

Kaiser Permanente

2027 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



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HPMS Approved Formulary File Submission 00027360

10/01/2026

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

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

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 formulary?

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

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

Can the formulary (drug list) change?

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

Changes that can affect you this year:

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

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

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

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

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

biological products and how are they related to biosimilars?”

Drugs removed from the market

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

Other changes

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

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

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

Generally, if you are taking a drug on our 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 85. 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 **Evidence of Coverage** for more information.

What are brand-name drugs?

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

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

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

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

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

What are specialty-tier drugs?

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

What are 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.kaiserpermanente.org/seniorrx) for the latest **Kaiser Permanente 2027**

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 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 Comprehensive formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

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

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

You or your prescriber should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception you should submit a statement from your network provider supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a

decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

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

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

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

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

For more information

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

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

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

Kaiser Permanente's formulary

The formulary below that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index that begins on page 85.

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 **Evidence of Coverage** for the details about your Medicare Part D prescription drug coverage, including your cost-sharing amounts.

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirement s/Limits
<i>ampicillin sodium solr 10 gm</i>	2	HI
<i>ampicillin sodium injection solr 2 gm</i>	2	
AMPICILLIN SODIUM INTRAVENOUS SOLR 2 GM	2	
<i>ampicillin sodium solr 250 mg</i>	2	
<i>ampicillin sodium solr 500 mg</i>	2	
<i>ampicillin-sulbactam sodium injection solr 1.5 (1-0.5) gm</i>	2	HI
<i>ampicillin-sulbactam sodium injection solr 3 (2-1) gm</i>	2	HI
AMPICILLIN-SULBACTAM SODIUM INTRAVENOUS SOLR 1.5 (1-0.5) GM	2	
AMPICILLIN-SULBACTAM SODIUM INTRAVENOUS SOLR 3 (2-1) GM	2	
ARIKAYCE SUSP 590 MG/8.4ML	5	PA, LD, NDS
AUGMENTIN SUSR 125-31.25 MG/5ML	3	
<i>azithromycin solr 500 mg</i>	2	HI
<i>azithromycin susr 100 mg/5ml</i>	2	MO
<i>azithromycin susr 200 mg/5ml</i>	2	MO
<i>azithromycin tabs 250 mg</i>	2	MO
<i>azithromycin tabs 500 mg</i>	2	MO
<i>azithromycin tabs 600 mg</i>	2	MO
<i>aztreonam solr 1 gm</i>	2	HI
BICILLIN C-R 900/300 SUSP 900000-300000 UNIT/2ML	4	
BICILLIN C-R SUSP 1200000 UNIT/2ML	4	
BICILLIN L-A SUSY	4	

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

Drug Name	Drug Tier	Requirements/Limits
1200000 UNIT/2ML		
BICILLIN L-A SUSY 2400000 UNIT/4ML	4	
BICILLIN L-A SUSY 600000 UNIT/ML	4	
CEFACLOR CAPS 250 MG	2	
CEFACLOR CAPS 500 MG	2	
CEFACLOR SUSR 250 MG/5ML	4	MO
<i>cefadroxil caps 500 mg</i>	2	
<i>cefazolin sodium solr 1 gm</i>	2	HI
<i>cefazolin sodium solr 10 gm</i>	2	HI
<i>cefazolin sodium solr 500 mg</i>	2	HI
<i>cefdinir caps 300 mg</i>	2	
<i>cefdinir susr 125 mg/5ml</i>	2	
<i>cefdinir susr 250 mg/5ml</i>	2	
<i>cefepime hcl solr 1 gm</i>	2	HI
<i>cefepime hcl solr 2 gm</i>	2	HI
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML)	2	HI
<i>cefixime caps 400 mg</i>	2	
CEFIXIME SUSR 100 MG/5ML	2	
<i>cefixime susr 200 mg/5ml</i>	2	
CEFOTAXIME SODIUM SOLR 1 GM	2	
CEFOTETAN DISODIUM SOLR 1 GM	2	HI
<i>cefotetan disodium solr 2 gm</i>	2	HI
<i>cefoxitin sodium solr 1 gm</i>	2	HI
<i>cefoxitin sodium solr 10 gm</i>	2	HI
<i>cefoxitin sodium solr 2 gm</i>	2	HI
CEFPODOXIME PROXETIL SUSR 100 MG/5ML	2	
CEFPODOXIME PROXETIL SUSR 50 MG/5ML	2	
<i>cefpodoxime proxetil tabs 100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cefpodoxime proxetil tabs 200 mg</i>	2	
<i>ceftaroline fosamil solr 400 mg</i>	5	HI
<i>ceftazidime solr 1 gm</i>	2	HI
CEFTAZIDIME SOLR 6 GM	2	HI
<i>ceftriaxone sodium solr 1 gm</i>	2	HI
<i>ceftriaxone sodium solr 10 gm</i>	2	HI
<i>ceftriaxone sodium solr 2 gm</i>	2	HI
<i>ceftriaxone sodium solr 250 mg</i>	2	HI
<i>ceftriaxone sodium solr 500 mg</i>	2	HI
<i>cefuroxime axetil tabs 250 mg</i>	2	
<i>cefuroxime axetil tabs 500 mg</i>	2	
<i>cefuroxime sodium solr 1.5 gm</i>	2	HI
<i>cefuroxime sodium solr 750 mg</i>	2	HI
<i>cephalexin caps 250 mg</i>	2	
<i>cephalexin caps 500 mg</i>	2	
<i>cephalexin susr 125 mg/5ml</i>	2	
<i>cephalexin susr 250 mg/5ml</i>	2	
<i>cephalexin tabs 500 mg</i>	2	
CHLORAMPHENICOL SOD SUCCINATE SOLR 1 GM	2	
<i>ciprofloxacin hcl tabs 250 mg</i>	2	
<i>ciprofloxacin hcl tabs 500 mg</i>	2	
<i>ciprofloxacin hcl tabs 750 mg</i>	2	
CIPROFLOXACIN IN D5W SOLN 200 MG/100ML	2	HI
CIPROFLOXACIN IN D5W SOLN 400 MG/200ML	2	
CLARITHROMYCIN SUSR 125 MG/5ML	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tabs 20 mg</i>	2	MO
<i>doxycycline monohydrate caps 50 mg</i>	2	MO
<i>doxycycline monohydrate susr 25 mg/5ml</i>	2	MO
<i>doxycycline monohydrate tabs 100 mg</i>	2	MO
<i>doxycycline monohydrate tabs 50 mg</i>	2	MO
E.E.S. 400 TABS 400 MG	2	
<i>ertapenem sodium solr 1 gm</i>	2	HI
ERYTHROMYCIN BASE CPEP 250 MG	2	MO
<i>erythromycin base tabs 250 mg</i>	2	
<i>erythromycin base tabs 500 mg</i>	2	
<i>erythromycin ethylsuccinate susr 200 mg/5ml</i>	4	
<i>erythromycin tbec 250 mg</i>	2	
FETROJA SOLR 1 GM	5	NDS
<i>fidaxomicin tabs 200 mg</i>	5	NDS
GENTAMICIN IN SALINE SOLN 0.8-0.9 MG/ML-%	2	HI
GENTAMICIN IN SALINE SOLN 1-0.9 MG/ML-%	2	HI
GENTAMICIN IN SALINE SOLN 1.2-0.9 MG/ML-%	2	HI
GENTAMICIN IN SALINE SOLN 1.6-0.9 MG/ML-%	2	HI
GENTAMICIN IN SALINE SOLN 2-0.9 MG/ML-%	2	
<i>gentamicin sulfate soln 10 mg/ml</i>	2	
<i>gentamicin sulfate soln 40 mg/ml</i>	2	HI
IMIPENEM-CILASTATIN SOLR 250 MG	2	HI
<i>imipenem-cilastatin solr 500 mg</i>	2	HI
<i>levofloxacin in d5w soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w soln 500 mg/100ml</i>	2	HI

Drug Name	Drug Tier	Requirement s/Limits
<i>levofloxacin in d5w soln 750 mg/150ml</i>	2	HI
<i>levofloxacin oral soln 25 mg/ml</i>	2	
LEVOFLOXACIN INTRAVENOUS SOLN 25 MG/ML	2	HI
<i>levofloxacin tabs 250 mg</i>	2	
<i>levofloxacin tabs 500 mg</i>	2	
<i>levofloxacin tabs 750 mg</i>	2	
<i>linezolid soln 600 mg/300ml</i>	2	HI
<i>linezolid susr 100 mg/5ml</i>	2	
<i>linezolid tabs 600 mg</i>	2	NDS
<i>meropenem solr 1 gm</i>	2	HI
<i>meropenem solr 500 mg</i>	2	HI
<i>minocycline hcl caps 100 mg</i>	2	MO
<i>minocycline hcl caps 50 mg</i>	2	MO
<i>minocycline hcl caps 75 mg</i>	2	MO
<i>minocycline hcl tabs 100 mg</i>	2	MO
MOXIFLOXACIN HCL IN NACL SOLN 400 MG/250ML	2	HI
<i>moxifloxacin hcl tabs 400 mg</i>	2	
<i>nafcillin sodium solr 1 gm</i>	2	HI
<i>nafcillin sodium solr 10 gm</i>	2	HI
<i>nafcillin sodium solr 2 gm</i>	2	
<i>neomycin sulfate tabs 500 mg</i>	2	
NUZYRA TABS 150 MG	5	NDS
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML	3	HI
<i>penicillin g potassium solr 20000000 unit</i>	2	HI
PENICILLIN G SODIUM SOLR 5000000 UNIT	2	HI
PENICILLIN V POTASSIUM SOLR 125 MG/5ML	2	
PENICILLIN V	2	

Drug Name	Drug Tier	Requirement s/Limits
POTASSIUM SOLR 250 MG/5ML		
<i>penicillin v potassium tabs 250 mg</i>	2	
<i>penicillin v potassium tabs 500 mg</i>	2	
<i>piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm</i>	2	HI
<i>piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm</i>	2	HI
<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm</i>	2	HI
<i>piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm</i>	2	HI
SEYSARA TABS 100 MG	5	NDS
SIVEXTRO SOLR 200 MG	5	NDS
SIVEXTRO TABS 200 MG	5	NDS
STREPTOMYCIN SULFATE SOLR 1 GM	5	
<i>sulfadiazine tabs 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	MO
<i>sulfamethoxazole-trimethoprim tabs 400-80 mg</i>	2	MO
<i>sulfamethoxazole-trimethoprim tabs 800-160 mg</i>	2	MO
<i>sulfasalazine tabs 500 mg</i>	2	
SULFASALAZINE TBEC 500 MG	2	
<i>tazicef solr 1 gm</i>	2	HI
<i>tazicef solr 2 gm</i>	2	HI
TAZICEF SOLR 6 GM	2	HI
TEFLARO SOLR 600 MG	5	HI
<i>tetracycline hcl caps 250 mg</i>	2	MO
<i>tetracycline hcl caps 500</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>mg</i>		
<i>tigecycline solr 50 mg</i>	4	HI
TOBRAMYCIN SULFATE SOLN 10 MG/ML	2	HI
<i>tobramycin sulfate soln 80 mg/2ml</i>	2	HI
<i>vancomycin hcl caps 125 mg</i>	2	
<i>vancomycin hcl caps 250 mg</i>	2	
<i>vancomycin hcl solr 1 gm</i>	2	HI
<i>vancomycin hcl solr 10 gm</i>	2	HI
<i>vancomycin hcl solr 250 mg/5ml</i>	2	
<i>vancomycin hcl solr 5 gm</i>	2	
<i>vancomycin hcl solr 500 mg</i>	2	HI
XIFAXAN TABS 200 MG	3	
XIFAXAN TABS 550 MG	3	MO
ANTIFUNGALS		
<i>amphotericin b liposome susr 50 mg</i>	5	HI
AMPHOTERICIN B SOLR 50 MG	2	HI
<i>caspofungin acetate solr 50 mg</i>	4	HI
<i>caspofungin acetate solr 70 mg</i>	4	HI
CRESEMBA CAPS 186 MG	5	NDS
CRESEMBA CAPS 74.5 MG	5	NDS
<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	2	HI
<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	2	HI
<i>fluconazole susr 10 mg/ml</i>	2	
<i>fluconazole susr 40 mg/ml</i>	2	
<i>fluconazole tabs 100 mg</i>	2	
<i>fluconazole tabs 150 mg</i>	2	
<i>fluconazole tabs 200 mg</i>	2	
<i>fluconazole tabs 50 mg</i>	2	
<i>flucytosine caps 250 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>flucytosine caps 500 mg</i>	2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tabs 500 mg</i>	2	
<i>griseofulvin ultramicrosize tabs 125 mg</i>	2	
GRISEOFULVIN ULTRAMICROSIZE TABS 165 MG	5	NDS
<i>griseofulvin ultramicrosize tabs 250 mg</i>	2	
<i>itraconazole caps 100 mg</i>	2	
<i>itraconazole soln 10 mg/ml</i>	2	MO
<i>ketoconazole tabs 200 mg</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>nystatin tabs 500000 unit</i>	2	
<i>posaconazole susp 40 mg/ml</i>	5	NDS
<i>posaconazole tbec 100 mg</i>	2	MO
<i>terbinafine hcl tabs 250 mg</i>	2	
<i>voriconazole solr 200 mg</i>	2	HI
<i>voriconazole susr 40 mg/ml</i>	2	
<i>voriconazole tabs 200 mg</i>	2	
<i>voriconazole tabs 50 mg</i>	2	
ANTIMYCOBACTERIALS		
CYCLOSERINE CAPS 250 MG	5	
<i>dapsone tabs 100 mg</i>	2	MO
<i>dapsone tabs 25 mg</i>	2	MO
<i>ethambutol hcl tabs 100 mg</i>	2	MO
<i>ethambutol hcl tabs 400 mg</i>	2	MO
ISONIAZID SOLN 100 MG/ML	2	
<i>isoniazid syrp 50 mg/5ml</i>	2	MO
<i>isoniazid tabs 100 mg</i>	2	MO
<i>isoniazid tabs 300 mg</i>	2	MO
PRETOMANID TABS 200 MG	3	
PRIFTIN TABS 150 MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide tabs 500 mg</i>	2	MO
<i>rifabutin caps 150 mg</i>	2	MO
<i>rifampin caps 150 mg</i>	2	MO
<i>rifampin caps 300 mg</i>	2	MO
<i>rifampin solr 600 mg</i>	2	HI
SIRTURO TABS 100 MG	5	NDS
SIRTURO TABS 20 MG	5	NDS
ANTIPROTOZOALS		
<i>atovaquone susp 750 mg/5ml</i>	2	NDS
<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	2	
<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	2	
CHLOROQUINE PHOSPHATE TABS 250 MG	2	
<i>chloroquine phosphate tabs 500 mg</i>	2	
COARTEM TABS 20-120 MG	3	
HUMATIN CAPS 250 MG	5	NDS
<i>hydroxychloroquine sulfate tabs 200 mg</i>	2	MO
IMPAVIDO CAPS 50 MG	5	NDS
KRINTAFEL TABS 150 MG	3	
<i>mefloquine hcl tabs 250 mg</i>	2	
<i>metronidazole caps 375 mg</i>	2	
<i>metronidazole soln 500 mg/100ml</i>	2	HI
<i>metronidazole tabs 250 mg</i>	2	
<i>metronidazole tabs 500 mg</i>	2	
<i>nitazoxanide tabs 500 mg</i>	5	
<i>pentamidine isethionate solr inhalation 300 mg</i>	2	PA
<i>pentamidine isethionate solr injection 300 mg</i>	2	
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG	2	
<i>pyrimethamine tabs 25 mg</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>quinine sulfate caps 324 mg</i>	2	NDS
<i>tinidazole tabs 250 mg</i>	2	
ANTIVIRALS		
<i>abacavir sulfate soln 20 mg/ml</i>	2	
<i>abacavir sulfate tabs 300 mg</i>	2	MO
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	2	MO
<i>acyclovir caps 200 mg</i>	2	MO
<i>acyclovir sodium soln 50 mg/ml</i>	2	HI
<i>acyclovir susp 200 mg/5ml</i>	2	MO
<i>acyclovir tabs 400 mg</i>	2	MO
<i>acyclovir tabs 800 mg</i>	2	MO
<i>adefovir dipivoxil tabs 10 mg</i>	2	NDS
APTIVUS CAPS 250 MG	5	MO
<i>atazanavir sulfate caps 150 mg</i>	2	MO
<i>atazanavir sulfate caps 200 mg</i>	2	MO
<i>atazanavir sulfate caps 300 mg</i>	2	MO
BARACLUDE SOLN 0.05 MG/ML	3	MO
BIKTARVY TABS 30-120-15 MG	5	
BIKTARVY TABS 50-200-25 MG	5	
BIXLENVO TABS 75-50 MG	5	MO
CABENUVA SUER 400 & 600 MG/2ML	5	
CABENUVA SUER 600 & 900 MG/3ML	5	
<i>cidofovir soln 75 mg/ml</i>	2	
CIMDUO TABS 300-300 MG	5	MO
<i>darunavir tabs 600 mg</i>	2	MO
<i>darunavir tabs 800 mg</i>	2	MO
DELSTRIGO TABS 100-300-300 MG	5	MO
DESCOVY TABS 120-15	5	MO

Drug Name	Drug Tier	Requirements/Limits
MG		
DESCOVY TABS 200-25 MG	5	MO
DOVATO TABS 50-300 MG	5	MO
EDURANT PED TBSO 2.5 MG	5	MO
<i>efavirenz tabs 600 mg</i>	2	MO
<i>efavirenz-emtricitab-tenofovir df tabs 600-200-300 mg</i>	2	MO
EFAVIRENZ-LAMIVUDINE-TENOFOVIR TABS 400-300-300 MG	5	MO
<i>efavirenz-lamivudine-tenofovir tabs 600-300-300 mg</i>	5	MO
<i>emtricitab-rilpivir-tenofovir df tabs 200-25-300 mg</i>	5	MO
<i>emtricitabine caps 200 mg</i>	2	MO
<i>emtricitabine-tenofovir df tabs 100-150 mg</i>	2	MO
<i>emtricitabine-tenofovir df tabs 133-200 mg</i>	2	MO
<i>emtricitabine-tenofovir df tabs 167-250 mg</i>	2	MO
<i>emtricitabine-tenofovir df tabs 200-300 mg</i>	2	MO
EMTRIVA SOLN 10 MG/ML	3	MO
<i>entecavir tabs 0.5 mg</i>	2	MO
<i>entecavir tabs 1 mg</i>	2	MO
EPCLUSA PACK 150-37.5 MG	5	NDS
EPCLUSA PACK 200-50 MG	5	NDS
EPCLUSA TABS 200-50 MG	5	NDS
EPCLUSA TABS 400-100 MG	5	NDS
<i>etravirine tabs 100 mg</i>	2	MO
<i>etravirine tabs 200 mg</i>	2	MO
EVOTAZ TABS 300-150 MG	5	MO
<i>famciclovir tabs 125 mg</i>	2	MO
<i>famciclovir tabs 250 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir tabs 500 mg</i>	2	MO
<i>fosamprenavir calcium tabs 700 mg</i>	2	MO
<i>ganciclovir sodium solr 500 mg</i>	2	
GENVOYA TABS 150-150-200-10 MG	5	MO
HARVONI PACK 33.75-150 MG	5	PA, NDS
HARVONI PACK 45-200 MG	5	PA, NDS
HARVONI TABS 45-200 MG	5	PA, NDS
HARVONI TABS 90-400 MG	5	PA, NDS
IDVYNZO TABS 100-0.25 MG	5	MO
INTELENCE TABS 25 MG	3	MO
ISENTRESS CHEW 100 MG	3	MO
ISENTRESS CHEW 25 MG	3	MO
ISENTRESS HD TABS 600 MG	5	MO
ISENTRESS PACK 100 MG	3	MO
ISENTRESS TABS 400 MG	5	MO
JULUCA TABS 50-25 MG	5	MO
KALETRA SOLN 400-100 MG/5ML	4	MO
<i>lamivudine soln 10 mg/ml</i>	2	MO
<i>lamivudine tabs 100 mg</i>	2	MO
<i>lamivudine tabs 150 mg</i>	2	MO
<i>lamivudine tabs 300 mg</i>	2	MO
<i>lamivudine-zidovudine tabs 150-300 mg</i>	2	MO
LEDIPASVIR-SOFOSBUVIR TABS 90-400 MG	5	PA, NDS
LIVTENCITY TABS 200 MG	5	NDS
<i>lopinavir-ritonavir tabs 100-25 mg</i>	2	MO
<i>lopinavir-ritonavir tabs 200-50 mg</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>maraviroc tabs 150 mg</i>	2	MO
<i>maraviroc tabs 300 mg</i>	2	MO
MAVYRET PACK 50-20 MG	5	NDS
MAVYRET TABS 100-40 MG	5	NDS
<i>nevirapine er tb24 400 mg</i>	2	MO
NEVIRAPINE SUSP 50 MG/5ML	2	MO
<i>nevirapine tabs 200 mg</i>	2	MO
NORVIR PACK 100 MG	4	MO
ODEFSEY TABS 200-25-25 MG	5	MO
<i>oseltamivir phosphate caps 30 mg</i>	2	MO
<i>oseltamivir phosphate caps 45 mg</i>	2	MO
<i>oseltamivir phosphate caps 75 mg</i>	2	MO
<i>oseltamivir phosphate susr 6 mg/ml</i>	2	MO
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG	3	NDS
PAXLOVID (300/100 & 150/100) TBPK 6 x 150 MG & 5 X 100MG	3	NDS
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG	3	NDS
PEGASYS SOLN 180 MCG/ML	5	NDS
PEGASYS SOSY 180 MCG/0.5ML	5	NDS
PIFELTRO TABS 100 MG	5	MO
PREVYMIS PACK 120 MG	5	NDS
PREVYMIS SOLN 240 MG/12ML	5	NDS
PREVYMIS SOLN 480 MG/24ML	5	NDS
PREVYMIS TABS 240 MG	5	NDS
PREVYMIS TABS 480 MG	5	NDS
PREZCOBIX TABS 675-150 MG	5	MO
PREZCOBIX TABS 800-	5	MO

Drug Name	Drug Tier	Requirement s/Limits
150 MG		
PREZISTA SUSP 100 MG/ML	5	MO
PREZISTA TABS 150 MG	5	MO
PREZISTA TABS 75 MG	3	MO
RELENZA DISKHALER AEPB 5 MG/ACT	3	MO
RETROVIR SOLN 10 MG/ML	3	MO
REYATAZ PACK 50 MG	5	MO
RIBAVIRIN CAPS 200 MG	2	MO
RIBAVIRIN SOLR 6 GM	2	
RIBAVIRIN TABS 200 MG	2	MO
<i>rilpivirine hcl tabs 25 mg</i>	5	MO
RIMANTADINE HCL TABS 100 MG	2	MO
<i>ritonavir tabs 100 mg</i>	2	MO
RUKOBIA TB12 600 MG	5	
SELZENTRY SOLN 20 MG/ML	5	MO
SOFOSBUVIR-VELPATASVIR TABS 400-100 MG	5	NDS
SOVALDI PACK 150 MG	5	NDS
SOVALDI PACK 200 MG	5	NDS
SOVALDI TABS 200 MG	5	NDS
SOVALDI TABS 400 MG	5	NDS
STRIBILD TABS 150-150-200-300 MG	5	MO
SUNLENCA TABS 300 MG	5	
SUNLENCA TBPK 4 x 300 MG	5	
SUNLENCA TBPK 5 x 300 MG	5	
SYMFI TABS 600-300-300 MG	5	MO
SYMTUZA TABS 800-150-200-10 MG	5	MO
<i>tenofovir disoproxil fumarate tabs 300 mg</i>	2	MO
TIVICAY PD TBSO 5 MG	5	MO
TIVICAY TABS 50 MG	5	MO
TRIUMEQ PD TBSO 60-5-30 MG	5	MO

Drug Name	Drug Tier	Requirement s/Limits
TRIUMEQ TABS 600-50-300 MG	5	MO
TYBOST TABS 150 MG	3	MO
<i>valacyclovir hcl tabs 1 gm</i>	2	MO
<i>valacyclovir hcl tabs 500 mg</i>	2	MO
<i>valganciclovir hcl solr 50 mg/ml</i>	2	NDS
<i>valganciclovir hcl tabs 450 mg</i>	2	NDS
VEKLURY SOLR 100 MG	5	NDS
VEMLIDY TABS 25 MG	5	
VIRACEPT TABS 250 MG	5	MO
VIRACEPT TABS 625 MG	5	MO
VIREAD POWD 40 MG/GM	5	MO
VIREAD TABS 150 MG	5	MO
VIREAD TABS 200 MG	5	MO
VIREAD TABS 250 MG	5	MO
VOCABRIA TABS 30 MG	5	MO
VOSEVI TABS 400-100-100 MG	5	NDS
<i>zidovudine caps 100 mg</i>	2	MO
<i>zidovudine syrp 50 mg/5ml</i>	2	MO
<i>zidovudine tabs 300 mg</i>	2	MO
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine pack 3 gm</i>	2	
<i>methenamine hippurate tabs 1 gm</i>	2	
<i>nitrofurantoin macrocrystal caps 100 mg</i>	2	
<i>nitrofurantoin macrocrystal caps 25 mg</i>	2	
<i>nitrofurantoin macrocrystal caps 50 mg</i>	2	
<i>nitrofurantoin monohyd macro caps 100 mg</i>	2	
<i>nitrofurantoin susp 25 mg/5ml</i>	2	
NITROFURANTOIN SUSP 50 MG/5ML	5	NDS
ORLYNVAH TABS 500-500 MG	5	NDS
<i>trimethoprim tabs 100 mg</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
ANTI-HISTAMINE DRUGS		
ANTI-HISTAMINE DRUGS		
<i>ciproheptadine hcl syrp 2 mg/5ml</i>	2	
<i>ciproheptadine hcl tabs 4 mg</i>	2	
<i>diphenhydramine hcl soln 50 mg/ml</i>	2	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	4	MO
<i>levocetirizine dihydrochloride tabs 5 mg</i>	4	MO
<i>promethazine hcl soln 6.25 mg/5ml</i>	2	
<i>promethazine hcl tabs 12.5 mg</i>	2	
<i>promethazine hcl tabs 25 mg</i>	2	
<i>promethazine hcl tabs 50 mg</i>	2	
<i>promethegan supp 12.5 mg</i>	2	
<i>promethegan supp 25 mg</i>	2	
ANTI-NEOPLASTIC AGENTS		
ANTI-NEOPLASTIC AGENTS		
<i>abiraterone acetate tabs 250 mg</i>	2	
<i>abiraterone acetate tabs 500 mg</i>	5	NDS
ABRAXANE SUSR 100 MG	3	
<i>adriamycin solr 50 mg</i>	2	
AKEEGA TABS 100-500 MG	5	NDS
AKEEGA TABS 50-500 MG	5	NDS
ALECENSA CAPS 150 MG	5	NDS
ALUNBRIG TABS 180 MG	5	NDS
ALUNBRIG TABS 30 MG	5	NDS
ALUNBRIG TABS 90 MG	5	NDS
ALUNBRIG TBPK 90 & 180 MG	5	NDS
<i>anastrozole tabs 1 mg</i>	1	
<i>arsenic trioxide soln 12</i>	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
<i>mg/6ml</i>		
ASPARLAS SOLN 3750 UNIT/5ML	5	NDS
AUGTYRO CAPS 160 MG	5	NDS
AUGTYRO CAPS 40 MG	5	NDS
AVASTIN SOLN 100 MG/4ML	5	
AVASTIN SOLN 400 MG/16ML	5	
AVMAPKI FAKZYNJA CO-PACK THPK 0.8 & 200 MG	5	NDS
AYVAKIT TABS 100 MG	5	NDS
AYVAKIT TABS 200 MG	5	NDS
AYVAKIT TABS 25 MG	5	NDS
AYVAKIT TABS 300 MG	5	NDS
AYVAKIT TABS 50 MG	5	NDS
<i>azacitidine susr 100 mg</i>	2	
BALVERSA TABS 3 MG	5	NDS
BALVERSA TABS 4 MG	5	NDS
BALVERSA TABS 5 MG	5	NDS
BCG VACCINE SOLR 50 MG	3	
<i>bendamustine hcl solr 100 mg</i>	5	NDS
BESREMI PEN SOPN 500 MCG/0.5ML	5	NDS
BESREMI SOSY 500 MCG/ML	5	NDS
<i>bexarotene caps 75 mg</i>	2	
<i>bicalutamide tabs 50 mg</i>	2	
<i>bleomycin sulfate solr 15 unit</i>	2	
<i>bleomycin sulfate solr 30 unit</i>	2	
BLINCYTO SOLR 35 MCG	5	NDS
<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	Requirement s/Limits
BRAFTOVI CAPS 75 MG	5	NDS
BRUKINSA CAPS 80 MG	5	NDS
BRUKINSA TABS 160 MG	5	NDS
CABOMETYX TABS 20 MG	5	NDS
CABOMETYX TABS 40 MG	5	NDS
CABOMETYX TABS 60 MG	5	NDS
CALQUENCE TABS 100 MG	5	NDS
CAMCEVI PRSY 42 MG	4	
CAPRELSA TABS 100 MG	5	LD, NDS
CAPRELSA TABS 300 MG	5	LD, NDS
<i>carboplatin soln 150 mg/15ml</i>	2	
<i>carboplatin soln 450 mg/45ml</i>	2	
<i>carboplatin soln 50 mg/5ml</i>	2	
<i>carboplatin soln 600 mg/60ml</i>	2	
<i>carmustine solr 100 mg</i>	2	
CAVHANZA TBDP 60 MG	5	NDS
CAVHANZA TBDP 80 MG	5	NDS
<i>cisplatin soln 100 mg/100ml</i>	2	
<i>cisplatin soln 200 mg/200ml</i>	2	
<i>cisplatin soln 50 mg/50ml</i>	2	
<i>cladribine soln 10 mg/10ml</i>	2	
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG	5	LD, NDS
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG	5	LD, NDS
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG	5	LD, NDS
COPIKTRA CAPS 15 MG	5	NDS
COPIKTRA CAPS 25 MG	5	NDS
COTELLIC TABS 20 MG	5	NDS
<i>cyclophosphamide caps 25 mg</i>	2	PA
<i>cyclophosphamide caps</i>	2	PA

Drug Name	Drug Tier	Requirement s/Limits
50 mg		
<i>cyclophosphamide solr 1 gm</i>	2	
<i>cyclophosphamide solr 2 gm</i>	2	
<i>cyclophosphamide solr 500 mg</i>	2	
CYRAMZA SOLN 100 MG/10ML	5	NDS
CYRAMZA SOLN 500 MG/50ML	5	NDS
<i>cytarabine (pf) soln 100 mg/ml</i>	2	
<i>cytarabine (pf) soln 20 mg/ml</i>	2	
CYTARABINE SOLN 20 MG/ML	2	
DACARBAZINE SOLR 100 MG	2	
<i>dacarbazine solr 200 mg</i>	2	
DANZITEN TABS 71 MG	5	NDS
DANZITEN TABS 95 MG	5	NDS
DARZALEX FASPRO SOLN 1800-30000 MG-UT/15ML	5	NDS
DARZALEX SOLN 100 MG/5ML	5	NDS
DARZALEX SOLN 400 MG/20ML	5	NDS
<i>dasatinib tabs 100 mg</i>	2	
<i>dasatinib tabs 140 mg</i>	2	
<i>dasatinib tabs 20 mg</i>	2	
<i>dasatinib tabs 50 mg</i>	2	
<i>dasatinib tabs 70 mg</i>	2	
<i>dasatinib tabs 80 mg</i>	2	
<i>daunorubicin hcl soln 20 mg/4ml</i>	2	
DAURISMO TABS 100 MG	5	NDS
DAURISMO TABS 25 MG	5	NDS
<i>decitabine solr 50 mg</i>	2	
<i>docetaxel conc 80 mg/4ml</i>	2	
<i>doxorubicin hcl liposomal susp 2 mg/ml</i>	2	
DOXORUBICIN HCL SOLN 2 MG/ML	2	

Drug Name	Drug Tier	Requirement s/Limits
DOXORUBICIN HCL SOLR 10 MG	2	
<i>doxorubicin hcl solr 50 mg</i>	2	
DROXIA CAPS 200 MG	4	
DROXIA CAPS 300 MG	4	
DROXIA CAPS 400 MG	4	
ELAHERE SOLN 100 MG/20ML	5	NDS
ELIGARD KIT 22.5 MG	4	
ELIGARD KIT 30 MG	4	
ELIGARD KIT 45 MG	4	
ELIGARD KIT 7.5 MG	4	
ELREXFIO SOLN 44 MG/1.1ML	5	NDS
ELREXFIO SOLN 76 MG/1.9ML	5	NDS
ENHERTU SOLR 100 MG	5	NDS
ENSACOVE CAPS 100 MG	5	NDS
ENSACOVE CAPS 25 MG	5	NDS
EPKINLY SOLN 4 MG/0.8ML	5	NDS
EPKINLY SOLN 48 MG/0.8ML	5	NDS
ERBITUX SOLN 100 MG/50ML	3	
ERBITUX SOLN 200 MG/100ML	3	
<i>eribulin mesylate soln 1 mg/2ml</i>	5	NDS
ERIVEDGE CAPS 150 MG	5	NDS
ERLEADA TABS 240 MG	5	NDS
ERLEADA TABS 60 MG	5	NDS
<i>erlotinib hcl tabs 100 mg</i>	2	
<i>erlotinib hcl tabs 150 mg</i>	2	
<i>erlotinib hcl tabs 25 mg</i>	2	
<i>etoposide soln 1 gm/50ml</i>	2	
<i>etoposide soln 100 mg/5ml</i>	2	
<i>etoposide soln 500 mg/25ml</i>	2	
EULEXIN CAPS 125 MG	5	NDS
<i>everolimus tabs 10 mg</i>	2	
<i>everolimus tabs 2.5 mg</i>	2	
<i>everolimus tabs 5 mg</i>	2	

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

Drug Name	Drug Tier	Requirement s/Limits
MG		
<i>hydroxyurea caps 500 mg</i>	2	
HYRNUO TABS 10 MG	5	NDS
IBRANCE CAPS 100 MG	5	NDS
IBRANCE CAPS 125 MG	5	NDS
IBRANCE CAPS 75 MG	5	NDS
IBRANCE TABS 100 MG	5	NDS
IBRANCE TABS 125 MG	5	NDS
IBRANCE TABS 75 MG	5	NDS
IBTROZI CAPS 200 MG	5	NDS
ICLUSIG TABS 10 MG	5	NDS
ICLUSIG TABS 15 MG	5	NDS
ICLUSIG TABS 30 MG	5	NDS
ICLUSIG TABS 45 MG	5	NDS
IDHIFA TABS 100 MG	5	NDS
IDHIFA TABS 50 MG	5	NDS
IFOSFAMIDE SOLR 1 GM	2	
<i>imatinib mesylate tabs 100 mg</i>	2	
<i>imatinib mesylate tabs 400 mg</i>	2	
IMBRUVICA CAPS 140 MG	5	NDS
IMBRUVICA CAPS 70 MG	5	NDS
IMBRUVICA SUSP 70 MG/ML	5	NDS
IMBRUVICA TABS 140 MG	5	NDS
IMBRUVICA TABS 280 MG	5	NDS
IMBRUVICA TABS 420 MG	5	NDS
IMKELDI SOLN 80 MG/ML	5	NDS
INLEXZO IMPL 225 MG	5	
INLURIYO TABS 200 MG	5	NDS
INLYTA TABS 1 MG	5	NDS
INLYTA TABS 5 MG	5	NDS
INQOVI TABS 35-100 MG	5	NDS
INREBIC CAPS 100 MG	5	NDS
<i>irinotecan hcl soln 100 mg/5ml</i>	2	
<i>irinotecan hcl soln 40 mg/2ml</i>	2	
IRINOTECAN HCL SOLN 500 MG/25ML	2	

Drug Name	Drug Tier	Requirements/Limits
ITOVEBI TABS 3 MG	5	NDS
ITOVEBI TABS 9 MG	5	NDS
IWILFIN TABS 192 MG	5	NDS
IXEMPRA KIT SOLR 45 MG	5	NDS
JAKAFI TABS 10 MG	5	NDS
JAKAFI TABS 15 MG	5	NDS
JAKAFI TABS 20 MG	5	NDS
JAKAFI TABS 25 MG	5	NDS
JAKAFI TABS 5 MG	5	NDS
JAYPIRCA TABS 100 MG	5	NDS
JAYPIRCA TABS 50 MG	5	NDS
JIDEYTRO TABS 100 MG	5	NDS
JIDEYTRO TABS 25 MG	5	NDS
JYLAMVO SOLN 2 MG/ML	4	
KADCYLA SOLR 100 MG	5	NDS
KADCYLA SOLR 160 MG	5	NDS
KEYTRUDA QLEX SOLN 395-4800 MG -UNT/2.4ML	5	NDS
KEYTRUDA QLEX SOLN 790-9600 MG -UNT/4.8ML	5	
KEYTRUDA SOLN 100 MG/4ML	5	NDS
KISQALI (200 MG DOSE) TBPK 200 MG	5	NDS
KISQALI (400 MG DOSE) TBPK 200 MG	5	NDS
KISQALI (600 MG DOSE) TBPK 200 MG	5	NDS
KOMZIFTI CAPS 200 MG	5	NDS
KOSELUGO CAPS 10 MG	5	NDS
KOSELUGO CAPS 25 MG	5	NDS
KOSELUGO CPSP 5 MG	5	NDS
KOSELUGO CPSP 7.5 MG	5	NDS
KRAZATI TABS 200 MG	5	NDS
KYPROLIS SOLR 10 MG	5	NDS
KYPROLIS SOLR 30 MG	5	NDS
KYPROLIS SOLR 60 MG	5	NDS
<i>lapatinib ditosylate tabs 250 mg</i>	5	NDS
LAZCLUZE TABS 240 MG	5	NDS
LAZCLUZE TABS 80 MG	5	NDS
<i>lenalidomide caps 10 mg</i>	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide caps 15 mg</i>	5	NDS
<i>lenalidomide caps 2.5 mg</i>	5	NDS
<i>lenalidomide caps 20 mg</i>	5	NDS
<i>lenalidomide caps 25 mg</i>	5	NDS
<i>lenalidomide caps 5 mg</i>	5	NDS
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG	5	LD, NDS
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG	5	LD, NDS
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG	5	LD, NDS
LENVIMA (18 MG DAILY DOSE) CPPK 10 MG & 2 X 4 MG	5	LD, NDS
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG	5	LD, NDS
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG	5	LD, NDS
LENVIMA (4 MG DAILY DOSE) CPPK 4 MG	5	LD, NDS
LENVIMA (8 MG DAILY DOSE) CPPK 2 x 4 MG	5	LD, NDS
<i>letrozole tabs 2.5 mg</i>	2	
LEUKERAN TABS 2 MG	5	NDS
<i>leuprolide acetate kit 1 mg/0.2ml</i>	2	
LIBTAYO SOLN 350 MG/7ML	5	NDS
LIFYORLI (125 MG DOSE) CPPK 1 x 25 MG & 1 X 100 MG	5	NDS
LIFYORLI (150 MG DOSE) CPPK 2 x 25 MG & 1 X 100 MG	5	NDS
<i>lomustine caps 10 mg</i>	2	
<i>lomustine caps 100 mg</i>	5	
<i>lomustine caps 40 mg</i>	2	
LONSURF TABS 15-6.14 MG	5	NDS
LONSURF TABS 20-8.19 MG	5	NDS
LORBRENA TABS 100 MG	5	NDS
LORBRENA TABS 25 MG	5	NDS
LUMAKRAS TABS 120	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG		
LUMAKRAS TABS 240 MG	5	NDS
LUMAKRAS TABS 320 MG	5	NDS
LUPRON DEPOT (1-MONTH) KIT 3.75 MG	5	
LUPRON DEPOT (1-MONTH) KIT 7.5 MG	4	
LUPRON DEPOT (3-MONTH) KIT 11.25 MG	5	
LUPRON DEPOT (3-MONTH) KIT 22.5 MG	4	
LUPRON DEPOT (4-MONTH) KIT 30 MG	4	
LUPRON DEPOT (6-MONTH) KIT 45 MG	4	
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG	5	
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG	5	
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	5	
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG	5	
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	5	
LUPRON DEPOT-PED (6-MONTH) KIT 45 MG	5	
LYNPARZA TABS 100 MG	5	NDS
LYNPARZA TABS 150 MG	5	NDS
LYSODREN TABS 500 MG	5	NDS
LYTGOBI (12 MG DAILY DOSE) TBPk 4 MG	5	NDS
LYTGOBI (16 MG DAILY DOSE) TBPk 4 MG	5	NDS
LYTGOBI (20 MG DAILY DOSE) TBPk 4 MG	5	NDS
MATULANE CAPS 50 MG	5	NDS
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate tabs 20 mg</i>	2	
<i>megestrol acetate tabs 40</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>mg</i>		
MEKINIST SOLR 0.05 MG/ML	5	NDS
MEKINIST TABS 0.5 MG	5	NDS
MEKINIST TABS 2 MG	5	NDS
MEKTOVI TABS 15 MG	5	NDS
<i>melfalan hcl solr 50 mg</i>	2	
<i>mercaptopurine susp 2000 mg/100ml</i>	5	NDS
<i>mercaptopurine tabs 50 mg</i>	2	
<i>methotrexate sodium (pf) soln 1 gm/40ml</i>	2	
<i>methotrexate sodium (pf) soln 250 mg/10ml</i>	2	
<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	2	
METHOTREXATE SODIUM SOLN 250 MG/10ML	2	
METHOTREXATE SODIUM SOLN 50 MG/2ML	2	
<i>methotrexate sodium solr 1 gm</i>	2	
<i>methotrexate sodium tabs 2.5 mg</i>	2	
<i>mitomycin solr 20 mg</i>	2	
<i>mitomycin solr 40 mg</i>	2	
<i>mitomycin solr 5 mg</i>	2	
<i>mitoxantrone hcl conc 20 mg/10ml</i>	2	
<i>mitoxantrone hcl conc 25 mg/12.5ml</i>	2	
<i>mitoxantrone hcl conc 30 mg/15ml</i>	2	
MODEYSO CAPS 125 MG	5	NDS
<i>mutamycin solr 40 mg</i>	2	
<i>mutamycin solr 5 mg</i>	2	
MVASI SOLN 100 MG/4ML	5	NDS
MVASI SOLN 400 MG/16ML	5	NDS
<i>nelarabine soln 5 mg/ml</i>	5	NDS
NERLYNX TABS 40 MG	5	NDS
NILOTINIB D-TARTRATE	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
CAPS 150 MG		
NILOTINIB D-TARTRATE CAPS 200 MG	5	NDS
NILOTINIB D-TARTRATE CAPS 50 MG	5	NDS
<i>nilotinib hcl caps 150 mg</i>	5	NDS
<i>nilotinib hcl caps 200 mg</i>	5	NDS
<i>nilotinib hcl caps 50 mg</i>	5	NDS
NILUTAMIDE TABS 150 MG	5	
NINLARO CAPS 2.3 MG	5	NDS
NINLARO CAPS 3 MG	5	NDS
NINLARO CAPS 4 MG	5	NDS
NUBEQA TABS 300 MG	5	NDS
ODOMZO CAPS 200 MG	5	NDS
OGSIVEO TABS 100 MG	5	NDS
OGSIVEO TABS 150 MG	5	NDS
OGSIVEO TABS 50 MG	5	NDS
OJEMDA SUSR 25 MG/ML	5	NDS
OJEMDA TABS 100 MG	5	NDS
OJJAARA TABS 100 MG	5	NDS
OJJAARA TABS 150 MG	5	NDS
OJJAARA TABS 200 MG	5	NDS
ONUREG TABS 200 MG	5	NDS
ONUREG TABS 300 MG	5	NDS
OPDIVO QVANTIG SOLN 600-10000 MG-UT/5ML	5	NDS
OPDIVO SOLN 100 MG/10ML	5	NDS
OPDIVO SOLN 40 MG/4ML	5	NDS
ORSERDU TABS 345 MG	5	NDS
ORSERDU TABS 86 MG	5	NDS
<i>oxaliplatin soln 100 mg/20ml</i>	2	
<i>oxaliplatin soln 50 mg/10ml</i>	2	
<i>paclitaxel conc 100 mg/16.7ml</i>	2	
PACLITAXEL CONC 150 MG/25ML	2	
<i>paclitaxel conc 30 mg/5ml</i>	2	
<i>paclitaxel conc 300 mg/50ml</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
PACLITAXEL PROTEIN-BOUND PART SUSR 100 MG	5	NDS
PADCEV SOLR 20 MG	5	NDS
PADCEV SOLR 30 MG	5	NDS
<i>pazopanib hcl tabs 200 mg</i>	5	NDS
PAZOPANIB HCL TABS 400 MG	5	NDS
PEMAZYRE TABS 13.5 MG	5	NDS
PEMAZYRE TABS 4.5 MG	5	NDS
PEMAZYRE TABS 9 MG	5	NDS
PEMETREXED DISODIUM SOLN 1 GM/40ML	4	
PEMETREXED DISODIUM SOLN 100 MG/4ML	4	
PEMETREXED DISODIUM SOLN 500 MG/20ML	4	
PERJETA SOLN 420 MG/14ML	5	NDS
PHESGO SOLN 60-60-2000 MG-MG-U/ML	5	NDS
PHESGO SOLN 80-40-2000 MG-MG-U/ML	5	NDS
PIQRAY (200 MG DAILY DOSE) TBPK 200 MG	5	NDS
PIQRAY (250 MG DAILY DOSE) TBPK 200 & 50 MG	5	NDS
PIQRAY (300 MG DAILY DOSE) TBPK 2 x 150 MG	5	NDS
<i>pomalidomide caps 1 mg</i>	2	
<i>pomalidomide caps 2 mg</i>	2	
<i>pomalidomide caps 3 mg</i>	2	
<i>pomalidomide caps 4 mg</i>	2	
POMALYST CAPS 1 MG	5	NDS
POMALYST CAPS 2 MG	5	NDS
POMALYST CAPS 3 MG	5	NDS
POMALYST CAPS 4 MG	5	NDS
QINLOCK TABS 50 MG	5	NDS
RASONQUE TABS 100 MG	5	NDS
RASONQUE TABS 150	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG		
RETEVMO TABS 120 MG	5	NDS
RETEVMO TABS 160 MG	5	NDS
RETEVMO TABS 40 MG	5	NDS
RETEVMO TABS 80 MG	5	NDS
REVUFORJ TABS 110 MG	5	NDS
REVUFORJ TABS 160 MG	5	NDS
REVUFORJ TABS 25 MG	5	NDS
REZLIDHIA CAPS 150 MG	5	NDS
RIABNI SOLN 100 MG/10ML	3	
RIABNI SOLN 500 MG/50ML	3	
RITUXAN HYCELA SOLN 1400-23400 MG - UT/11.7ML	5	
RITUXAN HYCELA SOLN 1600-26800 MG - UT/13.4ML	5	
RITUXAN SOLN 100 MG/10ML	5	
RITUXAN SOLN 500 MG/50ML	5	
ROMVIMZA CAPS 14 MG	5	NDS
ROMVIMZA CAPS 20 MG	5	NDS
ROMVIMZA CAPS 30 MG	5	NDS
ROZLYTREK CAPS 100 MG	5	
ROZLYTREK CAPS 200 MG	5	
ROZLYTREK PACK 50 MG	5	
RUBRACA TABS 200 MG	5	NDS
RUBRACA TABS 250 MG	5	NDS
RUBRACA TABS 300 MG	5	NDS
RYBREVAANT FASPRO SOLN 1600-20000 MG-UT/10ML	5	NDS
RYBREVAANT FASPRO SOLN 2240-28000 MG-UT/14ML	5	NDS
RYBREVAANT FASPRO SOLN 2400-30000 MG-	5	NDS

Drug Name	Drug Tier	Requirements/Limits
UT/15ML		
RYBREVAANT FASPRO SOLN 3520-44000 MG-UT/22ML	5	NDS
RYDAPT CAPS 25 MG	5	NDS
RYLAZE SOLN 10 MG/0.5ML	5	NDS
SARCLISA ESCENA SOLN 1400 MG/10ML	5	NDS
SARCLISA SOLN 100 MG/5ML	5	NDS
SARCLISA SOLN 500 MG/25ML	5	NDS
SCSEMBLIX TABS 100 MG	5	NDS
SCSEMBLIX TABS 20 MG	5	NDS
SCSEMBLIX TABS 40 MG	5	NDS
SIKLOS TABS 1000 MG	5	NDS
SOLTAMOX SOLN 10 MG/5ML	5	
<i>sorafenib tosylate tabs 200 mg</i>	5	NDS
STIVARGA TABS 40 MG	5	NDS
<i>sunitinib malate caps 12.5 mg</i>	2	
<i>sunitinib malate caps 25 mg</i>	2	
<i>sunitinib malate caps 37.5 mg</i>	5	NDS
<i>sunitinib malate caps 50 mg</i>	5	NDS
SYLVANT SOLR 100 MG	5	NDS
SYLVANT SOLR 400 MG	5	NDS
TABLOID TABS 40 MG	5	NDS
TABRECTA TABS 150 MG	5	NDS
TABRECTA TABS 200 MG	5	NDS
TAFINLAR CAPS 50 MG	5	NDS
TAFINLAR CAPS 75 MG	5	NDS
TAFINLAR TBSO 10 MG	5	NDS
TAGRISSO TABS 40 MG	5	NDS
TAGRISSO TABS 80 MG	5	NDS
TALVEY SOLN 3 MG/1.5ML	5	NDS
TALVEY SOLN 40 MG/ML	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
TALZENNA CAPS 0.1 MG	5	NDS
TALZENNA CAPS 0.25 MG	5	NDS
TALZENNA CAPS 0.35 MG	5	NDS
TALZENNA CAPS 0.5 MG	5	NDS
TALZENNA CAPS 0.75 MG	5	NDS
TALZENNA CAPS 1 MG	5	NDS
<i>tamoxifen citrate tabs 10 mg</i>	2	
<i>tamoxifen citrate tabs 20 mg</i>	2	
TECENTRIQ HYBREZA SOLN 1875-30000 MG-UT/15ML	5	NDS
TECENTRIQ SOLN 1200 MG/20ML	5	NDS
TECVAYLI SOLN 153 MG/1.7ML	5	NDS
TECVAYLI SOLN 30 MG/3ML	5	NDS
<i>temsirolimus soln 25 mg/ml</i>	2	
TEPMETKO TABS 225 MG	5	NDS
THALOMID CAPS 100 MG	5	NDS
THALOMID CAPS 50 MG	5	NDS
<i>thiotepa solr 15 mg</i>	5	NDS
TIBSOVO TABS 250 MG	5	NDS
<i>topotecan hcl solr 4 mg</i>	2	
<i>toremifene citrate tabs 60 mg</i>	4	MO
<i>torpenz tabs 10 mg</i>	5	NDS
<i>torpenz tabs 2.5 mg</i>	5	NDS
<i>torpenz tabs 5 mg</i>	5	NDS
<i>torpenz tabs 7.5 mg</i>	5	NDS
<i>tretinoin caps 10 mg</i>	5	NDS
TREXALL TABS 10 MG	2	
TREXALL TABS 15 MG	2	
TREXALL TABS 5 MG	2	
TREXALL TABS 7.5 MG	2	
TRUQAP TABS 200 MG	5	NDS
TRUQAP TBPK 160 MG	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
TRUQAP TBPK 200 MG	5	NDS
TUKYSA TABS 150 MG	5	NDS
TUKYSA TABS 50 MG	5	NDS
TURALIO CAPS 125 MG	5	NDS
UNITUXIN SOLN 17.5 MG/5ML	5	NDS
VABRINTY KIT 22.5 MG	5	
VABRINTY KIT 30 MG	5	
VABRINTY KIT 45 MG	5	
VANFLYTA TABS 17.7 MG	5	NDS
VANFLYTA TABS 26.5 MG	5	NDS
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG	5	NDS
VENCLEXTA TABS 10 MG	4	NDS
VENCLEXTA TABS 100 MG	5	NDS
VENCLEXTA TABS 50 MG	5	NDS
VEPPANU TABS 100 MG	5	NDS
VEPPANU TABS 200 MG	5	NDS
VERZENIO TABS 100 MG	5	NDS
VERZENIO TABS 150 MG	5	NDS
VERZENIO TABS 200 MG	5	NDS
VERZENIO TABS 50 MG	5	NDS
VINBLASTINE SULFATE SOLN 1 MG/ML	2	
VINCRIStINE SULFATE SOLN 1 MG/ML	2	
<i>vinorelbine tartrate soln 10 mg/ml</i>	2	
<i>vinorelbine tartrate soln 50 mg/5ml</i>	2	
VITRAKVI CAPS 100 MG	5	NDS
VITRAKVI CAPS 25 MG	5	NDS
VITRAKVI SOLN 20 MG/ML	5	NDS
VONJO CAPS 100 MG	5	NDS
VORANIGO TABS 10 MG	5	NDS
VORANIGO TABS 40 MG	5	NDS
VYXEOS SUSR 44-100 MG	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
WELIREG TABS 40 MG	5	NDS
XALKORI CAPS 200 MG	5	NDS
XALKORI CAPS 250 MG	5	NDS
XALKORI CPSP 150 MG	5	NDS
XALKORI CPSP 20 MG	5	NDS
XALKORI CPSP 50 MG	5	NDS
XATMEP SOLN 2.5 MG/ML	4	
XOSPATA TABS 40 MG	5	NDS
XPOVIO (100 MG ONCE WEEKLY) TBPk 50 MG	5	NDS
XPOVIO (40 MG ONCE WEEKLY) TBPk 10 MG	5	NDS
XPOVIO (40 MG TWICE WEEKLY) TBPk 40 MG	5	NDS
XPOVIO (60 MG ONCE WEEKLY) TBPk 60 MG	5	NDS
XPOVIO (60 MG TWICE WEEKLY) TBPk 20 MG	5	NDS
XPOVIO (80 MG ONCE WEEKLY) TBPk 40 MG	5	NDS
XPOVIO (80 MG ONCE WEEKLY) TBPk 80 MG	5	NDS
XPOVIO (80 MG TWICE WEEKLY) TBPk 20 MG	5	NDS
XROMI SOLN 100 MG/ML	4	MO
XTANDI CAPS 40 MG	5	NDS
XTANDI TABS 40 MG	5	NDS
XTANDI TABS 80 MG	5	NDS
YERVOY SOLN 200 MG/40ML	5	NDS
YERVOY SOLN 50 MG/10ML	5	NDS
YONDELIS SOLR 1 MG	5	NDS
YONSA TABS 125 MG	5	NDS
ZEJULA TABS 100 MG	5	NDS
ZEJULA TABS 200 MG	5	NDS
ZEJULA TABS 300 MG	5	NDS
ZELBORAF TABS 240 MG	5	NDS
ZENBEXUS CAPS 0.75 MG	5	NDS
ZENBEXUS CAPS 1 MG	5	NDS
ZOLINZA CAPS 100 MG	5	NDS
ZYDELIG TABS 100 MG	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
ZYDELIG TABS 150 MG	5	NDS
ZYKADIA TABS 150 MG	5	NDS
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate soln 8 mg/20ml</i>	2	
<i>atropine sulfate sosy 1 mg/10ml</i>	2	
<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i>	2	
<i>dicyclomine hcl caps 10 mg</i>	2	MO
<i>dicyclomine hcl soln 10 mg/5ml</i>	2	MO
<i>dicyclomine hcl soln 10 mg/ml</i>	2	
<i>dicyclomine hcl tabs 20 mg</i>	2	MO
DICYCLOMINE HCL TABS 40 MG	5	NDS
<i>glycopyrrolate +rfd soln 0.2 mg/ml</i>	2	
<i>glycopyrrolate soln 0.2 mg/ml</i>	2	
<i>glycopyrrolate soln 0.4 mg/2ml</i>	2	
<i>glycopyrrolate injection soln 1 mg/5ml</i>	2	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	MO
<i>glycopyrrolate tabs 1 mg</i>	2	MO
GLYCOPYRROLATE TABS 1.5 MG	2	
<i>glycopyrrolate tabs 2 mg</i>	2	MO
<i>ipratropium bromide hfa aers 17 mcg/act</i>	4	MO
<i>ipratropium bromide soln 0.02 %</i>	1	PA, MO
<i>ipratropium bromide soln 0.03 %</i>	2	MO
<i>ipratropium bromide soln 0.06 %</i>	2	MO
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	4	MO
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	3	MO

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT	3	MO
YUPELRI NEBU 175 MCG/3ML	5	PA, NDS
AUTONOMIC DRUGS, MISCELLANEOUS		
<i>bupropion hcl er (smoking det) tb12 150 mg</i>	2	MO
NICOTROL NS SOLN 10 MG/ML	4	MO
<i>varenicline tartrate (starter) tbpk 0.5 mg x 11 & 1 mg x 42</i>	2	MO
<i>varenicline tartrate tabs 0.5 mg</i>	2	MO
<i>varenicline tartrate tabs 1 mg</i>	2	MO
<i>varenicline tartrate(continue) tabs 1 mg</i>	2	MO
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride tabs 10 mg</i>	2	MO
<i>bethanechol chloride tabs 25 mg</i>	2	MO
<i>bethanechol chloride tabs 5 mg</i>	2	MO
<i>bethanechol chloride tabs 50 mg</i>	2	MO
<i>donepezil hcl tabs 10 mg</i>	1	MO
<i>donepezil hcl tabs 5 mg</i>	1	MO
<i>donepezil hcl tbdp 10 mg</i>	2	MO
<i>donepezil hcl tbdp 5 mg</i>	2	MO
<i>galantamine hydrobromide er cp24 16 mg</i>	2	MO
<i>galantamine hydrobromide er cp24 24 mg</i>	2	MO
<i>galantamine hydrobromide er cp24 8 mg</i>	2	MO
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	MO
<i>galantamine hydrobromide tabs 12 mg</i>	2	MO
<i>galantamine hydrobromide tabs 4 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide tabs 8 mg</i>	2	MO
<i>pilocarpine hcl tabs 5 mg</i>	2	MO
<i>pyridostigmine bromide er tbc1 180 mg</i>	2	MO
<i>pyridostigmine bromide soln 60 mg/5ml</i>	4	MO
<i>pyridostigmine bromide tabs 60 mg</i>	2	MO
REGONOL SOLN 10 MG/2ML	3	
<i>rivastigmine tartrate caps 1.5 mg</i>	2	MO
<i>rivastigmine tartrate caps 3 mg</i>	2	MO
<i>rivastigmine tartrate caps 4.5 mg</i>	2	MO
<i>rivastigmine tartrate caps 6 mg</i>	2	MO
SKELETAL MUSCLE RELAXANTS		
<i>baclofen soln 10 mg/5ml</i>	4	
<i>baclofen susp 25 mg/5ml</i>	4	
<i>baclofen tabs 10 mg</i>	2	MO
<i>baclofen tabs 20 mg</i>	2	MO
<i>baclofen tabs 5 mg</i>	2	MO
<i>cyclobenzaprine hcl tabs 10 mg</i>	2	PA
<i>cyclobenzaprine hcl tabs 5 mg</i>	2	PA
<i>dantrolene sodium caps 100 mg</i>	2	
<i>dantrolene sodium caps 25 mg</i>	2	
<i>dantrolene sodium caps 50 mg</i>	2	
METAXALONE TABS 640 MG	5	NDS
<i>methocarbamol tabs 500 mg</i>	2	
<i>methocarbamol tabs 750 mg</i>	2	
<i>succinylcholine chloride soln 20 mg/ml</i>	2	
<i>tizanidine hcl tabs 2 mg</i>	2	
<i>tizanidine hcl tabs 4 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>alfuzosin hcl er tb24 10 mg</i>	2	MO
<i>dihydroergotamine mesylate soln 1 mg/ml</i>	2	
<i>dihydroergotamine mesylate soln 4 mg/ml</i>	2	
ERGOMAR SUBL 2 MG	4	
<i>phenoxybenzamine hcl caps 10 mg</i>	5	NDS
<i>silodosin caps 4 mg</i>	2	MO
<i>silodosin caps 8 mg</i>	2	MO
<i>tamsulosin hcl caps 0.4 mg</i>	1	MO
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
<i>albuterol sulfate hfa aers 108 (90 base) mcg/act</i>	2	MO
<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>	2	PA, MO
<i>albuterol sulfate nebu 0.63 mg/3ml</i>	2	PA, MO
<i>albuterol sulfate nebu 1.25 mg/3ml</i>	2	PA, MO
<i>albuterol sulfate nebu 2.5 mg/0.5ml</i>	2	PA, MO
<i>albuterol sulfate syrp 2 mg/5ml</i>	2	MO
<i>albuterol sulfate tabs 2 mg</i>	2	MO
<i>albuterol sulfate tabs 4 mg</i>	2	MO
<i>arformoterol tartrate nebu 15 mcg/2ml</i>	4	PA, MO
AUVI-Q SOAJ 0.1 MG/0.1ML	2	
AUVI-Q SOAJ 0.15 MG/0.15ML	2	
AUVI-Q SOAJ 0.3 MG/0.3ML	2	
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT	4	MO
<i>dobutamine hcl soln 12.5 mg/ml</i>	2	
DOBUTAMINE-DEXTROSE SOLN 1-5 MG/ML-%	2	
DOBUTAMINE-DEXTROSE SOLN 2-5	2	

Drug Name	Drug Tier	Requirements/Limits
MG/ML-%		
<i>dopamine hcl soln 40 mg/ml</i>	2	
DOPAMINE-DEXTROSE SOLN 0.8-5 MG/ML-%	2	
DOPAMINE-DEXTROSE SOLN 1.6-5 MG/ML-%	2	
DOPAMINE-DEXTROSE SOLN 3.2-5 MG/ML-%	2	
<i>droxidopa caps 100 mg</i>	4	
<i>droxidopa caps 200 mg</i>	4	
<i>droxidopa caps 300 mg</i>	4	
EPINEPHRINE SOAJ 0.3 MG/0.3ML	2	
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	2	PA, MO
<i>midodrine hcl tabs 10 mg</i>	2	MO
<i>midodrine hcl tabs 2.5 mg</i>	2	MO
<i>midodrine hcl tabs 5 mg</i>	2	MO
<i>norepinephrine bitartrate soln 1 mg/ml</i>	2	
SEREVENT DISKUS AEPB 50 MCG/ACT	4	MO
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT	3	MO
<i>terbutaline sulfate soln 1 mg/ml</i>	2	
<i>terbutaline sulfate tabs 2.5 mg</i>	2	MO
<i>terbutaline sulfate tabs 5 mg</i>	2	MO
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
COAGULANTS AND ANTICOAGULANTS		
<i>aminocaproic acid soln 0.25 gm/ml</i>	2	MO
<i>aminocaproic acid soln 250 mg/ml</i>	2	
<i>aminocaproic acid tabs 1000 mg</i>	2	MO
<i>aminocaproic acid tabs 500 mg</i>	2	MO
<i>anagrelide hcl caps 0.5 mg</i>	2	MO
<i>anagrelide hcl caps 1 mg</i>	2	MO
<i>argatroban soln 250 mg/2.5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-dipyridamole er cp12 25-200 mg</i>	2	MO
<i>cilostazol tabs 100 mg</i>	2	MO
<i>cilostazol tabs 50 mg</i>	2	MO
<i>clopidogrel bisulfate tabs 75 mg</i>	1	MO
<i>dabigatran etexilate mesylate caps 110 mg</i>	2	MO
<i>dabigatran etexilate mesylate caps 150 mg</i>	2	MO
<i>dabigatran etexilate mesylate caps 75 mg</i>	2	MO
ELIQUIS (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
ELIQUIS TBSO 0.5 MG	3	MO
ENOXAPARIN SODIUM SOLN 300 MG/3ML	2	
<i>enoxaparin sodium sosy 100 mg/ml</i>	2	
<i>enoxaparin sodium sosy 120 mg/0.8ml</i>	2	
<i>enoxaparin sodium sosy 150 mg/ml</i>	2	
<i>enoxaparin sodium sosy 30 mg/0.3ml</i>	2	
<i>enoxaparin sodium sosy 40 mg/0.4ml</i>	2	
<i>enoxaparin sodium sosy 60 mg/0.6ml</i>	2	
<i>enoxaparin sodium sosy 80 mg/0.8ml</i>	2	
FONDAPARINUX SODIUM SOLN 10 MG/0.8ML	4	
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	
FONDAPARINUX SODIUM SOLN 5	4	

Drug Name	Drug Tier	Requirements/Limits
MG/0.4ML		
FONDAPARINUX SODIUM SOLN 7.5 MG/0.6ML	4	
HEPARIN (PORCINE) IN NACL SOLN 1000-0.9 UT/500ML-%	2	
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9 UNIT/L-%	2	
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML	2	
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-%	2	
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-%	2	
HEPARIN SODIUM (PORCINE) +RFID SOLN 1000 UNIT/ML	2	
HEPARIN SODIUM (PORCINE) PF SOLN 1000 UNIT/ML	2	
<i>heparin sodium (porcine) pf soln 5000 unit/0.5ml</i>	2	
<i>heparin sodium (porcine) soln 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) soln 10000 unit/ml</i>	2	
<i>heparin sodium (porcine) soln 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) soln 5000 unit/ml</i>	2	
<i>pentoxifylline er tbc 400 mg</i>	2	MO
<i>prasugrel hcl tabs 10 mg</i>	2	MO
<i>prasugrel hcl tabs 5 mg</i>	2	MO
<i>rivaroxaban susr 1 mg/ml</i>	2	MO
<i>rivaroxaban tabs 2.5 mg</i>	2	MO
<i>ticagrelor tabs 60 mg</i>	2	MO
<i>ticagrelor tabs 90 mg</i>	2	MO
<i>tranexamic acid soln 1000 mg/10ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid tabs 650 mg</i>	2	MO
<i>warfarin sodium tabs 1 mg</i>	1	MO
<i>warfarin sodium tabs 10 mg</i>	1	MO
<i>warfarin sodium tabs 2 mg</i>	1	MO
<i>warfarin sodium tabs 2.5 mg</i>	1	MO
<i>warfarin sodium tabs 3 mg</i>	1	MO
<i>warfarin sodium tabs 4 mg</i>	1	MO
<i>warfarin sodium tabs 5 mg</i>	1	MO
<i>warfarin sodium tabs 6 mg</i>	1	MO
<i>warfarin sodium tabs 7.5 mg</i>	1	
XARELTO STARTER PACK TBPK 15 & 20 MG	3	MO
XARELTO TABS 10 MG	3	MO
XARELTO TABS 15 MG	3	MO
XARELTO TABS 20 MG	3	MO
HEMATOPOIETIC AGENTS		
ALVAIZ TABS 18 MG	3	MO
ALVAIZ TABS 36 MG	3	MO
ALVAIZ TABS 54 MG	3	MO
ALVAIZ TABS 9 MG	3	MO
ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	5	NDS
ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	4	
ARANESP (ALBUMIN FREE) SOSY 100 MCG/0.5ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 300 MCG/0.6ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML	4	
CABLIVI KIT 11 MG	5	NDS
DOPTELET TABS 20 MG	5	NDS
<i>eltrombopag olamine pack 12.5 mg</i>	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>eltrombopag olamine pack 25 mg</i>	5	NDS
<i>eltrombopag olamine tabs 12.5 mg</i>	2	MO
<i>eltrombopag olamine tabs 25 mg</i>	2	MO
<i>eltrombopag olamine tabs 50 mg</i>	2	MO
<i>eltrombopag olamine tabs 75 mg</i>	2	MO
FILKRI SOSY 300 MCG/0.5ML	3	
FILKRI SOSY 480 MCG/0.8ML	3	
FULPHILA SOSY 6 MG/0.6ML	5	NDS
LEUKINE SOLR 250 MCG	5	NDS
NIVESTYM SOLN 300 MCG/ML	5	NDS
NIVESTYM SOLN 480 MCG/1.6ML	5	NDS
NIVESTYM SOSY 300 MCG/0.5ML	5	NDS
NIVESTYM SOSY 480 MCG/0.8ML	5	NDS
PLERIXAFOR SOLN 24 MG/1.2ML	5	NDS
PROCRIT SOLN 10000 UNIT/ML	3	
PROCRIT SOLN 2000 UNIT/ML	3	
PROCRIT SOLN 20000 UNIT/ML	3	
PROCRIT SOLN 3000 UNIT/ML	3	
PROCRIT SOLN 4000 UNIT/ML	3	
PROCRIT SOLN 40000 UNIT/ML	5	NDS
RETACRIT SOLN 20000 UNIT/ML	4	NDS
RYZNEUTA SOSY 20 MG/ML	5	NDS
TAVALISSE TABS 100 MG	5	NDS
TAVALISSE TABS 150 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
ZARXIO SOSY 300 MCG/0.5ML	5	NDS
ZARXIO SOSY 480 MCG/0.8ML	5	NDS
CARDIOVASCULAR DRUGS		
A-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tabs 1 mg</i>	1	MO
<i>doxazosin mesylate tabs 2 mg</i>	1	MO
<i>doxazosin mesylate tabs 4 mg</i>	1	MO
<i>doxazosin mesylate tabs 8 mg</i>	1	MO
<i>metyrosine caps 250 mg</i>	5	NDS
<i>prazosin hcl caps 1 mg</i>	2	MO
<i>prazosin hcl caps 2 mg</i>	2	MO
<i>prazosin hcl caps 5 mg</i>	2	MO
<i>terazosin hcl caps 1 mg</i>	1	MO
<i>terazosin hcl caps 10 mg</i>	1	MO
<i>terazosin hcl caps 2 mg</i>	1	MO
<i>terazosin hcl caps 5 mg</i>	1	MO
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium tabs 10 mg</i>	1	MO
<i>atorvastatin calcium tabs 20 mg</i>	1	MO
<i>atorvastatin calcium tabs 40 mg</i>	1	MO
<i>atorvastatin calcium tabs 80 mg</i>	1	MO
<i>cholestyramine light pack 4 gm</i>	2	MO
<i>cholestyramine light powd 4 gm/dose</i>	2	MO
<i>cholestyramine pack 4 gm</i>	2	MO
<i>cholestyramine powd 4 gm/dose</i>	2	MO
<i>colesevelam hcl tabs 625 mg</i>	2	MO
COLESTIPOL HCL GRAN 5 GM	2	MO
COLESTIPOL HCL PACK 5 GM	2	MO
<i>colestipol hcl tabs 1 gm</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<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
<i>lovastatin tabs 20 mg</i>	1	MO
<i>lovastatin tabs 40 mg</i>	1	MO
NEXLETOL TABS 180 MG	4	MO
NEXLIZET TABS 180-10 MG	4	MO
<i>niacin er (antihyperlipidemic) tbc 500 mg</i>	2	MO
NIACOR TABS 500 MG	2	MO
<i>omega-3-acid ethyl esters caps 1 gm</i>	2	MO
<i>pravastatin sodium tabs 10 mg</i>	1	MO
<i>pravastatin sodium tabs 20 mg</i>	1	MO
<i>pravastatin sodium tabs 40 mg</i>	1	MO
<i>pravastatin sodium tabs 80 mg</i>	1	MO
<i>prevalite pack 4 gm</i>	2	MO
<i>prevalite powd 4 gm/dose</i>	2	MO
REPATHA SURECLICK SOAJ 140 MG/ML	4	
<i>rosuvastatin calcium tabs 10 mg</i>	1	MO
<i>rosuvastatin calcium tabs 20 mg</i>	1	MO
<i>rosuvastatin calcium tabs 40 mg</i>	1	MO
<i>rosuvastatin calcium tabs 5 mg</i>	1	MO
<i>simvastatin tabs 10 mg</i>	1	MO
<i>simvastatin tabs 20 mg</i>	1	MO
<i>simvastatin tabs 40 mg</i>	1	MO
<i>simvastatin tabs 5 mg</i>	1	MO
<i>simvastatin tabs 80 mg</i>	1	MO
TRYNGOLZA SOAJ 80	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG/0.8ML		
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl caps 200 mg</i>	2	MO
<i>acebutolol hcl caps 400 mg</i>	2	MO
<i>atenolol tabs 100 mg</i>	1	MO
<i>atenolol tabs 25 mg</i>	1	MO
<i>atenolol tabs 50 mg</i>	1	MO
<i>atenolol-chlorthalidone tabs 100-25 mg</i>	1	MO
<i>atenolol-chlorthalidone tabs 50-25 mg</i>	1	MO
<i>bisoprolol fumarate tabs 10 mg</i>	1	MO
<i>bisoprolol fumarate tabs 5 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	2	MO
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	2	MO
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	2	MO
<i>carvedilol tabs 12.5 mg</i>	1	MO
<i>carvedilol tabs 25 mg</i>	1	MO
<i>carvedilol tabs 3.125 mg</i>	1	MO
<i>carvedilol tabs 6.25 mg</i>	1	MO
ESMOLOL HCL SOLN 100 MG/10ML	2	
<i>esmolol hcl-sodium chloride soln 2500 mg/250ml</i>	2	
<i>labetalol hcl soln 5 mg/ml</i>	2	
<i>labetalol hcl tabs 100 mg</i>	2	MO
<i>labetalol hcl tabs 200 mg</i>	2	MO
<i>labetalol hcl tabs 300 mg</i>	2	MO
<i>metoprolol succinate er tb24 100 mg</i>	1	MO
<i>metoprolol succinate er tb24 200 mg</i>	1	MO
<i>metoprolol succinate er tb24 25 mg</i>	1	MO
<i>metoprolol succinate er</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tb24 50 mg</i>		
<i>metoprolol tartrate soln 5 mg/5ml</i>	2	
<i>metoprolol tartrate tabs 100 mg</i>	1	MO
<i>metoprolol tartrate tabs 25 mg</i>	1	MO
<i>metoprolol tartrate tabs 50 mg</i>	1	MO
<i>nadolol tabs 20 mg</i>	2	MO
<i>nadolol tabs 40 mg</i>	2	MO
<i>nadolol tabs 80 mg</i>	2	MO
<i>nebivolol hcl tabs 10 mg</i>	2	MO
<i>nebivolol hcl tabs 2.5 mg</i>	2	MO
<i>nebivolol hcl tabs 20 mg</i>	2	MO
<i>nebivolol hcl tabs 5 mg</i>	2	MO
<i>propranolol hcl er cp24 120 mg</i>	2	MO
<i>propranolol hcl er cp24 160 mg</i>	2	MO
<i>propranolol hcl er cp24 60 mg</i>	2	MO
<i>propranolol hcl er cp24 80 mg</i>	2	MO
<i>propranolol hcl soln 1 mg/ml</i>	2	
<i>propranolol hcl soln 20 mg/5ml</i>	2	MO
PROPRANOLOL HCL SOLN 40 MG/5ML	2	MO
<i>propranolol hcl tabs 10 mg</i>	1	MO
<i>propranolol hcl tabs 20 mg</i>	1	MO
<i>propranolol hcl tabs 40 mg</i>	1	MO
<i>propranolol hcl tabs 60 mg</i>	1	MO
<i>propranolol hcl tabs 80 mg</i>	1	MO
<i>sotalol hcl (af) tabs 120 mg</i>	2	MO
<i>sotalol hcl (af) tabs 160 mg</i>	2	MO
<i>sotalol hcl (af) tabs 80 mg</i>	2	MO
<i>sotalol hcl tabs 120 mg</i>	2	MO
<i>sotalol hcl tabs 160 mg</i>	2	MO
<i>sotalol hcl tabs 240 mg</i>	2	MO
<i>sotalol hcl tabs 80 mg</i>	2	MO
<i>timolol maleate tabs 10 mg</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besy-benazepril hcl caps 10-20 mg</i>	1	MO
<i>amlodipine besy-benazepril hcl caps 10-40 mg</i>	1	MO
<i>amlodipine besy-benazepril hcl caps 2.5-10 mg</i>	1	MO
<i>amlodipine besy-benazepril hcl caps 5-10 mg</i>	1	MO
<i>amlodipine besy-benazepril hcl caps 5-20 mg</i>	1	MO
<i>amlodipine besy-benazepril hcl caps 5-40 mg</i>	1	MO
<i>amlodipine besylate tabs 10 mg</i>	1	MO
<i>amlodipine besylate tabs 2.5 mg</i>	1	MO
<i>amlodipine besylate tabs 5 mg</i>	1	MO
<i>cartia xt cp24 120 mg</i>	2	MO
<i>cartia xt cp24 180 mg</i>	2	MO
<i>cartia xt cp24 240 mg</i>	2	MO
<i>cartia xt cp24 300 mg</i>	2	MO
<i>dilt-xr cp24 120 mg</i>	2	MO
<i>dilt-xr cp24 180 mg</i>	2	MO
<i>dilt-xr cp24 240 mg</i>	2	MO
<i>diltiazem hcl er coated beads cp24 120 mg</i>	2	MO
<i>diltiazem hcl er coated beads cp24 180 mg</i>	2	MO
<i>diltiazem hcl er coated beads cp24 240 mg</i>	2	MO
<i>diltiazem hcl er coated beads cp24 300 mg</i>	2	MO
<i>diltiazem hcl er coated beads cp24 360 mg</i>	2	MO
<i>diltiazem hcl er cp12 120 mg</i>	2	MO
<i>diltiazem hcl er cp12 60 mg</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>diltiazem hcl er cp12 90 mg</i>	2	MO
<i>diltiazem hcl er cp24 120 mg</i>	2	MO
<i>diltiazem hcl er cp24 180 mg</i>	2	MO
<i>diltiazem hcl er cp24 240 mg</i>	2	MO
<i>diltiazem hcl soln 125 mg/25ml</i>	2	
<i>diltiazem hcl soln 25 mg/5ml</i>	2	
<i>diltiazem hcl soln 50 mg/10ml</i>	2	
<i>diltiazem hcl tabs 120 mg</i>	2	MO
<i>diltiazem hcl tabs 30 mg</i>	2	MO
<i>diltiazem hcl tabs 60 mg</i>	2	MO
<i>diltiazem hcl tabs 90 mg</i>	2	MO
<i>felodipine er tb24 10 mg</i>	2	MO
<i>felodipine er tb24 2.5 mg</i>	2	MO
<i>felodipine er tb24 5 mg</i>	2	MO
NICARDIPINE HCL SOLN 2.5 MG/ML	2	
<i>nifedipine caps 10 mg</i>	2	MO
<i>nifedipine caps 20 mg</i>	2	MO
<i>nifedipine er osmotic release tb24 30 mg</i>	2	MO
<i>nifedipine er osmotic release tb24 60 mg</i>	2	MO
<i>nifedipine er osmotic release tb24 90 mg</i>	2	MO
<i>nifedipine er tb24 30 mg</i>	2	MO
<i>nifedipine er tb24 60 mg</i>	2	MO
<i>nifedipine er tb24 90 mg</i>	2	MO
<i>nimodipine caps 30 mg</i>	2	MO
NIMODIPINE SOLN 60 MG/20ML	5	NDS
<i>verapamil hcl er tbcr 120 mg</i>	2	MO
<i>verapamil hcl er tbcr 180 mg</i>	2	MO
<i>verapamil hcl er tbcr 240 mg</i>	2	MO
<i>verapamil hcl soln 2.5 mg/ml</i>	2	
<i>verapamil hcl tabs 120 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl tabs 40 mg</i>	1	MO
<i>verapamil hcl tabs 80 mg</i>	1	MO
CARDIAC DRUGS		
<i>adenosine soln 12 mg/4ml</i>	2	
<i>adenosine soln 6 mg/2ml</i>	2	
<i>amiodarone hcl soln 150 mg/3ml</i>	2	
<i>amiodarone hcl soln 450 mg/9ml</i>	2	
<i>amiodarone hcl soln 900 mg/18ml</i>	2	
<i>amiodarone hcl tabs 100 mg</i>	2	MO
<i>amiodarone hcl tabs 200 mg</i>	1	MO
<i>amiodarone hcl tabs 400 mg</i>	2	MO
ATTRUBY TBPK 356 MG	5	NDS
CORLANOR SOLN 5 MG/5ML	4	MO
DIGOXIN SOLN 0.05 MG/ML	2	
<i>digoxin soln 0.25 mg/ml</i>	2	
<i>digoxin tabs 125 mcg</i>	2	MO
<i>digoxin tabs 250 mcg</i>	2	MO
<i>disopyramide phosphate caps 100 mg</i>	2	MO
<i>disopyramide phosphate caps 150 mg</i>	2	MO
<i>dofetilide caps 125 mcg</i>	2	MO
<i>dofetilide caps 250 mcg</i>	2	MO
<i>dofetilide caps 500 mcg</i>	2	MO
<i>flecainide acetate tabs 100 mg</i>	2	MO
<i>flecainide acetate tabs 150 mg</i>	2	MO
<i>flecainide acetate tabs 50 mg</i>	2	MO
<i>ibutilide fumarate soln 1 mg/10ml</i>	2	
<i>ivabradine hcl tabs 5 mg</i>	4	MO
<i>ivabradine hcl tabs 7.5 mg</i>	4	MO
LANOXIN PEDIATRIC SOLN 0.1 MG/ML	3	
LIDOCAINE HCL (CARDIAC) PF SOSY 100	2	

Drug Name	Drug Tier	Requirements/Limits
MG/5ML		
LIDOCAINE HCL (CARDIAC) PF SOSY 50 MG/5ML	2	
LIDOCAINE IN D5W SOLN 4-5 MG/ML-%	2	
<i>mexiletine hcl caps 150 mg</i>	2	MO
<i>mexiletine hcl caps 200 mg</i>	2	MO
<i>mexiletine hcl caps 250 mg</i>	2	MO
<i>milrinone lactate in dextrose soln 20-5 mg/100ml-%</i>	2	
<i>milrinone lactate in dextrose soln 40-5 mg/200ml-%</i>	2	
<i>milrinone lactate soln 10 mg/10ml</i>	2	
MULTAQ TABS 400 MG	4	
NORPACE CR CP12 100 MG	3	MO
NORPACE CR CP12 150 MG	3	MO
<i>procainamide hcl soln 100 mg/ml</i>	2	
<i>procainamide hcl soln 500 mg/ml</i>	2	
<i>propafenone hcl tabs 150 mg</i>	2	MO
<i>propafenone hcl tabs 225 mg</i>	2	MO
<i>propafenone hcl tabs 300 mg</i>	2	MO
<i>quinidine gluconate er tbc 324 mg</i>	2	MO
QUINIDINE SULFATE TABS 200 MG	2	MO
QUINIDINE SULFATE TABS 300 MG	2	MO
<i>ranolazine er tb12 1000 mg</i>	4	MO
<i>ranolazine er tb12 500 mg</i>	4	MO
VYNDAMAX CAPS 61 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
HYPOTENSIVE AGENTS		
<i>clonidine hcl tabs 0.1 mg</i>	1	MO
<i>clonidine hcl tabs 0.2 mg</i>	1	MO
<i>clonidine hcl tabs 0.3 mg</i>	1	MO
<i>clonidine ptwk 0.1 mg/24hr</i>	2	MO
<i>clonidine ptwk 0.2 mg/24hr</i>	2	MO
<i>clonidine ptwk 0.3 mg/24hr</i>	2	MO
<i>guanfacine hcl tabs 1 mg</i>	2	MO
<i>guanfacine hcl tabs 2 mg</i>	2	MO
<i>hydralazine hcl soln 20 mg/ml</i>	2	
<i>hydralazine hcl tabs 10 mg</i>	1	MO
<i>hydralazine hcl tabs 100 mg</i>	1	MO
<i>hydralazine hcl tabs 25 mg</i>	1	MO
<i>hydralazine hcl tabs 50 mg</i>	1	MO
<i>minoxidil tabs 10 mg</i>	2	MO
<i>minoxidil tabs 2.5 mg</i>	2	MO
<i>nitroprusside sodium soln 25 mg/ml</i>	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
ALISKIREN FUMARATE TABS 150 MG	2	MO
ALISKIREN FUMARATE TABS 300 MG	2	MO
<i>benazepril hcl tabs 10 mg</i>	1	MO
<i>benazepril hcl tabs 20 mg</i>	1	MO
<i>benazepril hcl tabs 40 mg</i>	1	MO
<i>benazepril hcl tabs 5 mg</i>	1	MO
<i>candesartan cilexetil tabs 16 mg</i>	2	MO
<i>candesartan cilexetil tabs 32 mg</i>	2	MO
<i>candesartan cilexetil tabs 4 mg</i>	2	MO
<i>candesartan cilexetil tabs 8 mg</i>	2	MO
<i>captopril tabs 100 mg</i>	2	MO
<i>captopril tabs 12.5 mg</i>	2	MO
<i>captopril tabs 25 mg</i>	2	MO
<i>captopril tabs 50 mg</i>	2	MO
<i>enalapril maleate tabs 10 mg</i>	1	MO
<i>enalapril maleate tabs 2.5</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>mg</i>		
<i>enalapril maleate tabs 20 mg</i>	1	MO
<i>enalapril maleate tabs 5 mg</i>	1	MO
<i>enalaprilat soln 1.25 mg/ml</i>	2	
<i>eplerenone tabs 25 mg</i>	2	MO
<i>eplerenone tabs 50 mg</i>	2	MO
<i>irbesartan tabs 150 mg</i>	1	MO
<i>irbesartan tabs 300 mg</i>	1	MO
<i>irbesartan tabs 75 mg</i>	1	MO
KERENDIA TABS 10 MG	4	MO
KERENDIA TABS 20 MG	4	MO
<i>lisinopril tabs 10 mg</i>	1	MO
<i>lisinopril tabs 2.5 mg</i>	1	MO
<i>lisinopril tabs 20 mg</i>	1	MO
<i>lisinopril tabs 30 mg</i>	1	MO
<i>lisinopril tabs 40 mg</i>	1	MO
<i>lisinopril tabs 5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	1	MO
<i>losartan potassium tabs 100 mg</i>	1	MO
<i>losartan potassium tabs 25 mg</i>	1	MO
<i>losartan potassium tabs 50 mg</i>	1	MO
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	1	MO
<i>losartan potassium-hctz tabs 100-25 mg</i>	1	MO
<i>losartan potassium-hctz tabs 50-12.5 mg</i>	1	MO
<i>ramipril caps 1.25 mg</i>	2	MO
<i>ramipril caps 10 mg</i>	2	MO
<i>ramipril caps 2.5 mg</i>	2	MO
<i>ramipril caps 5 mg</i>	2	MO
<i>sacubitril-valsartan tabs</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
24-26 mg		
sacubitril-valsartan tabs 49-51 mg	2	MO
sacubitril-valsartan tabs 97-103 mg	2	MO
spironolactone tabs 100 mg	1	MO
spironolactone tabs 25 mg	1	MO
spironolactone tabs 50 mg	1	MO
spironolactone-hctz tabs 25-25 mg	2	MO
valsartan tabs 160 mg	1	MO
valsartan tabs 320 mg	1	MO
valsartan tabs 40 mg	1	MO
valsartan tabs 80 mg	1	MO
valsartan-hydrochlorothiazide tabs 160-12.5 mg	1	MO
valsartan-hydrochlorothiazide tabs 160-25 mg	1	MO
valsartan-hydrochlorothiazide tabs 320-12.5 mg	1	MO
valsartan-hydrochlorothiazide tabs 320-25 mg	1	MO
valsartan-hydrochlorothiazide tabs 80-12.5 mg	1	MO
VASODILATING AGENTS		
dipyridamole tabs 25 mg	2	MO
dipyridamole tabs 50 mg	2	MO
dipyridamole tabs 75 mg	2	MO
isosorbide dinitrate tabs 10 mg	2	MO
isosorbide dinitrate tabs 20 mg	2	MO
isosorbide dinitrate tabs 30 mg	2	MO
isosorbide dinitrate tabs 5 mg	2	MO
isosorbide mononitrate er tb24 120 mg	1	MO
isosorbide mononitrate er tb24 30 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate er tb24 60 mg	1	MO
isosorbide mononitrate tabs 10 mg	2	MO
isosorbide mononitrate tabs 20 mg	2	MO
nitro-bid oint 2 %	2	MO
NITRO-DUR PT24 0.3 MG/HR	5	MO
NITRO-DUR PT24 0.8 MG/HR	5	MO
nitroglycerin pt24 0.1 mg/hr	2	MO
nitroglycerin pt24 0.2 mg/hr	2	MO
nitroglycerin pt24 0.4 mg/hr	2	MO
nitroglycerin pt24 0.6 mg/hr	2	MO
nitroglycerin soln 0.4 mg/spray	2	MO
NITROGLYCERIN SOLN 5 MG/ML	2	
nitroglycerin subl 0.3 mg	2	MO
nitroglycerin subl 0.4 mg	2	MO
nitroglycerin subl 0.6 mg	2	MO
sildenafil citrate susr 10 mg/ml	2	PA
sildenafil citrate tabs 20 mg	2	PA, MO
tadalafil (pah) tabs 20 mg	2	PA
tadalafil tabs 2.5 mg	2	PA
tadalafil tabs 5 mg	2	PA
VERQUVO TABS 10 MG	4	MO
CENTRAL NERVOUS SYSTEM AGENTS		
ALCOHOL DETERRENTS		
acamprosate calcium tbec 333 mg	2	MO
disulfiram tabs 250 mg	4	MO
disulfiram tabs 500 mg	4	MO
ANALGESICS AND ANTIPIRETTICS		
ACETAMINOPHEN-CODEINE SOLN 120-12 MG/5ML	2	NDS
acetaminophen-codeine tabs 300-15 mg	2	NDS

Drug Name	Drug Tier	Requirement s/Limits
<i>acetaminophen-codeine tabs 300-30 mg</i>	2	NDS
<i>acetaminophen-codeine tabs 300-60 mg</i>	2	NDS
<i>butalbital-apap-caffeine tabs 50-325-40 mg</i>	2	
<i>butalbital-aspirin-caffeine caps 50-325-40 mg</i>	2	
<i>celecoxib caps 100 mg</i>	2	
<i>celecoxib caps 200 mg</i>	2	
<i>celecoxib caps 400 mg</i>	2	
<i>celecoxib caps 50 mg</i>	2	
CODEINE SULFATE TABS 15 MG	2	NDS
<i>codeine sulfate tabs 30 mg</i>	2	NDS
CODEINE SULFATE TABS 60 MG	2	NDS
<i>diclofenac sodium tbec 25 mg</i>	2	
<i>diclofenac sodium tbec 50 mg</i>	2	
<i>diclofenac sodium tbec 75 mg</i>	2	
<i>diflunisal tabs 500 mg</i>	2	
DOLOBID TABS 375 MG	5	NDS
<i>endocet tabs 5-325 mg</i>	2	NDS
<i>endocet tabs 7.5-325 mg</i>	2	NDS
<i>etodolac caps 200 mg</i>	2	
<i>etodolac caps 300 mg</i>	2	
<i>etodolac tabs 400 mg</i>	2	
<i>etodolac tabs 500 mg</i>	2	
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML	2	NDS
FENTANYL CITRATE (PF) SOLN 2500 MCG/50ML	2	NDS
<i>fentanyl pt72 100 mcg/hr</i>	2	NDS
<i>fentanyl pt72 12 mcg/hr</i>	2	NDS
<i>fentanyl pt72 25 mcg/hr</i>	2	NDS
<i>fentanyl pt72 50 mcg/hr</i>	2	NDS
<i>fentanyl pt72 75 mcg/hr</i>	2	NDS
HYDROCODONE-ACETAMINOPHEN SOLN 10-300 MG/15ML	2	NDS

Drug Name	Drug Tier	Requirement s/Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	NDS
<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	2	NDS
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	2	NDS
<i>hydrocodone-acetaminophen tabs 7.5-325 mg</i>	2	NDS
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	NDS
<i>hydromorphone hcl tabs 2 mg</i>	2	NDS
<i>hydromorphone hcl tabs 4 mg</i>	2	NDS
<i>hydromorphone hcl tabs 8 mg</i>	2	NDS
<i>ibu tabs 400 mg</i>	2	
<i>ibu tabs 600 mg</i>	2	
<i>ibu tabs 800 mg</i>	2	
<i>ibuprofen lysine soln 10 mg/ml</i>	2	
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tabs 400 mg</i>	2	
<i>ibuprofen tabs 600 mg</i>	2	
<i>ibuprofen tabs 800 mg</i>	2	
<i>indocin supp 50 mg</i>	5	NDS
<i>indomethacin caps 25 mg</i>	2	
<i>indomethacin caps 50 mg</i>	2	
<i>indomethacin er cpcr 75 mg</i>	2	
INDOMETHACIN SODIUM SOLR 1 MG	2	
KETOPROFEN CAPS 50 MG	2	
<i>ketorolac tromethamine +rfid soln 30 mg/ml</i>	2	
<i>ketorolac tromethamine soln 15 mg/ml</i>	2	
<i>ketorolac tromethamine soln 30 mg/ml</i>	2	
<i>ketorolac tromethamine</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>soln 60 mg/2ml</i>		
<i>levorphanol tartrate tabs 2 mg</i>	4	NDS
<i>levorphanol tartrate tabs 3 mg</i>	5	NDS
MECLOFENAMATE SODIUM CAPS 100 MG	2	
MECLOFENAMATE SODIUM CAPS 50 MG	2	
<i>mefenamic acid caps 250 mg</i>	2	
<i>meloxicam tabs 15 mg</i>	1	
<i>meloxicam tabs 7.5 mg</i>	1	
<i>methadone hcl conc 10 mg/ml</i>	2	NDS
<i>methadone hcl intensol conc 10 mg/ml</i>	2	NDS
METHADONE HCL SOLN 5 MG/5ML	2	NDS
<i>methadone hcl tabs 10 mg</i>	2	NDS
<i>methadone hcl tabs 5 mg</i>	2	NDS
<i>morphine sulfate (concentrate) soln 100 mg/5ml</i>	2	NDS
<i>morphine sulfate er tbc 100 mg</i>	2	NDS
<i>morphine sulfate er tbc 15 mg</i>	2	NDS
<i>morphine sulfate er tbc 200 mg</i>	2	NDS
<i>morphine sulfate er tbc 30 mg</i>	2	NDS
<i>morphine sulfate er tbc 60 mg</i>	2	NDS
<i>morphine sulfate soln 10 mg/5ml</i>	2	NDS
MORPHINE SULFATE SOLN 20 MG/5ML	2	NDS
<i>morphine sulfate tabs 15 mg</i>	2	NDS
<i>morphine sulfate tabs 30 mg</i>	2	NDS
<i>nabumetone tabs 500 mg</i>	2	
<i>nabumetone tabs 750 mg</i>	2	
<i>nalbuphine hcl soln 10 mg/ml</i>	2	NDS

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

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

Drug Name	Drug Tier	Requirement s/Limits
cp24 25 mg		
dexmethylphenidate hcl er cp24 30 mg	2	NDS
dexmethylphenidate hcl er cp24 35 mg	2	NDS
dexmethylphenidate hcl er cp24 40 mg	2	NDS
dexmethylphenidate hcl er cp24 5 mg	2	NDS
dexmethylphenidate hcl tabs 10 mg	2	NDS
dexmethylphenidate hcl tabs 2.5 mg	2	NDS
dexmethylphenidate hcl tabs 5 mg	2	NDS
dextroamphetamine sulfate er cp24 10 mg	2	NDS
dextroamphetamine sulfate er cp24 15 mg	2	NDS
dextroamphetamine sulfate er cp24 5 mg	2	NDS
dextroamphetamine sulfate tabs 10 mg	2	NDS
dextroamphetamine sulfate tabs 5 mg	2	NDS
lisdexamfetamine dimesylate caps 10 mg	4	NDS
lisdexamfetamine dimesylate caps 20 mg	4	NDS
lisdexamfetamine dimesylate caps 30 mg	4	NDS
lisdexamfetamine dimesylate caps 40 mg	4	NDS
lisdexamfetamine dimesylate caps 50 mg	4	NDS
lisdexamfetamine dimesylate caps 60 mg	4	NDS
lisdexamfetamine dimesylate caps 70 mg	4	NDS
methylphenidate hcl chew 2.5 mg	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 10 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 20 MG	2	NDS

Drug Name	Drug Tier	Requirement s/Limits
METHYLPHENIDATE HCL ER (CD) CPCR 30 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 40 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 50 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 60 MG	2	NDS
<i>methylphenidate hcl er (osm) tbc 18 mg</i>	2	NDS
<i>methylphenidate hcl er (osm) tbc 27 mg</i>	2	NDS
<i>methylphenidate hcl er (osm) tbc 36 mg</i>	2	NDS
<i>methylphenidate hcl er (osm) tbc 54 mg</i>	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 10 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 15 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 20 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 30 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 40 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 50 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 60 MG	2	NDS
<i>methylphenidate hcl er tbc 10 mg</i>	2	NDS
<i>methylphenidate hcl er tbc 20 mg</i>	2	NDS
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	NDS

Drug Name	Drug Tier	Requirement s/Limits
<i>methylphenidate hcl tabs 10 mg</i>	2	NDS
<i>methylphenidate hcl tabs 20 mg</i>	2	NDS
<i>methylphenidate hcl tabs 5 mg</i>	2	NDS
<i>modafinil tabs 100 mg</i>	2	PA, NDS
<i>modafinil tabs 200 mg</i>	2	PA, NDS
SUNOSI TABS 150 MG	4	MO
SUNOSI TABS 75 MG	5	NDS
VYKAT XR TB24 150 MG	5	NDS
VYKAT XR TB24 25 MG	5	NDS
VYKAT XR TB24 75 MG	5	NDS
ANTICONVULSANTS		
<i>brivaracetam soln 10 mg/ml</i>	4	MO
<i>brivaracetam tabs 10 mg</i>	4	MO
<i>brivaracetam tabs 100 mg</i>	4	MO
<i>brivaracetam tabs 25 mg</i>	4	MO
<i>brivaracetam tabs 50 mg</i>	4	MO
<i>brivaracetam tabs 75 mg</i>	4	MO
<i>carbamazepine chew 100 mg</i>	2	MO
CARBAMAZEPINE CHEW 200 MG	4	MO
<i>carbamazepine er cp12 100 mg</i>	2	MO
<i>carbamazepine er cp12 200 mg</i>	2	MO
<i>carbamazepine er cp12 300 mg</i>	2	MO
<i>carbamazepine er tb12 100 mg</i>	2	MO
<i>carbamazepine er tb12 200 mg</i>	2	MO
<i>carbamazepine er tb12 400 mg</i>	2	MO
<i>carbamazepine susp 100 mg/5ml</i>	2	MO
<i>carbamazepine tabs 200 mg</i>	2	MO
CELONTIN CAPS 300 MG	3	MO
<i>clobazam susp 2.5 mg/ml</i>	2	MO
<i>clobazam tabs 10 mg</i>	2	MO
<i>clobazam tabs 20 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tabs 0.5 mg</i>	2	NDS
<i>clonazepam tabs 1 mg</i>	2	NDS
<i>clonazepam tabs 2 mg</i>	2	NDS
<i>clonazepam tbdp 0.125 mg</i>	2	NDS
<i>clonazepam tbdp 0.25 mg</i>	2	NDS
<i>clonazepam tbdp 0.5 mg</i>	2	NDS
<i>clonazepam tbdp 1 mg</i>	2	NDS
<i>clonazepam tbdp 2 mg</i>	2	NDS
DIACOMIT CAPS 250 MG	5	NDS
DIACOMIT CAPS 500 MG	5	NDS
DIACOMIT PACK 250 MG	5	NDS
DIACOMIT PACK 500 MG	5	NDS
<i>diazepam gel 10 mg</i>	2	NDS
<i>diazepam gel 2.5 mg</i>	2	NDS
<i>diazepam gel 20 mg</i>	2	NDS
DILANTIN CAPS 100 MG	2	MO
DILANTIN CAPS 30 MG	2	MO
DILANTIN INFATABS CHEW 50 MG	2	MO
<i>divalproex sodium csdr 125 mg</i>	2	MO
<i>divalproex sodium er tb24 250 mg</i>	2	MO
<i>divalproex sodium er tb24 500 mg</i>	2	MO
<i>divalproex sodium tbec 125 mg</i>	2	MO
<i>divalproex sodium tbec 250 mg</i>	2	MO
<i>divalproex sodium tbec 500 mg</i>	2	MO
ELEPSIA XR TB24 1000 MG	5	NDS
ELEPSIA XR TB24 1500 MG	5	NDS
EPIDIOLEX SOLN 100 MG/ML	5	
<i>eslicarbazepine acetate tabs 200 mg</i>	4	MO
<i>eslicarbazepine acetate tabs 400 mg</i>	4	MO
<i>eslicarbazepine acetate tabs 600 mg</i>	4	MO
<i>eslicarbazepine acetate</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>kit 35 x 25 mg</i>		
<i>lamotrigine starter kit-green kit 84 x 25 mg & 14x100 mg</i>	2	MO
<i>lamotrigine starter kit-orange kit 42 x 25 mg & 7 x 100 mg</i>	2	MO
<i>lamotrigine tabs 100 mg</i>	2	MO
<i>lamotrigine tabs 150 mg</i>	2	MO
<i>lamotrigine tabs 200 mg</i>	2	MO
<i>lamotrigine tabs 25 mg</i>	2	MO
<i>lamotrigine tbdp 100 mg</i>	2	MO
<i>lamotrigine tbdp 200 mg</i>	2	MO
<i>lamotrigine tbdp 25 mg</i>	2	MO
<i>lamotrigine tbdp 50 mg</i>	2	MO
<i>levetiracetam er tb24 500 mg</i>	2	MO
<i>levetiracetam er tb24 750 mg</i>	2	MO
<i>levetiracetam in nacl soln 1000 mg/100ml</i>	2	
<i>levetiracetam in nacl soln 1500 mg/100ml</i>	2	
<i>levetiracetam in nacl soln 500 mg/100ml</i>	2	
<i>levetiracetam soln 100 mg/ml</i>	2	MO
<i>levetiracetam soln 500 mg/5ml</i>	2	
<i>levetiracetam tabs 1000 mg</i>	2	MO
<i>levetiracetam tabs 250 mg</i>	2	MO
<i>levetiracetam tabs 500 mg</i>	2	MO
<i>levetiracetam tabs 750 mg</i>	2	MO
LEVETIRACETAM TB3D 250 MG	4	MO
LEVETIRACETAM TB3D 500 MG	4	MO
<i>magnesium sulfate soln 50 %</i>	2	HI
<i>methsuximide caps 300 mg</i>	2	MO
MIDAZOLAM SOAJ 10 MG/0.7ML	4	NDS
NAYZILAM SOLN 5 MG/0.1ML	4	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine susp 300 mg/5ml</i>	2	MO
<i>oxcarbazepine tabs 150 mg</i>	2	MO
<i>oxcarbazepine tabs 300 mg</i>	2	MO
<i>oxcarbazepine tabs 600 mg</i>	2	MO
<i>perampanel susp 0.5 mg/ml</i>	5	
<i>perampanel tabs 10 mg</i>	4	MO
<i>perampanel tabs 12 mg</i>	4	MO
<i>perampanel tabs 2 mg</i>	4	
<i>perampanel tabs 4 mg</i>	4	MO
<i>perampanel tabs 6 mg</i>	4	MO
<i>perampanel tabs 8 mg</i>	4	MO
<i>phenytek caps 200 mg</i>	2	MO
<i>phenytek caps 300 mg</i>	2	MO
<i>phenytoin chew 50 mg</i>	2	MO
<i>phenytoin sodium extended caps 100 mg</i>	2	MO
<i>phenytoin sodium extended caps 200 mg</i>	2	MO
<i>phenytoin sodium extended caps 300 mg</i>	2	MO
<i>phenytoin sodium soln 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	MO
<i>pregabalin caps 100 mg</i>	2	MO
<i>pregabalin caps 150 mg</i>	2	MO
<i>pregabalin caps 200 mg</i>	2	MO
<i>pregabalin caps 225 mg</i>	2	MO
<i>pregabalin caps 25 mg</i>	2	MO
<i>pregabalin caps 300 mg</i>	2	MO
<i>pregabalin caps 50 mg</i>	2	MO
<i>pregabalin caps 75 mg</i>	2	MO
<i>pregabalin soln 20 mg/ml</i>	2	MO
PRIMIDONE TABS 125 MG	4	MO
<i>primidone tabs 250 mg</i>	2	MO
<i>primidone tabs 50 mg</i>	2	MO
<i>roweepra tabs 500 mg</i>	2	MO
<i>rufinamide susp 40 mg/ml</i>	4	
<i>rufinamide tabs 200 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide tabs 400 mg</i>	4	
<i>subvenite starter kit-blue kit 35 x 25 mg</i>	2	MO
<i>subvenite starter kit-green kit 84 x 25 mg & 14x100 mg</i>	2	MO
<i>subvenite starter kit-orange kit 42 x 25 mg & 7 x 100 mg</i>	2	MO
SUBVENITE SUSP 10 MG/ML	4	MO
<i>subvenite tabs 100 mg</i>	2	MO
<i>subvenite tabs 150 mg</i>	2	MO
<i>subvenite tabs 200 mg</i>	2	MO
<i>subvenite tabs 25 mg</i>	2	MO
SYMPAZAN FILM 10 MG	5	
SYMPAZAN FILM 20 MG	5	
SYMPAZAN FILM 5 MG	5	
TIAGABINE HCL TABS 12 MG	4	MO
TIAGABINE HCL TABS 16 MG	4	MO
<i>tiagabine hcl tabs 2 mg</i>	4	MO
<i>tiagabine hcl tabs 4 mg</i>	4	MO
<i>topiramate csp 15 mg</i>	2	MO
<i>topiramate csp 25 mg</i>	2	MO
<i>topiramate soln 25 mg/ml</i>	4	MO
<i>topiramate tabs 100 mg</i>	2	MO
<i>topiramate tabs 200 mg</i>	2	MO
<i>topiramate tabs 25 mg</i>	2	MO
<i>topiramate tabs 50 mg</i>	2	MO
<i>valproate sodium soln 100 mg/ml</i>	2	
<i>valproic acid caps 250 mg</i>	2	MO
<i>valproic acid soln 250 mg/5ml</i>	2	MO
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML	3	
VALTOCO 15 MG DOSE LQPK 2 x 7.5 MG/0.1ML	3	
VALTOCO 20 MG DOSE LQPK 2 x 10 MG/0.1ML	3	
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML	3	
<i>vigabatrin pack 500 mg</i>	5	LD, NDS

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin tabs 500 mg</i>	5	NDS
<i>vigadrone tabs 500 mg</i>	5	NDS
VIGAFYDE SOLN 100 MG/ML	5	NDS
XCOPRI (250 MG DAILY DOSE) TBPK 100 & 150 MG	5	
XCOPRI (350 MG DAILY DOSE) TBPK 150 & 200 MG	5	
XCOPRI TABS 100 MG	5	
XCOPRI TABS 150 MG	5	
XCOPRI TABS 200 MG	5	
XCOPRI TABS 25 MG	5	
XCOPRI TABS 50 MG	5	
XCOPRI TBPK 14 x 12.5 MG & 14 X 25 MG	4	
XCOPRI TBPK 14 x 150 MG & 14 X200 MG	5	
XCOPRI TBPK 14 x 50 MG & 14 X100 MG	5	
ZONISADE SUSP 100 MG/5ML	4	MO
<i>zonisamide caps 100 mg</i>	2	MO
<i>zonisamide caps 25 mg</i>	2	MO
<i>zonisamide caps 50 mg</i>	2	MO
ZTALMY SUSP 50 MG/ML	5	NDS
ANTIMIGRAINE AGENTS		
AJOVY SOAJ 225 MG/1.5ML	4	
AJOVY SOSY 225 MG/1.5ML	4	
<i>eletriptan hydrobromide tabs 20 mg</i>	2	
<i>eletriptan hydrobromide tabs 40 mg</i>	2	
ERGOTAMINE-CAFFEINE TABS 1-100 MG	2	
<i>naratriptan hcl tabs 1 mg</i>	2	
<i>naratriptan hcl tabs 2.5 mg</i>	2	
NURTEC TBDP 75 MG	5	NDS
QULIPTA TABS 10 MG	5	NDS
QULIPTA TABS 30 MG	5	NDS
QULIPTA TABS 60 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate tabs 10 mg</i>	2	
<i>rizatriptan benzoate tabs 5 mg</i>	2	
<i>rizatriptan benzoate tbdp 10 mg</i>	2	
<i>rizatriptan benzoate tbdp 5 mg</i>	2	
<i>sumatriptan soln 20 mg/act</i>	2	
<i>sumatriptan soln 5 mg/act</i>	2	
<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	2	
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	2	
<i>sumatriptan succinate tabs 100 mg</i>	2	
<i>sumatriptan succinate tabs 25 mg</i>	2	
<i>sumatriptan succinate tabs 50 mg</i>	2	
UBRELVY TABS 100 MG	3	
UBRELVY TABS 50 MG	3	
ZAVZPRET SOLN 10 MG/ACT	5	NDS
<i>zolmitriptan tabs 2.5 mg</i>	2	
<i>zolmitriptan tabs 5 mg</i>	2	
<i>zolmitriptan tbdp 2.5 mg</i>	2	
<i>zolmitriptan tbdp 5 mg</i>	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps 100 mg</i>	2	MO
<i>amantadine hcl soln 50 mg/5ml</i>	2	MO
<i>amantadine hcl tabs 100 mg</i>	2	MO
<i>apomorphine hcl soct 30 mg/3ml</i>	5	NDS
<i>benztropine mesylate soln 1 mg/ml</i>	2	
<i>benztropine mesylate tabs 0.5 mg</i>	2	MO
<i>benztropine mesylate tabs 1 mg</i>	2	MO
<i>benztropine mesylate tabs 2 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate caps 5 mg</i>	2	MO
<i>bromocriptine mesylate tabs 2.5 mg</i>	2	MO
<i>cabergoline tabs 0.5 mg</i>	2	MO
<i>carbidopa tabs 25 mg</i>	2	MO
<i>carbidopa-levodopa er tbc 25-100 mg</i>	2	MO
<i>carbidopa-levodopa er tbc 50-200 mg</i>	2	MO
<i>carbidopa-levodopa tabs 10-100 mg</i>	2	MO
<i>carbidopa-levodopa tabs 25-100 mg</i>	2	MO
<i>carbidopa-levodopa tabs 25-250 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	MO
EMSAM PT24 12 MG/24HR	5	NDS
EMSAM PT24 6 MG/24HR	5	NDS
EMSAM PT24 9 MG/24HR	5	NDS
<i>entacapone tabs 200 mg</i>	2	MO
INBRIJA CAPS 42 MG	5	NDS
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 1 mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	2	MO
<i>rasagiline mesylate tabs 0.5 mg</i>	2	MO
<i>rasagiline mesylate tabs 1 mg</i>	2	MO
<i>ropinirole hcl er tb24 12 mg</i>	2	MO
<i>ropinirole hcl er tb24 2 mg</i>	2	MO
<i>ropinirole hcl er tb24 4 mg</i>	2	MO
<i>ropinirole hcl er tb24 6 mg</i>	2	MO
<i>ropinirole hcl er tb24 8 mg</i>	2	MO
<i>ropinirole hcl tabs 0.25 mg</i>	2	MO
<i>ropinirole hcl tabs 0.5 mg</i>	2	MO
<i>ropinirole hcl tabs 1 mg</i>	2	MO
<i>ropinirole hcl tabs 2 mg</i>	2	MO
<i>ropinirole hcl tabs 3 mg</i>	2	MO
<i>ropinirole hcl tabs 4 mg</i>	2	MO
<i>ropinirole hcl tabs 5 mg</i>	2	MO
<i>selegiline hcl caps 5 mg</i>	2	MO
<i>selegiline hcl tabs 5 mg</i>	2	MO
TOLCAPONE TABS 100 MG	5	MO
<i>trihexyphenidyl hcl soln 0.4 mg/ml</i>	2	MO
<i>trihexyphenidyl hcl tabs 2 mg</i>	2	MO
<i>trihexyphenidyl hcl tabs 5 mg</i>	2	MO
ZELAPAR TBDP 1.25 MG	5	MO
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam tabs 0.25 mg</i>	2	NDS
<i>alprazolam tabs 0.5 mg</i>	2	NDS
<i>alprazolam tabs 1 mg</i>	2	NDS
<i>alprazolam tabs 2 mg</i>	2	NDS
BUCAPSOL CAPS 10 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
BUCAPSOL CAPS 15 MG	5	NDS
BUCAPSOL CAPS 7.5 MG	5	NDS
<i>buspirone hcl tabs 10 mg</i>	1	
<i>buspirone hcl tabs 15 mg</i>	1	
<i>buspirone hcl tabs 30 mg</i>	1	
<i>buspirone hcl tabs 5 mg</i>	1	
<i>buspirone hcl tabs 7.5 mg</i>	1	
<i>chlordiazepoxide hcl caps 10 mg</i>	2	NDS
<i>chlordiazepoxide hcl caps 25 mg</i>	2	NDS
<i>chlordiazepoxide hcl caps 5 mg</i>	2	NDS
<i>clorazepate dipotassium tabs 15 mg</i>	2	NDS
<i>clorazepate dipotassium tabs 3.75 mg</i>	2	NDS
<i>clorazepate dipotassium tabs 7.5 mg</i>	2	NDS
<i>diazepam intensol conc 5 mg/ml</i>	2	NDS
<i>diazepam soln 5 mg/5ml</i>	2	NDS
<i>diazepam soln 5 mg/ml</i>	2	NDS
<i>diazepam tabs 10 mg</i>	2	NDS
<i>diazepam tabs 2 mg</i>	2	NDS
<i>diazepam tabs 5 mg</i>	2	NDS
<i>droperidol soln 2.5 mg/ml</i>	2	
<i>eszopiclone tabs 1 mg</i>	2	NDS
<i>eszopiclone tabs 2 mg</i>	2	NDS
<i>eszopiclone tabs 3 mg</i>	2	NDS
HYDROXYZINE HCL SOLN 25 MG/ML	2	
HYDROXYZINE HCL SOLN 50 MG/ML	2	
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	2	
<i>hydroxyzine hcl tabs 10 mg</i>	2	
<i>hydroxyzine hcl tabs 25 mg</i>	2	
<i>hydroxyzine hcl tabs 50 mg</i>	2	
HYDROXYZINE PAMOATE CAPS 100 MG	2	

Drug Name	Drug Tier	Requirement s/Limits
<i>hydroxyzine pamoate caps 25 mg</i>	2	
<i>hydroxyzine pamoate caps 50 mg</i>	2	
IGALMI FILM 120 MCG	4	NDS
<i>lorazepam intensol conc 2 mg/ml</i>	2	NDS
LORAZEPAM SOLN 2 MG/ML	2	NDS
LORAZEPAM SOLN 4 MG/ML	2	NDS
<i>lorazepam tabs 0.5 mg</i>	2	NDS
<i>lorazepam tabs 1 mg</i>	2	NDS
<i>lorazepam tabs 2 mg</i>	2	NDS
<i>midazolam hcl (pf) +rfid soln 2 mg/2ml</i>	2	
<i>midazolam hcl (pf) soln 10 mg/2ml</i>	2	
<i>midazolam hcl (pf) soln 2 mg/2ml</i>	2	
<i>midazolam hcl (pf) soln 5 mg/ml</i>	2	
<i>midazolam hcl soln 10 mg/2ml</i>	2	
<i>midazolam hcl soln 2 mg/2ml</i>	2	
<i>midazolam hcl soln 25 mg/5ml</i>	2	
<i>midazolam hcl soln 5 mg/ml</i>	2	
<i>oxazepam caps 10 mg</i>	2	NDS
<i>oxazepam caps 15 mg</i>	2	NDS
<i>oxazepam caps 30 mg</i>	2	NDS
PHENOBARBITAL ELIX 20 MG/5ML	2	
PHENOBARBITAL SODIUM SOLN 130 MG/ML	2	
PHENOBARBITAL SODIUM SOLN 65 MG/ML	2	
PHENOBARBITAL TABS 100 MG	2	
PHENOBARBITAL TABS 15 MG	2	
PHENOBARBITAL TABS 16.2 MG	2	

Drug Name	Drug Tier	Requirement s/Limits
PHENOBARBITAL TABS 30 MG	2	
PHENOBARBITAL TABS 32.4 MG	2	
PHENOBARBITAL TABS 60 MG	2	
PHENOBARBITAL TABS 64.8 MG	2	
PHENOBARBITAL TABS 97.2 MG	2	
<i>tasimelteon caps 20 mg</i>	5	PA, NDS
<i>temazepam caps 15 mg</i>	2	NDS
<i>temazepam caps 30 mg</i>	2	NDS
<i>temazepam caps 7.5 mg</i>	2	NDS
<i>triazolam tabs 0.125 mg</i>	2	NDS
<i>triazolam tabs 0.25 mg</i>	2	NDS
<i>zaleplon caps 10 mg</i>	2	NDS
<i>zaleplon caps 5 mg</i>	2	NDS
<i>zolpidem tartrate tabs 10 mg</i>	2	NDS
<i>zolpidem tartrate tabs 5 mg</i>	2	NDS
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>atomoxetine hcl caps 10 mg</i>	2	MO
<i>atomoxetine hcl caps 100 mg</i>	2	MO
<i>atomoxetine hcl caps 18 mg</i>	2	MO
<i>atomoxetine hcl caps 25 mg</i>	2	MO
<i>atomoxetine hcl caps 40 mg</i>	2	MO
<i>atomoxetine hcl caps 60 mg</i>	2	MO
<i>atomoxetine hcl caps 80 mg</i>	2	MO
AUSTEDO TABS 12 MG	5	NDS
AUSTEDO TABS 6 MG	5	NDS
AUSTEDO TABS 9 MG	5	NDS
AUSTEDO XR PATIENT TITRATION TEPK 12 & 18 & 24 & 30 MG	5	NDS
AUSTEDO XR TB24 12 MG	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
AUSTEDO XR TB24 18 MG	5	NDS
AUSTEDO XR TB24 24 MG	5	NDS
AUSTEDO XR TB24 30 MG	5	NDS
AUSTEDO XR TB24 36 MG	5	NDS
AUSTEDO XR TB24 42 MG	5	NDS
AUSTEDO XR TB24 48 MG	5	NDS
AUSTEDO XR TB24 6 MG	5	NDS
DAYBUE SOLN 200 MG/ML	5	NDS
<i>flumazenil soln 0.5 mg/5ml</i>	2	
<i>flumazenil soln 1 mg/10ml</i>	2	
<i>guanfacine hcl er tb24 1 mg</i>	2	MO
<i>guanfacine hcl er tb24 2 mg</i>	2	MO
<i>guanfacine hcl er tb24 3 mg</i>	2	MO
<i>guanfacine hcl er tb24 4 mg</i>	2	MO
INGREZZA CAPS 40 MG	5	NDS
INGREZZA CAPS 60 MG	5	NDS
INGREZZA CAPS 80 MG	5	NDS
INGREZZA CPPK 40 & 80 MG	5	NDS
<i>memantine hcl soln 2 mg/ml</i>	2	MO
<i>memantine hcl tabs 10 mg</i>	2	MO
MEMANTINE HCL TABS 28 x 5 MG & 21 X 10 MG	2	MO
<i>memantine hcl tabs 5 mg</i>	2	MO
NOURIANZ TABS 20 MG	5	NDS
NOURIANZ TABS 40 MG	5	NDS
NUDEXTA CAPS 20-10 MG	5	PA, NDS
QALSODY SOLN 100 MG/15ML	5	NDS
RADICAVA ORS STARTER KIT SUSP 105 MG/5ML	5	NDS
RADICAVA ORS SUSP	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
105 MG/5ML		
<i>riluzole tabs 50 mg</i>	2	MO
<i>sodium oxybate soln 500 mg/ml</i>	5	PA, LD, NDS
<i>tetrabenazine tabs 12.5 mg</i>	4	MO
<i>tetrabenazine tabs 25 mg</i>	4	MO
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN AJKT 30 MCG/0.5ML	5	NDS
AVONEX PREFILLED PSKT 30 MCG/0.5ML	5	NDS
BETASERON KIT 0.3 MG	5	NDS
<i>dalfampridine er tb12 10 mg</i>	2	MO
<i>dimethyl fumarate cpdr 120 mg</i>	2	MO
<i>dimethyl fumarate cpdr 240 mg</i>	2	MO
<i>dimethyl fumarate starter pack cdpk 120 & 240 mg</i>	2	MO
<i>fingolimod hcl caps 0.5 mg</i>	2	MO
<i>glatiramer acetate sosy 20 mg/ml</i>	2	MO
<i>glatiramer acetate sosy 40 mg/ml</i>	2	MO
<i>glatopa sosy 20 mg/ml</i>	4	MO
<i>glatopa sosy 40 mg/ml</i>	4	MO
OCREVUS ZUNOVO SOLN 920-23000 MG-UT/23ML	5	
REBIF REBIDOSE SOAJ 22 MCG/0.5ML	5	NDS
REBIF REBIDOSE SOAJ 44 MCG/0.5ML	5	NDS
REBIF REBIDOSE TITRATION PACK SOAJ 6X8.8 & 6X22 MCG	5	NDS
REBIF TITRATION PACK SOSY 6X8.8 & 6X22 MCG	5	NDS
<i>teriflunomide tabs 14 mg</i>	4	PA, MO
<i>teriflunomide tabs 7 mg</i>	4	PA, MO
OPIATE ANTAGONISTS		
BELBUCA FILM 150 MCG	4	NDS
BELBUCA FILM 300 MCG	4	NDS
BELBUCA FILM 450 MCG	4	NDS

Drug Name	Drug Tier	Requirement s/Limits
BELBUCA FILM 600 MCG	4	NDS
BELBUCA FILM 75 MCG	4	NDS
BELBUCA FILM 750 MCG	5	NDS
BELBUCA FILM 900 MCG	5	NDS
<i>buprenorphine hcl subl 2 mg</i>	2	NDS
<i>buprenorphine hcl subl 8 mg</i>	2	NDS
<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	2	NDS
<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	2	NDS
<i>buprenorphine ptwk 10 mcg/hr</i>	2	NDS
<i>buprenorphine ptwk 15 mcg/hr</i>	2	NDS
<i>buprenorphine ptwk 20 mcg/hr</i>	2	NDS
<i>buprenorphine ptwk 5 mcg/hr</i>	2	NDS
<i>buprenorphine ptwk 7.5 mcg/hr</i>	2	NDS
KLOXXADO LIQD 8 MG/0.1ML	4	
<i>lofexidine hcl tabs 0.18 mg</i>	5	NDS
NALOXONE HCL SOCT 0.4 MG/ML	2	
<i>naloxone hcl soln 0.4 mg/ml</i>	2	
<i>naloxone hcl soln 4 mg/10ml</i>	2	
<i>naloxone hcl sosy 2 mg/2ml</i>	2	
<i>naltrexone hcl tabs 50 mg</i>	2	
VIVITROL SUSR 380 MG	5	NDS
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	5	
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	5	
ABILIFY MAINTENA PRSY 300 MG	5	NDS
ABILIFY MAINTENA PRSY 400 MG	5	NDS
ABILIFY MAINTENA SRER 300 MG	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
ABILIFY MAINTENA SRER 400 MG	5	NDS
<i>amitriptyline hcl tabs 10 mg</i>	2	MO
<i>amitriptyline hcl tabs 100 mg</i>	2	MO
<i>amitriptyline hcl tabs 150 mg</i>	2	MO
<i>amitriptyline hcl tabs 25 mg</i>	2	MO
<i>amitriptyline hcl tabs 50 mg</i>	2	MO
<i>amitriptyline hcl tabs 75 mg</i>	2	MO
<i>amoxapine tabs 100 mg</i>	2	MO
<i>amoxapine tabs 150 mg</i>	2	MO
<i>amoxapine tabs 25 mg</i>	2	MO
<i>amoxapine tabs 50 mg</i>	2	MO
APLENZIN TB24 348 MG	5	MO
APLENZIN TB24 522 MG	5	MO
<i>aripiprazole soln 1 mg/ml</i>	2	MO
<i>aripiprazole tabs 10 mg</i>	2	MO
<i>aripiprazole tabs 15 mg</i>	2	MO
<i>aripiprazole tabs 2 mg</i>	2	MO
<i>aripiprazole tabs 20 mg</i>	2	MO
<i>aripiprazole tabs 30 mg</i>	2	MO
<i>aripiprazole tabs 5 mg</i>	2	MO
<i>aripiprazole tbdp 10 mg</i>	4	MO
<i>aripiprazole tbdp 15 mg</i>	4	MO
ARISTADA INITIO PRSY 675 MG/2.4ML	5	NDS
ARISTADA PRSY 1064 MG/3.9ML	5	NDS
ARISTADA PRSY 441 MG/1.6ML	5	NDS
ARISTADA PRSY 662 MG/2.4ML	5	NDS
ARISTADA PRSY 882 MG/3.2ML	5	NDS
<i>asenapine maleate subl 10 mg</i>	2	MO
<i>asenapine maleate subl 2.5 mg</i>	2	MO
<i>asenapine maleate subl 5 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
AUVELITY TBCR 45-105 MG	5	NDS
AUVELITY TITRATION PACK TEPK 30-105 MG & 45-105 MG	5	NDS
<i>bupropion hcl er (sr) tb12 100 mg</i>	2	MO
<i>bupropion hcl er (sr) tb12 150 mg</i>	2	MO
<i>bupropion hcl er (sr) tb12 200 mg</i>	2	MO
<i>bupropion hcl er (xl) tb24 150 mg</i>	2	MO
<i>bupropion hcl er (xl) tb24 300 mg</i>	2	MO
BUPROPION HCL ER (XL) TB24 450 MG	2	MO
<i>bupropion hcl tabs 100 mg</i>	2	MO
<i>bupropion hcl tabs 75 mg</i>	2	MO
BYSANTI TABS 1 MG	5	NDS
BYSANTI TABS 10 MG	5	NDS
BYSANTI TABS 12 MG	5	NDS
BYSANTI TABS 2 MG	5	NDS
BYSANTI TABS 4 MG	5	NDS
BYSANTI TABS 6 MG	5	NDS
BYSANTI TABS 8 MG	5	NDS
BYSANTI TITRATION PACK A TBPK 1 & 2 & 4 & 6 MG	4	
BYSANTI TITRATION PACK B TBPK 1 & 2 & 6 & 8 MG	4	
BYSANTI TITRATION PACK C TBPK 1 & 2 & 6 MG	4	
CAPLYTA CAPS 10.5 MG	5	NDS
CAPLYTA CAPS 21 MG	5	NDS
CAPLYTA CAPS 42 MG	5	NDS
CHLORDIAZEPOXIDE-AMITRIPTYLINE TABS 10-25 MG	2	
CHLORDIAZEPOXIDE-AMITRIPTYLINE TABS 5-12.5 MG	2	
<i>chlorpromazine hcl conc 100 mg/ml</i>	4	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate soln 5 mg/5ml</i>	2	MO
<i>escitalopram oxalate tabs 10 mg</i>	1	MO
<i>escitalopram oxalate tabs 20 mg</i>	1	MO
<i>escitalopram oxalate tabs 5 mg</i>	1	MO
EXXUA TB24 18.2 MG	5	NDS
EXXUA TB24 36.3 MG	5	NDS
EXXUA TB24 54.5 MG	5	NDS
EXXUA TB24 72.6 MG	5	NDS
EXXUA TITRATION PACK TB24 18.2 MG	5	NDS
FANAPT TABS 1 MG	5	NDS
FANAPT TABS 10 MG	5	NDS
FANAPT TABS 12 MG	5	NDS
FANAPT TABS 2 MG	5	NDS
FANAPT TABS 4 MG	5	NDS
FANAPT TABS 6 MG	5	NDS
FANAPT TABS 8 MG	5	NDS
FANAPT TITRATION PACK A TABS 1 & 2 & 4 & 6 MG	4	MO
FANAPT TITRATION PACK B TABS 1 & 2 & 6 & 8 MG	4	MO
FANAPT TITRATION PACK C TABS 1 & 2 & 6 MG	4	MO
FETZIMA CP24 120 MG	4	MO
FETZIMA CP24 20 MG	4	MO
FETZIMA CP24 40 MG	4	MO
FETZIMA CP24 80 MG	4	MO
FETZIMA TITRATION C4PK 20 & 40 MG	4	MO
FLUOXETINE HCL (PMDD) TABS 10 MG	2	MO
FLUOXETINE HCL (PMDD) TABS 20 MG	2	MO
<i>fluoxetine hcl caps 10 mg</i>	1	MO
<i>fluoxetine hcl caps 20 mg</i>	1	MO
<i>fluoxetine hcl caps 40 mg</i>	1	MO
FLUOXETINE HCL CPDR 90 MG	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl soln 20 mg/5ml</i>	2	MO
<i>fluoxetine hcl tabs 10 mg</i>	2	MO
<i>fluoxetine hcl tabs 20 mg</i>	2	MO
<i>fluoxetine hcl tabs 60 mg</i>	2	MO
<i>fluphenazine decanoate soln 25 mg/ml</i>	2	
FLUPHENAZINE HCL CONC 5 MG/ML	2	MO
FLUPHENAZINE HCL ELIX 2.5 MG/5ML	2	MO
FLUPHENAZINE HCL SOLN 2.5 MG/ML	2	
<i>fluphenazine hcl tabs 1 mg</i>	2	MO
<i>fluphenazine hcl tabs 10 mg</i>	2	MO
<i>fluphenazine hcl tabs 2.5 mg</i>	2	MO
<i>fluphenazine hcl tabs 5 mg</i>	2	MO
<i>fluvoxamine maleate er cp24 100 mg</i>	2	MO
<i>fluvoxamine maleate er cp24 150 mg</i>	2	MO
<i>fluvoxamine maleate tabs 100 mg</i>	2	MO
<i>fluvoxamine maleate tabs 25 mg</i>	2	MO
<i>fluvoxamine maleate tabs 50 mg</i>	2	MO
<i>haloperidol decanoate soln 100 mg/ml</i>	2	
<i>haloperidol decanoate soln 50 mg/ml</i>	2	
<i>haloperidol lactate conc 2 mg/ml</i>	2	MO
<i>haloperidol lactate soln 5 mg/ml</i>	2	
<i>haloperidol tabs 0.5 mg</i>	2	MO
<i>haloperidol tabs 1 mg</i>	2	MO
<i>haloperidol tabs 10 mg</i>	2	MO
<i>haloperidol tabs 2 mg</i>	2	MO
<i>haloperidol tabs 20 mg</i>	2	MO
<i>haloperidol tabs 5 mg</i>	2	MO
<i>imipramine hcl tabs 10 mg</i>	2	MO
<i>imipramine hcl tabs 25 mg</i>	2	MO
<i>imipramine hcl tabs 50 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate caps 100 mg</i>	2	MO
<i>imipramine pamoate caps 125 mg</i>	2	MO
<i>imipramine pamoate caps 150 mg</i>	2	MO
<i>imipramine pamoate caps 75 mg</i>	2	MO
INVEGA HAFYERA SUSY 1092 MG/3.5ML	5	
INVEGA HAFYERA SUSY 1560 MG/5ML	5	
INVEGA SUSTENNA SUSY 117 MG/0.75ML	5	NDS
INVEGA SUSTENNA SUSY 156 MG/ML	5	NDS
INVEGA SUSTENNA SUSY 234 MG/1.5ML	5	NDS
INVEGA SUSTENNA SUSY 39 MG/0.25ML	4	
INVEGA SUSTENNA SUSY 78 MG/0.5ML	5	NDS
INVEGA TRINZA SUSY 273 MG/0.88ML	5	NDS
INVEGA TRINZA SUSY 410 MG/1.32ML	5	NDS
INVEGA TRINZA SUSY 546 MG/1.75ML	5	NDS
INVEGA TRINZA SUSY 819 MG/2.63ML	5	NDS
<i>lithium carbonate caps 150 mg</i>	2	MO
<i>lithium carbonate caps 300 mg</i>	2	MO
LITHIUM CARBONATE CAPS 600 MG	2	MO
<i>lithium carbonate er tbc 300 mg</i>	2	MO
<i>lithium carbonate er tbc 450 mg</i>	2	MO
LITHIUM CARBONATE TABS 300 MG	2	MO
<i>lithium soln 8 meq/5ml</i>	4	MO
<i>loxapine succinate caps 10 mg</i>	2	MO
<i>loxapine succinate caps 25 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate caps 5 mg</i>	2	MO
<i>loxapine succinate caps 50 mg</i>	2	MO
<i>lurasidone hcl tabs 120 mg</i>	2	MO
<i>lurasidone hcl tabs 20 mg</i>	2	MO
<i>lurasidone hcl tabs 40 mg</i>	2	MO
<i>lurasidone hcl tabs 60 mg</i>	2	MO
<i>lurasidone hcl tabs 80 mg</i>	2	MO
LYBALVI TABS 10-10 MG	5	NDS
LYBALVI TABS 15-10 MG	5	NDS
LYBALVI TABS 20-10 MG	5	NDS
LYBALVI TABS 5-10 MG	5	NDS
MARPLAN TABS 10 MG	4	MO
<i>mirtazapine tabs 15 mg</i>	2	MO
<i>mirtazapine tabs 30 mg</i>	2	MO
<i>mirtazapine tabs 45 mg</i>	2	MO
<i>mirtazapine tabs 7.5 mg</i>	2	MO
<i>mirtazapine tbdp 15 mg</i>	2	MO
<i>mirtazapine tbdp 30 mg</i>	2	MO
<i>mirtazapine tbdp 45 mg</i>	2	MO
MOLINDONE HCL TABS 10 MG	2	MO
MOLINDONE HCL TABS 25 MG	2	MO
MOLINDONE HCL TABS 5 MG	2	MO
NEFAZODONE HCL TABS 100 MG	2	MO
NEFAZODONE HCL TABS 150 MG	2	MO
NEFAZODONE HCL TABS 200 MG	2	MO
NEFAZODONE HCL TABS 250 MG	2	MO
NEFAZODONE HCL TABS 50 MG	2	MO
<i>nortriptyline hcl caps 10 mg</i>	2	MO
<i>nortriptyline hcl caps 25 mg</i>	2	MO
<i>nortriptyline hcl caps 50 mg</i>	2	MO
<i>nortriptyline hcl caps 75 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	MO
NUPLAZID CAPS 34 MG	5	NDS
NUPLAZID TABS 10 MG	5	NDS
<i>olanzapine solr 10 mg</i>	2	
<i>olanzapine tabs 10 mg</i>	2	MO
<i>olanzapine tabs 15 mg</i>	2	MO
<i>olanzapine tabs 2.5 mg</i>	2	MO
<i>olanzapine tabs 20 mg</i>	2	MO
<i>olanzapine tabs 5 mg</i>	2	MO
<i>olanzapine tabs 7.5 mg</i>	2	MO
<i>olanzapine tbdp 10 mg</i>	2	MO
<i>olanzapine tbdp 15 mg</i>	2	MO
<i>olanzapine tbdp 20 mg</i>	2	MO
<i>olanzapine tbdp 5 mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps 12-25 mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps 12-50 mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps 3-25 mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps 6-25 mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps 6-50 mg</i>	2	MO
OPIPZA FILM 10 MG	5	NDS
OPIPZA FILM 2 MG	5	NDS
OPIPZA FILM 5 MG	5	NDS
<i>paliperidone er tb24 1.5 mg</i>	2	MO
<i>paliperidone er tb24 3 mg</i>	2	MO
<i>paliperidone er tb24 6 mg</i>	2	MO
<i>paliperidone er tb24 9 mg</i>	2	MO
<i>paroxetine hcl er tb24 12.5 mg</i>	2	MO
<i>paroxetine hcl er tb24 25 mg</i>	2	MO
<i>paroxetine hcl er tb24 37.5 mg</i>	2	MO
PAROXETINE HCL SUSP 10 MG/5ML	4	MO
<i>paroxetine hcl tabs 10 mg</i>	1	MO
<i>paroxetine hcl tabs 20 mg</i>	1	MO
<i>paroxetine hcl tabs 30 mg</i>	1	MO
<i>paroxetine hcl tabs 40 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine mesylate caps 7.5 mg</i>	2	MO
<i>perphenazine tabs 16 mg</i>	2	MO
<i>perphenazine tabs 2 mg</i>	2	MO
<i>perphenazine tabs 4 mg</i>	2	MO
<i>perphenazine tabs 8 mg</i>	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 2-10 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 2-25 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-10 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-25 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-50 MG	2	MO
PERSERIS PRSY 120 MG	5	NDS
PERSERIS PRSY 90 MG	5	NDS
PHENELZINE SULFATE TABS 15 MG	2	MO
<i>pimozide tabs 1 mg</i>	2	MO
<i>pimozide tabs 2 mg</i>	2	MO
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	2	
<i>prochlorperazine maleate tabs 10 mg</i>	2	
<i>prochlorperazine maleate tabs 5 mg</i>	2	
<i>prochlorperazine supp 25 mg</i>	2	MO
<i>protriptyline hcl tabs 10 mg</i>	2	MO
<i>protriptyline hcl tabs 5 mg</i>	2	MO
<i>quetiapine fumarate er tb24 150 mg</i>	2	MO
<i>quetiapine fumarate er tb24 200 mg</i>	2	MO
<i>quetiapine fumarate er tb24 300 mg</i>	2	MO
<i>quetiapine fumarate er tb24 400 mg</i>	2	MO
<i>quetiapine fumarate er</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tb24 50 mg</i>		
<i>quetiapine fumarate tabs 100 mg</i>	2	MO
QUETIAPINE FUMARATE TABS 150 MG	2	MO
<i>quetiapine fumarate tabs 200 mg</i>	2	MO
<i>quetiapine fumarate tabs 25 mg</i>	2	MO
<i>quetiapine fumarate tabs 300 mg</i>	2	MO
<i>quetiapine fumarate tabs 400 mg</i>	2	MO
<i>quetiapine fumarate tabs 50 mg</i>	2	MO
RALDESY SOLN 10 MG/ML	4	MO
REXULTI TABS 0.25 MG	5	NDS
REXULTI TABS 0.5 MG	5	NDS
REXULTI TABS 1 MG	5	NDS
REXULTI TABS 2 MG	5	NDS
REXULTI TABS 3 MG	5	NDS
REXULTI TABS 4 MG	5	NDS
RISPERDAL CONSTA SRER 12.5 MG	4	
RISPERDAL CONSTA SRER 25 MG	4	
RISPERDAL CONSTA SRER 37.5 MG	5	NDS
RISPERDAL CONSTA SRER 50 MG	5	NDS
<i>risperidone microspheres er srer 12.5 mg</i>	4	
<i>risperidone microspheres er srer 25 mg</i>	4	
<i>risperidone microspheres er srer 37.5 mg</i>	5	NDS
<i>risperidone microspheres er srer 50 mg</i>	5	NDS
<i>risperidone soln 1 mg/ml</i>	2	MO
<i>risperidone tabs 0.25 mg</i>	2	MO
<i>risperidone tabs 0.5 mg</i>	2	MO
<i>risperidone tabs 1 mg</i>	2	MO
<i>risperidone tabs 2 mg</i>	2	MO
<i>risperidone tabs 3 mg</i>	2	MO
<i>risperidone tabs 4 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
RISPERIDONE TBDP 0.25 MG	4	MO
<i>risperidone tbdp 0.5 mg</i>	4	MO
<i>risperidone tbdp 1 mg</i>	4	MO
<i>risperidone tbdp 2 mg</i>	4	MO
<i>risperidone tbdp 3 mg</i>	4	MO
<i>risperidone tbdp 4 mg</i>	4	MO
RYKINDO SRER 25 MG	5	NDS
RYKINDO SRER 37.5 MG	5	NDS
RYKINDO SRER 50 MG	5	NDS
SECUADO PT24 3.8 MG/24HR	5	NDS
SECUADO PT24 5.7 MG/24HR	5	NDS
SECUADO PT24 7.6 MG/24HR	5	NDS
<i>sertraline hcl caps 150 mg</i>	4	MO
<i>sertraline hcl caps 200 mg</i>	4	MO
<i>sertraline hcl conc 20 mg/ml</i>	2	MO
<i>sertraline hcl tabs 100 mg</i>	1	MO
<i>sertraline hcl tabs 25 mg</i>	1	MO
<i>sertraline hcl tabs 50 mg</i>	1	MO
<i>thioridazine hcl tabs 10 mg</i>	2	MO
<i>thioridazine hcl tabs 100 mg</i>	2	MO
<i>thioridazine hcl tabs 25 mg</i>	2	MO
<i>thioridazine hcl tabs 50 mg</i>	2	MO
<i>thiothixene caps 1 mg</i>	2	MO
<i>thiothixene caps 10 mg</i>	2	MO
<i>thiothixene caps 2 mg</i>	2	MO
<i>thiothixene caps 5 mg</i>	2	MO
<i>tranylcypromine sulfate tabs 10 mg</i>	2	MO
<i>trazodone hcl tabs 100 mg</i>	1	MO
<i>trazodone hcl tabs 150 mg</i>	1	MO
<i>trazodone hcl tabs 300 mg</i>	2	MO
<i>trazodone hcl tabs 50 mg</i>	1	MO
<i>trifluoperazine hcl tabs 1 mg</i>	2	MO
<i>trifluoperazine hcl tabs 10 mg</i>	2	MO
<i>trifluoperazine hcl tabs 2 mg</i>	2	MO
<i>trifluoperazine hcl tabs 5</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>mg</i>		
<i>trimipramine maleate caps 100 mg</i>	2	MO
<i>trimipramine maleate caps 25 mg</i>	2	MO
<i>trimipramine maleate caps 50 mg</i>	2	MO
TRINTELLIX TABS 10 MG	4	MO
TRINTELLIX TABS 20 MG	4	MO
TRINTELLIX TABS 5 MG	4	MO
UZEDY SUSY 100 MG/0.28ML	5	
UZEDY SUSY 125 MG/0.35ML	5	
UZEDY SUSY 150 MG/0.42ML	5	
UZEDY SUSY 200 MG/0.56ML	5	
UZEDY SUSY 250 MG/0.7ML	5	
UZEDY SUSY 50 MG/0.14ML	5	
UZEDY SUSY 75 MG/0.21ML	5	
VENLAFAXINE BESYLATE ER TB24 112.5 MG	4	MO
<i>venlafaxine hcl er cp24 150 mg</i>	2	MO
<i>venlafaxine hcl er cp24 37.5 mg</i>	2	MO
<i>venlafaxine hcl er cp24 75 mg</i>	2	MO
<i>venlafaxine hcl er tb24 150 mg</i>	4	MO
<i>venlafaxine hcl er tb24 225 mg</i>	4	MO
<i>venlafaxine hcl er tb24 37.5 mg</i>	4	MO
<i>venlafaxine hcl er tb24 75 mg</i>	4	MO
<i>venlafaxine hcl tabs 100 mg</i>	2	MO
<i>venlafaxine hcl tabs 25 mg</i>	2	MO
<i>venlafaxine hcl tabs 37.5 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tabs 50 mg</i>	2	MO
<i>venlafaxine hcl tabs 75 mg</i>	2	MO
VERSACLOZ SUSP 50 MG/ML	5	
<i>vilazodone hcl tabs 10 mg</i>	4	MO
<i>vilazodone hcl tabs 20 mg</i>	4	MO
<i>vilazodone hcl tabs 40 mg</i>	4	MO
VRAYLAR CAPS 0.5 MG	3	MO
VRAYLAR CAPS 0.75 MG	3	MO
VRAYLAR CAPS 1.5 MG	3	MO
VRAYLAR CAPS 3 MG	3	MO
VRAYLAR CAPS 4.5 MG	3	MO
VRAYLAR CAPS 6 MG	3	MO
<i>ziprasidone hcl caps 20 mg</i>	2	MO
<i>ziprasidone hcl caps 40 mg</i>	2	MO
<i>ziprasidone hcl caps 60 mg</i>	2	MO
<i>ziprasidone hcl caps 80 mg</i>	2	MO
<i>ziprasidone mesylate solr 20 mg</i>	2	
ZURZUVAE CAPS 20 MG	5	NDS
ZURZUVAE CAPS 25 MG	5	NDS
ZURZUVAE CAPS 30 MG	5	NDS
ZYPREXA RELPREVV SUSR 210 MG	4	
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
ALCOHOL PREP PADS 70 %	2	MO
INSULIN SYRINGES, NEEDLES MISCELLANEOUS	2	MO
CURITY GAUZE PADS 2"X2"	2	MO
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AND ALKALINIZING AGENTS		
<i>potassium citrate er tbcr 10 meq (1080 mg)</i>	2	MO
<i>potassium citrate er tbcr 15 meq (1620 mg)</i>	2	MO
<i>potassium citrate er tbcr 5</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>meq (540 mg)</i>		
<i>sodium bicarbonate soln 4.2 %</i>	2	
<i>sodium bicarbonate soln 8.4 %</i>	2	
AMMONIA DETOXICANTS		
<i>carglumic acid tbso 200 mg</i>	5	NDS
<i>enulose soln 10 gm/15ml</i>	2	MO
<i>generlac soln 10 gm/15ml</i>	2	MO
<i>lactulose encephalopathy soln 10 gm/15ml</i>	2	MO
<i>lactulose soln 10 gm/15ml</i>	2	MO
LITHOSTAT TABS 250 MG	4	MO
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	5	NDS
<i>sodium phenylbutyrate tabs 500 mg</i>	5	NDS
CALORIC AGENTS		
DEXTROSE SOLN 10 %	2	HI
<i>dextrose soln 5 %</i>	2	HI
DEXTROSE SOLN 50 %	2	
DEXTROSE SOLN 70 %	2	
GLUCOSE (DEXTROSE) SOLN 50 %	2	
INTRALIPID EMUL 20 %	2	HI
<i>plenamine soln 15 %</i>	2	HI
PREMASOL SOLN 10 %	2	HI
TRAVASOL SOLN 10 %	2	HI
TROPHAMINE SOLN 10 %	3	HI
DIURETICS		
AMILORIDE HCL TABS 5 MG	2	MO
AMILORIDE-HYDROCHLOROTHIAZIDE TABS 5-50 MG	1	MO
<i>bumetanide tabs 0.5 mg</i>	2	MO
<i>bumetanide tabs 1 mg</i>	2	MO
<i>bumetanide tabs 2 mg</i>	2	MO
<i>chlorthalidone tabs 25 mg</i>	2	MO
<i>chlorthalidone tabs 50 mg</i>	2	MO
<i>ethacrynic acid tabs 25 mg</i>	4	MO
<i>furosemide oral soln 10</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>mg/ml</i>		
<i>furosemide soln injection 10 mg/ml</i>	2	HI
FUROSEMIDE SOLN 8 MG/ML	2	MO
<i>furosemide tabs 20 mg</i>	1	MO
<i>furosemide tabs 40 mg</i>	1	MO
<i>furosemide tabs 80 mg</i>	1	MO
<i>hydrochlorothiazide caps 12.5 mg</i>	2	MO
<i>hydrochlorothiazide tabs 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tabs 25 mg</i>	1	MO
<i>hydrochlorothiazide tabs 50 mg</i>	1	MO
<i>indapamide tabs 1.25 mg</i>	1	MO
<i>indapamide tabs 2.5 mg</i>	1	MO
MANNITOL SOLN 20 %	2	
MANNITOL SOLN 25 %	2	
<i>metolazone tabs 10 mg</i>	2	MO
<i>metolazone tabs 2.5 mg</i>	2	MO
<i>metolazone tabs 5 mg</i>	2	MO
OSMITROL SOLN 20 %	2	
<i>tolvaptan (hyponatremia) tabs 15 mg</i>	5	NDS
<i>tolvaptan (hyponatremia) tabs 30 mg</i>	5	NDS
<i>tolvaptan tabs 15 mg</i>	5	NDS
<i>tolvaptan tabs 30 mg</i>	5	NDS
<i>torsemide tabs 10 mg</i>	2	MO
<i>torsemide tabs 100 mg</i>	2	MO
<i>torsemide tabs 20 mg</i>	2	MO
<i>torsemide tabs 5 mg</i>	2	MO
TRIAMTERENE CAPS 100 MG	2	MO
TRIAMTERENE CAPS 50 MG	2	MO
<i>triamterene-hctz caps 37.5-25 mg</i>	1	MO
<i>triamterene-hctz tabs 37.5-25 mg</i>	1	MO
<i>triamterene-hctz tabs 75-50 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
ION-REMOVING AGENTS		
FERRIC CITRATE TABS 1 GM 210 MG(Fe)	4	MO
<i>lanthanum carbonate chew 1000 mg</i>	4	MO
<i>lanthanum carbonate chew 500 mg</i>	4	MO
<i>lanthanum carbonate chew 750 mg</i>	4	MO
LOKELMA PACK 10 GM	4	MO
LOKELMA PACK 5 GM	4	MO
<i>sevelamer carbonate pack 0.8 gm</i>	2	MO
<i>sevelamer carbonate pack 2.4 gm</i>	2	MO
<i>sevelamer carbonate tabs 800 mg</i>	2	MO
<i>sodium polystyrene sulfonate powd</i>	2	MO
VELPHORO CHEW 500 MG	5	NDS
XPHOZAH TABS 20 MG	5	NDS
XPHOZAH TABS 30 MG	5	NDS
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phos binder) caps 667 mg</i>	2	MO
<i>calcium acetate (phos binder) tabs 667 mg</i>	2	MO
DEXTROSE IN LACTATED RINGERS SOLN 5 %	2	
DEXTROSE-SODIUM CHLORIDE SOLN 10-0.45 %	3	HI
DEXTROSE-SODIUM CHLORIDE SOLN 2.5-0.45 %	2	HI
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.2 %	2	HI
<i>dextrose-sodium chloride soln 5-0.45 %</i>	2	HI
<i>dextrose-sodium chloride soln 5-0.9 %</i>	2	HI
KCL (0.298%) IN NACL SOLN 40-0.9 MEQ/L-%	2	HI
<i>kcl in dextrose-nacl soln</i>	2	HI

Drug Name	Drug Tier	Requirements/Limits
10-5-0.45 meq/l-%-%		
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-%	2	HI
kcl in dextrose-nacl soln 20-5-0.45 meq/l-%-%	2	HI
kcl in dextrose-nacl soln 20-5-0.9 meq/l-%-%	2	HI
kcl in dextrose-nacl soln 30-5-0.45 meq/l-%-%	2	HI
kcl in dextrose-nacl soln 40-5-0.45 meq/l-%-%	2	HI
kcl in dextrose-nacl soln 40-5-0.9 meq/l-%-%	2	HI
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L	3	HI
klor-con 10 tbcr 10 meq	2	MO
klor-con tbcr 8 meq	2	MO
LACTATED RINGERS SOLN	2	
magnesium sulfate in d5w soln 1-5 gm/100ml-%	2	
POTASSIUM ACETATE SOLN 2 MEQ/ML	2	
potassium chloride crys er tbcr 10 meq	2	MO
potassium chloride crys er tbcr 20 meq	2	MO
potassium chloride er cpcr 10 meq	2	MO
potassium chloride er cpcr 8 meq	2	MO
potassium chloride er tbcr 10 meq	2	MO
potassium chloride er tbcr 20 meq	2	MO
potassium chloride er tbcr 8 meq	2	MO
potassium chloride in nacl soln 20-0.9 meq/l-%	2	HI
potassium chloride in nacl soln 40-0.9 meq/l-%	2	HI
potassium chloride pack 20 meq	2	MO
POTASSIUM CHLORIDE SOLN 10 MEQ/100ML	2	HI

Drug Name	Drug Tier	Requirements/Limits
potassium chloride soln 2 meq/ml	2	HI
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML	2	HI
potassium chloride soln 20 meq/15ml (10%)	2	MO
potassium chloride soln 40 meq/15ml (20%)	2	MO
potassium cl in dextrose 5% soln 20 meq/l	2	HI
potassium phosphates(66 meq k) soln 45 mmole/15ml	2	
RINGERS SOLN	2	
SODIUM CHLORIDE (PF) SOLN 0.9 %	2	
SODIUM CHLORIDE SOLN 0.45 %	2	HI
sodium chloride intravenous soln 0.9 %	2	HI
SODIUM CHLORIDE SOLN 3 %	2	HI
SODIUM CHLORIDE SOLN 4 MEQ/ML	2	
SODIUM CHLORIDE SOLN 5 %	2	HI
sodium phosphates soln 45 mmole/15ml	2	
URICOSURIC AGENTS		
colchicine-probenecid tabs 0.5-500 mg	2	MO
probenecid tabs 500 mg	2	MO
ENZYMES		
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML	5	NDS
CERDELGA CAPS 84 MG	5	NDS
CEREZYME SOLR 400 UNIT	5	NDS
CREON CPEP 12000-38000 UNIT	3	MO
CREON CPEP 24000-76000 UNIT	3	MO
CREON CPEP 3000-9500 UNIT	3	MO
CREON CPEP 36000-	3	MO

Drug Name	Drug Tier	Requirements/Limits
114000 UNIT		
CREON CPEP 6000-19000 UNIT	3	MO
ELAPRASE SOLN 6 MG/3ML	5	NDS
ELELYSO SOLR 200 UNIT	5	NDS
ELITEK SOLR 1.5 MG	5	NDS
FABRAZYME SOLR 35 MG	5	NDS
FABRAZYME SOLR 5 MG	5	NDS
HARLIKU TABS 2 MG	5	NDS
LUMIZYME SOLR 50 MG	5	NDS
<i>miglustat caps 100 mg</i>	5	NDS
NAGLAZYME SOLN 1 MG/ML	5	NDS
PALYNZIQ SOSY 10 MG/0.5ML	5	NDS
PALYNZIQ SOSY 2.5 MG/0.5ML	5	NDS
PALYNZIQ SOSY 20 MG/ML	5	NDS
PULMOZYME SOLN 2.5 MG/2.5ML	5	PA, NDS
REVCIVI SOLN 2.4 MG/1.5ML	5	NDS
STRENSIQ SOLN 18 MG/0.45ML	5	LD, NDS
STRENSIQ SOLN 28 MG/0.7ML	5	LD, NDS
STRENSIQ SOLN 40 MG/ML	5	LD, NDS
STRENSIQ SOLN 80 MG/0.8ML	5	LD, NDS
VIMIZIM SOLN 5 MG/5ML	5	NDS
<i>yargesa caps 100 mg</i>	5	NDS
ZENPEP CPEP 10000-32000 UNIT	3	MO
ZENPEP CPEP 15000-47000 UNIT	3	MO
ZENPEP CPEP 20000-63000 UNIT	3	MO
ZENPEP CPEP 25000-79000 UNIT	3	MO
ZENPEP CPEP 3000-10000 UNIT	3	MO

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 40000-126000 UNIT	3	MO
ZENPEP CPEP 5000-24000 UNIT	3	MO
ZENPEP CPEP 60000-189600 UNIT	5	NDS
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
BACITRACIN OINT 500 UNIT/GM	2	
BACITRACIN-POLYMYXIN B OINT 500-10000 UNIT/GM	2	
<i>chlorhexidine gluconate soln 0.12 %</i>	1	
CILOXAN OINT 0.3 %	3	
CIPROFLOXACIN HCL SOLN 0.3 %	2	
<i>erythromycin oint 5 mg/gm</i>	2	
<i>gatifloxacin soln 0.5 %</i>	2	
<i>gentamicin sulfate soln 0.3 %</i>	2	
<i>moxifloxacin hcl soln 0.5 %</i>	2	
NATACYN SUSP 5 %	3	
NEOMYCIN-BACITRACIN ZN-POLYMYX OINT 5-400-10000	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLN 1.75-10000-.025	2	
<i>ofloxacin ophthalmic soln 0.3 %</i>	2	
<i>ofloxacin otic soln 0.3 %</i>	2	
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	2	
SULFACETAMIDE SODIUM SOLN 10 %	2	
<i>tobramycin soln 0.3 %</i>	2	
TOBREX OINT 0.3 %	3	
TRIFLURIDINE SOLN 1 %	2	
XDEMVI SOLN 0.25 %	5	
ANTI-INFLAMMATORY AGENTS		
BACITRA-NEOMYCIN-POLYMYXIN-HC OINT 1	2	MO

Drug Name	Drug Tier	Requirements/Limits
%		
<i>bromfenac sodium (once-daily) soln 0.09 %</i>	2	
CEQUA SOLN 0.09 %	3	
<i>ciprofloxacin-dexamethasone susp 0.3-0.1 %</i>	2	MO
<i>cyclosporine (pf) emul 0.05 %</i>	2	MO
DEXAMETHASONE SODIUM PHOSPHATE SOLN 0.1 %	2	MO
<i>diclofenac sodium soln 0.1 %</i>	2	MO
<i>difluprednate emul 0.05 %</i>	4	MO
<i>fluocinolone acetonide oil 0.01 %</i>	2	MO
<i>fluorometholone susp 0.1 %</i>	2	MO
FLURBIPROFEN SODIUM SOLN 0.03 %	2	MO
<i>fluticasone propionate susp 50 mcg/act</i>	2	MO
FML FORTE SUSP 0.25 %	3	MO
<i>hydrocortisone-acetic acid soln 1-2 %</i>	2	MO
KETOROLAC TROMETHAMINE SOLN 0.4 %	2	MO
<i>ketorolac tromethamine soln 0.5 %</i>	2	MO
<i>mometasone furoate susp 50 mcg/act</i>	2	MO
<i>neomycin-polymyxin-dexameth oint 3.5-10000-0.1</i>	2	MO
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	2	MO
<i>neomycin-polymyxin-hc soln 1 %</i>	2	MO
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSP 3.5-10000-1	2	MO
<i>neomycin-polymyxin-hc otic susp 3.5-10000-1</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
PRED MILD SUSP 0.12 %	3	MO
<i>prednisolone acetate susp 1 %</i>	2	MO
PREDNISOLONE SODIUM PHOSPHATE SOLN 1 %	2	MO
RETISERT IMPL 0.59 MG	5	
SULFACETAMIDE-PREDNISOLONE SOLN 10-0.23 %	2	MO
TOBRADEX OINT 0.3-0.1 %	3	MO
<i>tobramycin-dexamethasone susp 0.3-0.1 %</i>	4	MO
VERKAZIA EMUL 0.1 %	5	NDS
ANTIALLERGIC AGENTS		
<i>azelastine hcl soln 0.05 %</i>	4	
<i>azelastine hcl soln 0.1 %</i>	2	MO
CROMOLYN SODIUM SOLN 4 %	2	MO
ANTIGLAUCOMA AGENTS		
<i>acetazolamide er cp12 500 mg</i>	2	MO
<i>acetazolamide sodium solr 500 mg</i>	2	
<i>acetazolamide tabs 125 mg</i>	2	MO
<i>acetazolamide tabs 250 mg</i>	2	MO
BETAXOLOL HCL SOLN 0.5 %	2	MO
<i>bimatoprost soln 0.03 %</i>	2	MO
<i>brimonidine tartrate soln 0.2 %</i>	1	MO
<i>dorzolamide hcl soln 2 %</i>	2	MO
<i>dorzolamide hcl-timolol mal soln 2-0.5 %</i>	1	MO
<i>latanoprost soln 0.005 %</i>	1	MO
LEVOBUNOLOL HCL SOLN 0.5 %	2	MO
<i>methazolamide tabs 25 mg</i>	2	MO
<i>methazolamide tabs 50 mg</i>	2	MO
PHOSPHOLINE IODIDE	3	MO

Drug Name	Drug Tier	Requirements/Limits
SOLR 0.125 %		
<i>pilocarpine hcl soln 1 %</i>	2	MO
<i>pilocarpine hcl soln 2 %</i>	2	MO
<i>pilocarpine hcl soln 4 %</i>	2	MO
<i>timolol maleate soln 0.25 %</i>	1	MO
<i>timolol maleate soln 0.5 %</i>	1	MO
<i>travoprost (bak free) soln 0.004 %</i>	2	MO
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid soln 2 %</i>	2	MO
APRACLONIDINE HCL SOLN 0.5 %	2	MO
<i>atropine sulfate soln 1 %</i>	2	MO
BYOOVIZ SOLN 0.5 MG/0.05ML	5	NDS
CYSTARAN SOLN 0.44 %	5	
EYLEA SOLN 2 MG/0.05ML	5	
EYLEA SOSY 2 MG/0.05ML	5	
LUCENTIS SOSY 0.3 MG/0.05ML	5	NDS
LUCENTIS SOSY 0.5 MG/0.05ML	5	NDS
MIEBO SOLN 1.338 GM/ML	4	
PAVBLU SOLN 2 MG/0.05ML	5	
PAVBLU SOSY 2 MG/0.05ML	5	
PHENYLEPHRINE HCL SOLN 10 %	2	
<i>phenylephrine hcl soln 2.5 %</i>	2	
LOCAL ANESTHETICS		
LIDOCAINE HCL SOLN 4 %	2	
<i>lidocaine viscous hcl soln 2 %</i>	2	MO
<i>proparacaine hcl soln 0.5 %</i>	2	MO
TETRACAINE HCL SOLN 0.5 %	2	

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>alosetron hcl tabs 0.5 mg</i>	4	MO
<i>alosetron hcl tabs 1 mg</i>	4	MO
<i>balsalazide disodium caps 750 mg</i>	2	MO
DIPENTUM CAPS 250 MG	5	NDS
<i>mesalamine enem 4 gm</i>	2	MO
<i>mesalamine er cpcr 500 mg</i>	2	MO
<i>mesalamine supp 1000 mg</i>	2	MO
<i>mesalamine tbec 1.2 gm</i>	2	MO
PENTASA CPCR 250 MG	3	MO
PENTASA CPCR 500 MG	3	MO
ANTIDIARRHEA AGENTS		
DIPHENOXYLATE-ATROPINE LIQD 2.5-0.025 MG/5ML	2	
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	2	
XERMELO TABS 250 MG	5	LD, NDS
ANTIEMETICS		
<i>aprepitant caps 125 mg</i>	2	PA, NDS
<i>aprepitant caps 40 mg</i>	2	PA, NDS
<i>aprepitant caps 80 mg</i>	2	PA, NDS
<i>aprepitant cppk 80 & 125 mg</i>	2	PA, NDS
<i>dronabinol caps 10 mg</i>	2	PA
<i>dronabinol caps 2.5 mg</i>	2	PA
<i>dronabinol caps 5 mg</i>	2	PA
<i>fosaprepitant dimeglumine solr 150 mg</i>	2	
<i>granisetron hcl tabs 1 mg</i>	2	PA
<i>meclizine hcl tabs 25 mg</i>	2	
<i>ondansetron hcl +rfid soln 4 mg/2ml</i>	2	
<i>ondansetron hcl soln 4 mg/2ml</i>	2	
<i>ondansetron hcl soln 4 mg/5ml</i>	2	PA
<i>ondansetron hcl soln 40 mg/20ml</i>	2	
<i>ondansetron hcl tabs 4 mg</i>	2	PA

Drug Name	Drug Tier	Requirement s/Limits
<i>ondansetron hcl tabs 8 mg</i>	2	PA
<i>ondansetron tbdp 4 mg</i>	2	PA
<i>ondansetron tbdp 8 mg</i>	2	PA
<i>scopolamine pt72 1 mg/3days</i>	4	MO
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>bismuth/metronidaz/tetracyclin caps 140-125-125 mg</i>	4	
<i>cimetidine hcl soln 300 mg/5ml</i>	2	MO
<i>famotidine (pf) soln 20 mg/2ml</i>	2	
FAMOTIDINE PREMIXED SOLN 20-0.9 MG/50ML-%	2	
<i>famotidine soln 40 mg/4ml</i>	2	
<i>famotidine susr 40 mg/5ml</i>	2	MO
<i>famotidine tabs 20 mg</i>	2	MO
<i>famotidine tabs 40 mg</i>	2	MO
<i>misoprostol tabs 100 mcg</i>	2	MO
<i>misoprostol tabs 200 mcg</i>	2	MO
<i>omeprazole cpdr 10 mg</i>	1	MO
<i>omeprazole cpdr 20 mg</i>	1	MO
<i>omeprazole cpdr 40 mg</i>	1	MO
PANTOPRAZOLE SODIUM SOLR 40 MG	2	
<i>pantoprazole sodium tbec 20 mg</i>	1	MO
<i>pantoprazole sodium tbec 40 mg</i>	1	MO
<i>sucralfate susp 1 gm/10ml</i>	4	MO
<i>sucralfate tabs 1 gm</i>	2	MO
TALICIA CPDR 250-12.5-10 MG	4	
CATHARTICS AND LAXATIVES		
GAVILYTE-C SOLR 240 GM	2	MO
<i>gavilyte-g solr 236 gm</i>	2	MO
<i>na sulfate-k sulfate-mg sulf soln 17.5-3.13-1.6 gm/177ml</i>	2	
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i>	2	MO
PEG-	2	MO

Drug Name	Drug Tier	Requirement s/Limits
3350/ELECTROLYTES SOLR 236 GM		
GI DRUGS, MISCELLANEOUS		
ENTYVIO PEN SOAJ 108 MG/0.68ML	5	NDS
ENTYVIO SOLR 300 MG	5	NDS
GATTEX KIT 5 MG	5	PA, NDS
IQIRVO TABS 80 MG	5	NDS
LINZESS CAPS 145 MCG	3	MO
LINZESS CAPS 290 MCG	3	MO
LINZESS CAPS 72 MCG	3	MO
LIVDELZI CAPS 10 MG	5	NDS
LIVMARLI TABS 10 MG	5	NDS
LIVMARLI TABS 15 MG	5	NDS
LIVMARLI TABS 20 MG	5	NDS
LIVMARLI TABS 30 MG	5	NDS
<i>lubiprostone caps 24 mcg</i>	2	MO
<i>lubiprostone caps 8 mcg</i>	2	MO
<i>metoclopramide hcl +rfid soln 5 mg/ml</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml</i>	2	MO
<i>metoclopramide hcl soln 5 mg/ml</i>	2	
<i>metoclopramide hcl tabs 10 mg</i>	1	MO
<i>metoclopramide hcl tabs 5 mg</i>	1	MO
MOVANTIK TABS 25 MG	4	MO
<i>prucalopride succinate tabs 1 mg</i>	2	MO
<i>prucalopride succinate tabs 2 mg</i>	2	MO
RELISTOR SOLN 12 MG/0.6ML	5	NDS
RELISTOR SOSY 12 MG/0.6ML	5	NDS
REZDIFFRA TABS 100 MG	5	NDS
REZDIFFRA TABS 60 MG	5	NDS
REZDIFFRA TABS 80 MG	5	NDS
SKYRIZI SOCT 180 MG/1.2ML	5	
SKYRIZI SOCT 360 MG/2.4ML	5	

Drug Name	Drug Tier	Requirements/Limits
TRULANCE TABS 3 MG	3	
<i>ursodiol caps 300 mg</i>	2	MO
<i>ursodiol tabs 250 mg</i>	2	MO
<i>ursodiol tabs 500 mg</i>	2	MO
VELSIPITY TABS 2 MG	5	NDS
VIBERZI TABS 100 MG	5	NDS
VIBERZI TABS 75 MG	5	NDS
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPS 100 MG	5	
<i>deferasirox granules pack 180 mg</i>	4	
<i>deferasirox granules pack 360 mg</i>	5	NDS
<i>deferasirox granules pack 90 mg</i>	4	
<i>deferasirox tabs 180 mg</i>	2	
<i>deferasirox tabs 360 mg</i>	2	
<i>deferasirox tabs 90 mg</i>	2	
<i>deferasirox tbso 125 mg</i>	2	
<i>deferasirox tbso 250 mg</i>	2	
<i>deferasirox tbso 500 mg</i>	2	
<i>deferiprone tabs 1000 mg</i>	5	NDS
<i>deferiprone tabs 500 mg</i>	5	NDS
<i>deferoxamine mesylate solr 500 mg</i>	2	
<i>penicillamine caps 250 mg</i>	2	
<i>trientine hcl caps 250 mg</i>	4	
TRIENTINE HCL CAPS 500 MG	5	NDS
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	2	
<i>budesonide cpep 3 mg</i>	2	MO
BUDESONIDE ER TB24 9 MG	4	
CORTISONE ACETATE TABS 25 MG	2	MO
<i>deflazacort susp 22.75 mg/ml</i>	5	NDS
<i>deflazacort tabs 18 mg</i>	5	NDS
<i>deflazacort tabs 30 mg</i>	5	NDS
<i>deflazacort tabs 36 mg</i>	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>deflazacort tabs 6 mg</i>	5	NDS
<i>dexamethasone elix 0.5 mg/5ml</i>	2	MO
DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	MO
DEXAMETHASONE SODIUM PHOSPHATE SOLN 10 MG/ML	2	
<i>dexamethasone sodium phosphate soln 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate soln 4 mg/ml</i>	2	
DEXAMETHASONE SOLN 0.5 MG/5ML	2	
<i>dexamethasone tabs 0.5 mg</i>	2	MO
<i>dexamethasone tabs 0.75 mg</i>	2	MO
<i>dexamethasone tabs 1 mg</i>	2	MO
<i>dexamethasone tabs 1.5 mg</i>	2	MO
<i>dexamethasone tabs 2 mg</i>	2	MO
<i>dexamethasone tabs 4 mg</i>	2	MO
<i>dexamethasone tabs 6 mg</i>	2	MO
<i>fludrocortisone acetate tabs 0.1 mg</i>	2	MO
<i>hydrocortisone tabs 10 mg</i>	2	MO
<i>hydrocortisone tabs 20 mg</i>	2	MO
<i>hydrocortisone tabs 5 mg</i>	2	MO
<i>jaythari tabs 18 mg</i>	5	NDS
<i>jaythari tabs 30 mg</i>	5	NDS
<i>jaythari tabs 36 mg</i>	5	NDS
<i>jaythari tabs 6 mg</i>	5	NDS
KENALOG-10 SUSP 10 MG/ML	3	
KHINDIVI SOLN 1 MG/ML	5	NDS
MEDROL TABS 2 MG	3	MO
<i>methylprednisolone acetate susp 40 mg/ml</i>	2	
<i>methylprednisolone acetate susp 80 mg/ml</i>	2	
<i>methylprednisolone sodium succ solr 1000 mg</i>	2	
<i>methylprednisolone sodium succ solr 125 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sodium succ solr 40 mg</i>	2	
<i>methylprednisolone tabs 16 mg</i>	2	MO
<i>methylprednisolone tabs 32 mg</i>	2	MO
<i>methylprednisolone tabs 4 mg</i>	2	MO
<i>methylprednisolone tabs 8 mg</i>	2	MO
<i>methylprednisolone tbpk 4 mg</i>	2	MO
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 5 mg/5ml</i>	2	MO
<i>prednisolone soln 15 mg/5ml</i>	2	MO
<i>prednisolone tabs 5 mg</i>	4	MO
PREDNISON INTENSOL CONC 5 MG/ML	2	MO
PREDNISON SOLN 5 MG/5ML	2	MO
<i>prednisone tabs 1 mg</i>	1	MO
<i>prednisone tabs 10 mg</i>	1	MO
<i>prednisone tabs 2.5 mg</i>	1	MO
<i>prednisone tabs 20 mg</i>	1	MO
<i>prednisone tabs 5 mg</i>	1	MO
<i>prednisone tabs 50 mg</i>	1	MO
<i>prednisone tbpk 10 mg (21)</i>	2	
<i>prednisone tbpk 10 mg (48)</i>	2	
<i>prednisone tbpk 5 mg (21)</i>	2	
<i>prednisone tbpk 5 mg (48)</i>	2	
SOLU-CORTEF SOLR 100 MG	3	
SOLU-CORTEF SOLR 1000 MG	3	
SOLU-CORTEF SOLR 250 MG	3	
SOLU-CORTEF SOLR 500 MG	3	
TARPEYO CPDR 4 MG	5	NDS
<i>triamcinolone acetanide susp 40 mg/ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1.5/30 tabs 1.5-30 mg-mcg</i>	2	MO
<i>junel fe 1/20 tabs 1-20 mg-mcg</i>	2	MO
<i>junel fe 24 tabs 1-20 mg-mcg(24)</i>	2	MO
<i>kelnor 1/35 tabs 1-35 mg-mcg</i>	2	MO
MIRENA (52 MG) IUD 21 MCG/DAY	3	MO
NEXPLANON IMPL 68 MG	3	MO
<i>nikki tabs 3-0.02 mg</i>	2	MO
NORA-BE TABS 0.35 MG	2	MO
<i>norethin ace-eth estrad-fe chew 1-20 mg-mcg(24)</i>	2	MO
<i>norethindrone tabs 0.35 mg</i>	2	MO
<i>nortrel 0.5/35 (28) tabs 0.5-35 mg-mcg</i>	2	MO
<i>nortrel 1/35 (21) tabs 1-35 mg-mcg</i>	2	MO
<i>nortrel 1/35 (28) tabs 1-35 mg-mcg</i>	2	MO
<i>nortrel 7/7/7 tabs 0.5/0.75/1-35 mg-mcg</i>	2	MO
<i>portia-28 tabs 0.15-30 mg-mcg</i>	2	MO
<i>reclipsen tabs 0.15-30 mg-mcg</i>	2	MO
<i>sprintec 28 tabs 0.25-35 mg-mcg</i>	2	MO
<i>tri-lo-sprintec tabs 0.18/0.215/0.25 mg-25 mcg</i>	2	MO
<i>tri-sprintec tabs 0.18/0.215/0.25 mg-35 mcg</i>	2	MO
<i>xulane ptwk 150-35 mcg/24hr</i>	2	MO
DIABETIC AGENTS		
<i>acarbose tabs 100 mg</i>	2	MO
<i>acarbose tabs 25 mg</i>	2	MO
<i>acarbose tabs 50 mg</i>	2	MO
BAQSIMI ONE PACK POWD 3 MG/DOSE	3	

Drug Name	Drug Tier	Requirements/Limits
BAQSIMI TWO PACK POWD 3 MG/DOSE	3	
<i>dapagliflozin tabs 10 mg</i>	2	MO
<i>dapagliflozin tabs 5 mg</i>	2	MO
<i>diazoxide susp 50 mg/ml</i>	4	
FARXIGA TABS 10 MG	3	MO
FARXIGA TABS 5 MG	3	MO
<i>glimepiride tabs 1 mg</i>	1	MO
<i>glimepiride tabs 2 mg</i>	1	MO
<i>glimepiride tabs 4 mg</i>	1	MO
<i>glipizide er tb24 10 mg</i>	1	MO
<i>glipizide er tb24 2.5 mg</i>	1	MO
<i>glipizide er tb24 5 mg</i>	1	MO
<i>glipizide tabs 10 mg</i>	1	MO
<i>glipizide tabs 5 mg</i>	1	MO
<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	1	MO
<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	1	MO
<i>glipizide-metformin hcl tabs 5-500 mg</i>	1	MO
<i>glucagon emergency 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
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML	3	MO
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML	3	MO
HUMULIN N KWIKPEN SUPN 100 UNIT/ML	3	MO
HUMULIN N SUSP 100 UNIT/ML	3	MO
HUMULIN R SOLN 100 UNIT/ML	3	MO
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML	3	MO
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML	3	MO

Drug Name	Drug Tier	Requirements/Limits
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML	2	MO
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML	2	MO
INSULIN LISPRO (1 UNIT DIAL) SOPN 100 UNIT/ML	4	MO
INSULIN LISPRO SOLN 100 UNIT/ML	3	MO
JANUMET TABS 50-1000 MG	3	MO
JANUMET TABS 50-500 MG	3	MO
JANUMET XR TB24 100-1000 MG	3	MO
JANUMET XR TB24 50-1000 MG	3	MO
JANUMET XR TB24 50-500 MG	3	MO
JANUVIA TABS 100 MG	3	MO
JANUVIA TABS 25 MG	3	MO
JANUVIA TABS 50 MG	3	MO
JARDIANCE TABS 10 MG	3	MO
JARDIANCE TABS 25 MG	3	MO
KIRSTY SOLN 100 UNIT/ML	2	MO
KIRSTY SOPN 100 UNIT/ML	2	MO
KORLYM TABS 300 MG	5	PA, LD, NDS
<i>liraglutide sopn 18 mg/3ml</i>	2	PA, MO
<i>metformin hcl er tb24 500 mg</i>	1	MO
<i>metformin hcl er tb24 750 mg</i>	1	MO
<i>metformin hcl tabs 1000 mg</i>	1	MO
<i>metformin hcl tabs 500 mg</i>	1	MO
<i>metformin hcl tabs 850 mg</i>	1	MO
<i>mifepristone tabs 300 mg</i>	5	PA, NDS
<i>nateglinide tabs 120 mg</i>	2	MO
<i>nateglinide tabs 60 mg</i>	2	MO
NOVOLIN R FLEXPEN SOPN 100 UNIT/ML	4	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2	3	PA, MO

Drug Name	Drug Tier	Requirements/Limits
MG/3ML		
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	3	PA, MO
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	3	PA, MO
OZEMPIC TABS 1.5 MG	3	PA, MO
OZEMPIC TABS 4 MG	3	PA, MO
OZEMPIC TABS 9 MG	3	PA, MO
<i>pioglitazone hcl tabs 15 mg</i>	1	MO
<i>pioglitazone hcl tabs 30 mg</i>	1	MO
<i>pioglitazone hcl tabs 45 mg</i>	1	MO
<i>repaglinide tabs 0.5 mg</i>	2	MO
<i>repaglinide tabs 1 mg</i>	2	MO
<i>repaglinide tabs 2 mg</i>	2	MO
RYBELSUS TABS 14 MG	3	PA, MO
RYBELSUS TABS 3 MG	3	PA
RYBELSUS TABS 7 MG	3	PA, MO
SITAGLIPTIN TABS 100 MG	3	MO
SITAGLIPTIN TABS 25 MG	3	MO
SITAGLIPTIN TABS 50 MG	3	MO
TRADJENTA TABS 5 MG	3	MO
WEGOVY SOAJ 0.25 MG/0.5ML	3	PA
WEGOVY SOAJ 0.5 MG/0.5ML	3	PA
WEGOVY SOAJ 1 MG/0.5ML	3	PA
WEGOVY SOAJ 1.7 MG/0.75ML	3	PA, MO
WEGOVY SOAJ 2.4 MG/0.75ML	3	PA, MO
WEGOVY TABS 1.5 MG	3	PA
WEGOVY TABS 25 MG	3	PA, MO
WEGOVY TABS 4 MG	3	PA
WEGOVY TABS 9 MG	3	PA
ESTROGENS AND ANTIESTROGENS		
CLIMARA PTWK 0.025 MG/24HR	2	MO
CLIMARA PTWK 0.0375	2	MO

Drug Name	Drug Tier	Requirements/Limits
MG/24HR		
CLIMARA PTWK 0.05 MG/24HR	2	MO
CLIMARA PTWK 0.06 MG/24HR	2	MO
CLIMARA PTWK 0.075 MG/24HR	2	MO
CLIMARA PTWK 0.1 MG/24HR	2	MO
DEPO-ESTRADIOL OIL 5 MG/ML	2	
<i>dotti pttw 0.025 mg/24hr</i>	2	MO
<i>dotti pttw 0.0375 mg/24hr</i>	2	MO
<i>dotti pttw 0.05 mg/24hr</i>	2	MO
<i>dotti pttw 0.075 mg/24hr</i>	2	MO
<i>dotti pttw 0.1 mg/24hr</i>	2	MO
ESTRACE CREA 0.01 %	2	MO
<i>estradiol crea 0.01 %</i>	2	MO
<i>estradiol gel 0.25 mg/0.25gm</i>	2	MO
<i>estradiol gel 0.5 mg/0.5gm</i>	2	MO
<i>estradiol gel 0.75 mg/0.75gm</i>	2	MO
<i>estradiol gel 1 mg/gm</i>	2	MO
<i>estradiol gel 1.25 mg/1.25gm</i>	2	MO
<i>estradiol pttw 0.025 mg/24hr</i>	2	MO
<i>estradiol pttw 0.0375 mg/24hr</i>	2	MO
<i>estradiol pttw 0.05 mg/24hr</i>	2	MO
<i>estradiol pttw 0.075 mg/24hr</i>	2	MO
<i>estradiol pttw 0.1 mg/24hr</i>	2	MO
<i>estradiol tabs 0.5 mg</i>	1	MO
<i>estradiol tabs 1 mg</i>	1	MO
<i>estradiol tabs 10 mcg</i>	2	MO
<i>estradiol tabs 2 mg</i>	1	MO
<i>estradiol valerate oil 20 mg/ml</i>	2	
<i>estradiol valerate oil 40 mg/ml</i>	2	
ESTRING RING 7.5 MCG/24HR	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>jinteli tabs 1-5 mg-mcg</i>	2	MO
PREMARIN SOLR 25 MG	3	
<i>raloxifene hcl tabs 60 mg</i>	2	MO
<i>yuvafem tabs 10 mcg</i>	2	MO
GONADOTROPINS		
CHORIONIC GONADOTROPIN SOLR 10000 UNIT	3	PA
ORGOVYX TABS 120 MG	5	NDS
ORILISSA TABS 150 MG	5	NDS
ORILISSA TABS 200 MG	5	NDS
OXYTOCICS		
<i>methergine tabs 0.2 mg</i>	2	
<i>methylergonovine maleate soln 0.2 mg/ml</i>	2	
<i>methylergonovine maleate tabs 0.2 mg</i>	2	
MIFEPREX TABS 200 MG	2	
<i>mifepristone tabs 200 mg</i>	2	
OXYTOCIN SOLN 10 UNIT/ML	2	
PARATHYROID		
<i>calcitonin (salmon) soln 200 unit/act</i>	2	MO
<i>calcitonin (salmon) soln 200 unit/ml</i>	5	NDS
<i>cinacalcet hcl tabs 30 mg</i>	2	
<i>cinacalcet hcl tabs 60 mg</i>	2	
<i>cinacalcet hcl tabs 90 mg</i>	2	
FORTEO SOPN 560 MCG/2.24ML	3	MO
<i>teriparatide sopn 560 mcg/2.24ml</i>	5	NDS
PITUITARY		
CORTROPHIN GEL 80 UNIT/ML	5	PA, NDS
CORTROPHIN GEL PRSY 40 UNIT/0.5ML	5	PA, NDS
CORTROPHIN GEL PRSY 80 UNIT/ML	5	PA, NDS
CRENESSITY CAPS 100 MG	5	NDS
CRENESSITY CAPS 25 MG	5	NDS
CRENESSITY CAPS 50	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG		
CRENESSITY SOLN 50 MG/ML	5	NDS
<i>desmopressin ace spray refrig soln 0.01 %</i>	2	MO
DESMOPRESSIN ACETATE SOLN 4 MCG/ML	2	
DESMOPRESSIN ACETATE SPRAY SOLN 0.01 %	2	
<i>desmopressin acetate tabs 0.1 mg</i>	2	MO
<i>desmopressin acetate tabs 0.2 mg</i>	2	MO
SYNAREL SOLN 2 MG/ML	5	MO
PROGESTINS		
DEPO-SUBQ PROVERA 104 SUSY 104 MG/0.65ML	3	MO
ENDOMETRIN INST 100 MG	4	PA
<i>gallifrey tabs 5 mg</i>	2	MO
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	2	
MEDROXYPROGESTERONE ACETATE SUSY 150 MG/ML	2	
<i>medroxyprogesterone acetate tabs 10 mg</i>	2	MO
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	2	MO
<i>medroxyprogesterone acetate tabs 5 mg</i>	2	MO
<i>norethindrone acetate tabs 5 mg</i>	2	MO
<i>progesterone caps 100 mg</i>	2	MO
<i>progesterone caps 200 mg</i>	2	MO
PROGESTERONE INST 100 MG	4	PA
<i>progesterone oil 50 mg/ml</i>	2	
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
EGRIFTA SV SOLR 2 MG	5	NDS
EGRIFTA WR KIT 11.6	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG		
INCRELEX SOLN 40 MG/4ML	5	NDS
LANREOTIDE ACETATE SOLN 120 MG/0.5ML	5	NDS
NORDITROPIN FLEXPROMPN 10 MG/1.5ML	5	PA, NDS
NORDITROPIN FLEXPROMPN 15 MG/1.5ML	5	PA, NDS
NORDITROPIN FLEXPROMPN 5 MG/1.5ML	5	PA, NDS
<i>octreotide acetate kit 10 mg</i>	5	NDS
<i>octreotide acetate kit 20 mg</i>	5	NDS
<i>octreotide acetate kit 30 mg</i>	5	NDS
<i>octreotide acetate soln 100 mcg/ml</i>	2	
<i>octreotide acetate soln 1000 mcg/ml</i>	2	
<i>octreotide acetate soln 200 mcg/ml</i>	2	
<i>octreotide acetate soln 50 mcg/ml</i>	2	
<i>octreotide acetate soln 500 mcg/ml</i>	2	
OMNITROPE SOCT 10 MG/1.5ML	2	PA
OMNITROPE SOCT 5 MG/1.5ML	2	PA
OMNITROPE SOLR 5.8 MG	2	PA
SANDOSTATIN LAR DEPOT KIT 10 MG	5	NDS
SANDOSTATIN LAR DEPOT KIT 20 MG	5	NDS
SANDOSTATIN LAR DEPOT KIT 30 MG	5	NDS
SIGNIFOR LAR SRER 10 MG	5	NDS
SIGNIFOR LAR SRER 20 MG	5	NDS
SIGNIFOR LAR SRER 30 MG	5	NDS
SIGNIFOR LAR SRER 40 MG	5	NDS

Drug Name	Drug Tier	Requirement s/Limits
SIGNIFOR LAR SRER 60 MG	5	NDS
SIGNIFOR SOLN 0.3 MG/ML	5	NDS
SIGNIFOR SOLN 0.6 MG/ML	5	NDS
SIGNIFOR SOLN 0.9 MG/ML	5	NDS
SOMAVERT SOLR 10 MG	5	LD, NDS
SOMAVERT SOLR 15 MG	5	LD, NDS
SOMAVERT SOLR 20 MG	5	LD, NDS
SOMAVERT SOLR 25 MG	5	LD, NDS
SOMAVERT SOLR 30 MG	5	LD, NDS
THYROID AND ANTITHYROID AGENTS		
LEVOTHYROXINE SODIUM SOLR 500 MCG	2	
<i>levothyroxine sodium tabs 100 mcg</i>	1	MO
<i>levothyroxine sodium tabs 112 mcg</i>	1	MO
<i>levothyroxine sodium tabs 125 mcg</i>	1	MO
<i>levothyroxine sodium tabs 137 mcg</i>	1	MO
<i>levothyroxine sodium tabs 150 mcg</i>	1	MO
<i>levothyroxine sodium tabs 175 mcg</i>	1	MO
<i>levothyroxine sodium tabs 200 mcg</i>	1	MO
<i>levothyroxine sodium tabs 25 mcg</i>	1	MO
<i>levothyroxine sodium tabs 300 mcg</i>	1	MO
<i>levothyroxine sodium tabs 50 mcg</i>	1	MO
<i>levothyroxine sodium tabs 75 mcg</i>	1	MO
<i>levothyroxine sodium tabs 88 mcg</i>	1	MO
<i>liothyronine sodium tabs 25 mcg</i>	2	MO
<i>liothyronine sodium tabs 5 mcg</i>	2	MO
<i>liothyronine sodium tabs 50 mcg</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
<i>methimazole tabs 10 mg</i>	1	MO
<i>methimazole tabs 5 mg</i>	1	MO
<i>propylthiouracil tabs 50 mg</i>	2	MO
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA REDUCTASE INHIBITORS		
<i>dutasteride caps 0.5 mg</i>	2	MO
<i>finasteride tabs 5 mg</i>	1	MO
ANTIDOTES		
<i>acetylcysteine soln 10 %</i>	2	PA, MO
<i>acetylcysteine soln 20 %</i>	2	PA, MO
ACETYLCYSTEINE SOLN 200 MG/ML	2	
<i>leucovorin calcium solr 100 mg</i>	2	
<i>leucovorin calcium solr 350 mg</i>	2	
<i>leucovorin calcium solr 50 mg</i>	2	
<i>leucovorin calcium tabs 10 mg</i>	2	MO
<i>leucovorin calcium tabs 25 mg</i>	2	MO
<i>leucovorin calcium tabs 5 mg</i>	2	MO
VORAXAZE SOLR 1000 UNIT	5	NDS
ANTIGOUT AGENTS		
<i>allopurinol tabs 100 mg</i>	1	MO
<i>allopurinol tabs 300 mg</i>	1	MO
<i>colchicine tabs 0.6 mg</i>	2	MO
<i>febuxostat tabs 40 mg</i>	2	MO
<i>febuxostat tabs 80 mg</i>	2	MO
BONE RESORPTION INHIBITORS		
<i>alendronate sodium tabs 10 mg</i>	1	MO
<i>alendronate sodium tabs 35 mg</i>	1	MO
<i>alendronate sodium tabs 70 mg</i>	1	MO
BOMYNTRA SOLN 120 MG/1.7ML	5	PA, NDS
BOMYNTRA SOSY 120 MG/1.7ML	5	PA, NDS
OSENVELT SOLN 120 MG/1.7ML	5	PA, NDS

Drug Name	Drug Tier	Requirement s/Limits
<i>pamidronate disodium soln 90 mg/10ml</i>	2	
<i>risedronate sodium tabs 35 mg</i>	2	MO
WYOST SOLN 120 MG/1.7ML	5	PA, NDS
<i>zoledronic acid conc 4 mg/5ml</i>	2	
<i>zoledronic acid soln 5 mg/100ml</i>	2	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
AMJEVITA SOAJ 40 MG/0.4ML	3	MO
AMJEVITA SOAJ 80 MG/0.8ML	3	MO
AMJEVITA SOSY 40 MG/0.4ML	3	MO
AMJEVITA-PED 10KG TO <15KG SOSY 10 MG/0.2ML	3	MO
AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.2ML	3	MO
AVTOZMA SOAJ 162 MG/0.9ML	5	NDS
AVTOZMA SOLN 200 MG/10ML	5	NDS
AVTOZMA SOLN 400 MG/20ML	5	NDS
AVTOZMA SOLN 80 MG/4ML	5	NDS
AVTOZMA SOSY 162 MG/0.9ML	5	NDS
CIBINQO TABS 100 MG	5	NDS
ENBREL MINI SOCT 50 MG/ML	5	NDS
ENBREL SOLN 25 MG/0.5ML	5	NDS
ENBREL SOSY 25 MG/0.5ML	5	NDS
ENBREL SOSY 50 MG/ML	5	NDS
ENBREL SURECLICK SOAJ 50 MG/ML	5	NDS
INFLECTRA SOLR 100 MG	5	HI

Drug Name	Drug Tier	Requirement s/Limits
INFLIXIMAB SOLR 100 MG	5	HI
KINERET SOSY 100 MG/0.67ML	5	NDS
<i>leflunomide tabs 10 mg</i>	2	MO
<i>leflunomide tabs 20 mg</i>	2	MO
OLUMIANT TABS 1 MG	5	NDS
OLUMIANT TABS 2 MG	5	NDS
ORENCIA CLICKJECT SOAJ 125 MG/ML	5	NDS
ORENCIA SOLR 250 MG	5	NDS
ORENCIA SOSY 125 MG/ML	5	NDS
ORENCIA SOSY 50 MG/0.4ML	5	NDS
ORENCIA SOSY 87.5 MG/0.7ML	5	NDS
OTEZLA TABS 20 MG	5	NDS
OTEZLA TABS 30 MG	5	NDS
OTEZLA TBPK 10 & 20 & 30 MG	5	NDS
OTEZLA TBPK 4 x 10 & 51 x20 MG	5	NDS
OTEZLA XR TB24 75 MG	5	NDS
OTEZLA/OTEZLA XR INITIATION PK TBPK 10&20&30&(ER)75 MG	5	NDS
RASUVO SOAJ 10 MG/0.2ML	3	
RASUVO SOAJ 12.5 MG/0.25ML	3	
RASUVO SOAJ 15 MG/0.3ML	3	
RASUVO SOAJ 17.5 MG/0.35ML	3	
RASUVO SOAJ 20 MG/0.4ML	3	
RASUVO SOAJ 22.5 MG/0.45ML	3	
RASUVO SOAJ 25 MG/0.5ML	3	
RASUVO SOAJ 30 MG/0.6ML	3	
RASUVO SOAJ 7.5 MG/0.15ML	3	
RINVOQ LQ SOLN 1	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG/ML		
RINVOQ TB24 15 MG	5	NDS
RINVOQ TB24 30 MG	5	NDS
RINVOQ TB24 45 MG	5	NDS
<i>tofacitinib citrate er tb24 11 mg</i>	2	MO
<i>tofacitinib citrate er tb24 22 mg</i>	5	NDS
<i>tofacitinib citrate soln 1 mg/ml</i>	4	MO
<i>tofacitinib citrate tabs 10 mg</i>	2	MO
<i>tofacitinib citrate tabs 5 mg</i>	2	MO
TYENNE SOAJ 162 MG/0.9ML	5	NDS
TYENNE SOSY 162 MG/0.9ML	5	NDS
ZYMFENTRA (2 PEN) AJKT 120 MG/ML	5	NDS
ZYMFENTRA (2 SYRINGE) PSKT 120 MG/ML	5	NDS
IMMUNE SUPPRESSANTS		
<i>azathioprine tabs 100 mg</i>	2	PA, MO
<i>azathioprine tabs 50 mg</i>	2	PA, MO
<i>azathioprine tabs 75 mg</i>	2	PA, MO
BENLYSTA SOAJ 200 MG/ML	5	
BENLYSTA SOSY 200 MG/ML	5	
<i>cyclosporine caps 100 mg</i>	2	PA, MO
<i>cyclosporine caps 25 mg</i>	2	PA, MO
<i>cyclosporine modified caps 100 mg</i>	2	PA, MO
<i>cyclosporine modified caps 25 mg</i>	2	PA, MO
<i>cyclosporine modified caps 50 mg</i>	2	PA, MO
<i>cyclosporine modified soln 100 mg/ml</i>	2	PA, MO
ENVARUSUS XR TB24 0.75 MG	4	PA, MO
ENVARUSUS XR TB24 1 MG	4	PA, MO
ENVARUSUS XR TB24 4 MG	5	PA, MO

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tabs 0.25 mg</i>	4	PA
<i>everolimus tabs 0.5 mg</i>	4	PA
<i>everolimus tabs 0.75 mg</i>	4	PA
<i>everolimus tabs 1 mg</i>	5	PA
<i>gengraf caps 100 mg</i>	2	PA, MO
<i>gengraf caps 25 mg</i>	2	PA, MO
<i>mycophenolate mofetil caps 250 mg</i>	2	PA, MO
<i>mycophenolate mofetil susr 200 mg/ml</i>	2	PA, MO
<i>mycophenolate mofetil tabs 500 mg</i>	2	PA, MO
<i>mycophenolate sodium tbec 180 mg</i>	2	PA, MO
<i>mycophenolate sodium tbec 360 mg</i>	2	PA, MO
PROGRAF PACK 0.2 MG	4	PA
PROGRAF PACK 1 MG	4	PA
PROGRAF SOLN 5 MG/ML	3	MO
<i>sirolimus soln 1 mg/ml</i>	2	PA, MO
<i>sirolimus tabs 0.5 mg</i>	2	PA, MO
<i>sirolimus tabs 1 mg</i>	2	PA, MO
<i>sirolimus tabs 2 mg</i>	4	PA, MO
<i>tacrolimus caps 0.5 mg</i>	2	PA, MO
<i>tacrolimus caps 1 mg</i>	2	PA, MO
<i>tacrolimus caps 5 mg</i>	2	PA, MO
MISCELLANEOUS THERAPEUTIC AGENTS		
ACETIC ACID SOLN 0.25 %	2	
ACTIMMUNE SOLN 100 MCG/0.5ML	5	
AMVUTTRA SOSY 25 MG/0.5ML	5	
ANDEMBRY SOAJ 200 MG/1.2ML	5	NDS
AQNEURSA PACK 1 GM	5	LD, NDS
ARCALYST SOLR 220 MG	5	NDS
ARGYLE STERILE WATER SOLN	2	
<i>bupivacaine hcl (pf) soln 0.25 %</i>	2	
<i>bupivacaine hcl (pf) soln 0.5 %</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>bupivacaine hcl (pf) soln 0.75 %</i>	2	
<i>bupivacaine hcl soln 0.5 %</i>	2	
<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	2	
<i>bupivacaine spinal soln 0.75-8.25 %</i>	2	
<i>bupivacaine-epinephrine (pf) soln 0.25% -1:200000</i>	2	
<i>bupivacaine-epinephrine (pf) soln 0.5% -1:200000</i>	2	
<i>bupivacaine-epinephrine soln 0.25% -1:200000</i>	2	
<i>bupivacaine-epinephrine soln 0.5% -1:200000</i>	2	
<i>chloroprocaine hcl (pf) soln 2 %</i>	2	
CYSTADANE POWD	4	LD, MO
CYSTAGON CAPS 150 MG	3	LD, NDS
CYSTAGON CAPS 50 MG	3	LD, NDS
<i>dexrazoxane hcl solr 250 mg</i>	2	
<i>dexrazoxane hcl solr 500 mg</i>	2	
DUVYZAT SUSP 8.86 MG/ML	5	NDS
EKTERLY TABS 300 MG	5	NDS
ELMIRON CAPS 100 MG	5	
ENDARI PACK 5 GM	5	NDS
EVRYSDI SOLR 0.75 MG/ML	5	NDS
EVRYSDI TABS 5 MG	5	NDS
FILSPARI TABS 200 MG	5	NDS
FILSPARI TABS 400 MG	5	NDS
FIRDAPSE TABS 10 MG	5	NDS
GIVLAARI SOLN 189 MG/ML	5	NDS
GRASTEK SUBL 2800 BAU	3	MO
HAEGARDA SOLR 2000 UNIT	5	NDS
HAEGARDA SOLR 3000 UNIT	5	NDS
<i>icatibant acetate sosy 30 mg/3ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
KESIMPTA SOAJ 20 MG/0.4ML	5	NDS
LACTATED RINGERS SOLN	2	
<i>levocarnitine soln 1 gm/10ml</i>	2	MO
<i>levocarnitine tabs 330 mg</i>	2	MO
<i>lidocaine hcl (pf) soln 0.5 %</i>	2	
<i>lidocaine hcl (pf) soln 1 %</i>	2	
<i>lidocaine hcl (pf) soln 2 %</i>	2	
<i>lidocaine hcl (pf) soln 4 %</i>	2	
<i>lidocaine hcl soln 0.5 %</i>	2	
<i>lidocaine hcl soln 1 %</i>	2	
<i>lidocaine hcl soln 2 %</i>	2	
<i>lidocaine-epinephrine (pf) soln 1.5 % -1:200000</i>	2	
<i>lidocaine-epinephrine (pf) soln 2 % -1:200000</i>	2	
<i>lidocaine-epinephrine soln 0.5 % -1:200000</i>	2	
<i>lidocaine-epinephrine soln 1 % -1:100000</i>	2	
<i>lidocaine-epinephrine soln 2 % -1:100000</i>	2	
<i>mesna soln 100 mg/ml</i>	2	
<i>mesna tabs 400 mg</i>	2	
MIPLYFFA CAPS 124 MG	5	NDS
MIPLYFFA CAPS 47 MG	5	NDS
MIPLYFFA CAPS 62 MG	5	NDS
MIPLYFFA CAPS 93 MG	5	NDS
ODACTRA SUBL 12 SQ-HDM	4	
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG	5	NDS
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG	5	NDS
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG	5	NDS
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG	5	NDS
PALFORZIA (200 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
DAILY DOSE) CSPK 2 x 100 MG		
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG	5	NDS
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG	5	NDS
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG	5	NDS
PALFORZIA (300 MG TITRATION) PACK 300 MG	5	NDS
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG	5	NDS
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG	5	NDS
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG	5	NDS
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG	5	NDS
POLOCAINE-MPF SOLN 1 %	2	
POLOCAINE-MPF SOLN 2 %	2	
PYRUKYND TABS 20 MG	5	NDS
PYRUKYND TABS 5 MG	5	NDS
PYRUKYND TABS 50 MG	5	NDS
PYRUKYND TAPER PACK TBPK 5 MG	5	NDS
PYRUKYND TAPER PACK TBPK 7 x 20 MG & 7 X 5 MG	5	NDS
PYRUKYND TAPER PACK TBPK 7 x 50 MG & 7 X 20 MG	5	NDS
REZUROCK TABS 200 MG	5	NDS
RIDAURA CAPS 3 MG	5	MO
RIMSO-50 SOLN 50 %	3	
<i>sajazir sosy 30 mg/3ml</i>	5	NDS
<i>sapropterin dihydrochloride pack 100 mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride pack 500 mg</i>	5	NDS
<i>sapropterin dihydrochloride tabs 100 mg</i>	5	NDS
SENSORCAINE SOLN 0.5 %	2	
<i>sensorcaine-mpf soln 0.25 %</i>	2	
<i>sensorcaine-mpf soln 0.5 %</i>	2	
<i>sensorcaine-mpf soln 0.75 %</i>	2	
<i>sensorcaine-mpf/epinephrine soln 0.25% -1:200000</i>	2	
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.5% -1:200000	2	
<i>sensorcaine/epinephrine soln 0.25% -1:200000</i>	2	
<i>sensorcaine/epinephrine soln 0.5% -1:200000</i>	2	
SEPHIENCE PACK 1000 MG	5	NDS
SEPHIENCE PACK 250 MG	5	NDS
SKYCLARYS CAPS 50 MG	5	NDS
<i>sodium chloride irrigation soln 0.9 %</i>	2	MO
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG	2	MO
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG	2	MO
SODIUM FLUORIDE CHEW 2.2 (1 F) MG	2	MO
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML	2	MO
STERILE WATER FOR IRRIGATION SOLN	2	
TAKHZYRO SOLN 300 MG/2ML	5	NDS
TAKHZYRO SOSY 150 MG/ML	5	NDS
TAKHZYRO SOSY 300	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG/2ML		
TAVNEOS CAPS 10 MG	5	NDS
THIOLA TABS 100 MG	5	NDS
THYROGEN SOLR 0.9 MG	5	NDS
<i>tiopronin tabs 100 mg</i>	5	NDS
<i>tiopronin tbec 100 mg</i>	5	NDS
<i>tiopronin tbec 300 mg</i>	5	NDS
ULTOMIRIS SOLN 1100 MG/11ML	5	
ULTOMIRIS SOLN 300 MG/3ML	5	
<i>venxxiva tbec 100 mg</i>	5	NDS
<i>venxxiva tbec 300 mg</i>	5	NDS
VIJOICE PACK 50 MG	5	NDS
VIJOICE TBPB 125 MG	5	NDS
VIJOICE TBPB 50 MG	5	NDS
VOWST CAPS	5	NDS
VUMERITY CPDR 231 MG	5	NDS
VYVGART HYTRULO SOLN 180-2000 MG-UNIT/ML	5	NDS
VYVGART HYTRULO SOSY 1000-10000 MG-UNT/5ML	5	NDS
VYVGART SOLN 400 MG/20ML	5	NDS
WATER FOR IRRIGATION, STERILE SOLN	2	
XEOMIN SOLR 200 UNIT	5	PA, NDS
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
BRINSUPRI TABS 10 MG	5	NDS
BRINSUPRI TABS 25 MG	5	NDS
<i>cromolyn sodium conc 100 mg/5ml</i>	2	MO
<i>cromolyn sodium nebu 20 mg/2ml</i>	3	PA, MO
DUPIXENT SOAJ 200 MG/1.14ML	5	PA, NDS
DUPIXENT SOAJ 300 MG/2ML	5	PA, NDS
DUPIXENT SOSY 200	5	PA, NDS

Drug Name	Drug Tier	Requirements/Limits
MG/1.14ML		
DUPIXENT SOSY 300 MG/2ML	5	PA, NDS
FASENRA PEN SOAJ 30 MG/ML	5	PA, NDS
FASENRA SOSY 30 MG/ML	5	PA
<i>montelukast sodium chew 4 mg</i>	1	MO
<i>montelukast sodium chew 5 mg</i>	1	MO
<i>montelukast sodium pack 4 mg</i>	2	MO
<i>montelukast sodium tabs 10 mg</i>	1	MO
NUCALA SOAJ 100 MG/ML	5	PA, NDS
NUCALA SOSY 100 MG/ML	5	PA, NDS
NUCALA SOSY 40 MG/0.4ML	5	PA, NDS
<i>zileuton er tb12 600 mg</i>	4	MO
CYSTIC FIBROSIS		
ALYFTREK TABS 10-50-125 MG	5	LD, NDS
ALYFTREK TABS 4-20-50 MG	5	LD, NDS
CAYSTON SOLR 75 MG	5	LD, NDS
KALYDECO PACK 13.4 MG	5	PA, NDS
KALYDECO PACK 25 MG	5	PA, NDS
KALYDECO PACK 5.8 MG	5	PA, NDS
KALYDECO PACK 50 MG	5	PA, NDS
KALYDECO PACK 75 MG	5	PA, NDS
KALYDECO TABS 150 MG	5	PA, NDS
ORKAMBI PACK 100-125 MG	5	NDS
ORKAMBI PACK 150-188 MG	5	NDS
ORKAMBI PACK 75-94 MG	5	NDS
ORKAMBI TABS 100-125 MG	5	NDS
ORKAMBI TABS 200-125	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG		
SYMDEKO TBPB 100-150 & 150 MG	5	NDS
SYMDEKO TBPB 50-75 & 75 MG	5	NDS
TOBI PODHALER CAPS 28 MG	5	
<i>tobramycin nebu 300 mg/5ml</i>	5	PA
TRIKAFTA TBPB 100-50-75 & 150 MG	5	LD, NDS
TRIKAFTA TBPB 50-25-37.5 & 75 MG	5	LD, NDS
TRIKAFTA THPB 100-50-75 & 75 MG	5	LD, NDS
TRIKAFTA THPB 80-40-60 & 59.5 MG	5	LD, NDS
PULMONARY FIBROSIS		
<i>nintedanib esylate caps 100 mg</i>	4	MO
<i>nintedanib esylate caps 150 mg</i>	4	MO
OFEV CAPS 100 MG	5	NDS
OFEV CAPS 150 MG	5	NDS
<i>pirfenidone tabs 267 mg</i>	2	PA, MO
PIRFENIDONE TABS 534 MG	2	PA, MO
<i>pirfenidone tabs 801 mg</i>	2	PA, MO
RESPIRATORY AGENTS, MISCELLANEOUS		
ADVAIR HFA AERO 115-21 MCG/ACT	4	MO
ADVAIR HFA AERO 230-21 MCG/ACT	3	MO
ADVAIR HFA AERO 45-21 MCG/ACT	4	MO
ALVESCO AERS 160 MCG/ACT	3	MO
ALVESCO AERS 80 MCG/ACT	3	MO
ASMANEX HFA AERO 100 MCG/ACT	4	MO
ASMANEX HFA AERO 200 MCG/ACT	4	MO
BREO ELLIPTA AEPB 100-25 MCG/ACT	3	MO
BREO ELLIPTA AEPB	3	MO

Drug Name	Drug Tier	Requirements/Limits
200-25 MCG/ACT		
BREO ELLIPTA AEPB 50-25 MCG/INH	3	MO
<i>breyna aero 160-4.5 mcg/act</i>	2	
<i>breyna aero 80-4.5 mcg/act</i>	2	
BREZTRI AEROSPHERE AERO 160-9-4.8 MCG/ACT	4	MO
<i>budesonide susp 0.25 mg/2ml</i>	2	PA, MO
<i>budesonide susp 0.5 mg/2ml</i>	2	PA, MO
<i>budesonide susp 1 mg/2ml</i>	4	PA, MO
FLUTICASONE FUROATE-VILANTEROL AEPB 100-25 MCG/ACT	3	MO
FLUTICASONE FUROATE-VILANTEROL AEPB 200-25 MCG/ACT	3	MO
FLUTICASONE PROPIONATE HFA AERO 220 MCG/ACT	4	MO
GLASSIA SOLN 1000 MG/50ML	5	HI
OHTUVAYRE SUSP 3 MG/2.5ML	5	PA, NDS
PULMICORT FLEXHALER AEPB 180 MCG/ACT	4	MO
<i>roflumilast tabs 250 mcg</i>	4	MO
<i>roflumilast tabs 500 mcg</i>	4	MO
TEZSPIRE SOAJ 210 MG/1.91ML	5	NDS
TEZSPIRE SOSY 210 MG/1.91ML	5	NDS
TRELEGY ELLIPTA AEPB 100-62.5-25 MCG/ACT	3	MO
TRELEGY ELLIPTA AEPB 200-62.5-25 MCG/ACT	3	MO
WINREVAIR KIT 2 x 45 MG	5	NDS
WINREVAIR KIT 2 x 60 MG	5	NDS
WINREVAIR KIT 45 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
WINREVAIR KIT 60 MG	5	NDS
<i>wixela inhub aepb 100-50 mcg/act</i>	2	
<i>wixela inhub aepb 250-50 mcg/act</i>	2	
<i>wixela inhub aepb 500-50 mcg/act</i>	2	
XOLAIR SOAJ 150 MG/ML	5	PA, NDS
XOLAIR SOAJ 300 MG/2ML	5	PA, NDS
XOLAIR SOAJ 75 MG/0.5ML	5	PA, NDS
XOLAIR SOLR 150 MG	5	PA, NDS
XOLAIR SOSY 150 MG/ML	5	PA, NDS
XOLAIR SOSY 300 MG/2ML	5	PA, NDS
XOLAIR SOSY 75 MG/0.5ML	5	PA, NDS
VASODILATING AGENTS		
ADEMPAS TABS 0.5 MG	5	PA, NDS
ADEMPAS TABS 1 MG	5	PA, NDS
ADEMPAS TABS 1.5 MG	5	PA, NDS
ADEMPAS TABS 2 MG	5	PA, NDS
ADEMPAS TABS 2.5 MG	5	PA, NDS
<i>ambrisentan tabs 10 mg</i>	2	
<i>ambrisentan tabs 5 mg</i>	2	
<i>bosentan tabs 125 mg</i>	2	
<i>bosentan tabs 62.5 mg</i>	2	
<i>bosentan tbso 32 mg</i>	5	NDS
OPSYNVI TABS 10-20 MG	5	PA, NDS
OPSYNVI TABS 10-40 MG	5	PA, NDS
<i>treprostinil soln 100 mg/20ml</i>	5	PA, LD, NDS
<i>treprostinil soln 20 mg/20ml</i>	5	PA, LD, NDS
<i>treprostinil soln 50 mg/20ml</i>	5	PA, LD, NDS
TYVASO DPI MAINTENANCE KIT POWD 16 MCG	5	LD, NDS
TYVASO DPI MAINTENANCE KIT	5	LD, NDS

Drug Name	Drug Tier	Requirements/Limits
POWD 32 MCG		
TYVASO DPI MAINTENANCE KIT POWD 48 MCG	5	LD, NDS
TYVASO DPI MAINTENANCE KIT POWD 64 MCG	5	LD, NDS
TYVASO DPI TITRATION KIT POWD 16 & 32 & 48 MCG	5	LD, NDS
TYVASO REFILL KIT SOLN 0.6 MG/ML	5	PA, LD
TYVASO STARTER KIT SOLN 0.6 MG/ML	5	PA, LD
UPTRAVI TABS 1000 MCG	5	NDS
UPTRAVI TABS 1200 MCG	5	NDS
UPTRAVI TABS 1400 MCG	5	NDS
UPTRAVI TABS 1600 MCG	5	NDS
UPTRAVI TABS 200 MCG	5	NDS
UPTRAVI TABS 400 MCG	5	NDS
UPTRAVI TABS 600 MCG	5	NDS
UPTRAVI TABS 800 MCG	5	NDS
UPTRAVI TITRATION TBPK 200 & 800 MCG	5	NDS
YUTREPIA CAPS 106 MCG	5	NDS
YUTREPIA CAPS 26.5 MCG	5	NDS
YUTREPIA CAPS 53 MCG	5	NDS
YUTREPIA CAPS 79.5 MCG	5	NDS
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
GAMASTAN SOLN	3	
GAMMAGARD ERC SOLN 10 GM/100ML	5	HI
GAMMAGARD ERC SOLN 5 GM/50ML	5	HI
GAMMAGARD S/D LESS IGA SOLR 10 GM	5	HI
GAMMAGARD S/D LESS	5	HI

Drug Name	Drug Tier	Requirements/Limits
IGA SOLR 5 GM		
GAMMAGARD SOLN 2.5 GM/25ML	5	HI
GAMMAKED SOLN 1 GM/10ML	5	HI
GAMUNEX-C SOLN 1 GM/10ML	5	HI
HYQVIA KIT 10 GM/100ML	5	PA, NDS
HYQVIA KIT 2.5 GM/25ML	5	PA, NDS
HYQVIA KIT 20 GM/200ML	5	PA, NDS
HYQVIA KIT 30 GM/300ML	5	PA, NDS
HYQVIA KIT 5 GM/50ML	5	PA, NDS
NABI-HB SOLN 312 UNIT/ML	3	
TOXOIDS		
KINRIX SUSY 0.5 ML	6	
QUADRACEL SUSP	6	
QUADRACEL SUSY 0.5 ML	6	
TENIVAC SUSP 5-2 LF/0.5ML	6	
VACCINES		
ABRYSVO SOLR 120 MCG/0.5ML	6	
ACTHIB SOLR	6	
ADACEL SUSP 5-2-15.5 LF-MCG/0.5	6	
ADACEL SUSY 5-2-15.5 LF-MCG/0.5	6	
AREXVY SUSR 120 MCG/0.5ML	6	
BEXSERO SUSY 0.5 ML	6	
BOOSTRIX SUSP 5-2.5-18.5 LF-MCG/0.5	6	
BOOSTRIX SUSY 5-2.5-18.5 LF-MCG/0.5	6	
DAPTACEL SUSP 23-15-5	6	
ENGRIX-B SUSP 20 MCG/ML	6	PA
ENGRIX-B SUSY 10 MCG/0.5ML	6	PA
ENGRIX-B SUSY 20	6	PA

Drug Name	Drug Tier	Requirements/Limits
MCG/ML		
GARDASIL 9 SUSP 0.5 ML	6	
GARDASIL 9 SUSY 0.5 ML	6	
HAVRIX SUSY 1440 EL U/ML	6	
HAVRIX SUSY 720 EL U/0.5ML	6	
HEPLISAV-B SOSY 20 MCG/0.5ML	6	PA
HIBERIX SOLR 10 MCG	6	
IMOVAX RABIES SUSR 2.5 UNIT/ML	6	PA
INFANRIX SUSP 25-58-10	6	
IPOLE SUSP	6	
IXIARO SUSP	6	
JYNNEOS SUSP 0.5 ML	6	
M-M-R II SOLR	6	
MENQUADFI SOLN 0.5 ML	6	
MENVEO SOLR	6	
MRESVIA SUSY 50 MCG/0.5ML	6	
PEDIARIX SUSY	6	
PEDVAXHIB SUSP 7.5 MCG/0.5ML	6	
PENBRAYA SUSR	6	
PENMENVY SUSR	6	
PENTACEL SUSR	6	
PRIORIX SUSR	6	
PROQUAD SUSR	6	
RABAVERT SUSR	6	PA
RECOMBIVAX HB SUSP 10 MCG/ML	6	PA
RECOMBIVAX HB SUSP 40 MCG/ML	6	PA
RECOMBIVAX HB SUSP 5 MCG/0.5ML	6	PA
RECOMBIVAX HB SUSY 10 MCG/ML	6	PA
RECOMBIVAX HB SUSY 5 MCG/0.5ML	6	PA
ROTARIX SUSP	6	
ROTATEQ SOLN	6	

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX SUSR 50 MCG/0.5ML	6	
SHINGRIX SUSY 50 MCG/0.5ML	6	
TICOVAC SUSY 1.2 MCG/0.25ML	6	
TICOVAC SUSY 2.4 MCG/0.5ML	6	
TRUMENBA SUSY 0.5 ML	6	
TWINRIX SUSY 720-20 ELU-MCG/ML	6	
TYPHIM VI SOSY 25 MCG/0.5ML	6	
VAQTA SUSP 25 UNIT/0.5ML	6	
VAQTA SUSP 50 UNIT/ML	6	
VAQTA SUSY 25 UNIT/0.5ML	6	
VAQTA SUSY 50 UNIT/ML	6	
VARIVAX SUSR 1350 PFU/0.5ML	6	
VAXCHORA SUSR	6	
VIMKUNYA SUSY 40 MCG/0.8ML	6	
VIVOTIF CPDR	6	
YF-VAX SUSR	6	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
BENZOYL PEROXIDE GEL 6.5 %	5	NDS
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	2	MO
<i>ciclopirox gel 0.77 %</i>	2	
<i>ciclopirox olamine crea 0.77 %</i>	2	
<i>ciclopirox soln 8 %</i>	2	
<i>clindamycin phos (once-daily) gel 1 %</i>	2	MO
<i>clindamycin phos (twice-daily) gel 1 %</i>	2	MO
<i>clindamycin phos-benzoyl perox gel 1.2-5 %</i>	2	MO
CLINDAMYCIN	2	

Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE CREA 2 %		
CLINDAMYCIN PHOSPHATE LOTN 1 %	2	MO
<i>clindamycin phosphate soln 1 %</i>	2	MO
<i>clindamycin phosphate swab 1 %</i>	2	MO
<i>clotrimazole crea 1 %</i>	4	
<i>clotrimazole troc 10 mg</i>	2	
<i>clotrimazole-betamethasone crea 1-0.05 %</i>	2	
EMROSI CP24 40 MG	5	NDS
ERYTHROMYCIN GEL 2 %	2	MO
<i>erythromycin soln 2 %</i>	2	MO
<i>gentamicin sulfate crea 0.1 %</i>	2	
<i>gentamicin sulfate oint 0.1 %</i>	2	
<i>ketoconazole crea 2 %</i>	2	
<i>ketoconazole sham 2 %</i>	2	
<i>malathion lotn 0.5 %</i>	2	
<i>metronidazole crea 0.75 %</i>	2	
<i>metronidazole gel 0.75 %</i>	2	
<i>metronidazole lotn 0.75 %</i>	2	
<i>mupirocin calcium crea 2 %</i>	2	
<i>mupirocin oint 2 %</i>	2	
NEOMYCIN-POLYMYXIN B GU SOLN 40-200000	2	
<i>nystatin crea 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin powd 100000 unit/gm</i>	2	
<i>nystop powd 100000 unit/gm</i>	2	
<i>permethrin crea 5 %</i>	2	
SELENIUM SULFIDE LOTN 2.5 %	2	
SILVER SULFADIAZINE CREA 1 %	2	
SSD CREA 1 %	2	
<i>sulfacetamide sodium</i>	2	MO

Drug Name	Drug Tier	Requirement s/Limits
(acne) lotn 10 %		
SULFAMYLON CREA 85 MG/GM	3	
terconazole crea 0.4 %	2	
terconazole supp 80 mg	2	
ZELSUVMI GEL 10.3 %	5	NDS
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
alclometasone dipropionate crea 0.05 %	2	MO
ALCLOMETASONE DIPROPIONATE OINT 0.05 %	2	MO
ANZUPGO CREA 20 MG/GM	5	NDS
BENZOYL PEROXIDE FORTE- HC LOTN 7.5-1 %	5	NDS
betamethasone dipropionate aug crea 0.05 %	2	MO
BETAMETHASONE DIPROPIONATE AUG GEL 0.05 %	2	MO
betamethasone dipropionate aug lotn 0.05 %	2	MO
betamethasone dipropionate aug oint 0.05 %	2	MO
betamethasone dipropionate crea 0.05 %	2	MO
betamethasone dipropionate lotn 0.05 %	2	MO
betamethasone dipropionate oint 0.05 %	2	MO
BETAMETHASONE VALERATE CREA 0.1 %	2	MO
betamethasone valerate foam 0.12 %	2	MO
BETAMETHASONE VALERATE LOTN 0.1 %	2	MO
betamethasone valerate oint 0.1 %	2	MO
calcipotriene-betameth diprop susp 0.005-0.064 %	4	
clobetasol propionate crea	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetone soln 0.01 %</i>	2	MO
<i>fluocinonide crea 0.05 %</i>	2	
<i>fluocinonide emulsified base crea 0.05 %</i>	2	MO
<i>fluocinonide gel 0.05 %</i>	2	MO
<i>fluocinonide oint 0.05 %</i>	2	MO
<i>fluocinonide soln 0.05 %</i>	2	MO
<i>fluticasone propionate crea 0.05 %</i>	2	MO
<i>fluticasone propionate oint 0.005 %</i>	2	MO
<i>halobetasol propionate crea 0.05 %</i>	2	MO
HALOBETASOL PROPIONATE FOAM 0.05 %	4	
<i>halobetasol propionate oint 0.05 %</i>	2	MO
<i>hydrocortisone (perianal) crea 2.5 %</i>	2	MO
HYDROCORTISONE BUTYRATE CREA 0.1 %	2	MO
HYDROCORTISONE BUTYRATE OINT 0.1 %	2	MO
HYDROCORTISONE BUTYRATE SOLN 0.1 %	2	MO
<i>hydrocortisone crea 2.5 %</i>	2	MO
<i>hydrocortisone enem 100 mg/60ml</i>	2	MO
HYDROCORTISONE LOTN 2.5 %	2	MO
<i>hydrocortisone oint 1 %</i>	2	MO
<i>hydrocortisone oint 2.5 %</i>	2	MO
<i>hydrocortisone valerate crea 0.2 %</i>	2	MO
<i>hydrocortisone valerate oint 0.2 %</i>	2	MO
<i>mometasone furoate crea 0.1 %</i>	2	MO
<i>mometasone furoate oint 0.1 %</i>	2	MO
<i>mometasone furoate soln 0.1 %</i>	2	MO
NEMLUVIO AUIJ 30 MG	5	NDS
<i>nystatin-triamcinolone crea</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>100000-0.1 unit/gm-%</i>		
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	MO
<i>proctozone-hc crea 2.5 %</i>	2	MO
RADIAURA CREA 3-0.5 %	5	NDS
TRIAMCINOLONE ACETONIDE AERS 0.147 MG/GM	2	MO
<i>triamcinolone acetone crea 0.025 %</i>	2	MO
<i>triamcinolone acetone crea 0.1 %</i>	2	MO
<i>triamcinolone acetone crea 0.5 %</i>	2	MO
TRIAMCINOLONE ACETONIDE LOTN 0.025 %	2	MO
<i>triamcinolone acetone lotn 0.1 %</i>	2	MO
<i>triamcinolone acetone oint 0.025 %</i>	2	MO
<i>triamcinolone acetone oint 0.1 %</i>	2	MO
<i>triamcinolone acetone oint 0.5 %</i>	2	MO
<i>triamcinolone acetone pste 0.1 %</i>	2	MO
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>glydo prsy 2 %</i>	2	MO
HYDROCORTISONE ACE-PRAMOXINE CREA 1-1 %	2	MO
<i>lidocaine hcl soln 4 %</i>	2	
<i>lidocaine hcl urethral/mucosal prsy 2 %</i>	2	MO
<i>lidocaine oint 5 %</i>	2	MO
<i>lidocaine ptch 5 %</i>	2	PA, MO
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	2	MO
<i>lidocan ptch 5 %</i>	2	PA, MO
PROCTOFOAM HC FOAM 1-1 %	2	
CELL STIMULANTS AND PROLIFERANTS		
<i>bexarotene gel 1 %</i>	5	PA, NDS
PANRETIN GEL 0.1 %	5	NDS
RETIN-A CREA 0.025 %	2	PA, MO

Drug Name	Drug Tier	Requirement s/Limits
RETIN-A CREA 0.05 %	2	PA, MO
RETIN-A CREA 0.1 %	2	PA, MO
RETIN-A GEL 0.01 %	2	PA, MO
RETIN-A GEL 0.025 %	2	PA, MO
<i>tretinoin crea 0.025 %</i>	2	PA, MO
<i>tretinoin crea 0.05 %</i>	2	PA, MO
<i>tretinoin crea 0.1 %</i>	2	PA, MO
<i>tretinoin gel 0.01 %</i>	2	PA, MO
<i>tretinoin gel 0.025 %</i>	2	PA, MO
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin caps 10 mg</i>	2	
<i>acitretin caps 17.5 mg</i>	2	
<i>acitretin caps 25 mg</i>	2	
<i>adapalene gel 0.3 %</i>	2	MO
ADAPALENE SOLN 0.1 %	5	NDS
<i>adapalene-benzoyl peroxide gel 0.1-2.5 %</i>	2	MO
ADAPALENE-BENZOYL PEROXIDE PADS 0.1-2.5 %	5	NDS
ADBRY SOAJ 300 MG/2ML	5	NDS
ADBRY SOSY 150 MG/ML	5	NDS
<i>ammonium lactate crea 12 %</i>	2	MO
<i>azelaic acid gel 15 %</i>	2	MO
BIMZELX SOAJ 160 MG/ML	5	
BIMZELX SOAJ 320 MG/2ML	5	
BIMZELX SOSY 160 MG/ML	5	
BIMZELX SOSY 320 MG/2ML	5	
<i>calcipotriene crea 0.005 %</i>	2	MO
<i>calcipotriene oint 0.005 %</i>	2	MO
CALCIPOTRIENE SOLN 0.005 %	2	MO
CALCITRIOL OINT 3 MCG/GM	2	MO
<i>claravis caps 10 mg</i>	2	NDS
<i>claravis caps 20 mg</i>	2	NDS
<i>claravis caps 30 mg</i>	2	NDS

Drug Name	Drug Tier	Requirement s/Limits
<i>claravis caps 40 mg</i>	2	NDS
COSENTYX (300 MG DOSE) SOSY 150 MG/ML	5	
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML	5	
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML	5	
COSENTYX SOSY 150 MG/ML	5	
COSENTYX SOSY 75 MG/0.5ML	5	
COSENTYX UNOREADY SOAJ 300 MG/2ML	5	
FLUOROURACIL CREA 0.5 %	5	
<i>fluorouracil crea 5 %</i>	2	MO
FLUOROURACIL SOLN 2 %	2	MO
<i>fluorouracil soln 5 %</i>	2	MO
<i>imiquimod crea 5 %</i>	2	MO
<i>isotretinoin caps 20 mg</i>	2	NDS
<i>isotretinoin caps 30 mg</i>	2	NDS
<i>isotretinoin caps 40 mg</i>	2	NDS
KLISYRI (250 MG) OINT 1 %	5	NDS
LEQSELVI TABS 8 MG	5	NDS
LITFULO CAPS 50 MG	5	NDS
METHOXSALEN RAPID CAPS 10 MG	5	MO
<i>nitroglycerin oint 0.4 %</i>	4	MO
OPZELURA CREA 1.5 %	5	NDS
PIMECROLIMUS CREA 1 %	4	MO
PODOFILOX SOLN 0.5 %	2	MO
SALICYLIC ACID SHAM 6 %	2	
SANTYL OINT 250 UNIT/GM	3	MO
SILIQ SOSY 210 MG/1.5ML	5	NDS
SKYRIZI PEN SOAJ 150 MG/ML	5	
SKYRIZI SOSY 150 MG/ML	5	

Drug Name	Drug Tier	Requirement s/Limits
SKYRIZI SOSY 55 MG/0.37ML	5	
<i>tacrolimus oint 0.03 %</i>	2	MO
<i>tacrolimus oint 0.1 %</i>	2	MO
TALTZ SOAJ 80 MG/ML	5	NDS
TALTZ SOSY 20 MG/0.25ML	5	NDS
TALTZ SOSY 40 MG/0.5ML	5	NDS
TALTZ SOSY 80 MG/ML	5	NDS
<i>tazarotene crea 0.05 %</i>	4	PA, MO
<i>tazarotene crea 0.1 %</i>	2	PA, MO
<i>tazarotene gel 0.05 %</i>	4	PA, MO
<i>tazarotene gel 0.1 %</i>	4	PA, MO
TREMFYA ONE-PRESS SOPN 100 MG/ML	5	
TREMFYA PEN SOAJ 200 MG/2ML	5	NDS
TREMFYA SOLN 200 MG/20ML	5	NDS
TREMFYA SOSY 100 MG/ML	5	
TREMFYA SOSY 200 MG/2ML	5	NDS
TREMFYA-CD/UC INDUCTION SOAJ 200 MG/2ML	5	NDS
VALCHLOR GEL 0.016 %	5	NDS
VTAMA CREA 1 %	5	NDS
YESINTEK SOLN 130 MG/26ML	3	
YESINTEK SOLN 45 MG/0.5ML	3	
YESINTEK SOSY 45 MG/0.5ML	3	
YESINTEK SOSY 90 MG/ML	3	
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		
AMINOPHYLLINE SOLN 25 MG/ML	2	
<i>darifenacin hydrobromide er tb24 15 mg</i>	2	MO
<i>darifenacin hydrobromide er tb24 7.5 mg</i>	2	MO
<i>elixophyllin elix 80</i>	2	

Drug Name	Drug Tier	Requirement s/Limits
<i>mg/15ml</i>		
<i>flavoxate hcl tabs 100 mg</i>	2	MO
<i>mirabegron er tb24 25 mg</i>	4	MO
<i>mirabegron er tb24 50 mg</i>	4	MO
<i>oxybutynin chloride er tb24 10 mg</i>	2	MO
<i>oxybutynin chloride er tb24 15 mg</i>	2	MO
<i>oxybutynin chloride er tb24 5 mg</i>	2	MO
<i>oxybutynin chloride soln 5 mg/5ml</i>	2	MO
<i>oxybutynin chloride tabs 5 mg</i>	2	MO
<i>solifenacin succinate tabs 10 mg</i>	2	MO
<i>solifenacin succinate tabs 5 mg</i>	2	MO
THEO-24 CP24 300 MG	2	MO
<i>theophylline elix 80 mg/15ml</i>	2	
THEOPHYLLINE ER TB12 100 MG	2	MO
THEOPHYLLINE ER TB12 200 MG	2	MO
<i>theophylline er tb12 300 mg</i>	2	MO
<i>theophylline er tb12 450 mg</i>	2	MO
<i>theophylline er tb24 400 mg</i>	2	MO
<i>theophylline er tb24 600 mg</i>	2	MO
<i>theophylline soln 80 mg/15ml</i>	2	MO
<i>tolterodine tartrate tabs 1 mg</i>	2	MO
<i>tolterodine tartrate tabs 2 mg</i>	2	MO
<i>tropium chloride tabs 20 mg</i>	2	MO
VITAMINS		
VITAMINS		
<i>calcitriol caps 0.25 mcg</i>	2	MO
<i>calcitriol caps 0.5 mcg</i>	2	MO
<i>calcitriol oral soln 1</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>mcg/ml</i>		
PRENATAL TABS 27-1 MG	4	MO
RAYALDEE CPCR 30 MCG	5	NDS

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<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	16	<i>acyclovir susp 200 mg/5ml</i>	16
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		<i>albuterol sulfate nebu 2.5 mg/0.5ml</i>	30
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<i>ampicillin sodium injection solr 2 gm</i>	11	ARANESP (ALBUMIN FREE) SOSY 100 MCG/0.5ML	32
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		<i>aripiprazole tabs 10 mg</i>	50
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		<i>aripiprazole tabs 30 mg</i>	50
		<i>aripiprazole tabs 5 mg</i>	50
		<i>aripiprazole tbdp 10 mg</i>	50
		<i>aripiprazole tbdp 15 mg</i>	50
		ARISTADA INITIO PRSY 675 MG/2.4ML	50
		ARISTADA PRSY 1064 MG/3.9ML	50
		ARISTADA PRSY 441 MG/1.6ML	50
		ARISTADA PRSY 662 MG/2.4ML	50
		ARISTADA PRSY 882 MG/3.2ML	50
		<i>armodafinil tabs 150 mg</i>	41

<i>armodafinil tabs 200 mg</i>	41	AUSTEDO XR TB24 36 MG	49
<i>armodafinil tabs 250 mg</i>	41	AUSTEDO XR TB24 42 MG	49
<i>armodafinil tabs 50 mg</i>	41	AUSTEDO XR TB24 48 MG	49
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<i>asenapine maleate subl 5 mg</i>	50	MG & 45-105 MG	51
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ASMANEX HFA AERO 200 MCG/ACT	76	AUVI-Q SOAJ 0.15 MG/0.15ML	30
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<i>atazanavir sulfate caps 150 mg</i>	16	AVASTIN SOLN 400 MG/16ML	20
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BOSULIF TABS 500 MG	20	200000.....	73
<i>bosutinib tabs 100 mg</i>	20	<i>buprenorphine hcl subl 2 mg</i>	50
<i>bosutinib tabs 400 mg</i>	20	<i>buprenorphine hcl subl 8 mg</i>	50
<i>bosutinib tabs 500 mg</i>	20	<i>buprenorphine hcl-naloxone hcl subl 2-0.5</i>	
BRAFTOVI CAPS 75 MG	20	mg.....	50
BREO ELLIPTA AEPB 100-25 MCG/ACT 76		<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	
BREO ELLIPTA AEPB 200-25 MCG/ACT 76		.....	50
BREO ELLIPTA AEPB 50-25 MCG/INH ...	76	<i>buprenorphine ptwk 10 mcg/hr</i>	50
<i>breyana aero 160-4.5 mcg/act</i>	76	<i>buprenorphine ptwk 15 mcg/hr</i>	50
<i>breyana aero 80-4.5 mcg/act</i>	76	<i>buprenorphine ptwk 20 mcg/hr</i>	50
BREZTRI AEROSPHERE AERO 160-9-4.8		<i>buprenorphine ptwk 5 mcg/hr</i>	50
MCG/ACT	76	<i>buprenorphine ptwk 7.5 mcg/hr</i>	50
<i>brimonidine tartrate soln 0.2 %</i>	61	<i>bupropion hcl er (smoking det) tb12 150 mg</i>	
BRINSUPRI TABS 10 MG	75	.....	29
BRINSUPRI TABS 25 MG	75	<i>bupropion hcl er (sr) tb12 100 mg</i>	51
<i>brivaracetam soln 10 mg/ml</i>	42	<i>bupropion hcl er (sr) tb12 150 mg</i>	51
<i>brivaracetam tabs 10 mg</i>	42	<i>bupropion hcl er (sr) tb12 200 mg</i>	51
<i>brivaracetam tabs 100 mg</i>	42	<i>bupropion hcl er (xl) tb24 150 mg</i>	51
<i>brivaracetam tabs 25 mg</i>	42	<i>bupropion hcl er (xl) tb24 300 mg</i>	51
<i>brivaracetam tabs 50 mg</i>	42	BUPROPION HCL ER (XL) TB24 450 MG51	
<i>brivaracetam tabs 75 mg</i>	42	<i>bupropion hcl tabs 100 mg</i>	51
<i>bromfenac sodium (once-daily) soln 0.09 %</i>		<i>bupropion hcl tabs 75 mg</i>	51
.....	61	<i>bupropion hcl tabs 10 mg</i>	47
<i>bromocriptine mesylate caps 5 mg</i>	46	<i>bupropion hcl tabs 15 mg</i>	47
<i>bromocriptine mesylate tabs 2.5 mg</i>	46	<i>bupropion hcl tabs 30 mg</i>	47
BRUKINSA CAPS 80 MG	20	<i>bupropion hcl tabs 5 mg</i>	47
BRUKINSA TABS 160 MG	20	<i>bupropion hcl tabs 7.5 mg</i>	47
BUCAPSOL CAPS 10 MG.....	47	<i>butalbital-apap-cafeine tabs 50-325-40 mg</i>	
BUCAPSOL CAPS 15 MG.....	47	.....	39
BUCAPSOL CAPS 7.5 MG.....	47	<i>butalbital-aspirin-cafeine caps 50-325-40</i>	
<i>budesonide cpep 3 mg</i>	64	mg.....	39
BUDESONIDE ER TB24 9 MG.....	64	BYOOVIZ SOLN 0.5 MG/0.05ML	62
<i>budesonide susp 0.25 mg/2ml</i>	76	BYSANTI TABS 1 MG	51
<i>budesonide susp 0.5 mg/2ml</i>	76	BYSANTI TABS 10 MG	51
<i>budesonide susp 1 mg/2ml</i>	76	BYSANTI TABS 12 MG	51
<i>bumetanide tabs 0.5 mg</i>	57	BYSANTI TABS 2 MG	51
<i>bumetanide tabs 1 mg</i>	57	BYSANTI TABS 4 MG	51
<i>bumetanide tabs 2 mg</i>	57	BYSANTI TABS 6 MG	51
<i>bupivacaine hcl (pf) soln 0.25 %</i>	72	BYSANTI TABS 8 MG	51
<i>bupivacaine hcl (pf) soln 0.5 %</i>	72	BYSANTI TITRATION PACK A TBPK 1 & 2	
<i>bupivacaine hcl (pf) soln 0.75 %</i>	73	& 4 & 6 MG	51
<i>bupivacaine hcl soln 0.5 %</i>	73	BYSANTI TITRATION PACK B TBPK 1 & 2	
<i>bupivacaine in dextrose soln 0.75-8.25 %</i> 73		& 6 & 8 MG	51
<i>bupivacaine spinal soln 0.75-8.25 %</i>	73		

BYSANTI TITRATION PACK C TBPK 1 & 2 & 6 MG.....	51
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C

CABENUVA SUER 400 & 600 MG/2ML ...	16
CABENUVA SUER 600 & 900 MG/3ML ...	16
<i>cabergoline tabs 0.5 mg</i>	46
CABLIVI KIT 11 MG.....	32
CABOMETYX TABS 20 MG	20
CABOMETYX TABS 40 MG	20
CABOMETYX TABS 60 MG	20
<i>caffeine citrate soln 60 mg/3ml</i>	41
<i>calcipotriene crea 0.005 %</i>	82
<i>calcipotriene oint 0.005 %</i>	82
CALCIPOTRIENE SOLN 0.005 %	82
<i>calcipotriene-betameth diprop susp 0.005- 0.064 %</i>	80
<i>calcitonin (salmon) soln 200 unit/act</i>	68
<i>calcitonin (salmon) soln 200 unit/ml</i>	68
<i>calcitriol caps 0.25 mcg</i>	83
<i>calcitriol caps 0.5 mcg</i>	83
CALCITRIOL OINT 3 MCG/GM	82
<i>calcitriol oral soln 1 mcg/ml</i>	83
<i>calcium acetate (phos binder) caps 667 mg</i>	58
<i>calcium acetate (phos binder) tabs 667 mg</i>	58
CALQUENCE TABS 100 MG	20
CAMCEVI PRSY 42 MG	20
<i>candesartan cilexetil tabs 16 mg</i>	37
<i>candesartan cilexetil tabs 32 mg</i>	37
<i>candesartan cilexetil tabs 4 mg</i>	37
<i>candesartan cilexetil tabs 8 mg</i>	37
CAPLYTA CAPS 10.5 MG	51
CAPLYTA CAPS 21 MG	51
CAPLYTA CAPS 42 MG	51
CAPRELSA TABS 100 MG.....	20
CAPRELSA TABS 300 MG.....	20
<i>captopril tabs 100 mg</i>	37
<i>captopril tabs 12.5 mg</i>	37
<i>captopril tabs 25 mg</i>	37
<i>captopril tabs 50 mg</i>	37
<i>carbamazepine chew 100 mg</i>	42
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<i>carbamazepine er cp12 100 mg</i>	42
<i>carbamazepine er cp12 200 mg</i>	42
<i>carbamazepine er cp12 300 mg</i>	42
<i>carbamazepine er tb12 100 mg</i>	42
<i>carbamazepine er tb12 200 mg</i>	42
<i>carbamazepine er tb12 400 mg</i>	42

<i>carbamazepine susp 100 mg/5ml</i>	42
<i>carbamazepine tabs 200 mg</i>	42
<i>carbidopa tabs 25 mg</i>	46
<i>carbidopa-levodopa er tbc 25-100 mg</i>	46
<i>carbidopa-levodopa er tbc 50-200 mg</i>	46
<i>carbidopa-levodopa tabs 10-100 mg</i>	46
<i>carbidopa-levodopa tabs 25-100 mg</i>	46
<i>carbidopa-levodopa tabs 25-250 mg</i>	46
<i>carbidopa-levodopa-entacapone tabs 12.5- 50-200 mg</i>	46
<i>carbidopa-levodopa-entacapone tabs 18.75- 75-200 mg</i>	46
<i>carbidopa-levodopa-entacapone tabs 25- 100-200 mg</i>	46
<i>carbidopa-levodopa-entacapone tabs 31.25- 125-200 mg</i>	46
<i>carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg</i>	46
<i>carbidopa-levodopa-entacapone tabs 50- 200-200 mg</i>	46
<i>carboplatin soln 150 mg/15ml</i>	20
<i>carboplatin soln 450 mg/45ml</i>	20
<i>carboplatin soln 50 mg/5ml</i>	20
<i>carboplatin soln 600 mg/60ml</i>	20
<i>carglumic acid tbs 200 mg</i>	57
<i>carmustine solr 100 mg</i>	20
<i>cartia xt cp24 120 mg</i>	35
<i>cartia xt cp24 180 mg</i>	35
<i>cartia xt cp24 240 mg</i>	35
<i>cartia xt cp24 300 mg</i>	35
<i>carvedilol tabs 12.5 mg</i>	34
<i>carvedilol tabs 25 mg</i>	34
<i>carvedilol tabs 3.125 mg</i>	34
<i>carvedilol tabs 6.25 mg</i>	34
<i>caspofungin acetate solr 50 mg</i>	15
<i>caspofungin acetate solr 70 mg</i>	15
CAVHANZA TBP 60 MG.....	20
CAVHANZA TBP 80 MG.....	20
CAYSTON SOLR 75 MG.....	75
CEFACLOX CAPS 250 MG.....	12
CEFACLOX CAPS 500 MG.....	12
CEFACLOX 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	CHLORDIAZEPOXIDE-AMITRIPTYLINE TABS 5-12.5 MG.....	51
<i>cefixime caps 400 mg</i>	12	<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i>	28
CEFIXIME SUSR 100 MG/5ML	12	<i>chlorhexidine gluconate soln 0.12 %</i>	60
<i>cefixime susr 200 mg/5ml</i>	12	<i>chlorprocaine hcl (pf) soln 2 %</i>	73
CEFOTAXIME SODIUM SOLR 1 GM.....	12	CHLOROQUINE PHOSPHATE TABS 250 MG.....	16
CEFOTETAN DISODIUM SOLR 1 GM.....	12	<i>chloroquine phosphate tabs 500 mg</i>	16
<i>cefotetan disodium solr 2 gm</i>	12	<i>chlorpromazine hcl conc 100 mg/ml</i>	51
<i>cefoxitin sodium solr 1 gm</i>	12	<i>chlorpromazine hcl conc 30 mg/ml</i>	51
<i>cefoxitin sodium solr 10 gm</i>	12	<i>chlorpromazine hcl soln 25 mg/ml</i>	51
<i>cefoxitin sodium solr 2 gm</i>	12	<i>chlorpromazine hcl soln 50 mg/2ml</i>	51
CEFPODOXIME PROXETIL SUSR 100 MG/5ML	12	<i>chlorpromazine hcl tabs 10 mg</i>	51
CEFPODOXIME PROXETIL SUSR 50 MG/5ML	12	<i>chlorpromazine hcl tabs 100 mg</i>	51
<i>cefpodoxime proxetil tabs 100 mg</i>	12	<i>chlorpromazine hcl tabs 200 mg</i>	51
<i>cefpodoxime proxetil tabs 200 mg</i>	12	<i>chlorpromazine hcl tabs 25 mg</i>	51
<i>ceftaroline fosamil solr 400 mg</i>	12	<i>chlorpromazine hcl tabs 50 mg</i>	51
<i>ceftazidime solr 1 gm</i>	12	<i>chlorthalidone tabs 25 mg</i>	57
CEFTAZIDIME SOLR 6 GM	12	<i>chlorthalidone tabs 50 mg</i>	57
<i>ceftriaxone sodium solr 1 gm</i>	12	<i>cholestyramine light pack 4 gm</i>	33
<i>ceftriaxone sodium solr 10 gm</i>	12	<i>cholestyramine light powd 4 gm/dose</i>	33
<i>ceftriaxone sodium solr 2 gm</i>	12	<i>cholestyramine pack 4 gm</i>	33
<i>ceftriaxone sodium solr 250 mg</i>	12	<i>cholestyramine powd 4 gm/dose</i>	33
<i>ceftriaxone sodium solr 500 mg</i>	12	CHORIONIC GONADOTROPIN SOLR 10000 UNIT	68
<i>cefuroxime axetil tabs 250 mg</i>	12	CIBINQO TABS 100 MG	71
<i>cefuroxime axetil tabs 500 mg</i>	12	<i>ciclopirox gel 0.77 %</i>	79
<i>cefuroxime sodium solr 1.5 gm</i>	12	<i>ciclopirox olamine crea 0.77 %</i>	79
<i>cefuroxime sodium solr 750 mg</i>	12	<i>ciclopirox soln 8 %</i>	79
<i>celecoxib caps 100 mg</i>	39	<i>cidofovir soln 75 mg/ml</i>	16
<i>celecoxib caps 200 mg</i>	39	<i>cilostazol tabs 100 mg</i>	31
<i>celecoxib caps 400 mg</i>	39	<i>cilostazol tabs 50 mg</i>	31
<i>celecoxib caps 50 mg</i>	39	CILOXAN OINT 0.3 %.....	60
CELONTIN CAPS 300 MG.....	42	CIMDUO TABS 300-300 MG.....	16
<i>cephalexin caps 250 mg</i>	12	<i>cimetidine hcl soln 300 mg/5ml</i>	63
<i>cephalexin caps 500 mg</i>	12	<i>cinacalcet hcl tabs 30 mg</i>	68
<i>cephalexin susr 125 mg/5ml</i>	12	<i>cinacalcet hcl tabs 60 mg</i>	68
<i>cephalexin susr 250 mg/5ml</i>	12	<i>cinacalcet hcl tabs 90 mg</i>	68
<i>cephalexin tabs 500 mg</i>	12	CIPROFLOXACIN HCL SOLN 0.3 %	60
CEQUA SOLN 0.09 %	61	<i>ciprofloxacin hcl tabs 250 mg</i>	12
CERDELGA CAPS 84 MG.....	59	<i>ciprofloxacin hcl tabs 500 mg</i>	12
CEREZYME SOLR 400 UNIT.....	59	<i>ciprofloxacin hcl tabs 750 mg</i>	12
CHEMET CAPS 100 MG	64	CIPROFLOXACIN IN D5W SOLN 200 MG/100ML	12
CHLORAMPHENICOL SOD SUCCINATE SOLR 1 GM	12	CIPROFLOXACIN IN D5W SOLN 400 MG/200ML	12
<i>chlordiazepoxide hcl caps 10 mg</i>	47	<i>ciprofloxacin-dexamethasone susp 0.3-0.1 %</i>	61
<i>chlordiazepoxide hcl caps 25 mg</i>	47	<i>cisplatin soln 100 mg/100ml</i>	20
<i>chlordiazepoxide hcl caps 5 mg</i>	47	<i>cisplatin soln 200 mg/200ml</i>	20
CHLORDIAZEPOXIDE-AMITRIPTYLINE TABS 10-25 MG.....	51	<i>cisplatin soln 50 mg/50ml</i>	20

<i>citalopram hydrobromide caps 30 mg</i>	51	<i>clobetasol propionate sham 0.05 %</i>	80
<i>citalopram hydrobromide soln 10 mg/5ml</i>	51	<i>clobetasol propionate soln 0.05 %</i>	80
<i>citalopram hydrobromide tabs 10 mg</i>	51	<i>clomipramine hcl caps 25 mg</i>	51
<i>citalopram hydrobromide tabs 20 mg</i>	51	<i>clomipramine hcl caps 50 mg</i>	51
<i>citalopram hydrobromide tabs 40 mg</i>	51	<i>clomipramine hcl caps 75 mg</i>	51
<i>cladribine soln 10 mg/10ml</i>	20	<i>clonazepam tabs 0.5 mg</i>	43
<i>claravis caps 10 mg</i>	82	<i>clonazepam tabs 1 mg</i>	43
<i>claravis caps 20 mg</i>	82	<i>clonazepam tabs 2 mg</i>	43
<i>claravis caps 30 mg</i>	82	<i>clonazepam tbdp 0.125 mg</i>	43
<i>claravis caps 40 mg</i>	82	<i>clonazepam tbdp 0.25 mg</i>	43
CLARITHROMYCIN SUSR 125 MG/5ML.....	12	<i>clonazepam tbdp 0.5 mg</i>	43
CLARITHROMYCIN SUSR 250 MG/5ML.....	13	<i>clonazepam tbdp 1 mg</i>	43
<i>clarithromycin tabs 250 mg</i>	13	<i>clonazepam tbdp 2 mg</i>	43
<i>clarithromycin tabs 500 mg</i>	13	<i>clonidine hcl tabs 0.1 mg</i>	37
CLIMARA PTWK 0.025 MG/24HR.....	67	<i>clonidine hcl tabs 0.2 mg</i>	37
CLIMARA PTWK 0.0375 MG/24HR.....	67	<i>clonidine hcl tabs 0.3 mg</i>	37
CLIMARA PTWK 0.05 MG/24HR.....	68	<i>clonidine ptwk 0.1 mg/24hr</i>	37
CLIMARA PTWK 0.06 MG/24HR.....	68	<i>clonidine ptwk 0.2 mg/24hr</i>	37
CLIMARA PTWK 0.075 MG/24HR.....	68	<i>clonidine ptwk 0.3 mg/24hr</i>	37
CLIMARA PTWK 0.1 MG/24HR.....	68	<i>clopidogrel bisulfate tabs 75 mg</i>	31
<i>clindamycin hcl caps 150 mg</i>	13	<i>clorazepate dipotassium tabs 15 mg</i>	47
<i>clindamycin hcl caps 300 mg</i>	13	<i>clorazepate dipotassium tabs 3.75 mg</i>	47
<i>clindamycin hcl caps 75 mg</i>	13	<i>clorazepate dipotassium tabs 7.5 mg</i>	47
<i>clindamycin palmitate hcl solr 75 mg/5ml</i>	13	<i>clotrimazole crea 1 %</i>	79
<i>clindamycin phos (once-daily) gel 1 %</i>	79	<i>clotrimazole troc 10 mg</i>	79
<i>clindamycin phos (twice-daily) gel 1 %</i>	79	<i>clotrimazole-betamethasone crea 1-0.05 %</i>	79
<i>clindamycin phos-benzoyl perox gel 1.2-5 %</i>	79	<i>clozapine tabs 100 mg</i>	51
CLINDAMYCIN PHOSPHATE CREA 2 %.....	79	<i>clozapine tabs 200 mg</i>	51
<i>clindamycin phosphate in d5w soln 300 mg/50ml</i>	13	<i>clozapine tabs 25 mg</i>	51
<i>clindamycin phosphate in d5w soln 600 mg/50ml</i>	13	<i>clozapine tabs 50 mg</i>	51
<i>clindamycin phosphate in d5w soln 900 mg/50ml</i>	13	<i>clozapine tbdp 100 mg</i>	51
CLINDAMYCIN PHOSPHATE LOTN 1 %.....	79	<i>clozapine tbdp 12.5 mg</i>	51
<i>clindamycin phosphate soln 1 %</i>	79	<i>clozapine tbdp 150 mg</i>	51
<i>clindamycin phosphate soln 300 mg/2ml</i>	13	<i>clozapine tbdp 200 mg</i>	51
<i>clindamycin phosphate soln 600 mg/4ml</i>	13	<i>clozapine tbdp 25 mg</i>	51
<i>clindamycin phosphate soln 900 mg/6ml</i>	13	COARTEM TABS 20-120 MG.....	16
<i>clindamycin phosphate swab 1 %</i>	79	COBENFY CAPS 100-20 MG.....	51
<i>clobazam susp 2.5 mg/ml</i>	42	COBENFY CAPS 125-30 MG.....	51
<i>clobazam tabs 10 mg</i>	42	COBENFY CAPS 50-20 MG.....	51
<i>clobazam tabs 20 mg</i>	42	COBENFY STARTER PACK CPPK 50-20 & 100-20 MG.....	52
<i>clobetasol propionate crea 0.05 %</i>	80	CODEINE SULFATE TABS 15 MG.....	39
<i>clobetasol propionate e crea 0.05 %</i>	80	<i>codeine sulfate tabs 30 mg</i>	39
<i>clobetasol propionate foam 0.05 %</i>	80	CODEINE SULFATE TABS 60 MG.....	39
<i>clobetasol propionate gel 0.05 %</i>	80	<i>colchicine tabs 0.6 mg</i>	70
<i>clobetasol propionate liqd 0.05 %</i>	80	<i>colchicine-probenecid tabs 0.5-500 mg</i>	59
<i>clobetasol propionate lotn 0.05 %</i>	80	<i>colesevelam hcl tabs 625 mg</i>	33
<i>clobetasol propionate oint 0.05 %</i>	80	COLESTIPOL HCL GRAN 5 GM.....	33
		COLESTIPOL HCL PACK 5 GM.....	33
		<i>colestipol hcl tabs 1 gm</i>	33

<i>colistimethate sodium (cba) solr 150 mg</i> ...	13
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT	30
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG.....	20
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG	20
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG	20
<i>compro supp 25 mg</i>	52
COPIKTRA CAPS 15 MG	20
COPIKTRA CAPS 25 MG	20
CORDRAN TAPE 4 MCG/SQCM	80
CORLANOR SOLN 5 MG/5ML	36
CORTISONE ACETATE TABS 25 MG	64
CORTROPHIN GEL 80 UNIT/ML	68
CORTROPHIN GEL PRSY 40 UNIT/0.5ML	68
CORTROPHIN GEL PRSY 80 UNIT/ML...	68
COSENTYX (300 MG DOSE) SOSY 150 MG/ML	82
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML	82
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML	82
COSENTYX SOSY 150 MG/ML	82
COSENTYX SOSY 75 MG/0.5ML	82
COSENTYX UNOREADY SOAJ 300 MG/2ML	82
COTELLIC TABS 20 MG	20
CRENESSITY CAPS 100 MG	68
CRENESSITY CAPS 25 MG	68
CRENESSITY CAPS 50 MG	68
CRENESSITY SOLN 50 MG/ML	69
CREON CPEP 12000-38000 UNIT.....	59
CREON CPEP 24000-76000 UNIT.....	59
CREON CPEP 3000-9500 UNIT.....	59
CREON CPEP 36000-114000 UNIT.....	59
CREON CPEP 6000-19000 UNIT.....	60
CRESEMBA CAPS 186 MG	15
CRESEMBA CAPS 74.5 MG	15
<i>cromolyn sodium conc 100 mg/5ml</i>	75
<i>cromolyn sodium nebu 20 mg/2ml</i>	75
CROMOLYN SODIUM SOLN 4 %.....	61
<i>cryselle tabs 0.3-30 mg-mcg</i>	65
CURITY GAUZE PADS 2	57
<i>cyclobenzaprine hcl tabs 10 mg</i>	29
<i>cyclobenzaprine hcl tabs 5 mg</i>	29
<i>cyclophosphamide caps 25 mg</i>	20
<i>cyclophosphamide caps 50 mg</i>	20
<i>cyclophosphamide solr 1 gm</i>	21

<i>cyclophosphamide solr 2 gm</i>	21
<i>cyclophosphamide solr 500 mg</i>	21
CYCLOSERINE CAPS 250 MG	15
<i>cyclosporine (pf) emul 0.05 %</i>	61
<i>cyclosporine caps 100 mg</i>	72
<i>cyclosporine caps 25 mg</i>	72
<i>cyclosporine modified caps 100 mg</i>	72
<i>cyclosporine modified caps 25 mg</i>	72
<i>cyclosporine modified caps 50 mg</i>	72
<i>cyclosporine modified soln 100 mg/ml</i>	72
<i>cyproheptadine hcl syrp 2 mg/5ml</i>	19
<i>cyproheptadine hcl tabs 4 mg</i>	19
CYRAMZA SOLN 100 MG/10ML.....	21
CYRAMZA SOLN 500 MG/50ML.....	21
CYSTADANE POWD	73
CYSTAGON CAPS 150 MG	73
CYSTAGON CAPS 50 MG	73
CYSTARAN SOLN 0.44 %	62
<i>cytarabine (pf) soln 100 mg/ml</i>	21
<i>cytarabine (pf) soln 20 mg/ml</i>	21
CYTARABINE SOLN 20 MG/ML	21

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<i>dabigatran etexilate mesylate caps 110 mg</i>	31
<i>dabigatran etexilate mesylate caps 150 mg</i>	31
<i>dabigatran etexilate mesylate caps 75 mg</i> 31	
DACARBAZINE SOLR 100 MG.....	21
<i>dacarbazine solr 200 mg</i>	21
<i>dalfampridine er tb12 10 mg</i>	49
<i>danazol caps 100 mg</i>	65
<i>danazol caps 200 mg</i>	65
<i>danazol caps 50 mg</i>	65
<i>dantrolene sodium caps 100 mg</i>	29
<i>dantrolene sodium caps 25 mg</i>	29
<i>dantrolene sodium caps 50 mg</i>	29
DANZITEN TABS 71 MG	21
DANZITEN TABS 95 MG	21
<i>dapagliflozin tabs 10 mg</i>	66
<i>dapagliflozin tabs 5 mg</i>	66
<i>dapsone tabs 100 mg</i>	15
<i>dapsone tabs 25 mg</i>	15
DAPTACEL SUSP 23-15-5.....	78
<i>daptomycin solr 350 mg</i>	13
<i>daptomycin solr 500 mg</i>	13
<i>darifenacin hydrobromide er tb24 15 mg</i> ..	83
<i>darifenacin hydrobromide er tb24 7.5 mg</i> ..	83
<i>darunavir tabs 600 mg</i>	16
<i>darunavir tabs 800 mg</i>	16

DARZALEX FASPRO SOLN 1800-30000	
MG-UT/15ML	21
DARZALEX SOLN 100 MG/5ML	21
DARZALEX SOLN 400 MG/20ML	21
<i>dasatinib tabs 100 mg</i>	21
<i>dasatinib tabs 140 mg</i>	21
<i>dasatinib tabs 20 mg</i>	21
<i>dasatinib tabs 50 mg</i>	21
<i>dasatinib tabs 70 mg</i>	21
<i>dasatinib tabs 80 mg</i>	21
<i>daunorubicin hcl soln 20 mg/4ml</i>	21
DAURISMO TABS 100 MG	21
DAURISMO TABS 25 MG	21
DAYBUE SOLN 200 MG/ML.....	49
<i>decitabine solr 50 mg</i>	21
<i>deferasirox granules pack 180 mg</i>	64
<i>deferasirox granules pack 360 mg</i>	64
<i>deferasirox granules pack 90 mg</i>	64
<i>deferasirox tabs 180 mg</i>	64
<i>deferasirox tabs 360 mg</i>	64
<i>deferasirox tabs 90 mg</i>	64
<i>deferasirox tbso 125 mg</i>	64
<i>deferasirox tbso 250 mg</i>	64
<i>deferasirox tbso 500 mg</i>	64
<i>deferiprone tabs 1000 mg</i>	64
<i>deferiprone tabs 500 mg</i>	64
<i>deferoxamine mesylate solr 500 mg</i>	64
<i>deflazacort susp 22.75 mg/ml</i>	64
<i>deflazacort tabs 18 mg</i>	64
<i>deflazacort tabs 30 mg</i>	64
<i>deflazacort tabs 36 mg</i>	64
<i>deflazacort tabs 6 mg</i>	64
DELSTRIGO TABS 100-300-300 MG.....	16
<i>demeclocycline hcl tabs 150 mg</i>	13
<i>demeclocycline hcl tabs 300 mg</i>	13
DEPO-ESTRADIOL OIL 5 MG/ML.....	68
DEPO-SUBQ PROVERA 104 SUSY 104	
MG/0.65ML	69
<i>depo-testosterone soln 100 mg/ml</i>	65
<i>depo-testosterone soln 200 mg/ml</i>	65
DESCOVY TABS 120-15 MG	16
DESCOVY TABS 200-25 MG	17
<i>desipramine hcl tabs 10 mg</i>	52
<i>desipramine hcl tabs 100 mg</i>	52
<i>desipramine hcl tabs 150 mg</i>	52
<i>desipramine hcl tabs 25 mg</i>	52
<i>desipramine hcl tabs 50 mg</i>	52
<i>desipramine hcl tabs 75 mg</i>	52
<i>desmopressin ace spray refrig soln 0.01 %</i>	
.....	69

DESMOPRESSIN ACETATE SOLN 4	
MCG/ML	69
DESMOPRESSIN ACETATE SPRAY SOLN	
0.01 %.....	69
<i>desmopressin acetate tabs 0.1 mg</i>	69
<i>desmopressin acetate tabs 0.2 mg</i>	69
<i>desonide crea 0.05 %</i>	80
<i>desonide lotn 0.05 %</i>	80
<i>desonide oint 0.05 %</i>	80
<i>desoximetasone crea 0.25 %</i>	80
<i>desoximetasone oint 0.25 %</i>	80
<i>desvenlafaxine succinate er tb24 100 mg</i> ..	52
<i>desvenlafaxine succinate er tb24 25 mg</i> ...	52
<i>desvenlafaxine succinate er tb24 50 mg</i> ...	52
<i>dexamethasone elix 0.5 mg/5ml</i>	64
DEXAMETHASONE INTENSOL CONC 1	
MG/ML.....	64
DEXAMETHASONE SODIUM	
PHOSPHATE SOLN 0.1 %.....	61
DEXAMETHASONE SODIUM	
PHOSPHATE SOLN 10 MG/ML	64
<i>dexamethasone sodium phosphate soln 20</i>	
<i>mg/5ml</i>	64
<i>dexamethasone sodium phosphate soln 4</i>	
<i>mg/ml</i>	64
DEXAMETHASONE SOLN 0.5 MG/5ML..	64
<i>dexamethasone tabs 0.5 mg</i>	64
<i>dexamethasone tabs 0.75 mg</i>	64
<i>dexamethasone tabs 1 mg</i>	64
<i>dexamethasone tabs 1.5 mg</i>	64
<i>dexamethasone tabs 2 mg</i>	64
<i>dexamethasone tabs 4 mg</i>	64
<i>dexamethasone tabs 6 mg</i>	64
<i>dexmethylphenidate hcl er cp24 10 mg</i>	41
<i>dexmethylphenidate hcl er cp24 15 mg</i>	41
<i>dexmethylphenidate hcl er cp24 20 mg</i>	41
<i>dexmethylphenidate hcl er cp24 25 mg</i>	41
<i>dexmethylphenidate hcl er cp24 30 mg</i>	41
<i>dexmethylphenidate hcl er cp24 35 mg</i>	41
<i>dexmethylphenidate hcl er cp24 40 mg</i>	41
<i>dexmethylphenidate hcl er cp24 5 mg</i>	41
<i>dexmethylphenidate hcl tabs 10 mg</i>	41
<i>dexmethylphenidate hcl tabs 2.5 mg</i>	41
<i>dexmethylphenidate hcl tabs 5 mg</i>	41
<i>dexrazoxane hcl solr 250 mg</i>	73
<i>dexrazoxane hcl solr 500 mg</i>	73
<i>dextroamphetamine sulfate er cp24 10 mg</i>	
.....	41
<i>dextroamphetamine sulfate er cp24 15 mg</i>	
.....	41
<i>dextroamphetamine sulfate er cp24 5 mg</i> ..	41

<i>dextroamphetamine sulfate tabs 10 mg</i>	41	<i>dihydroergotamine mesylate soln 1 mg/ml</i> 30	
<i>dextroamphetamine sulfate tabs 5 mg</i>	41	<i>dihydroergotamine mesylate soln 4 mg/ml</i> 30	
DEXTROSE IN LACTATED RINGERS		DILANTIN CAPS 100 MG.....	43
SOLN 5 %.....	58	DILANTIN CAPS 30 MG.....	43
DEXTROSE SOLN 10 %.....	57	DILANTIN INFATABS CHEW 50 MG.....	43
<i>dextrose soln 5 %</i>	57	<i>diltiazem hcl er coated beads cp24 120 mg</i>	
DEXTROSE SOLN 50 %.....	57	.....	35
DEXTROSE SOLN 70 %.....	57	<i>diltiazem hcl er coated beads cp24 180 mg</i>	
DEXTROSE-SODIUM CHLORIDE SOLN		.....	35
10-0.45 %.....	58	<i>diltiazem hcl er coated beads cp24 240 mg</i>	
DEXTROSE-SODIUM CHLORIDE SOLN		.....	35
2.5-0.45 %.....	58	<i>diltiazem hcl er coated beads cp24 300 mg</i>	
DEXTROSE-SODIUM CHLORIDE SOLN 5-		.....	35
0.2 %.....	58	<i>diltiazem hcl er coated beads cp24 360 mg</i>	
<i>dextrose-sodium chloride soln 5-0.45 %</i>	58	.....	35
<i>dextrose-sodium chloride soln 5-0.9 %</i>	58	<i>diltiazem hcl er cp12 120 mg</i>	35
DIACOMIT CAPS 250 MG.....	43	<i>diltiazem hcl er cp12 60 mg</i>	35
DIACOMIT CAPS 500 MG.....	43	<i>diltiazem hcl er cp12 90 mg</i>	35
DIACOMIT PACK 250 MG.....	43	<i>diltiazem hcl er cp24 120 mg</i>	35
DIACOMIT PACK 500 MG.....	43	<i>diltiazem hcl er cp24 180 mg</i>	35
<i>diazepam gel 10 mg</i>	43	<i>diltiazem hcl er cp24 240 mg</i>	35
<i>diazepam gel 2.5 mg</i>	43	<i>diltiazem hcl soln 125 mg/25ml</i>	35
<i>diazepam gel 20 mg</i>	43	<i>diltiazem hcl soln 25 mg/5ml</i>	35
<i>diazepam intensol conc 5 mg/ml</i>	47	<i>diltiazem hcl soln 50 mg/10ml</i>	35
<i>diazepam soln 5 mg/5ml</i>	47	<i>diltiazem hcl tabs 120 mg</i>	35
<i>diazepam soln 5 mg/ml</i>	47	<i>diltiazem hcl tabs 30 mg</i>	35
<i>diazepam tabs 10 mg</i>	47	<i>diltiazem hcl tabs 60 mg</i>	35
<i>diazepam tabs 2 mg</i>	47	<i>diltiazem hcl tabs 90 mg</i>	35
<i>diazepam tabs 5 mg</i>	47	<i>dilt-xr cp24 120 mg</i>	35
<i>diazoxide susp 50 mg/ml</i>	66	<i>dilt-xr cp24 180 mg</i>	35
<i>diclofenac sodium gel 3 %</i>	80	<i>dilt-xr cp24 240 mg</i>	35
<i>diclofenac sodium soln 0.1 %</i>	61	<i>dimethyl fumarate cpdr 120 mg</i>	49
<i>diclofenac sodium soln 1.5 %</i>	80	<i>dimethyl fumarate cpdr 240 mg</i>	49
<i>diclofenac sodium tbec 25 mg</i>	39	<i>dimethyl fumarate starter pack cdpk 120 &</i>	
<i>diclofenac sodium tbec 50 mg</i>	39	240 mg.....	49
<i>diclofenac sodium tbec 75 mg</i>	39	DIPENTUM CAPS 250 MG.....	62
<i>dicloxacillin sodium caps 250 mg</i>	13	<i>diphenhydramine hcl soln 50 mg/ml</i>	19
<i>dicloxacillin sodium caps 500 mg</i>	13	DIPHENOXYLATE-ATROPINE LIQD 2.5-	
<i>dicyclomine hcl caps 10 mg</i>	28	0.025 MG/5ML.....	62
<i>dicyclomine hcl soln 10 mg/5ml</i>	28	<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i> 62	
<i>dicyclomine hcl soln 10 mg/ml</i>	28	<i>dipyridamole tabs 25 mg</i>	38
<i>dicyclomine hcl tabs 20 mg</i>	28	<i>dipyridamole tabs 50 mg</i>	38
DICYCLOMINE HCL TABS 40 MG.....	28	<i>dipyridamole tabs 75 mg</i>	38
DIFICID SUSR 40 MG/ML.....	13	<i>disopyramide phosphate caps 100 mg</i>	36
<i>diflorasone diacetate oint 0.05 %</i>	80	<i>disopyramide phosphate caps 150 mg</i>	36
<i>diflunisal tabs 500 mg</i>	39	<i>disulfiram tabs 250 mg</i>	38
<i>difluprednate emul 0.05 %</i>	61	<i>disulfiram tabs 500 mg</i>	38
DIGOXIN SOLN 0.05 MG/ML.....	36	<i>divalproex sodium csdr 125 mg</i>	43
<i>digoxin soln 0.25 mg/ml</i>	36	<i>divalproex sodium er tb24 250 mg</i>	43
<i>digoxin tabs 125 mcg</i>	36	<i>divalproex sodium er tb24 500 mg</i>	43
<i>digoxin tabs 250 mcg</i>	36	<i>divalproex sodium tbec 125 mg</i>	43

<i>divalproex sodium tbec 250 mg</i>	43	<i>doxycycline hyclate caps 50 mg</i>	13
<i>divalproex sodium tbec 500 mg</i>	43	<i>doxycycline hyclate solr 100 mg</i>	13
<i>dobutamine hcl soln 12.5 mg/ml</i>	30	<i>doxycycline hyclate tabs 100 mg</i>	13
DOBUTAMINE-DEXTROSE SOLN 1-5		<i>doxycycline hyclate tabs 20 mg</i>	13
MG/ML-%	30	<i>doxycycline monohydrate caps 50 mg</i>	13
DOBUTAMINE-DEXTROSE SOLN 2-5		<i>doxycycline monohydrate susr 25 mg/5ml</i>	13
MG/ML-%	30	<i>doxycycline monohydrate tabs 100 mg</i>	13
<i>docetaxel conc 80 mg/4ml</i>	21	<i>doxycycline monohydrate tabs 50 mg</i>	13
<i>dofetilide caps 125 mcg</i>	36	DRIZALMA SPRINKLE CSDR 20 MG	52
<i>dofetilide caps 250 mcg</i>	36	DRIZALMA SPRINKLE CSDR 30 MG	52
<i>dofetilide caps 500 mcg</i>	36	DRIZALMA SPRINKLE CSDR 40 MG	52
DOLOBID TABS 375 MG	39	DRIZALMA SPRINKLE CSDR 60 MG	52
<i>donepezil hcl tabs 10 mg</i>	29	<i>dronabinol caps 10 mg</i>	62
<i>donepezil hcl tabs 5 mg</i>	29	<i>dronabinol caps 2.5 mg</i>	62
<i>donepezil hcl tbdp 10 mg</i>	29	<i>dronabinol caps 5 mg</i>	62
<i>donepezil hcl tbdp 5 mg</i>	29	<i>droperidol soln 2.5 mg/ml</i>	47
<i>dopamine hcl soln 40 mg/ml</i>	30	<i>drospirenone-ethinyl estradiol tabs 3-0.02</i>	
DOPAMINE-DEXTROSE SOLN 0.8-5		<i>mg</i>	65
MG/ML-%	30	<i>drospirenone-ethinyl estradiol tabs 3-0.03</i>	
DOPAMINE-DEXTROSE SOLN 1.6-5		<i>mg</i>	65
MG/ML-%	30	DROXIA CAPS 200 MG	21
DOPAMINE-DEXTROSE SOLN 3.2-5		DROXIA CAPS 300 MG	21
MG/ML-%	30	DROXIA CAPS 400 MG	21
DOPTelet TABS 20 MG	32	<i>droxidopa caps 100 mg</i>	30
<i>dorzolamide hcl soln 2 %</i>	61	<i>droxidopa caps 200 mg</i>	30
<i>dorzolamide hcl-timolol mal soln 2-0.5 %</i>	61	<i>droxidopa caps 300 mg</i>	30
<i>dotti pttw 0.025 mg/24hr</i>	68	<i>duloxetine hcl cpep 20 mg</i>	52
<i>dotti pttw 0.0375 mg/24hr</i>	68	<i>duloxetine hcl cpep 30 mg</i>	52
<i>dotti pttw 0.05 mg/24hr</i>	68	<i>duloxetine hcl cpep 40 mg</i>	52
<i>dotti pttw 0.075 mg/24hr</i>	68	<i>duloxetine hcl cpep 60 mg</i>	52
<i>dotti pttw 0.1 mg/24hr</i>	68	DUPIXENT SOAJ 200 MG/1.14ML	75
DOVATO TABS 50-300 MG	17	DUPIXENT SOAJ 300 MG/2ML	75
<i>doxazosin mesylate tabs 1 mg</i>	33	DUPIXENT SOSY 200 MG/1.14ML	75
<i>doxazosin mesylate tabs 2 mg</i>	33	DUPIXENT SOSY 300 MG/2ML	75
<i>doxazosin mesylate tabs 4 mg</i>	33	<i>dutasteride caps 0.5 mg</i>	70
<i>doxazosin mesylate tabs 8 mg</i>	33	DUVYZAT SUSP 8.86 MG/ML	73
<i>doxepin hcl caps 10 mg</i>	52		
<i>doxepin hcl caps 100 mg</i>	52		
DOXEPIN HCL CAPS 150 MG	52		
<i>doxepin hcl caps 25 mg</i>	52		
<i>doxepin hcl caps 50 mg</i>	52		
<i>doxepin hcl caps 75 mg</i>	52		
DOXEPIN HCL CONC 10 MG/ML	52		
<i>doxepin hcl tabs 3 mg</i>	52		
<i>doxepin hcl tabs 6 mg</i>	52		
<i>doxorubicin hcl liposomal susp 2 mg/ml</i>	21		
DOXORUBICIN HCL SOLN 2 MG/ML	21		
DOXORUBICIN HCL SOLR 10 MG	21		
<i>doxorubicin hcl solr 50 mg</i>	21		
<i>doxy 100 solr 100 mg</i>	13		
<i>doxycycline hyclate caps 100 mg</i>	13		

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E.E.S. 400 TABS 400 MG	13
EBGLYSS SOAJ 250 MG/2ML	80
EBGLYSS SOSY 250 MG/2ML	80
EDURANT PED TBSO 2.5 MG	17
<i>efavirenz tabs 600 mg</i>	17
<i>efavirenz-emtricitab-tenofo df tabs 600-200-</i>	
<i>300 mg</i>	17
EFVIRENZ-LAMIVUDINE-TENOFOVIR	
TABS 400-300-300 MG	17
<i>efavirenz-lamivudine-tenofovir tabs 600-</i>	
<i>300-300 mg</i>	17
EGRIFTA SV SOLR 2 MG	69

EGRIFTA WR KIT 11.6 MG.....	69	<i>enalapril maleate tabs 2.5 mg.....</i>	37
EKTERLY TABS 300 MG	73	<i>enalapril maleate tabs 20 mg.....</i>	37
ELAHERE SOLN 100 MG/20ML.....	21	<i>enalapril maleate tabs 5 mg.....</i>	37
ELAPRASE SOLN 6 MG/3ML	60	<i>enalaprilat soln 1.25 mg/ml.....</i>	37
ELELYSO SOLR 200 UNIT	60	ENBREL MINI SOCT 50 MG/ML.....	71
ELEPSIA XR TB24 1000 MG.....	43	ENBREL SOLN 25 MG/0.5ML.....	71
ELEPSIA XR TB24 1500 MG.....	43	ENBREL SOSY 25 MG/0.5ML.....	71
<i>eletriptan hydrobromide tabs 20 mg.....</i>	45	ENBREL SOSY 50 MG/ML.....	71
<i>eletriptan hydrobromide tabs 40 mg.....</i>	45	ENBREL SURECLICK SOAJ 50 MG/ML..	71
ELIGARD KIT 22.5 MG.....	21	ENDARI PACK 5 GM	73
ELIGARD KIT 30 MG.....	21	<i>endocet tabs 5-325 mg.....</i>	39
ELIGARD KIT 45 MG.....	21	<i>endocet tabs 7.5-325 mg.....</i>	39
ELIGARD KIT 7.5 MG.....	21	ENDOMETRIN INST 100 MG.....	69
ELIQUIS (1.5 MG PACK) TBSO 3 x 0.5 MG		ENGERIX-B SUSP 20 MCG/ML.....	78
.....	31	ENGERIX-B SUSY 10 MCG/0.5ML.....	78
ELIQUIS (2 MG PACK) TBSO 4 x 0.5 MG	31	ENGERIX-B SUSY 20 MCG/ML.....	78
ELIQUIS CPSP 0.15 MG	31	ENHERTU SOLR 100 MG.....	21
ELIQUIS DVT/PE STARTER PACK TBPk 5		ENOXAPARIN SODIUM SOLN 300	
MG	31	MG/3ML.....	31
ELIQUIS TABS 2.5 MG	31	<i>enoxaparin sodium sosy 100 mg/ml</i>	31
ELIQUIS TABS 5 MG	31	<i>enoxaparin sodium sosy 120 mg/0.8ml</i>	31
ELIQUIS TBSO 0.5 MG	31	<i>enoxaparin sodium sosy 150 mg/ml</i>	31
ELITEK SOLR 1.5 MG.....	60	<i>enoxaparin sodium sosy 30 mg/0.3ml</i>	31
<i>elixophyllin elix 80 mg/15ml.....</i>	83	<i>enoxaparin sodium sosy 40 mg/0.4ml</i>	31
ELMIRON CAPS 100 MG.....	73	<i>enoxaparin sodium sosy 60 mg/0.6ml</i>	31
ELREXFIO SOLN 44 MG/1.1ML.....	21	<i>enoxaparin sodium sosy 80 mg/0.8ml</i>	31
ELREXFIO SOLN 76 MG/1.9ML.....	21	ENSACOVE CAPS 100 MG	21
<i>eltrombopag olamine pack 12.5 mg.....</i>	32	ENSACOVE CAPS 25 MG	21
<i>eltrombopag olamine pack 25 mg.....</i>	32	ENSTILAR FOAM 0.005-0.064 %	80
<i>eltrombopag olamine tabs 12.5 mg.....</i>	32	<i>entacapone tabs 200 mg.....</i>	46
<i>eltrombopag olamine tabs 25 mg.....</i>	32	<i>entecavir tabs 0.5 mg</i>	17
<i>eltrombopag olamine tabs 50 mg.....</i>	32	<i>entecavir tabs 1 mg.....</i>	17
<i>eltrombopag olamine tabs 75 mg.....</i>	32	ENTYVIO PEN SOAJ 108 MG/0.68ML....	63
<i>eluryng ring 0.12-0.015 mg/24hr.....</i>	65	ENTYVIO SOLR 300 MG	63
EMROSI CP24 40 MG.....	79	<i>enulose soln 10 gm/15ml.....</i>	57
EMSAM PT24 12 MG/24HR	46	ENVARUSUS XR TB24 0.75 MG.....	72
EMSAM PT24 6 MG/24HR.....	46	ENVARUSUS XR TB24 1 MG.....	72
EMSAM PT24 9 MG/24HR.....	46	ENVARUSUS XR TB24 4 MG.....	72
<i>emtricitabine caps 200 mg.....</i>	17	EPCLUSA PACK 150-37.5 MG	17
<i>emtricitabine-tenofovir df tabs 100-150 mg</i>		EPCLUSA PACK 200-50 MG	17
.....	17	EPCLUSA TABS 200-50 MG.....	17
<i>emtricitabine-tenofovir df tabs 133-200 mg</i>		EPCLUSA TABS 400-100 MG.....	17
.....	17	EPIDIOLEX SOLN 100 MG/ML	43
<i>emtricitabine-tenofovir df tabs 167-250 mg</i>		EPINEPHRINE SOAJ 0.3 MG/0.3ML	30
.....	17	EPKINLY SOLN 4 MG/0.8ML.....	21
<i>emtricitabine-tenofovir df tabs 200-300 mg</i>		EPKINLY SOLN 48 MG/0.8ML.....	21
.....	17	<i>eplerenone tabs 25 mg.....</i>	37
<i>emtricitab-rilpivir-tenofov df tabs 200-25-300</i>		<i>eplerenone tabs 50 mg.....</i>	37
<i>mg.....</i>	17	ERBITUX SOLN 100 MG/50ML.....	21
EMTRIVA SOLN 10 MG/ML	17	ERBITUX SOLN 200 MG/100ML.....	21
<i>enalapril maleate tabs 10 mg.....</i>	37	ERGOMAR SUBL 2 MG.....	30

ERGOTAMINE-CAFFEINE TABS 1-100 MG	45	eszopiclone tabs 3 mg	47
eribulin mesylate soln 1 mg/2ml	21	ethacrynic acid tabs 25 mg	57
ERIVEDGE CAPS 150 MG	21	ethambutol hcl tabs 100 mg	15
ERLEADA TABS 240 MG	21	ethambutol hcl tabs 400 mg	15
ERLEADA TABS 60 MG	21	ethosuximide caps 250 mg	43
erlotinib hcl tabs 100 mg	21	ethosuximide soln 250 mg/5ml	43
erlotinib hcl tabs 150 mg	21	etodolac caps 200 mg	39
erlotinib hcl tabs 25 mg	21	etodolac caps 300 mg	39
ertapenem sodium solr 1 gm	13	etodolac tabs 400 mg	39
ERYTHROMYCIN BASE CPEP 250 MG	13	etodolac tabs 500 mg	39
erythromycin base tabs 250 mg	13	etoposide soln 1 gm/50ml	21
erythromycin base tabs 500 mg	13	etoposide soln 100 mg/5ml	21
erythromycin ethylsuccinate susr 200 mg/5ml	13	etoposide soln 500 mg/25ml	21
ERYTHROMYCIN GEL 2 %	79	etravirine tabs 100 mg	17
erythromycin oint 5 mg/gm	60	etravirine tabs 200 mg	17
erythromycin soln 2 %	79	EULEXIN CAPS 125 MG	21
erythromycin tbec 250 mg	13	everolimus tabs 0.25 mg	72
escitalopram oxalate soln 5 mg/5ml	52	everolimus tabs 0.5 mg	72
escitalopram oxalate tabs 10 mg	52	everolimus tabs 0.75 mg	72
escitalopram oxalate tabs 20 mg	52	everolimus tabs 1 mg	72
escitalopram oxalate tabs 5 mg	52	everolimus tabs 10 mg	21
eslicarbazepine acetate tabs 200 mg	43	everolimus tabs 2.5 mg	21
eslicarbazepine acetate tabs 400 mg	43	everolimus tabs 5 mg	21
eslicarbazepine acetate tabs 600 mg	43	everolimus tabs 7.5 mg	22
eslicarbazepine acetate tabs 800 mg	43	everolimus tbso 2 mg	22
ESMOLOL HCL SOLN 100 MG/10ML	34	everolimus tbso 3 mg	22
esmolol hcl-sodium chloride soln 2500 mg/250ml	34	everolimus tbso 5 mg	22
ESTRACE CREA 0.01 %	68	EVOTAZ TABS 300-150 MG	17
estradiol crea 0.01 %	68	EVRYSDI SOLR 0.75 MG/ML	73
estradiol gel 0.25 mg/0.25gm	68	EVRYSDI TABS 5 MG	73
estradiol gel 0.5 mg/0.5gm	68	exemestane tabs 25 mg	22
estradiol gel 0.75 mg/0.75gm	68	EXXUA TB24 18.2 MG	52
estradiol gel 1 mg/gm	68	EXXUA TB24 36.3 MG	52
estradiol gel 1.25 mg/1.25gm	68	EXXUA TB24 54.5 MG	52
estradiol pttw 0.025 mg/24hr	68	EXXUA TB24 72.6 MG	52
estradiol pttw 0.0375 mg/24hr	68	EXXUA TITRATION PACK TB24 18.2 MG	52
estradiol pttw 0.05 mg/24hr	68	EYLEA SOLN 2 MG/0.05ML	62
estradiol pttw 0.075 mg/24hr	68	EYLEA SOSY 2 MG/0.05ML	62
estradiol pttw 0.1 mg/24hr	68	ezetimibe tabs 10 mg	33
estradiol tabs 0.5 mg	68		
estradiol tabs 1 mg	68		
estradiol tabs 10 mcg	68		
estradiol tabs 2 mg	68		
estradiol valerate oil 20 mg/ml	68		
estradiol valerate oil 40 mg/ml	68		
ESTRING RING 7.5 MCG/24HR	68		
eszopiclone tabs 1 mg	47		
eszopiclone tabs 2 mg	47		

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FABRAZYME SOLR 35 MG	60
FABRAZYME SOLR 5 MG	60
famciclovir tabs 125 mg	17
famciclovir tabs 250 mg	17
famciclovir tabs 500 mg	17
famotidine (pf) soln 20 mg/2ml	63
FAMOTIDINE PREMIXED SOLN 20-0.9 MG/50ML-%	63

<i>famotidine soln 40 mg/4ml</i>	63	FILKRI SOSY 480 MCG/0.8ML	32
<i>famotidine susr 40 mg/5ml</i>	63	FILSPARI TABS 200 MG	73
<i>famotidine tabs 20 mg</i>	63	FILSPARI TABS 400 MG	73
<i>famotidine tabs 40 mg</i>	63	<i>finasteride tabs 5 mg</i>	70
FANAPT TABS 1 MG	52	<i> fingolimod hcl caps 0.5 mg</i>	49
FANAPT TABS 10 MG	52	FINTEPLA SOLN 2.2 MG/ML	43
FANAPT TABS 12 MG	52	FIRDAPSE TABS 10 MG	73
FANAPT TABS 2 MG	52	FIRMAGON (240 MG DOSE) SOLR 120	
FANAPT TABS 4 MG	52	MG/VIAL	22
FANAPT TABS 6 MG	52	FIRMAGON SOLR 80 MG.....	22
FANAPT TABS 8 MG	52	<i>flavoxate hcl tabs 100 mg</i>	83
FANAPT TITRATION PACK A TABS 1 & 2		<i>flecainide acetate tabs 100 mg</i>	36
& 4 & 6 MG	52	<i>flecainide acetate tabs 150 mg</i>	36
FANAPT TITRATION PACK B TABS 1 & 2		<i>flecainide acetate tabs 50 mg</i>	36
& 6 & 8 MG	52	<i>fluconazole in sodium chloride soln 200-0.9</i>	
FANAPT TITRATION PACK C TABS 1 & 2		<i>mg/100ml-%</i>	15
& 6 MG.....	52	<i>fluconazole in sodium chloride soln 400-0.9</i>	
FARXIGA TABS 10 MG.....	66	<i>mg/200ml-%</i>	15
FARXIGA TABS 5 MG.....	66	<i>fluconazole susr 10 mg/ml</i>	15
FASENRA PEN SOAJ 30 MG/ML	75	<i>fluconazole susr 40 mg/ml</i>	15
FASENRA SOSY 30 MG/ML	75	<i>fluconazole tabs 100 mg</i>	15
<i>febuxostat tabs 40 mg</i>	70	<i>fluconazole tabs 150 mg</i>	15
<i>febuxostat tabs 80 mg</i>	70	<i>fluconazole tabs 200 mg</i>	15
<i>felbamate susp 600 mg/5ml</i>	43	<i>fluconazole tabs 50 mg</i>	15
<i>felbamate tabs 400 mg</i>	43	<i>flucytosine caps 250 mg</i>	15
<i>felbamate tabs 600 mg</i>	43	<i>flucytosine caps 500 mg</i>	15
<i>felodipine er tb24 10 mg</i>	35	FLUDARABINE PHOSPHATE SOLR 50 MG	
<i>felodipine er tb24 2.5 mg</i>	35	.....	22
<i>felodipine er tb24 5 mg</i>	35	<i>fludrocortisone acetate tabs 0.1 mg</i>	64
<i>fenofibrate tabs 160 mg</i>	33	<i>flumazenil soln 0.5 mg/5ml</i>	49
<i>fenofibrate tabs 54 mg</i>	33	<i>flumazenil soln 1 mg/10ml</i>	49
FENSOLVI (6 MONTH) KIT 45 MG	22	<i>fluocinolone acetonide body oil 0.01 %</i>	80
FENTANYL CITRATE (PF) SOLN 1000		<i>fluocinolone acetonide crea 0.01 %</i>	80
MCG/20ML.....	39	<i>fluocinolone acetonide crea 0.025 %</i>	80
FENTANYL CITRATE (PF) SOLN 2500		<i>fluocinolone acetonide oil 0.01 %</i>	61
MCG/50ML.....	39	<i>fluocinolone acetonide oint 0.025 %</i>	80
<i>fentanyl pt72 100 mcg/hr</i>	39	<i>fluocinolone acetonide scalp oil 0.01 %</i>	80
<i>fentanyl pt72 12 mcg/hr</i>	39	<i>fluocinolone acetonide soln 0.01 %</i>	80
<i>fentanyl pt72 25 mcg/hr</i>	39	<i>fluocinonide crea 0.05 %</i>	81
<i>fentanyl pt72 50 mcg/hr</i>	39	<i>fluocinonide emulsified base crea 0.05 %</i>	81
<i>fentanyl pt72 75 mcg/hr</i>	39	<i>fluocinonide gel 0.05 %</i>	81
FERRIC CITRATE TABS 1 GM 210 MG(FE)		<i>fluocinonide oint 0.05 %</i>	81
.....	58	<i>fluocinonide soln 0.05 %</i>	81
FETROJA SOLR 1 GM.....	13	<i>fluorometholone susp 0.1 %</i>	61
FETZIMA CP24 120 MG.....	52	FLUOROURACIL CREA 0.5 %	82
FETZIMA CP24 20 MG.....	52	<i>fluorouracil crea 5 %</i>	82
FETZIMA CP24 40 MG.....	52	<i>fluorouracil soln 1 gm/20ml</i>	22
FETZIMA CP24 80 MG.....	52	FLUOROURACIL SOLN 2 %.....	82
FETZIMA TITRATION C4PK 20 & 40 MG	52	<i>fluorouracil soln 2.5 gm/50ml</i>	22
<i>fidaxomicin tabs 200 mg</i>	13	<i>fluorouracil soln 5 %</i>	82
FILKRI SOSY 300 MCG/0.5ML	32	<i>fluorouracil soln 5 gm/100ml</i>	22

<i>fluorouracil soln 500 mg/10ml</i>	22
FLUOXETINE HCL (PMDD) TABS 10 MG	52
FLUOXETINE HCL (PMDD) TABS 20 MG	52
<i>fluoxetine hcl caps 10 mg</i>	52
<i>fluoxetine hcl caps 20 mg</i>	52
<i>fluoxetine hcl caps 40 mg</i>	52
FLUOXETINE HCL CPDR 90 MG	52
<i>fluoxetine hcl soln 20 mg/5ml</i>	53
<i>fluoxetine hcl tabs 10 mg</i>	53
<i>fluoxetine hcl tabs 20 mg</i>	53
<i>fluoxetine hcl tabs 60 mg</i>	53
<i>fluphenazine decanoate soln 25 mg/ml</i>	53
FLUPHENAZINE HCL CONC 5 MG/ML ...	53
FLUPHENAZINE HCL ELIX 2.5 MG/5ML .	53
FLUPHENAZINE HCL SOLN 2.5 MG/ML .	53
<i>fluphenazine hcl tabs 1 mg</i>	53
<i>fluphenazine hcl tabs 10 mg</i>	53
<i>fluphenazine hcl tabs 2.5 mg</i>	53
<i>fluphenazine hcl tabs 5 mg</i>	53
FLURBIPROFEN SODIUM SOLN 0.03 %	61
FLUTICASONE FUROATE-VILANTEROL AEPB 100-25 MCG/ACT	76
FLUTICASONE FUROATE-VILANTEROL AEPB 200-25 MCG/ACT	76
<i>fluticasone propionate crea 0.05 %</i>	81
FLUTICASONE PROPIONATE HFA AERO 220 MCG/ACT	76
<i>fluticasone propionate oint 0.005 %</i>	81
<i>fluticasone propionate susp 50 mcg/act</i>	61
<i>fluvoxamine maleate er cp24 100 mg</i>	53
<i>fluvoxamine maleate er cp24 150 mg</i>	53
<i>fluvoxamine maleate tabs 100 mg</i>	53
<i>fluvoxamine maleate tabs 25 mg</i>	53
<i>fluvoxamine maleate tabs 50 mg</i>	53
FML FORTE SUSP 0.25 %.....	61
FONDAPARINUX SODIUM SOLN 10 MG/0.8ML	31
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i> ...	31
FONDAPARINUX SODIUM SOLN 5 MG/0.4ML	31
FONDAPARINUX SODIUM SOLN 7.5 MG/0.6ML	31
FORTEO SOPN 560 MCG/2.24ML.....	68
<i>fosamprenavir calcium tabs 700 mg</i>	17
<i>fosaprepitant dimeglumine solr 150 mg</i> ...	62
<i>fosfomycin tromethamine pack 3 gm</i>	19
<i>fosphenytoin sodium soln 100 mg pe/2ml</i> .	43
<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	43
FOTIVDA CAPS 0.89 MG.....	22
FOTIVDA CAPS 1.34 MG.....	22

FRUZAQLA CAPS 1 MG.....	22
FRUZAQLA CAPS 5 MG.....	22
FULPHILA SOSY 6 MG/0.6ML.....	32
<i>fulvestrant sosy 250 mg/5ml</i>	22
<i>furosemide oral soln 10 mg/ml</i>	57
FUROSEMIDE SOLN 8 MG/ML	58
<i>furosemide soln injection 10 mg/ml</i>	58
<i>furosemide tabs 20 mg</i>	58
<i>furosemide tabs 40 mg</i>	58
<i>furosemide tabs 80 mg</i>	58
FYCOMPA SUSP 0.5 MG/ML	43

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<i>gabapentin caps 100 mg</i>	43
<i>gabapentin caps 300 mg</i>	43
<i>gabapentin caps 400 mg</i>	43
<i>gabapentin soln 250 mg/5ml</i>	43
<i>gabapentin tabs 600 mg</i>	43
<i>gabapentin tabs 800 mg</i>	43
GABARONE TABS 100 MG	43
GABARONE TABS 400 MG	43
<i>galantamine hydrobromide er cp24 16 mg</i>	29
<i>galantamine hydrobromide er cp24 24 mg</i>	29
<i>galantamine hydrobromide er cp24 8 mg</i> .	29
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML.....	29
<i>galantamine hydrobromide tabs 12 mg</i>	29
<i>galantamine hydrobromide tabs 4 mg</i>	29
<i>galantamine hydrobromide tabs 8 mg</i>	29
<i>gallifrey tabs 5 mg</i>	69
GAMASTAN SOLN.....	77
GAMMAGARD ERC SOLN 10 GM/100ML	77
GAMMAGARD ERC SOLN 5 GM/50ML...	77
GAMMAGARD S/D LESS IGA SOLR 10 GM	77
GAMMAGARD S/D LESS IGA SOLR 5 GM	77
GAMMAGARD SOLN 2.5 GM/25ML	78
GAMMAKED SOLN 1 GM/10ML	78
GAMUNEX-C SOLN 1 GM/10ML	78
<i>ganciclovir sodium solr 500 mg</i>	17
GARDASIL 9 SUSP 0.5 ML.....	78
GARDASIL 9 SUSY 0.5 ML.....	78
<i>gatifloxacin soln 0.5 %</i>	60
GATTEX KIT 5 MG.....	63
GAVILYTE-C SOLR 240 GM.....	63
<i>gavilyte-g solr 236 gm</i>	63
GAVRETO CAPS 100 MG	22
GAZYVA SOLN 1000 MG/40ML.....	22

<i>gefitinib tabs 250 mg</i>	22
<i>gemcitabine hcl solr 200 mg</i>	22
<i>gemfibrozil tabs 600 mg</i>	33
<i>generlac soln 10 gm/15ml</i>	57
<i>gengraf caps 100 mg</i>	72
<i>gengraf caps 25 mg</i>	72
GENTAMICIN IN SALINE SOLN 0.8-0.9 MG/ML-%.....	13
GENTAMICIN IN SALINE SOLN 1.2-0.9 MG/ML-%.....	13
GENTAMICIN IN SALINE SOLN 1.6-0.9 MG/ML-%.....	13
GENTAMICIN IN SALINE SOLN 1-0.9 MG/ML-%.....	13
GENTAMICIN IN SALINE SOLN 2-0.9 MG/ML-%.....	13
<i>gentamicin sulfate crea 0.1 %</i>	79
<i>gentamicin sulfate oint 0.1 %</i>	79
<i>gentamicin sulfate soln 0.3 %</i>	60
<i>gentamicin sulfate soln 10 mg/ml</i>	13
<i>gentamicin sulfate soln 40 mg/ml</i>	13
GENVOYA TABS 150-150-200-10 MG....	17
GILOTRIF TABS 20 MG.....	22
GILOTRIF TABS 30 MG.....	22
GILOTRIF TABS 40 MG.....	22
GIVLAARI SOLN 189 MG/ML.....	73
GLASSIA SOLN 1000 MG/50ML.....	76
<i>glatiramer acetate sosy 20 mg/ml</i>	49
<i>glatiramer acetate sosy 40 mg/ml</i>	49
<i>glatopa sosy 20 mg/ml</i>	49
<i>glatopa sosy 40 mg/ml</i>	49
<i>glimepiride tabs 1 mg</i>	66
<i>glimepiride tabs 2 mg</i>	66
<i>glimepiride tabs 4 mg</i>	66
<i>glipizide er tb24 10 mg</i>	66
<i>glipizide er tb24 2.5 mg</i>	66
<i>glipizide er tb24 5 mg</i>	66
<i>glipizide tabs 10 mg</i>	66
<i>glipizide tabs 5 mg</i>	66
<i>glipizide-metformin hcl tabs 2.5-250 mg</i> ...	66
<i>glipizide-metformin hcl tabs 2.5-500 mg</i> ...	66
<i>glipizide-metformin hcl tabs 5-500 mg</i>	66
<i>glucagon emergency solr 1 mg</i>	66
GLUCOSE (DEXTROSE) SOLN 50 %	57
<i>glyburide tabs 1.25 mg</i>	66
<i>glyburide tabs 2.5 mg</i>	66
<i>glyburide tabs 5 mg</i>	66
<i>glycopyrrolate +rfd soln 0.2 mg/ml</i>	28
<i>glycopyrrolate injection soln 1 mg/5ml</i>	28
<i>glycopyrrolate oral soln 1 mg/5ml</i>	28
<i>glycopyrrolate soln 0.2 mg/ml</i>	28

<i>glycopyrrolate soln 0.4 mg/2ml</i>	28
<i>glycopyrrolate tabs 1 mg</i>	28
GLYCOPYRROLATE TABS 1.5 MG.....	28
<i>glycopyrrolate tabs 2 mg</i>	28
<i>glydo prsy 2 %</i>	81
GOMEKLI CAPS 1 MG.....	22
GOMEKLI CAPS 2 MG.....	22
GOMEKLI TBSO 1 MG.....	22
<i>granisetron hcl tabs 1 mg</i>	62
GRASTEK SUBL 2800 BAU.....	73
<i>griseofulvin microsize susp 125 mg/5ml</i> ...	15
<i>griseofulvin microsize tabs 500 mg</i>	15
<i>griseofulvin ultramicrosize tabs 125 mg</i>	15
GRISEOFULVIN ULTRAMICROSIZED TABS 165 MG.....	15
<i>griseofulvin ultramicrosize tabs 250 mg</i>	15
<i>guanfacine hcl er tb24 1 mg</i>	49
<i>guanfacine hcl er tb24 2 mg</i>	49
<i>guanfacine hcl er tb24 3 mg</i>	49
<i>guanfacine hcl er tb24 4 mg</i>	49
<i>guanfacine hcl tabs 1 mg</i>	37
<i>guanfacine hcl tabs 2 mg</i>	37

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HAEGARDA SOLR 2000 UNIT.....	73
HAEGARDA SOLR 3000 UNIT.....	73
<i>halobetasol propionate crea 0.05 %</i>	81
HALOBETASOL PROPIONATE FOAM 0.05 %.....	81
<i>halobetasol propionate oint 0.05 %</i>	81
<i>haloperidol decanoate soln 100 mg/ml</i>	53
<i>haloperidol decanoate soln 50 mg/ml</i>	53
<i>haloperidol lactate conc 2 mg/ml</i>	53
<i>haloperidol lactate soln 5 mg/ml</i>	53
<i>haloperidol tabs 0.5 mg</i>	53
<i>haloperidol tabs 1 mg</i>	53
<i>haloperidol tabs 10 mg</i>	53
<i>haloperidol tabs 2 mg</i>	53
<i>haloperidol tabs 20 mg</i>	53
<i>haloperidol tabs 5 mg</i>	53
HARLIKU TABS 2 MG.....	60
HARVONI PACK 33.75-150 MG.....	17
HARVONI PACK 45-200 MG.....	17
HARVONI TABS 45-200 MG.....	17
HARVONI TABS 90-400 MG.....	17
HAVRIX SUSY 1440 EL U/ML.....	78
HAVRIX SUSY 720 EL U/0.5ML.....	78
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-%.....	31

HEPARIN (PORCINE) IN NA CL SOLN		<i>hydrochlorothiazide tabs 50 mg</i>	58
2000-0.9 UNIT/L-%	31	HYDROCODONE-ACETAMINOPHEN	
HEPARIN SOD (PORCINE) IN D5W SOLN		SOLN 10-300 MG/15ML	39
100 UNIT/ML.....	31	<i>hydrocodone-acetaminophen soln 7.5-325</i>	
HEPARIN SOD (PORCINE) IN D5W SOLN		<i>mg/15ml</i>	39
25000-5 UT/500ML-%	31	<i>hydrocodone-acetaminophen tabs 10-325</i>	
HEPARIN SOD (PORCINE) IN D5W SOLN		<i>mg</i>	39
40-5 UNIT/ML-%	31	<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	
HEPARIN SODIUM (PORCINE) +RFID		.....	39
SOLN 1000 UNIT/ML	31	<i>hydrocodone-acetaminophen tabs 7.5-325</i>	
HEPARIN SODIUM (PORCINE) PF SOLN		<i>mg</i>	39
1000 UNIT/ML.....	31	<i>hydrocortisone (perianal) crea 2.5 %</i>	81
<i>heparin sodium (porcine) pf soln 5000</i>		HYDROCORTISONE ACE-PRAMOXINE	
<i>unit/0.5ml</i>	31	CREA 1-1 %	81
<i>heparin sodium (porcine) soln 1000 unit/ml</i>		HYDROCORTISONE BUTYRATE CREA	
.....	31	0.1 %	81
<i>heparin sodium (porcine) soln 10000 unit/ml</i>		HYDROCORTISONE BUTYRATE OINT 0.1	
.....	31	%	81
<i>heparin sodium (porcine) soln 20000 unit/ml</i>		HYDROCORTISONE BUTYRATE SOLN	
.....	31	0.1 %	81
<i>heparin sodium (porcine) soln 5000 unit/ml</i>		<i>hydrocortisone crea 2.5 %</i>	81
.....	31	<i>hydrocortisone enem 100 mg/60ml</i>	81
HEPLISAV-B SOSY 20 MCG/0.5ML.....	78	HYDROCORTISONE LOTN 2.5 %.....	81
HERCEPTIN HYLECTA SOLN 600-10000		<i>hydrocortisone oint 1 %</i>	81
MG-UNT/5ML.....	22	<i>hydrocortisone oint 2.5 %</i>	81
HERCESSI SOLR 150 MG	22	<i>hydrocortisone tabs 10 mg</i>	64
HERCESSI SOLR 420 MG	22	<i>hydrocortisone tabs 20 mg</i>	64
HERNEXEOS TABS 60 MG	22	<i>hydrocortisone tabs 5 mg</i>	64
HIBERIX SOLR 10 MCG	78	<i>hydrocortisone valerate crea 0.2 %</i>	81
HUMALOG SOCT 100 UNIT/ML	66	<i>hydrocortisone valerate oint 0.2 %</i>	81
HUMATIN CAPS 250 MG.....	16	<i>hydrocortisone-acetic acid soln 1-2 %</i>	61
HUMULIN 70/30 KWIKPEN SUPN (70-30)		<i>hydromorphone hcl liqd 1 mg/ml</i>	39
100 UNIT/ML.....	66	<i>hydromorphone hcl tabs 2 mg</i>	39
HUMULIN 70/30 SUSP (70-30) 100		<i>hydromorphone hcl tabs 4 mg</i>	39
UNIT/ML.....	66	<i>hydromorphone hcl tabs 8 mg</i>	39
HUMULIN N KWIKPEN SUPN 100 UNIT/ML		<i>hydroxychloroquine sulfate tabs 200 mg</i> ..	16
.....	66	<i>hydroxyurea caps 500 mg</i>	22
HUMULIN N SUSP 100 UNIT/ML.....	66	HYDROXYZINE HCL SOLN 25 MG/ML ...	47
HUMULIN R SOLN 100 UNIT/ML.....	66	HYDROXYZINE HCL SOLN 50 MG/ML ...	47
HUMULIN R U-500 (CONCENTRATED)		<i>hydroxyzine hcl syrp 10 mg/5ml</i>	47
SOLN 500 UNIT/ML.....	66	<i>hydroxyzine hcl tabs 10 mg</i>	47
HUMULIN R U-500 KWIKPEN SOPN 500		<i>hydroxyzine hcl tabs 25 mg</i>	47
UNIT/ML.....	66	<i>hydroxyzine hcl tabs 50 mg</i>	47
<i>hydralazine hcl soln 20 mg/ml</i>	37	HYDROXYZINE PAMOATE CAPS 100 MG	
<i>hydralazine hcl tabs 10 mg</i>	37	.....	47
<i>hydralazine hcl tabs 100 mg</i>	37	<i>hydroxyzine pamoate caps 25 mg</i>	48
<i>hydralazine hcl tabs 25 mg</i>	37	<i>hydroxyzine pamoate caps 50 mg</i>	48
<i>hydralazine hcl tabs 50 mg</i>	37	HYQVIA KIT 10 GM/100ML.....	78
<i>hydrochlorothiazide caps 12.5 mg</i>	58	HYQVIA KIT 2.5 GM/25ML.....	78
<i>hydrochlorothiazide tabs 12.5 mg</i>	58	HYQVIA KIT 20 GM/200ML.....	78
<i>hydrochlorothiazide tabs 25 mg</i>	58	HYQVIA KIT 30 GM/300ML.....	78

HYQVIA KIT 5 GM/50ML.....	78
HYRNUO TABS 10 MG	22

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IBRANCE CAPS 100 MG	22
IBRANCE CAPS 125 MG	22
IBRANCE CAPS 75 MG	22
IBRANCE TABS 100 MG.....	22
IBRANCE TABS 125 MG.....	22
IBRANCE TABS 75 MG.....	22
IBTROZI CAPS 200 MG	22
<i>ibu tabs 400 mg</i>	39
<i>ibu tabs 600 mg</i>	39
<i>ibu tabs 800 mg</i>	39
<i>ibuprofen lysine soln 10 mg/ml</i>	39
<i>ibuprofen susp 100 mg/5ml</i>	39
<i>ibuprofen tabs 400 mg</i>	39
<i>ibuprofen tabs 600 mg</i>	39
<i>ibuprofen tabs 800 mg</i>	39
<i>ibutilide fumarate soln 1 mg/10ml</i>	36
<i>icatibant acetate sosy 30 mg/3ml</i>	73
ICLUSIG TABS 10 MG	22
ICLUSIG TABS 15 MG	22
ICLUSIG TABS 30 MG	22
ICLUSIG TABS 45 MG	22
<i>icosapent ethyl caps 0.5 gm</i>	33
<i>icosapent ethyl caps 1 gm</i>	33
IDHIFA TABS 100 MG.....	22
IDHIFA TABS 50 MG.....	22
IDVYNZO TABS 100-0.25 MG	17
IFOSFAMIDE SOLR 1 GM	22
IGALMI FILM 120 MCG	48
<i>imatinib mesylate tabs 100 mg</i>	22
<i>imatinib mesylate tabs 400 mg</i>	22
IMBRUVICA CAPS 140 MG	22
IMBRUVICA CAPS 70 MG	22
IMBRUVICA SUSP 70 MG/ML	22
IMBRUVICA TABS 140 MG.....	22
IMBRUVICA TABS 280 MG.....	22
IMBRUVICA TABS 420 MG.....	22
IMIPENEM-CILASTATIN SOLR 250 MG..	13
<i>imipenem-cilastatin solr 500 mg</i>	13
<i>imipramine hcl tabs 10 mg</i>	53
<i>imipramine hcl tabs 25 mg</i>	53
<i>imipramine hcl tabs 50 mg</i>	53
<i>imipramine pamoate caps 100 mg</i>	53
<i>imipramine pamoate caps 125 mg</i>	53
<i>imipramine pamoate caps 150 mg</i>	53
<i>imipramine pamoate caps 75 mg</i>	53
<i>imiquimod crea 5 %</i>	82

IMKELDI SOLN 80 MG/ML.....	22
IMOVAX RABIES SUSR 2.5 UNIT/ML	78
IMPAVIDO CAPS 50 MG	16
INBRIJA CAPS 42 MG	46
INCRELEX SOLN 40 MG/4ML	69
<i>indapamide tabs 1.25 mg</i>	58
<i>indapamide tabs 2.5 mg</i>	58
<i>indocin supp 50 mg</i>	39
<i>indomethacin caps 25 mg</i>	39
<i>indomethacin caps 50 mg</i>	39
<i>indomethacin er cpcr 75 mg</i>	39
INDOMETHACIN SODIUM SOLR 1 MG ..	39
INFANRIX SUSP 25-58-10.....	78
INFLECTRA SOLR 100 MG	71
INFLIXIMAB SOLR 100 MG	71
INGREZZA CAPS 40 MG	49
INGREZZA CAPS 60 MG	49
INGREZZA CAPS 80 MG	49
INGREZZA CPPK 40 & 80 MG.....	49
INLEXZO IMPL 225 MG	22
INLURIYO TABS 200 MG	22
INLYTA TABS 1 MG.....	22
INLYTA TABS 5 MG.....	22
INQOVI TABS 35-100 MG.....	22
INREBIC CAPS 100 MG	22
INSULIN GLARGINE-YFGN SOLN 100	
UNIT/ML	67
INSULIN GLARGINE-YFGN SOPN 100	
UNIT/ML	67
INSULIN LISPRO (1 UNIT DIAL) SOPN 100	
UNIT/ML	67
INSULIN LISPRO SOLN 100 UNIT/ML	67
INSULIN SYRINGES, NEEDLES	
MISCELLANEOUS	57
INTELENCE TABS 25 MG	17
INTRALIPID EMUL 20 %.....	57
INVEGA HAFYERA SUSY 1092 MG/3.5ML	
.....	53
INVEGA HAFYERA SUSY 1560 MG/5ML	53
INVEGA SUSTENNA SUSY 117	
MG/0.75ML	53
INVEGA SUSTENNA SUSY 156 MG/ML .	53
INVEGA SUSTENNA SUSY 234 MG/1.5ML	
.....	53
INVEGA SUSTENNA SUSY 39 MG/0.25ML	
.....	53
INVEGA SUSTENNA SUSY 78 MG/0.5ML	
.....	53
INVEGA TRINZA SUSY 273 MG/0.88ML.	53
INVEGA TRINZA SUSY 410 MG/1.32ML.	53
INVEGA TRINZA SUSY 546 MG/1.75ML.	53

INVEGA TRINZA SUSY 819 MG/2.63ML	53
IPOL SUSP	78
<i>ipratropium bromide hfa aers 17 mcg/act</i>	28
<i>ipratropium bromide soln 0.02 %</i>	28
<i>ipratropium bromide soln 0.03 %</i>	28
<i>ipratropium bromide soln 0.06 %</i>	28
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	30
IQIRVO TABS 80 MG	63
<i>irbesartan tabs 150 mg</i>	37
<i>irbesartan tabs 300 mg</i>	37
<i>irbesartan tabs 75 mg</i>	37
<i>irinotecan hcl soln 100 mg/5ml</i>	22
<i>irinotecan hcl soln 40 mg/2ml</i>	22
IRINOTECAN HCL SOLN 500 MG/25ML	22
ISENTRESS CHEW 100 MG	17
ISENTRESS CHEW 25 MG	17
ISENTRESS HD TABS 600 MG	17
ISENTRESS PACK 100 MG	17
ISENTRESS TABS 400 MG	17
ISONIAZID SOLN 100 MG/ML	15
<i>isoniazid syrp 50 mg/5ml</i>	15
<i>isoniazid tabs 100 mg</i>	15
<i>isoniazid tabs 300 mg</i>	15
<i>isosorbide dinitrate tabs 10 mg</i>	38
<i>isosorbide dinitrate tabs 20 mg</i>	38
<i>isosorbide dinitrate tabs 30 mg</i>	38
<i>isosorbide dinitrate tabs 5 mg</i>	38
<i>isosorbide mononitrate er tb24 120 mg</i>	38
<i>isosorbide mononitrate er tb24 30 mg</i>	38
<i>isosorbide mononitrate er tb24 60 mg</i>	38
<i>isosorbide mononitrate tabs 10 mg</i>	38
<i>isosorbide mononitrate tabs 20 mg</i>	38
<i>isotretinoin caps 20 mg</i>	82
<i>isotretinoin caps 30 mg</i>	82
<i>isotretinoin caps 40 mg</i>	82
ITOVEBI TABS 3 MG	23
ITOVEBI TABS 9 MG	23
<i>itraconazole caps 100 mg</i>	15
<i>itraconazole soln 10 mg/ml</i>	15
<i>ivabradine hcl tabs 5 mg</i>	36
<i>ivabradine hcl tabs 7.5 mg</i>	36
<i>ivermectin tabs 3 mg</i>	11
IWILFIN TABS 192 MG	23
IXEMPRA KIT SOLR 45 MG	23
IXIARO SUSP	78

J

JAKAFI TABS 10 MG	23
JAKAFI TABS 15 MG	23

JAKAFI TABS 20 MG	23
JAKAFI TABS 25 MG	23
JAKAFI TABS 5 MG	23
JANUMET TABS 50-1000 MG	67
JANUMET TABS 50-500 MG	67
JANUMET XR TB24 100-1000 MG	67
JANUMET XR TB24 50-1000 MG	67
JANUMET XR TB24 50-500 MG	67
JANUVIA TABS 100 MG	67
JANUVIA TABS 25 MG	67
JANUVIA TABS 50 MG	67
JARDIANCE TABS 10 MG	67
JARDIANCE TABS 25 MG	67
JAYPIRCA TABS 100 MG	23
JAYPIRCA TABS 50 MG	23
<i>jaythari tabs 18 mg</i>	64
<i>jaythari tabs 30 mg</i>	64
<i>jaythari tabs 36 mg</i>	64
<i>jaythari tabs 6 mg</i>	64
JIDEYTRO TABS 100 MG	23
JIDEYTRO TABS 25 MG	23
<i>jinteli tabs 1-5 mg-mcg</i>	68
JULUCA TABS 50-25 MG	17
<i>june1 1.5/30 tabs 1.5-30 mg-mcg</i>	65
<i>june1 1/20 tabs 1-20 mg-mcg</i>	65
<i>june1 fe 1.5/30 tabs 1.5-30 mg-mcg</i>	66
<i>june1 fe 1/20 tabs 1-20 mg-mcg</i>	66
<i>june1 fe 24 tabs 1-20 mg-mcg(24)</i>	66
JYLAMVO SOLN 2 MG/ML	23
JYNNEOS SUSP 0.5 ML	78

K

KADCYLA SOLR 100 MG	23
KADCYLA SOLR 160 MG	23
KALETRA SOLN 400-100 MG/5ML	17
KALYDECO PACK 13.4 MG	75
KALYDECO PACK 25 MG	75
KALYDECO PACK 5.8 MG	75
KALYDECO PACK 50 MG	75
KALYDECO PACK 75 MG	75
KALYDECO TABS 150 MG	75
KCL (0.298%) IN NACL SOLN 40-0.9	
MEQ/L-%	58
<i>kcl in dextrose-nacl soln 10-5-0.45 meq/l-%</i>	58
%	58
KCL IN DEXTROSE-NACL SOLN 20-5-0.2	
MEQ/L-%-%	59
<i>kcl in dextrose-nacl soln 20-5-0.45 meq/l-%</i>	59
%	59

<i>kcl in dextrose-nacl soln 20-5-0.9 meq/l-%</i>	59
<i>kcl in dextrose-nacl soln 30-5-0.45 meq/l-%</i>	59
<i>kcl in dextrose-nacl soln 40-5-0.45 meq/l-%</i>	59
<i>kcl in dextrose-nacl soln 40-5-0.9 meq/l-%</i>	59
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L	59
<i>kelnor 1/35 tabs 1-35 mg-mcg</i>	66
KENALOG-10 SUSP 10 MG/ML	64
KERENDIA TABS 10 MG	37
KERENDIA TABS 20 MG	37
KESIMPTA SOAJ 20 MG/0.4ML	73
<i>ketoconazole crea 2 %</i>	79
<i>ketoconazole sham 2 %</i>	79
<i>ketoconazole tabs 200 mg</i>	15
KETOPROFEN CAPS 50 MG	39
<i>ketorolac tromethamine +rfd soln 30 mg/ml</i>	39
KETOROLAC TROMETHAMINE SOLN 0.4 %	61
<i>ketorolac tromethamine soln 0.5 %</i>	61
<i>ketorolac tromethamine soln 15 mg/ml</i>	39
<i>ketorolac tromethamine soln 30 mg/ml</i>	39
<i>ketorolac tromethamine soln 60 mg/2ml</i>	39
KEYTRUDA QLEX SOLN 395-4800 MG - UNT/2.4ML	23
KEYTRUDA QLEX SOLN 790-9600 MG - UNT/4.8ML	23
KEYTRUDA SOLN 100 MG/4ML	23
KHINDIVI SOLN 1 MG/ML	64
KINERET SOSY 100 MG/0.67ML	71
KINRIX SUSY 0.5 ML	78
KIRSTY SOLN 100 UNIT/ML	67
KIRSTY SOPN 100 UNIT/ML	67
KISQALI (200 MG DOSE) TBPK 200 MG	23
KISQALI (400 MG DOSE) TBPK 200 MG	23
KISQALI (600 MG DOSE) TBPK 200 MG	23
KLISYRI (250 MG) OINT 1 %	82
<i>klor-con 10 tbc 10 meq</i>	59
<i>klor-con tbc 8 meq</i>	59
KLOXXADO LIQD 8 MG/0.1ML	50
KOMZIFTI CAPS 200 MG	23
KORLYM TABS 300 MG	67
KOSELUGO CAPS 10 MG	23
KOSELUGO CAPS 25 MG	23
KOSELUGO CPSP 5 MG	23
KOSELUGO CPSP 7.5 MG	23
KRAZATI TABS 200 MG	23

KRINTAFEL TABS 150 MG	16
KYPROLIS SOLR 10 MG	23
KYPROLIS SOLR 30 MG	23
KYPROLIS SOLR 60 MG	23

L

<i>labetalol hcl soln 5 mg/ml</i>	34
<i>labetalol hcl tabs 100 mg</i>	34
<i>labetalol hcl tabs 200 mg</i>	34
<i>labetalol hcl tabs 300 mg</i>	34
<i>lacosamide soln 10 mg/ml</i>	43
<i>lacosamide soln 200 mg/20ml</i>	43
<i>lacosamide tabs 100 mg</i>	43
<i>lacosamide tabs 150 mg</i>	43
<i>lacosamide tabs 200 mg</i>	43
<i>lacosamide tabs 50 mg</i>	43
LACTATED RINGERS SOLN	59, 73
<i>lactulose encephalopathy soln 10 gm/15ml</i>	57
<i>lactulose soln 10 gm/15ml</i>	57
<i>lamivudine soln 10 mg/ml</i>	17
<i>lamivudine tabs 100 mg</i>	17
<i>lamivudine tabs 150 mg</i>	17
<i>lamivudine tabs 300 mg</i>	17
<i>lamivudine-zidovudine tabs 150-300 mg</i>	17
<i>lamotrigine chew 25 mg</i>	43
<i>lamotrigine chew 5 mg</i>	43
<i>lamotrigine er tb24 100 mg</i>	43
<i>lamotrigine er tb24 200 mg</i>	43
<i>lamotrigine er tb24 25 mg</i>	43
<i>lamotrigine er tb24 250 mg</i>	43
<i>lamotrigine er tb24 300 mg</i>	43
<i>lamotrigine er tb24 50 mg</i>	43
<i>lamotrigine kit 25 & 50 & 100 mg</i>	43
<i>lamotrigine starter kit-blue kit 35 x 25 mg</i>	43
<i>lamotrigine starter kit-green kit 84 x 25 mg & 14x100 mg</i>	44
<i>lamotrigine starter kit-orange kit 42 x 25 mg & 7 x 100 mg</i>	44
<i>lamotrigine tabs 100 mg</i>	44
<i>lamotrigine tabs 150 mg</i>	44
<i>lamotrigine tabs 200 mg</i>	44
<i>lamotrigine tabs 25 mg</i>	44
<i>lamotrigine tbdp 100 mg</i>	44
<i>lamotrigine tbdp 200 mg</i>	44
<i>lamotrigine tbdp 25 mg</i>	44
<i>lamotrigine tbdp 50 mg</i>	44
LANOXIN PEDIATRIC SOLN 0.1 MG/ML	36
LANREOTIDE ACETATE SOLN 120 MG/0.5ML	69

<i>lanthanum carbonate chew 1000 mg</i>	58	<i>levetiracetam tabs 1000 mg</i>	44
<i>lanthanum carbonate chew 500 mg</i>	58	<i>levetiracetam tabs 250 mg</i>	44
<i>lanthanum carbonate chew 750 mg</i>	58	<i>levetiracetam tabs 500 mg</i>	44
<i>lapatinib ditosylate tabs 250 mg</i>	23	<i>levetiracetam tabs 750 mg</i>	44
<i>latanoprost soln 0.005 %</i>	61	LEVETIRACETAM TB3D 250 MG	44
LAZCLUZE TABS 240 MG	23	LEVETIRACETAM TB3D 500 MG	44
LAZCLUZE TABS 80 MG	23	LEVOBUNOLOL HCL SOLN 0.5 %	61
LEDIPASVIR-SOFOSBUVIR TABS 90-400		<i>levocarnitine soln 1 gm/10ml</i>	73
MG	17	<i>levocarnitine tabs 330 mg</i>	73
<i>leflunomide tabs 10 mg</i>	71	<i>levocetirizine dihydrochloride soln 2.5</i>	
<i>leflunomide tabs 20 mg</i>	71	<i>mg/5ml</i>	19
<i>lenalidomide caps 10 mg</i>	23	<i>levocetirizine dihydrochloride tabs 5 mg</i> ...	19
<i>lenalidomide caps 15 mg</i>	23	<i>levofloxacin in d5w soln 250 mg/50ml</i>	13
<i>lenalidomide caps 2.5 mg</i>	23	<i>levofloxacin in d5w soln 500 mg/100ml</i>	13
<i>lenalidomide caps 20 mg</i>	23	<i>levofloxacin in d5w soln 750 mg/150ml</i>	14
<i>lenalidomide caps 25 mg</i>	23	LEVOFLOXACIN INTRAVENOUS SOLN 25	
<i>lenalidomide caps 5 mg</i>	23	MG/ML	14
LENVIMA (10 MG DAILY DOSE) CPPK 10		<i>levofloxacin oral soln 25 mg/ml</i>	14
MG	23	<i>levofloxacin tabs 250 mg</i>	14
LENVIMA (12 MG DAILY DOSE) CPPK 3 x		<i>levofloxacin tabs 500 mg</i>	14
4 MG	23	<i>levofloxacin tabs 750 mg</i>	14
LENVIMA (14 MG DAILY DOSE) CPPK 10		<i>levorphanol tartrate tabs 2 mg</i>	40
& 4 MG.....	23	<i>levorphanol tartrate tabs 3 mg</i>	40
LENVIMA (18 MG DAILY DOSE) CPPK 10		LEVOTHYROXINE SODIUM SOLR 500	
MG & 2 X 4 MG.....	23	MCG	70
LENVIMA (20 MG DAILY DOSE) CPPK 2 x		<i>levothyroxine sodium tabs 100 mcg</i>	70
10 MG	23	<i>levothyroxine sodium tabs 112 mcg</i>	70
LENVIMA (24 MG DAILY DOSE) CPPK 2 x		<i>levothyroxine sodium tabs 125 mcg</i>	70
10 MG & 4 MG	23	<i>levothyroxine sodium tabs 137 mcg</i>	70
LENVIMA (4 MG DAILY DOSE) CPPK 4		<i>levothyroxine sodium tabs 150 mcg</i>	70
MG	23	<i>levothyroxine sodium tabs 175 mcg</i>	70
LENVIMA (8 MG DAILY DOSE) CPPK 2 x 4		<i>levothyroxine sodium tabs 200 mcg</i>	70
MG	23	<i>levothyroxine sodium tabs 25 mcg</i>	70
LEQSELVI TABS 8 MG	82	<i>levothyroxine sodium tabs 300 mcg</i>	70
<i>letrozole tabs 2.5 mg</i>	23	<i>levothyroxine sodium tabs 50 mcg</i>	70
<i>leucovorin calcium solr 100 mg</i>	70	<i>levothyroxine sodium tabs 75 mcg</i>	70
<i>leucovorin calcium solr 350 mg</i>	70	<i>levothyroxine sodium tabs 88 mcg</i>	70
<i>leucovorin calcium solr 50 mg</i>	70	LIBTAYO SOLN 350 MG/7ML	23
<i>leucovorin calcium tabs 10 mg</i>	70	LIDOCAINE HCL (CARDIAC) PF SOSY 100	
<i>leucovorin calcium tabs 25 mg</i>	70	MG/5ML	36
<i>leucovorin calcium tabs 5 mg</i>	70	LIDOCAINE HCL (CARDIAC) PF SOSY 50	
LEUKERAN TABS 2 MG	23	MG/5ML	36
LEUKINE SOLR 250 MCG	32	<i>lidocaine hcl (pf) soln 0.5 %</i>	73
<i>leuprolide acetate kit 1 mg/0.2ml</i>	23	<i>lidocaine hcl (pf) soln 1 %</i>	73
<i>levetiracetam er tb24 500 mg</i>	44	<i>lidocaine hcl (pf) soln 2 %</i>	73
<i>levetiracetam er tb24 750 mg</i>	44	<i>lidocaine hcl (pf) soln 4 %</i>	73
<i>levetiracetam in nacl soln 1000 mg/100ml</i>	44	<i>lidocaine hcl soln 0.5 %</i>	73
<i>levetiracetam in nacl soln 1500 mg/100ml</i>	44	<i>lidocaine hcl soln 1 %</i>	73
<i>levetiracetam in nacl soln 500 mg/100ml</i>	44	<i>lidocaine hcl soln 2 %</i>	73
<i>levetiracetam soln 100 mg/ml</i>	44	<i>lidocaine hcl soln 4 %</i>	81
<i>levetiracetam soln 500 mg/5ml</i>	44	LIDOCAINE HCL SOLN 4 %	62

<i>lidocaine hcl urethral/mucosal prsy 2 %</i>81	LITFULO CAPS 50 MG82
LIDOCAINE IN D5W SOLN 4-5 MG/ML-%36	<i>lithium carbonate caps 150 mg</i>53
<i>lidocaine oint 5 %</i>81	<i>lithium carbonate caps 300 mg</i>53
<i>lidocaine ptch 5 %</i>81	LITHIUM CARBONATE CAPS 600 MG....53
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<i>lidocaine-epinephrine (pf) soln 1.5 %-1 200000</i>73	<i>lithium carbonate er tbc 450 mg</i>53
<i>lidocaine-epinephrine (pf) soln 2 %-1 200000</i>73	LITHIUM CARBONATE TABS 300 MG ...53
<i>lidocaine-epinephrine soln 0.5 %-1 200000</i>73	<i>lithium soln 8 meq/5ml</i>53
<i>lidocaine-epinephrine soln 1 %-1 100000</i>73	LITHOSTAT TABS 250 MG.....57
<i>lidocaine-epinephrine soln 2 %-1 100000</i>73	LIVDELZI CAPS 10 MG63
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<i>lidocan ptch 5 %</i>81	LIVMARLI TABS 15 MG63
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<i>linezolid soln 600 mg/300ml</i>14	LIVTENCITY TABS 200 MG.....17
<i>linezolid susr 100 mg/5ml</i>14	<i>lofexidine hcl tabs 0.18 mg</i>50
<i>linezolid tabs 600 mg</i>14	LOKELMA PACK 10 GM58
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<i>liothyronine sodium tabs 25 mcg</i>70	<i>lomustine caps 40 mg</i>23
<i>liothyronine sodium tabs 5 mcg</i>70	LONSURF TABS 15-6.14 MG23
<i>liothyronine sodium tabs 50 mcg</i>70	LONSURF TABS 20-8.19 MG23
<i>liraglutide sopn 18 mg/3ml</i>67	<i>lopinavir-ritonavir tabs 100-25 mg</i>17
<i>lisdexamfetamine dimesylate caps 10 mg</i> 41	<i>lopinavir-ritonavir tabs 200-50 mg</i>17
<i>lisdexamfetamine dimesylate caps 20 mg</i> 41	<i>lorazepam intensol conc 2 mg/ml</i>48
<i>lisdexamfetamine dimesylate caps 30 mg</i> 41	LORAZEPAM SOLN 2 MG/ML48
<i>lisdexamfetamine dimesylate caps 40 mg</i> 41	LORAZEPAM SOLN 4 MG/ML48
<i>lisdexamfetamine dimesylate caps 50 mg</i> 41	<i>lorazepam tabs 0.5 mg</i>48
<i>lisdexamfetamine dimesylate caps 60 mg</i> 41	<i>lorazepam tabs 1 mg</i>48
<i>lisdexamfetamine dimesylate caps 70 mg</i> 41	<i>lorazepam tabs 2 mg</i>48
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<i>lisinopril tabs 2.5 mg</i>37	LORBRENA TABS 25 MG.....23
<i>lisinopril tabs 20 mg</i>37	<i>losartan potassium tabs 100 mg</i>37
<i>lisinopril tabs 30 mg</i>37	<i>losartan potassium tabs 25 mg</i>37
<i>lisinopril tabs 40 mg</i>37	<i>losartan potassium tabs 50 mg</i>37
<i>lisinopril tabs 5 mg</i>37	<i>losartan potassium-hctz tabs 100-12.5 mg</i> 37
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	<i>lovastatin tabs 20 mg</i>33
	<i>lovastatin tabs 40 mg</i>33
	<i>loxapine succinate caps 10 mg</i>53
	<i>loxapine succinate caps 25 mg</i>53
	<i>loxapine succinate caps 5 mg</i>54
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	<i>lubiprostone caps 24 mcg</i>63
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	LUCENTIS SOSY 0.5 MG/0.05ML62
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LUPRON DEPOT (3-MONTH) KIT 11.25 MG.....	24
LUPRON DEPOT (3-MONTH) KIT 22.5 MG	24
LUPRON DEPOT (4-MONTH) KIT 30 MG	24
LUPRON DEPOT (6-MONTH) KIT 45 MG	24
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG.....	24
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LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG.....	24
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG.....	24
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG.....	24
LUPRON DEPOT-PED (6-MONTH) KIT 45 MG.....	24
<i>lurasidone hcl tabs 120 mg</i>	54
<i>lurasidone hcl tabs 20 mg</i>	54
<i>lurasidone hcl tabs 40 mg</i>	54
<i>lurasidone hcl tabs 60 mg</i>	54
<i>lurasidone hcl tabs 80 mg</i>	54
LYBALVI TABS 10-10 MG.....	54
LYBALVI TABS 15-10 MG.....	54
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LYNPARZA TABS 150 MG.....	24
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LYTGOBI (16 MG DAILY DOSE) TBPK 4 MG.....	24
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M

<i>magnesium sulfate in d5w soln 1-5 gm/100ml-%</i>	59
<i>magnesium sulfate soln 50 %</i>	44
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<i>maraviroc tabs 150 mg</i>	18
<i>maraviroc tabs 300 mg</i>	18
MARPLAN TABS 10 MG.....	54
MATULANE CAPS 50 MG.....	24
MAVYRET PACK 50-20 MG.....	18
MAVYRET TABS 100-40 MG.....	18
<i>meclizine hcl tabs 25 mg</i>	62
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<i>medroxyprogesterone acetate susp 150 mg/ml</i>	69
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<i>medroxyprogesterone acetate tabs 10 mg</i>	69
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<i>meloxicam tabs 15 mg</i>	40
<i>meloxicam tabs 7.5 mg</i>	40
<i>melphalan hcl solr 50 mg</i>	24
<i>memantine hcl soln 2 mg/ml</i>	49
<i>memantine hcl tabs 10 mg</i>	49
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<i>memantine hcl tabs 5 mg</i>	49
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<i>mercaptopurine tabs 50 mg</i>	24
<i>meropenem solr 1 gm</i>	14
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<i>mesalamine er cpcr 500 mg</i>	62
<i>mesalamine supp 1000 mg</i>	62
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<i>metformin hcl er tb24 750 mg</i>	67	10 MG	42
<i>metformin hcl tabs 1000 mg</i>	67	METHYLPHENIDATE HCL ER (XR) CP24	
<i>metformin hcl tabs 500 mg</i>	67	15 MG	42
<i>metformin hcl tabs 850 mg</i>	67	METHYLPHENIDATE HCL ER (XR) CP24	
<i>methadone hcl conc 10 mg/ml</i>	40	20 MG	42
<i>methadone hcl intensol conc 10 mg/ml</i>	40	METHYLPHENIDATE HCL ER (XR) CP24	
METHADONE HCL SOLN 5 MG/5ML	40	30 MG	42
<i>methadone hcl tabs 10 mg</i>	40	METHYLPHENIDATE HCL ER (XR) CP24	
<i>methadone hcl tabs 5 mg</i>	40	40 MG	42
<i>methazolamide tabs 25 mg</i>	61	METHYLPHENIDATE HCL ER (XR) CP24	
<i>methazolamide tabs 50 mg</i>	61	50 MG	42
<i>methenamine hippurate tabs 1 gm</i>	19	METHYLPHENIDATE HCL ER (XR) CP24	
<i>methergine tabs 0.2 mg</i>	68	60 MG	42
<i>methimazole tabs 10 mg</i>	70	<i>methylphenidate hcl er tbc 10 mg</i>	42
<i>methimazole tabs 5 mg</i>	70	<i>methylphenidate hcl er tbc 20 mg</i>	42
METHITEST TABS 10 MG	65	<i>methylphenidate hcl soln 5 mg/5ml</i>	42
<i>methocarbamol tabs 500 mg</i>	29	<i>methylphenidate hcl tabs 10 mg</i>	42
<i>methocarbamol tabs 750 mg</i>	29	<i>methylphenidate hcl tabs 20 mg</i>	42
<i>methotrexate sodium (pf) soln 1 gm/40ml</i>	24	<i>methylphenidate hcl tabs 5 mg</i>	42
<i>methotrexate sodium (pf) soln 250 mg/10ml</i>	24	<i>methylprednisolone acetate susp 40 mg/ml</i>	64
<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	24	<i>methylprednisolone acetate susp 80 mg/ml</i>	64
METHOTREXATE SODIUM SOLN 250		.....	64
MG/10ML	24	<i>methylprednisolone sodium succ solr 1000</i>	
METHOTREXATE SODIUM SOLN 50		<i>mg</i>	64
MG/2ML	24	<i>methylprednisolone sodium succ solr 125</i>	
<i>methotrexate sodium solr 1 gm</i>	24	<i>mg</i>	64
<i>methotrexate sodium tabs 2.5 mg</i>	24	<i>methylprednisolone sodium succ solr 40 mg</i>	
METHOXSALIN RAPID CAPS 10 MG	82	.....	65
<i>methsuximide caps 300 mg</i>	44	<i>methylprednisolone tabs 16 mg</i>	65
<i>methylergonovine maleate soln 0.2 mg/ml</i>	68	<i>methylprednisolone tabs 32 mg</i>	65
<i>methylergonovine maleate tabs 0.2 mg</i>	68	<i>methylprednisolone tabs 4 mg</i>	65
<i>methylphenidate hcl chew 2.5 mg</i>	41	<i>methylprednisolone tabs 8 mg</i>	65
METHYLPHENIDATE HCL ER (CD) CPCR		<i>methylprednisolone tbpk 4 mg</i>	65
10 MG	41	<i>methyltestosterone caps 10 mg</i>	65
METHYLPHENIDATE HCL ER (CD) CPCR		<i>metoclopramide hcl +rifid soln 5 mg/ml</i>	63
20 MG	41	<i>metoclopramide hcl soln 5 mg/5ml</i>	63
METHYLPHENIDATE HCL ER (CD) CPCR		<i>metoclopramide hcl soln 5 mg/ml</i>	63
30 MG	42	<i>metoclopramide hcl tabs 10 mg</i>	63
METHYLPHENIDATE HCL ER (CD) CPCR		<i>metoclopramide hcl tabs 5 mg</i>	63
40 MG	42	<i>metolazone tabs 10 mg</i>	58
METHYLPHENIDATE HCL ER (CD) CPCR		<i>metolazone tabs 2.5 mg</i>	58
50 MG	42	<i>metolazone tabs 5 mg</i>	58
METHYLPHENIDATE HCL ER (CD) CPCR		<i>metoprolol succinate er tb24 100 mg</i>	34
60 MG	42	<i>metoprolol succinate er tb24 200 mg</i>	34
<i>methylphenidate hcl er (osm) tbc 18 mg</i> ..	42	<i>metoprolol succinate er tb24 25 mg</i>	34
<i>methylphenidate hcl er (osm) tbc 27 mg</i> ..	42	<i>metoprolol succinate er tb24 50 mg</i>	34
<i>methylphenidate hcl er (osm) tbc 36 mg</i> ..	42	<i>metoprolol tartrate soln 5 mg/5ml</i>	34
<i>methylphenidate hcl er (osm) tbc 54 mg</i> ..	42	<i>metoprolol tartrate tabs 100 mg</i>	34
		<i>metoprolol tartrate tabs 25 mg</i>	34

<i>metoprolol tartrate tabs 50 mg</i>	34	<i>mirtazapine tbdp 15 mg</i>	54
<i>metronidazole caps 375 mg</i>	16	<i>mirtazapine tbdp 30 mg</i>	54
<i>metronidazole crea 0.75 %</i>	79	<i>mirtazapine tbdp 45 mg</i>	54
<i>metronidazole gel 0.75 %</i>	79	<i>misoprostol tabs 100 mcg</i>	63
<i>metronidazole lotn 0.75 %</i>	79	<i>misoprostol tabs 200 mcg</i>	63
<i>metronidazole soln 500 mg/100ml</i>	16	<i>mitomycin solr 20 mg</i>	24
<i>metronidazole tabs 250 mg</i>	16	<i>mitomycin solr 40 mg</i>	24
<i>metronidazole tabs 500 mg</i>	16	<i>mitomycin solr 5 mg</i>	24
<i>metyrosine caps 250 mg</i>	33	<i>mitoxantrone hcl conc 20 mg/10ml</i>	24
<i>mexiletine hcl caps 150 mg</i>	36	<i>mitoxantrone hcl conc 25 mg/12.5ml</i>	24
<i>mexiletine hcl caps 200 mg</i>	36	<i>mitoxantrone hcl conc 30 mg/15ml</i>	24
<i>mexiletine hcl caps 250 mg</i>	36	M-M-R II SOLR.....	78
<i>midazolam hcl (pf) +rfid soln 2 mg/2ml</i>	48	<i>modafinil tabs 100 mg</i>	42
<i>midazolam hcl (pf) soln 10 mg/2ml</i>	48	<i>modafinil tabs 200 mg</i>	42
<i>midazolam hcl (pf) soln 2 mg/2ml</i>	48	MODEYSO CAPS 125 MG.....	24
<i>midazolam hcl (pf) soln 5 mg/ml</i>	48	MOLINDONE HCL TABS 10 MG.....	54
<i>midazolam hcl soln 10 mg/2ml</i>	48	MOLINDONE HCL TABS 25 MG.....	54
<i>midazolam hcl soln 2 mg/2ml</i>	48	MOLINDONE HCL TABS 5 MG.....	54
<i>midazolam hcl soln 25 mg/5ml</i>	48	<i>mometasone furoate crea 0.1 %</i>	81
<i>midazolam hcl soln 5 mg/ml</i>	48	<i>mometasone furoate oint 0.1 %</i>	81
MIDAZOLAM SOAJ 10 MG/0.7ML.....	44	<i>mometasone furoate soln 0.1 %</i>	81
<i>midodrine hcl tabs 10 mg</i>	30	<i>mometasone furoate susp 50 mcg/act</i>	61
<i>midodrine hcl tabs 2.5 mg</i>	30	<i>montelukast sodium chew 4 mg</i>	75
<i>midodrine hcl tabs 5 mg</i>	30	<i>montelukast sodium chew 5 mg</i>	75
MIEBO SOLN 1.338 GM/ML.....	62	<i>montelukast sodium pack 4 mg</i>	75
MIFEPREX TABS 200 MG.....	68	<i>montelukast sodium tabs 10 mg</i>	75
<i>mifepristone tabs 200 mg</i>	68	<i>morphine sulfate (concentrate) soln 100</i> <i>mg/5ml</i>	40
<i>mifepristone tabs 300 mg</i>	67	<i>morphine sulfate er tbcr 100 mg</i>	40
<i>miglustat caps 100 mg</i>	60	<i>morphine sulfate er tbcr 15 mg</i>	40
<i>milrinone lactate in dextrose soln 20-5</i> <i>mg/100ml-%</i>	36	<i>morphine sulfate er tbcr 200 mg</i>	40
<i>milrinone lactate in dextrose soln 40-5</i> <i>mg/200ml-%</i>	36	<i>morphine sulfate er tbcr 30 mg</i>	40
<i>milrinone lactate soln 10 mg/10ml</i>	36	<i>morphine sulfate er tbcr 60 mg</i>	40
<i>minocycline hcl caps 100 mg</i>	14	<i>morphine sulfate soln 10 mg/5ml</i>	40
<i>minocycline hcl caps 50 mg</i>	14	MORPHINE SULFATE SOLN 20 MG/5ML.....	40
<i>minocycline hcl caps 75 mg</i>	14	<i>morphine sulfate tabs 15 mg</i>	40
<i>minocycline hcl tabs 100 mg</i>	14	<i>morphine sulfate tabs 30 mg</i>	40
<i>minoxidil tabs 10 mg</i>	37	MOVANTIK TABS 25 MG.....	63
<i>minoxidil tabs 2.5 mg</i>	37	MOXIFLOXACIN HCL IN NAACL SOLN 400 MG/250ML.....	14
MIPLYFFA CAPS 124 MG.....	73	<i>moxifloxacin hcl soln 0.5 %</i>	60
MIPLYFFA CAPS 47 MG.....	73	<i>moxifloxacin hcl tabs 400 mg</i>	14
MIPLYFFA CAPS 62 MG.....	73	MRESVIA SUSY 50 MCG/0.5ML.....	78
MIPLYFFA CAPS 93 MG.....	73	MULTAQ TABS 400 MG.....	36
<i>mirabegron er tb24 25 mg</i>	83	<i>mupirocin calcium crea 2 %</i>	79
<i>mirabegron er tb24 50 mg</i>	83	<i>mupirocin oint 2 %</i>	79
MIRENA (52 MG) IUD 21 MCG/DAY.....	66	<i>mutamycin solr 40 mg</i>	24
<i>mirtazapine tabs 15 mg</i>	54	<i>mutamycin solr 5 mg</i>	24
<i>mirtazapine tabs 30 mg</i>	54	MVASI SOLN 100 MG/4ML.....	24
<i>mirtazapine tabs 45 mg</i>	54	MVASI SOLN 400 MG/16ML.....	24
<i>mirtazapine tabs 7.5 mg</i>	54		

<i>mycophenolate mofetil caps 250 mg</i>	72
<i>mycophenolate mofetil susr 200 mg/ml</i>	72
<i>mycophenolate mofetil tabs 500 mg</i>	72
<i>mycophenolate sodium tbec 180 mg</i>	72
<i>mycophenolate sodium tbec 360 mg</i>	72

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<i>na sulfate-k sulfate-mg sulf soln 17.5-3.13-1.6 gm/177ml</i>	63
NABI-HB SOLN 312 UNIT/ML.....	78
<i>nabumetone tabs 500 mg</i>	40
<i>nabumetone tabs 750 mg</i>	40
<i>nadolol tabs 20 mg</i>	34
<i>nadolol tabs 40 mg</i>	34
<i>nadolol tabs 80 mg</i>	34
<i>nafcillin sodium solr 1 gm</i>	14
<i>nafcillin sodium solr 10 gm</i>	14
<i>nafcillin sodium solr 2 gm</i>	14
NAGLAZYME SOLN 1 MG/ML.....	60
<i>nalbuphine hcl soln 10 mg/ml</i>	40
<i>nalbuphine hcl soln 20 mg/ml</i>	40
NALOXONE HCL SOCT 0.4 MG/ML.....	50
<i>naloxone hcl soln 0.4 mg/ml</i>	50
<i>naloxone hcl soln 4 mg/10ml</i>	50
<i>naloxone hcl sosy 2 mg/2ml</i>	50
<i>naltrexone hcl tabs 50 mg</i>	50
<i>naproxen susp 125 mg/5ml</i>	40
<i>naproxen tabs 250 mg</i>	40
<i>naproxen tabs 375 mg</i>	40
<i>naproxen tabs 500 mg</i>	40
<i>naproxen tbec 375 mg</i>	40
<i>naratriptan hcl tabs 1 mg</i>	45
<i>naratriptan hcl tabs 2.5 mg</i>	45
NATACYN SUSP 5 %.....	60
<i>nateglinide tabs 120 mg</i>	67
<i>nateglinide tabs 60 mg</i>	67
NAYZILAM SOLN 5 MG/0.1ML.....	44
<i>nebivolol hcl tabs 10 mg</i>	34
<i>nebivolol hcl tabs 2.5 mg</i>	34
<i>nebivolol hcl tabs 20 mg</i>	34
<i>nebivolol hcl tabs 5 mg</i>	34
NEFAZODONE HCL TABS 100 MG.....	54
NEFAZODONE HCL TABS 150 MG.....	54
NEFAZODONE HCL TABS 200 MG.....	54
NEFAZODONE HCL TABS 250 MG.....	54
NEFAZODONE HCL TABS 50 MG.....	54
<i>nelarabine soln 5 mg/ml</i>	24
NEMLUVIO AUIJ 30 MG.....	81
<i>neomycin sulfate tabs 500 mg</i>	14

NEOMYCIN-BACITRACIN ZN-POLYMYX OINT 5-400-10000.....	60
NEOMYCIN-POLYMYXIN B GU SOLN 40-200000.....	79
<i>neomycin-polymyxin-dexameth oint 3.5-10000-0.1</i>	61
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	61
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLN 1.75-10000-.025.....	60
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSP 3.5-10000-1.....	61
<i>neomycin-polymyxin-hc otic susp 3.5-10000-1</i>	61
<i>neomycin-polymyxin-hc soln 1 %</i>	61
NERLYNX TABS 40 MG.....	24
<i>nevirapine er tb24 400 mg</i>	18
NEVIRAPINE SUSP 50 MG/5ML.....	18
<i>nevirapine tabs 200 mg</i>	18
NEXLETOL TABS 180 MG.....	33
NEXLIZET TABS 180-10 MG.....	33
NEXPLANON IMPL 68 MG.....	66
<i>niacin er (antihyperlipidemic) tbc 500 mg</i>	33
NIACOR TABS 500 MG.....	33
NICARDIPINE HCL SOLN 2.5 MG/ML.....	35
NICOTROL NS SOLN 10 MG/ML.....	29
<i>nifedipine caps 10 mg</i>	35
<i>nifedipine caps 20 mg</i>	35
<i>nifedipine er osmotic release tb24 30 mg</i>	35
<i>nifedipine er osmotic release tb24 60 mg</i>	35
<i>nifedipine er osmotic release tb24 90 mg</i>	35
<i>nifedipine er tb24 30 mg</i>	35
<i>nifedipine er tb24 60 mg</i>	35
<i>nifedipine er tb24 90 mg</i>	35
<i>nikki tabs 3-0.02 mg</i>	66
NILOTINIB D-TARTRATE CAPS 150 MG.....	24
NILOTINIB D-TARTRATE CAPS 200 MG.....	25
NILOTINIB D-TARTRATE CAPS 50 MG.....	25
<i>nilotinib hcl caps 150 mg</i>	25
<i>nilotinib hcl caps 200 mg</i>	25
<i>nilotinib hcl caps 50 mg</i>	25
NILUTAMIDE TABS 150 MG.....	25
<i>nimodipine caps 30 mg</i>	35
NIMODIPINE SOLN 60 MG/20ML.....	35
NINLARO CAPS 2.3 MG.....	25
NINLARO CAPS 3 MG.....	25
NINLARO CAPS 4 MG.....	25
<i>nintedanib esylate caps 100 mg</i>	76
<i>nintedanib esylate caps 150 mg</i>	76
<i>nitazoxanide tabs 500 mg</i>	16
<i>nitro-bid oint 2 %</i>	38

NITRO-DUR PT24 0.3 MG/HR	38
NITRO-DUR PT24 0.8 MG/HR	38
<i>nitrofurantoin macrocrystal caps 100 mg</i> ..	19
<i>nitrofurantoin macrocrystal caps 25 mg</i>	19
<i>nitrofurantoin macrocrystal caps 50 mg</i>	19
<i>nitrofurantoin monohyd macro caps 100 mg</i>	19
<i>nitrofurantoin susp 25 mg/5ml</i>	19
NITROFURANTOIN SUSP 50 MG/5ML ...	19
<i>nitroglycerin oint 0.4 %</i>	82
<i>nitroglycerin pt24 0.1 mg/hr</i>	38
<i>nitroglycerin pt24 0.2 mg/hr</i>	38
<i>nitroglycerin pt24 0.4 mg/hr</i>	38
<i>nitroglycerin pt24 0.6 mg/hr</i>	38
<i>nitroglycerin soln 0.4 mg/spray</i>	38
NITROGLYCERIN SOLN 5 MG/ML	38
<i>nitroglycerin subl 0.3 mg</i>	38
<i>nitroglycerin subl 0.4 mg</i>	38
<i>nitroglycerin subl 0.6 mg</i>	38
<i>nitroprusside sodium soln 25 mg/ml</i>	37
NIVESTYM SOLN 300 MCG/ML	32
NIVESTYM SOLN 480 MCG/1.6ML	32
NIVESTYM SOSY 300 MCG/0.5ML	32
NIVESTYM SOSY 480 MCG/0.8ML	32
NORA-BE TABS 0.35 MG	66
NORDITROPIN FLEXPPO SOPN 10 MG/1.5ML	69
NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML	69
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML	69
<i>norepinephrine bitartrate soln 1 mg/ml</i>	30
<i>norethin ace-eth estrad-fe chew 1-20 mg- mcg(24)</i>	66
<i>norethindrone acetate tabs 5 mg</i>	69
<i>norethindrone tabs 0.35 mg</i>	66
NORPACE CR CP12 100 MG	36
NORPACE CR CP12 150 MG	36
<i>nortrel 0.5/35 (28) tabs 0.5-35 mg-mcg</i>	66
<i>nortrel 1/35 (21) tabs 1-35 mg-mcg</i>	66
<i>nortrel 1/35 (28) tabs 1-35 mg-mcg</i>	66
<i>nortrel 7/7/7 tabs 0.5/0.75/1-35 mg-mcg</i> ...	66
<i>nortriptyline hcl caps 10 mg</i>	54
<i>nortriptyline hcl caps 25 mg</i>	54
<i>nortriptyline hcl caps 50 mg</i>	54
<i>nortriptyline hcl caps 75 mg</i>	54
<i>nortriptyline hcl soln 10 mg/5ml</i>	54
NORVIR PACK 100 MG	18
NOURIANZ TABS 20 MG	49
NOURIANZ TABS 40 MG	49

NOVOLIN R FLEXPEN SOPN 100 UNIT/ML	67
NUBEQA TABS 300 MG	25
NUCALA SOAJ 100 MG/ML	75
NUCALA SOSY 100 MG/ML	75
NUCALA SOSY 40 MG/0.4ML	75
NUEDEXTA CAPS 20-10 MG	49
NUPLAZID CAPS 34 MG	54
NUPLAZID TABS 10 MG	54
NURTEC TBDP 75 MG	45
NUZYRA TABS 150 MG	14
<i>nystatin crea 100000 unit/gm</i>	79
<i>nystatin oint 100000 unit/gm</i>	79
<i>nystatin powd 100000 unit/gm</i>	79
<i>nystatin susp 100000 unit/ml</i>	15
<i>nystatin tabs 500000 unit</i>	15
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i>	81
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	81
<i>nystop powd 100000 unit/gm</i>	79

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OCREVUS ZUNOVO SOLN 920-23000 MG-UT/23ML	49
<i>octreotide acetate kit 10 mg</i>	69
<i>octreotide acetate kit 20 mg</i>	69
<i>octreotide acetate kit 30 mg</i>	69
<i>octreotide acetate soln 100 mcg/ml</i>	69
<i>octreotide acetate soln 1000 mcg/ml</i>	69
<i>octreotide acetate soln 200 mcg/ml</i>	69
<i>octreotide acetate soln 50 mcg/ml</i>	69
<i>octreotide acetate soln 500 mcg/ml</i>	69
ODACTRA SUBL 12 SQ-HDM	73
ODEFSEY TABS 200-25-25 MG	18
ODOMZO CAPS 200 MG	25
OFEV CAPS 100 MG	76
OFEV CAPS 150 MG	76
<i>ofloxacin ophthalmic soln 0.3 %</i>	60
<i>ofloxacin otic soln 0.3 %</i>	60
OGSIVEO TABS 100 MG	25
OGSIVEO TABS 150 MG	25
OGSIVEO TABS 50 MG	25
OHTUVAYRE SUSP 3 MG/2.5ML	76
OJEMDA SUSR 25 MG/ML	25
OJEMDA TABS 100 MG	25
OJJAARA TABS 100 MG	25
OJJAARA TABS 150 MG	25
OJJAARA TABS 200 MG	25
<i>olanzapine solr 10 mg</i>	54

<i>olanzapine tabs 10 mg</i>	54	ORILISSA TABS 150 MG.....	68
<i>olanzapine tabs 15 mg</i>	54	ORILISSA TABS 200 MG.....	68
<i>olanzapine tabs 2.5 mg</i>	54	ORKAMBI PACK 100-125 MG.....	75
<i>olanzapine tabs 20 mg</i>	54	ORKAMBI PACK 150-188 MG.....	75
<i>olanzapine tabs 5 mg</i>	54	ORKAMBI PACK 75-94 MG.....	75
<i>olanzapine tabs 7.5 mg</i>	54	ORKAMBI TABS 100-125 MG.....	75
<i>olanzapine tbdp 10 mg</i>	54	ORKAMBI TABS 200-125 MG.....	75
<i>olanzapine tbdp 15 mg</i>	54	ORLYNVAH TABS 500-500 MG.....	19
<i>olanzapine tbdp 20 mg</i>	54	ORSERDU TABS 345 MG.....	25
<i>olanzapine tbdp 5 mg</i>	54	ORSERDU TABS 86 MG.....	25
<i>olanzapine-fluoxetine hcl caps 12-25 mg</i> ..	54	<i>oseltamivir phosphate caps 30 mg</i>	18
<i>olanzapine-fluoxetine hcl caps 12-50 mg</i> ..	54	<i>oseltamivir phosphate caps 45 mg</i>	18
<i>olanzapine-fluoxetine hcl caps 3-25 mg</i>	54	<i>oseltamivir phosphate caps 75 mg</i>	18
<i>olanzapine-fluoxetine hcl caps 6-25 mg</i>	54	<i>oseltamivir phosphate susr 6 mg/ml</i>	18
<i>olanzapine-fluoxetine hcl caps 6-50 mg</i>	54	OSENVELT SOLN 120 MG/1.7ML.....	70
OLUMIANT TABS 1 MG.....	71	OSMITROL SOLN 20 %.....	58
OLUMIANT TABS 2 MG.....	71	OTEZLA TABS 20 MG.....	71
<i>omega-3-acid ethyl esters caps 1 gm</i>	33	OTEZLA TABS 30 MG.....	71
<i>omeprazole cpdr 10 mg</i>	63	OTEZLA TBPK 10 & 20 & 30 MG.....	71
<i>omeprazole cpdr 20 mg</i>	63	OTEZLA TBPK 4 x 10 & 51 x20 MG.....	71
<i>omeprazole cpdr 40 mg</i>	63	OTEZLA XR TB24 75 MG.....	71
OMNITROPE SOCT 10 MG/1.5ML.....	69	OTEZLA/OTEZLA XR INITIATION PK TBPK	
OMNITROPE SOCT 5 MG/1.5ML.....	69	10&20&30&(ER)75 MG.....	71
OMNITROPE SOLR 5.8 MG.....	69	OXACILLIN SODIUM IN DEXTROSE SOLN	
<i>ondansetron hcl +rfid soln 4 mg/2ml</i>	62	2 GM/50ML.....	14
<i>ondansetron hcl soln 4 mg/2ml</i>	62	<i>oxaliplatin soln 100 mg/20ml</i>	25
<i>ondansetron hcl soln 4 mg/5ml</i>	62	<i>oxaliplatin soln 50 mg/10ml</i>	25
<i>ondansetron hcl soln 40 mg/20ml</i>	62	<i>oxazepam caps 10 mg</i>	48
<i>ondansetron hcl tabs 4 mg</i>	62	<i>oxazepam caps 15 mg</i>	48
<i>ondansetron hcl tabs 8 mg</i>	63	<i>oxazepam caps 30 mg</i>	48
<i>ondansetron tbdp 4 mg</i>	63	<i>oxcarbazepine susp 300 mg/5ml</i>	44
<i>ondansetron tbdp 8 mg</i>	63	<i>oxcarbazepine tabs 150 mg</i>	44
ONUREG TABS 200 MG.....	25	<i>oxcarbazepine tabs 300 mg</i>	44
ONUREG TABS 300 MG.....	25	<i>oxcarbazepine tabs 600 mg</i>	44
OPDIVO QVANTIG SOLN 600-10000 MG-		<i>oxybutynin chloride er tb24 10 mg</i>	83
UT/5ML.....	25	<i>oxybutynin chloride er tb24 15 mg</i>	83
OPDIVO SOLN 100 MG/10ML.....	25	<i>oxybutynin chloride er tb24 5 mg</i>	83
OPDIVO SOLN 40 MG/4ML.....	25	<i>oxybutynin chloride soln 5 mg/5ml</i>	83
OPIPZA FILM 10 MG.....	54	<i>oxybutynin chloride tabs 5 mg</i>	83
OPIPZA FILM 2 MG.....	54	<i>oxycodone hcl conc 100 mg/5ml</i>	40
OPIPZA FILM 5 MG.....	54	<i>oxycodone hcl soln 5 mg/5ml</i>	40
OPSYNVI TABS 10-20 MG.....	77	<i>oxycodone hcl tabs 10 mg</i>	40
OPSYNVI TABS 10-40 MG.....	77	<i>oxycodone hcl tabs 15 mg</i>	40
OPZELURA CREA 1.5 %.....	82	<i>oxycodone hcl tabs 20 mg</i>	40
ORENCIA CLICKJECT SOAJ 125 MG/ML		<i>oxycodone hcl tabs 30 mg</i>	40
.....	71	<i>oxycodone hcl tabs 5 mg</i>	40
ORENCIA SOLR 250 MG.....	71	<i>oxycodone-acetaminophen tabs 10-325 mg</i>	
ORENCIA SOSY 125 MG/ML.....	71	.....	40
ORENCIA SOSY 50 MG/0.4ML.....	71	<i>oxycodone-acetaminophen tabs 5-325 mg</i>	
ORENCIA SOSY 87.5 MG/0.7ML.....	71	.....	40
ORGOVYX TABS 120 MG.....	68		

<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	40
OXYTOCIN SOLN 10 UNIT/ML	68
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML	67
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	67
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	67
OZEMPIC TABS 1.5 MG	67
OZEMPIC TABS 4 MG	67
OZEMPIC TABS 9 MG	67

P

<i>paclitaxel conc 100 mg/16.7ml</i>	25
PACLITAXEL CONC 150 MG/25ML	25
<i>paclitaxel conc 30 mg/5ml</i>	25
<i>paclitaxel conc 300 mg/50ml</i>	25
PACLITAXEL PROTEIN-BOUND PART SUSR 100 MG	25
PADCEV SOLR 20 MG	25
PADCEV SOLR 30 MG	25
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG	73
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG	73
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG	73
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG	73
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG	73
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG	74
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG	74
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG	74
PALFORZIA (300 MG TITRATION) PACK 300 MG	74
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG	74
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG	74
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG	74
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG	74
<i>paliperidone er tb24 1.5 mg</i>	54
<i>paliperidone er tb24 3 mg</i>	54

<i>paliperidone er tb24 6 mg</i>	54
<i>paliperidone er tb24 9 mg</i>	54
PALYNZIQ SOSY 10 MG/0.5ML	60
PALYNZIQ SOSY 2.5 MG/0.5ML	60
PALYNZIQ SOSY 20 MG/ML	60
<i>pamidronate disodium soln 90 mg/10ml</i>	71
PANRETIN GEL 0.1 %	81
PANTOPRAZOLE SODIUM SOLR 40 MG	63
<i>pantoprazole sodium tbec 20 mg</i>	63
<i>pantoprazole sodium tbec 40 mg</i>	63
<i>paroxetine hcl er tb24 12.5 mg</i>	54
<i>paroxetine hcl er tb24 25 mg</i>	54
<i>paroxetine hcl er tb24 37.5 mg</i>	54
PAROXETINE HCL SUSP 10 MG/5ML	54
<i>paroxetine hcl tabs 10 mg</i>	54
<i>paroxetine hcl tabs 20 mg</i>	54
<i>paroxetine hcl tabs 30 mg</i>	54
<i>paroxetine hcl tabs 40 mg</i>	54
<i>paroxetine mesylate caps 7.5 mg</i>	55
PAVBLU SOLN 2 MG/0.05ML	62
PAVBLU SOSY 2 MG/0.05ML	62
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG	18
PAXLOVID (300/100 & 150/100) TBPK 6 x 150 MG & 5 X 100MG	18
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG	18
<i>pazopanib hcl tabs 200 mg</i>	25
PAZOPANIB HCL TABS 400 MG	25
PEDIARIX SUSY	78
PEDVAXHIB SUSP 7.5 MCG/0.5ML	78
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i>	63
PEG-3350/ELECTROLYTES SOLR 236 GM	63
PEGASYS SOLN 180 MCG/ML	18
PEGASYS SOSY 180 MCG/0.5ML	18
PEMAZYRE TABS 13.5 MG	25
PEMAZYRE TABS 4.5 MG	25
PEMAZYRE TABS 9 MG	25
POMETREXED DISODIUM SOLN 1 GM/40ML	25
POMETREXED DISODIUM SOLN 100 MG/4ML	25
POMETREXED DISODIUM SOLN 500 MG/20ML	25
PENBRAYA SUSR	78
<i>penicillamine caps 250 mg</i>	64
<i>penicillin g potassium solr 20000000 unit</i>	14
PENICILLIN G SODIUM SOLR 5000000 UNIT	14

PENICILLIN V POTASSIUM SOLR 125 MG/5ML	14	PHENOBARBITAL TABS 60 MG	48
PENICILLIN V POTASSIUM SOLR 250 MG/5ML	14	PHENOBARBITAL TABS 64.8 MG	48
<i>penicillin v potassium tabs 250 mg</i>	14	PHENOBARBITAL TABS 97.2 MG	48
<i>penicillin v potassium tabs 500 mg</i>	14	<i>phenoxybenzamine hcl caps 10 mg</i>	30
PENMENVY SUSR.....	78	PHENYLEPHRINE HCL SOLN 10 %	62
PENTACEL SUSR.....	78	<i>phenylephrine hcl soln 2.5 %</i>	62
<i>pentamidine isethionate solr inhalation 300 mg</i>	16	<i>phenytek caps 200 mg</i>	44
<i>pentamidine isethionate solr injection 300 mg</i>	16	<i>phenytek caps 300 mg</i>	44
PENTASA CPCR 250 MG	62	<i>phenytoin chew 50 mg</i>	44
PENTASA CPCR 500 MG	62	<i>phenytoin sodium extended caps 100 mg</i> 44	
<i>pentoxifylline er tbc 400 mg</i>	31	<i>phenytoin sodium extended caps 200 mg</i> 44	
<i>perampanel susp 0.5 mg/ml</i>	44	<i>phenytoin sodium extended caps 300 mg</i> 44	
<i>perampanel tabs 10 mg</i>	44	<i>phenytoin sodium soln 50 mg/ml</i>	44
<i>perampanel tabs 12 mg</i>	44	<i>phenytoin susp 125 mg/5ml</i>	44
<i>perampanel tabs 2 mg</i>	44	PHESGO SOLN 60-60-2000 MG-MG-U/ML	25
<i>perampanel tabs 4 mg</i>	44	PHESGO SOLN 80-40-2000 MG-MG-U/ML	25
<i>perampanel tabs 6 mg</i>	44	PHOSPHOLINE IODIDE SOLR 0.125 %..	61
<i>perampanel tabs 8 mg</i>	44	PIFELTRO TABS 100 MG.....	18
PERJETA SOLN 420 MG/14ML	25	<i>pilocarpine hcl soln 1 %</i>	62
<i>permethrin crea 5 %</i>	79	<i>pilocarpine hcl soln 2 %</i>	62
<i>perphenazine tabs 16 mg</i>	55	<i>pilocarpine hcl soln 4 %</i>	62
<i>perphenazine tabs 2 mg</i>	55	<i>pilocarpine hcl tabs 5 mg</i>	29
<i>perphenazine tabs 4 mg</i>	55	PIMECROLIMUS CREA 1 %.....	82
<i>perphenazine tabs 8 mg</i>	55	<i>pimozide tabs 1 mg</i>	55
PERPHENAZINE-AMITRIPTYLINE TABS 2- 10 MG	55	<i>pimozide tabs 2 mg</i>	55
PERPHENAZINE-AMITRIPTYLINE TABS 2- 25 MG	55	<i>pioglitazone hcl tabs 15 mg</i>	67
PERPHENAZINE-AMITRIPTYLINE TABS 4- 10 MG	55	<i>pioglitazone hcl tabs 30 mg</i>	67
PERPHENAZINE-AMITRIPTYLINE TABS 4- 25 MG	55	<i>pioglitazone hcl tabs 45 mg</i>	67
PERPHENAZINE-AMITRIPTYLINE TABS 4- 50 MG	55	<i>piperacillin sod-tazobactam so solr 2.25 (2- 0.25) gm</i>	14
PERSERIS PRSY 120 MG	55	<i>piperacillin sod-tazobactam so solr 3.375 (3- 0.375) gm</i>	14
PERSERIS PRSY 90 MG	55	<i>piperacillin sod-tazobactam so solr 4.5 (4- 0.5) gm</i>	14
PHENELZINE SULFATE TABS 15 MG	55	<i>piperacillin sod-tazobactam so solr 40.5 (36- 4.5) gm</i>	14
PHENOBARBITAL ELIX 20 MG/5ML	48	PIQRAY (200 MG DAILY DOSE) TBPK 200 MG.....	25
PHENOBARBITAL SODIUM SOLN 130 MG/ML	48	PIQRAY (250 MG DAILY DOSE) TBPK 200 & 50 MG.....	25
PHENOBARBITAL SODIUM SOLN 65 MG/ML	48	PIQRAY (300 MG DAILY DOSE) TBPK 2 x 150 MG.....	25
PHENOBARBITAL TABS 100 MG.....	48	<i>pirfenidone tabs 267 mg</i>	76
PHENOBARBITAL TABS 15 MG.....	48	PIRFENIDONE TABS 534 MG	76
PHENOBARBITAL TABS 16.2 MG.....	48	<i>pirfenidone tabs 801 mg</i>	76
PHENOBARBITAL TABS 30 MG.....	48	<i>piroxicam caps 10 mg</i>	40
PHENOBARBITAL TABS 32.4 MG.....	48	<i>piroxicam caps 20 mg</i>	40
		<i>plenamine soln 15 %</i>	57
		PLERIXAFOR SOLN 24 MG/1.2ML	32

PODOFILOX SOLN 0.5 %	82
POLOCAINE-MPF SOLN 1 %	74
POLOCAINE-MPF SOLN 2 %	74
<i>polymyxin b-trimethoprim soln 10000-0.1</i>	
<i>unit/ml-%</i>	60
<i>pomalidomide caps 1 mg</i>	25
<i>pomalidomide caps 2 mg</i>	25
<i>pomalidomide caps 3 mg</i>	25
<i>pomalidomide caps 4 mg</i>	25
POMALYST CAPS 1 MG	25
POMALYST CAPS 2 MG	25
POMALYST CAPS 3 MG	25
POMALYST CAPS 4 MG	25
<i>portia-28 tabs 0.15-30 mg-mcg</i>	66
<i>posaconazole susp 40 mg/ml</i>	15
<i>posaconazole tbec 100 mg</i>	15
POTASSIUM ACETATE SOLN 2 MEQ/ML	
	59
<i>potassium chloride crys er tbc 10 meq</i>	59
<i>potassium chloride crys er tbc 20 meq</i>	59
<i>potassium chloride er cpcr 10 meq</i>	59
<i>potassium chloride er cpcr 8 meq</i>	59
<i>potassium chloride er tbc 10 meq</i>	59
<i>potassium chloride er tbc 20 meq</i>	59
<i>potassium chloride er tbc 8 meq</i>	59
<i>potassium chloride in nacl soln 20-0.9</i>	
<i>meq/l-%</i>	59
<i>potassium chloride in nacl soln 40-0.9</i>	
<i>meq/l-%</i>	59
<i>potassium chloride pack 20 meq</i>	59
POTASSIUM CHLORIDE SOLN 10	
MEQ/100ML	59
<i>potassium chloride soln 2 meq/ml</i>	59
POTASSIUM CHLORIDE SOLN 20	
MEQ/100ML	59
<i>potassium chloride soln 20 meq/15ml (10%)</i>	
	59
<i>potassium chloride soln 40 meq/15ml (20%)</i>	
	59
<i>potassium citrate er tbc 10 meq (1080 mg)</i>	
	57
<i>potassium citrate er tbc 15 meq (1620 mg)</i>	
	57
<i>potassium citrate er tbc 5 meq (540 mg)</i>	57
<i>potassium cl in dextrose 5% soln 20 meq/l</i>	
	59
<i>potassium phosphates(66 meq k) soln 45</i>	
<i>mmole/15ml</i>	59
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	
	46
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	46

<i>pramipexole dihydrochloride tabs 0.5 mg</i>	47
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	47
<i>pramipexole dihydrochloride tabs 1 mg</i>	47
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	47
<i>prasugrel hcl tabs 10 mg</i>	31
<i>prasugrel hcl tabs 5 mg</i>	31
<i>pravastatin sodium tabs 10 mg</i>	33
<i>pravastatin sodium tabs 20 mg</i>	33
<i>pravastatin sodium tabs 40 mg</i>	33
<i>pravastatin sodium tabs 80 mg</i>	33
<i>praziquantel tabs 600 mg</i>	11
<i>prazosin hcl caps 1 mg</i>	33
<i>prazosin hcl caps 2 mg</i>	33
<i>prazosin hcl caps 5 mg</i>	33
PRED MILD SUSP 0.12 %	61
<i>prednisolone acetate susp 1 %</i>	61
PREDNISOLONE SODIUM PHOSPHATE	
SOLN 1 %	61
<i>prednisolone sodium phosphate soln 15</i>	
<i>mg/5ml</i>	65
<i>prednisolone sodium phosphate soln 5</i>	
<i>mg/5ml</i>	65
<i>prednisolone soln 15 mg/5ml</i>	65
<i>prednisolone tabs 5 mg</i>	65
PREDNISONE INTENSOL CONC 5 MG/ML	
	65
PREDNISONE SOLN 5 MG/5ML	65
<i>prednisone tabs 1 mg</i>	65
<i>prednisone tabs 10 mg</i>	65
<i>prednisone tabs 2.5 mg</i>	65
<i>prednisone tabs 20 mg</i>	65
<i>prednisone tabs 5 mg</i>	65
<i>prednisone tabs 50 mg</i>	65
<i>prednisone tbpk 10 mg (21)</i>	65
<i>prednisone tbpk 10 mg (48)</i>	65
<i>prednisone tbpk 5 mg (21)</i>	65
<i>prednisone tbpk 5 mg (48)</i>	65
<i>pregabalin caps 100 mg</i>	44
<i>pregabalin caps 150 mg</i>	44
<i>pregabalin caps 200 mg</i>	44
<i>pregabalin caps 225 mg</i>	44
<i>pregabalin caps 25 mg</i>	44
<i>pregabalin caps 300 mg</i>	44
<i>pregabalin caps 50 mg</i>	44
<i>pregabalin caps 75 mg</i>	44
<i>pregabalin soln 20 mg/ml</i>	44
PREMARIN SOLR 25 MG	68
PREMASOL SOLN 10 %	57
PRENATAL TABS 27-1 MG	84
PRETOMANID TABS 200 MG	15
<i>prevalite pack 4 gm</i>	33

<i>prevalite powd 4 gm/dose</i>	33
PREVYMIS PACK 120 MG.....	18
PREVYMIS SOLN 240 MG/12ML.....	18
PREVYMIS SOLN 480 MG/24ML.....	18
PREVYMIS TABS 240 MG.....	18
PREVYMIS TABS 480 MG.....	18
PREZCOBIX TABS 675-150 MG.....	18
PREZCOBIX TABS 800-150 MG.....	18
PREZISTA SUSP 100 MG/ML.....	18
PREZISTA TABS 150 MG.....	18
PREZISTA TABS 75 MG.....	18
PRIFTIN TABS 150 MG.....	15
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG.....	16
PRIMIDONE TABS 125 MG.....	44
<i>primidone tabs 250 mg</i>	44
<i>primidone tabs 50 mg</i>	44
PRIORIX SUSR.....	78
<i>probenecid tabs 500 mg</i>	59
<i>procainamide hcl soln 100 mg/ml</i>	36
<i>procainamide hcl soln 500 mg/ml</i>	36
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	55
<i>prochlorperazine maleate tabs 10 mg</i>	55
<i>prochlorperazine maleate tabs 5 mg</i>	55
<i>prochlorperazine supp 25 mg</i>	55
PROCRIT SOLN 10000 UNIT/ML.....	32
PROCRIT SOLN 2000 UNIT/ML.....	32
PROCRIT SOLN 20000 UNIT/ML.....	32
PROCRIT SOLN 3000 UNIT/ML.....	32
PROCRIT SOLN 4000 UNIT/ML.....	32
PROCRIT SOLN 40000 UNIT/ML.....	32
PROCTOFOAM HC FOAM 1-1 %.....	81
<i>proctozone-hc crea 2.5 %</i>	81
<i>progesterone caps 100 mg</i>	69
<i>progesterone caps 200 mg</i>	69
PROGESTERONE INST 100 MG.....	69
<i>progesterone oil 50 mg/ml</i>	69
PROGRAF PACK 0.2 MG.....	72
PROGRAF PACK 1 MG.....	72
PROGRAF SOLN 5 MG/ML.....	72
<i>promethazine hcl soln 6.25 mg/5ml</i>	19
<i>promethazine hcl tabs 12.5 mg</i>	19
<i>promethazine hcl tabs 25 mg</i>	19
<i>promethazine hcl tabs 50 mg</i>	19
<i>promethegan supp 12.5 mg</i>	19
<i>promethegan supp 25 mg</i>	19
<i>propafenone hcl tabs 150 mg</i>	36
<i>propafenone hcl tabs 225 mg</i>	36
<i>propafenone hcl tabs 300 mg</i>	36
<i>proparacaine hcl soln 0.5 %</i>	62

<i>propranolol hcl er cp24 120 mg</i>	34
<i>propranolol hcl er cp24 160 mg</i>	34
<i>propranolol hcl er cp24 60 mg</i>	34
<i>propranolol hcl er cp24 80 mg</i>	34
<i>propranolol hcl soln 1 mg/ml</i>	34
<i>propranolol hcl soln 20 mg/5ml</i>	34
PROPRANOLOL HCL SOLN 40 MG/5ML	34
<i>propranolol hcl tabs 10 mg</i>	34
<i>propranolol hcl tabs 20 mg</i>	34
<i>propranolol hcl tabs 40 mg</i>	34
<i>propranolol hcl tabs 60 mg</i>	34
<i>propranolol hcl tabs 80 mg</i>	34
<i>propylthiouracil tabs 50 mg</i>	70
PROQUAD SUSR.....	78
<i>protriptyline hcl tabs 10 mg</i>	55
<i>protriptyline hcl tabs 5 mg</i>	55
<i>prucalopride succinate tabs 1 mg</i>	63
<i>prucalopride succinate tabs 2 mg</i>	63
PULMICORT FLEXHALER AEPB 180 MCG/ACT.....	76
PULMOZYME SOLN 2.5 MG/2.5ML.....	60
<i>pyrazinamide tabs 500 mg</i>	16
<i>pyridostigmine bromide er tbc 180 mg</i>	29
<i>pyridostigmine bromide soln 60 mg/5ml</i> ...	29
<i>pyridostigmine bromide tabs 60 mg</i>	29
<i>pyrimethamine tabs 25 mg</i>	16
PYRUKYND TABS 20 MG.....	74
PYRUKYND TABS 5 MG.....	74
PYRUKYND TABS 50 MG.....	74
PYRUKYND TAPER PACK TBPK 5 MG..	74
PYRUKYND TAPER PACK TBPK 7 x 20 MG & 7 X 5 MG.....	74
PYRUKYND TAPER PACK TBPK 7 x 50 MG & 7 X 20 MG.....	74

Q

QALSODY SOLN 100 MG/15ML.....	49
QINLOCK TABS 50 MG.....	25
QUADRACEL SUSP.....	78
QUADRACEL SUSY 0.5 ML.....	78
<i>quetiapine fumarate er tb24 150 mg</i>	55
<i>quetiapine fumarate er tb24 200 mg</i>	55
<i>quetiapine fumarate er tb24 300 mg</i>	55
<i>quetiapine fumarate er tb24 400 mg</i>	55
<i>quetiapine fumarate er tb24 50 mg</i>	55
<i>quetiapine fumarate tabs 100 mg</i>	55
QUETIAPINE FUMARATE TABS 150 MG	55
<i>quetiapine fumarate tabs 200 mg</i>	55
<i>quetiapine fumarate tabs 25 mg</i>	55
<i>quetiapine fumarate tabs 300 mg</i>	55

<i>quetiapine fumarate tabs 400 mg</i>	55
<i>quetiapine fumarate tabs 50 mg</i>	55
<i>quinidine gluconate er tbc 324 mg</i>	36
QUINIDINE SULFATE TABS 200 MG	36
QUINIDINE SULFATE TABS 300 MG	36
<i>quinine sulfate caps 324 mg</i>	16
QULIPTA TABS 10 MG	45
QULIPTA TABS 30 MG	45
QULIPTA TABS 60 MG	45

R

RABAVERT SUSR	78
RADIAURA CREA 3-0.5 %	81
RADICAVA ORS STARTER KIT SUSP 105 MG/5ML	49
RADICAVA ORS SUSP 105 MG/5ML	49
RALDESY SOLN 10 MG/ML	55
<i>raloxifene hcl tabs 60 mg</i>	68
<i>ramipril caps 1.25 mg</i>	37
<i>ramipril caps 10 mg</i>	37
<i>ramipril caps 2.5 mg</i>	37
<i>ramipril caps 5 mg</i>	37
<i>ranolazine er tb12 1000 mg</i>	36
<i>ranolazine er tb12 500 mg</i>	36
<i>rasagiline mesylate tabs 0.5 mg</i>	47
<i>rasagiline mesylate tabs 1 mg</i>	47
RASONQUE TABS 100 MG	25
RASONQUE TABS 150 MG	25
RASUVO SOAJ 10 MG/0.2ML	71
RASUVO SOAJ 12.5 MG/0.25ML	71
RASUVO SOAJ 15 MG/0.3ML	71
RASUVO SOAJ 17.5 MG/0.35ML	71
RASUVO SOAJ 20 MG/0.4ML	71
RASUVO SOAJ 22.5 MG/0.45ML	71
RASUVO SOAJ 25 MG/0.5ML	71
RASUVO SOAJ 30 MG/0.6ML	71
RASUVO SOAJ 7.5 MG/0.15ML	71
RAYALDEE CPR 30 MCG	84
REBIF REBIDOSE SOAJ 22 MCG/0.5ML	49
REBIF REBIDOSE SOAJ 44 MCG/0.5ML	49
REBIF REBIDOSE TITRATION PACK SOAJ 6X8.8 & 6X22 MCG	49
REBIF TITRATION PACK SOSY 6X8.8 & 6X22 MCG	49
<i>reclipsen tabs 0.15-30 mg-mcg</i>	66
RECOMBIVAX HB SUSP 10 MCG/ML	78
RECOMBIVAX HB SUSP 40 MCG/ML	78
RECOMBIVAX HB SUSP 5 MCG/0.5ML	78
RECOMBIVAX HB SUSY 10 MCG/ML	78
RECOMBIVAX HB SUSY 5 MCG/0.5ML	78

REGONOL SOLN 10 MG/2ML	29
RELENZA DISKHALER AEPB 5 MG/ACT	18
RELISTOR SOLN 12 MG/0.6ML	63
RELISTOR SOSY 12 MG/0.6ML	63
<i>repaglinide tabs 0.5 mg</i>	67
<i>repaglinide tabs 1 mg</i>	67
<i>repaglinide tabs 2 mg</i>	67
REPATHA SURECLICK SOAJ 140 MG/ML	33
RETACRIT SOLN 20000 UNIT/ML	32
RETEVMO TABS 120 MG	26
RETEVMO TABS 160 MG	26
RETEVMO TABS 40 MG	26
RETEVMO TABS 80 MG	26
RETIN-A CREA 0.025 %	81
RETIN-A CREA 0.05 %	81
RETIN-A CREA 0.1 %	82
RETIN-A GEL 0.01 %	82
RETIN-A GEL 0.025 %	82
RETISERT IMPL 0.59 MG	61
RETROVIR SOLN 10 MG/ML	18
REVCORI SOLN 2.4 MG/1.5ML	60
REVUFORJ TABS 110 MG	26
REVUFORJ TABS 160 MG	26
REVUFORJ TABS 25 MG	26
REXULTI TABS 0.25 MG	55
REXULTI TABS 0.5 MG	55
REXULTI TABS 1 MG	55
REXULTI TABS 2 MG	55
REXULTI TABS 3 MG	55
REXULTI TABS 4 MG	55
REYATAZ PACK 50 MG	18
REZDIFFRA TABS 100 MG	63
REZDIFFRA TABS 60 MG	63
REZDIFFRA TABS 80 MG	63
REZLIDHIA CAPS 150 MG	26
REZUROCK TABS 200 MG	74
RIABNI SOLN 100 MG/10ML	26
RIABNI SOLN 500 MG/50ML	26
RIBAVIRIN CAPS 200 MG	18
RIBAVIRIN SOLR 6 GM	18
RIBAVIRIN TABS 200 MG	18
RIDAURA CAPS 3 MG	74
<i>rifabutin caps 150 mg</i>	16
<i>rifampin caps 150 mg</i>	16
<i>rifampin caps 300 mg</i>	16
<i>rifampin solr 600 mg</i>	16
<i>rilpivirine hcl tabs 25 mg</i>	18
<i>riluzole tabs 50 mg</i>	49
RIMANTADINE HCL TABS 100 MG	18
RIMSO-50 SOLN 50 %	74

RINGERS SOLN.....	59	<i>ropinirole hcl er tb24 4 mg</i>	47
RINVOQ LQ SOLN 1 MG/ML	71	<i>ropinirole hcl er tb24 6 mg</i>	47
RINVOQ TB24 15 MG	72	<i>ropinirole hcl er tb24 8 mg</i>	47
RINVOQ TB24 30 MG	72	<i>ropinirole hcl tabs 0.25 mg</i>	47
RINVOQ TB24 45 MG	72	<i>ropinirole hcl tabs 0.5 mg</i>	47
<i>risedronate sodium tabs 35 mg</i>	71	<i>ropinirole hcl tabs 1 mg</i>	47
RISPERDAL CONSTA SRER 12.5 MG	55	<i>ropinirole hcl tabs 2 mg</i>	47
RISPERDAL CONSTA SRER 25 MG	55	<i>ropinirole hcl tabs 3 mg</i>	47
RISPERDAL CONSTA SRER 37.5 MG	55	<i>ropinirole hcl tabs 4 mg</i>	47
RISPERDAL CONSTA SRER 50 MG	55	<i>ropinirole hcl tabs 5 mg</i>	47
<i>risperidone microspheres er srer 12.5 mg</i>	55	<i>rosuvastatin calcium tabs 10 mg</i>	33
<i>risperidone microspheres er srer 25 mg</i> ...	55	<i>rosuvastatin calcium tabs 20 mg</i>	33
<i>risperidone microspheres er srer 37.5 mg</i>	55	<i>rosuvastatin calcium tabs 40 mg</i>	33
<i>risperidone microspheres er srer 50 mg</i> ...	55	<i>rosuvastatin calcium tabs 5 mg</i>	33
<i>risperidone soln 1 mg/ml</i>	55	ROTARIX SUSP	78
<i>risperidone tabs 0.25 mg</i>	55	ROTATEQ SOLN	78
<i>risperidone tabs 0.5 mg</i>	55	<i>roweepra tabs 500 mg</i>	44
<i>risperidone tabs 1 mg</i>	55	ROZLYTREK CAPS 100 MG.....	26
<i>risperidone tabs 2 mg</i>	55	ROZLYTREK CAPS 200 MG.....	26
<i>risperidone tabs 3 mg</i>	55	ROZLYTREK PACK 50 MG.....	26
<i>risperidone tabs 4 mg</i>	55	RUBRACA TABS 200 MG	26
RISPERIDONE TBDP 0.25 MG	56	RUBRACA TABS 250 MG	26
<i>risperidone tbdp 0.5 mg</i>	56	RUBRACA TABS 300 MG	26
<i>risperidone tbdp 1 mg</i>	56	<i>rufinamide susp 40 mg/ml</i>	44
<i>risperidone tbdp 2 mg</i>	56	<i>rufinamide tabs 200 mg</i>	44
<i>risperidone tbdp 3 mg</i>	56	<i>rufinamide tabs 400 mg</i>	45
<i>risperidone tbdp 4 mg</i>	56	RUKOBIA TB12 600 MG	18
<i>ritonavir tabs 100 mg</i>	18	RYBELSUS TABS 14 MG	67
RITUXAN HYCELA SOLN 1400-23400 MG		RYBELSUS TABS 3 MG	67
-UT/11.7ML	26	RYBELSUS TABS 7 MG	67
RITUXAN HYCELA SOLN 1600-26800 MG		RYBREVANT FASPRO SOLN 1600-20000	
-UT/13.4ML	26	MG-UT/10ML	26
RITUXAN SOLN 100 MG/10ML.....	26	RYBREVANT FASPRO SOLN 2240-28000	
RITUXAN SOLN 500 MG/50ML.....	26	MG-UT/14ML	26
<i>rivaroxaban susr 1 mg/ml</i>	31	RYBREVANT FASPRO SOLN 2400-30000	
<i>rivaroxaban tabs 2.5 mg</i>	31	MG-UT/15ML	26
<i>rivastigmine tartrate caps 1.5 mg</i>	29	RYBREVANT FASPRO SOLN 3520-44000	
<i>rivastigmine tartrate caps 3 mg</i>	29	MG-UT/22ML	26
<i>rivastigmine tartrate caps 4.5 mg</i>	29	RYDAPT CAPS 25 MG	26
<i>rivastigmine tartrate caps 6 mg</i>	29	RYKINDO SRER 25 MG	56
<i>rizatriptan benzoate tabs 10 mg</i>	46	RYKINDO SRER 37.5 MG.....	56
<i>rizatriptan benzoate tabs 5 mg</i>	46	RYKINDO SRER 50 MG	56
<i>rizatriptan benzoate tbdp 10 mg</i>	46	RYLAZE SOLN 10 MG/0.5ML	26
<i>rizatriptan benzoate tbdp 5 mg</i>	46	RYZNEUTA SOSY 20 MG/ML.....	32
<i>roflumilast tabs 250 mcg</i>	76		
<i>roflumilast tabs 500 mcg</i>	76		
ROMVIMZA CAPS 14 MG	26		
ROMVIMZA CAPS 20 MG	26		
ROMVIMZA CAPS 30 MG	26		
<i>ropinirole hcl er tb24 12 mg</i>	47		
<i>ropinirole hcl er tb24 2 mg</i>	47		

S

<i>sacubitril-valsartan tabs 24-26 mg</i>	37
<i>sacubitril-valsartan tabs 49-51 mg</i>	38
<i>sacubitril-valsartan tabs 97-103 mg</i>	38
<i>sajazir sosy 30 mg/3ml</i>	74

SALICYLIC ACID SHAM 6 %	82	SHINGRIX SUSR 50 MCG/0.5ML	78
SALSALATE TABS 500 MG	40	SHINGRIX SUSY 50 MCG/0.5ML	79
SALSALATE TABS 750 MG	40	SIGNIFOR LAR SRER 10 MG.....	69
SANDOSTATIN LAR DEPOT KIT 10 MG.....	69	SIGNIFOR LAR SRER 20 MG.....	69
SANDOSTATIN LAR DEPOT KIT 20 MG.....	69	SIGNIFOR LAR SRER 30 MG.....	69
SANDOSTATIN LAR DEPOT KIT 30 MG.....	69	SIGNIFOR LAR SRER 40 MG.....	69
SANTYL OINT 250 UNIT/GM	82	SIGNIFOR LAR SRER 60 MG.....	70
<i>sapropterin dihydrochloride pack 100 mg</i>	74	SIGNIFOR SOLN 0.3 MG/ML.....	70
<i>sapropterin dihydrochloride pack 500 mg</i>	74	SIGNIFOR SOLN 0.6 MG/ML.....	70
<i>sapropterin dihydrochloride tabs 100 mg</i>	74	SIGNIFOR SOLN 0.9 MG/ML.....	70
SARCLISA ESCENA SOLN 1400 MG/10ML	26	SIKLOS TABS 1000 MG	26
SARCLISA SOLN 100 MG/5ML.....	26	<i>sildenafil citrate susr 10 mg/ml</i>	38
SARCLISA SOLN 500 MG/25ML.....	26	<i>sildenafil citrate tabs 20 mg</i>	38
SCSEMBLIX TABS 100 MG.....	26	SILIQ SOSY 210 MG/1.5ML.....	82
SCSEMBLIX TABS 20 MG	26	<i>silodosin caps 4 mg</i>	30
SCSEMBLIX TABS 40 MG	26	<i>silodosin caps 8 mg</i>	30
<i>scopolamine pt72 1 mg/3days</i>	63	SILVER SULFADIAZINE CREA 1 %	79
SECUADO PT24 3.8 MG/24HR.....	56	<i>simvastatin tabs 10 mg</i>	33
SECUADO PT24 5.7 MG/24HR.....	56	<i>simvastatin tabs 20 mg</i>	33
SECUADO PT24 7.6 MG/24HR.....	56	<i>simvastatin tabs 40 mg</i>	33
<i>selegiline hcl caps 5 mg</i>	47	<i>simvastatin tabs 5 mg</i>	33
<i>selegiline hcl tabs 5 mg</i>	47	<i>simvastatin tabs 80 mg</i>	33
SELENIUM SULFIDE LOTN 2.5 %.....	79	<i>sirolimus soln 1 mg/ml</i>	72
SELZENTRY SOLN 20 MG/ML	18	<i>sirolimus tabs 0.5 mg</i>	72
SENSORCAINE SOLN 0.5 %.....	74	<i>sirolimus tabs 1 mg</i>	72
<i>sensorcaine/epinephrine soln 0.25% -1</i>		<i>sirolimus tabs 2 mg</i>	72
<i>200000</i>	74	SIRTURO TABS 100 MG	16
<i>sensorcaine/epinephrine soln 0.5% -1</i>		SIRTURO TABS 20 MG	16
<i>200000</i>	74	SITAGLIPTIN TABS 100 MG.....	67
<i>sensorcaine-mpf soln 0.25 %</i>	74	SITAGLIPTIN TABS 25 MG.....	67
<i>sensorcaine-mpf soln 0.5 %</i>	74	SITAGLIPTIN TABS 50 MG.....	67
<i>sensorcaine-mpf soln 0.75 %</i>	74	SIVEXTRO SOLR 200 MG	14
<i>sensorcaine-mpf/epinephrine soln 0.25% -1</i>		SIVEXTRO TABS 200 MG	14
<i>200000</i>	74	SKYCLARYS CAPS 50 MG.....	74
SENSORCAINE-MPF/EPINEPHRINE		SKYRIZI PEN SOAJ 150 MG/ML	82
SOLN 0.5% -1		SKYRIZI SOCT 180 MG/1.2ML	63
<i>200000</i>	74	SKYRIZI SOCT 360 MG/2.4ML	63
SEPHIENCE PACK 1000 MG.....	74	SKYRIZI SOSY 150 MG/ML	82
SEPHIENCE PACK 250 MG.....	74	SKYRIZI SOSY 55 MG/0.37ML	82
SEREVENT DISKUS AEPB 50 MCG/ACT30		<i>sodium bicarbonate soln 4.2 %</i>	57
<i>sertraline hcl caps 150 mg</i>	56	<i>sodium bicarbonate soln 8.4 %</i>	57
<i>sertraline hcl caps 200 mg</i>	56	SODIUM CHLORIDE (PF) SOLN 0.9 % ...	59
<i>sertraline hcl conc 20 mg/ml</i>	56	<i>sodium chloride intravenous soln 0.9 %</i> ...	59
<i>sertraline hcl tabs 100 mg</i>	56	SODIUM CHLORIDE SOLN 0.45 %.....	59
<i>sertraline hcl tabs 25 mg</i>	56	<i>sodium chloride irrigation soln 0.9 %</i>	74
<i>sertraline hcl tabs 50 mg</i>	56	SODIUM CHLORIDE SOLN 3 %.....	59
<i>sevelamer carbonate pack 0.8 gm</i>	58	SODIUM CHLORIDE SOLN 4 MEQ/ML ...	59
<i>sevelamer carbonate pack 2.4 gm</i>	58	SODIUM CHLORIDE SOLN 5 %.....	59
<i>sevelamer carbonate tabs 800 mg</i>	58	SODIUM FLUORIDE CHEW 0.55 (0.25 F)	
SEYSARA TABS 100 MG.....	14	MG.....	74

SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG	74	STRENSIQ SOLN 18 MG/0.45ML	60
.....	74	STRENSIQ SOLN 28 MG/0.7ML	60
SODIUM FLUORIDE CHEW 2.2 (1 F) MG	74	STRENSIQ SOLN 40 MG/ML	60
SODIUM FLUORIDE SOLN 1.1 (0.5 F)		STRENSIQ SOLN 80 MG/0.8ML	60
MG/ML	74	STREPTOMYCIN SULFATE SOLR 1 GM	14
<i>sodium oxybate soln 500 mg/ml</i>	49	STRIBILD TABS 150-150-200-300 MG	18
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	57	STRIVERDI RESPIMAT AERS 2.5	
<i>sodium phenylbutyrate tabs 500 mg</i>	57	MCG/ACT	30
<i>sodium phosphates soln 45 mmole/15ml</i>	59	<i>subvenite starter kit-blue kit 35 x 25 mg</i>	45
<i>sodium polystyrene sulfonate powd</i>	58	<i>subvenite starter kit-green kit 84 x 25 mg &</i>	
SOFOSBUVIR-VELPATASVIR TABS 400-		<i>14x100 mg</i>	45
100 MG	18	<i>subvenite starter kit-orange kit 42 x 25 mg &</i>	
<i>solifenacin succinate tabs 10 mg</i>	83	<i>7 x 100 mg</i>	45
<i>solifenacin succinate tabs 5 mg</i>	83	SUBVENITE SUSP 10 MG/ML	45
SOLTAMOX SOLN 10 MG/5ML	26	<i>subvenite tabs 100 mg</i>	45
SOLU-CORTEF SOLR 100 MG	65	<i>subvenite tabs 150 mg</i>	45
SOLU-CORTEF SOLR 1000 MG	65	<i>subvenite tabs 200 mg</i>	45
SOLU-CORTEF SOLR 250 MG	65	<i>subvenite tabs 25 mg</i>	45
SOLU-CORTEF SOLR 500 MG	65	<i>succinylcholine chloride soln 20 mg/ml</i>	29
SOMAVERT SOLR 10 MG	70	<i>sucrafate susp 1 gm/10ml</i>	63
SOMAVERT SOLR 15 MG	70	<i>sucrafate tabs 1 gm</i>	63
SOMAVERT SOLR 20 MG	70	<i>sulfacetamide sodium (acne) lotn 10 %</i>	79
SOMAVERT SOLR 25 MG	70	SULFACETAMIDE SODIUM SOLN 10 %	60
SOMAVERT SOLR 30 MG	70	SULFACETAMIDE-PREDNISOLONE SOLN	
<i>sorafenib tosylate tabs 200 mg</i>	26	10-0.23 %	61
<i>sotalol hcl (af) tabs 120 mg</i>	34	<i>sulfadiazine tabs 500 mg</i>	14
<i>sotalol hcl (af) tabs 160 mg</i>	34	<i>sulfamethoxazole-trimethoprim soln 400-80</i>	
<i>sotalol hcl (af) tabs 80 mg</i>	34	<i>mg/5ml</i>	14
<i>sotalol hcl tabs 120 mg</i>	34	<i>sulfamethoxazole-trimethoprim susp 200-40</i>	
<i>sotalol hcl tabs 160 mg</i>	34	<i>mg/5ml</i>	14
<i>sotalol hcl tabs 240 mg</i>	34	<i>sulfamethoxazole-trimethoprim tabs 400-80</i>	
<i>sotalol hcl tabs 80 mg</i>	34	<i>mg</i>	14
SOVALDI PACK 150 MG	18	<i>sulfamethoxazole-trimethoprim tabs 800-</i>	
SOVALDI PACK 200 MG	18	<i>160 mg</i>	14
SOVALDI TABS 200 MG	18	SULFAMYLON CREA 85 MG/GM	80
SOVALDI TABS 400 MG	18	<i>sulfasalazine tabs 500 mg</i>	14
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT		SULFASALAZINE TBEC 500 MG	14
.....	28	<i>sulindac tabs 150 mg</i>	40
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT		<i>sulindac tabs 200 mg</i>	40
.....	28	<i>sumatriptan soln 20 mg/act</i>	46
<i>spironolactone tabs 100 mg</i>	38	<i>sumatriptan soln 5 mg/act</i>	46
<i>spironolactone tabs 25 mg</i>	38	<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	46
<i>spironolactone tabs 50 mg</i>	38	<i>sumatriptan succinate soln 6 mg/0.5ml</i>	46
<i>spironolactone-hctz tabs 25-25 mg</i>	38	<i>sumatriptan succinate tabs 100 mg</i>	46
<i>sprintec 28 tabs 0.25-35 mg-mcg</i>	66	<i>sumatriptan succinate tabs 25 mg</i>	46
SSD CREA 1 %	79	<i>sumatriptan succinate tabs 50 mg</i>	46
STERILE WATER FOR IRRIGATION SOLN		<i>sunitinib malate caps 12.5 mg</i>	26
.....	74	<i>sunitinib malate caps 25 mg</i>	26
STIOLTO RESPIMAT AERS 2.5-2.5		<i>sunitinib malate caps 37.5 mg</i>	26
MCG/ACT	29	<i>sunitinib malate caps 50 mg</i>	26
STIVARGA TABS 40 MG	26	SUNLENCA TABS 300 MG	18

SUNLENCA TBPK 4 x 300 MG	18
SUNLENCA TBPK 5 x 300 MG	18
SUNOSI TABS 150 MG.....	42
SUNOSI TABS 75 MG.....	42
SYLVANT SOLR 100 MG.....	26
SYLVANT SOLR 400 MG.....	26
SYMDEKO TBPK 100-150 & 150 MG	76
SYMDEKO TBPK 50-75 & 75 MG	76
SYMFI TABS 600-300-300 MG	18
SYMPAZAN FILM 10 MG.....	45
SYMPAZAN FILM 20 MG.....	45
SYMPAZAN FILM 5 MG.....	45
SYMTUZA TABS 800-150-200-10 MG	18
SYNAREL SOLN 2 MG/ML.....	69

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TABLOID TABS 40 MG	26
TABRECTA TABS 150 MG.....	26
TABRECTA TABS 200 MG.....	26
<i>tacrolimus caps 0.5 mg</i>	72
<i>tacrolimus caps 1 mg</i>	72
<i>tacrolimus caps 5 mg</i>	72
<i>tacrolimus oint 0.03 %</i>	83
<i>tacrolimus oint 0.1 %</i>	83
<i>tadalafil (pah) tabs 20 mg</i>	38
<i>tadalafil tabs 2.5 mg</i>	38
<i>tadalafil tabs 5 mg</i>	38
TAFINLAR CAPS 50 MG.....	26
TAFINLAR CAPS 75 MG.....	26
TAFINLAR TBSO 10 MG.....	26
TAGRISSO TABS 40 MG	26
TAGRISSO TABS 80 MG.....	26
TAKHZYRO SOLN 300 MG/2ML	74
TAKHZYRO SOSY 150 MG/ML.....	74
TAKHZYRO SOSY 300 MG/2ML.....	74
TALICIA CPDR 250-12.5-10 MG	63
TALTZ SOAJ 80 MG/ML.....	83
TALTZ SOSY 20 MG/0.25ML	83
TALTZ SOSY 40 MG/0.5ML	83
TALTZ SOSY 80 MG/ML	83
TALVEY SOLN 3 MG/1.5ML.....	26
TALVEY SOLN 40 MG/ML.....	26
TALZENNA CAPS 0.1 MG.....	27
TALZENNA CAPS 0.25 MG.....	27
TALZENNA CAPS 0.35 MG.....	27
TALZENNA CAPS 0.5 MG.....	27
TALZENNA CAPS 0.75 MG.....	27
TALZENNA CAPS 1 MG	27
<i>tamoxifen citrate tabs 10 mg</i>	27
<i>tamoxifen citrate tabs 20 mg</i>	27

<i>tamsulosin hcl caps 0.4 mg</i>	30
TARPEYO CPDR 4 MG	65
<i>tasimelteon caps 20 mg</i>	48
TAVALISSE TABS 100 MG.....	32
TAVALISSE TABS 150 MG.....	32
TAVNEOS CAPS 10 MG.....	75
<i>tazarotene crea 0.05 %</i>	83
<i>tazarotene crea 0.1 %</i>	83
<i>tazarotene gel 0.05 %</i>	83
<i>tazarotene gel 0.1 %</i>	83
<i>tazicef solr 1 gm</i>	14
<i>tazicef solr 2 gm</i>	14
TAZICEF SOLR 6 GM.....	14
TECENTRIQ HYBREZA SOLN 1875-30000 MG-UT/15ML	27
TECENTRIQ SOLN 1200 MG/20ML.....	27
TECVAYLI SOLN 153 MG/1.7ML.....	27
TECVAYLI SOLN 30 MG/3ML.....	27
TEFLARO SOLR 600 MG	14
<i>temazepam caps 15 mg</i>	48
<i>temazepam caps 30 mg</i>	48
<i>temazepam caps 7.5 mg</i>	48
<i>temsirolimus soln 25 mg/ml</i>	27
TENIVAC SUSP 5-2 LF/0.5ML.....	78
<i>tenofovir disoproxil fumarate tabs 300 mg</i> 18	
TEPMETKO TABS 225 MG.....	27
<i>terazosin hcl caps 1 mg</i>	33
<i>terazosin hcl caps 10 mg</i>	33
<i>terazosin hcl caps 2 mg</i>	33
<i>terazosin hcl caps 5 mg</i>	33
<i>terbinafine hcl tabs 250 mg</i>	15
<i>terbutaline sulfate soln 1 mg/ml</i>	30
<i>terbutaline sulfate tabs 2.5 mg</i>	30
<i>terbutaline sulfate tabs 5 mg</i>	30
<i>terconazole crea 0.4 %</i>	80
<i>terconazole supp 80 mg</i>	80
<i>teriflunomide tabs 14 mg</i>	49
<i>teriflunomide tabs 7 mg</i>	49
<i>teriparatide sopn 560 mcg/2.24ml</i>	68
<i>testosterone cypionate soln 100 mg/ml</i>	65
<i>testosterone cypionate soln 200 mg/ml</i>	65
TESTOSTERONE ENANTHATE SOLN 200 MG/ML.....	65
<i>testosterone gel 12.5 mg/act (1%)</i>	65
<i>testosterone gel 20.25 mg/act (1.62%)</i>	65
<i>testosterone gel 25 mg/2.5gm (1%)</i>	65
<i>testosterone gel 50 mg/5gm (1%)</i>	65
<i>tetrabenazine tabs 12.5 mg</i>	49
<i>tetrabenazine tabs 25 mg</i>	49
TETRACAIN HCL SOLN 0.5 %.....	62
<i>tetracycline hcl caps 250 mg</i>	14

<i>tetracycline hcl caps 500 mg</i>	14	TOBRAMYCIN SULFATE SOLN 10 MG/ML	15
TEZSPIRE SOAJ 210 MG/1.91ML	76	<i>tobramycin sulfate soln 80 mg/2ml</i>	15
TEZSPIRE SOSY 210 MG/1.91ML.....	76	<i>tobramycin-dexamethasone susp 0.3-0.1 %</i>	61
THALOMID CAPS 100 MG.....	27	.....	61
THALOMID CAPS 50 MG.....	27	TOBREX OINT 0.3 %.....	60
THEO-24 CP24 300 MG.....	83	<i>tofacitinib citrate er tb24 11 mg</i>	72
<i>theophylline elix 80 mg/15ml</i>	83	<i>tofacitinib citrate er tb24 22 mg</i>	72
THEOPHYLLINE ER TB12 100 MG	83	<i>tofacitinib citrate soln 1 mg/ml</i>	72
THEOPHYLLINE ER TB12 200 MG	83	<i>tofacitinib citrate tabs 10 mg</i>	72
<i>theophylline er tb12 300 mg</i>	83	<i>tofacitinib citrate tabs 5 mg</i>	72
<i>theophylline er tb12 450 mg</i>	83	TOLCAPONE TABS 100 MG	47
<i>theophylline er tb24 400 mg</i>	83	<i>tolterodine tartrate tabs 1 mg</i>	83
<i>theophylline er tb24 600 mg</i>	83	<i>tolterodine tartrate tabs 2 mg</i>	83
<i>theophylline soln 80 mg/15ml</i>	83	<i>tolvaptan (hyponatremia) tabs 15 mg</i>	58
THIOLA TABS 100 MG.....	75	<i>tolvaptan (hyponatremia) tabs 30 mg</i>	58
<i>thioridazine hcl tabs 10 mg</i>	56	<i>tolvaptan tabs 15 mg</i>	58
<i>thioridazine hcl tabs 100 mg</i>	56	<i>tolvaptan tabs 30 mg</i>	58
<i>thioridazine hcl tabs 25 mg</i>	56	<i>topiramate csp 15 mg</i>	45
<i>thioridazine hcl tabs 50 mg</i>	56	<i>topiramate csp 25 mg</i>	45
<i>thiotepa solr 15 mg</i>	27	<i>topiramate soln 25 mg/ml</i>	45
<i>thiothixene caps 1 mg</i>	56	<i>topiramate tabs 100 mg</i>	45
<i>thiothixene caps 10 mg</i>	56	<i>topiramate tabs 200 mg</i>	45
<i>thiothixene caps 2 mg</i>	56	<i>topiramate tabs 25 mg</i>	45
<i>thiothixene caps 5 mg</i>	56	<i>topiramate tabs 50 mg</i>	45
THYROGEN SOLR 0.9 MG.....	75	<i>topotecan hcl solr 4 mg</i>	27
TIAGABINE HCL TABS 12 MG	45	<i>toremifene citrate tabs 60 mg</i>	27
TIAGABINE HCL TABS 16 MG	45	<i>torpenz tabs 10 mg</i>	27
<i>tiagabine hcl tabs 2 mg</i>	45	<i>torpenz tabs 2.5 mg</i>	27
<i>tiagabine hcl tabs 4 mg</i>	45	<i>torpenz tabs 5 mg</i>	27
TIBSOVO TABS 250 MG.....	27	<i>torpenz tabs 7.5 mg</i>	27
<i>ticagrelor tabs 60 mg</i>	31	<i>torsemide tabs 10 mg</i>	58
<i>ticagrelor tabs 90 mg</i>	31	<i>torsemide tabs 100 mg</i>	58
TICOVAC SUSY 1.2 MCG/0.25ML.....	79	<i>torsemide tabs 20 mg</i>	58
TICOVAC SUSY 2.4 MCG/0.5ML.....	79	<i>torsemide tabs 5 mg</i>	58
<i>tigecycline solr 50 mg</i>	15	TRADJENTA TABS 5 MG	67
<i>timolol maleate soln 0.25 %</i>	62	TRAMADOL HCL SOLN 5 MG/ML	40
<i>timolol maleate soln 0.5 %</i>	62	<i>tramadol hcl tabs 50 mg</i>	40
<i>timolol maleate tabs 10 mg</i>	34	<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	40
<i>tinidazole tabs 250 mg</i>	16	.....	40
<i>tiopronin tabs 100 mg</i>	75	<i>tranexamic acid soln 1000 mg/10ml</i>	31
<i>tiopronin tbec 100 mg</i>	75	<i>tranexamic acid tabs 650 mg</i>	32
<i>tiopronin tbec 300 mg</i>	75	<i>tranylcypromine sulfate tabs 10 mg</i>	56
TIVICAY PD TBSO 5 MG	18	TRAVASOL SOLN 10 %	57
TIVICAY TABS 50 MG.....	18	<i>travoprost (bak free) soln 0.004 %</i>	62
<i>tizanidine hcl tabs 2 mg</i>	29	<i>trazodone hcl tabs 100 mg</i>	56
<i>tizanidine hcl tabs 4 mg</i>	29	<i>trazodone hcl tabs 150 mg</i>	56
TOBI PODHALER CAPS 28 MG	76	<i>trazodone hcl tabs 300 mg</i>	56
TOBRADEX OINT 0.3-0.1 %	61	<i>trazodone hcl tabs 50 mg</i>	56
<i>tobramycin nebu 300 mg/5ml</i>	76	TRELEGY ELLIPTA AEPB 100-62.5-25	
<i>tobramycin soln 0.3 %</i>	60	MCG/ACT	76

TRELEGY ELLIPTA AEPB 200-62.5-25		
MCG/ACT	76	
TREMFYA ONE-PRESS SOPN 100 MG/ML		
.....	83	
TREMFYA PEN SOAJ 200 MG/2ML	83	
TREMFYA SOLN 200 MG/20ML	83	
TREMFYA SOSY 100 MG/ML	83	
TREMFYA SOSY 200 MG/2ML	83	
TREMFYA-CD/UC INDUCTION SOAJ 200		
MG/2ML	83	
<i>treprostinil soln 100 mg/20ml</i>	77	
<i>treprostinil soln 20 mg/20ml</i>	77	
<i>treprostinil soln 50 mg/20ml</i>	77	
<i>tretinoin caps 10 mg</i>	27	
<i>tretinoin crea 0.025 %</i>	82	
<i>tretinoin crea 0.05 %</i>	82	
<i>tretinoin crea 0.1 %</i>	82	
<i>tretinoin gel 0.01 %</i>	82	
<i>tretinoin gel 0.025 %</i>	82	
TREXALL TABS 10 MG	27	
TREXALL TABS 15 MG	27	
TREXALL TABS 5 MG	27	
TREXALL TABS 7.5 MG	27	
TRIAMCINOLONE ACETONIDE AERS		
0.147 MG/GM	81	
<i>triamcinolone acetonide crea 0.025 %</i>	81	
<i>triamcinolone acetonide crea 0.1 %</i>	81	
<i>triamcinolone acetonide crea 0.5 %</i>	81	
TRIAMCINOLONE ACETONIDE LOTN		
0.025 %	81	
<i>triamcinolone acetonide lotn 0.1 %</i>	81	
<i>triamcinolone acetonide oint 0.025 %</i>	81	
<i>triamcinolone acetonide oint 0.1 %</i>	81	
<i>triamcinolone acetonide oint 0.5 %</i>	81	
<i>triamcinolone acetonide pste 0.1 %</i>	81	
<i>triamcinolone acetonide susp 40 mg/ml</i>	65	
TRIAMTERENE CAPS 100 MG	58	
TRIAMTERENE CAPS 50 MG	58	
<i>triamterene-hctz caps 37.5-25 mg</i>	58	
<i>triamterene-hctz tabs 37.5-25 mg</i>	58	
<i>triamterene-hctz tabs 75-50 mg</i>	58	
<i>triazolam tabs 0.125 mg</i>	48	
<i>triazolam tabs 0.25 mg</i>	48	
<i>trientine hcl caps 250 mg</i>	64	
TRIENTINE HCL CAPS 500 MG	64	
<i>trifluoperazine hcl tabs 1 mg</i>	56	
<i>trifluoperazine hcl tabs 10 mg</i>	56	
<i>trifluoperazine hcl tabs 2 mg</i>	56	
<i>trifluoperazine hcl tabs 5 mg</i>	56	
TRIFLURIDINE SOLN 1 %	60	
<i>trihexyphenidyl hcl soln 0.4 mg/ml</i>	47	
<i>trihexyphenidyl hcl tabs 2 mg</i>	47	
<i>trihexyphenidyl hcl tabs 5 mg</i>	47	
TRIKAFTA TBPK 100-50-75 & 150 MG....	76	
TRIKAFTA TBPK 50-25-37.5 & 75 MG....	76	
TRIKAFTA THPK 100-50-75 & 75 MG	76	
TRIKAFTA THPK 80-40-60 & 59.5 MG	76	
<i>tri-lo-sprintec tabs 0.18/0.215/0.25 mg-25</i>		
<i>mcg</i>	66	
<i>trimethoprim tabs 100 mg</i>	19	
<i>trimipramine maleate caps 100 mg</i>	56	
<i>trimipramine maleate caps 25 mg</i>	56	
<i>trimipramine maleate caps 50 mg</i>	56	
TRINTELLIX TABS 10 MG	56	
TRINTELLIX TABS 20 MG	56	
TRINTELLIX TABS 5 MG	56	
<i>tri-sprintec tabs 0.18/0.215/0.25 mg-35 mcg</i>		
.....	66	
TRIUMEQ PD TBSO 60-5-30 MG	18	
TRIUMEQ TABS 600-50-300 MG	19	
TROPHAMINE SOLN 10 %	57	
<i>trospium chloride tabs 20 mg</i>	83	
TRULANCE TABS 3 MG	64	
TRUMENBA SUSY 0.5 ML	79	
TRUQAP TABS 200 MG	27	
TRUQAP TBPK 160 MG	27	
TRUQAP TBPK 200 MG	27	
TRYNGOLZA SOAJ 80 MG/0.8ML	33	
TUKYSA TABS 150 MG	27	
TUKYSA TABS 50 MG	27	
TURALIO CAPS 125 MG	27	
TWINRIX SUSY 720-20 ELU-MCG/ML	79	
TYBOST TABS 150 MG	19	
TYENNE SOAJ 162 MG/0.9ML	72	
TYENNE SOSY 162 MG/0.9ML	72	
TYPHIM VI SOSY 25 MCG/0.5ML	79	
TYVASO DPI MAINTENANCE KIT POWD		
16 MCG	77	
TYVASO DPI MAINTENANCE KIT POWD		
32 MCG	77	
TYVASO DPI MAINTENANCE KIT POWD		
48 MCG	77	
TYVASO DPI MAINTENANCE KIT POWD		
64 MCG	77	
TYVASO DPI TITRATION KIT POWD 16 &		
32 & 48 MCG	77	
TYVASO REFILL KIT SOLN 0.6 MG/ML ..	77	
TYVASO STARTER KIT SOLN 0.6 MG/ML		
.....	77	

U

UBRELVY TABS 100 MG	46
UBRELVY TABS 50 MG	46
ULTOMIRIS SOLN 1100 MG/11ML	75
ULTOMIRIS SOLN 300 MG/3ML	75
UNITUXIN SOLN 17.5 MG/5ML	27
UPTRAVI TABS 1000 MCG	77
UPTRAVI TABS 1200 MCG	77
UPTRAVI TABS 1400 MCG	77
UPTRAVI TABS 1600 MCG	77
UPTRAVI TABS 200 MCG	77
UPTRAVI TABS 400 MCG	77
UPTRAVI TABS 600 MCG	77
UPTRAVI TABS 800 MCG	77
UPTRAVI TITRATION TBPK 200 & 800 MCG	77
ursodiol caps 300 mg	64
ursodiol tabs 250 mg	64
ursodiol tabs 500 mg	64
UZEDY SUSY 100 MG/0.28ML	56
UZEDY SUSY 125 MG/0.35ML	56
UZEDY SUSY 150 MG/0.42ML	56
UZEDY SUSY 200 MG/0.56ML	56
UZEDY SUSY 250 MG/0.7ML	56
UZEDY SUSY 50 MG/0.14ML	56
UZEDY SUSY 75 MG/0.21ML	56

V

VABRINTY KIT 22.5 MG	27
VABRINTY KIT 30 MG	27
VABRINTY KIT 45 MG	27
valacyclovir hcl tabs 1 gm	19
valacyclovir hcl tabs 500 mg	19
VALCHLOR GEL 0.016 %	83
valganciclovir hcl solr 50 mg/ml	19
valganciclovir hcl tabs 450 mg	19
valproate sodium soln 100 mg/ml	45
valproic acid caps 250 mg	45
valproic acid soln 250 mg/5ml	45
valsartan tabs 160 mg	38
valsartan tabs 320 mg	38
valsartan tabs 40 mg	38
valsartan tabs 80 mg	38
valsartan-hydrochlorothiazide tabs 160-12.5 mg	38
valsartan-hydrochlorothiazide tabs 160-25 mg	38
valsartan-hydrochlorothiazide tabs 320-12.5 mg	38

valsartan-hydrochlorothiazide tabs 320-25 mg	38
valsartan-hydrochlorothiazide tabs 80-12.5 mg	38
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML	45
VALTOCO 15 MG DOSE LQPK 2 x 7.5 MG/0.1ML	45
VALTOCO 20 MG DOSE LQPK 2 x 10 MG/0.1ML	45
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML	45
vancomycin hcl caps 125 mg	15
vancomycin hcl caps 250 mg	15
vancomycin hcl solr 1 gm	15
vancomycin hcl solr 10 gm	15
vancomycin hcl solr 250 mg/5ml	15
vancomycin hcl solr 5 gm	15
vancomycin hcl solr 500 mg	15
VANFLYTA TABS 17.7 MG	27
VANFLYTA TABS 26.5 MG	27
VAQTA SUSP 25 UNIT/0.5ML	79
VAQTA SUSP 50 UNIT/ML	79
VAQTA SUSY 25 UNIT/0.5ML	79
VAQTA SUSY 50 UNIT/ML	79
varenicline tartrate (starter) tbpk 0.5 mg x 11 & 1 mg x 42	29
varenicline tartrate tabs 0.5 mg	29
varenicline tartrate tabs 1 mg	29
varenicline tartrate(continue) tabs 1 mg	29
VARIVAX SUSR 1350 PFU/0.5ML	79
VAXCHORA SUSR	79
VEKLURY SOLR 100 MG	19
VELPHORO CHEW 500 MG	58
VELSIPITY TABS 2 MG	64
VEMLIDY TABS 25 MG	19
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG	27
VENCLEXTA TABS 10 MG	27
VENCLEXTA TABS 100 MG	27
VENCLEXTA TABS 50 MG	27
VENLAFAXINE BESYLATE ER TB24 112.5 MG	56
venlafaxine hcl er cp24 150 mg	56
venlafaxine hcl er cp24 37.5 mg	56
venlafaxine hcl er cp24 75 mg	56
venlafaxine hcl er tb24 150 mg	56
venlafaxine hcl er tb24 225 mg	56
venlafaxine hcl er tb24 37.5 mg	56
venlafaxine hcl er tb24 75 mg	56
venlafaxine hcl tabs 100 mg	56

<i>venlafaxine hcl tabs 25 mg</i>	56
<i>venlafaxine hcl tabs 37.5 mg</i>	56
<i>venlafaxine hcl tabs 50 mg</i>	57
<i>venlafaxine hcl tabs 75 mg</i>	57
<i>venxxiva tbec 100 mg</i>	75
<i>venxxiva tbec 300 mg</i>	75
VEPPANU TABS 100 MG	27
VEPPANU TABS 200 MG	27
<i>verapamil hcl er tbc 120 mg</i>	35
<i>verapamil hcl er tbc 180 mg</i>	35
<i>verapamil hcl er tbc 240 mg</i>	35
<i>verapamil hcl soln 2.5 mg/ml</i>	35
<i>verapamil hcl tabs 120 mg</i>	35
<i>verapamil hcl tabs 40 mg</i>	36
<i>verapamil hcl tabs 80 mg</i>	36
VERKAZIA EMUL 0.1 %	61
VERQUVO TABS 10 MG	38
VERSACLOZ SUSP 50 MG/ML	57
VERZENIO TABS 100 MG	27
VERZENIO TABS 150 MG	27
VERZENIO TABS 200 MG	27
VERZENIO TABS 50 MG	27
VIBERZI TABS 100 MG	64
VIBERZI TABS 75 MG	64
<i>vigabatrin pack 500 mg</i>	45
<i>vigabatrin tabs 500 mg</i>	45
<i>vigadrone tabs 500 mg</i>	45
VIGAFYDE SOLN 100 MG/ML	45
VIJOICE PACK 50 MG	75
VIJOICE TBPK 125 MG	75
VIJOICE TBPK 50 MG	75
<i>vilazodone hcl tabs 10 mg</i>	57
<i>vilazodone hcl tabs 20 mg</i>	57
<i>vilazodone hcl tabs 40 mg</i>	57
VIMIZIM SOLN 5 MG/5ML	60
VIMKUNYA SUSY 40 MCG/0.8ML	79
VINBLASTINE SULFATE SOLN 1 MG/ML	27
VINCRISTINE SULFATE SOLN 1 MG/ML	27
<i>vinorelbine tartrate soln 10 mg/ml</i>	27
<i>vinorelbine tartrate soln 50 mg/5ml</i>	27
VIRACEPT TABS 250 MG	19
VIRACEPT TABS 625 MG	19
VIREAD POWD 40 MG/GM	19
VIREAD TABS 150 MG	19
VIREAD TABS 200 MG	19
VIREAD TABS 250 MG	19
VITRAKVI CAPS 100 MG	27
VITRAKVI CAPS 25 MG	27
VITRAKVI SOLN 20 MG/ML	27
VIVITROL SUSR 380 MG	50

VIVOTIF CPDR	79
VOCABRIA TABS 30 MG	19
VONJO CAPS 100 MG	27
VORANIGO TABS 10 MG	27
VORANIGO TABS 40 MG	27
VORAXAZE SOLR 1000 UNIT	70
<i>voriconazole solr 200 mg</i>	15
<i>voriconazole susr 40 mg/ml</i>	15
<i>voriconazole tabs 200 mg</i>	15
<i>voriconazole tabs 50 mg</i>	15
VOSEVI TABS 400-100-100 MG	19
VOWST CAPS	75
VRAYLAR CAPS 0.5 MG	57
VRAYLAR CAPS 0.75 MG	57
VRAYLAR CAPS 1.5 MG	57
VRAYLAR CAPS 3 MG	57
VRAYLAR CAPS 4.5 MG	57
VRAYLAR CAPS 6 MG	57
VTAMA CREA 1 %	83
VUMERITY CPDR 231 MG	75
VYKAT XR TB24 150 MG	42
VYKAT XR TB24 25 MG	42
VYKAT XR TB24 75 MG	42
VYNDAMAX CAPS 61 MG	36
VYVGART HYTRULO SOLN 180-2000 MG-UNIT/ML	75
VYVGART HYTRULO SOSY 1000-10000 MG-UNT/5ML	75
VYVGART SOLN 400 MG/20ML	75
VYXEOS SUSR 44-100 MG	27

W

<i>warfarin sodium tabs 1 mg</i>	32
<i>warfarin sodium tabs 10 mg</i>	32
<i>warfarin sodium tabs 2 mg</i>	32
<i>warfarin sodium tabs 2.5 mg</i>	32
<i>warfarin sodium tabs 3 mg</i>	32
<i>warfarin sodium tabs 4 mg</i>	32
<i>warfarin sodium tabs 5 mg</i>	32
<i>warfarin sodium tabs 6 mg</i>	32
<i>warfarin sodium tabs 7.5 mg</i>	32
WATER FOR IRRIGATION, STERILE SOLN	75
WEGOVY SOAJ 0.25 MG/0.5ML	67
WEGOVY SOAJ 0.5 MG/0.5ML	67
WEGOVY SOAJ 1 MG/0.5ML	67
WEGOVY SOAJ 1.7 MG/0.75ML	67
WEGOVY SOAJ 2.4 MG/0.75ML	67
WEGOVY TABS 1.5 MG	67
WEGOVY TABS 25 MG	67

WEGOVY TABS 4 MG	67
WEGOVY TABS 9 MG	67
WELIREG TABS 40 MG	28
WINREVAIR KIT 2 x 45 MG	76
WINREVAIR KIT 2 x 60 MG	76
WINREVAIR KIT 45 MG	76
WINREVAIR KIT 60 MG	76
<i>wixela inhub aepb 100-50 mcg/act</i>	77
<i>wixela inhub aepb 250-50 mcg/act</i>	77
<i>wixela inhub aepb 500-50 mcg/act</i>	77
WYOST SOLN 120 MG/1.7ML	71

X

XALKORI CAPS 200 MG.....	28
XALKORI CAPS 250 MG.....	28
XALKORI CPSP 150 MG.....	28
XALKORI CPSP 20 MG.....	28
XALKORI CPSP 50 MG.....	28
XARELTO STARTER PACK TBPk 15 & 20 MG	32
XARELTO TABS 10 MG	32
XARELTO TABS 15 MG	32
XARELTO TABS 20 MG	32
XATMEP SOLN 2.5 MG/ML.....	28
XCOPRI (250 MG DAILY DOSE) TBPk 100 & 150 MG	45
XCOPRI (350 MG DAILY DOSE) TBPk 150 & 200 MG	45
XCOPRI TABS 100 MG.....	45
XCOPRI TABS 150 MG.....	45
XCOPRI TABS 200 MG.....	45
XCOPRI TABS 25 MG.....	45
XCOPRI TABS 50 MG.....	45
XCOPRI TBPk 14 x 12.5 MG & 14 X 25 MG	45
XCOPRI TBPk 14 x 150 MG & 14 X200 MG	45
XCOPRI TBPk 14 x 50 MG & 14 X100 MG	45
XDEMY SOLN 0.25 %.....	60
XEOMIN SOLR 200 UNIT.....	75
XERMELO TABS 250 MG	62
XIFAXAN TABS 200 MG	15
XIFAXAN TABS 550 MG	15
XOLAIR SOAJ 150 MG/ML.....	77
XOLAIR SOAJ 300 MG/2ML.....	77
XOLAIR SOAJ 75 MG/0.5ML.....	77
XOLAIR SOLR 150 MG	77
XOLAIR SOSY 150 MG/ML.....	77
XOLAIR SOSY 300 MG/2ML.....	77

XOLAIR SOSY 75 MG/0.5ML.....	77
XOSPATA TABS 40 MG	28
XPHOZAH TABS 20 MG	58
XPHOZAH TABS 30 MG	58
XPOVIO (100 MG ONCE WEEKLY) TBPk 50 MG.....	28
XPOVIO (40 MG ONCE WEEKLY) TBPk 10 MG.....	28
XPOVIO (40 MG TWICE WEEKLY) TBPk 40 MG.....	28
XPOVIO (60 MG ONCE WEEKLY) TBPk 60 MG.....	28
XPOVIO (60 MG TWICE WEEKLY) TBPk 20 MG.....	28
XPOVIO (80 MG ONCE WEEKLY) TBPk 40 MG.....	28
XPOVIO (80 MG ONCE WEEKLY) TBPk 80 MG.....	28
XPOVIO (80 MG TWICE WEEKLY) TBPk 20 MG.....	28
XROMI SOLN 100 MG/ML	28
XTANDI CAPS 40 MG	28
XTANDI TABS 40 MG	28
XTANDI TABS 80 MG	28
<i>xulane ptwk 150-35 mcg/24hr</i>	66

Y

<i>yargesa caps 100 mg</i>	60
YERVOY SOLN 200 MG/40ML	28
YERVOY SOLN 50 MG/10ML	28
YESINTEK SOLN 130 MG/26ML	83
YESINTEK SOLN 45 MG/0.5ML	83
YESINTEK SOSY 45 MG/0.5ML	83
YESINTEK SOSY 90 MG/ML	83
YF-VAX SUSR	79
YONDELIS SOLR 1 MG.....	28
YONSA TABS 125 MG.....	28
YUPELRI NEBU 175 MCG/3ML.....	29
YUTREPIA CAPS 106 MCG.....	77
YUTREPIA CAPS 26.5 MCG.....	77
YUTREPIA CAPS 53 MCG.....	77
YUTREPIA CAPS 79.5 MCG.....	77
<i>yuvafer tabs 10 mcg</i>	68

Z

<i>zaleplon caps 10 mg</i>	48
<i>zaleplon caps 5 mg</i>	48
ZARXIO SOSY 300 MCG/0.5ML	33
ZARXIO SOSY 480 MCG/0.8ML	33
ZAVZPRET SOLN 10 MG/ACT	46

ZEJULA TABS 100 MG	28	<i>zoledronic acid conc 4 mg/5ml</i>	71
ZEJULA TABS 200 MG	28	<i>zoledronic acid soln 5 mg/100ml</i>	71
ZEJULA TABS 300 MG	28	ZOLINZA CAPS 100 MG	28
ZELAPAR TBDP 1.25 MG	47	<i>zolmitriptan tabs 2.5 mg</i>	46
ZELBORAF TABS 240 MG	28	<i>zolmitriptan tabs 5 mg</i>	46
ZELSUVMI GEL 10.3 %	80	<i>zolmitriptan tbdp 2.5 mg</i>	46
ZENBEXUS CAPS 0.75 MG	28	<i>zolmitriptan tbdp 5 mg</i>	46
ZENBEXUS CAPS 1 MG	28	<i>zolpidem tartrate tabs 10 mg</i>	48
ZENPEP CPEP 10000-32000 UNIT	60	<i>zolpidem tartrate tabs 5 mg</i>	48
ZENPEP CPEP 15000-47000 UNIT	60	ZONISADE SUSP 100 MG/5ML	45
ZENPEP CPEP 20000-63000 UNIT	60	<i>zonisamide caps 100 mg</i>	45
ZENPEP CPEP 25000-79000 UNIT	60	<i>zonisamide caps 25 mg</i>	45
ZENPEP CPEP 3000-10000 UNIT	60	<i>zonisamide caps 50 mg</i>	45
ZENPEP CPEP 40000-126000 UNIT	60	ZTALMY SUSP 50 MG/ML	45
ZENPEP CPEP 5000-24000 UNIT	60	ZURZUVAE CAPS 20 MG	57
ZENPEP CPEP 60000-189600 UNIT	60	ZURZUVAE CAPS 25 MG	57
<i>zidovudine caps 100 mg</i>	19	ZURZUVAE CAPS 30 MG	57
<i>zidovudine syrp 50 mg/5ml</i>	19	ZYDELIG TABS 100 MG	28
<i>zidovudine tabs 300 mg</i>	19	ZYDELIG TABS 150 MG	28
<i>zileuton er tb12 600 mg</i>	75	ZYKADIA TABS 150 MG	28
<i>ziprasidone hcl caps 20 mg</i>	57	ZYMFENTRA (2 PEN) AJKT 120 MG/ML	72
<i>ziprasidone hcl caps 40 mg</i>	57	ZYMFENTRA (2 SYRINGE) PSKT 120	
<i>ziprasidone hcl caps 60 mg</i>	57	MG/ML	72
<i>ziprasidone hcl caps 80 mg</i>	57	ZYPREXA RELPREVV SUSR 210 MG	57
<i>ziprasidone mesylate solr 20 mg</i>	57		

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.

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- 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 ឬទម្រង់ផ្សេងទៀតដូចជាអក្សរស្នាម 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'nyeic 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'nyeic 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 damóó
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 t'ohch'oolí t'áálá'í jį, 7 jį t'áálá'í damóó
- T'áa' al'aq: **1-800-464-4000 (TTY 711)**, 24 t'ohch'oolí t'áálá'í jį, 7 jį t'áálá'í damóó

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 ਛੁੱਟੀਆਂ 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 tsorj ni sorj, nij ma kénjén 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).

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 - Qualified interpreters
 - Information written in other languages

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

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

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

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

HELP IN YOUR LANGUAGE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NONDISCRIMINATION NOTICE

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

Kaiser Health Plan:

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

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

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

Membership Services

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

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

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

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

HELP IN YOUR LANGUAGE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NONDISCRIMINATION NOTICE

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

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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

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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).

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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).

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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).

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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).

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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).

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

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

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

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

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

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

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

For Washington Members:

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

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

Help in Your Language

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This formulary was updated on 10/01/2026. For more recent information or other questions, please contact the number for your Kaiser Permanente Region listed below, seven days a week, 8 a.m. to 8 p.m., or visit kp.org/seniorrx.

Kaiser Permanente Regions	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