

# **Trustmark Insurance Company®**

## **(Trustmark Individual Medical®) Formulary**

### **2023 List of Covered Drugs**

**Effective 07/01/2023 (last updated 07/01/2023)**

**PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS  
WE COVER IN THIS PLAN.**

Members are encouraged to use network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change. This Formulary is updated periodically and subject to change. All previous versions of the Formulary are no longer in effect.

**You may contact us with questions at the following:**

English and Non-English Toll-Free Telephone Number: 1-800-458-6126 during normal business hours.

## **Table of Contents**

<b>Definitions .....</b>	<b>13</b>
<b>What is the Trustmark Individual Medical Formulary? .....</b>	<b>14</b>
<b>How do I use the Formulary? .....</b>	<b>14</b>
<b>Medical Condition .....</b>	<b>14</b>
<b>Alphabetical Listing .....</b>	<b>15</b>
<b>Filling a Prescription through a Network Pharmacy .....</b>	<b>16</b>
<b>Local Pharmacy .....</b>	<b>16</b>
<b>Mail Order Pharmacy .....</b>	<b>16</b>
<b>The Written Prescription .....</b>	<b>16</b>
<b>Patient Profile/Order Form .....</b>	<b>17</b>
<b>Copay .....</b>	<b>17</b>
<b>Refills or Follow-up Orders .....</b>	<b>17</b>
<b>Special Situations .....</b>	<b>17</b>
<b>Questions .....</b>	<b>17</b>
<b>Prescription Drugs Utilization Review Program.....</b>	<b>18</b>
<b>For Maintenance Drugs and Medicines .....</b>	<b>18</b>
<b>For all other Drugs and Medicines .....</b>	<b>18</b>
<b>Can the Drug List change? .....</b>	<b>19</b>
<b>What if I need a drug that requires an exception? .....</b>	<b>19</b>
<b>For more information about your plan.....</b>	<b>20</b>
<b>Have more questions about your pharmacy benefits? .....</b>	<b>20</b>
<b>Legend .....</b>	<b>20</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS.....</b>	<b>21</b>
AMPHETAMINES .....	21
ANALEPTICS .....	22
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS .....	22
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) .....	23
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS.....	23
STIMULANTS - MISC.....	23
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC.....</b>	<b>25</b>
ALLERGENIC EXTRACTS .....	25
<b>AMINOGLYCOSIDES .....</b>	<b>25</b>
AMINOGLYCOSIDES .....	25
<b>ANALGESICS - ANTI-INFLAMMATORY .....</b>	<b>25</b>
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES .....	25
ANTIRHEUMATIC - ENZYME INHIBITORS .....	26
ANTIRHEUMATIC ANTIMETABOLITES .....	26
INTERLEUKIN-1BETA BLOCKERS .....	26
INTERLEUKIN-6 RECEPTOR INHIBITORS .....	26
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) .....	26
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS .....	28
PYRIMIDINE SYNTHESIS INHIBITORS .....	28
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS.....	28
<b>ANALGESICS - NONNARCOTIC.....</b>	<b>28</b>
ANALGESIC COMBINATIONS .....	28
ANALGESICS OTHER.....	28

SALICYLATES .....	28
<b>ANALGESICS - OPIOID .....</b>	<b>28</b>
OPIOID AGONISTS .....	28
OPIOID COMBINATIONS .....	32
OPIOID PARTIAL AGONISTS .....	33
<b>ANDROGENS-ANABOLIC.....</b>	<b>34</b>
ANABOLIC STEROIDS .....	34
ANDROGENS .....	34
<b>ANORECTAL AGENTS .....</b>	<b>34</b>
INTRARECTAL STEROIDS .....	34
RECTAL COMBINATIONS .....	34
RECTAL STEROIDS .....	34
<b>ANORECTAL AND RELATED PRODUCTS.....</b>	<b>35</b>
INTRARECTAL STEROIDS .....	35
RECTAL STEROIDS .....	35
<b>ANTHELMINTICS .....</b>	<b>35</b>
ANTHELMINTICS .....	35
<b>ANTI-INFECTIVE AGENTS - MISC. ....</b>	<b>35</b>
ANTI-INFECTIVE AGENTS - MISC. ....	35
ANTI-INFECTIVE MISC. - COMBINATIONS.....	35
ANTIPROTOZOAL AGENTS .....	35
CARBAPENEMS .....	35
CHLORAMPHENICOLS .....	36
CYCLIC LIPOPEPTIDES .....	36
GLYCOPEPTIDES .....	36
LEPROSTATICs .....	36
LINCOSAMIDES .....	36
MONOBACTAMS .....	37
OXAZOLIDINONES .....	37
POLYMYXINS .....	37
URINARY ANTI-INFECTIVES .....	37
<b>ANTIANGINAL AGENTS .....</b>	<b>37</b>
ANTIANGINALS-OTHER .....	37
NITRATES .....	37
<b>ANTIANXIETY AGENTS .....</b>	<b>38</b>
ANTIANXIETY AGENTS - MISC.....	38
BENZODIAZEPINES .....	38
<b>ANTIARRHYTHMICS .....</b>	<b>39</b>
ANTIARRHYTHMICS - MISC.....	39
ANTIARRHYTHMICS TYPE I-A .....	39
ANTIARRHYTHMICS TYPE I-B .....	39
ANTIARRHYTHMICS TYPE I-C .....	40
ANTIARRHYTHMICS TYPE III .....	40
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS .....</b>	<b>40</b>
ANTI-INFLAMMATORY AGENTS.....	40
ANTIASTHMATIC - MONOCLONAL ANTIBODIES .....	40
BRONCHODILATORS - ANTICHOLINERGICS .....	41

LEUKOTRIENE MODULATORS .....	41
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS .....	41
STEROID INHALANTS .....	41
SYMPATHOMIMETICS.....	41
XANTHINES .....	42
<b>ANTICOAGULANTS .....</b>	<b>43</b>
COUMARIN ANTICOAGULANTS .....	43
DIRECT FACTOR XA INHIBITORS.....	43
HEPARINS AND HEPARINOID-LIKE AGENTS .....	43
THROMBIN INHIBITORS .....	44
<b>ANTICONVULSANTS .....</b>	<b>44</b>
AMPA GLUTAMATE RECEPTOR ANTAGONISTS .....	44
ANTICONVULSANTS - BENZODIAZEPINES .....	45
ANTICONVULSANTS - MISC. ....	45
CARBAMATES .....	48
GABA MODULATORS .....	48
HYDANTOINS .....	49
SUCCINIMIDES .....	49
VALPROIC ACID .....	49
<b>ANTIDEPRESSANTS .....</b>	<b>49</b>
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS).....	49
ANTIDEPRESSANTS - MISC.....	50
MONOAMINE OXIDASE INHIBITORS (MAOIS).....	50
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) .....	50
SEROTONIN MODULATORS.....	51
SEROTONIN-NOREpinephrine REUPTAKE INHIBITORS (SNRIS) .....	51
TRICYCLIC AGENTS .....	52
<b>ANTIDIABETICS .....</b>	<b>53</b>
ALPHA-GLUCOSIDASE INHIBITORS .....	53
ANTIDIABETIC - AMYLYN ANALOGS.....	53
ANTIDIABETIC COMBINATIONS.....	53
BIGUANIDES .....	54
DIABETIC OTHER .....	54
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS .....	55
INCRETIN MIMETIC AGENTS .....	55
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS).....	55
INSULIN .....	55
INSULIN SENSITIZING AGENTS .....	55
MEGLITINIDE ANALOGUES .....	56
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS .....	56
SULFONYLUREAS .....	56
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS.....</b>	<b>56</b>
ANTIPERISTALTIC AGENTS .....	56
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS .....</b>	<b>56</b>
ANTIDOTES - CHELATING AGENTS .....	56
ANTIDOTES AND SPECIFIC ANTAGONISTS .....	57
BENZODIAZEPINE ANTAGONISTS.....	57

OPIOID ANTAGONISTS .....	57
<b>ANTIEMETICS.....</b>	<b>57</b>
5-HT3 RECEPTOR ANTAGONISTS.....	57
ANTIEMETICS - ANTICHOLINERGIC .....	58
ANTIEMETICS - MISCELLANEOUS .....	58
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS .....	58
<b>ANTIFUNGALS.....</b>	<b>58</b>
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS).....	58
ANTIFUNGALS .....	58
IMIDAZOLE-RELATED ANTIFUNGALS.....	58
<b>ANTIHISTAMINES .....</b>	<b>59</b>
ANTIHISTAMINES - ETHANOLAMINES .....	59
ANTIHISTAMINES - NON-SEDATING .....	59
ANTIHISTAMINES - PHENOTHIAZINES .....	59
ANTIHISTAMINES - PIPERIDINES .....	60
<b>ANTIHYPERLIPIDEMICS.....</b>	<b>60</b>
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS .....	60
ANTIHYPERLIPIDEMICS - COMBINATIONS .....	60
ANTIHYPERLIPIDEMICS - MISC. .....	60
BILE ACID SEQUESTRANTS .....	60
FIBRIC ACID DERIVATIVES.....	60
HMG COA REDUCTASE INHIBITORS.....	61
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS.....	62
NICOTINIC ACID DERIVATIVES .....	62
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS .....	62
<b>ANTIHYPERTENSIVES .....</b>	<b>62</b>
ACE INHIBITORS.....	62
AGENTS FOR PHEOCHROMOCYTOMA .....	63
ANGIOTENSIN II RECEPTOR ANTAGONISTS .....	63
ANTIADRENERGIC ANTIHYPERTENSIVES .....	64
ANTIHYPERTENSIVE COMBINATIONS .....	64
DIRECT RENIN INHIBITORS.....	68
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) .....	68
VASODILATORS .....	68
<b>ANTIMALARIALS .....</b>	<b>68</b>
ANTIMALARIAL COMBINATIONS .....	68
ANTIMALARIALS .....	68
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS .....</b>	<b>69</b>
ANTIMYASTHENIC/CHOLINERGIC AGENTS.....	69
<b>ANTIMYCOBACTERIAL AGENTS .....</b>	<b>69</b>
ANTIMYCOBACTERIAL AGENTS .....	69
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES .....</b>	<b>69</b>
ALKYLATING AGENTS .....	69
ANTIMETABOLITES.....	70
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS.....	71
ANTINEOPLASTIC - ANTI-HER2 AGENTS.....	72
ANTINEOPLASTIC - ANTIBODIES .....	72

ANTINEOPLASTIC - EGFR INHIBITORS .....	72
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS.....	72
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS.....	72
ANTINEOPLASTIC - IMMUNOMODULATORS .....	73
ANTINEOPLASTIC ANTIBIOTICS .....	73
ANTINEOPLASTIC COMBINATIONS .....	74
ANTINEOPLASTIC ENZYME INHIBITORS .....	74
ANTINEOPLASTICS MISC.....	76
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS .....	76
MITOTIC INHIBITORS .....	77
TOPOISOMERASE I INHIBITORS.....	77
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS.....</b>	<b>77</b>
ANTIPARKINSON ADJUVANTS .....	77
ANTIPARKINSON ANTICHOLINERGICS .....	77
ANTIPARKINSON COMT INHIBITORS.....	78
ANTIPARKINSON DOPAMINERGICS.....	78
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS .....	80
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS .....</b>	<b>80</b>
ANTIMANIC AGENTS.....	80
ANTIPSYCHOTICS - MISC.....	80
BENZISOXAZOLES .....	80
BUTYROPHENONES .....	81
DIBENZAPINES .....	81
DIHYDROINDOLONES .....	83
PHENOTHIAZINES .....	83
QUINOLINONE DERIVATIVES .....	84
THIOXANTHENES .....	84
<b>ANTISEPTICS &amp; DISINFECTANTS .....</b>	<b>84</b>
ANTISEPTICS & DISINFECTANTS.....	84
<b>ANTIVIRALS.....</b>	<b>84</b>
ANTIRETROVIRALS .....	84
CMV AGENTS.....	86
HEPATITIS AGENTS .....	86
HERPES AGENTS .....	87
INFLUENZA AGENTS .....	87
<b>BETA BLOCKERS .....</b>	<b>87</b>
ALPHA-BETA BLOCKERS .....	87
BETA BLOCKERS CARDIO-SELECTIVE .....	88
BETA BLOCKERS NON-SELECTIVE .....	88
<b>CALCIUM CHANNEL BLOCKERS .....</b>	<b>89</b>
CALCIUM CHANNEL BLOCKERS .....	89
<b>CARDIOTONICS.....</b>	<b>92</b>
CARDIAC GLYCOSIDES .....	92
PHOSPHODIESTERASE INHIBITORS .....	92
<b>CARDIOVASCULAR AGENTS - MISC .....</b>	<b>92</b>
CARDIOPLEGIC SOLUTIONS .....	92
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS .....	92

PROSTAGLANDIN VASODILATORS .....	93
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS.....	93
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS.....	93
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST .....	94
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR ...	94
SINUS NODE INHIBITORS .....	94
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC).....	94
<b>CEPHALOSPORINS .....</b>	<b>94</b>
CEPHALOSPORINS - 1ST GENERATION.....	94
CEPHALOSPORINS - 2ND GENERATION .....	95
CEPHALOSPORINS - 3RD GENERATION .....	95
CEPHALOSPORINS - 4TH GENERATION .....	96
<b>CORTICOSTEROIDS .....</b>	<b>96</b>
GLUCOCORTICOSTEROIDS .....	96
MINERALOCORTICOIDS .....	98
<b>COUGH/COLD/ALLERGY .....</b>	<b>98</b>
ANTITUSSIVES .....	98
COUGH/COLD/ALLERGY COMBINATIONS .....	98
EXPECTORANTS .....	98
MISC. RESPIRATORY INHALANTS .....	98
MUCOLYTICS .....	98
<b>DERMATOLOGICALS .....</b>	<b>98</b>
ACNE PRODUCTS .....	98
ANTI-INFLAMMATORY AGENTS - TOPICAL.....	100
ANTIBIOTICS - TOPICAL.....	100
ANTIFUNGALS - TOPICAL .....	100
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL .....	101
ANTIPSORIATICS .....	102
ANTISEBORRHEIC PRODUCTS .....	102
ANTIVIRALS - TOPICAL .....	102
BURN PRODUCTS .....	102
CORTICOSTEROIDS - TOPICAL.....	102
ECZEMA AGENTS.....	104
EMOLlient/KERATOLYTIC AGENTS.....	104
EMOLLIENTS.....	104
IMMUNOMODULATING AGENTS - TOPICAL.....	105
IMMUNOSUPPRESSIVE AGENTS - TOPICAL.....	105
KERATOLYTIC/ANTIMITOTIC AGENTS.....	105
LOCAL ANESTHETICS - TOPICAL.....	105
MISC. TOPICAL .....	105
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL .....	105
ROSACEA AGENTS.....	105
SCABICIDES & PEDICULICIDES .....	106
<b>DIAGNOSTIC PRODUCTS .....</b>	<b>106</b>
DIAGNOSTIC DRUGS .....	106
DIAGNOSTIC PRODUCTS, MISC.....	106
DIAGNOSTIC TESTS .....	106

MISCELLANEOUS CONTRAST MEDIA .....	106
RADIOGRAPHIC CONTRAST MEDIA .....	107
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS.....</b>	<b>107</b>
DIETARY MANAGEMENT PRODUCTS .....	107
NUTRITIONAL SUPPLEMENTS .....	107
<b>DIGESTIVE AIDS .....</b>	<b>107</b>
DIGESTIVE ENZYMES.....	107
<b>DIURETICS.....</b>	<b>107</b>
CARBONIC ANHYDRASE INHIBITORS .....	107
DIURETIC COMBINATIONS .....	107
LOOP DIURETICS .....	108
OSMOTIC DIURETICS.....	108
POTASSIUM SPARING DIURETICS.....	108
THIAZIDES AND THIAZIDE-LIKE DIURETICS .....	108
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.....</b>	<b>109</b>
BONE DENSITY REGULATORS.....	109
FERTILITY REGULATORS .....	109
GNRH/LHRH ANTAGONISTS .....	110
HORMONE RECEPTOR MODULATORS.....	110
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS .....	110
METABOLIC MODIFIERS .....	110
MINERALOCORTICOID RECEPTOR ANTAGONISTS .....	111
POSTERIOR PITUITARY HORMONES .....	111
PROLACTIN INHIBITORS .....	111
SOMATOSTATIC AGENTS.....	111
VASOPRESSIN RECEPTOR ANTAGONISTS .....	112
<b>ESTROGENS.....</b>	<b>112</b>
ESTROGEN COMBINATIONS .....	112
ESTROGENS .....	113
<b>FLUOROQUINOLONES .....</b>	<b>114</b>
FLUOROQUINOLONES .....	114
<b>GASTROINTESTINAL AGENTS - MISC.....</b>	<b>114</b>
GALLSTONE SOLUBILIZING AGENTS .....	114
GASTROINTESTINAL ANTIALLERGY AGENTS .....	114
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS .....	114
GASTROINTESTINAL STIMULANTS .....	114
INFLAMMATORY BOWEL AGENTS .....	115
INTESTINAL ACIDIFIERS .....	115
IRRITABLE BOWEL SYNDROME (IBS) AGENTS .....	115
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS.....	115
PHOSPHATE BINDER AGENTS .....	115
<b>GENERAL ANESTHETICS .....</b>	<b>116</b>
ANESTHETICS - MISC .....	116
VOLATILE ANESTHETICS .....	116
<b>GENITOURINARY AGENTS - MISCELLANEOUS .....</b>	<b>116</b>
ALKALINIZERS .....	116
GENITOURINARY IRRIGANTS .....	116

PROSTATIC HYPERPLASIA AGENTS .....	117
URINARY ANALGESICS .....	117
URINARY STONE AGENTS .....	117
<b>GOUT AGENTS .....</b>	<b>117</b>
GOUT AGENT COMBINATIONS .....	117
GOUT AGENTS .....	117
URICOSURICS.....	117
<b>HEMATOLOGICAL AGENTS - MISC.....</b>	<b>117</b>
HEMATOLOGIC - TYROSINE KINASE INHIBITORS.....	117
HEMATORHEOLOGIC AGENTS .....	117
PLASMA EXPANDERS .....	117
PLATELET AGGREGATION INHIBITORS .....	117
PROTAMINE .....	118
<b>HEMATOPOIETIC AGENTS .....</b>	<b>118</b>
AGENTS FOR GAUCHER DISEASE .....	118
AGENTS FOR SICKLE CELL DISEASE .....	118
COBALAMINS .....	118
FOLIC ACID/FOLATES .....	118
HEMATOPOIETIC GROWTH FACTORS .....	118
HEMATOPOIETIC MIXTURES.....	119
IRON .....	120
STEM CELL MOBILIZERS.....	120
<b>HEMOSTATICS.....</b>	<b>120</b>
HEMOSTATICS - SYSTEMIC.....	120
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS.....</b>	<b>120</b>
BARBITURATE HYPNOTICS.....	120
HYPNOTICS - TRICYCLIC AGENTS.....	120
NON-BARBITURATE HYPNOTICS .....	120
OREXIN RECEPTOR ANTAGONISTS .....	122
SELECTIVE MELATONIN RECEPTOR AGONISTS .....	122
<b>LAXATIVES.....</b>	<b>122</b>
LAXATIVE COMBINATIONS.....	122
LAXATIVES - MISCELLANEOUS .....	122
LUBRICANT LAXATIVES .....	122
<b>LOCAL ANESTHETICS-PARENTERAL.....</b>	<b>122</b>
LOCAL ANESTHETIC COMBINATIONS .....	122
LOCAL ANESTHETICS - AMIDES.....	123
LOCAL ANESTHETICS - ESTERS .....	123
<b>MACROLIDES.....</b>	<b>124</b>
AZITHROMYCIN.....	124
CLARITHROMYCIN .....	124
ERYTHRUMYCINS .....	124
FIDAXOMICIN .....	124
<b>MEDICAL DEVICES AND SUPPLIES .....</b>	<b>124</b>
DIABETIC SUPPLIES .....	124
PARENTERAL THERAPY SUPPLIES .....	133
<b>MIGRAINE PRODUCTS .....</b>	<b>133</b>

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG .....	133
MIGRAINE PRODUCTS .....	134
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES .....	134
MIGRAINE PRODUCTS - NSAIDS .....	134
SEROTONIN AGONISTS .....	134
<b>MINERALS &amp; ELECTROLYTES .....</b>	<b>135</b>
BICARBONATES .....	135
CALCIUM .....	135
ELECTROLYTE MIXTURES.....	135
FLUORIDE .....	136
IODINE PRODUCTS.....	136
MAGNESIUM .....	136
MANGANESE.....	137
PHOSPHATE.....	137
POTASSIUM.....	137
SODIUM .....	138
TRACE MINERALS .....	138
ZINC .....	138
<b>MISCELLANEOUS THERAPEUTIC CLASSES .....</b>	<b>138</b>
CHELATING AGENTS .....	138
IMMUNOMODULATORS .....	138
IMMUNOSUPPRESSIVE AGENTS.....	139
IRRIGATION SOLUTIONS.....	139
POTASSIUM REMOVING AGENTS .....	140
PROSTAGLANDINS .....	140
SCLEROSING AGENTS.....	140
<b>MOUTH/THROAT/DENTAL AGENTS.....</b>	<b>140</b>
ANESTHETICS TOPICAL ORAL .....	140
ANTI-INFECTIVES - THROAT .....	140
ANTISEPTICS - MOUTH/THROAT.....	140
DENTAL PRODUCTS .....	140
STEROIDS - MOUTH/THROAT/DENTAL.....	140
THROAT PRODUCTS - MISC. ....	140
<b>MULTIVITAMINS .....</b>	<b>141</b>
B-COMPLEX W/ FOLIC ACID.....	141
MULTIPLE VITAMINS W/ MINERALS .....	141
PED MULTI VITAMINS W/FL & FE .....	141
PED MV W/ FLUORIDE.....	141
PRENATAL VITAMINS .....	141
SPECIALTY VITAMINS PRODUCTS .....	141
<b>MUSCULOSKELETAL THERAPY AGENTS.....</b>	<b>142</b>
CENTRAL MUSCLE RELAXANTS .....	142
DIRECT MUSCLE RELAXANTS .....	142
VISCOUPPLEMENTS .....	142
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL .....</b>	<b>142</b>
NASAL AGENT COMBINATIONS .....	142
NASAL ANTIALLERGY .....	143

NASAL ANTOCHOLINERGICS .....	143
NASAL STEROIDS .....	143
SYMPATHOMIMETIC DECONGESTANTS .....	143
<b>NEUROMUSCULAR AGENTS.....</b>	<b>143</b>
ALS AGENTS .....	143
DEPOLARIZING MUSCLE RELAXANTS .....	143
NONDEPOLARIZING MUSCLE RELAXANTS .....	143
<b>NUTRIENTS .....</b>	<b>143</b>
CARBOHYDRATES .....	143
PROTEINS .....	144
<b>OPHTHALMIC AGENTS.....</b>	<b>144</b>
BETA-BLOCKERS - OPHTHALMIC .....	144
CYCLOPLEGIC MYDRIATICS .....	144
MIOTICS .....	144
OPHTHALMIC - ANGIOGENESIS INHIBITORS .....	145
OPHTHALMIC ADRENERGIC AGENTS .....	145
OPHTHALMIC ANTI-INFECTIVES .....	145
OPHTHALMIC IMMUNOMODULATORS .....	145
OPHTHALMIC INTEGRIN ANTAGONISTS .....	145
OPHTHALMIC LOCAL ANESTHETICS .....	146
OPHTHALMIC STEROIDS.....	146
OPHTHALMICS - MISC.....	146
PROSTAGLANDINS - OPHTHALMIC.....	147
<b>OTIC AGENTS .....</b>	<b>147</b>
OTIC AGENTS - MISCELLANEOUS .....	147
OTIC ANTI-INFECTIVES.....	147
OTIC COMBINATIONS .....	147
OTIC STEROIDS .....	147
<b>OXYTOCICS .....</b>	<b>147</b>
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING .....	147
OXYTOCICS .....	147
<b>PENICILLINS.....</b>	<b>147</b>
AMINOPENICILLINS .....	147
NATURAL PENICILLINS.....	148
PENICILLIN COMBINATIONS .....	148
PENICILLINASE-RESISTANT PENICILLINS .....	149
<b>PHARMACEUTICAL ADJUVANTS.....</b>	<b>149</b>
LIQUID VEHICLES .....	149
<b>PROGESTINS .....</b>	<b>150</b>
PROGESTINS .....	150
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. ....</b>	<b>150</b>
AGENTS FOR CHEMICAL DEPENDENCY .....	150
ANTI-CATALEPTIC AGENTS .....	150
ANTIDEMENTIA AGENTS.....	150
COMBINATION PSYCHOTHERAPEUTICS .....	151
MOVEMENT DISORDER DRUG THERAPY .....	151
MULTIPLE SCLEROSIS AGENTS .....	152

POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS .....	152
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.....	153
TRANSTHYRETIN AMYLOIDOSIS AGENTS.....	153
<b>RESPIRATORY AGENTS - MISC. ....</b>	<b>153</b>
ALPHA-PROTEINASE INHIBITOR (HUMAN) .....	153
CYSTIC FIBROSIS AGENTS .....	153
PULMONARY FIBROSIS AGENTS .....	153
<b>TETRACYCLINES.....</b>	<b>153</b>
GLYCOCYCLINES .....	153
TETRACYCLINES.....	153
<b>THYROID AGENTS .....</b>	<b>154</b>
ANTITHYROID AGENTS.....	154
THYROID HORMONES .....	154
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS.....</b>	<b>156</b>
ANTISPASMODICS .....	156
H-2 ANTAGONISTS .....	157
MISC. ANTI-ULCER .....	157
PROTON PUMP INHIBITORS .....	157
ULCER DRUGS - PROSTAGLANDINS .....	157
ULCER THERAPY COMBINATIONS .....	158
<b>URINARY ANTI-INFECTIVES.....</b>	<b>158</b>
URINARY ANTI-INFECTIVES .....	158
<b>URINARY ANTISPASMODICS .....</b>	<b>158</b>
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) ...	158
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS.....	159
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS.....	159
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS.....	159
<b>VAGINAL AND RELATED PRODUCTS .....</b>	<b>159</b>
VAGINAL ANTI-INFECTIVES .....	159
VAGINAL ESTROGENS.....	159
VAGINAL PROGESTINS.....	159
<b>VASOPRESSORS .....</b>	<b>159</b>
ANAPHYLAXIS THERAPY AGENTS .....	159
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS.....	160
VASOPRESSORS.....	160
<b>VITAMINS .....</b>	<b>160</b>
OIL SOLUBLE VITAMINS .....	160
WATER SOLUBLE VITAMINS .....	160
<b>Index .....</b>	<b>161</b>

## **Definitions**

"Brand name drug" means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

"Coinsurance" means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

"Copayment" means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

"Deductible" means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

"Drug Tier" means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

"Exception request" means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non- formulary drug when it is medically necessary for you to take the drug.

"Exigent circumstances" means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

"Formulary" or "prescription drug list" means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

"Generic drug" means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

"Medically Necessary" means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

"Non-formulary drug" means a prescription drug that is not listed on this formulary.

"Out-of-pocket costs" means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles,

copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

“Prescribing provider” means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

“Prescription” means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

“Prescription drug” means a drug that by law requires a prescription.

“Prior Authorization” means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

## **What is the Trustmark Individual Medical Formulary?**

A formulary is a list of covered drugs. Trustmark Insurance Company works with a team of health care providers to choose drugs that provide quality treatment. The Trustmark Individual Medical Formulary covers drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at a network pharmacy
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your plan document or other plan materials or refer to “Filling a Prescription through a Network Pharmacy”.

## **How do I use the Formulary?**

There are two ways to find your drug on the drug list:

### **Medical Condition**

The drugs on the drug list are grouped by therapeutic category and class\*. For example, drugs used to treat a heart condition are listed under CARDIOVASCULAR.

If you know what your drug is used for, look for the category name in the Table of Contents. Then, look under the category name for your drug.

A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs.

\*Therapeutic category and class based on Wolters Kluwer Clinical Drug Information, Medi-Span® Electronic Drug FileTM v2.

## **Alphabetical Listing**

If you are not sure what category to look under, look for your drug in the Index at the end of the formulary. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

Look in the Index and find your drug

Next to your drug, 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

If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be listed separately by its generic name.

If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase italicized letters.

- Example: carvedilol

Inclusion of a prescription drug on the formulary does not guarantee that your provider will prescribe the drug for a particular medical condition.

The drug list gives information about the drugs covered by Trustmark Insurance Company. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs, but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will generally be added to the formulary and the associated brand drug will be removed. However, some generic drugs do not cost less than brand-name drugs and may not be added to your formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., atorvastatin).

The second column lists the drug tier. The tiered format places drugs into tiers or levels of cost sharing by the plan member in the following manner:

<b>Tier</b>	<b>Definition</b>
Tier 1:	Lowest plan member copayment: All generic drugs, including those on this Formulary.
Tier 2:	Intermediate plan member copayment: Preferred brand-name products on this Formulary selected for Tier 2.
Tier 3:	Highest plan member copayment: Brand-name products on this Formulary not selected for Tier 2, and all non-preferred brand-name products. In most cases, there will be reasonable alternatives in Tier 1 or Tier 2 for products found in this highest tier.

The information in the Requirements/Limits column tells you if the Formulary has any special requirements for coverage of your drug. These requirements and limits may include:

**Prior Authorization:** Trustmark Insurance Company needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from Trustmark Insurance Company before you fill your prescriptions. If you don't get approval, Trustmark Insurance Company may not cover the drug.

**Quantity Limits:** For certain drugs, Trustmark Insurance Company limits the amount of the drug that it will cover. Trustmark Insurance Company also limits the amount of drugs you may receive within a class of drugs.

## **Filling a Prescription through a Network Pharmacy**

### **Local Pharmacy**

The most common place for filling a Prescription is at a local pharmacy. You may go to the pharmacy and give the Prescription to the pharmacist to fill or, if the pharmacy received the Prescription from your Prescribing provider, pick up a completed order.

You may be required to provide basic information such as your name and address for verification when picking up a completed Prescription. You will also be responsible for paying any Copay, if applicable, at the time the Prescription is picked up from the pharmacy. The Copay amount, if applicable, is described in the Summary of Benefits section of your booklet-certificate.

### **Mail Order Pharmacy**

Prescriptions may also be filled by mail. They may be filled by ordering online or by using a paper order form. To order online, go to the CVS Caremark website caremark.com and follow the instructions on the screen. To use a paper order form, follow the instructions below.

Your initial order consists of three parts: the written Prescription from your Prescribing provider; a Patient/Profile Order form with preaddressed envelope; and a Copay. These are described below. Allow 14 days for the order to be completed and shipped to you. All orders are mailed either by Federal Express or First Class U.S. Mail. If you wish to have your order shipped Federal Express, you will need to pay the cost.

### **The Written Prescription**

When obtaining a Prescription, be sure to ask the Prescribing provider to specify the following information:

- Patient name;
- Prescription for a 90-day supply of medication (your Prescribing provider should indicate the total number of pills required for that period of time. For

example, 270 tablets would be needed for medication that must be taken three times a day.);

- Refills (many maintenance drugs can be prescribed for up to one year; therefore, a Prescription for a 90-day supply may specify up to three refills.);
- Prescribing provider's signature.

Also, it is very important to include your name, address, and member number on the Prescription form, so that eligibility for the program can be verified when the pharmacy receives the order.

### **Patient Profile/Order Form**

Included in the installation package you receive, as well as with each order shipped, is the Patient Profile/Order Form. This form is to be completed and sent in the preaddressed envelope with each order. The Patient Profile/Order Form provides information concerning eligibility in addition to health and allergy conditions pertaining to each insured person.

### **Copay**

A check or money order for the correct Copay must accompany each order. The Copay amount, if applicable, is described in the Summary of Benefits section of the booklet-certificate. You may also be able to charge the Copay to a credit card as explained on the Patient Profile/Order Form. Please do not send cash.

### **Refills or Follow-up Orders**

Each filled order you receive includes Refill Ordering Instructions, a Patient/Profile Order Form, and a preaddressed envelope. Orders for refills should be placed approximately 30 days before the current supply of medication is expected to run out.

### **Special Situations**

If a maintenance medication is prescribed for immediate use, you should obtain two Prescriptions--one for a 14-day supply to be filled immediately at a local member pharmacy, and a second for an extended 90-day supply with refills, to be filled by the mail service pharmacy.

### **Questions**

Please call the pharmacy's customer service number with any questions concerning medication or a particular order. The toll-free number is shown on your order form.

Also included with each order filled is a Patient Counseling information sheet which has specific information about the medication included with the order.

## **Prescription Drugs Utilization Review Program**

### **For Maintenance Drugs and Medicines**

A Prescription will not be refilled if there is a previously dispensed quantity for the same Prescription (for the same insured person) and the dispensing date for the current Prescription is earlier than the date on which approximately 66.6% of the previously dispensed quantity would be expected to last if the previously dispensed quantity was consumed based on the dosage instructions provided by your Prescribing provider.

### **For all other Drugs and Medicines**

A Prescription will not be refilled if there is a previously dispensed quantity for the same Prescription or refill (for the same insured person) and the previously dispensed quantity of the drug or medicine was for:

- Less than a 15-day supply and the dispensing date for the current Prescription is more than four days before a previously dispensed supply would be exhausted; or
- More than a 14-day supply and the dispensing date for the current Prescription is more than ten days before the previously dispensed supply would be exhausted; or
- More than a 14-day supply and the dispensing date for the current Prescription is earlier than the date on which approximately 66.6% of the previously dispensed quantity would be expected to last if the previously dispensed quantity was consumed based on the dosage instructions provided by your Prescribing provider.

Exhaustion of the previously dispensed supply is determined based on when the last dose of the medicine or drug would have been consumed if the previously dispensed supply was consumed by the Prescription date. Prescriptions may be refilled prior to exhaustion of a previously dispensed quantity for the same Prescription or refill for up to a 30-day quantity once per calendar year or plan year.

For certain drugs or classes of drugs designated by Trustmark Insurance Company, we reserve the right to:

- Require Prior Authorization for dispensing; and
- Limit the quantity of drugs for which benefits will be paid; and
- Require the dispensing of certain drugs before paying benefits for another drug within a given class; and
- Require the dispensing of a single daily dose of certain drugs.

For all drugs requiring Prior Authorization, the pharmacy benefit manager must notify your Prescribing provider within 72 hours of receipt of a non-urgent request

or 24 hours if exigent circumstances exist, whether the request is approved or disapproved. If the pharmacy benefit manager fails to respond within the respective timeframes, the request is deemed granted. If the request is disapproved, the notice of disapproval must contain an accurate and clear written explanation of the specific reasons for disapproving the Prior Authorization request or, if the request was incomplete, an accurate and clear written explanation that specifically identifies the missing material information that is necessary to approve or disapprove the Prior Authorization request.

## **Can the Drug List change?**

The drug list may change from time to time as described in the plan document or other plan materials. Some reasons why they can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the brand-name drug is likely to be covered at a higher cost. And the generic versions cost less.

Members are notified in advance of formulary changes when:

- A drug is removed from the formulary
- A drug tier changes
- Prior Authorization or Quantity limits are added to a drug

## **What if I need a drug that requires an exception?**

In certain cases, you or your prescriber can request a medical exception to the prior authorization or quantity limits requirements. And also for a drug that's not covered in your plan.

We will then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

Medical exceptions which are approved for non-urgent requests will cover the duration of the prescription, including refills. Approved medical exceptions for exigent circumstances will provide coverage for the duration of the exigency. If your request is denied you have the right to file an appeal using the process described in the notification letter.

## **For more information about your plan**

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more

## **Have more questions about your pharmacy benefits?**

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ".

## **Legend**

<b>Abbreviation</b>	<b>Definition</b>
AGE	Age Restriction
PA	Prior Authorization

**Trustmark NY 5570 Effective 07/01/2023**

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
amphetamine sulfate tab 5 mg	1	
amphetamine sulfate tab 10 mg	1	
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	
amphetamine-dextroamphetamine tab 5 mg	1	
amphetamine-dextroamphetamine tab 7.5 mg	1	
amphetamine-dextroamphetamine tab 10 mg	1	
amphetamine-dextroamphetamine tab 12.5 mg	1	
amphetamine-dextroamphetamine tab 15 mg	1	
amphetamine-dextroamphetamine tab 20 mg	1	
amphetamine-dextroamphetamine tab 30 mg	1	
DEXEDRINE CAP 10MG CR	3	
DEXEDRINE CAP 15MG CR	3	
dextroamphetamine sulfate cap er 24hr 5 mg	1	
dextroamphetamine sulfate cap er 24hr 10 mg	1	
dextroamphetamine sulfate cap er 24hr 15 mg	1	
dextroamphetamine sulfate oral solution 5 mg/5ml	1	
dextroamphetamine sulfate tab 5 mg	1	
dextroamphetamine sulfate tab 10 mg	1	
dextroamphetamine sulfate tab 15 mg	1	
dextroamphetamine sulfate tab 20 mg	1	
dextroamphetamine sulfate tab 30 mg	1	
methamphetamine hcl tab 5 mg	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>procen</i> tra sol 5mg/5ml	1
VYVANSE CAP 10MG	2
VYVANSE CAP 20MG	2
VYVANSE CAP 30MG	2
VYVANSE CAP 40MG	2
VYVANSE CAP 50MG	2
VYVANSE CAP 60MG	2
VYVANSE CAP 70MG	2
VYVANSE CHW 10MG	2
VYVANSE CHW 20MG	2
VYVANSE CHW 30MG	2
VYVANSE CHW 40MG	2
VYVANSE CHW 50MG	2
VYVANSE CHW 60MG	2
ZENZEDI TAB 2.5MG	3
<i>zenzedi</i> tab 5mg	1
ZENZEDI TAB 7.5MG	3
<i>zenzedi</i> tab 10mg	1
<i>zenzedi</i> tab 15mg	1
<i>zenzedi</i> tab 20mg	1
<i>zenzedi</i> tab 30mg	1

#### **ANALEPTICS**

caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)	1
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1

#### **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**

atomoxetine hcl cap 10 mg (base equiv)	1
atomoxetine hcl cap 18 mg (base equiv)	1
atomoxetine hcl cap 25 mg (base equiv)	1
atomoxetine hcl cap 40 mg (base equiv)	1
atomoxetine hcl cap 60 mg (base equiv)	1
atomoxetine hcl cap 80 mg (base equiv)	1
atomoxetine hcl cap 100 mg (base equiv)	1
clonidine hcl tab er 12hr 0.1 mg	1
guanfacine hcl tab er 24hr 1 mg (base equiv)	1
guanfacine hcl tab er 24hr 2 mg (base equiv)	1
guanfacine hcl tab er 24hr 3 mg (base equiv)	1
guanfacine hcl tab er 24hr 4 mg (base equiv)	1
QELBREE CAP 100MG ER	2
QELBREE CAP 150MG ER	2
QELBREE CAP 200MG ER	2

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
STRATTERA CAP 10MG	3
STRATTERA CAP 18MG	3
STRATTERA CAP 25MG	3
STRATTERA CAP 40MG	3
STRATTERA CAP 60MG	3
STRATTERA CAP 80MG	3
STRATTERA CAP 100MG	3
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>	
SUNOSI TAB 75MG	2
SUNOSI TAB 150MG	2
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>	
WAKIX TAB 4.45MG	2
WAKIX TAB 17.8MG	2
<b>STIMULANTS - MISC.</b>	
armodafinil tab 50 mg	1
armodafinil tab 150 mg	1
armodafinil tab 200 mg	1
armodafinil tab 250 mg	1
AZSTARYS CAP 26.1-5.2	2
AZSTARYS CAP 39.2-7.8	2
AZSTARYS CAP 52.3-10.	2
dexmethylphenidate hcl cap er 24 hr 5 mg	1
dexmethylphenidate hcl cap er 24 hr 10 mg	1
dexmethylphenidate hcl cap er 24 hr 15 mg	1
dexmethylphenidate hcl cap er 24 hr 20 mg	1
dexmethylphenidate hcl cap er 24 hr 25 mg	1
dexmethylphenidate hcl cap er 24 hr 30 mg	1
dexmethylphenidate hcl cap er 24 hr 35 mg	1
dexmethylphenidate hcl cap er 24 hr 40 mg	1
dexmethylphenidate hcl tab 2.5 mg	1
dexmethylphenidate hcl tab 5 mg	1
dexmethylphenidate hcl tab 10 mg	1
FOCALIN TAB 2.5MG	3
FOCALIN TAB 5MG	3
FOCALIN TAB 10MG	3
METHYLIN SOL 5MG/5ML	3
METHYLIN SOL 10MG/5ML	3
methylphenidate hcl cap er 10 mg (cd)	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
methylphenidate hcl cap er 20 mg (cd)	1	
methylphenidate hcl cap er 24hr 10 mg (la)	1	
methylphenidate hcl cap er 24hr 10 mg (xr)	1	
methylphenidate hcl cap er 24hr 15 mg (xr)	1	
methylphenidate hcl cap er 24hr 20 mg (la)	1	
methylphenidate hcl cap er 24hr 20 mg (xr)	1	
methylphenidate hcl cap er 24hr 30 mg (la)	1	
methylphenidate hcl cap er 24hr 30 mg (xr)	1	
methylphenidate hcl cap er 24hr 40 mg (la)	1	
methylphenidate hcl cap er 24hr 40 mg (xr)	1	
methylphenidate hcl cap er 24hr 50 mg (xr)	1	
methylphenidate hcl cap er 24hr 60 mg (la)	1	
methylphenidate hcl cap er 24hr 60 mg (xr)	1	
methylphenidate hcl cap er 30 mg (cd)	1	
methylphenidate hcl cap er 40 mg (cd)	1	
methylphenidate hcl cap er 50 mg (cd)	1	
methylphenidate hcl cap er 60 mg (cd)	1	
methylphenidate hcl chew tab 2.5 mg	1	
methylphenidate hcl chew tab 5 mg	1	
methylphenidate hcl chew tab 10 mg	1	
methylphenidate hcl soln 5 mg/5ml	1	
methylphenidate hcl soln 10 mg/5ml	1	
methylphenidate hcl tab 5 mg	1	
methylphenidate hcl tab 10 mg	1	
methylphenidate hcl tab 20 mg	1	
methylphenidate hcl tab er 10 mg	1	
methylphenidate hcl tab er 20 mg	1	
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	
methylphenidate td patch 10 mg/9hr	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
methylphenidate td patch 15 mg/9hr	1	
methylphenidate td patch 20 mg/9hr	1	
methylphenidate td patch 30 mg/9hr	1	
modafinil tab 100 mg	1	
modafinil tab 200 mg	1	
RITALIN TAB 5MG	3	
RITALIN TAB 10MG	3	
RITALIN TAB 20MG	3	

## **ALLERGENIC EXTRACTS/BIOLOGICALS MISC**

### **ALLERGENIC EXTRACTS**

GRASTEK SUB 2800BAU	2
ORALAIR SUB 300 IR	2
RAGWITEK SUB	2

## **AMINOGLYCOSIDES**

### **AMINOGLYCOSIDES**

amikacin sulfate inj 1 gm/4ml (250 mg/ml)	1
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	1
GENTAM/NACL INJ 80MG	3
GENTAM/NACL INJ 100MG	3
gentamicin in saline inj 1.2 mg/ml	1
GENTAMICIN INJ 10MG/ML	3 PA
gentamicin sulfate inj 40 mg/ml	1
neomycin sulfate tab 500 mg	1
paromomycin sulfate cap 250 mg	1
STREPTOMYCIN INJ 1GM	3
TOBRAMYCIN INJ 10MG/ML	3
TOBRAMYCIN INJ 40MG/ML	3
TOBRAMYCIN NEB 300/5ML	3 PA
tobramycin nebu soln 300 mg/4ml	1
tobramycin nebu soln 300 mg/5ml	1
tobramycin sulfate for inj 1.2 gm	1
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	1
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	1

## **ANALGESICS - ANTI-INFLAMMATORY**

### **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

HUMIRA INJ 10/0.1ML	2
HUMIRA INJ 20/0.2ML	2
HUMIRA INJ 40/0.4ML	2
HUMIRA KIT 40MG/0.8	2
HUMIRA PEDIA INJ CROHNS	2
HUMIRA PEN INJ 40/0.4ML	2
HUMIRA PEN INJ 40MG/0.8	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN INJ 80/0.8ML	2	
HUMIRA PEN INJ CD/UC/HS	2	
HUMIRA PEN INJ PS/UV	2	
HUMIRA PEN KIT CD/UC/HS	2	
HUMIRA PEN KIT PED UC	2	
HUMIRA PEN KIT PS/UV	2	
SIMPONI ARIA SOL 50MG/4ML	2	
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
RINVOQ TAB 15MG ER	2	
RINVOQ TAB 30MG ER	2	
RINVOQ TAB 45MG ER	2	
XELJANZ SOL 1MG/ML	2	
XELJANZ TAB 5MG	2	
XELJANZ TAB 10MG	2	
XELJANZ XR TAB 11MG	2	
XELJANZ XR TAB 22MG	2	
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
RASUVO INJ 7.5MG	2	
RASUVO INJ 10MG	2	
RASUVO INJ 12.5MG	2	
RASUVO INJ 15MG	2	
RASUVO INJ 17.5MG	2	
RASUVO INJ 20MG	2	
RASUVO INJ 22.5MG	2	
RASUVO INJ 25MG	2	
RASUVO INJ 30MG	2	
<b>INTERLEUKIN-1BETA BLOCKERS</b>		
ILARIS INJ 150MG/ML	2	
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
KEVZARA INJ 150/1.14	2	
KEVZARA INJ 200/1.14	2	
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
ANAPROX DS TAB 550MG	3	
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
<i>ec-naproxen tab 375mg</i>	1	
<i>ec-naproxen tab 500mg</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
<b>FLURBIPROFEN TAB 50MG</b>	<b>3</b>	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibu tab 400mg</i>	1	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen lysine iv soln 10 mg/ml (base equivalent)</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine inj 15 mg/ml</i>	1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
<b>MECLOFEN SOD CAP 50MG</b>	<b>3</b>	
<b>MECLOFEN SOD CAP 100MG</b>	<b>3</b>	
<i>mefenamic acid cap 250 mg</i>	1	
<b>MELOXICAM SUS 7.5/5ML</b>	<b>3</b>	<b>PA</b>
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>naproxen tab ec 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>previdolrx pak plus</i>	1	PA
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
TOLMETIN SOD TAB 600MG	3	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA TAB 10/20/30	2	
OTEZLA TAB 30MG	2	
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25/0.5ML	2	
ENBREL INJ 25MG	2	
ENBREL INJ 50MG/ML	2	
ENBREL MINI INJ 50MG/ML	2	
ENBREL SRCLK INJ 50MG/ML	2	
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
<i>bac tab</i>	1	
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	
TENCON TAB 50-325MG	3	
<b>ANALGESICS OTHER</b>		
<i>acetaminophen iv soln 10 mg/ml</i>	1	
<i>clonidine hcl inj (for epidural infusion) 100 mcg/ml</i>	1	
<i>clonidine hcl inj (for epidural infusion) 500 mcg/ml</i>	1	
<b>SALICYLATES</b>		
<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
<i>CODEINE SULF TAB 30MG</i>	3	
<i>codeine sulfate tab 30 mg</i>	1	
<i>duramorph inj 0.5mg/ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>duramorph inj 1mg/ml</i>	1
FENTANYL CIT INJ 0.05MG/1	3
FENTANYL CIT INJ 500MCG	3
FENTANYL CIT TAB 100MCG	3
FENTANYL CIT TAB 200MCG	3
FENTANYL CIT TAB 400MCG	3
FENTANYL CIT TAB 600MCG	3
FENTANYL CIT TAB 800MCG	3
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1
<i>fentanyl citrate preservative free (pf) inj 50 mcg/ml</i>	1
<i>fentanyl citrate preservative free (pf) inj 100 mcg/2ml</i>	1
<i>fentanyl citrate preservative free (pf) inj 250 mcg/5ml</i>	1
<i>fentanyl citrate preservative free (pf) inj 1000 mcg/20ml</i>	1
<i>fentanyl citrate preservative free (pf) inj 2500 mcg/50ml</i>	1
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydrocodone bitartrate tab er 24hr deter 100 mg	1	
hydrocodone bitartrate tab er 24hr deter 120 mg	1	
HYDROCODONE CAP 10MG ER	3	PA
HYDROCODONE CAP 15MG ER	3	PA
HYDROCODONE CAP 20MG ER	3	PA
HYDROCODONE CAP 30MG ER	3	PA
HYDROCODONE CAP 40MG ER	3	PA
HYDROCODONE CAP 50MG ER	3	PA
hydromorphone hcl inj 1 mg/ml	1	
hydromorphone hcl inj 2 mg/ml	1	
hydromorphone hcl liqd 1 mg/ml	1	
hydromorphone hcl preservative free (pf) inj 10 mg/ml	1	
hydromorphone hcl tab 2 mg	1	
hydromorphone hcl tab 4 mg	1	
hydromorphone hcl tab 8 mg	1	
hydromorphone hcl tab er 24hr 8 mg	1	
hydromorphone hcl tab er 24hr 12 mg	1	
hydromorphone hcl tab er 24hr 16 mg	1	
hydromorphone hcl tab er 24hr 32 mg	1	
meperidine hcl inj 25 mg/ml	1	
meperidine hcl inj 50 mg/ml	1	
meperidine hcl inj 100 mg/ml	1	
MEPERIDINE SOL 50MG/5ML	3	
MEPERIDINE TAB 50MG	3	
methadone hcl conc 10 mg/ml	1	
methadone hcl soln 5 mg/5ml	1	
methadone hcl soln 10 mg/5ml	1	
methadone hcl tab 5 mg	1	
methadone hcl tab 10 mg	1	
methadone hcl tab for oral susp 40 mg	1	
METHADONE SOL 5MG/5ML	3	
METHADONE SOL 10MG/5ML	3	
methadose tab 40mg	1	
mitigo inj 10mg/ml	1	
mitigo inj 25mg/ml	1	
MORPHINE SUL CAP 10MG ER	3	
MORPHINE SUL CAP 20MG ER	3	
MORPHINE SUL CAP 30MG ER	3	
MORPHINE SUL CAP 45MG ER	3	
MORPHINE SUL CAP 50MG ER	3	
MORPHINE SUL CAP 60MG ER	3	
MORPHINE SUL CAP 75MG ER	3	
MORPHINE SUL CAP 80MG ER	3	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
MORPHINE SUL CAP 90MG ER	3
MORPHINE SUL CAP 100MG ER	3
MORPHINE SUL CAP 120MG ER	3
MORPHINE SUL INJ 8MG/ML	3
MORPHINE SUL INJ 10MG/ML	3
MORPHINE SUL SOL 20MG/5ML	3
MORPHINE SUL TAB 15MG	3
MORPHINE SUL TAB 30MG	3
<i>morphine sulfate inj pf 0.5 mg/ml</i>	1
<i>morphine sulfate inj pf 1 mg/ml</i>	1
<i>morphine sulfate iv soln 4 mg/ml</i>	1
<i>morphine sulfate oral soln 10 mg/5ml</i>	1
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1
<i>morphine sulfate tab 15 mg</i>	1
<i>morphine sulfate tab 30 mg</i>	1
<i>morphine sulfate tab er 15 mg</i>	1
<i>morphine sulfate tab er 30 mg</i>	1
<i>morphine sulfate tab er 60 mg</i>	1
<i>morphine sulfate tab er 100 mg</i>	1
<i>morphine sulfate tab er 200 mg</i>	1
<i>oxycodone hcl cap 5 mg</i>	1
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1
<i>oxycodone hcl soln 5 mg/5ml</i>	1
<i>oxycodone hcl tab 5 mg</i>	1
<i>oxycodone hcl tab 10 mg</i>	1
<i>oxycodone hcl tab 15 mg</i>	1
<i>oxycodone hcl tab 20 mg</i>	1
<i>oxycodone hcl tab 30 mg</i>	1
OXYCODONE TAB 10MG ER	3
OXYCODONE TAB 20MG ER	3
OXYCODONE TAB 40MG ER	3
OXYCODONE TAB 80MG ER	3
<i>oxymorphone hcl tab 5 mg</i>	1
<i>oxymorphone hcl tab 10 mg</i>	1
<i>remifentanil hcl for iv soln 1 mg</i>	1
<i>remifentanil hcl for iv soln 2 mg</i>	1
<i>remifentanil hcl for iv soln 5 mg</i>	1
<i>sufentanil citrate inj 50 mcg/ml</i>	1
SUFENTANIL INJ 100/2ML	3
SUFENTANIL INJ 250/5ML	3
<i>tramadol hcl tab 50 mg</i>	1
TRAMADOL HCL TAB 100MG ER	3
TRAMADOL HCL TAB 200MG ER	3
TRAMADOL HCL TAB 300MG ER	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
tramadol hcl tab er 24hr 100 mg	1	
tramadol hcl tab er 24hr 200 mg	1	
tramadol hcl tab er 24hr 300 mg	1	
TRAMADOL SOL 5MG/ML	3	PA
XTAMPZA ER CAP 9MG	2	
XTAMPZA ER CAP 13.5MG	2	
XTAMPZA ER CAP 18MG	2	
XTAMPZA ER CAP 27MG	2	
XTAMPZA ER CAP 36MG	2	

### **OPIOID COMBINATIONS**

acetaminophen w/ codeine tab 300-15 mg	1	
acetaminophen w/ codeine tab 300-30 mg	1	
acetaminophen w/ codeine tab 300-60 mg	1	
APAP-CAFFEIN CAP DIHYDROOC	3	
APAP/CODEINE SOL 120-12/5	3	
ascomp/cod cap 30mg	1	
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	
butalbital-aspirin-caff w/ codeine cap 50- 325-40-30 mg	1	
endocet tab 2.5-325	1	
endocet tab 5-325mg	1	
endocet tab 7.5-325	1	
endocet tab 10-325mg	1	
HYDROCOD/IBU TAB 5-200MG	3	
HYDROCOD/IBU TAB 10-200MG	3	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen tab 5-300 mg	1	
hydrocodone-acetaminophen tab 5-325 mg	1	
hydrocodone-acetaminophen tab 7.5-300 mg	1	
hydrocodone-acetaminophen tab 7.5-325 mg	1	
hydrocodone-acetaminophen tab 10-300 mg	1	
hydrocodone-acetaminophen tab 10-325 mg	1	
hydrocodone-ibuprofen tab 7.5-200 mg	1	
oxycodone w/ acetaminophen tab 2.5-325 mg	1	
oxycodone w/ acetaminophen tab 5-325 mg	1	
oxycodone w/ acetaminophen tab 7.5-325 mg	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
oxycodone w/ acetaminophen tab 10-325 mg	1
tramadol-acetaminophen tab 37.5-325 mg	1
TREZIX CAP	3
<b>OPIOID PARTIAL AGONISTS</b>	
BELBUCA MIS 75MCG	2
BELBUCA MIS 150MCG	2
BELBUCA MIS 300MCG	2
BELBUCA MIS 450MCG	2
BELBUCA MIS 600MCG	2
BELBUCA MIS 750MCG	2
BELBUCA MIS 900MCG	2
buprenorphine hcl inj 0.3 mg/ml (base equiv)	1
buprenorphine hcl sl tab 2 mg (base equiv)	1
buprenorphine hcl sl tab 8 mg (base equiv)	1
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1
buprenorphine td patch weekly 5 mcg/hr	1
buprenorphine td patch weekly 7.5 mcg/hr	1
buprenorphine td patch weekly 10 mcg/hr	1
buprenorphine td patch weekly 15 mcg/hr	1
buprenorphine td patch weekly 20 mcg/hr	1
BUTORPHANOL INJ 1MG/ML	3
BUTORPHANOL INJ 2MG/ML	3
butorphanol tartrate nasal soln 10 mg/ml	1
nalbuphine hcl inj 10 mg/ml	1
nalbuphine hcl inj 20 mg/ml	1
pentazocine w/ naloxone hcl tab 50-0.5 mg	1
ZUBSOLV SUB 0.7-0.18	2
ZUBSOLV SUB 1.4-0.36	2
ZUBSOLV SUB 2.9-0.71	2
ZUBSOLV SUB 5.7-1.4	2
ZUBSOLV SUB 8.6-2.1	2
ZUBSOLV SUB 11.4-2.9	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANDROGENS-ANABOLIC ANABOLIC STEROIDS</b>		
<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	
<b>ANDROGENS</b>		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>depo-testost inj 100mg/ml</i>	1	
<i>depo-testost inj 200mg/ml</i>	1	
<i>methyltestosterone cap 10 mg</i>	1	
<i>NATESTO GEL 5.5MG</i>	2	
<i>TESTOST ENAN INJ 200MG/ML</i>	3	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	
<i>testosterone td gel 10mg/act (2%)</i>	1	
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	
<i>testosterone td soln 30 mg/act</i>	1	
<b>ANORECTAL AGENTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>CORTENEMA ENE 100MG</i>	3	
<i>CORTIFOAM AER 90MG</i>	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<b>RECTAL COMBINATIONS</b>		
<i>ana-lex kit</i>	1	PA
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
<i>PROCTOFOAM AER HC 1%</i>	2	
<b>RECTAL STEROIDS</b>		
<i>ANUSOL-HC CRE 2.5%</i>	3	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>procto-med cre hc 2.5%</i>	1	
<i>proctozone cre -hc 2.5%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>budesonide rectal foam 2 mg/act</i>	1	
<b>RECTAL STEROIDS</b>		
<i>anucort-hc sup 25mg</i>	1	
<i>hemmorex-hc sup 30mg</i>	1	
<i>proctosol hc cre 2.5%</i>	1	
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole tab 200 mg</i>	1	
<i>EMVERM CHW 100MG</i>	2	
<i>ivermectin tab 3 mg</i>	1	PA
<i>praziquantel tab 600 mg</i>	1	
<i>STROMECTOL TAB 3MG</i>	3	PA
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole iv soln 500 mg/100ml</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>pentamidine isethionate for inj soln 300 mg</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
<i>XIFAXAN TAB 550MG</i>	2	
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>sulfatrim pd sus 200-40/5</i>	1	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>nitazoxanide tab 500 mg</i>	1	
<b>CARBAPENEMS</b>		
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1
IMIPENEM/CIL INJ 250MG	3
<i>meropenem iv for soln 1 gm</i>	1
<i>meropenem iv for soln 500 mg</i>	1
<b>CHLORAMPHENICOLS</b>	
CHLORAMPHEN INJ 1GM	3
<b>CYCLIC LIPOPEPTIDES</b>	
<i>daptomycin for iv soln 350 mg</i>	1
<i>daptomycin for iv soln 500 mg</i>	1
DAPTOMYCIN SOL 350MG	3
<b>GLYCOPEPTIDES</b>	
VANCOCIN CAP 125MG	3
VANCOCIN CAP 250MG	3
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	1
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	1
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	1
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	1
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	1
VANCOMYCIN INJ 100GM	3
VANCOMYCIN SOL 1.5GM	3
VANCOMYCIN SOL 25MG/ML	3 PA
VANCOMYCIN SOL 50MG/ML	3
<b>LEPROSTATIC</b>	
<i>dapsone tab 25 mg</i>	1
<i>dapsone tab 100 mg</i>	1
<b>LINCOSAMIDES</b>	
CLEOCIN CAP 75MG	3
CLEOCIN CAP 150MG	3
CLEOCIN CAP 300MG	3
CLEOCIN PED SOL 75MG/5ML	3
<i>clindamycin hcl cap 75 mg</i>	1
<i>clindamycin hcl cap 150 mg</i>	1
<i>clindamycin hcl cap 300 mg</i>	1
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1
<i>clindamycin phosphate inj 9 gm/60ml</i>	1
<i>clindamycin phosphate inj 300 mg/2ml</i>	1
<i>clindamycin phosphate inj 600 mg/4ml</i>	1
<i>clindamycin phosphate inj 900 mg/6ml</i>	1
<i>lincomycin hcl inj 300 mg/ml</i>	1
<b>MONOBACTAMS</b>	
<i>aztreonam for inj 1 gm</i>	1
<i>aztreonam for inj 2 gm</i>	1
<b>OXAZOLIDINONES</b>	
<i>linezolid for susp 100 mg/5ml</i>	1
<i>LINEZOLID INJ 2MG/ML</i>	3
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	1
<i>linezolid tab 600 mg</i>	1
<b>POLYMYXINS</b>	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	1
<i>polymyxin b sulfate for inj 500000 unit</i>	1
<b>URINARY ANTI-INFECTIVES</b>	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1
<b>ANTIANGINAL AGENTS</b>	
<b>ANTIANGINALS-OTHER</b>	
<i>ranolazine tab er 12hr 500 mg</i>	1
<i>ranolazine tab er 12hr 1000 mg</i>	1
<b>NITRATES</b>	
<i>ISOSORB MONO TAB 10MG</i>	3
<i>ISOSORB MONO TAB 20MG</i>	3
<i>isosorbide dinitrate tab 5 mg</i>	1
<i>isosorbide dinitrate tab 10 mg</i>	1
<i>isosorbide dinitrate tab 20 mg</i>	1
<i>isosorbide dinitrate tab 30 mg</i>	1
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1
<i>NITRO-DUR DIS 0.1MG/HR</i>	3
<i>NITRO-DUR DIS 0.2MG/HR</i>	3
<i>NITRO-DUR DIS 0.3MG/HR</i>	3
<i>NITRO-DUR DIS 0.4MG/HR</i>	3
<i>NITRO-DUR DIS 0.6MG/HR</i>	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
NITRO-DUR DIS 0.8MG/HR	3
NITROGLY/D5W INJ 25MG	3
NITROGLY/D5W INJ 50MG	3
NITROGLY/D5W INJ 100MG	3
<i>nitroglycerin sl tab 0.3 mg</i>	1
<i>nitroglycerin sl tab 0.4 mg</i>	1
<i>nitroglycerin sl tab 0.6 mg</i>	1
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1
NITROLINGUAL SPR PUMPSPRA	3
NITROSTAT SUB 0.3MG	3
NITROSTAT SUB 0.4MG	3
NITROSTAT SUB 0.6MG	3

## **ANTIANXIETY AGENTS**

### **ANTIANXIETY AGENTS - MISC.**

<i>buspirone hcl tab 5 mg</i>	1
<i>buspirone hcl tab 7.5 mg</i>	1
<i>buspirone hcl tab 10 mg</i>	1
<i>buspirone hcl tab 15 mg</i>	1
<i>buspirone hcl tab 30 mg</i>	1
DROPERIDOL INJ 2.5MG/ML	3
HYDROXYZ HCL INJ 25MG/ML	3
HYDROXYZ HCL INJ 50MG/ML	3
HYDROXYZ PAM CAP 100MG	3
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1
<i>hydroxyzine hcl tab 10 mg</i>	1
<i>hydroxyzine hcl tab 25 mg</i>	1
<i>hydroxyzine hcl tab 50 mg</i>	1
<i>hydroxyzine pamoate cap 25 mg</i>	1
<i>hydroxyzine pamoate cap 50 mg</i>	1
<i>meprobamate tab 200 mg</i>	1
<i>meprobamate tab 400 mg</i>	1

## **BENZODIAZEPINES**

<i>alprazolam orally disintegrating tab 0.5 mg</i>	1
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1
<i>alprazolam orally disintegrating tab 1 mg</i>	1
<i>alprazolam orally disintegrating tab 2 mg</i>	1
<i>alprazolam tab 0.5 mg</i>	1
<i>alprazolam tab 0.5mg xr</i>	1
<i>alprazolam tab 0.25 mg</i>	1
<i>alprazolam tab 1 mg</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
alprazolam tab 1mg xr	1
alprazolam tab 2 mg	1
alprazolam tab 2mg xr	1
alprazolam tab 3mg xr	1
alprazolam tab er 24hr 0.5 mg	1
alprazolam tab er 24hr 1 mg	1
alprazolam tab er 24hr 2 mg	1
alprazolam tab er 24hr 3 mg	1
chlordiazepoxide hcl cap 5 mg	1
chlordiazepoxide hcl cap 10 mg	1
chlordiazepoxide hcl cap 25 mg	1
clorazepate dipotassium tab 3.75 mg	1
clorazepate dipotassium tab 7.5 mg	1
clorazepate dipotassium tab 15 mg	1
diazepam conc 5 mg/ml	1
diazepam inj 5 mg/ml	1
diazepam oral soln 1 mg/ml	1
diazepam tab 2 mg	1
diazepam tab 5 mg	1
diazepam tab 10 mg	1
lorazepam conc 2 mg/ml	1
lorazepam inj 2 mg/ml	1
lorazepam inj 4 mg/ml	1
lorazepam tab 0.5 mg	1
lorazepam tab 1 mg	1
lorazepam tab 2 mg	1
oxazepam cap 10 mg	1
oxazepam cap 15 mg	1
oxazepam cap 30 mg	1

## **ANTIARRHYTHMICS**

### **ANTIARRHYTHMICS - MISC.**

adenosine iv soln 6 mg/2ml	1
adenosine iv soln 12 mg/4ml	1

### **ANTIARRHYTHMICS TYPE I-A**

disopyramide phosphate cap 100 mg	1
disopyramide phosphate cap 150 mg	1
NORPACE CAP 100MG CR	3
NORPACE CAP 150MG CR	3
procainamide hcl inj 100 mg/ml	1
PROCAINAMIDE INJ 500MG/ML	3
quinidine gluconate tab er 324 mg	1

### **ANTIARRHYTHMICS TYPE I-B**

lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)	1
LIDOCAINE INJ 10MG/ML	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LIDOCAINE INJ 10MG/ML	3	PA
LIDOCAINE INJ 20MG/ML	3	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1	
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	

#### **ANTIARRHYTHMICS TYPE I-C**

<i>flecainide acetate tab 50 mg</i>	1
<i>flecainide acetate tab 100 mg</i>	1
<i>flecainide acetate tab 150 mg</i>	1
<i>propafenone hcl cap er 12hr 225 mg</i>	1
<i>propafenone hcl cap er 12hr 325 mg</i>	1
<i>propafenone hcl cap er 12hr 425 mg</i>	1
<i>propafenone hcl tab 150 mg</i>	1
<i>propafenone hcl tab 225 mg</i>	1
<i>propafenone hcl tab 300 mg</i>	1
RYTHMOL SR CAP 225MG	3
RYTHMOL SR CAP 325MG	3
RYTHMOL SR CAP 425MG	3

#### **ANTIARRHYTHMICS TYPE III**

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	1
<i>amiodarone hcl tab 100 mg</i>	1
<i>amiodarone hcl tab 200 mg</i>	1
<i>amiodarone hcl tab 400 mg</i>	1
AMIODARONE INJ 50MG/ML	3
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1
<i>ibutilide fumarate inj 1 mg/10ml</i>	1
<i>pacerone tab 100mg</i>	1
<i>pacerone tab 200mg</i>	1
<i>pacerone tab 400mg</i>	1
TIKOSYN CAP 125MCG	3
TIKOSYN CAP 250MCG	3
TIKOSYN CAP 500MCG	3

#### **ANTIASTHMATIC AND BRONCHODILATOR AGENTS**

##### **ANTI-INFLAMMATORY AGENTS**

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1
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##### **ANTIASTHMATIC - MONOCLONAL ANTIBODIES**

FASENRA INJ 30MG/ML	2
FASENRA PEN INJ 30MG/ML	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUCALA INJ 40MG/0.4	2	
NUCALA INJ 100MG/ML	2	
TEZSPIRE INJ 210MG	2	
TEZSPIRE SOL 210MG	2	
XOLAIR INJ 75/0.5	2	
XOLAIR INJ 150MG/ML	2	
XOLAIR SOL 150MG	2	
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
<i>ipratropium bromide inhal soln 0.02%</i>	1	
SPIRIVA AER 1.25MCG	2	
SPIRIVA CAP HANDBLISTER	2	
SPIRIVA SPR 2.5MCG	2	
YUPELRI SOL	2	
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	
<b>STEROID INHALANTS</b>		
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	
<i>budesonide inhalation susp 1 mg/2ml</i>	1	
PULMICORT INH 90MCG	2	
PULMICORT INH 180MCG	2	
PULMICORT SUS 0.5MG/2	3	
PULMICORT SUS 0.25MG/2	3	
PULMICORT SUS 1MG/2ML	3	
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKU AER 100/50	1	
ADVAIR DISKU AER 250/50	1	
ADVAIR DISKU AER 500/50	1	
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	
ALBUTEROL NEB 0.5%	3	PA
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1
<i>albuterol sulfate syrup 2 mg/5ml</i>	1
<i>albuterol sulfate tab 2 mg</i>	1
<i>albuterol sulfate tab 4 mg</i>	1
<i>ANORO ELLIPT AER 62.5-25</i>	2
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1
<i>BREO ELLIPTA INH 100-25</i>	2
<i>BREO ELLIPTA INH 200-25</i>	2
<i>BREZTRI AERO AER SPHERE</i>	2
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1
<i>isoproterenol hcl inj 0.2 mg/ml</i>	1
<i>LEVALBUTEROL AER 45/ACT</i>	3
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1
<i>SEREVENT DIS AER 50MCG</i>	2
<i>STIOLTO AER 2.5-2.5</i>	2
<i>STRIVERDI AER 2.5MCG</i>	2
<i>SYMBICORT AER 80-4.5</i>	2
<i>SYMBICORT AER 160-4.5</i>	2
<i>terbutaline sulfate inj 1 mg/ml</i>	1
<i>terbutaline sulfate tab 2.5 mg</i>	1
<i>terbutaline sulfate tab 5 mg</i>	1
<i>TRELEGY AER 100MCG</i>	2
<i>TRELEGY AER 200MCG</i>	2

## **XANTHINES**

<i>aminophylline inj 25 mg/ml</i>	1
<i>elixophyllin elx 80/15ml</i>	1
<i>theophylline elixir 80 mg/15ml</i>	1
<i>theophylline soln 80 mg/15ml</i>	1
<i>theophylline tab er 12hr 300 mg</i>	1
<i>theophylline tab er 12hr 450 mg</i>	1
<i>theophylline tab er 24hr 400 mg</i>	1
<i>theophylline tab er 24hr 600 mg</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<b>ANTICOAGULANTS</b>	
<b>COUMARIN ANTICOAGULANTS</b>	
<i>jantoven tab 1mg</i>	1
<i>jantoven tab 2.5mg</i>	1
<i>jantoven tab 2mg</i>	1
<i>jantoven tab 3mg</i>	1
<i>jantoven tab 4mg</i>	1
<i>jantoven tab 5mg</i>	1
<i>jantoven tab 6mg</i>	1
<i>jantoven tab 7.5mg</i>	1
<i>jantoven tab 10mg</i>	1
<i>warfarin sodium tab 1 mg</i>	1
<i>warfarin sodium tab 2 mg</i>	1
<i>warfarin sodium tab 2.5 mg</i>	1
<i>warfarin sodium tab 3 mg</i>	1
<i>warfarin sodium tab 4 mg</i>	1
<i>warfarin sodium tab 5 mg</i>	1
<i>warfarin sodium tab 6 mg</i>	1
<i>warfarin sodium tab 7.5 mg</i>	1
<i>warfarin sodium tab 10 mg</i>	1
<b>DIRECT FACTOR XA INHIBITORS</b>	
<i>ELIQUIS ST P TAB 5MG</i>	2
<i>ELIQUIS TAB 2.5MG</i>	2
<i>ELIQUIS TAB 5MG</i>	2
<i>XARELTO STAR TAB 15/20MG</i>	2
<i>XARELTO SUS 1MG/ML</i>	2
<i>XARELTO TAB 2.5MG</i>	2
<i>XARELTO TAB 10MG</i>	2
<i>XARELTO TAB 15MG</i>	2
<i>XARELTO TAB 20MG</i>	2
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>	
<i>ARIXTRA INJ 2.5/0.5</i>	3
<i>ARIXTRA INJ 5/0.4ML</i>	3
<i>ARIXTRA INJ 7.5/0.6</i>	3
<i>ARIXTRA INJ 10/0.8ML</i>	3
<i>enoxaparin sodium inj 300 mg/3ml</i>	1
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1
<i>FRAGMIN INJ 2500/0.2</i>	3
<i>FRAGMIN INJ 2500/ML</i>	3
<i>FRAGMIN INJ 5000/0.2</i>	3
<i>FRAGMIN INJ 7500/0.3</i>	3
<i>FRAGMIN INJ 10000/ML</i>	3
<i>FRAGMIN INJ 12500UNT</i>	3
<i>FRAGMIN INJ 15000UNT</i>	3
<i>FRAGMIN INJ 18000UNT</i>	3
<i>FRAGMIN INJ 95000UNT</i>	3
<i>heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%</i>	1
<i>heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%</i>	1
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1

### **THROMBIN INHIBITORS**

<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	1
<i>argatroban iv soln 50 mg/50ml (1 mg/ml)</i>	1
<i>bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)</i>	1
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1

### **ANTICONVULSANTS**

#### **AMPA GLUTAMATE RECEPTOR ANTAGONISTS**

<i>FYCOMPA SUS 0.5MG/ML</i>	2
<i>FYCOMPA TAB 2MG</i>	2
<i>FYCOMPA TAB 4MG</i>	2
<i>FYCOMPA TAB 6MG</i>	2

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
FYCOMPA TAB 8MG	2
FYCOMPA TAB 10MG	2
FYCOMPA TAB 12MG	2
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>	
clobazam suspension 2.5 mg/ml	1
clobazam tab 10 mg	1
clobazam tab 20 mg	1
clonazepam orally disintegrating tab 0.5 mg	1
clonazepam orally disintegrating tab 0.25 mg	1
clonazepam orally disintegrating tab 0.125 mg	1
clonazepam orally disintegrating tab 1 mg	1
clonazepam orally disintegrating tab 2 mg	1
clonazepam tab 0.5 mg	1
clonazepam tab 1 mg	1
clonazepam tab 2 mg	1
DIASTAT ACDL GEL 5-10MG	3
DIASTAT ACDL GEL 12.5-20	3
DIASTAT PED GEL 2.5M GEL	3
DIAZEPAM GEL 2.5MG	3
DIAZEPAM GEL 10MG	3
DIAZEPAM GEL 20MG	3
NAYZILAM SPR 5MG	2
VALTOCO SPR 5MG	2
VALTOCO SPR 10MG	2
VALTOCO SPR 15MG	2
VALTOCO SPR 20MG	2
<b>ANTICONVULSANTS - MISC.</b>	
APTIOM TAB 200MG	2
APTIOM TAB 400MG	2
APTIOM TAB 600MG	2
APTIOM TAB 800MG	2
carbamazepine cap er 12hr 100 mg	1
carbamazepine cap er 12hr 200 mg	1
carbamazepine cap er 12hr 300 mg	1
carbamazepine chew tab 100 mg	1
carbamazepine susp 100 mg/5ml	1
carbamazepine tab 200 mg	1
carbamazepine tab er 12hr 100 mg	1
carbamazepine tab er 12hr 200 mg	1
carbamazepine tab er 12hr 400 mg	1
CARBATROL CAP 100MG	3
CARBATROL CAP 200MG	3
CARBATROL CAP 300MG	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epitol tab 200mg</i>	1	
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	1
<i>levetiracetam oral soln 100 mg/ml</i>	1
<i>levetiracetam tab 250 mg</i>	1
<i>levetiracetam tab 500 mg</i>	1
<i>levetiracetam tab 750 mg</i>	1
<i>levetiracetam tab 1000 mg</i>	1
<i>levetiracetam tab er 24hr 500 mg</i>	1
<i>levetiracetam tab er 24hr 750 mg</i>	1
<i>MYSOLINE TAB 50MG</i>	3
<i>MYSOLINE TAB 250MG</i>	3
<i>NEURONTIN CAP 100MG</i>	3
<i>NEURONTIN CAP 300MG</i>	3
<i>NEURONTIN CAP 400MG</i>	3
<i>NEURONTIN SOL 250/5ML</i>	3
<i>NEURONTIN TAB 600MG</i>	3
<i>NEURONTIN TAB 800MG</i>	3
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1
<i>oxcarbazepine tab 150 mg</i>	1
<i>oxcarbazepine tab 300 mg</i>	1
<i>oxcarbazepine tab 600 mg</i>	1
<i>OXTELLAR XR TAB 150MG</i>	2
<i>OXTELLAR XR TAB 300MG</i>	2
<i>OXTELLAR XR TAB 600MG</i>	2
<i>pregabalin cap 25 mg</i>	1
<i>pregabalin cap 50 mg</i>	1
<i>pregabalin cap 75 mg</i>	1
<i>pregabalin cap 100 mg</i>	1
<i>pregabalin cap 150 mg</i>	1
<i>pregabalin cap 200 mg</i>	1
<i>pregabalin cap 225 mg</i>	1
<i>pregabalin cap 300 mg</i>	1
<i>pregabalin soln 20 mg/ml</i>	1
<i>primidone tab 50 mg</i>	1
<i>primidone tab 250 mg</i>	1
<i>roweepra tab 500mg</i>	1
<i>rufinamide susp 40 mg/ml</i>	1
<i>rufinamide tab 200 mg</i>	1
<i>rufinamide tab 400 mg</i>	1
<i>subvenite kit start 35</i>	1
<i>subvenite kit start 49</i>	1
<i>subvenite kit start 98</i>	1
<i>subvenite tab 25mg</i>	1
<i>subvenite tab 100mg</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>subvenite tab 150mg</i>	1
<i>subvenite tab 200mg</i>	1
TOPAMAX SPR CAP 15MG	3
TOPAMAX SPR CAP 25MG	3
TOPAMAX TAB 25MG	3
TOPAMAX TAB 50MG	3
TOPAMAX TAB 100MG	3
TOPAMAX TAB 200MG	3
<i>topiramate cap er 24hr 25 mg</i>	1
<i>topiramate cap er 24hr 50 mg</i>	1
<i>topiramate cap er 24hr 100 mg</i>	1
<i>topiramate cap er 24hr 200 mg</i>	1
<i>topiramate sprinkle cap 15 mg</i>	1
<i>topiramate sprinkle cap 25 mg</i>	1
<i>topiramate tab 25 mg</i>	1
<i>topiramate tab 50 mg</i>	1
<i>topiramate tab 100 mg</i>	1
<i>topiramate tab 200 mg</i>	1
TROKENDI XR CAP 25MG	2
TROKENDI XR CAP 50MG	2
TROKENDI XR CAP 100MG	2
TROKENDI XR CAP 200MG	2
<i>zonisamide cap 25 mg</i>	1
<i>zonisamide cap 50 mg</i>	1
<i>zonisamide cap 100 mg</i>	1

### **CARBAMATES**

<i>felbamate susp 600 mg/5ml</i>	1
<i>felbamate tab 400 mg</i>	1
<i>felbamate tab 600 mg</i>	1
XCOPRI PAK 12.5-25	2
XCOPRI PAK 50-100MG	2
XCOPRI PAK 100-150	2
XCOPRI PAK 150-200	2
XCOPRI TAB 50MG	2
XCOPRI TAB 100MG	2
XCOPRI TAB 150MG	2
XCOPRI TAB 200MG	2

### **GABA MODULATORS**

<i>tiagabine hcl tab 2 mg</i>	1
<i>tiagabine hcl tab 4 mg</i>	1
<i>tiagabine hcl tab 12 mg</i>	1
<i>tiagabine hcl tab 16 mg</i>	1
<i>vigabatrin powd pack 500 mg</i>	1
<i>vigabatrin tab 500 mg</i>	1
<i>vigadrone pow 500mg</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<b>HYDANTOINS</b>	
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	1
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	1
<i>phenytoin chew tab 50 mg</i>	1
<i>PHENYTOIN INJ 50MG/ML</i>	3
<i>phenytoin sodium extended cap 100 mg</i>	1
<i>phenytoin sodium extended cap 200 mg</i>	1
<i>phenytoin sodium extended cap 300 mg</i>	1
<i>phenytoin susp 125 mg/5ml</i>	1
<b>SUCCINIMIDES</b>	
<i>ethosuximide cap 250 mg</i>	1
<i>ethosuximide soln 250 mg/5ml</i>	1
<i>methsuximide cap 300 mg</i>	1
<i>ZARONTIN CAP 250MG</i>	3
<i>ZARONTIN SOL 250/5ML</i>	3
<b>VALPROIC ACID</b>	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1
<i>divalproex sodium tab delayed release 125 mg</i>	1
<i>divalproex sodium tab delayed release 250 mg</i>	1
<i>divalproex sodium tab delayed release 500 mg</i>	1
<i>divalproex sodium tab er 24 hr 250 mg</i>	1
<i>divalproex sodium tab er 24 hr 500 mg</i>	1
<i>valproate sodium inj 100 mg/ml</i>	1
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1
<i>valproic acid cap 250 mg</i>	1
<b>ANTIDEPRESSANTS</b>	
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1
<i>mirtazapine orally disintegrating tab 30 mg</i>	1
<i>mirtazapine orally disintegrating tab 45 mg</i>	1
<i>mirtazapine tab 7.5 mg</i>	1
<i>mirtazapine tab 15 mg</i>	1
<i>mirtazapine tab 30 mg</i>	1
<i>mirtazapine tab 45 mg</i>	1
<i>REMERON SLTB TAB 15MG</i>	3
<i>REMERON SLTB TAB 30MG</i>	3
<i>REMERON SLTB TAB 45MG</i>	3
<i>REMERON TAB 15MG</i>	3
<i>REMERON TAB 30MG</i>	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<b>ANTIDEPRESSANTS - MISC.</b>	
bupropion hcl tab 75 mg	1
bupropion hcl tab 100 mg	1
bupropion hcl tab er 12hr 100 mg	1
bupropion hcl tab er 12hr 150 mg	1
bupropion hcl tab er 12hr 200 mg	1
bupropion hcl tab er 24hr 150 mg	1
bupropion hcl tab er 24hr 300 mg	1
WELLBUTRIN TAB 100MG SR	3
WELLBUTRIN TAB 150MG SR	3
WELLBUTRIN TAB 200MG SR	3
WELLBUTRIN TAB XL 150MG	3
WELLBUTRIN TAB XL 300MG	3
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>	
NARDIL TAB 15MG	3
PARNATE TAB 10MG	3
PHENELZINE TAB 15MG	3
tranylcypromine sulfate tab 10 mg	1
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>	
CELEXA TAB 10MG	3
CELEXA TAB 20MG	3
CELEXA TAB 40MG	3
citalopram hydrobromide oral soln 10 mg/5ml	1
citalopram hydrobromide tab 10 mg (base equiv)	1
citalopram hydrobromide tab 20 mg (base equiv)	1
citalopram hydrobromide tab 40 mg (base equiv)	1
escitalopram oxalate soln 5 mg/5ml (base equiv)	1
escitalopram oxalate tab 5 mg (base equiv)	1
escitalopram oxalate tab 10 mg (base equiv)	1
escitalopram oxalate tab 20 mg (base equiv)	1
FLUOXETINE CAP 90MG DR	3
fluoxetine hcl cap 10 mg	1
fluoxetine hcl cap 20 mg	1
fluoxetine hcl cap 40 mg	1
fluoxetine hcl solution 20 mg/5ml	1
fluoxetine hcl tab 10 mg	1
fluoxetine hcl tab 20 mg	1
fluvoxamine maleate cap er 24hr 100 mg	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	

#### **SEROTONIN MODULATORS**

<i>NEFAZODONE TAB 50MG</i>	3
<i>NEFAZODONE TAB 100MG</i>	3
<i>NEFAZODONE TAB 150MG</i>	3
<i>NEFAZODONE TAB 200MG</i>	3
<i>NEFAZODONE TAB 250MG</i>	3
<i>trazodone hcl tab 50 mg</i>	1
<i>trazodone hcl tab 100 mg</i>	1
<i>trazodone hcl tab 150 mg</i>	1
<i>trazodone hcl tab 300 mg</i>	1
<i>TRINTELLIX TAB 5MG</i>	2
<i>TRINTELLIX TAB 10MG</i>	2
<i>TRINTELLIX TAB 20MG</i>	2
<i>vilazodone hcl tab 10 mg</i>	1
<i>vilazodone hcl tab 20 mg</i>	1
<i>vilazodone hcl tab 40 mg</i>	1

#### **SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**

<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	

#### **TRICYCLIC AGENTS**

amitriptyline hcl tab 10 mg	1
amitriptyline hcl tab 25 mg	1
amitriptyline hcl tab 50 mg	1
amitriptyline hcl tab 75 mg	1
amitriptyline hcl tab 100 mg	1
amitriptyline hcl tab 150 mg	1
AMOXAPINE TAB 25MG	3
AMOXAPINE TAB 50MG	3
AMOXAPINE TAB 100MG	3
AMOXAPINE TAB 150MG	3
ANAFRANIL CAP 25MG	3
ANAFRANIL CAP 50MG	3
ANAFRANIL CAP 75MG	3
clomipramine hcl cap 25 mg	1
clomipramine hcl cap 50 mg	1
clomipramine hcl cap 75 mg	1
desipramine hcl tab 10 mg	1
desipramine hcl tab 25 mg	1
desipramine hcl tab 50 mg	1
desipramine hcl tab 75 mg	1
desipramine hcl tab 100 mg	1
desipramine hcl tab 150 mg	1
doxepin hcl cap 10 mg	1
doxepin hcl cap 25 mg	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>doxepin hcl cap 50 mg</i>	1
<i>doxepin hcl cap 75 mg</i>	1
<i>doxepin hcl cap 100 mg</i>	1
<i>doxepin hcl cap 150 mg</i>	1
<i>doxepin hcl conc 10 mg/ml</i>	1
<i>imipramine hcl tab 10 mg</i>	1
<i>imipramine hcl tab 25 mg</i>	1
<i>imipramine hcl tab 50 mg</i>	1
<i>imipramine pamoate cap 75 mg</i>	1
<i>imipramine pamoate cap 100 mg</i>	1
<i>imipramine pamoate cap 125 mg</i>	1
<i>imipramine pamoate cap 150 mg</i>	1
NORPRAMIN TAB 10MG	3
NORPRAMIN TAB 25MG	3
NORTRIPTYLIN SOL 10MG/5ML	3
<i>nortriptyline hcl cap 10 mg</i>	1
<i>nortriptyline hcl cap 25 mg</i>	1
<i>nortriptyline hcl cap 50 mg</i>	1
<i>nortriptyline hcl cap 75 mg</i>	1
PAMELOR CAP 10MG	3
PAMELOR CAP 25MG	3
PAMELOR CAP 50MG	3
PAMELOR CAP 75MG	3
<i>protriptyline hcl tab 5 mg</i>	1
<i>protriptyline hcl tab 10 mg</i>	1
<i>trimipramine maleate cap 25 mg</i>	1
<i>trimipramine maleate cap 50 mg</i>	1
<i>trimipramine maleate cap 100 mg</i>	1

## **ANTIDIABETICS**

### **ALPHA-GLUCOSIDASE INHIBITORS**

<i>acarbose tab 25 mg</i>	1
<i>acarbose tab 50 mg</i>	1
<i>acarbose tab 100 mg</i>	1
<i>miglitol tab 25 mg</i>	1
<i>miglitol tab 50 mg</i>	1
<i>miglitol tab 100 mg</i>	1

### **ANTIDIABETIC - AMYLIN ANALOGS**

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

### **ANTIDIABETIC COMBINATIONS**

ACTOPLUS MET TAB 15-850MG	3
DUETACT TAB 30-2MG	3
DUETACT TAB 30-4MG	3
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>glipizide-metformin hcl tab 5-500 mg</i>	1
<i>glyburide-metformin tab 1.25-250 mg</i>	1
<i>glyburide-metformin tab 2.5-500 mg</i>	1
<i>glyburide-metformin tab 5-500 mg</i>	1
GLYXAMBI TAB 10-5 MG	2
GLYXAMBI TAB 25-5 MG	2
JANUMET TAB 50-500MG	2
JANUMET TAB 50-1000	2
JANUMET XR TAB 50-500MG	2
JANUMET XR TAB 50-1000	2
JANUMET XR TAB 100-1000	2
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1
SOLIQUA INJ 100/33	2
SYNJARDY TAB	2
SYNJARDY TAB 5-500MG	2
SYNJARDY TAB 5-1000MG	2
SYNJARDY TAB 12.5-500	2
SYNJARDY XR TAB	2
SYNJARDY XR TAB 5-1000MG	2
SYNJARDY XR TAB 10-1000	2
SYNJARDY XR TAB 25-1000	2
TRIJARDY XR TAB	2
XIGDUO XR TAB 2.5-1000	2
XIGDUO XR TAB 5-500MG	2
XIGDUO XR TAB 5-1000MG	2
XIGDUO XR TAB 10-500MG	2
XIGDUO XR TAB 10-1000	2
XULTOPHY INJ 100/3.6	2

### ***BIGUANIDES***

<i>metformin hcl oral soln 500 mg/5ml</i>	1
<i>metformin hcl tab 500 mg</i>	1
<i>metformin hcl tab 850 mg</i>	1
<i>metformin hcl tab 1000 mg</i>	1
<i>metformin hcl tab er 24hr 500 mg</i>	1
<i>metformin hcl tab er 24hr 750 mg</i>	1

### ***DIABETIC OTHER***

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

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
GVOKE HYPO 1 INJ .5/.1ML	2
GVOKE HYPO 2 INJ 1MG/.2ML	2
GVOKE HYPO 2 INJ .5/.1ML	2
GVOKE KIT SOL 1MG/0.2M	2
GVOKE PFS INJ	2
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>	
JANUVIA TAB 25MG	2
JANUVIA TAB 50MG	2
JANUVIA TAB 100MG	2
<b>INCRETIN MIMETIC AGENTS</b>	
OZEMPIC INJ 2MG/3ML	2
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>	
OZEMPIC INJ 4MG/3ML	2
OZEMPIC INJ 8MG/3ML	2
RYBELSUS TAB 3MG	2
RYBELSUS TAB 7MG	2
RYBELSUS TAB 14MG	2
TRULICITY INJ 0.75/0.5	2
TRULICITY INJ 1.5/0.5	2
TRULICITY INJ 3/0.5	2
TRULICITY INJ 4.5/0.5	2
VICTOZA INJ 18MG/3ML	2
<b>INSULIN</b>	
BASAGLAR INJ 100UNIT	2
FIASP FLEX INJ TOUCH	2
FIASP INJ 100/ML	2
FIASP PENFIL INJ U-100	2
HUMULIN R INJ U-500	2
LEVEMIR INJ	2
LEVEMIR INJ FLEXPEN	2
NOVOLIN INJ 70/30	2
NOVOLIN N INJ U-100	2
NOVOLIN R INJ U-100	2
NOVOLOG INJ 100/ML	2
NOVOLOG INJ FLEXPEN	2
NOVOLOG INJ PENFILL	2
NOVOLOG MIX INJ 70/30	2
NOVOLOG MIX INJ FLEXPEN	2
TOUJEO MAX INJ 300IU/ML	2
TOUJEO SOLO INJ 300IU/ML	2
TRESIBA FLEX INJ 100UNIT	2
TRESIBA FLEX INJ 200UNIT	2
TRESIBA INJ 100UNIT	2
<b>INSULIN SENSITIZING AGENTS</b>	
pioglitazone hcl tab 15 mg (base equiv)	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
<i>FARXIGA TAB 5MG</i>	2	
<i>FARXIGA TAB 10MG</i>	2	
<i>JARDIANCE TAB 10MG</i>	2	
<i>JARDIANCE TAB 25MG</i>	2	
<b>SULFONYLUREAS</b>		
<i>AMARYL TAB 1MG</i>	3	
<i>AMARYL TAB 2MG</i>	3	
<i>AMARYL TAB 4MG</i>	3	
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
<i>glipizide xl tab 2.5mg</i>	1	
<i>glipizide xl tab 5mg</i>	1	
<i>glipizide xl tab 10mg</i>	1	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERTISTALTIC AGENTS</b>		
<i>DIPHEN/ATROP LIQ 2.5/5</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>LOMOTIL TAB 2.5MG</i>	3	
<i>loperamide hcl cap 2 mg</i>	1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
<i>deferasirox granules packet 90 mg</i>	1	
<i>deferasirox granules packet 180 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
deferasirox granules packet 360 mg	1	
deferasirox tab 90 mg	1	
deferasirox tab 180 mg	1	
deferasirox tab 360 mg	1	
deferasirox tab for oral susp 125 mg	1	
deferasirox tab for oral susp 250 mg	1	
deferasirox tab for oral susp 500 mg	1	
deferiprone tab 500 mg	1	
deferiprone tab 1000 mg	1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
acetylcysteine inj 200 mg/ml	1	
deferoxamine mesylate for inj 2 gm	1	
deferoxamine mesylate for inj 500 mg	1	
fomepizole inj 1 gm/ml (for iv infusion)	1	
SOD THIOSULF INJ 25%	3	
VISTOGARD PAK 10GM	2	
<b>BENZODIAZEPINE ANTAGONISTS</b>		
flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml)	1	
flumazenil iv soln 1 mg/10ml (0.1 mg/ml)	1	
<b>OPIOID ANTAGONISTS</b>		
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
NALOXONE INJ 0.4MG/ML	3	
naltrexone hcl tab 50 mg	1	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
granisetron hcl inj 1 mg/ml	1	
granisetron hcl inj 4 mg/4ml (1 mg/ml)	1	
granisetron hcl tab 1 mg	1	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	1	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	1	
ondansetron hcl oral soln 4 mg/5ml	1	
ondansetron hcl tab 4 mg	1	
ondansetron hcl tab 8 mg	1	
ONDANSETRON INJ 4MG/2ML	3	
ondansetron orally disintegrating tab 4 mg	1	
ondansetron orally disintegrating tab 8 mg	1	
ONDANSETRON TAB 24MG	3	
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)	1	
PALONOSETRON INJ 0.25/5ML	3	PA
SANCUSO DIS 3.1MG	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
meclizine hcl tab 12.5 mg	1	
meclizine hcl tab 25 mg	1	
scopolamine td patch 72hr 1 mg/3days	1	
trimethobenzamide hcl cap 300 mg	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	
dronabinol cap 5 mg	1	
dronabinol cap 10 mg	1	
MARINOL CAP 2.5MG	3	
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
aprepitant capsule 40 mg	1	
aprepitant capsule 80 mg	1	
aprepitant capsule 125 mg	1	
aprepitant capsule therapy pack 80 & 125 mg	1	
FOSAPREPITAN SOL 150MG	3	
fosaprepitant dimeglumine for iv infusion 150 mg (base eq)	1	
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)</b>		
caspofungin acetate for iv soln 50 mg	1	
caspofungin acetate for iv soln 70 mg	1	
micafungin sodium for iv soln 50 mg	1	
micafungin sodium for iv soln 100 mg	1	
<b>ANTIFUNGALS</b>		
amphotericin b liposome iv for susp 50 mg	1	
AMPHOTERICIN INJ 50MG	3	
flucytosine cap 250 mg	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
fluconazole for susp 10 mg/ml	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	
<i>VFEND SUS 40MG/ML</i>	3	
<i>VFEND TAB 50MG</i>	3	
<i>VFEND TAB 200MG</i>	3	
<i>voriconazole for inj 200 mg</i>	1	
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	

## **ANTIHISTAMINES**

### ***ANTIHISTAMINES - ETHANOLAMINES***

<i>CARBINOXAMIN SOL 4MG/5ML</i>	3	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>CLEMASTINE TAB 2.68MG</i>	3	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	

### ***ANTIHISTAMINES - NON-SEDATING***

<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>DESLORATADIN TAB 2.5 ODT</i>	3	
<i>DESLORATADIN TAB 5MG ODT</i>	3	
<i>desloratadine tab 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	

### ***ANTIHISTAMINES - PHENOTHIAZINES***

<i>promethazine hcl inj 25 mg/ml</i>	1	
<i>promethazine hcl inj 50 mg/ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
<i>promethegan sup 12.5mg</i>	1	
<i>promethegan sup 25mg</i>	1	
<i>PROMETHEGAN SUP 50MG</i>	3	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<b>ANTIHISTAMINES - PIPERIDINES</b>	
cyproheptadine hcl syrup 2 mg/5ml	1
cyproheptadine hcl tab 4 mg	1
<b>ANTIHYPERTENSIVES</b>	
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>	
NEXLETOL TAB 180MG	2
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>	
ezetimibe-simvastatin tab 10-10 mg	1
ezetimibe-simvastatin tab 10-20 mg	1
ezetimibe-simvastatin tab 10-40 mg	1
ezetimibe-simvastatin tab 10-80 mg	1
NEXLIZET TAB 180/10MG	2
VYTORIN TAB 10-10MG	3
VYTORIN TAB 10-20MG	3
VYTORIN TAB 10-40MG	3
VYTORIN TAB 10-80MG	3
<b>ANTIHYPERLIPIDEMICS - MISC.</b>	
omega-3-acid ethyl esters cap 1 gm	1
VASCEPA CAP 0.5GM	1
VASCEPA CAP 1GM	1
<b>BILE ACID SEQUESTRANTS</b>	
cholestyramine light powder 4 gm/dose	1
cholestyramine light powder packets 4 gm	1
cholestyramine powder 4 gm/dose	1
cholestyramine powder packets 4 gm	1
colesevelam hcl packet for susp 3.75 gm	1
colesevelam hcl tab 625 mg	1
COLESTID FLA GRA 5/7.5GM	3
COLESTID FLA GRA 5GM	3
COLESTID GRA 5GM	3
COLESTID POW 5GM	3
COLESTID TAB 1GM	3
colestipol hcl granule packets 5 gm	1
colestipol hcl granules 5 gm	1
colestipol hcl tab 1 gm	1
prevalite pow 4gm	1
prevalite pow 4gm pk	1
QUESTRAN POW 4GM	3
QUESTRAN POW 4GM LITE	3
<b>FIBRIC ACID DERIVATIVES</b>	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1
FENOFIBRATE CAP 150MG	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>fenofibrate micronized cap 43 mg</i>	1
<i>fenofibrate micronized cap 67 mg</i>	1
<i>fenofibrate micronized cap 134 mg</i>	1
<i>fenofibrate micronized cap 200 mg</i>	1
<i>fenofibrate tab 48 mg</i>	1
<i>fenofibrate tab 54 mg</i>	1
<i>fenofibrate tab 145 mg</i>	1
<i>fenofibrate tab 160 mg</i>	1
FENOFIBRIC TAB 35MG	3
FENOFIBRIC TAB 105MG	3
<i>gemfibrozil tab 600 mg</i>	1
LOPID TAB 600MG	3
TRILIPIX CAP 45MG	3
TRILIPIX CAP 135MG	3
<b>HMG COA REDUCTASE INHIBITORS</b>	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1
<i>lovastatin tab 10 mg</i>	1
<i>lovastatin tab 20 mg</i>	1
<i>lovastatin tab 40 mg</i>	1
<i>pravastatin sodium tab 10 mg</i>	1
<i>pravastatin sodium tab 20 mg</i>	1
<i>pravastatin sodium tab 40 mg</i>	1
<i>pravastatin sodium tab 80 mg</i>	1
<i>rosuvastatin calcium tab 5 mg</i>	1
<i>rosuvastatin calcium tab 10 mg</i>	1
<i>rosuvastatin calcium tab 20 mg</i>	1
<i>rosuvastatin calcium tab 40 mg</i>	1
<i>simvastatin tab 5 mg</i>	1
<i>simvastatin tab 10 mg</i>	1
<i>simvastatin tab 20 mg</i>	1
<i>simvastatin tab 40 mg</i>	1
<i>simvastatin tab 80 mg</i>	1
ZOCOR TAB 10MG	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
ezetimibe tab 10 mg	1	
<b>NICOTINIC ACID DERIVATIVES</b>		
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
REPATHA INJ 140MG/ML	2	
REPATHA PUSH INJ 420/3.5	2	
REPATHA SURE INJ 140MG/ML	2	
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate oral soln 1 mg/ml	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
enalaprilat iv inj 1.25 mg/ml	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
LOTENSIN TAB 10MG	3
LOTENSIN TAB 20MG	3
LOTENSIN TAB 40MG	3
<i>moexipril hcl tab 7.5 mg</i>	1
<i>moexipril hcl tab 15 mg</i>	1
<i>perindopril erbumine tab 2 mg</i>	1
<i>perindopril erbumine tab 4 mg</i>	1
PERINDOPRIL TAB 8MG	3
<i>quinapril hcl tab 5 mg</i>	1
<i>quinapril hcl tab 10 mg</i>	1
<i>quinapril hcl tab 20 mg</i>	1
<i>quinapril hcl tab 40 mg</i>	1
<i>ramipril cap 1.25 mg</i>	1
<i>ramipril cap 2.5 mg</i>	1
<i>ramipril cap 5 mg</i>	1
<i>ramipril cap 10 mg</i>	1
<i>trandolapril tab 1 mg</i>	1
<i>trandolapril tab 2 mg</i>	1
<i>trandolapril tab 4 mg</i>	1
ZESTRIL TAB 2.5MG	3
ZESTRIL TAB 5MG	3
ZESTRIL TAB 10MG	3
ZESTRIL TAB 20MG	3
ZESTRIL TAB 30MG	3
ZESTRIL TAB 40MG	3

#### **AGENTS FOR PHEOCHROMOCYTOMA**

<i>metyrosine cap 250 mg</i>	1
<i>phenoxybenzamine hcl cap 10 mg</i>	1
<i>phentolamine mesylate for inj 5 mg</i>	1

#### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

<i>candesartan cilexetil tab 4 mg</i>	1
<i>candesartan cilexetil tab 8 mg</i>	1
<i>candesartan cilexetil tab 16 mg</i>	1
<i>candesartan cilexetil tab 32 mg</i>	1
<i>irbesartan tab 75 mg</i>	1
<i>irbesartan tab 150 mg</i>	1
<i>irbesartan tab 300 mg</i>	1
<i>losartan potassium tab 25 mg</i>	1
<i>losartan potassium tab 50 mg</i>	1
<i>losartan potassium tab 100 mg</i>	1
<i>olmesartan medoxomil tab 5 mg</i>	1
<i>olmesartan medoxomil tab 20 mg</i>	1
<i>olmesartan medoxomil tab 40 mg</i>	1
<i>telmisartan tab 20 mg</i>	1
<i>telmisartan tab 40 mg</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
CLONIDINE ER TAB 0.17MG	3	PA
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
CAPTOPR/HCTZ TAB 25-15MG	3	
CAPTOPR/HCTZ TAB 25-25MG	3	PA
CAPTOPR/HCTZ TAB 50-15MG	3	PA
CAPTOPR/HCTZ TAB 50-25MG	3	PA
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1
<i>QNAPRIL/HCTZ TAB 20-12.5</i>	3
<i>QNAPRIL/HCTZ TAB 20-25MG</i>	3
<i>TEKTURNA HCT TAB 300-12.5</i>	2
<i>TEKTURNA HCT TAB 300-25MG</i>	2
<i>TELMIS/AMLOD TAB 40-5MG</i>	3
<i>TELMIS/AMLOD TAB 40-10MG</i>	3
<i>TELMIS/AMLOD TAB 80-5MG</i>	3
<i>TELMIS/AMLOD TAB 80-10MG</i>	3
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1
<i>TRANDO/VERAP TAB 1-240 ER</i>	3
<i>TRANDO/VERAP TAB 2-180 ER</i>	3
<i>TRANDO/VERAP TAB 2-240 ER</i>	3
<i>TRANDO/VERAP TAB 4-240 ER</i>	3
<i>TRIBENZOR20- TAB 5-12.5MG</i>	3
<i>TRIBENZOR40- TAB 5-12.5MG</i>	3
<i>TRIBENZOR40- TAB 5-25MG</i>	3
<i>TRIBENZOR40- TAB 10-12.5</i>	3
<i>TRIBENZOR40- TAB 10-25MG</i>	3
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1
<i>VASERETIC TAB 10-25MG</i>	3
<i>ZIAC TAB 2.5/6.25</i>	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	
<b>DIRECT RENIN INHIBITORS</b>		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
INSPRA TAB 25MG	3	
INSPRA TAB 50MG	3	
<b>VASODILATORS</b>		
hydralazine hcl inj 20 mg/ml	1	
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
nitroprusside sodium iv soln 25 mg/ml	1	
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<b>ANTIMALARIALS</b>		
chloroquine phosphate tab 250 mg	1	Up to 10 day supply; Limit of one fill per 60 days
chloroquine phosphate tab 500 mg	1	Up to 10 day supply; Limit of one fill per 60 days
hydroxychloroquine sulfate tab 200 mg	1	Up to 10 day supply; Limit of one fill per 60 days
mefloquine hcl tab 250 mg	1	
PLAQUENIL TAB 200MG	3	Up to 10 day supply; Limit of one fill per 60 days
primaquine phosphate tab 26.3 mg (15 mg base)	1	
pyrimethamine tab 25 mg	1	
quinine sulfate cap 324 mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<i>neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)</i>	1	
<i>neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)</i>	1	
<i>neostigmine methylsulfate soln pref syr 3 mg/3ml (1 mg/ml)</i>	1	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	

## **ANTIMYCOPATHOGENIC AGENTS**

### **ANTIMYCOPATHOGENIC AGENTS**

<i>cycloserine cap 250 mg</i>	1
<i>ethambutol hcl tab 100 mg</i>	1
<i>ethambutol hcl tab 400 mg</i>	1
<i>ISONIAZID INJ 100MG/ML</i>	3
<i>isoniazid syrup 50 mg/5ml</i>	1
<i>ISONIAZID TAB 100MG</i>	3
<i>isoniazid tab 300 mg</i>	1
<i>MYAMBUTOL TAB 400MG</i>	3
<i>pyrazinamide tab 500 mg</i>	1
<i>rifabutin cap 150 mg</i>	1
<i>rifampin cap 150 mg</i>	1
<i>rifampin cap 300 mg</i>	1
<i>rifampin for inj 600 mg</i>	1

## **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

### **ALKYLATING AGENTS**

<i>ALKERAN TAB 2MG</i>	3
<i>bendamustine hcl for iv soln 25 mg</i>	1
<i>bendamustine hcl for iv soln 100 mg</i>	1
<i>busulfan inj 6 mg/ml</i>	1
<i>carboplatin iv soln 50 mg/5ml</i>	1
<i>carboplatin iv soln 150 mg/15ml</i>	1
<i>carboplatin iv soln 450 mg/45ml</i>	1
<i>carboplatin iv soln 600 mg/60ml</i>	1
<i>carmustine for inj 100 mg</i>	1
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1
<i>CISPLATIN INJ 200MG</i>	3
<i>CYCLOPHOSPH CAP 25MG</i>	3
<i>CYCLOPHOSPH CAP 50MG</i>	3
<i>CYCLOPHOSPH INJ 1GM/5ML</i>	3
<i>CYCLOPHOSPHA INJ 2GM/10ML</i>	3
<i>CYCLOPHOSPHA INJ 500/2.5M</i>	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
cyclophosphamide cap 25 mg	1
cyclophosphamide cap 50 mg	1
cyclophosphamide for inj 1 gm	1
cyclophosphamide for inj 2 gm	1
cyclophosphamide for inj 500 mg	1
ifosfamide for inj 1 gm	1
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	1
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	1
LEUKERAN TAB 2MG	3
melphalan hcl for inj 50 mg (base equiv)	1
melphalan tab 2 mg	1
MYLERAN TAB 2MG	3
oxaliplatin for iv inj 50 mg	1
oxaliplatin for iv inj 100 mg	1
OXALIPLATIN INJ 200MG	3
oxaliplatin iv soln 50 mg/10ml	1
oxaliplatin iv soln 100 mg/20ml	1
paraplatin inj 450/45ml	1
paraplatin inj 600/60ml	1
PARAPLATIN INJ 1000MG	3
temozolomide cap 5 mg	1
temozolomide cap 20 mg	1
temozolomide cap 100 mg	1
temozolomide cap 140 mg	1
temozolomide cap 180 mg	1
temozolomide cap 250 mg	1
thiotepa for inj 15 mg	1
thiotepa for inj 100 mg	1

#### **ANTIMETABOLITES**

azacitidine for inj 100 mg	1
capecitabine tab 150 mg	1
capecitabine tab 500 mg	1
cladribine iv soln 10 mg/10ml (1 mg/ml)	1
clofarabine iv soln 1 mg/ml	1
CYTARABINE INJ 20MG/ML	3
cytarabine inj pf 100 mg/ml	1
decitabine for inj 50 mg	1
fludarabine phosphate for inj 50 mg	1
fludarabine phosphate inj 25 mg/ml	1
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	1
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	1
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	1
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	1
gemcitabine hcl for inj 1 gm	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>gemcitabine hcl for inj 2 gm</i>	1
<i>gemcitabine hcl for inj 200 mg</i>	1
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	1
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	1
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	1
<i>mercaptopurine tab 50 mg</i>	1
<b>METHOTREXATE INJ 25MG/ML</b>	<b>3</b>
<i>methotrexate sodium for inj 1 gm</i>	1
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1
<i>nelarabine iv soln 5 mg/ml</i>	1
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	1
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	1
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	1
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	1
<b>PRALATREXATE INJ 20MG/ML</b>	<b>3</b>
<b>PRALATREXATE INJ 40MG/2ML</b>	<b>3</b>
<b>TABLOID TAB 40MG</b>	<b>3</b>
<b>TREXALL TAB 5MG</b>	<b>3</b>
<b>TREXALL TAB 7.5MG</b>	<b>3</b>
<b>TREXALL TAB 10MG</b>	<b>3</b>
<b>TREXALL TAB 15MG</b>	<b>3</b>
<b>XELODA TAB 150MG</b>	<b>3</b>
<b>XELODA TAB 500MG</b>	<b>3</b>
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>	
<i>INLYTA TAB 1MG</i>	2
<i>INLYTA TAB 5MG</i>	2
<i>LENVIMA CAP 4MG</i>	2
<i>LENVIMA CAP 8 MG</i>	2
<i>LENVIMA CAP 10 MG</i>	2
<i>LENVIMA CAP 12MG</i>	2
<i>LENVIMA CAP 14 MG</i>	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LENVIMA CAP 18 MG	2	
LENVIMA CAP 20 MG	2	
LENVIMA CAP 24 MG	2	
ZIRABEV INJ 100/4ML	2	
ZIRABEV INJ 400/16ML	2	
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
KANJINTI INJ 420MG	2	
KANJINTI SOL 150MG	2	
TRAZIMERA INJ 150MG	2	
TRAZIMERA INJ 420MG	2	
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
PERJETA INJ 420/14ML	2	
RUXIENCE INJ 100/10ML	2	
RUXIENCE INJ 500/50ML	2	
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
gefitinib tab 250 mg	1	
TAGRISSO TAB 40MG	2	
TAGRISSO TAB 80MG	2	
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE CAP 150MG	2	
ODOMZO CAP 200MG	2	
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
abiraterone acetate tab 250 mg	1	
abiraterone acetate tab 500 mg	1	
anastrozole tab 1 mg	1	
ARIMIDEX TAB 1MG	3	
AROMASIN TAB 25MG	3	
bicalutamide tab 50 mg	1	
CASODEX TAB 50MG	3	
ELIGARD INJ 7.5MG	2	
ELIGARD INJ 22.5MG	2	
ELIGARD INJ 30MG	2	
ELIGARD INJ 45MG	2	
EMCYT CAP 140MG	3	
ERLEADA TAB 60MG	2	
ERLEADA TAB 240MG	2	
exemestane tab 25 mg	1	
FEMARA TAB 2.5MG	3	
FULVESTRANT INJ 250/5ML	3	
fulvestrant inj soln pref syr 250 mg/5ml	1	
HYDROXY CAPR INJ 1.25/5ML	3	
letrozole tab 2.5 mg	1	
leuprolide acetate inj kit 5 mg/ml	1	
leuprolide acetate inj kit 5 mg/ml	1	
LYSODREN TAB 500MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
<i>nilutamide tab 150 mg</i>	1	
NUBEQA TAB 300MG	2	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1	
XTANDI CAP 40MG	2	
XTANDI TAB 40MG	2	
XTANDI TAB 80MG	2	
YONSA TAB 125MG	2	
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP 1MG	2	
POMALYST CAP 2MG	2	
POMALYST CAP 3MG	2	
POMALYST CAP 4MG	2	
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
<i>adriamycin inj 50mg</i>	1	
<i>bleomycin sulfate for inj 15 unit</i>	1	
<i>bleomycin sulfate for inj 30 unit</i>	1	
<i>dactinomycin for inj 0.5 mg</i>	1	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	1	
<i>doxorubicin hcl for inj 50 mg</i>	1	
<i>doxorubicin hcl inj 2 mg/ml</i>	1	
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	1	
DOXORUBICIN INJ 10MG	3	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	1	
<i>mitomycin for iv soln 5 mg</i>	1	
<i>mitomycin for iv soln 20 mg</i>	1	
<i>mitomycin for iv soln 40 mg</i>	1	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	1	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	1	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	1	
<i>mutamycin inj 5mg</i>	1	
<i>mutamycin inj 20mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>mutamycin inj 40mg</i>	1
<i>valrubicin soln for intravesical instillation 40 mg/ml</i>	1
<b>ANTINEOPLASTIC COMBINATIONS</b>	
KISQALI 200 PAK FEMARA	2
KISQALI 400 PAK FEMARA	2
KISQALI 600 PAK FEMARA	2
LONSURF TAB 15-6.14	2
LONSURF TAB 20-8.19	2
PHESGO SOL	2
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>	
ALECensa CAP 150MG	2
ALUNBRIG PAK	2
ALUNBRIG TAB 30MG	2
ALUNBRIG TAB 90MG	2
ALUNBRIG TAB 180MG	2
<i>bortezomib for inj 3.5 mg</i>	1
BOSULIF TAB 100MG	2
BOSULIF TAB 400MG	2
BOSULIF TAB 500MG	2
BRAFTOVI CAP 75MG	2
BRUKINSA CAP 80MG	2
CABOMETYX TAB 20MG	2
CABOMETYX TAB 40MG	2
CABOMETYX TAB 60MG	2
CALQUENCE TAB 100MG	2
COPIKTRA CAP 15MG	2
COPIKTRA CAP 25MG	2
COTELLIC TAB 20MG	2
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	1
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	1
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	1
<i>everolimus tab 2.5 mg</i>	1
<i>everolimus tab 5 mg</i>	1
<i>everolimus tab 7.5 mg</i>	1
<i>everolimus tab 10 mg</i>	1
<i>everolimus tab for oral susp 2 mg</i>	1
<i>everolimus tab for oral susp 3 mg</i>	1
<i>everolimus tab for oral susp 5 mg</i>	1
GAVRETO CAP 100MG	2
IBRANCE CAP 75MG	2
IBRANCE CAP 100MG	2
IBRANCE CAP 125MG	2
IBRANCE TAB 75MG	2
IBRANCE TAB 100MG	2
IBRANCE TAB 125MG	2

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	1
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	1
IMBRUVICA CAP 70MG	2
IMBRUVICA CAP 140MG	2
IMBRUVICA SUS 70MG/ML	2
IMBRUVICA TAB 140MG	2
IMBRUVICA TAB 280MG	2
IMBRUVICA TAB 420MG	2
IRESSA TAB 250MG	2
KISQALI TAB 200DOSE	2
KISQALI TAB 400DOSE	2
KISQALI TAB 600DOSE	2
KOSELUGO CAP 10MG	2
KOSELUGO CAP 25MG	2
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	1
LYNPARZA TAB 100MG	2
LYNPARZA TAB 150MG	2
MEKTOVI TAB 15MG	2
NEXAVAR TAB 200MG	2
NINLARO CAP 2.3MG	2
NINLARO CAP 3MG	2
NINLARO CAP 4MG	2
RETEVMO CAP 40MG	2
RETEVMO CAP 80MG	2
<i>romidepsin for iv inj 10 mg</i>	1
ROZLYTREK CAP 100MG	2
ROZLYTREK CAP 200MG	2
RYDAPT CAP 25MG	2
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	1
SPRYCEL TAB 20MG	2
SPRYCEL TAB 50MG	2
SPRYCEL TAB 70MG	2
SPRYCEL TAB 80MG	2
SPRYCEL TAB 100MG	2
SPRYCEL TAB 140MG	2
STIVARGA TAB 40MG	2
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	1
<i>sunitinib malate cap 25 mg (base equivalent)</i>	1
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
sunitinib malate cap 50 mg (base equivalent)	1
temsirolimus soln for iv infusion 25 mg/ml	1
VITRAKVI CAP 25MG	2
VITRAKVI CAP 100MG	2
VITRAKVI SOL 20MG/ML	2
XOSPATA TAB 40MG	2
ZEJULA CAP 100MG	2
ZELBORAF TAB 240MG	2
ZOLINZA CAP 100MG	3
ZYDELIG TAB 100MG	2
ZYDELIG TAB 150MG	2
ZYKADIA TAB 150MG	2
<b>ANTINEOPLASTICS MISC.</b>	
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)	1
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	1
bexarotene cap 75 mg	1
dacarbazine for inj 200 mg	1
DACARBAZINE INJ 100MG	3
HYDREA CAP 500MG	3
hydroxyurea cap 500 mg	1
MATULANE CAP 50MG	3
tretinoin cap 10 mg	1
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>	
dexrazoxane hcl for inj 250 mg (base equivalent)	1
dexrazoxane hcl for inj 500 mg (base equivalent)	1
leucovorin calcium for inj 50 mg	1
leucovorin calcium for inj 100 mg	1
leucovorin calcium for inj 200 mg	1
leucovorin calcium for inj 350 mg	1
leucovorin calcium for inj 500 mg	1
leucovorin calcium tab 5 mg	1
leucovorin calcium tab 10 mg	1
leucovorin calcium tab 15 mg	1
leucovorin calcium tab 25 mg	1
LEUCOVORIN INJ 100/10ML	3
LEUCOVORIN INJ 500/50ML	3
levoleucovorin calcium for iv inj 50 mg (base equiv)	1
levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)</i>	1
<i>mesna inj 100 mg/ml</i>	1
<b>MITOTIC INHIBITORS</b>	
<i>docetaxel for inj conc 20 mg/ml</i>	1
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	1
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	1
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	1
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	1
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	1
<i>ETOPOSIDE CAP 50MG</i>	3
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	1
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	1
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	1
<i>PACLITAXEL INJ 150/25ML</i>	3
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	1
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1
<i>toposar inj 1gm/50ml</i>	1
<i>toposar inj 100/5ml</i>	1
<i>toposar inj 500/25ml</i>	1
<i>VINBLASTINE INJ 1MG/ML</i>	3
<i>vincasar pfs inj 1mg/ml</i>	1
<i>vincristine sulfate iv soln 1 mg/ml</i>	1
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	1
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	1
<b>TOPOISOMERASE I INHIBITORS</b>	
<i>HYCAMTIN CAP 0.25MG</i>	3
<i>HYCAMTIN CAP 1MG</i>	3
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	1
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	1
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	1
<i>IRINOTECAN INJ 500MG/25</i>	3
<i>topotecan hcl for inj 4 mg (base equiv)</i>	1
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	1
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>	
<b>ANTIPARKINSON ADJUVANTS</b>	
<i>carbidopa tab 25 mg</i>	1
<b>ANTIPARKINSON ANTICHOLINERGICS</b>	
<i>benztropine mesylate inj 1 mg/ml</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
TRIHEXYYPHEN SOL 0.4MG/ML	3	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
COMTAN TAB 200MG	3	
<i>entacapone tab 200 mg</i>	1	
<i>tolcapone tab 100 mg</i>	1	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
CARB/LEVO TAB 10-100MG	3	PA
CARB/LEVO TAB 25-100MG	3	PA
CARB/LEVO TAB 25-250MG	3	PA
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
DHIVY TAB 25-100MG	3	
INBRIJA CAP 42MG	2	
KYNMOBI MIS 10MG	2	
KYNMOBI MIS 15MG	2	
KYNMOBI MIS 20MG	2	
KYNMOBI MIS 25MG	2	
KYNMOBI MIS 30MG	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
RYTARY CAP 195MG	2
RYTARY CAP 245MG	2
SINEMET TAB 10-100MG	3
SINEMET TAB 25-100MG	3

#### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1
<i>selegiline hcl cap 5 mg</i>	1
<i>selegiline hcl tab 5 mg</i>	1

#### **ANTIPSYCHOTICS/ANTIMANIC AGENTS**

##### **ANTIMANIC AGENTS**

LITHIUM CARB CAP 150MG	3
LITHIUM CARB CAP 300MG	3
LITHIUM CARB CAP 600MG	3
<i>lithium carbonate cap 150 mg</i>	1
<i>lithium carbonate cap 300 mg</i>	1
<i>lithium carbonate cap 600 mg</i>	1
<i>lithium carbonate tab 300 mg</i>	1
<i>lithium carbonate tab er 300 mg</i>	1
<i>lithium carbonate tab er 450 mg</i>	1
LITHOBID TAB 300MG CR	3

##### **ANTIPSYCHOTICS - MISC.**

<i>lurasidone hcl tab 20 mg</i>	1
<i>lurasidone hcl tab 40 mg</i>	1
<i>lurasidone hcl tab 60 mg</i>	1
<i>lurasidone hcl tab 80 mg</i>	1
<i>lurasidone hcl tab 120 mg</i>	1
VRAYLAR CAP 1.5-3MG	2
VRAYLAR CAP 1.5MG	2
VRAYLAR CAP 3MG	2
VRAYLAR CAP 4.5MG	2
VRAYLAR CAP 6MG	2
<i>ziprasidone hcl cap 20 mg</i>	1
<i>ziprasidone hcl cap 40 mg</i>	1
<i>ziprasidone hcl cap 60 mg</i>	1
<i>ziprasidone hcl cap 80 mg</i>	1
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1

##### **BENZISOXAZOLES**

<i>paliperidone tab er 24hr 1.5 mg</i>	1
<i>paliperidone tab er 24hr 3 mg</i>	1
<i>paliperidone tab er 24hr 6 mg</i>	1
<i>paliperidone tab er 24hr 9 mg</i>	1
PERSERIS INJ 90MG	2

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
PERSERIS INJ 120MG	2
RISPERDAL SOL 1MG/ML	3
RISPERDAL TAB 0.5MG	3
RISPERDAL TAB 1MG	3
RISPERDAL TAB 2MG	3
RISPERDAL TAB 3MG	3
RISPERDAL TAB 4MG	3
<i>risperidone orally disintegrating tab 0.5 mg</i>	1
<i>risperidone orally disintegrating tab 1 mg</i>	1
<i>risperidone orally disintegrating tab 2 mg</i>	1
<i>risperidone orally disintegrating tab 3 mg</i>	1
<i>risperidone orally disintegrating tab 4 mg</i>	1
<i>risperidone soln 1 mg/ml</i>	1
<i>risperidone tab 0.5 mg</i>	1
<i>risperidone tab 0.25 mg</i>	1
RISPERIDONE TAB 0.25 ODT	3
<i>risperidone tab 1 mg</i>	1
<i>risperidone tab 2 mg</i>	1
<i>risperidone tab 3 mg</i>	1
<i>risperidone tab 4 mg</i>	1

#### **BUTYROPHENONES**

<i>haloperidol decanoate im soln 50 mg/ml</i>	1
<i>haloperidol decanoate im soln 100 mg/ml</i>	1
<i>haloperidol lactate inj 5 mg/ml</i>	1
<i>haloperidol lactate oral conc 2 mg/ml</i>	1
<i>haloperidol tab 0.5 mg</i>	1
<i>haloperidol tab 1 mg</i>	1
<i>haloperidol tab 2 mg</i>	1
<i>haloperidol tab 5 mg</i>	1
<i>haloperidol tab 10 mg</i>	1
<i>haloperidol tab 20 mg</i>	1

#### **DIBENZAPINES**

<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1
<i>clozapine orally disintegrating tab 25 mg</i>	1
<i>clozapine orally disintegrating tab 100 mg</i>	1
CLOZAPINE TAB 12.5/ODT	3
<i>clozapine tab 25 mg</i>	1
<i>clozapine tab 50 mg</i>	1
<i>clozapine tab 100 mg</i>	1
CLOZAPINE TAB 150/ODT	3
<i>clozapine tab 200 mg</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLOZAPINE TAB 200/ODT	3	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 50MG	3	
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
QUETIAPINE TAB 150MG	3	PA
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
ZYPREXA ZYDI TAB 15MG	3
ZYPREXA ZYDI TAB 20MG	3
<b>DIHYDROINDOLONES</b>	
MOLINDONE TAB HCL 5MG	3
MOLINDONE TAB HCL 10MG	3
MOLINDONE TAB HCL 25MG	3
<b>PHENOTHIAZINES</b>	
<i>chlorpromazine hcl inj 25 mg/ml</i>	1
<i>chlorpromazine hcl inj 50 mg/2ml</i>	1
<i>chlorpromazine hcl tab 10 mg</i>	1
<i>chlorpromazine hcl tab 25 mg</i>	1
<i>chlorpromazine hcl tab 50 mg</i>	1
<i>chlorpromazine hcl tab 100 mg</i>	1
<i>chlorpromazine hcl tab 200 mg</i>	1
<i>compro sup 25mg</i>	1
FLUPHENAZINE CON 5MG/ML	3
<i>fluphenazine decanoate inj 25 mg/ml</i>	1
FLUPHENAZINE ELX 2.5/5ML	3
<i>fluphenazine hcl tab 1 mg</i>	1
<i>fluphenazine hcl tab 2.5 mg</i>	1
<i>fluphenazine hcl tab 5 mg</i>	1
<i>fluphenazine hcl tab 10 mg</i>	1
FLUPHENAZINE INJ 2.5MG/ML	3
<i>perphenazine tab 2 mg</i>	1
<i>perphenazine tab 4 mg</i>	1
<i>perphenazine tab 8 mg</i>	1
<i>perphenazine tab 16 mg</i>	1
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	1
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1
<i>prochlorperazine suppos 25 mg</i>	1
<i>thioridazine hcl tab 10 mg</i>	1
<i>thioridazine hcl tab 25 mg</i>	1
<i>thioridazine hcl tab 50 mg</i>	1
<i>thioridazine hcl tab 100 mg</i>	1
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<b><i>QUINOLINONE DERIVATIVES</i></b>	
ABILIFY MAIN INJ 300MG	2
ABILIFY MAIN INJ 400MG	2
<i>aripiprazole oral solution 1 mg/ml</i>	1
<i>aripiprazole orally disintegrating tab 10 mg</i>	1
<i>aripiprazole orally disintegrating tab 15 mg</i>	1
<i>aripiprazole tab 2 mg</i>	1
<i>aripiprazole tab 5 mg</i>	1
<i>aripiprazole tab 10 mg</i>	1
<i>aripiprazole tab 15 mg</i>	1
<i>aripiprazole tab 20 mg</i>	1
<i>aripiprazole tab 30 mg</i>	1
<b><i>THIOXANTHENES</i></b>	
<i>thiothixene cap 1 mg</i>	1
<i>thiothixene cap 2 mg</i>	1
<i>thiothixene cap 5 mg</i>	1
<i>thiothixene cap 10 mg</i>	1
<b><i>ANTISEPTICS &amp; DISINFECTANTS</i></b>	
<b><i>ANTISEPTICS &amp; DISINFECTANTS</i></b>	
HYDROGEN PER SOL 30%	3
<b><i>ANTIVIRALS</i></b>	
<b><i>ANTIRETROVIRALS</i></b>	
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1
BIKTARVY TAB	2
CIMDUO TAB 300-300	2
DESCOVY TAB 120-15MG	2
DESCOVY TAB 200/25MG	2
DOVATO TAB 50-300MG	2
EDURANT TAB 25MG	3
EFAVIRENZ CAP 50MG	3
EFAVIRENZ CAP 200MG	3
<i>efavirenz tab 600 mg</i>	1
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1
<i>emtricitabine caps 200 mg</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1
EMTRIVA CAP 200MG	3
EMTRIVA SOL 10MG/ML	3
EPZICOM TAB 600-300	3
<i>etravirine tab 100 mg</i>	1
<i>etravirine tab 200 mg</i>	1
EVOTAZ TAB 300-150	2
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1
FUZEON INJ 90MG	3
GENVOYA TAB	2
INTELENCE TAB 25MG	3
INTELENCE TAB 100MG	3
INTELENCE TAB 200MG	3
ISENTRESS CHW 25MG	2
ISENTRESS CHW 100MG	2
ISENTRESS HD TAB 600MG	2
ISENTRESS POW 100MG	2
ISENTRESS TAB 400MG	2
<i>lamivudine oral soln 10 mg/ml</i>	1
<i>lamivudine tab 150 mg</i>	1
<i>lamivudine tab 300 mg</i>	1
<i>lamivudine-zidovudine tab 150-300 mg</i>	1
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1
<i>lopinavir-ritonavir tab 100-25 mg</i>	1
<i>lopinavir-ritonavir tab 200-50 mg</i>	1
<i>maraviroc tab 150 mg</i>	1
<i>maraviroc tab 300 mg</i>	1
NEVIRAPINE SUS 50MG/5ML	3
NEVIRAPINE TAB 100MG	3
<i>nevirapine tab 200 mg</i>	1
<i>nevirapine tab er 24hr 400 mg</i>	1
NORVIR POW 100MG	2
NORVIR TAB 100MG	2
ODEFSEY TAB	2
PREZCOBIX TAB 800-150	2
PREZISTA SUS 100MG/ML	2
PREZISTA TAB 75MG	2

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
PREZISTA TAB 150MG	2
PREZISTA TAB 600MG	2
PREZISTA TAB 800MG	2
RETROVIR CAP 100MG	3
RETROVIR SYP 50MG/5ML	3
<i>ritonavir tab 100 mg</i>	1
STAVUDINE CAP 15MG	3
STAVUDINE CAP 20MG	3
STAVUDINE CAP 30MG	3
STAVUDINE CAP 40MG	3
STRIBILD TAB	2
SYMTUZA TAB	2
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1
TIVICAY PD TAB 5MG	2
TIVICAY TAB 10MG	2
TIVICAY TAB 25MG	2
TIVICAY TAB 50MG	2
TRIUMEQ PD TAB	2
TRIUMEQ TAB	2
VIREAD POW 40MG/GM	3
VIREAD TAB 150MG	3
VIREAD TAB 200MG	3
VIREAD TAB 250MG	3
VIREAD TAB 300MG	3
<i>zidovudine cap 100 mg</i>	1
<i>zidovudine syrup 10 mg/ml</i>	1
<i>zidovudine tab 300 mg</i>	1

#### **CMV AGENTS**

<i>cidofovir iv inj 75 mg/ml</i>	1
<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i>	1
<i>ganciclovir sodium for inj 500 mg</i>	1
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1

#### **HEPATITIS AGENTS**

<i>adefovir dipivoxil tab 10 mg</i>	1
<i>entecavir tab 0.5 mg</i>	1
<i>entecavir tab 1 mg</i>	1
<i>EPCLUSA PAK 150-37.5</i>	2
<i>EPCLUSA PAK 200-50MG</i>	2
<i>EPCLUSA TAB 200-50MG</i>	2
<i>EPCLUSA TAB 400-100</i>	2
<i>HARVONI PAK</i>	2
<i>HARVONI PAK 45-200MG</i>	2

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
HARVONI TAB 45-200MG	2
HARVONI TAB 90-400MG	2
<i>lamivudine tab 100 mg (hbv)</i>	1
PEGASYS INJ	3
PEGASYS INJ 180MCG/M	3
RIBAVIRIN CAP 200MG	3
RIBAVIRIN TAB 200MG	3
VOSEVI TAB	2

### **HERPES AGENTS**

<i>acyclovir cap 200 mg</i>	1
<i>acyclovir sodium iv soln 50 mg/ml</i>	1
<i>acyclovir susp 200 mg/5ml</i>	1
<i>acyclovir tab 400 mg</i>	1
<i>acyclovir tab 800 mg</i>	1
<i>famciclovir tab 125 mg</i>	1
<i>famciclovir tab 250 mg</i>	1
<i>famciclovir tab 500 mg</i>	1
<i>valacyclovir hcl tab 1 gm</i>	1
<i>valacyclovir hcl tab 500 mg</i>	1

### **INFLUENZA AGENTS**

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1
RELENZA MIS DISKHALE	2
RIMANTADINE TAB 100MG	3

### **BETA BLOCKERS**

#### **ALPHA-BETA BLOCKERS**

<i>carvedilol phosphate cap er 24hr 10 mg</i>	1
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1
<i>carvedilol tab 3.125 mg</i>	1
<i>carvedilol tab 6.25 mg</i>	1
<i>carvedilol tab 12.5 mg</i>	1
<i>carvedilol tab 25 mg</i>	1
COREG TAB 3.125MG	3
COREG TAB 6.25MG	3
COREG TAB 12.5MG	3
COREG TAB 25MG	3
<i>labetalol hcl iv soln 5 mg/ml</i>	1
<i>labetalol hcl tab 100 mg</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>esmolol hcl inj 100 mg/10ml</i>	1	
<i>esmolol hcl-sodium chloride iv soln 2000 mg/100ml</i>	1	
<i>esmolol hcl-sodium chloride iv soln 2500 mg/250ml</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>CORGARD TAB 20MG</i>	3	
<i>CORGARD TAB 40MG</i>	3	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl inj 1 mg/ml</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>PROPRANOLOL SOL 40MG/5ML</i>	3	
<i>sorine tab 80mg</i>	1	
<i>sorine tab 120mg</i>	1	
<i>sorine tab 160mg</i>	1	
<i>sorine tab 240mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

## **CALCIUM CHANNEL BLOCKERS**

### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>CALAN SR TAB 120MG</i>	3	
<i>CALAN SR TAB 180MG</i>	3	
<i>CALAN SR TAB 240MG</i>	3	
<i>cartia xt cap 120/24hr</i>	1	
<i>cartia xt cap 180/24hr</i>	1	
<i>cartia xt cap 240/24hr</i>	1	
<i>cartia xt cap 300/24hr</i>	1	
<i>dilt-xr cap 120mg</i>	1	
<i>dilt-xr cap 180mg</i>	1	
<i>dilt-xr cap 240mg</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	1	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	1	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
LEVAMLODIPIN TAB 2.5MG	3	PA
LEVAMLODIPIN TAB 5MG	3	PA
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nicardipine hcl iv soln 2.5 mg/ml	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
nifedipine tab er 24hr osmotic release 30 mg	1
nifedipine tab er 24hr osmotic release 60 mg	1
nifedipine tab er 24hr osmotic release 90 mg	1
nimodipine cap 30 mg	1
NISOLDIPINE TAB 20MG ER	3
NISOLDIPINE TAB 25.5MG	3
NISOLDIPINE TAB 30MG ER	3
NISOLDIPINE TAB 40MG ER	3
nisoldipine tab er 24hr 8.5 mg	1
nisoldipine tab er 24hr 17 mg	1
nisoldipine tab er 24hr 34 mg	1
PROCARDIA XL TAB 30MG CR	3
PROCARDIA XL TAB 60MG CR	3
PROCARDIA XL TAB 90MG CR	3
taztia xt cap 120mg/24	1
taztia xt cap 180mg/24	1
taztia xt cap 240mg/24	1
taztia xt cap 300mg er	1
taztia xt cap 360mg/24	1
tiadylt cap 120mg/24	1
tiadylt cap 180mg/24	1
tiadylt cap 240mg/24	1
tiadylt cap 300mg/24	1
tiadylt cap 360mg/24	1
tiadylt cap 420mg/24	1
TIAZAC CAP 120MG/24	3
TIAZAC CAP 180MG/24	3
TIAZAC CAP 240MG/24	3
TIAZAC CAP 300MG/24	3
TIAZAC CAP 360MG/24	3
TIAZAC CAP 420MG/24	3
VERAPAMIL CAP 100MG ER	3
VERAPAMIL CAP 200MG ER	3
VERAPAMIL CAP 300MG ER	3
VERAPAMIL CAP 360MG SR	3
verapamil hcl cap er 24hr 120 mg	1
verapamil hcl cap er 24hr 180 mg	1
verapamil hcl cap er 24hr 240 mg	1
verapamil hcl iv soln 2.5 mg/ml	1
verapamil hcl tab 40 mg	1
verapamil hcl tab 80 mg	1
verapamil hcl tab 120 mg	1
verapamil hcl tab er 120 mg	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	

## CARDIOTONICS

### CARDIAC GLYCOSIDES

digoxin inj 0.25 mg/ml	1
digoxin oral soln 0.05 mg/ml	1
DIGOXIN SOL 50MCG/ML	3
digoxin tab 62.5 mcg (0.0625 mg)	1
digoxin tab 125 mcg (0.125 mg)	1
digoxin tab 250 mcg (0.25 mg)	1

### PHOSPHODIESTERASE INHIBITORS

milrinone lactate in dextrose 5% iv soln 20 mg/100ml	1
milrinone lactate in dextrose 5% iv soln 40 mg/200ml	1
milrinone lactate iv soln 10 mg/10ml (base equivalent)	1
milrinone lactate iv soln 20 mg/20ml (base equivalent)	1
milrinone lactate iv soln 50 mg/50ml (base equivalent)	1

## CARDIOVASCULAR AGENTS - MISC.

### CARDIOPLEGIC SOLUTIONS

cardioplegic soln	1
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### CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
BIDIL TAB	2
CADUET TAB 5-10MG	3
CADUET TAB 5-20MG	3
CADUET TAB 5-40MG	3
CADUET TAB 5-80MG	3
CADUET TAB 10-10MG	3
CADUET TAB 10-20MG	3
CADUET TAB 10-40MG	3
CADUET TAB 10-80MG	3
ENTRESTO TAB 24-26MG	2
ENTRESTO TAB 49-51MG	2
ENTRESTO TAB 97-103MG	2
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1

#### **PROSTAGLANDIN VASODILATORS**

<i>epoprostenol sodium for inj 0.5 mg</i>	1
<i>epoprostenol sodium for inj 1.5 mg</i>	1
FLOLAN INJ 0.5MG	3
FLOLAN INJ 1.5MG	3
ORENITRAM TAB 0.25MG	2
ORENITRAM TAB 0.125MG	2
ORENITRAM TAB 1MG	2
ORENITRAM TAB 2.5MG	2
ORENITRAM TAB 5MG	2
ORENITRAM TAB MONTH 1	2
ORENITRAM TAB MONTH 2	2
ORENITRAM TAB MONTH 3	2
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	1
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	1
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	1
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	1

#### **PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

<i>ambrisentan tab 5 mg</i>	1
<i>ambrisentan tab 10 mg</i>	1
<i>bosentan tab 62.5 mg</i>	1
<i>bosentan tab 125 mg</i>	1
<i>OPSUMIT TAB 10MG</i>	2

#### **PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

<i>alyq tab 20mg</i>	1
<i>REVATIO SUS 10MG/ML</i>	3
<i>REVATIO TAB 20MG</i>	3
<i>sildenafil citrate for suspension 10 mg/ml</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	1
<i>sildenafil citrate tab 20 mg</i>	1
<i>tadalafil tab 20 mg (pah)</i>	1
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>	
UPTRAVI INJ 1800MCG	2
UPTRAVI PACK TAB 200/800	2
UPTRAVI TAB 200MCG	2
UPTRAVI TAB 400MCG	2
UPTRAVI TAB 600MCG	2
UPTRAVI TAB 800MCG	2
UPTRAVI TAB 1000MCG	2
UPTRAVI TAB 1200MCG	2
UPTRAVI TAB 1400MCG	2
UPTRAVI TAB 1600MCG	2
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>	
ADEMPAS TAB 0.5MG	2
ADEMPAS TAB 1.5MG	2
ADEMPAS TAB 1MG	2
ADEMPAS TAB 2.5MG	2
ADEMPAS TAB 2MG	2
<b>SINUS NODE INHIBITORS</b>	
CORLANOR TAB 5MG	2
CORLANOR TAB 7.5MG	2
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>	
VERQUVO TAB 2.5MG	2
VERQUVO TAB 5MG	2
VERQUVO TAB 10MG	2
<b>CEPHALOSPORINS</b>	
<b>CEPHALOSPORINS - 1ST GENERATION</b>	
<i>cefadroxil cap 500 mg</i>	1
<i>cefadroxil for susp 250 mg/5ml</i>	1
<i>cefadroxil for susp 500 mg/5ml</i>	1
<i>CEFADROXIL TAB 1GM</i>	3
<i>CEFAZOLIN INJ 1GM</i>	3
<i>CEFAZOLIN INJ 2GM</i>	3
<i>cefazolin sodium for inj 1 gm</i>	1
<i>cefazolin sodium for inj 10 gm</i>	1
<i>cefazolin sodium for inj 500 mg</i>	1
<i>cephalexin cap 250 mg</i>	1
<i>cephalexin cap 500 mg</i>	1
<i>CEPHALEXIN CAP 750MG</i>	3
<i>cephalexin for susp 125 mg/5ml</i>	1
<i>cephalexin for susp 250 mg/5ml</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
CEPHALEXIN TAB 250MG	3
CEPHALEXIN TAB 500MG	3
<b>CEPHALOSPORINS - 2ND GENERATION</b>	
CEFACLOR CAP 250MG	3
CEFACLOR CAP 500MG	3
CEFACLOR SUS 125/5ML	3
CEFACLOR SUS 250/5ML	3 PA
CEFACLOR SUS 375/5ML	3
CEFOTETAN INJ 1GM/10ML	3
CEFOTETAN INJ 2GM/20ML	3
<i>cefoxitin sodium for iv soln 1 gm</i>	1
<i>cefoxitin sodium for iv soln 2 gm</i>	1
<i>cefoxitin sodium for iv soln 10 gm</i>	1
<i>cefprozil for susp 125 mg/5ml</i>	1
<i>cefprozil for susp 250 mg/5ml</i>	1
<i>cefprozil tab 250 mg</i>	1
<i>cefprozil tab 500 mg</i>	1
<i>cefuroxime axetil tab 250 mg</i>	1
<i>cefuroxime axetil tab 500 mg</i>	1
<i>cefuroxime sodium for inj 750 mg</i>	1
<i>cefuroxime sodium for iv soln 1.5 gm</i>	1
<b>CEPHALOSPORINS - 3RD GENERATION</b>	
<i>cefdinir cap 300 mg</i>	1
<i>cefdinir for susp 125 mg/5ml</i>	1
<i>cefdinir for susp 250 mg/5ml</i>	1
<i>cefixime cap 400 mg</i>	1
<i>cefixime for susp 100 mg/5ml</i>	1
<i>cefixime for susp 200 mg/5ml</i>	1
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1
<i>cefpodoxime proxetil tab 100 mg</i>	1
<i>cefpodoxime proxetil tab 200 mg</i>	1
<i>ceftazidime for inj 1 gm</i>	1
<i>ceftazidime for inj 6 gm</i>	1
<i>ceftazidime for iv soln 2 gm</i>	1
<i>ceftriaxone sodium for inj 1 gm</i>	1
<i>ceftriaxone sodium for inj 2 gm</i>	1
<i>ceftriaxone sodium for inj 10 gm</i>	1
<i>ceftriaxone sodium for inj 250 mg</i>	1
<i>ceftriaxone sodium for inj 500 mg</i>	1
<i>ceftriaxone sodium for iv soln 1 gm</i>	1
<i>ceftriaxone sodium for iv soln 2 gm</i>	1
CEFTRIAXONE/ INJ DEX 1GM	3
CEFTRIAXONE/ INJ DEX 2GM	3
SUPRAX CAP 400MG	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	
tazicef inj 1gm	1	
TAZICEF INJ 1GM	3	
tazicef inj 2gm	1	
TAZICEF INJ 6GM	3	PA

#### ***CEPHALOSPORINS - 4TH GENERATION***

<i>cefepime hcl for inj 1 gm</i>	1
<i>cefepime hcl for iv soln 2 gm</i>	1

#### **CORTICOSTEROIDS**

##### ***GLUCOCORTICOSTEROIDS***

<i>betamethasone sod phosphate &amp; acetate inj susp 6 (3-3) mg/ml</i>	1
<i>budesonide delayed release particles cap 3 mg</i>	1
CORTEF TAB 5MG	3
CORTEF TAB 10MG	3
CORTEF TAB 20MG	3
DEXAMETHASON SOL 0.5/5ML	3
DEXAMETHASON TAB 0.5MG	3
DEXAMETHASON TAB 0.75MG	3
DEXAMETHASON TAB 1MG	3
DEXAMETHASON TAB 10-DAY	3
DEXAMETHASON TAB 13-DAY	3
<i>dexamethasone elixir 0.5 mg/5ml</i>	1
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	1
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	1
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	1
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	1
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	1
<i>dexamethasone tab 1.5 mg</i>	1
<i>dexamethasone tab 2 mg</i>	1
<i>dexamethasone tab 4 mg</i>	1
<i>dexamethasone tab 6 mg</i>	1
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1
<i>hidex 6-day pak 1.5mg</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
methylprednisolone acetate inj susp 40 mg/ml	1	
methylprednisolone acetate inj susp 80 mg/ml	1	
methylprednisolone sod succ for inj 40 mg (base equiv)	1	
methylprednisolone sod succ for inj 125 mg (base equiv)	1	
methylprednisolone sod succ for inj 500 mg (base equiv)	1	
methylprednisolone sod succ for inj 1000 mg (base equiv)	1	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
PEDIAPRED SOL 5MG/5ML	3	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
PREDNISOLONE SOL 15MG/5ML	3	
prednisolone tab 5 mg	1	
PREDNISOLONE TAB 10MG ODT	3	
PREDNISOLONE TAB 15MG ODT	3	
PREDNISOLONE TAB 30MG ODT	3	
PREDNISONE SOL 5MG/5ML	3	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
<i>triamcinolone acetonide inj susp 40 mg/ml</i>	1	
<i>UCERIS TAB 9MG</i>	1	
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine</i>	1	
<i>methylbrom soln 5-1.5 mg/5ml</i>		
<i>hydrocodone bitart-homatropine</i>	1	
<i>methylbromide tab 5-1.5 mg</i>		
<i>hydromet syrup 5-1.5/5</i>	1	
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	
<i>PROMETH VC SYP 6.25-5/5</i>	3	
<i>PROMETH VC/ SYP CODEINE</i>	3	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<b>EXPECTORANTS</b>		
<i>potassium iodide oral soln 1 gm/ml</i>	1	
<b>MISC. RESPIRATORY INHALANTS</b>		
<i>nebusal neb 3%</i>	1	
<i>pulmosal neb 7%</i>	1	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
<b>MUCOLYTICS</b>		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
<i>accutane cap 10mg</i>	1	
<i>accutane cap 20mg</i>	1	
<i>accutane cap 30mg</i>	1	
<i>accutane cap 40mg</i>	1	
<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.1%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>adapalene gel 0.3%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
<i>AKLIEF CRE 0.005%</i>	2	
<i>amnesteem cap 10mg</i>	1	
<i>amnesteem cap 20mg</i>	1	
<i>amnesteem cap 40mg</i>	1	
<i>ARAZLO LOT 0.045%</i>	2	
<i>avita cre 0.025%</i>	1	AGE
<i>avita gel 0.025%</i>	1	AGE
<i>BENZAC AC LIQ 5% WASH</i>	3	
<i>BENZAMYCIN GEL 5-3%</i>	3	
<i>benzepro aer 5.3%</i>	1	
<i>BENZOYL PER AER 9.8%</i>	3	
<i>BENZOYL PERO GEL 8%</i>	3	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>claravis cap 10mg</i>	1	
<i>claravis cap 20mg</i>	1	
<i>claravis cap 30mg</i>	1	
<i>claravis cap 40mg</i>	1	
<i>clindacin aer 1%</i>	1	
<i>clindacin mis etz 1%</i>	1	
<i>clindacin-p pad 1%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	AGE
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
<i>EPIDUO FORTE GEL 0.3-2.5%</i>	2	
<i>EPIDUO GEL 0.1-2.5%</i>	2	
<i>ERY PAD 2%</i>	3	
<i>ERYGEL GEL 2%</i>	3	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 25 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 35 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
KLARON LOT 10%	3	
<i>neuac gel 1.2-5%</i>	1	
ONEXTON GEL 1.2-3.75	2	
<i>resorcinol-sulfur lotion 2-5%</i>	1	
RETIN-A CRE 0.1%	3	AGE
RETIN-A CRE 0.05%	3	AGE
RETIN-A CRE 0.025%	3	AGE
RETIN-A GEL 0.01%	3	AGE
RETIN-A GEL 0.025%	3	AGE
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	
<i>sulfamez emu 10-1%</i>	1	
<i>tretinoin cream 0.1%</i>	1	AGE
<i>tretinoin cream 0.05%</i>	1	AGE
<i>tretinoin cream 0.025%</i>	1	AGE
<i>tretinoin gel 0.01%</i>	1	AGE
<i>tretinoin gel 0.05%</i>	1	AGE
<i>tretinoin gel 0.025%</i>	1	AGE
<i>tretinoin microsphere gel 0.1%</i>	1	AGE
<i>tretinoin microsphere gel 0.04%</i>	1	AGE
TWYNEO CRE 0.1-3%	2	
WINLEVI CRE 1%	2	
<i>zenatane cap 10mg</i>	1	
<i>zenatane cap 20mg</i>	1	
<i>zenatane cap 30mg</i>	1	
<i>zenatane cap 40mg</i>	1	

#### **ANTI-INFLAMMATORY AGENTS - TOPICAL**

DICLOFENAC DIS 1.3%	3
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1
<i>diclofenac sodium soln 1.5%</i>	1

#### **ANTIBIOTICS - TOPICAL**

<i>gentamicin sulfate cream 0.1%</i>	1
<i>gentamicin sulfate oint 0.1%</i>	1
<i>mupirocin oint 2%</i>	1

#### **ANTIFUNGALS - TOPICAL**

<i>ciclodan sol 8%</i>	1
<i>ciclopirox gel 0.77%</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
ciclopirox olamine cream 0.77% (base equiv)	1
ciclopirox olamine susp 0.77% (base equiv)	1
ciclopirox shampoo 1%	1
ciclopirox solution 8%	1
clotrimazole cream 1%	1
clotrimazole soln 1%	1
clotrimazole w/ betamethasone cream 1-0.05%	1
clotrimazole w/ betamethasone lotion 1-0.05%	1
dermazene cre 1-1%	1
econazole nitrate cream 1%	1
iodoquimez cre 1-1.9%	1
iodoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1%	1
ketoconazole cream 2%	1
ketoconazole shampoo 2%	1
LOPROX SHA 1%	3
MICO-ZN-PETR OIN	3
NAFTIFINE CRE HCL 1%	3
naftifine hcl cream 2%	1
naftifine hcl gel 2%	1
NAFTIN GEL 1%	2
NAFTIN GEL 2%	2
nyamyc pow 100000	1
nystatin cream 100000 unit/gm	1
nystatin oint 100000 unit/gm	1
nystatin topical powder 100000 unit/gm	1
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1
nystop pow 100000	1
oxiconazole nitrate cream 1%	1
SULCONAZOLE CRE 1%	3
SULCONAZOLE SOL 1%	3
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>	
bexarotene gel 1%	1
diclofenac sodium (actinic keratoses) gel 3%	1
fluorouracil cream 5%	1
FLUOROURACIL SOL 2%	3
FLUOROURACIL SOL 5%	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<b>ANTIPSORIATICS</b>	
acitretin cap 10 mg	1
acitretin cap 17.5 mg	1
acitretin cap 25 mg	1
calcipotriene oint 0.005%	1
calcipotriene soln 0.005% (50 mcg/ml)	1
calcitrene oint 0.005%	1
COSENTYX INJ 75MG/0.5	2
COSENTYX INJ 150MG/ML	2
COSENTYX INJ 300DOSE	2
COSENTYX PEN INJ 150MG/ML	2
COSENTYX PEN INJ 300DOSE	2
ILUMYA SOL 100MG/ML	2
SKYRIZI INJ 150MG/ML	2
SKYRIZI PEN INJ 150MG/ML	2
STELARA INJ 45MG/0.5	2
STELARA INJ 90MG/ML	2
tazarotene cream 0.1%	1
tazarotene gel 0.1%	1
tazarotene gel 0.05%	1
TREMFYA INJ 100MG/ML	2
<b>ANTISEBORRHEIC PRODUCTS</b>	
selenium sulfide lotion 2.5%	1
<b>ANTIVIRALS - TOPICAL</b>	
acyclovir oint 5%	1
penciclovir cream 1%	1
<b>BURN PRODUCTS</b>	
mafenide acetate packet for topical soln 5% (50 gm)	1
SILVADENE CRE 1%	3
silver sulfadiazine cream 1%	1
ssd cre 1%	1
<b>CORTICOSTEROIDS - TOPICAL</b>	
ala-cort cre 1%	1
alclometasone dipropionate cream 0.05%	1
alclometasone dipropionate oint 0.05%	1
AMCINONIDE LOT 0.1%	3
BETA DIPROP GEL 0.05%	3
betamethasone dipropionate augmented cream 0.05%	1
betamethasone dipropionate augmented lotion 0.05%	1
betamethasone dipropionate augmented oint 0.05%	1
betamethasone dipropionate cream 0.05%	1
betamethasone dipropionate lotion 0.05%	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>betamethasone valerate aerosol foam 0.12%</i>	1
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1
<i>BRYHALI LOT 0.01%</i>	2
<i>CAPEX SHA 0.01%</i>	3
<i>clobetasol propionate cream 0.05%</i>	1
<i>clobetasol propionate emollient base cream 0.05%</i>	1
<i>clobetasol propionate foam 0.05%</i>	1
<i>clobetasol propionate gel 0.05%</i>	1
<i>clobetasol propionate lotion 0.05%</i>	1
<i>clobetasol propionate oint 0.05%</i>	1
<i>clobetasol propionate shampoo 0.05%</i>	1
<i>clobetasol propionate soln 0.05%</i>	1
<i>CLOBEX LOT 0.05%</i>	3
<i>CLOBEX SHA 0.05%</i>	3
<i>clodan sha 0.05%</i>	1
<i>DERMA-SMOOTH OIL /FS BODY</i>	3
<i>DERMA-SMOOTH OIL /FS SCLP</i>	3
<i>desonide cream 0.05%</i>	1
<i>desonide lotion 0.05%</i>	1
<i>desonide oint 0.05%</i>	1
<i>desoximetasone cream 0.05%</i>	1
<i>desoximetasone cream 0.25%</i>	1
<i>desoximetasone gel 0.05%</i>	1
<i>desoximetasone oint 0.25%</i>	1
<i>desoximetasone spray 0.25%</i>	1
<i>ENSTILAR AER</i>	2
<i>fluocinolone acetonide cream 0.01%</i>	1
<i>fluocinolone acetonide cream 0.025%</i>	1
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1
<i>fluocinolone acetonide oint 0.025%</i>	1
<i>fluocinolone acetonide soln 0.01%</i>	1
<i>fluocinonide cream 0.05%</i>	1
<i>fluocinonide emulsified base cream 0.05%</i>	1
<i>fluocinonide gel 0.05%</i>	1
<i>fluocinonide oint 0.05%</i>	1
<i>fluocinonide soln 0.05%</i>	1
<i>fluticasone propionate cream 0.05%</i>	1
<i>fluticasone propionate lotion 0.05%</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
HC BUTYRATE CRE 0.1%	3	
HC BUTYRATE SOL 0.1%	3	
HC-LIDOCAINE CRE 1-1%	3	PA
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>nutriarx kit creampak</i>	1	
<i>sanadermx kit skin rep</i>	1	
TEXACORT SOL 2.5%	3	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm cre 0.5%</i>	1	
<b>ECZEMA AGENTS</b>		
ADBRY INJ 150MG/ML	2	
CIBINQO TAB 50MG	2	
CIBINQO TAB 100MG	2	
CIBINQO TAB 200MG	2	
DUPIXENT INJ 100/0.67	2	
DUPIXENT INJ 200/1.14	2	
DUPIXENT INJ 200MG	2	
DUPIXENT INJ 300/2ML	2	
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
cerovel lot 40%	1	
uredeb cre 39%	1	
<b>EMOLLIENTS</b>		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	
ZYCLARA CRE 3.75%	2	
ZYCLARA PUMP CRE 2.5%	2	
ZYCLARA PUMP CRE 3.75%	2	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus cream 1%</i>	1	
<i>tacrolimus oint 0.1%</i>	1	
<i>tacrolimus oint 0.03%</i>	1	
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
CONDYLOX GEL 0.5%	3	
<i>podofilox soln 0.5%</i>	1	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>anodyne lpt kit 2.5-2.5%</i>	1	PA
ETHYL CHLOR AER SPRAY	3	
<i>glydo gel 2%</i>	1	
<i>lidocaine hcl lotion 3%</i>	1	PA
<i>lidocaine hcl soln 4%</i>	1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	
<i>lidocaine oint 5%</i>	1	
<i>lidocaine patch 5%</i>	1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	PA
LIDODERM DIS 5%	3	
<i>lidopin cre 3%</i>	1	PA
<i>relador pak kit 2.5-2.5%</i>	1	PA
<i>relador pak kit plus</i>	1	PA
<i>7t lido gel 2%</i>	1	
<i>zeruvia pad 4-1%</i>	1	PA
<b>MISC. TOPICAL</b>		
<i>benzoin compound tincture</i>	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OIN 2%	2	
<b>ROSACEA AGENTS</b>		
<i>azelaic acid gel 15%</i>	1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	
FINACEA AER 15%	2	
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG	1	
RHOFADE CRE 1%	2	
SOOLANTRA CRE 1%	1	

#### ***SCABICIDES & PEDICULICIDES***

CROTAN LOT 10%	3
LINDANE SHA 1%	3
<i>malathion lotion 0.5%</i>	1
OVIDE LOT 0.5%	3
<i>permethrin cream 5%</i>	1
SPINOSAD SUS 0.9%	3

#### **DIAGNOSTIC PRODUCTS**

##### ***DIAGNOSTIC DRUGS***

<i>adenosine iv soln 3 mg/ml (diagnostic)</i>	1
<i>cosyntropin for inj 0.25 mg</i>	1
DIPYRIDAMOLE INJ 5MG/ML	3
INDOCYANINE INJ 25MG	3
<i>isosulfan blue subcutaneous soln 1%</i>	1
<i>regadenoson iv inj 0.4 mg/5ml (0.08 mg/ml)</i>	1

##### ***DIAGNOSTIC PRODUCTS, MISC.***

<i>ultrasound - gel</i>	1
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##### ***DIAGNOSTIC TESTS***

ACCU-CHEK TES AVIVA PL	2
ACCU-CHEK TES GUIDE	2
ACCU-CHEK TES SMART	2
ONETOUCH TES ULTRA	2
ONETOUCH TES VERIO	2

##### ***MISCELLANEOUS CONTRAST MEDIA***

<i>clariscan inj 2.5mmol</i>	1
<i>clariscan inj 5mmol</i>	1
<i>clariscan inj 7.5mmol</i>	1
<i>clariscan inj 10mmol</i>	1
<i>clariscan inj 50mmol</i>	1
<i>gadoterate meglumine iv soln 2.5 mmol/5ml (0.5 mmol/ml)</i>	1
<i>gadoterate meglumine iv soln 5 mmol/10ml (0.5 mmol/ml)</i>	1
<i>gadoterate meglumine iv soln 7.5 mmol/15ml (0.5 mmol/ml)</i>	1
<i>gadoterate meglumine iv soln 10 mmol/20ml (0.5 mmol/ml)</i>	1
<i>gadoterate meglumine iv soln 50 mmol/100ml (0.5 mmol/ml)</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>RADIOGRAPHIC CONTRAST MEDIA</b>		
<i>iodixanol inj 270 mg/ml (iodine equivalent)</i>	1	
<i>iodixanol inj 320 mg/ml (iodine equivalent)</i>	1	
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
L-METHYLFOLA TAB 15MG	3	
WESTAB MAX TAB 2.5-25-2	3	
<b>NUTRITIONAL SUPPLEMENTS</b>		
<i>asilnasal cap rms</i>	1	
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide sodium for inj 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>dichlorphenamide tab 50 mg</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<b>DIURETIC COMBINATIONS</b>		
ALDACTAZIDE TAB 25/25	3	
AMILOR/HCTZ TAB 5-50	3	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
triamterene & hydrochlorothiazide tab 75-50 mg	1	
<b>LOOP DIURETICS</b>		
bumetanide inj 0.25 mg/ml	1	
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
ethacrynone sodium for inj 50 mg	1	
ethacrynic acid tab 25 mg	1	
furosemide inj 10 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
FUROSEMIDE SOL 40MG/5ML	3	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
<b>OSMOTIC DIURETICS</b>		
mannitol iv soln 20%	1	
mannitol iv soln 25%	1	
OSMITROL INJ 10%	3	
OSMITROL INJ 15%	3	
osmitrol vfx inj 20%	1	
<b>POTASSIUM SPARING DIURETICS</b>		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
amiloride hcl tab 5 mg	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
chlorothiazide sodium for inj 500 mg	1	
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
hydrochlorothiazide tab 50 mg	1
indapamide tab 1.25 mg	1
indapamide tab 2.5 mg	1
metolazone tab 2.5 mg	1
metolazone tab 5 mg	1
metolazone tab 10 mg	1

## **ENDOCRINE AND METABOLIC AGENTS - MISC.**

### **BONE DENSITY REGULATORS**

ACTONEL TAB 35MG	3
ACTONEL TAB 150MG	3
alendronate sodium oral soln 70 mg/75ml	1
alendronate sodium tab 10 mg	1
alendronate sodium tab 35 mg	1
alendronate sodium tab 70 mg	1
ALENDRONATE TAB 5MG	3
ATELVIA TAB	3
calcitonin (salmon) inj 200 unit/ml	1
calcitonin (salmon) nasal soln 200 unit/act	1
FORTEO INJ 600/2.4	2
FOSAMAX TAB 70MG	3
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	1
ibandronate sodium tab 150 mg (base equivalent)	1
pamidronate disodium iv soln 3 mg/ml	1
pamidronate disodium iv soln 9 mg/ml	1
PROLIA INJ 60MG/ML	2
risedronate sodium tab 5 mg	1
risedronate sodium tab 30 mg	1
risedronate sodium tab 35 mg	1
risedronate sodium tab 150 mg	1
risedronate sodium tab delayed release 35 mg	1
TYMLOS INJ	2
zoledronic acid inj conc for iv infusion 4 mg/5ml	1
zoledronic acid iv soln 5 mg/100ml	1
ZOLEDRONIC INJ 4MG/100	3

### **FERTILITY REGULATORS**

CLOMID TAB 50MG	3
GONAL-F INJ 450UNIT	2
GONAL-F INJ 1050UNIT	2
GONAL-F RFF INJ 75UNIT	2
GONAL-F RFF INJ 300/0.5	2
GONAL-F RFF INJ 450/0.75	2
GONAL-F RFF INJ 900/1.5	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MENOPUR INJ 75UNIT	2	
OVIDREL INJ	2	
<b>GNRH/LHRH ANTAGONISTS</b>		
CETROTIDE KIT 0.25MG	2	
<i>fyremadel sol 250/0.5</i>	1	
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	1	
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	
<b>HORMONE RECEPTOR MODULATORS</b>		
EVISTA TAB 60MG	3	
<i>raloxifene hcl tab 60 mg</i>	1	
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
FENSOLVI INJ 45MG	2	
LUPR DEP-PED INJ 3M 30MG	2	
LUPR DEP-PED INJ 7.5MG	2	
LUPR DEP-PED INJ 11.25MG	2	
LUPR DEP-PED INJ 15MG	2	
LUPRON DEPOT INJ PED 6MON	2	
SUPPRELIN LA KIT 50MG	2	
TRIPTODUR SUS 22.5MG	2	
<b>METABOLIC MODIFIERS</b>		
<i>betaine powder for oral solution</i>	1	
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>carglumic acid soluble tab 200 mg</i>	1	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	1	
<i>javygtor pak 100mg</i>	1	
<i>javygtor pow 500mg</i>	1	
<i>javygtor tab 100mg</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
<i>nitisinone cap 2 mg</i>	1	
<i>nitisinone cap 5 mg</i>	1	
<i>nitisinone cap 10 mg</i>	1	
<i>nitisinone cap 20 mg</i>	1	
ORFADIN CAP 2MG	2	
ORFADIN CAP 5MG	2	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
ORFADIN CAP 10MG	2
ORFADIN CAP 20MG	2
ORFADIN SUS 4MG/ML	2
<i>paricalcitol cap 1 mcg</i>	1
<i>paricalcitol cap 2 mcg</i>	1
<i>paricalcitol cap 4 mcg</i>	1
<i>paricalcitol iv soln 2 mcg/ml</i>	1
<i>paricalcitol iv soln 5 mcg/ml</i>	1
ROCALTROL CAP 0.5MCG	3
ROCALTROL CAP 0.25MCG	3
ROCALTROL SOL 1MCG/ML	3
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1
<i>sapropterin dihydrochloride tab 100 mg</i>	1
<i>sodium benzoate &amp; sodium phenylacetate iv soln 10-10%</i>	1
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1
<i>sodium phenylbutyrate tab 500 mg</i>	1
ZEMPLAR CAP 1MCG	3
ZEMPLAR CAP 2MCG	3
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>	
KERENDIA TAB 10MG	2
KERENDIA TAB 20MG	2
<b>POSTERIOR PITUITARY HORMONES</b>	
<i>desmopressin acetate inj 4 mcg/ml</i>	1
<i>desmopressin acetate nasal spray soln 0.01%</i>	1
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	1
<i>desmopressin acetate tab 0.1 mg</i>	1
<i>desmopressin acetate tab 0.2 mg</i>	1
<i>vasopressin iv soln 20 unit/ml (for iv infusion)</i>	1
<b>PROLACTIN INHIBITORS</b>	
<i>cabergoline tab 0.5 mg</i>	1
<b>SOMATOSTATIC AGENTS</b>	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	1	
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	1	
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	1	
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	1	
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	1	
OCTREOTIDE INJ 50MCG/ML	3	PA
OCTREOTIDE INJ 100MCG	3	PA
OCTREOTIDE INJ 500MCG	3	PA
SOMATULINE INJ 60/0.2ML	2	
SOMATULINE INJ 90/0.3ML	2	
SOMATULINE INJ 120/.5ML	2	

### **VASOPRESSIN RECEPTOR ANTAGONISTS**

tolvaptan tab 15 mg	1
tolvaptan tab 30 mg	1

### **ESTROGENS**

#### **ESTROGEN COMBINATIONS**

amabelz tab 0.5-0.1	1
amabelz tab 1-0.5mg	1
CLIMARA PRO DIS WEEKLY	2
COMBIPATCH DIS	2
DUAVEE TAB 0.45-20	2
estradiol & norethindrone acetate tab 0.5-0.1 mg	1
estradiol & norethindrone acetate tab 1-0.5 mg	1
fyavolv tab 0.5-2.5	1
fyavolv tab 1-5	1
jinteli tab 1mg-5mcg	1
mimvey tab 1-0.5mg	1
MYFEMBREE TAB	2
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1
ORIAHNN CAP	2
PREMPHASE TAB	2
PREMPRO TAB	2
PREMPRO TAB 0.3-1.5	2
PREMPRO TAB 0.45-1.5	2
PREMPRO TAB 0.625-5	2

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<b>ESTROGENS</b>	
DIVIGEL GEL 0.5MG	2
DIVIGEL GEL 0.25MG	2
DIVIGEL GEL 0.75MG	2
DIVIGEL GEL 1.25MG	2
DIVIGEL GEL 1MG/GM	2
<i>dotti dis 0.1mg</i>	1
<i>dotti dis 0.05mg</i>	1
<i>dotti dis 0.025mg</i>	1
<i>dotti dis 0.075mg</i>	1
<i>dotti dis 0.0375mg</i>	1
ESTRACE TAB 0.5MG	3
ESTRACE TAB 1MG	3
ESTRACE TAB 2MG	3
<i>estradiol tab 0.5 mg</i>	1
<i>estradiol tab 1 mg</i>	1
<i>estradiol tab 2 mg</i>	1
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1
<i>estradiol valerate im in oil 10 mg/ml</i>	1
<i>estradiol valerate im in oil 20 mg/ml</i>	1
<i>estradiol valerate im in oil 40 mg/ml</i>	1
EVAMIST SPR 1.53MG	2
<i>lyllana dis 0.1mg</i>	1
<i>lyllana dis 0.05mg</i>	1
<i>lyllana dis 0.025mg</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lyllana dis 0.075mg</i>	1	
<i>lyllana dis 0.0375mg</i>	1	

## **FLUOROQUINOLONES**

### **FLUOROQUINOLONES**

CIPRO (5%) SUS 250MG/5	3
CIPRO (10%) SUS 500MG/5	3
CIPRO TAB 250MG	3
CIPRO TAB 500MG	3
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1
CIPROFLOXACN TAB 100MG	3
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1
LEVOFLOXACIN INJ 25MG/ML	3
LEVOFLOXACIN SOL 25MG/ML	3
<i>levofloxacin tab 250 mg</i>	1
<i>levofloxacin tab 500 mg</i>	1
<i>levofloxacin tab 750 mg</i>	1
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1
MOXIFLOXACIN INJ 400/250	3
OFLOXACIN TAB 300MG	3
<i>ofloxacin tab 400 mg</i>	1

## **GASTROINTESTINAL AGENTS - MISC.**

### **GALLSTONE SOLUBILIZING AGENTS**

URSO 250 TAB 250MG	3
URSO FORTE TAB 500MG	3
<i>ursodiol cap 300 mg</i>	1
<i>ursodiol tab 250 mg</i>	1
<i>ursodiol tab 500 mg</i>	1

### **GASTROINTESTINAL ANTIALLERGY AGENTS**

<i>cromolyn sodium oral conc 100 mg/5ml</i>	1
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### **GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**

<i>lubiprostone cap 8 mcg</i>	1
<i>lubiprostone cap 24 mcg</i>	1

### **GASTROINTESTINAL STIMULANTS**

METOCLOPRAM TAB 5MG ODT	3
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	1
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1
REGLAN TAB 5MG	3
REGLAN TAB 10MG	3
<b>INFLAMMATORY BOWEL AGENTS</b>	
AZULFIDINE TAB 500MG	3
AZULFIDINE TAB 500MG EN	3
<i>balsalazide disodium cap 750 mg</i>	1
<i>mesalamine cap dr 400 mg</i>	1
<i>mesalamine cap er 24hr 0.375 gm</i>	1
<i>mesalamine cap er 500 mg</i>	1
<i>mesalamine enema 4 gm</i>	1
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	1
<i>mesalamine suppos 1000 mg</i>	1
MESALAMINE TAB 800MG DR	3
<i>mesalamine tab delayed release 1.2 gm</i>	1
REMICADE INJ 100MG	2
ROWASA KIT 4GM	3
SKYRIZI INJ 180/1.2	2
SKYRIZI INJ 360/2.4	2
SKYRIZI SOL 60MG/ML	2
STELARA INJ 5MG/ML	2
<i>sulfasalazine tab 500 mg</i>	1
<i>sulfasalazine tab delayed release 500 mg</i>	1
<b>INTESTINAL ACIDIFIERS</b>	
<i>enulose sol 10gm/15</i>	1
<i>generlac sol 10gm/15</i>	1
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>	
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1
<i>alosetron hcl tab 1 mg (base equiv)</i>	1
LINZESS CAP 72MCG	2
LINZESS CAP 145MCG	2
LINZESS CAP 290MCG	2
VIBERZI TAB 75MG	2
VIBERZI TAB 100MG	2
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>	
<i>alvimopan cap 12 mg</i>	1
SYMPROIC TAB 0.2MG	2
<b>PHOSPHATE BINDER AGENTS</b>	
AURYXIA TAB 210MG	2

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1
calcium acetate (phosphate binder) tab 667 mg	1
sevelamer carbonate packet 0.8 gm	1
sevelamer carbonate packet 2.4 gm	1
sevelamer carbonate tab 800 mg	1
sevelamer hcl tab 800 mg	1
SEVELAMER TAB 400MG	3
VELPHORO CHW 500MG	2

## **GENERAL ANESTHETICS**

### ***ANESTHETICS - MISC.***

<i>etomidate iv soln 2 mg/ml</i>	1
<i>ketamine hcl inj 10 mg/ml</i>	1
<i>ketamine hcl inj 50 mg/ml</i>	1
<i>ketamine hcl inj 100 mg/ml</i>	1
<i>propofol iv emul 200 mg/20ml (10 mg/ml)</i>	1
<i>propofol iv emul 500 mg/50ml (10 mg/ml)</i>	1
<i>propofol iv emul 1000 mg/100ml (10 mg/ml)</i>	1
<i>propoven inj</i>	1
<i>propoven inj 200/20ml</i>	1
<i>propoven inj 500/50ml</i>	1

### ***VOLATILE ANESTHETICS***

<i>desflurane inhal soln</i>	1
<i>isoflurane inhal soln</i>	1
<i>sevoflurane inhal soln</i>	1
<i>terrell sol</i>	1

## **GENITOURINARY AGENTS - MISCELLANEOUS**

### ***ALKALINIZERS***

<i>CYTRA K GRA CRYSTALS</i>	3
<i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	1
<i>potassium citrate tab er 5 meq (540 mg)</i>	1
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	1
<i>UROCIT-K 5 TAB</i>	3
<i>UROCIT-K 10 TAB</i>	3
<i>UROCIT-K 15 TAB</i>	3

### ***GENITOURINARY IRRIGANTS***

<i>acetic acid irrigation soln 0.25%</i>	1
<i>curity salin sol 0.9% irr</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glycine irrigation soln 1.5%</i>	1	
NEO/POLY GU SOL 40/ML IR	3	
<i>sodium chloride irrigation soln 0.9%</i>	1	
<b>PROSTATIC HYPERPLASIA AGENTS</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
AVODART CAP 0.5MG	3	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
<b>URINARY ANALGESICS</b>		
<i>phenazo tab 200mg</i>	1	
<b>URINARY STONE AGENTS</b>		
<i>tiopronin tab 100 mg</i>	1	
<b>GOOT AGENTS</b>		
<b>GOOT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<b>GOOT AGENTS</b>		
<i>allopurinol sodium for inj 500 mg</i>	1	
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
<i>MITIGARE CAP 0.6MG</i>	1	
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>HEMATOLOGIC - TYROSINE KINASE INHIBITORS</b>		
<i>TAVALISSE TAB 100MG</i>	2	
<i>TAVALISSE TAB 150MG</i>	2	
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tab er 400 mg</i>	1	
<b>PLASMA EXPANDERS</b>		
<i>LMD 10%/D5W INJ</i>	3	
<i>LMD 10%/NACL INJ 0.9%</i>	3	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>AGRYLIN CAP 0.5MG</i>	3	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1
<i>BRILINTA TAB 60MG</i>	2
<i>BRILINTA TAB 90MG</i>	2
<i>cilostazol tab 50 mg</i>	1
<i>cilostazol tab 100 mg</i>	1
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1
<i>dipyridamole tab 25 mg</i>	1
<i>dipyridamole tab 50 mg</i>	1
<i>dipyridamole tab 75 mg</i>	1
<i>eptifibatide iv soln 20 mg/10ml (2 mg/ml)</i>	1
<i>eptifibatide iv soln 75 mg/100ml (0.75 mg/ml)</i>	1
<i>eptifibatide iv soln 200 mg/100ml (2 mg/ml)</i>	1
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1
<b>PROTAMINE</b>	
<i>PROTAMINE SU SOL 10MG/ML</i>	3
<b>HEMATOPOIETIC AGENTS</b>	
<b>AGENTS FOR GAUCHER DISEASE</b>	
<i>CERDELGA CAP 84MG</i>	2
<i>CEREZYME INJ 400UNIT</i>	2
<i>miglustat cap 100 mg</i>	1
<b>AGENTS FOR SICKLE CELL DISEASE</b>	
<i>ENDARI POW 5GM</i>	2
<i>SIKLOS TAB 100MG</i>	2
<i>SIKLOS TAB 1000MG</i>	2
<b>COBALAMINS</b>	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1
<i>dodex inj</i>	1
<i>HYDROXOCOBAL INJ 1000MCG</i>	3
<b>FOLIC ACID/FOLATES</b>	
<i>folic acid inj 5 mg/ml</i>	1
<i>folic acid tab 1 mg</i>	1
<b>HEMATOPOIETIC GROWTH FACTORS</b>	
<i>ARANESP INJ 10MCG</i>	2
<i>ARANESP INJ 25MCG</i>	2
<i>ARANESP INJ 40MCG</i>	2
<i>ARANESP INJ 60MCG</i>	2
<i>ARANESP INJ 100MCG</i>	2
<i>ARANESP INJ 150MCG</i>	2

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
ARANESP INJ 200MCG	2
ARANESP INJ 300MCG	2
ARANESP INJ 500MCG	2
DOPTELET TAB 20MG	2
NIVESTYM INJ 300/0.5	2
NIVESTYM INJ 300MCG	2
NIVESTYM INJ 480/0.8	2
NIVESTYM INJ 480MCG	2
PROCERIT INJ 2000/ML	2
PROCERIT INJ 3000/ML	2
PROCERIT INJ 4000/ML	2
PROCERIT INJ 10000/ML	2
PROCERIT INJ 20000/ML	2
PROCERIT INJ 40000/ML	2
PROMACTA PAK 25MG	2
PROMACTA POW 12.5MG	2
PROMACTA TAB 12.5MG	2
PROMACTA TAB 25MG	2
PROMACTA TAB 50MG	2
PROMACTA TAB 75MG	2
RETACRIT INJ 2000UNIT	2
RETACRIT INJ 3000UNIT	2
RETACRIT INJ 4000UNIT	2
RETACRIT INJ 10000UNIT	2
RETACRIT INJ 20000UNI	2
RETACRIT INJ 40000UNT	2
ZIEXTENZO INJ 6/0.6ML	2

#### **HEMATOPOIETIC MIXTURES**

<i>abaneu-sl sub</i>	1
<i>airavite tab</i>	1
<i>corvita 150 tab</i>	1
<i>fabb tab 2.2-25-1</i>	1
<i>ferocon cap</i>	1
<i>ferottrinsic cap</i>	1
<i>ferrocite tab plus</i>	1
<i>folbee tab</i>	1
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	1
<i>folplex 2.2 tab</i>	1
<i>foltrin cap</i>	1
<i>hematinic pl tab vit/min</i>	1
<i>ifex 150 cap forte</i>	1
<i>k-tan plus cap</i>	1
<i>nufol tab</i>	1
<i>poly-iron cap 150 fort</i>	1
<i>polysacchari cap iron</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tandem plus cap</i>	1	
<i>tricon cap</i>	1	
<i>trigels-f cap forte</i>	1	
<i>virt-gard tab 2.2-25-1</i>	1	
<i>westab one tab 2.5-25-1</i>	1	

## **IRON**

<i>ferumoxytol inj 510 mg/17ml (30 mg/ml) (elemental fe)</i>	1
<i>sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)</i>	1

## **STEM CELL MOBILIZERS**

<i>MOZOBIL INJ</i>	3
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## **HEMOSTATICS**

### **HEMOSTATICS - SYSTEMIC**

<i>aminocaproic acid inj 250 mg/ml</i>	1
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1
<i>aminocaproic acid tab 500 mg</i>	1
<i>aminocaproic acid tab 1000 mg</i>	1
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	1
<i>tranexamic acid tab 650 mg</i>	1

## **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

### **BARBITURATE HYPNOTICS**

<i>pentobarbital sodium inj 50 mg/ml</i>	1
<i>phenobarbital elixir 20 mg/5ml</i>	1
<i>phenobarbital sodium inj 65 mg/ml</i>	1
<i>phenobarbital sodium inj 130 mg/ml</i>	1
<i>phenobarbital tab 15 mg</i>	1
<i>phenobarbital tab 16.2 mg</i>	1
<i>phenobarbital tab 30 mg</i>	1
<i>phenobarbital tab 32.4 mg</i>	1
<i>phenobarbital tab 60 mg</i>	1
<i>phenobarbital tab 64.8 mg</i>	1
<i>phenobarbital tab 97.2 mg</i>	1
<i>phenobarbital tab 100 mg</i>	1

### **HYPNOTICS - TRICYCLIC AGENTS**

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1

### **NON-BARBITURATE HYPNOTICS**

<i>AMBIEN CR TAB 6.25MG</i>	3
<i>AMBIEN CR TAB 12.5MG</i>	3
<i>AMBIEN TAB 5MG</i>	3
<i>AMBIEN TAB 10MG</i>	3
<i>dexmedetomidine hcl in nacl 0.9% iv soln 80 mcg/20ml</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml	1
dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml	1
dexmedetomidine hcl iv soln 200 mcg/2ml	1
estazolam tab 1 mg	1
estazolam tab 2 mg	1
eszopiclone tab 1 mg	1
eszopiclone tab 2 mg	1
eszopiclone tab 3 mg	1
HALCION TAB 0.25MG	3
midazolam hcl inj 2 mg/2ml (base equivalent)	1
midazolam hcl inj 5 mg/5ml (base equivalent)	1
midazolam hcl inj 5 mg/ml (base equivalent)	1
midazolam hcl inj 10 mg/2ml (base equivalent)	1
midazolam hcl inj 10 mg/10ml (base equivalent)	1
midazolam hcl inj 25 mg/5ml (base equivalent)	1
midazolam hcl inj 50 mg/10ml (base equivalent)	1
midazolam hcl inj pf 2 mg/2ml (base equivalent)	1
midazolam hcl inj pf 5 mg/ml (base equivalent)	1
midazolam hcl inj pf 10 mg/2ml (base equivalent)	1
midazolam hcl syrup 2 mg/ml (base equivalent)	1
MIDAZOLAM INJ 5MG/5ML	3
RESTORIL CAP 7.5MG	3
RESTORIL CAP 15MG	3
RESTORIL CAP 22.5MG	3
RESTORIL CAP 30MG	3
temazepam cap 7.5 mg	1
temazepam cap 15 mg	1
temazepam cap 22.5 mg	1
temazepam cap 30 mg	1
triazolam tab 0.25 mg	1
triazolam tab 0.125 mg	1
zaleplon cap 5 mg	1
zaleplon cap 10 mg	1
zolpidem tartrate tab 5 mg	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zolpidem tartrate tab 10 mg</i>	1	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
<i>BELSOMRA TAB 5MG</i>	2	
<i>BELSOMRA TAB 10MG</i>	2	
<i>BELSOMRA TAB 15MG</i>	2	
<i>BELSOMRA TAB 20MG</i>	2	
<i>DAYVIGO TAB 5MG</i>	2	
<i>DAYVIGO TAB 10MG</i>	2	
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
<i>ramelteon tab 8 mg</i>	1	
<i>tasimelteon capsule 20 mg</i>	1	
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
<i>CLENPIQ SOL</i>	2	
<i>GAVILYTE-C SOL</i>	3	
<i>gavilyte-g sol</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose sol 10gm/15</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
<b>LUBRICANT LAXATIVES</b>		
<i>mineral oil</i>	1	
<b>LOCAL ANESTHETICS-PARENTERAL</b>		
<b>LOCAL ANESTHETIC COMBINATIONS</b>		
<i>articadent inj dental</i>	1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</i>	1	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i>	1	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</i>	1	
<i>LIDO/EPI INJ 2%</i>	3	
<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i>	1	
<i>lidocaine inj 1% w/ epinephrine-1:100000</i>	1	
<i>lidocaine inj 1.5% w/ epinephrine-1:200000</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine inj 2% w/ epinephrine-1:100000</i>	1	
<i>lidocaine inj 2% w/ epinephrine-1:200000</i>	1	
<i>sensorcaine inj -mpf/epi</i>	1	
<i>sensorcaine/ inj epi 0.5%</i>	1	
<i>sensorcaine/ inj epi 0.25</i>	1	
<b>LOCAL ANESTHETICS - AMIDES</b>		
<i>bupivacaine 0.75% in dextrose inj 8.25%</i>	1	
<i>bupivacaine hcl inj 0.5%</i>	1	
<i>bupivacaine hcl inj 0.25%</i>	1	
<i>bupivacaine hcl preservative free (pf) inj 0.5%</i>	1	
<i>bupivacaine hcl preservative free (pf) inj 0.25%</i>	1	
<i>bupivacaine hcl preservative free (pf) inj 0.75%</i>	1	
<i>bupivacaine inj spinal</i>	1	
<i>lidocaine hcl local inj 0.5%</i>	1	
<i>lidocaine hcl local inj 1%</i>	1	
<i>lidocaine hcl local inj 2%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	1	
LIDOCAINE INJ 4%	3	
POLOCAINE INJ 1%	3	
POLOCAINE INJ 2%	3	
POLOCAINE INJ -MPF 1%	3	
POLOCAINE INJ -MPF 2%	3	
POLOCAINE INJ MPF 1.5%	3	
<i>ropivacaine hcl inj 2 mg/ml</i>	1	
<i>ropivacaine hcl inj 5 mg/ml</i>	1	
<i>ropivacaine hcl inj 7.5 mg/ml</i>	1	
<i>ropivacaine hcl inj 10 mg/ml</i>	1	
<i>sensorcaine inj 0.5%</i>	1	
<i>sensorcaine inj 0.25%</i>	1	
<i>sensorcaine inj mpf0.25%</i>	1	
<i>sensorcaine inj mpf0.75%</i>	1	
<i>sensorcaine inj mpf 0.5%</i>	1	
<b>LOCAL ANESTHETICS - ESTERS</b>		
<i>chloroprocaine hcl preservative free (pf) inj 2%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlorprocaine hcl preservative free (pf) inj 3%</i>	1	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	1	
<i>AZITHROMYCIN POW 1GM PAK</i>	3	
<i>azithromycin tab 250 mg</i>	1	(6 tabs / 5 days); Limit of one fill per 60 days
<i>azithromycin tab 500 mg</i>	1	(6 tabs / 5 days); Limit of one fill per 60 days
<i>azithromycin tab 600 mg</i>	1	
<b>CLARITHROMYCIN</b>		
<i>CLARITHROMYC SUS 125/5ML</i>	3	
<i>CLARITHROMYC SUS 250/5ML</i>	3	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
<b>ERYTHROMYCINS</b>		
<i>E.E.S. 400 TAB 400MG</i>	3	
<i>ery-tab tab 250mg ec</i>	1	
<i>ery-tab tab 333mg ec</i>	1	
<i>ery-tab tab 500mg ec</i>	1	
<i>erythrocin inj 500mg</i>	1	
<i>ERYTHROGIN TAB 250MG</i>	3	
<i>ERYTHROM ETH TAB 400MG</i>	3	
<i>ERYTHROMYCIN CAP 250MG EC</i>	3	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin lactobionate for inj 500 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<b>FIDAXOMICIN</b>		
<i>DIFICID SUS</i>	2	
<i>DIFICID TAB 200MG</i>	2	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>DIABETIC SUPPLIES</b>		
<i>ACTI-LANCE MIS 28G</i>	3	
<i>ACTI-LANCE MIS LITE 28G</i>	3	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
ACTI-LANCE MIS SPEC 17G	3
ACTI-LANCE MIS UNIV 23G	3
ADV TRAVEL MIS LANC 28G	3
ADVCAFE SAFE MIS LANC 26G	3
ADVOCATE MIS LANC 30G	3
ADVOCATE MIS LANCETS	3
AGAMATRIX MIS 33G	3
AIMSCO TWIST MIS 32G	3
AIMSCO TWIST MIS 33G	3
AQUALANCE MIS 30G	3
ASSURE CMFRT MIS 28G	3
ASSURE LANCE MIS 21G	3
ASSURE LANCE MIS 28G	3
ASSURE LANCE MIS LOW FLOW	3
ASSURE LANCE MIS MICRO	3
ASSURE LANCE MIS SAFE 25G	3
ASSURE LANCE MIS SAFE 30G	3
ASSURE PLUS MIS HIGH 18G	3
ASSURE PLUS MIS LOW 25G	3
ASSURE PLUS MIS MCRO 28G	3
ASSURE PLUS MIS NORM 21G	3
ASSURE PLUS MIS PEDIATRI	3
AURORA LANCE MIS 30G	3
AURORA LANCE MIS THIN 23G	3
AUTO LANCET MIS	3
AUTOLET PLAT MIS 1.8MM	3
AUTOLET PLAT MIS 2.4MM	3
AUTOLET PLAT MIS 3.0MM	3
BD LANCET UF MIS 30G	3
BD LANCET UF MIS 33G	3
BD MICROTAIN MIS LANCETS	3
CAREONE LANC MIS 30G	3
CAREONE LANC MIS THIN 23G	3
CARESENS 30G MIS LANCETS	3
CARETOUCH MIS LANC 26G	3
CARETOUCH MIS LANC 28G	3
CARETOUCH MIS LANC 30G	3
CARETOUCH MIS TWIST 28	3
CARETOUCH MIS TWIST 30	3
CARETOUCH MIS TWIST 33	3
CLEANLET 28G MIS LANCETS	3
CLEVER CHECK MIS	3
CLEVER CHECK MIS 30G	3
COAGUCHEK MIS LANCETS	3
COMFORT ASSU MIS LANC 28G	3
COMFORT ASSU MIS LANC 33G	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
COMFORT EZ MIS 21G	3
COMFORT EZ MIS 23G	3
COMFORT EZ MIS 28G	3
COMFORT MIS LANCETS	3
COMFORT TCH MIS LANC 28G	3
COMFORT TCH MIS LANC 30G	3
COMFORT TCH MIS LANC 31G	3
COMFORTOUCH MIS LANCET	3
COUNT-A-DOSE MIS	3
CVS LANCETS MIS 21G	3
CVS LANCETS MIS 30G	3
CVS LANCETS MIS 33G	3
CVS LANCETS MIS ORIGINAL	3
CVS LANCETS MIS THIN 26G	3
CVS LANCETS MIS THIN 30G	3
CVS LANCETS MIS THIN 33G	3
DIATHRIVE MIS LANCETS	3
DIATHRIVE MIS UT 30G	3
DROPLET LANC MIS 30G	3
DROPLET PERS MIS LANC 30G	3
E-Z JECT MIS 21G	3
E-Z JECT MIS 21G COLR	3
E-Z JECT MIS 30G	3
E-Z JECT MIS 32G COLR	3
E-Z JECT MIS LANC 21G	3
E-Z JECT MIS THIN 26G	3
E-ZJECT LANC MIS 33G	3
EASY COMFORT MIS 30G	3
EASY COMFORT MIS LANC/30G	3
EASY COMFORT MIS TWIST	3
EASY TOUCH MIS LANC/21G	3
EASY TOUCH MIS LANC/23G	3
EASY TOUCH MIS LANC/26G	3
EASY TOUCH MIS LANC/28G	3
EASY TOUCH MIS LANC/30G	3
EASY TOUCH MIS LANC/32G	3
EASY TOUCH MIS LANC/33G	3
EMBRACE LANC MIS 21G	3
EMBRACE LANC MIS 28G	3
EMBRACE LANC MIS THIN 30G	3
EQL LANCETS MIS 21G COLR	3
EQL LANCETS MIS 33G COLR	3
EQL LANCETS MIS THIN 26G	3
EQL LANCETS MIS THIN 30G	3
EZ-LETS 21G MIS LANCETS	3
EZ-LETS 26G MIS LANCETS	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
EZ-LETS 28G MIS LANCETS	3
EZ-LETS 30G MIS LANCETS	3
FASTCLIX MIS LANCETS	3
FIFTY50 SAFE MIS LANCETS	3
FINE 30 MIS	3
FINGERSTIX MIS LANCETS	3
FORA LANCETS MIS 30G	3
FORA MIS LANCETS	3
FREESTYLE MIS LANCETS	3
GENTEEL MIS LANCETS	3
GENTEEL MIS NOZZLES	3
GENTEEL TIPS MIS BLUE	3
GENTEEL TIPS MIS CLEAR	3
GENTEEL TIPS MIS GREEN	3
GENTEEL TIPS MIS ORANGE	3
GENTEEL TIPS MIS RAINBOW	3
GENTEEL TIPS MIS VIOLET	3
GENTEEL TIPS MIS YELLOW	3
GENTLE-LET MIS 26G	3
GENTLE-LET MIS 28G	3
GENTLE-LET MIS LANCETS	3
GENTLE-LET MIS PLATFORM	3
GLOBAL 28G MIS LANCETS	3
GLOBAL 30G MIS LANCETS	3
GLUCOCOM MIS 28G	3
GLUCOCOM MIS 30G	3
GLUCOCOM MIS 33G	3
GNP LANCETS MIS 21G	3
GNP LANCETS MIS 28G	3
GNP LANCETS MIS 30G	3
GNP LANCETS MIS 33G	3
GNP LANCETS MIS THIN 26G	3
GOJJI LANCET MIS 30G	3
GOODSENSE MIS LANC 26G	3
GOODSENSE MIS LANC 30G	3
GOODSENSE MIS LANC 33G	3
HAEMOLANCE MIS HIGH FLO	3
HAEMOLANCE MIS LOW FLOW	3
HAEMOLANCE MIS PLUS	3
HAEMOLANCE MIS PLUS LOW	3
HAEMOLANCE MIS PLUS MAX	3
HAEMOLANCE MIS PLUS PED	3
HAEMOLANCE MIS RETRACT	3
HLTHY ACCNTS MIS LANC 30G	3
IN TOUCH LAN MIS 30G	3
INCONTROL MIS LANC 28G	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
INCONTROL MIS LANC 30G	3
INCONTROL MIS LANC 33G	3
KINNEY MIS LANCETS	3
KINNEY THIN MIS LANCETS	3
KROGER LANCE MIS	3
KROGER LANCE MIS 26G	3
KROGER LANCE MIS THIN	3
KROGER LANCE MIS THIN 30G	3
LANCET CARRY MIS CASE	3
LANCET MICRO MIS THIN 33G	3
LANCET STAND MIS 21G	3
LANCET SUPER MIS THIN 30G	3
LANCET ULTRA MIS 28G	3
LANCET ULTRA MIS THIN 30G	3
LANCETS MICR MIS THIN 33G	3
LANCETS MIS	3
LANCETS MIS 21G	3
LANCETS MIS 21G COLR	3
LANCETS MIS 26G	3
LANCETS MIS 28G	3
LANCETS MIS 30G	3
LANCETS MIS 33G	3
LANCETS MIS ORIGINAL	3
LANCETS MIS THIN	3
LANCETS MIS THIN 26G	3
LANCETS MIS THIN 30G	3
LANCETS SUPR MIS THIN 28G	3
LANCETS THIN MIS	3
LANCETS THIN MIS 26G	3
LANCETS ULTR MIS THIN	3
LANCETS ULTR MIS THIN 31G	3
LB LANCET MIS 28G	3
LITE TOUCH MIS LANCETS	3
LITETOUGH MIS LANCETS	3
LONGS LANCET MIS STANDARD	3
LONGS LANCET MIS THIN	3
LONGS LANCET MIS ULTRA TH	3
MEDICHOICE MIS LANCET	3
MEDLANCE MIS 30G PLUS	3
MEDLANCE MIS EXTR 21G	3
MEDLANCE MIS LITE 25G	3
MEDLANCE MIS PLUS	3
MEDLANCE MIS PLUS 30G	3
MEDLANCE MIS UNV 21G	3
MEDLANCE PLS MIS 0.8MM	3
MEDLANCE PLS MIS EXTR 21G	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
MEDLANCE PLS MIS LITE 25G	3
MEDLANCE PLS MIS UNIV 21G	3
MEIJER LANCE MIS COLOR	3
MEIJER LANCE MIS UNIV 21G	3
MEIJER LANCE MIS UNIV 30G	3
MEIJER LANCE MIS UNIVERSA	3
MEIJER MIS LANCETS	3
MICRO THIN MIS LANC 33G	3
MICROLET MIS LANCETS	3
MM TWIST MIS LANCETS	3
MOBILE LANCE MIS 30G	3
MONOLET MIS LANCETS	3
MONOLET OPD MIS LANCETS	3
MONOLETTOR MIS LANCETS	3
MPD SFTY LAN MIS 21G	3
MPD SFTY LAN MIS 23G	3
MPD SFTY LAN MIS 28G	3
MPD SFTY LAN MIS 30G	3
MYGLUCOHEALT MIS LANC 30G	3
NOVA SAFETY MIS LANC 23G	3
NOVA SAFETY MIS LANC 28G	3
NOVA SURE MIS LANCETS	3
OMNIPOD 5 G6 MIS PODS	2
OMNIPOD DASH MIS PODS	2
OMNIPOD MIS CLASSIC	2
ON-THE-GO MIS LANC 30G	3
ONETOUCH DEL MIS PLUS 30G	3
ONETOUCH DEL MIS PLUS 33G	3
ONETOUCH US MIS 2 30G	3
PC LANCETS MIS 30G	3
PERFECT 28G MIS LANCETS	3
PERFECT 30G MIS LANCETS	3
PHARMACY COU MIS LANCETS	3
PIP LANCETS MIS 28G	3
PIP LANCETS MIS 30G	3
PRO COMFORT MIS 31G	3
PRO COMFORT MIS LANC 30G	3
PRO COMFORT MIS LANCETS	3
PRODIGY MIS 26G	3
PRODIGY MIS 28G	3
PSS SAFE LAN MIS	3
PSS SEL LANC MIS	3
PSS SEL PLAT MIS	3
PURE COMFORT MIS 30G LAN	3
PX LANCETS MIS 28G	3
PX LANCETS MIS 33G	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
PX LANCETS MIS ULT THIN	3
QC LANCETS MIS 28G	3
QC LANCETS MIS 30G	3
RA E-ZJECT MIS 28G	3
RA E-ZJECT MIS THIN 26G	3
RA E-ZJECT MIS THIN 28G	3
RA E-ZJECT MIS ULT THIN	3
READYLANCE MIS 21G	3
READYLANCE MIS 23G	3
READYLANCE MIS 26G	3
READYLANCE MIS 28G	3
READYLANCE MIS 30G	3
REALITY MIS LANCETS	3
REALITY TRIG MIS LANCETS	3
RELION LANCE MIS THIN 26G	3
RELION LANCE MIS THIN 30G	3
RELION MICRO MIS THIN 33G	3
RELION ULTRA MIS THIN 30G	3
RELION ULTRA MIS THIN PLS	3
RIGHTEST ALT MIS ADAPTOR	3
RIGHTEST MIS GL300	3
SAFE-T-LANCE MIS 21G	3
SAFE-T-LANCE MIS 25G	3
SAFE-T-LANCE MIS HI FLOW	3
SAFE-T-LANCE MIS LOW FLOW	3
SAFE-T-LANCE MIS NOR FLOW	3
SAFE-T-PRO MIS LANCETS	3
SAFE-T-PRO MIS PLUS	3
SAFETY 21G MIS LANCETS	3
SAFETY 23G MIS LANCETS	3
SAFETY 28G MIS LANCETS	3
SAFETY 30G MIS LANCETS	3
SAFETY MIS LANCETS	3
SAPS HEALTH MIS TWIST	3
SAPS TWIST MIS 30G	3
SAPSCARE MIS TWIST	3
SB LANCETS MIS THIN	3
SB LANCETS MIS ULTR THN	3
SINGLE-LET MIS 23G	3
SM LANCETS MIS 33G	3
SMART SENSE MIS LANC 21G	3
SMART SENSE MIS LANC 26G	3
SMART SENSE MIS LANC 30G	3
SMART SENSE MIS LANC 33G	3
SMARTEST MIS LANCETS	3
SOFTCLIX MIS LANCETS	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
SOLUS V2 MIS LANC 28G	3
SOLUS V2 MIS LANC 30G	3
STERILANCE MIS 1.8MM	3
STERILANCE MIS TL 28G	3
STERILANCE MIS TL 30G	3
STERILANCE MIS TL 32G	3
SUPER THIN MIS LANC 28G	3
SUPER THIN MIS LANCETS	3
SURE COMFORT MIS LANC 18G	3
SURE COMFORT MIS LANC 21G	3
SURE COMFORT MIS LANC 23G	3
SURE COMFORT MIS LANC 30G	3
SURE COMFORT MIS LANCETS	3
SUREFLEX MIS LANCETS	3
SURELITE MIS LANCETS	3
TECHLITE AST MIS LANCETS	3
TECHLITE MIS LANC 30G	3
TECHLITE MIS LANCETS	3
TGT LANCET MIS 26G	3
TGT LANCET MIS 30G	3
TGT LANCET MIS 33G	3
THIN LANCETS MIS 26G	3
THIN LANCETS MIS 30G	3
THINLETS GP MIS 26G	3
TOPCARE MIS LANC 33G	3
TRAVEL LANCE MIS 30G	3
TRAVEL LANCE MIS ADV 28G	3
TRUE COMFORT MIS LANC 30G	3
TRUPLUS LANC MIS 26G	3
TRUPLUS LANC MIS 28G	3
TRUPLUS LANC MIS 30G	3
TRUPLUS LANC MIS 33G	3
TWIST LANCET MIS 30G	3
TWIST LANCET MIS 30G MULT	3
ULTILET MIS 26G	3
ULTILET MIS 28G	3
ULTILET MIS 30G	3
ULTILET MIS 33G	3
ULTILET MIS LANCETS	3
ULTILET MIS SAFETY	3
ULTILET SAFE MIS 21G	3
ULTRA THIN MIS 28G	3
ULTRA THIN MIS 30G	3
ULTRA THIN MIS 31G	3
ULTRA THIN MIS 33G	3
ULTRA THIN MIS LAN 31G	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
ULTRA THIN MIS LANC 28G	3
ULTRA THIN MIS LANC 30G	3
ULTRA THIN MIS LANCETS	3
UNILET CMFR MIS TCH 28G	3
UNILET CMFR MIS TCH 30G	3
UNILET EX II MIS 28G	3
UNILET EXCEL MIS 23G	3
UNILET G.P MIS SUPR 23G	3
UNILET G.P. MIS 21G	3
UNILET GP 28 MIS ULT THIN	3
UNILET LANC MIS 33G	3
UNILET LANCE MIS 21G	3
UNILET LANCE MIS 28G	3
UNILET LANCE MIS 33G	3
UNILET LANCT MIS 28G	3
UNILET LANCT MIS 30G	3
UNILET LANCT MIS 33G	3
UNILET MICRO MIS 33G	3
UNILET MIS 21G	3
UNILET SUPER MIS 23G	3
UNILET SUPER MIS G.P. 23G	3
UNISTIK 1 MIS 2.4MM	3
UNISTIK 1 MIS 3.0MM	3
UNISTIK 2 MIS	3
UNISTIK 2 MIS 1.8MM	3
UNISTIK 2 MIS 2.4MM	3
UNISTIK 2 MIS COMFORT	3
UNISTIK 2 MIS EXTRA	3
UNISTIK 2 MIS NEONATAL	3
UNISTIK 2 MIS NORMAL	3
UNISTIK 2 MIS SUPER	3
UNISTIK 3 MIS 1.8MM	3
UNISTIK 3 MIS COMFORT	3
UNISTIK 3 MIS EXTRA	3
UNISTIK 3 MIS GENT 30G	3
UNISTIK 3 MIS NEONATAL	3
UNISTIK 3 MIS NORMAL	3
UNISTIK 3 MIS XTR 21G	3
UNISTIK 23G MIS NORMAL	3
UNISTIK CZT MIS COMFORT	3
UNISTIK CZT MIS NORMAL	3
UNISTIK PRO MIS LANC 21G	3
UNISTIK PRO MIS LANC 28G	3
UNISTIK SAFE MIS LANC 28G	3
UNISTIK SAFE MIS LANC 30G	3
UNISTIK TOUC MIS LANC 21G	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
UNISTIK TOUC MIS LANC 23G	3
UNISTIK TOUC MIS LANC 28G	3
UNISTIK TOUC MIS LANC 30G	3
UNITSTIK PRO MIS LANC 25G	3
UNIVERSAL 1 MIS 33G	3
UNIVERSAL 1 MIS LANC 26G	3
UNIVERSAL 1 MIS LANC 30G	3
VERIFINE MIS UNIV 28G	3
VERIFINE MIS UNIV 30G	3
VERIFINE MIS UNIV 33G	3
VIVAGUARD MIS 28G	3
VIVAGUARD MIS 30G	3
ZEVRX TWIST MIS LANC 30G	3

#### **PARENTERAL THERAPY SUPPLIES**

AUTOSHIELD MIS 29X3/16"	2
AUTOSHIELD MIS 29X5/16"	2
AUTOSHIELD MIS 30GX5MM	2
BD PEN NEEDL MIS 29GX12.7	2
BD PEN NEEDL MIS 31GX5MM	2
BD PEN NEEDL MIS 31GX8MM	2
BD PEN NEEDL MIS 32GX4MM	2
BD PEN NEEDL MIS 32GX4MM	2
BD PEN NEEDL MIS 32GX6MM	2
BD U-500 MIS 31GX6MM	2
INSULIN SYRG MIS 0.3/29G	2
INSULIN SYRG MIS 0.3/30G	2
INSULIN SYRG MIS 0.3/31G	2
INSULIN SYRG MIS 0.3/31G	2
INSULIN SYRG MIS 0.5/28G	2
INSULIN SYRG MIS 0.5/29G	2
INSULIN SYRG MIS 0.5/30G	2
INSULIN SYRG MIS 0.5/31G	2
INSULIN SYRG MIS 1ML	2
INSULIN SYRG MIS 1ML/25G	2
INSULIN SYRG MIS 1ML/26G	2
INSULIN SYRG MIS 1ML/27G	2
INSULIN SYRG MIS 1ML/28G	2
INSULIN SYRG MIS 1ML/29G	2
INSULIN SYRG MIS 1ML/30G	2
INSULIN SYRG MIS 1ML/31G	2
INSULIN SYRG MIS 2/27.5G	2
LUER-LOK SYR MIS 1ML/20G	2

#### **MIGRAINE PRODUCTS**

##### **CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**

AIMOVIG INJ 70MG/ML	2
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AIMOVIG INJ 140MG/ML	2	
AJOVY INJ 225/1.5	2	
EMGALITY INJ 100MG/ML	2	
NURTEC TAB 75MG ODT	2	
QULIPTA TAB 10MG	2	
QULIPTA TAB 30MG	2	
QULIPTA TAB 60MG	2	
UBRELVY TAB 50MG	2	
UBRELVY TAB 100MG	2	
<b>MIGRAINE PRODUCTS</b>		
dihydroergotamine mesylate inj 1 mg/ml	1	
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>		
AJOVY INJ 225/1.5	2	
EMGALITY INJ 120MG/ML	2	
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
diclofenac potassium (migraine) packet 50 mg	1	
<b>SEROTONIN AGONISTS</b>		
almotriptan malate tab 6.25 mg	1	
almotriptan malate tab 12.5 mg	1	
eletriptan hydrobromide tab 20 mg (base equivalent)	1	
eletriptan hydrobromide tab 40 mg (base equivalent)	1	
frovatriptan succinate tab 2.5 mg (base equivalent)	1	
IMITREX INJ 4MG/0.5	3	
IMITREX INJ 6MG/0.5	3	
IMITREX SPR 5MG/ACT	3	
IMITREX SPR 20MG/ACT	3	
IMITREX TAB 25MG	3	
IMITREX TAB 50MG	3	
IMITREX TAB 100MG	3	
naratriptan hcl tab 1 mg (base equiv)	1	
naratriptan hcl tab 2.5 mg (base equiv)	1	
ONZETRA XSAI MIS 11MG	2	
RELPAX TAB 20MG	3	
RELPAX TAB 40MG	3	
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	
rizatriptan benzoate tab 5 mg (base equivalent)	1	
rizatriptan benzoate tab 10 mg (base equivalent)	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
SUMATRIPTAN INJ 4MG/0.5	3
SUMATRIPTAN INJ 6MG/0.5	3
<i>sumatriptan nasal spray 5 mg/act</i>	1
<i>sumatriptan nasal spray 20 mg/act</i>	1
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1
<i>sumatriptan succinate tab 25 mg</i>	1
<i>sumatriptan succinate tab 50 mg</i>	1
<i>sumatriptan succinate tab 100 mg</i>	1
ZEMBRACE SYM INJ 3/0.5ML	2
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1
<i>zolmitriptan tab 2.5 mg</i>	1
<i>zolmitriptan tab 5 mg</i>	1
ZOMIG TAB 2.5MG	3
ZOMIG TAB 5MG	3

## **MINERALS & ELECTROLYTES**

### **BICARBONATES**

SOD BICARB INJ 7.5%	3
<i>sodium acetate inj 2 meq/ml</i>	1
<i>sodium acetate inj 4 meq/ml</i>	1
<i>sodium bicarbonate iv soln 4.2%</i>	1
<i>sodium bicarbonate iv soln 8.4%</i>	1

### **CALCIUM**

<i>calcium chloride inj 10%</i>	1
<i>calcium gluconate inj 10%</i>	1

### **ELECTROLYTE MIXTURES**

D10W/NACL INJ 0.45%	3
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1
<i>dextrose 5% in lactated ringers</i>	1
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1
<i>dextrose 5% w/ sodium chloride 0.33%</i>	1
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj	1
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	1
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1
LACTATED RIN INJ	3
lactated ringer's solution	1
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1
ringer's solution	1

### **FLUORIDE**

fluoritab dro 0.125mg	1
nafrinse chw 1mg f	1
nafrinse dro 0.125mg	1
SOD FLUORIDE TAB 0.5MG F	3
SOD FLUORIDE TAB 1MG F	3
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1

### **IODINE PRODUCTS**

IODINE SOL STRONG	3
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### **MAGNESIUM**

magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1
magnesium sulfate inj 50%	1
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	1
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	1
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	1	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	1	
<b>MANGANESE</b>		
MANGANESE CL INJ 0.1MG/ML	3	
<b>PHOSPHATE</b>		
<i>phospha 250 tab neutral</i>	1	
<i>phospho-trin tab 250 neut</i>	1	
<i>phospho-trin tab k500</i>	1	
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i>	1	
<i>potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)</i>	1	
SOD PHOSPHAT INJ 15MM/5ML	3	
SODIUM PHOSP SOL 150/50ML	3	PA
<i>sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na)</i>	1	
<b>POTASSIUM</b>		
<i>effer-k tab 25meq ef</i>	1	
<i>k-prime tab 25meq ef</i>	1	
K-TAB TAB 10MEQ CR	3	
<i>klor-con 8 tab 8meq er</i>	1	
<i>klor-con 10 tab 10meq er</i>	1	
<i>klor-con m10 tab 10meq er</i>	1	
<i>klor-con m15 tab 15meq er</i>	1	
<i>klor-con m20 tab 20meq er</i>	1	
<i>klor-con pak 20meq</i>	1	
<i>klor-con/ef tab 25meq fr</i>	1	
POT CHLORIDE TAB 8MEQ ER	3	
<i>potassium acetate inj 2 meq/ml</i>	1	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride inj 2 meq/ml</i>	1	
<i>potassium chloride inj 10 meq/50ml</i>	1	
<i>potassium chloride inj 10 meq/100ml</i>	1	
<i>potassium chloride inj 20 meq/50ml</i>	1	
<i>potassium chloride inj 20 meq/100ml</i>	1	
<i>potassium chloride inj 40 meq/100ml</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1
<i>potassium chloride powder packet 20 meq</i>	1
<i>potassium chloride tab er 8 meq (600 mg)</i>	1
<i>potassium chloride tab er 10 meq</i>	1
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1
<b>SODIUM</b>	
<i>SOD CHLORIDE INJ 0.9%</i>	3
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1
<i>sodium chloride iv soln 0.9%</i>	1
<i>sodium chloride iv soln 0.45%</i>	1
<i>sodium chloride iv soln 3%</i>	1
<i>sodium chloride iv soln 4 meq/ml (23.4%)</i>	1
<i>sodium chloride iv soln 5%</i>	1
<i>sodium chloride preservative free (pf) inj 0.9%</i>	1
<b>TRACE MINERALS</b>	
<i>CHROMIUM CL INJ 4MCG/ML</i>	3
<i>CUPRIC CHLOR INJ 0.4MG/ML</i>	3
<b>ZINC</b>	
<i>ZINC CHLORID INJ 1MG/ML</i>	3
<i>zinc chloride inj 1 mg/ml</i>	1
<i>zinc sulfate inj 1 mg/ml</i>	1
<i>zinc sulfate inj 3 mg/ml</i>	1
<i>zinc sulfate inj 5 mg/ml</i>	1
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>	
<b>CHELATING AGENTS</b>	
<i>penicillamine cap 250 mg</i>	1
<i>penicillamine tab 250 mg</i>	1
<i>trientine hcl cap 250 mg</i>	1
<b>IMMUNOMODULATORS</b>	
<i>lenalidomide cap 5 mg</i>	1
<i>lenalidomide cap 10 mg</i>	1
<i>lenalidomide cap 15 mg</i>	1
<i>lenalidomide cap 20 mg</i>	1
<i>lenalidomide cap 25 mg</i>	1
<i>lenalidomide caps 2.5 mg</i>	1
<i>REVLIMID CAP 2.5MG</i>	2
<i>REVLIMID CAP 5MG</i>	2
<i>REVLIMID CAP 10MG</i>	2
<i>REVLIMID CAP 15MG</i>	2
<i>REVLIMID CAP 20MG</i>	2

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
REVLIMID CAP 25MG	2
THALOMID CAP 50MG	2
THALOMID CAP 100MG	2
THALOMID CAP 150MG	2
THALOMID CAP 200MG	2

### **IMMUNOSUPPRESSIVE AGENTS**

<i>azasan tab 75 mg</i>	1
<i>azasan tab 100mg</i>	1
<i>azathioprine tab 50 mg</i>	1
<i>azathioprine tab 75 mg</i>	1
<i>azathioprine tab 100 mg</i>	1
<i>cyclosporine cap 25 mg</i>	1
<i>cyclosporine cap 100 mg</i>	1
<i>cyclosporine iv soln 50 mg/ml</i>	1
<i>cyclosporine modified cap 25 mg</i>	1
<i>cyclosporine modified cap 50 mg</i>	1
<i>cyclosporine modified cap 100 mg</i>	1
<i>cyclosporine modified oral soln 100 mg/ml</i>	1
<i>ENSPRYNG INJ</i>	2
<i>everolimus tab 0.5 mg</i>	1
<i>everolimus tab 0.25 mg</i>	1
<i>everolimus tab 0.75 mg</i>	1
<i>everolimus tab 1 mg</i>	1
<i>gengraf cap 25mg</i>	1
<i>gengraf cap 100mg</i>	1
<i>gengraf sol 100mg/ml</i>	1
<i>IMURAN TAB 50MG</i>	3
<i>mycophenolate mofetil cap 250 mg</i>	1
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	1
<i>mycophenolate mofetil tab 500 mg</i>	1
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1
<i>sirolimus oral soln 1 mg/ml</i>	1
<i>sirolimus tab 0.5 mg</i>	1
<i>sirolimus tab 1 mg</i>	1
<i>sirolimus tab 2 mg</i>	1
<i>tacrolimus cap 0.5 mg</i>	1
<i>tacrolimus cap 1 mg</i>	1
<i>tacrolimus cap 5 mg</i>	1

### **IRRIGATION SOLUTIONS**

<i>lactated ringer's for irrigation</i>	1
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>physiolyte sol</i>	1	
<i>physiosol sol irrigat</i>	1	
<i>ringer's solution for irrigation</i>	1	
<i>tis-u-sol sol</i>	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
<b>POTASSIUM REMOVING AGENTS</b>		
<i>sodium polystyrene sulfonate powder</i>	1	
<i>SPS SUS 15GM/60</i>	3	
<i>VELTASSA POW 8.4GM</i>	2	
<i>VELTASSA POW 16.8GM</i>	2	
<i>VELTASSA POW 25.2GM</i>	2	
<b>PROSTAGLANDINS</b>		
<i>alprostadil inj 500 mcg/ml</i>	1	
<b>SCLEROSING AGENTS</b>		
<i>sodium tetradecyl sulfate inj 3%</i>	1	
<i>SOTRADECOL INJ 1%</i>	3	
<i>sotradecol inj 3%</i>	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>LIDOCAINE SOL 4%</i>	3	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>periogard sol 0.12%</i>	1	
<b>DENTAL PRODUCTS</b>		
<i>easygel gel 0.4%</i>	1	
<i>easygel gel 0.4%chry</i>	1	
<i>easygel gel 0.4%citr</i>	1	
<i>easygel gel 0.4%mint</i>	1	
<i>fluoridex con dly ren</i>	1	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>oralone dent pst 0.1%</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>EPISIL LIQ</i>	2	
<i>EVOXAC CAP 30MG</i>	3	
<i>MUGARD LIQ</i>	2	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<i>SALAGEN TAB 5MG</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SALAGEN TAB 7.5MG	3	
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
b-plex tab	1	
folbee plus tab	1	
FOLBEE PLUS TAB CZ	3	
nephronex tab	1	
reno cap	1	
triphrocaps cap	1	
virt-caps cap	1	
vp-vite rx tab	1	
wescaps cap	1	
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
b-plex plus tab	1	
biocel tab	1	
CORVITA TAB	3	
lysiplex tab plus	1	
nutrifac zx tab	1	
v-c forte cap	1	
vic-forte cap	1	
vita s forte tab	1	
vitacel tab	1	
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
multi-vit/fl dro /fe 0.25	1	
<b>PED MV W/ FLUORIDE</b>		
MULTI VIT/FL CHW 0.25MG	3	PA
multi-vit/fl dro 0.5mg/ml	1	
MULTIVIT/FL CHW 0.5MG	3	PA
MULTIVIT/FL CHW 0.25MG	3	PA
MULTIVIT/FL CHW 1MG	3	PA
multivit/fl dro 0.25mg	1	
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	1	
tri-vit/fluo dro 0.5mg	1	
tri-vit/fluo dro 0.25mg	1	
vit a/c/d/fl dro 0.25mg	1	
<b>PREGNATAL VITAMINS</b>		
ELITE-OB TAB	3	PA
INATAL GT TAB	3	PA
PNV-DHA CAP	3	PA
PNV-SELECT TAB	3	PA
PREGNATAL 19 CHW TAB	3	PA
TRINATE TAB	3	PA
<b>SPECIALTY VITAMINS PRODUCTS</b>		
urosex tab	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen intrathecal inj 10 mg/20ml (500 mcg/ml)</i>	1	
<i>baclofen intrathecal inj 20 mg/20ml (1000 mcg/ml)</i>	1	
<i>baclofen intrathecal inj 40 mg/20ml (2000 mcg/ml)</i>	1	
BACLOFEN SOL 5MG/5ML	3	PA
BACLOFEN SUS 25MG/5ML	3	PA
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol inj 1000 mg/10ml</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
ORPHENADRINE INJ 30MG/ML	3	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX TAB 4MG	3	
<b>DIRECT MUSCLE RELAXANTS</b>		
DANTRIUM CAP 25MG	3	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>dantrolene sodium for iv soln 20 mg</i>	1	
<i>revonto inj 20mg</i>	1	
<b>VISCOSUPPLEMENTS</b>		
DUROLANE INJ 60MG/3ML	2	
EUFLEXXA INJ 10MG/ML	2	
GELSYN-3 INJ 16.8/2ML	2	
SUPARTZ FX INJ 25/2.5ML	2	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<b>NASAL ANTIALLERGY</b>	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1
<i>olopatadine hcl nasal soln 0.6%</i>	1
PATANASE SPR 0.6%	3
<b>NASAL ANTICHOLINERGICS</b>	
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1
<b>NASAL STEROIDS</b>	
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1
<i>mometasone furoate nasal susp 50 mcg/act</i>	1
<b>SYMPATHOMIMETIC DECONGESTANTS</b>	
<i>epinephrine hcl nasal soln 0.1%</i>	1
<b>NEUROMUSCULAR AGENTS</b>	
<b>ALS AGENTS</b>	
<i>riluzole tab 50 mg</i>	1
<b>DEPOLARIZING MUSCLE RELAXANTS</b>	
<i>succinylcholine chloride inj 20 mg/ml</i>	1
<b>NONDEPOLARIZING MUSCLE RELAXANTS</b>	
<i>atracurium besylate iv soln 100 mg/10ml</i>	1
<i>atracurium besylate preservative free (pf) iv soln 50 mg/5ml</i>	1
<i>cisatracurium besylate (pf) iv soln 10 mg/5ml (2 mg/ml)</i>	1
<i>cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml)</i>	1
<i>cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)</i>	1
<i>rocuronium bromide iv soln 50 mg/5ml (10 mg/ml)</i>	1
<i>rocuronium bromide iv soln 100 mg/10ml (10 mg/ml)</i>	1
<i>vecuronium bromide for inj 10 mg</i>	1
<i>vecuronium bromide for inj 20 mg</i>	1
<b>NUTRIENTS</b>	
<b>CARBOHYDRATES</b>	
<i>dextrose inj 5%</i>	1
<i>dextrose inj 10%</i>	1
DEXTROSE INJ 25%	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextrose inj 50%</i>	1	
<i>dextrose inj 70%</i>	1	
<b>PROTEINS</b>		
<i>aminoam cap rms</i>	1	
<i>aminorelief cap rms</i>	1	
<i>aminosyn ii sol 15%</i>	1	
<i>clinisol sf inj 15%</i>	1	
<i>plenamine inj 15%</i>	1	

## **OPHTHALMIC AGENTS**

### **BETA-BLOCKERS - OPHTHALMIC**

<i>BETAXOLOL SOL 0.5% OP</i>	3
<i>BETOPTIC-S SUS 0.25% OP</i>	2
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1
<i>CARTEOLOL SOL 1% OP</i>	3
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1
<i>LEVOBUNOLOL SOL 0.5% OP</i>	3
<i>timolol maleate ophth gel forming soln 0.5%</i>	1
<i>timolol maleate ophth gel forming soln 0.25%</i>	1
<i>timolol maleate ophth soln 0.5%</i>	1
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1
<i>timolol maleate ophth soln 0.25%</i>	1
<i>timolol maleate preservative free ophth soln 0.5%</i>	1
<i>timolol maleate preservative free ophth soln 0.25%</i>	1

### **CYCLOPLEGIC MYDRIATICS**

<i>altafrin sol 2.5% op</i>	1
<i>altafrin sol 10% op</i>	1
<i>atropine sulfate ophth soln 1%</i>	1
<i>cyclopentolate hcl ophth soln 1%</i>	1
<i>phenylephrine hcl ophth soln 2.5%</i>	1
<i>phenylephrine hcl ophth soln 10%</i>	1
<i>tropicamide ophth soln 0.5%</i>	1
<i>tropicamide ophth soln 1%</i>	1

### **MIOTICS**

<i>pilocarpine hcl ophth soln 1%</i>	1
<i>pilocarpine hcl ophth soln 2%</i>	1
<i>pilocarpine hcl ophth soln 4%</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>OPHTHALMIC - ANGIOGENESIS INHIBITORS</i></b>		
EYLEA INJ 2/0.05ML	2	
LUCENTIS INJ 0.3MG	2	
LUCENTIS INJ 0.5MG	2	
<b><i>OPHTHALMIC ADRENERGIC AGENTS</i></b>		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
APRACLONIDIN SOL 0.5% OP	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
SIMBRINZA SUS 1-0.2%	2	
<b><i>OPHTHALMIC ANTI-INFECTIVES</i></b>		
BACITRACIN OIN OP	3	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
LEVOFLOXACIN SOL 1.5%	3	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
MOXIFLOXACIN SOL 0.5%	3	
<i>neo-polycin oin op</i>	1	
NEO/POLY/GRA SOL OP	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
OCUFLOX DRO 0.3% OP	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polycin oin op</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POLYTRIM SOL OP	3	
SULFACET SOD OIN 10% OP	3	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	3	
TRIFLURIDINE SOL 1% OP	3	
VIGAMOX DRO 0.5%	3	
<b><i>OPHTHALMIC IMMUNOMODULATORS</i></b>		
RESTASIS EMU 0.05% OP	1	
RESTASIS MUL EMU 0.05% OP	2	
<b><i>OPHTHALMIC INTEGRIN ANTAGONISTS</i></b>		
XIIDRA DRO 5%	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>altacaine sol 0.5% op</i>	1	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>DEXAMETH PHO SOL 0.1% OP</i>	3	
<i>diloprednate ophth emulsion 0.05%</i>	1	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
<i>LOTEPREDNOL GEL 0.5%</i>	3	PA
<i>MAXITROL OIN 0.1% OP</i>	3	
<i>MAXITROL SUS 0.1% OP</i>	3	
<i>neo-polycin oin hc 1%op</i>	1	
<i>NEO/POLY/HC SUS OP</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>PRED SOD PHO SOL 1% OP</i>	3	
<i>PREDNISOLONE SUS 1% OP</i>	3	
<i>SULF/PRED NA SOL OP</i>	3	
<i>TOBRADEX OIN 0.3-0.1%</i>	2	
<i>TOBRADEX SUS 0.3-0.1%</i>	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
<b>OPHTHALMICS - MISC.</b>		
<i>ACULAR LS SOL 0.4%</i>	3	
<i>ACULAR SOL 0.5% OP</i>	3	
<i>altafluor-be sol 0.25-0.4</i>	1	
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>CROMOLYN SOD SOL 4% OP</i>	3	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	1	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	1	
<i>FLURBIPROFEN SOL 0.03% OP</i>	3	
<i>ILEVRO DRO 0.3% OP</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PAZEO DRO 0.7%	2	
PROLENSA SOL 0.07%	2	
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
ZIOPTAN DRO 0.0015%	2	
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid otic soln 2%</i>	1	
<b>OTIC ANTI-INFECTIVES</b>		
<i>CIPROFLOXACN SOL 0.2%</i>	3	
<i>ofloxacin otic soln 0.3%</i>	1	
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTIC-ND DRO	3	PA
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<b>OTIC STEROIDS</b>		
<i>flac oil 0.01%</i>	1	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
HC/ACET ACID SOL OTIC	3	
<b>OXYTOCICS</b>		
<b>ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING</b>		
<i>carboprost tromethamine im soln 250 mcg/ml</i>	1	
<b>OXYTOCICS</b>		
<i>methergine tab 0.2mg</i>	1	
<i>methylergonovine maleate inj 0.2 mg/ml</i>	1	
<i>methylergonovine maleate tab 0.2 mg</i>	1	
<i>oxytocin inj 10 unit/ml</i>	1	
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
AMOXICILLIN CHW 125MG	3	
AMOXICILLIN CHW 250MG	3	
AMPICILLIN CAP 500MG	3	
AMPICILLIN INJ 1GM	3	
AMPICILLIN INJ 2GM	3	
AMPICILLIN INJ 125MG	3	
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 2 gm</i>	1	
<i>ampicillin sodium for inj 250 mg</i>	1	
<i>ampicillin sodium for inj 500 mg</i>	1	
<i>ampicillin sodium for iv soln 10 gm</i>	1	

#### **NATURAL PENICILLINS**

PEN G SODIUM INJ 5000000	3	
<i>penicillin g potassium for inj 5000000 unit</i>	1	
<i>penicillin g potassium for inj 20000000 unit</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
PENICILLN VK SOL 125/5ML	3	
PENICILLN VK SOL 250/5ML	3	
PFIZERPEN INJ 5MU	3	PA
PFIZERPEN INJ 20MU	3	PA
PFIZERPEN INJ 20000000	3	PA

#### **PENICILLIN COMBINATIONS**

AMOX-POT CLA TAB ER	3	
AMOX/K CLAV CHW 200MG	3	
AMOX/K CLAV CHW 400MG	3	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1	
<i>AMP-SULBACTA INJ 1.5GM</i>	3	
<i>AMP-SULBACTA INJ 3GM</i>	3	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>AUGMENTIN SUS 125/5ML</i>	3	
<i>AUGMENTIN SUS ES-600</i>	3	
<i>AUGMENTIN TAB 500MG</i>	3	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	

#### **PENICILLINASE-RESISTANT PENICILLINS**

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

#### **PHARMACEUTICAL ADJUVANTS**

##### **LIQUID VEHICLES**

<i>bacteriostatic sodium chloride inj soln 0.9%</i>	1
<i>glycine diluent for injection</i>	1
<i>glycine diluent for injection</i>	1
<i>water for injection</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<b>PROGESTINS</b>	
<b>PROGESTINS</b>	
AYGESTIN TAB 5MG	3
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1
<i>medroxyprogesterone acetate tab 5 mg</i>	1
<i>medroxyprogesterone acetate tab 10 mg</i>	1
<i>megestrol acetate susp 625 mg/5ml</i>	1
<i>norethindrone acetate tab 5 mg</i>	1
<i>progesterone cap 100 mg</i>	1
<i>progesterone cap 200 mg</i>	1
<i>progesterone im in oil 50 mg/ml</i>	1
PROVERA TAB 2.5MG	3
PROVERA TAB 5MG	3
PROVERA TAB 10MG	3

#### **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

##### **AGENTS FOR CHEMICAL DEPENDENCY**

acamprosate calcium tab delayed release 333 mg	1
disulfiram tab 250 mg	1
disulfiram tab 500 mg	1

##### **ANTI-CATAPLECTIC AGENTS**

XYWAV SOL 0.5GM/ML	2
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##### **ANTIDEMENTIA AGENTS**

ARICEPT TAB 5MG	3
ARICEPT TAB 10MG	3
ARICEPT TAB 23MG	3
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1
<i>donepezil hydrochloride tab 5 mg</i>	1
<i>donepezil hydrochloride tab 10 mg</i>	1
<i>donepezil hydrochloride tab 23 mg</i>	1
EXELON DIS 4.6MG/24	3
EXELON DIS 9.5MG/24	3
EXELON DIS 13.3/24	3
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1
<i>galantamine hydrobromide tab 4 mg</i>	1
<i>galantamine hydrobromide tab 8 mg</i>	1
<i>galantamine hydrobromide tab 12 mg</i>	1
GALANTAMINE SOL 4MG/ML	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>memantine hcl cap er 24hr 7 mg</i>	1
<i>memantine hcl cap er 24hr 14 mg</i>	1
<i>memantine hcl cap er 24hr 21 mg</i>	1
<i>memantine hcl cap er 24hr 28 mg</i>	1
<i>memantine hcl oral solution 2 mg/ml</i>	1
<i>memantine hcl tab 5 mg</i>	1
<i>memantine hcl tab 10 mg</i>	1
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	1
NAMZARIC CAP	2
NAMZARIC CAP 7-10MG	2
NAMZARIC CAP 14-10MG	2
NAMZARIC CAP 21-10MG	2
NAMZARIC CAP 28-10MG	2
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1

#### **COMBINATION PSYCHOTHERAPEUTICS**

CDP/AMITRIP TAB 5-12.5MG	3
CDP/AMITRIP TAB 10-25MG	3
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1
PERPHEN/AMIT TAB 2-10MG	3
PERPHEN/AMIT TAB 2-25MG	3
PERPHEN/AMIT TAB 4-10MG	3
PERPHEN/AMIT TAB 4-25MG	3
PERPHEN/AMIT TAB 4-50MG	3

#### **MOVEMENT DISORDER DRUG THERAPY**

AUSTEDO TAB 6MG	2
AUSTEDO TAB 9MG	2
AUSTEDO TAB 12MG	2
AUSTEDO XR TAB 6MG	2
AUSTEDO XR TAB 12MG	2
AUSTEDO XR TAB 24MG	2
INGREZZA CAP 40-80MG	2

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
INGREZZA CAP 40MG	2
INGREZZA CAP 60MG	2
INGREZZA CAP 80MG	2
<i>tetrabenazine tab 12.5 mg</i>	1
<i>tetrabenazine tab 25 mg</i>	1
<b>MULTIPLE SCLEROSIS AGENTS</b>	
AVONEX PEN KIT 30MCG	2
AVONEX PREFL KIT 30MCG	2
BETASERON INJ 0.3MG	2
COPAXONE INJ 20MG/ML	2
COPAXONE INJ 40MG/ML	2
<i>dalfampridine tab er 12hr 10 mg</i>	1
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	1
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	1
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1
<i>glatopa inj 20mg/ml</i>	1
<i>glatopa inj 40mg/ml</i>	1
KESIMPTA INJ 20/.4ML	2
MAYZENT PAK STARTER	2
MAYZENT TAB 0.25MG	2
MAYZENT TAB 1MG	2
MAYZENT TAB 2MG	2
OCREVUS INJ 300/10ML	2
REBIF INJ 22/0.5	2
REBIF INJ 44/0.5	2
REBIF REBIDO INJ 22/0.5	2
REBIF REBIDO INJ 44/0.5	2
REBIF REBIDO INJ TITRATN	2
REBIF TITRTN INJ PACK	2
<i>teriflunomide tab 7 mg</i>	1
<i>teriflunomide tab 14 mg</i>	1
TYSABRI INJ 300/15ML	2
VUMERTY CAP 231MG	2
ZEPOSIA 7DAY CAP STR PACK	2
ZEPOSIA CAP .92MG	2
ZEPOSIA CAP STR KIT	2
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>	
GRALISE TAB 300MG	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GRALISE TAB 450MG	2	
GRALISE TAB 600MG	2	
GRALISE TAB 750MG	2	
GRALISE TAB 900MG	2	
<i>pregabalin tab er 24hr 82.5 mg</i>	1	
<i>pregabalin tab er 24hr 165 mg</i>	1	
<i>pregabalin tab er 24hr 330 mg</i>	1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
ERGOLOID MES TAB 1MG ORAL	3	
PIMOZIDE TAB 1MG	3	
PIMOZIDE TAB 2MG	3	
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
TEGSEDI INJ 284/1.5	2	
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
PROLASTIN-C INJ 1000MG	2	
ZEMAIRA INJ 1000MG	2	
<b>CYSTIC FIBROSIS AGENTS</b>		
PULMOZYME SOL 1MG/ML	3	
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV CAP 100MG	2	
OFEV CAP 150MG	2	
<i>pirfenidone cap 267 mg</i>	1	
<i>pirfenidone tab 267 mg</i>	1	
<i>pirfenidone tab 801 mg</i>	1	
<b>TETRACYCLINES</b>		
<b>GLYCYLCYCLINES</b>		
<i>tigecycline for iv soln 50 mg</i>	1	
<b>TETRACYCLINES</b>		
<i>avidoxy tab 100mg</i>	1	
<i>demeclercycline hcl tab 150 mg</i>	1	
<i>demeclercycline hcl tab 300 mg</i>	1	
<i>doxy 100 inj 100mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
MINOCYCLINE TAB 105MG ER	3	PA
MINOCYCLINE TAB 135MG ER	3	PA
<i>monodoxine nl cap 100mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	3	

## **THYROID AGENTS**

### **ANTITHYROID AGENTS**

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

### **THYROID HORMONES**

<i>euthyrox tab 25mcg</i>	1
<i>euthyrox tab 50mcg</i>	1
<i>euthyrox tab 75mcg</i>	1
<i>euthyrox tab 88mcg</i>	1
<i>euthyrox tab 100mcg</i>	1
<i>euthyrox tab 112mcg</i>	1
<i>euthyrox tab 125mcg</i>	1
<i>euthyrox tab 137mcg</i>	1
<i>euthyrox tab 150mcg</i>	1
<i>euthyrox tab 175mcg</i>	1
<i>euthyrox tab 200mcg</i>	1
<i>levo-t tab 25mcg</i>	1
<i>levo-t tab 50mcg</i>	1
<i>levo-t tab 75mcg</i>	1
<i>levo-t tab 88mcg</i>	1
<i>levo-t tab 100mcg</i>	1
<i>levo-t tab 112mcg</i>	1
<i>levo-t tab 125mcg</i>	1
<i>levo-t tab 137mcg</i>	1
<i>levo-t tab 150mcg</i>	1
<i>levo-t tab 175mcg</i>	1
<i>levo-t tab 200 mcg</i>	1
<i>levo-t tab 300 mcg</i>	1
<i>levothyroxine sodium for iv inj 100 mcg</i>	1
<i>levothyroxine sodium for iv inj 200 mcg</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levothyroxine sodium for iv inj 500 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl tab 25mcg</i>	1	
<i>levoxyl tab 50mcg</i>	1	
<i>levoxyl tab 75mcg</i>	1	
<i>levoxyl tab 88mcg</i>	1	
<i>levoxyl tab 100mcg</i>	1	
<i>levoxyl tab 112mcg</i>	1	
<i>levoxyl tab 125mcg</i>	1	
<i>levoxyl tab 137mcg</i>	1	
<i>levoxyl tab 150mcg</i>	1	
<i>levoxyl tab 175mcg</i>	1	
<i>levoxyl tab 200mcg</i>	1	
<b>LIOTHYRONINE INJ 10MCG/ML</b>	<b>3</b>	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
<b>SYNTHROID TAB 25MCG</b>	<b>2</b>	
<b>SYNTHROID TAB 50MCG</b>	<b>2</b>	
<b>SYNTHROID TAB 75MCG</b>	<b>2</b>	
<b>SYNTHROID TAB 88MCG</b>	<b>2</b>	
<b>SYNTHROID TAB 100MCG</b>	<b>2</b>	
<b>SYNTHROID TAB 112MCG</b>	<b>2</b>	
<b>SYNTHROID TAB 125MCG</b>	<b>2</b>	
<b>SYNTHROID TAB 137MCG</b>	<b>2</b>	
<b>SYNTHROID TAB 150MCG</b>	<b>2</b>	
<b>SYNTHROID TAB 175MCG</b>	<b>2</b>	
<b>SYNTHROID TAB 200MCG</b>	<b>2</b>	
<b>SYNTHROID TAB 300MCG</b>	<b>2</b>	
<i>unithroid tab 25mcg</i>	1	
<i>unithroid tab 50mcg</i>	1	
<i>unithroid tab 75mcg</i>	1	
<i>unithroid tab 88mcg</i>	1	
<i>unithroid tab 100mcg</i>	1	
<i>unithroid tab 112mcg</i>	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>unithroid tab 125mcg</i>	1
<i>unithroid tab 137mcg</i>	1
<i>unithroid tab 150mcg</i>	1
<i>unithroid tab 175mcg</i>	1
<i>unithroid tab 200mcg</i>	1
<i>unithroid tab 300mcg</i>	1

## **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

### **ANTISPASMODICS**

<i>ANASPAZ TAB 0.125MG</i>	3
<i>atropine sulfate inj 8 mg/20ml (0.4 mg/ml)</i>	1
<i>atropine sulfate iv soln 0.4 mg/ml</i>	1
<i>atropine sulfate iv soln 1 mg/ml</i>	1
<i>atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)</i>	1
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	1
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	1
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1
<i>dicyclomine hcl cap 10 mg</i>	1
<i>dicyclomine hcl inj 10 mg/ml</i>	1
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1
<i>dicyclomine hcl tab 20 mg</i>	1
<i>glycopyrrolate inj 0.2 mg/ml</i>	1
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	1
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	1
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	1
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1
<i>glycopyrrolate tab 1 mg</i>	1
<i>glycopyrrolate tab 2 mg</i>	1
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1
<i>hyoscyamine sulfate tab 0.125 mg</i>	1
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1
<i>hyosyne dro 0.125/ml</i>	1
<i>hyosyne elx 0.125/5</i>	1
<i>LEVSIN TAB 0.125MG</i>	3
<i>LEVSIN/SL SUB 0.125MG</i>	3
<i>methscopolamine bromide tab 2.5 mg</i>	1
<i>methscopolamine bromide tab 5 mg</i>	1
<i>nulev tab 0.125mg</i>	1
<i>oscimin sub 0.125mg</i>	1
<i>oscimin tab 0.125mg</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<b>H-2 ANTAGONISTS</b>	
cimetidine tab 200 mg	1
cimetidine tab 300 mg	1
cimetidine tab 400 mg	1
cimetidine tab 800 mg	1
famotidine for susp 40 mg/5ml	1
FAMOTIDINE INJ 20MG/50M	3
famotidine inj 40 mg/4ml	1
famotidine inj 200 mg/20ml	1
famotidine preservative free inj 20 mg/2ml	1
famotidine tab 20 mg	1
famotidine tab 40 mg	1
NIZATIDINE CAP 150MG	3
NIZATIDINE CAP 300MG	3
PEPCID TAB 20MG	3
PEPCID TAB 40MG	3
<b>MISC. ANTI-ULCER</b>	
sucralfate tab 1 gm	1
<b>PROTON PUMP INHIBITORS</b>	
esomeprazole magnesium cap delayed release 20 mg (base eq)	1
esomeprazole magnesium cap delayed release 40 mg (base eq)	1
esomeprazole magnesium for delayed release susp packet 10 mg	1
esomeprazole magnesium for delayed release susp packet 20 mg	1
esomeprazole magnesium for delayed release susp packet 40 mg	1
esomeprazole sodium for intravenous soln 40 mg (base equiv)	1
lansoprazole cap delayed release 15 mg	1
lansoprazole cap delayed release 30 mg	1
omeprazole cap delayed release 10 mg	1
omeprazole cap delayed release 20 mg	1
omeprazole cap delayed release 40 mg	1
pantoprazole sodium ec tab 20 mg (base equiv)	1
pantoprazole sodium ec tab 40 mg (base equiv)	1
pantoprazole sodium for iv soln 40 mg (base equiv)	1
rabeprazole sodium ec tab 20 mg	1
<b>ULCER DRUGS - PROSTAGLANDINS</b>	
CYTOTEC TAB 100MCG	3
CYTOTEC TAB 200MCG	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
<i>LANSOPR/AMOX PAK /CLARITH</i>	3	
<i>PYLERA CAP</i>	2	
<i>TALICIA CAP</i>	2	

## **URINARY ANTI-INFECTIVES**

### **URINARY ANTI-INFECTIVES**

<i>MACROBID CAP 100MG</i>	3
<i>methenamine hippurate tab 1 gm</i>	1
<i>methenamine mandelate tab 0.5 gm</i>	1
<i>methenamine mandelate tab 1 gm</i>	1
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1
<i>nitrofurantoin susp 25 mg/5ml</i>	1

## **URINARY ANTISPASMODICS**

### **URINARY ANTISPASMODIC - ANTIMUSCARINICS**

#### **(ANTICHOLINERGIC)**

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1
<i>DETROL TAB 1MG</i>	3
<i>DETROL TAB 2MG</i>	3
<i>DITROPAN XL TAB 5MG</i>	3
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1
<i>oxybutynin chloride tab 5 mg</i>	1
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1
<i>solifenacin succinate tab 5 mg</i>	1
<i>solifenacin succinate tab 10 mg</i>	1
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1
<i>tolterodine tartrate tab 1 mg</i>	1
<i>tolterodine tartrate tab 2 mg</i>	1
<i>trospium chloride cap er 24hr 60 mg</i>	1
<i>trospium chloride tab 20 mg</i>	1

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>	
GEMTESA TAB 75MG	2
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>	
bethanechol chloride tab 5 mg	1
bethanechol chloride tab 10 mg	1
bethanechol chloride tab 25 mg	1
bethanechol chloride tab 50 mg	1
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>	
flavoxate hcl tab 100 mg	1
<b>VAGINAL AND RELATED PRODUCTS</b>	
<b>VAGINAL ANTI-INFECTIVES</b>	
CLEOCIN CRE 2% VAG	3
clindamycin phosphate vaginal cream 2%	1
metronidazole vaginal gel 0.75%	1
MICONAZOLE 3 SUP 200MG	3
terconazole vaginal cream 0.4%	1
terconazole vaginal cream 0.8%	1
terconazole vaginal suppos 80 mg	1
<b>VAGINAL ESTROGENS</b>	
estradiol vaginal cream 0.1 mg/gm	1
IMVEXXY MAIN SUP 4MCG	2
IMVEXXY MAIN SUP 10MCG	2
IMVEXXY STRT SUP 4MCG	2
IMVEXXY STRT SUP 10MCG	2
VAGIFEM TAB 10MCG	1
<b>VAGINAL PROGESTINS</b>	
CRINONE GEL 4% VAG	2
CRINONE GEL 8% VAG	2
ENDOMETRIN SUP 100MG	2
<b>VASOPRESSORS</b>	
<b>ANAPHYLAXIS THERAPY AGENTS</b>	
AUVI-Q INJ 0.1MG	2
AUVI-Q INJ 0.3MG	2
AUVI-Q INJ 0.15MG	2
EPINEPHRINE INJ 0.3MG	3
EPINEPHRINE INJ 0.15MG	3
epinephrine inj 1 mg/ml (1:1000)	1
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	1
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1
EPIPEN 2-PAK INJ 0.3MG	2
EPIPEN-JR INJ 0.15MG	2

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<b><u>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</u></b>	
<i>droxidopa cap 100 mg</i>	1
<i>droxidopa cap 200 mg</i>	1
<i>droxidopa cap 300 mg</i>	1
<b><u>VASOPRESSORS</u></b>	
<i>dobutamine hcl inj 12.5 mg/ml</i>	1
<i>dopamine hcl inj 40 mg/ml</i>	1
<i>ephedrine sulfate iv soln 50 mg/ml</i>	1
<i>midodrine hcl tab 2.5 mg</i>	1
<i>midodrine hcl tab 5 mg</i>	1
<i>midodrine hcl tab 10 mg</i>	1
<i>norepinephrine bitartrate iv soln 1 mg/ml (base equivalent)</i>	1
<i>phenylephrine hcl iv soln 10 mg/ml</i>	1

## **VITAMINS**

### **OIL SOLUBLE VITAMINS**

<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	1
<i>phytonadione inj 10 mg/ml</i>	1
<i>phytonadione tab 5 mg</i>	1

### **WATER SOLUBLE VITAMINS**

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

## Index

<b>7</b>	
<i>7t lido gel 2%</i> .....	105
<b>A</b>	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....	84
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i> .....	84
<i>abacavir sulfate tab 300 mg (base equiv)</i> .....	84
<i>abaneu-sl sub</i> .....	119
<i>ABILIFY MAIN INJ 300MG</i> .....	84
<i>ABILIFY MAIN INJ 400MG</i> .....	84
<i>abiraterone acetate tab 250 mg</i> .....	72
<i>abiraterone acetate tab 500 mg</i> .....	72
<i>acamprosate calcium tab delayed release 333 mg</i> .....	150
<i>acarbose tab 100 mg</i> .....	53
<i>acarbose tab 25 mg</i> .....	53
<i>acarbose tab 50 mg</i> .....	53
<i>ACCU-CHEK TES AVIVA PL</i> .....	106
<i>ACCU-CHEK TES GUIDE</i> .....	106
<i>ACCU-CHEK TES SMART</i> .....	106
<i>ACCUPRIL TAB 10MG</i> .....	62
<i>ACCUPRIL TAB 20MG</i> .....	62
<i>ACCUPRIL TAB 40MG</i> .....	62
<i>ACCUPRIL TAB 5MG</i> .....	62
<i>ACCURETIC TAB 10-12.5</i> .....	64
<i>ACCURETIC TAB 20-12.5</i> .....	64
<i>accutane cap 10mg</i> .....	98
<i>accutane cap 20mg</i> .....	98
<i>accutane cap 30mg</i> .....	98
<i>accutane cap 40mg</i> .....	98
<i>acebutolol hcl cap 200 mg</i> .....	88
<i>acebutolol hcl cap 400 mg</i> .....	88
<i>acetaminophen iv soln 10 mg/ml</i> .....	28
<i>acetaminophen w/ codeine tab 300-15 mg</i> .....	32
<i>acetaminophen w/ codeine tab 300-30 mg</i> .....	32
<i>acetaminophen w/ codeine tab 300-60 mg</i> .....	32
<i>acetazolamide cap er 12hr 500 mg</i> .....	107
<i>acetazolamide sodium for inj 500 mg</i> .....	107
<i>acetazolamide tab 125 mg</i> .....	107
<i>acetazolamide tab 250 mg</i> .....	107
<i>acetic acid irrigation soln 0.25%</i> .....	116
<i>acetic acid otic soln 2%</i> .....	147
<i>acetylcysteine inhal soln 10%</i> .....	98
<i>acetylcysteine inhal soln 20%</i> .....	98
<i>acetylcysteine inj 200 mg/ml</i> .....	57
<i>acitretin cap 10 mg</i> .....	102
<i>acitretin cap 17.5 mg</i> .....	102
<i>acitretin cap 25 mg</i> .....	102
<i>ACTI-LANCE MIS 28G</i> .....	124
<i>ACTI-LANCE MIS LITE 28G</i> .....	124
<i>ACTI-LANCE MIS SPEC 17G</i> .....	125
<i>ACTI-LANCE MIS UNIV 23G</i> .....	125
<i>ACTONEL TAB 150MG</i> .....	109
<i>ACTONEL TAB 35MG</i> .....	109
<i>ACTOPLUS MET TAB 15-850MG</i> .....	53
<i>ACULAR LS SOL 0.4%</i> .....	146
<i>ACULAR SOL 0.5% OP</i> .....	146
<i>acyclovir cap 200 mg</i> .....	87
<i>acyclovir oint 5%</i> .....	102
<i>acyclovir sodium iv soln 50 mg/ml</i> .....	87
<i>acyclovir susp 200 mg/5ml</i> .....	87
<i>acyclovir tab 400 mg</i> .....	87
<i>acyclovir tab 800 mg</i> .....	87
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> .....	99
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> .....	99
<i>adapalene cream 0.1%</i> .....	98
<i>adapalene gel 0.1%</i> .....	98
<i>adapalene gel 0.3%</i> .....	99
<i>ADBRY INJ 150MG/ML</i> .....	104
<i>adefovir dipivoxil tab 10 mg</i> .....	86
<i>ADEMPAS TAB 0.5MG</i> .....	94
<i>ADEMPAS TAB 1.5MG</i> .....	94
<i>ADEMPAS TAB 1MG</i> .....	94
<i>ADEMPAS TAB 2.5MG</i> .....	94
<i>ADEMPAS TAB 2MG</i> .....	94
<i>adenosine iv soln 12 mg/4ml</i> .....	39
<i>adenosine iv soln 3 mg/ml (diagnostic)</i> .....	106
<i>adenosine iv soln 6 mg/2ml</i> .....	39
<i>adriamycin inj 50mg</i> .....	73
<i>ADVAIR DISKU AER 100/50</i> .....	41
<i>ADVAIR DISKU AER 250/50</i> .....	41
<i>ADVAIR DISKU AER 500/50</i> .....	41
<i>ADVAIR HFA AER 115/21</i> .....	41

ADVAIR HFA AER 230/21 .....	41
ADVAIR HFA AER 45/21 .....	41
ADV CATE SAFE MIS LANC 26G .....	125
ADVOCATE MIS LANC 30G .....	125
ADVOCATE MIS LANCETS .....	125
ADV TRAVEL MIS LANC 28G.....	125
AGAMATRIX MIS 33G.....	125
AGRYLIN CAP 0.5MG.....	117
AIMOVIG INJ 140MG/ML .....	134
AIMOVIG INJ 70MG/ML .....	133
AIMSCO TWIST MIS 32G .....	125
AIMSCO TWIST MIS 33G .....	125
<i>airavite tab</i> .....	119
AJOVY INJ 225/1.5 .....	134
AKLIEF CRE 0.005% .....	99
<i>ala-cort cre 1%</i> .....	102
<i>albendazole tab 200 mg</i> .....	35
ALBUTEROL NEB 0.5%.....	41
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> .....	41
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i> .....	42
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i> .....	42
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i> .....	42
<i>albuterol sulfate syrup 2 mg/5ml</i> .....	42
<i>albuterol sulfate tab 2 mg</i> .....	42
<i>albuterol sulfate tab 4 mg</i> .....	42
<i>alclometasone dipropionate cream 0.05%</i> .....	102
<i>alclometasone dipropionate oint 0.05%</i> .....	102
ALDACTAZIDE TAB 25/25 .....	107
ALDACTONE TAB 100MG .....	108
ALDACTONE TAB 25MG .....	108
ALDACTONE TAB 50MG .....	108
ALECENSA CAP 150MG .....	74
<i>alendronate sodium oral soln 70 mg/75ml</i> .....	109
<i>alendronate sodium tab 10 mg</i> .....	109
<i>alendronate sodium tab 35 mg</i> .....	109
<i>alendronate sodium tab 70 mg</i> .....	109
ALENDRONATE TAB 5MG .....	109
<i>alfuzosin hcl tab er 24hr 10 mg</i> .....	117
<i>aliskiren fumarate tab 150 mg (base equivalent)</i> .....	68
<i>aliskiren fumarate tab 300 mg (base equivalent)</i> .....	68
ALKERAN TAB 2MG.....	69
<i>allopurinol sodium for inj 500 mg</i> .....	117
<i>allopurinol tab 100 mg</i> .....	117
<i>allopurinol tab 300 mg</i> .....	117
<i>almotriptan malate tab 12.5 mg</i> .....	134
<i>almotriptan malate tab 6.25 mg</i> .....	134
<i>alosetron hcl tab 0.5 mg (base equiv)</i> .....	115
<i>alosetron hcl tab 1 mg (base equiv)</i> .....	115
ALPHAGAN P SOL 0.1%.....	145
ALPHAGAN P SOL 0.15% .....	145
<i>alprazolam orally disintegrating tab 0.25 mg</i> .....	38
<i>alprazolam orally disintegrating tab 0.5 mg</i> .....	38
<i>alprazolam orally disintegrating tab 1 mg</i> .....	38
<i>alprazolam orally disintegrating tab 2 mg</i> .....	38
<i>alprazolam tab 0.25 mg</i> .....	38
<i>alprazolam tab 0.5 mg</i> .....	38
<i>alprazolam tab 0.5mg xr</i> .....	38
<i>alprazolam tab 1 mg</i> .....	38
<i>alprazolam tab 1mg xr</i> .....	39
<i>alprazolam tab 2 mg</i> .....	39
<i>alprazolam tab 2mg xr</i> .....	39
<i>alprazolam tab 3mg xr</i> .....	39
<i>alprazolam tab er 24hr 0.5 mg</i> .....	39
<i>alprazolam tab er 24hr 1 mg</i> .....	39
<i>alprazolam tab er 24hr 2 mg</i> .....	39
<i>alprazolam tab er 24hr 3 mg</i> .....	39
<i>alprostadil inj 500 mcg/ml</i> .....	140
<i>altacaine sol 0.5% op</i> .....	146
ALTACE CAP 1.25MG .....	62
ALTACE CAP 10MG .....	62
ALTACE CAP 2.5MG .....	62
ALTACE CAP 5MG .....	62
<i>altafluor-be sol 0.25-0.4</i> .....	146
<i>altafrin sol 10% op</i> .....	144
<i>altafrin sol 2.5% op</i> .....	144
ALUNBRIG PAK .....	74
ALUNBRIG TAB 180MG .....	74
ALUNBRIG TAB 30MG .....	74
ALUNBRIG TAB 90MG .....	74
<i>alvimopan cap 12 mg</i> .....	115

alyq tab 20mg .....	93
amabelz tab 0.5-0.1 .....	112
amabelz tab 1-0.5mg.....	112
amantadine hcl cap 100 mg.....	78
amantadine hcl soln 50 mg/5ml .....	78
amantadine hcl tab 100 mg .....	78
AMARYL TAB 1MG .....	56
AMARYL TAB 2MG .....	56
AMARYL TAB 4MG .....	56
AMBIEN CR TAB 12.5MG .....	120
AMBIEN CR TAB 6.25MG .....	120
AMBIEN TAB 10MG .....	120
AMBIEN TAB 5MG.....	120
ambrisentan tab 10 mg.....	93
ambrisentan tab 5 mg .....	93
AMCINONIDE LOT 0.1% .....	102
amikacin sulfate inj 1 gm/4ml (250 mg/ml) .....	25
amikacin sulfate inj 500 mg/2ml (250 mg/ml) .....	25
AMILOR/HCTZ TAB 5-50.....	107
amiloride hcl tab 5 mg .....	108
aminoam cap rms.....	144
aminocaproic acid inj 250 mg/ml....	120
aminocaproic acid oral soln 0.25 gm/ml .....	120
aminocaproic acid tab 1000 mg .....	120
aminocaproic acid tab 500 mg.....	120
aminophylline inj 25 mg/ml .....	42
aminorelief cap rms .....	144
aminosyn ii sol 15% .....	144
amiodarone hcl inj 150 mg/3ml (50 mg/ml) .....	40
amiodarone hcl inj 450 mg/9ml (50 mg/ml) .....	40
amiodarone hcl tab 100 mg .....	40
amiodarone hcl tab 200 mg .....	40
amiodarone hcl tab 400 mg .....	40
AMIODARONE INJ 50MG/ML .....	40
amitriptyline hcl tab 100 mg .....	52
amitriptyline hcl tab 10 mg.....	52
amitriptyline hcl tab 150 mg .....	52
amitriptyline hcl tab 25 mg.....	52
amitriptyline hcl tab 50 mg.....	52
amitriptyline hcl tab 75 mg.....	52
amlodipine besylate-atorvastatin calcium tab 10-10 mg .....	92

amlodipine besylate-atorvastatin calcium tab 10-20 mg .....	92
amlodipine besylate-atorvastatin calcium tab 10-40 mg .....	92
amlodipine besylate-atorvastatin calcium tab 10-80 mg .....	92
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg .....	92
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg .....	92
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg .....	92
amlodipine besylate-atorvastatin calcium tab 5-10 mg .....	92
amlodipine besylate-atorvastatin calcium tab 5-20 mg.....	92
amlodipine besylate-atorvastatin calcium tab 5-40 mg.....	92
amlodipine besylate-benazepril hcl cap 10-20 mg .....	64
amlodipine besylate-benazepril hcl cap 10-40 mg .....	65
amlodipine besylate-benazepril hcl cap 2.5-10 mg .....	64
amlodipine besylate-benazepril hcl cap 5-10 mg.....	64
amlodipine besylate-benazepril hcl cap 5-20 mg.....	64
amlodipine besylate-benazepril hcl cap 5-40 mg.....	64
amlodipine besylate-olmesartan medoxomil tab 10-20 mg .....	65
amlodipine besylate-olmesartan medoxomil tab 10-40 mg .....	65
amlodipine besylate-olmesartan medoxomil tab 5-20 mg .....	65
amlodipine besylate-olmesartan medoxomil tab 5-40 mg .....	65
amlodipine besylate tab 10 mg (base equivalent).....	89
amlodipine besylate tab 2.5 mg (base equivalent).....	89
amlodipine besylate tab 5 mg (base equivalent).....	89

<i>amlodipine besylate-valsartan tab 10-</i>	
<i>160 mg</i> .....	65
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>320 mg</i> .....	65
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>160 mg</i> .....	65
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>320 mg</i> .....	65
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-12.5</i>	
<i>mg</i> .....	65
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-25</i>	
<i>mg</i> .....	65
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-320-25</i>	
<i>mg</i> .....	65
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-12.5</i>	
<i>mg</i> .....	65
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-25 mg</i>	
.....	65
<i>amnesteem cap 10mg</i> .....	99
<i>amnesteem cap 20mg</i> .....	99
<i>amnesteem cap 40mg</i> .....	99
<i>AMOX/K CLAV CHW 200MG</i> .....	148
<i>AMOX/K CLAV CHW 400MG</i> .....	148
<i>AMOXAPINE TAB 100MG</i> .....	52
<i>AMOXAPINE TAB 150MG</i> .....	52
<i>AMOXAPINE TAB 25MG</i> .....	52
<i>AMOXAPINE TAB 50MG</i> .....	52
<i>amoxicillin (trihydrate) cap 250 mg</i>	147
<i>amoxicillin (trihydrate) cap 500 mg</i>	148
<i>amoxicillin (trihydrate) for susp 125</i>	
<i>mg/5ml</i> .....	148
<i>amoxicillin (trihydrate) for susp 200</i>	
<i>mg/5ml</i> .....	148
<i>amoxicillin (trihydrate) for susp 250</i>	
<i>mg/5ml</i> .....	148
<i>amoxicillin (trihydrate) for susp 400</i>	
<i>mg/5ml</i> .....	148
<i>amoxicillin (trihydrate) tab 500 mg</i>	.148
<i>amoxicillin (trihydrate) tab 875 mg</i>	.148
<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>200-28.5 mg/5ml</i> .....	148

<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>250-62.5 mg/5ml</i> .....	148
<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>400-57 mg/5ml</i> .....	148
<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>600-42.9 mg/5ml</i> .....	148
<i>amoxicillin &amp; k clavulanate tab 250-125</i>	
<i>mg</i> .....	148
<i>amoxicillin &amp; k clavulanate tab 500-125</i>	
<i>mg</i> .....	149
<i>amoxicillin &amp; k clavulanate tab 875-125</i>	
<i>mg</i> .....	149
<i>AMOXICILLIN CHW 125MG</i> .....	148
<i>AMOXICILLIN CHW 250MG</i> .....	148
<i>AMOX-POT CLA TAB ER</i> .....	148
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	21
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	21
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	21
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	21
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	21
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	21
<i>amphetamine-dextroamphetamine tab 10 mg.</i>	21
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	21
<i>amphetamine-dextroamphetamine tab 15 mg.</i>	21
<i>amphetamine-dextroamphetamine tab 20 mg.</i>	21
<i>amphetamine-dextroamphetamine tab 30 mg.</i>	21
<i>amphetamine-dextroamphetamine tab 5 mg</i>	21
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	21
<i>amphetamine sulfate tab 10 mg</i>	21
<i>amphetamine sulfate tab 5 mg</i>	21
<i>amphotericin b liposome iv for susp 50</i>	
<i>mg</i> .....	58
<i>AMPHOTERICIN INJ 50MG</i> .....	58

<i>ampicillin &amp; sulbactam sodium for inj</i>	
1.5 (1-0.5) gm .....	149
<i>ampicillin &amp; sulbactam sodium for inj 3</i>	
(2-1) gm .....	149
<i>ampicillin &amp; sulbactam sodium for iv</i>	
soln 15 (10-5) gm .....	149
AMPICILLIN CAP 500MG .....	148
AMPICILLIN INJ 125MG .....	148
AMPICILLIN INJ 1GM .....	148
AMPICILLIN INJ 2GM .....	148
<i>ampicillin sodium for inj 1 gm</i> .....	148
<i>ampicillin sodium for inj 250 mg</i> ....	148
<i>ampicillin sodium for inj 2 gm</i> .....	148
<i>ampicillin sodium for inj 500 mg</i> ....	148
<i>ampicillin sodium for iv soln 10 gm</i> .	148
AMP-SULBACTA INJ 1.5GM .....	149
AMP-SULBACTA INJ 3GM .....	149
ANAFRANIL CAP 25MG .....	52
ANAFRANIL CAP 50MG .....	52
ANAFRANIL CAP 75MG .....	52
<i>anagrelide hcl cap 0.5 mg</i> .....	117
<i>anagrelide hcl cap 1 mg</i> .....	117
<i>ana-lex kit</i> .....	34
ANAPROX DS TAB 550MG.....	26
ANASPAZ TAB 0.125MG .....	156
<i>anastrozole tab 1 mg</i> .....	72
<i>anodyne lpt kit 2.5-2.5%</i> .....	105
ANORO ELLIPT AER 62.5-25 .....	42
<i>anucort-hc sup 25mg</i> .....	35
ANUSOL-HC CRE 2.5% .....	34
APAP/CODEINE SOL 120-12/5 .....	32
APAP-CAFFEIN CAP DIHYDROC .....	32
<i>apomorphine hcl soln cartridge 30</i>	
mg/3ml.....	78
APRACLONIDIN SOL 0.5% OP .....	145
<i>aprepitant capsule 125 mg</i> .....	58
<i>aprepitant capsule 40 mg</i> .....	58
<i>aprepitant capsule 80 mg</i> .....	58
<i>aprepitant capsule therapy pack 80 &amp;</i>	
125 mg .....	58
APTIOM TAB 200MG .....	45
APTIOM TAB 400MG .....	45
APTIOM TAB 600MG .....	45
APTIOM TAB 800MG .....	45
AQUALANCE MIS 30G .....	125
ARANESP INJ 100MCG .....	118
ARANESP INJ 10MCG .....	118
ARANESP INJ 150MCG .....	118
ARANESP INJ 200MCG .....	119
ARANESP INJ 25MCG .....	118
ARANESP INJ 300MCG .....	119
ARANESP INJ 40MCG .....	118
ARANESP INJ 500MCG .....	119
ARANESP INJ 60MCG .....	118
ARAVA TAB 10MG .....	28
ARAVA TAB 20MG .....	28
ARAZLO LOT 0.045%.....	99
<i>arformoterol tartrate soln nebu 15</i>	
mcg/2ml (base equiv) .....	42
<i>argatroban inj 250 mg/2.5ml</i>	
(concentrate for iv infusion) .....	44
<i>argatroban iv soln 50 mg/50ml (1</i>	
mg/ml) .....	44
ARICEPT TAB 10MG .....	150
ARICEPT TAB 23MG .....	150
ARICEPT TAB 5MG .....	150
ARIMIDEX TAB 1MG .....	72
<i>ariPIPRAZOLE orally disintegrating tab 10</i>	
mg .....	84
<i>ariPIPRAZOLE orally disintegrating tab 15</i>	
mg .....	84
<i>ariPIPRAZOLE oral solution 1 mg/ml</i> ....	84
<i>ariPIPRAZOLE tab 10 mg</i> .....	84
<i>ariPIPRAZOLE tab 15 mg</i> .....	84
<i>ariPIPRAZOLE tab 20 mg</i> .....	84
<i>ariPIPRAZOLE tab 2 mg</i> .....	84
<i>ariPIPRAZOLE tab 30 mg</i> .....	84
<i>ariPIPRAZOLE tab 5 mg</i> .....	84
ARIIXTRA INJ 10/0.8ML .....	43
ARIIXTRA INJ 2.5/0.5 .....	43
ARIIXTRA INJ 5/0.4ML .....	43
ARIIXTRA INJ 7.5/0.6 .....	43
<i>armodafinil tab 150 mg</i> .....	23
<i>armodafinil tab 200 mg</i> .....	23
<i>armodafinil tab 250 mg</i> .....	23
<i>armodafinil tab 50 mg</i> .....	23
AROMASIN TAB 25MG.....	72
<i>arsenic trioxide iv soln 10 mg/10ml (1</i>	
mg/ml) .....	76
<i>arsenic trioxide iv soln 12 mg/6ml (2</i>	
mg/ml) .....	76
<i>articadent inj dental</i> .....	122
<i>ascomp/cod cap 30mg</i> .....	32

<i>asenapine maleate sl tab 10 mg (base equiv)</i> .....	81
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i> .....	81
<i>asenapine maleate sl tab 5 mg (base equiv)</i> .....	81
<i>asilnasal cap rms</i> .....	107
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....	118
<i>ASSURE CMFRT MIS 28G</i> .....	125
<i>ASSURE LANCE MIS 21G</i> .....	125
<i>ASSURE LANCE MIS 28G</i> .....	125
<i>ASSURE LANCE MIS LOW FLOW</i> .....	125
<i>ASSURE LANCE MIS MICRO</i> .....	125
<i>ASSURE LANCE MIS SAFE 25G</i> .....	125
<i>ASSURE LANCE MIS SAFE 30G</i> .....	125
<i>ASSURE PLUS MIS HIGH 18G</i> .....	125
<i>ASSURE PLUS MIS LOW 25G</i> .....	125
<i>ASSURE PLUS MIS MCRO 28G</i> .....	125
<i>ASSURE PLUS MIS NORM 21G</i> .....	125
<i>ASSURE PLUS MIS PEDIATRI</i> .....	125
<i>atazanavir sulfate cap 150 mg (base equiv)</i> .....	84
<i>atazanavir sulfate cap 200 mg (base equiv)</i> .....	84
<i>atazanavir sulfate cap 300 mg (base equiv)</i> .....	84
<i>ATELVIA TAB</i> .....	109
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	65
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	65
<i>atenolol tab 100 mg</i> .....	88
<i>atenolol tab 25 mg</i> .....	88
<i>atenolol tab 50 mg</i> .....	88
<i>atomoxetine hcl cap 100 mg (base equiv)</i> .....	22
<i>atomoxetine hcl cap 10 mg (base equiv)</i> .....	22
<i>atomoxetine hcl cap 18 mg (base equiv)</i> .....	22
<i>atomoxetine hcl cap 25 mg (base equiv)</i> .....	22
<i>atomoxetine hcl cap 40 mg (base equiv)</i> .....	22
<i>atomoxetine hcl cap 60 mg (base equiv)</i> .....	22
<i>atomoxetine hcl cap 80 mg (base equiv)</i> .....	22
<i>atorvastatin calcium tab 10 mg (base equivalent)</i> .....	61
<i>atorvastatin calcium tab 20 mg (base equivalent)</i> .....	61
<i>atorvastatin calcium tab 40 mg (base equivalent)</i> .....	61
<i>atorvastatin calcium tab 80 mg (base equivalent)</i> .....	61
<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	68
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	68
<i>atovaquone susp 750 mg/5ml</i> .....	35
<i>atracurium besylate iv soln 100 mg/10ml</i> .....	143
<i>atracurium besylate preservative free (pf) iv soln 50 mg/5ml</i> .....	143
<i>atropine sulfate inj 8 mg/20ml (0.4 mg/ml)</i> .....	156
<i>atropine sulfate iv soln 0.4 mg/ml</i> .....	156
<i>atropine sulfate iv soln 1 mg/ml</i> .....	156
<i>atropine sulfate ophth soln 1%</i> .....	144
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i> .....	156
<i>atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)</i> .....	156
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i> .....	156
<i>AUGMENTIN SUS 125/5ML</i> .....	149
<i>AUGMENTIN SUS ES-600</i> .....	149
<i>AUGMENTIN TAB 500MG</i> .....	149
<i>AURORA LANCE MIS 30G</i> .....	125
<i>AURORA LANCE MIS THIN 23G</i> .....	125
<i>AURYXIA TAB 210MG</i> .....	115
<i>AUSTEDO TAB 12MG</i> .....	151
<i>AUSTEDO TAB 6MG</i> .....	151
<i>AUSTEDO TAB 9MG</i> .....	151
<i>AUSTEDO XR TAB 12MG</i> .....	151
<i>AUSTEDO XR TAB 24MG</i> .....	151
<i>AUSTEDO XR TAB 6MG</i> .....	151
<i>AUTO LANCET MIS</i> .....	125
<i>AUTOLET PLAT MIS 1.8MM</i> .....	125
<i>AUTOLET PLAT MIS 2.4MM</i> .....	125
<i>AUTOLET PLAT MIS 3.0MM</i> .....	125
<i>AUTOSHIELD MIS 29X3/16</i> .....	133

AUTOSHIELD MIS 29X5/16 .....	133
AUTOSHIELD MIS 30GX5MM .....	133
AUVI-Q INJ 0.15MG .....	159
AUVI-Q INJ 0.1MG .....	159
AUVI-Q INJ 0.3MG .....	159
<i>avidoxy tab 100mg</i> .....	153
<i>avita cre 0.025%</i> .....	99
<i>avita gel 0.025%</i> .....	99
AVODART CAP 0.5MG.....	117
AVONEX PEN KIT 30MCG.....	152
AVONEX PREFL KIT 30MCG.....	152
AYGESTIN TAB 5MG.....	150
<i>azacitidine for inj 100 mg</i> .....	70
<i>azasan tab 100mg</i> .....	139
<i>azasan tab 75 mg</i> .....	139
<i>azathioprine tab 100 mg</i> .....	139
<i>azathioprine tab 50 mg</i> .....	139
<i>azathioprine tab 75 mg</i> .....	139
<i>azelaic acid gel 15%</i> .....	105
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> .....	142
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> .....	143
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i> .....	143
<i>azelastine hcl ophth soln 0.05%</i> .....	146
<i>azithromycin for susp 100 mg/5ml</i> ..	124
<i>azithromycin for susp 200 mg/5ml</i> ..	124
<i>azithromycin iv for soln 500 mg</i> .....	124
AZITHROMYCIN POW 1GM PAK .....	124
<i>azithromycin tab 250 mg</i> .....	124
<i>azithromycin tab 500 mg</i> .....	124
<i>azithromycin tab 600 mg</i> .....	124
AZSTARYS CAP 26.1-5.2 .....	23
AZSTARYS CAP 39.2-7.8 .....	23
AZSTARYS CAP 52.3-10. ....	23
<i>aztreonam for inj 1 gm</i> .....	37
<i>aztreonam for inj 2 gm</i> .....	37
AZULFIDINE TAB 500MG .....	115
AZULFIDINE TAB 500MG EN .....	115
<b>B</b>	
BACITRACIN OIN OP.....	145
<i>bacitracin-polymyxin b ophth oint</i> ...145	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> .....	146
<i>baclofen intrathecal inj 10 mg/20ml (500 mcg/ml)</i> .....	142
<i>baclofen intrathecal inj 20 mg/20ml (1000 mcg/ml)</i> .....	142
<i>baclofen intrathecal inj 40 mg/20ml (2000 mcg/ml)</i> .....	142
BACLOFEN SOL 5MG/5ML .....	142
BACLOFEN SUS 25MG/5ML .....	142
<i>baclofen tab 10 mg</i> .....	142
<i>baclofen tab 20 mg</i> .....	142
<i>baclofen tab 5 mg</i> .....	142
<i>bac tab</i> .....	28
<i>bacteriostatic sodium chloride inj soln 0.9%</i> .....	149
<i>balsalazide disodium cap 750 mg</i> .....	115
BAQSIMI ONE POW 3MG/DOSE .....	54
BAQSIMI TWO POW 3MG/DOSE .....	54
BASAGLAR INJ 100UNIT.....	55
BD LANCET UF MIS 30G .....	125
BD LANCET UF MIS 33G .....	125
BD MICROTAIN MIS LANCETS .....	125
BD PEN NEEDL MIS 29GX12.7 .....	133
BD PEN NEEDL MIS 31GX5MM.....	133
BD PEN NEEDL MIS 31GX8MM.....	133
BD PEN NEEDL MIS 32GX4MM.....	133
BD PEN NEEDL MIS 32GX6MM.....	133
BD U-500 MIS 31GX6MM.....	133
BELBUCA MIS 150MCG .....	33
BELBUCA MIS 300MCG .....	33
BELBUCA MIS 450MCG .....	33
BELBUCA MIS 600MCG .....	33
BELBUCA MIS 750MCG .....	33
BELBUCA MIS 75MCG .....	33
BELBUCA MIS 900MCG .....	33
BELSOMRA TAB 10MG.....	122
BELSOMRA TAB 15MG.....	122
BELSOMRA TAB 20MG.....	122
BELSOMRA TAB 5MG .....	122
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	65
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	65
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	65
<i>benazepril &amp; hydrochlorothiazide tab 5- 6.25 mg</i> .....	65
<i>benazepril hcl tab 10 mg</i> .....	62
<i>benazepril hcl tab 20 mg</i> .....	62
<i>benazepril hcl tab 40 mg</i> .....	62

<i>benazepril hcl tab 5 mg</i> .....	62
<i>bendamustine hcl for iv soln 100 mg</i> .....	69
<i>bendamustine hcl for iv soln 25 mg</i> .....	69
BENZAC AC LIQ 5% WASH .....	99
BENZAMYCIN GEL 5-3% .....	99
<i>benzepro aer 5.3%</i> .....	99
<i>benzoin compound tincture</i> .....	105
<i>benzonatate cap 100 mg</i> .....	98
<i>benzonatate cap 150 mg</i> .....	98
<i>benzonatate cap 200 mg</i> .....	98
BENZOYL PER AER 9.8% .....	99
BENZOYL PERO GEL 8%.....	99
<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	99
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i> .....	99
<i>benztropine mesylate inj 1 mg/ml</i> .....	77
<i>benztropine mesylate tab 0.5 mg</i> .....	78
<i>benztropine mesylate tab 1 mg</i> .....	78
<i>benztropine mesylate tab 2 mg</i> .....	78
<i>bepotastine besilate ophth soln 1.5%</i> .....	146
BESIVANCE SUS 0.6% .....	145
BETA DIPROP GEL 0.05% .....	102
<i>betaine powder for oral solution</i> .....	110
<i>betamethasone dipropionate augmented cream 0.05%</i> .....	102
<i>betamethasone dipropionate augmented lotion 0.05%</i> .....	102
<i>betamethasone dipropionate augmented oint 0.05%</i> .....	102
<i>betamethasone dipropionate cream 0.05%</i> .....	102
<i>betamethasone dipropionate lotion 0.05%</i> .....	102
<i>betamethasone sod phosphate &amp; acetate inj susp 6 (3-3) mg/ml</i> .....	96
<i>betamethasone valerate aerosol foam 0.12%</i> .....	103
<i>betamethasone valerate cream 0.1% (base equivalent)</i> .....	103
<i>betamethasone valerate lotion 0.1% (base equivalent)</i> .....	103
<i>betamethasone valerate oint 0.1% (base equivalent)</i> .....	103
BETASERON INJ 0.3MG .....	152
<i>betaxolol hcl tab 10 mg</i> .....	88

<i>betaxolol hcl tab 20 mg</i> .....	88
BETAXOLOL SOL 0.5% OP .....	144
<i>bethanechol chloride tab 10 mg</i> .....	159
<i>bethanechol chloride tab 25 mg</i> .....	159
<i>bethanechol chloride tab 50 mg</i> .....	159
<i>bethanechol chloride tab 5 mg</i> .....	159
BETOPTIC-S SUS 0.25% OP.....	144
<i>bexarotene cap 75 mg</i> .....	76
<i>bexarotene gel 1%</i> .....	101
<i>bicalutamide tab 50 mg</i> .....	72
BIDIL TAB .....	93
BIKTARVY TAB.....	84
<i>bimatoprost ophth soln 0.03%</i> .....	147
<i>biocel tab</i> .....	141
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> .....	158
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> .....	65
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> .....	65
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....	65
<i>bisoprolol fumarate tab 10 mg</i> .....	88
<i>bisoprolol fumarate tab 5 mg</i> .....	88
<i>bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)</i> .....	44
<i>bleomycin sulfate for inj 15 unit</i> .....	73
<i>bleomycin sulfate for inj 30 unit</i> .....	73
<i>bortezomib for inj 3.5 mg</i> .....	74
<i>bosentan tab 125 mg</i> .....	93
<i>bosentan tab 62.5 mg</i> .....	93
BOSULIF TAB 100MG.....	74
BOSULIF TAB 400MG.....	74
BOSULIF TAB 500MG.....	74
<i>b-plex plus tab</i> .....	141
<i>b-plex tab</i> .....	141
BRAFTOVI CAP 75MG.....	74
BREO ELLIPTA INH 100-25 .....	42
BREO ELLIPTA INH 200-25 .....	42
BREZTRI AERO AER SPHERE.....	42
BRILINTA TAB 60MG .....	118
BRILINTA TAB 90MG .....	118
<i>brimonidine tartrate gel 0.33% (base equivalent)</i> .....	105
<i>brimonidine tartrate ophth soln 0.15%</i> .....	145

<i>brimonidine tartrate ophth soln 0.2%</i>	.....	145
<i>brimonidine tartrate-timolol maleate</i>		
<i>ophth soln 0.2-0.5%</i>	.....	144
<i>brinzolamide ophth susp 1%</i>	.....	146
<i>bromfenac sodium ophth soln 0.09%</i>		
<i>(base equiv) (once-daily)</i>	.....	146
<i>bromocriptine mesylate cap 5 mg (base</i>		
<i>equivalent)</i>	.....	78
<i>bromocriptine mesylate tab 2.5 mg</i>		
<i>(base equivalent)</i>	.....	78
<i>BRUKINSA CAP 80MG</i>	.....	74
<i>BRYHALI LOT 0.01%</i>	.....	103
<i>budesonide delayed release particles</i>		
<i>cap 3 mg</i>	.....	96
<i>budesonide inhalation susp 0.25</i>		
<i>mg/2ml</i>	.....	41
<i>budesonide inhalation susp 0.5 mg/2ml</i>		
.....	.....	41
<i>budesonide inhalation susp 1 mg/2ml</i>		
.....	.....	41
<i>budesonide rectal foam 2 mg/act</i>	....	35
<i>bumetanide inj 0.25 mg/ml</i>	.....	108
<i>bumetanide tab 0.5 mg</i>	.....	108
<i>bumetanide tab 1 mg</i>	.....	108
<i>bumetanide tab 2 mg</i>	.....	108
<i>bupivacaine 0.75% in dextrose inj</i>		
<i>8.25%</i>	.....	123
<i>bupivacaine hcl inj 0.25%</i>	.....	123
<i>bupivacaine hcl inj 0.5%</i>	.....	123
<i>bupivacaine hcl preservative free (pf)</i>		
<i>inj 0.25%</i>	.....	123
<i>bupivacaine hcl preservative free (pf)</i>		
<i>inj 0.5%</i>	.....	123
<i>bupivacaine hcl preservative free (pf)</i>		
<i>inj 0.75%</i>	.....	123
<i>bupivacaine inj 0.25% w/ epinephrine</i>		
<i>1:200000</i>	.....	122
<i>bupivacaine inj 0.25% w/ epinephrine</i>		
<i>1:200000 (pf)</i>	.....	122
<i>bupivacaine inj 0.5% w/ epinephrine</i>		
<i>1:200000</i>	.....	122
<i>bupivacaine inj 0.5% w/ epinephrine</i>		
<i>1:200000 (pf)</i>	.....	122
<i>bupivacaine inj spinal</i>	.....	123
<i>buprenorphine hcl inj 0.3 mg/ml (base</i>		
<i>equiv)</i>	.....	33
<i>buprenorphine hcl-naloxone hcl sl film</i>		
<i>12-3 mg (base equiv)</i>	.....	33
<i>buprenorphine hcl-naloxone hcl sl film</i>		
<i>2-0.5 mg (base equiv)</i>	.....	33
<i>buprenorphine hcl-naloxone hcl sl film</i>		
<i>4-1 mg (base equiv)</i>	.....	33
<i>buprenorphine hcl-naloxone hcl sl film</i>		
<i>8-2 mg (base equiv)</i>	.....	33
<i>buprenorphine hcl sl tab</i>		
<i>2-0.5 mg (base equiv)</i>	.....	33
<i>buprenorphine hcl sl tab</i>		
<i>8-2 mg (base equiv)</i>	.....	33
<i>buprenorphine hcl sl tab 2 mg (base</i>		
<i>equiv)</i>	.....	33
<i>buprenorphine hcl sl tab 8 mg (base</i>		
<i>equiv)</i>	.....	33
<i>buprenorphine td patch weekly 10</i>		
<i>mcg/hr</i>	.....	33
<i>buprenorphine td patch weekly 15</i>		
<i>mcg/hr</i>	.....	33
<i>buprenorphine td patch weekly 20</i>		
<i>mcg/hr</i>	.....	33
<i>buprenorphine td patch weekly 5</i>		
<i>mcg/hr</i>	.....	33
<i>buprenorphine td patch weekly 7.5</i>		
<i>mcg/hr</i>	.....	33
<i>bupropion hcl tab 100 mg</i>	.....	50
<i>bupropion hcl tab 75 mg</i>	.....	50
<i>bupropion hcl tab er 12hr 100 mg</i>	....	50
<i>bupropion hcl tab er 12hr 150 mg</i>	....	50
<i>bupropion hcl tab er 12hr 200 mg</i>	....	50
<i>bupropion hcl tab er 24hr 150 mg</i>	....	50
<i>bupropion hcl tab er 24hr 300 mg</i>	....	50
<i>buspirone hcl tab 10 mg</i>	.....	38
<i>buspirone hcl tab 15 mg</i>	.....	38
<i>buspirone hcl tab 30 mg</i>	.....	38
<i>buspirone hcl tab 5 mg</i>	.....	38
<i>buspirone hcl tab 7.5 mg</i>	.....	38
<i>busulfan inj 6 mg/ml</i>	.....	69
<i>butalbital-acetaminophen-caffeine tab</i>		
<i>50-325-40 mg</i>	.....	28
<i>butalbital-acetaminophen-caff w/ cod</i>		
<i>cap 50-300-40-30 mg</i>	.....	32
<i>butalbital-acetaminophen-caff w/ cod</i>		
<i>cap 50-325-40-30 mg</i>	.....	32
<i>butalbital-acetaminophen tab 50-325</i>		
<i>mg</i>	.....	28

<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> .....	28
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> .....	32
BUTORPHANOL INJ 1MG/ML .....	33
BUTORPHANOL INJ 2MG/ML .....	33
<i>butorphanol tartrate nasal soln 10 mg/ml</i> .....	33
<b>C</b>	
<i>cabergoline tab 0.5 mg</i> .....	111
CABOMETYX TAB 20MG.....	74
CABOMETYX TAB 40MG.....	74
CABOMETYX TAB 60MG.....	74
CADUET TAB 10-10MG.....	93
CADUET TAB 10-20MG.....	93
CADUET TAB 10-40MG.....	93
CADUET TAB 10-80MG.....	93
CADUET TAB 5-10MG .....	93
CADUET TAB 5-20MG .....	93
CADUET TAB 5-40MG .....	93
CADUET TAB 5-80MG .....	93
<i>caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)</i> .....	22
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i> .....	22
CALAN SR TAB 120MG .....	89
CALAN SR TAB 180MG .....	89
CALAN SR TAB 240MG .....	89
<i>calcipotriene oint 0.005%</i> .....	102
<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .....	102
<i>calcitonin (salmon) inj 200 unit/ml</i> .109	
<i>calcitonin (salmon) nasal soln 200 unit/act</i> .....	109
<i>calcitrene oin 0.005%</i> .....	102
<i>calcitriol cap 0.25 mcg</i> .....	110
<i>calcitriol cap 0.5 mcg</i> .....	110
<i>calcitriol oral soln 1 mcg/ml</i> .....	110
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> .....	116
<i>calcium acetate (phosphate binder) tab 667 mg</i> .....	116
<i>calcium chloride inj 10%</i> .....	135
<i>calcium gluconate inj 10%</i> .....	135
CALQUENCE TAB 100MG .....	74

<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> .....	65
<b>candesartan cilexetil-</b>	
<i>hydrochlorothiazide tab 32-12.5 mg</i> .....	65
<b>candesartan cilexetil-</b>	
<i>hydrochlorothiazide tab 32-25 mg</i> ..66	
<i>candesartan cilexetil tab 16 mg</i> .....	63
<i>candesartan cilexetil tab 32 mg</i> .....	63
<i>candesartan cilexetil tab 4 mg</i> .....	63
<i>candesartan cilexetil tab 8 mg</i> .....	63
<i>capecitabine tab 150 mg</i> .....	70
<i>capecitabine tab 500 mg</i> .....	70
CAPEX SHA 0.01% .....	103
CAPTOPR/HCTZ TAB 25-15MG .....	66
CAPTOPR/HCTZ TAB 25-25MG .....	66
CAPTOPR/HCTZ TAB 50-15MG .....	66
CAPTOPR/HCTZ TAB 50-25MG .....	66
<i>captorpril tab 100 mg</i> .....	62
<i>captorpril tab 12.5 mg</i> .....	62
<i>captorpril tab 25 mg</i> .....	62
<i>captorpril tab 50 mg</i> .....	62
CARB/LEVO TAB 10-100MG .....	78
CARB/LEVO TAB 25-100MG .....	78
CARB/LEVO TAB 25-250MG .....	78
<i>carbamazepine cap er 12hr 100 mg</i> ..45	
<i>carbamazepine cap er 12hr 200 mg</i> ..45	
<i>carbamazepine cap er 12hr 300 mg</i> ..45	
<i>carbamazepine chew tab 100 mg</i> ....45	
<i>carbamazepine susp 100 mg/5ml</i> ....45	
<i>carbamazepine tab 200 mg</i> .....	45
<i>carbamazepine tab er 12hr 100 mg</i> ..45	
<i>carbamazepine tab er 12hr 200 mg</i> ..45	
<i>carbamazepine tab er 12hr 400 mg</i> ..45	
CARBATROL CAP 100MG .....	45
CARBATROL CAP 200MG .....	45
CARBATROL CAP 300MG .....	45
<i>carbidopa &amp; levodopa tab 10-100 mg</i> 78	
<i>carbidopa &amp; levodopa tab 25-100 mg</i> 78	
<i>carbidopa &amp; levodopa tab 25-250 mg</i> 78	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	78
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	78
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	78

<i>carbidopa-levodopa-entacapone tabs</i>	
<i>18.75-75-200 mg</i>	78
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>25-100-200 mg</i>	78
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>31.25-125-200 mg</i>	78
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>37.5-150-200 mg</i>	78
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>50-200-200 mg</i>	78
<i>carbidopa tab 25 mg</i>	77
<i>carbinoxamine maleate tab 4 mg</i>	59
<i>CARBINOXAMIN SOL 4MG/5ML</i>	59
<i>carboplatin iv soln 150 mg/15ml</i>	69
<i>carboplatin iv soln 450 mg/45ml</i>	69
<i>carboplatin iv soln 50 mg/5ml</i>	69
<i>carboplatin iv soln 600 mg/60ml</i>	69
<i>carboprost tromethamine im soln 250 mcg/ml</i>	147
<i>cardioplegic soln</i>	92
<i>CARDURA TAB 1MG</i>	64
<i>CARDURA TAB 2MG</i>	64
<i>CARDURA TAB 4MG</i>	64
<i>CARDURA TAB 8MG</i>	64
<i>CAREONE LANC MIS 30G</i>	125
<i>CAREONE LANC MIS THIN 23G</i>	125
<i>CARESENS 30G MIS LANCETS</i>	125
<i>CARETOUCH MIS LANC 26G</i>	125
<i>CARETOUCH MIS LANC 28G</i>	125
<i>CARETOUCH MIS LANC 30G</i>	125
<i>CARETOUCH MIS TWIST 28</i>	125
<i>CARETOUCH MIS TWIST 30</i>	125
<i>CARETOUCH MIS TWIST 33</i>	125
<i>carglumic acid soluble tab 200 mg</i>	110
<i>carisoprodol tab 350 mg</i>	142
<i>carmustine for inj 100 mg</i>	69
<i>CARTEOLOL SOL 1% OP</i>	144
<i>cartia xt cap 120/24hr</i>	89
<i>cartia xt cap 180/24hr</i>	89
<i>cartia xt cap 240/24hr</i>	89
<i>cartia xt cap 300/24hr</i>	89
<i>carvedilol phosphate cap er 24hr 10 mg</i>	87
<i>carvedilol phosphate cap er 24hr 20 mg</i>	87
<i>carvedilol phosphate cap er 24hr 40 mg</i>	87

<i>carvedilol phosphate cap er 24hr 80 mg</i>	87
<i>carvedilol tab 12.5 mg</i>	87
<i>carvedilol tab 25 mg</i>	87
<i>carvedilol tab 3.125 mg</i>	87
<i>carvedilol tab 6.25 mg</i>	87
<i>CASODEX TAB 50MG</i>	72
<i>caspofungin acetate for iv soln 50 mg</i>	58
<i>caspofungin acetate for iv soln 70 mg</i>	58
<i>CATAPRES-TTS DIS 0.1/24HR</i>	64
<i>CATAPRES-TTS DIS 0.2/24HR</i>	64
<i>CATAPRES-TTS DIS 0.3/24HR</i>	64
<i>CDP/AMITRIP TAB 10-25MG</i>	151
<i>CDP/AMITRIP TAB 5-12.5MG</i>	151
<i>CEFACLOR CAP 250MG</i>	95
<i>CEFACLOR CAP 500MG</i>	95
<i>CEFACLOR SUS 125/5ML</i>	95
<i>CEFACLOR SUS 250/5ML</i>	95
<i>CEFACLOR SUS 375/5ML</i>	95
<i>cefadroxil cap 500 mg</i>	94
<i>cefadroxil for susp 250 mg/5ml</i>	94
<i>cefadroxil for susp 500 mg/5ml</i>	94
<i>CEFADROXIL TAB 1GM</i>	94
<i>CEFAZOLIN INJ 1GM</i>	94
<i>CEFAZOLIN INJ 2GM</i>	94
<i>cefazolin sodium for inj 10 gm</i>	94
<i>cefazolin sodium for inj 1 gm</i>	94
<i>cefazolin sodium for inj 500 mg</i>	94
<i>cefdinir cap 300 mg</i>	95
<i>cefdinir for susp 125 mg/5ml</i>	95
<i>cefdinir for susp 250 mg/5ml</i>	95
<i>cefepime hcl for inj 1 gm</i>	96
<i>cefepime hcl for iv soln 2 gm</i>	96
<i>cefixime cap 400 mg</i>	95
<i>cefixime for susp 100 mg/5ml</i>	95
<i>cefixime for susp 200 mg/5ml</i>	95
<i>CEFOTETAN INJ 1GM/10ML</i>	95
<i>CEFOTETAN INJ 2GM/20ML</i>	95
<i>cefoxitin sodium for iv soln 10 gm</i>	95
<i>cefoxitin sodium for iv soln 1 gm</i>	95
<i>cefoxitin sodium for iv soln 2 gm</i>	95
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	95
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	95

<i>cefodoxime proxetil tab 100 mg</i> .....	95
<i>cefodoxime proxetil tab 200 mg</i> .....	95
<i>cefprozil for susp 125 mg/5ml</i> .....	95
<i>cefprozil for susp 250 mg/5ml</i> .....	95
<i>cefprozil tab 250 mg</i> .....	95
<i>cefprozil tab 500 mg</i> .....	95
<i>ceftazidime for inj 1 gm</i> .....	95
<i>ceftazidime for inj 6 gm</i> .....	95
<i>ceftazidime for iv soln 2 gm</i> .....	95
<i>CEFTRIAZONE/ INJ DEX 1GM</i> .....	95
<i>CEFTRIAZONE/ INJ DEX 2GM</i> .....	95
<i>ceftriaxone sodium for inj 10 gm</i> .....	95
<i>ceftriaxone sodium for inj 1 gm</i> .....	95
<i>ceftriaxone sodium for inj 250 mg</i> ....	95
<i>ceftriaxone sodium for inj 2 gm</i> .....	95
<i>ceftriaxone sodium for inj 500 mg</i> ....	95
<i>ceftriaxone sodium for iv soln 1 gm</i> ..	95
<i>ceftriaxone sodium for iv soln 2 gm</i> ..	95
<i>cefuroxime axetil tab 250 mg</i> .....	95
<i>cefuroxime axetil tab 500 mg</i> .....	95
<i>cefuroxime sodium for inj 750 mg</i> ....	95
<i>cefuroxime sodium for iv soln 1.5 gm</i> .....	95
<i>celecoxib cap 100 mg</i> .....	26
<i>celecoxib cap 200 mg</i> .....	26
<i>celecoxib cap 400 mg</i> .....	26
<i>celecoxib cap 50 mg</i> .....	26
<i>CELEXA TAB 10MG</i> .....	50
<i>CELEXA TAB 20MG</i> .....	50
<i>CELEXA TAB 40MG</i> .....	50
<i>cephalexin cap 250 mg</i> .....	94
<i>cephalexin cap 500 mg</i> .....	94
<i>CEPHALEXIN CAP 750MG</i> .....	94
<i>cephalexin for susp 125 mg/5ml</i> .....	94
<i>cephalexin for susp 250 mg/5ml</i> .....	94
<i>CEPHALEXIN TAB 250MG</i> .....	95
<i>CEPHALEXIN TAB 500MG</i> .....	95
<i>CERDELGA CAP 84MG</i> .....	118
<i>CEREZYME INJ 400UNIT</i> .....	118
<i>cerovel lot 40%</i> .....	104
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> .....	59
<i>CETROTIDE KIT 0.25MG</i> .....	110
<i>cevimeline hcl cap 30 mg</i> .....	140
<i>CHLORAMPHEN INJ 1GM</i> .....	36
<i>chlordiazepoxide hcl cap 10 mg</i> .....	39
<i>chlordiazepoxide hcl cap 25 mg</i> .....	39
<i>chlordiazepoxide hcl cap 5 mg</i> .....	39
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i> .....	156
<i>chlorhexidine gluconate soln 0.12%</i> 140	
<i>chlorprocaine hcl preservative free (pf) inj 2%</i> .....	123
<i>chlorprocaine hcl preservative free (pf) inj 3%</i> .....	124
<i>chloroquine phosphate tab 250 mg</i> ...68	
<i>chloroquine phosphate tab 500 mg</i> ...68	
<i>chlorothiazide sodium for inj 500 mg</i> .....	108
<i>chlorpromazine hcl inj 25 mg/ml</i> .....	83
<i>chlorpromazine hcl inj 50 mg/2ml</i> ...	83
<i>chlorpromazine hcl tab 100 mg</i> .....	83
<i>chlorpromazine hcl tab 10 mg</i> .....	83
<i>chlorpromazine hcl tab 200 mg</i> .....	83
<i>chlorpromazine hcl tab 25 mg</i> .....	83
<i>chlorpromazine hcl tab 50 mg</i> .....	83
<i>chlorthalidone tab 25 mg</i> .....	108
<i>chlorthalidone tab 50 mg</i> .....	108
<i>chlorzoxazone tab 500 mg</i> .....	142
<i>cholestyramine light powder 4 gm/dose</i> .....	60
<i>cholestyramine light powder packets 4 gm</i> .....	60
<i>cholestyramine powder 4 gm/dose</i> ..60	
<i>cholestyramine powder packets 4 gm</i> 60	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> .....	60
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i> .....	60
<i>CHROMIUM CL INJ 4MCG/ML</i> .....	138
<i>CIBINQO TAB 100MG</i> .....	104
<i>CIBINQO TAB 200MG</i> .....	104
<i>CIBINQO TAB 50MG</i> .....	104
<i>ciclodan sol 8%</i> .....	100
<i>ciclopirox gel 0.77%</i> .....	100
<i>ciclopirox olamine cream 0.77% (base equiv)</i> .....	101
<i>ciclopirox olamine susp 0.77% (base equiv)</i> .....	101
<i>ciclopirox shampoo 1%</i> .....	101
<i>ciclopirox solution 8%</i> .....	101
<i>cidofovir iv inj 75 mg/ml</i> .....	86
<i>cilostazol tab 100 mg</i> .....	118
<i>cilostazol tab 50 mg</i> .....	118

CIMDUO TAB 300-300 .....	84
cimetidine tab 200 mg .....	157
cimetidine tab 300 mg .....	157
cimetidine tab 400 mg .....	157
cimetidine tab 800 mg .....	157
cinacalcet hcl tab 30 mg (base equiv) .....	110
cinacalcet hcl tab 60 mg (base equiv) .....	110
cinacalcet hcl tab 90 mg (base equiv) .....	110
CIPRO (10%) SUS 500MG/5 .....	114
CIPRO (5%) SUS 250MG/5 .....	114
ciprofloxacin 200 mg/100ml in d5w .....	114
ciprofloxacin 400 mg/200ml in d5w .....	114
ciprofloxacin-dexamethasone otic susp 0.3-0.1% .....	147
ciprofloxacin hcl ophth soln 0.3% (base equivalent) .....	145
ciprofloxacin hcl tab 250 mg (base equiv) .....	114
ciprofloxacin hcl tab 500 mg (base equiv) .....	114
ciprofloxacin hcl tab 750 mg (base equiv) .....	114
CIPROFLOXACN SOL 0.2%.....	147
CIPROFLOXACN TAB 100MG .....	114
CIPRO TAB 250MG .....	114
CIPRO TAB 500MG .....	114
cisatracurium besylate (pf) iv soln 10 mg/5ml (2 mg/ml).....	143
cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml) .....	143
cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml) .....	143
cisplatin inj 100 mg/100ml (1 mg/ml) .....	69
CISPLATIN INJ 200MG .....	69
cisplatin inj 50 mg/50ml (1 mg/ml) .....	69
citalopram hydrobromide oral soln 10 mg/5ml.....	50
citalopram hydrobromide tab 10 mg (base equiv) .....	50
citalopram hydrobromide tab 20 mg (base equiv) .....	50
citalopram hydrobromide tab 40 mg (base equiv) .....	50
cladribine iv soln 10 mg/10ml (1 mg/ml) .....	70
claravis cap 10mg .....	99
claravis cap 20mg .....	99
claravis cap 30mg .....	99
claravis cap 40mg .....	99
clariscan inj 10mmol.....	106
clariscan inj 2.5mmol.....	106
clariscan inj 50mmol.....	106
clariscan inj 5mmol .....	106
clariscan inj 7.5mmol.....	106
clarithromycin tab 250 mg .....	124
clarithromycin tab 500 mg .....	124
clarithromycin tab er 24hr 500 mg..	124
CLARITHROMYC SUS 125/5ML .....	124
CLARITHROMYC SUS 250/5ML .....	124
CLEANLET 28G MIS LANCETS.....	125
CLEMASTINE TAB 2.68MG .....	59
CLENPIQ SOL.....	122
CLEOCIN CAP 150MG.....	36
CLEOCIN CAP 300MG.....	36
CLEOCIN CAP 75MG .....	36
CLEOCIN CRE 2% VAG .....	159
CLEOCIN PED SOL 75MG/5ML.....	36
CLEVER CHECK MIS .....	125
CLEVER CHECK MIS 30G .....	125
CLIMARA PRO DIS WEEKLY.....	112
clindacin aer 1% .....	99
clindacin mis etz 1%.....	99
clindacin-p pad 1% .....	99
clindamycin hcl cap 150 mg.....	36
clindamycin hcl cap 300 mg.....	36
clindamycin hcl cap 75 mg .....	36
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) .....	36
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% .....	99
clindamycin phosphate-benzoyl peroxide gel 1-5%.....	99
clindamycin phosphate foam 1% .....	99
clindamycin phosphate gel 1% .....	99
clindamycin phosphate in d5w iv soln 300 mg/50ml.....	37
clindamycin phosphate in d5w iv soln 600 mg/50ml.....	37
clindamycin phosphate in d5w iv soln 900 mg/50ml.....	37

<i>clindamycin phosphate inj 300 mg/2ml</i>	37
<i>clindamycin phosphate inj 600 mg/4ml</i>	37
<i>clindamycin phosphate inj 900 mg/6ml</i>	37
<i>clindamycin phosphate inj 9 gm/60ml</i>	37
<i>clindamycin phosphate lotion 1%</i> .....99	
<i>clindamycin phosphate soln 1%</i> .....99	
<i>clindamycin phosphate swab 1%</i> .....99	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> .....99	
<i>clindamycin phosphate vaginal cream 2%</i> .....159	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> .....99	
<i>clinisol sf inj 15%</i> .....144	
<i>clobazam suspension 2.5 mg/ml</i> .....45	
<i>clobazam tab 10 mg</i> .....45	
<i>clobazam tab 20 mg</i> .....45	
<i>clobetasol propionate cream 0.05%</i> 103	
<i>clobetasol propionate emollient base cream 0.05%</i> .....103	
<i>clobetasol propionate foam 0.05%..103</i>	
<i>clobetasol propionate gel 0.05%....103</i>	
<i>clobetasol propionate lotion 0.05% .103</i>	
<i>clobetasol propionate oint 0.05% ...103</i>	
<i>clobetasol propionate shampoo 0.05% .....103</i>	
<i>clobetasol propionate soln 0.05% ...103</i>	
<i>CLOBEX LOT 0.05%</i> .....103	
<i>CLOBEX SHA 0.05%</i> .....103	
<i>clodan sha 0.05%</i> .....103	
<i>clofarabine iv soln 1 mg/ml</i> .....70	
<i>CLOMID TAB 50MG</i> .....109	
<i>clomipramine hcl cap 25 mg</i> .....52	
<i>clomipramine hcl cap 50 mg</i> .....52	
<i>clomipramine hcl cap 75 mg</i> .....52	
<i>clonazepam orally disintegrating tab 0.125 mg</i> .....45	
<i>clonazepam orally disintegrating tab 0.25 mg</i> .....45	
<i>clonazepam orally disintegrating tab 0.5 mg</i> .....45	
<i>clonazepam orally disintegrating tab 1 mg</i> .....45	
<i>clonazepam orally disintegrating tab 2 mg</i> .....45	
<i>clonazepam tab 0.5 mg</i> .....45	
<i>clonazepam tab 1 mg</i> .....45	
<i>clonazepam tab 2 mg</i> .....45	
<i>CLONIDINE ER TAB 0.17MG</i> .....64	
<i>clonidine hcl inj (for epidural infusion) 100 mcg/ml</i> .....28	
<i>clonidine hcl inj (for epidural infusion) 500 mcg/ml</i> .....28	
<i>clonidine hcl tab 0.1 mg</i> .....64	
<i>clonidine hcl tab 0.2 mg</i> .....64	
<i>clonidine hcl tab 0.3 mg</i> .....64	
<i>clonidine hcl tab er 12hr 0.1 mg</i> .....22	
<i>clonidine td patch weekly 0.1 mg/24hr .....64</i>	
<i>clonidine td patch weekly 0.2 mg/24hr .....64</i>	
<i>clonidine td patch weekly 0.3 mg/24hr .....64</i>	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i> .....118	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> .....118	
<i>clorazepate dipotassium tab 15 mg ..39</i>	
<i>clorazepate dipotassium tab 3.75 mg</i> 39	
<i>clorazepate dipotassium tab 7.5 mg .39</i>	
<i>clotrimazole cream 1%</i> .....101	
<i>clotrimazole soln 1%</i> .....101	
<i>clotrimazole troche 10 mg</i> .....140	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....101	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> .....101	
<i>clozapine orally disintegrating tab 100 mg</i> .....81	
<i>clozapine orally disintegrating tab 25 mg</i> .....81	
<i>clozapine tab 100 mg</i> .....81	
<i>CLOZAPINE TAB 12.5/ODT</i> .....81	
<i>CLOZAPINE TAB 150/ODT</i> .....81	
<i>CLOZAPINE TAB 200/ODT</i> .....82	
<i>clozapine tab 200 mg</i> .....81	
<i>clozapine tab 25 mg</i> .....81	
<i>clozapine tab 50 mg</i> .....81	
<i>CLOZARIL TAB 100MG</i> .....82	
<i>CLOZARIL TAB 200MG</i> .....82	

CLOZARIL TAB 25MG .....	82
CLOZARIL TAB 50MG .....	82
COAGUCHEK MIS LANCETS .....	125
<i>codeine sulfate tab 30 mg</i> .....	28
CODEINE SULF TAB 30MG .....	28
<i>colchicine tab 0.6 mg</i> .....	117
<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	117
<i>colesevelam hcl packet for susp 3.75 gm</i> .....	60
<i>colesevelam hcl tab 625 mg</i> .....	60
COLESTID FLA GRA 5/7.5GM .....	60
COLESTID FLA GRA 5GM .....	60
COLESTID GRA 5GM .....	60
COLESTID POW 5GM .....	60
COLESTID TAB 1GM .....	60
<i>colestipol hcl granule packets 5 gm</i> .....	60
<i>colestipol hcl granules 5 gm</i> .....	60
<i>colestipol hcl tab 1 gm</i> .....	60
<i>colistimethate sod for inj 150 mg (colistin base activity)</i> .....	37
COMBIPATCH DIS .....	112
COMFORT ASSU MIS LANC 28G .....	125
COMFORT ASSU MIS LANC 33G .....	125
COMFORT EZ MIS 21G .....	126
COMFORT EZ MIS 23G .....	126
COMFORT EZ MIS 28G .....	126
COMFORT MIS LANCETS .....	126
COMFORTOUCH MIS LANCET .....	126
COMFORT TCH MIS LANC 28G .....	126
COMFORT TCH MIS LANC 30G .....	126
COMFORT TCH MIS LANC 31G .....	126
<i>compro sup 25mg</i> .....	83
COMTAN TAB 200MG .....	78
CONDYLOX GEL 0.5% .....	105
<i>constulose sol 10gm/15</i> .....	122
COPAXONE INJ 20MG/ML .....	152
COPAXONE INJ 40MG/ML .....	152
COPIKTRA CAP 15MG .....	74
COPIKTRA CAP 25MG .....	74
COREG TAB 12.5MG .....	87
COREG TAB 25MG .....	87
COREG TAB 3.125MG .....	87
COREG TAB 6.25MG .....	87
CORGARD TAB 20MG .....	88
CORGARD TAB 40MG .....	88
CORLANOR TAB 5MG .....	94
CORLANOR TAB 7.5MG .....	94
CORTEF TAB 10MG .....	96
CORTEF TAB 20MG .....	96
CORTEF TAB 5MG .....	96
CORTENEMA ENE 100MG .....	34
CORTIC-ND DRO .....	147
CORTIFOAM AER 90MG .....	34
<i>corvita 150 tab</i> .....	119
CORVITA TAB .....	141
COSENTYX INJ 150MG/ML .....	102
COSENTYX INJ 300DOSE .....	102
COSENTYX INJ 75MG/0.5 .....	102
COSENTYX PEN INJ 150MG/ML .....	102
COSENTYX PEN INJ 300DOSE .....	102
<i>cosyntropin for inj 0.25 mg</i> .....	106
COTELLIC TAB 20MG .....	74
COUNT-A-DOSE MIS .....	126
CREON CAP 12000UNT .....	107
CREON CAP 24000UNT .....	107
CREON CAP 3000UNIT .....	107
CREON CAP 36000UNT .....	107
CREON CAP 6000UNIT .....	107
CRINONE GEL 4% VAG .....	159
CRINONE GEL 8% VAG .....	159
<i>cromolyn sodium oral conc 100 mg/5ml</i> .....	114
<i>cromolyn sodium soln nebu 20 mg/2ml</i> .....	40
CROMOLYN SOD SOL 4% OP .....	146
CROTAN LOT 10% .....	106
CUPRIC CHLOR INJ 0.4MG/ML .....	138
<i>curity salin sol 0.9% irr</i> .....	116
CVS LANCETS MIS 21G .....	126
CVS LANCETS MIS 30G .....	126
CVS LANCETS MIS 33G .....	126
CVS LANCETS MIS ORIGINAL .....	126
CVS LANCETS MIS THIN 26G .....	126
CVS LANCETS MIS THIN 30G .....	126
CVS LANCETS MIS THIN 33G .....	126
<i>cyanocobalamin inj 1000 mcg/ml</i> .....	118
<i>cyclobenzaprine hcl tab 10 mg</i> .....	142
<i>cyclobenzaprine hcl tab 5 mg</i> .....	142
<i>cyclopentolate hcl ophth soln 1%</i> .....	144
CYCLOPHOSPHA INJ 2GM/10ML .....	69
CYCLOPHOSPHA INJ 500/2.5M .....	69
<i>cyclophosphamide cap 25 mg</i> .....	70
<i>cyclophosphamide cap 50 mg</i> .....	70

<i>cyclophosphamide for inj 1 gm</i> .....	70
<i>cyclophosphamide for inj 2 gm</i> .....	70
<i>cyclophosphamide for inj 500 mg</i> .....	70
CYCLOPHOSPH CAP 25MG .....	69
CYCLOPHOSPH CAP 50MG .....	69
CYCLOPHOSPH INJ 1GM/5ML .....	69
<i>cycloserine cap 250 mg</i> .....	69
<i>cyclosporine cap 100 mg</i> .....	139
<i>cyclosporine cap 25 mg</i> .....	139
<i>cyclosporine iv soln 50 mg/ml</i> .....	139
<i>cyclosporine modified cap 100 mg</i> ..	139
<i>cyclosporine modified cap 25 mg</i> ....	139
<i>cyclosporine modified cap 50 mg</i> ....	139
<i>cyclosporine modified oral soln 100 mg/ml</i> .....	139
<i>cyproheptadine hcl syrup 2 mg/5ml</i> ..	60
<i>cyproheptadine hcl tab 4 mg</i> .....	60
CYTARABINE INJ 20MG/ML.....	70
<i>cytarabine inj pf 100 mg/ml</i> .....	70
CYTOTEC TAB 100MCG.....	157
CYTOTEC TAB 200MCG.....	157
CYTRA K GRA CRYSTALS .....	116
<b>D</b>	
D10W/NACL INJ 0.45%.....	135
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i> .....	44
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i> .....	44
<i>dacarbazine for inj 200 mg</i> .....	76
DACARBAZINE INJ 100MG.....	76
<i>dactinomycin for inj 0.5 mg</i> .....	73
<i>dalfampridine tab er 12hr 10 mg</i> ....	152
<i>danazol cap 100 mg</i> .....	34
<i>danazol cap 200 mg</i> .....	34
<i>danazol cap 50 mg</i> .....	34
DANTRIUM CAP 25MG .....	142
<i>dantrolene sodium cap 100 mg</i> .....	142
<i>dantrolene sodium cap 25 mg</i> .....	142
<i>dantrolene sodium cap 50 mg</i> .....	142
<i>dantrolene sodium for iv soln 20 mg</i> .....	142
<i>dapsone gel 5%</i> .....	99
<i>dapsone gel 7.5%</i> .....	99
<i>dapsone tab 100 mg</i> .....	36
<i>dapsone tab 25 mg</i> .....	36
<i>daptomycin for iv soln 350 mg</i> .....	36
<i>daptomycin for iv soln 500 mg</i> .....	36
DAPTO MYCIN SOL 350MG .....	36
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i> .....	158
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> .....	158
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i> .....	73
DAYVIGO TAB 10MG .....	122
DAYVIGO TAB 5MG .....	122
<i>decitabine for inj 50 mg</i> .....	70
<i>deferasirox granules packet 180 mg</i> .56	
<i>deferasirox granules packet 360 mg</i> .57	
<i>deferasirox granules packet 90 mg</i> ..56	
<i>deferasirox tab 180 mg</i> .....	57
<i>deferasirox tab 360 mg</i> .....	57
<i>deferasirox tab 90 mg</i> .....	57
<i>deferasirox tab for oral susp 125 mg</i> 57	
<i>deferasirox tab for oral susp 250 mg</i> 57	
<i>deferasirox tab for oral susp 500 mg</i> 57	
<i>deferiprone tab 1000 mg</i> .....	57
<i>deferiprone tab 500 mg</i> .....	57
<i>deferoxamine mesylate for inj 2 gm</i> ..57	
<i>deferoxamine mesylate for inj 500 mg</i> .....	57
<i>demeclocycline hcl tab 150 mg</i> .....	153
<i>demeclocycline hcl tab 300 mg</i> .....	153
<i>depo-testost inj 100mg/ml</i> .....	34
<i>depo-testost inj 200mg/ml</i> .....	34
DERMA-SMOOTH OIL /FS BODY.....	103
DERMA-SMOOTH OIL /FS SCLP .....	103
<i>dermazene cre 1-1%</i> .....	101
DESCOVY TAB 120-15MG .....	84
DESCOVY TAB 200/25MG .....	84
<i>desflurane inhal soln</i> .....	116
<i>desipramine hcl tab 100 mg</i> .....	52
<i>desipramine hcl tab 10 mg</i> .....	52
<i>desipramine hcl tab 150 mg</i> .....	52
<i>desipramine hcl tab 25 mg</i> .....	52
<i>desipramine hcl tab 50 mg</i> .....	52
<i>desipramine hcl tab 75 mg</i> .....	52
<i>desloratadine tab 5 mg</i> .....	59
DESLORATADIN TAB 2.5 ODT .....	59
DESLORATADIN TAB 5MG ODT .....	59
<i>desmopressin acetate inj 4 mcg/ml</i> .111	
<i>desmopressin acetate nasal spray soln 0.01%</i> .....	111

<i>desmopressin acetate nasal spray soln</i>	
<i>0.01% (refrigerated)</i> .....	111
<i>desmopressin acetate preservative free</i>	
<i>(pf) inj 4 mcg/ml</i> .....	111
<i>desmopressin acetate tab 0.1 mg</i> .....	111
<i>desmopressin acetate tab 0.2 mg</i> .....	111
<i>desonide cream 0.05%</i> .....	103
<i>desonide lotion 0.05%</i> .....	103
<i>desonide oint 0.05%</i> .....	103
<i>desoximetasone cream 0.05%</i> .....	103
<i>desoximetasone cream 0.25%</i> .....	103
<i>desoximetasone gel 0.05%</i> .....	103
<i>desoximetasone oint 0.25%</i> .....	103
<i>desoximetasone spray 0.25%</i> .....	103
<i>desvenlafaxine succinate tab er 24hr</i>	
<i>100 mg (base equiv)</i> .....	51
<i>desvenlafaxine succinate tab er 24hr</i>	
<i>25 mg (base equiv)</i> .....	51
<i>desvenlafaxine succinate tab er 24hr</i>	
<i>50 mg (base equiv)</i> .....	51
<i>DETROL TAB 1MG</i> .....	158
<i>DETROL TAB 2MG</i> .....	158
<i>dexamethasone elixir 0.5 mg/5ml</i> ....	96
<i>dexamethasone sodium phosphate inj</i>	
<i>100 mg/10ml</i> .....	96
<i>dexamethasone sodium phosphate inj</i>	
<i>10 mg/ml</i> .....	96
<i>dexamethasone sodium phosphate inj</i>	
<i>120 mg/30ml</i> .....	96
<i>dexamethasone sodium phosphate inj</i>	
<i>20 mg/5ml</i> .....	96
<i>dexamethasone sodium phosphate inj</i>	
<i>4 mg/ml</i> .....	96
<i>dexamethasone sod phosphate</i>	
<i>preservative free inj 10 mg/ml</i> .....	96
<i>dexamethasone tab 1.5 mg</i> .....	96
<i>dexamethasone tab 2 mg</i> .....	96
<i>dexamethasone tab 4 mg</i> .....	96
<i>dexamethasone tab 6 mg</i> .....	96
<i>dexamethasone tab therapy pack 1.5</i>	
<i>mg (21)</i> .....	96
<i>DEXAMETHASON SOL 0.5/5ML</i> .....	96
<i>DEXAMETHASON TAB 0.5MG</i> .....	96
<i>DEXAMETHASON TAB 0.75MG</i> .....	96
<i>DEXAMETHASON TAB 10-DAY</i> .....	96
<i>DEXAMETHASON TAB 13-DAY</i> .....	96
<i>DEXAMETHASON TAB 1MG</i> .....	96
<i>DEXAMETH PHO SOL 0.1% OP</i> .....	146
<i>DEXEDRINE CAP 10MG CR</i> .....	21
<i>DEXEDRINE CAP 15MG CR</i> .....	21
<i>dexmedetomidine hcl in nacl 0.9% iv</i>	
<i>soln 200 mcg/50ml</i> .....	121
<i>dexmedetomidine hcl in nacl 0.9% iv</i>	
<i>soln 400 mcg/100ml</i> .....	121
<i>dexmedetomidine hcl in nacl 0.9% iv</i>	
<i>soln 80 mcg/20ml</i> .....	120
<i>dexmedetomidine hcl iv soln 200</i>	
<i>mcg/2ml</i> .....	121
<i>dexamethylphenidate hcl cap er 24 hr</i>	
<i>10 mg</i> .....	23
<i>dexamethylphenidate hcl cap er 24 hr</i>	
<i>15 mg</i> .....	23
<i>dexamethylphenidate hcl cap er 24 hr</i>	
<i>20 mg</i> .....	23
<i>dexamethylphenidate hcl cap er 24 hr</i>	
<i>25 mg</i> .....	23
<i>dexamethylphenidate hcl cap er 24 hr</i>	
<i>30 mg</i> .....	23
<i>dexamethylphenidate hcl cap er 24 hr</i>	
<i>35 mg</i> .....	23
<i>dexamethylphenidate hcl cap er 24 hr</i>	
<i>40 mg</i> .....	23
<i>dexamethylphenidate hcl cap er 24 hr</i>	
<i>mg</i> .....	23
<i>dexamethylphenidate hcl tab 10 mg</i> ...	23
<i>dexamethylphenidate hcl tab 2.5 mg</i> ..	23
<i>dexamethylphenidate hcl tab 5 mg</i> ....	23
<i>dexrazoxane hcl for inj 250 mg (base</i>	
<i>equivalent)</i> .....	76
<i>dexrazoxane hcl for inj 500 mg (base</i>	
<i>equivalent)</i> .....	76
<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>10 mg</i> .....	21
<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>15 mg</i> .....	21
<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>5 mg</i> .....	21
<i>dextroamphetamine sulfate oral</i>	
<i>solution 5 mg/5ml</i> .....	21
<i>dextroamphetamine sulfate tab 10 mg</i>	
.....	21
<i>dextroamphetamine sulfate tab 15 mg</i>	
.....	21

<i>dextroamphetamine sulfate tab 20 mg</i>	21
<i>dextroamphetamine sulfate tab 30 mg</i>	21
<i>dextroamphetamine sulfate tab 5 mg</i>	21
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	135
<i>dextrose 5% in lactated ringers</i>	135
<i>dextrose 5% w/ sodium chloride 0.2%</i>	135
<i>dextrose 5% w/ sodium chloride 0.225%</i>	135
<i>dextrose 5% w/ sodium chloride 0.3%</i>	135
<i>dextrose 5% w/ sodium chloride 0.33%</i>	135
<i>dextrose 5% w/ sodium chloride 0.45%</i>	135
<i>dextrose 5% w/ sodium chloride 0.9%</i>	135
<i>dextrose inj 10%</i>	143
<i>DEXTROSE INJ 25%</i>	143
<i>dextrose inj 5%</i>	143
<i>dextrose inj 50%</i>	144
<i>dextrose inj 70%</i>	144
<i>DHIVY TAB 25-100MG</i>	78
<i>DIASTAT ACDL GEL 12.5-20</i>	45
<i>DIASTAT ACDL GEL 5-10MG</i>	45
<i>DIASTAT PED GEL 2.5M GEL</i>	45
<i>DIATHRIVE MIS LANCETS</i>	126
<i>DIATHRIVE MIS UT 30G</i>	126
<i>diazepam conc 5 mg/ml</i>	39
<i>DIAZEPAM GEL 10MG</i>	45
<i>DIAZEPAM GEL 2.5MG</i>	45
<i>DIAZEPAM GEL 20MG</i>	45
<i>diazepam inj 5 mg/ml</i>	39
<i>diazepam oral soln 1 mg/ml</i>	39
<i>diazepam tab 10 mg</i>	39
<i>diazepam tab 2 mg</i>	39
<i>diazepam tab 5 mg</i>	39
<i>diazoxide susp 50 mg/ml</i>	54
<i>dichlorphenamide tab 50 mg</i>	107
<i>DICLOFENAC DIS 1.3%</i>	100
<i>diclofenac potassium (migraine) packet 50 mg</i>	134
<i>diclofenac potassium tab 50 mg</i>	26
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	101
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	100
<i>diclofenac sodium ophth soln 0.1%</i>	146
<i>diclofenac sodium soln 1.5%</i>	100
<i>diclofenac sodium tab delayed release 25 mg</i>	26
<i>diclofenac sodium tab delayed release 50 mg</i>	26
<i>diclofenac sodium tab delayed release 75 mg</i>	26
<i>diclofenac sodium tab er 24hr 100 mg</i>	26
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	27
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	27
<i>dicloxacillin sodium cap 250 mg</i>	149
<i>dicloxacillin sodium cap 500 mg</i>	149
<i>dicyclomine hcl cap 10 mg</i>	156
<i>dicyclomine hcl inj 10 mg/ml</i>	156
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	156
<i>dicyclomine hcl tab 20 mg</i>	156
<i>DIFICID SUS</i>	124
<i>DIFICID TAB 200MG</i>	124
<i>DIFLUCAN SUS 10MG/ML</i>	58
<i>DIFLUCAN SUS 40MG/ML</i>	58
<i>DIFLUCAN TAB 100MG</i>	58
<i>DIFLUCAN TAB 150MG</i>	58
<i>DIFLUCAN TAB 200MG</i>	58
<i>diflunisal tab 500 mg</i>	28
<i>difluprednate ophth emulsion 0.05%</i>	146
<i>digoxin inj 0.25 mg/ml</i>	92
<i>digoxin oral soln 0.05 mg/ml</i>	92
<i>DIGOXIN SOL 50MCG/ML</i>	92
<i>digoxin tab 125 mcg (0.125 mg)</i>	92
<i>digoxin tab 250 mcg (0.25 mg)</i>	92
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	92
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	134
<i>diltiazem hcl cap er 12hr 120 mg</i>	89
<i>diltiazem hcl cap er 12hr 60 mg</i>	89
<i>diltiazem hcl cap er 12hr 90 mg</i>	89
<i>diltiazem hcl cap er 24hr 120 mg</i>	89

<i>diltiazem hcl cap er 24hr 180 mg</i> .....	89
<i>diltiazem hcl cap er 24hr 240 mg</i> .....	90
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> .....	90
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> .....	90
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> .....	90
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> .....	90
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i> .....	90
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> .....	90
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> .....	90
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> .....	90
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> .....	90
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> .....	90
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> .....	90
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i> .....	90
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i> .....	90
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i> .....	90
<i>diltiazem hcl tab 120 mg</i> .....	90
<i>diltiazem hcl tab 30 mg</i> .....	90
<i>diltiazem hcl tab 60 mg</i> .....	90
<i>diltiazem hcl tab 90 mg</i> .....	90
<i>dilt-xr cap 120mg</i> .....	89
<i>dilt-xr cap 180mg</i> .....	89
<i>dilt-xr cap 240mg</i> .....	89
<i>dimethyl fumarate capsule delayed release 120 mg</i> .....	152
<i>dimethyl fumarate capsule delayed release 240 mg</i> .....	152
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> .....	152
<i>DIPHEN/ATROP LIQ 2.5/5</i> .....	56
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i> .....	59
<i>diphenhydramine hcl inj 50 mg/ml</i> .....	59
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....	56
<i>DIPYRIDAMOLE INJ 5MG/ML</i> .....	106
<i>dipyridamole tab 25 mg</i> .....	118
<i>dipyridamole tab 50 mg</i> .....	118
<i>dipyridamole tab 75 mg</i> .....	118
<i>disopyramide phosphate cap 100 mg</i> .....	39
<i>disopyramide phosphate cap 150 mg</i> .....	39
<i>disulfiram tab 250 mg</i> .....	150
<i>disulfiram tab 500 mg</i> .....	150
<i>DITROPAN XL TAB 5MG</i> .....	158
<i>divalproex sodium cap delayed release sprinkle 125 mg</i> .....	49
<i>divalproex sodium tab delayed release 125 mg</i> .....	49
<i>divalproex sodium tab delayed release 250 mg</i> .....	49
<i>divalproex sodium tab delayed release 500 mg</i> .....	49
<i>divalproex sodium tab er 24 hr 250 mg</i> .....	49
<i>divalproex sodium tab er 24 hr 500 mg</i> .....	49
<i>DIVIGEL GEL 0.25MG</i> .....	113
<i>DIVIGEL GEL 0.5MG</i> .....	113
<i>DIVIGEL GEL 0.75MG</i> .....	113
<i>DIVIGEL GEL 1.25MG</i> .....	113
<i>DIVIGEL GEL 1MG/GM</i> .....	113
<i>dobutamine hcl inj 12.5 mg/ml</i> .....	160
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i> .....	77
<i>docetaxel for inj conc 20 mg/ml</i> .....	77
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i> .....	77
<i>docetaxel soln for iv infusion 160 mg/16ml</i> .....	77
<i>docetaxel soln for iv infusion 20 mg/2ml</i> .....	77
<i>docetaxel soln for iv infusion 80 mg/8ml</i> .....	77
<i>dodex inj</i> .....	118
<i>dofetilide cap 125 mcg (0.125 mg)</i> .....	40
<i>dofetilide cap 250 mcg (0.25 mg)</i> .....	40
<i>dofetilide cap 500 mcg (0.5 mg)</i> .....	40
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> .....	150

<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab 5 mg</i>	150
<i>donepezil hydrochloride tab 10 mg</i>	.150
<i>donepezil hydrochloride tab 23 mg</i>	.150
<i>donepezil hydrochloride tab 5 mg</i>	..150
<i>dopamine hcl inj 40 mg/ml</i>	160
<i>DOPTELET TAB 20MG</i>	119
<i>dorzolamide hcl ophth soln 2%</i>	146
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	144
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	144
<i>dotti dis 0.025mg</i>	113
<i>dotti dis 0.0375mg</i>	113
<i>dotti dis 0.05mg</i>	113
<i>dotti dis 0.075mg</i>	113
<i>dotti dis 0.1mg</i>	113
<i>DOVATO TAB 50-300MG</i>	84
<i>doxazosin mesylate tab 1 mg</i>	64
<i>doxazosin mesylate tab 2 mg</i>	64
<i>doxazosin mesylate tab 4 mg</i>	64
<i>doxazosin mesylate tab 8 mg</i>	64
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	120
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	120
<i>doxepin hcl cap 100 mg</i>	53
<i>doxepin hcl cap 10 mg</i>	52
<i>doxepin hcl cap 150 mg</i>	53
<i>doxepin hcl cap 25 mg</i>	52
<i>doxepin hcl cap 50 mg</i>	53
<i>doxepin hcl cap 75 mg</i>	53
<i>doxepin hcl conc 10 mg/ml</i>	53
<i>doxercalciferol cap 0.5 mcg</i>	110
<i>doxercalciferol cap 1 mcg</i>	110
<i>doxercalciferol cap 2.5 mcg</i>	110
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	110
<i>doxorubicin hcl for inj 50 mg</i>	73
<i>doxorubicin hcl inj 2 mg/ml</i>	73
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	73
<i>DOXORUBICIN INJ 10MG</i>	73
<i>doxy 100 inj 100mg</i>	153
<i>doxycycline hydiate cap 100 mg</i>	153
<i>doxycycline hydiate cap 50 mg</i>	153
<i>doxycycline hydiate for inj 100 mg</i>	..153
<i>doxycycline hydiate tab 100 mg</i>	153
<i>doxycycline hydiate tab 20 mg</i>	153
<i>doxycycline monohydrate cap 100 mg</i>	
.....	153
<i>doxycycline monohydrate cap 50 mg</i>	
.....	153
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	153
<i>doxycycline monohydrate tab 100 mg</i>	
.....	153
<i>doxycycline monohydrate tab 150 mg</i>	
.....	154
<i>doxycycline monohydrate tab 50 mg</i>	
.....	153
<i>doxycycline monohydrate tab 75 mg</i>	
.....	153
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	58
<i>dronabinol cap 10 mg</i>	58
<i>dronabinol cap 2.5 mg</i>	58
<i>dronabinol cap 5 mg</i>	58
<i>DROPERIDOL INJ 2.5MG/ML</i>	38
<i>DROPLET LANC MIS 30G</i>	126
<i>DROPLET PERS MIS LANC 30G</i>	126
<i>droxidopa cap 100 mg</i>	160
<i>droxidopa cap 200 mg</i>	160
<i>droxidopa cap 300 mg</i>	160
<i>DUAVEE TAB 0.45-20</i>	112
<i>DUETACT TAB 30-2MG</i>	53
<i>DUETACT TAB 30-4MG</i>	53
<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 20 mg (base eq)</i>	51
<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 30 mg (base eq)</i>	51
<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 40 mg (base eq)</i>	52
<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 60 mg (base eq)</i>	52
<i>DUPIXENT INJ 100/0.67</i>	104
<i>DUPIXENT INJ 200/1.14</i>	104
<i>DUPIXENT INJ 200MG</i>	104
<i>DUPIXENT INJ 300/2ML</i>	104
<i>duramorph inj 0.5mg/ml</i>	28
<i>duramorph inj 1mg/ml</i>	29
<i>DUROLANE INJ 60MG/3ML</i>	142
<i>dutasteride cap 0.5 mg</i>	117

<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	117
<b>E</b>	
E.E.S. 400 TAB 400MG.....	124
EASY COMFORT MIS 30G.....	126
EASY COMFORT MIS LANC/30G .....	126
EASY COMFORT MIS TWIST .....	126
<i>easygel gel 0.4%</i> .....	140
<i>easygel gel 0.4%chry</i> .....	140
<i>easygel gel 0.4%citr</i> .....	140
<i>easygel gel 0.4%mint</i> .....	140
EASY TOUCH MIS LANC/21G.....	126
EASY TOUCH MIS LANC/23G.....	126
EASY TOUCH MIS LANC/26G.....	126
EASY TOUCH MIS LANC/28G.....	126
EASY TOUCH MIS LANC/30G.....	126
EASY TOUCH MIS LANC/32G.....	126
EASY TOUCH MIS LANC/33G.....	126
<i>ec-naproxen tab 375mg</i> .....	27
<i>ec-naproxen tab 500mg</i> .....	27
<i>econazole nitrate cream 1%</i> .....	101
EDURANT TAB 25MG .....	84
EFAVIRENZ CAP 200MG .....	84
EFAVIRENZ CAP 50MG .....	84
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....	84
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> .....	84
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> .....	84
<i>efavirenz tab 600 mg</i> .....	84
<i>effer-k tab 25meq ef</i> .....	137
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i> .....	134
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i> .....	134
ELIGARD INJ 22.5MG.....	72
ELIGARD INJ 30MG .....	72
ELIGARD INJ 45MG .....	72
ELIGARD INJ 7.5MG .....	72
ELIQUIS ST P TAB 5MG.....	43
ELIQUIS TAB 2.5MG .....	43
ELIQUIS TAB 5MG .....	43
ELITE-OB TAB .....	141
<i>elixophyllin elx 80/15ml</i> .....	42
EMBRACE LANC MIS 21G.....	126
EMBRACE LANC MIS 28G.....	126
EMBRACE LANC MIS THIN 30G.....	126
EMCYT CAP 140MG.....	72
EMGALITY INJ 100MG/ML .....	134
EMGALITY INJ 120MG/ML .....	134
<i>emtricitabine caps 200 mg</i> .....	84
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....	85
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	85
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....	85
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	85
EMTRIVA CAP 200MG .....	85
EMTRIVA SOL 10MG/ML .....	85
EMVERM CHW 100MG .....	35
<i>enalaprilat iv inj 1.25 mg/ml</i> .....	62
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....	66
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....	66
<i>enalapril maleate oral soln 1 mg/ml</i> ..	62
<i>enalapril maleate tab 10 mg</i> .....	62
<i>enalapril maleate tab 2.5 mg</i> .....	62
<i>enalapril maleate tab 20 mg</i> .....	62
<i>enalapril maleate tab 5 mg</i> .....	62
ENBREL INJ 25/0.5ML.....	28
ENBREL INJ 25MG .....	28
ENBREL INJ 50MG/ML.....	28
ENBREL MINI INJ 50MG/ML .....	28
ENBREL SRCLK INJ 50MG/ML.....	28
ENDARI POW 5GM .....	118
<i>endocet tab 10-325mg</i> .....	32
<i>endocet tab 2.5-325</i> .....	32
<i>endocet tab 5-325mg</i> .....	32
<i>endocet tab 7.5-325</i> .....	32
ENDOMETRIN SUP 100MG .....	159
<i>exoxaparin sodium inj 300 mg/3ml</i> ..	43
<i>exoxaparin sodium inj soln pref syr 100 mg/ml</i> .....	43
<i>exoxaparin sodium inj soln pref syr 120 mg/0.8ml</i> .....	44
<i>exoxaparin sodium inj soln pref syr 150 mg/ml</i> .....	44
<i>exoxaparin sodium inj soln pref syr 30 mg/0.3ml</i> .....	43

<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i> .....	43
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i> .....	43
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i> .....	43
ENSPRYNG INJ.....	139
ENSTILAR AER.....	103
<i>entacapone tab 200 mg</i> .....	78
<i>entecavir tab 0.5 mg</i> .....	86
<i>entecavir tab 1 mg</i> .....	86
ENTRESTO TAB 24-26MG .....	93
ENTRESTO TAB 49-51MG .....	93
ENTRESTO TAB 97-103MG .....	93
<i>enulose sol 10gm/15</i> .....	115
EPCLUSA PAK 150-37.5 .....	86
EPCLUSA PAK 200-50MG.....	86
EPCLUSA TAB 200-50MG.....	86
EPCLUSA TAB 400-100 .....	86
<i>ephedrine sulfate iv soln 50 mg/ml</i> .....	160
EPIDUO FORTE GEL 0.3-2.5%.....	99
EPIDUO GEL 0.1-2.5%.....	99
<i>epinastine hcl ophth soln 0.05%</i> .....	146
<i>epinephrine hcl nasal soln 0.1%</i> .....	143
EPINEPHRINE INJ 0.15MG .....	159
EPINEPHRINE INJ 0.3MG .....	159
<i>epinephrine inj 1 mg/ml (1:1000)</i> ... <td>159</td>	159
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i> .....	159
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> .....	159
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> .....	159
EPIPEN 2-PAK INJ 0.3MG.....	159
EPIPEN-JR INJ 0.15MG .....	159
EPISIL LIQ .....	140
<i>epitol tab 200mg</i> .....	46
<i>eplerenone tab 25 mg</i> .....	68
<i>eplerenone tab 50 mg</i> .....	68
<i>epoprostenol sodium for inj 0.5 mg</i> .. <td>93</td>	93
<i>epoprostenol sodium for inj 1.5 mg</i> .. <td>93</td>	93
<i>eptifibatide iv soln 200 mg/100ml (2 mg/ml)</i> .....	118
<i>eptifibatide iv soln 20 mg/10ml (2 mg/ml)</i> .....	118
<i>eptifibatide iv soln 75 mg/100ml (0.75 mg/ml)</i> .....	118
EPZICOM TAB 600-300 .....	85
EQL LANCETS MIS 21G COLR.....	126
EQL LANCETS MIS 33G COLR.....	126
EQL LANCETS MIS THIN 26G .....	126
EQL LANCETS MIS THIN 30G .....	126
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> .....	160
ERGOLOID MES TAB 1MG ORAL.....	153
ERIVEDGE CAP 150MG.....	72
ERLEADA TAB 240MG .....	72
ERLEADA TAB 60MG .....	72
<i>erlotinib hcl tab 100 mg (base equivalent)</i> .....	74
<i>erlotinib hcl tab 150 mg (base equivalent)</i> .....	74
<i>erlotinib hcl tab 25 mg (base equivalent)</i> .....	74
<i>ertapenem sodium for inj 1 gm (base equivalent)</i> .....	35
ERYGEL GEL 2% .....	99
ERY PAD 2% .....	99
<i>ery-tab tab 250mg ec</i> .....	124
<i>ery-tab tab 333mg ec</i> .....	124
<i>ery-tab tab 500mg ec</i> .....	124
<i>erythrocin inj 500mg</i> .....	124
ERYTHROCIN TAB 250MG .....	124
ERYTHROM ETH TAB 400MG .....	124
ERYTHROMYCIN CAP 250MG EC .....	124
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i> .....	124
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i> .....	124
<i>erythromycin gel 2%</i> .....	99
<i>erythromycin lactobionate for inj 500 mg</i> .....	124
<i>erythromycin ophth oint 5 mg/gm</i> .. <td>145</td>	145
<i>erythromycin soln 2%</i> .....	99
<i>erythromycin tab 250 mg</i> .....	124
<i>erythromycin tab 500 mg</i> .....	124
<i>erythromycin tab delayed release 250 mg</i> .....	124
<i>erythromycin tab delayed release 333 mg</i> .....	124
<i>erythromycin tab delayed release 500 mg</i> .....	124
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> .....	50

<i>escitalopram oxalate tab 10 mg (base equiv)</i> .....	50
<i>escitalopram oxalate tab 20 mg (base equiv)</i> .....	50
<i>escitalopram oxalate tab 5 mg (base equiv)</i> .....	50
<i>esmolol hcl inj 100 mg/10ml</i> .....	88
<i>esmolol hcl-sodium chloride iv soln 2000 mg/100ml</i> .....	88
<i>esmolol hcl-sodium chloride iv soln 2500 mg/250ml</i> .....	88
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> .....	157
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i> .....	157
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i> .....	157
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i> .....	157
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i> .....	157
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i> .....	157
<i>estazolam tab 1 mg</i> .....	121
<i>estazolam tab 2 mg</i> .....	121
<i>ESTRACE TAB 0.5MG</i> .....	113
<i>ESTRACE TAB 1MG</i> .....	113
<i>ESTRACE TAB 2MG</i> .....	113
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> .....	112
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....	112
<i>estradiol tab 0.5 mg</i> .....	113
<i>estradiol tab 1 mg</i> .....	113
<i>estradiol tab 2 mg</i> .....	113
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i> .....	113
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i> .....	113
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i> .....	113
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i> .....	113
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> .....	113
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> .....	113
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> .....	113
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> .....	113
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> .....	113
<i>estradiol td patch weekly 0.025 mg/24hr</i> .....	113
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> .....	113
<i>estradiol td patch weekly 0.05 mg/24hr</i> .....	113
<i>estradiol td patch weekly 0.06 mg/24hr</i> .....	113
<i>estradiol td patch weekly 0.075 mg/24hr</i> .....	113
<i>estradiol td patch weekly 0.1 mg/24hr</i> .....	113
<i>estradiol vaginal cream 0.1 mg/gm.</i> .....	159
<i>estradiol valerate im in oil 10 mg/ml</i> .....	113
<i>estradiol valerate im in oil 20 mg/ml</i> .....	113
<i>estradiol valerate im in oil 40 mg/ml</i> .....	113
<i>eszopiclone tab 1 mg</i> .....	121
<i>eszopiclone tab 2 mg</i> .....	121
<i>eszopiclone tab 3 mg</i> .....	121
<i>ethacrynone sodium for inj 50 mg</i> ...	108
<i>ethacrynic acid tab 25 mg</i> .....	108
<i>ethambutol hcl tab 100 mg</i> .....	69
<i>ethambutol hcl tab 400 mg</i> .....	69
<i>ethosuximide cap 250 mg</i> .....	49
<i>ethosuximide soln 250 mg/5ml</i> .....	49
<i>ETHYL CHLOR AER SPRAY</i> .....	105
<i>etodolac cap 200 mg</i> .....	27
<i>etodolac cap 300 mg</i> .....	27
<i>etodolac tab 400 mg</i> .....	27
<i>etodolac tab 500 mg</i> .....	27
<i>etodolac tab er 24hr 400 mg</i> .....	27
<i>etodolac tab er 24hr 500 mg</i> .....	27
<i>etodolac tab er 24hr 600 mg</i> .....	27
<i>etomidate iv soln 2 mg/ml</i> .....	116
<i>ETOPOSIDE CAP 50MG</i> .....	77

<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	77
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	77
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	77
<i>etravirine tab 100 mg</i>	85
<i>etravirine tab 200 mg</i>	85
EUCRISA OIN 2%	105
EUFLEXXA INJ 10MG/ML	142
<i>euthyrox tab 100mcg</i>	154
<i>euthyrox tab 112mcg</i>	154
<i>euthyrox tab 125mcg</i>	154
<i>euthyrox tab 137mcg</i>	154
<i>euthyrox tab 150mcg</i>	154
<i>euthyrox tab 175mcg</i>	154
<i>euthyrox tab 200mcg</i>	154
<i>euthyrox tab 25mcg</i>	154
<i>euthyrox tab 50mcg</i>	154
<i>euthyrox tab 75mcg</i>	154
<i>euthyrox tab 88mcg</i>	154
EVAMIST SPR 1.53MG	113
<i>everolimus tab 0.25 mg</i>	139
<i>everolimus tab 0.5 mg</i>	139
<i>everolimus tab 0.75 mg</i>	139
<i>everolimus tab 10 mg</i>	74
<i>everolimus tab 1 mg</i>	139
<i>everolimus tab 2.5 mg</i>	74
<i>everolimus tab 5 mg</i>	74
<i>everolimus tab 7.5 mg</i>	74
<i>everolimus tab for oral susp 2 mg</i>	74
<i>everolimus tab for oral susp 3 mg</i>	74
<i>everolimus tab for oral susp 5 mg</i>	74
EVISTA TAB 60MG	110
EVOTAZ TAB 300-150	85
EVOXAC CAP 30MG	140
EXELON DIS 13.3/24	150
EXELON DIS 4.6MG/24	150
EXELON DIS 9.5MG/24	150
<i>exemestane tab 25 mg</i>	72
EYLEA INJ 2/0.05ML	145
<i>ezetimibe-simvastatin tab 10-10 mg</i>	60
<i>ezetimibe-simvastatin tab 10-20 mg</i>	60
<i>ezetimibe-simvastatin tab 10-40 mg</i>	60
<i>ezetimibe-simvastatin tab 10-80 mg</i>	60
<i>ezetimibe tab 10 mg</i>	62
E-Z JECT LANC MIS 33G	126
E-Z JECT MIS 21G	126
E-Z JECT MIS 30G	126
E-Z JECT MIS 32G COLR	126
E-Z JECT MIS LANC 21G	126
E-Z JECT MIS THIN 26G	126
EZ-LETS 21G MIS LANCETS	126
EZ-LETS 26G MIS LANCETS	126
EZ-LETS 28G MIS LANCETS	127
EZ-LETS 30G MIS LANCETS	127
<b>F</b>	
<i>fabb tab 2.2-25-1</i>	119
<i>famciclovir tab 125 mg</i>	87
<i>famciclovir tab 250 mg</i>	87
<i>famciclovir tab 500 mg</i>	87
<i>famotidine for susp 40 mg/5ml</i>	157
<i>famotidine inj 200 mg/20ml</i>	157
FAMOTIDINE INJ 20MG/50M	157
<i>famotidine inj 40 mg/4ml</i>	157
<i>famotidine preservative free inj 20 mg/2ml</i>	157
<i>famotidine tab 20 mg</i>	157
<i>famotidine tab 40 mg</i>	157
FARXIGA TAB 10MG	56
FARXIGA TAB 5MG	56
FASENRA INJ 30MG/ML	40
FASENRA PEN INJ 30MG/ML	40
FASTCLIX MIS LANCETS	127
<i>febuxostat tab 40 mg</i>	117
<i>febuxostat tab 80 mg</i>	117
<i>felbamate susp 600 mg/5ml</i>	48
<i>felbamate tab 400 mg</i>	48
<i>felbamate tab 600 mg</i>	48
<i>felodipine tab er 24hr 10 mg</i>	90
<i>felodipine tab er 24hr 2.5 mg</i>	90
<i>felodipine tab er 24hr 5 mg</i>	90
FEMARA TAB 2.5MG	72
FENOFIBRATE CAP 150MG	60
<i>fenofibrate micronized cap 134 mg</i>	61
<i>fenofibrate micronized cap 200 mg</i>	61
<i>fenofibrate micronized cap 43 mg</i>	61
<i>fenofibrate micronized cap 67 mg</i>	61
<i>fenofibrate tab 145 mg</i>	61
<i>fenofibrate tab 160 mg</i>	61
<i>fenofibrate tab 48 mg</i>	61
<i>fenofibrate tab 54 mg</i>	61
FENOFIBRIC TAB 105MG	61
FENOFIBRIC TAB 35MG	61

FENSOLVI INJ 45MG .....	110
FENTANYL CIT INJ 0.05MG/1 .....	29
FENTANYL CIT INJ 500MCG .....	29
fentanyl citrate lozenge on a handle	
1200 mcg.....	29
fentanyl citrate lozenge on a handle	
1600 mcg.....	29
fentanyl citrate lozenge on a handle	
200 mcg .....	29
fentanyl citrate lozenge on a handle	
400 mcg .....	29
fentanyl citrate lozenge on a handle	
600 mcg .....	29
fentanyl citrate lozenge on a handle	
800 mcg .....	29
fentanyl citrate preservative free (pf)	
inj 1000 mcg/20ml .....	29
fentanyl citrate preservative free (pf)	
inj 100 mcg/2ml.....	29
fentanyl citrate preservative free (pf)	
inj 2500 mcg/50ml .....	29
fentanyl citrate preservative free (pf)	
inj 250 mcg/5ml.....	29
fentanyl citrate preservative free (pf)	
inj 50 mcg/ml .....	29
FENTANYL CIT TAB 100MCG .....	29
FENTANYL CIT TAB 200MCG .....	29
FENTANYL CIT TAB 400MCG .....	29
FENTANYL CIT TAB 600MCG .....	29
FENTANYL CIT TAB 800MCG .....	29
fentanyl td patch 72hr 100 mcg/hr .....	29
fentanyl td patch 72hr 12 mcg/hr.....	29
fentanyl td patch 72hr 25 mcg/hr.....	29
fentanyl td patch 72hr 37.5 mcg/hr .....	29
fentanyl td patch 72hr 50 mcg/hr.....	29
fentanyl td patch 72hr 62.5 mcg/hr .....	29
fentanyl td patch 72hr 75 mcg/hr.....	29
fentanyl td patch 72hr 87.5 mcg/hr .....	29
ferocon cap .....	119
ferotrin sic cap .....	119
ferrocite tab plus .....	119
ferumoxytol inj 510 mg/17ml (30 mg/ml) (elemental fe).....	120
fesoterodine fumarate tab er 24hr 4 mg .....	158
fesoterodine fumarate tab er 24hr 8 mg .....	158
FIASP FLEX INJ TOUCH .....	55
FIASP INJ 100/ML .....	55
FIASP PENFIL INJ U-100 .....	55
FIFTY50 SAFE MIS LANCETS .....	127
FINACEA AER 15% .....	105
finasteride tab 5 mg .....	117
FINE 30 MIS .....	127
FINGERSTIX MIS LANCETS .....	127
fingolimod hcl cap 0.5 mg (base equiv)	
.....	152
flac oil 0.01% .....	147
flavoxate hcl tab 100 mg .....	159
flecainide acetate tab 100 mg .....	40
flecainide acetate tab 150 mg .....	40
flecainide acetate tab 50 mg .....	40
FLOLAN INJ 0.5MG .....	93
FLOLAN INJ 1.5MG .....	93
FLOMAX CAP 0.4MG.....	117
fluconazole for susp 10 mg/ml .....	58
fluconazole for susp 40 mg/ml .....	59
fluconazole in nacl 0.9% inj 200 mg/100ml .....	59
fluconazole in nacl 0.9% inj 400 mg/200ml .....	59
fluconazole tab 100 mg .....	59
fluconazole tab 150 mg .....	59
fluconazole tab 200 mg .....	59
fluconazole tab 50 mg .....	59
flucytosine cap 250 mg .....	58
fludarabine phosphate for inj 50 mg .70	70
fludarabine phosphate inj 25 mg/ml .70	70
fludrocortisone acetate tab 0.1 mg ..98	98
flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml) .....	57
flumazenil iv soln 1 mg/10ml (0.1 mg/ml) .....	57
flunisolide nasal soln 25 mcg/act (0.025%) .....	143
fluocinolone acetonide (otic) oil 0.01%	
.....	147
fluocinolone acetonide cream 0.01%	
.....	103
fluocinolone acetonide cream 0.025%	
.....	103
fluocinolone acetonide oil 0.01% (body oil) .....	103

<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> .....	103
<i>fluocinolone acetonide oint 0.025%</i> .....	103
<i>fluocinolone acetonide soln 0.01%</i> ..	103
<i>fluocinonide cream 0.05%</i> .....	103
<i>fluocinonide emulsified base cream 0.05%</i> .....	103
<i>fluocinonide gel 0.05%</i> .....	103
<i>fluocinonide oint 0.05%</i> .....	103
<i>fluocinonide soln 0.05%</i> .....	103
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i> .....	146
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i> .....	146
<i>fluoridex con dly ren</i> .....	140
<i>fluoritab dro 0.125mg</i> .....	136
<i>fluorometholone ophth susp 0.1%</i> ..	146
<i>fluorouracil cream 5%</i> .....	101
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i> .....	70
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i> .....	70
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i> .....	70
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i> .....	70
<i>FLUOROURACIL SOL 2%</i> .....	101
<i>FLUOROURACIL SOL 5%</i> .....	101
<i>FLUOXETINE CAP 90MG DR</i> .....	50
<i>fluoxetine hcl cap 10 mg</i> .....	50
<i>fluoxetine hcl cap 20 mg</i> .....	50
<i>fluoxetine hcl cap 40 mg</i> .....	50
<i>fluoxetine hcl solution 20 mg/5ml</i> ....	50
<i>fluoxetine hcl tab 10 mg</i> .....	50
<i>fluoxetine hcl tab 20 mg</i> .....	50
<i>FLUPHENAZINE CON 5MG/ML</i> .....	83
<i>fluphenazine decanoate inj 25 mg/ml</i> 83	
<i>FLUPHENAZINE ELX 2.5/5ML</i> .....	83
<i>fluphenazine hcl tab 10 mg</i> .....	83
<i>fluphenazine hcl tab 1 mg</i> .....	83
<i>fluphenazine hcl tab 2.5 mg</i> .....	83
<i>fluphenazine hcl tab 5 mg</i> .....	83
<i>FLUPHENAZINE INJ 2.5MG/ML</i> .....	83
<i>FLURBIPROFEN SOL 0.03% OP</i> .....	146
<i>flurbiprofen tab 100 mg</i> .....	27
<i>FLURBIPROFEN TAB 50MG</i> .....	27
<i>fluticasone propionate cream 0.05%</i> .....	103
<i>fluticasone propionate lotion 0.05%</i> 103	
<i>fluticasone propionate nasal susp 50 mcg/act</i> .....	143
<i>fluticasone propionate oint 0.005%</i> .104	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i> .....	61
<i>fluvastatin sodium cap 40 mg (base equivalent)</i> .....	61
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> .....	61
<i>fluvoxamine maleate cap er 24hr 100 mg</i> .....	50
<i>fluvoxamine maleate cap er 24hr 150 mg</i> .....	51
<i>fluvoxamine maleate tab 100 mg</i> .....	51
<i>fluvoxamine maleate tab 25 mg</i> .....	51
<i>fluvoxamine maleate tab 50 mg</i> .....	51
<i>FOCALIN TAB 10MG</i> .....	23
<i>FOCALIN TAB 2.5MG</i> .....	23
<i>FOCALIN TAB 5MG</i> .....	23
<i>folbee plus tab</i> .....	141
<i>FOLBEE PLUS TAB CZ</i> .....	141
<i>folbee tab</i> .....	119
<i>folic acid inj 5 mg/ml</i> .....	118
<i>folic acid tab 1 mg</i> .....	118
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i> .....	119
<i>folplex 2.2 tab</i> .....	119
<i>foltrin cap</i> .....	119
<i>fomepizole inj 1 gm/ml (for iv infusion)</i> .....	57
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> .....	44
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> .....	44
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> .....	44
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> .....	44
<i>FORA LANCETS MIS 30G</i> .....	127
<i>FORA MIS LANCETS</i> .....	127
<i>formoterol fumarate soln nebu 20 mcg/2ml</i> .....	42
<i>FORTEO INJ 600/2.4</i> .....	109
<i>FOSAMAX TAB 70MG</i> .....	109

<i>fosamprenavir calcium tab 700 mg (base equiv) .....</i>	85
FOSAPREPITAN SOL 150MG.....	58
<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq) .....</i>	58
<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml) .....</i>	86
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent) .....</i>	37
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg.....</i>	66
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg.....</i>	66
<i>fosinopril sodium tab 10 mg .....</i>	62
<i>fosinopril sodium tab 20 mg .....</i>	62
<i>fosinopril sodium tab 40 mg .....</i>	62
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv) .....</i>	49
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv) .....</i>	49
FRAGMIN INJ 10000/ML.....	44
FRAGMIN INJ 12500UNT .....	44
FRAGMIN INJ 15000UNT .....	44
FRAGMIN INJ 18000UNT .....	44
FRAGMIN INJ 2500/0.2 .....	44
FRAGMIN INJ 2500/ML.....	44
FRAGMIN INJ 5000/0.2 .....	44
FRAGMIN INJ 7500/0.3 .....	44
FRAGMIN INJ 95000UNT .....	44
FREESTYLE MIS LANCETS .....	127
<i>frovatriptan succinate tab 2.5 mg (base equivalent) .....</i>	134
FULVESTRANT INJ 250/5ML.....	72
<i>fulvestrant inj soln pref syr 250 mg/5ml.....</i>	72
<i>furosemide inj 10 mg/ml .....</i>	108
<i>furosemide oral soln 10 mg/ml.....</i>	108
FUROSEMIDE SOL 40MG/5ML .....	108
<i>furosemide tab 20 mg .....</i>	108
<i>furosemide tab 40 mg .....</i>	108
<i>furosemide tab 80 mg .....</i>	108
FUZEON INJ 90MG .....	85
<i>fyavolv tab 0.5-2.5 .....</i>	112
<i>fyavolv tab 1-5 .....</i>	112
FYCOMPA SUS 0.5MG/ML .....	44
FYCOMPA TAB 10MG.....	45
FYCOMPA TAB 12MG.....	45
FYCOMPA TAB 2MG .....	44
FYCOMPA TAB 4MG .....	44
FYCOMPA TAB 6MG .....	44
FYCOMPA TAB 8MG .....	45
<i>fyremadel sol 250/0.5.....</i>	110
<b>G</b>	
<i>gabapentin cap 100 mg .....</i>	46
<i>gabapentin cap 300 mg .....</i>	46
<i>gabapentin cap 400 mg .....</i>	46
<i>gabapentin oral soln 250 mg/5ml .....</i>	46
<i>gabapentin tab 600 mg .....</i>	46
<i>gabapentin tab 800 mg .....</i>	46
<i>gadoterate meglumine iv soln 10 mmol/20ml (0.5 mmol/ml) .....</i>	106
<i>gadoterate meglumine iv soln 2.5 mmol/5ml (0.5 mmol/ml) .....</i>	106
<i>gadoterate meglumine iv soln 50 mmol/100ml (0.5 mmol/ml) .....</i>	106
<i>gadoterate meglumine iv soln 5 mmol/10ml (0.5 mmol/ml) .....</i>	106
<i>gadoterate meglumine iv soln 7.5 mmol/15ml (0.5 mmol/ml) .....</i>	106
galantamine hydrobromide cap er 24hr 16 mg .....	150
galantamine hydrobromide cap er 24hr 24 mg .....	150
galantamine hydrobromide cap er 24hr 8 mg .....	150
galantamine hydrobromide tab 12 mg .....	150
galantamine hydrobromide tab 4 mg .....	150
galantamine hydrobromide tab 8 mg .....	150
GALANTAMINE SOL 4MG/ML .....	150
<i>ganciclovir sodium for inj 500 mg .....</i>	86
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml .....</i>	110
<i>gatifloxacin ophth soln 0.5% .....</i>	145
GAVILYTE-C SOL.....	122
<i>gavilyte-g sol.....</i>	122
GAVRETO CAP 100MG.....	74
<i>gefitinib tab 250 mg .....</i>	72
GELSYN-3 INJ 16.8/2ML.....	142
<i>gemcitabine hcl for inj 1 gm .....</i>	70
<i>gemcitabine hcl for inj 200 mg .....</i>	71
<i>gemcitabine hcl for inj 2 gm .....</i>	71

<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i> .....	71
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i> .....	71
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i> .....	71
<i>gemfibrozil tab 600 mg</i> .....	61
<i>GEMTESA TAB 75MG</i> .....	159
<i>generlac sol 10gm/15</i> .....	115
<i>gengraf cap 100mg</i> .....	139
<i>gengraf cap 25mg</i> .....	139
<i>gengraf sol 100mg/ml</i> .....	139
<i>GENTAM/NACL INJ 100MG</i> .....	25
<i>GENTAM/NACL INJ 80MG</i> .....	25
<i>GENTAMICIN INJ 10MG/ML</i> .....	25
<i>gentamicin in saline inj 1.2 mg/ml</i> ....	25
<i>gentamicin sulfate cream 0.1%</i> .....	100
<i>gentamicin sulfate inj 40 mg/ml</i> .....	25
<i>gentamicin sulfate oint 0.1%</i> .....	100
<i>gentamicin sulfate ophth soln 0.3%</i> 145	
<i>GENTEEL MIS LANCETS</i> .....	127
<i>GENTEEL MIS NOZZLES</i> .....	127
<i>GENTEEL TIPS MIS BLUE</i> .....	127
<i>GENTEEL TIPS MIS CLEAR</i> .....	127
<i>GENTEEL TIPS MIS GREEN</i> .....	127
<i>GENTEEL TIPS MIS ORANGE</i> .....	127
<i>GENTEEL TIPS MIS RAINBOW</i> .....	127
<i>GENTEEL TIPS MIS VIOLET</i> .....	127
<i>GENTEEL TIPS MIS YELLOW</i> .....	127
<i>GENTLE-LET MIS 26G</i> .....	127
<i>GENTLE-LET MIS 28G</i> .....	127
<i>GENTLE-LET MIS LANCETS</i> .....	127
<i>GENTLE-LET MIS PLATFORM</i> .....	127
<i>GENVOYA TAB</i> .....	85
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> .....	152
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> .....	152
<i>glatopa inj 20mg/ml</i> .....	152
<i>glatopa inj 40mg/ml</i> .....	152
<i>glimepiride tab 1 mg</i> .....	56
<i>glimepiride tab 2 mg</i> .....	56
<i>glimepiride tab 4 mg</i> .....	56
<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	53
<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	53

<i>glipizide-metformin hcl tab 5-500 mg</i> .....	54
<i>glipizide tab 10 mg</i> .....	56
<i>glipizide tab 5 mg</i> .....	56
<i>glipizide tab er 24hr 10 mg</i> .....	56
<i>glipizide tab er 24hr 2.5 mg</i> .....	56
<i>glipizide tab er 24hr 5 mg</i> .....	56
<i>glipizide xl tab 10mg</i> .....	56
<i>glipizide xl tab 2.5mg</i> .....	56
<i>glipizide xl tab 5mg</i> .....	56
<i>GLOBAL 28G MIS LANCETS</i> .....	127
<i>GLOBAL 30G MIS LANCETS</i> .....	127
<i>glucagon (rdna) for inj kit 1 mg</i> .....	54
<i>GLUCOCOM MIS 28G</i> .....	127
<i>GLUCOCOM MIS 30G</i> .....	127
<i>GLUCOCOM MIS 33G</i> .....	127
<i>glyburide-metformin tab 1.25-250 mg</i> .....	54
<i>glyburide-metformin tab 2.5-500 mg</i> .....	54
<i>glyburide-metformin tab 5-500 mg</i> ....	54
<i>glyburide micronized tab 1.5 mg</i> .....	56
<i>glyburide micronized tab 3 mg</i> .....	56
<i>glyburide micronized tab 6 mg</i> .....	56
<i>glyburide tab 1.25 mg</i> .....	56
<i>glyburide tab 2.5 mg</i> .....	56
<i>glyburide tab 5 mg</i> .....	56
<i>glycine diluent for injection</i> .....	149
<i>glycine irrigation soln 1.5%</i> .....	117
<i>glycopyrrolate inj 0.2 mg/ml</i> .....	156
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i> .....	156
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i> .....	156
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i> .....	156
<i>glycopyrrolate oral soln 1 mg/5ml</i> ..	156
<i>glycopyrrolate tab 1 mg</i> .....	156
<i>glycopyrrolate tab 2 mg</i> .....	156
<i>glydo gel 2%</i> .....	105
<i>GLYXAMBI TAB 10-5 MG</i> .....	54
<i>GLYXAMBI TAB 25-5 MG</i> .....	54
<i>GNP LANCETS MIS 21G</i> .....	127
<i>GNP LANCETS MIS 28G</i> .....	127
<i>GNP LANCETS MIS 30G</i> .....	127
<i>GNP LANCETS MIS 33G</i> .....	127
<i>GNP LANCETS MIS THIN 26G</i> .....	127
<i>GOJJI LANCET MIS 30G</i> .....	127
<i>GONAL-F INJ 1050UNIT</i> .....	109

GONAL-F INJ 450UNIT .....	109
GONAL-F RFF INJ 300/0.5 .....	109
GONAL-F RFF INJ 450/0.75.....	109
GONAL-F RFF INJ 75UNIT .....	109
GONAL-F RFF INJ 900/1.5 .....	109
GOODSENSE MIS LANC 26G .....	127
GOODSENSE MIS LANC 30G .....	127
GOODSENSE MIS LANC 33G .....	127
GRALISE TAB 300MG .....	152
GRALISE TAB 450MG .....	153
GRALISE TAB 600MG .....	153
GRALISE TAB 750MG .....	153
GRALISE TAB 900MG .....	153
<i>granisetron hcl inj 1 mg/ml .....</i>	57
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i> .....	57
<i>granisetron hcl tab 1 mg .....</i>	57
GRASTEK SUB 2800BAU .....	25
<i>griseofulvin microsize susp 125 mg/5ml</i> .....	58
<i>griseofulvin microsize tab 500 mg .....</i>	58
<i>griseofulvin ultramicrosize tab 125 mg</i> .....	58
<i>griseofulvin ultramicrosize tab 250 mg</i> .....	58
<i>guanfacine hcl tab 1 mg .....</i>	64
<i>guanfacine hcl tab 2 mg .....</i>	64
<i>guanfacine hcl tab er 24hr 1 mg (base equiv).....</i>	22
<i>guanfacine hcl tab er 24hr 2 mg (base equiv).....</i>	22
<i>guanfacine hcl tab er 24hr 3 mg (base equiv).....</i>	22
<i>guanfacine hcl tab er 24hr 4 mg (base equiv).....</i>	22
GVOKE HYPO 1 INJ .5/.1ML .....	55
GVOKE HYPO 1 INJ 1MG/.2ML.....	54
GVOKE HYPO 2 INJ .5/.1ML .....	55
GVOKE HYPO 2 INJ 1MG/.2ML.....	55
GVOKE KIT SOL 1MG/0.2M .....	55
GVOKE PFS INJ.....	55
<b>H</b>	
HAEMOLANCE MIS HIGH FLO .....	127
HAEMOLANCE MIS LOW FLOW .....	127
HAEMOLANCE MIS PLUS.....	127
HAEMOLANCE MIS PLUS LOW .....	127
HAEMOLANCE MIS PLUS MAX.....	127
HAEMOLANCE MIS PLUS PED .....	127
HAEMOLANCE MIS RETRACT .....	127
HALCION TAB 0.25MG.....	121
<i>halobetasol propionate cream 0.05%</i> .....	104
<i>halobetasol propionate oint 0.05% .</i>	104
<i>haloperidol decanoate im soln 100 mg/ml .....</i>	81
<i>haloperidol decanoate im soln 50 mg/ml .....</i>	81
<i>haloperidol lactate inj 5 mg/ml .....</i>	81
<i>haloperidol lactate oral conc 2 mg/ml</i> .....	81
<i>haloperidol tab 0.5 mg.....</i>	81
<i>haloperidol tab 10 mg.....</i>	81
<i>haloperidol tab 1 mg .....</i>	81
<i>haloperidol tab 20 mg.....</i>	81
<i>haloperidol tab 2 mg .....</i>	81
<i>haloperidol tab 5 mg .....</i>	81
HARVONI PAK.....	86
HARVONI PAK 45-200MG .....	86
HARVONI TAB 45-200MG .....	87
HARVONI TAB 90-400MG .....	87
HC/ACET ACID SOL OTIC .....	147
HC BUTYRATE CRE 0.1% .....	104
HC BUTYRATE SOL 0.1% .....	104
HC-LIDOCAINE CRE 1-1% .....	104
<i>hematinic pl tab vit/min .....</i>	119
<i>hemmorex-hc sup 30mg .....</i>	35
<i>heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9% .....</i>	44
<i>heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9% .....</i>	44
<i>heparin sodium (porcine) inj 10000 unit/ml .....</i>	44
<i>heparin sodium (porcine) inj 1000 unit/ml .....</i>	44
<i>heparin sodium (porcine) inj 20000 unit/ml .....</i>	44
<i>heparin sodium (porcine) inj 5000 unit/ml .....</i>	44
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml .....</i>	44
<i>hidex 6-day pak 1.5mg .....</i>	96
HLTHY ACCNTS MIS LANC 30G.....	127
HUMIRA INJ 10/0.1ML .....	25
HUMIRA INJ 20/0.2ML .....	25
HUMIRA INJ 40/0.4ML .....	25

HUMIRA KIT 40MG/0.8 .....	25
HUMIRA PEDIA INJ CROHNS .....	25
HUMIRA PEN INJ 40/0.4ML.....	25
HUMIRA PEN INJ 40MG/0.8 .....	25
HUMIRA PEN INJ 80/0.8ML.....	26
HUMIRA PEN INJ CD/UC/HS.....	26
HUMIRA PEN INJ PS/UV .....	26
HUMIRA PEN KIT CD/UC/HS .....	26
HUMIRA PEN KIT PED UC .....	26
HUMIRA PEN KIT PS/UV .....	26
HUMULIN R INJ U-500 .....	55
HYCAMTIN CAP 0.25MG .....	77
HYCAMTIN CAP 1MG.....	77
<i>hydralazine hcl inj 20 mg/ml .....</i>	68
<i>hydralazine hcl tab 100 mg .....</i>	68
<i>hydralazine hcl tab 10 mg .....</i>	68
<i>hydralazine hcl tab 25 mg .....</i>	68
<i>hydralazine hcl tab 50 mg .....</i>	68
HYDREA CAP 500MG.....	76
<i>hydrochlorothiazide cap 12.5 mg ....</i>	108
<i>hydrochlorothiazide tab 12.5 mg ....</i>	108
<i>hydrochlorothiazide tab 25 mg .....</i>	108
<i>hydrochlorothiazide tab 50 mg .....</i>	109
HYDROCOD/IBU TAB 10-200MG.....	32
HYDROCOD/IBU TAB 5-200MG.....	32
<i>hydrocodone-acetaminophen soln 7.5- 325 mg/15ml.....</i>	32
<i>hydrocodone-acetaminophen tab 10- 300 mg .....</i>	32
<i>hydrocodone-acetaminophen tab 10- 325 mg .....</i>	32
<i>hydrocodone-acetaminophen tab 5-300 mg .....</i>	32
<i>hydrocodone-acetaminophen tab 5-325 mg .....</i>	32
<i>hydrocodone-acetaminophen tab 7.5- 300 mg .....</i>	32
<i>hydrocodone-acetaminophen tab 7.5- 325 mg .....</i>	32
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg .....</i>	98
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml .....</i>	98
<i>hydrocodone bitartrate tab er 24hr deter 100 mg.....</i>	30
<i>hydrocodone bitartrate tab er 24hr deter 120 mg.....</i>	30
<i>hydrocodone bitartrate tab er 24hr deter 20 mg .....</i>	29
<i>hydrocodone bitartrate tab er 24hr deter 30 mg .....</i>	29
<i>hydrocodone bitartrate tab er 24hr deter 40 mg .....</i>	29
<i>hydrocodone bitartrate tab er 24hr deter 60 mg .....</i>	29
<i>hydrocodone bitartrate tab er 24hr deter 80 mg .....</i>	29
HYDROCODONE CAP 10MG ER .....	30
HYDROCODONE CAP 15MG ER .....	30
HYDROCODONE CAP 20MG ER .....	30
HYDROCODONE CAP 30MG ER .....	30
HYDROCODONE CAP 40MG ER .....	30
HYDROCODONE CAP 50MG ER .....	30
<i>hydrocodone-ibuprofen tab 7.5-200 mg .....</i>	32
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml .....</i>	98
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1% .....</i>	34
<i>hydrocortisone butyrate oint 0.1%..</i>	104
<i>hydrocortisone cream 1%.....</i>	104
<i>hydrocortisone cream 2.5% .....</i>	104
<i>hydrocortisone enema 100 mg/60ml.</i>	34
<i>hydrocortisone lotion 2.5% .....</i>	104
<i>hydrocortisone oint 1% .....</i>	104
<i>hydrocortisone oint 2.5% .....</i>	104
<i>hydrocortisone perianal cream 1% ..</i>	34
<i>hydrocortisone perianal cream 2.5%.34</i>	34
<i>hydrocortisone tab 10 mg .....</i>	97
<i>hydrocortisone tab 20 mg .....</i>	97
<i>hydrocortisone tab 5 mg .....</i>	97
<i>hydrocortisone valerate cream 0.2% .....</i>	104
<i>hydrocortisone valerate oint 0.2% ..</i>	104
HYDROGEN PER SOL 30% .....	84
<i>hydromet syp 5-1.5/5.....</i>	98
<i>hydromorphone hcl inj 1 mg/ml .....</i>	30
<i>hydromorphone hcl inj 2 mg/ml .....</i>	30
<i>hydromorphone hcl liqd 1 mg/ml.....</i>	30
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml .....</i>	30
<i>hydromorphone hcl tab 2 mg .....</i>	30
<i>hydromorphone hcl tab 4 mg .....</i>	30
<i>hydromorphone hcl tab 8 mg .....</i>	30

<i>hydromorphone hcl tab er 24hr 12 mg</i>	27
.....	30
<i>hydromorphone hcl tab er 24hr 16 mg</i>	27
.....	30
<i>hydromorphone hcl tab er 24hr 32 mg</i>	27
.....	30
<i>hydromorphone hcl tab er 24hr 8 mg</i>	30
HYDROXOCOBAL INJ 1000MCG .....	118
HYDROXY CAPR INJ 1.25/5ML.....	72
<i>hydroxychloroquine sulfate tab 200 mg</i>	68
.....	68
<i>hydroxyurea cap 500 mg</i> .....	76
HYDROXYZ HCL INJ 25MG/ML.....	38
HYDROXYZ HCL INJ 50MG/ML.....	38
<i>hydroxyzine hcl syrup 10 mg/5ml</i> ....	38
<i>hydroxyzine hcl tab 10 mg</i> .....	38
<i>hydroxyzine hcl tab 25 mg</i> .....	38
<i>hydroxyzine hcl tab 50 mg</i> .....	38
<i>hydroxyzine pamoate cap 25 mg</i> .....	38
<i>hydroxyzine pamoate cap 50 mg</i> .....	38
HYDROXYZ PAM CAP 100MG .....	38
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> .....	156
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	156
.....	156
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	156
.....	156
<i>hyoscyamine sulfate tab 0.125 mg</i> .	156
<i>hyoscyamine sulfate tab disint 0.125 mg</i> .....	156
<i>hyosyne dro 0.125/ml</i> .....	156
<i>hyosyne elx 0.125/5</i> .....	156
<b>I</b>	
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i> .....	109
<i>ibandronate sodium tab 150 mg (base equivalent)</i> .....	109
IBRANCE CAP 100MG .....	74
IBRANCE CAP 125MG .....	74
IBRANCE CAP 75MG .....	74
IBRANCE TAB 100MG .....	74
IBRANCE TAB 125MG .....	74
IBRANCE TAB 75MG .....	74
<i>ibuprofen lysine iv soln 10 mg/ml (base equivalent)</i> .....	27
<i>ibuprofen susp 100 mg/5ml</i> .....	27
<i>ibuprofen tab 400 mg</i> .....	27
<i>ibuprofen tab 600 mg</i> .....	27
<i>ibuprofen tab 800 mg</i> .....	27
<i>ibu tab 400mg</i> .....	27
<i>ibu tab 600mg</i> .....	27
<i>ibu tab 800mg</i> .....	27
<i>ibutilide fumarate inj 1 mg/10ml</i> .....	40
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i> .....	73
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i> .....	73
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i> .....	73
<i>iferex 150 cap forte</i> .....	119
<i>ifosfamide for inj 1 gm</i> .....	70
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i> .....	70
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i> .....	70
ILARIS INJ 150MG/ML .....	26
ILEVRO DRO 0.3% OP.....	146
ILUMYA SOL 100MG/ML .....	102
<i>imatinib mesylate tab 100 mg (base equivalent)</i> .....	75
<i>imatinib mesylate tab 400 mg (base equivalent)</i> .....	75
IMBRUVICA CAP 140MG .....	75
IMBRUVICA CAP 70MG.....	75
IMBRUVICA SUS 70MG/ML .....	75
IMBRUVICA TAB 140MG .....	75
IMBRUVICA TAB 280MG .....	75
IMBRUVICA TAB 420MG .....	75
IMIPENEM/CIL INJ 250MG .....	36
<i>imipenem-cilastatin intravenous for soln 500 mg</i> .....	36
<i>imipramine hcl tab 10 mg</i> .....	53
<i>imipramine hcl tab 25 mg</i> .....	53
<i>imipramine hcl tab 50 mg</i> .....	53
<i>imipramine pamoate cap 100 mg</i> .....	53
<i>imipramine pamoate cap 125 mg</i> .....	53
<i>imipramine pamoate cap 150 mg</i> .....	53
<i>imipramine pamoate cap 75 mg</i> .....	53
<i>imiquimod cream 3.75%</i> .....	105
<i>imiquimod cream 5%</i> .....	105
IMITREX INJ 4MG/0.5 .....	134
IMITREX INJ 6MG/0.5 .....	134
IMITREX SPR 20MG/ACT .....	134
IMITREX SPR 5MG/ACT .....	134

IMITREX TAB 100MG .....	134
IMITREX TAB 25MG .....	134
IMITREX TAB 50MG .....	134
IMURAN TAB 50MG.....	139
IMVEXXY MAIN SUP 10MCG .....	159
IMVEXXY MAIN SUP 4MCG .....	159
IMVEXXY STRT SUP 10MCG .....	159
IMVEXXY STRT SUP 4MCG .....	159
INATAL GT TAB .....	141
INBRIJA CAP 42MG .....	78
INCONTROL MIS LANC 28G .....	127
INCONTROL MIS LANC 30G .....	128
INCONTROL MIS LANC 33G .....	128
<i>indapamide tab 1.25 mg .....</i>	109
<i>indapamide tab 2.5 mg .....</i>	109
INDOCYANINE INJ 25MG .....	106
<i>indomethacin cap 25 mg .....</i>	27
<i>indomethacin cap 50 mg .....</i>	27
<i>indomethacin cap er 75 mg .....</i>	27
INGREZZA CAP 40-80MG.....	151
INGREZZA CAP 40MG .....	152
INGREZZA CAP 60MG .....	152
INGREZZA CAP 80MG .....	152
INLYTA TAB 1MG.....	71
INLYTA TAB 5MG.....	71
INSPRA TAB 25MG .....	68
INSPRA TAB 50MG .....	68
INSULIN SYRG MIS 0.3/29G .....	133
INSULIN SYRG MIS 0.3/30G .....	133
INSULIN SYRG MIS 0.3/31G .....	133
INSULIN SYRG MIS 0.5/28G .....	133
INSULIN SYRG MIS 0.5/29G .....	133
INSULIN SYRG MIS 0.5/30G .....	133
INSULIN SYRG MIS 0.5/31G .....	133
INSULIN SYRG MIS 1ML .....	133
INSULIN SYRG MIS 1ML/25G .....	133
INSULIN SYRG MIS 1ML/26G .....	133
INSULIN SYRG MIS 1ML/27G .....	133
INSULIN SYRG MIS 1ML/28G .....	133
INSULIN SYRG MIS 1ML/29G .....	133
INSULIN SYRG MIS 1ML/30G .....	133
INSULIN SYRG MIS 1ML/31G .....	133
INSULIN SYRG MIS 2/27.5G .....	133
INTELENCE TAB 100MG .....	85
INTELENCE TAB 200MG .....	85
INTELENCE TAB 25MG .....	85
IN TOUCH LAN MIS 30G .....	127
IODINE SOL STRONG.....	136
<i>iodixanol inj 270 mg/ml (iodine equivalent) .....</i>	107
<i>iodixanol inj 320 mg/ml (iodine equivalent) .....</i>	107
<i>iodoquimez cre 1-1.9% .....</i>	101
<i>iodoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1%.....</i>	101
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml .....</i>	42
<i>ipratropium bromide inhal soln 0.02% .....</i>	41
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray) .....</i>	143
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray) .....</i>	143
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg .....</i>	66
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg .....</i>	66
<i>irbesartan tab 150 mg .....</i>	63
<i>irbesartan tab 300 mg .....</i>	63
<i>irbesartan tab 75 mg .....</i>	63
IRESSA TAB 250MG.....	75
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml) .....</i>	77
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml) .....</i>	77
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml) .....</i>	77
IRINOTECAN INJ 500MG/25.....	77
ISENTRESS CHW 100MG.....	85
ISENTRESS CHW 25MG.....	85
ISENTRESS HD TAB 600MG .....	85
ISENTRESS POW 100MG .....	85
ISENTRESS TAB 400MG .....	85
<i>isoflurane inhal soln .....</i>	116
ISONIAZID INJ 100MG/ML .....	69
<i>isoniazid syrup 50 mg/5ml .....</i>	69
ISONIAZID TAB 100MG.....	69
<i>isoniazid tab 300 mg .....</i>	69
<i>isoproterenol hcl inj 0.2 mg/ml .....</i>	42
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg .....</i>	93
<i>isosorbide dinitrate tab 10 mg .....</i>	37
<i>isosorbide dinitrate tab 20 mg .....</i>	37
<i>isosorbide dinitrate tab 30 mg .....</i>	37

<i>isosorbide dinitrate tab 5 mg</i>	37
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	37
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	37
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	37
ISOSORB MONO TAB 10MG	37
ISOSORB MONO TAB 20MG	37
<i>isosulfan blue subcutaneous soln 1%</i>	106
<i>isotretinoin cap 10 mg</i>	100
<i>isotretinoin cap 20 mg</i>	100
<i>isotretinoin cap 25 mg</i>	100
<i>isotretinoin cap 30 mg</i>	100
<i>isotretinoin cap 35 mg</i>	100
<i>isotretinoin cap 40 mg</i>	100
<i>isradipine cap 2.5 mg</i>	90
<i>isradipine cap 5 mg</i>	90
<i>itraconazole cap 100 mg</i>	59
<i>itraconazole oral soln 10 mg/ml</i>	59
<i>ivermectin tab 3 mg</i>	35
<b>J</b>	
<i>jantoven tab 10mg</i>	43
<i>jantoven tab 1mg</i>	43
<i>jantoven tab 2.5mg</i>	43
<i>jantoven tab 2mg</i>	43
<i>jantoven tab 3mg</i>	43
<i>jantoven tab 4mg</i>	43
<i>jantoven tab 5mg</i>	43
<i>jantoven tab 6mg</i>	43
<i>jantoven tab 7.5mg</i>	43
JANUMET TAB 50-1000	54
JANUMET TAB 50-500MG	54
JANUMET XR TAB 100-1000	54
JANUMET XR TAB 50-1000	54
JANUMET XR TAB 50-500MG	54
JANUVIA TAB 100MG	55
JANUVIA TAB 25MG	55
JANUVIA TAB 50MG	55
JARDIANCE TAB 10MG	56
JARDIANCE TAB 25MG	56
<i>javygtor pak 100mg</i>	110
<i>javygtor pow 500mg</i>	110
<i>javygtor tab 100mg</i>	110
<i>jinteli tab 1mg-5mcg</i>	112

<b>K</b>	
KANJINTI INJ 420MG	72
KANJINTI SOL 150MG	72
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	135
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	135
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.225% inj</i>	136
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	136
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	136
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	136
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	136
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	136
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	136
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>	136
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	136
KERENDIA TAB 10MG	111
KERENDIA TAB 20MG	111
KESIMPTA INJ 20/.4ML	152
<i>ketamine hcl inj 100 mg/ml</i>	116
<i>ketamine hcl inj 10 mg/ml</i>	116
<i>ketamine hcl inj 50 mg/ml</i>	116
<i>ketoconazole cream 2%</i>	101
<i>ketoconazole shampoo 2%</i>	101
<i>ketoconazole tab 200 mg</i>	59
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	27
<i>ketorolac tromethamine inj 15 mg/ml</i>	27
<i>ketorolac tromethamine inj 30 mg/ml</i>	27
<i>ketorolac tromethamine ophth soln 0.4%</i>	147
<i>ketorolac tromethamine ophth soln 0.5%</i>	147
<i>ketorolac tromethamine tab 10 mg</i>	27
KEVZARA INJ 150/1.14	26
KEVZARA INJ 200/1.14	26

KINNEY MIS LANCETS .....	128
KINNEY THIN MIS LANCETS .....	128
KISQALI 200 PAK FEMARA.....	74
KISQALI 400 PAK FEMARA.....	74
KISQALI 600 PAK FEMARA.....	74
KISQALI TAB 200DOSE .....	75
KISQALI TAB 400DOSE .....	75
KISQALI TAB 600DOSE .....	75
KLARON LOT 10% .....	100
<i>klor-con/ef tab 25meq fr .....</i>	137
<i>klor-con 10 tab 10meq er .....</i>	137
<i>klor-con 8 tab 8meq er .....</i>	137
<i>klor-con m10 tab 10meq er .....</i>	137
<i>klor-con m15 tab 15meq er .....</i>	137
<i>klor-con m20 tab 20meq er .....</i>	137
<i>klor-con pak 20meq.....</i>	137
KOSELUGO CAP 10MG .....	75
KOSELUGO CAP 25MG .....	75
<i>k-prime tab 25meq ef .....</i>	137
KROGER LANCE MIS .....	128
KROGER LANCE MIS 26G.....	128
KROGER LANCE MIS THIN .....	128
KROGER LANCE MIS THIN 30G.....	128
K-TAB TAB 10MEQ CR.....	137
<i>k-tan plus cap.....</i>	119
KYNMOBI MIS 10MG.....	78
KYNMOBI MIS 15MG.....	78
KYNMOBI MIS 20MG.....	78
KYNMOBI MIS 25MG.....	78
KYNMOBI MIS 30MG.....	78
<b>L</b>	
<i>labetalol hcl iv soln 5 mg/ml .....</i>	87
<i>labetalol hcl tab 100 mg.....</i>	87
<i>labetalol hcl tab 200 mg.....</i>	88
<i>labetalol hcl tab 300 mg.....</i>	88
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml) .....</i>	46
<i>lacosamide oral solution 10 mg/ml .....</i>	46
<i>lacosamide tab 100 mg.....</i>	46
<i>lacosamide tab 150 mg.....</i>	46
<i>lacosamide tab 200 mg.....</i>	46
<i>lacosamide tab 50 mg.....</i>	46
<i>lactated ringer's for irrigation .....</i>	139
<i>lactated ringer's solution .....</i>	136
LACTATED RIN INJ .....	136
<i>lactic acid (ammonium lactate) cream 12% .....</i>	104
<i>lactic acid (ammonium lactate) lotion 12% .....</i>	104
<i>lactulose (encephalopathy) solution 10 gm/15ml .....</i>	115
<i>lactulose solution 10 gm/15ml .....</i>	122
<i>lamivudine oral soln 10 mg/ml .....</i>	85
<i>lamivudine tab 100 mg (hbv).....</i>	87
<i>lamivudine tab 150 mg .....</i>	85
<i>lamivudine tab 300 mg .....</i>	85
<i>lamivudine-zidovudine tab 150-300 mg .....</i>	85
<i>lamotrigine orally disintegrating tab 100 mg .....</i>	46
<i>lamotrigine orally disintegrating tab 200 mg .....</i>	46
<i>lamotrigine orally disintegrating tab 25 mg .....</i>	46
<i>lamotrigine orally disintegrating tab 50 mg .....</i>	46
<i>lamotrigine tab 100 mg.....</i>	46
<i>lamotrigine tab 150 mg.....</i>	46
<i>lamotrigine tab 200 mg.....</i>	46
<i>lamotrigine tab 25 mg .....</i>	46
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit.....</i>	46
<i>lamotrigine tab 35 x 25 mg starter kit .....</i>	46
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit .....</i>	46
<i>lamotrigine tab chewable dispersible 25 mg .....</i>	46
<i>lamotrigine tab chewable dispersible 5 mg .....</i>	46
<i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit .....</i>	46
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit .....</i>	46
<i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit .....</i>	46
<i>lamotrigine tab er 24hr 100 mg .....</i>	46
<i>lamotrigine tab er 24hr 200 mg .....</i>	46
<i>lamotrigine tab er 24hr 250 mg .....</i>	46
<i>lamotrigine tab er 24hr 25 mg .....</i>	46
<i>lamotrigine tab er 24hr 300 mg .....</i>	46
<i>lamotrigine tab er 24hr 50 mg .....</i>	46
LANCET CARRY MIS CASE.....	128
LANCET MICRO MIS THIN 33G .....	128

LANCETS MICR MIS THIN 33G.....	128
LANCETS MIS .....	128
LANCETS MIS 21G.....	128
LANCETS MIS 21G COLR .....	128
LANCETS MIS 26G.....	128
LANCETS MIS 28G.....	128
LANCETS MIS 30G.....	128
LANCETS MIS 33G.....	128
LANCETS MIS ORIGINAL .....	128
LANCETS MIS THIN .....	128
LANCETS MIS THIN 26G.....	128
LANCETS MIS THIN 30G.....	128
LANCETS SUPR MIS THIN 28G .....	128
LANCET STAND MIS 21G .....	128
LANCETS THIN MIS .....	128
LANCETS THIN MIS 26G.....	128
LANCETS ULTR MIS THIN .....	128
LANCETS ULTR MIS THIN 31G.....	128
LANCET SUPER MIS THIN 30G.....	128
LANCET ULTRA MIS 28G.....	128
LANCET ULTRA MIS THIN 30G.....	128
LANSOPR/AMOX PAK /CLARITH .....	158
<i>lansoprazole cap delayed release 15 mg .....</i>	157
<i>lansoprazole cap delayed release 30 mg .....</i>	157
<i>lapatinib ditosylate tab 250 mg (base equiv).....</i>	75
LASIX TAB 20MG.....	108
LASIX TAB 40MG.....	108
LASIX TAB 80MG.....	108
<i>latanoprost ophth soln 0.005% .....</i>	147
LB LANCET MIS 28G .....	128
<i>leflunomide tab 10 mg .....</i>	28
<i>leflunomide tab 20 mg .....</i>	28
<i>lenalidomide cap 10 mg .....</i>	138
<i>lenalidomide cap 15 mg .....</i>	138
<i>lenalidomide cap 20 mg .....</i>	138
<i>lenalidomide cap 25 mg .....</i>	138
<i>lenalidomide cap 5 mg .....</i>	138
<i>lenalidomide caps 2.5 mg .....</i>	138
LENVIMA CAP 10 MG .....	71
LENVIMA CAP 12MG .....	71
LENVIMA CAP 14 MG .....	71
LENVIMA CAP 18 MG .....	72
LENVIMA CAP 20 MG .....	72
LENVIMA CAP 24 MG .....	72
LENVIMA CAP 4MG .....	71
LENVIMA CAP 8 MG .....	71
<i>letrozole tab 2.5 mg .....</i>	72
<i>leucovorin calcium for inj 100 mg .....</i>	76
<i>leucovorin calcium for inj 200 mg .....</i>	76
<i>leucovorin calcium for inj 350 mg .....</i>	76
<i>leucovorin calcium for inj 500 mg .....</i>	76
<i>leucovorin calcium for inj 50 mg .....</i>	76
<i>leucovorin calcium tab 10 mg .....</i>	76
<i>leucovorin calcium tab 15 mg .....</i>	76
<i>leucovorin calcium tab 25 mg .....</i>	76
<i>leucovorin calcium tab 5 mg .....</i>	76
LEUCOVORIN INJ 100/10ML .....	76
LEUCOVORIN INJ 500/50ML .....	76
LEUKERAN TAB 2MG .....	70
<i>leuprolide acetate inj kit 5 mg/ml .....</i>	72
LEVALBUTEROL AER 45/ACT .....	42
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) .....</i>	42
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) .....</i>	42
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) .....</i>	42
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) .....</i>	42
LEVAMLODIPIN TAB 2.5MG.....	90
LEVAMLODIPIN TAB 5MG .....	90
LEVEMIR INJ .....	55
LEVEMIR INJ FLEXPEN .....	55
<i>levetiracetam inj 500 mg/5ml (100 mg/ml) .....</i>	47
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml .....</i>	46
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml .....</i>	47
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml .....</i>	46
<i>levetiracetam oral soln 100 mg/ml .....</i>	47
<i>levetiracetam tab 1000 mg .....</i>	47
<i>levetiracetam tab 250 mg .....</i>	47
<i>levetiracetam tab 500 mg .....</i>	47
<i>levetiracetam tab 750 mg .....</i>	47
<i>levetiracetam tab er 24hr 500 mg .....</i>	47
<i>levetiracetam tab er 24hr 750 mg .....</i>	47
LEVOBUNOLOL SOL 0.5% OP .....	144
<i>levocarnitine oral soln 1 gm/10ml (10%) .....</i>	110

<i>levocarnitine tab 330 mg</i> .....	110
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i> .....	59
<i>levocetirizine dihydrochloride tab 5 mg</i> .....	59
<i>levofloxacin in d5w iv soln 250 mg/50ml</i> .....	114
<i>levofloxacin in d5w iv soln 500 mg/100ml</i> .....	114
<i>levofloxacin in d5w iv soln 750 mg/150ml</i> .....	114
<b>LEVOFLOXACIN INJ 25MG/ML</b> .....	114
<b>LEVOFLOXACIN SOL 1.5%</b> .....	145
<b>LEVOFLOXACIN SOL 25MG/ML</b> .....	114
<i>levofloxacin tab 250 mg</i> .....	114
<i>levofloxacin tab 500 mg</i> .....	114
<i>levofloxacin tab 750 mg</i> .....	114
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i> .....	76
<i>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</i> .....	76
<i>levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)</i> .....	77
<i>levothyroxine sodium for iv inj 100 mcg</i> .....	154
<i>levothyroxine sodium for iv inj 200 mcg</i> .....	154
<i>levothyroxine sodium for iv inj 500 mcg</i> .....	155
<i>levothyroxine sodium tab 100 mcg</i> .....	155
<i>levothyroxine sodium tab 112 mcg</i> .....	155
<i>levothyroxine sodium tab 125 mcg</i> .....	155
<i>levothyroxine sodium tab 137 mcg</i> .....	155
<i>levothyroxine sodium tab 150 mcg</i> .....	155
<i>levothyroxine sodium tab 175 mcg</i> .....	155
<i>levothyroxine sodium tab 200 mcg</i> .....	155
<i>levothyroxine sodium tab 25 mcg</i> .....	155
<i>levothyroxine sodium tab 300 mcg</i> .....	155
<i>levothyroxine sodium tab 50 mcg</i> .....	155
<i>levothyroxine sodium tab 75 mcg</i> .....	155
<i>levothyroxine sodium tab 88 mcg</i> .....	155
<i>levo-t tab 100mcg</i> .....	154
<i>levo-t tab 112mcg</i> .....	154
<i>levo-t tab 125mcg</i> .....	154
<i>levo-t tab 137mcg</i> .....	154
<i>levo-t tab 150mcg</i> .....	154
<i>levo-t tab 175mcg</i> .....	154
<i>levo-t tab 200 mcg</i> .....	154
<i>levo-t tab 25mcg</i> .....	154
<i>levo-t tab 300 mcg</i> .....	154
<i>levo-t tab 50mcg</i> .....	154
<i>levo-t tab 75mcg</i> .....	154
<i>levo-t tab 88mcg</i> .....	154
<i>levoxyl tab 100mcg</i> .....	155
<i>levoxyl tab 112mcg</i> .....	155
<i>levoxyl tab 125mcg</i> .....	155
<i>levoxyl tab 137mcg</i> .....	155
<i>levoxyl tab 150mcg</i> .....	155
<i>levoxyl tab 175mcg</i> .....	155
<i>levoxyl tab 200mcg</i> .....	155
<i>levoxyl tab 25mcg</i> .....	155
<i>levoxyl tab 50mcg</i> .....	155
<i>levoxyl tab 75mcg</i> .....	155
<i>levoxyl tab 88mcg</i> .....	155
<b>LEVSIN/SL SUB 0.125MG</b> .....	156
<b>LEVSIN TAB 0.125MG</b> .....	156
<b>LIDO/EPI INJ 2%</b> .....	122
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i> .....	39
<i>lidocaine hcl local inj 0.5%</i> .....	123
<i>lidocaine hcl local inj 1%</i> .....	123
<i>lidocaine hcl local inj 2%</i> .....	123
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i> .....	123
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i> .....	123
<i>lidocaine hcl local preservative free (pf) inj 1%</i> .....	123
<i>lidocaine hcl local preservative free (pf) inj 2%</i> .....	123
<i>lidocaine hcl lotion 3%</i> .....	105
<i>lidocaine hcl soln 4%</i> .....	105
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i> .....	105
<i>lidocaine hcl viscous soln 2%</i> .....	140
<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i> .....	122
<i>lidocaine inj 1.5% w/ epinephrine-1:200000</i> .....	122
<i>lidocaine inj 1% w/ epinephrine-1:100000</i> .....	122
<b>LIDOCAINE INJ 10MG/ML</b> .....	39, 40
<i>lidocaine inj 2% w/ epinephrine-1:100000</i> .....	123

<i>lidocaine inj 2% w/ epinephrine-1:200000</i>	123
LIDOCAINE INJ 20MG/ML	40
LIDOCAINE INJ 4%	123
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	40
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	40
<i>lidocaine oint 5%</i>	105
<i>lidocaine patch 5%</i>	105
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	105
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	105
LIDOCAINE SOL 4%	140
LIDODERM DIS 5%	105
<i>lidopin cre 3%</i>	105
<i>lincomycin hcl inj 300 mg/ml</i>	37
LINDANE SHA 1%	106
<i>linezolid for susp 100 mg/5ml</i>	37
LINEZOLID INJ 2MG/ML	37
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	37
<i>linezolid tab 600 mg</i>	37
LINZESS CAP 145MCG	115
LINZESS CAP 290MCG	115
LINZESS CAP 72MCG	115
LIOTHYRONINE INJ 10MCG/ML	155
<i>liothyronine sodium tab 25 mcg</i>	155
<i>liothyronine sodium tab 50 mcg</i>	155
<i>liothyronine sodium tab 5 mcg</i>	155
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	66
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	66
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	66
<i>lisinopril tab 10 mg</i>	62
<i>lisinopril tab 2.5 mg</i>	62
<i>lisinopril tab 20 mg</i>	62
<i>lisinopril tab 30 mg</i>	62
<i>lisinopril tab 40 mg</i>	62
<i>lisinopril tab 5 mg</i>	62
LITETOUCH MIS LANCETS	128
LITE TOUCH MIS LANCETS	128
LITHIUM CARB CAP 150MG	80
LITHIUM CARB CAP 300MG	80
LITHIUM CARB CAP 600MG	80
LITHIUM CARBONATE CAP 150 mg	80
LITHIUM CARBONATE CAP 300 mg	80
LITHIUM CARBONATE TAB 300 mg	80
LITHIUM CARBONATE TAB ER 300 mg	80
LITHIUM CARBONATE TAB ER 450 mg	80
LITHOBID TAB 300MG CR	80
LMD 10%/D5W INJ	117
LMD 10%/NACL INJ 0.9%	117
L-METHYLFOLA TAB 15MG	107
LOMOTIL TAB 2.5MG	56
LONGS LANCET MIS STANDARD	128
LONGS LANCET MIS THIN	128
LONGS LANCET MIS ULTRA TH	128
LONSURF TAB 15-6.14	74
LONSURF TAB 20-8.19	74
<i>loperamide hcl cap 2 mg</i>	56
LOPID TAB 600MG	61
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	85
<i>lopinavir-ritonavir tab 100-25 mg</i>	85
<i>lopinavir-ritonavir tab 200-50 mg</i>	85
LOPROX SHA 1%	101
<i>lorazepam conc 2 mg/ml</i>	39
<i>lorazepam inj 2 mg/ml</i>	39
<i>lorazepam inj 4 mg/ml</i>	39
<i>lorazepam tab 0.5 mg</i>	39
<i>lorazepam tab 1 mg</i>	39
<i>lorazepam tab 2 mg</i>	39
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	66
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	66
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	66
<i>losartan potassium tab 100 mg</i>	63
<i>losartan potassium tab 25 mg</i>	63
<i>losartan potassium tab 50 mg</i>	63
LOTENSIN HCT TAB 10-12.5	66
LOTENSIN HCT TAB 20-12.5	66
LOTENSIN HCT TAB 20-25MG	66
LOTENSIN TAB 10MG	63
LOTENSIN TAB 20MG	63
LOTENSIN TAB 40MG	63

<i>loteprednol etabonate ophth susp 0.5%</i>	146
LOTEPREDNOL GEL 0.5% .....	146
LOTREL CAP 10-20MG .....	66
LOTREL CAP 10-40MG .....	66
LOTREL CAP 5-10MG .....	66
LOTREL CAP 5-20MG .....	66
<i>lovastatin tab 10 mg</i> .....	61
<i>lovastatin tab 20 mg</i> .....	61
<i>lovastatin tab 40 mg</i> .....	61
<i>loxapine succinate cap 10 mg</i> .....	82
<i>loxapine succinate cap 25 mg</i> .....	82
<i>loxapine succinate cap 50 mg</i> .....	82
<i>loxapine succinate cap 5 mg</i> .....	82
<i>lubiprostone cap 24 mcg</i> .....	114
<i>lubiprostone cap 8 mcg</i> .....	114
LUCENTIS INJ 0.3MG .....	145
LUCENTIS INJ 0.5MG .....	145
LUER-LOK SYR MIS 1ML/20G .....	133
LUPR DEP-PED INJ 11.25MG .....	110
LUPR DEP-PED INJ 15MG.....	110
LUPR DEP-PED INJ 3M 30MG.....	110
LUPR DEP-PED INJ 7.5MG.....	110
LUPRON DEPOT INJ PED 6MON.....	110
<i>lurasidone hcl tab 120 mg</i> .....	80
<i>lurasidone hcl tab 20 mg</i> .....	80
<i>lurasidone hcl tab 40 mg</i> .....	80
<i>lurasidone hcl tab 60 mg</i> .....	80
<i>lurasidone hcl tab 80 mg</i> .....	80
<i>lyllana dis 0.025mg</i> .....	113
<i>lyllana dis 0.0375mg</i> .....	114
<i>lyllana dis 0.05mg</i> .....	113
<i>lyllana dis 0.075mg</i> .....	114
<i>lyllana dis 0.1mg</i> .....	113
LYNPARZA TAB 100MG.....	75
LYNPARZA TAB 150MG.....	75
<i>lysiplex tab plus</i> .....	141
LYSODREN TAB 500MG .....	72
<b>M</b>	
MACROBID CAP 100MG .....	158
<i>mafenide acetate packet for topical</i>	
<i>soln 5% (50 gm)</i> .....	102
<i>magnesium sulfate in dextrose 5% iv</i>	
<i>soln 1 gm/100ml</i> .....	136
<i>magnesium sulfate inj 50%</i> .....	136
<i>magnesium sulfate iv soln 20</i>	
<i>gm/500ml (40 mg/ml)</i> .....	137
<i>magnesium sulfate iv soln 2 gm/50ml</i>	
<i>(40 mg/ml)</i> .....	136
<i>magnesium sulfate iv soln 40</i>	
<i>gm/1000ml (40 mg/ml)</i> .....	137
<i>magnesium sulfate iv soln 4 gm/100ml</i>	
<i>(40 mg/ml)</i> .....	136
<i>magnesium sulfate iv soln 4 gm/50ml</i>	
<i>(80 mg/ml)</i> .....	136
MALARONE TAB 250-100.....	68
MALARONE TAB 62.5-25 .....	68
<i>malathion lotion 0.5%</i> .....	106
MANGANESE CL INJ 0.1MG/ML.....	137
<i>mannitol iv soln 20%</i> .....	108
<i>mannitol iv soln 25%</i> .....	108
<i>maraviroc tab 150 mg</i> .....	85
<i>maraviroc tab 300 mg</i> .....	85
MARINOL CAP 2.5MG.....	58
MATULANE CAP 50MG.....	76
MAXITROL OIN 0.1% OP .....	146
MAXITROL SUS 0.1% OP .....	146
MAXZIDE-25 TAB .....	107
MAXZIDE TAB 75-50.....	107
MAYZENT PAK STARTER .....	152
MAYZENT TAB 0.25MG .....	152
MAYZENT TAB 1MG.....	152
MAYZENT TAB 2MG.....	152
<i>meclizine hcl tab 12.5 mg</i> .....	58
<i>meclizine hcl tab 25 mg</i> .....	58
MECLOFEN SOD CAP 100MG.....	27
MECLOFEN SOD CAP 50MG.....	27
MEDICHOICE MIS LANCET .....	128
MEDLANCE MIS 30G PLUS .....	128
MEDLANCE MIS EXTR 21G .....	128
MEDLANCE MIS LITE 25G .....	128
MEDLANCE MIS PLUS.....	128
MEDLANCE MIS PLUS 30G .....	128
MEDLANCE MIS UNV 21G .....	128
MEDLANCE PLS MIS 0.8MM.....	128
MEDLANCE PLS MIS EXTR 21G .....	128
MEDLANCE PLS MIS LITE 25G .....	129
MEDLANCE PLS MIS UNIV 21G .....	129
MEDROL TAB 16MG .....	97
MEDROL TAB 2MG .....	97
MEDROL TAB 4MG.....	97
MEDROL TAB 8MG .....	97
<i>medroxyprogesterone acetate tab 10</i>	
<i>mg</i> .....	150

<i>medroxyprogesterone acetate tab 2.5 mg</i> .....	150
<i>medroxyprogesterone acetate tab 5 mg</i> .....	150
<i>mefenamic acid cap 250 mg</i> .....	27
<i>mefloquine hcl tab 250 mg</i> .....	68
<i>megestrol acetate susp 40 mg/ml</i> .....	73
<i>megestrol acetate susp 625 mg/5ml</i> .....	150
<i>megestrol acetate tab 20 mg</i> .....	73
<i>megestrol acetate tab 40 mg</i> .....	73
<i>MEIJER LANCE MIS COLOR</i> .....	129
<i>MEIJER LANCE MIS UNIV 21G</i> .....	129
<i>MEIJER LANCE MIS UNIV 30G</i> .....	129
<i>MEIJER LANCE MIS UNIVERSA</i> .....	129
<i>MEIJER MIS LANCETS</i> .....	129
<i>MEKTOVI TAB 15MG</i> .....	75
<i>MELOXICAM SUS 7.5/5ML</i> .....	27
<i>meloxicam tab 15 mg</i> .....	27
<i>meloxicam tab 7.5 mg</i> .....	27
<i>melphalan hcl for inj 50 mg (base equiv)</i> .....	70
<i>melphalan tab 2 mg</i> .....	70
<i>memantine hcl cap er 24hr 14 mg</i> ..	151
<i>memantine hcl cap er 24hr 21 mg</i> ..	151
<i>memantine hcl cap er 24hr 28 mg</i> ..	151
<i>memantine hcl cap er 24hr 7 mg</i> ..	151
<i>memantine hcl oral solution 2 mg/ml</i> .....	151
<i>memantine hcl tab 10 mg</i> .....	151
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> .....	151
<i>memantine hcl tab 5 mg</i> .....	151
<i>MENOPUR INJ 75UNIT</i> .....	110
<i>meperidine hcl inj 100 mg/ml</i> .....	30
<i>meperidine hcl inj 25 mg/ml</i> .....	30
<i>meperidine hcl inj 50 mg/ml</i> .....	30
<i>MEPERIDINE SOL 50MG/5ML</i> .....	30
<i>MEPERIDINE TAB 50MG</i> .....	30
<i>meprobamate tab 200 mg</i> .....	38
<i>meprobamate tab 400 mg</i> .....	38
<i>mercaptopurine tab 50 mg</i> .....	71
<i>meropenem iv for soln 1 gm</i> .....	36
<i>meropenem iv for soln 500 mg</i> .....	36
<i>mesalamine cap dr 400 mg</i> .....	115
<i>mesalamine cap er 24hr 0.375 gm</i> ..	115
<i>mesalamine cap er 500 mg</i> .....	115
<i>mesalamine enema 4 gm</i> .....	115
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i> .....	115
<i>mesalamine suppos 1000 mg</i> .....	115
<i>MESALAMINE TAB 800MG DR</i> .....	115
<i>mesalamine tab delayed release 1.2 gm</i> .....	115
<i>mesna inj 100 mg/ml</i> .....	77
<i>metaxalone tab 800 mg</i> .....	142
<i>metformin hcl oral soln 500 mg/5ml</i> .	54
<i>metformin hcl tab 1000 mg</i> .....	54
<i>metformin hcl tab 500 mg</i> .....	54
<i>metformin hcl tab 850 mg</i> .....	54
<i>metformin hcl tab er 24hr 500 mg</i> ....	54
<i>metformin hcl tab er 24hr 750 mg</i> ....	54
<i>methadone hcl conc 10 mg/ml</i> .....	30
<i>methadone hcl soln 10 mg/5ml</i> .....	30
<i>methadone hcl soln 5 mg/5ml</i> .....	30
<i>methadone hcl tab 10 mg</i> .....	30
<i>methadone hcl tab 5 mg</i> .....	30
<i>methadone hcl tab for oral susp 40 mg</i> .....	30
<i>METHADONE SOL 10MG/5ML</i> .....	30
<i>METHADONE SOL 5MG/5ML</i> .....	30
<i>methadose tab 40mg</i> .....	30
<i>methamphetamine hcl tab 5 mg</i> .....	21
<i>methazolamide tab 25 mg</i> .....	107
<i>methazolamide tab 50 mg</i> .....	107
<i>methenamine hippurate tab 1 gm</i> ...158	
<i>methenamine mandelate tab 0.5 gm</i> .....	158
<i>methenamine mandelate tab 1 gm</i> .158	
<i>methergine tab 0.2mg</i> .....	147
<i>methimazole tab 10 mg</i> .....	154
<i>methimazole tab 5 mg</i> .....	154
<i>methocarbamol inj 1000 mg/10ml</i> ..142	
<i>methocarbamol tab 500 mg</i> .....	142
<i>methocarbamol tab 750 mg</i> .....	142
<i>METHOTREXATE INJ 25MG/ML</i> .....	71
<i>methotrexate sodium for inj 1 gm</i> ..71	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> .....	71
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> .....	71
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> .....	71

<i>methotrexate sodium inj pf 50 mg/2ml</i>	
(25 mg/ml) .....	71
<i>methotrexate sodium tab 2.5 mg (base equiv)</i> .....	71
<i>methscopolamine bromide tab 2.5 mg</i>	
.....	156
<i>methscopolamine bromide tab 5 mg</i>	
.....	156
<i>methsuximide cap 300 mg</i> .....	49
<i>methylergonovine maleate inj 0.2 mg/ml</i> .....	147
<i>methylergonovine maleate tab 0.2 mg</i>	
.....	147
<i>METHYLIN SOL 10MG/5ML</i> .....	23
<i>METHYLIN SOL 5MG/5ML</i> .....	23
<i>methylphenidate hcl cap er 10 mg (cd)</i>	
.....	23
<i>methylphenidate hcl cap er 20 mg (cd)</i>	
.....	24
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i> .....	24
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i> .....	24
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> .....	24
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> .....	24
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> .....	24
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> .....	24
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i> .....	24
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> .....	24
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> .....	24
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> .....	24
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> .....	24
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i> .....	24
<i>methylphenidate hcl cap er 30 mg (cd)</i>	
.....	24
<i>methylphenidate hcl cap er 40 mg (cd)</i>	
.....	24
<i>methylphenidate hcl cap er 50 mg (cd)</i>	
.....	24
<i>methylphenidate hcl cap er 60 mg (cd)</i>	
.....	24
<i>methylphenidate hcl chew tab 10 mg</i> 24	
<i>methylphenidate hcl chew tab 2.5 mg</i>	
.....	24
<i>methylphenidate hcl chew tab 5 mg..</i> 24	
<i>methylphenidate hcl soln 10 mg/5ml</i> 24	
<i>methylphenidate hcl soln 5 mg/5ml</i> ..24	
<i>methylphenidate hcl tab 10 mg</i> .....	24
<i>methylphenidate hcl tab 20 mg</i> .....	24
<i>methylphenidate hcl tab 5 mg</i> .....	24
<i>methylphenidate hcl tab er 10 mg</i> ...24	
<i>methylphenidate hcl tab er 20 mg</i> ...24	
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> .....	24
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> .....	24
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> .....	24
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> .....	24
<i>methylphenidate td patch 10 mg/9hr</i> 24	
<i>methylphenidate td patch 15 mg/9hr</i> 25	
<i>methylphenidate td patch 20 mg/9hr</i> 25	
<i>methylphenidate td patch 30 mg/9hr</i> 25	
<i>methylprednisolone acetate inj susp</i> 40 mg/ml .....	97
<i>methylprednisolone acetate inj susp</i> 80 mg/ml .....	97
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i> .....	97
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i> .....	97
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i> .....	97
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i> .....	97
<i>methylprednisolone tab 16 mg</i> .....	97
<i>methylprednisolone tab 32 mg</i> .....	97
<i>methylprednisolone tab 4 mg</i> .....	97
<i>methylprednisolone tab 8 mg</i> .....	97
<i>methylprednisolone tab therapy pack 4 mg (21)</i> .....	97
<i>methyltestosterone cap 10 mg</i> .....	34

<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i> .....	114
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> .....	114
<i>metoclopramide hcl tab 10 mg (base equivalent)</i> .....	115
<i>metoclopramide hcl tab 5 mg (base equivalent)</i> .....	115
METOCLOPRAM TAB 5MG ODT.....	114
<i>metolazone tab 10 mg</i> .....	109
<i>metolazone tab 2.5 mg</i> .....	109
<i>metolazone tab 5 mg</i> .....	109
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....	66
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> .....	66
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	66
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> .....	88
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> .....	88
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> .....	88
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> .....	88
<i>metoprolol tartrate iv soln 5 mg/5ml</i> 88	
<i>metoprolol tartrate tab 100 mg</i> .....	88
<i>metoprolol tartrate tab 25 mg</i> .....	88
<i>metoprolol tartrate tab 37.5 mg</i> .....	88
<i>metoprolol tartrate tab 50 mg</i> .....	88
<i>metoprolol tartrate tab 75 mg</i> .....	88
METROCREAM CRE 0.75% .....	105
METROGEL GEL 1% .....	105
METROLOTION LOT 0.75% .....	105
<i>metronidazole cap 375 mg</i> .....	35
<i>metronidazole cream 0.75%</i> .....	105
<i>metronidazole gel 0.75%</i> .....	105
<i>metronidazole gel 1%</i> .....	106
<i>metronidazole iv soln 500 mg/100ml</i> 35	
<i>metronidazole lotion 0.75%</i> .....	106
<i>metronidazole tab 250 mg</i> .....	35
<i>metronidazole tab 500 mg</i> .....	35
<i>metronidazole vaginal gel 0.75%</i> ....159	
<i>metyrosine cap 250 mg</i> .....	63
<i>mexiletine hcl cap 150 mg</i> .....40	
<i>mexiletine hcl cap 200 mg</i> .....40	
<i>mexiletine hcl cap 250 mg</i> .....40	
<i>micafungin sodium for iv soln 100 mg</i> .....	58
<i>micafungin sodium for iv soln 50 mg</i> .58	
MICONAZOLE 3 SUP 200MG.....159	
MICO-ZN-PETR OIN .....	101
MICROLET MIS LANCETS .....	129
MICRO THIN MIS LANC 33G.....129	
<i>midazolam hcl inj 10 mg/10ml (base equivalent)</i> .....	121
<i>midazolam hcl inj 10 mg/2ml (base equivalent)</i> .....	121
<i>midazolam hcl inj 25 mg/5ml (base equivalent)</i> .....	121
<i>midazolam hcl inj 2 mg/2ml (base equivalent)</i> .....	121
<i>midazolam hcl inj 50 mg/10ml (base equivalent)</i> .....	121
<i>midazolam hcl inj 5 mg/5ml (base equivalent)</i> .....	121
<i>midazolam hcl inj 5 mg/ml (base equivalent)</i> .....	121
<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i> .....	121
<i>midazolam hcl inj pf 2 mg/2ml (base equivalent)</i> .....	121
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i> .....	121
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i> .....	121
MIDAZOLAM INJ 5MG/5ML.....121	
<i>midodrine hcl tab 10 mg</i> .....	160
<i>midodrine hcl tab 2.5 mg</i> .....	160
<i>midodrine hcl tab 5 mg</i> .....	160
<i> miglitol tab 100 mg</i> .....	53
<i> miglitol tab 25 mg</i> .....	53
<i> miglitol tab 50 mg</i> .....	53
<i> miglustat cap 100 mg</i> .....	118
<i> milrinone lactate in dextrose 5% iv soln 20 mg/100ml</i> .....92	
<i> milrinone lactate in dextrose 5% iv soln 40 mg/200ml</i> .....92	
<i> milrinone lactate iv soln 10 mg/10ml (base equivalent)</i> .....	92
<i> milrinone lactate iv soln 20 mg/20ml (base equivalent)</i> .....	92

<i>milrinone lactate iv soln 50 mg/50ml</i>	
(base equivalent) .....	92
<i>mimvey tab 1-0.5mg</i> .....	112
<i>mineral oil</i> .....	122
<i>minocycline hcl cap 100 mg</i> .....	154
<i>minocycline hcl cap 50 mg</i> .....	154
<i>minocycline hcl cap 75 mg</i> .....	154
<i>minocycline hcl tab 100 mg</i> .....	154
<i>minocycline hcl tab 50 mg</i> .....	154
<i>minocycline hcl tab 75 mg</i> .....	154
<i>MINOCYCLINE TAB 105MG ER</i> .....	154
<i>MINOCYCLINE TAB 135MG ER</i> .....	154
<i>minoxidil tab 10 mg</i> .....	68
<i>minoxidil tab 2.5 mg</i> .....	68
<i>mirtazapine orally disintegrating tab 15 mg</i> .....	49
<i>mirtazapine orally disintegrating tab 30 mg</i> .....	49
<i>mirtazapine orally disintegrating tab 45 mg</i> .....	49
<i>mirtazapine tab 15 mg</i> .....	49
<i>mirtazapine tab 30 mg</i> .....	49
<i>mirtazapine tab 45 mg</i> .....	49
<i>mirtazapine tab 7.5 mg</i> .....	49
<i>misoprostol tab 100 mcg</i> .....	158
<i>misoprostol tab 200 mcg</i> .....	158
<i>MITIGARE CAP 0.6MG</i> .....	117
<i>mitigo inj 10mg/ml</i> .....	30
<i>mitigo inj 25mg/ml</i> .....	30
<i>mitomycin for iv soln 20 mg</i> .....	73
<i>mitomycin for iv soln 40 mg</i> .....	73
<i>mitomycin for iv soln 5 mg</i> .....	73
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i> .....	73
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i> .....	73
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i> .....	73
<i>MM TWIST MIS LANCETS</i> .....	129
<i>MOBILE LANCE MIS 30G</i> .....	129
<i>modafinil tab 100 mg</i> .....	25
<i>modafinil tab 200 mg</i> .....	25
<i>moexipril hcl tab 15 mg</i> .....	63
<i>moexipril hcl tab 7.5 mg</i> .....	63
<i>MOLINDONE TAB HCL 10MG</i> .....	83
<i>MOLINDONE TAB HCL 25MG</i> .....	83
<i>MOLINDONE TAB HCL 5MG</i> .....	83
<i>mometasone furoate cream 0.1%</i> .....	104
<i>mometasone furoate nasal susp 50 mcg/act</i> .....	143
<i>mometasone furoate oint 0.1%</i> .....	104
<i>mometasone furoate solution 0.1% (lotion)</i> .....	104
<i>monodoxyne nl cap 100mg</i> .....	154
<i>MONOLET MIS LANCETS</i> .....	129
<i>MONOLET OPD MIS LANCETS</i> .....	129
<i>MONOLETTOR MIS LANCETS</i> .....	129
<i>montelukast sodium chew tab 4 mg (base equiv)</i> .....	41
<i>montelukast sodium chew tab 5 mg (base equiv)</i> .....	41
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i> .....	41
<i>montelukast sodium tab 10 mg (base equiv)</i> .....	41
<i>MORPHINE SUL CAP 100MG ER</i> .....	31
<i>MORPHINE SUL CAP 10MG ER</i> .....	30
<i>MORPHINE SUL CAP 120MG ER</i> .....	31
<i>MORPHINE SUL CAP 20MG ER</i> .....	30
<i>MORPHINE SUL CAP 30MG ER</i> .....	30
<i>MORPHINE SUL CAP 45MG ER</i> .....	30
<i>MORPHINE SUL CAP 50MG ER</i> .....	30
<i>MORPHINE SUL CAP 60MG ER</i> .....	30
<i>MORPHINE SUL CAP 75MG ER</i> .....	30
<i>MORPHINE SUL CAP 80MG ER</i> .....	30
<i>MORPHINE SUL CAP 90MG ER</i> .....	31
<i>morpheine sulfate inj pf 0.5 mg/ml</i> .....	31
<i>morpheine sulfate inj pf 1 mg/ml</i> .....	31
<i>morpheine sulfate iv soln 4 mg/ml</i> .....	31
<i>morpheine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> .....	31
<i>morpheine sulfate oral soln 10 mg/5ml</i> .....	31
<i>morpheine sulfate tab 15 mg</i> .....	31
<i>morpheine sulfate tab 30 mg</i> .....	31
<i>morpheine sulfate tab er 100 mg</i> .....	31
<i>morpheine sulfate tab er 15 mg</i> .....	31
<i>morpheine sulfate tab er 200 mg</i> .....	31
<i>morpheine sulfate tab er 30 mg</i> .....	31
<i>morpheine sulfate tab er 60 mg</i> .....	31
<i>MORPHINE SUL INJ 10MG/ML</i> .....	31
<i>MORPHINE SUL INJ 8MG/ML</i> .....	31
<i>MORPHINE SUL SOL 20MG/5ML</i> .....	31
<i>MORPHINE SUL TAB 15MG</i> .....	31

MORPHINE SUL TAB 30MG .....	31
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) .....</i>	145
<i>moxifloxacin hcl tab 400 mg (base equiv) .....</i>	114
MOXIFLOXACIN INJ 400/250.....	114
MOXIFLOXACIN SOL 0.5%.....	145
MOZOBIL INJ.....	120
MPD SFTY LAN MIS 21G .....	129
MPD SFTY LAN MIS 23G .....	129
MPD SFTY LAN MIS 28G .....	129
MPD SFTY LAN MIS 30G .....	129
MUGARD LIQ .....	140
MULTIVIT/FL CHW 0.25MG .....	141
MULTI VIT/FL CHW 0.25MG .....	141
MULTIVIT/FL CHW 0.5MG .....	141
MULTIVIT/FL CHW 1MG .....	141
<i>multi-vit/fl dro /fe 0.25 .....</i>	141
<i>multivit/fl dro 0.25mg .....</i>	141
<i>multi-vit/fl dro 0.5mg/ml.....</i>	141
<i>mupirocin oint 2% .....</i>	100
<i>mutamycin inj 20mg .....</i>	73
<i>mutamycin inj 40mg .....</i>	74
<i>mutamycin inj 5mg .....</i>	73
MYAMBUTOL TAB 400MG.....	69
<i>mycophenolate mofetil cap 250 mg.</i>	139
<i>mycophenolate mofetil for oral susp 200 mg/ml .....</i>	139
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv) .....</i>	139
<i>mycophenolate mofetil tab 500 mg .</i>	139
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) .....</i>	139
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) .....</i>	139
MYFEMBREE TAB .....	112
MYGLUCOHEALT MIS LANC 30G ....	129
MYLERAN TAB 2MG .....	70
mysoline TAB 250MG .....	47
mysoline TAB 50MG .....	47
<b>N</b>	
<i>nabumetone tab 500 mg .....</i>	27
<i>nabumetone tab 750 mg .....</i>	27
<i>nadolol tab 20 mg .....</i>	88
<i>nadolol tab 40 mg .....</i>	88
<i>nadolol tab 80 mg .....</i>	88
NAFCILLIN INJ 1GM .....	149
NAFCILLIN INJ 2GM .....	149
<i>nafcillin sodium for inj 1 gm.....</i>	149
<i>nafcillin sodium for inj 2 gm.....</i>	149
<i>nafcillin sodium for iv soln 10 gm ..</i>	149
<i>nafrinse chw 1mg f.....</i>	136
<i>nafrinse dro 0.125mg .....</i>	136
NAFTIFINE CRE HCL 1%.....	101
<i>naftifine hcl cream 2% .....</i>	101
<i>naftifine hcl gel 2% .....</i>	101
NAFTIN GEL 1% .....	101
NAFTIN GEL 2% .....	101
<i>nalbuphine hcl inj 10 mg/ml .....</i>	33
<i>nalbuphine hcl inj 20 mg/ml .....</i>	33
<i>naloxone hcl inj 0.4 mg/ml .....</i>	57
<i>naloxone hcl inj 4 mg/10ml .....</i>	57
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	57
<i>naloxone hcl soln prefilled syringe 2 mg/2ml.....</i>	57
NALOXONE INJ 0.4MG/ML .....	57
<i>naltrexone hcl tab 50 mg .....</i>	57
NAMZARIC CAP .....	151
NAMZARIC CAP 14-10MG .....	151
NAMZARIC CAP 21-10MG .....	151
NAMZARIC CAP 28-10MG .....	151
NAMZARIC CAP 7-10MG .....	151
<i>naproxen sodium tab 275 mg .....</i>	27
<i>naproxen sodium tab 550 mg .....</i>	27
<i>naproxen tab 250 mg .....</i>	27
<i>naproxen tab 375 mg .....</i>	27
<i>naproxen tab 500 mg .....</i>	27
<i>naproxen tab ec 375 mg .....</i>	27
<i>naproxen tab ec 500 mg .....</i>	28
<i>naratriptan hcl tab 1 mg (base equiv) .....</i>	134
<i>naratriptan hcl tab 2.5 mg (base equiv) .....</i>	134
NARDIL TAB 15MG .....	50
<i>nateglinide tab 120 mg .....</i>	56
<i>nateglinide tab 60 mg .....</i>	56
NATESTO GEL 5.5MG.....	34
NAYZILAM SPR 5MG .....	45
<i>nebivolol hcl tab 10 mg (base equivalent) .....</i>	88
<i>nebivolol hcl tab 2.5 mg (base equivalent) .....</i>	88
<i>nebivolol hcl tab 20 mg (base equivalent) .....</i>	88

<i>nebivolol hcl tab 5 mg (base equivalent)</i> .....	88
<i>nebusal neb 3%</i> .....	98
NEFAZODONE TAB 100MG.....	51
NEFAZODONE TAB 150MG.....	51
NEFAZODONE TAB 200MG.....	51
NEFAZODONE TAB 250MG.....	51
NEFAZODONE TAB 50MG .....	51
<i>nelarabine iv soln 5 mg/ml</i> .....	71
NEO/POLY/GRA SOL OP.....	145
NEO/POLY/HC SUS OP .....	146
NEO/POLY GU SOL 40/ML IR .....	117
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> .....	145
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	146
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	146
<i>neomycin-polymyxin-hc otic soln 1%</i> .....	147
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....	147
<i>neomycin sulfate tab 500 mg</i> .....	25
<i>neo-polycin oin hc 1%op</i> .....	146
<i>neo-polycin oin op</i> .....	145
<i>neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)</i> .....	69
<i>neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)</i> .....	69
<i>neostigmine methylsulfate soln pref syr 3 mg/3ml (1 mg/ml)</i> .....	69
<i>nephronex tab</i> .....	141
<i>neuac gel 1.2-5%</i> .....	100
NEUPRO DIS 1MG/24HR.....	79
NEUPRO DIS 2MG/24HR.....	79
NEUPRO DIS 3MG/24HR.....	79
NEUPRO DIS 4MG/24HR.....	79
NEUPRO DIS 6MG/24HR.....	79
NEUPRO DIS 8MG/24HR.....	79
NEURONTIN CAP 100MG .....	47
NEURONTIN CAP 300MG .....	47
NEURONTIN CAP 400MG .....	47
NEURONTIN SOL 250/5ML.....	47
NEURONTIN TAB 600MG .....	47
NEURONTIN TAB 800MG .....	47
NEVIRAPINE SUS 50MG/5ML .....	85
NEVIRAPINE TAB 100MG .....	85
<i>nevirapine tab 200 mg</i> .....	85
<i>nevirapine tab er 24hr 400 mg</i> .....	85
NEXAVAR TAB 200MG.....	75
NEXLETOL TAB 180MG.....	60
NEXLIZET TAB 180/10MG.....	60
<i>niacin tab er 1000 mg (antihyperlipidemic)</i> .....	62
<i>niacin tab er 500 mg (antihyperlipidemic)</i> .....	62
<i>niacin tab er 750 mg (antihyperlipidemic)</i> .....	62
<i>nicardipine hcl cap 20 mg</i> .....	90
<i>nicardipine hcl cap 30 mg</i> .....	90
<i>nicardipine hcl iv soln 2.5 mg/ml</i> .....	90
<i>nifedipine cap 10 mg</i> .....	90
<i>nifedipine cap 20 mg</i> .....	90
<i>nifedipine tab er 24hr 30 mg</i> .....	90
<i>nifedipine tab er 24hr 60 mg</i> .....	90
<i>nifedipine tab er 24hr 90 mg</i> .....	90
<i>nifedipine tab er 24hr osmotic release 30 mg</i> .....	91
<i>nifedipine tab er 24hr osmotic release 60 mg</i> .....	91
<i>nifedipine tab er 24hr osmotic release 90 mg</i> .....	91
<i>nilutamide tab 150 mg</i> .....	73
<i>nimodipine cap 30 mg</i> .....	91
NINLARO CAP 2.3MG .....	75
NINLARO CAP 3MG .....	75
NINLARO CAP 4MG .....	75
NISOLDIPINE TAB 20MG ER .....	91
NISOLDIPINE TAB 25.5MG .....	91
NISOLDIPINE TAB 30MG ER .....	91
NISOLDIPINE TAB 40MG ER .....	91
<i>nisoldipine tab er 24hr 17 mg</i> .....	91
<i>nisoldipine tab er 24hr 34 mg</i> .....	91
<i>nisoldipine tab er 24hr 8.5 mg</i> .....	91
<i>nitazoxanide tab 500 mg</i> .....	35
<i>nitisinone cap 10 mg</i> .....	110
<i>nitisinone cap 20 mg</i> .....	110
<i>nitisinone cap 2 mg</i> .....	110
<i>nitisinone cap 5 mg</i> .....	110
NITRO-DUR DIS 0.1MG/HR.....	37
NITRO-DUR DIS 0.2MG/HR.....	37
NITRO-DUR DIS 0.3MG/HR.....	37
NITRO-DUR DIS 0.4MG/HR.....	37

NITRO-DUR DIS 0.6MG/HR.....	37
NITRO-DUR DIS 0.8MG/HR.....	38
<i>nitrofurantoin macrocrystalline cap 100 mg .....</i>	158
<i>nitrofurantoin macrocrystalline cap 25 mg .....</i>	158
<i>nitrofurantoin macrocrystalline cap 50 mg .....</i>	158
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg.....</i>	158
<i>nitrofurantoin susp 25 mg/5ml.....</i>	158
NITROGLY/D5W INJ 100MG.....	38
NITROGLY/D5W INJ 25MG.....	38
NITROGLY/D5W INJ 50MG.....	38
<i>nitroglycerin sl tab 0.3 mg .....</i>	38
<i>nitroglycerin sl tab 0.4 mg .....</i>	38
<i>nitroglycerin sl tab 0.6 mg .....</i>	38
<i>nitroglycerin td patch 24hr 0.1 mg/hr .....</i>	38
<i>nitroglycerin td patch 24hr 0.2 mg/hr .....</i>	38
<i>nitroglycerin td patch 24hr 0.4 mg/hr .....</i>	38
<i>nitroglycerin td patch 24hr 0.6 mg/hr .....</i>	38
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) .....</i>	38
NITROLINGUAL SPR PUMPSPRA .....	38
<i>nitroprusside sodium iv soln 25 mg/ml .....</i>	68
NITROSTAT SUB 0.3MG .....	38
NITROSTAT SUB 0.4MG .....	38
NITROSTAT SUB 0.6MG .....	38
NIVESTYM INJ 300/0.5.....	119
NIVESTYM INJ 300MCG .....	119
NIVESTYM INJ 480/0.8.....	119
NIVESTYM INJ 480MCG .....	119
NIZATIDINE CAP 150MG .....	157
NIZATIDINE CAP 300MG .....	157
<i>norepinephrine bitartrate iv soln 1 mg/ml (base equivalent) .....</i>	160
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg .....</i>	112
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg .....</i>	112
<i>norethindrone acetate tab 5 mg .....</i>	150
NORPACE CAP 100MG CR .....	39
NORPRAMIN TAB 10MG.....	53
NORPRAMIN TAB 25MG.....	53
<i>nortriptyline hcl cap 10 mg .....</i>	53
<i>nortriptyline hcl cap 25 mg .....</i>	53
<i>nortriptyline hcl cap 50 mg .....</i>	53
<i>nortriptyline hcl cap 75 mg .....</i>	53
NORTRIPTYLIN SOL 10MG/5ML .....	53
NORVIR POW 100MG.....	85
NORVIR TAB 100MG .....	85
NOVA SAFETY MIS LANC 23G.....	129
NOVA SAFETY MIS LANC 28G.....	129
NOVA SURE MIS LANCETS .....	129
NOVOLIN INJ 70/30 .....	55
NOVOLIN N INJ U-100 .....	55
NOVOLIN R INJ U-100 .....	55
NOVOLOG INJ 100/ML .....	55
NOVOLOG INJ FLEXPEN .....	55
NOVOLOG INJ PENFILL .....	55
NOVOLOG MIX INJ 70/30 .....	55
NOVOLOG MIX INJ FLEXPEN .....	55
NUBEQA TAB 300MG .....	73
NUCALA INJ 100MG/ML.....	41
NUCALA INJ 40MG/0.4.....	41
nufol tab .....	119
nulev tab 0.125mg .....	156
NURTEC TAB 75MG ODT .....	134
nutriarx kit creampak .....	104
nutrifac zx tab .....	141
nyamyc pow 100000 .....	101
nystatin cream 100000 unit/gm .....	101
nystatin oint 100000 unit/gm.....	101
nystatin susp 100000 unit/ml.....	140
nystatin tab 500000 unit .....	58
<i>nystatin topical powder 100000 unit/gm .....</i>	101
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% .....</i>	101
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-% .....</i>	101
nystop pow 100000 .....	101
❶	
OCREVUS INJ 300/10ML.....	152
octreotide acetate inj 1000 mcg/ml (1 mg/ml) .....	112
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml) .....</i>	111

<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml) .....</i>	112
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml) .....</i>	112
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml) .....</i>	111
OCTREOTIDE INJ 100MCG .....	112
OCTREOTIDE INJ 500MCG .....	112
OCTREOTIDE INJ 50MCG/ML.....	112
OCUFLOX DRO 0.3% OP.....	145
ODEFSEY TAB.....	85
ODOMZO CAP 200MG .....	72
OFEV CAP 100MG .....	153
OFEV CAP 150MG .....	153
<i>ofloxacin ophth soln 0.3% .....</i>	145
<i>ofloxacin otic soln 0.3% .....</i>	147
OFLOXACIN TAB 300MG .....	114
<i>ofloxacin tab 400 mg .....</i>	114
<i>olanzapine-fluoxetine hcl cap 12-25 mg .....</i>	151
<i>olanzapine-fluoxetine hcl cap 12-50 mg .....</i>	151
<i>olanzapine-fluoxetine hcl cap 3-25 mg .....</i>	151
<i>olanzapine-fluoxetine hcl cap 6-25 mg .....</i>	151
<i>olanzapine-fluoxetine hcl cap 6-50 mg .....</i>	151
<i>olanzapine for im inj 10 mg .....</i>	82
<i>olanzapine orally disintegrating tab 10 mg .....</i>	82
<i>olanzapine orally disintegrating tab 15 mg .....</i>	82
<i>olanzapine orally disintegrating tab 20 mg .....</i>	82
<i>olanzapine orally disintegrating tab 5 mg .....</i>	82
<i>olanzapine tab 10 mg .....</i>	82
<i>olanzapine tab 15 mg .....</i>	82
<i>olanzapine tab 2.5 mg .....</i>	82
<i>olanzapine tab 20 mg .....</i>	82
<i>olanzapine tab 5 mg .....</i>	82
<i>olanzapine tab 7.5 mg .....</i>	82
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg .....</i>	67
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg .....</i>	67
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg .....</i>	67
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg .....</i>	67
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg .....</i>	67
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg .....</i>	66
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg .....</i>	66
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg .....</i>	67
<i>olmesartan medoxomil tab 20 mg .....</i>	63
<i>olmesartan medoxomil tab 40 mg .....</i>	63
<i>olmesartan medoxomil tab 5 mg .....</i>	63
<i>olopatadine hcl nasal soln 0.6% .....</i>	143
<i>olopatadine hcl ophth soln 0.1% (base equivalent) .....</i>	147
<i>olopatadine hcl ophth soln 0.2% (base equivalent) .....</i>	147
<i>omega-3-acid ethyl esters cap 1 gm .....</i>	60
<i>omeprazole cap delayed release 10 mg .....</i>	157
<i>omeprazole cap delayed release 20 mg .....</i>	157
<i>omeprazole cap delayed release 40 mg .....</i>	157
OMNIPOD 5 G6 MIS PODS .....	129
OMNIPOD DASH MIS PODS.....	129
OMNIPOD MIS CLASSIC .....	129
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml) .....</i>	57
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml) .....</i>	57
<i>ondansetron hcl oral soln 4 mg/5ml .....</i>	57
<i>ondansetron hcl tab 4 mg .....</i>	57
<i>ondansetron hcl tab 8 mg .....</i>	57
ONDANSETRON INJ 4MG/2ML.....	57

<i>ondansetron orally disintegrating tab 4 mg</i> .....	57
<i>ondansetron orally disintegrating tab 8 mg</i> .....	57
ONDANSETRON TAB 24MG .....	57
ONETOUCH DEL MIS PLUS 30G .....	129
ONETOUCH DEL MIS PLUS 33G .....	129
ONETOUCH TES ULTRA .....	106
ONETOUCH TES VERIO .....	106
ONETOUCH US MIS 2 30G .....	129
ONEXTON GEL 1.2-3.75 .....	100
ON-THE-GO MIS LANC 30G.....	129
ONZETRA XSAI MIS 11MG .....	134
OPSUMIT TAB 10MG .....	93
ORACEA CAP 40MG.....	106
ORALAIR SUB 300 IR.....	25
<i>oralone dent pst 0.1%</i> .....	140
ORENITRAM TAB 0.125MG .....	93
ORENITRAM TAB 0.25MG .....	93
ORENITRAM TAB 1MG.....	93
ORENITRAM TAB 2.5MG .....	93
ORENITRAM TAB 5MG.....	93
ORENITRAM TAB MONTH 1 .....	93
ORENITRAM TAB MONTH 2 .....	93
ORENITRAM TAB MONTH 3 .....	93
ORFADIN CAP 10MG .....	111
ORFADIN CAP 20MG .....	111
ORFADIN CAP 2MG .....	110
ORFADIN CAP 5MG .....	110
ORFADIN SUS 4MG/ML.....	111
ORIAHNN CAP.....	112
ORILISSA TAB 150MG.....	110
ORILISSA TAB 200MG.....	110
<i>orphenadrine citrate tab er 12hr 100 mg</i> .....	142
ORPHENADRINE INJ 30MG/ML .....	142
<i>oscimin sub 0.125mg</i> .....	156
<i>oscimin tab 0.125mg</i> .....	156
<i>oseltamivir phosphate cap 30 mg (base equiv)</i> .....	87
<i>oseltamivir phosphate cap 45 mg (base equiv)</i> .....	87
<i>oseltamivir phosphate cap 75 mg (base equiv)</i> .....	87
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> .....	87
OSMITROL INJ 10%.....	108
<i>osmitrol vfx inj 20%</i> .....	108
OTEZLA TAB 10/20/30 .....	28
OTEZLA TAB 30MG .....	28
OVIDE LOT 0.5%.....	106
OVIDREL INJ .....	110
<i>oxacillin sodium for inj 1 gm (base equivalent)</i> .....	149
<i>oxacillin sodium for inj 2 gm (base equivalent)</i> .....	149
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i> .....	149
<i>oxaliplatin for iv inj 100 mg</i> .....	70
<i>oxaliplatin for iv inj 50 mg</i> .....	70
OXALIPLATIN INJ 200MG .....	70
<i>oxaliplatin iv soln 100 mg/20ml</i> .....	70
<i>oxaliplatin iv soln 50 mg/10ml</i> .....	70
<i>oxandrolone tab 10 mg</i> .....	34
<i>oxandrolone tab 2.5 mg</i> .....	34
<i>oxaprozin tab 600 mg</i> .....	28
<i>oxazepam cap 10 mg</i> .....	39
<i>oxazepam cap 15 mg</i> .....	39
<i>oxazepam cap 30 mg</i> .....	39
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> .....	47
<i>oxcarbazepine tab 150 mg</i> .....	47
<i>oxcarbazepine tab 300 mg</i> .....	47
<i>oxcarbazepine tab 600 mg</i> .....	47
<i>oxiconazole nitrate cream 1%</i> .....	101
OXTELLAR XR TAB 150MG .....	47
OXTELLAR XR TAB 300MG .....	47
OXTELLAR XR TAB 600MG .....	47
<i>oxybutynin chloride syrup 5 mg/5ml</i> .....	158
<i>oxybutynin chloride tab 5 mg</i> .....	158
<i>oxybutynin chloride tab er 24hr 10 mg</i> .....	158
<i>oxybutynin chloride tab er 24hr 15 mg</i> .....	158
<i>oxybutynin chloride tab er 24hr 5 mg</i> .....	158
<i>oxycodone hcl cap 5 mg</i> .....	31
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> .....	31
<i>oxycodone hcl soln 5 mg/5ml</i> .....	31
<i>oxycodone hcl tab 10 mg</i> .....	31
<i>oxycodone hcl tab 15 mg</i> .....	31

oxycodone hcl tab 20 mg .....	31
oxycodone hcl tab 30 mg .....	31
oxycodone hcl tab 5 mg .....	31
OXYCODONE TAB 10MG ER .....	31
OXYCODONE TAB 20MG ER .....	31
OXYCODONE TAB 40MG ER .....	31
OXYCODONE TAB 80MG ER .....	31
oxycodone w/ acetaminophen tab 10- 325 mg .....	33
oxycodone w/ acetaminophen tab 2.5- 325 mg .....	32
oxycodone w/ acetaminophen tab 5- 325 mg .....	32
oxycodone w/ acetaminophen tab 7.5- 325 mg .....	32
oxymorphone hcl tab 10 mg .....	31
oxymorphone hcl tab 5 mg .....	31
oxytocin inj 10 unit/ml .....	147
OZEMPIC INJ 2MG/3ML.....	55
OZEMPIC INJ 4MG/3ML.....	55
OZEMPIC INJ 8MG/3ML.....	55
<b>P</b>	
pacerone tab 100mg .....	40
pacerone tab 200mg .....	40
pacerone tab 400mg .....	40
PACLITAXEL INJ 150/25ML.....	77
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml) .....	77
paclitaxel iv conc 300 mg/50ml (6 mg/ml) .....	77
paclitaxel iv conc 30 mg/5ml (6 mg/ml) .....	77
paliperidone tab er 24hr 1.5 mg .....	80
paliperidone tab er 24hr 3 mg.....	80
paliperidone tab er 24hr 6 mg.....	80
paliperidone tab er 24hr 9 mg.....	80
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent) .....	57
PALONOSETRON INJ 0.25/5ML.....	57
PAMELOR CAP 10MG.....	53
PAMELOR CAP 25MG.....	53
PAMELOR CAP 50MG.....	53
PAMELOR CAP 75MG.....	53
pamidronate disodium iv soln 3 mg/ml .....	109
pamidronate disodium iv soln 9 mg/ml .....	109

pantoprazole sodium ec tab 20 mg (base equiv) .....	157
pantoprazole sodium ec tab 40 mg (base equiv) .....	157
pantoprazole sodium for iv soln 40 mg (base equiv) .....	157
PARAPLATIN INJ 1000MG .....	70
paraplatin inj 450/45ml .....	70
paraplatin inj 600/60ml .....	70
paricalcitol cap 1 mcg .....	111
paricalcitol cap 2 mcg .....	111
paricalcitol cap 4 mcg .....	111
paricalcitol iv soln 2 mcg/ml .....	111
paricalcitol iv soln 5 mcg/ml .....	111
PARLODEL CAP 5MG .....	79
PARLODEL TAB 2.5MG .....	79
PARNATE TAB 10MG .....	50
paramomycin sulfate cap 250 mg....	25
paroxetine hcl oral susp 10 mg/5ml (base equiv) .....	51
paroxetine hcl tab 10 mg .....	51
paroxetine hcl tab 20 mg .....	51
paroxetine hcl tab 30 mg .....	51
paroxetine hcl tab 40 mg .....	51
paroxetine hcl tab er 24hr 12.5 mg ..	51
paroxetine hcl tab er 24hr 25 mg ..	51
paroxetine hcl tab er 24hr 37.5 mg ..	51
PATANASE SPR 0.6% .....	143
PAZEO DRO 0.7% .....	147
PC LANCETS MIS 30G .....	129
PEDIAPRED SOL 5MG/5ML.....	97
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml .....	141
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	122
peg 3350-kcl-sod bicarb-nacl for soln 420 gm .....	122
PEGASYS INJ.....	87
PEGASYS INJ 180MCG/M.....	87
pemetrexed disodium for iv soln 1000 mg (base equiv).....	71
pemetrexed disodium for iv soln 100 mg (base equiv).....	71
pemetrexed disodium for iv soln 500 mg (base equiv).....	71
pemetrexed disodium for iv soln 750 mg (base equiv).....	71

<i>penciclovir cream 1%</i> .....	102
PEN G SODIUM INJ 5000000.....	148
<i>penicillamine cap 250 mg</i> .....	138
<i>penicillamine tab 250 mg</i> .....	138
<i>penicillin g potassium for inj 20000000 unit</i> .....	148
<i>penicillin g potassium for inj 5000000 unit</i> .....	148
<i>penicillin v potassium tab 250 mg</i> ...148	
<i>penicillin v potassium tab 500 mg</i> ...148	
PENICILLN VK SOL 125/5ML .....	148
PENICILLN VK SOL 250/5ML .....	148
<i>pentamidine isethionate for inj soln 300 mg</i> .....	35
<i>pentamidine isethionate for nebulization soln 300 mg</i> .....35	
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i> .....	33
<i>pentobarbital sodium inj 50 mg/ml</i> .120	
<i>pentoxifylline tab er 400 mg</i> .....	117
PEPCID TAB 20MG.....	157
PEPCID TAB 40MG.....	157
PERFECT 28G MIS LANCETS.....	129
PERFECT 30G MIS LANCETS.....	129
<i>perindopril erbumine tab 2 mg</i> .....	63
<i>perindopril erbumine tab 4 mg</i> .....	63
PERINDOPRIL TAB 8MG .....	63
<i>periogard sol 0.12%</i> .....	140
PERJETA INJ 420/14ML.....	72
<i>permethrin cream 5%</i> .....	106
PERPHEN/AMIT TAB 2-10MG .....	151
PERPHEN/AMIT TAB 2-25MG .....	151
PERPHEN/AMIT TAB 4-10MG .....	151
PERPHEN/AMIT TAB 4-25MG .....	151
PERPHEN/AMIT TAB 4-50MG .....	151
<i>perphenazine tab 16 mg</i> .....	83
<i>perphenazine tab 2 mg</i> .....	83
<i>perphenazine tab 4 mg</i> .....	83
<i>perphenazine tab 8 mg</i> .....	83
PERSERIS INJ 120MG .....	81
PERSERIS INJ 90MG .....	80
PFIZERPEN INJ 20000000.....	148
PFIZERPEN INJ 20MU .....	148
PFIZERPEN INJ 5MU.....	148
PHARMACY COU MIS LANCETS .....	129
<i>phenazo tab 200mg</i> .....	117
PHENELZINE TAB 15MG .....	50
<i>phenobarbital elixir 20 mg/5ml</i> .....	120
<i>phenobarbital sodium inj 130 mg/ml</i> .....	120
<i>phenobarbital sodium inj 65 mg/ml</i> .120	
<i>phenobarbital tab 100 mg</i> .....	120
<i>phenobarbital tab 15 mg</i> .....	120
<i>phenobarbital tab 16.2 mg</i> .....	120
<i>phenobarbital tab 30 mg</i> .....	120
<i>phenobarbital tab 32.4 mg</i> .....	120
<i>phenobarbital tab 60 mg</i> .....	120
<i>phenobarbital tab 64.8 mg</i> .....	120
<i>phenobarbital tab 97.2 mg</i> .....	120
<i>phenoxybenzamine hcl cap 10 mg</i> ....63	
<i>phentolamine mesylate for inj 5 mg</i> ..63	
<i>phenylephrine hcl iv soln 10 mg/ml</i> 160	
<i>phenylephrine hcl ophth soln 10%</i> ..144	
<i>phenylephrine hcl ophth soln 2.5%</i> .144	
<i>phenytoin chew tab 50 mg</i> .....	49
PHENYTOIN INJ 50MG/ML .....	49
<i>phenytoin sodium extended cap 100 mg</i> .....	49
<i>phenytoin sodium extended cap 200 mg</i> .....	49
<i>phenytoin sodium extended cap 300 mg</i> .....	49
<i>phenytoin susp 125 mg/5ml</i> .....	49
PHESGO SOL.....	74
<i>phospha 250 tab neutral</i> .....	137
<i>phospho-trin tab 250 neut</i> .....	137
<i>phospho-trin tab k500</i> .....	137
<i>physiolyte sol</i> .....	140
<i>physiosol sol irrigat</i> .....	140
<i>phytonadione inj 10 mg/ml</i> .....	160
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i> .....	160
<i>phytonadione tab 5 mg</i> .....	160
<i>pilocarpine hcl ophth soln 1%</i> .....	144
<i>pilocarpine hcl ophth soln 2%</i> .....	144
<i>pilocarpine hcl ophth soln 4%</i> .....	144
<i>pilocarpine hcl tab 5 mg</i> .....	140
<i>pilocarpine hcl tab 7.5 mg</i> .....	140
<i>pimecrolimus cream 1%</i> .....	105
PIMOZIDE TAB 1MG.....	153
PIMOZIDE TAB 2MG.....	153
<i>pindolol tab 10 mg</i> .....	88
<i>pindolol tab 5 mg</i> .....	88

<i>pioglitazone hcl-glimepiride tab 30-2</i>	119
<i>mg</i> .....	54
<i>pioglitazone hcl-glimepiride tab 30-4</i>	145
<i>mg</i> .....	54
<i>pioglitazone hcl-metformin hcl tab 15-</i>	73
<i>500 mg</i> .....	54
<i>pioglitazone hcl-metformin hcl tab 15-</i>	73
<i>850 mg</i> .....	54
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	59
.....	55
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	59
.....	56
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	56
.....	56
<i>piperacillin sod-tazobactam na for inj</i>	136
<i>3.375 gm (3-0.375 gm)</i> .....	149
<i>piperacillin sod-tazobactam sod for inj</i>	137
<i>13.5 gm (12-1.5 gm)</i> .....	149
<i>piperacillin sod-tazobactam sod for inj</i>	137
<i>2.25 gm (2-0.25 gm)</i> .....	149
<i>piperacillin sod-tazobactam sod for inj</i>	137
<i>4.5 gm (4-0.5 gm)</i> .....	149
<i>piperacillin sod-tazobactam sod for inj</i>	137
<i>40.5 gm (36-4.5 gm)</i> .....	149
<i>PIP LANCETS MIS 28G</i>	129
<i>PIP LANCETS MIS 30G</i>	129
<i>pirfenidone cap 267 mg</i> .....	153
<i>pirfenidone tab 267 mg</i> .....	153
<i>pirfenidone tab 801 mg</i> .....	153
<i>piroxicam cap 10 mg</i> .....	28
<i>piroxicam cap 20 mg</i> .....	28
<i>PLAQUENIL TAB 200MG</i> .....	68
<i>plenamine inj 15%</i> .....	144
<i>PNV-DHA CAP</i> .....	141
<i>PNV-SELECT TAB</i> .....	141
<i>podofilox soln 0.5%</i> .....	105
<i>POLOCAINE INJ 1%</i> .....	123
<i>POLOCAINE INJ 2%</i> .....	123
<i>POLOCAINE INJ MPF 1.5%</i> .....	123
<i>POLOCAINE INJ -MPF 1%</i> .....	123
<i>POLOCAINE INJ -MPF 2%</i> .....	123
<i>polycin oin op</i> .....	145
<i>poly-iron cap 150 fort</i> .....	119
<i>polymyxin b sulfate for inj 500000 unit</i>	119
.....	37
<i>polymyxin b-trimethoprim ophth soln</i>	116
<i>10000 unit/ml-0.1%</i> .....	145
<i>polysacchari cap iron</i> .....	119
<i>POLYTRIM SOL OP</i> .....	145
<i>POMALYST CAP 1MG</i> .....	73
<i>POMALYST CAP 2MG</i> .....	73
<i>POMALYST CAP 3MG</i> .....	73
<i>POMALYST CAP 4MG</i> .....	73
<i>posaconazole susp 40 mg/ml</i> .....	59
<i>pot &amp; sod citrates w/ cit ac soln 550-</i>	116
<i>500-334 mg/5ml</i> .....	116
<i>potassium acetate inj 2 meq/ml</i> .....	137
<i>potassium chloride 20 meq/l (0.15%)</i>	137
<i>in dextrose 5% inj</i> .....	136
<i>potassium chloride cap er 10 meq</i> .....	137
<i>potassium chloride cap er 8 meq</i> .....	137
<i>potassium chloride inj 10 meq/100ml</i>	137
.....	137
<i>potassium chloride inj 10 meq/50ml</i>	137
.....	137
<i>potassium chloride inj 20 meq/100ml</i>	137
.....	137
<i>potassium chloride inj 20 meq/50ml</i>	137
.....	137
<i>potassium chloride inj 2 meq/ml</i> ....	137
<i>potassium chloride inj 40 meq/100ml</i>	137
.....	137
<i>potassium chloride microencapsulated</i>	137
<i>crys er tab 10 meq</i> .....	137
<i>potassium chloride microencapsulated</i>	137
<i>crys er tab 15 meq</i> .....	137
<i>potassium chloride microencapsulated</i>	137
<i>crys er tab 20 meq</i> .....	137
<i>potassium chloride oral soln 10% (20</i>	138
<i>meq/15ml)</i> .....	138
<i>potassium chloride oral soln 20% (40</i>	138
<i>meq/15ml)</i> .....	138
<i>potassium chloride powder packet 20</i>	138
<i>meq</i> .....	138
<i>potassium chloride tab er 10 meq</i> ...138	138
<i>potassium chloride tab er 20 meq</i>	138
<i>(1500 mg)</i> .....	138
<i>potassium chloride tab er 8 meq (600</i>	138
<i>mg)</i> .....	138
<i>potassium citrate &amp; citric acid soln</i>	116
<i>1100-334 mg/5ml</i> .....	116
<i>potassium citrate tab er 10 meq (1080</i>	116
<i>mg)</i> .....	116

<i>potassium citrate tab er 15 meq (1620 mg)</i> .....	116
<i>potassium citrate tab er 5 meq (540 mg)</i> .....	116
<i>potassium iodide oral soln 1 gm/ml</i> .....	98
<i>potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)</i> .....	137
POT CHLORIDE TAB 8MEQ ER .....	137
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i> .....	137
PRALATREXATE INJ 20MG/ML .....	71
PRALATREXATE INJ 40MG/2ML.....	71
<i>pramipexole dihydrochloride tab 0.125 mg</i> .....	79
<i>pramipexole dihydrochloride tab 0.25 mg</i> .....	79
<i>pramipexole dihydrochloride tab 0.5 mg</i> .....	79
<i>pramipexole dihydrochloride tab 0.75 mg</i> .....	79
<i>pramipexole dihydrochloride tab 1.5 mg</i> .....	79
<i>pramipexole dihydrochloride tab 1 mg</i> .....	79
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> .....	79
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i> .....	79
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i> .....	79
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i> .....	79
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i> .....	79
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i> .....	79
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i> .....	79
<i>prasugrel hcl tab 10 mg (base equiv)</i> .....	118
<i>prasugrel hcl tab 5 mg (base equiv)</i> .....	118
<i>pravastatin sodium tab 10 mg</i> .....	61
<i>pravastatin sodium tab 20 mg</i> .....	61
<i>pravastatin sodium tab 40 mg</i> .....	61
<i>pravastatin sodium tab 80 mg</i> .....	61
<i>praziquantel tab 600 mg</i> .....	35
<i>prazosin hcl cap 1 mg</i> .....	64
<i>prazosin hcl cap 2 mg</i> .....	64
<i>prazosin hcl cap 5 mg</i> .....	64
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> .....	97
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> .....	97
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> .....	97
PREDNISOLONE SOL 15MG/5ML.....	97
PREDNISOLONE SUS 1% OP .....	146
PREDNISOLONE TAB 10MG ODT.....	97
PREDNISOLONE TAB 15MG ODT.....	97
PREDNISOLONE TAB 30MG ODT.....	97
<i>prednisolone tab 5 mg</i> .....	97
PREDNISONE SOL 5MG/5ML .....	97
<i>prednisone tab 10 mg</i> .....	97
<i>prednisone tab 1 mg</i> .....	97
<i>prednisone tab 2.5 mg</i> .....	97
<i>prednisone tab 20 mg</i> .....	97
<i>prednisone tab 50 mg</i> .....	97
<i>prednisone tab 5 mg</i> .....	97
<i>prednisone tab therapy pack 10 mg (21)</i> .....	97
<i>prednisone tab therapy pack 10 mg (48)</i> .....	98
<i>prednisone tab therapy pack 5 mg (21)</i> .....	97
<i>prednisone tab therapy pack 5 mg (48)</i> .....	97
PRED SOD PHO SOL 1% OP .....	146
<i>pregabalin cap 100 mg</i> .....	47
<i>pregabalin cap 150 mg</i> .....	47
<i>pregabalin cap 200 mg</i> .....	47
<i>pregabalin cap 225 mg</i> .....	47
<i>pregabalin cap 25 mg</i> .....	47
<i>pregabalin cap 300 mg</i> .....	47
<i>pregabalin cap 50 mg</i> .....	47
<i>pregabalin cap 75 mg</i> .....	47
<i>pregabalin soln 20 mg/ml</i> .....	47
<i>pregabalin tab er 24hr 165 mg</i> .....	153
<i>pregabalin tab er 24hr 330 mg</i> .....	153
<i>pregabalin tab er 24hr 82.5 mg</i> .....	153
PREMPHASE TAB .....	112
PREMPRO TAB.....	112
PREMPRO TAB 0.3-1.5 .....	112
PREMPRO TAB 0.45-1.5.....	112
PREMPRO TAB 0.625-5.....	112

PRENATAL 19 CHW TAB .....	141
<i>prevalite pow 4gm .....</i>	60
<i>prevalite pow 4gm pk .....</i>	60
<i>previdolrx pak plus.....</i>	28
PREZCOBIX TAB 800-150.....	85
PREZISTA SUS 100MG/ML.....	85
PREZISTA TAB 150MG .....	86
PREZISTA TAB 600MG .....	86
PREZISTA TAB 75MG .....	85
PREZISTA TAB 800MG .....	86
<i>primaquine phosphate tab 26.3 mg (15 mg base) .....</i>	68
<i>primidone tab 250 mg .....</i>	47
<i>primidone tab 50 mg .....</i>	47
<i>probenecid tab 500 mg .....</i>	117
<i>procainamide hcl inj 100 mg/ml .....</i>	39
PROCAINAMIDE INJ 500MG/ML.....	39
PROCARDIA XL TAB 30MG CR .....	91
PROCARDIA XL TAB 60MG CR .....	91
PROCARDIA XL TAB 90MG CR .....	91
<i>procenutra sol 5mg/5ml .....</i>	22
<i>prochlorperazine edisylate inj 10 mg/2ml.....</i>	83
<i>prochlorperazine maleate tab 10 mg (base equivalent) .....</i>	83
<i>prochlorperazine maleate tab 5 mg (base equivalent) .....</i>	83
<i>prochlorperazine suppos 25 mg.....</i>	83
PRO COMFORT MIS 31G .....	129
PRO COMFORT MIS LANC 30G.....	129
PRO COMFORT MIS LANCETS .....	129
PROCIT INJ 10000/ML.....	119
PROCIT INJ 2000/ML .....	119
PROCIT INJ 20000/ML.....	119
PROCIT INJ 3000/ML .....	119
PROCIT INJ 4000/ML .....	119
PROCIT INJ 40000/ML.....	119
PROCTOFOAM AER HC 1%.....	34
<i>proto-med cre hc 2.5% .....</i>	34
<i>proctosol hc cre 2.5%.....</i>	35
<i>protozone cre -hc 2.5% .....</i>	34
PRODIGY MIS 26G.....	129
PRODIGY MIS 28G.....	129
<i>progesterone cap 100 mg .....</i>	150
<i>progesterone cap 200 mg .....</i>	150
<i>progesterone im in oil 50 mg/ml.....</i>	150
PROLASTIN-C INJ 1000MG .....	153
PROLENZA SOL 0.07% .....	147
PROLIA INJ 60MG/ML.....	109
PROMACTA PAK 25MG.....	119
PROMACTA POW 12.5MG .....	119
PROMACTA TAB 12.5MG .....	119
PROMACTA TAB 25MG.....	119
PROMACTA TAB 50MG.....	119
PROMACTA TAB 75MG.....	119
<i>promethazine-dm syrup 6.25-15 mg/5ml.....</i>	98
<i>promethazine hcl inj 25 mg/ml .....</i>	59
<i>promethazine hcl inj 50 mg/ml .....</i>	59
<i>promethazine hcl suppos 12.5 mg .....</i>	59
<i>promethazine hcl suppos 25 mg .....</i>	59
<i>promethazine hcl syrup 6.25 mg/5ml/59</i>	
<i>promethazine hcl tab 12.5 mg .....</i>	59
<i>promethazine hcl tab 25 mg .....</i>	59
<i>promethazine hcl tab 50 mg .....</i>	59
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml .....</i>	98
<i>promethegan sup 12.5mg .....</i>	59
<i>promethegan sup 25mg .....</i>	59
PROMETHEGAN SUP 50MG .....	59
PROMETH VC/ SYP CODEINE .....	98
PROMETH VC SYP 6.25-5/5 .....	98
<i>propafenone hcl cap er 12hr 225 mg</i>	40
<i>propafenone hcl cap er 12hr 325 mg</i>	40
<i>propafenone hcl cap er 12hr 425 mg</i>	40
<i>propafenone hcl tab 150 mg .....</i>	40
<i>propafenone hcl tab 225 mg .....</i>	40
<i>propafenone hcl tab 300 mg .....</i>	40
<i>proparacaine hcl ophth soln 0.5%...146</i>	
<i>propofol iv emul 1000 mg/100ml (10 mg/ml) .....</i>	116
<i>propofol iv emul 200 mg/20ml (10 mg/ml) .....</i>	116
<i>propofol iv emul 500 mg/50ml (10 mg/ml) .....</i>	116
<i>propoven inj .....</i>	116
<i>propoven inj 200/20ml .....</i>	116
<i>propoven inj 500/50ml .....</i>	116
<i>propranolol hcl cap er 24hr 120 mg ..88</i>	
<i>propranolol hcl cap er 24hr 160 mg ..89</i>	
<i>propranolol hcl cap er 24hr 60 mg....88</i>	
<i>propranolol hcl cap er 24hr 80 mg....88</i>	
<i>propranolol hcl inj 1 mg/ml .....</i>	89
<i>propranolol hcl oral soln 20 mg/5ml..89</i>	

<i>propranolol hcl tab 10 mg</i> .....	89
<i>propranolol hcl tab 20 mg</i> .....	89
<i>propranolol hcl tab 40 mg</i> .....	89
<i>propranolol hcl tab 60 mg</i> .....	89
<i>propranolol hcl tab 80 mg</i> .....	89
PROPRANOLOL SOL 40MG/5ML .....	89
<i>propylthiouracil tab 50 mg</i> .....	154
PROSCAR TAB 5MG .....	117
PROTAMINE SU SOL 10MG/ML .....	118
<i>protriptyline hcl tab 10 mg</i> .....	53
<i>protriptyline hcl tab 5 mg</i> .....	53
PROVERA TAB 10MG .....	150
PROVERA TAB 2.5MG .....	150
PROVERA TAB 5MG .....	150
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> .....	98
PSS SAFE LAN MIS .....	129
PSS SEL LANC MIS .....	129
PSS SEL PLAT MIS .....	129
PULMICORT INH 180MCG .....	41
PULMICORT INH 90MCG .....	41
PULMICORT SUS 0.25MG/2 .....	41
PULMICORT SUS 0.5MG/2 .....	41
PULMICORT SUS 1MG/2ML .....	41
<i>pulmosal neb 7%</i> .....	98
PULMOZYME SOL 1MG/ML .....	153
PURE COMFORT MIS 30G LAN .....	129
PX LANCETS MIS 28G .....	129
PX LANCETS MIS 33G .....	129
PX LANCETS MIS ULT THIN .....	130
PYLERA CAP .....	158
<i>pyrazinamide tab 500 mg</i> .....	69
<i>pyridostigmine bromide oral soln 60 mg/5ml</i> .....	69
<i>pyridostigmine bromide tab 60 mg</i> .....	69
<i>pyridostigmine bromide tab er 180 mg</i> .....	69
PYRIDOXINE INJ 100MG/ML .....	160
<i>pyrimethamine tab 25 mg</i> .....	68
<b>Q</b>	
QC LANCETS MIS 28G .....	130
QC LANCETS MIS 30G .....	130
QUELBREE CAP 100MG ER .....	22
QUELBREE CAP 150MG ER .....	22
QUELBREE CAP 200MG ER .....	22
QNAPRIL/HCTZ TAB 20-12.5 .....	67
QNAPRIL/HCTZ TAB 20-25MG .....	67
QUESTRAN POW 4GM .....	60
QUESTRAN POW 4GM LITE .....	60
<i>quetiapine fumarate tab 100 mg</i> .....	82
<i>quetiapine fumarate tab 200 mg</i> .....	82
<i>quetiapine fumarate tab 25 mg</i> .....	82
<i>quetiapine fumarate tab 300 mg</i> .....	82
<i>quetiapine fumarate tab 400 mg</i> .....	82
<i>quetiapine fumarate tab 50 mg</i> .....	82
<i>quetiapine fumarate tab er 24hr 150 mg</i> .....	82
<i>quetiapine fumarate tab er 24hr 200 mg</i> .....	82
<i>quetiapine fumarate tab er 24hr 300 mg</i> .....	82
<i>quetiapine fumarate tab er 24hr 400 mg</i> .....	82
<i>quetiapine fumarate tab er 24hr 50 mg</i> .....	82
QUETIAPINE TAB 150MG .....	82
<i>quinapril hcl tab 10 mg</i> .....	63
<i>quinapril hcl tab 20 mg</i> .....	63
<i>quinapril hcl tab 40 mg</i> .....	63
<i>quinapril hcl tab 5 mg</i> .....	63
<i>quinidine gluconate tab er 324 mg</i> .....	39
<i>quinine sulfate cap 324 mg</i> .....	68
QULIPTA TAB 10MG .....	134
QULIPTA TAB 30MG .....	134
QULIPTA TAB 60MG .....	134
<b>R</b>	
<i>rabeprazole sodium ec tab 20 mg</i> .....	157
RA E-ZJECT MIS 28G .....	130
RA E-ZJECT MIS THIN 26G .....	130
RA E-ZJECT MIS THIN 28G .....	130
RA E-ZJECT MIS ULT THIN .....	130
RAGWITEK SUB .....	25
<i>raloxifene hcl tab 60 mg</i> .....	110
<i>ramelteon tab 8 mg</i> .....	122
<i>ramipril cap 1.25 mg</i> .....	63
<i>ramipril cap 10 mg</i> .....	63
<i>ramipril cap 2.5 mg</i> .....	63
<i>ramipril cap 5 mg</i> .....	63
<i>ranolazine tab er 12hr 1000 mg</i> .....	37
<i>ranolazine tab er 12hr 500 mg</i> .....	37
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i> .....	80
<i>rasagiline mesylate tab 1 mg (base equiv)</i> .....	80

RASUVO INJ 10MG .....	26
RASUVO INJ 12.5MG .....	26
RASUVO INJ 15MG .....	26
RASUVO INJ 17.5MG .....	26
RASUVO INJ 20MG .....	26
RASUVO INJ 22.5MG .....	26
RASUVO INJ 25MG .....	26
RASUVO INJ 30MG .....	26
RASUVO INJ 7.5MG .....	26
READYLANCE MIS 21G .....	130
READYLANCE MIS 23G .....	130
READYLANCE MIS 26G .....	130
READYLANCE MIS 28G .....	130
READYLANCE MIS 30G .....	130
REALITY MIS LANCETS .....	130
REALITY TRIG MIS LANCETS .....	130
REBIF INJ 22/0.5 .....	152
REBIF INJ 44/0.5 .....	152
REBIF REBIDO INJ 22/0.5.....	152
REBIF REBIDO INJ 44/0.5.....	152
REBIF REBIDO INJ TITRATN.....	152
REBIF TITRTN INJ PACK .....	152
<i>regadenoson iv inj 0.4 mg/5ml (0.08 mg/ml) .....</i>	106
REGLAN TAB 10MG.....	115
REGLAN TAB 5MG.....	115
<i>relador pak kit 2.5-2.5% .....</i>	105
<i>relador pak kit plus.....</i>	105
RELENZA MIS DISKHALE.....	87
RELION LANCE MIS THIN 26G.....	130
RELION LANCE MIS THIN 30G.....	130
RELION MICRO MIS THIN 33G.....	130
RELION ULTRA MIS THIN 30G .....	130
RELION ULTRA MIS THIN PLS.....	130
RELPAX TAB 20MG .....	134
RELPAX TAB 40MG .....	134
REMERON SLTB TAB 15MG .....	49
REMERON SLTB TAB 30MG .....	49
REMERON SLTB TAB 45MG .....	49
REMERON TAB 15MG .....	49
REMERON TAB 30MG .....	49
REMICADE INJ 100MG .....	115
<i>remifentanil hcl for iv soln 1 mg .....</i>	31
<i>remifentanil hcl for iv soln 2 mg .....</i>	31
<i>remifentanil hcl for iv soln 5 mg .....</i>	31
<i>reno cap .....</i>	141
<i>repaglinide tab 0.5 mg.....</i>	56

<i>repaglinide tab 1 mg .....</i>	56
<i>repaglinide tab 2 mg .....</i>	56
REPATHA INJ 140MG/ML .....	62
REPATHA PUSH INJ 420/3.5 .....	62
REPATHA SURE INJ 140MG/ML.....	62
<i>resorcinol-sulfur lotion 2-5%.....</i>	100
RESTASIS EMU 0.05% OP .....	145
RESTASIS MUL EMU 0.05% OP.....	145
RESTORIL CAP 15MG .....	121
RESTORIL CAP 22.5MG .....	121
RESTORIL CAP 30MG .....	121
RESTORIL CAP 7.5MG .....	121
RETACRIT INJ 10000UNT.....	119
RETACRIT INJ 20000UNI .....	119
RETACRIT INJ 2000UNIT .....	119
RETACRIT INJ 3000UNIT .....	119
RETACRIT INJ 40000UNT.....	119
RETACRIT INJ 4000UNIT .....	119
RETEVMO CAP 40MG .....	75
RETEVMO CAP 80MG .....	75
RETIN-A CRE 0.025% .....	100
RETIN-A CRE 0.05% .....	100
RETIN-A CRE 0.1%.....	100
RETIN-A GEL 0.01% .....	100
RETIN-A GEL 0.025% .....	100
RETROVIR CAP 100MG.....	86
RETROVIR SYP 50MG/5ML.....	86
REVATIO SUS 10MG/ML.....	93
REVATIO TAB 20MG .....	93
REVLIMID CAP 10MG .....	138
REVLIMID CAP 15MG .....	138
REVLIMID CAP 2.5MG .....	138
REVLIMID CAP 20MG .....	138
REVLIMID CAP 25MG .....	139
REVLIMID CAP 5MG .....	138
<i>revonto inj 20mg.....</i>	142
RHOFADE CRE 1%.....	106
RIBAVIRIN CAP 200MG .....	87
RIBAVIRIN TAB 200MG .....	87
<i>rifabutin cap 150 mg .....</i>	69
<i>rifampin cap 150 mg .....</i>	69
<i>rifampin cap 300 mg .....</i>	69
<i>rifampin for inj 600 mg .....</i>	69
RIGHTEST ALT MIS ADAPTOR .....	130
RIGHTEST MIS GL300.....	130
<i>riluzole tab 50 mg .....</i>	143
RIMANTADINE TAB 100MG .....	87

ringer's solution .....	136
ringer's solution for irrigation .....	140
RINVOQ TAB 15MG ER.....	26
RINVOQ TAB 30MG ER.....	26
RINVOQ TAB 45MG ER.....	26
risedronate sodium tab 150 mg .....	109
risedronate sodium tab 30 mg.....	109
risedronate sodium tab 35 mg.....	109
risedronate sodium tab 5 mg .....	109
risedronate sodium tab delayed release 35 mg .....	109
RISPERDAL SOL 1MG/ML.....	81
RISPERDAL TAB 0.5MG .....	81
RISPERDAL TAB 1MG .....	81
RISPERDAL TAB 2MG .....	81
RISPERDAL TAB 3MG.....	81
RISPERDAL TAB 4MG .....	81
risperidone orally disintegrating tab 0.5 mg .....	81
risperidone orally disintegrating tab 1 mg .....	81
risperidone orally disintegrating tab 2 mg .....	81
risperidone orally disintegrating tab 3 mg .....	81
risperidone orally disintegrating tab 4 mg .....	81
risperidone soln 1 mg/ml .....	81
risperidone tab 0.25 mg .....	81
RISPERIDONE TAB 0.25 ODT .....	81
risperidone tab 0.5 mg .....	81
risperidone tab 1 mg .....	81
risperidone tab 2 mg .....	81
risperidone tab 3 mg .....	81
risperidone tab 4 mg .....	81
RITALIN TAB 10MG .....	25
RITALIN TAB 20MG .....	25
RITALIN TAB 5MG .....	25
ritonavir tab 100 mg.....	86
rivastigmine tartrate cap 1.5 mg (base equivalent) .....	151
rivastigmine tartrate cap 3 mg (base equivalent) .....	151
rivastigmine tartrate cap 4.5 mg (base equivalent) .....	151
rivastigmine tartrate cap 6 mg (base equivalent) .....	151
rivastigmine td patch 24hr 13.3 mg/24hr.....	151
rivastigmine td patch 24hr 4.6 mg/24hr .....	151
rivastigmine td patch 24hr 9.5 mg/24hr .....	151
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) .....	134
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) .....	134
rizatriptan benzoate tab 10 mg (base equivalent) .....	134
rizatriptan benzoate tab 5 mg (base equivalent) .....	134
ROCALTROL CAP 0.25MCG.....	111
ROCALTROL CAP 0.5MCG .....	111
ROCALTROL SOL 1MCG/ML .....	111
rocuronium bromide iv soln 100 mg/10ml (10 mg/ml) .....	143
rocuronium bromide iv soln 50 mg/5ml (10 mg/ml).....	143
roflumilast tab 250 mcg .....	41
roflumilast tab 500 mcg .....	41
romidepsin for iv inj 10 mg.....	75
ropinirole hydrochloride tab 0.25 mg	79
ropinirole hydrochloride tab 0.5 mg ..	79
ropinirole hydrochloride tab 1 mg .....	79
ropinirole hydrochloride tab 2 mg .....	79
ropinirole hydrochloride tab 3 mg .....	79
ropinirole hydrochloride tab 4 mg .....	79
ropinirole hydrochloride tab 5 mg .....	79
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) .....	79
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) .....	79
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) .....	79
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) .....	79
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) .....	79
ropivacaine hcl inj 10 mg/ml.....	123
ropivacaine hcl inj 2 mg/ml.....	123
ropivacaine hcl inj 5 mg/ml.....	123
ropivacaine hcl inj 7.5 mg/ml.....	123
rosuvastatin calcium tab 10 mg .....	61
rosuvastatin calcium tab 20 mg .....	61

<i>rosuvastatin calcium tab 40 mg</i>	61	SAPS HEALTH MIS TWIST	130
<i>rosuvastatin calcium tab 5 mg</i>	61	SAPS TWIST MIS 30G	130
ROWASA KIT 4GM	115	SB LANCETS MIS THIN	130
<i>roweepra tab 500mg</i>	47	SB LANCETS MIS ULTR THN	130
ROZLYTREK CAP 100MG	75	<i>scopolamine td patch 72hr 1 mg/3days</i>	58
ROZLYTREK CAP 200MG	75		
<i>rufinamide susp 40 mg/ml</i>	47	<i>selegiline hcl cap 5 mg</i>	80
<i>rufinamide tab 200 mg</i>	47	<i>selegiline hcl tab 5 mg</i>	80
<i>rufinamide tab 400 mg</i>	47	<i>selenium sulfide lotion 2.5%</i>	102
RUXIENCE INJ 100/10ML	72	<i>sensorcaine/ inj epi 0.25</i>	123
RUXIENCE INJ 500/50ML	72	<i>sensorcaine/ inj epi 0.5%</i>	123
RYBELSUS TAB 14MG	55	<i>sensorcaine inj 0.25%</i>	123
RYBELSUS TAB 3MG	55	<i>sensorcaine inj 0.5%</i>	123
RYBELSUS TAB 7MG	55	<i>sensorcaine inj -mpf/epi</i>	123
RYDAPT CAP 25MG	75	<i>sensorcaine inj mpf0.25%</i>	123
RYTARY CAP 145MG	79	<i>sensorcaine inj mpf 0.5%</i>	123
RYTARY CAP 195MG	80	<i>sensorcaine inj mpf0.75%</i>	123
RYTARY CAP 245MG	80	SEREVENT DIS AER 50MCG	42
RYTARY CAP 95MG	79	SEROQUEL TAB 100MG	82
RYTHMOL SR CAP 225MG	40	SEROQUEL TAB 200MG	82
RYTHMOL SR CAP 325MG	40	SEROQUEL TAB 25MG	82
RYTHMOL SR CAP 425MG	40	SEROQUEL TAB 300MG	82
<b>S</b>		SEROQUEL TAB 400MG	82
SAFE-T-LANCE MIS 21G	130	SEROQUEL TAB 50MG	82
SAFE-T-LANCE MIS 25G	130	<i>sertraline hcl oral concentrate for</i>	
SAFE-T-LANCE MIS HI FLOW	130	<i>solution 20 mg/ml</i>	51
SAFE-T-LANCE MIS LOW FLOW	130	<i>sertraline hcl tab 100 mg</i>	51
SAFE-T-LANCE MIS NOR FLOW	130	<i>sertraline hcl tab 25 mg</i>	51
SAFE-T-PRO MIS LANCETS	130	<i>sertraline hcl tab 50 mg</i>	51
SAFE-T-PRO MIS PLUS	130	<i>sevelamer carbonate packet 0.8 gm</i>	116
SAFETY 21G MIS LANCETS	130	<i>sevelamer carbonate packet 2.4 gm</i>	116
SAFETY 23G MIS LANCETS	130	<i>sevelamer carbonate tab 800 mg</i>	116
SAFETY 28G MIS LANCETS	130	<i>sevelamer hcl tab 800 mg</i>	116
SAFETY 30G MIS LANCETS	130	SEVELAMER TAB 400MG	116
SAFETY MIS LANCETS	130	<i>sevoflurane inhal soln</i>	116
SALAGEN TAB 5MG	140	SIKLOS TAB 1000MG	118
SALAGEN TAB 7.5MG	141	SIKLOS TAB 100MG	118
<i>salsalate tab 750 mg</i>	28	<i>sildenafil citrate for suspension 10</i>	
<i>sanadermx kit skin rep</i>	104	<i>mg/ml</i>	93
SANCUSO DIS 3.1MG	57	<i>sildenafil citrate iv soln 10 mg/12.5ml</i>	
<i>sapropterin dihydrochloride powder</i>		<i>(base equivalent)</i>	94
<i>packet 100 mg</i>	111	<i>sildenafil citrate tab 20 mg</i>	94
<i>sapropterin dihydrochloride powder</i>		<i>silodosin cap 4 mg</i>	117
<i>packet 500 mg</i>	111	<i>silodosin cap 8 mg</i>	117
<i>sapropterin dihydrochloride tab 100 mg</i>		SILVADENE CRE 1%	102
	111	<i>silver sulfadiazine cream 1%</i>	102
SAPSCARE MIS TWIST	130	SIMBRINZA SUS 1-0.2%	145

SIMPONI ARIA SOL 50MG/4ML.....	26
simvastatin tab 10 mg .....	61
simvastatin tab 20 mg .....	61
simvastatin tab 40 mg .....	61
simvastatin tab 5 mg .....	61
simvastatin tab 80 mg .....	61
SINEMET TAB 10-100MG.....	80
SINEMET TAB 25-100MG.....	80
SINGLE-LET MIS 23G.....	130
sirolimus oral soln 1 mg/ml .....	139
sirolimus tab 0.5 mg.....	139
sirolimus tab 1 mg.....	139
sirolimus tab 2 mg.....	139
SKYRIZI INJ 150MG/ML.....	102
SKYRIZI INJ 180/1.2 .....	115
SKYRIZI INJ 360/2.4 .....	115
SKYRIZI PEN INJ 150MG/ML .....	102
SKYRIZI SOL 60MG/ML .....	115
SMARTEST MIS LANCETS .....	130
SMART SENSE MIS LANC 21G .....	130
SMART SENSE MIS LANC 26G .....	130
SMART SENSE MIS LANC 30G .....	130
SMART SENSE MIS LANC 33G .....	130
SM LANCETS MIS 33G.....	130
SOD BICARB INJ 7.5%.....	135
SOD CHLORIDE INJ 0.9%.....	138
sod ferric gluc complx in sucrose iv soln 12.5 mg/ml (fe eq) .....	120
SOD FLUORIDE TAB 0.5MG F .....	136
SOD FLUORIDE TAB 1MG F .....	136
sodium acetate inj 2 meq/ml .....	135
sodium acetate inj 4 meq/ml .....	135
sodium benzoate & sodium phenylacetate iv soln 10-10% .....	111
sodium bicarbonate iv soln 4.2%....	135
sodium bicarbonate iv soln 8.4%....	135
sodium chloride inj 2.5 meq/ml (14.6%) .....	138
sodium chloride irrigation soln 0.9% .....	117
sodium chloride iv soln 0.45% .....	138
sodium chloride iv soln 0.9% .....	138
sodium chloride iv soln 3% .....	138
sodium chloride iv soln 4 meq/ml (23.4%) .....	138
sodium chloride iv soln 5% .....	138
sodium chloride preservative free (pf) inj 0.9% .....	138
sodium chloride soln nebu 0.9%.....	98
sodium chloride soln nebu 10%.....	98
sodium chloride soln nebu 3% .....	98
sodium chloride soln nebu 7% .....	98
sodium citrate & citric acid soln 500- 334 mg/5ml.....	116
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) .....	136
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) .....	136
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) .....	136
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf).....	136
sodium phenylbutyrate oral powder 3 gm/teaspoonful .....	111
sodium phenylbutyrate tab 500 mg.....	111
sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na) .....	137
SODIUM PHOSP SOL 150/50ML.....	137
sodium polystyrene sulfonate powder .....	140
sodium tetradecyl sulfate inj 3% ....	140
SOD PHOSPHAT INJ 15MM/5ML.....	137
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml .....	122
SOD THIOSULF INJ 25% .....	57
SOFTCLIX MIS LANCETS.....	130
solifenacin succinate tab 10 mg .....	158
solifenacin succinate tab 5 mg .....	158
SOLIQUA INJ 100/33 .....	54
SOLUS V2 MIS LANC 28G .....	131
SOLUS V2 MIS LANC 30G .....	131
SOMATULINE INJ 120/.5ML .....	112
SOMATULINE INJ 60/0.2ML .....	112
SOMATULINE INJ 90/0.3ML .....	112
SOOLANTRA CRE 1% .....	106
sorafenib tosylate tab 200 mg (base equivalent).....	75
sorine tab 120mg .....	89
sorine tab 160mg .....	89
sorine tab 240mg .....	89
sorine tab 80mg .....	89
sotalol hcl (afib/afl) tab 120 mg .....	89
sotalol hcl (afib/afl) tab 160 mg .....	89

sotalol hcl (afib/afl) tab 80 mg .....	89
sotalol hcl tab 120 mg .....	89
sotalol hcl tab 160 mg .....	89
sotalol hcl tab 240 mg .....	89
sotalol hcl tab 80 mg .....	89
SOTRADECOL INJ 1% .....	140
sotradecol inj 3% .....	140
SPINOSAD SUS 0.9% .....	106
SPIRIVA AER 1.25MCG.....	41
SPIRIVA CAP HANDIHLR .....	41
SPIRIVA SPR 2.5MCG .....	41
spironolactone & hydrochlorothiazide tab 25-25 mg.....	107
spironolactone tab 100 mg .....	108
spironolactone tab 25 mg .....	108
spironolactone tab 50 mg .....	108
SPRYCEL TAB 100MG.....	75
SPRYCEL TAB 140MG.....	75
SPRYCEL TAB 20MG .....	75
SPRYCEL TAB 50MG .....	75
SPRYCEL TAB 70MG .....	75
SPRYCEL TAB 80MG .....	75
SPS SUS 15GM/60.....	140
ssd cre 1% .....	102
STAVUDINE CAP 15MG .....	86
STAVUDINE CAP 20MG .....	86
STAVUDINE CAP 30MG .....	86
STAVUDINE CAP 40MG .....	86
STELARA INJ 45MG/0.5.....	102
STELARA INJ 5MG/ML .....	115
STELARA INJ 90MG/ML .....	102
STERILANCE MIS 1.8MM .....	131
STERILANCE MIS TL 28G.....	131
STERILANCE MIS TL 30G.....	131
STERILANCE MIS TL 32G.....	131
STIOLTO AER 2.5-2.5 .....	42
STIVARGA TAB 40MG .....	75
STRATTERA CAP 100MG.....	23
STRATTERA CAP 10MG .....	23
STRATTERA CAP 18MG .....	23
STRATTERA CAP 25MG .....	23
STRATTERA CAP 40MG .....	23
STRATTERA CAP 60MG .....	23
STRATTERA CAP 80MG .....	23
STREPTOMYCIN INJ 1GM.....	25
STRIBILD TAB .....	86
STRIVERDI AER 2.5MCG .....	42
STROMECTOL TAB 3MG.....	35
subvenite kit start 35 .....	47
subvenite kit start 49 .....	47
subvenite kit start 98 .....	47
subvenite tab 100mg .....	47
subvenite tab 150mg .....	48
subvenite tab 200mg .....	48
subvenite tab 25mg .....	47
succinylcholine chloride inj 20 mg/ml .....	143
sucralfate tab 1 gm .....	157
sufentanil citrate inj 50 mcg/ml.....	31
SUFENTANIL INJ 100/2ML .....	31
SUFENTANIL INJ 250/5ML .....	31
SULCONAZOLE CRE 1% .....	101
SULCONAZOLE SOL 1% .....	101
SULF/PRED NA SOL OP .....	146
sulfacetamide sodium lotion 10% (acne) .....	100
sulfacetamide sodium ophth soln 10% .....	145
sulfacetamide sodium w/ sulfur cleansing pad 10-4% .....	100
SULFACET SOD OIN 10% OP .....	145
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml .....	35
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml .....	35
sulfamethoxazole-trimethoprim tab 400-80 mg .....	35
sulfamethoxazole-trimethoprim tab 800-160 mg .....	35
sulfamez emu 10-1%.....	100
sulfasalazine tab 500 mg .....	115
sulfasalazine tab delayed release 500 mg .....	115
sulfatrim pd sus 200-40/5 .....	35
sulindac tab 150 mg .....	28
sulindac tab 200 mg .....	28
SUMATRIPTAN INJ 4MG/0.5 .....	135
SUMATRIPTAN INJ 6MG/0.5 .....	135
sumatriptan nasal spray 20 mg/act.135	
sumatriptan nasal spray 5 mg/act ..135	
sumatriptan succinate inj 6 mg/0.5ml .....	135
sumatriptan succinate solution auto- injector 4 mg/0.5ml .....	135

<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i> .....	135
<i>sumatriptan succinate tab 100 mg</i> ..	135
<i>sumatriptan succinate tab 25 mg</i> ....	135
<i>sumatriptan succinate tab 50 mg</i> ....	135
<i>sunitinib malate cap 12.5 mg (base equivalent)</i> .....	75
<i>sunitinib malate cap 25 mg (base equivalent)</i> .....	75
<i>sunitinib malate cap 37.5 mg (base equivalent)</i> .....	75
<i>sunitinib malate cap 50 mg (base equivalent)</i> .....	76
SUNOSI TAB 150MG .....	23
SUNOSI TAB 75MG.....	23
SUPARTZ FX INJ 25/2.5ML.....	142
SUPER THIN MIS LANC 28G .....	131
SUPER THIN MIS LANCETS .....	131
SUPPRELIN LA KIT 50MG.....	110
SUPRAX CAP 400MG.....	95
SUPRAX CHW 100MG.....	96
SUPRAX CHW 200MG.....	96
SUPRAX SUS 200/5ML .....	96
SUPRAX SUS 500/5ML .....	96
SURE COMFORT MIS LANC 18G.....	131
SURE COMFORT MIS LANC 21G.....	131
SURE COMFORT MIS LANC 23G.....	131
SURE COMFORT MIS LANC 30G.....	131
SURE COMFORT MIS LANCETS .....	131
SUREFLEX MIS LANCETS .....	131
SURELITE MIS LANCETS.....	131
SYMBICORT AER 160-4.5 .....	42
SYMBICORT AER 80-4.5.....	42
SYMLINPEN 60 INJ 1000MCG .....	53
SYMLNPEN 120 INJ 1000MCG .....	53
SYMPROIC TAB 0.2MG .....	115
SYMTUZA TAB .....	86
SYNJARDY TAB .....	54
SYNJARDY TAB 12.5-500.....	54
SYNJARDY TAB 5-1000MG.....	54
SYNJARDY TAB 5-500MG.....	54
SYNJARDY XR TAB .....	54
SYNJARDY XR TAB 10-1000.....	54
SYNJARDY XR TAB 25-1000.....	54
SYNJARDY XR TAB 5-1000MG .....	54
SYNTHROID TAB 100MCG.....	155
SYNTHROID TAB 112MCG.....	155
SYNTHROID TAB 125MCG.....	155
SYNTHROID TAB 137MCG.....	155
SYNTHROID TAB 150MCG.....	155
SYNTHROID TAB 175MCG.....	155
SYNTHROID TAB 200MCG.....	155
SYNTHROID TAB 25MCG .....	155
SYNTHROID TAB 300MCG.....	155
SYNTHROID TAB 50MCG .....	155
SYNTHROID TAB 75MCG .....	155
SYNTHROID TAB 88MCG .....	155
<b>T</b>	
TABLOID TAB 40MG .....	71
<i>tacrolimus cap 0.5 mg</i> .....	139
<i>tacrolimus cap 1 mg</i> .....	139
<i>tacrolimus cap 5 mg</i> .....	139
<i>tacrolimus oint 0.03%</i> .....	105
<i>tacrolimus oint 0.1%</i> .....	105
<i>tadalafil tab 20 mg (pah)</i> .....	94
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i> .....	147
TAGRISSO TAB 40MG .....	72
TAGRISSO TAB 80MG .....	72
TALICIA CAP .....	158
<i>tamoxifen citrate tab 10 mg (base equivalent)</i> .....	73
<i>tamoxifen citrate tab 20 mg (base equivalent)</i> .....	73
<i>tamsulosin hcl cap 0.4 mg</i> .....	117
<i>tandem plus cap</i> .....	120
<i>tasimelteon capsule 20 mg</i> .....	122
TAVALISSE TAB 100MG .....	117
TAVALISSE TAB 150MG .....	117
<i>tazarotene cream 0.1%</i> .....	102
<i>tazarotene gel 0.05%</i> .....	102
<i>tazarotene gel 0.1%</i> .....	102
<i>tazicef inj 1gm</i> .....	96
TAZICEF INJ 1GM .....	96
<i>tazicef inj 2gm</i> .....	96
TAZICEF INJ 6GM .....	96
<i>taztia xt cap 120mg/24</i> .....	91
<i>taztia xt cap 180mg/24</i> .....	91
<i>taztia xt cap 240mg/24</i> .....	91
<i>taztia xt cap 300mg er</i> .....	91
<i>taztia xt cap 360mg/24</i> .....	91
TECHLITE AST MIS LANCETS .....	131
TECHLITE MIS LANC 30G.....	131
TECHLITE MIS LANCETS .....	131

TEGSEDI INJ 284/1.5.....	153
TEKTURNA HCT TAB 300-12.5 .....	67
TEKTURNA HCT TAB 300-25MG.....	67
TELMIS/AMLOD TAB 40-10MG .....	67
TELMIS/AMLOD TAB 40-5MG .....	67
TELMIS/AMLOD TAB 80-10MG .....	67
TELMIS/AMLOD TAB 80-5MG .....	67
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg .....</i>	67
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg .....</i>	67
<i>telmisartan-hydrochlorothiazide tab 80-25 mg.....</i>	67
<i>telmisartan tab 20 mg .....</i>	63
<i>telmisartan tab 40 mg .....</i>	63
<i>telmisartan tab 80 mg .....</i>	64
<i>temazepam cap 15 mg.....</i>	121
<i>temazepam cap 22.5 mg .....</i>	121
<i>temazepam cap 30 mg.....</i>	121
<i>temazepam cap 7.5 mg.....</i>	121
<i>temozolomide cap 100 mg .....</i>	70
<i>temozolomide cap 140 mg .....</i>	70
<i>temozolomide cap 180 mg .....</i>	70
<i>temozolomide cap 20 mg .....</i>	70
<i>temozolomide cap 250 mg .....</i>	70
<i>temozolomide cap 5 mg .....</i>	70
<i>temsirolimus soln for iv infusion 25 mg/ml .....</i>	76
TENCON TAB 50-325MG.....	28
<i>tenofovir disoproxil fumarate tab 300 mg .....</i>	86
<i>terazosin hcl cap 10 mg (base equivalent).....</i>	64
<i>terazosin hcl cap 1 mg (base equivalent).....</i>	64
<i>terazosin hcl cap 2 mg (base equivalent).....</i>	64
<i>terazosin hcl cap 5 mg (base equivalent).....</i>	64
terbinafine hcl tab 250 mg .....	58
terbutaline sulfate inj 1 mg/ml.....	42
terbutaline sulfate tab 2.5 mg.....	42
terbutaline sulfate tab 5 mg .....	42
terconazole vaginal cream 0.4%....	159
terconazole vaginal cream 0.8%....	159
terconazole vaginal suppos 80 mg ..	159
<i>teriflunomide tab 14 mg .....</i>	152
<i>teriflunomide tab 7 mg .....</i>	152
<i>terrell sol .....</i>	116
TESTOST ENAN INJ 200MG/ML .....	34
<i>testosterone cypionate im inj in oil 100 mg/ml .....</i>	34
<i>testosterone cypionate im inj in oil 200 mg/ml .....</i>	34
<i>testosterone td gel 10mg/act (2%)...34</i>	34
<i>testosterone td gel 12.5 mg/act (1%) .....</i>	34
<i>testosterone td gel 20.25 mg/1.25gm (1.62%).....</i>	34
<i>testosterone td gel 20.25 mg/act (1.62%).....</i>	34
<i>testosterone td gel 25 mg/2.5gm (1%) .....</i>	34
<i>testosterone td gel 40.5 mg/2.5gm (1.62%).....</i>	34
<i>testosterone td gel 50 mg/5gm (1%)34</i>	34
<i>testosterone td soln 30 mg/act .....</i>	34
tetrabenazine tab 12.5 mg .....	152
tetrabenazine tab 25 mg .....	152
tetracaine hcl ophth soln 0.5%.....	146
tetracycline hcl cap 250 mg .....	154
tetracycline hcl cap 500 mg .....	154
TEXACORT SOL 2.5%.....	104
TEZSPIRE INJ 210MG .....	41
TEZSPIRE SOL 210MG .....	41
TGT LANCET MIS 26G .....	131
TGT LANCET MIS 30G .....	131
TGT LANCET MIS 33G .....	131
THALOMID CAP 100MG .....	139
THALOMID CAP 150MG .....	139
THALOMID CAP 200MG .....	139
THALOMID CAP 50MG .....	139
<i>theophylline elixir 80 mg/15ml.....</i>	42
<i>theophylline soln 80 mg/15ml.....</i>	42
<i>theophylline tab er 12hr 300 mg .....</i>	42
<i>theophylline tab er 12hr 450 mg .....</i>	42
<i>theophylline tab er 24hr 400 mg .....</i>	42
<i>theophylline tab er 24hr 600 mg .....</i>	42
<i>thiamine hcl inj 100 mg/ml .....</i>	160
THIN LANCETS MIS 26G .....	131
THIN LANCETS MIS 30G .....	131
THINLETS GP MIS 26G .....	131
<i>thioridazine hcl tab 100 mg .....</i>	83
<i>thioridazine hcl tab 10 mg .....</i>	83

<i>thioridazine hcl tab 25 mg</i> .....	83
<i>thioridazine hcl tab 50 mg</i> .....	83
<i>thiotepa for inj 100 mg</i> .....	70
<i>thiotepa for inj 15 mg</i> .....	70
<i>thiothixene cap 10 mg</i> .....	84
<i>thiothixene cap 1 mg</i> .....	84
<i>thiothixene cap 2 mg</i> .....	84
<i>thiothixene cap 5 mg</i> .....	84
<i>tiadylt cap 120mg/24</i> .....	91
<i>tiadylt cap 180mg/24</i> .....	91
<i>tiadylt cap 240mg/24</i> .....	91
<i>tiadylt cap 300mg/24</i> .....	91
<i>tiadylt cap 360mg/24</i> .....	91
<i>tiadylt cap 420mg/24</i> .....	91
<i>tiagabine hcl tab 12 mg</i> .....	48
<i>tiagabine hcl tab 16 mg</i> .....	48
<i>tiagabine hcl tab 2 mg</i> .....	48
<i>tiagabine hcl tab 4 mg</i> .....	48
<i>TIAZAC CAP 120MG/24</i> .....	91
<i>TIAZAC CAP 180MG/24</i> .....	91
<i>TIAZAC CAP 240MG/24</i> .....	91
<i>TIAZAC CAP 300MG/24</i> .....	91
<i>TIAZAC CAP 360MG/24</i> .....	91
<i>TIAZAC CAP 420MG/24</i> .....	91
<i>tigecycline for iv soln 50 mg</i> .....	153
<i>TIKOSYN CAP 125MCG</i> .....	40
<i>TIKOSYN CAP 250MCG</i> .....	40
<i>TIKOSYN CAP 500MCG</i> .....	40
<i>timolol maleate ophth gel forming soln 0.25%</i> .....	144
<i>timolol maleate ophth gel forming soln 0.5%</i> .....	144
<i>timolol maleate ophth soln 0.25%</i> .....	144
<i>timolol maleate ophth soln 0.5%</i> .....	144
<i>timolol maleate ophth soln 0.5% (once-daily)</i> .....	144
<i>timolol maleate preservative free ophth soln 0.25%</i> .....	144
<i>timolol maleate preservative free ophth soln 0.5%</i> .....	144
<i>timolol maleate tab 10 mg</i> .....	89
<i>timolol maleate tab 20 mg</i> .....	89
<i>timolol maleate tab 5 mg</i> .....	89
<i>tinidazole tab 250 mg</i> .....	35
<i>tinidazole tab 500 mg</i> .....	35
<i>tiopronin tab 100 mg</i> .....	117
<i>tis-u-sol sol</i> .....	140
<i>TIVICAY PD TAB 5MG</i> .....	86
<i>TIVICAY TAB 10MG</i> .....	86
<i>TIVICAY TAB 25MG</i> .....	86
<i>TIVICAY TAB 50MG</i> .....	86
<i>tizanidine hcl cap 2 mg (base equivalent)</i> .....	142
<i>tizanidine hcl cap 4 mg (base equivalent)</i> .....	142
<i>tizanidine hcl cap 6 mg (base equivalent)</i> .....	142
<i>tizanidine hcl tab 2 mg (base equivalent)</i> .....	142
<i>tizanidine hcl tab 4 mg (base equivalent)</i> .....	142
<i>TOBRADEX OIN 0.3-0.1%</i> .....	146
<i>TOBRADEX SUS 0.3-0.1%</i> .....	146
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	146
<i>TOBRAMYCIN INJ 10MG/ML</i> .....	25
<i>TOBRAMYCIN INJ 40MG/ML</i> .....	25
<i>TOBRAMYCIN NEB 300/5ML</i> .....	25
<i>tobramycin nebu soln 300 mg/4ml</i> .....	25
<i>tobramycin nebu soln 300 mg/5ml</i> .....	25
<i>tobramycin ophth soln 0.3%</i> .....	145
<i>tobramycin sulfate for inj 1.2 gm</i> .....	25
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i> .....	25
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i> .....	25
<i>TOBREX OIN 0.3% OP</i> .....	145
<i>tolcapone tab 100 mg</i> .....	78
<i>TOLMETIN SOD TAB 600MG</i> .....	28
<i>tolterodine tartrate cap er 24hr 2 mg</i> .....	158
<i>tolterodine tartrate cap er 24hr 4 mg</i> .....	158
<i>tolterodine tartrate tab 1 mg</i> .....	158
<i>tolterodine tartrate tab 2 mg</i> .....	158
<i>tolvaptan tab 15 mg</i> .....	112
<i>tolvaptan tab 30 mg</i> .....	112
<i>TOPAMAX SPR CAP 15MG</i> .....	48
<i>TOPAMAX SPR CAP 25MG</i> .....	48
<i>TOPAMAX TAB 100MG</i> .....	48
<i>TOPAMAX TAB 200MG</i> .....	48
<i>TOPAMAX TAB 25MG</i> .....	48
<i>TOPAMAX TAB 50MG</i> .....	48
<i>TOPCARE MIS LANC 33G</i> .....	131

<i>topiramate cap er 24hr 100 mg</i> .....	48
<i>topiramate cap er 24hr 200 mg</i> .....	48
<i>topiramate cap er 24hr 25 mg</i> .....	48
<i>topiramate cap er 24hr 50 mg</i> .....	48
<i>topiramate sprinkle cap 15 mg</i> .....	48
<i>topiramate sprinkle cap 25 mg</i> .....	48
<i>topiramate tab 100 mg</i> .....	48
<i>topiramate tab 200 mg</i> .....	48
<i>topiramate tab 25 mg</i> .....	48
<i>topiramate tab 50 mg</i> .....	48
<i>toposar inj 100/5ml</i> .....	77
<i>toposar inj 1gm/50ml</i> .....	77
<i>toposar inj 500/25ml</i> .....	77
<i>topotecan hcl for inj 4 mg (base equiv)</i> .....	77
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i> .....	77
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	73
<i>torsemide tab 100 mg</i> .....	108
<i>torsemide tab 10 mg</i> .....	108
<i>torsemide tab 20 mg</i> .....	108
<i>torsemide tab 5 mg</i> .....	108
<i>TOUJEO MAX INJ 300IU/ML</i> .....	55
<i>TOUJEO SOLO INJ 300IU/ML</i> .....	55
<i>tramadol-acetaminophen tab 37.5-325 mg</i> .....	33
<i>TRAMADOL HCL TAB 100MG ER</i> .....	31
<i>TRAMADOL HCL TAB 200MG ER</i> .....	31
<i>TRAMADOL HCL TAB 300MG ER</i> .....	31
<i>tramadol hcl tab 50 mg</i> .....	31
<i>tramadol hcl tab er 24hr 100 mg</i> .....	32
<i>tramadol hcl tab er 24hr 200 mg</i> .....	32
<i>tramadol hcl tab er 24hr 300 mg</i> .....	32
<i>TRAMADOL SOL 5MG/ML</i> .....	32
<i>TRANDO/VERAP TAB 1-240 ER</i> .....	67
<i>TRANDO/VERAP TAB 2-180 ER</i> .....	67
<i>TRANDO/VERAP TAB 2-240 ER</i> .....	67
<i>TRANDO/VERAP TAB 4-240 ER</i> .....	67
<i>trandolapril tab 1 mg</i> .....	63
<i>trandolapril tab 2 mg</i> .....	63
<i>trandolapril tab 4 mg</i> .....	63
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> .....	120
<i>tranexamic acid tab 650 mg</i> .....	120
<i>tranylcypromine sulfate tab 10 mg</i> ...	50
<i>TRAVEL LANCE MIS 30G</i> .....	131
<i>TRAVEL LANCE MIS ADV 28G</i> .....	131
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> ....	147
<i>TRAZIMERA INJ 150MG</i> .....	72
<i>TRAZIMERA INJ 420MG</i> .....	72
<i>trazodone hcl tab 100 mg</i> .....	51
<i>trazodone hcl tab 150 mg</i> .....	51
<i>trazodone hcl tab 300 mg</i> .....	51
<i>trazodone hcl tab 50 mg</i> .....	51
<i>TRELEGY AER 100MCG</i> .....	42
<i>TRELEGY AER 200MCG</i> .....	42
<i>TREMFYA INJ 100MG/ML</i> .....	102
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i> .....	93
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i> .....	93
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i> .....	93
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i> .....	93
<i>TRESIBA FLEX INJ 100UNIT</i> .....	55
<i>TRESIBA FLEX INJ 200UNIT</i> .....	55
<i>TRESIBA INJ 100UNIT</i> .....	55
<i>tretinoin cap 10 mg</i> .....	76
<i>tretinoin cream 0.025%</i> .....	100
<i>tretinoin cream 0.05%</i> .....	100
<i>tretinoin cream 0.1%</i> .....	100
<i>tretinoin gel 0.01%</i> .....	100
<i>tretinoin gel 0.025%</i> .....	100
<i>tretinoin gel 0.05%</i> .....	100
<i>tretinoin microsphere gel 0.04%</i> ....	100
<i>tretinoin microsphere gel 0.1%</i> .....	100
<i>TREXALL TAB 10MG</i> .....	71
<i>TREXALL TAB 15MG</i> .....	71
<i>TREXALL TAB 5MG</i> .....	71
<i>TREXALL TAB 7.5MG</i> .....	71
<i>TREZIX CAP</i> .....	33
<i>triamcinolone acetonide cream 0.025%</i> .....	104
<i>triamcinolone acetonide cream 0.1%</i> .....	104
<i>triamcinolone acetonide cream 0.5%</i> .....	104
<i>triamcinolone acetonide dental paste 0.1%</i> .....	140
<i>triamcinolone acetonide inj susp 40 mg/ml</i> .....	98

<i>triamcinolone acetonide lotion 0.025%</i>	104
<i>triamcinolone acetonide lotion 0.1%</i>	104
<i>triamcinolone acetonide oint 0.025%</i>	104
<i>triamcinolone acetonide oint 0.1%..</i>	104
<i>triamcinolone acetonide oint 0.5%..</i>	104
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg .....</i>	107
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg .....</i>	107
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg .....</i>	108
<i>triamterene cap 100 mg .....</i>	108
<i>triamterene cap 50 mg.....</i>	108
<i>triazolam tab 0.125 mg .....</i>	121
<i>triazolam tab 0.25 mg.....</i>	121
TRIBENZOR20- TAB 5-12.5MG .....	67
TRIBENZOR40- TAB 10-12.5.....	67
TRIBENZOR40- TAB 10-25MG .....	67
TRIBENZOR40- TAB 5-12.5MG .....	67
TRIBENZOR40- TAB 5-25MG.....	67
<i>tricon cap .....</i>	120
<i>triderm cre 0.5%.....</i>	104
<i>trientine hcl cap 250 mg.....</i>	138
<i>trifluoperazine hcl tab 10 mg (base equivalent) .....</i>	83
<i>trifluoperazine hcl tab 1 mg (base equivalent) .....</i>	83
<i>trifluoperazine hcl tab 2 mg (base equivalent) .....</i>	83
<i>trifluoperazine hcl tab 5 mg (base equivalent) .....</i>	83
TRIFLURIDINE SOL 1% OP .....	145
<i>trigels-f cap forte .....</i>	120
<i>trihexyphenidyl hcl tab 2 mg .....</i>	78
<i>trihexyphenidyl hcl tab 5 mg .....</i>	78
TRIHEXYPHEN SOL 0.4MG/ML.....	78
TRIJARDY XR TAB .....	54
TRILIPIX CAP 135MG .....	61
TRILIPIX CAP 45MG.....	61
<i>trimethobenzamide hcl cap 300 mg ..</i>	58
<i>trimethoprim tab 100 mg .....</i>	35
<i>trimipramine maleate cap 100 mg ....</i>	53
<i>trimipramine maleate cap 25 mg.....</i>	53
<i>trimipramine maleate cap 50 mg.....</i>	53
TRINATE TAB .....	141
TRINTELLIX TAB 10MG .....	51
TRINTELLIX TAB 20MG .....	51
TRINTELLIX TAB 5MG .....	51
<i>triphocaps cap .....</i>	141
TRIPTODUR SUS 22.5MG.....	110
TRIUMEQ PD TAB .....	86
TRIUMEQ TAB.....	86
<i>tri-vit/fluo dro 0.25mg .....</i>	141
<i>tri-vit/fluo dro 0.5mg .....</i>	141
TROKENDI XR CAP 100MG.....	48
TROKENDI XR CAP 200MG.....	48
TROKENDI XR CAP 25MG .....	48
TROKENDI XR CAP 50MG .....	48
<i>tropicamide ophth soln 0.5% .....</i>	144
<i>tropicamide ophth soln 1% .....</i>	144
<i>trospium chloride cap er 24hr 60 mg .....</i>	158
<i>trospium chloride tab 20 mg .....</i>	158
TRUE COMFORT MIS LANC 30G .....	131
TRULICITY INJ 0.75/0.5 .....	55
TRULICITY INJ 1.5/0.5.....	55
TRULICITY INJ 3/0.5 .....	55
TRULICITY INJ 4.5/0.5.....	55
TRUPLUS LANC MIS 26G .....	131
TRUPLUS LANC MIS 28G .....	131
TRUPLUS LANC MIS 30G .....	131
TRUPLUS LANC MIS 33G .....	131
TWIST LANCET MIS 30G.....	131
TWIST LANCET MIS 30G MULT .....	131
TWYNEO CRE 0.1-3% .....	100
TYMLOS INJ.....	109
TYSABRI INJ 300/15ML .....	152
<b>U</b>	
UBRELVY TAB 100MG.....	134
UBRELVY TAB 50MG .....	134
UCERIS TAB 9MG .....	98
ULTILET MIS 26G .....	131
ULTILET MIS 28G .....	131
ULTILET MIS 30G .....	131
ULTILET MIS 33G .....	131
ULTILET MIS LANCETS .....	131
ULTILET MIS SAFETY .....	131
ULTILET SAFE MIS 21G .....	131
<i>ultrasound - gel .....</i>	106
ULTRA THIN MIS 28G .....	131
ULTRA THIN MIS 30G .....	131

ULTRA THIN MIS 31G .....	131
ULTRA THIN MIS 33G .....	131
ULTRA THIN MIS LAN 31G .....	131
ULTRA THIN MIS LANC 28G .....	132
ULTRA THIN MIS LANC 30G .....	132
ULTRA THIN MIS LANCETS .....	132
UNILET CMFR MIS TCH 28G.....	132
UNILET CMFR MIS TCH 30G.....	132
UNILET EXCEL MIS 23G .....	132
UNILET EX II MIS 28G .....	132
UNILET G.P. MIS 21G.....	132
UNILET G.P MIS SUPR 23G .....	132
UNILET GP 28 MIS ULT THIN .....	132
UNILET LANCE MIS 21G .....	132
UNILET LANCE MIS 28G .....	132
UNILET LANCE MIS 33G .....	132
UNILET LANC MIS 33G .....	132
UNILET LANCT MIS 28G .....	132
UNILET LANCT MIS 30G .....	132
UNILET LANCT MIS 33G .....	132
UNILET MICRO MIS 33G.....	132
UNILET MIS 21G .....	132
UNILET SUPER MIS 23G .....	132
UNILET SUPER MIS G.P. 23G .....	132
UNISTIK 1 MIS 2.4MM .....	132
UNISTIK 1 MIS 3.0MM .....	132
UNISTIK 23G MIS NORMAL.....	132
UNISTIK 2 MIS .....	132
UNISTIK 2 MIS 1.8MM .....	132
UNISTIK 2 MIS 2.4MM .....	132
UNISTIK 2 MIS COMFORT.....	132
UNISTIK 2 MIS EXTRA .....	132
UNISTIK 2 MIS NEONATAL.....	132
UNISTIK 2 MIS NORMAL.....	132
UNISTIK 2 MIS SUPER .....	132
UNISTIK 3 MIS 1.8MM .....	132
UNISTIK 3 MIS COMFORT.....	132
UNISTIK 3 MIS EXTRA .....	132
UNISTIK 3 MIS GENT 30G .....	132
UNISTIK 3 MIS NEONATAL.....	132
UNISTIK 3 MIS NORMAL.....	132
UNISTIK 3 MIS XTR 21G .....	132
UNISTIK CZT MIS COMFORT .....	132
UNISTIK CZT MIS NORMAL.....	132
UNISTIK PRO MIS LANC 21G.....	132
UNISTIK PRO MIS LANC 28G.....	132
UNISTIK SAFE MIS LANC 28G .....	132
UNISTIK SAFE MIS LANC 30G .....	132
UNISTIK TOUC MIS LANC 21G .....	132
UNISTIK TOUC MIS LANC 23G .....	133
UNISTIK TOUC MIS LANC 28G .....	133
UNISTIK TOUC MIS LANC 30G .....	133
<i>unithroid tab 100mcg.....</i>	155
<i>unithroid tab 112mcg.....</i>	155
<i>unithroid tab 125mcg.....</i>	156
<i>unithroid tab 137mcg.....</i>	156
<i>unithroid tab 150mcg.....</i>	156
<i>unithroid tab 175mcg.....</i>	156
<i>unithroid tab 200mcg.....</i>	156
<i>unithroid tab 25mcg .....</i>	155
<i>unithroid tab 300mcg.....</i>	156
<i>unithroid tab 50mcg .....</i>	155
<i>unithroid tab 75mcg .....</i>	155
<i>unithroid tab 88mcg .....</i>	155
UNITSTIK PRO MIS LANC 25G.....	133
UNIVERSAL 1 MIS 33G.....	133
UNIVERSAL 1 MIS LANC 26G .....	133
UNIVERSAL 1 MIS LANC 30G .....	133
UPTRAVI INJ 1800MCG .....	94
UPTRAVI PACK TAB 200/800 .....	94
UPTRAVI TAB 1000MCG .....	94
UPTRAVI TAB 1200MCG .....	94
UPTRAVI TAB 1400MCG .....	94
UPTRAVI TAB 1600MCG .....	94
UPTRAVI TAB 200MCG .....	94
UPTRAVI TAB 400MCG .....	94
UPTRAVI TAB 600MCG .....	94
UPTRAVI TAB 800MCG .....	94
<i>uredeb cre 39% .....</i>	104
UROCIT-K 10 TAB .....	116
UROCIT-K 15 TAB .....	116
UROCIT-K 5 TAB .....	116
<i>urosex tab .....</i>	141
URSO 250 TAB 250MG .....	114
<i>ursodiol cap 300 mg .....</i>	114
<i>ursodiol tab 250 mg .....</i>	114
<i>ursodiol tab 500 mg .....</i>	114
URSO FORTE TAB 500MG .....	114
<b>V</b>	
VAGIFEM TAB 10MCG .....	159
<i>valacyclovir hcl tab 1 gm.....</i>	87
<i>valacyclovir hcl tab 500 mg .....</i>	87
<i>valganciclovir hcl for soln 50 mg/ml (base equiv) .....</i>	86

<i>valganciclovir hcl tab 450 mg (base equivalent)</i> .....	86
<i>valproate sodium inj 100 mg/ml</i> .....	49
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> .....	49
<i>valproic acid cap 250 mg</i> .....	49
<i>valrubicin soln for intravesical instillation 40 mg/ml</i> .....	74
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> .....	67
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> .....	67
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> .....	67
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .....	67
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	67
<i>valsartan tab 160 mg</i> .....	64
<i>valsartan tab 320 mg</i> .....	64
<i>valsartan tab 40 mg</i> .....	64
<i>valsartan tab 80 mg</i> .....	64
<i>VALTOCO SPR 10MG</i> .....	45
<i>VALTOCO SPR 15MG</i> .....	45
<i>VALTOCO SPR 20MG</i> .....	45
<i>VALTOCO SPR 5MG</i> .....	45
<i>VANCOCIN CAP 125MG</i> .....	36
<i>VANCOCIN CAP 250MG</i> .....	36
<i>vancomycin hcl cap 125 mg (base equivalent)</i> .....	36
<i>vancomycin hcl cap 250 mg (base equivalent)</i> .....	36
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i> .....	36
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i> .....	36
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i> .....	36
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i> .....	36
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i> .....	36
<i>VANCOMYCIN INJ 100GM</i> .....	36
<i>VANCOMYCIN SOL 1.5GM</i> .....	36
<i>VANCOMYCIN SOL 25MG/ML</i> .....	36
<i>VANCOMYCIN SOL 50MG/ML</i> .....	36
<i>VASCEPA CAP 0.5GM</i> .....	60
<i>VASCEPA CAP 1GM</i> .....	60
<i>VASERETIC TAB 10-25MG</i> .....	67
<i>vasopressin iv soln 20 unit/ml (for iv infusion)</i> .....	111
<i>v-c forte cap</i> .....	141
<i>vecuronium bromide for inj 10 mg</i> ..	143
<i>vecuronium bromide for inj 20 mg</i> ..	143
<i>VELPHORO CHW 500MG</i> .....	116
<i>VELTASSA POW 16.8GM</i> .....	140
<i>VELTASSA POW 25.2GM</i> .....	140
<i>VELTASSA POW 8.4GM</i> .....	140
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> .....	52
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> .....	52
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> .....	52
<i>venlafaxine hcl tab 100 mg (base equivalent)</i> .....	52
<i>venlafaxine hcl tab 25 mg (base equivalent)</i> .....	52
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> .....	52
<i>venlafaxine hcl tab 50 mg (base equivalent)</i> .....	52
<i>venlafaxine hcl tab 75 mg (base equivalent)</i> .....	52
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i> .....	52
<i>VERAPAMIL CAP 100MG ER</i> .....	91
<i>VERAPAMIL CAP 200MG ER</i> .....	91
<i>VERAPAMIL CAP 300MG ER</i> .....	91
<i>VERAPAMIL CAP 360MG SR</i> .....	91
<i>verapamil hcl cap er 24hr 120 mg</i> .....	91
<i>verapamil hcl cap er 24hr 180 mg</i> .....	91
<i>verapamil hcl cap er 24hr 240 mg</i> .....	91
<i>verapamil hcl iv soln 2.5 mg/ml</i> .....	91
<i>verapamil hcl tab 120 mg</i> .....	91
<i>verapamil hcl tab 40 mg</i> .....	91
<i>verapamil hcl tab 80 mg</i> .....	91
<i>verapamil hcl tab er 120 mg</i> .....	91
<i>verapamil hcl tab er 180 mg</i> .....	92
<i>verapamil hcl tab er 240 mg</i> .....	92
<i>VERIFINE MIS UNIV 28G</i> .....	133
<i>VERIFINE MIS UNIV 30G</i> .....	133
<i>VERIFINE MIS UNIV 33G</i> .....	133
<i>VERQUVO TAB 10MG</i> .....	94

VERQUVO TAB 2.5MG .....	94
VERQUVO TAB 5MG .....	94
VFEND SUS 40MG/ML .....	59
VFEND TAB 200MG.....	59
VFEND TAB 50MG .....	59
VIBERZI TAB 100MG.....	115
VIBERZI TAB 75MG .....	115
VIBRAMYCIN CAP 100MG .....	154
VIBRAMYCIN SUS 25MG/5ML .....	154
<i>vic-forte cap</i> .....	141
VICTOZA INJ 18MG/3ML .....	55
<i>vigabatrin powd pack 500 mg</i> .....	48
<i>vigabatrin tab 500 mg</i> .....	48
<i>vigadron</i> <i>pow 500mg</i> .....	48
VIGAMOX DRO 0.5% .....	145
<i>vilazodone hcl tab 10 mg</i> .....	51
<i>vilazodone hcl tab 20 mg</i> .....	51
<i>vilazodone hcl tab 40 mg</i> .....	51
VINBLASTINE INJ 1MG/ML.....	77
<i>vincasar pfs inj 1mg/ml</i> .....	77
<i>vincristine sulfate iv soln 1 mg/ml</i> .....	77
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i> .....	77
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i> .....	77
VIOKACE TAB 10440.....	107
VIOKACE TAB 20880.....	107
VIREAD POW 40MG/GM .....	86
VIREAD TAB 150MG .....	86
VIREAD TAB 200MG .....	86
VIREAD TAB 250MG .....	86
VIREAD TAB 300MG .....	86
<i>virt-caps cap</i> .....	141
<i>virt-gard tab 2.2-25-1</i> .....	120
VISTOGARD PAK 10GM .....	57
<i>vit a/c/d/fl dro 0.25mg</i> .....	141
<i>vitacel tab</i> .....	141
<i>vita s forte tab</i> .....	141
VITRAKVI CAP 100MG.....	76
VITRAKVI CAP 25MG .....	76
VITRAKVI SOL 20MG/ML .....	76
VIVAGUARD MIS 28G.....	133
VIVAGUARD MIS 30G.....	133
<i>voriconazole for inj 200 mg</i> .....	59
<i>voriconazole for susp 40 mg/ml</i> .....	59
<i>voriconazole tab 200 mg</i> .....	59
<i>voriconazole tab 50 mg</i> .....	59
VOSEVI TAB .....	87
<i>vp-vite rx tab</i> .....	141
VRAYLAR CAP 1.5-3MG .....	80
VRAYLAR CAP 1.5MG .....	80
VRAYLAR CAP 3MG .....	80
VRAYLAR CAP 4.5MG .....	80
VRAYLAR CAP 6MG .....	80
VUMERITY CAP 231MG .....	152
VYTORIN TAB 10-10MG .....	60
VYTORIN TAB 10-20MG .....	60
VYTORIN TAB 10-40MG .....	60
VYTORIN TAB 10-80MG .....	60
VYVANSE CAP 10MG.....	22
VYVANSE CAP 20MG.....	22
VYVANSE CAP 30MG.....	22
VYVANSE CAP 40MG.....	22
VYVANSE CAP 50MG.....	22
VYVANSE CAP 60MG.....	22
VYVANSE CAP 70MG.....	22
VYVANSE CHW 10MG.....	22
VYVANSE CHW 20MG.....	22
VYVANSE CHW 30MG.....	22
VYVANSE CHW 40MG.....	22
VYVANSE CHW 50MG.....	22
VYVANSE CHW 60MG.....	22
<b>W</b>	
WAKIX TAB 17.8MG .....	23
WAKIX TAB 4.45MG .....	23
<i>warfarin sodium tab 10 mg</i> .....	43
<i>warfarin sodium tab 1 mg</i> .....	43
<i>warfarin sodium tab 2.5 mg</i> .....	43
<i>warfarin sodium tab 2 mg</i> .....	43
<i>warfarin sodium tab 3 mg</i> .....	43
<i>warfarin sodium tab 4 mg</i> .....	43
<i>warfarin sodium tab 5 mg</i> .....	43
<i>warfarin sodium tab 6 mg</i> .....	43
<i>warfarin sodium tab 7.5 mg</i> .....	43
<i>water for injection</i> .....	149
<i>water for irrigation, sterile irrigation</i>	
<i>soln</i> .....	140
WELLBUTRIN TAB 100MG SR .....	50
WELLBUTRIN TAB 150MG SR .....	50
WELLBUTRIN TAB 200MG SR .....	50
WELLBUTRIN TAB XL 150MG .....	50
WELLBUTRIN TAB XL 300MG .....	50
<i>wescaps cap</i> .....	141
WESTAB MAX TAB 2.5-25-2 .....	107

westab one tab 2.5-25-1 .....	120
WINLEVI CRE 1% .....	100
<b>X</b>	
XARELTO STAR TAB 15/20MG .....	43
XARELTO SUS 1MG/ML .....	43
XARELTO TAB 10MG .....	43
XARELTO TAB 15MG .....	43
XARELTO TAB 2.5MG .....	43
XARELTO TAB 20MG .....	43
XCOPRI PAK 100-150 .....	48
XCOPRI PAK 12.5-25 .....	48
XCOPRI PAK 150-200 .....	48
XCOPRI PAK 50-100MG.....	48
XCOPRI TAB 100MG .....	48
XCOPRI TAB 150MG .....	48
XCOPRI TAB 200MG .....	48
XCOPRI TAB 50MG .....	48
XELJANZ SOL 1MG/ML .....	26
XELJANZ TAB 10MG.....	26
XELJANZ TAB 5MG .....	26
XELJANZ XR TAB 11MG.....	26
XELJANZ XR TAB 22MG.....	26
XELODA TAB 150MG.....	71
XELODA TAB 500MG.....	71
XIFAXAN TAB 550MG.....	35
XIGDUO XR TAB 10-1000.....	54
XIGDUO XR TAB 10-500MG .....	54
XIGDUO XR TAB 2.5-1000.....	54
XIGDUO XR TAB 5-1000MG .....	54
XIGDUO XR TAB 5-500MG .....	54
XXIDRA DRO 5% .....	145
XOLAIR INJ 150MG/ML .....	41
XOLAIR INJ 75/0.5.....	41
XOLAIR SOL 150MG .....	41
XOSPATA TAB 40MG.....	76
XTAMPZA ER CAP 13.5MG .....	32
XTAMPZA ER CAP 18MG .....	32
XTAMPZA ER CAP 27MG .....	32
XTAMPZA ER CAP 36MG .....	32
XTAMPZA ER CAP 9MG.....	32
XTANDI CAP 40MG .....	73
XTANDI TAB 40MG .....	73
XTANDI TAB 80MG .....	73
XULTOPHY INJ 100/3.6 .....	54
XYWAV SOL 0.5GM/ML.....	150
<b>Y</b>	
YONSA TAB 125MG .....	73

YUPELRI SOL.....	41
<b>Z</b>	
zafirlukast tab 10 mg.....	41
zafirlukast tab 20 mg.....	41
zaleplon cap 10 mg .....	121
zaleplon cap 5 mg .....	121
ZANAFLEX TAB 4MG .....	142
ZARONTIN CAP 250MG .....	49
ZARONTIN SOL 250/5ML.....	49
ZEJULA CAP 100MG.....	76
ZELBORAF TAB 240MG .....	76
ZEMAIRA INJ 1000MG.....	153
ZEMBRACE SYM INJ 3/0.5ML.....	135
ZEMPLAR CAP 1MCG .....	111
ZEMPLAR CAP 2MCG .....	111
zenatane cap 10mg .....	100
zenatane cap 20mg .....	100
zenatane cap 30mg .....	100
zenatane cap 40mg .....	100
ZENPEP CAP 1000UNT.....	107
ZENPEP CAP 15000UNT.....	107
ZENPEP CAP 20000UNT.....	107
ZENPEP CAP 25000UNT.....	107
ZENPEP CAP 3000UNIT .....	107
ZENPEP CAP 40000UNT.....	107
ZENPEP CAP 5000UNIT .....	107
zenzedi tab 10mg .....	22
zenzedi tab 15mg .....	22
ZENZEDI TAB 2.5MG .....	22
zenzedi tab 20mg .....	22
zenzedi tab 30mg .....	22
zenzedi tab 5mg .....	22
ZENZEDI TAB 7.5MG .....	22
ZEPOSIA 7DAY CAP STR PACK .....	152
ZEPOSIA CAP .92MG.....	152
ZEPOSIA CAP STR KIT .....	152
zeruvia pad 4-1%.....	105
ZESTRIL TAB 10MG .....	63
ZESTRIL TAB 2.5MG .....	63
ZESTRIL TAB 20MG .....	63
ZESTRIL TAB 30MG .....	63
ZESTRIL TAB 40MG .....	63
ZESTRIL TAB 5MG.....	63
ZEVRX TWIST MIS LANC 30G.....	133
ZIAC TAB 10/6.25 .....	68
ZIAC TAB 2.5/6.25 .....	67
ZIAC TAB 5-6.25MG .....	68

<i>zidovudine cap 100 mg</i> .....	86
<i>zidovudine syrup 10 mg/ml</i> .....	86
<i>zidovudine tab 300 mg</i> .....	86
ZIEXTENZO INJ 6/0.6ML .....	119
<i>zinc chloride inj 1 mg/ml</i> .....	138
ZINC CHLORID INJ 1MG/ML.....	138
<i>zinc sulfate inj 1 mg/ml</i> .....	138
<i>zinc sulfate inj 3 mg/ml</i> .....	138
<i>zinc sulfate inj 5 mg/ml</i> .....	138
ZIOPTAN DRO 0.0015% .....	147
<i>ziprasidone hcl cap 20 mg</i> .....	80
<i>ziprasidone hcl cap 40 mg</i> .....	80
<i>ziprasidone hcl cap 60 mg</i> .....	80
<i>ziprasidone hcl cap 80 mg</i> .....	80
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i> .....	80
ZIRABEV INJ 100/4ML .....	72
ZIRABEV INJ 400/16ML.....	72
ZOCOR TAB 10MG.....	61
ZOCOR TAB 20MG.....	62
ZOCOR TAB 40MG.....	62
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i> .....	109
<i>zoledronic acid iv soln 5 mg/100ml</i> .109	
ZOLEDRONIC INJ 4MG/100.....	109
ZOLINZA CAP 100MG .....	76
<i>zolmitriptan nasal spray 5 mg/spray unit</i> .....	135
<i>zolmitriptan orally disintegrating tab 2.5 mg</i> .....	135
<i>zolmitriptan orally disintegrating tab 5 mg</i> .....	135
<i>zolmitriptan tab 2.5 mg</i> .....	135
<i>zolmitriptan tab 5 mg</i> .....	135
<i>zolpidem tartrate tab 10 mg</i> .....	122
<i>zolpidem tartrate tab 5 mg</i> .....	121
<i>zolpidem tartrate tab er 12.5 mg</i> ....122	
<i>zolpidem tartrate tab er 6.25 mg</i> ....122	
ZOMIG TAB 2.5MG .....	135
ZOMIG TAB 5MG .....	135
<i>zonisamide cap 100 mg</i> .....	48
<i>zonisamide cap 25 mg</i> .....	48
<i>zonisamide cap 50 mg</i> .....	48
ZUBSOLV SUB 0.7-0.18 .....	33
ZUBSOLV SUB 1.4-0.36 .....	33
ZUBSOLV SUB 11.4-2.9 .....	33
ZUBSOLV SUB 2.9-0.71 .....	33
ZUBSOLV SUB 5.7-1.4 .....	33
ZUBSOLV SUB 8.6-2.1 .....	33
ZYCLARA CRE 3.75% .....	105
ZYCLARA PUMP CRE 2.5% .....	105
ZYCLARA PUMP CRE 3.75% .....	105
ZYDELIG TAB 100MG.....	76
ZYDELIG TAB 150MG.....	76
ZYKADIA TAB 150MG.....	76
ZYPREXA TAB 10MG .....	82
ZYPREXA TAB 15MG .....	82
ZYPREXA TAB 2.5MG .....	82
ZYPREXA TAB 20MG .....	82
ZYPREXA TAB 5MG .....	82
ZYPREXA TAB 7.5MG .....	82
ZYPREXA ZYDI TAB 10MG .....	82
ZYPREXA ZYDI TAB 15MG .....	83
ZYPREXA ZYDI TAB 20MG .....	83
ZYPREXA ZYDI TAB 5MG .....	82