INJ 50MG	6	SP, PA
MEPSEVII INJ 10MG/5ML	6	SP, PA
MYALEPT INJ 11.3MG	6	SP, PA, QL
NAGLAZYME INJ 1MG/ML	6	SP, PA
NEXVIAZYME INJ 100MG	5	SP, PA
<i>nitisinone cap 2 mg</i>	4	SP, PA
<i>nitisinone cap 5 mg</i>	4	SP, PA
<i>nitisinone cap 10 mg</i>	4	SP, PA
NITYR TAB 2MG	NC	SP
NITYR TAB 5MG	NC	SP
NITYR TAB 10MG	NC	SP
ORFADIN CAP 2MG	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ORFADIN CAP 5MG	5	SP, PA
ORFADIN CAP 10MG	5	SP, PA
ORFADIN CAP 20MG	5	SP, PA
ORFADIN SUS 4MG/ML	5	SP, PA
PALYNZIQ INJ 2.5/0.5	NC	SP
PALYNZIQ INJ 10/0.5ML	NC	SP
PALYNZIQ INJ 20MG/ML	NC	SP
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	2	
<i>paricalcitol cap 4 mcg</i>	1	
<i>paricalcitol iv soln 2 mcg/ml</i>	1	
<i>paricalcitol iv soln 5 mcg/ml</i>	1	
PARSABIV INJ 2.5-0.5	NC	SP
PARSABIV INJ 5MG/ML	NC	SP
PARSABIV INJ 10MG/2ML	NC	SP
PHEBURANE MIS 483/GM	5	SP, PA, QL
RAVICTI LIQ 1.1GM/ML	NC	SP
RAYALDEE CAP 30MCG	3	
REVCOVI INJ 1.6MG/ML	6	SP
ROCALTROL CAP 0.5MCG	2	
ROCALTROL CAP 0.25MCG	2	
ROCALTROL SOL 1MCG/ML	2	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	4	SP, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	4	SP, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	4	SP, PA
SENSIPAR TAB 30MG	6	SP, PA, QL
SENSIPAR TAB 60MG	6	SP, PA, QL
SENSIPAR TAB 90MG	6	SP, PA, QL
<i>sodium benzoate & sodium phenylacetate iv soln 10-10%</i>	1	
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	4	SP, PA, QL
<i>sodium phenylbutyrate tab 500 mg</i>	4	SP, PA, QL
STRENSIQ INJ 18/0.45	6	SP, PA
STRENSIQ INJ 28/0.7ML	6	SP, PA
STRENSIQ INJ 40MG/ML	6	SP, PA
STRENSIQ INJ 80/0.8ML	6	SP, PA
VIMIZIM INJ 5MG/5ML	6	SP, PA
XENPOZYME INJ 4MG	6	SP, PA
XENPOZYME SOL 20MG	6	SP, PA
XPHOZAH TAB 20MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
XPHOZAH TAB 30MG	NC	SP
XURIDEN POW 2GM	6	SP, QL
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
ZEMPLAR INJ 2MCG/ML	3	
ZEMPLAR INJ 5MCG/ML	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	6	SP, PA, QL
VOXZOGO INJ 0.56MG	6	SP, PA, QL
VOXZOGO INJ 1.2MG	6	SP, PA, QL
POSTERIOR PITUITARY HORMONES		
DDAVP INJ 4MCG/ML	3	
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
<i>desmopressin acetate inj 4 mcg/ml</i>	2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
VASOPRE/NACL INJ 100/100	NC	
VASOPRE/NACL INJ 100/250	NC	
<i>vasopressin iv soln 20 unit/ml (for iv infusion)</i>	1	
VASOSTRICT INJ 20UNT/ML	3	
VASOSTRICT SOL 40UNIT	3	
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	
SOMATOSTATIC AGENTS		
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	4	SP, PA, QL
LANREOTIDE INJ 120/.5ML	6	SP, PA, QL
MYCAPSSA CAP 20MG	NC	SP
<i>octreotide acetate for im inj kit 20 mg</i>	4	SP, PA, QL
<i>octreotide acetate for im inj kit 30 mg</i>	4	SP, PA, QL
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	SP, PA, QL
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	SP, PA, QL
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	SP, PA, QL
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	SP, PA, QL
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	4	SP, PA, QL
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	4	SP, PA, QL
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	4	SP, PA, QL
SANDOSTATIN INJ 50MCG/ML	6	SP, PA, QL
SANDOSTATIN INJ 100MCG	6	SP, PA, QL
SANDOSTATIN INJ 500MCG	6	SP, PA, QL
SANDOSTATIN KIT LAR 10MG	NC	SP
SANDOSTATIN KIT LAR 20MG	NC	SP
SANDOSTATIN KIT LAR 30MG	NC	SP
SIGNIFOR INJ 0.3MG/ML	6	SP, PA, QL
SIGNIFOR INJ 0.6MG/ML	6	SP, PA, QL
SIGNIFOR INJ 0.9MG/ML	6	SP, PA, QL
SIGNIFOR LAR INJ 20MG	NC	SP
SIGNIFOR LAR INJ 40MG	NC	SP
SIGNIFOR LAR INJ 60MG	NC	SP
SOMATULINE INJ 60/0.2ML	5	SP, PA, QL
SOMATULINE INJ 90/0.3ML	5	SP, PA, QL
SOMATULINE INJ 120/.5ML	5	SP, PA, QL

VASOPRESSIN RECEPTOR ANTAGONISTS

JYNARQUE PAK 15MG	NC	SP
JYNARQUE PAK 30-15MG	NC	SP
JYNARQUE PAK 45-15MG	NC	SP
JYNARQUE PAK 60-30MG	NC	SP
JYNARQUE PAK 90-30MG	NC	SP
JYNARQUE TAB 15MG	NC	SP
JYNARQUE TAB 30MG	NC	SP
SAMSCA TAB 15MG	2	SP, PA
SAMSCA TAB 30MG	2	SP, PA
<i>tolvaptan tab 15 mg</i>	4	SP, PA
<i>tolvaptan tab 30 mg</i>	4	SP, PA

ESTROGENS

ESTROGEN COMBINATIONS

ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 1-100MG	3	

Drug Name	Drug Tier	Requirements/Limits
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>fyavolv tab 0.5-2.5</i>	1	
<i>fyavolv tab 1-5</i>	1	
<i>jinteli tab 1mg-5mcg</i>	1	
<i>mimvey tab 1-0.5mg</i>	1	
MYFEMBREE TAB	2	PA
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	2	PA
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
ALORA DIS 0.1MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
CLIMARA DIS 0.1MG	NC	
CLIMARA DIS 0.05MG	NC	
CLIMARA DIS 0.06MG	NC	
CLIMARA DIS 0.025MG	NC	
CLIMARA DIS 0.075MG	NC	
CLIMARA DIS 0.0375MG	NC	
DELESTROGEN INJ 10MG/ML	3	
DELESTROGEN INJ 20MG/ML	3	
DEPO-ESTRADI INJ 5MG/ML	3	
DIVIGEL GEL 0.5MG	3	
DIVIGEL GEL 0.25MG	3	
DIVIGEL GEL 0.75MG	3	
DIVIGEL GEL 1.25MG	3	
DIVIGEL GEL 1MG/GM	3	
<i>dotti dis 0.1mg</i>	1	
<i>dotti dis 0.05mg</i>	1	
<i>dotti dis 0.025mg</i>	1	
<i>dotti dis 0.075mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dotti dis 0.0375mg</i>	1	
ELESTRIN GEL 0.06%	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	1	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
ESTROGEL GEL 0.06%	3	
EVAMIST SPR 1.53MG	3	
<i>lyllana dis 0.1mg</i>	1	
<i>lyllana dis 0.05mg</i>	1	
<i>lyllana dis 0.025mg</i>	1	
<i>lyllana dis 0.075mg</i>	1	
<i>lyllana dis 0.0375mg</i>	1	
MENEST TAB 0.3MG	NC	
MENEST TAB 0.625MG	NC	
MENEST TAB 1.25MG	NC	
MENOSTAR DIS 14MCG	3	
MINIVELLE DIS 0.1MG	NC	
MINIVELLE DIS 0.05MG	NC	
MINIVELLE DIS 0.025MG	NC	

Drug Name	Drug Tier	Requirements/Limits
MINIVELLE DIS 0.075MG	NC	
MINIVELLE DIS 0.0375MG	NC	
PREMARIN INJ 25MG	3	
PREMARIN TAB 0.3MG	NC	
PREMARIN TAB 0.9MG	NC	
PREMARIN TAB 0.45MG	NC	
PREMARIN TAB 0.625MG	NC	
PREMARIN TAB 1.25MG	NC	
VIVELLE-DOT DIS 0.1MG	NC	
VIVELLE-DOT DIS 0.05MG	NC	
VIVELLE-DOT DIS 0.025MG	NC	
VIVELLE-DOT DIS 0.075MG	NC	
VIVELLE-DOT DIS 0.0375MG	NC	

FLUOROQUINOLONES

FLUOROQUINOLONES

BAXDELA INJ 300MG	3	
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>levofloxacin iv soln 25 mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
MOXIFLOXACIN INJ 400/250	NC	
<i>ofloxacin tab 300 mg</i>	2	
<i>ofloxacin tab 400 mg</i>	1	

GASTROINTESTINAL AGENTS - MISC.

Drug Name	Drug Tier	Requirements/Limits
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB 3MG	3	PA
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	6	SP, PA
CHOLBAM CAP 250MG	6	SP, PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	6	SP, PA, QL
OCALIVA TAB 10MG	6	SP, PA, QL
GALLSTONE SOLUBILIZING AGENTS		
ACTIGALL CAP 300MG	2	
CHENODAL TAB 250MG	6	SP, PA
URSO FORTE TAB 500MG	2	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP 8MCG	NC	
AMITIZA CAP 24MCG	NC	
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
GASTROINTESTINAL STIMULANTS		
DEXPANTHENOL INJ 250MG/ML	3	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	1	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
HEPATOTROPICS		
REZDIFFRA TAB 60MG	NC	
REZDIFFRA TAB 80MG	NC	
REZDIFFRA TAB 100MG	NC	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 200MCG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
BYLVAY CAP 400MCG	NC	SP
BYLVAY CAP 600MCG	NC	SP
BYLVAY CAP 1200MCG	NC	SP
LIVMARLI SOL 9.5MG/ML	6	SP, PA, QL
LIVMARLI SOL 19MG/ML	6	SP, PA, QL

INFLAMMATORY BOWEL AGENTS

APRISO CAP 0.375GM	3	
ASACOL HD TAB 800MG	NC	SP
AVSOLA INJ 100MG	5	SP, PA
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	
CANASA SUP 1000MG	3	
CIMZIA KIT 200MG	5	SP, PA, QL; Preferred for Non-Radiographic Axial Spondyloarthritis
CIMZIA PREFL KIT 200MG/ML	5	SP, PA, QL; Preferred for Non-Radiographic Axial Spondyloarthritis
CIMZIA START KIT 200MG/ML	5	SP, PA, QL; Preferred for Non-Radiographic Axial Spondyloarthritis
COLAZAL CAP 750MG	NC	
DELZICOL CAP 400MG	NC	
DIPENTUM CAP 250MG	3	
ENTYVIO INJ 300MG	NC	SP
ENTYVIO PEN INJ 108/0.68	NC	SP
INFLECTRA INJ 100MG	NC	SP
LIALDA TAB 1.2GM	NC	SP
<i>mesalamine cap dr 400 mg</i>	2	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine cap er 500 mg</i>	2	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine tab delayed release 1.2 gm</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	
OMVOH INJ 100MG/ML	NC	SP
OMVOH INJ 300/15ML	NC	SP
PENTASA CAP 250MG CR	NC	
PENTASA CAP 500MG CR	NC	
REMICADE INJ 100MG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
RENFLEXIS INJ 100MG	NC	SP
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
SKYRIZI INJ 180/1.2	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis, Crohn's disease
SKYRIZI INJ 360/2.4	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis, Crohn's disease
SKYRIZI SOL 60MG/ML	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis, Crohn's disease
STELARA INJ 5MG/ML	5	SP, PA, QL
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
VELSIPITY TAB 2MG	5	SP, PA
ZYMFENTRA INJ 120MG/ML	NC	SP
INTESTINAL ACIDIFIERS		
<i>enulose sol 10gm/15</i>	1	
<i>generlac sol 10/15ml</i>	1	
<i>generlac sol 10gm/15</i>	1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	2	
<i>alosetron hcl tab 1 mg (base equiv)</i>	2	
IBSRELA TAB 50MG	NC	SP
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
ZELNORM TAB 6MG	NC	
LIVE FECAL MICROBIOTA		
VOWST CAP	6	SP, PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan cap 12 mg</i>	1	
ENTEREG CAP 12MG	3	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA
RELISTOR INJ 8/0.4ML	NC	
RELISTOR INJ 12/0.6ML	NC	

Drug Name	Drug Tier	Requirements/Limits
RELISTOR TAB 150MG	NC	
SYMPROIC TAB 0.2MG	2	PA
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
LIVDELZI CAP 10MG	NC	SP
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
FOSRENOL CHW 500MG	NC	
FOSRENOL CHW 750MG	NC	
FOSRENOL CHW 1000MG	NC	
FOSRENOL POW 750MG	NC	
FOSRENOL POW 1000MG	NC	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	NC	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	NC	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	NC	
PHOSLYRA SOL	3	
RENAGEL TAB 800MG	3	
RENVELA POW 0.8GM	NC	SP
RENVELA POW 2.4GM	NC	SP
RENVELA TAB 800MG	NC	SP
<i>sevelamer carbonate packet 0.8 gm</i>	2	
<i>sevelamer carbonate packet 2.4 gm</i>	2	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	2	
VELPHORO CHW 500MG	NC	SP
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	6	SP, PA, QL
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	6	SP, PA, QL
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
AMIDATE INJ 2MG/ML	3	
DIPRIVAN INJ	3	
DIPRIVAN INJ 100/10ML	3	
DIPRIVAN INJ 200/20ML	3	
DIPRIVAN INJ 500/50ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>etomidate iv soln 2 mg/ml</i>	1	
KETALAR INJ 10MG/ML	3	
KETALAR INJ 50MG/ML	3	
KETALAR INJ 100MG/ML	3	
<i>ketamine hcl inj 10 mg/ml</i>	1	
<i>ketamine hcl inj 50 mg/ml</i>	1	
<i>ketamine hcl inj 100 mg/ml</i>	1	
KETAMINE INJ 10MG/ML	3	
<i>propofol iv emul 200 mg/20ml (10 mg/ml)</i>	1	
<i>propofol iv emul 500 mg/50ml (10 mg/ml)</i>	1	
<i>propofol iv emul 1000 mg/100ml (10 mg/ml)</i>	1	
<i>propoven inj</i>	1	
<i>propoven inj 200/20ml</i>	2	
<i>propoven inj 500/50ml</i>	1	
BARBITURATE ANESTHETICS		
BREVITAL SOD INJ 500MG	3	
VOLATILE ANESTHETICS		
<i>desflurane inhal soln</i>	1	
FORANE SOL	3	
<i>isoflurane inhal soln</i>	1	
<i>sevoflurane inhal soln</i>	1	
SUPRANE INH	3	
SUPRANE SOL	3	
<i>terrell sol</i>	1	
ULTANE SOL	3	
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
<i>cytra k gra crystals</i>	1	
ORACIT SOL	3	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	2	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
UROCIT-K 10 TAB	2	
UROCIT-K 15 TAB	2	

Drug Name	Drug Tier	Requirements/Limits
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	5	SP, PA
CYSTAGON CAP 150MG	5	SP, PA
PROCYSBI CAP 25MG	6	SP, PA, QL
PROCYSBI CAP 75MG	6	SP, PA, QL
GENITOURINARY IRRIGANTS		
<i>acetic acid irrigation soln 0.25%</i>	1	
<i>argyl saline sol 0.9% irr</i>	1	
<i>curity salin sol 0.9% irr</i>	1	
<i>glycine irrigation soln 1.5%</i>	1	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
RENACIDIN SOL	3	
<i>sodium chloride irrigation soln 0.9%</i>	1	
SORBITOL SOL 3% IRR	3	
SORBITOL-MAN SOL	3	
HYPEROXALURIA AGENTS		
OXLUMO INJ 94.5/0.5	NC	SP
RIVFLOZA INJ 80/0.5ML	NC	SP
RIVFLOZA INJ 128/0.8	NC	SP
RIVFLOZA INJ 160MG/ML	NC	SP
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG	NC	
RIMSO-50 SOL 50%	NC	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
ENTADFI CAP 5-5MG	NC	
<i>finasteride tab 5 mg</i>	1	
FLOMAX CAP 0.4MG	3	
JALYN CAP	NC	
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	NC	
RAPAFLO CAP 8MG	NC	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
UROXATRAL TAB 10MG	NC	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANALGESICS		
<i>phenazo tab 200mg</i>	2	
URINARY STONE AGENTS		
LITHOSTAT TAB 250MG	NC	
THIOLA EC TAB 100MG	NC	SP
THIOLA EC TAB 300MG	NC	SP
THIOLA TAB 100MG	NC	SP
<i>tiopronin tab 100 mg</i>	4	SP, PA
<i>tiopronin tab delayed release 100 mg</i>	4	SP, PA
<i>tiopronin tab delayed release 300 mg</i>	4	SP, PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol sodium for inj 500 mg</i>	1	
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
ALOPRIM INJ 500MG	3	
<i>colchicine cap 0.6 mg</i>	NC	
<i>colchicine tab 0.6 mg</i>	1	
COLCRYS TAB 0.6MG	NC	
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
KRYSTEXXA INJ 8MG/ML	6	SP, PA
MITIGARE CAP 0.6MG	1	
ULORIC TAB 40MG	NC	
ULORIC TAB 80MG	NC	
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI INJ 189MG/ML	NC	SP
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ 250UNIT	5	SP, PA; PV
ADVATE INJ 500UNIT	5	SP, PA; PV
ADVATE INJ 1000UNIT	5	SP, PA; PV
ADVATE INJ 1500UNIT	5	SP, PA; PV
ADVATE INJ 2000UNIT	5	SP, PA; PV
ADVATE INJ 3000UNIT	5	SP, PA; PV
ADVATE INJ 4000UNIT	5	SP, PA; PV
ADYNOVATE INJ 250UNIT	5	SP, PA; PV
ADYNOVATE INJ 500UNIT	5	SP, PA; PV

Drug Name	Drug Tier	Requirements/Limits
ADYNOVATE INJ 750UNIT	5	SP, PA; PV
ADYNOVATE INJ 1000UNIT	5	SP, PA; PV
ADYNOVATE INJ 1500UNIT	5	SP, PA; PV
ADYNOVATE INJ 2000UNIT	5	SP, PA; PV
ADYNOVATE INJ 3000UNIT	5	SP, PA; PV
AFSTYLA KIT 250UNIT	5	SP, PA; PV
AFSTYLA KIT 500UNIT	5	SP, PA; PV
AFSTYLA KIT 1000UNIT	5	SP, PA; PV
AFSTYLA KIT 1500UNIT	5	SP, PA; PV
AFSTYLA KIT 2000UNIT	5	SP, PA; PV
AFSTYLA KIT 2500UNIT	5	SP, PA; PV
AFSTYLA KIT 3000UNIT	5	SP, PA; PV
ALPHANINE SD INJ 500UNIT	6	SP, PA; PV
ALPHANINE SD INJ 1000UNIT	6	SP, PA; PV
ALPHANINE SD INJ 1500UNIT	6	SP, PA; PV
ALPROLIX INJ 250UNIT	5	SP, PA, QL
ALPROLIX INJ 500UNIT	5	SP, PA, QL
ALPROLIX INJ 1000UNIT	5	SP, PA, QL
ALPROLIX INJ 2000UNIT	5	SP, PA, QL
ALPROLIX INJ 3000UNIT	5	SP, PA, QL
ALPROLIX INJ 4000UNIT	5	SP, PA, QL
ALTUVIIIIO INJ 250 UNIT	NC	SP
ALTUVIIIIO INJ 500UNIT	NC	SP
ALTUVIIIIO INJ 1000UNIT	NC	SP
ALTUVIIIIO INJ 2000UNIT	NC	SP
ALTUVIIIIO INJ 3000UNIT	NC	SP
ALTUVIIIIO INJ 4000UNIT	NC	SP
BENEFIX INJ 250UNIT	NC	SP
BENEFIX INJ 500UNIT	NC	SP
BENEFIX INJ 1000UNIT	NC	SP
BENEFIX INJ 2000UNIT	NC	SP
BENEFIX INJ 3000UNIT	NC	SP
CORIFACT KIT	6	SP, PA; PV
ELOCTATE INJ 250UNIT	5	SP, PA; PV
ELOCTATE INJ 500UNIT	5	SP, PA; PV
ELOCTATE INJ 750UNIT	5	SP, PA; PV
ELOCTATE INJ 1000UNIT	5	SP, PA; PV
ELOCTATE INJ 1500UNIT	5	SP, PA; PV
ELOCTATE INJ 2000UNIT	5	SP, PA; PV
ELOCTATE INJ 3000UNIT	5	SP, PA; PV
ELOCTATE INJ 4000UNIT	5	SP, PA; PV
ELOCTATE INJ 5000UNIT	5	SP, PA; PV
ELOCTATE INJ 6000UNIT	5	SP, PA; PV

Drug Name	Drug Tier	Requirements/Limits
ESPEROCT INJ 500UNIT	5	SP, PA; PV
ESPEROCT INJ 1000UNIT	5	SP, PA; PV
ESPEROCT INJ 1500UNIT	5	SP, PA; PV
ESPEROCT INJ 2000UNIT	5	SP, PA; PV
ESPEROCT INJ 3000UNIT	5	SP, PA; PV
FEIBA INJ	NC	SP
FIBRYGA INJ 1GM	6	SP, PA
HEMLIBRA INJ 30MG/ML	6	SP, PA
HEMLIBRA INJ 60/0.4	6	SP, PA
HEMLIBRA INJ 105/0.7	6	SP, PA
HEMLIBRA INJ 150/ML	6	SP, PA
HEMLIBRA INJ 300/2ML	6	SP, PA
HEMLIBRA SOL 12/0.4ML	6	SP, PA
HEMOFIL M INJ 250UNIT	6	SP, PA; PV
HEMOFIL M INJ 500UNIT	6	SP, PA; PV
HEMOFIL M INJ 1000UNIT	6	SP, PA; PV
HEMOFIL M INJ 1700UNIT	6	SP, PA; PV
HUMATE-P SOL 250-600	6	SP, PA; PV
HUMATE-P SOL 500-1200	6	SP, PA; PV
HUMATE-P SOL 2400UNIT	6	SP, PA; PV
IDELVION SOL 250UNIT	6	SP, PA; PV
IDELVION SOL 500UNIT	6	SP, PA; PV
IDELVION SOL 1000UNIT	6	SP, PA; PV
IDELVION SOL 2000UNIT	6	SP, PA; PV
IDELVION SOL 3500UNIT	6	SP, PA; PV
IXINITY INJ 250UNIT	NC	SP
IXINITY INJ 500UNIT	NC	SP
IXINITY INJ 1000UNIT	NC	SP
IXINITY INJ 1500UNIT	NC	SP
IXINITY INJ 2000UNIT	NC	SP
IXINITY INJ 3000UNIT	NC	SP
JIVI INJ 500 UNIT	5	SP, PA; PV
JIVI INJ 1000UNIT	5	SP, PA; PV
JIVI INJ 2000UNIT	5	SP, PA; PV
JIVI INJ 3000UNIT	5	SP, PA; PV
KOATE INJ 250UNIT	6	SP, PA; PV
KOATE INJ 500 UNIT	6	SP, PA; PV
KOATE INJ 1000UNIT	6	SP, PA; PV
KOATE-DVI INJ 500UNIT	6	SP, PA; PV
KOATE-DVI INJ 1000UNIT	6	SP, PA; PV
KOGENATE FS INJ 250UNIT	5	SP, PA; PV
KOGENATE FS INJ 500UNIT	5	SP, PA; PV
KOGENATE FS INJ 1000UNIT	5	SP, PA; PV

Drug Name	Drug Tier	Requirements/Limits
KOGENATE FS INJ 2000UNIT	5	SP, PA; PV
KOGENATE FS INJ 3000UNIT	5	SP, PA; PV
KOVALTRY INJ 250UNIT	5	SP, PA; PV
KOVALTRY INJ 500UNIT	5	SP, PA; PV
KOVALTRY INJ 1000UNIT	5	SP, PA; PV
KOVALTRY INJ 2000UNIT	5	SP, PA; PV
KOVALTRY INJ 3000UNIT	5	SP, PA; PV
NOVOEIGHT INJ 250UNIT	5	SP, PA; PV
NOVOEIGHT INJ 500UNIT	5	SP, PA; PV
NOVOEIGHT INJ 1000UNIT	5	SP, PA; PV
NOVOEIGHT INJ 1500UNIT	5	SP, PA; PV
NOVOEIGHT INJ 2000UNIT	5	SP, PA; PV
NOVOEIGHT INJ 3000UNIT	5	SP, PA; PV
NOVOSEVEN RT INJ 1MG	5	SP, PA, QL
NOVOSEVEN RT INJ 2MG	5	SP, PA, QL
NOVOSEVEN RT INJ 5MG	5	SP, PA, QL
NOVOSEVEN RT INJ 8MG	5	SP, PA, QL
NUWIQ INJ 250UNIT	5	SP, PA; PV
NUWIQ INJ 500UNIT	5	SP, PA; PV
NUWIQ INJ 1000UNIT	5	SP, PA; PV
NUWIQ INJ 1500UNIT	5	SP, PA; PV
NUWIQ INJ 2000UNIT	5	SP, PA; PV
NUWIQ INJ 2500UNIT	5	SP, PA; PV
NUWIQ INJ 3000UNIT	5	SP, PA; PV
NUWIQ INJ 4000UNIT	5	SP, PA; PV
NUWIQ KIT 250UNIT	5	SP, PA; PV
NUWIQ KIT 500UNIT	5	SP, PA; PV
NUWIQ KIT 1000UNIT	5	SP, PA; PV
NUWIQ KIT 1500UNIT	5	SP, PA; PV
NUWIQ KIT 2000UNIT	5	SP, PA; PV
NUWIQ KIT 2500UNIT	5	SP, PA; PV
NUWIQ KIT 3000UNIT	5	SP, PA; PV
NUWIQ KIT 4000UNIT	5	SP, PA; PV
OBIZUR INJ 500 UNIT	6	SP, PA
PROFILNINE INJ 500UNIT	6	SP, PA; PV
PROFILNINE INJ 1000UNIT	6	SP, PA; PV
PROFILNINE INJ 1500UNIT	6	SP, PA; PV
REBINYN INJ 3000UNIT	5	SP, PA
REBINYN SOL 500UNIT	5	SP, PA
REBINYN SOL 1000UNIT	5	SP, PA
REBINYN SOL 2000UNIT	5	SP, PA
RECOMBINATE INJ	6	SP, PA; PV
RECOMBINATE INJ 220-400	6	SP, PA; PV

Drug Name	Drug Tier	Requirements/Limits
RECOMBINATE INJ 401-800	6	SP, PA; PV
RECOMBINATE INJ 801-1240	6	SP, PA; PV
RIASTAP SOL 1GM	6	SP, PA
RIXUBIS INJ 250 UNIT	NC	SP
RIXUBIS INJ 500UNIT	NC	SP
RIXUBIS INJ 1000UNIT	NC	SP
RIXUBIS INJ 2000UNIT	NC	SP
RIXUBIS INJ 3000UNIT	NC	SP
SEVENFACT INJ 1MG	5	SP, PA, QL
SEVENFACT INJ 5MG	5	SP, PA, QL
TRETTEN INJ	6	SP, PA; PV
VONVENDI INJ 650UNIT	NC	SP
VONVENDI INJ 1300UNIT	NC	SP
WILATE INJ	6	SP, PA
XYNTHA INJ 250UNIT	5	SP, PA; PV
XYNTHA INJ 500UNIT	5	SP, PA; PV
XYNTHA INJ 1000UNIT	5	SP, PA; PV
XYNTHA INJ 2000UNIT	5	SP, PA; PV
XYNTHA SOLOF INJ 500UNIT	5	SP, PA; PV
XYNTHA SOLOF INJ 1000UNIT	5	SP, PA; PV
XYNTHA SOLOF INJ 2000UNIT	5	SP, PA; PV
XYNTHA SOLOF INJ 3000UNIT	5	SP, PA; PV
XYNTHA SOLOF KIT 250UNIT	5	SP, PA; PV
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	NC	SP
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	4	SP, PA, QL
<i>sajazir inj 30mg/3ml</i>	4	SP, PA, QL
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT	NC	SP
CINRYZE SOL 500 UNIT	NC	SP
EMPAVELI INJ 1080MG	5	SP, PA, QL
ENJAYMO SOL	NC	SP
FABHALTA CAP 200MG	6	SP, PA, QL
HAEGARDA INJ 2000UNIT	6	SP, PA, QL; PV
HAEGARDA INJ 3000UNIT	6	SP, PA, QL; PV
PIASKY INJ 340/2ML	NC	SP
RUCONEST INJ 2100UNIT	6	SP, PA, QL
SOLIRIS INJ 10MG/ML	6	SP, PA
TAVNEOS CAP 10MG	6	SP, PA, QL
ULTOMIRIS INJ 100MG/ML	6	SP, PA, QL
ULTOMIRIS INJ 300/30ML	6	SP, PA, QL
VEOPOZ INJ 400/2ML	6	SP, PA

Drug Name	Drug Tier	Requirements/Limits
VOYDEYA TAB 50-100MG	NC	SP
VOYDEYA TAB 100MG	NC	SP
ZILBRYSQ INJ 16.6MG	NC	SP
ZILBRYSQ INJ 23MG	NC	SP
ZILBRYSQ INJ 32.4MG	NC	SP
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	5	SP, PA, QL
TAVALISSE TAB 150MG	5	SP, PA, QL
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
HUMAN PROTEIN C		
CEPROTIN INJ 500 UNIT	6	SP
CEPROTIN INJ 1000UNIT	6	SP
PLASMA EXPANDERS		
<i>hetastarch (hes /0.7 or /0.75) 6% in nacl 0.9% iv soln</i>	1	
HEXTEND SOL 6%	3	
<i>lmd 10%/d5w inj</i>	1	
<i>lmd 10%/nacl inj 0.9%</i>	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ 10MG/ML	6	SP, PA, QL
ORLADEYO CAP 110MG	5	SP, PA, QL; PV
ORLADEYO CAP 150MG	5	SP, PA, QL; PV
TAKHZYRO INJ 150MG/ML	5	SP, PA, QL; PV
TAKHZYRO INJ 300/2ML	5	SP, PA, QL; PV
PLASMA PROTEINS		
RYPLAZIM SOL 68.8MG	6	SP, PA
PLATELET AGGREGATION INHIBITORS		
AGGRASTAT INJ 3.75/15	NC	
AGGRASTAT INJ 5/100ML	3	
AGGRASTAT INJ 12.5/250	3	
AGRYLIN CAP 0.5MG	3	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	2	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	PV
BRILINTA TAB 60MG	2	PV
BRILINTA TAB 90MG	2	PV
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	PV
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	2	PV
<i>dipyridamole tab 25 mg</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole tab 50 mg</i>	1	PV
<i>dipyridamole tab 75 mg</i>	1	PV
DURLAZA CAP 162.5MG	NC	
EFFIENT TAB 5MG	3	PV
EFFIENT TAB 10MG	3	PV
<i>eptifibatide iv soln 20 mg/10ml (2 mg/ml)</i>	1	
<i>eptifibatide iv soln 75 mg/100ml (0.75 mg/ml)</i>	1	
<i>eptifibatide iv soln 200 mg/100ml (2 mg/ml)</i>	1	
KENGREAL SOL 50MG	NC	
PLAVIX TAB 75MG	NC	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	PV
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	PV
YOSPRALA TAB 81-40MG	NC	SP
YOSPRALA TAB 325-40MG	NC	SP
ZONTIVITY TAB 2.08MG	NC	SP

PROTAMINE

<i>protamine sulfate inj 10 mg/ml</i>	1	
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PYRUVATE KINASE ACTIVATORS

PYRUKYND TAB 5MG	NC	SP
PYRUKYND TAB 5MG TP	NC	SP
PYRUKYND TAB 20MG	NC	SP
PYRUKYND TAB 20MGX5MG	NC	SP
PYRUKYND TAB 50MG	NC	SP
PYRUKYND TAB 50MGX20M	NC	SP

THROMBOLYTIC AGENT - MISC

DEFITELIO INJ 200/2.5	NC	
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THROMBOLYTIC ENZYMES

ACTIVASE INJ 50MG	3	
ACTIVASE INJ 100MG	3	
CATHFLO ACTI INJ 2MG	3	
TNKASE KIT 50MG	3	

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

CERDELGA CAP 84MG	5	SP, PA, QL
CEREZYME INJ 400UNIT	5	SP, PA, QL
ELELYSO INJ 200UNIT	NC	SP
<i>miglustat cap 100 mg</i>	4	SP, PA, QL
<i>yargesa cap 100mg</i>	4	SP, PA
ZAVESCA CAP 100MG	6	SP, PA, QL

AGENTS FOR SICKLE CELL DISEASE

ADAKVEO INJ 100/10ML	6	SP, PA
DROXIA CAP 200MG	3	

Drug Name	Drug Tier	Requirements/Limits
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	5	SP, PA, QL
<i>glutamine (sickle cell) powd pack 5 gm</i>	4	SP, PA, QL
OXBRYTA TAB 500MG	NC	SP
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	

COBALAMINS

<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	2	
<i>dodex inj</i>	1	
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	1	
NASCOBAL SPR 500MCG	NC	

FOLIC ACID/FOLATES

<i>fa-8 cap 800mcg</i>	0	OTC; ACA, PV
<i>folate tab 400mcg</i>	0	OTC; ACA, PV
<i>folic acid cap 0.8 mg</i>	0	OTC; ACA, PV
<i>folic acid inj 5 mg/ml</i>	1	
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	OTC; ACA, PV
<i>folic acid tab 800mcg</i>	0	OTC; ACA, PV
<i>ft folic aci tab 400mcg</i>	0	OTC; ACA, PV
<i>sm folic acd tab 400mcg</i>	0	OTC; ACA, PV
<i>yl folic aci tab 400mcg</i>	0	OTC; ACA, PV

HEMATOPOIETIC GROWTH FACTORS

ALVAIZ TAB 9MG	NC	SP
ALVAIZ TAB 18MG	NC	SP
ALVAIZ TAB 36MG	NC	SP
ALVAIZ TAB 54MG	NC	SP
ARANESP INJ 10MCG	5	SP, PA, QL
ARANESP INJ 25MCG	5	SP, PA, QL
ARANESP INJ 40MCG	5	SP, PA, QL
ARANESP INJ 60MCG	5	SP, PA, QL
ARANESP INJ 100MCG	5	SP, PA, QL
ARANESP INJ 150MCG	5	SP, PA, QL
ARANESP INJ 200MCG	5	SP, PA, QL
ARANESP INJ 300MCG	5	SP, PA, QL
ARANESP INJ 500MCG	5	SP, PA, QL
DOPTELET TAB 20MG	5	SP, PA, QL
EPOGEN INJ 2000/ML	NC	SP
EPOGEN INJ 3000/ML	NC	SP

Drug Name	Drug Tier	Requirements/Limits
EPOGEN INJ 4000/ML	NC	SP
EPOGEN INJ 10000/ML	NC	SP
EPOGEN INJ 20000/ML	NC	SP
FULPHILA INJ 6/0.6ML	NC	SP
FYLNETRA INJ 6MG/0.6	5	SP, PA, QL
GRANIX INJ 300/0.5	NC	SP
GRANIX INJ 300/1ML	NC	SP
GRANIX INJ 480/0.8	NC	SP
GRANIX INJ 480/1.6	NC	SP
LEUKINE INJ 250MCG	NC	SP
MIRCERA INJ 30MCG	NC	SP
MIRCERA INJ 50MCG	NC	SP
MIRCERA INJ 75MCG	NC	SP
MIRCERA INJ 100MCG	NC	SP
MIRCERA INJ 150MCG	NC	SP
MIRCERA INJ 200MCG	NC	SP
MULPLETA TAB 3MG	6	SP, PA, QL
NEULASTA INJ 6MG/0.6M	NC	SP
NEULASTA KIT 6MG/0.6M	NC	SP
NEUPOGEN INJ 300/0.5	NC	SP
NEUPOGEN INJ 300/ML	NC	SP
NEUPOGEN INJ 300MCG	NC	SP
NEUPOGEN INJ 480/0.8	NC	SP
NEUPOGEN INJ 480/1.6	NC	SP
NEUPOGEN INJ 480MCG	NC	SP
NIVESTYM INJ 300/0.5	4	SP, PA
NIVESTYM INJ 300MCG	4	SP, PA
NIVESTYM INJ 480/0.8	4	SP, PA
NIVESTYM INJ 480MCG	4	SP, PA
NPLATE INJ 125MCG	NC	SP
NPLATE INJ 250MCG	NC	SP
NPLATE INJ 500MCG	NC	SP
NYVEPRIA INJ 6/0.6ML	5	SP, PA, QL
PROCRIT INJ 2000/ML	5	SP, PA, QL
PROCRIT INJ 3000/ML	5	SP, PA, QL
PROCRIT INJ 4000/ML	5	SP, PA, QL
PROCRIT INJ 10000/ML	5	SP, PA, QL
PROCRIT INJ 20000/ML	5	SP, PA, QL
PROCRIT INJ 40000/ML	5	SP, PA, QL
PROMACTA PAK 25MG	5	SP, PA, QL
PROMACTA POW 12.5MG	5	SP, PA, QL
PROMACTA TAB 12.5MG	5	SP, PA, QL
PROMACTA TAB 25MG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TAB 50MG	5	SP, PA, QL
PROMACTA TAB 75MG	5	SP, PA, QL
REBLOZYL INJ 25MG	NC	SP
REBLOZYL INJ 75MG	NC	SP
RELEUKO INJ 300MCG	NC	SP
RELEUKO INJ 480MCG	NC	SP
RETACRIT INJ 2000UNIT	4	SP, PA
RETACRIT INJ 3000UNIT	4	SP, PA
RETACRIT INJ 4000UNIT	4	SP, PA
RETACRIT INJ 10000UNT	4	SP, PA
RETACRIT INJ 20000UNI	4	SP, PA
RETACRIT INJ 40000UNT	4	SP, PA
ROLVEDON INJ 13.2MG	NC	SP
UDENYCA INJ 6MG/.6ML	NC	SP
UDENYCA ONBO INJ 6/0.6ML	NC	SP
VAFSEO TAB 150MG	NC	SP
VAFSEO TAB 300MG	NC	SP
ZARXIO INJ 300/0.5	NC	SP
ZARXIO INJ 480/0.8	NC	SP

HEMATOPOIETIC MIXTURES

ACTIVE FE TAB 75-1.25	3	
CORVITE 150 TAB	3	
CORVITE FE TAB	3	
<i>ferottrinsic cap</i>	1	
<i>foltrin cap</i>	1	
FUSION PAK SPRINKLE	NC	SP
FUSION PLUS CAP	3	
HEMATINIC/FA TAB	1	
HEMATRON-AF TAB	3	
<i>hemocyte-f tab</i>	1	
ICAR-C PLUS TAB	3	
<i>k-tan plus cap</i>	1	
MULTIGEN PLS TAB	3	
MULTIGEN TAB	3	
MULTIGEN TAB FOLIC	3	
NUFERA TAB	3	
TARON FORTE CAP	3	
<i>tricon cap</i>	1	
<i>trigels-f cap forte</i>	1	

IRON

FERAHME INJ 510/17ML	3	
FERRLECIT INJ 12.5MG/M	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ferumoxitol inj 510 mg/17ml (30 mg/ml)</i> <i>(elemental fe)</i>	2	
INFED INJ 50MG/ML	3	
INJECTAFER INJ 100/2ML	3	
INJECTAFER INJ 750/15ML	3	
<i>sod ferric gluc cmplx in sucrose iv soln 12.5</i> <i>mg/ml (fe eq)</i>	2	
TRIFERIC INJ AVNU	3	
VENOFER INJ 20MG/ML	3	

STEM CELL MOBILIZERS

MOZOBIL INJ	6	SP, PA
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20</i> <i>mg/ml)</i>	4	SP, PA

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid inj 250 mg/ml</i>	1	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	2	
<i>aminocaproic acid tab 500 mg</i>	2	
<i>aminocaproic acid tab 1000 mg</i>	2	
CYKLOKAPRON INJ 100MG/ML	3	
LYSTEDA TAB 650MG	3	
<i>tranexamic acid iv soln 1000 mg/10ml (100</i> <i>mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	1	

HEMOSTATICS - TOPICAL

ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
RECOTHROM SOL 5000UNIT	3	
RECOTHROM SOL 20000UNT	3	
TACHOSIL PAD 4.8X4.8	3	
TACHOSIL PAD 9.5X4.8	3	
THROMBIN KIT 5000UNIT	3	
THROMBIN-JMI KIT 5000UNIT	3	
THROMBIN-JMI KIT 20000UNT	3	
THROMBIN-JMI SOL 5000UNIT	3	
THROMBIN-JMI SOL 20000UNT	3	
THROMBOGEN KIT 10000UNT	3	
THROMBOGEN SOL 1000UNIT	3	
THROMBOGEN SOL 10000UNT	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	

Drug Name	Drug Tier	Requirements/Limits
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

NEMBUTAL SOD INJ 50MG/ML	3	
<i>pentobarbital sodium inj 50 mg/ml</i>	1	
<i>phenobarbital elixir 20 mg/5ml</i>	1	PV
<i>phenobarbital sodium inj 65 mg/ml</i>	1	
<i>phenobarbital sodium inj 130 mg/ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	PV
<i>phenobarbital tab 16.2 mg</i>	1	PV
<i>phenobarbital tab 30 mg</i>	1	PV
<i>phenobarbital tab 32.4 mg</i>	1	PV
<i>phenobarbital tab 60 mg</i>	1	PV
<i>phenobarbital tab 64.8 mg</i>	1	PV
<i>phenobarbital tab 97.2 mg</i>	1	PV
<i>phenobarbital tab 100 mg</i>	1	PV
SEZABY INJ 100MG	3	

HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	2	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	2	
SILENOR TAB 3MG	NC	
SILENOR TAB 6MG	NC	

NON-BARBITURATE HYPNOTICS

AMBIEN CR TAB 6.25MG	3	PA, QL
AMBIEN CR TAB 12.5MG	3	PA, QL
AMBIEN TAB 5MG	3	PA, QL
AMBIEN TAB 10MG	3	PA, QL
DEXMEDE/NACL INJ 20/5ML	3	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 80 mcg/20ml</i>	1	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml</i>	1	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml</i>	1	
<i>dexmedetomidine hcl iv soln 200 mcg/2ml</i>	1	
EDLUAR SUB 5MG	NC	
EDLUAR SUB 10MG	NC	
<i>estazolam tab 1 mg</i>	1	PA, QL
<i>estazolam tab 2 mg</i>	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone tab 1 mg</i>	1	PA, QL
<i>eszopiclone tab 2 mg</i>	1	PA, QL
<i>eszopiclone tab 3 mg</i>	1	PA, QL
<i>flurazepam hcl cap 15 mg</i>	1	PA, QL
<i>flurazepam hcl cap 30 mg</i>	1	PA, QL
HALCION TAB 0.25MG	3	PA, QL
IGALMI MIS 120MCG	NC	
IGALMI MIS 180MCG	NC	
INTERMEZZO SUB 1.75MG	NC	
INTERMEZZO SUB 3.5MG	NC	
LUNESTA TAB 1MG	NC	
LUNESTA TAB 2MG	NC	
LUNESTA TAB 3MG	NC	
MIDAZOL/NACL SOL 5MG/5ML	NC	
<i>midazolam hcl inj 2 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj 5 mg/5ml (base equivalent)</i>	1	
<i>midazolam hcl inj 5 mg/ml (base equivalent)</i>	1	
<i>midazolam hcl inj 10 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj 10 mg/10ml (base equivalent)</i>	1	
<i>midazolam hcl inj 25 mg/5ml (base equivalent)</i>	1	
<i>midazolam hcl inj 50 mg/10ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 2 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 5 mg/5ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	1	
PRECEDEX INJ 80/20ML	3	
PRECEDEX INJ 100MCG	3	
PRECEDEX INJ 200/50ML	3	
PRECEDEX INJ 400/100	3	
PRECEDEX INJ 1000/250	3	
<i>quazepam tab 15 mg</i>	NC	
RESTORIL CAP 7.5MG	3	PA, QL
RESTORIL CAP 15MG	3	PA, QL
RESTORIL CAP 22.5MG	3	PA, QL
RESTORIL CAP 30MG	3	PA, QL
<i>temazepam cap 7.5 mg</i>	1	PA, QL
<i>temazepam cap 15 mg</i>	1	PA, QL
<i>temazepam cap 22.5 mg</i>	1	PA, QL
<i>temazepam cap 30 mg</i>	1	PA, QL
<i>triazolam tab 0.25 mg</i>	1	PA, QL
<i>triazolam tab 0.125 mg</i>	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon cap 5 mg</i>	1	PA, QL
<i>zaleplon cap 10 mg</i>	1	PA, QL
<i>zolpidem tartrate sl tab 1.75 mg</i>	NC	
<i>zolpidem tartrate sl tab 3.5 mg</i>	NC	
<i>zolpidem tartrate tab 5 mg</i>	1	PA, QL
<i>zolpidem tartrate tab 10 mg</i>	1	PA, QL
<i>zolpidem tartrate tab er 6.25 mg</i>	1	PA, QL
<i>zolpidem tartrate tab er 12.5 mg</i>	1	PA, QL
ZOLPIMIST SPR 5MG	NC	

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TAB 5MG	2	PA, QL
BELSOMRA TAB 10MG	2	PA, QL
BELSOMRA TAB 15MG	2	PA, QL
BELSOMRA TAB 20MG	2	PA, QL
DAYVIGO TAB 5MG	2	PA, QL
DAYVIGO TAB 10MG	2	PA, QL
QUVIVIQ TAB 25MG	2	PA, QL
QUVIVIQ TAB 50MG	2	PA, QL

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ CAP 20MG	6	SP, PA, QL
HETLIOZ LQ SUS 4MG/ML	6	SP, PA, QL
<i>ramelteon tab 8 mg</i>	1	QL
ROZEREM TAB 8MG	NC	
<i>tasimelteon capsule 20 mg</i>	4	SP, PA, QL

LAXATIVES

LAXATIVE COMBINATIONS

<i>gavilyte-c sol</i>	2	PV
<i>gavilyte-g sol</i>	2	PV
<i>gavilyte-n sol flav pk</i>	2	PV
GOLYTELY SOL	NC	
MOVIPREP SOL	NC	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	PV
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	PV
PEG-PREP KIT	0	ACA, PV
<i>peg/nasul/c/ sol nacl/pot</i>	NC	
PLENVU SOL	NC	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	0	ACA, PV
SUFLAVE SOL	NC	
SUPREP BOWEL SOL PREP KIT	NC	
SUTAB TAB	NC	

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES - MISCELLANEOUS		
<i>constulose sol 10gm/15</i>	1	
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
LACTULOSE PAK 10GM	NC	
<i>lactulose solution 10 gm/15ml</i>	1	
LUBRICANT LAXATIVES		
<i>mineral oil</i>	1	
SALINE LAXATIVES		
OSMOPREP TAB 1.5GM	NC	
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
<i>articadent inj dental</i>	1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</i>	1	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i>	1	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</i>	1	
LIDO/TETRA INJ 0.4-0.2%	3	
<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i>	1	
<i>lidocaine inj 1% w/ epinephrine-1:100000</i>	1	
<i>lidocaine inj 1.5% w/ epinephrine-1:200000 (pf)</i>	1	
<i>lidocaine inj 2% w/ epinephrine-1:100000</i>	1	
<i>lidocaine inj 2% w/ epinephrine-1:200000 (pf)</i>	1	
<i>marcaine/epi inj 0.5%</i>	1	
MARCAINE/EPI INJ 0.5%	3	
MARCAINE/EPI INJ 0.25%	3	
ORABLOC INJ	3	
<i>sensorcaine inj -mpf/epi</i>	1	
SENSORCAINE INJ -MPF/EPI	1	
SENSORCAINE INJ -MPF/EPI	3	
<i>sensorcaine/ inj epi 0.5%</i>	1	
<i>sensorcaine/ inj epi 0.25</i>	1	
XYLO-MPF/EPI INJ 1%	3	
XYLO-MPF/EPI INJ 1.5%	3	
XYLO-MPF/EPI INJ 2%	3	
XYLO/EPI 1%- INJ 1:100000	3	
XYLO/EPI INJ 0.5%	3	
XYLO/EPI INJ 2%	3	
LOCAL ANESTHETICS - AMIDES		
<i>bupivacaine hcl inj 0.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bupivacaine hcl inj 0.25%</i>	1	
<i>bupivacaine hcl preservative free (pf) inj 0.5%</i>	1	
<i>bupivacaine hcl preservative free (pf) inj 0.25%</i>	1	
<i>bupivacaine hcl preservative free (pf) inj 0.75%</i>	1	
BUPIVACAINE INJ 0.5%	3	
BUPIVACAINE INJ 0.25%	3	
BUPIVACAINE INJ 0.125%	3	
BUPIVACAINE INJ 2.5MG/ML	3	
BUPIVACAINE INJ 5MG/ML	3	
<i>bupivacaine inj spinal</i>	1	
EXPAREL INJ 1.3%	3	
LIDOCAINE HC INJ 200/10ML	NC	
<i>lidocaine hcl local inj 0.5%</i>	1	
<i>lidocaine hcl local inj 1%</i>	1	
<i>lidocaine hcl local inj 2%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	1	
LIDOCAINE INJ 1%	3	
LIDOCAINE INJ 2%	3	
LIDOCAINE INJ 10MG/ML	3	PA
LIDOCAINE INJ 100/5ML	3	PA
MARCAINE INJ 0.5%	3	
MARCAINE INJ 0.25%	3	
MARCAINE INJ 0.75%	3	
MARCAINE INJ SPINAL	3	
NAROPIN INJ 2MG/ML	3	
NAROPIN INJ 5MG/ML	3	
NAROPIN INJ 7.5MG/ML	3	
NAROPIN INJ 10MG/ML	3	
<i>polocaine inj 1%</i>	1	
<i>polocaine inj 2%</i>	1	
<i>polocaine inj -mpf 1%</i>	1	
<i>polocaine inj -mpf 2%</i>	1	
<i>polocaine inj mpf 1.5%</i>	1	
POSIMIR SOL 660/5ML	NC	
<i>ropivacaine hcl inj 2 mg/ml</i>	1	
<i>ropivacaine hcl inj 5 mg/ml</i>	1	
<i>ropivacaine hcl inj 7.5 mg/ml</i>	1	
<i>ropivacaine hcl inj 10 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ROPIVACAINE INJ 0.5%	NC	
ROPIVACAINE INJ 2MG/ML	3	
<i>sensorcaine inj 0.5%</i>	1	
<i>sensorcaine inj 0.25%</i>	1	
<i>sensorcaine inj mpf0.25%</i>	1	
<i>sensorcaine inj mpf0.75%</i>	1	
<i>sensorcaine inj mpf 0.5%</i>	1	
XYLOCAINE INJ 0.5%	3	
XYLOCAINE INJ 1%	3	
XYLOCAINE INJ 2%	3	
XYLOCAINE INJ -MPF 1%	3	
XYLOCAINE INJ -MPF 2%	3	
XYLOCAINE INJ MPF 0.5%	3	
XYLOCAINE INJ MPF 1.5%	3	

LOCAL ANESTHETICS - ESTERS

<i>chloroprocaine hcl preservative free (pf) inj 2%</i>	1	
<i>chloroprocaine hcl preservative free (pf) inj 3%</i>	1	
NESACAINE INJ 1%	3	
NESACAINE INJ 2%	3	
NESACAINE INJ -MPF 2%	3	
NESACAINE INJ -MPF 3%	3	

MACROLIDES

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
ZITHROMAX INJ 500MG	3	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	

CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>	2	
<i>clarithromycin for susp 250 mg/5ml</i>	2	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin tab er 24hr 500 mg</i>	2	
ERYTHROMYCINS		
<i>e.e.s. 400 tab 400mg</i>	2	
E.E.S. GRAN SUS 200/5ML	NC	
<i>ery-tab tab 250mg ec</i>	2	
<i>ery-tab tab 333mg ec</i>	2	
<i>ery-tab tab 500mg ec</i>	2	
ERYPED SUS 200/5ML	NC	
ERYPED SUS 400/5ML	NC	
<i>erythrocin inj 500mg</i>	1	
ERYTHROCIN INJ 500MG	3	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	2	
<i>erythromycin lactobionate for inj 500 mg</i>	1	
<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	
FIDAXOMICIN		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
AIMSCO MIS LUBRICAT	0	OTC; ACA
CAYA DPR	0	QL; ACA, PV
COLOR CONDOM MIS + LUBE	0	OTC; ACA
CONDOMS MIS	0	OTC; ACA
DUREX MIS REALFEEL	0	OTC; ACA
DUREX MIS TROPICAL	0	OTC; ACA
FANTASY LUBR MIS	0	OTC; ACA
FANTASY LUBR MIS COLORS	0	OTC; ACA
FANTASY LUBR MIS SPERMICI	0	OTC; ACA
FANTASY MIS LUBRICAT	0	OTC; ACA
FC2 FEMALE MIS CONDOM	0	OTC; ACA
FEMCAP MIS 22MM	0	ACA
FEMCAP MIS 26MM	0	ACA

Drug Name	Drug Tier	Requirements/Limits
FEMCAP MIS 30MM	0	ACA
KAMELEON LUB MIS COLORS	0	OTC; ACA
KAMELEON MIS TRI-COLR	0	OTC; ACA
KIMONO COLOR MIS	0	OTC; ACA
KIMONO MAXX MIS LG FLARE	0	OTC; ACA
KIMONO MICRO MIS THIN	0	OTC; ACA
KIMONO MICRO MIS THIN +	0	OTC; ACA
KIMONO MICRO MIS THIN PLS	0	OTC; ACA
KIMONO MIS LUBRICAT	0	OTC; ACA
KIMONO MIS SENSATIO	0	OTC; ACA
KIMONO PLUS MIS LUBRICAT	0	OTC; ACA
KIMONO PLUS MIS SPERMICI	0	OTC; ACA
KIMONO PS MIS LUBRICAT	0	OTC; ACA
KIMONO PS MIS PLUS	0	OTC; ACA
KIMONO SENSE MIS PLUS	0	OTC; ACA
KIMONO SPEC MIS	0	OTC; ACA
MAXX MIS LUBRICAT	0	OTC; ACA
MAXX PLUS MIS SPERMICI	0	OTC; ACA
NATURAL COND MIS + LUBE	0	OTC; ACA
OMNIFLEX DPR	0	ACA
REALITY MIS LUBRICAT	0	OTC; ACA
REALITY ULTR MIS TEXTURED	0	OTC; ACA
REALITY ULTR MIS THIN	0	OTC; ACA
TROJAN MAGN MIS	0	OTC; ACA
TROJAN MIS ENZ	0	OTC; ACA
TROJAN ULTRA MIS RIBBED	0	OTC; ACA
TROJAN ULTRA MIS THIN	0	OTC; ACA
TROJAN-ENZ MIS LUBRICAT	0	OTC; ACA
TROJAN-ENZ MIS W/SPERMI	0	OTC; ACA
TRUE COVER MIS CONDOM	0	OTC; ACA
TRUSTEX LUBR MIS ASSORTED	0	OTC; ACA
TRUSTEX LUBR MIS BANANA	0	OTC; ACA
TRUSTEX LUBR MIS CHOC	0	OTC; ACA
TRUSTEX LUBR MIS COLA	0	OTC; ACA
TRUSTEX LUBR MIS COLORS	0	OTC; ACA
TRUSTEX LUBR MIS EX LARGE	0	OTC; ACA
TRUSTEX LUBR MIS EX STR	0	OTC; ACA
TRUSTEX LUBR MIS GRAPE	0	OTC; ACA
TRUSTEX LUBR MIS MINT	0	OTC; ACA
TRUSTEX LUBR MIS RIB/STUD	0	OTC; ACA
TRUSTEX LUBR MIS SPERMICI	0	OTC; ACA
TRUSTEX LUBR MIS STRWBRY	0	OTC; ACA
TRUSTEX LUBR MIS VANILLA	0	OTC; ACA

Drug Name	Drug Tier	Requirements/Limits
TRUSTEX MIS BANANA	0	OTC; ACA
TRUSTEX MIS CHOCOLAT	0	OTC; ACA
TRUSTEX MIS FLAVORS	0	OTC; ACA
TRUSTEX MIS MINT	0	OTC; ACA
TRUSTEX MIS STRWBRY	0	OTC; ACA
TRUSTEX MIS VANILLA	0	OTC; ACA
TRUSTEX/RIA MIS LUBRICAT	0	OTC; ACA
TRUSTEX/RIA MIS NON-LUB	0	OTC; ACA
TRUSTEX/RIA MIS SPERMICI	0	OTC; ACA
TRUSTX NON-9 MIS RIB/STUD	0	OTC; ACA
WIDE-SEAL DPR KIT 60	0	ACA
WIDE-SEAL DPR KIT 65	0	ACA
WIDE-SEAL DPR KIT 70	0	ACA
WIDE-SEAL DPR KIT 75	0	ACA
WIDE-SEAL DPR KIT 80	0	ACA
WIDE-SEAL DPR KIT 85	0	ACA
WIDE-SEAL DPR KIT 90	0	ACA
WIDE-SEAL DPR KIT 95	0	ACA

DIABETIC SUPPLIES

ACTI-LANCE MIS 28G	3	OTC; PV
ACTI-LANCE MIS LITE 28G	3	OTC; PV
ACTI-LANCE MIS SPEC 17G	3	OTC; PV
ACTI-LANCE MIS UNIV 23G	3	OTC; PV
ADVocate SAFE MIS LANC 26G	3	OTC; PV
ADVocate MIS LANC 30G	3	OTC; PV
ADVocate MIS LANCETS	3	OTC; PV
AGAMATRIX MIS 33G	3	OTC; PV
AQUALANCE MIS 30G	3	OTC; PV
ASSURE CMFRT MIS 28G	3	OTC; PV
ASSURE LANCE MIS 21G	3	OTC; PV
ASSURE LANCE MIS LOW FLOW	3	OTC; PV
ASSURE LANCE MIS MICRO	3	OTC; PV
ASSURE LANCE MIS SAFE 25G	3	OTC; PV
ASSURE LANCE MIS SAFE 30G	3	OTC; PV
AURORA LANCE MIS 30G	3	OTC; PV
AURORA LANCE MIS THIN 23G	3	OTC; PV
AUTO LANCET MIS	3	OTC; PV
AUTOLET PLAT MIS 1.8MM	3	OTC; PV
AUTOLET PLAT MIS 2.4MM	3	OTC; PV
AUTOLET PLAT MIS 3.0MM	3	OTC; PV
BD MICROTAIN MIS LANCETS	3	PV
BD MICROTAIN MIS LANCETS	3	OTC; PV
CAREONE LANC MIS 30G	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
CAREONE LANC MIS THIN 23G	3	OTC; PV
CARESENS 30G MIS LANCETS	3	OTC; PV
CARETOUCH MIS TWIST 30	3	OTC; PV
CGMS CABLE MIS	NC	
CGMS MIS SOFTWARE	NC	
CLEANLET 28G MIS LANCETS	3	OTC; PV
CLEVER CHECK MIS	3	OTC; PV
CLEVER CHECK MIS 30G	3	OTC; PV
COAGUCHEK MIS LANCETS	3	OTC; PV
COMFORT ASSU MIS LANC 28G	3	OTC; PV
COMFORT ASSU MIS LANC 33G	3	OTC; PV
COMFORTOUCH MIS LANCET	3	OTC; PV
CVS LANCETS MIS 21G	3	OTC; PV
CVS LANCETS MIS 30G	3	OTC; PV
CVS LANCETS MIS 33G	3	OTC; PV
CVS LANCETS MIS ORIGINAL	3	OTC; PV
CVS LANCETS MIS THIN 26G	3	OTC; PV
CVS LANCETS MIS THIN 30G	3	OTC; PV
CVS LANCETS MIS THIN 33G	3	OTC; PV
DEXCOM G5 MIS RECEIVER	2	PA
DEXCOM G5 MIS TRANSMIT	2	PA
DEXCOM G6 MIS RECEIVER	2	PA
DEXCOM G6 MIS SENSOR	2	PA
DEXCOM G6 MIS TRANSMIT	2	PA
DEXCOM G7 MIS RECEIVER	2	PA
DEXCOM G7 MIS SENSOR	2	PA
DIATHRIVE MIS UT 30G	3	OTC; PV
DROPLET LANC MIS 30G	3	OTC; PV
E-Z JECT MIS 21G	3	OTC; PV
E-Z JECT MIS 21G COLR	3	OTC; PV
E-Z JECT MIS 30G	3	OTC; PV
E-Z JECT MIS 32G COLR	3	OTC; PV
E-Z JECT MIS LANC 21G	3	OTC; PV
E-Z JECT MIS THIN 26G	3	OTC; PV
E-ZJECT LANC MIS 33G	3	OTC; PV
EASY COMFORT MIS 30G	3	OTC; PV
EASY COMFORT MIS LANC/30G	3	OTC; PV
EASY TOUCH MIS LANC/21G	3	OTC; PV
EASY TOUCH MIS LANC/23G	3	OTC; PV
EASY TOUCH MIS LANC/26G	3	OTC; PV
EASY TOUCH MIS LANC/28G	3	OTC; PV
EASY TOUCH MIS LANC/30G	3	OTC; PV
EASY TOUCH MIS LANC/32G	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH MIS LANC/33G	3	OTC; PV
EMBRACE LANC MIS 21G	3	OTC; PV
EMBRACE LANC MIS 28G	3	OTC; PV
EMBRACE LANC MIS THIN 30G	3	OTC; PV
ENLITE GLUCO MIS SENSOR	NC	
EQL LANCETS MIS 21G COLR	3	OTC; PV
EQL LANCETS MIS 33G COLR	3	OTC; PV
EQL LANCETS MIS THIN 26G	3	OTC; PV
EQL LANCETS MIS THIN 30G	3	OTC; PV
EVERSENSE365 MIS SENSOR	NC	
EVERSENSE365 MIS TRANSMTR	NC	
EVERSENSE MIS SENSOR	NC	
EVERSENSE MIS TRANSMTR	NC	
EZ-LETS 21G MIS LANCETS	3	OTC; PV
EZ-LETS 26G MIS LANCETS	3	OTC; PV
EZ-LETS 28G MIS LANCETS	3	OTC; PV
EZ-LETS 30G MIS LANCETS	3	OTC; PV
FASTCLIX MIS LANCETS	7	OTC; PV
FIFTY50 SAFE MIS LANCETS	3	OTC; PV
FINGERSTIX MIS LANCETS	3	OTC; PV
FORA LANCETS MIS 30G	3	OTC; PV
FORA MIS LANCETS	3	OTC; PV
FREE LIBRE2 KIT PLUS/SEN	NC	
FREESTY LIBR KIT 2 SENSOR	NC	
FREESTY LIBR KIT 3 SENSOR	NC	
FREESTY LIBR KIT SENSOR	NC	
FREESTY LIBR MIS 2 READER	NC	
FREESTY LIBR MIS 3 READER	NC	
FREESTY LIBR MIS READER	NC	
FREESTYLE KIT SENSOR	NC	
FREESTYLE MIS LANCETS	3	OTC; PV
FREESTYLE MIS READER	NC	
G5/G4 MIS SENSOR	2	PA
GLOBAL 28G MIS LANCETS	3	OTC; PV
GLOBAL 30G MIS LANCETS	3	OTC; PV
GLUCOCOM MIS 28G	3	OTC; PV
GLUCOCOM MIS 30G	3	OTC; PV
GLUCOCOM MIS 33G	3	OTC; PV
GNP LANCETS MIS 21G	3	OTC; PV
GNP LANCETS MIS 28G	3	OTC; PV
GNP LANCETS MIS 30G	3	OTC; PV
GNP LANCETS MIS 33G	3	OTC; PV
GNP LANCETS MIS THIN 26G	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
GOODSENSE MIS LANC 30G	3	OTC; PV
GUARDIAN CON MIS TRANSMIT	NC	
GUARDIAN MIS LINK 3	NC	
GUARDIAN MIS SENSOR 3	NC	
GUARDIAN MIS TRANSMTR	NC	
GUARDIAN RT KIT	NC	
GUARDIAN RT KIT STARTER	NC	
GUARDIAN RT KIT SYST PED	NC	
GUARDIAN RT KIT SYSTEM	NC	
GUARDIAN RT MIS CHARGER	NC	
GUARDIAN RT MIS REPL PED	NC	
GUARDIAN RT MIS REPLACE	NC	
GUARDIAN RT MIS SOFTWARE	NC	
GUARDIAN RT MIS TST PLUG	NC	
HAEMOLANCE MIS HIGH FLO	3	OTC; PV
HAEMOLANCE MIS LOW FLOW	3	OTC; PV
HAEMOLANCE MIS PLUS	3	OTC; PV
HAEMOLANCE MIS PLUS LOW	3	OTC; PV
HAEMOLANCE MIS PLUS MAX	3	OTC; PV
HAEMOLANCE MIS PLUS PED	3	OTC; PV
HAEMOLANCE MIS RETRACT	3	OTC; PV
IN TOUCH LAN MIS 30G	3	OTC; PV
INCONTROL MIS LANC 28G	3	OTC; PV
INCONTROL MIS LANC 30G	3	OTC; PV
INCONTROL MIS LANC 33G	3	OTC; PV
KINNEY MIS LANCETS	3	OTC; PV
KINNEY THIN MIS LANCETS	3	OTC; PV
KROGER LANCE MIS	3	OTC; PV
KROGER LANCE MIS 26G	3	OTC; PV
KROGER LANCE MIS THIN	3	OTC; PV
KROGER LANCE MIS THIN 30G	3	OTC; PV
LANCET MICRO MIS THIN 33G	3	OTC; PV
LANCET STAND MIS 21G	3	OTC; PV
LANCET SUPER MIS THIN 30G	3	OTC; PV
LANCET ULTRA MIS THIN 30G	3	OTC; PV
LANCETS MICR MIS THIN 33G	3	OTC; PV
LANCETS MIS	3	OTC; PV
LANCETS MIS 21G	3	OTC; PV
LANCETS MIS 21G COLR	3	OTC; PV
LANCETS MIS 26G	3	OTC; PV
LANCETS MIS 28G	3	OTC; PV
LANCETS MIS 30G	3	OTC; PV
LANCETS MIS 33G	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
LANCETS MIS ORIGINAL	3	OTC; PV
LANCETS MIS THIN	3	OTC; PV
LANCETS MIS THIN 26G	3	OTC; PV
LANCETS MIS THIN 30G	3	OTC; PV
LANCETS SUPR MIS THIN 28G	3	OTC; PV
LANCETS THIN MIS	3	OTC; PV
LANCETS THIN MIS 26G	3	OTC; PV
LANCETS ULTR MIS THIN	3	OTC; PV
LITE TOUCH MIS LANCETS	3	OTC; PV
LITETOUCH MIS LANCETS	3	OTC; PV
LONGS LANCET MIS STANDARD	3	OTC; PV
LONGS LANCET MIS THIN	3	OTC; PV
LONGS LANCET MIS ULTRA TH	3	OTC; PV
MEDICHOICE MIS LANCET	3	OTC; PV
MEDLANCE MIS 30G PLUS	3	OTC; PV
MEDLANCE MIS PLUS 30G	3	OTC; PV
MEDLANCE PLS MIS 0.8MM	3	OTC; PV
MEDLANCE PLS MIS EXTR 21G	3	OTC; PV
MEDLANCE PLS MIS LITE 25G	3	OTC; PV
MEDLANCE PLS MIS UNIV 21G	3	OTC; PV
MEIJER LANCE MIS COLOR	3	OTC; PV
MEIJER LANCE MIS UNIV 21G	3	OTC; PV
MEIJER LANCE MIS UNIV 30G	3	OTC; PV
MEIJER LANCE MIS UNIVERSA	3	OTC; PV
MEIJER MIS LANCETS	3	OTC; PV
MICRO THIN MIS LANC 33G	3	OTC; PV
MICROLET MIS LANCETS	3	OTC; PV
MINILINK RT MIS TRANSMIT	NC	
MINIMED 630G MIS TRANSMIT	NC	
MONOLET MIS LANCETS	3	OTC; PV
MONOLET OPD MIS LANCETS	3	OTC; PV
MONOLETTOR MIS LANCETS	3	OTC; PV
MYGLUCOHEALT MIS LANC 30G	3	OTC; PV
NOVA SAFETY MIS LANC 23G	3	OTC; PV
NOVA SAFETY MIS LANC 28G	3	OTC; PV
NOVA SURE MIS LANCETS	3	OTC; PV
OMNIPOD 5 DX KIT INT G7G6	2	PV
OMNIPOD 5 DX MIS POD G7G6	2	PV
OMNIPOD 5 LB KIT INTRO G6	2	PV
OMNIPOD 5 LB MIS PODS G6	2	PV
OMNIPOD DASH MIS PODS	2	PV
OMNIPOD MIS CLASSIC	2	PV
OMNIPOD PDM KIT CLASSIC	2	PV

Drug Name	Drug Tier	Requirements/Limits
ON-THE-GO MIS LANC 30G	3	OTC; PV
ONETOUCH DEL MIS PLUS 30G	7	OTC; PV
ONETOUCH DEL MIS PLUS 33G	7	OTC; PV
ONETOUCH FP MIS LANCETS	7	OTC; PV
ONETOUCH MIS 30G	7	OTC; PV
ONETOUCH MIS LANCETS	7	OTC; PV
ONETOUCH US MIS LANCETS	7	OTC; PV
PARADIGM REA MIS TRANSMIT	NC	
PERFECT 28G MIS LANCETS	3	OTC; PV
PERFECT 30G MIS LANCETS	3	OTC; PV
PERFECT POIN MIS LANC 28G	3	OTC; PV
PERFECT POIN MIS LANC 30G	3	OTC; PV
PHARMACY COU MIS LANCETS	3	OTC; PV
PIP LANCETS MIS 30G	3	OTC; PV
PRO COMFORT MIS 31G	3	OTC; PV
PRO COMFORT MIS LANCETS	3	OTC; PV
PRODIGY MIS 26G	3	OTC; PV
PRODIGY MIS 28G	3	OTC; PV
PX LANCETS MIS 28G	3	OTC; PV
PX LANCETS MIS 33G	3	OTC; PV
QC LANCETS MIS 28G	3	OTC; PV
QC LANCETS MIS 30G	3	OTC; PV
RA E-ZJECT MIS 28G	3	OTC; PV
RA E-ZJECT MIS THIN 26G	3	OTC; PV
RA E-ZJECT MIS THIN 28G	3	OTC; PV
RA E-ZJECT MIS ULT THIN	3	OTC; PV
REAL-TIME KIT	NC	
RELION LANCE MIS THIN 26G	3	OTC; PV
RELION LANCE MIS THIN 30G	3	OTC; PV
RELION MICRO MIS THIN 33G	3	OTC; PV
RELION ULTRA MIS THIN PLS	3	OTC; PV
RIGHTEST ALT MIS ADAPTOR	3	OTC; PV
RIGHTEST MIS GL300	3	OTC; PV
SAFE-T-PRO MIS LANCETS	7	OTC; PV
SAFE-T-PRO MIS PLUS	7	OTC; PV
SAFETY 21G MIS LANCETS	3	OTC; PV
SAFETY 28G MIS LANCETS	3	OTC; PV
SAFETY MIS LANCETS	3	OTC; PV
SAPSCARE MIS TWIST	3	OTC; PV
SB LANCETS MIS THIN	3	OTC; PV
SB LANCETS MIS ULTR THN	3	OTC; PV
SINGLE-LET MIS 23G	3	OTC; PV
SM LANCETS MIS 33G	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
SMART SENSE MIS LANC 21G	3	OTC; PV
SMART SENSE MIS LANC 26G	3	OTC; PV
SMART SENSE MIS LANC 30G	3	OTC; PV
SMART SENSE MIS LANC 33G	3	OTC; PV
SMARTEST MIS LANCETS	3	OTC; PV
SOF-SENSOR MIS	NC	
SOFTCLIX MIS LANCETS	7	OTC; PV
SOLUS V2 MIS LANC 28G	3	OTC; PV
SOLUS V2 MIS LANC 30G	3	OTC; PV
STERILANCE MIS TL 28G	3	OTC; PV
STERILANCE MIS TL 30G	3	OTC; PV
STERILANCE MIS TL 32G	3	OTC; PV
SUPER THIN MIS LANC 28G	3	OTC; PV
SUPER THIN MIS LANCETS	3	OTC; PV
SURE COMFORT MIS LANCETS	3	OTC; PV
SUREFLEX MIS LANCETS	3	OTC; PV
SURELITE MIS LANCETS	3	OTC; PV
TECHLITE AST MIS LANCETS	3	OTC; PV
TECHLITE MIS LANC 26G	3	OTC; PV
TECHLITE MIS LANCETS	3	OTC; PV
TGT LANCET MIS 26G	3	OTC; PV
TGT LANCET MIS 30G	3	OTC; PV
TGT LANCET MIS 33G	3	OTC; PV
THIN LANCETS MIS 26G	3	OTC; PV
THIN LANCETS MIS 30G	3	OTC; PV
TOPCARE MIS LANC 33G	3	OTC; PV
TRAVEL LANCE MIS ADV 28G	3	OTC; PV
TRUPLUS LANC MIS 26G	3	OTC; PV
TRUPLUS LANC MIS 28G	3	OTC; PV
TRUPLUS LANC MIS 30G	3	OTC; PV
TRUPLUS LANC MIS 33G	3	OTC; PV
ULTILET MIS 26G	3	OTC; PV
ULTILET MIS 28G	3	OTC; PV
ULTILET MIS 30G	3	OTC; PV
ULTILET MIS 33G	3	OTC; PV
ULTILET MIS LANCETS	3	OTC; PV
ULTILET MIS SAFETY	3	OTC; PV
ULTRA THIN MIS 28G	3	OTC; PV
ULTRA THIN MIS 30G	3	OTC; PV
ULTRA THIN MIS 31G	3	OTC; PV
ULTRA THIN MIS 33G	3	OTC; PV
ULTRA THIN MIS LANC 28G	3	OTC; PV
ULTRA THIN MIS LANC 30G	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
ULTRA THIN MIS LANCETS	3	OTC; PV
UNILET EX II MIS 28G	3	OTC; PV
UNILET EXCEL MIS 23G	3	OTC; PV
UNILET G.P MIS SUPR 23G	3	OTC; PV
UNILET G.P. MIS 21G	3	OTC; PV
UNILET GP 28 MIS ULT THIN	3	OTC; PV
UNILET LANC MIS 33G	3	OTC; PV
UNILET LANCE MIS 21G	3	OTC; PV
UNILET LANCE MIS 28G	3	OTC; PV
UNILET LANCE MIS 33G	3	OTC; PV
UNILET LANCT MIS 28G	3	OTC; PV
UNILET LANCT MIS 30G	3	OTC; PV
UNILET LANCT MIS 33G	3	OTC; PV
UNILET MIS 21G	3	OTC; PV
UNILET SUPER MIS 23G	3	OTC; PV
UNILET SUPER MIS G.P. 23G	3	OTC; PV
UNISTIK 1 MIS 2.4MM	3	OTC; PV
UNISTIK 1 MIS 3.0MM	3	OTC; PV
UNISTIK 2 MIS	3	OTC; PV
UNISTIK 2 MIS 1.8MM	3	OTC; PV
UNISTIK 2 MIS 2.4MM	3	OTC; PV
UNISTIK 2 MIS COMFORT	3	OTC; PV
UNISTIK 2 MIS EXTRA	3	OTC; PV
UNISTIK 2 MIS NEONATAL	3	OTC; PV
UNISTIK 2 MIS NORMAL	3	OTC; PV
UNISTIK 2 MIS SUPER	3	OTC; PV
UNISTIK 3 MIS 1.8MM	3	OTC; PV
UNISTIK 3 MIS COMFORT	3	OTC; PV
UNISTIK 3 MIS EXTRA	3	OTC; PV
UNISTIK 3 MIS GENT 30G	3	OTC; PV
UNISTIK 3 MIS NEONATAL	3	OTC; PV
UNISTIK 3 MIS NORMAL	3	OTC; PV
UNISTIK 23G MIS NORMAL	3	OTC; PV
UNISTIK CZT MIS COMFORT	3	OTC; PV
UNISTIK CZT MIS NORMAL	3	OTC; PV
UNISTIK SAFE MIS LANC 28G	3	OTC; PV
UNISTIK SAFE MIS LANC 30G	3	OTC; PV
UNISTIK TOUC MIS LANC 21G	3	OTC; PV
UNISTIK TOUC MIS LANC 23G	3	OTC; PV
UNISTIK TOUC MIS LANC 28G	3	OTC; PV
UNISTIK TOUC MIS LANC 30G	3	OTC; PV
UNIVERSAL 1 MIS 33G	3	OTC; PV
UNIVERSAL 1 MIS LANC 26G	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
UNIVERSAL 1 MIS LANC 30G	3	OTC; PV
V-GO 20 KIT	2	PV
V-GO 30 KIT	2	PV
V-GO 40 KIT	2	PV
VERIFINE LAN MIS MINI 21G	3	OTC; PV
VERIFINE LAN MIS MINI 23G	3	OTC; PV
VERIFINE LAN MIS MINI 28G	3	OTC; PV
VERIFINE LAN MIS MINI 30G	3	OTC; PV

PARENTERAL THERAPY SUPPLIES

AUTOSHIELD MIS 30GX5MM	7	OTC; PV
BD PEN NEEDL MIS 29GX12.7	7	OTC; PV
BD PEN NEEDL MIS 31GX5MM	7	OTC; PV
BD PEN NEEDL MIS 31GX8MM	7	OTC; PV
BD PEN NEEDL MIS 32GX4MM	7	OTC; PV
BD PEN NEEDL MIS 32GX6MM	7	OTC; PV
BD U-500 MIS 31GX6MM	7	PV
INSULIN SYRG MIS 0.3/29G	7	OTC; PV
INSULIN SYRG MIS 0.3/30G	7	OTC; PV
INSULIN SYRG MIS 0.3/31G	7	PV
INSULIN SYRG MIS 0.3/31G	7	OTC; PV
INSULIN SYRG MIS 0.5/28G	7	OTC; PV
INSULIN SYRG MIS 0.5/29G	7	OTC; PV
INSULIN SYRG MIS 0.5/30G	7	OTC; PV
INSULIN SYRG MIS 0.5/31G	7	OTC; PV
INSULIN SYRG MIS 1ML	7	OTC; PV
INSULIN SYRG MIS 1ML/27G	7	OTC; PV
INSULIN SYRG MIS 1ML/28G	7	OTC; PV
INSULIN SYRG MIS 1ML/29G	7	OTC; PV
INSULIN SYRG MIS 1ML/30G	7	OTC; PV
INSULIN SYRG MIS 1ML/31G	7	OTC; PV
INSULIN SYRG MIS 2/27.5G	7	OTC; PV
LUER-LOK SYR MIS 1ML/20G	7	OTC; PV

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	NC	
AIMOVIG INJ 140MG/ML	NC	
AJOVY INJ 225/1.5	2	ST, PA, QL; (autoinjector)
AJOVY INJ 225/1.5	2	ST, PA, QL; (prefilled syringe)
EMGALITY INJ 100MG/ML	2	ST, PA, QL
EMGALITY INJ 120MG/ML	2	ST, PA, QL

Drug Name	Drug Tier	Requirements/Limits
EMGALITY INJ 120MG/ML	2	ST, PA, QL; (prefilled syringe)
NURTEC TAB 75MG ODT	2	ST, PA, QL
QULIPTA TAB 10MG	2	ST, PA, QL
QULIPTA TAB 30MG	2	ST, PA, QL
QULIPTA TAB 60MG	2	ST, PA, QL
UBRELVY TAB 50MG	2	ST, PA, QL
UBRELVY TAB 100MG	2	ST, PA, QL
VYEPTI INJ 100MG/ML	NC	
MIGRAINE COMBINATIONS		
CAFERGOT TAB 1-100MG	NC	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	NC	
<i>migergot sup 2/100</i>	NC	
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	NC	
TREXIMET TAB 10-60MG	NC	
TREXIMET TAB 85-500MG	NC	
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	NC	
ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	3	QL
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POW 50MG	NC	
<i>diclofenac potassium (migraine) packet 50 mg</i>	NC	
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	2	PA, QL
<i>almotriptan malate tab 12.5 mg</i>	2	PA, QL
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	PA, QL
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	PA, QL
FROVA TAB 2.5MG	3	ST, PA, QL
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	2	PA, QL
IMITREX INJ 4MG/0.5	3	PA, QL
IMITREX INJ 6MG/0.5	3	PA, QL
IMITREX TAB 25MG	3	PA, QL
IMITREX TAB 50MG	3	PA, QL
IMITREX TAB 100MG	3	PA, QL
MAXALT TAB 10MG	NC	
MAXALT-MLT TAB 10MG	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	PA, QL
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	PA, QL
ONZETRA XSAI MIS 11MG	2	PA, QL
RELPAK TAB 20MG	3	PA, QL
RELPAK TAB 40MG	3	PA, QL
REYVOW TAB 50MG	3	ST, PA, QL
REYVOW TAB 100MG	3	ST, PA, QL
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	PA, QL
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	PA, QL
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	PA, QL
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	PA, QL
<i>sumatriptan nasal spray 5 mg/act</i>	2	PA, QL
<i>sumatriptan nasal spray 20 mg/act</i>	2	PA, QL
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	PA, QL
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	PA, QL
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	PA, QL
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	PA, QL
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	PA, QL
<i>sumatriptan succinate tab 25 mg</i>	1	PA, QL
<i>sumatriptan succinate tab 50 mg</i>	1	PA, QL
<i>sumatriptan succinate tab 100 mg</i>	1	PA, QL
TOSYMRA SOL 10MG	NC	
ZEMBRACE SYM INJ 3/0.5ML	2	PA, QL
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	2	PA, QL
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	2	PA, QL
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	PA, QL
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	PA, QL
<i>zolmitriptan tab 2.5 mg</i>	1	PA, QL
<i>zolmitriptan tab 5 mg</i>	1	PA, QL
ZOMIG SPR 2.5MG	3	PA, QL
ZOMIG SPR 5MG	3	PA, QL
<i>zomig tab 2.5mg</i>	1	PA, QL
ZOMIG TAB 2.5MG	3	PA, QL
<i>zomig tab 5mg</i>	1	PA, QL
ZOMIG TAB 5MG	3	PA, QL

MINERALS & ELECTROLYTES

Drug Name	Drug Tier	Requirements/Limits
BICARBONATES		
SOD ACETATE INJ 2MEQ/ML	3	
SOD BICARB INJ 8.4%	3	
SOD BICARB SOL D5W	NC	
<i>sodium acetate inj 2 meq/ml</i>	1	
<i>sodium acetate inj 4 meq/ml</i>	1	
<i>sodium bicarbonate iv soln 4.2%</i>	1	
<i>sodium bicarbonate iv soln 7.5%</i>	1	
<i>sodium bicarbonate iv soln 8.4%</i>	1	
THAM INJ 30MEQ	3	
CALCIUM		
CALCIFOL WAF	3	
CALCIUM CHLO INJ 10%	3	
<i>calcium chloride inj 10%</i>	1	
CALCIUM GLUC INJ 10%	3	
<i>calcium gluconate inj 10%</i>	1	
ELECTROLYTE MIXTURES		
D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.3%	3	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
DW5-NACL INJ 0.225%	3	
ELLIOTTS B INJ	3	
IONOSOL-MB INJ D5W	3	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
ISOLYTE-S INJ PH 7.4	3	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1	
KCL/D5W/LACT INJ 20MEQ/L	3	
KCL/D5W/NACL INJ 0.3/0.9%	3	
KCL/D5W/NACL INJ 0.15/0.2	3	
<i>lactated ringer's solution</i>	1	
NORMOSOL -M INJ /D5W	3	
NORMOSOL -R INJ	3	
NORMOSOL-R INJ PH 7.4	3	
NORMOSOL-R SOL /5% DSW	3	
PLASMA-LYTE INJ -A	3	
POT CHL/NACL INJ 20MEQ/L	3	
POT CHL/NACL INJ 40MEQ/L	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>ringer's solution</i>	1	
TPN ELECTROL INJ	3	
FLUORIDE		
FLORIVA DRO 0.25MG	3	PV
<i>floritab dro 0.125mg</i>	0	ACA, PV
<i>nafrinse chw 1mg f</i>	1	PV
<i>nafrinse dro 0.125mg</i>	0	ACA, PV
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	ACA, PV
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	ACA, PV
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	PV
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	ACA, PV
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	ACA, PV
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	PV
IODINE PRODUCTS		
<i>iodine solution strong 5% (lugol's)</i>	1	
MAGNESIUM		
MAGNESIUM SU INJ 2GM/50ML	3	

Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	
MAGNESIUM SU INJ 80MG/ML	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	1	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	1	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	1	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	1	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	1	
MG SO4/D5W INJ 10MG/ML	3	
MANGANESE		
<i>manganese chloride inj 0.1 mg/ml</i>	1	
PHOSPHATE		
GLYCOPHOS SOL 1MM/ML	3	
K-PHOS TAB	3	
K-PHOS TAB NEUTRAL	3	
<i>phospha 250 tab neutral</i>	1	
<i>phospho-trin tab 250 neut</i>	1	
<i>phospho-trin tab k500</i>	1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	1	
POTASSIUM INJ PHOSPHAT	3	
<i>potassium phosphates inj 15 mm/5ml (phos) 22 meq/5ml (k)</i>	1	
<i>potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)</i>	1	
<i>potassium phosphates inj 150 mm/50ml (phos) 220 meq/50ml (k)</i>	1	
<i>sodium phosphates inj 15 mm/5ml (phos) 20 meq/5ml (na)</i>	3	
<i>sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na)</i>	1	
<i>sodium phosphates inj 150 mm/50ml (phos) 200 meq/50ml (na)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
sodium phosphates inj 150 mm/50ml (phos) 200 meq/50ml (na)	3	
wes-phos 250 tab neutral	1	
POTASSIUM		
EFFER-K TAB 10MEQ	3	
EFFER-K TAB 20MEQ	3	
effer-k tab 25meq ef	1	
k-prime tab 25meq ef	1	
K-TAB TAB 20MEQ	3	
klor-con 8 tab 8meq er	1	
klor-con 10 tab 10meq er	1	
klor-con m10 tab 10meq er	1	
klor-con m15 tab 15meq er	1	
klor-con m20 tab 20meq er	1	
klor-con pak 20meq	1	
klor-con/ef tab 25meq	1	
POT CHLORIDE INJ 10MEQ	3	
POT CHLORIDE INJ 20MEQ	3	
POT CHLORIDE INJ 40MEQ	3	
potassium acetate inj 2 meq/ml	1	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride inj 2 meq/ml	1	
potassium chloride inj 10 meq/50ml	1	
potassium chloride inj 10 meq/100ml	1	
potassium chloride inj 20 meq/50ml	1	
potassium chloride inj 20 meq/100ml	1	
potassium chloride inj 40 meq/100ml	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 15 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM INJ 100MEQ	3	
SODIUM		
SOD CHLORIDE INJ 0.9%	3	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1	
<i>sodium chloride iv soln 0.9%</i>	1	
<i>sodium chloride iv soln 0.45%</i>	1	
<i>sodium chloride iv soln 3%</i>	1	
<i>sodium chloride iv soln 4 meq/ml (23.4%)</i>	1	
<i>sodium chloride iv soln 5%</i>	1	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	1	
TRACE MINERALS		
<i>chromic chloride inj 40 mcg/10ml (4 mcg/ml) (elemental cr)</i>	1	
COPPER INJ 0.4MG/ML	3	
<i>cupric chloride inj 0.4 mg/ml (elemental)</i>	1	
MULTRYS INJ	3	
SELENIOUS AC SOL 12MCG/2M	3	
ZINC		
GALZIN CAP 25MG	3	
GALZIN CAP 50MG	3	
WILZIN CAP 25MG	3	
ZINC CHLORID INJ 1MG/ML	1	
ZINC SULFATE INJ 1MG/ML	3	
<i>zinc sulfate inj 3 mg/ml</i>	1	
ZINC SULFATE INJ 3MG/ML	3	
<i>zinc sulfate inj 5 mg/ml</i>	1	
ZINC SULFATE INJ 5MG/ML	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
CUPRIMINE CAP 250MG	NC	SP
CUVRIOR TAB 300MG	NC	SP
DEPEN TITRA TAB 250MG	6	SP
EDETATE DISO INJ 150MG/ML	3	
<i>penicillamine cap 250 mg</i>	4	SP
<i>penicillamine tab 250 mg</i>	4	SP
SYPRINE CAP 250MG	NC	SP
<i>trientine hcl cap 250 mg</i>	4	SP
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS		
PRISMASOL SOL 0/0/1.2	3	
PRISMASOL SOL 0/2.5	3	
PRISMASOL SOL 2/0	3	
PRISMASOL SOL 2/3.5	3	

Drug Name	Drug Tier	Requirements/Limits
PRISMASOL SOL 4/0/1.2	3	
PRISMASOL SOL 4/2.5	3	
PRISMASOL SOL B22GK4/0	3	
TRISOD CITRA SOL 0.5%CRRT	3	

ENZYMES

HYLENEX INJ 150 UNIT	3	
XIAFLEX INJ 0.9MG	3	SP, PA

IMMUNOMODULATORS

JOENJA TAB 70MG	NC	SP
<i>lenalidomide cap 5 mg</i>	4	SP, PA, QL
<i>lenalidomide cap 10 mg</i>	4	SP, PA, QL
<i>lenalidomide cap 15 mg</i>	4	SP, PA, QL
<i>lenalidomide cap 20 mg</i>	4	SP, PA, QL
<i>lenalidomide cap 25 mg</i>	4	SP, PA, QL
<i>lenalidomide caps 2.5 mg</i>	4	SP, PA, QL
REVLIMID CAP 2.5MG	5	SP, PA, QL
REVLIMID CAP 5MG	5	SP, PA, QL
REVLIMID CAP 10MG	5	SP, PA, QL
REVLIMID CAP 15MG	5	SP, PA, QL
REVLIMID CAP 20MG	5	SP, PA, QL
REVLIMID CAP 25MG	5	SP, PA, QL
REZUROCK TAB 200MG	NC	SP
RYSTIGGO INJ 420/3ML	NC	SP
RYSTIGGO INJ 560/4ML	NC	SP
RYSTIGGO INJ 840/6ML	NC	SP
THALOMID CAP 50MG	5	SP, PA, QL
THALOMID CAP 100MG	5	SP, PA, QL
THALOMID CAP 150MG	5	SP, PA, QL
THALOMID CAP 200MG	5	SP, PA, QL
VYVGART INJ 400/20ML	NC	SP

IMMUNOSUPPRESSIVE AGENTS

ASTAGRAF XL CAP 0.5MG	3	SP; PV
ASTAGRAF XL CAP 1MG	3	SP; PV
ASTAGRAF XL CAP 5MG	3	SP; PV
ATGAM INJ 250MG	2	
<i>azasan tab 75 mg</i>	1	
<i>azasan tab 100mg</i>	1	
AZATHIOPRINE INJ 100MG	NC	SP
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
<i>azathioprine tab 100 mg</i>	1	
CELLCEPT CAP 250MG	3	SP; PV

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT IV INJ 500MG	3	SP; PV
CELLCEPT SUS 200MG/ML	3	SP; PV
CELLCEPT TAB 500MG	3	SP; PV
<i>cyclosporine cap 25 mg</i>	1	SP; PV
<i>cyclosporine cap 100 mg</i>	1	SP; PV
<i>cyclosporine modified cap 25 mg</i>	1	SP; PV
<i>cyclosporine modified cap 50 mg</i>	1	SP; PV
<i>cyclosporine modified cap 100 mg</i>	1	SP; PV
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	SP; PV
ENSPRYNG INJ	5	SP, PA, QL
ENVARUSUS XR TAB 0.75MG	3	SP; PV
ENVARUSUS XR TAB 1MG	3	SP; PV
ENVARUSUS XR TAB 4MG	3	SP; PV
<i>everolimus tab 0.5 mg</i>	1	SP; PV
<i>everolimus tab 0.25 mg</i>	1	SP; PV
<i>everolimus tab 0.75 mg</i>	1	SP; PV
<i>everolimus tab 1 mg</i>	1	SP; PV
<i>gengraf cap 25mg</i>	1	SP; PV
<i>gengraf cap 100mg</i>	1	SP; PV
<i>gengraf sol 100mg/ml</i>	1	SP; PV
IMURAN TAB 50MG	3	
<i>mycophenolate mofetil cap 250 mg</i>	1	SP; PV
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	SP; PV
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	1	SP; PV
<i>mycophenolate mofetil tab 500 mg</i>	1	SP; PV
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	SP; PV
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	SP; PV
MYFORTIC TAB 180MG	3	SP; PV
MYFORTIC TAB 360MG	3	SP; PV
NEORAL CAP 25MG	2	SP; PV
NEORAL CAP 100MG	2	SP; PV
NEORAL SOL 100MG/ML	2	SP; PV
NULOJIX INJ 250MG	2	SP; PV
PROGRAF CAP 0.5MG	3	SP; PV
PROGRAF CAP 1MG	3	SP; PV
PROGRAF CAP 5MG	3	SP; PV
PROGRAF GRA 0.2MG	3	SP; PV
PROGRAF GRA 1MG	3	SP; PV
PROGRAF INJ 5MG/ML	3	SP; PV
RAPAMUNE SOL 1MG/ML	3	SP; PV

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE TAB 0.5MG	3	SP; PV
RAPAMUNE TAB 1MG	3	SP; PV
RAPAMUNE TAB 2MG	3	SP; PV
SANDIMMUNE CAP 25MG	2	SP; PV
SANDIMMUNE CAP 100MG	2	SP; PV
SANDIMMUNE INJ 50MG/ML	2	SP; PV
SIMULECT INJ 10MG	2	
SIMULECT INJ 20MG	2	
<i>sirolimus oral soln 1 mg/ml</i>	1	SP; PV
<i>sirolimus tab 0.5 mg</i>	1	SP; PV
<i>sirolimus tab 1 mg</i>	1	SP; PV
<i>sirolimus tab 2 mg</i>	1	SP; PV
<i>tacrolimus cap 0.5 mg</i>	1	SP; PV
<i>tacrolimus cap 1 mg</i>	1	SP; PV
<i>tacrolimus cap 5 mg</i>	1	SP; PV
THYMOGLOBULN INJ 25MG	2	
UPLIZNA SOL 100MG	NC	SP
ZORTRESS TAB 0.5MG	3	SP; PV
ZORTRESS TAB 0.25MG	3	SP; PV
ZORTRESS TAB 0.75MG	3	SP; PV
ZORTRESS TAB 1MG	3	SP; PV
IRRIGATION SOLUTIONS		
<i>argyl saline sol 100ml</i>	1	
<i>lactated ringer's for irrigation</i>	1	
<i>physiolyte sol</i>	1	
<i>physiosol sol irrigat</i>	1	
<i>ringer's solution for irrigation</i>	1	
<i>tis-u-sol sol</i>	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
LYMPHATIC AGENTS		
SYLVANT SOL 100MG	3	SP, PA
SYLVANT SOL 400MG	3	SP, PA
MISC NATURAL PRODUCTS		
IMUBOLIC CAP	NC	
MISCELLANEOUS THERAPEUTIC CLASSES		
NEXAVIR INJ	3	
PATIENT ASSESSMENT SERVICES		
EUA PATIENT MIS ASSESS	3	
PERITONEAL DIALYSIS SOLUTIONS		
DELFLX-LC SOL 1.5% DEX	3	
DELFLX-LC/ SOL 2.5% DEX	3	
DELFLX-LC/ SOL 4.25 DEX	3	

Drug Name	Drug Tier	Requirements/Limits
DELFLX-SM/ SOL 1.5% DEX	3	
DELFLX-SM/ SOL 2.5% DEX	3	
DIANEAL LOW SOL CALCIUM	3	
DIANEAL PD-2 SOL 1.5% DEX	3	
DIANEAL PD-2 SOL 2.5% DEX	3	
DIANEAL PD-2 SOL 4.25%DEX	3	
DIANEAL SOL LOW CALC	3	
EXTRANEAL SOL	3	
ULTRABAG/ SOL DIANEAL	3	
ULTRABAG/PD2 SOL DIANEAL	3	
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE TAB 50MG	NC	SP
VIJOICE TAB 125MG	NC	SP
VIJOICE TAB 250MG	NC	SP
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM	NC	
LOKELMA PAK 10GM	NC	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps sus 15gm/60</i>	2	
<i>sps sus 30gm/120</i>	2	
VELTASSA POW 1GM	2	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	6	SP, PA, QL
ZOKINVY CAP 75MG	6	SP, PA, QL
PROSTAGLANDINS		
<i>alprostadil inj 500 mcg/ml</i>	1	
PROSTIN VR INJ 500MCG	3	
SCLEROSING AGENTS		
ASCLERA INJ 0.5%	3	
ASCLERA INJ 1%	3	
ETHAMOLIN INJ 5%	3	
<i>sodium tetradecyl sulfate inj 3%</i>	1	
<i>sotradecol inj 1%</i>	1	
<i>sotradecol inj 3%</i>	1	
VARITHENA AER 10MG/ML	6	SP
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 120MG	6	SP, PA, QL
BENLYSTA INJ 200MG/ML	6	SP, PA, QL
BENLYSTA INJ 400MG	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
UREMIC PRURITUS AGENTS		
KORSUVA INJ 50MCG/ML	NC	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
PERIDEX SOL 0.12%	3	
<i>periogard sol 0.12%</i>	1	
PERIODONTAL PRODUCTS		
ARESTIN MIS 1MG	3	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq pst 0.1%</i>	1	
<i>oralone dent pst 0.1%</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
THROAT PRODUCTS - MISC.		
AQUORAL SPR	3	
BOCASAL POW	3	
CAPHOSOL SOL	3	
<i>cevimeline hcl cap 30 mg</i>	1	
EPISIL LIQ	2	
EVOXAC CAP 30MG	3	
GELCLAIR GEL	3	PA
GELX GEL	3	PA
MUCOTROL WAF	3	PA
MUGARD LIQ	5	SP, PA
NEUTRASAL POW	NC	
NUMOISYN LIQ	3	
NUMOISYN LOZ	3	
ORAFATE PST 10%	3	PA
ORAMAGICRX SUS	3	PA
ORAPEUTIC GEL	3	PA
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
PROTHELIAL PST 10%	3	PA
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
SALIVAMAX POW	NC	
SILATRIX GEL 10%	3	PA
MULTIVITAMINS		
<i>B-COMPLEX W/ FOLIC ACID</i>		
FOLIC-K CAP	NC	
NEPHRO-VITE TAB RX	NC	
<i>MULTIPLE VITAMINS W/ MINERALS</i>		
BACMIN TAB	NC	
DAYAVITE TAB	NC	
DERMACINRX TAB RIBOT-E	NC	
DEXATRAN CAP	NC	
DIALYVITE TAB SUPREM D	NC	
FOLAMED DHA CAP	NC	
FOLITIN-Z TAB	NC	
HYLAZINC TAB	NC	
KEYFOLIC TAB	NC	
<i>multipro cap</i>	1	
NUTRICAP TAB	NC	
OCUVEL CAP 0.5MG	NC	
ONEVITE TAB	NC	
REQ 49+ TAB	NC	
SIDEROL TAB	NC	
STROVITE FOR TAB	NC	
STROVITE ONE TAB	NC	
THRIVITE 19 TAB	NC	
UDAMIN SP TAB	NC	
VENEXA FE TAB	NC	
VENEXA TAB	NC	
VENTRIXYL FE TAB	NC	
VENTRIXYL TAB	NC	
VITAROCA PLU TAB	NC	
VITRAMYN TAB	NC	
VITRANOL FE TAB	NC	
VITRANOL TAB	NC	
VITREXYL TAB	NC	
VITREXYL TAB IRON	NC	
ZINTREXYL-C TAB	NC	
<i>MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID</i>		
QUFLORA FE CHW	NC	
MULTIVITAMINS		
VITLIPID N INJ ADULT	3	

Drug Name	Drug Tier	Requirements/Limits
PED MULTI VITAMINS W/FL & FE		
<i>multi-vit/fl dro /fe 0.25</i>	1	PV
POLY-VI-FLOR CHW W/IRON	NC	
POLY-VI-FLOR SUS /IRON	NC	OTC
PED MV W/ FLUORIDE		
FLORIVA DRO PLUS	NC	
<i>multi vit/fl chw 0.25mg</i>	1	
<i>multi-vit/fl dro 0.5mg/ml</i>	1	PV
<i>multivit/fl chw 0.5mg</i>	1	PV
<i>multivit/fl chw 0.25mg</i>	1	PV
<i>multivit/fl chw 1mg</i>	1	PV
<i>multivit/fl dro 0.25mg</i>	1	PV
POLY-VI-FLOR CHW 0.5MG	NC	
POLY-VI-FLOR CHW 0.25MG	NC	
POLY-VI-FLOR CHW 1MG	NC	
POLY-VI-FLOR MIS FS 0.5MG	NC	
POLY-VI-FLOR MIS FS 0.25	NC	
POLY-VI-FLOR SUS 0.25/ML	NC	
QUFLORA CHW	NC	
QUFLORA PED DRO 0.5MG/ML	NC	
QUFLORA PED DRO 0.25MG	NC	
TRI-VI-FLOR SUS 0.5MG/ML	NC	
TRI-VI-FLOR SUS 0.25/ML	NC	
TRI-VI-FLORO SUS 0.5MG/ML	NC	
TRI-VI-FLORO SUS 0.25/ML	NC	
<i>tri-vit/fluo dro 0.5mg</i>	1	PV
<i>tri-vit/fluo dro 0.25mg</i>	1	PV
PEDIATRIC MULTIPLE VITAMINS		
VITLIPID N INJ INFANT	3	
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHW 0.5MG	NC	
FLORIVA CHW 0.25MG	NC	
FLORIVA CHW 1MG	NC	
TEXAVITE LQ LIQ	NC	
PRENATAL VITAMINS		
ATABEX EC TAB	NC	
C-NATE DHA CAP 28-1-200	NC	
CITRANATAL CAP HARMONY	NC	
CITRANATAL CAP MEDLEY	NC	
CITRANATAL MIS 90 DHA	NC	
CITRANATAL MIS B-CALM	NC	
CITRANATAL PAK ASSURE	NC	

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL PAK DHA	NC	
CITRANATAL PAK ESSENCE	NC	
CITRANATAL TAB BLOOM	NC	
CITRANATAL TAB RX	NC	
CO-NATAL FA TAB 29-1MG	NC	
COMPLETE NAT PAK DHA	NC	
COMPLETENATE CHW	NC	
CONCEPT DHA CAP	NC	
CONCEPT OB CAP	NC	
DUET DHA 400 MIS 25-1-400	NC	
DUET DHA MIS BALANCED	NC	
<i>elite-ob tab</i>	1	PV
ENBRACE HR CAP	NC	
FOLET DHA PAK	NC	
FOLET ONE CAP 38-1-225	NC	
FOLIVANE-OB CAP	NC	
<i>inatal gt tab</i>	1	PV
KOSHR PRENAT TAB 30-1MG	NC	
MARNATAL-F CAP	NC	
MYNATAL CAP	NC	
MYNATAL PLUS TAB	NC	
MYNATAL-Z TAB	NC	
NATACHEW CHW	NC	
NATALVIT TAB 75-1MG	NC	
NEEVO DHA CAP 27-1.13	NC	
NEONATAL TAB COMPLETE	NC	
NESTABS DHA PAK	NC	
NESTABS ONE CAP	NC	
NESTABS TAB	NC	
O-CAL TAB PRENATAL	NC	
OB COMPLETE CAP ONE	NC	
OB COMPLETE CAP PETITE	NC	
OB COMPLETE TAB	NC	
OB COMPLETE TAB PREMIER	NC	
OB COMPLETE/ CAP DHA	NC	
OBSTETRIX EC TAB	NC	
OBSTETRIX EC TAB	NC	OTC
OBSTETRIX MIS DHA	NC	OTC
PNV FOLIC AC TAB + IRON	NC	
PNV PRENATAL TAB PLUS	NC	
PNV TABS TAB 29-1MG	NC	
<i>pnv-dha cap</i>	1	PV
PNV-DHA CAP DOCUSATE	NC	

Drug Name	Drug Tier	Requirements/Limits
PNV-OMEGA CAP	NC	
<i>pnv-select tab</i>	1	PV
PREMESISRX TAB	NC	
PRENA1 CHW	NC	
PRENA1 PEARL CAP	NC	
PRENA 1 TRUE MIS	NC	
PRENAISSANCE CAP	NC	
PRENAISSANCE CAP PLUS	NC	
<i>prenatabs rx tab</i>	1	OTC; PV
PRENATAL 19 CHW 29-1MG	NC	
<i>prenatal 19 chw tab</i>	1	PV
PRENATAL 19 TAB 29-1MG	NC	
PRENATAL DHA PAK 27-1-250	NC	
PRENATAL TAB 27-1MG	NC	
PRENATAL TAB PLUS	NC	
PRENATAL VIT TAB LOW IRON	NC	
PRENATAL+FE TAB 29-1MG	NC	
PRENATAL-U CAP 106.5-1	NC	
PRENATE AM TAB 1MG	NC	
PRENATE CAP ENHANCE	NC	
PRENATE CAP ESSENT	NC	
PRENATE CAP PIXIE	NC	
PRENATE CAP RESTORE	NC	
PRENATE CHW 0.6-0.4	NC	
PRENATE DHA CAP	NC	
PRENATE MINI CAP	NC	
PRENATE TAB ELITE	NC	
PRENATOL-M TAB 27-1.2MG	NC	
PRENATRIX TAB	NC	
PREPLUS TAB 27-1MG	NC	
PRETAB TAB 29-1MG	NC	
PRIMACARE CAP	NC	
PROVIDA OB CAP	NC	
REDICHEW RX CHW	NC	
RELNATE DHA CAP	NC	
SE-NATAL 19 CHW	NC	
SE-NATAL 19 TAB	NC	
SELECT-OB CHW	NC	
SELECT-OB+ PAK DHA	NC	
TARON-C DHA CAP	NC	
TARON-PREX CAP	NC	
THRIVITE RX TAB 29-1MG	NC	
TRI-TABS DHA MIS	NC	

Drug Name	Drug Tier	Requirements/Limits
TRICARE PRE CAP 27-1-500	NC	
TRICARE TAB PRENATAL	NC	
TRINATAL RX TAB 1	NC	
<i>trinate tab</i>	1	PV
TRISTART DHA CAP	NC	
TRISTART ONE CAP 35-1-215	NC	
VINATE DHA CAP 27-1.13	NC	
VINATE II TAB	NC	
VINATE M TAB	NC	
VINATE ONE TAB	NC	
VIRT-C DHA CAP	NC	
VIRT-NATE CAP DHA	NC	
VIRT-PN DHA CAP	NC	
VIRT-PN PLUS CAP	NC	
VITAFOL CAP ULTRA	NC	
VITAFOL CHW GUMMIES	NC	
VITAFOL FE+ CAP	NC	
VITAFOL-NANO TAB	NC	
VITAFOL-OB PAK +DHA	NC	
VITAFOL-OB TAB 65-1MG	NC	
VITAFOL-ONE CAP	NC	
VITAMEDMD CAP ONE RX	NC	
VITAPEARL CAP	NC	
VITATRUE MIS	NC	
VIVA DHA CAP	NC	
VOL-PLUS TAB	NC	
VOL-TAB RX TAB	NC	
VP-HEME OB MIS + DHA	NC	
VP-PNV-DHA CAP	NC	
ZATEAN-PN CAP DHA	NC	
ZATEAN-PN CAP PLUS	NC	

MUSCULOSKELETAL THERAPY AGENTS

ARTICULAR CARTILAGE REPAIR THERAPY

MACI MIS	NC	
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CENTRAL MUSCLE RELAXANTS

AMRIX CAP 15MG	NC	
AMRIX CAP 30MG	NC	
<i>baclofen intrathecal inj 10 mg/20ml (500 mcg/ml)</i>	1	
<i>baclofen intrathecal inj 20 mg/20ml (1000 mcg/ml)</i>	1	
<i>baclofen intrathecal inj 40 mg/20ml (2000 mcg/ml)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen oral soln 5 mg/5ml</i>	2	
<i>baclofen oral soln 10 mg/5ml</i>	2	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 250 mg</i>	NC	
<i>carisoprodol tab 350 mg</i>	1	
<i>chlorzoxazone tab 250 mg</i>	1	
<i>chlorzoxazone tab 375 mg</i>	NC	
<i>chlorzoxazone tab 500 mg</i>	1	
<i>chlorzoxazone tab 750 mg</i>	NC	
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i>	NC	
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i>	NC	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 7.5 mg</i>	NC	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>fexmid tab 7.5mg</i>	NC	
FLEQSUVY SUS 25MG/5ML	NC	
GABLOFEN INJ 50MCG/ML	3	
GABLOFEN INJ 10000/20	3	
GABLOFEN INJ 20000/20	3	
GABLOFEN INJ 40000/20	3	
LIORESAL INT INJ 0.05MG/1	3	
LIORESAL INT INJ 10MG/5ML	3	
LIORESAL INT INJ 10MG/20	3	
LIORESAL INT INJ 40MG/20	3	
<i>lorzone tab 375mg</i>	NC	
<i>lorzone tab 750mg</i>	NC	
LYVISPAH GRA 5MG	2	
LYVISPAH GRA 10MG	2	
LYVISPAH GRA 20MG	2	
<i>metaxalone tab 400 mg</i>	NC	
<i>metaxalone tab 800 mg</i>	1	
<i>metaxalone tab 800 mg</i>	NC	
<i>methocarbamol inj 1000 mg/10ml</i>	2	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate inj 30 mg/ml</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
ROBAXIN INJ 100MG/ML	3	
SOMA TAB 250MG	3	
SOMA TAB 350MG	3	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	

DIRECT MUSCLE RELAXANTS

DANTRIUM CAP 25MG	3	
DANTRIUM IV INJ 20MG	3	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>dantrolene sodium for iv soln 20 mg</i>	1	
<i>revonto inj 20mg</i>	1	
RYANODEX INJ 250MG	3	

MUSCLE RELAXANT COMBINATIONS

<i>norgesic tab</i>	NC	
NORGESIC TAB FORTE	NC	
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	NC	
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i>	NC	
<i>orphengesic tab forte</i>	NC	

VISCOSUPPLEMENTS

DUROLANE INJ 60MG/3ML	2	PA
EUFLEXXA INJ 10MG/ML	2	PA
GEL-ONE INJ 30MG/3ML	NC	
GELSYN-3 INJ 16.8/2ML	2	PA
GENVISC 850 INJ 25/2.5	3	PA
HYALGAN INJ 20MG/2ML	NC	
HYMOVIS INJ 24MG/3ML	NC	
MONOVISC INJ 88MG/4ML	NC	
ORTHOVISC INJ 15MG/ML	NC	
SUPARTZ FX INJ 25/2.5ML	2	PA
SYNVISC INJ 8MG/ML	NC	
SYNVISC ONE INJ 8MG/ML	NC	
VISCO-3 INJ 25/2.5ML	NC	

NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL AGENT COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
DYMISTA SPR 137-50	NC	
RYALTRIS SPR 665-25	3	
NASAL AGENTS - MISC.		
NOZIN NASAL KIT SANITIZE	3	OTC
NOZIN NASAL MIS SANITIZE	3	OTC
NASAL ANESTHETICS		
COCAINE HCL SOL 40MG/ML	NC	
GOPRELTO SOL 40MG/ML	NC	
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NASAL STEROIDS		
BECONASE AQ SUS 0.042%	NC	
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	
OMNARIS SPR	NC	
QNASL AER 80MCG	NC	
QNASL CHILD SPR 40MCG	NC	
SINUVA IMP 1350MCG	NC	
VERAMYST SPR 27.5MCG	NC	
XHANCE MIS 93MCG	3	
ZETONNA AER 37MCG	NC	
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
<i>epinephrine hcl nasal soln 0.1%</i>	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>edaravone inj 30 mg/100ml (0.3 mg/ml)</i>	4	SP, PA, QL
RADICAVA INJ 30MG	6	SP, PA, QL
RADICAVA ORS SUS 105/5ML	5	SP, PA, QL
RADICAVA ORS SUS STARTER	5	SP, PA, QL
RELYVRIO PAK 3-1GM	NC	SP
<i>riluzole tab 50 mg</i>	1	
TEGLUTIK SUS 50/10ML	NC	

Drug Name	Drug Tier	Requirements/Limits
DEPOLARIZING MUSCLE RELAXANTS		
ANECTINE INJ 20MG/ML	3	
ANECTINE INJ 200/10ML	3	
QUELICIN INJ 20MG/ML	3	
SUCCINYLCHOL INJ 20MG/ML	3	
<i>succinylcholine chloride inj 20 mg/ml</i>	1	
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	6	SP, PA
MUSCULAR DYSTROPHY AGENTS		
EXONDYS 51 SOL 100/2ML	6	SP, PA, QL
EXONDYS 51 SOL 500/10ML	6	SP, PA, QL
VILTEPSO SOL	NC	SP
VYONDYS 53 INJ 100/2ML	NC	SP
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ 100UNIT	NC	
BOTOX INJ 200UNIT	NC	
DYSPOIN INJ 300UNIT	2	PA
DYSPOIN INJ 500UNIT	2	PA
MYOBLOC INJ 2500/0.5	NC	
MYOBLOC INJ 5000/ML	NC	
MYOBLOC INJ 10000/2	NC	
XEOMIN INJ 50 UNIT	2	PA
XEOMIN INJ 100UNIT	2	PA
XEOMIN INJ 200UNIT	2	PA
NONDEPOLARIZING MUSCLE RELAXANTS		
<i>atracurium besylate iv soln 100 mg/10ml</i>	1	
<i>atracurium besylate preservative free (pf) iv soln 50 mg/5ml</i>	1	
<i>cisatracurium besylate (pf) iv soln 10 mg/5ml (2 mg/ml)</i>	1	
<i>cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml)</i>	1	
<i>cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)</i>	1	
ROCURON BRO SOL 100/10ML	NC	
<i>rocuronium bromide iv soln 50 mg/5ml (10 mg/ml)</i>	1	
<i>rocuronium bromide iv soln 100 mg/10ml (10 mg/ml)</i>	1	
<i>vecuronium bromide for inj 10 mg</i>	1	
<i>vecuronium bromide for inj 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	6	SP, PA, QL
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	6	SP, PA, QL
SPINRAZA INJ 12MG/5ML	NC	
NUTRIENTS		
CARBOHYDRATES		
<i>dextrose inj 5%</i>	1	
<i>dextrose inj 10%</i>	1	
DEXTROSE INJ 20%	3	
<i>dextrose inj 25%</i>	1	
DEXTROSE INJ 25%	3	
DEXTROSE INJ 30%	3	
DEXTROSE INJ 40%	3	
<i>dextrose inj 50%</i>	1	
DEXTROSE INJ 50%	3	
<i>dextrose inj 70%</i>	1	
LIPIDS		
CLINOLIPID EMU 20%	3	
INTRALIPID INJ 20%	NC	
INTRALIPID INJ 30%	3	
NEOKE MCT70 POW	NC	
NUTRILIPID EMU 20%	NC	
SMOFLIPID EMU	3	
LIPOTROPICS		
LECITHIN GRA	3	
PROTEIN-CARBOHYDRATE-LIPID COMBINATIONS		
PERIKABIVEN EMU	3	
PROTEINS		
AMINO ACID INJ 5%	3	
AMINO/DEXTRO SOL CAL/HEPA	3	
<i>aminoam cap rms</i>	1	
<i>aminorelief cap rms</i>	1	
<i>aminosyn ii sol 15%</i>	1	
AMINOSYN INJ 10%	3	
AMINOSYN-PF INJ 7%	3	
AMINOSYN-PF INJ 10%	3	
CLINIMIX E INJ 2.75/D5W	3	
CLINIMIX E INJ 4.25/D5W	3	
CLINIMIX E INJ 4.25/D10	3	
CLINIMIX E INJ 5%/D15W	3	
CLINIMIX E INJ 5%/D20W	3	

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX INJ 4.25/D5W	3	
CLINIMIX INJ 4.25/D10	3	
CLINIMIX INJ 5%/D15W	3	
CLINIMIX INJ 5%/D20W	3	
CLINIMIX INJ 8/10	3	
CLINIMIX INJ 8/14	3	
<i>clinisol sf inj 15%</i>	1	
ELCYS INJ 50MG/ML	3	
<i>plenamine inj 15%</i>	1	
PREMASOL SOL 10%	3	
PROSOL INJ 20%	3	
TRAVASOL INJ 10%	3	
TROPHAMINE INJ 10%	3	

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS

LACRISERT MIS 5MG OP	NC	
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BETA-BLOCKERS - OPTHALMIC

<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5%	NC	
BETIMOL SOL 0.25%	NC	
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	NC	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
DORZOL/TIMOL SOL 2-0.5%OP	NC	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
ISTALOL SOL 0.5% OP	3	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
TIM/BRIM/DOR SOL	NC	
TIM/BRIM/DOR SOL /BIMATOP	NC	
TIM/DORZ/LAT SOL	NC	
TIMOL/BRIM SOL DORZ/LAT	NC	
TIMOL/BRIMO/ SOL DORZOL	NC	
TIMOL/LATAN SOL	NC	
TIMOLOL MAL/ SOL BIMATOPR	NC	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	2	
<i>timolol maleate preservative free ophth soln 0.25%</i>	1	
<i>timolol ophth soln 0.5%</i>	1	
TIMOPTIC OCU SOL 0.25% OP	NC	
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
TIMOPTIC-XE SOL 0.25% OP	3	
CYCLOPLEGIC MYDRIATICS		
<i>altafrin sol 2.5% op</i>	1	
<i>altafrin sol 10% op</i>	1	
ATROPINE SUL SOL 1% OP	3	
<i>atropine sulfate ophth soln 1%</i>	1	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	1	
MYDRIACYL SOL 1% OP	3	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
MIOTICS		
MIOCHOL-E SOL 1:100	3	
MIOSTAT INJ 0.01% OP	3	
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU INJ 6/0.05ML	NC	SP
BEVACIZUMAB INJ 2.75MG	NC	SP
BEVACIZUMAB INJ 3.75MG	NC	SP
BYOOVIZ INJ 0.5MG	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
CIMERLI INJ 0.3MG	5	SP, PA
CIMERLI INJ 0.5MG	5	SP, PA
EYLEA INJ 2/0.05ML	NC	SP
LUCENTIS INJ 0.3MG	NC	SP
LUCENTIS INJ 0.5MG	NC	SP
LUCENTIS SOL 0.3MG	NC	SP
LUCENTIS SOL 0.5MG	NC	SP
SUSVIMO INJ 10/0.1ML	3	PA

OPHTHALMIC ADRENERGIC AGENTS

ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
BRIMO/DORZO SOL 0.15-2%	NC	
<i>brimonidine tartrate ophth soln 0.1%</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	

OPHTHALMIC ANTI-INFECTIVES

<i>ak-poly-bac oin op</i>	1	
AZASITE SOL 1%	NC	
<i>bacitracin ophth oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
CILOXAN OIN 0.3% OP	NC	
CILOXAN SOL 0.3% OP	NC	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
ERYTHROMYCIN OIN 5MG/GM	3	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentak oin 0.3% op</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>levofloxacin ophth soln 1.5%</i>	1	
MITOSOL KIT 0.2MG	3	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
MOXIFLOXACIN SOL 1MG/ML	NC	
MOXIFLOXACIN SOL 5MG/ML	NC	

Drug Name	Drug Tier	Requirements/Limits
NATACYN SUS 5% OP	3	
<i>neo-polycin oin op</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX DRO 0.3% OP	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polycin oin op</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POVIDONE IOD SOL 5%	3	
<i>sulfacetamide sodium ophth oint 10%</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBEX OIN 0.3% OP	3	
<i>trifluridine ophth soln 1%</i>	2	
VIGAMOX DRO 0.5%	3	
XDEMVA DRO 0.25%	NC	
ZIRGAN GEL 0.15%	NC	
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY SOL 2/0.1ML	NC	SP
SYFOVRE INJ 15/0.1ML	NC	SP
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine (ophth) emulsion 0.05%</i>	NC	
RESTASIS EMU 0.05% OP	1	PA, QL
RESTASIS MUL EMU 0.05% OP	2	PA, QL
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	NC	
ROCKLATAN DRO	NC	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	
ALCAINE SOL 0.5% OP	3	
<i>altacaine sol 0.5% op</i>	1	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	6	SP, QL
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ 15MG	6	SP, PA

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA VIS SOL 0.146-20	NC	
PHOTREXA/PHO SOL VISC KIT	NC	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	NC	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
CLOBETASOL SUS 0.05%	3	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
DEXTENZA MIS 0.4MG	NC	
DEXYCU SUS 9%	NC	
<i>difluprednate ophth emulsion 0.05%</i>	1	
DUREZOL EMU 0.05%	3	
EYSUVIS DRO 0.25%	3	PA, QL
FLAREX SUS 0.1% OP	NC	
<i>fluorometholone ophth susp 0.1%</i>	1	
FML FORTE SUS 0.25% OP	NC	
FML LIQUIFLM SUS 0.1% OP	NC	
FML OIN 0.1% OP	NC	
ILUVIEN IMP 0.19MG	6	SP
INVELTYS SUS 1%	NC	
LOTEMAX GEL 0.5%	NC	
LOTEMAX OIN 0.5%	NC	
LOTEMAX SM GEL 0.38%	NC	
LOTEMAX SUS 0.5%	NC	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.2%</i>	2	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXIDEX SUS 0.1% OP	NC	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin oin hc 1%op</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
OZURDEX IMP 0.7MG	6	SP
PRED FORTE SUS 1% OP	NC	
PRED MILD SUS 0.12% OP	NC	
PRED SOD PHO SOL 1% OP	3	

Drug Name	Drug Tier	Requirements/Limits
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
PREDNISOLONE SUS 1%	3	
RETISERT IMP 0.59MG	6	SP
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	NC	
TOBRADEX SUS 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
TRIESENCE INJ 40MG/ML	3	
TRIMOXI+ INJ	NC	
XIPERE SUS 40MG/ML	NC	SP
ZYLET SUS 0.5-0.3%	NC	

OPHTHALMIC SURGICAL AIDS

AMVISC INJ 12MG/ML	3	
AMVISC PLUS INJ 16MG/ML	3	
GELFILM MIS OP	3	
HEALON5 PRO INJ 23MG/ML	3	
HEALON DUET INJ PRO	3	
HEALON GV INJ 18MG PRO	3	
HEALON PRO INJ 10MG/ML	3	
MEMBRANEBLUE INJ 0.15%	3	
NUVISC INJ 12MG/ML	3	
OMIDRIA INJ 1-0.3%	3	
PROVISC INJ 1%	3	
VISIONBLUE INJ 0.06%	3	

OPHTHALMICS - MISC.

ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ACUVAIL SOL 0.45%	NC	
<i>ak-fluor inj 10% op</i>	1	
AK-FLUOR INJ 25% OP	3	
ALOCRIAL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>altafluor-be sol 0.25-0.4</i>	1	
<i>azelastine hcl ophth soln 0.05%</i>	1	
AZOPT SUS 1% OP	3	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
BEPREVE DRO 1.5% OP	3	
<i>brinzolamide ophth susp 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	2	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	1	
BROMSITE DRO 0.075%	NC	
BSS PLUS SOL OP	3	
BSS SOL OP	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTARAN SOL 0.44%	6	SP, PA, QL
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
DORZOLAMIDE SOL 2%	3	
<i>epinastine hcl ophth soln 0.05%</i>	1	
FLUOR-I-STRI TES 1MG OP	1	
FLUORE/BENOX SOL 0.3-0.4%	3	
<i>fluorescein sodium iv soln 10%</i>	1	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	1	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	1	
FLUORESCITE INJ 10% OP	3	
FLURA-SAFE SOL	3	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LASTACFT SOL 0.25%	NC	
MIEBO DRO 1.3GM/ML	NC	
NEVANAC SUS 0.1%	NC	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PAREMYD SOL 1-0.25%	3	
PROLENSA SOL 0.07%	2	
TRUSOPT SOL 2% OP	3	
UPNEEQ SOL 0.1%	NC	
ZERVIAE DRO 0.24%	NC	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
LATANOPROST SOL 0.005%	NC	
LUMIGAN SOL 0.01% OP	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
TRAVATAN Z DRO 0.004%	NC	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
VYZULTA SOL 0.024%	NC	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	2	ST

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	1	
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OTIC ANTI-INFECTIVES

CETRAXAL SOL 0.2%	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>ofloxacin otic soln 0.3%</i>	1	
OTIPRIO SUS 60MG/ML	NC	

OTIC COMBINATIONS

CIPRO HC SUS OTIC	NC	
CIPRODEX SUS 0.3-0.1%	NC	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	NC	
CORTISPORIN SUS -TC OTIC	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTOVEL DRO	NC	

OTIC STEROIDS

DERMOTIC OIL 0.01%	3	
<i>flac oil 0.01%</i>	1	
<i>fluocinolone acetone (otic) oil 0.01%</i>	1	

OXYTOCICS

ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING

<i>carboprost tromethamine im soln 250 mcg/ml</i>	1	
CERVIDIL VAG MIS 10MG INS	3	
HEMABATE INJ 250MCG	3	
PREPIDIL GEL 0.5MG/3G	3	

OXYTOCICS

<i>methergine tab 0.2mg</i>	2	
<i>methylergonovine maleate inj 0.2 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylergonovine maleate tab 0.2 mg</i>	2	
<i>oxytocin inj 10 unit/ml</i>	1	
PITOCIN INJ 10UNT/ML	3	

PASSIVE IMMUNIZING AND TREATMENT AGENTS

ANTITOXINS-ANTIVENINS

ANASCORP INJ	3	
ANAVIP INJ	6	SP
ANTIVENIN KIT LAT MACT	3	
ANTIVENIN NA INJ CORAL SN	3	
CROFAB INJ	3	

IMMUNE SERUMS

ALYGLO INJ 5GM/50ML	NC	
ALYGLO INJ 10/100ML	NC	
ALYGLO INJ 20/200ML	NC	
BIVIGAM INJ 10%	M	
CARIMUNE NF INJ 6GM	M	
CUTAQUIG SOL 1.65GM	5	SP, PA
CUTAQUIG SOL 1GM	5	SP, PA
CUTAQUIG SOL 2GM	5	SP, PA
CUTAQUIG SOL 3.3GM	5	SP, PA
CUTAQUIG SOL 4GM	5	SP, PA
CUTAQUIG SOL 8GM	5	SP, PA
CUVITRU INJ 2GM/10ML	M	
CUVITRU INJ 4GM/20ML	M	
CUVITRU INJ 8GM/40ML	M	
CUVITRU SOL 1GM/5ML	M	
CYTOGAM INJ	6	PV
GAMMAGARD INJ 1GM/10ML	5	SP, PA
GAMMAGARD INJ 2.5GM/25	5	SP, PA
GAMMAGARD INJ 5GM/50ML	5	SP, PA
GAMMAGARD INJ 10GM/100	5	SP, PA
GAMMAGARD INJ 20GM/200	5	SP, PA
GAMMAGARD INJ 30GM/300	5	SP, PA
GAMMAGARD SD INJ 5GM HU	5	SP, PA
GAMMAGARD SD INJ 10GM HU	5	SP, PA
GAMMAKED INJ 1GM/10ML	5	SP, PA
GAMMAKED INJ 5GM/50ML	5	SP, PA
GAMMAKED INJ 10GM/100	5	SP, PA
GAMMAKED INJ 20GM/200	5	SP, PA
GAMUNEX-C INJ 1GM/10ML	5	SP, PA
GAMUNEX-C INJ 2.5GM/25	5	SP, PA
GAMUNEX-C INJ 5GM/50ML	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJ 10GM/100	5	SP, PA
GAMUNEX-C INJ 20GM/200	5	SP, PA
GAMUNEX-C INJ 40/400ML	5	SP, PA
HEPAGAM B INJ	M	
HIZENTRA INJ 1GM/5ML	5	SP, PA
HIZENTRA INJ 1GM/5ML	5	SP, PA
HIZENTRA INJ 2GM/10ML	5	SP, PA
HIZENTRA INJ 2GM/10ML	5	SP, PA
HIZENTRA INJ 4GM/20ML	5	SP, PA
HIZENTRA INJ 10/50ML	5	SP, PA
HIZENTRA SOL 20%	5	SP, PA
HYPERHEP B INJ	M	
HYPERRAB INJ 300UNIT	3	PV
HYPERRAB INJ 1500UNIT	3	PV
HYPERRHO S/D INJ 50MCG	M	
HYPERRHO S/D INJ 300MCG	M	
HYPERTET INJ 250/ML	3	PV
IMOGAM RABIE INJ 300/2ML	3	PV
KEDRAB SOL 150UNITS	3	PV
KEDRAB SOL 300/2ML	3	PV
MICRHOGAM PL INJ 50MCG	M	
NABI-HB INJ	M	
PANZYGA SOL 1GM/10ML	M	
PANZYGA SOL 2.5/25ML	M	
PANZYGA SOL 5GM/50ML	M	
PANZYGA SOL 10/100ML	M	
PANZYGA SOL 20/200ML	M	
PANZYGA SOL 30/300ML	M	
RHOGAM PLUS INJ 300MCG	M	
RHOPHYLAC INJ 1500/2ML	M	
VARIZIG INJ 125/1.2	M	
VARIZIG INJ 125UNIT	M	
WINRHO SDF INJ 1500UNIT	M	
WINRHO SDF INJ 2500UNIT	M	
WINRHO SDF INJ 5000UNIT	M	
WINRHO SDF INJ 15000UNT	M	
MONOCLONAL ANTIBODIES		
BEBTELOVIMAB SOL 175/2ML	3	
BEYFORTUS INJ 50/0.5ML	3	ACA, PV
BEYFORTUS INJ 100MG/ML	3	ACA, PV
EVUSHELD SOL	3	
SYNAGIS INJ 50/0.5ML	6	SP, PA; PV
SYNAGIS INJ 50MG	6	SP, PA; PV

Drug Name	Drug Tier	Requirements/Limits
SYNAGIS INJ 100MG/ML	6	SP, PA; PV
ZINPLAVA SOL 25MG/ML	NC	SP

PASSIVE IMMUNIZING AGENTS - COMBINATIONS

HYQVIA INJ 2.5-200	NC	SP
HYQVIA INJ 5-400	NC	SP
HYQVIA INJ 10-800	NC	SP
HYQVIA INJ 20-1600	NC	SP
HYQVIA INJ 30-2400	NC	SP

PENICILLINS

AMINOPENICILLINS

<i>amoxicillin (trihydrate) cap 250 mg</i>	1
<i>amoxicillin (trihydrate) cap 500 mg</i>	1
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1
<i>amoxicillin (trihydrate) tab 500 mg</i>	1
<i>amoxicillin (trihydrate) tab 875 mg</i>	1
<i>ampicillin cap 500 mg</i>	1
<i>ampicillin sodium for inj 1 gm</i>	1
<i>ampicillin sodium for inj 2 gm</i>	2
<i>ampicillin sodium for inj 125 mg</i>	1
<i>ampicillin sodium for inj 250 mg</i>	1
<i>ampicillin sodium for inj 500 mg</i>	1
<i>ampicillin sodium for iv soln 1 gm</i>	1
<i>ampicillin sodium for iv soln 2 gm</i>	1
<i>ampicillin sodium for iv soln 10 gm</i>	1

NATURAL PENICILLINS

BICILLIN L-A INJ 600000	3
BICILLIN L-A INJ 1200000	3
BICILLIN L-A INJ 2400000	3
EXTENCILLINE INJ 1200000	3
EXTENCILLINE INJ 2400000	3
LENTOCILIN INJ 1200000	3
PEN G PROC INJ 600000	3
PEN GK/DEXTR INJ 40000/ML	3
PEN GK/DEXTR INJ 60000/ML	3
<i>penicillin g potassium for inj 5000000 unit</i>	2
<i>penicillin g potassium for inj 20000000 unit</i>	1
<i>penicillin g sodium for inj 5000000 unit</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>pfizerpen inj 5mu</i>	2	

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
BICILLIN C-R INJ 900/300	3	
BICILLIN C-R INJ 1200000	3	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<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>	1	
UNASYN INJ 1.5GM	3	
UNASYN INJ 3GM	3	

Drug Name	Drug Tier	Requirements/Limits
UNASYN INJ 15GM	3	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
NAFCILLIN INJ 2GM/100	3	
<i>nafcillin sodium for inj 1 gm</i>	1	
<i>nafcillin sodium for inj 2 gm</i>	1	
<i>nafcillin sodium for iv soln 1 gm</i>	1	
<i>nafcillin sodium for iv soln 2 gm</i>	1	
<i>nafcillin sodium for iv soln 10 gm</i>	1	
<i>nafcillin sodium for iv soln 10 gm</i>	NC	
OXACILLIN INJ 2GM	3	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	1	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	1	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	1	

PROGESTINS

PROGESTINS

<i>gallifrey tab 5mg</i>	1	
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	4	SP, PA, QL
MAKENA INJ 250MG/ML	6	SP, PA, QL
MAKENA INJ 275MG	6	SP, PA, QL
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	2	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	
PROMETRIUM CAP 100MG	NC	
PROMETRIUM CAP 200MG	NC	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

Drug Name	Drug Tier	Requirements/Limits
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	PV
<i>disulfiram tab 250 mg</i>	1	PV
<i>disulfiram tab 500 mg</i>	1	PV
LUCEMYRA TAB 0.18MG	NC	
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PAK 6GM	5	SP, PA, QL
LUMRYZ PAK 7.5GM	5	SP, PA, QL
LUMRYZ PAK 9GM	5	SP, PA, QL
LUMRYZ PKG 4.5GM	5	SP, PA, QL
XYREM SOL 500MG/ML	NC	
XYWAV SOL 0.5GM/ML	5	SP, PA, QL
ANTIDEMENTIA AGENTS		
ADLARITY DIS 5MG/DAY	NC	
ADLARITY DIS 10MG/DAY	NC	
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	2	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
LYBALVI TAB 5-10MG	3	PA; PV
LYBALVI TAB 10-10MG	3	PA; PV
LYBALVI TAB 15-10MG	3	PA; PV
LYBALVI TAB 20-10MG	3	PA; PV
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	2	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO TAB 6MG	5	SP, PA, QL
AUSTEDO TAB 9MG	5	SP, PA, QL
AUSTEDO TAB 12MG	5	SP, PA, QL
AUSTEDO XR TAB 6MG	5	SP, PA, QL
AUSTEDO XR TAB 12MG	5	SP, PA, QL
AUSTEDO XR TAB 18MG	5	SP, PA, QL
AUSTEDO XR TAB 24MG	5	SP, PA, QL
AUSTEDO XR TAB 30MG ER	5	SP, PA, QL
AUSTEDO XR TAB 36MG ER	5	SP, PA, QL
AUSTEDO XR TAB 42MG ER	5	SP, PA, QL
AUSTEDO XR TAB 48MG ER	5	SP, PA, QL
AUSTEDO XR TAB TITR KIT	5	SP, PA, QL
INGREZZA CAP 40-80MG	5	SP, PA, QL
INGREZZA CAP 40MG	5	SP, PA, QL
INGREZZA CAP 60MG	5	SP, PA, QL
INGREZZA CAP 80MG	5	SP, PA, QL
<i>tetrabenazine tab 12.5 mg</i>	4	SP, PA, QL
<i>tetrabenazine tab 25 mg</i>	4	SP, PA, QL
XENAZINE TAB 12.5MG	NC	SP
XENAZINE TAB 25MG	NC	SP

MULTIPLE SCLEROSIS AGENTS

AMPYRA TAB 10MG	6	SP, ST, PA, QL
AUBAGIO TAB 7MG	NC	SP
AUBAGIO TAB 14MG	NC	SP
AVONEX PEN KIT 30MCG	5	SP, PA, QL; PV
AVONEX PREFL KIT 30MCG	5	SP, PA, QL; PV
BETASERON INJ 0.3MG	5	SP, PA, QL; PV
COPAXONE INJ 40MG/ML	5	SP, PA, QL; PV
<i>dalfampridine tab er 12hr 10 mg</i>	4	SP, PA, QL
<i>dimethyl fumarate capsule delayed release 120 mg</i>	4	SP, PA, QL; PV
<i>dimethyl fumarate capsule delayed release 240 mg</i>	4	SP, PA, QL; PV
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	SP, PA, QL; PV
EXTAVIA INJ 0.3MG	NC	SP
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	4	SP, PA, QL; PV
GILENYA CAP 0.5MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	SP, PA, QL; PV
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	SP, PA, QL; PV
<i>glatopa inj 20mg/ml</i>	4	SP, PA, QL; PV
<i>glatopa inj 40mg/ml</i>	4	SP, PA, QL; PV
KESIMPTA INJ 20/.4ML	5	SP, PA, QL; PV
LEMTRADA INJ 12/1.2ML	NC	SP
MAVENCLAD PAK 10MG(4)	6	SP, PA, QL; PV
MAVENCLAD PAK 10MG(5)	6	SP, PA, QL; PV
MAVENCLAD PAK 10MG(6)	6	SP, PA, QL; PV
MAVENCLAD PAK 10MG(7)	6	SP, PA, QL; PV
MAVENCLAD PAK 10MG(8)	6	SP, PA, QL; PV
MAVENCLAD PAK 10MG(9)	6	SP, PA, QL; PV
MAVENCLAD PAK 10MG(10)	6	SP, PA, QL; PV
MAYZENT PAK STARTER	5	SP, PA, QL; PV
MAYZENT TAB 0.25MG	5	SP, PA, QL; PV
MAYZENT TAB 1MG	5	SP, PA, QL; PV
MAYZENT TAB 2MG	5	SP, PA, QL; PV
OCREVUS INJ 300/10ML	5	SP, PA, QL; PV
PLEGRIDY INJ	6	SP, PA, QL; PV
PLEGRIDY INJ PEN	6	SP, PA, QL; PV
PLEGRIDY INJ STARTER	6	SP, PA, QL; PV
PLEGRIDY PEN INJ STARTER	6	SP, PA, QL; PV
PONVORY TAB 20MG	6	SP, PA, QL
PONVORY TAB STARTER	6	SP, PA, QL; PV
REBIF INJ 22/0.5	5	SP, PA, QL; PV
REBIF INJ 44/0.5	5	SP, PA, QL; PV
REBIF REBIDO INJ 22/0.5	5	SP, PA, QL; PV
REBIF REBIDO INJ 44/0.5	5	SP, PA, QL; PV
REBIF REBIDO INJ TITRATN	5	SP, PA, QL; PV
REBIF TITRTN INJ PACK	5	SP, PA, QL; PV
TASCENSO ODT TAB 0.25MG	NC	SP
TECFIDERA CAP 120MG	NC	SP
TECFIDERA CAP 240MG	NC	SP
TECFIDERA CAP STARTER	NC	SP
TYSABRI INJ 300/15ML	5	SP, PA, QL; PV
VUMERITY CAP 231MG	5	SP, PA, QL; PV
ZEPOSIA 7DAY CAP STR PACK	5	SP, PA, QL; PV, Preferred for Ulcerative Colitis
ZEPOSIA CAP 0.92MG	5	SP, PA, QL; PV, Preferred for Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA CAP STR KIT	5	SP, PA, QL; PV, Preferred for Ulcerative Colitis
ZEPOSIA CAP STR KIT	5	SP, PA, QL; PV; Preferred for Ulcerative Colitis

POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

<i>gabapentin (once-daily) tab 300 mg</i>	2	
<i>gabapentin (once-daily) tab 600 mg</i>	2	
GRALISE TAB 300MG	2	
GRALISE TAB 450MG	2	
GRALISE TAB 600MG	2	
GRALISE TAB 750MG	2	
GRALISE TAB 900MG	2	
LYRICA CR TAB 82.5MG	3	
LYRICA CR TAB 165MG	3	
LYRICA CR TAB 330MG	3	
<i>pregabalin tab er 24hr 82.5 mg</i>	1	
<i>pregabalin tab er 24hr 165 mg</i>	2	
<i>pregabalin tab er 24hr 330 mg</i>	1	

PSEUDOBULBAR AFFECT (PBA) AGENTS

NUEDEXTA CAP 20-10MG	2	PA
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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	

RESTLESS LEG SYNDROME (RLS) AGENTS

HORIZANT TAB 300MG ER	2	
HORIZANT TAB 600MG ER	2	

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	ACA, PV
<i>cvs nicotine dis 7mg/24hr</i>	0	OTC; ACA, PV
<i>cvs nicotine dis 14mg/24h</i>	0	OTC; ACA, PV
<i>cvs nicotine dis 21mg/24h</i>	0	OTC; ACA, PV
<i>cvs nicotine gum 2mg cinn</i>	0	OTC; ACA, PV
<i>cvs nicotine gum 2mg mint</i>	0	OTC; ACA, PV
<i>cvs nicotine gum 2mg orig</i>	0	OTC; ACA, PV
<i>cvs nicotine gum 2mgfruit</i>	0	OTC; ACA, PV
<i>cvs nicotine gum 4mg</i>	0	OTC; ACA, PV
<i>cvs nicotine gum 4mg cinn</i>	0	OTC; ACA, PV
<i>cvs nicotine gum 4mg mint</i>	0	OTC; ACA, PV
<i>cvs nicotine gum 4mg orig</i>	0	OTC; ACA, PV
<i>cvs nicotine gum 4mgfruit</i>	0	OTC; ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>cvs nicotine loz 2mg</i>	0	OTC; ACA, PV
<i>cvs nicotine loz 2mg mint</i>	0	OTC; ACA, PV
<i>cvs nicotine loz 4mg cinn</i>	0	OTC; ACA, PV
<i>cvs nicotine loz 4mg mint</i>	0	OTC; ACA, PV
<i>eq nicotine dis 7mg/24hr</i>	0	OTC; ACA, PV
<i>eq nicotine dis 14mg/24h</i>	0	OTC; ACA, PV
<i>eq nicotine dis 21mg/24h</i>	0	OTC; ACA, PV
<i>eq nicotine gum 2mg cinn</i>	0	OTC; ACA, PV
<i>eq nicotine gum 2mg mint</i>	0	OTC; ACA, PV
<i>eq nicotine gum 2mgfruit</i>	0	OTC; ACA, PV
<i>eq nicotine gum 4mg cinn</i>	0	OTC; ACA, PV
<i>eq nicotine gum 4mg mint</i>	0	OTC; ACA, PV
<i>eq nicotine gum 4mg orig</i>	0	OTC; ACA, PV
<i>eq nicotine gum 4mgfruit</i>	0	OTC; ACA, PV
<i>eq nicotine loz 2mg cinn</i>	0	OTC; ACA, PV
<i>eq nicotine loz 2mg mint</i>	0	OTC; ACA, PV
<i>eq nicotine loz 4mg cinn</i>	0	OTC; ACA, PV
<i>eq nicotine loz 4mg mint</i>	0	OTC; ACA, PV
<i>ft nicotine dis 7mg/24hr</i>	0	OTC; ACA, PV
<i>ft nicotine dis 14mg/24h</i>	0	OTC; ACA, PV
<i>ft nicotine dis 21mg/24h</i>	0	OTC; ACA, PV
<i>ft nicotine gum 2mg</i>	0	OTC; ACA, PV
<i>ft nicotine gum 4mg</i>	0	OTC; ACA, PV
<i>ft nicotine loz 2mg</i>	0	OTC; ACA, PV
<i>ft nicotine loz 4mg</i>	0	OTC; ACA, PV
<i>gnp nicotine dis 7mg/24hr</i>	0	OTC; ACA, PV
<i>gnp nicotine dis 14mg/24h</i>	0	OTC; ACA, PV
<i>gnp nicotine dis 21mg/24h</i>	0	OTC; ACA, PV
<i>gnp nicotine gum 2mg frt</i>	0	OTC; ACA, PV
<i>gnp nicotine gum 2mg mint</i>	0	OTC; ACA, PV
<i>gnp nicotine gum 2mg orig</i>	0	OTC; ACA, PV
<i>gnp nicotine gum 4mg frt</i>	0	OTC; ACA, PV
<i>gnp nicotine gum 4mg mint</i>	0	OTC; ACA, PV
<i>gnp nicotine gum 4mg orig</i>	0	OTC; ACA, PV
<i>gnp nicotine loz 2mg mint</i>	0	OTC; ACA, PV
<i>gnp nicotine loz 4mg cher</i>	0	OTC; ACA, PV
<i>gnp nicotine loz 4mg mint</i>	0	OTC; ACA, PV
<i>gnp nicotine loz mini 2mg</i>	0	OTC; ACA, PV
<i>habitrol dis 21mg/24h</i>	0	OTC; ACA, PV
<i>hm nicotine dis 14mg/24h</i>	0	OTC; ACA, PV
<i>hm nicotine gum 2mg</i>	0	OTC; ACA, PV
<i>hm nicotine gum 2mg mint</i>	0	OTC; ACA, PV
<i>hm nicotine gum 4mg frt</i>	0	OTC; ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>hm nicotine gum 4mg mint</i>	0	OTC; ACA, PV
<i>hm nicotine loz 2mg</i>	0	OTC; ACA, PV
<i>hm nicotine loz 2mg mint</i>	0	OTC; ACA, PV
<i>hm nicotine loz 4mg cinn</i>	0	OTC; ACA, PV
<i>hm nicotine loz 4mg mint</i>	0	OTC; ACA, PV
<i>kls quit2 gum 2mg</i>	0	OTC; ACA, PV
<i>kls quit2 loz 2mg</i>	0	OTC; ACA, PV
<i>kls quit4 gum 4mg</i>	0	OTC; ACA, PV
<i>kls quit4 loz 4mg</i>	0	OTC; ACA, PV
<i>nicotine dis 7mg/24hr</i>	0	OTC; ACA, PV
<i>nicotine dis step 1</i>	0	OTC; ACA, PV
<i>nicotine gum 2mg</i>	0	OTC; ACA, PV
<i>nicotine gum 4mg</i>	0	OTC; ACA, PV
<i>nicotine loz mini 2mg</i>	0	OTC; ACA, PV
<i>nicotine pol gum 4mg mint</i>	0	OTC; ACA, PV
<i>nicotine pol loz 2mg mini</i>	0	OTC; ACA, PV
<i>nicotine pol loz 4mg chry</i>	0	OTC; ACA, PV
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; ACA, PV
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; ACA, PV
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; ACA, PV
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; ACA, PV
<i>nicotine td dis 7mg/24hr</i>	0	OTC; ACA, PV
<i>nicotine td dis 14mg/24h</i>	0	OTC; ACA, PV
<i>nicotine td dis 21mg/24h</i>	0	OTC; ACA, PV
<i>nicotine td dis step 1</i>	0	OTC; ACA, PV
<i>nicotine td dis step 3</i>	0	OTC; ACA, PV
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; ACA, PV
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; ACA, PV
NICOTROL INH	0	ACA, PV
NICOTROL NS SPR 10MG/ML	0	ACA, PV
<i>qc nicotine dis 14mg/24h</i>	0	OTC; ACA, PV
<i>qc nicotine dis 21mg/24h</i>	0	OTC; ACA, PV
<i>ra nicotine dis 14mg/24h</i>	0	OTC; ACA, PV
<i>ra nicotine dis 21mg/24h</i>	0	OTC; ACA, PV
<i>ra nicotine gum 2mg</i>	0	OTC; ACA, PV
<i>ra nicotine gum 2mg mint</i>	0	OTC; ACA, PV
<i>ra nicotine gum 4mg</i>	0	OTC; ACA, PV
<i>ra nicotine gum 4mg mint</i>	0	OTC; ACA, PV
<i>ra nicotine loz 2mg mint</i>	0	OTC; ACA, PV
<i>ra nicotine loz 4mg mint</i>	0	OTC; ACA, PV
<i>sm nicotine dis 7mg/24hr</i>	0	OTC; ACA, PV
<i>sm nicotine dis 14mg/24h</i>	0	OTC; ACA, PV
<i>sm nicotine dis 21mg/24h</i>	0	OTC; ACA, PV

Drug Name	Drug Tier	Requirements/Limits
<i>sm nicotine gum 2mg</i>	0	OTC; ACA, PV
<i>sm nicotine gum 2mg mint</i>	0	OTC; ACA, PV
<i>sm nicotine gum 4mg</i>	0	OTC; ACA, PV
<i>sm nicotine gum 4mg mint</i>	0	OTC; ACA, PV
<i>sm nicotine loz 2mg chry</i>	0	OTC; ACA, PV
<i>sm nicotine loz 2mg cinn</i>	0	OTC; ACA, PV
<i>sm nicotine loz 2mg mint</i>	0	OTC; ACA, PV
<i>sm nicotine loz 4mg</i>	0	OTC; ACA, PV
<i>sm nicotine loz 4mg cinn</i>	0	OTC; ACA, PV
<i>sm nicotine loz 4mg mint</i>	0	OTC; ACA, PV
<i>thrive gum 2mg mint</i>	0	OTC; ACA, PV
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	0	ACA, PV
<i>varenicline tartrate tab 1 mg (base equiv)</i>	0	ACA, PV
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	0	ACA, PV

TRANSTHYRETIN AMYLOIDOSIS AGENTS

ONPATTRO SOL 10MG/5ML	6	SP, PA, QL
WAINUA INJ 45/0.8ML	NC	SP

VASOMOTOR SYMPTOM AGENTS

<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	NC	
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RESPIRATORY AGENTS - MISC.

ALPHA-PROTEINASE INHIBITOR (HUMAN)

ARALAST NP INJ 500MG	NC	SP
ARALAST NP INJ 1000MG	NC	SP
GLASSIA INJ	NC	SP
ZEMAIRA INJ 1000MG	5	SP, PA
ZEMAIRA INJ 4000MG	5	SP, PA
ZEMAIRA INJ 5000MG	5	SP, PA

CYSTIC FIBROSIS AGENTS

BRONCHITOL CAP 40MG	NC	SP
KALYDECO GRA 5.8MG	6	SP, PA, QL
KALYDECO GRA 13.4MG	6	SP, PA, QL
KALYDECO PAK 25MG	6	SP, PA, QL
KALYDECO PAK 50MG	6	SP, PA, QL
KALYDECO PAK 75MG	6	SP, PA, QL
KALYDECO TAB 150MG	6	SP, PA, QL
ORKAMBI GRA 75-94MG	6	SP, PA, QL
ORKAMBI GRA 100-125	6	SP, PA, QL
ORKAMBI GRA 150-188	6	SP, PA, QL
ORKAMBI TAB 100-125	6	SP, PA, QL
ORKAMBI TAB 200-125	6	SP, PA, QL
PULMOZYME SOL 1MG/ML	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO TAB 50-75MG	6	SP, PA, QL
SYMDEKO TAB 100-150	6	SP, PA, QL
TRIKAFTA PAK 59.5MG	6	SP, PA, QL
TRIKAFTA PAK 75MG	6	SP, PA, QL
TRIKAFTA TAB	6	SP, PA, QL
PLEURAL SCLEROSING AGENTS		
SCLEROSOL AER INTRAPLE	3	
STERIL TALC SUS 5GM	3	
STERITALC POW 2GM	3	
STERITALC POW 3GM	3	
STERITALC POW 4GM	3	
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	NC	SP
ESBRIET TAB 267MG	NC	SP
ESBRIET TAB 801MG	NC	SP
OFEV CAP 100MG	5	SP, PA, QL
OFEV CAP 150MG	5	SP, PA, QL
<i>pirfenidone cap 267 mg</i>	4	SP, PA, QL
<i>pirfenidone tab 267 mg</i>	4	SP, PA, QL
<i>pirfenidone tab 801 mg</i>	4	SP, PA, QL
RESPIRATORY AGENTS - MISC.		
CUROSURF SUS 120/1.5	3	
CUROSURF SUS 240/3ML	3	
INFASURF SUS 35MG/ML	3	
SURVANTA INH	3	
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	2	(except NDC 42806075760 which is not covered)
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA INJ 100MG	3	PA
NUZYRA TAB 150MG	3	PA
FLUOROCYCLINES		
XERAVA INJ 50MG	3	
XERAVA INJ 100MG	3	
GLYCYLCYCLINES		
<i>tigecycline for iv soln 50 mg</i>	1	
TIGECYCLINE INJ 50MG	3	
TYGACIL INJ 50MG	NC	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
ACTICLATE TAB 75MG	NC	
ACTICLATE TAB 150MG	NC	
<i>avidoxy tab 100mg</i>	1	
<i>coremino tab 45mg</i>	NC	
<i>coremino tab 90mg</i>	NC	
<i>coremino tab 135mg</i>	NC	
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
DORYX MPC TAB 120MG	NC	
DORYX TAB 50MG	NC	
DORYX TAB 80MG	NC	
DORYX TAB 200MG	NC	
<i>doxy 100 inj 100mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 50 mg</i>	NC	
<i>doxycycline hyclate tab 75 mg</i>	NC	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab 150 mg</i>	NC	
<i>doxycycline hyclate tab delayed release 50 mg</i>	NC	
<i>doxycycline hyclate tab delayed release 75 mg</i>	NC	
<i>doxycycline hyclate tab delayed release 80 mg</i>	NC	
<i>doxycycline hyclate tab delayed release 100 mg</i>	NC	
<i>doxycycline hyclate tab delayed release 150 mg</i>	NC	
<i>doxycycline hyclate tab delayed release 200 mg</i>	NC	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 75 mg</i>	NC	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 150 mg</i>	NC	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
MINOCIN CAP 50MG	NC	
MINOCIN INJ 100MG	3	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl cap er 24hr 45 mg (base equivalent)</i>	NC	
<i>minocycline hcl cap er 24hr 90 mg (base equivalent)</i>	NC	
<i>minocycline hcl cap er 24hr 135 mg (base equivalent)</i>	NC	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab er 24hr 45 mg</i>	NC	
<i>minocycline hcl tab er 24hr 55 mg</i>	NC	
<i>minocycline hcl tab er 24hr 65 mg</i>	NC	
<i>minocycline hcl tab er 24hr 80 mg</i>	NC	
<i>minocycline hcl tab er 24hr 90 mg</i>	NC	
<i>minocycline hcl tab er 24hr 105 mg</i>	NC	
<i>minocycline hcl tab er 24hr 115 mg</i>	NC	
<i>minocycline hcl tab er 24hr 135 mg</i>	NC	
MINOLIRA TAB 105MG	NC	
MINOLIRA TAB 135MG	NC	
<i>mondoxyne nl cap 75mg</i>	NC	
<i>mondoxyne nl cap 100mg</i>	1	
MORGIDOX KIT 1X50MG	NC	
<i>okebo cap 75mg</i>	NC	
SEYSARA TAB 100MG	NC	
SEYSARA TAB 150MG	NC	
<i>targadox tab 50mg</i>	NC	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
TETRACYCLINE TAB 250MG	3	
TETRACYCLINE TAB 500MG	3	
VIBRAMYCIN SYP 50MG/5ML	3	
XIMINO CAP 45MG ER	NC	
XIMINO CAP 90MG ER	NC	
XIMINO CAP 135MG ER	NC	

THYROID AGENTS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	

THYROID HORMONES

ADTHYZA TAB 15MG	NC	
ADTHYZA TAB 16.25MG	NC	
ADTHYZA TAB 30MG	NC	

Drug Name	Drug Tier	Requirements/Limits
ADTHYZA TAB 32.5MG	NC	
ADTHYZA TAB 60MG	NC	
ADTHYZA TAB 65MG	NC	
ADTHYZA TAB 90MG	NC	
ADTHYZA TAB 97.5MG	NC	
ADTHYZA TAB 120MG	NC	
ADTHYZA TAB 130MG	NC	
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	
CYTOMEL TAB 5MCG	NC	
CYTOMEL TAB 25MCG	NC	
CYTOMEL TAB 50MCG	NC	
<i>euthyrox tab 25mcg</i>	1	
<i>euthyrox tab 50mcg</i>	1	
<i>euthyrox tab 75mcg</i>	1	
<i>euthyrox tab 88mcg</i>	1	
<i>euthyrox tab 100mcg</i>	1	
<i>euthyrox tab 112mcg</i>	1	
<i>euthyrox tab 125mcg</i>	1	
<i>euthyrox tab 137mcg</i>	1	
<i>euthyrox tab 150mcg</i>	1	
<i>euthyrox tab 175mcg</i>	1	
<i>euthyrox tab 200mcg</i>	1	
<i>levo-t tab 25mcg</i>	1	
<i>levo-t tab 50mcg</i>	1	
<i>levo-t tab 75mcg</i>	1	
<i>levo-t tab 88mcg</i>	1	
<i>levo-t tab 100mcg</i>	1	
<i>levo-t tab 112mcg</i>	1	
<i>levo-t tab 125mcg</i>	1	
<i>levo-t tab 137mcg</i>	1	
<i>levo-t tab 150mcg</i>	1	
<i>levo-t tab 175mcg</i>	1	
<i>levo-t tab 200mcg</i>	1	
<i>levo-t tab 300 mcg</i>	1	
LEVOTHYROXIN INJ 100MCG	3	
LEVOTHYROXIN INJ 200MCG	3	

Drug Name	Drug Tier	Requirements/Limits
LEVOTHYROXIN INJ 500MCG	3	
<i>levothyroxine sodium cap 13 mcg</i>	NC	
<i>levothyroxine sodium cap 25 mcg</i>	NC	
<i>levothyroxine sodium cap 50 mcg</i>	NC	
<i>levothyroxine sodium cap 75 mcg</i>	NC	
<i>levothyroxine sodium cap 88 mcg</i>	NC	
<i>levothyroxine sodium cap 100 mcg</i>	NC	
<i>levothyroxine sodium cap 112 mcg</i>	NC	
<i>levothyroxine sodium cap 125 mcg</i>	NC	
<i>levothyroxine sodium cap 137 mcg</i>	NC	
<i>levothyroxine sodium cap 150 mcg</i>	NC	
<i>levothyroxine sodium cap 175 mcg</i>	NC	
<i>levothyroxine sodium cap 200 mcg</i>	NC	
<i>levothyroxine sodium for iv inj 100 mcg</i>	1	
<i>levothyroxine sodium for iv inj 200 mcg</i>	1	
<i>levothyroxine sodium for iv inj 500 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl tab 25mcg</i>	1	
<i>levoxyl tab 50mcg</i>	1	
<i>levoxyl tab 75mcg</i>	1	
<i>levoxyl tab 88mcg</i>	1	
<i>levoxyl tab 100mcg</i>	1	
<i>levoxyl tab 112mcg</i>	1	
<i>levoxyl tab 125mcg</i>	1	
<i>levoxyl tab 137mcg</i>	1	
<i>levoxyl tab 150mcg</i>	1	
<i>levoxyl tab 175mcg</i>	1	
<i>levoxyl tab 200mcg</i>	1	
<i>liothyronine sodium iv soln 10 mcg/ml</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NATURE THROI TAB 162.5MG	NC	
NATURE-THROI TAB 16.25MG	NC	
NATURE-THROI TAB 32.5MG	NC	
NATURE-THROI TAB 48.75MG	NC	
NATURE-THROI TAB 65MG	NC	
NATURE-THROI TAB 81.25MG	NC	
NATURE-THROI TAB 97.5MG	NC	
NATURE-THROI TAB 113.75MG	NC	
NATURE-THROI TAB 130MG	NC	
NATURE-THROI TAB 146.25MG	NC	
NATURE-THROI TAB 195MG	NC	
NATURE-THROI TAB 260MG	NC	
NATURE-THROI TAB 325MG	NC	
NP THYROID TAB 15MG	3	
NP THYROID TAB 30MG	3	
NP THYROID TAB 60MG	3	
NP THYROID TAB 90MG	3	
NP THYROID TAB 120MG	3	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYQUIDITY SOL 100MCG	NC	
THYROID TAB 15MG	NC	
THYROID TAB 120MG	NC	
TIROSINT CAP 13MCG	NC	
TIROSINT CAP 25MCG	NC	
TIROSINT CAP 50MCG	NC	
TIROSINT CAP 75MCG	NC	
TIROSINT CAP 88MCG	NC	
TIROSINT CAP 100MCG	NC	
TIROSINT CAP 112MCG	NC	
TIROSINT CAP 125MCG	NC	
TIROSINT CAP 137MCG	NC	
TIROSINT CAP 150MCG	NC	

Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAP 175MCG	NC	
TIROSINT CAP 200	NC	
TRIOSTAT INJ 10MCG/ML	3	
<i>unithroid tab 25mcg</i>	1	
<i>unithroid tab 50mcg</i>	1	
<i>unithroid tab 75mcg</i>	1	
<i>unithroid tab 88mcg</i>	1	
<i>unithroid tab 100mcg</i>	1	
<i>unithroid tab 112mcg</i>	1	
<i>unithroid tab 125mcg</i>	1	
<i>unithroid tab 137mcg</i>	1	
<i>unithroid tab 150mcg</i>	1	
<i>unithroid tab 175mcg</i>	1	
<i>unithroid tab 200mcg</i>	1	
<i>unithroid tab 300mcg</i>	1	
WESTHROID TAB 32.5MG	NC	
WESTHROID TAB 65MG	NC	
WESTHROID TAB 97.5MG	NC	
WESTHROID TAB 130MG	NC	
WESTHROID TAB 195MG	NC	
WP THYROID TAB 16.25MG	NC	
WP THYROID TAB 32.5MG	NC	
WP THYROID TAB 48.75MG	NC	
WP THYROID TAB 65MG	NC	
WP THYROID TAB 81.25MG	NC	
WP THYROID TAB 97.5MG	NC	
WP THYROID TAB 113.75MG	NC	
WP THYROID TAB 130MG	NC	

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ	3	ACA, PV
BOOSTRIX INJ	3	ACA, PV
DAPTACEL INJ	0	ACA, PV
DIP/TET PED INJ 25-5LFU	3	ACA, PV
INFANRIX INJ	0	ACA, PV
KINRIX INJ	0	ACA, PV
PEDIARIX INJ 0.5ML	0	ACA, PV
PENTACEL INJ	0	ACA, PV
QUADRACEL INJ	0	ACA, PV
QUADRACEL INJ 0.5ML	0	ACA, PV
TDVAX INJ 2-2 LF	3	ACA, PV
TENIVAC INJ 5-2LF	3	ACA, PV
TET/DIP TOX INJ 2-2 LF	3	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
VAXELIS INJ	0	ACA, PV

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

ANASPAZ TAB 0.125MG	3	
ATROPINE SUL INJ 0.1MG/ML	3	
ATROPINE SUL INJ 0.05MG/1	3	
ATROPINE SUL INJ 1/2.5ML	NC	
ATROPINE SUL INJ 8MG/20ML	3	
<i>atropine sulfate inj 8 mg/20ml (0.4 mg/ml)</i>	1	
<i>atropine sulfate iv soln 0.4 mg/ml</i>	1	
<i>atropine sulfate iv soln 1 mg/ml</i>	1	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	1	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
BENTYL INJ 10MG/ML	3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	2	
CUVPOSA SOL 1MG/5ML	3	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl inj 10 mg/ml</i>	2	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>ed-spaz tab 0.125mg</i>	1	
GLYCOPYRROLA INJ 0.6/3ML	NC	
GLYCOPYRROLA INJ 1MG/5ML	NC	
GLYCOPYRROLA TAB 1.5MG	NC	
<i>glycopyrrolate inj 0.2 mg/ml</i>	1	
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	NC	
<i>hyosyne dro 0.125/ml</i>	1	
<i>hyosyne elx 0.125/5</i>	1	
LEVBID TAB 0.375 ER	3	

Drug Name	Drug Tier	Requirements/Limits
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
LIBRAX CAP 5-2.5MG	NC	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
<i>nulev tab 0.125mg</i>	1	
<i>oscimin sr tab 0.375mg</i>	NC	
<i>oscimin sub 0.125mg</i>	1	
<i>oscimin tab 0.125mg</i>	1	
ROBINUL FORT TAB 2MG	NC	
ROBINUL TAB 1MG	NC	
<i>symax-sr tab 0.375mg</i>	NC	

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>famotidine inj 40 mg/4ml</i>	1	
<i>famotidine inj 200 mg/20ml</i>	1	
<i>famotidine preservative free inj 20 mg/2ml</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
PEPCID TAB 20MG	3	
PEPCID TAB 40MG	3	

MISC. ANTI-ULCER

CARAFATE SUS 1GM/10ML	NC	
SUCRALFATE SUS 1GM/10ML	NC	
<i>sucralfate susp 1 gm/10ml</i>	NC	
<i>sucralfate tab 1 gm</i>	1	
<i>sucralfate tab 1 gm</i>	NC	(applies to NDCs 62135043601 and 62135043690)

PROTON PUMP INHIBITORS

ACIPHEX SPR CAP 5MG	NC	
ACIPHEX SPR CAP 10MG	NC	
ACIPHEX TAB 20MG	NC	
DEXILANT CAP 30MG DR	NC	

Drug Name	Drug Tier	Requirements/Limits
DEXILANT CAP 60MG DR	NC	
<i>dexlansoprazole cap delayed release 30 mg</i>	NC	
<i>dexlansoprazole cap delayed release 60 mg</i>	NC	
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	2	
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	2	
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	2	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	1	
<i>lansoprazole cap delayed release 15 mg</i>	1	
<i>lansoprazole cap delayed release 30 mg</i>	1	
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	NC	
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	NC	
NEXIUM CAP 20MG	NC	
NEXIUM CAP 40MG	NC	
NEXIUM GRA 2.5MG DR	NC	
NEXIUM GRA 5MG DR	NC	
NEXIUM GRA 10MG DR	NC	
NEXIUM GRA 20MG DR	NC	
NEXIUM GRA 40MG DR	NC	
NEXIUM I.V. INJ 40MG	3	
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	NC	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	
PREVACID CAP 15MG DR	NC	
PREVACID CAP 30MG DR	NC	
PREVACID TAB 15MG STB	NC	
PREVACID TAB 30MG STB	NC	
PRILOSEC POW 2.5MG	NC	

Drug Name	Drug Tier	Requirements/Limits
PRILOSEC POW 10MG	NC	
PROTONIX INJ 40MG	3	
PROTONIX PAK 40MG	NC	
PROTONIX TAB 20MG	NC	
PROTONIX TAB 40MG	NC	
<i>rabeprazole sodium ec tab 20 mg</i>	1	
VOQUEZNA TAB 10MG	NC	
VOQUEZNA TAB 20MG	NC	

ULCER DRUGS - PROSTAGLANDINS

CYTOTEC TAB 100MCG	3	
CYTOTEC TAB 200MCG	3	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	

ULCER THERAPY COMBINATIONS

<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	2	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	2	
KONVOMEPEL SUS 2-84/ML	NC	
OMECLAMOX- MIS PAK	3	
<i>omeppi cap 40-1100</i>	NC	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	NC	
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	NC	
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	NC	
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	NC	
PYLERA CAP	3	
TALICIA CAP	2	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	
ZEGERID CAP 20-1100	NC	
ZEGERID CAP 40-1100	NC	
ZEGERID POW 20-1680	NC	
ZEGERID POW 40-1680	NC	

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DETROL LA CAP 2MG	NC	
DETROL LA CAP 4MG	NC	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
ENABLEX TAB 7.5MG	NC	
ENABLEX TAB 15MG	NC	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
GELNIQUE GEL 10%	3	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
OXYTROL DIS 3.9MG/24	NC	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	NC	
TOVIAZ TAB 8MG	NC	
<i>trospium chloride cap er 24hr 60 mg</i>	1	
<i>trospium chloride tab 20 mg</i>	1	
VESICARE LS SUS 5MG/5ML	3	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG	2	
<i>mirabegron tab er 24 hr 25 mg</i>	2	
<i>mirabegron tab er 24 hr 50 mg</i>	2	
MYRBETRIQ SUS 8MG/ML	NC	
MYRBETRIQ TAB 25MG	NC	
MYRBETRIQ TAB 50MG	NC	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tab 100 mg</i>	1	
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VACCINES

BACTERIAL VACCINES

ACTHIB INJ	0	ACA, PV
BCG VACCINE INJ 50MG	3	PV
BEXSERO INJ	0	ACA, PV
BIOTHRAX INJ	3	PV
CAPVAXIVE INJ 0.5ML	0	ACA, PV
HIBERIX SOL 10MCG	0	ACA, PV
MENQUADFI INJ	0	ACA, PV
MENVEO INJ	0	ACA, PV
PEDVAX HIB INJ	0	ACA, PV
PENBRAYA INJ	0	ACA, PV
PREVNAR 20 INJ	0	ACA, PV
TRUMENBA INJ	0	ACA, PV
TYPHIM VI INJ	3	PV
VAXCHORA SUS	3	PV
VAXNEUVANCE INJ	0	ACA, PV
VIVOTIF CAP EC	3	PV

VIRAL VACCINES

ABRYSVO INJ	0	ACA, PV
ABRYSVO INJ 120MCG	0	ACA, PV
AFLURIA INJ 2024-25	0	ACA, PV
AFLURIA QUAD INJ 2022-23	0	ACA, PV
AREXVY INJ 120MCG	0	ACA, PV
AUDENZ INJ	0	ACA, PV
COMIRNATY INJ 30/0.3ML	0	ACA, PV
COMIRNATY INJ 2024-25	0	ACA, PV
DENG VAXIA SUS	0	ACA, PV
ENGERIX-B INJ 10/0.5ML	0	ACA, PV
ENGERIX-B INJ 20MCG/ML	0	ACA, PV
ERVEBO INJ	3	PV
FLUAD INJ 2024-25	0	ACA, PV
FLUAD QUADRI INJ 2022-23	0	ACA, PV
FLUARIX INJ 2024-25	0	ACA, PV
FLUARIX QUAD INJ 2022-23	0	ACA, PV
FLUBLOK INJ 2024-25	0	ACA, PV
FLUBLOK QUAD INJ 2022-23	0	ACA, PV
FLUCELVAX INJ 2024-25	0	ACA, PV
FLUCLVX QUAD INJ 2022-23	0	ACA, PV
FLULAVAL INJ 2024-25	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
FLULAVAL QUA INJ 2022-23	0	ACA, PV
FLUMIST NASA LIQ 2024-25	0	ACA, PV
FLUMIST QUAD SUS 2022-23	0	ACA, PV
FLUZONE HD INJ 2024-25	0	ACA, PV
FLUZONE INJ 2024-25	0	ACA, PV
GARDASIL 9 INJ	0	ACA, PV
HAVRIX INJ 720UNIT	0	ACA, PV
HAVRIX INJ 1440UNIT	0	ACA, PV
HEPLISAV-B INJ 20/0.5ML	0	ACA, PV
IMOVAX RABIE INJ 2.5/ML	3	PV
IPOL INJ INACTIVE	0	ACA, PV
IXCHIQ INJ	3	PV
IXIARO INJ	3	PV
JYNNEOS INJ	0	ACA, PV
M-M-R II INJ	0	ACA, PV
MODERNA INJ 2024-25	0	ACA, PV
MODERNA VAC INJ 50/0.5ML	0	ACA, PV
MODERNA VAC INJ COVID-19	0	ACA, PV
MODERNA VACC INJ 6M-5Y	0	ACA, PV
MRESVIA INJ 50MCG	0	PA; ACA, PV
NOVAVAX INJ 2024-25	0	ACA, PV
NOVAVAX VAC INJ COVID-19	0	ACA, PV
PFIZER 5-11Y INJ 2024-25	0	ACA, PV
PFIZER 6M-4Y INJ 2024-25	0	ACA, PV
PFIZER VACC INJ 5-11Y	0	ACA, PV
PFIZER VACC INJ 6M-4Y	0	ACA, PV
PFIZER VACC INJ ADLT RTU	0	ACA, PV
PFIZER VACC INJ COVID-19	0	ACA, PV
PREHEVBRIO SUS 10MCG/ML	0	ACA, PV
PRIORIX INJ	0	ACA, PV
PROQUAD INJ	0	ACA, PV
RABAVERT INJ	3	PV
RECOMBIVA HB INJ 5MCG/0.5	0	ACA, PV
RECOMBIVA HB INJ 10MCG/ML	0	ACA, PV
RECOMBIVA-HB INJ 40MCG/ML	0	ACA, PV
ROTATEQ SOL	0	ACA, PV
SHINGRIX INJ 50/0.5ML	0	ACA, PV
SPIKEVAX INJ 2024-25	0	ACA, PV
SPIKEVAX INJ COVID-19	0	ACA, PV
STAMARIL INJ	3	PV
TICOVAC INJ	3	PV
TWINRIX INJ	0	ACA, PV
VAQTA INJ 25/0.5ML	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
VAQTA INJ 50UNT/ML	0	ACA, PV
VARIVAX INJ	0	ACA, PV
YF-VAX INJ	3	PV

VAGINAL AND RELATED PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

INTRAROSA SUP 6.5MG	NC	
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SPERMICIDES

ENCARE SUP 100MG	0	OTC; ACA
GYNOL II GEL 3%	0	OTC; ACA
SHUR-SEAL GEL 2%	0	OTC; ACA
TODAY SPONGE MIS	0	OTC; ACA
VCF VAGINAL GEL CONTRACE	0	OTC; ACA
VCF VAGINAL MIS CONTRACP	0	OTC; ACA

VAGINAL ANTI-INFECTIVES

CLEOCIN CRE 2% VAG	3	
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole 3 sup 200mg</i>	2	
NUVESSA GEL 1.3%	NC	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	2	
XACIATO GEL 2%	3	

VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXXI GEL	0	ACA
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VAGINAL ESTROGENS

ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tab 10 mcg</i>	NC	
ESTRING MIS 2MG	NC	
FEMRING MIS 0.1MG/24	NC	
FEMRING MIS 0.05/24H	NC	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
PREMARIN VAG CRE 0.625MG	NC	
VAGIFEM TAB 10MCG	1	
<i>yuvafem tab 10mcg</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	PA
CRINONE GEL 8% VAG	2	PA
ENDOMETRIN SUP 100MG	2	PA

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

ADRENALIN INJ 1MG/ML	NC	
ADRENALIN INJ 30/30ML	NC	
AUVI-Q INJ 0.1MG	2	
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	2	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	(NDCs 00093-xxxx-xx and 49502-xxxx-xx are not covered)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	2	(NDCs 00093-xxxx-xx and 49502-xxxx-xx are not covered)
EPIPEN 2-PAK INJ 0.3MG	NC	
EPIPEN-JR INJ 0.15MG	NC	
SYMJEPI INJ 0.3MG	NC	
SYMJEPI INJ 0.15MG	NC	

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

<i>droxidopa cap 100 mg</i>	4	SP, PA, QL
<i>droxidopa cap 200 mg</i>	4	SP, PA, QL
<i>droxidopa cap 300 mg</i>	4	SP, PA, QL
NORTHERA CAP 100MG	NC	SP
NORTHERA CAP 200MG	NC	SP
NORTHERA CAP 300MG	NC	SP

VASOPRESSORS

AKOVAZ SOL 50MG/ML	NC	
EPHEDRI/NACL SOL 15MG/3ML	3	PA
EPHEDRINE SU INJ 50MG/ML	3	
<i>ephedrine sulfate iv soln 50 mg/ml</i>	1	
EPINEPH/NACL SOL 2/250ML	NC	
EPINEPHR/D5W INJ 100/10ML	3	
EPINEPHR/D5W SOL 2/250-5%	NC	
EPINEPHRINE INJ 0.1MG/10	3	
EPINEPHRINE INJ 0.1MG/ML	3	
EPINEPHRINE INJ 0.2MG	3	
EPINEPHRINE INJ 1MG/10ML	3	
EPINEPHRINE INJ 1MG/ML	3	
EPINEPHRINE INJ 5MG/5ML	3	
EPINEPHRINE SOL 30/30ML	3	

Drug Name	Drug Tier	Requirements/Limits
GIAPREZA INJ 2.5MG	NC	
IMMPHENTIV INJ	NC	
LEVOPHED INJ 1MG/ML	3	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
NOREPIN/D5W INJ 16/250ML	3	
<i>norepinephrine bitartrate iv soln 1 mg/ml (base equivalent)</i>	1	
PHENYL/NAACL INJ 80/250ML	3	
PHENYLEP HCL INJ 0.8/10ML	3	
PHENYLEP HCL INJ 1MG/10ML	3	
PHENYLEPHRIN INJ 0.4/10ML	3	
PHENYLEPHRIN INJ 0.8MG/10	3	
PHENYLEPHRIN INJ 1MG/10ML	3	
PHENYLEPHRIN INJ 10MG/ML	3	
<i>phenylephrine hcl iv soln 10 mg/ml</i>	1	
REZIPRES INJ	3	
REZIPRES SOL	NC	
VAZCULEP INJ 10MG/ML	3	

VITAMINS

OIL SOLUBLE VITAMINS

AQUASOL A INJ 50000/ML	3	
DRISDOL CAP 50000UNT	3	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
MEPHYTON TAB 5MG	3	
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	1	
<i>phytonadione inj 10 mg/ml</i>	2	
<i>phytonadione tab 5 mg</i>	2	
WHEAT GERM OIL	3	

WATER SOLUBLE VITAMINS

<i>pyridoxine hcl inj 100 mg/ml</i>	1	
PYRIDOXINE INJ 100MG/ML	3	
<i>thiamine hcl inj 100 mg/ml</i>	1	

Index

A	
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	129
<i>abacavir sulfate tab 300 mg (base equiv)</i>	129
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	129
ABELCET INJ 5MG/ML	85
ABILIFY ASIM INJ 720MG	128
ABILIFY ASIM INJ 960MG	128
ABILIFY MAIN INJ 300MG	128
ABILIFY MAIN INJ 400MG	128
ABILIFY MYCI TAB 10MG MNT	128
ABILIFY MYCI TAB 10MG STR	128
ABILIFY MYCI TAB 15MG MNT	128
ABILIFY MYCI TAB 15MG STR	128
ABILIFY MYCI TAB 20MG MNT	128
ABILIFY MYCI TAB 20MG STR	128
ABILIFY MYCI TAB 2MG MANT	128
ABILIFY MYCI TAB 2MG STRT	128
ABILIFY MYCI TAB 30MG MNT	128
ABILIFY MYCI TAB 30MG STR	128
ABILIFY MYCI TAB 5MG MANT	128
ABILIFY MYCI TAB 5MG STRT	128
ABILIFY TAB 10MG	128
ABILIFY TAB 15MG	128
ABILIFY TAB 20MG	128
ABILIFY TAB 2MG	128
ABILIFY TAB 30MG	128
ABILIFY TAB 5MG	128
<i>abiraterone acetate tab 250 mg</i>	108
<i>abiraterone acetate tab 500 mg</i>	108
ABRAXANE INJ 100MG	118
ABRILADA 1PN INJ 40/0.8ML	21
ABRILADA INJ 20/0.4ML	21
ABRILADA INJ 40/0.8ML	21
ABRYSVO INJ	285
ABRYSVO INJ 120MCG	285
ABSORICA CAP 10MG	160
ABSORICA CAP 20MG	160
ABSORICA CAP 25MG	160
ABSORICA CAP 30MG	160
ABSORICA CAP 35MG	160
ABSORICA CAP 40MG	160
ABSORICA LD CAP 16MG	160
ABSORICA LD CAP 24MG	160
ABSORICA LD CAP 32MG	160
ABSORICA LD CAP 8MG	160
<i>acamprosate calcium tab delayed release 333 mg</i>	264
ACANYA GEL 1.2-2.5%	160
<i>acarbose tab 100 mg</i>	74
<i>acarbose tab 25 mg</i>	74
<i>acarbose tab 50 mg</i>	74
ACCOLATE TAB 10MG	53
ACCOLATE TAB 20MG	53
ACCU-CHEK TES AVIVA PL	177
ACCU-CHEK TES GUIDE	177
ACCU-CHEK TES SMART	177
ACCUPRIL TAB 10MG	91
ACCUPRIL TAB 20MG	92
ACCUPRIL TAB 40MG	92
ACCUPRIL TAB 5MG	91
ACCURETIC TAB 10-12.5	95
ACCURETIC TAB 20-12.5	95
ACCURETIC TAB 20-25MG	95
<i>accutane cap 10mg</i>	160
<i>accutane cap 20mg</i>	160
<i>accutane cap 30mg</i>	160
<i>accutane cap 40mg</i>	160
ACCUTREND TES GLUCOSE	177
ACD FORMULA SOL A	60
<i>acebutolol hcl cap 200 mg</i>	135
<i>acebutolol hcl cap 400 mg</i>	135
ACETADOTE INJ 200MG/ML	82
<i>acetaminophen iv soln 10 mg/ml</i>	31
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	39
<i>acetaminophen w/ codeine tab 300-15 mg</i>	39
<i>acetaminophen w/ codeine tab 300-30 mg</i>	39
<i>acetaminophen w/ codeine tab 300-60 mg</i>	39

<i>acetaminophen-caffeine-dihydrocodeine</i>	
<i>cap 320.5-30-16 mg</i>	39
<i>acetazolamide cap er 12hr 500 mg</i>	182
<i>acetazolamide sodium for inj 500 mg</i>	182
<i>acetazolamide tab 125 mg</i>	182
<i>acetazolamide tab 250 mg</i>	183
<i>acetic acid irrigation soln 0.25%</i>	201
<i>acetic acid otic soln 2%</i>	259
<i>acetylcysteine inhal soln 10%</i>	160
<i>acetylcysteine inhal soln 20%</i>	160
<i>acetylcysteine inj 200 mg/ml</i>	82
ACIPHEX SPR CAP 10MG.....	281
ACIPHEX SPR CAP 5MG	281
ACIPHEX TAB 20MG.....	281
<i>acitretin cap 10 mg</i>	165
<i>acitretin cap 17.5 mg</i>	165
<i>acitretin cap 25 mg</i>	165
ACTCT FLEX 3 PAD 4.....	175
ACTEMRA INJ 162/0.9	26
ACTEMRA INJ 200/10ML	26
ACTEMRA INJ 400/20ML.....	26
ACTEMRA INJ 80MG/4ML	26
ACTHAR INJ 80UNIT	186
ACTHAR INJ GEL.....	186
ACTHIB INJ	285
ACTI ANTIMIC PAD 4.....	175
ACTICLATE TAB 150MG.....	273
ACTICLATE TAB 75MG.....	273
ACTICOAT 7 PAD 4.....	175
ACTICOAT MIS 4	175
ACTIGALL CAP 300MG.....	196
ACTI-LANCE MIS 28G	221
ACTI-LANCE MIS LITE 28G.....	221
ACTI-LANCE MIS SPEC 17G	221
ACTI-LANCE MIS UNIV 23G	221
ACTIMMUNE INJ 2MU/0.5	116
ACTIQ LOZ 1200MCG.....	32
ACTIQ LOZ 1600MCG.....	32
ACTIQ LOZ 200MCG	32
ACTIQ LOZ 400MCG	32
ACTIQ LOZ 600MCG	32
ACTIQ LOZ 800MCG	32
ACTIVASE INJ 100MG	208
ACTIVASE INJ 50MG	208
ACTIVE FE TAB 75-1.25.....	211
ACTIVELLA TAB 1-0.5MG.....	192
ACTONEL TAB 150MG.....	185
ACTONEL TAB 35MG.....	185
ACTOPLUS MET TAB 15-500MG	74
ACTOPLUS MET TAB 15-850MG	74
ACTOS TAB 15MG	80
ACTOS TAB 30MG	80
ACTOS TAB 45MG	80
ACUICYN SOL	174
ACULAR LS SOL 0.4%	257
ACULAR SOL 0.5% OP	257
ACURA TES BLD GLUC	177
ACUVAIL SOL 0.45%	257
<i>acyclovir cap 200 mg</i>	134
<i>acyclovir cream 5%</i>	167
<i>acyclovir oint 5%</i>	167
<i>acyclovir sodium iv soln 50 mg/ml</i>	134
<i>acyclovir susp 200 mg/5ml</i>	134
<i>acyclovir tab 400 mg</i>	134
<i>acyclovir tab 800 mg</i>	134
ACZONE GEL 5%	160
ACZONE GEL 7.5%.....	160
ADACEL INJ	279
ADAKVEO INJ 100/10ML.....	208
ADALIMU-AATY KIT 20/0.2ML	21
ADALIMU-AATY KIT 40/0.4ML	22
ADALIMU-ADAZ INJ 40/0.4ML.....	22
ADALIMU-FKJP KIT 20/0.4ML.....	22
ADAPAL/BEN P PAD 0.1-2.5%	160
<i>adapalene cream 0.1%</i>	160
<i>adapalene gel 0.1%</i>	160
<i>adapalene gel 0.3%</i>	160
<i>adapalene pads 0.1%</i>	160
ADAPALENE SOL 0.1%	160
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	160
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	160
ADASUVE INH 10MG	125
ADBRY INJ 150MG/ML.....	171
ADBRY INJ 300/2ML	171
ADCETRIS INJ 50MG	106
ADCIRCA TAB 20MG	145

AFINITOR DIS TAB 2MG	111	<i>ak-poly-bac oin op</i>	254
AFINITOR DIS TAB 3MG	111	AKTEN GEL 3.5%	255
AFINITOR DIS TAB 5MG	111	AKYNZEO CAP 300-0.5	84
AFINITOR TAB 10MG	111	AKYNZEO INJ	84
AFINITOR TAB 2.5MG	111	AKYNZEO INJ 235-0.25	84
AFINITOR TAB 5MG	111	<i>ala scalp lot 2%</i>	167
AFINITOR TAB 7.5MG	111	<i>ala-cort cre 1%</i>	167
<i>afirmelle tab 0.1-0.02</i>	148	<i>ala-cort cre 2.5%</i>	167
AFLURIA INJ 2024-25	285	ALADERM PLUS EMU	173
AFLURIA QUAD INJ 2022-23	285	<i>albendazole tab 200 mg</i>	44
AFREZZA POW 4-8 UNIT	78	<i>albuterol sulfate inhal aero 108 mcg/act</i> <i>(90mcg base equiv)</i>	55
AFREZZA POW 4-8-12	78	<i>albuterol sulfate soln nebu 0.083% (2.5</i> <i>mg/3ml)</i>	55
AFREZZA POW 4UNIT	78	<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	55
AFSTYLA KIT 1000UNIT	203	<i>albuterol sulfate soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	55
AFSTYLA KIT 1500UNIT	203	<i>albuterol sulfate soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	55
AFSTYLA KIT 2000UNIT	203	<i>albuterol sulfate syrup 2 mg/5ml</i>	55
AFSTYLA KIT 2500UNIT	203	<i>albuterol sulfate tab 2 mg</i>	55
AFSTYLA KIT 250UNIT	203	<i>albuterol sulfate tab 4 mg</i>	55
AFSTYLA KIT 3000UNIT	203	ALCAINE SOL 0.5% OP	255
AFSTYLA KIT 500UNIT	203	<i>alclometasone dipropionate cream 0.05%</i>	167
<i>aftera tab 1.5mg</i>	154	<i>alclometasone dipropionate oint 0.05%</i>	167
<i>afterpill tab 1.5mg</i>	154	ALDACTAZIDE TAB 25/25	183
AGAMATRIX MIS 33G	221	ALDACTAZIDE TAB 50/50	183
AGAMATRIX TES AMP	177	ALDACTONE TAB 100MG	184
AGAMATRIX TES JAZZ	177	ALDACTONE TAB 25MG	184
AGAMATRIX TES KEYNOTE	177	ALDACTONE TAB 50MG	184
AGAMATRIX TES PRESTO	178	ALDURAZYME INJ 2.9MG/5M	188
AGAMREE SUS 40MG/ML	155	ALECENSA CAP 150MG	111
AGGRASTAT INJ 12.5/250	207	<i>alendronate sodium oral soln 70 mg/75ml</i>	185
AGGRASTAT INJ 3.75/15	207	<i>alendronate sodium tab 10 mg</i>	185
AGGRASTAT INJ 5/100ML	207	<i>alendronate sodium tab 35 mg</i>	185
AGRYLIN CAP 0.5MG	207	<i>alendronate sodium tab 5 mg</i>	185
AIMOVIG INJ 140MG/ML	229	<i>alendronate sodium tab 70 mg</i>	185
AIMOVIG INJ 70MG/ML	229	ALEVAMAX CRE	173
AIMSCO MIS LUBRICAT	219	ALEVICYN SG GEL ANTIPRUR	173
AIRDUO RESPI INH 113-14	55	ALEVICYN SOL DERMAL	175
AIRDUO RESPI INH 232-14	55	ALFENTANIL INJ 1000/2ML	32
AIRDUO RESPI INH 55-14	55		
AIRSUPRA AER 90-80MCG	55		
AJOVY INJ 225/1.5	229		
<i>ak-fluor inj 10% op</i>	257		
AK-FLUOR INJ 25% OP	257		
AKLIEF CRE 0.005%	160		
AKOVAZ SOL 50MG/ML	288		

ALFENTANIL INJ 2500/5ML	32	ALORA DIS 0.1MG.....	193
alfuzosin hcl tab er 24hr 10 mg	201	alosetron hcl tab 0.5 mg (base equiv).....	198
ALIMTA INJ 100MG.....	103	alosetron hcl tab 1 mg (base equiv).....	198
ALIMTA INJ 500MG.....	103	ALPHAGAN P SOL 0.1%	254
ALIQOPA INJ 60MG.....	111	ALPHAGAN P SOL 0.15%	254
aliskiren fumarate tab 150 mg (base equivalent)	99	ALPHA-LIPOIC SOL ACID	21
aliskiren fumarate tab 300 mg (base equivalent)	99	ALPHANINE SD INJ 1000UNIT	203
ALKERAN TAB 2MG.....	101	ALPHANINE SD INJ 1500UNIT	203
ALLEVYN AG MIS 6-3/4	175	ALPHANINE SD INJ 500UNIT	203
ALLEVYN AG MIS 9	175	ALPRAZOLAM CON 1 MG/ML	50
ALLEVYN AG PAD 3	175	alprazolam orally disintegrating tab 0.25 mg	50
ALLEVYN AG PAD 4.....	175	alprazolam orally disintegrating tab 0.5 mg	50
ALLEVYN AG PAD 5	175	alprazolam orally disintegrating tab 1 mg.50	
ALLEVYN AG PAD 7	175	alprazolam orally disintegrating tab 2 mg 50	
ALLEVYN GENT PAD 4	175	alprazolam tab 0.25 mg	50
ALLEVYN GENT PAD 8	175	alprazolam tab 0.5 mg	50
allopurinol sodium for inj 500 mg.....	202	alprazolam tab 0.5mg xr	50
allopurinol tab 100 mg	202	alprazolam tab 1 mg	50
allopurinol tab 300 mg.....	202	alprazolam tab 1mg xr	50
ALLZITAL TAB 25-325MG.....	30	alprazolam tab 2 mg	50
almotriptan malate tab 12.5 mg	230	alprazolam tab 2mg xr	50
almotriptan malate tab 6.25 mg	230	alprazolam tab 3mg xr	50
ALOCRI SOL 2%	257	alprazolam tab er 24hr 0.5 mg.....	50
alogliptin benzoate tab 12.5 mg (base equiv)	77	alprazolam tab er 24hr 1 mg	50
alogliptin benzoate tab 25 mg (base equiv)	77	alprazolam tab er 24hr 2 mg	50
alogliptin benzoate tab 6.25 mg (base equiv).....	77	alprazolam tab er 24hr 3 mg	50
alogliptin-metformin hcl tab 12.5-1000 mg	74	ALPROLIX INJ 1000UNIT.....	203
alogliptin-metformin hcl tab 12.5-500 mg	74	ALPROLIX INJ 2000UNIT	203
alogliptin-pioglitazone tab 12.5-15 mg	74	ALPROLIX INJ 250UNIT	203
alogliptin-pioglitazone tab 12.5-30 mg	74	ALPROLIX INJ 3000UNIT	203
alogliptin-pioglitazone tab 12.5-45 mg	74	ALPROLIX INJ 4000UNIT.....	203
alogliptin-pioglitazone tab 25-15 mg	74	ALPROLIX INJ 500UNIT	203
alogliptin-pioglitazone tab 25-30 mg	74	alprostadi inj 500 mcg/ml	240
alogliptin-pioglitazone tab 25-45 mg.....	74	ALREX SUS 0.2%	256
ALOMIDE SOL 0.1% OP	257	ALTABAX OIN 1%	163
ALOPRIM INJ 500MG.....	202	altacaine sol 0.5% op.....	255
ALORA DIS 0.025MG.....	193	ALTACE CAP 1.25MG	92
ALORA DIS 0.075MG.....	193	ALTACE CAP 10MG.....	92
		ALTACE CAP 2.5MG	92
		ALTACE CAP 5MG.....	92
		altafluor-be sol 0.25-0.4	257
		altafrin sol 10% op	253

<i>altafrin sol 2.5% op</i>	253	<i>amcinonide cream 0.1%</i>	167
<i>altavera tab</i>	148	AMELUZ GEL 10%.....	165
ALTOPREV TAB 20MG ER.....	90	<i>amethia tab</i>	149
ALTOPREV TAB 40MG ER.....	90	<i>amethyst tab 90-20mcg</i>	149
ALTOPREV TAB 60MG ER.....	90	AMIDATE INJ 2MG/ML.....	199
ALTRENO LOT 0.05%.....	160	<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	21
ALTUVIIIIO INJ 1000UNIT	203	<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	21
ALTUVIIIIO INJ 2000UNIT	203	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	183
ALTUVIIIIO INJ 250 UNIT	203	<i>amiloride hcl tab 5 mg</i>	184
ALTUVIIIIO INJ 3000UNIT	203	AMINO ACID INJ 5%.....	251
ALTUVIIIIO INJ 4000UNIT.....	203	AMINO/DEXTRO SOL CAL/HEPA.....	251
ALTUVIIIIO INJ 500UNIT	203	<i>aminoam cap rms</i>	251
ALUNBRIG PAK.....	111	<i>aminocaproic acid inj 250 mg/ml</i>	212
ALUNBRIG TAB 180MG	111	<i>aminocaproic acid oral soln 0.25 gm/ml</i>	212
ALUNBRIG TAB 30MG.....	111	<i>aminocaproic acid tab 1000 mg</i>	212
ALUNBRIG TAB 90MG.....	111	<i>aminocaproic acid tab 500 mg</i>	212
ALVAIZ TAB 18MG.....	209	<i>aminophylline inj 25 mg/ml</i>	57
ALVAIZ TAB 36MG.....	209	<i>aminorelief cap rms</i>	251
ALVAIZ TAB 54MG.....	209	<i>aminosyn ii sol 15%</i>	251
ALVAIZ TAB 9MG	209	AMINOSYN INJ 10%	251
ALVESCO AER 160MCG	54	AMINOSYN-PF INJ 10%	251
ALVESCO AER 80MCG.....	54	AMINOSYN-PF INJ 7%	251
<i>alvimopan cap 12 mg</i>	198	<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	52
<i>alyacen tab 1/35</i>	149	<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	52
<i>alyacen tab 7/7/7</i>	149	<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	52
ALYGLO INJ 10/100ML.....	260	<i>amiodarone hcl tab 100 mg</i>	52
ALYGLO INJ 20/200ML	260	<i>amiodarone hcl tab 200 mg</i>	52
ALYGLO INJ 5GM/50ML.....	260	<i>amiodarone hcl tab 400 mg</i>	52
ALYMSYS SOL 100/4ML	105	AMITIZA CAP 24MCG.....	196
ALYMSYS SOL 400/16ML.....	105	AMITIZA CAP 8MCG	196
<i>alyq tab 20mg</i>	145	<i>amitriptyline hcl tab 10 mg</i>	73
<i>amantadine hcl cap 100 mg</i>	119	<i>amitriptyline hcl tab 100 mg</i>	73
<i>amantadine hcl soln 50 mg/5ml</i>	119	<i>amitriptyline hcl tab 150 mg</i>	73
<i>amantadine hcl tab 100 mg</i>	119	<i>amitriptyline hcl tab 25 mg</i>	73
AMARYL TAB 1MG	81	<i>amitriptyline hcl tab 50 mg</i>	73
AMARYL TAB 2MG.....	81	<i>amitriptyline hcl tab 75 mg</i>	73
AMARYL TAB 4MG.....	81	AMJEVITA INJ 10/0.2ML.....	22
AMBIEN CR TAB 12.5MG.....	213	AMJEVITA INJ 20/0.2ML	22
AMBIEN CR TAB 6.25MG	213		
AMBIEN TAB 10MG.....	213		
AMBIEN TAB 5MG.....	213		
AMBISOME INJ 50MG.....	85		
<i>ambrisentan tab 10 mg</i>	145		
<i>ambrisentan tab 5 mg</i>	145		

AMJEVITA INJ 20/0.4ML.....	22	<i>amlodipine besylate-olmesartan</i>	
AMJEVITA INJ 40/0.4ML	22	<i>medoxomil tab 10-20 mg</i>	95
AMJEVITA INJ 40/0.8ML	22	<i>amlodipine besylate-olmesartan</i>	
AMJEVITA INJ 80/0.8ML.....	22	<i>medoxomil tab 10-40 mg</i>	95
<i>amlodipine besylate tab 10 mg (base</i>		<i>amlodipine besylate-olmesartan</i>	
<i>equivalent)</i>	138	<i>medoxomil tab 5-20 mg</i>	95
<i>amlodipine besylate tab 2.5 mg (base</i>		<i>amlodipine besylate-olmesartan</i>	
<i>equivalent)</i>	138	<i>medoxomil tab 5-40 mg</i>	95
<i>amlodipine besylate tab 5 mg (base</i>		<i>amlodipine besylate-valsartan tab 10-160</i>	
<i>equivalent)</i>	138	<i>mg</i>	95
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amlodipine besylate-valsartan tab 10-320</i>	
<i>tab 10-10 mg</i>	143	<i>mg</i>	95
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amlodipine besylate-valsartan tab 5-160</i>	
<i>tab 10-20 mg</i>	143	<i>mg</i>	95
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	95
<i>tab 10-40 mg</i>	143	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>tab 10-160-12.5 mg</i>	96
<i>tab 10-80 mg</i>	143	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>tab 10-160-25 mg</i>	96
<i>tab 2.5-10 mg</i>	143	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>tab 10-320-25 mg</i>	96
<i>tab 2.5-20 mg</i>	143	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>tab 5-160-12.5 mg</i>	95
<i>tab 2.5-40 mg</i>	143	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>tab 5-160-25 mg</i>	96
<i>tab 5-10 mg</i>	143	AMMONUL INJ 10%	188
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amnestem cap 10mg</i>	160
<i>tab 5-20 mg</i>	143	<i>amnestem cap 20mg</i>	160
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amnestem cap 40mg</i>	160
<i>tab 5-40 mg</i>	143	AMORPH WOUND GEL DRESSING.....	175
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amoxapine tab 100 mg</i>	73
<i>tab 5-80 mg</i>	143	<i>amoxapine tab 150 mg</i>	73
<i>amlodipine besylate-benazepril hcl cap 10-</i>		<i>amoxapine tab 25 mg</i>	73
<i>20 mg</i>	95	<i>amoxapine tab 50 mg</i>	73
<i>amlodipine besylate-benazepril hcl cap 10-</i>		<i>amoxicil cap & clarithro tab & lansopraz cap</i>	
<i>40 mg</i>	95	<i>dr 500 & 500 & 30mg</i>	283
<i>amlodipine besylate-benazepril hcl cap 2.5-</i>		<i>amoxicillin & k clavulanate chew tab 400-</i>	
<i>10 mg</i>	95	<i>57 mg</i>	263
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>amoxicillin & k clavulanate for susp 200-</i>	
<i>10 mg</i>	95	<i>28.5 mg/5ml</i>	263
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>amoxicillin & k clavulanate for susp 250-</i>	
<i>20 mg</i>	95	<i>62.5 mg/5ml</i>	263
<i>amlodipine besylate-benazepril hcl cap 5-</i>			
<i>40 mg</i>	95		

<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	263	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	13
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	263	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	14
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	263	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	13
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	263	<i>amphetamine-dextroamphetamine tab 10 mg</i>	14
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	263	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	14
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	263	<i>amphetamine-dextroamphetamine tab 15 mg</i>	14
<i>amoxicillin (trihydrate) cap 250 mg</i>	262	<i>amphetamine-dextroamphetamine tab 20 mg</i>	14
<i>amoxicillin (trihydrate) cap 500 mg</i>	262	<i>amphetamine-dextroamphetamine tab 30 mg</i>	14
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	262	<i>amphetamine-dextroamphetamine tab 5 mg</i>	14
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	262	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	14
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	262	<i>amphotericin b for iv soln 50 mg</i>	85
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	262	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	263
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	262	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	263
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	262	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	263
<i>amoxicillin (trihydrate) tab 500 mg</i>	262	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	263
<i>amoxicillin (trihydrate) tab 875 mg</i>	262	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	263
<i>amphetamine sulfate tab 10 mg</i>	13	<i>ampicillin cap 500 mg</i>	262
<i>amphetamine sulfate tab 5 mg</i>	13	<i>ampicillin sodium for inj 1 gm</i>	262
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	13	<i>ampicillin sodium for inj 125 mg</i>	262
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	13	<i>ampicillin sodium for inj 2 gm</i>	262
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	13	<i>ampicillin sodium for inj 250 mg</i>	262
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	13	<i>ampicillin sodium for inj 500 mg</i>	262
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	13	<i>ampicillin sodium for iv soln 1 gm</i>	262
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	13	<i>ampicillin sodium for iv soln 10 gm</i>	262
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	13	<i>ampicillin sodium for iv soln 2 gm</i>	262
		<i>AMPYRA TAB 10MG</i>	267
		<i>AMRIX CAP 15MG</i>	246
		<i>AMRIX CAP 30MG</i>	246
		<i>AMTAGVI INJ</i>	107

AMVISC INJ 12MG/ML	257	<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	120
AMVISC PLUS INJ 16MG/ML.....	257	.....	120
AMZEEQ AER 4%	160	APONVIE INJ 32/4.4ML	84
ANACAINE OIN.....	172	<i>apraclonidine hcl ophth soln 0.5% (base</i>	
ANAFRANIL CAP 25MG	73	<i>equivalent)</i>	254
ANAFRANIL CAP 50MG	73	<i>aprepitant capsule 125 mg</i>	85
ANAFRANIL CAP 75MG	73	<i>aprepitant capsule 40 mg</i>	85
<i>anagrelide hcl cap 0.5 mg</i>	207	<i>aprepitant capsule 80 mg</i>	85
<i>anagrelide hcl cap 1 mg</i>	207	<i>aprepitant capsule therapy pack 80 & 125</i>	
ANALPRAM-HC CRE 1-1%	43	<i>mg</i>	85
ANALPRAM-HC LOT 2.5%	43	APRETUDE SUS 600MG ER	129
ANAPROX DS TAB 550MG	26	<i>apri tab</i>	149
ANASCORP INJ	260	APRISO CAP 0.375GM.....	197
ANASEPT SPR.....	129	APTENSIO XR CAP 10MG.....	17
ANASPAZ TAB 0.125MG.....	280	APTENSIO XR CAP 15MG	17
<i>anastrozole tab 1 mg</i>	108	APTENSIO XR CAP 20MG	17
ANAVIP INJ	260	APTENSIO XR CAP 30MG	17
ANCOBON CAP 250MG	85	APTENSIO XR CAP 40MG	17
ANCOBON CAP 500MG.....	85	APTENSIO XR CAP 50MG	17
ANDEXXA SOL 200MG.....	82	APTENSIO XR CAP 60MG	17
ANDROGEL GEL 1%(25MG).....	42	APTIOM TAB 200MG	61
ANDROGEL GEL 1%(50MG).....	42	APTIOM TAB 400MG	61
ANDROGEL GEL 1.62%.....	42	APTIOM TAB 600MG	61
ANECTINE INJ 200/10ML	249	APTIOM TAB 800MG	61
ANECTINE INJ 20MG/ML	249	APTIVUS CAP 250MG.....	129
ANGELIQ TAB 0.25-0.5	192	APTIVUS SOL	129
ANGELIQ TAB 0.5-1MG	192	AQUACEL AG PAD 5	175
ANGIOMAX INJ 250MG	60	AQUACEL FOAM PAD 7.....	175
ANNOVERA MIS	154	AQUALANCE MIS 30G	221
ANORO ELLIPT AER 62.5-25	55	AQUASOL A INJ 50000/ML	289
ANTARA CAP 30MG	89	AQUORAL SPR.....	241
ANTICOAGULNT SOL SOD CITR.....	60	ARAKODA TAB 100MG	100
ANTIVENIN KIT LAT MACT	260	ARALAST NP INJ 1000MG	272
ANTIVENIN NA INJ CORAL SN	260	ARALAST NP INJ 500MG.....	272
<i>anucort-hc sup 25mg</i>	43	<i>aranelle tab</i>	149
ANUSOL-HC CRE 2.5%	43	ARANESP INJ 100MCG.....	209
ANZEMET TAB 50MG	83	ARANESP INJ 10MCG	209
APEXICON E CRE 0.05%.....	167	ARANESP INJ 150MCG.....	209
APIDRA INJ SOLOSTAR	78	ARANESP INJ 200MCG.....	209
APIDRA INJ U-100	78	ARANESP INJ 25MCG	209
APLENZIN TAB 174MG	69	ARANESP INJ 300MCG.....	209
APLENZIN TAB 348MG	69	ARANESP INJ 40MCG	209
APLENZIN TAB 522MG.....	69	ARANESP INJ 500MCG.....	209
APOKYN INJ 10MG/ML	119	ARANESP INJ 60MCG	209

ARAVA TAB 10MG.....	29	<i>armodafinil tab 250 mg</i>	17
ARAVA TAB 20MG	29	<i>armodafinil tab 50 mg</i>	17
ARAZLO LOT 0.045%.....	160	ARMOUR THYRO TAB 120MG	276
ARCALYST INJ 220MG.....	26	ARMOUR THYRO TAB 15MG.....	276
ARESTIN MIS 1MG.....	241	ARMOUR THYRO TAB 180MG	276
AREXVY INJ 120MCG	285	ARMOUR THYRO TAB 240MG	276
<i>arformoterol tartrate soln nebu 15 mcg/2ml</i> <i>(base equiv)</i>	55	ARMOUR THYRO TAB 300MG	276
ARGATROBAN INJ 100MG/ML	60	ARMOUR THYRO TAB 30MG.....	276
<i>argatroban inj 250 mg/2.5ml (concentrate</i> <i>for iv infusion)</i>	60	ARMOUR THYRO TAB 60MG.....	276
ARGATROBAN INJ 50/50ML	60	ARMOUR THYRO TAB 90MG.....	276
ARGATROBAN INJ 50MG/50M	60	ARNICA TIN FLOWER	174
<i>argatroban iv soln 50 mg/50ml (1 mg/ml)</i> 60		ARNUITY ELPT INH 100MCG.....	54
<i>argyl saline sol 0.9% irr</i>	201	ARNUITY ELPT INH 200MCG	54
<i>argyl saline sol 100ml</i>	239	ARNUITY ELPT INH 50MCG.....	54
ARICEPT TAB 10MG.....	265	AROMASIN TAB 25MG	108
ARICEPT TAB 23MG	265	ARRANON INJ 5MG/ML.....	103
ARICEPT TAB 5MG.....	265	<i>arsenic trioxide iv soln 10 mg/10ml (1</i> <i>mg/ml)</i>	116
ARIDA GEL.....	175	<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	116
ARIKAYCE SUS	21	ARTESUNATE SOL 110MG.....	100
ARIMIDEX TAB 1MG	108	<i>arthr pain gel 1%</i>	163
<i>aripiprazole oral solution 1 mg/ml</i>	128	ARTHROTEC 50 TAB.....	26
<i>aripiprazole orally disintegrating tab 10 mg</i>	128	ARTHROTEC 75 TAB.....	26
<i>aripiprazole orally disintegrating tab 15 mg</i>	128	<i>articadent inj dental</i>	216
<i>aripiprazole tab 10 mg</i>	128	ARTISS SOL 10ML.....	212
<i>aripiprazole tab 15 mg</i>	129	ARTISS SOL 2ML	212
<i>aripiprazole tab 2 mg</i>	128	ARTISS SOL 4ML	212
<i>aripiprazole tab 20 mg</i>	129	ARYMO ER TAB 15MG.....	32
<i>aripiprazole tab 30 mg</i>	129	ARYMO ER TAB 30MG.....	32
<i>aripiprazole tab 5 mg</i>	128	ARYMO ER TAB 60MG.....	32
ARISTADA INJ 1064MG.....	129	ARZERRA CON 100/5ML.....	106
ARISTADA INJ 441MG/1.....	129	ASACOL HD TAB 800MG.....	197
ARISTADA INJ 662MG/2.....	129	ASCLERA INJ 0.5%	240
ARISTADA INJ 882MG/3.....	129	ASCLERA INJ 1%	240
ARISTADA INJ INITIO	129	<i>ascomp/cod cap 30mg</i>	39
ARIXTRA INJ 10/0.8ML	58	<i>asenapine maleate sl tab 10 mg (base</i> <i>equiv)</i>	125
ARIXTRA INJ 2.5/0.5	58	<i>asenapine maleate sl tab 2.5 mg (base</i> <i>equiv)</i>	125
ARIXTRA INJ 5/0.4ML.....	58	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	125
ARIXTRA INJ 7.5/0.6	58	<i>ashlyna tab</i>	149
<i>armodafinil tab 150 mg</i>	17	ASMANEX 120 AER 220MCG.....	54
<i>armodafinil tab 200 mg</i>	17		

ASMANEX 14 AER 220MCG.....	54	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	129
ASMANEX 30 AER 110MCG	54	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	130
ASMANEX 30 AER 220MCG	54	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	130
ASMANEX 60 AER 220MCG	54	ATELVIA TAB.....	185
ASMANEX 7 AER 110MCG.....	54	<i>atenolol & chlorthalidone tab 100-25 mg</i> .	96
ASMANEX HFA AER 100 MCG	54	<i>atenolol & chlorthalidone tab 50-25 mg</i> ...	96
ASMANEX HFA AER 200 MCG.....	54	<i>atenolol tab 100 mg</i>	136
ASPARLAS INJ 3750/5ML.....	116	<i>atenolol tab 25 mg</i>	135
<i>aspirin adlt tab 81mg ec</i>	31	<i>atenolol tab 50 mg</i>	136
<i>aspirin chew tab 81 mg</i>	31	ATGAM INJ 250MG.....	237
<i>aspirin chld chw 81mg</i>	31	ATIVAN INJ 2MG/ML.....	50
<i>aspirin ec tab 81mg</i>	31	ATIVAN INJ 4MG/ML.....	50
<i>aspirin low chw 81mg</i>	31	ATIVAN TAB 0.5MG	50
<i>aspirin low tab 81mg</i>	31	ATIVAN TAB 1MG	50
<i>aspirin low tab 81mg ec</i>	31	ATIVAN TAB 2MG.....	50
<i>aspirin tab delayed release 81 mg</i>	31, 32	<i>atomoxetine hcl cap 10 mg (base equiv)</i> ...	16
<i>aspirin-81 chw 81mg</i>	32	<i>atomoxetine hcl cap 100 mg (base equiv)</i> ..	16
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	207	<i>atomoxetine hcl cap 18 mg (base equiv)</i> ...	16
ASSURE 3 TES.....	178	<i>atomoxetine hcl cap 25 mg (base equiv)</i> ..	16
ASSURE 4 TES.....	178	<i>atomoxetine hcl cap 40 mg (base equiv)</i> ..	16
ASSURE CMFRT MIS 28G.....	221	<i>atomoxetine hcl cap 60 mg (base equiv)</i> ..	16
ASSURE II TES.....	178	<i>atomoxetine hcl cap 80 mg (base equiv)</i> ..	16
ASSURE II TES CHECK.....	178	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	90
ASSURE LANCE MIS 21G.....	221	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	90
ASSURE LANCE MIS LOW FLOW.....	221	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	90
ASSURE LANCE MIS MICRO.....	221	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	90
ASSURE LANCE MIS SAFE 25G.....	221	<i>atovaquone susp 750 mg/5ml</i>	45
ASSURE LANCE MIS SAFE 30G.....	221	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	100
ASSURE PRISM TES MULTI.....	178	.....	100
ASSURE PRO TES	178	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	100
ASSURE TES PLATINUM	178	.....	100
ASTAGRAF XL CAP 0.5MG	237	<i>atracurium besylate iv soln 100 mg/10ml</i>	250
ASTAGRAF XL CAP 1MG	237	.....	250
ASTAGRAF XL CAP 5MG.....	237	<i>atracurium besylate preservative free (pf) iv soln 50 mg/5ml</i>	250
AT LAST TES	178	ATRALIN GEL 0.05%.....	160
ATABEX EC TAB	243	ATRIPLA TAB	130
ATACAND HCT TAB 16-12.5	96		
ATACAND HCT TAB 32-12.5.....	96		
ATACAND HCT TAB 32-25MG.....	96		
ATACAND TAB 16MG	93		
ATACAND TAB 32MG.....	93		
ATACAND TAB 4MG.....	93		
ATACAND TAB 8MG.....	93		

ATROPINE SUL INJ 0.05MG/1.....	280	AUTOLET PLAT MIS 2.4MM.....	221
ATROPINE SUL INJ 0.1MG/ML.....	280	AUTOLET PLAT MIS 3.0MM.....	221
ATROPINE SUL INJ 1/2.5ML.....	280	AUTOSHIELD MIS 30GX5MM.....	229
ATROPINE SUL INJ 8MG/20ML.....	280	AUVELITY TAB 45-105MG.....	69
ATROPINE SUL SOL 1% OP.....	253	AUVI-Q INJ 0.1MG.....	288
<i>atropine sulfate inj 8 mg/20ml (0.4 mg/ml)</i>		AVALIDE TAB 150-12.5.....	96
.....	280	AVALIDE TAB 300-12.5.....	96
<i>atropine sulfate iv soln 0.4 mg/ml.....</i>	280	AVAPRO TAB 150MG.....	93
<i>atropine sulfate iv soln 1 mg/ml.....</i>	280	AVAPRO TAB 300MG.....	93
<i>atropine sulfate ophth soln 1%.....</i>	253	AVAPRO TAB 75MG.....	93
<i>atropine sulfate soln prefill syr 1 mg/10ml</i>		AVASTIN INJ.....	105
<i>(0.1 mg/ml).....</i>	280	AVASTIN INJ 400/16ML.....	105
ATROVENT HFA AER 17MCG.....	53	AVEED INJ 750/3ML.....	42
AUBAGIO TAB 14MG.....	267	AVENOVA SOL 0.01%.....	174
AUBAGIO TAB 7MG.....	267	<i>aviane tab.....</i>	149
<i>aubra eq tab 0.1-0.02.....</i>	149	<i>avidoxy tab 100mg.....</i>	273
<i>aubra tab 0.1-0.02.....</i>	149	<i>avita gel 0.025%.....</i>	160
AUDENZ INJ.....	285	AVO CREAM EMU.....	175
AUGMENTIN SUS ES-600.....	263	AVODART CAP 0.5MG.....	201
AUGMENTIN TAB 500MG.....	263	AVONEX PEN KIT 30MCG.....	267
AUGTYRO CAP 40MG.....	111	AVONEX PREFL KIT 30MCG.....	267
AURORA LANCE MIS 30G.....	221	AVSOLA INJ 100MG.....	197
AURORA LANCE MIS THIN 23G.....	221	AVYCAZ INJ 2-0.5GM.....	146
<i>aurovela 24 tab fe 1/20.....</i>	149	<i>ayuna tab.....</i>	149
<i>aurovela fe tab 1.5/30.....</i>	149	<i>azacitidine for inj 100 mg.....</i>	103
<i>aurovela fe tab 1/20.....</i>	149	AZACTAM INJ 1GM.....	47
<i>aurovela tab 1.5/30.....</i>	149	AZACTAM INJ 2GM.....	47
<i>aurovela tab 1/20.....</i>	149	<i>azasan tab 100mg.....</i>	237
AURYXIA TAB 210MG.....	199	<i>azasan tab 75 mg.....</i>	237
AUSTEDO TAB 12MG.....	267	AZASITE SOL 1%.....	254
AUSTEDO TAB 6MG.....	267	AZATHIOPRINE INJ 100MG.....	237
AUSTEDO TAB 9MG.....	267	<i>azathioprine tab 100 mg.....</i>	237
AUSTEDO XR TAB 12MG.....	267	<i>azathioprine tab 50 mg.....</i>	237
AUSTEDO XR TAB 18MG.....	267	<i>azathioprine tab 75 mg.....</i>	237
AUSTEDO XR TAB 24MG.....	267	<i>azelaic acid gel 15%.....</i>	174
AUSTEDO XR TAB 30MG ER.....	267	<i>azelastine hcl nasal spray 0.1% (137</i>	
AUSTEDO XR TAB 36MG ER.....	267	<i>mcg/spray).....</i>	249
AUSTEDO XR TAB 42MG ER.....	267	<i>azelastine hcl nasal spray 0.15% (205.5</i>	
AUSTEDO XR TAB 48MG ER.....	267	<i>mcg/spray).....</i>	249
AUSTEDO XR TAB 6MG.....	267	<i>azelastine hcl ophth soln 0.05%.....</i>	257
AUSTEDO XR TAB TITR KIT.....	267	<i>azelastine hcl-fluticasone prop nasal spray</i>	
AUTO LANCET MIS.....	221	<i>137-50 mcg/act.....</i>	248
AUTOCODE TES BLD GLUC.....	178	AZELEX CRE 20%.....	160
AUTOLET PLAT MIS 1.8MM.....	221	AZILECT TAB 0.5MG.....	122

AZILECT TAB 1MG.....	122	BALVERSA TAB 3MG	111
azithromycin for susp 100 mg/5ml	218	BALVERSA TAB 4MG	111
azithromycin for susp 200 mg/5ml.....	218	BALVERSA TAB 5MG	111
azithromycin iv for soln 500 mg	218	balziva tab.....	149
azithromycin tab 250 mg.....	218	BANZEL SUS 40MG/ML	61
azithromycin tab 500 mg	218	BANZEL TAB 200MG	61
azithromycin tab 600 mg	218	BANZEL TAB 400MG	61
AZOPT SUS 1% OP	257	BAQSIMI ONE POW 3MG/DOSE	77
AZOR TAB 10-20MG	96	BAQSIMI TWO POW 3MG/DOSE	77
AZOR TAB 10-40MG	96	BARACLUDGE SOL	133
AZOR TAB 5-20MG	96	BARACLUDGE TAB 0.5MG	133
AZOR TAB 5-40MG.....	96	BARACLUDGE TAB 1MG.....	133
AZSTARYS CAP 26.1-5.2	17	BARHEMSYS INJ 10MG/4ML	84
AZSTARYS CAP 39.2-7.8.....	17	BASAGLAR INJ 100UNIT	78
AZSTARYS CAP 52.3-10.....	17	BAVENCIO INJ 20MG/ML.....	106
aztreonam for inj 1 gm.....	47	BAXDELA INJ 300MG.....	195
aztreonam for inj 2 gm	47	BAXDELA TAB 450MG.....	195
AZULFIDINE TAB 500MG.....	197	BAYER BREEZE MIS 2 TEST	178
AZULFIDINE TAB 500MG EN.....	197	bayer low chw 81mg	32
azurette tab	149	bayer low tab 81mg ec	32
B		BCG VACCINE INJ 50MG.....	285
bac tab	31	BD MICROTAIN MIS LANCETS.....	221
bacitracin intramuscular for soln 50000 unit	44	BD PEN NEEDL MIS 29GX12.7	229
.....	44	BD PEN NEEDL MIS 31GX5MM.....	229
bacitracin ophth oint 500 unit/gm	254	BD PEN NEEDL MIS 31GX8MM.....	229
bacitracin-polymyxin b ophth oint	254	BD PEN NEEDL MIS 32GX4MM.....	229
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....	256	BD PEN NEEDL MIS 32GX6MM.....	229
baclofen intrathecal inj 10 mg/20ml (500 mcg/ml)	246	BD U-500 MIS 31GX6MM	229
baclofen intrathecal inj 20 mg/20ml (1000 mcg/ml)	246	BEAU RX GEL.....	175
baclofen intrathecal inj 40 mg/20ml (2000 mcg/ml)	246	BEBTELOVIMAB SOL 175/2ML.....	261
baclofen oral soln 10 mg/5ml	246	BECONASE AQ SUS 0.042%	249
baclofen oral soln 5 mg/5ml	246	BELBUCA MIS 150MCG	40
baclofen tab 10 mg	246	BELBUCA MIS 300MCG	40
baclofen tab 20 mg	246	BELBUCA MIS 450MCG	40
BACMIN TAB.....	242	BELBUCA MIS 600MCG	40
BACTRIM DS TAB 800-160.....	44	BELBUCA MIS 750MCG.....	40
BACTRIM TAB 400-80MG	44	BELBUCA MIS 75MCG	40
BAL IN OIL INJ 100MG/ML	82	BELBUCA MIS 900MCG	40
BALCOLTRA TAB 0.1-20	149	BELEODAQ INJ 500MG.....	111
balsalazide disodium cap 750 mg.....	197	BELLA/OPIUM SUP 16.2-30	280
		BELLA/OPIUM SUP 16.2-60	280
		BELRAPZO SOL 100/4ML.....	101
		BELSOMRA TAB 10MG	215
		BELSOMRA TAB 15MG	215

BELSOMRA TAB 20MG	215	<i>benzoyl peroxide gel 8%</i>	161
BELSOMRA TAB 5MG.....	215	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	161
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	96	<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	161
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	96	<i>benzphetamine hcl tab 25 mg</i>	16
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	96	<i>benzphetamine hcl tab 50 mg</i>	16
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	96	<i>benztropine mesylate inj 1 mg/ml</i>	119
<i>benazepril hcl tab 10 mg</i>	92	<i>benztropine mesylate tab 0.5 mg</i>	119
<i>benazepril hcl tab 20 mg</i>	92	<i>benztropine mesylate tab 1 mg</i>	119
<i>benazepril hcl tab 40 mg</i>	92	<i>benztropine mesylate tab 2 mg</i>	119
<i>benazepril hcl tab 5 mg</i>	92	BEOVU INJ 6/0.05ML	253
BENDEKA INJ 100/4ML	101	<i>bepotastine besilate ophth soln 1.5%</i>	257
BENEFIX INJ 1000UNIT	203	BEPREVE DRO 1.5% OP	257
BENEFIX INJ 2000UNIT	203	BERINERT INJ 500UNIT	206
BENEFIX INJ 250UNIT	203	BESIVANCE SUS 0.6%	254
BENEFIX INJ 3000UNIT	203	BESPONSA INJ 0.9MG	106
BENEFIX INJ 500UNIT	203	BESREMI SOL 500MCG.....	116
BENICAR HCT TAB 20-12.5.....	96	BETADINE SOL 5% OP.....	254
BENICAR HCT TAB 40-12.5	96	<i>betaine powder for oral solution</i>	188
BENICAR HCT TAB 40-25MG.....	96	BETAMETH COM INJ 7MG/ML	155
BENICAR TAB 20MG.....	93	BETAMETH SOD INJ 12MG/2ML.....	155
BENICAR TAB 40MG	93	BETAMETH SOD INJ 6MG/ML	155
BENICAR TAB 5MG.....	93	<i>betamethasone dipropionate augmented cream 0.05%.....</i>	167
BENLYSTA INJ 120MG.....	240	<i>betamethasone dipropionate augmented gel 0.05%.....</i>	168
BENLYSTA INJ 200MG/ML	240	<i>betamethasone dipropionate augmented lotion 0.05%</i>	168
BENLYSTA INJ 400MG	240	<i>betamethasone dipropionate augmented oint 0.05%</i>	168
BENTYL INJ 10MG/ML	280	<i>betamethasone dipropionate cream 0.05%</i>	168
BENZAC AC LIQ 5% WASH	160	<i>betamethasone dipropionate lotion 0.05%</i>	168
BENZAACLIN GEL 1-5%	160	<i>betamethasone dipropionate oint 0.05%</i>	168
BENZAACLIN GEL 1-5%PUMP	161	<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	155
BENZALKONIUM SOL 50%.....	129	<i>betamethasone valerate aerosol foam 0.12%</i>	168
BENZALKONIUM SOL NF	129	<i>betamethasone valerate cream 0.1% (base equivalent)</i>	168
BENZAMYCIN GEL 5-3%	161		
BENZEPRO AER 5.3%	161		
BENZNIDAZOLE TAB 100MG.....	44		
BENZNIDAZOLE TAB 12.5MG	44		
BENZOIN TIN NF.....	174		
<i>benzonatate cap 100 mg</i>	159		
<i>benzonatate cap 150 mg</i>	159		
<i>benzonatate cap 200 mg</i>	159		
<i>benzoyl peroxide foam 9.8%</i>	161		

<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	168	BIKTARVY TAB.....	130
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	168	BILTRICIDE TAB 600MG	44
BETAPACE AF TAB 120MG	137	<i>bimatoprost ophth soln 0.03%</i>	258
BETAPACE AF TAB 160MG	137	BIMZELX INJ 160MG/ML.....	165
BETAPACE AF TAB 80MG.....	137	BINOSTO TAB 70MG	185
BETAPACE TAB 120MG.....	137	BIONECT AER 0.2%	175
BETAPACE TAB 160MG.....	137	BIONECT CRE 0.2%	175
BETAPACE TAB 80MG	137	BIONECT GEL 0.2%.....	175
BETA-PHOS/AC INJ 3-3MG/ML.....	155	BIOSCANNER TES GLUCOSE	178
BETASERON INJ 0.3MG.....	267	BIOSTEP MIS 4.....	175
<i>betaxolol hcl ophth soln 0.5%</i>	252	BIOTEL CARE TES STRIPS.....	178
<i>betaxolol hcl tab 10 mg</i>	136	BIOTHRAX INJ	285
<i>betaxolol hcl tab 20 mg</i>	136	<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	283
<i>bethanechol chloride tab 10 mg</i>	284	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	96
<i>bethanechol chloride tab 25 mg</i>	284	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	96
<i>bethanechol chloride tab 5 mg</i>	284	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	96
<i>bethanechol chloride tab 50 mg</i>	284	<i>bisoprolol fumarate tab 10 mg</i>	136
BETHKIS NEB 300/4ML	21	<i>bisoprolol fumarate tab 5 mg</i>	136
BETIMOL SOL 0.25%	252	BIVALIR/NACL INJ 250/50.....	60
BETIMOL SOL 0.5%	252	BIVALIR/NACL INJ 500/100.....	60
BETOPTIC-S SUS 0.25% OP	252	<i>bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)</i>	60
BEVACIZUMAB INJ 2.75MG	253	<i>bivalirudin trifluoroacetate iv soln 250 mg/50ml (base eq)</i>	60
BEVACIZUMAB INJ 3.75MG	253	BIVIGAM INJ 10%	260
BEVESPI AER 9-4.8MCG	55	<i>bleomycin sulfate for inj 15 unit</i>	110
BEVYXXA CAP 40MG	58	<i>bleomycin sulfate for inj 30 unit</i>	110
BEVYXXA CAP 80MG	58	BLEPHAMIDE OIN S.O.P.....	256
<i>bexarotene cap 75 mg</i>	116	BLINCYTO INJ 35MCG	106
<i>bexarotene gel 1%</i>	165	<i>blisovi 24 tab fe 1/20</i>	149
BEXSERO INJ	285	<i>blisovi fe tab 1.5/30</i>	149
BEYAZ TAB	149	<i>blisovi fe tab 1/20</i>	149
BEYFORTUS INJ 100MG/ML	261	BLOOD GLUCOS TES	178
BEYFORTUS INJ 50/0.5ML.....	261	BLOOD GLUCOS TES PREMIUM	178
BG STAR TES BLD GLUC	178	BLOOD GLUCOS TES STRIPS	178
BIAFINE EMU.....	175	BLOXIVERZ INJ 10/10ML.....	100
<i>bicalutamide tab 50 mg</i>	108	BLOXIVERZ INJ 5MG/10ML	100
BICILLIN C-R INJ 1200000	263	BOCASAL POW.....	241
BICILLIN C-R INJ 900/300	263	BONJESTA TAB 20-20MG	84
BICILLIN L-A INJ 1200000.....	262	BOOSTRIX INJ.....	279
BICILLIN L-A INJ 2400000	262		
BICILLIN L-A INJ 600000	262		
BIDIL TAB.....	143		
BIJUVA CAP 1-100MG	192		

BORIC ACID GRA.....	174	<i>brimonidine tartrate-timolol maleate ophth</i>	
<i>bortezomib for inj 3.5 mg</i>	111	<i>soln 0.2-0.5%</i>	252
BOORTEZOMIB INJ 3.5/1.4.....	111	BRINEURA KIT 150/5ML.....	188
BOORTEZOMIB INJ 3.5MG.....	111	<i>brinzolamide ophth susp 1%</i>	257
<i>bosentan tab 125 mg</i>	145	BRIVIACT INJ 50MG/5ML.....	61
<i>bosentan tab 62.5 mg</i>	145	BRIVIACT SOL 10MG/ML	61
BOSULIF CAP 100MG	112	BRIVIACT TAB 100MG	62
BOSULIF CAP 50MG.....	112	BRIVIACT TAB 10MG.....	61
BOSULIF TAB 100MG.....	112	BRIVIACT TAB 25MG	62
BOSULIF TAB 400MG.....	112	BRIVIACT TAB 50MG	62
BOSULIF TAB 500MG.....	112	BRIVIACT TAB 75MG	62
BOTOX INJ 100UNIT	250	BRIXADI SOL 128/0.36.....	41
BOTOX INJ 200UNIT	250	BRIXADI SOL 16/0.32.....	40
BRAFTOVI CAP 75MG	112	BRIXADI SOL 24/0.48	40
BREEZA ORAL SOL ABD/PELV	177	BRIXADI SOL 32/0.64	41
BREEZA ORAL SOL CONTRAST	177	BRIXADI SOL 64/0.18.....	41
BREEZE 2 MIS TEST	178	BRIXADI SOL 8/0.16ML	40
BRENZAVVY TAB 20MG.....	80	BRIXADI SOL 96/0.27	41
BREO ELLIPTA INH 100-25	55	<i>bromfenac sodium ophth soln 0.07% (base</i>	
BREO ELLIPTA INH 200-25.....	55	<i>equivalent)</i>	257
BREO ELLIPTA INH 50-25MCG.....	55	<i>bromfenac sodium ophth soln 0.075%</i>	
BREVIBLOC DS SOL 2000MG	136	<i>(base equivalent)</i>	258
BREVIBLOC INJ 10MG/ML.....	136	<i>bromfenac sodium ophth soln 0.09% (base</i>	
BREVIBLOC PM SOL 2500MG	136	<i>equiv) (once-daily)</i>	258
BREVIBLOC SOL.....	136	<i>bromocriptine mesylate cap 5 mg (base</i>	
BREVIBLOC SOL 10MG/ML	136	<i>equivalent)</i>	120
BREVIBLOC SOL 2000MG	136	<i>bromocriptine mesylate tab 2.5 mg (base</i>	
BREVIBLOC SOL 2500MG	136	<i>equivalent)</i>	120
BREVITAL SOD INJ 500MG	200	BROMSITE DRO 0.075%	258
BREXAFEMME TAB 150MG.....	85	BRONCHITOL CAP 40MG.....	272
<i>breyana aer 160/4.5</i>	55	BROVANA NEB 15MCG.....	56
<i>breyana aer 80/4.5</i>	55	BRUKINSA CAP 80MG.....	112
BREZTRI AERO AER SPHERE.....	56	BRYHALI LOT 0.01%	168
BRIDION INJ 200/2ML	83	BSS PLUS SOL OP	258
BRIDION INJ 500/5ML.....	83	BSS SOL OP.....	258
<i>briellyn tab</i>	149	<i>budesonide delayed release particles cap 3</i>	
BRILINTA TAB 60MG.....	207	<i>mg</i>	155
BRILINTA TAB 90MG.....	207	<i>budesonide inhalation susp 0.25 mg/2ml</i>	54
BRIMO/DORZO SOL 0.15-2%	254	<i>budesonide inhalation susp 0.5 mg/2ml ..</i>	54
<i>brimonidine tartrate gel 0.33% (base</i>		<i>budesonide inhalation susp 1 mg/2ml</i>	54
<i>equivalent)</i>	174	<i>budesonide rectal foam 2 mg/act</i>	43
<i>brimonidine tartrate ophth soln 0.1%</i>	254	<i>budesonide tab er 24hr 9 mg</i>	155
<i>brimonidine tartrate ophth soln 0.15%</i> ...	254	<i>budesonide-formoterol fumarate dihyd</i>	
<i>brimonidine tartrate ophth soln 0.2%</i>	254	<i>aerosol 160-4.5 mcg/act</i>	56

<i>budesonide-formoterol fumarate dihyd</i>		<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>	
<i>aerosol 80-4.5 mcg/act</i>	56	<i>mg (base equiv)</i>	41
<i>bumetanide inj 0.25 mg/ml</i>	183	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>	
<i>bumetanide tab 0.5 mg</i>	183	<i>mg (base equiv)</i>	41
<i>bumetanide tab 1 mg</i>	183	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	
<i>bumetanide tab 2 mg</i>	183	<i>mg (base equiv)</i>	41
BUMEX TAB 0.5MG.....	183	<i>buprenorphine td patch weekly 10 mcg/hr</i>	
BUPHENYL POW	188	.....	41
BUPHENYL TAB 500MG	188	<i>buprenorphine td patch weekly 15 mcg/hr</i>	
<i>bupivacaine hcl inj 0.25%</i>	216	.....	41
<i>bupivacaine hcl inj 0.5%</i>	216	<i>buprenorphine td patch weekly 20 mcg/hr</i>	
<i>bupivacaine hcl preservative free (pf) inj</i>		.....	41
<i>0.25%</i>	216	<i>buprenorphine td patch weekly 5 mcg/hr</i>	41
<i>bupivacaine hcl preservative free (pf) inj</i>		<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	
<i>0.5%</i>	216	.....	41
<i>bupivacaine hcl preservative free (pf) inj</i>		<i>bupropion hcl (smoking deterrent) tab er</i>	
<i>0.75%</i>	217	<i>12hr 150 mg</i>	269
BUPIVACAINE INJ 0.125%	217	<i>bupropion hcl tab 100 mg</i>	69
BUPIVACAINE INJ 0.25%.....	217	<i>bupropion hcl tab 75 mg</i>	69
<i>bupivacaine inj 0.25% w/ epinephrine</i>		<i>bupropion hcl tab er 12hr 100 mg</i>	69
<i>1:200000</i>	216	<i>bupropion hcl tab er 12hr 150 mg</i>	69
<i>bupivacaine inj 0.25% w/ epinephrine</i>		<i>bupropion hcl tab er 12hr 200 mg</i>	69
<i>1:200000 (pf)</i>	216	<i>bupropion hcl tab er 24hr 150 mg</i>	69
BUPIVACAINE INJ 0.5%.....	217	<i>bupropion hcl tab er 24hr 300 mg</i>	69
<i>bupivacaine inj 0.5% w/ epinephrine</i>		<i>bupropion hcl tab er 24hr 450 mg</i>	69
<i>1:200000</i>	216	<i>bupirone hcl tab 10 mg</i>	49
<i>bupivacaine inj 0.5% w/ epinephrine</i>		<i>bupirone hcl tab 15 mg</i>	49
<i>1:200000 (pf)</i>	216	<i>bupirone hcl tab 30 mg</i>	49
BUPIVACAINE INJ 2.5MG/ML.....	217	<i>bupirone hcl tab 5 mg</i>	49
BUPIVACAINE INJ 5MG/ML	217	<i>bupirone hcl tab 7.5 mg</i>	49
<i>bupivacaine inj spinal</i>	217	<i>busulfan inj 6 mg/ml</i>	101
<i>buprenorphine hcl inj 0.3 mg/ml (base</i>		BUSULFEX INJ 6MG/ML.....	101
<i>equiv)</i>	41	BUT/ASA/CAF TAB	31
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>		BUTAL/APAP CAP 50-300MG.....	31
.....	41	<i>butalbital-acetaminophen cap 50-300 mg</i>	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>		.....	31
.....	41	<i>butalbital-acetaminophen tab 25-325 mg</i>	31
<i>buprenorphine hcl-naloxone hcl sl film 12-3</i>		<i>butalbital-acetaminophen tab 50-325 mg</i>	31
<i>mg (base equiv)</i>	41	<i>butalbital-acetaminophen-caff w/ cod cap</i>	
<i>buprenorphine hcl-naloxone hcl sl film 2-</i>		<i>50-300-40-30 mg</i>	39
<i>0.5 mg (base equiv)</i>	41	<i>butalbital-acetaminophen-caff w/ cod cap</i>	
<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>		<i>50-325-40-30 mg</i>	39
<i>mg (base equiv)</i>	41	<i>butalbital-acetaminophen-caffeine cap 50-</i>	
		<i>300-40 mg</i>	31

<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	31	CADUET TAB 5-40MG	143
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	31	CADUET TAB 5-80MG	143
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	39	CAF CIT INJ 60MG/3ML	15
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	31	CAFERGOT TAB 1-100MG	230
<i>butorphanol tartrate inj 1 mg/ml</i>	41	<i>caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)</i>	16
<i>butorphanol tartrate inj 2 mg/ml</i>	41	<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	16
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	41	CALAN SR TAB 120MG	138
BUTRANS DIS 10MCG/HR	41	CALAN SR TAB 180MG	138
BUTRANS DIS 15MCG/HR	41	CALAN SR TAB 240MG	138
BUTRANS DIS 20MCG/HR	41	CALCIFOL WAF	232
BUTRANS DIS 5MCG/HR	41	<i>calcipotriene cream 0.005%</i>	165
BUTRANS DIS 7.5/HR	41	<i>calcipotriene foam 0.005%</i>	165
BYDUREON PEN INJ 2MG	78	<i>calcipotriene oint 0.005%</i>	165
BYETTA INJ 10MCG	78	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	165
BYETTA INJ 5MCG	78	<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	168
BYLVAY CAP 1200MCG	196	<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	168
BYLVAY CAP 200MCG	196	<i>calcitonin (salmon) inj 200 unit/ml</i>	185
BYLVAY CAP 400MCG	196	<i>calcitonin (salmon) nasal soln 200 unit/act</i>	185
BYLVAY CAP 600MCG	196	<i>calcitrene oin 0.005%</i>	165
BYOOVIZ INJ 0.5MG	253	<i>calcitriol cap 0.25 mcg</i>	188
BYSTOLIC TAB 10MG	136	<i>calcitriol cap 0.5 mcg</i>	188
BYSTOLIC TAB 2.5MG	136	<i>calcitriol inj 1 mcg/ml</i>	188
BYSTOLIC TAB 20MG	136	<i>calcitriol oint 3 mcg/gm</i>	165
BYSTOLIC TAB 5MG	136	<i>calcitriol oral soln 1 mcg/ml</i>	188
C		<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	199
CA ALGINATE MIS 12	175	<i>calcium acetate (phosphate binder) tab 667 mg</i>	199
CA ALGINATE PAD 2	175	CALCIUM CHLO INJ 10%	232
CA ALGINATE PAD 4	176	<i>calcium chloride inj 10%</i>	232
CABENUVA SUS 400-600	130	CALCIUM DISO INJ 1GM/5ML	83
CABENUVA SUS 600-900	130	CALCIUM GLUC INJ 10%	232
<i>cabergoline tab 0.5 mg</i>	191	<i>calcium gluconate inj 10%</i>	232
CABOMETYX TAB 20MG	112	CALDOLOR INJ 4MG/ML	26
CABOMETYX TAB 40MG	112	CALDOLOR INJ 800/8ML	26
CABOMETYX TAB 60MG	112	CALQUENCE CAP 100MG	112
CADUET TAB 10-10MG	143	CALQUENCE TAB 100MG	112
CADUET TAB 10-20MG	143	CAMBIA POW 50MG	230
CADUET TAB 10-40MG	143	CAMCEVI INJ 42MG	108
CADUET TAB 10-80MG	143		
CADUET TAB 5-10MG	143		
CADUET TAB 5-20MG	143		

<i>camila tab 0.35mg</i>	155	<i>carbamazepine susp 100 mg/5ml</i>	62
CAMPTOSAR INJ 100/5ML	119	<i>carbamazepine tab 200 mg</i>	62
CAMPTOSAR INJ 300/15ML	119	<i>carbamazepine tab er 12hr 100 mg</i>	62
CAMPTOSAR INJ 40MG/2ML.....	119	<i>carbamazepine tab er 12hr 200 mg</i>	62
<i>camrese lo tab</i>	149	<i>carbamazepine tab er 12hr 400 mg</i>	62
<i>camrese tab</i>	149	CARBATROL CAP 100MG	62
CAMZYOS CAP 10MG.....	142	CARBATROL CAP 200MG.....	62
CAMZYOS CAP 15MG.....	142	CARBATROL CAP 300MG.....	62
CAMZYOS CAP 2.5MG	142	<i>carbidopa & levodopa orally disintegrating</i>	
CAMZYOS CAP 5MG	142	<i>tab 10-100 mg</i>	120
CANASA SUP 1000MG	197	<i>carbidopa & levodopa orally disintegrating</i>	
CANCIDAS INJ 50MG.....	85	<i>tab 25-100 mg</i>	120
CANCIDAS INJ 70MG.....	85	<i>carbidopa & levodopa orally disintegrating</i>	
<i>candesartan cilexetil tab 16 mg</i>	93	<i>tab 25-250 mg</i>	120
<i>candesartan cilexetil tab 32 mg</i>	93	<i>carbidopa & levodopa tab 10-100 mg</i>	120
<i>candesartan cilexetil tab 4 mg</i>	93	<i>carbidopa & levodopa tab 25-100 mg</i>	120
<i>candesartan cilexetil tab 8 mg</i>	93	<i>carbidopa & levodopa tab 25-250 mg</i>	120
<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>carbidopa & levodopa tab er 25-100 mg</i>	120
<i>tab 16-12.5 mg</i>	96	<i>carbidopa & levodopa tab er 50-200 mg</i>	120
<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>carbidopa tab 25 mg</i>	119
<i>tab 32-12.5 mg</i>	96	<i>carbidopa-levodopa-entacapone tabs 12.5-</i>	
<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>50-200 mg</i>	120
<i>tab 32-25 mg</i>	96	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>capecitabine tab 150 mg</i>	103	<i>18.75-75-200 mg</i>	120
<i>capecitabine tab 500 mg</i>	103	<i>carbidopa-levodopa-entacapone tabs 25-</i>	
CAPEX SHA 0.01%	168	<i>100-200 mg</i>	120
CAPHOSOL SOL	241	<i>carbidopa-levodopa-entacapone tabs</i>	
CAPLYTA CAP 10.5MG.....	122	<i>31.25-125-200 mg</i>	120
CAPLYTA CAP 21MG	122	<i>carbidopa-levodopa-entacapone tabs 37.5-</i>	
CAPLYTA CAP 42MG	122	<i>150-200 mg</i>	120
CAPRELSA TAB 100MG.....	112	<i>carbidopa-levodopa-entacapone tabs 50-</i>	
CAPRELSA TAB 300MG.....	112	<i>200-200 mg</i>	120
<i>captopril tab 100 mg</i>	92	CARBINOXAMIN TAB 6MG.....	87
<i>captopril tab 12.5 mg</i>	92	<i>carbinoxamine maleate extended release</i>	
<i>captopril tab 25 mg</i>	92	<i>susp 4 mg/5ml</i>	87
<i>captopril tab 50 mg</i>	92	<i>carbinoxamine maleate soln 4 mg/5ml</i>	87
CAPVAXIVE INJ 0.5ML.....	285	<i>carbinoxamine maleate tab 4 mg</i>	87
CARAC CRE 0.5%	165	<i>carboplatin iv soln 150 mg/15ml</i>	101
CARAFATE SUS 1GM/10ML	281	<i>carboplatin iv soln 450 mg/45ml</i>	101
CARBAGLU TAB 200MG	188	<i>carboplatin iv soln 50 mg/5ml</i>	101
<i>carbamazepine cap er 12hr 100 mg</i>	62	<i>carboplatin iv soln 600 mg/60ml</i>	101
<i>carbamazepine cap er 12hr 200 mg</i>	62	<i>carboprost tromethamine im soln 250</i>	
<i>carbamazepine cap er 12hr 300 mg</i>	62	<i>mcg/ml</i>	259
<i>carbamazepine chew tab 100 mg</i>	62	CARDENE IV INJ 40/200ML.....	138

CARDENE IV SOL 20/200ML	138	<i>carisoprodol tab 350 mg</i>	246
CARDIOPL IND SOL 4:1	142	<i>carmustine for inj 100 mg</i>	101
CARDIOPL IND SOL 8:1	142	CARNITOR INJ 1GM/5ML.....	188
CARDIOPL IND SOL LOW DEX8.....	142	CARNITOR SF SOL 1GM/10ML	188
CARDIOPL IND SOL NON-EN 8.....	142	CARNITOR SOL 1GM/10ML.....	188
CARDIOPL IND SOL PLASMA 4	142	CARNITOR TAB 330MG.....	188
CARDIOPL IND SOL PLS/TROM	142	CAROSPIR SUS 25MG/5ML.....	184
CARDIOPL MN SOL 8:1.....	142	<i>carteolol hcl ophth soln 1%</i>	252
CARDIOPL MN SOL PLS/TROM.....	143	<i>cartia xt cap 120/24hr</i>	139
CARDIOPL REP SOL 4:1.....	143	<i>cartia xt cap 180/24hr</i>	139
CARDIOPLE MN SOL LOW TROM	143	<i>cartia xt cap 240/24hr</i>	139
CARDIOPLEGI INJ DEL NIDO	143	<i>cartia xt cap 300/24hr</i>	139
CARDIOPLEGI SOL DEL NIDO	143	<i>carvedilol phosphate cap er 24hr 10 mg</i>	135
CARDIOPLEGIA SOL MAIN 4:1	143	<i>carvedilol phosphate cap er 24hr 20 mg</i>	135
CARDIOPLEGIC SOL.....	143	<i>carvedilol phosphate cap er 24hr 40 mg</i>	135
<i>cardioplegic soln</i>	143	<i>carvedilol phosphate cap er 24hr 80 mg</i>	135
CARDIZEM CD CAP 120MG/24.....	138	<i>carvedilol tab 12.5 mg</i>	135
CARDIZEM CD CAP 180MG/24.....	138	<i>carvedilol tab 25 mg</i>	135
CARDIZEM CD CAP 240MG/24	138	<i>carvedilol tab 3.125 mg</i>	135
CARDIZEM CD CAP 360MG/24	138	<i>carvedilol tab 6.25 mg</i>	135
CARDIZEM LA TAB 120MG	138	CASODEX TAB 50MG	108
CARDIZEM LA TAB 180MG	138	<i>casprofungin acetate for iv soln 50 mg</i>	85
CARDIZEM LA TAB 240MG	138	<i>casprofungin acetate for iv soln 70 mg</i>	85
CARDIZEM LA TAB 300MG/24	138	CASPOFUNGIN INJ 50MG	85
CARDIZEM LA TAB 360MG	138	CASPOFUNGIN INJ 70MG	85
CARDIZEM LA TAB 420MG/24	138	<i>cataflam tab 50mg</i>	26
CARDIZEM TAB 120MG	139	CATAPRES-TTS DIS 0.1/24HR.....	94
CARDIZEM TAB 30MG	138	CATAPRES-TTS DIS 0.2/24HR.....	94
CARDIZEM TAB 60MG	139	CATAPRES-TTS DIS 0.3/24HR.....	94
CARDURA TAB 1MG.....	94	CATHFLO ACTI INJ 2MG.....	208
CARDURA TAB 2MG	94	CAYA DPR	219
CARDURA TAB 4MG.....	94	CAYSTON INH 75MG	47
CARDURA TAB 8MG.....	94	<i>cefaclor cap 250 mg</i>	147
CARDURA XL TAB 4MG	201	<i>cefaclor cap 500 mg</i>	147
CARDURA XL TAB 8MG	201	CEFACLOR ER TAB 500MG	147
CAREONE LANC MIS 30G.....	221	<i>cefaclor for susp 250 mg/5ml</i>	147
CAREONE LANC MIS THIN 23G.....	221	<i>cefadroxil cap 500 mg</i>	146
CARESENS 30G MIS LANCETS.....	221	<i>cefadroxil for susp 250 mg/5ml</i>	146
CARESENS N TES.....	178	<i>cefadroxil for susp 500 mg/5ml</i>	146
CARESENS N TES GLUCOSE	178	<i>cefadroxil tab 1 gm</i>	146
CARETOUCH MIS TWIST 30.....	221	CEFAZOL/DEX SOL 1GM	146
<i>carglumic acid soluble tab 200 mg</i>	188	CEFAZOL/DEX SOL 2GM.....	146
CARIMUNE NF INJ 6GM.....	260	CEFAZOLIN INJ 100GM	146
<i>carisoprodol tab 250 mg</i>	246	CEFAZOLIN INJ 1GM/50ML.....	146

CEFAZOLIN INJ 2GM	146	CEFTAZIDIME/ SOL D5W 1GM	148
CEFAZOLIN INJ 300GM	146	CEFTAZIDIME/ SOL D5W 2GM	148
CEFAZOLIN INJ 3GM	146	CEFTRIAX/DEX INJ 1GM	148
<i>cefazolin sodium for inj 1 gm</i>	146	CEFTRIAX/DEX INJ 2GM	148
<i>cefazolin sodium for inj 10 gm</i>	147	CEFTRIAZONE INJ 100GM	148
<i>cefazolin sodium for inj 2 gm</i>	147	<i>ceftriazone sodium for inj 1 gm</i>	148
<i>cefazolin sodium for inj 3 gm</i>	147	<i>ceftriazone sodium for inj 10 gm</i>	148
<i>cefazolin sodium for inj 500 mg</i>	147	<i>ceftriazone sodium for inj 2 gm</i>	148
<i>cefazolin sodium for iv soln 1 gm</i>	147	<i>ceftriazone sodium for inj 250 mg</i>	148
CEFAZOLIN SOL	147	<i>ceftriazone sodium for inj 500 mg</i>	148
<i>cefdinir cap 300 mg</i>	147	<i>ceftriazone sodium for iv soln 1 gm</i>	148
<i>cefdinir for susp 125 mg/5ml</i>	147	<i>ceftriazone sodium for iv soln 2 gm</i>	148
<i>cefdinir for susp 250 mg/5ml</i>	147	<i>ceftriazone sodium in dextrose inj 20</i>	
<i>cefepime hcl for inj 1 gm</i>	148	<i>mg/ml</i>	148
<i>cefepime hcl for iv soln 2 gm</i>	148	<i>ceftriazone sodium in dextrose inj 40</i>	
CEFEPIME INJ 1GM	148	<i>mg/ml</i>	148
CEFEPIME INJ 2G/100ML	148	<i>cefuroxime axetil tab 250 mg</i>	147
CEFEPIME/DEX INJ 1GM	148	<i>cefuroxime axetil tab 500 mg</i>	147
CEFEPIME/DEX INJ 2GM	148	<i>cefuroxime sodium for inj 750 mg</i>	147
<i>cefixime cap 400 mg</i>	147	<i>cefuroxime sodium for iv soln 1.5 gm</i>	147
<i>cefixime for susp 100 mg/5ml</i>	147	CELEBREX CAP 100MG	26
<i>cefotaxime sodium for inj 1 gm</i>	147	CELEBREX CAP 200MG	26
<i>cefotaxime sodium for inj 2 gm</i>	147	CELEBREX CAP 400MG	26
<i>cefotetan disodium for inj 1 gm</i>	147	CELEBREX CAP 50MG	26
<i>cefotetan disodium for inj 2 gm</i>	147	<i>celecoxib cap 100 mg</i>	26
CEFOXITIN INJ 1GM	147	<i>celecoxib cap 200 mg</i>	26
CEFOXITIN INJ 2GM	147	<i>celecoxib cap 400 mg</i>	26
<i>cefoxitin sodium for iv soln 1 gm</i>	147	<i>celecoxib cap 50 mg</i>	26
<i>cefoxitin sodium for iv soln 10 gm</i>	147	CELESTONE INJ SOLUSPAN	155
<i>cefoxitin sodium for iv soln 2 gm</i>	147	CELEXA TAB 10MG	70
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>		CELEXA TAB 20MG	70
.....	148	CELEXA TAB 40MG	70
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>		CELLCEPT CAP 250MG	237
.....	148	CELLCEPT IV INJ 500MG	237
<i>cefpodoxime proxetil tab 100 mg</i>	148	CELLCEPT SUS 200MG/ML	237
<i>cefpodoxime proxetil tab 200 mg</i>	148	CELLCEPT TAB 500MG	237
<i>cefprozil for susp 125 mg/5ml</i>	147	CELONTIN CAP 300MG	68
<i>cefprozil for susp 250 mg/5ml</i>	147	CENTANY OIN 2%	163
<i>cefprozil tab 250 mg</i>	147	<i>cephalexin cap 250 mg</i>	147
<i>cefprozil tab 500 mg</i>	147	<i>cephalexin cap 500 mg</i>	147
<i>ceftazidime for inj 1 gm</i>	148	<i>cephalexin cap 750 mg</i>	147
<i>ceftazidime for inj 6 gm</i>	148	<i>cephalexin for susp 125 mg/5ml</i>	147
<i>ceftazidime for iv soln 2 gm</i>	148	<i>cephalexin for susp 250 mg/5ml</i>	147
		<i>cephalexin tab 250 mg</i>	147

<i>cephalexin tab 500 mg</i>	147	<i>chlorpromazine hcl inj 50 mg/2ml</i>	127
CEPROTIN INJ 1000UNIT.....	207	<i>chlorpromazine hcl tab 10 mg</i>	127
CEPROTIN INJ 500 UNIT	207	<i>chlorpromazine hcl tab 100 mg</i>	127
CERACADE EMU.....	173	<i>chlorpromazine hcl tab 200 mg</i>	127
CERAMAX CRE	173	<i>chlorpromazine hcl tab 25 mg</i>	127
CERDELGA CAP 84MG.....	208	<i>chlorpromazine hcl tab 50 mg</i>	127
CEREBYX INJ 100/2ML	67	<i>chlorthalidone tab 25 mg</i>	184
CEREBYX INJ 500/10ML.....	67	<i>chlorthalidone tab 50 mg</i>	184
CEREZYME INJ 400UNIT	208	<i>chlorzoxazone tab 250 mg</i>	246
CERVIDIL VAG MIS 10MG INS	259	<i>chlorzoxazone tab 375 mg</i>	247
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	87	<i>chlorzoxazone tab 500 mg</i>	247
CETRAXAL SOL 0.2%	259	<i>chlorzoxazone tab 750 mg</i>	247
<i>cetorelix acetate for inj kit 0.25 mg</i>	186	CHOLBAM CAP 250MG	196
<i>cevimeline hcl cap 30 mg</i>	241	CHOLBAM CAP 50MG.....	195
CGMS CABLE MIS.....	221	<i>cholestyramine light powder 4 gm/dose</i> .88	
CGMS MIS SOFTWARE	222	<i>cholestyramine light powder packets 4 gm</i>	88
<i>charlotte 24 chw fe 1/20</i>	149	<i>cholestyramine powder 4 gm/dose</i>	88
<i>chateal eq tab 0.15/30</i>	149	<i>cholestyramine powder packets 4 gm</i>	88
<i>chateal tab 0.15/30</i>	149	<i>choline fenofibrate cap dr 135 mg</i> (<i>fenofibric acid equiv</i>)	89
CHEMET CAP 100MG.....	82	<i>choline fenofibrate cap dr 45 mg (fenofibric</i> <i>acid equiv)</i>	89
CHENODAL TAB 250MG.....	196	CHOR GONADOT INJ 10000UNT	186
<i>child asa chw 81mg</i>	32	<i>chromic chloride inj 40 mcg/10ml (4</i> <i>mcg/ml) (elemental cr)</i>	236
<i>chloramphenicol sodium succinate for iv inj</i> <i>1 gm</i>	45	CIALIS TAB 10MG	144
<i>chlordiazepoxide hcl cap 10 mg</i>	50	CIALIS TAB 2.5MG.....	144
<i>chlordiazepoxide hcl cap 25 mg</i>	50	CIALIS TAB 20MG	144
<i>chlordiazepoxide hcl cap 5 mg</i>	50	CIALIS TAB 5MG.....	144
<i>chlordiazepoxide hcl-clidinium bromide</i> <i>cap 5-2.5 mg</i>	280	CIBINQO TAB 100MG.....	171
<i>chlordiazepoxide-amitriptyline tab 10-25</i> <i>mg</i>	266	CIBINQO TAB 200MG.....	171
<i>chlordiazepoxide-amitriptyline tab 5-12.5</i> <i>mg</i>	266	CIBINQO TAB 50MG	171
CHLORHEX GLU SOL 20%.....	129	<i>ciclodan sol 8%</i>	163
<i>chlorhexidine gluconate soln 0.12%</i>	241	<i>ciclopirox gel 0.77%</i>	163
<i>chlorprocaine hcl preservative free (pf) inj</i> <i>2%</i>	218	<i>ciclopirox olamine cream 0.77% (base</i> <i>equiv)</i>	163
<i>chlorprocaine hcl preservative free (pf) inj</i> <i>3%</i>	218	<i>ciclopirox olamine susp 0.77% (base equiv)</i>	163
<i>chloroquine phosphate tab 250 mg</i>	100	<i>ciclopirox shampoo 1%</i>	163
<i>chloroquine phosphate tab 500 mg</i>	100	<i>ciclopirox solution 8%</i>	163
<i>chlorothiazide sodium for inj 500 mg</i>	184	<i>cidofovir iv inj 75 mg/ml</i>	132
<i>chlorpromazine hcl inj 25 mg/ml</i>	127	<i>cilostazol tab 100 mg</i>	207
		<i>cilostazol tab 50 mg</i>	207

CILOXAN OIN 0.3% OP	254	<i>cisatracurium besylate (pf) iv soln 200</i>	
CILOXAN SOL 0.3% OP	254	<i>mg/20ml (10 mg/ml)</i>	250
CIMDUO TAB 300-300.....	130	<i>cisatracurium besylate iv soln 20 mg/10ml</i>	
CIMERLI INJ 0.3MG	253	<i>(2 mg/ml)</i>	250
CIMERLI INJ 0.5MG	253	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	101
<i>cimetidine hcl soln 300 mg/5ml.....</i>	<i>281</i>	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	<i>102</i>
<i>cimetidine tab 200 mg.....</i>	<i>281</i>	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	<i>101</i>
<i>cimetidine tab 300 mg.....</i>	<i>281</i>	CISPLATIN INJ 50MG	101
<i>cimetidine tab 400 mg.....</i>	<i>281</i>	CITALOPRAM CAP 30MG	70
<i>cimetidine tab 800 mg.....</i>	<i>281</i>	<i>citalopram hydrobromide oral soln 10</i>	
CIMZIA KIT 200MG	197	<i>mg/5ml.....</i>	70
CIMZIA PREFL KIT 200MG/ML	197	<i>citalopram hydrobromide tab 10 mg (base</i>	
CIMZIA START KIT 200MG/ML.....	197	<i>equiv)</i>	70
<i>cinacalcet hcl tab 30 mg (base equiv).....</i>	<i>188</i>	<i>citalopram hydrobromide tab 20 mg (base</i>	
<i>cinacalcet hcl tab 60 mg (base equiv).....</i>	<i>188</i>	<i>equiv)</i>	70
<i>cinacalcet hcl tab 90 mg (base equiv).....</i>	<i>188</i>	<i>citalopram hydrobromide tab 40 mg (base</i>	
CINQAIR INJ.....	53	<i>equiv)</i>	70
CINRYZE SOL 500 UNIT	206	CITRANATAL CAP HARMONY	243
CIPRO (10%) SUS 500MG/5	195	CITRANATAL CAP MEDLEY	243
CIPRO (5%) SUS 250MG/5	195	CITRANATAL MIS 90 DHA	243
CIPRO HC SUS OTIC	259	CITRANATAL MIS B-CALM.....	243
CIPRO TAB 250MG	195	CITRANATAL PAK ASSURE	243
CIPRO TAB 500MG.....	195	CITRANATAL PAK DHA	243
CIPRODEX SUS 0.3-0.1%	259	CITRANATAL PAK ESSENCE	243
<i>ciprofloxacin 200 mg/100ml in d5w</i>	<i>195</i>	CITRANATAL TAB BLOOM	243
<i>ciprofloxacin 400 mg/200ml in d5w</i>	<i>195</i>	CITRANATAL TAB RX	243
<i>ciprofloxacin for oral susp 250 mg/5ml</i>		CITRULLINE TAB EASY 1GM	188
<i>(5%) (5 gm/100ml).....</i>	<i>195</i>	<i>cladribine iv soln 10 mg/10ml (1 mg/ml) .</i>	<i>103</i>
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>		<i>claravis cap 10mg</i>	<i>161</i>
<i>equivalent)</i>	<i>254</i>	<i>claravis cap 20mg</i>	<i>161</i>
<i>ciprofloxacin hcl otic soln 0.2% (base</i>		<i>claravis cap 30mg</i>	<i>161</i>
<i>equivalent)</i>	<i>259</i>	<i>claravis cap 40mg</i>	<i>161</i>
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>		CLARINEX TAB 5MG	87
<i>.....</i>	<i>195</i>	CLARINEX-D TAB 2.5-120	159
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>		<i>clarithromycin for susp 125 mg/5ml</i>	<i>218</i>
<i>.....</i>	<i>195</i>	<i>clarithromycin for susp 250 mg/5ml</i>	<i>218</i>
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>		<i>clarithromycin tab 250 mg</i>	<i>218</i>
<i>.....</i>	<i>195</i>	<i>clarithromycin tab 500 mg</i>	<i>218</i>
<i>ciprofloxacin-dexamethasone otic susp</i>		<i>clarithromycin tab er 24hr 500 mg</i>	<i>218</i>
<i>0.3-0.1%.....</i>	<i>259</i>	CLEANLET 28G MIS LANCETS	222
<i>ciprofloxacin-fluocinolone acetone (pf) otic</i>		<i>clemastine fumarate syrup 0.67 mg/5ml</i>	
<i>soln 0.3-0.025%</i>	<i>259</i>	<i>(0.5 mg/5ml base eq).....</i>	<i>87</i>
<i>cisatracurium besylate (pf) iv soln 10</i>		<i>clemastine fumarate tab 2.68 mg</i>	<i>87</i>
<i>mg/5ml (2 mg/ml)</i>	<i>250</i>	CLEOCIN CAP 150MG.....	47

CLEOCIN CAP 300MG.....	47	<i>clindamycin phosphate inj 900 mg/6ml ..</i>	47
CLEOCIN CAP 75MG	47	<i>clindamycin phosphate lotion 1%.....</i>	161
CLEOCIN CRE 2% VAG.....	287	<i>clindamycin phosphate soln 1%</i>	161
CLEOCIN PED SOL 75MG/5ML.....	47	<i>clindamycin phosphate swab 1%</i>	161
CLEOCIN PHOS INJ 300/2ML.....	47	<i>clindamycin phosphate vaginal cream 2%</i>	
CLEOCIN PHOS INJ 600/4ML	47	.....	287
CLEOCIN PHOS INJ 900/6ML	47	<i>clindamycin phosphate-benzoyl peroxide</i>	
CLEOCIN PHOS INJ 9GM/60ML	47	<i>gel 1.2-2.5%</i>	161
CLEOCIN SUP 100MG.....	287	<i>clindamycin phosphate-benzoyl peroxide</i>	
CLEOCIN-T LOT 1%	161	<i>gel 1.2-3.75%</i>	161
CLEVER CHECK MIS	222	<i>clindamycin phosphate-benzoyl peroxide</i>	
CLEVER CHECK MIS 30G.....	222	<i>gel 1-5%</i>	161
CLEVER CHEK TES.....	178	<i>clindamycin phosphate-tretinoin gel 1.2-</i>	
CLEVER CHEK TES AUTO CD	178	<i>0.025%.....</i>	161
CLEVER CHEK TES VOICE	178	<i>clindamycin phosph-benzoyl peroxide</i>	
CLEVER CHOIC TES MICRO	178	<i>(refrig) gel 1.2 (1)-5%</i>	161
CLEVIPREX EMU 0.5MG/ML	139	CLINDESSE CRE 2%.....	287
CLEVR CHOICE TES AUTO-CD	178	CLINIMIX E INJ 2.75/D5W	251
CLIMARA DIS 0.025MG.....	193	CLINIMIX E INJ 4.25/D10	251
CLIMARA DIS 0.0375MG	193	CLINIMIX E INJ 4.25/D5W	251
CLIMARA DIS 0.05MG.....	193	CLINIMIX E INJ 5%/D15W.....	251
CLIMARA DIS 0.06MG.....	193	CLINIMIX E INJ 5%/D20W	251
CLIMARA DIS 0.075MG.....	193	CLINIMIX INJ 4.25/D10	251
CLIMARA DIS 0.1MG	193	CLINIMIX INJ 4.25/D5W	251
CLIMARA PRO DIS WEEKLY	192	CLINIMIX INJ 5%/D15W	251
<i>clindacin mis etz 1%</i>	161	CLINIMIX INJ 5%/D20W	251
<i>clindacin-p pad 1%.....</i>	161	CLINIMIX INJ 8/10.....	251
CLINDAGEL GEL 1%.....	161	CLINIMIX INJ 8/14.....	251
<i>clindamycin hcl cap 150 mg.....</i>	47	<i>clinisol sf inj 15%</i>	252
<i>clindamycin hcl cap 300 mg.....</i>	47	CLINOLIPID EMU 20%	251
<i>clindamycin hcl cap 75 mg</i>	47	<i>clobazam suspension 2.5 mg/ml.....</i>	61
<i>clindamycin palmitate hcl for soln 75</i>		<i>clobazam tab 10 mg</i>	61
<i>mg/5ml (base equiv).....</i>	47	<i>clobazam tab 20 mg</i>	61
<i>clindamycin phosphate foam 1%</i>	161	<i>clobetasol e cre 0.05%</i>	168
<i>clindamycin phosphate gel 1%</i>	161	<i>clobetasol propionate cream 0.05%</i>	168
<i>clindamycin phosphate in d5w iv soln 300</i>		<i>clobetasol propionate emollient base cream</i>	
<i>mg/50ml</i>	47	<i>0.05%</i>	168
<i>clindamycin phosphate in d5w iv soln 600</i>		<i>clobetasol propionate emulsion foam</i>	
<i>mg/50ml</i>	47	<i>0.05%</i>	168
<i>clindamycin phosphate in d5w iv soln 900</i>		<i>clobetasol propionate foam 0.05%</i>	168
<i>mg/50ml</i>	47	<i>clobetasol propionate gel 0.05%</i>	168
<i>clindamycin phosphate inj 300 mg/2ml... 47</i>		<i>clobetasol propionate lotion 0.05%.....</i>	168
<i>clindamycin phosphate inj 600 mg/4ml .. 47</i>		<i>clobetasol propionate oint 0.05%.....</i>	168
<i>clindamycin phosphate inj 9 gm/60ml..... 47</i>		<i>clobetasol propionate shampoo 0.05% . 168</i>	

<i>clobetasol propionate soln 0.05%</i>	168	<i>clorazepate dipotassium tab 3.75 mg</i>	50
<i>clobetasol propionate spray 0.05%</i>	168	<i>clorazepate dipotassium tab 7.5 mg</i>	50
CLOBETASOL SUS 0.05%.....	256	<i>clotrimazole cream 1%</i>	164
CLOBEX LOT 0.05%	168	<i>clotrimazole soln 1%</i>	164
CLOBEX SHA 0.05%.....	168	<i>clotrimazole troche 10 mg</i>	241
CLOBEX SPR 0.05%	168	<i>clotrimazole w/ betamethasone cream 1-</i> <i>0.05%</i>	164
<i>clocortolone pivalate cream 0.1%</i>	168	<i>clotrimazole w/ betamethasone lotion 1-</i> <i>0.05%</i>	164
<i>clodan sha 0.05%</i>	168	<i>clozapine orally disintegrating tab 100 mg</i>	125
CLODERM CRE 0.1%.....	168	<i>clozapine orally disintegrating tab 12.5 mg</i>	125
<i>clofarabine iv soln 1 mg/ml</i>	103	<i>clozapine orally disintegrating tab 150 mg</i>	125
<i>clomid tab 50mg</i>	186	<i>clozapine orally disintegrating tab 200 mg</i>	125
<i>clomiphene citrate tab 50 mg</i>	186	<i>clozapine orally disintegrating tab 25 mg</i> 125	
<i>clomipramine hcl cap 25 mg</i>	73	<i>clozapine tab 100 mg</i>	125
<i>clomipramine hcl cap 50 mg</i>	73	<i>clozapine tab 200 mg</i>	125
<i>clomipramine hcl cap 75 mg</i>	73	<i>clozapine tab 25 mg</i>	125
<i>clonazepam orally disintegrating tab 0.125</i> <i>mg</i>	61	<i>clozapine tab 50 mg</i>	125
<i>clonazepam orally disintegrating tab 0.25</i> <i>mg</i>	61	CLOZARIL TAB 100MG	126
<i>clonazepam orally disintegrating tab 0.5 mg</i>	61	CLOZARIL TAB 25MG	125
<i>clonazepam orally disintegrating tab 1 mg</i> 61		C-NATE DHA CAP 28-1-200	243
<i>clonazepam orally disintegrating tab 2 mg</i>	61	COAGUCHEK MIS LANCETS	222
<i>clonazepam tab 0.5 mg</i>	61	<i>coal tar soln 20%</i>	175
<i>clonazepam tab 1 mg</i>	61	COARTEM TAB 20-120MG.....	100
<i>clonazepam tab 2 mg</i>	61	COCAINE HCL SOL 40MG/ML	248
<i>clonidine hcl inj (for epidural infusion) 100</i> <i>mcg/ml</i>	31	CODEINE SULF TAB 15MG	33
<i>clonidine hcl inj (for epidural infusion) 500</i> <i>mcg/ml</i>	31	CODEINE SULF TAB 60MG	33
<i>clonidine hcl tab 0.1 mg</i>	94	<i>codeine sulfate tab 30 mg</i>	33
<i>clonidine hcl tab 0.2 mg</i>	94	COLAZAL CAP 750MG	197
<i>clonidine hcl tab 0.3 mg</i>	94	<i>colchicine cap 0.6 mg</i>	202
<i>clonidine hcl tab er 12hr 0.1 mg</i>	16	<i>colchicine tab 0.6 mg</i>	202
<i>clonidine tab er 24hr 0.17 mg</i>	94	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	202
<i>clonidine td patch weekly 0.1 mg/24hr</i>	94	COLCRYS TAB 0.6MG	202
<i>clonidine td patch weekly 0.2 mg/24hr</i>	94	<i>colesevelam hcl packet for susp 3.75 gm</i> 88	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	94	<i>colesevelam hcl tab 625 mg</i>	88
<i>clopidogrel bisulfate tab 300 mg (base</i> <i>equiv)</i>	207	COLESTID GRA 5GM	88
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	207	COLESTID TAB 1GM	88
<i>clorazepate dipotassium tab 15 mg</i>	50	<i>colestipol hcl granule packets 5 gm</i>	88
		<i>colestipol hcl granules 5 gm</i>	88

<i>colestipol hcl tab 1 gm</i>	88	CONZIP CAP 100MG	33
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	48	CONZIP CAP 200MG	33
COLOR CONDOM MIS + LUBE	219	CONZIP CAP 300MG	33
COLUMVI INJ 10/10ML.....	106	COOL BLOOD TES GLUCOSE	178
COLUMVI INJ 2.5MG	106	COPAXONE INJ 40MG/ML.....	267
COLY-MYCIN M INJ 150MG	48	COPIKTRA CAP 15MG.....	112
COMBIGAN SOL 0.2/0.5%	252	COPIKTRA CAP 25MG.....	112
COMBIPATCH DIS.....	192	COPPER INJ 0.4MG/ML.....	236
COMBIVENT AER 20-100	56	CORDRAN 80X3 TAP 4MCG/CM.....	168
COMBOGESIC INJ 300-1000	26	CORDRAN CRE 0.025%	168
COMETRIQ KIT 100MG.....	112	CORDRAN CRE 0.05%	168
COMETRIQ KIT 140MG.....	112	CORDRAN LOT 0.05%.....	169
COMETRIQ KIT 60MG	112	CORDRAN OIN 0.05%	169
COMFORT ASSU MIS LANC 28G	222	COREG CR CAP 10MG	135
COMFORT ASSU MIS LANC 33G	222	COREG CR CAP 20MG.....	135
COMFORTOUCH MIS LANCET	222	COREG CR CAP 40MG	135
COMIRNATY INJ 2024-25	285	COREG CR CAP 80MG	135
COMIRNATY INJ 30/0.3ML.....	285	COREG TAB 12.5MG.....	135
COMPLERA TAB.....	130	COREG TAB 25MG	135
COMPLETE NAT PAK DHA	243	COREG TAB 3.125MG.....	135
COMPLETENATE CHW	243	COREG TAB 6.25MG	135
<i>compro sup 25mg</i>	127	<i>coremino tab 135mg</i>	274
COMTAN TAB 200MG.....	119	<i>coremino tab 45mg</i>	273
CO-NATAL FA TAB 29-1MG.....	243	<i>coremino tab 90mg</i>	274
CONCEPT DHA CAP	244	CORGARD TAB 80MG	137
CONCEPT OB CAP	244	CORIFACT KIT.....	203
CONCERTA TAB 18MG	17	CORLANOR SOL 5MG/5ML.....	146
CONCERTA TAB 27MG	18	CORLANOR TAB 5MG	146
CONCERTA TAB 36MG	18	CORLANOR TAB 7.5MG	146
CONCERTA TAB 54MG	18	CORTEF TAB 10MG	155
CONDOMS MIS.....	219	CORTEF TAB 20MG.....	155
CONDYLOX GEL 0.5%.....	172	CORTEF TAB 5MG.....	155
CONFIRM/MICR TES GLUCOSE	178	CORTENEMA ENE 100MG.....	43
CONJUPRI TAB 2.5MG	139	CORTIFOAM AER 90MG.....	43
CONSENSI TAB 10-200MG.....	138	CORTISPORIN SUS -TC OTIC	259
CONSENSI TAB 2.5-200.....	138	CORTROPHIN GEL 80UNIT	186
CONSENSI TAB 5-200MG	138	CORVERT INJ 1MG/10ML.....	52
<i>constulose sol 10gm/15</i>	215	CORVITE 150 TAB.....	211
CONTOUR TES BLD GLUC	178	CORVITE FE TAB.....	211
CONTOUR TES NEXT	178	COSELA INJ 300MG	117
CONTRAVE TAB 8-90MG	16	COSENTYX INJ 150MG/ML	165
CONTROL AST TES.....	178	COSENTYX INJ 300DOSE.....	165
CONTROL TES	178	COSENTYX INJ 75MG/0.5	165
		COSENTYX PEN INJ 150MG/ML.....	166

COSENTYX PEN INJ 300DOSE	166	<i>cupric chloride inj 0.4 mg/ml (elemental)</i>	
COSENTYX UNO INJ 300/2ML	166	.....	236
COSOPT PF SOL 2%-0.5%	252	CUPRIMINE CAP 250MG.....	236
COSOPT SOL 2-0.5%OP	252	CURITY HYPER MIS 1/2	176
COTELIC TAB 20MG.....	112	CURITY NAACL PAD 6.....	176
COTEMPLA XR TAB 17.3MG	18	<i>curity salin sol 0.9% irr</i>	201
COTEMPLA XR TAB 25.9MG	18	CUROSURF SUS 120/1.5	273
COTEMPLA XR TAB 8.6MG	18	CUROSURF SUS 240/3ML	273
COUMADIN TAB 10MG.....	58	CUTAQUIG SOL 1.65GM	260
COUMADIN TAB 1MG	57	CUTAQUIG SOL 1GM	260
COUMADIN TAB 2.5MG	57	CUTAQUIG SOL 2GM	260
COUMADIN TAB 2MG.....	57	CUTAQUIG SOL 3.3GM	260
COUMADIN TAB 3MG	57	CUTAQUIG SOL 4GM	260
COUMADIN TAB 4MG	57	CUTAQUIG SOL 8GM	260
COUMADIN TAB 5MG	57	CUVITRU INJ 2GM/10ML	260
COUMADIN TAB 6MG	57	CUVITRU INJ 4GM/20ML.....	260
COUMADIN TAB 7.5MG	58	CUVITRU INJ 8GM/40ML	260
COZAAR TAB 100MG.....	93	CUVITRU SOL 1GM/5ML	260
COZAAR TAB 25MG.....	93	CUVPOSA SOL 1MG/5ML.....	280
COZAAR TAB 50MG	93	CUVRIOR TAB 300MG	236
CREON CAP 12000UNT.....	182	CVS ADVANCED TES GLUCOSE	178
CREON CAP 24000UNT	182	<i>cvs aspirin tab 81mg ec</i>	32
CREON CAP 3000UNIT	182	CVS LANCETS MIS 21G.....	222
CREON CAP 36000UNT.....	182	CVS LANCETS MIS 30G.....	222
CREON CAP 6000UNIT	182	CVS LANCETS MIS 33G.....	222
CRESEMBA CAP 186 MG.....	86	CVS LANCETS MIS ORIGINAL	222
CRESEMBA INJ 372MG.....	86	CVS LANCETS MIS THIN 26G.....	222
CRESTOR TAB 10MG	90	CVS LANCETS MIS THIN 30G.....	222
CRESTOR TAB 20MG.....	90	CVS LANCETS MIS THIN 33G.....	222
CRESTOR TAB 40MG	90	<i>cvs nicotine dis 14mg/24h</i>	269
CRESTOR TAB 5MG.....	90	<i>cvs nicotine dis 21mg/24h</i>	269
CRINONE GEL 4% VAG	287	<i>cvs nicotine dis 7mg/24hr</i>	269
CRINONE GEL 8% VAG	287	<i>cvs nicotine gum 2mg cinn</i>	269
CROFAB INJ	260	<i>cvs nicotine gum 2mg mint</i>	269
<i>cromolyn sodium ophth soln 4%</i>	258	<i>cvs nicotine gum 2mg orig</i>	269
<i>cromolyn sodium oral conc 100 mg/5ml</i>	196	<i>cvs nicotine gum 2mgfruit</i>	269
<i>cromolyn sodium soln nebu 20 mg/2ml</i> ..	53	<i>cvs nicotine gum 4mg</i>	269
<i>crostan lot 10%</i>	175	<i>cvs nicotine gum 4mg cinn</i>	269
CRYODOSE AER TA	172	<i>cvs nicotine gum 4mg mint</i>	269
<i>cryselle-28 tab 28 tabs</i>	149	<i>cvs nicotine gum 4mg orig</i>	269
CRYSVITA INJ 10MG/ML	188	<i>cvs nicotine gum 4mgfruit</i>	269
CRYSVITA INJ 20MG/ML.....	189	<i>cvs nicotine loz 2mg</i>	269
CRYSVITA INJ 30MG/ML	189	<i>cvs nicotine loz 2mg mint</i>	269
CUBICIN RF INJ 500MG.....	45	<i>cvs nicotine loz 4mg cinn</i>	269

<i>cvs nicotine loz 4mg mint</i>	269	<i>cyclosporine modified oral soln 100 mg/ml</i>	238
CVS TRUE MET TES GLUCOSE.....	178	CYKLOKAPRON INJ 100MG/ML.....	212
<i>cyanocobalamin inj 1000 mcg/ml</i>	209	CYLTEZO INJ 10/0.2ML.....	22
<i>cyanocobalamin nasal spray 500</i> <i>mcg/0.1ml</i>	209	CYLTEZO INJ 20/0.4ML.....	22
CYANOKIT INJ 5GM	83	CYLTEZO INJ 40/0.8ML.....	22
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i> ..	247	CYMBALTA CAP 20MG	72
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i> ..	247	CYMBALTA CAP 30MG	72
<i>cyclobenzaprine hcl tab 10 mg</i>	247	CYMBALTA CAP 60MG	72
<i>cyclobenzaprine hcl tab 5 mg</i>	247	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	87
<i>cyclobenzaprine hcl tab 7.5 mg</i>	247	<i>cyproheptadine hcl tab 4 mg</i>	87
CYCLOGYL SOL 0.5% OP	253	CYRAMZA INJ 100/10ML	105
CYCLOGYL SOL 1% OP	253	CYRAMZA INJ 500/50ML.....	105
CYCLOGYL SOL 2% OP.....	253	<i>cyred eq tab</i>	149
CYCLOMYDRIL SOL OP	253	<i>cyred tab</i>	149
<i>cyclopentolate hcl ophth soln 0.5%</i>	253	CYSTADANE POW	189
<i>cyclopentolate hcl ophth soln 1%</i>	253	CYSTAGON CAP 150MG	201
<i>cyclopentolate hcl ophth soln 2%</i>	253	CYSTAGON CAP 50MG.....	200
CYCLOPHOSPH INJ 1000MG	102	CYSTARAN SOL 0.44%	258
CYCLOPHOSPH INJ 1GM.....	102	<i>cytarabine inj 20 mg/ml</i>	103
CYCLOPHOSPH INJ 1GM/2ML	102	<i>cytarabine inj pf 100 mg/ml</i>	103
CYCLOPHOSPH INJ 2000MG.....	102	<i>cytarabine inj pf 20 mg/ml</i>	103
CYCLOPHOSPH INJ 2GM/4ML	102	CYTOGAM INJ	260
CYCLOPHOSPH INJ 500/5ML.....	102	CYTOMEL TAB 25MCG.....	276
CYCLOPHOSPH TAB 25MG	102	CYTOMEL TAB 50MCG	276
CYCLOPHOSPH TAB 50MG	102	CYTOMEL TAB 5MCG.....	276
CYCLOPHOSPHA INJ 2GM/10ML	102	CYTOTEC TAB 100MCG	283
CYCLOPHOSPHA INJ 500MG	102	CYTOTEC TAB 200MCG	283
<i>cyclophosphamide cap 25 mg</i>	102	<i>cytra k gra crystals</i>	200
<i>cyclophosphamide cap 50 mg</i>	102	D	
<i>cyclophosphamide for inj 1 gm</i>	102	D10W/NACL INJ 0.2%.....	232
<i>cyclophosphamide for inj 2 gm</i>	102	D2.5W/NACL INJ 0.45%.....	232
<i>cyclophosphamide for inj 500 mg</i>	102	D5W/LYTES INJ #48	232
<i>cyclophosphamide iv soln 500 mg/2.5ml</i> <i>(200 mg/ml)</i>	102	D5W/NACL INJ 0.3%	232
<i>cycloserine cap 250 mg</i>	101	<i>dabigatran etexilate mesylate cap 110 mg</i> <i>(etexilate base eq)</i>	60
CYCLOSET TAB 0.8MG	78	<i>dabigatran etexilate mesylate cap 150 mg</i> <i>(etexilate base eq)</i>	60
<i>cyclosporine (ophth) emulsion 0.05%</i> ...	255	<i>dabigatran etexilate mesylate cap 75 mg</i> <i>(etexilate base eq)</i>	60
<i>cyclosporine cap 100 mg</i>	237	<i>dacarbazine for inj 100 mg</i>	116
<i>cyclosporine cap 25 mg</i>	237	<i>dacarbazine for inj 200 mg</i>	116
<i>cyclosporine modified cap 100 mg</i>	238	<i>dactinomycin for inj 0.5 mg</i>	110
<i>cyclosporine modified cap 25 mg</i>	237	<i>dalfampridine tab er 12hr 10 mg</i>	267
<i>cyclosporine modified cap 50 mg</i>	237		

DALIRESP TAB 250MCG.....	54	dasetta tab 7/7/7.....	149
DALIRESP TAB 500MCG.....	54	daunorubicin hcl iv soln 20 mg/4ml (base equiv).....	110
DALVANCE SOL 500MG.....	45	daunorubicin hcl iv soln 50 mg/10ml (base equiv).....	110
danazol cap 100 mg.....	42	DAUNORUBICIN INJ 20MG/4ML.....	110
danazol cap 200 mg.....	42	DAUNORUBICIN INJ 50/10ML.....	110
danazol cap 50 mg.....	42	DAURISMO TAB 100MG.....	108
DANTRIUM CAP 25MG.....	248	DAURISMO TAB 25MG.....	108
DANTRIUM IV INJ 20MG.....	248	DAYAVITE TAB.....	242
dantrolene sodium cap 100 mg.....	248	DAYBUE SOL 200MG/ML.....	250
dantrolene sodium cap 25 mg.....	248	DAYPRO TAB 600MG.....	26
dantrolene sodium cap 50 mg.....	248	daysee tab.....	149
dantrolene sodium for iv soln 20 mg.....	248	DAYTRANA DIS 10MG/9HR.....	18
dapagliflozin propanediol tab 10 mg (base equivalent).....	80	DAYTRANA DIS 15MG/9HR.....	18
dapagliflozin propanediol tab 5 mg (base equivalent).....	80	DAYTRANA DIS 20MG/9HR.....	18
dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg.....	75	DAYTRANA DIS 30MG/9HR.....	18
dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg.....	75	DAYVIGO TAB 10MG.....	215
dapsone gel 5%.....	161	DAYVIGO TAB 5MG.....	215
dapsone gel 7.5%.....	161	D-CARE BLOOD TES GLUCOSE.....	178
dapsone tab 100 mg.....	47	DDAVP INJ 4MCG/ML.....	191
dapsone tab 25 mg.....	47	DDAVP TAB 0.1MG.....	191
DAPTACEL INJ.....	279	DDAVP TAB 0.2MG.....	191
daptomycin for iv soln 350 mg.....	45	deblitane tab 0.35mg.....	155
daptomycin for iv soln 500 mg.....	45	decitabine for inj 50 mg.....	103
DAPTOMYCIN INJ 350MG.....	45	deferasirox granules packet 180 mg.....	82
DAPTOMYCIN INJ 500MG.....	45	deferasirox granules packet 360 mg.....	82
DARAPRIM TAB 25MG.....	100	deferasirox granules packet 90 mg.....	82
darifenacin hydrobromide tab er 24hr 15 mg (base equiv).....	283	deferasirox tab 180 mg.....	82
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv).....	283	deferasirox tab 360 mg.....	82
DARZALEX SOL 100/5ML.....	106	deferasirox tab 90 mg.....	82
DARZALEX SOL 400/20ML.....	106	deferasirox tab for oral susp 125 mg.....	82
DARZALEX SOL 400MG/20.....	106	deferasirox tab for oral susp 250 mg.....	82
dasatinib tab 100 mg.....	112	deferasirox tab for oral susp 500 mg.....	82
dasatinib tab 140 mg.....	112	deferiprone tab 1000 mg.....	82
dasatinib tab 20 mg.....	112	deferiprone tab 500 mg.....	82
dasatinib tab 50 mg.....	112	deferoxamine mesylate for inj 2 gm.....	83
dasatinib tab 70 mg.....	112	deferoxamine mesylate for inj 500 mg.....	83
dasatinib tab 80 mg.....	112	DEFITELIO INJ 200/2.5.....	208
dasetta tab 1/35.....	149	deflazacort susp 22.75 mg/ml.....	155
		deflazacort tab 18 mg.....	155
		deflazacort tab 30 mg.....	155
		deflazacort tab 36 mg.....	155
		deflazacort tab 6 mg.....	155

DELESTROGEN INJ 10MG/ML	193	<i>desipramine hcl tab 100 mg</i>	73
DELESTROGEN INJ 20MG/ML.....	193	<i>desipramine hcl tab 150 mg</i>	73
DELFLEX-LC SOL 1.5% DEX.....	239	<i>desipramine hcl tab 25 mg</i>	73
DELFLEX-LC/ SOL 2.5% DEX	239	<i>desipramine hcl tab 50 mg</i>	73
DELFLEX-LC/ SOL 4.25 DEX	239	<i>desipramine hcl tab 75 mg</i>	73
DELFLEX-SM/ SOL 1.5% DEX	239	<i>desloratadine tab 5 mg</i>	87
DELFLEX-SM/ SOL 2.5% DEX	239	<i>desloratadine tab orally disintegrating 2.5</i>	
DELSTRIGO TAB	130	<i>mg</i>	87
<i>delyla tab 0.1-0.02</i>	149	<i>desloratadine tab orally disintegrating 5 mg</i>	
DELZICOL CAP 400MG.....	197	.....	87
<i>demeclocycline hcl tab 150 mg</i>	274	<i>desmopressin acetate inj 4 mcg/ml</i>	191
<i>demeclocycline hcl tab 300 mg</i>	274	<i>desmopressin acetate nasal spray soln</i>	
DEMEROL INJ 100MG/ML	33	0.01%.....	191
DEMEROL INJ 25MG/ML	33	<i>desmopressin acetate nasal spray soln</i>	
DEMEROL INJ 50MG/ML.....	33	0.01% (refrigerated)	191
DEMEROL INJ 75MG/ML.....	33	<i>desmopressin acetate preservative free (pf)</i>	
DEMSER CAP 250MG.....	93	<i>inj 4 mcg/ml</i>	191
DENAVIR CRE 1%	167	<i>desmopressin acetate tab 0.1 mg</i>	191
DENGVAXIA SUS	285	<i>desmopressin acetate tab 0.2 mg</i>	191
DEPAKOTE ER TAB 250MG	68	<i>desogest-eth estrad & eth estrad tab 0.15-</i>	
DEPAKOTE ER TAB 500MG.....	68	0.02/0.01 mg(21/5).....	149
DEPAKOTE SPR CAP 125MG	68	<i>desogestrel & ethinyl estradiol tab 0.15 mg-</i>	
DEPAKOTE TAB 125MG DR	68	30 mcg	149
DEPAKOTE TAB 250MG DR.....	68	<i>desonide cream 0.05%</i>	169
DEPAKOTE TAB 500MG DR	68	<i>desonide gel 0.05%</i>	169
DEPEN TITRA TAB 250MG.....	236	<i>desonide lotion 0.05%</i>	169
DEPO-ESTRADI INJ 5MG/ML.....	193	<i>desonide oint 0.05%</i>	169
DEPO-MEDROL INJ 20MG/ML	155	DESOWEN CRE 0.05%	169
DEPO-MEDROL INJ 40MG/ML.....	155	<i>desoximetasone cream 0.05%</i>	169
DEPO-MEDROL INJ 80MG/ML.....	155	<i>desoximetasone cream 0.25%</i>	169
DEPO-PROVERA INJ 150MG/ML.....	154	<i>desoximetasone gel 0.05%</i>	169
DEPO-SQ PROV INJ 104.....	154	<i>desoximetasone oint 0.05%</i>	169
<i>depo-testost inj 100mg/ml</i>	42	<i>desoximetasone oint 0.25%</i>	169
<i>depo-testost inj 200mg/ml</i>	42	<i>desoximetasone spray 0.25%</i>	169
DERMACINRX CAP PROBISOL	81	DESOPYN TAB 5MG.....	14
DERMACINRX TAB RIBOT-E.....	242	<i>desrx gel 0.05%</i>	169
DERMA-SMOOTH OIL /FS BODY.....	169	DESVENLAFAX TAB 100MG ER.....	72
DERMA-SMOOTH OIL /FS SCLP	169	DESVENLAFAX TAB 50MG ER	72
DERMOTIC OIL 0.01%	259	<i>desvenlafaxine succinate tab er 24hr 100</i>	
DESCOVY TAB 120-15MG	130	<i>mg (base equiv)</i>	72
DESCOVY TAB 200/25MG	130	<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	
DEFERAL INJ 500MG.....	83	<i>(base equiv)</i>	72
<i>desflurane inhal soln</i>	200	<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	
<i>desipramine hcl tab 10 mg</i>	73	<i>(base equiv)</i>	72

DETROL LA CAP 2MG.....	283	DEXCOM G5 MIS TRANSMIT	222
DETROL LA CAP 4MG	283	DEXCOM G6 MIS RECEIVER	222
DETROL TAB 1MG	284	DEXCOM G6 MIS SENSOR	222
DETROL TAB 2MG.....	284	DEXCOM G6 MIS TRANSMIT	222
DEXAMETH LA INJ 16MG/ML	155	DEXCOM G7 MIS RECEIVER	222
DEXAMETH PHO INJ 10MG/ML.....	155	DEXCOM G7 MIS SENSOR	222
DEXAMETH PHO INJ 4MG/ML	155	DEXEDRINE CAP 10MG CR	14
DEXAMETHASON CON 1MG/ML.....	156	DEXERYL CRE	173
DEXAMETHASON INJ 8MG/ML.....	156	DEXILANT CAP 30MG DR	281
DEXAMETHASON SUS 8-4MG/ML	156	DEXILANT CAP 60MG DR	281
DEXAMETHASON SUS 8MG/ML	156	<i>dexlansoprazole cap delayed release 30</i>	
<i>dexamethasone elixir 0.5 mg/5ml</i>	<i>156</i>	<i>mg</i>	<i>281</i>
<i>dexamethasone sod phosphate</i>		<i>dexlansoprazole cap delayed release 60</i>	
<i>preservative free inj 10 mg/ml</i>	<i>156</i>	<i>mg</i>	<i>282</i>
<i>dexamethasone sodium phosphate inj 10</i>		DEXMEDE/NACL INJ 20/5ML	213
<i>mg/ml.....</i>	<i>156</i>	<i>dexmedetomidine hcl in nacl 0.9% iv soln</i>	
<i>dexamethasone sodium phosphate inj 100</i>		<i>200 mcg/50ml</i>	<i>213</i>
<i>mg/10ml.....</i>	<i>156</i>	<i>dexmedetomidine hcl in nacl 0.9% iv soln</i>	
<i>dexamethasone sodium phosphate inj 120</i>		<i>400 mcg/100ml</i>	<i>213</i>
<i>mg/30ml</i>	<i>156</i>	<i>dexmedetomidine hcl in nacl 0.9% iv soln</i>	
<i>dexamethasone sodium phosphate inj 20</i>		<i>80 mcg/20ml.....</i>	<i>213</i>
<i>mg/5ml</i>	<i>156</i>	<i>dexmedetomidine hcl iv soln 200 mcg/2ml</i>	
<i>dexamethasone sodium phosphate inj 4</i>		<i>.....</i>	<i>213</i>
<i>mg/ml.....</i>	<i>156</i>	<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	
<i>dexamethasone sodium phosphate ophth</i>		<i>.....</i>	<i>18</i>
<i>soln 0.1%.....</i>	<i>256</i>	<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	
<i>dexamethasone soln 0.5 mg/5ml</i>	<i>156</i>	<i>.....</i>	<i>18</i>
<i>dexamethasone tab 0.5 mg</i>	<i>156</i>	<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	
<i>dexamethasone tab 0.75 mg</i>	<i>156</i>	<i>.....</i>	<i>18</i>
<i>dexamethasone tab 1 mg</i>	<i>156</i>	<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	
<i>dexamethasone tab 1.5 mg</i>	<i>156</i>	<i>.....</i>	<i>18</i>
<i>dexamethasone tab 2 mg.....</i>	<i>156</i>	<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	
<i>dexamethasone tab 4 mg</i>	<i>156</i>	<i>.....</i>	<i>18</i>
<i>dexamethasone tab 6 mg</i>	<i>156</i>	<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	
<i>dexamethasone tab therapy pack 1.5 mg</i>		<i>.....</i>	<i>18</i>
<i>(21)</i>	<i>156</i>	<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	
<i>dexamethasone tab therapy pack 1.5 mg</i>		<i>.....</i>	<i>18</i>
<i>(35)</i>	<i>156</i>	<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	
<i>dexamethasone tab therapy pack 1.5 mg</i>		<i>.....</i>	<i>18</i>
<i>(51)</i>	<i>156</i>	<i>dexmethylphenidate hcl tab 10 mg</i>	<i>18</i>
DEXATRAN CAP	242	<i>dexmethylphenidate hcl tab 2.5 mg</i>	<i>18</i>
<i>dexchlorpheniramine maleate oral soln 2</i>		<i>dexmethylphenidate hcl tab 5 mg.....</i>	<i>18</i>
<i>mg/5ml</i>	<i>86</i>	DEXONTO 0.4% SOL 20MG/5ML.....	156
DEXCOM G5 MIS RECEIVER.....	222	<i>dexpak pak 10 day</i>	<i>156</i>

<i>dexpak pak 13 day</i>	156	<i>dextrose inj 70%</i>	251
<i>dexpak pak 6 day</i>	156	DEXYCU SUS 9%	256
DEXPANTHENOL INJ 250MG/ML	196	DHIVY TAB 25-100MG	120
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	117	DIACOMIT CAP 250MG	62
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	117	DIACOMIT CAP 500MG	62
DEXTENZA MIS 0.4MG	256	DIACOMIT PAK 250MG	62
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	14	DIACOMIT PAK 500MG	62
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	14	DIALYVITE TAB SUPREM D	242
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	14	DIANEAL LOW SOL CALCIUM	239
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	14	DIANEAL PD-2 SOL 1.5% DEX	239
<i>dextroamphetamine sulfate tab 10 mg</i>	14	DIANEAL PD-2 SOL 2.5% DEX	239
<i>dextroamphetamine sulfate tab 15 mg</i>	14	DIANEAL PD-2 SOL 4.25% DEX	239
<i>dextroamphetamine sulfate tab 2.5 mg</i>	14	DIANEAL SOL LOW CALC	239
<i>dextroamphetamine sulfate tab 20 mg</i>	14	DIATHRIVE MIS UT 30G	222
<i>dextroamphetamine sulfate tab 30 mg</i>	14	<i>diatrizoate meglumine & sodium oral soln 66-10%</i>	182
<i>dextroamphetamine sulfate tab 5 mg</i>	14	DIATRUE PLUS TES STRIPS	178
<i>dextroamphetamine sulfate tab 7.5 mg</i>	14	<i>diazepam conc 5 mg/ml</i>	50
<i>dextrose 10% w/ sodium chloride 0.45%</i>	232	<i>diazepam inj 5 mg/ml</i>	50
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	232	DIAZEPAM INJ 5MG/ML	50
<i>dextrose 5% in lactated ringers</i>	232	<i>diazepam oral soln 1 mg/ml</i>	50
<i>dextrose 5% w/ sodium chloride 0.2%</i> ..	232	<i>diazepam rectal gel delivery system 10 mg</i>	61
<i>dextrose 5% w/ sodium chloride 0.225%</i>	232	<i>diazepam rectal gel delivery system 2.5 mg</i>	61
<i>dextrose 5% w/ sodium chloride 0.3%</i> ..	232	<i>diazepam rectal gel delivery system 20 mg</i>	61
<i>dextrose 5% w/ sodium chloride 0.33%</i> ..	232	<i>diazepam tab 10 mg</i>	51
<i>dextrose 5% w/ sodium chloride 0.45%</i> ..	232	<i>diazepam tab 2 mg</i>	50
<i>dextrose 5% w/ sodium chloride 0.9%</i> ..	232	<i>diazepam tab 5 mg</i>	50
<i>dextrose inj 10%</i>	251	<i>diazoxide susp 50 mg/ml</i>	77
DEXTROSE INJ 20%	251	DIBENZYLINE CAP 10MG	93
<i>dextrose inj 25%</i>	251	DICLEGIS TAB 10-10MG	84
DEXTROSE INJ 25%	251	<i>diclofenac epolamine patch 1.3%</i>	163
DEXTROSE INJ 30%	251	<i>diclofenac potassium (migraine) packet 50 mg</i>	230
DEXTROSE INJ 40%	251	<i>diclofenac potassium tab 25 mg</i>	26
<i>dextrose inj 5%</i>	251	<i>diclofenac potassium tab 50 mg</i>	26
<i>dextrose inj 50%</i>	251	<i>diclofenac sodium (actinic keratoses) gel 3%</i>	165
DEXTROSE INJ 50%	251	<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	163
		<i>diclofenac sodium ophth soln 0.1%</i>	258
		<i>diclofenac sodium soln 1.5%</i>	163

<i>diclofenac sodium soln 2%</i>	163	<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	230
<i>diclofenac sodium tab delayed release 25 mg</i>	26	DILANTIN CAP 100MG	67
<i>diclofenac sodium tab delayed release 50 mg</i>	27	DILANTIN CAP 30MG	67
<i>diclofenac sodium tab delayed release 75 mg</i>	27	DILANTIN CHW 50MG	67
<i>diclofenac sodium tab er 24hr 100 mg</i>	27	DILANTIN-125 SUS 125/5ML	67
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	27	DILAUDID INJ 0.2MG/ML	33
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	27	DILAUDID INJ 1MG/ML	33
DICLOFONO GEL 1.6%	163	DILAUDID INJ 2MG/ML	33
<i>dicloxacillin sodium cap 250 mg</i>	264	DILAUDID LIQ 1MG/ML	33
<i>dicloxacillin sodium cap 500 mg</i>	264	DILAUDID TAB 2MG	33
<i>dicyclomine hcl cap 10 mg</i>	280	DILAUDID TAB 4MG	33
<i>dicyclomine hcl inj 10 mg/ml</i>	280	DILAUDID TAB 8MG	33
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	280	<i>diltiazem hcl cap er 12hr 120 mg</i>	139
<i>dicyclomine hcl tab 20 mg</i>	280	<i>diltiazem hcl cap er 12hr 60 mg</i>	139
<i>diethylpropion hcl tab 25 mg</i>	16	<i>diltiazem hcl cap er 12hr 90 mg</i>	139
<i>diethylpropion hcl tab er 24hr 75 mg</i>	16	<i>diltiazem hcl cap er 24hr 120 mg</i>	139
DIFFERIN CRE 0.1%	161	<i>diltiazem hcl cap er 24hr 180 mg</i>	139
DIFFERIN GEL 0.3%	161	<i>diltiazem hcl cap er 24hr 240 mg</i>	139
DIFFERIN LOT 0.1%	161	<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	139
DIFICID SUS	219	<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	139
DIFICID TAB 200MG	219	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	139
<i>diflorasone diacetate cream 0.05%</i>	169	<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	139
<i>diflorasone diacetate oint 0.05%</i>	169	<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	139
DIFLUCAN SUS 40MG/ML	86	<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	139
DIFLUCAN TAB 100MG	86	<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	139
DIFLUCAN TAB 200MG	86	<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	139
DIFLUCAN TAB 50MG	86	<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	139
<i>diflunisal tab 500 mg</i>	32	<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	139
<i>difluprednate ophth emulsion 0.05%</i>	256	<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	139
DIGIFAB INJ 40MG	83		
<i>digitek tab 0.125mg</i>	142		
<i>digitek tab 0.25mg</i>	142		
<i>digoxin inj 0.25 mg/ml</i>	142		
<i>digoxin oral soln 0.05 mg/ml</i>	142		
<i>digoxin tab 125 mcg (0.125 mg)</i>	142		
<i>digoxin tab 250 mcg (0.25 mg)</i>	142		
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	142		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	230		

<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	DIPRIVAN INJ 200/20ML.....	199
.....	DIPRIVAN INJ 500/50ML	199
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	DIPROLENE OIN 0.05%.....	169
.....	<i>dipyridamole tab 25 mg</i>	207
<i>diltiazem hcl tab 120 mg</i>	<i>dipyridamole tab 50 mg</i>	207
139	<i>dipyridamole tab 75 mg</i>	207
<i>diltiazem hcl tab 30 mg</i>	<i>disopyramide phosphate cap 100 mg</i>	51
139	<i>disopyramide phosphate cap 150 mg</i>	51
<i>diltiazem hcl tab 60 mg</i>	<i>disulfiram tab 250 mg</i>	264
139	<i>disulfiram tab 500 mg</i>	265
<i>diltiazem hcl tab 90 mg</i>	DITROPAN XL TAB 10MG.....	284
139	DITROPAN XL TAB 5MG.....	284
<i>diltiazem hcl tab er 24hr 180 mg</i>	DIURIL SUS 250/5ML.....	184
139	<i>divalproex sodium cap delayed release</i>	
<i>diltiazem hcl tab er 24hr 240 mg</i>	<i>sprinkle 125 mg</i>	68
139	<i>divalproex sodium tab delayed release 125</i>	
<i>diltiazem hcl tab er 24hr 300 mg</i>	<i>mg</i>	68
140	<i>divalproex sodium tab delayed release 250</i>	
<i>diltiazem hcl tab er 24hr 360 mg</i>	<i>mg</i>	68
140	<i>divalproex sodium tab delayed release 500</i>	
<i>diltiazem hcl tab er 24hr 420 mg</i>	<i>mg</i>	68
140	<i>divalproex sodium tab er 24 hr 250 mg</i>	68
DILTIAZEM INJ 100MG.....	<i>divalproex sodium tab er 24 hr 500 mg</i>	68
<i>dilt-xr cap 120mg</i>	DIVIGEL GEL 0.25MG.....	193
139	DIVIGEL GEL 0.5MG.....	193
<i>dilt-xr cap 180mg</i>	DIVIGEL GEL 0.75MG.....	193
139	DIVIGEL GEL 1.25MG.....	193
<i>dilt-xr cap 240mg</i>	DIVIGEL GEL 1MG/GM	193
139	<i>dobutamine hcl inj 12.5 mg/ml</i>	142
DIMENHYDRIN INJ 50MG/ML.....	<i>docetaxel for inj conc 160 mg/8ml (20</i>	
84	<i>mg/ml)</i>	118
<i>dimethyl fumarate capsule delayed release</i>	<i>docetaxel for inj conc 20 mg/ml</i>	118
<i>120 mg</i>	<i>docetaxel for inj conc 80 mg/4ml (20</i>	
267	<i>mg/ml)</i>	118
<i>dimethyl fumarate capsule delayed release</i>	DOCETAXEL INJ 160/16ML.....	118
<i>240 mg</i>	DOCETAXEL INJ 160/8ML	118
267	DOCETAXEL INJ 20MG/2ML.....	118
<i>dimethyl fumarate capsule dr starter pack</i>	DOCETAXEL INJ 20MG/ML.....	118
<i>120 mg & 240 mg</i>	DOCETAXEL INJ 80MG/4ML	118
267	DOCETAXEL INJ 80MG/8ML	118
DIOVAN HCT TAB 160-12.5.....	<i>docetaxel soln for iv infusion 160 mg/16ml</i>	
96	.....	118
DIOVAN HCT TAB 160-25MG.....	<i>docetaxel soln for iv infusion 20 mg/2ml</i>	118
96	<i>docetaxel soln for iv infusion 80 mg/8ml</i>	118
DIOVAN HCT TAB 320-12.5		
96		
DIOVAN HCT TAB 320-25MG		
97		
DIOVAN HCT TAB 80/12.5		
96		
DIOVAN TAB 160MG.....		
94		
DIOVAN TAB 320MG		
94		
DIOVAN TAB 40MG		
93		
DIOVAN TAB 80MG		
94		
DIP/TET PED INJ 25-5LFU		
279		
DIPENTUM CAP 250MG.....		
197		
<i>diphen elx 12.5/5ml</i>		
87		
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i> ..		
87		
<i>diphenhydramine hcl inj 50 mg/ml</i>		
87		
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		
<i>mg/5ml</i>		
82		
<i>diphenoxylate w/ atropine tab 2.5-0.025</i>		
<i>mg</i>		
82		
DIPRIVAN INJ		
199		
DIPRIVAN INJ 100/10ML.....		
199		

<i>dodex inj</i>	209	<i>doxepin hcl cap 150 mg</i>	73
<i>dofetilide cap 125 mcg (0.125 mg)</i>	52	<i>doxepin hcl cap 25 mg</i>	73
<i>dofetilide cap 250 mcg (0.25 mg)</i>	52	<i>doxepin hcl cap 50 mg</i>	73
<i>dofetilide cap 500 mcg (0.5 mg)</i>	52	<i>doxepin hcl cap 75 mg</i>	73
<i>dolishale tab 90-20mcg</i>	149	<i>doxepin hcl conc 10 mg/ml</i>	73
DOLOBID TAB 250MG	32	<i>doxepin hcl cream 5%</i>	165
<i>donepezil hydrochloride orally</i>		<i>doxercalciferol cap 0.5 mcg</i>	189
<i>disintegrating tab 10 mg</i>	265	<i>doxercalciferol cap 1 mcg</i>	189
<i>donepezil hydrochloride orally</i>		<i>doxercalciferol cap 2.5 mcg</i>	189
<i>disintegrating tab 5 mg</i>	265	<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	
<i>donepezil hydrochloride tab 10 mg</i>	265	.....	189
<i>donepezil hydrochloride tab 23 mg</i>	265	DOXIL INJ 20/10ML	110
<i>donepezil hydrochloride tab 5 mg</i>	265	DOXIL INJ 50/25ML	110
<i>dopamine hcl inj 40 mg/ml</i>	142	<i>doxorubicin hcl for inj 10 mg</i>	110
DOPRAM INJ 20MG/ML	16	<i>doxorubicin hcl for inj 50 mg</i>	110
DOPTELET TAB 20MG	209	<i>doxorubicin hcl inj 2 mg/ml</i>	110
DORYX MPC TAB 120MG	274	<i>doxorubicin hcl liposomal susp (for iv</i>	
DORYX TAB 200MG	274	<i>infusion) 2 mg/ml</i>	110
DORYX TAB 50MG	274	DOXORUBICIN INJ 10/5ML	110
DORYX TAB 80MG	274	DOXORUBICIN INJ 10MG/5ML	110
DORZOL/TIMOL SOL 2-0.5%OP	252	DOXORUBICIN INJ 20/10ML	110
<i>dorzolamide hcl ophth soln 2%</i>	258	DOXORUBICIN INJ 200/100	110
<i>dorzolamide hcl-timolol maleate ophth soln</i>		DOXORUBICIN INJ 2MG/ML	110
<i>2-0.5%</i>	252	DOXORUBICIN INJ 50/25ML	110
<i>dorzolamide hcl-timolol maleate pf ophth</i>		<i>doxy 100 inj 100mg</i>	274
<i>soln 2-0.5%</i>	252	<i>doxycycline (rosacea) cap delayed release</i>	
DORZOLAMIDE SOL 2%	258	<i>40 mg</i>	174
<i>dotti dis 0.025mg</i>	193	<i>doxycycline hyclate cap 100 mg</i>	274
<i>dotti dis 0.0375mg</i>	193	<i>doxycycline hyclate cap 50 mg</i>	274
<i>dotti dis 0.05mg</i>	193	<i>doxycycline hyclate for inj 100 mg</i>	274
<i>dotti dis 0.075mg</i>	193	<i>doxycycline hyclate tab 100 mg</i>	274
<i>dotti dis 0.1mg</i>	193	<i>doxycycline hyclate tab 150 mg</i>	274
DOVATO TAB 50-300MG	130	<i>doxycycline hyclate tab 20 mg</i>	274
DOVONEX CRE 0.005%	166	<i>doxycycline hyclate tab 50 mg</i>	274
<i>doxazosin mesylate tab 1 mg</i>	94	<i>doxycycline hyclate tab 75 mg</i>	274
<i>doxazosin mesylate tab 2 mg</i>	94	<i>doxycycline hyclate tab delayed release</i>	
<i>doxazosin mesylate tab 4 mg</i>	94	<i>100 mg</i>	274
<i>doxazosin mesylate tab 8 mg</i>	95	<i>doxycycline hyclate tab delayed release</i>	
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>		<i>150 mg</i>	274
.....	213	<i>doxycycline hyclate tab delayed release</i>	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>		<i>200 mg</i>	274
.....	213	<i>doxycycline hyclate tab delayed release 50</i>	
<i>doxepin hcl cap 10 mg</i>	73	<i>mg</i>	274
<i>doxepin hcl cap 100 mg</i>	73		

<i>doxycycline hyclate tab delayed release 75 mg</i>	274	DUET DHA 400 MIS 25-1-400	244
<i>doxycycline hyclate tab delayed release 80 mg</i>	274	DUET DHA MIS BALANCED	244
<i>doxycycline monohydrate cap 100 mg</i> ..	274	DUETACT TAB 30-2MG	75
<i>doxycycline monohydrate cap 150 mg</i> ..	274	DUETACT TAB 30-4MG	75
<i>doxycycline monohydrate cap 50 mg</i>	274	DUEXIS TAB 800-26.6	27
<i>doxycycline monohydrate cap 75 mg</i>	274	DULERA AER 100-5MCG	56
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	274	DULERA AER 200-5MCG	56
<i>doxycycline monohydrate tab 100 mg</i> ...	274	DULERA AER 50-5MCG.....	56
<i>doxycycline monohydrate tab 150 mg</i> ...	274	<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	72
<i>doxycycline monohydrate tab 50 mg</i>	274	<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	72
<i>doxycycline monohydrate tab 75 mg</i>	274	<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	72
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	84	<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	72
DRISDOL CAP 50000UNT	289	DUOBRII LOT	169
DRIZALMA CAP 20MG DR	72	DUO-CARE TES.....	178
DRIZALMA CAP 30MG DR	72	DUOPA SUS 4.63-20	120
DRIZALMA CAP 40MG DR.....	72	DUPIXENT INJ 200/1.14.....	171
DRIZALMA CAP 60MG DR.....	72	DUPIXENT INJ 200MG	171
<i>dronabinol cap 10 mg</i>	84	DUPIXENT INJ 300/2ML	171
<i>dronabinol cap 2.5 mg</i>	84	DURACLON INJ	31
<i>dronabinol cap 5 mg</i>	84	DURAFIBER AG PAD 4	176
<i>droperidol inj 2.5 mg/ml</i>	49	<i>duramorph inj 0.5mg/ml</i>	33
DROPLET LANC MIS 30G	222	<i>duramorph inj 1mg/ml</i>	33
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	150	DUREX MIS REALFEEL.....	219
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	150	DUREX MIS TROPICAL	219
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	149	DUREZOL EMU 0.05%	256
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	150	DURLAZA CAP 162.5MG.....	208
DROXIA CAP 200MG	208	DUROLANE INJ 60MG/3ML	248
DROXIA CAP 300MG.....	208	<i>dutasteride cap 0.5 mg</i>	201
DROXIA CAP 400MG.....	208	.....	201
<i>droxidopa cap 100 mg</i>	288	DUTOPROL TAB 100-12.5.....	97
<i>droxidopa cap 200 mg</i>	288	DUTOPROL TAB 25-12.5.....	97
<i>droxidopa cap 300 mg</i>	288	DUTOPROL TAB 50-12.5	97
DRYSOL SOL 20%.....	174	DW5-NACL INJ 0.225%	232
DSUVIA SUB 30MCG	33	DYANAVEL XR SUS 2.5MG/ML	14
DUAKLIR AER 400/12	56	DYANAVEL XR TAB 10MG.....	14
DUAVEE TAB 0.45-20.....	192	DYANAVEL XR TAB 15MG.....	14
		DYANAVEL XR TAB 20MG	14
		DYANAVEL XR TAB 5MG	14
		DYMISTA SPR 137-50	248

DYRENIUM CAP 100MG.....	184	EDECIN TAB 25MG.....	183
DYRENIUM CAP 50MG.....	184	EDETATE DISO INJ 150MG/ML.....	236
DYSPORT INJ 300UNIT.....	250	EDLUAR SUB 10MG.....	213
DYSPORT INJ 500UNIT.....	250	EDLUAR SUB 5MG.....	213
E		<i>ed-spaz tab 0.125mg</i>	280
<i>e.e.s. 400 tab 400mg</i>	218	EDURANT TAB 25MG.....	130
E.E.S. GRAN SUS 200/5ML.....	219	<i>efavirenz tab 600 mg</i>	130
EASY COMFORT MIS 30G.....	222	<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	130
EASY COMFORT MIS LANC/30G.....	222	<i>efavirenz-lamivudine-tenofovir df tab 400-</i> <i>300-300 mg</i>	130
EASY PLUS II TES BLD GLUC.....	178	<i>efavirenz-lamivudine-tenofovir df tab 600-</i> <i>300-300 mg</i>	130
EASY PLUS TES BLD GLUC.....	178	EFFER-K TAB 10MEQ.....	234
EASY STEP TES.....	178	EFFER-K TAB 20MEQ.....	234
EASY TALK TES BLD GLUC.....	178	<i>effe-k tab 25meq ef</i>	234
EASY TOUCH MIS LANC/21G.....	222	EFFEXOR XR CAP 150MG.....	72
EASY TOUCH MIS LANC/23G.....	222	EFFEXOR XR CAP 37.5MG.....	72
EASY TOUCH MIS LANC/26G.....	222	EFFEXOR XR CAP 75MG.....	72
EASY TOUCH MIS LANC/28G.....	222	EFFIENT TAB 10MG.....	208
EASY TOUCH MIS LANC/30G.....	222	EFFIENT TAB 5MG.....	208
EASY TOUCH MIS LANC/32G.....	222	EFUDEX CRE 5%.....	165
EASY TOUCH MIS LANC/33G.....	222	EGRIFTA SV INJ 2MG.....	186
EASY TOUCH TES GLUCOSE.....	178	ELAHERE INJ 5MG/ML.....	106
EASY TOUCH TES STRIPS.....	178	ELAPRASE INJ 6MG/3ML.....	189
EASY TRAK TES BLD GLUC.....	178	ELCYS INJ 50MG/ML.....	252
EASYGLUCO TES.....	179	ELELYSO INJ 200UNIT.....	208
EASYGLUCO TES PLUS.....	179	ELEMENT TES.....	179
EASYMAX 15 TES.....	179	ELEMNT COMPA TES STRIPS.....	179
EASYMAX TES.....	179	ELEPSIA XR TAB 1000MG.....	62
EASYPLUS TES BLD GLUC.....	179	ELEPSIA XR TAB 1500MG.....	62
EASYPRO PLUS TES.....	179	ELESTRIN GEL 0.06%.....	193
EASYPRO TES BLD GLUC.....	179	<i>eletriptan hydrobromide tab 20 mg (base</i> <i>equivalent)</i>	230
EC-NAPROSYN TAB 375MG.....	27	<i>eletriptan hydrobromide tab 40 mg (base</i> <i>equivalent)</i>	230
EC-NAPROSYN TAB 500MG.....	27	ELFABRIO SOL 20/10ML.....	189
<i>ec-naproxen tab 375mg</i>	27	ELFABRIO SOL 5MG/2.5.....	189
<i>ec-naproxen tab 500mg</i>	27	ELIDEL CRE 1%.....	172
<i>econazole nitrate cream 1%</i>	164	ELIGARD INJ 22.5MG.....	108
<i>econtra ez tab 1.5mg</i>	154	ELIGARD INJ 30MG.....	108
<i>econtra os tab 1.5mg</i>	154	ELIGARD INJ 45MG.....	108
<i>ecotrin low tab 81mg ec</i>	32	ELIGARD INJ 7.5MG.....	108
ECOZA AER 1%.....	164	ELIMITE CRE 5%.....	175
<i>edaravone inj 30 mg/100ml (0.3 mg/ml)</i>	249		
EDARBI TAB 40MG.....	94		
EDARBI TAB 80MG.....	94		
EDARBYCLOR TAB 40-12.5.....	97		
EDARBYCLOR TAB 40-25MG.....	97		

<i>elinest tab</i>	150	EMPLICITI INJ 300MG.....	106
ELIQUIS ST P TAB 5MG	58	EMPLICITI INJ 400MG.....	106
ELIQUIS TAB 2.5MG	58	EMSAM DIS 12MG/24H	69
ELIQUIS TAB 5MG	58	EMSAM DIS 6MG/24HR	69
ELITEK INJ 1.5MG.....	117	EMSAM DIS 9MG/24HR	69
ELITEK INJ 7.5MG	117	<i>emtricitabine caps 200 mg</i>	130
<i>elite-ob tab</i>	244	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>elixophyllin elx 80/15ml</i>	57	<i>tab 100-150 mg</i>	130
ELLA TAB 30MG.....	154	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
ELLEENCE INJ 2MG/ML.....	110	<i>tab 133-200 mg</i>	130
ELLIOTTS B INJ	232	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
ELMIRON CAP 100MG.....	201	<i>tab 167-250 mg</i>	130
ELOCTATE INJ 1000UNIT	203	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
ELOCTATE INJ 1500UNIT	203	<i>tab 200-300 mg</i>	130
ELOCTATE INJ 2000UNIT.....	203	EMTRIVA CAP 200MG.....	130
ELOCTATE INJ 250UNIT	203	EMTRIVA SOL 10MG/ML.....	130
ELOCTATE INJ 3000UNIT	203	EMULSION SB EMU	173
ELOCTATE INJ 4000UNIT	203	EMVERM CHW 100MG	44
ELOCTATE INJ 5000UNIT	203	<i>emzahh tab 0.35mg</i>	155
ELOCTATE INJ 500UNIT	203	ENABLEX TAB 15MG	284
ELOCTATE INJ 6000UNIT	203	ENABLEX TAB 7.5MG	284
ELOCTATE INJ 750UNIT	203	<i>enalapril maleate & hydrochlorothiazide tab</i>	
ELREXFIO INJ 44/1.1ML.....	106	<i>10-25 mg</i>	97
ELREXFIO INJ 76/1.9ML.....	106	<i>enalapril maleate & hydrochlorothiazide tab</i>	
<i>eluryng mis</i>	154	<i>5-12.5 mg</i>	97
ELZONRIS SOL 1000MCG	116	<i>enalapril maleate oral soln 1 mg/ml</i>	92
EMBRACE EVO TES.....	179	<i>enalapril maleate tab 10 mg</i>	92
EMBRACE LANC MIS 21G	222	<i>enalapril maleate tab 2.5 mg</i>	92
EMBRACE LANC MIS 28G.....	222	<i>enalapril maleate tab 20 mg</i>	92
EMBRACE LANC MIS THIN 30G	222	<i>enalapril maleate tab 5 mg</i>	92
EMBRACE PRO TES	179	<i>enalaprilat iv soln 1.25 mg/ml</i>	92
EMBRACE TES BLD GLUC.....	179	ENBRACE HR CAP	244
EMEND CAP 80MG	85	ENBREL INJ 25/0.5ML.....	30
EMEND SOL 150MG	85	ENBREL INJ 25MG	30
EMEND SUS 125MG	85	ENBREL INJ 50MG/ML.....	30
EMEND TRIPAC PAK 80 & 125	85	ENBREL MINI INJ 50MG/ML	30
EMFLAZA SUS 22.75/ML.....	156	ENBREL SRCLK INJ 50MG/ML	30
EMFLAZA TAB 18MG	156	ENCARE SUP 100MG	287
EMFLAZA TAB 30MG.....	156	ENDARI POW 5GM	209
EMFLAZA TAB 36MG.....	156	ENDO DERMAL MIS 5X5 CM	176
EMFLAZA TAB 6MG.....	156	<i>endocet tab 10-325mg</i>	39
EMGALITY INJ 100MG/ML	229	<i>endocet tab 2.5-325</i>	39
EMGALITY INJ 120MG/ML	229	<i>endocet tab 5-325mg</i>	39
EMPAVELI INJ 1080MG.....	206	<i>endocet tab 7.5-325</i>	39

ENDOMETRIN SUP 100MG	287	EPCLUSA PAK 150-37.5	133
ENGERIX-B INJ 10/0.5ML	285	EPCLUSA PAK 200-50MG	133
ENGERIX-B INJ 20MCG/ML	285	EPCLUSA TAB 200-50MG	133
ENHERTU INJ 100MG	106	EPCLUSA TAB 400-100	133
ENJAYMO SOL	206	EPHEDRI/NACL SOL 15MG/3ML	288
ENLITE GLUCO MIS SENSOR	223	EPHEDRINE SU INJ 50MG/ML	288
<i>enoxaparin sodium inj 300 mg/3ml</i>	58	<i>ephedrine sulfate iv soln 50 mg/ml</i>	288
<i>enoxaparin sodium inj soln pref syr 100</i> <i>mg/ml</i>	59	EPICERAM EMU	173
<i>enoxaparin sodium inj soln pref syr 120</i> <i>mg/0.8ml</i>	59	EPIDIOLEX SOL 100MG/ML	62
<i>enoxaparin sodium inj soln pref syr 150</i> <i>mg/ml</i>	59	EPIDUO FORTE GEL 0.3-2.5%	161
<i>enoxaparin sodium inj soln pref syr 30</i> <i>mg/0.3ml</i>	58	EPIDUO GEL 0.1-2.5%	161
<i>enoxaparin sodium inj soln pref syr 40</i> <i>mg/0.4ml</i>	59	EPIFOAM AER 1%	169
<i>enoxaparin sodium inj soln pref syr 60</i> <i>mg/0.6ml</i>	59	<i>epinastine hcl ophth soln 0.05%</i>	258
<i>enoxaparin sodium inj soln pref syr 80</i> <i>mg/0.8ml</i>	59	EPINEPH/NACL SOL 2/250ML	288
<i>enpresse-28 tab</i>	150	EPINEPHR/D5W INJ 100/10ML.....	288
<i>enskyce tab</i>	150	EPINEPHR/D5W SOL 2/250-5%.....	288
ENSPRYNG INJ.....	238	<i>epinephrine hcl nasal soln 0.1%</i>	249
ENSTILAR AER.....	169	EPINEPHRINE INJ 0.1MG/10.....	288
<i>entacapone tab 200 mg</i>	119	EPINEPHRINE INJ 0.1MG/ML	288
ENTADFI CAP 5-5MG	201	EPINEPHRINE INJ 0.2MG.....	288
<i>entecavir tab 0.5 mg</i>	133	EPINEPHRINE INJ 1MG/10ML.....	288
<i>entecavir tab 1 mg</i>	133	EPINEPHRINE INJ 1MG/ML	288
ENTEREG CAP 12MG	198	<i>epinephrine inj 30 mg/30ml (1 mg/ml)</i> <i>(1:1000)</i>	288
ENTRESTO CAP 15-16MG	144	EPINEPHRINE INJ 5MG/5ML	288
ENTRESTO CAP 6-6MG	143	EPINEPHRINE SOL 30/30ML.....	288
ENTRESTO TAB 24-26MG	144	<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.15ml (1:1000)</i>	288
ENTRESTO TAB 49-51MG	144	<i>epinephrine solution auto-injector 0.3</i> <i>mg/0.3ml (1:1000)</i>	288
ENTRESTO TAB 97-103MG.....	144	EPIPEN 2-PAK INJ 0.3MG.....	288
ENTTY EMU SPRAY.....	173	EPIPEN-JR INJ 0.15MG.....	288
ENTYVIO INJ 300MG.....	197	EPISIL LIQ	241
ENTYVIO PEN INJ 108/0.68	197	<i>epitol tab 200mg</i>	62
<i>enulose sol 10gm/15</i>	198	EPIVIR HBV SOL 5MG/ML.....	133
ENVARBUS XR TAB 0.75MG.....	238	EPIVIR HBV TAB 100MG	133
ENVARBUS XR TAB 1MG	238	EPIVIR SOL 10MG/ML.....	130
ENVARBUS XR TAB 4MG	238	EPIVIR TAB 150MG	130
EOHILIA SUS 2MG/10ML.....	156	EPIVIR TAB 300MG	130
EPANED SOL 1MG/ML.....	92	<i>eplerenone tab 25 mg</i>	99
		<i>eplerenone tab 50 mg</i>	99
		EPOGEN INJ 10000/ML	209
		EPOGEN INJ 2000/ML	209
		EPOGEN INJ 20000/ML.....	210

EPOGEN INJ 3000/ML.....	209	<i>eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)</i>	
EPOGEN INJ 4000/ML.....	209	.....	118
<i>epoprostenol sodium for inj 0.5 mg</i>	144	ERIVEDGE CAP 150MG.....	108
<i>epoprostenol sodium for inj 1.5 mg</i>	144	ERLEADA TAB 240MG.....	108
EPSOLAY CRE 5%.....	161	ERLEADA TAB 60MG.....	108
<i>eptifibatide iv soln 20 mg/10ml (2 mg/ml)</i>		<i>erlotinib hcl tab 100 mg (base equivalent)</i>	
.....	208	.....	108
<i>eptifibatide iv soln 200 mg/100ml (2</i>		<i>erlotinib hcl tab 150 mg (base equivalent)</i>	
<i>mg/ml)</i>	208	.....	108
<i>eptifibatide iv soln 75 mg/100ml (0.75</i>		<i>erlotinib hcl tab 25 mg (base equivalent)</i>	108
<i>mg/ml)</i>	208	<i>errin tab 0.35mg</i>	155
<i>eq aspirin chw 81mg</i>	32	ERTACZO CRE 2%.....	164
<i>eq nicotine dis 14mg/24h</i>	270	<i>ertapenem sodium for inj 1 gm (base</i>	
<i>eq nicotine dis 21mg/24h</i>	270	<i>equivalent)</i>	45
<i>eq nicotine dis 7mg/24hr</i>	270	ERVEBO INJ.....	285
<i>eq nicotine gum 2mg cinn</i>	270	<i>ery pad 2%</i>	161
<i>eq nicotine gum 2mg mint</i>	270	ERYGEL GEL 2%.....	161
<i>eq nicotine gum 2mgfruit</i>	270	ERYPED SUS 200/5ML.....	219
<i>eq nicotine gum 4mg cinn</i>	270	ERYPED SUS 400/5ML.....	219
<i>eq nicotine gum 4mg mint</i>	270	<i>ery-tab tab 250mg ec</i>	219
<i>eq nicotine gum 4mg orig</i>	270	<i>ery-tab tab 333mg ec</i>	219
<i>eq nicotine gum 4mgfruit</i>	270	<i>ery-tab tab 500mg ec</i>	219
<i>eq nicotine loz 2mg cinn</i>	270	<i>erythrocin inj 500mg</i>	219
<i>eq nicotine loz 2mg mint</i>	270	ERYTHROCIN INJ 500MG.....	219
<i>eq nicotine loz 4mg cinn</i>	270	<i>erythromycin ethylsuccinate for susp 200</i>	
<i>eq nicotine loz 4mg mint</i>	270	<i>mg/5ml</i>	219
<i>eql aspirin chw 81mg</i>	32	<i>erythromycin ethylsuccinate for susp 400</i>	
EQL LANCETS MIS 21G COLR.....	223	<i>mg/5ml</i>	219
EQL LANCETS MIS 33G COLR.....	223	<i>erythromycin ethylsuccinate tab 400 mg</i>	
EQL LANCETS MIS THIN 26G.....	223	.....	219
EQL LANCETS MIS THIN 30G.....	223	<i>erythromycin gel 2%</i>	162
EQL TRUETEST TES BLD GLUC.....	179	<i>erythromycin lactobionate for inj 500 mg</i>	
EQUETRO CAP 100MG.....	122	.....	219
EQUETRO CAP 200MG.....	122	ERYTHROMYCIN OIN 5MG/GM.....	254
EQUETRO CAP 300MG.....	122	<i>erythromycin ophth oint 5 mg/gm</i>	254
ERAXIS INJ 100MG.....	85	<i>erythromycin soln 2%</i>	162
ERAXIS INJ 50MG.....	85	<i>erythromycin tab 250 mg</i>	219
ERBITUX INJ 100MG.....	108	<i>erythromycin tab 500 mg</i>	219
ERBITUX INJ 200MG.....	108	<i>erythromycin tab delayed release 250 mg</i>	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	289	.....	219
<i>ergoloid mesylates tab 1 mg</i>	269	<i>erythromycin tab delayed release 333 mg</i>	
ERGOMAR SUB 2MG.....	230	.....	219
<i>ergotamine w/ caffeine tab 1-100 mg</i>	230	<i>erythromycin tab delayed release 500 mg</i>	
		.....	219

<i>erythromycin w/ delayed release particles</i>		ESPEROCT INJ 500UNIT	203
<i>cap 250 mg</i>	219	<i>estarylla tab 0.25-35</i>	150
ERZOFRI INJ 117/0.75	123	<i>estazolam tab 1 mg</i>	213
ERZOFRI INJ 156MG/ML	123	<i>estazolam tab 2 mg</i>	213
ERZOFRI INJ 234/1.5	123	ESTRACE TAB 0.5MG	193
ERZOFRI INJ 39/0.25	123	ESTRACE TAB 1MG	193
ERZOFRI INJ 78/0.5ML	123	ESTRACE TAB 2MG	193
ESBRIET CAP 267MG	273	ESTRACE VAG CRE 0.01%	287
ESBRIET TAB 267MG	273	<i>estradiol & norethindrone acetate tab 0.5-</i>	
ESBRIET TAB 801MG	273	<i>0.1 mg</i>	192
<i>escitalopram oxalate soln 5 mg/5ml (base</i>		<i>estradiol & norethindrone acetate tab 1-0.5</i>	
<i>equiv)</i>	70	<i>mg</i>	192
<i>escitalopram oxalate tab 10 mg (base</i>		<i>estradiol gel 0.06% (0.75 mg/1.25 gm</i>	
<i>equiv)</i>	70	<i>metered-dose pump)</i>	194
<i>escitalopram oxalate tab 20 mg (base</i>		<i>estradiol tab 0.5 mg</i>	194
<i>equiv)</i>	70	<i>estradiol tab 1 mg</i>	194
<i>escitalopram oxalate tab 5 mg (base equiv)</i>		<i>estradiol tab 2 mg</i>	194
.....	70	<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	194
<i>esgic cap</i>	31	<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	194
ESGIC TAB	31	<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	194
ESKATA SOL 40%	167	<i>estradiol td gel 1 mg/gm (0.1%)</i>	194
<i>esmolol hcl inj 100 mg/10ml</i>	136	<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i> ..	194
ESMOLOL HCL SOL 2000/100	136	<i>estradiol td patch twice weekly 0.025</i>	
ESMOLOL HCL SOL 2500/250	136	<i>mg/24hr</i>	194
<i>esmolol hcl-sodium chloride iv soln 2000</i>		<i>estradiol td patch twice weekly 0.0375</i>	
<i>mg/100ml</i>	136	<i>mg/24hr</i>	194
<i>esmolol hcl-sodium chloride iv soln 2500</i>		<i>estradiol td patch twice weekly 0.05</i>	
<i>mg/250ml</i>	136	<i>mg/24hr</i>	194
<i>esomeprazole magnesium cap delayed</i>		<i>estradiol td patch twice weekly 0.075</i>	
<i>release 20 mg (base eq)</i>	282	<i>mg/24hr</i>	194
<i>esomeprazole magnesium cap delayed</i>		<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	
<i>release 40 mg (base eq)</i>	282	.....	194
<i>esomeprazole magnesium for delayed</i>		<i>estradiol td patch weekly 0.025 mg/24hr</i>	
<i>release susp packet 10 mg</i>	282	.....	194
<i>esomeprazole magnesium for delayed</i>		<i>estradiol td patch weekly 0.0375 mg/24hr</i>	
<i>release susp packet 20 mg</i>	282	<i>(37.5 mcg/24hr)</i>	194
<i>esomeprazole magnesium for delayed</i>		<i>estradiol td patch weekly 0.05 mg/24hr</i>	194
<i>release susp packet 40 mg</i>	282	<i>estradiol td patch weekly 0.06 mg/24hr</i>	194
<i>esomeprazole sodium for intravenous soln</i>		<i>estradiol td patch weekly 0.075 mg/24hr</i>	
<i>40 mg (base equiv)</i>	282	.....	194
ESPEROCT INJ 1000UNIT	203	<i>estradiol td patch weekly 0.1 mg/24hr</i> ...	194
ESPEROCT INJ 1500UNIT	204	<i>estradiol vaginal cream 0.1 mg/gm</i>	287
ESPEROCT INJ 2000UNIT	204	<i>estradiol vaginal tab 10 mcg</i>	287
ESPEROCT INJ 3000UNIT	204	<i>estradiol valerate im in oil 20 mg/ml</i>	194

<i>estradiol valerate im in oil 40 mg/ml</i>	194	<i>euthyrox tab 112mcg</i>	276
ESTRING MIS 2MG	287	<i>euthyrox tab 125mcg</i>	276
ESTROGEL GEL 0.06%	194	<i>euthyrox tab 137mcg</i>	276
<i>eszopiclone tab 1 mg</i>	213	<i>euthyrox tab 150mcg</i>	276
<i>eszopiclone tab 2 mg</i>	213	<i>euthyrox tab 175mcg</i>	276
<i>eszopiclone tab 3 mg</i>	213	<i>euthyrox tab 200mcg</i>	276
<i>ethacrynate sodium for inj 50 mg</i>	183	<i>euthyrox tab 25mcg</i>	276
<i>ethacrynic acid tab 25 mg</i>	183	<i>euthyrox tab 50mcg</i>	276
<i>ethambutol hcl tab 100 mg</i>	101	<i>euthyrox tab 75mcg</i>	276
<i>ethambutol hcl tab 400 mg</i>	101	<i>euthyrox tab 88mcg</i>	276
ETHAMOLIN INJ 5%	240	EVAMIST SPR 1.53MG.....	194
<i>ethosuximide cap 250 mg</i>	68	EVEKEO ODT TAB 10MG	14
<i>ethosuximide soln 250 mg/5ml</i>	68	EVEKEO ODT TAB 15MG.....	14
ETHYL CHLOR AER FINE PIN	172	EVEKEO ODT TAB 20MG.....	14
ETHYL CHLOR AER FN STRM	172	EVEKEO ODT TAB 5MG	14
ETHYL CHLOR AER MED JET	172	EVEKEO TAB 10MG	14
ETHYL CHLOR AER MED STRM.....	172	EVEKEO TAB 5MG	14
ETHYL CHLOR AER MIST	172	EVENCARE + TES BLD GLUC	179
<i>ethyl chloride aerosol spray</i>	172	EVENCARE G2 TES.....	179
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-35 mcg</i>	150	EVENCARE G3 TES.....	179
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-50 mcg</i>	150	EVENCARE TES BLD GLUC	179
<i>etodolac cap 200 mg</i>	27	EVENCARE TES MINI	179
<i>etodolac cap 300 mg</i>	27	EVENTITY INJ 105MG	185
<i>etodolac tab 400 mg</i>	27	<i>everolimus tab 0.25 mg</i>	238
<i>etodolac tab 500 mg</i>	27	<i>everolimus tab 0.5 mg</i>	238
<i>etodolac tab er 24hr 400 mg</i>	27	<i>everolimus tab 0.75 mg</i>	238
<i>etodolac tab er 24hr 500 mg</i>	27	<i>everolimus tab 1 mg</i>	238
<i>etodolac tab er 24hr 600 mg</i>	27	<i>everolimus tab 10 mg</i>	112
<i>etomidate iv soln 2 mg/ml</i>	199	<i>everolimus tab 2.5 mg</i>	112
<i>etonogestrel-ethinyl estradiol va ring 0.12-</i> <i>0.015 mg/24hr</i>	154	<i>everolimus tab 5 mg</i>	112
ETOPOPHOS INJ 100MG	118	<i>everolimus tab 7.5 mg</i>	112
<i>etoposide cap 50 mg</i>	118	<i>everolimus tab for oral susp 2 mg</i>	112
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	118	<i>everolimus tab for oral susp 3 mg</i>	112
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	118	<i>everolimus tab for oral susp 5 mg</i>	112
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i> ..	118	EVERSENSE MIS SENSOR	223
<i>etravirine tab 100 mg</i>	130	EVERSENSE MIS TRANSMTR	223
<i>etravirine tab 200 mg</i>	130	EVERSENSE365 MIS SENSOR	223
EUA PATIENT MIS ASSESS	239	EVERSENSE365 MIS TRANSMTR	223
EUCRISA OIN 2%.....	174	EVISTA TAB 60MG	188
EUFLEXXA INJ 10MG/ML.....	248	EVKEEZA INJ 1200/8	88
<i>euthyrox tab 100mcg</i>	276	EVKEEZA INJ 345/2.3	88
		EVOCLIN AER 1%.....	162
		EVOLUTION TES AUTOCODE	179
		EVOMELA INJ 50MG	102

EVOTAZ TAB 300-150	130	EZALLOR SPR CAP 40MG.....	90
EVOXAC CAP 30MG	241	EZALLOR SPR CAP 5MG	90
EVRYSDI SOL	250	<i>ezetimibe tab 10 mg</i>	91
EVUSHELD SOL	261	<i>ezetimibe-simvastatin tab 10-10 mg</i>	88
EXACTECH TES	179	<i>ezetimibe-simvastatin tab 10-20 mg</i>	88
EXACTECH TES R-S-G.....	179	<i>ezetimibe-simvastatin tab 10-40 mg</i>	88
EXELDERM CRE 1%.....	164	<i>ezetimibe-simvastatin tab 10-80 mg</i>	88
EXELDERM SOL 1%.....	164	E-ZJECT LANC MIS 33G.....	222
EXELON DIS 13.3/24	265	EZ-LETS 21G MIS LANCETS	223
EXELON DIS 4.6MG/24	265	EZ-LETS 26G MIS LANCETS	223
EXELON DIS 9.5MG/24	265	EZ-LETS 28G MIS LANCETS	223
<i>exemestane tab 25 mg</i>	109	EZ-LETS 30G MIS LANCETS	223
EXFORGE TAB 10-160MG.....	97	F	
EXFORGE TAB 10-320MG	97	<i>fa-8 cap 800mcg</i>	209
EXFORGE TAB 5-160MG	97	FABHALTA CAP 200MG.....	206
EXFORGE TAB 5-320MG.....	97	FABIOR AER 0.1%	162
EXFORGEH/10- TAB 160-12.5.....	97	FABRAZYME INJ 35MG	189
EXFORGEH/10- TAB 160-25	97	FABRAZYME INJ 5MG	189
EXFORGEH/10- TAB 320-25.....	97	<i>falmina tab</i>	150
EXFORGEH/5- TAB 160-12.5	97	<i>famciclovir tab 125 mg</i>	134
EXFORGEH/5- TAB 160-25.....	97	<i>famciclovir tab 250 mg</i>	134
EXJADE TAB 125MG	82	<i>famciclovir tab 500 mg</i>	134
EXJADE TAB 250MG	82	<i>famotidine for susp 40 mg/5ml</i>	281
EXJADE TAB 500MG	82	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	
EXONDYS 51 SOL 100/2ML	250	.....	281
EXONDYS 51 SOL 500/10ML.....	250	<i>famotidine inj 200 mg/20ml</i>	281
EXPAREL INJ 1.3%	217	<i>famotidine inj 40 mg/4ml</i>	281
EXTAVIA INJ 0.3MG.....	267	<i>famotidine preservative free inj 20 mg/2ml</i>	
EXTENCILLINE INJ 1200000	262	.....	281
EXTENCILLINE INJ 2400000	262	<i>famotidine tab 20 mg</i>	281
EXTINA AER 2%.....	164	<i>famotidine tab 40 mg</i>	281
EXTRANEAL SOL.....	240	FANAPT PAK.....	123
EYLEA INJ 2/0.05ML	253	FANAPT TAB 10MG	123
EYSUVIS DRO 0.25%	256	FANAPT TAB 12MG	123
E-Z JECT MIS 21G.....	222	FANAPT TAB 1MG	123
E-Z JECT MIS 21G COLR.....	222	FANAPT TAB 2MG.....	123
E-Z JECT MIS 30G.....	222	FANAPT TAB 4MG.....	123
E-Z JECT MIS 32G COLR.....	222	FANAPT TAB 6MG.....	123
E-Z JECT MIS LANC 21G	222	FANAPT TAB 8MG.....	123
E-Z JECT MIS THIN 26G	222	FANTASY LUBR MIS.....	219
EZ SMART PLS TES BLD GLUC	179	FANTASY LUBR MIS COLORS	219
EZ SMART TES BLD GLUC	179	FANTASY LUBR MIS SPERMICI.....	219
EZALLOR SPR CAP 10MG	90	FANTASY MIS LUBRICAT	219
EZALLOR SPR CAP 20MG.....	90	FARESTON TAB 60MG	109

FARXIGA TAB 10MG.....	80	<i>fenofibrate tab 54 mg.....</i>	89
FARXIGA TAB 5MG.....	80	<i>fenofibric acid tab 35 mg.....</i>	89
FARYDAK CAP 10MG.....	112	FENOGLIDE TAB 120MG.....	89
FARYDAK CAP 15MG.....	112	FENOGLIDE TAB 40MG.....	89
FARYDAK CAP 20MG.....	112	<i>fenoprofen calcium cap 400 mg.....</i>	27
FASENRA INJ 10MG/0.5.....	53	<i>fenoprofen calcium tab 600 mg.....</i>	27
FASENRA INJ 30MG/ML.....	53	FENOPROFEN CAP 200MG.....	27
FASENRA PEN INJ 30MG/ML.....	53	FENSOLVI INJ 45MG.....	188
FASLODEX INJ 250/5ML.....	109	FENT/ROPIVAC INJ 0.4/200.....	39
FASTCLIX MIS LANCETS.....	223	FENT/ROPIVAC INJ NACL.....	39
FC2 FEMALE MIS CONDOM.....	219	FENTANY/NACL INJ 1000MCG.....	33
<i>febuxostat tab 40 mg.....</i>	202	FENTANYL CIT INJ 100MCG.....	33
<i>febuxostat tab 80 mg.....</i>	202	FENTANYL CIT INJ 250MCG.....	33
FEIBA INJ.....	204	FENTANYL CIT INJ 50MCG/ML.....	33
<i>felbamate susp 600 mg/5ml.....</i>	67	FENTANYL CIT INJ BUPIVACA.....	39
<i>felbamate tab 400 mg.....</i>	67	FENTANYL CIT SOL 10MCG/ML.....	33
<i>felbamate tab 600 mg.....</i>	67	<i>fantanyl citrate buccal tab 200 mcg (base</i>	
FELBATOL TAB 400MG.....	67	<i>equiv).....</i>	33
FELBATOL TAB 600MG.....	67	<i>fantanyl citrate buccal tab 400 mcg (base</i>	
<i>felodipine tab er 24hr 10 mg.....</i>	140	<i>equiv).....</i>	33
<i>felodipine tab er 24hr 2.5 mg.....</i>	140	<i>fantanyl citrate buccal tab 600 mcg (base</i>	
<i>felodipine tab er 24hr 5 mg.....</i>	140	<i>equiv).....</i>	33
FEMARA TAB 2.5MG.....	109	<i>fantanyl citrate buccal tab 800 mcg (base</i>	
FEMCAP MIS 22MM.....	219	<i>equiv).....</i>	33
FEMCAP MIS 26MM.....	219	<i>fantanyl citrate lozenge on a handle 1600</i>	
FEMCAP MIS 30MM.....	219	<i>mcg.....</i>	33
FEMLYV TAB 1/0.02MG.....	150	<i>fantanyl citrate lozenge on a handle 200</i>	
FEMRING MIS 0.05/24H.....	287	<i>mcg.....</i>	33
FEMRING MIS 0.1MG/24.....	287	<i>fantanyl citrate lozenge on a handle 400</i>	
<i>femynor tab 0.25-35.....</i>	150	<i>mcg.....</i>	33
<i>fenofibrate cap 150 mg.....</i>	89	<i>fantanyl citrate lozenge on a handle 600</i>	
<i>fenofibrate cap 50 mg.....</i>	89	<i>mcg.....</i>	33
<i>fenofibrate micronized cap 130 mg.....</i>	89	<i>fantanyl citrate lozenge on a handle 800</i>	
<i>fenofibrate micronized cap 134 mg.....</i>	89	<i>mcg.....</i>	33
<i>fenofibrate micronized cap 200 mg.....</i>	89	<i>fantanyl citrate pf soln prefilled syringe 50</i>	
<i>fenofibrate micronized cap 30 mg.....</i>	89	<i>mcg/ml.....</i>	33
<i>fenofibrate micronized cap 43 mg.....</i>	89	<i>fantanyl citrate preservative free (pf) inj 100</i>	
<i>fenofibrate micronized cap 67 mg.....</i>	89	<i>mcg/2ml.....</i>	34
<i>fenofibrate micronized cap 90 mg.....</i>	89	<i>fantanyl citrate preservative free (pf) inj</i>	
<i>fenofibrate tab 120 mg.....</i>	89	<i>1000 mcg/20ml.....</i>	34
<i>fenofibrate tab 145 mg.....</i>	89	<i>fantanyl citrate preservative free (pf) inj 250</i>	
<i>fenofibrate tab 160 mg.....</i>	89	<i>mcg/5ml.....</i>	34
<i>fenofibrate tab 40 mg.....</i>	89	<i>fantanyl citrate preservative free (pf) inj</i>	
<i>fenofibrate tab 48 mg.....</i>	89	<i>2500 mcg/50ml.....</i>	34

<i>fentanyl citrate preservative free (pf) inj 50 mcg/ml</i>	33	<i> fingolimod hcl cap 0.5 mg (base equiv)</i> .	267
<i>fentanyl citrate preservative free (pf) inj 500 mcg/10ml</i>	34	FINTEPLA SOL 2.2MG/ML	62
FENTANYL INJ 50MCG/ML.....	34	<i>finzala chw fe 1/20</i>	150
<i>fentanyl td patch 72hr 100 mcg/hr</i>	34	FIORICET CAP	31
<i>fentanyl td patch 72hr 12 mcg/hr</i>	34	FIORICET CAP CODEINE	39
<i>fentanyl td patch 72hr 25 mcg/hr</i>	34	FIRAZYR INJ 30MG/3ML.....	206
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	34	FIRDAPSE TAB 10MG	100
<i>fentanyl td patch 72hr 50 mcg/hr</i>	34	FIRMAGON INJ 120MG.....	109
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	34	FIRMAGON INJ 80MG	109
<i>fentanyl td patch 72hr 75 mcg/hr</i>	34	FIRST-METRON SUS 100MG/ML	44
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	34	FIRVANQ SOL 25MG/ML	45
FERAHEME INJ 510/17ML.....	211	FIRVANQ SOL 50MG/ML	45
<i>ferotinsic cap</i>	211	<i>flac oil 0.01%</i>	259
FERPRX 2-DAY TAB 1000MG	82	FLAGYL CAP 375MG.....	44
FERRIPROX SOL 100MG/ML	82	FLAREX SUS 0.1% OP	256
FERRIPROX TAB 1000MG	82	<i>flavoxate hcl tab 100 mg</i>	284
FERRIPROX TAB 500MG.....	82	<i>flecainide acetate tab 100 mg</i>	52
FERRLECIT INJ 12.5MG/M	211	<i>flecainide acetate tab 150 mg</i>	52
<i>ferumoxytol inj 510 mg/17ml (30 mg/ml) (elemental fe)</i>	211	<i>flecainide acetate tab 50 mg</i>	52
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	284	FLECTOR DIS 1.3%	163
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	284	FLEQSUVY SUS 25MG/5ML.....	247
FETROJA INJ 1GM.....	148	FLOLAN INJ 0.5MG.....	144
FETZIMA CAP 120MG	72	FLOLAN INJ 1.5MG.....	144
FETZIMA CAP 20MG.....	72	FLOLIPID SUS 20MG/5ML	90
FETZIMA CAP 40MG.....	72	FLOLIPID SUS 40MG/5ML	90
FETZIMA CAP 80MG.....	72	FLOMAX CAP 0.4MG	201
FETZIMA CAP TITRATIO	72	FLORIVA CHW 0.25MG	243
<i>fexmid tab 7.5mg</i>	247	FLORIVA CHW 0.5MG	243
FIASP FLEX INJ TOUCH	78	FLORIVA CHW 1MG.....	243
FIASP INJ 100/ML	78	FLORIVA DRO 0.25MG	233
FIASP PENFIL INJ U-100	78	FLORIVA DRO PLUS	242
FIBRICOR TAB 105MG	89	FLOVENT DISK AER 100MCG	54
FIBRICOR TAB 35MG.....	89	FLOVENT DISK AER 250MCG.....	54
FIBRYGA INJ 1GM.....	204	FLOVENT DISK AER 50MCG.....	54
FIFTY50 GLUC TES 2.0	179	FLOVENT HFA AER 110MCG	54
FIFTY50 SAFE MIS LANCETS	223	FLOVENT HFA AER 220MCG.....	54
FILSUVEZ GEL 10%	176	FLOVENT HFA AER 44MCG	54
FINACEA AER 15%	174	<i>floxuridine for inj 0.5 gm</i>	103
FINACEA GEL 15%.....	174	FLUAD INJ 2024-25	285
<i>finasteride tab 5 mg</i>	201	FLUAD QUADRI INJ 2022-23	285
FINGERSTIX MIS LANCETS	223	FLUARIX INJ 2024-25.....	285
		FLUARIX QUAD INJ 2022-23	285
		FLUBLOK INJ 2024-25.....	285
		FLUBLOK QUAD INJ 2022-23.....	285

FLUCELVAX INJ 2024-25.....	285	fluorescein sodium iv soln 10%	258
FLUCLVX QUAD INJ 2022-23.....	285	fluorescein w/ benoxinate ophth soln 0.25-	
fluconazole for susp 10 mg/ml.....	86	0.4%	258
fluconazole for susp 40 mg/ml.....	86	fluorescein w/ proparacaine ophth soln	
fluconazole in nacl 0.9% inj 200 mg/100ml		0.25-0.5%	258
.....	86	FLUORESCITE INJ 10% OP.....	258
fluconazole in nacl 0.9% inj 400 mg/200ml		FLUOR-I-STRI TES 1MG OP	258
.....	86	fluoritab dro 0.125mg	233
FLUCONAZOLE SOL /NACL	86	fluorometholone ophth susp 0.1%	256
fluconazole tab 100 mg.....	86	fluorouracil cream 0.5%	165
fluconazole tab 150 mg.....	86	fluorouracil cream 5%	165
fluconazole tab 200 mg.....	86	fluorouracil iv soln 1 gm/20ml (50 mg/ml)	
fluconazole tab 50 mg	86	.....	103
flucytosine cap 250 mg	85	fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	
flucytosine cap 500 mg	85	.....	103
fludarabine phosphate for inj 50 mg.....	103	fluorouracil iv soln 5 gm/100ml (50 mg/ml)	
fludarabine phosphate inj 25 mg/ml.....	103	.....	103
fludrocortisone acetate tab 0.1 mg	159	fluorouracil iv soln 500 mg/10ml (50	
FLULAVAL INJ 2024-25	285	mg/ml).....	103
FLULAVAL QUA INJ 2022-23	285	fluorouracil soln 2%.....	165
flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml)		fluorouracil soln 5%	165
.....	83	fluoxetine hcl cap 10 mg	70
flumazenil iv soln 1 mg/10ml (0.1 mg/ml) .	83	fluoxetine hcl cap 20 mg	70
FLUMIST NASA LIQ 2024-25.....	285	fluoxetine hcl cap 40 mg	70
FLUMIST QUAD SUS 2022-23	285	fluoxetine hcl cap delayed release 90 mg	70
flunisolide nasal soln 25 mcg/act (0.025%)		fluoxetine hcl solution 20 mg/5ml.....	70
.....	249	fluoxetine hcl tab 10 mg	70
fluocinolone acetonide (otic) oil 0.01% ..	259	fluoxetine hcl tab 20 mg	70
fluocinolone acetonide cream 0.01%	169	FLUOXETINE TAB 60MG	70
fluocinolone acetonide cream 0.025% ...	169	fluphenazine decanoate inj 25 mg/ml	127
fluocinolone acetonide oil 0.01% (body oil)		fluphenazine hcl elixir 2.5 mg/5ml	127
.....	169	fluphenazine hcl inj 2.5 mg/ml.....	127
fluocinolone acetonide oil 0.01% (scalp oil)		fluphenazine hcl oral conc 5 mg/ml.....	127
.....	169	fluphenazine hcl tab 1 mg	127
fluocinolone acetonide oint 0.025%.....	169	fluphenazine hcl tab 10 mg.....	127
fluocinolone acetonide soln 0.01%	169	fluphenazine hcl tab 2.5 mg	127
fluocinonide cream 0.05%.....	169	fluphenazine hcl tab 5 mg	127
fluocinonide cream 0.1%.....	169	flurandrenolide cream 0.05%.....	169
fluocinonide emulsified base cream 0.05%		flurandrenolide lotion 0.05%	169
.....	169	flurandrenolide oint 0.05%	169
fluocinonide gel 0.05%	169	FLURA-SAFE SOL	258
fluocinonide oint 0.05%	169	flurazepam hcl cap 15 mg.....	214
fluocinonide soln 0.05%.....	169	flurazepam hcl cap 30 mg.....	214
FLUORE/BENOX SOL 0.3-0.4%	258	flurbiprofen sodium ophth soln 0.03% ...	258

<i>flurbiprofen tab 100 mg</i>	27	<i>fluvoxamine maleate tab 50 mg</i>	70
<i>flurbiprofen tab 50 mg</i>	27	FLUZONE HD INJ 2024-25	285
<i>flutamide cap 125 mg</i>	109	FLUZONE INJ 2024-25	286
<i>fluticasone furoate-vilanterol aero powd ba</i> <i>200-25 mcg/act</i>	56	FML FORTE SUS 0.25% OP	256
<i>fluticasone propionate aer pow ba 100</i> <i>mcg/act</i>	54	FML LIQUIFLM SUS 0.1% OP	256
<i>fluticasone propionate aer pow ba 250</i> <i>mcg/act</i>	54	FML OIN 0.1% OP	256
<i>fluticasone propionate aer pow ba 50</i> <i>mcg/act</i>	54	FOCALIN TAB 10MG	18
<i>fluticasone propionate cream 0.05%</i>	169	FOCALIN TAB 2.5MG	18
<i>fluticasone propionate hfa inhal aer 110</i> <i>mcg/act</i>	54	FOCALIN TAB 5MG	18
<i>fluticasone propionate hfa inhal aer 220</i> <i>mcg/act</i>	55	FOCALIN XR CAP 10MG	18
<i>fluticasone propionate hfa inhal aero 44</i> <i>mcg/act</i>	55	FOCALIN XR CAP 15MG	18
<i>fluticasone propionate lotion 0.05%</i>	169	FOCALIN XR CAP 20MG	18
<i>fluticasone propionate nasal susp 50</i> <i>mcg/act</i>	249	FOCALIN XR CAP 25MG	18
<i>fluticasone propionate oint 0.005%</i>	169	FOCALIN XR CAP 30MG	18
<i>fluticasone-salmeterol aer powder ba 100-</i> <i>50 mcg/act</i>	56	FOCALIN XR CAP 35MG	18
<i>fluticasone-salmeterol aer powder ba 250-</i> <i>50 mcg/act</i>	56	FOCALIN XR CAP 40MG	18
<i>fluticasone-salmeterol aer powder ba 500-</i> <i>50 mcg/act</i>	56	FOCALIN XR CAP 5MG	18
<i>fluticasone-salmeterol inhal aerosol 115-21</i> <i>mcg/act</i>	56	FOLAMED DHA CAP	242
<i>fluticasone-salmeterol inhal aerosol 230-21</i> <i>mcg/act</i>	56	<i>folate tab 400mcg</i>	209
<i>fluticasone-salmeterol inhal aerosol 45-21</i> <i>mcg/act</i>	56	FOLET DHA PAK	244
<i>fluvastatin sodium cap 20 mg (base</i> <i>equivalent)</i>	90	FOLET ONE CAP 38-1-225	244
<i>fluvastatin sodium cap 40 mg (base</i> <i>equivalent)</i>	90	<i>folic acid cap 0.8 mg</i>	209
<i>fluvastatin sodium tab er 24 hr 80 mg (base</i> <i>equivalent)</i>	90	<i>folic acid inj 5 mg/ml</i>	209
<i>fluvoxamine maleate cap er 24hr 100 mg</i> 70		<i>folic acid tab 1 mg</i>	209
<i>fluvoxamine maleate cap er 24hr 150 mg</i> 70		<i>folic acid tab 400 mcg</i>	209
<i>fluvoxamine maleate tab 100 mg</i>	70	<i>folic acid tab 800mcg</i>	209
<i>fluvoxamine maleate tab 25 mg</i>	70	FOLIC-K CAP	241
		FOLITIN-Z TAB	242
		FOLIVANE-OB CAP	244
		FOLLISTIM AQ INJ 300UNIT	186
		FOLLISTIM AQ INJ 600UNIT	186
		FOLLISTIM AQ INJ 900UNIT	186
		FOLOTYN INJ 20MG/ML	103
		FOLOTYN INJ 40MG/2ML	103
		<i>foltrin cap</i>	211
		<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	83
		<i>fondaparinux sodium subcutaneous inj 10</i> <i>mg/0.8ml</i>	59
		<i>fondaparinux sodium subcutaneous inj 2.5</i> <i>mg/0.5ml</i>	59
		<i>fondaparinux sodium subcutaneous inj 5</i> <i>mg/0.4ml</i>	59
		<i>fondaparinux sodium subcutaneous inj 7.5</i> <i>mg/0.6ml</i>	59

FORA BLOOD TES GLUCOSE	179	<i>fosinopril sodium & hydrochlorothiazide tab</i>	
FORA D15G TES BLD GLUC	179	20-12.5 mg	97
FORA D20 TES BLD GLUC	179	<i>fosinopril sodium tab 10 mg</i>	92
FORA D40/G31 TES GLUCOSE	179	<i>fosinopril sodium tab 20 mg</i>	92
FORA G20 TES BLD GLUC	179	<i>fosinopril sodium tab 40 mg</i>	92
FORA G30/V10 TES BLD GLUC	179	<i>fosphenytoin sodium inj 100 mg/2ml</i>	
FORA GD20 TES BLD GLUC	179	(<i>phenytoin equiv</i>)	67
FORA GD50 TES	179	<i>fosphenytoin sodium inj 500 mg/10ml</i>	
FORA LANCETS MIS 30G	223	(<i>phenytoin equiv</i>)	67
FORA MIS LANCETS	223	FOSRENOL CHW 1000MG	199
FORA TN'G TES TN'G VOI	179	FOSRENOL CHW 500MG	199
FORA V10 TES BLD GLUC	179	FOSRENOL CHW 750MG	199
FORA V12 TES BLD GLUC	179	FOSRENOL POW 1000MG	199
FORA V20 TES BLD GLUC	179	FOSRENOL POW 750MG	199
FORA V30A TES BLD GLUC	179	FOTIVDA CAP 0.89MG	112
FORACARE TES GD40	179	FOTIVDA CAP 1.34MG	112
FORACARE TES PREM V10	179	FRAGMIN INJ 10000/ML	59
FORACARE TES TST N GO	179	FRAGMIN INJ 12500UNT	59
FORANE SOL	200	FRAGMIN INJ 15000UNT	59
FORFIVO XL TAB 450MG	69	FRAGMIN INJ 18000UNT	59
FORMALDEHYDE SOL 37%	129	FRAGMIN INJ 2500/0.2	59
<i>formaldehyde solution 10%</i>	129	FRAGMIN INJ 2500/ML	59
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>		FRAGMIN INJ 5000/0.2	59
.....	56	FRAGMIN INJ 7500/0.3	59
FORTAMET TAB 1000MG	76	FRAGMIN INJ 95000UNT	59
FORTAMET TAB 500MG	76	FREE LIBRE2 KIT PLUS/SEN	223
FORTEO INJ 600/2.4	185	FREESTY LIBR KIT 2 SENSOR	223
FORTESTA GEL 10MG/ACT	42	FREESTY LIBR KIT 3 SENSOR	223
FORTISCARE TES BLD GLUC	179	FREESTY LIBR KIT SENSOR	223
FOSAMAX + D TAB 70-2800	185	FREESTY LIBR MIS 2 READER	223
FOSAMAX + D TAB 70-5600	185	FREESTY LIBR MIS 3 READER	223
FOSAMAX TAB 70MG	185	FREESTY LIBR MIS READER	223
<i>fosamprenavir calcium tab 700 mg (base</i>		FREESTYLE KIT SENSOR	223
<i>equiv)</i>	130	FREESTYLE MIS LANCETS	223
<i>fosaprepitant dimeglumine for iv infusion</i>		FREESTYLE MIS READER	223
150 mg (base eq)	85	FREESTYLE TES	179
<i>foscarnet sodium inj 6000 mg/250ml (24</i>		FREESTYLE TES INSULINX	179
<i>mg/ml)</i>	132	FREESTYLE TES LITE	180
FOSCAVIR INJ 24MG/ML	133	FREESTYLE TES PREC NEO	180
<i>fosfomycin tromethamine powd pack 3 gm</i>		FROVA TAB 2.5MG	230
(<i>base equivalent)</i>	48	<i>frovatriptan succinate tab 2.5 mg (base</i>	
<i>fosinopril sodium & hydrochlorothiazide tab</i>		<i>equivalent)</i>	230
10-12.5 mg	97	FRUZAQLA CAP 1MG	105
		FRUZAQLA CAP 5MG	105

<i>ft aspirin chw 81mg</i>	32	GABITRIL TAB 12MG	67
<i>ft aspirin tab 81mg</i>	32	GABITRIL TAB 16MG	67
<i>ft folic aci tab 400mcg</i>	209	GABITRIL TAB 2MG.....	67
<i>ft nicotine dis 14mg/24h</i>	270	GABITRIL TAB 4MG.....	67
<i>ft nicotine dis 21mg/24h</i>	270	GABLOFEN INJ 10000/20.....	247
<i>ft nicotine dis 7mg/24hr</i>	270	GABLOFEN INJ 20000/20	247
<i>ft nicotine gum 2mg</i>	270	GABLOFEN INJ 40000/20.....	247
<i>ft nicotine gum 4mg</i>	270	GABLOFEN INJ 50MCG/ML	247
<i>ft nicotine loz 2mg</i>	270	GALAFOLD CAP 123MG.....	189
<i>ft nicotine loz 4mg</i>	270	<i>galantamine hydrobromide cap er 24hr 16</i>	
FULPHILA INJ 6/0.6ML.....	210	<i>mg</i>	265
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	109	<i>galantamine hydrobromide cap er 24hr 24</i>	
FUNGIMEZ SOL.....	164	<i>mg</i>	265
<i>furosemide inj 10 mg/ml</i>	183	<i>galantamine hydrobromide cap er 24hr 8</i>	
<i>furosemide oral soln 10 mg/ml</i>	183	<i>mg</i>	265
<i>furosemide oral soln 8 mg/ml</i>	183	<i>galantamine hydrobromide oral soln 4</i>	
<i>furosemide tab 20 mg</i>	183	<i>mg/ml</i>	265
<i>furosemide tab 40 mg</i>	183	<i>galantamine hydrobromide tab 12 mg</i>	265
<i>furosemide tab 80 mg</i>	183	<i>galantamine hydrobromide tab 4 mg</i>	265
FUSION PAK SPRINKLE.....	211	<i>galantamine hydrobromide tab 8 mg</i>	265
FUSION PLUS CAP	211	<i>gallifrey tab 5mg</i>	264
FUZEON INJ 90MG	130	GALZIN CAP 25MG	236
FYARRO SUS 100MG	112	GALZIN CAP 50MG	236
<i>fyavolv tab 0.5-2.5</i>	193	GAMMAGARD INJ 10GM/100	260
<i>fyavolv tab 1-5</i>	193	GAMMAGARD INJ 1GM/10ML.....	260
FYCOMPA SUS 0.5MG/ML	60	GAMMAGARD INJ 2.5GM/25.....	260
FYCOMPA TAB 10MG.....	61	GAMMAGARD INJ 20GM/200	260
FYCOMPA TAB 12MG	61	GAMMAGARD INJ 30GM/300	260
FYCOMPA TAB 2MG.....	60	GAMMAGARD INJ 5GM/50ML	260
FYCOMPA TAB 4MG.....	61	GAMMAGARD SD INJ 10GM HU	260
FYCOMPA TAB 6MG.....	61	GAMMAGARD SD INJ 5GM HU.....	260
FYCOMPA TAB 8MG.....	61	GAMMAKED INJ 10GM/100.....	260
FYLNETRA INJ 6MG/0.6	210	GAMMAKED INJ 1GM/10ML.....	260
<i>fyremadel sol 250/0.5</i>	186	GAMMAKED INJ 20GM/200	260
G		GAMMAKED INJ 5GM/50ML	260
G5/G4 MIS SENSOR	223	GAMUNEX-C INJ 10GM/100.....	260
<i>gabapentin (once-daily) tab 300 mg</i>	269	GAMUNEX-C INJ 1GM/10ML.....	260
<i>gabapentin (once-daily) tab 600 mg</i>	269	GAMUNEX-C INJ 2.5GM/25	260
<i>gabapentin cap 100 mg</i>	62	GAMUNEX-C INJ 20GM/200	260
<i>gabapentin cap 300 mg</i>	62	GAMUNEX-C INJ 40/400ML.....	261
<i>gabapentin cap 400 mg</i>	62	GAMUNEX-C INJ 5GM/50ML	260
<i>gabapentin oral soln 250 mg/5ml</i>	62	<i>ganciclovir sodium for inj 500 mg</i>	133
<i>gabapentin tab 600 mg</i>	62	GANIRELIX AC INJ 250/0.5	186
<i>gabapentin tab 800 mg</i>	62		

<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	186	GENOTROPIN INJ 0.6MG.....	187
GARDASIL 9 INJ	286	GENOTROPIN INJ 0.8MG.....	187
GASTROCROM CON 100/5ML.....	196	GENOTROPIN INJ 1.2MG.....	187
<i>gatifloxacin ophth soln 0.5%</i>	254	GENOTROPIN INJ 1.4MG.....	187
GATTEX KIT 5MG	199	GENOTROPIN INJ 1.6MG.....	187
<i>gavilyte-c sol</i>	215	GENOTROPIN INJ 1.8MG.....	187
<i>gavilyte-g sol</i>	215	GENOTROPIN INJ 12MG.....	187
<i>gavilyte-n sol flav pk</i>	215	GENOTROPIN INJ 1MG.....	187
GAVRETO CAP 100MG	112	GENOTROPIN INJ 2MG	187
GAZYVA INJ 25MG/ML	106	GENOTROPIN INJ 5MG	187
GE100 BLOOD TES GLUCOSE	180	GENSTRIP 50 TES.....	180
GEBAUERS SPR AER /STRETCH.....	172	<i>gentak oin 0.3% op</i>	254
GELCLAIR GEL	241	<i>gentamicin in saline inj 0.8 mg/ml</i>	21
GELFILM MIS OP	257	<i>gentamicin in saline inj 1 mg/ml</i>	21
GELNIQUE GEL 10%.....	284	<i>gentamicin in saline inj 1.2 mg/ml</i>	21
GEL-ONE INJ 30MG/3ML	248	<i>gentamicin in saline inj 1.6 mg/ml</i>	21
GELSYN-3 INJ 16.8/2ML	248	<i>gentamicin in saline inj 2 mg/ml</i>	21
GELX GEL.....	241	<i>gentamicin sulfate cream 0.1%</i>	163
<i>gemcitabine hcl for inj 1 gm</i>	103	<i>gentamicin sulfate inj 10 mg/ml</i>	21
<i>gemcitabine hcl for inj 2 gm</i>	103	<i>gentamicin sulfate inj 40 mg/ml</i>	21
<i>gemcitabine hcl for inj 200 mg</i>	103	<i>gentamicin sulfate oint 0.1%</i>	163
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i> (base equiv)	103	<i>gentamicin sulfate ophth soln 0.3%</i>	254
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i> (base equiv).....	104	GENVISC 850 INJ 25/2.5	248
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i> (base equiv).....	104	GENVOYA TAB.....	130
GEMCITABINE INJ 1.5GM/15	104	GEODON CAP 20MG	122
GEMCITABINE INJ 1GM.....	104	GEODON CAP 40MG	122
GEMCITABINE INJ 1GM/10ML	104	GEODON CAP 60MG	123
GEMCITABINE INJ 200MG	104	GEODON CAP 80MG	123
GEMCITABINE INJ 2GM	104	GEODON INJ 20MG	123
GEMCITABINE INJ 2GM/20ML.....	104	GHT TEST TES STRIPS.....	180
<i>gemfibrozil tab 600 mg</i>	89	GIAPREZA INJ 2.5MG	288
<i>gemmily cap 1/20</i>	150	GILENYA CAP 0.5MG.....	267
GEMTESA TAB 75MG	284	GILOTRIF TAB 20MG	108
<i>generlac sol 10/15ml</i>	198	GILOTRIF TAB 30MG	108
<i>generlac sol 10gm/15</i>	198	GILOTRIF TAB 40MG	108
<i>gengraf cap 100mg</i>	238	GIVLAARI INJ 189MG/ML	202
<i>gengraf cap 25mg</i>	238	GLARGIN YFGN INJ 100U/ML	78
<i>gengraf sol 100mg/ml</i>	238	GLARGIN YFGN SOL 100U/ML.....	78
GENOTROPIN INJ 0.2MG.....	186	GLASSIA INJ.....	272
GENOTROPIN INJ 0.4MG	186	<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	267
		<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	267
		<i>glatopa inj 20mg/ml</i>	268

<i>glatopa inj 40mg/ml</i>	268	GLUMETZA TAB 500MG	76
GLEEVEC TAB 100MG	112	<i>glutamine (sickle cell) powd pack 5 gm</i> .	209
GLEEVEC TAB 400MG.....	112	GLUTARALDEHY SOL 25%	129
GLEOSTINE CAP 100MG	102	<i>glyburide micronized tab 1.5 mg</i>	81
GLEOSTINE CAP 10MG	102	<i>glyburide micronized tab 3 mg</i>	81
GLEOSTINE CAP 40MG.....	102	<i>glyburide micronized tab 6 mg</i>	81
GLIADEL WAF 7.7MG	102	<i>glyburide tab 1.25 mg</i>	81
<i>glimepiride tab 1 mg</i>	81	<i>glyburide tab 2.5 mg</i>	81
<i>glimepiride tab 2 mg</i>	81	<i>glyburide tab 5 mg</i>	81
<i>glimepiride tab 3 mg</i>	81	<i>glyburide-metformin tab 1.25-250 mg</i>	75
<i>glimepiride tab 4 mg</i>	81	<i>glyburide-metformin tab 2.5-500 mg</i>	75
<i>glipizide tab 10 mg</i>	81	<i>glyburide-metformin tab 5-500 mg</i>	75
<i>glipizide tab 2.5 mg</i>	81	<i>glycine irrigation soln 1.5%</i>	201
<i>glipizide tab 5 mg</i>	81	GLYCOPHOS SOL 1MM/ML.....	234
<i>glipizide tab er 24hr 10 mg</i>	81	GLYCOPYRROLA INJ 0.6/3ML	280
<i>glipizide tab er 24hr 2.5 mg</i>	81	GLYCOPYRROLA INJ 1MG/5ML	280
<i>glipizide tab er 24hr 5 mg</i>	81	GLYCOPYRROLA TAB 1.5MG	280
<i>glipizide xl tab 10mg</i>	81	<i>glycopyrrolate inj 0.2 mg/ml</i>	280
<i>glipizide xl tab 2.5mg</i>	81	<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	280
<i>glipizide xl tab 5mg</i>	81	.....	280
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ...	75	<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	280
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ..	75	<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	280
<i>glipizide-metformin hcl tab 5-500 mg</i>	75	.....	280
GLOBAL 28G MIS LANCETS	223	<i>glycopyrrolate oral soln 1 mg/5ml</i>	280
GLOBAL 30G MIS LANCETS.....	223	<i>glycopyrrolate tab 1 mg</i>	280
GLUCAGEN INJ HYPOKIT	77	<i>glycopyrrolate tab 2 mg</i>	280
<i>glucagon (rdna) for inj kit 1 mg</i>	77	<i>glydo gel 2%</i>	172
GLUCAGON KIT 1MG	77	GLYXAMBI TAB 10-5 MG.....	75
GLUCO PERFEC TES 3	180	GLYXAMBI TAB 25-5 MG	75
GLUCOCARD 01 TES PLUS	180	GMATE BLOOD TES GLUCOSE	180
GLUCOCARD 01 TES SENSOR.....	180	<i>gnp aspirin chw 81mg</i>	32
GLUCOCARD TES EXPRESSI	180	<i>gnp aspirin tab 81mg ec</i>	32
GLUCOCARD TES VITAL	180	GNP LANCETS MIS 21G	223
GLUCOCARD TES X-SENSOR	180	GNP LANCETS MIS 28G	223
GLUCOCOM MIS 28G.....	223	GNP LANCETS MIS 30G.....	223
GLUCOCOM MIS 30G.....	223	GNP LANCETS MIS 33G	223
GLUCOCOM MIS 33G.....	223	GNP LANCETS MIS THIN 26G	223
GLUCOCOM TES	180	<i>gnp nicotine dis 14mg/24h</i>	270
GLUCONAVII TES STRIPS	180	<i>gnp nicotine dis 21mg/24h</i>	270
GLUCOSE TES STRIPS.....	180	<i>gnp nicotine dis 7mg/24hr</i>	270
GLUCOTROL XL TAB 10MG	81	<i>gnp nicotine gum 2mg frt</i>	270
GLUCOTROL XL TAB 2.5MG.....	81	<i>gnp nicotine gum 2mg mint</i>	270
GLUCOTROL XL TAB 5MG.....	81	<i>gnp nicotine gum 2mg orig</i>	270
GLUMETZA TAB 1000MG	76	<i>gnp nicotine gum 4mg frt</i>	270

<i>gnp nicotine gum 4mg mint</i>	270	<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	16
<i>gnp nicotine gum 4mg orig</i>	270	<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	16
<i>gnp nicotine loz 2mg mint</i>	270	<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	16
<i>gnp nicotine loz 4mg cher</i>	270	GUARDIAN CON MIS TRANSMIT.....	223
<i>gnp nicotine loz 4mg mint</i>	270	GUARDIAN MIS LINK 3.....	223
<i>gnp nicotine loz mini 2mg</i>	270	GUARDIAN MIS SENSOR 3.....	223
GOCOVRI CAP 137MG.....	120	GUARDIAN MIS TRANSMTR.....	224
GOCOVRI CAP 68.5MG.....	120	GUARDIAN RT KIT.....	224
GOLYTELY SOL.....	215	GUARDIAN RT KIT STARTER.....	224
GONAL-F INJ 1050UNIT.....	186	GUARDIAN RT KIT SYST PED.....	224
GONAL-F INJ 450UNIT.....	186	GUARDIAN RT KIT SYSTEM.....	224
GONAL-F RFF INJ 300/0.5.....	186	GUARDIAN RT MIS CHARGER.....	224
GONAL-F RFF INJ 450/0.75.....	186	GUARDIAN RT MIS REPL PED.....	224
GONAL-F RFF INJ 75UNIT.....	186	GUARDIAN RT MIS REPLACE.....	224
GONAL-F RFF INJ 900/1.5.....	186	GUARDIAN RT MIS SOFTWARE.....	224
GONITRO POW 400MCG.....	48	GUARDIAN RT MIS TST PLUG.....	224
GOODSENSE MIS LANC 30G.....	223	GVOKE HYPO 1 INJ 0.5/.1ML.....	77
<i>goodsense tab 81mg ec</i>	32	GVOKE HYPO 1 INJ 1MG/.2ML.....	77
GOPRELTO SOL 40MG/ML.....	249	GVOKE HYPO 2 INJ 0.5/.1ML.....	77
GORDOFILM SOL.....	172	GVOKE HYPO 2 INJ 1MG/.2ML.....	77
GRALISE TAB 300MG.....	269	GVOKE KIT SOL 1MG/0.2M.....	77
GRALISE TAB 450MG.....	269	GVOKE PFS INJ.....	77
GRALISE TAB 600MG.....	269	GYNAZOLE-1 CRE 2%.....	287
GRALISE TAB 750MG.....	269	GYNOL II GEL 3%.....	287
GRALISE TAB 900MG.....	269	H	
<i>granisetron hcl inj 1 mg/ml</i>	83	<i>habitrol dis 21mg/24h</i>	270
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	83	HADLIMA INJ 40/0.4ML.....	22
<i>granisetron hcl tab 1 mg</i>	83	HADLIMA INJ 40/0.8ML.....	22
GRANIX INJ 300/0.5.....	210	HADLIMA PUSH INJ 40/0.4ML.....	22
GRANIX INJ 300/1ML.....	210	HADLIMA PUSH INJ 40/0.8ML.....	22
GRANIX INJ 480/0.8.....	210	HAEGARDA INJ 2000UNIT.....	206
GRANIX INJ 480/1.6.....	210	HAEGARDA INJ 3000UNIT.....	206
GRASTEK SUB 2800BAU.....	20	HAEMOLANCE MIS HIGH FLO.....	224
<i>griseofulvin microsize susp 125 mg/5ml</i> ..	85	HAEMOLANCE MIS LOW FLOW.....	224
<i>griseofulvin microsize tab 500 mg</i>	85	HAEMOLANCE MIS PLUS.....	224
<i>griseofulvin ultramicrosize tab 125 mg</i>	85	HAEMOLANCE MIS PLUS LOW.....	224
<i>griseofulvin ultramicrosize tab 250 mg</i>	85	HAEMOLANCE MIS PLUS MAX.....	224
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>		HAEMOLANCE MIS PLUS PED.....	224
.....	159	HAEMOLANCE MIS RETRACT.....	224
<i>guanfacine hcl tab 1 mg</i>	95	<i>hailey 24 tab fe</i>	150
<i>guanfacine hcl tab 2 mg</i>	95	<i>hailey fe tab 1.5/30</i>	150
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	16		

<i>hailey fe tab 1/20</i>	150	HEMLIBRA INJ 60/0.4	204
<i>hailey tab 1.5/30</i>	150	HEMLIBRA SOL 12/0.4ML	204
HALAVEN INJ 1MG/2ML	118	<i>hemocyte-f tab</i>	211
<i>halcinonide cream 0.1%</i>	169	HEMOFIL M INJ 1000UNIT	204
HALCION TAB 0.25MG.....	214	HEMOFIL M INJ 1700UNIT	204
HALDOL DECAN INJ 100MG/ML.....	125	HEMOFIL M INJ 250UNIT	204
HALDOL DECAN INJ 50MG/ML	125	HEMOFIL M INJ 500UNIT	204
<i>halobetasol propionate cream 0.05%</i>	169	HEP SOD/D5W INJ 100/ML.....	59
<i>halobetasol propionate oint 0.05%</i>	169	HEP SOD/D5W INJ 20000UNT	59
HALOG CRE 0.1%	170	HEP SOD/D5W INJ 25000UNT	59
HALOG OIN 0.1%.....	170	HEP SOD/DEXT INJ 25000UNT	59
HALOG SOL 0.1%	170	HEP SOD/NACL INJ 12500UNT	59
<i>haloperidol decanoate im soln 100 mg/ml</i>	125	HEP SOD/NACL INJ 25000UNT	59
<i>haloperidol decanoate im soln 50 mg/ml</i>	125	HEPAGAM B INJ.....	261
<i>haloperidol lactate inj 5 mg/ml</i>	125	<i>heparin sod (porcine)-nacl iv soln 1000</i> <i>unit/500ml-0.9%</i>	59
<i>haloperidol lactate oral conc 2 mg/ml</i>	125	<i>heparin sod (porcine)-nacl iv soln 2000</i> <i>unit/l-0.9%</i>	59
<i>haloperidol tab 0.5 mg</i>	125	<i>heparin sodium (porcine) 100 unit/ml in</i> <i>d5w</i>	59
<i>haloperidol tab 1 mg</i>	125	<i>heparin sodium (porcine) inj 1000 unit/ml</i>	59
<i>haloperidol tab 10 mg</i>	125	<i>heparin sodium (porcine) inj 10000 unit/ml</i>	59
<i>haloperidol tab 2 mg</i>	125	<i>heparin sodium (porcine) inj 20000 unit/ml</i>	59
<i>haloperidol tab 20 mg</i>	125	<i>heparin sodium (porcine) inj 5000 unit/ml</i>	59
<i>haloperidol tab 5 mg</i>	125	<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	59
HARVONI PAK	133	<i>heparin sodium (porcine) pf inj 5000</i> <i>unit/0.5ml</i>	60
HARVONI PAK 45-200MG.....	133	<i>heparin sodium (porcine)-dextrose iv sol</i> <i>20000 unit/500ml-5%</i>	60
HARVONI TAB 45-200MG	133	HEPLISAV-B INJ 20/0.5ML.....	286
HARVONI TAB 90-400MG.....	133	HEPSERA TAB 10MG.....	133
HAVRIX INJ 1440UNIT	286	HERCEP HYLEC SOL 60-10000	111
HAVRIX INJ 720UNIT	286	HERCEPTIN INJ 150MG.....	106
HEALON DUET INJ PRO	257	HERZUMA INJ 150MG.....	106
HEALON GV INJ 18MG PRO.....	257	HERZUMA INJ 420MG	106
HEALON PRO INJ 10MG/ML	257	<i>hetastarch (hes /0.7 or /0.75) 6% in nacl</i> <i>0.9% iv soln</i>	207
HEALON5 PRO INJ 23MG/ML.....	257	HETLIOZ CAP 20MG	215
<i>heather tab 0.35mg</i>	155	HETLIOZ LQ SUS 4MG/ML.....	215
HECTOROL INJ 4MCG/2ML.....	189	HEXTEND SOL 6%.....	207
HEMABATE INJ 250MCG.....	259		
HEMANGEOL SOL 4.28/ML.....	137		
HEMATINIC/FA TAB	211		
HEMATRON-AF TAB.....	211		
HEMLIBRA INJ 105/0.7	204		
HEMLIBRA INJ 150/ML	204		
HEMLIBRA INJ 300/2ML	204		
HEMLIBRA INJ 30MG/ML.....	204		

HIBERIX SOL 10MCG	285	HUMIRA PEN INJ 40/0.4ML	22
<i>hidex 6-day pak 1.5mg</i>	156	HUMIRA PEN INJ 40MG/0.8	22
HIPREX TAB 1GM.....	48	HUMIRA PEN INJ 80/0.8ML	22
HIZENTRA INJ 10/50ML.....	261	HUMIRA PEN KIT PS/UV	22
HIZENTRA INJ 1GM/5ML	261	HUMULIN BR INJ U-100.....	79
HIZENTRA INJ 2GM/10ML.....	261	HUMULIN INJ 70/30	79
HIZENTRA INJ 4GM/20ML	261	HUMULIN INJ 70/30KWP	79
HIZENTRA SOL 20%	261	HUMULIN N INJ U-100.....	79
<i>hm aspirin chw 81mg</i>	32	HUMULIN N INJ U-100KWP.....	79
<i>hm nicotine dis 14mg/24h</i>	270	HUMULIN N PN INJ U-100	79
<i>hm nicotine gum 2mg</i>	270	HUMULIN PEN INJ 70/30	79
<i>hm nicotine gum 2mg mint</i>	270	HUMULIN R INJ U-100	79
<i>hm nicotine gum 4mg frt</i>	270	HUMULIN R INJ U-500	79
<i>hm nicotine gum 4mg mint</i>	270	HYALGAN INJ 20MG/2ML.....	248
<i>hm nicotine loz 2mg</i>	270	HYCAMTIN CAP 0.25MG	119
<i>hm nicotine loz 2mg mint</i>	270	HYCAMTIN CAP 1MG.....	119
<i>hm nicotine loz 4mg cinn</i>	270	HYCAMTIN INJ 4MG.....	119
<i>hm nicotine loz 4mg mint</i>	271	HYCLODEX SOL 0.012%.....	174
HORIZANT TAB 300MG ER.....	269	<i>hydralazine hcl inj 20 mg/ml</i>	99
HORIZANT TAB 600MG ER.....	269	<i>hydralazine hcl tab 10 mg</i>	99
HPR PLUS AER.....	173	<i>hydralazine hcl tab 100 mg</i>	99
HPR PLUS CRE.....	173	<i>hydralazine hcl tab 25 mg</i>	99
HPR PLUS KIT	173	<i>hydralazine hcl tab 50 mg</i>	99
HULIO INJ 40/0.8ML	22	HYDREA CAP 500MG	116
HULIO KIT 20/0.4ML	22	HYDRFRA BLUE PAD RDY 2.5	176
HUMALOG INJ 100/ML	78	HYDRFRA BLUE PAD RDY 4X5.....	176
HUMALOG KWIK INJ 100/ML	79	HYDRFRA BLUE PAD RDY 8X8.....	176
HUMALOG KWIK INJ 200/ML.....	79	HYDRFRA MRF PAD 2.....	176
HUMALOG MIX INJ 50/50	79	<i>hydrochlorothiazide cap 12.5 mg</i>	184
HUMALOG MIX INJ 50/50KWP	79	<i>hydrochlorothiazide tab 12.5 mg</i>	184
HUMALOG MIX INJ 75/25KWP	79	<i>hydrochlorothiazide tab 25 mg</i>	184
HUMALOG MIX SUS 75/25	79	<i>hydrochlorothiazide tab 50 mg</i>	184
HUMATE-P SOL 2400UNIT.....	204	<i>hydrocod polst-chlorphen polst er susp 10-</i> <i>8 mg/5ml</i>	159
HUMATE-P SOL 250-600	204	<i>hydrocodone bitart-homatropine</i> <i>methylbrom soln 5-1.5 mg/5ml</i>	159
HUMATE-P SOL 500-1200.....	204	<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	159
HUMATIN CAP 250MG.....	21	<i>hydrocodone bitartrate cap er 12hr 10 mg</i> 34	
HUMATROPE INJ 12MG	187	<i>hydrocodone bitartrate cap er 12hr 15 mg</i> 34	
HUMATROPE INJ 24MG.....	187	<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	34
HUMATROPE INJ 6MG.....	187	<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	34
HUMIRA INJ 10/0.1ML	22		
HUMIRA INJ 20/0.2ML.....	22		
HUMIRA INJ 40/0.4ML	22		
HUMIRA KIT 40MG/0.8.....	22		
HUMIRA PEDIA INJ CROHNS	22		

<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	34	<i>hydrocortisone butyrate soln 0.1%</i>	170
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	34	<i>hydrocortisone cream 1%</i>	170
<i>hydrocodone bitartrate tab er 24hr deter</i> <i>100 mg</i>	34	<i>hydrocortisone cream 2.5%</i>	170
<i>hydrocodone bitartrate tab er 24hr deter</i> <i>120 mg</i>	34	<i>hydrocortisone enema 100 mg/60ml</i>	43
<i>hydrocodone bitartrate tab er 24hr deter 20</i> <i>mg</i>	34	<i>hydrocortisone lotion 2.5%</i>	170
<i>hydrocodone bitartrate tab er 24hr deter 30</i> <i>mg</i>	34	<i>hydrocortisone oint 1%</i>	170
<i>hydrocodone bitartrate tab er 24hr deter 40</i> <i>mg</i>	34	<i>hydrocortisone oint 2.5%</i>	170
<i>hydrocodone bitartrate tab er 24hr deter 60</i> <i>mg</i>	34	<i>hydrocortisone perianal cream 1%</i>	43
<i>hydrocodone bitartrate tab er 24hr deter 80</i> <i>mg</i>	34	<i>hydrocortisone perianal cream 2.5%</i>	43
<i>hydrocodone-acetaminophen soln 10-325</i> <i>mg/15ml</i>	40	<i>hydrocortisone sodium succinate pf for inj</i> <i>100 mg</i>	156
<i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i>	40	<i>hydrocortisone tab 10 mg</i>	156
<i>hydrocodone-acetaminophen tab 10-300</i> <i>mg</i>	40	<i>hydrocortisone tab 20 mg</i>	156
<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i>	40	<i>hydrocortisone tab 5 mg</i>	156
<i>hydrocodone-acetaminophen tab 5-300</i> <i>mg</i>	40	<i>hydrocortisone valerate cream 0.2%</i>	170
<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	40	<i>hydrocortisone valerate oint 0.2%</i>	170
<i>hydrocodone-acetaminophen tab 7.5-300</i> <i>mg</i>	40	<i>HYDROFERA PAD BLUE 2X2</i>	176
<i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i>	40	<i>HYDROFERA PAD BLUE 4X4</i>	176
<i>hydrocodone-ibuprofen tab 10-200 mg</i> ... 40		<i>HYDROFERA PAD BLUE 6X6</i>	176
<i>hydrocodone-ibuprofen tab 5-200 mg</i> 40		<i>HYDROFERA PAD BLUE 9MM</i>	176
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .40		<i>HYDROFERA PAD MRF 2.5</i>	176
<i>hydrocortisone acetate w/ pramoxine</i> <i>perianal cream 1-1%</i>	43	<i>HYDROFERA PAD MRF4</i>	176
<i>hydrocortisone butyrate cream 0.1%</i>	170	<i>HYDROFRA MRF PAD 2-1/4X8</i>	176
<i>hydrocortisone butyrate hydrophilic lipo</i> <i>base cream 0.1%</i>	170	<i>hydrogen peroxide soln 30%</i>	129
<i>hydrocortisone butyrate lotion 0.1%</i>	170	<i>hydromet syp 5-1.5/5</i>	159
<i>hydrocortisone butyrate oint 0.1%</i>	170	<i>HYDROMO/NAACL INJ 20/100ML</i>	34
		<i>HYDROMO/NAACL INJ 2MG/ML</i>	34
		<i>HYDROMORPHON INJ 0.2MG/ML</i>	34
		<i>HYDROMORPHON INJ 10MG/ML</i>	34
		<i>HYDROMORPHON INJ 1MG/ML</i>	34
		<i>HYDROMORPHON INJ 2MG/ML</i>	34
		<i>HYDROMORPHON INJ 30/30ML</i>	34
		<i>HYDROMORPHON INJ 4MG/ML</i>	34
		<i>HYDROMORPHON SOL 0.2MG/ML</i>	34
		<i>hydromorphone hcl inj 0.2 mg/ml</i>	35
		<i>hydromorphone hcl inj 1 mg/ml</i>	35
		<i>hydromorphone hcl inj 2 mg/ml</i>	35
		<i>hydromorphone hcl liqd 1 mg/ml</i>	35
		<i>hydromorphone hcl preservative free (pf)</i> <i>inj 10 mg/ml</i>	35
		<i>hydromorphone hcl tab 2 mg</i>	35
		<i>hydromorphone hcl tab 4 mg</i>	35
		<i>hydromorphone hcl tab 8 mg</i>	35
		<i>hydromorphone hcl tab er 24hr 12 mg</i>	35

<i>hydromorphone hcl tab er 24hr 16 mg</i>	35	HYPOCYN SOL 0.012%	174
<i>hydromorphone hcl tab er 24hr 32 mg</i>	35	HYQVIA INJ 10-800.....	262
<i>hydromorphone hcl tab er 24hr 8 mg</i>	35	HYQVIA INJ 2.5-200	262
<i>hydroxocobalamin acetate inj 1000 mcg/ml</i> <i>(base equivalent)</i>	209	HYQVIA INJ 20-1600	262
<i>hydroxychloroquine sulfate tab 100 mg</i> .	100	HYQVIA INJ 30-2400.....	262
<i>hydroxychloroquine sulfate tab 200 mg</i> .	100	HYQVIA INJ 5-400	262
<i>hydroxychloroquine sulfate tab 300 mg</i> .	100	HYRIMOZ INJ 10/0.1ML.....	22
<i>hydroxychloroquine sulfate tab 400 mg</i> .	100	HYRIMOZ INJ 20/0.2ML.....	23
<i>hydroxyprogesterone caproate im in oil 250</i> <i>mg/ml</i>	264	HYRIMOZ INJ 40/0.4ML	23
<i>hydroxyurea cap 500 mg</i>	116	HYRIMOZ INJ 40/0.8ML	23
<i>hydroxyzine hcl im soln 25 mg/ml</i>	49	HYRIMOZ INJ 80/0.8ML	23
<i>hydroxyzine hcl im soln 50 mg/ml</i>	49	HYRIMOZ SENS INJ 80/0.8ML.....	23
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	49	HYRIMOZ-CROH INJ UC SP	23
<i>hydroxyzine hcl tab 10 mg</i>	50	HYRIMOZ-PED INJ CROHNS.....	23
<i>hydroxyzine hcl tab 25 mg</i>	50	HYRIMOZ-PLAQ INJ PSOR/UVE	24
<i>hydroxyzine hcl tab 50 mg</i>	50	HYRIMOZ-PLAQ INJ PSORIASI	24
<i>hydroxyzine pamoate cap 100 mg</i>	50	HYSINGLA ER TAB 100 MG.....	35
<i>hydroxyzine pamoate cap 25 mg</i>	50	HYSINGLA ER TAB 120 MG	35
<i>hydroxyzine pamoate cap 50 mg</i>	50	HYSINGLA ER TAB 20 MG.....	35
HYFTOR GEL 0.2%	172	HYSINGLA ER TAB 30 MG.....	35
HYLATOPIC CRE PLUS	173	HYSINGLA ER TAB 40 MG	35
HYLAZINC TAB	242	HYSINGLA ER TAB 60 MG	35
HYLENEX INJ 150 UNIT	236	HYSINGLA ER TAB 80 MG	35
HYMOVIS INJ 24MG/3ML	248	HYZAAR TAB 100-12.5	97
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	280	HYZAAR TAB 100-25.....	97
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	280	HYZAAR TAB 50-12.5.....	97
<i>hyoscyamine sulfate soln 0.125 mg/ml</i> ..	280	I	
<i>hyoscyamine sulfate tab 0.125 mg</i>	280	<i>ibandronate sodium iv soln 3 mg/3ml (base</i> <i>equivalent)</i>	185
<i>hyoscyamine sulfate tab disint 0.125 mg</i> 280		<i>ibandronate sodium tab 150 mg (base</i> <i>equivalent)</i>	185
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	280	IBRANCE CAP 100MG.....	113
<i>hyosyne dro 0.125/ml</i>	280	IBRANCE CAP 125MG	113
<i>hyosyne elx 0.125/5</i>	280	IBRANCE CAP 75MG.....	112
HYPERHEP B INJ.....	261	IBRANCE TAB 100MG	113
HYPERRAB INJ 1500UNIT	261	IBRANCE TAB 125MG	113
HYPERRAB INJ 300UNIT	261	IBRANCE TAB 75MG	113
HYPERRHO S/D INJ 300MCG.....	261	IBSRELA TAB 50MG.....	198
HYPERRHO S/D INJ 50MCG	261	<i>ibu tab 400mg</i>	27
HYPERSAL NEB 3.5%	159	<i>ibu tab 600mg</i>	27
HYPERSAL NEB 7%	159	<i>ibu tab 800mg</i>	27
HYPERTET INJ 250/ML.....	261	<i>ibuprofen lysine iv soln 10 mg/ml (base</i> <i>equivalent)</i>	27
		<i>ibuprofen susp 100 mg/5ml</i>	27

<i>ibuprofen tab 400 mg</i>	27	<i>imatinib mesylate tab 100 mg (base</i>	
<i>ibuprofen tab 600 mg</i>	27	<i>equivalent)</i>	113
<i>ibuprofen tab 800 mg</i>	27	<i>imatinib mesylate tab 400 mg (base</i>	
<i>ibuprofen-famotidine tab 800-26.6 mg</i> ...	27	<i>equivalent)</i>	113
<i>ibutilide fumarate inj 1 mg/10ml</i>	52	IMBRUVICA CAP 140MG	113
ICAR-C PLUS TAB	211	IMBRUVICA CAP 70MG	113
<i>icatibant acetate subcutaneous soln pref</i>		IMBRUVICA SUS 70MG/ML	113
<i>syr 30 mg/3ml</i>	206	IMBRUVICA TAB 140MG.....	113
<i>iclevia tab</i>	150	IMBRUVICA TAB 280MG	113
ICLUSIG TAB 10MG	113	IMBRUVICA TAB 420MG	113
ICLUSIG TAB 15MG	113	IMBRUVICA TAB 560MG	113
ICLUSIG TAB 30MG	113	IMCIVREE INJ 10MG/ML	16
ICLUSIG TAB 45MG	113	IMDELLTRA INJ 10MG	106
<i>icosapent ethyl cap 0.5 gm</i>	88	IMDELLTRA INJ 1MG.....	106
<i>icosapent ethyl cap 1 gm</i>	88	IMFINZI INJ 120/2.4	106
IDACIO 2-PEN INJ 40/0.8ML	24	IMFINZI INJ 500/10	106
IDACIO 2-SYR INJ 40/0.8ML	24	<i>imipenem-cilastatin intravenous for soln</i>	
IDAMYCIN PFS INJ 10/10ML	110	<i>250 mg</i>	45
IDAMYCIN PFS INJ 20/20ML	110	<i>imipenem-cilastatin intravenous for soln</i>	
IDAMYCIN PFS INJ 5MG/5ML	110	<i>500 mg</i>	45
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	110	<i>imipramine hcl tab 10 mg</i>	73
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	110	<i>imipramine hcl tab 25 mg</i>	73
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i> ..	110	<i>imipramine hcl tab 50 mg</i>	73
IDELVION SOL 1000UNIT	204	<i>imipramine pamoate cap 100 mg</i>	73
IDELVION SOL 2000UNIT	204	<i>imipramine pamoate cap 125 mg</i>	73
IDELVION SOL 250UNIT	204	<i>imipramine pamoate cap 150 mg</i>	74
IDELVION SOL 3500UNIT	204	<i>imipramine pamoate cap 75 mg</i>	73
IDELVION SOL 500UNIT	204	<i>imiquimod cream 3.75%</i>	171
IDHIFA TAB 100MG.....	113	<i>imiquimod cream 5%</i>	172
IDHIFA TAB 50MG.....	113	IMITREX INJ 4MG/0.5	230
IFEX INJ 1GM	102	IMITREX INJ 6MG/0.5	230
IFEX INJ 3GM	102	IMITREX TAB 100MG	230
<i>ifosfamide for inj 1 gm</i>	102	IMITREX TAB 25MG	230
IFOSFAMIDE INJ 3GM	102	IMITREX TAB 50MG	230
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i> ..	102	IMJUDO INJ 25/1.25.....	106
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i> .	102	IMJUDO INJ 300/15ML	106
IGALMI MIS 120MCG	214	IMLYGIC INJ	118
IGALMI MIS 180MCG	214	IMMPHENTIV INJ	288
IHEALTH BLOO TES GLUCOSE	180	IMOGAM RABIE INJ 300/2ML.....	261
ILARIS INJ 150MG/ML.....	26	IMOVAX RABIE INJ 2.5/ML.....	286
ILEVRO DRO 0.3% OP	258	IMPAVIDO CAP 50MG	44
ILUMYA SOL 100MG/ML.....	166	IMPOYZ CRE 0.025%.....	170
ILUVIEN IMP 0.19MG	256	IMUBOLIC CAP	239
		IMURAN TAB 50MG	238

IMVEXXY MAIN SUP 10MCG	287	INFUGEM SOL 2200MG.....	104
IMVEXXY MAIN SUP 4MCG	287	INFUMORPH INJ 10MG/ML	35
IMVEXXY STRT SUP 10MCG	287	INFUMORPH INJ 25MG/ML.....	35
IMVEXXY STRT SUP 4MCG.....	287	INGREZZA CAP 40-80MG.....	267
IN TOUCH LAN MIS 30G	224	INGREZZA CAP 40MG	267
IN TOUCH TES BLOOD	180	INGREZZA CAP 60MG	267
<i>inatal gt tab</i>	244	INGREZZA CAP 80MG	267
INBRIJA CAP 42MG	120	INJECTAFER INJ 100/2ML.....	212
<i>incassia tab 0.35mg</i>	155	INJECTAFER INJ 750/15ML.....	212
INCONTROL MIS LANC 28G.....	224	INLYTA TAB 1MG	105
INCONTROL MIS LANC 30G	224	INLYTA TAB 5MG	105
INCONTROL MIS LANC 33G.....	224	INNOPRAN XL CAP 120MG.....	137
INCRELEX INJ 40MG/4ML	188	INNOPRAN XL CAP 80MG	137
INCRUSE ELPT INH 62.5MCG	53	INPEFA TAB 400MG	144
<i>indapamide tab 1.25 mg</i>	184	INQOVI TAB 35-100MG	111
<i>indapamide tab 2.5 mg</i>	184	INREBIC CAP 100MG	113
INDERAL LA CAP 120MG	137	INS ASP PROT INJ FLEXPEN	79
INDERAL LA CAP 160MG	137	INS DEGL FLX INJ 100UNIT.....	79
INDERAL LA CAP 60MG.....	137	INS DEGL FLX INJ 200UNIT	79
INDERAL LA CAP 80MG.....	137	INSPIRA TAB 25MG.....	99
INDERAL XL CAP 120MG	137	INSPIRA TAB 50MG	99
INDERAL XL CAP 80MG.....	137	INSULIN DEGL INJ 100UNIT	79
INDOCIN SUP 50MG.....	27	INSULIN SYRG MIS 0.3/29G	229
INDOCIN SUS 25MG/5ML	27	INSULIN SYRG MIS 0.3/30G.....	229
<i>indomethacin cap 25 mg</i>	27	INSULIN SYRG MIS 0.3/31G	229
<i>indomethacin cap 50 mg</i>	27	INSULIN SYRG MIS 0.5/28G	229
<i>indomethacin cap er 75 mg</i>	27	INSULIN SYRG MIS 0.5/29G.....	229
<i>indomethacin sodium iv for soln 1 mg</i>	27	INSULIN SYRG MIS 0.5/30G.....	229
INDOMETHACIN SUP 100MG.....	27	INSULIN SYRG MIS 0.5/31G.....	229
<i>indomethacin suppos 50 mg</i>	27	INSULIN SYRG MIS 1ML.....	229
<i>indomethacin susp 25 mg/5ml</i>	27	INSULIN SYRG MIS 1ML/27G.....	229
INFANRIX INJ.....	279	INSULIN SYRG MIS 1ML/28G.....	229
INFASURF SUS 35MG/ML.....	273	INSULIN SYRG MIS 1ML/29G.....	229
INFED INJ 50MG/ML	211	INSULIN SYRG MIS 1ML/30G	229
INFINITY TES BLD GLUC	180	INSULIN SYRG MIS 1ML/31G	229
INFLECTRA INJ 100MG	197	INSULIN SYRG MIS 2/27.5G	229
INFUGEM SOL 1200MG	104	INTELENCE TAB 100MG.....	130
INFUGEM SOL 1300MG	104	INTELENCE TAB 200MG	130
INFUGEM SOL 1400MG	104	INTELENCE TAB 25MG.....	130
INFUGEM SOL 1500MG	104	INTERMEZZO SUB 1.75MG	214
INFUGEM SOL 1600MG	104	INTERMEZZO SUB 3.5MG	214
INFUGEM SOL 1700MG	104	INTRALIPID INJ 20%.....	251
INFUGEM SOL 1800MG	104	INTRALIPID INJ 30%.....	251
INFUGEM SOL 2000MG	104	INTRAROSA SUP 6.5MG.....	287

INTRON A INJ 10MU	116	<i>ipratropium bromide inhal soln 0.02%</i>	53
INTRON A INJ 50MU.....	116	<i>ipratropium bromide nasal soln 0.03% (21</i>	
<i>introvale tab.....</i>	150	<i>mcg/spray)</i>	249
INTUNIV TAB 1MG	16	<i>ipratropium bromide nasal soln 0.06% (42</i>	
INTUNIV TAB 2MG	17	<i>mcg/spray)</i>	249
INTUNIV TAB 3MG	17	<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>	
INTUNIV TAB 4MG	17	<i>mg/3ml.....</i>	56
INVANZ INJ 1GM	45	<i>irbesartan tab 150 mg</i>	94
INVEGA HAFYE INJ 1092MG	123	<i>irbesartan tab 300 mg.....</i>	94
INVEGA HAFYE INJ 1560MG	123	<i>irbesartan tab 75 mg</i>	94
INVEGA SUST INJ 117/0.75.....	124	<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>	
INVEGA SUST INJ 156MG/ML.....	124	<i>mg</i>	97
INVEGA SUST INJ 234/1.5.....	124	<i>irbesartan-hydrochlorothiazide tab 300-</i>	
INVEGA SUST INJ 39/0.25.....	123	<i>12.5 mg</i>	97
INVEGA SUST INJ 78/0.5ML	123	IRESSA TAB 250MG	108
INVEGA TAB 3MG	124	<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	119
INVEGA TAB 6MG	124	<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	
INVEGA TAB 9MG	124	<i>.....</i>	119
INVEGA TRINZ INJ 273MG.....	124	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	119
INVEGA TRINZ INJ 410MG.....	124	<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	
INVEGA TRINZ INJ 546MG	124	<i>.....</i>	119
INVEGA TRINZ INJ 819MG	124	ISENTRESS CHW 100MG	131
INVELTYS SUS 1%	256	ISENTRESS CHW 25MG	131
INVIRASE TAB 500MG	131	ISENTRESS HD TAB 600MG.....	131
INVOKAMET TAB 150-1000	75	ISENTRESS POW 100MG.....	131
INVOKAMET TAB 150-500	75	ISENTRESS TAB 400MG.....	131
INVOKAMET TAB 50-1000	75	<i>isibloom tab</i>	150
INVOKAMET TAB 50-500MG.....	75	<i>isoflurane inhal soln.....</i>	200
INVOKAMET XR TAB 150-1000	75	ISOLYTE-P INJ /D5W.....	232
INVOKAMET XR TAB 150-500.....	75	ISOLYTE-S INJ	232
INVOKAMET XR TAB 50-1000	75	ISOLYTE-S INJ PH 7.4.....	232
INVOKAMET XR TAB 50-500MG.....	75	<i>isoniazid inj 100 mg/ml</i>	101
INVOKANA TAB 100MG	81	<i>isoniazid syrup 50 mg/5ml.....</i>	101
INVOKANA TAB 300MG.....	81	<i>isoniazid tab 100 mg.....</i>	101
<i>iodine solution strong 5% (lugol's).....</i>	233	<i>isoniazid tab 300 mg</i>	101
IODINE TIN 2%.....	129	<i>isoproterenol hcl inj 0.2 mg/ml.....</i>	56
<i>iodoquimez cre 1-1.9%.....</i>	164	ISORDIL TAB 40MG	48
IONOSOL-MB INJ D5W	232	ISORDIL TAB 5MG	48
IONSYS PAD 40MCG/AC.....	35	<i>isosorbide dinitrate tab 10 mg.....</i>	48
<i>iopamidol inj 51%.....</i>	182	<i>isosorbide dinitrate tab 20 mg</i>	48
<i>iopamidol iv soln 61%</i>	182	<i>isosorbide dinitrate tab 30 mg.....</i>	49
<i>iopamidol iv soln 76%.....</i>	182	<i>isosorbide dinitrate tab 40 mg.....</i>	49
IOPIDINE SOL 1% OP	254	<i>isosorbide dinitrate tab 5 mg</i>	48
IPOL INJ INACTIVE	286		

<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	144	JADENU SPRKL GRA 90MG	82
<i>isosorbide mononitrate tab 10 mg</i>	49	JADENU TAB 180MG.....	82
<i>isosorbide mononitrate tab 20 mg</i>	49	JADENU TAB 360MG.....	82
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	49	JADENU TAB 90MG	82
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	49	<i>jaimiess tab</i>	150
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	49	JAKAFI TAB 10MG.....	113
<i>isotretinoin cap 10 mg</i>	162	JAKAFI TAB 15MG.....	113
<i>isotretinoin cap 20 mg</i>	162	JAKAFI TAB 20MG	113
<i>isotretinoin cap 25 mg</i>	162	JAKAFI TAB 25MG	113
<i>isotretinoin cap 30 mg</i>	162	JAKAFI TAB 5MG.....	113
<i>isotretinoin cap 35 mg</i>	162	JALYN CAP.....	201
<i>isotretinoin cap 40 mg</i>	162	<i>jantoven tab 10mg</i>	58
<i>isradipine cap 2.5 mg</i>	140	<i>jantoven tab 1mg</i>	58
<i>isradipine cap 5 mg</i>	140	<i>jantoven tab 2.5mg</i>	58
ISTALOL SOL 0.5% OP.....	252	<i>jantoven tab 2mg</i>	58
ISTODAX INJ 10MG.....	113	<i>jantoven tab 3mg</i>	58
ISTURISA TAB 10MG.....	184	<i>jantoven tab 4mg</i>	58
ISTURISA TAB 1MG	184	<i>jantoven tab 5mg</i>	58
ISTURISA TAB 5MG.....	184	<i>jantoven tab 6mg</i>	58
<i>itraconazole cap 100 mg</i>	86	<i>jantoven tab 7.5mg</i>	58
<i>itraconazole oral soln 10 mg/ml</i>	86	JANUMET TAB 50-1000.....	75
<i>ivabradine hcl tab 5 mg (base equiv)</i>	146	JANUMET TAB 50-500MG	75
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	146	JANUMET XR TAB 100-1000	75
<i>ivermectin cream 1%</i>	174	JANUMET XR TAB 50-1000.....	75
<i>ivermectin tab 3 mg</i>	44	JANUMET XR TAB 50-500MG	75
IWILFIN TAB 192MG.....	117	JANUVIA TAB 100MG	77
IXCHIQ INJ	286	JANUVIA TAB 25MG	77
IXEMPRA KIT INJ 15MG.....	118	JANUVIA TAB 50MG.....	77
IXEMPRA KIT INJ 45MG.....	118	JARDIANCE TAB 10MG	81
IXIARO INJ.....	286	JARDIANCE TAB 25MG.....	81
IXINITY INJ 1000UNIT	204	<i>jasmiel tab 3-0.02mg</i>	150
IXINITY INJ 1500UNIT.....	204	JATENZO CAP 158MG	42
IXINITY INJ 2000UNIT.....	204	JATENZO CAP 198MG	42
IXINITY INJ 250UNIT	204	JATENZO CAP 237MG.....	42
IXINITY INJ 3000UNIT.....	204	<i>javygtor pak 100mg</i>	189
IXINITY INJ 500UNIT	204	<i>javygtor pow 500mg</i>	189
IZERVAY SOL 2/0.1ML.....	255	<i>javygtor tab 100mg</i>	189
J		JAYPIRCA TAB 100MG.....	113
JADENU SPRKL GRA 180MG.....	82	JAYPIRCA TAB 50MG.....	113
JADENU SPRKL GRA 360MG	82	JEMPERLI SOL 500/10ML	106
		<i>jencycla tab 0.35mg</i>	155
		JENTADUETO TAB 2.5-1000	75
		JENTADUETO TAB 2.5-500	75
		JENTADUETO TAB 2.5-850	75

JENTADUETO TAB XR.....	75	<i>kalliga tab</i>	150
JEVTANA INJ 60/1.5ML.....	118	KALYDECO GRA 13.4MG.....	272
<i>jinteli tab 1mg-5mcg</i>	193	KALYDECO GRA 5.8MG.....	272
JIVI INJ 1000UNIT.....	204	KALYDECO PAK 25MG.....	272
JIVI INJ 2000UNIT.....	204	KALYDECO PAK 50MG.....	272
JIVI INJ 3000UNIT.....	204	KALYDECO PAK 75MG.....	272
JIVI INJ 500 UNIT.....	204	KALYDECO TAB 150MG.....	272
JOENJA TAB 70MG.....	237	KAMDOY EMU.....	173
<i>jolessa tab</i>	150	KAMELEON LUB MIS COLORS.....	219
JORNAY PM CAP 100MG ER.....	18	KAMELEON MIS TRI-COLR.....	219
JORNAY PM CAP 20MG ER.....	18	KANJINTI INJ 420MG.....	106
JORNAY PM CAP 40MG ER.....	18	KANJINTI SOL 150MG.....	106
JORNAY PM CAP 60MG ER.....	18	KANUMA INJ 20/10ML.....	189
JORNAY PM CAP 80MG ER.....	18	KAPSPARGO CAP 100MG.....	136
<i>joyeaux tab 0.1-20</i>	150	KAPSPARGO CAP 200MG.....	136
JUBLIA SOL 10%.....	164	KAPSPARGO CAP 25MG.....	136
<i>juleber tab</i>	150	KAPSPARGO CAP 50MG.....	136
JULUCA TAB 50-25MG.....	131	KARBINAL ER SUS 4MG/5ML.....	87
<i>junel 1.5/30 tab</i>	150	<i>kariva tab 28 day</i>	150
<i>junel 1/20 tab</i>	150	KATERZIA SUS 1MG/ML.....	140
<i>junel fe 24 tab 1/20</i>	150	KAZANO 12.5- TAB 1000MG.....	75
<i>junel fe tab 1.5/30</i>	150	KAZANO 12.5- TAB 500MG.....	75
<i>junel fe tab 1/20</i>	150	<i>kcl 10 meq/l (0.075%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	232
JUXTAPID CAP 10MG.....	91	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	232
JUXTAPID CAP 20MG.....	91	<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	232
JUXTAPID CAP 30MG.....	91	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i> <i>0.2% inj</i>	232
JUXTAPID CAP 5MG.....	91	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i> <i>0.45% inj</i>	232
JYLAMVO SOL 2MG/ML.....	104	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i> <i>0.9% inj</i>	232
JYNARQUE PAK 15MG.....	192	<i>kcl 30 meq/l (0.224%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	232
JYNARQUE PAK 30-15MG.....	192	<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	233
JYNARQUE PAK 45-15MG.....	192	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl</i> <i>0.45% inj</i>	233
JYNARQUE PAK 60-30MG.....	192	KCL/D5W/LACT INJ 20MEQ/L.....	233
JYNARQUE PAK 90-30MG.....	192	KCL/D5W/NACL INJ 0.15/0.2.....	233
JYNARQUE TAB 15MG.....	192	KCL/D5W/NACL INJ 0.3/0.9%.....	233
JYNARQUE TAB 30MG.....	192	KEDRAB SOL 150UNITS.....	261
JYNNEOS INJ.....	286	KEDRAB SOL 300/2ML.....	261
K		KELARX GEL.....	175
KADCYLA INJ 100MG.....	106	<i>kelnor 1/50 tab</i>	150
KADCYLA INJ 160MG.....	106		
<i>kaitlib fe chw</i>	150		
KALBITOR INJ 10MG/ML.....	207		
KALETRA SOL.....	131		
KALETRA TAB 100-25MG.....	131		
KALETRA TAB 200-50MG.....	131		

<i>kelnor tab 1/35</i>	150	<i>ketorolac tromethamine inj 30 mg/ml</i>	28
KENALOG AER SPRAY	170	<i>ketorolac tromethamine ophth soln 0.4%</i>	258
KENALOG-10 INJ 10MG/ML	157	<i>ketorolac tromethamine ophth soln 0.5%</i>	258
KENALOG-40 INJ 40MG/ML	157	<i>ketorolac tromethamine tab 10 mg</i>	28
KENALOG-80 INJ 80MG/ML	157	KEVEYIS TAB 50MG	183
KENGREAL SOL 50MG	208	KEVZARA INJ 150/1.14	26
KEPIVANCE INJ 5.16MG	117	KEVZARA INJ 200/1.14	26
KEPPRA INJ 500/5ML	62	KEYFOLIC TAB	242
KEPPRA SOL 100MG/ML	62	KEYTRUDA INJ 100MG/4M	107
KEPPRA TAB 1000MG	62	KHAPZORY SOL 175MG	117
KEPPRA TAB 250MG	62	KHAPZORY SOL 300MG	117
KEPPRA TAB 500MG	62	KIMMTRAK SOL 100MCG	107
KEPPRA TAB 750MG	62	KIMONO COLOR MIS	219
KEPPRA XR TAB 500MG	62	KIMONO MAXX MIS LG FLARE	220
KEPPRA XR TAB 750MG	62	KIMONO MICRO MIS THIN	220
KERAGEL GEL WOUND	176	KIMONO MICRO MIS THIN +	220
KERAGELT GEL	176	KIMONO MICRO MIS THIN PLS	220
KERAMATRIX MIS 10X10CM	176	KIMONO MIS LUBRICAT	220
KERAMATRIX MIS 2X3CM	176	KIMONO MIS SENSATIO	220
KERAMATRIX MIS 5X5CM	176	KIMONO PLUS MIS LUBRICAT	220
KERASTAT CRE	176	KIMONO PLUS MIS SPERMICI	220
KERASTAT GEL 5%	176	KIMONO PS MIS LUBRICAT	220
KERENDIA TAB 10MG	191	KIMONO PS MIS PLUS	220
KERENDIA TAB 20MG	191	KIMONO SENA MIS PLUS	220
KERYDIN SOL 5%	164	KIMONO SPEC MIS	220
KESIMPTA INJ 20/.4ML	268	KIMYRSA INJ 1200MG	45
KETALAR INJ 100MG/ML	200	KINERET INJ	26
KETALAR INJ 10MG/ML	199	KINNEY MIS LANCETS	224
KETALAR INJ 50MG/ML	200	KINNEY THIN MIS LANCETS	224
<i>ketamine hcl inj 10 mg/ml</i>	200	KINRIX INJ	279
<i>ketamine hcl inj 100 mg/ml</i>	200	KISQALI TAB 200DOSE	113
<i>ketamine hcl inj 50 mg/ml</i>	200	KISQALI TAB 400DOSE	113
KETAMINE INJ 10MG/ML	200	KISQALI TAB 600DOSE	113
<i>ketoconazole cream 2%</i>	164	KITABIS PAK NEB 300/5ML	21
<i>ketoconazole foam 2%</i>	164	KLARON LOT 10%	162
<i>ketoconazole shampoo 2%</i>	164	<i>klayesta pow 100000</i>	164
<i>ketoconazole tab 200 mg</i>	86	KLISYRI OIN 1% (250)	165
<i>ketodan aer 2%</i>	164	KLONOPIN TAB 0.5MG	61
<i>ketoprofen cap 25 mg</i>	28	KLONOPIN TAB 1MG	61
<i>ketoprofen cap 50 mg</i>	28	KLONOPIN TAB 2MG	61
<i>ketoprofen cap er 24hr 200 mg</i>	28	<i>klor-con 10 tab 10meq er</i>	235
<i>ketorolac tromethamine im inj 60 mg/2ml</i> <i>(30 mg/ml)</i>	28	<i>klor-con 8 tab 8meq er</i>	235
<i>ketorolac tromethamine inj 15 mg/ml</i>	28		

<i>klor-con m10 tab 10meq er</i>	235	KRISTALOSE PAK 20GM	216
<i>klor-con m15 tab 15meq er</i>	235	KROGER BLOOD TES GLUCOSE	180
<i>klor-con m20 tab 20meq er</i>	235	KROGER LANCE MIS.....	224
<i>klor-con pak 20meq</i>	235	KROGER LANCE MIS 26G	224
<i>klor-con/ef tab 25meq</i>	235	KROGER LANCE MIS THIN.....	224
KLOXXADO SPR 8MG.....	83	KROGER LANCE MIS THIN 30G	224
<i>kls aspirin tab 81mg ec</i>	32	KROGER TES	180
<i>kls quit2 gum 2mg</i>	271	KRYSTEXXA INJ 8MG/ML.....	202
<i>kls quit2 loz 2mg</i>	271	K-TAB TAB 20MEQ	235
<i>kls quit4 gum 4mg</i>	271	<i>k-tan plus cap</i>	211
<i>kls quit4 loz 4mg</i>	271	<i>kurvelo tab 0.15/30</i>	150
KOATE INJ 1000UNIT	204	KUVAN POW 100MG.....	189
KOATE INJ 250UNIT	204	KUVAN POW 500MG.....	189
KOATE INJ 500 UNIT	204	KUVAN TAB 100MG	189
KOATE-DVI INJ 1000UNIT	204	KYLEENA IUD 19.5MG.....	154
KOATE-DVI INJ 500UNIT	204	KYMRIAH SUS.....	107
KOGENATE FS INJ 1000UNIT	204	KYNMOBI MIS 10MG.....	120
KOGENATE FS INJ 2000UNIT	204	KYNMOBI MIS 15MG.....	120
KOGENATE FS INJ 250UNIT	204	KYNMOBI MIS 20MG	120
KOGENATE FS INJ 3000UNIT	204	KYNMOBI MIS 25MG	120
KOGENATE FS INJ 500UNIT	204	KYNMOBI MIS 30MG	120
KOMBIGLYZ XR TAB 2.5-1000	75	KYPROLIS SOL 10MG.....	113
KOMBIGLYZ XR TAB 5-1000MG.....	75	KYPROLIS SOL 30MG.....	113
KOMBIGLYZ XR TAB 5-500MG.....	75	KYPROLIS SOL 60MG.....	113
KONVOMEK SUS 2-84/ML	283	KYZATREX CAP 100MG.....	42
KORLYM TAB 300MG.....	77	KYZATREX CAP 150MG.....	42
KORSUVA INJ 50MCG/ML	240	KYZATREX CAP 200MG	42
KOSELUGO CAP 10MG.....	113	L	
KOSELUGO CAP 25MG	113	<i>labetalol hcl iv soln 5 mg/ml</i>	135
KOSHR PRENAT TAB 30-1MG.....	244	<i>labetalol hcl tab 100 mg</i>	135
<i>kourzeq pst 0.1%</i>	241	<i>labetalol hcl tab 200 mg</i>	135
KOVALTRY INJ 1000UNIT.....	205	<i>labetalol hcl tab 300 mg</i>	135
KOVALTRY INJ 2000UNIT	205	LABELALOL INJ 20/4ML.....	135
KOVALTRY INJ 250UNIT.....	205	<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	
KOVALTRY INJ 3000UNIT	205	.....	62
KOVALTRY INJ 500UNIT	205	<i>lacosamide oral solution 10 mg/ml</i>	62
<i>kp aspirin tab 81mg ec</i>	32	<i>lacosamide tab 100 mg</i>	62
K-PHOS TAB	234	<i>lacosamide tab 150 mg</i>	63
K-PHOS TAB NEUTRAL	234	<i>lacosamide tab 200 mg</i>	63
K-PHOS TAB NO 2.....	200	<i>lacosamide tab 50 mg</i>	62
<i>k-prime tab 25meq ef</i>	235	LACRISERT MIS 5MG OP	252
KRAZATI TAB 200MG.....	113	<i>lactated ringer's for irrigation</i>	239
KRINTAFEL TAB 150MG.....	100	<i>lactated ringer's solution</i>	233
KRISTALOSE PAK 10GM.....	215		

<i>lactic acid (ammonium lactate) cream 12%</i>		<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>	
.....	171	<i>starter kit</i>	63
<i>lactic acid (ammonium lactate) lotion 12%</i>		<i>lamotrigine tab 35 x 25 mg starter kit</i>	63
.....	171	<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i>	
LACTIC ACID CRE E	171	<i>starter kit</i>	63
LACTIC ACID LOT 10%.....	171	<i>lamotrigine tab chewable dispersible 25 mg</i>	
<i>lactojen cap</i>	81	.....	63
<i>lactulose (encephalopathy) solution 10</i>		<i>lamotrigine tab chewable dispersible 5 mg</i>	
<i>gm/15ml</i>	198	.....	63
LACTULOSE PAK 10GM	216	<i>lamotrigine tab disint 25 (14) & 50 mg (14) &</i>	
<i>lactulose solution 10 gm/15ml</i>	216	<i>100 mg (7) kit</i>	63
LAMICTAL CHW 25MG	63	<i>lamotrigine tab er 24hr 100 mg</i>	63
LAMICTAL CHW 5MG	63	<i>lamotrigine tab er 24hr 200 mg</i>	64
LAMICTAL KIT START 35.....	63	<i>lamotrigine tab er 24hr 25 mg</i>	63
LAMICTAL KIT START 49.....	63	<i>lamotrigine tab er 24hr 250 mg</i>	64
LAMICTAL KIT START 98.....	63	<i>lamotrigine tab er 24hr 300 mg</i>	64
LAMICTAL ODT KIT	63	<i>lamotrigine tab er 24hr 50 mg</i>	63
LAMICTAL ODT TAB 100MG	63	LAMPIT TAB 120MG.....	45
LAMICTAL ODT TAB 200MG.....	63	LAMPIT TAB 30MG	45
LAMICTAL ODT TAB 25MG	63	LAMZEDE INJ 10MG.....	189
LAMICTAL ODT TAB 50MG	63	LANCET MICRO MIS THIN 33G	224
LAMICTAL TAB 100MG	63	LANCET STAND MIS 21G.....	224
LAMICTAL TAB 150MG	63	LANCET SUPER MIS THIN 30G	224
LAMICTAL TAB 200MG.....	63	LANCET ULTRA MIS THIN 30G	224
LAMICTAL TAB 25MG	63	LANCETS MICR MIS THIN 33G.....	224
LAMICTAL XR KIT	63	LANCETS MIS.....	224
<i>lamivudine oral soln 10 mg/ml</i>	131	LANCETS MIS 21G	224
<i>lamivudine tab 100 mg (hbv)</i>	133	LANCETS MIS 21G COLR.....	224
<i>lamivudine tab 150 mg</i>	131	LANCETS MIS 26G	224
<i>lamivudine tab 300 mg</i>	131	LANCETS MIS 28G	224
<i>lamivudine-zidovudine tab 150-300 mg</i> .	131	LANCETS MIS 30G	224
<i>lamotrigine orally disintegrating tab 100 mg</i>		LANCETS MIS 33G	224
.....	63	LANCETS MIS ORIGINAL.....	224
<i>lamotrigine orally disintegrating tab 200 mg</i>		LANCETS MIS THIN	224
.....	63	LANCETS MIS THIN 26G	224
<i>lamotrigine orally disintegrating tab 25 mg</i>		LANCETS MIS THIN 30G	224
.....	63	LANCETS SUPR MIS THIN 28G	225
<i>lamotrigine orally disintegrating tab 50 mg</i>		LANCETS THIN MIS	225
.....	63	LANCETS THIN MIS 26G	225
<i>lamotrigine tab 100 mg</i>	63	LANCETS ULTR MIS THIN	225
<i>lamotrigine tab 150 mg</i>	63	LANOXIN INJ 0.25MG/1	142
<i>lamotrigine tab 200 mg</i>	63	LANOXIN INJ 0.5/2ML	142
<i>lamotrigine tab 25 mg</i>	63	LANOXIN PED INJ 0.1MG/ML.....	142
		LANOXIN TAB 0.0625MG	142

LANOXIN TAB 0.125MG	142	<i>leena tab</i>	151
LANOXIN TAB 0.25MG	142	<i>leflunomide tab 10 mg</i>	29
<i>lanreotide acetate extended release inj 120</i>		<i>leflunomide tab 20 mg</i>	29
<i>mg/0.5ml</i>	191	LEMTRADA INJ 12/1.2ML	268
LANREOTIDE INJ 120/.5ML	191	<i>lenalidomide cap 10 mg</i>	237
<i>lansoprazole cap delayed release 15 mg</i>	282	<i>lenalidomide cap 15 mg</i>	237
<i>lansoprazole cap delayed release 30 mg</i>		<i>lenalidomide cap 20 mg</i>	237
.....	282	<i>lenalidomide cap 25 mg</i>	237
<i>lansoprazole tab delayed release orally</i>		<i>lenalidomide cap 5 mg</i>	237
<i>disintegrating 15 mg</i>	282	<i>lenalidomide caps 2.5 mg</i>	237
<i>lansoprazole tab delayed release orally</i>		LENTOCILIN INJ 1200000	262
<i>disintegrating 30 mg</i>	282	LENVIMA CAP 10 MG	105
<i>lanthanum carbonate chew tab 1000 mg</i>		LENVIMA CAP 12MG	105
<i>(elemental)</i>	199	LENVIMA CAP 14 MG	105
<i>lanthanum carbonate chew tab 500 mg</i>		LENVIMA CAP 18 MG	105
<i>(elemental)</i>	199	LENVIMA CAP 20 MG	105
<i>lanthanum carbonate chew tab 750 mg</i>		LENVIMA CAP 24 MG	105
<i>(elemental)</i>	199	LENVIMA CAP 4MG	105
LANTUS INJ 100/ML	79	LENVIMA CAP 8 MG	105
LANTUS SOLOS INJ 100/ML	79	LEQVIO SOL	91
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>		LESCOL XL TAB 80MG	90
.....	113	<i>lessina tab</i>	151
<i>larin 24 tab fe 1/20</i>	150	LETAIRIS TAB 10MG	145
<i>larin fe tab 1.5/30</i>	150	LETAIRIS TAB 5MG	145
<i>larin fe tab 1/20</i>	150	<i>letrozole tab 2.5 mg</i>	109
<i>larin tab 1.5/30</i>	151	<i>leucovorin calcium for inj 100 mg</i>	117
<i>larin tab 1/20</i>	151	<i>leucovorin calcium for inj 200 mg</i>	117
LASIX TAB 20MG	183	<i>leucovorin calcium for inj 350 mg</i>	117
LASIX TAB 40MG	183	<i>leucovorin calcium for inj 50 mg</i>	117
LASIX TAB 80MG	183	<i>leucovorin calcium for inj 500 mg</i>	117
LASTACFT SOL 0.25%.....	258	<i>leucovorin calcium inj 100 mg/10ml (10</i>	
<i>latanoprost ophth soln 0.005%</i>	258	<i>mg/ml)</i>	117
LATANOPROST SOL 0.005%.....	258	<i>leucovorin calcium inj 500 mg/50ml (10</i>	
LATUDA TAB 120MG.....	123	<i>mg/ml)</i>	117
LATUDA TAB 20MG	123	<i>leucovorin calcium tab 10 mg</i>	117
LATUDA TAB 40MG	123	<i>leucovorin calcium tab 15 mg</i>	117
LATUDA TAB 60MG	123	<i>leucovorin calcium tab 25 mg</i>	117
LATUDA TAB 80MG	123	<i>leucovorin calcium tab 5 mg</i>	117
<i>layolis fe chw</i>	151	LEUKERAN TAB 2MG	102
LAZANDA SPR 100MCG	35	LEUKINE INJ 250MCG	210
LAZANDA SPR 300MCG	35	<i>leuprolide acetate inj kit 1 mg/0.2ml (5</i>	
LAZANDA SPR 400MCG	35	<i>mg/ml)</i>	109
LECITHIN GRA	251	<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i>	
LEDIP-SOFOSB TAB 90-400MG	133	<i>(base equiv)</i>	56

<i>levabuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	56	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	195
<i>levabuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	56	<i>levofloxacin iv soln 25 mg/ml</i>	195
<i>levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	56	<i>levofloxacin ophth soln 0.5%</i>	254
<i>levabuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	56	<i>levofloxacin ophth soln 1.5%</i>	254
<i>levamlodipine maleate tab 2.5 mg</i>	140	<i>levofloxacin oral soln 25 mg/ml</i>	195
<i>levamlodipine maleate tab 5 mg</i>	140	<i>levofloxacin tab 250 mg</i>	195
<i>LEVBID TAB 0.375 ER</i>	280	<i>levofloxacin tab 500 mg</i>	195
<i>LEVEMIR INJ</i>	79	<i>levofloxacin tab 750 mg</i>	195
<i>LEVEMIR INJ FLEXTUOC</i>	79	<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	117
<i>LEVETIRACETA INJ 10MG/ML</i>	64	<i>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</i>	117
<i>LEVETIRACETA INJ 15MG/ML</i>	64	<i>levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)</i>	117
<i>LEVETIRACETA INJ 5MG/ML</i>	64	<i>levonest tab</i>	151
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	64	<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	151
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	64	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	151
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	64	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	151
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	64	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	151
<i>levetiracetam oral soln 100 mg/ml</i>	64	<i>levonorgestrel tab 1.5 mg</i>	154
<i>levetiracetam tab 1000 mg</i>	64	<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	151
<i>levetiracetam tab 250 mg</i>	64	<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	151
<i>levetiracetam tab 500 mg</i>	64	<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	151
<i>levetiracetam tab 750 mg</i>	64	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	151
<i>levetiracetam tab er 24hr 500 mg</i>	64	<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	151
<i>levetiracetam tab er 24hr 750 mg</i>	64	<i>LEVOPHED INJ 1MG/ML</i>	288
<i>LEVICYN GEL</i>	173	<i>levora-28 tab 0.15/30</i>	151
<i>LEVICYN SOL DERMAL</i>	176	<i>levorphanol tartrate tab 2 mg</i>	35
<i>levobunolol hcl ophth soln 0.5%</i>	252	<i>levo-t tab 100mcg</i>	276
<i>levocarnitine inj 200 mg/ml</i>	189	<i>levo-t tab 112mcg</i>	276
<i>levocarnitine oral soln 1 gm/10ml (10%) ..</i>	189	<i>levo-t tab 125mcg</i>	276
<i>levocarnitine tab 330 mg</i>	189	<i>levo-t tab 137mcg</i>	276
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	87	<i>levo-t tab 150mcg</i>	276
<i>levocetirizine dihydrochloride tab 5 mg ...</i>	87	<i>levo-t tab 175mcg</i>	276
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	195		
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	195		

<i>levo-t tab 200mcg</i>	276	<i>levoxyl tab 50mcg</i>	277
<i>levo-t tab 25mcg</i>	276	<i>levoxyl tab 75mcg</i>	277
<i>levo-t tab 300 mcg</i>	276	<i>levoxyl tab 88mcg</i>	277
<i>levo-t tab 50mcg</i>	276	LEVSIN TAB 0.125MG	280
<i>levo-t tab 75mcg</i>	276	LEVSIN/SL SUB 0.125MG	280
<i>levo-t tab 88mcg</i>	276	LEVULAN KERA SOL 20%	165
LEVOTHYROXIN INJ 100MCG.....	276	LEXAPRO TAB 10MG.....	70
LEVOTHYROXIN INJ 200MCG	276	LEXAPRO TAB 20MG	70
LEVOTHYROXIN INJ 500MCG.....	276	LEXAPRO TAB 5MG	70
<i>levothyroxine sodium cap 100 mcg</i>	277	LEXIVA SUS 50MG/ML.....	131
<i>levothyroxine sodium cap 112 mcg</i>	277	LEXIVA TAB 700MG.....	131
<i>levothyroxine sodium cap 125 mcg</i>	277	LIALDA TAB 1.2GM	197
<i>levothyroxine sodium cap 13 mcg</i>	276	LIBERTY NEXT TES GEN.....	180
<i>levothyroxine sodium cap 137 mcg</i>	277	LIBERTY TES.....	180
<i>levothyroxine sodium cap 150 mcg</i>	277	LIBRAX CAP 5-2.5MG	281
<i>levothyroxine sodium cap 175 mcg</i>	277	LIBTAYO INJ 350/7ML	107
<i>levothyroxine sodium cap 200 mcg</i>	277	LIDO/TETRA INJ 0.4-0.2%	216
<i>levothyroxine sodium cap 25 mcg</i>	276	LIDOCAINE CRE TETRACAI	172
<i>levothyroxine sodium cap 50 mcg</i>	277	LIDOCAINE HC INJ 200/10ML	217
<i>levothyroxine sodium cap 75 mcg</i>	277	<i>lidocaine hcl (cardiac) iv pf soln pref syr 50</i>	
<i>levothyroxine sodium cap 88 mcg</i>	277	<i>mg/5ml(1%)</i>	52
<i>levothyroxine sodium for iv inj 100 mcg</i> .	277	<i>lidocaine hcl (cardiac) iv soln pref syr 100</i>	
<i>levothyroxine sodium for iv inj 200 mcg</i> 277		<i>mg/5ml (2%)</i>	52
<i>levothyroxine sodium for iv inj 500 mcg</i> 277		<i>lidocaine hcl (cardiac) iv soln pref syr 50</i>	
<i>levothyroxine sodium tab 100 mcg</i>	277	<i>mg/5ml (1%)</i>	52
<i>levothyroxine sodium tab 112 mcg</i>	277	<i>lidocaine hcl laryngotracheal soln 4%</i>	240
<i>levothyroxine sodium tab 125 mcg</i>	277	<i>lidocaine hcl local inj 0.5%</i>	217
<i>levothyroxine sodium tab 137 mcg</i>	277	<i>lidocaine hcl local inj 1%</i>	217
<i>levothyroxine sodium tab 150 mcg</i>	277	<i>lidocaine hcl local inj 2%</i>	217
<i>levothyroxine sodium tab 175 mcg</i>	277	<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>levothyroxine sodium tab 200 mcg</i>	277	<i>0.5%</i>	217
<i>levothyroxine sodium tab 25 mcg</i>	277	<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>levothyroxine sodium tab 300 mcg</i>	277	<i>1%</i>	217
<i>levothyroxine sodium tab 50 mcg</i>	277	<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>levothyroxine sodium tab 75 mcg</i>	277	<i>1.5%</i>	217
<i>levothyroxine sodium tab 88 mcg</i>	277	<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>levoxyl tab 100mcg</i>	277	<i>2%</i>	217
<i>levoxyl tab 112mcg</i>	277	<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>levoxyl tab 125mcg</i>	277	<i>4%</i>	217
<i>levoxyl tab 137mcg</i>	277	<i>lidocaine hcl soln 4%</i>	172
<i>levoxyl tab 150mcg</i>	277	<i>lidocaine hcl urethral/mucosal gel 2%</i>	172
<i>levoxyl tab 175mcg</i>	277	<i>lidocaine hcl urethral/mucosal gel prefilled</i>	
<i>levoxyl tab 200mcg</i>	277	<i>syringe 2%</i>	172
<i>levoxyl tab 25mcg</i>	277	<i>lidocaine hcl viscous soln 2%</i>	240

<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	52	LIPITOR TAB 10MG.....	90
<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i>	216	LIPITOR TAB 20MG.....	90
LIDOCAINE INJ 1%.....	217	LIPITOR TAB 40MG.....	90
<i>lidocaine inj 1% w/ epinephrine-1:100000</i>	216	LIPITOR TAB 80MG.....	90
<i>lidocaine inj 1.5% w/ epinephrine-1:200000 (pf)</i>	216	LIPOFEN CAP 150MG.....	89
LIDOCAINE INJ 100/5ML.....	217	LIPOFEN CAP 50MG.....	89
LIDOCAINE INJ 10MG/ML.....	217	LIQREV SUS 10MG/ML.....	145
LIDOCAINE INJ 2%.....	217	<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	78
<i>lidocaine inj 2% w/ epinephrine-1:100000</i>	216	<i>lisdexamfetamine dimesylate cap 10 mg</i> ..	14
<i>lidocaine inj 2% w/ epinephrine-1:200000 (pf)</i>	216	<i>lisdexamfetamine dimesylate cap 20 mg</i> .	14
LIDOCAINE INJ 20MG/ML.....	52	<i>lisdexamfetamine dimesylate cap 30 mg</i> .	14
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i> ...	52	<i>lisdexamfetamine dimesylate cap 40 mg</i> .	14
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i> ...	52	<i>lisdexamfetamine dimesylate cap 50 mg</i> 14,	15
<i>lidocaine oint 5%</i>	172	<i>lisdexamfetamine dimesylate cap 60 mg</i> .	15
<i>lidocaine patch 5%</i>	172	<i>lisdexamfetamine dimesylate cap 70 mg</i> .	15
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	172	<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	15
LIDODERM DIS 5%.....	172	<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	15
LIDOTREX GEL 2%.....	176	<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	15
LIKMEZ SUS 500/5ML.....	44	<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	15
LILETTA IUD 52MG.....	154	<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	15
LINCOCIN INJ 300MG/ML.....	47	<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	15
LINCOCIN INJ 600/2ML.....	47	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	97
<i>lincomycin hcl inj 300 mg/ml</i>	47	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	97
<i>linezolid for susp 100 mg/5ml</i>	47	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	97
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	47	<i>lisinopril tab 10 mg</i>	92
<i>linezolid tab 600 mg</i>	48	<i>lisinopril tab 2.5 mg</i>	92
LINZESS CAP 145MCG.....	198	<i>lisinopril tab 20 mg</i>	92
LINZESS CAP 290MCG.....	198	<i>lisinopril tab 30 mg</i>	92
LINZESS CAP 72MCG.....	198	<i>lisinopril tab 40 mg</i>	92
LIORESAL INT INJ 0.05MG/1.....	247	<i>lisinopril tab 5 mg</i>	92
LIORESAL INT INJ 10MG/20.....	247	LITE TOUCH MIS LANCETS.....	225
LIORESAL INT INJ 10MG/5ML.....	247	LITETOUCH MIS LANCETS.....	225
LIORESAL INT INJ 40MG/20.....	247	LITFULO CAP 50MG.....	171
<i>liothyronine sodium iv soln 10 mcg/ml</i> ...	277		
<i>liothyronine sodium tab 25 mcg</i>	277		
<i>liothyronine sodium tab 5 mcg</i>	277		
<i>liothyronine sodium tab 50 mcg</i>	277		

<i>lithium carbonate cap 150 mg</i>	122	LOPROX SUS 0.77%.....	164
<i>lithium carbonate cap 300 mg</i>	122	<i>lorazepam conc 2 mg/ml</i>	51
<i>lithium carbonate cap 600 mg</i>	122	<i>lorazepam inj 2 mg/ml</i>	51
<i>lithium carbonate tab 300 mg</i>	122	<i>lorazepam inj 4 mg/ml</i>	51
<i>lithium carbonate tab er 300 mg</i>	122	<i>lorazepam tab 0.5 mg</i>	51
<i>lithium carbonate tab er 450 mg</i>	122	<i>lorazepam tab 1 mg</i>	51
<i>lithium oral solution 8 meq/5ml</i>	122	<i>lorazepam tab 2 mg</i>	51
LITHOBID TAB 300MG CR.....	122	LORBRENA TAB 100MG	113
LITHOSTAT TAB 250MG	202	LORBRENA TAB 25MG	113
LIVALO TAB 1MG.....	90	LOREEV XR CAP 1.5MG	51
LIVALO TAB 2MG	90	LOREEV XR CAP 1MG.....	51
LIVALO TAB 4MG	90	LOREEV XR CAP 2MG.....	51
LIVDELZI CAP 10MG	199	LOREEV XR CAP 3MG.....	51
LIVMARLI SOL 19MG/ML.....	197	LORTAB ELX 10-300MG.....	40
LIVMARLI SOL 9.5MG/ML	196	<i>loryna tab 3-0.02mg</i>	151
LIVTENCITY TAB 200MG	133	<i>lorzone tab 375mg</i>	247
<i>lmd 10%/d5w inj</i>	207	<i>lorzone tab 750mg</i>	247
<i>lmd 10%/nacl inj 0.9%</i>	207	<i>losartan potassium & hydrochlorothiazide</i>	
LO LOESTRIN TAB 1-10-10	151	<i>tab 100-12.5 mg</i>	97
LOCOID LOT 0.1%	170	<i>losartan potassium & hydrochlorothiazide</i>	
LODOSYN TAB 25MG.....	119	<i>tab 100-25 mg</i>	97
<i>loestrin 21 tab 1.5/30</i>	151	<i>losartan potassium & hydrochlorothiazide</i>	
<i>loestrin fe tab 1.5/30</i>	151	<i>tab 50-12.5 mg</i>	97
<i>loestrin fe tab 1/20</i>	151	<i>losartan potassium tab 100 mg</i>	94
<i>loestrin tab 1/20-21</i>	151	<i>losartan potassium tab 25 mg</i>	94
<i>lojaimiess tab</i>	151	<i>losartan potassium tab 50 mg</i>	94
LOKELMA PAK 10GM	240	LOSEASONIQUE TAB	151
LOKELMA PAK 5GM	240	LOTEMAX GEL 0.5%	256
LOMAIRA TAB 8MG	16	LOTEMAX OIN 0.5%	256
LOMOTIL TAB 2.5MG	82	LOTEMAX SM GEL 0.38%	256
LONGS LANCET MIS STANDARD.....	225	LOTEMAX SUS 0.5%.....	256
LONGS LANCET MIS THIN.....	225	LOTENSIN HCT TAB 10-12.5	97
LONGS LANCET MIS ULTRA TH	225	LOTENSIN HCT TAB 20-12.5.....	97
LONHALA MAGN SOL 25MCG.....	53	LOTENSIN HCT TAB 20-25MG.....	97
LONSURF TAB 15-6.14	111	LOTENSIN TAB 10MG	92
LONSURF TAB 20-8.19	111	LOTENSIN TAB 20MG.....	92
<i>loperamide hcl cap 2 mg</i>	82	LOTENSIN TAB 40MG	92
LOPID TAB 600MG	89	<i>loteprednol etabonate ophth gel 0.5%</i> ...256	
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>		<i>loteprednol etabonate ophth susp 0.2%</i> 256	
<i>(80-20 mg/ml)</i>	131	<i>loteprednol etabonate ophth susp 0.5%</i> 256	
<i>lopinavir-ritonavir tab 100-25 mg</i>	131	LOTREL CAP 10-20MG	97
<i>lopinavir-ritonavir tab 200-50 mg</i>	131	LOTREL CAP 10-40MG.....	98
LOPRESSOR TAB 100MG.....	136	LOTREL CAP 5-10MG.....	97
LOPRESSOR TAB 50MG.....	136	LOTREL CAP 5-20MG.....	97

LOTREXONE CAP 1.5MG.....	31	LUNSUMIO INJ 30MG/30	107
LOTREXONE CAP 4.5MG.....	31	LUPR DEP-PED INJ 11.25MG.....	188
LOTRONEX TAB 0.5MG.....	198	LUPR DEP-PED INJ 15MG	188
LOTRONEX TAB 1MG.....	198	LUPR DEP-PED INJ 3M 30MG.....	188
<i>lovastatin tab 10 mg</i>	90	LUPR DEP-PED INJ 7.5MG.....	188
<i>lovastatin tab 20 mg</i>	90	LUPRON DEPOT INJ 11.25MG.....	109
<i>lovastatin tab 40 mg</i>	90	LUPRON DEPOT INJ 22.5MG.....	109
LOVAZA CAP 1GM.....	88	LUPRON DEPOT INJ 3.75MG.....	109
LOVENOX INJ 100MG/ML	60	LUPRON DEPOT INJ 30MG.....	109
LOVENOX INJ 120/0.8.....	60	LUPRON DEPOT INJ 45MG.....	109
LOVENOX INJ 150MG/ML	60	LUPRON DEPOT INJ 7.5MG.....	109
LOVENOX INJ 30/0.3ML.....	60	<i>lurasidone hcl tab 120 mg</i>	123
LOVENOX INJ 300/3ML.....	60	<i>lurasidone hcl tab 20 mg</i>	123
LOVENOX INJ 40/0.4ML	60	<i>lurasidone hcl tab 40 mg</i>	123
LOVENOX INJ 60/0.6ML	60	<i>lurasidone hcl tab 60 mg</i>	123
LOVENOX INJ 80/0.8ML	60	<i>lurasidone hcl tab 80 mg</i>	123
<i>low-ogestrel tab</i>	151	LUTATHERA SOL 370MBQ	116
<i>loxapine succinate cap 10 mg</i>	126	<i>lutra tab</i>	151
<i>loxapine succinate cap 25 mg</i>	126	LUXAMEND CRE.....	176
<i>loxapine succinate cap 5 mg</i>	126	LUZU CRE 1%.....	164
<i>loxapine succinate cap 50 mg</i>	126	LYBALVI TAB 10-10MG	266
<i>lo-zumandimi tab 3-0.02mg</i>	151	LYBALVI TAB 15-10MG	266
<i>lubiprostone cap 24 mcg</i>	196	LYBALVI TAB 20-10MG	266
<i>lubiprostone cap 8 mcg</i>	196	LYBALVI TAB 5-10MG.....	266
LUCEMYRA TAB 0.18MG.....	265	<i>lydexa cre 4.12%</i>	172
LUCENTIS INJ 0.3MG	253	<i>lyleq tab 0.35mg</i>	155
LUCENTIS INJ 0.5MG	253	<i>lyllana dis 0.025mg</i>	194
LUCENTIS SOL 0.3MG.....	254	<i>lyllana dis 0.0375mg</i>	194
LUCENTIS SOL 0.5MG.....	254	<i>lyllana dis 0.05mg</i>	194
LUER-LOK SYR MIS 1ML/20G	229	<i>lyllana dis 0.075mg</i>	194
LUGOLS SOL IODINE	129	<i>lyllana dis 0.1mg</i>	194
<i>luliconazole cream 1%</i>	164	LYNPARZA TAB 100MG.....	114
LUMAKRAS TAB 120MG.....	113	LYNPARZA TAB 150MG.....	114
LUMAKRAS TAB 320MG	113	LYRICA CAP 100MG.....	64
LUMIGAN SOL 0.01% OP	258	LYRICA CAP 150MG	64
LUMIZYME INJ 50MG.....	189	LYRICA CAP 200MG	64
LUMRYZ PAK 6GM.....	265	LYRICA CAP 225MG	64
LUMRYZ PAK 7.5GM.....	265	LYRICA CAP 25MG.....	64
LUMRYZ PAK 9GM	265	LYRICA CAP 300MG	64
LUMRYZ PKG 4.5GM	265	LYRICA CAP 50MG	64
LUNESTA TAB 1MG	214	LYRICA CAP 75MG.....	64
LUNESTA TAB 2MG	214	LYRICA CR TAB 165MG	269
LUNESTA TAB 3MG	214	LYRICA CR TAB 330MG	269
LUNSUMIO INJ 1MG/ML	107	LYRICA CR TAB 82.5MG.....	269

LYRICA SOL 20MG/ML	64	<i>mannitol iv soln 20%</i>	184
LYSODREN TAB 500MG	109	<i>mannitol iv soln 25%</i>	184
LYSTEDA TAB 650MG.....	212	<i>maraviroc tab 150 mg</i>	131
LYTGOBI TAB 4MG	114	<i>maraviroc tab 300 mg</i>	131
LYUMJEV INJ 100UT/ML	79	MARCAINE INJ 0.25%	217
LYUMJEV KWPN INJ 100UT/ML	79	MARCAINE INJ 0.5%	217
LYUMJEV KWPN INJ 200UT/ML.....	79	MARCAINE INJ 0.75%	217
LYUMJEV TMPO INJ 100UT/ML	79	MARCAINE INJ SPINAL.....	217
LYVISPAH GRA 10MG.....	247	MARCAINE/EPI INJ 0.25%	216
LYVISPAH GRA 20MG	247	<i>marcaine/epi inj 0.5%</i>	216
LYVISPAH GRA 5MG	247	MARCAINE/EPI INJ 0.5%.....	216
<i>lyza tab 0.35mg</i>	155	MARINOL CAP 10MG	84
M		MARINOL CAP 2.5MG.....	84
MACI MIS.....	246	MARINOL CAP 5MG.....	84
MACROBID CAP 100MG	48	<i>marlissa tab 0.15/30</i>	151
MACRODANTIN CAP 100MG	48	MARNATAL-F CAP.....	244
MACRODANTIN CAP 25MG	48	MARPLAN TAB 10MG	69
MACRODANTIN CAP 50MG.....	48	MATRIX WOUND MIS BILAYER.....	176
<i>mafenide acetate packet for topical soln</i>		MATULANE CAP 50MG.....	116
5% (50 gm).....	167	<i>matzim la tab 180mg/24</i>	140
MAGNESIUM SU INJ 20/500ML.....	233	<i>matzim la tab 240mg/24</i>	140
MAGNESIUM SU INJ 2GM/50ML	233	<i>matzim la tab 300mg/24</i>	140
MAGNESIUM SU INJ 40G/1000	233	<i>matzim la tab 360mg/24</i>	140
MAGNESIUM SU INJ 4G/100ML	233	<i>matzim la tab 420mg/24</i>	140
MAGNESIUM SU INJ 80MG/ML.....	233	MAVENCLAD PAK 10MG(10)	268
<i>magnesium sulfate in dextrose 5% iv soln 1</i>		MAVENCLAD PAK 10MG(4).....	268
<i>gm/100ml</i>	233	MAVENCLAD PAK 10MG(5)	268
<i>magnesium sulfate inj 50%</i>	234	MAVENCLAD PAK 10MG(6).....	268
<i>magnesium sulfate iv soln 2 gm/50ml (40</i>		MAVENCLAD PAK 10MG(7)	268
<i>mg/ml)</i>	234	MAVENCLAD PAK 10MG(8).....	268
<i>magnesium sulfate iv soln 20 gm/500ml</i>		MAVENCLAD PAK 10MG(9).....	268
<i>(40 mg/ml)</i>	234	MAVYRET TAB 100-40MG	133
<i>magnesium sulfate iv soln 4 gm/100ml (40</i>		MAXALT TAB 10MG	230
<i>mg/ml)</i>	234	MAXALT-MLT TAB 10MG.....	230
<i>magnesium sulfate iv soln 4 gm/50ml (80</i>		MAXIDEX SUS 0.1% OP	256
<i>mg/ml)</i>	234	MAXIMA BLOOD TES GLUCOSE	180
<i>magnesium sulfate iv soln 40 gm/1000ml</i>		MAXITROL OIN 0.1% OP	256
<i>(40 mg/ml)</i>	234	MAXITROL SUS 0.1% OP	256
MAKENA INJ 250MG/ML	264	MAXX MIS LUBRICAT	220
MAKENA INJ 275MG	264	MAXX PLUS MIS SPERMICI	220
MALARONE TAB 250-100.....	100	MAXZIDE TAB 75-50.....	183
MALARONE TAB 62.5-25.....	100	MAXZIDE-25 TAB	183
<i>malathion lotion 0.5%</i>	175	MAYZENT PAK STARTER.....	268
<i>manganese chloride inj 0.1 mg/ml</i>	234	MAYZENT TAB 0.25MG.....	268

MAYZENT TAB 1MG	268	<i>meloxicam cap 10 mg</i>	28
MAYZENT TAB 2MG	268	<i>meloxicam cap 5 mg</i>	28
<i>meclizine hcl tab 12.5 mg</i>	84	<i>meloxicam susp 7.5 mg/5ml</i>	28
<i>meclizine hcl tab 25 mg</i>	84	<i>meloxicam tab 15 mg</i>	28
<i>meclofenamate sodium cap 100 mg</i>	28	<i>meloxicam tab 7.5 mg</i>	28
<i>meclofenamate sodium cap 50 mg</i>	28	<i>melphalan hcl for inj 50 mg (base equiv)</i> 102	
MEDICHOICE MIS LANCET.....	225	<i>melphalan tab 2 mg</i>	102
MEDLANCE MIS 30G PLUS.....	225	<i>memantine hcl cap er 24hr 14 mg</i>	265
MEDLANCE MIS PLUS 30G.....	225	<i>memantine hcl cap er 24hr 21 mg</i>	265
MEDLANCE PLS MIS 0.8MM	225	<i>memantine hcl cap er 24hr 28 mg</i>	265
MEDLANCE PLS MIS EXTR 21G.....	225	<i>memantine hcl cap er 24hr 7 mg</i>	265
MEDLANCE PLS MIS LITE 25G.....	225	<i>memantine hcl oral solution 2 mg/ml</i>	265
MEDLANCE PLS MIS UNIV 21G	225	<i>memantine hcl tab 10 mg</i>	265
MEDROL TAB 16MG.....	157	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i>	
MEDROL TAB 2MG.....	157	<i>titration pack</i>	265
MEDROL TAB 4MG	157	<i>memantine hcl tab 5 mg</i>	265
MEDROL TAB 8MG	157	MEMBRANEBLUE INJ 0.15%	257
<i>medroxyprogesterone acetate im susp 150</i>		MENEST TAB 0.3MG.....	194
<i>mg/ml</i>	154	MENEST TAB 0.625MG	194
<i>medroxyprogesterone acetate im susp</i>		MENEST TAB 1.25MG.....	194
<i>prefilled syr 150 mg/ml</i>	154	MENOPUR INJ 75UNIT	186
<i>medroxyprogesterone acetate tab 10 mg</i>		MENOSTAR DIS 14MCG	194
.....	264	MENQUADFI INJ	285
<i>medroxyprogesterone acetate tab 2.5 mg</i>		MENVEO INJ	285
.....	264	<i>meperidine hcl inj 100 mg/ml</i>	35
<i>medroxyprogesterone acetate tab 5 mg</i>	264	<i>meperidine hcl inj 25 mg/ml</i>	35
<i>mefenamic acid cap 250 mg</i>	28	<i>meperidine hcl inj 50 mg/ml</i>	35
<i>mefloquine hcl tab 250 mg</i>	100	<i>meperidine hcl oral soln 50 mg/5ml</i>	35
<i>megestrol acetate susp 40 mg/ml</i>	109	<i>meperidine hcl tab 50 mg</i>	35
<i>megestrol acetate susp 625 mg/5ml</i>	264	MEPHYTON TAB 5MG	289
<i>megestrol acetate tab 20 mg</i>	109	<i>meprobamate tab 200 mg</i>	50
<i>megestrol acetate tab 40 mg</i>	109	<i>meprobamate tab 400 mg</i>	50
MEIJER BLOOD TES GLUCOSE.....	180	MEPRON SUS.....	45
MEIJER LANCE MIS COLOR	225	MEPSEVII INJ 10MG/5ML	189
MEIJER LANCE MIS UNIV 21G.....	225	<i>mercaptapurine tab 50 mg</i>	104
MEIJER LANCE MIS UNIV 30G.....	225	<i>meropenem iv for soln 1 gm</i>	45
MEIJER LANCE MIS UNIVERSA.....	225	<i>meropenem iv for soln 500 mg</i>	45
MEIJER MIS LANCETS.....	225	<i>merzee cap 1/20</i>	151
MEIJER TES TRUETEST	180	<i>mesalamine cap dr 400 mg</i>	197
MEIJER TES TRUETRAC	180	<i>mesalamine cap er 24hr 0.375 gm</i>	197
MEKINIST SOL 0.05/ML.....	114	<i>mesalamine cap er 500 mg</i>	197
MEKINIST TAB 0.5MG	114	<i>mesalamine enema 4 gm</i>	197
MEKINIST TAB 2MG.....	114	<i>mesalamine rectal enema 4 gm & cleanser</i>	
MEKTOVI TAB 15MG.....	114	<i>wipe kit</i>	197

<i>mesalamine suppos 1000 mg</i>	197	METHADONE INJ 10MG/ML.....	36
<i>mesalamine tab delayed release 1.2 gm</i> .	197	METHADOSE CON 10MG/ML.....	36
<i>mesalamine tab delayed release 800 mg</i>	197	METHADOSE SF CON 10MG/ML	36
<i>mesna inj 100 mg/ml</i>	117	<i>methadose tab 40mg</i>	36
MESNEX INJ 1GM	117	<i>methamphetamine hcl tab 5 mg</i>	15
MESNEX TAB 400MG.....	117	<i>methazolamide tab 25 mg</i>	183
MESTINON SOL 60MG/5ML	100	<i>methazolamide tab 50 mg</i>	183
MESTINON TAB 60MG	100	<i>methenamine hippurate tab 1 gm</i>	48
MESTINON TAB TIMESPAN.....	100	<i>methenamine mandelate tab 0.5 gm</i>	48
METADATE CD CAP 10MG	18	<i>methenamine mandelate tab 1 gm</i>	48
METADATE CD CAP 20MG.....	18	<i>methergine tab 0.2mg</i>	259
METADATE CD CAP 30MG.....	18	<i>methimazole tab 10 mg</i>	275
METADATE CD CAP 40MG.....	18	<i>methimazole tab 5 mg</i>	275
METADATE CD CAP 50MG.....	18	<i>methitest tab 10mg</i>	42
METADATE CD CAP 60MG.....	18	<i>methocarbamol inj 1000 mg/10ml</i>	247
<i>metaxalone tab 400 mg</i>	247	<i>methocarbamol tab 500 mg</i>	247
<i>metaxalone tab 800 mg</i>	247	<i>methocarbamol tab 750 mg</i>	247
<i>metformin hcl oral soln 500 mg/5ml</i>	76	<i>methotrexate sodium for inj 1 gm</i>	104
<i>metformin hcl tab 1000 mg</i>	77	<i>methotrexate sodium inj 250 mg/10ml (25</i> <i>mg/ml)</i>	104
<i>metformin hcl tab 500 mg</i>	76	<i>methotrexate sodium inj 50 mg/2ml (25</i> <i>mg/ml)</i>	104
<i>metformin hcl tab 625 mg</i>	76	<i>methotrexate sodium inj pf 1000 mg/40ml</i> <i>(25 mg/ml)</i>	104
<i>metformin hcl tab 850 mg</i>	76	<i>methotrexate sodium inj pf 250 mg/10ml</i> <i>(25 mg/ml)</i>	104
<i>metformin hcl tab er 24hr 500 mg</i>	77	<i>methotrexate sodium inj pf 50 mg/2ml (25</i> <i>mg/ml)</i>	104
<i>metformin hcl tab er 24hr 750 mg</i>	77	<i>methotrexate sodium tab 2.5 mg (base</i> <i>equiv)</i>	104
<i>metformin hcl tab er 24hr modified release</i> <i>1000 mg</i>	77	<i>methoxsalen rapid cap 10 mg</i>	166
<i>metformin hcl tab er 24hr modified release</i> <i>500 mg</i>	77	<i>methscopolamine bromide tab 2.5 mg</i> ...	281
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	77	<i>methscopolamine bromide tab 5 mg</i>	281
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	77	<i>methsuximide cap 300 mg</i>	68
METHADO/NAACL INJ 10MG/ML	35	METHY-BUPIVA SUS 8-5MG/ML.....	157
METHADO/NAACL INJ 1MG/ML.....	35	METHYL-BUPIV SUS 40-5MG	157
METHADO/NAACL INJ 5MG/5ML.....	35	<i>methyldopa tab 250 mg</i>	95
<i>methadone con 10mg/ml</i>	35	<i>methylergonovine maleate inj 0.2 mg/ml</i>	259
<i>methadone hcl conc 10 mg/ml</i>	35	<i>methylergonovine maleate tab 0.2 mg</i> ...	259
<i>methadone hcl inj 10 mg/ml</i>	35	METHYLIN SOL 10MG/5ML	19
<i>methadone hcl soln 10 mg/5ml</i>	35	METHYLIN SOL 5MG/5ML.....	19
<i>methadone hcl soln 5 mg/5ml</i>	35	<i>methylphenidate hcl cap er 10 mg (cd)</i>	19
<i>methadone hcl tab 10 mg</i>	35	<i>methylphenidate hcl cap er 20 mg (cd)</i>	19
<i>methadone hcl tab 5 mg</i>	35		
<i>methadone hcl tab for oral susp 40 mg</i> ...	35		

<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>
..... 19	..... 19
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>
..... 19	..... 19
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>
..... 19	..... 19
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>
..... 19	..... 20
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	<i>methylphenidate td patch 10 mg/9hr</i>
..... 19	..... 20
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	<i>methylphenidate td patch 15 mg/9hr</i>
..... 19	..... 20
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	<i>methylphenidate td patch 20 mg/9hr</i>
..... 19	..... 20
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	<i>METHYLPR ACE INJ 40MG/ML</i>
..... 19	..... 157
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	<i>METHYLPR ACE INJ 80MG/ML</i>
..... 19	..... 157
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	<i>METHYLPREDNI INJ 80MG/ML</i>
..... 19	..... 157
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	<i>METHYLPREDNI SUS 50MG/ML</i>
..... 19	..... 157
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	<i>methylprednisolone acetate inj susp 40 mg/ml</i>
..... 19	..... 157
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	<i>methylprednisolone acetate inj susp 80 mg/ml</i>
..... 19	..... 157
<i>methylphenidate hcl cap er 30 mg (cd) ...</i>	<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>
..... 19	..... 157
<i>methylphenidate hcl cap er 40 mg (cd) ...</i>	<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>
..... 19	..... 157
<i>methylphenidate hcl cap er 50 mg (cd) ...</i>	<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>
..... 19	..... 157
<i>methylphenidate hcl cap er 60 mg (cd) ...</i>	<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>
..... 19	..... 157
<i>methylphenidate hcl chew tab 10 mg</i>	<i>methylprednisolone tab 16 mg</i>
..... 19	..... 157
<i>methylphenidate hcl chew tab 2.5 mg</i>	<i>methylprednisolone tab 32 mg</i>
..... 19	..... 157
<i>methylphenidate hcl chew tab 5 mg</i>	<i>methylprednisolone tab 4 mg</i>
..... 19	..... 157
<i>methylphenidate hcl soln 10 mg/5ml</i>	<i>methylprednisolone tab 8 mg</i>
..... 19	..... 157
<i>methylphenidate hcl soln 5 mg/5ml</i>	<i>methylprednisolone tab therapy pack 4 mg (21)</i>
..... 19	..... 157
<i>methylphenidate hcl tab 10 mg</i>	<i>methyltestosterone cap 10 mg</i>
..... 19	..... 42
<i>methylphenidate hcl tab 20 mg</i>	<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>
..... 19	..... 196
<i>methylphenidate hcl tab 5 mg</i>	<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>
..... 19	..... 196
<i>methylphenidate hcl tab er 10 mg</i>	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>
..... 19	..... 196
<i>methylphenidate hcl tab er 20 mg</i>	<i>metoclopramide hcl tab 10 mg (base equivalent)</i>
..... 19	..... 196
<i>methylphenidate hcl tab er 24hr 18 mg</i>	
..... 19	
<i>methylphenidate hcl tab er 24hr 27 mg</i>	
..... 19	
<i>methylphenidate hcl tab er 24hr 36 mg</i>	
..... 19	
<i>methylphenidate hcl tab er 24hr 54 mg</i>	
..... 19	
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	
..... 19	

<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	196	MICACALCIN INJ 400/2ML	185
<i>metolazone tab 10 mg</i>	184	MICAFUNGIN INJ 100MG.....	85
<i>metolazone tab 2.5 mg</i>	184	MICAFUNGIN INJ 50MG	85
<i>metolazone tab 5 mg</i>	184	<i>micafungin sodium for iv soln 100 mg</i>	85
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	98	<i>micafungin sodium for iv soln 50 mg</i>	85
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	98	MICARDIS HCT TAB 40/12.5	98
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	98	MICARDIS HCT TAB 80/12.5	98
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	136	MICARDIS HCT TAB 80-25MG.....	98
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	136	MICARDIS TAB 20MG.....	94
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	136	MICARDIS TAB 40MG.....	94
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	136	MICARDIS TAB 80MG.....	94
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	136	<i>miconazole 3 sup 200mg</i>	287
<i>metoprolol tartrate tab 100 mg</i>	137	<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	164
<i>metoprolol tartrate tab 25 mg</i>	136	MICORT-HC CRE 2.5%	170
<i>metoprolol tartrate tab 37.5 mg</i>	136	MICRHOGAM PL INJ 50MCG.....	261
<i>metoprolol tartrate tab 50 mg</i>	136	MICRO THIN MIS LANC 33G.....	225
<i>metoprolol tartrate tab 75 mg</i>	136	MICROCYN LIQ.....	176
METROCREAM CRE 0.75%	174	MICRODOT TES	180
METROGEL GEL 1%	174	<i>microgestin tab 1.5/30</i>	151
METROLOTION LOT 0.75%	174	<i>microgestin tab 1/20</i>	151
METRONIDAZOL INJ 500MG.....	44	<i>microgestin tab fe 1/20</i>	151
<i>metronidazole cap 375 mg</i>	44	<i>microgestin tab fe1.5/30</i>	151
<i>metronidazole cream 0.75%</i>	174	MICROLET MIS LANCETS	225
<i>metronidazole gel 0.75%</i>	174	MICROPLEGIA INJ MSA/MSG.....	143
<i>metronidazole gel 1%</i>	174	MIDAZOL/NACL SOL 5MG/5ML.....	214
<i>metronidazole iv soln 500 mg/100ml</i>	44	<i>midazolam hcl inj 10 mg/10ml (base equivalent)</i>	214
<i>metronidazole lotion 0.75%</i>	174	<i>midazolam hcl inj 10 mg/2ml (base equivalent)</i>	214
<i>metronidazole tab 250 mg</i>	44	<i>midazolam hcl inj 2 mg/2ml (base equivalent)</i>	214
<i>metronidazole tab 500 mg</i>	44	<i>midazolam hcl inj 25 mg/5ml (base equivalent)</i>	214
<i>metronidazole vaginal gel 0.75%</i>	287	<i>midazolam hcl inj 5 mg/5ml (base equivalent)</i>	214
<i>metyrosine cap 250 mg</i>	93	<i>midazolam hcl inj 5 mg/ml (base equivalent)</i>	214
<i>mexiletine hcl cap 150 mg</i>	52	<i>midazolam hcl inj 50 mg/10ml (base equivalent)</i>	214
<i>mexiletine hcl cap 200 mg</i>	52	<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i>	214
<i>mexiletine hcl cap 250 mg</i>	52	<i>midazolam hcl inj pf 2 mg/2ml (base equivalent)</i>	214
MG SO4/D5W INJ 10MG/ML	234		
MIACALCIN INJ 200/ML.....	185		

<i>midazolam hcl inj pf 5 mg/5ml (base equivalent)</i>	214	<i>minocycline hcl cap 50 mg</i>	274
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>	214	<i>minocycline hcl cap 75 mg</i>	274
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	214	<i>minocycline hcl cap er 24hr 135 mg (base equivalent)</i>	275
<i>midodrine hcl tab 10 mg</i>	289	<i>minocycline hcl cap er 24hr 45 mg (base equivalent)</i>	274
<i>midodrine hcl tab 2.5 mg</i>	288	<i>minocycline hcl cap er 24hr 90 mg (base equivalent)</i>	274
<i>midodrine hcl tab 5 mg</i>	289	<i>minocycline hcl tab 100 mg</i>	275
MIEBO DRO 1.3GM/ML.....	258	<i>minocycline hcl tab 50 mg</i>	275
<i>migergot sup 2/100</i>	230	<i>minocycline hcl tab 75 mg</i>	275
<i>miglitol tab 100 mg</i>	74	<i>minocycline hcl tab er 24hr 105 mg</i>	275
<i>miglitol tab 25 mg</i>	74	<i>minocycline hcl tab er 24hr 115 mg</i>	275
<i>miglitol tab 50 mg</i>	74	<i>minocycline hcl tab er 24hr 135 mg</i>	275
<i>miglustat cap 100 mg</i>	208	<i>minocycline hcl tab er 24hr 45 mg</i>	275
MIGRANAL SPR 4MG/ML.....	230	<i>minocycline hcl tab er 24hr 55 mg</i>	275
<i>mili tab 0.25/35</i>	151	<i>minocycline hcl tab er 24hr 65 mg</i>	275
MILLIPRED DP PAK 5MG	157	<i>minocycline hcl tab er 24hr 80 mg</i>	275
MILLIPRED TAB 5MG.....	157	<i>minocycline hcl tab er 24hr 90 mg</i>	275
<i>milrinone lactate in dextrose 5% iv soln 20 mg/100ml</i>	142	MINOLIRA TAB 105MG	275
<i>milrinone lactate in dextrose 5% iv soln 40 mg/200ml</i>	142	MINOLIRA TAB 135MG	275
<i>milrinone lactate iv soln 10 mg/10ml (base equivalent)</i>	142	<i>minoxidil tab 10 mg</i>	99
<i>milrinone lactate iv soln 20 mg/20ml (base equivalent)</i>	142	<i>minoxidil tab 2.5 mg</i>	99
<i>milrinone lactate iv soln 50 mg/50ml (base equivalent)</i>	142	MIOCHOL-E SOL 1:100.....	253
<i>mimvey tab 1-0.5mg</i>	193	MIOSTAT INJ 0.01% OP	253
MIMYX CRE.....	173	<i>mirabegron tab er 24 hr 25 mg</i>	284
MINASTRIN 24 CHW FE	152	<i>mirabegron tab er 24 hr 50 mg</i>	284
<i>mineral oil</i>	216	MIRAPEX ER TAB 0.375MG	120
MINILINK RT MIS TRANSMIT	225	MIRAPEX ER TAB 0.75MG	120
MINIMED 630G MIS TRANSMIT	225	MIRAPEX ER TAB 2.25MG.....	120
MINIPRESS CAP 1MG	95	MIRAPEX ER TAB 3.75MG.....	120
MINIVELLE DIS 0.025MG.....	194	MIRAPEX ER TAB 3MG	120
MINIVELLE DIS 0.0375MG.....	194	MIRCERA INJ 100MCG	210
MINIVELLE DIS 0.05MG	194	MIRCERA INJ 150MCG	210
MINIVELLE DIS 0.075MG.....	194	MIRCERA INJ 200MCG	210
MINIVELLE DIS 0.1MG	194	MIRCERA INJ 30MCG.....	210
MINOCIN CAP 50MG.....	274	MIRCERA INJ 50MCG.....	210
MINOCIN INJ 100MG.....	274	MIRCERA INJ 75MCG.....	210
<i>minocycline hcl cap 100 mg</i>	274	MIRENA IUD SYSTEM	154
		MIRO3D WOUND PAD 10X5X2CM	176
		MIRO3D WOUND PAD 2X2X2CM	176
		MIRO3D WOUND PAD 3X3X2CM	176
		MIRO3D WOUND PAD 4X4X2CM	176
		MIRO3D WOUND PAD 5X5X2CM	176

MIRO3D WOUND PAD 7X5X2CM	176	<i>molindone hcl tab 5 mg</i>	127
MIROTRACT MIS 3MMX5CM	176	<i>mometasone furoate cream 0.1%</i>	170
MIROTRACT MIS 3MMX9CM	176	<i>mometasone furoate nasal susp 50</i>	
MIROTRACT MIS 5MMX5CM	176	<i>mcg/act</i>	249
MIROTRACT MIS 5MMX9CM	176	<i>mometasone furoate oint 0.1%</i>	170
<i>mirtazapine orally disintegrating tab 15 mg</i>		<i>mometasone furoate solution 0.1% (lotion)</i>	
.....	68	.....	170
<i>mirtazapine orally disintegrating tab 30 mg</i>		<i>mondoxyne nl cap 100mg</i>	275
.....	68	<i>mondoxyne nl cap 75mg</i>	275
<i>mirtazapine orally disintegrating tab 45 mg</i>		MONOLET MIS LANCETS.....	225
.....	68	MONOLET OPD MIS LANCETS.....	225
<i>mirtazapine tab 15 mg</i>	68	MONOLETTOR MIS LANCETS.....	225
<i>mirtazapine tab 30 mg</i>	68	<i>mono-lynyah tab 0.25-35</i>	152
<i>mirtazapine tab 45 mg</i>	68	MONOVISC INJ 88MG/4ML	248
<i>mirtazapine tab 7.5 mg</i>	68	<i>montelukast sodium chew tab 4 mg (base</i>	
MIRVASO GEL 0.33%	174	<i>equiv)</i>	53
<i>misoprostol tab 100 mcg</i>	283	<i>montelukast sodium chew tab 5 mg (base</i>	
<i>misoprostol tab 200 mcg</i>	283	<i>equiv)</i>	53
MITIGARE CAP 0.6MG.....	202	<i>montelukast sodium oral granules packet 4</i>	
<i>mitigo inj 10mg/ml</i>	36	<i>mg (base equiv)</i>	54
<i>mitigo inj 25mg/ml</i>	36	<i>montelukast sodium tab 10 mg (base equiv)</i>	
<i>mitomycin for iv soln 20 mg</i>	110	.....	54
<i>mitomycin for iv soln 40 mg</i>	110	MORGIDOX KIT 1X50MG.....	275
<i>mitomycin for iv soln 5 mg</i>	110	MORPHABOND TAB 100MG ER.....	36
MITOMYCIN SOL 20MG.....	110	MORPHABOND TAB 15MG ER.....	36
MITOSOL KIT 0.2MG.....	254	MORPHABOND TAB 30MG ER.....	36
<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i>		MORPHABOND TAB 60MG ER.....	36
<i>mg/ml)</i>	111	MORPHIN/NACL INJ 100/100.....	36
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2</i>		MORPHIN/NACL INJ 1MG/ML	36
<i>mg/ml)</i>	111	MORPHIN/NACL INJ 2MG-0.9%	36
<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i>		MORPHIN/NACL INJ 4MG-0.9%.....	36
<i>mg/ml)</i>	111	MORPHINE SUL INJ 10MG/ML.....	36
<i>mm aspirin tab low dose</i>	32	MORPHINE SUL INJ 1MG/ML	36
M-M-R II INJ.....	286	MORPHINE SUL INJ 250MG/50.....	36
<i>modafinil tab 100 mg</i>	20	MORPHINE SUL INJ 2MG/ML	36
<i>modafinil tab 200 mg</i>	20	MORPHINE SUL INJ 2MG2/ML	36
MODERNA INJ 2024-25.....	286	MORPHINE SUL INJ 4MG/ML	36
MODERNA VAC INJ 50/0.5ML	286	MORPHINE SUL INJ 8MG/ML	36
MODERNA VAC INJ COVID-19.....	286	MORPHINE SUL INJ NACL.....	36
MODERNA VACC INJ 6M-5Y	286	MORPHINE SUL SOL 50MG/ML	36
<i>moexipril hcl tab 15 mg</i>	92	<i>morphine sulfate beads cap er 24hr 120 mg</i>	
<i>moexipril hcl tab 7.5 mg</i>	92	.....	36
<i>molindone hcl tab 10 mg</i>	127	<i>morphine sulfate beads cap er 24hr 30 mg</i>	
<i>molindone hcl tab 25 mg</i>	127	.....	36

<i>morphine sulfate beads cap er 24hr 45 mg</i>		<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	195
.....	36	<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	254
<i>morphine sulfate beads cap er 24hr 60 mg</i>		<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	254
.....	36	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	195
<i>morphine sulfate beads cap er 24hr 75 mg</i>		MOXIFLOXACIN INJ 400/250	195
.....	36	MOXIFLOXACIN SOL 1MG/ML	254
<i>morphine sulfate beads cap er 24hr 90 mg</i>		MOXIFLOXACIN SOL 5MG/ML	254
.....	36	MOZOBIL INJ	212
<i>morphine sulfate cap er 24hr 10 mg</i>	36	MRESVIA INJ 50MCG	286
<i>morphine sulfate cap er 24hr 100 mg</i>	36	MS CONTIN TAB 100MG ER	37
<i>morphine sulfate cap er 24hr 20 mg</i>	36	MS CONTIN TAB 15MG ER	37
<i>morphine sulfate cap er 24hr 30 mg</i>	36	MS CONTIN TAB 200MG ER	37
<i>morphine sulfate cap er 24hr 50 mg</i>	36	MS CONTIN TAB 30MG ER	37
<i>morphine sulfate cap er 24hr 60 mg</i>	36	MS CONTIN TAB 60MG ER	37
<i>morphine sulfate cap er 24hr 80 mg</i>	36	MUCOTROL WAF	241
<i>morphine sulfate inj pf 0.5 mg/ml</i>	36	MUGARD LIQ	241
<i>morphine sulfate inj pf 1 mg/ml</i>	36	MULPLETA TAB 3MG	210
<i>morphine sulfate iv soln 10 mg/ml</i>	36	MULTAQ TAB 400MG	52
<i>morphine sulfate iv soln 4 mg/ml</i>	36	<i>multi vit/fl chw 0.25mg</i>	242
<i>morphine sulfate iv soln 8 mg/ml</i>	36	MULTIGEN PLS TAB	211
<i>morphine sulfate oral soln 10 mg/5ml</i>	36	MULTIGEN TAB	211
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	37	MULTIGEN TAB FOLIC	211
<i>morphine sulfate oral soln 20 mg/5ml</i>	37	<i>multipro cap</i>	242
<i>morphine sulfate tab 15 mg</i>	37	<i>multivit/fl chw 0.25mg</i>	243
<i>morphine sulfate tab 30 mg</i>	37	<i>multivit/fl chw 0.5mg</i>	243
<i>morphine sulfate tab er 100 mg</i>	37	<i>multivit/fl chw 1mg</i>	243
<i>morphine sulfate tab er 15 mg</i>	37	<i>multi-vit/fl dro /fe 0.25</i>	242
<i>morphine sulfate tab er 200 mg</i>	37	<i>multivit/fl dro 0.25mg</i>	243
<i>morphine sulfate tab er 30 mg</i>	37	<i>multi-vit/fl dro 0.5mg/ml</i>	243
<i>morphine sulfate tab er 60 mg</i>	37	MULTRYIS INJ	236
MOTOFEN TAB 1-0.025	82	<i>mupirocin calcium cream 2%</i>	163
MOTPOLY XR CAP 100MG	64	<i>mupirocin oint 2%</i>	163
MOTPOLY XR CAP 150MG	64	MUSCUSOLICE CRE 2%	163
MOTPOLY XR CAP 200MG	64	<i>mutamycin inj 20mg</i>	111
MOUNJARO INJ 10MG/0.5	78	<i>mutamycin inj 40mg</i>	111
MOUNJARO INJ 12.5/0.5	78	<i>mutamycin inj 5mg</i>	111
MOUNJARO INJ 15MG/0.5	78	MVASI INJ 100MG	105
MOUNJARO INJ 2.5/0.5	78	MVASI INJ 400MG	105
MOUNJARO INJ 5MG/0.5	78	<i>my choice tab 1.5mg</i>	154
MOUNJARO INJ 7.5/0.5	78	<i>my way tab 1.5mg</i>	154
MOVANTIK TAB 12.5MG	198		
MOVANTIK TAB 25MG	198		
MOVIPREP SOL	215		

MYALEPT INJ 11.3MG	189
MYCAMINE INJ 100MG.....	85
MYCAPSSA CAP 20MG.....	191
<i>mycophenolate mofetil cap 250 mg</i>	<i>238</i>
<i>mycophenolate mofetil for oral susp 200</i>	
<i>mg/ml.....</i>	<i>238</i>
<i>mycophenolate mofetil hcl for iv soln 500</i>	
<i>mg (base equiv)</i>	<i>238</i>
<i>mycophenolate mofetil tab 500 mg</i>	<i>238</i>
<i>mycophenolate sodium tab dr 180 mg</i>	
<i>(mycophenolic acid equiv)</i>	<i>238</i>
<i>mycophenolate sodium tab dr 360 mg</i>	
<i>(mycophenolic acid equiv)</i>	<i>238</i>
MYDAYIS CAP 12.5MG	15
MYDAYIS CAP 25MG.....	15
MYDAYIS CAP 37.5MG.....	15
MYDAYIS CAP 50MG	15
MYDRIACYL SOL 1% OP	253
MYFEMBREE TAB.....	193
MYFORTIC TAB 180MG.....	238
MYFORTIC TAB 360MG	238
MYGLUCOHEALT MIS LANC 30G	225
MYGLUCOHEALT TES BLD GLUC.....	180
MYLERAN TAB 2MG	102
MYLOTARG INJ 4.5MG	107
MYNATAL CAP	244
MYNATAL PLUS TAB	244
MYNATAL-Z TAB.....	244
MYOBLOC INJ 10000/2	250
MYOBLOC INJ 2500/0.5	250
MYOBLOC INJ 5000/ML	250
<i>myorisan cap 10mg</i>	<i>162</i>
<i>myorisan cap 20mg</i>	<i>162</i>
<i>myorisan cap 30mg</i>	<i>162</i>
<i>myorisan cap 40mg</i>	<i>162</i>
MYRBETRIQ SUS 8MG/ML	284
MYRBETRIQ TAB 25MG	284
MYRBETRIQ TAB 50MG.....	284
MYSOLINE TAB 250MG	64
MYSOLINE TAB 50MG.....	64
MYTESI TAB 125MG.....	81
N	
NABI-HB INJ	261
<i>nabumetone tab 500 mg.....</i>	<i>28</i>

<i>nabumetone tab 750 mg</i>	<i>28</i>
<i>nadolol tab 20 mg</i>	<i>137</i>
<i>nadolol tab 40 mg.....</i>	<i>137</i>
<i>nadolol tab 80 mg.....</i>	<i>137</i>
NAFCILLIN INJ 2GM/100	264
<i>nafcillin sodium for inj 1 gm</i>	<i>264</i>
<i>nafcillin sodium for inj 2 gm.....</i>	<i>264</i>
<i>nafcillin sodium for iv soln 1 gm</i>	<i>264</i>
<i>nafcillin sodium for iv soln 10 gm</i>	<i>264</i>
<i>nafcillin sodium for iv soln 2 gm.....</i>	<i>264</i>
<i>nafrinse chw 1mg f.....</i>	<i>233</i>
<i>nafrinse dro 0.125mg.....</i>	<i>233</i>
<i>naftifine hcl cream 1%.....</i>	<i>164</i>
<i>naftifine hcl cream 2%</i>	<i>164</i>
<i>naftifine hcl gel 2%</i>	<i>164</i>
NAFTIN GEL 2%.....	164
NAGLAZYME INJ 1MG/ML.....	189
<i>nalbuphine hcl inj 10 mg/ml</i>	<i>41</i>
<i>nalbuphine hcl inj 20 mg/ml.....</i>	<i>41</i>
NALFON CAP 400MG.....	28
NALFON TAB 600MG	28
NALMEFENE INJ 1MG/ML.....	83
NALOCET TAB 2.5-300	40
<i>naloxone hcl inj 0.4 mg/ml</i>	<i>83</i>
<i>naloxone hcl inj 4 mg/10ml.....</i>	<i>83</i>
<i>naloxone hcl nasal spray 4 mg/0.1ml.....</i>	<i>83</i>
<i>naloxone hcl soln cartridge 0.4 mg/ml.....</i>	<i>83</i>
<i>naloxone hcl soln prefilled syringe 0.4</i>	
<i>mg/ml.....</i>	<i>83</i>
<i>naloxone hcl soln prefilled syringe 2</i>	
<i>mg/2ml.....</i>	<i>83</i>
<i>naltrexone hcl tab 50 mg.....</i>	<i>83</i>
NAMENDA TAB 10MG.....	266
NAMENDA TAB 5-10MG.....	265
NAMENDA TAB 5MG	265
NAMZARIC CAP.....	266
NAMZARIC CAP 14-10MG	266
NAMZARIC CAP 21-10MG	266
NAMZARIC CAP 28-10MG	266
NAMZARIC CAP 7-10MG.....	266
NAPRELAN TAB 375MG CR.....	28
NAPRELAN TAB 500MG CR	28
NAPRELAN TAB 750MG CR	28
NAPROSYN SUS 125/5ML.....	28

NAPROSYN TAB 500MG.....	28	NATURE-THROI TAB 195MG	278
<i>naproxen sodium tab 275 mg</i>	28	NATURE-THROI TAB 260MG.....	278
<i>naproxen sodium tab 550 mg</i>	28	NATURE-THROI TAB 32.5MG.....	277
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i>	28	NATURE-THROI TAB 325MG.....	278
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i>	28	NATURE-THROI TAB 48.75MG	278
<i>naproxen susp 125 mg/5ml</i>	28	NATURE-THROI TAB 65MG	278
<i>naproxen tab 250 mg</i>	28	NATURE-THROI TAB 81.25MG	278
<i>naproxen tab 375 mg</i>	28	NATURE-THROI TAB 97.5MG.....	278
<i>naproxen tab 500 mg</i>	28	NAYZILAM SPR 5MG	61
<i>naproxen tab ec 375 mg</i>	28	<i>nebivolol hcl tab 10 mg (base equivalent)</i>	
<i>naproxen tab ec 500 mg</i>	28	.....	137
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	28	<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	28	.....	137
<i>naratriptan hcl tab 1 mg (base equiv)</i>	230	<i>nebivolol hcl tab 20 mg (base equivalent)</i>	
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> ..	230	.....	137
NARCAN SPR 4MG	83	<i>nebivolol hcl tab 5 mg (base equivalent)</i> .	137
NARDIL TAB 15MG.....	69	NEBUPENT INH 300MG	44
NAROPIN INJ 10MG/ML	217	NEBUSAL NEB 6%.....	159
NAROPIN INJ 2MG/ML	217	<i>necon tab 0.5/35</i>	152
NAROPIN INJ 5MG/ML	217	NEEVO DHA CAP 27-1.13.....	244
NAROPIN INJ 7.5MG/ML.....	217	<i>nefazodone hcl tab 100 mg</i>	71
NASCOBAL SPR 500MCG	209	<i>nefazodone hcl tab 150 mg</i>	71
NATACHEW CHW	244	<i>nefazodone hcl tab 200 mg</i>	71
NATACYN SUS 5% OP	254	<i>nefazodone hcl tab 250 mg</i>	71
NATALVIT TAB 75-1MG.....	244	<i>nefazodone hcl tab 50 mg</i>	71
NATAZIA TAB.....	152	<i>nelarabine iv soln 5 mg/ml</i>	104
<i>nateglinide tab 120 mg</i>	80	NEMBUTAL SOD INJ 50MG/ML	213
<i>nateglinide tab 60 mg</i>	80	NEOKE MCT70 POW.....	251
NATESTO GEL 5.5MG.....	42	<i>neomycin sulfate tab 500 mg</i>	21
NATPARA INJ 100MCG.....	185	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	254
NATPARA INJ 25MCG.....	185	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	255
NATPARA INJ 50MCG.....	185	<i>neomycin-polymyxin b gu irrigation soln</i> 201	
NATPARA INJ 75MCG.....	185	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	256
NATROBA SUS 0.9%	175	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	256
NATURAL COND MIS + LUBE	220	<i>neomycin-polymyxin-hc ophth susp</i>	256
NATURE THROI TAB 162.5MG.....	277	<i>neomycin-polymyxin-hc otic soln 1%</i>	259
NATURE-THROI TAB 113.75MG.....	278	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	259
NATURE-THROI TAB 130MG	278	NEONATAL TAB COMPLETE	244
NATURE-THROI TAB 146.25MG.....	278	<i>neo-polycin oin hc 1%op</i>	256
NATURE-THROI TAB 16.25MG	277		

<i>neo-polycin oin op</i>	254	NEURONTIN CAP 400MG	64
NEOPROFEN SOL 10MG/ML	29	NEURONTIN SOL 250/5ML	65
NEORAL CAP 100MG.....	238	NEURONTIN TAB 600MG.....	65
NEORAL CAP 25MG.....	238	NEURONTIN TAB 800MG.....	65
NEORAL SOL 100MG/ML.....	238	NEUTEK 2TEK TES STRIPS.....	180
NEOSALUS AER	173	NEUTRASAL POW	241
NEOSALUS CRE.....	173	NEVANAC SUS 0.1%	258
NEOSALUS LOT	173	<i>nevirapine susp 50 mg/5ml</i>	131
NEOSTIG METH INJ 10/10ML.....	100	<i>nevirapine tab 200 mg</i>	131
NEOSTIG METH INJ 5MG/10ML	100	<i>nevirapine tab er 24hr 400 mg</i>	131
<i>neostigmine methylsulfate iv soln 10 mg/10</i> <i>ml (1 mg/ml)</i>	101	<i>new day tab 1.5mg</i>	154
<i>neostigmine methylsulfate iv soln 5 mg/10</i> <i>ml (0.5 mg/ml)</i>	100	NEXAVAR TAB 200MG	114
NEO-SYNALAR CRE.....	163	NEXAVIR INJ	239
NEPHRO-VITE TAB RX	241	NEXGEN TES	180
NERLYNX TAB 40MG	114	NEXICLON XR TAB 0.17MG.....	95
NESACAINE INJ 1%.....	218	NEXIUM CAP 20MG	282
NESACAINE INJ 2%.....	218	NEXIUM CAP 40MG	282
NESACAINE INJ -MPF 2%	218	NEXIUM GRA 10MG DR.....	282
NESACAINE INJ -MPF 3%	218	NEXIUM GRA 2.5MG DR	282
NESINA TAB 12.5MG.....	77	NEXIUM GRA 20MG DR.....	282
NESINA TAB 25MG	77	NEXIUM GRA 40MG DR.....	282
NESINA TAB 6.25MG	77	NEXIUM GRA 5MG DR	282
NESTABS DHA PAK	244	NEXIUM I.V. INJ 40MG	282
NESTABS ONE CAP	244	NEXLETOL TAB 180MG	88
NESTABS TAB.....	244	NEXLIZET TAB 180/10MG	88
<i>neuac gel 1.2-5%</i>	162	NEXPLANON IMP 68MG	154
NEULASTA INJ 6MG/0.6M	210	NEXTERONE INJ.....	52
NEULASTA KIT 6MG/0.6M	210	NEXTSTELLIS TAB 3-14.2MG.....	152
NEUPOGEN INJ 300/0.5.....	210	NEXVIAZYME INJ 100MG.....	189
NEUPOGEN INJ 300/ML.....	210	NGENLA INJ 24/1.2ML	187
NEUPOGEN INJ 300MCG	210	NGENLA INJ 60/1.2ML	187
NEUPOGEN INJ 480/0.8.....	210	<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	91
NEUPOGEN INJ 480/1.6.....	210	<i>niacin tab er 500 mg (antihyperlipidemic)</i> 91	
NEUPOGEN INJ 480MCG	210	<i>niacin tab er 750 mg (antihyperlipidemic)</i> 91	
NEUPRO DIS 1MG/24HR	121	<i>niacor tab 500mg</i>	91
NEUPRO DIS 2MG/24HR.....	121	NIASPAN TAB 1000 ER.....	91
NEUPRO DIS 3MG/24HR.....	121	<i>nicardipine hcl cap 20 mg</i>	140
NEUPRO DIS 4MG/24HR	121	<i>nicardipine hcl cap 30 mg</i>	140
NEUPRO DIS 6MG/24HR	121	<i>nicardipine hcl iv soln 2.5 mg/ml</i>	140
NEUPRO DIS 8MG/24HR	121	<i>nicotine dis 7mg/24hr</i>	271
NEURONTIN CAP 100MG.....	64	<i>nicotine dis step 1</i>	271
NEURONTIN CAP 300MG	64	<i>nicotine gum 2mg</i>	271
		<i>nicotine gum 4mg</i>	271

<i>nicotine loz mini 2mg</i>	271	<i>nisoldipine tab er 24hr 8.5 mg</i>	140
<i>nicotine pol gum 4mg mint</i>	271	<i>nitazoxanide tab 500 mg</i>	45
<i>nicotine pol loz 2mg mini</i>	271	<i>nitisinone cap 10 mg</i>	189
<i>nicotine pol loz 4mg chry</i>	271	<i>nitisinone cap 2 mg</i>	189
<i>nicotine polacrilex gum 2 mg</i>	271	<i>nitisinone cap 5 mg</i>	189
<i>nicotine polacrilex gum 4 mg</i>	271	NITRO-BID OIN 2%.....	49
<i>nicotine polacrilex lozenge 2 mg</i>	271	NITRO-DUR DIS 0.1MG/HR	49
<i>nicotine polacrilex lozenge 4 mg</i>	271	NITRO-DUR DIS 0.2MG/HR	49
<i>nicotine td dis 14mg/24h</i>	271	NITRO-DUR DIS 0.3MG/HR	49
<i>nicotine td dis 21mg/24h</i>	271	NITRO-DUR DIS 0.4MG/HR	49
<i>nicotine td dis 7mg/24hr</i>	271	NITRO-DUR DIS 0.6MG/HR	49
<i>nicotine td dis step 1</i>	271	NITRO-DUR DIS 0.8MG/HR	49
<i>nicotine td dis step 3</i>	271	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	48
<i>nicotine td patch 24hr 14 mg/24hr</i>	271	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	48
<i>nicotine td patch 24hr 21 mg/24hr</i>	271	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	48
NICOTROL INH	271	<i>nitrofurantoin monohydrate</i> <i>macrocrystalline cap 100 mg</i>	48
NICOTROL NS SPR 10MG/ML.....	271	<i>nitrofurantoin susp 25 mg/5ml</i>	48
<i>nifedipine cap 10 mg</i>	140	NITROGLYCER INJ 5MG/ML	49
<i>nifedipine cap 20 mg</i>	140	<i>nitroglycerin iv soln 100 mcg/ml in d5w</i> ...	49
<i>nifedipine tab er 24hr 30 mg</i>	140	<i>nitroglycerin iv soln 200 mcg/ml in d5w</i> ..	49
<i>nifedipine tab er 24hr 60 mg</i>	140	<i>nitroglycerin iv soln 400 mcg/ml in d5w</i> ..	49
<i>nifedipine tab er 24hr 90 mg</i>	140	<i>nitroglycerin oint 0.4%</i>	43
<i>nifedipine tab er 24hr osmotic release 30</i> <i>mg</i>	140	<i>nitroglycerin sl tab 0.3 mg</i>	49
<i>nifedipine tab er 24hr osmotic release 60</i> <i>mg</i>	140	<i>nitroglycerin sl tab 0.4 mg</i>	49
<i>nifedipine tab er 24hr osmotic release 90</i> <i>mg</i>	140	<i>nitroglycerin sl tab 0.6 mg</i>	49
<i>nikki tab 3-0.02mg</i>	152	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	49
NILANDRON TAB 150MG.....	109	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	49
<i>nilutamide tab 150 mg</i>	109	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	49
<i>nimodipine cap 30 mg</i>	140	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	49
NINLARO CAP 2.3MG.....	114	<i>nitroglycerin tl soln 0.4 mg/spray (400</i> <i>mcg/spray)</i>	49
NINLARO CAP 3MG	114	NITROLINGUAL SPR 400MCG	49
NINLARO CAP 4MG	114	NITROMIST AER 400MCG	49
NIPENT INJ 10MG	117	<i>nitroprusside sodium iv soln 25 mg/ml</i> ..	100
NIPRIDE RTU INJ 20/100ML.....	99	NITROSTAT SUB 0.3MG	49
NIPRIDE RTU INJ 50/100ML.....	100	NITROSTAT SUB 0.4MG.....	49
<i>nisoldipine tab er 24hr 17 mg</i>	140	NITROSTAT SUB 0.6MG.....	49
<i>nisoldipine tab er 24hr 20 mg</i>	140	NITYR TAB 10MG.....	189
<i>nisoldipine tab er 24hr 25.5 mg</i>	140	NITYR TAB 2MG.....	189
<i>nisoldipine tab er 24hr 30 mg</i>	140	NITYR TAB 5MG.....	189
<i>nisoldipine tab er 24hr 34 mg</i>	140		
<i>nisoldipine tab er 24hr 40 mg</i>	140		

NIVATOPIC CRE PLUS.....	173	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	152
NIVESTYM INJ 300/0.5.....	210	<i>norethindrone tab 0.35 mg</i>	155
NIVESTYM INJ 300MCG	210	<i>norgesic tab</i>	248
NIVESTYM INJ 480/0.8.....	210	NORGESIC TAB FORTE.....	248
NIVESTYM INJ 480MCG	210	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	152
<i>nizatidine cap 150 mg</i>	281	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	152
<i>nizatidine cap 300 mg</i>	281	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	152
NO CODING TES BLD GLUC	180	NORITATE CRE 1%	174
NOCDURNA SUB 27.7MCG.....	191	NORLIQVA SOL 1MG/ML.....	140
NOCDURNA SUB 55.3MCG	191	<i>norlyroc tab 0.35mg</i>	155
NOCLOT-50 SOL ACD-A.....	60	NORMLGEL AG GEL	176
<i>nolix cre 0.05%</i>	170	NORMOSOL -M INJ /D5W	233
<i>nolix lot 0.05%</i>	170	NORMOSOL -R INJ	233
<i>nora-be tab 0.35mg</i>	155	NORMOSOL-R INJ PH 7.4.....	233
NORDITROPIN INJ 10/1.5ML	187	NORMOSOL-R SOL /5% DSW.....	233
NORDITROPIN INJ 15/1.5ML	187	NORPACE CAP 100MG.....	51
NORDITROPIN INJ 30/3ML.....	187	NORPACE CAP 100MG CR.....	51
NORDITROPIN INJ 5/1.5ML.....	187	NORPACE CAP 150MG	51
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	154	NORPACE CAP 150MG CR.....	51
NOREPIN/D5W INJ 16/250ML.....	289	NORPRAMIN TAB 10MG.....	74
<i>norepinephrine bitartrate iv soln 1 mg/ml (base equivalent)</i>	289	NORPRAMIN TAB 25MG	74
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	152	NORTHERA CAP 100MG	288
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	152	NORTHERA CAP 200MG.....	288
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	152	NORTHERA CAP 300MG.....	288
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	152	<i>nortrel tab 0.5/35</i>	152
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	152	<i>nortrel tab 1/35</i>	152
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	152	<i>nortrel tab 7/7/7</i>	152
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	152	<i>nortriptyline hcl cap 10 mg</i>	74
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	152	<i>nortriptyline hcl cap 25 mg</i>	74
<i>norethindrone acetate tab 5 mg</i>	264	<i>nortriptyline hcl cap 50 mg</i>	74
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	193	<i>nortriptyline hcl cap 75 mg</i>	74
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	193	<i>nortriptyline hcl soln 10 mg/5ml</i>	74
		NORVASC TAB 10MG	141
		NORVASC TAB 2.5MG	140
		NORVASC TAB 5MG	140
		NORVIR POW 100MG	131
		NORVIR SOL 80MG/ML	131
		NORVIR TAB 100MG	131
		NOURIANZ TAB 20MG.....	119
		NOURIANZ TAB 40MG.....	119

NOVA MAX TES GLUCOSE	180	NUCALA INJ 40MG/0.4	53
NOVA SAFETY MIS LANC 23G	225	NUCYNTA ER TAB 100MG	37
NOVA SAFETY MIS LANC 28G	225	NUCYNTA ER TAB 150MG.....	37
NOVA SURE MIS LANCETS.....	225	NUCYNTA ER TAB 200MG.....	37
NOVAREL INJ 5000UNIT	186	NUCYNTA ER TAB 250MG.....	37
NOVAVAX INJ 2024-25.....	286	NUCYNTA ER TAB 50MG	37
NOVAVAX VAC INJ COVID-19.....	286	NUCYNTA TAB 100MG	37
NOVOEIGHT INJ 1000UNIT	205	NUCYNTA TAB 50MG.....	37
NOVOEIGHT INJ 1500UNIT	205	NUCYNTA TAB 75MG	37
NOVOEIGHT INJ 2000UNIT.....	205	NUDROXIPAK KIT DSDR-50	29
NOVOEIGHT INJ 250UNIT	205	NUDROXIPAK KIT DSDR-75	29
NOVOEIGHT INJ 3000UNIT.....	205	NUDROXIPAK KIT E-400.....	29
NOVOEIGHT INJ 500UNIT	205	NUDROXIPAK KIT I-800	29
NOVOLIN INJ 70/30	79	NUDROXIPAK KIT M-15.....	29
NOVOLIN INJ 70/30 FP.....	79	NUDROXIPAK KIT N-500	29
NOVOLIN N INJ 100 UNIT	79	NUEDEXTA CAP 20-10MG	269
NOVOLIN N INJ U-100.....	79	NUFERA TAB	211
NOVOLIN R INJ 100 UNIT.....	79	<i>nulev tab 0.125mg</i>	281
NOVOLIN R INJ U-100	79	NULOJIX INJ 250MG	238
NOVOLOG INJ 100/ML.....	80	NUMOISYN LIQ	241
NOVOLOG INJ FLEXPEN.....	80	NUMOISYN LOZ.....	241
NOVOLOG INJ PENFILL	80	NUPLAZID CAP 34MG	123
NOVOLOG MIX INJ 70/30	80	NUPLAZID TAB 10MG	123
NOVOLOG MIX INJ FLEXPEN.....	80	NURTEC TAB 75MG ODT	229
NOVOSEVEN RT INJ 1MG	205	NUTRASEB CRE	167
NOVOSEVEN RT INJ 2MG.....	205	NUTRICAP TAB.....	242
NOVOSEVEN RT INJ 5MG.....	205	NUTRILIPID EMU 20%	251
NOVOSEVEN RT INJ 8MG.....	205	NUTROPIN AQ INJ 10MG/2ML.....	187
NOXAFIL INJ 300/16.7	86	NUTROPIN AQ INJ 20MG/2ML	187
NOXAFIL SUS 40MG/ML	86	NUTROPIN AQ INJ NUSPIN 5	187
NOXAFIL TAB 100MG	86	NUVARING MIS.....	154
NOZIN NASAL KIT SANITIZE	248	NUVESSA GEL 1.3%.....	287
NOZIN NASAL MIS SANITIZE	248	NUVIGIL TAB 150MG.....	20
NP THYROID TAB 120MG.....	278	NUVIGIL TAB 200MG.....	20
NP THYROID TAB 15MG.....	278	NUVIGIL TAB 250MG	20
NP THYROID TAB 30MG	278	NUVIGIL TAB 50MG	20
NP THYROID TAB 60MG.....	278	NUVISC INJ 12MG/ML	257
NP THYROID TAB 90MG.....	278	NUWIQ INJ 1000UNIT	205
NPLATE INJ 125MCG.....	210	NUWIQ INJ 1500UNIT	205
NPLATE INJ 250MCG.....	210	NUWIQ INJ 2000UNIT	205
NPLATE INJ 500MCG.....	210	NUWIQ INJ 2500UNIT	205
NUBEQA TAB 300MG.....	109	NUWIQ INJ 250UNIT	205
NUCALA INJ 100MG	53	NUWIQ INJ 3000UNIT	205
NUCALA INJ 100MG/ML.....	53	NUWIQ INJ 4000UNIT	205

NUWIQ INJ 500UNIT	205	<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	191
NUWIQ KIT 1000UNIT.....	205	<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	191
NUWIQ KIT 1500UNIT.....	205	<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	191
NUWIQ KIT 2000UNIT.....	205	<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	191
NUWIQ KIT 2500UNIT.....	205	<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	192
NUWIQ KIT 250UNIT.....	205	<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	191
NUWIQ KIT 3000UNIT.....	205	<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	192
NUWIQ KIT 4000UNIT.....	205	OCUFLOX DRO 0.3% OP	255
NUWIQ KIT 500UNIT	205	OCUVEL CAP 0.5MG.....	242
NUZYRA INJ 100MG	273	ODACTRA SUB.....	20
NUZYRA TAB 150MG	273	ODEFSEY TAB	131
<i>nyamyc pow 100000</i>	164	ODOMZO CAP 200MG	108
<i>nylia tab 1/35</i>	152	OFEV CAP 100MG	273
<i>nylia tab 7/7/7</i>	152	OFEV CAP 150MG.....	273
NYMALIZE SOL.....	141	<i>ofloxacin ophth soln 0.3%</i>	255
<i>nystatin cream 100000 unit/gm</i>	164	<i>ofloxacin otic soln 0.3%</i>	259
<i>nystatin oint 100000 unit/gm</i>	164	<i>ofloxacin tab 300 mg</i>	195
<i>nystatin susp 100000 unit/ml</i>	241	<i>ofloxacin tab 400 mg</i>	195
<i>nystatin tab 500000 unit</i>	85	OGIVRI INJ 150MG	106
<i>nystatin topical powder 100000 unit/gm</i>	164	OGIVRI INJ 420MG.....	106
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	164	OGSIVEO TAB 100MG.....	114
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	164	<i>okebo cap 75mg</i>	275
<i>nystop pow 100000</i>	164	<i>olanzapine for im inj 10 mg</i>	126
NYVEPRIA INJ 6/0.6ML	210	<i>olanzapine orally disintegrating tab 10 mg</i>	126
○		<i>olanzapine orally disintegrating tab 15 mg</i>	126
OB COMPLETE CAP ONE.....	244	<i>olanzapine orally disintegrating tab 20 mg</i>	126
OB COMPLETE CAP PETITE	244	<i>olanzapine orally disintegrating tab 5 mg</i>	126
OB COMPLETE TAB	244	<i>olanzapine tab 10 mg</i>	126
OB COMPLETE TAB PREMIER.....	244	<i>olanzapine tab 15 mg</i>	126
OB COMPLETE/ CAP DHA.....	244	<i>olanzapine tab 2.5 mg</i>	126
OBIZUR INJ 500 UNIT.....	205	<i>olanzapine tab 20 mg</i>	126
OBSTETRIX EC TAB	244	<i>olanzapine tab 5 mg</i>	126
OBSTETRIX MIS DHA.....	244	<i>olanzapine tab 7.5 mg</i>	126
O-CAL TAB PRENATAL	244		
OALIVA TAB 10MG	196		
OALIVA TAB 5MG.....	196		
<i>ocella tab 3-0.03mg</i>	152		
OCREVUS INJ 300/10ML	268		
<i>octreotide acetate for im inj kit 20 mg</i>	191		
<i>octreotide acetate for im inj kit 30 mg</i>	191		
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	191		

<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	266	<i>omeprazole-sodium bicarbonate powd</i>	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	266	<i>pack for susp 40-1680 mg</i>	283
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	266	OMEZA COLLAG LIQ 1.6/2ML	176
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	266	OMIDRIA INJ 1-0.3%	257
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	266	OMNARIS SPR	249
<i>olmesartan medoxomil tab 20 mg</i>	94	OMNIFLEX DPR	220
<i>olmesartan medoxomil tab 40 mg</i>	94	OMNIPOD 5 DX KIT INT G7G6	225
<i>olmesartan medoxomil tab 5 mg</i>	94	OMNIPOD 5 DX MIS POD G7G6	225
<i>olmesartan medoxomil-</i>		OMNIPOD 5 LB KIT INTRO G6	225
<i>hydrochlorothiazide tab 20-12.5 mg</i>	98	OMNIPOD 5 LB MIS PODS G6	225
<i>olmesartan medoxomil-</i>		OMNIPOD DASH MIS PODS	225
<i>hydrochlorothiazide tab 40-12.5 mg</i>	98	OMNIPOD MIS CLASSIC	225
<i>olmesartan medoxomil-</i>		OMNIPOD PDM KIT CLASSIC	225
<i>hydrochlorothiazide tab 40-25 mg</i>	98	OMNITROPE INJ 10/1.5ML	187
<i>olmesartan-amlodipine-</i>		OMNITROPE INJ 5.8MG	187
<i>hydrochlorothiazide tab 20-5-12.5 mg</i>	98	OMNITROPE INJ 5/1.5ML	187
<i>olmesartan-amlodipine-</i>		OMVOH INJ 100MG/ML	197
<i>hydrochlorothiazide tab 40-10-12.5 mg</i>	98	OMVOH INJ 300/15ML	197
<i>olmesartan-amlodipine-</i>		ON CALL PLUS TES BLD GLUC	180
<i>hydrochlorothiazide tab 40-10-25 mg</i>	98	ON CALL TES EXPRESS	180
<i>olmesartan-amlodipine-</i>		ON CALL VIVD TES BLD GLUC	180
<i>hydrochlorothiazide tab 40-5-12.5 mg</i>	98	ONCASPAR INJ 750/ML	116
<i>olmesartan-amlodipine-</i>		<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	83
<i>hydrochlorothiazide tab 40-5-25 mg</i>	98	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	84
<i>olopatadine hcl nasal soln 0.6%</i>	249	<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	84
<i>olopatadine hcl ophth soln 0.2% (base</i>		<i>ondansetron hcl oral soln 4 mg/5ml</i>	84
<i>equivalent)</i>	258	<i>ondansetron hcl tab 24 mg</i>	84
OLUMIANT TAB 2MG	24	<i>ondansetron hcl tab 4 mg</i>	84
OLUX AER 0.05%	170	<i>ondansetron hcl tab 8 mg</i>	84
OLUX-E AER 0.05%	170	<i>ondansetron orally disintegrating tab 4 mg</i>	84
OMECLAMOX- MIS PAK	283	<i>ondansetron orally disintegrating tab 8 mg</i>	84
OMEGA-3/D-3 KIT WELLNESS	88	ONETOUCH DEL MIS PLUS 30G	225
<i>omega-3-acid ethyl esters cap 1 gm</i>	88	ONETOUCH DEL MIS PLUS 33G	225
<i>omeppi cap 40-1100</i>	283	ONETOUCH FP MIS LANCETS	225
<i>omeprazole cap delayed release 10 mg</i>	282	ONETOUCH MIS 30G	226
<i>omeprazole cap delayed release 20 mg</i>	282	ONETOUCH MIS LANCETS	226
<i>omeprazole cap delayed release 40 mg</i>	282	ONETOUCH TES ULT BLUE	180
<i>omeprazole-sodium bicarbonate cap 20-</i>		ONETOUCH TES ULTRA	180
<i>1100 mg</i>	283	ONETOUCH TES VERIO	180
<i>omeprazole-sodium bicarbonate cap 40-</i>		ONETOUCH US MIS LANCETS	226
<i>1100 mg</i>	283		
<i>omeprazole-sodium bicarbonate powd</i>			
<i>pack for susp 20-1680 mg</i>	283		

ONEVITE TAB.....	242	ORAVIG TAB 50MG.....	241
ONEXTON GEL 1.2-3.75.....	162	ORBACTIV SOL 400MG.....	45
ONFI SUS 2.5MG/ML.....	61	ORENCIA CLCK INJ 125MG/ML.....	30
ONFI TAB 10MG.....	61	ORENCIA INJ 125MG/ML.....	30
ONFI TAB 20MG.....	61	ORENCIA INJ 250MG.....	30
ONGENTYS CAP 25MG.....	119	ORENCIA INJ 50/0.4ML.....	30
ONGLYZA TAB 2.5MG.....	77	ORENCIA INJ 87.5/0.7.....	30
ONGLYZA TAB 5MG.....	77	ORENITRAM TAB 0.125MG.....	144
ONIVYDE INJ 4.3MG/ML.....	119	ORENITRAM TAB 0.25MG.....	144
ONPATTRO SOL 10MG/5ML.....	272	ORENITRAM TAB 1MG.....	144
ON-THE-GO MIS LANC 30G.....	225	ORENITRAM TAB 2.5MG.....	144
ONTRUZANT INJ 150MG.....	106	ORENITRAM TAB 5MG.....	144
ONTRUZANT INJ 420MG.....	106	ORENITRAM TAB MONTH 1.....	144
ONUREG TAB 200MG.....	104	ORENITRAM TAB MONTH 2.....	144
ONUREG TAB 300MG.....	104	ORENITRAM TAB MONTH 3.....	144
ONYDA XR SUS 0.1MG/ML.....	17	ORFADIN CAP 10MG.....	189
ONZETRA XSAI MIS 11MG.....	230	ORFADIN CAP 20MG.....	189
<i>opcicon tab 1.5mg</i>	154	ORFADIN CAP 2MG.....	189
OPDIVO INJ 100MG/10.....	107	ORFADIN CAP 5MG.....	189
OPDIVO INJ 120MG/12.....	107	ORFADIN SUS 4MG/ML.....	189
OPDIVO INJ 240/24.....	107	ORGOVYX TAB 120MG.....	109
OPDIVO INJ 40MG/4ML.....	107	ORIAHNN CAP.....	193
OPDUALAG SOL.....	111	ORILISSA TAB 150MG.....	186
OPILL TAB 0.075MG.....	155	ORILISSA TAB 200MG.....	186
OPSUMIT TAB 10MG.....	145	ORKAMBI GRA 100-125.....	272
OPSYNVI TAB 10-20MG.....	144	ORKAMBI GRA 150-188.....	272
OPSYNVI TAB 10-40MG.....	144	ORKAMBI GRA 75-94MG.....	272
<i>option 2 tab 1.5mg</i>	154	ORKAMBI TAB 100-125.....	272
OPTIUM TES.....	180	ORKAMBI TAB 200-125.....	272
OPTIUMEZ TES.....	180	ORLADEYO CAP 110MG.....	207
OPTUMRX TES BLD GLUC.....	180	ORLADEYO CAP 150MG.....	207
OPVEE SPR 2.7/0.1.....	83	<i>orlistat cap 120 mg</i>	16
OPZELURA CRE 1.5%.....	171	<i>ormalvi tab 50mg</i>	183
ORABLOC INJ.....	216	<i>orphenadrine citrate inj 30 mg/ml</i>	247
ORACEA CAP 40MG.....	174	<i>orphenadrine citrate tab er 12hr 100 mg</i>	247
ORACIT SOL.....	200	<i>orphenadrine w/ aspirin & caffeine tab 25-</i>	
ORAFATE PST 10%.....	241	<i>385-30 mg</i>	248
ORALAIR SUB 300 IR.....	20	<i>orphenadrine w/ aspirin & caffeine tab 50-</i>	
<i>oralone dent pst 0.1%</i>	241	<i>770-60 mg</i>	248
ORAMAGICRX SUS.....	241	<i>orphengesic tab forte</i>	248
ORAPEUTIC GEL.....	241	ORSERDU TAB 345MG.....	109
ORAPRED ODT TAB 10MG.....	157	ORSERDU TAB 86MG.....	109
ORAPRED ODT TAB 15MG.....	157	ORTHO TRI- TAB CYCLN LO.....	152
ORAPRED ODT TAB 30MG.....	157	ORTHOVISC INJ 15MG/ML.....	248

<i>oscimin sr tab 0.375mg</i>	281	<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	264
<i>oscimin sub 0.125mg</i>	281	<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	264
<i>oscimin tab 0.125mg</i>	281	<i>oxaliplatin for iv inj 100 mg</i>	102
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	134	<i>oxaliplatin for iv inj 50 mg</i>	102
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	134	<i>oxaliplatin iv soln 100 mg/20ml</i>	102
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	134	<i>oxaliplatin iv soln 200 mg/40ml</i>	102
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	134	<i>oxaliplatin iv soln 50 mg/10ml</i>	102
OSENI TAB 12.5-15	75	<i>oxaprozin cap 300 mg</i>	29
OSENI TAB 12.5-30.....	75	<i>oxaprozin tab 600 mg</i>	29
OSENI TAB 12.5-45.....	75	OXAYDO TAB 7.5MG	37
OSENI TAB 25-15MG.....	75	<i>oxazepam cap 10 mg</i>	51
OSENI TAB 25-30MG.....	75	<i>oxazepam cap 15 mg</i>	51
OSENI TAB 25-45MG.....	75	<i>oxazepam cap 30 mg</i>	51
<i>osmitrol inj 10%</i>	184	OXBRYTA TAB 500MG.....	209
<i>osmitrol inj 15%</i>	184	<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	65
<i>osmitrol vfx inj 20%</i>	184	<i>oxcarbazepine tab 150 mg</i>	65
OSMOLEX ER TAB 129MG.....	121	<i>oxcarbazepine tab 300 mg</i>	65
OSMOLEX ER TAB 193MG.....	121	<i>oxcarbazepine tab 600 mg</i>	65
OSMOLEX ER TAB 258MG.....	121	<i>oxcarbazepine tab er 24hr 150 mg</i>	65
OSMOPREP TAB 1.5GM.....	216	<i>oxcarbazepine tab er 24hr 300 mg</i>	65
OSPHENA TAB 60MG.....	188	<i>oxcarbazepine tab er 24hr 600 mg</i>	65
OTEZLA TAB 10/20	29	OXERVATE SOL 20MCG/ML	255
OTEZLA TAB 10/20/30	29	<i>oxiconazole nitrate cream 1%</i>	164
OTEZLA TAB 20MG.....	29	OXISTAT LOT 1%	164
OTEZLA TAB 30MG.....	29	OXLUMO INJ 94.5/0.5.....	201
OTIPRIO SUS 60MG/ML.....	259	OXTELLAR XR TAB 150MG	65
OTOVEL DRO	259	OXTELLAR XR TAB 300MG	65
OTREXUP INJ 10MG.....	25	OXTELLAR XR TAB 600MG	65
OTREXUP INJ 12.5/0.4	25	<i>oxybutynin chloride tab 5 mg</i>	284
OTREXUP INJ 15MG.....	25	<i>oxybutynin chloride tab er 24hr 10 mg</i> ...	284
OTREXUP INJ 17.5/0.4	25	<i>oxybutynin chloride tab er 24hr 15 mg</i> ...	284
OTREXUP INJ 20MG.....	25	<i>oxybutynin chloride tab er 24hr 5 mg</i>	284
OTREXUP INJ 22.5/0.4.....	25	<i>oxycodone hcl cap 5 mg</i>	37
OTREXUP INJ 25MG	25	<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	37
OVIDE LOT 0.5%	175	<i>oxycodone hcl soln 5 mg/5ml</i>	37
OVIDREL INJ	186	<i>oxycodone hcl tab 10 mg</i>	37
OXACILLIN INJ 2GM.....	264	<i>oxycodone hcl tab 15 mg</i>	37
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	264	<i>oxycodone hcl tab 20 mg</i>	37
		<i>oxycodone hcl tab 30 mg</i>	37
		<i>oxycodone hcl tab 5 mg</i>	37

<i>oxycodone hcl tab er 12hr deter 80 mg....</i>	37
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	40
<i>oxycodone w/ acetaminophen tab 10-325 mg.....</i>	40
<i>oxycodone w/ acetaminophen tab 2.5-325 mg.....</i>	40
<i>oxycodone w/ acetaminophen tab 5-325 mg.....</i>	40
<i>oxycodone w/ acetaminophen tab 7.5-325 mg.....</i>	40
OXYCONTIN TAB 10MG ER	37
OXYCONTIN TAB 15MG ER.....	37
OXYCONTIN TAB 20MG ER.....	37
OXYCONTIN TAB 30MG ER.....	37
OXYCONTIN TAB 40MG ER.....	37
OXYCONTIN TAB 60MG ER.....	37
OXYCONTIN TAB 80MG ER.....	37
<i>oxymorphone hcl tab 10 mg.....</i>	37
<i>oxymorphone hcl tab 5 mg</i>	37
<i>oxymorphone hcl tab er 12hr 10 mg.....</i>	38
<i>oxymorphone hcl tab er 12hr 15 mg</i>	38
<i>oxymorphone hcl tab er 12hr 20 mg</i>	38
<i>oxymorphone hcl tab er 12hr 30 mg</i>	38
<i>oxymorphone hcl tab er 12hr 40 mg</i>	38
<i>oxymorphone hcl tab er 12hr 5 mg.....</i>	37
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	38
<i>oxytocin inj 10 unit/ml.....</i>	259
OXYTROL DIS 3.9MG/24	284
OZEMPIC INJ 2/1.5ML.....	78
OZEMPIC INJ 4MG/3ML.....	78
OZEMPIC INJ 8MG/3ML.....	78
OZURDEX IMP 0.7MG.....	256
P	
<i>pacerone tab 100mg</i>	52
<i>pacerone tab 200mg</i>	53
<i>pacerone tab 400mg</i>	53
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	118
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	118
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml) .</i>	118
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	118

<i>paclitaxel protein-bound particles for iv susp 100 mg.....</i>	118
PADCEV INJ 20MG	107
PADCEV INJ 30MG	107
PAIN EASE AER MD STRM	173
PAIN EASE AER MIST.....	173
PALFORZIA CAP ESCALAT	20
PALFORZIA CAP LEVEL 1	20
PALFORZIA CAP LEVEL 10.....	20
PALFORZIA CAP LEVEL 2.....	20
PALFORZIA CAP LEVEL 3.....	20
PALFORZIA CAP LEVEL 4.....	20
PALFORZIA CAP LEVEL 5.....	20
PALFORZIA CAP LEVEL 6.....	20
PALFORZIA CAP LEVEL 7	20
PALFORZIA CAP LEVEL 8.....	20
PALFORZIA CAP LEVEL 9.....	20
PALFORZIA POW LEVEL 11.....	20
<i>paliperidone tab er 24hr 1.5 mg</i>	124
<i>paliperidone tab er 24hr 3 mg.....</i>	124
<i>paliperidone tab er 24hr 6 mg.....</i>	124
<i>paliperidone tab er 24hr 9 mg.....</i>	124
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	84
PALONOSETRON INJ 0.25/2ML.....	84
PALYNZIQ INJ 10/0.5ML.....	189
PALYNZIQ INJ 2.5/0.5	189
PALYNZIQ INJ 20MG/ML.....	190
PAMELOR CAP 10MG	74
PAMELOR CAP 25MG.....	74
PAMELOR CAP 50MG	74
PAMELOR CAP 75MG.....	74
<i>pamidronate disodium iv soln 3 mg/ml..</i>	185
<i>pamidronate disodium iv soln 9 mg/ml..</i>	185
PAMIDRONATE INJ 6MG/ML.....	185
PANCREAZE CAP 10500UNT	182
PANCREAZE CAP 16800UNT	182
PANCREAZE CAP 21000UNT	182
PANCREAZE CAP 2600UNIT	182
PANCREAZE CAP 37000.....	182
PANCREAZE CAP 4200UNIT	182
PANDEL CRE 0.1%.....	170
PANRETIN GEL 0.1%.....	165

<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	282	PAXIL CR TAB 12.5MG	71
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	282	PAXIL CR TAB 25MG.....	71
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	282	PAXIL CR TAB 37.5MG	71
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	282	PAXIL SUS 10MG/5ML.....	71
PANZYGA SOL 10/100ML	261	PAXIL TAB 10MG	71
PANZYGA SOL 1GM/10ML.....	261	PAXIL TAB 20MG.....	71
PANZYGA SOL 2.5/25ML.....	261	PAXIL TAB 30MG.....	71
PANZYGA SOL 20/200ML.....	261	PAXIL TAB 40MG	71
PANZYGA SOL 30/300ML.....	261	PAXLOVID TAB 150-100	132
PANZYGA SOL 5GM/50ML	261	PAXLOVID TAB 300-100	132
PARADIGM REA MIS TRANSMIT	226	<i>pazopanib hcl tab 200 mg (base equiv)</i> ..	114
PARAGARD IUD T380A	154	PEDIAPRED SOL 5MG/5ML	157
<i>paraplatin inj 1000mg</i>	102	PEDIARIX INJ 0.5ML	279
<i>paraplatin inj 150/15ml</i>	102	PEDMARK INJ 12.5GM.....	117
<i>paraplatin inj 50mg/5ml</i>	102	PEDVAX HIB INJ	285
PAREMYD SOL 1-0.25%.....	258	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	215
<i>paricalcitol cap 1 mcg</i>	190	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	215
<i>paricalcitol cap 2 mcg</i>	190	<i>peg/nasul/c/ sol nacl/pot</i>	215
<i>paricalcitol cap 4 mcg</i>	190	PEGASYS INJ	133
<i>paricalcitol iv soln 2 mcg/ml</i>	190	PEGASYS INJ 180MCG/M.....	133
<i>paricalcitol iv soln 5 mcg/ml</i>	190	PEGASYS INJ PROCLICK	134
PARLODEL CAP 5MG	121	PEGASYS KIT 180MCG/M	134
PARLODEL TAB 2.5MG	121	PEG-PREP KIT	215
PARNATE TAB 10MG	69	PEMAZYRE TAB 13.5MG.....	114
<i>paramomycin sulfate cap 250 mg</i>	21	PEMAZYRE TAB 4.5MG	114
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	70	PEMAZYRE TAB 9MG	114
<i>paroxetine hcl tab 10 mg</i>	70	<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	104
<i>paroxetine hcl tab 20 mg</i>	70	<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	104
<i>paroxetine hcl tab 30 mg</i>	70	<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	104
<i>paroxetine hcl tab 40 mg</i>	70	<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	104
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	70	PEMETREXED SOL 100/4ML	105
<i>paroxetine hcl tab er 24hr 25 mg</i>	70	PEMETREXED SOL 1GM/40ML	105
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	70	PEMETREXED SOL 500/20ML	105
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	272	PEMETREXED SOL 850/34ML	105
PARSABIV INJ 10MG/2ML.....	190	PEMFEXY SOL 500/20ML.....	105
PARSABIV INJ 2.5-0.5.....	190	PEN G PROC INJ 600000	262
PARSABIV INJ 5MG/ML.....	190	PEN GK/DEXTR INJ 40000/ML	262
PASER GRA 4GM.....	101	PEN GK/DEXTR INJ 60000/ML	262

PEN NEEDLES MIS 29GX12MM.....	180	PERIKABIVEN EMU.....	251
PENBRAYA INJ.....	285	<i>perindopril erbumine tab 2 mg</i>	92
<i>peniclovir cream 1%</i>	167	<i>perindopril erbumine tab 4 mg</i>	92
<i>penicillamine cap 250 mg</i>	236	<i>perindopril erbumine tab 8 mg</i>	92
<i>penicillamine tab 250 mg</i>	236	<i>perlogard sol 0.12%</i>	241
<i>penicillin g potassium for inj 20000000 unit</i>	262	PERJETA INJ 420/14ML.....	106
<i>penicillin g potassium for inj 5000000 unit</i>	262	<i>permethrin cream 5%</i>	175
<i>penicillin g sodium for inj 5000000 unit</i>	262	<i>perphenazine tab 16 mg</i>	127
<i>penicillin v potassium for soln 125 mg/5ml</i>	262	<i>perphenazine tab 2 mg</i>	127
<i>penicillin v potassium for soln 250 mg/5ml</i>	262	<i>perphenazine tab 4 mg</i>	127
<i>penicillin v potassium tab 250 mg</i>	263	<i>perphenazine tab 8 mg</i>	127
<i>penicillin v potassium tab 500 mg</i>	263	<i>perphenazine-amitriptyline tab 2-10 mg</i>	266
PENNSAID SOL 2%.....	163	<i>perphenazine-amitriptyline tab 2-25 mg</i>	266
PENTACEL INJ.....	279	<i>perphenazine-amitriptyline tab 4-10 mg</i>	266
PENTAM 300 INJ 300MG.....	44	<i>perphenazine-amitriptyline tab 4-25 mg</i>	266
<i>pentamidine isethionate for inj soln 300 mg</i>	44	<i>perphenazine-amitriptyline tab 4-50 mg</i>	266
<i>pentamidine isethionate for nebulization</i> <i>soln 300 mg</i>	44	PERSERIS INJ 120MG.....	124
PENTASA CAP 250MG CR.....	197	PERSERIS INJ 90MG.....	124
PENTASA CAP 500MG CR.....	197	PERTZYE CAP 16000U.....	182
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	41	PERTZYE CAP 24000U.....	182
PENTETATE CA SOL 200MG/ML.....	82	PERTZYE CAP 4000UNIT.....	182
PENTETATE ZI SOL 200MG/ML.....	82	PERTZYE CAP 8000UNIT.....	182
<i>pentobarbital sodium inj 50 mg/ml</i>	213	PEXEVA TAB 10MG.....	71
<i>pentoxifylline tab er 400 mg</i>	207	PEXEVA TAB 20MG.....	71
PEPAXTO INJ 20MG.....	102	PEXEVA TAB 30MG.....	71
PEPCID TAB 20MG.....	281	PEXEVA TAB 40MG.....	71
PEPCID TAB 40MG.....	281	PFIZER 5-11Y INJ 2024-25.....	286
PERCOCET TAB 10-325MG.....	40	PFIZER 6M-4Y INJ 2024-25.....	286
PERCOCET TAB 2.5-325.....	40	PFIZER VACC INJ 5-11Y.....	286
PERCOCET TAB 5-325MG.....	40	PFIZER VACC INJ 6M-4Y.....	286
PERCOCET TAB 7.5-325.....	40	PFIZER VACC INJ ADLT RTU.....	286
PERFECT 28G MIS LANCETS.....	226	PFIZER VACC INJ COVID-19.....	286
PERFECT 30G MIS LANCETS.....	226	<i>pfizerpen inj 5mu</i>	263
PERFECT POIN MIS LANC 28G.....	226	PHARMACY COU MIS LANCETS.....	226
PERFECT POIN MIS LANC 30G.....	226	PHEBURANE MIS 483/GM.....	190
PERFOROMIST NEB 20MCG.....	56	<i>phenazo tab 200mg</i>	201
PERIDEX SOL 0.12%.....	241	<i>phendimetrazine tartrate tab 35 mg</i>	16
		<i>phenelzine sulfate tab 15 mg</i>	69
		PHENERGAN INJ 25MG/ML.....	87
		PHENERGAN INJ 50MG/ML.....	87
		<i>phenobarbital elixir 20 mg/5ml</i>	213
		<i>phenobarbital sodium inj 130 mg/ml</i>	213
		<i>phenobarbital sodium inj 65 mg/ml</i>	213
		<i>phenobarbital tab 100 mg</i>	213

<i>phenobarbital tab 15 mg</i>	213	<i>physiosol sol irrigat</i>	239
<i>phenobarbital tab 16.2 mg</i>	213	<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i> .	289
<i>phenobarbital tab 30 mg</i>	213	<i>phytonadione inj 10 mg/ml</i>	289
<i>phenobarbital tab 32.4 mg</i>	213	<i>phytonadione tab 5 mg</i>	289
<i>phenobarbital tab 60 mg</i>	213	PIASKY INJ 340/2ML.....	206
<i>phenobarbital tab 64.8 mg</i>	213	PIFELTRO TAB 100MG.....	131
<i>phenobarbital tab 97.2 mg</i>	213	<i>pilocarpine hcl ophth soln 1%</i>	253
<i>phenoxybenzamine hcl cap 10 mg</i>	93	<i>pilocarpine hcl ophth soln 2%</i>	253
<i>phentermine hcl cap 15 mg</i>	16	<i>pilocarpine hcl ophth soln 4%</i>	253
<i>phentermine hcl cap 30 mg</i>	16	<i>pilocarpine hcl tab 5 mg</i>	241
<i>phentermine hcl cap 37.5 mg</i>	16	<i>pilocarpine hcl tab 7.5 mg</i>	241
<i>phentermine hcl tab 37.5 mg</i>	16	<i>pimecrolimus cream 1%</i>	172
<i>phentolamine mesylate for inj 5 mg</i>	93	<i>pimozide tab 1 mg</i>	269
PHENYL/NACL INJ 80/250ML.....	289	<i>pimozide tab 2 mg</i>	269
PHENYLEP HCL INJ 0.8/10ML.....	289	<i>pimtrea tab</i>	152
PHENYLEP HCL INJ 1MG/10ML.....	289	<i>pindolol tab 10 mg</i>	137
PHENYLEPHRIN INJ 0.4/10ML.....	289	<i>pindolol tab 5 mg</i>	137
PHENYLEPHRIN INJ 0.8MG/10.....	289	<i>pioglitazone hcl tab 15 mg (base equiv)</i> ...	80
PHENYLEPHRIN INJ 10MG/ML.....	289	<i>pioglitazone hcl tab 30 mg (base equiv)</i> ...	80
PHENYLEPHRIN INJ 1MG/10ML.....	289	<i>pioglitazone hcl tab 45 mg (base equiv)</i> ...	80
<i>phenylephrine hcl iv soln 10 mg/ml</i>	289	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	75
<i>phenylephrine hcl ophth soln 10%</i>	253	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	76
<i>phenylephrine hcl ophth soln 2.5%</i>	253	<i>pioglitazone hcl-metformin hcl tab 15-500</i>	
<i>phenytek cap 200mg</i>	68	<i>mg</i>	76
<i>phenytek cap 300mg</i>	68	<i>pioglitazone hcl-metformin hcl tab 15-850</i>	
<i>phenytoin chew tab 50 mg</i>	68	<i>mg</i>	76
<i>phenytoin sodium extended cap 100 mg</i> . 68		PIP LANCETS MIS 30G.....	226
<i>phenytoin sodium extended cap 200 mg</i>	68	<i>piperacillin sod-tazobactam na for inj 3.375</i>	
<i>phenytoin sodium extended cap 300 mg</i>	68	<i>gm (3-0.375 gm)</i>	263
<i>phenytoin sodium inj 50 mg/ml</i>	68	<i>piperacillin sod-tazobactam sod for inj 2.25</i>	
<i>phenytoin susp 125 mg/5ml</i>	68	<i>gm (2-0.25 gm)</i>	263
PHESGO SOL.....	111	<i>piperacillin sod-tazobactam sod for inj 4.5</i>	
PHEXXI GEL.....	287	<i>gm (4-0.5 gm)</i>	263
<i>philith tab 0.4-35</i>	152	<i>piperacillin sod-tazobactam sod for inj 40.5</i>	
PHLAG SPR.....	173	<i>gm (36-4.5 gm)</i>	263
PHOSLYRA SOL.....	199	PIQRAY 200MG TAB DOSE.....	114
<i>phospha 250 tab neutral</i>	234	PIQRAY 250MG TAB DOSE.....	114
PHOSPHOLINE SOL 0.125%OP.....	253	PIQRAY 300MG TAB DOSE.....	114
<i>phospho-trin tab 250 neut</i>	234	<i>pirfenidone cap 267 mg</i>	273
<i>phospho-trin tab k500</i>	234	<i>pirfenidone tab 267 mg</i>	273
PHOTOFRIN INJ 75MG.....	117	<i>pirfenidone tab 801 mg</i>	273
PHOTREXA VIS SOL 0.146-20.....	255	<i>piroxicam cap 10 mg</i>	29
PHOTREXA/PHO SOL VISC KIT.....	255	<i>piroxicam cap 20 mg</i>	29
<i>physiolyte sol</i>	239	<i>pitavastatin calcium tab 1 mg</i>	90

<i>pitavastatin calcium tab 2 mg</i>	90	POLY-VI-FLOR MIS FS 0.5MG.....	243
<i>pitavastatin calcium tab 4 mg</i>	90	POLY-VI-FLOR SUS /IRON.....	242
PITOCIN INJ 10UNT/ML.....	260	POLY-VI-FLOR SUS 0.25/ML.....	243
PLAQUENIL TAB 200MG.....	100	POMALYST CAP 1MG.....	109
PLASMA-LYTE INJ -A.....	233	POMALYST CAP 2MG.....	110
PLAVIX TAB 75MG.....	208	POMALYST CAP 3MG.....	110
PLEGISOL SOL.....	143	POMALYST CAP 4MG.....	110
PLEGRIDY INJ.....	268	PONVORY TAB 20MG.....	268
PLEGRIDY INJ PEN.....	268	PONVORY TAB STARTER.....	268
PLEGRIDY INJ STARTER.....	268	<i>portia-28 tab</i>	152
PLEGRIDY PEN INJ STARTER.....	268	PORTRAZZA INJ 800/50ML.....	108
<i>plenamine inj 15%</i>	252	<i>posaconazole susp 40 mg/ml</i>	86
PLENITY CAP.....	16	<i>posaconazole tab delayed release 100 mg</i>	86
PLENVU SOL.....	215	POSFREA INJ 0.25/5ML.....	84
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20</i> <i>mg/ml)</i>	212	POSIMIR SOL 660/5ML.....	217
PLIAGLIS CRE 7-7%.....	173	<i>pot & sod citrates w/ cit ac soln 550-500-</i> <i>334 mg/5ml</i>	200
PNV FOLIC AC TAB + IRON.....	244	POT CHL/NAACL INJ 20MEQ/L.....	233
PNV PRENATAL TAB PLUS.....	244	POT CHL/NAACL INJ 40MEQ/L.....	233
PNV TABS TAB 29-1MG.....	244	POT CHLORIDE INJ 10MEQ.....	235
<i>pnv-dha cap</i>	244	POT CHLORIDE INJ 20MEQ.....	235
PNV-DHA CAP DOCUSATE.....	244	POT CHLORIDE INJ 40MEQ.....	235
PNV-OMEGA CAP.....	244	<i>pot phos monobasic w/sod phos di &</i> <i>monobas tab 155-852-130mg</i>	234
<i>pnv-select tab</i>	244	<i>potassium acetate inj 2 meq/ml</i>	235
POCKETCHEM TES EZ.....	180	<i>potassium chloride 20 meq/l (0.15%) in</i> <i>dextrose 5% inj</i>	233
PODIAPN CAP.....	182	<i>potassium chloride cap er 10 meq</i>	235
<i>podofilox gel 0.5%</i>	172	<i>potassium chloride cap er 8 meq</i>	235
<i>podofilox soln 0.5%</i>	172	<i>potassium chloride inj 10 meq/100ml</i>	235
POLIVY INJ 140MG.....	107	<i>potassium chloride inj 10 meq/50ml</i>	235
POLIVY INJ 30MG.....	107	<i>potassium chloride inj 2 meq/ml</i>	235
<i>polocaine inj 1%</i>	217	<i>potassium chloride inj 20 meq/100ml</i>	235
<i>polocaine inj 2%</i>	217	<i>potassium chloride inj 20 meq/50ml</i>	235
<i>polocaine inj -mpf 1%</i>	217	<i>potassium chloride inj 40 meq/100ml</i>	235
<i>polocaine inj mpf 1.5%</i>	217	<i>potassium chloride microencapsulated crys</i> <i>er tab 10 meq</i>	235
<i>polocaine inj -mpf 2%</i>	217	<i>potassium chloride microencapsulated crys</i> <i>er tab 15 meq</i>	235
<i>polycin oin op</i>	255	<i>potassium chloride microencapsulated crys</i> <i>er tab 20 meq</i>	235
<i>polymyxin b sulfate for inj 500000 unit</i>	48	<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i>	235
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	255		
POLY-VI-FLOR CHW 0.25MG.....	243		
POLY-VI-FLOR CHW 0.5MG.....	243		
POLY-VI-FLOR CHW 1MG.....	243		
POLY-VI-FLOR CHW W/IRON.....	242		
POLY-VI-FLOR MIS FS 0.25.....	243		

<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	235	<i>pramipexole dihydrochloride tab 1 mg</i>	121
<i>potassium chloride powder packet 20 meq</i>	235	<i>pramipexole dihydrochloride tab 1.5 mg</i> .	121
<i>potassium chloride tab er 10 meq</i>	235	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride tab er 15 meq</i>	235	0.375 mg	121
<i>potassium chloride tab er 20 meq (1500 mg)</i>	235	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride tab er 8 meq (600 mg)</i>	235	0.75 mg	121
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	200	<i>pramipexole dihydrochloride tab er 24hr</i> 1.5	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	200	mg	121
<i>potassium citrate tab er 15 meq (1620 mg)</i>	200	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium citrate tab er 5 meq (540 mg)</i>	200	2.25 mg.....	121
POTASSIUM INJ 100MEQ	235	<i>pramipexole dihydrochloride tab er 24hr</i> 3	
POTASSIUM INJ PHOSPHAT	234	mg	121
<i>potassium iodide oral soln 1 gm/ml</i>	159	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium phosphates inj 15 mm/5ml (phos) 22 meq/5ml (k)</i>	234	3.75 mg	121
<i>potassium phosphates inj 150 mm/50ml (phos) 220 meq/50ml (k)</i>	234	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)</i>	234	4.5 mg.....	121
POTELIGEO INJ 20MG/5ML.....	107	PRAMOSONE CRE 1-1%.....	170
POVIDONE IOD SOL 5%.....	255	PRAMOSONE LOT 1%.....	170
PR BENZOYL LIQ 7% WASH.....	162	PRAMOSONE LOT 2.5%.....	170
PR CREAM KIT	173	PRAMOX GEL 1%.....	173
PRADAXA CAP 110MG.....	60	<i>prasugrel hcl tab 10 mg (base equiv)</i>	208
PRADAXA CAP 150MG.....	60	<i>prasugrel hcl tab 5 mg (base equiv)</i>	208
PRADAXA CAP 75MG.....	60	<i>pravastatin sodium tab 10 mg</i>	90
PRAKETAMIDE CRE 5%	163	<i>pravastatin sodium tab 20 mg</i>	90
PRALUENT INJ 150MG/ML.....	91	<i>pravastatin sodium tab 40 mg</i>	90
PRALUENT INJ 75MG/ML	91	<i>pravastatin sodium tab 80 mg</i>	90
<i>pramipexole dihydrochloride tab 0.125 mg</i>	121	PRAXBIND INJ 2.5/50	83
<i>pramipexole dihydrochloride tab 0.25 mg</i>	121	<i>praziquantel tab 600 mg</i>	44
<i>pramipexole dihydrochloride tab 0.5 mg</i> .	121	<i>prazosin hcl cap 1 mg</i>	95
<i>pramipexole dihydrochloride tab 0.75 mg</i>	121	<i>prazosin hcl cap 2 mg</i>	95
		<i>prazosin hcl cap 5 mg</i>	95
		PRECEDEX INJ 1000/250	214
		PRECEDEX INJ 100MCG	214
		PRECEDEX INJ 200/50ML.....	214
		PRECEDEX INJ 400/100.....	214
		PRECEDEX INJ 80/20ML	214
		PRECISION PT TES OF CARE.....	181
		PRECISION TES PCX.....	181
		PRECISION TES PCX PLUS	181
		PRECISION TES QID.....	181
		PRECISION TES SOF-TACT.....	181
		PRECISION TES XTRA.....	181
		PRECOSE TAB 100MG	74
		PRECOSE TAB 25MG	74

PRECOSE TAB 50MG.....	74	<i>pregabalin cap 300 mg</i>	65
PRED FORTE SUS 1% OP.....	256	<i>pregabalin cap 50 mg</i>	65
PRED MILD SUS 0.12% OP.....	256	<i>pregabalin cap 75 mg</i>	65
PRED SOD PHO SOL 1% OP.....	256	<i>pregabalin soln 20 mg/ml</i>	65
PRED-G S.O.P OIN OP.....	256	<i>pregabalin tab er 24hr 165 mg</i>	269
PRED-G SUS OP.....	256	<i>pregabalin tab er 24hr 330 mg</i>	269
<i>prednicarbate oint 0.1%</i>	170	<i>pregabalin tab er 24hr 82.5 mg</i>	269
<i>prednisolone acetate ophth susp 1%</i>	256	PREGNYL INJ 10000UNT.....	186
<i>prednisolone sod phos orally disinteg tab</i>		PREHEVBRIO SUS 10MCG/ML.....	286
<i>10 mg (base eq)</i>	157	PREMARIN INJ 25MG.....	194
<i>prednisolone sod phos orally disintegr tab</i>		PREMARIN TAB 0.3MG.....	194
<i>15 mg (base eq)</i>	157	PREMARIN TAB 0.45MG.....	195
<i>prednisolone sod phos orally disinteg tab</i>		PREMARIN TAB 0.625MG.....	195
<i>30 mg (base eq)</i>	157	PREMARIN TAB 0.9MG.....	194
<i>prednisolone sod phosph oral soln 6.7</i>		PREMARIN TAB 1.25MG.....	195
<i>mg/5ml (5 mg/5ml base)</i>	157	PREMARIN VAG CRE 0.625MG.....	287
<i>prednisolone sod phosphate oral soln 10</i>		PREMASOL SOL 10%.....	252
<i>mg/5ml (base equiv)</i>	158	PREMESISRX TAB.....	244
<i>prednisolone sod phosphate oral soln 15</i>		PREMPHASE TAB.....	193
<i>mg/5ml (base equiv)</i>	158	PREMPRO TAB.....	193
<i>prednisolone sod phosphate oral soln 20</i>		PREMPRO TAB 0.3-1.5.....	193
<i>mg/5ml (base equiv)</i>	158	PREMPRO TAB 0.45-1.5.....	193
<i>prednisolone sodium phosphate oral soln</i>		PREMPRO TAB 0.625-5.....	193
<i>25 mg/5ml (base eq)</i>	158	PRENA 1 TRUE MIS.....	244
<i>prednisolone soln 15 mg/5ml</i>	158	PRENA1 CHW.....	244
PREDNISOLONE SUS 1%.....	257	PRENA1 PEARL CAP.....	244
<i>prednisolone tab 5 mg</i>	158	PRENAISSANCE CAP.....	244
PREDNISON CON 5MG/ML.....	158	PRENAISSANCE CAP PLUS.....	245
<i>prednisone oral soln 5 mg/5ml</i>	158	<i>prenatabs rx tab</i>	245
<i>prednisone tab 1 mg</i>	158	PRENATAL 19 CHW 29-1MG.....	245
<i>prednisone tab 10 mg</i>	158	<i>prenatal 19 chw tab</i>	245
<i>prednisone tab 2.5 mg</i>	158	PRENATAL 19 TAB 29-1MG.....	245
<i>prednisone tab 20 mg</i>	158	PRENATAL DHA PAK 27-1-250.....	245
<i>prednisone tab 5 mg</i>	158	PRENATAL TAB 27-1MG.....	245
<i>prednisone tab 50 mg</i>	158	PRENATAL TAB PLUS.....	245
<i>prednisone tab therapy pack 10 mg (21)</i>	158	PRENATAL VIT TAB LOW IRON.....	245
<i>prednisone tab therapy pack 10 mg (48)</i>	158	PRENATAL+FE TAB 29-1MG.....	245
<i>prednisone tab therapy pack 5 mg (21)</i>	158	PRENATAL-U CAP 106.5-1.....	245
<i>prednisone tab therapy pack 5 mg (48)</i>	158	PRENATE AM TAB 1MG.....	245
<i>pregabalin cap 100 mg</i>	65	PRENATE CAP ENHANCE.....	245
<i>pregabalin cap 150 mg</i>	65	PRENATE CAP ESSENT.....	245
<i>pregabalin cap 200 mg</i>	65	PRENATE CAP PIXIE.....	245
<i>pregabalin cap 225 mg</i>	65	PRENATE CAP RESTORE.....	245
<i>pregabalin cap 25 mg</i>	65	PRENATE CHW 0.6-0.4.....	245

PRENATE DHA CAP	245	PRIMLEV TAB 10-300MG	40	
PRENATE MINI CAP	245	PRIMLEV TAB 5-300MG.....	40	
PRENATE TAB ELITE.....	245	PRIMLEV TAB 7.5-300.....	40	
PRENATOL-M TAB 27-1.2MG	245	PRIORIX INJ.....	286	
PRENATRIX TAB.....	245	PRISMASOL SOL 0/0/1.2	236	
PREPIDIL GEL 0.5MG/3G.....	259	PRISMASOL SOL 0/2.5.....	236	
PREPLUS TAB 27-1MG.....	245	PRISMASOL SOL 2/0	236	
PRESERA AER	173	PRISMASOL SOL 2/3.5	236	
PRESTALIA TAB 14-10MG	98	PRISMASOL SOL 4/0/1.2	236	
PRESTALIA TAB 3.5-2.5	98	PRISMASOL SOL 4/2.5.....	236	
PRESTALIA TAB 7-5MG	98	PRISMASOL SOL B22GK4/0.....	236	
PRETAB TAB 29-1MG.....	245	PRISTIQ TAB 100MG	72	
PRETOMANID TAB 200MG	101	PRISTIQ TAB 25MG.....	72	
PREVACID CAP 15MG DR	282	PRISTIQ TAB 50MG.....	72	
PREVACID CAP 30MG DR.....	282	PRO COMFORT MIS 31G.....	226	
PREVACID TAB 15MG STB	282	PRO COMFORT MIS LANCETS.....	226	
PREVACID TAB 30MG STB	282	PROAIR HFA AER.....	56	
<i>prevalite pow 4gm.....</i>	<i>88</i>	PROAIR RESPI AER.....	<i>56</i>	
<i>prevalite pow 4gm pk</i>	<i>88</i>	<i>probenecid tab 500 mg</i>	<i>202</i>	
PREVIDOLRX PAK ANALGESI	29	PROBUPHINE IMP KIT 74.2.....	41	
PREVNAR 20 INJ.....	285	<i>procainamide hcl inj 100 mg/ml</i>	<i>51</i>	
PREVYMIS INJ 240/12	133	<i>procainamide hcl inj 500 mg/ml</i>	<i>51</i>	
PREVYMIS INJ 480/24	133	PROCARDIA XL TAB 30MG CR	141	
PREVYMIS TAB 240MG.....	133	PROCARDIA XL TAB 60MG CR	141	
PREVYMIS TAB 480MG.....	133	PROCARDIA XL TAB 90MG CR	141	
PREZCOBIX TAB 800-150	131	<i>procentra sol 5mg/5ml</i>	<i>15</i>	
PREZISTA SUS 100MG/ML	131	<i>prochlorperazine edisylate inj 10 mg/2ml</i>	<i>128</i>	
PREZISTA TAB 150MG.....	131	<i>.....</i>	<i>128</i>	
PREZISTA TAB 600MG.....	131	<i>prochlorperazine maleate tab 10 mg (base</i>	<i>equivalent)</i>	<i>128</i>
PREZISTA TAB 75MG.....	131	<i>prochlorperazine maleate tab 5 mg (base</i>	<i>equivalent)</i>	<i>128</i>
PREZISTA TAB 800MG.....	131	<i>prochlorperazine suppos 25 mg</i>	<i>128</i>	
PRIALT INJ 100MCG.....	31	PROCORT CRE.....	43	
PRIALT INJ 25MCG/ML	31	PROCRIT INJ 10000/ML	210	
PRIALT INJ 500MCG	31	PROCRIT INJ 2000/ML	210	
PRIFTIN TAB 150MG	101	PROCRIT INJ 20000/ML.....	210	
PRILOSEC POW 10MG.....	282	PROCRIT INJ 3000/ML	210	
PRILOSEC POW 2.5MG	282	PROCRIT INJ 4000/ML	210	
PRIMACARE CAP	245	PROCRIT INJ 40000/ML.....	210	
<i>primaquine phosphate tab 26.3 mg (15 mg</i>	<i>base).....</i>	<i>proctocort cre 1%</i>	<i>43</i>	
<i>base).....</i>	<i>100</i>	PROCTOCORT SUP 30MG	43	
PRIMAQUINE TAB 26.3MG	100	PROCTOFOAM AER HC 1%.....	43	
PRIMAXIN IV INJ 500MG.....	45	<i>procto-med cre hc 2.5%</i>	<i>43</i>	
<i>primidone tab 250 mg</i>	<i>65</i>			
<i>primidone tab 50 mg.....</i>	<i>65</i>			

<i>procto-pak cre 1%</i>	43	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	159
<i>proctosol hc cre 2.5%</i>	43	<i>promethazine-phenylephrine-codeine</i> <i>syrup 6.25-5-10 mg/5ml</i>	159
<i>proctozone cre -hc 2.5%</i>	43	<i>promethegan sup 12.5mg</i>	87
PROCYSBI CAP 25MG.....	201	<i>promethegan sup 25mg</i>	87
PROCYSBI CAP 75MG.....	201	<i>promethegan sup 50mg</i>	87
PRODIGY MIS 26G	226	PROMETRIUM CAP 100MG.....	264
PRODIGY MIS 28G	226	PROMETRIUM CAP 200MG.....	264
PRODIGY NO TES CODING.....	181	PROMISEB CRE.....	167
PROFILNINE INJ 1000UNIT	205	<i>propafenone hcl cap er 12hr 225 mg</i>	52
PROFILNINE INJ 1500UNIT.....	205	<i>propafenone hcl cap er 12hr 325 mg</i>	52
PROFILNINE INJ 500UNIT	205	<i>propafenone hcl cap er 12hr 425 mg</i>	52
<i>progesterone cap 100 mg</i>	264	<i>propafenone hcl tab 150 mg</i>	52
<i>progesterone cap 200 mg</i>	264	<i>propafenone hcl tab 225 mg</i>	52
<i>progesterone im in oil 50 mg/ml</i>	264	<i>propafenone hcl tab 300 mg</i>	52
PROGLYCEM SUS 50MG/ML	77	<i>proparacaine hcl ophth soln 0.5%</i>	255
PROGRAF CAP 0.5MG.....	238	<i>propofol iv emul 1000 mg/100ml (10</i> <i>mg/ml)</i>	200
PROGRAF CAP 1MG.....	238	<i>propofol iv emul 200 mg/20ml (10 mg/ml)</i>	200
PROGRAF CAP 5MG	238	<i>propofol iv emul 500 mg/50ml (10 mg/ml)</i>	200
PROGRAF GRA 0.2MG.....	238	<i>propoven inj</i>	200
PROGRAF GRA 1MG.....	238	<i>propoven inj 200/20ml</i>	200
PROGRAF INJ 5MG/ML	238	<i>propoven inj 500/50ml</i>	200
PROLENSA SOL 0.07%	258	<i>propranolol hcl cap er 24hr 120 mg</i>	137
PROLEUKIN INJ 22MU.....	117	<i>propranolol hcl cap er 24hr 160 mg</i>	137
PROLIA INJ 60MG/ML	185	<i>propranolol hcl cap er 24hr 60 mg</i>	137
PROMACTA PAK 25MG	210	<i>propranolol hcl cap er 24hr 80 mg</i>	137
PROMACTA POW 12.5MG	210	<i>propranolol hcl inj 1 mg/ml</i>	137
PROMACTA TAB 12.5MG	210	<i>propranolol hcl oral soln 20 mg/5ml</i>	137
PROMACTA TAB 25MG.....	210	<i>propranolol hcl oral soln 40 mg/5ml</i>	137
PROMACTA TAB 50MG	210	<i>propranolol hcl tab 10 mg</i>	137
PROMACTA TAB 75MG.....	210	<i>propranolol hcl tab 20 mg</i>	137
<i>prometh vc syp 6.25-5/5</i>	159	<i>propranolol hcl tab 40 mg</i>	138
<i>promethazine & phenylephrine syrup 6.25-</i> <i>5 mg/5ml</i>	159	<i>propranolol hcl tab 60 mg</i>	138
<i>promethazine hcl inj 25 mg/ml</i>	87	<i>propranolol hcl tab 80 mg</i>	138
<i>promethazine hcl inj 50 mg/ml</i>	87	<i>propylthiouracil tab 50 mg</i>	275
<i>promethazine hcl oral soln 6.25 mg/5ml</i> .	87	PROQUAD INJ.....	286
<i>promethazine hcl suppos 12.5 mg</i>	87	PROSCAR TAB 5MG.....	201
<i>promethazine hcl suppos 25 mg</i>	87	PROSOL INJ 20%	252
<i>promethazine hcl tab 12.5 mg</i>	87	PROSTIN VR INJ 500MCG	240
<i>promethazine hcl tab 25 mg</i>	87	<i>protamine sulfate inj 10 mg/ml</i>	208
<i>promethazine hcl tab 50 mg</i>	87		
<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i>	159		

PROTHELIAL PST 10%.....	241	<i>pyridostigmine bromide tab er 180 mg</i>	101
PROTONIX INJ 40MG.....	282	<i>pyridoxine hcl inj 100 mg/ml</i>	289
PROTONIX PAK 40MG.....	283	PYRIDOXINE INJ 100MG/ML.....	289
PROTONIX TAB 20MG.....	283	<i>pyrimethamine tab 25 mg</i>	100
PROTONIX TAB 40MG.....	283	PYROGALL ACD OIN.....	172
PROTOPAM CHL INJ 1GM	83	PYRUKYND TAB 20MG.....	208
PROTOPIC OIN 0.03%.....	172	PYRUKYND TAB 20MGX5MG.....	208
PROTOPIC OIN 0.1%.....	172	PYRUKYND TAB 50MG.....	208
<i>protriptyline hcl tab 10 mg</i>	74	PYRUKYND TAB 50MGX20M.....	208
<i>protriptyline hcl tab 5 mg</i>	74	PYRUKYND TAB 5MG	208
PROVAYBLUE INJ	83	PYRUKYND TAB 5MG TP	208
PROVENGE INJ.....	108	Q	
PROVENTIL AER HFA	56	QBRELIS SOL 1MG/ML	92
PROVERA TAB 10MG.....	264	QBREXZA PAD 2.4%	174
PROVERA TAB 2.5MG	264	<i>qc aspirin chw 81mg</i>	32
PROVERA TAB 5MG.....	264	<i>qc child asa chw 81mg</i>	32
PROVIDA OB CAP	245	QC LANCETS MIS 28G.....	226
PROVIGIL TAB 100MG.....	20	QC LANCETS MIS 30G.....	226
PROVIGIL TAB 200MG	20	<i>qc nicotine dis 14mg/24h</i>	271
PROVISC INJ 1%.....	257	<i>qc nicotine dis 21mg/24h</i>	271
PROZAC CAP 10MG.....	71	QELBREE CAP 100MG ER.....	17
PROZAC CAP 20MG	71	QELBREE CAP 150MG ER.....	17
PROZAC CAP 40MG	71	QELBREE CAP 200MG ER.....	17
PRUCLAIR CRE	173	QINLOCK TAB 50MG	114
PRUDOXIN CRE 5%	165	QNASL AER 80MCG.....	249
PRUMYX CRE.....	173	QNASL CHILD SPR 40MCG	249
<i>pseudoephed-bromphen-dm syrup 30-2-10</i> <i>mg/5ml</i>	159	QSYMIA CAP 11.25-69	16
PSORCON CRE 0.05%	170	QSYMIA CAP 15-92MG.....	16
PTS PANELS TES GLUCOSE	181	QSYMIA CAP 3.75-23	16
PULMICORT INH 180MCG.....	55	QSYMIA CAP 7.5-46MG	16
PULMICORT INH 90MCG.....	55	QTERN TAB 10-5MG	76
PULMICORT SUS 0.25MG/2.....	55	QTERN TAB 5-5MG	76
PULMICORT SUS 0.5MG/2	55	QUADRACEL INJ	279
PULMICORT SUS 1MG/2ML.....	55	QUADRACEL INJ 0.5ML	279
PULMOZYME SOL 1MG/ML.....	272	QUALAQUIN CAP 324MG	100
PURIXAN SUS 20MG/ML	105	<i>quazepam tab 15 mg</i>	214
PX LANCETS MIS 28G	226	QUDEXY XR CAP 100/24HR	65
PX LANCETS MIS 33G	226	QUDEXY XR CAP 150/24HR.....	65
PYLERA CAP	283	QUDEXY XR CAP 200/24HR.....	65
<i>pyrazinamide tab 500 mg</i>	101	QUDEXY XR CAP 25/24HR	65
<i>pyridostigmine bromide oral soln 60</i> <i>mg/5ml</i>	101	QUDEXY XR CAP 50/24HR	65
<i>pyridostigmine bromide tab 60 mg</i>	101	QUELICIN INJ 20MG/ML.....	249
		QUESTRAN POW 4GM	89
		QUESTRAN POW 4GM LITE.....	89

<i>quetiapine fumarate tab 100 mg</i>	126
<i>quetiapine fumarate tab 150 mg</i>	126
<i>quetiapine fumarate tab 200 mg</i>	126
<i>quetiapine fumarate tab 25 mg</i>	126
<i>quetiapine fumarate tab 300 mg</i>	126
<i>quetiapine fumarate tab 400 mg</i>	126
<i>quetiapine fumarate tab 50 mg</i>	126
<i>quetiapine fumarate tab er 24hr 150 mg</i> .	126
<i>quetiapine fumarate tab er 24hr 200 mg</i>	126
<i>quetiapine fumarate tab er 24hr 300 mg</i>	126
<i>quetiapine fumarate tab er 24hr 400 mg</i>	126
<i>quetiapine fumarate tab er 24hr 50 mg</i> ..	126
QUFLORA CHW	243
QUFLORA FE CHW	242
QUFLORA PED DRO 0.25MG	243
QUFLORA PED DRO 0.5MG/ML.....	243
QUICKTEK TES.....	181
QUILLICHEW CHW 20MG ER	20
QUILLICHEW CHW 30MG ER	20
QUILLICHEW CHW 40MG ER.....	20
QUILLIVANT SUS 25MG/5ML	20
<i>quinapril hcl tab 10 mg</i>	92
<i>quinapril hcl tab 20 mg</i>	92
<i>quinapril hcl tab 40 mg</i>	92
<i>quinapril hcl tab 5 mg</i>	92
<i>quinapril-hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	98
<i>quinapril-hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	98
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	98
<i>quinidine gluconate tab er 324 mg</i>	51
<i>quinine sulfate cap 324 mg</i>	100
QUINTET AC TES BLD GLUC	181
QUINTET TES BLD GLUC.....	181
QULIPTA TAB 10MG.....	229
QULIPTA TAB 30MG.....	229
QULIPTA TAB 60MG.....	230
QUTENZA KIT 8% 1-PCH.....	173
QUTENZA KIT 8% 2-PCH	173
QUTENZA KIT 8% 4-PCH	173
QUVIVIQ TAB 25MG.....	215
QUVIVIQ TAB 50MG	215
QVAR REDIIHA AER 80MCG.....	55

QVAR REDIIHAL AER 40MCG.....	55
R	
<i>ra aspirin chw 81mg</i>	32
<i>ra aspirin tab 81mg ec</i>	32
RA E-ZJECT MIS 28G	226
RA E-ZJECT MIS THIN 26G	226
RA E-ZJECT MIS THIN 28G	226
RA E-ZJECT MIS ULT THIN	226
<i>ra nicotine dis 14mg/24h</i>	271
<i>ra nicotine dis 21mg/24h</i>	271
<i>ra nicotine gum 2mg</i>	271
<i>ra nicotine gum 2mg mint</i>	271
<i>ra nicotine gum 4mg</i>	271
<i>ra nicotine gum 4mg mint</i>	271
<i>ra nicotine loz 2mg mint</i>	271
<i>ra nicotine loz 4mg mint</i>	271
RA TRUETEST TES	181
RABAVERT INJ.....	286
<i>rabeprazole sodium ec tab 20 mg</i>	283
RADIAPLEXRX GEL	176
RADICAVA INJ 30MG	249
RADICAVA ORS SUS 105/5ML	249
RADICAVA ORS SUS STARTER	249
RADIOGARDASE CAP 0.5GM	83
RAGWITEK SUB	21
<i>raloxifene hcl tab 60 mg</i>	188
<i>ramelteon tab 8 mg</i>	215
<i>ramipril cap 1.25 mg</i>	93
<i>ramipril cap 10 mg</i>	93
<i>ramipril cap 2.5 mg</i>	93
<i>ramipril cap 5 mg</i>	93
RANEXA TAB 1000MG.....	48
RANEXA TAB 500MG	48
<i>ranolazine tab er 12hr 1000 mg</i>	48
<i>ranolazine tab er 12hr 500 mg</i>	48
RAPAFLO CAP 4MG.....	201
RAPAFLO CAP 8MG.....	201
RAPAMUNE SOL 1MG/ML.....	238
RAPAMUNE TAB 0.5MG.....	238
RAPAMUNE TAB 1MG.....	238
RAPAMUNE TAB 2MG	238
RAPIVAB INJ 200MG/20.....	134
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	122

<i>rasagiline mesylate tab 1 mg (base equiv)</i>	RECOMBIVA HB INJ 5MCG/0.5	286
.....	RECOMBIVA-HB INJ 40MCG/ML	286
RASUVO INJ 10MG	RECORLEV TAB 150MG	185
RASUVO INJ 12.5MG	RECOTHROM SOL 20000UNT	212
RASUVO INJ 15MG	RECOTHROM SOL 5000UNIT	212
RASUVO INJ 17.5MG	RECTIV OIN 0.4%	43
RASUVO INJ 22.5MG	REDICHEW RX CHW	245
RASUVO INJ 25MG	REDITREX INJ 10/.4ML	25
RASUVO INJ 30MG	REDITREX INJ 12.5/0.5	25
RASUVO INJ 7.5MG	REDITREX INJ 15/.6ML	25
RAVICTI LIQ 1.1GM/ML	REDITREX INJ 17.5/0.7	25
RAYALDEE CAP 30MCG	REDITREX INJ 20/.8ML	26
RAYOS TAB 1MG	REDITREX INJ 22.5/0.9	26
RAYOS TAB 2MG	REDITREX INJ 25MG/ML	26
RAYOS TAB 5MG	REDITREX INJ 7.5/.3ML	25
RAZADYNE ER CAP 16MG	REFUAH PLUS TES BLD GLUC	181
RAZADYNE ER CAP 24MG	REGLAN TAB 10MG	196
RAZADYNE ER CAP 8MG	REGLAN TAB 5MG	196
<i>react tab 1.5mg</i>	REGONOL INJ 5MG/ML	101
REALITY MIS LUBRICAT	REGRANEX GEL 0.01%	177
REALITY ULTR MIS TEXTURED	RELAFEN DS TAB 1000MG	29
REALITY ULTR MIS THIN	<i>relafen tab 500mg</i>	29
REAL-TIME KIT	<i>relafen tab 750mg</i>	29
REBIF INJ 22/0.5	RELENZA MIS DISKHALE	135
REBIF INJ 44/0.5	RELEUKO INJ 300MCG	211
REBIF REBIDO INJ 22/0.5	RELEUKO INJ 480MCG	211
REBIF REBIDO INJ 44/0.5	RELEXXII TAB 72MG ER	20
REBIF REBIDO INJ TITRATN	RELION BLOOD TES GLUCOSE	181
REBIF TITRTN INJ PACK	RELION LANCE MIS THIN 26G	226
REBINYN INJ 3000UNIT	RELION LANCE MIS THIN 30G	226
REBINYN SOL 1000UNIT	RELION MICRO MIS THIN 33G	226
REBINYN SOL 2000UNIT	RELION PLATN TES GLUCOSE	181
REBINYN SOL 500UNIT	RELION PRIME TES	181
REBLOZYL INJ 25MG	RELION PRIME TES GLUCOSE	181
REBLOZYL INJ 75MG	RELION TES ULTIMA	181
RECARBRIO INJ 1.25GM	RELION ULTRA MIS THIN PLS	226
RECEDO GEL	RELISTOR INJ 12/0.6ML	198
RECLAST INJ 5/100ML	RELISTOR INJ 8/0.4ML	198
<i>reclipsen tab</i>	RELISTOR TAB 150MG	198
RECOMBINATE INJ	RELNATE DHA CAP	245
RECOMBINATE INJ 220-400	RELPAK TAB 20MG	230
RECOMBINATE INJ 401-800	RELPAK TAB 40MG	230
RECOMBINATE INJ 801-1240	RELYVRIO PAK 3-1GM	249
RECOMBIVA HB INJ 10MCG/ML	REMDESIVIR INJ 100MG	135

REMERON SLTB TAB 15MG.....	69	RETEVMO CAP 80MG.....	114
REMERON SLTB TAB 30MG.....	69	RETEVMO TAB 120MG.....	114
REMERON SLTB TAB 45MG.....	69	RETEVMO TAB 160MG.....	114
REMERON TAB 15MG.....	69	RETEVMO TAB 40MG.....	114
REMERON TAB 30MG.....	69	RETEVMO TAB 80MG.....	114
REMICADE INJ 100MG.....	197	RETIN-A CRE 0.025%.....	162
<i>remifentanil hcl for iv soln 1 mg</i>	38	RETIN-A CRE 0.05%.....	162
<i>remifentanil hcl for iv soln 2 mg</i>	38	RETIN-A CRE 0.1%.....	162
<i>remifentanil hcl for iv soln 5 mg</i>	38	RETIN-A GEL 0.01%.....	162
REMIGEN CREA CRE.....	173	RETIN-A GEL 0.025%.....	162
REMODULIN INJ 10MG/ML.....	144	RETIN-A GEL 0.04%.....	162
REMODULIN INJ 1MG/ML.....	144	RETIN-A MICR GEL 0.04%.....	162
REMODULIN INJ 2.5MG/ML.....	144	RETIN-A MICR GEL 0.04%PMP.....	162
REMODULIN INJ 5MG/ML.....	144	RETIN-A MICR GEL 0.06%.....	162
RENACIDIN SOL.....	201	RETIN-A MICR GEL 0.08%.....	162
RENAGEL TAB 800MG.....	199	RETIN-A MICR GEL 0.1%.....	162
RENFLXIS INJ 100MG.....	197	RETIN-A MICR GEL 0.1%PUMP.....	162
REVELA POW 0.8GM.....	199	RETISERT IMP 0.59MG.....	257
REVELA POW 2.4GM.....	199	RETROVIR CAP 100MG.....	131
REVELA TAB 800MG.....	199	RETROVIR INJ 10MG/ML.....	131
<i>repaglinide tab 0.5 mg</i>	80	RETROVIR SYP 50MG/5ML.....	131
<i>repaglinide tab 1 mg</i>	80	REVATIO INJ.....	145
<i>repaglinide tab 2 mg</i>	80	REVATIO SUS 10MG/ML.....	145
REPATHA INJ 140MG/ML.....	91	REVATIO TAB 20MG.....	145
REPATHA PUSH INJ 420/3.5.....	91	REVCOSI INJ 1.6MG/ML.....	190
REPATHA SURE INJ 140MG/ML.....	91	REVEAL TES BLD GLUC.....	181
REQ 49+ TAB.....	242	REVLIMID CAP 10MG.....	237
<i>resorcinol-sulfur lotion 2-5%</i>	162	REVLIMID CAP 15MG.....	237
RESTASIS EMU 0.05% OP.....	255	REVLIMID CAP 2.5MG.....	237
RESTASIS MUL EMU 0.05% OP.....	255	REVLIMID CAP 20MG.....	237
RESTORA RX CAP 60-1.25.....	82	REVLIMID CAP 25MG.....	237
RESTORE SILV PAD 2.....	177	REVLIMID CAP 5MG.....	237
RESTORE SILV PAD 4.....	177	<i>revonto inj 20mg</i>	248
RESTORIL CAP 15MG.....	214	REXTOVY SPR 4/0.25ML.....	83
RESTORIL CAP 22.5MG.....	214	REXULTI TAB 0.25MG.....	129
RESTORIL CAP 30MG.....	214	REXULTI TAB 0.5MG.....	129
RESTORIL CAP 7.5MG.....	214	REXULTI TAB 1MG.....	129
RETACRIT INJ 10000UNT.....	211	REXULTI TAB 2MG.....	129
RETACRIT INJ 20000UNI.....	211	REXULTI TAB 3MG.....	129
RETACRIT INJ 2000UNIT.....	211	REXULTI TAB 4MG.....	129
RETACRIT INJ 3000UNIT.....	211	REYATAZ CAP 200MG.....	131
RETACRIT INJ 40000UNT.....	211	REYATAZ CAP 300MG.....	131
RETACRIT INJ 4000UNIT.....	211	REYATAZ POW 50MG.....	131
RETEVMO CAP 40MG.....	114	REYVOW TAB 100MG.....	231
		REYVOW TAB 50MG.....	231

REZDIFFRA TAB 100MG	196	RISPERDAL INJ 37.5MG	124
REZDIFFRA TAB 60MG	196	RISPERDAL INJ 50MG	124
REZDIFFRA TAB 80MG	196	RISPERDAL SOL 1MG/ML	124
REZIPRES INJ	289	RISPERDAL TAB 0.5MG	124
REZIPRES SOL	289	RISPERDAL TAB 1MG	124
REZUROCK TAB 200MG	237	RISPERDAL TAB 2MG	124
REZVOGLAR INJ 100UT/ML	80	RISPERDAL TAB 3MG	124
REZZAYO INJ 200MG	85	RISPERDAL TAB 4MG	124
RHOFADE CRE 1%	174	<i>risperidone microspheres for im extended</i>	
RHOGAM PLUS INJ 300MCG	261	<i>rel susp 12.5 mg</i>	124
RHOPHYLAC INJ 1500/2ML	261	<i>risperidone microspheres for im extended</i>	
RHOPRESSA SOL 0.02%	255	<i>rel susp 25 mg</i>	124
RIASTAP SOL 1GM	206	<i>risperidone microspheres for im extended</i>	
<i>ribavirin cap 200 mg</i>	134	<i>rel susp 37.5 mg</i>	124
<i>ribavirin tab 200 mg</i>	134	<i>risperidone microspheres for im extended</i>	
RIDAURA CAP 3MG	26	<i>rel susp 50 mg</i>	124
<i>rifabutin cap 150 mg</i>	101	<i>risperidone orally disintegrating tab 0.25</i>	
RIFADIN INJ 600 MG	101	<i>mg</i>	124
<i>rifampin cap 150 mg</i>	101	<i>risperidone orally disintegrating tab 0.5 mg</i>	
<i>rifampin cap 300 mg</i>	101	<i>.....</i>	124
<i>rifampin for inj 600 mg</i>	101	<i>risperidone orally disintegrating tab 1 mg</i>	
RIGHTEST ALT MIS ADAPTOR	226	<i>.....</i>	124
RIGHTEST MIS GL300	226	<i>risperidone orally disintegrating tab 2 mg</i>	
RIGHTEST TES GS100	181	<i>.....</i>	124
RIGHTEST TES GS300	181	<i>risperidone orally disintegrating tab 3 mg</i>	
RIGHTEST TES GS550	181	<i>.....</i>	124
<i>riluzole tab 50 mg</i>	249	<i>risperidone orally disintegrating tab 4 mg</i>	
<i>rimantadine hydrochloride tab 100 mg ...</i>	135	<i>.....</i>	124
RIMSO-50 SOL 50%	201	<i>risperidone soln 1 mg/ml</i>	124
<i>ringer's solution</i>	233	<i>risperidone tab 0.25 mg</i>	124
<i>ringer's solution for irrigation</i>	239	<i>risperidone tab 0.5 mg</i>	124
RINVOQ LQ SOL 1MG/ML	24	<i>risperidone tab 1 mg</i>	125
RINVOQ TAB 15MG ER	24	<i>risperidone tab 2 mg</i>	125
RINVOQ TAB 30MG ER	24	<i>risperidone tab 3 mg</i>	125
RINVOQ TAB 45MG ER	25	<i>risperidone tab 4 mg</i>	125
RIOMET SOL 500/5ML	77	RITALIN LA CAP 10MG	20
<i>risedronate sodium tab 150 mg</i>	185	RITALIN LA CAP 20MG	20
<i>risedronate sodium tab 30 mg</i>	185	RITALIN LA CAP 30MG	20
<i>risedronate sodium tab 35 mg</i>	185	RITALIN LA CAP 40MG	20
<i>risedronate sodium tab 5 mg</i>	185	RITALIN TAB 10MG	20
<i>risedronate sodium tab delayed release 35</i>		RITALIN TAB 20MG	20
<i>mg</i>	185	RITALIN TAB 5MG	20
RISPERDAL INJ 12.5MG	124	<i>ritonavir tab 100 mg</i>	131
RISPERDAL INJ 25MG	124	RITUXAN INJ 100MG	107

RITUXAN INJ 500MG	107	<i>roflumilast tab 500 mcg</i>	54
RITUXAN INJ HYCELA.....	111	ROLVEDON INJ 13.2MG.....	211
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	266	<i>romidepsin for iv inj 10 mg</i>	114
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	266	<i>ropinirole hydrochloride tab 0.25 mg</i>	121
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	266	<i>ropinirole hydrochloride tab 0.5 mg</i>	121
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	266	<i>ropinirole hydrochloride tab 1 mg</i>	121
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	266	<i>ropinirole hydrochloride tab 2 mg</i>	121
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	266	<i>ropinirole hydrochloride tab 3 mg</i>	121
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	266	<i>ropinirole hydrochloride tab 4 mg</i>	121
<i>rivelsa tab</i>	152	<i>ropinirole hydrochloride tab 5 mg</i>	121
RIVFLOZA INJ 128/0.8.....	201	<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	122
RIVFLOZA INJ 160MG/ML	201	<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	121
RIVFLOZA INJ 80/0.5ML	201	<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	121
RIXUBIS INJ 1000UNIT	206	<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	121
RIXUBIS INJ 2000UNIT.....	206	<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	121
RIXUBIS INJ 250 UNIT	206	<i>ropivacaine hcl inj 10 mg/ml</i>	217
RIXUBIS INJ 3000UNIT	206	<i>ropivacaine hcl inj 2 mg/ml</i>	217
RIXUBIS INJ 500UNIT	206	<i>ropivacaine hcl inj 5 mg/ml</i>	217
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	231	<i>ropivacaine hcl inj 7.5 mg/ml</i>	217
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	231	ROPIVACAINE INJ 0.5%.....	217
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	231	ROPIVACAINE INJ 2MG/ML	217
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	231	<i>rosadan cre 0.75%</i>	174
ROBAXIN INJ 100MG/ML	247	<i>rosadan gel 0.75%</i>	174
ROBINUL FORT TAB 2MG	281	<i>rosuvastatin calcium tab 10 mg</i>	91
ROBINUL TAB 1MG.....	281	<i>rosuvastatin calcium tab 20 mg</i>	91
ROCALTROL CAP 0.25MCG	190	<i>rosuvastatin calcium tab 40 mg</i>	91
ROCALTROL CAP 0.5MCG	190	<i>rosuvastatin calcium tab 5 mg</i>	91
ROCALTROL SOL 1MCG/ML	190	ROSZET TAB 10-10MG	88
ROCKLATAN DRO.....	255	ROSZET TAB 20-10MG	88
ROCURON BRO SOL 100/10ML	250	ROSZET TAB 40-10MG	88
<i>rocuronium bromide iv soln 100 mg/10ml (10 mg/ml)</i>	250	ROSZET TAB 5-10MG.....	88
<i>rocuronium bromide iv soln 50 mg/5ml (10 mg/ml)</i>	250	ROTATEQ SOL	286
<i>roflumilast tab 250 mcg</i>	54	ROWASA KIT 4GM	197
		<i>roweepra tab 500mg</i>	65
		ROXICODONE TAB 15MG.....	38
		ROXICODONE TAB 30MG.....	38
		ROXYBOND TAB 15MG.....	38
		ROXYBOND TAB 30MG.....	38
		ROXYBOND TAB 5MG	38

ROZEREM TAB 8MG	215	SAFETY MIS LANCETS	226
ROZLYTREK CAP 100MG	114	SAFYRAL TAB	152
ROZLYTREK CAP 200MG	114	SAIZEN INJ 5MG	187
ROZLYTREK PAK 50MG	114	SAIZEN INJ 8.8MG	187
RUBRACA TAB 200MG	114	<i>sajazir inj 30mg/3ml</i>	206
RUBRACA TAB 250MG	114	SALAGEN TAB 5MG	241
RUBRACA TAB 300MG	114	SALAGEN TAB 7.5MG	241
RUCONEST INJ 2100UNIT	206	SALIMEZ FORT CRE 10%	172
<i>rufinamide susp 40 mg/ml</i>	65	SALIVAMAX POW	241
<i>rufinamide tab 200 mg</i>	65	<i>salsalate tab 750 mg</i>	32
<i>rufinamide tab 400 mg</i>	65	SAMSCA TAB 15MG	192
RUKOBIA TAB 600MG ER	132	SAMSCA TAB 30MG	192
RUXIENCE INJ 100/10ML	107	SANCUSO DIS 3.1MG	84
RUXIENCE INJ 500/50ML	107	SANDIMMUNE CAP 100MG	238
RYALTRIS SPR 665-25	248	SANDIMMUNE CAP 25MG	238
RYANODEX INJ 250MG	248	SANDIMMUNE INJ 50MG/ML	238
RYBELSUS TAB 14MG	78	SANDOSTATIN INJ 100MCG	192
RYBELSUS TAB 3MG	78	SANDOSTATIN INJ 500MCG	192
RYBELSUS TAB 7MG	78	SANDOSTATIN INJ 50MCG/ML	192
<i>ryclora sol 2mg/5ml</i>	86	SANDOSTATIN KIT LAR 10MG	192
RYDAPT CAP 25MG	114	SANDOSTATIN KIT LAR 20MG	192
RYKINDO INJ 25MG	125	SANDOSTATIN KIT LAR 30MG	192
RYKINDO INJ 37.5MG	125	SANTYL OIN 250/GM	171
RYKINDO INJ 50MG	125	SAPHRIS SUB 10MG	126
RYLAZE INJ 10/0.5ML	116	SAPHRIS SUB 2.5MG	126
RYPLAZIM SOL 68.8MG	207	SAPHRIS SUB 5MG	126
RYSTIGGO INJ 420/3ML	237	<i>sapropterin dihydrochloride powder packet</i>	
RYSTIGGO INJ 560/4ML	237	<i>100 mg</i>	190
RYSTIGGO INJ 840/6ML	237	<i>sapropterin dihydrochloride powder packet</i>	
RYTARY CAP 145MG	122	<i>500 mg</i>	190
RYTARY CAP 195MG	122	<i>sapropterin dihydrochloride tab 100 mg</i>	190
RYTARY CAP 245MG	122	SAPSCARE MIS TWIST	226
RYTARY CAP 95MG	122	SARCLISA SOL 100/5ML	107
RYTHMOL SR CAP 225MG	52	SARCLISA SOL 500/25ML	107
RYTHMOL SR CAP 325MG	52	SAVAYSA TAB 15MG	58
RYTHMOL SR CAP 425MG	52	SAVAYSA TAB 30MG	58
RYVENT TAB 6MG	87	SAVAYSA TAB 60MG	58
S		SAVELLA MIS TITR PAK	266
SABRIL POW 500MG	67	SAVELLA TAB 100MG	266
SABRIL TAB 500MG	67	SAVELLA TAB 12.5MG	266
SAFE-T-PRO MIS LANCETS	226	SAVELLA TAB 25MG	266
SAFE-T-PRO MIS PLUS	226	SAVELLA TAB 50MG	266
SAFETY 21G MIS LANCETS	226	<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	77
SAFETY 28G MIS LANCETS	226	<i>saxagliptin hcl tab 5 mg (base equiv)</i>	77

<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	76	<i>sensorcaine inj mpf0.25%</i>	218
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	76	<i>sensorcaine inj mpf0.75%</i>	218
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	76	<i>sensorcaine/ inj epi 0.25</i>	216
<i>sb child asa chw 81mg</i>	32	<i>sensorcaine/ inj epi 0.5%</i>	216
SB LANCETS MIS THIN	226	SEREVENT DIS AER 50MCG	57
SB LANCETS MIS ULTR THN	226	SERNIVO SPR 0.05%	170
SCLEROSOL AER INTRAPLE	273	SEROQUEL TAB 100MG	126
<i>scopolamine td patch 72hr 1 mg/3days</i> ...	84	SEROQUEL TAB 200MG	126
SEASONIQUE TAB	153	SEROQUEL TAB 25MG	126
SEBUDERM GEL	173	SEROQUEL TAB 300MG	126
SECUADO DIS 3.8MG	126	SEROQUEL TAB 400MG	126
SECUADO DIS 5.7MG	126	SEROQUEL TAB 50MG	126
SECUADO DIS 7.6MG	126	SEROQUEL XR TAB 150MG	126
SEEBRI NEOHA CAP 15.6MCG	53	SEROQUEL XR TAB 200MG	126
SEGLENTIS TAB 56-44MG	40	SEROQUEL XR TAB 300MG	127
SEGLUROMET TAB 2.5-1000	76	SEROQUEL XR TAB 400MG	127
SEGLUROMET TAB 2.5-500	76	SEROQUEL XR TAB 50MG	126
SEGLUROMET TAB 7.5-1000	76	SEROSTIM INJ 4MG	187
SEGLUROMET TAB 7.5-500	76	SEROSTIM INJ 5MG	187
SELECT-OB CHW	245	SEROSTIM INJ 6MG	187
SELECT-OB+ PAK DHA	245	<i>sertraline hcl oral concentrate for solution</i>	
<i>selegiline hcl cap 5 mg</i>	122	<i>20 mg/ml</i>	71
<i>selegiline hcl tab 5 mg</i>	122	<i>sertraline hcl tab 100 mg</i>	71
SELENIOS AC SOL 12MCG/2M	236	<i>sertraline hcl tab 25 mg</i>	71
<i>selenium sulfide lotion 2.5%</i>	167	<i>sertraline hcl tab 50 mg</i>	71
SELZENTRY SOL 20MG/ML	132	<i>setlakin tab</i>	153
SELZENTRY TAB 150MG	132	<i>sevelamer carbonate packet 0.8 gm</i>	199
SELZENTRY TAB 25MG	132	<i>sevelamer carbonate packet 2.4 gm</i>	199
SELZENTRY TAB 300MG	132	<i>sevelamer carbonate tab 800 mg</i>	199
SELZENTRY TAB 75MG	132	<i>sevelamer hcl tab 400 mg</i>	199
SEMGLEE INJ 100U/ML	80	<i>sevelamer hcl tab 800 mg</i>	199
SE-NATAL 19 CHW	245	SEVENFACT INJ 1MG	206
SE-NATAL 19 TAB	245	SEVENFACT INJ 5MG	206
SENSIPAR TAB 30MG	190	<i>sevoflurane inhal soln</i>	200
SENSIPAR TAB 60MG	190	SEYSARA TAB 100MG	275
SENSIPAR TAB 90MG	190	SEYSARA TAB 150MG	275
<i>sensorcaine inj 0.25%</i>	218	SEZABY INJ 100MG	213
<i>sensorcaine inj 0.5%</i>	217	SFROWASA ENE 4GM	197
<i>sensorcaine inj mpf 0.5%</i>	218	<i>sharobel tab 0.35mg</i>	155
<i>sensorcaine inj -mpf/epi</i>	216	SHINGRIX INJ 50/0.5ML	286
SENSORCAINE INJ -MPF/EPI	216	SHUR-SEAL GEL 2%	287
		SIDEROL TAB	242
		SIGNIFOR INJ 0.3MG/ML	192
		SIGNIFOR INJ 0.6MG/ML	192

SIGNIFOR INJ 0.9MG/ML	192	SINUVA IMP 1350MCG	249
SIGNIFOR LAR INJ 20MG.....	192	<i>sirolimus oral soln 1 mg/ml</i>	239
SIGNIFOR LAR INJ 40MG	192	<i>sirolimus tab 0.5 mg</i>	239
SIGNIFOR LAR INJ 60MG	192	<i>sirolimus tab 1 mg</i>	239
SIKLOS TAB 1000MG.....	209	<i>sirolimus tab 2 mg</i>	239
SIKLOS TAB 100MG	209	SIRTURO TAB 100MG	101
SILATRIX GEL 10%	241	SIRTURO TAB 20MG	101
<i>sildenafil citrate for suspension 10 mg/ml</i>	145	SITAVIG TAB 50MG.....	134
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	145	SIVEXTRO INJ 200MG.....	48
<i>sildenafil citrate tab 20 mg</i>	145	SIVEXTRO TAB 200MG.....	48
SILENOR TAB 3MG	213	SKYCLARYS CAP 50MG.....	250
SILENOR TAB 6MG	213	SKYLA IUD 13.5MG	154
SILIPAC KIT	175	SKYRIZI INJ 150DOSE	166
SILIQ INJ 210/1.5	166	SKYRIZI INJ 150MG/ML.....	166
<i>silodosin cap 4 mg</i>	201	SKYRIZI INJ 180/1.2.....	198
<i>silodosin cap 8 mg</i>	201	SKYRIZI INJ 360/2.4	198
SILVADENE CRE 1%	167	SKYRIZI PEN INJ 150MG/ML	166
<i>silver sulfadiazine cream 1%</i>	167	SKYRIZI SOL 60MG/ML.....	198
SILVRSTAT GEL DRESSING	177	SKYTROFA INJ 11MG.....	187
SIMBRINZA SUS 1-0.2%	254	SKYTROFA INJ 13.3MG.....	187
SIMLANDI 1PN KIT 40/0.4ML	24	SKYTROFA INJ 3.6MG	187
SIMLANDI 2PN INJ 40/0.4ML.....	24	SKYTROFA INJ 3MG	187
<i>simliya tab 28 day</i>	153	SKYTROFA INJ 4.3MG	187
<i>simpesse tab</i>	153	SKYTROFA INJ 5.2MG	187
SIMPONI ARIA SOL 50MG/4ML	24	SKYTROFA INJ 6.3MG	187
SIMPONI INJ 100MG/ML	24	SKYTROFA INJ 7.6MG	187
SIMPONI INJ 50/0.5ML	24	SKYTROFA INJ 9.1MG.....	187
SIMULECT INJ 10MG	238	SLYND TAB 4MG	155
SIMULECT INJ 20MG.....	239	<i>sm aspirin chw 81mg</i>	32
SIMVASTATIN SUS 20MG/5ML	91	<i>sm aspirin tab 81mg ec</i>	32
<i>simvastatin tab 10 mg</i>	91	<i>sm folic acid tab 400mcg</i>	209
<i>simvastatin tab 20 mg</i>	91	SM LANCETS MIS 33G.....	226
<i>simvastatin tab 40 mg</i>	91	<i>sm nicotine dis 14mg/24h</i>	271
<i>simvastatin tab 5 mg</i>	91	<i>sm nicotine dis 21mg/24h</i>	271
<i>simvastatin tab 80 mg</i>	91	<i>sm nicotine dis 7mg/24hr</i>	271
SINEMET TAB 10-100MG	122	<i>sm nicotine gum 2mg</i>	271
SINEMET TAB 25-100MG.....	122	<i>sm nicotine gum 2mg mint</i>	271
SINGLE-LET MIS 23G.....	226	<i>sm nicotine gum 4mg</i>	271
SINGULAIR CHW 4MG	54	<i>sm nicotine gum 4mg mint</i>	271
SINGULAIR CHW 5MG	54	<i>sm nicotine loz 2mg chry</i>	272
SINGULAIR GRA 4MG.....	54	<i>sm nicotine loz 2mg cinn</i>	272
SINGULAIR TAB 10MG.....	54	<i>sm nicotine loz 2mg mint</i>	272
		<i>sm nicotine loz 4mg</i>	272
		<i>sm nicotine loz 4mg cinn</i>	272

<i>sm nicotine loz 4mg mint</i>	272	<i>sodium citrate & citric acid soln 500-334</i>	
SMART SENSE MIS LANC 21G.....	226	<i>mg/5ml</i>	200
SMART SENSE MIS LANC 26G.....	226	<i>sodium fluoride chew tab 0.25 mg f (from</i>	
SMART SENSE MIS LANC 30G.....	226	<i>0.55 mg naf)</i>	233
SMART SENSE MIS LANC 33G.....	226	<i>sodium fluoride chew tab 0.5 mg f (from 1.1</i>	
SMART SENSE TES TEST	181	<i>mg naf)</i>	233
SMARTEST MIS LANCETS	227	<i>sodium fluoride chew tab 1 mg f (from 2.2</i>	
SMARTEST TES BLD GLUC	181	<i>mg naf)</i>	233
SMOFLIPID EMU.....	251	<i>sodium fluoride soln 0.5 mg/ml f (from 1.1</i>	
SOAANZ TAB 20MG.....	183	<i>mg/ml naf)</i>	233
SOAANZ TAB 40MG	183	<i>sodium fluoride tab 0.5 mg f (from 1.1 mg</i>	
SOAANZ TAB 60MG	183	<i>naf)</i>	233
SOD ACETATE INJ 2MEQ/ML	231	<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	
SOD BICARB INJ 8.4%	231	.....	233
SOD BICARB SOL D5W	231	<i>sodium phenylbutyrate oral powder 3</i>	
SOD CHLORIDE INJ 0.9%	235	<i>gm/teaspoonful</i>	190
SOD DIURIL INJ 500MG.....	184	<i>sodium phenylbutyrate tab 500 mg</i>	190
<i>sod ferric gluc cmplx in sucrose iv soln 12.5</i>		<i>sodium phosphates inj 15 mm/5ml (phos)</i>	
<i>mg/ml (fe eq)</i>	212	<i>20 meq/5ml (na)</i>	234
SOD NITRITE INJ 30MG/ML.....	83	<i>sodium phosphates inj 150 mm/50ml</i>	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>		<i>(phos) 200 meq/50ml (na)</i>	234
<i>3.13-1.6 gm/177ml</i>	215	<i>sodium phosphates inj 45 mm/15ml (phos)</i>	
SOD THIOSULF INJ 25%	83	<i>60 meq/15ml (na)</i>	234
<i>sodium acetate inj 2 meq/ml</i>	231	<i>sodium polystyrene sulfonate powder</i> ...	240
<i>sodium acetate inj 4 meq/ml</i>	232	<i>sodium tetradecyl sulfate inj 3%</i>	240
<i>sodium benzoate & sodium phenylacetate</i>		<i>sodium thiosulfate iv soln 250 mg/ml (25%)</i>	
<i>iv soln 10-10%</i>	190	.....	83
<i>sodium bicarbonate iv soln 4.2%</i>	232	SOFOS/VELPAT TAB 400-100	134
<i>sodium bicarbonate iv soln 7.5%</i>	232	SOF-SENSOR MIS.....	227
<i>sodium bicarbonate iv soln 8.4%</i>	232	SOFTCLIX MIS LANCETS	227
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	235	SOGROYA INJ 10MG/1.5	187
<i>sodium chloride irrigation soln 0.9%</i>	201	SOGROYA INJ 15MG/1.5	187
<i>sodium chloride iv soln 0.45%</i>	235	SOGROYA INJ 5MG/1.5.....	187
<i>sodium chloride iv soln 0.9%</i>	235	<i>solifenacin succinate tab 10 mg</i>	284
<i>sodium chloride iv soln 3%</i>	235	<i>solifenacin succinate tab 5 mg</i>	284
<i>sodium chloride iv soln 4 meq/ml (23.4%)</i>		SOLQUA INJ 100/33.....	76
.....	236	SOLIRIS INJ 10MG/ML.....	206
<i>sodium chloride iv soln 5%</i>	236	SOLOX GEL.....	177
<i>sodium chloride preservative free (pf) inj</i>		SOLTAMOX SOL 10MG/5ML	109
<i>0.9%</i>	236	SOLU-CORTEF INJ 1000MG	158
<i>sodium chloride soln nebu 0.9%</i>	159	SOLU-CORTEF INJ 100MG.....	158
<i>sodium chloride soln nebu 10%</i>	159	SOLU-CORTEF INJ 250MG.....	158
<i>sodium chloride soln nebu 3%</i>	159	SOLU-CORTEF INJ 500MG.....	158
<i>sodium chloride soln nebu 7%</i>	159	SOLU-MEDROL INJ 1000MG.....	158

SOLU-MEDROL INJ 125MG	158	SPEVIGO INJ 450/7.5	166
SOLU-MEDROL INJ 1GM	158	SPIKEVAX INJ 2024-25	286
SOLU-MEDROL INJ 2GM	158	SPIKEVAX INJ COVID-19	286
SOLU-MEDROL INJ 40MG.....	158	<i>spinosad susp 0.9%</i>	175
SOLU-MEDROL INJ 500MG	158	SPINRAZA INJ 12MG/5ML	250
SOLUS V2 MIS LANC 28G	227	SPIRIVA AER 1.25MCG.....	53
SOLUS V2 MIS LANC 30G	227	SPIRIVA CAP HANDIHLR.....	53
SOLUS V2 TES AUDIBLE.....	181	SPIRIVA SPR 2.5MCG	53
SOMA TAB 250MG.....	247	<i>spironolactone & hydrochlorothiazide tab</i>	
SOMA TAB 350MG	247	<i>25-25 mg</i>	183
SOMATULINE INJ 120/.5ML	192	<i>spironolactone susp 25 mg/5ml</i>	184
SOMATULINE INJ 60/0.2ML	192	<i>spironolactone tab 100 mg</i>	184
SOMATULINE INJ 90/0.3ML	192	<i>spironolactone tab 25 mg</i>	184
SOMAVERT INJ 10MG	186	<i>spironolactone tab 50 mg</i>	184
SOMAVERT INJ 15MG	186	SPORANOX CAP 100MG	86
SOMAVERT INJ 20MG.....	186	SPORANOX CAP PULSEPAK	86
SOMAVERT INJ 25MG.....	186	SPORANOX SOL 10MG/ML	86
SOMAVERT INJ 30MG.....	186	SPRAVATO SOL 56MG DOS	69
SONAFINE EMU	177	SPRAVATO SOL 84MG DOS	69
SOOLANTRA CRE 1%.....	174	<i>sprintec 28 tab 28 day</i>	153
<i>sorafenib tosylate tab 200 mg (base</i>		SPRIX SPR 15.75MG	29
<i>equivalent)</i>	114	SPRYCEL TAB 100MG.....	114
SORBITOL SOL 3% IRR.....	201	SPRYCEL TAB 140MG.....	114
SORBITOL-MAN SOL.....	201	SPRYCEL TAB 20MG	114
SORILUX AER 0.005%.....	166	SPRYCEL TAB 50MG	114
<i>sotalol hcl (afib/afl) tab 120 mg</i>	138	SPRYCEL TAB 70MG	114
<i>sotalol hcl (afib/afl) tab 160 mg</i>	138	SPRYCEL TAB 80MG	114
<i>sotalol hcl (afib/afl) tab 80 mg</i>	138	<i>sps sus 15gm/60</i>	240
SOTALOL HCL INJ 150/10ML.....	138	<i>sps sus 30gm/120</i>	240
<i>sotalol hcl tab 120 mg</i>	138	<i>sronyx tab</i>	153
<i>sotalol hcl tab 160 mg</i>	138	<i>ssd cre 1%</i>	167
<i>sotalol hcl tab 240 mg</i>	138	SSKI SOL 1GM/ML.....	159
<i>sotalol hcl tab 80 mg</i>	138	<i>st joseph chw low 81mg</i>	32
<i>sotradecol inj 1%</i>	240	<i>st joseph tab low 81mg</i>	32
<i>sotradecol inj 3%</i>	240	STALEVO 100 TAB	122
SOTYKTU TAB 6MG	166	STALEVO 125 TAB	122
SOTYLIZE SOL 5MG/ML	138	STALEVO 200 TAB	122
SOVALDI PAK 150MG.....	134	STALEVO 50 TAB	122
SOVALDI PAK 200MG	134	STALEVO 75 TAB.....	122
SOVALDI TAB 200MG	134	STAMARIL INJ	286
SOVALDI TAB 400MG	134	STEGLATRO TAB 15MG	81
SOVUNA TAB 200MG.....	100	STEGLATRO TAB 5MG	81
SOVUNA TAB 300MG.....	100	STEGLUJAN TAB 15-100MG	76
SPEVIGO INJ 150/1ML	166	STEGLUJAN TAB 5-100MG.....	76

STELARA INJ 45MG/0.5	166	<i>subvenite kit start 35</i>	65
STELARA INJ 5MG/ML.....	198	<i>subvenite kit start 49</i>	65
STELARA INJ 90MG/ML	166	<i>subvenite kit start 98</i>	65
STERIL TALC SUS 5GM	273	<i>subvenite tab 100mg</i>	65
STERILANCE MIS TL 28G.....	227	<i>subvenite tab 150mg</i>	65
STERILANCE MIS TL 30G.....	227	<i>subvenite tab 200mg</i>	65
STERILANCE MIS TL 32G.....	227	<i>subvenite tab 25mg</i>	65
STERITALC POW 2GM.....	273	SUCCINYLRCHOL INJ 20MG/ML.....	249
STERITALC POW 3GM	273	<i>succinylcholine chloride inj 20 mg/ml</i>	249
STERITALC POW 4GM	273	SUCRAID SOL 8500/ML.....	182
STIOLTO AER 2.5-2.5.....	57	SUCRALFATE SUS 1GM/10ML.....	281
STIVARGA TAB 40MG	114	<i>sucralfate susp 1 gm/10ml</i>	281
STRATA GRT GEL.....	177	<i>sucralfate tab 1 gm</i>	281
STRATA MARK GEL	173	<i>sufentanil citrate inj 100 mcg/2ml (50</i> <i>mcg/ml)</i>	38
STRATTERA CAP 100MG	17	<i>sufentanil citrate inj 250 mcg/5ml (50</i> <i>mcg/ml)</i>	38
STRATTERA CAP 10MG.....	17	<i>sufentanil citrate inj 50 mcg/ml</i>	38
STRATTERA CAP 18MG.....	17	SUFENTANIL INJ 100/2ML	38
STRATTERA CAP 25MG.....	17	SUFENTANIL INJ 250/5ML.....	38
STRATTERA CAP 40MG.....	17	SUFENTANIL INJ 50MCG/ML	38
STRATTERA CAP 60MG.....	17	SUFLAVE SOL.....	215
STRATTERA CAP 80MG.....	17	SULAR TAB 17MG ER	141
STRENSIQ INJ 18/0.45	190	SULAR TAB 34MG ER.....	141
STRENSIQ INJ 28/0.7ML	190	SULAR TAB 8.5MG ER	141
STRENSIQ INJ 40MG/ML	190	<i>sulconazole nitrate cream 1%</i>	164
STRENSIQ INJ 80/0.8ML.....	190	<i>sulconazole nitrate solution 1%</i>	164
<i>streptomycin sulfate for inj 1 gm</i>	21	SULF LIME SOL	175
STRIBILD TAB	132	<i>sulfacetamide sodium lotion 10% (acne)</i> 162	
STRIVERDI AER 2.5MCG	57	<i>sulfacetamide sodium ophth oint 10%</i> ...	255
STROMECTOL TAB 3MG.....	44	<i>sulfacetamide sodium ophth soln 10%</i> ...255	
STROVITE FOR TAB	242	<i>sulfacetamide sodium w/ sulfur cleanser</i> <i>9.8-4.8%</i>	162
STROVITE ONE TAB.....	242	<i>sulfacetamide sodium-prednisolone ophth</i> <i>soln 10-0.23(0.25)%</i>	257
SUBLOCADE INJ 100/0.5.....	41	<i>sulfadiazine tab 500 mg</i>	273
SUBLOCADE INJ 300/1.5.....	41	<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	44
SUBOXONE MIS 12-3MG	41	<i>sulfamethoxazole-trimethoprim susp 200-</i> <i>40 mg/5ml</i>	44
SUBOXONE MIS 2-0.5MG	41	<i>sulfamethoxazole-trimethoprim tab 400-80</i> <i>mg</i>	44
SUBOXONE MIS 4-1MG.....	41	<i>sulfamethoxazole-trimethoprim tab 800-</i> <i>160 mg</i>	44
SUBOXONE MIS 8-2MG	41		
SUBSYS SPR 100MCG	38		
SUBSYS SPR 1200MCG	38		
SUBSYS SPR 1600MCG.....	38		
SUBSYS SPR 200MCG.....	38		
SUBSYS SPR 400MCG	38		
SUBSYS SPR 600MCG	38		
SUBSYS SPR 800MCG	38		

<i>sulfamez emu 10-1%</i>	162	SURE COMFORT MIS LANCETS	227
SULFAMYLON CRE 85MG/GM	167	SURE EDGE TES	181
<i>sulfasalazine tab 500 mg</i>	198	SURE RESULT KIT O3D3 SYS	88
<i>sulfasalazine tab delayed release 500 mg</i>	198	SUREBIOTIC CAP PROB SUP	81
<i>sulfatrim pd sus 200-40/5</i>	44	SURECHEK TES BLD GLUC	181
<i>sulindac tab 150 mg</i>	29	SUREFLEX MIS LANCETS.....	227
<i>sulindac tab 200 mg</i>	29	SURELITE MIS LANCETS	227
<i>sumatriptan nasal spray 20 mg/act</i>	231	SURE-TEST TES EASYPLUS	181
<i>sumatriptan nasal spray 5 mg/act</i>	231	SURVANTA INH	273
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	231	SUSTIVA CAP 200MG.....	132
<i>sumatriptan succinate solution auto-</i> <i>injector 4 mg/0.5ml</i>	231	SUSTIVA CAP 50MG	132
<i>sumatriptan succinate solution auto-</i> <i>injector 6 mg/0.5ml</i>	231	SUSTOL INJ 10/0.4ML	84
<i>sumatriptan succinate solution cartridge 4</i> <i>mg/0.5ml</i>	231	SUSVIMO INJ 10/0.1ML	254
<i>sumatriptan succinate solution cartridge 6</i> <i>mg/0.5ml</i>	231	SUTAB TAB.....	215
<i>sumatriptan succinate tab 100 mg</i>	231	SUTENT CAP 12.5MG	115
<i>sumatriptan succinate tab 25 mg</i>	231	SUTENT CAP 25MG	115
<i>sumatriptan succinate tab 50 mg</i>	231	SUTENT CAP 37.5MG	115
<i>sumatriptan-naproxen sodium tab 85-500</i> <i>mg</i>	230	SUTENT CAP 50MG	115
<i>sunitinib malate cap 12.5 mg (base</i> <i>equivalent)</i>	115	SUVICORT EMU	174
<i>sunitinib malate cap 25 mg (base</i> <i>equivalent)</i>	115	<i>syeda tab 3-0.03mg</i>	153
<i>sunitinib malate cap 37.5 mg (base</i> <i>equivalent)</i>	115	SYFOVRE INJ 15/0.1ML	255
<i>sunitinib malate cap 50 mg (base</i> <i>equivalent)</i>	115	SYLVANT SOL 100MG	239
SUNLENCA INJ.....	132	SYLVANT SOL 400MG.....	239
SUNLENCA TAB 300MG	132	<i>symax-sr tab 0.375mg</i>	281
SUNOSI TAB 150MG	17	SYMBICORT AER 160-4.5.....	57
SUNOSI TAB 75MG	17	SYMBICORT AER 80-4.5	57
SUPARTZ FX INJ 25/2.5ML	248	SYMBYAX CAP 3-25MG	266
SUPER THIN MIS LANC 28G.....	227	SYMBYAX CAP 6-25MG.....	266
SUPER THIN MIS LANCETS	227	SYMDEKO TAB 100-150	272
SUPPRELIN LA KIT 50MG	188	SYMDEKO TAB 50-75MG.....	272
SUPRANE INH	200	SYMFI LO TAB.....	132
SUPRANE SOL	200	SYMFI TAB.....	132
SUPREME TES.....	181	SYMJEPI INJ 0.15MG	288
SUPREP BOWEL SOL PREP KIT	215	SYMJEPI INJ 0.3MG.....	288
		SYMLINPEN 60 INJ 1000MCG	74
		SYMLNPEN 120 INJ 1000MCG.....	74
		SYMPROIC TAB 0.2MG	198
		SYMTUZA TAB	132
		SYNAGIS INJ 100MG/ML	261
		SYNAGIS INJ 50/0.5ML	261
		SYNAGIS INJ 50MG	261
		SYNALAR CRE 0.025%.....	170
		SYNALAR OIN 0.025%	170
		SYNAREL SOL 2MG/ML	188

SYNDROS SOL 5MG/ML.....	84
SYNERDERM EMU.....	174
SYNJARDY TAB.....	76
SYNJARDY TAB 12.5-500.....	76
SYNJARDY TAB 5-1000MG.....	76
SYNJARDY TAB 5-500MG.....	76
SYNJARDY XR TAB.....	76
SYNJARDY XR TAB 10-1000.....	76
SYNJARDY XR TAB 25-1000.....	76
SYNJARDY XR TAB 5-1000MG.....	76
SYNTHROID TAB 100MCG.....	278
SYNTHROID TAB 112MCG.....	278
SYNTHROID TAB 125MCG.....	278
SYNTHROID TAB 137MCG.....	278
SYNTHROID TAB 150MCG.....	278
SYNTHROID TAB 175MCG.....	278
SYNTHROID TAB 200MCG.....	278
SYNTHROID TAB 25MCG.....	278
SYNTHROID TAB 300MCG.....	278
SYNTHROID TAB 50MCG.....	278
SYNTHROID TAB 75MCG.....	278
SYNTHROID TAB 88MCG.....	278
SYNVISC INJ 8MG/ML.....	248
SYNVISC ONE INJ 8MG/ML.....	248
SYPRINE CAP 250MG.....	236

T

TABLOID TAB 40MG.....	105
TABRECTA TAB 150MG.....	115
TABRECTA TAB 200MG.....	115
TACHOSIL PAD 4.8X4.8.....	212
TACHOSIL PAD 9.5X4.8.....	212
TACLONEX SUS.....	170
<i>tacrolimus cap 0.5 mg.....</i>	<i>239</i>
<i>tacrolimus cap 1 mg.....</i>	<i>239</i>
<i>tacrolimus cap 5 mg.....</i>	<i>239</i>
<i>tacrolimus oint 0.03%.....</i>	<i>172</i>
<i>tacrolimus oint 0.1%.....</i>	<i>172</i>
<i>tadalafil tab 2.5 mg.....</i>	<i>144</i>
<i>tadalafil tab 20 mg (pah).....</i>	<i>145</i>
<i>tadalafil tab 5 mg.....</i>	<i>144</i>
TADLIQ SUS 20MG/5ML.....	145
TAFINLAR CAP 50MG.....	115
TAFINLAR CAP 75MG.....	115
TAFINLAR TAB 10MG.....	115

<i>tafluprost preservative free (pf) ophth soln</i>	
<i>0.0015%.....</i>	<i>258</i>
TAGRISSE TAB 40MG.....	108
TAGRISSE TAB 80MG.....	108
<i>take action tab 1.5mg.....</i>	<i>154</i>
TAKHZYRO INJ 150MG/ML.....	207
TAKHZYRO INJ 300/2ML.....	207
TALICIA CAP.....	283
TALTZ INJ 80MG/ML.....	166
TALVEY INJ 3/1.5ML.....	107
TALVEY INJ 40MG/ML.....	107
TALZENNA CAP 0.1MG.....	115
TALZENNA CAP 0.25MG.....	115
TALZENNA CAP 0.35MG.....	115
TALZENNA CAP 0.5MG.....	115
TALZENNA CAP 0.75MG.....	115
TALZENNA CAP 1MG.....	115
TAMIFLU CAP 30MG.....	135
TAMIFLU CAP 45MG.....	135
TAMIFLU CAP 75MG.....	135
TAMIFLU SUS 6MG/ML.....	135
<i>tamoxifen citrate tab 10 mg (base</i>	
<i>equivalent).....</i>	<i>109</i>
<i>tamoxifen citrate tab 20 mg (base</i>	
<i>equivalent).....</i>	<i>109</i>
<i>tamsulosin hcl cap 0.4 mg.....</i>	<i>201</i>
TARCEVA TAB 100MG.....	108
TARCEVA TAB 150MG.....	108
<i>targadox tab 50mg.....</i>	<i>275</i>
TARGRETIN CAP 75MG.....	117
TARGRETIN GEL 1%.....	165
<i>tarina 24 fe tab.....</i>	<i>153</i>
<i>tarina fe tab 1/20.....</i>	<i>153</i>
<i>tarina fe tab 1/20 eq.....</i>	<i>153</i>
TARON FORTE CAP.....	211
TARON-C DHA CAP.....	245
TARON-PREX CAP.....	245
TARPEYO CAP 4MG.....	158
TASCENSO ODT TAB 0.25MG.....	268
TASIGNA CAP 150MG.....	115
TASIGNA CAP 200MG.....	115
TASIGNA CAP 50MG.....	115
<i>tasimelteon capsule 20 mg.....</i>	<i>215</i>
TASMAR TAB 100MG.....	119

<i>tavaborole soln 5%</i>	164	<i>telmisartan-amlodipine tab 80-10 mg</i>	98
TAVALISSE TAB 100MG	207	<i>telmisartan-amlodipine tab 80-5 mg</i>	98
TAVALISSE TAB 150MG	207	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
TAVNEOS CAP 10MG.....	206	<i>12.5 mg</i>	98
<i>taysofy cap 1/20</i>	153	<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>	
TAYTULLA CAP 1MG/20MC	153	<i>mg</i>	98
<i>tazarotene cream 0.05%</i>	166	<i>telmisartan-hydrochlorothiazide tab 80-25</i>	
<i>tazarotene cream 0.1%</i>	166	<i>mg</i>	98
<i>tazarotene gel 0.05%</i>	167	<i>temazepam cap 15 mg</i>	214
<i>tazarotene gel 0.1%</i>	167	<i>temazepam cap 22.5 mg</i>	214
<i>tazicef inj 1gm</i>	148	<i>temazepam cap 30 mg</i>	214
TAZICEF INJ 1GM/50ML	148	<i>temazepam cap 7.5 mg</i>	214
<i>tazicef inj 2gm</i>	148	TEMBEXA SUS 10MG/ML.....	135
<i>tazicef inj 6gm</i>	148	TEMBEXA TAB 100MG.....	135
TAZORAC CRE 0.05%	167	TEMODAR CAP 250MG.....	102
TAZORAC CRE 0.1%	167	TEMODAR INJ 100MG	103
TAZORAC GEL 0.05%.....	167	<i>temozolomide cap 100 mg</i>	103
TAZORAC GEL 0.1%.....	167	<i>temozolomide cap 140 mg</i>	103
TAZVERIK TAB 200MG.....	115	<i>temozolomide cap 180 mg</i>	103
TDVAX INJ 2-2 LF.....	279	<i>temozolomide cap 20 mg</i>	103
TECENTRIQ INJ 1200/20	107	<i>temozolomide cap 250 mg</i>	103
TECENTRIQ INJ 840/14.....	107	<i>temozolomide cap 5 mg</i>	103
TECFIDERA CAP 120MG.....	268	<i>temsirolimus soln for iv infusion 25 mg/ml</i>	
TECFIDERA CAP 240MG.....	268	.....	115
TECFIDERA CAP STARTER	268	<i>tencon tab 50-325mg</i>	31
TECHLITE AST MIS LANCETS	227	TENIVAC INJ 5-2LF	279
TECHLITE MIS LANC 26G	227	<i>tenofovir disoproxil fumarate tab 300 mg</i>	
TECHLITE MIS LANCETS	227	.....	132
TEFLARO INJ 400MG.....	148	TENORETIC TAB 100.....	98
TEFLARO INJ 600MG.....	148	TENORETIC TAB 50	98
TEGLUTIK SUS 50/10ML	249	TENORMIN TAB 100MG	137
TEGRETOL SUS 100/5ML.....	65	TENORMIN TAB 25MG	137
TEGRETOL TAB 200MG	65	TENORMIN TAB 50MG.....	137
TEGRETOL-XR TAB 100MG	65	TEPADINA INJ 100MG.....	103
TEGRETOL-XR TAB 200MG.....	66	TEPADINA INJ 15MG.....	103
TEGRETOL-XR TAB 400MG	66	TEPEZZA INJ 500MG.....	188
TEKTRNA HCT TAB 150-12.5	98	TEPMETKO TAB 225MG.....	115
TEKTRNA TAB 150MG	99	<i>terazosin hcl cap 1 mg (base equivalent)</i> ..	95
TEKTRNA TAB 300MG.....	99	<i>terazosin hcl cap 10 mg (base equivalent)</i>	95
<i>telmisartan tab 20 mg</i>	94	<i>terazosin hcl cap 2 mg (base equivalent)</i> .	95
<i>telmisartan tab 40 mg</i>	94	<i>terazosin hcl cap 5 mg (base equivalent)</i> .	95
<i>telmisartan tab 80 mg</i>	94	<i>terbinafine hcl tab 250 mg</i>	85
<i>telmisartan-amlodipine tab 40-10 mg</i>	98	<i>terbutaline sulfate inj 1 mg/ml</i>	57
<i>telmisartan-amlodipine tab 40-5 mg</i>	98	<i>terbutaline sulfate tab 2.5 mg</i>	57

<i>terbutaline sulfate tab 5 mg</i>	57	TGT LANCET MIS 30G	227
<i>terconazole vaginal cream 0.4%</i>	287	TGT LANCET MIS 33G	227
<i>terconazole vaginal cream 0.8%</i>	287	THALITONE TAB 15MG	184
<i>terconazole vaginal suppos 80 mg</i>	287	THALOMID CAP 100MG	237
TERIPARATIDE INJ 620/2.48	185	THALOMID CAP 150MG	237
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	185	THALOMID CAP 200MG	237
<i>terrell sol</i>	200	THALOMID CAP 50MG.....	237
TESTIM GEL 1%(50MG)	42	THAM INJ 30MEQ	232
TESTOPEL MIS PELLETS.....	42	THEO-24 CAP 100MG CR.....	57
<i>testosterone cypionate im inj in oil 100</i>		THEO-24 CAP 200MG CR	57
<i>mg/ml</i>	42	THEO-24 CAP 300MG CR.....	57
<i>testosterone cypionate im inj in oil 200</i>		THEO-24 CAP 400MG ER	57
<i>mg/ml</i>	42	<i>theophylline elixir 80 mg/15ml</i>	57
<i>testosterone enanthate im inj in oil 200</i>		<i>theophylline soln 80 mg/15ml</i>	57
<i>mg/ml</i>	42	<i>theophylline tab er 12hr 300 mg</i>	57
TESTOSTERONE MIS 100MG	42	<i>theophylline tab er 12hr 450 mg</i>	57
TESTOSTERONE MIS 200MG.....	42	<i>theophylline tab er 24hr 400 mg</i>	57
TESTOSTERONE MIS 25MG	42	<i>theophylline tab er 24hr 600 mg</i>	57
TESTOSTERONE MIS 50MG	42	<i>thiamine hcl inj 100 mg/ml</i>	289
<i>testosterone td gel 10mg/act (2%)</i>	42	THIN LANCETS MIS 26G	227
<i>testosterone td gel 12.5 mg/act (1%)</i>	42	THIN LANCETS MIS 30G	227
<i>testosterone td gel 20.25 mg/1.25gm</i>		THIOLA EC TAB 100MG.....	202
<i>(1.62%)</i>	42	THIOLA EC TAB 300MG	202
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	43	THIOLA TAB 100MG.....	202
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	43	<i>thioridazine hcl tab 10 mg</i>	128
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	43	<i>thioridazine hcl tab 100 mg</i>	128
.....	43	<i>thioridazine hcl tab 25 mg</i>	128
<i>testosterone td gel 50 mg/5gm (1%)</i>	43	<i>thioridazine hcl tab 50 mg</i>	128
<i>testosterone td soln 30 mg/act</i>	43	<i>thiotepa for inj 100 mg</i>	103
TET/DIP TOX INJ 2-2 LF	279	<i>thiotepa for inj 15 mg</i>	103
<i>tetrabenazine tab 12.5 mg</i>	267	<i>thiothixene cap 1 mg</i>	129
<i>tetrabenazine tab 25 mg</i>	267	<i>thiothixene cap 10 mg</i>	129
<i>tetracaine hcl ophth soln 0.5%</i>	255	<i>thiothixene cap 2 mg</i>	129
<i>tetracycline hcl cap 250 mg</i>	275	<i>thiothixene cap 5 mg</i>	129
<i>tetracycline hcl cap 500 mg</i>	275	<i>thrive gum 2mg mint</i>	272
TETRACYCLINE TAB 250MG.....	275	THRIVITE 19 TAB.....	242
TETRACYCLINE TAB 500MG	275	THRIVITE RX TAB 29-1MG.....	245
TETRIX CRE	174	THROMBIN KIT 5000UNIT	212
TEVIMBRA INJ 100/10ML	107	THROMBIN-JMI KIT 20000UNT	212
TEXACORT SOL 2.5%.....	170	THROMBIN-JMI KIT 5000UNIT.....	212
TEXAVITE LQ LIQ.....	243	THROMBIN-JMI SOL 20000UNT.....	212
TEZSPIRE INJ 210MG.....	53	THROMBIN-JMI SOL 5000UNIT	212
TEZSPIRE SOL 210MG	53	THROMBOGEN KIT 10000UNT	212
TGT LANCET MIS 26G	227	THROMBOGEN SOL 10000UNT	212

THROMBOGEN SOL 1000UNIT	212	<i>timolol maleate ophth soln 0.5% (once-</i>	252
THYMOGLOBULN INJ 25MG.....	239	<i>daily)</i>	
THYQUIDITY SOL 100MCG	278	<i>timolol maleate preservative free ophth soln</i>	
THYROID TAB 120MG.....	278	<i>0.25%</i>	253
THYROID TAB 15MG	278	<i>timolol maleate preservative free ophth soln</i>	
<i>tiadylt cap 120mg/24</i>	141	<i>0.5%</i>	252
<i>tiadylt cap 180mg/24</i>	141	<i>timolol maleate tab 10 mg</i>	138
<i>tiadylt cap 240mg/24</i>	141	<i>timolol maleate tab 20 mg.....</i>	138
<i>tiadylt cap 300mg/24</i>	141	<i>timolol maleate tab 5 mg</i>	138
<i>tiadylt cap 360mg/24</i>	141	<i>timolol ophth soln 0.5%.....</i>	253
<i>tiadylt cap 420mg/24</i>	141	TIMOPTIC OCU SOL 0.25% OP	253
<i>tiagabine hcl tab 12 mg</i>	67	TIMOPTIC SOL 0.25% OP	253
<i>tiagabine hcl tab 16 mg.....</i>	67	TIMOPTIC SOL 0.5% OP	253
<i>tiagabine hcl tab 2 mg.....</i>	67	TIMOPTIC-XE SOL 0.25% OP.....	253
<i>tiagabine hcl tab 4 mg</i>	67	TIMOPTIC-XE SOL 0.5% OP	253
TIAZAC CAP 120MG/24	141	<i>tinidazole tab 250 mg.....</i>	44
TIAZAC CAP 180MG/24	141	<i>tinidazole tab 500 mg</i>	44
TIAZAC CAP 240MG/24.....	141	<i>tiopronin tab 100 mg</i>	202
TIAZAC CAP 300MG/24	141	<i>tiopronin tab delayed release 100 mg.....</i>	202
TIAZAC CAP 360MG/24.....	141	<i>tiopronin tab delayed release 300 mg ...</i>	202
TIAZAC CAP 420MG/24.....	141	<i>tiotropium bromide monohydrate inhal cap</i>	
TIBSOVO TAB 250MG	115	<i>18 mcg (base equiv).....</i>	53
TICE BCG INJ	117	TIROSINT CAP 100MCG	278
TICOVAC INJ	286	TIROSINT CAP 112MCG	278
TIGAN INJ 100MG/ML.....	84	TIROSINT CAP 125MCG.....	278
<i>tigecycline for iv soln 50 mg</i>	273	TIROSINT CAP 137MCG.....	278
TIGECYCLINE INJ 50MG.....	273	TIROSINT CAP 13MCG.....	278
TIKOSYN CAP 125MCG	53	TIROSINT CAP 150MCG	278
TIKOSYN CAP 250MCG	53	TIROSINT CAP 175MCG.....	278
TIKOSYN CAP 500MCG.....	53	TIROSINT CAP 200	278
<i>tilia fe tab</i>	153	TIROSINT CAP 25MCG	278
TIM/BRIM/DOR SOL.....	252	TIROSINT CAP 50MCG.....	278
TIM/BRIM/DOR SOL /BIMATOP.....	252	TIROSINT CAP 75MCG	278
TIM/DORZ/LAT SOL	252	TIROSINT CAP 88MCG.....	278
TIMOL/BRIM SOL DORZ/LAT	252	TISSEEL KIT 10ML.....	212
TIMOL/BRIMO/ SOL DORZOL.....	252	TISSEEL KIT 2ML	212
TIMOL/LATAN SOL.....	252	TISSEEL KIT 4ML	212
TIMOLOL MAL/ SOL BIMATOPR	252	TISSEEL SOL 10ML	213
<i>timolol maleate ophth gel forming soln</i>		TISSEEL SOL 2ML	212
<i>0.25%</i>	252	TISSEEL SOL 4ML.....	212
<i>timolol maleate ophth gel forming soln</i>		<i>tis-u-sol sol</i>	239
<i>0.5%</i>	252	TIVDAK INJ 40MG.....	107
<i>timolol maleate ophth soln 0.25%</i>	252	TIVICAY PD TAB 5MG.....	132
<i>timolol maleate ophth soln 0.5%</i>	252	TIVICAY TAB 50MG.....	132

<i>tizanidine hcl cap 2 mg (base equivalent)</i>	247	TOPAMAX TAB 200MG	66
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	247	TOPAMAX TAB 25MG.....	66
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	247	TOPAMAX TAB 50MG	66
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	247	TOPCARE MIS LANC 33G	227
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	247	TOPICORT CRE 0.05%	170
TLANDO CAP 112.5 MG	43	TOPICORT CRE 0.25%	170
TNKASE KIT 50MG.....	208	TOPICORT GEL 0.05%	170
TOBI NEB 300/5ML	21	TOPICORT OIN 0.05%	170
TOBI PODHALR CAP 28MG.....	21	TOPICORT OIN 0.25%	170
TOBRADEX OIN 0.3-0.1%	257	TOPICORT SPR 0.25%.....	171
TOBRADEX ST SUS 0.3-0.05.....	257	<i>topiramate cap er 24hr 100 mg</i>	66
TOBRADEX SUS 0.3-0.1%	257	<i>topiramate cap er 24hr 200 mg</i>	66
<i>tobramycin nebu soln 300 mg/4ml</i>	21	<i>topiramate cap er 24hr 25 mg</i>	66
<i>tobramycin nebu soln 300 mg/5ml</i>	21	<i>topiramate cap er 24hr 50 mg</i>	66
<i>tobramycin ophth soln 0.3%</i>	255	<i>topiramate cap er 24hr sprinkle 100 mg</i> ... 66	
<i>tobramycin sulfate for inj 1.2 gm</i>	21	<i>topiramate cap er 24hr sprinkle 150 mg</i> ... 66	
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i> <i>mg/ml) (base equiv)</i>	21	<i>topiramate cap er 24hr sprinkle 200 mg</i> .. 66	
<i>tobramycin sulfate inj 10 mg/ml (base</i> <i>equivalent)</i>	21	<i>topiramate cap er 24hr sprinkle 25 mg</i> 66	
<i>tobramycin sulfate inj 2 gm/50ml (40</i> <i>mg/ml) (base equiv)</i>	21	<i>topiramate cap er 24hr sprinkle 50 mg</i> 66	
<i>tobramycin sulfate inj 80 mg/2ml (40</i> <i>mg/ml) (base equiv)</i>	21	<i>topiramate sprinkle cap 15 mg</i>	66
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	257	<i>topiramate sprinkle cap 25 mg</i>	66
TOBREX OIN 0.3% OP	255	<i>topiramate tab 100 mg</i>	66
TODAY SPONGE MIS.....	287	<i>topiramate tab 200 mg</i>	66
<i>tolcapone tab 100 mg</i>	119	<i>topiramate tab 25 mg</i>	66
<i>tolmetin sodium cap 400 mg</i>	29	<i>topiramate tab 50 mg</i>	66
<i>tolterodine tartrate cap er 24hr 2 mg</i>	284	<i>toposar inj 100/5ml</i>	118
<i>tolterodine tartrate cap er 24hr 4 mg</i>	284	<i>toposar inj 1gm/50ml</i>	118
<i>tolterodine tartrate tab 1 mg</i>	284	<i>toposar inj 500/25ml</i>	118
<i>tolterodine tartrate tab 2 mg</i>	284	<i>topotecan hcl for inj 4 mg (base equiv)</i> ... 119	
<i>tolvaptan tab 15 mg</i>	192	<i>topotecan hcl inj 4 mg/4ml (base equiv) (for</i> <i>infusion)</i>	119
<i>tolvaptan tab 30 mg</i>	192	TOPOTECAN INJ 4MG/4ML.....	119
TOPAMAX SPR CAP 15MG	66	TOPROL XL TAB 100MG.....	137
TOPAMAX SPR CAP 25MG.....	66	TOPROL XL TAB 200MG	137
TOPAMAX TAB 100MG	66	TOPROL XL TAB 25MG.....	137
		TOPROL XL TAB 50MG	137
		<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	109
		TORISEL INJ 25MG/ML	115
		<i>torpenz tab 10mg</i>	115
		<i>torpenz tab 2.5mg</i>	115
		<i>torpenz tab 5mg</i>	115
		<i>torpenz tab 7.5mg</i>	115
		<i>toremide tab 10 mg</i>	183

<i>torse mide tab 100 mg</i>	184	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	98
<i>torse mide tab 20 mg</i>	183	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	98
<i>torse mide tab 5 mg</i>	183	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	99
TOSYMRA SOL 10MG.....	231	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	99
TOTECT INJ 500MG.....	117	<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	212
TOUJEO MAX INJ 300/ML.....	80	<i>tranexamic acid tab 650 mg</i>	212
TOUJEO SOLO INJ 300/ML.....	80	TRANSDERM-SC DIS 1.5MG.....	84
<i>tovet aer 0.05%</i>	171	TRANSDERM-SC DIS 1MG/3DAY.....	84
TOVIAZ TAB 4MG.....	284	TRANXENE T TAB 7.5MG.....	51
TOVIAZ TAB 8MG.....	284	<i>tranylcypramine sulfat e tab 10 mg</i>	69
TPN ELECTROL INJ.....	233	TRAVASOL INJ 10%.....	252
TPOXX CAP 200MG.....	135	TRAVATAN Z DRO 0.004%.....	259
TPOXX INJ.....	135	TRAVEL LANCE MIS ADV 28G.....	227
TRACLEER TAB 125MG.....	145	<i>travoprost ophth soln 0.004%</i> (benzalkonium free) (bak free).....	259
TRACLEER TAB 32MG.....	145	TRAZIMERA INJ 150MG.....	106
TRACLEER TAB 62.5MG.....	145	TRAZIMERA INJ 420MG.....	106
TRADJENTA TAB 5MG.....	77	<i>trazodone hcl tab 100 mg</i>	71
<i>tramadol hcl cap er 24hr biphasic release</i> <i>100 mg</i>	38	<i>trazodone hcl tab 150 mg</i>	71
<i>tramadol hcl cap er 24hr biphasic release</i> <i>150 mg</i>	38	<i>trazodone hcl tab 300 mg</i>	71
<i>tramadol hcl cap er 24hr biphasic release</i> <i>200 mg</i>	38	<i>trazodone hcl tab 50 mg</i>	71
<i>tramadol hcl cap er 24hr biphasic release</i> <i>300 mg</i>	38	TREANDA INJ 100MG.....	103
<i>tramadol hcl oral soln 5 mg/ml</i>	38	TREANDA INJ 25MG.....	103
<i>tramadol hcl tab 100 mg</i>	38	TRECTOR TAB 250MG.....	101
<i>tramadol hcl tab 25 mg</i>	38	TRELEGY AER 100MCG.....	57
<i>tramadol hcl tab 50 mg</i>	38	TRELEGY AER 200MCG.....	57
<i>tramadol hcl tab er 24hr 100 mg</i>	38	TRELSTAR MIX INJ 11.25MG.....	109
<i>tramadol hcl tab er 24hr 200 mg</i>	38	TRELSTAR MIX INJ 22.5MG.....	109
<i>tramadol hcl tab er 24hr 300 mg</i>	38	TRELSTAR MIX INJ 3.75MG.....	109
<i>tramadol hcl tab er 24hr biphasic release</i> <i>100 mg</i>	39	TREMFYA INJ 100MG/ML.....	167
<i>tramadol hcl tab er 24hr biphasic release</i> <i>200 mg</i>	39	<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	144
<i>tramadol hcl tab er 24hr biphasic release</i> <i>300 mg</i>	39	<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	144
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	40	<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	144
<i>trandolapril tab 1 mg</i>	93	<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	144
<i>trandolapril tab 2 mg</i>	93	TRESIBA FLEX INJ 100UNIT.....	80
<i>trandolapril tab 4 mg</i>	93		

TRESIBA FLEX INJ 200UNIT	80	<i>triamterene & hydrochlorothiazide tab 37.5-</i>	
TRESIBA INJ 100UNIT.....	80	<i>25 mg.....</i>	183
TRESNI SUP 100MG	29	<i>triamterene & hydrochlorothiazide tab 75-</i>	
<i>tretinoin cap 10 mg.....</i>	117	<i>50 mg</i>	183
<i>tretinoin cream 0.025%.....</i>	162	<i>triamterene cap 100 mg.....</i>	184
<i>tretinoin cream 0.05%.....</i>	162	<i>triamterene cap 50 mg</i>	184
<i>tretinoin cream 0.1%.....</i>	162	<i>trianex oin 0.05%</i>	171
<i>tretinoin gel 0.01%</i>	162	<i>triazolam tab 0.125 mg.....</i>	214
<i>tretinoin gel 0.025%</i>	162	<i>triazolam tab 0.25 mg</i>	214
<i>tretinoin gel 0.05%.....</i>	162	TRIBENZOR20- TAB 5-12.5MG.....	99
<i>tretinoin microsphere gel 0.04%</i>	162	TRIBENZOR40- TAB 10-12.5	99
<i>tretinoin microsphere gel 0.08%</i>	163	TRIBENZOR40- TAB 10-25MG	99
<i>tretinoin microsphere gel 0.1%.....</i>	162	TRIBENZOR40- TAB 5-12.5MG.....	99
TRETTEN INJ.....	206	TRIBENZOR40- TAB 5-25MG	99
TREXALL TAB 10MG	105	TRICARE PRE CAP 27-1-500.....	245
TREXALL TAB 15MG	105	TRICARE TAB PRENATAL	245
TREXALL TAB 5MG.....	105	TRICITRASOL CON.....	60
TREXALL TAB 7.5MG.....	105	<i>tricon cap</i>	211
TREXIMET TAB 10-60MG.....	230	TRICOR TAB 145MG.....	89
TREXIMET TAB 85-500MG.....	230	TRICOR TAB 48MG	89
<i>trezix cap</i>	40	<i>tridacaine pad 5%</i>	173
<i>tri femynor tab</i>	153	<i>triderm cre 0.1%</i>	171
TRIAM-BUPIVA SUS 40-5MG	158	<i>triderm cre 0.5%.....</i>	171
TRIAMCIN ACE INJ 40MG/ML.....	158	<i>trientine hcl cap 250 mg</i>	236
TRIAMCINOLON INJ 40MG/ML	158	TRIESENCE INJ 40MG/ML.....	257
TRIAMCINOLON INJ 80MG/2ML	158	<i>tri-estaryll tab</i>	153
TRIAMCINOLON INJ 80MG/ML	158	TRIFERIC INJ AVNU	212
<i>triamcinolone acetone aerosol soln 0.147</i>		<i>trifluoperazine hcl tab 1 mg (base</i>	
<i>mg/gm</i>	171	<i>equivalent)</i>	128
<i>triamcinolone acetone cream 0.025% .</i>	171	<i>trifluoperazine hcl tab 10 mg (base</i>	
<i>triamcinolone acetone cream 0.1%</i>	171	<i>equivalent)</i>	128
<i>triamcinolone acetone cream 0.5%</i>	171	<i>trifluoperazine hcl tab 2 mg (base</i>	
<i>triamcinolone acetone dental paste 0.1%</i>		<i>equivalent)</i>	128
<i>.....</i>	241	<i>trifluoperazine hcl tab 5 mg (base</i>	
<i>triamcinolone acetone inj susp 40 mg/ml</i>		<i>equivalent)</i>	128
<i>.....</i>	158	<i>trifluridine ophth soln 1%</i>	255
<i>triamcinolone acetone lotion 0.025% ..</i>	171	<i>trigels-f cap forte</i>	211
<i>triamcinolone acetone lotion 0.1%</i>	171	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml ..</i>	119
<i>triamcinolone acetone oint 0.025%</i>	171	<i>trihexyphenidyl hcl tab 2 mg.....</i>	119
<i>triamcinolone acetone oint 0.05%</i>	171	<i>trihexyphenidyl hcl tab 5 mg.....</i>	119
<i>triamcinolone acetone oint 0.1%</i>	171	TRIJARDY XR TAB.....	76
<i>triamcinolone acetone oint 0.5%.....</i>	171	TRIKAFTA PAK 59.5MG.....	272
<i>triamterene & hydrochlorothiazide cap</i>		TRIKAFTA PAK 75MG	272
<i>37.5-25 mg</i>	183	TRIKAFTA TAB	273

<i>tri-legest tab fe</i>	153	TROGARZO INJ 150MG/ML.....	132
TRILEPTAL SUS 300MG/5M	66	TROJAN MAGN MIS.....	220
TRILEPTAL TAB 150MG.....	66	TROJAN MIS ENZ	220
TRILEPTAL TAB 300MG.....	66	TROJAN ULTRA MIS RIBBED.....	220
TRILEPTAL TAB 600MG.....	66	TROJAN ULTRA MIS THIN	220
<i>tri-lynyah tab</i>	153	TROJAN-ENZ MIS LUBRICAT	220
TRILIPIX CAP 135MG	89	TROJAN-ENZ MIS W/SPERMI.....	220
TRILIPIX CAP 45MG.....	89	TROKENDI XR CAP 100MG.....	66
<i>tri-lo tab estaryll</i>	153	TROKENDI XR CAP 200MG	66
<i>tri-lo- tab marzia</i>	153	TROKENDI XR CAP 25MG.....	66
<i>tri-lo- tab sprintec</i>	153	TROKENDI XR CAP 50MG.....	66
<i>tri-lo-mili tab</i>	153	TROPHAMINE INJ 10%.....	252
<i>trimethobenzamide hcl cap 300 mg</i>	84	<i>tropicamide ophth soln 0.5%</i>	253
<i>trimethoprim tab 100 mg</i>	44	<i>tropicamide ophth soln 1%</i>	253
<i>tri-mili tab</i>	153	<i>trospium chloride cap er 24hr 60 mg</i>	284
<i>trimipramine maleate cap 100 mg</i>	74	<i>trospium chloride tab 20 mg</i>	284
<i>trimipramine maleate cap 25 mg</i>	74	TRUE COVER MIS CONDOM.....	220
<i>trimipramine maleate cap 50 mg</i>	74	TRUE METRIX TES GLUCOSE	181
TRIMOXI+ INJ	257	TRUETEST TES.....	181
TRINATAL RX TAB 1	245	TRUETEST TES BLD GLUC	181
<i>trinate tab</i>	245	TRUETRACK TES	181
TRINTELLIX TAB 10MG.....	71	TRUETRACK TES BLD GLUC.....	181
TRINTELLIX TAB 20MG.....	71	TRULANCE TAB 3MG.....	195
TRINTELLIX TAB 5MG	71	TRULICITY INJ 0.75/0.5	78
TRIOSTAT INJ 10MCG/ML.....	278	TRULICITY INJ 1.5/0.5	78
TRIPTODUR SUS 22.5MG.....	188	TRULICITY INJ 3/0.5.....	78
TRISENOX INJ 12MG/6ML.....	117	TRULICITY INJ 4.5/0.5	78
TRISOD CITRA SOL 0.5%CRRT.....	236	TRUMENBA INJ	285
<i>tri-sprintec tab</i>	153	TRUPLUS LANC MIS 26G	227
TRISTART DHA CAP	245	TRUPLUS LANC MIS 28G	227
TRISTART ONE CAP 35-1-215.....	245	TRUPLUS LANC MIS 30G	227
TRI-TABS DHA MIS	245	TRUPLUS LANC MIS 33G	227
TRIUMEQ PD TAB.....	132	TRUQAP TAB 160MG	115
TRIUMEQ TAB.....	132	TRUSOPT SOL 2% OP	258
TRI-VI-FLOR SUS 0.25/ML.....	243	TRUSTEX LUBR MIS ASSORTED	220
TRI-VI-FLOR SUS 0.5MG/ML	243	TRUSTEX LUBR MIS BANANA	220
TRI-VI-FLORO SUS 0.25/ML.....	243	TRUSTEX LUBR MIS CHOC	220
TRI-VI-FLORO SUS 0.5MG/ML.....	243	TRUSTEX LUBR MIS COLA.....	220
<i>tri-vit/fluo dro 0.25mg</i>	243	TRUSTEX LUBR MIS COLORS.....	220
<i>tri-vit/fluo dro 0.5mg</i>	243	TRUSTEX LUBR MIS EX LARGE	220
<i>trivora-28 tab</i>	153	TRUSTEX LUBR MIS EX STR	220
<i>tri-vylibra tab</i>	153	TRUSTEX LUBR MIS GRAPE.....	220
<i>tri-vylibra tab lo</i>	153	TRUSTEX LUBR MIS MINT.....	220
TRODELVY SOL 180MG.....	119	TRUSTEX LUBR MIS RIB/STUD	220

TRUSTEX LUBR MIS SPERMICI	220	TYVASO DPI POW 48MCG.....	145
TRUSTEX LUBR MIS STRWBRY.....	220	TYVASO DPI POW 64MCG	145
TRUSTEX LUBR MIS VANILLA	220	TYVASO RF KT SOL 0.6MG/ML	145
TRUSTEX MIS BANANA.....	220	TYVASO SOL 0.6MG/ML.....	145
TRUSTEX MIS CHOCOLAT.....	220	TYVASO ST KT SOL 0.6MG/ML	145
TRUSTEX MIS FLAVORS.....	220	U	
TRUSTEX MIS MINT	220	UBRELVY TAB 100MG.....	230
TRUSTEX MIS STRWBRY	221	UBRELVY TAB 50MG	230
TRUSTEX MIS VANILLA.....	221	UCERIS AER 2MG/ACT	43
TRUSTEX/RIA MIS LUBRICAT	221	UCERIS TAB 9MG	158
TRUSTEX/RIA MIS NON-LUB	221	UDAMIN SP TAB	242
TRUSTEX/RIA MIS SPERMICI.....	221	UDENYCA INJ 6MG/.6ML	211
TRUSTX NON-9 MIS RIB/STUD.....	221	UDENYCA ONBO INJ 6/0.6ML.....	211
TRUVADA TAB 100-150.....	132	UKONIQ TAB 200MG	115
TRUVADA TAB 133-200.....	132	ULORIC TAB 40MG	202
TRUVADA TAB 167-250.....	132	ULORIC TAB 80MG	202
TRUVADA TAB 200-300	132	ULTANE SOL	200
TRUXIMA INJ 100/10ML.....	107	ULTILET MIS 26G.....	227
TRUXIMA INJ 500/50ML	107	ULTILET MIS 28G.....	227
TRYVIO TAB 12.5MG	99	ULTILET MIS 30G.....	227
TUDORZA PRES AER 400/ACT	53	ULTILET MIS 33G.....	227
TUKYSA TAB 150MG.....	106	ULTILET MIS LANCETS.....	227
TUKYSA TAB 50MG	106	ULTILET MIS SAFETY	227
TURALIO CAP 200MG	115	ULTIMA TES.....	181
TURPENTINE SOL SPIRITS	172	ULTIVA INJ 1MG.....	39
<i>turqoz tab</i>	153	ULTIVA INJ 2MG	39
TWINRIX INJ	286	ULTIVA INJ 5MG	39
TWIRLA DIS 120-30.....	154	ULTOMIRIS INJ 100MG/ML	206
TWYNEO CRE 0.1-3%	163	ULTOMIRIS INJ 300/30ML	206
TYBLUME CHW 0.1-0.02.....	153	ULTRA THIN MIS 28G	227
TYBOST TAB 150MG.....	132	ULTRA THIN MIS 30G	227
<i>tydemy tab</i>	153	ULTRA THIN MIS 31G	227
TYENNE INJ 200/10ML	26	ULTRA THIN MIS 33G	227
TYENNE INJ 80MG/4ML.....	26	ULTRA THIN MIS LANC 28G	227
TYGACIL INJ 50MG	273	ULTRA THIN MIS LANC 30G.....	227
TYKERB TAB 250MG	115	ULTRA THIN MIS LANCETS	227
TYMLOS INJ.....	185	ULTRABAG/ SOL DIANEAL.....	240
TYPHIM VI INJ	285	ULTRABAG/PD2 SOL DIANEAL.....	240
TYSABRI INJ 300/15ML	268	ULTRACET TAB 37.5-325.....	40
TYVASO DPI POW 16-32-48	144	ULTRATRAK TES ULTIMATE.....	181
TYVASO DPI POW 16-32MCG	144	ULTRATRK PRO TES	181
TYVASO DPI POW 16MCG	144	ULTRAVATE LOT 0.05%.....	171
TYVASO DPI POW 32-48MCG	144	UNASYN INJ 1.5GM.....	263
TYVASO DPI POW 32MCG.....	145	UNASYN INJ 15GM.....	263

UNASYN INJ 3GM	263	<i>unithroid tab 125mcg</i>	279
UNILET EX II MIS 28G	227	<i>unithroid tab 137mcg</i>	279
UNILET EXCEL MIS 23G	227	<i>unithroid tab 150mcg</i>	279
UNILET G.P MIS SUPR 23G	227	<i>unithroid tab 175mcg</i>	279
UNILET G.P. MIS 21G.....	228	<i>unithroid tab 200mcg</i>	279
UNILET GP 28 MIS ULT THIN	228	<i>unithroid tab 25mcg</i>	279
UNILET LANC MIS 33G.....	228	<i>unithroid tab 300mcg</i>	279
UNILET LANCE MIS 21G	228	<i>unithroid tab 50mcg</i>	279
UNILET LANCE MIS 28G.....	228	<i>unithroid tab 75mcg</i>	279
UNILET LANCE MIS 33G.....	228	<i>unithroid tab 88mcg</i>	279
UNILET LANCT MIS 28G	228	UNITUXIN INJ.....	107
UNILET LANCT MIS 30G	228	UNIVERSAL 1 MIS 33G	228
UNILET LANCT MIS 33G.....	228	UNIVERSAL 1 MIS LANC 26G.....	228
UNILET MIS 21G.....	228	UNIVERSAL 1 MIS LANC 30G.....	228
UNILET SUPER MIS 23G	228	UPLIZNA SOL 100MG.....	239
UNILET SUPER MIS G.P. 23G.....	228	UPNEEQ SOL 0.1%	258
UNISTIK 1 MIS 2.4MM	228	UPTRAVI INJ 1800MCG.....	145
UNISTIK 1 MIS 3.0MM	228	UPTRAVI PACK TAB 200/800	145
UNISTIK 2 MIS.....	228	UPTRAVI TAB 1000MCG	146
UNISTIK 2 MIS 1.8MM	228	UPTRAVI TAB 1200MCG.....	146
UNISTIK 2 MIS 2.4MM	228	UPTRAVI TAB 1400MCG	146
UNISTIK 2 MIS COMFORT	228	UPTRAVI TAB 1600MCG	146
UNISTIK 2 MIS EXTRA.....	228	UPTRAVI TAB 200MCG	145
UNISTIK 2 MIS NEONATAL	228	UPTRAVI TAB 400MCG.....	145
UNISTIK 2 MIS NORMAL	228	UPTRAVI TAB 600MCG.....	146
UNISTIK 2 MIS SUPER.....	228	UPTRAVI TAB 800MCG.....	146
UNISTIK 23G MIS NORMAL	228	<i>urea cre 41%</i>	171
UNISTIK 3 MIS 1.8MM	228	<i>uredeb cre 39%</i>	171
UNISTIK 3 MIS COMFORT.....	228	UROCIT-K 10 TAB	200
UNISTIK 3 MIS EXTRA.....	228	UROCIT-K 15 TAB	200
UNISTIK 3 MIS GENT 30G	228	<i>uro-sp cap 118mg</i>	45
UNISTIK 3 MIS NEONATAL	228	UROXATRAL TAB 10MG	201
UNISTIK 3 MIS NORMAL	228	URSO FORTE TAB 500MG	196
UNISTIK CZT MIS COMFORT.....	228	<i>ursodiol cap 300 mg</i>	196
UNISTIK CZT MIS NORMAL	228	<i>ursodiol tab 250 mg</i>	196
UNISTIK SAFE MIS LANC 28G.....	228	<i>ursodiol tab 500 mg</i>	196
UNISTIK SAFE MIS LANC 30G.....	228	UTIBRON CAP NEOHALER.....	57
UNISTIK TOUC MIS LANC 21G.....	228	UVADEX SOL 20MCG/ML	117
UNISTIK TOUC MIS LANC 23G.....	228	UZEDY INJ 100MG.....	125
UNISTIK TOUC MIS LANC 28G.....	228	UZEDY INJ 125MG	125
UNISTIK TOUC MIS LANC 30G.....	228	UZEDY INJ 150MG	125
UNISTRIP1 TES GENERIC	181	UZEDY INJ 200MG	125
<i>unithroid tab 100mcg</i>	279	UZEDY INJ 250MG	125
<i>unithroid tab 112mcg</i>	279	UZEDY INJ 50MG	125

UZEDY INJ 75MG	125
V	
VABOMERE INJ 2GM(1-1).....	45
VAFSEO TAB 150MG.....	211
VAFSEO TAB 300MG.....	211
VAGIFEM TAB 10MCG	287
<i>valacyclovir hcl tab 1 gm</i>	134
<i>valacyclovir hcl tab 500 mg</i>	134
VALCHLOR GEL 0.016%	165
VALCYTE SOL 50MG/ML.....	133
VALCYTE TAB 450MG.....	133
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	133
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	133
VALIUM TAB 10MG	51
VALIUM TAB 2MG	51
VALIUM TAB 5MG	51
<i>valproate sodium inj 100 mg/ml</i>	68
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	68
<i>valproic acid cap 250 mg</i>	68
<i>valrubicin soln for intravesical instillation 40 mg/ml</i>	111
<i>valsartan oral soln 4 mg/ml</i>	94
<i>valsartan tab 160 mg</i>	94
<i>valsartan tab 320 mg</i>	94
<i>valsartan tab 40 mg</i>	94
<i>valsartan tab 80 mg</i>	94
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	99
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	99
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	99
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	99
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	99
VALSTAR SOL 40MG/ML	111
VALTOCO SPR 10MG.....	61
VALTOCO SPR 15MG.....	61
VALTOCO SPR 20MG.....	61
VALTOCO SPR 5MG	61

VALTREX TAB 1GM.....	134
VALTREX TAB 500MG.....	134
<i>vanatol lq sol</i>	31
VANCOCIN CAP 125MG	45
VANCOCIN CAP 250MG	45
VANCOMY/NACL INJ 1.25/250	45
VANCOMY/NACL INJ 1.5/250	45
VANCOMY/NACL INJ 1.5/500	45
VANCOMY/NACL INJ 1.75/250	45
VANCOMY/NACL INJ 1/250ML	45
VANCOMY/NACL INJ 2/500ML	46
VANCOMY/NACL INJ 750/150	46
VANCOMYC/D5W INJ 1.25/250	46
VANCOMYC/D5W INJ 1.5/250	46
VANCOMYC/D5W INJ 1.5/300	46
VANCOMYC/D5W INJ 1GM.....	46
VANCOMYC/D5W INJ 500MG	46
VANCOMYC/D5W INJ 750MG	46
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	46
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	46
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	46
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	46
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	46
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	46
<i>vancomycin hcl for iv soln 100 gm (base equivalent)</i>	46
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	46
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	46
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	46
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	46
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	46
VANCOMYCIN INJ 1 GM.....	46
VANCOMYCIN INJ 1.25/250.....	46

VANCOMYCIN INJ 1.25GM	46	VAXCHORA SUS	285
VANCOMYCIN INJ 1.5/300	46	VAXELIS INJ	279
VANCOMYCIN INJ 1.5GM	46	VAXNEUVANCE INJ	285
VANCOMYCIN INJ 1.75GM	46	VAZCULEP INJ 10MG/ML	289
VANCOMYCIN INJ 10GM	46	VCF VAGINAL GEL CONTRACE	287
VANCOMYCIN INJ 1GM/200M	46	VCF VAGINAL MIS CONTRACP	287
VANCOMYCIN INJ 2GM	46	VECAMYL TAB 2.5MG	99
VANCOMYCIN INJ 500MG	46	VECTIBIX INJ 100MG	108
VANCOMYCIN INJ 5GM	46	VECTIBIX INJ 400MG	108
VANCOMYCIN INJ 750/250	46	VECTICAL OIN 3MCG/GM	167
VANCOMYCIN INJ 750MG	46	<i>vecuronium bromide for inj 10 mg</i>	250
VANCOMYCIN SOL 1.75GM	47	<i>vecuronium bromide for inj 20 mg</i>	250
VANCOMYCIN SOL 2G/400ML	47	VEGZELMA SOL 100/4ML	105
VANFLYTA TAB 17.7MG	115	VEGZELMA SOL 400/16ML	105
VANFLYTA TAB 26.5MG	115	VEKLURY INJ 100MG	135
VANOS CRE 0.1%	171	VELCADE INJ 3.5MG	115
VAQTA INJ 25/0.5ML	286	VELETRI INJ 0.5MG	145
VAQTA INJ 50UNT/ML	286	VELETRI INJ 1.5MG	145
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>		<i>velivet pak</i>	153
.....	272	VELPHORO CHW 500MG	199
<i>varenicline tartrate tab 1 mg (base equiv)</i>		VELSIPITY TAB 2MG	198
.....	272	VELTASSA POW 16.8GM	240
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1</i>		VELTASSA POW 1GM	240
<i>mg start pack</i>	272	VELTASSA POW 25.2GM	240
VARITHENA AER 10MG/ML	240	VELTASSA POW 8.4GM	240
VARIVAX INJ	286	VELTIN GEL	163
VARIZIG INJ 125/1.2	261	VEMLIDY TAB 25MG	134
VARIZIG INJ 125UNIT	261	VENCLEXTA TAB 100MG	107
VARUBI TAB 90MG	85	VENCLEXTA TAB 10MG	107
VASCEPA CAP 0.5GM	88	VENCLEXTA TAB 50MG	107
VASCEPA CAP 1GM	88	VENCLEXTA TAB START PK	107
VASERETIC TAB 10-25MG	99	VENELEX OIN	177
VASHE CLEANS SOL	177	VENEXA FE TAB	242
VASHE WOUND SOL THERAPY	177	VENEXA TAB	242
VASOPRE/NAACL INJ 100/100	191	<i>venlafaxine hcl cap er 24hr 150 mg (base</i>	
VASOPRE/NAACL INJ 100/250	191	<i>equivalent)</i>	72
<i>vasopressin iv soln 20 unit/ml (for iv</i>		<i>venlafaxine hcl cap er 24hr 37.5 mg (base</i>	
<i>infusion)</i>	191	<i>equivalent)</i>	72
VASOSTRICT INJ 20UNT/ML	191	<i>venlafaxine hcl cap er 24hr 75 mg (base</i>	
VASOSTRICT SOL 40UNIT	191	<i>equivalent)</i>	72
VASOTEC TAB 10MG	93	<i>venlafaxine hcl tab 100 mg (base</i>	
VASOTEC TAB 2.5MG	93	<i>equivalent)</i>	73
VASOTEC TAB 20MG	93	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	
VASOTEC TAB 5MG	93	.....	72

<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	73	VERQUVO TAB 10MG.....	146
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	73	VERQUVO TAB 2.5MG	146
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	73	VERQUVO TAB 5MG	146
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	73	VERSACLOZ SUS 50MG/ML.....	127
VENLAFAXINE TAB 112.5MG	73	VERZENIO TAB 100MG	115
VENOFER INJ 20MG/ML.....	212	VERZENIO TAB 150MG	115
VENTAVIS SOL 10MCG/ML	145	VERZENIO TAB 200MG	115
VENTAVIS SOL 20MCG/ML	145	VERZENIO TAB 50MG.....	115
VENTOLIN HFA AER.....	57	VESICARE LS SUS 5MG/5ML	284
VENTRIXYL FE TAB.....	242	VESICARE TAB 10MG.....	284
VENTRIXYL TAB	242	VESICARE TAB 5MG	284
VEOPOZ INJ 400/2ML	206	<i>vestura tab 3-0.02mg</i>	153
VEOZAH TAB 45MG.....	188	VFEND IV INJ 200MG	86
VERAMYST SPR 27.5MCG.....	249	VFEND SUS 40MG/ML	86
<i>verapamil hcl cap er 24hr 100 mg</i>	141	VFEND TAB 50MG.....	86
<i>verapamil hcl cap er 24hr 120 mg</i>	141	V-GO 20 KIT	228
<i>verapamil hcl cap er 24hr 180 mg</i>	141	V-GO 30 KIT	228
<i>verapamil hcl cap er 24hr 200 mg</i>	141	V-GO 40 KIT	228
<i>verapamil hcl cap er 24hr 240 mg</i>	141	VIBATIV INJ 750MG.....	47
<i>verapamil hcl cap er 24hr 300 mg</i>	141	VIBERZI TAB 100MG	198
<i>verapamil hcl cap er 24hr 360 mg</i>	141	VIBERZI TAB 75MG	198
<i>verapamil hcl iv soln 2.5 mg/ml</i>	141	VIBRAMYCIN SYP 50MG/5ML.....	275
<i>verapamil hcl tab 120 mg</i>	141	VICTOZA INJ 18MG/3ML.....	78
<i>verapamil hcl tab 40 mg</i>	141	VIDAZA INJ 100MG	105
<i>verapamil hcl tab 80 mg</i>	141	VIEKIRA PAK TAB	134
<i>verapamil hcl tab er 120 mg</i>	141	<i>vienva tab 0.1-20</i>	153
<i>verapamil hcl tab er 180 mg</i>	141	<i>vigabatrin powd pack 500 mg</i>	67
<i>verapamil hcl tab er 240 mg</i>	141	<i>vigabatrin tab 500 mg</i>	67
VEREGEN OIN 15%.....	163	<i>vigadrone pow 500mg</i>	67
VERELAN CAP 120MG SR	141	VIGAFYDE SOL 100MG/ML.....	67
VERELAN CAP 180MG SR	141	VIGAMOX DRO 0.5%	255
VERELAN CAP 240MG SR	141	<i>vigpoder pow 500mg</i>	67
VERELAN CAP 360MG SR	141	VIIBRYD KIT STARTER.....	71
VERELAN PM CAP 100MG ER	141	VIIBRYD TAB 10MG	71
VERELAN PM CAP 200MG ER.....	141	VIIBRYD TAB 20MG.....	71
VERELAN PM CAP 300MG ER	141	VIIBRYD TAB 40MG	71
VERIFINE LAN MIS MINI 21G.....	229	VIJOICE TAB 125MG	240
VERIFINE LAN MIS MINI 23G.....	229	VIJOICE TAB 250MG	240
VERIFINE LAN MIS MINI 28G.....	229	VIJOICE TAB 50MG.....	240
VERIFINE LAN MIS MINI 30G.....	229	<i>vilazodone hcl tab 10 mg</i>	71
		<i>vilazodone hcl tab 20 mg</i>	71
		<i>vilazodone hcl tab 40 mg</i>	72
		VILTEPSO SOL	250
		VIMIZIM INJ 5MG/5ML.....	190

VIMOVO TAB 375-20MG.....	29	VITAMEDMD CAP ONE RX.....	246
VIMOVO TAB 500-20MG.....	29	VITAPEARL CAP	246
VIMPAT INJ 200MG/20	66	VITAROCA PLU TAB.....	242
VIMPAT SOL 10MG/ML.....	66	VITATRUE MIS.....	246
VIMPAT TAB 100MG.....	66	VITLIPID N INJ ADULT	242
VIMPAT TAB 150MG.....	66	VITLIPID N INJ INFANT.....	243
VIMPAT TAB 200MG	66	VITRAKVI CAP 100MG.....	116
VIMPAT TAB 50MG.....	66	VITRAKVI CAP 25MG.....	115
VINATE DHA CAP 27-1.13.....	245	VITRAKVI SOL 20MG/ML.....	116
VINATE II TAB	246	VITRAMYN TAB	242
VINATE M TAB.....	246	VITRANOL FE TAB.....	242
VINATE ONE TAB	246	VITRANOL TAB	242
<i>vinblastine sulfate inj 1 mg/ml</i>	118	VITREXYL TAB	242
<i>vincristine sulfate iv soln 1 mg/ml</i>	118	VITREXYL TAB IRON	242
<i>vinorelbine tartrate inj 10 mg/ml (base</i> <i>equiv)</i>	118	VIVA DHA CAP	246
<i>vinorelbine tartrate inj 50 mg/5ml (10</i> <i>mg/ml) (base equiv)</i>	118	VIVELLE-DOT DIS 0.025MG	195
VIOKACE TAB 10440	182	VIVELLE-DOT DIS 0.0375MG	195
VIOKACE TAB 20880.....	182	VIVELLE-DOT DIS 0.05MG.....	195
<i>viorele tab</i>	153	VIVELLE-DOT DIS 0.075MG	195
VIRACEPT TAB 250MG	132	VIVELLE-DOT DIS 0.1MG.....	195
VIRACEPT TAB 625MG.....	132	VIVITROL INJ 380MG	83
VIREAD POW 40MG/GM	132	VIVJOA CAP 150MG.....	86
VIREAD TAB 150MG.....	132	VIVLODEX CAP 10MG.....	29
VIREAD TAB 200MG.....	132	VIVLODEX CAP 5MG.....	29
VIREAD TAB 250MG.....	132	VIVOTIF CAP EC	285
VIREAD TAB 300MG.....	132	VIZIMPRO TAB 15MG.....	108
VIRT-C DHA CAP.....	246	VIZIMPRO TAB 30MG	108
VIRT-NATE CAP DHA	246	VIZIMPRO TAB 45MG	108
VIRT-PN DHA CAP	246	VOCAL POINT TES BLD GLUC.....	181
VIRT-PN PLUS CAP	246	VOGELXO GEL 1%(50MG).....	43
VISBIOME PAK.....	81	VOGELXO GEL PUMP 1%	43
VISCO-3 INJ 25/2.5ML.....	248	<i>volnea tab</i>	153
VISIONBLUE INJ 0.06%	257	VOL-PLUS TAB	246
VISTOGARD PAK 10GM.....	83	VOL-TAB RX TAB.....	246
VISUDYNE INJ 15MG.....	255	VONJO CAP 100MG.....	116
VITAFOL CAP ULTRA.....	246	VONVENDI INJ 1300UNIT	206
VITAFOL CHW GUMMIES	246	VONVENDI INJ 650UNIT	206
VITAFOL FE+ CAP	246	VOQUEZNA PAK DUAL PAK	283
VITAFOL-NANO TAB	246	VOQUEZNA PAK TRIP PK.....	283
VITAFOL-OB PAK +DHA	246	VOQUEZNA TAB 10MG	283
VITAFOL-OB TAB 65-1MG	246	VOQUEZNA TAB 20MG	283
VITAFOL-ONE CAP	246	VORANIGO TAB 10MG.....	116
		VORANIGO TAB 40MG.....	116
		VORAXAZE INJ 1000UNIT	118

<i>voriconazole for inj 200 mg</i>	86	VYVANSE CHW 50MG.....	15
<i>voriconazole for susp 40 mg/ml</i>	86	VYVANSE CHW 60MG.....	15
VORICONAZOLE INJ 200MG	86	VYVGART INJ 400/20ML.....	237
<i>voriconazole tab 200 mg</i>	86	VYXEOS INJ 44-100MG.....	111
<i>voriconazole tab 50 mg</i>	86	VYZULTA SOL 0.024%	259
VOSEVI TAB	134	W	
VOTRIENT TAB 200MG.....	116	WAINUA INJ 45/0.8ML	272
VOWST CAP.....	198	WAKIX TAB 17.8MG	17
VOXZOGO INJ 0.4MG.....	191	WAKIX TAB 4.45MG.....	17
VOXZOGO INJ 0.56MG	191	<i>warfarin sodium tab 1 mg</i>	58
VOXZOGO INJ 1.2MG.....	191	<i>warfarin sodium tab 10 mg</i>	58
VOYDEYA TAB 100MG	206	<i>warfarin sodium tab 2 mg</i>	58
VOYDEYA TAB 50-100MG	206	<i>warfarin sodium tab 2.5 mg</i>	58
VP-HEME OB MIS + DHA	246	<i>warfarin sodium tab 3 mg</i>	58
VP-PNV-DHA CAP	246	<i>warfarin sodium tab 4 mg</i>	58
VRAYLAR CAP 1.5MG	123	<i>warfarin sodium tab 5 mg</i>	58
VRAYLAR CAP 3MG.....	123	<i>warfarin sodium tab 6 mg</i>	58
VRAYLAR CAP 4.5MG	123	<i>warfarin sodium tab 7.5 mg</i>	58
VRAYLAR CAP 6MG.....	123	<i>water for irrigation, sterile irrigation soln</i>	239
VTAMA CRE 1%	167	WAVESENSE TES PRESTO.....	181
<i>vtol lq sol</i>	31	WELCHOL PAK 3.75GM	89
VUMERITY CAP 231MG	268	WELCHOL TAB 625MG	89
VUSION OIN	164	WELLBUTRIN TAB 100MG SR.....	69
VYEPTI INJ 100MG/ML	230	WELLBUTRIN TAB 150MG SR.....	69
<i>vyfemla tab 0.4-35</i>	153	WELLBUTRIN TAB 200MG SR.....	69
<i>vylibra tab 0.25-35</i>	153	WELLBUTRIN TAB XL 150MG.....	69
VYNDAMAX CAP 61MG.....	146	WELLBUTRIN TAB XL 300MG	69
VYNDAQEL CAP 20MG	146	<i>vera tab 0.5/35</i>	153
VYONDYS 53 INJ 100/2ML.....	250	<i>wes-phos 250 tab neutral</i>	234
VYTORIN TAB 10-10MG.....	88	WESTHROID TAB 130MG	279
VYTORIN TAB 10-20MG.....	88	WESTHROID TAB 195MG	279
VYTORIN TAB 10-40MG.....	88	WESTHROID TAB 32.5MG.....	279
VYTORIN TAB 10-80MG.....	88	WESTHROID TAB 65MG.....	279
VYVANSE CAP 10MG.....	15	WESTHROID TAB 97.5MG	279
VYVANSE CAP 20MG	15	WHEAT GERM OIL.....	289
VYVANSE CAP 30MG	15	WIDE-SEAL DPR KIT 60.....	221
VYVANSE CAP 40MG.....	15	WIDE-SEAL DPR KIT 65.....	221
VYVANSE CAP 50MG.....	15	WIDE-SEAL DPR KIT 70.....	221
VYVANSE CAP 60MG.....	15	WIDE-SEAL DPR KIT 75.....	221
VYVANSE CAP 70MG	15	WIDE-SEAL DPR KIT 80.....	221
VYVANSE CHW 10MG	15	WIDE-SEAL DPR KIT 85.....	221
VYVANSE CHW 20MG.....	15	WIDE-SEAL DPR KIT 90.....	221
VYVANSE CHW 30MG.....	15	WIDE-SEAL DPR KIT 95.....	221
VYVANSE CHW 40MG	15	WILATE INJ	206

WILZIN CAP 25MG.....	236	XARELTO TAB 20MG.....	58
WINLEVI CRE 1%.....	163	XATMEP SOL 2.5MG/ML.....	105
WINREVAIR INJ 45MG.....	145	XCOPRI PAK 100-150.....	67
WINREVAIR INJ 60MG.....	145	XCOPRI PAK 12.5-25.....	67
WINRHO SDF INJ 15000UNT.....	261	XCOPRI PAK 150-200.....	67
WINRHO SDF INJ 1500UNIT.....	261	XCOPRI PAK 50-100MG.....	67
WINRHO SDF INJ 2500UNIT.....	261	XCOPRI TAB 100MG.....	67
WINRHO SDF INJ 5000UNIT.....	261	XCOPRI TAB 150MG.....	67
<i>wixela inhub aer 100/50</i>	57	XCOPRI TAB 200MG.....	67
<i>wixela inhub aer 250/50</i>	57	XCOPRI TAB 25MG.....	67
<i>wixela inhub aer 500/50</i>	57	XCOPRI TAB 50MG.....	67
WP THYROID TAB 113.75MG.....	279	XDEMVY DRO 0.25%.....	255
WP THYROID TAB 130MG.....	279	XELJANZ SOL 1MG/ML.....	25
WP THYROID TAB 16.25MG.....	279	XELJANZ TAB 10MG.....	25
WP THYROID TAB 32.5MG.....	279	XELJANZ TAB 5MG.....	25
WP THYROID TAB 48.75MG.....	279	XELJANZ XR TAB 11MG.....	25
WP THYROID TAB 65MG.....	279	XELJANZ XR TAB 22MG.....	25
WP THYROID TAB 81.25MG.....	279	XELODA TAB 150MG.....	105
WP THYROID TAB 97.5MG.....	279	XELODA TAB 500MG.....	105
<i>wymzya fe chw 0.4mg-35</i>	153	XELSTRYM PAD 13.5/9HR.....	15
X		XELSTRYM PAD 18MG/9HR.....	15
XACDURO INJ 1-1GM.....	45	XELSTRYM PAD 9MG/9HR.....	15
XACIATO GEL 2%.....	287	XENAZINE TAB 12.5MG.....	267
XADAGO TAB 100MG.....	122	XENAZINE TAB 25MG.....	267
XADAGO TAB 50MG.....	122	XENICAL CAP 120MG.....	16
XALATAN SOL 0.005%.....	259	XENPOZYME INJ 4MG.....	190
XALKORI CAP 150MG.....	116	XENPOZYME SOL 20MG.....	190
XALKORI CAP 200MG.....	116	XEOMIN INJ 100UNIT.....	250
XALKORI CAP 20MG.....	116	XEOMIN INJ 200UNIT.....	250
XALKORI CAP 250MG.....	116	XEOMIN INJ 50 UNIT.....	250
XALKORI CAP 50MG.....	116	XERAC-AC SOL 6.25%.....	174
XANAX TAB 0.25MG.....	51	XERALUX CRE.....	174
XANAX TAB 0.5MG.....	51	XERAVA INJ 100MG.....	273
XANAX TAB 1MG.....	51	XERAVA INJ 50MG.....	273
XANAX TAB 2MG.....	51	XERESE CRE 5-1%.....	167
XANAX XR TAB 0.5MG.....	51	XERMELO TAB 250MG.....	199
XANAX XR TAB 1MG.....	51	XEROFORM OCL PAD 1X8.....	177
XANAX XR TAB 2MG.....	51	XEROFORM OIL MIS 1.....	177
XANAX XR TAB 3MG.....	51	XEROFORM OIL MIS ROLL 4X9.....	177
XARELTO STAR TAB 15/20MG.....	58	XEROFORM OIL PAD 2.....	177
XARELTO SUS 1MG/ML.....	58	XEROFORM PET PAD 4X4 DRES.....	177
XARELTO TAB 10MG.....	58	XEROFORM PET PAD 5X9 DRES.....	177
XARELTO TAB 15MG.....	58	XEROFRM GAUZ MIS 1.....	177
XARELTO TAB 2.5MG.....	58	XEROFRM GAUZ MIS 5.....	177

XEROFRM GAUZ PAD 5.....	177	XTAMPZA ER CAP 9MG	39
XEROFRM PETR PAD 2.....	177	XTANDI CAP 40MG.....	109
XEROFRM PETR PAD 4.....	177	XTANDI TAB 40MG	109
XEROFRM ROLL MIS 4	177	XTANDI TAB 80MG	109
XGEVA INJ.....	185	<i>xulane dis 150-35</i>	154
XHANCE MIS 93MCG	249	XULTOPHY INJ 100/3.6.....	76
XIAFLEX INJ 0.9MG	236	XURIDEN POW 2GM	190
XIFAXAN TAB 200MG	44	XYLO/EPI 1%- INJ 1:100000	216
XIFAXAN TAB 550MG	44	XYLO/EPI INJ 0.5%.....	216
XIGDUO XR TAB 10-1000	76	XYLO/EPI INJ 2%	216
XIGDUO XR TAB 10-500MG	76	XYLOCAINE INJ 0.5%.....	218
XIGDUO XR TAB 2.5-1000.....	76	XYLOCAINE INJ 1%	218
XIGDUO XR TAB 5-1000MG	76	XYLOCAINE INJ 2%	218
XIGDUO XR TAB 5-500MG	76	XYLOCAINE INJ MPF 0.5%.....	218
XIIDRA DRO 5%.....	255	XYLOCAINE INJ -MPF 1%	218
XIMINO CAP 135MG ER.....	275	XYLOCAINE INJ MPF 1.5%.....	218
XIMINO CAP 45MG ER	275	XYLOCAINE INJ -MPF 2%.....	218
XIMINO CAP 90MG ER	275	XYLO-MPF/EPI INJ 1%	216
XIPERE SUS 40MG/ML.....	257	XYLO-MPF/EPI INJ 1.5%	216
XOFIGO INJ 1100KBQ	116	XYLO-MPF/EPI INJ 2%.....	216
XOFLUZA TAB 20MG.....	135	XYNTHA INJ 1000UNIT	206
XOFLUZA TAB 40MG.....	135	XYNTHA INJ 2000UNIT	206
XOLAIR INJ 150MG/ML.....	53	XYNTHA INJ 250UNIT	206
XOLAIR INJ 300/2ML	53	XYNTHA INJ 500UNIT	206
XOLAIR INJ 75/0.5.....	53	XYNTHA SOLOF INJ 1000UNIT	206
XOLAIR SOL 150MG.....	53	XYNTHA SOLOF INJ 2000UNIT	206
XOLEGEL GEL 2%	165	XYNTHA SOLOF INJ 3000UNIT	206
XOPENEX CONC NEB 1.25/0.5	57	XYNTHA SOLOF INJ 500UNIT.....	206
XOPENEX HFA AER.....	57	XYNTHA SOLOF KIT 250UNIT	206
XOPENEX NEB 0.31MG.....	57	XYOSTED INJ 100/0.5	43
XOPENEX NEB 0.63MG.....	57	XYOSTED INJ 50/0.5.....	43
XOPENEX NEB 1.25/3ML.....	57	XYOSTED INJ 75/0.5	43
XOSPATA TAB 40MG	116	XYREM SOL 500MG/ML	265
XPHOZAH TAB 20MG.....	190	XYWAV SOL 0.5GM/ML	265
XPHOZAH TAB 30MG.....	190	Y	
XPOVIO PAK 40MG	110	<i>yargesa cap 100mg</i>	208
XPOVIO PAK 50MG	110	YASMIN 28 TAB 3-0.03MG.....	153
XPOVIO PAK 60MG	110	YAZ TAB 3-0.02MG.....	153
XPOVIO PAK 80MG	110	YERVOY INJ 200MG	107
XPRESS TES BLD GLUC.....	181	YERVOY INJ 50MG.....	107
XTAMPZA ER CAP 13.5MG	39	YESCARTA INJ.....	108
XTAMPZA ER CAP 18MG.....	39	YF-VAX INJ.....	286
XTAMPZA ER CAP 27MG	39	<i>yl folic aci tab 400mcg</i>	209
XTAMPZA ER CAP 36MG.....	39	YONDELIS INJ 1MG	103

YONSA TAB 125MG.....	109	ZEMAIRA INJ 5000MG.....	272
YOSPRALA TAB 325-40MG.....	208	ZEMBRACE SYM INJ 3/0.5ML.....	231
YOSPRALA TAB 81-40MG.....	208	ZEMDRI INJ 500MG/10.....	21
YUFLYMA 1PEN KIT 80/0.8ML.....	24	ZEMPLAR CAP 1MCG.....	190
YUPELRI SOL.....	53	ZEMPLAR CAP 2MCG.....	190
YUSIMRY INJ 40/0.8ML.....	24	ZEMPLAR INJ 2MCG/ML.....	190
<i>yuvaferm tab 10mcg</i>	287	ZEMPLAR INJ 5MCG/ML.....	190
Z		<i>zenatane cap 10mg</i>	163
ZACLIR LOT 8%.....	163	<i>zenatane cap 20mg</i>	163
<i>zafemy dis 150/35</i>	154	<i>zenatane cap 30mg</i>	163
<i>zafirlukast tab 10 mg</i>	54	<i>zenatane cap 40mg</i>	163
<i>zafirlukast tab 20 mg</i>	54	ZENPEP CAP 10000UNT.....	182
<i>zaleplon cap 10 mg</i>	214	ZENPEP CAP 15000UNT.....	182
<i>zaleplon cap 5 mg</i>	214	ZENPEP CAP 20000UNT.....	182
ZALTRAP INJ 100/4ML.....	105	ZENPEP CAP 25000UNT.....	182
ZALTRAP INJ 200/8ML.....	105	ZENPEP CAP 3000UNIT.....	182
ZANAFLEX CAP 2MG.....	247	ZENPEP CAP 40000UNT.....	182
ZANAFLEX CAP 4MG.....	247	ZENPEP CAP 5000UNIT.....	182
ZANAFLEX CAP 6MG.....	247	ZENPEP CAP 60000UNT.....	182
ZANAFLEX TAB 4MG.....	247	<i>zenzedi tab 10mg</i>	15
ZANOSAR INJ 1GM.....	103	<i>zenzedi tab 15mg</i>	15
ZARONTIN CAP 250MG.....	68	<i>zenzedi tab 2.5mg</i>	15
ZARONTIN SOL 250/5ML.....	68	<i>zenzedi tab 20mg</i>	15
ZARXIO INJ 300/0.5.....	211	<i>zenzedi tab 30mg</i>	15
ZARXIO INJ 480/0.8.....	211	<i>zenzedi tab 5mg</i>	15
ZATEAN-PN CAP DHA.....	246	<i>zenzedi tab 7.5mg</i>	15
ZATEAN-PN CAP PLUS.....	246	ZEPATIER TAB 50-100MG.....	134
ZAVESCA CAP 100MG.....	208	ZEPOSIA 7DAY CAP STR PACK.....	268
<i>zebutal cap</i>	31	ZEPOSIA CAP 0.92MG.....	268
ZEGALOGUE INJ 0.6/0.6.....	77	ZEPOSIA CAP STR KIT.....	268
ZEGERID CAP 20-1100.....	283	ZERBAXA INJ 1.5GM.....	146
ZEGERID CAP 40-1100.....	283	<i>zeruvia pad 4-1%</i>	173
ZEGERID POW 20-1680.....	283	ZERVIAE DRO 0.24%.....	258
ZEGERID POW 40-1680.....	283	ZESTORETIC TAB 10-12.5.....	99
ZEJULA CAP 100MG.....	116	ZESTORETIC TAB 20-12.5.....	99
ZEJULA TAB 100MG.....	116	ZESTORETIC TAB 20-25MG.....	99
ZEJULA TAB 200MG.....	116	ZESTRIL TAB 10MG.....	93
ZEJULA TAB 300MG.....	116	ZESTRIL TAB 2.5MG.....	93
ZELAC CAP.....	81	ZESTRIL TAB 20MG.....	93
ZELAPAR TAB 1.25MG.....	122	ZESTRIL TAB 30MG.....	93
ZELBORAF TAB 240MG.....	116	ZESTRIL TAB 40MG.....	93
ZELNORM TAB 6MG.....	198	ZESTRIL TAB 5MG.....	93
ZEMAIRA INJ 1000MG.....	272	ZETIA TAB 10MG.....	91
ZEMAIRA INJ 4000MG.....	272	ZETONNA AER 37MCG.....	249

ZEVALIN KIT Y-90	107	ZOCOR TAB 40MG	91
ZIAC TAB 10/6.25	99	ZOHYDRO ER CAP 10MG	39
ZIAC TAB 2.5/6.25	99	ZOHYDRO ER CAP 15MG.....	39
ZIAC TAB 5-6.25MG.....	99	ZOHYDRO ER CAP 20MG.....	39
ZIAGEN SOL 20MG/ML	132	ZOHYDRO ER CAP 30MG.....	39
ZIANA GEL	163	ZOHYDRO ER CAP 40MG.....	39
<i>zidovudine cap 100 mg</i>	132	ZOHYDRO ER CAP 50MG.....	39
<i>zidovudine syrup 10 mg/ml</i>	132	ZOKINVY CAP 50MG	240
<i>zidovudine tab 300 mg</i>	132	ZOKINVY CAP 75MG.....	240
ZILBRYSQ INJ 16.6MG.....	207	ZOLADEX IMP 10.8MG.....	109
ZILBRYSQ INJ 23MG.....	207	ZOLADEX IMP 3.6MG	109
ZILBRYSQ INJ 32.4MG	207	<i>zoledronic acid inj conc for iv infusion 4</i>	
<i>zileuton tab er 12hr 600 mg</i>	54	<i>mg/5ml.....</i>	185
ZILRETTA INJ 32MG	159	<i>zoledronic acid iv soln 5 mg/100ml.....</i>	186
ZIMHI SOL	83	ZOLEDRONIC INJ 4/100ML	186
ZINC CHLORID INJ 1MG/ML	236	ZOLINZA CAP 100MG	116
ZINC SULFATE INJ 1MG/ML	236	<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	
<i>zinc sulfate inj 3 mg/ml</i>	236	.....	231
ZINC SULFATE INJ 3MG/ML	236	<i>zolmitriptan nasal spray 5 mg/spray unit</i>	231
<i>zinc sulfate inj 5 mg/ml</i>	236	<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	
ZINC SULFATE INJ 5MG/ML	236	.....	231
ZINPLAVA SOL 25MG/ML	261	<i>zolmitriptan orally disintegrating tab 5 mg</i>	
ZINTREXYL-C TAB	242	.....	231
ZIOPTAN DRO 0.0015%	259	<i>zolmitriptan tab 2.5 mg</i>	231
<i>ziprasidone hcl cap 20 mg</i>	123	<i>zolmitriptan tab 5 mg</i>	231
<i>ziprasidone hcl cap 40 mg</i>	123	ZOLOFT CON 20MG/ML	71
<i>ziprasidone hcl cap 60 mg</i>	123	ZOLOFT TAB 100MG	71
<i>ziprasidone hcl cap 80 mg</i>	123	ZOLOFT TAB 25MG.....	71
<i>ziprasidone mesylate for inj 20 mg (base</i>		ZOLOFT TAB 50MG.....	71
<i>equivalent)</i>	123	<i>zolpidem tartrate sl tab 1.75 mg</i>	214
ZIPSOR CAP 25MG	29	<i>zolpidem tartrate sl tab 3.5 mg</i>	215
ZIRABEV INJ 100/4ML.....	105	<i>zolpidem tartrate tab 10 mg</i>	215
ZIRABEV INJ 400/16ML	105	<i>zolpidem tartrate tab 5 mg</i>	215
ZIRGAN GEL 0.15%	255	<i>zolpidem tartrate tab er 12.5 mg</i>	215
ZITHROMAX INJ 500MG	218	<i>zolpidem tartrate tab er 6.25 mg</i>	215
ZITHROMAX POW 1GM PAK	218	ZOLPIMIST SPR 5MG.....	215
ZITHROMAX SUS 100/5ML.....	218	ZOMACTON INJ 10MG	188
ZITHROMAX SUS 200/5ML.....	218	ZOMACTON INJ 5MG	187
ZITHROMAX TAB 250MG	218	ZOMIG SPR 2.5MG	231
ZITHROMAX TAB 500MG	218	ZOMIG SPR 5MG	231
ZITHROMAX TAB TRI-PAK	218	<i>zomig tab 2.5mg</i>	231
ZITHROMAX TAB Z-PAK	218	ZOMIG TAB 2.5MG	231
ZOCOR TAB 10MG.....	91	<i>zomig tab 5mg</i>	231
ZOCOR TAB 20MG.....	91	ZOMIG TAB 5MG	231

ZONALON CRE 5%.....	165	ZYCLARA CRE 3.75%.....	172
ZONEGRAN CAP 100MG.....	66	ZYCLARA PUMP CRE 2.5%.....	172
ZONEGRAN CAP 25MG.....	66	ZYCLARA PUMP CRE 3.75%.....	172
<i>zonisamide cap 100 mg</i>	66	ZYDELIG TAB 100MG.....	116
<i>zonisamide cap 25 mg</i>	66	ZYDELIG TAB 150MG.....	116
<i>zonisamide cap 50 mg</i>	66	ZYFLO TAB 600MG.....	54
ZONTIVITY TAB 2.08MG.....	208	ZYKADIA TAB 150MG.....	116
ZORTRESS TAB 0.25MG.....	239	ZYLET SUS 0.5-0.3%.....	257
ZORTRESS TAB 0.5MG.....	239	ZYMFENTRA INJ 120MG/ML.....	198
ZORTRESS TAB 0.75MG.....	239	ZYNLONTA SOL 10MG.....	107
ZORTRESS TAB 1MG.....	239	ZYNRELEF INJ 200-6MG.....	29
ZORVOLEX CAP 18MG.....	29	ZYNRELEF INJ 400-12MG.....	29
ZORVOLEX CAP 35MG.....	29	ZYPITAMAG TAB 1MG.....	91
ZORYVE CRE 0.15%.....	174	ZYPITAMAG TAB 2MG.....	91
ZORYVE CRE 0.3%.....	167	ZYPITAMAG TAB 4MG.....	91
ZORYVE MIS 0.3%.....	167	ZYPREXA INJ 10MG.....	127
ZOSYN SOL 2-0.25GM.....	263	ZYPREXA RELP INJ 210MG.....	127
ZOSYN SOL 3-0.375G.....	264	ZYPREXA RELP INJ 300MG.....	127
ZOSYN SOL 4-0.50GM.....	264	ZYPREXA RELP INJ 405MG.....	127
<i>zovia 1/35 tab</i>	153	ZYPREXA TAB 10MG.....	127
ZOVIRAX CRE 5%.....	167	ZYPREXA TAB 15MG.....	127
ZOVIRAX OIN 5%.....	167	ZYPREXA TAB 2.5MG.....	127
ZOVIRAX SUS 200/5ML.....	134	ZYPREXA TAB 20MG.....	127
ZTLIDO PAD 1.8%.....	173	ZYPREXA TAB 5MG.....	127
ZUBSOLV SUB 0.7-0.18.....	41	ZYPREXA TAB 7.5MG.....	127
ZUBSOLV SUB 1.4-0.36.....	42	ZYPREXA ZYDI TAB 10MG.....	127
ZUBSOLV SUB 11.4-2.9.....	42	ZYPREXA ZYDI TAB 15MG.....	127
ZUBSOLV SUB 2.9-0.71.....	42	ZYPREXA ZYDI TAB 20MG.....	127
ZUBSOLV SUB 5.7-1.4.....	42	ZYPREXA ZYDI TAB 5MG.....	127
ZUBSOLV SUB 8.6-2.1.....	42	ZYTIGA TAB 250MG.....	109
<i>zumandimine tab 3-0.03mg</i>	153	ZYTIGA TAB 500MG.....	109
ZURZUVAE CAP 20MG.....	69	ZYVOX SOL 2MG/ML.....	48
ZURZUVAE CAP 25MG.....	69	ZYVOX SUS 100MG/5M.....	48
ZURZUVAE CAP 30MG.....	69	ZYVOX TAB 600MG.....	48