

CCA One Care (Medicare-Medicaid Plan)

2025 List of Covered Drugs (Formulary)



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

For more recent information or other questions, contact
CCA One Care Member Services at 866-610-2273
(TTY 711), 8 am to 8 pm, 7 days a week, or visit
ccama.org.

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CCA One Care (Medicare-Medicaid Plan) | 2025 List of Covered Drugs (Drug List or Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and non-drug products are covered by CCA One Care. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by CCA One Care. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers	5
B. Frequently Asked Questions (FAQ)	8
B1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the “Drug List” for short.).....	13
B2. Does the Drug List ever change?.....	14
B3. What happens when there is a change to the Drug List?.....	15



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

Updated on 06/01/2025

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	18
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	20
B6. What happens if CCA One Care changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?	20
B7. How can I find a drug on the Drug List?	20
B8. What if the drug I want to take is not on the Drug List?	21
B9. What if I am a new CCA One Care member and can't find my drug on the Drug List or have a problem getting my drug?	22
B10. Can I ask for an exception to cover my drug?	24
B11. How can I ask for an exception?	24
B12. How long does it take to get an exception?	24
B13. What are generic drugs?	25
B14. What are original biological products and how are they related to biosimilars?	25
B15. What are OTC drugs?	26
B16. Does CCA One Care cover non-drug OTC products?	26

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B17. Does CCA One Care cover long-term supplies of prescriptions?	27
B18. Can I get prescriptions delivered to my home from my local pharmacy?	27
B19. What is my copay?	27
B20. What are drug tiers?	28
C. Overview of the List of Covered Drugs	28
C1. Drugs Grouped by Medical Condition	30
D. Index of Covered Drugs	742



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

A. Disclaimers

This is a list of drugs that members can get in CCA One Care.

- ❖ CCA One Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees. Enrollment depends on contract renewal.
- ❖ When this document says “we,” “us,” or “our,” it means Commonwealth Care Alliance, Inc. When it says “plan” or “our plan,” it means CCA One Care.
- ❖ In the Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. does business as Commonwealth Care Alliance Massachusetts (CCA).
- ❖ **Estate Recovery Awareness:** MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit www.mass.gov/estater recovery.
- ❖ The List of Covered Drugs may change at any time. You will receive notice when necessary.
- ❖ Benefits may change on January 1 of each year.

If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.



- ❖ You can always check CCA One Care up-to-date List of Covered Drugs online at ccama.org or by calling 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week.
- ❖ Limitations and restrictions may apply. For more information, call CCA Member Services or read the **CCA One Care Member Handbook**.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free.
- ❖ This document is available for free in Spanish.
- ❖ ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (**TTY 711**), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita.
- ❖ We will keep your request for alternative formats and special language on file for future mailings. Please contact Member Services to change your request for a preferred language and/or format.



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. For more information, visit ccama.org.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-610-2273 (TTY 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-610-2273 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-610-2273 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-610-2273 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-610-2273 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-610-2273 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-610-2273 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-610-2273 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-610-2273 (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-610-2273 (телетайп 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-610-2273 (رقم هاتف الصم والبكم 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-610-2273 (TTY 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-610-2273 (TTY 711). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-610-2273 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-610-2273 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby

skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-610-2273 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、

1-866-610-2273 (TTY 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

Gujarati: અમારી આરોગ્ય અથવા દવાની યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત 1-866-610-2273 (TTY 711) પર કોલ કરો. અંગ્રેજી/ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

Lao/Laotian:

ພວກເຮົາມີບໍລິການລ່າມແປພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບທຸກຄໍາຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຍາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງໃຫ້ທ່ານພວກເຮົາທີ່ເບີ 1-866-610-2273 (TTY 711).

ຈະມີຜູ້ທີ່ເວົ້າພາສາອັງກິດ/ລາວຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການບໍ່ເສຍຄ່າ.

Cambodian: យើងមានសេវាកម្មប្រែប្រួលមាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬថ្នាំរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ សូមហៅទូរសព្ទមកយើងតាមរយៈលេខ 1-866-610-2273 (TTY 711) ។ នរណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសាខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មដែលឥតគិតថ្លៃ។

Notice of Nondiscrimination

Commonwealth Care Alliance, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of, or exclude people or treat them differently because of, medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence. Commonwealth Care Alliance, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services.

If you believe that Commonwealth Care Alliance, Inc. has failed to provide these services or discriminated in another way based on medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status,

age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence, you can file a grievance with:

Commonwealth Care Alliance, Inc.

Civil Rights Coordinator

30 Winter Street, 11th Floor

Boston, MA 02108

Phone: 617-960-0474, ext. 3932 (TTY 711) Fax: 857-453-4517

Email: civilrightscordinator@commonwealthcare.org

You can file a grievance in person or by mail, fax, or email.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Phone: 800-368-1019, 800-537-7697 (TDD)

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

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “*Drug List*” for short.)

The drugs on the *List of Covered Drugs* in section D are the drugs covered by CCA One Care. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- CCA One Care will cover all drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - CCA One Care agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a CCA One Care network pharmacy.
- In some cases, you have to do something before you can get a drug (refer to question B4 below).



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

You can also refer to an up-to-date list of drugs that we cover on our website at ccama.org or call Member Services at 866-610-2273 (TTY 711) 8 am to 8 pm, 7 days a week.

B2. Does the Drug List ever change?

Yes, and CCA One Care must follow Medicare and MassHealth rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval (PA) for a drug. (PA is permission from CCA One Care before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check CCA One Care's up-to-date *Drug List* online at ccama.org.
- Updates to the Drug List are posted on the website monthly.
- You can also call Member Services to check the current Drug List at 866-610-2273 (TTY 711) 8 am to 8 pm, 7 days a week.

B3. What happens when there is a change to the *Drug List*?

Some changes to the Drug List will happen **immediately**. For example:

- **Substitutions new version of drugs.** We may immediately remove the drugs from the Drug List if we replace them with certain versions of that drug but your cost for the new drug will stay the same.



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.

- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- We can make these changes only if the drug we are adding:
 - Is a new generic version of a brand name drug, or
 - Is a certain new biosimilar version of original biological products on the Drug List (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
- Some of these drug types may be new to you. For more information, refer to Section B14.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice after we make the change. Your provider will issue a prescription for a new medication to replace the drug that is taken off the market.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.
- When these changes happen, we will:
 - tell you at least 30 days before we make the change to the Drug List **or**



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

- let you know and give you a 31-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. Please refer to question B10 for more information about exceptions.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases, you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from CCA One Care before you fill your prescription. CCA One Care may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes CCA One Care limits the amount of a drug you can get.



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. For more information, visit ccama.org.

- **Step therapy:** Sometimes CCA One Care requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your provider thinks the first drug doesn't work for you, then we will cover the second.
- **Indication-based coverage:** If CCA One Care covers a drug only for some medical conditions, we clearly identify it on the Drug List along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning in section C1. You can also get more information by visiting our website at ccama.org. We have posted online documents that explain our PA restriction and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. For more information, visit ccama.org.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table of drugs in section C1 has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if CCA One Care changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change PA, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically by the drug’s name,
or
- You can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in section D. Both brand-name drugs and generic drugs are listed in the Index. Next to your drug, you will see the section number where you can find coverage information. Turn to the



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. For more information, visit ccama.org.

section listed in the Index and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” in section C1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category: Cardiovascular agents. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the Drug List?

If you don’t find your drug on the *Drug List*, call Member Services at 866-610-2273 (TTY 711) 8 am to 8 pm, 7 days a week and ask about it. If you learn that CCA One Care will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10-B12 for more information about exceptions.



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

B9. What if I am a new CCA One Care member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you are a member of CCA One Care. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 31 days of medication.

We will cover a 31-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by CCA One Care, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are taking a drug that CCA One Care does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug. You can find more



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information about getting a temporary supply of a drug in Chapter 5 of your *Member Handbook*.

If you are in a nursing home or other long-term care facility and need a drug that is not on the *Drug List* or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new CCA One Care member.
- This is in addition to the temporary supply during the first 90 days you are a member of CCA One Care.

For current enrollees with level-of-care changes, we will provide an emergency supply of at least 31 days (unless the prescription is written for fewer days) for all non-formulary medications including those that may have step therapy or prior authorization requirements. An unplanned level of care transition could be any of the following:

- a discharge or admission to a long-term care facility
- a discharge or admission to a hospital, or
- a nursing facility skilled level change



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask CCA One Care to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, CCA One Care may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. Member Services will work with you and your provider to help you ask for an exception. You can also read Chapter 9, of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

A member, a member's prescriber, and/or appointed representative (with written consent) can request the exception by completing the Prescription Drug Coverage Determination Request form available on our website at ccama.org. The form may be submitted by mail or fax:



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. For more information, visit ccama.org.

CVS Caremark Part D Appeals and Exceptions
PO Box 52000, MC109
Phoenix, AZ 85072-2000
Fax: 855-633-7673

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

CCA One Care covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are



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

For more information on drug types, refer to Chapter 5 of the *Member Handbook*.

B15. What are OTC drugs?

OTC stands for “over-the-counter”. CCA One Care covers some OTC drugs when they are written as prescriptions by your provider.

You can read the CCA One Care Drug List to find out what OTC drugs are covered.

B16. Does CCA One Care cover non-drug OTC products?

CCA One Care covers some non-drug OTC products when they are written as prescriptions by your provider.



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. For more information, visit ccama.org.

Examples of non-drug OTC products include gauze pads and dressings, alcohol swabs, and certain needles/syringes.

You can read the CCA One Care Drug List to find out what non-drug OTC products are covered.

B17. Does CCA One Care cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. There is no copay for mail-order drugs.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. There is no copay for retail pharmacy prescriptions.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What is my copay?

CCA One Care members have no copays for prescription and OTC drugs as long as the member follows the plan's



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. For more information, visit ccama.org.

rules. If you have questions, call Member Services at 866-610-2273 (TTY 711) 8 am to 8 pm, 7 days a week.

B20. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are preferred generic drugs.
- Tier 2 drugs are generic drugs.
- Tier 3 drugs are preferred brand/specialty drugs.
- Tier 4 drugs are non-preferred brand drugs.
- Tier 5 drugs are non-Medicare drug/OTC drugs.

All five tiers consist of both part D drugs and non-Medicare covered drugs, and/or non-Medicare covered OTC drugs.

All tiers have no copay. As a member of our plan, you pay nothing for all covered drugs no matter what tier they are in.

C. Overview of the List of Covered Drugs

The following list of covered drugs gives you information about the drugs covered by CCA One Care. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by CCA One Care.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., MYRBETRIQ) and



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generic drugs are listed in lowercase italics (e.g., *cephalexin*).

The information in the “necessary actions, restrictions, or limits on use” column tells you if CCA One Care has any rules for covering your drug.

Note: The DP next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake. For example, we might decide that a drug that you



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want is not covered or is no longer covered by Medicare or MassHealth.

- If you or your prescriber disagrees with our decision, you can appeal.
- If you ever have a question, call Member Services at 866-610-2273 (TTY 711) 8 am to 8 pm, 7 days a week. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular agents. That is where you will find drugs that treat heart conditions.



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

(g)= Only the generic version of this drug is covered. The brand name version is not covered.

M = The brand name version of this drug is in Tier 3. The generic version is in Tier 1.

EA = Each

GM = Grams

ML = Milliliters

NDS = Non-Extended Day Supply. You may be able to receive greater than a 1-month supply of most of the drugs on your Formulary via retail or mail order. Drugs noted with “NDS” are limited to a 1-month supply for both Retail and Mail Order.

PA = Prior approval (or prior authorization). For some drugs, you or your doctor or other prescriber must get approval from CCA One Care before you fill your prescription. If you don’t get approval, CCA One Care may not cover the drug.

B/D = Prior Authorization Restriction for Part B vs Part D Determination: This drug may be eligible for payment under Medicare Part B or Medicare Part D. You or your healthcare provider are required to get a prior authorization from CCA One Care to determine that this drug is covered under



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Medicare Part D before you fill your prescription for this drug. Without prior approval, CCA may not cover this drug. PA_BVD does not apply to Medicaid Only members.

PA_NSO = Prior Authorization Restriction for New Starts Only. If this drug is new to you, you (or your healthcare provider) are required to get prior authorization for CCA One Care before you fill your prescription for this drug. Without prior approval, CCA One Care may not cover this drug. PA_NSO does not apply to Medicaid Only members.

QL = Quantity Limit. Sometimes CCA One Care limits the amount of a drug you can get.

ST = Step Therapy. Sometimes CCA One Care requires you to do step therapy. This means you will have to try drugs in a certain order for your medical conditions. You might have to try one drug before we will cover another drug. If your healthcare provider thinks the first drug doesn't work for you, then we will cover the second.

ST_NSO = Step Therapy for New Starts Only. If this drug is new to the member, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. ST_NSO does not apply to Medicaid Only members.

VAC = Vaccine. Medicare Part D vaccines (You pay \$0)



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. For more information, visit ccama.org.

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NAME OF DRUG

WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)

ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

GOUT - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg</i>	\$0 (Tier 1)	
<i>allopurinol tab 300 mg</i>	\$0 (Tier 1)	
<i>colchicine cap 0.6 mg</i>	\$0 (Tier 2)	QL (60 caps / 30 days)
<i>colchicine tab 0.6 mg</i>	\$0 (Tier 2)	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0 (Tier 2)	
<i>febuxostat tab 40 mg</i>	\$0 (Tier 2)	PA
<i>febuxostat tab 80 mg</i>	\$0 (Tier 2)	PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

MITIGARE CAP 0.6MG	\$0 QL (60 caps / (Tier 3)30 days)
<i>probenecid tab 500 mg</i>	\$0 (Tier 2)

MISCELLANEOUS

<i>acetaminophen chew tab 160 mg</i>	\$0 (Tier 5)
<i>acetaminophen er 8 hour</i>	\$0 (Tier 5)
<i>acetaminophen liquid 160 mg/5ml</i>	\$0 (Tier 5)
<i>acetaminophen soln 160 mg/5ml</i>	\$0 (Tier 5)
<i>acetaminophen suppos 120 mg</i>	\$0 (Tier 5)
<i>acetaminophen suppos 650 mg</i>	\$0 (Tier 5)
<i>acetaminophen susp 160 mg/5ml</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>acetaminophen tab 325 mg</i>	\$0 (Tier 5)
<i>acetaminophen tab 500 mg</i>	\$0 (Tier 5)
<i>acetaminophen tab er 650 mg</i>	\$0 (Tier 5)
ANACIN TAB 400-32MG	\$0 (Tier 5)
<i>aphen</i>	\$0 (Tier 5)
<i>arthritis pain relief</i>	\$0 (Tier 5)
<i>aspirin adult low dose</i>	\$0 (Tier 5)
<i>aspirin adult low strengt</i>	\$0 (Tier 5)
<i>aspirin chew tab 81 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>aspirin childrens</i>	\$0 (Tier 5)
<i>aspirin ec adult low dose</i>	\$0 (Tier 5)
<i>aspirin enteric coated ad</i>	\$0 (Tier 5)
<i>aspirin low dose</i>	\$0 (Tier 5)
<i>aspirin low strength</i>	\$0 (Tier 5)
<i>aspirin regimen</i>	\$0 (Tier 5)
ASPIRIN SUP 300MG	\$0 (Tier 5)
<i>aspirin tab 325 mg</i>	\$0 (Tier 5)
<i>aspirin tab delayed release 81 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>aspirin tab delayed release 325 mg</i>	\$0 (Tier 5)
<i>back & body extra strengt</i>	\$0 (Tier 5)
BC FAST PAIN POW RLF ARTH	\$0 (Tier 5)
BC FAST PAIN POW RLF MAX	\$0 (Tier 5)
BC MAX STR POW LEMONADE	\$0 (Tier 5)
<i>childrens acetaminophen</i>	\$0 (Tier 5)
<i>childrens apap</i>	\$0 (Tier 5)
<i>childrens aspirin</i>	\$0 (Tier 5)
<i>ecotrin low strength</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ed-apap</i>	\$0 (Tier 5)
<i>eql migraine formula</i>	\$0 (Tier 5)
<i>extraprin extra strength</i>	\$0 (Tier 5)
<i>feverall adults</i>	\$0 (Tier 5)
<i>feverall childrens</i>	\$0 (Tier 5)
FEVERALL INF SUP 80MG	\$0 (Tier 5)
FEVERALL SUP 325MG	\$0 (Tier 5)
<i>ft aspirin</i>	\$0 (Tier 5)
<i>ft aspirin low dose</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ft children's chewables p</i>	\$0 (Tier 5)
<i>ft enteric coated aspirin</i>	\$0 (Tier 5)
<i>gnp 8 hour arthritis reli</i>	\$0 (Tier 5)
<i>gnp 8 hour pain relief</i>	\$0 (Tier 5)
<i>gnp 8 hour pain reliever</i>	\$0 (Tier 5)
<i>gnp acetaminophen</i>	\$0 (Tier 5)
<i>gnp adult aspirin low str</i>	\$0 (Tier 5)
<i>gnp aspirin</i>	\$0 (Tier 5)
<i>gnp aspirin low dose</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp children's pain & fev</i>	\$0 (Tier 5)
<i>gnp headache relief extra</i>	\$0 (Tier 5)
<i>gnp infants pain/fever</i>	\$0 (Tier 5)
<i>gnp migraine relief</i>	\$0 (Tier 5)
<i>gnp pain & fever children</i>	\$0 (Tier 5)
<i>gnp pain & fever infants</i>	\$0 (Tier 5)
<i>gnp pain relief</i>	\$0 (Tier 5)
<i>gnp pain relief extra str</i>	\$0 (Tier 5)
<i>goodsense arthritis pain</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>goodsense aspirin</i>	\$0 (Tier 5)
<i>goodsense aspirin adults</i>	\$0 (Tier 5)
<i>goodsense aspirin low dos</i>	\$0 (Tier 5)
<i>goodsense migraine formul</i>	\$0 (Tier 5)
<i>goodsense pain & fever ch</i>	\$0 (Tier 5)
<i>goodsense pain & fever in</i>	\$0 (Tier 5)
<i>goodsense pain relief</i>	\$0 (Tier 5)
<i>goodsense pain relief ext</i>	\$0 (Tier 5)
GOODYS POW EX ST	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>headache relief</i>	\$0 (Tier 5)
<i>headache relief/extra str</i>	\$0 (Tier 5)
<i>healthy mama shake that a</i>	\$0 (Tier 5)
<i>8 hr arthritis pain relie</i>	\$0 (Tier 5)
<i>lidocaine hcl local inj 0.5%</i>	\$0 B/D (Tier 2)
<i>lidocaine hcl local inj 1%</i>	\$0 B/D (Tier 2)
<i>lidocaine hcl local inj 2%</i>	\$0 B/D (Tier 2)
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	\$0 B/D (Tier 2)
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	\$0 B/D (Tier 2)
<i>liquid acetaminophen</i>	\$0 (Tier 5)
<i>liquid pain relief</i>	\$0 (Tier 5)
<i>m-pap</i>	\$0 (Tier 5)
<i>mapap</i>	\$0 (Tier 5)
<i>mapap childrens</i>	\$0 (Tier 5)
<i>max relief junior</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>medi-seltzer</i>	\$0 (Tier 5)
<i>menstrual pain relief mul</i>	\$0 (Tier 5)
<i>migraine relief</i>	\$0 (Tier 5)
<i>non-aspirin</i>	\$0 (Tier 5)
<i>non-aspirin extra strengt</i>	\$0 (Tier 5)
<i>pain & fever childrens</i>	\$0 (Tier 5)
<i>pain & fever infants</i>	\$0 (Tier 5)
<i>pain relief childrens</i>	\$0 (Tier 5)
<i>pain relief extra strengt</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pain relief regular stren</i>	\$0 (Tier 5)
<i>pain reliever extra stren</i>	\$0 (Tier 5)
<i>pain reliever plus</i>	\$0 (Tier 5)
PERCOGESIC TAB 580MG	\$0 (Tier 5)
<i>pharbetol</i>	\$0 (Tier 5)
<i>pharbetol extra strength</i>	\$0 (Tier 5)
<i>qc acetaminophen infants</i>	\$0 (Tier 5)
<i>qc antacid & pain relief</i>	\$0 (Tier 5)
<i>qc aspirin</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>qc aspirin low dose</i>	\$0 (Tier 5)
<i>qc effervescent antacid/p</i>	\$0 (Tier 5)
<i>qc enteric aspirin</i>	\$0 (Tier 5)
<i>qc headache relief</i>	\$0 (Tier 5)
<i>qc non-aspirin extra stre</i>	\$0 (Tier 5)
<i>qc pain relief</i>	\$0 (Tier 5)
<i>qc pain relief childrens</i>	\$0 (Tier 5)
<i>qc pain relief extra stre</i>	\$0 (Tier 5)
<i>qc pain relief powders</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm aspirin adult low stre</i>	\$0 (Tier 5)
<i>sm aspirin low dose</i>	\$0 (Tier 5)
<i>sm pain & fever childrens</i>	\$0 (Tier 5)
<i>sm pain reliever extra st</i>	\$0 (Tier 5)
<i>st joseph low dose aspiri</i>	\$0 (Tier 5)
<i>tension headache</i>	\$0 (Tier 5)
<i>tri-buffered aspirin</i>	\$0 (Tier 5)
VANQUISH TAB	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****NSAIDS - DRUGS TO TREAT PAIN AND
INFLAMMATION***

<i>all day pain relief</i>	\$0 (Tier 5)
<i>all day relief</i>	\$0 (Tier 5)
<i>celecoxib cap 50 mg</i>	\$0 QL (60 caps / (Tier 2)30 days)
<i>celecoxib cap 100 mg</i>	\$0 QL (60 caps / (Tier 2)30 days)
<i>celecoxib cap 200 mg</i>	\$0 QL (60 caps / (Tier 2)30 days)
<i>celecoxib cap 400 mg</i>	\$0 QL (30 caps / (Tier 2)30 days)
<i>childrens ibuprofen</i>	\$0 (Tier 5)
<i>diclofenac potassium tab 50 mg</i>	\$0 QL (120 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diclofenac sodium tab delayed release 25 mg</i>	\$0 (Tier 2)
<i>diclofenac sodium tab delayed release 50 mg</i>	\$0 (Tier 2)
<i>diclofenac sodium tab delayed release 75 mg</i>	\$0 (Tier 2)
<i>diclofenac sodium tab er 24hr 100 mg</i>	\$0 (Tier 2)
<i>diclofenac w/ misoprostol tab delayed release 50- 0.2 mg</i>	\$0 (Tier 2)
<i>diclofenac w/ misoprostol tab delayed release 75- 0.2 mg</i>	\$0 (Tier 2)
<i>diflunisal tab 500 mg</i>	\$0 (Tier 2)
<i>ec-naproxen</i>	\$0 QL (90 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>etodolac cap 200 mg</i>	\$0 (Tier 2)
<i>etodolac cap 300 mg</i>	\$0 (Tier 2)
<i>etodolac tab 400 mg</i>	\$0 (Tier 2)
<i>etodolac tab 500 mg</i>	\$0 (Tier 2)
<i>etodolac tab er 24hr 400 mg</i>	\$0 (Tier 2)
<i>etodolac tab er 24hr 500 mg</i>	\$0 (Tier 2)
<i>etodolac tab er 24hr 600 mg</i>	\$0 (Tier 2)
<i>flurbiprofen tab 100 mg</i>	\$0 (Tier 2)
<i>ft ibuprofen</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ft ibuprofen childrens</i>	\$0 (Tier 5)
<i>ft ibuprofen ib childrens</i>	\$0 (Tier 5)
<i>ft ibuprofen minis</i>	\$0 (Tier 5)
<i>ft naproxen sodium</i>	\$0 (Tier 5)
<i>gnp childrens ibuprofen</i>	\$0 (Tier 5)
<i>gnp ibuprofen</i>	\$0 (Tier 5)
<i>gnp ibuprofen childrens</i>	\$0 (Tier 5)
<i>gnp ibuprofen infants</i>	\$0 (Tier 5)
<i>gnp naproxen</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp naproxen sodium</i>	\$0 (Tier 5)
<i>goodsense ibuprofen</i>	\$0 (Tier 5)
<i>goodsense ibuprofen child</i>	\$0 (Tier 5)
<i>goodsense ibuprofen infan</i>	\$0 (Tier 5)
<i>goodsense naproxen sodium</i>	\$0 (Tier 5)
<i>hm ibuprofen childrens</i>	\$0 (Tier 5)
<i>ibu</i>	\$0 (Tier 1)
<i>ibuprofen cap 200 mg</i>	\$0 (Tier 5)
<i>ibuprofen childrens</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ibuprofen infants</i>	\$0 (Tier 5)
<i>ibuprofen junior strength</i>	\$0 (Tier 5)
<i>ibuprofen susp 100 mg/5ml</i>	\$0 (Tier 2)
<i>ibuprofen tab 200 mg</i>	\$0 (Tier 5)
<i>ibuprofen tab 400 mg</i>	\$0 (Tier 1)
<i>ibuprofen tab 600 mg</i>	\$0 (Tier 1)
<i>ibuprofen tab 800 mg</i>	\$0 (Tier 1)
<i>infants ibuprofen</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ketorolac tromethamine tab 10 mg</i>	\$0 QL (20 tabs / (Tier 2)30 days), PA; PA applies if 70 years and older
<i>mediproxen</i>	\$0 (Tier 5)
<i>meijer ibuprofen</i>	\$0 (Tier 5)
<i>meloxicam tab 7.5 mg</i>	\$0 (Tier 1)
<i>meloxicam tab 15 mg</i>	\$0 (Tier 1)
<i>nabumetone tab 500 mg</i>	\$0 (Tier 1)
<i>nabumetone tab 750 mg</i>	\$0 (Tier 1)
<i>naproxen sodium tab 220 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>naproxen sodium tab 275 mg</i>	\$0 (Tier 2)
<i>naproxen sodium tab 550 mg</i>	\$0 (Tier 2)
<i>naproxen tab 250 mg</i>	\$0 (Tier 1)
<i>naproxen tab 375 mg</i>	\$0 (Tier 1)
<i>naproxen tab 500 mg</i>	\$0 (Tier 1)
<i>naproxen tab ec 375 mg</i>	\$0 QL (120 tabs / (Tier 2)30 days)
<i>oxaprozin tab 600 mg</i>	\$0 (Tier 2)
<i>piroxicam cap 10 mg</i>	\$0 (Tier 2)
<i>piroxicam cap 20 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>qc ibuprofen</i>	\$0 (Tier 5)
<i>qc ibuprofen childrens</i>	\$0 (Tier 5)
<i>qc naproxen sodium</i>	\$0 (Tier 5)
<i>sm childrens ibuprofen</i>	\$0 (Tier 5)
<i>sm ibuprofen</i>	\$0 (Tier 5)
<i>sm ibuprofen ib</i>	\$0 (Tier 5)
<i>sm ibuprofen ib childrens</i>	\$0 (Tier 5)
<i>sm infants ibuprofen</i>	\$0 (Tier 5)
<i>sm naproxen sodium</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sulindac tab 150 mg</i>	\$0 (Tier 2)
<i>sulindac tab 200 mg</i>	\$0 (Tier 2)
OPIOID ANALGESICS, LONG-ACTING	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	\$0 QL (4 patches / (Tier 2)28 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	\$0 QL (4 patches / (Tier 2)28 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	\$0 QL (4 patches / (Tier 2)28 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	\$0 QL (4 patches / (Tier 2)28 days)
<i>buprenorphine td patch weekly 20 mcg/hr</i>	\$0 QL (4 patches / (Tier 2)28 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	\$0 QL (10 patches (Tier 2)/ 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	\$0 QL (10 patches (Tier 2)/ 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	\$0 QL (10 patches (Tier 2)/ 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	\$0 QL (10 patches (Tier 2)/ 30 days), PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	\$0 QL (10 patches (Tier 2)/ 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	\$0 QL (10 patches (Tier 2)/ 30 days), PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	\$0 QL (10 patches (Tier 2)/ 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	\$0 QL (10 patches (Tier 2)/ 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	\$0 QL (450 mL / (Tier 2)30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	\$0 QL (450 mL / (Tier 2)30 days), PA
<i>methadone hcl tab 5 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days), PA
<i>methadone hcl tab 10 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>methadone hydrochloride i</i>	\$0 QL (90 mL / 30 (Tier 2)days), PA
<i>morphine sulfate tab er 15 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days), PA
<i>morphine sulfate tab er 30 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days), PA
<i>morphine sulfate tab er 60 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days), PA
<i>morphine sulfate tab er 100 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days), PA
<i>morphine sulfate tab er 200 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days), PA
OXYCONTIN TAB 10MG ER	\$0 QL (60 tabs / (Tier 4)30 days), PA
OXYCONTIN TAB 15MG ER	\$0 QL (60 tabs / (Tier 4)30 days), PA
OXYCONTIN TAB 20MG ER	\$0 QL (60 tabs / (Tier 4)30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
OXYCONTIN TAB 30MG ER	\$0 QL (60 tabs / (Tier 4)30 days), PA
OXYCONTIN TAB 40MG ER	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	\$0 QL (2700 mL / (Tier 2)30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	\$0 QL (400 tabs / (Tier 2)30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	\$0 QL (360 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0 QL (180 tabs / (Tier 2)30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	\$0 (Tier 4)
<i>butorphanol tartrate inj 2 mg/ml</i>	\$0 (Tier 4)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	\$0 QL (10 mL / 30 (Tier 2)days)
<i>endocet tab 2.5-325mg</i>	\$0 QL (360 tabs / (Tier 2)30 days)
<i>endocet tab 5-325mg</i>	\$0 QL (360 tabs / (Tier 2)30 days)
<i>endocet tab 7.5-325mg</i>	\$0 QL (240 tabs / (Tier 2)30 days)
<i>endocet tab 10-325mg</i>	\$0 QL (180 tabs / (Tier 2)30 days)
<i>hydrocodone- acetaminophen soln 7.5- 325 mg/15ml</i>	\$0 QL (2700 mL / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydrocodone- acetaminophen tab 5-325 mg</i>	\$0 (Tier 2)	QL (240 tabs / 30 days)
<i>hydrocodone- acetaminophen tab 7.5- 325 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)
<i>hydrocodone- acetaminophen tab 10- 325 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0 (Tier 2)	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	\$0 (Tier 2)	QL (600 mL / 30 days)
<i>hydromorphone hcl tab 2 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>morphine sulfate iv soln 4 mg/ml</i>	\$0 B/D (Tier 4)
<i>morphine sulfate iv soln 8 mg/ml</i>	\$0 B/D (Tier 4)
<i>morphine sulfate iv soln 10 mg/ml</i>	\$0 B/D (Tier 4)
<i>morphine sulfate oral soln 10 mg/5ml</i>	\$0 QL (900 mL / (Tier 2)30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	\$0 QL (900 mL / (Tier 2)30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	\$0 QL (180 mL / (Tier 2)30 days)
<i>morphine sulfate tab 15 mg</i>	\$0 QL (180 tabs / (Tier 2)30 days)
<i>morphine sulfate tab 30 mg</i>	\$0 QL (180 tabs / (Tier 2)30 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nalbuphine hcl inj 20 mg/ml</i>	\$0 (Tier 4)	
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	\$0 (Tier 2)	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	\$0 (Tier 2)	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0 (Tier 2)	QL (360 tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0 (Tier 2)	QL (360 tabs / 30 days)

<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0 (Tier 2)	QL (240 tabs / 30 days)

<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)

<i>tramadol hcl tab 50 mg</i>	\$0 (Tier 2)	QL (240 tabs / 30 days)

<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0 (Tier 2)	QL (240 tabs / 30 days)

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole tab 200 mg</i>	\$0 (Tier 3)	NDS, QL (672 tabs / year), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	\$0 (Tier 2)
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	\$0 (Tier 2)
ARIKAYCE SUS	\$0 NDS, PA (Tier 3)
<i>atovaquone susp 750 mg/5ml</i>	\$0 QL (300 mL / (Tier 2)30 days), PA
<i>aztreonam for inj 1 gm</i>	\$0 (Tier 2)
<i>aztreonam for inj 2 gm</i>	\$0 (Tier 2)
BINAXNOW COV KIT HOME TES	\$0 QL (2 kits / 28 (Tier 5)days)
CARESTART KIT COVID-19	\$0 QL (2 kits / 28 (Tier 5)days)
CAYSTON INH 75MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clindamycin hcl cap 75 mg</i>	\$0 (Tier 1)
<i>clindamycin hcl cap 150 mg</i>	\$0 (Tier 1)
<i>clindamycin hcl cap 300 mg</i>	\$0 (Tier 1)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	\$0 (Tier 2)
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	\$0 (Tier 2)
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	\$0 (Tier 2)
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	\$0 (Tier 2)
<i>clindamycin phosphate inj 300 mg/2ml</i>	\$0 (Tier 2)
<i>clindamycin phosphate inj 600 mg/4ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clindamycin phosphate inj</i> <i>900 mg/6ml</i>	\$0 (Tier 2)
CLINDMYC/NAC INJ 300/50ML	\$0 (Tier 4)
CLINDMYC/NAC INJ 600/50ML	\$0 (Tier 4)
CLINDMYC/NAC INJ 900/50ML	\$0 (Tier 4)
<i>colistimethate sod for inj</i> <i>150 mg (colistin base</i> <i>activity)</i>	\$0 (Tier 2)
COVID-19 RAP KIT 1- PACK	\$0 QL (2 kits / 28 (Tier 5)days)
COVID-19 RAP KIT 2- PACK	\$0 QL (2 kits / 28 (Tier 5)days)
CVS COVID-19 KIT HOME 2PK	\$0 QL (2 kits / 28 (Tier 5)days)
<i>dapsone tab 25 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dapsone tab 100 mg</i>	\$0 (Tier 2)
<i>daptomycin for iv soln 350 mg</i>	\$0 NDS (Tier 3)
<i>daptomycin for iv soln 500 mg</i>	\$0 NDS (Tier 3)
DAPTOMYCIN INJ 350MG	\$0 NDS (Tier 3)
EMVERM CHW 100MG	\$0 NDS, QL (12 (Tier 3) tabs / year)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	\$0 (Tier 2)
FLOWFLEX KIT TEST	\$0 QL (2 kits / 28 (Tier 5) days)
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0 (Tier 2)
<i>gentamicin in saline inj 1 mg/ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0 (Tier 2)
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0 (Tier 2)
<i>gentamicin in saline inj 2 mg/ml</i>	\$0 (Tier 2)
<i>gentamicin sulfate inj 10 mg/ml</i>	\$0 (Tier 2)
<i>gentamicin sulfate inj 40 mg/ml</i>	\$0 (Tier 2)
IHEALTH 2-PK KIT COVID-19	\$0 QL (2 kits / 28 (Tier 5)days)
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0 (Tier 2)
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
IMPAVIDO CAP 50MG	\$0 NDS, PA (Tier 3)
INTELISWAB KIT COVID-19	\$0 QL (2 kits / 28 (Tier 5)days)
<i>ivermectin tab 3 mg</i>	\$0 QL (12 tabs / (Tier 2)90 days), PA
<i>linezolid for susp 100 mg/5ml</i>	\$0 NDS, QL (1800 (Tier 3)mL / 30 days)
LINEZOLID INJ 2MG/ML	\$0 (Tier 4)
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	\$0 (Tier 2)
<i>linezolid tab 600 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>meropenem iv for soln 1 gm</i>	\$0 (Tier 2)
<i>meropenem iv for soln 500 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>methenamine hippurate tab 1 gm</i>	\$0 (Tier 2)
<i>metronidazole iv soln 500 mg/100ml</i>	\$0 (Tier 2)
<i>metronidazole tab 250 mg</i>	\$0 (Tier 1)
<i>metronidazole tab 500 mg</i>	\$0 (Tier 1)
<i>neomycin sulfate tab 500 mg</i>	\$0 (Tier 2)
<i>nitazoxanide tab 500 mg</i>	\$0 NDS, QL (6 (Tier 3) tabs / 30 days)
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	\$0 (Tier 3)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	\$0 (Tier 3)
ON/GO COVID KIT ANTIGEN	\$0 QL (2 kits / 28 (Tier 5)days)
<i>pentamidine isethionate inh</i>	\$0 B/D (Tier 2)
<i>pentamidine isethionate inj</i>	\$0 (Tier 2)
<i>polymyxin b sulfate for inj 500000 unit</i>	\$0 (Tier 2)
<i>praziquantel tab 600 mg</i>	\$0 (Tier 2)
<i>pyrimethamine tab 25 mg</i>	\$0 NDS, QL (90 (Tier 3)tabs / 30 days), PA
QUICKVUE HOM KIT COVID-19	\$0 QL (2 kits / 28 (Tier 5)days)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>reeses pinworm medicine</i>	\$0 (Tier 5)	
<i>streptomycin sulfate for inj 1 gm</i>	\$0 (Tier 3)	NDS
<i>sulfadiazine tab 500 mg</i>	\$0 (Tier 3)	NDS
<i>sulfamethoxazole- trimethoprim iv soln 400- 80 mg/5ml</i>	\$0 (Tier 2)	
<i>sulfamethoxazole- trimethoprim susp 200- 40 mg/5ml</i>	\$0 (Tier 2)	
<i>sulfamethoxazole- trimethoprim tab 400-80 mg</i>	\$0 (Tier 1)	
<i>sulfamethoxazole- trimethoprim tab 800- 160 mg</i>	\$0 (Tier 1)	

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>tinidazole tab 250 mg</i>	\$0 (Tier 2)
<i>tinidazole tab 500 mg</i>	\$0 (Tier 2)
TOBI PODHALR CAP 28MG	\$0 NDS, PA (Tier 3)
<i>tobramycin nebu soln 300 mg/5ml</i>	\$0 NDS, PA (Tier 3)
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	\$0 (Tier 2)
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	\$0 (Tier 2)
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	\$0 (Tier 2)
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>trimethoprim tab 100 mg</i>	\$0 (Tier 2)	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	\$0 (Tier 2)	QL (80 caps / 180 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	\$0 (Tier 2)	QL (160 caps / 180 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	\$0 (Tier 2)	
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	\$0 (Tier 2)	
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	\$0 (Tier 2)	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	\$0 (Tier 2)	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	\$0 (Tier 2)	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	\$0 (Tier 2)	

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>vancomycin hcl for iv soln</i> <i>750 mg (base equivalent)</i>	\$0 (Tier 2)

VANCOMYCIN INJ 1 GM	\$0 (Tier 4)

VANCOMYCIN INJ 500MG	\$0 (Tier 4)

VANCOMYCIN INJ 750MG	\$0 (Tier 4)

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ABELCET INJ 5MG/ML	\$0 (Tier 4)	B/D

<i>amphotericin b for iv soln</i> <i>50 mg</i>	\$0 (Tier 2)	B/D

<i>amphotericin b liposome</i> <i>iv for susp 50 mg</i>	\$0 (Tier 3)	NDS, B/D

<i>caspofungin acetate for iv</i> <i>soln 50 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>caspofungin acetate for iv soln 70 mg</i>	\$0 (Tier 2)
<i>fluconazole for susp 10 mg/ml</i>	\$0 (Tier 2)
<i>fluconazole for susp 40 mg/ml</i>	\$0 (Tier 2)
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0 (Tier 2)
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0 (Tier 2)
<i>fluconazole tab 50 mg</i>	\$0 (Tier 2)
<i>fluconazole tab 100 mg</i>	\$0 (Tier 2)
<i>fluconazole tab 150 mg</i>	\$0 (Tier 2)
<i>fluconazole tab 200 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>flucytosine cap 250 mg</i>	\$0 NDS, PA (Tier 3)
<i>flucytosine cap 500 mg</i>	\$0 NDS, PA (Tier 3)
<i>griseofulvin microsize susp 125 mg/5ml</i>	\$0 (Tier 2)
<i>griseofulvin microsize tab 500 mg</i>	\$0 (Tier 2)
<i>griseofulvin ultramicrosize tab 125 mg</i>	\$0 (Tier 2)
<i>griseofulvin ultramicrosize tab 250 mg</i>	\$0 (Tier 2)
<i>itraconazole cap 100 mg</i>	\$0 PA (Tier 2)
<i>ketoconazole tab 200 mg</i>	\$0 PA (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>miconazole sodium for iv soln 50 mg</i>	\$0 NDS (Tier 2)
<i>miconazole sodium for iv soln 100 mg</i>	\$0 NDS (Tier 2)
<i>nystatin tab 500000 unit</i>	\$0 (Tier 2)
<i>posaconazole susp 40 mg/ml</i>	\$0 NDS, QL (630 mL / 30 days), (Tier 3) PA
<i>posaconazole tab delayed release 100 mg</i>	\$0 NDS, QL (93 tabs / 30 days), (Tier 3) PA
<i>terbinafine hcl tab 250 mg</i>	\$0 QL (30 tabs / (Tier 1) 30 days)
<i>voriconazole for inj 200 mg</i>	\$0 PA (Tier 2)
<i>voriconazole for susp 40 mg/ml</i>	\$0 NDS, QL (600 mL / 28 days), (Tier 3) PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>voriconazole tab 50 mg</i>	\$0 QL (480 tabs / (Tier 2)30 days)
<i>voriconazole tab 200 mg</i>	\$0 QL (120 tabs / (Tier 2)30 days)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0 (Tier 2)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0 (Tier 2)
<i>chloroquine phosphate tab 250 mg</i>	\$0 (Tier 2)
<i>chloroquine phosphate tab 500 mg</i>	\$0 (Tier 2)
COARTEM TAB 20-120MG	\$0 (Tier 4)
<i>mefloquine hcl tab 250 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	\$0 (Tier 2)

PRIMAQUINE TAB 26.3MG	\$0 (Tier 3)

<i>quinine sulfate cap 324 mg</i>	\$0 PA (Tier 2)

ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	\$0 (Tier 2)

<i>abacavir sulfate tab 300 mg (base equiv)</i>	\$0 (Tier 2)

APTIVUS CAP 250MG	\$0 NDS (Tier 3)

<i>atazanavir sulfate cap 150 mg (base equiv)</i>	\$0 (Tier 2)

<i>atazanavir sulfate cap 200 mg (base equiv)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	\$0 (Tier 2)
<i>darunavir tab 600 mg</i>	\$0 NDS, QL (60 (Tier 3) tabs / 30 days)
<i>darunavir tab 800 mg</i>	\$0 NDS, QL (30 (Tier 3) tabs / 30 days)
EDURANT TAB 25MG	\$0 NDS (Tier 3)
<i>efavirenz tab 600 mg</i>	\$0 (Tier 2)
<i>emtricitabine caps 200 mg</i>	\$0 (Tier 2)
EMTRIVA SOL 10MG/ML	\$0 (Tier 4)
<i>etravirine tab 100 mg</i>	\$0 NDS (Tier 3)
<i>etravirine tab 200 mg</i>	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	\$0 NDS (Tier 3)
FUZEON INJ 90MG	\$0 NDS (Tier 3)
INTELENCE TAB 25MG	\$0 (Tier 4)
ISENTRESS CHW 25MG	\$0 (Tier 4)
ISENTRESS CHW 100MG	\$0 NDS (Tier 3)
ISENTRESS HD TAB 600MG	\$0 NDS (Tier 3)
ISENTRESS POW 100MG	\$0 NDS (Tier 3)
ISENTRESS TAB 400MG	\$0 NDS (Tier 3)
<i>lamivudine oral soln 10 mg/ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lamivudine tab 150 mg</i>	\$0 (Tier 2)
<i>lamivudine tab 300 mg</i>	\$0 (Tier 2)
<i>maraviroc tab 150 mg</i>	\$0 NDS (Tier 3)
<i>maraviroc tab 300 mg</i>	\$0 NDS (Tier 3)
<i>nevirapine susp 50 mg/5ml</i>	\$0 (Tier 2)
<i>nevirapine tab 200 mg</i>	\$0 (Tier 2)
<i>nevirapine tab er 24hr 400 mg</i>	\$0 (Tier 2)
NORVIR POW 100MG	\$0 (Tier 4)
PIFELTRO TAB 100MG	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PREZISTA SUS 100MG/ML	\$0 NDS, QL (400 (Tier 3)mL / 30 days)
PREZISTA TAB 75MG	\$0 QL (480 tabs / (Tier 4)30 days)
PREZISTA TAB 150MG	\$0 NDS, QL (240 (Tier 3)tabs / 30 days)
REYATAZ POW 50MG	\$0 NDS (Tier 3)
<i>ritonavir tab 100 mg</i>	\$0 (Tier 2)
RUKOBIA TAB 600MG ER	\$0 NDS (Tier 3)
SELZENTRY SOL 20MG/ML	\$0 NDS (Tier 3)
SUNLENCA TAB 300MG	\$0 NDS (Tier 3)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TIVICAY PD TAB 5MG	\$0 NDS (Tier 3)
TIVICAY TAB 10MG	\$0 (Tier 3)
TIVICAY TAB 25MG	\$0 NDS (Tier 3)
TIVICAY TAB 50MG	\$0 NDS (Tier 3)
TROGARZO INJ 150MG/ML	\$0 NDS (Tier 3)
TYBOST TAB 150MG	\$0 (Tier 3)
VIRACEPT TAB 250MG	\$0 NDS (Tier 3)
VIRACEPT TAB 625MG	\$0 NDS (Tier 3)
VIREAD POW 40MG/GM	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

VIREAD TAB 150MG	\$0 NDS (Tier 3)
VIREAD TAB 200MG	\$0 NDS (Tier 3)
VIREAD TAB 250MG	\$0 NDS (Tier 3)
<i>zidovudine cap 100 mg</i>	\$0 (Tier 2)
<i>zidovudine syrup 10 mg/ml</i>	\$0 (Tier 2)
<i>zidovudine tab 300 mg</i>	\$0 (Tier 2)

**ANTIRETROVIRAL COMBINATION AGENTS
- DRUGS TO SUPPRESS HIV/AIDS
INFECTION**

<i>abacavir sulfate- lamivudine tab 600-300 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BIKTARVY TAB 30-120-15 MG	\$0 NDS (Tier 3)
BIKTARVY TAB 50-200-25 MG	\$0 NDS (Tier 3)
CIMDUO TAB 300-300	\$0 NDS (Tier 3)
COMPLERA TAB	\$0 NDS (Tier 3)
DELSTRIGO TAB	\$0 NDS (Tier 3)
DESCOVY TAB 120-15MG	\$0 NDS (Tier 3)
DESCOVY TAB 200/25MG	\$0 NDS (Tier 3)
DOVATO TAB 50-300MG	\$0 NDS (Tier 3)
<i>efavirenz-emtricitabine- tenofovir df tab 600-200- 300 mg</i>	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)	
<i>efavirenz-lamivudine- tenofovir df tab 400-300- 300 mg</i>	\$0 (Tier 3)	NDS
<i>efavirenz-lamivudine- tenofovir df tab 600-300- 300 mg</i>	\$0 (Tier 3)	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0 (Tier 3)	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	\$0 (Tier 3)	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	\$0 (Tier 3)	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0 (Tier 2)	
EVOTAZ TAB 300-150	\$0 (Tier 3)	NDS

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GENVOYA TAB	\$0 NDS (Tier 3)
JULUCA TAB 50-25MG	\$0 NDS (Tier 3)
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0 (Tier 2)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0 (Tier 2)
<i>lopinavir-ritonavir tab 100-25 mg</i>	\$0 (Tier 2)
<i>lopinavir-ritonavir tab 200-50 mg</i>	\$0 (Tier 2)
ODEFSEY TAB	\$0 NDS (Tier 3)
PREZCOBIX TAB 800-150	\$0 NDS (Tier 3)
STRIBILD TAB	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

SYMTUZA TAB	\$0 NDS (Tier 3)
TRIUMEQ PD TAB	\$0 NDS (Tier 3)
TRIUMEQ TAB	\$0 NDS (Tier 3)

ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

<i>cycloserine cap 250 mg</i>	\$0 NDS (Tier 3)
<i>ethambutol hcl tab 100 mg</i>	\$0 (Tier 2)
<i>ethambutol hcl tab 400 mg</i>	\$0 (Tier 2)
<i>isoniazid syrup 50 mg/5ml</i>	\$0 (Tier 2)
<i>isoniazid tab 100 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>isoniazid tab 300 mg</i>	\$0 (Tier 1)
PRIFTIN TAB 150MG	\$0 (Tier 4)
<i>pyrazinamide tab 500 mg</i>	\$0 (Tier 2)
<i>rifabutin cap 150 mg</i>	\$0 (Tier 2)
<i>rifampin cap 150 mg</i>	\$0 (Tier 2)
<i>rifampin cap 300 mg</i>	\$0 (Tier 2)
<i>rifampin for inj 600 mg</i>	\$0 (Tier 2)
SIRTURO TAB 20MG	\$0 NDS, PA (Tier 3)
SIRTURO TAB 100MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TRECTOR TAB 250MG	\$0 (Tier 4)
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS	
<i>acyclovir cap 200 mg</i>	\$0 (Tier 1)
<i>acyclovir sodium iv soln 50 mg/ml</i>	\$0 B/D (Tier 2)
<i>acyclovir susp 200 mg/5ml</i>	\$0 (Tier 2)
<i>acyclovir tab 400 mg</i>	\$0 (Tier 1)
<i>acyclovir tab 800 mg</i>	\$0 (Tier 1)
<i>adefovir dipivoxil tab 10 mg</i>	\$0 (Tier 2)
BARACLUDE SOL	\$0 NDS, ST (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>entecavir tab 0.5 mg</i>	\$0 (Tier 2)
<i>entecavir tab 1 mg</i>	\$0 (Tier 2)
EPCLUSA PAK 150-37.5	\$0 NDS, PA (Tier 3)
EPCLUSA PAK 200-50MG	\$0 NDS, PA (Tier 3)
EPCLUSA TAB 200-50MG	\$0 NDS, PA (Tier 3)
EPCLUSA TAB 400-100	\$0 NDS, PA (Tier 3)
<i>famciclovir tab 125 mg</i>	\$0 (Tier 2)
<i>famciclovir tab 250 mg</i>	\$0 (Tier 2)
<i>famciclovir tab 500 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ganciclovir sodium for inj</i> <i>500 mg</i>	\$0 (Tier 2)	B/D
HARVONI PAK 33.75- 150MG	\$0 (Tier 3)	NDS, PA
HARVONI PAK 45-200MG	\$0 (Tier 3)	NDS, PA
HARVONI TAB 45-200MG	\$0 (Tier 3)	NDS, PA
HARVONI TAB 90-400MG	\$0 (Tier 3)	NDS, PA
<i>lamivudine tab 100 mg</i> <i>(hbv)</i>	\$0 (Tier 2)	
LIVTENCITY TAB 200MG	\$0 (Tier 3)	NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	\$0 (Tier 3)	NDS, PA
MAVYRET TAB 100-40MG	\$0 (Tier 3)	NDS, PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	\$0 QL (168 caps / (Tier 2)year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	\$0 QL (84 caps / (Tier 2)year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	\$0 QL (84 caps / (Tier 2)year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	\$0 QL (1080 mL / (Tier 2)year)
PAXLOVID TAB 150-100	\$0 QL (40 tabs / (Tier 2)90 days)
PAXLOVID TAB 300-100	\$0 QL (60 tabs / (Tier 2)90 days)
PEGASYS INJ	\$0 NDS, PA (Tier 3)
PEGASYS INJ 180MCG/M	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PREVYMIS TAB 240MG	\$0 NDS, QL (28 (Tier 3)tabs / 28 days), PA
PREVYMIS TAB 480MG	\$0 NDS, QL (28 (Tier 3)tabs / 28 days), PA
RELENZA MIS DISKHALE	\$0 QL (6 inhalers / (Tier 3)year)
<i>ribavirin cap 200 mg</i>	\$0 (Tier 2)
<i>ribavirin tab 200 mg</i>	\$0 (Tier 2)
<i>rimantadine hydrochloride tab 100 mg</i>	\$0 (Tier 2)
<i>valacyclovir hcl tab 1 gm</i>	\$0 (Tier 2)
<i>valacyclovir hcl tab 500 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>valganciclovir hcl for soln</i> <i>50 mg/ml (base equiv)</i>	\$0 NDS (Tier 3)
<i>valganciclovir hcl tab 450</i> <i>mg (base equivalent)</i>	\$0 (Tier 2)
VOSEVI TAB	\$0 NDS, PA (Tier 3)

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor cap 250 mg</i>	\$0 (Tier 2)
<i>cefaclor cap 500 mg</i>	\$0 (Tier 2)
<i>cefadroxil cap 500 mg</i>	\$0 (Tier 1)
<i>cefadroxil for susp 250</i> <i>mg/5ml</i>	\$0 (Tier 2)
<i>cefadroxil for susp 500</i> <i>mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CEFAZOLIN INJ 1GM/50ML	\$0 (Tier 4)
CEFAZOLIN INJ 2GM	\$0 (Tier 4)
CEFAZOLIN INJ 3GM	\$0 (Tier 4)
<i>cefazolin sodium for inj 1 gm</i>	\$0 (Tier 2)
<i>cefazolin sodium for inj 2 gm</i>	\$0 (Tier 2)
<i>cefazolin sodium for inj 3 gm</i>	\$0 (Tier 2)
<i>cefazolin sodium for inj 10 gm</i>	\$0 (Tier 2)
<i>cefazolin sodium for inj 500 mg</i>	\$0 (Tier 2)
<i>cefazolin sodium for iv soln 1 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CEFAZOLIN SOLN 2GM/100ML-4%	\$0 (Tier 4)
CEFAZOLIN/DEX SOL 1GM/50ML-4%	\$0 (Tier 4)
CEFAZOLIN/DEX SOL 2GM/50ML-3%	\$0 (Tier 4)
CEFAZOLIN/DEX SOL 3GM/50ML-2%	\$0 (Tier 4)
CEFAZOLIN/DEX SOL 3GM/150ML-4%	\$0 (Tier 4)
<i>cefdinir cap 300 mg</i>	\$0 (Tier 2)
<i>cefdinir for susp 125 mg/5ml</i>	\$0 (Tier 2)
<i>cefdinir for susp 250 mg/5ml</i>	\$0 (Tier 2)
<i>cefepime hcl for inj 1 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cefepime hcl for iv soln 2 gm</i>	\$0 (Tier 2)
<i>cefixime cap 400 mg</i>	\$0 (Tier 2)
<i>cefixime for susp 100 mg/5ml</i>	\$0 (Tier 2)
<i>cefixime for susp 200 mg/5ml</i>	\$0 (Tier 2)
<i>cefotetan disodium for inj 1 gm</i>	\$0 (Tier 2)
<i>cefotetan disodium for inj 2 gm</i>	\$0 (Tier 2)
<i>cefoxitin sodium for iv soln 1 gm</i>	\$0 (Tier 2)
<i>cefoxitin sodium for iv soln 2 gm</i>	\$0 (Tier 2)
<i>cefoxitin sodium for iv soln 10 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	\$0 (Tier 2)
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	\$0 (Tier 2)
<i>cefpodoxime proxetil tab 100 mg</i>	\$0 (Tier 2)
<i>cefpodoxime proxetil tab 200 mg</i>	\$0 (Tier 2)
<i>cefprozil for susp 125 mg/5ml</i>	\$0 (Tier 2)
<i>cefprozil for susp 250 mg/5ml</i>	\$0 (Tier 2)
<i>cefprozil tab 250 mg</i>	\$0 (Tier 2)
<i>cefprozil tab 500 mg</i>	\$0 (Tier 2)
<i>ceftazidime for inj 1 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ceftazidime for inj 6 gm</i>	\$0 (Tier 2)
<i>ceftazidime for iv soln 2 gm</i>	\$0 (Tier 2)
<i>ceftriaxone sodium for inj 1 gm</i>	\$0 (Tier 2)
<i>ceftriaxone sodium for inj 2 gm</i>	\$0 (Tier 2)
<i>ceftriaxone sodium for inj 10 gm</i>	\$0 (Tier 2)
<i>ceftriaxone sodium for inj 250 mg</i>	\$0 (Tier 2)
<i>ceftriaxone sodium for inj 500 mg</i>	\$0 (Tier 2)
<i>ceftriaxone sodium for iv soln 1 gm</i>	\$0 (Tier 2)
<i>ceftriaxone sodium for iv soln 2 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cefuroxime axetil tab 250 mg</i>	\$0 (Tier 2)
<i>cefuroxime axetil tab 500 mg</i>	\$0 (Tier 2)
<i>cefuroxime sodium for inj 750 mg</i>	\$0 (Tier 2)
<i>cefuroxime sodium for iv soln 1.5 gm</i>	\$0 (Tier 2)
<i>cephalexin cap 250 mg</i>	\$0 (Tier 1)
<i>cephalexin cap 500 mg</i>	\$0 (Tier 1)
<i>cephalexin for susp 125 mg/5ml</i>	\$0 (Tier 2)
<i>cephalexin for susp 250 mg/5ml</i>	\$0 (Tier 2)
<i>tazicef</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

TEFLARO INJ 400MG	\$0 NDS (Tier 3)

TEFLARO INJ 600MG	\$0 NDS (Tier 3)

ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS

<i>azithromycin for susp 100 mg/5ml</i>	\$0 (Tier 2)

<i>azithromycin for susp 200 mg/5ml</i>	\$0 (Tier 2)

<i>azithromycin iv for soln 500 mg</i>	\$0 (Tier 2)

<i>azithromycin powd pack for susp 1 gm</i>	\$0 (Tier 2)

<i>azithromycin tab 250 mg</i>	\$0 (Tier 1)

<i>azithromycin tab 500 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>azithromycin tab 600 mg</i>	\$0 (Tier 1)
<i>clarithromycin for susp 125 mg/5ml</i>	\$0 (Tier 2)
<i>clarithromycin for susp 250 mg/5ml</i>	\$0 (Tier 2)
<i>clarithromycin tab 250 mg</i>	\$0 (Tier 2)
<i>clarithromycin tab 500 mg</i>	\$0 (Tier 2)
<i>clarithromycin tab er 24hr 500 mg</i>	\$0 (Tier 2)
DIFICID SUS	\$0 NDS (Tier 3)
DIFICID TAB 200MG	\$0 NDS (Tier 3)
<i>e.e.s. 400</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ery-tab</i>	\$0 (Tier 2)
ERYTHROCIN INJ 500MG	\$0 (Tier 4)
<i>erythromycin ethylsuccinate tab 400 mg</i>	\$0 (Tier 2)
<i>erythromycin lactobionate for inj 500 mg</i>	\$0 (Tier 2)
<i>erythromycin tab 250 mg</i>	\$0 (Tier 2)
<i>erythromycin tab 500 mg</i>	\$0 (Tier 2)
<i>erythromycin tab delayed release 250 mg</i>	\$0 (Tier 2)
<i>erythromycin tab delayed release 333 mg</i>	\$0 (Tier 2)
<i>erythromycin tab delayed release 500 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>erythromycin w/ delayed release particles cap 250 mg</i>	\$0 (Tier 2)

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

CIPRO (10%) SUS 500MG/5	\$0 (Tier 4)
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0 (Tier 2)
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0 (Tier 2)
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	\$0 (Tier 1)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	\$0 (Tier 1)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	\$0 (Tier 1)
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0 (Tier 2)
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0 (Tier 2)
<i>levofloxacin iv soln 25 mg/ml</i>	\$0 (Tier 2)
<i>levofloxacin oral soln 25 mg/ml</i>	\$0 (Tier 2)
<i>levofloxacin tab 250 mg</i>	\$0 (Tier 1)
<i>levofloxacin tab 500 mg</i>	\$0 (Tier 1)
<i>levofloxacin tab 750 mg</i>	\$0 (Tier 1)
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	\$0 (Tier 2)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

PENICILLINS - DRUGS TO TREAT INFECTIONS

<i>amoxicillin & k</i>	\$0
<i>clavulanate for susp 200-28.5 mg/5ml</i>	(Tier 2)

<i>amoxicillin & k</i>	\$0
<i>clavulanate for susp 250-62.5 mg/5ml</i>	(Tier 2)

<i>amoxicillin & k</i>	\$0
<i>clavulanate for susp 400-57 mg/5ml</i>	(Tier 2)

<i>amoxicillin & k</i>	\$0
<i>clavulanate for susp 600-42.9 mg/5ml</i>	(Tier 2)

<i>amoxicillin & k</i>	\$0
<i>clavulanate tab 250-125 mg</i>	(Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0 (Tier 2)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0 (Tier 2)
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0 (Tier 2)
<i>amoxicillin (trihydrate) cap 250 mg</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) cap 500 mg</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	\$0 (Tier 2)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	\$0 (Tier 2)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) tab 500 mg</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) tab 875 mg</i>	\$0 (Tier 1)
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0 (Tier 2)
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0 (Tier 2)
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1- 0.5) gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	\$0 (Tier 2)
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0 (Tier 2)
<i>ampicillin cap 500 mg</i>	\$0 (Tier 1)
<i>ampicillin sodium for inj 1 gm</i>	\$0 (Tier 2)
<i>ampicillin sodium for inj 2 gm</i>	\$0 (Tier 2)
<i>ampicillin sodium for inj 125 mg</i>	\$0 (Tier 2)
<i>ampicillin sodium for inj 250 mg</i>	\$0 (Tier 2)
<i>ampicillin sodium for inj 500 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ampicillin sodium for iv soln 1 gm</i>	\$0 (Tier 2)
<i>ampicillin sodium for iv soln 2 gm</i>	\$0 (Tier 2)
<i>ampicillin sodium for iv soln 10 gm</i>	\$0 (Tier 2)
BICILLIN L-A INJ 600000	\$0 (Tier 4)
BICILLIN L-A INJ 1200000	\$0 (Tier 4)
BICILLIN L-A INJ 2400000	\$0 (Tier 4)
<i>dicloxacillin sodium cap 250 mg</i>	\$0 (Tier 2)
<i>dicloxacillin sodium cap 500 mg</i>	\$0 (Tier 2)
<i>nafcillin sodium for inj 1 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nafcillin sodium for inj 2 gm</i>	\$0 (Tier 2)
<i>nafcillin sodium for iv soln 10 gm</i>	\$0 NDS (Tier 3)
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	\$0 (Tier 2)
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	\$0 (Tier 2)
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	\$0 (Tier 2)
<i>penicillin g potassium for inj 5000000 unit</i>	\$0 (Tier 2)
<i>penicillin g potassium for inj 20000000 unit</i>	\$0 (Tier 2)
<i>penicillin g sodium for inj 5000000 unit</i>	\$0 (Tier 2)
<i>penicillin v potassium for soln 125 mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>penicillin v potassium for soln 250 mg/5ml</i>	\$0 (Tier 2)
<i>penicillin v potassium tab 250 mg</i>	\$0 (Tier 1)
<i>penicillin v potassium tab 500 mg</i>	\$0 (Tier 1)
<i>pfizerpen</i>	\$0 (Tier 2)
<i>piperacillin sod- tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0 (Tier 2)
<i>piperacillin sod- tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0 (Tier 2)
<i>piperacillin sod- tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>piperacillin sod- tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	\$0 (Tier 2)
<i>piperacillin sod- tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0 (Tier 2)
<i>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</i>	
<i>doxy 100</i>	\$0 (Tier 2)
<i>doxycycline hyclate cap 50 mg</i>	\$0 (Tier 2)
<i>doxycycline hyclate cap 100 mg</i>	\$0 (Tier 2)
<i>doxycycline hyclate for inj 100 mg</i>	\$0 (Tier 2)
<i>doxycycline hyclate tab 20 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>doxycycline hyclate tab 100 mg</i>	\$0 (Tier 2)
<i>doxycycline monohydrate cap 50 mg</i>	\$0 (Tier 2)
<i>doxycycline monohydrate cap 100 mg</i>	\$0 (Tier 2)
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	\$0 (Tier 2)
<i>doxycycline monohydrate tab 50 mg</i>	\$0 (Tier 2)
<i>doxycycline monohydrate tab 75 mg</i>	\$0 (Tier 2)
<i>doxycycline monohydrate tab 100 mg</i>	\$0 (Tier 2)
<i>minocycline hcl cap 50 mg</i>	\$0 (Tier 2)
<i>minocycline hcl cap 75 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>minocycline hcl cap 100 mg</i>	\$0 (Tier 2)
NUZYRA INJ 100MG	\$0 NDS (Tier 3)
NUZYRA TAB 150MG	\$0 NDS, QL (30 (Tier 3) tabs / 14 days)
<i>tetracycline hcl cap 250 mg</i>	\$0 (Tier 2)
<i>tetracycline hcl cap 500 mg</i>	\$0 (Tier 2)
<i>tigecycline for iv soln 50 mg</i>	\$0 NDS (Tier 3)

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

BENDAMUSTINE SOL 100/4ML	\$0 NDS, B/D (Tier 3)
BENDEKA INJ 100/4ML	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>carboplatin iv soln 50 mg/5ml</i>	\$0 B/D (Tier 2)
<i>carboplatin iv soln 150 mg/15ml</i>	\$0 B/D (Tier 2)
<i>carboplatin iv soln 450 mg/45ml</i>	\$0 B/D (Tier 2)
<i>carboplatin iv soln 600 mg/60ml</i>	\$0 B/D (Tier 2)
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	\$0 B/D (Tier 2)
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	\$0 B/D (Tier 2)
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	\$0 B/D (Tier 2)
CYCLOPHOSPH INJ 1GM	\$0 NDS, B/D (Tier 3)
CYCLOPHOSPH INJ 1GM/2ML	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CYCLOPHOSPH INJ 2GM/4ML	\$0 NDS, B/D (Tier 3)
CYCLOPHOSPH INJ 500/5ML	\$0 NDS, B/D (Tier 3)
CYCLOPHOSPH INJ 500MG/ML	\$0 NDS, B/D (Tier 3)
CYCLOPHOSPH INJ 1000MG	\$0 NDS, B/D (Tier 3)
CYCLOPHOSPH INJ 2000MG	\$0 NDS, B/D (Tier 3)
CYCLOPHOSPH TAB 25MG	\$0 B/D (Tier 4)
CYCLOPHOSPH TAB 50MG	\$0 B/D (Tier 4)
CYCLOPHOSPHA INJ 2GM/10ML	\$0 NDS, B/D (Tier 3)
CYCLOPHOSPHA INJ 500MG	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cyclophosphamide cap 25 mg</i>	\$0 B/D (Tier 2)
<i>cyclophosphamide cap 50 mg</i>	\$0 B/D (Tier 2)
<i>cyclophosphamide for inj 1 gm</i>	\$0 B/D (Tier 2)
<i>cyclophosphamide for inj 2 gm</i>	\$0 NDS, B/D (Tier 3)
<i>cyclophosphamide for inj 500 mg</i>	\$0 B/D (Tier 2)
FRINDOVYX INJ 1GM/2ML	\$0 NDS, B/D (Tier 3)
FRINDOVYX INJ 2GM/4ML	\$0 NDS, B/D (Tier 3)
FRINDOVYX INJ 500MG/ML	\$0 NDS, B/D (Tier 3)
GLEOSTINE CAP 10MG	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GLEOSTINE CAP 40MG	\$0 (Tier 4)
GLEOSTINE CAP 100MG	\$0 NDS (Tier 3)
LEUKERAN TAB 2MG	\$0 NDS (Tier 3)
<i>oxaliplatin for iv inj 50 mg</i>	\$0 B/D (Tier 2)
<i>oxaliplatin for iv inj 100 mg</i>	\$0 NDS, B/D (Tier 3)
<i>oxaliplatin iv soln 50 mg/10ml</i>	\$0 B/D (Tier 2)
<i>oxaliplatin iv soln 100 mg/20ml</i>	\$0 B/D (Tier 2)
<i>oxaliplatin iv soln 200 mg/40ml</i>	\$0 B/D (Tier 2)
VIVIMUSTA INJ 100/4ML	\$0 NDS, B/D (Tier 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****ANTIMETABOLITES***

<i>azacitidine for inj 100 mg</i>	\$0	NDS, B/D
	(Tier 3)	
<i>cytarabine inj 20 mg/ml</i>	\$0	B/D
	(Tier 2)	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	\$0	B/D
	(Tier 2)	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	\$0	B/D
	(Tier 2)	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	\$0	B/D
	(Tier 2)	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	\$0	B/D
	(Tier 2)	
<i>gemcitabine hcl for inj 1 gm</i>	\$0	B/D
	(Tier 2)	
<i>gemcitabine hcl for inj 2 gm</i>	\$0	B/D
	(Tier 2)	
<i>gemcitabine hcl for inj 200 mg</i>	\$0	B/D
	(Tier 2)	

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	\$0 B/D (Tier 2)
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	\$0 B/D (Tier 2)
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	\$0 B/D (Tier 2)
INQOVI TAB 35-100MG	\$0 NDS, QL (5 (Tier 3)tabs / 28 days), PA
LONSURF TAB 15-6.14	\$0 NDS, QL (100 (Tier 3)tabs / 28 days), PA
LONSURF TAB 20-8.19	\$0 NDS, QL (80 (Tier 3)tabs / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	\$0 NDS (Tier 3)
<i>mercaptopurine tab 50 mg</i>	\$0 (Tier 2)
<i>methotrexate sodium for inj 1 gm</i>	\$0 B/D (Tier 2)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	\$0 B/D (Tier 2)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	\$0 B/D (Tier 2)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	\$0 B/D (Tier 2)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	\$0 B/D (Tier 2)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ONUREG TAB 200MG	\$0 NDS, QL (14 (Tier 3)tabs / 28 days), PA
ONUREG TAB 300MG	\$0 NDS, QL (14 (Tier 3)tabs / 28 days), PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	\$0 NDS, B/D (Tier 3)
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	\$0 NDS, B/D (Tier 3)
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	\$0 NDS, B/D (Tier 3)
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	\$0 NDS, B/D (Tier 3)
PURIXAN SUS 20MG/ML	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TABLOID TAB 40MG	\$0 NDS (Tier 3)
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>	
<i>abiraterone acetate tab 250 mg</i>	\$0 NDS, QL (120 (Tier 3)tabs / 30 days), PA
<i>abiraterone acetate tab 500 mg</i>	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
AKEEGA TAB 50/500MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
AKEEGA TAB 100/500	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
<i>anastrozole tab 1 mg</i>	\$0 (Tier 1)
<i>bicalutamide tab 50 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ELIGARD INJ 7.5MG	\$0 PA (Tier 4)
ELIGARD INJ 22.5MG	\$0 PA (Tier 4)
ELIGARD INJ 30MG	\$0 PA (Tier 4)
ELIGARD INJ 45MG	\$0 PA (Tier 4)
ERLEADA TAB 60MG	\$0 NDS, QL (120 (Tier 3) tabs / 30 days), PA
ERLEADA TAB 240MG	\$0 NDS, QL (30 (Tier 3) tabs / 30 days), PA
EULEXIN CAP 125MG	\$0 NDS (Tier 3)
<i>exemestane tab 25 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FIRMAGON INJ 80MG	\$0 PA (Tier 4)
FIRMAGON INJ 120MG	\$0 NDS, PA (Tier 3)
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	\$0 NDS, B/D (Tier 3)
<i>letrozole tab 2.5 mg</i>	\$0 (Tier 1)
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	\$0 PA (Tier 2)
LUPRON DEPOT INJ 3.75MG	\$0 NDS, PA (Tier 3)
LUPRON DEPOT INJ 11.25MG	\$0 NDS, PA (Tier 3)
LYSODREN TAB 500MG	\$0 NDS (Tier 3)
<i>megestrol acetate tab 20 mg</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>megestrol acetate tab 40 mg</i>	\$0 (Tier 3)
<i>nilutamide tab 150 mg</i>	\$0 NDS (Tier 3)
NUBEQA TAB 300MG	\$0 NDS, QL (120 (Tier 3) tabs / 30 days), PA
ORGOVYX TAB 120MG	\$0 NDS, PA (Tier 3)
ORSERDU TAB 86MG	\$0 NDS, QL (90 (Tier 3) tabs / 30 days), PA
ORSERDU TAB 345MG	\$0 NDS, QL (30 (Tier 3) tabs / 30 days), PA
SOLTAMOX SOL 10MG/5ML	\$0 NDS (Tier 3)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	\$0 (Tier 2)
<i>toremifene citrate tab 60 mg (base equivalent)</i>	\$0 PA (Tier 2)
XTANDI CAP 40MG	\$0 NDS, QL (120 (Tier 3)caps / 30 days), PA
XTANDI TAB 40MG	\$0 NDS, QL (120 (Tier 3)tabs / 30 days), PA
XTANDI TAB 80MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA

IMMUNOMODULATORS

<i>lenalidomide cap 5 mg</i>	\$0 NDS, QL (28 (Tier 3)caps / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lenalidomide cap 10 mg</i>	\$0 NDS, QL (28 (Tier 3)caps / 28 days), PA
<i>lenalidomide cap 15 mg</i>	\$0 NDS, QL (28 (Tier 3)caps / 28 days), PA
<i>lenalidomide cap 20 mg</i>	\$0 NDS, QL (21 (Tier 3)caps / 28 days), PA
<i>lenalidomide cap 25 mg</i>	\$0 NDS, QL (21 (Tier 3)caps / 28 days), PA
<i>lenalidomide caps 2.5 mg</i>	\$0 NDS, QL (28 (Tier 3)caps / 28 days), PA
POMALYST CAP 1MG	\$0 NDS, QL (21 (Tier 3)caps / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
POMALYST CAP 2MG	\$0 (Tier 3)	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 3MG	\$0 (Tier 3)	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 4MG	\$0 (Tier 3)	NDS, QL (21 caps / 28 days), PA
THALOMID CAP 50MG	\$0 (Tier 3)	NDS, QL (84 caps / 28 days), PA
THALOMID CAP 100MG	\$0 (Tier 3)	NDS, QL (112 caps / 28 days), PA
THALOMID CAP 150MG	\$0 (Tier 3)	NDS, QL (56 caps / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS OR LIMITS ON USE
THALOMID CAP 200MG	\$0 (Tier 3)	NDS, QL (56 caps / 28 days), PA
MISCELLANEOUS		
BESREMI SOL 500MCG	\$0 (Tier 3)	NDS, QL (2 syringes / 28 days), PA
<i>bexarotene cap 75 mg</i>	\$0 (Tier 3)	NDS, QL (300 caps / 30 days), PA
<i>doxorubicin hcl inj 2 mg/ml</i>	\$0 (Tier 2)	B/D
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	\$0 (Tier 3)	NDS, B/D
<i>hydroxyurea cap 500 mg</i>	\$0 (Tier 2)	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	\$0 (Tier 2)	B/D

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	\$0 B/D (Tier 2)
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	\$0 B/D (Tier 2)
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	\$0 B/D (Tier 2)
IWILFIN TAB 192MG	\$0 NDS, QL (240 (Tier 3)tabs / 30 days), PA
MATULANE CAP 50MG	\$0 NDS (Tier 3)
<i>tretinoin cap 10 mg</i>	\$0 NDS (Tier 3)
WELIREG TAB 40MG	\$0 NDS, QL (90 (Tier 3)tabs / 30 days), PA

MITOTIC INHIBITORS

<i>docetaxel for inj conc 20 mg/ml</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	\$0 (Tier 3)	NDS, B/D
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	\$0 (Tier 3)	NDS, B/D
DOCETAXEL INJ 20MG/2ML	\$0 (Tier 3)	NDS, B/D
DOCETAXEL INJ 80MG/4ML	\$0 (Tier 3)	NDS, B/D
DOCETAXEL INJ 80MG/8ML	\$0 (Tier 3)	NDS, B/D
DOCETAXEL INJ 160/8ML	\$0 (Tier 3)	NDS, B/D
DOCETAXEL INJ 160/16ML	\$0 (Tier 3)	NDS, B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	\$0 (Tier 3)	NDS, B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	\$0 (Tier 3)	NDS, B/D

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	\$0 NDS, B/D (Tier 3)
DOCIVYX INJ 20MG/2ML	\$0 NDS, B/D (Tier 3)
DOCIVYX INJ 80MG/8ML	\$0 NDS, B/D (Tier 3)
DOCIVYX INJ 160/16ML	\$0 NDS, B/D (Tier 3)
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	\$0 B/D (Tier 2)
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	\$0 B/D (Tier 2)
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	\$0 B/D (Tier 2)
<i>paclitaxel inj 100mg</i>	\$0 NDS, B/D (Tier 3)
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	\$0 B/D (Tier 2)
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	\$0 B/D (Tier 2)
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	\$0 B/D (Tier 2)
<i>vincristine sulfate iv soln 1 mg/ml</i>	\$0 B/D (Tier 2)
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	\$0 B/D (Tier 2)
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	\$0 B/D (Tier 2)
MOLECULAR TARGET AGENTS	
ALECENSA CAP 150MG	\$0 NDS, QL (240 (Tier 3)caps / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ALUNBRIG PAK	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
ALUNBRIG TAB 30MG	\$0 NDS, QL (120 (Tier 3)tabs / 30 days), PA
ALUNBRIG TAB 90MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
ALUNBRIG TAB 180MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
AUGTYRO CAP 40MG	\$0 NDS, QL (240 (Tier 3)caps / 30 days), PA
AUGTYRO CAP 160MG	\$0 NDS, QL (60 (Tier 3)caps / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
AYVAKIT TAB 25MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
AYVAKIT TAB 50MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
AYVAKIT TAB 100MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
AYVAKIT TAB 200MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
AYVAKIT TAB 300MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
BALVERSA TAB 3MG	\$0 NDS, QL (84 (Tier 3)tabs / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BALVERSA TAB 4MG	\$0 NDS, QL (56 (Tier 3)tabs / 28 days), PA
BALVERSA TAB 5MG	\$0 NDS, QL (28 (Tier 3)tabs / 28 days), PA
<i>bortezomib for inj 3.5 mg</i>	\$0 NDS, PA (Tier 3)
BORTEZOMIB INJ 1MG	\$0 PA (Tier 4)
BORTEZOMIB INJ 2.5MG	\$0 PA (Tier 4)
BOSULIF CAP 50MG	\$0 NDS, QL (360 (Tier 3)caps / 30 days), PA
BOSULIF CAP 100MG	\$0 NDS, QL (150 (Tier 3)caps / 25 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BOSULIF TAB 100MG	\$0 NDS, QL (180 (Tier 3)tabs / 30 days), PA
BOSULIF TAB 400MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
BOSULIF TAB 500MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
BRAFTOVI CAP 75MG	\$0 NDS, QL (180 (Tier 3)caps / 30 days), PA
BRUKINSA CAP 80MG	\$0 NDS, QL (120 (Tier 3)caps / 30 days), PA
CABOMETYX TAB 20MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CABOMETYX TAB 40MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
CABOMETYX TAB 60MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
CALQUENCE CAP 100MG	\$0 NDS, QL (60 (Tier 3)caps / 30 days), PA
CALQUENCE TAB 100MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
CAPRELSA TAB 100MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
CAPRELSA TAB 300MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
COMETRIQ (60MG DOSE)	\$0 NDS, QL (84 (Tier 3)caps / 28 days), PA
COMETRIQ KIT 100MG	\$0 NDS, QL (56 (Tier 3)caps / 28 days), PA
COMETRIQ KIT 140MG	\$0 NDS, QL (112 (Tier 3)caps / 28 days), PA
COPIKTRA CAP 15MG	\$0 NDS, QL (56 (Tier 3)caps / 28 days), PA
COPIKTRA CAP 25MG	\$0 NDS, QL (56 (Tier 3)caps / 28 days), PA
COTELLIC TAB 20MG	\$0 NDS, QL (63 (Tier 3)tabs / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DANZITEN TAB 71MG	\$0 NDS, QL (112 (Tier 3)tabs / 28 days), PA
DANZITEN TAB 95MG	\$0 NDS, QL (112 (Tier 3)tabs / 28 days), PA
<i>dasatinib tab 20 mg</i>	\$0 NDS, QL (90 (Tier 3)tabs / 30 days), PA
<i>dasatinib tab 50 mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>dasatinib tab 70 mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>dasatinib tab 80 mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dasatinib tab 100 mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>dasatinib tab 140 mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
DAURISMO TAB 25MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
DAURISMO TAB 100MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
ERIVEDGE CAP 150MG	\$0 NDS, QL (30 (Tier 3)caps / 30 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	\$0 NDS, QL (90 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>everolimus tab 2.5 mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>everolimus tab 5 mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>everolimus tab 7.5 mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>everolimus tab 10 mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>everolimus tab for oral susp 2 mg</i>	\$0 NDS, QL (150 (Tier 3)tabs / 30 days), PA
<i>everolimus tab for oral susp 3 mg</i>	\$0 NDS, QL (90 (Tier 3)tabs / 30 days), PA
<i>everolimus tab for oral susp 5 mg</i>	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
FOTIVDA CAP 0.89MG	\$0 NDS, QL (21 (Tier 3)caps / 28 days), PA
FOTIVDA CAP 1.34MG	\$0 NDS, QL (21 (Tier 3)caps / 28 days), PA
FRUZAQLA CAP 1MG	\$0 NDS, QL (84 (Tier 3)caps / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FRUZAQLA CAP 5MG	\$0 NDS, QL (21 (Tier 3)caps / 28 days), PA
GAVRETO CAP 100MG	\$0 NDS, QL (120 (Tier 3)caps / 30 days), PA
<i>gefitinib tab 250 mg</i>	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
GILOTRIF TAB 20MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
GILOTRIF TAB 30MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
GILOTRIF TAB 40MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
GOMEKLI CAP 1MG	\$0 (Tier 3)	NDS, QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	\$0 (Tier 3)	NDS, QL (84 caps / 28 days), PA
GOMEKLI TAB 1MG	\$0 (Tier 3)	NDS, QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	\$0 (Tier 3)	NDS, PA
HERCEPTIN INJ 150MG	\$0 (Tier 3)	NDS, PA
HERZUMA INJ 150MG	\$0 (Tier 3)	NDS, PA
HERZUMA INJ 420MG	\$0 (Tier 3)	NDS, PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
IBRANCE CAP 75MG	\$0 (Tier 3)	NDS, QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	\$0 (Tier 3)	NDS, QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	\$0 (Tier 3)	NDS, QL (21 caps / 28 days), PA
IBRANCE TAB 75MG	\$0 (Tier 3)	NDS, QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	\$0 (Tier 3)	NDS, QL (21 tabs / 28 days), PA
IBRANCE TAB 125MG	\$0 (Tier 3)	NDS, QL (21 tabs / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ICLUSIG TAB 10MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
ICLUSIG TAB 15MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
ICLUSIG TAB 30MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
ICLUSIG TAB 45MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
IDHIFA TAB 50MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
IDHIFA TAB 100MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	\$0 (Tier 3)	NDS, QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	\$0 (Tier 3)	NDS, QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	\$0 (Tier 3)	NDS, QL (120 caps / 30 days), PA
IMBRUVICA SUS 70MG/ML	\$0 (Tier 3)	NDS, QL (216 mL / 27 days), PA
IMBRUVICA TAB 140MG	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
IMBRUVICA TAB 280MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
IMBRUVICA TAB 420MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
IMKELDI SOL 80MG/ML	\$0 NDS, QL (280 (Tier 3)mL / 28 days), PA
INLYTA TAB 1MG	\$0 NDS, QL (180 (Tier 3)tabs / 30 days), PA
INLYTA TAB 5MG	\$0 NDS, QL (120 (Tier 3)tabs / 30 days), PA
INREBIC CAP 100MG	\$0 NDS, QL (120 (Tier 3)caps / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ITOVEBI TAB 3MG	\$0 NDS, QL (56 (Tier 3)tabs / 28 days), PA
ITOVEBI TAB 9MG	\$0 NDS, QL (28 (Tier 3)tabs / 28 days), PA
JAKAFI TAB 5MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
JAKAFI TAB 10MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
JAKAFI TAB 15MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
JAKAFI TAB 20MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
JAKAFI TAB 25MG	\$0 NDS, QL (60 (Tier 3) tabs / 30 days), PA
JAYPIRCA TAB 50MG	\$0 NDS, QL (30 (Tier 3) tabs / 30 days), PA
JAYPIRCA TAB 100MG	\$0 NDS, QL (60 (Tier 3) tabs / 30 days), PA
KADCYLA INJ 100MG	\$0 NDS, B/D (Tier 3)
KADCYLA INJ 160MG	\$0 NDS, B/D (Tier 3)
KANJINTI INJ 420MG	\$0 NDS, PA (Tier 3)
KANJINTI SOL 150MG	\$0 NDS, PA (Tier 3)
KEYTRUDA INJ 100MG/4M	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
KISQALI 200 DOSE	\$0 NDS, QL (21 (Tier 3)tabs / 28 days), PA
KISQALI 200 PAK FEMARA	\$0 NDS, QL (49 (Tier 3)tabs / 28 days), PA
KISQALI 400 DOSE	\$0 NDS, QL (42 (Tier 3)tabs / 28 days), PA
KISQALI 400 PAK FEMARA	\$0 NDS, QL (70 (Tier 3)tabs / 28 days), PA
KISQALI 600 DOSE	\$0 NDS, QL (63 (Tier 3)tabs / 28 days), PA
KISQALI 600 PAK FEMARA	\$0 NDS, QL (91 (Tier 3)tabs / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
KOSELUGO CAP 10MG	\$0 NDS, QL (240 (Tier 3)caps / 30 days), PA
KOSELUGO CAP 25MG	\$0 NDS, QL (120 (Tier 3)caps / 30 days), PA
KRAZATI TAB 200MG	\$0 NDS, QL (180 (Tier 3)tabs / 30 days), PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	\$0 NDS, QL (180 (Tier 3)tabs / 30 days), PA
LAZCLUZE TAB 80MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
LAZCLUZE TAB 240MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LENVIMA CAP 4MG	\$0 NDS, QL (30 (Tier 3)caps / 30 days), PA
LENVIMA CAP 8 MG	\$0 NDS, QL (60 (Tier 3)caps / 30 days), PA
LENVIMA CAP 10 MG	\$0 NDS, QL (30 (Tier 3)caps / 30 days), PA
LENVIMA CAP 12MG	\$0 NDS, QL (90 (Tier 3)caps / 30 days), PA
LENVIMA CAP 14 MG	\$0 NDS, QL (60 (Tier 3)caps / 30 days), PA
LENVIMA CAP 18 MG	\$0 NDS, QL (90 (Tier 3)caps / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LENVIMA CAP 20 MG	\$0 NDS, QL (60 (Tier 3)caps / 30 days), PA
LENVIMA CAP 24 MG	\$0 NDS, QL (90 (Tier 3)caps / 30 days), PA
LORBRENA TAB 25MG	\$0 NDS, QL (90 (Tier 3)tabs / 30 days), PA
LORBRENA TAB 100MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
LUMAKRAS TAB 120MG	\$0 NDS, QL (240 (Tier 3)tabs / 30 days), PA
LUMAKRAS TAB 240MG	\$0 NDS, QL (120 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
LUMAKRAS TAB 320MG	\$0 (Tier 3)	NDS, QL (90 tabs / 30 days), PA
LYNPARZA TAB 100MG	\$0 (Tier 3)	NDS, QL (120 tabs / 30 days), PA
LYNPARZA TAB 150MG	\$0 (Tier 3)	NDS, QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE)	\$0 (Tier 3)	NDS, QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE)	\$0 (Tier 3)	NDS, QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE)	\$0 (Tier 3)	NDS, QL (140 tabs / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MEKINIST SOL 0.05/ML	\$0 NDS, QL (1260 (Tier 3)mL / 30 days), PA
MEKINIST TAB 0.5MG	\$0 NDS, QL (90 (Tier 3)tabs / 30 days), PA
MEKINIST TAB 2MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
MEKTOVI TAB 15MG	\$0 NDS, QL (180 (Tier 3)tabs / 30 days), PA
MONJUVI INJ 200MG	\$0 NDS, PA (Tier 3)
NERLYNX TAB 40MG	\$0 NDS, QL (180 (Tier 3)tabs / 30 days), PA
NINLARO CAP 2.3MG	\$0 NDS, QL (3 (Tier 3)caps / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NINLARO CAP 3MG	\$0 NDS, QL (3 (Tier 3)caps / 28 days), PA
NINLARO CAP 4MG	\$0 NDS, QL (3 (Tier 3)caps / 28 days), PA
ODOMZO CAP 200MG	\$0 NDS, QL (30 (Tier 3)caps / 30 days), PA
OGIVRI INJ 150MG	\$0 NDS, PA (Tier 3)
OGIVRI INJ 420MG	\$0 NDS, PA (Tier 3)
OGSIVEO TAB 50MG	\$0 NDS, QL (180 (Tier 3)tabs / 30 days), PA
OGSIVEO TAB 100MG	\$0 NDS, QL (56 (Tier 3)tabs / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
OGSIVEO TAB 150MG	\$0 NDS, QL (56 (Tier 3)tabs / 28 days), PA
OJEMDA SUS 25MG/ML	\$0 NDS, QL (96 (Tier 3)mL / 28 days), PA
OJEMDA TAB 100MG	\$0 NDS, QL (24 (Tier 3)tabs / 28 days), PA
OJJAARA TAB 100MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
OJJAARA TAB 150MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
OJJAARA TAB 200MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
ONTRUZANT INJ 150MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ONTRUZANT INJ 420MG	\$0 NDS, PA (Tier 3)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	\$0 NDS, QL (120 (Tier 3) tabs / 30 days), PA
PEMAZYRE TAB 4.5MG	\$0 NDS, QL (28 (Tier 3) tabs / 28 days), PA
PEMAZYRE TAB 9MG	\$0 NDS, QL (28 (Tier 3) tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	\$0 NDS, QL (28 (Tier 3) tabs / 28 days), PA
PHESGO SOL	\$0 NDS, PA (Tier 3)
PIQRAY 200MG TAB DOSE	\$0 NDS, QL (28 (Tier 3) tabs / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
PIQRAY 250MG TAB DOSE	\$0 (Tier 3)	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	\$0 (Tier 3)	NDS, QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	\$0 (Tier 3)	NDS, QL (90 tabs / 30 days), PA
RETEVMO CAP 40MG	\$0 (Tier 3)	NDS, QL (180 caps / 30 days), PA
RETEVMO CAP 80MG	\$0 (Tier 3)	NDS, QL (120 caps / 30 days), PA
RETEVMO TAB 40MG	\$0 (Tier 3)	NDS, QL (90 tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
RETEVMO TAB 80MG	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA
RETEVMO TAB 120MG	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA
REVUFORJ TAB 25MG	\$0 (Tier 3)	NDS, QL (240 tabs / 30 days), PA
REVUFORJ TAB 110MG	\$0 (Tier 3)	NDS, QL (120 tabs / 30 days), PA
REVUFORJ TAB 160MG	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
REZLIDHIA CAP 150MG	\$0 NDS, QL (60 (Tier 3)caps / 30 days), PA
ROZLYTREK CAP 100MG	\$0 NDS, QL (180 (Tier 3)caps / 30 days), PA
ROZLYTREK CAP 200MG	\$0 NDS, QL (90 (Tier 3)caps / 30 days), PA
ROZLYTREK PAK 50MG	\$0 NDS, QL (336 (Tier 3)packets / 28 days), PA
RUBRACA TAB 200MG	\$0 NDS, QL (120 (Tier 3)tabs / 30 days), PA
RUBRACA TAB 250MG	\$0 NDS, QL (120 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
RUBRACA TAB 300MG	\$0 NDS, QL (120 (Tier 3)tabs / 30 days), PA
RYDAPT CAP 25MG	\$0 NDS, QL (224 (Tier 3)caps / 28 days), PA
SCEMBLIX TAB 20MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
SCEMBLIX TAB 40MG	\$0 NDS, QL (300 (Tier 3)tabs / 30 days), PA
SCEMBLIX TAB 100MG	\$0 NDS, QL (120 (Tier 3)tabs / 30 days), PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	\$0 NDS, QL (120 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
STIVARGA TAB 40MG	\$0 NDS, QL (84 (Tier 3)tabs / 28 days), PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	\$0 NDS, QL (30 (Tier 3)caps / 30 days), PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	\$0 NDS, QL (30 (Tier 3)caps / 30 days), PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	\$0 NDS, QL (30 (Tier 3)caps / 30 days), PA
<i>sunitinib malate cap 50 mg (base equivalent)</i>	\$0 NDS, QL (30 (Tier 3)caps / 30 days), PA
TABRECTA TAB 150MG	\$0 NDS, QL (112 (Tier 3)tabs / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TABRECTA TAB 200MG	\$0 NDS, QL (112 (Tier 3)tabs / 28 days), PA
TAFINLAR CAP 50MG	\$0 NDS, QL (120 (Tier 3)caps / 30 days), PA
TAFINLAR CAP 75MG	\$0 NDS, QL (120 (Tier 3)caps / 30 days), PA
TAFINLAR TAB 10MG	\$0 NDS, QL (900 (Tier 3)tabs / 30 days), PA
TAGRISSE TAB 40MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
TAGRISSE TAB 80MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
TALZENNA CAP 0.1MG	\$0 (Tier 3)	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	\$0 (Tier 3)	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	\$0 (Tier 3)	NDS, QL (90 caps / 30 days), PA
TALZENNA CAP 0.35MG	\$0 (Tier 3)	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.75MG	\$0 (Tier 3)	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	\$0 (Tier 3)	NDS, QL (30 caps / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TASIGNA CAP 50MG	\$0 NDS, QL (120 (Tier 3)caps / 30 days), PA
TASIGNA CAP 150MG	\$0 NDS, QL (112 (Tier 3)caps / 28 days), PA
TASIGNA CAP 200MG	\$0 NDS, QL (112 (Tier 3)caps / 28 days), PA
TAZVERIK TAB 200MG	\$0 NDS, QL (240 (Tier 3)tabs / 30 days), PA
TECENTRIQ INJ 840/14	\$0 NDS, PA (Tier 3)
TECENTRIQ INJ 1200/20	\$0 NDS, PA (Tier 3)
TECENTRIQ INJ HYBREZA	\$0 NDS, QL (1 vial (Tier 3)/ 21 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TEPMETKO TAB 225MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
TIBSOVO TAB 250MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
<i>torpenz tab 2.5mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>torpenz tab 5mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>torpenz tab 7.5mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>torpenz tab 10mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
TRAZIMERA INJ 150MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TRAZIMERA INJ 420MG	\$0 NDS, PA (Tier 3)
TRUQAP PAK 160MG	\$0 NDS, QL (4 (Tier 3)packs / 28 days), PA
TRUQAP PAK 200MG	\$0 NDS, QL (4 (Tier 3)packs / 28 days), PA
TRUQAP TAB 160MG	\$0 NDS, QL (64 (Tier 3)tabs / 28 days), PA
TRUQAP TAB 200MG	\$0 NDS, QL (64 (Tier 3)tabs / 28 days), PA
TRUXIMA INJ 100/10ML	\$0 NDS, PA (Tier 3)
TRUXIMA INJ 500/50ML	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
TUKYSA TAB 50MG	\$0 (Tier 3)	NDS, QL (120 tabs / 30 days), PA
TUKYSA TAB 150MG	\$0 (Tier 3)	NDS, QL (120 tabs / 30 days), PA
TURALIO CAP 125MG	\$0 (Tier 3)	NDS, QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	\$0 (Tier 3)	NDS, QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	\$0 (Tier 3)	NDS, QL (56 tabs / 28 days), PA
VENCLEXTA TAB 10MG	\$0 (Tier 3)	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 50MG	\$0 (Tier 3)	NDS, QL (112 tabs / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
VENCLEXTA TAB 100MG	\$0 (Tier 3)	NDS, QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	\$0 (Tier 3)	NDS, QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	\$0 (Tier 3)	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 100MG	\$0 (Tier 3)	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	\$0 (Tier 3)	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 200MG	\$0 (Tier 3)	NDS, QL (56 tabs / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VITRAKVI CAP 25MG	\$0 NDS, QL (180 (Tier 3)caps / 30 days), PA
VITRAKVI CAP 100MG	\$0 NDS, QL (60 (Tier 3)caps / 30 days), PA
VITRAKVI SOL 20MG/ML	\$0 NDS, QL (300 (Tier 3)mL / 30 days), PA
VIZIMPRO TAB 15MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
VIZIMPRO TAB 30MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
VIZIMPRO TAB 45MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VONJO CAP 100MG	\$0 NDS, QL (120 (Tier 3)caps / 30 days), PA
VORANIGO TAB 10MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
VORANIGO TAB 40MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
XALKORI CAP 20MG	\$0 NDS, QL (240 (Tier 3)caps / 30 days), PA
XALKORI CAP 50MG	\$0 NDS, QL (120 (Tier 3)caps / 30 days), PA
XALKORI CAP 150MG	\$0 NDS, QL (180 (Tier 3)caps / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
XALKORI CAP 200MG	\$0 NDS, QL (120 (Tier 3)caps / 30 days), PA
XALKORI CAP 250MG	\$0 NDS, QL (120 (Tier 3)caps / 30 days), PA
XOSPATA TAB 40MG	\$0 NDS, QL (90 (Tier 3)tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	\$0 NDS, QL (16 (Tier 3)tabs / 28 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	\$0 NDS, QL (4 (Tier 3)tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY)	\$0 NDS, QL (8 (Tier 3)tabs / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
XPOVIO PAK (60 MG ONCE WEEKLY)	\$0 NDS, QL (4 (Tier 3)tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	\$0 NDS, QL (24 (Tier 3)tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	\$0 NDS, QL (8 (Tier 3)tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	\$0 NDS, QL (32 (Tier 3)tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	\$0 NDS, QL (8 (Tier 3)tabs / 28 days), PA
ZEJULA TAB 100MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
ZEJULA TAB 200MG	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	\$0 (Tier 3)	NDS, QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	\$0 (Tier 3)	NDS, PA
ZIRABEV INJ 400/16ML	\$0 (Tier 3)	NDS, PA
ZOLINZA CAP 100MG	\$0 (Tier 3)	NDS, QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

ZYDELIG TAB 150MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
ZYKADIA TAB 150MG	\$0 NDS, QL (84 (Tier 3)tabs / 28 days), PA

PROTECTIVE AGENTS

<i>leucovorin calcium for inj 50 mg</i>	\$0 B/D (Tier 2)
<i>leucovorin calcium for inj 100 mg</i>	\$0 B/D (Tier 2)
<i>leucovorin calcium for inj 200 mg</i>	\$0 B/D (Tier 2)
<i>leucovorin calcium for inj 350 mg</i>	\$0 B/D (Tier 2)
<i>leucovorin calcium for inj 500 mg</i>	\$0 B/D (Tier 2)
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>leucovorin calcium tab 5 mg</i>	\$0 (Tier 2)
<i>leucovorin calcium tab 10 mg</i>	\$0 (Tier 2)
<i>leucovorin calcium tab 15 mg</i>	\$0 (Tier 2)
<i>leucovorin calcium tab 25 mg</i>	\$0 (Tier 2)
<i>mesna tab 400 mg</i>	\$0 NDS (Tier 3)
MESNEX TAB 400MG	\$0 NDS (Tier 3)

**CARDIOVASCULAR - DRUGS TO TREAT
HEART AND CIRCULATION CONDITIONS
ACE INHIBITOR COMBINATIONS - DRUGS
TO TREAT HIGH BLOOD PRESSURE**

<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i>	\$0 QL (30 caps / (Tier 1)30 days)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	\$0 (Tier 1)	

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (Tier 1)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0 (Tier 1)
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	\$0 (Tier 1)
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	\$0 (Tier 1)
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	\$0 (Tier 1)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	\$0 (Tier 1)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0 (Tier 1)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (Tier 1)
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)

<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	\$0 (Tier 1)

ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>benazepril hcl tab 5 mg</i>	\$0 (Tier 1)

<i>benazepril hcl tab 10 mg</i>	\$0 (Tier 1)

<i>benazepril hcl tab 20 mg</i>	\$0 (Tier 1)

<i>benazepril hcl tab 40 mg</i>	\$0 (Tier 1)

<i>captopril tab 12.5 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>captopril tab 25 mg</i>	\$0 (Tier 1)
<i>captopril tab 50 mg</i>	\$0 (Tier 1)
<i>captopril tab 100 mg</i>	\$0 (Tier 1)
<i>enalapril maleate tab 2.5 mg</i>	\$0 (Tier 1)
<i>enalapril maleate tab 5 mg</i>	\$0 (Tier 1)
<i>enalapril maleate tab 10 mg</i>	\$0 (Tier 1)
<i>enalapril maleate tab 20 mg</i>	\$0 (Tier 1)
<i>fosinopril sodium tab 10 mg</i>	\$0 (Tier 1)
<i>fosinopril sodium tab 20 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fosinopril sodium tab 40 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 2.5 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 5 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 10 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 20 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 30 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 40 mg</i>	\$0 (Tier 1)
<i>moexipril hcl tab 7.5 mg</i>	\$0 (Tier 1)
<i>moexipril hcl tab 15 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>perindopril erbumine tab 2 mg</i>	\$0 (Tier 1)
<i>perindopril erbumine tab 4 mg</i>	\$0 (Tier 1)
<i>perindopril erbumine tab 8 mg</i>	\$0 (Tier 1)
<i>quinapril hcl tab 5 mg</i>	\$0 (Tier 1)
<i>quinapril hcl tab 10 mg</i>	\$0 (Tier 1)
<i>quinapril hcl tab 20 mg</i>	\$0 (Tier 1)
<i>quinapril hcl tab 40 mg</i>	\$0 (Tier 1)
<i>ramipril cap 1.25 mg</i>	\$0 (Tier 1)
<i>ramipril cap 2.5 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ramipril cap 5 mg</i>	\$0 (Tier 1)
<i>ramipril cap 10 mg</i>	\$0 (Tier 1)
<i>trandolapril tab 1 mg</i>	\$0 (Tier 1)
<i>trandolapril tab 2 mg</i>	\$0 (Tier 1)
<i>trandolapril tab 4 mg</i>	\$0 (Tier 1)
<i>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</i>	
<i>eplerenone tab 25 mg</i>	\$0 (Tier 2)
<i>eplerenone tab 50 mg</i>	\$0 (Tier 2)
KERENDIA TAB 10MG	\$0 QL (30 tabs / (Tier 3)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
KERENDIA TAB 20MG	\$0 QL (30 tabs / (Tier 3)30 days)
<i>spironolactone tab 25 mg</i>	\$0 (Tier 1)
<i>spironolactone tab 50 mg</i>	\$0 (Tier 1)
<i>spironolactone tab 100 mg</i>	\$0 (Tier 1)
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
<i>doxazosin mesylate tab 1 mg</i>	\$0 (Tier 1)
<i>doxazosin mesylate tab 2 mg</i>	\$0 (Tier 1)
<i>doxazosin mesylate tab 4 mg</i>	\$0 (Tier 1)
<i>doxazosin mesylate tab 8 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>prazosin hcl cap 1 mg</i>	\$0 (Tier 2)
<i>prazosin hcl cap 2 mg</i>	\$0 (Tier 2)
<i>prazosin hcl cap 5 mg</i>	\$0 (Tier 2)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	\$0 (Tier 1)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	\$0 (Tier 1)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	\$0 (Tier 1)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	\$0 (Tier 1)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****ANGIOTENSIN II RECEPTOR ANTAGONIST
COMBINATIONS - DRUGS TO TREAT HIGH
BLOOD PRESSURE**

<i>amlodipine besylate- olmesartan medoxomil tab 5-20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate- olmesartan medoxomil tab 5-40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate- olmesartan medoxomil tab 10-20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate- olmesartan medoxomil tab 10-40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate- valsartan tab 5-160 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate- valsartan tab 5-320 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	\$0 (Tier 4)	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	\$0 (Tier 4)	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	\$0 (Tier 3)	QL (240 caps / 30 days)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
ENTRESTO CAP 15-16MG	\$0	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	\$0	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	\$0	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	\$0	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0	(Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0 (Tier 1)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0 (Tier 1)
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>telmisartan- hydrochlorothiazide tab 40-12.5 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>telmisartan- hydrochlorothiazide tab 80-12.5 mg</i>	\$0 QL (60 tabs / (Tier 1)30 days)
<i>telmisartan- hydrochlorothiazide tab 80-25 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>valsartan- hydrochlorothiazide tab 80-12.5 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>valsartan- hydrochlorothiazide tab 160-12.5 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>valsartan- hydrochlorothiazide tab 160-25 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>valsartan- hydrochlorothiazide tab 320-12.5 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)

<i>valsartan- hydrochlorothiazide tab 320-25 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)

**ANGIOTENSIN II RECEPTOR ANTAGONISTS
- DRUGS TO TREAT HIGH BLOOD PRESSURE**

<i>candesartan cilexetil tab 4 mg</i>	\$0 QL (60 tabs / (Tier 1)30 days)

<i>candesartan cilexetil tab 8 mg</i>	\$0 QL (60 tabs / (Tier 1)30 days)

<i>candesartan cilexetil tab 16 mg</i>	\$0 QL (60 tabs / (Tier 1)30 days)

<i>candesartan cilexetil tab 32 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)

EDARBI TAB 40MG	\$0 QL (30 tabs / (Tier 4)30 days), ST

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
EDARBI TAB 80MG	\$0 QL (30 tabs / (Tier 4)30 days), ST
<i>irbesartan tab 75 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>irbesartan tab 150 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>irbesartan tab 300 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>losartan potassium tab 25 mg</i>	\$0 (Tier 1)
<i>losartan potassium tab 50 mg</i>	\$0 (Tier 1)
<i>losartan potassium tab 100 mg</i>	\$0 (Tier 1)
<i>olmesartan medoxomil tab 5 mg</i>	\$0 QL (60 tabs / (Tier 1)30 days)
<i>olmesartan medoxomil tab 20 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>olmesartan medoxomil tab 40 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>telmisartan tab 20 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>telmisartan tab 40 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>telmisartan tab 80 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>valsartan tab 40 mg</i>	\$0 QL (60 tabs / (Tier 1)30 days)
<i>valsartan tab 80 mg</i>	\$0 QL (60 tabs / (Tier 1)30 days)
<i>valsartan tab 160 mg</i>	\$0 QL (60 tabs / (Tier 1)30 days)
<i>valsartan tab 320 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****ANTIARRHYTHMICS - DRUGS TO CONTROL
HEART RHYTHM**

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	\$0 (Tier 2)
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	\$0 (Tier 2)
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	\$0 (Tier 2)
<i>amiodarone hcl tab 100 mg</i>	\$0 (Tier 2)
<i>amiodarone hcl tab 200 mg</i>	\$0 (Tier 1)
<i>amiodarone hcl tab 400 mg</i>	\$0 (Tier 2)
<i>disopyramide phosphate cap 100 mg</i>	\$0 (Tier 4)
<i>disopyramide phosphate cap 150 mg</i>	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dofetilide cap 125 mcg (0.125 mg)</i>	\$0 (Tier 2)
<i>dofetilide cap 250 mcg (0.25 mg)</i>	\$0 (Tier 2)
<i>dofetilide cap 500 mcg (0.5 mg)</i>	\$0 (Tier 2)
<i>flecainide acetate tab 50 mg</i>	\$0 (Tier 2)
<i>flecainide acetate tab 100 mg</i>	\$0 (Tier 2)
<i>flecainide acetate tab 150 mg</i>	\$0 (Tier 2)
MULTAQ TAB 400MG	\$0 QL (60 tabs / (Tier 4)30 days)
<i>pacerone</i>	\$0 (Tier 1)
<i>pacerone</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>propafenone hcl cap er 12hr 225 mg</i>	\$0 (Tier 2)
<i>propafenone hcl cap er 12hr 325 mg</i>	\$0 (Tier 2)
<i>propafenone hcl cap er 12hr 425 mg</i>	\$0 (Tier 2)
<i>propafenone hcl tab 150 mg</i>	\$0 (Tier 2)
<i>propafenone hcl tab 225 mg</i>	\$0 (Tier 2)
<i>propafenone hcl tab 300 mg</i>	\$0 (Tier 2)
<i>quinidine sulfate tab 200 mg</i>	\$0 (Tier 2)
<i>quinidine sulfate tab 300 mg</i>	\$0 (Tier 2)
<i>sotalol hcl (afib/afl) tab 80 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>sotalol hcl (afib/afl) tab 120 mg</i>	\$0 (Tier 2)
<i>sotalol hcl (afib/afl) tab 160 mg</i>	\$0 (Tier 2)
<i>sotalol hcl tab 80 mg</i>	\$0 (Tier 1)
<i>sotalol hcl tab 120 mg</i>	\$0 (Tier 1)
<i>sotalol hcl tab 160 mg</i>	\$0 (Tier 1)
<i>sotalol hcl tab 240 mg</i>	\$0 (Tier 1)

ANTILIPEMICS, FIBRATES

<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	\$0 (Tier 2)
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fenofibrate micronized cap 67 mg</i>	\$0 (Tier 2)
<i>fenofibrate micronized cap 134 mg</i>	\$0 (Tier 2)
<i>fenofibrate micronized cap 200 mg</i>	\$0 (Tier 2)
<i>fenofibrate tab 48 mg</i>	\$0 (Tier 2)
<i>fenofibrate tab 54 mg</i>	\$0 (Tier 2)
<i>fenofibrate tab 145 mg</i>	\$0 (Tier 2)
<i>fenofibrate tab 160 mg</i>	\$0 (Tier 2)
<i>gemfibrozil tab 600 mg</i>	\$0 (Tier 1)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****ANTILIPEMICS, HMG-CoA REDUCTASE
INHIBITORS - DRUGS TO TREAT HIGH
CHOLESTEROL***

ALTOPREV TAB 20MG ER	\$0	NDS, QL (30 (Tier 3)tabs / 30 days), ST
ALTOPREV TAB 40MG ER	\$0	NDS, QL (30 (Tier 3)tabs / 30 days), ST
ALTOPREV TAB 60MG ER	\$0	NDS, QL (30 (Tier 3)tabs / 30 days), ST
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	\$0	QL (30 tabs / (Tier 1)30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	\$0	QL (30 tabs / (Tier 1)30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	\$0	QL (30 tabs / (Tier 1)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	\$0 QL (30 tabs / (Tier 1)30 days)
EZALLOR SPR CAP 5MG	\$0 QL (30 caps / (Tier 4)30 days), ST
EZALLOR SPR CAP 10MG	\$0 QL (30 caps / (Tier 4)30 days), ST
EZALLOR SPR CAP 20MG	\$0 QL (30 caps / (Tier 4)30 days), ST
EZALLOR SPR CAP 40MG	\$0 QL (30 caps / (Tier 4)30 days), ST
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	\$0 QL (60 caps / (Tier 1)30 days), ST
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	\$0 QL (60 caps / (Tier 1)30 days), ST
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	\$0 QL (30 tabs / (Tier 1)30 days), ST
<i>lovastatin tab 10 mg</i>	\$0 QL (60 tabs / (Tier 1)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lovastatin tab 20 mg</i>	\$0 QL (60 tabs / (Tier 1)30 days)
<i>lovastatin tab 40 mg</i>	\$0 QL (60 tabs / (Tier 1)30 days)
<i>pitavastatin calcium tab 1 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days), ST
<i>pitavastatin calcium tab 2 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days), ST
<i>pitavastatin calcium tab 4 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days), ST
<i>pravastatin sodium tab 10 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>pravastatin sodium tab 20 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>pravastatin sodium tab 40 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>pravastatin sodium tab 80 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>rosuvastatin calcium tab 5 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>rosuvastatin calcium tab 10 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>rosuvastatin calcium tab 20 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>rosuvastatin calcium tab 40 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>simvastatin tab 5 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>simvastatin tab 10 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>simvastatin tab 20 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>simvastatin tab 40 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>simvastatin tab 80 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

ZYPITAMAG TAB 2MG	\$0 QL (30 tabs / (Tier 4)30 days), ST
ZYPITAMAG TAB 4MG	\$0 QL (30 tabs / (Tier 4)30 days), ST

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>cholestyramine light powder 4 gm/dose</i>	\$0 (Tier 2)
<i>cholestyramine light powder packets 4 gm</i>	\$0 (Tier 2)
<i>cholestyramine powder 4 gm/dose</i>	\$0 (Tier 2)
<i>cholestyramine powder packets 4 gm</i>	\$0 (Tier 2)
<i>colesevelam hcl packet for susp 3.75 gm</i>	\$0 (Tier 2)
<i>colesevelam hcl tab 625 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>colestipol hcl granule packets 5 gm</i>	\$0 (Tier 2)
<i>colestipol hcl granules 5 gm</i>	\$0 (Tier 2)
<i>colestipol hcl tab 1 gm</i>	\$0 (Tier 2)
<i>ezetimibe tab 10 mg</i>	\$0 (Tier 2)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
NEXLETOL TAB 180MG	\$0 QL (30 tabs / (Tier 3)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NEXLIZET TAB 180/10MG	\$0 QL (30 tabs / (Tier 3)30 days)
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	\$0 PA (Tier 2)
<i>prevalite</i>	\$0 (Tier 2)
REPATHA INJ 140MG/ML	\$0 PA (Tier 3)
REPATHA PUSH INJ 420/3.5	\$0 PA (Tier 3)
REPATHA SURE INJ 140MG/ML	\$0 PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

VASCEPA CAP 0.5GM	\$0 (Tier 3)

VASCEPA CAP 1GM	\$0 (Tier 3)

***BETA-BLOCKER/DIURETIC COMBINATIONS
- DRUGS TO TREAT HIGH BLOOD PRESSURE
AND HEART CONDITIONS***

<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0 (Tier 1)

<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0 (Tier 1)

<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0 (Tier 1)

<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0 (Tier 1)

<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0 (Tier 2)

<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0 (Tier 2)

<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0 (Tier 2)

BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>acebutolol hcl cap 200 mg</i>	\$0 (Tier 2)

<i>acebutolol hcl cap 400 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>atenolol tab 25 mg</i>	\$0 (Tier 1)
<i>atenolol tab 50 mg</i>	\$0 (Tier 1)
<i>atenolol tab 100 mg</i>	\$0 (Tier 1)
<i>bisoprolol fumarate tab 5 mg</i>	\$0 (Tier 1)
<i>bisoprolol fumarate tab 10 mg</i>	\$0 (Tier 1)
<i>carvedilol tab 3.125 mg</i>	\$0 (Tier 1)
<i>carvedilol tab 6.25 mg</i>	\$0 (Tier 1)
<i>carvedilol tab 12.5 mg</i>	\$0 (Tier 1)
<i>carvedilol tab 25 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>labetalol hcl tab 100 mg</i>	\$0 (Tier 2)
<i>labetalol hcl tab 200 mg</i>	\$0 (Tier 2)
<i>labetalol hcl tab 300 mg</i>	\$0 (Tier 2)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	\$0 (Tier 1)
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	\$0 (Tier 1)
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	\$0 (Tier 1)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	\$0 (Tier 2)
<i>metoprolol tartrate tab 25 mg</i>	\$0 (Tier 1)
<i>metoprolol tartrate tab 50 mg</i>	\$0 (Tier 1)
<i>metoprolol tartrate tab 100 mg</i>	\$0 (Tier 1)
<i>nadolol tab 20 mg</i>	\$0 (Tier 2)
<i>nadolol tab 40 mg</i>	\$0 (Tier 2)
<i>nadolol tab 80 mg</i>	\$0 (Tier 2)
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	\$0 QL (30 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>pindolol tab 5 mg</i>	\$0 (Tier 2)
<i>pindolol tab 10 mg</i>	\$0 (Tier 2)
<i>propranolol hcl cap er 24hr 60 mg</i>	\$0 (Tier 2)
<i>propranolol hcl cap er 24hr 80 mg</i>	\$0 (Tier 2)
<i>propranolol hcl cap er 24hr 120 mg</i>	\$0 (Tier 2)
<i>propranolol hcl cap er 24hr 160 mg</i>	\$0 (Tier 2)
<i>propranolol hcl oral soln 20 mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>propranolol hcl oral soln 40 mg/5ml</i>	\$0 (Tier 2)
<i>propranolol hcl tab 10 mg</i>	\$0 (Tier 2)
<i>propranolol hcl tab 20 mg</i>	\$0 (Tier 2)
<i>propranolol hcl tab 40 mg</i>	\$0 (Tier 2)
<i>propranolol hcl tab 60 mg</i>	\$0 (Tier 2)
<i>propranolol hcl tab 80 mg</i>	\$0 (Tier 2)
<i>timolol maleate tab 5 mg</i>	\$0 (Tier 2)
<i>timolol maleate tab 10 mg</i>	\$0 (Tier 2)
<i>timolol maleate tab 20 mg</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****CALCIUM CHANNEL BLOCKERS - DRUGS TO
TREAT HIGH BLOOD PRESSURE AND HEART
CONDITIONS**

<i>amlodipine besylate tab</i>	\$0
<i>2.5 mg (base equivalent)</i>	(Tier 1)
<i>amlodipine besylate tab 5</i>	\$0
<i>mg (base equivalent)</i>	(Tier 1)
<i>amlodipine besylate tab</i>	\$0
<i>10 mg (base equivalent)</i>	(Tier 1)
<i>cartia xt</i>	\$0
	(Tier 2)
<i>dilt-xr</i>	\$0
	(Tier 2)
<i>diltiazem hcl cap er 12hr</i>	\$0
<i>60 mg</i>	(Tier 2)
<i>diltiazem hcl cap er 12hr</i>	\$0
<i>90 mg</i>	(Tier 2)
<i>diltiazem hcl cap er 12hr</i>	\$0
<i>120 mg</i>	(Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	\$0 (Tier 2)
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	\$0 (Tier 2)
<i>diltiazem hcl tab 30 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl tab 60 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl tab 90 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl tab 120 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl tab er 24hr 120 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl tab er 24hr 180 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl tab er 24hr 240 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl tab er 24hr 300 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diltiazem hcl tab er 24hr 360 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl tab er 24hr 420 mg</i>	\$0 (Tier 2)
<i>felodipine tab er 24hr 2.5 mg</i>	\$0 (Tier 2)
<i>felodipine tab er 24hr 5 mg</i>	\$0 (Tier 2)
<i>felodipine tab er 24hr 10 mg</i>	\$0 (Tier 2)
<i>isradipine cap 2.5 mg</i>	\$0 (Tier 2)
<i>isradipine cap 5 mg</i>	\$0 (Tier 2)
<i>matzim la</i>	\$0 (Tier 2)
<i>nicardipine hcl cap 20 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nicardipine hcl cap 30 mg</i>	\$0 (Tier 2)
<i>nifedipine tab er 24hr 30 mg</i>	\$0 (Tier 2)
<i>nifedipine tab er 24hr 60 mg</i>	\$0 (Tier 2)
<i>nifedipine tab er 24hr 90 mg</i>	\$0 (Tier 2)
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	\$0 (Tier 2)
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	\$0 (Tier 2)
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	\$0 (Tier 2)
<i>nimodipine cap 30 mg</i>	\$0 (Tier 2)
<i>nisoldipine tab er 24hr 8.5 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nisoldipine tab er 24hr 17 mg</i>	\$0 (Tier 2)
<i>nisoldipine tab er 24hr 20 mg</i>	\$0 (Tier 2)
<i>nisoldipine tab er 24hr 25.5 mg</i>	\$0 (Tier 2)
<i>nisoldipine tab er 24hr 30 mg</i>	\$0 (Tier 2)
<i>nisoldipine tab er 24hr 34 mg</i>	\$0 (Tier 2)
<i>nisoldipine tab er 24hr 40 mg</i>	\$0 (Tier 2)
<i>tiadylt er</i>	\$0 (Tier 2)
<i>verapamil hcl cap er 24hr 100 mg</i>	\$0 (Tier 2)
<i>verapamil hcl cap er 24hr 120 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>verapamil hcl cap er 24hr 180 mg</i>	\$0 (Tier 2)
<i>verapamil hcl cap er 24hr 200 mg</i>	\$0 (Tier 2)
<i>verapamil hcl cap er 24hr 240 mg</i>	\$0 (Tier 2)
<i>verapamil hcl cap er 24hr 300 mg</i>	\$0 (Tier 2)
<i>verapamil hcl cap er 24hr 360 mg</i>	\$0 (Tier 2)
<i>verapamil hcl iv soln 2.5 mg/ml</i>	\$0 (Tier 2)
<i>verapamil hcl tab 40 mg</i>	\$0 (Tier 1)
<i>verapamil hcl tab 80 mg</i>	\$0 (Tier 1)
<i>verapamil hcl tab 120 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>verapamil hcl tab er 120 mg</i>	\$0 (Tier 1)
<i>verapamil hcl tab er 180 mg</i>	\$0 (Tier 1)
<i>verapamil hcl tab er 240 mg</i>	\$0 (Tier 1)
DIURETICS - DRUGS TO TREAT HEART CONDITIONS	
<i>acetazolamide cap er 12hr 500 mg</i>	\$0 (Tier 2)
<i>acetazolamide tab 125 mg</i>	\$0 (Tier 2)
<i>acetazolamide tab 250 mg</i>	\$0 (Tier 2)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	\$0 (Tier 1)
<i>amiloride hcl tab 5 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>bumetanide inj 0.25 mg/ml</i>	\$0 (Tier 2)
<i>bumetanide tab 0.5 mg</i>	\$0 (Tier 2)
<i>bumetanide tab 1 mg</i>	\$0 (Tier 2)
<i>bumetanide tab 2 mg</i>	\$0 (Tier 2)
<i>chlorthalidone tab 25 mg</i>	\$0 (Tier 2)
<i>chlorthalidone tab 50 mg</i>	\$0 (Tier 2)
<i>furosemide inj</i>	\$0 (Tier 2)
<i>furosemide oral soln 8 mg/ml</i>	\$0 (Tier 1)
<i>furosemide oral soln 10 mg/ml</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>furosemide tab 20 mg</i>	\$0 (Tier 1)
<i>furosemide tab 40 mg</i>	\$0 (Tier 1)
<i>furosemide tab 80 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide cap 12.5 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide tab 12.5 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide tab 25 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide tab 50 mg</i>	\$0 (Tier 1)
<i>indapamide tab 1.25 mg</i>	\$0 (Tier 1)
<i>indapamide tab 2.5 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>methazolamide tab 25 mg</i>	\$0 (Tier 2)
<i>methazolamide tab 50 mg</i>	\$0 (Tier 2)
<i>metolazone tab 2.5 mg</i>	\$0 (Tier 2)
<i>metolazone tab 5 mg</i>	\$0 (Tier 2)
<i>metolazone tab 10 mg</i>	\$0 (Tier 2)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0 (Tier 2)
<i>torseamide tab 5 mg</i>	\$0 (Tier 1)
<i>torseamide tab 10 mg</i>	\$0 (Tier 1)
<i>torseamide tab 20 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>torse mide tab 100 mg</i>	\$0 (Tier 1)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0 (Tier 1)
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0 (Tier 1)
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0 (Tier 1)
MISCELLANEOUS	
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	\$0 (Tier 1)
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	\$0 (Tier 1)
<i>amlodipine besylate- atorvastatin calcium tab 2.5-10 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amlodipine besylate- atorvastatin calcium tab 2.5-20 mg</i>	\$0 (Tier 1)
<i>amlodipine besylate- atorvastatin calcium tab 2.5-40 mg</i>	\$0 (Tier 1)
<i>amlodipine besylate- atorvastatin calcium tab 5-10 mg</i>	\$0 (Tier 1)
<i>amlodipine besylate- atorvastatin calcium tab 5-20 mg</i>	\$0 (Tier 1)
<i>amlodipine besylate- atorvastatin calcium tab 5-40 mg</i>	\$0 (Tier 1)
<i>amlodipine besylate- atorvastatin calcium tab 5-80 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amlodipine besylate- atorvastatin calcium tab 10-10 mg</i>	\$0 (Tier 1)
<i>amlodipine besylate- atorvastatin calcium tab 10-20 mg</i>	\$0 (Tier 1)
<i>amlodipine besylate- atorvastatin calcium tab 10-40 mg</i>	\$0 (Tier 1)
<i>amlodipine besylate- atorvastatin calcium tab 10-80 mg</i>	\$0 (Tier 1)
<i>clonidine hcl tab 0.1 mg</i>	\$0 (Tier 1)
<i>clonidine hcl tab 0.2 mg</i>	\$0 (Tier 1)
<i>clonidine hcl tab 0.3 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clonidine td patch weekly 0.1 mg/24hr</i>	\$0 (Tier 2)
<i>clonidine td patch weekly 0.2 mg/24hr</i>	\$0 (Tier 2)
<i>clonidine td patch weekly 0.3 mg/24hr</i>	\$0 (Tier 2)
CORLANOR SOL 5MG/5ML	\$0 QL (450 mL / (Tier 4)30 days)
<i>digoxin inj 0.25 mg/ml</i>	\$0 (Tier 2)
<i>digoxin oral soln 0.05 mg/ml</i>	\$0 (Tier 2)
<i>digoxin tab 125 mcg (0.125 mg)</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>droxidopa cap 100 mg</i>	\$0 NDS, QL (90 (Tier 3)caps / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>droxidopa cap 200 mg</i>	\$0 NDS, QL (180 (Tier 3)caps / 30 days), PA
<i>droxidopa cap 300 mg</i>	\$0 NDS, QL (180 (Tier 3)caps / 30 days), PA
<i>epinephrine inj 1 mg/ml (1:1000)</i>	\$0 (Tier 2)
<i>guanfacine hcl tab 1 mg</i>	\$0 PA; PA applies (Tier 3)if 70 years and older
<i>guanfacine hcl tab 2 mg</i>	\$0 PA; PA applies (Tier 3)if 70 years and older
<i>hydralazine hcl inj 20 mg/ml</i>	\$0 (Tier 2)
<i>hydralazine hcl tab 10 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydralazine hcl tab 25 mg</i>	\$0 (Tier 1)
<i>hydralazine hcl tab 50 mg</i>	\$0 (Tier 1)
<i>hydralazine hcl tab 100 mg</i>	\$0 (Tier 1)
<i>ivabradine hcl tab 5 mg (base equiv)</i>	\$0 QL (60 tabs / 30 days) (Tier 2)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	\$0 QL (60 tabs / 30 days) (Tier 2)
<i>metyrosine cap 250 mg</i>	\$0 NDS, PA (Tier 3)
<i>midodrine hcl tab 2.5 mg</i>	\$0 (Tier 2)
<i>midodrine hcl tab 5 mg</i>	\$0 (Tier 2)
<i>midodrine hcl tab 10 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>minoxidil tab 2.5 mg</i>	\$0 (Tier 2)
<i>minoxidil tab 10 mg</i>	\$0 (Tier 2)
<i>ranolazine tab er 12hr 500 mg</i>	\$0 (Tier 2)
<i>ranolazine tab er 12hr 1000 mg</i>	\$0 (Tier 2)
VERQUVO TAB 2.5MG	\$0 QL (30 tabs / (Tier 3)30 days), PA
VERQUVO TAB 5MG	\$0 QL (30 tabs / (Tier 3)30 days), PA
VERQUVO TAB 10MG	\$0 QL (30 tabs / (Tier 3)30 days), PA

NITRATES - DRUGS TO TREAT HEART CONDITIONS

<i>isosorbide dinitrate tab 5 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>isosorbide dinitrate tab 10 mg</i>	\$0 (Tier 2)
<i>isosorbide dinitrate tab 20 mg</i>	\$0 (Tier 2)
<i>isosorbide dinitrate tab 30 mg</i>	\$0 (Tier 2)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	\$0 (Tier 1)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	\$0 (Tier 1)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	\$0 (Tier 1)
NITRO-BID OIN 2%	\$0 (Tier 3)
<i>nitroglycerin sl tab 0.3 mg</i>	\$0 (Tier 2)
<i>nitroglycerin sl tab 0.4 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>nitroglycerin sl tab 0.6 mg</i>	\$0 (Tier 2)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	\$0 (Tier 2)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	\$0 (Tier 2)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	\$0 (Tier 2)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	\$0 (Tier 2)

**PULMONARY ARTERIAL HYPERTENSION -
DRUGS TO TREAT PULMONARY
HYPERTENSION**

<i>alyq</i>	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA
<i>ambrisentan tab 5 mg</i>	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ambrisentan tab 10 mg</i>	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>bosentan tab 62.5 mg</i>	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
<i>bosentan tab 125 mg</i>	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
OPSUMIT TAB 10MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>sildenafil citrate tab 20 mg</i>	\$0 QL (360 tabs / (Tier 2)30 days), PA
<i>tadalafil tab 20 mg (pah)</i>	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	\$0 NDS, PA (Tier 3)
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	\$0 NDS, PA (Tier 3)
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	\$0 NDS, PA (Tier 3)

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTI-ANXIETY - DRUGS TO TREAT ANXIETY

<i>alprazolam tab 0.5 mg</i>	\$0 QL (150 tabs / (Tier 2)30 days)
<i>alprazolam tab 0.25 mg</i>	\$0 QL (150 tabs / (Tier 2)30 days)
<i>alprazolam tab 1 mg</i>	\$0 QL (150 tabs / (Tier 2)30 days)
<i>alprazolam tab 2 mg</i>	\$0 QL (150 tabs / (Tier 2)30 days)
<i>buspirone hcl tab 5 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>buspirone hcl tab 7.5 mg</i>	\$0 (Tier 2)
<i>buspirone hcl tab 10 mg</i>	\$0 (Tier 1)
<i>buspirone hcl tab 15 mg</i>	\$0 (Tier 1)
<i>buspirone hcl tab 30 mg</i>	\$0 (Tier 2)
<i>fluvoxamine maleate tab 25 mg</i>	\$0 (Tier 2)
<i>fluvoxamine maleate tab 50 mg</i>	\$0 (Tier 2)
<i>fluvoxamine maleate tab 100 mg</i>	\$0 (Tier 2)
<i>lorazepam conc 2 mg/ml</i>	\$0 QL (150 mL / (Tier 2)30 days)
<i>lorazepam inj 2 mg/ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>lorazepam inj 4 mg/ml</i>	\$0 (Tier 2)
<i>lorazepam intensol</i>	\$0 QL (150 mL / (Tier 2)30 days)
<i>lorazepam tab 0.5 mg</i>	\$0 QL (150 tabs / (Tier 2)30 days)
<i>lorazepam tab 1 mg</i>	\$0 QL (150 tabs / (Tier 2)30 days)
<i>lorazepam tab 2 mg</i>	\$0 QL (150 tabs / (Tier 2)30 days)

ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>donepezil hydrochloride tab 5 mg</i>	\$0 QL (30 tabs / (Tier 1)30 days)
<i>donepezil hydrochloride tab 10 mg</i>	\$0 (Tier 1)
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	\$0 QL (30 caps / (Tier 2)30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	\$0 QL (30 caps / (Tier 2)30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	\$0 QL (30 caps / (Tier 2)30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	\$0 QL (200 mL / (Tier 2)30 days)
<i>galantamine hydrobromide tab 4 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>galantamine hydrobromide tab 8 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>galantamine hydrobromide tab 12 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	\$0 PA; PA applies (Tier 2)if 29 years and younger
<i>memantine hcl cap er 24hr 14 mg</i>	\$0 PA; PA applies (Tier 2)if 29 years and younger
<i>memantine hcl cap er 24hr 21 mg</i>	\$0 PA; PA applies (Tier 2)if 29 years and younger
<i>memantine hcl cap er 24hr 28 mg</i>	\$0 PA; PA applies (Tier 2)if 29 years and younger
<i>memantine hcl oral solution 2 mg/ml</i>	\$0 PA; PA applies (Tier 2)if 29 years and younger

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>memantine hcl tab 5 mg</i>	\$0 PA; PA applies (Tier 2)if 29 years and younger
<i>memantine hcl tab 10 mg</i>	\$0 PA; PA applies (Tier 2)if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	\$0 (Tier 2)
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	\$0 (Tier 2)
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	\$0 (Tier 2)
NAMZARIC CAP 7-10MG	\$0 (Tier 4)
NAMZARIC CAP 14-10MG	\$0 (Tier 4)
NAMZARIC CAP 21-10MG	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
NAMZARIC CAP 28-10MG	\$0 (Tier 4)	
NAMZARIC CAP PACK	\$0 (Tier 4)	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	\$0 (Tier 2)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	\$0 (Tier 2)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	\$0 (Tier 2)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	\$0 (Tier 2)	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	\$0 (Tier 2)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	\$0 (Tier 2)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	\$0 (Tier 2)	QL (30 patches / 30 days)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****ANTIDEPRESSANTS - DRUGS TO TREAT
DEPRESSION***

<i>amitriptyline hcl tab 10 mg</i>	\$0 (Tier 3)
<i>amitriptyline hcl tab 25 mg</i>	\$0 (Tier 3)
<i>amitriptyline hcl tab 50 mg</i>	\$0 (Tier 3)
<i>amitriptyline hcl tab 75 mg</i>	\$0 (Tier 3)
<i>amitriptyline hcl tab 100 mg</i>	\$0 (Tier 3)
<i>amitriptyline hcl tab 150 mg</i>	\$0 (Tier 3)
<i>amoxapine tab 25 mg</i>	\$0 (Tier 3)
<i>amoxapine tab 50 mg</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amoxapine tab 100 mg</i>	\$0 (Tier 3)
<i>amoxapine tab 150 mg</i>	\$0 (Tier 3)
AUVELITY TAB 45-105MG	\$0 QL (60 tabs / (Tier 4)30 days), PA
<i>bupropion hcl tab 75 mg</i>	\$0 (Tier 2)
<i>bupropion hcl tab 100 mg</i>	\$0 (Tier 2)
<i>bupropion hcl tab er 12hr 100 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>bupropion hcl tab er 24hr 300 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	\$0 (Tier 2)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	\$0 (Tier 1)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	\$0 (Tier 1)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	\$0 (Tier 1)
<i>clomipramine hcl cap 25 mg</i>	\$0 PA (Tier 4)
<i>clomipramine hcl cap 50 mg</i>	\$0 PA (Tier 4)
<i>clomipramine hcl cap 75 mg</i>	\$0 PA (Tier 4)
<i>desipramine hcl tab 10 mg</i>	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>desipramine hcl tab 25 mg</i>	\$0 (Tier 4)	
<i>desipramine hcl tab 50 mg</i>	\$0 (Tier 4)	
<i>desipramine hcl tab 75 mg</i>	\$0 (Tier 4)	
<i>desipramine hcl tab 100 mg</i>	\$0 (Tier 4)	
<i>desipramine hcl tab 150 mg</i>	\$0 (Tier 4)	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>doxepin hcl cap 10 mg</i>	\$0 (Tier 3)
<i>doxepin hcl cap 25 mg</i>	\$0 (Tier 3)
<i>doxepin hcl cap 50 mg</i>	\$0 (Tier 3)
<i>doxepin hcl cap 75 mg</i>	\$0 (Tier 3)
<i>doxepin hcl cap 100 mg</i>	\$0 (Tier 3)
<i>doxepin hcl cap 150 mg</i>	\$0 (Tier 3)
<i>doxepin hcl conc 10 mg/ml</i>	\$0 (Tier 3)
DRIZALMA CAP 20MG DR	\$0 QL (60 caps / (Tier 4)30 days), PA
DRIZALMA CAP 30MG DR	\$0 QL (60 caps / (Tier 4)30 days), PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
DRIZALMA CAP 40MG DR	\$0 (Tier 4)	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	\$0 (Tier 4)	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	\$0 (Tier 2)	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	\$0 (Tier 2)	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	\$0 (Tier 2)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	\$0 (Tier 3)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	\$0 (Tier 3)	NDS, QL (30 patches / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
EMSAM DIS 12MG/24H	\$0 NDS, QL (30 (Tier 3)patches / 30 days), PA
<i>escitalopram oxalate soln</i> <i>5 mg/5ml (base equiv)</i>	\$0 (Tier 2)
<i>escitalopram oxalate tab</i> <i>5 mg (base equiv)</i>	\$0 (Tier 1)
<i>escitalopram oxalate tab</i> <i>10 mg (base equiv)</i>	\$0 (Tier 1)
<i>escitalopram oxalate tab</i> <i>20 mg (base equiv)</i>	\$0 (Tier 1)
FETZIMA CAP 20MG	\$0 QL (60 caps / (Tier 4)30 days), PA
FETZIMA CAP 40MG	\$0 QL (60 caps / (Tier 4)30 days), PA
FETZIMA CAP 80MG	\$0 QL (30 caps / (Tier 4)30 days), PA
FETZIMA CAP 120MG	\$0 QL (30 caps / (Tier 4)30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FETZIMA CAP TITRATIO	\$0 QL (2 packs / (Tier 4)year), PA
<i>fluoxetine hcl cap 10 mg</i>	\$0 (Tier 1)
<i>fluoxetine hcl cap 20 mg</i>	\$0 (Tier 1)
<i>fluoxetine hcl cap 40 mg</i>	\$0 (Tier 1)
<i>fluoxetine hcl solution 20 mg/5ml</i>	\$0 (Tier 2)
<i>imipramine hcl tab 10 mg</i>	\$0 (Tier 2)
<i>imipramine hcl tab 25 mg</i>	\$0 (Tier 2)
<i>imipramine hcl tab 50 mg</i>	\$0 (Tier 2)
MARPLAN TAB 10MG	\$0 QL (180 tabs / (Tier 4)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mirtazapine orally</i>	\$0
<i>disintegrating tab 15 mg</i>	(Tier 2)
<i>mirtazapine orally</i>	\$0
<i>disintegrating tab 30 mg</i>	(Tier 2)
<i>mirtazapine orally</i>	\$0
<i>disintegrating tab 45 mg</i>	(Tier 2)
<i>mirtazapine tab 7.5 mg</i>	\$0
	(Tier 2)
<i>mirtazapine tab 15 mg</i>	\$0
	(Tier 1)
<i>mirtazapine tab 30 mg</i>	\$0
	(Tier 1)
<i>mirtazapine tab 45 mg</i>	\$0
	(Tier 1)
<i>nefazodone hcl tab 50 mg</i>	\$0
	(Tier 2)
<i>nefazodone hcl tab 100 mg</i>	\$0
	(Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nefazodone hcl tab 150 mg</i>	\$0 (Tier 2)
<i>nefazodone hcl tab 200 mg</i>	\$0 (Tier 2)
<i>nefazodone hcl tab 250 mg</i>	\$0 (Tier 2)
<i>nortriptyline hcl cap 10 mg</i>	\$0 (Tier 2)
<i>nortriptyline hcl cap 25 mg</i>	\$0 (Tier 2)
<i>nortriptyline hcl cap 50 mg</i>	\$0 (Tier 2)
<i>nortriptyline hcl cap 75 mg</i>	\$0 (Tier 2)
<i>nortriptyline hcl soln 10 mg/5ml</i>	\$0 (Tier 4)
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	\$0 QL (900 mL / (Tier 4)30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>paroxetine hcl tab 10 mg</i>	\$0 (Tier 2)
<i>paroxetine hcl tab 20 mg</i>	\$0 (Tier 2)
<i>paroxetine hcl tab 30 mg</i>	\$0 (Tier 2)
<i>paroxetine hcl tab 40 mg</i>	\$0 (Tier 2)
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	\$0 QL (60 tabs / (Tier 4)30 days)
<i>paroxetine hcl tab er 24hr 25 mg</i>	\$0 QL (60 tabs / (Tier 4)30 days)
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	\$0 QL (60 tabs / (Tier 4)30 days)
<i>phenelzine sulfate tab 15 mg</i>	\$0 (Tier 2)
<i>protriptyline hcl tab 5 mg</i>	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>protriptyline hcl tab 10 mg</i>	\$0 (Tier 4)
RALDESY SOL 10MG/ML	\$0 QL (1800 mL / (Tier 4)30 days), PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	\$0 (Tier 2)
<i>sertraline hcl tab 25 mg</i>	\$0 (Tier 1)
<i>sertraline hcl tab 50 mg</i>	\$0 (Tier 1)
<i>sertraline hcl tab 100 mg</i>	\$0 (Tier 1)
<i>tranylcypromine sulfate tab 10 mg</i>	\$0 (Tier 2)
<i>trazodone hcl tab 50 mg</i>	\$0 (Tier 1)
<i>trazodone hcl tab 100 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>trazodone hcl tab 150 mg</i>	\$0 (Tier 1)
<i>trimipramine maleate cap 25 mg</i>	\$0 QL (120 caps / (Tier 4)30 days)
<i>trimipramine maleate cap 50 mg</i>	\$0 QL (120 caps / (Tier 4)30 days)
<i>trimipramine maleate cap 100 mg</i>	\$0 QL (60 caps / (Tier 4)30 days)
TRINTELLIX TAB 5MG	\$0 QL (30 tabs / (Tier 4)30 days), PA
TRINTELLIX TAB 10MG	\$0 QL (30 tabs / (Tier 4)30 days), PA
TRINTELLIX TAB 20MG	\$0 QL (30 tabs / (Tier 4)30 days), PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	\$0 (Tier 1)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	\$0 (Tier 1)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	\$0 (Tier 2)
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	\$0 (Tier 2)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	\$0 (Tier 2)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	\$0 (Tier 2)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	\$0 (Tier 2)
<i>vilazodone hcl tab 10 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>vilazodone hcl tab 20 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>vilazodone hcl tab 40 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
ZURZUVAE CAP 20MG	\$0 NDS, QL (28 (Tier 3)caps / 14 days), PA
ZURZUVAE CAP 25MG	\$0 NDS, QL (28 (Tier 3)caps / 14 days), PA
ZURZUVAE CAP 30MG	\$0 NDS, QL (14 (Tier 3)caps / 14 days), PA

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl cap 100 mg</i>	\$0 QL (120 caps / (Tier 2)30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amantadine hcl tab 100 mg</i>	\$0 (Tier 2)
<i>benztropine mesylate inj 1 mg/ml</i>	\$0 (Tier 2)
<i>benztropine mesylate tab 0.5 mg</i>	\$0 PA; PA applies (Tier 2)if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	\$0 PA; PA applies (Tier 2)if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	\$0 PA; PA applies (Tier 2)if 70 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	\$0 (Tier 2)
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>carb/levo orally disintegrating tab 10- 100mg</i>	\$0 (Tier 2)
<i>carb/levo orally disintegrating tab 25- 100mg</i>	\$0 (Tier 2)
<i>carb/levo orally disintegrating tab 25- 250mg</i>	\$0 (Tier 2)
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0 (Tier 2)
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0 (Tier 2)
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0 (Tier 2)
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0 (Tier 2)
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>carbidopa tab 25 mg</i>	\$0 (Tier 2)
<i>carbidopa-levodopa- entacapone tabs 12.5-50- 200 mg</i>	\$0 (Tier 2)
<i>carbidopa-levodopa- entacapone tabs 18.75- 75-200 mg</i>	\$0 (Tier 2)
<i>carbidopa-levodopa- entacapone tabs 25-100- 200 mg</i>	\$0 (Tier 2)
<i>carbidopa-levodopa- entacapone tabs 31.25- 125-200 mg</i>	\$0 (Tier 2)
<i>carbidopa-levodopa- entacapone tabs 37.5- 150-200 mg</i>	\$0 (Tier 2)
<i>carbidopa-levodopa- entacapone tabs 50-200- 200 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>entacapone tab 200 mg</i>	\$0 (Tier 2)
INBRIJA CAP 42MG	\$0 NDS, QL (300 (Tier 3)caps / 30 days), PA
NEUPRO DIS 1MG/24HR	\$0 (Tier 4)
NEUPRO DIS 2MG/24HR	\$0 (Tier 4)
NEUPRO DIS 3MG/24HR	\$0 (Tier 4)
NEUPRO DIS 4MG/24HR	\$0 (Tier 4)
NEUPRO DIS 6MG/24HR	\$0 (Tier 4)
NEUPRO DIS 8MG/24HR	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pramipexole dihydrochloride tab 0.5 mg</i>	\$0 (Tier 1)
<i>pramipexole dihydrochloride tab 0.25 mg</i>	\$0 (Tier 1)
<i>pramipexole dihydrochloride tab 0.75 mg</i>	\$0 (Tier 1)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	\$0 (Tier 1)
<i>pramipexole dihydrochloride tab 1 mg</i>	\$0 (Tier 1)
<i>pramipexole dihydrochloride tab 1.5 mg</i>	\$0 (Tier 1)
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	\$0 (Tier 2)
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	\$0 (Tier 2)
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	\$0 (Tier 2)
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	\$0 (Tier 2)
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	\$0 (Tier 2)
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	\$0 (Tier 2)
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	\$0 QL (30 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	\$0 (Tier 1)
<i>ropinirole hydrochloride tab 0.25 mg</i>	\$0 (Tier 1)
<i>ropinirole hydrochloride tab 1 mg</i>	\$0 (Tier 1)
<i>ropinirole hydrochloride tab 2 mg</i>	\$0 (Tier 1)
<i>ropinirole hydrochloride tab 3 mg</i>	\$0 (Tier 1)
<i>ropinirole hydrochloride tab 4 mg</i>	\$0 (Tier 1)
<i>ropinirole hydrochloride tab 5 mg</i>	\$0 (Tier 1)
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	\$0 (Tier 2)
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	\$0 (Tier 2)
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	\$0 (Tier 2)
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	\$0 (Tier 2)
<i>selegiline hcl cap 5 mg</i>	\$0 (Tier 2)
<i>selegiline hcl tab 5 mg</i>	\$0 (Tier 2)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	\$0 PA; PA applies (Tier 3)if 70 years and older

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>trihexyphenidyl hcl tab 2 mg</i>	\$0 PA; PA applies (Tier 2)if 70 years and older

<i>trihexyphenidyl hcl tab 5 mg</i>	\$0 PA; PA applies (Tier 2)if 70 years and older

ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES

ABILIFY ASIM INJ 720MG	\$0 NDS, QL (1 (Tier 3)syringe / 56 days)

ABILIFY ASIM INJ 960MG	\$0 NDS, QL (1 (Tier 3)syringe / 56 days)

ABILIFY MAIN INJ 300MG	\$0 NDS, QL (1 (Tier 3)injection / 28 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ABILIFY MAIN INJ 300MG	\$0 NDS, QL (1 (Tier 3)syringe / 28 days)
ABILIFY MAIN INJ 400MG	\$0 NDS, QL (1 (Tier 3)injection / 28 days)
ABILIFY MAIN INJ 400MG	\$0 NDS, QL (1 (Tier 3)syringe / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 QL (900 mL / (Tier 2)30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days), ST
<i>aripiprazole orally disintegrating tab 15 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days), ST
<i>aripiprazole tab 2 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>aripiprazole tab 5 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>aripiprazole tab 10 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>aripiprazole tab 15 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>aripiprazole tab 20 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>aripiprazole tab 30 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
ARISTADA INJ 441MG/1.	\$0 NDS, QL (1 (Tier 3)syringe / 28 days)
ARISTADA INJ 662MG/2	\$0 NDS, QL (1 (Tier 3)syringe / 28 days)
ARISTADA INJ 882MG/3	\$0 NDS, QL (1 (Tier 3)syringe / 28 days)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
ARISTADA INJ 1064MG	\$0 (Tier 3)	NDS, QL (1 syringe / 56 days)
ARISTADA INJ INITIO	\$0 (Tier 3)	NDS
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	\$0 (Tier 2)	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	\$0 (Tier 2)	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	\$0 (Tier 2)	QL (60 tabs / 30 days)
CAPLYTA CAP 10.5MG	\$0 (Tier 3)	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 21MG	\$0 (Tier 3)	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 42MG	\$0 (Tier 3)	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl conc 30 mg/ml</i>	\$0 (Tier 2)	

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>chlorpromazine hcl conc 100 mg/ml</i>	\$0 (Tier 2)
<i>chlorpromazine hcl inj 25 mg/ml</i>	\$0 (Tier 2)
<i>chlorpromazine hcl inj 50 mg/2ml</i>	\$0 (Tier 2)
<i>chlorpromazine hcl tab 10 mg</i>	\$0 (Tier 2)
<i>chlorpromazine hcl tab 25 mg</i>	\$0 (Tier 2)
<i>chlorpromazine hcl tab 50 mg</i>	\$0 (Tier 2)
<i>chlorpromazine hcl tab 100 mg</i>	\$0 (Tier 2)
<i>chlorpromazine hcl tab 200 mg</i>	\$0 (Tier 2)
<i>clozapine orally disintegrating tab 12.5 mg</i>	\$0 PA (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clozapine orally</i>	\$0 PA
<i>disintegrating tab 25 mg</i>	(Tier 2)
<i>clozapine orally</i>	\$0 QL (270 tabs /
<i>disintegrating tab 100 mg</i>	(Tier 2)30 days), PA
<i>clozapine orally</i>	\$0 QL (180 tabs /
<i>disintegrating tab 150 mg</i>	(Tier 2)30 days), PA
<i>clozapine orally</i>	\$0 NDS, QL (120
<i>disintegrating tab 200 mg</i>	(Tier 2)tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	\$0
	(Tier 2)
<i>clozapine tab 50 mg</i>	\$0
	(Tier 2)
<i>clozapine tab 100 mg</i>	\$0 QL (270 tabs /
	(Tier 2)30 days)
<i>clozapine tab 200 mg</i>	\$0 QL (120 tabs /
	(Tier 2)30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS OR RESTRICTIONS OR LIMITS ON USE
COBENFY CAP 50-20MG	\$0 (Tier 3)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	\$0 (Tier 3)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	\$0 (Tier 3)	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	\$0 (Tier 3)	NDS, QL (2 packs / year), PA
FANAPT PAK	\$0 (Tier 4)	QL (2 packs / year), PA
FANAPT TAB 1MG	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FANAPT TAB 4MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
FANAPT TAB 6MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
FANAPT TAB 8MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
FANAPT TAB 10MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
FANAPT TAB 12MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
<i>fluphenazine decanoate</i>	\$0
<i>inj 25 mg/ml</i>	(Tier 2)
<i>fluphenazine hcl elixir 2.5</i>	\$0
<i>mg/5ml</i>	(Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fluphenazine hcl inj 2.5 mg/ml</i>	\$0 (Tier 2)
<i>fluphenazine hcl oral conc 5 mg/ml</i>	\$0 (Tier 2)
<i>fluphenazine hcl tab 1 mg</i>	\$0 (Tier 2)
<i>fluphenazine hcl tab 2.5 mg</i>	\$0 (Tier 2)
<i>fluphenazine hcl tab 5 mg</i>	\$0 (Tier 2)
<i>fluphenazine hcl tab 10 mg</i>	\$0 (Tier 2)
<i>haloperidol decanoate im soln 50 mg/ml</i>	\$0 (Tier 2)
<i>haloperidol decanoate im soln 100 mg/ml</i>	\$0 (Tier 2)
<i>haloperidol lactate inj 5 mg/ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>haloperidol lactate oral conc 2 mg/ml</i>	\$0 (Tier 2)
<i>haloperidol tab 0.5 mg</i>	\$0 (Tier 2)
<i>haloperidol tab 1 mg</i>	\$0 (Tier 2)
<i>haloperidol tab 2 mg</i>	\$0 (Tier 2)
<i>haloperidol tab 5 mg</i>	\$0 (Tier 2)
<i>haloperidol tab 10 mg</i>	\$0 (Tier 2)
<i>haloperidol tab 20 mg</i>	\$0 (Tier 2)
INVEGA HAFYE INJ 1092MG	\$0 NDS, QL (1 (Tier 3)injection / 180 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
INVEGA HAFYE INJ 1560MG	\$0 NDS, QL (1 (Tier 3)injection / 180 days)
INVEGA SUST INJ 39/0.25	\$0 QL (1 syringe / (Tier 4)28 days)
INVEGA SUST INJ 78/0.5ML	\$0 NDS, QL (1 (Tier 3)syringe / 28 days)
INVEGA SUST INJ 117/0.75	\$0 NDS, QL (1 (Tier 3)syringe / 28 days)
INVEGA SUST INJ 156MG/ML	\$0 NDS, QL (1 (Tier 3)syringe / 28 days)
INVEGA SUST INJ 234/1.5	\$0 NDS, QL (1 (Tier 3)syringe / 28 days)
INVEGA TRINZ INJ 273MG	\$0 NDS, QL (1 (Tier 3)syringe / 90 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
INVEGA TRINZ INJ 410MG	\$0 NDS, QL (1 (Tier 3)syringe / 90 days)
INVEGA TRINZ INJ 546MG	\$0 NDS, QL (1 (Tier 3)syringe / 90 days)
INVEGA TRINZ INJ 819MG	\$0 NDS, QL (1 (Tier 3)syringe / 90 days)
<i>loxapine succinate cap 5 mg</i>	\$0 (Tier 2)
<i>loxapine succinate cap 10 mg</i>	\$0 (Tier 2)
<i>loxapine succinate cap 25 mg</i>	\$0 (Tier 2)
<i>loxapine succinate cap 50 mg</i>	\$0 (Tier 2)
<i>lurasidone hcl tab 20 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lurasidone hcl tab 40 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>lurasidone hcl tab 60 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>lurasidone hcl tab 80 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>lurasidone hcl tab 120 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
LYBALVI TAB 5-10MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days)
LYBALVI TAB 10-10MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days)
LYBALVI TAB 15-10MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days)
LYBALVI TAB 20-10MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days)
<i>molindone hcl tab 5 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>molindone hcl tab 10 mg</i>	\$0 (Tier 2)
<i>molindone hcl tab 25 mg</i>	\$0 (Tier 2)
NUPLAZID CAP 34MG	\$0 NDS, QL (30 (Tier 3)caps / 30 days), PA
NUPLAZID TAB 10MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>olanzapine for im inj 10 mg</i>	\$0 QL (3 vials / 1 (Tier 2)day)
<i>olanzapine orally disintegrating tab 5 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days), ST
<i>olanzapine orally disintegrating tab 10 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days), ST
<i>olanzapine orally disintegrating tab 15 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days), ST

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>olanzapine orally disintegrating tab 20 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days), ST
<i>olanzapine tab 2.5 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>olanzapine tab 5 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>olanzapine tab 7.5 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>olanzapine tab 10 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>olanzapine tab 15 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>olanzapine tab 20 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
OPIPZA MIS 2MG	\$0 NDS, QL (30 (Tier 3)films / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
OPIPZA MIS 5MG	\$0 NDS, QL (30 (Tier 3)films / 30 days), PA
OPIPZA MIS 10MG	\$0 NDS, QL (90 (Tier 3)films / 30 days), PA
<i>paliperidone tab er 24hr 1.5 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>paliperidone tab er 24hr 3 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>paliperidone tab er 24hr 6 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>paliperidone tab er 24hr 9 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>perphenazine tab 2 mg</i>	\$0 (Tier 2)
<i>perphenazine tab 4 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>perphenazine tab 8 mg</i>	\$0 (Tier 2)
<i>perphenazine tab 16 mg</i>	\$0 (Tier 2)
<i>pimozide tab 1 mg</i>	\$0 (Tier 2)
<i>pimozide tab 2 mg</i>	\$0 (Tier 2)
<i>quetiapine fumarate tab 25 mg</i>	\$0 QL (180 tabs / (Tier 2)30 days)
<i>quetiapine fumarate tab 50 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days)
<i>quetiapine fumarate tab 100 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days)
<i>quetiapine fumarate tab 150 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days)
<i>quetiapine fumarate tab 200 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>quetiapine fumarate tab 300 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>quetiapine fumarate tab 400 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days), PA
REXULTI TAB 0.5MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days)
REXULTI TAB 0.25MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
REXULTI TAB 1MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days)
REXULTI TAB 2MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days)
REXULTI TAB 3MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days)
REXULTI TAB 4MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	\$0 QL (2 injections (Tier 2)/ 28 days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	\$0 QL (2 injections (Tier 2)/ 28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	\$0 NDS, QL (2 (Tier 3)injections / 28 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	\$0 NDS, QL (2 (Tier 3)injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days), ST
<i>risperidone orally disintegrating tab 0.25 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days), ST
<i>risperidone orally disintegrating tab 1 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days), ST
<i>risperidone orally disintegrating tab 2 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days), ST
<i>risperidone orally disintegrating tab 3 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days), ST
<i>risperidone orally disintegrating tab 4 mg</i>	\$0 QL (120 tabs / (Tier 2)30 days), ST
<i>risperidone soln 1 mg/ml</i>	\$0 QL (240 mL / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>risperidone tab 0.5 mg</i>	\$0 (Tier 1)
<i>risperidone tab 0.25 mg</i>	\$0 (Tier 1)
<i>risperidone tab 1 mg</i>	\$0 (Tier 1)
<i>risperidone tab 2 mg</i>	\$0 (Tier 1)
<i>risperidone tab 3 mg</i>	\$0 (Tier 1)
<i>risperidone tab 4 mg</i>	\$0 (Tier 1)
SECUADO DIS 3.8MG	\$0 NDS, QL (30 (Tier 3)patches / 30 days)
SECUADO DIS 5.7MG	\$0 NDS, QL (30 (Tier 3)patches / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SECUADO DIS 7.6MG	\$0 NDS, QL (30 (Tier 3)patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	\$0 (Tier 2)
<i>thioridazine hcl tab 25 mg</i>	\$0 (Tier 2)
<i>thioridazine hcl tab 50 mg</i>	\$0 (Tier 2)
<i>thioridazine hcl tab 100 mg</i>	\$0 (Tier 2)
<i>thiothixene cap 1 mg</i>	\$0 (Tier 2)
<i>thiothixene cap 2 mg</i>	\$0 (Tier 2)
<i>thiothixene cap 5 mg</i>	\$0 (Tier 2)
<i>thiothixene cap 10 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	\$0 (Tier 2)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	\$0 (Tier 2)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	\$0 (Tier 2)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	\$0 (Tier 2)
VERSACLOZ SUS 50MG/ML	\$0 NDS, QL (600 (Tier 3)mL / 30 days), PA
VRAYLAR CAP 1.5MG	\$0 NDS, QL (60 (Tier 3)caps / 30 days)
VRAYLAR CAP 3MG	\$0 NDS, QL (30 (Tier 3)caps / 30 days)
VRAYLAR CAP 4.5MG	\$0 NDS, QL (30 (Tier 3)caps / 30 days)
VRAYLAR CAP 6MG	\$0 NDS, QL (30 (Tier 3)caps / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>ziprasidone hcl cap 20 mg</i>	\$0 QL (60 caps / (Tier 2)30 days)

<i>ziprasidone hcl cap 40 mg</i>	\$0 QL (60 caps / (Tier 2)30 days)

<i>ziprasidone hcl cap 60 mg</i>	\$0 QL (60 caps / (Tier 2)30 days)

<i>ziprasidone hcl cap 80 mg</i>	\$0 QL (60 caps / (Tier 2)30 days)

<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	\$0 QL (6 injections (Tier 2)/ 3 days)

ANTISEIZURE AGENTS

APTOM TAB 200MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days)

APTOM TAB 400MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days)

APTOM TAB 600MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
APTIOM TAB 800MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days)
BRIVIACT SOL 10MG/ML	\$0 NDS, QL (600 (Tier 3)mL / 30 days), PA
BRIVIACT TAB 10MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
BRIVIACT TAB 25MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
BRIVIACT TAB 50MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
BRIVIACT TAB 75MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
BRIVIACT TAB 100MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>carbamazepine cap er 12hr 100 mg</i>	\$0 (Tier 2)
<i>carbamazepine cap er 12hr 200 mg</i>	\$0 (Tier 2)
<i>carbamazepine cap er 12hr 300 mg</i>	\$0 (Tier 2)
<i>carbamazepine chew tab 100 mg</i>	\$0 (Tier 2)
<i>carbamazepine chew tab 200 mg</i>	\$0 (Tier 2)
<i>carbamazepine susp 100 mg/5ml</i>	\$0 (Tier 2)
<i>carbamazepine tab 200 mg</i>	\$0 (Tier 2)
<i>carbamazepine tab er 12hr 100 mg</i>	\$0 (Tier 2)
<i>carbamazepine tab er 12hr 200 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carbamazepine tab er 12hr 400 mg</i>	\$0 (Tier 2)	
<i>clobazam suspension 2.5 mg/ml</i>	\$0 (Tier 2)	QL (480 mL / 30 days), PA
<i>clobazam tab 10 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
<i>clobazam tab 20 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	\$0 (Tier 2)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	\$0 (Tier 2)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	\$0 (Tier 2)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	\$0 (Tier 2)	QL (90 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS OR LIMITS ON USE
<i>clonazepam orally disintegrating tab 2 mg</i>	\$0 (Tier 2)	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	\$0 (Tier 2)	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	\$0 (Tier 2)	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	\$0 (Tier 2)	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DIACOMIT CAP 250MG	\$0 NDS, QL (360 (Tier 3)caps / 30 days), PA
DIACOMIT CAP 500MG	\$0 NDS, QL (180 (Tier 3)caps / 30 days), PA
DIACOMIT PAK 250MG	\$0 NDS, QL (360 (Tier 3)packets / 30 days), PA
DIACOMIT PAK 500MG	\$0 NDS, QL (180 (Tier 3)packets / 30 days), PA
<i>diazepam inj</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diazepam intensol</i>	\$0 QL (240 mL / (Tier 2)30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam oral soln 1 mg/ml</i>	\$0 QL (1200 mL / (Tier 2)30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam rectal gel delivery system 2.5 mg</i>	\$0 (Tier 2)
<i>diazepam rectal gel delivery system 10 mg</i>	\$0 (Tier 2)
<i>diazepam rectal gel delivery system 20 mg</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>diazepam tab 2 mg</i>	\$0 (Tier 2)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam tab 5 mg</i>	\$0 (Tier 2)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diazepam tab 10 mg</i>	\$0 QL (120 tabs / (Tier 2)30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAP 30MG	\$0 (Tier 4)
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	\$0 (Tier 2)
<i>divalproex sodium tab delayed release 125 mg</i>	\$0 (Tier 2)
<i>divalproex sodium tab delayed release 250 mg</i>	\$0 (Tier 2)
<i>divalproex sodium tab delayed release 500 mg</i>	\$0 (Tier 2)
<i>divalproex sodium tab er 24 hr 250 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>divalproex sodium tab er 24 hr 500 mg</i>	\$0 (Tier 2)
EPIDIOLEX SOL 100MG/ML	\$0 NDS, QL (600 (Tier 3)mL / 30 days), PA
<i>epitol</i>	\$0 (Tier 2)
EPRONTIA SOL 25MG/ML	\$0 QL (480 mL / (Tier 4)30 days), PA
<i>ethosuximide cap 250 mg</i>	\$0 (Tier 2)
<i>ethosuximide soln 250 mg/5ml</i>	\$0 (Tier 2)
<i>felbamate susp 600 mg/5ml</i>	\$0 (Tier 2)
<i>felbamate tab 400 mg</i>	\$0 (Tier 2)
<i>felbamate tab 600 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
FINTEPLA SOL 2.2MG/ML	\$0 (Tier 3)	NDS, QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	\$0 (Tier 3)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	\$0 (Tier 4)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FYCOMPA TAB 12MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	\$0 QL (360 caps / (Tier 1)30 days)
<i>gabapentin cap 300 mg</i>	\$0 QL (360 caps / (Tier 1)30 days)
<i>gabapentin cap 400 mg</i>	\$0 QL (270 caps / (Tier 1)30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	\$0 QL (2160 mL / (Tier 2)30 days)
<i>gabapentin tab 600 mg</i>	\$0 QL (180 tabs / (Tier 2)30 days)
<i>gabapentin tab 800 mg</i>	\$0 QL (120 tabs / (Tier 2)30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	\$0 (Tier 2)
<i>lacosamide oral</i>	\$0 QL (1200 mL / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lacosamide tab 50 mg</i>	\$0 QL (120 tabs / (Tier 2)30 days)
<i>lacosamide tab 100 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>lacosamide tab 150 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>lacosamide tab 200 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>lamotrigine orally disintegrating tab 25 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine orally disintegrating tab 50 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine orally disintegrating tab 100 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine orally disintegrating tab 200 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine tab 25 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lamotrigine tab 100 mg</i>	\$0 (Tier 1)
<i>lamotrigine tab 150 mg</i>	\$0 (Tier 1)
<i>lamotrigine tab 200 mg</i>	\$0 (Tier 1)
<i>lamotrigine tab chewable dispersible 5 mg</i>	\$0 (Tier 2)
<i>lamotrigine tab chewable dispersible 25 mg</i>	\$0 (Tier 2)
<i>lamotrigine tab er 24hr 25 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine tab er 24hr 50 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine tab er 24hr 100 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine tab er 24hr 200 mg</i>	\$0 ST (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lamotrigine tab er 24hr 250 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine tab er 24hr 300 mg</i>	\$0 ST (Tier 2)
LEVETIRACETA TAB 250MG	\$0 QL (360 tabs / (Tier 4)30 days)
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0 (Tier 2)
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0 (Tier 2)
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0 (Tier 2)
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	\$0 (Tier 2)
<i>levetiracetam oral soln 100 mg/ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levetiracetam tab 250 mg</i>	\$0 (Tier 2)
<i>levetiracetam tab 500 mg</i>	\$0 (Tier 2)
<i>levetiracetam tab 750 mg</i>	\$0 (Tier 2)
<i>levetiracetam tab 1000 mg</i>	\$0 (Tier 2)
<i>levetiracetam tab er 24hr 500 mg</i>	\$0 (Tier 2)
<i>levetiracetam tab er 24hr 750 mg</i>	\$0 (Tier 2)
LIBERVANT MIS 5MG	\$0 QL (10 buccal (Tier 4)films / 30 days)
LIBERVANT MIS 7.5MG	\$0 QL (10 buccal (Tier 4)films / 30 days)
LIBERVANT MIS 10MG	\$0 QL (10 buccal (Tier 4)films / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LIBERVANT MIS 12.5MG	\$0 QL (10 buccal (Tier 4)films / 30 days)
LIBERVANT MIS 15MG	\$0 QL (10 buccal (Tier 4)films / 30 days)
<i>methsuximide cap 300 mg</i>	\$0 (Tier 2)
NAYZILAM SPR 5MG	\$0 QL (10 nasal (Tier 4)units per 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	\$0 (Tier 2)
<i>oxcarbazepine tab 150 mg</i>	\$0 (Tier 2)
<i>oxcarbazepine tab 300 mg</i>	\$0 (Tier 2)
<i>oxcarbazepine tab 600 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>phenobarbital elixir 20 mg/5ml</i>	\$0 QL (1500 mL / (Tier 4)30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	\$0 PA; PA applies (Tier 4)if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0 PA; PA applies (Tier 4)if 70 years and older
<i>phenobarbital tab 15 mg</i>	\$0 QL (120 tabs / (Tier 3)30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	\$0 QL (120 tabs / (Tier 3)30 days), PA; PA applies if 70 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS OR LIMITS ON USE
<i>phenobarbital tab 30 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 60 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>phenobarbital tab 100 mg</i>	\$0 QL (120 tabs / (Tier 3)30 days), PA; PA applies if 70 years and older
<i>phenytek</i>	\$0 (Tier 2)
<i>phenytoin chew tab 50 mg</i>	\$0 (Tier 2)
<i>phenytoin sodium extended cap 100 mg</i>	\$0 (Tier 2)
<i>phenytoin sodium extended cap 200 mg</i>	\$0 (Tier 2)
<i>phenytoin sodium extended cap 300 mg</i>	\$0 (Tier 2)
<i>phenytoin sodium inj 50 mg/ml</i>	\$0 (Tier 2)
<i>phenytoin susp 125 mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pregabalin cap 25 mg</i>	\$0 QL (120 caps / (Tier 2)30 days), PA
<i>pregabalin cap 50 mg</i>	\$0 QL (120 caps / (Tier 2)30 days), PA
<i>pregabalin cap 75 mg</i>	\$0 QL (120 caps / (Tier 2)30 days), PA
<i>pregabalin cap 100 mg</i>	\$0 QL (120 caps / (Tier 2)30 days), PA
<i>pregabalin cap 150 mg</i>	\$0 QL (120 caps / (Tier 2)30 days), PA
<i>pregabalin cap 200 mg</i>	\$0 QL (90 caps / (Tier 2)30 days), PA
<i>pregabalin cap 225 mg</i>	\$0 QL (60 caps / (Tier 2)30 days), PA
<i>pregabalin cap 300 mg</i>	\$0 QL (60 caps / (Tier 2)30 days), PA
<i>pregabalin soln 20 mg/ml</i>	\$0 QL (900 mL / (Tier 2)30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>primidone tab 50 mg</i>	\$0 (Tier 1)
<i>primidone tab 125 mg</i>	\$0 (Tier 1)
<i>primidone tab 250 mg</i>	\$0 (Tier 1)
<i>roweepra</i>	\$0 (Tier 2)
<i>rufinamide susp 40 mg/ml</i>	\$0 NDS, QL (2400 (Tier 3)mL / 30 days), PA
<i>rufinamide tab 200 mg</i>	\$0 QL (480 tabs / (Tier 2)30 days), PA
<i>rufinamide tab 400 mg</i>	\$0 NDS, QL (240 (Tier 3)tabs / 30 days), PA
SPRITAM TAB 250MG	\$0 QL (360 tabs / (Tier 4)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SPRITAM TAB 500MG	\$0 QL (180 tabs / (Tier 4)30 days)
SPRITAM TAB 750MG	\$0 QL (120 tabs / (Tier 4)30 days)
SPRITAM TAB 1000MG	\$0 QL (90 tabs / (Tier 4)30 days)
<i>subvenite</i>	\$0 (Tier 1)
SYMPAZAN MIS 5MG	\$0 NDS, QL (60 (Tier 3)films / 30 days), PA
SYMPAZAN MIS 10MG	\$0 NDS, QL (60 (Tier 3)films / 30 days), PA
SYMPAZAN MIS 20MG	\$0 NDS, QL (60 (Tier 3)films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>tiagabine hcl tab 4 mg</i>	\$0 (Tier 2)
<i>tiagabine hcl tab 12 mg</i>	\$0 (Tier 2)
<i>tiagabine hcl tab 16 mg</i>	\$0 (Tier 2)
<i>topiramate sprinkle cap 15 mg</i>	\$0 (Tier 2)
<i>topiramate sprinkle cap 25 mg</i>	\$0 (Tier 2)
<i>topiramate sprinkle cap 50 mg</i>	\$0 (Tier 2)
<i>topiramate tab 25 mg</i>	\$0 (Tier 1)
<i>topiramate tab 50 mg</i>	\$0 (Tier 1)
<i>topiramate tab 100 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>topiramate tab 200 mg</i>	\$0 (Tier 1)
<i>valproate sodium inj 100 mg/ml</i>	\$0 (Tier 2)
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	\$0 (Tier 2)
<i>valproic acid cap 250 mg</i>	\$0 (Tier 2)
VALTOCO SPR 5MG	\$0 QL (10 blister (Tier 4)packs per 30 days)
VALTOCO SPR 10MG	\$0 QL (10 blister (Tier 4)packs per 30 days)
VALTOCO SPR 15MG	\$0 QL (10 blister (Tier 4)packs per 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VALTOCO SPR 20MG	\$0 QL (10 blister (Tier 4)packs per 30 days)
<i>vigabatrin powd pack 500 mg</i>	\$0 NDS, QL (180 (Tier 3)packets / 30 days), PA
<i>vigabatrin tab 500 mg</i>	\$0 NDS, QL (180 (Tier 3)tabs / 30 days), PA
<i>vigadrone</i>	\$0 NDS, QL (180 (Tier 3)packets / 30 days), PA
<i>vigadrone</i>	\$0 NDS, QL (180 (Tier 3)tabs / 30 days), PA
VIGAFYDE SOL 100MG/ML	\$0 NDS, QL (900 (Tier 3)mL / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vigpoder</i>	\$0 NDS, QL (180 (Tier 3)packets / 30 days), PA
XCOPRI PAK 12.5-25	\$0 QL (28 tabs / (Tier 4)28 days)
XCOPRI PAK 50-100MG	\$0 NDS, QL (28 (Tier 3)tabs / 28 days)
XCOPRI PAK 100-150	\$0 NDS, QL (56 (Tier 3)tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	\$0 NDS, QL (56 (Tier 3)tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	\$0 NDS, QL (28 (Tier 3)tabs / 28 days)
XCOPRI TAB 25MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days)
XCOPRI TAB 50MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days)
XCOPRI TAB 100MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
XCOPRI TAB 150MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days)
XCOPRI TAB 200MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days)
ZONISADE SUS 100MG/5	\$0 NDS, QL (900 (Tier 3)mL / 30 days), PA
<i>zonisamide cap 25 mg</i>	\$0 (Tier 2)
<i>zonisamide cap 50 mg</i>	\$0 (Tier 2)
<i>zonisamide cap 100 mg</i>	\$0 (Tier 2)
ZTALMY SUS 50MG/ML	\$0 NDS, QL (1100 (Tier 3)mL / 30 days), PA

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****ATTENTION DEFICIT HYPERACTIVITY
DISORDER - DRUGS TO TREAT ADHD***

<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days)

<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days)

<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days)

<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days)

<i>amphetamine- dextroamphetamine cap er 24hr 25 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amphetamine- dextroamphetamine cap er 24hr 30 mg</i>	\$0 QL (30 caps / (Tier 2)30 days)
<i>amphetamine- dextroamphetamine tab 5 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>amphetamine- dextroamphetamine tab 7.5 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>amphetamine- dextroamphetamine tab 10 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>amphetamine- dextroamphetamine tab 12.5 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>amphetamine- dextroamphetamine tab 15 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amphetamine- dextroamphetamine tab 20 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days)
<i>amphetamine- dextroamphetamine tab 30 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	\$0 QL (120 caps / (Tier 2)30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	\$0 QL (120 caps / (Tier 2)30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	\$0 QL (120 caps / (Tier 2)30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	\$0 QL (60 caps / (Tier 2)30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	\$0 QL (30 caps / (Tier 2)30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	\$0 QL (30 caps / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	\$0 QL (30 caps / (Tier 2)30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	\$0 QL (120 tabs / (Tier 2)30 days), PA
<i>dexmethylphenidate hcl tab 5 mg</i>	\$0 QL (120 tabs / (Tier 2)30 days), PA
<i>dexmethylphenidate hcl tab 10 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days), PA
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	\$0 QL (30 tabs / (Tier 3)30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	\$0 QL (30 tabs / (Tier 3)30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	\$0 QL (60 tabs / (Tier 3)30 days), PA; PA applies if 70 years and older

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	\$0 QL (30 tabs / (Tier 3)30 days), PA; PA applies if 70 years and older
<i>lisdexamfetamine dimesylate cap 10 mg</i>	\$0 QL (60 caps / (Tier 2)30 days), PA
<i>lisdexamfetamine dimesylate cap 20 mg</i>	\$0 QL (60 caps / (Tier 2)30 days), PA
<i>lisdexamfetamine dimesylate cap 30 mg</i>	\$0 QL (60 caps / (Tier 2)30 days), PA
<i>lisdexamfetamine dimesylate cap 40 mg</i>	\$0 QL (30 caps / (Tier 2)30 days), PA
<i>lisdexamfetamine dimesylate cap 50 mg</i>	\$0 QL (30 caps / (Tier 2)30 days), PA
<i>lisdexamfetamine dimesylate cap 60 mg</i>	\$0 QL (30 caps / (Tier 2)30 days), PA
<i>lisdexamfetamine dimesylate cap 70 mg</i>	\$0 QL (30 caps / (Tier 2)30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS OR LIMITS ON USE
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 2.5 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>methylphenidate hcl chew tab 5 mg</i>	\$0 QL (180 tabs / (Tier 2)30 days), PA
<i>methylphenidate hcl chew tab 10 mg</i>	\$0 QL (180 tabs / (Tier 2)30 days), PA
<i>methylphenidate hcl soln 5 mg/5ml</i>	\$0 QL (1800 mL / (Tier 2)30 days), PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	\$0 QL (900 mL / (Tier 2)30 days), PA
<i>methylphenidate hcl tab 5 mg</i>	\$0 QL (180 tabs / (Tier 2)30 days), PA
<i>methylphenidate hcl tab 10 mg</i>	\$0 QL (180 tabs / (Tier 2)30 days), PA
<i>methylphenidate hcl tab 20 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days), PA
<i>methylphenidate hcl tab er 10 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days), PA
<i>methylphenidate hcl tab er 20 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days), PA

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****HYPNOTICS - DRUGS TO TREAT INSOMNIA***

DAYVIGO TAB 5MG	\$0	QL (30 tabs / (Tier 3)30 days)
DAYVIGO TAB 10MG	\$0	QL (30 tabs / (Tier 3)30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	\$0	QL (30 tabs / (Tier 2)30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	\$0	QL (30 tabs / (Tier 2)30 days)
<i>tasimelteon capsule 20 mg</i>	\$0	NDS, QL (30 (Tier 3)caps / 30 days), PA
<i>temazepam cap 7.5 mg</i>	\$0	QL (30 caps / (Tier 2)30 days), PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS OR LIMITS ON USE
<i>temazepam cap 15 mg</i>	\$0 (Tier 2)	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 30 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>zolpidem tartrate tab 5 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS OR LIMITS ON USE
<i>zolpidem tartrate tab 10 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab er 6.25 mg</i>	\$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>zolpidem tartrate tab er 12.5 mg</i>	\$0 QL (30 tabs / (Tier 3)30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

AIMOVIG INJ 70MG/ML	\$0 QL (1 pen / 30 (Tier 3)days), PA
AIMOVIG INJ 140MG/ML	\$0 QL (1 pen / 30 (Tier 3)days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	\$0 NDS (Tier 3)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	\$0 NDS, QL (8 mL (Tier 3)/ 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
EMGALITY INJ 100MG/ML	\$0 QL (3 syringes (Tier 3)/ 30 days), PA
EMGALITY INJ 120MG/ML	\$0 QL (2 pens / 30 (Tier 3)days), PA
EMGALITY INJ 120MG/ML	\$0 QL (2 syringes (Tier 3)/ 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0 QL (40 tabs / (Tier 2)28 days), PA
<i>naratriptan hcl tab 1 mg (base equiv)</i>	\$0 QL (12 tabs / (Tier 2)30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	\$0 QL (12 tabs / (Tier 2)30 days)
NURTEC TAB 75MG ODT	\$0 QL (16 tabs / (Tier 3)30 days), PA
QULIPTA TAB 10MG	\$0 QL (30 tabs / (Tier 3)30 days), PA
QULIPTA TAB 30MG	\$0 QL (30 tabs / (Tier 3)30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
QULIPTA TAB 60MG	\$0 QL (30 tabs / (Tier 3)30 days), PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	\$0 QL (18 tabs / (Tier 2)30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	\$0 QL (18 tabs / (Tier 2)30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	\$0 QL (18 tabs / (Tier 2)30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	\$0 QL (18 tabs / (Tier 2)30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	\$0 QL (24 units / (Tier 2)30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	\$0 QL (12 units / (Tier 2)30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	\$0 QL (12 (Tier 2)injections / 30 days)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	\$0 (Tier 2)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	\$0 (Tier 2)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	\$0 (Tier 2)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	\$0 (Tier 2)	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	\$0 (Tier 2)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	\$0 (Tier 2)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	\$0 (Tier 2)	QL (12 tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

UBRELVY TAB 50MG	\$0 QL (16 tabs / (Tier 3)30 days), PA
UBRELVY TAB 100MG	\$0 QL (16 tabs / (Tier 3)30 days), PA

MISCELLANEOUS

AUSTEDO TAB 6MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
AUSTEDO TAB 9MG	\$0 NDS, QL (120 (Tier 3)tabs / 30 days), PA
AUSTEDO TAB 12MG	\$0 NDS, QL (120 (Tier 3)tabs / 30 days), PA
AUSTEDO XR TAB 6MG	\$0 NDS, QL (90 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO XR TAB 12MG	\$0 (Tier 3)	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 18MG	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 24MG	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 30MG ER	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 36MG ER	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 42MG ER	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
AUSTEDO XR TAB 48MG ER	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	\$0 NDS, QL (2 (Tier 3)packs / year), PA
<i>gabapentin (once-daily)</i> <i>tab 300 mg</i>	\$0 QL (180 tabs / (Tier 2)30 days), PA
<i>gabapentin (once-daily)</i> <i>tab 600 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days), PA
<i>lithium carbonate cap 150 mg</i>	\$0 (Tier 1)
<i>lithium carbonate cap 300 mg</i>	\$0 (Tier 1)
<i>lithium carbonate cap 600 mg</i>	\$0 (Tier 1)
<i>lithium carbonate tab 300 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lithium carbonate tab er 300 mg</i>	\$0 (Tier 2)
<i>lithium carbonate tab er 450 mg</i>	\$0 (Tier 2)
<i>lithium oral solution 8 meq/5ml</i>	\$0 (Tier 2)
NUEDEXTA CAP 20-10MG	\$0 NDS, QL (60 (Tier 3)caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	\$0 (Tier 2)
<i>riluzole tab 50 mg</i>	\$0 (Tier 2)
<i>tetrabenazine tab 12.5 mg</i>	\$0 NDS, QL (90 (Tier 3)tabs / 30 days), PA
<i>tetrabenazine tab 25 mg</i>	\$0 NDS, QL (120 (Tier 3)tabs / 30 days), PA

NAME OF DRUG

WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

BAFIERTAM CAP 95MG	\$0 (Tier 3)	NDS, QL (120 caps / 30 days), PA
BETASERON INJ 0.3MG	\$0 (Tier 3)	NDS, QL (14 syringes / 28 days), PA
COPAXONE INJ 20MG/ML	\$0 (Tier 3)	NDS, QL (30 syringes / 30 days), PA
COPAXONE INJ 40MG/ML	\$0 (Tier 3)	NDS, QL (12 syringes / 28 days), PA
<i>dalfampridine tab er 12hr 10 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	\$0 (Tier 3)	NDS, QL (30 caps / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	\$0 NDS, QL (30 (Tier 3)syringes / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	\$0 NDS, QL (12 (Tier 3)syringes / 28 days), PA
<i>glatopa</i>	\$0 NDS, QL (12 (Tier 3)syringes / 28 days), PA
<i>glatopa</i>	\$0 NDS, QL (30 (Tier 3)syringes / 30 days), PA
KESIMPTA INJ 20/.4ML	\$0 NDS, QL (16 (Tier 3)pens / 365 days), PA

***MUSCULOSKELETAL THERAPY AGENTS -
DRUGS TO TREAT MUSCLE SPASMS***

<i>baclofen tab 5 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS OR LIMITS ON USE
<i>baclofen tab 10 mg</i>	\$0 (Tier 2)	
<i>baclofen tab 20 mg</i>	\$0 (Tier 2)	
<i>cyclobenzaprine hcl tab 5 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl tab 10 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium cap 25 mg</i>	\$0 (Tier 2)	

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>dantrolene sodium cap 50 mg</i>	\$0 (Tier 2)
<i>dantrolene sodium cap 100 mg</i>	\$0 (Tier 2)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	\$0 (Tier 2)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	\$0 (Tier 2)

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>armodafinil tab 50 mg</i>	\$0	QL (60 tabs / (Tier 2)30 days), PA
<i>armodafinil tab 150 mg</i>	\$0	QL (30 tabs / (Tier 2)30 days), PA
<i>armodafinil tab 200 mg</i>	\$0	QL (30 tabs / (Tier 2)30 days), PA
<i>armodafinil tab 250 mg</i>	\$0	QL (30 tabs / (Tier 2)30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>modafinil tab 100 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days), PA
<i>modafinil tab 200 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days), PA
SOD OXYBATE SOL 500MG/ML	\$0 NDS, QL (540 (Tier 3)mL / 30 days), PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	\$0 (Tier 2)
<i>acetaminophen pm</i>	\$0 (Tier 5)
<i>acetaminophen pm extra st</i>	\$0 (Tier 5)
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	\$0 QL (90 tabs / (Tier 2)30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	\$0 QL (90 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>buprenorphine hcl- naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0 (Tier 2)	QL (90 films / 30 days)
<i>buprenorphine hcl- naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0 (Tier 2)	QL (90 films / 30 days)
<i>buprenorphine hcl- naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0 (Tier 2)	QL (90 films / 30 days)
<i>buprenorphine hcl- naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0 (Tier 2)	QL (60 films / 30 days)
<i>buprenorphine hcl- naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0 (Tier 2)	QL (90 tabs / 30 days)
<i>buprenorphine hcl- naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0 (Tier 2)	QL (90 tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>disulfiram tab 250 mg</i>	\$0 (Tier 2)
<i>disulfiram tab 500 mg</i>	\$0 (Tier 2)
<i>ft sleep aid</i>	\$0 (Tier 5)
<i>gnp nicotine gum</i>	\$0 (Tier 5)
<i>gnp nicotine mini lozenge</i>	\$0 (Tier 5)
<i>gnp nicotine polacrilex</i>	\$0 (Tier 5)
<i>gnp nicotine polacrilex m</i>	\$0 (Tier 5)
<i>gnp nicotine transdermal</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp nighttime sleep-aid m</i>	\$0 (Tier 5)
<i>gnp pain relief extra str</i>	\$0 (Tier 5)
<i>gnp pain relief pm extra</i>	\$0 (Tier 5)
<i>gnp sleep aid</i>	\$0 (Tier 5)
<i>gnp sleep aid nighttime</i>	\$0 (Tier 5)
<i>goodsense nicotine</i>	\$0 (Tier 5)
<i>goodsense nicotine gum</i>	\$0 (Tier 5)
<i>goodsense nicotine polacr</i>	\$0 (Tier 5)
<i>goodsense pain relief pm</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>goodsense sleeptime</i>	\$0 (Tier 5)
<i>healthy mama eazzze the p</i>	\$0 (Tier 5)
<i>hm nicotine polacrilex</i>	\$0 (Tier 5)
<i>naloxone hcl inj 0.4 mg/ml</i>	\$0 (Tier 2)
<i>naloxone hcl inj 4 mg/10ml</i>	\$0 (Tier 2)
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	\$0 (Tier 2)
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	\$0 (Tier 5)
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	\$0 (Tier 2)
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	\$0 (Tier 2)
<i>naltrexone hcl tab 50 mg</i>	\$0 (Tier 2)
<i>nicotine mini lozenge</i>	\$0 (Tier 5)
<i>nicotine polacrilex gum 2 mg</i>	\$0 (Tier 5)
<i>nicotine polacrilex gum 4 mg</i>	\$0 (Tier 5)
<i>nicotine polacrilex lozenge 2 mg</i>	\$0 (Tier 5)
<i>nicotine polacrilex lozenge 4 mg</i>	\$0 (Tier 5)
<i>nicotine polacrilex mini</i>	\$0 (Tier 5)
NICOTINE SYS KIT TRANSDER	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nicotine td patch 24hr 7 mg/24hr</i>	\$0 (Tier 5)
<i>nicotine td patch 24hr 14 mg/24hr</i>	\$0 (Tier 5)
<i>nicotine td patch 24hr 21 mg/24hr</i>	\$0 (Tier 5)
<i>nicotine transdermal syst</i>	\$0 (Tier 5)
NICOTROL INH	\$0 (Tier 4)
NICOTROL NS SPR 10MG/ML	\$0 (Tier 4)
<i>night time pain medicine</i>	\$0 (Tier 5)
<i>nighttime sleep aid</i>	\$0 (Tier 5)
<i>nighttime sleep-aid</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nytol quickcaps</i>	\$0 (Tier 5)
<i>pain relief pm extra stre</i>	\$0 (Tier 5)
PAIN RELIEF TAB NIGHTTIME	\$0 (Tier 5)
<i>pain reliever pm</i>	\$0 (Tier 5)
<i>qc pain reliever pm extra</i>	\$0 (Tier 5)
<i>qc rest simply</i>	\$0 (Tier 5)
<i>sleep aid</i>	\$0 (Tier 5)
<i>sleep tabs</i>	\$0 (Tier 5)
<i>sleep-aid</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm nicotine</i>	\$0 (Tier 5)
<i>sm nicotine polacrilex</i>	\$0 (Tier 5)
<i>sm nicotine transdermal s</i>	\$0 (Tier 5)
<i>sominex</i>	\$0 (Tier 5)
<i>sominex maximum strength</i>	\$0 (Tier 5)
<i>sominex nighttime sleep- a</i>	\$0 (Tier 5)
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	\$0 QL (56 tabs / (Tier 2)28 days)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	\$0 QL (56 tabs / (Tier 2)28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	\$0 QL (2 packs / (Tier 2)year)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VIVITROL INJ 380MG	\$0 NDS (Tier 3)

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

<i>danazol cap 50 mg</i>	\$0 (Tier 2)
<i>danazol cap 100 mg</i>	\$0 (Tier 2)
<i>danazol cap 200 mg</i>	\$0 (Tier 2)
<i>depo-testosterone</i>	\$0 PA (Tier 2)
<i>methyltestosterone cap 10 mg</i>	\$0 NDS, QL (600 (Tier 3)caps / 30 days), PA

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>testosterone cypionate im inj in oil 100 mg/ml</i>	\$0 PA (Tier 2)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	\$0 PA (Tier 2)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	\$0 PA (Tier 2)
<i>testosterone pump</i>	\$0 QL (150 gm / (Tier 2)30 days), PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	\$0 QL (300 gm / (Tier 2)30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	\$0 QL (300 gm / (Tier 2)30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	\$0 QL (300 gm / (Tier 2)30 days), PA

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	\$0 (Tier 2)
<i>acarbose tab 50 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>acarbose tab 100 mg</i>	\$0 (Tier 2)
FARXIGA TAB 5MG	\$0 QL (30 tabs / (Tier 3)30 days)
FARXIGA TAB 10MG	\$0 QL (30 tabs / (Tier 3)30 days)
<i>glimepiride tab 1 mg</i>	\$0 QL (90 tabs / (Tier 1)30 days)
<i>glimepiride tab 2 mg</i>	\$0 QL (90 tabs / (Tier 1)30 days)
<i>glimepiride tab 4 mg</i>	\$0 QL (60 tabs / (Tier 1)30 days)
<i>glipizide tab 5 mg</i>	\$0 QL (240 tabs / (Tier 1)30 days)
<i>glipizide tab 10 mg</i>	\$0 QL (120 tabs / (Tier 1)30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	\$0 QL (90 tabs / (Tier 1)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>glipizide tab er 24hr 5 mg</i>	\$0 QL (90 tabs / (Tier 1)30 days)
<i>glipizide tab er 24hr 10 mg</i>	\$0 QL (60 tabs / (Tier 1)30 days)
<i>glipizide xl</i>	\$0 QL (60 tabs / (Tier 1)30 days)
<i>glipizide xl</i>	\$0 QL (90 tabs / (Tier 1)30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0 QL (240 tabs / (Tier 1)30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0 QL (120 tabs / (Tier 1)30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0 QL (120 tabs / (Tier 1)30 days)
GLYXAMBI TAB 10-5 MG	\$0 QL (30 tabs / (Tier 3)30 days)
GLYXAMBI TAB 25-5 MG	\$0 QL (30 tabs / (Tier 3)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
JANUMET TAB 50-500MG	\$0 QL (60 tabs / (Tier 3)30 days)
JANUMET TAB 50-1000	\$0 QL (60 tabs / (Tier 3)30 days)
JANUMET XR TAB 50- 500MG	\$0 QL (60 tabs / (Tier 3)30 days)
JANUMET XR TAB 50- 1000	\$0 QL (60 tabs / (Tier 3)30 days)
JANUMET XR TAB 100- 1000	\$0 QL (30 tabs / (Tier 3)30 days)
JANUVIA TAB 25MG	\$0 QL (30 tabs / (Tier 3)30 days)
JANUVIA TAB 50MG	\$0 QL (30 tabs / (Tier 3)30 days)
JANUVIA TAB 100MG	\$0 QL (30 tabs / (Tier 3)30 days)
JARDIANCE TAB 10MG	\$0 QL (30 tabs / (Tier 3)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
JARDIANCE TAB 25MG	\$0 QL (30 tabs / (Tier 3)30 days)
JENTADUETO TAB 2.5- 500	\$0 QL (60 tabs / (Tier 3)30 days)
JENTADUETO TAB 2.5- 850	\$0 QL (60 tabs / (Tier 3)30 days)
JENTADUETO TAB 2.5- 1000	\$0 QL (60 tabs / (Tier 3)30 days)
JENTADUETO TAB XR 2.5-1000MG	\$0 QL (60 tabs / (Tier 3)30 days)
JENTADUETO TAB XR 5- 1000MG	\$0 QL (30 tabs / (Tier 3)30 days)
<i>liraglutide soln pen- injector 18 mg/3ml (6 mg/ml)</i>	\$0 QL (3 pens / 30 (Tier 2)days), PA
<i>metformin hcl oral soln 500 mg/5ml</i>	\$0 QL (765 mL / (Tier 2)30 days)
<i>metformin hcl tab 500 mg</i>	\$0 QL (150 tabs / (Tier 1)30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS OR LIMITS ON USE
<i>metformin hcl tab 850 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	\$0 (Tier 1)	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	\$0 (Tier 1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	\$0 (Tier 3)	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	\$0 (Tier 3)	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	\$0 (Tier 3)	QL (4 pens / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MOUNJARO INJ 10MG/0.5	\$0 QL (4 pens / 28 (Tier 3)days), PA
MOUNJARO INJ 12.5/0.5	\$0 QL (4 pens / 28 (Tier 3)days), PA
MOUNJARO INJ 15MG/0.5	\$0 QL (4 pens / 28 (Tier 3)days), PA
<i>nateglinide tab 60 mg</i>	\$0 QL (90 tabs / (Tier 1)30 days)
<i>nateglinide tab 120 mg</i>	\$0 QL (90 tabs / (Tier 1)30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	\$0 QL (1 pen / 28 (Tier 3)days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE)	\$0 QL (1 pen / 28 (Tier 3)days), PA
OZEMPIC (1MG/DOSE)	\$0 QL (1 pen / 28 (Tier 3)days), PA
OZEMPIC (2MG/DOSE)	\$0 QL (1 pen / 28 (Tier 3)days), PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl- metformin hcl tab 15-500 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl- metformin hcl tab 15-850 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	\$0 (Tier 1)	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	\$0 (Tier 1)	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	\$0 (Tier 1)	QL (240 tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
RYBELSUS TAB 3MG	\$0 QL (30 tabs / (Tier 3)30 days), PA
RYBELSUS TAB 7MG	\$0 QL (30 tabs / (Tier 3)30 days), PA
RYBELSUS TAB 14MG	\$0 QL (30 tabs / (Tier 3)30 days), PA
SYNJARDY TAB 5-500MG	\$0 QL (120 tabs / (Tier 3)30 days)
SYNJARDY TAB 5- 1000MG	\$0 QL (60 tabs / (Tier 3)30 days)
SYNJARDY TAB 12.5-500	\$0 QL (60 tabs / (Tier 3)30 days)
SYNJARDY TAB 12.5- 1000MG	\$0 QL (60 tabs / (Tier 3)30 days)
SYNJARDY XR TAB 5- 1000MG	\$0 QL (60 tabs / (Tier 3)30 days)
SYNJARDY XR TAB 10- 1000	\$0 QL (60 tabs / (Tier 3)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SYNJARDY XR TAB 12.5-1000	\$0 QL (60 tabs / 30 days) (Tier 3)
SYNJARDY XR TAB 25-1000	\$0 QL (30 tabs / 30 days) (Tier 3)
TRADJENTA TAB 5MG	\$0 QL (30 tabs / 30 days) (Tier 3)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	\$0 QL (60 tabs / 30 days) (Tier 3)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	\$0 QL (30 tabs / 30 days) (Tier 3)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	\$0 QL (60 tabs / 30 days) (Tier 3)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	\$0 QL (30 tabs / 30 days) (Tier 3)
TRULICITY INJ 0.75/0.5	\$0 QL (4 pens / 28 days), PA (Tier 3)
TRULICITY INJ 1.5/0.5	\$0 QL (4 pens / 28 days), PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

TRULICITY INJ 3/0.5	\$0 QL (4 pens / 28 (Tier 3)days), PA
TRULICITY INJ 4.5/0.5	\$0 QL (4 pens / 28 (Tier 3)days), PA
XIGDUO XR TAB 2.5- 1000	\$0 QL (60 tabs / (Tier 3)30 days)
XIGDUO XR TAB 5- 500MG	\$0 QL (60 tabs / (Tier 3)30 days)
XIGDUO XR TAB 5- 1000MG	\$0 QL (60 tabs / (Tier 3)30 days)
XIGDUO XR TAB 10- 500MG	\$0 QL (30 tabs / (Tier 3)30 days)
XIGDUO XR TAB 10-1000	\$0 QL (30 tabs / (Tier 3)30 days)

ANTIDIABETICS, INSULINS

ADMELOG INJ 100U/ML	\$0 (Tier 3)
ADMELOG SOLO INJ 100U/ML	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
AFREZZA POW 4-8 UNIT	\$0 NDS (Tier 3)
AFREZZA POW 4-8-12	\$0 NDS (Tier 3)
AFREZZA POW 4UNIT	\$0 (Tier 3)
AFREZZA POW 8 UNIT	\$0 (Tier 3)
AFREZZA POW 8-12UNIT	\$0 NDS (Tier 3)
AFREZZA POW 12 UNIT	\$0 NDS (Tier 3)
ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY	\$0 PA (Tier 3)
APIDRA INJ SOLOSTAR	\$0 (Tier 3)
APIDRA INJ U-100	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BASAGLAR INJ 100UNIT	\$0 (Tier 3)
BASAGLAR INJ TEMPO PN	\$0 (Tier 3)
CEQUR SIMPL KIT PATCH 2U (3-DAY)	\$0 QL (10 patches (Tier 4)/ 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	\$0 QL (8 patches / (Tier 4)24 days), PA
CEQUR SIMPL MIS INSERTER	\$0 QL (2 inserters (Tier 4)/ year), PA
FIASP FLEX INJ TOUCH	\$0 (Tier 3)
FIASP INJ 100/ML	\$0 (Tier 3)
FIASP PENFIL INJ U-100	\$0 (Tier 3)
FIASP PMPCRT INJ U-100	\$0 B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GAUZE PADS 2" X 2"	\$0 PA (Tier 3)
GLARGIN YFGN INJ 100U/ML	\$0 (Tier 3)
GLARGIN YFGN SOL 100U/ML	\$0 (Tier 4)
HUMALOG INJ 100/ML	\$0 (Tier 3)
HUMALOG JR INJ 100/ML	\$0 (Tier 3)
HUMALOG KWIK INJ 100/ML	\$0 (Tier 3)
HUMALOG KWIK INJ 200/ML	\$0 (Tier 3)
HUMALOG MIX INJ 50/50KWP	\$0 (Tier 3)
HUMALOG MIX INJ 75/25KWP	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
HUMALOG MIX SUS 75/25	\$0 (Tier 3)
HUMALOG TMPO INJ 100/ML	\$0 (Tier 3)
HUMULIN INJ 70/30	\$0 (Tier 3)
HUMULIN INJ 70/30KWP	\$0 (Tier 3)
HUMULIN N INJ U-100	\$0 (Tier 3)
HUMULIN N INJ U- 100KWP	\$0 (Tier 3)
HUMULIN R INJ U-100	\$0 (Tier 3)
HUMULIN R INJ U-500	\$0 NDS; KWIKPEN (Tier 3)
HUMULIN R INJ U-500	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
INS ASP PROT INJ FLEXPEN	\$0 (Tier 4)
INS DEGL FLX INJ 100UNIT	\$0 (Tier 4)
INS DEGL FLX INJ 200UNIT	\$0 (Tier 4)
INSULIN ASPA INJ 70/30	\$0 (Tier 4)
INSULIN ASPA INJ 100/ML	\$0 (Tier 4)
INSULIN ASPA INJ FLEXPEN	\$0 (Tier 4)
INSULIN ASPA INJ PENFILL	\$0 (Tier 4)
INSULIN DEGL INJ 100UNIT	\$0 (Tier 4)
INSULIN GLAR INJ 300/ML	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
INSULIN LISP INJ 100/ML	\$0 (Tier 3)
INSULIN LISP INJ JUNIOR	\$0 (Tier 3)
INSULIN LISP INJ PROTAMIN	\$0 (Tier 3)
INSULIN PEN NEEDLES: BD-EMBECTA	\$0 PA (Tier 3)
INSULIN SAFETY NEEDLES: BD-EMBECTA	\$0 PA (Tier 3)
INSULIN SYRINGES: BD- EMBECTA	\$0 PA (Tier 3)
LANTUS INJ 100/ML	\$0 (Tier 3)
LANTUS SOLOS INJ 100/ML	\$0 (Tier 3)
LYUMJEV INJ 100UT/ML	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LYUMJEV KWPN INJ 100UT/ML	\$0 (Tier 3)
LYUMJEV KWPN INJ 200UT/ML	\$0 (Tier 3)
LYUMJEV TMPO INJ 100UT/ML	\$0 (Tier 3)
NOVOLIN70/30 INJ RELION	\$0 (Tier 3)
NOVOLIN INJ 70/30	\$0 (Tier 3)
NOVOLIN INJ 70/30 FP	\$0 (Tier 3)
NOVOLIN N INJ 100 UNIT	\$0 (Tier 3)
NOVOLIN N INJ RELION	\$0 (Tier 3)
NOVOLIN N INJ U-100	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NOVOLIN R INJ 100 UNIT	\$0 (Tier 3)
NOVOLIN R INJ RELION	\$0 (Tier 3)
NOVOLIN R INJ U-100	\$0 (Tier 3)
NOVOLOG INJ 100/ML	\$0 (Tier 3)
NOVOLOG INJ FLEX REL	\$0 (Tier 3)
NOVOLOG INJ FLEXPEN	\$0 (Tier 3)
NOVOLOG INJ PENFILL	\$0 (Tier 3)
NOVOLOG INJ RELION	\$0 (Tier 3)
NOVOLOG MIX INJ 70/30	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NOVOLOG MIX INJ FLEX REL	\$0 (Tier 3)
NOVOLOG MIX INJ FLEXPEN	\$0 (Tier 3)
NOVOLOG RELI INJ 70/30	\$0 (Tier 3)
OMNIPOD 5 DX KIT INT G7G6	\$0 QL (1 kit / (Tier 4)year), PA
OMNIPOD 5 DX MIS POD G7G6	\$0 QL (15 pods / (Tier 4)30 days), PA
OMNIPOD 5 G7 KIT INTRO	\$0 QL (1 kit / (Tier 4)year), PA
OMNIPOD 5 G7 MIS PODS	\$0 QL (15 pods / (Tier 4)30 days), PA
OMNIPOD 5 LB KIT INTRO G6	\$0 QL (1 kit / (Tier 4)year), PA
OMNIPOD 5 LB MIS PODS G6	\$0 QL (15 pods / (Tier 4)30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
OMNIPOD DASH KIT INTRO	\$0 QL (1 kit / (Tier 4)year), PA
OMNIPOD DASH MIS PODS	\$0 QL (15 pods / (Tier 4)30 days), PA
OMNIPOD GO KIT 10UNT/DY	\$0 QL (15 pods / (Tier 4)30 days), PA
OMNIPOD GO KIT 15UNT/DY	\$0 QL (15 pods / (Tier 4)30 days), PA
OMNIPOD GO KIT 20UNT/DY	\$0 QL (15 pods / (Tier 4)30 days), PA
OMNIPOD GO KIT 25UNT/DY	\$0 QL (15 pods / (Tier 4)30 days), PA
OMNIPOD GO KIT 30UNT/DY	\$0 QL (15 pods / (Tier 4)30 days), PA
OMNIPOD GO KIT 35UNT/DY	\$0 QL (15 pods / (Tier 4)30 days), PA
OMNIPOD GO KIT 40UNT/DY	\$0 QL (15 pods / (Tier 4)30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
OMNIPOD MIS CLASSIC	\$0 QL (15 pods / (Tier 4)30 days), PA
REZVOGLAR INJ 100UT/ML	\$0 (Tier 4)
SEMGLEE INJ 100U/ML	\$0 (Tier 3)
SOLIQUA INJ 100/33	\$0 QL (5 pens / 25 (Tier 3)days)
TOUJEO MAX INJ 300/ML	\$0 (Tier 3)
TOUJEO SOLO INJ 300/ML	\$0 (Tier 3)
TRESIBA FLEX INJ 100UNIT	\$0 (Tier 3)
TRESIBA FLEX INJ 200UNIT	\$0 (Tier 3)
TRESIBA INJ 100UNIT	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

XULTOPHY INJ 100/3.6	\$0 QL (5 pens / 30 (Tier 3)days)

ANTI OBESITY AGENTS

<i>benzphetamine hcl tab 50 mg</i>	\$0 PA (Tier 5)
CONTRA VE TAB 8-90MG	\$0 PA (Tier 5)
<i>diethylpropion hcl tab 25 mg</i>	\$0 PA (Tier 5)
<i>diethylpropion hcl tab er 24hr 75 mg</i>	\$0 PA (Tier 5)
IMCIVREE INJ 10MG/ML	\$0 PA (Tier 5)
LOMAIRA TAB 8MG	\$0 PA (Tier 5)
<i>orlistat cap 120 mg</i>	\$0 PA (Tier 5)
PHENDIMETRAZ CAP 105MG ER	\$0 PA (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>phendimetrazine tartrate tab 35 mg</i>	\$0 PA (Tier 5)
<i>phentermine hcl cap 15 mg</i>	\$0 (Tier 5)
<i>phentermine hcl cap 30 mg</i>	\$0 (Tier 5)
<i>phentermine hcl cap 37.5 mg</i>	\$0 (Tier 5)
<i>phentermine hcl tab 37.5 mg</i>	\$0 (Tier 5)
QSYMIA CAP 3.75-23	\$0 PA (Tier 5)
QSYMIA CAP 7.5-46MG	\$0 PA (Tier 5)
QSYMIA CAP 11.25-69	\$0 PA (Tier 5)
QSYMIA CAP 15-92MG	\$0 PA (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

ZEPBOUND INJ 2.5/0.5	\$0 PA (Tier 5)
ZEPBOUND INJ 5/0.5ML	\$0 PA (Tier 5)
ZEPBOUND INJ 7.5/0.5	\$0 PA (Tier 5)
ZEPBOUND INJ 10/0.5ML	\$0 PA (Tier 5)
ZEPBOUND INJ 12.5/0.5	\$0 PA (Tier 5)
ZEPBOUND INJ 15/0.5ML	\$0 PA (Tier 5)

CALCIUM REGULATORS

<i>alendronate sodium oral soln 70 mg/75ml</i>	\$0 ST (Tier 2)
<i>alendronate sodium tab 10 mg</i>	\$0 (Tier 1)
<i>alendronate sodium tab 35 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>alendronate sodium tab 70 mg</i>	\$0 (Tier 1)
<i>calcitonin (salmon) spray</i>	\$0 B/D (Tier 2)
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	\$0 B/D, QL (1 (Tier 2) injection / 90 days)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	\$0 B/D (Tier 2)
<i>pamidronate disodium iv soln 3 mg/ml</i>	\$0 B/D (Tier 2)
<i>pamidronate disodium iv soln 9 mg/ml</i>	\$0 B/D (Tier 2)
PAMIDRONATE INJ 6MG/ML	\$0 B/D (Tier 3)
PROLIA INJ 60MG/ML	\$0 QL (1 syringe / (Tier 4) 180 days)
<i>risedronate sodium tab 5 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>risedronate sodium tab 30 mg</i>	\$0 (Tier 2)
<i>risedronate sodium tab 35 mg</i>	\$0 (Tier 2)
<i>risedronate sodium tab 150 mg</i>	\$0 (Tier 2)
<i>risedronate sodium tab delayed release 35 mg</i>	\$0 ST (Tier 2)
TERIPARATIDE INJ 620/2.48	\$0 NDS, PA (Tier 3)
XGEVA INJ	\$0 NDS, PA (Tier 3)
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0 B/D (Tier 2)
<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0 B/D (Tier 2)
CHELATING AGENTS	
CHEMET CAP 100MG	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>deferasirox granules packet 90 mg</i>	\$0 NDS, PA (Tier 3)
<i>deferasirox granules packet 180 mg</i>	\$0 NDS, PA (Tier 3)
<i>deferasirox granules packet 360 mg</i>	\$0 NDS, PA (Tier 3)
<i>deferasirox tab 90 mg</i>	\$0 PA (Tier 2)
<i>deferasirox tab 180 mg</i>	\$0 NDS, PA (Tier 3)
<i>deferasirox tab 360 mg</i>	\$0 NDS, PA (Tier 3)
<i>deferasirox tab for oral susp 125 mg</i>	\$0 PA (Tier 2)
<i>deferasirox tab for oral susp 250 mg</i>	\$0 NDS, PA (Tier 3)
<i>deferasirox tab for oral susp 500 mg</i>	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>kionex</i>	\$0 (Tier 2)
LOKELMA PAK 5GM	\$0 (Tier 3)
LOKELMA PAK 10GM	\$0 (Tier 3)
<i>penicillamine tab 250 mg</i>	\$0 NDS (Tier 3)
<i>sodium polystyrene sulfonate powder</i>	\$0 (Tier 2)
<i>sps</i>	\$0 (Tier 2)
<i>sps rectal</i>	\$0 (Tier 2)
<i>trientine hcl cap 250 mg</i>	\$0 NDS, PA (Tier 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****CONTRACEPTIVES - DRUGS FOR BIRTH
CONTROL**

<i>afirmelle</i>	\$0 (Tier 2)
<i>aftera</i>	\$0 (Tier 5)
<i>altavera</i>	\$0 (Tier 2)
<i>alyacen 1/35</i>	\$0 (Tier 2)
<i>alyacen 7/7/7</i>	\$0 (Tier 2)
<i>amethia tab</i>	\$0 (Tier 2)
<i>amethyst</i>	\$0 (Tier 2)
<i>apri</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>aranelle</i>	\$0 (Tier 2)
<i>ashlyna</i>	\$0 (Tier 2)
<i>aubra eq</i>	\$0 (Tier 2)
<i>aurovela 1/20</i>	\$0 (Tier 2)
<i>aurovela 24 fe</i>	\$0 (Tier 2)
<i>aurovela fe 1.5/30</i>	\$0 (Tier 2)
<i>aurovela fe 1/20</i>	\$0 (Tier 2)
<i>aviane</i>	\$0 (Tier 2)
<i>ayuna</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>azurette</i>	\$0 (Tier 2)
<i>balziva</i>	\$0 (Tier 2)
<i>blisovi 24 fe</i>	\$0 (Tier 2)
<i>blisovi fe 1.5/30</i>	\$0 (Tier 2)
<i>briellyn</i>	\$0 (Tier 2)
<i>camila</i>	\$0 (Tier 2)
<i>camrese</i>	\$0 (Tier 2)
<i>camrese lo</i>	\$0 (Tier 2)
<i>chateal eq</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cryselle-28</i>	\$0 (Tier 2)
<i>curae</i>	\$0 (Tier 5)
<i>cyred eq</i>	\$0 (Tier 2)
<i>dasetta 1/35</i>	\$0 (Tier 2)
<i>dasetta 7/7/7</i>	\$0 (Tier 2)
<i>daysee</i>	\$0 (Tier 2)
<i>deblitane</i>	\$0 (Tier 2)
DEPO-SQ PROV INJ 104	\$0 (Tier 3)
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dolishale</i>	\$0 (Tier 2)
<i>drospirenone-ethinyl estradiol-levomefolate tab 3-0.02-0.451 mg</i>	\$0 (Tier 2)
<i>drospirenone-ethinyl estradiol-levomefolate tab 3-0.03-0.451 mg</i>	\$0 (Tier 2)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0 (Tier 2)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0 (Tier 2)
<i>econtra one-step</i>	\$0 (Tier 5)
<i>elinest</i>	\$0 (Tier 2)
<i>eluryng</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>emzahh</i>	\$0 (Tier 2)
<i>enilloring</i>	\$0 (Tier 2)
<i>enpresse-28</i>	\$0 (Tier 2)
<i>enskyce</i>	\$0 (Tier 2)
<i>errin</i>	\$0 (Tier 2)
<i>estarylla</i>	\$0 (Tier 2)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0 (Tier 2)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	\$0 (Tier 2)
<i>falmina</i>	\$0 (Tier 2)
<i>feirza tab 1.5/30</i>	\$0 (Tier 2)
<i>feirza tab 1/20</i>	\$0 (Tier 2)
<i>finzala</i>	\$0 (Tier 2)
<i>hailey 1.5/30</i>	\$0 (Tier 2)
<i>hailey 24 fe</i>	\$0 (Tier 2)
<i>haloette</i>	\$0 (Tier 2)
<i>heather</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>her style</i>	\$0 (Tier 5)
<i>iclevia</i>	\$0 (Tier 2)
<i>incassia</i>	\$0 (Tier 2)
<i>introvale</i>	\$0 (Tier 2)
<i>isibloom</i>	\$0 (Tier 2)
<i>jasmiel</i>	\$0 (Tier 2)
<i>jolessa</i>	\$0 (Tier 2)
<i>juleber</i>	\$0 (Tier 2)
<i>june1 1.5/30</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>june1 1/20</i>	\$0 (Tier 2)
<i>june1 fe 1.5/30</i>	\$0 (Tier 2)
<i>june1 fe 1/20</i>	\$0 (Tier 2)
<i>june1 fe 24</i>	\$0 (Tier 2)
<i>kaitlib fe</i>	\$0 (Tier 2)
<i>kariva</i>	\$0 (Tier 2)
<i>kelnor 1/35</i>	\$0 (Tier 2)
<i>kelnor 1/50</i>	\$0 (Tier 2)
<i>kurvelo</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>larin 1.5/30</i>	\$0 (Tier 2)
<i>larin 1/20</i>	\$0 (Tier 2)
<i>larin 24 fe</i>	\$0 (Tier 2)
<i>larin fe 1.5/30</i>	\$0 (Tier 2)
<i>larin fe 1/20</i>	\$0 (Tier 2)
<i>layolis fe</i>	\$0 (Tier 2)
<i>lessina</i>	\$0 (Tier 2)
<i>levonest</i>	\$0 (Tier 2)
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &eth est 0.01 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0 (Tier 2)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0 (Tier 2)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0 (Tier 2)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0 (Tier 2)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0 (Tier 2)
<i>levonorgestrel tab 1.5 mg</i>	\$0 (Tier 5)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	\$0 (Tier 2)
<i>levora 0.15/30-28</i>	\$0 (Tier 2)
LILETTA IUD 52MG	\$0 (Tier 3)
<i>loestrin 1.5/30-21</i>	\$0 (Tier 2)
<i>loestrin 1/20-21</i>	\$0 (Tier 2)
<i>loestrin fe 1.5/30</i>	\$0 (Tier 2)
<i>loestrin fe 1/20</i>	\$0 (Tier 2)
<i>loryna</i>	\$0 (Tier 2)
<i>low-ogestrel</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lutra</i>	\$0 (Tier 2)
<i>lyleq</i>	\$0 (Tier 2)
<i>lyza</i>	\$0 (Tier 2)
<i>marlissa</i>	\$0 (Tier 2)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	\$0 (Tier 2)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	\$0 (Tier 2)
<i>mibelas 24 fe</i>	\$0 (Tier 2)
<i>microgestin 1.5/30</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>microgestin 1/20</i>	\$0 (Tier 2)
<i>microgestin fe 1.5/30</i>	\$0 (Tier 2)
<i>microgestin fe 1/20</i>	\$0 (Tier 2)
<i>mili</i>	\$0 (Tier 2)
<i>mono-linyah</i>	\$0 (Tier 2)
<i>my choice</i>	\$0 (Tier 5)
<i>my way</i>	\$0 (Tier 5)
<i>necon 0.5/35-28</i>	\$0 (Tier 2)
<i>new day</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NEXPLANON IMP 68MG	\$0 (Tier 3)
<i>nikki</i>	\$0 (Tier 2)
<i>nora-be</i>	\$0 (Tier 2)
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	\$0 (Tier 2)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0 (Tier 2)
<i>norethindrone ac-ethinyl estradiol-fe tab 1-20/1- 30/1-35 mg-mcg</i>	\$0 (Tier 2)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0 (Tier 2)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	\$0 (Tier 2)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0 (Tier 2)
<i>norethindrone tab 0.35 mg</i>	\$0 (Tier 2)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0 (Tier 2)
<i>norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg</i>	\$0 (Tier 2)
<i>norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>norlyroc</i>	\$0 (Tier 2)
<i>nortrel 0.5/35 (28)</i>	\$0 (Tier 2)
<i>nortrel 1/35 (21)</i>	\$0 (Tier 2)
<i>nortrel 1/35 (28)</i>	\$0 (Tier 2)
<i>nortrel 7/7/7</i>	\$0 (Tier 2)
<i>nylia 1/35</i>	\$0 (Tier 2)
<i>nylia 7/7/7</i>	\$0 (Tier 2)
<i>ocella</i>	\$0 (Tier 2)
<i>opcicon one-step</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>option 2</i>	\$0 (Tier 5)
<i>philith</i>	\$0 (Tier 2)
<i>pimtrea</i>	\$0 (Tier 2)
<i>portia-28</i>	\$0 (Tier 2)
<i>reclipsen</i>	\$0 (Tier 2)
<i>rivelsa</i>	\$0 (Tier 2)
<i>setlakin</i>	\$0 (Tier 2)
<i>sharobel</i>	\$0 (Tier 2)
<i>simliya</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>simpesse</i>	\$0 (Tier 2)
<i>sprintec 28</i>	\$0 (Tier 2)
<i>sronyx</i>	\$0 (Tier 2)
<i>syeda</i>	\$0 (Tier 2)
<i>take action</i>	\$0 (Tier 5)
<i>tarina 24 fe</i>	\$0 (Tier 2)
<i>tarina fe 1/20 eq</i>	\$0 (Tier 2)
<i>tilia fe</i>	\$0 (Tier 2)
<i>tri-estarylla</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>tri-legest fe</i>	\$0 (Tier 2)
<i>tri-lynyah</i>	\$0 (Tier 2)
<i>tri-lo-estarylla</i>	\$0 (Tier 2)
<i>tri-lo-marzia</i>	\$0 (Tier 2)
<i>tri-lo-mili</i>	\$0 (Tier 2)
<i>tri-lo-sprintec</i>	\$0 (Tier 2)
<i>tri-mili</i>	\$0 (Tier 2)
<i>tri-nymyo tab</i>	\$0 (Tier 2)
<i>tri-sprintec</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>tri-vylibra</i>	\$0 (Tier 2)
<i>tri-vylibra lo</i>	\$0 (Tier 2)
<i>trivora-28</i>	\$0 (Tier 2)
<i>turqoz</i>	\$0 (Tier 2)
<i>tydemy</i>	\$0 (Tier 2)
<i>valtya 1/50 tab</i>	\$0 (Tier 2)
<i>velivet</i>	\$0 (Tier 2)
<i>vestura</i>	\$0 (Tier 2)
<i>vienva</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>viorele</i>	\$0 (Tier 2)
<i>vyfemla</i>	\$0 (Tier 2)
<i>vylibra</i>	\$0 (Tier 2)
<i>wera</i>	\$0 (Tier 2)
<i>wymzya fe</i>	\$0 (Tier 2)
<i>xarah fe tab</i>	\$0 (Tier 2)
<i>xulane</i>	\$0 (Tier 2)
<i>zafemy</i>	\$0 (Tier 2)
<i>zovia 1/35</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>zumandimine</i>	\$0 (Tier 2)

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

<i>dotti</i>	\$0 (Tier 3)

<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	\$0 (Tier 3)

<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	\$0 (Tier 3)

<i>estradiol tab 0.5 mg</i>	\$0 (Tier 2)

<i>estradiol tab 1 mg</i>	\$0 (Tier 2)

<i>estradiol tab 2 mg</i>	\$0 (Tier 2)

<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch weekly 0.1 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch weekly 0.05 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch weekly 0.06 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch weekly 0.025 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch weekly 0.075 mg/24hr</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	\$0 (Tier 3)
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0 (Tier 2)
<i>estradiol vaginal tab 10 mcg</i>	\$0 (Tier 2)
<i>estradiol valerate im in oil 10 mg/ml</i>	\$0 (Tier 2)
<i>estradiol valerate im in oil 20 mg/ml</i>	\$0 (Tier 2)
<i>estradiol valerate im in oil 40 mg/ml</i>	\$0 (Tier 2)
<i>fyavolv tab 0.5mg- 2.5mcg</i>	\$0 (Tier 3)
<i>fyavolv tab 1mg-5mcg</i>	\$0 (Tier 3)
<i>jinteli</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lyllana</i>	\$0 (Tier 3)
<i>mimvey</i>	\$0 (Tier 3)
<i>norethindrone acetate- ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	\$0 (Tier 3)
<i>norethindrone acetate- ethinyl estradiol tab 1 mg-5 mcg</i>	\$0 (Tier 3)
<i>yuvaferm</i>	\$0 (Tier 2)
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	
DEXAMETHASON CON 1MG/ML	\$0 (Tier 4)
<i>dexamethasone elixir 0.5 mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	\$0 (Tier 2)
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	\$0 (Tier 2)
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	\$0 (Tier 2)
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	\$0 (Tier 2)
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	\$0 (Tier 2)
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	\$0 (Tier 2)
<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dexamethasone soln 0.5 mg/5ml</i>	\$0 (Tier 2)
<i>dexamethasone tab 0.5 mg</i>	\$0 (Tier 2)
<i>dexamethasone tab 0.75 mg</i>	\$0 (Tier 2)
<i>dexamethasone tab 1 mg</i>	\$0 (Tier 2)
<i>dexamethasone tab 1.5 mg</i>	\$0 (Tier 2)
<i>dexamethasone tab 2 mg</i>	\$0 (Tier 2)
<i>dexamethasone tab 4 mg</i>	\$0 (Tier 2)
<i>dexamethasone tab 6 mg</i>	\$0 (Tier 2)
<i>fludrocortisone acetate tab 0.1 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	\$0 (Tier 2)
<i>hydrocortisone tab 5 mg</i>	\$0 (Tier 2)
<i>hydrocortisone tab 10 mg</i>	\$0 (Tier 2)
<i>hydrocortisone tab 20 mg</i>	\$0 (Tier 2)
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	\$0 B/D (Tier 2)
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	\$0 B/D (Tier 2)
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	\$0 B/D (Tier 2)
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	\$0 B/D (Tier 2)
<i>methylprednisolone tab 4 mg</i>	\$0 B/D (Tier 2)
<i>methylprednisolone tab 8 mg</i>	\$0 B/D (Tier 2)
<i>methylprednisolone tab 16 mg</i>	\$0 B/D (Tier 2)
<i>methylprednisolone tab 32 mg</i>	\$0 B/D (Tier 2)
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	\$0 (Tier 2)
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	\$0 B/D (Tier 2)
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	\$0 B/D (Tier 2)
<i>prednisolone soln 15 mg/5ml</i>	\$0 B/D (Tier 2)
PREDNISONE CON 5MG/ML	\$0 B/D (Tier 4)
<i>prednisone oral soln 5 mg/5ml</i>	\$0 B/D (Tier 2)
<i>prednisone tab 1 mg</i>	\$0 B/D (Tier 1)
<i>prednisone tab 2.5 mg</i>	\$0 B/D (Tier 1)
<i>prednisone tab 5 mg</i>	\$0 B/D (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>prednisone tab 10 mg</i>	\$0 B/D (Tier 1)
<i>prednisone tab 20 mg</i>	\$0 B/D (Tier 1)
<i>prednisone tab 50 mg</i>	\$0 B/D (Tier 1)
<i>prednisone tab therapy pack 5 mg (21)</i>	\$0 (Tier 2)
<i>prednisone tab therapy pack 5 mg (48)</i>	\$0 (Tier 2)
<i>prednisone tab therapy pack 10 mg (21)</i>	\$0 (Tier 2)
<i>prednisone tab therapy pack 10 mg (48)</i>	\$0 (Tier 2)
SOLU-CORTEF INJ 100MG	\$0 (Tier 4)
SOLU-CORTEF INJ 250MG	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SOLU-CORTEF INJ 500MG	\$0 (Tier 4)
SOLU-CORTEF INJ 1000MG	\$0 (Tier 4)
<i>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</i>	
BAQSIMI ONE POW 3MG/DOSE	\$0 (Tier 4)
DEX4 CHW ORANGE	\$0 (Tier 5)
DEX4 CHW RASPBERR	\$0 (Tier 5)
DEX4 GLUCOSE CHW	\$0 (Tier 5)
DEX4 GLUCOSE GEL	\$0 (Tier 5)
DEX4 GLUCOSE LIQ	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diazoxide susp 50 mg/ml</i>	\$0 NDS (Tier 3)
GLUCOSE CHW 4-0.006	\$0 (Tier 5)
GLUCOSE CHW 4-.006GM	\$0 (Tier 5)
GLUCOSE CHW 4GM	\$0 (Tier 5)
GLUCOSE CHW GRAPE	\$0 (Tier 5)
GLUCOSE CHW ORANGE	\$0 (Tier 5)
GLUCOSE CHW RASPBERRY	\$0 (Tier 5)
GLUCOSE CHW TROP FRT	\$0 (Tier 5)
<i>glutose 5</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GNP GLUCOSE CHW GRAPE	\$0 (Tier 5)
GNP GLUCOSE CHW ORANGE	\$0 (Tier 5)
GNP GLUCOSE CHW RASPBERRY	\$0 (Tier 5)
KROG GLUCOSE CHW GRAPE	\$0 (Tier 5)
KROG GLUCOSE CHW ORANGE	\$0 (Tier 5)
RELION GLUCO CHW 4GM	\$0 (Tier 5)
SMART SENSE CHW 4GM	\$0 (Tier 5)
TGT GLUCOSE CHW RASPBERRY	\$0 (Tier 5)
ZEGALOGUE INJ 0.6/0.6	\$0 (Tier 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****MISCELLANEOUS***

ALDURAZYME INJ 2.9MG/5M	\$0 (Tier 3)	NDS, PA
<i>betaine powder for oral solution</i>	\$0 (Tier 3)	NDS
<i>cabergoline tab 0.5 mg</i>	\$0 (Tier 2)	
<i>carglumic acid soluble tab 200 mg</i>	\$0 (Tier 3)	NDS, PA
CERDELGA CAP 84MG	\$0 (Tier 3)	NDS, PA
CEREZYME INJ 400UNIT	\$0 (Tier 3)	NDS, PA
CHEMSTRIP 2 TES GP	\$0 (Tier 5)	
CHEMSTRIP 5 TES OB	\$0 (Tier 5)	
CHEMSTRIP 7 TES	\$0 (Tier 5)	

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CHEMSTRIP 9 TES STRIPS	\$0 (Tier 5)
CHEMSTRIP 10 TES MD	\$0 (Tier 5)
CHEMSTRIP TES -10 SG	\$0 (Tier 5)
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	\$0 B/D, QL (60 tabs / 30 days) (Tier 2)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	\$0 B/D, QL (60 tabs / 30 days) (Tier 2)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	\$0 NDS, B/D, QL (120 tabs / 30 days) (Tier 3)
CYSTAGON CAP 50MG	\$0 PA (Tier 4)
CYSTAGON CAP 150MG	\$0 PA (Tier 4)
<i>desmopressin acetate inj 4 mcg/ml</i>	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)	
<i>desmopressin acetate nasal spray soln 0.01%</i>	\$0 (Tier 2)	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	\$0 (Tier 2)	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	\$0 (Tier 3)	NDS
<i>desmopressin acetate tab 0.1 mg</i>	\$0 (Tier 2)	
<i>desmopressin acetate tab 0.2 mg</i>	\$0 (Tier 2)	
ENDOMETRIN SUP 100MG	\$0 (Tier 5)	
FABRAZYME INJ 5MG	\$0 (Tier 3)	NDS, PA
FABRAZYME INJ 35MG	\$0 (Tier 3)	NDS, PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GENOTROPIN INJ 0.2MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 0.4MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 0.6MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 0.8MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 1.2MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 1.4MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 1.6MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 1.8MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 1MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GENOTROPIN INJ 2MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 5MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 12MG	\$0 NDS, PA (Tier 3)
INCRELEX INJ 40MG/4ML	\$0 NDS, PA (Tier 3)
<i>javygtor</i>	\$0 NDS, PA (Tier 3)
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	\$0 NDS, PA (Tier 3)
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	\$0 B/D (Tier 2)
<i>levocarnitine tab 330 mg</i>	\$0 B/D (Tier 2)
LUMIZYME INJ 50MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LUPR DEP-PED INJ 3M 30MG	\$0 NDS, PA (Tier 3)
LUPR DEP-PED INJ 7.5MG	\$0 NDS, PA (Tier 3)
LUPR DEP-PED INJ 11.25MG	\$0 NDS, PA (Tier 3)
LUPR DEP-PED INJ 15MG	\$0 NDS, PA (Tier 3)
LUPRON DEPOT INJ 45MG	\$0 NDS, PA (Tier 3)
<i>mifepristone tab 300 mg</i>	\$0 NDS, PA (Tier 3)
NAGLAZYME INJ 1MG/ML	\$0 NDS, PA (Tier 3)
<i>nitisinone cap 2 mg</i>	\$0 NDS, PA (Tier 3)
<i>nitisinone cap 5 mg</i>	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nitisinone cap 10 mg</i>	\$0 NDS, PA (Tier 3)
<i>nitisinone cap 20 mg</i>	\$0 NDS, PA (Tier 3)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	\$0 PA (Tier 2)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	\$0 PA (Tier 2)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	\$0 PA (Tier 2)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	\$0 NDS, PA (Tier 3)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	\$0 NDS, PA (Tier 3)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	\$0 PA (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	\$0 PA (Tier 2)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	\$0 NDS, PA (Tier 3)
<i>raloxifene hcl tab 60 mg</i>	\$0 (Tier 2)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	\$0 NDS, PA (Tier 3)
<i>sapropterin dihydrochloride powder packet 500 mg</i>	\$0 NDS, PA (Tier 3)
<i>sapropterin dihydrochloride tab 100 mg</i>	\$0 NDS, PA (Tier 3)
SEROSTIM INJ 4MG	\$0 PA (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SEROSTIM INJ 5MG	\$0 PA (Tier 5)
SEROSTIM INJ 6MG	\$0 PA (Tier 5)
SIGNIFOR INJ 0.3MG/ML	\$0 NDS, PA (Tier 3)
SIGNIFOR INJ 0.6MG/ML	\$0 NDS, PA (Tier 3)
SIGNIFOR INJ 0.9MG/ML	\$0 NDS, PA (Tier 3)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	\$0 NDS, PA (Tier 3)
<i>sodium phenylbutyrate tab 500 mg</i>	\$0 NDS, PA (Tier 3)
SOMATULINE INJ 60/0.2ML	\$0 NDS, PA (Tier 3)
SOMATULINE INJ 90/0.3ML	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SOMATULINE INJ 120/.5ML	\$0 NDS, PA (Tier 3)
SOMAVERT INJ 10MG	\$0 NDS, PA (Tier 3)
SOMAVERT INJ 15MG	\$0 NDS, PA (Tier 3)
SOMAVERT INJ 20MG	\$0 NDS, PA (Tier 3)
SOMAVERT INJ 25MG	\$0 NDS, PA (Tier 3)
SOMAVERT INJ 30MG	\$0 NDS, PA (Tier 3)
SYNAREL SOL 2MG/ML	\$0 NDS, PA (Tier 3)
VEOZAH TAB 45MG	\$0 PA (Tier 4)
ZOMACTON INJ 5MG	\$0 PA (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****PROGESTINS - DRUGS TO REGULATE
FEMALE HORMONES***

<i>gallifrey tab 5mg</i>	\$0 (Tier 2)
<i>medroxyprogesterone acetate tab 2.5 mg</i>	\$0 (Tier 1)
<i>medroxyprogesterone acetate tab 5 mg</i>	\$0 (Tier 1)
<i>medroxyprogesterone acetate tab 10 mg</i>	\$0 (Tier 1)
<i>megestrol acetate susp 40 mg/ml</i>	\$0 (Tier 3)
<i>megestrol acetate susp 40 mg/ml</i>	\$0 PA (Tier 5)
<i>megestrol acetate susp 625 mg/5ml</i>	\$0 PA (Tier 4)
<i>megestrol acetate susp 625 mg/5ml</i>	\$0 PA (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>norethindrone acetate tab 5 mg</i>	\$0 (Tier 2)
<i>progesterone cap 100 mg</i>	\$0 (Tier 2)
<i>progesterone cap 200 mg</i>	\$0 (Tier 2)
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS	
<i>euthyrox</i>	\$0 (Tier 1)
<i>levo-t</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 25 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 50 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 75 mcg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levothyroxine sodium tab 88 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 100 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 112 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 125 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 137 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 150 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 175 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 200 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 300 mcg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levoxyl</i>	\$0 (Tier 1)
<i>liothyronine sodium tab 5 mcg</i>	\$0 (Tier 2)
<i>liothyronine sodium tab 25 mcg</i>	\$0 (Tier 2)
<i>liothyronine sodium tab 50 mcg</i>	\$0 (Tier 2)
<i>methimazole tab 5 mg</i>	\$0 (Tier 1)
<i>methimazole tab 10 mg</i>	\$0 (Tier 1)
<i>propylthiouracil tab 50 mg</i>	\$0 (Tier 2)
SYNTHROID TAB 25MCG	\$0 (Tier 4)
SYNTHROID TAB 50MCG	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SYNTHROID TAB 75MCG	\$0 (Tier 4)
SYNTHROID TAB 88MCG	\$0 (Tier 4)
SYNTHROID TAB 100MCG	\$0 (Tier 4)
SYNTHROID TAB 112MCG	\$0 (Tier 4)
SYNTHROID TAB 125MCG	\$0 (Tier 4)
SYNTHROID TAB 137MCG	\$0 (Tier 4)
SYNTHROID TAB 150MCG	\$0 (Tier 4)
SYNTHROID TAB 175MCG	\$0 (Tier 4)
SYNTHROID TAB 200MCG	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SYNTHROID TAB 300MCG	\$0 (Tier 4)
<i>unithroid</i>	\$0 (Tier 1)
VITAMIN D ANALOGS	
<i>calcitriol (oral)</i>	\$0 B/D (Tier 2)
<i>calcitriol cap 0.5 mcg</i>	\$0 B/D (Tier 2)
<i>calcitriol cap 0.25 mcg</i>	\$0 B/D (Tier 2)
<i>doxercalciferol cap 0.5 mcg</i>	\$0 B/D (Tier 2)
<i>doxercalciferol cap 1 mcg</i>	\$0 B/D (Tier 2)
<i>doxercalciferol cap 2.5 mcg</i>	\$0 B/D (Tier 2)
<i>paricalcitol cap 1 mcg</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>paricalcitol cap 2 mcg</i>	\$0 B/D (Tier 2)

<i>paricalcitol cap 4 mcg</i>	\$0 B/D (Tier 2)

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS ANTACIDS

<i>acid gone</i>	\$0 (Tier 5)

ACID GONE	\$0 (Tier 5)

<i>almacone double strength</i>	\$0 (Tier 5)

<i>alum & mag hydroxide- simethicone susp 200- 200-20 mg/5ml</i>	\$0 (Tier 5)

<i>alum & mag hydroxide- simethicone susp 400- 400-40 mg/5ml</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ALUM HYDROX SUS 320/5ML	\$0 (Tier 5)
<i>antacid</i>	\$0 (Tier 5)
<i>antacid calcium regular s</i>	\$0 (Tier 5)
<i>antacid calcium rich</i>	\$0 (Tier 5)
<i>antacid extra strength</i>	\$0 (Tier 5)
<i>antacid maximum strength</i>	\$0 (Tier 5)
<i>antacid regular strength</i>	\$0 (Tier 5)
<i>antacid ultra strength</i>	\$0 (Tier 5)
<i>antacid/antigas liquid</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cal-gest antacid</i>	\$0 (Tier 5)
<i>calcium antacid</i>	\$0 (Tier 5)
<i>calcium antacid extra str</i>	\$0 (Tier 5)
CALCIUM CARB SUS 1250/5ML	\$0 (Tier 5)
CALCIUM CARB TAB 648MG	\$0 (Tier 5)
<i>calcium carbonate (antacid) chew tab 500 mg</i>	\$0 (Tier 5)
DEWEES CARM SUS 250/5ML	\$0 (Tier 5)
<i>geri-lanta</i>	\$0 (Tier 5)
<i>geri-lanta maximum streng</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>geri-lanta supreme</i>	\$0 (Tier 5)
<i>geri-mox</i>	\$0 (Tier 5)
<i>gnp antacid</i>	\$0 (Tier 5)
<i>gnp antacid & anti-gas ma</i>	\$0 (Tier 5)
<i>gnp antacid & anti-gas/re</i>	\$0 (Tier 5)
<i>gnp antacid and anti-gas/</i>	\$0 (Tier 5)
<i>gnp antacid anti- gas/maxi</i>	\$0 (Tier 5)
<i>gnp antacid extra strengt</i>	\$0 (Tier 5)
<i>gnp antacid ultra strengt</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp antacid/regular stren</i>	\$0 (Tier 5)
<i>gnp magnesium</i>	\$0 (Tier 5)
<i>goodsense advanced antaci</i>	\$0 (Tier 5)
<i>goodsense antacid & gas r</i>	\$0 (Tier 5)
<i>goodsense antacid/extra s</i>	\$0 (Tier 5)
<i>goodsense antacid/gas rel</i>	\$0 (Tier 5)
<i>goodsense antacid/regular</i>	\$0 (Tier 5)
<i>goodsense antacid/ultra s</i>	\$0 (Tier 5)
<i>healthy mama tame the fla</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hm antacid extra strength</i>	\$0 (Tier 5)
MAG-AL LIQ	\$0 (Tier 5)
<i>mag-al plus</i>	\$0 (Tier 5)
<i>mag-al plus xs</i>	\$0 (Tier 5)
<i>magnesium oxide tab 250 mg</i>	\$0 (Tier 5)
<i>magnesium oxide tab 400 mg</i>	\$0 (Tier 5)
<i>magnesium oxide tab 420 mg</i>	\$0 (Tier 5)
<i>mintox</i>	\$0 (Tier 5)
<i>mintox maximum strength</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mintox plus</i>	\$0 (Tier 5)
MYLANTA COAT SUS & COOL	\$0 (Tier 5)
<i>mylanta maximum strength</i>	\$0 (Tier 5)
<i>qc antacid</i>	\$0 (Tier 5)
<i>qc antacid/anti-gas</i>	\$0 (Tier 5)
<i>qc antacid/anti-gas maxim</i>	\$0 (Tier 5)
<i>qc heartburn antacid</i>	\$0 (Tier 5)
<i>sm antacid</i>	\$0 (Tier 5)
<i>sm antacid extra strength</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>sm calcium antacid extra</i>	\$0 (Tier 5)

<i>smooth antacid extra stre</i>	\$0 (Tier 5)

<i>sodium bicarbonate tab 325 mg</i>	\$0 (Tier 5)

<i>sodium bicarbonate tab 650 mg</i>	\$0 (Tier 5)

URO MAG CAP 140MG	\$0 (Tier 5)

ANTI-DIARRHEAL

<i>align</i>	\$0 (Tier 5)

ALIGN CAP 10MG	\$0 (Tier 5)

<i>align jr for kids</i>	\$0 (Tier 5)

<i>anti-diarrheal</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>bismuth subsalicylate</i>	\$0
<i>chew tab 262 mg</i>	(Tier 5)
CULTR ULTIMA CAP	\$0
STRENGTH	(Tier 5)
CULTUR DIGES CAP	\$0
DAILY	(Tier 5)
CULTUR DIGES CAP DLY	\$0
PRO	(Tier 5)
CULTUR KIDS CHW	\$0
PURELY	(Tier 5)
CULTUR KIDS POW	\$0
PURELY	(Tier 5)
CULTURE BABY DRO	\$0
IMM+DGST	(Tier 5)
CULTURE KIDS PAK PROB	\$0
FIB	(Tier 5)
CULTURELLE CAP	\$0
	(Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CULTURELLE CAP ADV REG	\$0 (Tier 5)
CULTURELLE CAP DIGESTIV	\$0 (Tier 5)
CULTURELLE CAP HLTH/WEL	\$0 (Tier 5)
CULTURELLE CHW DIGESTIV	\$0 (Tier 5)
CULTURELLE CHW KIDS	\$0 (Tier 5)
<i>culturelle health & welln</i>	\$0 (Tier 5)
CULTURELLE PAK KIDS	\$0 (Tier 5)
CULTURELLE PAK PROBIOT	\$0 (Tier 5)
<i>culturelle prenatal welln</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>culturelle total balance</i>	\$0 (Tier 5)
<i>culturelle womens wellnes</i>	\$0 (Tier 5)
<i>diamode</i>	\$0 (Tier 5)
FLORASTOR BA POW 250MG	\$0 (Tier 5)
FLORASTOR CAP	\$0 (Tier 5)
FLORASTOR CAP 250MG	\$0 (Tier 5)
FLORASTOR CAP SELECT	\$0 (Tier 5)
FLORASTOR KI PAK 250MG	\$0 (Tier 5)
FLORASTOR PAK KIDS	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp anti-diarrheal</i>	\$0 (Tier 5)
<i>gnp anti-diarrheal/anti-g</i>	\$0 (Tier 5)
<i>gnp loperamide hydrochlor</i>	\$0 (Tier 5)
<i>gnp pink bismuth</i>	\$0 (Tier 5)
<i>gnp pink bismuth ultra st</i>	\$0 (Tier 5)
<i>gnp stomach relief</i>	\$0 (Tier 5)
<i>goodsense anti-diarrheal</i>	\$0 (Tier 5)
<i>goodsense anti-diarrheal/</i>	\$0 (Tier 5)
<i>goodsense stomach relief</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
KIDS PROBIOT PAK FIBER	\$0 (Tier 5)
<i>loperamide hcl soln 1 mg/7.5ml</i>	\$0 (Tier 5)
<i>loperamide hcl tab 2 mg</i>	\$0 (Tier 5)
<i>loperamide-simethicone tab 2-125 mg</i>	\$0 (Tier 5)
<i>qc anti-diarrheal</i>	\$0 (Tier 5)
<i>qc diarrhea relief</i>	\$0 (Tier 5)
<i>qc stomach relief</i>	\$0 (Tier 5)
<i>sm anti-diarrheal</i>	\$0 (Tier 5)
<i>sm stomach relief</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>stomach relief</i>	\$0 (Tier 5)

<i>stomach relief extra stre</i>	\$0 (Tier 5)

<i>stomach relief ultra</i>	\$0 (Tier 5)

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

<i>aprepitant capsule 40 mg</i>	\$0 B/D (Tier 2)

<i>aprepitant capsule 80 mg</i>	\$0 B/D (Tier 2)

<i>aprepitant capsule 125 mg</i>	\$0 B/D (Tier 2)

<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0 B/D (Tier 2)

<i>compro</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dramamine</i>	\$0 (Tier 5)
<i>dramamine motion sickness</i>	\$0 (Tier 5)
<i>dronabinol cap 2.5 mg</i>	\$0 B/D, QL (60 (Tier 2)caps / 30 days)
<i>dronabinol cap 2.5 mg</i>	\$0 PA (Tier 5)
<i>dronabinol cap 5 mg</i>	\$0 B/D, QL (60 (Tier 2)caps / 30 days)
<i>dronabinol cap 5 mg</i>	\$0 PA (Tier 5)
<i>dronabinol cap 10 mg</i>	\$0 B/D, QL (60 (Tier 2)caps / 30 days)
<i>dronabinol cap 10 mg</i>	\$0 PA (Tier 5)
<i>gnp motion sickness relie</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>granisetron hcl inj 1 mg/ml</i>	\$0 (Tier 2)
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	\$0 (Tier 2)
<i>granisetron hcl tab 1 mg</i>	\$0 B/D (Tier 2)
<i>meclizine hcl chew tab 25 mg</i>	\$0 (Tier 5)
<i>meclizine hcl tab 12.5 mg</i>	\$0 (Tier 2)
<i>meclizine hcl tab 12.5 mg</i>	\$0 (Tier 5)
<i>meclizine hcl tab 25 mg</i>	\$0 (Tier 2)
<i>meclizine hcl tab 25 mg</i>	\$0 (Tier 5)
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	\$0 (Tier 2)
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	\$0 (Tier 1)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	\$0 (Tier 1)
<i>motion sickness relief/le</i>	\$0 (Tier 5)
<i>motion-time</i>	\$0 (Tier 5)
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	\$0 (Tier 2)
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	\$0 (Tier 2)
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	\$0 (Tier 2)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ondansetron hcl tab 4 mg</i>	\$0 B/D (Tier 2)
<i>ondansetron hcl tab 8 mg</i>	\$0 B/D (Tier 2)
<i>ondansetron orally disintegrating tab 4 mg</i>	\$0 B/D (Tier 2)
<i>ondansetron orally disintegrating tab 8 mg</i>	\$0 B/D (Tier 2)
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	\$0 (Tier 2)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	\$0 (Tier 2)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	\$0 (Tier 2)
<i>prochlorperazine suppos 25 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS OR LIMITS ON USE
<i>promethazine hcl inj 25 mg/ml</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl inj 50 mg/ml</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	\$0 (Tier 2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 12.5 mg</i>	\$0 (Tier 2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS OR LIMITS ON USE
<i>promethazine hcl tab 25 mg</i>	\$0 (Tier 2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 50 mg</i>	\$0 (Tier 2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine td patch 72hr 1 mg/3days</i>	\$0 (Tier 4)	QL (10 patches/ 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>travel-ease</i>	\$0 (Tier 5)	

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****ANTISPASMODICS - DRUGS FOR STOMACH SPASMS**

<i>dicyclomine hcl cap 10 mg</i>	\$0 (Tier 3)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	\$0 (Tier 4)
<i>dicyclomine hcl tab 20 mg</i>	\$0 (Tier 3)
<i>glycopyrrolate tab 1 mg</i>	\$0 QL (90 tabs / (Tier 2)30 days)
<i>glycopyrrolate tab 2 mg</i>	\$0 QL (120 tabs / (Tier 2)30 days)

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid reducer</i>	\$0 (Tier 5)
<i>acid reducer maximum stre</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>acid reducer original str</i>	\$0 (Tier 5)
<i>famotidine for susp 40 mg/5ml</i>	\$0 (Tier 2)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0 (Tier 2)
<i>famotidine inj 40 mg/4ml</i>	\$0 (Tier 2)
<i>famotidine inj 200 mg/20ml</i>	\$0 (Tier 2)
<i>famotidine maximum streng</i>	\$0 (Tier 5)
<i>famotidine original stren</i>	\$0 (Tier 5)
<i>famotidine preservative free inj 20 mg/2ml</i>	\$0 (Tier 2)
<i>famotidine tab 10 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>famotidine tab 20 mg</i>	\$0 (Tier 1)
<i>famotidine tab 20 mg</i>	\$0 (Tier 5)
<i>famotidine tab 40 mg</i>	\$0 (Tier 1)
<i>gnp acid reducer</i>	\$0 (Tier 5)
<i>gnp acid reducer maximum</i>	\$0 (Tier 5)
<i>heartburn relief</i>	\$0 (Tier 5)
<i>heartburn relief maximum</i>	\$0 (Tier 5)
<i>nizatidine cap 150 mg</i>	\$0 (Tier 2)
<i>nizatidine cap 300 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>sm acid reducer</i>	\$0 (Tier 5)

<i>sm acid reducer maximum s</i>	\$0 (Tier 5)

TAGAMET HB TAB 200MG	\$0 (Tier 5)

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium cap 750 mg</i>	\$0 (Tier 2)

<i>budesonide delayed release particles cap 3 mg</i>	\$0 (Tier 2)	QL (90 caps / 30 days), PA

<i>budesonide tab er 24hr 9 mg</i>	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA

<i>hydrocortisone enema 100 mg/60ml</i>	\$0 (Tier 2)

<i>mesalamine cap dr 400 mg</i>	\$0 (Tier 2)	QL (180 caps / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mesalamine cap er 24hr 0.375 gm</i>	\$0 QL (120 caps / (Tier 2)30 days)
<i>mesalamine enema 4 gm</i>	\$0 QL (1680 mL / (Tier 2)28 days)
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	\$0 QL (28 bottles (Tier 2)/ 28 days)
<i>mesalamine suppos 1000 mg</i>	\$0 QL (30 (Tier 2)suppositories / 30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	\$0 QL (120 tabs / (Tier 2)30 days)
<i>sulfasalazine tab 500 mg</i>	\$0 (Tier 2)
<i>sulfasalazine tab delayed release 500 mg</i>	\$0 (Tier 2)
LAXATIVES	
<i>bisacodyl ec</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>bisacodyl laxative</i>	\$0 (Tier 5)
<i>bisacodyl suppos 10 mg</i>	\$0 (Tier 5)
<i>bisacodyl tab delayed release 5 mg</i>	\$0 (Tier 5)
<i>calcium polycarbophil tab 625 mg</i>	\$0 (Tier 5)
<i>chocolated laxative regul</i>	\$0 (Tier 5)
<i>clearlax</i>	\$0 (Tier 5)
<i>constulose</i>	\$0 (Tier 2)
<i>docusate calcium cap 240 mg</i>	\$0 (Tier 5)
<i>docusate mini</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>docusate sodium cap 100 mg</i>	\$0 (Tier 5)
<i>docusate sodium cap 250 mg</i>	\$0 (Tier 5)
<i>docusate sodium liquid 150 mg/15ml</i>	\$0 (Tier 5)
<i>dok</i>	\$0 (Tier 5)
<i>enema ready-to-use</i>	\$0 (Tier 5)
ENEMEEZ KIDS ENE 100/5ML	\$0 (Tier 5)
<i>enemeez mini</i>	\$0 (Tier 5)
<i>enemeez plus</i>	\$0 (Tier 5)
<i>enulose</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>epsom salt</i>	\$0 (Tier 5)
<i>evac-u-gen</i>	\$0 (Tier 5)
<i>fiber laxative</i>	\$0 (Tier 5)
<i>fiber-lax</i>	\$0 (Tier 5)
FIBER/D3 CHW 2.5-500	\$0 (Tier 5)
FIBERCEL POW	\$0 (Tier 5)
FIBEREX F15 LIQ 15/30ML	\$0 (Tier 5)
FLEET BISACO ENE 10/30ML	\$0 (Tier 5)
FLEET ENE PED	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FLEET LIQUID ENEMA GLYCERIN	\$0 (Tier 5)
<i>ft clearlax</i>	\$0 (Tier 5)
<i>ft magnesium citrate</i>	\$0 (Tier 5)
<i>ft mineral oil</i>	\$0 (Tier 5)
<i>gavilax</i>	\$0 (Tier 5)
GAVILAX	\$0 (Tier 5)
<i>gavilyte-c</i>	\$0 (Tier 1)
<i>gavilyte-g</i>	\$0 (Tier 1)
<i>gavilyte-n sol flav pk</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>generlac</i>	\$0 (Tier 2)
<i>gentle laxative</i>	\$0 (Tier 5)
<i>gentlelax</i>	\$0 (Tier 5)
<i>geri-kot</i>	\$0 (Tier 5)
<i>glycerin childrens</i>	\$0 (Tier 5)
<i>glycerin suppos 1 gm</i>	\$0 (Tier 5)
<i>glycerin suppos 2 gm</i>	\$0 (Tier 5)
<i>gnp best fiber</i>	\$0 (Tier 5)
<i>gnp clearlax</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp epsom salt</i>	\$0 (Tier 5)
<i>gnp fiber powder</i>	\$0 (Tier 5)
<i>gnp fiber therapy</i>	\$0 (Tier 5)
<i>gnp fiber-caps</i>	\$0 (Tier 5)
<i>gnp gentle laxative</i>	\$0 (Tier 5)
<i>gnp glycerin adult</i>	\$0 (Tier 5)
<i>gnp glycerin child</i>	\$0 (Tier 5)
<i>gnp magnesium citrate</i>	\$0 (Tier 5)
<i>gnp milk of magnesia</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp mineral oil</i>	\$0 (Tier 5)
<i>gnp natural fiber</i>	\$0 (Tier 5)
<i>gnp senna lax</i>	\$0 (Tier 5)
<i>gnp senna plus</i>	\$0 (Tier 5)
<i>gnp stool softener</i>	\$0 (Tier 5)
<i>gnp stool softener extra</i>	\$0 (Tier 5)
<i>gnp stool softener/stimul</i>	\$0 (Tier 5)
<i>gnp womens gentle laxativ</i>	\$0 (Tier 5)
<i>goodsense bisacodyl laxat</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>goodsense clearlax</i>	\$0 (Tier 5)
<i>goodsense epsom salt</i>	\$0 (Tier 5)
<i>goodsense gentle stool so</i>	\$0 (Tier 5)
<i>goodsense magnesium citra</i>	\$0 (Tier 5)
<i>goodsense milk of magnesi</i>	\$0 (Tier 5)
<i>goodsense mineral oil lub</i>	\$0 (Tier 5)
<i>goodsense ready to use en</i>	\$0 (Tier 5)
<i>goodsense senna laxative</i>	\$0 (Tier 5)
<i>healthy mama move it alon</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>healthylax</i>	\$0 (Tier 5)
<i>hm enema mineral oil</i>	\$0 (Tier 5)
<i>hm enema saline laxative</i>	\$0 (Tier 5)
KONSYL DAILY POW 100%	\$0 (Tier 5)
<i>kp bisacodyl</i>	\$0 (Tier 5)
<i>kp senna</i>	\$0 (Tier 5)
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0 (Tier 2)
<i>lactulose solution 10 gm/15ml</i>	\$0 (Tier 2)
<i>laxacin</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>laxative</i>	\$0 (Tier 5)
<i>laxative regular strength</i>	\$0 (Tier 5)
MILK OF MAGN SUS 2400/10	\$0 (Tier 5)
<i>milk of magnesia</i>	\$0 (Tier 5)
<i>mineral oil</i>	\$0 (Tier 5)
<i>mineral oil enema</i>	\$0 (Tier 5)
MINERAL OIL HEAVY	\$0 (Tier 5)
<i>natural psyllium seed ind</i>	\$0 (Tier 5)
<i>natural senna laxative</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NUTRISOURCE POW FIBER	\$0 (Tier 5)
<i>onelax</i>	\$0 (Tier 5)
ONELAX DAILY POW 83%	\$0 (Tier 5)
<i>onelax docusate sodium</i>	\$0 (Tier 5)
<i>onelax magnesium citrate</i>	\$0 (Tier 5)
<i>onelax senna</i>	\$0 (Tier 5)
<i>peg 3350-kcl-na bicarb- nacl-na sulfate for soln 236 gm</i>	\$0 (Tier 1)
<i>peg 3350-kcl-sod bicarb- nacl for soln 420 gm</i>	\$0 (Tier 1)
PLENVU SOL	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>polyethylene glycol 3350 oral packet 4 gm</i>	\$0 (Tier 5)
<i>polyethylene glycol 3350 oral packet 4.25 gm</i>	\$0 (Tier 5)
<i>polyethylene glycol 3350 oral packet 8.5 gm</i>	\$0 (Tier 5)
<i>polyethylene glycol 3350 oral packet 17 gm</i>	\$0 (Tier 5)
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	\$0 (Tier 5)
<i>psyllium cap 0.52 gm</i>	\$0 (Tier 5)
<i>psyllium powder 28.3%</i>	\$0 (Tier 5)
<i>qc chocolated laxative</i>	\$0 (Tier 5)
<i>qc enema</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>qc fiber laxative</i>	\$0 (Tier 5)
<i>qc gentle laxative</i>	\$0 (Tier 5)
<i>qc milk of magnesia</i>	\$0 (Tier 5)
<i>qc natura-lax</i>	\$0 (Tier 5)
<i>qc psyllium fiber</i>	\$0 (Tier 5)
<i>qc stool softener</i>	\$0 (Tier 5)
<i>qc vegetable laxative</i>	\$0 (Tier 5)
<i>reguloid</i>	\$0 (Tier 5)
REGULOID POW ORANGE	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
REGULOID POW ORIGINAL	\$0 (Tier 5)
<i>senexon-s</i>	\$0 (Tier 5)
<i>senna laxative</i>	\$0 (Tier 5)
<i>senna plus</i>	\$0 (Tier 5)
SENNA PLUS CAP 8.6- 50MG	\$0 (Tier 5)
<i>senna s</i>	\$0 (Tier 5)
SENNA SYP	\$0 (Tier 5)
<i>senna-lax</i>	\$0 (Tier 5)
<i>senna-plus</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>senna-s</i>	\$0 (Tier 5)
<i>senna-tabs</i>	\$0 (Tier 5)
<i>senna-time</i>	\$0 (Tier 5)
<i>senna-time s</i>	\$0 (Tier 5)
<i>sennosides cap 8.6 mg</i>	\$0 (Tier 5)
<i>sennosides syrup 8.8 mg/5ml</i>	\$0 (Tier 5)
<i>sennosides tab 8.6 mg</i>	\$0 (Tier 5)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	\$0 (Tier 5)
<i>sm clearlax</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm epsom salt</i>	\$0 (Tier 5)
<i>sm fiber</i>	\$0 (Tier 5)
<i>sm fiber laxative</i>	\$0 (Tier 5)
<i>sm magnesium citrate</i>	\$0 (Tier 5)
<i>sm milk of magnesia</i>	\$0 (Tier 5)
<i>sm stool softener</i>	\$0 (Tier 5)
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13- 1.6 gm/177ml</i>	\$0 (Tier 2)
<i>sodium phosphates - enema</i>	\$0 (Tier 5)
<i>soluble fiber</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SORBITOL SOL 70%	\$0 (Tier 5)
<i>stimulant laxative</i>	\$0 (Tier 5)
<i>stimulant laxative plus s</i>	\$0 (Tier 5)
STL SOFT/LAX CAP 8.6- 50MG	\$0 (Tier 5)
<i>stool softener</i>	\$0 (Tier 5)
<i>stool softener + stimulan</i>	\$0 (Tier 5)
<i>stool softener extra stre</i>	\$0 (Tier 5)
<i>stool softener plus laxat</i>	\$0 (Tier 5)
<i>stool softener/laxative</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>the magic bullet</i>	\$0 (Tier 5)

<i>vegetable laxative+stool</i>	\$0 (Tier 5)

MISCELLANEOUS

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	\$0 (Tier 2)	QL (60 tabs / 30 days), PA

<i>alosetron hcl tab 1 mg (base equiv)</i>	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA

<i>calcium acetate (phosphate binder) tab 667 mg</i>	\$0 (Tier 5)

<i>calphron</i>	\$0 (Tier 5)

CREON CAP 3000UNIT	\$0 (Tier 3)

CREON CAP 6000UNIT	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CREON CAP 12000UNT	\$0 (Tier 3)
CREON CAP 24000UNT	\$0 (Tier 3)
CREON CAP 36000UNT	\$0 (Tier 3)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0 (Tier 2)
<i>dairy aid lactase enzyme</i>	\$0 (Tier 5)
<i>dairy relief</i>	\$0 (Tier 5)
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0 (Tier 4)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0 (Tier 3)
<i>gas relief</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gas relief extra strength</i>	\$0 (Tier 5)
<i>gas relief infants</i>	\$0 (Tier 5)
<i>gas relief ultra strength</i>	\$0 (Tier 5)
GATTEX KIT 5MG	\$0 NDS, PA (Tier 3)
<i>gnp anti-gas ultra streng</i>	\$0 (Tier 5)
<i>gnp dairy relief</i>	\$0 (Tier 5)
<i>gnp fast acting dairy rel</i>	\$0 (Tier 5)
<i>gnp gas relief</i>	\$0 (Tier 5)
<i>gnp gas relief extra stre</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp infant gas relief</i>	\$0 (Tier 5)
<i>infants gas relief</i>	\$0 (Tier 5)
<i>lactase enzyme</i>	\$0 (Tier 5)
<i>lactase fast acting</i>	\$0 (Tier 5)
LINZESS CAP 72MCG	\$0 QL (30 caps / (Tier 3)30 days)
LINZESS CAP 145MCG	\$0 QL (30 caps / (Tier 3)30 days)
LINZESS CAP 290MCG	\$0 QL (30 caps / (Tier 3)30 days)
<i>loperamide hcl cap 2 mg</i>	\$0 (Tier 2)
<i>misoprostol tab 100 mcg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>misoprostol tab 200 mcg</i>	\$0 (Tier 2)
MOVANTIK TAB 12.5MG	\$0 QL (30 tabs / (Tier 3)30 days)
MOVANTIK TAB 25MG	\$0 QL (30 tabs / (Tier 3)30 days)
RELISTOR INJ 8/0.4ML	\$0 NDS, QL (28 (Tier 3)syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	\$0 NDS, QL (28 (Tier 3)syringes / 28 days), PA
<i>simethicone cap 125 mg</i>	\$0 (Tier 5)
<i>simethicone cap 180 mg</i>	\$0 (Tier 5)
<i>simethicone chew tab 80 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>simethicone chew tab 125 mg</i>	\$0 (Tier 5)
<i>simethicone drops infants</i>	\$0 (Tier 5)
<i>simethicone ultra strengt</i>	\$0 (Tier 5)
<i>sm gas relief</i>	\$0 (Tier 5)
<i>sm gas relief drops infan</i>	\$0 (Tier 5)
<i>sucralfate susp 1 gm/10ml</i>	\$0 QL (1200 mL / (Tier 2)30 days)
<i>sucralfate tab 1 gm</i>	\$0 (Tier 2)
<i>teeny tummy gas relief dr</i>	\$0 (Tier 5)
TRULANCE TAB 3MG	\$0 QL (30 tabs / (Tier 4)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ursodiol cap 300 mg</i>	\$0 (Tier 2)
<i>ursodiol tab 250 mg</i>	\$0 (Tier 2)
<i>ursodiol tab 500 mg</i>	\$0 (Tier 2)
VOWST CAP	\$0 NDS, QL (12 (Tier 3)caps / 30 days), PA
XERMELO TAB 250MG	\$0 NDS, QL (84 (Tier 3)tabs / 28 days), PA
XIFAXAN TAB 550MG	\$0 NDS, PA (Tier 3)
ZENPEP CAP 3000UNIT	\$0 (Tier 4)
ZENPEP CAP 5000UNIT	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

ZENPEP CAP 10000UNT	\$0 (Tier 4)
ZENPEP CAP 15000UNT	\$0 (Tier 4)
ZENPEP CAP 20000UNT	\$0 (Tier 4)
ZENPEP CAP 25000UNT	\$0 (Tier 4)
ZENPEP CAP 40000UNT	\$0 (Tier 4)
ZENPEP CAP 60000UNT	\$0 (Tier 4)

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

<i>esomeprazole magnesium</i> <i>cap delayed release 20</i> <i>mg (base eq)</i>	\$0 (Tier 2)	QL (30 caps / 30 days), ST

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	\$0 QL (30 caps / (Tier 2)30 days), ST
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	\$0 QL (30 packets (Tier 2)/ 30 days)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	\$0 QL (30 packets (Tier 2)/ 30 days)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	\$0 QL (30 packets (Tier 2)/ 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	\$0 QL (60 caps / (Tier 2)30 days)
<i>lansoprazole cap delayed release 30 mg</i>	\$0 QL (60 caps / (Tier 2)30 days)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days), ST

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days), ST
<i>omeprazole cap delayed release 10 mg</i>	\$0 (Tier 1)
<i>omeprazole cap delayed release 20 mg</i>	\$0 (Tier 1)
<i>omeprazole cap delayed release 40 mg</i>	\$0 (Tier 1)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	\$0 (Tier 1)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	\$0 (Tier 1)
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	\$0 (Tier 2)
<i>rabeprazole sodium ec tab 20 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****GENITOURINARY - DRUGS TO TREAT
GENITAL AND URINARY TRACT
CONDITIONS*****BENIGN PROSTATIC HYPERPLASIA -
DRUGS TO TREAT ENLARGED PROSTATE***

<i>alfuzosin hcl tab er 24hr 10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>silodosin cap 4 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days)
<i>silodosin cap 8 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days)
<i>tadalafil tab 5 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>tamsulosin hcl cap 0.4 mg</i>	\$0 QL (60 caps / (Tier 1)30 days)
MISCELLANEOUS	
<i>acetic acid irrigation soln 0.25%</i>	\$0 (Tier 2)
<i>bethanechol chloride tab 5 mg</i>	\$0 (Tier 2)
<i>bethanechol chloride tab 10 mg</i>	\$0 (Tier 2)
<i>bethanechol chloride tab 25 mg</i>	\$0 (Tier 2)
<i>bethanechol chloride tab 50 mg</i>	\$0 (Tier 2)
K-PHOS TAB NO 2	\$0 (Tier 5)
MONIST CARE CRE CARE 1%	\$0 (Tier 5)
<i>potassium citrate tab er 5 meq (540 mg)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>potassium citrate tab er</i> <i>10 meq (1080 mg)</i>	\$0 (Tier 2)

<i>potassium citrate tab er</i> <i>15 meq (1620 mg)</i>	\$0 (Tier 2)

VCF VAGINAL MIS CONTRACP	\$0 (Tier 5)

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

<i>darifenacin hydrobromide</i> <i>tab er 24hr 7.5 mg (base</i> <i>equiv)</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), ST

<i>darifenacin hydrobromide</i> <i>tab er 24hr 15 mg (base</i> <i>equiv)</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), ST

<i>fesoterodine fumarate tab</i> <i>er 24hr 4 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)

<i>fesoterodine fumarate tab</i> <i>er 24hr 8 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GEMTESA TAB 75MG	\$0 QL (30 tabs / (Tier 4)30 days)
MYRBETRIQ SUS 8MG/ML	\$0 QL (300 mL / (Tier 4)28 days)
MYRBETRIQ TAB 25MG	\$0 QL (30 tabs / (Tier 4)30 days)
MYRBETRIQ TAB 50MG	\$0 QL (30 tabs / (Tier 4)30 days)
<i>oxybutynin chloride solution 5 mg/5ml</i>	\$0 QL (600 mL / (Tier 2)30 days)
<i>oxybutynin chloride tab 5 mg</i>	\$0 QL (120 tabs / (Tier 2)30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>solifenacin succinate tab 5 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>solifenacin succinate tab 10 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	\$0 QL (30 caps / (Tier 2)30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	\$0 QL (30 caps / (Tier 2)30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>tolterodine tartrate tab 2 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
<i>trospium chloride cap er 24hr 60 mg</i>	\$0 QL (30 caps / (Tier 2)30 days)
<i>trospium chloride tab 20 mg</i>	\$0 QL (60 tabs / (Tier 2)30 days)
VAGINAL ANTI-INFECTIVES	
<i>clindamycin phosphate vaginal cream 2%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clotrimazole 3</i>	\$0 (Tier 5)
<i>clotrimazole vaginal cream 1% 3 day vaginal</i>	\$0 (Tier 5)
<i>gnp clotrimazole 3</i>	\$0 (Tier 5)
<i>gnp miconazole 1 combinat</i>	\$0 (Tier 5)
<i>gnp miconazole 3</i>	\$0 (Tier 5)
<i>gnp miconazole 7</i>	\$0 (Tier 5)
<i>metronidazole vaginal gel 0.75%</i>	\$0 (Tier 2)
<i>miconazole 3 combo pack</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>miconazole 7</i>	\$0 (Tier 5)
<i>miconazole nitrate vaginal cream 2%</i>	\$0 (Tier 5)
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	\$0 (Tier 5)
MONISTAT 3 CRE 4%	\$0 (Tier 5)
MONISTAT 7 KIT COMBO PK	\$0 (Tier 5)
<i>qc clotrimazole</i>	\$0 (Tier 5)
<i>qc miconazole 7</i>	\$0 (Tier 5)
<i>sm 3-day vaginal</i>	\$0 (Tier 5)
<i>sm clotrimazole vaginal</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>sm miconazole 3</i>	\$0 (Tier 5)
<i>sm miconazole 7</i>	\$0 (Tier 5)
<i>terconazole vaginal cream 0.4%</i>	\$0 (Tier 2)
<i>terconazole vaginal cream 0.8%</i>	\$0 (Tier 2)
<i>terconazole vaginal suppos 80 mg</i>	\$0 (Tier 2)

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	\$0 QL (60 caps / (Tier 2)30 days)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	\$0 QL (120 caps / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	\$0 QL (60 caps / (Tier 2)30 days)
ELIQUIS ST P TAB 5MG	\$0 QL (74 tabs / (Tier 3)30 days)
ELIQUIS TAB 2.5MG	\$0 QL (60 tabs / (Tier 3)30 days)
ELIQUIS TAB 5MG	\$0 QL (74 tabs / (Tier 3)30 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	\$0 (Tier 2)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	\$0 (Tier 2)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	\$0 (Tier 2)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	\$0 (Tier 2)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	\$0 (Tier 2)	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	\$0 (Tier 2)	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	\$0 (Tier 2)	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	\$0 (Tier 2)	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	\$0 (Tier 3)	NDS
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	\$0 (Tier 3)	NDS
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	\$0 (Tier 3)	NDS

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
HEP SOD/NACL INJ 25000UNT	\$0 (Tier 3)	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	\$0 (Tier 2)	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	\$0 (Tier 2)	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	\$0 (Tier 2)	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	\$0 (Tier 2)	B/D
<i>heparin sodium (porcine) lock flush iv soln 100 unit/ml</i>	\$0 (Tier 5)	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	\$0 (Tier 2)	B/D
<i>jantoven</i>	\$0 (Tier 1)	
<i>rivaroxaban tab 2.5 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>warfarin sodium tab 1 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 2 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 2.5 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 3 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 4 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 5 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 6 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 7.5 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 10 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

XARELTO STAR TAB 15/20MG	\$0 QL (51 tabs / (Tier 3)30 days)
XARELTO SUS 1MG/ML	\$0 QL (620 mL / (Tier 3)30 days)
XARELTO TAB 2.5MG	\$0 QL (60 tabs / (Tier 3)30 days)
XARELTO TAB 10MG	\$0 QL (30 tabs / (Tier 3)30 days)
XARELTO TAB 15MG	\$0 QL (30 tabs / (Tier 3)30 days)
XARELTO TAB 20MG	\$0 QL (30 tabs / (Tier 3)30 days)

HEMATOPOIETIC GROWTH FACTORS

FULPHILA INJ 6/0.6ML	\$0 NDS, QL (2 (Tier 3)syringes / 28 days), PA
PROCRIT INJ 2000/ML	\$0 PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

PROCRIT INJ 3000/ML	\$0 PA (Tier 3)
PROCRIT INJ 4000/ML	\$0 PA (Tier 3)
PROCRIT INJ 10000/ML	\$0 PA (Tier 3)
PROCRIT INJ 20000/ML	\$0 NDS, PA (Tier 3)
PROCRIT INJ 40000/ML	\$0 NDS, PA (Tier 3)
ZARXIO INJ 300/0.5	\$0 NDS, PA (Tier 3)
ZARXIO INJ 480/0.8	\$0 NDS, PA (Tier 3)

IRON

BENTIVITE TAB 35-1MG	\$0 (Tier 5)
<i>bprotected pedia iron</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CENTRATEX CAP	\$0 (Tier 5)
CHEWABLE CHW IRON	\$0 (Tier 5)
<i>corvita 150</i>	\$0 (Tier 5)
EZFE 200 CAP 200MG	\$0 (Tier 5)
<i>fe c tab</i>	\$0 (Tier 5)
<i>fe c tab plus</i>	\$0 (Tier 5)
<i>fe-vite iron</i>	\$0 (Tier 5)
<i>ferate</i>	\$0 (Tier 5)
<i>fergon</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ferocon</i>	\$0 (Tier 5)
<i>ferosul</i>	\$0 (Tier 5)
FERRETTS IPS CAP 18MG	\$0 (Tier 5)
FERRETTS IPS SOL	\$0 (Tier 5)
FERRETTS TAB 325MG	\$0 (Tier 5)
<i>ferrex 150</i>	\$0 (Tier 5)
<i>ferric x-150</i>	\$0 (Tier 5)
FERRIMIN 150 TAB	\$0 (Tier 5)
FERRO-SEQUEL TAB 65- 25MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ferrocite plus</i>	\$0 (Tier 5)
FERROUS FUM TAB 29MG	\$0 (Tier 5)
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	\$0 (Tier 5)
FERROUS GLUC TAB 324MG	\$0 (Tier 5)
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	\$0 (Tier 5)
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	\$0 (Tier 5)
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>	\$0 (Tier 5)
<i>ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)</i>	\$0 (Tier 5)
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	\$0 (Tier 5)
<i>ferrous sulfate tab ec 324 mg (65 mg fe equivalent)</i>	\$0 (Tier 5)
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	\$0 (Tier 5)
<i>ferrous sulfate tab er 45 mg (elemental fe)</i>	\$0 (Tier 5)
FOLITAB 500 TAB	\$0 (Tier 5)
FOLIVANE-F CAP	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FOLIVANE-PLS CAP	\$0 (Tier 5)
FUSION CAP	\$0 (Tier 5)
FUSION PLUS CAP	\$0 (Tier 5)
<i>gnp iron</i>	\$0 (Tier 5)
HEMATEX IRON TAB 150MG	\$0 (Tier 5)
HEMATEX LIQ 100/5ML	\$0 (Tier 5)
HEMATINIC PLUS VITAMINS/M	\$0 (Tier 5)
HEMATINIC/FA TAB	\$0 (Tier 5)
HEMATOGEN FA CAP	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hematogen forte</i>	\$0 (Tier 5)
HEMOCYTE PLS CAP	\$0 (Tier 5)
ICAR PEDS SUS GRAPE	\$0 (Tier 5)
<i>iferex 150</i>	\$0 (Tier 5)
<i>iferex 150 forte</i>	\$0 (Tier 5)
INTEGRA CAP	\$0 (Tier 5)
INTEGRA F CAP	\$0 (Tier 5)
INTEGRA PLUS CAP	\$0 (Tier 5)
IRO-PLEX LIQ	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>iron 100 plus</i>	\$0 (Tier 5)
<i>iron 100/c</i>	\$0 (Tier 5)
IRON CHW PEDIATRI	\$0 (Tier 5)
IRON GLYCINA CAP 29MG	\$0 (Tier 5)
<i>iron infant/toddler</i>	\$0 (Tier 5)
<i>iron slow release</i>	\$0 (Tier 5)
<i>iron supplement</i>	\$0 (Tier 5)
IRON UP LIQ	\$0 (Tier 5)
<i>iron-vitamin c tab 100- 250 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
IROSPAN 24/6 MIS	\$0 (Tier 5)
<i>kp ferrous gluconate</i>	\$0 (Tier 5)
<i>kp ferrous sulfate</i>	\$0 (Tier 5)
MULTIGEN PLS TAB	\$0 (Tier 5)
MULTIGEN TAB	\$0 (Tier 5)
MULTIGEN TAB FOLIC	\$0 (Tier 5)
NEPHRON FA TAB	\$0 (Tier 5)
NOVAFERRUM CAP 50MG	\$0 (Tier 5)
NOVAFERRUM DRO 15MG/ML	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NOVAFERRUM LIQ 125	\$0 (Tier 5)
<i>nu-iron 150</i>	\$0 (Tier 5)
<i>one vite ferrous sulfate</i>	\$0 (Tier 5)
<i>pc pediatric iron drops</i>	\$0 (Tier 5)
<i>poly-iron 150</i>	\$0 (Tier 5)
<i>poly-iron 150 forte</i>	\$0 (Tier 5)
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	\$0 (Tier 5)
PROFERRIN ES TAB 12 MG	\$0 (Tier 5)
PROFERRIN- TAB FORTE	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>purevit dualfe plus</i>	\$0 (Tier 5)
<i>se-tan plus</i>	\$0 (Tier 5)
<i>slow iron</i>	\$0 (Tier 5)
<i>slow release iron</i>	\$0 (Tier 5)
TANDEM CAP	\$0 (Tier 5)
<i>tandem plus</i>	\$0 (Tier 5)
TARON FORTE CAP	\$0 (Tier 5)
<i>tricon</i>	\$0 (Tier 5)
<i>trigels-f forte</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>true ferrous sulfate</i>	\$0 (Tier 5)

VITRON-C TAB 65-125MG	\$0 (Tier 5)

MISCELLANEOUS

ALVAIZ TAB 9MG	\$0 NDS, QL (60 (Tier 3) tabs / 30 days), PA

ALVAIZ TAB 18MG	\$0 NDS, QL (90 (Tier 3) tabs / 30 days), PA

ALVAIZ TAB 36MG	\$0 NDS, QL (90 (Tier 3) tabs / 30 days), PA

ALVAIZ TAB 54MG	\$0 NDS, QL (60 (Tier 3) tabs / 30 days), PA

<i>anagrelide hcl cap 0.5 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>anagrelide hcl cap 1 mg</i>	\$0 (Tier 2)
BERINERT INJ 500UNIT	\$0 NDS, QL (24 (Tier 3)boxes / 30 days), PA
<i>cilostazol tab 50 mg</i>	\$0 (Tier 1)
<i>cilostazol tab 100 mg</i>	\$0 (Tier 1)
DOPTelet TAB 20MG	\$0 NDS, PA (Tier 3)
HAEGARDA INJ 2000UNIT	\$0 NDS, QL (30 (Tier 3)vials / 30 days), PA
HAEGARDA INJ 3000UNIT	\$0 NDS, QL (20 (Tier 3)vials / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	\$0 NDS, QL (9 (Tier 3)syringes / 30 days), PA
<i>l-glutamine (sickle cell)</i>	\$0 NDS, PA (Tier 3)
<i>pentoxifylline tab er 400 mg</i>	\$0 (Tier 1)
<i>sajazir</i>	\$0 NDS, QL (9 (Tier 3)syringes / 30 days), PA
SIKLOS TAB 100MG	\$0 (Tier 4)
SIKLOS TAB 1000MG	\$0 NDS (Tier 3)
TAVNEOS CAP 10MG	\$0 NDS, QL (180 (Tier 3)caps / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	\$0 (Tier 2)
<i>tranexamic acid tab 650 mg</i>	\$0 (Tier 2)
PLATELET AGGREGATION INHIBITORS	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0 (Tier 2)
BRILINTA TAB 60MG	\$0 (Tier 3)
BRILINTA TAB 90MG	\$0 (Tier 3)
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0 (Tier 1)
<i>dipyridamole tab 25 mg</i>	\$0 PA; PA applies (Tier 3)if 70 years and older

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>dipyridamole tab 50 mg</i>	\$0 PA; PA applies (Tier 3)if 70 years and older

<i>dipyridamole tab 75 mg</i>	\$0 PA; PA applies (Tier 3)if 70 years and older

<i>prasugrel hcl tab 5 mg (base equiv)</i>	\$0 (Tier 2)

<i>prasugrel hcl tab 10 mg (base equiv)</i>	\$0 (Tier 2)

<i>ticagrelor tab 90 mg</i>	\$0 (Tier 2)

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM AUTOIMMUNE AGENTS

ADALIMU-AACF INJ 40/0.8ML	\$0 NDS, QL (2 (Tier 3)packs / year), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS OR RESTRICTIONS OR LIMITS ON USE
ADALIMU-AACF INJ 40/0.8ML	\$0 (Tier 3)	NDS, QL (56 pens / 365 days), PA
ADALIMU-AACF KIT 40/0.8ML	\$0 (Tier 3)	NDS, QL (56 syringes / 365 days), PA
COSENTYX INJ 75MG/0.5	\$0 (Tier 3)	NDS, QL (16 syringes / 365 days), PA
COSENTYX INJ 125/5ML	\$0 (Tier 3)	NDS, PA
COSENTYX INJ 150MG/ML	\$0 (Tier 3)	NDS, QL (32 syringes / 365 days), PA
COSENTYX INJ 300DOSE	\$0 (Tier 3)	NDS, QL (32 syringes / 365 days), PA
COSENTYX PEN INJ 150MG/ML	\$0 (Tier 3)	NDS, QL (32 pens / 365 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
COSENTYX PEN INJ 300DOSE	\$0 NDS, QL (32 (Tier 3)pens / 365 days), PA
COSENTYX UNO INJ 300/2ML	\$0 NDS, QL (16 (Tier 3)pens / 365 days), PA
DUPIXENT INJ 200/1.14	\$0 NDS, QL (4 (Tier 3)syringes / 28 days), PA
DUPIXENT INJ 200MG	\$0 NDS, QL (4 (Tier 3)pens / 28 days), PA
DUPIXENT INJ 300/2ML	\$0 NDS, QL (4 (Tier 3)pens / 28 days), PA
DUPIXENT INJ 300/2ML	\$0 NDS, QL (4 (Tier 3)syringes / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ENBREL INJ 25/0.5ML	\$0 NDS, QL (16 (Tier 3)syringes / 28 days), PA
ENBREL INJ 25MG	\$0 NDS, QL (16 (Tier 3)vials / 28 days), PA
ENBREL INJ 50MG/ML	\$0 NDS, QL (8 (Tier 3)syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	\$0 NDS, QL (8 (Tier 3)cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	\$0 NDS, QL (8 (Tier 3)pens / 28 days), PA
HUMIRA INJ 10/0.1ML	\$0 NDS, QL (2 (Tier 3)syringes / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
HUMIRA INJ 20/0.2ML	\$0 NDS, QL (4 (Tier 3)syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	\$0 NDS, QL (6 (Tier 3)syringes / 28 days), PA
HUMIRA KIT 40MG/0.8	\$0 NDS, QL (6 (Tier 3)syringes / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	\$0 NDS, QL (6 (Tier 3)pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	\$0 NDS, QL (6 (Tier 3)pens / 28 days), PA
HUMIRA PEN INJ 80/0.8ML	\$0 NDS, QL (4 (Tier 3)pens / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
HUMIRA PEN KIT CD/UC/HS	\$0 NDS, QL (3 (Tier 3)pens / 28 days), PA
HUMIRA PEN KIT PED UC	\$0 NDS, QL (4 (Tier 3)pens / 28 days), PA
HUMIRA PEN KIT PS/UV	\$0 NDS, QL (3 (Tier 3)pens / 28 days), PA
IDACIO 2-PEN INJ 40/0.8ML	\$0 NDS, QL (56 (Tier 3)pens / 365 days), PA
IDACIO 2-SYR INJ 40/0.8ML	\$0 NDS, QL (56 (Tier 3)syringes / 365 days), PA
IDACIO CROHN INJ DISEASE	\$0 NDS, QL (2 (Tier 3)packs / year), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
IDACIO PLAQU INJ PSORIASIS	\$0 NDS, QL (2 (Tier 3)packs / year), PA
INFLIXIMAB INJ 100MG	\$0 NDS, PA (Tier 3)
REMICADE INJ 100MG	\$0 NDS, PA (Tier 3)
RENFLEXIS INJ 100MG	\$0 NDS, PA (Tier 3)
RINVOQ LQ SOL 1MG/ML	\$0 NDS, QL (360 (Tier 3)mL / 30 days), PA
RINVOQ TAB 15MG ER	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
RINVOQ TAB 30MG ER	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
RINVOQ TAB 45MG ER	\$0 NDS, QL (168 (Tier 3)tabs / year), PA
SKYRIZI INJ 150MG/ML	\$0 NDS, QL (6 (Tier 3)syringes / 365 days), PA
SKYRIZI INJ 180/1.2	\$0 NDS, QL (1 (Tier 3)cartridge / 56 days), PA
SKYRIZI INJ 360/2.4	\$0 NDS, QL (1 (Tier 3)cartridge / 56 days), PA
SKYRIZI PEN INJ 150MG/ML	\$0 NDS, QL (6 (Tier 3)pens / 365 days), PA
SKYRIZI SOL 60MG/ML	\$0 NDS, PA (Tier 3)
SOTYKTU TAB 6MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
STELARA INJ 5MG/ML	\$0 NDS, PA (Tier 3)
STELARA INJ 45MG/0.5	\$0 NDS, QL (1 (Tier 3)syringe / 28 days), PA
STELARA INJ 45MG/0.5	\$0 NDS, QL (1 vial (Tier 3)/ 28 days), PA
STELARA INJ 90MG/ML	\$0 NDS, QL (1 (Tier 3)syringe / 28 days), PA
TREMFYA CROH INJ 200/2ML	\$0 NDS, QL (2 (Tier 3)pens / 28 days), PA
TREMFYA INJ 100MG/ML	\$0 NDS, QL (1 pen (Tier 3)/ 28 days), PA
TREMFYA INJ 100MG/ML	\$0 NDS, QL (1 (Tier 3)syringe / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TREMFYA INJ 200/2ML	\$0 NDS, QL (2 (Tier 3)pens / 28 days), PA
TREMFYA INJ 200/2ML	\$0 NDS, QL (2 (Tier 3)syringes / 28 days), PA
TREMFYA INJ 200/20ML	\$0 NDS, PA (Tier 3)
TYENNE INJ 80MG/4ML	\$0 NDS, PA (Tier 3)
TYENNE INJ 162/0.9	\$0 NDS, QL (4 (Tier 3)pens / 28 days), PA
TYENNE INJ 162MG	\$0 NDS, QL (4 (Tier 3)syringes / 28 days), PA
TYENNE INJ 200/10ML	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TYENNE INJ 400/20ML	\$0 NDS, PA (Tier 3)
VELSIPITY TAB 2MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
XELJANZ SOL 1MG/ML	\$0 NDS, QL (480 (Tier 3)mL / 24 days), PA
XELJANZ TAB 5MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
XELJANZ TAB 10MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
XELJANZ XR TAB 11MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA
XELJANZ XR TAB 22MG	\$0 NDS, QL (30 (Tier 3)tabs / 30 days), PA

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****DISEASE-MODIFYING ANTI-RHEUMATIC
DRUGS (DMARDS) - DRUGS TO TREAT
RHEUMATOID ARTHRITIS***

<i>hydroxychloroquine</i>	\$0	
<i>sulfate tab 200 mg</i>	(Tier 2)	
JYLAMVO SOL 2MG/ML	\$0	B/D
	(Tier 4)	
<i>leflunomide tab 10 mg</i>	\$0	QL (30 tabs /
	(Tier 2)	30 days)
<i>leflunomide tab 20 mg</i>	\$0	QL (30 tabs /
	(Tier 2)	30 days)
<i>methotrexate sodium tab</i>	\$0	
<i>2.5 mg (base equiv)</i>	(Tier 2)	
XATMEP SOL 2.5MG/ML	\$0	B/D
	(Tier 4)	

IMMUNOGLOBULINS

ALYGLO INJ 5GM/50ML	\$0	NDS, PA
	(Tier 3)	

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ALYGLO INJ 10/100ML	\$0 NDS, PA (Tier 3)
ALYGLO INJ 20/200ML	\$0 NDS, PA (Tier 3)
BIVIGAM INJ 10%	\$0 NDS, PA (Tier 3)
FLEBOGAMMA INJ 10/200ML	\$0 NDS, PA (Tier 3)
FLEBOGAMMA INJ 20/400ML	\$0 NDS, PA (Tier 3)
FLEBOGAMMA INJ DIF 5%	\$0 NDS, PA (Tier 3)
GAMASTAN INJ	\$0 B/D (Tier 4)
GAMMAGARD INJ 1GM/10ML	\$0 NDS, PA (Tier 3)
GAMMAGARD INJ 2.5GM/25	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GAMMAGARD INJ 5GM/50ML	\$0 NDS, PA (Tier 3)
GAMMAGARD INJ 10GM/100	\$0 NDS, PA (Tier 3)
GAMMAGARD INJ 20GM/200	\$0 NDS, PA (Tier 3)
GAMMAGARD INJ 30GM/300	\$0 NDS, PA (Tier 3)
GAMMAGARD SD INJ 5GM HU	\$0 NDS, PA (Tier 3)
GAMMAGARD SD INJ 10GM HU	\$0 NDS, PA (Tier 3)
GAMMAKED INJ 1GM/10ML	\$0 NDS, PA (Tier 3)
GAMMAKED INJ 5GM/50ML	\$0 NDS, PA (Tier 3)
GAMMAKED INJ 10GM/100	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GAMMAKED INJ 20GM/200	\$0 NDS, PA (Tier 3)
GAMMAPLEX INJ 5%	\$0 NDS, PA (Tier 3)
GAMMAPLEX INJ 10%	\$0 NDS, PA (Tier 3)
GAMUNEX-C INJ 1GM/10ML	\$0 NDS, PA (Tier 3)
GAMUNEX-C INJ 2.5GM/25	\$0 NDS, PA (Tier 3)
GAMUNEX-C INJ 5GM/50ML	\$0 NDS, PA (Tier 3)
GAMUNEX-C INJ 10GM/100	\$0 NDS, PA (Tier 3)
GAMUNEX-C INJ 20GM/200	\$0 NDS, PA (Tier 3)
GAMUNEX-C INJ 40/400ML	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
OCTAGAM INJ 1GM	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 2.5GM	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 2GM/20ML	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 5GM	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 5GM/50ML	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 10/100ML	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 10GM	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 20/200ML	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 30/300ML	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PANZYGA SOL 1GM/10ML	\$0 NDS, PA (Tier 3)
PANZYGA SOL 2.5/25ML	\$0 NDS, PA (Tier 3)
PANZYGA SOL 5GM/50ML	\$0 NDS, PA (Tier 3)
PANZYGA SOL 10/100ML	\$0 NDS, PA (Tier 3)
PANZYGA SOL 20/200ML	\$0 NDS, PA (Tier 3)
PANZYGA SOL 30/300ML	\$0 NDS, PA (Tier 3)
PRIVIGEN INJ 5 GRAMS	\$0 NDS, PA (Tier 3)
PRIVIGEN INJ 10GRAMS	\$0 NDS, PA (Tier 3)
PRIVIGEN INJ 20GRAMS	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PRIVIGEN INJ 40GRAMS	\$0 NDS, PA (Tier 3)
<i>IMMUNOMODULATORS</i>	
ACTIMMUNE INJ 2MU/0.5	\$0 NDS, PA (Tier 3)
ARCALYST INJ 220MG	\$0 NDS, PA (Tier 3)
<i>IMMUNOSUPPRESSANTS</i>	
ASTAGRAF XL CAP 0.5MG	\$0 B/D (Tier 4)
ASTAGRAF XL CAP 1MG	\$0 B/D (Tier 4)
ASTAGRAF XL CAP 5MG	\$0 NDS, B/D (Tier 3)
<i>azathioprine tab 50 mg</i>	\$0 B/D (Tier 2)
BENLYSTA INJ 120MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
BENLYSTA INJ 200MG/ML	\$0 (Tier 3)	NDS, QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	\$0 (Tier 3)	NDS, PA
<i>cyclosporine cap 25 mg</i>	\$0 (Tier 2)	B/D
<i>cyclosporine cap 100 mg</i>	\$0 (Tier 2)	B/D
<i>cyclosporine modified cap 25 mg</i>	\$0 (Tier 2)	B/D
<i>cyclosporine modified cap 50 mg</i>	\$0 (Tier 2)	B/D
<i>cyclosporine modified cap 100 mg</i>	\$0 (Tier 2)	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	\$0 (Tier 2)	B/D
ENVARUSUS XR TAB 0.75MG	\$0 (Tier 4)	B/D

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
ENVARUSUS XR TAB 1MG	\$0 (Tier 4)	B/D
ENVARUSUS XR TAB 4MG	\$0 (Tier 3)	NDS, B/D
<i>everolimus tab 0.5 mg</i>	\$0 (Tier 3)	NDS, B/D
<i>everolimus tab 0.25 mg</i>	\$0 (Tier 3)	NDS, B/D
<i>everolimus tab 0.75 mg</i>	\$0 (Tier 3)	NDS, B/D
<i>everolimus tab 1 mg</i>	\$0 (Tier 3)	NDS, B/D
<i>gengraf</i>	\$0 (Tier 2)	B/D
<i>gengraf sol 100mg/ml</i>	\$0 (Tier 2)	B/D
<i>mycophenolate mofetil cap 250 mg</i>	\$0 (Tier 2)	B/D

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	\$0 NDS, B/D (Tier 3)
<i>mycophenolate mofetil tab 500 mg</i>	\$0 B/D (Tier 2)
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	\$0 B/D (Tier 2)
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	\$0 B/D (Tier 2)
NULOJIX INJ 250MG	\$0 NDS, B/D (Tier 3)
PROGRAF GRA 0.2MG	\$0 B/D (Tier 4)
PROGRAF GRA 1MG	\$0 B/D (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
REZUROCK TAB 200MG	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
<i>sirolimus oral soln 1 mg/ml</i>	\$0 (Tier 3)	NDS, B/D
<i>sirolimus tab 0.5 mg</i>	\$0 (Tier 2)	B/D
<i>sirolimus tab 1 mg</i>	\$0 (Tier 2)	B/D
<i>sirolimus tab 2 mg</i>	\$0 (Tier 2)	B/D
<i>tacrolimus cap 0.5 mg</i>	\$0 (Tier 2)	B/D
<i>tacrolimus cap 1 mg</i>	\$0 (Tier 2)	B/D
<i>tacrolimus cap 5 mg</i>	\$0 (Tier 2)	B/D

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

VACCINES

ABRYSVO INJ	\$0 (Tier 1)
ACTHIB INJ	\$0 (Tier 1)
ADACEL INJ	\$0 (Tier 1)
AREXVY INJ 120MCG	\$0 (Tier 1)
BCG VACCINE INJ 50MG	\$0 (Tier 1)
BEXSERO INJ	\$0 (Tier 1)
BOOSTRIX INJ	\$0 (Tier 1)
DAPTACEL INJ	\$0 (Tier 1)
DENG VAXIA SUS	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DIP/TET PED INJ 25-5LFU	\$0 B/D (Tier 1)
ENGERIX-B INJ 10/0.5ML	\$0 B/D (Tier 1)
ENGERIX-B INJ 20MCG/ML	\$0 B/D (Tier 1)
GARDASIL 9 INJ	\$0 (Tier 1)
HAVRIX INJ 720UNIT	\$0 (Tier 1)
HAVRIX INJ 1440UNIT	\$0 (Tier 1)
HEPLISAV-B INJ 20/0.5ML	\$0 B/D (Tier 1)
HIBERIX SOL 10MCG	\$0 (Tier 1)
IMOVAX RABIE INJ 2.5/ML	\$0 B/D (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
INFANRIX INJ	\$0 (Tier 1)
IPOL INJ INACTIVE	\$0 (Tier 1)
IXCHIQ INJ	\$0 (Tier 1)
IXIARO INJ	\$0 (Tier 1)
JYNNEOS INJ	\$0 B/D (Tier 1)
KINRIX INJ	\$0 (Tier 1)
M-M-R II INJ	\$0 (Tier 1)
MENACTRA INJ	\$0 (Tier 1)
MENQUADFI INJ	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MENVEO INJ	\$0 (Tier 1)
MENVEO SOL	\$0 (Tier 1)
MRESVIA INJ 50MCG	\$0 (Tier 1)
PEDIARIX INJ 0.5ML	\$0 (Tier 1)
PEDVAX HIB INJ	\$0 (Tier 1)
PENBRAYA INJ	\$0 (Tier 1)
PENTACEL INJ	\$0 (Tier 1)
PRIORIX INJ	\$0 (Tier 1)
PROQUAD INJ	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
QUADRACEL INJ 0.5ML	\$0 (Tier 1)
RABAVERT INJ	\$0 B/D (Tier 1)
RECOMBIVA HB INJ 5MCG/0.5	\$0 B/D (Tier 1)
RECOMBIVA HB INJ 10MCG/ML	\$0 B/D (Tier 1)
RECOMBIVA-HB INJ 40MCG/ML	\$0 B/D (Tier 1)
ROTARIX SUS	\$0 (Tier 1)
ROTATEQ SOL	\$0 (Tier 1)
SHINGRIX INJ 50/0.5ML	\$0 QL (2 vials per (Tier 1)lifetime)
TENIVAC INJ 5-2LF	\$0 B/D (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TICOVAC INJ	\$0 (Tier 1)
TRUMENBA INJ	\$0 (Tier 1)
TWINRIX INJ	\$0 (Tier 1)
TYPHIM VI INJ	\$0 (Tier 1)
VAQTA INJ 25/0.5ML	\$0 (Tier 1)
VAQTA INJ 50UNT/ML	\$0 (Tier 1)
VARIVAX INJ	\$0 (Tier 1)
VAXCHORA SUS	\$0 (Tier 1)
VIVOTIF CAP EC	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
YF-VAX INJ	\$0 (Tier 1)
MISCELLANEOUS <i>MISCELLANEOUS</i>	
COLOX CAP	\$0 (Tier 5)
FLAVOR SWEET SYP S/F	\$0 (Tier 5)
GLYCERIN LIQ	\$0 (Tier 5)
<i>gnp isopropyl alcohol</i>	\$0 (Tier 5)
<i>gnp isopropyl rubbing alc</i>	\$0 (Tier 5)
<i>gnp petroleum jelly</i>	\$0 (Tier 5)
HM ISOP ALC SOL 70%	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hm isopropyl rubbing alco</i>	\$0 (Tier 5)
<i>hm petroleum jelly</i>	\$0 (Tier 5)
HYDROPHILIC OIN PETROLAT	\$0 (Tier 5)
ISOP ALCOHOL SOL 70%	\$0 (Tier 5)
ISOPROPANOL SOL 70%	\$0 (Tier 5)
<i>isopropyl alcohol 91%</i>	\$0 (Tier 5)
<i>isopropyl alcohol 99%</i>	\$0 (Tier 5)
<i>isopropyl alcohol, rubbing 70%</i>	\$0 (Tier 5)
METHOCEL E4M POW PREMIUM	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NARCOSOFT CAP HERB LAX	\$0 (Tier 5)
ORA-BLEND SF SUS	\$0 (Tier 5)
ORA-BLEND SUS	\$0 (Tier 5)
ORA-PLUS LIQ	\$0 (Tier 5)
ORA-SWEET SF SYP	\$0 (Tier 5)
ORA-SWEET SYP	\$0 (Tier 5)
ORAL MIX SF SUS	\$0 (Tier 5)
ORAL MIX SUS SUSPENDI	\$0 (Tier 5)
ORAL SUSPEND LIQ	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ORAL SYP FLAVORED	\$0 (Tier 5)
ORAL SYP SF	\$0 (Tier 5)
PETROLATUM OIN 42%	\$0 (Tier 5)
PETROLATUM OIN WHITE	\$0 (Tier 5)
PETROLATUM OIN YELLOW	\$0 (Tier 5)
<i>qc petroleum jelly</i>	\$0 (Tier 5)
RASPBERRY SYP	\$0 (Tier 5)
SIMPLE SYP	\$0 (Tier 5)
SIMPLE SYRUP SYP NF	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SKIN PROTECT OIN 44.28%	\$0 (Tier 5)
<i>sm alcohol</i>	\$0 (Tier 5)
<i>sm isopropyl alcohol</i>	\$0 (Tier 5)
SORBITOL SOL 70%	\$0 (Tier 5)
SOSWEET SYP	\$0 (Tier 5)
SYRPALTA SYP	\$0 (Tier 5)
SYRSPEND SF LIQ	\$0 (Tier 5)
SYRSPEND SF SUS	\$0 (Tier 5)
SYRSPEND SF SUS ALKA	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
WHITE PETROL OIN 100%	\$0 (Tier 5)
<i>white petrolatum topical gel</i>	\$0 (Tier 5)
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS	
<i>ELECTROLYTES</i>	
<i>ceralyte 70</i>	\$0 (Tier 5)
CERASPORT POW ENDURANC	\$0 (Tier 5)
CERASPORT POW PLUS	\$0 (Tier 5)
ELECTROLYTE POW	\$0 (Tier 5)
<i>gnp electrolyte solution</i>	\$0 (Tier 5)
<i>h-e-b oral electrolyte so</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NORMALYTE POW APPLE	\$0 (Tier 5)
NORMALYTE POW GRAPE	\$0 (Tier 5)
NORMALYTE POW ORANGE	\$0 (Tier 5)
NORMALYTE POW PURE	\$0 (Tier 5)
<i>oralyte</i>	\$0 (Tier 5)
REPLACE TAB SR	\$0 (Tier 5)
TRUELYTE SOL	\$0 (Tier 5)
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>	
D2.5W/NACL INJ 0.45%	\$0 (Tier 4)
D10W/NACL INJ 0.2%	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0 (Tier 2)
<i>dextrose 5% in lactated ringers</i>	\$0 (Tier 2)
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0 (Tier 2)
<i>dextrose 5% w/ sodium chloride 0.3%</i>	\$0 (Tier 2)
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0 (Tier 2)
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0 (Tier 2)
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0 (Tier 2)
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0 (Tier 2)
ISOLYTE-P INJ /D5W	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ISOLYTE-S INJ PH 7.4	\$0 (Tier 4)
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 2)
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0 (Tier 2)
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0 (Tier 2)
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 2)
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0 (Tier 2)
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	\$0 (Tier 2)
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 2)
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	\$0 (Tier 2)
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 2)
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0 (Tier 2)
KCL/D5W/NACL INJ 0.3/0.9%	\$0 (Tier 4)
<i>lactated ringer's solution</i>	\$0 (Tier 2)
MAGNESIUM SU INJ 2GM/50ML	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MAGNESIUM SU INJ 4G/100ML	\$0 (Tier 3)
MAGNESIUM SU INJ 20/500ML	\$0 (Tier 3)
MAGNESIUM SU INJ 40G/1000	\$0 (Tier 3)
MAGNESIUM SU INJ 80MG/ML	\$0 (Tier 3)
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0 (Tier 3)
<i>magnesium sulfate inj 50%</i>	\$0 (Tier 3)
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	\$0 (Tier 3)
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	\$0 (Tier 3)
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>magnesium sulfate iv soln</i> <i>20 gm/500ml (40 mg/ml)</i>	\$0 (Tier 3)
<i>magnesium sulfate iv soln</i> <i>40 gm/1000ml (40</i> <i>mg/ml)</i>	\$0 (Tier 3)
<i>multiple electrolytes ph</i> <i>5.5</i>	\$0 (Tier 2)
<i>multiple electrolytes ph</i> <i>7.4</i>	\$0 (Tier 2)
POT CHL 20MEQ/L IN NACL 0.9% INJ	\$0 (Tier 4)
POT CHL 20MEQ/L IN NACL 0.45% INJ	\$0 (Tier 4)
POT CHL 40MEQ/L IN NACL 0.9% INJ	\$0 (Tier 4)
<i>potassium chloride 20</i> <i>meq/l (0.15%) in</i> <i>dextrose 5% inj</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>potassium chloride inj 2 meq/ml</i>	\$0 (Tier 2)
<i>potassium chloride inj 10 meq/50ml</i>	\$0 (Tier 2)
<i>potassium chloride inj 10 meq/100ml</i>	\$0 (Tier 2)
<i>potassium chloride inj 20 meq/50ml</i>	\$0 (Tier 2)
<i>potassium chloride inj 20 meq/100ml</i>	\$0 (Tier 2)
<i>potassium chloride inj 40 meq/100ml</i>	\$0 (Tier 2)
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	\$0 (Tier 2)
<i>sodium chloride iv soln 0.9%</i>	\$0 (Tier 2)
<i>sodium chloride iv soln 0.45%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>sodium chloride iv soln</i> 3%	\$0 (Tier 2)
<i>sodium chloride iv soln</i> 5%	\$0 (Tier 2)
TPN ELECTROL INJ	\$0 B/D (Tier 4)

ELECTROLYTES/MINERALS/VITAMINS, ORAL

<i>klor-con</i>	\$0 (Tier 2)
<i>klor-con 8</i>	\$0 (Tier 1)
<i>klor-con 10</i>	\$0 (Tier 1)
<i>klor-con m10</i>	\$0 (Tier 1)
<i>klor-con m15</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>klor-con m20</i>	\$0 (Tier 1)
M-NATAL PLUS TAB	\$0 (Tier 3)
<i>potassium chloride cap er 8 meq</i>	\$0 (Tier 2)
<i>potassium chloride cap er 10 meq</i>	\$0 (Tier 2)
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	\$0 (Tier 1)
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	\$0 (Tier 2)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	\$0 (Tier 1)
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	\$0 (Tier 2)
<i>potassium chloride powder packet 20 meq</i>	\$0 (Tier 2)
<i>potassium chloride tab er 8 meq (600 mg)</i>	\$0 (Tier 1)
<i>potassium chloride tab er 10 meq</i>	\$0 (Tier 1)
<i>potassium chloride tab er 20 meq (1500 mg)</i>	\$0 (Tier 1)
PRENATAL TAB 27-1MG	\$0 (Tier 3)
PRENATAL TAB PLUS	\$0 (Tier 3)
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0 (Tier 2)
WESTAB PLUS TAB 27- 1MG	\$0 (Tier 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****IV NUTRITION***

CLINIMIX INJ 4.25/D5W	\$0	B/D
	(Tier 4)	
CLINIMIX INJ 4.25/D10	\$0	B/D
	(Tier 4)	
CLINIMIX INJ 5%/D15W	\$0	B/D
	(Tier 4)	
CLINIMIX INJ 5%/D20W	\$0	B/D
	(Tier 4)	
CLINIMIX INJ 6/5	\$0	B/D
	(Tier 4)	
CLINIMIX INJ 8/10	\$0	B/D
	(Tier 4)	
CLINIMIX INJ 8/14	\$0	B/D
	(Tier 4)	
<i>clinisol sf 15%</i>	\$0	B/D
	(Tier 2)	
CLINOLIPID EMU 20%	\$0	B/D
	(Tier 4)	

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dextrose inj 5%</i>	\$0 (Tier 2)
<i>dextrose inj 10%</i>	\$0 (Tier 2)
<i>dextrose inj 50%</i>	\$0 B/D (Tier 2)
<i>dextrose inj 70%</i>	\$0 B/D (Tier 2)
INTRALIPID INJ 20%	\$0 B/D (Tier 4)
INTRALIPID INJ 30%	\$0 B/D (Tier 4)
NUTRILIPID EMU 20%	\$0 B/D (Tier 4)
<i>plenamine</i>	\$0 B/D (Tier 2)
PREMASOL SOL 10%	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

PROSOL INJ 20%	\$0 B/D (Tier 4)
TRAVASOL INJ 10%	\$0 B/D (Tier 4)
TROPHAMINE INJ 10%	\$0 B/D (Tier 4)

MINERALS

ALIVE CALCIU CHW VIT D3	\$0 (Tier 5)
<i>bd posiflush</i>	\$0 (Tier 5)
BONE ESSENTI CAP	\$0 (Tier 5)
CA CITRATE TAB 250MG	\$0 (Tier 5)
CA LACTATE TAB 100MG	\$0 (Tier 5)
CAL CIT MAL/ TAB VITAMIND	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CAL-CITRATE TAB PLUS D	\$0 (Tier 5)
CAL-MAG COMP TAB	\$0 (Tier 5)
CAL-MAG-ZINC TAB -D	\$0 (Tier 5)
CAL-MINT CHW 260MG	\$0 (Tier 5)
CAL/MAG TAB CHEW	\$0 (Tier 5)
CALC ACETATE TAB 668MG	\$0 (Tier 5)
CALC CITRATE LIQ VIT D3	\$0 (Tier 5)
CALC/VIT D3 CHW 200- 200	\$0 (Tier 5)
<i>calcium 500 +d3</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium 600</i>	\$0 (Tier 5)
<i>calcium 600 tab + d</i>	\$0 (Tier 5)
<i>calcium 600 with vitamin</i>	\$0 (Tier 5)
<i>calcium 600+d</i>	\$0 (Tier 5)
<i>calcium 600+d3</i>	\$0 (Tier 5)
<i>calcium 600+d3 plus miner</i>	\$0 (Tier 5)
<i>calcium 600/vitamin d</i>	\$0 (Tier 5)
<i>calcium 600/vitamin d3</i>	\$0 (Tier 5)
CALCIUM 1000 TAB + D	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium + vitamin d3</i>	\$0 (Tier 5)
CALCIUM CARB CHW 260MG	\$0 (Tier 5)
CALCIUM CARB CHW 500MG	\$0 (Tier 5)
CALCIUM CARB POW 800/2GM	\$0 (Tier 5)
<i>calcium carb- cholecalciferol tab 250 mg-3 mcg (120 unit)</i>	\$0 (Tier 5)
<i>calcium carb- cholecalciferol tab 500 mg-10 mcg (400 unit)</i>	\$0 (Tier 5)
<i>calcium carb- cholecalciferol tab 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium carb- cholecalciferol tab 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 5)
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	\$0 (Tier 5)
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	\$0 (Tier 5)
<i>calcium carbonate- cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	\$0 (Tier 5)
<i>calcium carbonate- cholecalciferol tab 600 mg-5 mcg(200 unit)</i>	\$0 (Tier 5)
<i>calcium carbonate- vitamin d cap 600 mg-5 mcg (200 unit)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium carbonate- vitamin d tab 250 mg- 3.125 mcg (125 unit)</i>	\$0 (Tier 5)
<i>calcium carbonate- vitamin d tab 600 mg-5 mcg (200 unit)</i>	\$0 (Tier 5)
CALCIUM CHW 500-10	\$0 (Tier 5)
CALCIUM CHW 500MG	\$0 (Tier 5)
<i>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)</i>	\$0 (Tier 5)
<i>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</i>	\$0 (Tier 5)
CALCIUM CIT/ TAB VIT D	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium citrate + d3 maxi</i>	\$0 (Tier 5)
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	\$0 (Tier 5)
<i>calcium citrate+d3 petite</i>	\$0 (Tier 5)
CALCIUM GLUC CAP 50MG	\$0 (Tier 5)
CALCIUM GRA CITRATE	\$0 (Tier 5)
<i>calcium high potency</i>	\$0 (Tier 5)
<i>calcium high potency + vi</i>	\$0 (Tier 5)
<i>calcium plus vitamin d</i>	\$0 (Tier 5)
<i>calcium plus vitamin d3</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CALCIUM TAB FORMULA	\$0 (Tier 5)
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	\$0 (Tier 5)
<i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>	\$0 (Tier 5)
<i>calcium-magnesium-zinc- vit d3 tab 333 mg-133 mg-5 mg-3.3 mcg</i>	\$0 (Tier 5)
<i>calcium-magnesium-zinc- vit d3 tab 333 mg-133 mg-5 mg-5 mcg</i>	\$0 (Tier 5)
CALCIUM/C/D CHW 500MG	\$0 (Tier 5)
CALCIUM/D3 CAP 600- 2500	\$0 (Tier 5)
CALCIUM/MAGN TAB 250-155	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium/vitamin d3</i>	\$0 (Tier 5)
CHELATED CA TAB 200MG	\$0 (Tier 5)
CHEWABLE CHW CALCIUM	\$0 (Tier 5)
CORAL CALCIU CAP 1000MG	\$0 (Tier 5)
CORAL CAP CALCIUM	\$0 (Tier 5)
<i>600+d3</i>	\$0 (Tier 5)
FEM-CAL TAB CITRATE	\$0 (Tier 5)
GALZIN CAP 25MG	\$0 (Tier 5)
GALZIN CAP 50MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GNP CAL MAG ZINC +D3	\$0 (Tier 5)
<i>gnp calcium</i>	\$0 (Tier 5)
<i>gnp calcium 500 +d3</i>	\$0 (Tier 5)
<i>gnp calcium 600 +d3</i>	\$0 (Tier 5)
<i>gnp calcium 600 +d3/miner</i>	\$0 (Tier 5)
<i>gnp calcium 600 +d/minera</i>	\$0 (Tier 5)
<i>gnp calcium citrate +d3</i>	\$0 (Tier 5)
<i>gnp calcium citrate+d3 ma</i>	\$0 (Tier 5)
<i>iodine (kelp) tab 0.15 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
K-PHOS TAB	\$0 (Tier 5)
<i>kp calcium citrate+d</i>	\$0 (Tier 5)
<i>kp calcium/magnesium/zinc</i>	\$0 (Tier 5)
<i>kp mag-oxide magnesium</i>	\$0 (Tier 5)
LIQUID CALCI CAP WITH D3	\$0 (Tier 5)
<i>liquid calcium/d3</i>	\$0 (Tier 5)
<i>liquid calcium/vitamin d</i>	\$0 (Tier 5)
MAG CITRATE TAB 100MG	\$0 (Tier 5)
MAG OXIDE CAP 400MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MAG OXIDE TAB 420MG	\$0 (Tier 5)
MAG-G TAB 500MG	\$0 (Tier 5)
<i>mag-oxide</i>	\$0 (Tier 5)
<i>magdelay</i>	\$0 (Tier 5)
MAGNESIUM CAP 100MG	\$0 (Tier 5)
MAGNESIUM CAP 300MG	\$0 (Tier 5)
MAGNESIUM ES CAP 400MG	\$0 (Tier 5)
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	\$0 (Tier 5)
<i>magnesium glycinate cap 100 mg (elemental mg)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>magnesium lactate tab er</i> <i>84 mg (elemental mg) (7</i> <i>meq)</i>	\$0 (Tier 5)
<i>magnesium oxide cap</i> <i>500 mg (elemental mg)</i>	\$0 (Tier 5)
<i>magnesium oxide tab 250</i> <i>mg (mg supplement)</i>	\$0 (Tier 5)
<i>magnesium oxide tab 400</i> <i>mg (240 mg elemental</i> <i>mg)</i>	\$0 (Tier 5)
<i>magnesium oxide tab 500</i> <i>mg (mg supplement)</i>	\$0 (Tier 5)
<i>magnesium tab 100 mg</i>	\$0 (Tier 5)
MAGNESIUM TAB 200MG	\$0 (Tier 5)
<i>magnesium-oxide</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MG GLUCONATE TAB 250MG	\$0 (Tier 5)
<i>mgo</i>	\$0 (Tier 5)
<i>monoject pharma grade flu</i>	\$0 (Tier 5)
<i>monoject sodium chloride</i>	\$0 (Tier 5)
<i>oysco 500+d</i>	\$0 (Tier 5)
OYST SHELL/D TAB 500MG	\$0 (Tier 5)
<i>oyster shell calcium + d3</i>	\$0 (Tier 5)
<i>oyster shell calcium plus</i>	\$0 (Tier 5)
<i>oyster shell calcium tab 500 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>oyster shell calcium+d</i>	\$0 (Tier 5)
<i>oyster shell calcium/d3</i>	\$0 (Tier 5)
<i>oyster shell calcium/vita</i>	\$0 (Tier 5)
PARVA-CAL TAB 250-100	\$0 (Tier 5)
PARVA-CAL TAB 500MG	\$0 (Tier 5)
POSTURE-D TAB CALC/MAG	\$0 (Tier 5)
<i>potassium & sodium phosphates powder pack 280-160-250 mg</i>	\$0 (Tier 5)
<i>pure calcium carbonate</i>	\$0 (Tier 5)
RISACAL-D TAB	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SLOW MAG/CA TAB 64-106MG	\$0 (Tier 5)
<i>sodium chloride flush iv soln 0.9%</i>	\$0 (Tier 5)
<i>sodium chloride tab 1 gm</i>	\$0 (Tier 5)
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	\$0 (Tier 5)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	\$0 (Tier 5)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	\$0 (Tier 5)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	\$0 (Tier 5)
<i>super cal/mag</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>super calcium</i>	\$0 (Tier 5)
<i>super calcium 600 + d3</i>	\$0 (Tier 5)
<i>super calcium 600+d3 400</i>	\$0 (Tier 5)
<i>true magnesium oxide</i>	\$0 (Tier 5)
<i>ultra calcium + vitamin d</i>	\$0 (Tier 5)
UPCAL D POW	\$0 (Tier 5)
VIACTIV CALC CHW PLUS D	\$0 (Tier 5)
YUMVS MAGNES CHW 83MG	\$0 (Tier 5)

MISCELLANEOUS

ENDUR-THINE TAB 500- 200	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ENLYTE CAP	\$0 (Tier 5)
<i>gnp melatonin</i>	\$0 (Tier 5)
<i>gnp melatonin maximum str</i>	\$0 (Tier 5)
KELP/LEC/B6 CAP	\$0 (Tier 5)
<i>kp melatonin</i>	\$0 (Tier 5)
L-TRYPTOPHAN CAP 500MG	\$0 (Tier 5)
L-TRYPTOPHAN TAB 500MG	\$0 (Tier 5)
<i>melatonin advanced sleep</i>	\$0 (Tier 5)
<i>melatonin chew tab 2.5 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>melatonin chew tab 5 mg</i>	\$0 (Tier 5)
<i>melatonin extra strength</i>	\$0 (Tier 5)
<i>melatonin fast dissolve e</i>	\$0 (Tier 5)
<i>melatonin kids</i>	\$0 (Tier 5)
<i>melatonin kids gummies</i>	\$0 (Tier 5)
MELATONIN LIQ 1MG/4ML	\$0 (Tier 5)
MELATONIN LIQ 2.5MG	\$0 (Tier 5)
<i>melatonin liquid 1 mg/ml</i>	\$0 (Tier 5)
<i>melatonin maximum strengt</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>melatonin sl tab 5 mg</i>	\$0 (Tier 5)
<i>melatonin tab 1 mg</i>	\$0 (Tier 5)
MELATONIN TAB 1-10MG	\$0 (Tier 5)
MELATONIN TAB 1MG	\$0 (Tier 5)
<i>melatonin tab 3 mg</i>	\$0 (Tier 5)
MELATONIN TAB 3-10MG	\$0 (Tier 5)
<i>melatonin tab 5 mg</i>	\$0 (Tier 5)
MELATONIN TAB 300MCG	\$0 (Tier 5)
<i>melatonin tablet disintegrating 5 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>melatonin tr/vitamin b-6</i>	\$0 (Tier 5)
<i>melatonin-pyridoxine tab 5-10 mg</i>	\$0 (Tier 5)
<i>melatonin/vitamin b-6 ext</i>	\$0 (Tier 5)
MELATONINMAX CHW 10MG	\$0 (Tier 5)
PRELIEF TAB 340MG	\$0 (Tier 5)
TYR COOLER LIQ	\$0 (Tier 5)
<i>vitajoy gummies</i>	\$0 (Tier 5)
<i>yumvs melatonin</i>	\$0 (Tier 5)
VITAMINS	
<i>a-25</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>a-10000</i>	\$0 (Tier 5)
A/BETA CAROT TAB 25000UNT	\$0 (Tier 5)
ABC COMPLETE TAB WOMEN	\$0 (Tier 5)
<i>acerola c-500</i>	\$0 (Tier 5)
<i>actical</i>	\$0 (Tier 5)
ADEK CHW PLUS ZN	\$0 (Tier 5)
ALIVE MENS CHW GUMMY	\$0 (Tier 5)
ALIVE MENS TAB	\$0 (Tier 5)
ALIVE MENS TAB COMPLETE	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ALIVE WOMENS CHW 50+	\$0 (Tier 5)
ALIVE WOMENS TAB 50+ COMP	\$0 (Tier 5)
AQUA-E LIQ 75/ML	\$0 (Tier 5)
<i>aqueous vitamin d infants</i>	\$0 (Tier 5)
<i>aqueous vitamin e</i>	\$0 (Tier 5)
ARKALIOX CAP 200MG	\$0 (Tier 5)
ASCORBIC ACD POW	\$0 (Tier 5)
<i>ascorbic acid cap er 500 mg</i>	\$0 (Tier 5)
<i>ascorbic acid chew tab 250 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ascorbic acid chew tab 500 mg</i>	\$0 (Tier 5)
<i>ascorbic acid inj 500 mg/ml</i>	\$0 (Tier 5)
<i>ascorbic acid liquid 500 mg/5ml</i>	\$0 (Tier 5)
<i>ascorbic acid tab 250 mg</i>	\$0 (Tier 5)
<i>ascorbic acid tab 500 mg</i>	\$0 (Tier 5)
<i>ascorbic acid tab 1000 mg</i>	\$0 (Tier 5)
<i>ascorbic acid tab er 500 mg</i>	\$0 (Tier 5)
B COMPLEX/FO TAB	\$0 (Tier 5)
<i>b-12 fast dissolve</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
B-12 LIQ 5000/ML	\$0 (Tier 5)
<i>b-12 microlozenge</i>	\$0 (Tier 5)
B-12 TAB 2000MCG	\$0 (Tier 5)
B-12/FOLIC TAB ACID	\$0 (Tier 5)
B-100 COMP TAB TR	\$0 (Tier 5)
B-COMPLEX CAP VEGGIE	\$0 (Tier 5)
<i>b-complex formula 1</i>	\$0 (Tier 5)
B-COMPLEX TAB ENERGY	\$0 (Tier 5)
<i>b-complex vitamin cap</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>b-complex vitamin sublingual liquid</i>	\$0 (Tier 5)
<i>b-complex vitamin tab</i>	\$0 (Tier 5)
<i>b-complex w/ c & folic acid tab</i>	\$0 (Tier 5)
<i>b-complex w/ c cap</i>	\$0 (Tier 5)
<i>b-complex w/ c tab</i>	\$0 (Tier 5)
<i>b-complex w/ folic acid cap</i>	\$0 (Tier 5)
<i>b-complex w/ folic acid tab</i>	\$0 (Tier 5)
B-COMPLEX/FA TAB /VIT C	\$0 (Tier 5)
<i>b-stress</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BACMIN TAB	\$0 (Tier 5)
<i>balance b-50</i>	\$0 (Tier 5)
<i>balance b-100</i>	\$0 (Tier 5)
<i>beta carotene cap 25000 unit</i>	\$0 (Tier 5)
<i>body/hair/skin/nails</i>	\$0 (Tier 5)
BP VIT 3 CAP	\$0 (Tier 5)
BPROTECT PED DRO TRI- VITE	\$0 (Tier 5)
<i>bprotected multi-vite</i>	\$0 (Tier 5)
<i>bprotected pedia d-vite</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>c 500</i>	\$0 (Tier 5)
<i>c 1000</i>	\$0 (Tier 5)
C 1000/BIOFL CAP /R HIPS	\$0 (Tier 5)
<i>c complex</i>	\$0 (Tier 5)
<i>c-250</i>	\$0 (Tier 5)
<i>c-500</i>	\$0 (Tier 5)
<i>c-500 prolonged release</i>	\$0 (Tier 5)
<i>c-500/rose hips</i>	\$0 (Tier 5)
<i>c-1000</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>c-1000 prolonged release</i>	\$0 (Tier 5)
<i>c-1000/rose hips</i>	\$0 (Tier 5)
CALCI-MAX CAP	\$0 (Tier 5)
<i>calcidol</i>	\$0 (Tier 5)
<i>calcium ascorbate tab 500 mg</i>	\$0 (Tier 5)
<i>centravites</i>	\$0 (Tier 5)
<i>centravites 50 plus</i>	\$0 (Tier 5)
<i>cerovite jr</i>	\$0 (Tier 5)
<i>cerovite senior</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CERTAVITE TAB SENIOR	\$0 (Tier 5)
CERTAVITE/ TAB ANTIOXID	\$0 (Tier 5)
<i>certavite/antioxidants</i>	\$0 (Tier 5)
<i>childrens chewable multiv</i>	\$0 (Tier 5)
<i>childrens chewable vitami</i>	\$0 (Tier 5)
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol cap 10 mcg (400 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol cap 25 mcg (1000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol cap 50 mcg (2000 unit)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol chew tab 10 mcg (400 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol chew tab 50 mcg (2000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 5)
<i>cholecalciferol tab 10 mcg (400 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	\$0 (Tier 5)
CL PRENATAL TAB 28- 0.8MG	\$0 (Tier 5)
<i>cobalamin combination sl tab</i>	\$0 (Tier 5)
COD LIVER OIL	\$0 (Tier 5)
<i>cod liver oil cap</i>	\$0 (Tier 5)
<i>cod liver oil w/vitamins</i>	\$0 (Tier 5)
<i>complex b-50 prolonged re</i>	\$0 (Tier 5)
<i>complex b-100</i>	\$0 (Tier 5)
<i>corvita</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CULTURELLE CHW MULTIVIT	\$0 (Tier 5)
<i>culturelle kids probiotic</i>	\$0 (Tier 5)
<i>cyanocobalamin inj 1000 mcg/ml</i>	\$0 (Tier 5)
<i>cyanocobalamin liquid 1000 mcg/15ml</i>	\$0 (Tier 5)
<i>cyanocobalamin lozenge 500 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin orally disintegrating tab 5000 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin sl tab 500 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin sl tab 1000 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin sl tab 2500 mcg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cyanocobalamin sl tab 3000 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin sl tab 5000 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin tab 50 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin tab 100 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin tab 250 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin tab 500 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin tab 1000 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin tab er 1000 mcg</i>	\$0 (Tier 5)
<i>d3</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
D3 BABY DROP LIQ 10MCG	\$0 (Tier 5)
<i>d3 high potency</i>	\$0 (Tier 5)
<i>d3 maximum strength</i>	\$0 (Tier 5)
<i>d3 super strength</i>	\$0 (Tier 5)
<i>d3-50</i>	\$0 (Tier 5)
<i>d3-1000</i>	\$0 (Tier 5)
<i>d2000 ultra strength</i>	\$0 (Tier 5)
<i>d 1000</i>	\$0 (Tier 5)
<i>d 5000</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>d 10000</i>	\$0 (Tier 5)
<i>d-3-5</i>	\$0 (Tier 5)
<i>d-400</i>	\$0 (Tier 5)
<i>d-1000 extra strength</i>	\$0 (Tier 5)
<i>d-5000</i>	\$0 (Tier 5)
<i>d-vite pediatric</i>	\$0 (Tier 5)
<i>daily multivitamin</i>	\$0 (Tier 5)
<i>daily value multivitamin</i>	\$0 (Tier 5)
<i>daily vite</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>daily vite multivitamin/i</i>	\$0 (Tier 5)
<i>daily-vite</i>	\$0 (Tier 5)
<i>daily-vite multivitamin</i>	\$0 (Tier 5)
DDROPS LIQ	\$0 (Tier 5)
DEKAS CAP ESSENTIA	\$0 (Tier 5)
DEKAS CHW BARIATRI	\$0 (Tier 5)
DEKAS LIQ ESSENTIA	\$0 (Tier 5)
DEKAS PLUS CAP	\$0 (Tier 5)
DEKAS PLUS CHW	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DEKAS PLUS LIQ	\$0 (Tier 5)
<i>delta d3</i>	\$0 (Tier 5)
DIALYVIT 800 TAB ZINC 15	\$0 (Tier 5)
<i>dialyvite</i>	\$0 (Tier 5)
<i>dialyvite 800</i>	\$0 (Tier 5)
<i>dialyvite 800/ultra d</i>	\$0 (Tier 5)
DIALYVITE TAB 800/IRON	\$0 (Tier 5)
DIALYVITE TAB 800/ZINC	\$0 (Tier 5)
DIALYVITE TAB 3000	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DIALYVITE TAB 5000	\$0 (Tier 5)
DIALYVITE TAB SUPREM D	\$0 (Tier 5)
<i>dialyvite vitamin d3 max</i>	\$0 (Tier 5)
<i>dialyvite vitamin d 5000</i>	\$0 (Tier 5)
DIALYVITE WAF PLUS D	\$0 (Tier 5)
DIALYVITE/ TAB ZINC	\$0 (Tier 5)
<i>dodex</i>	\$0 (Tier 5)
DOSOKAP TAB	\$0 (Tier 5)
<i>e200</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>e400</i>	\$0 (Tier 5)
<i>e-200</i>	\$0 (Tier 5)
<i>e-400</i>	\$0 (Tier 5)
<i>e-oil</i>	\$0 (Tier 5)
<i>eldertonic</i>	\$0 (Tier 5)
<i>endur-acin</i>	\$0 (Tier 5)
<i>endur-amide</i>	\$0 (Tier 5)
ENDUR-AMIDE TAB 750MG	\$0 (Tier 5)
<i>endur-b</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>endur-c/rose hips</i>	\$0 (Tier 5)
ENDUR-VM TAB	\$0 (Tier 5)
ENDUR-VM TAB IRON	\$0 (Tier 5)
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	\$0 (Tier 5)
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	\$0 (Tier 5)
<i>ester-c</i>	\$0 (Tier 5)
<i>fa-8</i>	\$0 (Tier 5)
<i>folate</i>	\$0 (Tier 5)
<i>folbee</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>folbee plus</i>	\$0 (Tier 5)
<i>folbee plus cz</i>	\$0 (Tier 5)
FOLBIC TAB	\$0 (Tier 5)
<i>folic acid cap 0.8 mg</i>	\$0 (Tier 5)
FOLIC ACID CAP 20MG	\$0 (Tier 5)
<i>folic acid inj 5 mg/ml</i>	\$0 (Tier 5)
<i>folic acid tab 1 mg</i>	\$0 (Tier 5)
<i>folic acid tab 400 mcg</i>	\$0 (Tier 5)
<i>folic acid tab 800 mcg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>folplex 2.2</i>	\$0 (Tier 5)
FOLTABS 800 TAB	\$0 (Tier 5)
FREEDAVITE TAB	\$0 (Tier 5)
<i>fruit c 500</i>	\$0 (Tier 5)
FRUIT C CHW 200MG	\$0 (Tier 5)
<i>fruit c-100</i>	\$0 (Tier 5)
<i>fruity c</i>	\$0 (Tier 5)
<i>full spectrum b/vitamin c</i>	\$0 (Tier 5)
<i>gnp b-12</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp b-50 complex prolonge</i>	\$0 (Tier 5)
<i>gnp b-100 complex prolong</i>	\$0 (Tier 5)
<i>gnp b-complex plus vitami</i>	\$0 (Tier 5)
<i>gnp childrens chewables/e</i>	\$0 (Tier 5)
<i>gnp d 1000</i>	\$0 (Tier 5)
<i>gnp d 2000</i>	\$0 (Tier 5)
<i>gnp essential one daily</i>	\$0 (Tier 5)
<i>gnp folic acid</i>	\$0 (Tier 5)
<i>gnp little ones childrens</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp mega multi for men</i>	\$0 (Tier 5)
<i>gnp mega multi for women</i>	\$0 (Tier 5)
<i>gnp niacin flush free</i>	\$0 (Tier 5)
<i>gnp one daily mens health</i>	\$0 (Tier 5)
<i>gnp one daily womens heal</i>	\$0 (Tier 5)
GNP PRENATAL TAB 28-0.8MG	\$0 (Tier 5)
<i>gnp vitamin a</i>	\$0 (Tier 5)
<i>gnp vitamin b-1</i>	\$0 (Tier 5)
<i>gnp vitamin b-6</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp vitamin b-12</i>	\$0 (Tier 5)
<i>gnp vitamin b-12 prolonge</i>	\$0 (Tier 5)
<i>gnp vitamin c</i>	\$0 (Tier 5)
<i>gnp vitamin c drops</i>	\$0 (Tier 5)
<i>gnp vitamin c pr</i>	\$0 (Tier 5)
<i>gnp vitamin c w/rose hips</i>	\$0 (Tier 5)
<i>gnp vitamin c/rose hips</i>	\$0 (Tier 5)
<i>gnp vitamin d</i>	\$0 (Tier 5)
<i>gnp vitamin d3</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp vitamin d3 extra stre</i>	\$0 (Tier 5)
<i>gnp vitamin d maximum str</i>	\$0 (Tier 5)
<i>gnp vitamin d super stren</i>	\$0 (Tier 5)
<i>gnp vitamin e</i>	\$0 (Tier 5)
<i>gnp vitamin e water dispe</i>	\$0 (Tier 5)
<i>hair/skin/nails</i>	\$0 (Tier 5)
<i>healthy kids cod liver oi</i>	\$0 (Tier 5)
HIGH POTENCY TAB MULTIVIT	\$0 (Tier 5)
HIGH POTENCY TAB MV/FA	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
HONEY BEARS CHW	\$0 (Tier 5)
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	\$0 (Tier 5)
HYLAZINC TAB	\$0 (Tier 5)
IMMUNERX CAP	\$0 (Tier 5)
K2 PLUS D3 TAB	\$0 (Tier 5)
KIDZ MULTVIT CHW PROBIOTI	\$0 (Tier 5)
<i>kobee</i>	\$0 (Tier 5)
<i>kp adults 50+ daily formu</i>	\$0 (Tier 5)
<i>kp adults daily formula</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>kp b complex/c</i>	\$0 (Tier 5)
<i>kp folic acid</i>	\$0 (Tier 5)
<i>kp mens 50+ daily formula</i>	\$0 (Tier 5)
<i>kp mens daily formula</i>	\$0 (Tier 5)
KP MENS MIS DAILY PK	\$0 (Tier 5)
<i>kp niacin</i>	\$0 (Tier 5)
KP PRENATAL TAB MULTIVIT	\$0 (Tier 5)
<i>kp vitamin b-6</i>	\$0 (Tier 5)
<i>kp vitamin b-12</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>kp womens 50+ daily formu</i>	\$0 (Tier 5)
<i>kp womens daily formula</i>	\$0 (Tier 5)
KP WOMENS PAK DAILY	\$0 (Tier 5)
KPN PRENATAL TAB	\$0 (Tier 5)
L-METHYL-MC TAB	\$0 (Tier 5)
L-METHYLFOLA CAP ALGAL	\$0 (Tier 5)
L-METHYLFOLA CAP FORTE 15	\$0 (Tier 5)
L-METHYLFOLA TAB 7.5MG	\$0 (Tier 5)
L-METHYLFOLA TAB 15MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>l-methylfolate tab 7.5 mg</i>	\$0 (Tier 5)
<i>l-methylfolate tab 15 mg</i>	\$0 (Tier 5)
<i>liquid c</i>	\$0 (Tier 5)
MEGA MULTI TAB MEN	\$0 (Tier 5)
<i>mega multiple w/chelated</i>	\$0 (Tier 5)
<i>meijer c</i>	\$0 (Tier 5)
MENS 50+ TAB MULTIVIT	\$0 (Tier 5)
<i>mens daily formula/lycope</i>	\$0 (Tier 5)
MENS DAILY PAK PACK	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MENS MULTI CHW	\$0 (Tier 5)
METHYL B-12 LOZ 1000MCG	\$0 (Tier 5)
<i>methylcobalamin orally disintegrating tab 5000 mcg</i>	\$0 (Tier 5)
MG PLUS TAB PROTEIN	\$0 (Tier 5)
MULTI VIT/FL DRO 0.5MG/ML	\$0 (Tier 5)
MULTI VITAMI TAB	\$0 (Tier 5)
MULTI VITAMN TAB MINERALS	\$0 (Tier 5)
MULTI ZERO CHW YUMVSKID	\$0 (Tier 5)
<i>multi-vit/iron/fluoride</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MULTI-VITAMI TAB MONOCAPS	\$0 (Tier 5)
<i>multi-vitamin</i>	\$0 (Tier 5)
<i>multi-vitamin hp/minerals</i>	\$0 (Tier 5)
<i>multi-vitamin/fluoride dr</i>	\$0 (Tier 5)
<i>multi-vitamin/fluoride/ir</i>	\$0 (Tier 5)
<i>multi-vitamin/minerals</i>	\$0 (Tier 5)
MULTI-VITE LIQ	\$0 (Tier 5)
MULTI/IRON/ DRO INF/TODD	\$0 (Tier 5)
<i>multiple vitamin/minerals</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>multiple vitamins w/ iron tab</i>	\$0 (Tier 5)
<i>multiple vitamins w/ minerals liquid</i>	\$0 (Tier 5)
<i>multiple vitamins w/ minerals tab</i>	\$0 (Tier 5)
<i>multipro</i>	\$0 (Tier 5)
MULTITAM TAB	\$0 (Tier 5)
MULTIV INFAN DRO /TODDLER	\$0 (Tier 5)
MULTIVIT/FL CHW 0.5MG	\$0 (Tier 5)
MULTIVIT/FL CHW 0.25MG	\$0 (Tier 5)
MULTIVIT/FL CHW 1MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MULTIVIT/FL DRO 0.25MG	\$0 (Tier 5)
<i>multivitamin childrens</i>	\$0 (Tier 5)
<i>multivitamin gummies adul</i>	\$0 (Tier 5)
MULTIVITAMIN TAB	\$0 (Tier 5)
MULTIVITAMIN TAB ZINC STR	\$0 (Tier 5)
<i>multivitamin/fluoride</i>	\$0 (Tier 5)
<i>multivitamin/multimineral</i>	\$0 (Tier 5)
<i>mynephron</i>	\$0 (Tier 5)
<i>natural vitamin d-3</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NEOVITE TAB	\$0 (Tier 5)
NEPHPLEX RX TAB	\$0 (Tier 5)
<i>nephro vitamins</i>	\$0 (Tier 5)
<i>nephro-vite</i>	\$0 (Tier 5)
<i>nephronex</i>	\$0 (Tier 5)
NEPHRONEX LIQ 0.9/5ML	\$0 (Tier 5)
NEURIN-SL SUB	\$0 (Tier 5)
<i>niacin cap er 250 mg</i>	\$0 (Tier 5)
<i>niacin flush free</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>niacin tab 50 mg</i>	\$0 (Tier 5)
<i>niacin tab 100 mg</i>	\$0 (Tier 5)
<i>niacin tab 250 mg</i>	\$0 (Tier 5)
<i>niacin tab 500 mg</i>	\$0 (Tier 5)
<i>niacin tab er 250 mg</i>	\$0 (Tier 5)
<i>niacin tab er 500 mg</i>	\$0 (Tier 5)
NIACIN TR TAB 1000MG	\$0 (Tier 5)
<i>niacinamide tab 500 mg</i>	\$0 (Tier 5)
<i>niacinamide tab er 500 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>niacinamide w/ zn-cu- methylfol-se-cr tab 750- 27-2-0.5 mg</i>	\$0 (Tier 5)
NIVA-FOL TAB	\$0 (Tier 5)
<i>no flush niacin</i>	\$0 (Tier 5)
<i>norwegian cod liver oil</i>	\$0 (Tier 5)
NOVAMV PED DRO 10MG/ML	\$0 (Tier 5)
NUTRIVIT LIQ 800-15-1	\$0 (Tier 5)
OMNICAP TAB	\$0 (Tier 5)
<i>one daily complete</i>	\$0 (Tier 5)
<i>one daily maximum</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>one daily mens health/lyc</i>	\$0 (Tier 5)
ONE DAILY TAB ESSENTL	\$0 (Tier 5)
ONE DAILY TAB WOMENS	\$0 (Tier 5)
<i>one daily/iron/calcium</i>	\$0 (Tier 5)
<i>one daily/minerals</i>	\$0 (Tier 5)
ONE VITE TAB DAILY MV	\$0 (Tier 5)
<i>one-daily multi-vitamin</i>	\$0 (Tier 5)
<i>one-daily multi-vitamin/i</i>	\$0 (Tier 5)
<i>one-daily multi-vitamin/m</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>one-daily/iron</i>	\$0 (Tier 5)
<i>optimal d3</i>	\$0 (Tier 5)
OPTIMAL D3 M CAP	\$0 (Tier 5)
<i>optimal d3 pack</i>	\$0 (Tier 5)
OPTISOURCE CHW BARIATRC	\$0 (Tier 5)
OSTACHOL TAB	\$0 (Tier 5)
OSTEO-VIT3 DRO 417MCG	\$0 (Tier 5)
<i>pan-c 500/bioflavonoids</i>	\$0 (Tier 5)
PARVLEX TAB	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pc pediatric tri-vitamin</i>	\$0 (Tier 5)
PED POLY-VIT DRO	\$0 (Tier 5)
PED POLY-VIT DRO /IRON	\$0 (Tier 5)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	\$0 (Tier 5)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	\$0 (Tier 5)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	\$0 (Tier 5)
<i>pharmacist choice d- vitam</i>	\$0 (Tier 5)
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>phytonadione inj 10 mg/ml</i>	\$0 (Tier 5)
<i>phytonadione tab 5 mg</i>	\$0 (Tier 5)
POLY-VI-FLOR SUS 0.25/ML	\$0 (Tier 5)
POLY-VI-FLOR SUS /IRON	\$0 (Tier 5)
POLY-VI-SOL SOL 50MG/ML	\$0 (Tier 5)
POLY-VI-SOL SOL IRON	\$0 (Tier 5)
POLY-VITA DRO	\$0 (Tier 5)
POLY-VITA/FE DRO	\$0 (Tier 5)
POLY-VITE DRO	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
POLY-VITE SOL 50MG/ML	\$0 (Tier 5)
POLY-VITE SOL /IRON	\$0 (Tier 5)
POLY-VITE SOL IRON	\$0 (Tier 5)
PRENATAL 19 TAB	\$0 (Tier 5)
PRENATAL CAP FORMULA	\$0 (Tier 5)
PRENATAL FRM TAB A- FREE	\$0 (Tier 5)
PRENATAL ONE TAB DAILY	\$0 (Tier 5)
PRENATAL TAB	\$0 (Tier 5)
PRENATAL TAB 27-0.8MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PRENATAL TAB 28-0.8MG	\$0 (Tier 5)
PRENATAL TAB IRON	\$0 (Tier 5)
PRENATAL VIT TAB 28- 0.8MG	\$0 (Tier 5)
PRENATAL VIT TAB MINERALS	\$0 (Tier 5)
PRENATAL/FE TAB	\$0 (Tier 5)
<i>prevent</i>	\$0 (Tier 5)
<i>prosight</i>	\$0 (Tier 5)
<i>pyridoxine hcl tab 25 mg</i>	\$0 (Tier 5)
<i>pyridoxine hcl tab 50 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pyridoxine hcl tab 100 mg</i>	\$0 (Tier 5)
<i>pyridoxine hcl tab 250 mg</i>	\$0 (Tier 5)
<i>qc vitamin d3</i>	\$0 (Tier 5)
QUINTABS TAB	\$0 (Tier 5)
<i>quintabs-m</i>	\$0 (Tier 5)
QUINTABS-M TAB	\$0 (Tier 5)
<i>rena-vite</i>	\$0 (Tier 5)
<i>rena-vite rx</i>	\$0 (Tier 5)
<i>renal caps</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>renal vitamin</i>	\$0 (Tier 5)
<i>reno caps</i>	\$0 (Tier 5)
<i>riboflavin tab 25 mg</i>	\$0 (Tier 5)
<i>riboflavin tab 50 mg</i>	\$0 (Tier 5)
<i>riboflavin tab 100 mg</i>	\$0 (Tier 5)
RIBOFLAVIN TAB 400MG	\$0 (Tier 5)
<i>senior tabs</i>	\$0 (Tier 5)
<i>sentry</i>	\$0 (Tier 5)
<i>sentry senior</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SENTRY TAB	\$0 (Tier 5)
SENTRY TAB SENIOR	\$0 (Tier 5)
SIDEROL TAB	\$0 (Tier 5)
<i>span c</i>	\$0 (Tier 5)
<i>stress b/zinc</i>	\$0 (Tier 5)
<i>stress formula</i>	\$0 (Tier 5)
<i>stress formula/iron</i>	\$0 (Tier 5)
<i>stress formula/zinc</i>	\$0 (Tier 5)
STROVITE ONE TAB	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>super b with c</i>	\$0 (Tier 5)
<i>super b-complex/folic aci</i>	\$0 (Tier 5)
<i>super multiple</i>	\$0 (Tier 5)
<i>super quints b-50</i>	\$0 (Tier 5)
<i>super thera vite m</i>	\$0 (Tier 5)
SUPPORT LIQ	\$0 (Tier 5)
SUPPORT-500 CAP	\$0 (Tier 5)
<i>tab-a-vite</i>	\$0 (Tier 5)
<i>tab-a-vite multivitamin/i</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TAB-A-VITE TAB IRON/BET	\$0 (Tier 5)
<i>tab-a-vite w/beta caroten</i>	\$0 (Tier 5)
THERA TAB	\$0 (Tier 5)
<i>thera-tabs</i>	\$0 (Tier 5)
THERA-TABS M TAB	\$0 (Tier 5)
THERAMILL CAP FORTE	\$0 (Tier 5)
<i>therapeutic-m</i>	\$0 (Tier 5)
<i>theratrum complete</i>	\$0 (Tier 5)
<i>theratrum complete 50 plu</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
THEREMS TAB MULTIVIT	\$0 (Tier 5)
<i>thiamine hcl tab 50 mg</i>	\$0 (Tier 5)
<i>thiamine hcl tab 100 mg</i>	\$0 (Tier 5)
<i>thiamine hcl tab 250 mg</i>	\$0 (Tier 5)
<i>thiamine mononitrate tab 100 mg</i>	\$0 (Tier 5)
TM-DAILY TAB VITE	\$0 (Tier 5)
TRI-VI-SOL SOL A/C/D	\$0 (Tier 5)
<i>tri-vite pediatric</i>	\$0 (Tier 5)
<i>tri-vite/fluoride</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>triphrocaps</i>	\$0 (Tier 5)
<i>tropical liquid nutrition</i>	\$0 (Tier 5)
<i>true folic acid</i>	\$0 (Tier 5)
TRUE MULTI- TAB VITAMIN	\$0 (Tier 5)
<i>true vitamin b2</i>	\$0 (Tier 5)
<i>true vitamin b6</i>	\$0 (Tier 5)
<i>true vitamin b12</i>	\$0 (Tier 5)
<i>true vitamin c</i>	\$0 (Tier 5)
<i>true vitamin d3</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>true vitamin e</i>	\$0 (Tier 5)
<i>ultra freeda</i>	\$0 (Tier 5)
<i>ultra freeda/iron</i>	\$0 (Tier 5)
ULTRA PRENAT CAP VITAMINS	\$0 (Tier 5)
<i>v-c forte</i>	\$0 (Tier 5)
<i>vic-forte</i>	\$0 (Tier 5)
<i>virt-caps</i>	\$0 (Tier 5)
<i>vision vitamins</i>	\$0 (Tier 5)
VIT A/C/D/FL DRO 0.5MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VIT B12/FA TAB	\$0 (Tier 5)
VITA-C CRY	\$0 (Tier 5)
VITABEX PLUS CAP	\$0 (Tier 5)
VITACHEW CHW	\$0 (Tier 5)
VITACHEW CHW ADULT	\$0 (Tier 5)
<i>vitachew vitamin c citrus</i>	\$0 (Tier 5)
<i>vitajoy daily c gummies</i>	\$0 (Tier 5)
<i>vitajoy daily d gummies</i>	\$0 (Tier 5)
VITAJLOY MULT CHW ADULT	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VITAL-D RX TAB	\$0 (Tier 5)
VITALETS CHW CHILD	\$0 (Tier 5)
VITAMI A-C-D DRO INF/TODD	\$0 (Tier 5)
<i>vitamin a cap 3 mg (10000 unit)</i>	\$0 (Tier 5)
<i>vitamin a cap 2400 mcg (8000 unit)</i>	\$0 (Tier 5)
<i>vitamin a tab 3 mg (10000 unit)</i>	\$0 (Tier 5)
VITAMIN A TAB 15000UNT	\$0 (Tier 5)
VITAMIN B12 DRO 3000/ML	\$0 (Tier 5)
VITAMIN B 12 LOZ 250MCG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vitamin b complex/vitamin</i>	\$0 (Tier 5)
VITAMIN B-12 DRO 3000MCG	\$0 (Tier 5)
<i>vitamin b-complex 100</i>	\$0 (Tier 5)
VITAMIN B-COMPLEX 100	\$0 (Tier 5)
VITAMIN C CHW 500MG	\$0 (Tier 5)
<i>vitamin c gummies</i>	\$0 (Tier 5)
<i>vitamin c plus wild rose</i>	\$0 (Tier 5)
VITAMIN C POW	\$0 (Tier 5)
VITAMIN C SOL	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VITAMIN C TAB 100MG	\$0 (Tier 5)
VITAMIN C TR TAB 1500MG	\$0 (Tier 5)
<i>vitamin c/bioflavonoids/w</i>	\$0 (Tier 5)
VITAMIN D2 CAP 2000UNIT	\$0 (Tier 5)
VITAMIN D2 TAB 400UNIT	\$0 (Tier 5)
VITAMIN D2 TAB 2000UNIT	\$0 (Tier 5)
VITAMIN D3 CAP 62.5MCG	\$0 (Tier 5)
VITAMIN D3 DRO 5000 IU	\$0 (Tier 5)
VITAMIN D3 DRO 5000UNIT	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vitamin d3 extra strength</i>	\$0 (Tier 5)
<i>vitamin d3 gummies</i>	\$0 (Tier 5)
VITAMIN D3 LIQ 1000UNIT	\$0 (Tier 5)
<i>vitamin d3 super strength</i>	\$0 (Tier 5)
VITAMIN D3 TAB 2000UNIT	\$0 (Tier 5)
VITAMIN D3 TAB 3000UNIT	\$0 (Tier 5)
VITAMIN D3 TAB 5000UNIT	\$0 (Tier 5)
<i>vitamin d3 ultra potency</i>	\$0 (Tier 5)
<i>vitamin d3 ultra strength</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vitamin d high potency</i>	\$0 (Tier 5)
<i>vitamin d infant</i>	\$0 (Tier 5)
<i>vitamin d-1000 maximum st</i>	\$0 (Tier 5)
<i>vitamin e cap 90 mg (200 unit)</i>	\$0 (Tier 5)
<i>vitamin e cap 180 mg (400 unit)</i>	\$0 (Tier 5)
VITAMIN E DRO 6.75/0.3	\$0 (Tier 5)
<i>vitamin e high potency</i>	\$0 (Tier 5)
VITAMIN E TAB 100UNIT	\$0 (Tier 5)
<i>vitamin supplement e- 400</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vitamins a & d tab</i>	\$0 (Tier 5)
VITAMINS A/C/D/FLUORIDE	\$0 (Tier 5)
VITREXYL TAB	\$0 (Tier 5)
VITREXYL TAB IRON	\$0 (Tier 5)
<i>weekly-d</i>	\$0 (Tier 5)
<i>wescaps</i>	\$0 (Tier 5)
WESTAB MAX	\$0 (Tier 5)
<i>westab one</i>	\$0 (Tier 5)
WMNS MULTIVI CHW +COLLAGE	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
WOMENS 50+ TAB MULTIVIT	\$0 (Tier 5)
<i>womens daily formula</i>	\$0 (Tier 5)
YELETS TEEN TAB FORMULA	\$0 (Tier 5)
YOUR LIFE CHW GUMMIES	\$0 (Tier 5)
YUMVS D3 ZER CHW 62.5MCG	\$0 (Tier 5)
YUMVS DIABET CHW MULTIVIT	\$0 (Tier 5)
YUMVS MULTI CHW ZERO	\$0 (Tier 5)
<i>yumvs vitamin c zero</i>	\$0 (Tier 5)
<i>yumvs vitamin d3</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>yumvs vitamin d3 zero</i>	\$0 (Tier 5)
<i>yumvskids vitamin d3 zero</i>	\$0 (Tier 5)
ZINC LOZ	\$0 (Tier 5)
<i>zoo friends/extra c</i>	\$0 (Tier 5)

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION

<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	\$0 (Tier 2)
<i>neo-polycin hc ophth oint 1%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0 (Tier 1)
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0 (Tier 2)
<i>neomycin-polymyxin-hc ophth susp</i>	\$0 (Tier 2)
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0 (Tier 2)
TOBRADEX OIN 0.3-0.1%	\$0 (Tier 3)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0 (Tier 2)
ZYLET SUS 0.5-0.3%	\$0 (Tier 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****ANTI-INFECTIVES - DRUGS TO TREAT
INFECTIONS***

<i>bacitracin ophth oint 500 unit/gm</i>	\$0 (Tier 2)
<i>bacitracin-polymyxin b ophth oint</i>	\$0 (Tier 1)
BESIVANCE SUS 0.6%	\$0 (Tier 3)
CILOXAN OIN 0.3% OP	\$0 (Tier 3)
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	\$0 (Tier 1)
<i>erythromycin ophth oint 5 mg/gm</i>	\$0 (Tier 1)
<i>gatifloxacin ophth soln 0.5%</i>	\$0 (Tier 2)
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	\$0 QL (12 mL / 30 (Tier 2)days)
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	\$0 (Tier 2)
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0 (Tier 2)
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0 (Tier 2)
<i>ofloxacin ophth soln 0.3%</i>	\$0 (Tier 2)
<i>polycin ophth oint</i>	\$0 (Tier 1)
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>sulfacetamide sodium ophth oint 10%</i>	\$0 (Tier 2)
<i>sulfacetamide sodium ophth soln 10%</i>	\$0 (Tier 2)
<i>tobramycin ophth soln 0.3%</i>	\$0 (Tier 1)
<i>trifluridine ophth soln 1%</i>	\$0 (Tier 2)
XDEMY DRO 0.25%	\$0 NDS, PA (Tier 3)
ZIRGAN GEL 0.15%	\$0 (Tier 4)

ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION

<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	\$0 (Tier 2)
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	\$0 (Tier 2)
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	\$0 (Tier 2)
<i>diclofenac sodium ophth soln 0.1%</i>	\$0 (Tier 2)
<i>difluprednate ophth emulsion 0.05%</i>	\$0 (Tier 2)
FLAREX SUS 0.1% OP	\$0 (Tier 4)
<i>fluorometholone ophth susp 0.1%</i>	\$0 (Tier 2)
<i>flurbiprofen sodium ophth soln 0.03%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>ketorolac tromethamine ophth soln 0.4%</i>	\$0 (Tier 2)
<i>ketorolac tromethamine ophth soln 0.5%</i>	\$0 (Tier 2)
LOTEMAX OIN 0.5%	\$0 (Tier 3)
<i>loteprednol etabonate ophth susp 0.2%</i>	\$0 (Tier 2)
PRED SOD PHO SOL 1% OP	\$0 (Tier 3)
<i>prednisolone acetate ophth susp 1%</i>	\$0 (Tier 2)

ANTIALLERGICS - DRUGS TO TREAT ALLERGIES

<i>alaway</i>	\$0 (Tier 5)
<i>alaway childrens allergy</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>azelastine hcl ophth soln 0.05%</i>	\$0 (Tier 2)
<i>cromolyn sodium ophth soln 4%</i>	\$0 (Tier 1)
<i>eye itch relief</i>	\$0 (Tier 5)
<i>ketotifen fumarate ophth soln 0.035%</i>	\$0 (Tier 5)
NAPHCON-A SOL OP	\$0 (Tier 5)
OPCON-A SOL OP	\$0 (Tier 5)
ZERVIAE DRO 0.24%	\$0 (Tier 4)

ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA

<i>betaxolol hcl ophth soln 0.5%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BETOPTIC-S SUS 0.25% OP	\$0 (Tier 4)
<i>brimonidine tartrate ophth soln 0.2%</i>	\$0 (Tier 1)
<i>brimonidine tartrate ophth soln 0.15%</i>	\$0 (Tier 2)
<i>brinzolamide ophth susp 1%</i>	\$0 (Tier 2)
<i>carteolol hcl ophth soln 1%</i>	\$0 (Tier 2)
COMBIGAN SOL 0.2/0.5%	\$0 (Tier 3)
<i>dorzolamide hcl ophth soln 2%</i>	\$0 (Tier 1)
<i>dorzolamide hcl-timolol maleate ophth soln 2- 0.5%</i>	\$0 (Tier 1)
<i>latanoprost ophth soln 0.005%</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levobunolol hcl ophth soln</i> <i>0.5%</i>	\$0 (Tier 2)
LUMIGAN SOL 0.01% OP	\$0 (Tier 3)
<i>pilocarpine hcl ophth soln</i> <i>1%</i>	\$0 (Tier 2)
<i>pilocarpine hcl ophth soln</i> <i>2%</i>	\$0 (Tier 2)
<i>pilocarpine hcl ophth soln</i> <i>4%</i>	\$0 (Tier 2)
RHOPRESSA SOL 0.02%	\$0 (Tier 4)
ROCKLATAN DRO	\$0 (Tier 4)
SIMBRINZA SUS 1-0.2%	\$0 (Tier 4)
<i>timolol maleate ophth gel</i> <i>forming soln 0.5%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>timolol maleate ophth gel forming soln 0.25%</i>	\$0 (Tier 2)
<i>timolol maleate ophth soln 0.5%</i>	\$0 (Tier 1)
<i>timolol maleate ophth soln 0.25%</i>	\$0 (Tier 1)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	\$0 (Tier 2)
VYZULTA SOL 0.024%	\$0 (Tier 4)

MISCELLANEOUS

<i>artificial tears</i>	\$0 (Tier 5)
ATROPINE SUL SOL 1% OP	\$0 (Tier 3)
<i>atropine sulfate ophth soln 1%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>carboxymethylcellulose sodium (pf) ophth gel 1%</i>	\$0 (Tier 5)
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	\$0 (Tier 5)
<i>carboxymethylcellulose sodium ophth gel 1%</i>	\$0 (Tier 5)
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	\$0 (Tier 5)
<i>clear eyes natural tears</i>	\$0 (Tier 5)
CYSTADROPS SOL 0.37%	\$0 NDS, PA (Tier 3)
CYSTARAN SOL 0.44%	\$0 NDS, PA (Tier 3)
<i>dry eye relief drops</i>	\$0 (Tier 5)
EYSUVIS DRO 0.25%	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>for sty relief</i>	\$0 (Tier 5)
<i>gnp artificial tears</i>	\$0 (Tier 5)
<i>gnp lubricant eye drops</i>	\$0 (Tier 5)
<i>gnp lubricating plus eye</i>	\$0 (Tier 5)
<i>gnp nighttime relief lubr</i>	\$0 (Tier 5)
<i>goodsense artificial tear</i>	\$0 (Tier 5)
<i>goodsense lubricating plu</i>	\$0 (Tier 5)
<i>goodsense ultra lubricant</i>	\$0 (Tier 5)
<i>lubricant eye drops</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lubricant eye nighttime</i>	\$0 (Tier 5)
<i>lubricant pm</i>	\$0 (Tier 5)
<i>lubricating eye drops</i>	\$0 (Tier 5)
<i>lubrifresh p.m.</i>	\$0 (Tier 5)
MIEBO DRO 1.3GM/ML	\$0 (Tier 3)
<i>polyvinyl alcohol ophth soln 1.4%</i>	\$0 (Tier 5)
<i>proparacaine hcl ophth soln 0.5%</i>	\$0 (Tier 2)
PURE & GENTL DRO 0.3%	\$0 (Tier 5)
<i>qc artificial tears</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
RESTASIS EMU 0.05% OP	\$0 (Tier 3)
RESTASIS MUL EMU 0.05% OP	\$0 (Tier 3)
RETAINÉ MGD EMU 0.5- 0.5%	\$0 (Tier 5)
<i>retaine pm</i>	\$0 (Tier 5)
<i>sm dry eye relief</i>	\$0 (Tier 5)
<i>sm lubricating plus</i>	\$0 (Tier 5)
<i>soothe nighttime dry eye</i>	\$0 (Tier 5)
<i>soothe xp</i>	\$0 (Tier 5)
<i>soothe xp/xtra protection</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

STERILE LUBR DRO 0.7%	\$0 (Tier 5)
<i>stye</i>	\$0 (Tier 5)
<i>ultra fresh</i>	\$0 (Tier 5)
<i>ultra fresh pm</i>	\$0 (Tier 5)
<i>ultra lubricating eye dro</i>	\$0 (Tier 5)
XIIDRA DRO 5%	\$0 (Tier 3)

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS

<i>acetic acid otic soln 2%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ciprofloxacin- dexamethasone otic susp 0.3-0.1%</i>	\$0 (Tier 2)
<i>flac</i>	\$0 (Tier 2)
<i>fluocinolone acetonide (otic) oil 0.01%</i>	\$0 (Tier 2)
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	\$0 (Tier 2)
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0 (Tier 2)
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml- 10000 unit/ml-1%</i>	\$0 (Tier 2)
<i>ofloxacin otic soln 0.3%</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****RESPIRATORY - DRUGS TO TREAT
BREATHING DISORDERS****ANTICHOLINERGIC/BETA AGONIST****COMBINATIONS - DRUGS TO TREAT COPD**

ANORO ELLIPT AER 62.5-25	\$0 (Tier 3)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0 (Tier 3)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	\$0 (Tier 3)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	\$0 (Tier 3)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	\$0 (Tier 4)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0 (Tier 2)	B/D

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

TRELEGY AER ELLIPTA 100-62.5-25 MCG	\$0 QL (60 blisters (Tier 3)/ 30 days)

TRELEGY AER ELLIPTA 200-62.5-25 MCG	\$0 QL (60 blisters (Tier 3)/ 30 days)

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AER 17MCG	\$0 QL (2 inhalers / (Tier 4)30 days)

INCRUSE ELPT INH 62.5MCG	\$0 QL (30 blisters (Tier 3)/ 30 days)

<i>ipratropium bromide inhal soln 0.02%</i>	\$0 B/D (Tier 2)

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	\$0 (Tier 2)

<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****ANTI HISTAMINES - DRUGS TO TREAT ALLERGIES***

<i>aler-cap</i>	\$0 (Tier 5)
<i>all day allergy</i>	\$0 (Tier 5)
<i>all day allergy childrens</i>	\$0 (Tier 5)
<i>all-day allergy childrens</i>	\$0 (Tier 5)
<i>aller-chlor</i>	\$0 (Tier 5)
<i>allergy</i>	\$0 (Tier 5)
<i>allergy childrens</i>	\$0 (Tier 5)
<i>allergy relief</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>allergy relief 24hr</i>	\$0 (Tier 5)
<i>allergy relief childrens</i>	\$0 (Tier 5)
<i>allergy tablets</i>	\$0 (Tier 5)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	\$0 (Tier 2)
<i>banophen</i>	\$0 (Tier 5)
<i>cetirizine hcl allergy ch</i>	\$0 (Tier 5)
<i>cetirizine hcl childrens</i>	\$0 (Tier 5)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0 QL (300 mL / (Tier 1)30 days)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cetirizine hcl tab 5 mg</i>	\$0 (Tier 5)
<i>cetirizine hcl tab 10 mg</i>	\$0 (Tier 5)
<i>cetirizine hydrochloride</i>	\$0 (Tier 5)
<i>childrens loratadine</i>	\$0 (Tier 5)
<i>chlorhist</i>	\$0 (Tier 5)
<i>chlorpheniramine maleate tab 4 mg</i>	\$0 (Tier 5)
<i>chlorpheniramine maleate tab er 12 mg</i>	\$0 (Tier 5)
<i>complete allergy medicine</i>	\$0 (Tier 5)
<i>complete allergy relief</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ciproheptadine hcl syrup 2 mg/5ml</i>	\$0 PA; PA applies (Tier 3)if 70 years and older after a 30 day supply in a calendar year
<i>ciproheptadine hcl tab 4 mg</i>	\$0 PA; PA applies (Tier 3)if 70 years and older after a 30 day supply in a calendar year
<i>desloratadine tab 5 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>diphenhydramine hcl cap 25 mg</i>	\$0 (Tier 5)
<i>diphenhydramine hcl cap 50 mg</i>	\$0 (Tier 5)
<i>diphenhydramine hcl inj 50 mg/ml</i>	\$0 (Tier 2)
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diphenhydramine hcl tab 25 mg</i>	\$0 (Tier 5)
<i>ed chlorped jr</i>	\$0 (Tier 5)
<i>eqi all day allergy</i>	\$0 (Tier 5)
<i>fexofenadine hcl tab 60 mg</i>	\$0 (Tier 5)
<i>fexofenadine hcl tab 180 mg</i>	\$0 (Tier 5)
<i>geri-dryl</i>	\$0 (Tier 5)
<i>geri-dryl allergy relief</i>	\$0 (Tier 5)
<i>gnp all day allergy</i>	\$0 (Tier 5)
<i>gnp all day allergy child</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp allergy</i>	\$0 (Tier 5)
<i>gnp allergy relief</i>	\$0 (Tier 5)
<i>gnp allergy relief maximu</i>	\$0 (Tier 5)
<i>gnp childrens allergy</i>	\$0 (Tier 5)
<i>gnp loratadine</i>	\$0 (Tier 5)
<i>gnp loratadine childrens</i>	\$0 (Tier 5)
<i>goodsense all day allergy</i>	\$0 (Tier 5)
<i>goodsense aller-ease</i>	\$0 (Tier 5)
<i>goodsense allergy relief</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hm all day allergy childr</i>	\$0 (Tier 5)
<i>hm loratadine</i>	\$0 (Tier 5)
<i>24hr allergy relief</i>	\$0 (Tier 5)
<i>hydroxyzine hcl im soln 25 mg/ml</i>	\$0 PA; PA applies (Tier 4)if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	\$0 PA; PA applies (Tier 4)if 70 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	\$0 PA; PA applies (Tier 3)if 70 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS OR LIMITS ON USE
<i>hydroxyzine hcl tab 10 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 25 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 50 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 25 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydroxyzine pamoate cap 50 mg</i>	\$0 PA; PA applies (Tier 3)if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	\$0 QL (300 mL / (Tier 2)30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0 QL (30 tabs / (Tier 2)30 days)
<i>liquid allergy relief</i>	\$0 (Tier 5)
<i>loradamed</i>	\$0 (Tier 5)
<i>loratadine childrens</i>	\$0 (Tier 5)
<i>loratadine oral soln 5 mg/5ml</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>loratadine tab 10 mg</i>	\$0 (Tier 5)
<i>m-dryl</i>	\$0 (Tier 5)
<i>maxallergy kids</i>	\$0 (Tier 5)
<i>olopatadine hcl nasal soln 0.6%</i>	\$0 (Tier 2)
<i>pharbechlor</i>	\$0 (Tier 5)
<i>pharbedryl</i>	\$0 (Tier 5)
<i>qc allergy childrens</i>	\$0 (Tier 5)
<i>qc allergy relief</i>	\$0 (Tier 5)
<i>qc loratadine allergy rel</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>sm allergy childrens</i>	\$0 (Tier 5)
<i>sm fexofenadine hydrochlo</i>	\$0 (Tier 5)
<i>sm loratadine</i>	\$0 (Tier 5)
<i>total allergy</i>	\$0 (Tier 5)
<i>wal-dryl allergy</i>	\$0 (Tier 5)

BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0 (Tier 2)	QL (2 inhalers / 30 days); (generic of Proair HFA)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0 (Tier 2)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0 (Tier 2)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	\$0 (Tier 2)	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	\$0 (Tier 2)	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	\$0 (Tier 2)	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 (Tier 2)	B/D

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)	
<i>albuterol sulfate syrup 2 mg/5ml</i>	\$0 (Tier 2)	
<i>albuterol sulfate tab 2 mg</i>	\$0 (Tier 2)	
<i>albuterol sulfate tab 4 mg</i>	\$0 (Tier 2)	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	\$0 (Tier 2)	B/D
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	\$0 (Tier 2)	B/D
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	\$0 (Tier 2)	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	\$0 (Tier 2)	B/D

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 (Tier 2)	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	\$0 (Tier 2)	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	\$0 (Tier 2)	QL (2 inhalers / 30 days), ST
SEREVENT DIS AER 50MCG	\$0 (Tier 3)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	\$0 (Tier 2)	
<i>terbutaline sulfate tab 5 mg</i>	\$0 (Tier 2)	
VENTOLIN HFA (INSTITUTIONAL PACK)	\$0 (Tier 3)	QL (6 inhalers / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VENTOLIN HFA AER	\$0 QL (2 inhalers / (Tier 3)30 days)
COUGH AND COLD	
<i>alavert allergy/sinus</i>	\$0 (Tier 5)
<i>all day allergy-d</i>	\$0 (Tier 5)
<i>allergy & congestion reli</i>	\$0 (Tier 5)
<i>allergy relief d</i>	\$0 (Tier 5)
<i>allergy relief d-12</i>	\$0 (Tier 5)
<i>allergy relief d-24</i>	\$0 (Tier 5)
<i>allergy relief nasal deco</i>	\$0 (Tier 5)
<i>allergy relief/nasal deco</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cetirizine- pseudoephedrine tab er 12hr 5-120 mg</i>	\$0 (Tier 5)
<i>fexofenadine- pseudoephedrine tab er 12hr 60-120 mg</i>	\$0 (Tier 5)
<i>fexofenadine- pseudoephedrine tab er 24hr 180-240 mg</i>	\$0 (Tier 5)
<i>gnp all day allergy-d</i>	\$0 (Tier 5)
<i>gnp allergy & congestion</i>	\$0 (Tier 5)
<i>gnp fexofenadine/pseudoep</i>	\$0 (Tier 5)
<i>gnp nasal decongestant</i>	\$0 (Tier 5)
<i>gnp nasal decongestant/ma</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp pseudoephedrine hcl 1</i>	\$0 (Tier 5)
<i>gnp pseudoephedrine hcl e</i>	\$0 (Tier 5)
<i>goodsense all day allergy</i>	\$0 (Tier 5)
<i>12 hour decongestant</i>	\$0 (Tier 5)
<i>12 hour nasal decongestan</i>	\$0 (Tier 5)
<i>kls aller-tec d</i>	\$0 (Tier 5)
<i>kls allerclear d-24hr</i>	\$0 (Tier 5)
<i>kp pseudoephedrine hcl</i>	\$0 (Tier 5)
<i>loratadine-d 12hr</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>loratadine-d 24hr</i>	\$0 (Tier 5)
<i>meijer nasal decongestant</i>	\$0 (Tier 5)
<i>nasal decongestant</i>	\$0 (Tier 5)
<i>pseudoephedrine hcl tab 30 mg</i>	\$0 (Tier 5)
<i>pseudoephedrine hcl tab 60 mg</i>	\$0 (Tier 5)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	\$0 (Tier 5)
<i>qc nasal decongestant max</i>	\$0 (Tier 5)
<i>sm 12 hour sinus deconges</i>	\$0 (Tier 5)
<i>sm lorata-dine d</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm loratadine d 12hr</i>	\$0 (Tier 5)
<i>sodium chloride soln nebu 7%</i>	\$0 (Tier 5)
<i>sudogest</i>	\$0 (Tier 5)
<i>sudogest 12 hour</i>	\$0 (Tier 5)
<i>sudogest maximum strength</i>	\$0 (Tier 5)
<i>suphedrine 12hour maximum</i>	\$0 (Tier 5)
LEUKOTRIENE MODULATORS	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	\$0 (Tier 2)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	\$0 (Tier 2)

<i>montelukast sodium tab 10 mg (base equiv)</i>	\$0 (Tier 1)

<i>zafirlukast tab 10 mg</i>	\$0 (Tier 2)

<i>zafirlukast tab 20 mg</i>	\$0 (Tier 2)

MISCELLANEOUS

<i>acetylcysteine inhal soln 10%</i>	\$0 B/D (Tier 2)

<i>acetylcysteine inhal soln 20%</i>	\$0 B/D (Tier 2)

ALYFTREK TAB 4-20-50	\$0 NDS, QL (84 (Tier 3) tabs / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
ALYFTREK TAB 10-50-125	\$0 (Tier 3)	NDS, QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	\$0 (Tier 3)	NDS, PA
ARALAST NP INJ 1000MG	\$0 (Tier 3)	NDS, PA
BRONCHITOL CAP 40MG	\$0 (Tier 3)	NDS, QL (560 caps / 28 days), PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	\$0 (Tier 2)	B/D
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0 (Tier 2)	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0 (Tier 2)	(generic of EpiPen)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	\$0 (generic of (Tier 2)EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	\$0 (generic of (Tier 2)Adrenaclick)
FASENRA INJ 10MG/0.5	\$0 NDS, QL (1 (Tier 3)syringe / 28 days), PA
FASENRA INJ 30MG/ML	\$0 NDS, QL (1 (Tier 3)syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	\$0 NDS, QL (1 pen (Tier 3)/ 28 days), PA
KALYDECO GRA 5.8MG	\$0 NDS, QL (56 (Tier 3)packets / 28 days), PA
KALYDECO GRA 13.4MG	\$0 NDS, QL (56 (Tier 3)packets / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
KALYDECO PAK 25MG	\$0 NDS, QL (56 (Tier 3)packets / 28 days), PA
KALYDECO PAK 50MG	\$0 NDS, QL (56 (Tier 3)packets / 28 days), PA
KALYDECO PAK 75MG	\$0 NDS, QL (56 (Tier 3)packets / 28 days), PA
KALYDECO TAB 150MG	\$0 NDS, QL (60 (Tier 3)tabs / 30 days), PA
OFEV CAP 100MG	\$0 NDS, QL (60 (Tier 3)caps / 30 days), PA
OFEV CAP 150MG	\$0 NDS, QL (60 (Tier 3)caps / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
ORKAMBI GRA 75-94MG	\$0 (Tier 3)	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	\$0 (Tier 3)	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	\$0 (Tier 3)	NDS, QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	\$0 (Tier 3)	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	\$0 (Tier 3)	NDS, QL (112 tabs / 28 days), PA
<i>pirfenidone cap 267 mg</i>	\$0 (Tier 3)	NDS, QL (270 caps / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pirfenidone tab 267 mg</i>	\$0 NDS, QL (270 (Tier 3)tabs / 30 days), PA
<i>pirfenidone tab 534 mg</i>	\$0 NDS, QL (90 (Tier 3)tabs / 30 days), PA
<i>pirfenidone tab 801 mg</i>	\$0 NDS, QL (90 (Tier 3)tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	\$0 NDS, PA (Tier 3)
PULMOZYME SOL 1MG/ML	\$0 NDS, PA (Tier 3)
<i>roflumilast tab 250 mcg</i>	\$0 QL (56 tabs / (Tier 2)year)
<i>roflumilast tab 500 mcg</i>	\$0 QL (30 tabs / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SYMDEKO TAB 50-75MG	\$0 NDS, QL (56 (Tier 3)tabs / 28 days), PA
SYMDEKO TAB 100-150	\$0 NDS, QL (56 (Tier 3)tabs / 28 days), PA
THEO-24 CAP 100MG CR	\$0 (Tier 4)
THEO-24 CAP 200MG CR	\$0 (Tier 4)
THEO-24 CAP 300MG CR	\$0 (Tier 4)
THEO-24 CAP 400MG ER	\$0 (Tier 4)
<i>theophylline elixir 80 mg/15ml</i>	\$0 (Tier 2)
<i>theophylline soln 80 mg/15ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>theophylline tab er 12hr 100 mg</i>	\$0 (Tier 2)
<i>theophylline tab er 12hr 200 mg</i>	\$0 (Tier 2)
<i>theophylline tab er 12hr 300 mg</i>	\$0 (Tier 2)
<i>theophylline tab er 12hr 450 mg</i>	\$0 (Tier 2)
<i>theophylline tab er 24hr 400 mg</i>	\$0 (Tier 2)
<i>theophylline tab er 24hr 600 mg</i>	\$0 (Tier 2)
TRIKAFTA PAK 59.5MG	\$0 NDS, QL (56 (Tier 3)packs / 28 days), PA
TRIKAFTA PAK 75MG	\$0 NDS, QL (56 (Tier 3)packs / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0 (Tier 3)	NDS, QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	\$0 (Tier 3)	NDS, QL (84 tabs / 28 days), PA
XOLAIR INJ 75/0.5	\$0 (Tier 3)	NDS, QL (4 pens / 28 days), PA
XOLAIR INJ 75/0.5	\$0 (Tier 3)	NDS, QL (4 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	\$0 (Tier 3)	NDS, QL (8 pens / 28 days), PA
XOLAIR INJ 150MG/ML	\$0 (Tier 3)	NDS, QL (8 syringes / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

XOLAIR INJ 300/2ML	\$0 NDS, QL (4 (Tier 3)pens / 28 days), PA
XOLAIR INJ 300/2ML	\$0 NDS, QL (4 (Tier 3)syringes / 28 days), PA
XOLAIR SOL 150MG	\$0 NDS, QL (8 (Tier 3)vials / 28 days), PA
ZEMAIRA INJ 1000MG	\$0 NDS, PA (Tier 3)
ZEMAIRA INJ 4000MG	\$0 NDS, PA (Tier 3)
ZEMAIRA INJ 5000MG	\$0 NDS, PA (Tier 3)

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

<i>budesonide nasal susp 32 mcg/act</i>	\$0 QL (1 bottle / (Tier 5)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	\$0 QL (3 bottles / (Tier 2)30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0 QL (1 bottle / (Tier 2)30 days)
<i>gnp 24 hour nasal allerg</i>	\$0 QL (1 bottle / (Tier 5)30 days)
<i>gnp budesonide nasal spra</i>	\$0 QL (1 bottle / (Tier 5)30 days)
<i>goodsense nasal allergy s</i>	\$0 QL (1 bottle / (Tier 5)30 days)
<i>hm 24 hour nasal allergy</i>	\$0 QL (1 bottle / (Tier 5)30 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	\$0 QL (2 inhalers / (Tier 2)30 days)
<i>nasal allergy 24 hour mul</i>	\$0 QL (1 bottle / (Tier 5)30 days)
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	\$0 QL (1 bottle / (Tier 5)30 days)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

XHANCE MIS 93MCG	\$0	QL (32 mL / 30 days), PA

STEROID INHALANTS - DRUGS TO TREAT ASTHMA

ALVESCO AER 80MCG	\$0	QL (3 inhalers / 30 days)

ALVESCO AER 160MCG	\$0	QL (2 inhalers / 30 days)

ARNUITY ELPT INH 50MCG	\$0	QL (30 inhalations / 30 days)

ARNUITY ELPT INH 100MCG	\$0	QL (30 inhalations / 30 days)

ARNUITY ELPT INH 200MCG	\$0	QL (30 inhalations / 30 days)

<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0	B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$0 (Tier 2)	B/D
<i>fluticasone propionate aer pow ba 50 mcg/act</i>	\$0 (Tier 3)	QL (180 inhalations / 30 days)
<i>fluticasone propionate aer pow ba 100 mcg/act</i>	\$0 (Tier 3)	QL (240 inhalations / 30 days)
<i>fluticasone propionate aer pow ba 250 mcg/act</i>	\$0 (Tier 3)	QL (240 inhalations / 30 days)
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	\$0 (Tier 3)	QL (2 inhalers / 30 days)
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	\$0 (Tier 3)	QL (2 inhalers / 30 days)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	\$0 (Tier 3)	QL (2 inhalers / 30 days)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****STEROID/BETA-AGONIST COMBINATIONS
- DRUGS TO TREAT ASTHMA AND COPD***

ADVAIR HFA AER 45/21	\$0	QL (1 inhaler / (Tier 3)30 days)
ADVAIR HFA AER 115/21	\$0	QL (1 inhaler / (Tier 3)30 days)
ADVAIR HFA AER 230/21	\$0	QL (1 inhaler / (Tier 3)30 days)
AIRSUPRA AER 90- 80MCG	\$0	QL (3 inhalers / (Tier 3)30 days)
BREO ELLIPTA INH 50- 25MCG	\$0	QL (60 blisters (Tier 3)/ 30 days)
BREO ELLIPTA INH 100- 25	\$0	QL (60 blisters (Tier 3)/ 30 days)
BREO ELLIPTA INH 200- 25	\$0	QL (60 blisters (Tier 3)/ 30 days)
<i>breyna</i>	\$0	QL (3 inhalers / (Tier 2)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	\$0 QL (3 inhalers / (Tier 2)30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	\$0 QL (3 inhalers / (Tier 2)30 days)
DULERA AER 50-5MCG	\$0 QL (3 inhalers / (Tier 4)30 days)
DULERA AER 100-5MCG	\$0 QL (3 inhalers / (Tier 4)30 days)
DULERA AER 200-5MCG	\$0 QL (3 inhalers / (Tier 4)30 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	\$0 QL (1 inhaler / (Tier 1)30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	\$0 QL (60 (Tier 2)inhalations / 30 days); (generic PRASCO not covered)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)	
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	\$0 (Tier 1)	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	\$0 (Tier 1)	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	\$0 (Tier 2)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	\$0 (Tier 2)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
SYMBICORT AER 80-4.5	\$0 (Tier 4)	QL (3 inhalers / 30 days)
SYMBICORT AER 160-4.5	\$0 (Tier 4)	QL (3 inhalers / 30 days)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)***wixela inhub*\$0 QL (60
(Tier 2) inhalations / 30
days)**TOPICAL - DRUGS TO TREAT EAR AND SKIN
CONDITIONS*****DERMATOLOGY, ACNE****accutane*\$0 PA
(Tier 2)*acne medicat lot 5%*\$0
(Tier 5)*acne medicat lot 10%*\$0
(Tier 5)*acne medication 2.5*\$0
(Tier 5)*acne medication 5*\$0
(Tier 5)*acne medication 10*\$0
(Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>acne treatment cleansing</i>	\$0 (Tier 5)
<i>acne-clear</i>	\$0 (Tier 5)
<i>amnesteem</i>	\$0 PA (Tier 2)
<i>amnesteem cap 30mg</i>	\$0 PA (Tier 2)
<i>benzoyl peroxide gel 2.5%</i>	\$0 (Tier 5)
<i>benzoyl peroxide gel 5%</i>	\$0 (Tier 5)
<i>benzoyl peroxide gel 10%</i>	\$0 (Tier 5)
<i>benzoyl peroxide liq 10%</i>	\$0 (Tier 5)
<i>benzoyl peroxide topical</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>benzoyl peroxide wash</i>	\$0 (Tier 5)	
<i>benzoyl peroxide- erythromycin gel 5-3%</i>	\$0 (Tier 2)	QL (46.6 gm / 30 days)
<i>bp wash</i>	\$0 (Tier 5)	
<i>claravis</i>	\$0 (Tier 2)	PA
<i>clindamycin phosphate gel 1% (once-daily)</i>	\$0 (Tier 2)	QL (75 mL / 30 days)
<i>clindamycin phosphate lotion 1%</i>	\$0 (Tier 2)	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	\$0 (Tier 2)	QL (60 mL / 30 days)
<i>ery</i>	\$0 (Tier 2)	QL (60 pledgets / 30 days)
<i>erythromycin gel 2%</i>	\$0 (Tier 2)	QL (60 gm / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>erythromycin soln 2%</i>	\$0 QL (60 mL / 30 (Tier 2)days)
<i>isotretinoin cap 10 mg</i>	\$0 PA (Tier 2)
<i>isotretinoin cap 20 mg</i>	\$0 PA (Tier 2)
<i>isotretinoin cap 30 mg</i>	\$0 PA (Tier 2)
<i>isotretinoin cap 40 mg</i>	\$0 PA (Tier 2)
<i>lintera wash</i>	\$0 (Tier 5)
<i>medpura benzoyl peroxide</i>	\$0 (Tier 5)
<i>sulfacetamide sodium lotion 10% (acne)</i>	\$0 QL (118 mL / (Tier 2)30 days)
<i>tretinoin cream 0.1%</i>	\$0 QL (45 gm / 30 (Tier 2)days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>tretinoin cream 0.05%</i>	\$0 QL (45 gm / 30 (Tier 2)days), PA
<i>tretinoin cream 0.025%</i>	\$0 QL (45 gm / 30 (Tier 2)days), PA
<i>tretinoin gel 0.01%</i>	\$0 QL (45 gm / 30 (Tier 2)days), PA
<i>tretinoin gel 0.025%</i>	\$0 QL (45 gm / 30 (Tier 2)days), PA
<i>twice-daily clindamycin phosphate (topical)</i>	\$0 QL (75 gm / 30 (Tier 2)days)
<i>zenatane</i>	\$0 PA (Tier 2)

DERMATOLOGY, ANTIBIOTICS

<i>bacitracin oint 500 unit/gm</i>	\$0 (Tier 5)
<i>bacitracin zinc oint 500 unit/gm</i>	\$0 (Tier 5)
<i>double antibiotic</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gentamicin sulfate cream 0.1%</i>	\$0 QL (30 gm / 30 days) (Tier 2)
<i>gentamicin sulfate oint 0.1%</i>	\$0 QL (30 gm / 30 days) (Tier 2)
<i>gnp antibiotic + pain rel</i>	\$0 (Tier 5)
<i>gnp bacitracin zinc</i>	\$0 (Tier 5)
<i>gnp triple antibiotic</i>	\$0 (Tier 5)
<i>gnp triple antibiotic plu</i>	\$0 (Tier 5)
<i>goodsense antibiotic/pain</i>	\$0 (Tier 5)
<i>goodsense first aid antib</i>	\$0 (Tier 5)
<i>medi-first triple antibio</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mupirocin oint 2%</i>	\$0 QL (220 gm / (Tier 1)30 days)
<i>poly bacitracin</i>	\$0 (Tier 5)
<i>silver sulfadiazine cream 1%</i>	\$0 (Tier 2)
<i>sm antibiotic</i>	\$0 (Tier 5)
<i>sm triple antibiotic orig</i>	\$0 (Tier 5)
<i>sm triple antibiotic plus</i>	\$0 (Tier 5)
<i>ssd</i>	\$0 (Tier 2)
SULFAMYLON CRE 85MG/GM	\$0 QL (453.6 gm / (Tier 4)30 days)
<i>triple antibiotic</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>triple antibiotic + pain</i>	\$0 (Tier 5)
<i>triple antibiotic plus</i>	\$0 (Tier 5)
<i>DERMATOLOGY, ANTIFUNGALS</i>	
<i>antifungal</i>	\$0 (Tier 5)
<i>antifungal powder</i>	\$0 (Tier 5)
<i>athletes foot</i>	\$0 (Tier 5)
<i>athletes foot antifungal</i>	\$0 (Tier 5)
<i>athletes foot powder spra</i>	\$0 (Tier 5)
<i>baza antifungal</i>	\$0 (Tier 5)
<i>blis-to-sol</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ciclopirox gel 0.77%</i>	\$0 QL (100 gm / (Tier 2)30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	\$0 QL (90 gm / 30 (Tier 2)days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0 QL (60 mL / 30 (Tier 2)days)
<i>ciclopirox shampoo 1%</i>	\$0 QL (120 mL / (Tier 2)30 days)
<i>clotrimazole antifungal</i>	\$0 (Tier 5)
<i>clotrimazole cream 1%</i>	\$0 QL (45 gm / 30 (Tier 2)days)
<i>clotrimazole cream 1%</i>	\$0 (Tier 5)
<i>clotrimazole soln 1%</i>	\$0 QL (60 mL / 30 (Tier 2)days)
<i>clotrimazole soln 1%</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i>	\$0 QL (45 gm / 30 (Tier 2)days)
<i>critic-aid clear af</i>	\$0 (Tier 5)
<i>econazole nitrate cream 1%</i>	\$0 QL (85 gm / 30 (Tier 2)days)
<i>gnp athletes foot</i>	\$0 (Tier 5)
<i>gnp miconazorb af</i>	\$0 (Tier 5)
<i>gnp tolnaftate</i>	\$0 (Tier 5)
<i>goodsense athletes foot</i>	\$0 (Tier 5)
<i>ketoconazole cream 2%</i>	\$0 QL (60 gm / 30 (Tier 2)days)
<i>ketoconazole shampoo 2%</i>	\$0 QL (120 mL / (Tier 1)30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>klayesta</i>	\$0 QL (60 gm / 30 (Tier 2)days)
<i>micomitin</i>	\$0 (Tier 5)
<i>miconazole antifungal</i>	\$0 (Tier 5)
<i>miconazole nitrate cream 2%</i>	\$0 (Tier 5)
MICONAZOLE SOL 2%	\$0 (Tier 5)
<i>micotrin ac</i>	\$0 (Tier 5)
<i>micotrin al</i>	\$0 (Tier 5)
<i>micotrin ap</i>	\$0 (Tier 5)
<i>mycozyl ac</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mycozyl al</i>	\$0 (Tier 5)
<i>mycozyl ap</i>	\$0 (Tier 5)
<i>nyamyc</i>	\$0 QL (60 gm / 30 (Tier 2)days)
<i>nystatin cream 100000 unit/gm</i>	\$0 QL (30 gm / 30 (Tier 2)days)
<i>nystatin oint 100000 unit/gm</i>	\$0 QL (30 gm / 30 (Tier 2)days)
<i>nystatin topical powder 100000 unit/gm</i>	\$0 QL (60 gm / 30 (Tier 2)days)
<i>nystop</i>	\$0 QL (60 gm / 30 (Tier 2)days)
<i>qc antifungal cream</i>	\$0 (Tier 5)
<i>selenium sulfide lotion 2.5%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm antifungal clotrimazol</i>	\$0 (Tier 5)
<i>sm antifungal miconazole</i>	\$0 (Tier 5)
<i>sm antifungal tolnaftate</i>	\$0 (Tier 5)
<i>tm-clotrimazole</i>	\$0 (Tier 5)
<i>tm-tolnaftate</i>	\$0 (Tier 5)
<i>tm-tolnaftate lr</i>	\$0 (Tier 5)
<i>tolnafi-al</i>	\$0 (Tier 5)
<i>tolnaftate cream 1%</i>	\$0 (Tier 5)
<i>tolnaftate powder 1%</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>triple paste af</i>	\$0 (Tier 5)

VOTRIZA-AL LOT 1%	\$0 (Tier 5)

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	\$0 PA (Tier 2)

<i>acitretin cap 17.5 mg</i>	\$0 PA (Tier 2)

<i>acitretin cap 25 mg</i>	\$0 PA (Tier 2)

<i>calcipotriene cream 0.005%</i>	\$0 QL (120 gm / (Tier 2)30 days), PA

<i>calcipotriene oint 0.005%</i>	\$0 QL (120 gm / (Tier 2)30 days), PA

<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0 QL (120 mL / (Tier 2)30 days), PA

<i>calcitrene</i>	\$0 QL (120 gm / (Tier 2)30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ENSTILAR AER	\$0 NDS, QL (120 (Tier 3)gm / 30 days), PA
<i>methoxsalen rapid cap 10 mg</i>	\$0 NDS (Tier 3)
<i>tazarotene cream 0.1%</i>	\$0 QL (60 gm / 30 (Tier 2)days), PA
<i>tazarotene cream 0.05%</i>	\$0 QL (60 gm / 30 (Tier 2)days), PA
TAZORAC CRE 0.05%	\$0 QL (60 gm / 30 (Tier 4)days), PA
DERMATOLOGY, CORTICOSTEROIDS	
<i>ala-cort</i>	\$0 (Tier 1)
<i>alclometasone dipropionate cream 0.05%</i>	\$0 QL (60 gm / 30 (Tier 2)days)
<i>alclometasone dipropionate oint 0.05%</i>	\$0 QL (60 gm / 30 (Tier 2)days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS OR LIMITS ON USE
<i>anti-itch maximum strengt</i>	\$0 (Tier 5)	
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0 (Tier 2)	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0 (Tier 2)	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0 (Tier 2)	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	\$0 (Tier 2)	QL (120 gm / 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	\$0 (Tier 2)	QL (120 gm / 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	\$0 (Tier 2)	QL (120 mL / 30 days)

NAME OF DRUG	WHAT NECESSARY THE DRUG WILL COST YOU (TIER LEVEL)	ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>betamethasone dipropionate oint 0.05%</i>	\$0 (Tier 2)	QL (120 gm / 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	\$0 (Tier 2)	QL (120 gm / 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	\$0 (Tier 2)	QL (120 mL / 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	\$0 (Tier 2)	QL (120 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	\$0 (Tier 2)	QL (60 gm / 30 days)
<i>clobetasol propionate e</i>	\$0 (Tier 2)	QL (60 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	\$0 (Tier 2)	QL (60 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	\$0 (Tier 2)	QL (60 gm / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clobetasol propionate soln 0.05%</i>	\$0 QL (50 mL / 30 (Tier 2)days)
<i>dermarest eczema</i>	\$0 (Tier 5)
<i>eql anti-itch maximum str</i>	\$0 (Tier 5)
<i>fluocinolone acetone cream 0.01%</i>	\$0 QL (60 gm / 30 (Tier 2)days)
<i>fluocinolone acetone cream 0.025%</i>	\$0 QL (120 gm / (Tier 2)30 days)
<i>fluocinolone acetone oil 0.01% (body oil)</i>	\$0 QL (118.28 mL (Tier 2)/ 30 days)
<i>fluocinolone acetone oil 0.01% (scalp oil)</i>	\$0 QL (118.28 mL (Tier 2)/ 30 days)
<i>fluocinolone acetone oint 0.025%</i>	\$0 QL (120 gm / (Tier 2)30 days)
<i>fluocinolone acetone soln 0.01%</i>	\$0 QL (60 mL / 30 (Tier 2)days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fluocinonide cream 0.05%</i>	\$0 QL (120 gm / 30 days) (Tier 2)
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 QL (120 gm / 30 days) (Tier 2)
<i>fluocinonide gel 0.05%</i>	\$0 QL (60 gm / 30 days) (Tier 2)
<i>fluocinonide oint 0.05%</i>	\$0 QL (60 gm / 30 days) (Tier 2)
<i>fluocinonide soln 0.05%</i>	\$0 QL (60 mL / 30 days) (Tier 2)
<i>fluticasone propionate cream 0.05%</i>	\$0 (Tier 2)
<i>fluticasone propionate oint 0.005%</i>	\$0 (Tier 2)
<i>gnp hydrocortisone</i>	\$0 (Tier 5)
<i>gnp hydrocortisone maximu</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp hydrocortisone plus</i>	\$0 (Tier 5)
<i>gnp hydrocortisone/aloe</i>	\$0 (Tier 5)
<i>halobetasol propionate cream 0.05%</i>	\$0 QL (50 gm / 30 (Tier 2)days)
<i>halobetasol propionate oint 0.05%</i>	\$0 QL (50 gm / 30 (Tier 2)days)
HYDROCORT CRE 1%	\$0 (Tier 5)
<i>hydrocortisone acetate oint 1%</i>	\$0 (Tier 5)
<i>hydrocortisone cream 0.5%</i>	\$0 (Tier 5)
<i>hydrocortisone cream 1%</i>	\$0 (Tier 1)
<i>hydrocortisone cream 1%</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydrocortisone cream 2.5%</i>	\$0 (Tier 1)
<i>hydrocortisone lotion 1%</i>	\$0 (Tier 5)
<i>hydrocortisone lotion 2.5%</i>	\$0 (Tier 2)
<i>hydrocortisone maximum st</i>	\$0 (Tier 5)
<i>hydrocortisone oint 1%</i>	\$0 QL (30 gm / 30 (Tier 2)days)
<i>hydrocortisone oint 1%</i>	\$0 (Tier 5)
<i>hydrocortisone oint 2.5%</i>	\$0 (Tier 2)
<i>hydrocortisone valerate cream 0.2%</i>	\$0 QL (60 gm / 30 (Tier 2)days)
<i>mometasone furoate cream 0.1%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mometasone furoate oint 0.1%</i>	\$0 (Tier 2)
<i>mometasone furoate solution 0.1% (lotion)</i>	\$0 (Tier 2)
<i>sm hydrocortisone maximum</i>	\$0 (Tier 5)
<i>triamcinolone acetonide cream 0.1%</i>	\$0 QL (454 gm / (Tier 1)30 days)
<i>triamcinolone acetonide cream 0.5%</i>	\$0 QL (454 gm / (Tier 1)30 days)
<i>triamcinolone acetonide cream 0.025%</i>	\$0 QL (454 gm / (Tier 1)30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	\$0 (Tier 2)
<i>triamcinolone acetonide lotion 0.025%</i>	\$0 (Tier 2)
<i>triamcinolone acetonide oint 0.1%</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>triamcinolone acetonide oint 0.5%</i>	\$0 (Tier 1)
<i>triamcinolone acetonide oint 0.025%</i>	\$0 (Tier 1)
<i>triderm</i>	\$0 QL (454 gm / (Tier 1)30 days)
DERMATOLOGY, LOCAL ANESTHETICS	
<i>glydo</i>	\$0 QL (60 mL / 30 (Tier 2)days), PA
<i>lidocaine hcl soln 4%</i>	\$0 QL (50 mL / 30 (Tier 2)days), PA
<i>lidocaine oint 5%</i>	\$0 QL (50 gm / 30 (Tier 2)days), PA
<i>lidocaine patch 5%</i>	\$0 QL (3 patches / (Tier 2)1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0 B/D, QL (30 (Tier 2)gm / 30 days)
<i>lidocan</i>	\$0 QL (3 patches / (Tier 2)1 day), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>tridacaine dis 5% patch</i>	\$0 QL (3 patches / (Tier 2)1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>a&d</i>	\$0 (Tier 5)
AMERIDERM OIN PERISHIE	\$0 (Tier 5)
<i>ameriphor</i>	\$0 (Tier 5)
<i>anti-dandruff shampoo</i>	\$0 (Tier 5)
<i>antiseptic skin cleanser</i>	\$0 (Tier 5)
<i>arthritis pain relieving</i>	\$0 (Tier 5)
<i>azelaic acid gel 15%</i>	\$0 QL (50 gm / 30 (Tier 2)days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>bexarotene gel 1%</i>	\$0 NDS, QL (60 (Tier 3)gm / 30 days), PA
CALAMINE LOT	\$0 (Tier 5)
CALAMINE LOT 8-8%	\$0 (Tier 5)
CALAMINE SUS 8-8%	\$0 (Tier 5)
<i>capsaicin cream 0.1%</i>	\$0 (Tier 5)
<i>capsaicin cream 0.025%</i>	\$0 (Tier 5)
<i>capsaicin cream 0.075%</i>	\$0 (Tier 5)
<i>capsaicin hp</i>	\$0 (Tier 5)
<i>capsaicin patch 0.025%</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>capsaicin topical pain pa</i>	\$0 (Tier 5)
<i>capsimide</i>	\$0 (Tier 5)
<i>chlorhexidine gluconate soln 4%</i>	\$0 (Tier 5)
<i>corn and callus remover</i>	\$0 (Tier 5)
CRITIC-AID PST BARRIER	\$0 (Tier 5)
<i>dandruff shampoo</i>	\$0 (Tier 5)
<i>dermafix</i>	\$0 (Tier 5)
<i>desitin</i>	\$0 (Tier 5)
<i>desitin daily defense</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>desitin rapid relief</i>	\$0 (Tier 5)
<i>diclofenac sodium soln 1.5%</i>	\$0 QL (300 mL / (Tier 2)28 days)
DY-O-DERM SOL STAIN	\$0 (Tier 5)
<i>dyna-hex 4</i>	\$0 (Tier 5)
FIRST AID OIN 10%	\$0 (Tier 5)
<i>fluorouracil cream 5%</i>	\$0 QL (40 gm / 30 (Tier 2)days)
<i>fluorouracil soln 2%</i>	\$0 QL (10 mL / 30 (Tier 2)days)
<i>fluorouracil soln 5%</i>	\$0 QL (10 mL / 30 (Tier 2)days)
<i>gnp advanced antibacteria</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp antiseptic skin clean</i>	\$0 (Tier 5)
GNP CALAMINE LOT 8- 8%	\$0 (Tier 5)
<i>gnp capsaicin heat patch</i>	\$0 (Tier 5)
<i>gnp hydrogen peroxide</i>	\$0 (Tier 5)
GNP IODIDES TIN	\$0 (Tier 5)
GNP IODINE TIN 2% MILD	\$0 (Tier 5)
<i>gnp povidone-iodine</i>	\$0 (Tier 5)
<i>gnp wart remover</i>	\$0 (Tier 5)
<i>gnp zinc oxide</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GOLD BOND OIN HEALING	\$0 (Tier 5)
<i>goodsense hydrogen peroxi</i>	\$0 (Tier 5)
HM EYELID PAD WIPES	\$0 (Tier 5)
<i>hm hydrogen peroxide</i>	\$0 (Tier 5)
HM IODIDES TIN	\$0 (Tier 5)
HM IODINE TIN 2% MILD	\$0 (Tier 5)
<i>hydrocortisone perianal cream 1%</i>	\$0 (Tier 2)
<i>hydrocortisone perianal cream 2.5%</i>	\$0 (Tier 2)
HYDROGEN PER SOL 3%	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydrogen peroxide soln 3%</i>	\$0 (Tier 5)
<i>hydrolatum</i>	\$0 (Tier 5)
<i>hydrophor</i>	\$0 (Tier 5)
ILEX SKIN PST PROTECT	\$0 (Tier 5)
<i>imiquimod cream 5%</i>	\$0 QL (24 packets (Tier 2)/ 30 days)
INSTACLEAN LIQ	\$0 (Tier 5)
IODINE TIN 2%	\$0 (Tier 5)
IODINE TIN 2% MILD	\$0 (Tier 5)
IODINE TIN DECOLOR	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
IODINE TIN STRONG	\$0 (Tier 5)
LAC-HYDRIN LOT FIVE	\$0 (Tier 5)
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0 (Tier 2)
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0 (Tier 5)
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0 (Tier 2)
<i>lansinoh lanolin</i>	\$0 (Tier 5)
<i>lansinoh lanolin minis ni</i>	\$0 (Tier 5)
<i>lansinoh lanolin nipple</i>	\$0 (Tier 5)
<i>medpura vitamin a & d</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>medpura zinc oxide</i>	\$0 (Tier 5)
<i>metronidazole cream 0.75%</i>	\$0 QL (45 gm / 30 (Tier 2)days)
<i>metronidazole gel 0.75%</i>	\$0 QL (45 gm / 30 (Tier 2)days)
<i>metronidazole lotion 0.75%</i>	\$0 QL (59 mL / 30 (Tier 2)days)
MINERAL OIL LIGHT	\$0 (Tier 5)
<i>nitroglycerin oint 0.4%</i>	\$0 QL (30 gm / 30 (Tier 2)days)
PANRETIN GEL 0.1%	\$0 NDS, QL (60 (Tier 3)gm / 30 days), PA
PETROLATUM OIN	\$0 (Tier 5)
<i>pimecrolimus cream 1%</i>	\$0 QL (100 gm / (Tier 2)30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>podofilox soln 0.5%</i>	\$0 QL (7 mL / 28 (Tier 2)days)
<i>povidone-iodine soln 10%</i>	\$0 (Tier 5)
<i>procto-med hc</i>	\$0 (Tier 2)
<i>proctocort</i>	\$0 (Tier 2)
<i>proctosol hc</i>	\$0 (Tier 2)
<i>proctozone-hc</i>	\$0 (Tier 2)
QC IODIDES TIN	\$0 (Tier 5)
<i>qc itch stopping extra st</i>	\$0 (Tier 5)
<i>qc povidone iodine</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SANITIZ HAND MIS WIPES	\$0 (Tier 5)
SM CALAMINE LOT	\$0 (Tier 5)
<i>sm hydrogen peroxide</i>	\$0 (Tier 5)
SM IODIDES TIN	\$0 (Tier 5)
SM IODINE TIN MILD	\$0 (Tier 5)
<i>sm povidone-iodine</i>	\$0 (Tier 5)
<i>tacrolimus oint 0.1%</i>	\$0 QL (100 gm / (Tier 2)30 days), PA
<i>tacrolimus oint 0.03%</i>	\$0 QL (100 gm / (Tier 2)30 days), PA
<i>thera-derm</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VALCHLOR GEL 0.016%	\$0 NDS, QL (60 (Tier 3)gm / 30 days), PA
<i>vitamins a & d oint</i>	\$0 (Tier 5)
<i>wart remover maximum stre</i>	\$0 (Tier 5)
<i>zinc oxide oint 20%</i>	\$0 (Tier 5)
<i>zinc oxide oint 25%</i>	\$0 (Tier 5)
ZINC OXIDE PST 25%	\$0 (Tier 5)
ZOSTRIX NAT CRE 0.033%	\$0 (Tier 5)
DERMATOLOGY, SCABICIDES AND PEDICULIDES	
<i>gnp lice treatment</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>goodsense lice killing cr</i>	\$0 (Tier 5)
<i>lice killing maximum stre</i>	\$0 (Tier 5)
<i>lice killing shampoo</i>	\$0 (Tier 5)
<i>malathion lotion 0.5%</i>	\$0 QL (59 mL / 30 (Tier 2)days)
NIX COMPLETE KIT LICE 1%	\$0 (Tier 5)
<i>permethrin cream 5%</i>	\$0 QL (60 gm / 30 (Tier 2)days)
<i>sm lice killing maximum s</i>	\$0 (Tier 5)
<i>sm lice treatment</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL 0.01%	\$0 NDS, QL (30 (Tier 3)gm / 30 days), PA
SANTYL OIN 250/GM	\$0 QL (180 gm / (Tier 4)30 days)
<i>sodium chloride irrigation soln 0.9%</i>	\$0 (Tier 2)
<i>water for irrigation, sterile irrigation soln</i>	\$0 (Tier 2)

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl cap 30 mg</i>	\$0 (Tier 2)
<i>chlorhexidine gluconate soln 0.12%</i>	\$0 (Tier 1)
<i>clotrimazole troche 10 mg</i>	\$0 QL (150 (Tier 2)lozenges / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>denta 5000 plus</i>	\$0 (Tier 5)
<i>dentagel</i>	\$0 (Tier 5)
<i>gnp dry mouth mouthwash</i>	\$0 (Tier 5)
<i>kourzeq</i>	\$0 (Tier 2)
LEMON-GLYCER MIS SWABS	\$0 (Tier 5)
<i>lidocaine hcl viscous soln 2%</i>	\$0 (Tier 2)
MOUTH KOTE SOL	\$0 (Tier 5)
<i>nystatin susp 100000 unit/ml</i>	\$0 (Tier 2)
ORAL RELIEF SPR DRY MOUT	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>periogard</i>	\$0 (Tier 1)
<i>pilocarpine hcl tab 5 mg</i>	\$0 (Tier 2)
<i>pilocarpine hcl tab 7.5 mg</i>	\$0 (Tier 2)
PREVDNT 5000 GEL 1.1-5%	\$0 (Tier 5)
PREVIDENT SOL 0.2%	\$0 (Tier 5)
<i>sf</i>	\$0 (Tier 5)
<i>sf 5000 plus</i>	\$0 (Tier 5)
<i>sodium fluoride 5000 plus</i>	\$0 (Tier 5)
<i>sodium fluoride 5000 ppm</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>sodium fluoride cream 1.1%</i>	\$0 (Tier 5)
<i>sodium fluoride gel 1.1% (0.5% f)</i>	\$0 (Tier 5)
<i>triamcinolone acetone dental paste 0.1%</i>	\$0 (Tier 2)
ZINC W/A&C LOZ	\$0 (Tier 5)

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

<i>ear drops</i>	\$0 (Tier 5)
<i>earwax removal</i>	\$0 (Tier 5)
<i>earwax removal kit</i>	\$0 (Tier 5)
<i>ft earwax removal</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GLY-OXIDE SOL 10%	\$0 (Tier 5)
<i>gnp earwax removal drops</i>	\$0 (Tier 5)
<i>gnp earwax removal kit</i>	\$0 (Tier 5)
<i>murine ear</i>	\$0 (Tier 5)

D.Index of Covered Drugs



If you have questions, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

Updated on 06/01/2025

Index

1		ABELCET INJ 5MG/ML	78
<i>12 hour decongestant</i>		ABILIFY ASIM INJ	
.....	682	720MG.....	278
<i>12 hour nasal</i>		ABILIFY ASIM INJ	
<i>decongestan</i>	682	960MG.....	278
2		ABILIFY MAIN INJ	
<i>24hr allergy relief</i>	672	300MG.....	278, 279
3		ABILIFY MAIN INJ	
<i>3 day vaginal</i>	498	400MG.....	279
6		<i>abiraterone acetate tab</i>	
<i>600+d3</i>	575	250 mg.....	130
8		<i>abiraterone acetate tab</i>	
<i>8 hr arthritis pain relie</i>	42	500 mg.....	130
A		ABRYSVO INJ	543
<i>a&d</i>	724	<i>acamprosate calcium tab</i>	
A/BETA CAROT TAB		<i>delayed release</i> 333	
25000UNT.....	588	mg	351
<i>a-10000</i>	588	<i>acarbose tab 100 mg</i>	362
<i>a-25</i>	587	<i>acarbose tab 25 mg.</i>	361
<i>abacavir sulfate soln 20</i>		<i>acarbose tab 50 mg.</i>	361
<i>mg/ml (base equiv).</i>	83	<i>accutane</i>	701
<i>abacavir sulfate tab 300</i>		<i>acebutolol hcl cap 200</i>	
<i>mg (base equiv)</i>	83	mg	220
<i>abacavir sulfate-</i>		<i>acebutolol hcl cap 400</i>	
<i>lamivudine tab 600-</i>		mg	220
<i>300 mg</i>	89	<i>acerola c-500</i>	588
ABC COMPLETE TAB		<i>acetaminophen chew tab</i>	
WOMEN	588	160 mg.....	34

<i>acetaminophen er 8</i>		<i>acetaminophen w/</i>	
<i>hour.....</i>	<i>34</i>	<i>codeine tab 300-60 mg</i>	
<i>acetaminophen liquid</i>		<i>.....</i>	<i>62</i>
<i>160 mg/5ml</i>	<i>34</i>	<i>acetazolamide cap er</i>	
<i>acetaminophen pm ..</i>	<i>351</i>	<i>12hr 500 mg</i>	<i>234</i>
<i>acetaminophen pm extra</i>		<i>acetazolamide tab 125</i>	
<i>st.....</i>	<i>351</i>	<i>mg</i>	<i>234</i>
<i>acetaminophen soln 160</i>		<i>acetazolamide tab 250</i>	
<i>mg/5ml</i>	<i>34</i>	<i>mg</i>	<i>234</i>
<i>acetaminophen suppos</i>		<i>acetic acid irrigation soln</i>	
<i>120 mg.....</i>	<i>34</i>	<i>0.25%</i>	<i>494</i>
<i>acetaminophen suppos</i>		<i>acetic acid otic soln 2%</i>	
<i>650 mg.....</i>	<i>34</i>	<i>.....</i>	<i>662</i>
<i>acetaminophen susp 160</i>		<i>acetylcysteine inhal soln</i>	
<i>mg/5ml</i>	<i>34</i>	<i>10%</i>	<i>685</i>
<i>acetaminophen tab 325</i>		<i>acetylcysteine inhal soln</i>	
<i>mg.....</i>	<i>35</i>	<i>20%</i>	<i>685</i>
<i>acetaminophen tab 500</i>		<i>acid gone.....</i>	<i>441</i>
<i>mg.....</i>	<i>35</i>	<i>ACID GONE</i>	<i>441</i>
<i>acetaminophen tab er</i>		<i>acid reducer</i>	<i>461</i>
<i>650 mg.....</i>	<i>35</i>	<i>acid reducer maximum</i>	
<i>acetaminophen w/</i>		<i>stre</i>	<i>461</i>
<i>codeine soln 120-12</i>		<i>acid reducer original str</i>	
<i>mg/5ml</i>	<i>61</i>	<i>.....</i>	<i>462</i>
<i>acetaminophen w/</i>		<i>acitretin cap 10 mg .</i>	<i>714</i>
<i>codeine tab 300-15 mg</i>		<i>acitretin cap 17.5 mg</i>	<i>714</i>
<i>.....</i>	<i>61</i>	<i>acitretin cap 25 mg .</i>	<i>714</i>
<i>acetaminophen w/</i>		<i>acne medicat lot 10%</i>	
<i>codeine tab 300-30 mg</i>		<i>.....</i>	<i>701</i>
<i>.....</i>	<i>61</i>	<i>acne medicat lot 5%</i>	<i>701</i>

<i>acne medication 10 ..</i>	701	ADVAIR HFA AER 115/21	
<i>acne medication 2.5 ..</i>	701	.....	698
<i>acne medication 5....</i>	701	ADVAIR HFA AER 230/21	
<i>acne treatment</i>		.....	698
<i>cleansing</i>	702	ADVAIR HFA AER 45/21	
<i>acne-clear.....</i>	702	.....	698
ACTHIB INJ	543	<i>afirmelle</i>	390
<i>actical</i>	588	AFREZZA POW 12 UNIT	
ACTIMMUNE INJ		.....	372
2MU/0.5	538	AFREZZA POW 4-8 UNIT	
<i>acyclovir cap 200 mg.</i>	95	.....	372
<i>acyclovir sodium iv soln</i>		AFREZZA POW 4-8-12	
<i>50 mg/ml.....</i>	95	.....	372
<i>acyclovir susp 200</i>		AFREZZA POW 4UNIT	
<i>mg/5ml</i>	95	.....	372
<i>acyclovir tab 400 mg.</i>	95	AFREZZA POW 8 UNIT	
<i>acyclovir tab 800 mg.</i>	95	.....	372
ADACEL INJ	543	AFREZZA POW 8-12UNIT	
ADALIMU-AACF INJ		.....	372
40/0.8ML	521, 522	<i>aftera</i>	390
ADALIMU-AACF KIT		AIMOVIG INJ 140MG/ML	
40/0.8ML	522	.....	339
<i>adefovir dipivoxil tab 10</i>		AIMOVIG INJ 70MG/ML	
<i>mg.....</i>	95	.....	339
ADEK CHW PLUS ZN.	588	AIRSUPRA AER 90-	
ADMELOG INJ 100U/ML		80MCG	698
.....	371	AKEEGA TAB 100/500	
ADMELOG SOLO INJ		.....	130
100U/ML.....	371	AKEEGA TAB 50/500MG	
		.....	130

<i>ala-cort</i>	715	<i>alclometasone</i>	
<i>alavert allergy/sinus</i>	680	<i>dipropionate cream</i>	
<i>alaway</i>	653	<i>0.05%</i>	715
<i>alaway childrens allergy</i>		<i>alclometasone</i>	
.....	653	<i>dipropionate oint</i>	
<i>albendazole tab 200 mg</i>		<i>0.05%</i>	715
.....	66	ALCOHOL SWABS: BD-	
<i>albuterol sulfate inhal</i>		EMBECTA/MHC/RUGBY	
<i>aero 108 mcg/act</i>		.....	372
<i>(90mcg base equiv)</i>		ALDURAZYME INJ	
.....	676, 677	<i>2.9MG/5M</i>	425
<i>albuterol sulfate soln</i>		ALECENSA CAP 150MG	
<i>nebu 0.083% (2.5</i>		.....	141
<i>mg/3ml)</i>	677	<i>alendronate sodium oral</i>	
<i>albuterol sulfate soln</i>		<i>soln 70 mg/75ml...</i>	385
<i>nebu 0.5% (5 mg/ml)</i>		<i>alendronate sodium tab</i>	
.....	677	<i>10 mg</i>	385
<i>albuterol sulfate soln</i>		<i>alendronate sodium tab</i>	
<i>nebu 0.63 mg/3ml</i>		<i>35 mg</i>	385
<i>(base equiv)</i>	677	<i>alendronate sodium tab</i>	
<i>albuterol sulfate soln</i>		<i>70 mg</i>	386
<i>nebu 1.25 mg/3ml</i>		<i>aler-cap</i>	666
<i>(base equiv)</i>	677	<i>alfuzosin hcl tab er 24hr</i>	
<i>albuterol sulfate syrup 2</i>		<i>10 mg</i>	493
<i>mg/5ml</i>	678	<i>align</i>	448
<i>albuterol sulfate tab 2</i>		ALIGN CAP 10MG	448
<i>mg</i>	678	<i>align jr for kids</i>	448
<i>albuterol sulfate tab 4</i>		<i>aliskiren fumarate tab</i>	
<i>mg</i>	678	<i>150 mg (base</i>	
		<i>equivalent)</i>	238

<i>aliskiren fumarate tab</i>	
<i>300 mg (base</i>	
<i>equivalent)</i>	238
ALIVE CALCIU CHW VIT	
D3	567
ALIVE MENS CHW	
GUMMY.....	588
ALIVE MENS TAB	588
ALIVE MENS TAB	
COMPLETE	588
ALIVE WOMENS CHW	
50+	589
ALIVE WOMENS TAB	
50+ COMP	589
<i>all day allergy</i>	666
<i>all day allergy childrens</i>	
.....	666
<i>all day allergy-d</i>	680
<i>all day pain relief</i>	48
<i>all day relief</i>	48
<i>all-day allergy childrens</i>	
.....	666
<i>aller-chlor</i>	666
<i>allergy</i>	666
<i>allergy & congestion reli</i>	
.....	680
<i>allergy childrens</i>	666
<i>allergy relief</i>	666
<i>allergy relief 24hr</i>	667
<i>allergy relief childrens</i>	
.....	667
<i>allergy relief d</i>	680
<i>allergy relief d-12</i>	680
<i>allergy relief d-24</i>	680
<i>allergy relief nasal deco</i>	
.....	680
<i>allergy relief/nasal deco</i>	
.....	680
<i>allergy tablets</i>	667
<i>allopurinol tab 100 mg</i>	33
<i>allopurinol tab 300 mg</i>	33
<i>almacone double</i>	
<i>strength</i>	441
<i>alose tron hcl tab 0.5 mg</i>	
<i>(base equiv)</i>	483
<i>alose tron hcl tab 1 mg</i>	
<i>(base equiv)</i>	483
<i>alprazolam tab 0.25 mg</i>	
.....	248
<i>alprazolam tab 0.5 mg</i>	
.....	248
<i>alprazolam tab 1 mg</i>	248
<i>alprazolam tab 2 mg</i>	248
<i>altavera</i>	390
ALTOPREV TAB 20MG ER	
.....	212
ALTOPREV TAB 40MG ER	
.....	212

ALTOPREV TAB 60MG ER 212	ALYFTREK TAB 4-20-50 685
<i>alum & mag hydroxide- simethicone susp 200- 200-20 mg/5ml 441</i>	ALYGLO INJ 10/100ML 533
<i>alum & mag hydroxide- simethicone susp 400- 400-40 mg/5ml 441</i>	ALYGLO INJ 20/200ML 533
ALUM HYDROX SUS 320/5ML 442	ALYGLO INJ 5GM/50ML 532
ALUNBRIG PAK 142	<i>alyq 246</i>
ALUNBRIG TAB 180MG 142	<i>amantadine hcl cap 100 mg 269</i>
ALUNBRIG TAB 30MG 142	<i>amantadine hcl soln 50 mg/5ml..... 269</i>
ALUNBRIG TAB 90MG 142	<i>amantadine hcl tab 100 mg 270</i>
ALVAIZ TAB 18MG ...517	<i>ambrisentan tab 10 mg 247</i>
ALVAIZ TAB 36MG ...517	<i>ambrisentan tab 5 mg 246</i>
ALVAIZ TAB 54MG ...517	AMERIDERM OIN PERISHIE 724
ALVAIZ TAB 9MG 517	<i>ameriphor 724</i>
ALVESCO AER 160MCG 696	<i>amethia tab 390</i>
ALVESCO AER 80MCG 696	<i>amethyst 390</i>
<i>alyacen 1/35 390</i>	<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)67</i>
<i>alyacen 7/7/7 390</i>	<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)67</i>
ALYFTREK TAB 10-50- 125 686	

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	<i>234</i>	<i>amlodipine besylate tab 10 mg (base equivalent)</i>	<i>226</i>
<i>amiloride hcl tab 5 mg</i>	<i>234</i>	<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	<i>226</i>
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	<i>207</i>	<i>amlodipine besylate tab 5 mg (base equivalent)</i>	<i>226</i>
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	<i>207</i>	<i>amlodipine besylate- atorvastatin calcium tab 10-10 mg</i>	<i>240</i>
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	<i>207</i>	<i>amlodipine besylate- atorvastatin calcium tab 10-20 mg</i>	<i>240</i>
<i>amiodarone hcl tab 100 mg</i>	<i>207</i>	<i>amlodipine besylate- atorvastatin calcium tab 10-40 mg</i>	<i>240</i>
<i>amiodarone hcl tab 200 mg</i>	<i>207</i>	<i>amlodipine besylate- atorvastatin calcium tab 10-80 mg</i>	<i>240</i>
<i>amiodarone hcl tab 400 mg</i>	<i>207</i>	<i>amlodipine besylate- atorvastatin calcium tab 2.5-10 mg</i>	<i>238</i>
<i>amitriptyline hcl tab 10 mg</i>	<i>255</i>	<i>amlodipine besylate- atorvastatin calcium tab 2.5-20 mg</i>	<i>239</i>
<i>amitriptyline hcl tab 100 mg</i>	<i>255</i>	<i>amlodipine besylate- atorvastatin calcium tab 2.5-40 mg</i>	<i>239</i>
<i>amitriptyline hcl tab 150 mg</i>	<i>255</i>		
<i>amitriptyline hcl tab 25 mg</i>	<i>255</i>		
<i>amitriptyline hcl tab 50 mg</i>	<i>255</i>		
<i>amitriptyline hcl tab 75 mg</i>	<i>255</i>		

<i>amlodipine besylate- atorvastatin calcium tab 5-10 mg</i>	<i>239</i>	<i>amlodipine besylate- olmesartan medoxomil tab 10-20 mg</i>	<i>198</i>
<i>amlodipine besylate- atorvastatin calcium tab 5-20 mg</i>	<i>239</i>	<i>amlodipine besylate- olmesartan medoxomil tab 10-40 mg</i>	<i>198</i>
<i>amlodipine besylate- atorvastatin calcium tab 5-40 mg</i>	<i>239</i>	<i>amlodipine besylate- olmesartan medoxomil tab 5-20 mg</i>	<i>198</i>
<i>amlodipine besylate- atorvastatin calcium tab 5-80 mg</i>	<i>239</i>	<i>amlodipine besylate- olmesartan medoxomil tab 5-40 mg</i>	<i>198</i>
<i>amlodipine besylate- benazepril hcl cap 10- 20 mg</i>	<i>188</i>	<i>amlodipine besylate- valsartan tab 10-160 mg</i>	<i>199</i>
<i>amlodipine besylate- benazepril hcl cap 10- 40 mg</i>	<i>188</i>	<i>amlodipine besylate- valsartan tab 10-320 mg</i>	<i>199</i>
<i>amlodipine besylate- benazepril hcl cap 2.5- 10 mg</i>	<i>187</i>	<i>amlodipine besylate- valsartan tab 5-160 mg</i>	<i>198</i>
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i>	<i>188</i>	<i>amlodipine besylate- valsartan tab 5-320 mg</i>	<i>198</i>
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i>	<i>188</i>	<i>amnestem</i>	<i>702</i>
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i>	<i>188</i>	<i>amnestem cap 30mg</i>	<i>702</i>
		<i>amoxapine tab 100 mg</i>	<i>256</i>

<i>amoxapine tab 150 mg</i>		<i>amoxicillin (trihydrate)</i>	
.....256		<i>cap 250 mg</i>	113
<i>amoxapine tab 25 mg</i>		<i>amoxicillin (trihydrate)</i>	
.....255		<i>cap 500 mg</i>	113
<i>amoxapine tab 50 mg</i>		<i>amoxicillin (trihydrate)</i>	
.....255		<i>chew tab 125 mg ..</i>	113
<i>amoxicillin & k</i>		<i>amoxicillin (trihydrate)</i>	
<i>clavulanate for susp</i>		<i>chew tab 250 mg ..</i>	113
<i>200-28.5 mg/5ml...</i>	112	<i>amoxicillin (trihydrate)</i>	
<i>amoxicillin & k</i>		<i>for susp 125 mg/5ml</i>	
<i>clavulanate for susp</i>		.....	113
<i>250-62.5 mg/5ml...</i>	112	<i>amoxicillin (trihydrate)</i>	
<i>amoxicillin & k</i>		<i>for susp 200 mg/5ml</i>	
<i>clavulanate for susp</i>		.....	114
<i>400-57 mg/5ml</i>	112	<i>amoxicillin (trihydrate)</i>	
<i>amoxicillin & k</i>		<i>for susp 250 mg/5ml</i>	
<i>clavulanate for susp</i>		.....	114
<i>600-42.9 mg/5ml...</i>	112	<i>amoxicillin (trihydrate)</i>	
<i>amoxicillin & k</i>		<i>for susp 400 mg/5ml</i>	
<i>clavulanate tab 250-</i>		.....	114
<i>125 mg.....</i>	112	<i>amoxicillin (trihydrate)</i>	
<i>amoxicillin & k</i>		<i>tab 500 mg</i>	114
<i>clavulanate tab 500-</i>		<i>amoxicillin (trihydrate)</i>	
<i>125 mg.....</i>	113	<i>tab 875 mg</i>	114
<i>amoxicillin & k</i>		<i>amphetamine-</i>	
<i>clavulanate tab 875-</i>		<i>dextroamphetamine</i>	
<i>125 mg.....</i>	113	<i>cap er 24hr 10 mg.</i>	329
<i>amoxicillin & k</i>		<i>amphetamine-</i>	
<i>clavulanate tab er 12hr</i>		<i>dextroamphetamine</i>	
<i>1000-62.5 mg</i>	113	<i>cap er 24hr 15 mg.</i>	329

<i>amphetamine-</i>	<i>amphetamine-</i>
<i> dextroamphetamine</i>	<i> dextroamphetamine</i>
<i> cap er 24hr 20 mg .329</i>	<i> tab 7.5 mg 330</i>
<i>amphetamine-</i>	<i>amphotericin b for iv</i>
<i> dextroamphetamine</i>	<i> soln 50 mg 78</i>
<i> cap er 24hr 25 mg .329</i>	<i>amphotericin b liposome</i>
<i>amphetamine-</i>	<i> iv for susp 50 mg 78</i>
<i> dextroamphetamine</i>	<i>ampicillin & sulbactam</i>
<i> cap er 24hr 30 mg .330</i>	<i> sodium for inj 1.5 (1-</i>
<i>amphetamine-</i>	<i> 0.5) gm 114</i>
<i> dextroamphetamine</i>	<i>ampicillin & sulbactam</i>
<i> cap er 24hr 5 mg ...329</i>	<i> sodium for inj 3 (2-1)</i>
<i>amphetamine-</i>	<i> gm 114</i>
<i> dextroamphetamine</i>	<i>ampicillin & sulbactam</i>
<i> tab 10 mg 330</i>	<i> sodium for iv soln 1.5</i>
<i>amphetamine-</i>	<i> (1-0.5) gm 114</i>
<i> dextroamphetamine</i>	<i>ampicillin & sulbactam</i>
<i> tab 12.5 mg 330</i>	<i> sodium for iv soln 15</i>
<i>amphetamine-</i>	<i> (10-5) gm 115</i>
<i> dextroamphetamine</i>	<i>ampicillin & sulbactam</i>
<i> tab 15 mg 330</i>	<i> sodium for iv soln 3 (2-</i>
<i>amphetamine-</i>	<i> 1) gm 115</i>
<i> dextroamphetamine</i>	<i>ampicillin cap 500 mg</i>
<i> tab 20 mg 331</i>	<i> 115</i>
<i>amphetamine-</i>	<i>ampicillin sodium for inj</i>
<i> dextroamphetamine</i>	<i> 1 gm 115</i>
<i> tab 30 mg 331</i>	<i>ampicillin sodium for inj</i>
<i>amphetamine-</i>	<i> 125 mg 115</i>
<i> dextroamphetamine</i>	<i>ampicillin sodium for inj</i>
<i> tab 5 mg 330</i>	<i> 2 gm 115</i>

<i>ampicillin sodium for inj</i> 250 mg.....	115	<i>antacid ultra strength</i>	442
<i>ampicillin sodium for inj</i> 500 mg.....	115	<i>antacid/antigas liquid</i>	442
<i>ampicillin sodium for iv</i> soln 1 gm	116	<i>anti-dandruff shampoo</i>	724
<i>ampicillin sodium for iv</i> soln 10 gm.....	116	<i>anti-diarrheal</i>	448
<i>ampicillin sodium for iv</i> soln 2 gm	116	<i>antifungal</i>	708
ANACIN TAB 400-32MG	35	<i>antifungal powder</i> ...	708
<i>anagrelide hcl cap 0.5</i> mg.....	517	<i>anti-gas/</i> and <i>gnp antacid</i>	444
<i>anagrelide hcl cap 1 mg</i>	518	<i>anti-itch maximum</i> <i>strengt</i>	716
<i>anastrozole tab 1 mg</i>	130	<i>antiseptic skin cleanser</i>	724
ANORO ELLIPT AER 62.5-25	664	<i>aphen</i>	35
<i>antacid</i>	442	APIDRA INJ SOLOSTAR	372
<i>antacid calcium regular s</i>	442	APIDRA INJ U-100...	372
<i>antacid calcium rich</i> .	442	<i>aprepitant capsule 125</i> mg	454
<i>antacid extra strength</i>	442	<i>aprepitant capsule 40</i> mg	454
<i>antacid maximum</i> <i>strength</i>	442	<i>aprepitant capsule 80</i> mg	454
<i>antacid regular strength</i>	442	<i>aprepitant capsule</i> <i>therapy pack 80 & 125</i> mg	454
		<i>apri</i>	390
		APTIOM TAB 200MG	301

APTIOM TAB 400MG .301	
APTIOM TAB 600MG .301	
APTIOM TAB 800MG .302	
APTIVUS CAP 250MG. 83	
AQUA-E LIQ 75/ML...589	
<i>aqueous vitamin d</i>	
<i>infants</i> 589	
<i>aqueous vitamin e</i> 589	
ARALAST NP INJ	
1000MG.....686	
ARALAST NP INJ 500MG	
.....686	
<i>aranelle</i> 391	
ARCALYST INJ 220MG	
.....538	
AREXVY INJ 120MCG 543	
<i>arformoterol tartrate</i>	
<i>soln nebu 15 mcg/2ml</i>	
<i>(base equiv)</i> 678	
ARIKAYCE SUS 67	
<i>aripiprazole oral solution</i>	
1 mg/ml 279	
<i>aripiprazole orally</i>	
<i>disintegrating tab 10</i>	
<i>mg</i> 279	
<i>aripiprazole orally</i>	
<i>disintegrating tab 15</i>	
<i>mg</i> 279	
<i>aripiprazole tab 10 mg</i>	
.....280	
<i>aripiprazole tab 15 mg</i>	
..... 280	
<i>aripiprazole tab 2 mg</i> 279	
<i>aripiprazole tab 20 mg</i>	
..... 280	
<i>aripiprazole tab 30 mg</i>	
..... 280	
<i>aripiprazole tab 5 mg</i> 279	
ARISTADA INJ 1064MG	
..... 281	
ARISTADA INJ 441MG/1.	
..... 280	
ARISTADA INJ 662MG/2	
..... 280	
ARISTADA INJ 882MG/3	
..... 280	
ARISTADA INJ INITIO	
..... 281	
ARKALIOX CAP 200MG	
..... 589	
<i>armodafinil tab 150 mg</i>	
..... 350	
<i>armodafinil tab 200 mg</i>	
..... 350	
<i>armodafinil tab 250 mg</i>	
..... 350	
<i>armodafinil tab 50 mg</i>	
..... 350	
ARNUITY ELPT INH	
100MCG..... 696	

ARNUITY ELPT INH 200MCG.....	696	<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	281
ARNUITY ELPT INH 50MCG	696	<i>asenapine maleate sl tab 5 mg (base equiv) .</i>	281
<i>arthritis pain relief</i>	35	<i>ashlyna</i>	391
<i>arthritis pain relieving</i>	724	<i>aspirin adult low dose</i>	35
<i>artificial tears</i>	657	<i>aspirin adult low strengt</i>	35
ASCORBIC ACD POW	589	<i>aspirin chew tab 81 mg</i>	35
<i>ascorbic acid cap er 500 mg.....</i>	589	<i>aspirin childrens.....</i>	36
<i>ascorbic acid chew tab 250 mg.....</i>	589	<i>aspirin ec adult low dose</i>	36
<i>ascorbic acid chew tab 500 mg.....</i>	590	<i>aspirin enteric coated ad</i>	36
<i>ascorbic acid inj 500 mg/ml</i>	590	<i>aspirin low dose</i>	36
<i>ascorbic acid liquid 500 mg/5ml</i>	590	<i>aspirin low strength... </i>	36
<i>ascorbic acid tab 1000 mg.....</i>	590	<i>aspirin regimen.....</i>	36
<i>ascorbic acid tab 250 mg</i>	590	ASPIRIN SUP 300MG .	36
<i>ascorbic acid tab 500 mg</i>	590	<i>aspirin tab 325 mg</i>	36
<i>ascorbic acid tab er 500 mg.....</i>	590	<i>aspirin tab delayed release 325 mg</i>	37
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	281	<i>aspirin tab delayed release 81 mg.....</i>	36
		<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	520
		ASTAGRAF XL CAP 0.5MG	538

ASTAGRAF XL CAP 1MG	538	<i>atomoxetine hcl cap 40 mg (base equiv)....</i>	331
ASTAGRAF XL CAP 5MG	538	<i>atomoxetine hcl cap 60 mg (base equiv)....</i>	331
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	83	<i>atomoxetine hcl cap 80 mg (base equiv)....</i>	331
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	83	<i>atorvastatin calcium tab 10 mg (base equivalent).....</i>	212
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	84	<i>atorvastatin calcium tab 20 mg (base equivalent).....</i>	212
<i>atenolol & chlorthalidone tab 100-25 mg</i>	219	<i>atorvastatin calcium tab 40 mg (base equivalent).....</i>	212
<i>atenolol & chlorthalidone tab 50-25 mg</i>	219	<i>atorvastatin calcium tab 80 mg (base equivalent).....</i>	213
<i>atenolol tab 100 mg .</i>	221	<i>atovaquone susp 750 mg/5ml.....</i>	67
<i>atenolol tab 25 mg ...</i>	221	<i>atovaquone-proguanil hcl tab 250-100 mg .</i>	82
<i>atenolol tab 50 mg ...</i>	221	<i>atovaquone-proguanil hcl tab 62.5-25 mg ..</i>	82
<i>athletes foot.....</i>	708	ATROPINE SUL SOL 1% OP	657
<i>athletes foot antifungal</i>	708	<i>atropine sulfate ophth soln 1%</i>	657
<i>athletes foot powder spra</i>	708	ATROVENT HFA AER 17MCG	665
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	331		
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	332		
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	331		
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	331		

<i>aubra eq</i>	391	AUVELITY TAB 45-	
AUGTYRO CAP 160MG		105MG.....	256
.....	142	<i>aviane</i>	391
AUGTYRO CAP 40MG	142	<i>ayuna</i>	391
<i>aurovela 1/20</i>	391	AYVAKIT TAB 100MG	143
<i>aurovela 24 fe</i>	391	AYVAKIT TAB 200MG	143
<i>aurovela fe 1.5/30</i> ...	391	AYVAKIT TAB 25MG.	143
<i>aurovela fe 1/20</i>	391	AYVAKIT TAB 300MG	143
AUSTEDO TAB 12MG	343	AYVAKIT TAB 50MG.	143
AUSTEDO TAB 6MG..	343	<i>azacitidine for inj 100</i>	
AUSTEDO TAB 9MG..	343	<i>mg</i>	126
AUSTEDO XR TAB 12MG		<i>azathioprine tab 50 mg</i>	
.....	344	.....	538
AUSTEDO XR TAB 18MG		<i>azelaic acid gel 15%</i>	724
.....	344	<i>azelastine hcl nasal</i>	
AUSTEDO XR TAB 24MG		<i>spray 0.1% (137</i>	
.....	344	<i>mcg/spray)</i>	667
AUSTEDO XR TAB 30MG		<i>azelastine hcl ophth soln</i>	
ER	344	<i>0.05%</i>	654
AUSTEDO XR TAB 36MG		<i>azithromycin for susp</i>	
ER	344	<i>100 mg/5ml</i>	107
AUSTEDO XR TAB 42MG		<i>azithromycin for susp</i>	
ER	344	<i>200 mg/5ml</i>	107
AUSTEDO XR TAB 48MG		<i>azithromycin iv for soln</i>	
ER	345	<i>500 mg</i>	107
AUSTEDO XR TAB 6MG		<i>azithromycin powd pack</i>	
.....	343	<i>for susp 1 gm</i>	107
AUSTEDO XR TAB TITR		<i>azithromycin tab 250 mg</i>	
KIT	345	.....	107

azithromycin tab 500 mg
.....107
azithromycin tab 600 mg
.....108
aztreonam for inj 1 gm
..... 67
aztreonam for inj 2 gm
..... 67
azurette 392

B

B COMPLEX/FO TAB .590
B-100 COMP TAB TR.591
b-12 fast dissolve 590
B-12 LIQ 5000/ML ...591
b-12 microlozenge ...591
B-12 TAB 2000MCG..591
B-12/FOLIC TAB ACID
.....591
bacitracin oint 500
unit/gm 705
bacitracin ophth oint 500
unit/gm 649
bacitracin zinc oint 500
unit/gm 705
bacitracin-polymyxin b
ophth oint 649
bacitracin-polymyxin-
neomycin-hc ophth oint
1% 647

back & body extra
strengt 37
baclofen tab 10 mg . 349
baclofen tab 20 mg . 349
baclofen tab 5 mg ... 348
BACMIN TAB 593
BAFIERTAM CAP 95MG
..... 347
balance b-100 593
balance b-50 593
balsalazide disodium cap
750 mg..... 464
BALVERSA TAB 3MG 143
BALVERSA TAB 4MG 144
BALVERSA TAB 5MG 144
balziva 392
banophen 667
BAQSIMI ONE POW
3MG/DOSE 422
BARACLUDE SOL..... 95
BASAGLAR INJ 100UNIT
..... 373
BASAGLAR INJ TEMPO
PN..... 373
baza antifungal 708
BC FAST PAIN POW RLF
ARTH..... 37
BC FAST PAIN POW RLF
MAX 37

BC MAX STR POW LEMONADE.....	37	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	189
BCG VACCINE INJ 50MG	543	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	189
B-COMPLEX CAP VEGGIE	591	<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	188
<i>b-complex formula 1</i>	591	<i>benazepril hcl tab 10 mg</i>	191
B-COMPLEX TAB ENERGY	591	<i>benazepril hcl tab 20 mg</i>	191
<i>b-complex vitamin cap</i>	591	<i>benazepril hcl tab 40 mg</i>	191
<i>b-complex vitamin sublingual liquid</i>	592	<i>benazepril hcl tab 5 mg</i>	191
<i>b-complex vitamin tab</i>	592	BENDAMUSTINE SOL 100/4ML	121
<i>b-complex w/ c & folic acid tab</i>	592	BENDEKA INJ 100/4ML	121
<i>b-complex w/ c cap ..</i>	592	BENLYSTA INJ 120MG	538
<i>b-complex w/ c tab ..</i>	592	BENLYSTA INJ 200MG/ML.....	539
<i>b-complex w/ folic acid cap</i>	592	BENLYSTA INJ 400MG	539
<i>b-complex w/ folic acid tab.....</i>	592	BENTIVITE TAB 35-1MG	506
B-COMPLEX/FA TAB /VIT C	592		
<i>bd posiflush</i>	567		
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	189		

<i>benzoyl peroxide gel</i>				BESREMI SOL 500MCG	
10%.....	702			.....	137
<i>benzoyl peroxide gel</i>				<i>beta carotene cap 25000</i>	
2.5%.....	702			unit.....	593
<i>benzoyl peroxide gel 5%</i>				<i>betaine powder for oral</i>	
.....	702			solution	425
<i>benzoyl peroxide liq</i>				<i>betamethasone</i>	
10%.....	702			dipropionate	
<i>benzoyl peroxide topical</i>				augmented cream	
.....	702			0.05%	716
<i>benzoyl peroxide wash</i>				<i>betamethasone</i>	
.....	703			dipropionate	
<i>benzoyl peroxide-</i>				augmented gel 0.05%	
<i>erythromycin gel 5-3%</i>				.....	716
.....	703			<i>betamethasone</i>	
<i>benzphetamine hcl tab</i>				dipropionate	
50 mg	383			augmented lotion	
<i>benztropine mesylate inj</i>				0.05%	716
1 mg/ml	270			<i>betamethasone</i>	
<i>benztropine mesylate</i>				dipropionate	
tab 0.5 mg	270			augmented oint 0.05%	
<i>benztropine mesylate</i>				.....	716
tab 1 mg.....	270			<i>betamethasone</i>	
<i>benztropine mesylate</i>				dipropionate cream	
tab 2 mg.....	270			0.05%	716
BERINERT INJ 500UNIT				<i>betamethasone</i>	
.....	518			dipropionate lotion	
BESIVANCE SUS 0.6%				0.05%	716
.....	649				

<i>betamethasone</i>	
<i>dipropionate oint</i>	
<i>0.05%</i>	<i>717</i>
<i>betamethasone valerate</i>	
<i>cream 0.1% (base</i>	
<i>equivalent).....</i>	<i>717</i>
<i>betamethasone valerate</i>	
<i>lotion 0.1% (base</i>	
<i>equivalent).....</i>	<i>717</i>
<i>betamethasone valerate</i>	
<i>ointment 0.1% (base</i>	
<i>equivalent).....</i>	<i>717</i>
BETASERON INJ 0.3MG	
.....	347
<i>betaxolol hcl ophth soln</i>	
<i>0.5%.....</i>	<i>654</i>
<i>bethanechol chloride tab</i>	
<i>10 mg</i>	<i>494</i>
<i>bethanechol chloride tab</i>	
<i>25 mg</i>	<i>494</i>
<i>bethanechol chloride tab</i>	
<i>5 mg</i>	<i>494</i>
<i>bethanechol chloride tab</i>	
<i>50 mg</i>	<i>494</i>
BETOPTIC-S SUS 0.25%	
OP	655
BEVESPI AER 9-4.8MCG	
.....	664
<i>bexarotene cap 75 mg</i>	
.....	137
<i>bexarotene gel 1% ..</i>	<i>725</i>
BEXSERO INJ	543
<i>bicalutamide tab 50 mg</i>	
.....	130
BICILLIN L-A INJ	
1200000	116
BICILLIN L-A INJ	
2400000	116
BICILLIN L-A INJ	
600000	116
BIKTARVY TAB 30-120-	
15 MG	90
BIKTARVY TAB 50-200-	
25 MG	90
BINAXNOW COV KIT	
HOME TES	67
<i>bisacodyl ec</i>	<i>465</i>
<i>bisacodyl laxative....</i>	<i>466</i>
<i>bisacodyl suppos 10 mg</i>	
.....	466
<i>bisacodyl tab delayed</i>	
<i>release 5 mg</i>	<i>466</i>
<i>bismuth subsalicylate</i>	
<i>chew tab 262 mg ..</i>	<i>449</i>
<i>bisoprolol &</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-6.25 mg</i>	<i>220</i>
<i>bisoprolol &</i>	
<i>hydrochlorothiazide tab</i>	
<i>2.5-6.25 mg</i>	<i>219</i>

<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	219	<i>bp wash</i>	703
<i>bisoprolol fumarate tab 10 mg</i>	221	BPROTECT PED DRO TRI-VITE.....	593
<i>bisoprolol fumarate tab 5 mg</i>	221	<i>bprotected multi-vite</i>	593
BIVIGAM INJ 10%....	533	<i>bprotected pedia d-vite</i>	593
<i>blisovi 24 fe</i>	392	<i>bprotected pedia iron</i>	506
<i>blisovi fe 1.5/30</i>	392	BRAFTOVI CAP 75MG	145
<i>blis-to-sol</i>	708	BREO ELLIPTA INH 100-25.....	698
<i>body/hair/skin/nails</i> .	593	BREO ELLIPTA INH 200-25.....	698
BONE ESSENTI CAP..	567	BREO ELLIPTA INH 50-25MCG	698
BOOSTRIX INJ.....	543	<i>breyna</i>	698
<i>bortezomib for inj 3.5 mg</i>	144	BREZTRI AERO AER SPHERE	664
BORTEZOMIB INJ 1MG	144	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	664
BORTEZOMIB INJ 2.5MG	144	<i>briellyn</i>	392
<i>bosentan tab 125 mg</i>	247	BRILINTA TAB 60MG	520
<i>bosentan tab 62.5 mg</i>	247	BRILINTA TAB 90MG	520
BOSULIF CAP 100MG	144	<i>brimonidine tartrate ophth soln 0.15%</i> ..	655
BOSULIF CAP 50MG .	144	<i>brimonidine tartrate ophth soln 0.2%</i> ...	655
BOSULIF TAB 100MG	145	<i>brinzolamide ophth susp 1%</i>	655
BOSULIF TAB 400MG	145		
BOSULIF TAB 500MG	145		
BP VIT 3 CAP.....	593		

BRIVIACT SOL 10MG/ML	302	<i>budesonide delayed release particles cap 3 mg</i>	464
BRIVIACT TAB 100MG	302	<i>budesonide inhalation susp 0.25 mg/2ml .</i>	697
BRIVIACT TAB 10MG 302		<i>budesonide inhalation susp 0.5 mg/2ml ...</i>	696
BRIVIACT TAB 25MG 302		<i>budesonide nasal susp 32 mcg/act.....</i>	694
BRIVIACT TAB 50MG 302		<i>budesonide tab er 24hr 9 mg</i>	464
BRIVIACT TAB 75MG 302		<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act ...</i>	699
<i>bromfenac sodium ophth soln 0.07% (base equivalent).....</i>	651	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	699
<i>bromfenac sodium ophth soln 0.075% (base equivalent).....</i>	652	<i>bumetanide inj 0.25 mg/ml</i>	235
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).</i>	652	<i>bumetanide tab 0.5 mg</i>	235
<i>bromocriptine mesylate cap 5 mg (base equivalent).....</i>	270	<i>bumetanide tab 1 mg</i>	235
<i>bromocriptine mesylate tab 2.5 mg (base equivalent).....</i>	270	<i>bumetanide tab 2 mg</i>	235
BRONCHITOL CAP 40MG	686	<i>buprenorphine hcl sl tab 2 mg (base equiv) .</i>	351
BRUKINSA CAP 80MG	145	<i>buprenorphine hcl sl tab 8 mg (base equiv) .</i>	351
<i>b-stress.....</i>	592		

<i>buprenorphine hcl- naloxone hcl sl film 12- 3 mg (base equiv) ..</i>	<i>352</i>	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	<i>353</i>
<i>buprenorphine hcl- naloxone hcl sl film 2- 0.5 mg (base equiv)</i>	<i>352</i>	<i>bupropion hcl tab 100 mg</i>	<i>256</i>
<i>buprenorphine hcl- naloxone hcl sl film 4-1 mg (base equiv)</i>	<i>352</i>	<i>bupropion hcl tab 75 mg</i>	<i>256</i>
<i>buprenorphine hcl- naloxone hcl sl film 8-2 mg (base equiv)</i>	<i>352</i>	<i>bupropion hcl tab er 12hr 100 mg</i>	<i>256</i>
<i>buprenorphine hcl- naloxone hcl sl tab 2- 0.5 mg (base equiv)</i>	<i>352</i>	<i>bupropion hcl tab er 12hr 150 mg</i>	<i>256</i>
<i>buprenorphine hcl- naloxone hcl sl tab 8-2 mg (base equiv)</i>	<i>352</i>	<i>bupropion hcl tab er 12hr 200 mg</i>	<i>256</i>
<i>buprenorphine td patch weekly 10 mcg/hr ...</i>	<i>57</i>	<i>bupropion hcl tab er 24hr 150 mg</i>	<i>256</i>
<i>buprenorphine td patch weekly 15 mcg/hr ...</i>	<i>57</i>	<i>bupropion hcl tab er 24hr 300 mg</i>	<i>257</i>
<i>buprenorphine td patch weekly 20 mcg/hr ...</i>	<i>57</i>	<i>buspirone hcl tab 10 mg</i>	<i>249</i>
<i>buprenorphine td patch weekly 5 mcg/hr</i>	<i>57</i>	<i>buspirone hcl tab 15 mg</i>	<i>249</i>
<i>buprenorphine td patch weekly 7.5 mcg/hr ..</i>	<i>57</i>	<i>buspirone hcl tab 30 mg</i>	<i>249</i>
		<i>buspirone hcl tab 5 mg</i>	<i>248</i>
		<i>buspirone hcl tab 7.5 mg</i>	<i>249</i>
		<i>butorphanol tartrate inj 1 mg/ml.....</i>	<i>62</i>

butorphanol tartrate inj
2 mg/ml 62

butorphanol tartrate
nasal soln 10 mg/ml 62

C

c 1000 594

C 1000/BIOFL CAP /R
HIPS 594

c 500 594

c complex 594

c-1000 594

c-1000 prolonged
release 595

c-1000/rose hips 595

c-250 594

c-500 594

c-500 prolonged release
.....594

c-500/rose hips 594

CA CITRATE TAB 250MG
.....567

CA LACTATE TAB 100MG
.....567

cabergoline tab 0.5 mg
.....425

CABOMETYX TAB 20MG
.....145

CABOMETYX TAB 40MG
.....146

CABOMETYX TAB 60MG
..... 146

CAL CIT MAL/ TAB
VITAMIND 567

CAL/MAG TAB CHEW 568

CALAMINE LOT 725

CALAMINE LOT 8-8% 725

CALAMINE SUS 8-8%
..... 725

CALC ACETATE TAB
668MG..... 568

CALC CITRATE LIQ VIT
D3 568

CALC/VIT D3 CHW 200-
200 568

calcidol 595

CALCI-MAX CAP 595

calcipotriene cream
0.005% 714

calcipotriene oint
0.005% 714

calcipotriene soln
0.005% (50 mcg/ml)
..... 714

calcitonin (salmon)
spray..... 386

CAL-CITRATE TAB PLUS
D 568

calcitrene..... 714

calcitriol (oral) 440

<i>calcitriol cap 0.25 mcg</i>		CALCIUM CARB CHW	
.....440		500MG.....	570
<i>calcitriol cap 0.5 mcg</i>	440	CALCIUM CARB POW	
<i>calcium + vitamin d3</i>	570	800/2GM.....	570
CALCIUM 1000 TAB + D		CALCIUM CARB SUS	
.....569		1250/5ML.....	443
<i>calcium 500 +d3</i>	568	CALCIUM CARB TAB	
<i>calcium 600</i>	569	648MG.....	443
<i>calcium 600 tab + d</i> .	569	<i>calcium carb-</i>	
<i>calcium 600 with vitamin</i>		<i>cholecalciferol tab 250</i>	
.....569		<i>mg-3 mcg (120 unit)</i>	
<i>calcium 600/vitamin d</i>		.....	570
.....569		<i>calcium carb-</i>	
<i>calcium 600/vitamin d3</i>		<i>cholecalciferol tab 500</i>	
.....569		<i>mg-10 mcg (400 unit)</i>	
<i>calcium 600+d</i>	569	.....	570
<i>calcium 600+d3</i>	569	<i>calcium carb-</i>	
<i>calcium 600+d3 plus</i>		<i>cholecalciferol tab 600</i>	
<i>miner</i>	569	<i>mg-10 mcg (400 unit)</i>	
<i>calcium acetate</i>		.....	570
<i>(phosphate binder) tab</i>		<i>calcium carb-</i>	
<i>667 mg</i>	483	<i>cholecalciferol tab 600</i>	
<i>calcium antacid</i>	443	<i>mg-20 mcg (800 unit)</i>	
<i>calcium antacid extra str</i>		.....	571
.....443		<i>calcium carbonate</i>	
<i>calcium ascorbate tab</i>		<i>(antacid) chew tab 500</i>	
<i>500 mg</i>	595	<i>mg</i>	443
CALCIUM CARB CHW		<i>calcium carbonate tab</i>	
260MG	570	<i>1250 mg (500 mg</i>	
		<i>elemental ca)</i>	571

<i>calcium carbonate tab</i> <i>1500 mg (600 mg</i> <i>elemental ca) 571</i>	<i>calcium citrate tab 950</i> <i>mg (200 mg elemental</i> <i>ca) 573</i>
<i>calcium carbonate-</i> <i>cholecalciferol tab 500</i> <i>mg-5 mcg(200 unit)</i> <i>.....571</i>	<i>calcium citrate+d3 petite</i> <i>..... 573</i>
<i>calcium carbonate-</i> <i>cholecalciferol tab 600</i> <i>mg-5 mcg(200 unit)</i> <i>.....571</i>	<i>calcium cit-vit d tab 200</i> <i>mg-6.25 mcg(250 unit)</i> <i>(elem ca) 572</i>
<i>calcium carbonate-</i> <i>vitamin d cap 600 mg-</i> <i>5 mcg (200 unit)....571</i>	<i>calcium cit-vitamin d tab</i> <i>315 mg-5 mcg(200</i> <i>unit) (elem ca)..... 572</i>
<i>calcium carbonate-</i> <i>vitamin d tab 250 mg-</i> <i>3.125 mcg (125 unit)</i> <i>.....572</i>	CALCIUM GLUC CAP 50MG 573
<i>calcium carbonate-</i> <i>vitamin d tab 600 mg-5</i> <i>mcg (200 unit) 572</i>	CALCIUM GRA CITRATE 573
CALCIUM CHW 500-10 572	<i>calcium high potency 573</i>
CALCIUM CHW 500MG 572	<i>calcium high potency +</i> <i>vi 573</i>
CALCIUM CIT/ TAB VIT D 572	<i>calcium plus vitamin d</i> <i>..... 573</i>
<i>calcium citrate + d3</i> <i>maxi 573</i>	<i>calcium plus vitamin d3</i> <i>..... 573</i>
	<i>calcium polycarbophil</i> <i>tab 625 mg 466</i>
	CALCIUM TAB FORMULA 574
	CALCIUM/C/D CHW 500MG..... 574
	CALCIUM/D3 CAP 600- 2500 574

CALCIUM/MAGN TAB	
250-155	574
<i>calcium/vitamin d3...</i>	575
<i>calcium-magnesium-zinc</i>	
<i>tab 333-133-5 mg..</i>	574
<i>calcium-magnesium-zinc</i>	
<i>tab 333-133-8.3 mg</i>	
.....	574
<i>calcium-magnesium-</i>	
<i>zinc-vit d3 tab 333 mg-</i>	
<i>133 mg-5 mg-3.3 mcg</i>	
.....	574
<i>calcium-magnesium-</i>	
<i>zinc-vit d3 tab 333 mg-</i>	
<i>133 mg-5 mg-5 mcg</i>	
.....	574
<i>cal-gest antacid</i>	443
<i>callus remover</i>	
<i>and corn</i>	726
CAL-MAG COMP TAB.	568
CAL-MAG-ZINC TAB -D	
.....	568
CAL-MINT CHW 260MG	
.....	568
<i>calphron</i>	483
CALQUENCE CAP 100MG	
.....	146
CALQUENCE TAB 100MG	
.....	146
<i>camila</i>	392
<i>camrese</i>	392
<i>camrese lo</i>	392
<i>candesartan cilexetil tab</i>	
<i>16 mg</i>	204
<i>candesartan cilexetil tab</i>	
<i>32 mg</i>	204
<i>candesartan cilexetil tab</i>	
<i>4 mg</i>	204
<i>candesartan cilexetil tab</i>	
<i>8 mg</i>	204
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab</i>	
<i>16-12.5 mg</i>	199
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab</i>	
<i>32-12.5 mg</i>	199
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab</i>	
<i>32-25 mg</i>	199
CAPLYTA CAP 10.5MG	
.....	281
CAPLYTA CAP 21MG.	281
CAPLYTA CAP 42MG.	281
CAPRELSA TAB 100MG	
.....	146
CAPRELSA TAB 300MG	
.....	146
<i>capsaicin cream 0.025%</i>	
.....	725

<i>capsaicin cream 0.075%</i>	<i>carb/levo orally</i>
.....725	<i>disintegrating tab 25-</i>
<i>capsaicin cream 0.1%</i>	<i>100mg..... 271</i>
.....725	<i>carb/levo orally</i>
<i>capsaicin hp.....725</i>	<i>disintegrating tab 25-</i>
<i>capsaicin patch 0.025%</i>	<i>250mg..... 271</i>
.....725	<i>carbamazepine cap er</i>
<i>capsaicin topical pain pa</i>	<i>12hr 100 mg 303</i>
.....726	<i>carbamazepine cap er</i>
<i>capsimide.....726</i>	<i>12hr 200 mg 303</i>
<i>captopril &</i>	<i>carbamazepine cap er</i>
<i>hydrochlorothiazide tab</i>	<i>12hr 300 mg 303</i>
<i>25-15 mg.....189</i>	<i>carbamazepine chew tab</i>
<i>captopril &</i>	<i>100 mg..... 303</i>
<i>hydrochlorothiazide tab</i>	<i>carbamazepine chew tab</i>
<i>25-25 mg.....189</i>	<i>200 mg..... 303</i>
<i>captopril &</i>	<i>carbamazepine susp 100</i>
<i>hydrochlorothiazide tab</i>	<i>mg/5ml..... 303</i>
<i>50-15 mg.....189</i>	<i>carbamazepine tab 200</i>
<i>captopril &</i>	<i>mg..... 303</i>
<i>hydrochlorothiazide tab</i>	<i>carbamazepine tab er</i>
<i>50-25 mg.....190</i>	<i>12hr 100 mg 303</i>
<i>captopril tab 100 mg 192</i>	<i>carbamazepine tab er</i>
<i>captopril tab 12.5 mg</i>	<i>12hr 200 mg 303</i>
.....191	<i>carbamazepine tab er</i>
<i>captopril tab 25 mg..192</i>	<i>12hr 400 mg 304</i>
<i>captopril tab 50 mg..192</i>	<i>carbidopa & levodopa</i>
<i>carb/levo orally</i>	<i>tab 10-100 mg..... 271</i>
<i>disintegrating tab 10-</i>	<i>carbidopa & levodopa</i>
<i>100mg 271</i>	<i>tab 25-100 mg..... 271</i>

<i>carbidopa & levodopa</i>	
<i>tab 25-250 mg</i>	<i>271</i>
<i>carbidopa & levodopa</i>	
<i>tab er 25-100 mg...</i>	<i>271</i>
<i>carbidopa & levodopa</i>	
<i>tab er 50-200 mg...</i>	<i>271</i>
<i>carbidopa tab 25 mg</i>	<i>272</i>
<i>carbidopa-levodopa-</i>	
<i>entacapone tabs 12.5-</i>	
<i>50-200 mg</i>	<i>272</i>
<i>carbidopa-levodopa-</i>	
<i>entacapone tabs 18.75-</i>	
<i>75-200 mg</i>	<i>272</i>
<i>carbidopa-levodopa-</i>	
<i>entacapone tabs 25-</i>	
<i>100-200 mg</i>	<i>272</i>
<i>carbidopa-levodopa-</i>	
<i>entacapone tabs 31.25-</i>	
<i>125-200 mg</i>	<i>272</i>
<i>carbidopa-levodopa-</i>	
<i>entacapone tabs 37.5-</i>	
<i>150-200 mg</i>	<i>272</i>
<i>carbidopa-levodopa-</i>	
<i>entacapone tabs 50-</i>	
<i>200-200 mg</i>	<i>272</i>
<i>carboplatin iv soln 150</i>	
<i>mg/15ml.....</i>	<i>122</i>
<i>carboplatin iv soln 450</i>	
<i>mg/45ml.....</i>	<i>122</i>
<i>carboplatin iv soln 50</i>	
<i>mg/5ml.....</i>	<i>122</i>
<i>carboplatin iv soln 600</i>	
<i>mg/60ml.....</i>	<i>122</i>
<i>carboxymethylcellulose</i>	
<i>sodium (pf) ophth gel</i>	
<i>1%.....</i>	<i>658</i>
<i>carboxymethylcellulose</i>	
<i>sodium (pf) ophth soln</i>	
<i>0.5%</i>	<i>658</i>
<i>carboxymethylcellulose</i>	
<i>sodium ophth gel 1%</i>	
<i>.....</i>	<i>658</i>
<i>carboxymethylcellulose</i>	
<i>sodium ophth soln</i>	
<i>0.5%</i>	<i>658</i>
<i>CARESTART KIT COVID-</i>	
<i>19.....</i>	<i>67</i>
<i>carglumic acid soluble</i>	
<i>tab 200 mg</i>	<i>425</i>
<i>carteolol hcl ophth soln</i>	
<i>1%.....</i>	<i>655</i>
<i>cartia xt.....</i>	<i>226</i>
<i>carvedilol tab 12.5 mg</i>	
<i>.....</i>	<i>221</i>
<i>carvedilol tab 25 mg</i>	<i>221</i>
<i>carvedilol tab 3.125 mg</i>	
<i>.....</i>	<i>221</i>
<i>carvedilol tab 6.25 mg</i>	
<i>.....</i>	<i>221</i>

*casprofungin acetate for
iv soln 50 mg 78*
*casprofungin acetate for
iv soln 70 mg 79*
CAYSTON INH 75MG.. 67
cefaclor cap 250 mg .100
cefaclor cap 500 mg .100
*cefadroxil cap 500 mg
.....100*
*cefadroxil for susp 250
mg/5ml 100*
*cefadroxil for susp 500
mg/5ml 100*
CEFAZOLIN INJ
1GM/50ML 101
CEFAZOLIN INJ 2GM 101
CEFAZOLIN INJ 3GM 101
*cefazolin sodium for inj
1 gm 101*
*cefazolin sodium for inj
10 gm 101*
*cefazolin sodium for inj
2 gm 101*
*cefazolin sodium for inj
3 gm 101*
*cefazolin sodium for inj
500 mg.....101*
*cefazolin sodium for iv
soln 1 gm 101*

CEFAZOLIN SOLN
2GM/100ML-4% 102
CEFAZOLIN/DEX SOL
1GM/50ML-4%..... 102
CEFAZOLIN/DEX SOL
2GM/50ML-3%..... 102
CEFAZOLIN/DEX SOL
3GM/150ML-4% 102
CEFAZOLIN/DEX SOL
3GM/50ML-2%..... 102
cefdinir cap 300 mg. 102
*cefdinir for susp 125
mg/5ml..... 102*
*cefdinir for susp 250
mg/5ml..... 102*
*cefepime hcl for inj 1 gm
..... 102*
*cefepime hcl for iv soln 2
gm 103*
cefixime cap 400 mg 103
*cefixime for susp 100
mg/5ml..... 103*
*cefixime for susp 200
mg/5ml..... 103*
*cefotetan disodium for
inj 1 gm 103*
*cefotetan disodium for
inj 2 gm 103*
*cefoxitin sodium for iv
soln 1 gm 103*

<i>cefoxitin sodium for iv soln 10 gm.....</i>	<i>103</i>	<i>ceftriaxone sodium for inj 250 mg</i>	<i>105</i>
<i>cefoxitin sodium for iv soln 2 gm</i>	<i>103</i>	<i>ceftriaxone sodium for inj 500 mg</i>	<i>105</i>
<i>cefpodoxime proxetil for susp 100 mg/5ml...104</i>		<i>ceftriaxone sodium for iv soln 1 gm.....</i>	<i>105</i>
<i>cefpodoxime proxetil for susp 50 mg/5ml.....104</i>		<i>ceftriaxone sodium for iv soln 2 gm.....</i>	<i>105</i>
<i>cefpodoxime proxetil tab 100 mg.....104</i>		<i>cefuroxime axetil tab 250 mg.....</i>	<i>106</i>
<i>cefpodoxime proxetil tab 200 mg.....104</i>		<i>cefuroxime axetil tab 500 mg.....</i>	<i>106</i>
<i>cefprozil for susp 125 mg/5ml</i>	<i>104</i>	<i>cefuroxime sodium for inj 750 mg</i>	<i>106</i>
<i>cefprozil for susp 250 mg/5ml</i>	<i>104</i>	<i>cefuroxime sodium for iv soln 1.5 gm</i>	<i>106</i>
<i>cefprozil tab 250 mg</i>	<i>104</i>	<i>celecoxib cap 100 mg</i>	<i>48</i>
<i>cefprozil tab 500 mg</i>	<i>104</i>	<i>celecoxib cap 200 mg</i>	<i>48</i>
<i>ceftazidime for inj 1 gm</i>	<i>104</i>	<i>celecoxib cap 400 mg</i>	<i>48</i>
<i>ceftazidime for inj 6 gm</i>	<i>105</i>	<i>celecoxib cap 50 mg ..</i>	<i>48</i>
<i>ceftazidime for iv soln 2 gm.....</i>	<i>105</i>	<i>CENTRATEX CAP</i>	<i>507</i>
<i>ceftriaxone sodium for inj 1 gm.....</i>	<i>105</i>	<i>centravites.....</i>	<i>595</i>
<i>ceftriaxone sodium for inj 10 gm.....</i>	<i>105</i>	<i>centravites 50 plus ..</i>	<i>595</i>
<i>ceftriaxone sodium for inj 2 gm.....</i>	<i>105</i>	<i>cephalexin cap 250 mg</i>	<i>106</i>
		<i>cephalexin cap 500 mg</i>	<i>106</i>
		<i>cephalexin for susp 125 mg/5ml.....</i>	<i>106</i>

<i>cephalexin for susp 250 mg/5ml</i>	106
CEQUR SIMPL KIT PATCH 2U (3-DAY)	.373
CEQUR SIMPL KIT PATCH 2U (4-DAY)	.373
CEQUR SIMPL MIS INSERTER	373
<i>ceralyte 70</i>	554
CERASPORT POW ENDURANC	554
CERASPORT POW PLUS	554
CERDELGA CAP 84MG	425
CEREZYME INJ 400UNIT	425
<i>cerovite jr</i>	595
<i>cerovite senior</i>	595
CERTAVITE TAB SENIOR	596
CERTAVITE/ TAB ANTIOXID	596
<i>certavite/antioxidants</i>	596
<i>cetirizine hcl allergy ch</i>	667
<i>cetirizine hcl childrens</i>	667
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	667
<i>cetirizine hcl tab 10 mg</i>	668
<i>cetirizine hcl tab 5 mg</i>	668
<i>cetirizine hydrochloride</i>	668
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	681
<i>cevimeline hcl cap 30 mg</i>	737
<i>chateal eq</i>	392
CHELATED CA TAB 200MG	575
CHEMET CAP 100MG	387
CHEMSTRIP 10 TES MD	426
CHEMSTRIP 2 TES GP	425
CHEMSTRIP 5 TES OB	425
CHEMSTRIP 7 TES...	425
CHEMSTRIP 9 TES STRIPS	426
CHEMSTRIP TES -10 SG	426
CHEWABLE CHW CALCIUM	575

CHEWABLE CHW IRON	
.....	507
<i>childrens acetaminophen</i>	
.....	37
<i>childrens apap</i>	37
<i>childrens aspirin</i>	37
<i>childrens chewable</i>	
<i>multiv</i>	596
<i>childrens chewable</i>	
<i>vitami</i>	596
<i>childrens ibuprofen</i> ...	48
<i>childrens loratadine</i> ..	668
<i>chlorhexidine gluconate</i>	
<i>soln 0.12%</i>	737
<i>chlorhexidine gluconate</i>	
<i>soln 4%</i>	726
<i>chlorhist</i>	668
<i>chloroquine phosphate</i>	
<i>tab 250 mg</i>	82
<i>chloroquine phosphate</i>	
<i>tab 500 mg</i>	82
<i>chlorpheniramine</i>	
<i>maleate tab 4 mg</i> ...	668
<i>chlorpheniramine</i>	
<i>maleate tab er 12 mg</i>	
.....	668
<i>chlorpromazine hcl conc</i>	
<i>100 mg/ml</i>	282
<i>chlorpromazine hcl conc</i>	
<i>30 mg/ml</i>	281
<i>chlorpromazine hcl inj</i>	
<i>25 mg/ml</i>	282
<i>chlorpromazine hcl inj</i>	
<i>50 mg/2ml</i>	282
<i>chlorpromazine hcl tab</i>	
<i>10 mg</i>	282
<i>chlorpromazine hcl tab</i>	
<i>100 mg</i>	282
<i>chlorpromazine hcl tab</i>	
<i>200 mg</i>	282
<i>chlorpromazine hcl tab</i>	
<i>25 mg</i>	282
<i>chlorpromazine hcl tab</i>	
<i>50 mg</i>	282
<i>chlorthalidone tab 25 mg</i>	
.....	235
<i>chlorthalidone tab 50 mg</i>	
.....	235
<i>chocolated laxative regul</i>	
.....	466
<i>cholecalciferol cap 1.25</i>	
<i>mg (50000 unit)</i>	596
<i>cholecalciferol cap 10</i>	
<i>mcg (400 unit)</i>	596
<i>cholecalciferol cap 125</i>	
<i>mcg (5000 unit)</i>	597
<i>cholecalciferol cap 25</i>	
<i>mcg (1000 unit)</i>	596
<i>cholecalciferol cap 250</i>	
<i>mcg (10000 unit)</i> ..	597

<i>cholecalciferol cap 50 mcg (2000 unit).....</i>	<i>596</i>	<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	<i>210</i>
<i>cholecalciferol chew tab 10 mcg (400 unit) ..</i>	<i>597</i>	<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	<i>210</i>
<i>cholecalciferol chew tab 25 mcg (1000 unit) 597</i>		<i>ciclopirox gel 0.77% 709</i>	
<i>cholecalciferol chew tab 50 mcg (2000 unit) 597</i>		<i>ciclopirox olamine cream 0.77% (base equiv) 709</i>	
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	<i>597</i>	<i>ciclopirox olamine susp 0.77% (base equiv) 709</i>	
<i>cholecalciferol tab 10 mcg (400 unit)</i>	<i>597</i>	<i>ciclopirox shampoo 1%</i>	<i>709</i>
<i>cholecalciferol tab 125 mcg (5000 unit).....</i>	<i>598</i>	<i>cilostazol tab 100 mg</i>	<i>518</i>
<i>cholecalciferol tab 25 mcg (1000 unit).....</i>	<i>597</i>	<i>cilostazol tab 50 mg 518</i>	
<i>cholecalciferol tab 50 mcg (2000 unit).....</i>	<i>597</i>	<i>CILOXAN OIN 0.3% OP</i>	<i>649</i>
<i>cholestyramine light powder 4 gm/dose .216</i>		<i>CIMDUO TAB 300-300 90</i>	
<i>cholestyramine light powder packets 4 gm</i>	<i>216</i>	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	<i>426</i>
<i>cholestyramine powder 4 gm/dose</i>	<i>216</i>	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	<i>426</i>
<i>cholestyramine powder packets 4 gm.....</i>	<i>216</i>	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	<i>426</i>
		<i>CIPRO (10%) SUS 500MG/5.....</i>	<i>110</i>
		<i>ciprofloxacin 200 mg/100ml in d5w ..</i>	<i>110</i>
		<i>ciprofloxacin 400 mg/200ml in d5w ..</i>	<i>110</i>

<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent).....</i>	<i>649</i>	<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	<i>257</i>
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	<i>110</i>	<i>CL PRENATAL TAB 28- 0.8MG</i>	<i>598</i>
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	<i>110</i>	<i>claravis.....</i>	<i>703</i>
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	<i>110</i>	<i>clarithromycin for susp 125 mg/5ml</i>	<i>108</i>
<i>ciprofloxacin- dexamethasone otic susp 0.3-0.1%.....</i>	<i>663</i>	<i>clarithromycin for susp 250 mg/5ml</i>	<i>108</i>
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	<i>122</i>	<i>clarithromycin tab 250 mg</i>	<i>108</i>
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	<i>122</i>	<i>clarithromycin tab 500 mg</i>	<i>108</i>
<i>cisplatin inj 50 mg/50ml (1 mg/ml).....</i>	<i>122</i>	<i>clarithromycin tab er 24hr 500 mg</i>	<i>108</i>
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	<i>257</i>	<i>clear eyes natural tears</i>	<i>658</i>
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	<i>257</i>	<i>clearlax</i>	<i>466</i>
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	<i>257</i>	<i>clindamycin hcl cap 150 mg</i>	<i>68</i>
		<i>clindamycin hcl cap 300 mg</i>	<i>68</i>
		<i>clindamycin hcl cap 75 mg</i>	<i>68</i>
		<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	<i>68</i>
		<i>clindamycin phosphate gel 1% (once-daily)</i>	<i>703</i>

<i>clindamycin phosphate</i> <i>in d5w iv soln 300</i> <i>mg/50ml.....</i>	68	CLINIMIX INJ 4.25/D5W	565
<i>clindamycin phosphate</i> <i>in d5w iv soln 600</i> <i>mg/50ml.....</i>	68	CLINIMIX INJ 5%/D15W	565
<i>clindamycin phosphate</i> <i>in d5w iv soln 900</i> <i>mg/50ml.....</i>	68	CLINIMIX INJ 5%/D20W	565
<i>clindamycin phosphate</i> <i>inj 300 mg/2ml.....</i>	68	CLINIMIX INJ 6/5....	565
<i>clindamycin phosphate</i> <i>inj 600 mg/4ml.....</i>	68	CLINIMIX INJ 8/10 ..	565
<i>clindamycin phosphate</i> <i>inj 900 mg/6ml.....</i>	69	CLINIMIX INJ 8/14 ..	565
<i>clindamycin phosphate</i> <i>lotion 1%.....</i>	703	<i>clinisol sf 15%</i>	565
<i>clindamycin phosphate</i> <i>soln 1%.....</i>	703	CLINOLIPID EMU 20%	565
<i>clindamycin phosphate</i> <i>vaginal cream 2% ..</i>	497	<i>clobazam suspension 2.5</i> <i>mg/ml</i>	304
CLINDMYC/NAC INJ 300/50ML	69	<i>clobazam tab 10 mg</i>	304
CLINDMYC/NAC INJ 600/50ML	69	<i>clobazam tab 20 mg</i>	304
CLINDMYC/NAC INJ 900/50ML	69	<i>clobetasol propionate</i> <i>cream 0.05%.....</i>	717
CLINIMIX INJ 4.25/D10	565	<i>clobetasol propionate e</i>	717
		<i>clobetasol propionate gel</i> <i>0.05%</i>	717
		<i>clobetasol propionate</i> <i>oint 0.05%</i>	717
		<i>clobetasol propionate</i> <i>soln 0.05%.....</i>	718
		<i>clomipramine hcl cap 25</i> <i>mg</i>	257
		<i>clomipramine hcl cap 50</i> <i>mg</i>	257

<i>clozapine orally</i>	
<i>disintegrating tab 100</i>	
<i>mg</i>	283
<i>clozapine orally</i>	
<i>disintegrating tab 12.5</i>	
<i>mg</i>	282
<i>clozapine orally</i>	
<i>disintegrating tab 150</i>	
<i>mg</i>	283
<i>clozapine orally</i>	
<i>disintegrating tab 200</i>	
<i>mg</i>	283
<i>clozapine orally</i>	
<i>disintegrating tab 25</i>	
<i>mg</i>	283
<i>clozapine tab 100 mg</i>	
.....	283
<i>clozapine tab 200 mg</i>	
.....	283
<i>clozapine tab 25 mg</i>	.283
<i>clozapine tab 50 mg</i>	.283
COARTEM TAB 20-	
120MG	82
<i>cobalamin combination</i>	
<i>sl tab</i>	598
COBENFY CAP 100-20MG	
.....	284
COBENFY CAP 125-30MG	
.....	284
COBENFY CAP 50-20MG	
.....	284
COBENFY STRT CAP	
PACK	284
COD LIVER OIL	598
<i>cod liver oil cap</i>	598
<i>cod liver oil w/vitamins</i>	
.....	598
<i>colchicine cap 0.6 mg</i>	33
<i>colchicine tab 0.6 mg</i>	.33
<i>colchicine w/ probenecid</i>	
<i>tab 0.5-500 mg</i>	33
<i>colesevelam hcl packet</i>	
<i>for susp 3.75 gm</i> ...	216
<i>colesevelam hcl tab 625</i>	
<i>mg</i>	216
<i>colestipol hcl granule</i>	
<i>packets 5 gm</i>	217
<i>colestipol hcl granules 5</i>	
<i>gm</i>	217
<i>colestipol hcl tab 1 gm</i>	
.....	217
<i>colistimethate sod for inj</i>	
<i>150 mg (colistin base</i>	
<i>activity)</i>	69
COLOX CAP	549
COMBIGAN SOL	
0.2/0.5%	655
COMBIVENT AER 20-100	
.....	664

COMETRIQ (60MG DOSE)	147	and <i>callus remover</i>	726
COMETRIQ KIT 100MG	147	<i>corvita</i>	598
COMETRIQ KIT 140MG	147	<i>corvita 150</i>	507
COMPLERA TAB	90	COSENTYX INJ 125/5ML	522
<i>complete allergy medicine</i>	668	COSENTYX INJ 150MG/ML	522
<i>complete allergy relief</i>	668	COSENTYX INJ 300DOSE	522
<i>complex b-100</i>	598	COSENTYX INJ 75MG/0.5	522
<i>complex b-50 prolonged re</i>	598	COSENTYX PEN INJ 150MG/ML	522
<i>compro</i>	454	COSENTYX PEN INJ 300DOSE	523
<i>constulose</i>	466	COSENTYX UNO INJ 300/2ML	523
CONTRACE TAB 8-90MG	383	COTELLIC TAB 20MG	147
COPAXONE INJ 20MG/ML	347	COVID-19 RAP KIT 1-PACK	69
COPAXONE INJ 40MG/ML	347	COVID-19 RAP KIT 2-PACK	69
COPIKTRA CAP 15MG	147	CREON CAP 12000UNT	484
COPIKTRA CAP 25MG	147	CREON CAP 24000UNT	484
CORAL CALCIU CAP 1000MG	575	CREON CAP 3000UNIT	483
CORAL CAP CALCIUM	575	CREON CAP 36000UNT	484
CORLANOR SOL 5MG/5ML	241		
<i>corn</i>			

CREON CAP 6000UNIT	
.....	483
<i>critic-aid clear af</i>	710
CRITIC-AID PST	
BARRIER.....	726
<i>cromolyn sodium ophth</i>	
<i>soln 4%</i>	654
<i>cromolyn sodium oral</i>	
<i>conc 100 mg/5ml</i> ...	484
<i>cromolyn sodium soln</i>	
<i>nebu 20 mg/2ml</i>	686
<i>cryselle-28</i>	393
CULTR ULTIMA CAP	
STRENGTH	449
CULTUR DIGES CAP	
DAILY.....	449
CULTUR DIGES CAP DLY	
PRO	449
CULTUR KIDS CHW	
PURELY.....	449
CULTUR KIDS POW	
PURELY.....	449
CULTURE BABY DRO	
IMM+DGST	449
CULTURE KIDS PAK	
PROB FIB	449
CULTURELLE CAP	449
CULTURELLE CAP ADV	
REG	450
CULTURELLE CAP	
DIGESTIV.....	450
CULTURELLE CAP	
HLTH/WEL.....	450
CULTURELLE CHW	
DIGESTIV.....	450
CULTURELLE CHW KIDS	
.....	450
CULTURELLE CHW	
MULTIVIT	599
<i>culturelle health & welln</i>	
.....	450
<i>culturelle kids probiotic</i>	
.....	599
CULTURELLE PAK KIDS	
.....	450
CULTURELLE PAK	
PROBIOT.....	450
<i>culturelle prenatal welln</i>	
.....	450
<i>culturelle total balance</i>	
.....	451
<i>culturelle womens</i>	
<i>wellnes</i>	451
<i>curae</i>	393
CVS COVID-19 KIT	
HOME 2PK.....	69
<i>cyanocobalamin inj 1000</i>	
<i>mcg/ml</i>	599

<i>cyanocobalamin liquid</i>		
1000 mcg/15ml	599	
<i>cyanocobalamin lozenge</i>		
500 mcg	599	
<i>cyanocobalamin orally</i>		
disintegrating tab 5000		
mcg	599	
<i>cyanocobalamin sl tab</i>		
1000 mcg	599	
<i>cyanocobalamin sl tab</i>		
2500 mcg	599	
<i>cyanocobalamin sl tab</i>		
3000 mcg	600	
<i>cyanocobalamin sl tab</i>		
500 mcg	599	
<i>cyanocobalamin sl tab</i>		
5000 mcg	600	
<i>cyanocobalamin tab 100</i>		
mcg	600	
<i>cyanocobalamin tab</i>		
1000 mcg	600	
<i>cyanocobalamin tab 250</i>		
mcg	600	
<i>cyanocobalamin tab 50</i>		
mcg	600	
<i>cyanocobalamin tab 500</i>		
mcg	600	
<i>cyanocobalamin tab er</i>		
1000 mcg	600	
<i>cyclobenzaprine hcl tab</i>		
10 mg	349	
<i>cyclobenzaprine hcl tab</i>		
5 mg	349	
CYCLOPHOSPH INJ		
1000MG	123	
CYCLOPHOSPH INJ 1GM		
.....	122	
CYCLOPHOSPH INJ		
1GM/2ML	122	
CYCLOPHOSPH INJ		
2000MG	123	
CYCLOPHOSPH INJ		
2GM/4ML	123	
CYCLOPHOSPH INJ		
500/5ML	123	
CYCLOPHOSPH INJ		
500MG/ML.....	123	
CYCLOPHOSPH TAB		
25MG	123	
CYCLOPHOSPH TAB		
50MG	123	
CYCLOPHOSPHA INJ		
2GM/10ML.....	123	
CYCLOPHOSPHA INJ		
500MG.....	123	
<i>cyclophosphamide cap</i>		
25 mg	124	
<i>cyclophosphamide cap</i>		
50 mg	124	

cyclophosphamide for inj
1 gm 124
cyclophosphamide for inj
2 gm 124
cyclophosphamide for inj
500 mg.....124
cycloserine cap 250 mg
..... 93
cyclosporine cap 100 mg
.....539
cyclosporine cap 25 mg
.....539
cyclosporine modified
cap 100 mg.....539
cyclosporine modified
cap 25 mg.....539
cyclosporine modified
cap 50 mg.....539
cyclosporine modified
oral soln 100 mg/ml
.....539
cyproheptadine hcl syrup
2 mg/5ml.....669
cyproheptadine hcl tab 4
mg.....669
cyred eq 393
CYSTADROPS SOL
0.37% 658
CYSTAGON CAP 150MG
.....426

CYSTAGON CAP 50MG
..... 426
CYSTARAN SOL 0.44%
..... 658
cytarabine inj 20 mg/ml
..... 126
D
d 1000 601
d 10000..... 602
d 5000 601
d-1000 extra strength
..... 602
D10W/NACL INJ 0.2%
..... 555
D2.5W/NACL INJ 0.45%
..... 555
d2000 ultra strength 601
d3..... 600
D3 BABY DROP LIQ
10MCG 601
d3 high potency 601
d3 maximum strength
..... 601
d3 super strength ... 601
d3-1000 601
d-3-5 602
d3-50 601
d-400 602
d-5000 602

<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	.500
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	.501
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	.500
<i>daily multivitamin</i>	602
<i>daily value multivitamin</i>	602
<i>daily vite</i>	602
<i>daily vite multivitamin/i</i>	603
<i>daily-vite</i>	603
<i>daily-vite multivitamin</i>	603
<i>dairy aid lactase enzyme</i>	484
<i>dairy relief</i>	484
<i>dalfampridine tab er 12hr 10 mg</i>	347
<i>danazol cap 100 mg</i>	.360
<i>danazol cap 200 mg</i>	.360
<i>danazol cap 50 mg</i>	...360
<i>dandruff shampoo</i>	726
<i>dantrolene sodium cap 100 mg</i>	350
<i>dantrolene sodium cap 25 mg</i>	349
<i>dantrolene sodium cap 50 mg</i>	350
<i>DANZITEN TAB 71MG</i>	148
<i>DANZITEN TAB 95MG</i>	148
<i>dapsone tab 100 mg</i>	.. 70
<i>dapsone tab 25 mg</i>	... 69
<i>DAPTACEL INJ</i>	543
<i>daptomycin for iv soln 350 mg</i>	70
<i>daptomycin for iv soln 500 mg</i>	70
<i>DAPTOMYCIN INJ 350MG</i>	70
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	495
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	495
<i>darunavir tab 600 mg</i>	84
<i>darunavir tab 800 mg</i>	84
<i>dasatinib tab 100 mg</i>	149
<i>dasatinib tab 140 mg</i>	149
<i>dasatinib tab 20 mg</i>	148

<i>dasatinib tab 50 mg</i>	.148	<i>deferasirox tab for oral</i>	
<i>dasatinib tab 70 mg</i>	.148	<i>susp 500 mg</i>	 388
<i>dasatinib tab 80 mg</i>	.148	DEKAS CAP ESSENTIA	
<i>dasetta 1/35</i>	393	.....	603
<i>dasetta 7/7/7</i>	393	DEKAS CHW BARIATRI	
DAURISMO TAB 100MG		.....	603
.....	149	DEKAS LIQ ESSENTIA	
DAURISMO TAB 25MG		.....	603
.....	149	DEKAS PLUS CAP	603
<i>daysee</i>	393	DEKAS PLUS CHW ...	603
DAYVIGO TAB 10MG.	336	DEKAS PLUS LIQ.....	604
DAYVIGO TAB 5MG ..	336	DELSTRIGO TAB	 90
DDROPS LIQ	603	<i>delta d3</i>	 604
<i>deblitane</i>	393	DENG VAXIA SUS.....	543
<i>deferasirox granules</i>		<i>denta 5000 plus</i>	 738
<i>packet 180 mg</i>	388	<i>dentagel</i>	 738
<i>deferasirox granules</i>		DEPO-SQ PROV INJ 104	
<i>packet 360 mg</i>	388	.....	393
<i>deferasirox granules</i>		<i>depo-testosterone</i> ...	360
<i>packet 90 mg</i>	388	<i>dermafix</i>	 726
<i>deferasirox tab 180 mg</i>		<i>dermarest eczema</i> ...	718
.....	388	DESCOVY TAB 120-	
<i>deferasirox tab 360 mg</i>		15MG	 90
.....	388	DESCOVY TAB	
<i>deferasirox tab 90 mg</i>		200/25MG	 90
.....	388	<i>desipramine hcl tab 10</i>	
<i>deferasirox tab for oral</i>		<i>mg</i>	 257
<i>susp 125 mg</i>	388	<i>desipramine hcl tab 100</i>	
<i>deferasirox tab for oral</i>		<i>mg</i>	 258
<i>susp 250 mg</i>	388		

<i>desipramine hcl tab 150 mg</i>	258	<i>0.02/0.01 mg(21/5)</i>	393
<i>desipramine hcl tab 25 mg</i>	258	<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	258
<i>desipramine hcl tab 50 mg</i>	258	<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	258
<i>desipramine hcl tab 75 mg</i>	258	<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	258
<i>desitin</i>	726	DEWEES CARM SUS 250/5ML	443
<i>desitin daily defense</i>	726	DEX4 CHW ORANGE	422
<i>desitin rapid relief</i>	727	DEX4 CHW RASPBERR	422
<i>desloratadine tab 5 mg</i>	669	DEX4 GLUCOSE CHW.....	422
<i>desmopressin acetate inj 4 mcg/ml</i>	426	DEX4 GLUCOSE GEL	422
<i>desmopressin acetate nasal spray soln 0.01%</i>	427	DEX4 GLUCOSE LIQ.	422
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	427	DEXAMETHASON CON 1MG/ML.....	415
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	427	<i>dexamethasone elixir 0.5 mg/5ml</i>	415
<i>desmopressin acetate tab 0.1 mg</i>	427	<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i> ..	416
<i>desmopressin acetate tab 0.2 mg</i>	427	<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	416
<i>desogest-eth estrad & eth estrad tab 0.15-</i>			

dexamethasone sodium phosphate inj 100 mg/10ml.....	416	dexamethasone tab 4 mg	417
dexamethasone sodium phosphate inj 120 mg/30ml.....	416	dexamethasone tab 6 mg	417
dexamethasone sodium phosphate inj 20 mg/5ml	416	dexmethylphenidate hcl tab 10 mg	332
dexamethasone sodium phosphate inj 4 mg/ml	416	dexmethylphenidate hcl tab 2.5 mg	332
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml	416	dexmethylphenidate hcl tab 5 mg	332
dexamethasone sodium phosphate ophth soln 0.1%.....	652	dextrose 10% w/ sodium chloride 0.45%	556
dexamethasone soln 0.5 mg/5ml	417	dextrose 2.5% w/ sodium chloride 0.45%	556
dexamethasone tab 0.5 mg	417	dextrose 5% in lactated ringers.....	556
dexamethasone tab 0.75 mg	417	dextrose 5% w/ sodium chloride 0.2%	556
dexamethasone tab 1 mg	417	dextrose 5% w/ sodium chloride 0.225%....	556
dexamethasone tab 1.5 mg	417	dextrose 5% w/ sodium chloride 0.3%	556
dexamethasone tab 2 mg	417	dextrose 5% w/ sodium chloride 0.45%	556
		dextrose 5% w/ sodium chloride 0.9%	556
		dextrose inj 10%	566
		dextrose inj 5%	566
		dextrose inj 50%	566

<i>dextrose inj 70%</i>	566	<i>diamode</i>	451
DIACOMIT CAP 250MG		<i>diazepam inj</i>	306
.....	306	<i>diazepam intensol</i> ...	307
DIACOMIT CAP 500MG		<i>diazepam oral soln 1</i>	
.....	306	<i>mg/ml</i>	307
DIACOMIT PAK 250MG		<i>diazepam rectal gel</i>	
.....	306	<i>delivery system 10 mg</i>	
DIACOMIT PAK 500MG		.....	307
.....	306	<i>diazepam rectal gel</i>	
DIALYVIT 800 TAB ZINC		<i>delivery system 2.5 mg</i>	
15.....	604	.....	307
<i>dialyvite</i>	604	<i>diazepam rectal gel</i>	
<i>dialyvite 800</i>	604	<i>delivery system 20 mg</i>	
<i>dialyvite 800/ultra d</i>	604	.....	307
DIALYVITE TAB 3000	604	<i>diazepam tab 10 mg</i>	309
DIALYVITE TAB 5000	605	<i>diazepam tab 2 mg</i> .	308
DIALYVITE TAB		<i>diazepam tab 5 mg</i> .	308
800/IRON	604	<i>diazoxide susp 50 mg/ml</i>	
DIALYVITE TAB		.....	423
800/ZINC.....	604	<i>diclofenac potassium tab</i>	
DIALYVITE TAB SUPREM		<i>50 mg</i>	48
D.....	605	<i>diclofenac sodium ophth</i>	
<i>dialyvite vitamin d 5000</i>		<i>soln 0.1%</i>	652
.....	605	<i>diclofenac sodium soln</i>	
<i>dialyvite vitamin d3 max</i>		<i>1.5%</i>	727
.....	605	<i>diclofenac sodium tab</i>	
DIALYVITE WAF PLUS D		<i>delayed release 25 mg</i>	
.....	605	.....	49
DIALYVITE/ TAB ZINC			
.....	605		

<i>diclofenac sodium tab delayed release 50 mg</i>	49	<i>diflunisal tab 500 mg .</i>	49
<i>diclofenac sodium tab delayed release 75 mg</i>	49	<i>difluprednate ophth emulsion 0.05%</i>	652
<i>diclofenac sodium tab er 24hr 100 mg</i>	49	<i>digoxin inj 0.25 mg/ml</i>	241
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg ...</i>	49	<i>digoxin oral soln 0.05 mg/ml</i>	241
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg ...</i>	49	<i>digoxin tab 125 mcg (0.125 mg).....</i>	241
<i>dicloxacillin sodium cap 250 mg.....</i>	116	<i>digoxin tab 250 mcg (0.25 mg)</i>	241
<i>dicloxacillin sodium cap 500 mg.....</i>	116	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	339
<i>dicyclomine hcl cap 10 mg.....</i>	461	<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	339
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	461	<i>DILANTIN CAP 30MG</i>	309
<i>dicyclomine hcl tab 20 mg.....</i>	461	<i>diltiazem hcl cap er 12hr 120 mg.....</i>	226
<i>diethylpropion hcl tab 25 mg.....</i>	383	<i>diltiazem hcl cap er 12hr 60 mg</i>	226
<i>diethylpropion hcl tab er 24hr 75 mg</i>	383	<i>diltiazem hcl cap er 12hr 90 mg</i>	226
<i>DIFICID SUS</i>	108	<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	227
<i>DIFICID TAB 200MG.</i>	108	<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	227

<i>diltiazem hcl coated beads cap er 24hr 240 mg.....</i>	<i>227</i>	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml) 228</i>	
<i>diltiazem hcl coated beads cap er 24hr 300 mg.....</i>	<i>227</i>	<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)228</i>	
<i>diltiazem hcl coated beads cap er 24hr 360 mg.....</i>	<i>227</i>	<i>diltiazem hcl tab 120 mg</i>	<i>229</i>
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	<i>227</i>	<i>diltiazem hcl tab 30 mg</i>	<i>229</i>
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	<i>228</i>	<i>diltiazem hcl tab 60 mg</i>	<i>229</i>
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	<i>228</i>	<i>diltiazem hcl tab 90 mg</i>	<i>229</i>
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	<i>228</i>	<i>diltiazem hcl tab er 24hr 120 mg.....</i>	<i>229</i>
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	<i>228</i>	<i>diltiazem hcl tab er 24hr 180 mg.....</i>	<i>229</i>
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	<i>228</i>	<i>diltiazem hcl tab er 24hr 240 mg.....</i>	<i>229</i>
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)229</i>		<i>diltiazem hcl tab er 24hr 300 mg.....</i>	<i>229</i>
		<i>diltiazem hcl tab er 24hr 360 mg.....</i>	<i>230</i>
		<i>diltiazem hcl tab er 24hr 420 mg.....</i>	<i>230</i>
		<i>dilt-xr.....</i>	<i>226</i>
		<i>DIP/TET PED INJ 25-5LFU</i>	<i>544</i>
		<i>diphenhydramine hcl cap 25 mg</i>	<i>669</i>

<i>diphenhydramine hcl cap</i> <i>50 mg</i> 669	<i>divalproex sodium cap</i> <i>delayed release</i> <i>sprinkle 125 mg</i> 309
<i>diphenhydramine hcl inj</i> <i>50 mg/ml</i> 669	<i>divalproex sodium tab</i> <i>delayed release 125</i> <i>mg</i> 309
<i>diphenhydramine hcl</i> <i>liquid 12.5 mg/5ml</i> .669	<i>divalproex sodium tab</i> <i>delayed release 250</i> <i>mg</i> 309
<i>diphenhydramine hcl tab</i> <i>25 mg</i> 670	<i>divalproex sodium tab</i> <i>delayed release 500</i> <i>mg</i> 309
<i>diphenoxylate w/</i> <i>atropine liq 2.5-0.025</i> <i>mg/5ml</i> 484	<i>divalproex sodium tab er</i> <i>24 hr 250 mg</i> 309
<i>diphenoxylate w/</i> <i>atropine tab 2.5-0.025</i> <i>mg</i> 484	<i>divalproex sodium tab er</i> <i>24 hr 500 mg</i> 310
<i>dipyridamole tab 25 mg</i> 520	<i>docetaxel for inj conc</i> <i>160 mg/8ml (20</i> <i>mg/ml)</i> 139
<i>dipyridamole tab 50 mg</i> 521	<i>docetaxel for inj conc 20</i> <i>mg/ml</i> 138
<i>dipyridamole tab 75 mg</i> 521	<i>docetaxel for inj conc 80</i> <i>mg/4ml (20 mg/ml)</i> 139
<i>disopyramide phosphate</i> <i>cap 100 mg</i> 207	DOCETAXEL INJ <i>160/16ML</i> 139
<i>disopyramide phosphate</i> <i>cap 150 mg</i> 207	DOCETAXEL INJ <i>160/8ML</i> 139
<i>disulfiram tab 250 mg</i> 353	DOCETAXEL INJ <i>20MG/2ML</i> 139
<i>disulfiram tab 500 mg</i> 353	

DOCETAXEL INJ		
80MG/4ML	139	
DOCETAXEL INJ		
80MG/8ML	139	
<i>docetaxel soln for iv</i>		
<i>infusion 160 mg/16ml</i>		
.....	140	
<i>docetaxel soln for iv</i>		
<i>infusion 20 mg/2ml</i>	139	
<i>docetaxel soln for iv</i>		
<i>infusion 80 mg/8ml</i>	139	
DOCIVYX INJ 160/16ML		
.....	140	
DOCIVYX INJ 20MG/2ML		
.....	140	
DOCIVYX INJ 80MG/8ML		
.....	140	
<i>docusate calcium cap</i>		
<i>240 mg.....</i>	466	
<i>docusate mini.....</i>	466	
<i>docusate sodium cap</i>		
<i>100 mg.....</i>	467	
<i>docusate sodium cap</i>		
<i>250 mg.....</i>	467	
<i>docusate sodium liquid</i>		
<i>150 mg/15ml</i>	467	
<i>dodex</i>	605	
<i>dofetilide cap 125 mcg</i>		
<i>(0.125 mg)</i>	208	
<i>dofetilide cap 250 mcg</i>		
<i>(0.25 mg)</i>	208	
<i>dofetilide cap 500 mcg</i>		
<i>(0.5 mg)</i>	208	
<i>dok</i>	467	
<i>dolishale</i>	394	
<i>donepezil hydrochloride</i>		
<i>orally disintegrating tab</i>		
<i>10 mg</i>	250	
<i>donepezil hydrochloride</i>		
<i>orally disintegrating tab</i>		
<i>5 mg</i>	250	
<i>donepezil hydrochloride</i>		
<i>tab 10 mg</i>	251	
<i>donepezil hydrochloride</i>		
<i>tab 5 mg</i>	251	
DOPTelet TAB 20MG		
.....	518	
<i>dorzolamide hcl ophth</i>		
<i>soln 2%</i>	655	
<i>dorzolamide hcl-timolol</i>		
<i>maleate ophth soln 2-</i>		
<i>0.5%</i>	655	
DOSOKAP TAB	605	
<i>dotti.....</i>	412	
<i>double antibiotic</i>	705	
DOVATO TAB 50-300MG		
.....	90	
<i>doxazosin mesylate tab</i>		
<i>1 mg</i>	196	

<i>doxazosin mesylate tab</i> 2 mg 196	<i>doxorubicin hcl inj 2</i> mg/ml 137
<i>doxazosin mesylate tab</i> 4 mg 196	<i>doxorubicin hcl</i> liposomal susp (for iv infusion) 2 mg/ml.. 137
<i>doxazosin mesylate tab</i> 8 mg 196	<i>doxy 100</i> 119
<i>doxepin hcl (sleep) tab 3</i> mg (base equiv) 336	<i>doxycycline hyclate cap</i> 100 mg 119
<i>doxepin hcl (sleep) tab 6</i> mg (base equiv) 336	<i>doxycycline hyclate cap</i> 50 mg 119
<i>doxepin hcl cap 10 mg</i> 259	<i>doxycycline hyclate for</i> inj 100 mg 119
<i>doxepin hcl cap 100 mg</i> 259	<i>doxycycline hyclate tab</i> 100 mg 120
<i>doxepin hcl cap 150 mg</i> 259	<i>doxycycline hyclate tab</i> 20 mg 119
<i>doxepin hcl cap 25 mg</i> 259	<i>doxycycline</i> monohydrate cap 100 mg 120
<i>doxepin hcl cap 50 mg</i> 259	<i>doxycycline</i> monohydrate cap 50 mg 120
<i>doxepin hcl cap 75 mg</i> 259	<i>doxycycline</i> monohydrate for susp 25 mg/5ml 120
<i>doxepin hcl conc 10</i> mg/ml 259	<i>doxycycline</i> monohydrate tab 100 mg 120
<i>doxercalciferol cap 0.5</i> mcg 440	
<i>doxercalciferol cap 1</i> mcg 440	
<i>doxercalciferol cap 2.5</i> mcg 440	

<i>doxycycline</i>		
<i>monohydrate tab 50</i>		
<i>mg</i>	120	
<i>doxycycline</i>		
<i>monohydrate tab 75</i>		
<i>mg</i>	120	
<i>dramamine</i>	455	
<i>dramamine motion</i>		
<i>sickness</i>	455	
DRIZALMA CAP 20MG		
DR	259	
DRIZALMA CAP 30MG		
DR	259	
DRIZALMA CAP 40MG		
DR	260	
DRIZALMA CAP 60MG		
DR	260	
<i>dronabinol cap 10 mg</i>		
.....	455	
<i>dronabinol cap 2.5 mg</i>		
.....	455	
<i>dronabinol cap 5 mg</i>	455	
<i>drospirenone-ethinyl</i>		
<i>estradiol tab 3-0.02 mg</i>		
.....	394	
<i>drospirenone-ethinyl</i>		
<i>estradiol tab 3-0.03 mg</i>		
.....	394	
<i>drospirenone-ethinyl</i>		
<i>estrad-levomefolate tab</i>		
<i>3-0.02-0.451 mg</i> ...	394	
<i>drospirenone-ethinyl</i>		
<i>estrad-levomefolate tab</i>		
<i>3-0.03-0.451 mg</i> ...	394	
<i>droxidopa cap 100 mg</i>		
.....	241	
<i>droxidopa cap 200 mg</i>		
.....	242	
<i>droxidopa cap 300 mg</i>		
.....	242	
<i>dry eye relief drops</i> .	658	
DULERA AER 100-5MCG		
.....	699	
DULERA AER 200-5MCG		
.....	699	
DULERA AER 50-5MCG		
.....	699	
<i>duloxetine hcl enteric</i>		
<i>coated pellets cap 20</i>		
<i>mg (base eq)</i>	260	
<i>duloxetine hcl enteric</i>		
<i>coated pellets cap 30</i>		
<i>mg (base eq)</i>	260	
<i>duloxetine hcl enteric</i>		
<i>coated pellets cap 60</i>		
<i>mg (base eq)</i>	260	
DUPIXENT INJ 200/1.14		
.....	523	

DUPIXENT INJ 200MG
 523
 DUPIXENT INJ 300/2ML
 523
dutasteride cap 0.5 mg
 493
dutasteride-tamsulosin
hcl cap 0.5-0.4 mg .493
d-vite pediatric 602
dyna-hex 4 727
 DY-O-DERM SOL STAIN
 727
E
e.e.s. 400 108
e200 605
e-200 606
e400 606
e-400 606
ear drops 740
earwax removal 740
earwax removal kit ..740
ec-naproxen 49
econazole nitrate cream
1% 710
econtra one-step 394
ecotrin low strength .. 37
ed chlorped jr 670
ed-apap 38
 EDARBI TAB 40MG ...204
 EDARBI TAB 80MG ...205

EDARBYCLOR TAB 40-
 12.5 199
 EDARBYCLOR TAB 40-
 25MG 199
 EDURANT TAB 25MG . 84
efavirenz tab 600 mg . 84
efavirenz-emtricitabine-
tenofovir df tab 600-
200-300 mg 90
efavirenz-lamivudine-
tenofovir df tab 400-
300-300 mg 91
efavirenz-lamivudine-
tenofovir df tab 600-
300-300 mg 91
eldertonic 606
 ELECTROLYTE POW . 554
 ELIGARD INJ 22.5MG131
 ELIGARD INJ 30MG . 131
 ELIGARD INJ 45MG . 131
 ELIGARD INJ 7.5MG 131
elinest 394
 ELIQUIS ST P TAB 5MG
 501
 ELIQUIS TAB 2.5MG 501
 ELIQUIS TAB 5MG... 501
eluryng 394
 EMGALITY INJ
 100MG/ML..... 340

EMGALITY INJ	
120MG/ML	340
EMSAM DIS 12MG/24H	
.....	261
EMSAM DIS 6MG/24HR	
.....	260
EMSAM DIS 9MG/24HR	
.....	260
<i>emtricitabine caps 200</i>	
<i>mg</i>	<i>84</i>
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>100-150 mg</i>	<i>91</i>
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>133-200 mg</i>	<i>91</i>
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>167-250 mg</i>	<i>91</i>
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>200-300 mg</i>	<i>91</i>
EMTRIVA SOL 10MG/ML	
.....	84
EMVERM CHW 100MG	70
<i>emzahh</i>	<i>395</i>
<i>enalapril maleate &</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-25 mg</i>	<i>190</i>
<i>enalapril maleate &</i>	
<i>hydrochlorothiazide tab</i>	
<i>5-12.5 mg</i>	<i>190</i>
<i>enalapril maleate tab 10</i>	
<i>mg</i>	<i>192</i>
<i>enalapril maleate tab 2.5</i>	
<i>mg</i>	<i>192</i>
<i>enalapril maleate tab 20</i>	
<i>mg</i>	<i>192</i>
<i>enalapril maleate tab 5</i>	
<i>mg</i>	<i>192</i>
ENBREL INJ 25/0.5ML	
.....	524
ENBREL INJ 25MG ...	524
ENBREL INJ 50MG/ML	
.....	524
ENBREL MINI INJ	
50MG/ML	524
ENBREL SRCLK INJ	
50MG/ML	524
<i>endocet tab 10-325mg</i>	
<i>.....</i>	<i>62</i>
<i>endocet tab 2.5-325mg</i>	
<i>.....</i>	<i>62</i>
<i>endocet tab 5-325mg</i>	<i>62</i>
<i>endocet tab 7.5-325mg</i>	
<i>.....</i>	<i>62</i>
ENDOMETRIN SUP	
100MG	427
<i>endur-acin</i>	<i>606</i>

<i>endur-amide</i>	606	<i>enoxaparin sodium inj</i>	
ENDUR-AMIDE TAB		<i>soln pref syr 150</i>	
750MG	606	<i>mg/ml</i>	502
<i>endur-b</i>	606	<i>enoxaparin sodium inj</i>	
<i>endur-c/rose hips</i>	607	<i>soln pref syr 30</i>	
ENDUR-THINE TAB 500-		<i>mg/0.3ml</i>	501
200	583	<i>enoxaparin sodium inj</i>	
ENDUR-VM TAB	607	<i>soln pref syr 40</i>	
ENDUR-VM TAB IRON		<i>mg/0.4ml</i>	501
.....	607	<i>enoxaparin sodium inj</i>	
<i>enema ready-to-use</i> .	467	<i>soln pref syr 60</i>	
ENEMEEZ KIDS ENE		<i>mg/0.6ml</i>	501
100/5ML	467	<i>enoxaparin sodium inj</i>	
<i>enemeez mini</i>	467	<i>soln pref syr 80</i>	
<i>enemeez plus</i>	467	<i>mg/0.8ml</i>	501
ENGERIX-B INJ		<i>enpresse-28</i>	395
10/0.5ML	544	<i>enskyce</i>	395
ENGERIX-B INJ		ENSTILAR AER	715
20MCG/ML	544	<i>entacapone tab 200 mg</i>	
<i>enilloring</i>	395	.....	273
ENLYTE CAP	584	<i>entecavir tab 0.5 mg</i> .	96
<i>enoxaparin sodium inj</i>		<i>entecavir tab 1 mg</i>	96
<i>300 mg/3ml</i>	501	ENTRESTO CAP 15-	
<i>enoxaparin sodium inj</i>		16MG	200
<i>soln pref syr 100</i>		ENTRESTO CAP 6-6MG	
<i>mg/ml</i>	502	.....	199
<i>enoxaparin sodium inj</i>		ENTRESTO TAB 24-	
<i>soln pref syr 120</i>		26MG	200
<i>mg/0.8ml</i>	502	ENTRESTO TAB 49-	
		51MG	200

ENTRESTO TAB 97-103MG	200	<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	686
<i>enulose</i>	467	<i>epitol</i>	310
ENVARUSUS XR TAB 0.75MG	539	<i>eplerenone tab 25 mg</i>	195
ENVARUSUS XR TAB 1MG	540	<i>eplerenone tab 50 mg</i>	195
ENVARUSUS XR TAB 4MG	540	EPRONTIA SOL 25MG/ML	310
<i>e-oil</i>	606	<i>epsom salt</i>	468
EPCLUSA PAK 150-37.5	96	<i>eql all day allergy</i>	670
EPCLUSA PAK 200-50MG	96	<i>eql anti-itch maximum str</i>	718
EPCLUSA TAB 200-50MG	96	<i>eql migraine formula</i> .	38
EPCLUSA TAB 400-100	96	<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	607
EPIDIOLEX SOL 100MG/ML	310	<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	607
<i>epinephrine inj 1 mg/ml (1:1000)</i>	242	<i>ergotamine w/ caffeine tab 1-100 mg</i>	340
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	687	ERIVEDGE CAP 150MG	149
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	687	ERLEADA TAB 240MG	131
		ERLEADA TAB 60MG	131
		<i>erlotinib hcl tab 100 mg (base equivalent)</i> ..	150

<i>erlotinib hcl tab 150 mg (base equivalent) ...</i>	<i>150</i>	<i>erythromycin tab delayed release 333 mg</i>	<i>109</i>
<i>erlotinib hcl tab 25 mg (base equivalent) ...</i>	<i>149</i>	<i>erythromycin tab delayed release 500 mg</i>	<i>109</i>
<i>errin</i>	<i>395</i>	<i>erythromycin w/ delayed release particles cap 250 mg</i>	<i>110</i>
<i>ertapenem sodium for inj 1 gm (base equivalent).....</i>	<i>70</i>	<i>escitalopram oxalate soln 5 mg/5ml (base equiv).....</i>	<i>261</i>
<i>ery</i>	<i>703</i>	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	<i>261</i>
<i>ery-tab</i>	<i>109</i>	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	<i>261</i>
<i>ERYTHROCIN INJ 500MG</i>	<i>109</i>	<i>escitalopram oxalate tab 5 mg (base equiv) .</i>	<i>261</i>
<i>erythromycin ethylsuccinate tab 400 mg</i>	<i>109</i>	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	<i>490</i>
<i>erythromycin gel 2%</i>	<i>703</i>	<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	<i>491</i>
<i>erythromycin lactobionate for inj 500 mg</i>	<i>109</i>	<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	<i>491</i>
<i>erythromycin ophth oint 5 mg/gm</i>	<i>649</i>		
<i>erythromycin soln 2%</i>	<i>704</i>		
<i>erythromycin tab 250 mg</i>	<i>109</i>		
<i>erythromycin tab 500 mg</i>	<i>109</i>		
<i>erythromycin tab delayed release 250 mg</i>	<i>109</i>		

<i>esomeprazole</i>	
<i>magnesium for delayed</i>	
<i>release susp packet 20</i>	
<i>mg</i>	491
<i>esomeprazole</i>	
<i>magnesium for delayed</i>	
<i>release susp packet 40</i>	
<i>mg</i>	491
<i>estarylla</i>	395
<i>ester-c</i>	607
<i>estradiol &</i>	
<i>norethindrone acetate</i>	
<i>tab 0.5-0.1 mg</i>	412
<i>estradiol &</i>	
<i>norethindrone acetate</i>	
<i>tab 1-0.5 mg</i>	412
<i>estradiol tab 0.5 mg</i>	412
<i>estradiol tab 1 mg</i>	412
<i>estradiol tab 2 mg</i>	412
<i>estradiol td patch twice</i>	
<i>weekly 0.025 mg/24hr</i>	
.....	413
<i>estradiol td patch twice</i>	
<i>weekly 0.0375</i>	
<i>mg/24hr</i>	413
<i>estradiol td patch twice</i>	
<i>weekly 0.05 mg/24hr</i>	
.....	413
<i>estradiol td patch twice</i>	
<i>weekly 0.075 mg/24hr</i>	
.....	413
<i>estradiol td patch twice</i>	
<i>weekly 0.1 mg/24hr</i>	
.....	412
<i>estradiol td patch weekly</i>	
<i>0.025 mg/24hr</i>	413
<i>estradiol td patch weekly</i>	
<i>0.0375 mg/24hr (37.5</i>	
<i>mcg/24hr)</i>	414
<i>estradiol td patch weekly</i>	
<i>0.05 mg/24hr</i>	413
<i>estradiol td patch weekly</i>	
<i>0.06 mg/24hr</i>	413
<i>estradiol td patch weekly</i>	
<i>0.075 mg/24hr</i>	413
<i>estradiol td patch weekly</i>	
<i>0.1 mg/24hr</i>	413
<i>estradiol vaginal cream</i>	
<i>0.1 mg/gm</i>	414
<i>estradiol vaginal tab 10</i>	
<i>mcg</i>	414
<i>estradiol valerate im in</i>	
<i>oil 10 mg/ml</i>	414
<i>estradiol valerate im in</i>	
<i>oil 20 mg/ml</i>	414
<i>estradiol valerate im in</i>	
<i>oil 40 mg/ml</i>	414

<i>ethambutol hcl tab 100 mg</i>	93
<i>ethambutol hcl tab 400 mg</i>	93
<i>ethosuximide cap 250 mg</i>	310
<i>ethosuximide soln 250 mg/5ml</i>	310
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	395
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	395
<i>etodolac cap 200 mg</i> .	50
<i>etodolac cap 300 mg</i> .	50
<i>etodolac tab 400 mg</i> .	50
<i>etodolac tab 500 mg</i> .	50
<i>etodolac tab er 24hr 400 mg</i>	50
<i>etodolac tab er 24hr 500 mg</i>	50
<i>etodolac tab er 24hr 600 mg</i>	50
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	396
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	140
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	140
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	140
<i>etravirine tab 100 mg</i>	84
<i>etravirine tab 200 mg</i>	84
<i>EULEXIN CAP 125MG</i>	131
<i>euthyrox</i>	436
<i>evac-u-gen</i>	468
<i>everolimus tab 0.25 mg</i>	540
<i>everolimus tab 0.5 mg</i>	540
<i>everolimus tab 0.75 mg</i>	540
<i>everolimus tab 1 mg</i>	540
<i>everolimus tab 10 mg</i>	150
<i>everolimus tab 2.5 mg</i>	150
<i>everolimus tab 5 mg</i>	150
<i>everolimus tab 7.5 mg</i>	150
<i>everolimus tab for oral susp 2 mg</i>	151
<i>everolimus tab for oral susp 3 mg</i>	151
<i>everolimus tab for oral susp 5 mg</i>	151

EVOTAZ TAB 300-150 91
exemestane tab 25 mg
 131
extraprin extra strength
 38
eye itch relief 654
 EYSUVIS DRO 0.25%658
 EZALLOR SPR CAP 10MG
 213
 EZALLOR SPR CAP 20MG
 213
 EZALLOR SPR CAP 40MG
 213
 EZALLOR SPR CAP 5MG
 213
ezetimibe tab 10 mg 217
ezetimibe-simvastatin
 tab 10-10 mg 217
ezetimibe-simvastatin
 tab 10-20 mg 217
ezetimibe-simvastatin
 tab 10-40 mg 217
ezetimibe-simvastatin
 tab 10-80 mg 217
 EZFE 200 CAP 200MG
 507
F
fa-8 607
 FABRAZYME INJ 35MG
 427

FABRAZYME INJ 5MG427
falmina 396
famciclovir tab 125 mg
 96
famciclovir tab 250 mg
 96
famciclovir tab 500 mg
 96
famotidine for susp 40
 mg/5ml..... 462
famotidine in nacl 0.9%
 iv soln 20 mg/50ml 462
famotidine inj 200
 mg/20ml..... 462
famotidine inj 40
 mg/4ml..... 462
famotidine maximum
 streng..... 462
famotidine original stren
 462
famotidine preservative
 free inj 20 mg/2ml 462
famotidine tab 10 mg
 462
famotidine tab 20 mg
 463
famotidine tab 40 mg
 463
 FANAPT PAK 284
 FANAPT TAB 10MG .. 285

FANAPT TAB 12MG...	285	<i>felodipine tab er 24hr 5</i>	
FANAPT TAB 1MG.....	284	<i>mg</i>	230
FANAPT TAB 2MG.....	284	FEM-CAL TAB CITRATE	
FANAPT TAB 4MG.....	285	.....	575
FANAPT TAB 6MG.....	285	<i>fenofibrate micronized</i>	
FANAPT TAB 8MG.....	285	<i>cap 134 mg</i>	211
FARXIGA TAB 10MG .	362	<i>fenofibrate micronized</i>	
FARXIGA TAB 5MG ...	362	<i>cap 200 mg</i>	211
FASENRA INJ 10MG/0.5		<i>fenofibrate micronized</i>	
.....	687	<i>cap 67 mg</i>	211
FASENRA INJ 30MG/ML		<i>fenofibrate tab 145 mg</i>	
.....	687	.....	211
FASENRA PEN INJ		<i>fenofibrate tab 160 mg</i>	
30MG/ML	687	.....	211
<i>fe c tab</i>	507	<i>fenofibrate tab 48 mg</i>	
<i>fe c tab plus</i>	507	.....	211
<i>febuxostat tab 40 mg</i>	33	<i>fenofibrate tab 54 mg</i>	
<i>febuxostat tab 80 mg</i>	33	.....	211
<i>feirza tab 1.5/30.....</i>	396	<i>fentanyl td patch 72hr</i>	
<i>feirza tab 1/20</i>	396	<i>100 mcg/hr</i>	58
<i>felbamate susp 600</i>		<i>fentanyl td patch 72hr</i>	
<i>mg/5ml</i>	310	<i>12 mcg/hr</i>	57
<i>felbamate tab 400 mg</i>		<i>fentanyl td patch 72hr</i>	
.....	310	<i>25 mcg/hr</i>	57
<i>felbamate tab 600 mg</i>		<i>fentanyl td patch 72hr</i>	
.....	310	<i>37.5 mcg/hr</i>	58
<i>felodipine tab er 24hr 10</i>		<i>fentanyl td patch 72hr</i>	
<i>mg</i>	230	<i>50 mcg/hr</i>	58
<i>felodipine tab er 24hr</i>		<i>fentanyl td patch 72hr</i>	
<i>2.5 mg</i>	230	<i>62.5 mcg/hr</i>	58

<i>fentanyl td patch 72hr</i>		
75 mcg/hr.....	58	
<i>fentanyl td patch 72hr</i>		
87.5 mcg/hr	58	
<i>ferate</i>	507	
<i>fergon</i>	507	
<i>ferocon</i>	508	
<i>ferosul</i>	508	
FERRETTS IPS CAP		
18MG	508	
FERRETTS IPS SOL...	508	
FERRETTS TAB 325MG		
.....	508	
<i>ferrex 150</i>	508	
<i>ferric x-150</i>	508	
FERRIMIN 150 TAB ..	508	
<i>ferrocite plus</i>	509	
FERRO-SEQUEL TAB 65-		
25MG	508	
FERROUS FUM TAB		
29MG	509	
<i>ferrous fumarate tab</i>		
324 mg (106 mg		
elemental fe)	509	
FERROUS GLUC TAB		
324MG	509	
<i>ferrous gluconate tab</i>		
240 mg (27 mg		
elemental fe)	509	
<i>ferrous gluconate tab</i>		
324 mg (37.5 mg		
elemental iron)	509	
<i>ferrous sulfate soln</i>	220	
mg/5ml (44 mg/5ml		
elemental fe)	510	
<i>ferrous sulfate soln</i>	300	
mg/5ml (60 mg/5ml		
elemental fe)	510	
<i>ferrous sulfate soln</i>	75	
mg/ml (15 mg/ml		
elemental fe)	509	
<i>ferrous sulfate tab</i>	325	
mg (65 mg elemental		
fe)	510	
<i>ferrous sulfate tab ec</i>		
324 mg (65 mg fe		
equivalent).....	510	
<i>ferrous sulfate tab ec</i>		
325 mg (65 mg fe		
equivalent).....	510	
<i>ferrous sulfate tab er</i>	45	
mg (elemental fe) .	510	
<i>fesoterodine fumarate</i>		
<i>tab er 24hr 4 mg</i> ...	495	
<i>fesoterodine fumarate</i>		
<i>tab er 24hr 8 mg</i> ...	495	
FETZIMA CAP 120MG	261	
FETZIMA CAP 20MG.	261	
FETZIMA CAP 40MG.	261	

FETZIMA CAP 80MG .261	
FETZIMA CAP TITRATIO	
.....262	
<i>feverall adults</i>	38
<i>feverall childrens</i>	38
FEVERALL INF SUP	
80MG	38
FEVERALL SUP 325MG	38
<i>fe-vite iron</i>	507
<i>fexofenadine hcl tab 180</i>	
<i>mg</i>	670
<i>fexofenadine hcl tab 60</i>	
<i>mg</i>	670
<i>fexofenadine-</i>	
<i>pseudoephedrine tab er</i>	
<i>12hr 60-120 mg</i>	681
<i>fexofenadine-</i>	
<i>pseudoephedrine tab er</i>	
<i>24hr 180-240 mg</i> ...	681
FIASP FLEX INJ TOUCH	
.....	373
FIASP INJ 100/ML	373
FIASP PENFIL INJ U-100	
.....	373
FIASP PMPCRT INJ U-	
100	373
<i>fiber laxative</i>	468
FIBER/D3 CHW 2.5-500	
.....	468
FIBERCEL POW	468
FIBEREX F15 LIQ	
15/30ML	468
<i>fiber-lax</i>	468
<i>finasteride tab 5 mg</i>	493
<i> fingolimod hcl cap 0.5</i>	
<i>mg (base equiv)....</i>	347
FINTEPLA SOL 2.2MG/ML	
.....	311
<i>finzala</i>	396
FIRMAGON INJ 120MG	
.....	132
FIRMAGON INJ 80MG	132
FIRST AID OIN 10%	727
<i>flac</i>	663
FLAREX SUS 0.1% OP	
.....	652
FLAVOR SWEET SYP S/F	
.....	549
FLEBOGAMMA INJ	
10/200ML.....	533
FLEBOGAMMA INJ	
20/400ML.....	533
FLEBOGAMMA INJ DIF	
5%.....	533
<i>flecainide acetate tab</i>	
<i>100 mg</i>	208
<i>flecainide acetate tab</i>	
<i>150 mg</i>	208
<i>flecainide acetate tab 50</i>	
<i>mg</i>	208

FLEET BISACO ENE		
10/30ML	468	
FLEET ENE PED.....	468	
FLEET LIQUID ENE		
GLYCERIN	469	
FLORASTOR BA POW		
250MG	451	
FLORASTOR CAP.....	451	
FLORASTOR CAP 250MG		
.....	451	
FLORASTOR CAP SELECT		
.....	451	
FLORASTOR KI PAK		
250MG	451	
FLORASTOR PAK KIDS		
.....	451	
FLOWFLEX KIT TEST..	70	
<i>fluconazole for susp 10</i>		
<i>mg/ml</i>	79	
<i>fluconazole for susp 40</i>		
<i>mg/ml</i>	79	
<i>fluconazole in nacl 0.9%</i>		
<i>inj 200 mg/100ml ...</i>	79	
<i>fluconazole in nacl 0.9%</i>		
<i>inj 400 mg/200ml ...</i>	79	
<i>fluconazole tab 100 mg</i>		
<i>.....</i>	79	
<i>fluconazole tab 150 mg</i>		
<i>.....</i>	79	
<i>fluconazole tab 200 mg</i>		
<i>.....</i>	79	
<i>fluconazole tab 50 mg</i>	79	
<i>flucytosine cap 250 mg</i>		
<i>.....</i>	80	
<i>flucytosine cap 500 mg</i>		
<i>.....</i>	80	
<i>fludrocortisone acetate</i>		
<i>tab 0.1 mg</i>	417	
<i>flunisolide nasal soln 25</i>		
<i>mcg/act (0.025%) .</i>	695	
<i>fluocinolone acetonide</i>		
<i>(otic) oil 0.01%.....</i>	663	
<i>fluocinolone acetonide</i>		
<i>cream 0.01%.....</i>	718	
<i>fluocinolone acetonide</i>		
<i>cream 0.025%</i>	718	
<i>fluocinolone acetonide</i>		
<i>oil 0.01% (body oil)</i>	718	
<i>fluocinolone acetonide</i>		
<i>oil 0.01% (scalp oil)</i>		
<i>.....</i>	718	
<i>fluocinolone acetonide</i>		
<i>oint 0.025%</i>	718	
<i>fluocinolone acetonide</i>		
<i>soln 0.01%.....</i>	718	
<i>fluocinonide cream</i>		
<i>0.05%</i>	719	
<i>fluocinonide emulsified</i>		
<i>base cream 0.05%</i>	719	

<i>fluocinonide gel 0.05%</i>		<i>fluoxetine hcl solution 20</i>	
.....	719	<i>mg/5ml.....</i>	262
<i>fluocinonide oint 0.05%</i>		<i>fluphenazine decanoate</i>	
.....	719	<i>inj 25 mg/ml</i>	285
<i>fluocinonide soln 0.05%</i>		<i>fluphenazine hcl elixir</i>	
.....	719	<i>2.5 mg/5ml</i>	285
<i>fluorometholone ophth</i>		<i>fluphenazine hcl inj 2.5</i>	
<i>susp 0.1%</i>	652	<i>mg/ml</i>	286
<i>fluorouracil cream 5%</i>		<i>fluphenazine hcl oral</i>	
.....	727	<i>conc 5 mg/ml</i>	286
<i>fluorouracil iv soln 1</i>		<i>fluphenazine hcl tab 1</i>	
<i>gm/20ml (50 mg/ml)</i>		<i>mg</i>	286
.....	126	<i>fluphenazine hcl tab 10</i>	
<i>fluorouracil iv soln 2.5</i>		<i>mg</i>	286
<i>gm/50ml (50 mg/ml)</i>		<i>fluphenazine hcl tab 2.5</i>	
.....	126	<i>mg</i>	286
<i>fluorouracil iv soln 5</i>		<i>fluphenazine hcl tab 5</i>	
<i>gm/100ml (50 mg/ml)</i>		<i>mg</i>	286
.....	126	<i>flurbiprofen sodium</i>	
<i>fluorouracil iv soln 500</i>		<i>ophth soln 0.03%..</i>	652
<i>mg/10ml (50 mg/ml)</i>		<i>flurbiprofen tab 100 mg</i>	
.....	126	.....	50
<i>fluorouracil soln 2% .</i>	727	<i>fluticasone propionate</i>	
<i>fluorouracil soln 5% .</i>	727	<i>aer pow ba 100</i>	
<i>fluoxetine hcl cap 10 mg</i>		<i>mcg/act</i>	697
.....	262	<i>fluticasone propionate</i>	
<i>fluoxetine hcl cap 20 mg</i>		<i>aer pow ba 250</i>	
.....	262	<i>mcg/act</i>	697
<i>fluoxetine hcl cap 40 mg</i>			
.....	262		

<i>fluticasone propionate</i>		
<i>aer pow ba 50 mcg/act</i>		
.....	697	
<i>fluticasone propionate</i>		
<i>cream 0.05%</i>	719	
<i>fluticasone propionate</i>		
<i>hfa inhal aer 110</i>		
<i>mcg/act</i>	697	
<i>fluticasone propionate</i>		
<i>hfa inhal aer 220</i>		
<i>mcg/act</i>	697	
<i>fluticasone propionate</i>		
<i>hfa inhal aero 44</i>		
<i>mcg/act</i>	697	
<i>fluticasone propionate</i>		
<i>nasal susp 50 mcg/act</i>		
.....	695	
<i>fluticasone propionate</i>		
<i>oint 0.005%</i>	719	
<i>fluticasone-salmeterol</i>		
<i>aer powder ba 100-50</i>		
<i>mcg/act</i>	699	
<i>fluticasone-salmeterol</i>		
<i>aer powder ba 113-14</i>		
<i>mcg/act</i>	700	
<i>fluticasone-salmeterol</i>		
<i>aer powder ba 232-14</i>		
<i>mcg/act</i>	700	
<i>fluticasone-salmeterol</i>		
<i>aer powder ba 250-50</i>		
<i>mcg/act</i>	700	
<i>fluticasone-salmeterol</i>		
<i>aer powder ba 500-50</i>		
<i>mcg/act</i>	700	
<i>fluticasone-salmeterol</i>		
<i>aer powder ba 55-14</i>		
<i>mcg/act</i>	699	
<i>fluvastatin sodium cap</i>		
<i>20 mg (base</i>		
<i>equivalent)</i>	213	
<i>fluvastatin sodium cap</i>		
<i>40 mg (base</i>		
<i>equivalent)</i>	213	
<i>fluvastatin sodium tab er</i>		
<i>24 hr 80 mg (base</i>		
<i>equivalent)</i>	213	
<i>fluvoxamine maleate tab</i>		
<i>100 mg</i>	249	
<i>fluvoxamine maleate tab</i>		
<i>25 mg</i>	249	
<i>fluvoxamine maleate tab</i>		
<i>50 mg</i>	249	
<i>folate</i>	607	
<i>folbee</i>	607	
<i>folbee plus</i>	608	
<i>folbee plus cz</i>	608	
<i>FOLBIC TAB</i>	608	
<i>folic acid cap 0.8 mg</i>	608	

FOLIC ACID CAP 20MG	
.....	608
<i>folic acid inj 5 mg/ml</i>	608
<i>folic acid tab 1 mg ...</i>	608
<i>folic acid tab 400 mcg</i>	
.....	608
<i>folic acid tab 800 mcg</i>	
.....	608
FOLITAB 500 TAB	510
FOLIVANE-F CAP.....	510
FOLIVANE-PLS CAP ..	511
<i>folplex 2.2</i>	609
FOLTABS 800 TAB....	609
<i>fondaparinux sodium</i>	
<i>subcutaneous inj 10</i>	
<i>mg/0.8ml</i>	502
<i>fondaparinux sodium</i>	
<i>subcutaneous inj 2.5</i>	
<i>mg/0.5ml</i>	502
<i>fondaparinux sodium</i>	
<i>subcutaneous inj 5</i>	
<i>mg/0.4ml</i>	502
<i>fondaparinux sodium</i>	
<i>subcutaneous inj 7.5</i>	
<i>mg/0.6ml</i>	502
<i>for sty relief</i>	659
<i>formoterol fumarate soln</i>	
<i>nebu 20 mcg/2ml</i> ...	678
<i>fosamprenavir calcium</i>	
<i>tab 700 mg (base</i>	
<i>equiv)</i>	85
<i>fosinopril sodium &</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-12.5 mg</i>	190
<i>fosinopril sodium &</i>	
<i>hydrochlorothiazide tab</i>	
<i>20-12.5 mg</i>	190
<i>fosinopril sodium tab 10</i>	
<i>mg</i>	192
<i>fosinopril sodium tab 20</i>	
<i>mg</i>	192
<i>fosinopril sodium tab 40</i>	
<i>mg</i>	193
FOTIVDA CAP 0.89MG	
.....	151
FOTIVDA CAP 1.34MG	
.....	151
FREEDAVITE TAB	609
FRINDOVYX INJ	
1GM/2ML	124
FRINDOVYX INJ	
2GM/4ML	124
FRINDOVYX INJ	
500MG/ML.....	124
<i>fruit c 500</i>	609
FRUIT C CHW 200MG	609
<i>fruit c-100</i>	609
<i>fruity c</i>	609

FRUZAQLA CAP 1MG.151
 FRUZAQLA CAP 5MG.152
ft aspirin..... 38
ft aspirin low dose..... 38
ft children's chewables p
 39
ft clearlax 469
ft earwax removal....740
ft enteric coated aspirin
 39
ft ibuprofen..... 50
ft ibuprofen childrens. 51
ft ibuprofen ib childrens
 51
ft ibuprofen minis 51
ft magnesium citrate 469
ft mineral oil 469
ft naproxen sodium ... 51
ft sleep aid.....353
full spectrum b/vitamin c
 609
 FULPHILA INJ 6/0.6ML
 505
fulvestrant inj soln pref
 syr 250 mg/5ml 132
furosemide inj 235
furosemide oral soln 10
 mg/ml 235
furosemide oral soln 8
 mg/ml 235

furosemide tab 20 mg
 236
furosemide tab 40 mg
 236
furosemide tab 80 mg
 236
 FUSION CAP..... 511
 FUSION PLUS CAP... 511
 FUZEON INJ 90MG 85
fyavolv tab 0.5mg-
 2.5mcg 414
fyavolv tab 1mg-5mcg
 414
 FYCOMPA SUS
 0.5MG/ML 311
 FYCOMPA TAB 10MG 311
 FYCOMPA TAB 12MG 312
 FYCOMPA TAB 2MG . 311
 FYCOMPA TAB 4MG . 311
 FYCOMPA TAB 6MG . 311
 FYCOMPA TAB 8MG . 311

G
gabapentin (once-daily)
 tab 300 mg 345
gabapentin (once-daily)
 tab 600 mg 345
gabapentin cap 100 mg
 312
gabapentin cap 300 mg
 312

<i>gabapentin cap 400 mg</i>	GALZIN CAP 25MG ..	575
.....312	GALZIN CAP 50MG ..	575
<i>gabapentin oral soln 250</i>	GAMASTAN INJ	533
<i>mg/5ml</i> 312	GAMMAGARD INJ	
<i>gabapentin tab 600 mg</i>	10GM/100	534
.....312	GAMMAGARD INJ	
<i>gabapentin tab 800 mg</i>	1GM/10ML.....	533
.....312	GAMMAGARD INJ	
<i>galantamine</i>	2.5GM/25.....	533
<i>hydrobromide cap er</i>	GAMMAGARD INJ	
<i>24hr 16 mg</i> 251	20GM/200	534
<i>galantamine</i>	GAMMAGARD INJ	
<i>hydrobromide cap er</i>	30GM/300	534
<i>24hr 24 mg</i> 251	GAMMAGARD INJ	
<i>galantamine</i>	5GM/50ML.....	534
<i>hydrobromide cap er</i>	GAMMAGARD SD INJ	
<i>24hr 8 mg</i> 251	10GM HU	534
<i>galantamine</i>	GAMMAGARD SD INJ	
<i>hydrobromide oral soln</i>	5GM HU	534
<i>4 mg/ml</i> 251	GAMMAKED INJ	
<i>galantamine</i>	10GM/100	534
<i>hydrobromide tab 12</i>	GAMMAKED INJ	
<i>mg</i> 252	1GM/10ML.....	534
<i>galantamine</i>	GAMMAKED INJ	
<i>hydrobromide tab 4 mg</i>	20GM/200	535
.....251	GAMMAKED INJ	
<i>galantamine</i>	5GM/50ML.....	534
<i>hydrobromide tab 8 mg</i>	GAMMAPLEX INJ 10%	
.....252	.....	535
<i>gallifrey tab 5mg</i> 435	GAMMAPLEX INJ 5%	535

GAMUNEX-C INJ		
10GM/100.....	535	
GAMUNEX-C INJ		
1GM/10ML	535	
GAMUNEX-C INJ		
2.5GM/25	535	
GAMUNEX-C INJ		
20GM/200.....	535	
GAMUNEX-C INJ		
40/400ML	535	
GAMUNEX-C INJ		
5GM/50ML	535	
<i>ganciclovir sodium for inj</i>		
<i>500 mg.....</i>	97	
GARDASIL 9 INJ	544	
<i>gas relief</i>	484	
<i>gas relief extra strength</i>		
<i>.....</i>	485	
<i>gas relief infants</i>	485	
<i>gas relief ultra strength</i>		
<i>.....</i>	485	
<i>gatifloxacin ophth soln</i>		
<i>0.5%.....</i>	649	
GATTEX KIT 5MG	485	
GAUZE PADS 2	374	
<i>gavilax</i>	469	
GAVILAX.....	469	
<i>gavilyte-c</i>	469	
<i>gavilyte-g</i>	469	
<i>gavilyte-n sol flav pk</i>	469	
GAVRETO CAP 100MG		
.....	152	
<i>gefitinib tab 250 mg</i>	152	
<i>gemcitabine hcl for inj 1</i>		
<i>gm</i>	126	
<i>gemcitabine hcl for inj 2</i>		
<i>gm</i>	126	
<i>gemcitabine hcl for inj</i>		
<i>200 mg.....</i>	126	
<i>gemcitabine hcl inj 1</i>		
<i>gm/26.3ml (38 mg/ml)</i>		
<i>(base equiv)</i>	127	
<i>gemcitabine hcl inj 2</i>		
<i>gm/52.6ml (38 mg/ml)</i>		
<i>(base equiv)</i>	127	
<i>gemcitabine hcl inj 200</i>		
<i>mg/5.26ml (38 mg/ml)</i>		
<i>(base equiv)</i>	127	
<i>gemfibrozil tab 600 mg</i>		
<i>.....</i>	211	
GEMTESA TAB 75MG	496	
<i>generlac</i>	470	
<i>gengraf</i>	540	
<i>gengraf sol 100mg/ml</i>		
<i>.....</i>	540	
GENOTROPIN INJ 0.2MG		
.....	428	
GENOTROPIN INJ 0.4MG		
.....	428	

GENOTROPIN INJ 0.6MG 428	<i>gentamicin sulfate</i> <i>cream 0.1% 706</i>
GENOTROPIN INJ 0.8MG 428	<i>gentamicin sulfate inj 10</i> <i>mg/ml 71</i>
GENOTROPIN INJ 1.2MG 428	<i>gentamicin sulfate inj 40</i> <i>mg/ml 71</i>
GENOTROPIN INJ 1.4MG 428	<i>gentamicin sulfate oint</i> <i>0.1% 706</i>
GENOTROPIN INJ 1.6MG 428	<i>gentamicin sulfate ophth</i> <i>soln 0.3% 649</i>
GENOTROPIN INJ 1.8MG 428	<i>gentle laxative 470</i>
GENOTROPIN INJ 12MG 429	<i>gentlelax 470</i>
GENOTROPIN INJ 1MG 428	GENVOYA TAB 92
GENOTROPIN INJ 2MG 429	<i>geri-dryl 670</i>
GENOTROPIN INJ 5MG 429	<i>geri-dryl allergy relief</i> <i>..... 670</i>
<i>gentamicin in saline inj</i> <i>0.8 mg/ml 70</i>	<i>geri-kot 470</i>
<i>gentamicin in saline inj 1</i> <i>mg/ml 70</i>	<i>geri-lanta 443</i>
<i>gentamicin in saline inj</i> <i>1.2 mg/ml 71</i>	<i>geri-lanta maximum</i> <i>streng 443</i>
<i>gentamicin in saline inj</i> <i>1.6 mg/ml 71</i>	<i>geri-lanta supreme .. 444</i>
<i>gentamicin in saline inj 2</i> <i>mg/ml 71</i>	<i>geri-mox 444</i>
	GILOTRIF TAB 20MG 152
	GILOTRIF TAB 30MG 152
	GILOTRIF TAB 40MG 152
	GLARGIN YFGN INJ 100U/ML 374
	GLARGIN YFGN SOL 100U/ML 374

glatiramer acetate soln
prefilled syringe 20
mg/ml 348
glatiramer acetate soln
prefilled syringe 40
mg/ml 348
glatopa.....348
 GLEOSTINE CAP 100MG
125
 GLEOSTINE CAP 10MG
124
 GLEOSTINE CAP 40MG
125
glimepiride tab 1 mg 362
glimepiride tab 2 mg 362
glimepiride tab 4 mg 362
*glipizide tab 10 mg ..*362
*glipizide tab 5 mg*362
glipizide tab er 24hr 10
*mg.....*363
glipizide tab er 24hr 2.5
*mg.....*362
glipizide tab er 24hr 5
*mg.....*363
glipizide xl 363
glipizide-metformin hcl
tab 2.5-250 mg 363
glipizide-metformin hcl
tab 2.5-500 mg 363

glipizide-metformin hcl
tab 5-500 mg 363
 GLUCOSE CHW 4-
 .006GM..... 423
 GLUCOSE CHW 4-0.006
 423
 GLUCOSE CHW 4GM 423
 GLUCOSE CHW GRAPE
 423
 GLUCOSE CHW ORANGE
 423
 GLUCOSE CHW
 RASPBERRY..... 423
 GLUCOSE CHW TROP
 FRT 423
glutose 5 423
glycerin childrens 470
 GLYCERIN LIQ 549
*glycerin suppos 1 gm*470
*glycerin suppos 2 gm*470
glycopyrrolate tab 1 mg
 461
glycopyrrolate tab 2 mg
 461
glydo..... 723
 GLY-OXIDE SOL 10%741
 GLYXAMBI TAB 10-5 MG
 363
 GLYXAMBI TAB 25-5 MG
 363

<i>gnp 24 hour nasal allerg</i>	
.....	695
<i>gnp 8 hour arthritis reli</i>	
.....	39
<i>gnp 8 hour pain relief</i>	39
<i>gnp 8 hour pain reliever</i>	
.....	39
<i>gnp acetaminophen...</i>	39
<i>gnp acid reducer.....</i>	463
<i>gnp acid reducer</i>	
<i>maximum</i>	463
<i>gnp adult aspirin low str</i>	
.....	39
<i>gnp advanced</i>	
<i>antibacteria</i>	727
<i>gnp all day allergy ...</i>	670
<i>gnp all day allergy child</i>	
.....	670
<i>gnp all day allergy-d</i>	681
<i>gnp allergy</i>	671
<i>gnp allergy & congestion</i>	
.....	681
<i>gnp allergy relief.....</i>	671
<i>gnp allergy relief</i>	
<i>maximu</i>	671
<i>gnp antacid.....</i>	444
<i>and anti-gas/.....</i>	444
<i>gnp antacid & anti-gas</i>	
<i>ma</i>	444
<i>gnp antacid & anti-</i>	
<i>gas/re</i>	444
<i>gnp antacid anti-</i>	
<i>gas/maxi.....</i>	444
<i>gnp antacid extra</i>	
<i>strengt</i>	444
<i>gnp antacid ultra strengt</i>	
.....	444
<i>gnp antacid/regular</i>	
<i>stren</i>	445
<i>gnp antibiotic + pain rel</i>	
.....	706
<i>gnp anti-diarrheal ...</i>	452
<i>gnp anti-diarrheal/anti-g</i>	
.....	452
<i>gnp anti-gas ultra streng</i>	
.....	485
<i>gnp antiseptic skin clean</i>	
.....	728
<i>gnp artificial tears ...</i>	659
<i>gnp aspirin.....</i>	39
<i>gnp aspirin low dose..</i>	39
<i>gnp athletes foot.....</i>	710
<i>gnp b-100 complex</i>	
<i>prolong</i>	610
<i>gnp b-12</i>	609
<i>gnp b-50 complex</i>	
<i>prolonge</i>	610
<i>gnp bacitracin zinc ..</i>	706

<i>gnp b-complex plus</i>	
<i>vitami</i>	610
<i>gnp best fiber</i>	470
<i>gnp budesonide nasal</i>	
<i>spra</i>	695
GNP CAL MAG ZINC +D3	
.....	576
GNP CALAMINE LOT 8-	
8%	728
<i>gnp calcium</i>	576
<i>gnp calcium 500 +d3</i>	576
<i>gnp calcium 600</i>	
<i>+d/minera</i>	576
<i>gnp calcium 600 +d3</i>	576
<i>gnp calcium 600</i>	
<i>+d3/miner</i>	576
<i>gnp calcium citrate +d3</i>	
.....	576
<i>gnp calcium citrate+d3</i>	
<i>ma</i>	576
<i>gnp capsaicin heat patch</i>	
.....	728
<i>gnp childrens allergy</i>	671
<i>gnp childrens</i>	
<i>chewables/e</i>	610
<i>gnp childrens ibuprofen</i>	
.....	51
<i>gnp children's pain & fev</i>	
.....	40
<i>gnp clearlax</i>	470
<i>gnp clotrimazole 3...</i>	498
<i>gnp d 1000</i>	610
<i>gnp d 2000</i>	610
<i>gnp dairy relief</i>	485
<i>gnp dry mouth</i>	
<i>mouthwash</i>	738
<i>gnp earwax removal</i>	
<i>drops</i>	741
<i>gnp earwax removal kit</i>	
.....	741
<i>gnp electrolyte solution</i>	
.....	554
<i>gnp epsom salt</i>	471
<i>gnp essential one daily</i>	
.....	610
<i>gnp fast acting dairy rel</i>	
.....	485
<i>gnp</i>	
<i>fexofenadine/pseudoep</i>	
.....	681
<i>gnp fiber powder</i>	471
<i>gnp fiber therapy</i>	471
<i>gnp fiber-caps</i>	471
<i>gnp folic acid</i>	610
<i>gnp gas relief</i>	485
<i>gnp gas relief extra stre</i>	
.....	485
<i>gnp gentle laxative..</i>	471
GNP GLUCOSE CHW	
GRAPE	424

GNP GLUCOSE CHW		
ORANGE	424	
GNP GLUCOSE CHW		
RASPBERRY.....	424	
<i>gnp glycerin adult</i>	471	
<i>gnp glycerin child</i>	471	
<i>gnp headache relief</i>		
extra	40	
<i>gnp hydrocortisone</i> ..	719	
<i>gnp hydrocortisone</i>		
maximu	719	
<i>gnp hydrocortisone plus</i>		
.....	720	
<i>gnp hydrocortisone/aloe</i>		
.....	720	
<i>gnp hydrogen peroxide</i>		
.....	728	
<i>gnp ibuprofen</i>	51	
<i>gnp ibuprofen childrens</i>		
.....	51	
<i>gnp ibuprofen infants</i>	51	
<i>gnp infant gas relief</i> .	486	
<i>gnp infants pain/fever</i>	40	
GNP IODIDES TIN	728	
GNP IODINE TIN 2%		
MILD	728	
<i>gnp iron</i>	511	
<i>gnp isopropyl alcohol</i>	549	
<i>gnp isopropyl rubbing</i>		
alc	549	
<i>gnp lice treatment...</i>	735	
<i>gnp little ones childrens</i>		
.....	610	
<i>gnp loperamide</i>		
hydrochlor.....	452	
<i>gnp loratadine</i>	671	
<i>gnp loratadine childrens</i>		
.....	671	
<i>gnp lubricant eye drops</i>		
.....	659	
<i>gnp lubricating plus eye</i>		
.....	659	
<i>gnp magnesium</i>	445	
<i>gnp magnesium citrate</i>		
.....	471	
<i>gnp mega multi for men</i>		
.....	611	
<i>gnp mega multi for</i>		
women	611	
<i>gnp melatonin</i>	584	
<i>gnp melatonin maximum</i>		
str.....	584	
<i>gnp miconazole 1</i>		
combinat.....	498	
<i>gnp miconazole 3</i>	498	
<i>gnp miconazole 7</i>	498	
<i>gnp miconazorb af...</i>	710	
<i>gnp migraine relief</i>	40	
<i>gnp milk of magnesia</i>		
.....	471	

gnp mineral oil 472
gnp motion sickness
relie 455
gnp naproxen 51
gnp naproxen sodium 52
gnp nasal decongestant
.....681
gnp nasal
decongestant/ma ...681
gnp natural fiber.....472
gnp niacin flush free.611
gnp nicotine gum 353
gnp nicotine mini
lozenge.....353
gnp nicotine polacrilex
.....353
gnp nicotine polacrilex m
.....353
gnp nicotine transdermal
.....353
gnp nighttime relief lubr
.....659
gnp nighttime sleep-aid
m 354
gnp one daily mens
health 611
gnp one daily womens
heal 611
gnp pain & fever children
..... 40

gnp pain & fever infants
..... 40
gnp pain relief 40
gnp pain relief extra str
..... 40, 354
gnp pain relief pm extra
..... 354
gnp petroleum jelly . 549
gnp pink bismuth 452
gnp pink bismuth ultra
st..... 452
gnp povidone-iodine 728
GNP PRENATAL TAB 28-
0.8MG 611
gnp pseudoephedrine hcl
1..... 682
gnp pseudoephedrine hcl
e..... 682
gnp senna lax..... 472
gnp senna plus 472
gnp sleep aid..... 354
gnp sleep aid nighttime
..... 354
gnp stomach relief .. 452
gnp stool softener ... 472
gnp stool softener extra
..... 472
gnp stool softener/stimul
..... 472
gnp tolnaftate..... 710

gnp triple antibiotic ..706
gnp triple antibiotic plu
.....706
gnp vitamin a 611
gnp vitamin b-1 611
gnp vitamin b-12 612
gnp vitamin b-12
prolonge 612
gnp vitamin b-6 611
gnp vitamin c 612
gnp vitamin c drops .612
gnp vitamin c pr 612
gnp vitamin c w/rose
hips 612
gnp vitamin c/rose hips
.....612
gnp vitamin d 612
gnp vitamin d maximum
str 613
gnp vitamin d super
stren 613
gnp vitamin d3 612
gnp vitamin d3 extra
stre 613
gnp vitamin e 613
gnp vitamin e water
dispe 613
gnp wart remover 728
gnp womens gentle
laxativ 472

gnp zinc oxide 728
GOLD BOND OIN
HEALING..... 729
GOMEKLI CAP 1MG.. 153
GOMEKLI CAP 2MG.. 153
GOMEKLI TAB 1MG.. 153
goodsense advanced
antaci 445
goodsense all day
allergy 671, 682
goodsense aller-ease 671
goodsense allergy relief
..... 671
goodsense antacid & gas
r 445
goodsense antacid/extra
s 445
goodsense antacid/gas
rel..... 445
goodsense
antacid/regular 445
goodsense antacid/ultra
s 445
goodsense
antibiotic/pain..... 706
goodsense anti-diarrheal
..... 452
goodsense anti-
diarrheal/ 452

goodsense arthritis pain
 40
goodsense artificial tear
659
goodsense aspirin 41
goodsense aspirin adults
 41
goodsense aspirin low
dos 41
goodsense athletes foot
710
goodsense bisacodyl
laxat 472
goodsense clearlax...473
goodsense epsom salt
473
goodsense first aid antib
706
goodsense gentle stool
so 473
goodsense hydrogen
peroxi.....729
goodsense ibuprofen . 52
goodsense ibuprofen
child..... 52
goodsense ibuprofen
infan 52
goodsense lice killing cr
736

goodsense lubricating
plu 659
goodsense magnesium
citra 473
goodsense migraine
formul 41
goodsense milk of
magnesi..... 473
goodsense mineral oil
lub 473
goodsense naproxen
sodium 52
goodsense nasal allergy
s 695
goodsense nicotine.. 354
goodsense nicotine gum
 354
goodsense nicotine
polacr..... 354
goodsense pain & fever
ch 41
goodsense pain & fever
in..... 41
goodsense pain relief. 41
goodsense pain relief ext
 41
goodsense pain relief pm
 354
goodsense ready to use
en 473

goodsense senna
laxative 473
goodsense sleeptime 355
goodsense stomach
relief 452
goodsense ultra
lubricant 659
 GOODYS POW EX ST . 41
granisetron hcl inj 1
mg/ml 456
granisetron hcl inj 4
mg/4ml (1 mg/ml) .456
granisetron hcl tab 1 mg
456
griseofulvin microsize
susp 125 mg/5ml 80
griseofulvin microsize
tab 500 mg 80
griseofulvin
ultramicrosize tab 125
mg 80
griseofulvin
ultramicrosize tab 250
mg 80
guanfacine hcl tab 1 mg
242
guanfacine hcl tab 2 mg
242

guanfacine hcl tab er
24hr 1 mg (base equiv)
 332
guanfacine hcl tab er
24hr 2 mg (base equiv)
 332
guanfacine hcl tab er
24hr 3 mg (base equiv)
 332
guanfacine hcl tab er
24hr 4 mg (base equiv)
 333

H

HAEGARDA INJ
 2000UNIT 518
 HAEGARDA INJ
 3000UNIT 518
hailey 1.5/30..... 396
hailey 24 fe 396
hair/skin/nails 613
halobetasol propionate
cream 0.05%..... 720
halobetasol propionate
oint 0.05% 720
haloette 396
haloperidol decanoate im
soln 100 mg/ml..... 286
haloperidol decanoate im
soln 50 mg/ml 286

<i>haloperidol lactate inj 5 mg/ml</i>	286	<i>healthy mama eazzze the p</i>	355
<i>haloperidol lactate oral conc 2 mg/ml</i>	287	<i>healthy mama move it alon</i>	473
<i>haloperidol tab 0.5 mg</i>	287	<i>healthy mama shake that a</i>	42
<i>haloperidol tab 1 mg</i>	287	<i>healthy mama tame the fla</i>	445
<i>haloperidol tab 10 mg</i>	287	<i>healthylax</i>	474
<i>haloperidol tab 2 mg</i>	287	<i>heartburn relief</i>	463
<i>haloperidol tab 20 mg</i>	287	<i>heartburn relief maximum</i>	463
<i>haloperidol tab 5 mg</i>	287	<i>heather</i>	396
HARVONI PAK 33.75-150MG	97	<i>h-e-b oral electrolyte so</i>	554
HARVONI PAK 45-200MG	97	HEMATEX IRON TAB 150MG	511
HARVONI TAB 45-200MG	97	HEMATEX LIQ 100/5ML	511
HARVONI TAB 90-400MG	97	HEMATINIC PLUS VITAMINS/M	511
HAVRIX INJ 1440UNIT	544	HEMATINIC/FA TAB .	511
HAVRIX INJ 720UNIT	544	HEMATOGEN FA CAP	511
<i>headache relief</i>	42	<i>hematogen forte</i>	512
<i>headache relief/extra str</i>	42	HEMOCYTE PLS CAP	512
<i>healthy kids cod liver oi</i>	613	HEP SOD/NACL INJ 25000UNT	503
		<i>heparin sodium (porcine) inj 1000 unit/ml</i>	503

<i>heparin sodium</i> <i>(porcine) inj 10000</i> <i>unit/ml</i> 503	HIGH POTENCY TAB MV/FA 613
<i>heparin sodium</i> <i>(porcine) inj 20000</i> <i>unit/ml</i> 503	<i>hm 24 hour nasal allergy</i> 695
<i>heparin sodium</i> <i>(porcine) inj 5000</i> <i>unit/ml</i> 503	<i>hm all day allergy childr</i> 672
<i>heparin sodium</i> <i>(porcine) lock flush iv</i> <i>soln 100 unit/ml</i> 503	<i>hm antacid extra</i> <i>strength</i> 446
<i>heparin sodium</i> <i>(porcine) pf inj 1000</i> <i>unit/ml</i> 503	<i>hm enema mineral oil</i> 474
HEPLISAV-B INJ 20/0.5ML 544	<i>hm enema saline</i> <i>laxative</i> 474
<i>her style</i> 397	HM EYELID PAD WIPES 729
HERCEP HYLEC SOL 60- 10000 153	<i>hm hydrogen peroxide</i> 729
HERCEPTIN INJ 150MG 153	<i>hm ibuprofen childrens</i> 52
HERZUMA INJ 150MG 153	HM IODIDES TIN..... 729
HERZUMA INJ 420MG 153	HM IODINE TIN 2% MILD 729
HIBERIX SOL 10MCG 544	HM ISOP ALC SOL 70% 549
HIGH POTENCY TAB MULTIVIT 613	<i>hm isopropyl rubbing</i> <i>alco</i> 550
	<i>hm loratadine</i> 672
	<i>hm nicotine polacrilex</i> 355
	<i>hm petroleum jelly</i> .. 550
	HONEY BEARS CHW. 614

HUMALOG INJ 100/ML	374	HUMIRA PEN KIT CD/UC/HS	526
HUMALOG JR INJ 100/ML.....	374	HUMIRA PEN KIT PED UC	526
HUMALOG KWIK INJ 100/ML.....	374	HUMIRA PEN KIT PS/UV	526
HUMALOG KWIK INJ 200/ML.....	374	HUMULIN INJ 70/30	375
HUMALOG MIX INJ 50/50KWP.....	374	HUMULIN INJ 70/30KWP	375
HUMALOG MIX INJ 75/25KWP.....	374	HUMULIN N INJ U-100	375
HUMALOG MIX SUS 75/25	375	HUMULIN N INJ U- 100KWP.....	375
HUMALOG TMPO INJ 100/ML.....	375	HUMULIN R INJ U-100	375
HUMIRA INJ 10/0.1ML	524	HUMULIN R INJ U-500	375
HUMIRA INJ 20/0.2ML	525	<i>hydralazine hcl inj 20 mg/ml</i>	242
HUMIRA INJ 40/0.4ML	525	<i>hydralazine hcl tab 10 mg</i>	242
HUMIRA KIT 40MG/0.8	525	<i>hydralazine hcl tab 100 mg</i>	243
HUMIRA PEN INJ 40/0.4ML	525	<i>hydralazine hcl tab 25 mg</i>	243
HUMIRA PEN INJ 40MG/0.8	525	<i>hydralazine hcl tab 50 mg</i>	243
HUMIRA PEN INJ 80/0.8ML	525	<i>hydrochlorothiazide cap 12.5 mg.....</i>	236

<i>hydrochlorothiazide tab</i>		
12.5 mg.....	236	
<i>hydrochlorothiazide tab</i>		
25 mg	236	
<i>hydrochlorothiazide tab</i>		
50 mg	236	
<i>hydrocodone bitartrate</i>		
<i>tab er 24hr deter 100</i>		
<i>mg.....</i>	59	
<i>hydrocodone bitartrate</i>		
<i>tab er 24hr deter 120</i>		
<i>mg.....</i>	59	
<i>hydrocodone bitartrate</i>		
<i>tab er 24hr deter 20</i>		
<i>mg.....</i>	58	
<i>hydrocodone bitartrate</i>		
<i>tab er 24hr deter 30</i>		
<i>mg.....</i>	58	
<i>hydrocodone bitartrate</i>		
<i>tab er 24hr deter 40</i>		
<i>mg.....</i>	58	
<i>hydrocodone bitartrate</i>		
<i>tab er 24hr deter 60</i>		
<i>mg.....</i>	59	
<i>hydrocodone bitartrate</i>		
<i>tab er 24hr deter 80</i>		
<i>mg.....</i>	59	
<i>hydrocodone-</i>		
<i>acetaminophen soln</i>		
7.5-325 mg/15ml....	62	
<i>hydrocodone-</i>		
<i>acetaminophen tab 10-</i>		
<i>325 mg.....</i>	63	
<i>hydrocodone-</i>		
<i>acetaminophen tab 5-</i>		
<i>325 mg.....</i>	63	
<i>hydrocodone-</i>		
<i>acetaminophen tab</i>		
<i>7.5-325 mg</i>	63	
<i>hydrocodone-ibuprofen</i>		
<i>tab 7.5-200 mg.....</i>	63	
<i>HYDROCORT CRE 1%</i>		
.....	720	
<i>hydrocortisone acetate</i>		
<i>oint 1%</i>	720	
<i>hydrocortisone cream</i>		
<i>0.5%</i>	720	
<i>hydrocortisone cream</i>		
<i>1%.....</i>	720	
<i>hydrocortisone cream</i>		
<i>2.5%</i>	721	
<i>hydrocortisone enema</i>		
<i>100 mg/60ml.....</i>	464	
<i>hydrocortisone lotion 1%</i>		
.....	721	
<i>hydrocortisone lotion</i>		
<i>2.5%</i>	721	
<i>hydrocortisone</i>		
<i>maximum st</i>	721	

<i>hydrocortisone oint 1%</i>		<i>hydromorphone hcl tab</i>	
.....721		4 mg	63
<i>hydrocortisone oint</i>		<i>hydromorphone hcl tab</i>	
2.5%.....721		8 mg	63
<i>hydrocortisone perianal</i>		HYDROPHILIC OIN	
cream 1%	729	PETROLAT	550
<i>hydrocortisone perianal</i>		<i>hydrophor</i>	730
cream 2.5%	729	<i>hydroxocobalamin</i>	
<i>hydrocortisone sodium</i>		acetate inj 1000	
succinate pf for inj 100		mcg/ml (base	
mg.....418		equivalent).....	614
<i>hydrocortisone tab 10</i>		<i>hydroxychloroquine</i>	
mg.....418		sulfate tab 200 mg	532
<i>hydrocortisone tab 20</i>		<i>hydroxyurea cap 500 mg</i>	
mg.....418		.....	137
<i>hydrocortisone tab 5 mg</i>		<i>hydroxyzine hcl im soln</i>	
.....418		25 mg/ml.....	672
<i>hydrocortisone valerate</i>		<i>hydroxyzine hcl im soln</i>	
cream 0.2%	721	50 mg/ml.....	672
<i>hydrocortisone w/ acetic</i>		<i>hydroxyzine hcl syrup 10</i>	
acid otic soln 1-2%.663		mg/5ml.....	672
HYDROGEN PER SOL 3%		<i>hydroxyzine hcl tab 10</i>	
.....729		mg	673
<i>hydrogen peroxide soln</i>		<i>hydroxyzine hcl tab 25</i>	
3%	730	mg	673
<i>hydrolatum</i>	730	<i>hydroxyzine hcl tab 50</i>	
<i>hydromorphone hcl liqd</i>		mg	673
1 mg/ml	63	<i>hydroxyzine pamoate</i>	
<i>hydromorphone hcl tab</i>		cap 25 mg.....	673
2 mg	63		

hydroxyzine pamoate
cap 50 mg.....674
 HYLAZINC TAB 614

I

ibandronate sodium iv
soln 3 mg/3ml (base
equivalent).....386
ibandronate sodium tab
150 mg (base
equivalent).....386
 IBRANCE CAP 100MG154
 IBRANCE CAP 125MG154
 IBRANCE CAP 75MG .154
 IBRANCE TAB 100MG154
 IBRANCE TAB 125MG154
 IBRANCE TAB 75MG .154
ibu..... 52
ibuprofen cap 200 mg 52
ibuprofen childrens ... 52
ibuprofen infants 53
ibuprofen junior strength
..... 53
ibuprofen susp 100
mg/5ml 53
ibuprofen tab 200 mg 53
ibuprofen tab 400 mg 53
ibuprofen tab 600 mg 53
ibuprofen tab 800 mg 53
 ICAR PEDS SUS GRAPE
*.....*512

icatibant acetate
subcutaneous soln pref
syr 30 mg/3ml 519
iclevia 397
 ICLUSIG TAB 10MG . 155
 ICLUSIG TAB 15MG . 155
 ICLUSIG TAB 30MG . 155
 ICLUSIG TAB 45MG . 155
 IDACIO 2-PEN INJ
 40/0.8ML 526
 IDACIO 2-SYR INJ
 40/0.8ML 526
 IDACIO CROHN INJ
 DISEASE 526
 IDACIO PLAQU INJ
 PSORIASIS 527
 IDHIFA TAB 100MG . 155
 IDHIFA TAB 50MG... 155
iferex 150 512
iferex 150 forte..... 512
 IHEALTH 2-PK KIT
 COVID-19 71
 ILEX SKIN PST PROTECT
..... 730
imatinib mesylate tab
100 mg (base
equivalent)..... 156
imatinib mesylate tab
400 mg (base
equivalent)..... 156

IMBRUVICA CAP 140MG 156	IMMUNERX CAP 614
IMBRUVICA CAP 70MG 156	IMOVAX RABIE INJ 2.5/ML..... 544
IMBRUVICA SUS 70MG/ML.....156	IMPAVIDO CAP 50MG. 72
IMBRUVICA TAB 140MG 156	INBRIJA CAP 42MG.. 273
IMBRUVICA TAB 280MG 157	<i>incassia</i> 397
IMBRUVICA TAB 420MG 157	INCRELEX INJ 40MG/4ML..... 429
IMCIVREE INJ 10MG/ML 383	INCRUSE ELPT INH 62.5MCG..... 665
<i>imipenem-cilastatin</i> <i>intravenous for soln</i> <i>250 mg</i> 71	<i>indapamide tab 1.25 mg</i> 236
<i>imipenem-cilastatin</i> <i>intravenous for soln</i> <i>500 mg</i> 71	<i>indapamide tab 2.5 mg</i> 236
<i>imipramine hcl tab 10</i> <i>mg</i> 262	INFANRIX INJ 545
<i>imipramine hcl tab 25</i> <i>mg</i> 262	<i>infants gas relief</i> 486
<i>imipramine hcl tab 50</i> <i>mg</i> 262	<i>infants ibuprofen</i> 53
<i>imiquimod cream 5%</i> 730	INFLIXIMAB INJ 100MG 527
IMKELDI SOL 80MG/ML 157	INLYTA TAB 1MG..... 157
	INLYTA TAB 5MG..... 157
	INQOVI TAB 35-100MG 127
	INREBIC CAP 100MG 157
	INS ASP PROT INJ FLEXPEN 376
	INS DEGL FLX INJ 100UNIT 376
	INS DEGL FLX INJ 200UNIT 376

INSTACLEAN LIQ	730	INTELISWAB KIT COVID-19	72
INSULIN ASPA INJ 100/ML	376	INTRALIPID INJ 20%	566
INSULIN ASPA INJ 70/30	376	INTRALIPID INJ 30%	566
INSULIN ASPA INJ FLEXPEN	376	<i>introvale</i>	397
INSULIN ASPA INJ PENFILL	376	INVEGA HAFYE INJ 1092MG	287
INSULIN DEGL INJ 100UNIT	376	INVEGA HAFYE INJ 1560MG	288
INSULIN GLAR INJ 300/ML	376	INVEGA SUST INJ 117/0.75	288
INSULIN LISP INJ 100/ML	377	INVEGA SUST INJ 156MG/ML	288
INSULIN LISP INJ JUNIOR	377	INVEGA SUST INJ 234/1.5	288
INSULIN LISP INJ PROTAMIN	377	INVEGA SUST INJ 39/0.25	288
INSULIN PEN NEEDLES: BD-EMBECTA	377	INVEGA SUST INJ 78/0.5ML	288
INSULIN SAFETY NEEDLES: BD-EMBECTA	377	INVEGA TRINZ INJ 273MG	288
INSULIN SYRINGES: BD-EMBECTA	377	INVEGA TRINZ INJ 410MG	289
INTEGRA CAP	512	INVEGA TRINZ INJ 546MG	289
INTEGRA F CAP	512	INVEGA TRINZ INJ 819MG	289
INTEGRA PLUS CAP ..	512	<i>iodine (kelp) tab 0.15 mg</i>	576
INTELENCE TAB 25MG	85	IODINE TIN 2%	730

IODINE TIN 2% MILD	730	<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	138
IODINE TIN DECOLOR	730	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	137
IODINE TIN STRONG	731	<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	138
IPOL INJ INACTIVE...	545	<i>iron 100 plus</i>	513
<i>ipratropium bromide inhal soln 0.02%</i>	665	<i>iron 100/c</i>	513
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	665	IRON CHW PEDIATRI	513
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	665	IRON GLYCINA CAP 29MG	513
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	664	<i>iron infant/toddler ...</i>	513
<i>irbesartan tab 150 mg</i>	205	<i>iron slow release</i>	513
<i>irbesartan tab 300 mg</i>	205	<i>iron supplement.....</i>	513
<i>irbesartan tab 75 mg</i>	205	IRON UP LIQ	513
<i>irbesartan- hydrochlorothiazide tab 150-12.5 mg</i>	200	<i>iron-vitamin c tab 100- 250 mg.....</i>	513
<i>irbesartan- hydrochlorothiazide tab 300-12.5 mg</i>	200	IRO-PLEX LIQ	512
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	138	IROSPAN 24/6 MIS..	514
		ISENTRESS CHW 100MG	85
		ISENTRESS CHW 25MG	85
		ISENTRESS HD TAB 600MG.....	85
		ISENTRESS POW 100MG	85

ISENTRESS TAB 400MG
 85
isibloom 397
 ISOLYTE-P INJ /D5W 556
 ISOLYTE-S INJ PH 7.4
 557
isoniazid syrup 50
 mg/5ml 93
isoniazid tab 100 mg . 93
isoniazid tab 300 mg . 94
 ISOP ALCOHOL SOL
 70%.....550
 ISOPROPANOL SOL 70%
 550
isopropyl alcohol 91%
 550
isopropyl alcohol 99%
 550
isopropyl alcohol,
 rubbing 70% 550
isosorbide dinitrate tab
 10 mg 245
isosorbide dinitrate tab
 20 mg 245
isosorbide dinitrate tab
 30 mg 245
isosorbide dinitrate tab 5
 mg.....244
isosorbide mononitrate
 tab er 24hr 120 mg 245

isosorbide mononitrate
 tab er 24hr 30 mg . 245
isosorbide mononitrate
 tab er 24hr 60 mg . 245
isotretinoin cap 10 mg
 704
isotretinoin cap 20 mg
 704
isotretinoin cap 30 mg
 704
isotretinoin cap 40 mg
 704
isradipine cap 2.5 mg
 230
isradipine cap 5 mg . 230
 ITOVEBI TAB 3MG... 158
 ITOVEBI TAB 9MG... 158
itraconazole cap 100 mg
 80
ivabradine hcl tab 5 mg
 (base equiv) 243
ivabradine hcl tab 7.5
 mg (base equiv).... 243
ivermectin tab 3 mg .. 72
 IWILFIN TAB 192MG 138
 IXCHIQ INJ 545
 IXIARO INJ 545
J
 JAKAFI TAB 10MG ... 158
 JAKAFI TAB 15MG ... 158

JAKAFI TAB 20MG	158	JENTADUETO TAB 2.5-	
JAKAFI TAB 25MG	159	850	365
JAKAFI TAB 5MG.....	158	JENTADUETO TAB XR	
<i>jantoven</i>	503	2.5-1000MG	365
JANUMET TAB 50-1000		JENTADUETO TAB XR 5-	
.....	364	1000MG	365
JANUMET TAB 50-500MG		<i>jinteli</i>	414
.....	364	<i>jolessa</i>	397
JANUMET XR TAB 100-		<i>juleber</i>	397
1000	364	JULUCA TAB 50-25MG	92
JANUMET XR TAB 50-		<i>junel 1.5/30</i>	397
1000	364	<i>junel 1/20</i>	398
JANUMET XR TAB 50-		<i>junel fe 1.5/30</i>	398
500MG	364	<i>junel fe 1/20</i>	398
JANUVIA TAB 100MG	364	<i>junel fe 24</i>	398
JANUVIA TAB 25MG..	364	JYLAMVO SOL 2MG/ML	
JANUVIA TAB 50MG..	364	.....	532
JARDIANCE TAB 10MG		JYNNEOS INJ.....	545
.....	364	K	
JARDIANCE TAB 25MG		K2 PLUS D3 TAB	614
.....	365	KADCYLA INJ 100MG	159
<i>jasmiel</i>	397	KADCYLA INJ 160MG	159
<i>javygtor</i>	429	<i>kaitlib fe</i>	398
JAYPIRCA TAB 100MG		KALYDECO GRA 13.4MG	
.....	159	.....	687
JAYPIRCA TAB 50MG	159	KALYDECO GRA 5.8MG	
JENTADUETO TAB 2.5-		.....	687
1000	365	KALYDECO PAK 25MG	
JENTADUETO TAB 2.5-		.....	688
500	365		

KALYDECO PAK 50MG	
.....	688
KALYDECO PAK 75MG	
.....	688
KALYDECO TAB 150MG	
.....	688
KANJINTI INJ 420MG	159
KANJINTI SOL 150MG	
.....	159
kariva	398
kcl 10 meq/l (0.075%)	
in dextrose 5% & nacl	
0.45% inj.....	557
kcl 20 meq/l (0.149%)	
in nacl 0.45% inj....	558
kcl 20 meq/l (0.15%) in	
dextrose 5% & nacl	
0.2% inj	557
kcl 20 meq/l (0.15%) in	
dextrose 5% & nacl	
0.45% inj.....	557
kcl 20 meq/l (0.15%) in	
dextrose 5% & nacl	
0.9% inj	557
kcl 20 meq/l (0.15%) in	
nacl 0.45% inj	557
kcl 20 meq/l (0.15%) in	
nacl 0.9% inj	557
kcl 30 meq/l (0.224%)	
in dextrose 5% & nacl	
0.45% inj.....	558
kcl 40 meq/l (0.3%) in	
dextrose 5% & nacl	
0.45% inj.....	558
kcl 40 meq/l (0.3%) in	
dextrose 5% & nacl	
0.9% inj	558
kcl 40 meq/l (0.3%) in	
nacl 0.9% inj	558
KCL/D5W/NACL INJ	
0.3/0.9%	558
kelnor 1/35	398
kelnor 1/50	398
KELP/LEC/B6 CAP....	584
KERENDIA TAB 10MG	
.....	195
KERENDIA TAB 20MG	
.....	196
KESIMPTA INJ 20/.4ML	
.....	348
ketoconazole cream 2%	
.....	710
ketoconazole shampoo	
2%.....	710
ketoconazole tab 200	
mg	80
ketorolac tromethamine	
ophth soln 0.4% ...	653

<i>ketorolac tromethamine</i>		
<i>ophth soln 0.5%</i>	653	
<i>ketorolac tromethamine</i>		
<i>tab 10 mg</i>	54	
<i>ketotifen fumarate ophth</i>		
<i>soln 0.035%</i>	654	
KEYTRUDA INJ		
100MG/4M	159	
KIDS PROBIOT PAK		
FIBER	453	
KIDZ MULTVIT CHW		
PROBIOTI	614	
KINRIX INJ	545	
<i>kionex</i>	389	
KISQALI 200 DOSE ..	160	
KISQALI 200 PAK		
FEMARA	160	
KISQALI 400 DOSE ..	160	
KISQALI 400 PAK		
FEMARA	160	
KISQALI 600 DOSE ..	160	
KISQALI 600 PAK		
FEMARA	160	
<i>klayesta</i>	711	
<i>klor-con</i>	562	
<i>klor-con 10</i>	562	
<i>klor-con 8</i>	562	
<i>klor-con m10</i>	562	
<i>klor-con m15</i>	562	
<i>klor-con m20</i>	563	
<i>kls allerclear d-24hr</i>	682	
<i>kls aller-tec d</i>	682	
<i>kobee</i>	614	
KONSYL DAILY POW		
100%	474	
KOSELUGO CAP 10MG		
.....	161	
KOSELUGO CAP 25MG		
.....	161	
<i>kourzeq</i>	738	
<i>kp adults 50+ daily</i>		
<i>formu</i>	614	
<i>kp adults daily formula</i>		
.....	614	
<i>kp b complex/c</i>	615	
<i>kp bisacodyl</i>	474	
<i>kp calcium citrate+d</i>	577	
<i>kp</i>		
<i>calcium/magnesium/zin</i>		
<i>c</i>	577	
<i>kp ferrous gluconate</i>	514	
<i>kp ferrous sulfate</i>	514	
<i>kp folic acid</i>	615	
<i>kp mag-oxide</i>		
<i>magnesium</i>	577	
<i>kp melatonin</i>	584	
<i>kp mens 50+ daily</i>		
<i>formula</i>	615	
<i>kp mens daily formula</i>		
.....	615	

KP MENS MIS DAILY PK
 615
kp niacin 615
 KP PRENATAL TAB
 MULTIVIT.....615
kp pseudoephedrine hcl
 682
kp senna 474
kp vitamin b-12 615
kp vitamin b-6.....615
kp womens 50+ daily
 formu.....616
kp womens daily formula
 616
 KP WOMENS PAK DAILY
 616
 K-PHOS TAB.....577
 K-PHOS TAB NO 2....494
 KPN PRENATAL TAB..616
 KRAZATI TAB 200MG161
 KROG GLUCOSE CHW
 GRAPE.....424
 KROG GLUCOSE CHW
 ORANGE 424
kurvelo.....398
L
labetalol hcl tab 100 mg
 222
labetalol hcl tab 200 mg
 222

labetalol hcl tab 300 mg
 222
 LAC-HYDRIN LOT FIVE
 731
lacosamide iv inj 200
 mg/20ml (10 mg/ml)
 312
lacosamide oral..... 312
lacosamide tab 100 mg
 313
lacosamide tab 150 mg
 313
lacosamide tab 200 mg
 313
lacosamide tab 50 mg
 313
lactase enzyme..... 486
lactase fast acting ... 486
lactated ringer's solution
 558
lactic acid (ammonium
 lactate) cream 12% 731
lactic acid (ammonium
 lactate) lotion 12% 731
lactulose
 (encephalopathy)
 solution 10 gm/15ml
 474
lactulose solution 10
 gm/15ml..... 474

<i>lamivudine oral soln 10 mg/ml</i>	<i>85</i>	<i>lamotrigine tab chewable dispersible 25 mg ..</i>	<i>314</i>
<i>lamivudine tab 100 mg (hbv).....</i>	<i>97</i>	<i>lamotrigine tab chewable dispersible 5 mg....</i>	<i>314</i>
<i>lamivudine tab 150 mg</i>	<i>86</i>	<i>lamotrigine tab er 24hr 100 mg.....</i>	<i>314</i>
<i>lamivudine tab 300 mg</i>	<i>86</i>	<i>lamotrigine tab er 24hr 200 mg.....</i>	<i>314</i>
<i>lamivudine-zidovudine tab 150-300 mg.....</i>	<i>92</i>	<i>lamotrigine tab er 24hr 25 mg</i>	<i>314</i>
<i>lamotrigine orally disintegrating tab 100 mg.....</i>	<i>313</i>	<i>lamotrigine tab er 24hr 250 mg.....</i>	<i>315</i>
<i>lamotrigine orally disintegrating tab 200 mg.....</i>	<i>313</i>	<i>lamotrigine tab er 24hr 300 mg.....</i>	<i>315</i>
<i>lamotrigine orally disintegrating tab 25 mg.....</i>	<i>313</i>	<i>lamotrigine tab er 24hr 50 mg</i>	<i>314</i>
<i>lamotrigine orally disintegrating tab 50 mg.....</i>	<i>313</i>	<i>lanreotide acetate extended release inj 120 mg/0.5ml.....</i>	<i>429</i>
<i>lamotrigine tab 100 mg</i>	<i>314</i>	<i>lansinoh lanolin.....</i>	<i>731</i>
<i>lamotrigine tab 150 mg</i>	<i>314</i>	<i>lansinoh lanolin minis ni</i>	<i>731</i>
<i>lamotrigine tab 200 mg</i>	<i>314</i>	<i>lansinoh lanolin nipple</i>	<i>731</i>
<i>lamotrigine tab 25 mg</i>	<i>313</i>	<i>lansoprazole cap delayed release 15 mg.....</i>	<i>491</i>
		<i>lansoprazole cap delayed release 30 mg.....</i>	<i>491</i>
		<i>lansoprazole tab delayed release orally</i>	

<i>disintegrating 15 mg</i>		<i>leflunomide tab 20 mg</i>	
.....	491	.....	532
<i>lansoprazole tab delayed</i>		LEMON-GLYCER MIS	
<i>release orally</i>		SWABS	738
<i>disintegrating 30 mg</i>		<i>lenalidomide cap 10 mg</i>	
.....	492	.....	135
LANTUS INJ 100/ML	.377	<i>lenalidomide cap 15 mg</i>	
LANTUS SOLOS INJ		.....	135
100/ML.....	377	<i>lenalidomide cap 20 mg</i>	
<i>lapatinib ditosylate tab</i>		.....	135
<i>250 mg (base equiv)</i>		<i>lenalidomide cap 25 mg</i>	
.....	161	.....	135
<i>larin 1.5/30.....</i>	399	<i>lenalidomide cap 5 mg</i>	
<i>larin 1/20</i>	399	.....	134
<i>larin 24 fe.....</i>	399	<i>lenalidomide caps 2.5</i>	
<i>larin fe 1.5/30</i>	399	<i>mg</i>	135
<i>larin fe 1/20.....</i>	399	LENVIMA CAP 10 MG	162
<i>latanoprost ophth soln</i>		LENVIMA CAP 12MG	162
<i>0.005%</i>	655	LENVIMA CAP 14 MG	162
<i>laxacin</i>	474	LENVIMA CAP 18 MG	162
<i>laxative</i>	475	LENVIMA CAP 20 MG	163
<i>laxative regular strength</i>		LENVIMA CAP 24 MG	163
.....	475	LENVIMA CAP 4MG ..	162
<i>layolis fe.....</i>	399	LENVIMA CAP 8 MG .	162
LAZCLUZE TAB 240MG		<i>lessina.....</i>	399
.....	161	<i>letrozole tab 2.5 mg</i>	132
LAZCLUZE TAB 80MG		<i>leucovorin calcium for inj</i>	
.....	161	<i>100 mg.....</i>	186
<i>leflunomide tab 10 mg</i>		<i>leucovorin calcium for inj</i>	
.....	532	<i>200 mg.....</i>	186

<i>leucovorin calcium for inj</i> 350 mg.....186	<i>levalbuterol hcl soln</i> <i>nebu conc 1.25</i> <i>mg/0.5ml (base equiv)</i> 679
<i>leucovorin calcium for inj</i> 50 mg 186	<i>levalbuterol tartrate</i> <i>inhal aerosol 45</i> <i>mcg/act (base equiv)</i> 679
<i>leucovorin calcium for inj</i> 500 mg.....186	LEVETIRACETA TAB 250MG..... 315
<i>leucovorin calcium inj</i> 500 mg/50ml (10 mg/ml).....186	<i>levetiracetam in sodium</i> <i>chloride iv soln 1000</i> <i>mg/100ml</i> 315
<i>leucovorin calcium tab</i> 10 mg 187	<i>levetiracetam in sodium</i> <i>chloride iv soln 1500</i> <i>mg/100ml</i> 315
<i>leucovorin calcium tab</i> 15 mg 187	<i>levetiracetam in sodium</i> <i>chloride iv soln 500</i> <i>mg/100ml</i> 315
<i>leucovorin calcium tab</i> 25 mg 187	<i>levetiracetam inj 500</i> <i>mg/5ml (100 mg/ml)</i> 315
<i>leucovorin calcium tab 5</i> <i>mg</i> 187	<i>levetiracetam oral soln</i> 100 mg/ml 315
LEUKERAN TAB 2MG.125	<i>levetiracetam tab 1000</i> <i>mg</i> 316
<i>leuprolide acetate inj kit</i> 1 mg/0.2ml (5 mg/ml) 132	<i>levetiracetam tab 250</i> <i>mg</i> 316
<i>levalbuterol hcl soln</i> <i>nebu 0.31 mg/3ml</i> <i>(base equiv)</i> 678	<i>levetiracetam tab 500</i> <i>mg</i> 316
<i>levalbuterol hcl soln</i> <i>nebu 0.63 mg/3ml</i> <i>(base equiv)</i> 678	
<i>levalbuterol hcl soln</i> <i>nebu 1.25 mg/3ml</i> <i>(base equiv)</i> 679	

<i>levetiracetam tab 750 mg</i>	316	<i>levofloxacin tab 250 mg</i>	111
<i>levetiracetam tab er 24hr 500 mg</i>	316	<i>levofloxacin tab 500 mg</i>	111
<i>levetiracetam tab er 24hr 750 mg</i>	316	<i>levofloxacin tab 750 mg</i>	111
<i>levobunolol hcl ophth soln 0.5%</i>	656	<i>levonest</i>	399
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	429	<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	399
<i>levocarnitine tab 330 mg</i>	429	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	400
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	674	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	400
<i>levocetirizine dihydrochloride tab 5 mg</i>	674	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	400
<i>levofloxacin in d5w iv soln 250 mg/50ml</i> ..	110	<i>levonorgestrel tab 1.5 mg</i>	400
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	111	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	400
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	111	<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	401
<i>levofloxacin iv soln 25 mg/ml</i>	111		

<i>levonorg-eth est tab</i> <i>0.1-0.02mg(84) & eth</i> <i>est tab 0.01mg(7) ..400</i>	<i>levothyroxine sodium</i> <i>tab 88 mcg..... 437</i>
<i>levonorg-eth est tab</i> <i>0.15-0.03mg(84) & eth</i> <i>est tab 0.01mg(7) ..400</i>	<i>levoxyl 438</i>
<i>levora 0.15/30-28....401</i>	<i>l-glutamine (sickle cell)</i> <i>..... 519</i>
<i>levo-t.....436</i>	<i>LIBERVANT MIS 10MG</i> <i>..... 316</i>
<i>levothyroxine sodium</i> <i>tab 100 mcg.....437</i>	<i>LIBERVANT MIS 12.5MG</i> <i>..... 317</i>
<i>levothyroxine sodium</i> <i>tab 112 mcg.....437</i>	<i>LIBERVANT MIS 15MG</i> <i>..... 317</i>
<i>levothyroxine sodium</i> <i>tab 125 mcg.....437</i>	<i>LIBERVANT MIS 5MG 316</i>
<i>levothyroxine sodium</i> <i>tab 137 mcg.....437</i>	<i>LIBERVANT MIS 7.5MG</i> <i>..... 316</i>
<i>levothyroxine sodium</i> <i>tab 150 mcg.....437</i>	<i>lice killing maximum stre</i> <i>..... 736</i>
<i>levothyroxine sodium</i> <i>tab 175 mcg.....437</i>	<i>lice killing shampoo . 736</i>
<i>levothyroxine sodium</i> <i>tab 200 mcg.....437</i>	<i>lidocaine hcl local inj</i> <i>0.5% 42</i>
<i>levothyroxine sodium</i> <i>tab 25 mcg 436</i>	<i>lidocaine hcl local inj 1%</i> <i>..... 42</i>
<i>levothyroxine sodium</i> <i>tab 300 mcg.....437</i>	<i>lidocaine hcl local inj 2%</i> <i>..... 42</i>
<i>levothyroxine sodium</i> <i>tab 50 mcg 436</i>	<i>lidocaine hcl local</i> <i>preservative free (pf)</i> <i>inj 0.5% 42</i>
<i>levothyroxine sodium</i> <i>tab 75 mcg 436</i>	<i>lidocaine hcl local</i> <i>preservative free (pf)</i> <i>inj 1% 43</i>

<i>lidocaine hcl local</i>	
<i>preservative free (pf)</i>	
<i>inj 1.5%</i>	43
<i>lidocaine hcl soln 4%</i>	723
<i>lidocaine hcl viscous soln</i>	
<i>2%</i>	738
<i>lidocaine oint 5%</i>	723
<i>lidocaine patch 5%...</i>	723
<i>lidocaine-prilocaine</i>	
<i>cream 2.5-2.5%</i>	723
<i>lidocan</i>	723
<i>LILETTA IUD 52MG...</i>	401
<i>linezolid for susp 100</i>	
<i>mg/5ml</i>	72
<i>LINEZOLID INJ 2MG/ML</i>	
<i>.....</i>	72
<i>linezolid iv soln 600</i>	
<i>mg/300ml (2 mg/ml)</i>	72
<i>linezolid tab 600 mg..</i>	72
<i>lintera wash</i>	704
<i>LINZESS CAP 145MCG</i>	
<i>.....</i>	486
<i>LINZESS CAP 290MCG</i>	
<i>.....</i>	486
<i>LINZESS CAP 72MCG</i>	486
<i>liothyronine sodium tab</i>	
<i>25 mcg</i>	438
<i>liothyronine sodium tab</i>	
<i>5 mcg.....</i>	438
<i>liothyronine sodium tab</i>	
<i>50 mcg</i>	438
<i>liquid acetaminophen.</i>	43
<i>liquid allergy relief...</i>	674
<i>liquid c</i>	617
<i>LIQUID CALCI CAP WITH</i>	
<i>D3</i>	577
<i>liquid calcium/d3.....</i>	577
<i>liquid calcium/vitamin d</i>	
<i>.....</i>	577
<i>liquid pain relief</i>	43
<i>liraglutide soln pen-</i>	
<i>injector 18 mg/3ml (6</i>	
<i>mg/ml)</i>	365
<i>lisdexamfetamine</i>	
<i>dimesylate cap 10 mg</i>	
<i>.....</i>	333
<i>lisdexamfetamine</i>	
<i>dimesylate cap 20 mg</i>	
<i>.....</i>	333
<i>lisdexamfetamine</i>	
<i>dimesylate cap 30 mg</i>	
<i>.....</i>	333
<i>lisdexamfetamine</i>	
<i>dimesylate cap 40 mg</i>	
<i>.....</i>	333
<i>lisdexamfetamine</i>	
<i>dimesylate cap 50 mg</i>	
<i>.....</i>	333

<i>lisdexamfetamine</i>	
<i>dimesylate cap 60 mg</i>	
.....	333
<i>lisdexamfetamine</i>	
<i>dimesylate cap 70 mg</i>	
.....	333
<i>lisdexamfetamine</i>	
<i>dimesylate chew tab 10</i>	
<i>mg</i>	334
<i>lisdexamfetamine</i>	
<i>dimesylate chew tab 20</i>	
<i>mg</i>	334
<i>lisdexamfetamine</i>	
<i>dimesylate chew tab 30</i>	
<i>mg</i>	334
<i>lisdexamfetamine</i>	
<i>dimesylate chew tab 40</i>	
<i>mg</i>	334
<i>lisdexamfetamine</i>	
<i>dimesylate chew tab 50</i>	
<i>mg</i>	334
<i>lisdexamfetamine</i>	
<i>dimesylate chew tab 60</i>	
<i>mg</i>	334
<i>lisinopril &</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-12.5 mg</i>	190
<i>lisinopril &</i>	
<i>hydrochlorothiazide tab</i>	
<i>20-12.5 mg</i>	191
<i>lisinopril &</i>	
<i>hydrochlorothiazide tab</i>	
<i>20-25 mg</i>	191
<i>lisinopril tab 10 mg</i> .	193
<i>lisinopril tab 2.5 mg</i>	193
<i>lisinopril tab 20 mg</i> .	193
<i>lisinopril tab 30 mg</i> .	193
<i>lisinopril tab 40 mg</i> .	193
<i>lisinopril tab 5 mg</i> ...	193
<i>lithium carbonate cap</i>	
<i>150 mg</i>	345
<i>lithium carbonate cap</i>	
<i>300 mg</i>	345
<i>lithium carbonate cap</i>	
<i>600 mg</i>	345
<i>lithium carbonate tab</i>	
<i>300 mg</i>	345
<i>lithium carbonate tab er</i>	
<i>300 mg</i>	346
<i>lithium carbonate tab er</i>	
<i>450 mg</i>	346
<i>lithium oral solution 8</i>	
<i>meq/5ml</i>	346
LIVTENCITY TAB 200MG	
.....	97
L-METHYLFOLA CAP	
ALGAL	616
L-METHYLFOLA CAP	
FORTE 15.....	616

L-METHYLFOLA TAB	
15MG	616
L-METHYLFOLA TAB	
7.5MG	616
<i>l-methylfolate tab 15 mg</i>	
.....	617
<i>l-methylfolate tab 7.5</i>	
<i>mg</i>	617
L-METHYL-MC TAB ...	616
<i>loestrin 1.5/30-21</i>	401
<i>loestrin 1/20-21</i>	401
<i>loestrin fe 1.5/30</i>	401
<i>loestrin fe 1/20</i>	401
LOKELMA PAK 10GM.	389
LOKELMA PAK 5GM ..	389
LOMAIRA TAB 8MG...	383
LONSURF TAB 15-6.14	
.....	127
LONSURF TAB 20-8.19	
.....	127
<i>loperamide hcl cap 2 mg</i>	
.....	486
<i>loperamide hcl soln 1</i>	
<i>mg/7.5ml</i>	453
<i>loperamide hcl tab 2 mg</i>	
.....	453
<i>loperamide-simethicone</i>	
<i>tab 2-125 mg</i>	453
<i>lopinavir-ritonavir soln</i>	
<i>400-100 mg/5ml (80-</i>	
<i>20 mg/ml)</i>	92
<i>lopinavir-ritonavir tab</i>	
<i>100-25 mg</i>	92
<i>lopinavir-ritonavir tab</i>	
<i>200-50 mg</i>	92
<i>loradamed</i>	674
<i>loratadine childrens</i> .	674
<i>loratadine oral soln 5</i>	
<i>mg/5ml</i>	674
<i>loratadine tab 10 mg</i>	675
<i>loratadine-d 12hr</i>	682
<i>loratadine-d 24hr</i>	683
<i>lorazepam conc 2 mg/ml</i>	
.....	249
<i>lorazepam inj 2 mg/ml</i>	
.....	249
<i>lorazepam inj 4 mg/ml</i>	
.....	250
<i>lorazepam intensol</i> ..	250
<i>lorazepam tab 0.5 mg</i>	
.....	250
<i>lorazepam tab 1 mg</i>	250
<i>lorazepam tab 2 mg</i>	250
LORBRENA TAB 100MG	
.....	163
LORBRENA TAB 25MG	
.....	163
<i>loryna</i>	401

<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	201	L-TRYPTOPHAN CAP 500MG.....	584
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	201	L-TRYPTOPHAN TAB 500MG.....	584
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	200	<i>lubricant eye drops..</i>	659
<i>losartan potassium tab 100 mg</i>	205	<i>lubricant eye nighttime</i>	660
<i>losartan potassium tab 25 mg</i>	205	<i>lubricant pm</i>	660
<i>losartan potassium tab 50 mg</i>	205	<i>lubricating eye drops</i>	660
LOTEMAX OIN 0.5% .	653	<i>lubrifresh p.m.</i>	660
<i>loteprednol etabonate ophth susp 0.2%</i>	653	LUMAKRAS TAB 120MG	163
<i>lovastatin tab 10 mg</i>	213	LUMAKRAS TAB 240MG	163
<i>lovastatin tab 20 mg</i>	214	LUMAKRAS TAB 320MG	164
<i>lovastatin tab 40 mg</i>	214	LUMIGAN SOL 0.01% OP	656
<i>low-ogestrel</i>	401	LUMIZYME INJ 50MG	429
<i>loxapine succinate cap 10 mg</i>	289	LUPR DEP-PED INJ 11.25MG	430
<i>loxapine succinate cap 25 mg</i>	289	LUPR DEP-PED INJ 15MG	430
<i>loxapine succinate cap 5 mg</i>	289	LUPR DEP-PED INJ 3M 30MG	430
<i>loxapine succinate cap 50 mg</i>	289	LUPR DEP-PED INJ 7.5MG	430
		LUPRON DEPOT INJ 11.25MG	132

LUPRON DEPOT INJ
 3.75MG 132
 LUPRON DEPOT INJ
 45MG 430
lurasidone hcl tab 120
mg.....290
lurasidone hcl tab 20 mg
289
lurasidone hcl tab 40 mg
290
lurasidone hcl tab 60 mg
290
lurasidone hcl tab 80 mg
290
lutea.....402
 LYBALVI TAB 10-10MG
290
 LYBALVI TAB 15-10MG
290
 LYBALVI TAB 20-10MG
290
 LYBALVI TAB 5-10MG
290
lyleq 402
lyllana.....415
 LYNPARZA TAB 100MG
164
 LYNPARZA TAB 150MG
164

LYSODREN TAB 500MG
 132
 LYTGobi (12 MG DAILY
 DOSE) 164
 LYTGobi (16 MG DAILY
 DOSE) 164
 LYTGobi (20 MG DAILY
 DOSE) 164
 LYUMJEV INJ 100UT/ML
 377
 LYUMJEV KWPN INJ
 100UT/ML 378
 LYUMJEV KWPN INJ
 200UT/ML 378
 LYUMJEV TMPO INJ
 100UT/ML 378
lyza..... 402
M
 MAG CITRATE TAB
 100MG..... 577
 MAG OXIDE CAP 400MG
 577
 MAG OXIDE TAB 420MG
 578
 MAG-AL LIQ 446
mag-al plus..... 446
mag-al plus xs..... 446
magdelay..... 578
 MAG-G TAB 500MG . 578

MAGNESIUM CAP 100MG 578	<i>magnesium oxide tab</i> 500 mg (mg supplement) 579
MAGNESIUM CAP 300MG 578	MAGNESIUM SU INJ 20/500ML..... 559
MAGNESIUM ES CAP 400MG 578	MAGNESIUM SU INJ 2GM/50ML..... 558
<i>magnesium gluconate</i> <i>tab 27.5 mg (elemental</i> <i>mg) 578</i>	MAGNESIUM SU INJ 40G/1000 559
<i>magnesium glycinate</i> <i>cap 100 mg (elemental</i> <i>mg) 578</i>	MAGNESIUM SU INJ 4G/100ML 559
<i>magnesium lactate tab</i> <i>er 84 mg (elemental</i> <i>mg) (7 meq) 579</i>	MAGNESIUM SU INJ 80MG/ML 559
<i>magnesium oxide cap</i> <i>500 mg (elemental mg)</i> <i>.....579</i>	<i>magnesium sulfate in</i> <i>dextrose 5% iv soln 1</i> <i>gm/100ml 559</i>
<i>magnesium oxide tab</i> <i>250 mg.....446</i>	<i>magnesium sulfate inj</i> <i>50% 559</i>
<i>magnesium oxide tab</i> <i>250 mg (mg</i> <i>supplement) 579</i>	<i>magnesium sulfate iv</i> <i>soln 2 gm/50ml (40</i> <i>mg/ml) 559</i>
<i>magnesium oxide tab</i> <i>400 mg.....446</i>	<i>magnesium sulfate iv</i> <i>soln 20 gm/500ml (40</i> <i>mg/ml) 560</i>
<i>magnesium oxide tab</i> <i>400 mg (240 mg</i> <i>elemental mg) 579</i>	<i>magnesium sulfate iv</i> <i>soln 4 gm/100ml (40</i> <i>mg/ml) 559</i>
<i>magnesium oxide tab</i> <i>420 mg.....446</i>	<i>magnesium sulfate iv</i> <i>soln 4 gm/50ml (80</i> <i>mg/ml) 559</i>

<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	<i>560</i>	<i>meclizine hcl tab 12.5 mg</i>	<i>456</i>
<i>magnesium tab 100 mg</i>	<i>579</i>	<i>meclizine hcl tab 25 mg</i>	<i>456</i>
<i>MAGNESIUM TAB 200MG</i>	<i>579</i>	<i>medi-first triple antibio</i>	<i>706</i>
<i>magnesium-oxide</i>	<i>579</i>	<i>mediproxen</i>	<i>54</i>
<i>mag-oxide</i>	<i>578</i>	<i>medi-seltzer</i>	<i>44</i>
<i>malathion lotion 0.5%</i>	<i>736</i>	<i>medpura benzoyl peroxide</i>	<i>704</i>
<i>mapap</i>	<i>43</i>	<i>medpura vitamin a & d</i>	<i>731</i>
<i>mapap childrens</i>	<i>43</i>	<i>medpura zinc oxide .</i>	<i>732</i>
<i>maraviroc tab 150 mg</i>	<i>86</i>	<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	<i>402</i>
<i>maraviroc tab 300 mg</i>	<i>86</i>	<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	<i>402</i>
<i>marlissa</i>	<i>402</i>	<i>medroxyprogesterone acetate tab 10 mg .</i>	<i>435</i>
<i>MARPLAN TAB 10MG</i>	<i>262</i>	<i>medroxyprogesterone acetate tab 2.5 mg</i>	<i>435</i>
<i>MATULANE CAP 50MG</i>	<i>138</i>	<i>medroxyprogesterone acetate tab 5 mg...</i>	<i>435</i>
<i>matzim la</i>	<i>230</i>	<i>mefloquine hcl tab 250 mg</i>	<i>82</i>
<i>MAVYRET PAK 50-20MG</i>	<i>97</i>	<i>MEGA MULTI TAB MEN</i>	<i>617</i>
<i>MAVYRET TAB 100- 40MG</i>	<i>97</i>		
<i>max relief junior</i>	<i>43</i>		
<i>maxallergy kids</i>	<i>675</i>		
<i>m-dryl.....</i>	<i>675</i>		
<i>meclizine hcl chew tab 25 mg</i>	<i>456</i>		

<i>mega multiple</i>	
<i>w/chelated</i>	617
<i>megestrol acetate susp</i>	
<i>40 mg/ml</i>	435
<i>megestrol acetate susp</i>	
<i>625 mg/5ml</i>	435
<i>megestrol acetate tab 20</i>	
<i>mg</i>	132
<i>megestrol acetate tab 40</i>	
<i>mg</i>	133
<i>meijer c</i>	617
<i>meijer ibuprofen</i>	54
<i>meijer nasal</i>	
<i>decongestant</i>	683
MEKINIST SOL 0.05/ML	
.....	165
MEKINIST TAB 0.5MG	
.....	165
MEKINIST TAB 2MG .	165
MEKTOVI TAB 15MG.	165
<i>melatonin advanced</i>	
<i>sleep</i>	584
<i>melatonin chew tab 2.5</i>	
<i>mg</i>	584
<i>melatonin chew tab 5</i>	
<i>mg</i>	585
<i>melatonin extra strength</i>	
.....	585
<i>melatonin fast dissolve e</i>	
.....	585
<i>melatonin kids</i>	585
<i>melatonin kids gummies</i>	
.....	585
MELATONIN LIQ	
1MG/4ML	585
MELATONIN LIQ 2.5MG	
.....	585
<i>melatonin liquid 1 mg/ml</i>	
.....	585
<i>melatonin maximum</i>	
<i>strengt</i>	585
<i>melatonin sl tab 5 mg</i>	
.....	586
<i>melatonin tab 1 mg .</i>	586
MELATONIN TAB 1-	
10MG	586
MELATONIN TAB 1MG	
.....	586
<i>melatonin tab 3 mg .</i>	586
MELATONIN TAB	
300MCG.....	586
MELATONIN TAB 3-	
10MG	586
<i>melatonin tab 5 mg .</i>	586
<i>melatonin tablet</i>	
<i>disintegrating 5 mg</i>	586
<i>melatonin tr/vitamin b-6</i>	
.....	587
<i>melatonin/vitamin b-6</i>	
<i>ext</i>	587

MELATONINMAX CHW 10MG	587	MENQUADFI INJ.....	545
<i>melatonin-pyridoxine tab</i> <i>5-10 mg</i>	<i>587</i>	MENS 50+ TAB MULTIVIT	<i>617</i>
<i>meloxicam tab 15 mg</i>	<i>54</i>	<i>mens daily</i> <i>formula/lycope.....</i>	<i>617</i>
<i>meloxicam tab 7.5 mg</i>	<i>54</i>	MENS DAILY PAK PACK	<i>617</i>
<i>memantine hcl cap er</i> <i>24hr 14 mg</i>	<i>252</i>	MENS MULTI CHW ...	<i>618</i>
<i>memantine hcl cap er</i> <i>24hr 21 mg</i>	<i>252</i>	<i>menstrual pain relief mul</i>	<i>44</i>
<i>memantine hcl cap er</i> <i>24hr 28 mg</i>	<i>252</i>	MENVEO INJ.....	<i>546</i>
<i>memantine hcl cap er</i> <i>24hr 7 mg</i>	<i>252</i>	MENVEO SOL.....	<i>546</i>
<i>memantine hcl oral</i> <i>solution 2 mg/ml....</i>	<i>252</i>	<i>mercaptopurine susp</i> <i>2000 mg/100ml (20</i> <i>mg/ml)</i>	<i>128</i>
<i>memantine hcl tab 10</i> <i>mg</i>	<i>253</i>	<i>mercaptopurine tab 50</i> <i>mg</i>	<i>128</i>
<i>memantine hcl tab 5 mg</i>	<i>253</i>	<i>meropenem iv for soln 1</i> <i>gm</i>	<i>72</i>
<i>memantine hcl-donepezil</i> <i>hcl cap er 24hr 14-10</i> <i>mg</i>	<i>253</i>	<i>meropenem iv for soln</i> <i>500 mg</i>	<i>72</i>
<i>memantine hcl-donepezil</i> <i>hcl cap er 24hr 21-10</i> <i>mg</i>	<i>253</i>	<i>mesalamine cap dr 400</i> <i>mg</i>	<i>464</i>
<i>memantine hcl-donepezil</i> <i>hcl cap er 24hr 28-10</i> <i>mg</i>	<i>253</i>	<i>mesalamine cap er 24hr</i> <i>0.375 gm</i>	<i>465</i>
MENACTRA INJ	545	<i>mesalamine enema 4</i> <i>gm</i>	<i>465</i>
		<i>mesalamine rectal</i> <i>enema 4 gm & cleanser</i> <i>wipe kit.....</i>	<i>465</i>

<i>mesalamine suppos</i>		
1000 mg	465	
<i>mesalamine tab delayed</i>		
release 1.2 gm	465	
<i>mesna tab 400 mg</i> ...	187	
MESNEX TAB 400MG	187	
<i>metformin hcl oral soln</i>		
500 mg/5ml	365	
<i>metformin hcl tab 1000</i>		
mg	366	
<i>metformin hcl tab 500</i>		
mg	365	
<i>metformin hcl tab 850</i>		
mg	366	
<i>metformin hcl tab er</i>		
24hr 500 mg	366	
<i>metformin hcl tab er</i>		
24hr 750 mg	366	
<i>methadone hcl soln 10</i>		
mg/5ml	59	
<i>methadone hcl soln 5</i>		
mg/5ml	59	
<i>methadone hcl tab 10</i>		
mg	59	
<i>methadone hcl tab 5 mg</i>		
.....	59	
<i>methadone</i>		
hydrochloride i	60	
<i>methazolamide tab 25</i>		
mg	237	
<i>methazolamide tab 50</i>		
mg	237	
<i>methenamine hippurate</i>		
tab 1 gm	73	
<i>methimazole tab 10 mg</i>		
.....	438	
<i>methimazole tab 5 mg</i>		
.....	438	
METHOCEL E4M POW		
PREMIUM	550	
<i>methotrexate sodium for</i>		
inj 1 gm	128	
<i>methotrexate sodium inj</i>		
250 mg/10ml (25		
mg/ml)	128	
<i>methotrexate sodium inj</i>		
50 mg/2ml (25 mg/ml)		
.....	128	
<i>methotrexate sodium inj</i>		
pf 1000 mg/40ml (25		
mg/ml)	128	
<i>methotrexate sodium inj</i>		
pf 250 mg/10ml (25		
mg/ml)	128	
<i>methotrexate sodium inj</i>		
pf 50 mg/2ml (25		
mg/ml)	128	
<i>methotrexate sodium</i>		
tab 2.5 mg (base		
equiv)	532	

<i>methoxsalen rapid cap</i>	
10 mg	715
<i>methsuximide cap 300</i>	
mg	317
<i>METHYL B-12 LOZ</i>	
1000MCG	618
<i>methylcobalamin orally</i>	
disintegrating tab 5000	
mcg	618
<i>methylphenidate hcl</i>	
chew tab 10 mg	335
<i>methylphenidate hcl</i>	
chew tab 2.5 mg	334
<i>methylphenidate hcl</i>	
chew tab 5 mg	335
<i>methylphenidate hcl soln</i>	
10 mg/5ml	335
<i>methylphenidate hcl soln</i>	
5 mg/5ml	335
<i>methylphenidate hcl tab</i>	
10 mg	335
<i>methylphenidate hcl tab</i>	
20 mg	335
<i>methylphenidate hcl tab</i>	
5 mg	335
<i>methylphenidate hcl tab</i>	
er 10 mg	335
<i>methylphenidate hcl tab</i>	
er 20 mg	335
<i>methylprednisolone</i>	
acetate inj susp 40	
mg/ml	418
<i>methylprednisolone</i>	
acetate inj susp 80	
mg/ml	418
<i>methylprednisolone sod</i>	
succ for inj 1000 mg	
(base equiv)	419
<i>methylprednisolone sod</i>	
succ for inj 125 mg	
(base equiv)	419
<i>methylprednisolone sod</i>	
succ for inj 40 mg	
(base equiv)	418
<i>methylprednisolone tab</i>	
16 mg	419
<i>methylprednisolone tab</i>	
32 mg	419
<i>methylprednisolone tab</i>	
4 mg	419
<i>methylprednisolone tab</i>	
8 mg	419
<i>methylprednisolone tab</i>	
therapy pack 4 mg (21)	
.....	419
<i>methyltestosterone cap</i>	
10 mg	360

<i>metoclopramide hcl inj 5 mg/ml (base equivalent).....</i>	<i>456</i>	<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	<i>222</i>
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	<i>457</i>	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv).....</i>	<i>222</i>
<i>metoclopramide hcl tab 10 mg (base equivalent).....</i>	<i>457</i>	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv).....</i>	<i>222</i>
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	<i>457</i>	<i>metoprolol tartrate iv soln 5 mg/5ml</i>	<i>223</i>
<i>metolazone tab 10 mg</i>	<i>237</i>	<i>metoprolol tartrate tab 100 mg</i>	<i>223</i>
<i>metolazone tab 2.5 mg</i>	<i>237</i>	<i>metoprolol tartrate tab 25 mg</i>	<i>223</i>
<i>metolazone tab 5 mg</i>	<i>237</i>	<i>metoprolol tartrate tab 50 mg</i>	<i>223</i>
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	<i>220</i>	<i>metronidazole cream 0.75%</i>	<i>732</i>
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	<i>220</i>	<i>metronidazole gel 0.75%</i>	<i>732</i>
<i>metoprolol & hydrochlorothiazide tab 50-25 mg.....</i>	<i>220</i>	<i>metronidazole iv soln 500 mg/100ml</i>	<i>73</i>
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv).....</i>	<i>222</i>	<i>metronidazole lotion 0.75%</i>	<i>732</i>
		<i>metronidazole tab 250 mg</i>	<i>73</i>
		<i>metronidazole tab 500 mg</i>	<i>73</i>

<i>metronidazole vaginal gel 0.75%</i>	498	<i>micotrin al</i>	711
<i>metyrosine cap 250 mg</i>	243	<i>micotrin ap</i>	711
MG GLUCONATE TAB 250MG	580	<i>microgestin 1.5/30</i> ..	402
MG PLUS TAB PROTEIN	618	<i>microgestin 1/20</i>	403
<i>mgo</i>	580	<i>microgestin fe 1.5/30</i>	403
<i>mibelas 24 fe</i>	402	<i>microgestin fe 1/20</i> .	403
<i>micafungin sodium for iv soln 100 mg</i>	81	<i>midodrine hcl tab 10 mg</i>	243
<i>micafungin sodium for iv soln 50 mg</i>	81	<i>midodrine hcl tab 2.5 mg</i>	243
<i>micomitin</i>	711	<i>midodrine hcl tab 5 mg</i>	243
<i>miconazole 3 combo pack</i>	498	MIEBO DRO 1.3GM/ML	660
<i>miconazole 7</i>	499	<i>mifepristone tab 300 mg</i>	430
<i>miconazole antifungal</i>	711	<i>migraine relief</i>	44
<i>miconazole nitrate cream 2%</i>	711	<i>mili</i>	403
<i>miconazole nitrate vaginal cream 2%</i> ..	499	MILK OF MAGN SUS 2400/10	475
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	499	<i>milk of magnesia</i>	475
MICONAZOLE SOL 2%	711	<i>mimvey</i>	415
<i>micotrin ac</i>	711	<i>mineral oil</i>	475
		<i>mineral oil enema</i> ...	475
		MINERAL OIL HEAVY	475
		MINERAL OIL LIGHT	732
		<i>minocycline hcl cap 100 mg</i>	121

<i>minocycline hcl cap 50 mg</i>	120
<i>minocycline hcl cap 75 mg</i>	120
<i>minoxidil tab 10 mg</i>	.244
<i>minoxidil tab 2.5 mg</i>	244
<i>mintox</i>	446
<i>mintox maximum strength</i>	446
<i>mintox plus</i>	447
<i>mirtazapine orally disintegrating tab 15 mg</i>	263
<i>mirtazapine orally disintegrating tab 30 mg</i>	263
<i>mirtazapine orally disintegrating tab 45 mg</i>	263
<i>mirtazapine tab 15 mg</i>	263
<i>mirtazapine tab 30 mg</i>	263
<i>mirtazapine tab 45 mg</i>	263
<i>mirtazapine tab 7.5 mg</i>	263
<i>misoprostol tab 100 mcg</i>	486
<i>misoprostol tab 200 mcg</i>	487
MITIGARE CAP 0.6MG	34
M-M-R II INJ	545
M-NATAL PLUS TAB	. 563
<i>modafinil tab 100 mg</i>	351
<i>modafinil tab 200 mg</i>	351
<i>moexipril hcl tab 15 mg</i>	193
<i>moexipril hcl tab 7.5 mg</i>	193
<i>molindone hcl tab 10 mg</i>	291
<i>molindone hcl tab 25 mg</i>	291
<i>molindone hcl tab 5 mg</i>	290
<i>mometasone furoate cream 0.1%</i>	721
<i>mometasone furoate nasal susp 50 mcg/act</i>	695
<i>mometasone furoate oint 0.1%</i>	722
<i>mometasone furoate solution 0.1% (lotion)</i>	722

MONIST CARE CRE CARE
 1% 494
 MONISTAT 3 CRE 4%
499
 MONISTAT 7 KIT COMBO
 PK 499
 MONJUVI INJ 200MG 165
monoject pharma grade
flu.....580
monoject sodium
chloride 580
mono-lynyah.....403
montelukast sodium
chew tab 4 mg (base
equiv) 684
montelukast sodium
chew tab 5 mg (base
equiv) 684
montelukast sodium oral
granules packet 4 mg
(base equiv).....685
montelukast sodium tab
10 mg (base equiv) 685
morphine sulfate iv soln
10 mg/ml..... 64
morphine sulfate iv soln
4 mg/ml 64
morphine sulfate iv soln
8 mg/ml 64

morphine sulfate oral
soln 10 mg/5ml..... 64
morphine sulfate oral
soln 100 mg/5ml (20
mg/ml) 64
morphine sulfate oral
soln 20 mg/5ml..... 64
morphine sulfate tab 15
mg 64
morphine sulfate tab 30
mg 64
morphine sulfate tab er
100 mg 60
morphine sulfate tab er
15 mg 60
morphine sulfate tab er
200 mg 60
morphine sulfate tab er
30 mg 60
morphine sulfate tab er
60 mg 60
motion sickness relief/le
 457
motion-time 457
 MOUNJARO INJ
 10MG/0.5..... 367
 MOUNJARO INJ 12.5/0.5
 367
 MOUNJARO INJ
 15MG/0.5..... 367

MOUNJARO INJ 2.5/0.5 366	MULTI/IRON/ DRO INF/TODD 619
MOUNJARO INJ 5MG/0.5 366	MULTIGEN PLS TAB . 514
MOUNJARO INJ 7.5/0.5 366	MULTIGEN TAB 514
MOUTH KOTE SOL....738	MULTIGEN TAB FOLIC 514
MOVANTIK TAB 12.5MG 487	<i>multiple electrolytes ph</i> 5.5..... 560
MOVANTIK TAB 25MG 487	<i>multiple electrolytes ph</i> 7.4..... 560
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj....111</i>	<i>multiple vitamin/minerals ... 619</i>
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) 650</i>	<i>multiple vitamins w/ iron tab 620</i>
<i>moxifloxacin hcl tab 400 mg (base equiv) 111</i>	<i>multiple vitamins w/ minerals liquid 620</i>
<i>m-pap 43</i>	<i>multiple vitamins w/ minerals tab 620</i>
MRESVIA INJ 50MCG 546	<i>multipro 620</i>
MULTAQ TAB 400MG 208	MULTITAM TAB 620
MULTI VIT/FL DRO 0.5MG/ML 618	MULTIV INFAN DRO /TODDLER..... 620
MULTI VITAMI TAB...618	MULTIVIT/FL CHW 0.25MG..... 620
MULTI VITAMN TAB MINERALS.....618	MULTIVIT/FL CHW 0.5MG 620
MULTI ZERO CHW YUMVSKID 618	MULTIVIT/FL CHW 1MG 620
	MULTIVIT/FL DRO 0.25MG..... 621

<i>multi-vit/iron/fluoride</i>		
.....	618	
MULTI-VITAMI TAB		
MONOCAPS	619	
<i>multi-vitamin</i>	619	
<i>multivitamin childrens</i>		
.....	621	
<i>multivitamin gummies</i>		
<i>adul</i>	621	
<i>multi-vitamin</i>		
<i>hp/minerals</i>	619	
MULTIVITAMIN TAB..	621	
MULTIVITAMIN TAB		
ZINC STR.....	621	
<i>multivitamin/fluoride</i>	621	
<i>multi-vitamin/fluoride dr</i>		
.....	619	
<i>multi-vitamin/fluoride/ir</i>		
.....	619	
<i>multi-vitamin/minerals</i>		
.....	619	
<i>multivitamin/multiminer</i>		
<i>al</i>	621	
MULTI-VITE LIQ.....	619	
<i>mupirocin oint 2%</i> ...	707	
<i>murine ear</i>	741	
<i>my choice</i>	403	
<i>my way</i>	403	
<i>mycophenolate mofetil</i>		
<i>cap 250 mg</i>	540	
<i>mycophenolate mofetil</i>		
<i>for oral susp 200</i>		
<i>mg/ml</i>	541	
<i>mycophenolate mofetil</i>		
<i>tab 500 mg</i>	541	
<i>mycophenolate sodium</i>		
<i>tab dr 180 mg</i>		
<i>(mycophenolic acid</i>		
<i>equiv)</i>	541	
<i>mycophenolate sodium</i>		
<i>tab dr 360 mg</i>		
<i>(mycophenolic acid</i>		
<i>equiv)</i>	541	
<i>mycozyl ac</i>	711	
<i>mycozyl al</i>	712	
<i>mycozyl ap</i>	712	
MYLANTA COAT SUS &		
COOL.....	447	
<i>mylanta maximum</i>		
<i>strength</i>	447	
<i>mynephron</i>	621	
MYRBETRIQ SUS		
8MG/ML.....	496	
MYRBETRIQ TAB 25MG		
.....	496	
MYRBETRIQ TAB 50MG		
.....	496	
N		
<i>nabumetone tab 500 mg</i>		
.....	54	

<i>nabumetone tab 750 mg</i>	
.....	54
<i>nadolol tab 20 mg</i>	223
<i>nadolol tab 40 mg</i>	223
<i>nadolol tab 80 mg</i>	223
<i>nafcillin sodium for inj 1 gm</i>	116
<i>nafcillin sodium for inj 2 gm</i>	117
<i>nafcillin sodium for iv soln 10 gm</i>	117
<i>NAGLAZYME INJ 1MG/ML</i>	430
<i>nalbuphine hcl inj 10 mg/ml</i>	 64
<i>nalbuphine hcl inj 20 mg/ml</i>	 65
<i>naloxone hcl inj 0.4 mg/ml</i>	355
<i>naloxone hcl inj 4 mg/10ml</i>	355
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	355
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	355
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	355
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	 356
<i>naltrexone hcl tab 50 mg</i>	 356
<i>NAMZARIC CAP 14-10MG</i>	 253
<i>NAMZARIC CAP 21-10MG</i>	 253
<i>NAMZARIC CAP 28-10MG</i>	 254
<i>NAMZARIC CAP 7-10MG</i>	 253
<i>NAMZARIC CAP PACK</i>	 254
<i>NAPHCON-A SOL OP</i>	654
<i>naproxen sodium tab 220 mg</i>	 54
<i>naproxen sodium tab 275 mg</i>	 55
<i>naproxen sodium tab 550 mg</i>	 55
<i>naproxen tab 250 mg</i>	55
<i>naproxen tab 375 mg</i>	55
<i>naproxen tab 500 mg</i>	55
<i>naproxen tab ec 375 mg</i>	 55
<i>naratriptan hcl tab 1 mg (base equiv)</i>	 340

<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	340
NARCOSOFT CAP HERB LAX.....	551
<i>nasal allergy 24 hour mul</i>	695
<i>nasal decongestant ..</i>	683
<i>nateglinide tab 120 mg</i>	367
<i>nateglinide tab 60 mg</i>	367
<i>natural psyllium seed ind</i>	475
<i>natural senna laxative</i>	475
<i>natural vitamin d-3 ..</i>	621
NAYZILAM SPR 5MG .	317
<i>nebivolol hcl tab 10 mg (base equivalent) ...</i>	224
<i>nebivolol hcl tab 2.5 mg (base equivalent) ...</i>	223
<i>nebivolol hcl tab 20 mg (base equivalent) ...</i>	224
<i>nebivolol hcl tab 5 mg (base equivalent) ...</i>	223
<i>necon 0.5/35-28.....</i>	403
<i>nefazodone hcl tab 100 mg</i>	263
<i>nefazodone hcl tab 150 mg</i>	264
<i>nefazodone hcl tab 200 mg</i>	264
<i>nefazodone hcl tab 250 mg</i>	264
<i>nefazodone hcl tab 50 mg</i>	263
<i>neomycin sulfate tab 500 mg</i>	73
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	650
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	650
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%.....</i>	648
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%.....</i>	648
<i>neomycin-polymyxin-hc ophth susp</i>	648
<i>neomycin-polymyxin-hc otic soln 1%</i>	663
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%. ..</i>	663

<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	650
<i>neo-polycin hc ophth oint 1%</i>	647
NEOVITE TAB	622
NEPHPLEX RX TAB ...	622
<i>nephro vitamins</i>	622
NEPHRON FA TAB	514
<i>nephronex</i>	622
NEPHRONEX LIQ 0.9/5ML.....	622
<i>nephro-vite</i>	622
NERLYNX TAB 40MG.	165
NEUPRO DIS 1MG/24HR	273
NEUPRO DIS 2MG/24HR	273
NEUPRO DIS 3MG/24HR	273
NEUPRO DIS 4MG/24HR	273
NEUPRO DIS 6MG/24HR	273
NEUPRO DIS 8MG/24HR	273
NEURIN-SL SUB.....	622
<i>nevirapine susp 50 mg/5ml</i>	86
<i>nevirapine tab 200 mg</i>	86
<i>nevirapine tab er 24hr 400 mg</i>	86
<i>new day</i>	403
NEXLETOL TAB 180MG	217
NEXLIZET TAB 180/10MG	218
NEXPLANON IMP 68MG	404
<i>niacin cap er 250 mg</i>	622
<i>niacin flush free</i>	622
<i>niacin tab 100 mg</i> ...	623
<i>niacin tab 250 mg</i> ...	623
<i>niacin tab 50 mg</i>	623
<i>niacin tab 500 mg</i> ...	623
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	218
<i>niacin tab er 250 mg</i>	623
<i>niacin tab er 500 mg</i>	623
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	218
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	218
NIACIN TR TAB 1000MG	623
<i>niacinamide tab 500 mg</i>	623

<i>niacinamide tab er 500 mg</i>	623	NICOTROL INH	357
<i>niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg</i> ...	624	NICOTROL NS SPR 10MG/ML	357
<i>nicardipine hcl cap 20 mg</i>	230	<i>nifedipine tab er 24hr 30 mg</i>	231
<i>nicardipine hcl cap 30 mg</i>	231	<i>nifedipine tab er 24hr 60 mg</i>	231
<i>nicotine mini lozenge</i>	356	<i>nifedipine tab er 24hr 90 mg</i>	231
<i>nicotine polacrilex gum 2 mg</i>	356	<i>nifedipine tab er 24hr osmotic release 30 mg</i>	231
<i>nicotine polacrilex gum 4 mg</i>	356	<i>nifedipine tab er 24hr osmotic release 60 mg</i>	231
<i>nicotine polacrilex lozenge 2 mg</i>	356	<i>nifedipine tab er 24hr osmotic release 90 mg</i>	231
<i>nicotine polacrilex lozenge 4 mg</i>	356	<i>night time pain medicine</i>	357
<i>nicotine polacrilex mini</i>	356	<i>nighttime sleep aid..</i>	357
NICOTINE SYS KIT TRANSDER	356	<i>nighttime sleep-aid .</i>	357
<i>nicotine td patch 24hr 14 mg/24hr</i>	357	<i>nikki</i>	404
<i>nicotine td patch 24hr 21 mg/24hr</i>	357	<i>nilutamide tab 150 mg</i>	133
<i>nicotine td patch 24hr 7 mg/24hr</i>	357	<i>nimodipine cap 30 mg</i>	231
<i>nicotine transdermal syst</i>	357	NINLARO CAP 2.3MG	165
		NINLARO CAP 3MG..	166
		NINLARO CAP 4MG..	166

<i>nisoldipine tab er 24hr</i>		<i>macrocrystalline cap</i>	
17 mg	232	100 mg	74
<i>nisoldipine tab er 24hr</i>		<i>nitroglycerin oint 0.4%</i>	
20 mg	232	.....	732
<i>nisoldipine tab er 24hr</i>		<i>nitroglycerin sl tab 0.3</i>	
25.5 mg	232	mg	245
<i>nisoldipine tab er 24hr</i>		<i>nitroglycerin sl tab 0.4</i>	
30 mg	232	mg	245
<i>nisoldipine tab er 24hr</i>		<i>nitroglycerin sl tab 0.6</i>	
34 mg	232	mg	246
<i>nisoldipine tab er 24hr</i>		<i>nitroglycerin td patch</i>	
40 mg	232	24hr 0.1 mg/hr	246
<i>nisoldipine tab er 24hr</i>		<i>nitroglycerin td patch</i>	
8.5 mg	231	24hr 0.2 mg/hr	246
<i>nitazoxanide tab 500 mg</i>		<i>nitroglycerin td patch</i>	
.....	73	24hr 0.4 mg/hr	246
<i>nitisinone cap 10 mg</i>	431	<i>nitroglycerin td patch</i>	
<i>nitisinone cap 2 mg</i> ..	430	24hr 0.6 mg/hr	246
<i>nitisinone cap 20 mg</i>	431	NIVA-FOL TAB	624
<i>nitisinone cap 5 mg</i> ..	430	NIX COMPLETE KIT LICE	
NITRO-BID OIN 2% ..	245	1%	736
<i>nitrofurantoin</i>		<i>nizatidine cap 150 mg</i>	
<i>macrocrystalline cap</i>		.....	463
100 mg	73	<i>nizatidine cap 300 mg</i>	
<i>nitrofurantoin</i>		.....	463
<i>macrocrystalline cap 50</i>		<i>no flush niacin</i>	624
mg	73	<i>non-aspirin</i>	44
<i>nitrofurantoin</i>		<i>non-aspirin extra strengt</i>	
<i>monohydrate</i>		.....	44
		<i>nora-be</i>	404

<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	404
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	404
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	404
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	405
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	405
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	405
<i>norethindrone acetate tab 5 mg</i>	436
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	415
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	415
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	404
<i>norethindrone tab 0.35 mg</i>	405
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	405
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	405
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	405
<i>norlyroc</i>	406
<i>NORMALYTE POW APPLE</i>	555
<i>NORMALYTE POW GRAPE</i>	555
<i>NORMALYTE POW ORANGE</i>	555
<i>NORMALYTE POW PURE</i>	555
<i>nortrel 0.5/35 (28)</i> ..	406
<i>nortrel 1/35 (21)</i>	406
<i>nortrel 1/35 (28)</i>	406
<i>nortrel 7/7/7</i>	406
<i>nortriptyline hcl cap 10 mg</i>	264
<i>nortriptyline hcl cap 25 mg</i>	264

<i>nortriptyline hcl cap 50 mg</i>	264	NOVOLIN R INJ U-100	379
<i>nortriptyline hcl cap 75 mg</i>	264	NOVOLIN70/30 INJ RELION.....	378
<i>nortriptyline hcl soln 10 mg/5ml</i>	264	NOVOLOG INJ 100/ML	379
NORVIR POW 100MG.	86	NOVOLOG INJ FLEX REL	379
<i>norwegian cod liver oil</i>	624	NOVOLOG INJ FLEXPEN	379
NOVAFERRUM CAP 50MG	514	NOVOLOG INJ PENFILL	379
NOVAFERRUM DRO 15MG/ML	514	NOVOLOG INJ RELION	379
NOVAFERRUM LIQ 125	515	NOVOLOG MIX INJ 70/30	379
NOVAMV PED DRO 10MG/ML	624	NOVOLOG MIX INJ FLEX REL	380
NOVOLIN INJ 70/30 .	378	NOVOLOG MIX INJ FLEXPEN	380
NOVOLIN INJ 70/30 FP	378	NOVOLOG RELI INJ 70/30	380
NOVOLIN N INJ 100 UNIT	378	NUBEQA TAB 300MG	133
NOVOLIN N INJ RELION	378	NUDEXTA CAP 20-10MG	346
NOVOLIN N INJ U-100	378	<i>nu-iron 150</i>	515
NOVOLIN R INJ 100 UNIT	379	NULOJIX INJ 250MG	541
NOVOLIN R INJ RELION	379	NUPLAZID CAP 34MG	291
		NUPLAZID TAB 10MG	291

NURTEC TAB 75MG ODT	
.....	340
NUTRILIPID EMU 20%	
.....	566
NUTRISOURCE POW	
FIBER.....	476
NUTRIVIT LIQ 800-15-1	
.....	624
NUZYRA INJ 100MG	.121
NUZYRA TAB 150MG	121
<i>nyamyc</i>	712
<i>nylia 1/35</i>	406
<i>nylia 7/7/7</i>	406
<i>nystatin cream 100000</i>	
<i>unit/gm</i>	712
<i>nystatin oint 100000</i>	
<i>unit/gm</i>	712
<i>nystatin susp 100000</i>	
<i>unit/ml</i>	738
<i>nystatin tab 500000 unit</i>	
.....	81
<i>nystatin topical powder</i>	
<i>100000 unit/gm</i>	712
<i>nystop</i>	712
<i>nytol quickcaps</i>	358
O	
<i>ocella</i>	406
OCTAGAM INJ 10/100ML	
.....	536
OCTAGAM INJ 10GM.	536
OCTAGAM INJ 1GM..	536
OCTAGAM INJ 2.5GM	536
OCTAGAM INJ 20/200ML	
.....	536
OCTAGAM INJ	
2GM/20ML.....	536
OCTAGAM INJ 30/300ML	
.....	536
OCTAGAM INJ 5GM..	536
OCTAGAM INJ	
5GM/50ML.....	536
<i>octreotide acetate inj</i>	
<i>100 mcg/ml (0.1</i>	
<i>mg/ml)</i>	431
<i>octreotide acetate inj</i>	
<i>1000 mcg/ml (1</i>	
<i>mg/ml)</i>	431
<i>octreotide acetate inj</i>	
<i>200 mcg/ml (0.2</i>	
<i>mg/ml)</i>	431
<i>octreotide acetate inj 50</i>	
<i>mcg/ml (0.05 mg/ml)</i>	
.....	431
<i>octreotide acetate inj</i>	
<i>500 mcg/ml (0.5</i>	
<i>mg/ml)</i>	431
<i>octreotide acetate</i>	
<i>subcutaneous soln pref</i>	
<i>syr 100 mcg/ml</i>	432

<i>octreotide acetate</i>	
<i>subcutaneous soln pref</i>	
<i>syr 50 mcg/ml</i>	431
<i>octreotide acetate</i>	
<i>subcutaneous soln pref</i>	
<i>syr 500 mcg/ml</i>	432
ODEFSEY TAB.....	92
ODOMZO CAP 200MG	
.....	166
OFEV CAP 100MG	688
OFEV CAP 150MG	688
<i>ofloxacin ophth soln</i>	
0.3%.....	650
<i>ofloxacin otic soln 0.3%</i>	
.....	663
OGIVRI INJ 150MG ..	166
OGIVRI INJ 420MG ..	166
OGSIVEO TAB 100MG	
.....	166
OGSIVEO TAB 150MG	
.....	167
OGSIVEO TAB 50MG.	166
OJEMDA SUS 25MG/ML	
.....	167
OJEMDA TAB 100MG	167
OJJAARA TAB 100MG	167
OJJAARA TAB 150MG	167
OJJAARA TAB 200MG	167
<i>olanzapine for im inj 10</i>	
<i>mg</i>	291
<i>olanzapine orally</i>	
<i>disintegrating tab 10</i>	
<i>mg</i>	291
<i>olanzapine orally</i>	
<i>disintegrating tab 15</i>	
<i>mg</i>	291
<i>olanzapine orally</i>	
<i>disintegrating tab 20</i>	
<i>mg</i>	292
<i>olanzapine orally</i>	
<i>disintegrating tab 5 mg</i>	
.....	291
<i>olanzapine tab 10 mg</i>	
.....	292
<i>olanzapine tab 15 mg</i>	
.....	292
<i>olanzapine tab 2.5 mg</i>	
.....	292
<i>olanzapine tab 20 mg</i>	
.....	292
<i>olanzapine tab 5 mg</i>	292
<i>olanzapine tab 7.5 mg</i>	
.....	292
<i>olmesartan medoxomil</i>	
<i>tab 20 mg</i>	205
<i>olmesartan medoxomil</i>	
<i>tab 40 mg</i>	206
<i>olmesartan medoxomil</i>	
<i>tab 5 mg</i>	205

<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	201	<i>omeprazole cap delayed release 20 mg</i>	492
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	201	<i>omeprazole cap delayed release 40 mg</i>	492
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	201	OMNICAP TAB.....	624
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	201	OMNIPOD 5 DX KIT INT G7G6.....	380
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	202	OMNIPOD 5 DX MIS POD G7G6.....	380
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	202	OMNIPOD 5 G7 KIT INTRO	380
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	202	OMNIPOD 5 G7 MIS PODS	380
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	202	OMNIPOD 5 LB KIT INTRO G6.....	380
<i>olopatadine hcl nasal soln 0.6%</i>	675	OMNIPOD 5 LB MIS PODS G6.....	380
<i>omega-3-acid ethyl esters cap 1 gm</i>	218	OMNIPOD DASH KIT INTRO	381
<i>omeprazole cap delayed release 10 mg</i>	492	OMNIPOD DASH MIS PODS	381
		OMNIPOD GO KIT 10UNT/DY	381
		OMNIPOD GO KIT 15UNT/DY	381
		OMNIPOD GO KIT 20UNT/DY	381
		OMNIPOD GO KIT 25UNT/DY	381

OMNIPOD GO KIT		
30UNT/DY	381	
OMNIPOD GO KIT		
35UNT/DY	381	
OMNIPOD GO KIT		
40UNT/DY	381	
OMNIPOD MIS CLASSIC		
.....	382	
ON/GO COVID KIT		
ANTIGEN	74	
<i>ondansetron hcl inj 4</i>		
<i>mg/2ml (2 mg/ml) .</i>	457	
<i>ondansetron hcl inj 40</i>		
<i>mg/20ml (2 mg/ml)</i>	457	
<i>ondansetron hcl inj soln</i>		
<i>pref syr 4 mg/2ml ..</i>	457	
<i>ondansetron hcl oral</i>		
<i>soln 4 mg/5ml</i>	457	
<i>ondansetron hcl tab 4</i>		
<i>mg</i>	458	
<i>ondansetron hcl tab 8</i>		
<i>mg</i>	458	
<i>ondansetron orally</i>		
<i>disintegrating tab 4 mg</i>		
<i>.....</i>	458	
<i>ondansetron orally</i>		
<i>disintegrating tab 8 mg</i>		
<i>.....</i>	458	
<i>one daily complete ...</i>	624	
<i>one daily maximum ..</i>	624	
<i>one daily mens</i>		
<i>health/lyc</i>	625	
ONE DAILY TAB		
ESSENTL	625	
ONE DAILY TAB		
WOMENS	625	
<i>one daily/iron/calcium</i>		
<i>.....</i>	625	
<i>one daily/minerals...</i>	625	
<i>one vite ferrous sulfate</i>		
<i>.....</i>	515	
ONE VITE TAB DAILY MV		
<i>.....</i>	625	
<i>one-daily multi-vitamin</i>		
<i>.....</i>	625	
<i>one-daily multi-vitamin/i</i>		
<i>.....</i>	625	
<i>one-daily multi-</i>		
<i>vitamin/m</i>	625	
<i>one-daily/iron</i>	626	
<i>onelax</i>	476	
ONELAX DAILY POW		
83%	476	
<i>onelax docusate sodium</i>		
<i>.....</i>	476	
<i>onelax magnesium</i>		
<i>citrate</i>	476	
<i>onelax senna</i>	476	
ONTRUZANT INJ 150MG		
<i>.....</i>	167	

ONTRUZANT INJ 420MG 168	ORGOVYX TAB 120MG 133
ONUREG TAB 200MG 129	ORKAMBI GRA 100-125 689
ONUREG TAB 300MG 129	ORKAMBI GRA 150-188 689
<i>opcicon one-step</i> 406	ORKAMBI GRA 75-94MG 689
OPCON-A SOL OP.....654	ORKAMBI TAB 100-125 689
OPIPZA MIS 10MG ...293	ORKAMBI TAB 200-125 689
OPIPZA MIS 2MG 292	<i>orlistat cap 120 mg</i> . 383
OPIPZA MIS 5MG 293	ORSERDU TAB 345MG 133
OPSUMIT TAB 10MG.247	ORSERDU TAB 86MG 133
<i>optimal d3</i> 626	<i>oseltamivir phosphate</i> <i>cap 30 mg (base equiv)</i> 98
OPTIMAL D3 M CAP ..626	<i>oseltamivir phosphate</i> <i>cap 45 mg (base equiv)</i> 98
<i>optimal d3 pack</i> 626	<i>oseltamivir phosphate</i> <i>cap 75 mg (base equiv)</i> 98
<i>option 2</i> 407	<i>oseltamivir phosphate</i> <i>for susp 6 mg/ml (base</i> <i>equiv)</i> 98
OPTISOURCE CHW	OSTACHOL TAB 626
BARIATRC.....626	
ORA-BLEND SF SUS .551	
ORA-BLEND SUS.....551	
ORAL MIX SF SUS 551	
ORAL MIX SUS	
SUSPENDI.....551	
ORAL RELIEF SPR DRY	
MOUT 738	
ORAL SUSPEND LIQ .551	
ORAL SYP FLAVORED552	
ORAL SYP SF.....552	
<i>oralyte</i> 555	
ORA-PLUS LIQ 551	
ORA-SWEET SF SYP .551	
ORA-SWEET SYP.....551	

OSTEO-VIT3 DRO		
417MCG.....	626	
oxacillin sodium for inj 1 gm (base equivalent)		
.....	117	
oxacillin sodium for inj 2 gm (base equivalent)		
.....	117	
oxacillin sodium for iv soln 10 gm (base equivalent).....	117	
oxaliplatin for iv inj 100 mg.....	125	
oxaliplatin for iv inj 50 mg.....	125	
oxaliplatin iv soln 100 mg/20ml.....	125	
oxaliplatin iv soln 200 mg/40ml.....	125	
oxaliplatin iv soln 50 mg/10ml.....	125	
oxaprozin tab 600 mg	55	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	317	
oxcarbazepine tab 150 mg.....	317	
oxcarbazepine tab 300 mg.....	317	
oxcarbazepine tab 600 mg.....	317	
oxybutynin chloride solution 5 mg/5ml .	496	
oxybutynin chloride tab 5 mg	496	
oxybutynin chloride tab er 24hr 10 mg	496	
oxybutynin chloride tab er 24hr 15 mg	496	
oxybutynin chloride tab er 24hr 5 mg	496	
oxycodone hcl conc 100 mg/5ml (20 mg/ml).	65	
oxycodone hcl soln 5 mg/5ml.....	65	
oxycodone hcl tab 10 mg.....	65	
oxycodone hcl tab 15 mg.....	65	
oxycodone hcl tab 20 mg.....	65	
oxycodone hcl tab 30 mg.....	65	
oxycodone hcl tab 5 mg	65	
oxycodone w/ acetaminophen tab 10-325 mg.....	66	
oxycodone w/ acetaminophen tab 2.5-325 mg	65	

oxycodone w/
acetaminophen tab 5-
325 mg..... 66
oxycodone w/
acetaminophen tab
7.5-325 mg..... 66
 OXYCONTIN TAB 10MG
 ER 60
 OXYCONTIN TAB 15MG
 ER 60
 OXYCONTIN TAB 20MG
 ER 60
 OXYCONTIN TAB 30MG
 ER 61
 OXYCONTIN TAB 40MG
 ER 61
 OXYCONTIN TAB 60MG
 ER 61
 OXYCONTIN TAB 80MG
 ER 61
oysco 500+d.....580
 OYST SHELL/D TAB
 500MG 580
oyster shell calcium +
d3.....580
oyster shell calcium plus
580
oyster shell calcium tab
500 mg.....580

oyster shell calcium/d3
 581
oyster shell calcium/vita
 581
oyster shell calcium+d
 581
 OZEMPIC (0.25 OR 0.5
 MG/DOSE)..... 367
 OZEMPIC (0.25 OR
 0.5MG/DOSE) 367
 OZEMPIC (1MG/DOSE)
 367
 OZEMPIC (2MG/DOSE)
 367

P

pacerone 208
paclitaxel inj 100mg 140
paclitaxel iv conc 100
mg/16.7ml (6 mg/ml)
 141
paclitaxel iv conc 150
mg/25ml (6 mg/ml)141
paclitaxel iv conc 30
mg/5ml (6 mg/ml) 140
paclitaxel iv conc 300
mg/50ml (6 mg/ml)141
pain & fever childrens 44
pain & fever infants ... 44
pain relief childrens ... 44

<i>pain relief extra strengt</i>		
.....	44	
<i>pain relief pm extra stre</i>		
.....	358	
<i>pain relief regular stren</i>		
.....	45	
PAIN RELIEF TAB		
NIGHTIME.....	358	
<i>pain reliever extra stren</i>		
.....	45	
<i>pain reliever plus</i>	45	
<i>pain reliever pm</i>	358	
<i>paliperidone tab er 24hr</i>		
1.5 mg	293	
<i>paliperidone tab er 24hr</i>		
3 mg	293	
<i>paliperidone tab er 24hr</i>		
6 mg	293	
<i>paliperidone tab er 24hr</i>		
9 mg	293	
<i>pamidronate disodium iv</i>		
<i>soln 3 mg/ml</i>	386	
<i>pamidronate disodium iv</i>		
<i>soln 9 mg/ml</i>	386	
PAMIDRONATE INJ		
6MG/ML.....	386	
<i>pan-c 500/bioflavonoids</i>		
.....	626	
PANRETIN GEL 0.1%	732	
<i>pantoprazole sodium ec</i>		
<i>tab 20 mg (base equiv)</i>		
.....	492	
<i>pantoprazole sodium ec</i>		
<i>tab 40 mg (base equiv)</i>		
.....	492	
<i>pantoprazole sodium for</i>		
<i>iv soln 40 mg (base</i>		
<i>equiv)</i>	492	
PANZYGA SOL 10/100ML		
.....	537	
PANZYGA SOL		
1GM/10ML.....	537	
PANZYGA SOL 2.5/25ML		
.....	537	
PANZYGA SOL 20/200ML		
.....	537	
PANZYGA SOL 30/300ML		
.....	537	
PANZYGA SOL		
5GM/50ML.....	537	
<i>paricalcitol cap 1 mcg</i>		
.....	440	
<i>paricalcitol cap 2 mcg</i>		
.....	441	
<i>paricalcitol cap 4 mcg</i>		
.....	441	
<i>paroxetine hcl oral susp</i>		
<i>10 mg/5ml (base</i>		
<i>equiv)</i>	264	

<i>paroxetine hcl tab 10 mg</i>		<i>PED POLY-VIT DRO</i>	
.....	265	<i>/IRON.....</i>	627
<i>paroxetine hcl tab 20 mg</i>		<i>PEDIARIX INJ 0.5ML</i>	546
.....	265	<i>pediatric multiple</i>	
<i>paroxetine hcl tab 30 mg</i>		<i>vitamins w/ fluoride</i>	
.....	265	<i>chew tab 0.25 mg .</i>	627
<i>paroxetine hcl tab 40 mg</i>		<i>pediatric multiple</i>	
.....	265	<i>vitamins w/ fluoride</i>	
<i>paroxetine hcl tab er</i>		<i>chew tab 0.5 mg ...</i>	627
<i>24hr 12.5 mg</i>	265	<i>pediatric multiple</i>	
<i>paroxetine hcl tab er</i>		<i>vitamins w/ fluoride</i>	
<i>24hr 25 mg</i>	265	<i>chew tab 1 mg</i>	627
<i>paroxetine hcl tab er</i>		<i>PEDVAX HIB INJ</i>	546
<i>24hr 37.5 mg</i>	265	<i>peg 3350-kcl-na bicarb-</i>	
<i>PARVA-CAL TAB 250-</i>		<i>nacl-na sulfate for soln</i>	
<i>100</i>	581	<i>236 gm</i>	476
<i>PARVA-CAL TAB 500MG</i>		<i>peg 3350-kcl-sod bicarb-</i>	
.....	581	<i>nacl for soln 420 gm</i>	
<i>PARVLEX TAB</i>	626	.....	476
<i>PAXLOVID TAB 150-100</i>		<i>PEGASYS INJ</i>	98
.....	98	<i>PEGASYS INJ 180MCG/M</i>	
<i>PAXLOVID TAB 300-100</i>		.....	98
.....	98	<i>PEMAZYRE TAB 13.5MG</i>	
<i>pazopanib hcl tab 200</i>		.....	168
<i>mg (base equiv)</i>	168	<i>PEMAZYRE TAB 4.5MG</i>	
<i>pc pediatric iron drops</i>		.....	168
.....	515	<i>PEMAZYRE TAB 9MG</i>	168
<i>pc pediatric tri-vitamin</i>		<i>pemetrexed disodium for</i>	
.....	627	<i>iv soln 100 mg (base</i>	
<i>PED POLY-VIT DRO ..</i>	627	<i>equiv).....</i>	129

<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	<i>129</i>	<i>pentamidine isethionate inj.....</i>	<i>74</i>
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	<i>129</i>	<i>pentoxifylline tab er 400 mg</i>	<i>519</i>
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	<i>129</i>	<i>PERCOGESIC TAB 580MG.....</i>	<i>45</i>
<i>PENBRAYA INJ.....</i>	<i>546</i>	<i>perindopril erbumine tab 2 mg</i>	<i>194</i>
<i>penicillamine tab 250 mg.....</i>	<i>389</i>	<i>perindopril erbumine tab 4 mg</i>	<i>194</i>
<i>penicillin g potassium for inj 20000000 unit...117</i>		<i>perindopril erbumine tab 8 mg</i>	<i>194</i>
<i>penicillin g potassium for inj 5000000 unit 117</i>		<i>periogard.....</i>	<i>739</i>
<i>penicillin g sodium for inj 5000000 unit.....117</i>		<i>permethrin cream 5%</i>	<i>736</i>
<i>penicillin v potassium for soln 125 mg/5ml....117</i>		<i>perphenazine tab 16 mg</i>	<i>294</i>
<i>penicillin v potassium for soln 250 mg/5ml....118</i>		<i>perphenazine tab 2 mg</i>	<i>293</i>
<i>penicillin v potassium tab 250 mg</i>	<i>118</i>	<i>perphenazine tab 4 mg</i>	<i>293</i>
<i>penicillin v potassium tab 500 mg</i>	<i>118</i>	<i>perphenazine tab 8 mg</i>	<i>294</i>
<i>PENTACEL INJ</i>	<i>546</i>	<i>PETROLATUM OIN ...</i>	<i>732</i>
<i>pentamidine isethionate inh</i>	<i>74</i>	<i>PETROLATUM OIN 42%</i>	<i>552</i>
		<i>PETROLATUM OIN WHITE</i>	<i>552</i>
		<i>PETROLATUM OIN YELLOW</i>	<i>552</i>

<i>pfizerpen</i>	118	<i>phenobarbital tab 60 mg</i>	319
<i>pharbechlor</i>	675	<i>phenobarbital tab 64.8</i> <i>mg</i>	319
<i>pharbedryl</i>	675	<i>phenobarbital tab 97.2</i> <i>mg</i>	319
<i>pharbetol</i>	45	<i>phentermine hcl cap 15</i> <i>mg</i>	384
<i>pharbetol extra strength</i>	45	<i>phentermine hcl cap 30</i> <i>mg</i>	384
<i>pharmacist choice d-</i> <i>vitam</i>	627	<i>phentermine hcl cap</i> <i>37.5 mg</i>	384
PHENDIMETRAZ CAP 105MG ER.....	383	<i>phenytek</i>	320
<i>phendimetrazine tartrate</i> <i>tab 35 mg</i>	384	<i>phenytoin chew tab 50</i> <i>mg</i>	320
<i>phenelzine sulfate tab</i> <i>15 mg</i>	265	<i>phenytoin sodium</i> <i>extended cap 100 mg</i>	320
<i>phenobarbital elixir 20</i> <i>mg/5ml</i>	318	<i>phenytoin sodium</i> <i>extended cap 200 mg</i>	320
<i>phenobarbital sodium inj</i> <i>130 mg/ml</i>	318	<i>phenytoin sodium</i> <i>extended cap 300 mg</i>	320
<i>phenobarbital sodium inj</i> <i>65 mg/ml</i>	318	<i>phenytoin sodium inj 50</i> <i>mg/ml</i>	320
<i>phenobarbital tab 100</i> <i>mg</i>	320	<i>phenytoin susp 125</i> <i>mg/5ml</i>	320
<i>phenobarbital tab 15 mg</i>	318		
<i>phenobarbital tab 16.2</i> <i>mg</i>	318		
<i>phenobarbital tab 30 mg</i>	319		
<i>phenobarbital tab 32.4</i> <i>mg</i>	319		

PHESGO SOL.....	168	<i>pioglitazone hcl tab 30</i>	
<i>philith</i>	407	<i>mg (base equiv)....</i>	368
<i>phytonadione inj 1</i>		<i>pioglitazone hcl tab 45</i>	
<i>mg/0.5ml (2 mg/ml)</i>		<i>mg (base equiv)....</i>	368
.....	627	<i>pioglitazone hcl-</i>	
<i>phytonadione inj 10</i>		<i>metformin hcl tab 15-</i>	
<i>mg/ml</i>	628	<i>500 mg</i>	368
<i>phytonadione tab 5 mg</i>		<i>pioglitazone hcl-</i>	
.....	628	<i>metformin hcl tab 15-</i>	
PIFELTRO TAB 100MG	86	<i>850 mg</i>	368
<i>pilocarpine hcl ophth</i>		<i>piperacillin sod-</i>	
<i>soln 1%</i>	656	<i>tazobactam na for inj</i>	
<i>pilocarpine hcl ophth</i>		<i>3.375 gm (3-0.375</i>	
<i>soln 2%</i>	656	<i>gm)</i>	118
<i>pilocarpine hcl ophth</i>		<i>piperacillin sod-</i>	
<i>soln 4%</i>	656	<i>tazobactam sod for inj</i>	
<i>pilocarpine hcl tab 5 mg</i>		<i>13.5 gm (12-1.5 gm)</i>	
.....	739	.....	119
<i>pilocarpine hcl tab 7.5</i>		<i>piperacillin sod-</i>	
<i>mg</i>	739	<i>tazobactam sod for inj</i>	
<i>pimecrolimus cream 1%</i>		<i>2.25 gm (2-0.25 gm)</i>	
.....	732	.....	118
<i>pimozide tab 1 mg ...</i>	294	<i>piperacillin sod-</i>	
<i>pimozide tab 2 mg ...</i>	294	<i>tazobactam sod for inj</i>	
<i>pimtrea</i>	407	<i>4.5 gm (4-0.5 gm)</i>	118
<i>pindolol tab 10 mg ...</i>	224	<i>piperacillin sod-</i>	
<i>pindolol tab 5 mg</i>	224	<i>tazobactam sod for inj</i>	
<i>pioglitazone hcl tab 15</i>		<i>40.5 gm (36-4.5 gm)</i>	
<i>mg (base equiv)</i>	368	.....	119

PIQRAY 200MG TAB	
DOSE	168
PIQRAY 250MG TAB	
DOSE	169
PIQRAY 300MG TAB	
DOSE	169
<i>pirfenidone cap 267 mg</i>	
.....	689
<i>pirfenidone tab 267 mg</i>	
.....	690
<i>pirfenidone tab 534 mg</i>	
.....	690
<i>pirfenidone tab 801 mg</i>	
.....	690
<i>piroxicam cap 10 mg .</i>	55
<i>piroxicam cap 20 mg .</i>	55
<i>pitavastatin calcium tab</i>	
<i>1 mg</i>	214
<i>pitavastatin calcium tab</i>	
<i>2 mg</i>	214
<i>pitavastatin calcium tab</i>	
<i>4 mg</i>	214
<i>plenamine</i>	566
PLENVU SOL	476
<i>podofilox soln 0.5%</i> .	733
<i>poly bacitracin</i>	707
<i>polycin ophth oint</i>	650
<i>polyethylene glycol 3350</i>	
<i>oral packet 17 gm ..</i>	477
<i>polyethylene glycol 3350</i>	
<i>oral packet 4 gm ...</i>	477
<i>polyethylene glycol 3350</i>	
<i>oral packet 4.25 gm</i>	
.....	477
<i>polyethylene glycol 3350</i>	
<i>oral packet 8.5 gm</i>	477
<i>polyethylene glycol 3350</i>	
<i>oral powder 17</i>	
<i>gm/scoop</i>	477
<i>poly-iron 150</i>	515
<i>poly-iron 150 forte ..</i>	515
<i>polymyxin b sulfate for</i>	
<i>inj 500000 unit</i>	74
<i>polymyxin b-</i>	
<i>trimethoprim ophth</i>	
<i>soln 10000 unit/ml-</i>	
<i>0.1%</i>	650
<i>polysaccharide iron</i>	
<i>complex cap 150 mg</i>	
<i>(iron equivalent) ...</i>	515
POLY-VI-FLOR SUS	
/IRON	628
POLY-VI-FLOR SUS	
0.25/ML	628
<i>polyvinyl alcohol ophth</i>	
<i>soln 1.4%</i>	660
POLY-VI-SOL SOL	
50MG/ML	628

POLY-VI-SOL SOL IRON	628	<i>pack 280-160-250 mg</i>	581
POLY-VITA DRO	628	<i>potassium chloride 20</i>	
POLY-VITA/FE DRO ..	628	<i>meq/l (0.15%) in</i>	
POLY-VITE DRO	628	<i>dextrose 5% inj</i>	560
POLY-VITE SOL /IRON	629	<i>potassium chloride cap</i>	
POLY-VITE SOL 50MG/ML	629	<i>er 10 meq</i>	563
POLY-VITE SOL IRON	629	<i>potassium chloride cap</i>	
POMALYST CAP 1MG.	135	<i>er 8 meq</i>	563
POMALYST CAP 2MG.	136	<i>potassium chloride inj 10</i>	
POMALYST CAP 3MG.	136	<i>meq/100ml</i>	561
POMALYST CAP 4MG.	136	<i>potassium chloride inj 10</i>	
<i>portia-28</i>	407	<i>meq/50ml</i>	561
<i>posaconazole susp 40</i>		<i>potassium chloride inj 2</i>	
<i>mg/ml</i>	81	<i>meq/ml</i>	561
<i>posaconazole tab</i>		<i>potassium chloride inj 20</i>	
<i>delayed release 100</i>		<i>meq/100ml</i>	561
<i>mg</i>	81	<i>potassium chloride inj 20</i>	
POSTURE-D TAB		<i>meq/50ml</i>	561
CALC/MAG	581	<i>potassium chloride inj 40</i>	
POT CHL 20MEQ/L IN		<i>meq/100ml</i>	561
NACL 0.45% INJ	560	<i>potassium chloride</i>	
POT CHL 20MEQ/L IN		<i>microencapsulated crys</i>	
NACL 0.9% INJ	560	<i>er tab 10 meq</i>	563
POT CHL 40MEQ/L IN		<i>potassium chloride</i>	
NACL 0.9% INJ	560	<i>microencapsulated crys</i>	
<i>potassium & sodium</i>		<i>er tab 15 meq</i>	563
<i>phosphates powder</i>		<i>potassium chloride</i>	
		<i>microencapsulated crys</i>	
		<i>er tab 20 meq</i>	563

potassium chloride oral soln 10% (20 meq/15ml).....	563	pramipexole dihydrochloride tab 0.5 mg	274
potassium chloride oral soln 20% (40 meq/15ml).....	564	pramipexole dihydrochloride tab 0.75 mg	274
potassium chloride powder packet 20 meq	564	pramipexole dihydrochloride tab 1 mg	274
potassium chloride tab er 10 meq	564	pramipexole dihydrochloride tab 1.5 mg	274
potassium chloride tab er 20 meq (1500 mg)	564	pramipexole dihydrochloride tab er 24hr 0.375 mg	275
potassium chloride tab er 8 meq (600 mg).564		pramipexole dihydrochloride tab er 24hr 0.75 mg	274
potassium citrate tab er 10 meq (1080 mg).495		pramipexole dihydrochloride tab er 24hr 1.5 mg	275
potassium citrate tab er 15 meq (1620 mg).495		pramipexole dihydrochloride tab er 24hr 2.25 mg	275
potassium citrate tab er 5 meq (540 mg)	494	pramipexole dihydrochloride tab er 24hr 3 mg	275
povidone-iodine soln 10%.....	733	pramipexole dihydrochloride tab er 24hr 3.75 mg	275
pramipexole dihydrochloride tab 0.125 mg	274		
pramipexole dihydrochloride tab 0.25 mg	274		

<i>pramipexole</i>	<i>mg/5ml (base equiv)</i>
<i> dihydrochloride tab er</i>	<i>..... 420</i>
<i> 24hr 4.5 mg 275</i>	
<i>prasugrel hcl tab 10 mg</i>	<i>prednisolone sod</i>
<i> (base equiv).....521</i>	<i> phosphate oral soln 5</i>
<i>prasugrel hcl tab 5 mg</i>	<i> mg/5ml (base equiv)</i>
<i> (base equiv).....521</i>	<i>..... 419</i>
<i>pravastatin sodium tab</i>	<i>prednisolone sodium</i>
<i> 10 mg 214</i>	<i> phosphate oral soln 25</i>
<i>pravastatin sodium tab</i>	<i> mg/5ml (base eq) . 420</i>
<i> 20 mg 214</i>	<i>prednisolone soln 15</i>
<i>pravastatin sodium tab</i>	<i> mg/5ml..... 420</i>
<i> 40 mg 214</i>	<i>PREDNISONONE CON</i>
<i>pravastatin sodium tab</i>	<i> 5MG/ML..... 420</i>
<i> 80 mg 214</i>	<i>prednisone oral soln 5</i>
<i>praziquantel tab 600 mg</i>	<i> mg/5ml..... 420</i>
<i> 74</i>	<i>prednisone tab 1 mg 420</i>
<i>prazosin hcl cap 1 mg</i>	<i>prednisone tab 10 mg</i>
<i> 197</i>	<i> 421</i>
<i>prazosin hcl cap 2 mg</i>	<i>prednisone tab 2.5 mg</i>
<i> 197</i>	<i> 420</i>
<i>prazosin hcl cap 5 mg</i>	<i>prednisone tab 20 mg</i>
<i> 197</i>	<i> 421</i>
<i>PRED SOD PHO SOL 1%</i>	<i>prednisone tab 5 mg 420</i>
<i> OP 653</i>	<i>prednisone tab 50 mg</i>
<i>prednisolone acetate</i>	<i> 421</i>
<i> ophth susp 1% 653</i>	<i>prednisone tab therapy</i>
<i>prednisolone sod</i>	<i> pack 10 mg (21) ... 421</i>
<i> phosphate oral soln 15</i>	<i>prednisone tab therapy</i>
	<i> pack 10 mg (48) ... 421</i>

<i>prednisone tab therapy</i>	
<i>pack 5 mg (21).....</i>	421
<i>prednisone tab therapy</i>	
<i>pack 5 mg (48).....</i>	421
<i>pregabalin cap 100 mg</i>	
<i>.....</i>	321
<i>pregabalin cap 150 mg</i>	
<i>.....</i>	321
<i>pregabalin cap 200 mg</i>	
<i>.....</i>	321
<i>pregabalin cap 225 mg</i>	
<i>.....</i>	321
<i>pregabalin cap 25 mg</i>	
<i>.....</i>	321
<i>pregabalin cap 300 mg</i>	
<i>.....</i>	321
<i>pregabalin cap 50 mg</i>	
<i>.....</i>	321
<i>pregabalin cap 75 mg</i>	
<i>.....</i>	321
<i>pregabalin soln 20</i>	
<i>mg/ml</i>	321
PRELIEF TAB 340MG.	587
PREMASOL SOL 10%	566
PRENATAL 19 TAB....	629
PRENATAL CAP	
FORMULA.....	629
PRENATAL FRM TAB A-	
FREE	629
PRENATAL ONE TAB	
DAILY.....	629
PRENATAL TAB	629
PRENATAL TAB 27-	
0.8MG	629
PRENATAL TAB 27-1MG	
.....	564
PRENATAL TAB 28-	
0.8MG	630
PRENATAL TAB IRON	630
PRENATAL TAB PLUS	564
PRENATAL VIT TAB 28-	
0.8MG	630
PRENATAL VIT TAB	
MINERALS	630
PRENATAL/FE TAB...	630
prevalite	218
PREVDNT 5000 GEL 1.1-	
5%.....	739
prevent	630
PREVIDENT SOL 0.2%	
.....	739
PREVYMIS TAB 240MG	99
PREVYMIS TAB 480MG	99
PREZCOBIX TAB 800-	
150	92
PREZISTA SUS	
100MG/ML.....	87
PREZISTA TAB 150MG	87
PREZISTA TAB 75MG .	87

PRIFTIN TAB 150MG..	94	<i>prochlorperazine</i>	
<i>primaquine phosphate</i>		<i>maleate tab 5 mg</i>	
<i>tab 26.3 mg (15 mg</i>		<i>(base equivalent) ..</i>	458
<i>base)</i>	83	<i>prochlorperazine suppos</i>	
PRIMAQUINE TAB		<i>25 mg</i>	458
26.3MG	83	PROCRIT INJ 10000/ML	
<i>primidone tab 125 mg</i>		<i>.....</i>	506
<i>.....</i>	322	PROCRIT INJ 2000/ML	
<i>primidone tab 250 mg</i>		<i>.....</i>	505
<i>.....</i>	322	PROCRIT INJ 20000/ML	
<i>primidone tab 50 mg</i>	322	<i>.....</i>	506
PRIORIX INJ.....	546	PROCRIT INJ 3000/ML	
PRIVIGEN INJ 10GRAMS		<i>.....</i>	506
<i>.....</i>	537	PROCRIT INJ 4000/ML	
PRIVIGEN INJ 20GRAMS		<i>.....</i>	506
<i>.....</i>	537	PROCRIT INJ 40000/ML	
PRIVIGEN INJ 40GRAMS		<i>.....</i>	506
<i>.....</i>	538	<i>proctocort</i>	733
PRIVIGEN INJ 5 GRAMS		<i>procto-med hc</i>	733
<i>.....</i>	537	<i>proctosol hc</i>	733
<i>probenecid tab 500 mg</i>		<i>proctozone-hc</i>	733
<i>.....</i>	34	PROFERRIN ES TAB 12	
<i>prochlorperazine</i>		<i>MG.....</i>	515
<i>edisylate inj 10 mg/2ml</i>		PROFERRIN- TAB FORTE	
<i>.....</i>	458	<i>.....</i>	515
<i>prochlorperazine</i>		<i>progesterone cap 100</i>	
<i>maleate tab 10 mg</i>		<i>mg</i>	436
<i>(base equivalent) ...</i>	458	<i>progesterone cap 200</i>	
		<i>mg</i>	436

PROGRAF GRA 0.2MG		<i>propafenone hcl tab 300</i>	
.....	541	<i>mg</i>	209
PROGRAF GRA 1MG..	541	<i>proparacaine hcl ophth</i>	
PROLASTIN-C INJ		<i>soln 0.5%</i>	660
1000MG.....	690	<i>propranolol hcl cap er</i>	
PROLIA INJ 60MG/ML		<i>24hr 120 mg</i>	224
.....	386	<i>propranolol hcl cap er</i>	
<i>promethazine hcl inj 25</i>		<i>24hr 160 mg</i>	224
<i>mg/ml</i>	459	<i>propranolol hcl cap er</i>	
<i>promethazine hcl inj 50</i>		<i>24hr 60 mg</i>	224
<i>mg/ml</i>	459	<i>propranolol hcl cap er</i>	
<i>promethazine hcl oral</i>		<i>24hr 80 mg</i>	224
<i>soln 6.25 mg/5ml...</i>	459	<i>propranolol hcl oral soln</i>	
<i>promethazine hcl tab</i>		<i>20 mg/5ml</i>	224
<i>12.5 mg.....</i>	459	<i>propranolol hcl oral soln</i>	
<i>promethazine hcl tab 25</i>		<i>40 mg/5ml</i>	225
<i>mg.....</i>	460	<i>propranolol hcl tab 10</i>	
<i>promethazine hcl tab 50</i>		<i>mg</i>	225
<i>mg.....</i>	460	<i>propranolol hcl tab 20</i>	
<i>propafenone hcl cap er</i>		<i>mg</i>	225
<i>12hr 225 mg</i>	209	<i>propranolol hcl tab 40</i>	
<i>propafenone hcl cap er</i>		<i>mg</i>	225
<i>12hr 325 mg</i>	209	<i>propranolol hcl tab 60</i>	
<i>propafenone hcl cap er</i>		<i>mg</i>	225
<i>12hr 425 mg</i>	209	<i>propranolol hcl tab 80</i>	
<i>propafenone hcl tab 150</i>		<i>mg</i>	225
<i>mg.....</i>	209	<i>propylthiouracil tab 50</i>	
<i>propafenone hcl tab 225</i>		<i>mg</i>	438
<i>mg.....</i>	209	PROQUAD INJ.....	546
		<i>prosight.....</i>	630

PROSOL INJ 20% 567
protriptyline hcl tab 10
mg 266
protriptyline hcl tab 5
mg 265
pseudoephedrine hcl tab
30 mg 683
pseudoephedrine hcl tab
60 mg 683
pseudoephedrine hcl tab
er 12hr 120 mg 683
psyllium cap 0.52 gm
477
psyllium powder 28.3%
477
 PULMOZYME SOL
 1MG/ML.....690
 PURE & GENTL DRO
 0.3%.....660
pure calcium carbonate
581
purevit dualfe plus ...516
 PURIXAN SUS 20MG/ML
129
pyrazinamide tab 500
mg 94
pyridostigmine bromide
tab 60 mg 346
pyridoxine hcl tab 100
mg 631

pyridoxine hcl tab 25 mg
 630
pyridoxine hcl tab 250
mg 631
pyridoxine hcl tab 50 mg
 630
pyrimethamine tab 25
mg 74

Q

qc acetaminophen
infants 45
qc allergy childrens . 675
qc allergy relief..... 675
qc antacid 447
qc antacid & pain relief
 45
qc antacid/anti-gas.. 447
qc antacid/anti-gas
maxim 447
qc anti-diarrheal 453
qc antifungal cream . 712
qc artificial tears 660
qc aspirin..... 45
qc aspirin low dose.... 46
qc chocolated laxative
 477
qc clotrimazole 499
qc diarrhea relief..... 453
qc effervescent
antacid/p 46

<i>qc enema</i>	477	<i>qc psyllium fiber</i>	478
<i>qc enteric aspirin</i>	46	<i>qc rest simply</i>	358
<i>qc fiber laxative</i>	478	<i>qc stomach relief</i>	453
<i>qc gentle laxative</i>	478	<i>qc stool softener</i>	478
<i>qc headache relief</i>	46	<i>qc vegetable laxative</i>	478
<i>qc heartburn antacid</i>	447	<i>qc vitamin d3</i>	631
<i>qc ibuprofen</i>	56	QINLOCK TAB 50MG	169
<i>qc ibuprofen childrens</i>	56	QSYMIA CAP 11.25-69	
QC IODIDES TIN	733	.....	384
<i>qc itch stopping extra st</i>		QSYMIA CAP 15-92MG	
.....	733	.....	384
<i>qc loratadine allergy rel</i>		QSYMIA CAP 3.75-23	384
.....	675	QSYMIA CAP 7.5-46MG	
<i>qc miconazole 7</i>	499	.....	384
<i>qc milk of magnesia</i> .	478	QUADRACEL INJ 0.5ML	
<i>qc naproxen sodium</i> ..	56	.....	547
<i>qc nasal decongestant</i>		<i>quetiapine fumarate tab</i>	
<i>max</i>	683	<i>100 mg</i>	294
<i>qc natura-lax</i>	478	<i>quetiapine fumarate tab</i>	
<i>qc non-aspirin extra stre</i>		<i>150 mg</i>	294
.....	46	<i>quetiapine fumarate tab</i>	
<i>qc pain relief</i>	46	<i>200 mg</i>	294
<i>qc pain relief childrens</i>	46	<i>quetiapine fumarate tab</i>	
<i>qc pain relief extra stre</i>		<i>25 mg</i>	294
.....	46	<i>quetiapine fumarate tab</i>	
<i>qc pain relief powders</i>	46	<i>300 mg</i>	295
<i>qc pain reliever pm extra</i>		<i>quetiapine fumarate tab</i>	
.....	358	<i>400 mg</i>	295
<i>qc petroleum jelly</i>	552	<i>quetiapine fumarate tab</i>	
<i>qc povidone iodine</i> ...	733	<i>50 mg</i>	294

*quetiapine fumarate tab
er 24hr 150 mg 295*
*quetiapine fumarate tab
er 24hr 200 mg 295*
*quetiapine fumarate tab
er 24hr 300 mg 295*
*quetiapine fumarate tab
er 24hr 400 mg 295*
*quetiapine fumarate tab
er 24hr 50 mg 295*
QUICKVUE HOM KIT
COVID-19 74
*quinapril hcl tab 10 mg
.....194*
*quinapril hcl tab 20 mg
.....194*
*quinapril hcl tab 40 mg
.....194*
*quinapril hcl tab 5 mg
.....194*
*quinidine sulfate tab 200
mg 209*
*quinidine sulfate tab 300
mg 209*
*quinine sulfate cap 324
mg 83*
QUINTABS TAB.....631
quintabs-m 631
QUINTABS-M TAB 631
QULIPTA TAB 10MG..340

QULIPTA TAB 30MG. 340
QULIPTA TAB 60MG. 341
R
RABAVERT INJ 547
*rabeprazole sodium ec
tab 20 mg 492*
RALDESY SOL 10MG/ML
..... 266
*raloxifene hcl tab 60 mg
..... 432*
ramipril cap 1.25 mg 194
ramipril cap 10 mg .. 195
ramipril cap 2.5 mg . 194
ramipril cap 5 mg.... 195
*ranolazine tab er 12hr
1000 mg 244*
*ranolazine tab er 12hr
500 mg 244*
*rasagiline mesylate tab
0.5 mg (base equiv)
..... 275*
*rasagiline mesylate tab 1
mg (base equiv).... 276*
RASPBERRY SYP 552
reclipsen 407
RECOMBIVA HB INJ
10MCG/ML 547
RECOMBIVA HB INJ
5MCG/0.5 547

RECOMBIVA-HB INJ		
40MCG/ML	547	
<i>reeses pinworm</i>		
<i>medicine</i>	75	
REGRANEX GEL 0.01%		
.....	737	
<i>reguloid</i>	478	
REGULOID POW		
ORANGE	478	
REGULOID POW		
ORIGINAL	479	
RELENZA MIS DISKHALE		
.....	99	
RELION GLUCO CHW		
4GM	424	
RELISTOR INJ 12/0.6ML		
.....	487	
RELISTOR INJ 8/0.4ML		
.....	487	
REMICADE INJ 100MG		
.....	527	
<i>renal caps</i>	631	
<i>renal vitamin</i>	632	
<i>rena-vite</i>	631	
<i>rena-vite rx</i>	631	
RENFLEXIS INJ 100MG		
.....	527	
<i>reno caps</i>	632	
<i>repaglinide tab 0.5 mg</i>		
.....	368	
<i>repaglinide tab 1 mg</i>		368
<i>repaglinide tab 2 mg</i>		368
REPATHA INJ 140MG/ML		
.....	218	
REPATHA PUSH INJ		
420/3.5	218	
REPATHA SURE INJ		
140MG/ML	218	
REPLACE TAB SR....	555	
RESTASIS EMU 0.05%		
OP	661	
RESTASIS MUL EMU		
0.05% OP	661	
RETAINÉ MGD EMU 0.5-		
0.5%	661	
<i>retaine pm</i>	661	
RETEVMO CAP 40MG	169	
RETEVMO CAP 80MG	169	
RETEVMO TAB 120MG		
.....	170	
RETEVMO TAB 160MG		
.....	170	
RETEVMO TAB 40MG	169	
RETEVMO TAB 80MG	170	
REVUFORJ TAB 110MG		
.....	170	
REVUFORJ TAB 160MG		
.....	170	
REVUFORJ TAB 25MG		
.....	170	

REXULTI TAB 0.25MG
295
 REXULTI TAB 0.5MG.295
 REXULTI TAB 1MG ...296
 REXULTI TAB 2MG ...296
 REXULTI TAB 3MG ...296
 REXULTI TAB 4MG ...296
 REYATAZ POW 50MG . 87
 REZLIDHIA CAP 150MG
171
 REZUROCK TAB 200MG
542
 REZVOGLAR INJ
 100UT/ML 382
 RHOPRESSA SOL 0.02%
656
ribavirin cap 200 mg . 99
ribavirin tab 200 mg.. 99
riboflavin tab 100 mg
632
riboflavin tab 25 mg .632
 RIBOFLAVIN TAB 400MG
632
riboflavin tab 50 mg .632
rifabutin cap 150 mg . 94
rifampin cap 150 mg . 94
rifampin cap 300 mg . 94
rifampin for inj 600 mg
 94
riluzole tab 50 mg 346

rimantadine
hydrochloride tab 100
mg 99
 RINVOQ LQ SOL 1MG/ML
 527
 RINVOQ TAB 15MG ER
 527
 RINVOQ TAB 30MG ER
 527
 RINVOQ TAB 45MG ER
 528
 RISACAL-D TAB 581
risedronate sodium tab
150 mg 387
risedronate sodium tab
30 mg 387
risedronate sodium tab
35 mg 387
risedronate sodium tab 5
mg 386
risedronate sodium tab
delayed release 35 mg
 387
risperidone microspheres
for im extended rel
susp 12.5 mg 296
risperidone microspheres
for im extended rel
susp 25 mg 296

<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	<i>296</i>	<i>risperidone tab 1 mg</i>	<i>298</i>
<i>risperidone microspheres for im extended rel susp 50 mg</i>	<i>297</i>	<i>risperidone tab 2 mg</i>	<i>298</i>
<i>risperidone orally disintegrating tab 0.25 mg</i>	<i>297</i>	<i>risperidone tab 3 mg</i>	<i>298</i>
<i>risperidone orally disintegrating tab 0.5 mg</i>	<i>297</i>	<i>risperidone tab 4 mg</i>	<i>298</i>
<i>risperidone orally disintegrating tab 1 mg</i>	<i>297</i>	<i>ritonavir tab 100 mg..</i>	<i>87</i>
<i>risperidone orally disintegrating tab 2 mg</i>	<i>297</i>	<i>rivaroxaban tab 2.5 mg</i>	<i>503</i>
<i>risperidone orally disintegrating tab 3 mg</i>	<i>297</i>	<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	<i>254</i>
<i>risperidone orally disintegrating tab 4 mg</i>	<i>297</i>	<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	<i>254</i>
<i>risperidone soln 1 mg/ml</i>	<i>297</i>	<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	<i>254</i>
<i>risperidone tab 0.25 mg</i>	<i>298</i>	<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	<i>254</i>
<i>risperidone tab 0.5 mg</i>	<i>298</i>	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	<i>254</i>
		<i>rivastigmine td patch 24hr 4.6 mg/24hr..</i>	<i>254</i>
		<i>rivastigmine td patch 24hr 9.5 mg/24hr..</i>	<i>254</i>
		<i>rivelsa</i>	<i>407</i>
		<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	<i>341</i>

<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	<i>341</i>	<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) ..</i>	<i>277</i>
<i>rizatriptan benzoate tab 10 mg (base equivalent).....</i>	<i>341</i>	<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent).....</i>	<i>276</i>
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	<i>341</i>	<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent).....</i>	<i>277</i>
<i>ROCKLATAN DRO</i>	<i>656</i>	<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent).....</i>	<i>277</i>
<i>roflumilast tab 250 mcg</i>	<i>690</i>	<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent).....</i>	<i>277</i>
<i>roflumilast tab 500 mcg</i>	<i>690</i>	<i>rosuvastatin calcium tab 10 mg</i>	<i>215</i>
<i>ropinirole hydrochloride tab 0.25 mg</i>	<i>276</i>	<i>rosuvastatin calcium tab 20 mg</i>	<i>215</i>
<i>ropinirole hydrochloride tab 0.5 mg</i>	<i>276</i>	<i>rosuvastatin calcium tab 40 mg</i>	<i>215</i>
<i>ropinirole hydrochloride tab 1 mg.....</i>	<i>276</i>	<i>rosuvastatin calcium tab 5 mg</i>	<i>215</i>
<i>ropinirole hydrochloride tab 2 mg.....</i>	<i>276</i>	<i>ROTARIX SUS.....</i>	<i>547</i>
<i>ropinirole hydrochloride tab 3 mg.....</i>	<i>276</i>	<i>ROTATEQ SOL</i>	<i>547</i>
<i>ropinirole hydrochloride tab 4 mg.....</i>	<i>276</i>	<i>roweepra</i>	<i>322</i>
<i>ropinirole hydrochloride tab 5 mg.....</i>	<i>276</i>	<i>ROZLYTREK CAP 100MG</i>	<i>171</i>
		<i>ROZLYTREK CAP 200MG</i>	<i>171</i>

ROZLYTREK PAK 50MG
171
 RUBRACA TAB 200MG
171
 RUBRACA TAB 250MG
171
 RUBRACA TAB 300MG
172
*rufinamide susp 40
 mg/ml* 322
rufinamide tab 200 mg
322
rufinamide tab 400 mg
322
 RUKOBIA TAB 600MG ER
 87
 RYBELSUS TAB 14MG
369
 RYBELSUS TAB 3MG.369
 RYBELSUS TAB 7MG.369
 RYDAPT CAP 25MG...172

S

sajazir.....519
 SANITIZ HAND MIS
 WIPES 734
 SANTYL OIN 250/GM 737
sapropterin
dihydrochloride powder
packet 100 mg 432

sapropterin
dihydrochloride powder
packet 500 mg..... 432
sapropterin
dihydrochloride tab 100
mg 432
 SCEMBLIX TAB 100MG
 172
 SCEMBLIX TAB 20MG
 172
 SCEMBLIX TAB 40MG
 172
scopolamine td patch
72hr 1 mg/3days... 460
 SECUADO DIS 3.8MG
 298
 SECUADO DIS 5.7MG
 298
 SECUADO DIS 7.6MG
 299
selegiline hcl cap 5 mg
 277
selegiline hcl tab 5 mg
 277
selenium sulfide lotion
2.5% 712
 SELZENTRY SOL
 20MG/ML 87
 SEMGLEE INJ 100U/ML
 382

<i>senexon-s</i>	479	SEROSTIM INJ 5MG .	433
<i>senior tabs</i>	632	SEROSTIM INJ 6MG .	433
<i>senna laxative</i>	479	<i>sertraline hcl oral</i>	
<i>senna plus</i>	479	<i>concentrate for solution</i>	
SENNA PLUS CAP 8.6-		<i>20 mg/ml</i>	266
50MG	479	<i>sertraline hcl tab 100</i>	
<i>senna s</i>	479	<i>mg</i>	266
SENNA SYP	479	<i>sertraline hcl tab 25 mg</i>	
<i>senna-lax</i>	479	.....	266
<i>senna-plus</i>	479	<i>sertraline hcl tab 50 mg</i>	
<i>senna-s</i>	480	.....	266
<i>senna-tabs</i>	480	<i>se-tan plus</i>	516
<i>senna-time</i>	480	<i>setlakin</i>	407
<i>senna-time s</i>	480	<i>sf</i>	739
<i>sennosides cap 8.6 mg</i>		<i>sf 5000 plus</i>	739
.....	480	<i>sharobel</i>	407
<i>sennosides syrup 8.8</i>		SHINGRIX INJ 50/0.5ML	
<i>mg/5ml</i>	480	.....	547
<i>sennosides tab 8.6 mg</i>		SIDEROL TAB	633
.....	480	SIGNIFOR INJ 0.3MG/ML	
<i>sennosides-docusate</i>		.....	433
<i>sodium tab 8.6-50 mg</i>		SIGNIFOR INJ 0.6MG/ML	
.....	480	.....	433
<i>sentry</i>	632	SIGNIFOR INJ 0.9MG/ML	
<i>sentry senior</i>	632	.....	433
SENTRY TAB	633	SIKLOS TAB 1000MG	519
SENTRY TAB SENIOR	633	SIKLOS TAB 100MG.	519
SEREVENT DIS AER		<i>sildenafil citrate tab 20</i>	
50MCG	679	<i>mg</i>	247
SEROSTIM INJ 4MG..	432	<i>silodosin cap 4 mg</i> ..	493

<i>silodosin cap 8 mg ...</i>	493	<i>simvastatin tab 80 mg</i>	
<i>silver sulfadiazine cream</i>		.....	215
1%	707	<i>sirolimus oral soln 1</i>	
SIMBRINZA SUS 1-0.2%		mg/ml	542
.....	656	<i>sirolimus tab 0.5 mg</i>	542
<i>simethicone cap 125 mg</i>		<i>sirolimus tab 1 mg ..</i>	542
.....	487	<i>sirolimus tab 2 mg ..</i>	542
<i>simethicone cap 180 mg</i>		SIRTURO TAB 100MG	94
.....	487	SIRTURO TAB 20MG ..	94
<i>simethicone chew tab</i>		SKIN PROTECT OIN	
125 mg.....	488	44.28%	553
<i>simethicone chew tab 80</i>		SKYRIZI INJ 150MG/ML	
<i>mg</i>	487	.....	528
<i>simethicone drops</i>		SKYRIZI INJ 180/1.2	528
<i>infants</i>	488	SKYRIZI INJ 360/2.4	528
<i>simethicone ultra strengt</i>		SKYRIZI PEN INJ	
.....	488	150MG/ML.....	528
<i>simliya</i>	407	SKYRIZI SOL 60MG/ML	
<i>simpesse</i>	408	.....	528
SIMPLE SYP	552	<i>sleep aid</i>	358
SIMPLE SYRUP SYP NF		<i>sleep tabs</i>	358
.....	552	<i>sleep-aid</i>	358
<i>simvastatin tab 10 mg</i>		<i>slow iron</i>	516
.....	215	SLOW MAG/CA TAB 64-	
<i>simvastatin tab 20 mg</i>		106MG.....	582
.....	215	<i>slow release iron</i>	516
<i>simvastatin tab 40 mg</i>		<i>sm 12 hour sinus</i>	
.....	215	<i>deconges</i>	683
<i>simvastatin tab 5 mg</i>	215	<i>sm 3-day vaginal</i>	499
		<i>sm acid reducer</i>	464

<i>sm acid reducer</i>	
<i>maximum s</i>	464
<i>sm alcohol</i>	553
<i>sm allergy childrens</i> ..	676
<i>sm antacid</i>	447
<i>sm antacid extra</i>	
<i>strength</i>	447
<i>sm antibiotic</i>	707
<i>sm anti-diarrheal</i>	453
<i>sm antifungal</i>	
<i>clotrimazol</i>	713
<i>sm antifungal</i>	
<i>miconazole</i>	713
<i>sm antifungal tolnaftate</i>	
.....	713
<i>sm aspirin adult low stre</i>	
.....	47
<i>sm aspirin low dose</i> ...	47
SM CALAMINE LOT ...	734
<i>sm calcium antacid extra</i>	
.....	448
<i>sm childrens ibuprofen</i>	
.....	56
<i>sm clearlax</i>	480
<i>sm clotrimazole vaginal</i>	
.....	499
<i>sm dry eye relief</i>	661
<i>sm epsom salt</i>	481
<i>sm fexofenadine</i>	
<i>hydrochlo</i>	676
<i>sm fiber</i>	481
<i>sm fiber laxative</i>	481
<i>sm gas relief</i>	488
<i>sm gas relief drops infan</i>	
.....	488
<i>sm hydrocortisone</i>	
<i>maximum</i>	722
<i>sm hydrogen peroxide</i>	
.....	734
<i>sm ibuprofen</i>	56
<i>sm ibuprofen ib</i>	56
<i>sm ibuprofen ib</i>	
<i>childrens</i>	56
<i>sm infants ibuprofen</i> ..	56
SM IODIDES TIN	734
SM IODINE TIN MILD	734
<i>sm isopropyl alcohol</i>	553
<i>sm lice killing maximum</i>	
<i>s</i>	736
<i>sm lice treatment</i>	736
<i>sm loratadine</i>	676
<i>sm lorata-dine d</i>	683
<i>sm loratadine d 12hr</i>	684
<i>sm lubricating plus</i> ..	661
<i>sm magnesium citrate</i>	
.....	481
<i>sm miconazole 3</i>	500
<i>sm miconazole 7</i>	500
<i>sm milk of magnesia</i>	481
<i>sm naproxen sodium</i> ..	56

<i>sm nicotine</i>	359	<i>sodium chloride flush iv</i>	
<i>sm nicotine polacrilex</i>		<i>soln 0.9%</i>	582
.....	359	<i>sodium chloride inj 2.5</i>	
<i>sm nicotine transdermal</i>		<i>meq/ml (14.6%)</i> ...	561
<i>s</i>	359	<i>sodium chloride</i>	
<i>sm pain & fever</i>		<i>irrigation soln 0.9%</i>	737
<i>childrens</i>	47	<i>sodium chloride iv soln</i>	
<i>sm pain reliever extra st</i>		<i>0.45%</i>	561
.....	47	<i>sodium chloride iv soln</i>	
<i>sm povidone-iodine</i> ..	734	<i>0.9%</i>	561
<i>sm stomach relief</i>	453	<i>sodium chloride iv soln</i>	
<i>sm stool softener</i>	481	<i>3%</i>	562
<i>sm triple antibiotic orig</i>		<i>sodium chloride iv soln</i>	
.....	707	<i>5%</i>	562
<i>sm triple antibiotic plus</i>		<i>sodium chloride soln</i>	
.....	707	<i>nebu 7%</i>	684
SMART SENSE CHW 4GM		<i>sodium chloride tab 1</i>	
.....	424	<i>gm</i>	582
<i>smooth antacid extra</i>		<i>sodium fluoride 5000</i>	
<i>stre</i>	448	<i>plus</i>	739
SOD OXYBATE SOL		<i>sodium fluoride 5000</i>	
500MG/ML	351	<i>ppm</i>	739
<i>sod sulfate-pot sulf-mg</i>		<i>sodium fluoride chew tab</i>	
<i>sulf oral sol 17.5-3.13-</i>		<i>0.25 mg f (from 0.55</i>	
<i>1.6 gm/177ml</i>	481	<i>mg naf)</i>	582
<i>sodium bicarbonate tab</i>		<i>sodium fluoride chew tab</i>	
<i>325 mg</i>	448	<i>0.5 mg f (from 1.1 mg</i>	
<i>sodium bicarbonate tab</i>		<i>naf)</i>	582
<i>650 mg</i>	448		

<i>sodium fluoride chew tab</i> <i>1 mg f (from 2.2 mg</i> <i>naf) 582</i>	SOLU-CORTEF INJ 1000MG 422
<i>sodium fluoride chew;</i> <i>tab; 1.1 (0.5 f) mg/ml</i> <i>soln 564</i>	SOLU-CORTEF INJ 100MG 421
<i>sodium fluoride cream</i> <i>1.1% 740</i>	SOLU-CORTEF INJ 250MG 421
<i>sodium fluoride gel 1.1%</i> <i>(0.5% f) 740</i>	SOLU-CORTEF INJ 500MG 422
<i>sodium fluoride soln 0.5</i> <i>mg/ml f (from 1.1</i> <i>mg/ml naf).....582</i>	SOMATULINE INJ 120/.5ML 434
<i>sodium phenylbutyrate</i> <i>oral powder 3</i> <i>gm/teaspoonful.....433</i>	SOMATULINE INJ 60/0.2ML 433
<i>sodium phenylbutyrate</i> <i>tab 500 mg 433</i>	SOMATULINE INJ 90/0.3ML 433
<i>sodium phosphates -</i> <i>enema 481</i>	SOMAVERT INJ 10MG 434
<i>sodium polystyrene</i> <i>sulfonate powder ...389</i>	SOMAVERT INJ 15MG 434
<i>solifenacin succinate tab</i> <i>10 mg 497</i>	SOMAVERT INJ 20MG 434
<i>solifenacin succinate tab</i> <i>5 mg 497</i>	SOMAVERT INJ 25MG 434
SOLQUA INJ 100/33 382	SOMAVERT INJ 30MG 434
SOLTAMOX SOL 10MG/5ML 133	<i>sominex..... 359</i>
<i>soluble fiber 481</i>	<i>sominex maximum</i> <i>strength..... 359</i>
	<i>sominex nighttime</i> <i>sleep-a 359</i>

<i>soothe nighttime dry eye</i> 661	<i>spironolactone tab 100</i> <i>mg</i> 196
<i>soothe xp</i> 661	<i>spironolactone tab 25</i> <i>mg</i> 196
<i>soothe xp/xtra</i> <i>protection</i> 661	<i>spironolactone tab 50</i> <i>mg</i> 196
<i>sorafenib tosylate tab</i> <i>200 mg (base</i> <i>equivalent)</i> 172	<i>sprintec 28</i> 408
SORBITOL SOL 70%482, 553	SPRITAM TAB 1000MG 323
SOSWEET SYP 553	SPRITAM TAB 250MG322
<i>sotalol hcl (afib/afl) tab</i> <i>120 mg</i> 210	SPRITAM TAB 500MG323
<i>sotalol hcl (afib/afl) tab</i> <i>160 mg</i> 210	SPRITAM TAB 750MG323
<i>sotalol hcl (afib/afl) tab</i> <i>80 mg</i> 209	<i>sps</i> 389
<i>sotalol hcl tab 120 mg</i> 210	<i>sps rectal</i> 389
<i>sotalol hcl tab 160 mg</i> 210	<i>sronyx</i> 408
<i>sotalol hcl tab 240 mg</i> 210	<i>ssd</i> 707
<i>sotalol hcl tab 80 mg</i> 210	<i>st joseph low dose aspi</i> 47
SOTYKTU TAB 6MG ..528	STELARA INJ 45MG/0.5 529
<i>span c</i> 633	STELARA INJ 5MG/ML 529
<i>spironolactone &</i> <i>hydrochlorothiazide tab</i> <i>25-25 mg</i> 237	STELARA INJ 90MG/ML 529
	STERILE LUBR DRO <i>0.7%</i> 662
	<i>stimulant laxative ...</i> 482
	<i>stimulant laxative plus s</i> 482

STIVARGA TAB 40MG	
.....	173
STL SOFT/LAX CAP 8.6-50MG	482
stomach relief	454
stomach relief extra stre	454
.....	454
stomach relief ultra	454
stool softener	482
stool softener + stimulan	482
stool softener extra stre	482
.....	482
stool softener plus laxat	482
.....	482
stool softener/laxative	482
.....	482
streptomycin sulfate for inj 1 gm	75
stress b/zinc	633
stress formula	633
stress formula/iron	633
stress formula/zinc	633
STRIBILD TAB	92
STROVITE ONE TAB	633
stye	662
subvenite	323
sucalfate susp 1 gm/10ml	488
sucalfate tab 1 gm	488
sudogest	684
sudogest 12 hour	684
sudogest maximum strength	684
sulfacetamide sodium lotion 10% (acne)	704
sulfacetamide sodium ophth oint 10%	651
sulfacetamide sodium ophth soln 10%	651
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	648
sulfadiazine tab 500 mg	75
.....	75
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	75
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	75
sulfamethoxazole-trimethoprim tab 400-80 mg	75
.....	75
sulfamethoxazole-trimethoprim tab 800-160 mg	75
.....	75
SULFAMYLON CRE 85MG/GM	707

<i>sulfasalazine tab 500 mg</i> 465	<i>sunitinib malate cap</i> 12.5 mg (base equivalent)..... 173
<i>sulfasalazine tab delayed</i> <i>release 500 mg.....465</i>	<i>sunitinib malate cap 25</i> <i>mg (base equivalent)</i> 173
<i>sulindac tab 150 mg.. 57</i>	<i>sunitinib malate cap</i> 37.5 mg (base equivalent)..... 173
<i>sulindac tab 200 mg.. 57</i>	<i>sunitinib malate cap 50</i> <i>mg (base equivalent)</i> 173
<i>sumatriptan nasal spray</i> 20 mg/act.....341	SUNLENCA TAB 300MG 87
<i>sumatriptan nasal spray</i> 5 mg/act.....341	<i>super b with c..... 634</i>
<i>sumatriptan succinate</i> <i>inj 6 mg/0.5ml.....341</i>	<i>super b-complex/folic aci</i> 634
<i>sumatriptan succinate</i> <i>solution auto-injector 4</i> <i>mg/0.5ml.....342</i>	<i>super cal/mag 582</i>
<i>sumatriptan succinate</i> <i>solution auto-injector 6</i> <i>mg/0.5ml.....342</i>	<i>super calcium 583</i>
<i>sumatriptan succinate</i> <i>solution cartridge 4</i> <i>mg/0.5ml.....342</i>	<i>super calcium 600 + d3</i> 583
<i>sumatriptan succinate</i> <i>solution cartridge 6</i> <i>mg/0.5ml.....342</i>	<i>super calcium 600+d3</i> 400 583
<i>sumatriptan succinate</i> <i>tab 100 mg 342</i>	<i>super multiple 634</i>
<i>sumatriptan succinate</i> <i>tab 25 mg 342</i>	<i>super quints b-50.... 634</i>
<i>sumatriptan succinate</i> <i>tab 50 mg 342</i>	<i>super thera vite m .. 634</i>
	<i>suphedrine 12hour</i> <i>maximum..... 684</i>
	SUPPORT LIQ 634
	SUPPORT-500 CAP .. 634

<i>syeda</i>	408	SYNJARDY XR TAB 25-	
SYMBICORT AER 160-		1000	370
4.5	700	SYNJARDY XR TAB 5-	
SYMBICORT AER 80-4.5		1000MG	369
.....	700	SYNTHROID TAB	
SYMDEKO TAB 100-150		100MCG	439
.....	691	SYNTHROID TAB	
SYMDEKO TAB 50-75MG		112MCG	439
.....	691	SYNTHROID TAB	
SYMPAZAN MIS 10MG		125MCG	439
.....	323	SYNTHROID TAB	
SYMPAZAN MIS 20MG		137MCG	439
.....	323	SYNTHROID TAB	
SYMPAZAN MIS 5MG	323	150MCG	439
SYMTUZA TAB	93	SYNTHROID TAB	
SYNAREL SOL 2MG/ML		175MCG	439
.....	434	SYNTHROID TAB	
SYNJARDY TAB 12.5-		200MCG	439
1000MG	369	SYNTHROID TAB 25MCG	
SYNJARDY TAB 12.5-500		.....	438
.....	369	SYNTHROID TAB	
SYNJARDY TAB 5-		300MCG	440
1000MG	369	SYNTHROID TAB 50MCG	
SYNJARDY TAB 5-500MG		.....	438
.....	369	SYNTHROID TAB 75MCG	
SYNJARDY XR TAB 10-		.....	439
1000	369	SYNTHROID TAB 88MCG	
SYNJARDY XR TAB 12.5-		.....	439
1000	370	SYRPALTA SYP	553
		SYRSPEND SF LIQ ...	553

SYRSPEND SF SUS ...553
 SYRSPEND SF SUS ALKA
553

T

tab-a-vite 634
tab-a-vite multivitamin/i
634

TAB-A-VITE TAB
 IRON/BET 635

tab-a-vite w/beta
caroten 635

TABLOID TAB 40MG .130

TABRECTA TAB 150MG
173

TABRECTA TAB 200MG
174

tacrolimus cap 0.5 mg
542

tacrolimus cap 1 mg.542

tacrolimus cap 5 mg.542

tacrolimus oint 0.03%
734

tacrolimus oint 0.1% 734

tadalafil tab 20 mg (pah)
247

tadalafil tab 5 mg 493

TAFINLAR CAP 50MG 174

TAFINLAR CAP 75MG 174

TAFINLAR TAB 10MG 174

TAGAMET HB TAB
 200MG..... 464

TAGRISSE TAB 40MG
 174

TAGRISSE TAB 80MG
 174

take action 408

TALZENNA CAP 0.1MG
 175

TALZENNA CAP 0.25MG
 175

TALZENNA CAP 0.35MG
 175

TALZENNA CAP 0.5MG
 175

TALZENNA CAP 0.75MG
 175

TALZENNA CAP 1MG 175

tamoxifen citrate tab 10
mg (base equivalent)
 133

tamoxifen citrate tab 20
mg (base equivalent)
 134

tamsulosin hcl cap 0.4
mg 494

TANDEM CAP..... 516

tandem plus 516

tarina 24 fe 408

tarina fe 1/20 eq 408

TARON FORTE CAP...516	
TASIGNA CAP 150MG	
.....176	
TASIGNA CAP 200MG	
.....176	
TASIGNA CAP 50MG .176	
<i>tasimelteon capsule 20</i>	
<i>mg</i> 336	
TAVNEOS CAP 10MG 519	
<i>tazarotene cream 0.05%</i>	
.....715	
<i>tazarotene cream 0.1%</i>	
.....715	
<i>tazicef</i> 106	
TAZORAC CRE 0.05%	
.....715	
TAZVERIK TAB 200MG	
.....176	
TECENTRIQ INJ 1200/20	
.....176	
TECENTRIQ INJ 840/14	
.....176	
TECENTRIQ INJ	
HYBREZA.....176	
<i>teeny tummy gas relief</i>	
<i>dr</i> 488	
TEFLARO INJ 400MG 107	
TEFLARO INJ 600MG 107	
<i>telmisartan tab 20 mg</i>	
.....206	
<i>telmisartan tab 40 mg</i>	
..... 206	
<i>telmisartan tab 80 mg</i>	
..... 206	
<i>telmisartan-amlodipine</i>	
<i>tab 40-10 mg</i> 202	
<i>telmisartan-amlodipine</i>	
<i>tab 40-5 mg</i> 202	
<i>telmisartan-amlodipine</i>	
<i>tab 80-10 mg</i> 203	
<i>telmisartan-amlodipine</i>	
<i>tab 80-5 mg</i> 202	
<i>telmisartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>40-12.5 mg</i> 203	
<i>telmisartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>80-12.5 mg</i> 203	
<i>telmisartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>80-25 mg</i> 203	
<i>temazepam cap 15 mg</i>	
..... 337	
<i>temazepam cap 30 mg</i>	
..... 337	
<i>temazepam cap 7.5 mg</i>	
..... 336	
TENIVAC INJ 5-2LF.. 547	
<i>tenofovir disoproxil</i>	
<i>fumarate tab 300 mg</i> 87	

<i>tension headache</i>	47
TEPMETKO TAB 225MG	
.....	177
<i>terazosin hcl cap 1 mg</i> (base equivalent) ...	197
<i>terazosin hcl cap 10 mg</i> (base equivalent) ...	197
<i>terazosin hcl cap 2 mg</i> (base equivalent) ...	197
<i>terazosin hcl cap 5 mg</i> (base equivalent) ...	197
<i>terbinafine hcl tab 250</i> <i>mg</i>	81
<i>terbutaline sulfate tab</i> <i>2.5 mg</i>	679
<i>terbutaline sulfate tab 5</i> <i>mg</i>	679
<i>terconazole vaginal</i> <i>cream 0.4%</i>	500
<i>terconazole vaginal</i> <i>cream 0.8%</i>	500
<i>terconazole vaginal</i> <i>suppos 80 mg</i>	500
TERIPARATIDE INJ 620/2.48	387
<i>testosterone cypionate</i> <i>im inj in oil 100 mg/ml</i>	361
<i>testosterone cypionate</i> <i>im inj in oil 200 mg/ml</i>	361
<i>testosterone enanthate</i> <i>im inj in oil 200 mg/ml</i>	361
<i>testosterone pump</i> ..	361
<i>testosterone td gel 12.5</i> <i>mg/act (1%)</i>	361
<i>testosterone td gel 25</i> <i>mg/2.5gm (1%)</i>	361
<i>testosterone td gel 50</i> <i>mg/5gm (1%)</i>	361
<i>tetrabenazine tab 12.5</i> <i>mg</i>	346
<i>tetrabenazine tab 25 mg</i>	346
<i>tetracycline hcl cap 250</i> <i>mg</i>	121
<i>tetracycline hcl cap 500</i> <i>mg</i>	121
TGT GLUCOSE CHW RASPBERRY.....	424
THALOMID CAP 100MG	136
THALOMID CAP 150MG	136
THALOMID CAP 200MG	137

THALOMID CAP 50MG
 136
the magic bullet.....483
 THEO-24 CAP 100MG CR
 691
 THEO-24 CAP 200MG CR
 691
 THEO-24 CAP 300MG CR
 691
 THEO-24 CAP 400MG ER
 691
theophylline elixir 80
mg/15ml.....691
theophylline soln 80
mg/15ml.....691
theophylline tab er 12hr
100 mg.....692
theophylline tab er 12hr
200 mg.....692
theophylline tab er 12hr
300 mg.....692
theophylline tab er 12hr
450 mg.....692
theophylline tab er 24hr
400 mg.....692
theophylline tab er 24hr
600 mg.....692
 THERA TAB 635
thera-derm 734

THERAMILL CAP FORTE
 635
therapeutic-m..... 635
thera-tabs..... 635
 THERA-TABS M TAB. 635
theratrum complete. 635
theratrum complete 50
plu 635
 THEREMS TAB MULTIVIT
 636
thiamine hcl tab 100 mg
 636
thiamine hcl tab 250 mg
 636
thiamine hcl tab 50 mg
 636
thiamine mononitrate
tab 100 mg 636
thioridazine hcl tab 10
mg 299
thioridazine hcl tab 100
mg 299
thioridazine hcl tab 25
mg 299
thioridazine hcl tab 50
mg 299
thiothixene cap 1 mg 299
thiothixene cap 10 mg
 299
thiothixene cap 2 mg 299

<i>thiothixene cap 5 mg</i>	299	<i>timolol maleate tab 20</i>	
<i>tiadylt er</i>	232	<i>mg</i>	225
<i>tiagabine hcl tab 12 mg</i>		<i>timolol maleate tab 5</i>	
.....	324	<i>mg</i>	225
<i>tiagabine hcl tab 16 mg</i>		<i>tinidazole tab 250 mg</i>	76
.....	324	<i>tinidazole tab 500 mg</i>	76
<i>tiagabine hcl tab 2 mg</i>		TIVICAY PD TAB 5MG	88
.....	323	TIVICAY TAB 10MG ...	88
<i>tiagabine hcl tab 4 mg</i>		TIVICAY TAB 25MG ...	88
.....	324	TIVICAY TAB 50MG ...	88
TIBSOVO TAB 250MG		<i>tizanidine hcl tab 2 mg</i>	
.....	177	<i>(base equivalent) ..</i>	350
<i>ticagrelor tab 90 mg</i>	521	<i>tizanidine hcl tab 4 mg</i>	
TICOVAC INJ.....	548	<i>(base equivalent) ..</i>	350
<i>tigecycline for iv soln 50</i>		<i>tm-clotrimazole</i>	713
<i>mg</i>	121	TM-DAILY TAB VITE.	636
<i>tilia fe</i>	408	<i>tm-tolnaftate</i>	713
<i>timolol maleate ophth</i>		<i>tm-tolnaftate lr</i>	713
<i>gel forming soln 0.25%</i>		TOBI PODHALR CAP	
.....	657	28MG	76
<i>timolol maleate ophth</i>		TOBRADEX OIN 0.3-	
<i>gel forming soln 0.5%</i>		0.1%	648
.....	656	<i>tobramycin nebu soln</i>	
<i>timolol maleate ophth</i>		300 mg/5ml	76
<i>soln 0.25%</i>	657	<i>tobramycin ophth soln</i>	
<i>timolol maleate ophth</i>		0.3%	651
<i>soln 0.5%</i>	657	<i>tobramycin sulfate inj</i>	
<i>timolol maleate tab 10</i>		1.2 gm/30ml (40	
<i>mg</i>	225	<i>mg/ml) (base equiv)</i>	76

<i>tobramycin sulfate inj 10 mg/ml (base equivalent).....</i>	<i>76</i>	<i>topiramate tab 100 mg</i>	<i>324</i>
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv).....</i>	<i>76</i>	<i>topiramate tab 200 mg</i>	<i>325</i>
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv).....</i>	<i>76</i>	<i>topiramate tab 25 mg</i>	<i>324</i>
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%.....</i>	<i>648</i>	<i>topiramate tab 50 mg</i>	<i>324</i>
<i>tolnafi-al.....</i>	<i>713</i>	<i>toremifene citrate tab 60 mg (base equivalent)</i>	<i>134</i>
<i>tolnaftate cream 1%</i>	<i>713</i>	<i>torpenz tab 10mg ...</i>	<i>177</i>
<i>tolnaftate powder 1%</i>	<i>713</i>	<i>torpenz tab 2.5mg ..</i>	<i>177</i>
<i>tolterodine tartrate cap er 24hr 2 mg</i>	<i>497</i>	<i>torpenz tab 5mg</i>	<i>177</i>
<i>tolterodine tartrate cap er 24hr 4 mg</i>	<i>497</i>	<i>torpenz tab 7.5mg ..</i>	<i>177</i>
<i>tolterodine tartrate tab 1 mg</i>	<i>497</i>	<i>torsemide tab 10 mg</i>	<i>237</i>
<i>tolterodine tartrate tab 2 mg</i>	<i>497</i>	<i>torsemide tab 100 mg</i>	<i>238</i>
<i>topiramate sprinkle cap 15 mg</i>	<i>324</i>	<i>torsemide tab 20 mg</i>	<i>237</i>
<i>topiramate sprinkle cap 25 mg</i>	<i>324</i>	<i>torsemide tab 5 mg .</i>	<i>237</i>
<i>topiramate sprinkle cap 50 mg</i>	<i>324</i>	<i>total allergy.....</i>	<i>676</i>
		<i>TOUJEO MAX INJ 300/ML</i>	<i>382</i>
		<i>TOUJEO SOLO INJ 300/ML</i>	<i>382</i>
		<i>TPN ELECTROL INJ ..</i>	<i>562</i>
		<i>TRADJENTA TAB 5MG</i>	<i>370</i>
		<i>tramadol hcl tab 50 mg</i>	<i>66</i>

<i>tramadol-acetaminophen</i>	TRELEGY AER ELLIPTA
<i>tab 37.5-325 mg.....</i>	100-62.5-25 MCG..
66	665
<i>trandolapril tab 1 mg</i>	TRELEGY AER ELLIPTA
195	200-62.5-25 MCG..
<i>trandolapril tab 2 mg</i>	665
195	TREMFYA CROH INJ
<i>trandolapril tab 4 mg</i>	200/2ML
195	529
<i>tranexamic acid iv soln</i>	TREMFYA INJ 100MG/ML
<i>1000 mg/10ml (100</i>	.....
<i>mg/ml).....</i>	529
520	TREMFYA INJ 200/20ML
<i>tranexamic acid tab 650</i>	.....
<i>mg.....</i>	530
520	TREMFYA INJ 200/2ML
<i>tranylcypromine sulfate</i>	.....
<i>tab 10 mg.....</i>	530
266	<i>treprostinil inj soln 100</i>
TRAVASOL INJ 10% .567	<i>mg/20ml (5 mg/ml)</i>
<i>travel-ease</i>	248
460	<i>treprostinil inj soln 20</i>
<i>travoprost ophth soln</i>	<i>mg/20ml (1 mg/ml)</i>
<i>0.004% (benzalkonium</i>	247
<i>free) (bak free).....</i>	<i>treprostinil inj soln 200</i>
657	<i>mg/20ml (10 mg/ml)</i>
TRAZIMERA INJ 150MG	.....
.....	248
177	<i>treprostinil inj soln 50</i>
TRAZIMERA INJ 420MG	<i>mg/20ml (2.5 mg/ml)</i>
.....	
178	248
<i>trazodone hcl tab 100</i>	TRESIBA FLEX INJ
<i>mg.....</i>	100UNIT
266	382
<i>trazodone hcl tab 150</i>	TRESIBA FLEX INJ
<i>mg.....</i>	200UNIT
267	382
<i>trazodone hcl tab 50 mg</i>	TRESIBA INJ 100UNIT
.....	
266	382
TRECTOR TAB 250MG	<i>tretinoin cap 10 mg .</i>
.....	138
95	

<i>tretinoin cream 0.025%</i>		
.....	705	
<i>tretinoin cream 0.05%</i>		
.....	705	
<i>tretinoin cream 0.1%</i>	704	
<i>tretinoin gel 0.01%</i>	..705	
<i>tretinoin gel 0.025%</i>	705	
<i>triamcinolone acetonide cream 0.025%</i>	.....	722
<i>triamcinolone acetonide cream 0.1%</i>	.....	722
<i>triamcinolone acetonide cream 0.5%</i>	.....	722
<i>triamcinolone acetonide dental paste 0.1%</i>	..740	
<i>triamcinolone acetonide lotion 0.025%</i>	.....	722
<i>triamcinolone acetonide lotion 0.1%</i>	.....	722
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	.....	695
<i>triamcinolone acetonide oint 0.025%</i>	.....	723
<i>triamcinolone acetonide oint 0.1%</i>	.....	722
<i>triamcinolone acetonide oint 0.5%</i>	.....	723
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	.....	238
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	.....	238
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	.....	238
<i>tri-buffered aspirin</i>	....	47
<i>tricon</i>	.....	516
<i>tridacaine dis 5% patch</i>	.....	724
<i>triderm</i>	.....	723
<i>trientine hcl cap 250 mg</i>	.....	389
<i>tri-estarylla</i>	.....	408
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	.....	300
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	.....	300
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	.....	300
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	.....	300

<i>trifluridine ophth soln</i>		
1%	651	
<i>trigels-f forte</i>	516	
<i>trihexyphenidyl hcl oral</i>		
soln 0.4 mg/ml	277	
<i>trihexyphenidyl hcl tab 2</i>		
mg	278	
<i>trihexyphenidyl hcl tab 5</i>		
mg	278	
TRIJARDY XR TAB ER		
24HR 10-5-1000MG	370	
TRIJARDY XR TAB ER		
24HR 12.5-2.5-1000MG		
.....	370	
TRIJARDY XR TAB ER		
24HR 25-5-1000MG	370	
TRIJARDY XR TAB ER		
24HR 5-2.5-1000MG		
.....	370	
TRIKAFTA PAK 59.5MG		
.....	692	
TRIKAFTA PAK 75MG	692	
TRIKAFTA TAB 100-50-		
75MG & 150MG.....	693	
TRIKAFTA TAB 50-25-		
37.5MG & 75MG.....	693	
<i>tri-legest fe</i>	409	
<i>tri-lynyah</i>	409	
<i>tri-lo-estarylla</i>	409	
<i>tri-lo-marzia</i>	409	
<i>tri-lo-mili</i>	409	
<i>tri-lo-sprintec</i>	409	
<i>trimethoprim tab 100</i>		
mg	77	
<i>tri-mili</i>	409	
<i>trimipramine maleate</i>		
cap 100 mg	267	
<i>trimipramine maleate</i>		
cap 25 mg	267	
<i>trimipramine maleate</i>		
cap 50 mg	267	
TRINTELLIX TAB 10MG		
.....	267	
TRINTELLIX TAB 20MG		
.....	267	
TRINTELLIX TAB 5MG		
.....	267	
<i>tri-nymyo tab</i>	409	
<i>triphrocaps</i>	637	
<i>triple antibiotic</i>	707	
<i>triple antibiotic + pain</i>		
.....	708	
<i>triple antibiotic plus</i> .	708	
<i>triple paste af</i>	714	
<i>tri-sprintec</i>	409	
TRIUMEQ PD TAB	93	
TRIUMEQ TAB.....	93	
TRI-VI-SOL SOL A/C/D		
.....	636	
<i>tri-vite pediatric</i>	636	

<i>tri-vite/fluoride</i>	636	TRULICITY INJ 1.5/0.5	
<i>trivora-28</i>	410	.....	370
<i>tri-vylibra</i>	410	TRULICITY INJ 3/0.5	371
<i>tri-vylibra lo</i>	410	TRULICITY INJ 4.5/0.5	
TROGARZO INJ		.....	371
150MG/ML	88	TRUMENBA INJ	548
TROPHAMINE INJ 10%		TRUQAP PAK 160MG	178
.....	567	TRUQAP PAK 200MG	178
<i>tropical liquid nutrition</i>		TRUQAP TAB 160MG	178
.....	637	TRUQAP TAB 200MG	178
<i>trospium chloride cap er</i>		TRUXIMA INJ 100/10ML	
24hr 60 mg	497	.....	178
<i>trospium chloride tab 20</i>		TRUXIMA INJ 500/50ML	
<i>mg</i>	497	.....	178
<i>true ferrous sulfate</i> ..	517	TUKYSA TAB 150MG	179
<i>true folic acid</i>	637	TUKYSA TAB 50MG..	179
<i>true magnesium oxide</i>		TURALIO CAP 125MG	179
.....	583	<i>turqoz</i>	410
TRUE MULTI- TAB		<i>twice-daily clindamycin</i>	
VITAMIN	637	<i>phosphate (topical)</i>	705
<i>true vitamin b12</i>	637	TWINRIX INJ	548
<i>true vitamin b2</i>	637	TYBOST TAB 150MG ..	88
<i>true vitamin b6</i>	637	<i>tydemy</i>	410
<i>true vitamin c</i>	637	TYENNE INJ 162/0.9	530
<i>true vitamin d3</i>	637	TYENNE INJ 162MG .	530
<i>true vitamin e</i>	638	TYENNE INJ 200/10ML	
TRUELYTE SOL	555	.....	530
TRULANCE TAB 3MG.	488	TYENNE INJ 400/20ML	
TRULICITY INJ 0.75/0.5		.....	531
.....	370		

TYENNE INJ 80MG/4ML
530
 TYPHIM VI INJ 548
 TYR COOLER LIQ 587

U

UBRELVY TAB 100MG
343
 UBRELVY TAB 50MG .343
ultra calcium + vitamin
d 583
ultra freeda.....638
ultra freeda/iron 638
ultra fresh.....662
ultra fresh pm 662
ultra lubricating eye dro
662
 ULTRA PRENAT CAP
 VITAMINS 638
unithroid 440
 UPCAL D POW 583
 URO MAG CAP 140MG

.....448
ursodiol cap 300 mg .489
ursodiol tab 250 mg .489
ursodiol tab 500 mg .489

V

valacyclovir hcl tab 1 gm
 99
valacyclovir hcl tab 500
mg 99

VALCHLOR GEL 0.016%
 735
valganciclovir hcl for
soln 50 mg/ml (base
equiv)..... 100
valganciclovir hcl tab
450 mg (base
equivalent)..... 100
valproate sodium inj 100
mg/ml 325
valproate sodium oral
soln 250 mg/5ml (base
equiv)..... 325
valproic acid cap 250 mg
 325
valsartan tab 160 mg
 206
valsartan tab 320 mg
 206
valsartan tab 40 mg 206
valsartan tab 80 mg 206
valsartan-
hydrochlorothiazide tab
160-12.5 mg 203
valsartan-
hydrochlorothiazide tab
160-25 mg 203
valsartan-
hydrochlorothiazide tab
320-12.5 mg 204

<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>320-25 mg</i>	<i>204</i>
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>80-12.5 mg</i>	<i>203</i>
VALTOCO SPR 10MG	325
VALTOCO SPR 15MG	325
VALTOCO SPR 20MG	326
VALTOCO SPR 5MG ..	325
<i>valtya 1/50 tab.....</i>	<i>410</i>
<i>vancomycin hcl cap 125</i>	
<i>mg (base equivalent)</i>	<i>77</i>
<i>vancomycin hcl cap 250</i>	
<i>mg (base equivalent)</i>	<i>77</i>
<i>vancomycin hcl for iv</i>	
<i>soln 1 gm (base</i>	
<i>equivalent).....</i>	<i>77</i>
<i>vancomycin hcl for iv</i>	
<i>soln 1.25 gm (base</i>	
<i>equivalent).....</i>	<i>77</i>
<i>vancomycin hcl for iv</i>	
<i>soln 1.5 gm (base</i>	
<i>equivalent).....</i>	<i>77</i>
<i>vancomycin hcl for iv</i>	
<i>soln 10 gm (base</i>	
<i>equivalent).....</i>	<i>77</i>
<i>vancomycin hcl for iv</i>	
<i>soln 5 gm (base</i>	
<i>equivalent).....</i>	<i>77</i>
<i>vancomycin hcl for iv</i>	
<i>soln 500 mg (base</i>	
<i>equivalent).....</i>	<i>77</i>
<i>vancomycin hcl for iv</i>	
<i>soln 750 mg (base</i>	
<i>equivalent).....</i>	<i>78</i>
VANCOMYCIN INJ 1 GM	
.....	78
VANCOMYCIN INJ	
500MG.....	78
VANCOMYCIN INJ	
750MG.....	78
VANFLYTA TAB 17.7MG	
.....	179
VANFLYTA TAB 26.5MG	
.....	179
VANQUISH TAB.....	47
VAQTA INJ 25/0.5ML	548
VAQTA INJ 50UNT/ML	
.....	548
<i>varenicline tartrate tab</i>	
<i>0.5 mg (base equiv)</i>	
.....	359
<i>varenicline tartrate tab 1</i>	
<i>mg (base equiv)....</i>	<i>359</i>
<i>varenicline tartrate tab</i>	
<i>11 x 0.5 mg & 42 x 1</i>	
<i>mg start pack</i>	<i>359</i>
VARIVAX INJ	548
VASCEPA CAP 0.5GM	219

VASCEPA CAP 1GM...	219	<i>venlafaxine hcl tab 25</i>	
VAXCHORA SUS.....	548	<i>mg (base equivalent)</i>	
<i>v-c forte</i>	638	.....	268
VCF VAGINAL MIS		<i>venlafaxine hcl tab 37.5</i>	
CONTRACP	495	<i>mg (base equivalent)</i>	
<i>vegetable laxative+stool</i>		.....	268
.....	483	<i>venlafaxine hcl tab 50</i>	
<i>velivet</i>	410	<i>mg (base equivalent)</i>	
VELSIPITY TAB 2MG .	531	.....	268
VENCLEXTA TAB 100MG		<i>venlafaxine hcl tab 75</i>	
.....	180	<i>mg (base equivalent)</i>	
VENCLEXTA TAB 10MG		.....	268
.....	179	VENTOLIN HFA	
VENCLEXTA TAB 50MG		(INSTITUTIONAL PACK)	
.....	179	.....	679
VENCLEXTA TAB START		VENTOLIN HFA AER .	680
PK	180	VEOZAH TAB 45MG .	434
<i>venlafaxine hcl cap er</i>		<i>verapamil hcl cap er</i>	
<i>24hr 150 mg (base</i>		<i>24hr 100 mg</i>	232
<i>equivalent)</i>	268	<i>verapamil hcl cap er</i>	
<i>venlafaxine hcl cap er</i>		<i>24hr 120 mg</i>	232
<i>24hr 37.5 mg (base</i>		<i>verapamil hcl cap er</i>	
<i>equivalent)</i>	267	<i>24hr 180 mg</i>	233
<i>venlafaxine hcl cap er</i>		<i>verapamil hcl cap er</i>	
<i>24hr 75 mg (base</i>		<i>24hr 200 mg</i>	233
<i>equivalent)</i>	268	<i>verapamil hcl cap er</i>	
<i>venlafaxine hcl tab 100</i>		<i>24hr 240 mg</i>	233
<i>mg (base equivalent)</i>		<i>verapamil hcl cap er</i>	
.....	268	<i>24hr 300 mg</i>	233

<i>verapamil hcl cap er</i>		
24hr 360 mg	233	
<i>verapamil hcl iv soln 2.5</i>		
mg/ml	233	
<i>verapamil hcl tab 120</i>		
mg	233	
<i>verapamil hcl tab 40 mg</i>		
.....	233	
<i>verapamil hcl tab 80 mg</i>		
.....	233	
<i>verapamil hcl tab er 120</i>		
mg	234	
<i>verapamil hcl tab er 180</i>		
mg	234	
<i>verapamil hcl tab er 240</i>		
mg	234	
VERQUVO TAB 10MG	244	
VERQUVO TAB 2.5MG		
.....	244	
VERQUVO TAB 5MG..	244	
VERSACLOZ SUS		
50MG/ML	300	
VERZENIO TAB 100MG		
.....	180	
VERZENIO TAB 150MG		
.....	180	
VERZENIO TAB 200MG		
.....	180	
VERZENIO TAB 50MG		
.....	180	
<i>vestura</i>	410	
VIActiv CALC CHW		
PLUS D	583	
<i>vic-forte</i>	638	
<i>vienva</i>	410	
<i>vigabatrin powd pack</i>		
500 mg	326	
<i>vigabatrin tab 500 mg</i>		
.....	326	
<i>vigadrone</i>	326	
VIGAFYDE SOL		
100MG/ML	326	
<i>vigpoder</i>	327	
<i>vilazodone hcl tab 10 mg</i>		
.....	268	
<i>vilazodone hcl tab 20 mg</i>		
.....	269	
<i>vilazodone hcl tab 40 mg</i>		
.....	269	
<i>vincristine sulfate iv soln</i>		
1 mg/ml	141	
<i>vinorelbine tartrate inj</i>		
10 mg/ml (base equiv)		
.....	141	
<i>vinorelbine tartrate inj</i>		
50 mg/5ml (10 mg/ml)		
(base equiv)	141	
<i>viorele</i>	411	
VIRACEPT TAB 250MG	88	
VIRACEPT TAB 625MG	88	

VIREAD POW 40MG/GM	
.....	88
VIREAD TAB 150MG ..	89
VIREAD TAB 200MG ..	89
VIREAD TAB 250MG ..	89
<i>virt-caps</i>	638
<i>vision vitamins</i>	638
VIT A/C/D/FL DRO	
0.5MG	638
VIT B12/FA TAB.....	639
VITABEX PLUS CAP ..	639
VITA-C CRY.....	639
VITACHEW CHW	639
VITACHEW CHW ADULT	
.....	639
<i>vitachew vitamin c citrus</i>	
.....	639
<i>vitajoy daily c gummies</i>	
.....	639
<i>vitajoy daily d gummies</i>	
.....	639
<i>vitajoy gummies</i>	587
VITAJLOY MULT CHW	
ADULT.....	639
VITAL-D RX TAB	640
VITALETS CHW CHILD	
.....	640
VITAMI A-C-D DRO	
INF/TODD	640
<i>vitamin a cap 2400 mcg</i>	
<i>(8000 unit)</i>	640
<i>vitamin a cap 3 mg</i>	
<i>(10000 unit)</i>	640
VITAMIN A TAB	
15000UNT	640
<i>vitamin a tab 3 mg</i>	
<i>(10000 unit)</i>	640
VITAMIN B 12 LOZ	
250MCG.....	640
<i>vitamin b</i>	
<i>complex/vitamin</i> ...	641
VITAMIN B12 DRO	
3000/ML	640
VITAMIN B-12 DRO	
3000MCG	641
<i>vitamin b-complex 100</i>	
.....	641
VITAMIN B-COMPLEX	
100	641
VITAMIN C CHW 500MG	
.....	641
<i>vitamin c gummies</i> ..	641
<i>vitamin c plus wild rose</i>	
.....	641
VITAMIN C POW.....	641
VITAMIN C SOL.....	641
VITAMIN C TAB 100MG	
.....	642

VITAMIN C TR TAB	
1500MG.....	642
<i>vitamin</i>	
<i>c/bioflavonoids/w ...</i>	642
<i>vitamin d high potency</i>	
.....	644
<i>vitamin d infant</i>	644
<i>vitamin d-1000</i>	
<i>maximum st</i>	644
VITAMIN D2 CAP	
2000UNIT	642
VITAMIN D2 TAB	
2000UNIT	642
VITAMIN D2 TAB	
400UNIT	642
VITAMIN D3 CAP	
62.5MCG.....	642
VITAMIN D3 DRO 5000	
IU	642
VITAMIN D3 DRO	
5000UNIT	642
<i>vitamin d3 extra</i>	
<i>strength.....</i>	643
<i>vitamin d3 gummies.</i>	643
VITAMIN D3 LIQ	
1000UNIT	643
<i>vitamin d3 super</i>	
<i>strength.....</i>	643
VITAMIN D3 TAB	
2000UNIT	643
VITAMIN D3 TAB	
3000UNIT	643
VITAMIN D3 TAB	
5000UNIT	643
<i>vitamin d3 ultra potency</i>	
.....	643
<i>vitamin d3 ultra strength</i>	
.....	643
<i>vitamin e cap 180 mg</i>	
<i>(400 unit)</i>	644
<i>vitamin e cap 90 mg</i>	
<i>(200 unit)</i>	644
VITAMIN E DRO	
6.75/0.3	644
<i>vitamin e high potency</i>	
.....	644
VITAMIN E TAB 100UNIT	
.....	644
<i>vitamin supplement e-</i>	
<i>400</i>	644
<i>vitamins a & d oint ..</i>	735
<i>vitamins a & d tab ...</i>	645
VITAMINS	
A/C/D/FLUORIDE...	645
VITRAKVI CAP 100MG	
.....	181
VITRAKVI CAP 25MG	181
VITRAKVI SOL 20MG/ML	
.....	181
VITREXYL TAB	645

VITREXYL TAB IRON.645
 VITRON-C TAB 65-
 125MG 517
 VIVIMUSTA INJ 100/4ML
 125
 VIVITROL INJ 380MG360
 VIVOTIF CAP EC 548
 VIZIMPRO TAB 15MG181
 VIZIMPRO TAB 30MG181
 VIZIMPRO TAB 45MG181
 VONJO CAP 100MG ..182
 VORANIGO TAB 10MG
 182
 VORANIGO TAB 40MG
 182
voriconazole for inj 200
mg 81
voriconazole for susp 40
mg/ml 81
voriconazole tab 200 mg
 82
voriconazole tab 50 mg
 82
 VOSEVI TAB.....100
 VOTRIZA-AL LOT 1% 714
 VOWST CAP 489
 VRAYLAR CAP 1.5MG 300
 VRAYLAR CAP 3MG...300
 VRAYLAR CAP 4.5MG 300
 VRAYLAR CAP 6MG...300

vyfemla 411
vylibra..... 411
 VYZULTA SOL 0.024%
 657

W

wal-dryl allergy..... 676
warfarin sodium tab 1
mg 504
warfarin sodium tab 10
mg 504
warfarin sodium tab 2
mg 504
warfarin sodium tab 2.5
mg 504
warfarin sodium tab 3
mg 504
warfarin sodium tab 4
mg 504
warfarin sodium tab 5
mg 504
warfarin sodium tab 6
mg 504
warfarin sodium tab 7.5
mg 504
wart remover maximum
stre 735
water for irrigation,
sterile irrigation soln
 737
weekly-d..... 645

WELIREG TAB 40MG	138	XARELTO TAB 10MG	505
<i>wera</i>	411	XARELTO TAB 15MG	505
<i>wescaps</i>	645	XARELTO TAB 2.5MG	505
WESTAB MAX	645	XARELTO TAB 20MG	505
<i>westab one</i>	645	XATMEP SOL 2.5MG/ML	
WESTAB PLUS TAB 27-		.....	532
1MG	564	XCOPRI PAK 100-150	
WHITE PETROL OIN		.....	327
100%	554	XCOPRI PAK 12.5-25	327
<i>white petrolatum topical</i>		XCOPRI PAK 150-200MG	
<i>gel</i>	554	(MAINTENANCE) ...	327
<i>wixela inhub</i>	701	XCOPRI PAK 150-200MG	
WMNS MULTIVI CHW		(TITRATION)	327
+COLLAGE	645	XCOPRI PAK 50-100MG	
WOMENS 50+ TAB		.....	327
MULTIVIT	646	XCOPRI TAB 100MG	327
<i>womens daily formula</i>		XCOPRI TAB 150MG	328
.....	646	XCOPRI TAB 200MG	328
<i>wymzya fe</i>	411	XCOPRI TAB 25MG ..	327
X		XCOPRI TAB 50MG ..	327
XALKORI CAP 150MG	182	XDEMVI DRO 0.25%	651
XALKORI CAP 200MG	183	XELJANZ SOL 1MG/ML	
XALKORI CAP 20MG	182	.....	531
XALKORI CAP 250MG	183	XELJANZ TAB 10MG	531
XALKORI CAP 50MG	182	XELJANZ TAB 5MG ..	531
<i>xarah fe tab</i>	411	XELJANZ XR TAB 11MG	
XARELTO STAR TAB		.....	531
15/20MG	505	XELJANZ XR TAB 22MG	
XARELTO SUS 1MG/ML		.....	531
.....	505		

XERMELO TAB 250MG	
.....	489
XGEVA INJ	387
XHANCE MIS 93MCG	696
XIFAXAN TAB 550MG	489
XIGDUO XR TAB 10-	
1000	371
XIGDUO XR TAB 10-	
500MG	371
XIGDUO XR TAB 2.5-	
1000	371
XIGDUO XR TAB 5-	
1000MG.....	371
XIGDUO XR TAB 5-	
500MG	371
XIIDRA DRO 5%	662
XOLAIR INJ 150MG/ML	
.....	693
XOLAIR INJ 300/2ML	694
XOLAIR INJ 75/0.5...	693
XOLAIR SOL 150MG	.694
XOSPATA TAB 40MG	.183
XPOVIO PAK (100 MG	
ONCE WEEKLY).....	184
XPOVIO PAK (40 MG	
ONCE WEEKLY).....	183
XPOVIO PAK (40 MG	
TWICE WEEKLY)	183
XPOVIO PAK (60 MG	
ONCE WEEKLY).....	184
XPOVIO PAK (60 MG	
TWICE WEEKLY)....	184
XPOVIO PAK (80 MG	
ONCE WEEKLY)	184
XPOVIO PAK (80 MG	
TWICE WEEKLY)....	184
XTANDI CAP 40MG ..	134
XTANDI TAB 40MG ..	134
XTANDI TAB 80MG ..	134
<i>xulane</i>	411
XULTOPHY INJ 100/3.6	
.....	383
Y	
YELETS TEEN TAB	
FORMULA	646
YF-VAX INJ	549
YOUR LIFE CHW	
GUMMIES	646
YUMVS D3 ZER CHW	
62.5MCG.....	646
YUMVS DIABET CHW	
MULTIVIT	646
YUMVS MAGNES CHW	
83MG	583
<i>yumvs melatonin</i>	587
YUMVS MULTI CHW	
ZERO.....	646
<i>yumvs vitamin c zero</i>	646
<i>yumvs vitamin d3</i> ...	646

yumvs vitamin d3 zero
647
yumvskids vitamin d3
zero 647
yuvaferm 415
Z
zafemy 411
*zafirlukast tab 10 mg*685
*zafirlukast tab 20 mg*685
 ZARXIO INJ 300/0.5.506
 ZARXIO INJ 480/0.8.506
 ZEGALOGUE INJ 0.6/0.6
424
 ZEJULA TAB 100MG..184
 ZEJULA TAB 200MG..185
 ZEJULA TAB 300MG..185
 ZELBORAF TAB 240MG
185
 ZEMAIRA INJ 1000MG
694
 ZEMAIRA INJ 4000MG
694
 ZEMAIRA INJ 5000MG
694
zenatane 705
 ZENPEP CAP 10000UNT
490
 ZENPEP CAP 15000UNT
490

ZENPEP CAP 20000UNT
 490
 ZENPEP CAP 25000UNT
 490
 ZENPEP CAP 3000UNIT
 489
 ZENPEP CAP 40000UNT
 490
 ZENPEP CAP 5000UNIT
 489
 ZENPEP CAP 60000UNT
 490
 ZEPBOUND INJ
 10/0.5ML 385
 ZEPBOUND INJ 12.5/0.5
 385
 ZEPBOUND INJ
 15/0.5ML 385
 ZEPBOUND INJ 2.5/0.5
 385
 ZEPBOUND INJ 5/0.5ML
 385
 ZEPBOUND INJ 7.5/0.5
 385
 ZERVIAE DRO 0.24%
 654
zidovudine cap 100 mg
 89
zidovudine syrup 10
mg/ml 89

<i>zidovudine tab 300 mg</i>		ZOLINZA CAP 100MG	
.....	89	.....	185
ZINC LOZ	647	<i>zolpidem tartrate tab 10</i>	
<i>zinc oxide oint 20%..</i>	735	<i>mg</i>	338
<i>zinc oxide oint 25%..</i>	735	<i>zolpidem tartrate tab 5</i>	
ZINC OXIDE PST 25%		<i>mg</i>	337
.....	735	<i>zolpidem tartrate tab er</i>	
ZINC W/A&C LOZ.....	740	<i>12.5 mg</i>	339
<i>ziprasidone hcl cap 20</i>		<i>zolpidem tartrate tab er</i>	
<i>mg</i>	301	<i>6.25 mg</i>	338
<i>ziprasidone hcl cap 40</i>		ZOMACTON INJ 5MG	434
<i>mg</i>	301	ZONISADE SUS	
<i>ziprasidone hcl cap 60</i>		100MG/5.....	328
<i>mg</i>	301	<i>zonisamide cap 100 mg</i>	
<i>ziprasidone hcl cap 80</i>		.....	328
<i>mg</i>	301	<i>zonisamide cap 25 mg</i>	
<i>ziprasidone mesylate for</i>		.....	328
<i>inj 20 mg (base</i>		<i>zonisamide cap 50 mg</i>	
<i>equivalent)</i>	301	.....	328
ZIRABEV INJ 100/4ML		<i>zoo friends/extra c ..</i>	647
.....	185	ZOSTRIX NAT CRE	
ZIRABEV INJ 400/16ML		0.033%	735
.....	185	<i>zovia 1/35</i>	411
ZIRGAN GEL 0.15% .	651	ZTALMY SUS 50MG/ML	
<i>zoledronic acid inj conc</i>		.....	328
<i>for iv infusion 4</i>		<i>zumandimine</i>	412
<i>mg/5ml</i>	387	ZURZUVAE CAP 20MG	
<i>zoledronic acid iv soln 5</i>		.....	269
<i>mg/100ml</i>	387	ZURZUVAE CAP 25MG	
		.....	269

ZURZUVAE CAP 30MG
.....269
ZYDELIG TAB 100MG185
ZYDELIG TAB 150MG186
ZYKADIA TAB 150MG186

ZYLET SUS 0.5-0.3%648
ZYPITAMAG TAB 2MG
..... 216
ZYPITAMAG TAB 4MG
..... 216

This formulary was updated on 06/01/2025. For more recent information or other questions, contact CCA One Care Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. Or visit ccama.org.

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