

Kaiser Permanente

2027 Medicare Part D Group Plan (PDP) Comprehensive Formulary

(List of Covered Drugs) or Drug List

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

This formulary was updated on 10/01/2026. For more recent information or other questions, please contact the number for your Kaiser Permanente Region listed below or visit kp.org/seniorrx.

Kaiser Permanente Regions	Member Services 8 a.m. to 8 p.m., 7 days a week (TTY 711)
California	1-800-443-0815
Colorado	1-800-476-2167
Georgia	1-800-232-4404
Hawaii	1-800-805-2739
Mid-Atlantic States	1-888-777-5536
Northwest	1-877-221-8221



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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Kaiser Permanente. When it refers to “plan” or “our plan,” it means Kaiser Permanente Medicare Part D Group Plan (PDP).

This document includes a Drug List (formulary) for our plan which is current as of 10/01/2026. For an updated Drug List (formulary), please visit our website at kp.org/seniorrx or call us. Contact information for your Kaiser Permanente Region, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the Kaiser Permanente Medicare Part D Group Plan (PDP) formulary?

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

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

Can the formulary (drug list) change?

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

Changes that can affect you this year:

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

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

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

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

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

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

Drugs removed from the market

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

Other changes

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

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

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

Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2026. To get updated information about the drugs covered by our plan, please call us. Contact information for your Kaiser Permanente Region appears on the front and back cover pages.

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

How do I use the formulary?

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

Medical condition

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

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

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 91. The Index provides an alphabetical list of all of the drugs included in this document. Preferred generic and generic drugs, preferred brand-name and nonpreferred drugs, specialty-tier drugs, and vaccines are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

What are brand-name drugs?

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

and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices. Cost sharing for preferred brand-name drugs may be different than for nonpreferred drugs. Please see your Kaiser Permanente Medicare Part D Group Plan (PDP) **Evidence of Coverage** for more information.

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

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

- For discussion of drug types, please see the Kaiser Permanente Medicare Part D Group Plan (PDP) **Evidence of Coverage**, Chapter 3, Section 3.1 “The Drug List tells which Part D drugs are covered.”

What are specialty-tier drugs?

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

What are Part D vaccines?

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

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

What if my drug is not on the formulary?

If your drug is not included in this document, you should first check [kp.org/seniorrx](https://www.kp.org/seniorrx) for the latest **Kaiser Permanente 2027 Medicare Part D Group Plan (PDP) Comprehensive formulary** (updates to the formulary are posted monthly) or call our plan at the number listed on the front and back cover pages for your Kaiser Permanente Region and confirm if your drug is covered.

If your Medicare Part D prescription drug is not on our **Kaiser Permanente 2027 Medicare Part D Group Plan (PDP) Comprehensive Formulary**, you have two options:

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

How do I request an exception to the Kaiser Permanente formulary?

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

You can ask us to cover a drug even if it is not on our **Kaiser Permanente 2027 Kaiser Permanente Medicare Part D Group Plan (PDP) Comprehensive formulary**. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

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

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

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

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

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

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

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

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

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

For current members with level of care changes, if you enter into or are discharged from a hospital, skilled nursing facility, or long-term care facility to a different care setting or home, this is what is known as a level of care change. When your level of care changes, you may require an additional fill of your

medication. We will generally cover up to a one-month supply of your Part D drugs during this level of care transition period even if the drug is not on our Drug List.

For more information

For more detailed information about your Kaiser Permanente prescription drug coverage, please review your Kaiser Permanente Medicare Part D Group Plan (PDP) **Evidence of Coverage** and other plan materials.

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

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

Kaiser Permanente's formulary

The formulary below that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index that begins on page 91.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., TOBREX) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*). The second column, "Drug Tier," will indicate what tier number the drug is in:

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

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

Tier 3 – Preferred brand-name drugs (this tier includes some generic drugs)

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

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

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

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

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

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

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

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

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

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

PA = Prior authorization medications may be covered under Medicare Part D (prescription drugs) or Medicare Part B (doctor and outpatient health care) depending on how it is used. If you don't get prior approval, the plan may not cover the drug. Prior authorization may also apply to drugs for which treatment for the medical condition will determine if the drug is non-Part D (excluded) or covered.

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

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

DOSAGE FORM	DOSAGE FORM DESCRIPTION
PTCH	Patch
PT24	Patch 24 HR
PT72	Patch 72 HR
PTTW	Patch Twice Weekly
PTWK	Patch Weekly
PLLT	Pellet
PEN	Pen-injector
PNKT	Pen-injector Kit
POWD	Powder
PDEF	Powder Effervescent
PRSY	Prefilled Syringe
PSKT	Prefilled Syringe Kit
PUDG	Pudding
SHAM	Shampoo
SHEE	Sheet
SOLN	Solution
SOAJ	Solution Auto-injector
SOCT	Solution Cartridge
SOTJ	Solution Jet-injector
SOPN	Solution Pen-injector
SOSY	Solution Prefilled Syringe
SOLR	Solution Reconstituted
SOPK	Solution Therapy Pack
SPRT	Spirit
STCK	Stick
STRP	Strip
SUPP	Suppository
SUSP	Suspension
SUAJ	Suspension Autoinjector
SUCT	Suspension Cartridge
SUER	Suspension Extended Release
SUTJ	Suspension Jetinjector
SUPN	Suspension Peninjector
SUSY	Suspension Prefilled Syringe
SUSR	Suspension Reconstituted
SRER	Suspension Reconstituted ER

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS					
ANTHELMINTICS					
<i>albendazole tabs 200 mg</i>	2		<i>amoxicillin-pot clavulanate tabs 250-125 mg</i>	2	
<i>ivermectin tabs 3 mg</i>	2		<i>amoxicillin-pot clavulanate tabs 500-125 mg</i>	2	
<i>praziquantel tabs 600 mg</i>	2	MO	<i>amoxicillin-pot clavulanate tabs 875-125 mg</i>	2	
ANTIBACTERIALS			<i>ampicillin caps 500 mg</i>	2	
<i>amikacin sulfate soln 1 gm/4ml</i>	2		<i>ampicillin sodium solr 1 gm</i>	2	
<i>amikacin sulfate soln 500 mg/2ml</i>	2		<i>ampicillin sodium solr 10 gm</i>	2	
<i>amoxicillin caps 250 mg</i>	2		<i>ampicillin sodium injection solr 2 gm</i>	2	
<i>amoxicillin caps 500 mg</i>	2		AMPICILLIN SODIUM INTRAVENOUS SOLR 2 GM	2	
AMOXICILLIN CHEW 125 MG	2		<i>ampicillin sodium solr 250 mg</i>	2	
AMOXICILLIN CHEW 250 MG	2		<i>ampicillin sodium solr 500 mg</i>	2	
<i>amoxicillin susr 125 mg/5ml</i>	2		<i>ampicillin-sulbactam sodium injection solr 1.5 (1-0.5) gm</i>	2	
<i>amoxicillin susr 200 mg/5ml</i>	2		<i>ampicillin-sulbactam sodium injection solr 3 (2-1) gm</i>	2	
<i>amoxicillin susr 250 mg/5ml</i>	2		AMPICILLIN-SULBACTAM SODIUM INTRAVENOUS SOLR 1.5 (1-0.5) GM	2	
<i>amoxicillin susr 400 mg/5ml</i>	2		AMPICILLIN-SULBACTAM SODIUM INTRAVENOUS SOLR 3 (2-1) GM	2	
<i>amoxicillin tabs 500 mg</i>	2		ARIKAYCE SUSP 590 MG/8.4ML	5	PA, LD, NDS
<i>amoxicillin tabs 875 mg</i>	2		AUGMENTIN SUSR 125-31.25 MG/5ML	3	
<i>amoxicillin-pot clavulanate susr 200-28.5 mg/5ml</i>	2		<i>azithromycin solr 500 mg</i>	2	
<i>amoxicillin-pot clavulanate susr 250-62.5 mg/5ml</i>	2				
<i>amoxicillin-pot clavulanate susr 400-57 mg/5ml</i>	2				
<i>amoxicillin-pot clavulanate susr 600-42.9 mg/5ml</i>	2				

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin susr 100 mg/5ml</i>	2	MO	<i>cefixime susr 200 mg/5ml</i>	2	
<i>azithromycin susr 200 mg/5ml</i>	2	MO	CEFOTAXIME SODIUM SOLR 1 GM	2	
<i>azithromycin tabs 250 mg</i>	2	MO	CEFOTETAN DISODIUM SOLR 1 GM	2	
<i>azithromycin tabs 500 mg</i>	2	MO	<i>cefotetan disodium solr 2 gm</i>	2	
<i>azithromycin tabs 600 mg</i>	2	MO	<i>cefoxitin sodium solr 1 gm</i>	2	
<i>aztreonam solr 1 gm</i>	2		<i>cefoxitin sodium solr 10 gm</i>	2	
BICILLIN C-R 900/300 SUSP 900000-300000 UNIT/2ML	4		<i>cefoxitin sodium solr 2 gm</i>	2	
BICILLIN C-R SUSP 1200000 UNIT/2ML	4		CEFPODOXIME PROXETIL SUSR 100 MG/5ML	2	
BICILLIN L-A SUSY 1200000 UNIT/2ML	4		CEFPODOXIME PROXETIL SUSR 50 MG/5ML	2	
BICILLIN L-A SUSY 2400000 UNIT/4ML	4		<i>cefpodoxime proxetil tabs 100 mg</i>	2	
BICILLIN L-A SUSY 600000 UNIT/ML	4		<i>cefpodoxime proxetil tabs 200 mg</i>	2	
CEFACLOR CAPS 250 MG	2		<i>ceftaroline fosamil solr 400 mg</i>	5	
CEFACLOR CAPS 500 MG	2		<i>ceftazidime solr 1 gm</i>	2	
CEFACLOR SUSR 250 MG/5ML	4	MO	CEFTAZIDIME SOLR 6 GM	2	
<i>cefadroxil caps 500 mg</i>	2		<i>ceftriaxone sodium solr 1 gm</i>	2	
<i>cefazolin sodium solr 1 gm</i>	2		<i>ceftriaxone sodium solr 10 gm</i>	2	
<i>cefazolin sodium solr 10 gm</i>	2		<i>ceftriaxone sodium solr 2 gm</i>	2	
<i>cefazolin sodium solr 500 mg</i>	2		<i>ceftriaxone sodium solr 250 mg</i>	2	
<i>cefdinir caps 300 mg</i>	2		<i>ceftriaxone sodium solr 500 mg</i>	2	
<i>cefdinir susr 125 mg/5ml</i>	2		<i>cefuroxime axetil tabs 250 mg</i>	2	
<i>cefdinir susr 250 mg/5ml</i>	2		<i>cefuroxime axetil tabs 500 mg</i>	2	
<i>cefepime hcl solr 1 gm</i>	2		<i>cefuroxime sodium solr 1.5 gm</i>	2	
<i>cefepime hcl solr 2 gm</i>	2		<i>cefuroxime sodium solr 750 mg</i>	2	
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML)	2				
<i>cefixime caps 400 mg</i>	2				
CEFIXIME SUSR 100 MG/5ML	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin caps 250 mg</i>	2		<i>clindamycin phosphate soln 600 mg/4ml</i>	2	
<i>cephalexin caps 500 mg</i>	2		<i>clindamycin phosphate soln 900 mg/6ml</i>	2	
<i>cephalexin susr 125 mg/5ml</i>	2		<i>colistimethate sodium (cba) solr 150 mg</i>	4	
<i>cephalexin susr 250 mg/5ml</i>	2		<i>daptomycin solr 350 mg</i>	4	
<i>cephalexin tabs 500 mg</i>	2		<i>daptomycin solr 500 mg</i>	4	
CHLORAMPHENICOL SOD SUCCINATE SOLR 1 GM	2		<i>demeclocycline hcl tabs 150 mg</i>	2	
<i>ciprofloxacin hcl tabs 250 mg</i>	2		<i>demeclocycline hcl tabs 300 mg</i>	2	
<i>ciprofloxacin hcl tabs 500 mg</i>	2		<i>dicloxacillin sodium caps 250 mg</i>	2	
<i>ciprofloxacin hcl tabs 750 mg</i>	2		<i>dicloxacillin sodium caps 500 mg</i>	2	
CIPROFLOXACIN IN D5W SOLN 200 MG/100ML	2		DIFICID SUSR 40 MG/ML	5	NDS
CIPROFLOXACIN IN D5W SOLN 400 MG/200ML	2		<i>doxy 100 solr 100 mg</i>	2	
CLARITHROMYCIN SUSR 125 MG/5ML	2		<i>doxycycline hyclate caps 100 mg</i>	2	MO
CLARITHROMYCIN SUSR 250 MG/5ML	2		<i>doxycycline hyclate caps 50 mg</i>	2	MO
<i>clarithromycin tabs 250 mg</i>	2		<i>doxycycline hyclate solr 100 mg</i>	2	
<i>clarithromycin tabs 500 mg</i>	2		<i>doxycycline hyclate tabs 100 mg</i>	2	MO
<i>clindamycin hcl caps 150 mg</i>	2		<i>doxycycline hyclate tabs 20 mg</i>	2	MO
<i>clindamycin hcl caps 300 mg</i>	2		<i>doxycycline monohydrate caps 50 mg</i>	2	MO
<i>clindamycin hcl caps 75 mg</i>	2		<i>doxycycline monohydrate susr 25 mg/5ml</i>	2	MO
<i>clindamycin palmitate hcl solr 75 mg/5ml</i>	2		<i>doxycycline monohydrate tabs 100 mg</i>	2	MO
<i>clindamycin phosphate in d5w soln 300 mg/50ml</i>	2		<i>doxycycline monohydrate tabs 50 mg</i>	2	MO
<i>clindamycin phosphate in d5w soln 600 mg/50ml</i>	2		E.E.S. 400 TABS 400 MG	2	
<i>clindamycin phosphate in d5w soln 900 mg/50ml</i>	2		<i>ertapenem sodium solr 1 gm</i>	2	
<i>clindamycin phosphate soln 300 mg/2ml</i>	2		ERYTHROMYCIN BASE CPEP 250 MG	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base tabs 250 mg</i>	2		<i>levofloxacin tabs 750 mg</i>	2	
<i>erythromycin base tabs 500 mg</i>	2		<i>linezolid soln 600 mg/300ml</i>	2	
<i>erythromycin ethylsuccinate susr 200 mg/5ml</i>	4		<i>linezolid susr 100 mg/5ml</i>	2	
<i>erythromycin tbec 250 mg</i>	2		<i>linezolid tabs 600 mg</i>	2	NDS
FETROJA SOLR 1 GM	5	NDS	<i>meropenem solr 1 gm</i>	2	
<i>fidaxomicin tabs 200 mg</i>	5	NDS	<i>meropenem solr 500 mg</i>	2	
GENTAMICIN IN SALINE SOLN 0.8-0.9 MG/ML-%	2		<i>minocycline hcl caps 100 mg</i>	2	MO
GENTAMICIN IN SALINE SOLN 1-0.9 MG/ML-%	2		<i>minocycline hcl caps 50 mg</i>	2	MO
GENTAMICIN IN SALINE SOLN 1.2-0.9 MG/ML-%	2		<i>minocycline hcl caps 75 mg</i>	2	MO
GENTAMICIN IN SALINE SOLN 1.6-0.9 MG/ML-%	2		<i>minocycline hcl tabs 100 mg</i>	2	MO
GENTAMICIN IN SALINE SOLN 2-0.9 MG/ML-%	2		MOXIFLOXACIN HCL IN NACL SOLN 400 MG/250ML	2	
<i>gentamicin sulfate soln 10 mg/ml</i>	2		<i>moxifloxacin hcl tabs 400 mg</i>	2	
<i>gentamicin sulfate soln 40 mg/ml</i>	2		<i>nafcillin sodium solr 1 gm</i>	2	
IMIPENEM-CILASTATIN SOLR 250 MG	2		<i>nafcillin sodium solr 10 gm</i>	2	
<i>imipenem-cilastatin solr 500 mg</i>	2		<i>nafcillin sodium solr 2 gm</i>	2	
<i>levofloxacin in d5w soln 250 mg/50ml</i>	2		<i>neomycin sulfate tabs 500 mg</i>	2	
<i>levofloxacin in d5w soln 500 mg/100ml</i>	2		NUZYRA TABS 150 MG	5	NDS
<i>levofloxacin in d5w soln 750 mg/150ml</i>	2		OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML	3	
<i>levofloxacin oral soln 25 mg/ml</i>	2		<i>penicillin g potassium solr 20000000 unit</i>	2	
LEVOFLOXACIN INTRAVENOUS SOLN 25 MG/ML	2		PENICILLIN G SODIUM SOLR 5000000 UNIT	2	
<i>levofloxacin tabs 250 mg</i>	2		PENICILLIN V POTASSIUM SOLR 125 MG/5ML	2	
<i>levofloxacin tabs 500 mg</i>	2		PENICILLIN V POTASSIUM SOLR 250 MG/5ML	2	
			<i>penicillin v potassium tabs 250 mg</i>	2	
			<i>penicillin v potassium tabs 500 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam solr 2.25 (2-0.25) gm</i>	2		TOBRAMYCIN SULFATE SOLN 10 MG/ML	2	
<i>piperacillin sod-tazobactam solr 3.375 (3-0.375) gm</i>	2		<i>tobramycin sulfate soln 80 mg/2ml</i>	2	
<i>piperacillin sod-tazobactam solr 4.5 (4-0.5) gm</i>	2		<i>vancomycin hcl caps 125 mg</i>	2	
<i>piperacillin sod-tazobactam solr 40.5 (36-4.5) gm</i>	2		<i>vancomycin hcl caps 250 mg</i>	2	
SEYSARA TABS 100 MG	5	NDS	<i>vancomycin hcl solr 1 gm</i>	2	
SIVEXTRO SOLR 200 MG	5	NDS	<i>vancomycin hcl solr 10 gm</i>	2	
SIVEXTRO TABS 200 MG	5	NDS	<i>vancomycin hcl solr 250 mg/5ml</i>	2	
STREPTOMYCIN SULFATE SOLR 1 GM	5		<i>vancomycin hcl solr 5 gm</i>	2	
<i>sulfadiazine tabs 500 mg</i>	2		<i>vancomycin hcl solr 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim soln 400-80 mg/5ml</i>	2		XIFAXAN TABS 200 MG	3	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	MO	XIFAXAN TABS 550 MG	3	MO
<i>sulfamethoxazole-trimethoprim tabs 400-80 mg</i>	2	MO	ANTIFUNGALS		
<i>sulfamethoxazole-trimethoprim tabs 800-160 mg</i>	2	MO	<i>amphotericin b liposome susr 50 mg</i>	5	PA
<i>sulfasalazine tabs 500 mg</i>	2		AMPHOTERICIN B SOLR 50 MG	2	PA
SULFASALAZINE TBEC 500 MG	2		<i>casprofungin acetate solr 50 mg</i>	4	
<i>tazicef solr 1 gm</i>	2		<i>casprofungin acetate solr 70 mg</i>	4	
<i>tazicef solr 2 gm</i>	2		CRESEMBA CAPS 186 MG	5	NDS
TAZICEF SOLR 6 GM	2		CRESEMBA CAPS 74.5 MG	5	NDS
TEFLARO SOLR 600 MG	5		<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	2	
<i>tetracycline hcl caps 250 mg</i>	2	MO	<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	2	
<i>tetracycline hcl caps 500 mg</i>	2	MO	<i>fluconazole susr 10 mg/ml</i>	2	
<i>tigecycline solr 50 mg</i>	4		<i>fluconazole susr 40 mg/ml</i>	2	
			<i>fluconazole tabs 100 mg</i>	2	
			<i>fluconazole tabs 150 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tabs 200 mg</i>	2		<i>ethambutol hcl tabs 400 mg</i>	2	MO
<i>fluconazole tabs 50 mg</i>	2		ISONIAZID SOLN 100 MG/ML	2	
<i>flucytosine caps 250 mg</i>	2		<i>isoniazid syrp 50 mg/5ml</i>	2	MO
<i>flucytosine caps 500 mg</i>	2		<i>isoniazid tabs 100 mg</i>	2	MO
<i>griseofulvin microsize susp 125 mg/5ml</i>	2		<i>isoniazid tabs 300 mg</i>	2	MO
<i>griseofulvin microsize tabs 500 mg</i>	2		PRETOMANID TABS 200 MG	3	
<i>griseofulvin ultramicrosize tabs 125 mg</i>	2		PRIFTIN TABS 150 MG	4	MO
GRISEOFULVIN ULTRAMICROSIZE TABS 165 MG	5	NDS	<i>pyrazinamide tabs 500 mg</i>	2	MO
<i>griseofulvin ultramicrosize tabs 250 mg</i>	2		<i>rifabutin caps 150 mg</i>	2	MO
<i>itraconazole caps 100 mg</i>	2		<i>rifampin caps 150 mg</i>	2	MO
<i>itraconazole soln 10 mg/ml</i>	2	MO	<i>rifampin caps 300 mg</i>	2	MO
<i>ketoconazole tabs 200 mg</i>	2		<i>rifampin solr 600 mg</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2		SIRTURO TABS 100 MG	5	NDS
<i>nystatin tabs 500000 unit</i>	2		SIRTURO TABS 20 MG	5	NDS
<i>posaconazole susp 40 mg/ml</i>	5	NDS	ANTIPROTOZOALS		
<i>posaconazole tbec 100 mg</i>	2	MO	<i>atovaquone susp 750 mg/5ml</i>	2	NDS
<i>terbinafine hcl tabs 250 mg</i>	2		<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	2	
<i>voriconazole solr 200 mg</i>	2	PA	<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	2	
<i>voriconazole susr 40 mg/ml</i>	2		CHLOROQUINE PHOSPHATE TABS 250 MG	2	
<i>voriconazole tabs 200 mg</i>	2		<i>chloroquine phosphate tabs 500 mg</i>	2	
<i>voriconazole tabs 50 mg</i>	2		COARTEM TABS 20-120 MG	3	
ANTIMYCOBACTERIALS			HUMATIN CAPS 250 MG	5	NDS
CYCLOSERINE CAPS 250 MG	5		<i>hydroxychloroquine sulfate tabs 200 mg</i>	2	MO
<i>dapsone tabs 100 mg</i>	2	MO	IMPAVIDO CAPS 50 MG	5	NDS
<i>dapsone tabs 25 mg</i>	2	MO	KRINTAFEL TABS 150 MG	3	
<i>ethambutol hcl tabs 100 mg</i>	2	MO	<i>mefloquine hcl tabs 250 mg</i>	2	
			<i>metronidazole caps 375 mg</i>	2	
			<i>metronidazole soln 500 mg/100ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
metronidazole tabs 250 mg	2		BIKTARVY TABS 50-200-25 MG	5	
metronidazole tabs 500 mg	2		BIXLENVO TABS 75-50 MG	5	MO
nitazoxanide tabs 500 mg	5		CABENUVA SUER 400 & 600 MG/2ML	5	
pentamidine isethionate solr inhalation 300 mg	2	PA	CABENUVA SUER 600 & 900 MG/3ML	5	
pentamidine isethionate solr injection 300 mg	2		cidofovir soln 75 mg/ml	2	
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG	2		CIMDUO TABS 300-300 MG	5	MO
pyrimethamine tabs 25 mg	5		darunavir tabs 600 mg	2	MO
quinine sulfate caps 324 mg	2	NDS	darunavir tabs 800 mg	2	MO
tinidazole tabs 250 mg	2		DELSTRIGO TABS 100-300-300 MG	5	MO
ANTIVIRALS			DESCOVY TABS 120-15 MG	5	MO
abacavir sulfate soln 20 mg/ml	2		DESCOVY TABS 200-25 MG	5	MO
abacavir sulfate tabs 300 mg	2	MO	DOVATO TABS 50-300 MG	5	MO
abacavir sulfate-lamivudine tabs 600-300 mg	2	MO	EDURANT PED TBSO 2.5 MG	5	MO
acyclovir caps 200 mg	2	MO	efavirenz tabs 600 mg	2	MO
acyclovir sodium soln 50 mg/ml	2	PA	efavirenz-emtricitab-tenofo df tabs 600-200-300 mg	2	MO
acyclovir susp 200 mg/5ml	2	MO	EFAVIRENZ-LAMIVUDINE-TENOFOVIR TABS 400-300-300 MG	5	MO
acyclovir tabs 400 mg	2	MO	efavirenz-lamivudine-tenofovir tabs 600-300-300 mg	5	MO
acyclovir tabs 800 mg	2	MO	emtricitab-rilpivir-tenofo df tabs 200-25-300 mg	5	MO
adefovir dipivoxil tabs 10 mg	2	NDS	emtricitabine caps 200 mg	2	MO
APTIVUS CAPS 250 MG	5	MO	emtricitabine-tenofovir df tabs 100-150 mg	2	MO
atazanavir sulfate caps 150 mg	2	MO	emtricitabine-tenofovir df tabs 133-200 mg	2	MO
atazanavir sulfate caps 200 mg	2	MO	emtricitabine-tenofovir df tabs 167-250 mg	2	MO
atazanavir sulfate caps 300 mg	2	MO	emtricitabine-tenofovir df tabs 200-300 mg	2	MO
BARACLUDE SOLN 0.05 MG/ML	3	MO			
BIKTARVY TABS 30-120-15 MG	5				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMTRIVA SOLN 10 MG/ML	3	MO	ISENTRESS TABS 400 MG	5	MO
<i>entecavir tabs 0.5 mg</i>	2	MO	JULUCA TABS 50-25 MG	5	MO
<i>entecavir tabs 1 mg</i>	2	MO	KALETRA SOLN 400-100 MG/5ML	4	MO
EPCLUSA PACK 150-37.5 MG	5	NDS	<i>lamivudine soln 10 mg/ml</i>	2	MO
EPCLUSA PACK 200-50 MG	5	NDS	<i>lamivudine tabs 100 mg</i>	2	MO
EPCLUSA TABS 200-50 MG	5	NDS	<i>lamivudine tabs 150 mg</i>	2	MO
EPCLUSA TABS 400-100 MG	5	NDS	<i>lamivudine tabs 300 mg</i>	2	MO
<i>etravirine tabs 100 mg</i>	2	MO	<i>lamivudine-zidovudine tabs 150-300 mg</i>	2	MO
<i>etravirine tabs 200 mg</i>	2	MO	LEDIPASVIR-SOFOSBUVIR TABS 90-400 MG	5	PA, NDS
EVOTAZ TABS 300-150 MG	5	MO	LIVTENCITY TABS 200 MG	5	NDS
<i>famciclovir tabs 125 mg</i>	2	MO	<i>lopinavir-ritonavir tabs 100-25 mg</i>	2	MO
<i>famciclovir tabs 250 mg</i>	2	MO	<i>lopinavir-ritonavir tabs 200-50 mg</i>	2	MO
<i>famciclovir tabs 500 mg</i>	2	MO	<i>maraviroc tabs 150 mg</i>	2	MO
<i>fosamprenavir calcium tabs 700 mg</i>	2	MO	<i>maraviroc tabs 300 mg</i>	2	MO
<i>ganciclovir sodium solr 500 mg</i>	2		MAVYRET PACK 50-20 MG	5	NDS
GENVOYA TABS 150-150-200-10 MG	5	MO	MAVYRET TABS 100-40 MG	5	NDS
HARVONI PACK 33.75-150 MG	5	PA, NDS	<i>nevirapine er tb24 400 mg</i>	2	MO
HARVONI PACK 45-200 MG	5	PA, NDS	NEVIRAPINE SUSP 50 MG/5ML	2	MO
HARVONI TABS 45-200 MG	5	PA, NDS	<i>nevirapine tabs 200 mg</i>	2	MO
HARVONI TABS 90-400 MG	5	PA, NDS	NORVIR PACK 100 MG	4	MO
IDVYNZO TABS 100-0.25 MG	5	MO	ODEFSEY TABS 200-25-25 MG	5	MO
INTELENCE TABS 25 MG	3	MO	<i>oseltamivir phosphate caps 30 mg</i>	2	MO
ISENTRESS CHEW 100 MG	3	MO	<i>oseltamivir phosphate caps 45 mg</i>	2	MO
ISENTRESS CHEW 25 MG	3	MO	<i>oseltamivir phosphate caps 75 mg</i>	2	MO
ISENTRESS HD TABS 600 MG	5	MO	<i>oseltamivir phosphate susr 6 mg/ml</i>	2	MO
ISENTRESS PACK 100 MG	3	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG	3	NDS	<i>ritonavir tabs 100 mg</i>	2	MO
PAXLOVID (300/100 & 150/100) TBPK 6 x 150 MG & 5 X 100MG	3	NDS	RUKOBIA TB12 600 MG	5	
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG	3	NDS	SELZENTRY SOLN 20 MG/ML	5	MO
PEGASYS SOLN 180 MCG/ML	5	NDS	SOFOSBUVIR-VELPATASVIR TABS 400-100 MG	5	NDS
PEGASYS SOSY 180 MCG/0.5ML	5	NDS	SOVALDI PACK 150 MG	5	NDS
PIFELTRO TABS 100 MG	5	MO	SOVALDI PACK 200 MG	5	NDS
PREVYMIS PACK 120 MG	5	NDS	SOVALDI TABS 200 MG	5	NDS
PREVYMIS SOLN 240 MG/12ML	5	NDS	SOVALDI TABS 400 MG	5	NDS
PREVYMIS SOLN 480 MG/24ML	5	NDS	STRIBILD TABS 150-150-200-300 MG	5	MO
PREVYMIS TABS 240 MG	5	NDS	SUNLENCA TABS 300 MG	5	
PREVYMIS TABS 480 MG	5	NDS	SUNLENCA TBPK 4 x 300 MG	5	
PREZCOBIX TABS 675-150 MG	5	MO	SUNLENCA TBPK 5 x 300 MG	5	
PREZCOBIX TABS 800-150 MG	5	MO	SYMFI TABS 600-300-300 MG	5	MO
PREZISTA SUSP 100 MG/ML	5	MO	SYMTUZA TABS 800-150-200-10 MG	5	MO
PREZISTA TABS 150 MG	5	MO	<i>tenofovir disoproxil fumarate tabs 300 mg</i>	2	MO
PREZISTA TABS 75 MG	3	MO	TIVICAY PD TBSO 5 MG	5	MO
RELENZA DISKHALER AEPB 5 MG/ACT	3	MO	TIVICAY TABS 50 MG	5	MO
RETROVIR SOLN 10 MG/ML	3	MO	TRIUMEQ PD TBSO 60-5-30 MG	5	MO
REYATAZ PACK 50 MG	5	MO	TRIUMEQ TABS 600-50-300 MG	5	MO
RIBAVIRIN CAPS 200 MG	2	MO	TYBOST TABS 150 MG	3	MO
RIBAVIRIN SOLR 6 GM	2		<i>valacyclovir hcl tabs 1 gm</i>	2	MO
RIBAVIRIN TABS 200 MG	2	MO	<i>valacyclovir hcl tabs 500 mg</i>	2	MO
<i>rilpivirine hcl tabs 25 mg</i>	5	MO	<i>valganciclovir hcl solr 50 mg/ml</i>	2	NDS
RIMANTADINE HCL TABS 100 MG	2	MO	<i>valganciclovir hcl tabs 450 mg</i>	2	NDS
			VEKLURY SOLR 100 MG	5	NDS
			VEMLIDY TABS 25 MG	5	
			VIRACEPT TABS 250 MG	5	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUGTYRO CAPS 160 MG	5	NDS	BRAFTOVI CAPS 75 MG	5	NDS
AUGTYRO CAPS 40 MG	5	NDS	BRUKINSA CAPS 80 MG	5	NDS
AVASTIN SOLN 100 MG/4ML	5		BRUKINSA TABS 160 MG	5	NDS
AVASTIN SOLN 400 MG/16ML	5		CABOMETYX TABS 20 MG	5	NDS
AVMAPKI FAKZYNJA CO-PACK THPK 0.8 & 200 MG	5	NDS	CABOMETYX TABS 40 MG	5	NDS
AYVAKIT TABS 100 MG	5	NDS	CABOMETYX TABS 60 MG	5	NDS
AYVAKIT TABS 200 MG	5	NDS	CALQUENCE TABS 100 MG	5	NDS
AYVAKIT TABS 25 MG	5	NDS	CAMCEVI PRSY 42 MG	4	
AYVAKIT TABS 300 MG	5	NDS	CAPRELSA TABS 100 MG	5	LD, NDS
AYVAKIT TABS 50 MG	5	NDS	CAPRELSA TABS 300 MG	5	LD, NDS
<i>azacitidine susr 100 mg</i>	2		<i>carboplatin soln 150 mg/15ml</i>	2	
BALVERSA TABS 3 MG	5	NDS	<i>carboplatin soln 450 mg/45ml</i>	2	
BALVERSA TABS 4 MG	5	NDS	<i>carboplatin soln 50 mg/5ml</i>	2	
BALVERSA TABS 5 MG	5	NDS	<i>carboplatin soln 600 mg/60ml</i>	2	
BCG VACCINE SOLR 50 MG	3		<i>carmustine solr 100 mg</i>	2	
<i>bendamustine hcl solr 100 mg</i>	5	NDS	CAVHANZA TBDP 60 MG	5	NDS
BESREMI PEN SOPN 500 MCG/0.5ML	5	NDS	CAVHANZA TBDP 80 MG	5	NDS
BESREMI SOSY 500 MCG/ML	5	NDS	<i>cisplatin soln 100 mg/100ml</i>	2	
<i>bexarotene caps 75 mg</i>	2		<i>cisplatin soln 200 mg/200ml</i>	2	
<i>bicalutamide tabs 50 mg</i>	2		<i>cisplatin soln 50 mg/50ml</i>	2	
<i>bleomycin sulfate solr 15 unit</i>	2		<i>cladribine soln 10 mg/10ml</i>	2	
<i>bleomycin sulfate solr 30 unit</i>	2		COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG	5	LD, NDS
BLINCYTO SOLR 35 MCG	5	NDS	COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG	5	LD, NDS
<i>bortezomib solr 3.5 mg</i>	2				
BOSULIF CAPS 100 MG	5	NDS			
BOSULIF CAPS 50 MG	5	NDS			
BOSULIF TABS 100 MG	5	NDS			
BOSULIF TABS 500 MG	5	NDS			
<i>bosutinib tabs 100 mg</i>	5	NDS			
<i>bosutinib tabs 400 mg</i>	5	NDS			
<i>bosutinib tabs 500 mg</i>	5	NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG	5	LD, NDS	<i>daunorubicin hcl soln 20 mg/4ml</i>	2	
COPIKTRA CAPS 15 MG	5	NDS	DAURISMO TABS 100 MG	5	NDS
COPIKTRA CAPS 25 MG	5	NDS	DAURISMO TABS 25 MG	5	NDS
COTELLIC TABS 20 MG	5	NDS	<i>decitabine solr 50 mg</i>	2	
<i>cyclophosphamide caps 25 mg</i>	2	PA	<i>docetaxel conc 80 mg/4ml</i>	2	
<i>cyclophosphamide caps 50 mg</i>	2	PA	<i>doxorubicin hcl liposomal susp 2 mg/ml</i>	2	
<i>cyclophosphamide solr 1 gm</i>	2		DOXORUBICIN HCL SOLN 2 MG/ML	2	
<i>cyclophosphamide solr 2 gm</i>	2		DOXORUBICIN HCL SOLR 10 MG	2	
<i>cyclophosphamide solr 500 mg</i>	2		<i>doxorubicin hcl solr 50 mg</i>	2	
CYRAMZA SOLN 100 MG/10ML	5	NDS	DROXIA CAPS 200 MG	4	
CYRAMZA SOLN 500 MG/50ML	5	NDS	DROXIA CAPS 300 MG	4	
<i>cytarabine (pf) soln 100 mg/ml</i>	2		DROXIA CAPS 400 MG	4	
<i>cytarabine (pf) soln 20 mg/ml</i>	2		ELAHERE SOLN 100 MG/20ML	5	NDS
CYTARABINE SOLN 20 MG/ML	2		ELIGARD KIT 22.5 MG	4	
DACARBAZINE SOLR 100 MG	2		ELIGARD KIT 30 MG	4	
<i>dacarbazine solr 200 mg</i>	2		ELIGARD KIT 45 MG	4	
DANZITEN TABS 71 MG	5	NDS	ELIGARD KIT 7.5 MG	4	
DANZITEN TABS 95 MG	5	NDS	ELREXFIO SOLN 44 MG/1.1ML	5	NDS
DARZALEX FASPRO SOLN 1800-30000 MG-UT/15ML	5	NDS	ELREXFIO SOLN 76 MG/1.9ML	5	NDS
DARZALEX SOLN 100 MG/5ML	5	NDS	ENHERTU SOLR 100 MG	5	NDS
DARZALEX SOLN 400 MG/20ML	5	NDS	ENSACOVE CAPS 100 MG	5	NDS
<i>dasatinib tabs 100 mg</i>	2		ENSACOVE CAPS 25 MG	5	NDS
<i>dasatinib tabs 140 mg</i>	2		EPKINLY SOLN 4 MG/0.8ML	5	NDS
<i>dasatinib tabs 20 mg</i>	2		EPKINLY SOLN 48 MG/0.8ML	5	NDS
<i>dasatinib tabs 50 mg</i>	2		ERBITUX SOLN 100 MG/50ML	3	
<i>dasatinib tabs 70 mg</i>	2		ERBITUX SOLN 200 MG/100ML	3	
<i>dasatinib tabs 80 mg</i>	2		<i>eribulin mesylate soln 1 mg/2ml</i>	5	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE CAPS 150 MG	5	NDS	FRUZAQLA CAPS 5 MG	5	NDS
ERLEADA TABS 240 MG	5	NDS	<i>fulvestrant sosy 250 mg/5ml</i>	4	
ERLEADA TABS 60 MG	5	NDS	GAVRETO CAPS 100 MG	5	NDS
<i>erlotinib hcl tabs 100 mg</i>	2		GAZYVA SOLN 1000 MG/40ML	5	NDS
<i>erlotinib hcl tabs 150 mg</i>	2		<i>gefitinib tabs 250 mg</i>	5	NDS
<i>erlotinib hcl tabs 25 mg</i>	2		<i>gemcitabine hcl solr 200 mg</i>	2	
<i>etoposide soln 1 gm/50ml</i>	2		GILOTRIF TABS 20 MG	5	NDS
<i>etoposide soln 100 mg/5ml</i>	2		GILOTRIF TABS 30 MG	5	NDS
<i>etoposide soln 500 mg/25ml</i>	2		GILOTRIF TABS 40 MG	5	NDS
EULEXIN CAPS 125 MG	5	NDS	GOMEKLI CAPS 1 MG	5	NDS
<i>everolimus tabs 10 mg</i>	2		GOMEKLI CAPS 2 MG	5	NDS
<i>everolimus tabs 2.5 mg</i>	2		GOMEKLI TBSO 1 MG	5	NDS
<i>everolimus tabs 5 mg</i>	2		HERCEPTIN HYLECTA SOLN 600-10000 MG-UNT/5ML	5	NDS
<i>everolimus tabs 7.5 mg</i>	2		HERCESSI SOLR 150 MG	5	NDS
<i>everolimus tbso 2 mg</i>	5	NDS	HERCESSI SOLR 420 MG	5	NDS
<i>everolimus tbso 3 mg</i>	5	NDS	HERNEXEOS TABS 60 MG	5	NDS
<i>everolimus tbso 5 mg</i>	5	NDS	<i>hydroxyurea caps 500 mg</i>	2	
<i>exemestane tabs 25 mg</i>	2		HYRNUO TABS 10 MG	5	NDS
FENSOLVI (6 MONTH) KIT 45 MG	5		IBRANCE CAPS 100 MG	5	NDS
FIRMAGON (240 MG DOSE) SOLR 120 MG/VIAL	5	NDS	IBRANCE CAPS 125 MG	5	NDS
FIRMAGON SOLR 80 MG	4		IBRANCE CAPS 75 MG	5	NDS
FLUDARABINE PHOSPHATE SOLR 50 MG	2		IBRANCE TABS 100 MG	5	NDS
<i>fluorouracil soln 1 gm/20ml</i>	2		IBRANCE TABS 125 MG	5	NDS
<i>fluorouracil soln 2.5 gm/50ml</i>	2		IBRANCE TABS 75 MG	5	NDS
<i>fluorouracil soln 5 gm/100ml</i>	2		IBTROZI CAPS 200 MG	5	NDS
<i>fluorouracil soln 500 mg/10ml</i>	2		ICLUSIG TABS 10 MG	5	NDS
FOTIVDA CAPS 0.89 MG	5	NDS	ICLUSIG TABS 15 MG	5	NDS
FOTIVDA CAPS 1.34 MG	5	NDS	ICLUSIG TABS 30 MG	5	NDS
FRUZAQLA CAPS 1 MG	5	NDS	ICLUSIG TABS 45 MG	5	NDS
			IDHIFA TABS 100 MG	5	NDS
			IDHIFA TABS 50 MG	5	NDS
			IFOSFAMIDE SOLR 1 GM	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate tabs 100 mg</i>	2		JIDEYTRO TABS 100 MG	5	NDS
<i>imatinib mesylate tabs 400 mg</i>	2		JIDEYTRO TABS 25 MG	5	NDS
IMBRUVICA CAPS 140 MG	5	NDS	JYLAMVO SOLN 2 MG/ML	4	
IMBRUVICA CAPS 70 MG	5	NDS	KADCYLA SOLR 100 MG	5	NDS
IMBRUVICA SUSP 70 MG/ML	5	NDS	KADCYLA SOLR 160 MG	5	NDS
IMBRUVICA TABS 140 MG	5	NDS	KEYTRUDA QLEX SOLN 395-4800 MG - UNT/2.4ML	5	NDS
IMBRUVICA TABS 280 MG	5	NDS	KEYTRUDA QLEX SOLN 790-9600 MG - UNT/4.8ML	5	
IMBRUVICA TABS 420 MG	5	NDS	KEYTRUDA SOLN 100 MG/4ML	5	NDS
IMKELDI SOLN 80 MG/ML	5	NDS	KISQALI (200 MG DOSE) TBPK 200 MG	5	NDS
INLEXZO IMPL 225 MG	5		KISQALI (400 MG DOSE) TBPK 200 MG	5	NDS
INLURIYO TABS 200 MG	5	NDS	KISQALI (600 MG DOSE) TBPK 200 MG	5	NDS
INLYTA TABS 1 MG	5	NDS	KOMZIFTI CAPS 200 MG	5	NDS
INLYTA TABS 5 MG	5	NDS	KOSELUGO CAPS 10 MG	5	NDS
INQOVI TABS 35-100 MG	5	NDS	KOSELUGO CAPS 25 MG	5	NDS
INREBIC CAPS 100 MG	5	NDS	KOSELUGO CPSP 5 MG	5	NDS
<i>irinotecan hcl soln 100 mg/5ml</i>	2		KOSELUGO CPSP 7.5 MG	5	NDS
<i>irinotecan hcl soln 40 mg/2ml</i>	2		KRAZATI TABS 200 MG	5	NDS
IRINOTECAN HCL SOLN 500 MG/25ML	2		KYPROLIS SOLR 10 MG	5	NDS
ITOVEBI TABS 3 MG	5	NDS	KYPROLIS SOLR 30 MG	5	NDS
ITOVEBI TABS 9 MG	5	NDS	KYPROLIS SOLR 60 MG	5	NDS
IWILFIN TABS 192 MG	5	NDS	<i>lapatinib ditosylate tabs 250 mg</i>	5	NDS
IXEMPRA KIT SOLR 45 MG	5	NDS	LAZCLUZE TABS 240 MG	5	NDS
JAKAFI TABS 10 MG	5	NDS	LAZCLUZE TABS 80 MG	5	NDS
JAKAFI TABS 15 MG	5	NDS	<i>lenalidomide caps 10 mg</i>	5	NDS
JAKAFI TABS 20 MG	5	NDS			
JAKAFI TABS 25 MG	5	NDS			
JAKAFI TABS 5 MG	5	NDS			
JAYPIRCA TABS 100 MG	5	NDS			
JAYPIRCA TABS 50 MG	5	NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide caps 15 mg</i>	5	NDS	LORBRENA TABS 25 MG	5	NDS
<i>lenalidomide caps 2.5 mg</i>	5	NDS	LUMAKRAS TABS 120 MG	5	NDS
<i>lenalidomide caps 20 mg</i>	5	NDS	LUMAKRAS TABS 240 MG	5	NDS
<i>lenalidomide caps 25 mg</i>	5	NDS	LUMAKRAS TABS 320 MG	5	NDS
<i>lenalidomide caps 5 mg</i>	5	NDS	LUPRON DEPOT (1-MONTH) KIT 3.75 MG	5	
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG	5	LD, NDS	LUPRON DEPOT (1-MONTH) KIT 7.5 MG	4	
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG	5	LD, NDS	LUPRON DEPOT (3-MONTH) KIT 11.25 MG	5	
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG	5	LD, NDS	LUPRON DEPOT (3-MONTH) KIT 22.5 MG	4	
LENVIMA (18 MG DAILY DOSE) CPPK 10 MG & 2 X 4 MG	5	LD, NDS	LUPRON DEPOT (4-MONTH) KIT 30 MG	4	
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG	5	LD, NDS	LUPRON DEPOT (6-MONTH) KIT 45 MG	4	
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG	5	LD, NDS	LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG	5	
LENVIMA (4 MG DAILY DOSE) CPPK 4 MG	5	LD, NDS	LUPRON DEPOT-PED (1-MONTH) KIT 15 MG	5	
LENVIMA (8 MG DAILY DOSE) CPPK 2 x 4 MG	5	LD, NDS	LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	5	
<i>letrozole tabs 2.5 mg</i>	2		LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG	5	
LEUKERAN TABS 2 MG	5	NDS	LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	5	
<i>leuprolide acetate kit 1 mg/0.2ml</i>	2		LUPRON DEPOT-PED (6-MONTH) KIT 45 MG	5	
LIBTAYO SOLN 350 MG/7ML	5	NDS	LYNPARZA TABS 100 MG	5	NDS
LIFYORLI (125 MG DOSE) CPPK 1 x 25 MG & 1 X 100 MG	5	NDS	LYNPARZA TABS 150 MG	5	NDS
LIFYORLI (150 MG DOSE) CPPK 2 x 25 MG & 1 X 100 MG	5	NDS	LYSODREN TABS 500 MG	5	NDS
<i>lomustine caps 10 mg</i>	2		LYTGOBI (12 MG DAILY DOSE) TBPK 4 MG	5	NDS
<i>lomustine caps 100 mg</i>	5		LYTGOBI (16 MG DAILY DOSE) TBPK 4 MG	5	NDS
<i>lomustine caps 40 mg</i>	2		LYTGOBI (20 MG DAILY DOSE) TBPK 4 MG	5	NDS
LONSURF TABS 15-6.14 MG	5	NDS			
LONSURF TABS 20-8.19 MG	5	NDS			
LORBRENA TABS 100 MG	5	NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MATULANE CAPS 50 MG	5	NDS	<i>mutamycin solr 5 mg</i>	2	
<i>megestrol acetate susp 40 mg/ml</i>	2		MVASI SOLN 100 MG/4ML	5	NDS
<i>megestrol acetate tabs 20 mg</i>	2		MVASI SOLN 400 MG/16ML	5	NDS
<i>megestrol acetate tabs 40 mg</i>	2		<i>nelarabine soln 5 mg/ml</i>	5	NDS
MEKINIST SOLR 0.05 MG/ML	5	NDS	NERLYNX TABS 40 MG	5	NDS
MEKINIST TABS 0.5 MG	5	NDS	NILOTINIB D-TARTRATE CAPS 150 MG	5	NDS
MEKINIST TABS 2 MG	5	NDS	NILOTINIB D-TARTRATE CAPS 200 MG	5	NDS
MEKTOVI TABS 15 MG	5	NDS	NILOTINIB D-TARTRATE CAPS 50 MG	5	NDS
<i>melphalan hcl solr 50 mg</i>	2		<i>nilotinib hcl caps 150 mg</i>	5	NDS
<i>mercaptopurine susp 2000 mg/100ml</i>	5	NDS	<i>nilotinib hcl caps 200 mg</i>	5	NDS
<i>mercaptopurine tabs 50 mg</i>	2		<i>nilotinib hcl caps 50 mg</i>	5	NDS
<i>methotrexate sodium (pf) soln 1 gm/40ml</i>	2		NILUTAMIDE TABS 150 MG	5	
<i>methotrexate sodium (pf) soln 250 mg/10ml</i>	2		NINLARO CAPS 2.3 MG	5	NDS
<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	2		NINLARO CAPS 3 MG	5	NDS
METHOTREXATE SODIUM SOLN 250 MG/10ML	2		NINLARO CAPS 4 MG	5	NDS
METHOTREXATE SODIUM SOLN 50 MG/2ML	2		NUBEQA TABS 300 MG	5	NDS
<i>methotrexate sodium solr 1 gm</i>	2		ODOMZO CAPS 200 MG	5	NDS
<i>methotrexate sodium tabs 2.5 mg</i>	2		OGSIVEO TABS 100 MG	5	NDS
<i>mitomycin solr 20 mg</i>	2		OGSIVEO TABS 150 MG	5	NDS
<i>mitomycin solr 40 mg</i>	2		OGSIVEO TABS 50 MG	5	NDS
<i>mitomycin solr 5 mg</i>	2		OJEMDA SUSR 25 MG/ML	5	NDS
<i>mitoxantrone hcl conc 20 mg/10ml</i>	2		OJEMDA TABS 100 MG	5	NDS
<i>mitoxantrone hcl conc 25 mg/12.5ml</i>	2		OJJAARA TABS 100 MG	5	NDS
<i>mitoxantrone hcl conc 30 mg/15ml</i>	2		OJJAARA TABS 150 MG	5	NDS
MODEYSO CAPS 125 MG	5	NDS	OJJAARA TABS 200 MG	5	NDS
<i>mutamycin solr 40 mg</i>	2		ONUREG TABS 200 MG	5	NDS
			ONUREG TABS 300 MG	5	NDS
			OPDIVO QVANTIG SOLN 600-10000 MG-UT/5ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OPDIVO SOLN 100 MG/10ML	5	NDS	PHESGO SOLN 80-40-2000 MG-MG-U/ML	5	NDS
OPDIVO SOLN 40 MG/4ML	5	NDS	PIQRAY (200 MG DAILY DOSE) TBPK 200 MG	5	NDS
ORSERDU TABS 345 MG	5	NDS	PIQRAY (250 MG DAILY DOSE) TBPK 200 & 50 MG	5	NDS
ORSERDU TABS 86 MG	5	NDS	PIQRAY (300 MG DAILY DOSE) TBPK 2 x 150 MG	5	NDS
<i>oxaliplatin soln 100 mg/20ml</i>	2		<i>pomalidomide caps 1 mg</i>	2	
<i>oxaliplatin soln 50 mg/10ml</i>	2		<i>pomalidomide caps 2 mg</i>	2	
<i>paclitaxel conc 100 mg/16.7ml</i>	2		<i>pomalidomide caps 3 mg</i>	2	
PACLITAXEL CONC 150 MG/25ML	2		<i>pomalidomide caps 4 mg</i>	2	
<i>paclitaxel conc 30 mg/5ml</i>	2		POMALYST CAPS 1 MG	5	NDS
<i>paclitaxel conc 300 mg/50ml</i>	2		POMALYST CAPS 2 MG	5	NDS
PACLITAXEL PROTEIN-BOUND PART SUSR 100 MG	5	NDS	POMALYST CAPS 3 MG	5	NDS
PADCEV SOLR 20 MG	5	NDS	POMALYST CAPS 4 MG	5	NDS
PADCEV SOLR 30 MG	5	NDS	QINLOCK TABS 50 MG	5	NDS
<i>pazopanib hcl tabs 200 mg</i>	5	NDS	RASONQUE TABS 100 MG	5	NDS
PAZOPANIB HCL TABS 400 MG	5	NDS	RASONQUE TABS 150 MG	5	NDS
PEMAZYRE TABS 13.5 MG	5	NDS	RETEVMO TABS 120 MG	5	NDS
PEMAZYRE TABS 4.5 MG	5	NDS	RETEVMO TABS 160 MG	5	NDS
PEMAZYRE TABS 9 MG	5	NDS	RETEVMO TABS 40 MG	5	NDS
PEMETREXED DISODIUM SOLN 1 GM/40ML	4		RETEVMO TABS 80 MG	5	NDS
PEMETREXED DISODIUM SOLN 100 MG/4ML	4		REVUFORJ TABS 110 MG	5	NDS
PEMETREXED DISODIUM SOLN 500 MG/20ML	4		REVUFORJ TABS 160 MG	5	NDS
PERJETA SOLN 420 MG/14ML	5	NDS	REVUFORJ TABS 25 MG	5	NDS
PHESGO SOLN 60-60-2000 MG-MG-U/ML	5	NDS	REZLIDHIA CAPS 150 MG	5	NDS
			RIABNI SOLN 100 MG/10ML	3	
			RIABNI SOLN 500 MG/50ML	3	
			RITUXAN HYCELA SOLN 1400-23400 MG - UT/11.7ML	5	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RITUXAN HYCELA SOLN 1600-26800 MG - UT/13.4ML	5		SCEMBLIX TABS 100 MG	5	NDS
RITUXAN SOLN 100 MG/10ML	5		SCEMBLIX TABS 20 MG	5	NDS
RITUXAN SOLN 500 MG/50ML	5		SCEMBLIX TABS 40 MG	5	NDS
ROMVIMZA CAPS 14 MG	5	NDS	SIKLOS TABS 1000 MG	5	NDS
ROMVIMZA CAPS 20 MG	5	NDS	SOLTAMOX SOLN 10 MG/5ML	5	
ROMVIMZA CAPS 30 MG	5	NDS	<i>sorafenib tosylate tabs 200 mg</i>	5	NDS
ROZLYTREK CAPS 100 MG	5		STIVARGA TABS 40 MG	5	NDS
ROZLYTREK CAPS 200 MG	5		<i>sunitinib malate caps 12.5 mg</i>	2	
ROZLYTREK PACK 50 MG	5		<i>sunitinib malate caps 25 mg</i>	2	
RUBRACA TABS 200 MG	5	NDS	<i>sunitinib malate caps 37.5 mg</i>	5	NDS
RUBRACA TABS 250 MG	5	NDS	<i>sunitinib malate caps 50 mg</i>	5	NDS
RUBRACA TABS 300 MG	5	NDS	SYLVANT SOLR 100 MG	5	NDS
RYBREVAANT FASPRO SOLN 1600-20000 MG-UT/10ML	5	NDS	SYLVANT SOLR 400 MG	5	NDS
RYBREVAANT FASPRO SOLN 2240-28000 MG-UT/14ML	5	NDS	TABLOID TABS 40 MG	5	NDS
RYBREVAANT FASPRO SOLN 2400-30000 MG-UT/15ML	5	NDS	TABRECTA TABS 150 MG	5	NDS
RYBREVAANT FASPRO SOLN 3520-44000 MG-UT/22ML	5	NDS	TABRECTA TABS 200 MG	5	NDS
RYDAPT CAPS 25 MG	5	NDS	TAFINLAR CAPS 50 MG	5	NDS
RYLAZE SOLN 10 MG/0.5ML	5	NDS	TAFINLAR CAPS 75 MG	5	NDS
SARCLISA ESCENA SOLN 1400 MG/10ML	5	NDS	TAFINLAR TBSO 10 MG	5	NDS
SARCLISA SOLN 100 MG/5ML	5	NDS	TAGRISSO TABS 40 MG	5	NDS
SARCLISA SOLN 500 MG/25ML	5	NDS	TAGRISSO TABS 80 MG	5	NDS
			TALVEY SOLN 3 MG/1.5ML	5	NDS
			TALVEY SOLN 40 MG/ML	5	NDS
			TALZENNA CAPS 0.1 MG	5	NDS
			TALZENNA CAPS 0.25 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAPS 0.35 MG	5	NDS	TUKYSA TABS 150 MG	5	NDS
TALZENNA CAPS 0.5 MG	5	NDS	TUKYSA TABS 50 MG	5	NDS
TALZENNA CAPS 0.75 MG	5	NDS	TURALIO CAPS 125 MG	5	NDS
TALZENNA CAPS 1 MG	5	NDS	UNITUXIN SOLN 17.5 MG/5ML	5	NDS
<i>tamoxifen citrate tabs 10 mg</i>	2		VABRINTY KIT 22.5 MG	5	
<i>tamoxifen citrate tabs 20 mg</i>	2		VABRINTY KIT 30 MG	5	
TECENTRIQ HYBREZA SOLN 1875-30000 MG-UT/15ML	5	NDS	VABRINTY KIT 45 MG	5	
TECENTRIQ SOLN 1200 MG/20ML	5	NDS	VANFLYTA TABS 17.7 MG	5	NDS
TECVAYLI SOLN 153 MG/1.7ML	5	NDS	VANFLYTA TABS 26.5 MG	5	NDS
TECVAYLI SOLN 30 MG/3ML	5	NDS	VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG	5	NDS
<i>temsirolimus soln 25 mg/ml</i>	2		VENCLEXTA TABS 10 MG	4	NDS
TEPMETKO TABS 225 MG	5	NDS	VENCLEXTA TABS 100 MG	5	NDS
THALOMID CAPS 100 MG	5	NDS	VENCLEXTA TABS 50 MG	5	NDS
THALOMID CAPS 50 MG	5	NDS	VEPPANU TABS 100 MG	5	NDS
<i>thiotepa solr 15 mg</i>	5	NDS	VEPPANU TABS 200 MG	5	NDS
TIBSOVO TABS 250 MG	5	NDS	VERZENIO TABS 100 MG	5	NDS
<i>topotecan hcl solr 4 mg</i>	2		VERZENIO TABS 150 MG	5	NDS
<i>toremifene citrate tabs 60 mg</i>	4	MO	VERZENIO TABS 200 MG	5	NDS
<i>torpenz tabs 10 mg</i>	5	NDS	VERZENIO TABS 50 MG	5	NDS
<i>torpenz tabs 2.5 mg</i>	5	NDS	VINBLASTINE SULFATE SOLN 1 MG/ML	2	
<i>torpenz tabs 5 mg</i>	5	NDS	VINCRISTINE SULFATE SOLN 1 MG/ML	2	
<i>torpenz tabs 7.5 mg</i>	5	NDS	<i>vinorelbine tartrate soln 10 mg/ml</i>	2	
<i>tretinoin caps 10 mg</i>	5	NDS	<i>vinorelbine tartrate soln 50 mg/5ml</i>	2	
TREXALL TABS 10 MG	2		VITRAKVI CAPS 100 MG	5	NDS
TREXALL TABS 15 MG	2		VITRAKVI CAPS 25 MG	5	NDS
TREXALL TABS 5 MG	2				
TREXALL TABS 7.5 MG	2				
TRUQAP TABS 200 MG	5	NDS			
TRUQAP TBPK 160 MG	5	NDS			
TRUQAP TBPK 200 MG	5	NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VITRAKVI SOLN 20 MG/ML	5	NDS	ZEJULA TABS 200 MG	5	NDS
VONJO CAPS 100 MG	5	NDS	ZEJULA TABS 300 MG	5	NDS
VORANIGO TABS 10 MG	5	NDS	ZELBORAF TABS 240 MG	5	NDS
VORANIGO TABS 40 MG	5	NDS	ZENBEXUS CAPS 0.75 MG	5	NDS
VYXEOS SUSR 44-100 MG	5	NDS	ZENBEXUS CAPS 1 MG	5	NDS
WELIREG TABS 40 MG	5	NDS	ZOLINZA CAPS 100 MG	5	NDS
XALKORI CAPS 200 MG	5	NDS	ZYDELIG TABS 100 MG	5	NDS
XALKORI CAPS 250 MG	5	NDS	ZYDELIG TABS 150 MG	5	NDS
XALKORI CPSP 150 MG	5	NDS	ZYKADIA TABS 150 MG	5	NDS
XALKORI CPSP 20 MG	5	NDS	AUTONOMIC DRUGS		
XALKORI CPSP 50 MG	5	NDS	ANTICHOLINERGIC AGENTS		
XATMEP SOLN 2.5 MG/ML	4		<i>atropine sulfate soln 8 mg/20ml</i>	2	
XOSPATA TABS 40 MG	5	NDS	<i>atropine sulfate sosy 1 mg/10ml</i>	2	
XPOVIO (100 MG ONCE WEEKLY) TBPK 50 MG	5	NDS	<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i>	2	
XPOVIO (40 MG ONCE WEEKLY) TBPK 10 MG	5	NDS	<i>dicyclomine hcl caps 10 mg</i>	2	MO
XPOVIO (40 MG TWICE WEEKLY) TBPK 40 MG	5	NDS	<i>dicyclomine hcl soln 10 mg/5ml</i>	2	MO
XPOVIO (60 MG ONCE WEEKLY) TBPK 60 MG	5	NDS	<i>dicyclomine hcl soln 10 mg/ml</i>	2	
XPOVIO (60 MG TWICE WEEKLY) TBPK 20 MG	5	NDS	<i>dicyclomine hcl tabs 20 mg</i>	2	MO
XPOVIO (80 MG ONCE WEEKLY) TBPK 40 MG	5	NDS	DICYCLOMINE HCL TABS 40 MG	5	NDS
XPOVIO (80 MG ONCE WEEKLY) TBPK 80 MG	5	NDS	<i>glycopyrrolate +rfd soln 0.2 mg/ml</i>	2	
XPOVIO (80 MG TWICE WEEKLY) TBPK 20 MG	5	NDS	<i>glycopyrrolate soln 0.2 mg/ml</i>	2	
XROMI SOLN 100 MG/ML	4	MO	<i>glycopyrrolate soln 0.4 mg/2ml</i>	2	
XTANDI CAPS 40 MG	5	NDS	<i>glycopyrrolate injection soln 1 mg/5ml</i>	2	
XTANDI TABS 40 MG	5	NDS	<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	MO
XTANDI TABS 80 MG	5	NDS	<i>glycopyrrolate tabs 1 mg</i>	2	MO
YERVOY SOLN 200 MG/40ML	5	NDS	GLYCOPYRROLATE TABS 1.5 MG	2	
YERVOY SOLN 50 MG/10ML	5	NDS	<i>glycopyrrolate tabs 2 mg</i>	2	MO
YONDELIS SOLR 1 MG	5	NDS	<i>ipratropium bromide hfa aers 17 mcg/act</i>	4	MO
YONSA TABS 125 MG	5	NDS			
ZEJULA TABS 100 MG	5	NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide soln 0.02 %</i>	1	PA, MO	<i>galantamine hydrobromide er cp24 16 mg</i>	2	MO
<i>ipratropium bromide soln 0.03 %</i>	2	MO	<i>galantamine hydrobromide er cp24 24 mg</i>	2	MO
<i>ipratropium bromide soln 0.06 %</i>	2	MO	<i>galantamine hydrobromide er cp24 8 mg</i>	2	MO
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	4	MO	GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	MO
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	3	MO	<i>galantamine hydrobromide tabs 12 mg</i>	2	MO
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT	3	MO	<i>galantamine hydrobromide tabs 4 mg</i>	2	MO
YUPELRI NEBU 175 MCG/3ML	5	PA, NDS	<i>galantamine hydrobromide tabs 8 mg</i>	2	MO
AUTONOMIC DRUGS, MISCELLANEOUS			<i>pilocarpine hcl tabs 5 mg</i>	2	MO
<i>bupropion hcl er (smoking det) tb12 150 mg</i>	2	MO	<i>pyridostigmine bromide er tbc180 180 mg</i>	2	MO
NICOTROL NS SOLN 10 MG/ML	4	MO	<i>pyridostigmine bromide soln 60 mg/5ml</i>	4	MO
<i>varenicline tartrate (starter) tbpk 0.5 mg x 11 & 1 mg x 42</i>	2	MO	<i>pyridostigmine bromide tabs 60 mg</i>	2	MO
<i>varenicline tartrate tabs 0.5 mg</i>	2	MO	REGONOL SOLN 10 MG/2ML	3	
<i>varenicline tartrate tabs 1 mg</i>	2	MO	<i>rivastigmine tartrate caps 1.5 mg</i>	2	MO
<i>varenicline tartrate (continue) tabs 1 mg</i>	2	MO	<i>rivastigmine tartrate caps 3 mg</i>	2	MO
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS			<i>rivastigmine tartrate caps 4.5 mg</i>	2	MO
<i>bethanechol chloride tabs 10 mg</i>	2	MO	<i>rivastigmine tartrate caps 6 mg</i>	2	MO
<i>bethanechol chloride tabs 25 mg</i>	2	MO	SKELETAL MUSCLE RELAXANTS		
<i>bethanechol chloride tabs 5 mg</i>	2	MO	<i>baclofen soln 10 mg/5ml</i>	4	
<i>bethanechol chloride tabs 50 mg</i>	2	MO	<i>baclofen susp 25 mg/5ml</i>	4	
<i>donepezil hcl tabs 10 mg</i>	1	MO	<i>baclofen tabs 10 mg</i>	2	MO
<i>donepezil hcl tabs 5 mg</i>	1	MO	<i>baclofen tabs 20 mg</i>	2	MO
<i>donepezil hcl tbdp 10 mg</i>	2	MO	<i>baclofen tabs 5 mg</i>	2	MO
<i>donepezil hcl tbdp 5 mg</i>	2	MO	<i>cyclobenzaprine hcl tabs 10 mg</i>	2	PA
			<i>cyclobenzaprine hcl tabs 5 mg</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium caps 100 mg</i>	2		<i>albuterol sulfate tabs 2 mg</i>	2	MO
<i>dantrolene sodium caps 25 mg</i>	2		<i>albuterol sulfate tabs 4 mg</i>	2	MO
<i>dantrolene sodium caps 50 mg</i>	2		<i>arformoterol tartrate nebu 15 mcg/2ml</i>	4	PA, MO
METAXALONE TABS 640 MG	5	NDS	AUVI-Q SOAJ 0.1 MG/0.1ML	2	
<i>methocarbamol tabs 500 mg</i>	2		AUVI-Q SOAJ 0.15 MG/0.15ML	2	
<i>methocarbamol tabs 750 mg</i>	2		AUVI-Q SOAJ 0.3 MG/0.3ML	2	
<i>succinylcholine chloride soln 20 mg/ml</i>	2		COMBIVENT RESPIMAT AERS 20-100 MCG/ACT	4	MO
<i>tizanidine hcl tabs 2 mg</i>	2		<i>dobutamine hcl soln 12.5 mg/ml</i>	2	
<i>tizanidine hcl tabs 4 mg</i>	2		DOBUTAMINE-DEXTROSE SOLN 1-5 MG/ML-%	2	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS			DOBUTAMINE-DEXTROSE SOLN 2-5 MG/ML-%	2	
<i>alfuzosin hcl er tb24 10 mg</i>	2	MO	<i>dopamine hcl soln 40 mg/ml</i>	2	
<i>dihydroergotamine mesylate soln 1 mg/ml</i>	2		DOPAMINE-DEXTROSE SOLN 0.8-5 MG/ML-%	2	
<i>dihydroergotamine mesylate soln 4 mg/ml</i>	2		DOPAMINE-DEXTROSE SOLN 1.6-5 MG/ML-%	2	
ERGOMAR SUBL 2 MG	4		DOPAMINE-DEXTROSE SOLN 3.2-5 MG/ML-%	2	
<i>phenoxybenzamine hcl caps 10 mg</i>	5	NDS	<i>droxidopa caps 100 mg</i>	4	
<i>silodosin caps 4 mg</i>	2	MO	<i>droxidopa caps 200 mg</i>	4	
<i>silodosin caps 8 mg</i>	2	MO	<i>droxidopa caps 300 mg</i>	4	
<i>tamsulosin hcl caps 0.4 mg</i>	1	MO	EPINEPHRINE SOAJ 0.3 MG/0.3ML	2	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS			<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	2	PA, MO
<i>albuterol sulfate hfa aers 108 (90 base) mcg/act</i>	2	MO	<i>midodrine hcl tabs 10 mg</i>	2	MO
<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>	2	PA, MO	<i>midodrine hcl tabs 2.5 mg</i>	2	MO
<i>albuterol sulfate nebu 0.63 mg/3ml</i>	2	PA, MO	<i>midodrine hcl tabs 5 mg</i>	2	MO
<i>albuterol sulfate nebu 1.25 mg/3ml</i>	2	PA, MO	<i>norepinephrine bitartrate soln 1 mg/ml</i>	2	
<i>albuterol sulfate nebu 2.5 mg/0.5ml</i>	2	PA, MO	SEREVENT DISKUS AEPB 50 MCG/ACT	4	MO
<i>albuterol sulfate syrp 2 mg/5ml</i>	2	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT	3	MO	ELIQUIS TBSO 0.5 MG	3	MO
terbutaline sulfate soln 1 mg/ml	2		ENOXAPARIN SODIUM SOLN 300 MG/3ML	2	
terbutaline sulfate tabs 2.5 mg	2	MO	enoxaparin sodium sosy 100 mg/ml	2	
terbutaline sulfate tabs 5 mg	2	MO	enoxaparin sodium sosy 120 mg/0.8ml	2	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS			enoxaparin sodium sosy 150 mg/ml	2	
COAGULANTS AND ANTICOAGULANTS			enoxaparin sodium sosy 30 mg/0.3ml	2	
aminocaproic acid soln 0.25 gm/ml	2	MO	enoxaparin sodium sosy 40 mg/0.4ml	2	
aminocaproic acid soln 250 mg/ml	2		enoxaparin sodium sosy 60 mg/0.6ml	2	
aminocaproic acid tabs 1000 mg	2	MO	enoxaparin sodium sosy 80 mg/0.8ml	2	
aminocaproic acid tabs 500 mg	2	MO	FONDAPARINUX SODIUM SOLN 10 MG/0.8ML	4	
anagrelide hcl caps 0.5 mg	2	MO	fondaparinux sodium soln 2.5 mg/0.5ml	4	
anagrelide hcl caps 1 mg	2	MO	FONDAPARINUX SODIUM SOLN 5 MG/0.4ML	4	
argatroban soln 250 mg/2.5ml	2		FONDAPARINUX SODIUM SOLN 7.5 MG/0.6ML	4	
aspirin-dipyridamole er cp12 25-200 mg	2	MO	HEPARIN (PORCINE) IN NACL SOLN 1000-0.9 UT/500ML-%	2	
cilostazol tabs 100 mg	2	MO	HEPARIN (PORCINE) IN NACL SOLN 2000-0.9 UNIT/L-%	2	
cilostazol tabs 50 mg	2	MO	HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML	2	
clopidogrel bisulfate tabs 75 mg	1	MO	HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-%	2	
dabigatran etexilate mesylate caps 110 mg	2	MO	HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-%	2	
dabigatran etexilate mesylate caps 150 mg	2	MO	HEPARIN SODIUM (PORCINE) +RFID SOLN 1000 UNIT/ML	2	
dabigatran etexilate mesylate caps 75 mg	2	MO			
ELIQUIS (1.5 MG PACK) TBSO 3 x 0.5 MG	3	MO			
ELIQUIS (2 MG PACK) TBSO 4 x 0.5 MG	3	MO			
ELIQUIS CPSP 0.15 MG	3	MO			
ELIQUIS DVT/PE STARTER PACK TBPk 5 MG	3				
ELIQUIS TABS 2.5 MG	3	MO			
ELIQUIS TABS 5 MG	3	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HEPARIN SODIUM (PORCINE) PF SOLN 1000 UNIT/ML	2		XARELTO STARTER PACK TBP 15 & 20 MG	3	MO
<i>heparin sodium (porcine) pf soln 5000 unit/0.5ml</i>	2		XARELTO TABS 10 MG	3	MO
<i>heparin sodium (porcine) soln 1000 unit/ml</i>	2		XARELTO TABS 15 MG	3	MO
<i>heparin sodium (porcine) soln 10000 unit/ml</i>	2		XARELTO TABS 20 MG	3	MO
<i>heparin sodium (porcine) soln 20000 unit/ml</i>	2		HEMATOPOIETIC AGENTS		
<i>heparin sodium (porcine) soln 5000 unit/ml</i>	2		ALVAIZ TABS 18 MG	3	MO
<i>pentoxifylline er tbc 400 mg</i>	2	MO	ALVAIZ TABS 36 MG	3	MO
<i>prasugrel hcl tabs 10 mg</i>	2	MO	ALVAIZ TABS 54 MG	3	MO
<i>prasugrel hcl tabs 5 mg</i>	2	MO	ALVAIZ TABS 9 MG	3	MO
<i>rivaroxaban sus 1 mg/ml</i>	2	MO	ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	5	NDS
<i>rivaroxaban tabs 2.5 mg</i>	2	MO	ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	4	
<i>ticagrelor tabs 60 mg</i>	2	MO	ARANESP (ALBUMIN FREE) SOSY 100 MCG/0.5ML	5	NDS
<i>ticagrelor tabs 90 mg</i>	2	MO	ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML	5	NDS
<i>tranexamic acid soln 1000 mg/10ml</i>	2		ARANESP (ALBUMIN FREE) SOSY 300 MCG/0.6ML	5	NDS
<i>tranexamic acid tabs 650 mg</i>	2	MO	ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML	4	
<i>warfarin sodium tabs 1 mg</i>	1	MO	CABLIVI KIT 11 MG	5	NDS
<i>warfarin sodium tabs 10 mg</i>	1	MO	DOPTLET TABS 20 MG	5	NDS
<i>warfarin sodium tabs 2 mg</i>	1	MO	<i>eltrombopag olamine pack 12.5 mg</i>	5	NDS
<i>warfarin sodium tabs 2.5 mg</i>	1	MO	<i>eltrombopag olamine pack 25 mg</i>	5	NDS
<i>warfarin sodium tabs 3 mg</i>	1	MO	<i>eltrombopag olamine tabs 12.5 mg</i>	2	MO
<i>warfarin sodium tabs 4 mg</i>	1	MO	<i>eltrombopag olamine tabs 25 mg</i>	2	MO
<i>warfarin sodium tabs 5 mg</i>	1	MO	<i>eltrombopag olamine tabs 50 mg</i>	2	MO
<i>warfarin sodium tabs 6 mg</i>	1	MO	<i>eltrombopag olamine tabs 75 mg</i>	2	MO
<i>warfarin sodium tabs 7.5 mg</i>	1		FILKRI SOSY 300 MCG/0.5ML	3	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FILKRI SOSY 480 MCG/0.8ML	3		<i>doxazosin mesylate tabs 4 mg</i>	1	MO
FULPHILA SOSY 6 MG/0.6ML	5	NDS	<i>doxazosin mesylate tabs 8 mg</i>	1	MO
LEUKINE SOLR 250 MCG	5	NDS	<i>metirosine caps 250 mg</i>	5	NDS
NIVESTYM SOLN 300 MCG/ML	5	NDS	<i>prazosin hcl caps 1 mg</i>	2	MO
NIVESTYM SOLN 480 MCG/1.6ML	5	NDS	<i>prazosin hcl caps 2 mg</i>	2	MO
NIVESTYM SOSY 300 MCG/0.5ML	5	NDS	<i>prazosin hcl caps 5 mg</i>	2	MO
NIVESTYM SOSY 480 MCG/0.8ML	5	NDS	<i>terazosin hcl caps 1 mg</i>	1	MO
PLERIXAFOR SOLN 24 MG/1.2ML	5	NDS	<i>terazosin hcl caps 10 mg</i>	1	MO
PROCRIT SOLN 10000 UNIT/ML	3		<i>terazosin hcl caps 2 mg</i>	1	MO
PROCRIT SOLN 2000 UNIT/ML	3		<i>terazosin hcl caps 5 mg</i>	1	MO
PROCRIT SOLN 20000 UNIT/ML	3		ANTIPEMIC AGENTS		
PROCRIT SOLN 3000 UNIT/ML	3		<i>atorvastatin calcium tabs 10 mg</i>	1	MO
PROCRIT SOLN 4000 UNIT/ML	3		<i>atorvastatin calcium tabs 20 mg</i>	1	MO
PROCRIT SOLN 40000 UNIT/ML	5	NDS	<i>atorvastatin calcium tabs 40 mg</i>	1	MO
RETACRIT SOLN 20000 UNIT/ML	4	NDS	<i>atorvastatin calcium tabs 80 mg</i>	1	MO
RYZNEUTA SOSY 20 MG/ML	5	NDS	<i>cholestyramine light pack 4 gm</i>	2	MO
TAVALISSE TABS 100 MG	5	NDS	<i>cholestyramine light powd 4 gm/dose</i>	2	MO
TAVALISSE TABS 150 MG	5	NDS	<i>cholestyramine pack 4 gm</i>	2	MO
ZARXIO SOSY 300 MCG/0.5ML	5	NDS	<i>cholestyramine powd 4 gm/dose</i>	2	MO
ZARXIO SOSY 480 MCG/0.8ML	5	NDS	<i>colesevelam hcl tabs 625 mg</i>	2	MO
CARDIOVASCULAR DRUGS			COLESTIPOL HCL GRAN 5 GM	2	MO
A-ADRENERGIC BLOCKING AGENTS			COLESTIPOL HCL PACK 5 GM	2	MO
<i>doxazosin mesylate tabs 1 mg</i>	1	MO	<i>colestipol hcl tabs 1 gm</i>	2	MO
<i>doxazosin mesylate tabs 2 mg</i>	1	MO	<i>ezetimibe tabs 10 mg</i>	1	MO
			<i>fenofibrate tabs 160 mg</i>	2	MO
			<i>fenofibrate tabs 54 mg</i>	2	MO
			<i>gemfibrozil tabs 600 mg</i>	2	MO
			<i>icosapent ethyl caps 0.5 gm</i>	2	MO
			<i>icosapent ethyl caps 1 gm</i>	2	MO
			<i>lovastatin tabs 10 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tabs 20 mg</i>	1	MO	<i>atenolol tabs 25 mg</i>	1	MO
<i>lovastatin tabs 40 mg</i>	1	MO	<i>atenolol tabs 50 mg</i>	1	MO
NEXLETOL TABS 180 MG	4	MO	<i>atenolol-chlorthalidone tabs 100-25 mg</i>	1	MO
NEXLIZET TABS 180-10 MG	4	MO	<i>atenolol-chlorthalidone tabs 50-25 mg</i>	1	MO
<i>niacin er (antihyperlipidemic) tbc 500 mg</i>	2	MO	<i>bisoprolol fumarate tabs 10 mg</i>	1	MO
NIACOR TABS 500 MG	2	MO	<i>bisoprolol fumarate tabs 5 mg</i>	1	MO
<i>omega-3-acid ethyl esters caps 1 gm</i>	2	MO	<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	2	MO
<i>pravastatin sodium tabs 10 mg</i>	1	MO	<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	2	MO
<i>pravastatin sodium tabs 20 mg</i>	1	MO	<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	2	MO
<i>pravastatin sodium tabs 40 mg</i>	1	MO	<i>carvedilol tabs 12.5 mg</i>	1	MO
<i>pravastatin sodium tabs 80 mg</i>	1	MO	<i>carvedilol tabs 25 mg</i>	1	MO
<i>prevalite pack 4 gm</i>	2	MO	<i>carvedilol tabs 3.125 mg</i>	1	MO
<i>prevalite powd 4 gm/dose</i>	2	MO	<i>carvedilol tabs 6.25 mg</i>	1	MO
REPATHA SURECLICK SOAJ 140 MG/ML	4		ESMOLOL HCL SOLN 100 MG/10ML	2	
<i>rosuvastatin calcium tabs 10 mg</i>	1	MO	<i>esmolol hcl-sodium chloride soln 2500 mg/250ml</i>	2	
<i>rosuvastatin calcium tabs 20 mg</i>	1	MO	<i>labetalol hcl soln 5 mg/ml</i>	2	
<i>rosuvastatin calcium tabs 40 mg</i>	1	MO	<i>labetalol hcl tabs 100 mg</i>	2	MO
<i>rosuvastatin calcium tabs 5 mg</i>	1	MO	<i>labetalol hcl tabs 200 mg</i>	2	MO
<i>simvastatin tabs 10 mg</i>	1	MO	<i>labetalol hcl tabs 300 mg</i>	2	MO
<i>simvastatin tabs 20 mg</i>	1	MO	<i>metoprolol succinate er tb24 100 mg</i>	1	MO
<i>simvastatin tabs 40 mg</i>	1	MO	<i>metoprolol succinate er tb24 200 mg</i>	1	MO
<i>simvastatin tabs 5 mg</i>	1	MO	<i>metoprolol succinate er tb24 25 mg</i>	1	MO
<i>simvastatin tabs 80 mg</i>	1	MO	<i>metoprolol succinate er tb24 50 mg</i>	1	MO
TRYNGOLZA SOAJ 80 MG/0.8ML	5	NDS	<i>metoprolol tartrate soln 5 mg/5ml</i>	2	
BETA-ADRENERGIC BLOCKING AGENTS			<i>metoprolol tartrate tabs 100 mg</i>	1	MO
<i>acebutolol hcl caps 200 mg</i>	2	MO			
<i>acebutolol hcl caps 400 mg</i>	2	MO			
<i>atenolol tabs 100 mg</i>	1	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
metoprolol tartrate tabs 25 mg	1	MO	timolol maleate tabs 10 mg	2	MO
metoprolol tartrate tabs 50 mg	1	MO	CALCIUM-CHANNEL BLOCKING AGENTS		
nadolol tabs 20 mg	2	MO	amlodipine besy-benazepril hcl caps 10-20 mg	1	MO
nadolol tabs 40 mg	2	MO	amlodipine besy-benazepril hcl caps 10-40 mg	1	MO
nadolol tabs 80 mg	2	MO	amlodipine besy-benazepril hcl caps 2.5-10 mg	1	MO
nebivolol hcl tabs 10 mg	2	MO	amlodipine besy-benazepril hcl caps 5-10 mg	1	MO
nebivolol hcl tabs 2.5 mg	2	MO	amlodipine besy-benazepril hcl caps 5-20 mg	1	MO
nebivolol hcl tabs 20 mg	2	MO	amlodipine besy-benazepril hcl caps 5-40 mg	1	MO
nebivolol hcl tabs 5 mg	2	MO	amlodipine besylate tabs 10 mg	1	MO
propranolol hcl er cp24 120 mg	2	MO	amlodipine besylate tabs 2.5 mg	1	MO
propranolol hcl er cp24 160 mg	2	MO	amlodipine besylate tabs 5 mg	1	MO
propranolol hcl er cp24 60 mg	2	MO	cartia xt cp24 120 mg	2	MO
propranolol hcl er cp24 80 mg	2	MO	cartia xt cp24 180 mg	2	MO
propranolol hcl soln 1 mg/ml	2		cartia xt cp24 240 mg	2	MO
propranolol hcl soln 20 mg/5ml	2	MO	cartia xt cp24 300 mg	2	MO
PROPRANOLOL HCL SOLN 40 MG/5ML	2	MO	dilt-xr cp24 120 mg	2	MO
propranolol hcl tabs 10 mg	1	MO	dilt-xr cp24 180 mg	2	MO
propranolol hcl tabs 20 mg	1	MO	dilt-xr cp24 240 mg	2	MO
propranolol hcl tabs 40 mg	1	MO	diltiazem hcl er coated beads cp24 120 mg	2	MO
propranolol hcl tabs 60 mg	1	MO	diltiazem hcl er coated beads cp24 180 mg	2	MO
propranolol hcl tabs 80 mg	1	MO	diltiazem hcl er coated beads cp24 240 mg	2	MO
sotalol hcl (af) tabs 120 mg	2	MO	diltiazem hcl er coated beads cp24 300 mg	2	MO
sotalol hcl (af) tabs 160 mg	2	MO	diltiazem hcl er coated beads cp24 360 mg	2	MO
sotalol hcl (af) tabs 80 mg	2	MO	diltiazem hcl er cp12 120 mg	2	MO
sotalol hcl tabs 120 mg	2	MO			
sotalol hcl tabs 160 mg	2	MO			
sotalol hcl tabs 240 mg	2	MO			
sotalol hcl tabs 80 mg	2	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl er cp12 60 mg	2	MO	verapamil hcl soln 2.5 mg/ml	2	
diltiazem hcl er cp12 90 mg	2	MO	verapamil hcl tabs 120 mg	1	MO
diltiazem hcl er cp24 120 mg	2	MO	verapamil hcl tabs 40 mg	1	MO
diltiazem hcl er cp24 180 mg	2	MO	verapamil hcl tabs 80 mg	1	MO
diltiazem hcl er cp24 240 mg	2	MO	CARDIAC DRUGS		
diltiazem hcl soln 125 mg/25ml	2		adenosine soln 12 mg/4ml	2	
diltiazem hcl soln 25 mg/5ml	2		adenosine soln 6 mg/2ml	2	
diltiazem hcl soln 50 mg/10ml	2		amiodarone hcl soln 150 mg/3ml	2	
diltiazem hcl tabs 120 mg	2	MO	amiodarone hcl soln 450 mg/9ml	2	
diltiazem hcl tabs 30 mg	2	MO	amiodarone hcl soln 900 mg/18ml	2	
diltiazem hcl tabs 60 mg	2	MO	amiodarone hcl tabs 100 mg	2	MO
diltiazem hcl tabs 90 mg	2	MO	amiodarone hcl tabs 200 mg	1	MO
felodipine er tb24 10 mg	2	MO	amiodarone hcl tabs 400 mg	2	MO
felodipine er tb24 2.5 mg	2	MO	ATTRUBY TBPK 356 MG	5	NDS
felodipine er tb24 5 mg	2	MO	CORLANOR SOLN 5 MG/5ML	4	MO
NICARDIPINE HCL SOLN 2.5 MG/ML	2		DIGOXIN SOLN 0.05 MG/ML	2	
nifedipine caps 10 mg	2	MO	digoxin soln 0.25 mg/ml	2	
nifedipine caps 20 mg	2	MO	digoxin tabs 125 mcg	2	MO
nifedipine er osmotic release tb24 30 mg	2	MO	digoxin tabs 250 mcg	2	MO
nifedipine er osmotic release tb24 60 mg	2	MO	disopyramide phosphate caps 100 mg	2	MO
nifedipine er osmotic release tb24 90 mg	2	MO	disopyramide phosphate caps 150 mg	2	MO
nifedipine er tb24 30 mg	2	MO	dofetilide caps 125 mcg	2	MO
nifedipine er tb24 60 mg	2	MO	dofetilide caps 250 mcg	2	MO
nifedipine er tb24 90 mg	2	MO	dofetilide caps 500 mcg	2	MO
nimodipine caps 30 mg	2	MO	flecainide acetate tabs 100 mg	2	MO
NIMODIPINE SOLN 60 MG/20ML	5	NDS	flecainide acetate tabs 150 mg	2	MO
verapamil hcl er tbcr 120 mg	2	MO	flecainide acetate tabs 50 mg	2	MO
verapamil hcl er tbcr 180 mg	2	MO	ibutilide fumarate soln 1 mg/10ml	2	
verapamil hcl er tbcr 240 mg	2	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ivabradine hcl tabs 5 mg</i>	4	MO	QUINIDINE SULFATE TABS 300 MG	2	MO
<i>ivabradine hcl tabs 7.5 mg</i>	4	MO	<i>ranolazine er tb12 1000 mg</i>	4	MO
LANOXIN PEDIATRIC SOLN 0.1 MG/ML	3		<i>ranolazine er tb12 500 mg</i>	4	MO
LIDOCAINE HCL (CARDIAC) PF SOSY 100 MG/5ML	2		VYNDAMAX CAPS 61 MG	5	NDS
LIDOCAINE HCL (CARDIAC) PF SOSY 50 MG/5ML	2		HYPOTENSIVE AGENTS		
LIDOCAINE IN D5W SOLN 4-5 MG/ML-%	2		<i>clonidine hcl tabs 0.1 mg</i>	1	MO
<i>mexiletine hcl caps 150 mg</i>	2	MO	<i>clonidine hcl tabs 0.2 mg</i>	1	MO
<i>mexiletine hcl caps 200 mg</i>	2	MO	<i>clonidine hcl tabs 0.3 mg</i>	1	MO
<i>mexiletine hcl caps 250 mg</i>	2	MO	<i>clonidine ptwk 0.1 mg/24hr</i>	2	MO
<i>milrinone lactate in dextrose soln 20-5 mg/100ml-%</i>	2		<i>clonidine ptwk 0.2 mg/24hr</i>	2	MO
<i>milrinone lactate in dextrose soln 40-5 mg/200ml-%</i>	2		<i>clonidine ptwk 0.3 mg/24hr</i>	2	MO
<i>milrinone lactate soln 10 mg/10ml</i>	2		<i>guanfacine hcl tabs 1 mg</i>	2	MO
MULTAQ TABS 400 MG	4		<i>guanfacine hcl tabs 2 mg</i>	2	MO
NORPACE CR CP12 100 MG	3	MO	<i>hydralazine hcl soln 20 mg/ml</i>	2	
NORPACE CR CP12 150 MG	3	MO	<i>hydralazine hcl tabs 10 mg</i>	1	MO
<i>procainamide hcl soln 100 mg/ml</i>	2		<i>hydralazine hcl tabs 100 mg</i>	1	MO
<i>procainamide hcl soln 500 mg/ml</i>	2		<i>hydralazine hcl tabs 25 mg</i>	1	MO
<i>propafenone hcl tabs 150 mg</i>	2	MO	<i>hydralazine hcl tabs 50 mg</i>	1	MO
<i>propafenone hcl tabs 225 mg</i>	2	MO	<i>minoxidil tabs 10 mg</i>	2	MO
<i>propafenone hcl tabs 300 mg</i>	2	MO	<i>minoxidil tabs 2.5 mg</i>	2	MO
<i>quinidine gluconate er tbc 324 mg</i>	2	MO	<i>nitroprusside sodium soln 25 mg/ml</i>	2	
QUINIDINE SULFATE TABS 200 MG	2	MO	RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
			ALISKIREN FUMARATE TABS 150 MG	2	MO
			ALISKIREN FUMARATE TABS 300 MG	2	MO
			<i>benazepril hcl tabs 10 mg</i>	1	MO
			<i>benazepril hcl tabs 20 mg</i>	1	MO
			<i>benazepril hcl tabs 40 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl tabs 5 mg</i>	1	MO	<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	1	MO
<i>candesartan cilexetil tabs 16 mg</i>	2	MO	<i>losartan potassium tabs 100 mg</i>	1	MO
<i>candesartan cilexetil tabs 32 mg</i>	2	MO	<i>losartan potassium tabs 25 mg</i>	1	MO
<i>candesartan cilexetil tabs 4 mg</i>	2	MO	<i>losartan potassium tabs 50 mg</i>	1	MO
<i>candesartan cilexetil tabs 8 mg</i>	2	MO	<i>losartan potassium-hctz tabs 100-12.5 mg</i>	1	MO
<i>captopril tabs 100 mg</i>	2	MO	<i>losartan potassium-hctz tabs 100-25 mg</i>	1	MO
<i>captopril tabs 12.5 mg</i>	2	MO	<i>losartan potassium-hctz tabs 50-12.5 mg</i>	1	MO
<i>captopril tabs 25 mg</i>	2	MO	<i>ramipril caps 1.25 mg</i>	2	MO
<i>captopril tabs 50 mg</i>	2	MO	<i>ramipril caps 10 mg</i>	2	MO
<i>enalapril maleate tabs 10 mg</i>	1	MO	<i>ramipril caps 2.5 mg</i>	2	MO
<i>enalapril maleate tabs 2.5 mg</i>	1	MO	<i>ramipril caps 5 mg</i>	2	MO
<i>enalapril maleate tabs 20 mg</i>	1	MO	<i>sacubitril-valsartan tabs 24-26 mg</i>	2	MO
<i>enalapril maleate tabs 5 mg</i>	1	MO	<i>sacubitril-valsartan tabs 49-51 mg</i>	2	MO
<i>enalaprilat soln 1.25 mg/ml</i>	2		<i>sacubitril-valsartan tabs 97-103 mg</i>	2	MO
<i>epplerenone tabs 25 mg</i>	2	MO	<i>spironolactone tabs 100 mg</i>	1	MO
<i>epplerenone tabs 50 mg</i>	2	MO	<i>spironolactone tabs 25 mg</i>	1	MO
<i>irbesartan tabs 150 mg</i>	1	MO	<i>spironolactone tabs 50 mg</i>	1	MO
<i>irbesartan tabs 300 mg</i>	1	MO	<i>spironolactone-hctz tabs 25-25 mg</i>	2	MO
<i>irbesartan tabs 75 mg</i>	1	MO	<i>valsartan tabs 160 mg</i>	1	MO
KERENDIA TABS 10 MG	4	MO	<i>valsartan tabs 320 mg</i>	1	MO
KERENDIA TABS 20 MG	4	MO	<i>valsartan tabs 40 mg</i>	1	MO
<i>lisinopril tabs 10 mg</i>	1	MO	<i>valsartan tabs 80 mg</i>	1	MO
<i>lisinopril tabs 2.5 mg</i>	1	MO	<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg</i>	1	MO
<i>lisinopril tabs 20 mg</i>	1	MO	<i>valsartan-hydrochlorothiazide tabs 160-25 mg</i>	1	MO
<i>lisinopril tabs 30 mg</i>	1	MO	<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg</i>	1	MO
<i>lisinopril tabs 40 mg</i>	1	MO			
<i>lisinopril tabs 5 mg</i>	1	MO			
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	1	MO			
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	1	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tabs 320-25 mg	1	MO	nitroglycerin sublingual 0.4 mg	2	MO
valsartan-hydrochlorothiazide tabs 80-12.5 mg	1	MO	nitroglycerin sublingual 0.6 mg	2	MO
VASODILATING AGENTS			sildenafil citrate suscr 10 mg/ml	2	PA
dipyridamole tabs 25 mg	2	MO	sildenafil citrate tabs 20 mg	2	PA, MO
dipyridamole tabs 50 mg	2	MO	tadalafil (pah) tabs 20 mg	2	PA
dipyridamole tabs 75 mg	2	MO	tadalafil tabs 2.5 mg	2	PA
isosorbide dinitrate tabs 10 mg	2	MO	tadalafil tabs 5 mg	2	PA
isosorbide dinitrate tabs 20 mg	2	MO	VERQUVO TABS 10 MG	4	MO
isosorbide dinitrate tabs 30 mg	2	MO	CENTRAL NERVOUS SYSTEM AGENTS		
isosorbide dinitrate tabs 5 mg	2	MO	ALCOHOL DETERRENTS		
isosorbide mononitrate er tab 120 mg	1	MO	acamprosate calcium tbec 333 mg	2	MO
isosorbide mononitrate er tab 30 mg	1	MO	disulfiram tabs 250 mg	4	MO
isosorbide mononitrate er tab 60 mg	1	MO	disulfiram tabs 500 mg	4	MO
isosorbide mononitrate tabs 10 mg	2	MO	ANALGESICS AND ANTIPIRETTICS		
isosorbide mononitrate tabs 20 mg	2	MO	ACETAMINOPHEN-CODEINE SOLN 120-12 MG/5ML	2	NDS
nitro-bid oint 2 %	2	MO	acetaminophen-codeine tabs 300-15 mg	2	NDS
NITRO-DUR PT24 0.3 MG/HR	5	MO	acetaminophen-codeine tabs 300-30 mg	2	NDS
NITRO-DUR PT24 0.8 MG/HR	5	MO	acetaminophen-codeine tabs 300-60 mg	2	NDS
nitroglycerin patch 0.1 mg/hr	2	MO	butalbital-apap-caffeine tabs 50-325-40 mg	2	
nitroglycerin patch 0.2 mg/hr	2	MO	butalbital-aspirin-caffeine caps 50-325-40 mg	2	
nitroglycerin patch 0.4 mg/hr	2	MO	celecoxib caps 100 mg	2	
nitroglycerin patch 0.6 mg/hr	2	MO	celecoxib caps 200 mg	2	
nitroglycerin soln 0.4 mg/spray	2	MO	celecoxib caps 400 mg	2	
NITROGLYCERIN SOLN 5 MG/ML	2		celecoxib caps 50 mg	2	
nitroglycerin sublingual 0.3 mg	2	MO	CODEINE SULFATE TABS 15 MG	2	NDS
			codeine sulfate tabs 30 mg	2	NDS
			CODEINE SULFATE TABS 60 MG	2	NDS
			diclofenac sodium tbec 25 mg	2	
			diclofenac sodium tbec 50 mg	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium tbec 75 mg</i>	2		<i>ibu tabs 600 mg</i>	2	
<i>diflunisal tabs 500 mg</i>	2		<i>ibu tabs 800 mg</i>	2	
DOLOBID TABS 375 MG	5	NDS	<i>ibuprofen lysine soln 10 mg/ml</i>	2	
<i>endocet tabs 5-325 mg</i>	2	NDS	<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>endocet tabs 7.5-325 mg</i>	2	NDS	<i>ibuprofen tabs 400 mg</i>	2	
<i>etodolac caps 200 mg</i>	2		<i>ibuprofen tabs 600 mg</i>	2	
<i>etodolac caps 300 mg</i>	2		<i>ibuprofen tabs 800 mg</i>	2	
<i>etodolac tabs 400 mg</i>	2		<i>indocin supp 50 mg</i>	5	NDS
<i>etodolac tabs 500 mg</i>	2		<i>indomethacin caps 25 mg</i>	2	
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML	2	NDS	<i>indomethacin caps 50 mg</i>	2	
FENTANYL CITRATE (PF) SOLN 2500 MCG/50ML	2	NDS	<i>indomethacin er cpr 75 mg</i>	2	
<i>fentanyl pt72 100 mcg/hr</i>	2	NDS	INDOMETHACIN SODIUM SOLR 1 MG	2	
<i>fentanyl pt72 12 mcg/hr</i>	2	NDS	KETOPROFEN CAPS 50 MG	2	
<i>fentanyl pt72 25 mcg/hr</i>	2	NDS	<i>ketorolac tromethamine +rfid soln 30 mg/ml</i>	2	
<i>fentanyl pt72 50 mcg/hr</i>	2	NDS	<i>ketorolac tromethamine soln 15 mg/ml</i>	2	
<i>fentanyl pt72 75 mcg/hr</i>	2	NDS	<i>ketorolac tromethamine soln 30 mg/ml</i>	2	
HYDROCODONE-ACETAMINOPHEN SOLN 10-300 MG/15ML	2	NDS	<i>ketorolac tromethamine soln 60 mg/2ml</i>	2	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	NDS	<i>levorphanol tartrate tabs 2 mg</i>	4	NDS
<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	2	NDS	<i>levorphanol tartrate tabs 3 mg</i>	5	NDS
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	2	NDS	MECLOFENAMATE SODIUM CAPS 100 MG	2	
<i>hydrocodone-acetaminophen tabs 7.5-325 mg</i>	2	NDS	MECLOFENAMATE SODIUM CAPS 50 MG	2	
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	NDS	<i>mefenamic acid caps 250 mg</i>	2	
<i>hydromorphone hcl tabs 2 mg</i>	2	NDS	<i>meloxicam tabs 15 mg</i>	1	
<i>hydromorphone hcl tabs 4 mg</i>	2	NDS	<i>meloxicam tabs 7.5 mg</i>	1	
<i>hydromorphone hcl tabs 8 mg</i>	2	NDS	<i>methadone hcl conc 10 mg/ml</i>	2	NDS
<i>ibu tabs 400 mg</i>	2		<i>methadone hcl intensol conc 10 mg/ml</i>	2	NDS
			METHADONE HCL SOLN 5 MG/5ML	2	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
methadone hcl tabs 10 mg	2	NDS	oxycodone hcl tabs 20 mg	2	NDS
methadone hcl tabs 5 mg	2	NDS	oxycodone hcl tabs 30 mg	2	NDS
morphine sulfate (concentrate) soln 100 mg/5ml	2	NDS	oxycodone hcl tabs 5 mg	2	NDS
morphine sulfate er tbc 100 mg	2	NDS	oxycodone-acetaminophen tabs 10-325 mg	2	NDS
morphine sulfate er tbc 15 mg	2	NDS	oxycodone-acetaminophen tabs 5-325 mg	2	NDS
morphine sulfate er tbc 200 mg	2	NDS	oxycodone-acetaminophen tabs 7.5-325 mg	2	NDS
morphine sulfate er tbc 30 mg	2	NDS	piroxicam caps 10 mg	2	
morphine sulfate er tbc 60 mg	2	NDS	piroxicam caps 20 mg	2	
morphine sulfate soln 10 mg/5ml	2	NDS	SALSALATE TABS 500 MG	2	
MORPHINE SULFATE SOLN 20 MG/5ML	2	NDS	SALSALATE TABS 750 MG	2	
morphine sulfate tabs 15 mg	2	NDS	sulindac tabs 150 mg	2	
morphine sulfate tabs 30 mg	2	NDS	sulindac tabs 200 mg	2	
nabumetone tabs 500 mg	2		TRAMADOL HCL SOLN 5 MG/ML	4	NDS
nabumetone tabs 750 mg	2		tramadol hcl tabs 50 mg	2	NDS
nalbuphine hcl soln 10 mg/ml	2	NDS	tramadol-acetaminophen tabs 37.5-325 mg	2	NDS
nalbuphine hcl soln 20 mg/ml	2	NDS	ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
naproxen susp 125 mg/5ml	2		amphetamine-dextroamphet er cp24 10 mg	2	NDS
naproxen tabs 250 mg	2		amphetamine-dextroamphet er cp24 15 mg	2	NDS
naproxen tabs 375 mg	2		amphetamine-dextroamphet er cp24 20 mg	2	NDS
naproxen tabs 500 mg	2		amphetamine-dextroamphet er cp24 25 mg	2	NDS
naproxen tbec 375 mg	2		amphetamine-dextroamphet er cp24 30 mg	2	NDS
oxycodone hcl conc 100 mg/5ml	2	NDS			
oxycodone hcl soln 5 mg/5ml	2	NDS			
oxycodone hcl tabs 10 mg	2	NDS			
oxycodone hcl tabs 15 mg	2	NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine er cp24 5 mg	2	NDS	dexmethylphenidate hcl tabs 10 mg	2	NDS
amphetamine-dextroamphetamine tabs 10 mg	2	NDS	dexmethylphenidate hcl tabs 2.5 mg	2	NDS
amphetamine-dextroamphetamine tabs 12.5 mg	2	NDS	dexmethylphenidate hcl tabs 5 mg	2	NDS
amphetamine-dextroamphetamine tabs 15 mg	2	NDS	dextroamphetamine sulfate er cp24 10 mg	2	NDS
amphetamine-dextroamphetamine tabs 20 mg	2	NDS	dextroamphetamine sulfate er cp24 15 mg	2	NDS
amphetamine-dextroamphetamine tabs 30 mg	2	NDS	dextroamphetamine sulfate er cp24 5 mg	2	NDS
amphetamine-dextroamphetamine tabs 5 mg	2	NDS	dextroamphetamine sulfate tabs 10 mg	2	NDS
amphetamine-dextroamphetamine tabs 7.5 mg	2	NDS	dextroamphetamine sulfate tabs 5 mg	2	NDS
armodafinil tabs 150 mg	2	PA	lisdexamfetamine dimesylate caps 10 mg	4	NDS
armodafinil tabs 200 mg	2	PA	lisdexamfetamine dimesylate caps 20 mg	4	NDS
armodafinil tabs 250 mg	2	PA	lisdexamfetamine dimesylate caps 30 mg	4	NDS
armodafinil tabs 50 mg	2	PA	lisdexamfetamine dimesylate caps 40 mg	4	NDS
caffeine citrate soln 60 mg/3ml	2		lisdexamfetamine dimesylate caps 50 mg	4	NDS
dexmethylphenidate hcl er cp24 10 mg	2	NDS	lisdexamfetamine dimesylate caps 60 mg	4	NDS
dexmethylphenidate hcl er cp24 15 mg	2	NDS	lisdexamfetamine dimesylate caps 70 mg	4	NDS
dexmethylphenidate hcl er cp24 20 mg	2	NDS	methylphenidate hcl chew 2.5 mg	2	NDS
dexmethylphenidate hcl er cp24 25 mg	2	NDS	METHYLPHENIDATE HCL ER (CD) CPCR 10 MG	2	NDS
dexmethylphenidate hcl er cp24 30 mg	2	NDS	METHYLPHENIDATE HCL ER (CD) CPCR 20 MG	2	NDS
dexmethylphenidate hcl er cp24 35 mg	2	NDS	METHYLPHENIDATE HCL ER (CD) CPCR 30 MG	2	NDS
dexmethylphenidate hcl er cp24 40 mg	2	NDS	METHYLPHENIDATE HCL ER (CD) CPCR 40 MG	2	NDS
dexmethylphenidate hcl er cp24 5 mg	2	NDS	METHYLPHENIDATE HCL ER (CD) CPCR 50 MG	2	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
METHYLPHENIDATE HCL ER (CD) CPCR 60 MG	2	NDS	SUNOSI TABS 75 MG	5	NDS
<i>methylphenidate hcl er (osm) tbc 18 mg</i>	2	NDS	VYKAT XR TB24 150 MG	5	NDS
<i>methylphenidate hcl er (osm) tbc 27 mg</i>	2	NDS	VYKAT XR TB24 25 MG	5	NDS
<i>methylphenidate hcl er (osm) tbc 36 mg</i>	2	NDS	VYKAT XR TB24 75 MG	5	NDS
<i>methylphenidate hcl er (osm) tbc 54 mg</i>	2	NDS	ANTICONVULSANTS		
METHYLPHENIDATE HCL ER (XR) CP24 10 MG	2	NDS	<i>brivaracetam soln 10 mg/ml</i>	4	MO
METHYLPHENIDATE HCL ER (XR) CP24 15 MG	2	NDS	<i>brivaracetam tabs 10 mg</i>	4	MO
METHYLPHENIDATE HCL ER (XR) CP24 20 MG	2	NDS	<i>brivaracetam tabs 100 mg</i>	4	MO
METHYLPHENIDATE HCL ER (XR) CP24 30 MG	2	NDS	<i>brivaracetam tabs 25 mg</i>	4	MO
METHYLPHENIDATE HCL ER (XR) CP24 40 MG	2	NDS	<i>brivaracetam tabs 50 mg</i>	4	MO
METHYLPHENIDATE HCL ER (XR) CP24 50 MG	2	NDS	<i>brivaracetam tabs 75 mg</i>	4	MO
METHYLPHENIDATE HCL ER (XR) CP24 60 MG	2	NDS	<i>carbamazepine chew 100 mg</i>	2	MO
<i>methylphenidate hcl er tbc 10 mg</i>	2	NDS	CARBAMAZEPINE CHEW 200 MG	4	MO
<i>methylphenidate hcl er tbc 20 mg</i>	2	NDS	<i>carbamazepine er cp12 100 mg</i>	2	MO
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	NDS	<i>carbamazepine er cp12 200 mg</i>	2	MO
<i>methylphenidate hcl tabs 10 mg</i>	2	NDS	<i>carbamazepine er cp12 300 mg</i>	2	MO
<i>methylphenidate hcl tabs 20 mg</i>	2	NDS	<i>carbamazepine er tb12 100 mg</i>	2	MO
<i>methylphenidate hcl tabs 5 mg</i>	2	NDS	<i>carbamazepine er tb12 200 mg</i>	2	MO
<i>modafinil tabs 100 mg</i>	2	PA, NDS	<i>carbamazepine er tb12 400 mg</i>	2	MO
<i>modafinil tabs 200 mg</i>	2	PA, NDS	<i>carbamazepine susp 100 mg/5ml</i>	2	MO
SUNOSI TABS 150 MG	4	MO	<i>carbamazepine tabs 200 mg</i>	2	MO
			CELONTIN CAPS 300 MG	3	MO
			<i>clobazam susp 2.5 mg/ml</i>	2	MO
			<i>clobazam tabs 10 mg</i>	2	MO
			<i>clobazam tabs 20 mg</i>	2	MO
			<i>clonazepam tabs 0.5 mg</i>	2	NDS
			<i>clonazepam tabs 1 mg</i>	2	NDS
			<i>clonazepam tabs 2 mg</i>	2	NDS
			<i>clonazepam tbdp 0.125 mg</i>	2	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tbdp 0.25 mg</i>	2	NDS	<i>eslicarbazepine acetate tabs 800 mg</i>	4	MO
<i>clonazepam tbdp 0.5 mg</i>	2	NDS	<i>ethosuximide caps 250 mg</i>	2	MO
<i>clonazepam tbdp 1 mg</i>	2	NDS	<i>ethosuximide soln 250 mg/5ml</i>	2	MO
<i>clonazepam tbdp 2 mg</i>	2	NDS	<i>felbamate susp 600 mg/5ml</i>	4	MO
DIACOMIT CAPS 250 MG	5	NDS	<i>felbamate tabs 400 mg</i>	2	MO
DIACOMIT CAPS 500 MG	5	NDS	<i>felbamate tabs 600 mg</i>	2	MO
DIACOMIT PACK 250 MG	5	NDS	FINTEPLA SOLN 2.2 MG/ML	5	NDS
DIACOMIT PACK 500 MG	5	NDS	<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	2	
<i>diazepam gel 10 mg</i>	2	NDS	<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	2	
<i>diazepam gel 2.5 mg</i>	2	NDS	FYCOMPA SUSP 0.5 MG/ML	5	
<i>diazepam gel 20 mg</i>	2	NDS	<i>gabapentin caps 100 mg</i>	2	MO
DILANTIN CAPS 100 MG	2	MO	<i>gabapentin caps 300 mg</i>	2	MO
DILANTIN CAPS 30 MG	2	MO	<i>gabapentin caps 400 mg</i>	2	MO
DILANTIN INFATABS CHEW 50 MG	2	MO	<i>gabapentin soln 250 mg/5ml</i>	2	MO
<i>divalproex sodium csdr 125 mg</i>	2	MO	<i>gabapentin tabs 600 mg</i>	2	MO
<i>divalproex sodium er tb24 250 mg</i>	2	MO	<i>gabapentin tabs 800 mg</i>	2	MO
<i>divalproex sodium er tb24 500 mg</i>	2	MO	GABARONE TABS 100 MG	5	NDS
<i>divalproex sodium tbec 125 mg</i>	2	MO	GABARONE TABS 400 MG	5	NDS
<i>divalproex sodium tbec 250 mg</i>	2	MO	<i>lacosamide soln 10 mg/ml</i>	4	
<i>divalproex sodium tbec 500 mg</i>	2	MO	<i>lacosamide soln 200 mg/20ml</i>	4	
ELEPSIA XR TB24 1000 MG	5	NDS	<i>lacosamide tabs 100 mg</i>	2	MO
ELEPSIA XR TB24 1500 MG	5	NDS	<i>lacosamide tabs 150 mg</i>	2	MO
EPIDIOLEX SOLN 100 MG/ML	5		<i>lacosamide tabs 200 mg</i>	2	MO
<i>eslicarbazepine acetate tabs 200 mg</i>	4	MO	<i>lacosamide tabs 50 mg</i>	2	MO
<i>eslicarbazepine acetate tabs 400 mg</i>	4	MO	<i>lamotrigine chew 25 mg</i>	2	MO
<i>eslicarbazepine acetate tabs 600 mg</i>	4	MO	<i>lamotrigine chew 5 mg</i>	2	MO
			<i>lamotrigine er tb24 100 mg</i>	2	MO
			<i>lamotrigine er tb24 200 mg</i>	2	MO
			<i>lamotrigine er tb24 25 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine er tb24 250 mg</i>	2	MO	LEVETIRACETAM TB3D 250 MG	4	MO
<i>lamotrigine er tb24 300 mg</i>	2	MO	LEVETIRACETAM TB3D 500 MG	4	MO
<i>lamotrigine er tb24 50 mg</i>	2	MO	<i>magnesium sulfate soln 50 %</i>	2	
<i>lamotrigine kit 25 & 50 & 100 mg</i>	2	MO	<i>methsuximide caps 300 mg</i>	2	MO
<i>lamotrigine starter kit-blue kit 35 x 25 mg</i>	2	MO	MIDAZOLAM SOAJ 10 MG/0.7ML	4	NDS
<i>lamotrigine starter kit-green kit 84 x 25 mg & 14x100 mg</i>	2	MO	NAYZILAM SOLN 5 MG/0.1ML	4	NDS
<i>lamotrigine starter kit-orange kit 42 x 25 mg & 7 x 100 mg</i>	2	MO	<i>oxcarbazepine susp 300 mg/5ml</i>	2	MO
<i>lamotrigine tabs 100 mg</i>	2	MO	<i>oxcarbazepine tabs 150 mg</i>	2	MO
<i>lamotrigine tabs 150 mg</i>	2	MO	<i>oxcarbazepine tabs 300 mg</i>	2	MO
<i>lamotrigine tabs 200 mg</i>	2	MO	<i>oxcarbazepine tabs 600 mg</i>	2	MO
<i>lamotrigine tabs 25 mg</i>	2	MO	<i>perampanel susp 0.5 mg/ml</i>	5	
<i>lamotrigine tbdp 100 mg</i>	2	MO	<i>perampanel tabs 10 mg</i>	4	MO
<i>lamotrigine tbdp 200 mg</i>	2	MO	<i>perampanel tabs 12 mg</i>	4	MO
<i>lamotrigine tbdp 25 mg</i>	2	MO	<i>perampanel tabs 2 mg</i>	4	
<i>lamotrigine tbdp 50 mg</i>	2	MO	<i>perampanel tabs 4 mg</i>	4	MO
<i>levetiracetam er tb24 500 mg</i>	2	MO	<i>perampanel tabs 6 mg</i>	4	MO
<i>levetiracetam er tb24 750 mg</i>	2	MO	<i>perampanel tabs 8 mg</i>	4	MO
<i>levetiracetam in nacl soln 1000 mg/100ml</i>	2		<i>phenytek caps 200 mg</i>	2	MO
<i>levetiracetam in nacl soln 1500 mg/100ml</i>	2		<i>phenytek caps 300 mg</i>	2	MO
<i>levetiracetam in nacl soln 500 mg/100ml</i>	2		<i>phenytoin chew 50 mg</i>	2	MO
<i>levetiracetam soln 100 mg/ml</i>	2	MO	<i>phenytoin sodium extended caps 100 mg</i>	2	MO
<i>levetiracetam soln 500 mg/5ml</i>	2		<i>phenytoin sodium extended caps 200 mg</i>	2	MO
<i>levetiracetam tabs 1000 mg</i>	2	MO	<i>phenytoin sodium extended caps 300 mg</i>	2	MO
<i>levetiracetam tabs 250 mg</i>	2	MO	<i>phenytoin sodium soln 50 mg/ml</i>	2	
<i>levetiracetam tabs 500 mg</i>	2	MO	<i>phenytoin susp 125 mg/5ml</i>	2	MO
<i>levetiracetam tabs 750 mg</i>	2	MO	<i>pregabalin caps 100 mg</i>	2	MO
			<i>pregabalin caps 150 mg</i>	2	MO
			<i>pregabalin caps 200 mg</i>	2	MO
			<i>pregabalin caps 225 mg</i>	2	MO
			<i>pregabalin caps 25 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin caps 300 mg</i>	2	MO	<i>topiramate tabs 50 mg</i>	2	MO
<i>pregabalin caps 50 mg</i>	2	MO	<i>valproate sodium soln 100 mg/ml</i>	2	
<i>pregabalin caps 75 mg</i>	2	MO	<i>valproic acid caps 250 mg</i>	2	MO
<i>pregabalin soln 20 mg/ml</i>	2	MO	<i>valproic acid soln 250 mg/5ml</i>	2	MO
PRIMIDONE TABS 125 MG	4	MO	VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML	3	
<i>primidone tabs 250 mg</i>	2	MO	VALTOCO 15 MG DOSE LQPK 2 x 7.5 MG/0.1ML	3	
<i>primidone tabs 50 mg</i>	2	MO	VALTOCO 20 MG DOSE LQPK 2 x 10 MG/0.1ML	3	
<i>roweepra tabs 500 mg</i>	2	MO	VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML	3	
<i>rufinamide susp 40 mg/ml</i>	4		<i>vigabatrin pack 500 mg</i>	5	LD, NDS
<i>rufinamide tabs 200 mg</i>	4		<i>vigabatrin tabs 500 mg</i>	5	NDS
<i>rufinamide tabs 400 mg</i>	4		<i>vigadrone tabs 500 mg</i>	5	NDS
<i>subvenite starter kit-blue kit 35 x 25 mg</i>	2	MO	VIGAFYDE SOLN 100 MG/ML	5	NDS
<i>subvenite starter kit-green kit 84 x 25 mg & 14x100 mg</i>	2	MO	XCOPRI (250 MG DAILY DOSE) TBPK 100 & 150 MG	5	
<i>subvenite starter kit-orange kit 42 x 25 mg & 7 x 100 mg</i>	2	MO	XCOPRI (350 MG DAILY DOSE) TBPK 150 & 200 MG	5	
SUBVENITE SUSP 10 MG/ML	4	MO	XCOPRI TABS 100 MG	5	
<i>subvenite tabs 100 mg</i>	2	MO	XCOPRI TABS 150 MG	5	
<i>subvenite tabs 150 mg</i>	2	MO	XCOPRI TABS 200 MG	5	
<i>subvenite tabs 200 mg</i>	2	MO	XCOPRI TABS 25 MG	5	
<i>subvenite tabs 25 mg</i>	2	MO	XCOPRI TABS 50 MG	5	
SYMPAZAN FILM 10 MG	5		XCOPRI TBPK 14 x 12.5 MG & 14 X 25 MG	4	
SYMPAZAN FILM 20 MG	5		XCOPRI TBPK 14 x 150 MG & 14 X200 MG	5	
SYMPAZAN FILM 5 MG	5		XCOPRI TBPK 14 x 50 MG & 14 X100 MG	5	
TIAGABINE HCL TABS 12 MG	4	MO	ZONISADE SUSP 100 MG/5ML	4	MO
TIAGABINE HCL TABS 16 MG	4	MO	<i>zonisamide caps 100 mg</i>	2	MO
<i>tiagabine hcl tabs 2 mg</i>	4	MO	<i>zonisamide caps 25 mg</i>	2	MO
<i>tiagabine hcl tabs 4 mg</i>	4	MO	<i>zonisamide caps 50 mg</i>	2	MO
<i>topiramate csp 15 mg</i>	2	MO	ZTALMY SUSP 50 MG/ML	5	NDS
<i>topiramate csp 25 mg</i>	2	MO			
<i>topiramate soln 25 mg/ml</i>	4	MO			
<i>topiramate tabs 100 mg</i>	2	MO			
<i>topiramate tabs 200 mg</i>	2	MO			
<i>topiramate tabs 25 mg</i>	2	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANTIMIGRAINE AGENTS			<i>zolmitriptan tabs 2.5 mg</i>	2	
AJOVY SOAJ 225 MG/1.5ML	4		<i>zolmitriptan tabs 5 mg</i>	2	
AJOVY SOSY 225 MG/1.5ML	4		<i>zolmitriptan tbdp 2.5 mg</i>	2	
<i>eletriptan hydrobromide tabs 20 mg</i>	2		<i>zolmitriptan tbdp 5 mg</i>	2	
<i>eletriptan hydrobromide tabs 40 mg</i>	2		ANTIPARKINSONIAN AGENTS		
ERGOTAMINE-CAFFEINE TABS 1-100 MG	2		<i>amantadine hcl caps 100 mg</i>	2	MO
<i>naratriptan hcl tabs 1 mg</i>	2		<i>amantadine hcl soln 50 mg/5ml</i>	2	MO
<i>naratriptan hcl tabs 2.5 mg</i>	2		<i>amantadine hcl tabs 100 mg</i>	2	MO
NURTEC TBDP 75 MG	5	NDS	<i>apomorphine hcl soct 30 mg/3ml</i>	5	NDS
QULIPTA TABS 10 MG	5	NDS	<i>benztropine mesylate soln 1 mg/ml</i>	2	
QULIPTA TABS 30 MG	5	NDS	<i>benztropine mesylate tabs 0.5 mg</i>	2	MO
QULIPTA TABS 60 MG	5	NDS	<i>benztropine mesylate tabs 1 mg</i>	2	MO
<i>rizatriptan benzoate tabs 10 mg</i>	2		<i>benztropine mesylate tabs 2 mg</i>	2	MO
<i>rizatriptan benzoate tabs 5 mg</i>	2		<i>bromocriptine mesylate caps 5 mg</i>	2	MO
<i>rizatriptan benzoate tbdp 10 mg</i>	2		<i>bromocriptine mesylate tabs 2.5 mg</i>	2	MO
<i>rizatriptan benzoate tbdp 5 mg</i>	2		<i>cabergoline tabs 0.5 mg</i>	2	MO
<i>sumatriptan soln 20 mg/act</i>	2		<i>carbidopa tabs 25 mg</i>	2	MO
<i>sumatriptan soln 5 mg/act</i>	2		<i>carbidopa-levodopa er tbc 25-100 mg</i>	2	MO
<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	2		<i>carbidopa-levodopa er tbc 50-200 mg</i>	2	MO
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	2		<i>carbidopa-levodopa tabs 10-100 mg</i>	2	MO
<i>sumatriptan succinate tabs 100 mg</i>	2		<i>carbidopa-levodopa tabs 25-100 mg</i>	2	MO
<i>sumatriptan succinate tabs 25 mg</i>	2		<i>carbidopa-levodopa tabs 25-250 mg</i>	2	MO
<i>sumatriptan succinate tabs 50 mg</i>	2		<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	MO
UBRELVY TABS 100 MG	3		<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	MO
UBRELVY TABS 50 MG	3		<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	MO
ZAVZPRET SOLN 10 MG/ACT	5	NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	MO	<i>ropinirole hcl er tb24 8 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	MO	<i>ropinirole hcl tabs 0.25 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	MO	<i>ropinirole hcl tabs 0.5 mg</i>	2	MO
EMSAM PT24 12 MG/24HR	5	NDS	<i>ropinirole hcl tabs 1 mg</i>	2	MO
EMSAM PT24 6 MG/24HR	5	NDS	<i>ropinirole hcl tabs 2 mg</i>	2	MO
EMSAM PT24 9 MG/24HR	5	NDS	<i>ropinirole hcl tabs 3 mg</i>	2	MO
<i>entacapone tabs 200 mg</i>	2	MO	<i>ropinirole hcl tabs 4 mg</i>	2	MO
INBRIJA CAPS 42 MG	5	NDS	<i>ropinirole hcl tabs 5 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	2	MO	<i>selegiline hcl caps 5 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	2	MO	<i>selegiline hcl tabs 5 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	2	MO	TOLCAPONE TABS 100 MG	5	MO
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	2	MO	<i>trihexyphenidyl hcl soln 0.4 mg/ml</i>	2	MO
<i>pramipexole dihydrochloride tabs 1 mg</i>	2	MO	<i>trihexyphenidyl hcl tabs 2 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	2	MO	<i>trihexyphenidyl hcl tabs 5 mg</i>	2	MO
<i>rasagiline mesylate tabs 0.5 mg</i>	2	MO	ZELAPAR TBDP 1.25 MG	5	MO
<i>rasagiline mesylate tabs 1 mg</i>	2	MO	ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>ropinirole hcl er tb24 12 mg</i>	2	MO	<i>alprazolam tabs 0.25 mg</i>	2	NDS
<i>ropinirole hcl er tb24 2 mg</i>	2	MO	<i>alprazolam tabs 0.5 mg</i>	2	NDS
<i>ropinirole hcl er tb24 4 mg</i>	2	MO	<i>alprazolam tabs 1 mg</i>	2	NDS
<i>ropinirole hcl er tb24 6 mg</i>	2	MO	<i>alprazolam tabs 2 mg</i>	2	NDS
			BUCAPSOL CAPS 10 MG	5	NDS
			BUCAPSOL CAPS 15 MG	5	NDS
			BUCAPSOL CAPS 7.5 MG	5	NDS
			<i>buspirone hcl tabs 10 mg</i>	1	
			<i>buspirone hcl tabs 15 mg</i>	1	
			<i>buspirone hcl tabs 30 mg</i>	1	
			<i>buspirone hcl tabs 5 mg</i>	1	
			<i>buspirone hcl tabs 7.5 mg</i>	1	
			<i>chlordiazepoxide hcl caps 10 mg</i>	2	NDS
			<i>chlordiazepoxide hcl caps 25 mg</i>	2	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl caps 5 mg</i>	2	NDS	<i>lorazepam tabs 0.5 mg</i>	2	NDS
<i>clorazepate dipotassium tabs 15 mg</i>	2	NDS	<i>lorazepam tabs 1 mg</i>	2	NDS
<i>clorazepate dipotassium tabs 3.75 mg</i>	2	NDS	<i>lorazepam tabs 2 mg</i>	2	NDS
<i>clorazepate dipotassium tabs 7.5 mg</i>	2	NDS	<i>midazolam hcl (pf) +rfid soln 2 mg/2ml</i>	2	
<i>diazepam intensol conc 5 mg/ml</i>	2	NDS	<i>midazolam hcl (pf) soln 10 mg/2ml</i>	2	
<i>diazepam soln 5 mg/5ml</i>	2	NDS	<i>midazolam hcl (pf) soln 2 mg/2ml</i>	2	
<i>diazepam soln 5 mg/ml</i>	2	NDS	<i>midazolam hcl (pf) soln 5 mg/ml</i>	2	
<i>diazepam tabs 10 mg</i>	2	NDS	<i>midazolam hcl soln 10 mg/2ml</i>	2	
<i>diazepam tabs 2 mg</i>	2	NDS	<i>midazolam hcl soln 2 mg/2ml</i>	2	
<i>diazepam tabs 5 mg</i>	2	NDS	<i>midazolam hcl soln 25 mg/5ml</i>	2	
<i>droperidol soln 2.5 mg/ml</i>	2		<i>midazolam hcl soln 5 mg/ml</i>	2	
<i>eszopiclone tabs 1 mg</i>	2	NDS	<i>oxazepam caps 10 mg</i>	2	NDS
<i>eszopiclone tabs 2 mg</i>	2	NDS	<i>oxazepam caps 15 mg</i>	2	NDS
<i>eszopiclone tabs 3 mg</i>	2	NDS	<i>oxazepam caps 30 mg</i>	2	NDS
HYDROXYZINE HCL SOLN 25 MG/ML	2		PHENOBARBITAL ELIX 20 MG/5ML	2	
HYDROXYZINE HCL SOLN 50 MG/ML	2		PHENOBARBITAL SODIUM SOLN 130 MG/ML	2	
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	2		PHENOBARBITAL SODIUM SOLN 65 MG/ML	2	
<i>hydroxyzine hcl tabs 10 mg</i>	2		PHENOBARBITAL TABS 100 MG	2	
<i>hydroxyzine hcl tabs 25 mg</i>	2		PHENOBARBITAL TABS 15 MG	2	
<i>hydroxyzine hcl tabs 50 mg</i>	2		PHENOBARBITAL TABS 16.2 MG	2	
HYDROXYZINE PAMOATE CAPS 100 MG	2		PHENOBARBITAL TABS 30 MG	2	
<i>hydroxyzine pamoate caps 25 mg</i>	2		PHENOBARBITAL TABS 32.4 MG	2	
<i>hydroxyzine pamoate caps 50 mg</i>	2		PHENOBARBITAL TABS 60 MG	2	
IGALMI FILM 120 MCG	4	NDS	PHENOBARBITAL TABS 64.8 MG	2	
<i>lorazepam intensol conc 2 mg/ml</i>	2	NDS	PHENOBARBITAL TABS 97.2 MG	2	
LORAZEPAM SOLN 2 MG/ML	2	NDS			
LORAZEPAM SOLN 4 MG/ML	2	NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tasimelteon caps 20 mg</i>	5	PA, NDS	AUSTEDO XR TB24 48 MG	5	NDS
<i>temazepam caps 15 mg</i>	2	NDS	AUSTEDO XR TB24 6 MG	5	NDS
<i>temazepam caps 30 mg</i>	2	NDS	DAYBUE SOLN 200 MG/ML	5	NDS
<i>temazepam caps 7.5 mg</i>	2	NDS	<i>flumazenil soln 0.5 mg/5ml</i>	2	
<i>triazolam tabs 0.125 mg</i>	2	NDS	<i>flumazenil soln 1 mg/10ml</i>	2	
<i>triazolam tabs 0.25 mg</i>	2	NDS	<i>guanfacine hcl er tb24 1 mg</i>	2	MO
<i>zaleplon caps 10 mg</i>	2	NDS	<i>guanfacine hcl er tb24 2 mg</i>	2	MO
<i>zaleplon caps 5 mg</i>	2	NDS	<i>guanfacine hcl er tb24 3 mg</i>	2	MO
<i>zolpidem tartrate tabs 10 mg</i>	2	NDS	<i>guanfacine hcl er tb24 4 mg</i>	2	MO
<i>zolpidem tartrate tabs 5 mg</i>	2	NDS	INGREZZA CAPS 40 MG	5	NDS
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS			INGREZZA CAPS 60 MG	5	NDS
<i>atomoxetine hcl caps 10 mg</i>	2	MO	INGREZZA CAPS 80 MG	5	NDS
<i>atomoxetine hcl caps 100 mg</i>	2	MO	INGREZZA CPPK 40 & 80 MG	5	NDS
<i>atomoxetine hcl caps 18 mg</i>	2	MO	<i>memantine hcl soln 2 mg/ml</i>	2	MO
<i>atomoxetine hcl caps 25 mg</i>	2	MO	<i>memantine hcl tabs 10 mg</i>	2	MO
<i>atomoxetine hcl caps 40 mg</i>	2	MO	MEMANTINE HCL TABS 28 x 5 MG & 21 X 10 MG	2	MO
<i>atomoxetine hcl caps 60 mg</i>	2	MO	<i>memantine hcl tabs 5 mg</i>	2	MO
<i>atomoxetine hcl caps 80 mg</i>	2	MO	NOURIANZ TABS 20 MG	5	NDS
AUSTEDO TABS 12 MG	5	NDS	NOURIANZ TABS 40 MG	5	NDS
AUSTEDO TABS 6 MG	5	NDS	NUEDEXTA CAPS 20-10 MG	5	PA, NDS
AUSTEDO TABS 9 MG	5	NDS	QALSODY SOLN 100 MG/15ML	5	NDS
AUSTEDO XR PATIENT TITRATION TEPK 12 & 18 & 24 & 30 MG	5	NDS	RADICAVA ORS STARTER KIT SUSP 105 MG/5ML	5	NDS
AUSTEDO XR TB24 12 MG	5	NDS	RADICAVA ORS SUSP 105 MG/5ML	5	NDS
AUSTEDO XR TB24 18 MG	5	NDS	<i>riluzole tabs 50 mg</i>	2	MO
AUSTEDO XR TB24 24 MG	5	NDS			
AUSTEDO XR TB24 30 MG	5	NDS			
AUSTEDO XR TB24 36 MG	5	NDS			
AUSTEDO XR TB24 42 MG	5	NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sodium oxybate soln 500 mg/ml</i>	5	PA, LD, NDS	OPIATE ANTAGONISTS		
<i>tetrabenazine tabs 12.5 mg</i>	4	MO	BELBUCA FILM 150 MCG	4	NDS
<i>tetrabenazine tabs 25 mg</i>	4	MO	BELBUCA FILM 300 MCG	4	NDS
MULTIPLE SCLEROSIS AGENTS			BELBUCA FILM 450 MCG	4	NDS
AVONEX PEN AJKT 30 MCG/0.5ML	5	NDS	BELBUCA FILM 600 MCG	4	NDS
AVONEX PREFILLED PSKT 30 MCG/0.5ML	5	NDS	BELBUCA FILM 75 MCG	4	NDS
BETASERON KIT 0.3 MG	5	NDS	BELBUCA FILM 750 MCG	5	NDS
<i>dalfampridine er tb12 10 mg</i>	2	MO	BELBUCA FILM 900 MCG	5	NDS
<i>dimethyl fumarate cpdr 120 mg</i>	2	MO	<i>buprenorphine hcl subl 2 mg</i>	2	NDS
<i>dimethyl fumarate cpdr 240 mg</i>	2	MO	<i>buprenorphine hcl subl 8 mg</i>	2	NDS
<i>dimethyl fumarate starter pack cdpk 120 & 240 mg</i>	2	MO	<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	2	NDS
<i> fingolimod hcl caps 0.5 mg</i>	2	MO	<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	2	NDS
<i>glatiramer acetate sosy 20 mg/ml</i>	2	MO	<i>buprenorphine ptwk 10 mcg/hr</i>	2	NDS
<i>glatiramer acetate sosy 40 mg/ml</i>	2	MO	<i>buprenorphine ptwk 15 mcg/hr</i>	2	NDS
<i>glatopa sosy 20 mg/ml</i>	4	MO	<i>buprenorphine ptwk 20 mcg/hr</i>	2	NDS
<i>glatopa sosy 40 mg/ml</i>	4	MO	<i>buprenorphine ptwk 5 mcg/hr</i>	2	NDS
OCREVUS ZUNOVO SOLN 920-23000 MG-UT/23ML	5		<i>buprenorphine ptwk 7.5 mcg/hr</i>	2	NDS
REBIF REBIDOSE SOAJ 22 MCG/0.5ML	5	NDS	KLOXXADO LIQD 8 MG/0.1ML	4	
REBIF REBIDOSE SOAJ 44 MCG/0.5ML	5	NDS	<i>lofexidine hcl tabs 0.18 mg</i>	5	NDS
REBIF REBIDOSE TITRATION PACK SOAJ 6X8.8 & 6X22 MCG	5	NDS	NALOXONE HCL SOCT 0.4 MG/ML	2	
REBIF TITRATION PACK SOSY 6X8.8 & 6X22 MCG	5	NDS	<i>naloxone hcl soln 0.4 mg/ml</i>	2	
<i>teriflunomide tabs 14 mg</i>	4	PA, MO	<i>naloxone hcl soln 4 mg/10ml</i>	2	
<i>teriflunomide tabs 7 mg</i>	4	PA, MO	<i>naloxone hcl sosy 2 mg/2ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl tabs 50 mg</i>	2		ARISTADA INITIO PRSY 675 MG/2.4ML	5	NDS
VIVITROL SUSR 380 MG	5	NDS	ARISTADA PRSY 1064 MG/3.9ML	5	NDS
PSYCHOTHERAPEUTIC AGENTS			ARISTADA PRSY 441 MG/1.6ML	5	NDS
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	5		ARISTADA PRSY 662 MG/2.4ML	5	NDS
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	5		ARISTADA PRSY 882 MG/3.2ML	5	NDS
ABILIFY MAINTENA PRSY 300 MG	5	NDS	<i>asenapine maleate subl 10 mg</i>	2	MO
ABILIFY MAINTENA PRSY 400 MG	5	NDS	<i>asenapine maleate subl 2.5 mg</i>	2	MO
ABILIFY MAINTENA SRER 300 MG	5	NDS	<i>asenapine maleate subl 5 mg</i>	2	MO
ABILIFY MAINTENA SRER 400 MG	5	NDS	AUVELITY TBCR 45-105 MG	5	NDS
<i>amitriptyline hcl tabs 10 mg</i>	2	MO	AUVELITY TITRATION PACK TEPK 30-105 MG & 45-105 MG	5	NDS
<i>amitriptyline hcl tabs 100 mg</i>	2	MO	<i>bupropion hcl er (sr) tb12 100 mg</i>	2	MO
<i>amitriptyline hcl tabs 150 mg</i>	2	MO	<i>bupropion hcl er (sr) tb12 150 mg</i>	2	MO
<i>amitriptyline hcl tabs 25 mg</i>	2	MO	<i>bupropion hcl er (sr) tb12 200 mg</i>	2	MO
<i>amitriptyline hcl tabs 50 mg</i>	2	MO	<i>bupropion hcl er (xl) tb24 150 mg</i>	2	MO
<i>amitriptyline hcl tabs 75 mg</i>	2	MO	<i>bupropion hcl er (xl) tb24 300 mg</i>	2	MO
<i>amoxapine tabs 100 mg</i>	2	MO	BUPROPION HCL ER (XL) TB24 450 MG	2	MO
<i>amoxapine tabs 150 mg</i>	2	MO	<i>bupropion hcl tabs 100 mg</i>	2	MO
<i>amoxapine tabs 25 mg</i>	2	MO	<i>bupropion hcl tabs 75 mg</i>	2	MO
<i>amoxapine tabs 50 mg</i>	2	MO	BYSANTI TABS 1 MG	5	NDS
APLENZIN TB24 348 MG	5	MO	BYSANTI TABS 10 MG	5	NDS
APLENZIN TB24 522 MG	5	MO	BYSANTI TABS 12 MG	5	NDS
<i>aripiprazole soln 1 mg/ml</i>	2	MO	BYSANTI TABS 2 MG	5	NDS
<i>aripiprazole tabs 10 mg</i>	2	MO	BYSANTI TABS 4 MG	5	NDS
<i>aripiprazole tabs 15 mg</i>	2	MO	BYSANTI TABS 6 MG	5	NDS
<i>aripiprazole tabs 2 mg</i>	2	MO	BYSANTI TABS 8 MG	5	NDS
<i>aripiprazole tabs 20 mg</i>	2	MO			
<i>aripiprazole tabs 30 mg</i>	2	MO			
<i>aripiprazole tabs 5 mg</i>	2	MO			
<i>aripiprazole tbdp 10 mg</i>	4	MO			
<i>aripiprazole tbdp 15 mg</i>	4	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BYSANTI TITRATION PACK A TBPK 1 & 2 & 4 & 6 MG	4		<i>clomipramine hcl caps 25 mg</i>	2	MO
BYSANTI TITRATION PACK B TBPK 1 & 2 & 6 & 8 MG	4		<i>clomipramine hcl caps 50 mg</i>	2	MO
BYSANTI TITRATION PACK C TBPK 1 & 2 & 6 MG	4		<i>clomipramine hcl caps 75 mg</i>	2	MO
CAPLYTA CAPS 10.5 MG	5	NDS	<i>clozapine tabs 100 mg</i>	2	NDS
CAPLYTA CAPS 21 MG	5	NDS	<i>clozapine tabs 200 mg</i>	2	NDS
CAPLYTA CAPS 42 MG	5	NDS	<i>clozapine tabs 25 mg</i>	2	NDS
CHLORDIAZEPOXIDE-AMITRIPTYLINE TABS 10-25 MG	2		<i>clozapine tabs 50 mg</i>	2	NDS
CHLORDIAZEPOXIDE-AMITRIPTYLINE TABS 5-12.5 MG	2		<i>clozapine tbdp 100 mg</i>	2	NDS
<i>chlorpromazine hcl conc 100 mg/ml</i>	4	MO	<i>clozapine tbdp 12.5 mg</i>	2	NDS
<i>chlorpromazine hcl conc 30 mg/ml</i>	4	MO	<i>clozapine tbdp 150 mg</i>	2	NDS
<i>chlorpromazine hcl soln 25 mg/ml</i>	2		<i>clozapine tbdp 200 mg</i>	2	NDS
<i>chlorpromazine hcl soln 50 mg/2ml</i>	2		<i>clozapine tbdp 25 mg</i>	2	NDS
<i>chlorpromazine hcl tabs 10 mg</i>	2	MO	COBENFY CAPS 100-20 MG	5	NDS
<i>chlorpromazine hcl tabs 100 mg</i>	2	MO	COBENFY CAPS 125-30 MG	5	NDS
<i>chlorpromazine hcl tabs 200 mg</i>	2	MO	COBENFY CAPS 50-20 MG	5	NDS
<i>chlorpromazine hcl tabs 25 mg</i>	2	MO	COBENFY STARTER PACK CPPK 50-20 & 100-20 MG	5	NDS
<i>chlorpromazine hcl tabs 50 mg</i>	2	MO	<i>compro supp 25 mg</i>	2	MO
<i>citalopram hydrobromide caps 30 mg</i>	4	MO	<i>desipramine hcl tabs 10 mg</i>	2	MO
<i>citalopram hydrobromide soln 10 mg/5ml</i>	2	MO	<i>desipramine hcl tabs 100 mg</i>	2	MO
<i>citalopram hydrobromide tabs 10 mg</i>	1	MO	<i>desipramine hcl tabs 150 mg</i>	2	MO
<i>citalopram hydrobromide tabs 20 mg</i>	1	MO	<i>desipramine hcl tabs 25 mg</i>	2	MO
<i>citalopram hydrobromide tabs 40 mg</i>	1	MO	<i>desipramine hcl tabs 50 mg</i>	2	MO
			<i>desipramine hcl tabs 75 mg</i>	2	MO
			<i>desvenlafaxine succinate er tb24 100 mg</i>	2	MO
			<i>desvenlafaxine succinate er tb24 25 mg</i>	2	MO
			<i>desvenlafaxine succinate er tb24 50 mg</i>	2	MO
			<i>doxepin hcl caps 10 mg</i>	2	MO
			<i>doxepin hcl caps 100 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DOXEPIN HCL CAPS 150 MG	2	MO	FANAPT TABS 8 MG	5	NDS
<i>doxepin hcl caps 25 mg</i>	2	MO	FANAPT TITRATION PACK A TABS 1 & 2 & 4 & 6 MG	4	MO
<i>doxepin hcl caps 50 mg</i>	2	MO	FANAPT TITRATION PACK B TABS 1 & 2 & 6 & 8 MG	4	MO
<i>doxepin hcl caps 75 mg</i>	2	MO	FANAPT TITRATION PACK C TABS 1 & 2 & 6 MG	4	MO
DOXEPIN HCL CONC 10 MG/ML	2	MO	FETZIMA CP24 120 MG	4	MO
<i>doxepin hcl tabs 3 mg</i>	2	MO	FETZIMA CP24 20 MG	4	MO
<i>doxepin hcl tabs 6 mg</i>	2	MO	FETZIMA CP24 40 MG	4	MO
DRIZALMA SPRINKLE CSDR 20 MG	4		FETZIMA CP24 80 MG	4	MO
DRIZALMA SPRINKLE CSDR 30 MG	4		FETZIMA TITRATION C4PK 20 & 40 MG	4	MO
DRIZALMA SPRINKLE CSDR 40 MG	4		FLUOXETINE HCL (PMDD) TABS 10 MG	2	MO
DRIZALMA SPRINKLE CSDR 60 MG	4		FLUOXETINE HCL (PMDD) TABS 20 MG	2	MO
<i>duloxetine hcl cpep 20 mg</i>	2	MO	<i>fluoxetine hcl caps 10 mg</i>	1	MO
<i>duloxetine hcl cpep 30 mg</i>	2	MO	<i>fluoxetine hcl caps 20 mg</i>	1	MO
<i>duloxetine hcl cpep 40 mg</i>	4	MO	<i>fluoxetine hcl caps 40 mg</i>	1	MO
<i>duloxetine hcl cpep 60 mg</i>	2	MO	FLUOXETINE HCL CPDR 90 MG	2	MO
<i>escitalopram oxalate soln 5 mg/5ml</i>	2	MO	<i>fluoxetine hcl soln 20 mg/5ml</i>	2	MO
<i>escitalopram oxalate tabs 10 mg</i>	1	MO	<i>fluoxetine hcl tabs 10 mg</i>	2	MO
<i>escitalopram oxalate tabs 20 mg</i>	1	MO	<i>fluoxetine hcl tabs 20 mg</i>	2	MO
<i>escitalopram oxalate tabs 5 mg</i>	1	MO	<i>fluoxetine hcl tabs 60 mg</i>	2	MO
EXXUA TB24 18.2 MG	5	NDS	<i>fluphenazine decanoate soln 25 mg/ml</i>	2	
EXXUA TB24 36.3 MG	5	NDS	FLUPHENAZINE HCL CONC 5 MG/ML	2	MO
EXXUA TB24 54.5 MG	5	NDS	FLUPHENAZINE HCL ELIX 2.5 MG/5ML	2	MO
EXXUA TB24 72.6 MG	5	NDS	FLUPHENAZINE HCL SOLN 2.5 MG/ML	2	
EXXUA TITRATION PACK TB24 18.2 MG	5	NDS	<i>fluphenazine hcl tabs 1 mg</i>	2	MO
FANAPT TABS 1 MG	5	NDS	<i>fluphenazine hcl tabs 10 mg</i>	2	MO
FANAPT TABS 10 MG	5	NDS			
FANAPT TABS 12 MG	5	NDS			
FANAPT TABS 2 MG	5	NDS			
FANAPT TABS 4 MG	5	NDS			
FANAPT TABS 6 MG	5	NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl tabs 2.5 mg</i>	2	MO	INVEGA SUSTENNA SUSY 117 MG/0.75ML	5	NDS
<i>fluphenazine hcl tabs 5 mg</i>	2	MO	INVEGA SUSTENNA SUSY 156 MG/ML	5	NDS
<i>fluvoxamine maleate er cp24 100 mg</i>	2	MO	INVEGA SUSTENNA SUSY 234 MG/1.5ML	5	NDS
<i>fluvoxamine maleate er cp24 150 mg</i>	2	MO	INVEGA SUSTENNA SUSY 39 MG/0.25ML	4	
<i>fluvoxamine maleate tabs 100 mg</i>	2	MO	INVEGA SUSTENNA SUSY 78 MG/0.5ML	5	NDS
<i>fluvoxamine maleate tabs 25 mg</i>	2	MO	INVEGA TRINZA SUSY 273 MG/0.88ML	5	NDS
<i>fluvoxamine maleate tabs 50 mg</i>	2	MO	INVEGA TRINZA SUSY 410 MG/1.32ML	5	NDS
<i>haloperidol decanoate soln 100 mg/ml</i>	2		INVEGA TRINZA SUSY 546 MG/1.75ML	5	NDS
<i>haloperidol decanoate soln 50 mg/ml</i>	2		INVEGA TRINZA SUSY 819 MG/2.63ML	5	NDS
<i>haloperidol lactate conc 2 mg/ml</i>	2	MO	<i>lithium carbonate caps 150 mg</i>	2	MO
<i>haloperidol lactate soln 5 mg/ml</i>	2		<i>lithium carbonate caps 300 mg</i>	2	MO
<i>haloperidol tabs 0.5 mg</i>	2	MO	LITHIUM CARBONATE CAPS 600 MG	2	MO
<i>haloperidol tabs 1 mg</i>	2	MO	<i>lithium carbonate er tbc 300 mg</i>	2	MO
<i>haloperidol tabs 10 mg</i>	2	MO	<i>lithium carbonate er tbc 450 mg</i>	2	MO
<i>haloperidol tabs 2 mg</i>	2	MO	LITHIUM CARBONATE TABS 300 MG	2	MO
<i>haloperidol tabs 20 mg</i>	2	MO	<i>lithium soln 8 meq/5ml</i>	4	MO
<i>haloperidol tabs 5 mg</i>	2	MO	<i>loxapine succinate caps 10 mg</i>	2	MO
<i>imipramine hcl tabs 10 mg</i>	2	MO	<i>loxapine succinate caps 25 mg</i>	2	MO
<i>imipramine hcl tabs 25 mg</i>	2	MO	<i>loxapine succinate caps 5 mg</i>	2	MO
<i>imipramine hcl tabs 50 mg</i>	2	MO	<i>loxapine succinate caps 50 mg</i>	2	MO
<i>imipramine pamoate caps 100 mg</i>	2	MO	<i>lurasidone hcl tabs 120 mg</i>	2	MO
<i>imipramine pamoate caps 125 mg</i>	2	MO	<i>lurasidone hcl tabs 20 mg</i>	2	MO
<i>imipramine pamoate caps 150 mg</i>	2	MO	<i>lurasidone hcl tabs 40 mg</i>	2	MO
<i>imipramine pamoate caps 75 mg</i>	2	MO	<i>lurasidone hcl tabs 60 mg</i>	2	MO
INVEGA HAFYERA SUSY 1092 MG/3.5ML	5				
INVEGA HAFYERA SUSY 1560 MG/5ML	5				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hcl tabs 80 mg</i>	2	MO	<i>olanzapine solr 10 mg</i>	2	
LYBALVI TABS 10-10 MG	5	NDS	<i>olanzapine tabs 10 mg</i>	2	MO
LYBALVI TABS 15-10 MG	5	NDS	<i>olanzapine tabs 15 mg</i>	2	MO
LYBALVI TABS 20-10 MG	5	NDS	<i>olanzapine tabs 2.5 mg</i>	2	MO
LYBALVI TABS 5-10 MG	5	NDS	<i>olanzapine tabs 20 mg</i>	2	MO
MARPLAN TABS 10 MG	4	MO	<i>olanzapine tabs 5 mg</i>	2	MO
<i>mirtazapine tabs 15 mg</i>	2	MO	<i>olanzapine tabs 7.5 mg</i>	2	MO
<i>mirtazapine tabs 30 mg</i>	2	MO	<i>olanzapine tbdp 10 mg</i>	2	MO
<i>mirtazapine tabs 45 mg</i>	2	MO	<i>olanzapine tbdp 15 mg</i>	2	MO
<i>mirtazapine tabs 7.5 mg</i>	2	MO	<i>olanzapine tbdp 20 mg</i>	2	MO
<i>mirtazapine tbdp 15 mg</i>	2	MO	<i>olanzapine tbdp 5 mg</i>	2	MO
<i>mirtazapine tbdp 30 mg</i>	2	MO	<i>olanzapine-fluoxetine hcl caps 12-25 mg</i>	2	MO
<i>mirtazapine tbdp 45 mg</i>	2	MO	<i>olanzapine-fluoxetine hcl caps 12-50 mg</i>	2	MO
MOLINDONE HCL TABS 10 MG	2	MO	<i>olanzapine-fluoxetine hcl caps 3-25 mg</i>	2	MO
MOLINDONE HCL TABS 25 MG	2	MO	<i>olanzapine-fluoxetine hcl caps 6-25 mg</i>	2	MO
MOLINDONE HCL TABS 5 MG	2	MO	<i>olanzapine-fluoxetine hcl caps 6-50 mg</i>	2	MO
NEFAZODONE HCL TABS 100 MG	2	MO	OPIPZA FILM 10 MG	5	NDS
NEFAZODONE HCL TABS 150 MG	2	MO	OPIPZA FILM 2 MG	5	NDS
NEFAZODONE HCL TABS 200 MG	2	MO	OPIPZA FILM 5 MG	5	NDS
NEFAZODONE HCL TABS 250 MG	2	MO	<i>paliperidone er tb24 1.5 mg</i>	2	MO
NEFAZODONE HCL TABS 50 MG	2	MO	<i>paliperidone er tb24 3 mg</i>	2	MO
<i>nortriptyline hcl caps 10 mg</i>	2	MO	<i>paliperidone er tb24 6 mg</i>	2	MO
<i>nortriptyline hcl caps 25 mg</i>	2	MO	<i>paliperidone er tb24 9 mg</i>	2	MO
<i>nortriptyline hcl caps 50 mg</i>	2	MO	<i>paroxetine hcl er tb24 12.5 mg</i>	2	MO
<i>nortriptyline hcl caps 75 mg</i>	2	MO	<i>paroxetine hcl er tb24 25 mg</i>	2	MO
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	MO	<i>paroxetine hcl er tb24 37.5 mg</i>	2	MO
NUPLAZID CAPS 34 MG	5	NDS	PAROXETINE HCL SUSP 10 MG/5ML	4	MO
NUPLAZID TABS 10 MG	5	NDS	<i>paroxetine hcl tabs 10 mg</i>	1	MO
			<i>paroxetine hcl tabs 20 mg</i>	1	MO
			<i>paroxetine hcl tabs 30 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tabs 40 mg</i>	1	MO	<i>quetiapine fumarate er tb24 200 mg</i>	2	MO
<i>paroxetine mesylate caps 7.5 mg</i>	2	MO	<i>quetiapine fumarate er tb24 300 mg</i>	2	MO
<i>perphenazine tabs 16 mg</i>	2	MO	<i>quetiapine fumarate er tb24 400 mg</i>	2	MO
<i>perphenazine tabs 2 mg</i>	2	MO	<i>quetiapine fumarate er tb24 50 mg</i>	2	MO
<i>perphenazine tabs 4 mg</i>	2	MO	<i>quetiapine fumarate tabs 100 mg</i>	2	MO
<i>perphenazine tabs 8 mg</i>	2	MO	QUETIAPINE FUMARATE TABS 150 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 2-10 MG	2	MO	<i>quetiapine fumarate tabs 200 mg</i>	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 2-25 MG	2	MO	<i>quetiapine fumarate tabs 25 mg</i>	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-10 MG	2	MO	<i>quetiapine fumarate tabs 300 mg</i>	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-25 MG	2	MO	<i>quetiapine fumarate tabs 400 mg</i>	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-50 MG	2	MO	<i>quetiapine fumarate tabs 50 mg</i>	2	MO
PERSERIS PRSY 120 MG	5	NDS	RALDESY SOLN 10 MG/ML	4	MO
PERSERIS PRSY 90 MG	5	NDS	REXULTI TABS 0.25 MG	5	NDS
PHENELZINE SULFATE TABS 15 MG	2	MO	REXULTI TABS 0.5 MG	5	NDS
<i>pimozide tabs 1 mg</i>	2	MO	REXULTI TABS 1 MG	5	NDS
<i>pimozide tabs 2 mg</i>	2	MO	REXULTI TABS 2 MG	5	NDS
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	2		REXULTI TABS 3 MG	5	NDS
<i>prochlorperazine maleate tabs 10 mg</i>	2		REXULTI TABS 4 MG	5	NDS
<i>prochlorperazine maleate tabs 5 mg</i>	2		RISPERDAL CONSTA SRER 12.5 MG	4	
<i>prochlorperazine supp 25 mg</i>	2	MO	RISPERDAL CONSTA SRER 25 MG	4	
<i>protriptyline hcl tabs 10 mg</i>	2	MO	RISPERDAL CONSTA SRER 37.5 MG	5	NDS
<i>protriptyline hcl tabs 5 mg</i>	2	MO	RISPERDAL CONSTA SRER 50 MG	5	NDS
<i>quetiapine fumarate er tb24 150 mg</i>	2	MO	<i>risperidone microspheres er srer 12.5 mg</i>	4	
			<i>risperidone microspheres er srer 25 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>risperidone microspheres er srer 37.5 mg</i>	5	NDS	<i>thioridazine hcl tabs 25 mg</i>	2	MO
<i>risperidone microspheres er srer 50 mg</i>	5	NDS	<i>thioridazine hcl tabs 50 mg</i>	2	MO
<i>risperidone soln 1 mg/ml</i>	2	MO	<i>thiothixene caps 1 mg</i>	2	MO
<i>risperidone tabs 0.25 mg</i>	2	MO	<i>thiothixene caps 10 mg</i>	2	MO
<i>risperidone tabs 0.5 mg</i>	2	MO	<i>thiothixene caps 2 mg</i>	2	MO
<i>risperidone tabs 1 mg</i>	2	MO	<i>thiothixene caps 5 mg</i>	2	MO
<i>risperidone tabs 2 mg</i>	2	MO	<i>tranylcypromine sulfate tabs 10 mg</i>	2	MO
<i>risperidone tabs 3 mg</i>	2	MO	<i>trazodone hcl tabs 100 mg</i>	1	MO
<i>risperidone tabs 4 mg</i>	2	MO	<i>trazodone hcl tabs 150 mg</i>	1	MO
RISPERIDONE TBDP 0.25 MG	4	MO	<i>trazodone hcl tabs 300 mg</i>	2	MO
<i>risperidone tbdp 0.5 mg</i>	4	MO	<i>trazodone hcl tabs 50 mg</i>	1	MO
<i>risperidone tbdp 1 mg</i>	4	MO	<i>trifluoperazine hcl tabs 1 mg</i>	2	MO
<i>risperidone tbdp 2 mg</i>	4	MO	<i>trifluoperazine hcl tabs 10 mg</i>	2	MO
<i>risperidone tbdp 3 mg</i>	4	MO	<i>trifluoperazine hcl tabs 2 mg</i>	2	MO
<i>risperidone tbdp 4 mg</i>	4	MO	<i>trifluoperazine hcl tabs 5 mg</i>	2	MO
RYKINDO SRER 25 MG	5	NDS	<i>trimipramine maleate caps 100 mg</i>	2	MO
RYKINDO SRER 37.5 MG	5	NDS	<i>trimipramine maleate caps 25 mg</i>	2	MO
RYKINDO SRER 50 MG	5	NDS	<i>trimipramine maleate caps 50 mg</i>	2	MO
SECUADO PT24 3.8 MG/24HR	5	NDS	TRINTELLIX TABS 10 MG	4	MO
SECUADO PT24 5.7 MG/24HR	5	NDS	TRINTELLIX TABS 20 MG	4	MO
SECUADO PT24 7.6 MG/24HR	5	NDS	TRINTELLIX TABS 5 MG	4	MO
<i>sertraline hcl caps 150 mg</i>	4	MO	UZEDY SUSY 100 MG/0.28ML	5	
<i>sertraline hcl caps 200 mg</i>	4	MO	UZEDY SUSY 125 MG/0.35ML	5	
<i>sertraline hcl conc 20 mg/ml</i>	2	MO	UZEDY SUSY 150 MG/0.42ML	5	
<i>sertraline hcl tabs 100 mg</i>	1	MO	UZEDY SUSY 200 MG/0.56ML	5	
<i>sertraline hcl tabs 25 mg</i>	1	MO			
<i>sertraline hcl tabs 50 mg</i>	1	MO			
<i>thioridazine hcl tabs 10 mg</i>	2	MO			
<i>thioridazine hcl tabs 100 mg</i>	2	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UZEDY SUSY 250 MG/0.7ML	5		VRAYLAR CAPS 3 MG	3	MO
UZEDY SUSY 50 MG/0.14ML	5		VRAYLAR CAPS 4.5 MG	3	MO
UZEDY SUSY 75 MG/0.21ML	5		VRAYLAR CAPS 6 MG	3	MO
VENLAFAXINE BESYLATE ER TB24 112.5 MG	4	MO	ziprasidone hcl caps 20 mg	2	MO
venlafaxine hcl er cp24 150 mg	2	MO	ziprasidone hcl caps 40 mg	2	MO
venlafaxine hcl er cp24 37.5 mg	2	MO	ziprasidone hcl caps 60 mg	2	MO
venlafaxine hcl er cp24 75 mg	2	MO	ziprasidone hcl caps 80 mg	2	MO
venlafaxine hcl er tb24 150 mg	4	MO	ziprasidone mesylate solr 20 mg	2	
venlafaxine hcl er tb24 225 mg	4	MO	ZURZUVAE CAPS 20 MG	5	NDS
venlafaxine hcl er tb24 37.5 mg	4	MO	ZURZUVAE CAPS 25 MG	5	NDS
venlafaxine hcl er tb24 75 mg	4	MO	ZURZUVAE CAPS 30 MG	5	NDS
venlafaxine hcl tabs 100 mg	2	MO	ZYPREXA RELPREVV SUSR 210 MG	4	
venlafaxine hcl tabs 25 mg	2	MO	DIABETIC SUPPLIES		
venlafaxine hcl tabs 37.5 mg	2	MO	DIABETIC SUPPLIES		
venlafaxine hcl tabs 50 mg	2	MO	ALCOHOL PREP PADS 70 %	2	MO
venlafaxine hcl tabs 75 mg	2	MO	INSULIN SYRINGES, NEEDLES MISCELLANEOUS	2	MO
VERSACLOZ SUSP 50 MG/ML	5		CURITY GAUZE PADS 2"X2"	2	MO
vilazodone hcl tabs 10 mg	4	MO	ELECTROLYTIC, CALORIC, AND WATER BALANCE		
vilazodone hcl tabs 20 mg	4	MO	ACIDIFYING AND ALKALINIZING AGENTS		
vilazodone hcl tabs 40 mg	4	MO	potassium citrate er tbcr 10 meq (1080 mg)	2	MO
VRAYLAR CAPS 0.5 MG	3	MO	potassium citrate er tbcr 15 meq (1620 mg)	2	MO
VRAYLAR CAPS 0.75 MG	3	MO	potassium citrate er tbcr 5 meq (540 mg)	2	MO
VRAYLAR CAPS 1.5 MG	3	MO	sodium bicarbonate soln 4.2 %	2	
			sodium bicarbonate soln 8.4 %	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AMMONIA DETOXICANTS			<i>ethacrynic acid tabs 25 mg</i>	4	MO
<i>carglumic acid tbso 200 mg</i>	5	NDS	<i>furosemide oral soln 10 mg/ml</i>	1	MO
<i>enulose soln 10 gm/15ml</i>	2	MO	<i>furosemide soln injection 10 mg/ml</i>	2	
<i>generlac soln 10 gm/15ml</i>	2	MO	FUROSEMIDE SOLN 8 MG/ML	2	MO
<i>lactulose encephalopathy soln 10 gm/15ml</i>	2	MO	<i>furosemide tabs 20 mg</i>	1	MO
<i>lactulose soln 10 gm/15ml</i>	2	MO	<i>furosemide tabs 40 mg</i>	1	MO
LITHOSTAT TABS 250 MG	4	MO	<i>furosemide tabs 80 mg</i>	1	MO
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	5	NDS	<i>hydrochlorothiazide caps 12.5 mg</i>	2	MO
<i>sodium phenylbutyrate tabs 500 mg</i>	5	NDS	<i>hydrochlorothiazide tabs 12.5 mg</i>	1	MO
CALORIC AGENTS			<i>hydrochlorothiazide tabs 25 mg</i>	1	MO
DEXTROSE SOLN 10 %	2		<i>hydrochlorothiazide tabs 50 mg</i>	1	MO
<i>dextrose soln 5 %</i>	2		<i>indapamide tabs 1.25 mg</i>	1	MO
DEXTROSE SOLN 50 %	2		<i>indapamide tabs 2.5 mg</i>	1	MO
DEXTROSE SOLN 70 %	2		MANNITOL SOLN 20 %	2	
GLUCOSE (DEXTROSE) SOLN 50 %	2		MANNITOL SOLN 25 %	2	
INTRALIPID EMUL 20 %	2	PA	<i>metolazone tabs 10 mg</i>	2	MO
<i>plenamine soln 15 %</i>	2	PA	<i>metolazone tabs 2.5 mg</i>	2	MO
PREMASOL SOLN 10 %	2	PA	<i>metolazone tabs 5 mg</i>	2	MO
TRAVASOL SOLN 10 %	2	PA	OSMITROL SOLN 20 %	2	
TROPHAMINE SOLN 10 %	3	PA	<i>tolvaptan (hyponatremia) tabs 15 mg</i>	5	NDS
DIURETICS			<i>tolvaptan (hyponatremia) tabs 30 mg</i>	5	NDS
AMILORIDE HCL TABS 5 MG	2	MO	<i>tolvaptan tabs 15 mg</i>	5	NDS
AMILORIDE-HYDROCHLOROTHIAZIDE TABS 5-50 MG	1	MO	<i>tolvaptan tabs 30 mg</i>	5	NDS
<i>bumetanide tabs 0.5 mg</i>	2	MO	<i>torsemide tabs 10 mg</i>	2	MO
<i>bumetanide tabs 1 mg</i>	2	MO	<i>torsemide tabs 100 mg</i>	2	MO
<i>bumetanide tabs 2 mg</i>	2	MO	<i>torsemide tabs 20 mg</i>	2	MO
<i>chlorthalidone tabs 25 mg</i>	2	MO	<i>torsemide tabs 5 mg</i>	2	MO
<i>chlorthalidone tabs 50 mg</i>	2	MO	TRIAMTERENE CAPS 100 MG	2	MO
			TRIAMTERENE CAPS 50 MG	2	MO
			<i>triamterene-hctz caps 37.5-25 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>triamterene-hctz tabs 37.5-25 mg</i>	1	MO	<i>dextrose-sodium chloride soln 5-0.9 %</i>	2	
<i>triamterene-hctz tabs 75-50 mg</i>	1	MO	KCL (0.298%) IN NACL SOLN 40-0.9 MEQ/L-%	2	
ION-REMOVING AGENTS			<i>kcl in dextrose-nacl soln 10-5-0.45 meq/l-%-%</i>	2	
FERRIC CITRATE TABS 1 GM 210 MG(Fe)	4	MO	KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-%	2	
<i>lanthanum carbonate chew 1000 mg</i>	4	MO	<i>kcl in dextrose-nacl soln 20-5-0.45 meq/l-%-%</i>	2	
<i>lanthanum carbonate chew 500 mg</i>	4	MO	<i>kcl in dextrose-nacl soln 20-5-0.9 meq/l-%-%</i>	2	
<i>lanthanum carbonate chew 750 mg</i>	4	MO	<i>kcl in dextrose-nacl soln 30-5-0.45 meq/l-%-%</i>	2	
LOKELMA PACK 10 GM	4	MO	<i>kcl in dextrose-nacl soln 40-5-0.45 meq/l-%-%</i>	2	
LOKELMA PACK 5 GM	4	MO	<i>kcl in dextrose-nacl soln 40-5-0.9 meq/l-%-%</i>	2	
<i>sevelamer carbonate pack 0.8 gm</i>	2	MO	KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L	3	
<i>sevelamer carbonate pack 2.4 gm</i>	2	MO	<i>klor-con 10 tbc 10 meq</i>	2	MO
<i>sevelamer carbonate tabs 800 mg</i>	2	MO	<i>klor-con tbc 8 meq</i>	2	MO
<i>sodium polystyrene sulfonate powd</i>	2	MO	LACTATED RINGERS SOLN	2	
VELPHORO CHEW 500 MG	5	NDS	<i>magnesium sulfate in d5w soln 1-5 gm/100ml-%</i>	2	
XPHOZAH TABS 20 MG	5	NDS	POTASSIUM ACETATE SOLN 2 MEQ/ML	2	
XPHOZAH TABS 30 MG	5	NDS	<i>potassium chloride cys er tbc 10 meq</i>	2	MO
REPLACEMENT PREPARATIONS			<i>potassium chloride cys er tbc 20 meq</i>	2	MO
<i>calcium acetate (phos binder) caps 667 mg</i>	2	MO	<i>potassium chloride er cpcr 10 meq</i>	2	MO
<i>calcium acetate (phos binder) tabs 667 mg</i>	2	MO	<i>potassium chloride er cpcr 8 meq</i>	2	MO
DEXTROSE IN LACTATED RINGERS SOLN 5 %	2		<i>potassium chloride er tbc 10 meq</i>	2	MO
DEXTROSE-SODIUM CHLORIDE SOLN 10-0.45 %	3		<i>potassium chloride er tbc 20 meq</i>	2	MO
DEXTROSE-SODIUM CHLORIDE SOLN 2.5-0.45 %	2		<i>potassium chloride er tbc 8 meq</i>	2	MO
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.2 %	2		<i>potassium chloride in nacl soln 20-0.9 meq/l-%</i>	2	
<i>dextrose-sodium chloride soln 5-0.45 %</i>	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in nacl soln 40-0.9 meq/l-%</i>	2		CEREZYME SOLR 400 UNIT	5	NDS
<i>potassium chloride pack 20 meq</i>	2	MO	CREON CPEP 12000-38000 UNIT	3	MO
POTASSIUM CHLORIDE SOLN 10 MEQ/100ML	2		CREON CPEP 24000-76000 UNIT	3	MO
<i>potassium chloride soln 2 meq/ml</i>	2		CREON CPEP 3000-9500 UNIT	3	MO
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML	2		CREON CPEP 36000-114000 UNIT	3	MO
<i>potassium chloride soln 20 meq/15ml (10%)</i>	2	MO	CREON CPEP 6000-19000 UNIT	3	MO
<i>potassium chloride soln 40 meq/15ml (20%)</i>	2	MO	ELAPRASE SOLN 6 MG/3ML	5	NDS
<i>potassium cl in dextrose 5% soln 20 meq/l</i>	2		ELELYSO SOLR 200 UNIT	5	NDS
<i>potassium phosphates(66 meq k) soln 45 mmole/15ml</i>	2		ELITEK SOLR 1.5 MG	5	NDS
RINGERS SOLN	2		FABRAZYME SOLR 35 MG	5	NDS
SODIUM CHLORIDE (PF) SOLN 0.9 %	2		FABRAZYME SOLR 5 MG	5	NDS
SODIUM CHLORIDE SOLN 0.45 %	2		HARLIKU TABS 2 MG	5	NDS
<i>sodium chloride intravenous soln 0.9 %</i>	2		LUMIZYME SOLR 50 MG	5	NDS
SODIUM CHLORIDE SOLN 3 %	2		<i>miglustat caps 100 mg</i>	5	NDS
SODIUM CHLORIDE SOLN 4 MEQ/ML	2		NAGLAZYME SOLN 1 MG/ML	5	NDS
SODIUM CHLORIDE SOLN 5 %	2		PALYNZIQ SOSY 10 MG/0.5ML	5	NDS
<i>sodium phosphates soln 45 mmole/15ml</i>	2		PALYNZIQ SOSY 2.5 MG/0.5ML	5	NDS
URICOSURIC AGENTS			PALYNZIQ SOSY 20 MG/ML	5	NDS
<i>colchicine-probenecid tabs 0.5-500 mg</i>	2	MO	PULMOZYME SOLN 2.5 MG/2.5ML	5	PA, NDS
<i>probenecid tabs 500 mg</i>	2	MO	REVCIVI SOLN 2.4 MG/1.5ML	5	NDS
ENZYMES			STRENSIQ SOLN 18 MG/0.45ML	5	LD, NDS
ENZYMES			STRENSIQ SOLN 28 MG/0.7ML	5	LD, NDS
ALDURAZYME SOLN 2.9 MG/5ML	5	NDS	STRENSIQ SOLN 40 MG/ML	5	LD, NDS
CERDELGA CAPS 84 MG	5	NDS	STRENSIQ SOLN 80 MG/0.8ML	5	LD, NDS
			VIMIZIM SOLN 5 MG/5ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>yargesa caps 100 mg</i>	5	NDS	<i>ofloxacin ophthalmic soln 0.3 %</i>	2	
ZENPEP CPEP 10000-32000 UNIT	3	MO	<i>ofloxacin otic soln 0.3 %</i>	2	
ZENPEP CPEP 15000-47000 UNIT	3	MO	<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	2	
ZENPEP CPEP 20000-63000 UNIT	3	MO	SULFACETAMIDE SODIUM SOLN 10 %	2	
ZENPEP CPEP 25000-79000 UNIT	3	MO	<i>tobramycin soln 0.3 %</i>	2	
ZENPEP CPEP 3000-10000 UNIT	3	MO	TOBREX OINT 0.3 %	3	
ZENPEP CPEP 40000-126000 UNIT	3	MO	TRIFLURIDINE SOLN 1 %	2	
ZENPEP CPEP 5000-24000 UNIT	3	MO	XDEMVY SOLN 0.25 %	5	
ZENPEP CPEP 60000-189600 UNIT	5	NDS	ANTI-INFLAMMATORY AGENTS		
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS			BACITRA-NEOMYCIN-POLYMYXIN-HC OINT 1 %	2	MO
ANTI-INFECTIVES			<i>bromfenac sodium (once-daily) soln 0.09 %</i>	2	
BACITRACIN OINT 500 UNIT/GM	2		CEQUA SOLN 0.09 %	3	
BACITRACIN-POLYMYXIN B OINT 500-10000 UNIT/GM	2		<i>ciprofloxacin-dexamethasone susp 0.3-0.1 %</i>	2	MO
<i>chlorhexidine gluconate soln 0.12 %</i>	1		<i>cyclosporine (pf) emul 0.05 %</i>	2	MO
CILOXAN OINT 0.3 %	3		DEXAMETHASONE SODIUM PHOSPHATE SOLN 0.1 %	2	MO
CIPROFLOXACIN HCL SOLN 0.3 %	2		<i>diclofenac sodium soln 0.1 %</i>	2	MO
<i>erythromycin oint 5 mg/gm</i>	2		<i>difluprednate emul 0.05 %</i>	4	MO
<i>gatifloxacin soln 0.5 %</i>	2		<i>fluocinolone acetonide oil 0.01 %</i>	2	MO
<i>gentamicin sulfate soln 0.3 %</i>	2		<i>fluorometholone susp 0.1 %</i>	2	MO
<i>moxifloxacin hcl soln 0.5 %</i>	2		FLURBIPROFEN SODIUM SOLN 0.03 %	2	MO
NATACYN SUSP 5 %	3		<i>fluticasone propionate susp 50 mcg/act</i>	2	MO
NEOMYCIN-BACITRACIN ZN-POLYMYX OINT 5-400-10000	2		FML FORTE SUSP 0.25 %	3	MO
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLN 1.75-10000-.025	2		<i>hydrocortisone-acetic acid soln 1-2 %</i>	2	MO
			KETOROLAC TROMETHAMINE SOLN 0.4 %	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine soln 0.5 %</i>	2	MO	<i>acetazolamide tabs 125 mg</i>	2	MO
<i>mometasone furoate susp 50 mcg/act</i>	2	MO	<i>acetazolamide tabs 250 mg</i>	2	MO
<i>neomycin-polymyxin-dexameth oint 3.5-10000-0.1</i>	2	MO	BETAXOLOL HCL SOLN 0.5 %	2	MO
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	2	MO	<i>bimatoprost soln 0.03 %</i>	2	MO
<i>neomycin-polymyxin-hc soln 1 %</i>	2	MO	<i>brimonidine tartrate soln 0.2 %</i>	1	MO
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSP 3.5-10000-1	2	MO	<i>dorzolamide hcl soln 2 %</i>	2	MO
<i>neomycin-polymyxin-hc otic susp 3.5-10000-1</i>	2	MO	<i>dorzolamide hcl-timolol mal soln 2-0.5 %</i>	1	MO
PRED MILD SUSP 0.12 %	3	MO	<i>latanoprost soln 0.005 %</i>	1	MO
<i>prednisolone acetate susp 1 %</i>	2	MO	LEVOBUNOLOL HCL SOLN 0.5 %	2	MO
PREDNISOLONE SODIUM PHOSPHATE SOLN 1 %	2	MO	<i>methazolamide tabs 25 mg</i>	2	MO
RETISERT IMPL 0.59 MG	5		<i>methazolamide tabs 50 mg</i>	2	MO
SULFACETAMIDE-PREDNISOLONE SOLN 10-0.23 %	2	MO	PHOSPHOLINE IODIDE SOLR 0.125 %	3	MO
TOBRADEX OINT 0.3-0.1 %	3	MO	<i>pilocarpine hcl soln 1 %</i>	2	MO
<i>tobramycin-dexamethasone susp 0.3-0.1 %</i>	4	MO	<i>pilocarpine hcl soln 2 %</i>	2	MO
VERKAZIA EMUL 0.1 %	5	NDS	<i>pilocarpine hcl soln 4 %</i>	2	MO
ANTIALLERGIC AGENTS			<i>timolol maleate soln 0.25 %</i>	1	MO
<i>azelastine hcl soln 0.05 %</i>	4		<i>timolol maleate soln 0.5 %</i>	1	MO
<i>azelastine hcl soln 0.1 %</i>	2	MO	<i>travoprost (bak free) soln 0.004 %</i>	2	MO
CROMOLYN SODIUM SOLN 4 %	2	MO	EENT DRUGS, MISCELLANEOUS		
ANTIGLAUCOMA AGENTS			<i>acetic acid soln 2 %</i>	2	MO
<i>acetazolamide er cp12 500 mg</i>	2	MO	APRACLOINIDINE HCL SOLN 0.5 %	2	MO
<i>acetazolamide sodium solr 500 mg</i>	2		<i>atropine sulfate soln 1 %</i>	2	MO
			BYOOVIZ SOLN 0.5 MG/0.05ML	5	NDS
			CYSTARAN SOLN 0.44 %	5	
			EYLEA SOLN 2 MG/0.05ML	5	
			EYLEA SOSY 2 MG/0.05ML	5	
			LUCENTIS SOSY 0.3 MG/0.05ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LUCENTIS SOSY 0.5 MG/0.05ML	5	NDS	XERMELO TABS 250 MG	5	LD, NDS
MIEBO SOLN 1.338 GM/ML	4		ANTIEMETICS		
PAVBLU SOLN 2 MG/0.05ML	5		<i>aprepitant caps 125 mg</i>	2	PA, NDS
PAVBLU SOSY 2 MG/0.05ML	5		<i>aprepitant caps 40 mg</i>	2	PA, NDS
PHENYLEPHRINE HCL SOLN 10 %	2		<i>aprepitant caps 80 mg</i>	2	PA, NDS
<i>phenylephrine hcl soln 2.5 %</i>	2		<i>aprepitant cppk 80 & 125 mg</i>	2	PA, NDS
LOCAL ANESTHETICS			<i>dronabinol caps 10 mg</i>	2	PA
LIDOCAINE HCL SOLN 4 %	2		<i>dronabinol caps 2.5 mg</i>	2	PA
<i>lidocaine viscous hcl soln 2 %</i>	2	MO	<i>dronabinol caps 5 mg</i>	2	PA
<i>proparacaine hcl soln 0.5 %</i>	2	MO	<i>fosaprepitant dimeglumine solr 150 mg</i>	2	
TETRACAINE HCL SOLN 0.5 %	2		<i>granisetron hcl tabs 1 mg</i>	2	PA
GASTROINTESTINAL DRUGS			<i>meclizine hcl tabs 25 mg</i>	2	
ANTI-INFLAMMATORY AGENTS			<i>ondansetron hcl +rfid soln 4 mg/2ml</i>	2	
<i>alosetron hcl tabs 0.5 mg</i>	4	MO	<i>ondansetron hcl soln 4 mg/2ml</i>	2	
<i>alosetron hcl tabs 1 mg</i>	4	MO	<i>ondansetron hcl soln 4 mg/5ml</i>	2	PA
<i>balsalazide disodium caps 750 mg</i>	2	MO	<i>ondansetron hcl soln 40 mg/20ml</i>	2	
DIPENTUM CAPS 250 MG	5	NDS	<i>ondansetron hcl tabs 4 mg</i>	2	PA
<i>mesalamine enem 4 gm</i>	2	MO	<i>ondansetron hcl tabs 8 mg</i>	2	PA
<i>mesalamine er cpcr 500 mg</i>	2	MO	<i>ondansetron tbdp 4 mg</i>	2	PA
<i>mesalamine supp 1000 mg</i>	2	MO	<i>ondansetron tbdp 8 mg</i>	2	PA
<i>mesalamine tbec 1.2 gm</i>	2	MO	<i>scopolamine pt72 1 mg/3days</i>	4	MO
PENTASA CPCR 250 MG	3	MO	ANTIULCER AGENTS AND ACID SUPPRESSANTS		
PENTASA CPCR 500 MG	3	MO	<i>bismuth/metronidaz/tetra cyclin caps 140-125-125 mg</i>	4	
ANTIDIARRHEA AGENTS			<i>cimetidine hcl soln 300 mg/5ml</i>	2	MO
DIPHENOXYLATE-ATROPINE LIQD 2.5-0.025 MG/5ML	2		<i>famotidine (pf) soln 20 mg/2ml</i>	2	
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	2		FAMOTIDINE PREMIXED SOLN 20-0.9 MG/50ML-%	2	
			<i>famotidine soln 40 mg/4ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>famotidine susr 40 mg/5ml</i>	2	MO	LIVDELZI CAPS 10 MG	5	NDS
<i>famotidine tabs 20 mg</i>	2	MO	LIVMARLI TABS 10 MG	5	NDS
<i>famotidine tabs 40 mg</i>	2	MO	LIVMARLI TABS 15 MG	5	NDS
<i>misoprostol tabs 100 mcg</i>	2	MO	LIVMARLI TABS 20 MG	5	NDS
<i>misoprostol tabs 200 mcg</i>	2	MO	LIVMARLI TABS 30 MG	5	NDS
<i>omeprazole cpdr 10 mg</i>	1	MO	<i>lubiprostone caps 24 mcg</i>	2	MO
<i>omeprazole cpdr 20 mg</i>	1	MO	<i>lubiprostone caps 8 mcg</i>	2	MO
<i>omeprazole cpdr 40 mg</i>	1	MO	<i>metoclopramide hcl +rfd soln 5 mg/ml</i>	2	
PANTOPRAZOLE SODIUM SOLR 40 MG	2		<i>metoclopramide hcl soln 5 mg/5ml</i>	2	MO
<i>pantoprazole sodium tbec 20 mg</i>	1	MO	<i>metoclopramide hcl soln 5 mg/ml</i>	2	
<i>pantoprazole sodium tbec 40 mg</i>	1	MO	<i>metoclopramide hcl tabs 10 mg</i>	1	MO
<i>sucralfate susp 1 gm/10ml</i>	4	MO	<i>metoclopramide hcl tabs 5 mg</i>	1	MO
<i>sucralfate tabs 1 gm</i>	2	MO	MOVANTIK TABS 25 MG	4	MO
TALICIA CPDR 250-12.5-10 MG	4		<i>prucalopride succinate tabs 1 mg</i>	2	MO
CATHARTICS AND LAXATIVES			<i>prucalopride succinate tabs 2 mg</i>	2	MO
GAVILYTE-C SOLR 240 GM	2	MO	RELISTOR SOLN 12 MG/0.6ML	5	NDS
<i>gavilyte-g solr 236 gm</i>	2	MO	RELISTOR SOSY 12 MG/0.6ML	5	NDS
<i>na sulfate-k sulfate-mg sulf soln 17.5-3.13-1.6 gm/177ml</i>	2		REZDIFFRA TABS 100 MG	5	NDS
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i>	2	MO	REZDIFFRA TABS 60 MG	5	NDS
PEG-3350/ELECTROLYTES SOLR 236 GM	2	MO	REZDIFFRA TABS 80 MG	5	NDS
GI DRUGS, MISCELLANEOUS			SKYRIZI SOCT 180 MG/1.2ML	5	
ENTYVIO PEN SOAJ 108 MG/0.68ML	5	NDS	SKYRIZI SOCT 360 MG/2.4ML	5	
ENTYVIO SOLR 300 MG	5	NDS	TRULANCE TABS 3 MG	3	
GATTEX KIT 5 MG	5	PA, NDS	<i>ursodiol caps 300 mg</i>	2	MO
IQIRVO TABS 80 MG	5	NDS	<i>ursodiol tabs 250 mg</i>	2	MO
LINZESS CAPS 145 MCG	3	MO	<i>ursodiol tabs 500 mg</i>	2	MO
LINZESS CAPS 290 MCG	3	MO	VELSIPITY TABS 2 MG	5	NDS
LINZESS CAPS 72 MCG	3	MO	VIBERZI TABS 100 MG	5	NDS
			VIBERZI TABS 75 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HEAVY METAL ANTAGONISTS			DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	MO
HEAVY METAL ANTAGONISTS			DEXAMETHASONE SODIUM PHOSPHATE SOLN 10 MG/ML	2	
CHEMET CAPS 100 MG	5		<i>dexamethasone sodium phosphate soln 20 mg/5ml</i>	2	
<i>deferasirox granules pack 180 mg</i>	4		<i>dexamethasone sodium phosphate soln 4 mg/ml</i>	2	
<i>deferasirox granules pack 360 mg</i>	5	NDS	DEXAMETHASONE SOLN 0.5 MG/5ML	2	
<i>deferasirox granules pack 90 mg</i>	4		<i>dexamethasone tabs 0.5 mg</i>	2	MO
<i>deferasirox tabs 180 mg</i>	2		<i>dexamethasone tabs 0.75 mg</i>	2	MO
<i>deferasirox tabs 360 mg</i>	2		<i>dexamethasone tabs 1 mg</i>	2	MO
<i>deferasirox tabs 90 mg</i>	2		<i>dexamethasone tabs 1.5 mg</i>	2	MO
<i>deferasirox tbso 125 mg</i>	2		<i>dexamethasone tabs 2 mg</i>	2	MO
<i>deferasirox tbso 250 mg</i>	2		<i>dexamethasone tabs 4 mg</i>	2	MO
<i>deferasirox tbso 500 mg</i>	2		<i>dexamethasone tabs 6 mg</i>	2	MO
<i>deferiprone tabs 1000 mg</i>	5	NDS	<i>fludrocortisone acetate tabs 0.1 mg</i>	2	MO
<i>deferiprone tabs 500 mg</i>	5	NDS	<i>hydrocortisone tabs 10 mg</i>	2	MO
<i>deferoxamine mesylate solr 500 mg</i>	2		<i>hydrocortisone tabs 20 mg</i>	2	MO
<i>penicillamine caps 250 mg</i>	2		<i>hydrocortisone tabs 5 mg</i>	2	MO
<i>trientine hcl caps 250 mg</i>	4		<i>jaythari tabs 18 mg</i>	5	NDS
TRIENTINE HCL CAPS 500 MG	5	NDS	<i>jaythari tabs 30 mg</i>	5	NDS
HORMONES AND SYNTHETIC SUBSTITUTES			<i>jaythari tabs 36 mg</i>	5	NDS
ADRENALS			<i>jaythari tabs 6 mg</i>	5	NDS
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	2		KENALOG-10 SUSP 10 MG/ML	3	
<i>budesonide cpep 3 mg</i>	2	MO	KHINDIVI SOLN 1 MG/ML	5	NDS
BUDESONIDE ER TB24 9 MG	4		MEDROL TABS 2 MG	3	MO
CORTISONE ACETATE TABS 25 MG	2	MO	<i>methylprednisolone acetate susp 40 mg/ml</i>	2	
<i>deflazacort susp 22.75 mg/ml</i>	5	NDS			
<i>deflazacort tabs 18 mg</i>	5	NDS			
<i>deflazacort tabs 30 mg</i>	5	NDS			
<i>deflazacort tabs 36 mg</i>	5	NDS			
<i>deflazacort tabs 6 mg</i>	5	NDS			
<i>dexamethasone elix 0.5 mg/5ml</i>	2	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate susp 80 mg/ml</i>	2		SOLU-CORTEF SOLR 100 MG	3	
<i>methylprednisolone sodium succ solr 1000 mg</i>	2		SOLU-CORTEF SOLR 1000 MG	3	
<i>methylprednisolone sodium succ solr 125 mg</i>	2		SOLU-CORTEF SOLR 250 MG	3	
<i>methylprednisolone sodium succ solr 40 mg</i>	2		SOLU-CORTEF SOLR 500 MG	3	
<i>methylprednisolone tabs 16 mg</i>	2	MO	TARPEYO CPDR 4 MG	5	NDS
<i>methylprednisolone tabs 32 mg</i>	2	MO	<i>triamcinolone acetonide susp 40 mg/ml</i>	2	
<i>methylprednisolone tabs 4 mg</i>	2	MO	ANDROGENS		
<i>methylprednisolone tabs 8 mg</i>	2	MO	<i>danazol caps 100 mg</i>	2	MO
<i>methylprednisolone tbpk 4 mg</i>	2	MO	<i>danazol caps 200 mg</i>	2	MO
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	2		<i>danazol caps 50 mg</i>	2	MO
<i>prednisolone sodium phosphate soln 5 mg/5ml</i>	2	MO	<i>depo-testosterone soln 100 mg/ml</i>	2	MO
<i>prednisolone soln 15 mg/5ml</i>	2	MO	<i>depo-testosterone soln 200 mg/ml</i>	2	MO
<i>prednisolone tabs 5 mg</i>	4	MO	METHITEST TABS 10 MG	5	NDS
PREDNISONE INTENSOL CONC 5 MG/ML	2	MO	<i>methyltestosterone caps 10 mg</i>	5	NDS
PREDNISONE SOLN 5 MG/5ML	2	MO	<i>testosterone cypionate soln 100 mg/ml</i>	2	MO
<i>prednisone tabs 1 mg</i>	1	MO	<i>testosterone cypionate soln 200 mg/ml</i>	2	MO
<i>prednisone tabs 10 mg</i>	1	MO	TESTOSTERONE ENANTHATE SOLN 200 MG/ML	2	MO
<i>prednisone tabs 2.5 mg</i>	1	MO	<i>testosterone gel 12.5 mg/act (1%)</i>	2	MO
<i>prednisone tabs 20 mg</i>	1	MO	<i>testosterone gel 20.25 mg/act (1.62%)</i>	2	MO
<i>prednisone tabs 5 mg</i>	1	MO	<i>testosterone gel 25 mg/2.5gm (1%)</i>	2	MO
<i>prednisone tabs 50 mg</i>	1	MO	<i>testosterone gel 50 mg/5gm (1%)</i>	2	MO
<i>prednisone tbpk 10 mg (21)</i>	2		CONTRACEPTIVES		
<i>prednisone tbpk 10 mg (48)</i>	2		<i>apri tabs 0.15-30 mg-mcg</i>	2	MO
<i>prednisone tbpk 5 mg (21)</i>	2		ARANELLE TABS 0.5/1/0.5-35 MG-MCG	2	MO
<i>prednisone tbpk 5 mg (48)</i>	2		<i>aviane tabs 0.1-20 mg-mcg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>balziva tabs 0.4-35 mg-mcg</i>	2	MO	<i>sprintec 28 tabs 0.25-35 mg-mcg</i>	2	MO
<i>cryselle tabs 0.3-30 mg-mcg</i>	2	MO	<i>tri-lo-sprintec tabs 0.18/0.215/0.25 mg-25 mcg</i>	2	MO
<i>drospirenone-ethinyl estradiol tabs 3-0.02 mg</i>	2	MO	<i>tri-sprintec tabs 0.18/0.215/0.25 mg-35 mcg</i>	2	MO
<i>drospirenone-ethinyl estradiol tabs 3-0.03 mg</i>	2	MO	<i>xulane ptwk 150-35 mcg/24hr</i>	2	MO
<i>eluryng ring 0.12-0.015 mg/24hr</i>	2	MO	DIABETIC AGENTS		
<i>junel 1.5/30 tabs 1.5-30 mg-mcg</i>	2	MO	<i>acarbose tabs 100 mg</i>	2	MO
<i>junel 1/20 tabs 1-20 mg-mcg</i>	2	MO	<i>acarbose tabs 25 mg</i>	2	MO
<i>junel fe 1.5/30 tabs 1.5-30 mg-mcg</i>	2	MO	<i>acarbose tabs 50 mg</i>	2	MO
<i>junel fe 1/20 tabs 1-20 mg-mcg</i>	2	MO	BAQSIMI ONE PACK POWD 3 MG/DOSE	3	
<i>junel fe 24 tabs 1-20 mg-mcg(24)</i>	2	MO	BAQSIMI TWO PACK POWD 3 MG/DOSE	3	
<i>kelnor 1/35 tabs 1-35 mg-mcg</i>	2	MO	<i>dapagliflozin tabs 10 mg</i>	2	MO
MIRENA (52 MG) IUD 21 MCG/DAY	3	MO	<i>dapagliflozin tabs 5 mg</i>	2	MO
NEXPLANON IMPL 68 MG	3	MO	<i>diazoxide susp 50 mg/ml</i>	4	
<i>nikki tabs 3-0.02 mg</i>	2	MO	FARXIGA TABS 10 MG	3	MO
NORA-BE TABS 0.35 MG	2	MO	FARXIGA TABS 5 MG	3	MO
<i>norethin ace-eth estrad-fe chew 1-20 mg-mcg(24)</i>	2	MO	<i>glimepiride tabs 1 mg</i>	1	MO
<i>norethindrone tabs 0.35 mg</i>	2	MO	<i>glimepiride tabs 2 mg</i>	1	MO
<i>nortrel 0.5/35 (28) tabs 0.5-35 mg-mcg</i>	2	MO	<i>glimepiride tabs 4 mg</i>	1	MO
<i>nortrel 1/35 (21) tabs 1-35 mg-mcg</i>	2	MO	<i>glipizide er tb24 10 mg</i>	1	MO
<i>nortrel 1/35 (28) tabs 1-35 mg-mcg</i>	2	MO	<i>glipizide er tb24 2.5 mg</i>	1	MO
<i>nortrel 7/7/7 tabs 0.5/0.75/1-35 mg-mcg</i>	2	MO	<i>glipizide er tb24 5 mg</i>	1	MO
<i>portia-28 tabs 0.15-30 mg-mcg</i>	2	MO	<i>glipizide tabs 10 mg</i>	1	MO
<i>reclipsen tabs 0.15-30 mg-mcg</i>	2	MO	<i>glipizide tabs 5 mg</i>	1	MO
			<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	1	MO
			<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	1	MO
			<i>glipizide-metformin hcl tabs 5-500 mg</i>	1	MO
			<i>glucagon emergency solr 1 mg</i>	2	
			<i>glyburide tabs 1.25 mg</i>	2	MO
			<i>glyburide tabs 2.5 mg</i>	2	MO
			<i>glyburide tabs 5 mg</i>	2	MO
			HUMALOG SOCT 100 UNIT/ML	4	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML	3	MO	KIRSTY SOPN 100 UNIT/ML	2	MO
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML	3	MO	KORLYM TABS 300 MG	5	PA, LD, NDS
HUMULIN N KWIKPEN SUPN 100 UNIT/ML	3	MO	<i>liraglutide sopn 18 mg/3ml</i>	2	PA, MO
HUMULIN N SUSP 100 UNIT/ML	3	MO	<i>metformin hcl er tb24 500 mg</i>	1	MO
HUMULIN R SOLN 100 UNIT/ML	3	MO	<i>metformin hcl er tb24 750 mg</i>	1	MO
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML	3	MO	<i>metformin hcl tabs 1000 mg</i>	1	MO
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML	3	MO	<i>metformin hcl tabs 500 mg</i>	1	MO
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML	2	MO	<i>metformin hcl tabs 850 mg</i>	1	MO
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML	2	MO	<i>mifepristone tabs 300 mg</i>	5	PA, NDS
INSULIN LISPRO (1 UNIT DIAL) SOPN 100 UNIT/ML	4	MO	<i>nateglinide tabs 120 mg</i>	2	MO
INSULIN LISPRO SOLN 100 UNIT/ML	3	MO	<i>nateglinide tabs 60 mg</i>	2	MO
JANUMET TABS 50-1000 MG	3	MO	NOVOLIN R FLEXPEN SOPN 100 UNIT/ML	4	MO
JANUMET TABS 50-500 MG	3	MO	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML	3	PA, MO
JANUMET XR TB24 100-1000 MG	3	MO	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	3	PA, MO
JANUMET XR TB24 50-1000 MG	3	MO	OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	3	PA, MO
JANUMET XR TB24 50-500 MG	3	MO	OZEMPIC TABS 1.5 MG	3	PA, MO
JANUVIA TABS 100 MG	3	MO	OZEMPIC TABS 4 MG	3	PA, MO
JANUVIA TABS 25 MG	3	MO	OZEMPIC TABS 9 MG	3	PA, MO
JANUVIA TABS 50 MG	3	MO	<i>pioglitazone hcl tabs 15 mg</i>	1	MO
JARDIANCE TABS 10 MG	3	MO	<i>pioglitazone hcl tabs 30 mg</i>	1	MO
JARDIANCE TABS 25 MG	3	MO	<i>pioglitazone hcl tabs 45 mg</i>	1	MO
KIRSTY SOLN 100 UNIT/ML	2	MO	<i>repaglinide tabs 0.5 mg</i>	2	MO
			<i>repaglinide tabs 1 mg</i>	2	MO
			<i>repaglinide tabs 2 mg</i>	2	MO
			RYBELSUS TABS 14 MG	3	PA, MO
			RYBELSUS TABS 3 MG	3	PA
			RYBELSUS TABS 7 MG	3	PA, MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SITAGLIPTIN TABS 100 MG	3	MO	estradiol gel 0.25 mg/0.25gm	2	MO
SITAGLIPTIN TABS 25 MG	3	MO	estradiol gel 0.5 mg/0.5gm	2	MO
SITAGLIPTIN TABS 50 MG	3	MO	estradiol gel 0.75 mg/0.75gm	2	MO
TRADJENTA TABS 5 MG	3	MO	estradiol gel 1 mg/gm	2	MO
WEGOVY SOAJ 0.25 MG/0.5ML	3	PA	estradiol gel 1.25 mg/1.25gm	2	MO
WEGOVY SOAJ 0.5 MG/0.5ML	3	PA	estradiol pttw 0.025 mg/24hr	2	MO
WEGOVY SOAJ 1 MG/0.5ML	3	PA	estradiol pttw 0.0375 mg/24hr	2	MO
WEGOVY SOAJ 1.7 MG/0.75ML	3	PA, MO	estradiol pttw 0.05 mg/24hr	2	MO
WEGOVY SOAJ 2.4 MG/0.75ML	3	PA, MO	estradiol pttw 0.075 mg/24hr	2	MO
WEGOVY TABS 1.5 MG	3	PA	estradiol pttw 0.1 mg/24hr	2	MO
WEGOVY TABS 25 MG	3	PA, MO	estradiol tabs 0.5 mg	1	MO
WEGOVY TABS 4 MG	3	PA	estradiol tabs 1 mg	1	MO
WEGOVY TABS 9 MG	3	PA	estradiol tabs 10 mcg	2	MO
ESTROGENS AND ANTIESTROGENS			estradiol tabs 2 mg	1	MO
CLIMARA PTWK 0.025 MG/24HR	2	MO	estradiol valerate oil 20 mg/ml	2	
CLIMARA PTWK 0.0375 MG/24HR	2	MO	estradiol valerate oil 40 mg/ml	2	
CLIMARA PTWK 0.05 MG/24HR	2	MO	ESTRING RING 7.5 MCG/24HR	4	MO
CLIMARA PTWK 0.06 MG/24HR	2	MO	jinteli tabs 1-5 mg-mcg	2	MO
CLIMARA PTWK 0.075 MG/24HR	2	MO	PREMARIN SOLR 25 MG	3	
CLIMARA PTWK 0.1 MG/24HR	2	MO	raloxifene hcl tabs 60 mg	2	MO
DEPO-ESTRADIOL OIL 5 MG/ML	2		yuvafem tabs 10 mcg	2	MO
dotti pttw 0.025 mg/24hr	2	MO	GONADOTROPINS		
dotti pttw 0.0375 mg/24hr	2	MO	CHORIONIC GONADOTROPIN SOLR 10000 UNIT	3	PA
dotti pttw 0.05 mg/24hr	2	MO	ORGOVYX TABS 120 MG	5	NDS
dotti pttw 0.075 mg/24hr	2	MO	ORILISSA TABS 150 MG	5	NDS
dotti pttw 0.1 mg/24hr	2	MO	ORILISSA TABS 200 MG	5	NDS
ESTRACE CREA 0.01 %	2	MO	OXYTOCICS		
estradiol crea 0.01 %	2	MO	methergine tabs 0.2 mg	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methylergonovine maleate soln 0.2 mg/ml</i>	2		DESMOPRESSIN ACETATE SPRAY SOLN 0.01 %	2	
<i>methylergonovine maleate tabs 0.2 mg</i>	2		<i>desmopressin acetate tabs 0.1 mg</i>	2	MO
MIFEPREX TABS 200 MG	2		<i>desmopressin acetate tabs 0.2 mg</i>	2	MO
<i>mifepristone tabs 200 mg</i>	2		SYNAREL SOLN 2 MG/ML	5	MO
OXYTOCIN SOLN 10 UNIT/ML	2		PROGESTINS		
PARATHYROID			DEPO-SUBQ PROVERA 104 SUSY 104 MG/0.65ML	3	MO
<i>calcitonin (salmon) soln 200 unit/act</i>	2	MO	ENDOMETRIN INST 100 MG	4	PA
<i>calcitonin (salmon) soln 200 unit/ml</i>	5	NDS	<i>gallifrey tabs 5 mg</i>	2	MO
<i>cinacalcet hcl tabs 30 mg</i>	2		<i>medroxyprogesterone acetate susp 150 mg/ml</i>	2	
<i>cinacalcet hcl tabs 60 mg</i>	2		MEDROXYPROGESTERONE ACETATE SUSY 150 MG/ML	2	
<i>cinacalcet hcl tabs 90 mg</i>	2		<i>medroxyprogesterone acetate tabs 10 mg</i>	2	MO
FORTEO SOPN 560 MCG/2.24ML	3	MO	<i>medroxyprogesterone acetate tabs 2.5 mg</i>	2	MO
<i>teriparatide sopn 560 mcg/2.24ml</i>	5	NDS	<i>medroxyprogesterone acetate tabs 5 mg</i>	2	MO
PITUITARY			<i>norethindrone acetate tabs 5 mg</i>	2	MO
CORTROPHIN GEL 80 UNIT/ML	5	PA, NDS	<i>progesterone caps 100 mg</i>	2	MO
CORTROPHIN GEL PRSY 40 UNIT/0.5ML	5	PA, NDS	<i>progesterone caps 200 mg</i>	2	MO
CORTROPHIN GEL PRSY 80 UNIT/ML	5	PA, NDS	PROGESTERONE INST 100 MG	4	PA
CRENESSITY CAPS 100 MG	5	NDS	<i>progesterone oil 50 mg/ml</i>	2	
CRENESSITY CAPS 25 MG	5	NDS	SOMATOTROPIN AGONISTS AND ANTAGONISTS		
CRENESSITY CAPS 50 MG	5	NDS	EGRIFTA SV SOLR 2 MG	5	NDS
CRENESSITY SOLN 50 MG/ML	5	NDS	EGRIFTA WR KIT 11.6 MG	5	NDS
<i>desmopressin ace spray refrig soln 0.01 %</i>	2	MO	INCRELEX SOLN 40 MG/4ML	5	NDS
DESMOPRESSIN ACETATE SOLN 4 MCG/ML	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LANREOTIDE ACETATE SOLN 120 MG/0.5ML	5	NDS	SIGNIFOR LAR SRER 40 MG	5	NDS
NORDITROPIN FLEXPPO SOPN 10 MG/1.5ML	5	PA, NDS	SIGNIFOR LAR SRER 60 MG	5	NDS
NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML	5	PA, NDS	SIGNIFOR SOLN 0.3 MG/ML	5	NDS
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML	5	PA, NDS	SIGNIFOR SOLN 0.6 MG/ML	5	NDS
<i>octreotide acetate kit 10 mg</i>	5	NDS	SIGNIFOR SOLN 0.9 MG/ML	5	NDS
<i>octreotide acetate kit 20 mg</i>	5	NDS	SOMAVERT SOLR 10 MG	5	LD, NDS
<i>octreotide acetate kit 30 mg</i>	5	NDS	SOMAVERT SOLR 15 MG	5	LD, NDS
<i>octreotide acetate soln 100 mcg/ml</i>	2		SOMAVERT SOLR 20 MG	5	LD, NDS
<i>octreotide acetate soln 1000 mcg/ml</i>	2		SOMAVERT SOLR 25 MG	5	LD, NDS
<i>octreotide acetate soln 200 mcg/ml</i>	2		SOMAVERT SOLR 30 MG	5	LD, NDS
<i>octreotide acetate soln 50 mcg/ml</i>	2		THYROID AND ANTITHYROID AGENTS		
<i>octreotide acetate soln 500 mcg/ml</i>	2		LEVOTHYROXINE SODIUM SOLR 500 MCG	2	
OMNITROPE SOCT 10 MG/1.5ML	2	PA	<i>levothyroxine sodium tabs 100 mcg</i>	1	MO
OMNITROPE SOCT 5 MG/1.5ML	2	PA	<i>levothyroxine sodium tabs 112 mcg</i>	1	MO
OMNITROPE SOLR 5.8 MG	2	PA	<i>levothyroxine sodium tabs 125 mcg</i>	1	MO
SANDOSTATIN LAR DEPOT KIT 10 MG	5	NDS	<i>levothyroxine sodium tabs 137 mcg</i>	1	MO
SANDOSTATIN LAR DEPOT KIT 20 MG	5	NDS	<i>levothyroxine sodium tabs 150 mcg</i>	1	MO
SANDOSTATIN LAR DEPOT KIT 30 MG	5	NDS	<i>levothyroxine sodium tabs 175 mcg</i>	1	MO
SIGNIFOR LAR SRER 10 MG	5	NDS	<i>levothyroxine sodium tabs 200 mcg</i>	1	MO
SIGNIFOR LAR SRER 20 MG	5	NDS	<i>levothyroxine sodium tabs 25 mcg</i>	1	MO
SIGNIFOR LAR SRER 30 MG	5	NDS	<i>levothyroxine sodium tabs 300 mcg</i>	1	MO
			<i>levothyroxine sodium tabs 50 mcg</i>	1	MO
			<i>levothyroxine sodium tabs 75 mcg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tabs 88 mcg</i>	1	MO	<i>alendronate sodium tabs 35 mg</i>	1	MO
<i>liothyronine sodium tabs 25 mcg</i>	2	MO	<i>alendronate sodium tabs 70 mg</i>	1	MO
<i>liothyronine sodium tabs 5 mcg</i>	2	MO	BOMYNTRA SOLN 120 MG/1.7ML	5	PA, NDS
<i>liothyronine sodium tabs 50 mcg</i>	2	MO	BOMYNTRA SOSY 120 MG/1.7ML	5	PA, NDS
<i>methimazole tabs 10 mg</i>	1	MO	OSENVELT SOLN 120 MG/1.7ML	5	PA, NDS
<i>methimazole tabs 5 mg</i>	1	MO	<i>pamidronate disodium soln 90 mg/10ml</i>	2	
<i>propylthiouracil tabs 50 mg</i>	2	MO	<i>risedronate sodium tabs 35 mg</i>	2	MO
MISCELLANEOUS THERAPEUTIC AGENTS			WYOST SOLN 120 MG/1.7ML	5	PA, NDS
5-ALPHA REDUCTASE INHIBITORS			<i>zoledronic acid conc 4 mg/5ml</i>	2	
<i>dutasteride caps 0.5 mg</i>	2	MO	<i>zoledronic acid soln 5 mg/100ml</i>	2	
<i>finasteride tabs 5 mg</i>	1	MO	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ANTIDOTES			AMJEVITA SOAJ 40 MG/0.4ML	3	MO
<i>acetylcysteine soln 10 %</i>	2	PA, MO	AMJEVITA SOAJ 80 MG/0.8ML	3	MO
<i>acetylcysteine soln 20 %</i>	2	PA, MO	AMJEVITA SOSY 40 MG/0.4ML	3	MO
ACETYLCYSTEINE SOLN 200 MG/ML	2		AMJEVITA-PED 10KG TO <15KG SOSY 10 MG/0.2ML	3	MO
<i>leucovorin calcium solr 100 mg</i>	2		AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.2ML	3	MO
<i>leucovorin calcium solr 350 mg</i>	2		AVTOZMA SOAJ 162 MG/0.9ML	5	NDS
<i>leucovorin calcium solr 50 mg</i>	2		AVTOZMA SOLN 200 MG/10ML	5	NDS
<i>leucovorin calcium tabs 10 mg</i>	2	MO	AVTOZMA SOLN 400 MG/20ML	5	NDS
<i>leucovorin calcium tabs 25 mg</i>	2	MO	AVTOZMA SOLN 80 MG/4ML	5	NDS
<i>leucovorin calcium tabs 5 mg</i>	2	MO	AVTOZMA SOSY 162 MG/0.9ML	5	NDS
VORAXAZE SOLR 1000 UNIT	5	NDS	CIBINQO TABS 100 MG	5	NDS
ANTIGOUT AGENTS			ENBREL MINI SOCT 50 MG/ML	5	NDS
<i>allopurinol tabs 100 mg</i>	1	MO			
<i>allopurinol tabs 300 mg</i>	1	MO			
<i>colchicine tabs 0.6 mg</i>	2	MO			
<i>febuxostat tabs 40 mg</i>	2	MO			
<i>febuxostat tabs 80 mg</i>	2	MO			
BONE RESORPTION INHIBITORS					
<i>alendronate sodium tabs 10 mg</i>	1	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLN 25 MG/0.5ML	5	NDS	RASUVO SOAJ 17.5 MG/0.35ML	3	
ENBREL SOSY 25 MG/0.5ML	5	NDS	RASUVO SOAJ 20 MG/0.4ML	3	
ENBREL SOSY 50 MG/ML	5	NDS	RASUVO SOAJ 22.5 MG/0.45ML	3	
ENBREL SURECLICK SOAJ 50 MG/ML	5	NDS	RASUVO SOAJ 25 MG/0.5ML	3	
INFLECTRA SOLR 100 MG	5		RASUVO SOAJ 30 MG/0.6ML	3	
INFLIXIMAB SOLR 100 MG	5		RASUVO SOAJ 7.5 MG/0.15ML	3	
KINERET SOSY 100 MG/0.67ML	5	NDS	RINVOQ LQ SOLN 1 MG/ML	5	NDS
<i>leflunomide tabs 10 mg</i>	2	MO	RINVOQ TB24 15 MG	5	NDS
<i>leflunomide tabs 20 mg</i>	2	MO	RINVOQ TB24 30 MG	5	NDS
OLUMIANT TABS 1 MG	5	NDS	RINVOQ TB24 45 MG	5	NDS
OLUMIANT TABS 2 MG	5	NDS	<i>tofacitinib citrate er tb24 11 mg</i>	2	MO
ORENCIA CLICKJECT SOAJ 125 MG/ML	5	NDS	<i>tofacitinib citrate er tb24 22 mg</i>	5	NDS
ORENCIA SOLR 250 MG	5	NDS	<i>tofacitinib citrate soln 1 mg/ml</i>	4	MO
ORENCIA SOSY 125 MG/ML	5	NDS	<i>tofacitinib citrate tabs 10 mg</i>	2	MO
ORENCIA SOSY 50 MG/0.4ML	5	NDS	<i>tofacitinib citrate tabs 5 mg</i>	2	MO
ORENCIA SOSY 87.5 MG/0.7ML	5	NDS	TYENNE SOAJ 162 MG/0.9ML	5	NDS
OTEZLA TABS 20 MG	5	NDS	TYENNE SOSY 162 MG/0.9ML	5	NDS
OTEZLA TABS 30 MG	5	NDS	ZYMFENTRA (2 PEN) AJKT 120 MG/ML	5	NDS
OTEZLA TBPK 10 & 20 & 30 MG	5	NDS	ZYMFENTRA (2 SYRINGE) PSKT 120 MG/ML	5	NDS
OTEZLA TBPK 4 x 10 & 51 x20 MG	5	NDS	IMMUNE SUPPRESSANTS		
OTEZLA XR TB24 75 MG	5	NDS	<i>azathioprine tabs 100 mg</i>	2	PA, MO
OTEZLA/OTEZLA XR INITIATION PK TBPK 10&20&30&(ER)75 MG	5	NDS	<i>azathioprine tabs 50 mg</i>	2	PA, MO
RASUVO SOAJ 10 MG/0.2ML	3		<i>azathioprine tabs 75 mg</i>	2	PA, MO
RASUVO SOAJ 12.5 MG/0.25ML	3		BENLYSTA SOAJ 200 MG/ML	5	
RASUVO SOAJ 15 MG/0.3ML	3		BENLYSTA SOSY 200 MG/ML	5	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine caps 100 mg</i>	2	PA, MO	MISCELLANEOUS THERAPEUTIC AGENTS		
<i>cyclosporine caps 25 mg</i>	2	PA, MO	ACETIC ACID SOLN 0.25 %	2	
<i>cyclosporine modified caps 100 mg</i>	2	PA, MO	ACTIMMUNE SOLN 100 MCG/0.5ML	5	
<i>cyclosporine modified caps 25 mg</i>	2	PA, MO	AMVUTTRA SOSY 25 MG/0.5ML	5	
<i>cyclosporine modified caps 50 mg</i>	2	PA, MO	ANDEMBRY SOAJ 200 MG/1.2ML	5	NDS
<i>cyclosporine modified soln 100 mg/ml</i>	2	PA, MO	AQNEURSA PACK 1 GM	5	LD, NDS
ENVARUS XR TB24 0.75 MG	4	PA, MO	ARCALYST SOLR 220 MG	5	NDS
ENVARUS XR TB24 1 MG	4	PA, MO	ARGYLE STERILE WATER SOLN	2	
ENVARUS XR TB24 4 MG	5	PA, MO	<i>bupivacaine hcl (pf) soln 0.25 %</i>	2	
<i>everolimus tabs 0.25 mg</i>	4	PA	<i>bupivacaine hcl (pf) soln 0.5 %</i>	2	
<i>everolimus tabs 0.5 mg</i>	4	PA	<i>bupivacaine hcl (pf) soln 0.75 %</i>	2	
<i>everolimus tabs 0.75 mg</i>	4	PA	<i>bupivacaine hcl soln 0.5 %</i>	2	
<i>everolimus tabs 1 mg</i>	5	PA	<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	2	
<i>gengraf caps 100 mg</i>	2	PA, MO	<i>bupivacaine spinal soln 0.75-8.25 %</i>	2	
<i>gengraf caps 25 mg</i>	2	PA, MO	<i>bupivacaine-epinephrine (pf) soln 0.25% - 1:200000</i>	2	
<i>mycophenolate mofetil caps 250 mg</i>	2	PA, MO	<i>bupivacaine-epinephrine (pf) soln 0.5% -1:200000</i>	2	
<i>mycophenolate mofetil susr 200 mg/ml</i>	2	PA, MO	<i>bupivacaine-epinephrine soln 0.25% -1:200000</i>	2	
<i>mycophenolate mofetil tabs 500 mg</i>	2	PA, MO	<i>bupivacaine-epinephrine soln 0.5% -1:200000</i>	2	
<i>mycophenolate sodium tbec 180 mg</i>	2	PA, MO	<i>chloroprocaine hcl (pf) soln 2 %</i>	2	
<i>mycophenolate sodium tbec 360 mg</i>	2	PA, MO	CYSTADANE POWD	4	LD, MO
PROGRAF PACK 0.2 MG	4	PA	CYSTAGON CAPS 150 MG	3	LD, NDS
PROGRAF PACK 1 MG	4	PA	CYSTAGON CAPS 50 MG	3	LD, NDS
PROGRAF SOLN 5 MG/ML	3	MO	<i>dexrazoxane hcl solr 250 mg</i>	2	
<i>sirolimus soln 1 mg/ml</i>	2	PA, MO	<i>dexrazoxane hcl solr 500 mg</i>	2	
<i>sirolimus tabs 0.5 mg</i>	2	PA, MO			
<i>sirolimus tabs 1 mg</i>	2	PA, MO			
<i>sirolimus tabs 2 mg</i>	4	PA, MO			
<i>tacrolimus caps 0.5 mg</i>	2	PA, MO			
<i>tacrolimus caps 1 mg</i>	2	PA, MO			
<i>tacrolimus caps 5 mg</i>	2	PA, MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DUVYZAT SUSP 8.86 MG/ML	5	NDS	<i>lidocaine-epinephrine soln 0.5 %-1:200000</i>	2	
EKTERLY TABS 300 MG	5	NDS	<i>lidocaine-epinephrine soln 1 %-1:100000</i>	2	
ELMIRON CAPS 100 MG	5		<i>lidocaine-epinephrine soln 2 %-1:100000</i>	2	
ENDARI PACK 5 GM	5	NDS	<i>mesna soln 100 mg/ml</i>	2	
EVRYSDI SOLR 0.75 MG/ML	5	NDS	<i>mesna tabs 400 mg</i>	2	
EVRYSDI TABS 5 MG	5	NDS	MIPLYFFA CAPS 124 MG	5	NDS
FILSPARI TABS 200 MG	5	NDS	MIPLYFFA CAPS 47 MG	5	NDS
FILSPARI TABS 400 MG	5	NDS	MIPLYFFA CAPS 62 MG	5	NDS
FIRDAPSE TABS 10 MG	5	NDS	MIPLYFFA CAPS 93 MG	5	NDS
GIVLAARI SOLN 189 MG/ML	5	NDS	ODACTRA SUBL 12 SQ-HDM	4	
GRASSTEK SUBL 2800 BAU	3	MO	PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG	5	NDS
HAEGARDA SOLR 2000 UNIT	5	NDS	PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG	5	NDS
HAEGARDA SOLR 3000 UNIT	5	NDS	PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG	5	NDS
<i>icatibant acetate sosy 30 mg/3ml</i>	2		PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG	5	NDS
KESIMPTA SOAJ 20 MG/0.4ML	5	NDS	PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG	5	NDS
LACTATED RINGERS SOLN	2		PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG	5	NDS
<i>levocarnitine soln 1 gm/10ml</i>	2	MO	PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG	5	NDS
<i>levocarnitine tabs 330 mg</i>	2	MO	PALFORZIA (300 MG MAINTENANCE) PACK 300 MG	5	NDS
<i>lidocaine hcl (pf) soln 0.5 %</i>	2		PALFORZIA (300 MG TITRATION) PACK 300 MG	5	NDS
<i>lidocaine hcl (pf) soln 1 %</i>	2		PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG	5	NDS
<i>lidocaine hcl (pf) soln 2 %</i>	2				
<i>lidocaine hcl (pf) soln 4 %</i>	2				
<i>lidocaine hcl soln 0.5 %</i>	2				
<i>lidocaine hcl soln 1 %</i>	2				
<i>lidocaine hcl soln 2 %</i>	2				
<i>lidocaine-epinephrine (pf) soln 1.5 %-1:200000</i>	2				
<i>lidocaine-epinephrine (pf) soln 2 %-1:200000</i>	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG	5	NDS	sensorcaine-mpf soln 0.75 %	2	
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG	5	NDS	sensorcaine-mpf/epinephrine soln 0.25% -1:200000	2	
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG	5	NDS	SENSORCAINE-MPF/EPINEPHRINE SOLN 0.5% -1:200000	2	
POLOCAINE-MPF SOLN 1 %	2		sensorcaine/epinephrine soln 0.25% -1:200000	2	
POLOCAINE-MPF SOLN 2 %	2		sensorcaine/epinephrine soln 0.5% -1:200000	2	
PYRUKYND TABS 20 MG	5	NDS	SEPHIENCE PACK 1000 MG	5	NDS
PYRUKYND TABS 5 MG	5	NDS	SEPHIENCE PACK 250 MG	5	NDS
PYRUKYND TABS 50 MG	5	NDS	SKYCLARYS CAPS 50 MG	5	NDS
PYRUKYND TAPER PACK TBPK 5 MG	5	NDS	sodium chloride irrigation soln 0.9 %	2	MO
PYRUKYND TAPER PACK TBPK 7 x 20 MG & 7 X 5 MG	5	NDS	SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG	2	MO
PYRUKYND TAPER PACK TBPK 7 x 50 MG & 7 X 20 MG	5	NDS	SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG	2	MO
REZUROCK TABS 200 MG	5	NDS	SODIUM FLUORIDE CHEW 2.2 (1 F) MG	2	MO
RIDAURA CAPS 3 MG	5	MO	SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML	2	MO
RIMSO-50 SOLN 50 %	3		STERILE WATER FOR IRRIGATION SOLN	2	
<i>sajazir sosy 30 mg/3ml</i>	5	NDS	TAKHZYRO SOLN 300 MG/2ML	5	NDS
<i>sapropterin dihydrochloride pack 100 mg</i>	4	MO	TAKHZYRO SOSY 150 MG/ML	5	NDS
<i>sapropterin dihydrochloride pack 500 mg</i>	5	NDS	TAKHZYRO SOSY 300 MG/2ML	5	NDS
<i>sapropterin dihydrochloride tabs 100 mg</i>	5	NDS	TAVNEOS CAPS 10 MG	5	NDS
SENSORCAINE SOLN 0.5 %	2		THIOLA TABS 100 MG	5	NDS
sensorcaine-mpf soln 0.25 %	2		THYROGEN SOLR 0.9 MG	5	NDS
sensorcaine-mpf soln 0.5 %	2		tiopronin tabs 100 mg	5	NDS
			tiopronin tbec 100 mg	5	NDS
			tiopronin tbec 300 mg	5	NDS
			ULTOMIRIS SOLN 1100 MG/11ML	5	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTOMIRIS SOLN 300 MG/3ML	5		montelukast sodium chew 4 mg	1	MO
venxxiva tbec 100 mg	5	NDS	montelukast sodium chew 5 mg	1	MO
venxxiva tbec 300 mg	5	NDS	montelukast sodium pack 4 mg	2	MO
VIJOICE PACK 50 MG	5	NDS	montelukast sodium tabs 10 mg	1	MO
VIJOICE TBPK 125 MG	5	NDS	NUCALA SOAJ 100 MG/ML	5	PA, NDS
VIJOICE TBPK 50 MG	5	NDS	NUCALA SOSY 100 MG/ML	5	PA, NDS
VOWST CAPS	5	NDS	NUCALA SOSY 40 MG/0.4ML	5	PA, NDS
VUMERITY CPDR 231 MG	5	NDS	zileuton er tb12 600 mg	4	MO
VYVGART HYTRULO SOLN 180-2000 MG-UNIT/ML	5	NDS	CYSTIC FIBROSIS		
VYVGART HYTRULO SOSY 1000-10000 MG-UNT/5ML	5	NDS	ALYFTREK TABS 10-50-125 MG	5	LD, NDS
VYVGART SOLN 400 MG/20ML	5	NDS	ALYFTREK TABS 4-20-50 MG	5	LD, NDS
WATER FOR IRRIGATION, STERILE SOLN	2		CAYSTON SOLR 75 MG	5	LD, NDS
XEOMIN SOLR 200 UNIT	5	PA, NDS	KALYDECO PACK 13.4 MG	5	PA, NDS
RESPIRATORY TRACT AGENTS			KALYDECO PACK 25 MG	5	PA, NDS
ANTI-INFLAMMATORY AGENTS			KALYDECO PACK 5.8 MG	5	PA, NDS
BRINSUPRI TABS 10 MG	5	NDS	KALYDECO PACK 50 MG	5	PA, NDS
BRINSUPRI TABS 25 MG	5	NDS	KALYDECO PACK 75 MG	5	PA, NDS
cromolyn sodium conc 100 mg/5ml	2	MO	KALYDECO TABS 150 MG	5	PA, NDS
cromolyn sodium nebu 20 mg/2ml	3	PA, MO	ORKAMBI PACK 100-125 MG	5	NDS
DUPIXENT SOAJ 200 MG/1.14ML	5	PA, NDS	ORKAMBI PACK 150-188 MG	5	NDS
DUPIXENT SOAJ 300 MG/2ML	5	PA, NDS	ORKAMBI PACK 75-94 MG	5	NDS
DUPIXENT SOSY 200 MG/1.14ML	5	PA, NDS	ORKAMBI TABS 100-125 MG	5	NDS
DUPIXENT SOSY 300 MG/2ML	5	PA, NDS	ORKAMBI TABS 200-125 MG	5	NDS
FASENRA PEN SOAJ 30 MG/ML	5	PA, NDS	SYMDEKO TBPK 100-150 & 150 MG	5	NDS
FASENRA SOSY 30 MG/ML	5	PA	SYMDEKO TBPK 50-75 & 75 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER CAPS 28 MG	5		<i>breyana aero 80-4.5 mcg/act</i>	2	
<i>tobramycin nebu 300 mg/5ml</i>	5	PA	BREZTRI AEROSPHERE AERO 160-9-4.8 MCG/ACT	4	MO
TRIKAFTA TBPK 100-50-75 & 150 MG	5	LD, NDS	<i>budesonide susp 0.25 mg/2ml</i>	2	PA, MO
TRIKAFTA TBPK 50-25-37.5 & 75 MG	5	LD, NDS	<i>budesonide susp 0.5 mg/2ml</i>	2	PA, MO
TRIKAFTA THPK 100-50-75 & 75 MG	5	LD, NDS	<i>budesonide susp 1 mg/2ml</i>	4	PA, MO
TRIKAFTA THPK 80-40-60 & 59.5 MG	5	LD, NDS	FLUTICASONE FUROATE-VILANTEROL AEPB 100-25 MCG/ACT	3	MO
PULMONARY FIBROSIS			FLUTICASONE FUROATE-VILANTEROL AEPB 200-25 MCG/ACT	3	MO
<i>nintedanib esylate caps 100 mg</i>	4	MO	FLUTICASONE PROPIONATE HFA AERO 220 MCG/ACT	4	MO
<i>nintedanib esylate caps 150 mg</i>	4	MO	GLASSIA SOLN 1000 MG/50ML	5	PA
OFEV CAPS 100 MG	5	NDS	OHTUVAYRE SUSP 3 MG/2.5ML	5	PA, NDS
OFEV CAPS 150 MG	5	NDS	PULMICORT FLEXHALER AEPB 180 MCG/ACT	4	MO
<i>pirfenidone tabs 267 mg</i>	2	PA, MO	<i>roflumilast tabs 250 mcg</i>	4	MO
PIRFENIDONE TABS 534 MG	2	PA, MO	<i>roflumilast tabs 500 mcg</i>	4	MO
<i>pirfenidone tabs 801 mg</i>	2	PA, MO	TEZSPIRE SOAJ 210 MG/1.91ML	5	NDS
RESPIRATORY AGENTS, MISCELLANEOUS			TEZSPIRE SOSY 210 MG/1.91ML	5	NDS
ADVAIR HFA AERO 115-21 MCG/ACT	4	MO	TRELEGY ELLIPTA AEPB 100-62.5-25 MCG/ACT	3	MO
ADVAIR HFA AERO 230-21 MCG/ACT	3	MO	TRELEGY ELLIPTA AEPB 200-62.5-25 MCG/ACT	3	MO
ADVAIR HFA AERO 45-21 MCG/ACT	4	MO	WINREVAIR KIT 2 x 45 MG	5	NDS
ALVESCO AERS 160 MCG/ACT	3	MO	WINREVAIR KIT 2 x 60 MG	5	NDS
ALVESCO AERS 80 MCG/ACT	3	MO	WINREVAIR KIT 45 MG	5	NDS
ASMANEX HFA AERO 100 MCG/ACT	4	MO	WINREVAIR KIT 60 MG	5	NDS
ASMANEX HFA AERO 200 MCG/ACT	4	MO			
BREO ELLIPTA AEPB 100-25 MCG/ACT	3	MO			
BREO ELLIPTA AEPB 200-25 MCG/ACT	3	MO			
BREO ELLIPTA AEPB 50-25 MCG/INH	3	MO			
<i>breyana aero 160-4.5 mcg/act</i>	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>wixela inhub aepb 100-50 mcg/act</i>	2		TYVASO DPI MAINTENANCE KIT POWD 32 MCG	5	LD, NDS
<i>wixela inhub aepb 250-50 mcg/act</i>	2		TYVASO DPI MAINTENANCE KIT POWD 48 MCG	5	LD, NDS
<i>wixela inhub aepb 500-50 mcg/act</i>	2		TYVASO DPI MAINTENANCE KIT POWD 64 MCG	5	LD, NDS
XOLAIR SOAJ 150 MG/ML	5	PA, NDS	TYVASO DPI TITRATION KIT POWD 16 & 32 & 48 MCG	5	LD, NDS
XOLAIR SOAJ 300 MG/2ML	5	PA, NDS	TYVASO REFILL KIT SOLN 0.6 MG/ML	5	PA, LD
XOLAIR SOAJ 75 MG/0.5ML	5	PA, NDS	TYVASO STARTER KIT SOLN 0.6 MG/ML	5	PA, LD
XOLAIR SOLR 150 MG	5	PA, NDS	UPTRAVI TABS 1000 MCG	5	NDS
XOLAIR SOSY 150 MG/ML	5	PA, NDS	UPTRAVI TABS 1200 MCG	5	NDS
XOLAIR SOSY 300 MG/2ML	5	PA, NDS	UPTRAVI TABS 1400 MCG	5	NDS
XOLAIR SOSY 75 MG/0.5ML	5	PA, NDS	UPTRAVI TABS 1600 MCG	5	NDS
VASODILATING AGENTS			UPTRAVI TABS 200 MCG	5	NDS
ADEMPAS TABS 0.5 MG	5	PA, NDS	UPTRAVI TABS 400 MCG	5	NDS
ADEMPAS TABS 1 MG	5	PA, NDS	UPTRAVI TABS 600 MCG	5	NDS
ADEMPAS TABS 1.5 MG	5	PA, NDS	UPTRAVI TABS 800 MCG	5	NDS
ADEMPAS TABS 2 MG	5	PA, NDS	UPTRAVI TITRATION TBPK 200 & 800 MCG	5	NDS
ADEMPAS TABS 2.5 MG	5	PA, NDS	YUTREPIA CAPS 106 MCG	5	NDS
<i>ambrisentan tabs 10 mg</i>	2		YUTREPIA CAPS 26.5 MCG	5	NDS
<i>ambrisentan tabs 5 mg</i>	2		YUTREPIA CAPS 53 MCG	5	NDS
<i>bosentan tabs 125 mg</i>	2		YUTREPIA CAPS 79.5 MCG	5	NDS
<i>bosentan tabs 62.5 mg</i>	2		SERUMS, TOXOIDS, AND VACCINES		
<i>bosentan tbso 32 mg</i>	5	NDS	SERUMS		
OPSYNVI TABS 10-20 MG	5	PA, NDS	GAMASTAN SOLN	3	
OPSYNVI TABS 10-40 MG	5	PA, NDS	GAMMAGARD ERC SOLN 10 GM/100ML	5	PA
<i>treprostinil soln 100 mg/20ml</i>	5	PA, LD, NDS			
<i>treprostinil soln 20 mg/20ml</i>	5	PA, LD, NDS			
<i>treprostinil soln 50 mg/20ml</i>	5	PA, LD, NDS			
TYVASO DPI MAINTENANCE KIT POWD 16 MCG	5	LD, NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD ERC SOLN 5 GM/50ML	5	PA	DAPTACEL SUSP 23-15-5	6	
GAMMAGARD S/D LESS IGA SOLR 10 GM	5	PA	ENGERIX-B SUSP 20 MCG/ML	6	PA
GAMMAGARD S/D LESS IGA SOLR 5 GM	5	PA	ENGERIX-B SUSY 10 MCG/0.5ML	6	PA
GAMMAGARD SOLN 2.5 GM/25ML	5	PA	ENGERIX-B SUSY 20 MCG/ML	6	PA
GAMMAKED SOLN 1 GM/10ML	5	PA	GARDASIL 9 SUSP 0.5 ML	6	
GAMUNEX-C SOLN 1 GM/10ML	5	PA	GARDASIL 9 SUSY 0.5 ML	6	
HYQVIA KIT 10 GM/100ML	5	PA, NDS	HAVRIX SUSY 1440 EL U/ML	6	
HYQVIA KIT 2.5 GM/25ML	5	PA, NDS	HAVRIX SUSY 720 EL U/0.5ML	6	
HYQVIA KIT 20 GM/200ML	5	PA, NDS	HEPLISAV-B SOSY 20 MCG/0.5ML	6	PA
HYQVIA KIT 30 GM/300ML	5	PA, NDS	HIBERIX SOLR 10 MCG	6	
HYQVIA KIT 5 GM/50ML	5	PA, NDS	IMOVAX RABIES SUSR 2.5 UNIT/ML	6	PA
NABI-HB SOLN 312 UNIT/ML	3		INFANRIX SUSP 25-58-10	6	
TOXOIDS			IPOLE SUSP	6	
KINRIX SUSY 0.5 ML	6		IXIARO SUSP	6	
QUADRACEL SUSP	6		JYNNEOS SUSP 0.5 ML	6	
QUADRACEL SUSY 0.5 ML	6		M-M-R II SOLR	6	
TENIVAC SUSP 5-2 LF/0.5ML	6		MENQUADFI SOLN 0.5 ML	6	
VACCINES			MENVEO SOLR	6	
ABRYSVO SOLR 120 MCG/0.5ML	6		MRESVIA SUSY 50 MCG/0.5ML	6	
ACTHIB SOLR	6		PEDIARIX SUSY	6	
ADACEL SUSP 5-2-15.5 LF-MCG/0.5	6		PEDVAXHIB SUSP 7.5 MCG/0.5ML	6	
ADACEL SUSY 5-2-15.5 LF-MCG/0.5	6		PENBRAYA SUSR	6	
AREXVY SUSR 120 MCG/0.5ML	6		PENMENVY SUSR	6	
BEXSERO SUSY 0.5 ML	6		PENTACEL SUSR	6	
BOOSTRIX SUSP 5-2.5-18.5 LF-MCG/0.5	6		PRIORIX SUSR	6	
BOOSTRIX SUSY 5-2.5-18.5 LF-MCG/0.5	6		PROQUAD SUSR	6	
			RABAVERT SUSR	6	PA
			RECOMBIVAX HB SUSP 10 MCG/ML	6	PA
			RECOMBIVAX HB SUSP 40 MCG/ML	6	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB SUSP 5 MCG/0.5ML	6	PA	<i>ciclopirox olamine crea 0.77 %</i>	2	
RECOMBIVAX HB SUSY 10 MCG/ML	6	PA	<i>ciclopirox soln 8 %</i>	2	
RECOMBIVAX HB SUSY 5 MCG/0.5ML	6	PA	<i>clindamycin phos (once-daily) gel 1 %</i>	2	MO
ROTARIX SUSP	6		<i>clindamycin phos (twice-daily) gel 1 %</i>	2	MO
ROTATEQ SOLN	6		<i>clindamycin phos-benzoyl perox gel 1.2-5 %</i>	2	MO
SHINGRIX SUSR 50 MCG/0.5ML	6		CLINDAMYCIN PHOSPHATE CREA 2 %	2	
SHINGRIX SUSY 50 MCG/0.5ML	6		CLINDAMYCIN PHOSPHATE LOTN 1 %	2	MO
TICOVAC SUSY 1.2 MCG/0.25ML	6		<i>clindamycin phosphate soln 1 %</i>	2	MO
TICOVAC SUSY 2.4 MCG/0.5ML	6		<i>clindamycin phosphate swab 1 %</i>	2	MO
TRUMENBA SUSY 0.5 ML	6		<i>clotrimazole crea 1 %</i>	4	
TWINRIX SUSY 720-20 ELU-MCG/ML	6		<i>clotrimazole troc 10 mg</i>	2	
TYPHIM VI SOSY 25 MCG/0.5ML	6		<i>clotrimazole-betamethasone crea 1-0.05 %</i>	2	
VAQTA SUSP 25 UNIT/0.5ML	6		EMROSI CP24 40 MG	5	NDS
VAQTA SUSP 50 UNIT/ML	6		ERYTHROMYCIN GEL 2 %	2	MO
VAQTA SUSY 25 UNIT/0.5ML	6		<i>erythromycin soln 2 %</i>	2	MO
VAQTA SUSY 50 UNIT/ML	6		<i>gentamicin sulfate crea 0.1 %</i>	2	
VARIVAX SUSR 1350 PFU/0.5ML	6		<i>gentamicin sulfate oint 0.1 %</i>	2	
VAXCHORA SUSR	6		<i>ketoconazole crea 2 %</i>	2	
VIMKUNYA SUSY 40 MCG/0.8ML	6		<i>ketoconazole sham 2 %</i>	2	
VIVOTIF CPDR	6		<i>malathion lotn 0.5 %</i>	2	
YF-VAX SUSR	6		<i>metronidazole crea 0.75 %</i>	2	
SKIN AND MUCOUS MEMBRANE AGENTS			<i>metronidazole gel 0.75 %</i>	2	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)			<i>metronidazole lotn 0.75 %</i>	2	
BENZOYL PEROXIDE GEL 6.5 %	5	NDS	<i>mupirocin calcium crea 2 %</i>	2	
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	2	MO	<i>mupirocin oint 2 %</i>	2	
<i>ciclopirox gel 0.77 %</i>	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEOMYCIN-POLYMYXIN B GU SOLN 40-200000	2		<i>betamethasone dipropionate aug oint 0.05 %</i>	2	MO
<i>nystatin crea 100000 unit/gm</i>	2		<i>betamethasone dipropionate crea 0.05 %</i>	2	MO
<i>nystatin oint 100000 unit/gm</i>	2		<i>betamethasone dipropionate lotn 0.05 %</i>	2	MO
<i>nystatin powd 100000 unit/gm</i>	2		<i>betamethasone dipropionate oint 0.05 %</i>	2	MO
<i>nystop powd 100000 unit/gm</i>	2		BETAMETHASONE VALERATE CREA 0.1 %	2	MO
<i>permethrin crea 5 %</i>	2		<i>betamethasone valerate foam 0.12 %</i>	2	MO
SELENIUM SULFIDE LOTN 2.5 %	2		BETAMETHASONE VALERATE LOTN 0.1 %	2	MO
SILVER SULFADIAZINE CREA 1 %	2		<i>betamethasone valerate oint 0.1 %</i>	2	MO
SSD CREA 1 %	2		<i>calcipotriene-betameth diprop susp 0.005-0.064 %</i>	4	
<i>sulfacetamide sodium (acne) lotn 10 %</i>	2	MO	<i>clobetasol propionate crea 0.05 %</i>	2	
SULFAMYLON CREA 85 MG/GM	3		<i>clobetasol propionate e crea 0.05 %</i>	2	MO
<i>terconazole crea 0.4 %</i>	2		<i>clobetasol propionate foam 0.05 %</i>	2	MO
<i>terconazole supp 80 mg</i>	2		<i>clobetasol propionate gel 0.05 %</i>	2	MO
ZELSUVMI GEL 10.3 %	5	NDS	<i>clobetasol propionate liqd 0.05 %</i>	2	MO
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)			<i>clobetasol propionate lotn 0.05 %</i>	2	MO
<i>alclometasone dipropionate crea 0.05 %</i>	2	MO	<i>clobetasol propionate oint 0.05 %</i>	2	MO
ALCLOMETASONE DIPROPIONATE OINT 0.05 %	2	MO	<i>clobetasol propionate sham 0.05 %</i>	2	MO
ANZUPGO CREA 20 MG/GM	5	NDS	<i>clobetasol propionate soln 0.05 %</i>	2	MO
BENZOYL PEROXIDE FORTE- HC LOTN 7.5-1 %	5	NDS	CORDRAN TAPE 4 MCG/SQCM	4	MO
<i>betamethasone dipropionate aug crea 0.05 %</i>	2	MO	<i>desonide crea 0.05 %</i>	2	MO
BETAMETHASONE DIPROPIONATE AUG GEL 0.05 %	2	MO	<i>desonide lotn 0.05 %</i>	2	MO
<i>betamethasone dipropionate aug lotn 0.05 %</i>	2	MO	<i>desonide oint 0.05 %</i>	2	MO
			<i>desoximetasone crea 0.25 %</i>	2	MO
			<i>desoximetasone oint 0.25 %</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium gel 3 %</i>	4	MO	HYDROCORTISONE BUTYRATE OINT 0.1 %	2	MO
<i>diclofenac sodium soln 1.5 %</i>	4	MO	HYDROCORTISONE BUTYRATE SOLN 0.1 %	2	MO
<i>diflorasone diacetate oint 0.05 %</i>	4	MO	<i>hydrocortisone crea 2.5 %</i>	2	MO
EBGLYSS SOAJ 250 MG/2ML	5	NDS	<i>hydrocortisone enem 100 mg/60ml</i>	2	MO
EBGLYSS SOSY 250 MG/2ML	5	NDS	HYDROCORTISONE LOTN 2.5 %	2	MO
ENSTILAR FOAM 0.005-0.064 %	5	NDS	<i>hydrocortisone oint 1 %</i>	2	MO
<i>fluocinolone acetonide body oil 0.01 %</i>	2		<i>hydrocortisone oint 2.5 %</i>	2	MO
<i>fluocinolone acetonide crea 0.01 %</i>	2	MO	<i>hydrocortisone valerate crea 0.2 %</i>	2	MO
<i>fluocinolone acetonide crea 0.025 %</i>	2	MO	<i>hydrocortisone valerate oint 0.2 %</i>	2	MO
<i>fluocinolone acetonide oint 0.025 %</i>	2	MO	<i>mometasone furoate crea 0.1 %</i>	2	MO
<i>fluocinolone acetonide scalp oil 0.01 %</i>	2	MO	<i>mometasone furoate oint 0.1 %</i>	2	MO
<i>fluocinolone acetonide soln 0.01 %</i>	2	MO	<i>mometasone furoate soln 0.1 %</i>	2	MO
<i>fluocinonide crea 0.05 %</i>	2		NEMLUVIO AUIJ 30 MG	5	NDS
<i>fluocinonide emulsified base crea 0.05 %</i>	2	MO	<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i>	2	MO
<i>fluocinonide gel 0.05 %</i>	2	MO	<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	MO
<i>fluocinonide oint 0.05 %</i>	2	MO	<i>proctozone-hc crea 2.5 %</i>	2	MO
<i>fluocinonide soln 0.05 %</i>	2	MO	RADIAURA CREA 3-0.5 %	5	NDS
<i>fluticasone propionate crea 0.05 %</i>	2	MO	TRIAMCINOLONE ACETONIDE AERS 0.147 MG/GM	2	MO
<i>fluticasone propionate oint 0.005 %</i>	2	MO	<i>triamcinolone acetonide crea 0.025 %</i>	2	MO
<i>halobetasol propionate crea 0.05 %</i>	2	MO	<i>triamcinolone acetonide crea 0.1 %</i>	2	MO
HALOBETASOL PROPIONATE FOAM 0.05 %	4		<i>triamcinolone acetonide crea 0.5 %</i>	2	MO
<i>halobetasol propionate oint 0.05 %</i>	2	MO	TRIAMCINOLONE ACETONIDE LOTN 0.025 %	2	MO
<i>hydrocortisone (perianal) crea 2.5 %</i>	2	MO			
HYDROCORTISONE BUTYRATE CREA 0.1 %	2	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide lotn 0.1 %</i>	2	MO	ADAPALENE SOLN 0.1 %	5	NDS
<i>triamcinolone acetonide oint 0.025 %</i>	2	MO	<i>adapalene-benzoyl peroxide gel 0.1-2.5 %</i>	2	MO
<i>triamcinolone acetonide oint 0.1 %</i>	2	MO	ADAPALENE-BENZOYL PEROXIDE PADS 0.1-2.5 %	5	NDS
<i>triamcinolone acetonide oint 0.5 %</i>	2	MO	ADBRY SOAJ 300 MG/2ML	5	NDS
<i>triamcinolone acetonide pste 0.1 %</i>	2	MO	ADBRY SOSY 150 MG/ML	5	NDS
ANTIPRURITICS AND LOCAL ANESTHETICS			<i>ammonium lactate crea 12 %</i>	2	MO
<i>glydo prsy 2 %</i>	2	MO	<i>azelaic acid gel 15 %</i>	2	MO
HYDROCORTISONE ACE-PRAMOXINE CREA 1-1 %	2	MO	BIMZELX SOAJ 160 MG/ML	5	
<i>lidocaine hcl soln 4 %</i>	2		BIMZELX SOAJ 320 MG/2ML	5	
<i>lidocaine hcl urethral/mucosal prsy 2 %</i>	2	MO	BIMZELX SOSY 160 MG/ML	5	
<i>lidocaine oint 5 %</i>	2	MO	BIMZELX SOSY 320 MG/2ML	5	
<i>lidocaine ptch 5 %</i>	2	PA, MO	<i>calcipotriene crea 0.005 %</i>	2	MO
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	2	MO	<i>calcipotriene oint 0.005 %</i>	2	MO
<i>lidocaine ptch 5 %</i>	2	PA, MO	CALCIPOTRIENE SOLN 0.005 %	2	MO
PROCTOFOAM HC FOAM 1-1 %	2		CALCITRIOL OINT 3 MCG/GM	2	MO
CELL STIMULANTS AND PROLIFERANTS			<i>claravis caps 10 mg</i>	2	NDS
<i>bexarotene gel 1 %</i>	5	PA, NDS	<i>claravis caps 20 mg</i>	2	NDS
PANRETIN GEL 0.1 %	5	NDS	<i>claravis caps 30 mg</i>	2	NDS
RETIN-A CREA 0.025 %	2	PA, MO	<i>claravis caps 40 mg</i>	2	NDS
RETIN-A CREA 0.05 %	2	PA, MO	COSENTYX (300 MG DOSE) SOSY 150 MG/ML	5	
RETIN-A CREA 0.1 %	2	PA, MO	COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML	5	
RETIN-A GEL 0.01 %	2	PA, MO	COSENTYX SENSOREADY PEN SOAJ 150 MG/ML	5	
RETIN-A GEL 0.025 %	2	PA, MO	COSENTYX SOSY 150 MG/ML	5	
<i>tretinoin crea 0.025 %</i>	2	PA, MO	COSENTYX SOSY 75 MG/0.5ML	5	
<i>tretinoin crea 0.05 %</i>	2	PA, MO			
<i>tretinoin crea 0.1 %</i>	2	PA, MO			
<i>tretinoin gel 0.01 %</i>	2	PA, MO			
<i>tretinoin gel 0.025 %</i>	2	PA, MO			
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS					
<i>acitretin caps 10 mg</i>	2				
<i>acitretin caps 17.5 mg</i>	2				
<i>acitretin caps 25 mg</i>	2				
<i>adapalene gel 0.3 %</i>	2	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSENTYX			<i>tazarotene crea 0.05 %</i>	4	PA, MO
UNOREADY SOAJ 300 MG/2ML	5		<i>tazarotene crea 0.1 %</i>	2	PA, MO
FLUOROURACIL CREA 0.5 %	5		<i>tazarotene gel 0.05 %</i>	4	PA, MO
<i>fluorouracil crea 5 %</i>	2	MO	<i>tazarotene gel 0.1 %</i>	4	PA, MO
FLUOROURACIL SOLN 2 %	2	MO	TREMFYA ONE-PRESS SOPN 100 MG/ML	5	
<i>fluorouracil soln 5 %</i>	2	MO	TREMFYA PEN SOAJ 200 MG/2ML	5	NDS
<i>imiquimod crea 5 %</i>	2	MO	TREMFYA SOLN 200 MG/20ML	5	NDS
<i>isotretinoin caps 20 mg</i>	2	NDS	TREMFYA SOSY 100 MG/ML	5	
<i>isotretinoin caps 30 mg</i>	2	NDS	TREMFYA SOSY 200 MG/2ML	5	NDS
<i>isotretinoin caps 40 mg</i>	2	NDS	TREMFYA-CD/UC INDUCTION SOAJ 200 MG/2ML	5	NDS
KLISYRI (250 MG) OINT 1 %	5	NDS	VALCHLOR GEL 0.016 %	5	NDS
LEQSELVI TABS 8 MG	5	NDS	VTAMA CREA 1 %	5	NDS
LITFULO CAPS 50 MG	5	NDS	YESINTEK SOLN 130 MG/26ML	3	
METHOXSALEN RAPID CAPS 10 MG	5	MO	YESINTEK SOLN 45 MG/0.5ML	3	
<i>nitroglycerin oint 0.4 %</i>	4	MO	YESINTEK SOSY 45 MG/0.5ML	3	
OPZELURA CREA 1.5 %	5	NDS	YESINTEK SOSY 90 MG/ML	3	
PIMECROLIMUS CREA 1 %	4	MO	SMOOTH MUSCLE RELAXANTS		
PODOFILOX SOLN 0.5 %	2	MO	SMOOTH MUSCLE RELAXANTS		
SALICYLIC ACID SHAM 6 %	2		AMINOPHYLLINE SOLN 25 MG/ML	2	
SANTYL OINT 250 UNIT/GM	3	MO	<i>darifenacin hydrobromide er tb24 15 mg</i>	2	MO
SILIQ SOSY 210 MG/1.5ML	5	NDS	<i>darifenacin hydrobromide er tb24 7.5 mg</i>	2	MO
SKYRIZI PEN SOAJ 150 MG/ML	5		<i>elixophyllin elix 80 mg/15ml</i>	2	
SKYRIZI SOSY 150 MG/ML	5		<i>flavoxate hcl tabs 100 mg</i>	2	MO
SKYRIZI SOSY 55 MG/0.37ML	5		<i>mirabegron er tb24 25 mg</i>	4	MO
<i>tacrolimus oint 0.03 %</i>	2	MO	<i>mirabegron er tb24 50 mg</i>	4	MO
<i>tacrolimus oint 0.1 %</i>	2	MO			
TALTZ SOAJ 80 MG/ML	5	NDS			
TALTZ SOSY 20 MG/0.25ML	5	NDS			
TALTZ SOSY 40 MG/0.5ML	5	NDS			
TALTZ SOSY 80 MG/ML	5	NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride er tb24 10 mg</i>	2	MO	PRENATAL TABS 27-1 MG	4	MO
<i>oxybutynin chloride er tb24 15 mg</i>	2	MO	RAYALDEE CPCR 30 MCG	5	NDS
<i>oxybutynin chloride er tb24 5 mg</i>	2	MO			
<i>oxybutynin chloride soln 5 mg/5ml</i>	2	MO			
<i>oxybutynin chloride tabs 5 mg</i>	2	MO			
<i>solifenacin succinate tabs 10 mg</i>	2	MO			
<i>solifenacin succinate tabs 5 mg</i>	2	MO			
THEO-24 CP24 300 MG	2	MO			
<i>theophylline elix 80 mg/15ml</i>	2				
THEOPHYLLINE ER TB12 100 MG	2	MO			
THEOPHYLLINE ER TB12 200 MG	2	MO			
<i>theophylline er tb12 300 mg</i>	2	MO			
<i>theophylline er tb12 450 mg</i>	2	MO			
<i>theophylline er tb24 400 mg</i>	2	MO			
<i>theophylline er tb24 600 mg</i>	2	MO			
<i>theophylline soln 80 mg/15ml</i>	2	MO			
<i>tolterodine tartrate tabs 1 mg</i>	2	MO			
<i>tolterodine tartrate tabs 2 mg</i>	2	MO			
<i>trosipium chloride tabs 20 mg</i>	2	MO			
VITAMINS					
VITAMINS					
<i>calcitriol caps 0.25 mcg</i>	2	MO			
<i>calcitriol caps 0.5 mcg</i>	2	MO			
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<i>amoxicillin-pot clavulanate tabs 250-125 mg</i>		<i>AMVUTTRA SOSY 25 MG/0.5ML</i>	78
..... 11		<i>anagrelide hcl caps 0.5 mg</i>	33
<i>amoxicillin-pot clavulanate tabs 500-125 mg</i>		<i>anagrelide hcl caps 1 mg</i>	33
..... 11		<i>anastrozole tabs 1 mg</i>	20
<i>amoxicillin-pot clavulanate tabs 875-125 mg</i>		ANDEMBRY SOAJ 200 MG/1.2ML	78
..... 11		ANZUPGO CREA 20 MG/GM	86
<i>amphetamine-dextroamphet er cp24 10 mg</i>		ALENZIN TB24 348 MG	54
..... 43		ALENZIN TB24 522 MG	54
<i>amphetamine-dextroamphet er cp24 15 mg</i>		<i>apomorphine hcl soct 30 mg/3ml</i>	49
..... 43		APRACLONIDINE HCL SOLN 0.5 %	66
<i>amphetamine-dextroamphet er cp24 20 mg</i>		<i>aprepitant caps 125 mg</i>	67
..... 43		<i>aprepitant caps 40 mg</i>	67
<i>amphetamine-dextroamphet er cp24 25 mg</i>		<i>aprepitant caps 80 mg</i>	67
..... 43		<i>aprepitant cppk 80 & 125 mg</i>	67
<i>amphetamine-dextroamphet er cp24 30 mg</i>		<i>apri tabs 0.15-30 mg-mcg</i>	70
..... 43		APTIVUS CAPS 250 MG	17
<i>amphetamine-dextroamphet er cp24 5 mg</i>		AQNEURSA PACK 1 GM	78
..... 44		ARANELLE TABS 0.5/1/0.5-35 MG-MCG	70
<i>amphetamine-dextroamphetamine tabs 10</i>		ARANESP (ALBUMIN FREE) SOLN 100	
<i>mg</i>	44	MCG/ML	34
<i>amphetamine-dextroamphetamine tabs</i>		ARANESP (ALBUMIN FREE) SOLN 60	
<i>12.5 mg</i>	44	MCG/ML	34
<i>amphetamine-dextroamphetamine tabs 15</i>		ARANESP (ALBUMIN FREE) SOSY 100	
<i>mg</i>	44	MCG/0.5ML	34
<i>amphetamine-dextroamphetamine tabs 20</i>		ARANESP (ALBUMIN FREE) SOSY 150	
<i>mg</i>	44	MCG/0.3ML	34
<i>amphetamine-dextroamphetamine tabs 30</i>		ARANESP (ALBUMIN FREE) SOSY 300	
<i>mg</i>	44	MCG/0.6ML	34
<i>amphetamine-dextroamphetamine tabs 5</i>		ARANESP (ALBUMIN FREE) SOSY 60	
<i>mg</i>	44	MCG/0.3ML	34
<i>amphetamine-dextroamphetamine tabs 7.5</i>		ARCALYST SOLR 220 MG	78
<i>mg</i>	44	AREXVY SUSR 120 MCG/0.5ML	84
<i>amphotericin b liposome susr 50 mg</i>	15	<i>arformoterol tartrate nebu 15 mcg/2ml</i>	32
AMPHOTERICIN B SOLR 50 MG	15	<i>argatroban soln 250 mg/2.5ml</i>	33
<i>ampicillin caps 500 mg</i>	11	ARGYLE STERILE WATER SOLN	78
<i>ampicillin sodium injection solr 2 gm</i>	11	ARIKAYCE SUSP 590 MG/8.4ML	11
AMPICILLIN SODIUM INTRAVENOUS		<i>aripiprazole soln 1 mg/ml</i>	54
SOLR 2 GM	11	<i>aripiprazole tabs 10 mg</i>	54
<i>ampicillin sodium solr 1 gm</i>	11	<i>aripiprazole tabs 15 mg</i>	54
<i>ampicillin sodium solr 10 gm</i>	11	<i>aripiprazole tabs 2 mg</i>	54
<i>ampicillin sodium solr 250 mg</i>	11	<i>aripiprazole tabs 20 mg</i>	54
<i>ampicillin sodium solr 500 mg</i>	11	<i>aripiprazole tabs 30 mg</i>	54
<i>ampicillin-sulbactam sodium injection solr</i>		<i>aripiprazole tabs 5 mg</i>	54
<i>1.5 (1-0.5) gm</i>	11	<i>aripiprazole tbdp 10 mg</i>	54
<i>ampicillin-sulbactam sodium injection solr 3</i>		<i>aripiprazole tbdp 15 mg</i>	54
<i>(2-1) gm</i>	11	ARISTADA INITIO PRSY 675 MG/2.4ML	54
AMPICILLIN-SULBACTAM SODIUM		ARISTADA PRSY 1064 MG/3.9ML	54
INTRAVENOUS SOLR 1.5 (1-0.5) GM	11	ARISTADA PRSY 441 MG/1.6ML	54
AMPICILLIN-SULBACTAM SODIUM		ARISTADA PRSY 662 MG/2.4ML	54
INTRAVENOUS SOLR 3 (2-1) GM	11	ARISTADA PRSY 882 MG/3.2ML	54

<i>armodafinil tabs 150 mg</i>	44	AUSTEDO XR TB24 24 MG.....	52
<i>armodafinil tabs 200 mg</i>	44	AUSTEDO XR TB24 30 MG.....	52
<i>armodafinil tabs 250 mg</i>	44	AUSTEDO XR TB24 36 MG.....	52
<i>armodafinil tabs 50 mg</i>	44	AUSTEDO XR TB24 42 MG.....	52
<i>arsenic trioxide soln 12 mg/6ml</i>	20	AUSTEDO XR TB24 48 MG.....	52
<i>asenapine maleate subl 10 mg</i>	54	AUSTEDO XR TB24 6 MG.....	52
<i>asenapine maleate subl 2.5 mg</i>	54	AUVELITY TBCR 45-105 MG	54
<i>asenapine maleate subl 5 mg</i>	54	AUVELITY TITRATION PACK TEPK 30- 105 MG & 45-105 MG.....	54
ASMANEX HFA AERO 100 MCG/ACT....	82	AUVI-Q SOAJ 0.1 MG/0.1ML.....	32
ASMANEX HFA AERO 200 MCG/ACT....	82	AUVI-Q SOAJ 0.15 MG/0.15ML.....	32
ASPARLAS SOLN 3750 UNIT/5ML.....	20	AUVI-Q SOAJ 0.3 MG/0.3ML.....	32
<i>aspirin-dipyridamole er cp12 25-200 mg</i> ..	33	AVASTIN SOLN 100 MG/4ML	21
<i>atazanavir sulfate caps 150 mg</i>	17	AVASTIN SOLN 400 MG/16ML	21
<i>atazanavir sulfate caps 200 mg</i>	17	<i>aviane tabs 0.1-20 mg-mcg</i>	70
<i>atazanavir sulfate caps 300 mg</i>	17	AVMAPKI FAKZYNJA CO-PACK THPK 0.8 & 200 MG	21
<i>atenolol tabs 100 mg</i>	36	AVONEX PEN AJKT 30 MCG/0.5ML	53
<i>atenolol tabs 25 mg</i>	36	AVONEX PREFILLED PSKT 30 MCG/0.5ML	53
<i>atenolol tabs 50 mg</i>	36	AVTOZMA SOAJ 162 MG/0.9ML.....	76
<i>atenolol-chlorthalidone tabs 100-25 mg</i> ...	36	AVTOZMA SOLN 200 MG/10ML.....	76
<i>atenolol-chlorthalidone tabs 50-25 mg</i>	36	AVTOZMA SOLN 400 MG/20ML.....	76
<i>atomoxetine hcl caps 10 mg</i>	52	AVTOZMA SOLN 80 MG/4ML	76
<i>atomoxetine hcl caps 100 mg</i>	52	AVTOZMA SOSY 162 MG/0.9ML	76
<i>atomoxetine hcl caps 18 mg</i>	52	AYVAKIT TABS 100 MG.....	21
<i>atomoxetine hcl caps 25 mg</i>	52	AYVAKIT TABS 200 MG.....	21
<i>atomoxetine hcl caps 40 mg</i>	52	AYVAKIT TABS 25 MG.....	21
<i>atomoxetine hcl caps 60 mg</i>	52	AYVAKIT TABS 300 MG.....	21
<i>atomoxetine hcl caps 80 mg</i>	52	AYVAKIT TABS 50 MG.....	21
<i>atorvastatin calcium tabs 10 mg</i>	35	<i>azacitidine susr 100 mg</i>	21
<i>atorvastatin calcium tabs 20 mg</i>	35	<i>azathioprine tabs 100 mg</i>	77
<i>atorvastatin calcium tabs 40 mg</i>	35	<i>azathioprine tabs 50 mg</i>	77
<i>atorvastatin calcium tabs 80 mg</i>	35	<i>azathioprine tabs 75 mg</i>	77
<i>atovaquone susp 750 mg/5ml</i>	16	<i>azelaic acid gel 15 %</i>	88
<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	16	<i>azelastine hcl soln 0.05 %</i>	66
<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	16	<i>azelastine hcl soln 0.1 %</i>	66
<i>atropine sulfate soln 1 %</i>	66	<i>azithromycin solr 500 mg</i>	11
<i>atropine sulfate soln 8 mg/20ml</i>	30	<i>azithromycin susr 100 mg/5ml</i>	12
<i>atropine sulfate sosy 1 mg/10ml</i>	30	<i>azithromycin susr 200 mg/5ml</i>	12
ATTRUBY TBPk 356 MG.....	38	<i>azithromycin tabs 250 mg</i>	12
AUGMENTIN SUSR 125-31.25 MG/5ML. 11		<i>azithromycin tabs 500 mg</i>	12
AUGTYRO CAPS 160 MG.....	21	<i>azithromycin tabs 600 mg</i>	12
AUGTYRO CAPS 40 MG	21	<i>aztreonam solr 1 gm</i>	12
AUSTEDO TABS 12 MG	52		
AUSTEDO TABS 6 MG	52	B	
AUSTEDO TABS 9 MG	52	BACITRACIN OINT 500 UNIT/GM.....	65
AUSTEDO XR PATIENT TITRATION TEPK 12 & 18 & 24 & 30 MG	52	BACITRACIN-POLYMYXIN B OINT 500- 10000 UNIT/GM	65
AUSTEDO XR TB24 12 MG	52		
AUSTEDO XR TB24 18 MG	52		

BACITRA-NEOMYCIN-POLYMYXIN-HC	
OINT 1 %	65
<i>baclofen soln 10 mg/5ml</i>	31
<i>baclofen susp 25 mg/5ml</i>	31
<i>baclofen tabs 10 mg</i>	31
<i>baclofen tabs 20 mg</i>	31
<i>baclofen tabs 5 mg</i>	31
<i>balsalazide disodium caps 750 mg</i>	67
BALVERSA TABS 3 MG	21
BALVERSA TABS 4 MG	21
BALVERSA TABS 5 MG	21
<i>balziva tabs 0.4-35 mg-mcg</i>	71
BAQSIMI ONE PACK POWD 3 MG/DOSE	71
BAQSIMI TWO PACK POWD 3 MG/DOSE	71
BARACLUDE SOLN 0.05 MG/ML	17
BCG VACCINE SOLR 50 MG	21
BELBUCA FILM 150 MCG	53
BELBUCA FILM 300 MCG	53
BELBUCA FILM 450 MCG	53
BELBUCA FILM 600 MCG	53
BELBUCA FILM 75 MCG	53
BELBUCA FILM 750 MCG	53
BELBUCA FILM 900 MCG	53
<i>benazepril hcl tabs 10 mg</i>	39
<i>benazepril hcl tabs 20 mg</i>	39
<i>benazepril hcl tabs 40 mg</i>	39
<i>benazepril hcl tabs 5 mg</i>	40
<i>bendamustine hcl solr 100 mg</i>	21
BENLYSTA SOAJ 200 MG/ML	77
BENLYSTA SOSY 200 MG/ML	77
BENZOYL PEROXIDE FORTE- HC LOTN 7.5-1 %	86
BENZOYL PEROXIDE GEL 6.5 %	85
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	85
<i>benztropine mesylate soln 1 mg/ml</i>	49
<i>benztropine mesylate tabs 0.5 mg</i>	49
<i>benztropine mesylate tabs 1 mg</i>	49
<i>benztropine mesylate tabs 2 mg</i>	49
BESREMI PEN SOPN 500 MCG/0.5ML	21
BESREMI SOSY 500 MCG/ML	21
<i>betamethasone dipropionate aug crea 0.05 %</i>	86
BETAMETHASONE DIPROPIONATE AUG GEL 0.05 %	86
<i>betamethasone dipropionate aug lotn 0.05 %</i>	86
<i>betamethasone dipropionate aug oint 0.05 %</i>	86

<i>betamethasone dipropionate crea 0.05 %</i>	86
<i>betamethasone dipropionate lotn 0.05 %</i>	86
<i>betamethasone dipropionate oint 0.05 %</i>	86
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	69
BETAMETHASONE VALERATE CREA	
0.1 %	86
<i>betamethasone valerate foam 0.12 %</i>	86
BETAMETHASONE VALERATE LOTN	
0.1 %	86
<i>betamethasone valerate oint 0.1 %</i>	86
BETASERON KIT 0.3 MG	53
BETAXOLOL HCL SOLN 0.5 %	66
<i>bethanechol chloride tabs 10 mg</i>	31
<i>bethanechol chloride tabs 25 mg</i>	31
<i>bethanechol chloride tabs 5 mg</i>	31
<i>bethanechol chloride tabs 50 mg</i>	31
<i>bexarotene caps 75 mg</i>	21
<i>bexarotene gel 1 %</i>	88
BEXSERO SUSY 0.5 ML	84
<i>bicalutamide tabs 50 mg</i>	21
BICILLIN C-R 900/300 SUSP 900000-300000 UNIT/2ML	12
BICILLIN C-R SUSP 1200000 UNIT/2ML	12
BICILLIN L-A SUSY 1200000 UNIT/2ML	12
BICILLIN L-A SUSY 2400000 UNIT/4ML	12
BICILLIN L-A SUSY 600000 UNIT/ML	12
BIKTARVY TABS 30-120-15 MG	17
BIKTARVY TABS 50-200-25 MG	17
<i>bimatoprost soln 0.03 %</i>	66
BIMZELX SOAJ 160 MG/ML	88
BIMZELX SOAJ 320 MG/2ML	88
BIMZELX SOSY 160 MG/ML	88
BIMZELX SOSY 320 MG/2ML	88
<i>bismuth/metronidaz/tetracyclin caps 140-125-125 mg</i>	67
<i>bisoprolol fumarate tabs 10 mg</i>	36
<i>bisoprolol fumarate tabs 5 mg</i>	36
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	36
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	36
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	36
BIXLENVO TABS 75-50 MG	17
<i>bleomycin sulfate solr 15 unit</i>	21
<i>bleomycin sulfate solr 30 unit</i>	21
BLINCYTO SOLR 35 MCG	21
BOMYNTRA SOLN 120 MG/1.7ML	76
BOMYNTRA SOSY 120 MG/1.7ML	76

BOOSTRIX SUSP 5-2.5-18.5 LF-MCG/0.5	84	bupivacaine hcl (pf) soln 0.5 %	78
BOOSTRIX SUSY 5-2.5-18.5 LF-MCG/0.5	84	bupivacaine hcl (pf) soln 0.75 %	78
bortezomib solr 3.5 mg	21	bupivacaine hcl soln 0.5 %	78
bosentan tabs 125 mg	83	bupivacaine in dextrose soln 0.75-8.25 %	78
bosentan tabs 62.5 mg	83	bupivacaine spinal soln 0.75-8.25 %	78
bosentan tbso 32 mg	83	bupivacaine-epinephrine (pf) soln 0.25% -1	200000
BOSULIF CAPS 100 MG	21	bupivacaine-epinephrine (pf) soln 0.5% -1	200000
BOSULIF CAPS 50 MG	21	bupivacaine-epinephrine soln 0.25% -1	200000
BOSULIF TABS 100 MG	21	bupivacaine-epinephrine soln 0.5% -1	200000
BOSULIF TABS 500 MG	21	bupivacaine-epinephrine soln 0.5% -1	200000
bosutinib tabs 100 mg	21	buprenorphine hcl subl 2 mg	53
bosutinib tabs 400 mg	21	buprenorphine hcl subl 8 mg	53
bosutinib tabs 500 mg	21	buprenorphine hcl-naloxone hcl subl 2-0.5	mg
BRAFTOVI CAPS 75 MG	21	buprenorphine hcl-naloxone hcl subl 8-2 mg	53
BREO ELLIPTA AEPB 100-25 MCG/ACT	82	buprenorphine ptwk 10 mcg/hr	53
BREO ELLIPTA AEPB 200-25 MCG/ACT	82	buprenorphine ptwk 15 mcg/hr	53
BREO ELLIPTA AEPB 50-25 MCG/INH	82	buprenorphine ptwk 20 mcg/hr	53
breyana aero 160-4.5 mcg/act	82	buprenorphine ptwk 5 mcg/hr	53
breyana aero 80-4.5 mcg/act	82	buprenorphine ptwk 7.5 mcg/hr	53
BREZTRI AEROSPHERE AERO 160-9-4.8	82	bupropion hcl er (smoking det) tb12 150 mg	31
MCG/ACT	82	bupropion hcl er (sr) tb12 100 mg	54
brimonidine tartrate soln 0.2 %	66	bupropion hcl er (sr) tb12 150 mg	54
BRINSUPRI TABS 10 MG	81	bupropion hcl er (sr) tb12 200 mg	54
BRINSUPRI TABS 25 MG	81	bupropion hcl er (xl) tb24 150 mg	54
brivaracetam soln 10 mg/ml	45	bupropion hcl er (xl) tb24 300 mg	54
brivaracetam tabs 10 mg	45	BUPROPION HCL ER (XL) TB24 450 MG	54
brivaracetam tabs 100 mg	45	bupropion hcl tabs 100 mg	54
brivaracetam tabs 25 mg	45	bupropion hcl tabs 75 mg	54
brivaracetam tabs 50 mg	45	buspirone hcl tabs 10 mg	50
brivaracetam tabs 75 mg	45	buspirone hcl tabs 15 mg	50
bromfenac sodium (once-daily) soln 0.09 %	65	buspirone hcl tabs 30 mg	50
bromocriptine mesylate caps 5 mg	49	buspirone hcl tabs 5 mg	50
bromocriptine mesylate tabs 2.5 mg	49	buspirone hcl tabs 7.5 mg	50
BRUKINSA CAPS 80 MG	21	butalbital-apap-caffeine tabs 50-325-40 mg	41
BRUKINSA TABS 160 MG	21	butalbital-aspirin-caffeine caps 50-325-40	mg
BUCAPSOL CAPS 10 MG	50	BYOOVIZ SOLN 0.5 MG/0.05ML	66
BUCAPSOL CAPS 15 MG	50	BYSANTI TABS 1 MG	54
BUCAPSOL CAPS 7.5 MG	50	BYSANTI TABS 10 MG	54
budesonide cpep 3 mg	69	BYSANTI TABS 12 MG	54
BUDESONIDE ER TB24 9 MG	69	BYSANTI TABS 2 MG	54
budesonide susp 0.25 mg/2ml	82	BYSANTI TABS 4 MG	54
budesonide susp 0.5 mg/2ml	82		
budesonide susp 1 mg/2ml	82		
bumetanide tabs 0.5 mg	62		
bumetanide tabs 1 mg	62		
bumetanide tabs 2 mg	62		
bupivacaine hcl (pf) soln 0.25 %	78		

BYSANTI TABS 6 MG	54
BYSANTI TABS 8 MG	54
BYSANTI TITRATION PACK A TBPK 1 & 2 & 4 & 6 MG	55
BYSANTI TITRATION PACK B TBPK 1 & 2 & 6 & 8 MG	55
BYSANTI TITRATION PACK C TBPK 1 & 2 & 6 MG.....	55

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CABENUVA SUER 400 & 600 MG/2ML ..	17
CABENUVA SUER 600 & 900 MG/3ML ..	17
<i>cabergoline tabs 0.5 mg</i>	49
CABLIVI KIT 11 MG.....	34
CABOMETYX TABS 20 MG	21
CABOMETYX TABS 40 MG	21
CABOMETYX TABS 60 MG	21
<i>caffeine citrate soln 60 mg/3ml</i>	44
<i>calcipotriene crea 0.005 %</i>	88
<i>calcipotriene oint 0.005 %</i>	88
CALCIPOTRIENE SOLN 0.005 %.....	88
<i>calcipotriene-betameth diprop susp 0.005- 0.064 %</i>	86
<i>calcitonin (salmon) soln 200 unit/act</i>	74
<i>calcitonin (salmon) soln 200 unit/ml</i>	74
<i>calcitriol caps 0.25 mcg</i>	90
<i>calcitriol caps 0.5 mcg</i>	90
CALCITRIOL OINT 3 MCG/GM.....	88
<i>calcitriol oral soln 1 mcg/ml</i>	90
<i>calcium acetate (phos binder) caps 667 mg</i>	63
<i>calcium acetate (phos binder) tabs 667 mg</i>	63
CALQUENCE TABS 100 MG	21
CAMCEVI PRSY 42 MG.....	21
<i>candesartan cilexetil tabs 16 mg</i>	40
<i>candesartan cilexetil tabs 32 mg</i>	40
<i>candesartan cilexetil tabs 4 mg</i>	40
<i>candesartan cilexetil tabs 8 mg</i>	40
CAPLYTA CAPS 10.5 MG.....	55
CAPLYTA CAPS 21 MG.....	55
CAPLYTA CAPS 42 MG.....	55
CAPRELSA TABS 100 MG.....	21
CAPRELSA TABS 300 MG.....	21
<i>captopril tabs 100 mg</i>	40
<i>captopril tabs 12.5 mg</i>	40
<i>captopril tabs 25 mg</i>	40
<i>captopril tabs 50 mg</i>	40
<i>carbamazepine chew 100 mg</i>	45
CARBAMAZEPINE CHEW 200 MG.....	45

<i>carbamazepine er cp12 100 mg</i>	45
<i>carbamazepine er cp12 200 mg</i>	45
<i>carbamazepine er cp12 300 mg</i>	45
<i>carbamazepine er tb12 100 mg</i>	45
<i>carbamazepine er tb12 200 mg</i>	45
<i>carbamazepine er tb12 400 mg</i>	45
<i>carbamazepine susp 100 mg/5ml</i>	45
<i>carbamazepine tabs 200 mg</i>	45
<i>carbidopa tabs 25 mg</i>	49
<i>carbidopa-levodopa er tbcr 25-100 mg</i>	49
<i>carbidopa-levodopa er tbcr 50-200 mg</i>	49
<i>carbidopa-levodopa tabs 10-100 mg</i>	49
<i>carbidopa-levodopa tabs 25-100 mg</i>	49
<i>carbidopa-levodopa tabs 25-250 mg</i>	49
<i>carbidopa-levodopa-entacapone tabs 12.5- 50-200 mg</i>	49
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	49
<i>carbidopa-levodopa-entacapone tabs 25- 100-200 mg</i>	49
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	50
<i>carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg</i>	50
<i>carbidopa-levodopa-entacapone tabs 50- 200-200 mg</i>	50
<i>carboplatin soln 150 mg/15ml</i>	21
<i>carboplatin soln 450 mg/45ml</i>	21
<i>carboplatin soln 50 mg/5ml</i>	21
<i>carboplatin soln 600 mg/60ml</i>	21
<i>carglumic acid tbso 200 mg</i>	62
<i>carmustine solr 100 mg</i>	21
<i>cartia xt cp24 120 mg</i>	37
<i>cartia xt cp24 180 mg</i>	37
<i>cartia xt cp24 240 mg</i>	37
<i>cartia xt cp24 300 mg</i>	37
<i>carvedilol tabs 12.5 mg</i>	36
<i>carvedilol tabs 25 mg</i>	36
<i>carvedilol tabs 3.125 mg</i>	36
<i>carvedilol tabs 6.25 mg</i>	36
<i>casprofungin acetate solr 50 mg</i>	15
<i>casprofungin acetate solr 70 mg</i>	15
CAVHANZA TBDP 60 MG	21
CAVHANZA TBDP 80 MG	21
CAYSTON SOLR 75 MG	81
CEFACLOR CAPS 250 MG	12
CEFACLOR CAPS 500 MG	12
CEFACLOR SUSR 250 MG/5ML	12
<i>cefadroxil caps 500 mg</i>	12
<i>cefazolin sodium solr 1 gm</i>	12

<i>cefazolin sodium solr 10 gm</i>	12
<i>cefazolin sodium solr 500 mg</i>	12
<i>cefdinir caps 300 mg</i>	12
<i>cefdinir susr 125 mg/5ml</i>	12
<i>cefdinir susr 250 mg/5ml</i>	12
<i>cefepime hcl solr 1 gm</i>	12
<i>cefepime hcl solr 2 gm</i>	12
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML)	12
<i>cefixime caps 400 mg</i>	12
CEFIXIME SUSR 100 MG/5ML	12
<i>cefixime susr 200 mg/5ml</i>	12
CEFOTAXIME SODIUM SOLR 1 GM.....	12
CEFOTETAN DISODIUM SOLR 1 GM....	12
<i>cefotetan disodium solr 2 gm</i>	12
<i>cefoxitin sodium solr 1 gm</i>	12
<i>cefoxitin sodium solr 10 gm</i>	12
<i>cefoxitin sodium solr 2 gm</i>	12
CEFPODOXIME PROXETIL SUSR 100 MG/5ML	12
CEFPODOXIME PROXETIL SUSR 50 MG/5ML	12
<i>cefpodoxime proxetil tabs 100 mg</i>	12
<i>cefpodoxime proxetil tabs 200 mg</i>	12
<i>ceftaroline fosamil solr 400 mg</i>	12
<i>ceftazidime solr 1 gm</i>	12
CEFTAZIDIME SOLR 6 GM	12
<i>ceftriaxone sodium solr 1 gm</i>	12
<i>ceftriaxone sodium solr 10 gm</i>	12
<i>ceftriaxone sodium solr 2 gm</i>	12
<i>ceftriaxone sodium solr 250 mg</i>	12
<i>ceftriaxone sodium solr 500 mg</i>	12
<i>cefuroxime axetil tabs 250 mg</i>	12
<i>cefuroxime axetil tabs 500 mg</i>	12
<i>cefuroxime sodium solr 1.5 gm</i>	12
<i>cefuroxime sodium solr 750 mg</i>	12
<i>celecoxib caps 100 mg</i>	41
<i>celecoxib caps 200 mg</i>	41
<i>celecoxib caps 400 mg</i>	41
<i>celecoxib caps 50 mg</i>	41
CELONTIN CAPS 300 MG	45
<i>cephalexin caps 250 mg</i>	13
<i>cephalexin caps 500 mg</i>	13
<i>cephalexin susr 125 mg/5ml</i>	13
<i>cephalexin susr 250 mg/5ml</i>	13
<i>cephalexin tabs 500 mg</i>	13
CEQUA SOLN 0.09 %	65
CERDELGA CAPS 84 MG	64
CEREZYME SOLR 400 UNIT	64
CHEMET CAPS 100 MG	69

CHLORAMPHENICOL SOD SUCCINATE SOLR 1 GM	13
<i>chlordiazepoxide hcl caps 10 mg</i>	50
<i>chlordiazepoxide hcl caps 25 mg</i>	50
<i>chlordiazepoxide hcl caps 5 mg</i>	51
CHLORDIAZEPOXIDE-AMITRIPTYLINE TABS 10-25 MG	55
CHLORDIAZEPOXIDE-AMITRIPTYLINE TABS 5-12.5 MG	55
<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i>	30
<i>chlorhexidine gluconate soln 0.12 %</i>	65
<i>chloroprocaine hcl (pf) soln 2 %</i>	78
CHLOROQUINE PHOSPHATE TABS 250 MG	16
<i>chloroquine phosphate tabs 500 mg</i>	16
<i>chlorpromazine hcl conc 100 mg/ml</i>	55
<i>chlorpromazine hcl conc 30 mg/ml</i>	55
<i>chlorpromazine hcl soln 25 mg/ml</i>	55
<i>chlorpromazine hcl soln 50 mg/2ml</i>	55
<i>chlorpromazine hcl tabs 10 mg</i>	55
<i>chlorpromazine hcl tabs 100 mg</i>	55
<i>chlorpromazine hcl tabs 200 mg</i>	55
<i>chlorpromazine hcl tabs 25 mg</i>	55
<i>chlorpromazine hcl tabs 50 mg</i>	55
<i>chlorthalidone tabs 25 mg</i>	62
<i>chlorthalidone tabs 50 mg</i>	62
<i>cholestyramine light pack 4 gm</i>	35
<i>cholestyramine light powd 4 gm/dose</i>	35
<i>cholestyramine pack 4 gm</i>	35
<i>cholestyramine powd 4 gm/dose</i>	35
CHORIONIC GONADOTROPIN SOLR 10000 UNIT	73
CIBINQO TABS 100 MG	76
<i>ciclopirox gel 0.77 %</i>	85
<i>ciclopirox olamine crea 0.77 %</i>	85
<i>ciclopirox soln 8 %</i>	85
<i>cidofovir soln 75 mg/ml</i>	17
<i>cilostazol tabs 100 mg</i>	33
<i>cilostazol tabs 50 mg</i>	33
CILOXAN OINT 0.3 %	65
CIMDUO TABS 300-300 MG	17
<i>cimetidine hcl soln 300 mg/5ml</i>	67
<i>cinacalcet hcl tabs 30 mg</i>	74
<i>cinacalcet hcl tabs 60 mg</i>	74
<i>cinacalcet hcl tabs 90 mg</i>	74
CIPROFLOXACIN HCL SOLN 0.3 %	65
<i>ciprofloxacin hcl tabs 250 mg</i>	13
<i>ciprofloxacin hcl tabs 500 mg</i>	13
<i>ciprofloxacin hcl tabs 750 mg</i>	13

CIPROFLOXACIN IN D5W SOLN 200 MG/100ML	13	clobazam susp 2.5 mg/ml.....	45
CIPROFLOXACIN IN D5W SOLN 400 MG/200ML	13	clobazam tabs 10 mg	45
ciprofloxacin-dexamethasone susp 0.3-0.1 %.....	65	clobazam tabs 20 mg	45
cisplatin soln 100 mg/100ml.....	21	clobetasol propionate crea 0.05 %	86
cisplatin soln 200 mg/200ml.....	21	clobetasol propionate e crea 0.05 %	86
cisplatin soln 50 mg/50ml	21	clobetasol propionate foam 0.05 %	86
citalopram hydrobromide caps 30 mg	55	clobetasol propionate gel 0.05 %	86
citalopram hydrobromide soln 10 mg/5ml	55	clobetasol propionate liqd 0.05 %	86
citalopram hydrobromide tabs 10 mg.....	55	clobetasol propionate lotn 0.05 %	86
citalopram hydrobromide tabs 20 mg.....	55	clobetasol propionate oint 0.05 %	86
citalopram hydrobromide tabs 40 mg.....	55	clobetasol propionate sham 0.05 %	86
cladribine soln 10 mg/10ml	21	clobetasol propionate soln 0.05 %.....	86
claravis caps 10 mg	88	clomipramine hcl caps 25 mg.....	55
claravis caps 20 mg	88	clomipramine hcl caps 50 mg.....	55
claravis caps 30 mg	88	clomipramine hcl caps 75 mg.....	55
claravis caps 40 mg	88	clonazepam tabs 0.5 mg	45
CLARITHROMYCIN SUSR 125 MG/5ML	13	clonazepam tabs 1 mg	45
CLARITHROMYCIN SUSR 250 MG/5ML	13	clonazepam tabs 2 mg	45
clarithromycin tabs 250 mg	13	clonazepam tbdp 0.125 mg	45
clarithromycin tabs 500 mg	13	clonazepam tbdp 0.25 mg	46
CLIMARA PTWK 0.025 MG/24HR.....	73	clonazepam tbdp 0.5 mg	46
CLIMARA PTWK 0.0375 MG/24HR.....	73	clonazepam tbdp 1 mg	46
CLIMARA PTWK 0.05 MG/24HR.....	73	clonazepam tbdp 2 mg	46
CLIMARA PTWK 0.06 MG/24HR.....	73	clonidine hcl tabs 0.1 mg.....	39
CLIMARA PTWK 0.075 MG/24HR.....	73	clonidine hcl tabs 0.2 mg.....	39
CLIMARA PTWK 0.1 MG/24HR.....	73	clonidine hcl tabs 0.3 mg.....	39
clindamycin hcl caps 150 mg	13	clonidine ptwk 0.1 mg/24hr.....	39
clindamycin hcl caps 300 mg	13	clonidine ptwk 0.2 mg/24hr.....	39
clindamycin hcl caps 75 mg.....	13	clonidine ptwk 0.3 mg/24hr.....	39
clindamycin palmitate hcl solr 75 mg/5ml	13	clopidogrel bisulfate tabs 75 mg	33
clindamycin phos (once-daily) gel 1 %.....	85	clorazepate dipotassium tabs 15 mg	51
clindamycin phos (twice-daily) gel 1 %	85	clorazepate dipotassium tabs 3.75 mg	51
clindamycin phos-benzoyl perox gel 1.2-5 %.....	85	clorazepate dipotassium tabs 7.5 mg	51
CLINDAMYCIN PHOSPHATE CREA 2 %.....	85	clotrimazole crea 1 %.....	85
clindamycin phosphate in d5w soln 300 mg/50ml	13	clotrimazole troc 10 mg	85
clindamycin phosphate in d5w soln 600 mg/50ml	13	clotrimazole-betamethasone crea 1-0.05 %	85
clindamycin phosphate in d5w soln 900 mg/50ml	13	clozapine tabs 100 mg	55
CLINDAMYCIN PHOSPHATE LOTN 1 %.....	85	clozapine tabs 200 mg	55
clindamycin phosphate soln 1 %.....	85	clozapine tabs 25 mg	55
clindamycin phosphate soln 300 mg/2ml	13	clozapine tabs 50 mg	55
clindamycin phosphate soln 600 mg/4ml	13	clozapine tbdp 100 mg	55
clindamycin phosphate soln 900 mg/6ml	13	clozapine tbdp 12.5 mg	55
clindamycin phosphate swab 1 %.....	85	clozapine tbdp 150 mg	55
		clozapine tbdp 200 mg	55
		clozapine tbdp 25 mg	55
		COARTEM TABS 20-120 MG	16
		COBENFY CAPS 100-20 MG	55
		COBENFY CAPS 125-30 MG	55
		COBENFY CAPS 50-20 MG	55

COBENFY STARTER PACK CPPK 50-20 & 100-20 MG	55
CODEINE SULFATE TABS 15 MG	41
<i>codeine sulfate tabs 30 mg</i>	41
CODEINE SULFATE TABS 60 MG	41
<i>colchicine tabs 0.6 mg</i>	76
<i>colchicine-probenecid tabs 0.5-500 mg</i> ..	64
<i>colesevelam hcl tabs 625 mg</i>	35
COLESTIPOL HCL GRAN 5 GM	35
COLESTIPOL HCL PACK 5 GM	35
<i>colestipol hcl tabs 1 gm</i>	35
<i>colistimethate sodium (cba) solr 150 mg</i> ..	13
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT	32
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG	21
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG	21
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG	22
<i>compro supp 25 mg</i>	55
COPIKTRA CAPS 15 MG	22
COPIKTRA CAPS 25 MG	22
CORDRAN TAPE 4 MCG/SQCM	86
CORLANOR SOLN 5 MG/5ML	38
CORTISONE ACETATE TABS 25 MG ...	69
CORTROPHIN GEL 80 UNIT/ML	74
CORTROPHIN GEL PRSY 40 UNIT/0.5ML	74
CORTROPHIN GEL PRSY 80 UNIT/ML ..	74
COSENTYX (300 MG DOSE) SOSY 150 MG/ML	88
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML	88
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML	88
COSENTYX SOSY 150 MG/ML	88
COSENTYX SOSY 75 MG/0.5ML	88
COSENTYX UNOREADY SOAJ 300 MG/2ML	89
COTELLIC TABS 20 MG	22
CRENESSITY CAPS 100 MG	74
CRENESSITY CAPS 25 MG	74
CRENESSITY CAPS 50 MG	74
CRENESSITY SOLN 50 MG/ML	74
CREON CPEP 12000-38000 UNIT	64
CREON CPEP 24000-76000 UNIT	64
CREON CPEP 3000-9500 UNIT	64
CREON CPEP 36000-114000 UNIT	64
CREON CPEP 6000-19000 UNIT	64

CRESEMBA CAPS 186 MG	15
CRESEMBA CAPS 74.5 MG	15
<i>cromolyn sodium conc 100 mg/5ml</i>	81
<i>cromolyn sodium nebu 20 mg/2ml</i>	81
CROMOLYN SODIUM SOLN 4 %	66
<i>cryselle tabs 0.3-30 mg-mcg</i>	71
CURITY GAUZE PADS 2	61
<i>cyclobenzaprine hcl tabs 10 mg</i>	31
<i>cyclobenzaprine hcl tabs 5 mg</i>	31
<i>cyclophosphamide caps 25 mg</i>	22
<i>cyclophosphamide caps 50 mg</i>	22
<i>cyclophosphamide solr 1 gm</i>	22
<i>cyclophosphamide solr 2 gm</i>	22
<i>cyclophosphamide solr 500 mg</i>	22
CYCLOSERINE CAPS 250 MG	16
<i>cyclosporine (pf) emul 0.05 %</i>	65
<i>cyclosporine caps 100 mg</i>	78
<i>cyclosporine caps 25 mg</i>	78
<i>cyclosporine modified caps 100 mg</i>	78
<i>cyclosporine modified caps 25 mg</i>	78
<i>cyclosporine modified caps 50 mg</i>	78
<i>cyclosporine modified soln 100 mg/ml</i>	78
<i>cyproheptadine hcl syrp 2 mg/5ml</i>	20
<i>cyproheptadine hcl tabs 4 mg</i>	20
CYRAMZA SOLN 100 MG/10ML	22
CYRAMZA SOLN 500 MG/50ML	22
CYSTADANE POWD	78
CYSTAGON CAPS 150 MG	78
CYSTAGON CAPS 50 MG	78
CYSTARAN SOLN 0.44 %	66
<i>cytarabine (pf) soln 100 mg/ml</i>	22
<i>cytarabine (pf) soln 20 mg/ml</i>	22
CYTARABINE SOLN 20 MG/ML	22

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<i>dabigatran etexilate mesylate caps 110 mg</i>	33
<i>dabigatran etexilate mesylate caps 150 mg</i>	33
<i>dabigatran etexilate mesylate caps 75 mg</i>	33
DACARBAZINE SOLR 100 MG	22
<i>dacarbazine solr 200 mg</i>	22
<i>dalfampridine er tb12 10 mg</i>	53
<i>danazol caps 100 mg</i>	70
<i>danazol caps 200 mg</i>	70
<i>danazol caps 50 mg</i>	70
<i>dantrolene sodium caps 100 mg</i>	32
<i>dantrolene sodium caps 25 mg</i>	32
<i>dantrolene sodium caps 50 mg</i>	32

DANZITEN TABS 71 MG.....	22	DEPO-SUBQ PROVERA 104 SUSY 104	
DANZITEN TABS 95 MG.....	22	MG/0.65ML.....	74
dapagliflozin tabs 10 mg.....	71	depo-testosterone soln 100 mg/ml.....	70
dapagliflozin tabs 5 mg.....	71	depo-testosterone soln 200 mg/ml.....	70
dapsone tabs 100 mg.....	16	DESCOVY TABS 120-15 MG.....	17
dapsone tabs 25 mg.....	16	DESCOVY TABS 200-25 MG.....	17
DAPTACEL SUSP 23-15-5.....	84	desipramine hcl tabs 10 mg.....	55
daptomycin solr 350 mg.....	13	desipramine hcl tabs 100 mg.....	55
daptomycin solr 500 mg.....	13	desipramine hcl tabs 150 mg.....	55
darifenacin hydrobromide er tb24 15 mg.....	89	desipramine hcl tabs 25 mg.....	55
darifenacin hydrobromide er tb24 7.5 mg.....	89	desipramine hcl tabs 50 mg.....	55
darunavir tabs 600 mg.....	17	desipramine hcl tabs 75 mg.....	55
darunavir tabs 800 mg.....	17	desmopressin ace spray refrig soln 0.01 %	
DARZALEX FASPRO SOLN 1800-30000			74
MG-UT/15ML.....	22	DESMOPRESSIN ACETATE SOLN 4	
DARZALEX SOLN 100 MG/5ML.....	22	MCG/ML.....	74
DARZALEX SOLN 400 MG/20ML.....	22	DESMOPRESSIN ACETATE SPRAY	
dasatinib tabs 100 mg.....	22	SOLN 0.01 %.....	74
dasatinib tabs 140 mg.....	22	desmopressin acetate tabs 0.1 mg.....	74
dasatinib tabs 20 mg.....	22	desmopressin acetate tabs 0.2 mg.....	74
dasatinib tabs 50 mg.....	22	desonide crea 0.05 %.....	86
dasatinib tabs 70 mg.....	22	desonide lotn 0.05 %.....	86
dasatinib tabs 80 mg.....	22	desonide oint 0.05 %.....	86
daunorubicin hcl soln 20 mg/4ml.....	22	desoximetasone crea 0.25 %.....	86
DAURISMO TABS 100 MG.....	22	desoximetasone oint 0.25 %.....	86
DAURISMO TABS 25 MG.....	22	desvenlafaxine succinate er tb24 100 mg.....	55
DAYBUE SOLN 200 MG/ML.....	52	desvenlafaxine succinate er tb24 25 mg.....	55
decitabine solr 50 mg.....	22	desvenlafaxine succinate er tb24 50 mg.....	55
deferasirox granules pack 180 mg.....	69	dexamethasone elix 0.5 mg/5ml.....	69
deferasirox granules pack 360 mg.....	69	DEXAMETHASONE INTENSOL CONC 1	
deferasirox granules pack 90 mg.....	69	MG/ML.....	69
deferasirox tabs 180 mg.....	69	DEXAMETHASONE SODIUM	
deferasirox tabs 360 mg.....	69	PHOSPHATE SOLN 0.1 %.....	65
deferasirox tabs 90 mg.....	69	DEXAMETHASONE SODIUM	
deferasirox tbso 125 mg.....	69	PHOSPHATE SOLN 10 MG/ML.....	69
deferasirox tbso 250 mg.....	69	dexamethasone sodium phosphate soln 20	
deferasirox tbso 500 mg.....	69	mg/5ml.....	69
deferiprone tabs 1000 mg.....	69	dexamethasone sodium phosphate soln 4	
deferiprone tabs 500 mg.....	69	mg/ml.....	69
deferoxamine mesylate solr 500 mg.....	69	DEXAMETHASONE SOLN 0.5 MG/5ML.....	69
deflazacort susp 22.75 mg/ml.....	69	dexamethasone tabs 0.5 mg.....	69
deflazacort tabs 18 mg.....	69	dexamethasone tabs 0.75 mg.....	69
deflazacort tabs 30 mg.....	69	dexamethasone tabs 1 mg.....	69
deflazacort tabs 36 mg.....	69	dexamethasone tabs 1.5 mg.....	69
deflazacort tabs 6 mg.....	69	dexamethasone tabs 2 mg.....	69
DELSTRIGO TABS 100-300-300 MG.....	17	dexamethasone tabs 4 mg.....	69
demeclocycline hcl tabs 150 mg.....	13	dexamethasone tabs 6 mg.....	69
demeclocycline hcl tabs 300 mg.....	13	dexmethylphenidate hcl er cp24 10 mg.....	44
DEPO-ESTRADIOL OIL 5 MG/ML.....	73	dexmethylphenidate hcl er cp24 15 mg.....	44
		dexmethylphenidate hcl er cp24 20 mg.....	44

<i>dexmethylphenidate hcl er cp24 25 mg ...</i>	44	<i>diclofenac sodium tbec 75 mg.....</i>	42
<i>dexmethylphenidate hcl er cp24 30 mg ...</i>	44	<i>dicloxacillin sodium caps 250 mg</i>	13
<i>dexmethylphenidate hcl er cp24 35 mg ...</i>	44	<i>dicloxacillin sodium caps 500 mg</i>	13
<i>dexmethylphenidate hcl er cp24 40 mg ...</i>	44	<i>dicyclomine hcl caps 10 mg</i>	30
<i>dexmethylphenidate hcl er cp24 5 mg</i>	44	<i>dicyclomine hcl soln 10 mg/5ml.....</i>	30
<i>dexmethylphenidate hcl tabs 10 mg.....</i>	44	<i>dicyclomine hcl soln 10 mg/ml.....</i>	30
<i>dexmethylphenidate hcl tabs 2.5 mg.....</i>	44	<i>dicyclomine hcl tabs 20 mg</i>	30
<i>dexmethylphenidate hcl tabs 5 mg</i>	44	<i>DICYCLOMINE HCL TABS 40 MG</i>	30
<i>dexrazoxane hcl solr 250 mg</i>	78	<i>DIFICID SUSR 40 MG/ML.....</i>	13
<i>dexrazoxane hcl solr 500 mg</i>	78	<i>diflorasone diacetate oint 0.05 %</i>	87
<i>dextroamphetamine sulfate er cp24 10 mg</i>		<i>diflunisal tabs 500 mg</i>	42
<i>.....</i>	44	<i>difluprednate emul 0.05 %.....</i>	65
<i>dextroamphetamine sulfate er cp24 15 mg</i>		<i>DIGOXIN SOLN 0.05 MG/ML.....</i>	38
<i>.....</i>	44	<i>digoxin soln 0.25 mg/ml</i>	38
<i>dextroamphetamine sulfate er cp24 5 mg</i>	44	<i>digoxin tabs 125 mcg</i>	38
<i>dextroamphetamine sulfate tabs 10 mg ...</i>	44	<i>digoxin tabs 250 mcg</i>	38
<i>dextroamphetamine sulfate tabs 5 mg</i>	44	<i>dihydroergotamine mesylate soln 1 mg/ml</i>	
DEXTROSE IN LACTATED RINGERS		<i>.....</i>	32
<i>SOLN 5 %</i>	63	<i>dihydroergotamine mesylate soln 4 mg/ml</i>	
<i>DEXTROSE SOLN 10 %</i>	62	<i>.....</i>	32
<i>dextrose soln 5 %</i>	62	<i>DILANTIN CAPS 100 MG</i>	46
<i>DEXTROSE SOLN 50 %</i>	62	<i>DILANTIN CAPS 30 MG</i>	46
<i>DEXTROSE SOLN 70 %</i>	62	<i>DILANTIN INFATABS CHEW 50 MG</i>	46
DEXTROSE-SODIUM CHLORIDE SOLN		<i>diltiazem hcl er coated beads cp24 120 mg</i>	
<i>10-0.45 %.....</i>	63	<i>.....</i>	37
DEXTROSE-SODIUM CHLORIDE SOLN		<i>diltiazem hcl er coated beads cp24 180 mg</i>	
<i>2.5-0.45 %.....</i>	63	<i>.....</i>	37
DEXTROSE-SODIUM CHLORIDE SOLN 5-		<i>diltiazem hcl er coated beads cp24 240 mg</i>	
<i>0.2 %</i>	63	<i>.....</i>	37
<i>dextrose-sodium chloride soln 5-0.45 %..</i>	63	<i>diltiazem hcl er coated beads cp24 300 mg</i>	
<i>dextrose-sodium chloride soln 5-0.9 %...</i>	63	<i>.....</i>	37
<i>DIACOMIT CAPS 250 MG.....</i>	46	<i>diltiazem hcl er coated beads cp24 360 mg</i>	
<i>DIACOMIT CAPS 500 MG.....</i>	46	<i>.....</i>	37
<i>DIACOMIT PACK 250 MG.....</i>	46	<i>diltiazem hcl er cp12 120 mg.....</i>	37
<i>DIACOMIT PACK 500 MG.....</i>	46	<i>diltiazem hcl er cp12 60 mg.....</i>	38
<i>diazepam gel 10 mg</i>	46	<i>diltiazem hcl er cp12 90 mg.....</i>	38
<i>diazepam gel 2.5 mg</i>	46	<i>diltiazem hcl er cp24 120 mg.....</i>	38
<i>diazepam gel 20 mg</i>	46	<i>diltiazem hcl er cp24 180 mg.....</i>	38
<i>diazepam intensol conc 5 mg/ml.....</i>	51	<i>diltiazem hcl er cp24 240 mg.....</i>	38
<i>diazepam soln 5 mg/5ml.....</i>	51	<i>diltiazem hcl soln 125 mg/25ml</i>	38
<i>diazepam soln 5 mg/ml.....</i>	51	<i>diltiazem hcl soln 25 mg/5ml</i>	38
<i>diazepam tabs 10 mg</i>	51	<i>diltiazem hcl soln 50 mg/10ml</i>	38
<i>diazepam tabs 2 mg</i>	51	<i>diltiazem hcl tabs 120 mg.....</i>	38
<i>diazepam tabs 5 mg</i>	51	<i>diltiazem hcl tabs 30 mg.....</i>	38
<i>diazoxide susp 50 mg/ml</i>	71	<i>diltiazem hcl tabs 60 mg.....</i>	38
<i>diclofenac sodium gel 3 %.....</i>	87	<i>diltiazem hcl tabs 90 mg.....</i>	38
<i>diclofenac sodium soln 0.1 %</i>	65	<i>dilt-xr cp24 120 mg.....</i>	37
<i>diclofenac sodium soln 1.5 %</i>	87	<i>dilt-xr cp24 180 mg.....</i>	37
<i>diclofenac sodium tbec 25 mg</i>	41	<i>dilt-xr cp24 240 mg.....</i>	37
<i>diclofenac sodium tbec 50 mg</i>	41	<i>dimethyl fumarate cpdr 120 mg.....</i>	53

<i>dimethyl fumarate cpdr 240 mg</i>	53	<i>dotti pttw 0.1 mg/24hr</i>	73
<i>dimethyl fumarate starter pack cdpk 120 & 240 mg</i>	53	DOVATO TABS 50-300 MG.....	17
DIPENTUM CAPS 250 MG.....	67	<i>doxazosin mesylate tabs 1 mg</i>	35
<i>diphenhydramine hcl soln 50 mg/ml</i>	20	<i>doxazosin mesylate tabs 2 mg</i>	35
DIPHENOXYLATE-ATROPINE LIQD 2.5-0.025 MG/5ML	67	<i>doxazosin mesylate tabs 4 mg</i>	35
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	67	<i>doxazosin mesylate tabs 8 mg</i>	35
<i>dipyridamole tabs 25 mg</i>	41	<i>doxepin hcl caps 10 mg</i>	55
<i>dipyridamole tabs 50 mg</i>	41	<i>doxepin hcl caps 100 mg</i>	55
<i>dipyridamole tabs 75 mg</i>	41	DOXEPIN HCL CAPS 150 MG	56
<i>disopyramide phosphate caps 100 mg</i>	38	<i>doxepin hcl caps 25 mg</i>	56
<i>disopyramide phosphate caps 150 mg</i>	38	<i>doxepin hcl caps 50 mg</i>	56
<i>disulfiram tabs 250 mg</i>	41	<i>doxepin hcl caps 75 mg</i>	56
<i>disulfiram tabs 500 mg</i>	41	DOXEPIN HCL CONC 10 MG/ML.....	56
<i>divalproex sodium csdr 125 mg</i>	46	<i>doxepin hcl tabs 3 mg</i>	56
<i>divalproex sodium er tb24 250 mg</i>	46	<i>doxepin hcl tabs 6 mg</i>	56
<i>divalproex sodium er tb24 500 mg</i>	46	<i>doxorubicin hcl liposomal susp 2 mg/ml</i> ...	22
<i>divalproex sodium tbec 125 mg</i>	46	DOXORUBICIN HCL SOLN 2 MG/ML	22
<i>divalproex sodium tbec 250 mg</i>	46	DOXORUBICIN HCL SOLR 10 MG	22
<i>divalproex sodium tbec 500 mg</i>	46	<i>doxorubicin hcl solr 50 mg</i>	22
<i>dobutamine hcl soln 12.5 mg/ml</i>	32	<i>doxy 100 solr 100 mg</i>	13
DOBUTAMINE-DEXTROSE SOLN 1-5 MG/ML-%.....	32	<i>doxycycline hyclate caps 100 mg</i>	13
DOBUTAMINE-DEXTROSE SOLN 2-5 MG/ML-%.....	32	<i>doxycycline hyclate caps 50 mg</i>	13
<i>docetaxel conc 80 mg/4ml</i>	22	<i>doxycycline hyclate solr 100 mg</i>	13
<i>dofetilide caps 125 mcg</i>	38	<i>doxycycline hyclate tabs 100 mg</i>	13
<i>dofetilide caps 250 mcg</i>	38	<i>doxycycline hyclate tabs 20 mg</i>	13
<i>dofetilide caps 500 mcg</i>	38	<i>doxycycline monohydrate caps 50 mg</i>	13
DOLOBID TABS 375 MG	42	<i>doxycycline monohydrate susr 25 mg/5ml</i> 13	
<i>donepezil hcl tabs 10 mg</i>	31	<i>doxycycline monohydrate tabs 100 mg</i>	13
<i>donepezil hcl tabs 5 mg</i>	31	<i>doxycycline monohydrate tabs 50 mg</i>	13
<i>donepezil hcl tbdp 10 mg</i>	31	DRIZALMA SPRINKLE CSDR 20 MG.....	56
<i>donepezil hcl tbdp 5 mg</i>	31	DRIZALMA SPRINKLE CSDR 30 MG.....	56
<i>dopamine hcl soln 40 mg/ml</i>	32	DRIZALMA SPRINKLE CSDR 40 MG.....	56
DOPAMINE-DEXTROSE SOLN 0.8-5 MG/ML-%.....	32	DRIZALMA SPRINKLE CSDR 60 MG.....	56
DOPAMINE-DEXTROSE SOLN 1.6-5 MG/ML-%.....	32	<i>dronabinol caps 10 mg</i>	67
DOPAMINE-DEXTROSE SOLN 3.2-5 MG/ML-%.....	32	<i>dronabinol caps 2.5 mg</i>	67
DOPTelet TABS 20 MG.....	34	<i>dronabinol caps 5 mg</i>	67
<i>dorzolamide hcl soln 2 %</i>	66	<i>droperidol soln 2.5 mg/ml</i>	51
<i>dorzolamide hcl-timolol mal soln 2-0.5 %</i> .	66	<i>drospirenone-ethinyl estradiol tabs 3-0.02 mg</i>	71
<i>dotti pttw 0.025 mg/24hr</i>	73	<i>drospirenone-ethinyl estradiol tabs 3-0.03 mg</i>	71
<i>dotti pttw 0.0375 mg/24hr</i>	73	DROXIA CAPS 200 MG	22
<i>dotti pttw 0.05 mg/24hr</i>	73	DROXIA CAPS 300 MG	22
<i>dotti pttw 0.075 mg/24hr</i>	73	DROXIA CAPS 400 MG	22
		<i>droxidopa caps 100 mg</i>	32
		<i>droxidopa caps 200 mg</i>	32
		<i>droxidopa caps 300 mg</i>	32
		<i>duloxetine hcl cpep 20 mg</i>	56
		<i>duloxetine hcl cpep 30 mg</i>	56
		<i>duloxetine hcl cpep 40 mg</i>	56

<i>duloxetine hcl cpep 60 mg</i>	56
DUPIXENT SOAJ 200 MG/1.14ML.....	81
DUPIXENT SOAJ 300 MG/2ML.....	81
DUPIXENT SOSY 200 MG/1.14ML.....	81
DUPIXENT SOSY 300 MG/2ML.....	81
<i>dutasteride caps 0.5 mg</i>	76
DUVYZAT SUSP 8.86 MG/ML.....	79

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E.E.S. 400 TABS 400 MG.....	13
EBGLYSS SOAJ 250 MG/2ML.....	87
EBGLYSS SOSY 250 MG/2ML.....	87
EDURANT PED TBSO 2.5 MG.....	17
<i>efavirenz tabs 600 mg</i>	17
<i>efavirenz-emtricitab-tenofo df tabs 600-200-300 mg</i>	17
EFVIRENZ-LAMIVUDINE-TENOFOVIR TABS 400-300-300 MG.....	17
<i>efavirenz-lamivudine-tenofovir tabs 600-300-300 mg</i>	17
EGRIFTA SV SOLR 2 MG.....	74
EGRIFTA WR KIT 11.6 MG.....	74
EKTERLY TABS 300 MG.....	79
ELAHERE SOLN 100 MG/20ML.....	22
ELAPRASE SOLN 6 MG/3ML.....	64
ELELYSO SOLR 200 UNIT.....	64
ELEPSIA XR TB24 1000 MG.....	46
ELEPSIA XR TB24 1500 MG.....	46
<i>eletriptan hydrobromide tabs 20 mg</i>	49
<i>eletriptan hydrobromide tabs 40 mg</i>	49
ELIGARD KIT 22.5 MG.....	22
ELIGARD KIT 30 MG.....	22
ELIGARD KIT 45 MG.....	22
ELIGARD KIT 7.5 MG.....	22
ELIQUIS (1.5 MG PACK) TBSO 3 x 0.5 MG.....	33
ELIQUIS (2 MG PACK) TBSO 4 x 0.5 MG.....	33
ELIQUIS CPSP 0.15 MG.....	33
ELIQUIS DVT/PE STARTER PACK TBP 5 MG.....	33
ELIQUIS TABS 2.5 MG.....	33
ELIQUIS TABS 5 MG.....	33
ELIQUIS TBSO 0.5 MG.....	33
ELITEK SOLR 1.5 MG.....	64
<i>elixophyllin elix 80 mg/15ml</i>	89
ELMIRON CAPS 100 MG.....	79
ELREXFIO SOLN 44 MG/1.1ML.....	22
ELREXFIO SOLN 76 MG/1.9ML.....	22
<i>eltrombopag olamine pack 12.5 mg</i>	34

<i>eltrombopag olamine pack 25 mg</i>	34
<i>eltrombopag olamine tabs 12.5 mg</i>	34
<i>eltrombopag olamine tabs 25 mg</i>	34
<i>eltrombopag olamine tabs 50 mg</i>	34
<i>eltrombopag olamine tabs 75 mg</i>	34
<i>eluryng ring 0.12-0.015 mg/24hr</i>	71
EMROSI CP24 40 MG.....	85
EMSAM PT24 12 MG/24HR.....	50
EMSAM PT24 6 MG/24HR.....	50
EMSAM PT24 9 MG/24HR.....	50
<i>emtricitabine caps 200 mg</i>	17
<i>emtricitabine-tenofovir df tabs 100-150 mg</i>	17
<i>emtricitabine-tenofovir df tabs 133-200 mg</i>	17
<i>emtricitabine-tenofovir df tabs 167-250 mg</i>	17
<i>emtricitabine-tenofovir df tabs 200-300 mg</i>	17
<i>emtricitab-rilpivir-tenofovir df tabs 200-25-300 mg</i>	17
EMTRIVA SOLN 10 MG/ML.....	18
<i>enalapril maleate tabs 10 mg</i>	40
<i>enalapril maleate tabs 2.5 mg</i>	40
<i>enalapril maleate tabs 20 mg</i>	40
<i>enalapril maleate tabs 5 mg</i>	40
<i>enalaprilat soln 1.25 mg/ml</i>	40
ENBREL MINI SOCT 50 MG/ML.....	76
ENBREL SOLN 25 MG/0.5ML.....	77
ENBREL SOSY 25 MG/0.5ML.....	77
ENBREL SOSY 50 MG/ML.....	77
ENBREL SURECLICK SOAJ 50 MG/ML.....	77
ENDARI PACK 5 GM.....	79
<i>endocet tabs 5-325 mg</i>	42
<i>endocet tabs 7.5-325 mg</i>	42
ENDOMETRIN INST 100 MG.....	74
ENGERIX-B SUSP 20 MCG/ML.....	84
ENGERIX-B SUSY 10 MCG/0.5ML.....	84
ENGERIX-B SUSY 20 MCG/ML.....	84
ENHERTU SOLR 100 MG.....	22
ENOXAPARIN SODIUM SOLN 300 MG/3ML.....	33
<i>enoxaparin sodium sosy 100 mg/ml</i>	33
<i>enoxaparin sodium sosy 120 mg/0.8ml</i>	33
<i>enoxaparin sodium sosy 150 mg/ml</i>	33
<i>enoxaparin sodium sosy 30 mg/0.3ml</i>	33
<i>enoxaparin sodium sosy 40 mg/0.4ml</i>	33
<i>enoxaparin sodium sosy 60 mg/0.6ml</i>	33
<i>enoxaparin sodium sosy 80 mg/0.8ml</i>	33
ENSACOVE CAPS 100 MG.....	22

ENSACOVE CAPS 25 MG	22	eslicarbazepine acetate tabs 800 mg	46
ENSTILAR FOAM 0.005-0.064 %.....	87	ESMOLOL HCL SOLN 100 MG/10ML	36
entacapone tabs 200 mg	50	esmolol hcl-sodium chloride soln 2500	
entecavir tabs 0.5 mg	18	mg/250ml.....	36
entecavir tabs 1 mg	18	ESTRACE CREA 0.01 %	73
ENTYVIO PEN SOAJ 108 MG/0.68ML....	68	estradiol crea 0.01 %	73
ENTYVIO SOLR 300 MG	68	estradiol gel 0.25 mg/0.25gm	73
enulose soln 10 gm/15ml.....	62	estradiol gel 0.5 mg/0.5gm	73
ENVARUSUS XR TB24 0.75 MG	78	estradiol gel 0.75 mg/0.75gm	73
ENVARUSUS XR TB24 1 MG.....	78	estradiol gel 1 mg/gm	73
ENVARUSUS XR TB24 4 MG.....	78	estradiol gel 1.25 mg/1.25gm	73
EPCLUSA PACK 150-37.5 MG	18	estradiol pttw 0.025 mg/24hr	73
EPCLUSA PACK 200-50 MG	18	estradiol pttw 0.0375 mg/24hr	73
EPCLUSA TABS 200-50 MG.....	18	estradiol pttw 0.05 mg/24hr	73
EPCLUSA TABS 400-100 MG.....	18	estradiol pttw 0.075 mg/24hr	73
EPIDIOLEX SOLN 100 MG/ML	46	estradiol pttw 0.1 mg/24hr	73
EPINEPHRINE SOAJ 0.3 MG/0.3ML.....	32	estradiol tabs 0.5 mg	73
EPKINLY SOLN 4 MG/0.8ML	22	estradiol tabs 1 mg	73
EPKINLY SOLN 48 MG/0.8ML	22	estradiol tabs 10 mcg	73
eplerenone tabs 25 mg	40	estradiol tabs 2 mg	73
eplerenone tabs 50 mg	40	estradiol valerate oil 20 mg/ml.....	73
ERBITUX SOLN 100 MG/50ML.....	22	estradiol valerate oil 40 mg/ml.....	73
ERBITUX SOLN 200 MG/100ML.....	22	ESTRING RING 7.5 MCG/24HR.....	73
ERGOMAR SUBL 2 MG	32	eszopiclone tabs 1 mg	51
ERGOTAMINE-CAFFEINE TABS 1-100		eszopiclone tabs 2 mg	51
MG	49	eszopiclone tabs 3 mg	51
eribulin mesylate soln 1 mg/2ml.....	22	ethacrynic acid tabs 25 mg.....	62
ERIVEDGE CAPS 150 MG.....	23	ethambutol hcl tabs 100 mg	16
ERLEADA TABS 240 MG	23	ethambutol hcl tabs 400 mg	16
ERLEADA TABS 60 MG	23	ethosuximide caps 250 mg.....	46
erlotinib hcl tabs 100 mg	23	ethosuximide soln 250 mg/5ml.....	46
erlotinib hcl tabs 150 mg	23	etodolac caps 200 mg	42
erlotinib hcl tabs 25 mg	23	etodolac caps 300 mg	42
ertapenem sodium solr 1 gm	13	etodolac tabs 400 mg	42
ERYTHROMYCIN BASE CPEP 250 MG. 13		etodolac tabs 500 mg	42
erythromycin base tabs 250 mg	14	etoposide soln 1 gm/50ml	23
erythromycin base tabs 500 mg	14	etoposide soln 100 mg/5ml	23
erythromycin ethylsuccinate susr 200		etoposide soln 500 mg/25ml	23
mg/5ml.....	14	etravirine tabs 100 mg.....	18
ERYTHROMYCIN GEL 2 %	85	etravirine tabs 200 mg.....	18
erythromycin oint 5 mg/gm.....	65	EULEXIN CAPS 125 MG	23
erythromycin soln 2 %	85	everolimus tabs 0.25 mg	78
erythromycin tbec 250 mg.....	14	everolimus tabs 0.5 mg	78
escitalopram oxalate soln 5 mg/5ml.....	56	everolimus tabs 0.75 mg	78
escitalopram oxalate tabs 10 mg	56	everolimus tabs 1 mg	78
escitalopram oxalate tabs 20 mg	56	everolimus tabs 10 mg	23
escitalopram oxalate tabs 5 mg	56	everolimus tabs 2.5 mg	23
eslicarbazepine acetate tabs 200 mg.....	46	everolimus tabs 5 mg	23
eslicarbazepine acetate tabs 400 mg.....	46	everolimus tabs 7.5 mg	23
eslicarbazepine acetate tabs 600 mg.....	46	everolimus tbso 2 mg	23

<i>everolimus tbso 3 mg</i>	23
<i>everolimus tbso 5 mg</i>	23
EVOTAZ TABS 300-150 MG	18
EVRYSDI SOLR 0.75 MG/ML.....	79
EVRYSDI TABS 5 MG.....	79
<i>exemestane tabs 25 mg</i>	23
EXXUA TB24 18.2 MG	56
EXXUA TB24 36.3 MG	56
EXXUA TB24 54.5 MG	56
EXXUA TB24 72.6 MG	56
EXXUA TITRATION PACK TB24 18.2 MG	56
EYLEA SOLN 2 MG/0.05ML.....	66
EYLEA SOSY 2 MG/0.05ML.....	66
<i>ezetimibe tabs 10 mg</i>	35

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FABRAZYME SOLR 35 MG	64
FABRAZYME SOLR 5 MG	64
<i>famciclovir tabs 125 mg</i>	18
<i>famciclovir tabs 250 mg</i>	18
<i>famciclovir tabs 500 mg</i>	18
<i>famotidine (pf) soln 20 mg/2ml</i>	67
FAMOTIDINE PREMIXED SOLN 20-0.9 MG/50ML-%.....	67
<i>famotidine soln 40 mg/4ml</i>	67
<i>famotidine susr 40 mg/5ml</i>	68
<i>famotidine tabs 20 mg</i>	68
<i>famotidine tabs 40 mg</i>	68
FANAPT TABS 1 MG	56
FANAPT TABS 10 MG	56
FANAPT TABS 12 MG	56
FANAPT TABS 2 MG	56
FANAPT TABS 4 MG	56
FANAPT TABS 6 MG	56
FANAPT TABS 8 MG	56
FANAPT TITRATION PACK A TABS 1 & 2 & 4 & 6 MG	56
FANAPT TITRATION PACK B TABS 1 & 2 & 6 & 8 MG	56
FANAPT TITRATION PACK C TABS 1 & 2 & 6 MG.....	56
FARXIGA TABS 10 MG.....	71
FARXIGA TABS 5 MG.....	71
FASENRA PEN SOAJ 30 MG/ML	81
FASENRA SOSY 30 MG/ML	81
<i>febuxostat tabs 40 mg</i>	76
<i>febuxostat tabs 80 mg</i>	76
<i>felbamate susp 600 mg/5ml</i>	46
<i>felbamate tabs 400 mg</i>	46

<i>felbamate tabs 600 mg</i>	46
<i>felodipine er tb24 10 mg</i>	38
<i>felodipine er tb24 2.5 mg</i>	38
<i>felodipine er tb24 5 mg</i>	38
<i>fenofibrate tabs 160 mg</i>	35
<i>fenofibrate tabs 54 mg</i>	35
FENSOLVI (6 MONTH) KIT 45 MG.....	23
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML	42
FENTANYL CITRATE (PF) SOLN 2500 MCG/50ML	42
<i>fentanyl pt72 100 mcg/hr</i>	42
<i>fentanyl pt72 12 mcg/hr</i>	42
<i>fentanyl pt72 25 mcg/hr</i>	42
<i>fentanyl pt72 50 mcg/hr</i>	42
<i>fentanyl pt72 75 mcg/hr</i>	42
FERRIC CITRATE TABS 1 GM 210 MG(Fe).....	63
FETROJA SOLR 1 GM	14
FETZIMA CP24 120 MG	56
FETZIMA CP24 20 MG	56
FETZIMA CP24 40 MG	56
FETZIMA CP24 80 MG	56
FETZIMA TITRATION C4PK 20 & 40 MG56	
<i>fidaxomicin tabs 200 mg</i>	14
FILKRI SOSY 300 MCG/0.5ML.....	34
FILKRI SOSY 480 MCG/0.8ML.....	35
FILSPARI TABS 200 MG	79
FILSPARI TABS 400 MG	79
<i>finasteride tabs 5 mg</i>	76
<i> fingolimod hcl caps 0.5 mg</i>	53
FINTEPLA SOLN 2.2 MG/ML.....	46
FIRDAPSE TABS 10 MG	79
FIRMAGON (240 MG DOSE) SOLR 120 MG/VIAL.....	23
FIRMAGON SOLR 80 MG	23
<i>flavoxate hcl tabs 100 mg</i>	89
<i>flecainide acetate tabs 100 mg</i>	38
<i>flecainide acetate tabs 150 mg</i>	38
<i>flecainide acetate tabs 50 mg</i>	38
<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	15
<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	15
<i>fluconazole susr 10 mg/ml</i>	15
<i>fluconazole susr 40 mg/ml</i>	15
<i>fluconazole tabs 100 mg</i>	15
<i>fluconazole tabs 150 mg</i>	15
<i>fluconazole tabs 200 mg</i>	16
<i>fluconazole tabs 50 mg</i>	16

<i>flucytosine caps 250 mg</i>	16
<i>flucytosine caps 500 mg</i>	16
FLUDARABINE PHOSPHATE SOLR 50	
MG	23
<i>fluocortisone acetate tabs 0.1 mg</i>	69
<i>flumazenil soln 0.5 mg/5ml</i>	52
<i>flumazenil soln 1 mg/10ml</i>	52
<i>fluocinolone acetonide body oil 0.01 %</i>	87
<i>fluocinolone acetonide crea 0.01 %</i>	87
<i>fluocinolone acetonide crea 0.025 %</i>	87
<i>fluocinolone acetonide oil 0.01 %</i>	65
<i>fluocinolone acetonide oint 0.025 %</i>	87
<i>fluocinolone acetonide scalp oil 0.01 %</i>	87
<i>fluocinolone acetonide soln 0.01 %</i>	87
<i>fluocinonide crea 0.05 %</i>	87
<i>fluocinonide emulsified base crea 0.05 %</i>	87
<i>fluocinonide gel 0.05 %</i>	87
<i>fluocinonide oint 0.05 %</i>	87
<i>fluocinonide soln 0.05 %</i>	87
<i>fluorometholone susp 0.1 %</i>	65
FLUOROURACIL CREA 0.5 %	89
<i>fluorouracil crea 5 %</i>	89
<i>fluorouracil soln 1 gm/20ml</i>	23
FLUOROURACIL SOLN 2 %	89
<i>fluorouracil soln 2.5 gm/50ml</i>	23
<i>fluorouracil soln 5 %</i>	89
<i>fluorouracil soln 5 gm/100ml</i>	23
<i>fluorouracil soln 500 mg/10ml</i>	23
FLUOXETINE HCL (PMDD) TABS 10 MG	
.....	56
FLUOXETINE HCL (PMDD) TABS 20 MG	
.....	56
<i>fluoxetine hcl caps 10 mg</i>	56
<i>fluoxetine hcl caps 20 mg</i>	56
<i>fluoxetine hcl caps 40 mg</i>	56
FLUOXETINE HCL CPDR 90 MG	56
<i>fluoxetine hcl soln 20 mg/5ml</i>	56
<i>fluoxetine hcl tabs 10 mg</i>	56
<i>fluoxetine hcl tabs 20 mg</i>	56
<i>fluoxetine hcl tabs 60 mg</i>	56
<i>fluphenazine decanoate soln 25 mg/ml</i>	56
FLUPHENAZINE HCL CONC 5 MG/ML ..	56
FLUPHENAZINE HCL ELIX 2.5 MG/5ML	56
FLUPHENAZINE HCL SOLN 2.5 MG/ML	56
<i>fluphenazine hcl tabs 1 mg</i>	56
<i>fluphenazine hcl tabs 10 mg</i>	56
<i>fluphenazine hcl tabs 2.5 mg</i>	57
<i>fluphenazine hcl tabs 5 mg</i>	57
FLURBIPROFEN SODIUM SOLN 0.03 %	65

FLUTICASONE FUROATE-VILANTEROL	
AEPB 100-25 MCG/ACT	82
FLUTICASONE FUROATE-VILANTEROL	
AEPB 200-25 MCG/ACT	82
<i>fluticasone propionate crea 0.05 %</i>	87
FLUTICASONE PROPIONATE HFA AERO	
220 MCG/ACT	82
<i>fluticasone propionate oint 0.005 %</i>	87
<i>fluticasone propionate susp 50 mcg/act</i> ..	65
<i>fluvoxamine maleate er cp24 100 mg</i>	57
<i>fluvoxamine maleate er cp24 150 mg</i>	57
<i>fluvoxamine maleate tabs 100 mg</i>	57
<i>fluvoxamine maleate tabs 25 mg</i>	57
<i>fluvoxamine maleate tabs 50 mg</i>	57
FML FORTE SUSP 0.25 %	65
FONDAPARINUX SODIUM SOLN 10	
MG/0.8ML	33
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i> ..	33
FONDAPARINUX SODIUM SOLN 5	
MG/0.4ML	33
FONDAPARINUX SODIUM SOLN 7.5	
MG/0.6ML	33
FORTEO SOPN 560 MCG/2.24ML	74
<i>fosamprenavir calcium tabs 700 mg</i>	18
<i>fosaprepitant dimeglumine solr 150 mg</i> ..	67
<i>fosfomycin tromethamine pack 3 gm</i>	20
<i>fosphenytoin sodium soln 100 mg pe/2ml</i> ..	46
<i>fosphenytoin sodium soln 500 mg pe/10ml</i> ..	46
.....	46
FOTIVDA CAPS 0.89 MG	23
FOTIVDA CAPS 1.34 MG	23
FRUZAQLA CAPS 1 MG	23
FRUZAQLA CAPS 5 MG	23
FULPHILA SOSY 6 MG/0.6ML	35
<i>fulvestrant sosy 250 mg/5ml</i>	23
<i>furosemide oral soln 10 mg/ml</i>	62
FUROSEMIDE SOLN 8 MG/ML	62
<i>furosemide soln injection 10 mg/ml</i>	62
<i>furosemide tabs 20 mg</i>	62
<i>furosemide tabs 40 mg</i>	62
<i>furosemide tabs 80 mg</i>	62
FYCOMPA SUSP 0.5 MG/ML	46

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<i>gabapentin caps 100 mg</i>	46
<i>gabapentin caps 300 mg</i>	46
<i>gabapentin caps 400 mg</i>	46
<i>gabapentin soln 250 mg/5ml</i>	46
<i>gabapentin tabs 600 mg</i>	46
<i>gabapentin tabs 800 mg</i>	46

GABARONE TABS 100 MG	46	<i>gentamicin sulfate oint 0.1 %</i>	85
GABARONE TABS 400 MG	46	<i>gentamicin sulfate soln 0.3 %</i>	65
<i>galantamine hydrobromide er cp24 16 mg</i>	31	<i>gentamicin sulfate soln 10 mg/ml</i>	14
<i>galantamine hydrobromide er cp24 24 mg</i>	31	<i>gentamicin sulfate soln 40 mg/ml</i>	14
<i>galantamine hydrobromide er cp24 8 mg</i>	31	GENVOYA TABS 150-150-200-10 MG	18
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	31	GILOTRIF TABS 20 MG	23
<i>galantamine hydrobromide tabs 12 mg</i>	31	GILOTRIF TABS 30 MG	23
<i>galantamine hydrobromide tabs 4 mg</i>	31	GILOTRIF TABS 40 MG	23
<i>galantamine hydrobromide tabs 8 mg</i>	31	GIVLAARI SOLN 189 MG/ML	79
<i>gallifrey tabs 5 mg</i>	74	GLASSIA SOLN 1000 MG/50ML	82
GAMASTAN SOLN	83	<i>glatiramer acetate sosy 20 mg/ml</i>	53
GAMMAGARD ERC SOLN 10 GM/100ML	83	<i>glatiramer acetate sosy 40 mg/ml</i>	53
GAMMAGARD ERC SOLN 5 GM/50ML ..	84	<i>glatopa sosy 20 mg/ml</i>	53
GAMMAGARD S/D LESS IGA SOLR 10 GM	84	<i>glatopa sosy 40 mg/ml</i>	53
GAMMAGARD S/D LESS IGA SOLR 5 GM	84	<i>glimepiride tabs 1 mg</i>	71
GAMMAGARD SOLN 2.5 GM/25ML	84	<i>glimepiride tabs 2 mg</i>	71
GAMMAKED SOLN 1 GM/10ML	84	<i>glimepiride tabs 4 mg</i>	71
GAMUNEX-C SOLN 1 GM/10ML	84	<i>glipizide er tb24 10 mg</i>	71
<i>ganciclovir sodium solr 500 mg</i>	18	<i>glipizide er tb24 2.5 mg</i>	71
GARDASIL 9 SUSP 0.5 ML	84	<i>glipizide er tb24 5 mg</i>	71
GARDASIL 9 SUSY 0.5 ML	84	<i>glipizide tabs 10 mg</i>	71
<i>gatifloxacin soln 0.5 %</i>	65	<i>glipizide tabs 5 mg</i>	71
GATTEX KIT 5 MG	68	<i>glipizide-metformin hcl tabs 2.5-250 mg</i> ...	71
GAVILYTE-C SOLR 240 GM	68	<i>glipizide-metformin hcl tabs 2.5-500 mg</i> ...	71
<i>gavilyte-g solr 236 gm</i>	68	<i>glipizide-metformin hcl tabs 5-500 mg</i>	71
GAVRETO CAPS 100 MG	23	<i>glucagon emergency solr 1 mg</i>	71
GAZYVA SOLN 1000 MG/40ML	23	GLUCOSE (DEXTROSE) SOLN 50 %	62
<i>gefitinib tabs 250 mg</i>	23	<i>glyburide tabs 1.25 mg</i>	71
<i>gemcitabine hcl solr 200 mg</i>	23	<i>glyburide tabs 2.5 mg</i>	71
<i>gemfibrozil tabs 600 mg</i>	35	<i>glyburide tabs 5 mg</i>	71
<i>generlac soln 10 gm/15ml</i>	62	<i>glycopyrrolate +rfd soln 0.2 mg/ml</i>	30
<i>gengraf caps 100 mg</i>	78	<i>glycopyrrolate injection soln 1 mg/5ml</i>	30
<i>gengraf caps 25 mg</i>	78	<i>glycopyrrolate oral soln 1 mg/5ml</i>	30
GENTAMICIN IN SALINE SOLN 0.8-0.9 MG/ML-%	14	<i>glycopyrrolate soln 0.2 mg/ml</i>	30
GENTAMICIN IN SALINE SOLN 1.2-0.9 MG/ML-%	14	<i>glycopyrrolate soln 0.4 mg/2ml</i>	30
GENTAMICIN IN SALINE SOLN 1.6-0.9 MG/ML-%	14	<i>glycopyrrolate tabs 1 mg</i>	30
GENTAMICIN IN SALINE SOLN 1-0.9 MG/ML-%	14	GLYCOPYRROLATE TABS 1.5 MG	30
GENTAMICIN IN SALINE SOLN 2-0.9 MG/ML-%	14	<i>glycopyrrolate tabs 2 mg</i>	30
<i>gentamicin sulfate crea 0.1 %</i>	85	<i>glydo prsy 2 %</i>	88
		GOMEKLI CAPS 1 MG	23
		GOMEKLI CAPS 2 MG	23
		GOMEKLI TBSO 1 MG	23
		<i>granisetron hcl tabs 1 mg</i>	67
		GRASTEK SUBL 2800 BAU	79
		<i>griseofulvin microsize susp 125 mg/5ml</i> ...	16
		<i>griseofulvin microsize tabs 500 mg</i>	16
		<i>griseofulvin ultramicrosize tabs 125 mg</i> ...	16
		GRISEOFULVIN ULTRAMICROSIZE TABS 165 MG	16
		<i>griseofulvin ultramicrosize tabs 250 mg</i> ...	16

<i>guanfacine hcl er tb24 1 mg</i>	52
<i>guanfacine hcl er tb24 2 mg</i>	52
<i>guanfacine hcl er tb24 3 mg</i>	52
<i>guanfacine hcl er tb24 4 mg</i>	52
<i>guanfacine hcl tabs 1 mg</i>	39
<i>guanfacine hcl tabs 2 mg</i>	39

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HAEGARDA SOLR 2000 UNIT.....	79
HAEGARDA SOLR 3000 UNIT.....	79
<i>halobetasol propionate crea 0.05 %</i>	87
HALOBETASOL PROPIONATE FOAM 0.05 %.....	87
<i>halobetasol propionate oint 0.05 %</i>	87
<i>haloperidol decanoate soln 100 mg/ml</i>	57
<i>haloperidol decanoate soln 50 mg/ml</i>	57
<i>haloperidol lactate conc 2 mg/ml</i>	57
<i>haloperidol lactate soln 5 mg/ml</i>	57
<i>haloperidol tabs 0.5 mg</i>	57
<i>haloperidol tabs 1 mg</i>	57
<i>haloperidol tabs 10 mg</i>	57
<i>haloperidol tabs 2 mg</i>	57
<i>haloperidol tabs 20 mg</i>	57
<i>haloperidol tabs 5 mg</i>	57
HARLIKU TABS 2 MG.....	64
HARVONI PACK 33.75-150 MG.....	18
HARVONI PACK 45-200 MG.....	18
HARVONI TABS 45-200 MG.....	18
HARVONI TABS 90-400 MG.....	18
HAVRIX SUSY 1440 EL U/ML.....	84
HAVRIX SUSY 720 EL U/0.5ML.....	84
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-%.....	33
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-%.....	33
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML.....	33
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-%.....	33
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-%.....	33
HEPARIN SODIUM (PORCINE) +RFID SOLN 1000 UNIT/ML.....	33
HEPARIN SODIUM (PORCINE) PF SOLN 1000 UNIT/ML.....	34
<i>heparin sodium (porcine) pf soln 5000 unit/0.5ml</i>	34
<i>heparin sodium (porcine) soln 1000 unit/ml</i>	34

<i>heparin sodium (porcine) soln 10000 unit/ml</i>	34
<i>heparin sodium (porcine) soln 20000 unit/ml</i>	34
<i>heparin sodium (porcine) soln 5000 unit/ml</i>	34
HEPLISAV-B SOSY 20 MCG/0.5ML.....	84
HERCEPTIN HYLECTA SOLN 600-10000 MG-UNT/5ML.....	23
HERCESSI SOLR 150 MG.....	23
HERCESSI SOLR 420 MG.....	23
HERNEXEOS TABS 60 MG.....	23
HIBERIX SOLR 10 MCG.....	84
HUMALOG SOCT 100 UNIT/ML.....	71
HUMATIN CAPS 250 MG.....	16
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML.....	72
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML.....	72
HUMULIN N KWIKPEN SUPN 100 UNIT/ML.....	72
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HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML.....	72
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<i>hydralazine hcl soln 20 mg/ml</i>	39
<i>hydralazine hcl tabs 10 mg</i>	39
<i>hydralazine hcl tabs 100 mg</i>	39
<i>hydralazine hcl tabs 25 mg</i>	39
<i>hydralazine hcl tabs 50 mg</i>	39
<i>hydrochlorothiazide caps 12.5 mg</i>	62
<i>hydrochlorothiazide tabs 12.5 mg</i>	62
<i>hydrochlorothiazide tabs 25 mg</i>	62
<i>hydrochlorothiazide tabs 50 mg</i>	62
HYDROCODONE-ACETAMINOPHEN SOLN 10-300 MG/15ML.....	42
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	42
<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	42
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	42
<i>hydrocodone-acetaminophen tabs 7.5-325 mg</i>	42
<i>hydrocortisone (perianal) crea 2.5 %</i>	87
HYDROCORTISONE ACE-PRAMOXINE CREA 1-1 %.....	88

HYDROCORTISONE BUTYRATE CREA	
0.1 %.....	87
HYDROCORTISONE BUTYRATE OINT	
0.1 %.....	87
HYDROCORTISONE BUTYRATE SOLN	
0.1 %.....	87
<i>hydrocortisone crea 2.5 %</i>	87
<i>hydrocortisone enem 100 mg/60ml</i>	87
HYDROCORTISONE LOTN 2.5 %.....	87
<i>hydrocortisone oint 1 %</i>	87
<i>hydrocortisone oint 2.5 %</i>	87
<i>hydrocortisone tabs 10 mg</i>	69
<i>hydrocortisone tabs 20 mg</i>	69
<i>hydrocortisone tabs 5 mg</i>	69
<i>hydrocortisone valerate crea 0.2 %</i>	87
<i>hydrocortisone valerate oint 0.2 %</i>	87
<i>hydrocortisone-acetic acid soln 1-2 %</i>	65
<i>hydromorphone hcl liqd 1 mg/ml</i>	42
<i>hydromorphone hcl tabs 2 mg</i>	42
<i>hydromorphone hcl tabs 4 mg</i>	42
<i>hydromorphone hcl tabs 8 mg</i>	42
<i>hydroxychloroquine sulfate tabs 200 mg</i> ..	16
<i>hydroxyurea caps 500 mg</i>	23
HYDROXYZINE HCL SOLN 25 MG/ML ..	51
HYDROXYZINE HCL SOLN 50 MG/ML ..	51
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	51
<i>hydroxyzine hcl tabs 10 mg</i>	51
<i>hydroxyzine hcl tabs 25 mg</i>	51
<i>hydroxyzine hcl tabs 50 mg</i>	51
HYDROXYZINE PAMOATE CAPS 100 MG	
.....	51
<i>hydroxyzine pamoate caps 25 mg</i>	51
<i>hydroxyzine pamoate caps 50 mg</i>	51
HYQVIA KIT 10 GM/100ML.....	84
HYQVIA KIT 2.5 GM/25ML.....	84
HYQVIA KIT 20 GM/200ML.....	84
HYQVIA KIT 30 GM/300ML.....	84
HYQVIA KIT 5 GM/50ML.....	84
HYRNUO TABS 10 MG.....	23

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IBRANCE CAPS 100 MG.....	23
IBRANCE CAPS 125 MG.....	23
IBRANCE CAPS 75 MG.....	23
IBRANCE TABS 100 MG.....	23
IBRANCE TABS 125 MG.....	23
IBRANCE TABS 75 MG.....	23
IBTROZI CAPS 200 MG.....	23
<i>ibu tabs 400 mg</i>	42
<i>ibu tabs 600 mg</i>	42

<i>ibu tabs 800 mg</i>	42
<i>ibuprofen lysine soln 10 mg/ml</i>	42
<i>ibuprofen susp 100 mg/5ml</i>	42
<i>ibuprofen tabs 400 mg</i>	42
<i>ibuprofen tabs 600 mg</i>	42
<i>ibuprofen tabs 800 mg</i>	42
<i>ibutilide fumarate soln 1 mg/10ml</i>	38
<i>icatibant acetate sosy 30 mg/3ml</i>	79
ICLUSIG TABS 10 MG.....	23
ICLUSIG TABS 15 MG.....	23
ICLUSIG TABS 30 MG.....	23
ICLUSIG TABS 45 MG.....	23
<i>icosapent ethyl caps 0.5 gm</i>	35
<i>icosapent ethyl caps 1 gm</i>	35
IDHIFA TABS 100 MG.....	23
IDHIFA TABS 50 MG.....	23
IDVYNOS TABS 100-0.25 MG.....	18
IFOSFAMIDE SOLR 1 GM.....	23
IGALMI FILM 120 MCG.....	51
<i>imatinib mesylate tabs 100 mg</i>	24
<i>imatinib mesylate tabs 400 mg</i>	24
IMBRUVICA CAPS 140 MG.....	24
IMBRUVICA CAPS 70 MG.....	24
IMBRUVICA SUSP 70 MG/ML.....	24
IMBRUVICA TABS 140 MG.....	24
IMBRUVICA TABS 280 MG.....	24
IMBRUVICA TABS 420 MG.....	24
IMIPENEM-CILASTATIN SOLR 250 MG ..	14
<i>imipenem-cilastatin solr 500 mg</i>	14
<i>imipramine hcl tabs 10 mg</i>	57
<i>imipramine hcl tabs 25 mg</i>	57
<i>imipramine hcl tabs 50 mg</i>	57
<i>imipramine pamoate caps 100 mg</i>	57
<i>imipramine pamoate caps 125 mg</i>	57
<i>imipramine pamoate caps 150 mg</i>	57
<i>imipramine pamoate caps 75 mg</i>	57
<i>imiquimod crea 5 %</i>	89
IMKELDI SOLN 80 MG/ML.....	24
IMOVAX RABIES SUSR 2.5 UNIT/ML.....	84
IMPAVIDO CAPS 50 MG.....	16
INBRIJA CAPS 42 MG.....	50
INCRELEX SOLN 40 MG/4ML.....	74
<i>indapamide tabs 1.25 mg</i>	62
<i>indapamide tabs 2.5 mg</i>	62
<i>indocin supp 50 mg</i>	42
<i>indomethacin caps 25 mg</i>	42
<i>indomethacin caps 50 mg</i>	42
<i>indomethacin er cpcr 75 mg</i>	42
INDOMETHACIN SODIUM SOLR 1 MG..	42
INFANRIX SUSP 25-58-10.....	84

INFLECTRA SOLR 100 MG	77
INFLIXIMAB SOLR 100 MG	77
INGREZZA CAPS 40 MG	52
INGREZZA CAPS 60 MG	52
INGREZZA CAPS 80 MG	52
INGREZZA CPPK 40 & 80 MG.....	52
INLEXZO IMPL 225 MG	24
INLURIYO TABS 200 MG.....	24
INLYTA TABS 1 MG	24
INLYTA TABS 5 MG	24
INQOVI TABS 35-100 MG.....	24
INREBIC CAPS 100 MG.....	24
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML.....	72
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML.....	72
INSULIN LISPRO (1 UNIT DIAL) SOPN 100 UNIT/ML.....	72
INSULIN LISPRO SOLN 100 UNIT/ML....	72
INSULIN SYRINGES, NEEDLES MISCELLANEOUS.....	61
INTELENCE TABS 25 MG.....	18
INTRALIPID EMUL 20 %.....	62
INVEGA HAFYERA SUSY 1092 MG/3.5ML	57
INVEGA HAFYERA SUSY 1560 MG/5ML57	
INVEGA SUSTENNA SUSY 117 MG/0.75ML	57
INVEGA SUSTENNA SUSY 156 MG/ML 57	
INVEGA SUSTENNA SUSY 234 MG/1.5ML	57
INVEGA SUSTENNA SUSY 39 MG/0.25ML	57
INVEGA SUSTENNA SUSY 78 MG/0.5ML	57
INVEGA TRINZA SUSY 273 MG/0.88ML 57	
INVEGA TRINZA SUSY 410 MG/1.32ML 57	
INVEGA TRINZA SUSY 546 MG/1.75ML 57	
INVEGA TRINZA SUSY 819 MG/2.63ML 57	
IPOL SUSP.....	84
<i>ipratropium bromide hfa aers 17 mcg/act.</i> 30	
<i>ipratropium bromide soln 0.02 %</i>	31
<i>ipratropium bromide soln 0.03 %</i>	31
<i>ipratropium bromide soln 0.06 %</i>	31
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	32
IQIRVO TABS 80 MG	68
<i>irbesartan tabs 150 mg</i>	40
<i>irbesartan tabs 300 mg</i>	40
<i>irbesartan tabs 75 mg</i>	40

<i>irinotecan hcl soln 100 mg/5ml</i>	24
<i>irinotecan hcl soln 40 mg/2ml</i>	24
IRINOTECAN HCL SOLN 500 MG/25ML.	24
ISENTRESS CHEW 100 MG	18
ISENTRESS CHEW 25 MG	18
ISENTRESS HD TABS 600 MG.....	18
ISENTRESS PACK 100 MG	18
ISENTRESS TABS 400 MG.....	18
ISONIAZID SOLN 100 MG/ML.....	16
<i>isoniazid syrp 50 mg/5ml</i>	16
<i>isoniazid tabs 100 mg</i>	16
<i>isoniazid tabs 300 mg</i>	16
<i>isosorbide dinitrate tabs 10 mg</i>	41
<i>isosorbide dinitrate tabs 20 mg</i>	41
<i>isosorbide dinitrate tabs 30 mg</i>	41
<i>isosorbide dinitrate tabs 5 mg</i>	41
<i>isosorbide mononitrate er tb24 120 mg</i>	41
<i>isosorbide mononitrate er tb24 30 mg</i>	41
<i>isosorbide mononitrate er tb24 60 mg</i>	41
<i>isosorbide mononitrate tabs 10 mg</i>	41
<i>isosorbide mononitrate tabs 20 mg</i>	41
<i>isotretinoin caps 20 mg</i>	89
<i>isotretinoin caps 30 mg</i>	89
<i>isotretinoin caps 40 mg</i>	89
ITOVEBI TABS 3 MG.....	24
ITOVEBI TABS 9 MG.....	24
<i>itraconazole caps 100 mg</i>	16
<i>itraconazole soln 10 mg/ml</i>	16
<i>ivabradine hcl tabs 5 mg</i>	39
<i>ivabradine hcl tabs 7.5 mg</i>	39
<i>ivermectin tabs 3 mg</i>	11
IWILFIN TABS 192 MG.....	24
IXEMPRA KIT SOLR 45 MG	24
IXIARO SUSP	84

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JAKAFI TABS 10 MG.....	24
JAKAFI TABS 15 MG.....	24
JAKAFI TABS 20 MG.....	24
JAKAFI TABS 25 MG.....	24
JAKAFI TABS 5 MG.....	24
JANUMET TABS 50-1000 MG.....	72
JANUMET TABS 50-500 MG.....	72
JANUMET XR TB24 100-1000 MG.....	72
JANUMET XR TB24 50-1000 MG.....	72
JANUMET XR TB24 50-500 MG.....	72
JANUVIA TABS 100 MG.....	72
JANUVIA TABS 25 MG.....	72
JANUVIA TABS 50 MG.....	72
JARDIANCE TABS 10 MG.....	72

JARDIANCE TABS 25 MG	72
JAYPIRCA TABS 100 MG	24
JAYPIRCA TABS 50 MG	24
<i>jaythari tabs 18 mg</i>	69
<i>jaythari tabs 30 mg</i>	69
<i>jaythari tabs 36 mg</i>	69
<i>jaythari tabs 6 mg</i>	69
JIDEYTRO TABS 100 MG	24
JIDEYTRO TABS 25 MG	24
<i>jinteli tabs 1-5 mg-mcg</i>	73
JULUCA TABS 50-25 MG	18
<i>junel 1.5/30 tabs 1.5-30 mg-mcg</i>	71
<i>junel 1/20 tabs 1-20 mg-mcg</i>	71
<i>junel fe 1.5/30 tabs 1.5-30 mg-mcg</i>	71
<i>junel fe 1/20 tabs 1-20 mg-mcg</i>	71
<i>junel fe 24 tabs 1-20 mg-mcg(24)</i>	71
JYLAMVO SOLN 2 MG/ML	24
JYNNEOS SUSP 0.5 ML	84

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KADCYLA SOLR 100 MG	24
KADCYLA SOLR 160 MG	24
KALETRA SOLN 400-100 MG/5ML	18
KALYDECO PACK 13.4 MG	81
KALYDECO PACK 25 MG	81
KALYDECO PACK 5.8 MG	81
KALYDECO PACK 50 MG	81
KALYDECO PACK 75 MG	81
KALYDECO TABS 150 MG	81
KCL (0.298%) IN NACL SOLN 40-0.9 MEQ/L-%	63
<i>kcl in dextrose-nacl soln 10-5-0.45 meq/l-%-%</i>	63
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-%	63
<i>kcl in dextrose-nacl soln 20-5-0.45 meq/l-%-%</i>	63
<i>kcl in dextrose-nacl soln 20-5-0.9 meq/l-%-%</i>	63
<i>kcl in dextrose-nacl soln 30-5-0.45 meq/l-%-%</i>	63
<i>kcl in dextrose-nacl soln 40-5-0.45 meq/l-%-%</i>	63
<i>kcl in dextrose-nacl soln 40-5-0.9 meq/l-%-%</i>	63
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L	63
<i>kelnor 1/35 tabs 1-35 mg-mcg</i>	71
KENALOG-10 SUSP 10 MG/ML	69
KERENDIA TABS 10 MG	40

KERENDIA TABS 20 MG	40
KESIMPTA SOAJ 20 MG/0.4ML	79
<i>ketoconazole crea 2 %</i>	85
<i>ketoconazole sham 2 %</i>	85
<i>ketoconazole tabs 200 mg</i>	16
KETOPROFEN CAPS 50 MG	42
<i>ketorolac tromethamine +rfid soln 30 mg/ml</i>	42
KETOROLAC TROMETHAMINE SOLN 0.4 %	65
<i>ketorolac tromethamine soln 0.5 %</i>	66
<i>ketorolac tromethamine soln 15 mg/ml</i>	42
<i>ketorolac tromethamine soln 30 mg/ml</i>	42
<i>ketorolac tromethamine soln 60 mg/2ml</i>	42
KEYTRUDA QLEX SOLN 395-4800 MG - UNT/2.4ML	24
KEYTRUDA QLEX SOLN 790-9600 MG - UNT/4.8ML	24
KEYTRUDA SOLN 100 MG/4ML	24
KHINDIVI SOLN 1 MG/ML	69
KINERET SOSY 100 MG/0.67ML	77
KINRIX SUSY 0.5 ML	84
KIRSTY SOLN 100 UNIT/ML	72
KIRSTY SOPN 100 UNIT/ML	72
KISQALI (200 MG DOSE) TBPK 200 MG	24
KISQALI (400 MG DOSE) TBPK 200 MG	24
KISQALI (600 MG DOSE) TBPK 200 MG	24
KLISYRI (250 MG) OINT 1 %	89
<i>klor-con 10 tbc 10 meq</i>	63
<i>klor-con tbc 8 meq</i>	63
KLOXXADO LIQD 8 MG/0.1ML	53
KOMZIFTI CAPS 200 MG	24
KORLYM TABS 300 MG	72
KOSELUGO CAPS 10 MG	24
KOSELUGO CAPS 25 MG	24
KOSELUGO CPSP 5 MG	24
KOSELUGO CPSP 7.5 MG	24
KRAZATI TABS 200 MG	24
KRINTAFEL TABS 150 MG	16
KYPROLIS SOLR 10 MG	24
KYPROLIS SOLR 30 MG	24
KYPROLIS SOLR 60 MG	24

L

<i>labetalol hcl soln 5 mg/ml</i>	36
<i>labetalol hcl tabs 100 mg</i>	36
<i>labetalol hcl tabs 200 mg</i>	36
<i>labetalol hcl tabs 300 mg</i>	36
<i>lacosamide soln 10 mg/ml</i>	46
<i>lacosamide soln 200 mg/20ml</i>	46

<i>lacosamide tabs 100 mg</i>	46	<i>lenalidomide caps 15 mg</i>	25
<i>lacosamide tabs 150 mg</i>	46	<i>lenalidomide caps 2.5 mg</i>	25
<i>lacosamide tabs 200 mg</i>	46	<i>lenalidomide caps 20 mg</i>	25
<i>lacosamide tabs 50 mg</i>	46	<i>lenalidomide caps 25 mg</i>	25
LACTATED RINGERS SOLN.....	63, 79	<i>lenalidomide caps 5 mg</i>	25
<i>lactulose encephalopathy soln 10 gm/15ml</i>	62	LENVIMA (10 MG DAILY DOSE) CPPK 10 MG.....	25
<i>lactulose soln 10 gm/15ml</i>	62	LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG.....	25
<i>lamivudine soln 10 mg/ml</i>	18	LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG.....	25
<i>lamivudine tabs 100 mg</i>	18	LENVIMA (18 MG DAILY DOSE) CPPK 10 MG & 2 X 4 MG.....	25
<i>lamivudine tabs 150 mg</i>	18	LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG.....	25
<i>lamivudine tabs 300 mg</i>	18	LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG.....	25
<i>lamivudine-zidovudine tabs 150-300 mg</i> ..	18	LENVIMA (4 MG DAILY DOSE) CPPK 4 MG.....	25
<i>lamotrigine chew 25 mg</i>	46	LENVIMA (8 MG DAILY DOSE) CPPK 2 x 4 MG.....	25
<i>lamotrigine chew 5 mg</i>	46	LEQSELVI TABS 8 MG.....	89
<i>lamotrigine er tb24 100 mg</i>	46	<i>letrozole tabs 2.5 mg</i>	25
<i>lamotrigine er tb24 200 mg</i>	46	<i>leucovorin calcium solr 100 mg</i>	76
<i>lamotrigine er tb24 25 mg</i>	46	<i>leucovorin calcium solr 350 mg</i>	76
<i>lamotrigine er tb24 250 mg</i>	47	<i>leucovorin calcium solr 50 mg</i>	76
<i>lamotrigine er tb24 300 mg</i>	47	<i>leucovorin calcium tabs 10 mg</i>	76
<i>lamotrigine er tb24 50 mg</i>	47	<i>leucovorin calcium tabs 25 mg</i>	76
<i>lamotrigine kit 25 & 50 & 100 mg</i>	47	<i>leucovorin calcium tabs 5 mg</i>	76
<i>lamotrigine starter kit-blue kit 35 x 25 mg</i>	47	LEUKERAN TABS 2 MG.....	25
<i>lamotrigine starter kit-green kit 84 x 25 mg</i> & 14x100 mg.....	47	LEUKINE SOLR 250 MCG.....	35
<i>lamotrigine starter kit-orange kit 42 x 25 mg</i> & 7 x 100 mg.....	47	<i>leuprolide acetate kit 1 mg/0.2ml</i>	25
<i>lamotrigine tabs 100 mg</i>	47	<i>levetiracetam er tb24 500 mg</i>	47
<i>lamotrigine tabs 150 mg</i>	47	<i>levetiracetam er tb24 750 mg</i>	47
<i>lamotrigine tabs 200 mg</i>	47	<i>levetiracetam in nacl soln 1000 mg/100ml</i>	47
<i>lamotrigine tabs 25 mg</i>	47	<i>levetiracetam in nacl soln 1500 mg/100ml</i>	47
<i>lamotrigine tbdp 100 mg</i>	47	<i>levetiracetam in nacl soln 500 mg/100ml</i> ..	47
<i>lamotrigine tbdp 200 mg</i>	47	<i>levetiracetam soln 100 mg/ml</i>	47
<i>lamotrigine tbdp 25 mg</i>	47	<i>levetiracetam soln 500 mg/5ml</i>	47
<i>lamotrigine tbdp 50 mg</i>	47	<i>levetiracetam tabs 1000 mg</i>	47
LANOXIN PEDIATRIC SOLN 0.1 MG/ML	39	<i>levetiracetam tabs 250 mg</i>	47
LANREOTIDE ACETATE SOLN 120 MG/0.5ML.....	75	<i>levetiracetam tabs 500 mg</i>	47
<i>lanthanum carbonate chew 1000 mg</i>	63	<i>levetiracetam tabs 750 mg</i>	47
<i>lanthanum carbonate chew 500 mg</i>	63	LEVETIRACETAM TB3D 250 MG.....	47
<i>lanthanum carbonate chew 750 mg</i>	63	LEVETIRACETAM TB3D 500 MG.....	47
<i>lapatinib ditosylate tabs 250 mg</i>	24	LEVOBUNOLOL HCL SOLN 0.5 %.....	66
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<i>levofloxacin in d5w soln 250 mg/50ml</i> 14	20000079
<i>levofloxacin in d5w soln 500 mg/100ml</i> 14	<i>lidocaine-epinephrine soln 1 %-1</i>
<i>levofloxacin in d5w soln 750 mg/150ml</i> 14	10000079
LEVOFLOXACIN INTRAVENOUS SOLN 25	<i>lidocaine-epinephrine soln 2 %-1</i>
MG/ML 14	10000079
<i>levofloxacin oral soln 25 mg/ml</i> 14	<i>lidocaine-prilocaine crea 2.5-2.5 %</i>88
<i>levofloxacin tabs 250 mg</i> 14	<i>lidocan ptch 5 %</i>88
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<i>levofloxacin tabs 750 mg</i> 14	MG & 1 X 100 MG25
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<i>levothyroxine sodium tabs 112 mcg</i> 75	LINZESS CAPS 145 MCG68
<i>levothyroxine sodium tabs 125 mcg</i> 75	LINZESS CAPS 290 MCG68
<i>levothyroxine sodium tabs 137 mcg</i> 75	LINZESS CAPS 72 MCG68
<i>levothyroxine sodium tabs 150 mcg</i> 75	<i>liothyronine sodium tabs 25 mcg</i>76
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<i>levothyroxine sodium tabs 200 mcg</i> 75	<i>liothyronine sodium tabs 50 mcg</i>76
<i>levothyroxine sodium tabs 25 mcg</i> 75	<i>liraglutide sopn 18 mg/3ml</i>72
<i>levothyroxine sodium tabs 300 mcg</i> 75	<i>lisdexamfetamine dimesylate caps 10 mg</i> 44
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<i>lidocaine hcl (pf) soln 1 %</i> 79	<i>lisinopril tabs 30 mg</i>40
<i>lidocaine hcl (pf) soln 2 %</i> 79	<i>lisinopril tabs 40 mg</i>40
<i>lidocaine hcl (pf) soln 4 %</i> 79	<i>lisinopril tabs 5 mg</i>40
<i>lidocaine hcl soln 0.5 %</i> 79	<i>lisinopril-hydrochlorothiazide tabs 10-12.5</i>
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M

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METHYLPHENIDATE HCL ER (XR) CP24 30 MG	45	<i>metronidazole gel 0.75 %</i>	85
METHYLPHENIDATE HCL ER (XR) CP24 40 MG	45	<i>metronidazole lotn 0.75 %</i>	85
METHYLPHENIDATE HCL ER (XR) CP24 50 MG	45	<i>metronidazole soln 500 mg/100ml</i>	16
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<i>mitomycin solr 5 mg</i>	26
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<i>montelukast sodium chew 5 mg</i>	81
<i>montelukast sodium pack 4 mg</i>	81
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<i>naproxen tabs 250 mg</i>	43
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NEFAZODONE HCL TABS 200 MG	58
NEFAZODONE HCL TABS 250 MG	58
NEFAZODONE HCL TABS 50 MG	58
<i>nelarabine soln 5 mg/ml</i>	26
NEMLUVIO AUIJ 30 MG	87
<i>neomycin sulfate tabs 500 mg</i>	14

NEOMYCIN-BACITRACIN ZN-POLYMYX		
OINT 5-400-10000	65	
NEOMYCIN-POLYMYXIN B GU SOLN 40-		
200000	86	
<i>neomycin-polymyxin-dexameth oint 3.5-</i>		
<i>10000-0.1</i>	<i>66</i>	
<i>neomycin-polymyxin-dexameth susp 3.5-</i>		
<i>10000-0.1</i>	<i>66</i>	
NEOMYCIN-POLYMYXIN-GRAMICIDIN		
SOLN 1.75-10000-.025	65	
NEOMYCIN-POLYMYXIN-HC		
OPHTHALMIC SUSP 3.5-10000-1	66	
<i>neomycin-polymyxin-hc otic susp 3.5-</i>		
<i>10000-1</i>	<i>66</i>	
<i>neomycin-polymyxin-hc soln 1 %</i>	<i>66</i>	
NERLYNX TABS 40 MG	26	
<i>nevirapine er tb24 400 mg</i>	<i>18</i>	
NEVIRAPINE SUSP 50 MG/5ML	18	
<i>nevirapine tabs 200 mg</i>	<i>18</i>	
NEXLETOL TABS 180 MG	36	
NEXLIZET TABS 180-10 MG	36	
NEXPLANON IMPL 68 MG	71	
<i>niacin er (antihyperlipidemic) tbc 500 mg</i>	<i>36</i>	
NIACOR TABS 500 MG	36	
NICARDIPINE HCL SOLN 2.5 MG/ML	38	
NICOTROL NS SOLN 10 MG/ML	31	
<i>nifedipine caps 10 mg</i>	<i>38</i>	
<i>nifedipine caps 20 mg</i>	<i>38</i>	
<i>nifedipine er osmotic release tb24 30 mg</i>	<i>38</i>	
<i>nifedipine er osmotic release tb24 60 mg</i>	<i>38</i>	
<i>nifedipine er osmotic release tb24 90 mg</i>	<i>38</i>	
<i>nifedipine er tb24 30 mg</i>	<i>38</i>	
<i>nifedipine er tb24 60 mg</i>	<i>38</i>	
<i>nifedipine er tb24 90 mg</i>	<i>38</i>	
<i>nikki tabs 3-0.02 mg</i>	<i>71</i>	
NILOTINIB D-TARTRATE CAPS 150 MG	26	
NILOTINIB D-TARTRATE CAPS 200 MG	26	
NILOTINIB D-TARTRATE CAPS 50 MG	26	
<i>nilotinib hcl caps 150 mg</i>	<i>26</i>	
<i>nilotinib hcl caps 200 mg</i>	<i>26</i>	
<i>nilotinib hcl caps 50 mg</i>	<i>26</i>	
NILUTAMIDE TABS 150 MG	26	
<i>nimodipine caps 30 mg</i>	<i>38</i>	
NIMODIPINE SOLN 60 MG/20ML	38	
NINLARO CAPS 2.3 MG	26	
NINLARO CAPS 3 MG	26	
NINLARO CAPS 4 MG	26	
<i>nintedanib esylate caps 100 mg</i>	<i>82</i>	
<i>nintedanib esylate caps 150 mg</i>	<i>82</i>	
<i>nitazoxanide tabs 500 mg</i>	<i>17</i>	
<i>nitro-bid oint 2 %</i>	<i>41</i>	
NITRO-DUR PT24 0.3 MG/HR	41	
NITRO-DUR PT24 0.8 MG/HR	41	
<i>nitrofurantoin macrocrystal caps 100 mg ..</i>	<i>20</i>	
<i>nitrofurantoin macrocrystal caps 25 mg ..</i>	<i>20</i>	
<i>nitrofurantoin macrocrystal caps 50 mg ..</i>	<i>20</i>	
<i>nitrofurantoin monohyd macro caps 100 mg</i>		
.....	20	
<i>nitrofurantoin susp 25 mg/5ml</i>	<i>20</i>	
NITROFURANTOIN SUSP 50 MG/5ML	20	
<i>nitroglycerin oint 0.4 %</i>	<i>89</i>	
<i>nitroglycerin pt24 0.1 mg/hr</i>	<i>41</i>	
<i>nitroglycerin pt24 0.2 mg/hr</i>	<i>41</i>	
<i>nitroglycerin pt24 0.4 mg/hr</i>	<i>41</i>	
<i>nitroglycerin pt24 0.6 mg/hr</i>	<i>41</i>	
<i>nitroglycerin soln 0.4 mg/spray</i>	<i>41</i>	
NITROGLYCERIN SOLN 5 MG/ML	41	
<i>nitroglycerin subl 0.3 mg</i>	<i>41</i>	
<i>nitroglycerin subl 0.4 mg</i>	<i>41</i>	
<i>nitroglycerin subl 0.6 mg</i>	<i>41</i>	
<i>nitroprusside sodium soln 25 mg/ml</i>	<i>39</i>	
NIVESTYM SOLN 300 MCG/ML	35	
NIVESTYM SOLN 480 MCG/1.6ML	35	
NIVESTYM SOSY 300 MCG/0.5ML	35	
NIVESTYM SOSY 480 MCG/0.8ML	35	
NORA-BE TABS 0.35 MG	71	
NORDITROPIN FLEXPPO SOPN 10		
MG/1.5ML	75	
NORDITROPIN FLEXPPO SOPN 15		
MG/1.5ML	75	
NORDITROPIN FLEXPPO SOPN 5		
MG/1.5ML	75	
<i>norepinephrine bitartrate soln 1 mg/ml ..</i>	<i>32</i>	
<i>norethin ace-eth estrad-fe chew 1-20 mg-</i>		
<i>mccg(24)</i>	<i>71</i>	
<i>norethindrone acetate tabs 5 mg</i>	<i>74</i>	
<i>norethindrone tabs 0.35 mg</i>	<i>71</i>	
NORPACE CR CP12 100 MG	39	
NORPACE CR CP12 150 MG	39	
<i>nortrel 0.5/35 (28) tabs 0.5-35 mg-mccg ..</i>	<i>71</i>	
<i>nortrel 1/35 (21) tabs 1-35 mg-mccg</i>	<i>71</i>	
<i>nortrel 1/35 (28) tabs 1-35 mg-mccg</i>	<i>71</i>	
<i>nortrel 7/7/7 tabs 0.5/0.75/1-35 mg-mccg ..</i>	<i>71</i>	
<i>nortriptyline hcl caps 10 mg</i>	<i>58</i>	
<i>nortriptyline hcl caps 25 mg</i>	<i>58</i>	
<i>nortriptyline hcl caps 50 mg</i>	<i>58</i>	
<i>nortriptyline hcl caps 75 mg</i>	<i>58</i>	
<i>nortriptyline hcl soln 10 mg/5ml</i>	<i>58</i>	
NORVIR PACK 100 MG	18	
NOURIANZ TABS 20 MG	52	

NOURIANZ TABS 40 MG.....	52
NOVOLIN R FLEXPEN SOPN 100 UNIT/ML.....	72
NUBEQA TABS 300 MG	26
NUCALA SOAJ 100 MG/ML	81
NUCALA SOSY 100 MG/ML.....	81
NUCALA SOSY 40 MG/0.4ML.....	81
NUDEXTA CAPS 20-10 MG.....	52
NUPLAZID CAPS 34 MG	58
NUPLAZID TABS 10 MG.....	58
NURTEC TBDP 75 MG	49
NUZYRA TABS 150 MG.....	14
<i>nystatin crea 100000 unit/gm.....</i>	86
<i>nystatin oint 100000 unit/gm.....</i>	86
<i>nystatin powd 100000 unit/gm</i>	86
<i>nystatin susp 100000 unit/ml</i>	16
<i>nystatin tabs 500000 unit.....</i>	16
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%.....</i>	87
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....</i>	87
<i>nystop powd 100000 unit/gm.....</i>	86

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OCREVUS ZUNOVO SOLN 920-23000 MG-UT/23ML	53
<i>octreotide acetate kit 10 mg.....</i>	75
<i>octreotide acetate kit 20 mg.....</i>	75
<i>octreotide acetate kit 30 mg.....</i>	75
<i>octreotide acetate soln 100 mcg/ml</i>	75
<i>octreotide acetate soln 1000 mcg/ml</i>	75
<i>octreotide acetate soln 200 mcg/ml</i>	75
<i>octreotide acetate soln 50 mcg/ml</i>	75
<i>octreotide acetate soln 500 mcg/ml</i>	75
ODACTRA SUBL 12 SQ-HDM	79
ODEFSEY TABS 200-25-25 MG	18
ODOMZO CAPS 200 MG	26
OFEV CAPS 100 MG	82
OFEV CAPS 150 MG	82
<i>ofloxacin ophthalmic soln 0.3 %.....</i>	65
<i>ofloxacin otic soln 0.3 %</i>	65
OGSIVEO TABS 100 MG	26
OGSIVEO TABS 150 MG	26
OGSIVEO TABS 50 MG	26
OHTUVAYRE SUSP 3 MG/2.5ML	82
OJEMDA SUSR 25 MG/ML	26
OJEMDA TABS 100 MG.....	26
OJJAARA TABS 100 MG	26
OJJAARA TABS 150 MG	26
OJJAARA TABS 200 MG	26

<i>olanzapine solr 10 mg.....</i>	58
<i>olanzapine tabs 10 mg</i>	58
<i>olanzapine tabs 15 mg</i>	58
<i>olanzapine tabs 2.5 mg</i>	58
<i>olanzapine tabs 20 mg</i>	58
<i>olanzapine tabs 5 mg</i>	58
<i>olanzapine tabs 7.5 mg</i>	58
<i>olanzapine tbdp 10 mg.....</i>	58
<i>olanzapine tbdp 15 mg.....</i>	58
<i>olanzapine tbdp 20 mg.....</i>	58
<i>olanzapine tbdp 5 mg.....</i>	58
<i>olanzapine-fluoxetine hcl caps 12-25 mg</i>	58
<i>olanzapine-fluoxetine hcl caps 12-50 mg</i>	58
<i>olanzapine-fluoxetine hcl caps 3-25 mg ...</i>	58
<i>olanzapine-fluoxetine hcl caps 6-25 mg ...</i>	58
<i>olanzapine-fluoxetine hcl caps 6-50 mg ...</i>	58
OLUMIANT TABS 1 MG.....	77
OLUMIANT TABS 2 MG.....	77
<i>omega-3-acid ethyl esters caps 1 gm.....</i>	36
<i>omeprazole cpdr 10 mg</i>	68
<i>omeprazole cpdr 20 mg</i>	68
<i>omeprazole cpdr 40 mg</i>	68
OMNITROPE SOCT 10 MG/1.5ML.....	75
OMNITROPE SOCT 5 MG/1.5ML.....	75
OMNITROPE SOLR 5.8 MG	75
<i>ondansetron hcl +rfid soln 4 mg/2ml</i>	67
<i>ondansetron hcl soln 4 mg/2ml</i>	67
<i>ondansetron hcl soln 4 mg/5ml</i>	67
<i>ondansetron hcl soln 40 mg/20ml.....</i>	67
<i>ondansetron hcl tabs 4 mg</i>	67
<i>ondansetron hcl tabs 8 mg</i>	67
<i>ondansetron tbdp 4 mg</i>	67
<i>ondansetron tbdp 8 mg</i>	67
ONUREG TABS 200 MG	26
ONUREG TABS 300 MG	26
OPDIVO QVANTIG SOLN 600-10000 MG- UT/5ML.....	26
OPDIVO SOLN 100 MG/10ML.....	27
OPDIVO SOLN 40 MG/4ML.....	27
OPIPZA FILM 10 MG	58
OPIPZA FILM 2 MG	58
OPIPZA FILM 5 MG	58
OPSYNVI TABS 10-20 MG	83
OPSYNVI TABS 10-40 MG	83
OPZELURA CREA 1.5 %.....	89
ORENCIA CLICKJECT SOAJ 125 MG/ML	77
ORENCIA SOLR 250 MG	77
ORENCIA SOSY 125 MG/ML	77
ORENCIA SOSY 50 MG/0.4ML	77

ORENCIA SOSY 87.5 MG/0.7ML.....	77
ORGOVYX TABS 120 MG.....	73
ORILISSA TABS 150 MG.....	73
ORILISSA TABS 200 MG.....	73
ORKAMBI PACK 100-125 MG.....	81
ORKAMBI PACK 150-188 MG.....	81
ORKAMBI PACK 75-94 MG.....	81
ORKAMBI TABS 100-125 MG.....	81
ORKAMBI TABS 200-125 MG.....	81
ORLYNVAH TABS 500-500 MG.....	20
ORSERDU TABS 345 MG.....	27
ORSERDU TABS 86 MG.....	27
<i>oseltamivir phosphate caps 30 mg</i>	18
<i>oseltamivir phosphate caps 45 mg</i>	18
<i>oseltamivir phosphate caps 75 mg</i>	18
<i>oseltamivir phosphate susr 6 mg/ml</i>	18
OSENVELT SOLN 120 MG/1.7ML	76
OSMITROL SOLN 20 %	62
OTEZLA TABS 20 MG.....	77
OTEZLA TABS 30 MG.....	77
OTEZLA TBPK 10 & 20 & 30 MG.....	77
OTEZLA TBPK 4 x 10 & 51 x20 MG.....	77
OTEZLA XR TB24 75 MG.....	77
OTEZLA/OTEZLA XR INITIATION PK TBPK 10&20&30&(ER)75 MG.....	77
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML	14
<i>oxaliplatin soln 100 mg/20ml</i>	27
<i>oxaliplatin soln 50 mg/10ml</i>	27
<i>oxazepam caps 10 mg</i>	51
<i>oxazepam caps 15 mg</i>	51
<i>oxazepam caps 30 mg</i>	51
<i>oxcarbazepine susp 300 mg/5ml</i>	47
<i>oxcarbazepine tabs 150 mg</i>	47
<i>oxcarbazepine tabs 300 mg</i>	47
<i>oxcarbazepine tabs 600 mg</i>	47
<i>oxybutynin chloride er tb24 10 mg</i>	90
<i>oxybutynin chloride er tb24 15 mg</i>	90
<i>oxybutynin chloride er tb24 5 mg</i>	90
<i>oxybutynin chloride soln 5 mg/5ml</i>	90
<i>oxybutynin chloride tabs 5 mg</i>	90
<i>oxycodone hcl conc 100 mg/5ml</i>	43
<i>oxycodone hcl soln 5 mg/5ml</i>	43
<i>oxycodone hcl tabs 10 mg</i>	43
<i>oxycodone hcl tabs 15 mg</i>	43
<i>oxycodone hcl tabs 20 mg</i>	43
<i>oxycodone hcl tabs 30 mg</i>	43
<i>oxycodone hcl tabs 5 mg</i>	43
<i>oxycodone-acetaminophen tabs 10-325 mg</i>	43

<i>oxycodone-acetaminophen tabs 5-325 mg</i>	43
<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	43
OXYTOCIN SOLN 10 UNIT/ML	74
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML.....	72
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	72
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	72
OZEMPIC TABS 1.5 MG.....	72
OZEMPIC TABS 4 MG.....	72
OZEMPIC TABS 9 MG.....	72

P

<i>paclitaxel conc 100 mg/16.7ml</i>	27
PACLITAXEL CONC 150 MG/25ML	27
<i>paclitaxel conc 30 mg/5ml</i>	27
<i>paclitaxel conc 300 mg/50ml</i>	27
PACLITAXEL PROTEIN-BOUND PART SUSR 100 MG.....	27
PADCEV SOLR 20 MG.....	27
PADCEV SOLR 30 MG.....	27
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG.....	79
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG.....	79
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG.....	79
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG.....	79
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG.....	79
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG.....	79
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG.....	79
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG	79
PALFORZIA (300 MG TITRATION) PACK 300 MG.....	79
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG.....	79
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG.....	80
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG.....	80
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG	80

<i>paliperidone er tb24 1.5 mg</i>	58	<i>penicillin g potassium solr 20000000 unit</i> ..	14
<i>paliperidone er tb24 3 mg</i>	58	PENICILLIN G SODIUM SOLR 5000000	
<i>paliperidone er tb24 6 mg</i>	58	UNIT	14
<i>paliperidone er tb24 9 mg</i>	58	PENICILLIN V POTASSIUM SOLR 125	
PALYNZIQ SOSY 10 MG/0.5ML	64	MG/5ML.....	14
PALYNZIQ SOSY 2.5 MG/0.5ML	64	PENICILLIN V POTASSIUM SOLR 250	
PALYNZIQ SOSY 20 MG/ML	64	MG/5ML.....	14
<i>pamidronate disodium soln 90 mg/10ml</i> ..	76	<i>penicillin v potassium tabs 250 mg</i>	14
PANRETIN GEL 0.1 %	88	<i>penicillin v potassium tabs 500 mg</i>	14
PANTOPRAZOLE SODIUM SOLR 40 MG		PENMENVY SUSR	84
.....	68	PENTACEL SUSR	84
<i>pantoprazole sodium tbec 20 mg</i>	68	<i>pentamidine isethionate solr inhalation 300</i>	
<i>pantoprazole sodium tbec 40 mg</i>	68	<i>mg</i>	17
<i>paroxetine hcl er tb24 12.5 mg</i>	58	<i>pentamidine isethionate solr injection 300</i>	
<i>paroxetine hcl er tb24 25 mg</i>	58	<i>mg</i>	17
<i>paroxetine hcl er tb24 37.5 mg</i>	58	PENTASA CPCR 250 MG.....	67
PAROXETINE HCL SUSP 10 MG/5ML ...	58	PENTASA CPCR 500 MG.....	67
<i>paroxetine hcl tabs 10 mg</i>	58	<i>pentoxifylline er tbc 400 mg</i>	34
<i>paroxetine hcl tabs 20 mg</i>	58	<i>perampanel susp 0.5 mg/ml</i>	47
<i>paroxetine hcl tabs 30 mg</i>	58	<i>perampanel tabs 10 mg</i>	47
<i>paroxetine hcl tabs 40 mg</i>	59	<i>perampanel tabs 12 mg</i>	47
<i>paroxetine mesylate caps 7.5 mg</i>	59	<i>perampanel tabs 2 mg</i>	47
PAVBLU SOLN 2 MG/0.05ML	67	<i>perampanel tabs 4 mg</i>	47
PAVBLU SOSY 2 MG/0.05ML	67	<i>perampanel tabs 6 mg</i>	47
PAXLOVID (150/100) TBPK 10 x 150 MG &		<i>perampanel tabs 8 mg</i>	47
10 X 100MG.....	19	PERJETA SOLN 420 MG/14ML.....	27
PAXLOVID (300/100 & 150/100) TBPK 6 x		<i>permethrin crea 5 %</i>	86
150 MG & 5 X 100MG.....	19	<i>perphenazine tabs 16 mg</i>	59
PAXLOVID (300/100) TBPK 20 x 150 MG &		<i>perphenazine tabs 2 mg</i>	59
10 X 100MG.....	19	<i>perphenazine tabs 4 mg</i>	59
<i>pazopanib hcl tabs 200 mg</i>	27	<i>perphenazine tabs 8 mg</i>	59
PAZOPANIB HCL TABS 400 MG	27	PERPHENAZINE-AMITRIPTYLINE TABS	
PEDIARIX SUSY	84	2-10 MG	59
PEDVAXHIB SUSP 7.5 MCG/0.5ML	84	PERPHENAZINE-AMITRIPTYLINE TABS	
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i> ..	68	2-25 MG	59
PEG-3350/ELECTROLYTES SOLR 236		PERPHENAZINE-AMITRIPTYLINE TABS	
GM	68	4-10 MG	59
PEGASYS SOLN 180 MCG/ML.....	19	PERPHENAZINE-AMITRIPTYLINE TABS	
PEGASYS SOSY 180 MCG/0.5ML.....	19	4-25 MG	59
PEMAZYRE TABS 13.5 MG.....	27	PERPHENAZINE-AMITRIPTYLINE TABS	
PEMAZYRE TABS 4.5 MG.....	27	4-50 MG	59
PEMAZYRE TABS 9 MG.....	27	PERSERIS PRSY 120 MG.....	59
POMETREXED DISODIUM SOLN 1		PERSERIS PRSY 90 MG.....	59
GM/40ML	27	PHENELZINE SULFATE TABS 15 MG....	59
POMETREXED DISODIUM SOLN 100		PHENOBARBITAL ELIX 20 MG/5ML.....	51
MG/4ML	27	PHENOBARBITAL SODIUM SOLN 130	
POMETREXED DISODIUM SOLN 500		MG/ML.....	51
MG/20ML	27	PHENOBARBITAL SODIUM SOLN 65	
PENBRAYA SUSR	84	MG/ML.....	51
<i>penicillamine caps 250 mg</i>	69	PHENOBARBITAL TABS 100 MG	51

PHENOBARBITAL TABS 15 MG.....	51	<i>pirfenidone tabs 801 mg</i>	82
PHENOBARBITAL TABS 16.2 MG.....	51	<i>piroxicam caps 10 mg</i>	43
PHENOBARBITAL TABS 30 MG.....	51	<i>piroxicam caps 20 mg</i>	43
PHENOBARBITAL TABS 32.4 MG.....	51	<i>plenamine soln 15 %</i>	62
PHENOBARBITAL TABS 60 MG.....	51	PLERIXAFOR SOLN 24 MG/1.2ML	35
PHENOBARBITAL TABS 64.8 MG.....	51	PODOFILOX SOLN 0.5 %	89
PHENOBARBITAL TABS 97.2 MG.....	51	POLOCAINE-MPF SOLN 1 %.....	80
<i>phenoxybenzamine hcl caps 10 mg</i>	32	POLOCAINE-MPF SOLN 2 %.....	80
PHENYLEPHRINE HCL SOLN 10 %.....	67	<i>polymyxin b-trimethoprim soln 10000-0.1</i>	
<i>phenylephrine hcl soln 2.5 %</i>	67	<i>unit/ml-%</i>	65
<i>phenytek caps 200 mg</i>	47	<i>pomalidomide caps 1 mg</i>	27
<i>phenytek caps 300 mg</i>	47	<i>pomalidomide caps 2 mg</i>	27
<i>phenytoin chew 50 mg</i>	47	<i>pomalidomide caps 3 mg</i>	27
<i>phenytoin sodium extended caps 100 mg</i>	47	<i>pomalidomide caps 4 mg</i>	27
<i>phenytoin sodium extended caps 200 mg</i>	47	POMALYST CAPS 1 MG	27
<i>phenytoin sodium extended caps 300 mg</i>	47	POMALYST CAPS 2 MG	27
<i>phenytoin sodium soln 50 mg/ml</i>	47	POMALYST CAPS 3 MG	27
<i>phenytoin susp 125 mg/5ml</i>	47	POMALYST CAPS 4 MG	27
PHESGO SOLN 60-60-2000 MG-MG-U/ML		<i>portia-28 tabs 0.15-30 mg-mcg</i>	71
.....	27	<i>posaconazole susp 40 mg/ml</i>	16
PHESGO SOLN 80-40-2000 MG-MG-U/ML		<i>posaconazole tbec 100 mg</i>	16
.....	27	POTASSIUM ACETATE SOLN 2 MEQ/ML	
PHOSPHOLINE IODIDE SOLR 0.125 %.	66		63
PIFELTRO TABS 100 MG	19	<i>potassium chloride crys er tbcr 10 meq</i>	63
<i>pilocarpine hcl soln 1 %</i>	66	<i>potassium chloride crys er tbcr 20 meq</i>	63
<i>pilocarpine hcl soln 2 %</i>	66	<i>potassium chloride er cpcr 10 meq</i>	63
<i>pilocarpine hcl soln 4 %</i>	66	<i>potassium chloride er cpcr 8 meq</i>	63
<i>pilocarpine hcl tabs 5 mg</i>	31	<i>potassium chloride er tbcr 10 meq</i>	63
PIMECROLIMUS CREA 1 %	89	<i>potassium chloride er tbcr 20 meq</i>	63
<i>pimozide tabs 1 mg</i>	59	<i>potassium chloride er tbcr 8 meq</i>	63
<i>pimozide tabs 2 mg</i>	59	<i>potassium chloride in nacl soln 20-0.9</i>	
<i>pioglitazone hcl tabs 15 mg</i>	72	<i>meq/l-%</i>	63
<i>pioglitazone hcl tabs 30 mg</i>	72	<i>potassium chloride in nacl soln 40-0.9</i>	
<i>pioglitazone hcl tabs 45 mg</i>	72	<i>meq/l-%</i>	64
<i>piperacillin sod-tazobactam so solr 2.25 (2-</i>		<i>potassium chloride pack 20 meq</i>	64
<i>0.25) gm</i>	15	POTASSIUM CHLORIDE SOLN 10	
<i>piperacillin sod-tazobactam so solr 3.375</i>		MEQ/100ML	64
<i>(3-0.375) gm</i>	15	<i>potassium chloride soln 2 meq/ml</i>	64
<i>piperacillin sod-tazobactam so solr 4.5 (4-</i>		POTASSIUM CHLORIDE SOLN 20	
<i>0.5) gm</i>	15	MEQ/100ML	64
<i>piperacillin sod-tazobactam so solr 40.5</i>		<i>potassium chloride soln 20 meq/15ml (10%)</i>	
<i>(36-4.5) gm</i>	15		64
PIQRAY (200 MG DAILY DOSE) TBP 200		<i>potassium chloride soln 40 meq/15ml (20%)</i>	
MG	27		64
PIQRAY (250 MG DAILY DOSE) TBP 200		<i>potassium citrate er tbcr 10 meq (1080 mg)</i>	
& 50 MG.....	27		61
PIQRAY (300 MG DAILY DOSE) TBP 2 x		<i>potassium citrate er tbcr 15 meq (1620 mg)</i>	
150 MG	27		61
<i>pirfenidone tabs 267 mg</i>	82	<i>potassium citrate er tbcr 5 meq (540 mg)</i>	61
PIRFENIDONE TABS 534 MG	82		

<i>potassium cl in dextrose 5% soln 20 meq/l</i>		<i>pregabalin caps 25 mg</i>	47
.....	64	<i>pregabalin caps 300 mg</i>	48
<i>potassium phosphates(66 meq k) soln 45</i>		<i>pregabalin caps 50 mg</i>	48
<i>mmole/15ml</i>	64	<i>pregabalin caps 75 mg</i>	48
<i>pramipexole dihydrochloride tabs 0.125 mg</i>		<i>pregabalin soln 20 mg/ml</i>	48
.....	50	PREMARIN SOLR 25 MG.....	73
<i>pramipexole dihydrochloride tabs 0.25 mg</i>		PREMASOL SOLN 10 %	62
.....	50	PRENATAL TABS 27-1 MG	90
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	50	PRETOMANID TABS 200 MG	16
<i>pramipexole dihydrochloride tabs 0.75 mg</i>		<i>prevalite pack 4 gm</i>	36
.....	50	<i>prevalite powd 4 gm/dose</i>	36
<i>pramipexole dihydrochloride tabs 1 mg</i> ...	50	PREVYMIS PACK 120 MG	19
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	50	PREVYMIS SOLN 240 MG/12ML	19
<i>prasugrel hcl tabs 10 mg</i>	34	PREVYMIS SOLN 480 MG/24ML	19
<i>prasugrel hcl tabs 5 mg</i>	34	PREVYMIS TABS 240 MG.....	19
<i>pravastatin sodium tabs 10 mg</i>	36	PREVYMIS TABS 480 MG.....	19
<i>pravastatin sodium tabs 20 mg</i>	36	PREZCOBIX TABS 675-150 MG	19
<i>pravastatin sodium tabs 40 mg</i>	36	PREZCOBIX TABS 800-150 MG	19
<i>pravastatin sodium tabs 80 mg</i>	36	PREZISTA SUSP 100 MG/ML	19
<i>praziquantel tabs 600 mg</i>	11	PREZISTA TABS 150 MG.....	19
<i>prazosin hcl caps 1 mg</i>	35	PREZISTA TABS 75 MG.....	19
<i>prazosin hcl caps 2 mg</i>	35	PRIFTIN TABS 150 MG.....	16
<i>prazosin hcl caps 5 mg</i>	35	PRIMAQUINE PHOSPHATE TABS 26.3	
PRED MILD SUSP 0.12 %	66	(15 Base) MG.....	17
<i>prednisolone acetate susp 1 %</i>	66	PRIMIDONE TABS 125 MG.....	48
PREDNISOLONE SODIUM PHOSPHATE		<i>primidone tabs 250 mg</i>	48
SOLN 1 %	66	<i>primidone tabs 50 mg</i>	48
<i>prednisolone sodium phosphate soln 15</i>		PRIORIX SUSR	84
<i>mg/5ml</i>	70	<i>probenecid tabs 500 mg</i>	64
<i>prednisolone sodium phosphate soln 5</i>		<i>procainamide hcl soln 100 mg/ml</i>	39
<i>mg/5ml</i>	70	<i>procainamide hcl soln 500 mg/ml</i>	39
<i>prednisolone soln 15 mg/5ml</i>	70	<i>prochlorperazine edisylate soln 10 mg/2ml</i>	
<i>prednisolone tabs 5 mg</i>	70		59
PREDNISON INTENSOL CONC 5 MG/ML		<i>prochlorperazine maleate tabs 10 mg</i>	59
.....	70	<i>prochlorperazine maleate tabs 5 mg</i>	59
PREDNISON SOLN 5 MG/5ML.....	70	<i>prochlorperazine supp 25 mg</i>	59
<i>prednisone tabs 1 mg</i>	70	PROCRIT SOLN 10000 UNIT/ML	35
<i>prednisone tabs 10 mg</i>	70	PROCRIT SOLN 2000 UNIT/ML	35
<i>prednisone tabs 2.5 mg</i>	70	PROCRIT SOLN 20000 UNIT/ML	35
<i>prednisone tabs 20 mg</i>	70	PROCRIT SOLN 3000 UNIT/ML	35
<i>prednisone tabs 5 mg</i>	70	PROCRIT SOLN 4000 UNIT/ML	35
<i>prednisone tabs 50 mg</i>	70	PROCRIT SOLN 40000 UNIT/ML	35
<i>prednisone tbpk 10 mg (21)</i>	70	PROCTOFOAM HC FOAM 1-1 %.....	88
<i>prednisone tbpk 10 mg (48)</i>	70	<i>proctozone-hc crea 2.5 %</i>	87
<i>prednisone tbpk 5 mg (21)</i>	70	<i>progesterone caps 100 mg</i>	74
<i>prednisone tbpk 5 mg (48)</i>	70	<i>progesterone caps 200 mg</i>	74
<i>pregabalin caps 100 mg</i>	47	PROGESTERONE INST 100 MG	74
<i>pregabalin caps 150 mg</i>	47	<i>progesterone oil 50 mg/ml</i>	74
<i>pregabalin caps 200 mg</i>	47	PROGRAF PACK 0.2 MG	78
<i>pregabalin caps 225 mg</i>	47	PROGRAF PACK 1 MG.....	78

PROGRAF SOLN 5 MG/ML.....	78
<i>promethazine hcl soln 6.25 mg/5ml</i>	<i>20</i>
<i>promethazine hcl tabs 12.5 mg.....</i>	<i>20</i>
<i>promethazine hcl tabs 25 mg.....</i>	<i>20</i>
<i>promethazine hcl tabs 50 mg.....</i>	<i>20</i>
<i>promethegan supp 12.5 mg.....</i>	<i>20</i>
<i>promethegan supp 25 mg.....</i>	<i>20</i>
<i>propafenone hcl tabs 150 mg</i>	<i>39</i>
<i>propafenone hcl tabs 225 mg</i>	<i>39</i>
<i>propafenone hcl tabs 300 mg</i>	<i>39</i>
<i>proparacaine hcl soln 0.5 %.....</i>	<i>67</i>
<i>propranolol hcl er cp24 120 mg</i>	<i>37</i>
<i>propranolol hcl er cp24 160 mg</i>	<i>37</i>
<i>propranolol hcl er cp24 60 mg</i>	<i>37</i>
<i>propranolol hcl er cp24 80 mg</i>	<i>37</i>
<i>propranolol hcl soln 1 mg/ml.....</i>	<i>37</i>
<i>propranolol hcl soln 20 mg/5ml.....</i>	<i>37</i>
PROPRANOLOL HCL SOLN 40 MG/5ML	37
<i>propranolol hcl tabs 10 mg.....</i>	<i>37</i>
<i>propranolol hcl tabs 20 mg.....</i>	<i>37</i>
<i>propranolol hcl tabs 40 mg.....</i>	<i>37</i>
<i>propranolol hcl tabs 60 mg.....</i>	<i>37</i>
<i>propranolol hcl tabs 80 mg.....</i>	<i>37</i>
<i>propylthiouracil tabs 50 mg.....</i>	<i>76</i>
PROQUAD SUSR.....	84
<i>protriptyline hcl tabs 10 mg.....</i>	<i>59</i>
<i>protriptyline hcl tabs 5 mg.....</i>	<i>59</i>
<i>prucalopride succinate tabs 1 mg</i>	<i>68</i>
<i>prucalopride succinate tabs 2 mg</i>	<i>68</i>
PULMICORT FLEXHALER AEPB 180	
MCG/ACT	82
PULMOZYME SOLN 2.5 MG/2.5ML.....	64
<i>pyrazinamide tabs 500 mg.....</i>	<i>16</i>
<i>pyridostigmine bromide er tbcr 180 mg....</i>	<i>31</i>
<i>pyridostigmine bromide soln 60 mg/5ml...</i>	<i>31</i>
<i>pyridostigmine bromide tabs 60 mg</i>	<i>31</i>
<i>pyrimethamine tabs 25 mg.....</i>	<i>17</i>
PYRUKYND TABS 20 MG.....	80
PYRUKYND TABS 5 MG.....	80
PYRUKYND TABS 50 MG.....	80
PYRUKYND TAPER PACK TBPK 5 MG .	80
PYRUKYND TAPER PACK TBPK 7 x 20	
MG & 7 X 5 MG.....	80
PYRUKYND TAPER PACK TBPK 7 x 50	
MG & 7 X 20 MG.....	80

Q

QALSODY SOLN 100 MG/15ML	52
QINLOCK TABS 50 MG	27
QUADRACEL SUSP.....	84

QUADRACEL SUSY 0.5 ML	84
<i>quetiapine fumarate er tb24 150 mg.....</i>	<i>59</i>
<i>quetiapine fumarate er tb24 200 mg.....</i>	<i>59</i>
<i>quetiapine fumarate er tb24 300 mg.....</i>	<i>59</i>
<i>quetiapine fumarate er tb24 400 mg.....</i>	<i>59</i>
<i>quetiapine fumarate er tb24 50 mg.....</i>	<i>59</i>
<i>quetiapine fumarate tabs 100 mg.....</i>	<i>59</i>
QUETIAPINE FUMARATE TABS 150 MG	
.....	59
<i>quetiapine fumarate tabs 200 mg.....</i>	<i>59</i>
<i>quetiapine fumarate tabs 25 mg.....</i>	<i>59</i>
<i>quetiapine fumarate tabs 300 mg.....</i>	<i>59</i>
<i>quetiapine fumarate tabs 400 mg.....</i>	<i>59</i>
<i>quetiapine fumarate tabs 50 mg.....</i>	<i>59</i>
<i>quinidine gluconate er tbcr 324 mg</i>	<i>39</i>
QUINIDINE SULFATE TABS 200 MG.....	39
QUINIDINE SULFATE TABS 300 MG.....	39
<i>quinine sulfate caps 324 mg.....</i>	<i>17</i>
QULIPTA TABS 10 MG.....	49
QULIPTA TABS 30 MG.....	49
QULIPTA TABS 60 MG.....	49

R

RABAVERT SUSR.....	84
RADIAURA CREA 3-0.5 %	87
RADICAVA ORS STARTER KIT SUSP 105	
MG/5ML.....	52
RADICAVA ORS SUSP 105 MG/5ML.....	52
RALDESY SOLN 10 MG/ML.....	59
<i>raloxifene hcl tabs 60 mg</i>	<i>73</i>
<i>ramipril caps 1.25 mg.....</i>	<i>40</i>
<i>ramipril caps 10 mg.....</i>	<i>40</i>
<i>ramipril caps 2.5 mg.....</i>	<i>40</i>
<i>ramipril caps 5 mg.....</i>	<i>40</i>
<i>ranolazine er tb12 1000 mg.....</i>	<i>39</i>
<i>ranolazine er tb12 500 mg.....</i>	<i>39</i>
<i>rasagiline mesylate tabs 0.5 mg.....</i>	<i>50</i>
<i>rasagiline mesylate tabs 1 mg.....</i>	<i>50</i>
RASONQUE TABS 100 MG.....	27
RASONQUE TABS 150 MG.....	27
RASUVO SOAJ 10 MG/0.2ML	77
RASUVO SOAJ 12.5 MG/0.25ML	77
RASUVO SOAJ 15 MG/0.3ML	77
RASUVO SOAJ 17.5 MG/0.35ML	77
RASUVO SOAJ 20 MG/0.4ML	77
RASUVO SOAJ 22.5 MG/0.45ML	77
RASUVO SOAJ 25 MG/0.5ML	77
RASUVO SOAJ 30 MG/0.6ML	77
RASUVO SOAJ 7.5 MG/0.15ML	77
RAYALDEE CPR 30 MCG.....	90

REBIF REBIDOSE SOAJ 22 MCG/0.5ML	53	RIABNI SOLN 100 MG/10ML	27
REBIF REBIDOSE SOAJ 44 MCG/0.5ML	53	RIABNI SOLN 500 MG/50ML	27
REBIF REBIDOSE TITRATION PACK		RIBAVIRIN CAPS 200 MG	19
SOAJ 6X8.8 & 6X22 MCG	53	RIBAVIRIN SOLR 6 GM	19
REBIF TITRATION PACK SOSY 6X8.8 &		RIBAVIRIN TABS 200 MG	19
6X22 MCG	53	RIDAURA CAPS 3 MG	80
<i>reclipsen tabs 0.15-30 mg-mcg</i>	71	<i>rifabutin caps 150 mg</i>	16
RECOMBIVAX HB SUSP 10 MCG/ML	84	<i>rifampin caps 150 mg</i>	16
RECOMBIVAX HB SUSP 40 MCG/ML	84	<i>rifampin caps 300 mg</i>	16
RECOMBIVAX HB SUSP 5 MCG/0.5ML	85	<i>rifampin solr 600 mg</i>	16
RECOMBIVAX HB SUSY 10 MCG/ML	85	<i>rilpivirine hcl tabs 25 mg</i>	19
RECOMBIVAX HB SUSY 5 MCG/0.5ML	85	<i>riluzole tabs 50 mg</i>	52
REGONOL SOLN 10 MG/2ML	31	RIMANTADINE HCL TABS 100 MG	19
RELENZA DISKHALER AEPB 5 MG/ACT		RIMSO-50 SOLN 50 %	80
	19	RINGERS SOLN	63, 64, 79
RELISTOR SOLN 12 MG/0.6ML	68	RINVOQ LQ SOLN 1 MG/ML	77
RELISTOR SOSY 12 MG/0.6ML	68	RINVOQ TB24 15 MG	77
<i>repaglinide tabs 0.5 mg</i>	72	RINVOQ TB24 30 MG	77
<i>repaglinide tabs 1 mg</i>	72	RINVOQ TB24 45 MG	77
<i>repaglinide tabs 2 mg</i>	72	<i>risedronate sodium tabs 35 mg</i>	76
REPATHA SURECLICK SOAJ 140 MG/ML		RISPERDAL CONSTA SRER 12.5 MG	59
	36	RISPERDAL CONSTA SRER 25 MG	59
RETACRIT SOLN 20000 UNIT/ML	35	RISPERDAL CONSTA SRER 37.5 MG	59
RETEVMO TABS 120 MG	27	RISPERDAL CONSTA SRER 50 MG	59
RETEVMO TABS 160 MG	27	<i>risperidone microspheres er srer 12.5 mg</i>	59
RETEVMO TABS 40 MG	27	<i>risperidone microspheres er srer 25 mg</i>	59
RETEVMO TABS 80 MG	27	<i>risperidone microspheres er srer 37.5 mg</i>	60
RETIN-A CREA 0.025 %	88	<i>risperidone microspheres er srer 50 mg</i>	60
RETIN-A CREA 0.05 %	88	<i>risperidone soln 1 mg/ml</i>	60
RETIN-A CREA 0.1 %	88	<i>risperidone tabs 0.25 mg</i>	60
RETIN-A GEL 0.01 %	88	<i>risperidone tabs 0.5 mg</i>	60
RETIN-A GEL 0.025 %	88	<i>risperidone tabs 1 mg</i>	60
RETISERT IMPL 0.59 MG	66	<i>risperidone tabs 2 mg</i>	60
RETROVIR SOLN 10 MG/ML	19	<i>risperidone tabs 3 mg</i>	60
REVCovi SOLN 2.4 MG/1.5ML	64	<i>risperidone tabs 4 mg</i>	60
REVUFORJ TABS 110 MG	27	RISPERIDONE TBDP 0.25 MG	60
REVUFORJ TABS 160 MG	27	<i>risperidone tbdp 0.5 mg</i>	60
REVUFORJ TABS 25 MG	27	<i>risperidone tbdp 1 mg</i>	60
REXULTI TABS 0.25 MG	59	<i>risperidone tbdp 2 mg</i>	60
REXULTI TABS 0.5 MG	59	<i>risperidone tbdp 3 mg</i>	60
REXULTI TABS 1 MG	59	<i>risperidone tbdp 4 mg</i>	60
REXULTI TABS 2 MG	59	<i>ritonavir tabs 100 mg</i>	19
REXULTI TABS 3 MG	59	RITUXAN HYCELA SOLN 1400-23400 MG	
REXULTI TABS 4 MG	59	-UT/11.7ML	27
REYATAZ PACK 50 MG	19	RITUXAN HYCELA SOLN 1600-26800 MG	
REZDIFFRA TABS 100 MG	68	-UT/13.4ML	28
REZDIFFRA TABS 60 MG	68	RITUXAN SOLN 100 MG/10ML	28
REZDIFFRA TABS 80 MG	68	RITUXAN SOLN 500 MG/50ML	28
REZLIDHIA CAPS 150 MG	27	<i>rivaroxaban susr 1 mg/ml</i>	34
REZUROCK TABS 200 MG	80	<i>rivaroxaban tabs 2.5 mg</i>	34

<i>rivastigmine tartrate caps 1.5 mg</i>	31
<i>rivastigmine tartrate caps 3 mg</i>	31
<i>rivastigmine tartrate caps 4.5 mg</i>	31
<i>rivastigmine tartrate caps 6 mg</i>	31
<i>rizatriptan benzoate tabs 10 mg</i>	49
<i>rizatriptan benzoate tabs 5 mg</i>	49
<i>rizatriptan benzoate tbdp 10 mg</i>	49
<i>rizatriptan benzoate tbdp 5 mg</i>	49
<i>roflumilast tabs 250 mcg</i>	82
<i>roflumilast tabs 500 mcg</i>	82
ROMVIMZA CAPS 14 MG.....	28
ROMVIMZA CAPS 20 MG.....	28
ROMVIMZA CAPS 30 MG.....	28
<i>ropinirole hcl er tb24 12 mg</i>	50
<i>ropinirole hcl er tb24 2 mg</i>	50
<i>ropinirole hcl er tb24 4 mg</i>	50
<i>ropinirole hcl er tb24 6 mg</i>	50
<i>ropinirole hcl er tb24 8 mg</i>	50
<i>ropinirole hcl tabs 0.25 mg</i>	50
<i>ropinirole hcl tabs 0.5 mg</i>	50
<i>ropinirole hcl tabs 1 mg</i>	50
<i>ropinirole hcl tabs 2 mg</i>	50
<i>ropinirole hcl tabs 3 mg</i>	50
<i>ropinirole hcl tabs 4 mg</i>	50
<i>ropinirole hcl tabs 5 mg</i>	50
<i>rosuvastatin calcium tabs 10 mg</i>	36
<i>rosuvastatin calcium tabs 20 mg</i>	36
<i>rosuvastatin calcium tabs 40 mg</i>	36
<i>rosuvastatin calcium tabs 5 mg</i>	36
ROTARIX SUSP.....	85
ROTATEQ SOLN.....	85
<i>roweepra tabs 500 mg</i>	48
ROZLYTREK CAPS 100 MG.....	28
ROZLYTREK CAPS 200 MG.....	28
ROZLYTREK PACK 50 MG.....	28
RUBRACA TABS 200 MG.....	28
RUBRACA TABS 250 MG.....	28
RUBRACA TABS 300 MG.....	28
<i>rufinamide susp 40 mg/ml</i>	48
<i>rufinamide tabs 200 mg</i>	48
<i>rufinamide tabs 400 mg</i>	48
RUKOBIA TB12 600 MG.....	19
RYBELSUS TABS 14 MG.....	72
RYBELSUS TABS 3 MG.....	72
RYBELSUS TABS 7 MG.....	72
RYBREVANT FASPRO SOLN 1600-20000 MG-UT/10ML.....	28
RYBREVANT FASPRO SOLN 2240-28000 MG-UT/14ML.....	28

RYBREVANT FASPRO SOLN 2400-30000 MG-UT/15ML.....	28
RYBREVANT FASPRO SOLN 3520-44000 MG-UT/22ML.....	28
RYDAPT CAPS 25 MG.....	28
RYKINDO SRER 25 MG.....	60
RYKINDO SRER 37.5 MG.....	60
RYKINDO SRER 50 MG.....	60
RYLAZE SOLN 10 MG/0.5ML.....	28
RYZNEUTA SOSY 20 MG/ML.....	35

S

<i>sacubitril-valsartan tabs 24-26 mg</i>	40
<i>sacubitril-valsartan tabs 49-51 mg</i>	40
<i>sacubitril-valsartan tabs 97-103 mg</i>	40
<i>sajazir sosy 30 mg/3ml</i>	80
SALICYLIC ACID SHAM 6 %.....	89
SALSALATE TABS 500 MG.....	43
SALSALATE TABS 750 MG.....	43
SANDOSTATIN LAR DEPOT KIT 10 MG 75	
SANDOSTATIN LAR DEPOT KIT 20 MG 75	
SANDOSTATIN LAR DEPOT KIT 30 MG 75	
SANTYL OINT 250 UNIT/GM.....	89
<i>sapropterin dihydrochloride pack 100 mg</i>	80
<i>sapropterin dihydrochloride pack 500 mg</i>	80
<i>sapropterin dihydrochloride tabs 100 mg</i>	80
SARCLISA ESCENA SOLN 1400 MG/10ML	28
SARCLISA SOLN 100 MG/5ML.....	28
SARCLISA SOLN 500 MG/25ML.....	28
SCSEMBLIX TABS 100 MG.....	28
SCSEMBLIX TABS 20 MG.....	28
SCSEMBLIX TABS 40 MG.....	28
<i>scopolamine pt72 1 mg/3days</i>	67
SECUADO PT24 3.8 MG/24HR.....	60
SECUADO PT24 5.7 MG/24HR.....	60
SECUADO PT24 7.6 MG/24HR.....	60
<i>selegiline hcl caps 5 mg</i>	50
<i>selegiline hcl tabs 5 mg</i>	50
SELENIUM SULFIDE LOTN 2.5 %.....	86
SELZENTRY SOLN 20 MG/ML.....	19
SENSORCAINE SOLN 0.5 %.....	80
<i>sensorcaine/epinephrine soln 0.25% -1 200000</i>	80
<i>sensorcaine/epinephrine soln 0.5% -1 200000</i>	80
<i>sensorcaine-mpf soln 0.25 %</i>	80
<i>sensorcaine-mpf soln 0.5 %</i>	80
<i>sensorcaine-mpf soln 0.75 %</i>	80
<i>sensorcaine-mpf/epinephrine soln 0.25% -1</i>	

200000.....	80
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.5% -1	
200000.....	80
SEPHIENCE PACK 1000 MG.....	80
SEPHIENCE PACK 250 MG.....	80
SEREVENT DISKUS AEPB 50 MCG/ACT	32
<i>sertraline hcl caps 150 mg</i>	60
<i>sertraline hcl caps 200 mg</i>	60
<i>sertraline hcl conc 20 mg/ml</i>	60
<i>sertraline hcl tabs 100 mg</i>	60
<i>sertraline hcl tabs 25 mg</i>	60
<i>sertraline hcl tabs 50 mg</i>	60
<i>sevelamer carbonate pack 0.8 gm</i>	63
<i>sevelamer carbonate pack 2.4 gm</i>	63
<i>sevelamer carbonate tabs 800 mg</i>	63
SEYSARA TABS 100 MG.....	15
SHINGRIX SUSR 50 MCG/0.5ML	85
SHINGRIX SUSY 50 MCG/0.5ML	85
SIGNIFOR LAR SRER 10 MG.....	75
SIGNIFOR LAR SRER 20 MG.....	75
SIGNIFOR LAR SRER 30 MG.....	75
SIGNIFOR LAR SRER 40 MG.....	75
SIGNIFOR LAR SRER 60 MG.....	75
SIGNIFOR SOLN 0.3 MG/ML	75
SIGNIFOR SOLN 0.6 MG/ML	75
SIGNIFOR SOLN 0.9 MG/ML	75
SIKLOS TABS 1000 MG.....	28
<i>sildenafil citrate susr 10 mg/ml</i>	41
<i>sildenafil citrate tabs 20 mg</i>	41
SILIQ SOSY 210 MG/1.5ML.....	89
<i>silodosin caps 4 mg</i>	32
<i>silodosin caps 8 mg</i>	32
SILVER SULFADIAZINE CREA 1 %	86
<i>simvastatin tabs 10 mg</i>	36
<i>simvastatin tabs 20 mg</i>	36
<i>simvastatin tabs 40 mg</i>	36
<i>simvastatin tabs 5 mg</i>	36
<i>simvastatin tabs 80 mg</i>	36
<i>sirolimus soln 1 mg/ml</i>	78
<i>sirolimus tabs 0.5 mg</i>	78
<i>sirolimus tabs 1 mg</i>	78
<i>sirolimus tabs 2 mg</i>	78
SIRTURO TABS 100 MG	16
SIRTURO TABS 20 MG	16
SITAGLIPTIN TABS 100 MG.....	73
SITAGLIPTIN TABS 25 MG.....	73
SITAGLIPTIN TABS 50 MG.....	73
SIVEXTRO SOLR 200 MG.....	15

SIVEXTRO TABS 200 MG.....	15
SKYCLARYS CAPS 50 MG	80
SKYRIZI PEN SOAJ 150 MG/ML.....	89
SKYRIZI SOCT 180 MG/1.2ML.....	68
SKYRIZI SOCT 360 MG/2.4ML.....	68
SKYRIZI SOSY 150 MG/ML.....	89
SKYRIZI SOSY 55 MG/0.37ML.....	89
<i>sodium bicarbonate soln 4.2 %</i>	61
<i>sodium bicarbonate soln 8.4 %</i>	61
SODIUM CHLORIDE (PF) SOLN 0.9 %...64	
<i>sodium chloride intravenous soln 0.9 %</i> ...64	
SODIUM CHLORIDE SOLN 0.45 %.....	64
<i>sodium chloride irrigation soln 0.9 %</i>	80
SODIUM CHLORIDE SOLN 3 %.....	64
SODIUM CHLORIDE SOLN 4 MEQ/ML...64	
SODIUM CHLORIDE SOLN 5 %.....	64
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG.....	80
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG	80
SODIUM FLUORIDE CHEW 2.2 (1 F) MG	80
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML.....	80
<i>sodium oxybate soln 500 mg/ml</i>	53
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	62
<i>sodium phenylbutyrate tabs 500 mg</i>	62
<i>sodium phosphates soln 45 mmole/15ml</i>	64
<i>sodium polystyrene sulfonate powd</i>	63
SOFOBUBUVIR-VELPATASVIR TABS 400- 100 MG.....	19
<i>solifenacin succinate tabs 10 mg</i>	90
<i>solifenacin succinate tabs 5 mg</i>	90
SOLTAMOX SOLN 10 MG/5ML.....	28
SOLU-CORTEF SOLR 100 MG.....	70
SOLU-CORTEF SOLR 1000 MG.....	70
SOLU-CORTEF SOLR 250 MG.....	70
SOLU-CORTEF SOLR 500 MG.....	70
SOMAVERT SOLR 10 MG.....	75
SOMAVERT SOLR 15 MG.....	75
SOMAVERT SOLR 20 MG.....	75
SOMAVERT SOLR 25 MG.....	75
SOMAVERT SOLR 30 MG.....	75
<i>sorafenib tosylate tabs 200 mg</i>	28
<i>sotalol hcl (af) tabs 120 mg</i>	37
<i>sotalol hcl (af) tabs 160 mg</i>	37
<i>sotalol hcl (af) tabs 80 mg</i>	37
<i>sotalol hcl tabs 120 mg</i>	37
<i>sotalol hcl tabs 160 mg</i>	37
<i>sotalol hcl tabs 240 mg</i>	37

<i>sotalol hcl tabs 80 mg</i>	37
SOVALDI PACK 150 MG.....	19
SOVALDI PACK 200 MG.....	19
SOVALDI TABS 200 MG.....	19
SOVALDI TABS 400 MG.....	19
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	31
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	31
<i>spironolactone tabs 100 mg</i>	40
<i>spironolactone tabs 25 mg</i>	40
<i>spironolactone tabs 50 mg</i>	40
<i>spironolactone-hctz tabs 25-25 mg</i>	40
<i>sprintec 28 tabs 0.25-35 mg-mcg</i>	71
SSD CREA 1 %.....	86
STERILE WATER FOR IRRIGATION SOLN	80
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT.....	31
STIVARGA TABS 40 MG.....	28
STRENSIQ SOLN 18 MG/0.45ML.....	64
STRENSIQ SOLN 28 MG/0.7ML.....	64
STRENSIQ SOLN 40 MG/ML.....	64
STRENSIQ SOLN 80 MG/0.8ML.....	64
STREPTOMYCIN SULFATE SOLR 1 GM15	
STRIBILD TABS 150-150-200-300 MG ...	19
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT.....	33
<i>subvenite starter kit-blue kit 35 x 25 mg</i> ...	48
<i>subvenite starter kit-green kit 84 x 25 mg & 14x100 mg</i>	48
<i>subvenite starter kit-orange kit 42 x 25 mg & 7 x 100 mg</i>	48
SUBVENITE SUSP 10 MG/ML.....	48
<i>subvenite tabs 100 mg</i>	48
<i>subvenite tabs 150 mg</i>	48
<i>subvenite tabs 200 mg</i>	48
<i>subvenite tabs 25 mg</i>	48
<i>succinylcholine chloride soln 20 mg/ml</i>	32
<i>sucrafate susp 1 gm/10ml</i>	68
<i>sucrafate tabs 1 gm</i>	68
<i>sulfacetamide sodium (acne) lotn 10 %</i> ...	86
SULFACETAMIDE SODIUM SOLN 10 %	65
SULFACETAMIDE-PREDNISOLONE SOLN 10-0.23 %.....	66
<i>sulfadiazine tabs 500 mg</i>	15
<i>sulfamethoxazole-trimethoprim soln 400-80 mg/5ml</i>	15
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	15

<i>sulfamethoxazole-trimethoprim tabs 400-80 mg</i>	15
<i>sulfamethoxazole-trimethoprim tabs 800- 160 mg</i>	15
SULFAMYLON CREA 85 MG/GM.....	86
<i>sulfasalazine tabs 500 mg</i>	15
SULFASALAZINE TBEC 500 MG.....	15
<i>sulindac tabs 150 mg</i>	43
<i>sulindac tabs 200 mg</i>	43
<i>sumatriptan soln 20 mg/act</i>	49
<i>sumatriptan soln 5 mg/act</i>	49
<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	49
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	49
<i>sumatriptan succinate tabs 100 mg</i>	49
<i>sumatriptan succinate tabs 25 mg</i>	49
<i>sumatriptan succinate tabs 50 mg</i>	49
<i>sunitinib malate caps 12.5 mg</i>	28
<i>sunitinib malate caps 25 mg</i>	28
<i>sunitinib malate caps 37.5 mg</i>	28
<i>sunitinib malate caps 50 mg</i>	28
SUNLENCA TABS 300 MG.....	19
SUNLENCA TBPK 4 x 300 MG.....	19
SUNLENCA TBPK 5 x 300 MG.....	19
SUNOSI TABS 150 MG.....	45
SUNOSI TABS 75 MG.....	45
SYLVANT SOLR 100 MG.....	28
SYLVANT SOLR 400 MG.....	28
SYMDEKO TBPK 100-150 & 150 MG.....	81
SYMDEKO TBPK 50-75 & 75 MG.....	81
SYMFI TABS 600-300-300 MG.....	19
SYMPAZAN FILM 10 MG.....	48
SYMPAZAN FILM 20 MG.....	48
SYMPAZAN FILM 5 MG.....	48
SYMTUZA TABS 800-150-200-10 MG....	19
SYNAREL SOLN 2 MG/ML.....	74

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TABLOID TABS 40 MG.....	28
TABRECTA TABS 150 MG.....	28
TABRECTA TABS 200 MG.....	28
<i>tacrolimus caps 0.5 mg</i>	78
<i>tacrolimus caps 1 mg</i>	78
<i>tacrolimus caps 5 mg</i>	78
<i>tacrolimus oint 0.03 %</i>	89
<i>tacrolimus oint 0.1 %</i>	89
<i>tadalafil (pah) tabs 20 mg</i>	41
<i>tadalafil tabs 2.5 mg</i>	41
<i>tadalafil tabs 5 mg</i>	41
TAFINLAR CAPS 50 MG.....	28
TAFINLAR CAPS 75 MG.....	28

TAFINLAR TBSO 10 MG.....	28	terazosin hcl caps 5 mg	35
TAGRISSO TABS 40 MG.....	28	terbinafine hcl tabs 250 mg	16
TAGRISSO TABS 80 MG.....	28	terbutaline sulfate soln 1 mg/ml.....	33
TAKHZYRO SOLN 300 MG/2ML.....	80	terbutaline sulfate tabs 2.5 mg	33
TAKHZYRO SOSY 150 MG/ML.....	80	terbutaline sulfate tabs 5 mg	33
TAKHZYRO SOSY 300 MG/2ML.....	80	terconazole crea 0.4 %	86
TALICIA CPDR 250-12.5-10 MG.....	68	terconazole supp 80 mg.....	86
TALTZ SOAJ 80 MG/ML.....	89	teriflunomide tabs 14 mg.....	53
TALTZ SOSY 20 MG/0.25ML	89	teriflunomide tabs 7 mg.....	53
TALTZ SOSY 40 MG/0.5ML.....	89	teriparatide sopn 560 mcg/2.24ml.....	74
TALTZ SOSY 80 MG/ML.....	89	testosterone cypionate soln 100 mg/ml....	70
TALVEY SOLN 3 MG/1.5ML.....	28	testosterone cypionate soln 200 mg/ml....	70
TALVEY SOLN 40 MG/ML.....	28	TESTOSTERONE ENANTHATE SOLN 200	
TALZENNA CAPS 0.1 MG.....	28	MG/ML.....	70
TALZENNA CAPS 0.25 MG.....	28	testosterone gel 12.5 mg/act (1%).....	70
TALZENNA CAPS 0.35 MG.....	29	testosterone gel 20.25 mg/act (1.62%).....	70
TALZENNA CAPS 0.5 MG.....	29	testosterone gel 25 mg/2.5gm (1%)	70
TALZENNA CAPS 0.75 MG.....	29	testosterone gel 50 mg/5gm (1%)	70
TALZENNA CAPS 1 MG	29	tetrabenazine tabs 12.5 mg.....	53
tamoxifen citrate tabs 10 mg.....	29	tetrabenazine tabs 25 mg.....	53
tamoxifen citrate tabs 20 mg.....	29	TETRACAINE HCL SOLN 0.5 %.....	67
tamsulosin hcl caps 0.4 mg.....	32	tetracycline hcl caps 250 mg	15
TARPEYO CPDR 4 MG.....	70	tetracycline hcl caps 500 mg	15
tasimelteon caps 20 mg.....	52	TEZSPIRE SOAJ 210 MG/1.91ML.....	82
TAVALISSE TABS 100 MG.....	35	TEZSPIRE SOSY 210 MG/1.91ML.....	82
TAVALISSE TABS 150 MG	35	THALOMID CAPS 100 MG	29
TAVNEOS CAPS 10 MG	80	THALOMID CAPS 50 MG	29
tazarotene crea 0.05 %.....	89	THEO-24 CP24 300 MG	90
tazarotene crea 0.1 %.....	89	theophylline elix 80 mg/15ml.....	90
tazarotene gel 0.05 %.....	89	THEOPHYLLINE ER TB12 100 MG.....	90
tazarotene gel 0.1 %.....	89	THEOPHYLLINE ER TB12 200 MG.....	90
tazicef solr 1 gm	15	theophylline er tb12 300 mg.....	90
tazicef solr 2 gm	15	theophylline er tb12 450 mg.....	90
TAZICEF SOLR 6 GM	15	theophylline er tb24 400 mg.....	90
TECENTRIQ HYBREZA SOLN 1875-30000		theophylline er tb24 600 mg.....	90
MG-UT/15ML	29	theophylline soln 80 mg/15ml.....	90
TECENTRIQ SOLN 1200 MG/20ML.....	29	THIOLA TABS 100 MG	80
TECVAYLI SOLN 153 MG/1.7ML.....	29	thioridazine hcl tabs 10 mg.....	60
TECVAYLI SOLN 30 MG/3ML.....	29	thioridazine hcl tabs 100 mg.....	60
TEFLARO SOLR 600 MG.....	15	thioridazine hcl tabs 25 mg.....	60
temazepam caps 15 mg	52	thioridazine hcl tabs 50 mg.....	60
temazepam caps 30 mg	52	thiotepa solr 15 mg.....	29
temazepam caps 7.5 mg	52	thiothixene caps 1 mg	60
temsirolimus soln 25 mg/ml	29	thiothixene caps 10 mg	60
TENIVAC SUSP 5-2 LF/0.5ML	84	thiothixene caps 2 mg	60
tenofovir disoproxil fumarate tabs 300 mg	19	thiothixene caps 5 mg	60
TEPMETKO TABS 225 MG.....	29	THYROGEN SOLR 0.9 MG	80
terazosin hcl caps 1 mg.....	35	TIAGABINE HCL TABS 12 MG.....	48
terazosin hcl caps 10 mg.....	35	TIAGABINE HCL TABS 16 MG.....	48
terazosin hcl caps 2 mg.....	35	tiagabine hcl tabs 2 mg	48

<i>tiagabine hcl tabs 4 mg</i>	48	<i>torpenz tabs 2.5 mg</i>	29
TIBSOVO TABS 250 MG.....	29	<i>torpenz tabs 5 mg</i>	29
<i>ticagrelor tabs 60 mg</i>	34	<i>torpenz tabs 7.5 mg</i>	29
<i>ticagrelor tabs 90 mg</i>	34	<i>torsemide tabs 10 mg</i>	62
TICOVAC SUSY 1.2 MCG/0.25ML.....	85	<i>torsemide tabs 100 mg</i>	62
TICOVAC SUSY 2.4 MCG/0.5ML.....	85	<i>torsemide tabs 20 mg</i>	62
<i>tigecycline solr 50 mg</i>	15	<i>torsemide tabs 5 mg</i>	62
<i>timolol maleate soln 0.25 %</i>	66	TRADJENTA TABS 5 MG	73
<i>timolol maleate soln 0.5 %</i>	66	TRAMADOL HCL SOLN 5 MG/ML.....	43
<i>timolol maleate tabs 10 mg</i>	37	<i>tramadol hcl tabs 50 mg</i>	43
<i>tinidazole tabs 250 mg</i>	17	<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	43
<i>tiopronin tabs 100 mg</i>	80	<i>tranexamic acid soln 1000 mg/10ml</i>	34
<i>tiopronin tbec 100 mg</i>	80	<i>tranexamic acid tabs 650 mg</i>	34
<i>tiopronin tbec 300 mg</i>	80	<i>tranylcypromine sulfate tabs 10 mg</i>	60
TIVICAY PD TBSO 5 MG	19	TRAVASOL SOLN 10 %	62
TIVICAY TABS 50 MG.....	19	<i>travoprost (bak free) soln 0.004 %</i>	66
<i>tizanidine hcl tabs 2 mg</i>	32	<i>trazodone hcl tabs 100 mg</i>	60
<i>tizanidine hcl tabs 4 mg</i>	32	<i>trazodone hcl tabs 150 mg</i>	60
TOBI PODHALER CAPS 28 MG	82	<i>trazodone hcl tabs 300 mg</i>	60
TOBRADEX OINT 0.3-0.1 %	66	<i>trazodone hcl tabs 50 mg</i>	60
<i>tobramycin nebu 300 mg/5ml</i>	82	TRELEGY ELLIPTA AEPB 100-62.5-25 MCG/ACT	82
<i>tobramycin soln 0.3 %</i>	65	TRELEGY ELLIPTA AEPB 200-62.5-25 MCG/ACT	82
TOBRAMYCIN SULFATE SOLN 10 MG/ML	15	TREMFYA ONE-PRESS SOPN 100 MG/ML	89
<i>tobramycin sulfate soln 80 mg/2ml</i>	15	TREMFYA PEN SOAJ 200 MG/2ML.....	89
<i>tobramycin-dexamethasone susp 0.3-0.1 %</i>	66	TREMFYA SOLN 200 MG/20ML.....	89
TOBREX OINT 0.3 %	65	TREMFYA SOSY 100 MG/ML	89
<i>tofacitinib citrate er tb24 11 mg</i>	77	TREMFYA SOSY 200 MG/2ML	89
<i>tofacitinib citrate er tb24 22 mg</i>	77	TREMFYA-CD/UC INDUCTION SOAJ 200 MG/2ML.....	89
<i>tofacitinib citrate soln 1 mg/ml</i>	77	<i>treprostinil soln 100 mg/20ml</i>	83
<i>tofacitinib citrate tabs 10 mg</i>	77	<i>treprostinil soln 20 mg/20ml</i>	83
<i>tofacitinib citrate tabs 5 mg</i>	77	<i>treprostinil soln 50 mg/20ml</i>	83
TOLCAPONE TABS 100 MG.....	50	<i>tretinoin caps 10 mg</i>	29
<i>tolterodine tartrate tabs 1 mg</i>	90	<i>tretinoin crea 0.025 %</i>	88
<i>tolterodine tartrate tabs 2 mg</i>	90	<i>tretinoin crea 0.05 %</i>	88
<i>tolvaptan (hyponatremia) tabs 15 mg</i>	62	<i>tretinoin crea 0.1 %</i>	88
<i>tolvaptan (hyponatremia) tabs 30 mg</i>	62	<i>tretinoin gel 0.01 %</i>	88
<i>tolvaptan tabs 15 mg</i>	62	<i>tretinoin gel 0.025 %</i>	88
<i>tolvaptan tabs 30 mg</i>	62	TREXALL TABS 10 MG	29
<i>topiramate csp 15 mg</i>	48	TREXALL TABS 15 MG	29
<i>topiramate csp 25 mg</i>	48	TREXALL TABS 5 MG	29
<i>topiramate soln 25 mg/ml</i>	48	TREXALL TABS 7.5 MG	29
<i>topiramate tabs 100 mg</i>	48	TRIAMCINOLONE ACETONIDE AERS 0.147 MG/GM.....	87
<i>topiramate tabs 200 mg</i>	48	<i>triamcinolone acetanide crea 0.025 %</i>	87
<i>topiramate tabs 25 mg</i>	48	<i>triamcinolone acetanide crea 0.1 %</i>	87
<i>topiramate tabs 50 mg</i>	48		
<i>topotecan hcl solr 4 mg</i>	29		
<i>toremifene citrate tabs 60 mg</i>	29		
<i>torpenz tabs 10 mg</i>	29		

<i>triamcinolone acetonide crea 0.5 %</i>	87
TRIAMCINOLONE ACETONIDE LOTN 0.025 %.....	87
<i>triamcinolone acetonide lotn 0.1 %</i>	88
<i>triamcinolone acetonide oint 0.025 %</i>	88
<i>triamcinolone acetonide oint 0.1 %</i>	88
<i>triamcinolone acetonide oint 0.5 %</i>	88
<i>triamcinolone acetonide pste 0.1 %</i>	88
<i>triamcinolone acetonide susp 40 mg/ml</i> ...	70
TRIAMTERENE CAPS 100 MG.....	62
TRIAMTERENE CAPS 50 MG.....	62
<i>triamterene-hctz caps 37.5-25 mg</i>	62
<i>triamterene-hctz tabs 37.5-25 mg</i>	63
<i>triamterene-hctz tabs 75-50 mg</i>	63
<i>triazolam tabs 0.125 mg</i>	52
<i>triazolam tabs 0.25 mg</i>	52
<i>trientine hcl caps 250 mg</i>	69
TRIENTINE HCL CAPS 500 MG.....	69
<i>trifluoperazine hcl tabs 1 mg</i>	60
<i>trifluoperazine hcl tabs 10 mg</i>	60
<i>trifluoperazine hcl tabs 2 mg</i>	60
<i>trifluoperazine hcl tabs 5 mg</i>	60
TRIFLURIDINE SOLN 1 %.....	65
<i>trihexyphenidyl hcl soln 0.4 mg/ml</i>	50
<i>trihexyphenidyl hcl tabs 2 mg</i>	50
<i>trihexyphenidyl hcl tabs 5 mg</i>	50
TRIKAFTA TBP 100-50-75 & 150 MG... 82	
TRIKAFTA TBP 50-25-37.5 & 75 MG... 82	
TRIKAFTA THP 100-50-75 & 75 MG... 82	
TRIKAFTA THP 80-40-60 & 59.5 MG... 82	
<i>tri-lo-sprintec tabs 0.18/0.215/0.25 mg-25 mcg</i>	71
<i>trimethoprim tabs 100 mg</i>	20
<i>trimipramine maleate caps 100 mg</i>	60
<i>trimipramine maleate caps 25 mg</i>	60
<i>trimipramine maleate caps 50 mg</i>	60
TRINTELLIX TABS 10 MG.....	60
TRINTELLIX TABS 20 MG.....	60
TRINTELLIX TABS 5 MG.....	60
<i>tri-sprintec tabs 0.18/0.215/0.25 mg-35 mcg</i>	71
TRIUMEQ PD TBSO 60-5-30 MG.....	19
TRIUMEQ TABS 600-50-300 MG.....	19
TROPHAMINE SOLN 10 %.....	62
<i>trospium chloride tabs 20 mg</i>	90
TRULANCE TABS 3 MG.....	68
TRUMENBA SUSY 0.5 ML.....	85
TRUQAP TABS 200 MG.....	29
TRUQAP TBP 160 MG.....	29
TRUQAP TBP 200 MG.....	29

TRYNGOLZA SOAJ 80 MG/0.8ML.....	36
TUKYSA TABS 150 MG.....	29
TUKYSA TABS 50 MG.....	29
TURALIO CAPS 125 MG.....	29
TWINRIX SUSY 720-20 ELU-MCG/ML....	85
TYBOST TABS 150 MG.....	19
TYENNE SOAJ 162 MG/0.9ML.....	77
TYENNE SOSY 162 MG/0.9ML.....	77
TYPHIM VI SOSY 25 MCG/0.5ML.....	85
TYVASO DPI MAINTENANCE KIT POWD 16 MCG.....	83
TYVASO DPI MAINTENANCE KIT POWD 32 MCG.....	83
TYVASO DPI MAINTENANCE KIT POWD 48 MCG.....	83
TYVASO DPI MAINTENANCE KIT POWD 64 MCG.....	83
TYVASO DPI TITRATION KIT POWD 16 & 32 & 48 MCG.....	83
TYVASO REFILL KIT SOLN 0.6 MG/ML..	83
TYVASO STARTER KIT SOLN 0.6 MG/ML	83

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UBRELVIY TABS 100 MG.....	49
UBRELVIY TABS 50 MG.....	49
ULTOMIRIS SOLN 1100 MG/11ML.....	80
ULTOMIRIS SOLN 300 MG/3ML.....	81
UNITUXIN SOLN 17.5 MG/5ML.....	29
UPTRAVI TABS 1000 MCG.....	83
UPTRAVI TABS 1200 MCG.....	83
UPTRAVI TABS 1400 MCG.....	83
UPTRAVI TABS 1600 MCG.....	83
UPTRAVI TABS 200 MCG.....	83
UPTRAVI TABS 400 MCG.....	83
UPTRAVI TABS 600 MCG.....	83
UPTRAVI TABS 800 MCG.....	83
UPTRAVI TITRATION TBP 200 & 800 MCG.....	83
<i>ursodiol caps 300 mg</i>	68
<i>ursodiol tabs 250 mg</i>	68
<i>ursodiol tabs 500 mg</i>	68
UZEDY SUSY 100 MG/0.28ML.....	60
UZEDY SUSY 125 MG/0.35ML.....	60
UZEDY SUSY 150 MG/0.42ML.....	60
UZEDY SUSY 200 MG/0.56ML.....	60
UZEDY SUSY 250 MG/0.7ML.....	61
UZEDY SUSY 50 MG/0.14ML.....	61
UZEDY SUSY 75 MG/0.21ML.....	61

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VABRINTY KIT 22.5 MG	29	varenicline tartrate tabs 1 mg	31
VABRINTY KIT 30 MG	29	varenicline tartrate(continue) tabs 1 mg ...	31
VABRINTY KIT 45 MG	29	VARIVAX SUSR 1350 PFU/0.5ML	85
valacyclovir hcl tabs 1 gm	19	VAXCHORA SUSR	85
valacyclovir hcl tabs 500 mg	19	VEKLURY SOLR 100 MG	19
VALCHLOR GEL 0.016 %	89	VELPHORO CHEW 500 MG	63
valganciclovir hcl solr 50 mg/ml	19	VELSIPITY TABS 2 MG	68
valganciclovir hcl tabs 450 mg	19	VEMLIDY TABS 25 MG	19
valproate sodium soln 100 mg/ml	48	VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG	29
valproic acid caps 250 mg	48	VENCLEXTA TABS 10 MG	29
valproic acid soln 250 mg/5ml	48	VENCLEXTA TABS 100 MG	29
valsartan tabs 160 mg	40	VENCLEXTA TABS 50 MG	29
valsartan tabs 320 mg	40	VENLAFAXINE BESYLATE ER TB24 112.5 MG	61
valsartan tabs 40 mg	40	venlafaxine hcl er cp24 150 mg	61
valsartan tabs 80 mg	40	venlafaxine hcl er cp24 37.5 mg	61
valsartan-hydrochlorothiazide tabs 160-12.5 mg	40	venlafaxine hcl er cp24 75 mg	61
valsartan-hydrochlorothiazide tabs 160-25 mg	40	venlafaxine hcl er tb24 150 mg	61
valsartan-hydrochlorothiazide tabs 320-12.5 mg	40	venlafaxine hcl er tb24 225 mg	61
valsartan-hydrochlorothiazide tabs 320-25 mg	41	venlafaxine hcl er tb24 37.5 mg	61
valsartan-hydrochlorothiazide tabs 80-12.5 mg	41	venlafaxine hcl er tb24 75 mg	61
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML	48	venlafaxine hcl tabs 100 mg	61
VALTOCO 15 MG DOSE LQPK 2 x 7.5 MG/0.1ML	48	venlafaxine hcl tabs 25 mg	61
VALTOCO 20 MG DOSE LQPK 2 x 10 MG/0.1ML	48	venlafaxine hcl tabs 37.5 mg	61
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML	48	venlafaxine hcl tabs 50 mg	61
vancomycin hcl caps 125 mg	15	venlafaxine hcl tabs 75 mg	61
vancomycin hcl caps 250 mg	15	venxxiva tbec 100 mg	81
vancomycin hcl solr 1 gm	15	venxxiva tbec 300 mg	81
vancomycin hcl solr 10 gm	15	VEPPANU TABS 100 MG	29
vancomycin hcl solr 250 mg/5ml	15	VEPPANU TABS 200 MG	29
vancomycin hcl solr 5 gm	15	verapamil hcl er tbc 120 mg	38
vancomycin hcl solr 500 mg	15	verapamil hcl er tbc 180 mg	38
VANFLYTA TABS 17.7 MG	29	verapamil hcl er tbc 240 mg	38
VANFLYTA TABS 26.5 MG	29	verapamil hcl soln 2.5 mg/ml	38
VAQTA SUSP 25 UNIT/0.5ML	85	verapamil hcl tabs 120 mg	38
VAQTA SUSP 50 UNIT/ML	85	verapamil hcl tabs 40 mg	38
VAQTA SUSY 25 UNIT/0.5ML	85	verapamil hcl tabs 80 mg	38
VAQTA SUSY 50 UNIT/ML	85	VERKAZIA EMUL 0.1 %	66
varenicline tartrate (starter) tbpk 0.5 mg x 11 & 1 mg x 42	31	VERQUVO TABS 10 MG	41
varenicline tartrate tabs 0.5 mg	31	VERSACLOZ SUSP 50 MG/ML	61
		VERZENIO TABS 100 MG	29
		VERZENIO TABS 150 MG	29
		VERZENIO TABS 200 MG	29
		VERZENIO TABS 50 MG	29
		VIBERZI TABS 100 MG	68
		VIBERZI TABS 75 MG	68
		vigabatrin pack 500 mg	48
		vigabatrin tabs 500 mg	48
		vigadrone tabs 500 mg	48

VIGAFYDE SOLN 100 MG/ML	48
VIJOICE PACK 50 MG	81
VIJOICE TBPK 125 MG.....	81
VIJOICE TBPK 50 MG.....	81
<i>vilazodone hcl tabs 10 mg</i>	61
<i>vilazodone hcl tabs 20 mg</i>	61
<i>vilazodone hcl tabs 40 mg</i>	61
VIMIZIM SOLN 5 MG/5ML.....	64
VIMKUNYA SUSY 40 MCG/0.8ML	85
VINBLASTINE SULFATE SOLN 1 MG/ML	29
VINCRISTINE SULFATE SOLN 1 MG/ML	29
<i>vinorelbine tartrate soln 10 mg/ml</i>	29
<i>vinorelbine tartrate soln 50 mg/5ml</i>	29
VIRACEPT TABS 250 MG.....	19
VIRACEPT TABS 625 MG.....	20
VIREAD POWD 40 MG/GM.....	20
VIREAD TABS 150 MG	20
VIREAD TABS 200 MG	20
VIREAD TABS 250 MG	20
VITRAKVI CAPS 100 MG.....	29
VITRAKVI CAPS 25 MG	29
VITRAKVI SOLN 20 MG/ML	30
VIVITROL SUSR 380 MG.....	54
VIVOTIF CPDR	85
VOCABRIA TABS 30 MG	20
VONJO CAPS 100 MG.....	30
VORANIGO TABS 10 MG	30
VORANIGO TABS 40 MG	30
VORAXAZE SOLR 1000 UNIT	76
<i>voriconazole solr 200 mg</i>	16
<i>voriconazole susr 40 mg/ml</i>	16
<i>voriconazole tabs 200 mg</i>	16
<i>voriconazole tabs 50 mg</i>	16
VOSEVI TABS 400-100-100 MG	20
VOWST CAPS.....	81
VRAYLAR CAPS 0.5 MG	61
VRAYLAR CAPS 0.75 MG.....	61
VRAYLAR CAPS 1.5 MG	61
VRAYLAR CAPS 3 MG	61
VRAYLAR CAPS 4.5 MG	61
VRAYLAR CAPS 6 MG	61
VTAMA CREA 1 %	89
VUMERITY CPDR 231 MG	81
VYKAT XR TB24 150 MG.....	45
VYKAT XR TB24 25 MG.....	45
VYKAT XR TB24 75 MG.....	45
VYNDAMAX CAPS 61 MG	39

VYVGART HYTRULO SOLN 180-2000 MG-UNIT/ML.....	81
VYVGART HYTRULO SOSY 1000-10000 MG-UNT/5ML	81
VYVGART SOLN 400 MG/20ML.....	81
VYXEOS SUSR 44-100 MG.....	30

W

<i>warfarin sodium tabs 1 mg</i>	34
<i>warfarin sodium tabs 10 mg</i>	34
<i>warfarin sodium tabs 2 mg</i>	34
<i>warfarin sodium tabs 2.5 mg</i>	34
<i>warfarin sodium tabs 3 mg</i>	34
<i>warfarin sodium tabs 4 mg</i>	34
<i>warfarin sodium tabs 5 mg</i>	34
<i>warfarin sodium tabs 6 mg</i>	34
<i>warfarin sodium tabs 7.5 mg</i>	34
WATER FOR IRRIGATION, STERILE SOLN.....	81
WEGOVY SOAJ 0.25 MG/0.5ML	73
WEGOVY SOAJ 0.5 MG/0.5ML	73
WEGOVY SOAJ 1 MG/0.5ML.....	73
WEGOVY SOAJ 1.7 MG/0.75ML	73
WEGOVY SOAJ 2.4 MG/0.75ML	73
WEGOVY TABS 1.5 MG	73
WEGOVY TABS 25 MG.....	73
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WEGOVY TABS 9 MG.....	73
WELIREG TABS 40 MG.....	30
WINREVAIR KIT 2 x 45 MG.....	82
WINREVAIR KIT 2 x 60 MG.....	82
WINREVAIR KIT 45 MG.....	82
WINREVAIR KIT 60 MG.....	82
<i>wixela inhub aepb 100-50 mcg/act</i>	83
<i>wixela inhub aepb 250-50 mcg/act</i>	83
<i>wixela inhub aepb 500-50 mcg/act</i>	83
WYOST SOLN 120 MG/1.7ML.....	76

X

XALKORI CAPS 200 MG	30
XALKORI CAPS 250 MG	30
XALKORI CPSP 150 MG	30
XALKORI CPSP 20 MG	30
XALKORI CPSP 50 MG	30
XARELTO STARTER PACK TBPK 15 & 20 MG.....	34
XARELTO TABS 10 MG	34
XARELTO TABS 15 MG	34
XARELTO TABS 20 MG	34

XATMEP SOLN 2.5 MG/ML.....	30
XCOPRI (250 MG DAILY DOSE) TBPk 100 & 150 MG.....	48
XCOPRI (350 MG DAILY DOSE) TBPk 150 & 200 MG.....	48
XCOPRI TABS 100 MG.....	48
XCOPRI TABS 150 MG.....	48
XCOPRI TABS 200 MG.....	48
XCOPRI TABS 25 MG.....	48
XCOPRI TABS 50 MG.....	48
XCOPRI TBPk 14 x 12.5 MG & 14 X 25 MG.....	48
XCOPRI TBPk 14 x 150 MG & 14 X200 MG.....	48
XCOPRI TBPk 14 x 50 MG & 14 X100 MG.....	48
XDEMPY SOLN 0.25 %.....	65
XEOMIN SOLR 200 UNIT.....	81
XERMELO TABS 250 MG.....	67
XIFAXAN TABS 200 MG.....	15
XIFAXAN TABS 550 MG.....	15
XOLAIR SOAJ 150 MG/ML.....	83
XOLAIR SOAJ 300 MG/2ML.....	83
XOLAIR SOAJ 75 MG/0.5ML.....	83
XOLAIR SOLR 150 MG.....	83
XOLAIR SOSY 150 MG/ML.....	83
XOLAIR SOSY 300 MG/2ML.....	83
XOLAIR SOSY 75 MG/0.5ML.....	83
XOSPATA TABS 40 MG.....	30
XPHOZAH TABS 20 MG.....	63
XPHOZAH TABS 30 MG.....	63
XPOVIO (100 MG ONCE WEEKLY) TBPk 50 MG.....	30
XPOVIO (40 MG ONCE WEEKLY) TBPk 10 MG.....	30
XPOVIO (40 MG TWICE WEEKLY) TBPk 40 MG.....	30
XPOVIO (60 MG ONCE WEEKLY) TBPk 60 MG.....	30
XPOVIO (60 MG TWICE WEEKLY) TBPk 20 MG.....	30
XPOVIO (80 MG ONCE WEEKLY) TBPk 40 MG.....	30
XPOVIO (80 MG ONCE WEEKLY) TBPk 80 MG.....	30
XPOVIO (80 MG TWICE WEEKLY) TBPk 20 MG.....	30
XROMI SOLN 100 MG/ML.....	30
XTANDI CAPS 40 MG.....	30
XTANDI TABS 40 MG.....	30

XTANDI TABS 80 MG.....	30
<i>xulane ptwk 150-35 mcg/24hr</i>	71

Y

<i>yargesa caps 100 mg</i>	65
YERVOY SOLN 200 MG/40ML.....	30
YERVOY SOLN 50 MG/10ML.....	30
YESINTEK SOLN 130 MG/26ML.....	89
YESINTEK SOLN 45 MG/0.5ML.....	89
YESINTEK SOSY 45 MG/0.5ML.....	89
YESINTEK SOSY 90 MG/ML.....	89
YF-VAX SUSR.....	85
YONDELIS SOLR 1 MG.....	30
YONSA TABS 125 MG.....	30
YUPELRI NEBU 175 MCG/3ML.....	31
YUTREPIA CAPS 106 MCG.....	83
YUTREPIA CAPS 26.5 MCG.....	83
YUTREPIA CAPS 53 MCG.....	83
YUTREPIA CAPS 79.5 MCG.....	83
<i>yuvafer tabs 10 mcg</i>	73

Z

<i>zaleplon caps 10 mg</i>	52
<i>zaleplon caps 5 mg</i>	52
ZARXIO SOSY 300 MCG/0.5ML.....	35
ZARXIO SOSY 480 MCG/0.8ML.....	35
ZAVZPRET SOLN 10 MG/ACT.....	49
ZEJULA TABS 100 MG.....	30
ZEJULA TABS 200 MG.....	30
ZEJULA TABS 300 MG.....	30
ZELAPAR TBPk 1.25 MG.....	50
ZELBORAF TABS 240 MG.....	30
ZELSUVMI GEL 10.3 %.....	86
ZENBEXUS CAPS 0.75 MG.....	30
ZENBEXUS CAPS 1 MG.....	30
ZENPEP CPEP 10000-32000 UNIT.....	65
ZENPEP CPEP 15000-47000 UNIT.....	65
ZENPEP CPEP 20000-63000 UNIT.....	65
ZENPEP CPEP 25000-79000 UNIT.....	65
ZENPEP CPEP 3000-10000 UNIT.....	65
ZENPEP CPEP 40000-126000 UNIT.....	65
ZENPEP CPEP 5000-24000 UNIT.....	65
ZENPEP CPEP 60000-189600 UNIT.....	65
<i>zidovudine caps 100 mg</i>	20
<i>zidovudine syrp 50 mg/5ml</i>	20
<i>zidovudine tabs 300 mg</i>	20
<i>zileuton er tb12 600 mg</i>	81
<i>ziprasidone hcl caps 20 mg</i>	61
<i>ziprasidone hcl caps 40 mg</i>	61

<i>ziprasidone hcl caps 60 mg</i>	61	<i>zonisamide caps 25 mg</i>	48
<i>ziprasidone hcl caps 80 mg</i>	61	<i>zonisamide caps 50 mg</i>	48
<i>ziprasidone mesylate solr 20 mg</i>	61	ZTALMY SUSP 50 MG/ML.....	48
<i>zoledronic acid conc 4 mg/5ml</i>	76	ZURZUVAE CAPS 20 MG	61
<i>zoledronic acid soln 5 mg/100ml</i>	76	ZURZUVAE CAPS 25 MG	61
ZOLINZA CAPS 100 MG	30	ZURZUVAE CAPS 30 MG	61
<i>zolmitriptan tabs 2.5 mg</i>	49	ZYDELIG TABS 100 MG.....	30
<i>zolmitriptan tabs 5 mg</i>	49	ZYDELIG TABS 150 MG.....	30
<i>zolmitriptan tbdp 2.5 mg</i>	49	ZYKADIA TABS 150 MG.....	30
<i>zolmitriptan tbdp 5 mg</i>	49	ZYMFENTRA (2 PEN) AJKT 120 MG/ML	77
<i>zolpidem tartrate tabs 10 mg</i>	52	ZYMFENTRA (2 SYRINGE) PSKT 120	
<i>zolpidem tartrate tabs 5 mg</i>	52	MG/ML.....	77
ZONISADE SUSP 100 MG/5ML.....	48	ZYPREXA RELPREVV SUSR 210 MG....	61
<i>zonisamide caps 100 mg</i>	48		

Nondiscrimination Notice

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

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

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

Kaiser Permanente provides the following services:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
 - ◆ Qualified sign language interpreters
 - ◆ Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- No-cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters
 - ◆ Information written in other languages

If you need these services, call our Member Services department at the numbers below. The call is free. Member services is closed on major holidays.

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

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

How to file a grievance with Kaiser Permanente

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Notice of Language Assistance

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Laotian: ໂປດຊາບ. ມີການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ.

ທ່ານສາມາດຂໍບໍລິການນາຍພາສາ, ລວມທັງນາຍພາສາມື. ທ່ານ

ສາມາດຂໍໃຫ້ແປເອກະສານນີ້ເປັນພາສາຂອງທ່ານ ຫຼື ຮູບ ແບບອື່ນ ເຊັ່ນ ອັກສອນນູນ,

ສຽງ, ຫຼື ການພິມຂະໜາດໃຫຍ່. ນອກຈາກນັ້ນທ່ານຍັງສາມາດຮ້ອງຂໍເຄື່ອງຊ່ວຍຟັງ ແລະ

ອຸປະກອນການຊ່ວຍເຫຼືອໃນສະຖານທີ່ຂອງພວກເຮົາ. ໂທຫາພະແນກບໍລິການສະມາຊິກຂອງພວກເຮົາເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ. ພະແນກບໍລິການສະມາຊິກແມ່ນປິດໃນວັນພັກທີ່ສໍາຄັນຕ່າງໆ.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NONDISCRIMINATION NOTICE

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

Kaiser Health Plan:

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

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

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, age, disability, sex, (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expression, and sex stereotypes), religion, creed, or marital status, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, (TTY **1-800-537-7697**). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

This notice is available at

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

HELP IN YOUR LANGUAGE

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

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

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

Bàsòò Wùdù (Bassa) Mbi sog: nia maa Bàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tsonj ni sonj, nij ma kénjɛn yé, mbi èyem. Wò nànj **1-800-632-9700** (TTY **711**)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NONDISCRIMINATION NOTICE

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

Kaiser Health Plan:

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

If you need these services, call **1-888-865-5813** (TTY: **711**)

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

HELP IN YOUR LANGUAGE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NONDISCRIMINATION NOTICE

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 - Qualified interpreters
 - Information written in other languages

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

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

Membership Services

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

HELP IN YOUR LANGUAGE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NONDISCRIMINATION NOTICE

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- Provides no cost language services to people whose primary language is not English, such as:
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 - Information written in other languages

If you need these services, call **1-800-777-7902** (TTY: **711**)

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

HELP IN YOUR LANGUAGE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nondiscrimination notice

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

Kaiser Health Plan:

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

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

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at:

Member Relations Department
Attention: Kaiser Civil Rights Coordinator
500 NE Multnomah St., Suite 100
Portland, OR 97232-2099
Fax: **1-855-347-7239**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
Phone: **1-800-368-1019**
TDD: **1-800-537-7697**

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

For Washington Members:

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

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

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

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

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

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

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

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

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

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

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

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

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

This formulary was updated on 10/01/2026. For more recent information or other questions, please contact the number for your Kaiser Permanente Region listed below or visit kp.org/seniorrx.

Kaiser Permanente Regions	Member Services 8 a.m. to 8 p.m., 7 days a week (TTY 711)
California	1-800-443-0815
Colorado	1-800-476-2167
Georgia	1-800-232-4404
Hawaii	1-800-805-2739
Mid-Atlantic States	1-888-777-5536
Northwest	1-877-221-8221



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