

# Williamson County Government

## Cigna-HealthSpring Preferred Rx (HMO)

# 2020 Cigna-HealthSpring Preferred Rx (HMO) Drug List (Formulary)

Please read: This document contains information about the drugs we cover in this plan.



This drug list was updated September 2019. For more recent information or other questions, please contact Cigna-HealthSpring Customer Service, at 1-888-281-7867 or, for TTY users, 711, 8 a.m. – 8 p.m., local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – Sept 30, or visit [CignaMedicare.com/group/MAresources](https://www.CignaMedicare.com/group/MAresources) The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.

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

When this drug list (formulary) refers to “we,” “us” or “our,” it means Cigna. When it refers to “plan” or “our plan,” it means Cigna-HealthSpring Preferred Rx (HMO).

This document includes a list of the drugs (formulary) for our plans, which is current as of September 2019. If you have any questions, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

### **What is the Cigna-HealthSpring RX PDP Comprehensive Drug List?**

A drug list is a list of covered drugs selected by Cigna-HealthSpring Preferred Rx (HMO) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Cigna-HealthSpring Preferred Rx (HMO) will generally cover the drugs listed in our drug list as long as the drug is medically necessary, the prescription is filled at a Cigna-HealthSpring Preferred Rx (HMO) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

### **Can the Drug List (formulary) change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions.

**Changes that can affect you this year.** In the below cases, you will be affected by the coverage changes during the year:

- **New Generic Drugs.** We may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the following section entitled “How do I request an exception to the Cigna-HealthSpring Preferred Rx (HMO) Drug List?”
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our drug list to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to customers who take the drug.
- **Other changes.** We may make other changes that affect customers currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the drug list or add new restrictions to the brand name drug or move it to a different cost-sharing tier. We may also make changes based on new clinical guidelines and/or studies. If we remove drugs from our drug list, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected customers of the change at least 30 days before the change becomes effective, or at the time the customer requests a refill of the drug, at which time the customer will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and

you can also find information in the section below entitled “How do I request an exception to the Cigna-HealthSpring Preferred Rx (HMO) Drug List?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2020 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those customers taking them for the remainder of the coverage year.

The enclosed drug list is current as of September 2019. To get updated information about the drugs covered by Cigna-HealthSpring Preferred Rx (HMO), please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes.

### **How do I use the Drug List?**

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

#### **Medical Condition**

The drug list begins on page 8. The drugs in this drug list are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR, HYPERTENSION / LIPIDS”. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

#### **Covered Drug Index**

If you are not sure what category to look under, you should look for your drug in the Covered Drugs Index that begins on page 69. The Covered Drugs Index provides a list of all of the drugs included in this document. Both brand name drugs and generic drugs are in the Drug List. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

### **What are generic drugs?**

Cigna-HealthSpring Preferred Rx (HMO) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

### **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** The plan requires you or your doctor to get prior authorization for some drugs. This means that you will need to get approval from the plan before you fill these prescriptions. If you do not get approval, Cigna-HealthSpring Preferred Rx (HMO) may not cover the drug.
- **Quantity Limits:** For certain drugs, the plan limits the amount of the drug that Cigna-HealthSpring Preferred Rx (HMO) will cover. For example, the plan allows for 1 tablet per day for BYSTOLIC 10MG. This applies to a standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, the plan requires you must first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Cigna-HealthSpring Preferred Rx (HMO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna-HealthSpring Preferred Rx (HMO) limits the amount of the drug that we will cover to only a 30-day supply or less, at one time. For example, customers who have not had any recent fill of opioid pain medications within the past 120 days (referred to as “opioid naive”) are limited to a maximum of 7 days’ supply of opioid pain medication. Customers who have received a recent fill of an opioid pain medication (not opioid naive) are limited to up to a month’s supply of that medication at one time. Other high cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You can ask Cigna-HealthSpring Preferred Rx (HMO) to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the plan drug list?" on the next page for information about how to request an exception.

### **Options for Maintenance Medications**

Taking the medications prescribed by your doctor is important to your health.

We are committed to helping you achieve control of chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. [Taking these medications every day as prescribed is important for your overall health, and getting 90-day prescriptions of these medications can ensure that you don't miss a dose.]
- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

### **How can I use my prescription drug coverage to save money on my medications?**

There may be opportunities for you to save money on your medications using your plan coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Check the Drug Tier and Cost-Share Tables to see if your plan offers copay savings with mail order.
- Explore whether the 'CMS Extra Help' program may offer additional financial support for your medications.
- If your medication is not covered on the plan drug list, talk with your doctor about alternative medications which are covered in the drug list.

### **What if my drug is not in the Drug List?**

If your drug is not included in this drug list, you should first contact Customer Service to ask if your drug is covered. If you learn that the plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by the plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by the plan.
- You can ask the plan to make an exception to cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the plan Drug List?**

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

- You can ask us to cover a drug even if it is not in our drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, there are certain drugs that the plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to provide a tiering exception for a drug to be covered at a lower cost-sharing tier.
  - If the drug you're taking is a brand name drug you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains brand name alternatives for treating your condition.

- If the drug you're taking is a generic drug you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
- If the drug you're taking is a biological product you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

These exceptions would lower the amount you must pay for your drug.

Please note, if we grant your request to cover a drug that is not in our drug list, you may not ask us to provide a higher level of coverage of the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

Generally, we will only approve your request for an exception if the alternative drug is included on the plan's drug list, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a drug list, tiering or utilization restriction exception. **When you request a drug list, tiering or utilization restriction exception, you should submit a statement from your prescriber or doctor supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

### **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or existing customer in our plan, you may either be taking drugs that are not in our drug list or taking a drug that is in our drug list but your ability to get it is limited. If this is the case, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide whether you should switch to an alternative drug that we cover or request a drug list exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug up to a 30-day supply, in certain cases during the first 90 days you are a customer of our plan.

For each of your drugs that are not on our drug list or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs without a drug list exception, even if you have been a customer of the plan less than 90 days.

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

In order to accommodate unexpected transitions of our customers that do not leave time for advanced planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to a home, we will allow a one-time 31-day supply (unless the prescription is written for fewer days).

### **Cigna-HealthSpring Preferred Rx (HMO) Drug List**

The drug list that begins on page 8 provides coverage information about of the drugs covered by Cigna-HealthSpring Preferred Rx (HMO). If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 69.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., TRELEGY ELLIPTA) and generic drugs are listed in lower-case italics (e.g., *candesartan*).

The information in the Requirements/Limits column tells you if we have any special requirements for coverage of your drug.

Some plans offer additional prescription drug coverage in the coverage gap. Please refer to your Evidence of Coverage Snapshot to see if your plan has this coverage and for more information.

We specify quantity limits on certain drugs which are indicated with a QL in the drug list that begins on page 7, along with the amount dispensed per the days supplied. (For example: *candesartan* 10MG QL 30/30; this means the drug *candesartan* 32MG is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

#### **For more information**

For more detailed information about your Cigna-HealthSpring Preferred Rx (HMO) coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Cigna-HealthSpring Preferred Rx (HMO), please contact us. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

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

## 2020 Drug Tier and Cost-Share Table

The following table represents the plan name, the drug tier number as it appears in the drug list, and the cost-share amount for that tier number. You may also refer to Evidence of Coverage for additional details.

Cigna-HealthSpring Preferred with Rx (HMO) is not always able to keep all generic medication in the Generic drug tiers. Some generic medications may be in the Preferred Brand (Tier 2), Non-Preferred Generic and Brand (Tier 3), and Specialty Generic and Brand (Tier 4) drug tiers. Keep in mind that the name of the tier is just a description of the majority of the drugs in the tier. It does not mean that there are only generic or only brand drugs in that tier.

**Note for customers receiving Extra Help:** Your LIS copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred drug copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

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<b>Cigna-HealthSpring Preferred Rx (HMO)</b>	<b>Retail Cost Share 30/60/90 Days</b>	<b>Mail Order Cost Share 30/60/90 Days</b>	<b>Out of Network* 30-day supply</b>
Tier 1: Preferred Generic Drugs	\$10 / \$20 / \$20	\$10 / \$20 / \$20	\$10
Tier 2: Preferred Brand Drugs	\$25 / \$50 / \$50	\$25 / \$50 / \$50	\$25
Tier 3: Non-Preferred Brand and Generic Drugs	\$50 / \$100 / \$100	\$50 / \$100 / \$100	\$50
Tier 4: Brand Name and Generic High Cost Specialty Drugs**	\$50 / N/A / N/A	\$50 / N/A / N/A	\$50

\* You will pay the copay or percentage of the drug cost shown above plus the different between the Out-of-Network pharmacy billed charge and our typical Standard Retail pharmacy billed cost.

\*\* Specialty drugs are limited to a 30-day supply.

## 2020 Comprehensive Formulary

### Cost-Sharing Tier Description

Tier 1: Preferred Generic Drugs

Tier 2: Preferred Brand Drugs

Tier 3: Non-Preferred Generic and Brand Drugs

Tier 4: Specialty Generic and Brand Drugs

### Symbol Key - Utilization Management Requirements/ Limits

**B/D** This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.

**BP** Supplemental Brand Package drugs. These Part D drugs are not offered on the standard Medicare Part D formulary.

**D/E** This prescription drug has a Part D versus Exclusion administrative prior authorization requirement. This drug may be covered under Medicare Part D depending on circumstances.

**EC** Supplemental Expanded Coverage drugs. These Part D drugs are not offered or offered at a higher tier on the standard Medicare Part D formulary.

**PA** This drug requires prior authorization.

**PA** This High Risk Medication (HRM) requires prior authorization.

**HRM**

**QL** This drug has quantity limits.

**ST** This drug has step therapy requirements.

**+** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. 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 receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

**\*** Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a month supply.

Generally all medications in the drug list are available through mail order, except when special circumstances or situations prohibit mailing a particular medication to your home.

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin cal 500 mg/50 ml vl</i>	3	
<i>leucovorin calcium 10 mg tab</i>	2	
<i>leucovorin calcium 100 mg vial</i>	3	
<i>leucovorin calcium 15 mg tab</i>	2	
<i>leucovorin calcium 25 mg tab</i>	2	
<i>leucovorin calcium 350 mg vial</i>	3	
<i>leucovorin calcium 5 mg tab</i>	2	
<i>leucovorin calcium 50 mg vial</i>	3	
<i>leucovorin calcium 500 mg vl</i>	3	
<i>mesna 1 gram/10 ml vial</i>	3	PA,B/D
MESNEX 400 MG TABLET	4	
XGEVA 120 MG/1.7 ML VIAL	4	PA,QL 1.7/28

Drug Name	Drug Tier	Requirements / Limits
<b>ADRENAL HORMONES</b>		
<i>cortisone 25 mg tablet</i>	3	
DEPO-MEDROL 20 MG/ML VIAL	3	
<i>dexamethasone 0.5 mg tablet</i>	1	
<i>dexamethasone 0.5 mg/5 ml elx</i>	1	
<i>dexamethasone 0.5 mg/5 ml liq</i>	1	
<i>dexamethasone 0.75 mg tablet</i>	1	
<i>dexamethasone 1 mg tablet</i>	1	
<i>dexamethasone 1.5 mg tablet</i>	1	
<i>dexamethasone 10 mg/ml vial</i>	3	
<i>dexamethasone 100 mg/10 ml vl</i>	3	
<i>dexamethasone 120 mg/30 ml vl</i>	3	
<i>dexamethasone 2 mg tablet</i>	1	
<i>dexamethasone 20 mg/5 ml vial</i>	3	



## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone 4 mg tablet</i>	1	
<i>dexamethasone 4 mg/ml vial</i>	3	
<i>dexamethasone 6 mg tablet</i>	1	
DEXAMETHASONE INTENSOL 1 MG/ML	3	
<i>fludrocortisone 0.1 mg tablet</i>	1	
<i>hydrocortisone 10 mg tablet</i>	2	
<i>hydrocortisone 20 mg tablet</i>	2	
<i>hydrocortisone 5 mg tablet</i>	2	
MEDROL 2 MG TABLET	2	
<i>methylprednisolone 16 mg tab</i>	1	
<i>methylprednisolone 32 mg tab</i>	1	
<i>methylprednisolone 4 mg dosepk</i>	1	
<i>methylprednisolone 4 mg tablet</i>	1	
<i>methylprednisolone 40 mg/ml vl</i>	3	
<i>methylprednisolone 8 mg tab</i>	1	
<i>methylprednisolone 80 mg/ml vl</i>	3	
<i>methylprednisolone ss 125 mg</i>	3	
<i>methylprednisolone ss 40 mg vl</i>	3	
<i>prednisolone 15 mg/5 ml soln</i>	2	
<i>prednisolone 5 mg/5 ml soln</i>	2	
<i>prednisolone sod ph 25 mg/5 ml</i>	2	
<i>prednisone 1 mg tablet</i>	1	PA,B/D
<i>prednisone 10 mg tab dose pack</i>	1	
<i>prednisone 10 mg tablet</i>	1	PA,B/D
<i>prednisone 2.5 mg tablet</i>	1	PA,B/D
<i>prednisone 20 mg tablet</i>	1	PA,B/D
<i>prednisone 5 mg tab dose pack</i>	1	
<i>prednisone 5 mg tablet</i>	1	PA,B/D
<i>prednisone 5 mg/5 ml solution</i>	1	
<i>prednisone 50 mg tablet</i>	1	PA,B/D
PREDNISONE INTENSOL 5 MG/ML	3	
SOLU-CORTEF 1,000 MG ACT-O-VL	3	
SOLU-CORTEF 100 MG ACT-O-VIAL	3	
SOLU-CORTEF 250 MG ACT-O-VIAL	3	
SOLU-CORTEF 500 MG ACT-O-VIAL	3	

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acet 40mg/ml vl</i>	1	
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>amiodarone 150 mg/3 ml vial</i>	3	
<i>amiodarone 450 mg/9 ml vial</i>	3	
<i>amiodarone 900 mg/18 ml vial</i>	3	
<i>amiodarone hcl 100 mg tablet</i>	1	
<i>amiodarone hcl 200 mg tablet</i>	1	
<i>amiodarone hcl 400 mg tablet</i>	1	
<i>dofetilide 125 mcg capsule</i>	2	
<i>dofetilide 250 mcg capsule</i>	2	
<i>dofetilide 500 mcg capsule</i>	2	
<i>flecainide acetate 100 mg tab</i>	1	
<i>flecainide acetate 150 mg tab</i>	1	
<i>flecainide acetate 50 mg tab</i>	1	
<i>lidocaine hcl 1% abboject</i>	3	
<i>lidocaine hcl 2% luer-jet</i>	3	
<i>mexiletine 150 mg capsule</i>	1	
<i>mexiletine 200 mg capsule</i>	1	
<i>mexiletine 250 mg capsule</i>	1	
MULTAQ 400 MG TABLET	2	QL 60/30
PACERONE 100 MG TABLET	1	
PACERONE 200 MG TABLET	1	
PACERONE 400 MG TABLET	1	
<i>propafenone hcl 150 mg tablet</i>	1	
<i>propafenone hcl 225 mg tab</i>	1	
<i>propafenone hcl 300 mg tab</i>	1	
<i>propafenone hcl er 225 mg cap</i>	3	
<i>propafenone hcl er 325 mg cap</i>	3	
<i>propafenone hcl er 425 mg cap</i>	3	
<i>quinidine sulfate 200 mg tab</i>	1	
<i>quinidine sulfate 300 mg tab</i>	1	
SORINE 120 MG TABLET	1	
SORINE 160 MG TABLET	1	
SORINE 240 MG TABLET	1	
SORINE 80 MG TABLET	1	
<i>sotalol 120 mg tablet</i>	1	
<i>sotalol 160 mg tablet</i>	1	
<i>sotalol 240 mg tablet</i>	1	
<i>sotalol 80 mg tablet</i>	1	
<i>sotalol af 120 mg tablet</i>	1	

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
<b>sotalol af 160 mg tablet</b>	1	
<b>sotalol af 80 mg tablet</b>	1	
ANTIBIOTICS		
AK-POLY-BAC EYE OINTMENT	1	
AZASITE 1% EYE DROPS	2	
<b>bacitracin 500 unit/gm ophth</b>	1	
<b>bacitracin-polymyxin eye oint</b>	1	
BESIVANCE 0.6% SUSP	3	
CILOXAN 0.3% OINTMENT	2	
<b>ciprofloxacin 0.3% eye drop</b>	1	
<b>erythromycin 0.5% eye ointment</b>	1	
GENTAK 0.3 % EYE OINTMENT	1	
<b>gentamicin 3 mg/ml eye drop</b>	1	
<b>moxifloxacin 0.5% eye drops</b>	2	
NATACYN EYE DROPS	2	
<b>neomyc-bacit-polymix eye oint</b>	1	
<b>neomyc-polym-gramicid eye drop</b>	1	
NEO-POLY-CIN EYE OINTMENT	1	
<b>ofloxacin 0.3% ear drops</b>	1	
<b>ofloxacin 0.3% eye drops</b>	1	
POLY-CIN EYE OINTMENT	1	
<b>polymyxin b-tmp eye drops</b>	1	
<b>tobramycin 0.3% eye drop</b>	1	
TOBEX 0.3% EYE OINTMENT	3	
ANTICHOLINERGICS / ANTISPASMODICS		
<b>darifenacin er 15 mg tablet</b>	3	
<b>darifenacin er 7.5 mg tablet</b>	3	
<b>flavoxate hcl 100 mg tablet</b>	1	
MYRBETRIQ ER 25 MG TABLET	2	QL 60/30
MYRBETRIQ ER 50 MG TABLET	2	QL 30/30
<b>oxybutynin 5 mg tablet</b>	1	
<b>oxybutynin 5 mg/5 ml syrup</b>	1	QL 600/30
<b>oxybutynin cl er 10 mg tablet</b>	1	QL 60/30
<b>oxybutynin cl er 15 mg tablet</b>	1	QL 60/30
<b>oxybutynin cl er 5 mg tablet</b>	1	QL 60/30
<b>tolterodine tart er 2 mg cap</b>	2	QL 30/30
<b>tolterodine tart er 4 mg cap</b>	2	QL 30/30
<b>tolterodine tartrate 1 mg tab</b>	2	
<b>tolterodine tartrate 2 mg tab</b>	2	

Drug Name	Drug Tier	Requirements / Limits
TOVIAZ ER 4 MG TABLET	2	QL 30/30
TOVIAZ ER 8 MG TABLET	2	QL 30/30
ANTICONVULSANTS		
APTOM 200 MG TABLET	4	QL 180/30
APTOM 400 MG TABLET	4	QL 90/30
APTOM 600 MG TABLET	4	QL 60/30
APTOM 800 MG TABLET	4	QL 60/30
BANZEL 200 MG TABLET	4	PA
BANZEL 40 MG/ML SUSPENSION	4	PA,QL 2400/30
BANZEL 400 MG TABLET	4	PA
BRIVIACT 10 MG TABLET	3	QL 60/30
BRIVIACT 10 MG/ML ORAL SOLN	3	QL 600/30
BRIVIACT 100 MG TABLET	3	QL 60/30
BRIVIACT 25 MG TABLET	3	QL 60/30
BRIVIACT 50 MG TABLET	3	QL 60/30
BRIVIACT 75 MG TABLET	3	QL 60/30
<b>carbamazepine 100 mg tab chew</b>	1	
<b>carbamazepine 100 mg/5 ml susp</b>	1	
<b>carbamazepine 200 mg tablet</b>	1	
<b>carbamazepine er 100 mg cap</b>	1	
<b>carbamazepine er 100 mg tablet</b>	1	
<b>carbamazepine er 200 mg cap</b>	1	
<b>carbamazepine er 200 mg tablet</b>	1	
<b>carbamazepine er 300 mg cap</b>	1	
<b>carbamazepine er 400 mg tablet</b>	1	
CELONTIN 300 MG KAPSEAL	2	
<b>clobazam 10 mg tablet</b>	3	QL 60/30
<b>clobazam 2.5 mg/ml suspension</b>	4	QL 480/30
<b>clobazam 20 mg tablet</b>	4	QL 60/30
<b>clonazepam 0.125 mg dis tab</b>	1	QL 90/30
<b>clonazepam 0.25 mg odt</b>	1	QL 90/30
<b>clonazepam 0.5 mg dis tablet</b>	1	QL 90/30
<b>clonazepam 0.5 mg tablet</b>	1	QL 120/30
<b>clonazepam 1 mg dis tablet</b>	1	QL 120/30
<b>clonazepam 1 mg tablet</b>	1	QL 120/30
<b>clonazepam 2 mg odt</b>	1	QL 300/30
<b>clonazepam 2 mg tablet</b>	1	QL 300/30
DIASTAT 2.5 MG PEDI SYSTEM	3	QL 5/30
DIASTAT ACUDIAL 12.5-15-20 MG	3	QL 40/30

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
DIASTAT ACUDIAL 5-7.5-10 MG KT	3	QL 20/30
<i>diazepam 10 mg rectal gel syst</i>	3	QL 20/30
<i>diazepam 2.5 mg rectal gel sys</i>	3	QL 5/30
<i>diazepam 20 mg rectal gel syst</i>	3	QL 40/30
DILANTIN 30 MG CAPSULE	2	
<i>divalproex dr 125 mg cap sprnk</i>	1	
<i>divalproex sod dr 125 mg tab</i>	1	
<i>divalproex sod dr 250 mg tab</i>	1	
<i>divalproex sod dr 500 mg tab</i>	1	
<i>divalproex sod er 250 mg tab</i>	1	
<i>divalproex sod er 500 mg tab</i>	1	
EPIDIOLEX 100 MG/ML SOLUTION	4	PA
EPITOL 200 MG TABLET	1	
<i>ethosuximide 250 mg capsule</i>	2	
<i>ethosuximide 250 mg/5 ml soln</i>	2	
<i>felbamate 400 mg tablet</i>	3	
<i>felbamate 600 mg tablet</i>	3	
<i>felbamate 600 mg/5 ml susp</i>	4	
FYCOMPA 0.5 MG/ML ORAL SUSP	3	QL 720/30
FYCOMPA 10 MG TABLET	3	QL 30/30
FYCOMPA 12 MG TABLET	3	QL 30/30
FYCOMPA 2 MG TABLET	3	QL 60/30
FYCOMPA 4 MG TABLET	3	QL 60/30
FYCOMPA 6 MG TABLET	3	QL 60/30
FYCOMPA 8 MG TABLET	3	QL 30/30
<i>gabapentin 100 mg capsule</i>	1	QL 270/30
<i>gabapentin 250 mg/5 ml soln</i>	1	QL 2160/30
<i>gabapentin 300 mg capsule</i>	1	QL 360/30
<i>gabapentin 400 mg capsule</i>	1	QL 270/30
<i>gabapentin 600 mg tablet</i>	1	QL 180/30
<i>gabapentin 800 mg tablet</i>	1	
<i>lamotrigine 100 mg tablet</i>	1	
<i>lamotrigine 150 mg tablet</i>	1	
<i>lamotrigine 200 mg tablet</i>	1	
<i>lamotrigine 25 mg disper tab</i>	1	
<i>lamotrigine 25 mg tablet</i>	1	
<i>lamotrigine 5 mg disper tablet</i>	1	
<i>lamotrigine er 100 mg tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine er 200 mg tablet</i>	1	
<i>lamotrigine er 25 mg tablet</i>	1	
<i>lamotrigine er 250 mg tablet</i>	1	
<i>lamotrigine er 300 mg tablet</i>	1	
<i>lamotrigine er 50 mg tablet</i>	1	
<i>lamotrigine odt 100 mg tablet</i>	1	
<i>lamotrigine odt 200 mg tablet</i>	1	
<i>lamotrigine odt 25 mg tablet</i>	1	
<i>lamotrigine odt 50 mg tablet</i>	1	
<i>levetiracetam 1,000 mg tablet</i>	1	
<i>levetiracetam 100 mg/ml soln</i>	1	
<i>levetiracetam 250 mg tablet</i>	1	
<i>levetiracetam 500 mg tablet</i>	1	
<i>levetiracetam 500 mg/5 ml vial</i>	3	
<i>levetiracetam 750 mg tablet</i>	1	
<i>levetiracetam er 500 mg tablet</i>	1	
<i>levetiracetam er 750 mg tablet</i>	1	
<i>levetiracetam-nacl 1,000mg/100</i>	3	
<i>levetiracetam-nacl 1,500mg/100</i>	3	
<i>levetiracetam-nacl 500 mg/100</i>	3	
LYRICA 100 MG CAPSULE	3	QL 90/30
LYRICA 150 MG CAPSULE	3	QL 90/30
LYRICA 20 MG/ML ORAL SOLUTION	3	QL 900/30
LYRICA 200 MG CAPSULE	3	QL 90/30
LYRICA 225 MG CAPSULE	3	QL 60/30
LYRICA 25 MG CAPSULE	3	QL 90/30
LYRICA 300 MG CAPSULE	3	QL 60/30
LYRICA 50 MG CAPSULE	3	QL 90/30
LYRICA 75 MG CAPSULE	3	QL 120/30
LYRICA CR 165 MG TABLET	2	QL 90/30
LYRICA CR 330 MG TABLET	2	QL 60/30
LYRICA CR 82.5 MG TABLET	2	QL 90/30
<i>oxcarbazepine 150 mg tablet</i>	1	
<i>oxcarbazepine 300 mg tablet</i>	1	
<i>oxcarbazepine 300 mg/5 ml susp</i>	1	
<i>oxcarbazepine 600 mg tablet</i>	1	
PEGANONE 250 MG TABLET	2	
<i>phenobarbital 100 mg tablet</i>	2	QL 120/30
<i>phenobarbital 15 mg tablet</i>	2	QL 120/30

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
<i>phenobarbital 16.2 mg tablet</i>	2	QL 120/30
<i>phenobarbital 20 mg/5 ml elix</i>	2	QL 1500/30
<i>phenobarbital 30 mg tablet</i>	2	QL 120/30
<i>phenobarbital 32.4 mg tablet</i>	2	QL 120/30
<i>phenobarbital 60 mg tablet</i>	2	QL 120/30
<i>phenobarbital 64.8 mg tablet</i>	2	QL 120/30
<i>phenobarbital 97.2 mg tablet</i>	2	QL 120/30
<i>phenytoin 125 mg/5 ml susp</i>	1	
<i>phenytoin 50 mg infatab</i>	1	
<i>phenytoin 50 mg tablet chew</i>	1	
<i>phenytoin sod ext 100 mg cap</i>	1	
<i>phenytoin sod ext 200 mg cap</i>	1	
<i>phenytoin sod ext 300 mg cap</i>	1	
<i>pregabalin 100 mg capsule</i>	3	QL 90/30
<i>pregabalin 150 mg capsule</i>	3	QL 90/30
<i>pregabalin 20 mg/ml solution</i>	3	QL 900/30
<i>pregabalin 200 mg capsule</i>	3	QL 90/30
<i>pregabalin 225 mg capsule</i>	3	QL 60/30
<i>pregabalin 25 mg capsule</i>	3	QL 90/30
<i>pregabalin 300 mg capsule</i>	3	QL 60/30
<i>pregabalin 50 mg capsule</i>	3	QL 90/30
<i>pregabalin 75 mg capsule</i>	3	QL 90/30
<i>primidone 250 mg tablet</i>	1	
<i>primidone 50 mg tablet</i>	1	
ROWEEPRA 1,000 MG TABLET	1	
ROWEEPRA 500 MG TABLET	1	
ROWEEPRA 750 MG TABLET	1	
ROWEEPRA XR 500 MG TABLET	1	
ROWEEPRA XR 750 MG TABLET	1	
SPRITAM 1,000 MG TABLET	3	QL 60/30
SPRITAM 250 MG TABLET	3	QL 60/30
SPRITAM 500 MG TABLET	3	QL 60/30
SPRITAM 750 MG TABLET	3	QL 120/30
SYMPAZAN 10 MG FILM	4	PA,QL 60/30
SYMPAZAN 20 MG FILM	4	PA,QL 60/30
SYMPAZAN 5 MG FILM	4	PA,QL 60/30
<i>tiagabine hcl 12 mg tablet</i>	3	
<i>tiagabine hcl 16 mg tablet</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>tiagabine hcl 2 mg tablet</i>	3	
<i>tiagabine hcl 4 mg tablet</i>	3	
<i>topiramate 100 mg tablet</i>	1	
<i>topiramate 15 mg sprinkle cap</i>	1	
<i>topiramate 200 mg tablet</i>	1	
<i>topiramate 25 mg sprinkle cap</i>	1	
<i>topiramate 25 mg tablet</i>	1	
<i>topiramate 50 mg tablet</i>	1	
TROKENDI XR 100 MG CAPSULE	3	QL 30/30
TROKENDI XR 200 MG CAPSULE	4	QL 60/30
TROKENDI XR 25 MG CAPSULE	3	QL 30/30
TROKENDI XR 50 MG CAPSULE	3	QL 30/30
<i>valproic acid 250 mg capsule</i>	1	
<i>valproic acid 250 mg/5 ml soln</i>	1	
<i>vigabatrin 500 mg powder packt</i>	4	PA,QL 180/30
<i>vigabatrin 500 mg tablet</i>	4	PA,QL 180/30
VIGADRONE 500 MG POWDER PACKET	4	PA,QL 180/30
VIMPAT 10 MG/ML SOLUTION	3	QL 1200/30
VIMPAT 100 MG TABLET	3	QL 60/30
VIMPAT 150 MG TABLET	3	QL 60/30
VIMPAT 200 MG TABLET	3	QL 60/30
VIMPAT 200 MG/20 ML VIAL	3	QL 1200/30
VIMPAT 50 MG TABLET	3	QL 120/30
<i>zonisamide 100 mg capsule</i>	1	
<i>zonisamide 25 mg capsule</i>	1	
<i>zonisamide 50 mg capsule</i>	1	
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
ANASPAZ 0.125 MG TABLET ODT	1	
<i>atropine 8 mg/20 ml vial</i>	3	
<i>dicyclomine 10 mg capsule</i>	1	
<i>dicyclomine 10 mg/5 ml soln</i>	2	
<i>dicyclomine 20 mg tablet</i>	1	
<i>diphenoxylat-atrop 2.5-0.025/5</i>	2	
<i>diphenoxylate-atrop 2.5-0.025</i>	1	
ED-SPAZ 0.125 MG ODT	1	
<i>glycopyrrolate 0.2 mg/ml syrng</i>	3	
<i>glycopyrrolate 0.2 mg/ml vial</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate 0.4 mg/2 ml syr</i>	3	
<i>glycopyrrolate 1 mg tablet</i>	1	
<i>glycopyrrolate 2 mg tablet</i>	1	
<i>glycopyrrolate 4 mg/20 ml vial</i>	3	
<i>hyoscyamine 0.125 mg odt</i>	1	
<i>hyoscyamine 0.125 mg tab sl</i>	1	
<i>hyoscyamine 0.125 mg/5 ml elix</i>	1	
<i>hyoscyamine sulf 0.125 mg tab</i>	1	
<i>loperamide 2 mg capsule</i>	1	
OSCIMIN 0.125 MG ODT	1	
OSCIMIN 0.125 MG TABLET	1	
OSCIMIN SL 0.125 MG TABLET	1	
<i>propantheline 15 mg tablet</i>	3	

### ANTIFUNGAL AGENTS

ABELCET 100 MG/20 ML VIAL	4	PA
AMBISOME 50 MG VIAL	4	PA
<i>amphotericin b 50 mg vial</i>	3	PA
<i>caspofungin acetate 50 mg vial</i>	4	PA
<i>caspofungin acetate 70 mg vial</i>	4	PA
<i>clotrimazole 10 mg troche</i>	1	
<i>fluconazole 10 mg/ml susp</i>	1	
<i>fluconazole 100 mg tablet</i>	1	
<i>fluconazole 150 mg tablet</i>	1	
<i>fluconazole 200 mg tablet</i>	1	
<i>fluconazole 40 mg/ml susp</i>	1	
<i>fluconazole 50 mg tablet</i>	1	
<i>fluconazole-nacl 200 mg/100 ml</i>	3	
<i>fluconazole-nacl 400 mg/200 ml</i>	3	
<i>flucytosine 250 mg capsule</i>	4	
<i>flucytosine 500 mg capsule</i>	4	
<i>griseofulvin 125 mg/5 ml susp</i>	3	
<i>griseofulvin micro 500 mg tab</i>	3	
<i>griseofulvin ultra 125 mg tab</i>	3	
<i>griseofulvin ultra 250 mg tab</i>	3	
<i>itraconazole 10 mg/ml solution</i>	4	PA
<i>itraconazole 100 mg capsule</i>	3	PA,QL 120/30
<i>ketoconazole 200 mg tablet</i>	1	
MYCAMINE 100 MG VIAL	4	
MYCAMINE 50 MG VIAL	4	

Drug Name	Drug Tier	Requirements / Limits
NOXAFIL 40 MG/ML SUSPENSION	4	PA,QL 600/30
NOXAFIL DR 100 MG TABLET	4	PA,QL 96/30
<i>nystatin 100,000 unit/ml susp</i>	1	
<i>nystatin 500,000 unit oral tab</i>	1	
<i>terbinafine hcl 250 mg tablet</i>	1	
<i>voriconazole 200 mg tablet</i>	3	PA
<i>voriconazole 200 mg vial</i>	4	PA
<i>voriconazole 40 mg/ml susp</i>	4	PA,QL 300/30
<i>voriconazole 50 mg tablet</i>	3	PA

### ANTIHISTAMINE / ANTIALLERGENIC AGENTS

<i>desloratadine 5 mg tablet</i>	1	
<i>diphenhydramine 50 mg/ml vial</i>	3	
<i>epinephrine 0.15 mg auto-inject</i>	1	QL 2/30
<i>epinephrine 0.3 mg auto-inject</i>	1	QL 2/30
EPIPEN 2-PAK 0.3 MG AUTO-INJECT	2	QL 2/30
EPIPEN JR 2-PAK 0.15 MG INJECT	2	QL 2/30
<i>levocetirizine 2.5 mg/5 ml sol</i>	3	QL 300/30
<i>levocetirizine 5 mg tablet</i>	1	QL 120/30
PHENADOZ 12.5 MG SUPPOSITORY	3	
PHENADOZ 25 MG SUPPOSITORY	3	
<i>promethazine 12.5 mg suppos</i>	3	
<i>promethazine 12.5 mg tablet</i>	1	PA,PA (HRM)
<i>promethazine 25 mg suppository</i>	3	
<i>promethazine 25 mg tablet</i>	1	PA,PA (HRM)
<i>promethazine 50 mg suppository</i>	3	
<i>promethazine 50 mg tablet</i>	1	PA,PA (HRM)
<i>promethazine 6.25 mg/5 ml soln</i>	1	PA,PA (HRM)
<i>promethazine 6.25 mg/5 ml syrp</i>	1	PA,PA (HRM)
PROMETHEGAN 12.5 MG SUPPOS	3	

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Drug Name	Drug Tier	Requirements / Limits
PROMETHEGAN 25 MG SUPPOSITORY	3	
PROMETHEGAN 50 MG SUPPOSITORY	3	

### ANTIHYPERTENSIVE THERAPY

<i>acebutolol 200 mg capsule</i>	1	
<i>acebutolol 400 mg capsule</i>	1	
<i>amiloride hcl 5 mg tablet</i>	1	
<i>amiloride hcl-hctz 5-50 mg tab</i>	1	
<i>amlodipine besylate 10 mg tab</i>	1	
<i>amlodipine besylate 2.5 mg tab</i>	1	
<i>amlodipine besylate 5 mg tab</i>	1	
<i>amlodipine-benazepril 10-20 mg</i>	1	
<i>amlodipine-benazepril 10-40 mg</i>	1	
<i>amlodipine-benazepril 2.5-10</i>	1	
<i>amlodipine-benazepril 5-10 mg</i>	1	
<i>amlodipine-benazepril 5-20 mg</i>	1	
<i>amlodipine-benazepril 5-40 mg</i>	1	
<i>amlodipine-valsartan 10-160 mg</i>	1	
<i>amlodipine-valsartan 10-320 mg</i>	1	
<i>amlodipine-valsartan 5-160 mg</i>	1	
<i>amlodipine-valsartan 5-320 mg</i>	1	
<i>amlod-valsarta-hctz 10-160-12.5mg</i>	1	
<i>amlod-valsarta-hctz 10-160-25 mg</i>	1	
<i>amlod-valsarta-hctz 10-320-25 mg</i>	1	
<i>amlod-valsarta-hctz 5-160-12.5 mg</i>	1	
<i>amlod-valsarta-hctz 5-160-25 mg</i>	1	
<i>atenolol 100 mg tablet</i>	1	
<i>atenolol 25 mg tablet</i>	1	
<i>atenolol 50 mg tablet</i>	1	
<i>atenolol-chlorthalidone 100-25</i>	1	
<i>atenolol-chlorthalidone 50-25</i>	1	
<i>benazepril hcl 10 mg tablet</i>	1	
<i>benazepril hcl 20 mg tablet</i>	1	
<i>benazepril hcl 40 mg tablet</i>	1	
<i>benazepril hcl 5 mg tablet</i>	1	
<i>benazepril-hctz 10-12.5 mg tab</i>	1	
<i>benazepril-hctz 20-12.5 mg tab</i>	1	
<i>benazepril-hctz 20-25 mg tab</i>	1	
<i>benazepril-hctz 5-6.25 mg tab</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>betaxolol 10 mg tablet</i>	1	
<i>betaxolol 20 mg tablet</i>	1	
BIDIL TABLET	2	QL 180/30
<i>bisoprolol fumarate 10 mg tab</i>	1	
<i>bisoprolol fumarate 5 mg tab</i>	1	
<i>bisoprolol-hctz 10-6.25 mg tab</i>	1	
<i>bisoprolol-hctz 2.5-6.25 mg tb</i>	1	
<i>bisoprolol-hctz 5-6.25 mg tab</i>	1	
<i>bumetanide 0.5 mg tablet</i>	1	
<i>bumetanide 1 mg tablet</i>	1	
<i>bumetanide 1 mg/4 ml vial</i>	3	
<i>bumetanide 2 mg tablet</i>	1	
BYSTOLIC 10 MG TABLET	2	
BYSTOLIC 2.5 MG TABLET	2	
BYSTOLIC 20 MG TABLET	2	
BYSTOLIC 5 MG TABLET	2	
<i>candesartan cilexetil 16 mg tb</i>	1	QL 60/30
<i>candesartan cilexetil 32 mg tb</i>	1	QL 30/30
<i>candesartan cilexetil 4 mg tab</i>	1	QL 60/30
<i>candesartan cilexetil 8 mg tab</i>	1	QL 60/30
<i>candesartan-hctz 16-12.5 mg tb</i>	1	
<i>candesartan-hctz 32-12.5 mg tb</i>	1	
<i>candesartan-hctz 32-25 mg tab</i>	1	
CARTIA XT 120 MG CAPSULE	1	
CARTIA XT 180 MG CAPSULE	1	
CARTIA XT 240 MG CAPSULE	1	
CARTIA XT 300 MG CAPSULE	1	
<i>carvedilol 12.5 mg tablet</i>	1	
<i>carvedilol 25 mg tablet</i>	1	
<i>carvedilol 3.125 mg tablet</i>	1	
<i>carvedilol 6.25 mg tablet</i>	1	
<i>carvedilol er 10 mg capsule</i>	2	
<i>carvedilol er 20 mg capsule</i>	2	
<i>carvedilol er 40 mg capsule</i>	2	
<i>carvedilol er 80 mg capsule</i>	2	
<i>chlorothiazide 250 mg tablet</i>	1	
<i>chlorothiazide 500 mg tablet</i>	1	
<i>chlorothiazide sod 500 mg vial</i>	3	
<i>chlorthalidone 25 mg tablet</i>	1	
<i>chlorthalidone 50 mg tablet</i>	1	

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
<i>clonidine 0.1 mg/day patch</i>	2	QL 4/28
<i>clonidine 0.2 mg/day patch</i>	2	QL 4/28
<i>clonidine 0.3 mg/day patch</i>	2	QL 8/28
<i>clonidine hcl 0.1 mg tablet</i>	1	
<i>clonidine hcl 0.2 mg tablet</i>	1	
<i>clonidine hcl 0.3 mg tablet</i>	1	
DEMSER 250 MG CAPSULE	4	PA
DILT XR 120 MG CAPSULE	1	
DILT XR 180 MG CAPSULE	1	
DILT XR 240 MG CAPSULE	1	
<i>diltiazem 100 mg add-van vial</i>	3	
<i>diltiazem 120 mg tablet</i>	1	
<i>diltiazem 125 mg/25 ml vial</i>	3	
<i>diltiazem 12hr er 120 mg cap</i>	1	
<i>diltiazem 12hr er 60 mg cap</i>	1	
<i>diltiazem 12hr er 90 mg cap</i>	1	
<i>diltiazem 24h er(cd) 120 mg cp</i>	1	
<i>diltiazem 24h er(cd) 180 mg cp</i>	1	
<i>diltiazem 24h er(cd) 240 mg cp</i>	1	
<i>diltiazem 24h er(cd) 300 mg cp</i>	1	
<i>diltiazem 24h er(la) 180 mg tb</i>	1	
<i>diltiazem 24h er(la) 240 mg tb</i>	1	
<i>diltiazem 24h er(la) 300 mg tb</i>	1	
<i>diltiazem 24h er(la) 360 mg tb</i>	1	
<i>diltiazem 24h er(la) 420 mg tb</i>	1	
<i>diltiazem 24h er(xr) 120 mg cp</i>	1	
<i>diltiazem 24h er(xr) 180 mg cp</i>	1	
<i>diltiazem 24h er(xr) 240 mg cp</i>	1	
<i>diltiazem 24hr cd 180 mg cap</i>	1	
<i>diltiazem 24hr er 120 mg cap</i>	1	
<i>diltiazem 24hr er 180 mg cap</i>	1	
<i>diltiazem 24hr er 240 mg cap</i>	1	
<i>diltiazem 24hr er 300 mg cap</i>	1	
<i>diltiazem 24hr er 420 mg cap</i>	1	
<i>diltiazem 25 mg/5 ml vial</i>	3	
<i>diltiazem 30 mg tablet</i>	1	
<i>diltiazem 50 mg/10 ml vial</i>	3	
<i>diltiazem 60 mg tablet</i>	1	
<i>diltiazem 90 mg tablet</i>	1	
<i>doxazosin mesylate 1 mg tab</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxazosin mesylate 2 mg tab</i>	1	
<i>doxazosin mesylate 4 mg tab</i>	1	
<i>doxazosin mesylate 8 mg tab</i>	1	
EDARBI 40 MG TABLET	3	QL 30/30,ST
EDARBI 80 MG TABLET	3	QL 30/30,ST
EDARBYCLOR 40-12.5 MG TABLET	3	ST
EDARBYCLOR 40-25 MG TABLET	3	ST
<i>enalapril maleate 10 mg tab</i>	1	
<i>enalapril maleate 2.5 mg tab</i>	1	
<i>enalapril maleate 20 mg tab</i>	1	
<i>enalapril maleate 5 mg tablet</i>	1	
<i>enalapril-hctz 10-25 mg tablet</i>	1	
<i>enalapril-hctz 5-12.5 mg tab</i>	1	
<i>ethacrynate sodium 50 mg vial</i>	3	
<i>felodipine er 10 mg tablet</i>	1	
<i>felodipine er 2.5 mg tablet</i>	1	
<i>felodipine er 5 mg tablet</i>	1	
<i>fosinopril sodium 10 mg tab</i>	1	QL 60/30
<i>fosinopril sodium 20 mg tab</i>	1	QL 60/30
<i>fosinopril sodium 40 mg tab</i>	1	QL 60/30
<i>fosinopril-hctz 10-12.5 mg tab</i>	1	QL 120/30
<i>fosinopril-hctz 20-12.5 mg tab</i>	1	QL 120/30
<i>furosemide 10 mg/ml solution</i>	1	
<i>furosemide 100 mg/10 ml vial</i>	1	
<i>furosemide 20 mg tablet</i>	1	
<i>furosemide 40 mg tablet</i>	1	
<i>furosemide 40 mg/4 ml syringe</i>	1	
<i>furosemide 40 mg/5 ml soln</i>	1	
<i>furosemide 80 mg tablet</i>	1	
<i>hydralazine 10 mg tablet</i>	1	
<i>hydralazine 100 mg tablet</i>	1	
<i>hydralazine 20 mg/ml vial</i>	3	
<i>hydralazine 25 mg tablet</i>	1	
<i>hydralazine 50 mg tablet</i>	1	
<i>hydrochlorothiazide 12.5 mg cp</i>	1	
<i>hydrochlorothiazide 12.5 mg tb</i>	1	
<i>hydrochlorothiazide 25 mg tab</i>	1	
<i>hydrochlorothiazide 50 mg tab</i>	1	

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
<i>indapamide 1.25 mg tablet</i>	1	
<i>indapamide 2.5 mg tablet</i>	1	
<i>irbesartan 150 mg tablet</i>	1	QL 60/30
<i>irbesartan 300 mg tablet</i>	1	QL 30/30
<i>irbesartan 75 mg tablet</i>	1	QL 30/30
<i>irbesartan-hctz 150-12.5 mg tb</i>	1	QL 30/30
<i>irbesartan-hctz 300-12.5 mg tb</i>	1	QL 30/30
<i>isradipine 2.5 mg capsule</i>	2	
<i>isradipine 5 mg capsule</i>	2	
<i>labetalol hcl 100 mg tablet</i>	1	
<i>labetalol hcl 200 mg tablet</i>	1	
<i>labetalol hcl 300 mg tablet</i>	1	
<i>lisinopril 10 mg tablet</i>	1	
<i>lisinopril 2.5 mg tablet</i>	1	
<i>lisinopril 20 mg tablet</i>	1	
<i>lisinopril 30 mg tablet</i>	1	
<i>lisinopril 40 mg tablet</i>	1	
<i>lisinopril 5 mg tablet</i>	1	
<i>lisinopril-hctz 10-12.5 mg tab</i>	1	
<i>lisinopril-hctz 20-12.5 mg tab</i>	1	
<i>lisinopril-hctz 20-25 mg tab</i>	1	
<i>losartan potassium 100 mg tab</i>	1	QL 60/30
<i>losartan potassium 25 mg tab</i>	1	QL 60/30
<i>losartan potassium 50 mg tab</i>	1	QL 60/30
<i>losartan-hctz 100-12.5 mg tab</i>	1	QL 30/30
<i>losartan-hctz 100-25 mg tab</i>	1	QL 30/30
<i>losartan-hctz 50-12.5 mg tab</i>	1	QL 60/30
MATZIM LA 180 MG TABLET	1	
MATZIM LA 240 MG TABLET	1	
MATZIM LA 300 MG TABLET	1	
MATZIM LA 360 MG TABLET	1	
MATZIM LA 420 MG TABLET	1	
<i>methyclothiazide 5 mg tablet</i>	2	
<i>metolazone 10 mg tablet</i>	1	
<i>metolazone 2.5 mg tablet</i>	1	
<i>metolazone 5 mg tablet</i>	1	
<i>metoprolol succ er 100 mg tab</i>	1	
<i>metoprolol succ er 200 mg tab</i>	1	
<i>metoprolol succ er 25 mg tab</i>	1	
<i>metoprolol succ er 50 mg tab</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metoprolol tartrate 100 mg tab</i>	1	
<i>metoprolol tartrate 25 mg tab</i>	1	
<i>metoprolol tartrate 37.5 mg tb</i>	1	
<i>metoprolol tartrate 50 mg tab</i>	1	
<i>metoprolol tartrate 75 mg tab</i>	1	
<i>metoprolol-hctz 100-25 mg tab</i>	1	
<i>metoprolol-hctz 100-50 mg tab</i>	1	
<i>metoprolol-hctz 50-25 mg tab</i>	1	
<i>minoxidil 10 mg tablet</i>	1	
<i>minoxidil 2.5 mg tablet</i>	1	
<i>moexipril hcl 15 mg tablet</i>	1	
<i>moexipril hcl 7.5 mg tablet</i>	1	
<i>nadolol 20 mg tablet</i>	2	
<i>nadolol 40 mg tablet</i>	2	
<i>nadolol 80 mg tablet</i>	2	
<i>nadolol-bendroflu 40-5 mg tab</i>	2	
<i>nicardipine 20 mg capsule</i>	1	
<i>nicardipine 25 mg/10 ml vial</i>	3	
<i>nicardipine 30 mg capsule</i>	1	
<i>nifedipine er 30 mg tablet</i>	1	QL 60/30
<i>nifedipine er 60 mg tablet</i>	1	QL 60/30
<i>nifedipine er 90 mg tablet</i>	1	QL 60/30
<i>nimodipine 30 mg capsule</i>	3	
<i>nisoldipine er 17 mg tablet</i>	3	
<i>nisoldipine er 20 mg tablet</i>	3	
<i>nisoldipine er 25.5 mg tablet</i>	3	
<i>nisoldipine er 30 mg tablet</i>	3	
<i>nisoldipine er 34 mg tablet</i>	3	
<i>nisoldipine er 40 mg tablet</i>	3	
<i>nisoldipine er 8.5 mg tablet</i>	3	
<i>olmesartan medoxomil 20 mg tab</i>	1	
<i>olmesartan medoxomil 40 mg tab</i>	1	
<i>olmesartan medoxomil 5 mg tab</i>	1	
<i>olmesartan-hctz 20-12.5 mg tab</i>	1	
<i>olmesartan-hctz 40-12.5 mg tab</i>	1	
<i>olmesartan-hctz 40-25 mg tab</i>	1	
<i>perindopril erbumine 2 mg tab</i>	1	
<i>perindopril erbumine 4 mg tab</i>	1	
<i>perindopril erbumine 8 mg tab</i>	1	



## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
<i>phenoxybenzamine hcl 10 mg cap</i>	4	
<i>pindolol 10 mg tablet</i>	1	
<i>pindolol 5 mg tablet</i>	1	
<i>prazosin 1 mg capsule</i>	2	
<i>prazosin 2 mg capsule</i>	2	
<i>prazosin 5 mg capsule</i>	2	
<i>propranolol 10 mg tablet</i>	1	
<i>propranolol 20 mg tablet</i>	1	
<i>propranolol 20 mg/5 ml soln</i>	1	
<i>propranolol 40 mg tablet</i>	1	
<i>propranolol 40 mg/5 ml soln</i>	1	
<i>propranolol 60 mg tablet</i>	1	
<i>propranolol 80 mg tablet</i>	1	
<i>propranolol er 120 mg capsule</i>	2	
<i>propranolol er 160 mg capsule</i>	2	
<i>propranolol er 60 mg capsule</i>	2	
<i>propranolol er 80 mg capsule</i>	2	
<i>propranolol-hctz 40-25 mg tab</i>	1	
<i>propranolol-hctz 80-25 mg tab</i>	1	
<i>quinapril 10 mg tablet</i>	1	
<i>quinapril 20 mg tablet</i>	1	
<i>quinapril 40 mg tablet</i>	1	
<i>quinapril 5 mg tablet</i>	1	
<i>quinapril-hctz 10-12.5 mg tab</i>	1	
<i>quinapril-hctz 20-12.5 mg tab</i>	1	
<i>quinapril-hctz 20-25 mg tab</i>	1	
<i>ramipril 1.25 mg capsule</i>	1	
<i>ramipril 10 mg capsule</i>	1	
<i>ramipril 2.5 mg capsule</i>	1	
<i>ramipril 5 mg capsule</i>	1	
REMOTULIN 1 MG/ML VIAL	4	PA,B/D
REMOTULIN 10 MG/ML VIAL	4	PA,B/D
REMOTULIN 2.5 MG/ML VIAL	4	PA,B/D
REMOTULIN 5 MG/ML VIAL	4	PA,B/D
<i>spironolactone 100 mg tablet</i>	1	
<i>spironolactone 25 mg tablet</i>	1	
<i>spironolactone 50 mg tablet</i>	1	
<i>spironolactone-hctz 25-25 tab</i>	1	
TAZTIA XT 120 MG CAPSULE	1	

Drug Name	Drug Tier	Requirements / Limits
TAZTIA XT 180 MG CAPSULE	1	
TAZTIA XT 240 MG CAPSULE	1	
TAZTIA XT 300 MG CAPSULE	1	
TEKTURNA HCT 150-12.5 MG TAB	3	QL 30/30
TEKTURNA HCT 150-25 MG TABLET	3	QL 30/30
TEKTURNA HCT 300-12.5 MG TAB	3	QL 30/30
TEKTURNA HCT 300-25 MG TABLET	3	QL 30/30
<i>telmisartan 20 mg tablet</i>	1	QL 30/30
<i>telmisartan 40 mg tablet</i>	1	QL 30/30
<i>telmisartan 80 mg tablet</i>	1	QL 60/30
<i>telmisartan-amlodipine 40-10</i>	1	QL 30/30
<i>telmisartan-amlodipine 40-5 mg</i>	1	QL 30/30
<i>telmisartan-amlodipine 80-10</i>	1	QL 30/30
<i>telmisartan-amlodipine 80-5 mg</i>	1	QL 30/30
<i>telmisartan-hctz 40-12.5 mg tb</i>	1	QL 30/30
<i>telmisartan-hctz 80-12.5 mg tb</i>	1	QL 60/30
<i>telmisartan-hctz 80-25 mg tab</i>	1	QL 30/30
<i>terazosin 1 mg capsule</i>	1	
<i>terazosin 10 mg capsule</i>	1	
<i>terazosin 2 mg capsule</i>	1	
<i>terazosin 5 mg capsule</i>	1	
<i>timolol maleate 10 mg tablet</i>	3	
<i>timolol maleate 20 mg tablet</i>	3	
<i>timolol maleate 5 mg tablet</i>	3	
<i>toremide 10 mg tablet</i>	1	
<i>toremide 100 mg tablet</i>	1	
<i>toremide 20 mg tablet</i>	1	
<i>toremide 5 mg tablet</i>	1	
<i>trandolapril 1 mg tablet</i>	1	
<i>trandolapril 2 mg tablet</i>	1	
<i>trandolapril 4 mg tablet</i>	1	
<i>triamterene-hctz 37.5-25 mg cp</i>	1	
<i>triamterene-hctz 37.5-25 mg tb</i>	1	
<i>triamterene-hctz 75-50 mg tab</i>	1	
<i>valsartan 160 mg tablet</i>	1	QL 60/30
<i>valsartan 320 mg tablet</i>	1	QL 30/30
<i>valsartan 40 mg tablet</i>	1	QL 60/30

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Drug Name	Drug Tier	Requirements / Limits
<i>valsartan 80 mg tablet</i>	1	QL 60/30
<i>valsartan-hctz 160-12.5 mg tab</i>	1	QL 30/30
<i>valsartan-hctz 160-25 mg tab</i>	1	QL 30/30
<i>valsartan-hctz 320-12.5 mg tab</i>	1	QL 30/30
<i>valsartan-hctz 320-25 mg tab</i>	1	QL 30/30
<i>valsartan-hctz 80-12.5 mg tab</i>	1	QL 30/30
<i>verapamil 120 mg tablet</i>	1	
<i>verapamil 360 mg cap pellet</i>	2	
<i>verapamil 40 mg tablet</i>	1	
<i>verapamil 5 mg/2 ml vial</i>	3	
<i>verapamil 80 mg tablet</i>	1	
<i>verapamil er 120 mg capsule</i>	1	
<i>verapamil er 120 mg tablet</i>	1	
<i>verapamil er 180 mg capsule</i>	1	
<i>verapamil er 180 mg tablet</i>	1	
<i>verapamil er 240 mg capsule</i>	1	
<i>verapamil er 240 mg tablet</i>	1	
<i>verapamil er pm 100 mg capsule</i>	1	
<i>verapamil er pm 200 mg capsule</i>	1	
<i>verapamil er pm 300 mg capsule</i>	1	
<i>verapamil sr 120 mg capsule</i>	1	
<i>verapamil sr 180 mg capsule</i>	1	
<i>verapamil sr 240 mg capsule</i>	1	

### ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone acetate 250 mg tab</i>	4	PA,QL 120/30
ABRAXANE 100 MG VIAL	4	PA
AFINITOR 10 MG TABLET	4	PA,QL 28/28
AFINITOR 2.5 MG TABLET	4	PA,QL 28/28
AFINITOR 5 MG TABLET	4	PA,QL 28/28
AFINITOR 7.5 MG TABLET	4	PA,QL 28/28
AFINITOR DISPERZ 2 MG TABLET	4	PA,QL 56/28
AFINITOR DISPERZ 3 MG TABLET	4	PA,QL 56/28

Drug Name	Drug Tier	Requirements / Limits
AFINITOR DISPERZ 5 MG TABLET	4	PA,QL 56/28
ALECENSA 150 MG CAPSULE	4	PA,QL 240/30
ALIMTA 100 MG VIAL	4	PA
ALIMTA 500 MG VIAL	4	PA
ALIQOPA 60 MG VIAL	4	PA,QL 3/28
ALUNBRIG 180 MG TABLET	4	PA,QL 30/30
ALUNBRIG 30 MG TABLET	4	PA,QL 180/30
ALUNBRIG 90 MG TABLET	4	PA,QL 30/30
ALUNBRIG 90 MG-180 MG TAB PACK	4	PA,QL 60/365
<i>anastrozole 1 mg tablet</i>	1	
<i>arsenic trioxide 10 mg/10ml vl</i>	3	PA,B/D
ASTAGRAF XL 0.5 MG CAPSULE	3	PA,B/D
ASTAGRAF XL 1 MG CAPSULE	3	PA,B/D
ASTAGRAF XL 5 MG CAPSULE	3	PA,B/D
AVASTIN 100 MG/4 ML VIAL	4	PA
AVASTIN 400 MG/16 ML VIAL	4	PA
AZASAN 100 MG TABLET	2	PA,B/D
AZASAN 75 MG TABLET	2	PA,B/D
<i>azathioprine 50 mg tablet</i>	1	PA,B/D
<i>azathioprine sod 100 mg vial</i>	3	PA,B/D
BALVERSA 3 MG TABLET	4	PA,QL 90/30
BALVERSA 4 MG TABLET	4	PA,QL 60/30
BALVERSA 5 MG TABLET	4	PA,QL 30/30
BAVENCIO 200 MG/10 ML VIAL	4	PA
BENDEKA 100 MG/4 ML VIAL	4	PA,QL 8/21,B/D
BESPONSA 0.9 MG VIAL	4	PA
<i>bexarotene 75 mg capsule</i>	4	PA
<i>bicalutamide 50 mg tablet</i>	1	
<i>bortezomib 3.5 mg vial</i>	4	PA,QL 14/21
BOSULIF 100 MG TABLET	4	PA
BOSULIF 400 MG TABLET	4	PA

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Drug Name	Drug Tier	Requirements / Limits
BOSULIF 500 MG TABLET	4	PA
BRAFTOVI 75 MG CAPSULE	4	PA,QL 180/30
<i>busulfan 60 mg/10 ml vial</i>	4	PA,B/D
BUSULFEX 60 MG/10 ML VIAL	4	PA,B/D
CABOMETYX 20 MG TABLET	4	PA,QL 30/30
CABOMETYX 40 MG TABLET	4	PA,QL 60/30
CABOMETYX 60 MG TABLET	4	PA,QL 30/30
CALQUENCE 100 MG CAPSULE	4	PA,QL 60/30
CAPRELSA 100 MG TABLET	4	PA,QL 60/30
CAPRELSA 300 MG TABLET	4	PA,QL 30/30
COMETRIQ 100 MG DAILY-DOSE PK	4	PA,QL 56/28
COMETRIQ 140 MG DAILY-DOSE PK	4	PA,QL 112/28
COMETRIQ 60 MG DAILY-DOSE PACK	4	PA,QL 84/28
COPIKTRA 15 MG CAPSULE	4	PA,QL 60/30
COPIKTRA 25 MG CAPSULE	4	PA,QL 60/30
COSMEGEN 0.5 MG VIAL	4	PA,B/D
COTELLIC 20 MG TABLET	4	PA,QL 63/28
<i>cyclophosphamide 1 gm vial</i>	4	PA,B/D
<i>cyclophosphamide 2 gm vial</i>	4	PA,B/D
<i>cyclophosphamide 25 mg capsule</i>	2	PA,B/D
<i>cyclophosphamide 50 mg capsule</i>	2	PA,B/D
<i>cyclophosphamide 500 mg vial</i>	4	PA,B/D
<i>cyclosporine 100 mg capsule</i>	3	PA,B/D
<i>cyclosporine 25 mg capsule</i>	3	PA,B/D
<i>cyclosporine 50 mg/ml ampul</i>	3	PA,B/D
<i>cyclosporine modified 100 mg</i>	3	PA,B/D
<i>cyclosporine modified 100mg/ml</i>	3	PA,B/D
<i>cyclosporine modified 25 mg</i>	3	PA,B/D

Drug Name	Drug Tier	Requirements / Limits
<i>cyclosporine modified 50 mg</i>	3	PA,B/D
CYRAMZA 100 MG/10 ML VIAL	4	PA
CYRAMZA 500 MG/50 ML VIAL	4	PA
DARZALEX 100 MG/5 ML VIAL	4	PA
DARZALEX 400 MG/20 ML VIAL	4	PA
<i>daunorubicin 20 mg/4 ml vial</i>	3	PA,B/D
<i>daunorubicin 50 mg/10 ml vial</i>	3	PA,B/D
DAURISMO 100 MG TABLET	4	PA,QL 30/30
DAURISMO 25 MG TABLET	4	PA,QL 60/30
DROXIA 200 MG CAPSULE	2	
DROXIA 300 MG CAPSULE	2	
DROXIA 400 MG CAPSULE	2	
ELIGARD 22.5 MG SYRINGE KIT	3	PA,QL 1/90
ELIGARD 30 MG SYRINGE KIT	3	PA,QL 1/120
ELIGARD 45 MG SYRINGE KIT	3	PA,QL 1/180
ELIGARD 7.5 MG SYRINGE KIT	3	PA,QL 1/30
EMCYT 140 MG CAPSULE	3	
ENVARBUS XR 0.75 MG TABLET	3	PA,B/D
ENVARBUS XR 1 MG TABLET	3	PA,B/D
ENVARBUS XR 4 MG TABLET	4	PA,B/D
ERIVEDGE 150 MG CAPSULE	4	PA,QL 28/28
ERLEADA 60 MG TABLET	4	PA
<i>erlotinib hcl 100 mg tablet</i>	4	PA,QL 30/30
<i>erlotinib hcl 150 mg tablet</i>	4	PA,QL 30/30
<i>erlotinib hcl 25 mg tablet</i>	4	PA,QL 60/30
<i>etoposide 1,000 mg/50 ml vial</i>	2	PA,B/D
<i>etoposide 100 mg/5 ml vial</i>	2	PA,B/D
<i>etoposide 500 mg/25 ml vial</i>	2	PA,B/D
EVOMELA 50 MG VIAL	4	PA
<i>exemestane 25 mg tablet</i>	1	QL 60/30
FARYDAK 10 MG CAPSULE	4	PA,QL 6/21
FARYDAK 15 MG CAPSULE	4	PA,QL 6/21
FARYDAK 20 MG CAPSULE	4	PA,QL 6/21

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Drug Name	Drug Tier	Requirements / Limits
FASLODEX 250 MG/5 ML SYRINGE	4	PA,QL 30/30,B/D
FIRMAGON 2 X 120 MG KIT	4	PA,QL 4/365,B/D
FIRMAGON 80 MG KIT	3	PA,QL 1/28,B/D
<i>fludarabine 50 mg vial</i>	3	PA,B/D
<i>fludarabine 50 mg/2 ml vial</i>	3	PA,B/D
<i>flutamide 125 mg capsule</i>	1	
FOLOTYN 20 MG/ML VIAL	4	PA,B/D
FOLOTYN 40 MG/2 ML VIAL	4	PA,B/D
<i>fulvestrant 250 mg/5 ml syrng</i>	4	PA,QL 30/30,B/D
GAZYVA 1,000 MG/40 ML VIAL	4	PA
<i>gemcitabine 1 gram/26.3 ml vl</i>	3	PA,B/D
<i>gemcitabine 2 gram/52.6 ml vl</i>	3	PA,B/D
<i>gemcitabine 200 mg/5.26 ml vl</i>	3	PA,B/D
<i>gemcitabine hcl 1 gram vial</i>	3	PA,B/D
<i>gemcitabine hcl 2 gram vial</i>	3	PA,B/D
<i>gemcitabine hcl 2 gram/20 ml</i>	4	PA,B/D
<i>gemcitabine hcl 200 mg vial</i>	3	PA,B/D
<i>gemcitabine hcl 200 mg/2 ml vl</i>	4	PA,B/D
GENGRAF 100 MG CAPSULE	3	PA,B/D
GENGRAF 100 MG/ML SOLUTION	3	PA,B/D
GENGRAF 25 MG CAPSULE	3	PA,B/D
GILOTRIF 20 MG TABLET	4	PA,QL 30/30
GILOTRIF 30 MG TABLET	4	PA,QL 30/30
GILOTRIF 40 MG TABLET	4	PA,QL 30/30
GLEOSTINE 10 MG CAPSULE	2	
GLEOSTINE 100 MG CAPSULE	3	
GLEOSTINE 40 MG CAPSULE	2	
HALAVEN 1 MG/2 ML VIAL	4	PA
HERCEPTIN 150 MG VIAL	4	PA
HERCEPTIN 440 MG VIAL	4	PA
HERCEPTIN HYLECTA 600MG-10,000	4	PA
<i>hydroxyurea 500 mg capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
IBRANCE 100 MG CAPSULE	4	PA,QL 21/28
IBRANCE 125 MG CAPSULE	4	PA,QL 21/28
IBRANCE 75 MG CAPSULE	4	PA,QL 21/28
ICLUSIG 15 MG TABLET	4	PA,QL 60/30
ICLUSIG 45 MG TABLET	4	PA,QL 30/30
IDHIFA 100 MG TABLET	4	PA,QL 30/30
IDHIFA 50 MG TABLET	4	PA,QL 30/30
<i>imatinib mesylate 100 mg tab</i>	4	PA,QL 180/30
<i>imatinib mesylate 400 mg tab</i>	4	PA,QL 60/30
IMBRUVICA 140 MG CAPSULE	4	PA,QL 120/30
IMBRUVICA 140 MG TABLET	4	PA,QL 30/30
IMBRUVICA 280 MG TABLET	4	PA,QL 30/30
IMBRUVICA 420 MG TABLET	4	PA,QL 30/30
IMBRUVICA 560 MG TABLET	4	PA,QL 30/30
IMBRUVICA 70 MG CAPSULE	4	PA,QL 30/30
IMFINZI 120 MG/2.4 ML VIAL	4	PA
IMFINZI 500 MG/10 ML VIAL	4	PA
INFUGEM 1,200 MG/120 ML BAG	4	PA,B/D
INFUGEM 1,300 MG/130 ML BAG	4	PA,B/D
INFUGEM 1,400 MG/140 ML BAG	4	PA,B/D
INFUGEM 1,500 MG/150 ML BAG	4	PA,B/D
INFUGEM 1,600 MG/160 ML BAG	4	PA,B/D
INFUGEM 1,700 MG/170 ML BAG	4	PA,B/D
INFUGEM 1,800 MG/180 ML BAG	4	PA,B/D
INFUGEM 1,900 MG/190 ML BAG	4	PA,B/D
INFUGEM 2,000 MG/200 ML BAG	4	PA,B/D
INFUGEM 2,200 MG/220 ML BAG	4	PA,B/D

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
INLYTA 1 MG TABLET	4	PA,QL 180/30
INLYTA 5 MG TABLET	4	PA,QL 120/30
IRESSA 250 MG TABLET	4	PA,QL 30/30
<i>irinotecan hcl 100 mg/5 ml vl</i>	3	PA,B/D
<i>irinotecan hcl 40 mg/2 ml vial</i>	3	PA,B/D
<i>irinotecan hcl 500 mg/25 ml vl</i>	3	PA,B/D
ISTODAX 10 MG KIT	4	PA
JAKAFI 10 MG TABLET	4	PA,QL 60/30
JAKAFI 15 MG TABLET	4	PA,QL 60/30
JAKAFI 20 MG TABLET	4	PA,QL 60/30
JAKAFI 25 MG TABLET	4	PA,QL 60/30
JAKAFI 5 MG TABLET	4	PA,QL 60/30
KADCYLA 100 MG VIAL	4	PA
KADCYLA 160 MG VIAL	4	PA
KEYTRUDA 100 MG/4 ML VIAL	4	PA
KISQALI 200 MG DAILY DOSE	4	PA,QL 63/28
KISQALI 400 MG DAILY DOSE	4	PA,QL 63/28
KISQALI 600 MG DAILY DOSE	4	PA,QL 63/28
KISQALI FEMARA 200 MG CO-PACK	4	PA,QL 49/28
KISQALI FEMARA 400 MG CO-PACK	4	PA,QL 70/28
KISQALI FEMARA 600 MG CO-PACK	4	PA,QL 91/28
KYPROLIS 10 MG VIAL	4	PA,B/D
KYPROLIS 30 MG VIAL	4	PA,B/D
KYPROLIS 60 MG VIAL	4	PA,B/D
LARTRUVO 190 MG/19 ML VIAL	4	PA,B/D
LARTRUVO 500 MG/50 ML VIAL	4	PA,B/D
LENVIMA 10 MG DAILY DOSE	4	PA,QL 30/30

Drug Name	Drug Tier	Requirements / Limits
LENVIMA 12 MG DAILY DOSE	4	PA,QL 90/30
LENVIMA 14 MG DAILY DOSE	4	PA,QL 60/30
LENVIMA 18 MG DAILY DOSE	4	PA,QL 90/30
LENVIMA 20 MG DAILY DOSE	4	PA,QL 60/30
LENVIMA 24 MG DAILY DOSE	4	PA,QL 90/30
LENVIMA 4 MG CAPSULE	4	PA,QL 30/30
LENVIMA 8 MG DAILY DOSE	4	PA,QL 60/30
<i>letrozole 2.5 mg tablet</i>	1	
LEUKERAN 2 MG TABLET	3	
<i>leuprolide 2wk 14 mg/2.8 ml kt</i>	3	PA
LIBTAYO 350 MG/7 ML VIAL	4	PA,QL 7/21,B/D
LONSURF 15 MG-6.14 MG TABLET	4	PA,QL 100/28
LONSURF 20 MG-8.19 MG TABLET	4	PA,QL 80/28
LORBRENA 100 MG TABLET	4	PA,QL 30/30
LORBRENA 25 MG TABLET	4	PA,QL 90/30
LUMOXITI 1 MG VIAL	4	PA
LUPRON DEPOT 11.25 MG 3MO KIT	4	PA,QL 1/84
LUPRON DEPOT 22.5 MG 3MO KIT	4	PA,QL 1/84
LUPRON DEPOT 3.75 MG KIT	4	PA,QL 1/30
LUPRON DEPOT 45 MG 6MO KIT	4	PA,QL 1/168
LUPRON DEPOT 7.5 MG KIT	4	PA,QL 1/30
LUPRON DEPOT-4 MONTH KIT	4	PA,QL 1/112
LUPRON DEPOT-PED 11.25 MG 3MO	4	PA,QL 1/84
LUPRON DEPOT-PED 11.25 MG KIT	4	PA,QL 1/30
LUPRON DEPOT-PED 15 MG KIT	4	PA,QL 1/30

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Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT-PED 30 MG 3MO KIT	4	PA,QL 1/84
LUPRON DEPOT-PED 7.5 MG KIT	4	PA,QL 1/30
LYNPARZA 100 MG TABLET	4	PA,QL 120/30
LYNPARZA 150 MG TABLET	4	PA,QL 120/30
LYSODREN 500 MG TABLET	4	
MATULANE 50 MG CAPSULE	4	
<i>megestrol 20 mg tablet</i>	2	PA,DvE
<i>megestrol 40 mg tablet</i>	2	PA,DvE
<i>megestrol acet 40 mg/ml susp</i>	2	PA,DvE
MEKINIST 0.5 MG TABLET	4	PA,QL 90/30
MEKINIST 2 MG TABLET	4	PA,QL 30/30
MEKTOVI 15 MG TABLET	4	PA,QL 180/30
<i>melphalan 50 mg vial w-diluent</i>	4	PA,B/D
<i>mercaptopurine 50 mg tablet</i>	1	
<i>methotrexate 1 gm vial</i>	3	
<i>methotrexate 1 gram/40 ml vial</i>	3	
<i>methotrexate 2.5 mg tablet</i>	1	
<i>methotrexate 250 mg/10 ml vial</i>	3	
<i>methotrexate 50 mg/2 ml vial</i>	3	
<i>mycophenolate 200 mg/ml susp</i>	4	PA,B/D
<i>mycophenolate 250 mg capsule</i>	1	PA,B/D
<i>mycophenolate 500 mg tablet</i>	1	PA,B/D
<i>mycophenolate 500 mg vial</i>	3	PA,B/D
<i>mycophenolic acid dr 180 mg tb</i>	1	PA,B/D
<i>mycophenolic acid dr 360 mg tb</i>	1	PA,B/D
MYLOTARG 4.5 MG VIAL	4	PA
NERLYNX 40 MG TABLET	4	PA,QL 180/30
NEXAVAR 200 MG TABLET	4	PA,QL 120/30
<i>nilutamide 150 mg tablet</i>	4	QL 60/30
NINLARO 2.3 MG CAPSULE	4	PA,QL 3/28
NINLARO 3 MG CAPSULE	4	PA,QL 3/28
NINLARO 4 MG CAPSULE	4	PA,QL 3/28

Drug Name	Drug Tier	Requirements / Limits
NULOJIX 250 MG VIAL	4	PA,QL 26/28,B/D
<i>octreotide 1,000 mcg/ml vial</i>	3	PA
<i>octreotide acet 0.05 mg/ml vl</i>	2	PA
<i>octreotide acet 100 mcg/ml vl</i>	3	PA
<i>octreotide acet 200 mcg/ml vl</i>	3	PA
<i>octreotide acet 500 mcg/ml vl</i>	3	PA
ODOMZO 200 MG CAPSULE	4	PA,QL 30/30
OPDIVO 100 MG/10 ML VIAL	4	PA,QL 80/28
OPDIVO 240 MG/24 ML VIAL	4	PA,QL 80/28
OPDIVO 40 MG/4 ML VIAL	4	PA,QL 80/28
<i>paclitaxel 100 mg/16.7 ml vial</i>	3	PA,B/D
<i>paclitaxel 150 mg/25 ml vial</i>	3	PA,B/D
<i>paclitaxel 30 mg/5 ml vial</i>	3	PA,B/D
<i>paclitaxel 300 mg/50 ml vial</i>	3	PA,B/D
PERJETA 420 MG/14 ML VIAL	4	PA
PIQRAY 200 MG DAILY DOSE	4	PA,QL 28/28
PIQRAY 250 MG DAILY DOSE	4	PA,QL 56/28
PIQRAY 300 MG DAILY DOSE	4	PA,QL 56/28
POMALYST 1 MG CAPSULE	4	PA,QL 21/28
POMALYST 2 MG CAPSULE	4	PA,QL 21/28
POMALYST 3 MG CAPSULE	4	PA,QL 21/28
POMALYST 4 MG CAPSULE	4	PA,QL 21/28
POTELIGEO 20 MG/5 ML VIAL	4	PA,B/D
PROGRAF 0.2 MG GRANULE PACKET	3	PA,B/D
PROGRAF 1 MG GRANULE PACKET	3	PA,B/D
PROGRAF 5 MG/ML AMPULE	3	PA,B/D
PURIXAN 20 MG/ML ORAL SUSP	4	PA,QL 300/30

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Drug Name	Drug Tier	Requirements / Limits
RAPAMUNE 1 MG/ML ORAL SOLN	4	PA,B/D
REVLIMID 10 MG CAPSULE	4	PA,QL 28/28
REVLIMID 15 MG CAPSULE	4	PA,QL 21/28
REVLIMID 2.5 MG CAPSULE	4	PA,QL 28/28
REVLIMID 20 MG CAPSULE	4	PA,QL 21/28
REVLIMID 25 MG CAPSULE	4	PA,QL 21/28
REVLIMID 5 MG CAPSULE	4	PA,QL 28/28
RITUXAN 100 MG/10 ML VIAL	4	PA,B/D
RITUXAN 500 MG/50 ML VIAL	4	PA,B/D
RITUXAN HYCELA 1,400 MG-23,400	4	PA,B/D
RITUXAN HYCELA 1,600 MG-26,800	4	PA,B/D
<b>romidepsin 10 mg kit</b>	4	PA
RUBRACA 200 MG TABLET	4	PA,QL 120/30
RUBRACA 250 MG TABLET	4	PA,QL 120/30
RUBRACA 300 MG TABLET	4	PA,QL 120/30
RYDAPT 25 MG CAPSULE	4	PA,QL 224/28
SANDIMMUNE 100 MG/ML SOLN	3	PA,B/D
SANDOSTATIN LAR DEPOT 10 MG KT	4	PA
SANDOSTATIN LAR DEPOT 20 MG KT	4	PA
SANDOSTATIN LAR DEPOT 30 MG KT	4	PA
SIGNIFOR 0.3 MG/ML AMPULE	4	PA,QL 60/30
SIGNIFOR 0.6 MG/ML AMPULE	4	PA,QL 60/30
SIGNIFOR 0.9 MG/ML AMPULE	4	PA,QL 60/30
SIMULECT 10 MG VIAL	4	PA,B/D

Drug Name	Drug Tier	Requirements / Limits
SIMULECT 20 MG VIAL	4	PA,B/D
<b>sirolimus 0.5 mg tablet</b>	3	PA,B/D
<b>sirolimus 1 mg tablet</b>	3	PA,B/D
<b>sirolimus 1 mg/ml solution</b>	4	PA,B/D
<b>sirolimus 2 mg tablet</b>	3	PA,B/D
SOLTAMOX 20 MG/10 ML SOLN	4	
SOMATULINE DEPOT 120 MG/0.5 ML	4	PA,QL 0.5/28
SOMATULINE DEPOT 60 MG/0.2 ML	4	PA,QL 0.2/28
SOMATULINE DEPOT 90 MG/0.3 ML	4	PA,QL 0.3/28
SPRYCEL 100 MG TABLET	4	PA,QL 30/30
SPRYCEL 140 MG TABLET	4	PA,QL 30/30
SPRYCEL 20 MG TABLET	4	PA,QL 30/30
SPRYCEL 50 MG TABLET	4	PA,QL 30/30
SPRYCEL 70 MG TABLET	4	PA,QL 30/30
SPRYCEL 80 MG TABLET	4	PA,QL 30/30
STIVARGA 40 MG TABLET	4	PA,QL 120/28
SUTENT 12.5 MG CAPSULE	4	PA,QL 28/28
SUTENT 25 MG CAPSULE	4	PA,QL 28/28
SUTENT 37.5 MG CAPSULE	4	PA,QL 28/28
SUTENT 50 MG CAPSULE	4	PA,QL 28/28
SYNRIBO 3.5 MG/ML VIAL	4	PA,QL 28/28
TABLOID 40 MG TABLET	3	
<b>tacrolimus 0.5 mg capsule</b>	1	PA,B/D
<b>tacrolimus 1 mg capsule</b>	1	PA,B/D
<b>tacrolimus 5 mg capsule</b>	1	PA,B/D
TAFINLAR 50 MG CAPSULE	4	PA,QL 120/30

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Drug Name	Drug Tier	Requirements / Limits
TAFINLAR 75 MG CAPSULE	4	PA,QL 120/30
TAGRISSE 40 MG TABLET	4	PA,QL 30/30
TAGRISSE 80 MG TABLET	4	PA,QL 30/30
TALZENNA 0.25 MG CAPSULE	4	PA,QL 90/30
TALZENNA 1 MG CAPSULE	4	PA,QL 90/30
<b>tamoxifen 10 mg tablet</b>	1	
<b>tamoxifen 20 mg tablet</b>	1	
TARGRETIN 1% GEL	4	PA,QL 60/30
TASIGNA 150 MG CAPSULE	4	PA,QL 112/28
TASIGNA 200 MG CAPSULE	4	PA,QL 112/28
TASIGNA 50 MG CAPSULE	4	PA,QL 420/30
TECENTRIQ 1,200 MG/20 ML VIAL	4	PA,QL 20/21
TECENTRIQ 840 MG/14 ML VIAL	4	PA,QL 28/28
THALOMID 100 MG CAPSULE	4	PA,QL 28/28
THALOMID 150 MG CAPSULE	4	PA,QL 28/28
THALOMID 200 MG CAPSULE	4	PA,QL 56/28
THALOMID 50 MG CAPSULE	4	PA,QL 28/28
<b>thiotepa 15 mg vial</b>	3	PA
TIBSOVO 250 MG TABLET	4	PA,QL 60/30
TOPOSAR 1,000 MG/50 ML VIAL	2	PA,B/D
TOPOSAR 100 MG/5 ML VIAL	2	PA,B/D
TOPOSAR 500 MG/25 ML VIAL	2	PA,B/D
<b>topotecan hcl 4 mg vial</b>	4	
<b>toremifene citrate 60 mg tab</b>	4	QL 30/30
TORISEL 25 MG KIT	4	PA,QL 4/28,B/D
TREANDA 100 MG VIAL	4	PA,B/D

Drug Name	Drug Tier	Requirements / Limits
TREANDA 25 MG VIAL	4	PA,QL 8/21,B/D
TRELSTAR 11.25 MG VIAL	4	PA,QL 1/84
TRELSTAR 22.5 MG VIAL	4	PA,QL 1/168
TRELSTAR 3.75 MG VIAL	4	PA,QL 1/28
<b>tretinoin 10 mg capsule</b>	4	
TRIPTODUR 22.5 MG KIT	4	PA,QL 1/168
TRISENOX 12 MG/6 ML VIAL	3	PA,B/D
TYKERB 250 MG TABLET	4	PA,QL 180/30
UNITUXIN 17.5 MG/ 5 ML VIAL	4	PA
VECTIBIX 100 MG/5 ML VIAL	4	PA
VECTIBIX 400 MG/20 ML VIAL	4	PA
VELCADE 3.5 MG VIAL	4	PA,QL 14/21
VENCLEXTA 10 MG TABLET	2	PA,QL 60/30
VENCLEXTA 100 MG TABLET	4	PA,QL 120/30
VENCLEXTA 50 MG TABLET	2	PA,QL 30/30
VENCLEXTA STARTING PACK	4	PA,QL 84/365
VERZENIO 100 MG TABLET	4	PA,QL 60/30
VERZENIO 150 MG TABLET	4	PA,QL 60/30
VERZENIO 200 MG TABLET	4	PA,QL 60/30
VERZENIO 50 MG TABLET	4	PA,QL 60/30
VINCASAR PFS 1 MG/ML VIAL	3	PA,B/D
<b>vincristine 1 mg/ml vial</b>	3	PA,B/D
<b>vinorelbine 10 mg/ml vial</b>	3	PA,B/D
<b>vinorelbine 50 mg/5 ml vial</b>	3	PA,B/D
VITRAKVI 100 MG CAPSULE	4	PA,QL 60/30
VITRAKVI 20 MG/ML SOLUTION	4	PA,QL 300/30
VITRAKVI 25 MG CAPSULE	4	PA,QL 180/30



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Drug Name	Drug Tier	Requirements / Limits
VIZIMPRO 15 MG TABLET	4	PA,QL 30/30
VIZIMPRO 30 MG TABLET	4	PA,QL 30/30
VIZIMPRO 45 MG TABLET	4	PA,QL 30/30
VOTRIENT 200 MG TABLET	4	PA,QL 120/30
VYXEOS 44 MG-100 MG VIAL	4	PA,B/D
XALKORI 200 MG CAPSULE	4	PA,QL 60/30
XALKORI 250 MG CAPSULE	4	PA,QL 60/30
XATMEP 2.5 MG/ML ORAL SOLUTION	3	PA
XOSPATA 40 MG TABLET	4	PA,QL 90/30
XTANDI 40 MG CAPSULE	4	PA,QL 120/30
YERVOY 200 MG/40 ML VIAL	4	PA,QL 80/21
YERVOY 50 MG/10 ML VIAL	4	PA
YONDELIS 1 MG VIAL	4	PA
YONSA 125 MG TABLET	4	PA,QL 120/30
ZEJULA 100 MG CAPSULE	4	PA,QL 90/30
ZELBORAF 240 MG TABLET	4	PA,QL 240/30
ZOLINZA 100 MG CAPSULE	4	QL 120/30
ZORTRESS 0.25 MG TABLET	3	PA,QL 60/30,B/D
ZORTRESS 0.5 MG TABLET	4	PA,QL 120/30,B/D
ZORTRESS 0.75 MG TABLET	4	PA,QL 60/30,B/D
ZORTRESS 1 MG TABLET	4	PA,QL 60/30,B/D
ZYDELIG 100 MG TABLET	4	PA,QL 60/30
ZYDELIG 150 MG TABLET	4	PA,QL 60/30

Drug Name	Drug Tier	Requirements / Limits
ZYKADIA 150 MG CAPSULE	4	PA,QL 140/28
ZYKADIA 150 MG TABLET	4	PA,QL 140/28
ZYTIGA 500 MG TABLET	4	PA,QL 60/30
ANTIPARKINSONISM AGENTS		
APOKYN 30 MG/3 ML CARTRIDGE	4	PA,QL 60/30
<i>benztropine 2 mg/2 ml ampule</i>	3	
<i>benztropine mes 0.5 mg tab</i>	1	PA,PA (HRM)
<i>benztropine mes 1 mg tablet</i>	1	PA,PA (HRM)
<i>benztropine mes 2 mg tablet</i>	1	PA,PA (HRM)
<i>bromocriptine 2.5 mg tablet</i>	3	
<i>bromocriptine 5 mg capsule</i>	3	
<i>carbidopa 25 mg tablet</i>	3	
<i>carbidopa-levo 10-100 mg odt</i>	1	
<i>carbidopa-levo 25-100 mg odt</i>	1	
<i>carbidopa-levo 25-250 mg odt</i>	1	
<i>carbidopa-levo er 25-100 tab</i>	2	
<i>carbidopa-levo er 50-200 tab</i>	2	
<i>carbidopa-levodopa 100 mg-enta</i>	2	
<i>carbidopa-levodopa 10-100 tab</i>	1	
<i>carbidopa-levodopa 125 mg-enta</i>	2	
<i>carbidopa-levodopa 150 mg-enta</i>	2	
<i>carbidopa-levodopa 200 mg-enta</i>	2	
<i>carbidopa-levodopa 25-100 tab</i>	1	
<i>carbidopa-levodopa 25-250 tab</i>	1	
<i>carbidopa-levodopa 50 mg-enta</i>	2	
<i>carbidopa-levodopa 75 mg-enta</i>	2	
<i>entacapone 200 mg tablet</i>	3	QL 240/30
NEUPRO 1 MG/24 HR PATCH	3	
NEUPRO 2 MG/24 HR PATCH	3	
NEUPRO 3 MG/24 HR PATCH	3	
NEUPRO 4 MG/24 HR PATCH	3	
NEUPRO 6 MG/24 HR PATCH	3	
NEUPRO 8 MG/24 HR PATCH	3	
<i>pramipexole 0.125 mg tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>pramipexole 0.25 mg tablet</i>	1	
<i>pramipexole 0.5 mg tablet</i>	1	
<i>pramipexole 0.75 mg tablet</i>	1	
<i>pramipexole 1 mg tablet</i>	1	
<i>pramipexole 1.5 mg tablet</i>	1	
<i>pramipexole er 0.375 mg tablet</i>	3	QL 90/30
<i>pramipexole er 0.75 mg tablet</i>	3	QL 90/30
<i>pramipexole er 1.5 mg tablet</i>	3	QL 90/30
<i>pramipexole er 2.25 mg tablet</i>	3	QL 30/30
<i>pramipexole er 3 mg tablet</i>	3	QL 30/30
<i>pramipexole er 3.75 mg tablet</i>	3	QL 30/30
<i>pramipexole er 4.5 mg tablet</i>	3	QL 30/30
<i>rasagiline mesylate 0.5 mg tab</i>	2	
<i>rasagiline mesylate 1 mg tab</i>	2	
<i>ropinirole hcl 0.25 mg tablet</i>	1	
<i>ropinirole hcl 0.5 mg tablet</i>	1	
<i>ropinirole hcl 1 mg tablet</i>	1	
<i>ropinirole hcl 2 mg tablet</i>	1	
<i>ropinirole hcl 3 mg tablet</i>	1	
<i>ropinirole hcl 4 mg tablet</i>	1	
<i>ropinirole hcl 5 mg tablet</i>	1	
RYTARY ER 23.75 MG-95 MG CAP	3	ST
RYTARY ER 36.25 MG-145 MG CAP	3	ST
RYTARY ER 48.75 MG-195 MG CAP	3	ST
RYTARY ER 61.25 MG-245 MG CAP	3	ST
<i>selegiline hcl 5 mg capsule</i>	2	
<i>selegiline hcl 5 mg tablet</i>	2	
<i>tolcapone 100 mg tablet</i>	4	
<i>trihexyphenidyl 2 mg tablet</i>	1	PA,PA (HRM)
<i>trihexyphenidyl 2 mg/5 ml elx</i>	1	PA,PA (HRM)
<i>trihexyphenidyl 5 mg tablet</i>	1	PA,PA (HRM)
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin 10 mg capsule</i>	3	PA
<i>acitretin 17.5 mg capsule</i>	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>acitretin 25 mg capsule</i>	3	PA
<i>calcipotriene 0.005% cream</i>	3	QL 120/30
<i>calcipotriene 0.005% ointment</i>	3	QL 120/30
<i>calcipotriene 0.005% solution</i>	2	
CALCITRENE 0.005% OINTMENT	3	QL 120/30
<i>calcitriol 3 mcg/g ointment</i>	3	
<i>selenium sulfide 2.5% lotion</i>	1	
SKYRIZI 150 MG DOSE KIT-2 SYRN	4	PA,QL 2/28
STELARA 45 MG/0.5 ML SYRINGE	4	PA,QL 0.5/28
STELARA 45 MG/0.5 ML VIAL	4	PA,QL 0.5/28
STELARA 90 MG/ML SYRINGE	4	PA,QL 1/28
<b>ANTITHYROID AGENTS</b>		
<i>methimazole 10 mg tablet</i>	1	
<i>methimazole 5 mg tablet</i>	1	
<i>propylthiouracil 50 mg tablet</i>	2	
<b>ANTIVIRALS</b>		
<i>abacavir 20 mg/ml solution</i>	3	QL 960/30
<i>abacavir 300 mg tablet</i>	3	QL 60/30
<i>abacavir-lamivudine 600-300 mg</i>	3	QL 30/30
<i>abacavir-lamivudine-zidov tab</i>	4	QL 60/30
<i>acyclovir 200 mg capsule</i>	1	
<i>acyclovir 200 mg/5 ml susp</i>	3	
<i>acyclovir 400 mg tablet</i>	1	
<i>acyclovir 500 mg/10 ml vial</i>	3	PA,B/D
<i>acyclovir 800 mg tablet</i>	1	
<i>adefovir dipivoxil 10 mg tab</i>	4	QL 30/30
<i>amantadine 100 mg capsule</i>	2	
<i>amantadine 100 mg tablet</i>	2	
<i>amantadine 50 mg/5 ml solution</i>	2	
APTIVUS 100 MG/ML SOLUTION	4	QL 285/28
APTIVUS 250 MG CAPSULE	4	QL 120/30
<i>atazanavir sulfate 150 mg cap</i>	3	QL 30/30
<i>atazanavir sulfate 200 mg cap</i>	4	QL 60/30
<i>atazanavir sulfate 300 mg cap</i>	4	QL 30/30
ATRIPLA TABLET	4	QL 30/30
BARACLUDE 0.05 MG/ML SOLUTION	3	QL 630/30
BIKTARVY 50-200-25 MG TABLET	4	QL 30/30

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Drug Name	Drug Tier	Requirements / Limits
CIMDUO 300-300 MG TABLET	4	QL 30/30
COMPLERA TABLET	4	QL 30/30
CRIXIVAN 200 MG CAPSULE	3	QL 270/30
CRIXIVAN 400 MG CAPSULE	3	QL 180/30
DELSTRIGO 100-300-300 MG TAB	4	QL 30/30
DESCOVY 200-25 MG TABLET	4	QL 30/30
<i>didanosine dr 200 mg capsule</i>	3	QL 30/30
<i>didanosine dr 250 mg capsule</i>	3	QL 30/30
<i>didanosine dr 400 mg capsule</i>	3	QL 30/30
DOVATO 50-300 MG TABLET	4	QL 30/30
EDURANT 25 MG TABLET	4	QL 30/30
<i>efavirenz 200 mg capsule</i>	2	QL 120/30
<i>efavirenz 50 mg capsule</i>	2	QL 180/30
<i>efavirenz 600 mg tablet</i>	4	QL 30/30
EMTRIVA 10 MG/ML SOLUTION	2	QL 680/28
EMTRIVA 200 MG CAPSULE	2	QL 30/30
<i>entecavir 0.5 mg tablet</i>	3	QL 30/30
<i>entecavir 1 mg tablet</i>	3	QL 30/30
EPCLUSA 400 MG-100 MG TABLET	4	PA,QL 28/28
EPIVIR HBV 25 MG/5 ML SOLN	3	
EVOTAZ 300 MG-150 MG TABLET	4	QL 30/30
<i>famciclovir 125 mg tablet</i>	2	QL 60/30
<i>famciclovir 250 mg tablet</i>	2	QL 60/30
<i>famciclovir 500 mg tablet</i>	2	QL 60/30
<i>fosamprenavir 700 mg tablet</i>	4	QL 120/30
FUZEON 90 MG VIAL	4	QL 60/30
GENVOYA TABLET	4	QL 30/30
HARVONI 90-400 MG TABLET	4	PA,QL 28/28
INTELENCE 100 MG TABLET	4	QL 60/30
INTELENCE 200 MG TABLET	4	QL 60/30
INTELENCE 25 MG TABLET	3	QL 120/30
INVIRASE 500 MG TABLET	4	QL 120/30
ISENTRESS 100 MG POWDER PACKET	3	QL 60/30
ISENTRESS 100 MG TABLET CHEW	4	QL 180/30
ISENTRESS 25 MG TABLET CHEW	2	QL 180/30
ISENTRESS 400 MG TABLET	4	QL 120/30

Drug Name	Drug Tier	Requirements / Limits
ISENTRESS HD 600 MG TABLET	4	QL 60/30
JULUCA 50-25 MG TABLET	4	
KALETRA 100-25 MG TABLET	3	QL 300/30
KALETRA 200-50 MG TABLET	4	QL 120/30
<i>lamivudine 10 mg/ml oral soln</i>	2	QL 900/30
<i>lamivudine 150 mg tablet</i>	2	QL 60/30
<i>lamivudine 300 mg tablet</i>	2	QL 30/30
<i>lamivudine hbv 100 mg tablet</i>	2	QL 30/30
<i>lamivudine-zidovudine tablet</i>	3	QL 60/30
LEXIVA 50 MG/ML SUSPENSION	3	QL 1575/28
<i>lopinavir-ritonavir 80-20mg/ml</i>	3	QL 480/30
MAVYRET 100-40 MG TABLET	4	PA,QL 84/28
<i>nevirapine 200 mg tablet</i>	2	QL 60/30
<i>nevirapine 50 mg/5 ml susp</i>	2	QL 1200/30
<i>nevirapine er 100 mg tablet</i>	2	QL 90/30
<i>nevirapine er 400 mg tablet</i>	2	QL 30/30
NORVIR 100 MG POWDER PACKET	3	QL 360/30
NORVIR 100 MG TABLET	3	QL 360/30
NORVIR 80 MG/ML SOLUTION	3	QL 480/30
ODEFSEY TABLET	4	QL 30/30
<i>oseltamivir 6 mg/ml suspension</i>	2	
<i>oseltamivir phos 30 mg capsule</i>	2	
<i>oseltamivir phos 45 mg capsule</i>	2	
<i>oseltamivir phos 75 mg capsule</i>	2	
PIFELTRO 100 MG TABLET	4	QL 30/30
PREZCOBIX 800 MG-150 MG TABLET	4	QL 30/30
PREZISTA 100 MG/ML SUSPENSION	4	QL 400/30
PREZISTA 150 MG TABLET	3	QL 180/30
PREZISTA 600 MG TABLET	4	QL 60/30
PREZISTA 75 MG TABLET	2	QL 210/30
PREZISTA 800 MG TABLET	4	QL 30/30
RESCRIPTOR 200 MG TABLET	3	QL 180/30
RETROVIR 200 MG/20 ML VIAL	3	
REYATAZ 50 MG POWDER PACKET	4	QL 180/30
<i>ribavirin 200 mg capsule</i>	2	QL 168/28
<i>ribavirin 200 mg tablet</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>rimantadine hcl 100 mg tablet</i>	1	
<i>ritonavir 100 mg tablet</i>	3	QL 360/30
SELZENTRY 150 MG TABLET	4	QL 60/30
SELZENTRY 20 MG/ML ORAL SOLN	4	QL 1610/26
SELZENTRY 25 MG TABLET	3	QL 240/30
SELZENTRY 300 MG TABLET	4	QL 120/30
SELZENTRY 75 MG TABLET	4	QL 60/30
<i>stavudine 15 mg capsule</i>	2	QL 60/30
<i>stavudine 20 mg capsule</i>	2	QL 60/30
<i>stavudine 30 mg capsule</i>	2	QL 60/30
<i>stavudine 40 mg capsule</i>	2	QL 60/30
STRIBILD TABLET	4	QL 30/30
SYMFI 600-300-300 MG TABLET	4	QL 30/30
SYMFI LO 400-300-300 MG TABLET	4	QL 30/30
SYMTUZA 800-150-200-10 MG TAB	4	QL 30/30
<i>tenofovir disop fum 300 mg tb</i>	3	QL 30/30
TIVICAY 10 MG TABLET	3	QL 60/30
TIVICAY 25 MG TABLET	4	QL 60/30
TIVICAY 50 MG TABLET	4	QL 60/30
<i>trifluridine 1% eye drops</i>	2	
TRIUMEQ 600-50-300 MG	4	QL 30/30
TROGARZO 200 MG/1.33 ML VIAL	4	PA,B/D
TRUVADA 100 MG-150 MG TABLET	4	QL 30/30
TRUVADA 133 MG-200 MG TABLET	4	QL 30/30
TRUVADA 167 MG-250 MG TABLET	4	QL 30/30
TRUVADA 200 MG-300 MG TABLET	4	QL 30/30
TYBOST 150 MG TABLET	2	QL 30/30
<i>valacyclovir hcl 1 gram tablet</i>	1	QL 120/30
<i>valacyclovir hcl 500 mg tablet</i>	1	QL 60/30
<i>valganciclovir 450 mg tablet</i>	4	
<i>valganciclovir hcl 50 mg/ml</i>	4	
VIDEX 2 GM PEDIATRIC SOLN	3	QL 1200/30
VIDEX 4 GM PEDIATRIC SOLN	3	QL 1200/30
VIDEX EC 125 MG CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
VIRACEPT 250 MG TABLET	4	QL 270/30
VIRACEPT 625 MG TABLET	4	QL 120/30
VIREAD 150 MG TABLET	4	QL 30/30
VIREAD 200 MG TABLET	4	QL 30/30
VIREAD 250 MG TABLET	4	QL 30/30
VIREAD POWDER	4	QL 240/30
VOSEVI 400-100-100 MG TABLET	4	PA,QL 30/30
XOFLUZA 20 MG TAB (40 MG DOSE)	3	
XOFLUZA 40 MG TAB (80 MG DOSE)	3	
<i>zidovudine 100 mg capsule</i>	2	QL 180/30
<i>zidovudine 300 mg tablet</i>	2	QL 60/30
<i>zidovudine 50 mg/5 ml syrup</i>	2	QL 1680/28
ZIRGAN 0.15% OPHTHALMIC GEL	2	

### BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin hcl er 10 mg tablet</i>	1	QL 30/30
<i>dutasteride 0.5 mg capsule</i>	1	QL 30/30
<i>dutasteride-tamsulosin 0.5-0.4</i>	3	QL 30/30
<i>finasteride 5 mg tablet</i>	1	QL 30/30
<i>tamsulosin hcl 0.4 mg capsule</i>	1	QL 60/30

### BETA-BLOCKERS

<i>betaxolol hcl 0.5% eye drop</i>	2	
<i>carteolol hcl 1% eye drops</i>	1	
<i>levobunolol 0.5% eye drops</i>	1	
<i>timolol 0.25% gfs gel-solution</i>	3	
<i>timolol 0.5% gfs gel-solution</i>	3	
<i>timolol maleate 0.25% eye drop</i>	1	
<i>timolol maleate 0.5% eye drops</i>	1	

### BIOTECHNOLOGY DRUGS

ACTIMMUNE 100 MCG/0.5 ML VIAL	4	PA
ARANESP 10 MCG/0.4 ML SYRINGE	3	PA,QL 1.6/28,B/D
ARANESP 100 MCG/0.5 ML SYRINGE	4	PA,QL 2/28,B/D
ARANESP 100 MCG/ML VIAL	4	PA,QL 4/28,B/D

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Drug Name	Drug Tier	Requirements / Limits
ARANESP 150 MCG/0.3 ML SYRINGE	4	PA,QL 1.2/28,B/D
ARANESP 200 MCG/0.4 ML SYRINGE	4	PA,QL 1.6/28,B/D
ARANESP 200 MCG/ML VIAL	4	PA,QL 4/28,B/D
ARANESP 25 MCG/0.42 ML SYRINGE	3	PA,QL 1.68/28,B/D
ARANESP 25 MCG/ML VIAL	3	PA,QL 4/28,B/D
ARANESP 300 MCG/0.6 ML SYRINGE	4	PA,QL 2.4/28,B/D
ARANESP 300 MCG/ML VIAL	4	PA,QL 4/28,B/D
ARANESP 40 MCG/0.4 ML SYRINGE	3	PA,QL 1.6/28,B/D
ARANESP 40 MCG/ML VIAL	3	PA,QL 4/28,B/D
ARANESP 500 MCG/1 ML SYRINGE	4	PA,QL 1/21,B/D
ARANESP 60 MCG/0.3 ML SYRINGE	3	PA,QL 1.2/28,B/D
ARANESP 60 MCG/ML VIAL	4	PA,QL 4/28,B/D
ARCALYST 220 MG INJECTION	4	PA,B/D
AVONEX 30 MCG VIAL KIT	4	PA,QL 4/28
AVONEX PEN 30 MCG/0.5 ML KIT	4	PA,QL 1/28
AVONEX PREFILLED SYR 30 MCG KT	4	PA,QL 1/28
BETASERON 0.3 MG KIT	4	PA,QL 14/28
GENOTROPIN 12 MG CARTRIDGE	4	PA
GENOTROPIN 5 MG CARTRIDGE	4	PA
GENOTROPIN MINIQUICK 0.2 MG	3	PA
GENOTROPIN MINIQUICK 0.4 MG	4	PA
GENOTROPIN MINIQUICK 0.6 MG	4	PA
GENOTROPIN MINIQUICK 0.8 MG	4	PA
GENOTROPIN MINIQUICK 1 MG	4	PA
GENOTROPIN MINIQUICK 1.2 MG	4	PA
GENOTROPIN MINIQUICK 1.4 MG	4	PA
GENOTROPIN MINIQUICK 1.6 MG	4	PA

Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN MINIQUICK 1.8 MG	4	PA
GENOTROPIN MINIQUICK 2 MG	4	PA
INTRON A 10 MILLION UNITS VIAL	4	
INTRON A 18 MILLION UNIT/3 ML	3	
INTRON A 18 MILLION UNITS VIAL	4	
INTRON A 25 MILLION UNIT/2.5ML	4	
INTRON A 50 MILLION UNITS VIAL	4	
LEUKINE 250 MCG VIAL	4	PA
MOZOBIL 24 MG/1.2 ML VIAL	4	QL 9.6/30
REBIF 22 MCG/0.5 ML SYRINGE	4	PA,QL 6/28
REBIF 44 MCG/0.5 ML SYRINGE	4	PA,QL 6/28
REBIF REBIDOSE 22 MCG/0.5 ML	4	PA,QL 6/28
REBIF REBIDOSE 44 MCG/0.5 ML	4	PA,QL 6/28
REBIF REBIDOSE TITRATION PACK	4	PA,QL 8.4/365
REBIF TITRATION PACK	4	PA,QL 8.4/365
RETACRIT 10,000 UNIT/ML VIAL	3	PA,QL 12/28,B/D
RETACRIT 2,000 UNIT/ML VIAL	3	PA,QL 12/28,B/D
RETACRIT 3,000 UNIT/ML VIAL	3	PA,QL 12/28,B/D
RETACRIT 4,000 UNIT/ML VIAL	3	PA,QL 12/28,B/D
RETACRIT 40,000 UNIT/ML VIAL	4	PA,QL 6/28,B/D
SYLATRON 200 MCG KIT	4	PA,QL 4/28
SYLATRON 300 MCG KIT	4	PA,QL 4/28
SYLATRON 600 MCG KIT	4	PA,QL 4/28
SYNAGIS 100 MG/1 ML VIAL	4	PA
SYNAGIS 50 MG/0.5 ML VIAL	4	PA
ZARXIO 300 MCG/0.5 ML SYRINGE	4	PA
ZARXIO 480 MCG/0.8 ML SYRINGE	4	PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor 125 mg/5 ml susp</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefaclor 250 mg capsule</i>	1	
<i>cefaclor 250 mg/5 ml susp</i>	2	
<i>cefaclor 375 mg/5 ml suspen</i>	2	
<i>cefaclor 500 mg capsule</i>	1	
<i>cefaclor er 500 mg tablet</i>	2	
<i>cefadroxil 1 gm tablet</i>	2	
<i>cefadroxil 250 mg/5 ml susp</i>	2	
<i>cefadroxil 500 mg capsule</i>	2	
<i>cefadroxil 500 mg/5 ml susp</i>	2	
<i>cefazolin 1 g/50 ml-dextrose</i>	3	
<i>cefazolin 1 gm vial</i>	3	
<i>cefazolin 10 gm vial</i>	3	
<i>cefazolin 2 g/100 ml-dextrose</i>	3	
<i>cefazolin 2 g/50 ml-dextrose</i>	3	
<i>cefazolin 500 mg vial</i>	3	
<i>cefdinir 125 mg/5 ml susp</i>	2	
<i>cefdinir 250 mg/5 ml susp</i>	2	
<i>cefdinir 300 mg capsule</i>	1	
<i>cefepime 1 gm injection</i>	3	
<i>cefepime 2 gm injection</i>	3	
<i>cefepime hcl 1 gm vial</i>	3	
<i>cefepime hcl 2 gram vial</i>	3	
<i>cefepime-dextrose 1 gm/50 ml</i>	3	
<i>cefepime-dextrose 2 gm/50 ml</i>	3	
<i>cefixime 100 mg/5 ml susp</i>	3	
<i>cefixime 200 mg/5 ml susp</i>	3	
<i>cefixime 400 mg capsule</i>	3	QL 30/30
<i>cefotaxime sodium 1 gm vial</i>	3	
<i>cefotaxime sodium 500 mg vial</i>	3	
<i>cefotetan 1 gm vial</i>	3	
<i>cefotetan 10 gm vial</i>	3	
<i>cefotetan 2 gm vial</i>	3	
<i>cefoxitin 1 gm vial</i>	3	
<i>cefoxitin 10 gm vial</i>	3	
<i>cefoxitin 2 gm vial</i>	3	
<i>cefpodoxime 100 mg tablet</i>	1	
<i>cefpodoxime 100 mg/5 ml susp</i>	1	
<i>cefpodoxime 200 mg tablet</i>	1	
<i>cefpodoxime 50 mg/5 ml susp</i>	1	
<i>cefprozil 125 mg/5 ml susp</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefprozil 250 mg tablet</i>	1	
<i>cefprozil 250 mg/5 ml susp</i>	1	
<i>cefprozil 500 mg tablet</i>	1	
<i>ceftazidime 1 gm piggyback</i>	3	
<i>ceftazidime 1 gm vial</i>	3	
<i>ceftazidime 2 gm piggyback</i>	3	
<i>ceftazidime 2 gm vial</i>	3	
<i>ceftazidime 6 gm vial</i>	3	
<i>ceftriaxone 1 gm piggyback</i>	3	
<i>ceftriaxone 1 gm vial</i>	3	
<i>ceftriaxone 10 gm vial</i>	3	
<i>ceftriaxone 2 gm add vial</i>	3	
<i>ceftriaxone 2 gm piggyback</i>	3	
<i>ceftriaxone 2 gm vial</i>	3	
<i>ceftriaxone 250 mg vial</i>	3	
<i>ceftriaxone 500 mg vial</i>	3	
<i>cefuroxime axetil 250 mg tab</i>	1	
<i>cefuroxime axetil 500 mg tab</i>	1	
<i>cefuroxime sod 1.5 gm vial</i>	3	
<i>cefuroxime sod 7.5 gm vial</i>	3	
<i>cefuroxime sod 750 mg vial</i>	3	
<i>cephalexin 125 mg/5 ml susp</i>	1	
<i>cephalexin 250 mg capsule</i>	1	
<i>cephalexin 250 mg/5 ml susp</i>	1	
<i>cephalexin 500 mg capsule</i>	1	
SUPRAX 500 MG/5 ML SUSPENSION	3	
TAZICEF 1 GM ADD-VANTAGE VIAL	3	
TAZICEF 1 GRAM VIAL	3	
TAZICEF 2 GM ADD-VANTAGE VIAL	3	
TAZICEF 2 GRAM VIAL	3	
TAZICEF 6 GRAM VIAL	3	
TEFLARO 400 MG VIAL	4	
TEFLARO 600 MG VIAL	4	
<b>COAGULATION THERAPY</b>		
<i>aspirin-dipyridam er 25-200 mg</i>	3	QL 60/30
BRILINTA 60 MG TABLET	2	QL 60/30
BRILINTA 90 MG TABLET	2	QL 60/30

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Drug Name	Drug Tier	Requirements / Limits
<i>cilostazol 100 mg tablet</i>	1	
<i>cilostazol 50 mg tablet</i>	1	
<i>clopidogrel 300 mg tablet</i>	1	QL 2/365
<i>clopidogrel 75 mg tablet</i>	1	
COUMADIN 1 MG TABLET	3	
COUMADIN 10 MG TABLET	3	
COUMADIN 2 MG TABLET	3	
COUMADIN 2.5 MG TABLET	3	
COUMADIN 3 MG TABLET	3	
COUMADIN 4 MG TABLET	3	
COUMADIN 5 MG TABLET	3	
COUMADIN 6 MG TABLET	3	
COUMADIN 7.5 MG TABLET	3	
<i>dipyridamole 25 mg tablet</i>	2	PA,PA (HRM)
<i>dipyridamole 50 mg tablet</i>	2	PA,PA (HRM)
<i>dipyridamole 75 mg tablet</i>	2	PA,PA (HRM)
ELIQUIS 2.5 MG TABLET	2	
ELIQUIS 5 MG STARTER PACK	2	
ELIQUIS 5 MG TABLET	2	
<i>enoxaparin 100 mg/ml syringe</i>	3	
<i>enoxaparin 120 mg/0.8 ml syr</i>	3	
<i>enoxaparin 150 mg/ml syringe</i>	3	
<i>enoxaparin 30 mg/0.3 ml syr</i>	3	
<i>enoxaparin 300 mg/3 ml vial</i>	3	
<i>enoxaparin 40 mg/0.4 ml syr</i>	3	
<i>enoxaparin 60 mg/0.6 ml syr</i>	3	
<i>enoxaparin 80 mg/0.8 ml syr</i>	3	
<i>fondaparinux 10 mg/0.8 ml syr</i>	4	
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	3	
<i>fondaparinux 5 mg/0.4 ml syr</i>	4	
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	4	
<i>heparin 20,000 unit/500 ml-d5w</i>	3	
<i>heparin 25,000 unit/250 ml-d5w</i>	3	
<i>heparin 25,000 unit/250-1/2 ns</i>	3	
<i>heparin 25,000 unit/500 ml-d5w</i>	3	
<i>heparin 25,000 unit/500-1/2 ns</i>	3	
<i>heparin 30,000 unit/30 ml vial</i>	2	
<i>heparin sod 10,000 unit/ml vl</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin sod 20,000 unit/ml vl</i>	2	
<i>heparin sod 5,000 unit/0.5 ml</i>	3	
<i>heparin sod 5,000 unit/ml vial</i>	2	
<i>heparin-1/2ns 25,000 units/500</i>	3	
<i>heparin-d5w 25,000 unit/250 ml</i>	3	
<i>heparin-d5w 25,000 unit/500 ml</i>	3	
<i>heparin-ns 1,000 units/500 ml</i>	3	
<i>heparin-ns 2,000 unit/1,000 ml</i>	3	
JANTOVEN 1 MG TABLET	1	
JANTOVEN 10 MG TABLET	1	
JANTOVEN 2 MG TABLET	1	
JANTOVEN 2.5 MG TABLET	1	
JANTOVEN 3 MG TABLET	1	
JANTOVEN 4 MG TABLET	1	
JANTOVEN 5 MG TABLET	1	
JANTOVEN 6 MG TABLET	1	
JANTOVEN 7.5 MG TABLET	1	
<i>pentoxifylline er 400 mg tab</i>	1	
PRADAXA 110 MG CAPSULE	3	QL 60/30
PRADAXA 150 MG CAPSULE	3	QL 60/30
PRADAXA 75 MG CAPSULE	3	QL 60/30
<i>prasugrel 10 mg tablet</i>	3	QL 30/30
<i>prasugrel 5 mg tablet</i>	3	QL 30/30
PROMACTA 12.5 MG SUSPEN PACKET	4	PA,QL 360/30
PROMACTA 12.5 MG TABLET	4	PA,QL 30/30
PROMACTA 25 MG TABLET	4	PA,QL 30/30
PROMACTA 50 MG TABLET	4	PA,QL 30/30
PROMACTA 75 MG TABLET	4	PA,QL 30/30
<i>warfarin sodium 1 mg tablet</i>	1	
<i>warfarin sodium 10 mg tablet</i>	1	
<i>warfarin sodium 2 mg tablet</i>	1	
<i>warfarin sodium 2.5 mg tablet</i>	1	
<i>warfarin sodium 3 mg tablet</i>	1	
<i>warfarin sodium 4 mg tablet</i>	1	
<i>warfarin sodium 5 mg tablet</i>	1	
<i>warfarin sodium 6 mg tablet</i>	1	

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
<b>warfarin sodium 7.5 mg tablet</b>	1	
XARELTO 10 MG TABLET	2	QL 30/30
XARELTO 15 MG TABLET	2	QL 60/30
XARELTO 2.5 MG TABLET	2	QL 60/30
XARELTO 20 MG TABLET	2	QL 30/30
XARELTO STARTER PACK	2	QL 102/365
<b>DIABETES THERAPY</b>		
<b>acarbose 100 mg tablet</b>	1	QL 90/30
<b>acarbose 25 mg tablet</b>	1	QL 90/30
<b>acarbose 50 mg tablet</b>	1	QL 180/30
ALCOHOL 70% PREP PADS	1	
BD INS SYR UF 0.5ML 12.7MMX30G	1	QL 200/30
BD INSULIN SYR UF 1 ML 8MMX31G	1	QL 200/30
BD SAFETYGLD INS 1 ML 13MMX29G	1	QL 200/30
BD UF INS SYR 0.3 ML 31GX5/16"	1	QL 200/30
BD UF MINI PEN NEEDLE 5MMX31G	1	QL 200/30
BD UF NANO PEN NEEDLE 4MMX32G	1	QL 200/30
BD UF ORIG PEN NDL 12.7MMX29G	1	QL 200/30
BYDUREON 2 MG PEN INJECT	3	QL 4/28
BYDUREON BCISE 2 MG AUTOINJECT	3	QL 4/28
CURAD GAUZE PADS 2" X 2"	1	
CYCLOSET 0.8 MG TABLET	3	QL 180/30
FARXIGA 10 MG TABLET	2	QL 30/30
FARXIGA 5 MG TABLET	2	QL 60/30
<b>glimepiride 1 mg tablet</b>	1	QL 240/30
<b>glimepiride 2 mg tablet</b>	1	QL 120/30
<b>glimepiride 4 mg tablet</b>	1	QL 60/30
<b>glipizide 10 mg tablet</b>	1	QL 120/30
<b>glipizide 5 mg tablet</b>	1	QL 240/30
<b>glipizide er 10 mg tablet</b>	1	QL 60/30
<b>glipizide er 2.5 mg tablet</b>	1	QL 240/30
<b>glipizide er 5 mg tablet</b>	1	QL 120/30
<b>glipizide xl 10 mg tablet</b>	1	QL 60/30
<b>glipizide xl 2.5 mg tablet</b>	1	QL 240/30

Drug Name	Drug Tier	Requirements / Limits
<b>glipizide xl 5 mg tablet</b>	1	QL 120/30
<b>glipizide-metformin 2.5-250 mg</b>	1	QL 240/30
<b>glipizide-metformin 2.5-500 mg</b>	1	QL 120/30
<b>glipizide-metformin 5-500 mg</b>	1	QL 120/30
GLUCAGEN 1 MG HYPOKIT	2	
GLUCAGON 1 MG EMERGENCY KIT	2	
GLYXAMBI 10 MG-5 MG TABLET	2	QL 30/30
GLYXAMBI 25 MG-5 MG TABLET	2	QL 30/30
HUMALOG 100 UNIT/ML VIAL	2	
HUMALOG 100 UNITS/ML CARTRIDGE	2	
HUMALOG 100 UNITS/ML KWIKPEN	2	
HUMALOG 200 UNITS/ML KWIKPEN	2	
HUMALOG JR 100 UNIT/ML KWIKPEN	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 50-50 VIAL	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25 VIAL	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70-30 VIAL	2	
HUMULIN N 100 UNIT/ML VIAL	2	
HUMULIN N 100 UNITS/ML KWIKPEN	2	
HUMULIN R 100 UNIT/ML VIAL	2	
HUMULIN R 500 UNITS/ML KWIKPEN	2	
HUMULIN R 500 UNITS/ML VIAL	2	PA,B/D
INVOKAMET 150-1,000 MG TABLET	3	QL 60/30
INVOKAMET 150-500 MG TABLET	3	QL 60/30
INVOKAMET 50-1,000 MG TABLET	3	QL 60/30
INVOKAMET 50-500 MG TABLET	3	QL 60/30
INVOKAMET XR 150-1,000 MG TAB	3	QL 60/30
INVOKAMET XR 150-500 MG TABLET	3	QL 60/30
INVOKAMET XR 50-1,000 MG TAB	3	QL 60/30



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Drug Name	Drug Tier	Requirements / Limits
INVOKAMET XR 50-500 MG TABLET	3	QL 60/30
INVOKANA 100 MG TABLET	3	QL 30/30
INVOKANA 300 MG TABLET	3	QL 30/30
JANUMET 50-1,000 MG TABLET	2	QL 60/30
JANUMET 50-500 MG TABLET	2	QL 60/30
JANUMET XR 100-1,000 MG TABLET	2	QL 30/30
JANUMET XR 50-1,000 MG TABLET	2	QL 60/30
JANUMET XR 50-500 MG TABLET	2	QL 60/30
JANUVIA 100 MG TABLET	2	QL 30/30
JANUVIA 25 MG TABLET	2	QL 30/30
JANUVIA 50 MG TABLET	2	QL 30/30
JARDIANCE 10 MG TABLET	2	QL 30/30
JARDIANCE 25 MG TABLET	2	QL 30/30
JENTADUETO 2.5 MG-1000 MG TAB	2	QL 60/30
JENTADUETO 2.5 MG-500 MG TAB	2	QL 60/30
JENTADUETO 2.5 MG-850 MG TAB	2	QL 60/30
JENTADUETO XR 2.5 MG-1,000 MG	2	QL 60/30
JENTADUETO XR 5 MG-1,000 MG TB	2	QL 30/30
LANTUS 100 UNIT/ML VIAL	2	
LANTUS SOLOSTAR 100 UNIT/ML	2	
LEVEMIR 100 UNIT/ML VIAL	2	
LEVEMIR FLEXTOUCH 100 UNIT/ML	2	
<b>metformin er 1,000 mg osm-tab (generic fortamet)</b>	1	QL 60/30
<b>metformin er 500 mg osmotic tb (generic fortamet)</b>	1	QL 60/30
<b>metformin hcl 1,000 mg tablet</b>	1	QL 75/30
<b>metformin hcl 500 mg tablet</b>	1	QL 150/30
<b>metformin hcl 850 mg tablet</b>	1	QL 90/30
<b>metformin hcl er 500 mg tab (generic glucophage)</b>	1	QL 120/30
<b>metformin hcl er 750 mg tab (generic glucophage)</b>	1	QL 60/30

Drug Name	Drug Tier	Requirements / Limits
<b>migliitol 100 mg tablet</b>	3	QL 90/30
<b>migliitol 25 mg tablet</b>	3	QL 90/30
<b>migliitol 50 mg tablet</b>	3	QL 90/30
<b>nateglinide 120 mg tablet</b>	1	QL 90/30
<b>nateglinide 60 mg tablet</b>	1	QL 180/30
NOVOFINE 32G NEEDLES	1	QL 200/30
NOVOFINE AUTOCOVER 30G NEEDLE	1	QL 200/30
NOVOTWIST NEEDLE 32G 5MM	1	QL 200/30
OMNIPOD 5 PACK POD	2	QL 30/30
OMNIPOD DASH 5 PACK POD	2	QL 30/30
OMNIPOD STARTER KIT	2	QL 1/365
OZEMPIC 0.25-0.5 MG DOSE PEN	2	QL 3/28
OZEMPIC 1 MG DOSE PEN	2	QL 3/28
<b>pioglitazone hcl 15 mg tablet</b>	1	QL 90/30
<b>pioglitazone hcl 30 mg tablet</b>	1	QL 30/30
<b>pioglitazone hcl 45 mg tablet</b>	1	QL 30/30
<b>pioglitazone-metformin 15-500</b>	1	QL 90/30
<b>pioglitazone-metformin 15-850</b>	1	QL 90/30
PROGLYCEM 50 MG/ML ORAL SUSP	3	
<b>repaglinide 0.5 mg tablet</b>	1	QL 120/30
<b>repaglinide 1 mg tablet</b>	1	QL 120/30
<b>repaglinide 2 mg tablet</b>	1	QL 240/30
RIOMET 500 MG/5 ML SOLUTION	2	QL 750/30
SOLIQUA 100 UNIT-33 MCG/ML PEN	2	QL 18/30,ST
SYMLINPEN 120 PEN INJECTOR	4	PA,QL 10.8/28
SYMLINPEN 60 PEN INJECTOR	4	PA,QL 6/30
SYNJARDY 12.5-1,000 MG TABLET	2	QL 60/30
SYNJARDY 12.5-500 MG TABLET	2	QL 60/30
SYNJARDY 5-1,000 MG TABLET	2	QL 60/30
SYNJARDY 5-500 MG TABLET	2	QL 60/30
SYNJARDY XR 10-1,000 MG TABLET	2	QL 60/30
SYNJARDY XR 12.5-1,000 MG TAB	2	QL 60/30
SYNJARDY XR 25-1,000 MG TABLET	2	QL 30/30

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Drug Name	Drug Tier	Requirements / Limits
SYNJARDY XR 5-1,000 MG TABLET	2	QL 60/30
TECHLITE PEN NEEDLE 31GX1/4"	1	QL 200/30
TECHLITE PEN NEEDLE 31GX5/16"	1	QL 200/30
TECHLITE PEN NEEDLE 32GX1/4"	1	QL 200/30
TECHLITE PEN NEEDLE 32GX5/16"	1	QL 200/30
TECHLITE PEN NEEDLE 32GX5/32"	1	QL 200/30
TOUJEO MAX SOLOSTAR 300UNIT/ML	2	
TOUJEO SOLOSTAR 300 UNIT/ML	2	
TRADJENTA 5 MG TABLET	2	QL 30/30
TRESIBA 100 UNIT/ML VIAL	2	
TRESIBA FLEXTOUCH 100 UNIT/ML	2	
TRESIBA FLEXTOUCH 200 UNIT/ML	2	
TRULICITY 0.75 MG/0.5 ML PEN	2	QL 2/28
TRULICITY 1.5 MG/0.5 ML PEN	2	QL 2/28
V-GO 20 DISPOSABLE DEVICE	2	
V-GO 30 DISPOSABLE DEVICE	2	
V-GO 40 DISPOSABLE DEVICE	2	
VICTOZA 3-PAK 18 MG/3 ML PEN	2	QL 9/30
XIGDUO XR 10 MG-1,000 MG TAB	2	QL 30/30
XIGDUO XR 10 MG-500 MG TABLET	2	QL 30/30
XIGDUO XR 2.5 MG-1,000 MG TAB	2	QL 60/30
XIGDUO XR 5 MG-1,000 MG TABLET	2	QL 60/30
XIGDUO XR 5 MG-500 MG TABLET	2	QL 60/30
XULTOPHY 100 UNIT-3.6MG/ML PEN	2	QL 15/30,ST

### ELECTROLYTES

<i>calcium acetate 667 mg gelcap</i>	1	
<i>calcium acetate 667 mg tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>d5%-1/2ns-kcl 10 meq/l iv sol</i>	3	PA,B/D
<i>d5%-1/2ns-kcl 30 meq/l iv sol</i>	3	PA,B/D
<i>d5%-1/2ns-kcl 40 meq/l iv sol</i>	3	PA,B/D
<i>dextrose 5%-electrolyte 48</i>	3	PA,B/D
<i>dextrose 5%-lr iv solution</i>	3	PA,B/D
<i>kcl 20 meq in d5w solution</i>	3	PA,B/D
<i>kcl 20 meq in d5w-0.2% nacl</i>	3	PA,B/D
<i>kcl 20 meq in d5w-0.225% nacl</i>	3	PA,B/D
<i>kcl 20 meq in d5w-0.3% nacl</i>	3	PA,B/D
<i>kcl 20 meq in d5w-0.45% nacl</i>	3	PA,B/D
<i>kcl 20 meq in d5w-lact ringer</i>	3	PA,B/D
<i>kcl 20 meq in d5w-ns</i>	3	PA,B/D
<i>kcl 20 meq-ns 1,000 ml iv soln</i>	3	PA,B/D
<i>kcl 40 meq in d5w solution</i>	3	PA,B/D
<i>kcl 40 meq in d5w-lact ringer</i>	3	PA,B/D
<i>kcl 40 meq in d5w-nacl 0.9%</i>	3	PA,B/D
<i>kcl 40 meq-ns 1,000 ml iv soln</i>	3	PA,B/D
KLOR-CON 10 MEQ TABLET	2	
KLOR-CON 20 MEQ PACKET	1	
KLOR-CON 8 MEQ TABLET	2	
KLOR-CON M10 TABLET	1	
KLOR-CON M20 TABLET	1	
KLOR-CON SPRINKLE ER 10 MEQ CP	2	
KLOR-CON SPRINKLE ER 8 MEQ CAP	2	
<i>lactated ringers injection</i>	3	PA,B/D
<i>magnesium sulf 1 g/100 ml-d5w</i>	3	PA,B/D
<i>magnesium sulf 2 g/50 ml bag</i>	3	PA,B/D
<i>magnesium sulf 20 g/500 ml bag</i>	3	PA,B/D
<i>magnesium sulf 4 g/100 ml bag</i>	3	PA,B/D
<i>magnesium sulf 4 g/50 ml bag</i>	3	PA,B/D
<i>magnesium sulf 40 g/1,000 ml</i>	3	PA,B/D
<i>magnesium sulfate 50% syringe</i>	3	PA,B/D
<i>magnesium sulfate 50% vial</i>	3	PA,B/D
NORMOSOL-R IV SOLUTION	3	PA,B/D
NORMOSOL-R-DEXTROSE 5% IV SOLN	3	PA,B/D
PHOSLYRA 667 MG/5 ML SOLUTION	3	
<i>potassium cl 10 meq/100 ml sol</i>	3	PA,B/D

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Drug Name	Drug Tier	Requirements / Limits
<i>potassium cl 10% (20 meq/15ml)</i>	3	
<i>potassium cl 2 meq/ml vial</i>	3	PA,B/D
<i>potassium cl 20 meq packet</i>	1	
<i>potassium cl 20 meq/100 ml sol</i>	3	PA,B/D
<i>potassium cl 20 meq-0.45% nacl</i>	3	PA,B/D
<i>potassium cl 20% (40 meq/15ml)</i>	3	
<i>potassium cl 40 meq/100 ml sol</i>	3	PA,B/D
<i>potassium cl 40 meq/20 ml conc</i>	3	PA,B/D
<i>potassium cl er 10 meq capsule</i>	1	
<i>potassium cl er 10 meq tablet</i>	1	
<i>potassium cl er 20 meq tablet</i>	1	
<i>potassium cl er 8 meq capsule</i>	1	
<i>potassium cl er 8 meq tablet</i>	1	
<i>ringer's iv solution</i>	3	PA,B/D
<i>sodium bicarb 7.5% abboject</i>	3	
<i>sodium bicarb 8.4% abboject</i>	3	
<i>sodium chloride 0.45% soln</i>	3	
<i>sodium chloride 100 meq/40 ml</i>	3	
<i>sodium chloride 3% iv soln</i>	3	
<i>sodium chloride 5% iv soln</i>	3	
<i>sodium lactate 50 meq/10 ml vl</i>	3	PA,B/D
TPN ELECTROLYTES VIAL	3	PA,B/D
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin 1 gm pwd packet</i>	2	
<i>azithromycin 100 mg/5 ml susp</i>	1	
<i>azithromycin 200 mg/5 ml susp</i>	1	
<i>azithromycin 250 mg tablet</i>	1	
<i>azithromycin 500 mg tablet</i>	1	
<i>azithromycin 600 mg tablet</i>	1	QL 60/30
<i>azithromycin i.v. 500 mg vial</i>	3	
<i>clarithromycin 125 mg/5 ml sus</i>	2	
<i>clarithromycin 250 mg tablet</i>	1	
<i>clarithromycin 250 mg/5 ml sus</i>	2	
<i>clarithromycin 500 mg tablet</i>	1	
<i>clarithromycin er 500 mg tab</i>	1	
DIFICID 200 MG TABLET	4	PA,QL 20/10
E.E.S. 400 FILMTAB	2	
ERYPED 400 MG/5 ML SUSPENSION	4	

Drug Name	Drug Tier	Requirements / Limits
ERY-TAB DR 250 MG TABLET	2	
ERY-TAB DR 333 MG TABLET	2	
ERY-TAB DR 500 MG TABLET	2	
ERYTHROCIN 250 MG FILMTAB	2	
ERYTHROCIN 500 MG ADDVAN VIAL	3	
<i>erythromycin 200 mg/5 ml susp</i>	2	
<i>erythromycin 250 mg filmtab</i>	3	
<i>erythromycin 400 mg/5 ml susp</i>	4	
<i>erythromycin 500 mg filmtab</i>	3	
<i>erythromycin dr 250 mg tablet</i>	2	
<i>erythromycin dr 333 mg tablet</i>	2	
<i>erythromycin dr 500 mg tablet</i>	2	
<i>erythromycin es 400 mg tab</i>	2	
ESTROGENS / PROGESTINS		
ALORA 0.025 MG PATCH	2	PA,QL 8/28,PA (HRM)
ALORA 0.05 MG PATCH	2	PA,QL 8/28,PA (HRM)
ALORA 0.075 MG PATCH	2	PA,QL 8/28,PA (HRM)
ALORA 0.1 MG PATCH	2	PA,QL 8/28,PA (HRM)
CAMILA 0.35 MG TABLET	1	
DEBLITANE 0.35 MG TABLET	1	
DELESTROGEN 10 MG/ML VIAL	3	
DEPO-ESTRADIOL 5 MG/ML VIAL	3	
DEPO-PROVERA 400 MG/ML VIAL	3	QL 10/28
DOTTI 0.025 MG PATCH	1	PA,QL 8/28,PA (HRM)
DOTTI 0.0375 MG PATCH	1	PA,QL 8/28,PA (HRM)
DOTTI 0.05 MG PATCH	1	PA,QL 8/28,PA (HRM)

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Drug Name	Drug Tier	Requirements / Limits
DOTTI 0.075 MG PATCH	1	PA,QL 8/28,PA (HRM)
DOTTI 0.1 MG PATCH	1	PA,QL 8/28,PA (HRM)
DUAVEE 0.45-20 MG TABLET	3	PA,QL 30/30
ERRIN 0.35 MG TABLET	1	
<i>estradiol 0.01% cream</i>	3	
<i>estradiol 0.025 mg patch</i>	1	PA,QL 8/28,PA (HRM)
<i>estradiol 0.0375 mg patch</i>	1	PA,QL 8/28,PA (HRM)
<i>estradiol 0.05 mg patch</i>	1	PA,QL 8/28,PA (HRM)
<i>estradiol 0.075 mg patch</i>	1	PA,QL 8/28,PA (HRM)
<i>estradiol 0.1 mg patch</i>	1	PA,QL 8/28,PA (HRM)
<i>estradiol 0.5 mg tablet</i>	1	PA,PA (HRM)
<i>estradiol 1 mg tablet</i>	1	PA,PA (HRM)
<i>estradiol 10 mcg vaginal insrt</i>	3	QL 18/28
<i>estradiol 2 mg tablet</i>	1	PA,PA (HRM)
<i>estradiol tds 0.025 mg/day</i>	1	PA,QL 4/28,PA (HRM)
<i>estradiol tds 0.0375 mg/day</i>	1	PA,QL 4/28,PA (HRM)
<i>estradiol tds 0.05 mg/day</i>	1	PA,QL 4/28,PA (HRM)
<i>estradiol tds 0.06 mg/day</i>	1	PA,QL 4/28,PA (HRM)

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol tds 0.075 mg/day</i>	1	PA,QL 4/28,PA (HRM)
<i>estradiol tds 0.1 mg/day</i>	1	PA,QL 4/28,PA (HRM)
<i>estradiol valerate 20 mg/ml vl</i>	3	
<i>estradiol valerate 40 mg/ml vl</i>	3	
ESTRING 2 MG VAGINAL RING	3	QL 1/90
FYAVOLV 0.5 MG-2.5 MCG TABLET	2	PA,PA (HRM)
FYAVOLV 1 MG-5 MCG TABLET	2	PA,PA (HRM)
HEATHER TABLET	1	
<i>hydroxyprogesterone 1.25 g/5ml</i>	4	PA,B/D
INCASSIA 0.35 MG TABLET	1	
JENCYCLA 0.35 MG TABLET	1	
JOLIVETTE TABLET	1	
LYZA 0.35 MG TABLET	1	
<i>medroxyprogesterone 10 mg tab</i>	1	
<i>medroxyprogesterone 150 mg/ml syringe</i>	1	
<i>medroxyprogesterone 150 mg/ml vials</i>	3	
<i>medroxyprogesterone 2.5 mg tab</i>	1	
<i>medroxyprogesterone 5 mg tab</i>	1	
MENEST 0.3 MG TABLET	2	PA,PA (HRM)
MENEST 0.625 MG TABLET	2	PA,PA (HRM)
MENEST 1.25 MG TABLET	2	PA,PA (HRM)
MENOSTAR 14 MCG/DAY PATCH	2	PA,QL 4/28,PA (HRM)
NORA-BE TABLET	1	
<i>norethind-eth estrad 0.5-2.5</i>	2	PA,PA (HRM)
<i>norethindrone 0.35 mg tablet</i>	1	
<i>norethindrone 5 mg tablet</i>	1	
NORLYROC 0.35 MG TABLET	1	
PREMARIN 0.3 MG TABLET	2	PA,PA (HRM)

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Drug Name	Drug Tier	Requirements / Limits
PREMARIN 0.45 MG TABLET	2	PA,PA (HRM)
PREMARIN 0.625 MG TABLET	2	PA,PA (HRM)
PREMARIN 0.9 MG TABLET	2	PA,PA (HRM)
PREMARIN 1.25 MG TABLET	2	PA,PA (HRM)
PREMARIN 25 MG VIAL	3	
PREMARIN VAGINAL CREAM-APPL	2	
<i>progesterone 100 mg capsule</i>	1	
<i>progesterone 200 mg capsule</i>	1	
SHAROBEL 0.35 MG TABLET	1	
YUVAFEM 10 MCG VAGINAL INSERT	3	QL 18/28
GOUT THERAPY		
<i>allopurinol 100 mg tablet</i>	1	
<i>allopurinol 300 mg tablet</i>	1	
<i>colchicine 0.6 mg capsule</i>	2	QL 60/30
<i>colchicine 0.6 mg tablet</i>	3	QL 120/30
MITIGARE 0.6 MG CAPSULE	2	QL 60/30
<i>probenecid 500 mg tablet</i>	1	
<i>probenecid-colchicine tablet</i>	1	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin 10 mg tablet</i>	1	QL 30/30
<i>atorvastatin 20 mg tablet</i>	1	QL 30/30
<i>atorvastatin 40 mg tablet</i>	1	QL 60/30
<i>atorvastatin 80 mg tablet</i>	1	QL 30/30
<i>cholestyramine light packet</i>	1	
<i>cholestyramine light powder</i>	1	
<i>cholestyramine packet</i>	1	
<i>cholestyramine powder</i>	1	
<i>colesevelam 625 mg tablet</i>	2	
<i>colesevelam hcl 3.75 g packet</i>	2	
<i>colestipol hcl granules</i>	2	
<i>colestipol hcl granules packet</i>	2	
<i>colestipol micronized 1 gm tab</i>	2	
<i>ezetimibe 10 mg tablet</i>	1	QL 30/30
<i>ezetimibe-simvastatin 10-10 mg</i>	3	QL 30/30
<i>ezetimibe-simvastatin 10-20 mg</i>	3	QL 30/30

Drug Name	Drug Tier	Requirements / Limits
<i>ezetimibe-simvastatin 10-40 mg</i>	3	QL 30/30
<i>ezetimibe-simvastatin 10-80 mg</i>	3	QL 30/30
<i>fenofibrate 130 mg capsule</i>	3	
<i>fenofibrate 134 mg capsule</i>	2	
<i>fenofibrate 145 mg tablet</i>	2	
<i>fenofibrate 150 mg capsule</i>	3	
<i>fenofibrate 160 mg tablet</i>	1	
<i>fenofibrate 200 mg capsule</i>	2	
<i>fenofibrate 43 mg capsule</i>	3	
<i>fenofibrate 48 mg tablet</i>	2	
<i>fenofibrate 50 mg capsule</i>	3	
<i>fenofibrate 54 mg tablet</i>	1	
<i>fenofibrate 67 mg capsule</i>	2	
<i>fenofibric acid dr 135 mg cap</i>	3	QL 30/30
<i>fenofibric acid dr 45 mg cap</i>	3	QL 60/30
<i>gemfibrozil 600 mg tablet</i>	1	
LIVALO 1 MG TABLET	2	QL 30/30
LIVALO 2 MG TABLET	2	QL 30/30
LIVALO 4 MG TABLET	2	QL 30/30
<i>lovastatin 10 mg tablet</i>	1	QL 60/30
<i>lovastatin 20 mg tablet</i>	1	QL 60/30
<i>lovastatin 40 mg tablet</i>	1	QL 60/30
<i>niacin 500 mg tablet</i>	1	
<i>niacin er 1,000 mg tablet</i>	1	
<i>niacin er 500 mg tablet</i>	1	
<i>niacin er 750 mg tablet</i>	1	
NIACOR 500 MG TABLET	1	
<i>omega-3 ethyl esters 1 gm cap</i>	3	QL 120/30
<i>pravastatin sodium 10 mg tab</i>	1	QL 30/30
<i>pravastatin sodium 20 mg tab</i>	1	QL 30/30
<i>pravastatin sodium 40 mg tab</i>	1	QL 60/30
<i>pravastatin sodium 80 mg tab</i>	1	QL 30/30
PREVALITE PACKET	1	
PREVALITE POWDER	1	
REPATHA 140 MG/ML SURECLICK	2	PA,QL 3/28
REPATHA 140 MG/ML SYRINGE	2	PA,QL 3/28
REPATHA 420 MG/3.5ML PUSHTRONX	2	PA,QL 3.5/28
<i>rosuvastatin calcium 10 mg tab</i>	1	QL 30/30

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Drug Name	Drug Tier	Requirements / Limits
<i>rosuvastatin calcium 20 mg tab</i>	1	QL 30/30
<i>rosuvastatin calcium 40 mg tab</i>	1	QL 30/30
<i>rosuvastatin calcium 5 mg tab</i>	1	QL 30/30
<i>simvastatin 10 mg tablet</i>	1	QL 30/30
<i>simvastatin 20 mg tablet</i>	1	QL 30/30
<i>simvastatin 40 mg tablet</i>	1	QL 30/30
<i>simvastatin 5 mg tablet</i>	1	QL 30/30
<i>simvastatin 80 mg tablet</i>	1	QL 30/30
VASCEPA 0.5 GM CAPSULE	2	QL 240/30
VASCEPA 1 GM CAPSULE	2	QL 120/30
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
<i>dihydroergotamine 4 mg/ml spry</i>	3	PA,QL 8/30
<i>ergotamine-caffeine 1-100mg tb</i>	2	QL 40/28
MIGERGOT SUPPOSITORY	4	QL 20/28
<i>naratriptan hcl 1 mg tablet</i>	2	QL 18/28
<i>naratriptan hcl 2.5 mg tablet</i>	2	QL 18/28
<i>rizatriptan 10 mg odt</i>	2	QL 36/28
<i>rizatriptan 10 mg tablet</i>	2	QL 36/28
<i>rizatriptan 5 mg odt</i>	2	QL 36/28
<i>rizatriptan 5 mg tablet</i>	2	QL 36/28
<i>sumatriptan 20 mg nasal spray</i>	3	QL 18/28
<i>sumatriptan 4 mg/0.5 ml cart</i>	3	QL 8/28
<i>sumatriptan 4 mg/0.5 ml inject</i>	3	QL 8/28
<i>sumatriptan 5 mg nasal spray</i>	3	QL 18/28
<i>sumatriptan 6 mg/0.5 ml inject</i>	3	QL 8/28
<i>sumatriptan 6 mg/0.5 ml refill</i>	3	QL 8/28
<i>sumatriptan 6 mg/0.5 ml syrng</i>	3	QL 8/28
<i>sumatriptan 6 mg/0.5 ml vial</i>	3	QL 8/28
<i>sumatriptan succ 100 mg tablet</i>	1	QL 18/28
<i>sumatriptan succ 25 mg tablet</i>	1	QL 18/28
<i>sumatriptan succ 50 mg tablet</i>	1	QL 18/28
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate calc dr 333 mg tab</i>	1	
ADAGEN 250 UNIT/ML VIAL	4	PA
<i>alendronate sodium 40 mg tab</i>	1	QL 30/30
<i>anagrelide hcl 0.5 mg capsule</i>	1	
<i>anagrelide hcl 1 mg capsule</i>	1	
ARALAST NP 1,000 MG VIAL	4	PA,B/D
ARALAST NP 500 MG VIAL	4	PA,B/D

Drug Name	Drug Tier	Requirements / Limits
AURYXIA 210 MG TABLET	3	PA,QL 360/30,DvE
<i>azelastine 0.1% (137 mcg) spry</i>	2	QL 30/25
<i>azelastine 0.15% nasal spray</i>	2	QL 30/25
CARBAGLU 200 MG DISPER TABLET	4	PA
CARNITOR 1 GM/5 ML VIAL	3	PA,B/D
CHEMET 100 MG CAPSULE	4	
<i>chlorhexidine 0.12% rinse</i>	1	
CLINIMIX 4.25%-5% SOLUTION	3	PA,B/D
CLINIMIX E 2.75%-10% SOLUTION	3	PA,B/D
<i>dextrose 10%-0.2% nacl iv soln</i>	3	PA,B/D
<i>dextrose 10%-0.45% nacl iv sol</i>	3	PA,B/D
<i>dextrose 10%-water iv solution</i>	3	PA,B/D
<i>dextrose 2.5%-0.45% nacl iv</i>	3	PA,B/D
<i>dextrose 20%-water iv soln</i>	3	PA,B/D
<i>dextrose 25%-water syringe</i>	3	PA,B/D
<i>dextrose 30%-water iv soln</i>	3	PA,B/D
<i>dextrose 40%-water iv soln</i>	3	PA,B/D
<i>dextrose 5%-0.2% nacl iv soln</i>	3	
<i>dextrose 5%-0.225% nacl iv sol</i>	3	
<i>dextrose 5%-0.3% nacl iv soln</i>	3	
<i>dextrose 5%-0.33% nacl iv soln</i>	3	
<i>dextrose 5%-0.45% nacl iv soln</i>	3	
<i>dextrose 5%-0.9% nacl iv soln</i>	3	
<i>dextrose 5%-water iv soln</i>	3	
<i>dextrose 50%-water iv soln</i>	3	PA,B/D
<i>dextrose 50%-water syringe</i>	3	PA,B/D
<i>dextrose 70%-water iv soln</i>	3	
<i>disulfiram 250 mg tablet</i>	1	
<i>disulfiram 500 mg tablet</i>	1	
<i>etidronate disodium 400 mg tab</i>	1	
FERRIPROX 100 MG/ML SOLUTION	4	PA
FERRIPROX 500 MG TABLET	4	PA
INCRELEX 40 MG/4 ML VIAL	3	PA
<i>ipratropium 0.03% spray</i>	1	QL 30/30
<i>ipratropium 0.06% spray</i>	1	QL 45/30
JADENU 180 MG TABLET	4	
JADENU 360 MG TABLET	4	

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Drug Name	Drug Tier	Requirements / Limits
JADENU 90 MG TABLET	4	
JADENU SPRINKLE 180 MG GRANULE	4	
JADENU SPRINKLE 360 MG GRANULE	4	
JADENU SPRINKLE 90 MG GRANULE	4	
KIONEX 15 GM/60 ML SUSPENSION	2	
<i>lactated ringers irrigation</i>	3	
<i>levocarnitine 1 g/10 ml soln</i>	1	
<i>levocarnitine 330 mg tablet</i>	1	
LOKELMA 10 GRAM POWDER PACKET	2	
LOKELMA 5 GRAM POWDER PACKET	2	
<i>midodrine hcl 10 mg tablet</i>	1	
<i>midodrine hcl 2.5 mg tablet</i>	1	
<i>midodrine hcl 5 mg tablet</i>	1	
NORTHERA 100 MG CAPSULE	4	PA,QL 90/30
NORTHERA 200 MG CAPSULE	4	PA,QL 180/30
NORTHERA 300 MG CAPSULE	4	PA,QL 180/30
ORALONE 0.1% PASTE	2	
ORFADIN 10 MG CAPSULE	4	
ORFADIN 2 MG CAPSULE	4	
ORFADIN 20 MG CAPSULE	4	
ORFADIN 4 MG/ML SUSPENSION	4	
ORFADIN 5 MG CAPSULE	4	
PAROEX 0.12% ORAL RINSE	1	
PHYSIOLYTE IRRIGATION SOLN	3	
PHYSIOSOL IRRIGATION SOLN	3	
<i>pilocarpine hcl 5 mg tablet</i>	2	
<i>pilocarpine hcl 7.5 mg tablet</i>	2	
PROLASTIN C 1,000 MG VIAL	4	PA,B/D
REVELA 0.8 GM POWDER PACKET	2	QL 180/30
REVELA 2.4 GM POWDER PACKET	2	QL 180/30
REVELA 800 MG TABLET	2	QL 540/30

Drug Name	Drug Tier	Requirements / Limits
<i>riluzole 50 mg tablet</i>	2	
<i>ringers irrigation solution</i>	3	
<i>sevelamer 0.8 gm powder packet</i>	3	QL 180/30
<i>sevelamer 2.4 gm powder packet</i>	3	QL 180/30
<i>sevelamer carbonate 800 mg tab</i>	3	QL 540/30
<i>sodium chloride 0.9% irrig.</i>	3	
<i>sodium chloride 0.9% solution</i>	3	
<i>sodium phenylbutyrate 500mg tb</i>	4	PA
<i>sodium phenylbutyrate powder</i>	4	PA
<i>sodium polystyrene sulf powder</i>	2	
<i>sps 15 gm/60 ml suspension</i>	2	
<i>sps 30 gm/120 ml enema</i>	2	
<i>sterile water for irrigation</i>	3	
TIS-U-SOL PENTALYTE IRRIG SOLN	3	
<i>triamcinolone 0.1% paste</i>	2	
<i>trientine hcl 250 mg capsule</i>	4	QL 240/30
VELPHORO 500 MG CHEWABLE TAB	3	QL 180/30
VELTASSA 16.8 GM POWDER PACKET	2	
VELTASSA 25.2 GM POWDER PACKET	2	
VELTASSA 8.4 GM POWDER PACKET	2	
ZEMAIRA 1,000 MG VIAL	4	PA,B/D
<i>zoledronic acid 5 mg/100 ml</i>	3	PA,QL 100/365,B/ D

### MISCELLANEOUS ANTIINFECTIVES

<i>albendazole 200 mg tablet</i>	4	
ALINIA 100 MG/5 ML SUSPENSION	4	QL 180/30
ALINIA 500 MG TABLET	4	QL 20/10
<i>amikacin sulf 1 gram/4 ml vial</i>	3	
<i>amikacin sulf 500 mg/2 ml vial</i>	3	
<i>atovaquone 750 mg/5 ml susp</i>	3	
<i>atovaquone-proguanil 250-100</i>	1	
<i>atovaquone-proguanil 62.5-25</i>	1	
<i>aztreonam 1 gm vial</i>	2	
<i>aztreonam 2 gm vial</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
BACIIM 50,000 UNIT VIAL	3	
<i>bacitracin 50,000 unit vial</i>	3	
CAPASTAT SULFATE 1 GM VIAL	3	
CAYSTON 75 MG INHAL SOLUTION	4	PA,QL 84/56
<i>chloramphen na succ 1 gm vl</i>	3	
<i>chloroquine ph 250 mg tablet</i>	1	
<i>chloroquine ph 500 mg tablet</i>	1	
<i>clindamycin 300 mg/2 ml addvan</i>	3	
<i>clindamycin 300 mg/50 ml-ns</i>	3	
<i>clindamycin 600 mg/50 ml-ns</i>	3	
<i>clindamycin 900 mg/50 ml-ns</i>	3	
<i>clindamycin 900 mg/6 ml addvan</i>	3	
<i>clindamycin hcl 150 mg capsule</i>	1	
<i>clindamycin hcl 300 mg capsule</i>	1	
<i>clindamycin hcl 75 mg capsule</i>	1	
<i>clindamycin ph 300 mg/2 ml vl</i>	3	
<i>clindamycin ph 600 mg/4 ml vl</i>	3	
<i>clindamycin ph 9 g/60 ml vial</i>	3	
<i>clindamycin ph 900 mg/6 ml vl</i>	3	
<i>clindamycin-d5w 300 mg/50 ml</i>	3	
<i>clindamycin-d5w 600 mg/50 ml</i>	3	
<i>clindamycin-d5w 900 mg/50 ml</i>	3	
COARTEM TABLETS	3	QL 24/30
<i>colistimethate 150 mg vial</i>	3	
<i>cycloserine 250 mg capsule</i>	1	
<i>dapsone 100 mg tablet</i>	2	
<i>dapsone 25 mg tablet</i>	2	
<i>daptomycin 350 mg vial</i>	4	PA,B/D
<i>daptomycin 500 mg vial</i>	4	PA,B/D
DARAPRIM 25 MG TABLET	4	QL 90/30
<i>ertapenem 1 gram vial</i>	3	
<i>ethambutol hcl 100 mg tablet</i>	2	
<i>ethambutol hcl 400 mg tablet</i>	2	
FIRVANQ 25 MG/ML SOLUTION	3	
FIRVANQ 50 MG/ML SOLUTION	3	
<i>gentamicin 80 mg/2 ml vial</i>	3	
<i>gentamicin ped 20 mg/2 ml vial</i>	3	
<i>hydroxychloroquine 200 mg tab</i>	1	
<i>imipenem-cilastatin 250 mg vl</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>imipenem-cilastatin 500 mg vl</i>	3	
<i>iso gentamicin 100 mg/100 ml</i>	3	
<i>isoniazid 100 mg tablet</i>	1	
<i>isoniazid 300 mg tablet</i>	1	
<i>isoniazid 50 mg/5 ml solution</i>	2	
<i>isoton gentamicin 100 mg/50 ml</i>	3	
<i>isoton gentamicin 60 mg/50 ml</i>	3	
<i>isoton gentamicin 80 mg/100 ml</i>	3	
<i>isoton gentamicin 80 mg/50 ml</i>	3	
<i>ivermectin 3 mg tablet</i>	2	
<i>lincomycin hcl 600 mg/2 ml vl</i>	3	
<i>linezolid 100 mg/5 ml susp</i>	4	QL 1800/30
<i>linezolid 600 mg tablet</i>	3	QL 60/30
<i>linezolid 600 mg/300 ml-d5w</i>	3	
<i>linezolid 600mg/300ml-0.9%nacl</i>	3	
<i>mefloquine hcl 250 mg tablet</i>	1	
<i>meropenem iv 1 gm vial</i>	3	
<i>meropenem iv 500 mg vial</i>	3	
<i>meropenem-0.9% nacl 1 gram/50</i>	3	
<i>meropenem-0.9% nacl 500 mg/50</i>	3	
<i>metronidazole 250 mg tablet</i>	1	
<i>metronidazole 500 mg tablet</i>	1	
<i>metronidazole 500 mg/100 ml</i>	3	
NEBUPENT 300 MG INHAL POWDER	2	PA,QL 1/28,B/D
<i>neomycin 500 mg tablet</i>	1	
<i>neomy-polymyxin b 40 mg/ml amp</i>	3	
ORBACTIV 400 MG VIAL	4	QL 3/30
<i>paromomycin 250 mg capsule</i>	3	
PASER GRANULES 4 GM PACKET	3	
PENTAM 300 VIAL	2	
<i>pentamidine 300 mg vial</i>	2	
<i>polymyxin b sulfate vial</i>	3	
<i>praziquantel 600 mg tablet</i>	3	
PRIFTIN 150 MG TABLET	3	
<i>primaquine 26.3 mg tablet</i>	2	
<i>pyrazinamide 500 mg tablet</i>	2	
<i>quinine sulfate 324 mg capsule</i>	3	PA,QL 42/7
<i>rifabutin 150 mg capsule</i>	2	



## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
<i>rifampin 150 mg capsule</i>	1	
<i>rifampin 300 mg capsule</i>	1	
<i>rifampin iv 600 mg vial</i>	3	
RIFATER TABLET	3	
SIRTURO 100 MG TABLET	3	PA,QL 188/365
SIVEXTRO 200 MG TABLET	4	QL 6/28
SIVEXTRO 200 MG VIAL	4	PA,QL 6/28,B/D
<i>streptomycin sulf 1 gm vial</i>	3	
SYNERCID 500 MG VIAL	4	
<i>tigecycline 50 mg vial</i>	4	
TOBI PODHALER 28 MG INHALE CAP	4	QL 1568/365
<i>tobramycin 1.2 gm vial</i>	3	
<i>tobramycin 10 mg/ml vial</i>	3	
<i>tobramycin 300 mg/5 ml ampule</i>	4	PA,QL 280/28,B/D
<i>tobramycin 40 mg/ml vial</i>	3	
TRECTOR 250 MG TABLET	2	
<i>vanco 500 mg/100 ml-0.9% nacl</i>	3	
<i>vanco 750 mg/150 ml-0.9% nacl</i>	3	
<i>vancomycin 1 g/200ml-0.9% nacl</i>	3	
<i>vancomycin 1 gm vial</i>	3	
<i>vancomycin 500 mg vial</i>	3	
<i>vancomycin 750 mg/150 ml bag</i>	3	
<i>vancomycin hcl 1.25 gram vial</i>	3	
<i>vancomycin hcl 10 gm vial</i>	3	
<i>vancomycin hcl 125 mg capsule</i>	3	QL 40/10
<i>vancomycin hcl 1g/200 ml bag</i>	3	
<i>vancomycin hcl 250 mg capsule</i>	3	QL 80/10
<i>vancomycin hcl 250 mg vial</i>	3	
<i>vancomycin hcl 5 gm vial</i>	3	
<i>vancomycin hcl 750 mg vial</i>	3	
<i>vancomycin-d5w 500 mg/100 ml</i>	3	
XIFAXAN 550 MG TABLET	4	PA,QL 90/30
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR 5 MG TABLET	3	PA,QL 60/30

Drug Name	Drug Tier	Requirements / Limits
CORLANOR 7.5 MG TABLET	3	PA,QL 60/30
DIGITEK 125 MCG TABLET	1	
DIGITEK 250 MCG TABLET	1	
DIGOX 125 MCG TABLET	1	
DIGOX 250 MCG TABLET	1	
<i>digoxin 0.05 mg/ml solution</i>	2	QL 150/30
<i>digoxin 125 mcg tablet</i>	1	
<i>digoxin 250 mcg tablet</i>	1	
<i>digoxin 500 mcg/2 ml ampule</i>	3	
ENTRESTO 24 MG-26 MG TABLET	2	QL 60/30
ENTRESTO 49 MG-51 MG TABLET	2	QL 60/30
ENTRESTO 97 MG-103 MG TABLET	2	QL 60/30
LANOXIN PED 100 MCG/ML AMPUL	3	
<i>ranolazine er 1,000 mg tablet</i>	3	QL 60/30
<i>ranolazine er 500 mg tablet</i>	3	QL 60/30
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<i>acyclovir 5% cream</i>	4	QL 5/30
<i>acyclovir 5% ointment</i>	3	QL 30/30
<i>ammonium lactate 12% cream</i>	1	
<i>ammonium lactate 12% lotion</i>	1	
DENAVIR 1% CREAM	4	QL 5/30
<i>fluorouracil 0.5% cream</i>	4	
<i>fluorouracil 2% topical soln</i>	1	
<i>fluorouracil 5% cream</i>	2	
<i>fluorouracil 5% topical soln</i>	1	
GLYDO 2% JELLY SYRINGE	2	QL 60/30
<i>imiquimod 3.75% cream pump</i>	4	
<i>imiquimod 5% cream packet</i>	2	
<i>lidocaine 2% viscous soln</i>	1	
<i>lidocaine 5% ointment</i>	3	QL 50/30
<i>lidocaine 5% patch</i>	3	PA,QL 90/30,DvE
<i>lidocaine hcl 0.5% vial</i>	3	
<i>lidocaine hcl 1% ampul</i>	3	
<i>lidocaine hcl 1% vial</i>	3	
<i>lidocaine hcl 1.5% ampul</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl 2% 40 mg/2 ml vl</i>	3	
<i>lidocaine hcl 2% jelly</i>	2	QL 60/30
<i>lidocaine hcl 2% jelly uro-jet</i>	2	QL 60/30
<i>lidocaine hcl 2% vial</i>	3	
<i>lidocaine hcl 4% ampul</i>	3	
<i>lidocaine hcl 4% solution</i>	1	
<i>lidocaine-prilocaine cream</i>	3	QL 30/30
<i>methoxsalen 10 mg softgel</i>	3	
PANRETIN 0.1% GEL	4	
PICATO 0.015% GEL	3	QL 3/56
PICATO 0.05% GEL	3	QL 2/56
<i>pimecrolimus 1% cream</i>	3	QL 100/90
<i>podofilox 0.5% topical soln</i>	1	
REGRANEX 0.01% GEL	4	PA
SANTYL OINTMENT	2	
<i>silver sulfadiazine 1% cream</i>	2	
SSD 1% CREAM	2	
<i>tacrolimus 0.03% ointment</i>	2	QL 100/90
<i>tacrolimus 0.1% ointment</i>	2	QL 100/90
TOLAK 4% CREAM	3	
VALCHLOR 0.016% GEL	4	PA,QL 60/30

### MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron hcl 0.5 mg tablet</i>	3	PA,QL 60/30
<i>alosetron hcl 1 mg tablet</i>	4	PA,QL 60/30
AMITIZA 24 MCG CAPSULES	2	QL 60/30
AMITIZA 8 MCG CAPSULE	2	QL 60/30
<i>aprepitant 125 mg capsule</i>	3	PA,B/D
<i>aprepitant 125-80-80 mg pack</i>	3	PA,B/D
<i>aprepitant 40 mg capsule</i>	3	PA,B/D
<i>aprepitant 80 mg capsule</i>	3	PA,B/D
APRISO ER 0.375 GRAM CAPSULE	2	QL 120/30
<i>balsalazide disodium 750 mg cp</i>	3	
<i>budesonide ec 3 mg capsule</i>	3	
COLOCORT 100 MG ENEMA	2	
COMPRO 25 MG SUPPOSITORY	1	

Drug Name	Drug Tier	Requirements / Limits
CONSTULOSE 10 GM/15 ML SOLN	1	
CREON DR 12,000 UNITS CAPSULE	2	
CREON DR 24,000 UNITS CAPSULE	2	
CREON DR 3,000 UNITS CAPSULE	2	
CREON DR 36,000 UNITS CAPSULE	2	
CREON DR 6,000 UNITS CAPSULE	2	
<i>cromolyn 100 mg/5 ml oral conc</i>	2	
CYSTADANE 1 GRAM/1.7 ML POWDER	4	
<i>dronabinol 10 mg capsule</i>	3	PA,QL 60/30
<i>dronabinol 2.5 mg capsule</i>	3	PA,QL 60/30
<i>dronabinol 5 mg capsule</i>	3	PA,QL 60/30
EMEND 125 MG POWDER PACKET	3	PA,B/D
ENULOSE 10 GM/15 ML SOLUTION	1	
GATTEX 5 MG 30-VIAL KIT	4	PA
GAVILYTE-C SOLUTION	1	
GAVILYTE-G SOLUTION	1	
GAVILYTE-N SOLUTION	1	
GENERLAC 10 GM/15 ML SOLUTION	1	
<i>granisetron hcl 1 mg tablet</i>	2	PA,QL 30/30,B/D
<i>granisetron hcl 1 mg/ml vial</i>	3	PA,B/D
<i>granisetron hcl 4 mg/4 ml vial</i>	3	PA,B/D
<i>hydrocortisone 100 mg/60 ml</i>	2	
<i>lactulose 10 gm/15 ml solution</i>	1	
LINZESS 145 MCG CAPSULE	2	QL 30/30
LINZESS 290 MCG CAPSULE	2	QL 30/30
LINZESS 72 MCG CAPSULE	2	QL 30/30
<i>meclizine 12.5 mg tablet</i>	1	
<i>meclizine 25 mg tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine 4 gm/60 ml enema</i>	3	
<i>mesalamine 4 gm/60 ml kit</i>	3	
<i>mesalamine dr 1.2 gm tablet</i>	3	QL 120/30
<i>metoclopramide 10 mg tablet</i>	1	
<i>metoclopramide 10 mg/2 ml vial</i>	3	
<i>metoclopramide 5 mg tablet</i>	1	
<i>metoclopramide 5 mg/5 ml soln</i>	1	
<i>ondansetron 4 mg/2 ml isecure</i>	3	
<i>ondansetron 4 mg/5 ml solution</i>	2	PA,QL 450/30,B/D
<i>ondansetron 40 mg/20 ml vial</i>	3	
<i>ondansetron hcl 24 mg tablet</i>	1	PA,B/D
<i>ondansetron hcl 4 mg tablet</i>	1	PA,B/D
<i>ondansetron hcl 4 mg/2 ml vial</i>	3	
<i>ondansetron hcl 8 mg tablet</i>	1	PA,B/D
<i>ondansetron odt 4 mg tablet</i>	1	PA,B/D
<i>ondansetron odt 8 mg tablet</i>	1	PA,B/D
OSMOPREP TABLET	3	
<i>palonosetron 0.25 mg/5 ml vial</i>	4	PA,B/D
<i>peg 3350 electrolyte soln</i>	1	
<i>peg 3350-electrolyte solution</i>	1	
<i>peg-3350 and electrolytes soln</i>	1	
PENTASA 250 MG CAPSULE	3	
PENTASA 500 MG CAPSULE	3	
PLENVU POWDER PACKETS	3	
<i>prochlorperazine 10 mg tab</i>	1	
<i>prochlorperazine 10 mg/2 ml vl</i>	3	
<i>prochlorperazine 25 mg supp</i>	1	
<i>prochlorperazine 5 mg tablet</i>	1	
PROCTO-MED HC 2.5% CREAM	1	
PROCTO-PAK 1% CREAM	1	
PROCTOSOL-HC 2.5% CREAM	1	
PROCTOZONE-HC 2.5% CREAM	1	
RECTIV 0.4% OINTMENT	3	QL 30/30
RELISTOR 12 MG/0.6 ML SYRINGE	4	PA
RELISTOR 12 MG/0.6 ML VIAL	4	PA
RELISTOR 8 MG/0.4 ML SYRINGE	4	PA
RENFLIXIS 100 MG VIAL	4	PA,B/D
SANCUSO 3.1 MG/24 HR PATCH	4	QL 4/28

Drug Name	Drug Tier	Requirements / Limits
<i>scopolamine 1 mg/3 day patch</i>	3	QL 10/30
<i>sulfasalazine 500 mg tablet</i>	1	
<i>sulfasalazine dr 500 mg tab</i>	1	
SUPREP BOWEL PREP KIT	2	
TRILYTE WITH FLAVOR PACKETS	1	
TRULANCE 3 MG TABLET	3	
<i>ursodiol 250 mg tablet</i>	2	
<i>ursodiol 300 mg capsule</i>	2	
<i>ursodiol 500 mg tablet</i>	2	
VIBERZI 100 MG TABLET	3	PA,QL 60/30
VIBERZI 75 MG TABLET	3	PA,QL 60/30
ZENPEP DR 10,000 UNIT CAPSULE	2	
ZENPEP DR 15,000 UNIT CAPSULE	2	
ZENPEP DR 20,000 UNIT CAPSULE	2	
ZENPEP DR 25,000 UNIT CAPSULE	2	
ZENPEP DR 3,000 UNIT CAPSULE	2	
ZENPEP DR 40,000 UNIT CAPSULE	2	
ZENPEP DR 5,000 UNIT CAPSULE	2	
MISCELLANEOUS HORMONES		
ALDURAZYME 2.9 MG/5 ML VIAL	4	PA
ANADROL-50 TABLET	4	PA,DvE
<i>cabergoline 0.5 mg tablet</i>	2	
<i>calcitonin-salmon 200 units sp</i>	2	
<i>calcitriol 0.25 mcg capsule</i>	1	
<i>calcitriol 0.5 mcg capsule</i>	1	
<i>calcitriol 1 mcg/ml ampul</i>	3	
<i>calcitriol 1 mcg/ml solution</i>	1	
CEREZYME 400 UNITS VIAL	4	PA,B/D
<i>chorionic gonad 10,000 unit vl</i>	3	PA,DvE
<i>danazol 100 mg capsule</i>	3	
<i>danazol 200 mg capsule</i>	3	
<i>danazol 50 mg capsule</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>desmopressin 0.01% solution</i>	3	
<i>desmopressin 10 mcg/0.1 ml spr</i>	3	
<i>desmopressin 40 mcg/10 ml vial</i>	3	
<i>desmopressin acetate 0.1 mg tb</i>	2	
<i>desmopressin acetate 0.2 mg tb</i>	2	
<i>doxercalciferol 0.5 mcg cap</i>	3	QL 90/30
<i>doxercalciferol 1 mcg capsule</i>	3	QL 240/30
<i>doxercalciferol 2.5 mcg cap</i>	3	QL 120/30
<i>doxercalciferol 4 mcg/2 ml vl</i>	3	
ELAPRASE 6 MG/3 ML VIAL	4	PA
FABRAZYME 35 MG VIAL	4	PA,B/D
FABRAZYME 5 MG VIAL	4	PA,B/D
KORLYM 300 MG TABLET	4	PA,QL 120/30
KUVAN 100 MG POWDER PACKET	4	PA
KUVAN 100 MG TABLET	4	PA
KUVAN 500 MG POWDER PACKET	4	PA
LUMIZYME 50 MG VIAL	4	PA,B/D
MIACALCIN 400 UNIT/2 ML VIAL	4	
<i>miglustat 100 mg capsule</i>	4	QL 90/30
NAGLAZYME 5 MG/5 ML VIAL	4	PA
NATPARA 100 MCG DOSE CARTRIDGE	4	PA,QL 2/28
NATPARA 25 MCG DOSE CARTRIDGE	4	PA,QL 2/28
NATPARA 50 MCG DOSE CARTRIDGE	4	PA,QL 2/28
NATPARA 75 MCG DOSE CARTRIDGE	4	PA,QL 2/28
<i>oxandrolone 10 mg tablet</i>	3	PA,QL 60/30,DvE
<i>oxandrolone 2.5 mg tablet</i>	2	PA,QL 120/30,DvE
<i>pamidronate 30 mg/10 ml vial</i>	3	PA,B/D
<i>pamidronate 60 mg/10 ml vial</i>	3	PA,B/D
<i>pamidronate 90 mg/10 ml vial</i>	3	PA,B/D
<i>pamidronate disod 30 mg vial</i>	3	PA,B/D
<i>pamidronate disod 90 mg vial</i>	3	PA,B/D
<i>paricalcitol 1 mcg capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>paricalcitol 2 mcg capsule</i>	1	
<i>paricalcitol 4 mcg capsule</i>	3	
SAMSCA 15 MG TABLET	4	PA,QL 30/30
SAMSCA 30 MG TABLET	4	PA,QL 60/30
SENSIPAR 30 MG TABLET	3	QL 60/30
SENSIPAR 60 MG TABLET	3	QL 60/30
SENSIPAR 90 MG TABLET	3	QL 120/30
SOMAVERT 10 MG VIAL	4	PA,QL 30/30
SOMAVERT 15 MG VIAL	4	PA,QL 30/30
SOMAVERT 20 MG VIAL	4	PA,QL 30/30
SOMAVERT 25 MG VIAL	4	PA,QL 30/30
SOMAVERT 30 MG VIAL	4	PA,QL 30/30
STIMATE 1.5 MG/ML NASAL SPRAY	4	
SYNAREL 2 MG/ML NASAL SPRAY	4	PA
<i>testosterone cyp 1,000 mg/10 ml</i>	2	
<i>testosterone enan 1,000 mg/5 ml</i>	3	
<i>testosterone 12.5 mg/1.25 gram</i>	3	PA,QL 300/30
<i>testosterone 25 mg/2.5 gm pkt</i>	3	PA,QL 300/30
<i>testosterone 50 mg/5 gram pkt</i>	3	PA,QL 300/30
<i>testosterone cyp 200 mg/ml</i>	2	
<i>zoledronic acid 4 mg/5 ml vial</i>	3	PA,QL 15/21,B/D
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AUSTEDO 12 MG TABLET	4	PA,QL 120/30
AUSTEDO 6 MG TABLET	4	PA,QL 60/30
AUSTEDO 9 MG TABLET	4	PA,QL 120/30
COPAXONE 20 MG/ML SYRINGE	4	PA,QL 30/30

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Drug Name	Drug Tier	Requirements / Limits
COPAXONE 40 MG/ML SYRINGE	4	PA,QL 12/28
<i>dalfampridine er 10 mg tablet</i>	2	PA,QL 60/30
<i>donepezil hcl 10 mg tablet</i>	1	QL 60/30
<i>donepezil hcl 23 mg tablet</i>	3	QL 30/30
<i>donepezil hcl 5 mg tablet</i>	1	QL 30/30
<i>donepezil hcl odt 10 mg tablet</i>	1	QL 60/30
<i>donepezil hcl odt 5 mg tablet</i>	1	QL 30/30
FIRDAPSE 10 MG TABLET	4	PA
<i>galantamine 4 mg/ml oral soln</i>	3	QL 200/30
<i>galantamine er 16 mg capsule</i>	3	QL 30/30
<i>galantamine er 24 mg capsule</i>	3	QL 30/30
<i>galantamine er 8 mg capsule</i>	3	QL 30/30
<i>galantamine hbr 12 mg tablet</i>	3	QL 60/30
<i>galantamine hbr 4 mg tablet</i>	3	QL 60/30
<i>galantamine hbr 8 mg tablet</i>	3	QL 60/30
GILENYA 0.5 MG CAPSULE	4	PA,QL 30/30
<i>memantine 5-10 mg titration pk</i>	2	PA if <27 yrs old,QL 98/365
<i>memantine hcl 10 mg tablet</i>	1	PA if <27 yrs old,QL 60/30
<i>memantine hcl 2 mg/ml solution</i>	1	PA if <27 yrs old,QL 300/30
<i>memantine hcl 5 mg tablet</i>	1	PA if <27 yrs old,QL 90/30
<i>memantine hcl er 14 mg capsule</i>	3	PA if <27 yrs old,QL 30/30
<i>memantine hcl er 21 mg capsule</i>	3	PA if <27 yrs old,QL 30/30
<i>memantine hcl er 28 mg capsule</i>	3	PA if <27 yrs old,QL 30/30
<i>memantine hcl er 7 mg capsule</i>	3	PA if <27 yrs old,QL 30/30

Drug Name	Drug Tier	Requirements / Limits
NAMZARIC 14 MG-10 MG CAPSULE	2	PA if <27 yrs old
NAMZARIC 21 MG-10 MG CAPSULE	2	PA if <27 yrs old
NAMZARIC 28 MG-10 MG CAPSULE	2	PA if <27 yrs old
NAMZARIC 7 MG-10 MG CAPSULE	2	PA if <27 yrs old
NAMZARIC TITRATION PACK	2	PA if <27 yrs old,QL 56/365
NUEDEXTA 20-10 MG CAPSULE	3	PA,QL 60/30,DvE
<i>rivastigmine 1.5 mg capsule</i>	3	QL 60/30
<i>rivastigmine 13.3 mg/24hr ptch</i>	3	QL 30/30
<i>rivastigmine 3 mg capsule</i>	3	QL 60/30
<i>rivastigmine 4.5 mg capsule</i>	3	QL 60/30
<i>rivastigmine 4.6 mg/24hr patch</i>	3	QL 30/30
<i>rivastigmine 6 mg capsule</i>	3	QL 60/30
<i>rivastigmine 9.5 mg/24hr patch</i>	3	QL 30/30
TECFIDERA DR 120 MG CAPSULE	4	PA,QL 14/30
TECFIDERA DR 240 MG CAPSULE	4	PA,QL 60/30
TECFIDERA STARTER PACK	4	PA,QL 120/365
<i>tetrabenazine 12.5 mg tablet</i>	4	PA,QL 90/30
<i>tetrabenazine 25 mg tablet</i>	4	PA,QL 120/30
TYSABRI 300 MG/15 ML VIAL	4	PA,QL 15/28
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
AMINOSYN 10% IV SOLUTION	3	PA,B/D
AMINOSYN 8.5% IV SOLUTION	3	PA,B/D
AMINOSYN II 10% IV SOLUTION	3	PA,B/D
AMINOSYN II 15% IV SOLUTION	3	PA,B/D
AMINOSYN M 3.5% IV SOLUTION	3	PA,B/D
AMINOSYN-PF 10% IV SOLUTION	3	PA,B/D
AMINOSYN-PF 7% IV SOLUTION	3	PA,B/D
CLINIMIX 4.25%-10% SOLUTION	3	PA,B/D
CLINIMIX 4.25%-25% SOLUTION	3	PA,B/D

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Drug Name	Drug Tier	Requirements / Limits
CLINIMIX 5%-15% SOLUTION	3	PA,B/D
CLINIMIX 5%-20% SOLUTION	3	PA,B/D
CLINIMIX 5%-25% SOLUTION	3	PA,B/D
CLINIMIX E 4.25%-10% SOLUTION	3	PA,B/D
CLINIMIX E 4.25%-25% SOLUTION	3	PA,B/D
CLINIMIX N9G15E 2.75%-D7.5W	3	PA,B/D
CLINISOL 15% SOLUTION	3	PA,B/D
FREAMINE HBC 6.9% IV SOLN	3	PA,B/D
FREAMINE III 10% IV SOLN.	3	PA,B/D
HEPATAMINE 8% IV SOLUTION	3	PA,B/D
INTRALIPID 20% IV FAT EMUL	3	PA,B/D
INTRALIPID 30% IV FAT EMUL	3	PA,B/D
KABIVEN IV EMULSION	3	PA,B/D
NEPHRAMINE 5.4% IV SOLUTION	3	PA,B/D
NORMOSOL-M AND DEXTROSE 5%	3	PA,B/D
NORMOSOL-R PH 7.4 IV SOLUTION	3	PA,B/D
NUTRILIPID 20% IV FAT EMULSION	3	PA,B/D
PERIKABIVEN IV EMULSION	3	PA,B/D
PLENAMINE 15% SOLUTION	3	PA,B/D
PREMASOL 10% IV SOLUTION	3	PA,B/D
PREMASOL 6% IV SOLUTION	3	PA,B/D
PROCALAMINE IV SOLUTION	3	PA,B/D
PROSOL 20% INJECTION	3	PA,B/D
TRAVASOL 10% SOLN VIAFLEX	3	PA,B/D
TROPHAMINE 10% IV SOLUTION	3	PA,B/D
TROPHAMINE 6% IV SOLUTION	3	PA,B/D
MISCELLANEOUS OB/GYN		
<i>clindamycin 2% vaginal cream</i>	2	
<i>metronidazole vaginal 0.75% gl</i>	2	
<i>terconazole 0.4% cream</i>	2	
<i>terconazole 0.8% cream</i>	2	
<i>terconazole 80 mg suppository</i>	2	
<i>tranexamic acid 650 mg tablet</i>	2	
VANDAZOLE VAGINAL 0.75% GEL	2	

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine 1% eye drops</i>	2	
<i>azelastine hcl 0.05% drops</i>	1	
BLEPHAMIDE EYE DROPS	2	
BLEPHAMIDE EYE OINTMENT	2	
<i>cromolyn 4% eye drops</i>	1	
CYSTARAN 0.44% EYE DROPS	4	PA,QL 60/28
<i>epinastine hcl 0.05% eye drops</i>	2	
LACRISERT 5 MG EYE INSERT	3	
<i>olopatadine hcl 0.1% eye drops</i>	2	
<i>olopatadine hcl 0.2% eye drop</i>	2	
PAZEO 0.7% EYE DROPS	2	
PHOSPHOLINE IODIDE 0.125%	3	
<i>pilocarpine 1% eye drops</i>	2	
<i>pilocarpine 2% eye drops</i>	2	
<i>pilocarpine 4% eye drops</i>	2	
<i>sulfacetamide 10% eye drops</i>	1	
<i>sulf-pred 10-0.23% eye drops</i>	1	
<i>tropicamide 0.5% eye drops</i>	1	
<i>tropicamide 1% eye drops</i>	1	
XIIDRA 5% EYE DROPS	2	QL 60/30
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid 2% ear solution</i>	1	
FLAC OTIC OIL 0.01% EAR DROP	3	
<i>fluocinolone oil 0.01% ear drp</i>	3	
<i>hydrocortison-acetic acid soln</i>	1	
MISCELLANEOUS UROLOGICALS		
<i>bethanechol 10 mg tablet</i>	1	
<i>bethanechol 25 mg tablet</i>	1	
<i>bethanechol 5 mg tablet</i>	1	
<i>bethanechol 50 mg tablet</i>	1	
CYSTAGON 150 MG CAPSULE	3	
CYSTAGON 50 MG CAPSULE	3	
ELMIRON 100 MG CAPSULE	3	
<i>phenazopyridine 100 mg tab</i>	1	
<i>phenazopyridine 200 mg tab</i>	1	
<i>potassium citrate er 10 meq tb</i>	3	
<i>potassium citrate er 15 meq tb</i>	3	
<i>potassium citrate er 5 meq tab</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen 10 mg tablet</i>	1	
<i>baclofen 20 mg tablet</i>	1	
<i>baclofen 5 mg tablet</i>	1	
<i>cyclobenzaprine 10 mg tablet</i>	2	PA,PA (HRM)
<i>cyclobenzaprine 5 mg tablet</i>	2	PA,PA (HRM)
<i>dantrolene sodium 100 mg cap</i>	2	
<i>dantrolene sodium 25 mg cap</i>	2	
<i>dantrolene sodium 50 mg cap</i>	2	
<i>methocarbamol 500 mg tablet</i>	1	PA,PA (HRM)
<i>methocarbamol 750 mg tablet</i>	1	PA,PA (HRM)
<i>pyridostigmine br 60 mg tablet</i>	2	
<i>pyridostigmine er 180 mg tab</i>	2	
REGONOL 10 MG/2 ML AMPUL	3	
<i>tizanidine hcl 2 mg capsule</i>	3	
<i>tizanidine hcl 2 mg tablet</i>	1	
<i>tizanidine hcl 4 mg capsule</i>	3	
<i>tizanidine hcl 4 mg tablet</i>	1	
<i>tizanidine hcl 6 mg capsule</i>	3	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminop-codeine 120-12 mg/5</i>	1	QL 2700/30,*
<i>acetaminophen-cod #2 tablet</i>	1	QL 360/30,*
<i>acetaminophen-cod #3 tablet</i>	1	QL 360/30,*
<i>acetaminophen-cod #4 tablet</i>	1	QL 180/30,*
ASCOMP WITH CODEINE CAPSULE	3	PA,QL 180/30,PA (HRM)*
<i>buprenorphine 0.3 mg/ml crpjct</i>	3	QL 150/30,*
<i>buprenorphine 0.3 mg/ml vial</i>	3	QL 150/30,*
<i>buprenorphine 10 mcg/hr patch</i>	3	QL 4/28,*
<i>buprenorphine 15 mcg/hr patch</i>	3	QL 4/28,*

Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine 2 mg tablet sl</i>	3	PA,QL 90/30
<i>buprenorphine 20 mcg/hr patch</i>	3	QL 4/28,*
<i>buprenorphine 5 mcg/hr patch</i>	3	QL 4/28,*
<i>buprenorphine 7.5 mcg/hr patch</i>	3	QL 4/28,*
<i>buprenorphine 8 mg tablet sl</i>	3	PA,QL 90/30
<i>butalb-acetamin-caff 50-300-40</i>	2	PA,QL 180/30,PA (HRM)
<i>butalb-acetamin-caff 50-325-40</i>	2	PA,QL 180/30,PA (HRM)
<i>butalb-acetaminoph-caff-codein</i>	3	PA,QL 180/30,PA (HRM)*
<i>butalb-caff-acetaminoph-codein</i>	3	PA,QL 180/30,PA (HRM)*
<i>butalbital comp-codeine #3 cap</i>	3	PA,QL 180/30,PA (HRM)*
<i>butalbital-asa-caffeine cap</i>	3	PA,QL 180/30,PA (HRM)
DURAMORPH 10 MG/10 ML AMPUL	3	PA,QL 180/30,B/D *
DURAMORPH 5 MG/10 ML AMPUL	3	PA,QL 180/30,B/D *
ENDOCET 10-325 MG TABLET	2	QL 180/30,*
ENDOCET 2.5-325 MG TABLET	2	QL 360/30,*
ENDOCET 5-325 TABLET	2	QL 360/30,*
ENDOCET 7.5-325 MG TABLET	2	QL 240/30,*
ESGIC CAPSULE	2	PA,QL 180/30,PA (HRM)
<i>fentanyl 1,000 mcg/20 ml ampul</i>	3	PA,B/D*
<i>fentanyl 100 mcg/2 ml carpujct</i>	3	PA,B/D*

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Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl 100 mcg/hr patch</i>	3	QL 10/30,*
<i>fentanyl 12 mcg/hr patch</i>	3	QL 10/30,*
<i>fentanyl 2,500 mcg/50 ml vial</i>	3	PA,B/D*
<i>fentanyl 25 mcg/hr patch</i>	3	QL 10/30,*
<i>fentanyl 250 mcg/5 ml vial</i>	3	PA,B/D*
<i>fentanyl 37.5 mcg/hr patch</i>	3	QL 10/30,*
<i>fentanyl 50 mcg/hr patch</i>	3	QL 10/30,*
<i>fentanyl 62.5 mcg/hr patch</i>	3	QL 10/30,*
<i>fentanyl 75 mcg/hr patch</i>	3	QL 10/30,*
<i>fentanyl 87.5 mcg/hr patch</i>	3	QL 10/30,*
<i>fentanyl cit otfc 1,200 mcg</i>	4	PA,QL 120/30,*
<i>fentanyl cit otfc 1,600 mcg</i>	4	PA,QL 120/30,*
<i>fentanyl citrate otfc 200 mcg</i>	3	PA,QL 120/30,*
<i>fentanyl citrate otfc 400 mcg</i>	3	PA,QL 120/30,*
<i>fentanyl citrate otfc 600 mcg</i>	3	PA,QL 120/30,*
<i>fentanyl citrate otfc 800 mcg</i>	4	PA,QL 120/30,*
<i>hydrocodone-acetamin 10-325 mg</i>	2	QL 180/30,*
<i>hydrocodone-acetamin 5-325 mg</i>	2	QL 360/30,*
<i>hydrocodone-acetamin 7.5-325</i>	2	QL 180/30,*
<i>hydrocodone-acetamin 7.5-325/15</i>	2	QL 2700/30,*
<i>hydrocodone-ibuprofen 10-200</i>	2	QL 150/30,*
<i>hydrocodone-ibuprofen 5-200 mg</i>	2	QL 150/30,*
<i>hydrocodone-ibuprofen 7.5-200</i>	2	QL 150/30,*
<i>hydromorphone 1 mg/ml solution</i>	2	QL 1200/30,*
<i>hydromorphone 1 mg/ml syringe</i>	3	*
<i>hydromorphone 10 mg/ml vial</i>	3	*
<i>hydromorphone 2 mg tablet</i>	2	QL 180/30,*

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone 2 mg/ml isecure</i>	3	*
<i>hydromorphone 2 mg/ml vial</i>	3	*
<i>hydromorphone 4 mg tablet</i>	2	QL 180/30,*
<i>hydromorphone 4 mg/ml carpujct</i>	3	*
<i>hydromorphone 50 mg/5 ml vial</i>	3	*
<i>hydromorphone 8 mg tablet</i>	2	QL 120/30,*
INFUMORPH 200 MG/20 ML AMPUL	3	QL 200/30,*
INFUMORPH 500 MG/20 ML AMPUL	3	QL 200/30,*
LORCET 5-325 MG TABLET	2	QL 360/30,*
LORCET HD 10-325 MG TABLET	2	QL 180/30,*
LORCET PLUS 7.5-325 MG TABLET	2	QL 180/30,*
<i>methadone 10 mg/5 ml solution</i>	2	QL 450/30,*
<i>methadone 10 mg/ml oral conc</i>	2	QL 500/30,*
<i>methadone 5 mg/5 ml solution</i>	2	QL 600/30,*
<i>methadone hcl 10 mg tablet</i>	2	QL 120/30,*
<i>methadone hcl 10 mg/ml vial</i>	3	QL 150/30,*
<i>methadone hcl 5 mg tablet</i>	2	QL 180/30,*
METHADONE INTENSOL 10 MG/ML	2	QL 500/30,*
MITIGO 200 MG/20 ML VIAL	3	QL 200/30,*
MITIGO 500 MG/20 ML VIAL	3	QL 200/30,*
<i>morphine 10 mg/10 ml vial</i>	3	PA,QL 180/30,B/D *
<i>morphine 10 mg/ml isecure syrg</i>	3	PA,QL 240/30,B/D *



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Drug Name	Drug Tier	Requirements / Limits
<i>morphine 10 mg/ml syringe</i>	3	PA,QL 240/30,B/D *
<i>morphine 2 mg/ml isecure syr</i>	3	PA,QL 1200/30,B/ D*
<i>morphine 2 mg/ml syringe</i>	3	PA,QL 1200/30,B/ D*
<i>morphine 4 mg/ml isecure syr</i>	3	PA,QL 480/30,B/D *
<i>morphine 4 mg/ml syringe</i>	3	PA,QL 480/30,B/D *
<i>morphine 5 mg/10 ml vial</i>	3	PA,QL 180/30,B/D *
<i>morphine 5 mg/ml syringe</i>	3	PA,B/D*
<i>morphine 5 mg/ml vial</i>	3	PA,B/D*
<i>morphine 8 mg/ml isecure syrng</i>	3	PA,QL 250/30,B/D *
<i>morphine 8 mg/ml syringe</i>	3	PA,QL 250/30,B/D *
<i>morphine sulf 10 mg/5 ml soln</i>	1	QL 700/30,*
<i>morphine sulf 100 mg/5 ml conc</i>	1	QL 240/30,*
<i>morphine sulf 20 mg/5 ml soln</i>	1	QL 900/30,*
<i>morphine sulf er 100 mg tablet</i>	2	QL 90/30,*
<i>morphine sulf er 15 mg tablet</i>	2	QL 90/30,*
<i>morphine sulf er 200 mg tablet</i>	2	QL 90/30,*
<i>morphine sulf er 30 mg tablet</i>	2	QL 90/30,*
<i>morphine sulf er 60 mg tablet</i>	2	QL 90/30,*
<i>morphine sulfate 1 mg/ml vial</i>	3	PA,B/D*
<i>morphine sulfate 10 mg/ml vial</i>	3	PA,QL 240/30,B/D *
<i>morphine sulfate 4 mg/ml vial</i>	3	PA,QL 480/30,B/D *

Drug Name	Drug Tier	Requirements / Limits
<i>morphine sulfate 5 mg/ml vial</i>	3	PA,QL 700/30,B/D *
<i>morphine sulfate 8 mg/ml vial</i>	3	PA,QL 250/30,B/D *
<i>morphine sulfate ir 15 mg tab</i>	2	QL 120/30,*
<i>morphine sulfate ir 30 mg tab</i>	2	QL 120/30,*
<i>nalbuphine 100 mg/10 ml vial</i>	3	QL 180/30,*
<i>nalbuphine 200 mg/10 ml vial</i>	3	QL 90/30,*
<i>oxycodone-acetaminophen 2.5-325</i>	2	QL 360/30,*
<i>oxycodone-acetaminophen 7.5-325</i>	2	QL 240/30,*
<i>oxycodone hcl 10 mg tablet</i>	2	QL 180/30,*
<i>oxycodone hcl 100 mg/5 ml conc</i>	2	QL 120/30,*
<i>oxycodone hcl 15 mg tablet</i>	2	QL 180/30,*
<i>oxycodone hcl 20 mg tablet</i>	2	QL 180/30,*
<i>oxycodone hcl 30 mg tablet</i>	2	QL 180/30,*
<i>oxycodone hcl 5 mg tablet</i>	2	QL 180/30,*
<i>oxycodone hcl 5 mg/5 ml soln</i>	2	QL 1200/30,*
<i>oxycodone-acetaminophen 10-325</i>	2	QL 180/30,*
<i>oxycodone-acetaminophen 5-325</i>	2	QL 360/30,*
<i>oxycodone-aspirin 4.8355-325</i>	2	QL 180/30,*
<i>oxycodone-ibuprofen 5-400 tab</i>	2	QL 28/30,*
VICODIN ES 7.5-300 MG TABLET	2	QL 180/30,*
VICODIN HP 10-300 MG TABLET	2	QL 180/30,*
XTAMPZA ER 13.5 MG CAPSULE	2	QL 60/30,*

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Drug Name	Drug Tier	Requirements / Limits
XTAMPZA ER 18 MG CAPSULE	2	QL 60/30,*
XTAMPZA ER 27 MG CAPSULE	2	QL 60/30,*
XTAMPZA ER 36 MG CAPSULE	2	QL 60/30,*
XTAMPZA ER 9 MG CAPSULE	2	QL 60/30,*
ZEBUTAL 50-325-40 MG CAPSULE	2	PA,QL 180/30,PA (HRM)

### NITRATES

<i>isosorbide dinitr er 40 mg tab</i>	1	
<i>isosorbide dinitrate 10 mg tab</i>	2	
<i>isosorbide dinitrate 20 mg tab</i>	2	
<i>isosorbide dinitrate 30 mg tab</i>	2	
<i>isosorbide dinitrate 5 mg tab</i>	2	
<i>isosorbide mononit 10 mg tab</i>	1	
<i>isosorbide mononit 20 mg tab</i>	1	
<i>isosorbide mononit er 120 mg</i>	1	
<i>isosorbide mononit er 30 mg tb</i>	1	
<i>isosorbide mononit er 60 mg tb</i>	1	
MINITRAN 0.1 MG/HR PATCH	1	
MINITRAN 0.2 MG/HR PATCH	1	
MINITRAN 0.4 MG/HR PATCH	1	
MINITRAN 0.6 MG/HR PATCH	1	
<i>nitroglycerin 0.1 mg/hr patch</i>	1	
<i>nitroglycerin 0.2 mg/hr patch</i>	1	
<i>nitroglycerin 0.3 mg tablet sl</i>	1	
<i>nitroglycerin 0.4 mg tablet sl</i>	1	
<i>nitroglycerin 0.4 mg/hr patch</i>	1	
<i>nitroglycerin 0.6 mg tablet sl</i>	1	
<i>nitroglycerin 0.6 mg/hr patch</i>	1	
<i>nitroglycerin 5 mg/ml vial</i>	3	
<i>nitroglycerin lingual 0.4 mg</i>	3	

### NON-NARCOTIC ANALGESICS

<i>bupreno-nalox 2-0.5 mg sl film</i>	3	QL 90/30
<i>buprenor-nalox 12-3 mg sl film</i>	3	QL 60/30
<i>buprenorphin-naloxon 8-2 mg sl</i>	1	QL 90/30
<i>buprenorphn-naloxn 2-0.5 mg sl</i>	1	QL 90/30
<i>buprenorp-nalox 4-1 mg sl film</i>	3	QL 90/30
<i>buprenorp-nalox 8-2 mg sl film</i>	3	QL 90/30
<i>butorphanol 1 mg/ml vial</i>	3	QL 480/30,*

Drug Name	Drug Tier	Requirements / Limits
<i>butorphanol 10 mg/ml spray</i>	1	QL 5/30,*
<i>butorphanol 2 mg/ml vial</i>	3	QL 240/30,*
<i>celecoxib 100 mg capsule</i>	1	QL 60/30
<i>celecoxib 200 mg capsule</i>	1	QL 60/30
<i>celecoxib 400 mg capsule</i>	1	QL 30/30
<i>celecoxib 50 mg capsule</i>	1	QL 60/30
<i>diclofenac 1.5% topical soln</i>	3	QL 450/28
<i>diclofenac pot 50 mg tablet</i>	1	
<i>diclofenac sod ec 25 mg tab</i>	1	
<i>diclofenac sod ec 50 mg tab</i>	1	
<i>diclofenac sod ec 75 mg tab</i>	1	
<i>diclofenac sod er 100 mg tab</i>	1	
<i>diclofenac sodium 1% gel</i>	2	QL 1000/30
<i>diflunisal 500 mg tablet</i>	1	
<i>etodolac 200 mg capsule</i>	3	
<i>etodolac 300 mg capsule</i>	3	
<i>etodolac 400 mg tablet</i>	3	
<i>etodolac 500 mg tablet</i>	3	
<i>etodolac er 400 mg tablet</i>	3	
<i>etodolac er 500 mg tablet</i>	3	
<i>etodolac er 600 mg tablet</i>	3	
<i>flurbiprofen 100 mg tablet</i>	1	
<i>flurbiprofen 50 mg tablet</i>	1	
IBU 600 MG TABLET	1	
IBU 800 MG TABLET	1	
<i>ibuprofen 100 mg/5 ml susp</i>	1	
<i>ibuprofen 400 mg tablet</i>	1	
<i>ibuprofen 600 mg tablet</i>	1	
<i>ibuprofen 800 mg tablet</i>	1	
<i>meloxicam 15 mg tablet</i>	1	
<i>meloxicam 7.5 mg tablet</i>	1	
<i>nabumetone 500 mg tablet</i>	1	
<i>nabumetone 750 mg tablet</i>	1	
<i>naloxone 0.4 mg/ml vial</i>	1	
<i>naloxone 2 mg/2 ml syringe</i>	1	
<i>naltrexone 50 mg tablet</i>	1	
<i>naproxen 125 mg/5 ml suspen</i>	2	
<i>naproxen 250 mg tablet</i>	1	
<i>naproxen 375 mg tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>naproxen 500 mg tablet</i>	1	
<i>naproxen dr 375 mg tablet</i>	1	
<i>naproxen dr 500 mg tablet</i>	1	
<i>naproxen sodium 275 mg tab</i>	3	
<i>naproxen sodium 550 mg tab</i>	3	
NARCAN 4 MG NASAL SPRAY	2	QL 4/30
<i>oxaprozin 600 mg tablet</i>	3	
<i>salsalate 500 mg tablet</i>	1	
<i>salsalate 750 mg tablet</i>	1	
SUBOXONE 12 MG-3 MG SL FILM	2	QL 60/30
SUBOXONE 2 MG-0.5 MG SL FILM	2	QL 90/30
SUBOXONE 4 MG-1 MG SL FILM	2	QL 90/30
SUBOXONE 8 MG-2 MG SL FILM	2	QL 90/30
<i>sulindac 150 mg tablet</i>	1	
<i>sulindac 200 mg tablet</i>	1	
<i>tramadol hcl 50 mg tablet</i>	1	QL 240/30,*
<i>tramadol-acetaminophn 37.5-325</i>	2	QL 240/30,*
VIVITROL 380 MG VIAL + DILUENT	4	PA
ZUBSOLV 0.7-0.18 MG TABLET SL	2	QL 30/30
ZUBSOLV 1.4-0.36 MG TABLET SL	2	QL 90/30
ZUBSOLV 11.4-2.9 MG TABLET SL	2	QL 30/30
ZUBSOLV 2.9-0.71 MG TABLET SL	2	QL 90/30
ZUBSOLV 5.7-1.4 MG TABLET SL	2	QL 90/30
ZUBSOLV 8.6-2.1 MG TABLET SL	2	QL 90/30
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac sodium 0.09% eye drp</i>	3	
<i>diclofenac 0.1% eye drops</i>	1	
<i>flurbiprofen 0.03% eye drop</i>	1	
<i>ketorolac 0.4% ophth solution</i>	1	
<i>ketorolac 0.5% ophth solution</i>	1	
PROLENSA 0.07% EYE DROPS	2	

Drug Name	Drug Tier	Requirements / Limits
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
ALTAVERA-28 TABLET	1	
ALYACEN 1-35 28 TABLET	1	
ALYACEN 7-7-7-28 TABLET	1	
AMETHIA 0.15-0.03-0.01 MG TAB	1	
AMETHIA LO TABLET	1	
APRI 28 DAY TABLET	1	
ARANELLE 28 TABLET	1	
ASHLYNA 0.15-0.03-0.01 MG TAB	1	
AUBRA-28 TABLET	1	
AVIANE-28 TABLET	1	
AZURETTE 28 DAY TABLET	1	
BALZIVA 28 TABLET	1	
BEKYREE 28 DAY TABLET	1	
BLISOVI FE 1.5-30 TABLET	1	
BLISOVI FE 1-20 TABLET	1	
BRIELLYN TABLET	1	
CAMRESE 0.15-0.03-0.01 MG TAB	1	
CAMRESE LO TABLET	1	
CAZIAN 28 DAY TABLET	1	
CHATEAL-28 TABLET	1	
CRYSSELLE-28 TABLET	1	
CYCLAFEM 1-35-28 TABLET	1	
CYCLAFEM 7-7-7-28 TABLET	1	
CYRED 28 DAY TABLET	1	
CYRED EQ 28 DAY TABLET	1	
DASETTA 1-35-28 TABLET	1	
DASETTA 7/7/7-28 TABLET	1	
DAYSEE 0.15-0.03-0.01 MG TAB	1	
DELYLA-28 TABLET	1	
<i>desogest-eth estra 0.15-0.03mg</i>	1	
<i>desogestr-eth estrad eth estra</i>	1	
ELINEST-28 TABLET	1	
ELLA 30 MG TABLET	2	
EMOQUETTE 28 DAY TABLET	1	
ENPRESSE-28 TABLET	1	
ENSKYCE 28 TABLET	1	
ESTARYLLA 0.25-0.035 MG TABLET	1	
<i>ethynodiol-eth estra 1mg-50mcg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FALMINA-28 TABLET	1	
FEMYNOR 28 TABLET	1	
HAILEY 24 FE 1 MG-20 MCG TAB	1	
INTROVALE 0.15-0.03 MG TABLET	1	
ISIBLOOM 28 DAY TABLET	1	
JOLESSA 0.15 MG-0.03 MG TABLET	1	
JULEBER 28 DAY TABLET	1	
JUNEL 1 MG-20 MCG TABLET	1	
JUNEL 1.5 MG-30 MCG TABLET	1	
JUNEL FE 1 MG-20 MCG TABLET	1	
JUNEL FE 1.5 MG-30 MCG TABLET	1	
KARIVA 28 DAY TABLET	1	
KELNOR 1-35 28 TABLET	1	
KELNOR 1-50 TABLET	1	
KURVELO TABLET	1	
LARIN 1.5 MG-30 MCG TABLET	1	
LARIN 21 1-20 TABLET	1	
LARIN FE 1.5-30 TABLET	1	
LARIN FE 1-20 TABLET	1	
LARISSIA-28 TABLET	1	
LESSINA-28 TABLET	1	
LEVONEST-28 TABLET	1	
<b>levono-e estrad 0.10-0.02-0.01</b>	1	
<b>levono-e estrad 0.15-0.03-0.01</b>	1	
<b>levonor-eth estrad 0.1-0.02 mg</b>	1	
<b>levonor-eth estrad 0.15-0.03</b>	1	
<b>levonor-eth estrad triphasic</b>	1	
LEVORA-28 TABLET	1	
LOW-OGESTREL-28 TABLET	1	
LUTERA-28 TABLET	1	
MARLISSA-28 TABLET	1	
MELODETTA 24 FE CHEWABLE TAB	1	
MIBELAS 24 FE CHEWABLE TABLET	1	
MICROGESTIN 21 1.5-30 TAB	1	
MICROGESTIN 21 1-20 TABLET	1	
MICROGESTIN FE 1.5-30 TAB	1	

Drug Name	Drug Tier	Requirements / Limits
MICROGESTIN FE 1-20 TABLET	1	
MILI 0.25-0.035 MG TABLET	1	
MONO-LINYAH 28 TABLET	1	
MYZILRA-28 TABLET	1	
NECON 0.5-35-28 TABLET	1	
<b>noreth-estrad-fe 1-0.02(21)-75</b>	1	
<b>norethind-eth estrad 1-0.02 mg</b>	1	
<b>norg-ee 0.18-0.215-0.25/0.035</b>	1	
<b>norg-ethin estra 0.25-0.035 mg</b>	1	
NORTREL 0.5-35-28 TABLET	1	
NORTREL 1-35 21 TABLET	1	
NORTREL 1-35 28 TABLET	1	
NORTREL 7-7-7-28 TABLET	1	
OGESTREL TABLET	2	
ORSYTHIA-28 TABLET	1	
PHILITH 0.4-0.035 MG TABLET	1	
PIMTREA 28 DAY TABLET	1	
PIRMELLA 1-35-28 TABLET	1	
PIRMELLA 7-7-7-28 TABLET	1	
PORTIA-28 TABLET	1	
PREVIFEM TABLET	1	
QUASENSE 0.15-0.03 MG TABLET	1	
RECLIPSEN 28 DAY TABLET	1	
SETLAKIN 0.15 MG-0.03 MG TAB	1	
SPRINTEC 28 DAY TABLET	1	
SRONYX 0.10-0.02 MG TABLET	1	
TARINA FE 1-20 TABLET	1	
TILIA FE 28 TABLET	1	
TRI-ESTARYLLA TABLET	1	
TRI-LEGEST FE-28 DAY TABLET	1	
TRI-LINYAH TABLET	1	
TRI-MILI 28 TABLET	1	
TRINESSA TABLET	1	
TRI-PREVIFEM TABLET	1	
TRI-SPRINTEC TABLET	1	
TRIVORA-28 TABLET	1	
TRI-VYLIBRA 28 TABLET	1	
TYDEMY TABLET	1	
VELIVET 28 DAY TABLET	1	

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
VIENVA-28 TABLET	1	
VIORELE 28 DAY TABLET	1	
VYFEMLA 28 TABLET	1	
VYLIBRA 28 TABLET	1	
WERA 0.5/0.035 MG 28 TABLET	1	
ZOVIA 1-35E TABLET	1	

### ORAL DRUGS FOR GLAUCOMA

<i>acetazolamide 125 mg tablet</i>	2	
<i>acetazolamide 250 mg tablet</i>	2	
<i>acetazolamide er 500 mg cap</i>	2	
<i>methazolamide 25 mg tablet</i>	3	
<i>methazolamide 50 mg tablet</i>	3	

### OSTEOPOROSIS THERAPY

<i>alendronate sodium 10 mg tab</i>	1	QL 30/30
<i>alendronate sodium 35 mg tab</i>	1	QL 4/28
<i>alendronate sodium 5 mg tablet</i>	1	QL 30/30
<i>alendronate sodium 70 mg tab</i>	1	QL 4/28
BINOSTO 70 MG TABLET EFF	3	
FORTEO 600 MCG/2.4 ML PEN INJ	4	PA,QL 2.4/28
<i>ibandronate sodium 150 mg tab</i>	1	QL 1/28
PROLIA 60 MG/ML SYRINGE	3	QL 1/180
<i>raloxifene hcl 60 mg tablet</i>	1	QL 30/30
<i>risedronate sodium 150 mg tab</i>	2	QL 1/30
<i>risedronate sodium 30 mg tab</i>	2	QL 30/30
<i>risedronate sodium 35 mg tab</i>	2	QL 4/28
<i>risedronate sodium 5 mg tablet</i>	2	QL 30/30
TYMLOS 80 MCG DOSE PEN INJECTR	4	PA,QL 1.56/30

### OTHER GLAUCOMA DRUGS

<i>acetazolamide sod 500 mg vial</i>	3	
AZOPT 1% EYE DROPS	2	
<i>bimatoprost 0.03% eye drops</i>	1	QL 5/30
COMBIGAN 0.2%-0.5% EYE DROPS	2	
<i>dorzolamide hcl 2% eye drops</i>	1	
<i>dorzolamide-timolol eye drops</i>	1	
<i>latanoprost 0.005% eye drops</i>	1	
LUMIGAN 0.01% EYE DROPS	2	
SIMBRINZA 1%-0.2% EYE DROPS	3	

Drug Name	Drug Tier	Requirements / Limits
TRAVATAN Z 0.004% EYE DROP	2	
ZIOPTAN 0.0015% EYE DROPS	3	QL 30/30

### OTHER RHEUMATOLOGICALS

BENLYSTA 120 MG VIAL	4	PA,QL 30/28,B/D
BENLYSTA 400 MG VIAL	4	PA,QL 9/28,B/D
DEPEN 250 MG TITRATAB	4	
ENBREL 25 MG KIT	4	PA,QL 8/28
ENBREL 25 MG/0.5 ML SYRINGE	4	PA,QL 4.08/28
ENBREL 50 MG/ML MINI CARTRIDGE	4	PA,QL 8/28
ENBREL 50 MG/ML SURECLICK SYR	4	PA,QL 8/28
ENBREL 50 MG/ML SYRINGE	4	PA,QL 8/28
HUMIRA 10 MG/0.2 ML SYRINGE	4	PA,QL 2/28
HUMIRA 20 MG/0.4 ML SYRINGE	4	PA,QL 2/28
HUMIRA 40 MG/0.8 ML SYRINGE	4	PA,QL 4/28
HUMIRA PEDI CROHN 40 MG/0.8 ML	4	PA,QL 6/365
HUMIRA PEN 40 MG/0.8 ML	4	PA,QL 4/28
HUMIRA PEN CROHN-UC-HS 40 MG	4	PA,QL 12/365
HUMIRA PEN PS-UV-ADOL HS 40 MG	4	PA,QL 8/365
HUMIRA(CF) 10 MG/0.1 ML SYRING	4	PA,QL 2/28
HUMIRA(CF) 20 MG/0.2 ML SYRING	4	PA,QL 2/28
HUMIRA(CF) 40 MG/0.4 ML SYRING	4	PA,QL 4/28
HUMIRA(CF) PEDI CROHN 80-40 MG	4	PA,QL 4/365
HUMIRA(CF) PEDI CROHN 80MG/0.8	4	PA,QL 6/365
HUMIRA(CF) PEN 40 MG/0.4 ML	4	PA,QL 4/28
HUMIRA(CF) PEN CRHN-UC-HS 80MG	4	PA,QL 6/365
HUMIRA(CF) PEN PS-UV-AHS 80-40	4	PA,QL 6/365
<i>leflunomide 10 mg tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<b>leflunomide 20 mg tablet</b>	1	
ORENCIA 125 MG/ML SYRINGE	4	PA,QL 4/28
ORENCIA 50 MG/0.4 ML SYRINGE	4	PA,QL 4/28
ORENCIA 87.5 MG/0.7 ML SYRINGE	4	PA,QL 4/28
ORENCIA CLICKJECT 125 MG/ML	4	PA,QL 4/28
<b>penicillamine 250 mg capsule</b>	4	
RIDAURA 3 MG CAPSULE	3	
XELJANZ 10 MG TABLET	4	PA,QL 60/30
XELJANZ 5 MG TABLET	4	PA,QL 60/30
XELJANZ XR 11 MG TABLET	4	PA,QL 30/30

### OTIC STEROID / ANTIBIOTIC

CIPRO HC OTIC SUSPENSION	2	
CIPRODEX OTIC SUSPENSION	2	
COLY-MYCIN S OTIC SUSP DROP	3	
<b>neomycin-polymyxin-hc ear soln</b>	2	
<b>neomycin-polymyxin-hc ear susp</b>	2	

### PENICILLINS

<b>amox-clav 200-28.5 mg tab chew</b>	1	
<b>amox-clav 200-28.5 mg/5 ml sus</b>	1	
<b>amox-clav 250-125 mg tablet</b>	1	
<b>amox-clav 250-62.5 mg/5 ml sus</b>	1	
<b>amox-clav 400-57 mg tab chew</b>	1	
<b>amox-clav 400-57 mg/5 ml susp</b>	1	
<b>amox-clav 500-125 mg tablet</b>	1	
<b>amox-clav 600-42.9 mg/5 ml sus</b>	1	
<b>amox-clav 875-125 mg tablet</b>	1	
<b>amox-clav er 1,000-62.5 mg tab</b>	3	
<b>amoxicillin 125 mg tab chew</b>	1	
<b>amoxicillin 125 mg/5 ml susp</b>	1	
<b>amoxicillin 200 mg/5 ml susp</b>	1	
<b>amoxicillin 250 mg capsule</b>	1	
<b>amoxicillin 250 mg tab chew</b>	1	
<b>amoxicillin 250 mg/5 ml susp</b>	1	
<b>amoxicillin 400 mg/5 ml susp</b>	1	
<b>amoxicillin 500 mg capsule</b>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>amoxicillin 500 mg tablet</b>	1	
<b>amoxicillin 875 mg tablet</b>	1	
<b>ampicillin 1 gm add-vantage vl</b>	3	
<b>ampicillin 1 gm vial</b>	3	
<b>ampicillin 10 gm vial</b>	3	
<b>ampicillin 125 mg vial</b>	3	
<b>ampicillin 2 gm add-vantage vl</b>	3	
<b>ampicillin 2 gm vial</b>	3	
<b>ampicillin 250 mg vial</b>	3	
<b>ampicillin 500 mg capsule</b>	1	
<b>ampicillin 500 mg vial</b>	3	
<b>ampicillin-sulb 1.5 g add vial</b>	3	
<b>ampicillin-sulbactam 1.5 gm vl</b>	3	
<b>ampicillin-sulbactam 15 gm vl</b>	3	
<b>ampicillin-sulbactam 3 gm vial</b>	3	
AUGMENTIN 125-31.25 MG/5 ML	3	
BICILLIN L-A 1,200,000 UNITS	3	
BICILLIN L-A 2,400,000 UNITS	3	
BICILLIN L-A 600,000 UNIT/ML	3	
<b>dicloxacillin 250 mg capsule</b>	1	
<b>dicloxacillin 500 mg capsule</b>	1	
<b>nafcillin 1 gm add-van vial</b>	3	
<b>nafcillin 1 gm vial</b>	3	
<b>nafcillin 10 gm bulk vial</b>	3	
<b>nafcillin 2 gm add-vant vial</b>	3	
<b>nafcillin 2 gm vial</b>	3	
<b>oxacillin 1 gm vial</b>	3	
<b>oxacillin 10 gm vial</b>	3	
<b>oxacillin 2 gm vial</b>	3	
<b>penicillin g k 5 million unit</b>	3	
<b>penicillin gk 20 million unit</b>	3	
<b>penicillin vk 125 mg/5 ml soln</b>	1	
<b>penicillin vk 250 mg tablet</b>	1	
<b>penicillin vk 250 mg/5 ml soln</b>	1	
<b>penicillin vk 500 mg tablet</b>	1	
PFIZERPEN 20 MILLION UNIT VIAL	3	
PFIZERPEN 5 MILLION UNIT VIAL	3	
<b>piperacil-tazobact 13.5 gm vl</b>	3	
<b>piperacil-tazobact 2.25 gm vl</b>	3	

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Drug Name	Drug Tier	Requirements / Limits
<b><i>piperacil-tazobact 3.375 gm vl</i></b>	3	
<b><i>piperacil-tazobact 4.5 gm vial</i></b>	3	
<b><i>piperacil-tazobact 40.5 gram</i></b>	3	
ZOSYN 2.25 GM/50 ML GALAXY BAG	3	
ZOSYN 3.375 GM/50 ML GALAXY	3	
ZOSYN 4.5 GM/100 ML GALAXY BAG	3	

### PSYCHOTHERAPEUTIC DRUGS

ABILIFY MAINTENA ER 300 MG SYR	4	QL 1/28
ABILIFY MAINTENA ER 300 MG VL	4	QL 1/28
ABILIFY MAINTENA ER 400 MG SYR	4	QL 1/28
ABILIFY MAINTENA ER 400 MG VL	4	QL 1/28
<b><i>alprazolam 0.25 mg tablet</i></b>	1	QL 120/30
<b><i>alprazolam 0.5 mg tablet</i></b>	1	QL 120/30
<b><i>alprazolam 1 mg tablet</i></b>	1	QL 120/30
<b><i>alprazolam 2 mg tablet</i></b>	1	QL 150/30
<b><i>alprazolam odt 0.25 mg tab</i></b>	2	QL 90/30
<b><i>alprazolam odt 0.5 mg tab</i></b>	2	QL 90/30
<b><i>alprazolam odt 1 mg tab</i></b>	2	QL 90/30
<b><i>alprazolam odt 2 mg tab</i></b>	2	QL 150/30
<b><i>amitriptyline hcl 10 mg tab</i></b>	2	PA,PA (HRM)
<b><i>amitriptyline hcl 100 mg tab</i></b>	2	PA,PA (HRM)
<b><i>amitriptyline hcl 150 mg tab</i></b>	2	PA,PA (HRM)
<b><i>amitriptyline hcl 25 mg tab</i></b>	2	PA,PA (HRM)
<b><i>amitriptyline hcl 50 mg tab</i></b>	2	PA,PA (HRM)
<b><i>amitriptyline hcl 75 mg tab</i></b>	2	PA,PA (HRM)
<b><i>amoxapine 100 mg tablet</i></b>	2	
<b><i>amoxapine 150 mg tablet</i></b>	2	
<b><i>amoxapine 25 mg tablet</i></b>	2	
<b><i>amoxapine 50 mg tablet</i></b>	2	
<b><i>aripiprazole 1 mg/ml solution</i></b>	2	QL 900/30

Drug Name	Drug Tier	Requirements / Limits
<b><i>aripiprazole 10 mg tablet</i></b>	2	QL 30/30
<b><i>aripiprazole 15 mg tablet</i></b>	2	QL 30/30
<b><i>aripiprazole 2 mg tablet</i></b>	2	QL 30/30
<b><i>aripiprazole 20 mg tablet</i></b>	2	QL 30/30
<b><i>aripiprazole 30 mg tablet</i></b>	2	QL 30/30
<b><i>aripiprazole 5 mg tablet</i></b>	2	QL 30/30
<b><i>aripiprazole odt 10 mg tablet</i></b>	4	QL 60/30
<b><i>aripiprazole odt 15 mg tablet</i></b>	4	QL 60/30
ARISTADA ER 1064 MG/3.9 ML SYR	4	QL 3.9/56
ARISTADA ER 441 MG/1.6 ML SYRN	4	QL 1.6/28
ARISTADA ER 662 MG/2.4 ML SYRN	4	QL 2.4/28
ARISTADA ER 882 MG/3.2 ML SYRN	4	QL 3.2/28
ARISTADA INITIO ER 675 MG/2.4	4	QL 4.8/365
<b><i>armodafinil 150 mg tablet</i></b>	3	PA,QL 30/30,DvE
<b><i>armodafinil 200 mg tablet</i></b>	3	PA,QL 30/30,DvE
<b><i>armodafinil 250 mg tablet</i></b>	3	PA,QL 30/30,DvE
<b><i>armodafinil 50 mg tablet</i></b>	3	PA,QL 30/30,DvE
<b><i>atomoxetine hcl 10 mg capsule</i></b>	3	QL 60/30
<b><i>atomoxetine hcl 100 mg capsule</i></b>	3	QL 30/30
<b><i>atomoxetine hcl 18 mg capsule</i></b>	3	QL 60/30
<b><i>atomoxetine hcl 25 mg capsule</i></b>	3	QL 60/30
<b><i>atomoxetine hcl 40 mg capsule</i></b>	3	QL 60/30
<b><i>atomoxetine hcl 60 mg capsule</i></b>	3	QL 30/30
<b><i>atomoxetine hcl 80 mg capsule</i></b>	3	QL 30/30
BELSOMRA 10 MG TABLET	2	QL 30/30
BELSOMRA 15 MG TABLET	2	QL 30/30
BELSOMRA 20 MG TABLET	2	QL 30/30
BELSOMRA 5 MG TABLET	2	QL 60/30
<b><i>bupropion hcl 100 mg tablet</i></b>	2	QL 120/30
<b><i>bupropion hcl 75 mg tablet</i></b>	2	QL 180/30
<b><i>bupropion hcl sr 100 mg tablet</i></b>	2	QL 60/30
<b><i>bupropion hcl sr 150 mg tablet</i></b>	2	QL 90/30
<b><i>bupropion hcl sr 200 mg tablet</i></b>	2	QL 60/30

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Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl xl 150 mg tablet</i>	2	QL 90/30
<i>bupropion hcl xl 300 mg tablet</i>	2	QL 30/30
<i>bupirone hcl 10 mg tablet</i>	1	
<i>bupirone hcl 15 mg tablet</i>	1	
<i>bupirone hcl 30 mg tablet</i>	1	
<i>bupirone hcl 5 mg tablet</i>	1	
<i>bupirone hcl 7.5 mg tablet</i>	1	
<i>chlorpromazine 10 mg tablet</i>	1	
<i>chlorpromazine 100 mg tablet</i>	1	
<i>chlorpromazine 200 mg tablet</i>	1	
<i>chlorpromazine 25 mg tablet</i>	1	
<i>chlorpromazine 25 mg/ml amp</i>	3	
<i>chlorpromazine 50 mg tablet</i>	1	
<i>citalopram hbr 10 mg tablet</i>	1	QL 120/30
<i>citalopram hbr 10 mg/5 ml soln</i>	2	QL 600/30
<i>citalopram hbr 20 mg tablet</i>	1	QL 60/30
<i>citalopram hbr 40 mg tablet</i>	1	QL 90/30
<i>clomipramine 25 mg capsule</i>	2	PA,PA (HRM)
<i>clomipramine 50 mg capsule</i>	2	PA,PA (HRM)
<i>clomipramine 75 mg capsule</i>	2	PA,PA (HRM)
<i>clonidine hcl er 0.1 mg tablet</i>	3	QL 120/30
<i>clorazepate 15 mg tablet</i>	2	QL 180/30
<i>clorazepate 3.75 mg tablet</i>	2	QL 180/30
<i>clorazepate 7.5 mg tablet</i>	2	QL 360/30
<i>clozapine 100 mg tablet</i>	2	
<i>clozapine 200 mg tablet</i>	2	
<i>clozapine 25 mg tablet</i>	2	
<i>clozapine 50 mg tablet</i>	2	
<i>clozapine odt 100 mg tablet</i>	3	QL 270/30
<i>clozapine odt 12.5 mg tablet</i>	3	
<i>clozapine odt 150 mg tablet</i>	3	QL 180/30
<i>clozapine odt 200 mg tablet</i>	4	QL 120/30
<i>clozapine odt 25 mg tablet</i>	3	
<i>desipramine 10 mg tablet</i>	2	
<i>desipramine 100 mg tablet</i>	2	
<i>desipramine 150 mg tablet</i>	2	
<i>desipramine 25 mg tablet</i>	2	
<i>desipramine 50 mg tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>desipramine 75 mg tablet</i>	2	
<i>desvenlafaxine suc er 100 mg</i>	3	QL 120/30
<i>desvenlafaxine suc er 25 mg tb</i>	3	QL 30/30
<i>desvenlafaxine suc er 50 mg tb</i>	3	QL 30/30
<i>dexmethylphenidate 10 mg tab</i>	2	QL 60/30
<i>dexmethylphenidate 2.5 mg tab</i>	2	QL 60/30
<i>dexmethylphenidate 5 mg tab</i>	2	QL 120/30
<i>dextroamp-amphet er 10 mg cap</i>	3	QL 60/30
<i>dextroamp-amphet er 15 mg cap</i>	3	QL 60/30
<i>dextroamp-amphet er 20 mg cap</i>	3	QL 60/30
<i>dextroamp-amphet er 25 mg cap</i>	3	QL 60/30
<i>dextroamp-amphet er 30 mg cap</i>	3	QL 60/30
<i>dextroamp-amphet er 5 mg cap</i>	3	QL 60/30
<i>dextroamp-amphetam 12.5 mg tab</i>	2	QL 60/30
<i>dextroamp-amphetam 7.5 mg tab</i>	2	QL 60/30
<i>dextroamp-amphetamin 10 mg tab</i>	2	QL 180/30
<i>dextroamp-amphetamin 15 mg tab</i>	2	QL 120/30
<i>dextroamp-amphetamin 20 mg tab</i>	2	QL 90/30
<i>dextroamp-amphetamin 30 mg tab</i>	2	QL 60/30
<i>dextroamp-amphetamine 5 mg tab</i>	2	QL 360/30
<i>dextroamphetamine 10 mg tab</i>	3	QL 180/30
<i>dextroamphetamine 5 mg tab</i>	3	QL 180/30
<i>dextroamphetamine 5 mg/5 ml</i>	3	QL 1800/30
<i>dextroamphetamine er 10 mg cap</i>	3	QL 180/30
<i>dextroamphetamine er 15 mg cap</i>	3	QL 120/30
<i>dextroamphetamine er 5 mg cap</i>	3	QL 60/30
<i>diazepam 10 mg tablet</i>	1	QL 120/30
<i>diazepam 10 mg/2 ml carpject</i>	1	
<i>diazepam 2 mg tablet</i>	1	QL 120/30
<i>diazepam 5 mg tablet</i>	1	QL 120/30
<i>diazepam 5 mg/5 ml solution</i>	1	QL 1200/30
<i>doxepin 10 mg capsule</i>	2	PA,PA (HRM)
<i>doxepin 10 mg/ml oral conc</i>	2	PA,PA (HRM)



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Drug Name	Drug Tier	Requirements / Limits
<i>doxepin 100 mg capsule</i>	2	PA,PA (HRM)
<i>doxepin 150 mg capsule</i>	2	PA,PA (HRM)
<i>doxepin 25 mg capsule</i>	2	PA,PA (HRM)
<i>doxepin 50 mg capsule</i>	2	PA,PA (HRM)
<i>doxepin 75 mg capsule</i>	2	PA,PA (HRM)
<i>duloxetine hcl dr 20 mg cap</i>	1	QL 180/30
<i>duloxetine hcl dr 30 mg cap</i>	1	QL 90/30
<i>duloxetine hcl dr 60 mg cap</i>	1	QL 60/30
EMSAM 12 MG/24 HOURS PATCH	4	QL 30/30
EMSAM 6 MG/24 HOURS PATCH	4	QL 30/30
EMSAM 9 MG/24 HOURS PATCH	4	QL 30/30
<i>escitalopram 10 mg tablet</i>	1	
<i>escitalopram 20 mg tablet</i>	1	
<i>escitalopram 5 mg tablet</i>	1	
<i>escitalopram oxalate 5 mg/5 ml</i>	2	QL 600/30
FANAPT 1 MG TABLET	3	QL 60/30,ST
FANAPT 10 MG TABLET	4	QL 60/30,ST
FANAPT 12 MG TABLET	4	QL 60/30,ST
FANAPT 2 MG TABLET	3	QL 60/30,ST
FANAPT 4 MG TABLET	3	QL 60/30,ST
FANAPT 6 MG TABLET	4	QL 60/30,ST
FANAPT 8 MG TABLET	4	QL 60/30,ST
FANAPT TITRATION PACK	3	QL 16/365,ST
FETZIMA 20-40 MG TITRATION PAK	3	QL 56/365,ST
FETZIMA ER 120 MG CAPSULE	3	QL 30/30,ST
FETZIMA ER 20 MG CAPSULE	3	QL 30/30,ST

Drug Name	Drug Tier	Requirements / Limits
FETZIMA ER 40 MG CAPSULE	3	QL 30/30,ST
FETZIMA ER 80 MG CAPSULE	3	QL 30/30,ST
<i>fluoxetine 20 mg/5 ml solution</i>	1	QL 600/30
<i>fluoxetine dr 90 mg capsule</i>	2	QL 4/28
<i>fluoxetine hcl 10 mg capsule</i>	1	
<i>fluoxetine hcl 10 mg tablet</i>	1	
<i>fluoxetine hcl 20 mg capsule</i>	1	
<i>fluoxetine hcl 20 mg tablet</i>	1	
<i>fluoxetine hcl 40 mg capsule</i>	1	
<i>fluphenazine 1 mg tablet</i>	1	
<i>fluphenazine 10 mg tablet</i>	1	
<i>fluphenazine 2.5 mg tablet</i>	1	
<i>fluphenazine 2.5 mg/5 ml elix</i>	3	
<i>fluphenazine 2.5 mg/ml vial</i>	3	
<i>fluphenazine 5 mg tablet</i>	1	
<i>fluphenazine 5 mg/ml conc</i>	3	
<i>fluphenazine dec 125 mg/5 ml</i>	3	
<i>fluvoxamine maleate 100 mg tab</i>	1	
<i>fluvoxamine maleate 25 mg tab</i>	1	
<i>fluvoxamine maleate 50 mg tab</i>	1	
GEODON 20 MG/ML VIAL	3	QL 6/30
<i>guanidine hcl 125 mg tablet</i>	2	
<i>haloperidol 0.5 mg tablet</i>	1	
<i>haloperidol 1 mg tablet</i>	1	
<i>haloperidol 10 mg tablet</i>	1	
<i>haloperidol 2 mg tablet</i>	1	
<i>haloperidol 20 mg tablet</i>	1	
<i>haloperidol 5 mg tablet</i>	1	
<i>haloperidol dec 100 mg/ml amp</i>	3	
<i>haloperidol dec 100 mg/ml vial</i>	3	
<i>haloperidol decan 50 mg/ml amp</i>	3	
<i>haloperidol lac 2 mg/ml conc</i>	1	
<i>haloperidol lac 5 mg/ml vial</i>	3	
HETLIOZ 20 MG CAPSULE	4	PA,QL 30/30
<i>imipramine hcl 10 mg tablet</i>	2	PA,PA (HRM)
<i>imipramine hcl 25 mg tablet</i>	2	PA,PA (HRM)

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
<i>imipramine hcl 50 mg tablet</i>	2	PA,PA (HRM)
INVEGA SUSTENNA 117 MG/0.75 ML	4	QL 0.75/28
INVEGA SUSTENNA 156 MG/ML SYRG	4	QL 1/28
INVEGA SUSTENNA 234 MG/1.5 ML	4	QL 1.5/28
INVEGA SUSTENNA 39 MG/0.25 ML	3	QL 0.25/28
INVEGA SUSTENNA 78 MG/0.5 ML	4	QL 0.5/28
INVEGA TRINZA 273 MG/0.875 ML	4	QL 0.88/90
INVEGA TRINZA 410 MG/1.315 ML	4	QL 1.32/90
INVEGA TRINZA 546 MG/1.75 ML	4	QL 1.75/90
INVEGA TRINZA 819 MG/2.625 ML	4	QL 2.63/90
LATUDA 120 MG TABLET	4	QL 30/30
LATUDA 20 MG TABLET	4	QL 30/30
LATUDA 40 MG TABLET	4	QL 30/30
LATUDA 60 MG TABLET	4	QL 30/30
LATUDA 80 MG TABLET	4	QL 60/30
<i>lithium carbonate 150 mg cap</i>	1	
<i>lithium carbonate 300 mg cap</i>	1	
<i>lithium carbonate 300 mg tab</i>	1	
<i>lithium carbonate 600 mg cap</i>	1	
<i>lithium carbonate er 300 mg tb</i>	1	
<i>lithium carbonate er 450 mg tb</i>	1	
<i>lorazepam 0.5 mg tablet</i>	1	QL 120/30
<i>lorazepam 1 mg tablet</i>	1	QL 120/30
<i>lorazepam 2 mg tablet</i>	1	QL 150/30
<i>lorazepam 2 mg/ml carpuject</i>	3	
<i>lorazepam 2 mg/ml oral concent</i>	2	QL 150/30
<i>lorazepam 20 mg/10 ml vial</i>	3	
<i>lorazepam 4 mg/ml carpuject</i>	3	
LORAZEPAM INTENSOL 2 MG/ML	2	QL 150/30
<i>loxapine 10 mg capsule</i>	1	
<i>loxapine 25 mg capsule</i>	1	
<i>loxapine 5 mg capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>loxapine 50 mg capsule</i>	1	
<i>maprotiline 25 mg tablet</i>	3	
<i>maprotiline 50 mg tablet</i>	3	
<i>maprotiline 75 mg tablet</i>	3	
MARPLAN 10 MG TABLET	3	QL 180/30
METADATE ER 20 MG TABLET	2	QL 90/30
<i>methylphenidate 10 mg tablet</i>	2	QL 90/30
<i>methylphenidate 20 mg tablet</i>	2	QL 90/30
<i>methylphenidate 5 mg tablet</i>	2	QL 90/30
<i>methylphenidate er 10 mg tab</i>	2	QL 90/30
<i>methylphenidate er 18 mg tab</i>	2	QL 120/30
<i>methylphenidate er 20 mg tab</i>	2	QL 90/30
<i>methylphenidate er 27 mg tab</i>	2	QL 30/30
<i>methylphenidate er 36 mg tab</i>	2	QL 60/30
<i>methylphenidate er 54 mg tab</i>	2	QL 30/30
<i>mirtazapine 15 mg odt</i>	1	QL 30/30
<i>mirtazapine 15 mg tablet</i>	1	
<i>mirtazapine 30 mg odt</i>	1	QL 30/30
<i>mirtazapine 30 mg tablet</i>	1	
<i>mirtazapine 45 mg odt</i>	1	QL 30/30
<i>mirtazapine 45 mg tablet</i>	1	
<i>mirtazapine 7.5 mg tablet</i>	1	
<i>molindone hcl 10 mg tablet</i>	1	
<i>molindone hcl 25 mg tablet</i>	1	
<i>molindone hcl 5 mg tablet</i>	1	
<i>nefazodone hcl 100 mg tablet</i>	2	
<i>nefazodone hcl 150 mg tablet</i>	2	
<i>nefazodone hcl 200 mg tablet</i>	2	
<i>nefazodone hcl 250 mg tablet</i>	2	
<i>nefazodone hcl 50 mg tablet</i>	2	
<i>nortriptyline 10 mg/5 ml soln</i>	1	
<i>nortriptyline hcl 10 mg cap</i>	1	
<i>nortriptyline hcl 25 mg cap</i>	1	
<i>nortriptyline hcl 50 mg cap</i>	1	
<i>nortriptyline hcl 75 mg cap</i>	1	
NUPLAZID 10 MG TABLET	4	PA,QL 30/30
NUPLAZID 17 MG TABLET	4	PA,QL 60/30
NUPLAZID 34 MG CAPSULE	4	PA,QL 30/30

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
<i>olanzapine 10 mg tablet</i>	1	QL 120/30
<i>olanzapine 10 mg vial</i>	3	QL 30/30
<i>olanzapine 15 mg tablet</i>	1	QL 60/30
<i>olanzapine 2.5 mg tablet</i>	1	QL 120/30
<i>olanzapine 20 mg tablet</i>	1	QL 60/30
<i>olanzapine 5 mg tablet</i>	1	QL 120/30
<i>olanzapine 7.5 mg tablet</i>	1	QL 30/30
<i>olanzapine odt 10 mg tablet</i>	2	QL 30/30
<i>olanzapine odt 15 mg tablet</i>	2	QL 30/30
<i>olanzapine odt 20 mg tablet</i>	2	QL 30/30
<i>olanzapine odt 5 mg tablet</i>	2	QL 30/30
<i>olanzapine-fluoxetine 12-25 mg</i>	3	QL 30/30
<i>olanzapine-fluoxetine 12-50 mg</i>	3	QL 30/30
<i>olanzapine-fluoxetine 3-25 mg</i>	3	QL 30/30
<i>olanzapine-fluoxetine 6-25 mg</i>	3	QL 30/30
<i>olanzapine-fluoxetine 6-50 mg</i>	3	QL 30/30
<i>oxazepam 10 mg capsule</i>	1	QL 120/30
<i>oxazepam 15 mg capsule</i>	1	QL 120/30
<i>oxazepam 30 mg capsule</i>	1	QL 120/30
<i>paliperidone er 1.5 mg tablet</i>	3	QL 30/30,ST
<i>paliperidone er 3 mg tablet</i>	3	QL 30/30,ST
<i>paliperidone er 6 mg tablet</i>	3	QL 60/30,ST
<i>paliperidone er 9 mg tablet</i>	3	QL 30/30,ST
<i>paroxetine er 12.5 mg tablet</i>	2	QL 30/30
<i>paroxetine er 25 mg tablet</i>	2	QL 60/30
<i>paroxetine er 37.5 mg tablet</i>	2	QL 60/30
<i>paroxetine hcl 10 mg tablet</i>	1	QL 60/30
<i>paroxetine hcl 20 mg tablet</i>	1	QL 90/30
<i>paroxetine hcl 30 mg tablet</i>	1	QL 60/30
<i>paroxetine hcl 40 mg tablet</i>	1	QL 60/30
PAXIL 10 MG/5 ML SUSPENSION	3	QL 900/30,ST
<i>perphen-amitrip 2 mg-10 mg tab</i>	3	PA,PA (HRM)
<i>perphen-amitrip 2 mg-25 mg tab</i>	3	PA,PA (HRM)

Drug Name	Drug Tier	Requirements / Limits
<i>perphen-amitrip 4 mg-10 mg tab</i>	3	PA,PA (HRM)
<i>perphen-amitrip 4 mg-25 mg tab</i>	3	PA,PA (HRM)
<i>perphen-amitrip 4 mg-50 mg tab</i>	3	PA,PA (HRM)
<i>perphenazine 16 mg tablet</i>	3	
<i>perphenazine 2 mg tablet</i>	3	
<i>perphenazine 4 mg tablet</i>	3	
<i>perphenazine 8 mg tablet</i>	3	
PERSERIS ER 120 MG SYRINGE KIT	4	QL 1/30
PERSERIS ER 90 MG SYRINGE KIT	4	QL 1/30
<i>phenelzine sulfate 15 mg tab</i>	2	
<i>pimozide 1 mg tablet</i>	2	
<i>pimozide 2 mg tablet</i>	2	
<i>protriptyline hcl 10 mg tablet</i>	3	
<i>protriptyline hcl 5 mg tablet</i>	3	
<i>quetiapine er 150 mg tablet</i>	2	QL 30/30
<i>quetiapine er 200 mg tablet</i>	2	QL 30/30
<i>quetiapine er 300 mg tablet</i>	2	QL 60/30
<i>quetiapine er 400 mg tablet</i>	2	QL 60/30
<i>quetiapine er 50 mg tablet</i>	2	QL 60/30
<i>quetiapine fumarate 100 mg tab</i>	1	QL 90/30
<i>quetiapine fumarate 200 mg tab</i>	1	QL 90/30
<i>quetiapine fumarate 25 mg tab</i>	1	QL 90/30
<i>quetiapine fumarate 300 mg tab</i>	1	QL 60/30
<i>quetiapine fumarate 400 mg tab</i>	1	QL 60/30
<i>quetiapine fumarate 50 mg tab</i>	1	QL 90/30
REXULTI 0.25 MG TABLET	4	QL 30/30
REXULTI 0.5 MG TABLET	4	QL 30/30
REXULTI 1 MG TABLET	4	QL 30/30
REXULTI 2 MG TABLET	4	QL 30/30
REXULTI 3 MG TABLET	4	QL 30/30
REXULTI 4 MG TABLET	4	QL 30/30
RISPERDAL CONSTA 12.5 MG SYR	3	QL 2/28
RISPERDAL CONSTA 25 MG SYR	3	QL 2/28
RISPERDAL CONSTA 37.5 MG SYR	3	QL 2/28

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Drug Name	Drug Tier	Requirements / Limits
RISPERDAL CONSTA 50 MG SYR	4	QL 2/28
<i>risperidone 0.25 mg odt</i>	2	QL 60/30
<i>risperidone 0.25 mg tablet</i>	1	
<i>risperidone 0.5 mg odt</i>	2	QL 120/30
<i>risperidone 0.5 mg tablet</i>	1	
<i>risperidone 1 mg odt</i>	2	QL 60/30
<i>risperidone 1 mg tablet</i>	1	
<i>risperidone 1 mg/ml solution</i>	1	QL 240/30
<i>risperidone 2 mg odt</i>	2	QL 60/30
<i>risperidone 2 mg tablet</i>	1	
<i>risperidone 3 mg odt</i>	2	QL 60/30
<i>risperidone 3 mg tablet</i>	1	
<i>risperidone 4 mg odt</i>	2	QL 120/30
<i>risperidone 4 mg tablet</i>	1	
SAPHRIS 10 MG TAB SUBLINGUAL	3	QL 60/30
SAPHRIS 2.5 MG TAB SUBLINGUAL	3	QL 60/30
SAPHRIS 5 MG TAB SUBLINGUAL	3	QL 60/30
<i>sertraline 20 mg/ml oral conc</i>	1	QL 300/30
<i>sertraline hcl 100 mg tablet</i>	1	QL 60/30
<i>sertraline hcl 25 mg tablet</i>	1	QL 60/30
<i>sertraline hcl 50 mg tablet</i>	1	QL 120/30
SILENOR 3 MG TABLET	2	QL 30/30
SILENOR 6 MG TABLET	2	QL 30/30
<i>temazepam 15 mg capsule</i>	1	QL 60/365
<i>temazepam 22.5 mg capsule</i>	2	QL 60/365
<i>temazepam 30 mg capsule</i>	1	QL 60/365
<i>temazepam 7.5 mg capsule</i>	2	QL 60/365
<i>thioridazine 10 mg tablet</i>	2	
<i>thioridazine 100 mg tablet</i>	2	
<i>thioridazine 25 mg tablet</i>	2	
<i>thioridazine 50 mg tablet</i>	2	
<i>thiothixene 1 mg capsule</i>	3	
<i>thiothixene 10 mg capsule</i>	3	
<i>thiothixene 2 mg capsule</i>	3	
<i>thiothixene 5 mg capsule</i>	3	
<i>tranylcypromine sulf 10 mg tab</i>	3	
<i>trazodone 100 mg tablet</i>	1	
<i>trazodone 150 mg tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>trazodone 300 mg tablet</i>	1	
<i>trazodone 50 mg tablet</i>	1	
<i>trifluoperazine 1 mg tablet</i>	2	
<i>trifluoperazine 10 mg tablet</i>	2	
<i>trifluoperazine 2 mg tablet</i>	2	
<i>trifluoperazine 5 mg tablet</i>	2	
<i>trimipramine maleate 100 mg cp</i>	3	PA,PA (HRM)
<i>trimipramine maleate 25 mg cap</i>	3	PA,PA (HRM)
<i>trimipramine maleate 50 mg cap</i>	3	PA,PA (HRM)
TRINTELLIX 10 MG TABLET	3	QL 30/30,ST
TRINTELLIX 20 MG TABLET	3	QL 30/30,ST
TRINTELLIX 5 MG TABLET	3	QL 30/30,ST
<i>venlafaxine hcl 100 mg tablet</i>	1	
<i>venlafaxine hcl 25 mg tablet</i>	1	
<i>venlafaxine hcl 37.5 mg tablet</i>	1	
<i>venlafaxine hcl 50 mg tablet</i>	1	
<i>venlafaxine hcl 75 mg tablet</i>	1	
<i>venlafaxine hcl er 150 mg cap</i>	1	QL 60/30
<i>venlafaxine hcl er 37.5 mg cap</i>	1	QL 60/30
<i>venlafaxine hcl er 75 mg cap</i>	1	QL 90/30
VERSACLOZ 50 MG/ML SUSPENSION	3	QL 540/30
VIIBRYD 10 MG TABLET	3	QL 30/30,ST
VIIBRYD 10-20 MG STARTER PACK	3	QL 60/365,ST
VIIBRYD 20 MG TABLET	3	QL 30/30,ST
VIIBRYD 40 MG TABLET	3	QL 30/30,ST
VRAYLAR 1.5 MG CAPSULE	4	QL 30/30,ST
VRAYLAR 1.5 MG-3 MG PACK	3	QL 14/365,ST
VRAYLAR 3 MG CAPSULE	4	QL 30/30,ST

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Drug Name	Drug Tier	Requirements / Limits
VRAYLAR 4.5 MG CAPSULE	4	QL 30/30,ST
VRAYLAR 6 MG CAPSULE	4	QL 30/30,ST
XYREM 500 MG/ML ORAL SOLUTION	4	PA,QL 540/30,DvE
<b>zaleplon 10 mg capsule</b>	2	QL 60/30
<b>zaleplon 5 mg capsule</b>	2	QL 30/30
<b>ziprasidone hcl 20 mg capsule</b>	2	QL 60/30
<b>ziprasidone hcl 40 mg capsule</b>	2	QL 60/30
<b>ziprasidone hcl 60 mg capsule</b>	2	QL 60/30
<b>ziprasidone hcl 80 mg capsule</b>	2	QL 60/30
<b>zolpidem tartrate 10 mg tablet</b>	2	QL 30/30
<b>zolpidem tartrate 5 mg tablet</b>	2	QL 30/30
ZYPREXA RELPREVV 210 MG VL KIT	3	QL 2/28
ZYPREXA RELPREVV 300 MG VL KIT	4	QL 2/28
ZYPREXA RELPREVV 405 MG VL KIT	4	QL 1/28
PULMONARY AGENTS		
<b>acetylcysteine 10% vial</b>	2	PA,B/D
<b>acetylcysteine 20% vial</b>	2	PA,B/D
ADEMPAS 0.5 MG TABLET	4	PA,QL 90/30
ADEMPAS 1 MG TABLET	4	PA,QL 90/30
ADEMPAS 1.5 MG TABLET	4	PA,QL 90/30
ADEMPAS 2 MG TABLET	4	PA,QL 90/30
ADEMPAS 2.5 MG TABLET	4	PA,QL 90/30
ADVAIR 100-50 DISKUS	2	QL 60/30
ADVAIR 250-50 DISKUS	2	QL 60/30
ADVAIR 500-50 DISKUS	2	QL 60/30
ADVAIR HFA 115-21 MCG INHALER	2	QL 12/30
ADVAIR HFA 230-21 MCG INHALER	2	QL 12/30
ADVAIR HFA 45-21 MCG INHALER	2	QL 12/30

Drug Name	Drug Tier	Requirements / Limits
<b>albuterol 2.5 mg/0.5 ml sol</b>	1	PA,B/D
<b>albuterol hfa 90 mcg inh (generic for proair hfa)</b>	3	QL 17/30
<b>albuterol hfa 90 mcg inhaler (generic for ventolin hfa)</b>	3	QL 36/30
<b>albuterol sul 0.63 mg/3 ml sol</b>	1	PA,B/D
<b>albuterol sul 1.25 mg/3 ml sol</b>	1	PA,B/D
<b>albuterol sul 2.5 mg/3 ml soln</b>	1	PA,B/D
<b>albuterol sulf 2 mg/5 ml syrup</b>	1	
<b>albuterol sulfate 2 mg tab</b>	2	
<b>albuterol sulfate 4 mg tab</b>	2	
<b>albuterol sulfate er 4 mg tab</b>	1	
<b>albuterol sulfate er 8 mg tab</b>	1	
ANORO ELLIPTA 62.5-25 MCG INH	2	QL 60/30
ARNUITY ELLIPTA 100 MCG INH	2	QL 30/30
ARNUITY ELLIPTA 200 MCG INH	2	QL 30/30
ARNUITY ELLIPTA 50 MCG INH	2	QL 30/30
ATROVENT 17 MCG HFA INHALER	3	QL 25.8/30
<b>bosentan 125 mg tablet</b>	4	PA,QL 60/30
<b>bosentan 62.5 mg tablet</b>	4	PA,QL 60/30
BREO ELLIPTA 100-25 MCG INH	2	QL 60/30
BREO ELLIPTA 200-25 MCG INH	2	QL 60/30
<b>budesonide 0.25 mg/2 ml susp</b>	3	PA,B/D
<b>budesonide 0.5 mg/2 ml susp</b>	3	PA,B/D
<b>budesonide 1 mg/2 ml inh susp</b>	3	PA,B/D
CINRYZE 500 UNIT VIAL	4	PA,QL 20/30,B/D
COMBIVENT RESPIMAT 20-100 MCG	2	QL 8/30
<b>cromolyn 20 mg/2 ml neb soln</b>	1	PA,QL 240/30,B/D
DALIRESP 250 MCG TABLET	3	PA,QL 30/30
DALIRESP 500 MCG TABLET	3	PA,QL 30/30
ESBRIET 267 MG CAPSULE	4	PA,QL 270/30

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Drug Name	Drug Tier	Requirements / Limits
ESBRIET 267 MG TABLET	4	PA,QL 270/30
ESBRIET 801 MG TABLET	4	PA,QL 90/30
FIRAZYR 30 MG/3 ML SYRINGE	4	PA,QL 18/30
FLOVENT 100 MCG DISKUS	2	QL 60/30
FLOVENT 250 MCG DISKUS	2	QL 240/30
FLOVENT 50 MCG DISKUS	2	QL 60/30
FLOVENT HFA 110 MCG INHALER	2	QL 12/30
FLOVENT HFA 220 MCG INHALER	2	QL 24/30
FLOVENT HFA 44 MCG INHALER	2	QL 10.6/30
<i>flunisolide 0.025% spray</i>	2	QL 50/30
<i>fluticasone prop 50 mcg spray</i>	1	QL 16/30
<i>icatibant 30 mg/3 ml syringe</i>	4	PA,QL 18/30
INCRUSE ELLIPTA 62.5 MCG INH	2	QL 30/30
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i>	1	PA,B/D
<i>ipratropium br 0.02% soln</i>	1	PA,B/D
KALYDECO 150 MG TABLET	4	PA,QL 60/30
KALYDECO 25 MG GRANULES PACKET	4	PA,QL 60/30
KALYDECO 50 MG GRANULES PACKET	4	PA,QL 60/30
KALYDECO 75 MG GRANULES PACKET	4	PA,QL 60/30
<i>levalbuterol tar hfa 45mcg inh</i>	2	QL 30/30
<i>metaproterenol 10 mg tablet</i>	2	
<i>metaproterenol 10 mg/5 ml syr</i>	2	
<i>metaproterenol 20 mg tablet</i>	2	
<i>mometasone furoate 50 mcg spry</i>	2	QL 34/30
<i>montelukast sod 10 mg tablet</i>	1	QL 30/30
<i>montelukast sod 4 mg granules</i>	2	QL 30/30
<i>montelukast sod 4 mg tab chew</i>	1	QL 30/30
<i>montelukast sod 5 mg tab chew</i>	1	QL 30/30
OFEV 100 MG CAPSULE	4	PA,QL 60/30
OFEV 150 MG CAPSULE	4	PA,QL 60/30

Drug Name	Drug Tier	Requirements / Limits
OPSUMIT 10 MG TABLET	4	PA,QL 30/30
ORKAMBI 100 MG-125 MG TABLET	4	PA,QL 120/30
ORKAMBI 100-125 MG GRANULE PKT	4	PA,QL 56/28
ORKAMBI 150-188 MG GRANULE PKT	4	PA,QL 56/28
ORKAMBI 200 MG-125 MG TABLET	4	PA,QL 120/30
PERFOROMIST 20 MCG/2 ML SOLN	2	PA,QL 120/30,B/D
PROAIR HFA 90 MCG INHALER	2	QL 17/30
PROAIR RESPICLICK INHAL POWDER	2	QL 2/30
PROLASTIN C 1,000 MG/20 ML VL	4	PA,B/D
PULMOZYME 1 MG/ML AMPUL	4	PA,QL 150/30,B/D
RUCONEST 2,100 UNIT VIAL	4	PA,QL 8/30
SEREVENT DISKUS 50 MCG	2	QL 60/30
<i>sildenafil 20 mg tablet (generic for revatio)</i>	2	PA,QL 90/30,DvE
<i>terbutaline sulf 1 mg/ml vial</i>	3	
<i>terbutaline sulfate 2.5 mg tab</i>	3	
<i>terbutaline sulfate 5 mg tab</i>	3	
THEO-24 ER 100 MG CAPSULE	3	
THEO-24 ER 200 MG CAPSULE	3	
THEO-24 ER 300 MG CAPSULE	3	
THEO-24 ER 400 MG CAPSULE	3	
<i>theophylline er 100 mg tablet</i>	2	
<i>theophylline er 200 mg tablet</i>	2	
<i>theophylline er 300 mg tab</i>	2	
<i>theophylline er 400 mg tablet</i>	2	
<i>theophylline er 450 mg tab</i>	2	
<i>theophylline er 600 mg tablet</i>	2	
TRACLEER 32 MG TABLET FOR SUSP	4	PA
TRELEGY ELLIPTA 100-62.5-25	2	QL 60/30
VENTAVIS 10 MCG/1 ML SOLUTION	4	PA,QL 270/30,B/D
VENTAVIS 20 MCG/1 ML SOLUTION	4	PA,QL 270/30,B/D

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
VENTOLIN HFA 90 MCG INHALER	3	QL 36/30
XHANCE 93 MCG NASAL SPRAY	3	QL 16/30,ST
XOLAIR 150 MG VIAL	4	PA,QL 6/28
XOLAIR 150 MG/ML SYRINGE	4	PA,QL 5/28
XOLAIR 75 MG/0.5 ML SYRINGE	4	PA,QL 5/28
<b>zafirlukast 10 mg tablet</b>	2	QL 60/30
<b>zafirlukast 20 mg tablet</b>	2	QL 60/30
QUINOLONES		
BAXDELA 300 MG VIAL	3	QL 28/14
BAXDELA 450 MG TABLET	3	QL 28/14
<b>ciprofloxacin 500 mg/5 ml susp</b>	3	
<b>ciprofloxacin hcl 100 mg tab</b>	2	
<b>ciprofloxacin hcl 250 mg tab</b>	1	
<b>ciprofloxacin hcl 500 mg tab</b>	1	
<b>ciprofloxacin hcl 750 mg tab</b>	1	
<b>ciprofloxacin-d5w 200 mg/100 ml</b>	3	
<b>ciprofloxacin-d5w 400 mg/200 ml</b>	3	
<b>levofloxacin 25 mg/ml solution</b>	3	
<b>levofloxacin 250 mg tablet</b>	1	
<b>levofloxacin 250 mg/50 ml-d5w</b>	3	
<b>levofloxacin 500 mg tablet</b>	1	
<b>levofloxacin 500 mg/100 ml-d5w</b>	3	
<b>levofloxacin 500 mg/20 ml vial</b>	3	
<b>levofloxacin 750 mg tablet</b>	1	
<b>levofloxacin 750 mg/150 ml-d5w</b>	3	
<b>moxifloxacin 400 mg/250 ml bag</b>	3	
<b>moxifloxacin hcl 400 mg tablet</b>	3	
SMOKING DETERRENTS		
<b>bupropion sr 150 mg tablet</b>	2	QL 60/30
CHANTIX 0.5 MG TABLET	2	
CHANTIX 1 MG CONT MONTH BOX	2	
CHANTIX 1 MG TABLET	2	
CHANTIX STARTING MONTH BOX	2	
NICOTROL CARTRIDGE	3	
NICOTROL NS 10 MG/ML SPRAY	3	QL 30/30
STEROID-ANTIBIOTIC COMBINATIONS		
<b>neo-bacit-poly-hc eye ointment</b>	2	

Drug Name	Drug Tier	Requirements / Limits
<b>neomycin-poly-hc eye drops</b>	1	
<b>neomyc-polym-dexamet eye ointm</b>	1	
<b>neomyc-polym-dexameth eye drop</b>	1	
NEO-POLYCIN HC EYE OINTMENT	2	
PRED-G 1% EYE DROPS	2	
PRED-G S.O.P. EYE OINTMENT	2	
TOBRADEX EYE OINTMENT	2	
<b>tobramycin-dexameth ophth susp</b>	2	
ZYLET EYE DROPS	2	
STERIODS		
<b>dexamethasone 0.1% eye drop</b>	1	
<b>fluorometholone 0.1% drops</b>	2	
INVELTYS 1% EYE DROP	3	
LOTEMAX 0.5% EYE DROPS	3	
LOTEMAX 0.5% EYE OINTMENT	3	
LOTEMAX 0.5% OPHTHALMIC GEL	3	
LOTEMAX SM 0.38% OPHTH GEL	3	
PRED MILD 0.12% EYE DROPS	2	
<b>prednisolone ac 1% eye drop</b>	2	
<b>prednisolone sod 1% eye drop</b>	1	
SULFA'S / RELATED AGENTS		
<b>sulfadiazine 500 mg tablet</b>	2	
<b>sulfamethoxazole-tmp ds tablet</b>	1	
<b>sulfamethoxazole-tmp inj vial</b>	3	
<b>sulfamethoxazole-tmp ss tablet</b>	1	
<b>sulfamethoxazole-tmp susp</b>	3	
SULFATRIM PEDIATRIC SUSPENSION	3	
SYMPATHOMIMETICS		
ALPHAGAN P 0.1% DROPS	3	
<b>apraclonidine hcl 0.5% drops</b>	2	
<b>brimonidine 0.2% eye drop</b>	1	
<b>brimonidine tartrate 0.15% drp</b>	2	
TETRACYCLINES		
<b>demeclocycline 150 mg tablet</b>	2	
<b>demeclocycline 300 mg tablet</b>	2	

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
DOXY 100 VIAL	3	
<i>doxycycline 25 mg/5 ml susp</i>	1	
<i>doxycycline hyclate 100 mg cap</i>	1	
<i>doxycycline hyclate 100 mg tab</i>	1	
<i>doxycycline hyclate 100 mg vl</i>	3	
<i>doxycycline hyclate 20 mg tab</i>	1	
<i>doxycycline hyclate 50 mg cap</i>	1	
<i>doxycycline mono 100 mg cap</i>	1	
<i>doxycycline mono 100 mg tablet</i>	2	
<i>doxycycline mono 150 mg tablet</i>	2	
<i>doxycycline mono 50 mg cap</i>	1	
<i>doxycycline mono 50 mg tablet</i>	2	
<i>doxycycline mono 75 mg tablet</i>	2	
<i>minocycline 100 mg capsule</i>	1	
<i>minocycline 50 mg capsule</i>	1	
<i>minocycline 75 mg capsule</i>	1	
<i>minocycline hcl 100 mg tablet</i>	1	
<i>minocycline hcl 50 mg tablet</i>	1	
<i>minocycline hcl 75 mg tablet</i>	1	
MONDOXYNE NL 100 MG CAPSULE	2	
MONDOXYNE NL 50 MG CAPSULE	2	
MONDOXYNE NL 75 MG CAPSULE	2	
MORGIDOX 100 MG CAPSULE	1	
MORGIDOX 50 MG CAPSULE	1	
NUZYRA 100 MG VIAL	3	QL 15/14
NUZYRA 150 MG TABLET	3	QL 30/14
NUZYRA 150 MG TABLET-7 DAY	3	QL 30/14
NUZYRA 150 MG-7 DAY WITH LOAD	3	QL 30/14
<i>tetracycline 250 mg capsule</i>	1	
<i>tetracycline 500 mg capsule</i>	1	
<b>THERAPY FOR ACNE</b>		
AMNESTEEM 10 MG CAPSULE	3	
AMNESTEEM 20 MG CAPSULE	3	
AMNESTEEM 40 MG CAPSULE	3	
AVITA 0.025% CREAM	3	PA,DvE
AVITA 0.025% GEL	3	PA,DvE
CLARAVIS 10 MG CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
CLARAVIS 20 MG CAPSULE	3	
CLARAVIS 30 MG CAPSULE	3	
CLARAVIS 40 MG CAPSULE	3	
CLINDACIN ETZ 1% PLEDGET	1	
CLINDACIN P 1% PLEDGETS	1	
<i>clindamycin ph 1% gel</i>	2	
<i>clindamycin ph 1% solution</i>	2	
<i>clindamycin phos 1% pledget</i>	1	
<i>clindamycin phosp 1% lotion</i>	3	
ERY 2% PADS	2	
<i>erythromycin 2% gel</i>	2	
<i>erythromycin 2% pledgets</i>	2	
<i>erythromycin 2% solution</i>	1	
<i>erythromycin-benzoyl gel</i>	3	
<i>isotretinoin 10 mg capsule</i>	3	
<i>isotretinoin 20 mg capsule</i>	3	
<i>isotretinoin 30 mg capsule</i>	3	
<i>isotretinoin 40 mg capsule</i>	3	
<i>metronidazole 0.75% cream</i>	2	
<i>metronidazole 0.75% lotion</i>	2	
<i>metronidazole topical 0.75% gl</i>	2	
<i>metronidazole topical 1% gel</i>	2	
MYORISAN 10 MG CAPSULE	3	
MYORISAN 20 MG CAPSULE	3	
MYORISAN 30 MG CAPSULE	3	
MYORISAN 40 MG CAPSULE	3	
ROSADAN 0.75% CREAM	2	
ROSADAN 0.75% GEL	2	
<i>tazarotene 0.1% cream</i>	3	
TAZORAC 0.05% CREAM	3	
TAZORAC 0.05% GEL	3	QL 100/30
TAZORAC 0.1% CREAM	3	
TAZORAC 0.1% GEL	3	QL 100/30
<i>tretinoin 0.01% gel</i>	2	PA,DvE
<i>tretinoin 0.025% cream</i>	3	PA,DvE
<i>tretinoin 0.025% gel</i>	3	PA,DvE
<i>tretinoin 0.05% cream</i>	3	PA,DvE
<i>tretinoin 0.05% gel</i>	3	PA,DvE
<i>tretinoin 0.1% cream</i>	3	PA,DvE
<i>tretinoin gel micro 0.04% pump</i>	3	PA,DvE



## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin gel micro 0.04% tube</i>	3	PA,DvE
<i>tretinoin gel micro 0.1% pump</i>	3	PA,DvE
<i>tretinoin gel micro 0.1% tube</i>	3	PA,DvE
ZENATANE 10 MG CAPSULE	3	
ZENATANE 20 MG CAPSULE	3	
ZENATANE 30 MG CAPSULE	3	
ZENATANE 40 MG CAPSULE	3	

### THYROID HORMONES

<i>levothyroxine 100 mcg tablet</i>	1	
<i>levothyroxine 112 mcg tablet</i>	1	
<i>levothyroxine 125 mcg tablet</i>	1	
<i>levothyroxine 137 mcg tablet</i>	1	
<i>levothyroxine 150 mcg tablet</i>	1	
<i>levothyroxine 175 mcg tablet</i>	1	
<i>levothyroxine 200 mcg tablet</i>	1	
<i>levothyroxine 25 mcg tablet</i>	1	
<i>levothyroxine 300 mcg tablet</i>	1	
<i>levothyroxine 50 mcg tablet</i>	1	
<i>levothyroxine 75 mcg tablet</i>	1	
<i>levothyroxine 88 mcg tablet</i>	1	
LEVOXYL 100 MCG TABLET	2	
LEVOXYL 112 MCG TABLET	2	
LEVOXYL 125 MCG TABLET	2	
LEVOXYL 137 MCG TABLET	2	
LEVOXYL 150 MCG TABLET	2	
LEVOXYL 175 MCG TABLET	2	
LEVOXYL 200 MCG TABLET	2	
LEVOXYL 25 MCG TABLET	2	
LEVOXYL 50 MCG TABLET	2	
LEVOXYL 75 MCG TABLET	2	
LEVOXYL 88 MCG TABLET	2	
<i>liothyronine sod 25 mcg tab</i>	1	
<i>liothyronine sod 5 mcg tab</i>	1	
<i>liothyronine sod 50 mcg tab</i>	1	
SYNTHROID 100 MCG TABLET	2	
SYNTHROID 112 MCG TABLET	2	
SYNTHROID 125 MCG TABLET	2	
SYNTHROID 137 MCG TABLET	2	
SYNTHROID 150 MCG TABLET	2	
SYNTHROID 175 MCG TABLET	2	

Drug Name	Drug Tier	Requirements / Limits
SYNTHROID 200 MCG TABLET	2	
SYNTHROID 25 MCG TABLET	2	
SYNTHROID 300 MCG TABLET	2	
SYNTHROID 50 MCG TABLET	2	
SYNTHROID 75 MCG TABLET	2	
SYNTHROID 88 MCG TABLET	2	
THYROLAR-1 STRENGTH TABLET	2	
THYROLAR-1/2 STRENGTH TAB	2	
THYROLAR-1/4 STRENGTH TAB	2	
THYROLAR-2 STRENGTH TABLET	2	
THYROLAR-3 STRENGTH TABLET	2	
UNITHROID 100 MCG TABLET	2	
UNITHROID 112 MCG TABLET	2	
UNITHROID 125 MCG TABLET	2	
UNITHROID 137 MCG TABLET	2	
UNITHROID 150 MCG TABLET	2	
UNITHROID 175 MCG TABLET	2	
UNITHROID 200 MCG TABLET	2	
UNITHROID 25 MCG TABLET	2	
UNITHROID 300 MCG TABLET	2	
UNITHROID 50 MCG TABLET	2	
UNITHROID 75 MCG TABLET	2	
UNITHROID 88 MCG TABLET	2	

### TOPICAL ANTIBACTERIALS

<i>gentamicin 0.1% cream</i>	2	
<i>gentamicin 0.1% ointment</i>	2	
<i>mupirocin 2% cream</i>	3	
<i>mupirocin 2% ointment</i>	1	
<i>sulfacetamide sod 10% top susp</i>	2	

### TOPICAL ANTIFUNGALS

CICLODAN 8% SOLUTION	2	
<i>ciclopirox 0.77% cream</i>	2	QL 90/28
<i>ciclopirox 0.77% topical susp</i>	2	
<i>ciclopirox 1% shampoo</i>	2	QL 120/28
<i>ciclopirox 8% solution</i>	2	
<i>clotrimazole 1% cream</i>	1	
<i>clotrimazole 1% solution</i>	1	QL 30/28

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
<i>clotrimazole-betamethasone crm</i>	1	QL 45/28
<i>clotrimazole-betamethasone lot</i>	1	QL 60/28
<i>econazole nitrate 1% cream</i>	2	QL 85/28
<i>ketoconazole 2% cream</i>	1	QL 60/28
<i>ketoconazole 2% shampoo</i>	1	QL 120/28
<i>naftifine hcl 1% cream</i>	2	QL 60/28
<i>naftifine hcl 2% cream</i>	2	QL 60/28
NAFTIN 1% GEL	2	
NAFTIN 2% GEL	2	
NYAMYC 100,000 UNITS/GM POWDER	1	
<i>nystatin 100,000 unit/gm cream</i>	1	QL 30/28
<i>nystatin 100,000 unit/gm oint</i>	1	QL 30/28
<i>nystatin 100,000 unit/gm powd</i>	1	
<i>nystatin-triamcinolone cream</i>	3	QL 60/28
<i>nystatin-triamcinolone ointm</i>	3	QL 60/28
NYSTOP 100,000 UNITS/GM POWDER	1	
TOPICAL CORTICOSTEROIDS		
ALA-CORT 1% CREAM	1	
<i>alclometasone dipr 0.05% oint</i>	1	
<i>alclometasone dipro 0.05% crm</i>	1	
<i>betamethasone dp 0.05% crm</i>	2	
<i>betamethasone dp 0.05% lot</i>	2	
<i>betamethasone dp 0.05% oint</i>	2	
<i>betamethasone dp aug 0.05% crm</i>	1	
<i>betamethasone dp aug 0.05% gel</i>	1	
<i>betamethasone dp aug 0.05% lot</i>	1	
<i>betamethasone dp aug 0.05% oin</i>	1	
<i>betamethasone va 0.1% cream</i>	1	
<i>betamethasone va 0.1% lotion</i>	1	
<i>betamethasone valer 0.1% ointm</i>	1	
<i>betamethasone valer 0.12% foam</i>	2	
<i>clobetasol 0.05% cream</i>	1	QL 120/28
<i>clobetasol 0.05% gel</i>	1	QL 120/28
<i>clobetasol 0.05% ointment</i>	1	QL 120/28
<i>clobetasol 0.05% shampoo</i>	3	QL 236/28
<i>clobetasol 0.05% solution</i>	1	QL 100/28
<i>clobetasol emollient 0.05% crm</i>	1	QL 120/28
<i>clobetasol emollnt 0.05% foam</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol emulsion 0.05% foam</i>	3	
<i>clobetasol prop 0.05% foam</i>	3	QL 100/28
CLODAN 0.05% SHAMPOO	3	QL 236/28
<i>desonide 0.05% cream</i>	2	
<i>desonide 0.05% lotion</i>	2	
<i>desonide 0.05% ointment</i>	2	
<i>desoximetasone 0.05% cream</i>	3	
<i>desoximetasone 0.05% gel</i>	3	
<i>desoximetasone 0.05% ointment</i>	3	
<i>desoximetasone 0.25% cream</i>	3	
<i>desoximetasone 0.25% ointment</i>	3	
<i>fluocinolone 0.01% body oil</i>	2	
<i>fluocinolone 0.01% cream</i>	1	
<i>fluocinolone 0.01% scalp oil</i>	2	
<i>fluocinolone 0.01% solution</i>	1	
<i>fluocinolone 0.025% cream</i>	1	
<i>fluocinolone 0.025% ointment</i>	1	
<i>fluocinonide 0.05% cream</i>	1	
<i>fluocinonide 0.05% gel</i>	1	QL 120/30
<i>fluocinonide 0.05% ointment</i>	2	QL 120/30
<i>fluocinonide 0.05% solution</i>	2	QL 120/30
<i>fluocinonide 0.1% cream</i>	3	
<i>fluticasone prop 0.005% oint</i>	1	
<i>fluticasone prop 0.05% cream</i>	1	
<i>halobetasol prop 0.05% cream</i>	2	
<i>halobetasol prop 0.05% ointmnt</i>	2	
<i>hydrocortisone 1% absorbbase</i>	1	
<i>hydrocortisone 1% cream</i>	1	
<i>hydrocortisone 1% ointment</i>	1	
<i>hydrocortisone 2.5% cream</i>	1	
<i>hydrocortisone 2.5% lotion</i>	1	
<i>hydrocortisone 2.5% ointment</i>	1	
<i>hydrocortisone buty 0.1% cream</i>	3	
<i>hydrocortisone butyr 0.1% oint</i>	2	
<i>hydrocortisone butyr 0.1% soln</i>	2	
<i>hydrocortisone val 0.2% cream</i>	2	
<i>hydrocortisone val 0.2% ointmt</i>	2	
<i>mometasone furoate 0.1% cream</i>	1	
<i>mometasone furoate 0.1% oint</i>	1	
<i>mometasone furoate 0.1% soln</i>	1	

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
<i>prednicarbate 0.1% ointment</i>	1	
<i>triamcinolone 0.025% cream</i>	1	
<i>triamcinolone 0.025% lotion</i>	1	
<i>triamcinolone 0.025% oint</i>	1	
<i>triamcinolone 0.1% cream</i>	1	
<i>triamcinolone 0.1% lotion</i>	1	
<i>triamcinolone 0.1% ointment</i>	1	
<i>triamcinolone 0.5% cream</i>	1	
<i>triamcinolone 0.5% ointment</i>	1	
TRIDERM 0.1% CREAM	1	

### TOPICAL SCABICIDES / PEDICULICIDES

<i>lindane 1% shampoo</i>	2	
<i>malathion 0.5% lotion</i>	3	
<i>permethrin 5% cream</i>	1	

### ULCER THERAPY

CARAFATE 1 GM/10 ML SUSP	3	
<i>esomeprazole mag dr 20 mg cap</i>	2	QL 60/30
<i>esomeprazole mag dr 40 mg cap</i>	2	QL 60/30
<i>famotidine 20 mg tablet</i>	1	
<i>famotidine 40 mg tablet</i>	1	
<i>lansoprazole dr 15 mg capsule</i>	2	QL 60/30
<i>lansoprazole dr 30 mg capsule</i>	2	QL 60/30
<i>misoprostol 100 mcg tablet</i>	2	
<i>misoprostol 200 mcg tablet</i>	2	
<i>nizatidine 150 mg capsule</i>	1	
<i>nizatidine 300 mg capsule</i>	1	
<i>omeprazole dr 10 mg capsule</i>	1	QL 60/30
<i>omeprazole dr 20 mg capsule</i>	1	QL 60/30
<i>omeprazole dr 40 mg capsule</i>	1	QL 60/30
<i>pantoprazole sod dr 20 mg tab</i>	1	QL 60/30
<i>pantoprazole sod dr 40 mg tab</i>	1	QL 60/30
<i>ranitidine 15 mg/ml syrup</i>	1	
<i>ranitidine 150 mg tablet</i>	1	
<i>ranitidine 300 mg tablet</i>	1	
<i>sucralfate 1 gm tablet</i>	1	

### URINARY TRACT AGENTS

<i>methenamine hipp 1 gm tablet</i>	1	
MONUROL 3 GM SACHET	3	
<i>nitrofurantoin 25 mg/5 ml susp</i>	3	
<i>nitrofurantoin mcr 100 mg cap</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin mcr 25 mg cap</i>	1	
<i>nitrofurantoin mcr 50 mg cap</i>	1	
<i>nitrofurantoin mono-mcr 100 mg</i>	1	
PRIMSOL 50 MG/5 ML ORAL SOLN	3	
<i>trimethoprim 100 mg tablet</i>	1	

### VACCINES / MISCELLANEOUS IMMUNOLOGICALS

ACTHIB VACCINE WITH DILUENT	2	
ADACEL TDAP SYRINGE	2	QL 0.5/365
ADACEL TDAP VIAL	2	QL 0.5/365
ATGAM 50 MG/ML AMPUL	3	PA,B/D
<i>bcg vaccine (tice strain) vial</i>	2	
BEXSERO PREFILLED SYRINGE	2	
BOOSTRIX TDAP VACCINE SYRINGE	2	QL 0.5/365
BOOSTRIX TDAP VACCINE VIAL	2	QL 0.5/365
DAPTACEL DTAP VACCINE	2	
<i>diphtheria-tetanus toxoids-ped</i>	2	
ENGERIX-B 20 MCG/ML SYRN	2	PA,QL 8/365,B/D
ENGERIX-B PEDI 10 MCG/0.5 SYRN	2	PA,QL 3/365,B/D
<i>fomepizole 1.5 gm/1.5 ml vial</i>	4	
GAMMAKED 1 GRAM/10 ML VIAL	4	PA,B/D
GAMMAKED 10 GRAM/100 ML VIAL	4	PA,B/D
GAMMAKED 2.5 GRAM/25 ML VIAL	4	PA,B/D
GAMMAKED 20 GRAM/200 ML VIAL	4	PA,B/D
GAMMAKED 5 GRAM/50 ML VIAL	4	PA,B/D
GAMUNEX-C 1 GRAM/10 ML VIAL	4	PA,B/D
GAMUNEX-C 10 GRAM/100 ML VIAL	4	PA,B/D
GAMUNEX-C 2.5 GRAM/25 ML VIAL	4	PA,B/D
GAMUNEX-C 20 GRAM/200 ML VIAL	4	PA,B/D
GAMUNEX-C 40 GRAM/400 ML VIAL	4	PA,B/D
GAMUNEX-C 5 GRAM/50 ML VIAL	4	PA,B/D

## 2020 Comprehensive Formulary

Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 SYRINGE	2	QL 1.5/365
GARDASIL 9 VIAL	2	QL 1.5/365
HAVRIX 1,440 UNITS/ML SYRINGE	2	
HAVRIX 1,440 UNITS/ML VIAL	2	
HAVRIX 720 UNIT/0.5 ML SYRINGE	2	
HAVRIX 720 UNITS/0.5 ML VIAL	2	
HIBERIX VACCINE WITH DILUENT	2	
IMOVAX RABIES VACCINE+DILUENT	2	PA,B/D
INFANRIX DTAP VIAL	2	
IPOX VIAL	2	
IXIARO 6 MCG/0.5 ML SYRINGE	2	
KINRIX TIP-LOK SYRINGE	2	
KINRIX VIAL	2	
MENACTRA VIAL	2	
MENVEO A-C-Y-W-135-DIP VIAL KT	2	
M-M-R II VACCINE WITH DILUENT	2	QL 2/365
PEDIARIX 0.5 ML SYRINGE	2	
PEDVAXHIB VACCINE VIAL	2	
PROQUAD VIAL	2	QL 2/365
QUADRACEL DTAP-IPV VIAL	2	
RABAERT RABIES VACC W-DILUENT	2	PA,B/D
RECOMBIVAX HB 10 MCG/ML SYR	2	PA,QL 3/365,B/D
RECOMBIVAX HB 10 MCG/ML VIAL	2	PA,QL 3/365,B/D
RECOMBIVAX HB 40 MCG/ML VIAL	2	PA,QL 3/365,B/D
RECOMBIVAX HB 5 MCG/0.5 ML SYR	2	PA,QL 3/365,B/D
ROTARIX VACCINE SUSPENSION	2	
ROTATEQ VACCINE	2	
SHINGRIX VIAL KIT	2	QL 2/999
STAMARIL VIAL	2	QL 1/999
<b>tdvax vial</b>	2	

Drug Name	Drug Tier	Requirements / Limits
TENIVAC SYRINGE	2	QL 0.5/28
TRUMENBA 120 MCG/0.5 ML VACCIN	2	
TWINRIX VACCINE SYRINGE	2	
TYPHIM VI 25 MCG/0.5 ML SYRNG	2	
TYPHIM VI 25 MCG/0.5 ML VIAL	2	
VAQTA 25 UNITS/0.5 ML SYRINGE	2	
VAQTA 25 UNITS/0.5 ML VIAL	2	
VAQTA 50 UNITS/ML SYRINGE	2	
VAQTA 50 UNITS/ML VIAL	2	
VARIVAX VACCINE WITH DILUENT	2	QL 1/365
VARIZIG 125 UNIT/1.2 ML VIAL	3	QL 12/30
YF-VAX 1 DOSE VIAL	2	
ZOSTAVAX VIAL	2	QL 1/999
VITAMINS / HEMATINICS		
<b>fluoride 1 mg tablet chewable</b>	1	
FLUORITAB 1 MG TABLET CHEW	1	
LUDENT FLUORIDE 1 MG TAB CHEW	1	
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VP-PNV-DHA SOFTGEL	2	

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carbidopa-levodopa 25-250 tab	25	cefaclor 250 mg capsule	30	cefixime 100 mg/5 ml susp	30
carbidopa-levodopa 50 mg-enta	25	cefaclor 250 mg/5 ml susp	30	cefixime 200 mg/5 ml susp	30
carbidopa-levodopa 75 mg-enta	25	cefaclor 375 mg/5 ml suspen	30	cefixime 400 mg capsule	30
CARNITOR 1 GM/5 ML VIAL	38	cefaclor 500 mg capsule	30	cefotaxime sodium 1 gm vial	30
carteolol hcl 1% eye drops	28	cefaclor er 500 mg tablet	30	cefotaxime sodium 500 mg vial	30
CARTIA XT 120 MG CAPSULE	14	cefadroxil 1 gm tablet	30	cefotetan 1 gm vial	30
CARTIA XT 180 MG CAPSULE	14	cefadroxil 250 mg/5 ml susp	30	cefotetan 10 gm vial	30
CARTIA XT 240 MG CAPSULE	14	cefadroxil 500 mg capsule	30	cefotetan 2 gm vial	30
CARTIA XT 300 MG CAPSULE	14	cefadroxil 500 mg/5 ml susp	30	cefoxitin 1 gm vial	30
carvedilol 12.5 mg tablet	14	cefazolin 1 g/50 ml-dextrose	30	cefoxitin 10 gm vial	30
		cefazolin 1 gm vial	30	cefoxitin 2 gm vial	30
		cefazolin 10 gm vial	30	cefpodoxime 100 mg tablet	30
				cefpodoxime 100 mg/5 ml susp	30
				cefpodoxime 200 mg tablet	30

cefepodoxime 50 mg/5 ml susp	30	celecoxib 400 mg capsule	50	chlorpromazine 100 mg tablet	56
cefprozil 125 mg/5 ml susp	30	celecoxib 50 mg capsule	50	chlorpromazine 200 mg tablet	56
cefprozil 250 mg tablet	30	CELONTIN 300 MG KAPSEAL	10	chlorpromazine 25 mg tablet	56
cefprozil 250 mg/5 ml susp	30	cephalexin 125 mg/5 ml susp	30	chlorpromazine 25 mg/ml amp	56
cefprozil 500 mg tablet	30	cephalexin 250 mg capsule	30	chlorpromazine 50 mg tablet	56
ceftazidime 1 gm piggyback	30	cephalexin 250 mg/5 ml susp	30	chlorthalidone 25 mg tablet	14
ceftazidime 1 gm vial	30	cephalexin 500 mg capsule	30	chlorthalidone 50 mg tablet	14
ceftazidime 2 gm piggyback	30	CEREZYME 400 UNITS VIAL	43	cholestyramine light packet	37
ceftazidime 2 gm vial	30	CHANTIX 0.5 MG TABLET	63	cholestyramine light powder	37
ceftazidime 6 gm vial	30	CHANTIX 1 MG CONT MONTH BOX	63	cholestyramine packet	37
ceftriaxone 1 gm piggyback	30	CHANTIX 1 MG TABLET	63	cholestyramine powder	37
ceftriaxone 1 gm vial	30	CHANTIX STARTING MONTH BOX	63	chorionic gonad 10,000 unit vl	43
ceftriaxone 10 gm vial	30	CHATEAL-28 TABLET	51	CICLODAN 8% SOLUTION	65
ceftriaxone 2 gm add vial	30	CHEMET 100 MG CAPSULE	38	ciclopirox 0.77% cream	65
ceftriaxone 2 gm piggyback	30	chloramphen na succ 1 gm vl	40	ciclopirox 0.77% topical susp	65
ceftriaxone 2 gm vial	30	chlorhexidine 0.12% rinse	38	ciclopirox 1% shampoo	65
ceftriaxone 250 mg vial	30	chloroquine ph 250 mg tablet	40	ciclopirox 8% solution	65
ceftriaxone 500 mg vial	30	chloroquine ph 500 mg tablet	40	cilostazol 100 mg tablet	31
cefuroxime axetil 250 mg tab	30	chlorothiazide 250 mg tablet	14	cilostazol 50 mg tablet	31
cefuroxime axetil 500 mg tab	30	chlorothiazide 500 mg tablet	14	CILOXAN 0.3% OINTMENT	10
cefuroxime sod 1.5 gm vial	30	chlorothiazide sod 500 mg vial	14	CIMDUO 300-300 MG TABLET	27
cefuroxime sod 7.5 gm vial	30	chlorpromazine 10 mg tablet	56	CINRYZE 500 UNIT VIAL	61
cefuroxime sod 750 mg vial	30			CIPRO HC OTIC SUSPENSION	54
celecoxib 100 mg capsule	50			CIPRODEX OTIC SUSPENSION	54
celecoxib 200 mg capsule	50				

ciprofloxacin 0.3% eye drop	10	CLINDACIN ETZ 1% PLEDGET	64	CLINIMIX 4.25%-10% SOLUTION	45
ciprofloxacin 500 mg/5 ml susp	63	CLINDACIN P 1% PLEDGETS	64	CLINIMIX 4.25%-25% SOLUTION	45
ciprofloxacin hcl 100 mg tab	63	clindamycin 2% vaginal cream	46	CLINIMIX 4.25%-5% SOLUTION	38
ciprofloxacin hcl 250 mg tab	63	clindamycin 300 mg/2 ml addvan	40	CLINIMIX 5%-15% SOLUTION	46
ciprofloxacin hcl 500 mg tab	63	clindamycin 300 mg/50 ml-ns	40	CLINIMIX 5%-20% SOLUTION	46
ciprofloxacin hcl 750 mg tab	63	clindamycin 600 mg/50 ml-ns	40	CLINIMIX 5%-25% SOLUTION	46
ciprofloxacin-d5w 200 mg/100 ml	63	clindamycin 900 mg/50 ml-ns	40	CLINIMIX E 2.75%-10% SOLUTION	38
ciprofloxacin-d5w 400 mg/200 ml	63	clindamycin 900 mg/6 ml addvan	40	CLINIMIX E 4.25%-10% SOLUTION	46
citalopram hbr 10 mg tablet	56	clindamycin hcl 150 mg capsule	40	CLINIMIX E 4.25%-25% SOLUTION	46
citalopram hbr 10 mg/5 ml soln	56	clindamycin hcl 300 mg capsule	40	CLINIMIX N9G15E 2.75%-D7.5W	46
citalopram hbr 20 mg tablet	56	clindamycin hcl 75 mg capsule	40	CLINISOL 15% SOLUTION	46
citalopram hbr 40 mg tablet	56	clindamycin ph 1% gel	64	clobazam 10 mg tablet	10
CLARAVIS 10 MG CAPSULE	64	clindamycin ph 1% solution	64	clobazam 2.5 mg/ml suspension	10
CLARAVIS 20 MG CAPSULE	64	clindamycin ph 300 mg/2 ml vl	40	clobazam 20 mg tablet	10
CLARAVIS 30 MG CAPSULE	64	clindamycin ph 600 mg/4 ml vl	40	clobetasol 0.05% cream	66
CLARAVIS 40 MG CAPSULE	64	clindamycin ph 9 g/60 ml vial	40	clobetasol 0.05% gel	66
clarithromycin 125 mg/5 ml sus	35	clindamycin ph 900 mg/6 ml vl	40	clobetasol 0.05% ointment	66
clarithromycin 250 mg tablet	35	clindamycin phos 1% pledget	64	clobetasol 0.05% shampoo	66
clarithromycin 250 mg/5 ml sus	35	clindamycin phosp 1% lotion	64	clobetasol 0.05% solution	66
clarithromycin 500 mg tablet	35	clindamycin-d5w 300 mg/50 ml	40	clobetasol emollient 0.05% crm	66
clarithromycin er 500 mg tab	35	clindamycin-d5w 600 mg/50 ml	40	clobetasol emollnt 0.05% foam	66
		clindamycin-d5w 900 mg/50 ml	40	clobetasol emulsion 0.05% foam	66
				clobetasol prop 0.05% foam	66

CLODAN 0.05% SHAMPOO	66	clotrimazole 1% cream	65	COMBIGAN 0.2%-0.5% EYE DROPS	53
clomipramine 25 mg capsule	56	clotrimazole 1% solution	65	COMBIVENT RESPIMAT 20-100 MCG	61
clomipramine 50 mg capsule	56	clotrimazole 10 mg troche	13	COMETRIQ 100 MG DAILY-DOSE PK	19
clomipramine 75 mg capsule	56	clotrimazole- betamethasone crm	66	COMETRIQ 140 MG DAILY-DOSE PK	19
clonazepam 0.125 mg dis tab	10	clotrimazole- betamethasone lot	66	COMETRIQ 60 MG DAILY-DOSE PACK	19
clonazepam 0.25 mg odt	10	clozapine 100 mg tablet	56	COMPLERA TABLET	27
clonazepam 0.5 mg dis tablet	10	clozapine 200 mg tablet	56	COMPRO 25 MG SUPPOSITORY	42
clonazepam 0.5 mg tablet	10	clozapine 25 mg tablet	56	CONSTULOSE 10 GM/15 ML SOLN	42
clonazepam 1 mg dis tablet	10	clozapine 50 mg tablet	56	COPAXONE 20 MG/ML SYRINGE	44
clonazepam 1 mg tablet	10	clozapine odt 100 mg tablet	56	COPAXONE 40 MG/ML SYRINGE	45
clonazepam 2 mg odt	10	clozapine odt 12.5 mg tablet	56	COPIKTRA 15 MG CAPSULE	19
clonazepam 2 mg tablet	10	clozapine odt 150 mg tablet	56	COPIKTRA 25 MG CAPSULE	19
clonidine 0.1 mg/day patch	15	clozapine odt 200 mg tablet	56	CORLANOR 5 MG TABLET	41
clonidine 0.2 mg/day patch	15	clozapine odt 25 mg tablet	56	CORLANOR 7.5 MG TABLET	41
clonidine 0.3 mg/day patch	15	COARTEM TABLETS	40	cortisone 25 mg tablet	8
clonidine hcl 0.1 mg tablet	15	colchicine 0.6 mg capsule	37	COSMEGEN 0.5 MG VIAL	19
clonidine hcl 0.2 mg tablet	15	colchicine 0.6 mg tablet	37	COTELLIC 20 MG TABLET	19
clonidine hcl 0.3 mg tablet	15	colesevelam 625 mg tablet	37	COUMADIN 1 MG TABLET	31
clonidine hcl er 0.1 mg tablet	56	colesevelam hcl 3.75 g packet	37	COUMADIN 10 MG TABLET	31
clopidogrel 300 mg tablet	31	colestipol hcl granules	37	COUMADIN 2 MG TABLET	31
clopidogrel 75 mg tablet	31	colestipol hcl granules packet	37	COUMADIN 2.5 MG TABLET	31
clorazepate 15 mg tablet	56	colestipol micronized 1 gm tab	37	COUMADIN 3 MG TABLET	31
clorazepate 3.75 mg tablet	56	colistimethate 150 mg vial	40		
clorazepate 7.5 mg tablet	56	COLOCORT 100 MG ENEMA	42		
		COLY-MYCIN S OTIC SUSP DROP	54		



COUMADIN 4 MG TABLET	31	cyclophosphamide 25 mg capsule	19	d5%-1/2ns-kcl 30 meq/l iv sol	34
COUMADIN 5 MG TABLET	31	cyclophosphamide 50 mg capsule	19	d5%-1/2ns-kcl 40 meq/l iv sol	34
COUMADIN 6 MG TABLET	31	cyclophosphamide 500 mg vial	19	dalfampridine er 10 mg tablet	45
COUMADIN 7.5 MG TABLET	31	cycloserine 250 mg capsule	40	DALIRESP 250 MCG TABLET	61
CREON DR 12,000 UNITS CAPSULE	42	CYCLOSET 0.8 MG TABLET	32	DALIRESP 500 MCG TABLET	61
CREON DR 24,000 UNITS CAPSULE	42	cyclosporine 100 mg capsule	19	danazol 100 mg capsule	43
CREON DR 3,000 UNITS CAPSULE	42	cyclosporine 25 mg capsule	19	danazol 200 mg capsule	43
CREON DR 36,000 UNITS CAPSULE	42	cyclosporine 50 mg/ml ampul	19	danazol 50 mg capsule	43
CREON DR 6,000 UNITS CAPSULE	42	cyclosporine modified 100 mg	19	dantrolene sodium 100 mg cap	47
CRIXIVAN 200 MG CAPSULE	27	cyclosporine modified 100mg/ml	19	dantrolene sodium 25 mg cap	47
CRIXIVAN 400 MG CAPSULE	27	cyclosporine modified 25 mg	19	dantrolene sodium 50 mg cap	47
cromolyn 100 mg/5 ml oral conc	42	cyclosporine modified 50 mg	19	dapsone 100 mg tablet	40
cromolyn 20 mg/2 ml neb soln	61	CYRAMZA 100 MG/10 ML VIAL	19	dapsone 25 mg tablet	40
cromolyn 4% eye drops	46	CYRAMZA 500 MG/50 ML VIAL	19	DAPTACEL DTAP VACCINE	67
CRYSELLE-28 TABLET	51	CYRED 28 DAY TABLET	51	daptomycin 350 mg vial	40
CURAD GAUZE PADS 2" X 2"	32	CYRED EQ 28 DAY TABLET	51	daptomycin 500 mg vial	40
CYCLAFEM 1-35-28 TABLET	51	CYSTADANE 1 GRAM/1.7 ML POWDER	42	DARAPRIM 25 MG TABLET	40
CYCLAFEM 7-7-7-28 TABLET	51	CYSTAGON 150 MG CAPSULE	46	darifenacin er 15 mg tablet	10
cyclobenzaprine 10 mg tablet	47	CYSTAGON 50 MG CAPSULE	46	darifenacin er 7.5 mg tablet	10
cyclobenzaprine 5 mg tablet	47	CYSTARAN 0.44% EYE DROPS	46	DARZALEX 100 MG/5 ML VIAL	19
cyclophosphamide 1 gm vial	19	d5%-1/2ns-kcl 10 meq/l iv sol	34	DARZALEX 400 MG/20 ML VIAL	19
cyclophosphamide 2 gm vial	19			DASETТА 1-35-28 TABLET	51
				DASETТА 7/7/7-28 TABLET	51
				daunorubicin 20 mg/4 ml vial	19

daunorubicin 50 mg/10 ml vial	19	desipramine 75 mg tablet	56	dexamethasone 0.5 mg/5 ml elx	8
DAURISMO 100 MG TABLET	19	desloratadine 5 mg tablet	13	dexamethasone 0.5 mg/5 ml liq	8
DAURISMO 25 MG TABLET	19	desmopressin 0.01% solution	44	dexamethasone 0.75 mg tablet	8
DAYSEE 0.15-0.03-0.01 MG TAB	51	desmopressin 10 mcg/0.1 ml spr	44	dexamethasone 1 mg tablet	8
DEBLITANE 0.35 MG TABLET	35	desmopressin 40 mcg/10 ml vial	44	dexamethasone 1.5 mg tablet	8
DELESTROGEN 10 MG/ML VIAL	35	desmopressin acetate 0.1 mg tb	44	dexamethasone 10 mg/ml vial	8
DELSTRIGO 100-300-300 MG TAB	27	desmopressin acetate 0.2 mg tb	44	dexamethasone 100 mg/10 ml vl	8
DELYLA-28 TABLET	51	desogest-eth estra 0.15-0.03mg	51	dexamethasone 120 mg/30 ml vl	8
demeclocycline 150 mg tablet	63	desogestr-eth estrad eth estra	51	dexamethasone 2 mg tablet	8
demeclocycline 300 mg tablet	63	desonide 0.05% cream	66	dexamethasone 20 mg/5 ml vial	8
DEMSEER 250 MG CAPSULE	15	desonide 0.05% lotion	66	dexamethasone 4 mg tablet	9
DENAVIR 1% CREAM	41	desonide 0.05% ointment	66	dexamethasone 4 mg/ml vial	9
DEPEN 250 MG TITRATAB	53	desoximetasone 0.05% cream	66	dexamethasone 6 mg tablet	9
DEPO-ESTRADIOL 5 MG/ML VIAL	35	desoximetasone 0.05% gel	66	DEXAMETHASONE INTENSOL 1 MG/ML	9
DEPO-MEDROL 20 MG/ML VIAL	8	desoximetasone 0.05% ointment	66	dexmethylphenidate 10 mg tab	56
DEPO-PROVERA 400 MG/ML VIAL	35	desoximetasone 0.25% cream	66	dexmethylphenidate 2.5 mg tab	56
DESCOVY 200-25 MG TABLET	27	desoximetasone 0.25% ointment	66	dexmethylphenidate 5 mg tab	56
desipramine 10 mg tablet	56	desvenlafaxine suc er 100 mg	56	dextroamp-amphet er 10 mg cap	56
desipramine 100 mg tablet	56	desvenlafaxine suc er 25 mg tb	56	dextroamp-amphet er 15 mg cap	56
desipramine 150 mg tablet	56	desvenlafaxine suc er 50 mg tb	56	dextroamp-amphet er 20 mg cap	56
desipramine 25 mg tablet	56	dexamethasone 0.1% eye drop	63	dextroamp-amphet er 25 mg cap	56
desipramine 50 mg tablet	56	dexamethasone 0.5 mg tablet	8		

dextroamp-amphet er 30 mg cap	56	dextrose 30%-water iv soln	38	diazepam 20 mg rectal gel syst	11
dextroamp-amphet er 5 mg cap	56	dextrose 40%-water iv soln	38	diazepam 5 mg tablet	56
dextroamp-amphetam 12.5 mg tab	56	dextrose 5%-0.2% nacl iv soln	38	diazepam 5 mg/5 ml solution	56
dextroamp-amphetam 7.5 mg tab	56	dextrose 5%-0.225% nacl iv sol	38	diclofenac 0.1% eye drops	51
dextroamp-amphetamin 10 mg tab	56	dextrose 5%-0.3% nacl iv soln	38	diclofenac 1.5% topical soln	50
dextroamp-amphetamin 15 mg tab	56	dextrose 5%-0.33% nacl iv soln	38	diclofenac pot 50 mg tablet	50
dextroamp-amphetamin 20 mg tab	56	dextrose 5%-0.45% nacl iv soln	38	diclofenac sod ec 25 mg tab	50
dextroamp-amphetamin 30 mg tab	56	dextrose 5%-0.9% nacl iv soln	38	diclofenac sod ec 50 mg tab	50
dextroamp- amphetamine 5 mg tab	56	dextrose 5%-electrolyte 48	34	diclofenac sod ec 75 mg tab	50
dextroamphetamine 10 mg tab	56	dextrose 5%-lr iv solution	34	diclofenac sod er 100 mg tab	50
dextroamphetamine 5 mg tab	56	dextrose 5%-water iv soln	38	diclofenac sodium 1% gel	50
dextroamphetamine 5 mg/5 ml	56	dextrose 50%-water iv soln	38	dicloxacillin 250 mg capsule	54
dextroamphetamine er 10 mg cap	56	dextrose 50%-water syringe	38	dicloxacillin 500 mg capsule	54
dextroamphetamine er 15 mg cap	56	dextrose 70%-water iv soln	38	dicyclomine 10 mg capsule	12
dextroamphetamine er 5 mg cap	56	DIASTAT 2.5 MG PEDI SYSTEM	10	dicyclomine 10 mg/5 ml soln	12
dextrose 10%-0.2% nacl iv soln	38	DIASTAT ACUDIAL 12.5-15-20 MG	10	dicyclomine 20 mg tablet	12
dextrose 10%-0.45% nacl iv sol	38	DIASTAT ACUDIAL 5- 7.5-10 MG KT	11	didanosine dr 200 mg capsule	27
dextrose 10%-water iv solution	38	diazepam 10 mg rectal gel syst	11	didanosine dr 250 mg capsule	27
dextrose 2.5%-0.45% nacl iv	38	diazepam 10 mg tablet	56	didanosine dr 400 mg capsule	27
dextrose 20%-water iv soln	38	diazepam 10 mg/2 ml carpuject	56	DIFICID 200 MG TABLET	35
dextrose 25%-water syringe	38	diazepam 2 mg tablet	56	diflunisal 500 mg tablet	50
		diazepam 2.5 mg rectal gel sys	11	DIGITEK 125 MCG TABLET	41

DIGITEK 250 MCG TABLET	41	diltiazem 24h er(la) 180 mg tb	15	dipyridamole 25 mg tablet	31
DIGOX 125 MCG TABLET	41	diltiazem 24h er(la) 240 mg tb	15	dipyridamole 50 mg tablet	31
DIGOX 250 MCG TABLET	41	diltiazem 24h er(la) 300 mg tb	15	dipyridamole 75 mg tablet	31
digoxin 0.05 mg/ml solution	41	diltiazem 24h er(la) 360 mg tb	15	disulfiram 250 mg tablet	38
digoxin 125 mcg tablet	41	diltiazem 24h er(la) 420 mg tb	15	disulfiram 500 mg tablet	38
digoxin 250 mcg tablet	41	diltiazem 24h er(xr) 120 mg cp	15	divalproex dr 125 mg cap sprnk	11
digoxin 500 mcg/2 ml ampule	41	diltiazem 24h er(xr) 180 mg cp	15	divalproex sod dr 125 mg tab	11
dihydroergotamine 4 mg/ml spry	38	diltiazem 24h er(xr) 240 mg cp	15	divalproex sod dr 250 mg tab	11
DILANTIN 30 MG CAPSULE	11	diltiazem 24hr cd 180 mg cap	15	divalproex sod dr 500 mg tab	11
DILT XR 120 MG CAPSULE	15	diltiazem 24hr er 120 mg cap	15	divalproex sod er 250 mg tab	11
DILT XR 180 MG CAPSULE	15	diltiazem 24hr er 180 mg cap	15	divalproex sod er 500 mg tab	11
DILT XR 240 MG CAPSULE	15	diltiazem 24hr er 240 mg cap	15	dofetilide 125 mcg capsule	9
diltiazem 100 mg add-van vial	15	diltiazem 24hr er 300 mg cap	15	dofetilide 250 mcg capsule	9
diltiazem 120 mg tablet	15	diltiazem 24hr er 420 mg cap	15	dofetilide 500 mcg capsule	9
diltiazem 125 mg/25 ml vial	15	diltiazem 25 mg/5 ml vial	15	donepezil hcl 10 mg tablet	45
diltiazem 12hr er 120 mg cap	15	diltiazem 30 mg tablet	15	donepezil hcl 23 mg tablet	45
diltiazem 12hr er 60 mg cap	15	diltiazem 50 mg/10 ml vial	15	donepezil hcl 5 mg	45
diltiazem 12hr er 90 mg cap	15	diltiazem 60 mg tablet	15	donepezil hcl odt 10 mg tablet	45
diltiazem 24h er(cd) 120 mg cp	15	diltiazem 90 mg tablet	15	donepezil hcl odt 5 mg tablet	45
diltiazem 24h er(cd) 180 mg cp	15	diphenhydramine 50 mg/ml vial	13	dorzolamide hcl 2% eye drops	53
diltiazem 24h er(cd) 240 mg cp	15	diphenoxylat-atrop 2.5-0.025/5	12	dorzolamide-timolol eye drops	53
diltiazem 24h er(cd) 300 mg cp	15	diphenoxylate-atrop 2.5-0.025	12	DOTTI 0.025 MG PATCH	35
		diphtheria-tetanus toxoids-ped	67		

DOTTI 0.0375 MG PATCH	35	doxycycline hyclate 20 mg tab	64	E.E.S. 400 FILMTAB	35
DOTTI 0.05 MG PATCH	35	doxycycline hyclate 50 mg cap	64	econazole nitrate 1% cream	66
DOTTI 0.075 MG PATCH	36	doxycycline mono 100 mg cap	64	EDARBI 40 MG TABLET	15
DOTTI 0.1 MG PATCH	36	doxycycline mono 100 mg tablet	64	EDARBI 80 MG TABLET	15
DOVATO 50-300 MG TABLET	27	doxycycline mono 150 mg tablet	64	EDARBYCLOR 40-12.5 MG TABLET	15
doxazosin mesylate 1 mg tab	15	doxycycline mono 50 mg cap	64	EDARBYCLOR 40-25 MG TABLET	15
doxazosin mesylate 2 mg tab	15	doxycycline mono 50 mg tablet	64	ED-SPAZ 0.125 MG ODT	12
doxazosin mesylate 4 mg tab	15	doxycycline mono 75 mg tablet	64	EDURANT 25 MG TABLET	27
doxazosin mesylate 8 mg tab	15	dronabinol 10 mg capsule	42	efavirenz 200 mg capsule	27
doxepin 10 mg capsule	56	dronabinol 2.5 mg capsule	42	efavirenz 50 mg capsule	27
doxepin 10 mg/ml oral conc	56	dronabinol 5 mg capsule	42	efavirenz 600 mg tablet	27
doxepin 100 mg capsule	57	DROXIA 200 MG CAPSULE	19	ELAPRASE 6 MG/3 ML VIAL	44
doxepin 150 mg capsule	57	DROXIA 300 MG CAPSULE	19	ELIGARD 22.5 MG SYRINGE KIT	19
doxepin 25 mg capsule	57	DROXIA 400 MG CAPSULE	19	ELIGARD 30 MG SYRINGE KIT	19
doxepin 50 mg capsule	57	DUAVEE 0.45-20 MG TABLET	36	ELIGARD 45 MG SYRINGE KIT	19
doxepin 75 mg capsule	57	duloxetine hcl dr 20 mg cap	57	ELIGARD 7.5 MG SYRINGE KIT	19
doxercalciferol 0.5 mcg cap	44	duloxetine hcl dr 30 mg cap	57	ELINEST-28 TABLET	51
doxercalciferol 1 mcg capsule	44	duloxetine hcl dr 60 mg cap	57	ELIQUIS 2.5 MG TABLET	31
doxercalciferol 2.5 mcg cap	44	DURAMORPH 10 MG/10 ML AMPUL	47	ELIQUIS 5 MG STARTER PACK	31
doxercalciferol 4 mcg/2 ml vl	44	DURAMORPH 5 MG/10 ML AMPUL	47	ELIQUIS 5 MG TABLET	31
DOXY 100 VIAL	64	dutasteride 0.5 mg capsule	28	ELLA 30 MG TABLET	51
doxycycline 25 mg/5 ml susp	64	dutasteride-tamsulosin 0.5-0.4	28	ELMIRON 100 MG CAPSULE	46
doxycycline hyclate 100 mg cap	64			EMCYT 140 MG CAPSULE	19
doxycycline hyclate 100 mg tab	64			EMEND 125 MG POWDER PACKET	42
doxycycline hyclate 100 mg vl	64				

EMOQUETTE 28 DAY TABLET	51	ENGERIX-B PEDI 10 MCG/0.5 SYRN	67	epinastine hcl 0.05% eye drops	46
EMSAM 12 MG/24 HOURS PATCH	57	enoxaparin 100 mg/ml syringe	31	epinephrine 0.15 mg auto-injct	13
EMSAM 6 MG/24 HOURS PATCH	57	enoxaparin 120 mg/0.8 ml syr	31	epinephrine 0.3 mg auto-inject	13
EMSAM 9 MG/24 HOURS PATCH	57	enoxaparin 150 mg/ml syringe	31	EPIPEN 2-PAK 0.3 MG AUTO-INJCT	13
EMTRIVA 10 MG/ML SOLUTION	27	enoxaparin 30 mg/0.3 ml syr	31	EPIPEN JR 2-PAK 0.15 MG INJCTR	13
EMTRIVA 200 MG CAPSULE	27	enoxaparin 300 mg/3 ml vial	31	EPITOL 200 MG TABLET	11
enalapril maleate 10 mg tab	15	enoxaparin 40 mg/0.4 ml syr	31	EPIVIR HBV 25 MG/5 ML SOLN	27
enalapril maleate 2.5 mg tab	15	enoxaparin 60 mg/0.6 ml syr	31	ergotamine-caffeine 1-100mg tb	38
enalapril maleate 20 mg tab	15	enoxaparin 80 mg/0.8 ml syr	31	ERIVEDGE 150 MG CAPSULE	19
enalapril maleate 5 mg tablet	15	ENPRESSE-28 TABLET	51	ERLEADA 60 MG TABLET	19
enalapril-hctz 10-25 mg tablet	15	ENSKYCE 28 TABLET	51	erlotinib hcl 100 mg tablet	19
enalapril-hctz 5-12.5 mg tab	15	entacapone 200 mg tablet	25	erlotinib hcl 150 mg tablet	19
ENBREL 25 MG KIT	53	entecavir 0.5 mg tablet	27	erlotinib hcl 25 mg tablet	19
ENBREL 25 MG/0.5 ML SYRINGE	53	entecavir 1 mg tablet	27	ERRIN 0.35 MG TABLET	36
ENBREL 50 MG/ML MINI CARTRIDGE	53	ENTRESTO 24 MG-26 MG TABLET	41	ertapenem 1 gram vial	40
ENBREL 50 MG/ML SURECLICK SYR	53	ENTRESTO 49 MG-51 MG TABLET	41	ERY 2% PADS	64
ENBREL 50 MG/ML SYRINGE	53	ENTRESTO 97 MG-103 MG TABLET	41	ERYPED 400 MG/5 ML SUSPENSION	35
ENDOCET 10-325 MG TABLET	47	ENULOSE 10 GM/15 ML SOLUTION	42	ERY-TAB DR 250 MG TABLET	35
ENDOCET 2.5-325 MG TABLET	47	ENVARUSUS XR 0.75 MG TABLET	19	ERY-TAB DR 333 MG TABLET	35
ENDOCET 5-325 TABLET	47	ENVARUSUS XR 1 MG TABLET	19	ERY-TAB DR 500 MG TABLET	35
ENDOCET 7.5-325 MG TABLET	47	ENVARUSUS XR 4 MG TABLET	19	ERYTHROCIN 250 MG FILMTAB	35
ENGERIX-B 20 MCG/ML SYRN	67	EPCLUSA 400 MG-100 MG TABLET	27	ERYTHROCIN 500 MG ADDVAN VIAL	35
		EPIDIOLEX 100 MG/ML SOLUTION	11		

erythromycin 0.5% eye ointment	10	esomeprazole mag dr 40 mg cap	67	ethosuximide 250 mg/5 ml soln	11
erythromycin 2% gel	64	ESTARYLLA 0.25-0.035 MG TABLET	51	ethynodiol-eth estra 1mg-50mcg	51
erythromycin 2% pledgets	64	estradiol 0.01% cream	36	etidronate disodium 400 mg tab	38
erythromycin 2% solution	64	estradiol 0.025 mg patch	36	etodolac 200 mg capsule	50
erythromycin 200 mg/5 ml susp	35	estradiol 0.0375 mg patch	36	etodolac 300 mg capsule	50
erythromycin 250 mg filmtab	35	estradiol 0.05 mg patch	36	etodolac 400 mg tablet	50
erythromycin 400 mg/5 ml susp	35	estradiol 0.075 mg patch	36	etodolac 500 mg tablet	50
erythromycin 500 mg filmtab	35	estradiol 0.1 mg patch	36	etodolac er 400 mg tablet	50
erythromycin dr 250 mg tablet	35	estradiol 0.5 mg tablet	36	etodolac er 500 mg tablet	50
erythromycin dr 333 mg tablet	35	estradiol 1 mg tablet	36	etodolac er 600 mg tablet	50
erythromycin dr 500 mg tablet	35	estradiol 10 mcg vaginal insrt	36	etoposide 1,000 mg/50 ml vial	19
erythromycin es 400 mg tab	35	estradiol 2 mg tablet	36	etoposide 100 mg/5 ml vial	19
erythromycin-benzoyl gel	64	estradiol tds 0.025 mg/day	36	etoposide 500 mg/25 ml vial	19
ESBRIET 267 MG CAPSULE	61	estradiol tds 0.0375 mg/day	36	EVOMELA 50 MG VIAL	19
ESBRIET 267 MG TABLET	62	estradiol tds 0.05 mg/day	36	EVOTAZ 300 MG-150 MG TABLET	27
ESBRIET 801 MG TABLET	62	estradiol tds 0.06 mg/day	36	exemestane 25 mg tablet	19
escitalopram 10 mg tablet	57	estradiol tds 0.075 mg/day	36	ezetimibe 10 mg tablet	37
escitalopram 20 mg tablet	57	estradiol tds 0.1 mg/day	36	ezetimibe-simvastatin 10-10 mg	37
escitalopram 5 mg tablet	57	estradiol valerate 20 mg/ml vl	36	ezetimibe-simvastatin 10-20 mg	37
escitalopram oxalate 5 mg/5 ml	57	estradiol valerate 40 mg/ml vl	36	ezetimibe-simvastatin 10-40 mg	37
ESGIC CAPSULE	47	ESTRING 2 MG VAGINAL RING	36	ezetimibe-simvastatin 10-80 mg	37
esomeprazole mag dr 20 mg cap	67	ethacrynate sodium 50 mg vial	15	FABRAZYME 35 MG VIAL	44
		ethambutol hcl 100 mg tablet	40	FABRAZYME 5 MG VIAL	44
		ethambutol hcl 400 mg tablet	40		
		ethosuximide 250 mg capsule	11		

FALMINA-28 TABLET	52	FEMYNOR 28 TABLET	52	fentanyl 75 mcg/hr patch	48
famciclovir 125 mg tablet	27	fenofibrate 130 mg capsule	37	fentanyl 87.5 mcg/hr patch	48
famciclovir 250 mg tablet	27	fenofibrate 134 mg capsule	37	fentanyl cit ofc 1,200 mcg	48
famciclovir 500 mg tablet	27	fenofibrate 145 mg tablet	37	fentanyl cit ofc 1,600 mcg	48
famotidine 20 mg tablet	67	fenofibrate 150 mg capsule	37	fentanyl citrate ofc 200 mcg	48
famotidine 40 mg tablet	67	fenofibrate 160 mg tablet	37	fentanyl citrate ofc 400 mcg	48
FANAPT 1 MG TABLET	57	fenofibrate 200 mg capsule	37	fentanyl citrate ofc 600 mcg	48
FANAPT 10 MG TABLET	57	fenofibrate 43 mg capsule	37	fentanyl citrate ofc 800 mcg	48
FANAPT 12 MG TABLET	57	fenofibrate 48 mg tablet	37	FERRIPROX 100 MG/ML SOLUTION	38
FANAPT 2 MG TABLET	57	fenofibrate 50 mg capsule	37	FERRIPROX 500 MG TABLET	38
FANAPT 4 MG TABLET	57	fenofibrate 54 mg tablet	37	FETZIMA 20-40 MG TITRATION PAK	57
FANAPT 6 MG TABLET	57	fenofibrate 67 mg capsule	37	FETZIMA ER 120 MG CAPSULE	57
FANAPT 8 MG TABLET	57	fenofibric acid dr 135 mg cap	37	FETZIMA ER 20 MG CAPSULE	57
FANAPT TITRATION PACK	57	fenofibric acid dr 45 mg cap	37	FETZIMA ER 40 MG CAPSULE	57
FARXIGA 10 MG TABLET	32	fentanyl 1,000 mcg/20 ml ampul	47	FETZIMA ER 80 MG CAPSULE	57
FARXIGA 5 MG TABLET	32	fentanyl 100 mcg/2 ml carpujct	47	finasteride 5 mg tablet	28
FARYDAK 10 MG CAPSULE	19	fentanyl 100 mcg/hr patch	48	FIRAZYR 30 MG/3 ML SYRINGE	62
FARYDAK 15 MG CAPSULE	19	fentanyl 12 mcg/hr patch	48	FIRDAPSE 10 MG TABLET	45
FARYDAK 20 MG CAPSULE	19	fentanyl 2,500 mcg/50 ml vial	48	FIRMAGON 2 X 120 MG KIT	20
FASLODEX 250 MG/5 ML SYRINGE	20	fentanyl 25 mcg/hr patch	48	FIRMAGON 80 MG KIT	20
felbamate 400 mg tablet	11	fentanyl 250 mcg/5 ml vial	48	FIRVANQ 25 MG/ML SOLUTION	40
felbamate 600 mg tablet	11	fentanyl 37.5 mcg/hr patch	48	FIRVANQ 50 MG/ML SOLUTION	40
felbamate 600 mg/5 ml susp	11	fentanyl 50 mcg/hr patch	48		
felodipine er 10 mg tablet	15	fentanyl 62.5 mcg/hr patch	48		
felodipine er 2.5 mg tablet	15				
felodipine er 5 mg tablet	15				



FLAC OTIC OIL 0.01% EAR DROP	46	fludarabine 50 mg/2 ml vial	20	fluoxetine dr 90 mg capsule	57
flavoxate hcl 100 mg tablet	10	fludrocortisone 0.1 mg tablet	9	fluoxetine hcl 10 mg capsule	57
flecainide acetate 100 mg tab	9	flunisolide 0.025% spray	62	fluoxetine hcl 10 mg tablet	57
flecainide acetate 150 mg tab	9	fluocinolone 0.01% body oil	66	fluoxetine hcl 20 mg capsule	57
flecainide acetate 50 mg tab	9	fluocinolone 0.01% cream	66	fluoxetine hcl 20 mg tablet	57
FLOVENT 100 MCG DISKUS	62	fluocinolone 0.01% scalp oil	66	fluoxetine hcl 40 mg capsule	57
FLOVENT 250 MCG DISKUS	62	fluocinolone 0.01% solution	66	fluphenazine 1 mg tablet	57
FLOVENT 50 MCG DISKUS	62	fluocinolone 0.025% cream	66	fluphenazine 10 mg tablet	57
FLOVENT HFA 110 MCG INHALER	62	fluocinolone 0.025% ointment	66	fluphenazine 2.5 mg tablet	57
FLOVENT HFA 220 MCG INHALER	62	fluocinolone oil 0.01% ear drp	46	fluphenazine 2.5 mg/5 ml elix	57
FLOVENT HFA 44 MCG INHALER	62	fluocinonide 0.05% cream	66	fluphenazine 2.5 mg/ml vial	57
fluconazole 10 mg/ml susp	13	fluocinonide 0.05% gel	66	fluphenazine 5 mg tablet	57
fluconazole 100 mg tablet	13	fluocinonide 0.05% ointment	66	fluphenazine 5 mg/ml conc	57
fluconazole 150 mg tablet	13	fluocinonide 0.05% solution	66	fluphenazine dec 125 mg/5 ml	57
fluconazole 200 mg tablet	13	fluocinonide 0.1% cream	66	flurbiprofen 0.03% eye drop	51
fluconazole 40 mg/ml susp	13	fluoride 1 mg tablet chewable	68	flurbiprofen 100 mg tablet	50
fluconazole 50 mg tablet	13	FLUORITAB 1 MG TABLET CHEW	68	flurbiprofen 50 mg tablet	50
fluconazole-nacl 200 mg/100 ml	13	fluorometholone 0.1% drops	63	flutamide 125 mg capsule	20
fluconazole-nacl 400 mg/200 ml	13	fluorouracil 0.5% cream	41	fluticasone prop 0.005% oint	66
flucytosine 250 mg capsule	13	fluorouracil 2% topical soln	41	fluticasone prop 0.05% cream	66
flucytosine 500 mg capsule	13	fluorouracil 5% cream	41	fluticasone prop 50 mcg spray	62
fludarabine 50 mg vial	20	fluorouracil 5% topical soln	41	fluvoxamine maleate 100 mg tab	57
		fluoxetine 20 mg/5 ml solution	57		

fluvoxamine maleate 25 mg tab	57	furosemide 40 mg tablet	15	galantamine er 24 mg capsule	45
fluvoxamine maleate 50 mg tab	57	furosemide 40 mg/4 ml syringe	15	galantamine er 8 mg capsule	45
FOLOTYN 20 MG/ML VIAL	20	furosemide 40 mg/5 ml soln	15	galantamine hbr 12 mg tablet	45
FOLOTYN 40 MG/2 ML VIAL	20	furosemide 80 mg tablet	15	galantamine hbr 4 mg tablet	45
fomepizole 1.5 gm/1.5 ml vial	67	FUZEON 90 MG VIAL	27	galantamine hbr 8 mg tablet	45
fondaparinux 10 mg/0.8 ml syr	31	FYAVOLV 0.5 MG-2.5 MCG TABLET	36	GAMMAKED 1 GRAM/10 ML VIAL	67
fondaparinux 2.5 mg/0.5 ml syr	31	FYAVOLV 1 MG-5 MCG TABLET	36	GAMMAKED 10 GRAM/100 ML VIAL	67
fondaparinux 5 mg/0.4 ml syr	31	FYCOMPA 0.5 MG/ML ORAL SUSP	11	GAMMAKED 2.5 GRAM/25 ML VIAL	67
fondaparinux 7.5 mg/0.6 ml syr	31	FYCOMPA 10 MG TABLET	11	GAMMAKED 20 GRAM/200 ML VIAL	67
FORTEO 600 MCG/2.4 ML PEN INJ	53	FYCOMPA 12 MG TABLET	11	GAMMAKED 5 GRAM/50 ML VIAL	67
fosamprenavir 700 mg tablet	27	FYCOMPA 2 MG TABLET	11	GAMUNEX-C 1 GRAM/10 ML VIAL	67
fosinopril sodium 10 mg tab	15	FYCOMPA 4 MG TABLET	11	GAMUNEX-C 10 GRAM/100 ML VIAL	67
fosinopril sodium 20 mg tab	15	FYCOMPA 6 MG TABLET	11	GAMUNEX-C 2.5 GRAM/25 ML VIAL	67
fosinopril sodium 40 mg tab	15	FYCOMPA 8 MG TABLET	11	GAMUNEX-C 20 GRAM/200 ML VIAL	67
fosinopril-hctz 10-12.5 mg tab	15	gabapentin 100 mg capsule	11	GAMUNEX-C 40 GRAM/400 ML VIAL	67
fosinopril-hctz 20-12.5 mg tab	15	gabapentin 250 mg/5 ml soln	11	GAMUNEX-C 5 GRAM/50 ML VIAL	67
FREAMINE HBC 6.9% IV SOLN	46	gabapentin 300 mg capsule	11	GARDASIL 9 SYRINGE	68
FREAMINE III 10% IV SOLN.	46	gabapentin 400 mg capsule	11	GARDASIL 9 VIAL	68
fulvestrant 250 mg/5 ml syrng	20	gabapentin 600 mg tablet	11	GATTEX 5 MG 30-VIAL KIT	42
furosemide 10 mg/ml solution	15	gabapentin 800 mg tablet	11	GAVILYTE-C SOLUTION	42
furosemide 100 mg/10 ml vial	15	galantamine 4 mg/ml oral soln	45	GAVILYTE-G SOLUTION	42
furosemide 20 mg tablet	15	galantamine er 16 mg capsule	45	GAVILYTE-N SOLUTION	42

GAZYVA 1,000 MG/40 ML VIAL	20	GENOTROPIN MINIQUICK 1.2 MG	29	glipizide 5 mg tablet	32
gemcitabine 1 gram/26.3 ml vl	20	GENOTROPIN MINIQUICK 1.4 MG	29	glipizide er 10 mg tablet	32
gemcitabine 2 gram/52.6 ml vl	20	GENOTROPIN MINIQUICK 1.6 MG	29	glipizide er 2.5 mg tablet	32
gemcitabine 200 mg/5.26 ml vl	20	GENOTROPIN MINIQUICK 1.8 MG	29	glipizide er 5 mg tablet	32
gemcitabine hcl 1 gram vial	20	GENOTROPIN MINIQUICK 2 MG	29	glipizide xl 10 mg tablet	32
gemcitabine hcl 2 gram vial	20	GENTAK 0.3 % EYE OINTMENT	10	glipizide xl 2.5 mg tablet	32
gemcitabine hcl 2 gram/20 ml	20	gentamicin 0.1% cream	65	glipizide xl 5 mg tablet	32
gemcitabine hcl 200 mg vial	20	gentamicin 0.1% ointment	65	glipizide-metformin 2.5-250 mg	32
gemcitabine hcl 200 mg/2 ml vl	20	gentamicin 3 mg/ml eye drop	10	glipizide-metformin 2.5-500 mg	32
gemfibrozil 600 mg tablet	37	gentamicin 80 mg/2 ml vial	40	glipizide-metformin 5-500 mg	32
GENERLAC 10 GM/15 ML SOLUTION	42	gentamicin ped 20 mg/2 ml vial	40	GLUCAGEN 1 MG HYPOKIT	32
GENGRAF 100 MG CAPSULE	20	GENVOYA TABLET	27	GLUCAGON 1 MG EMERGENCY KIT	32
GENGRAF 100 MG/ML SOLUTION	20	GEODON 20 MG/ML VIAL	57	glycopyrrolate 0.2 mg/ml syrng	12
GENGRAF 25 MG CAPSULE	20	GILENYA 0.5 MG CAPSULE	45	glycopyrrolate 0.2 mg/ml vial	12
GENOTROPIN 12 MG CARTRIDGE	29	GILOTRIF 20 MG TABLET	20	glycopyrrolate 0.4 mg/2 ml syr	13
GENOTROPIN 5 MG CARTRIDGE	29	GILOTRIF 30 MG TABLET	20	glycopyrrolate 1 mg tablet	13
GENOTROPIN MINIQUICK 0.2 MG	29	GILOTRIF 40 MG TABLET	20	glycopyrrolate 2 mg tablet	13
GENOTROPIN MINIQUICK 0.4 MG	29	GLEOSTINE 10 MG CAPSULE	20	glycopyrrolate 4 mg/20 ml vial	13
GENOTROPIN MINIQUICK 0.6 MG	29	GLEOSTINE 100 MG CAPSULE	20	GLYDO 2% JELLY SYRINGE	41
GENOTROPIN MINIQUICK 0.8 MG	29	GLEOSTINE 40 MG CAPSULE	20	GLYXAMBI 10 MG-5 MG TABLET	32
GENOTROPIN MINIQUICK 1 MG	29	glimepiride 1 mg tablet	32	GLYXAMBI 25 MG-5 MG TABLET	32
		glimepiride 2 mg tablet	32	granisetron hcl 1 mg tablet	42
		glimepiride 4 mg tablet	32	granisetron hcl 1 mg/ml vial	42
		glipizide 10 mg tablet	32	granisetron hcl 4 mg/4 ml vial	42

griseofulvin 125 mg/5 ml susp	13	HAVRIX 720 UNITS/0.5 ML VIAL	68	HIBERIX VACCINE WITH DILUENT	68
griseofulvin micro 500 mg tab	13	HEATHER TABLET	36	HUMALOG 100 UNIT/ML VIAL	32
griseofulvin ultra 125 mg tab	13	heparin 20,000 unit/500 ml-d5w	31	HUMALOG 100 UNITS/ML CARTRIDGE	32
griseofulvin ultra 250 mg tab	13	heparin 25,000 unit/250 ml-d5w	31	HUMALOG 100 UNITS/ML KWIKPEN	32
guanidine hcl 125 mg tablet	57	heparin 25,000 unit/250-1/2 ns	31	HUMALOG 200 UNITS/ML KWIKPEN	32
HAILEY 24 FE 1 MG-20 MCG TAB	52	heparin 25,000 unit/500 ml-d5w	31	HUMALOG JR 100 UNIT/ML KWIKPEN	32
HALAVEN 1 MG/2 ML VIAL	20	heparin 25,000 unit/500-1/2 ns	31	HUMALOG MIX 50-50 KWIKPEN	32
halobetasol prop 0.05% cream	66	heparin 30,000 unit/30 ml vial	31	HUMALOG MIX 50-50 VIAL	32
halobetasol prop 0.05% ointmnt	66	heparin sod 10,000 unit/ml vl	31	HUMALOG MIX 75-25 KWIKPEN	32
haloperidol 0.5 mg tablet	57	heparin sod 20,000 unit/ml vl	31	HUMALOG MIX 75-25 VIAL	32
haloperidol 1 mg tablet	57	heparin sod 5,000 unit/0.5 ml	31	HUMIRA 10 MG/0.2 ML SYRINGE	53
haloperidol 10 mg tablet	57	heparin sod 5,000 unit/ml vial	31	HUMIRA 20 MG/0.4 ML SYRINGE	53
haloperidol 2 mg tablet	57	heparin-1/2ns 25,000 units/500	31	HUMIRA 40 MG/0.8 ML SYRINGE	53
haloperidol 20 mg tablet	57	heparin-d5w 25,000 unit/250 ml	31	HUMIRA PEDI CROHN 40 MG/0.8 ML	53
haloperidol 5 mg tablet	57	heparin-d5w 25,000 unit/500 ml	31	HUMIRA PEN 40 MG/0.8 ML	53
haloperidol dec 100 mg/ml amp	57	heparin-ns 1,000 units/500 ml	31	HUMIRA PEN CROHN-UC-HS 40 MG	53
haloperidol dec 100 mg/ml vial	57	heparin-ns 2,000 unit/1,000 ml	31	HUMIRA PEN PS-UV-ADOL HS 40 MG	53
haloperidol decan 50 mg/ml amp	57	HEPATAMINE 8% IV SOLUTION	46	HUMIRA(CF) 10 MG/0.1 ML SYRING	53
haloperidol lac 2 mg/ml conc	57	HERCEPTIN 150 MG VIAL	20	HUMIRA(CF) 20 MG/0.2 ML SYRING	53
haloperidol lac 5 mg/ml vial	57	HERCEPTIN 440 MG VIAL	20	HUMIRA(CF) 40 MG/0.4 ML SYRING	53
HARVONI 90-400 MG TABLET	27	HERCEPTIN HYLECTA 600MG-10,000	20	HUMIRA(CF) PEDI CROHN 80-40 MG	53
HAVRIX 1,440 UNITS/ML SYRINGE	68	HETLIOZ 20 MG CAPSULE	57		
HAVRIX 1,440 UNITS/ML VIAL	68				
HAVRIX 720 UNIT/0.5 ML SYRINGE	68				

HUMIRA(CF) PEDI CROHN 80MG/0.8	53	hydrocodone-acetamn 7.5-325/15	48	hydromorphone 1 mg/ml syringe	48
HUMIRA(CF) PEN 40 MG/0.4 ML	53	hydrocodone-ibuprofen 10-200	48	hydromorphone 10 mg/ml vial	48
HUMIRA(CF) PEN CRHN-UC-HS 80MG	53	hydrocodone-ibuprofen 5-200 mg	48	hydromorphone 2 mg tablet	48
HUMIRA(CF) PEN PS-UV-AHS 80-40	53	hydrocodone-ibuprofen 7.5-200	48	hydromorphone 2 mg/ml isecure	48
HUMULIN 70/30 KWIKPEN	32	hydrocortison-acetic acid soln	46	hydromorphone 2 mg/ml vial	48
HUMULIN 70-30 VIAL	32	hydrocortisone 1% absorbbase	66	hydromorphone 4 mg tablet	48
HUMULIN N 100 UNIT/ML VIAL	32	hydrocortisone 1% cream	66	hydromorphone 4 mg/ml carpuct	48
HUMULIN N 100 UNITS/ML KWIKPEN	32	hydrocortisone 1% ointment	66	hydromorphone 50 mg/5 ml vial	48
HUMULIN R 100 UNIT/ML VIAL	32	hydrocortisone 10 mg tablet	9	hydromorphone 8 mg tablet	48
HUMULIN R 500 UNITS/ML KWIKPEN	32	hydrocortisone 100 mg/60 ml	42	hydroxychloroquine 200 mg tab	40
HUMULIN R 500 UNITS/ML VIAL	32	hydrocortisone 2.5% cream	66	hydroxyprogesterone 1.25 g/5ml	36
hydralazine 10 mg tablet	15	hydrocortisone 2.5% lotion	66	hydroxyurea 500 mg capsule	20
hydralazine 100 mg tablet	15	hydrocortisone 2.5% ointment	66	hyoscyamine 0.125 mg odt	13
hydralazine 20 mg/ml vial	15	hydrocortisone 20 mg tablet	9	hyoscyamine 0.125 mg tab sl	13
hydralazine 25 mg tablet	15	hydrocortisone 5 mg tablet	9	hyoscyamine 0.125 mg/5 ml elix	13
hydralazine 50 mg tablet	15	hydrocortisone butyr 0.1% cream	66	hyoscyamine sulf 0.125 mg tab	13
hydrochlorothiazide 12.5 mg cp	15	hydrocortisone butyr 0.1% oint	66	ibandronate sodium 150 mg tab	53
hydrochlorothiazide 12.5 mg tb	15	hydrocortisone butyr 0.1% soln	66	IBRANCE 100 MG CAPSULE	20
hydrochlorothiazide 25 mg tab	15	hydrocortisone val 0.2% cream	66	IBRANCE 125 MG CAPSULE	20
hydrochlorothiazide 50 mg tab	15	hydrocortisone val 0.2% ointmt	66	IBRANCE 75 MG CAPSULE	20
hydrocodone-acetamin 10-325 mg	48	hydromorphone 1 mg/ml solution	48	IBU 600 MG TABLET	50
hydrocodone-acetamin 5-325 mg	48			IBU 800 MG TABLET	50
hydrocodone-acetamin 7.5-325	48				

ibuprofen 100 mg/5 ml susp	50	imipramine hcl 50 mg tablet	58	INLYTA 1 MG TABLET	21
ibuprofen 400 mg tablet	50	imiquimod 3.75% cream pump	41	INLYTA 5 MG TABLET	21
ibuprofen 600 mg tablet	50	imiquimod 5% cream packet	41	INTELENCE 100 MG TABLET	27
ibuprofen 800 mg tablet	50	IMOVAX RABIES VACCINE+DILUENT	68	INTELENCE 200 MG TABLET	27
icatibant 30 mg/3 ml syringe	62	INCASSIA 0.35 MG TABLET	36	INTELENCE 25 MG TABLET	27
ICLUSIG 15 MG TABLET	20	INCRELEX 40 MG/4 ML VIAL	38	INTRALIPID 20% IV FAT EMUL	46
ICLUSIG 45 MG TABLET	20	INCRUSE ELLIPTA 62.5 MCG INH	62	INTRALIPID 30% IV FAT EMUL	46
IDHIFA 100 MG TABLET	20	indapamide 1.25 mg tablet	16	INTRON A 10 MILLION UNITS VIAL	29
IDHIFA 50 MG TABLET	20	indapamide 2.5 mg tablet	16	INTRON A 18 MILLION UNIT/3 ML	29
imatinib mesylate 100 mg tab	20	INFANRIX DTAP VIAL	68	INTRON A 18 MILLION UNITS VIAL	29
imatinib mesylate 400 mg tab	20	INFUGEM 1,200 MG/120 ML BAG	20	INTRON A 25 MILLION UNIT/2.5ML	29
IMBRUVICA 140 MG CAPSULE	20	INFUGEM 1,300 MG/130 ML BAG	20	INTRON A 50 MILLION UNITS VIAL	29
IMBRUVICA 140 MG TABLET	20	INFUGEM 1,400 MG/140 ML BAG	20	INTROVALE 0.15-0.03 MG TABLET	52
IMBRUVICA 280 MG TABLET	20	INFUGEM 1,500 MG/150 ML BAG	20	INVEGA SUSTENNA 117 MG/0.75 ML	58
IMBRUVICA 420 MG TABLET	20	INFUGEM 1,600 MG/160 ML BAG	20	INVEGA SUSTENNA 156 MG/ML SYRG	58
IMBRUVICA 560 MG TABLET	20	INFUGEM 1,700 MG/170 ML BAG	20	INVEGA SUSTENNA 234 MG/1.5 ML	58
IMBRUVICA 70 MG CAPSULE	20	INFUGEM 1,800 MG/180 ML BAG	20	INVEGA SUSTENNA 39 MG/0.25 ML	58
IMFINZI 120 MG/2.4 ML VIAL	20	INFUGEM 1,900 MG/190 ML BAG	20	INVEGA SUSTENNA 78 MG/0.5 ML	58
IMFINZI 500 MG/10 ML VIAL	20	INFUGEM 2,000 MG/200 ML BAG	20	INVEGA TRINZA 273 MG/0.875 ML	58
imipenem-cilastatin 250 mg vl	40	INFUGEM 2,200 MG/220 ML BAG	20	INVEGA TRINZA 410 MG/1.315 ML	58
imipenem-cilastatin 500 mg vl	40	INFUMORPH 200 MG/20 ML AMPUL	48	INVEGA TRINZA 546 MG/1.75 ML	58
imipramine hcl 10 mg tablet	57	INFUMORPH 500 MG/20 ML AMPUL	48	INVEGA TRINZA 819 MG/2.625 ML	58
imipramine hcl 25 mg tablet	57				

INVELTYS 1% EYE DROP	63	irinotecan hcl 40 mg/2 ml vial	21	isoton gentamicin 100 mg/50 ml	40
INVIRASE 500 MG TABLET	27	irinotecan hcl 500 mg/25 ml vl	21	isoton gentamicin 60 mg/50 ml	40
INVOKAMET 150-1,000 MG TABLET	32	ISENTRESS 100 MG POWDER PACKET	27	isoton gentamicin 80 mg/100 ml	40
INVOKAMET 150-500 MG TABLET	32	ISENTRESS 100 MG TABLET CHEW	27	isoton gentamicin 80 mg/50 ml	40
INVOKAMET 50-1,000 MG TABLET	32	ISENTRESS 25 MG TABLET CHEW	27	isotretinoin 10 mg capsule	64
INVOKAMET 50-500 MG TABLET	32	ISENTRESS 400 MG TABLET	27	isotretinoin 20 mg capsule	64
INVOKAMET XR 150-1,000 MG TAB	32	ISENTRESS HD 600 MG TABLET	27	isotretinoin 30 mg capsule	64
INVOKAMET XR 150-500 MG TABLET	32	ISIBLOOM 28 DAY TABLET	52	isotretinoin 40 mg capsule	64
INVOKAMET XR 50-1,000 MG TAB	32	iso gentamicin 100 mg/100 ml	40	isradipine 2.5 mg capsule	16
INVOKAMET XR 50-500 MG TABLET	33	isoniazid 100 mg tablet	40	isradipine 5 mg capsule	16
INVOKANA 100 MG TABLET	33	isoniazid 300 mg tablet	40	ISTODAX 10 MG KIT	21
INVOKANA 300 MG TABLET	33	isoniazid 50 mg/5 ml solution	40	itraconazole 10 mg/ml solution	13
IPOL VIAL	68	isosorbide dinitr er 40 mg tab	50	itraconazole 100 mg capsule	13
iprat-albut 0.5-3(2.5) mg/3 ml	62	isosorbide dinitrate 10 mg tab	50	ivermectin 3 mg tablet	40
ipratropium 0.03% spray	38	isosorbide dinitrate 20 mg tab	50	IXIARO 6 MCG/0.5 ML SYRINGE	68
ipratropium 0.06% spray	38	isosorbide dinitrate 30 mg tab	50	JADENU 180 MG TABLET	38
ipratropium br 0.02% soln	62	isosorbide dinitrate 5 mg tab	50	JADENU 360 MG TABLET	38
irbesartan 150 mg tablet	16	isosorbide mononit 10 mg tab	50	JADENU 90 MG TABLET	39
irbesartan 300 mg tablet	16	isosorbide mononit 20 mg tab	50	JADENU SPRINKLE 180 MG GRANULE	39
irbesartan 75 mg tablet	16	isosorbide mononit er 120 mg	50	JADENU SPRINKLE 360 MG GRANULE	39
irbesartan-hctz 150-12.5 mg tb	16	isosorbide mononit er 30 mg tb	50	JADENU SPRINKLE 90 MG GRANULE	39
irbesartan-hctz 300-12.5 mg tb	16	isosorbide mononit er 60 mg tb	50	JAKAFI 10 MG TABLET	21
IRESSA 250 MG TABLET	21			JAKAFI 15 MG TABLET	21
irinotecan hcl 100 mg/5 ml vl	21			JAKAFI 20 MG TABLET	21

JAKAFI 25 MG TABLET	21	JENTADUETO 2.5 MG-1000 MG TAB	33	KARIVA 28 DAY TABLET	52
JAKAFI 5 MG TABLET	21	JENTADUETO 2.5 MG-500 MG TAB	33	kcl 20 meq in d5w solution	34
JANTOVEN 1 MG TABLET	31	JENTADUETO 2.5 MG-850 MG TAB	33	kcl 20 meq in d5w-0.2% nacl	34
JANTOVEN 10 MG TABLET	31	JENTADUETO XR 2.5 MG-1,000 MG	33	kcl 20 meq in d5w-0.225% nacl	34
JANTOVEN 2 MG TABLET	31	JENTADUETO XR 5 MG-1,000 MG TB	33	kcl 20 meq in d5w-0.3% nacl	34
JANTOVEN 2.5 MG TABLET	31	JOLESSA 0.15 MG-0.03 MG TABLET	52	kcl 20 meq in d5w-0.45% nacl	34
JANTOVEN 3 MG TABLET	31	JOLIVETTE TABLET	36	kcl 20 meq in d5w-lact ringer	34
JANTOVEN 4 MG TABLET	31	JULEBER 28 DAY TABLET	52	kcl 20 meq in d5w-ns	34
JANTOVEN 5 MG TABLET	31	JULUCA 50-25 MG TABLET	27	kcl 20 meq-ns 1,000 ml iv soln	34
JANTOVEN 6 MG TABLET	31	JUNEL 1 MG-20 MCG TABLET	52	kcl 40 meq in d5w solution	34
JANTOVEN 7.5 MG TABLET	31	JUNEL 1.5 MG-30 MCG TABLET	52	kcl 40 meq in d5w-lact ringer	34
JANUMET 50-1,000 MG TABLET	33	JUNEL FE 1 MG-20 MCG TABLET	52	kcl 40 meq in d5w-nacl 0.9%	34
JANUMET 50-500 MG TABLET	33	JUNEL FE 1.5 MG-30 MCG TABLET	52	kcl 40 meq-ns 1,000 ml iv soln	34
JANUMET XR 100-1,000 MG TABLET	33	KABIVEN IV EMULSION	46	KELNOR 1-35 28 TABLET	52
JANUMET XR 50-1,000 MG TABLET	33	KADCYLA 100 MG VIAL	21	KELNOR 1-50 TABLET	52
JANUMET XR 50-500 MG TABLET	33	KADCYLA 160 MG VIAL	21	ketoconazole 2% cream	66
JANUVIA 100 MG TABLET	33	KALETRA 100-25 MG TABLET	27	ketoconazole 2% shampoo	66
JANUVIA 25 MG TABLET	33	KALETRA 200-50 MG TABLET	27	ketoconazole 200 mg tablet	13
JANUVIA 50 MG TABLET	33	KALYDECO 150 MG TABLET	62	ketorolac 0.4% ophth solution	51
JARDIANCE 10 MG TABLET	33	KALYDECO 25 MG GRANULES PACKET	62	ketorolac 0.5% ophth solution	51
JARDIANCE 25 MG TABLET	33	KALYDECO 50 MG GRANULES PACKET	62	KEYTRUDA 100 MG/4 ML VIAL	21
JENCYCLA 0.35 MG TABLET	36	KALYDECO 75 MG GRANULES PACKET	62	KINRIX TIP-LOK SYRINGE	68
				KINRIX VIAL	68



KIONEX 15 GM/60 ML SUSPENSION	39	labetalol hcl 200 mg tablet	16	lamotrigine er 50 mg tablet	11
KISQALI 200 MG DAILY DOSE	21	labetalol hcl 300 mg tablet	16	lamotrigine odt 100 mg tablet	11
KISQALI 400 MG DAILY DOSE	21	LACRISERT 5 MG EYE INSERT	46	lamotrigine odt 200 mg tablet	11
KISQALI 600 MG DAILY DOSE	21	lactated ringers injection	34	lamotrigine odt 25 mg tablet	11
KISQALI FEMARA 200 MG CO-PACK	21	lactated ringers irrigation	39	lamotrigine odt 50 mg tablet	11
KISQALI FEMARA 400 MG CO-PACK	21	lactulose 10 gm/15 ml solution	42	LANOXIN PED 100 MCG/ML AMPUL	41
KISQALI FEMARA 600 MG CO-PACK	21	lamivudine 10 mg/ml oral soln	27	lansoprazole dr 15 mg capsule	67
KLOR-CON 10 MEQ TABLET	34	lamivudine 150 mg tablet	27	lansoprazole dr 30 mg capsule	67
KLOR-CON 20 MEQ PACKET	34	lamivudine 300 mg tablet	27	LANTUS 100 UNIT/ML VIAL	33
KLOR-CON 8 MEQ TABLET	34	lamivudine hbv 100 mg tablet	27	LANTUS SOLOSTAR 100 UNIT/ML	33
KLOR-CON M10 TABLET	34	lamivudine-zidovudine tablet	27	LARIN 1.5 MG-30 MCG TABLET	52
KLOR-CON M20 TABLET	34	lamotrigine 100 mg tablet	11	LARIN 21 1-20 TABLET	52
KLOR-CON SPRINKLER 10 MEQ CP	34	lamotrigine 150 mg tablet	11	LARIN FE 1.5-30 TABLET	52
KLOR-CON SPRINKLER 8 MEQ CAP	34	lamotrigine 200 mg tablet	11	LARIN FE 1-20 TABLET	52
KORLYM 300 MG TABLET	44	lamotrigine 25 mg disper tab	11	LARISSIA-28 TABLET	52
KURVELO TABLET	52	lamotrigine 25 mg tablet	11	LARTRUVO 190 MG/19 ML VIAL	21
KUVAN 100 MG POWDER PACKET	44	lamotrigine 5 mg disper tablet	11	LARTRUVO 500 MG/50 ML VIAL	21
KUVAN 100 MG TABLET	44	lamotrigine er 100 mg tablet	11	latanoprost 0.005% eye drops	53
KUVAN 500 MG POWDER PACKET	44	lamotrigine er 200 mg tablet	11	LATUDA 120 MG TABLET	58
KYPROLIS 10 MG VIAL	21	lamotrigine er 25 mg tablet	11	LATUDA 20 MG TABLET	58
KYPROLIS 30 MG VIAL	21	lamotrigine er 250 mg tablet	11	LATUDA 40 MG TABLET	58
KYPROLIS 60 MG VIAL	21	lamotrigine er 300 mg tablet	11	LATUDA 60 MG TABLET	58
labetalol hcl 100 mg tablet	16				

LATUDA 80 MG TABLET	58	LEUKINE 250 MCG VIAL	29	levofloxacin 250 mg tablet	63
leflunomide 10 mg tablet	53	leuprolide 2wk 14 mg/2.8 ml kt	21	levofloxacin 250 mg/50 ml-d5w	63
leflunomide 20 mg tablet	54	levalbuterol tar hfa 45mcg inh	62	levofloxacin 500 mg tablet	63
LENVIMA 10 MG DAILY DOSE	21	LEVEMIR 100 UNIT/ML VIAL	33	levofloxacin 500 mg/100 ml-d5w	63
LENVIMA 12 MG DAILY DOSE	21	LEVEMIR FLEXTOUCH 100 UNIT/ML	33	levofloxacin 500 mg/20 ml vial	63
LENVIMA 14 MG DAILY DOSE	21	levetiracetam 1,000 mg tablet	11	levofloxacin 750 mg tablet	63
LENVIMA 18 MG DAILY DOSE	21	levetiracetam 100 mg/ml soln	11	levofloxacin 750 mg/150 ml-d5w	63
LENVIMA 20 MG DAILY DOSE	21	levetiracetam 250 mg tablet	11	LEVONEST-28 TABLET	52
LENVIMA 24 MG DAILY DOSE	21	levetiracetam 500 mg tablet	11	levono-e estrad 0.10-0.02-0.01	52
LENVIMA 4 MG CAPSULE	21	levetiracetam 500 mg/5 ml vial	11	levono-e estrad 0.15-0.03-0.01	52
LENVIMA 8 MG DAILY DOSE	21	levetiracetam 750 mg tablet	11	levonor-eth estrad 0.1-0.02 mg	52
LESSINA-28 TABLET	52	levetiracetam er 500 mg tablet	11	levonor-eth estrad 0.15-0.03	52
letrozole 2.5 mg tablet	21	levetiracetam er 750 mg tablet	11	levonor-eth estrad triphasic	52
leucovorin cal 500 mg/50 ml vl	8	levetiracetam-nacl 1,000mg/100	11	LEVORA-28 TABLET	52
leucovorin calcium 10 mg tab	8	levetiracetam-nacl 1,500mg/100	11	levothyroxine 100 mcg tablet	65
leucovorin calcium 100 mg vial	8	levetiracetam-nacl 500 mg/100	11	levothyroxine 112 mcg tablet	65
leucovorin calcium 15 mg tab	8	levobunolol 0.5% eye drops	28	levothyroxine 125 mcg tablet	65
leucovorin calcium 25 mg tab	8	levocarnitine 1 g/10 ml soln	39	levothyroxine 137 mcg tablet	65
leucovorin calcium 350 mg vial	8	levocarnitine 330 mg tablet	39	levothyroxine 150 mcg tablet	65
leucovorin calcium 5 mg tab	8	levocetirizine 2.5 mg/5 ml sol	13	levothyroxine 175 mcg tablet	65
leucovorin calcium 50 mg vial	8	levocetirizine 5 mg tablet	13	levothyroxine 200 mcg tablet	65
leucovorin calcium 500 mg vl	8	levofloxacin 25 mg/ml solution	63	levothyroxine 25 mcg tablet	65
LEUKERAN 2 MG TABLET	21				

levothyroxine 300 mcg tablet	65	lidocaine hcl 1% vial	41	lisinopril 40 mg tablet	16
levothyroxine 50 mcg tablet	65	lidocaine hcl 1.5% ampul	41	lisinopril 5 mg tablet	16
levothyroxine 75 mcg tablet	65	lidocaine hcl 2% 40 mg/2 ml vl	42	lisinopril-hctz 10-12.5 mg tab	16
levothyroxine 88 mcg tablet	65	lidocaine hcl 2% jelly	42	lisinopril-hctz 20-12.5 mg tab	16
LEVOXYL 100 MCG TABLET	65	lidocaine hcl 2% jelly uro-jet	42	lisinopril-hctz 20-25 mg tab	16
LEVOXYL 112 MCG TABLET	65	lidocaine hcl 2% luer-jet	9	lithium carbonate 150 mg cap	58
LEVOXYL 125 MCG TABLET	65	lidocaine hcl 2% vial	42	lithium carbonate 300 mg cap	58
LEVOXYL 137 MCG TABLET	65	lidocaine hcl 4% ampul	42	lithium carbonate 300 mg tab	58
LEVOXYL 150 MCG TABLET	65	lidocaine hcl 4% solution	42	lithium carbonate 600 mg cap	58
LEVOXYL 175 MCG TABLET	65	lidocaine-prilocaine cream	42	lithium carbonate er 300 mg tb	58
LEVOXYL 200 MCG TABLET	65	lincomycin hcl 600 mg/2 ml vl	40	lithium carbonate er 450 mg tb	58
LEVOXYL 25 MCG TABLET	65	lindane 1% shampoo	67	LIVALO 1 MG TABLET	37
LEVOXYL 50 MCG TABLET	65	linezolid 100 mg/5 ml susp	40	LIVALO 2 MG TABLET	37
LEVOXYL 75 MCG TABLET	65	linezolid 600 mg tablet	40	LIVALO 4 MG TABLET	37
LEVOXYL 88 MCG TABLET	65	linezolid 600 mg/300 ml-d5w	40	LOKELMA 10 GRAM POWDER PACKET	39
LEXIVA 50 MG/ML SUSPENSION	27	linezolid 600mg/300ml-0.9%nacl	40	LOKELMA 5 GRAM POWDER PACKET	39
LIBTAYO 350 MG/7 ML VIAL	21	LINZESS 145 MCG CAPSULE	42	LONSURF 15 MG-6.14 MG TABLET	21
lidocaine 2% viscous soln	41	LINZESS 290 MCG CAPSULE	42	LONSURF 20 MG-8.19 MG TABLET	21
lidocaine 5% ointment	41	LINZESS 72 MCG CAPSULE	42	loperamide 2 mg capsule	13
lidocaine 5% patch	41	liothyronine sod 25 mcg tab	65	lopinavir-ritonavir 80-20mg/ml	27
lidocaine hcl 0.5% vial	41	liothyronine sod 5 mcg tab	65	lorazepam 0.5 mg tablet	58
lidocaine hcl 1% abboject	9	liothyronine sod 50 mcg tab	65	lorazepam 1 mg tablet	58
lidocaine hcl 1% ampul	41	lisinopril 10 mg tablet	16	lorazepam 2 mg tablet	58
		lisinopril 2.5 mg tablet	16	lorazepam 2 mg/ml carpuject	58
		lisinopril 20 mg tablet	16		
		lisinopril 30 mg tablet	16		

lorazepam 2 mg/ml oral concent	58	LOW-OGESTREL-28 TABLET	52	LYRICA 150 MG CAPSULE	11
lorazepam 20 mg/10 ml vial	58	loxapine 10 mg capsule	58	LYRICA 20 MG/ML ORAL SOLUTION	11
lorazepam 4 mg/ml carpuject	58	loxapine 25 mg capsule	58	LYRICA 200 MG CAPSULE	11
LORAZEPAM INTENSOL 2 MG/ML	58	loxapine 5 mg capsule	58	LYRICA 225 MG CAPSULE	11
LORBRENA 100 MG TABLET	21	loxapine 50 mg capsule	58	LYRICA 25 MG CAPSULE	11
LORBRENA 25 MG TABLET	21	LUDENT FLUORIDE 1 MG TAB CHEW	68	LYRICA 300 MG CAPSULE	11
LORCET 5-325 MG TABLET	48	LUMIGAN 0.01% EYE DROPS	53	LYRICA 50 MG CAPSULE	11
LORCET HD 10-325 MG TABLET	48	LUMIZYME 50 MG VIAL	44	LYRICA 75 MG CAPSULE	11
LORCET PLUS 7.5-325 MG TABLET	48	LUMOXITI 1 MG VIAL	21	LYRICA CR 165 MG TABLET	11
losartan potassium 100 mg tab	16	LUPRON DEPOT 11.25 MG 3MO KIT	21	LYRICA CR 330 MG TABLET	11
losartan potassium 25 mg tab	16	LUPRON DEPOT 22.5 MG 3MO KIT	21	LYRICA CR 82.5 MG TABLET	11
losartan potassium 50 mg tab	16	LUPRON DEPOT 3.75 MG KIT	21	LYSODREN 500 MG TABLET	22
losartan-hctz 100-12.5 mg tab	16	LUPRON DEPOT 45 MG 6MO KIT	21	LYZA 0.35 MG TABLET	36
losartan-hctz 100-25 mg tab	16	LUPRON DEPOT 7.5 MG KIT	21	magnesium sulf 1 g/100 ml-d5w	34
losartan-hctz 50-12.5 mg tab	16	LUPRON DEPOT-4 MONTH KIT	21	magnesium sulf 2 g/50 ml bag	34
LOTEMAX 0.5% EYE DROPS	63	LUPRON DEPOT-PED 11.25 MG 3MO	21	magnesium sulf 20 g/500 ml bag	34
LOTEMAX 0.5% EYE OINTMENT	63	LUPRON DEPOT-PED 11.25 MG KIT	21	magnesium sulf 4 g/100 ml bag	34
LOTEMAX 0.5% OPHTHALMIC GEL	63	LUPRON DEPOT-PED 15 MG KIT	21	magnesium sulf 4 g/50 ml bag	34
LOTEMAX SM 0.38% OPHTH GEL	63	LUPRON DEPOT-PED 30 MG 3MO KIT	22	magnesium sulf 40 g/1,000 ml	34
lovastatin 10 mg tablet	37	LUPRON DEPOT-PED 7.5 MG KIT	22	magnesium sulfate 50% syringe	34
lovastatin 20 mg tablet	37	LUTERA-28 TABLET	52	magnesium sulfate 50% vial	34
lovastatin 40 mg tablet	37	LYNPARZA 100 MG TABLET	22	malathion 0.5% lotion	67
		LYNPARZA 150 MG TABLET	22		
		LYRICA 100 MG CAPSULE	11		

maprotiline 25 mg tablet	58	MEKINIST 0.5 MG TABLET	22	meropenem iv 500 mg vial	40
maprotiline 50 mg tablet	58	MEKINIST 2 MG TABLET	22	meropenem-0.9% nacl 1 gram/50	40
maprotiline 75 mg tablet	58	MEKTOVI 15 MG TABLET	22	meropenem-0.9% nacl 500 mg/50	40
MARLISSA-28 TABLET	52	MELODETTA 24 FE CHEWABLE TAB	52	mesalamine 4 gm/60 ml enema	43
MARPLAN 10 MG TABLET	58	meloxicam 15 mg tablet	50	mesalamine 4 gm/60 ml kit	43
MATULANE 50 MG CAPSULE	22	meloxicam 7.5 mg tablet	50	mesalamine dr 1.2 gm tablet	43
MATZIM LA 180 MG TABLET	16	melphalan 50 mg vial w-diluent	22	mesna 1 gram/10 ml vial	8
MATZIM LA 240 MG TABLET	16	memantine 5-10 mg titration pk	45	MESNEX 400 MG TABLET	8
MATZIM LA 300 MG TABLET	16	memantine hcl 10 mg tablet	45	METADATE ER 20 MG TABLET	58
MATZIM LA 360 MG TABLET	16	memantine hcl 2 mg/ml solution	45	metaproterenol 10 mg tablet	62
MATZIM LA 420 MG TABLET	16	memantine hcl 5 mg tablet	45	metaproterenol 10 mg/5 ml syr	62
MAVYRET 100-40 MG TABLET	27	memantine hcl er 14 mg capsule	45	metaproterenol 20 mg tablet	62
meclizine 12.5 mg tablet	42	memantine hcl er 21 mg capsule	45	metformin er 1,000 mg osm-tab (generic fortamet)	33
meclizine 25 mg tablet	42	memantine hcl er 28 mg capsule	45	metformin er 500 mg osmotic tb (generic fortamet)	33
MEDROL 2 MG TABLET	9	memantine hcl er 7 mg capsule	45	metformin hcl 1,000 mg tablet	33
medroxyprogesterone 10 mg tab	36	MENACTRA VIAL	68	metformin hcl 500 mg tablet	33
medroxyprogesterone 150 mg/ml syringe	36	MENEST 0.3 MG TABLET	36	metformin hcl 850 mg tablet	33
medroxyprogesterone 150 mg/ml vials	36	MENEST 0.625 MG TABLET	36	metformin hcl er 500 mg tab (generic glucophage)	33
medroxyprogesterone 2.5 mg tab	36	MENEST 1.25 MG TABLET	36	metformin hcl er 750 mg tab (generic glucophage)	33
medroxyprogesterone 5 mg tab	36	MENOSTAR 14 MCG/DAY PATCH	36	methadone 10 mg/5 ml solution	48
mefloquine hcl 250 mg tablet	40	MENVEO A-C-Y-W-135-DIP VIAL KT	68		
megestrol 20 mg tablet	22	mercaptopurine 50 mg tablet	22		
megestrol 40 mg tablet	22	meropenem iv 1 gm vial	40		
megestrol acet 40 mg/ml susp	22				

methadone 10 mg/ml oral conc	48	methylphenidate 5 mg tablet	58	metolazone 5 mg tablet	16
methadone 5 mg/5 ml solution	48	methylphenidate er 10 mg tab	58	metoprolol succ er 100 mg tab	16
methadone hcl 10 mg tablet	48	methylphenidate er 18 mg tab	58	metoprolol succ er 200 mg tab	16
methadone hcl 10 mg/ml vial	48	methylphenidate er 20 mg tab	58	metoprolol succ er 25 mg tab	16
methadone hcl 5 mg tablet	48	methylphenidate er 27 mg tab	58	metoprolol succ er 50 mg tab	16
METHADONE INTENSOL 10 MG/ML	48	methylphenidate er 36 mg tab	58	metoprolol tartrate 100 mg tab	16
methazolamide 25 mg tablet	53	methylphenidate er 54 mg tab	58	metoprolol tartrate 25 mg tab	16
methazolamide 50 mg tablet	53	methylprednisolone 16 mg tab	9	metoprolol tartrate 37.5 mg tb	16
methenamine hipp 1 gm tablet	67	methylprednisolone 32 mg tab	9	metoprolol tartrate 50 mg tab	16
methimazole 10 mg tablet	26	methylprednisolone 4 mg dosepk	9	metoprolol tartrate 75 mg tab	16
methimazole 5 mg tablet	26	methylprednisolone 4 mg tablet	9	metoprolol-hctz 100-25 mg tab	16
methocarbamol 500 mg tablet	47	methylprednisolone 40 mg/ml vl	9	metoprolol-hctz 100-50 mg tab	16
methocarbamol 750 mg tablet	47	methylprednisolone 8 mg tab	9	metoprolol-hctz 50-25 mg tab	16
methotrexate 1 gm vial	22	methylprednisolone 80 mg/ml vl	9	metronidazole 0.75% cream	64
methotrexate 1 gram/40 ml vial	22	methylprednisolone ss 125 mg	9	metronidazole 0.75% lotion	64
methotrexate 2.5 mg tablet	22	methylprednisolone ss 40 mg vl	9	metronidazole 250 mg tablet	40
methotrexate 250 mg/10 ml vial	22	metoclopramide 10 mg tablet	43	metronidazole 500 mg tablet	40
methotrexate 50 mg/2 ml vial	22	metoclopramide 10 mg/2 ml vial	43	metronidazole 500 mg/100 ml	40
methoxsalen 10 mg softgel	42	metoclopramide 5 mg tablet	43	metronidazole topical 0.75% gl	64
methyclothiazide 5 mg tablet	16	metoclopramide 5 mg/5 ml soln	43	metronidazole topical 1% gel	64
methylphenidate 10 mg tablet	58	metolazone 10 mg tablet	16	metronidazole vaginal 0.75% gl	46
methylphenidate 20 mg tablet	58	metolazone 2.5 mg tablet	16	mexiletine 150 mg capsule	9

mexiletine 200 mg capsule	9	minocycline 50 mg capsule	64	molindone hcl 5 mg tablet	58
mexiletine 250 mg capsule	9	minocycline 75 mg capsule	64	mometasone furoate 0.1% cream	66
MIACALCIN 400 UNIT/2 ML VIAL	44	minocycline hcl 100 mg tablet	64	mometasone furoate 0.1% oint	66
MIBELAS 24 FE CHEWABLE TABLET	52	minocycline hcl 50 mg tablet	64	mometasone furoate 0.1% soln	66
MICROGESTIN 21 1.5-30 TAB	52	minocycline hcl 75 mg tablet	64	mometasone furoate 50 mcg spry	62
MICROGESTIN 21 1-20 TABLET	52	minoxidil 10 mg tablet	16	MONDOXYNE NL 100 MG CAPSULE	64
MICROGESTIN FE 1.5-30 TAB	52	minoxidil 2.5 mg tablet	16	MONDOXYNE NL 50 MG CAPSULE	64
MICROGESTIN FE 1-20 TABLET	52	mirtazapine 15 mg odt	58	MONDOXYNE NL 75 MG CAPSULE	64
midodrine hcl 10 mg tablet	39	mirtazapine 15 mg tablet	58	MONO-LINYAH 28 TABLET	52
midodrine hcl 2.5 mg tablet	39	mirtazapine 30 mg odt	58	montelukast sod 10 mg tablet	62
midodrine hcl 5 mg tablet	39	mirtazapine 30 mg tablet	58	montelukast sod 4 mg granules	62
MIGERGOT SUPPOSITORY	38	mirtazapine 45 mg odt	58	montelukast sod 4 mg tab chew	62
miglitol 100 mg tablet	33	mirtazapine 45 mg tablet	58	montelukast sod 5 mg tab chew	62
miglitol 25 mg tablet	33	mirtazapine 7.5 mg tablet	58	MONUROL 3 GM SACHET	67
miglitol 50 mg tablet	33	misoprostol 100 mcg tablet	67	MORGIDOX 100 MG CAPSULE	64
miglustat 100 mg capsule	44	misoprostol 200 mcg tablet	67	MORGIDOX 50 MG CAPSULE	64
MILI 0.25-0.035 MG TABLET	52	MITIGARE 0.6 MG CAPSULE	37	morphine 10 mg/10 ml vial	48
MINITRAN 0.1 MG/HR PATCH	50	MITIGO 200 MG/20 ML VIAL	48	morphine 10 mg/ml isecure syrg	48
MINITRAN 0.2 MG/HR PATCH	50	MITIGO 500 MG/20 ML VIAL	48	morphine 10 mg/ml syringe	49
MINITRAN 0.4 MG/HR PATCH	50	M-M-R II VACCINE WITH DILUENT	68	morphine 2 mg/ml isecure syr	49
MINITRAN 0.6 MG/HR PATCH	50	moexipril hcl 15 mg tablet	16	morphine 2 mg/ml syringe	49
minocycline 100 mg capsule	64	moexipril hcl 7.5 mg tablet	16		
		molindone hcl 10 mg tablet	58		
		molindone hcl 25 mg tablet	58		

morphine 4 mg/ml isecure syr	49	moxifloxacin 0.5% eye drops	10	MYZILRA-28 TABLET	52
morphine 4 mg/ml syringe	49	moxifloxacin 400 mg/250 ml bag	63	nabumetone 500 mg tablet	50
morphine 5 mg/10 ml vial	49	moxifloxacin hcl 400 mg tablet	63	nabumetone 750 mg tablet	50
morphine 5 mg/ml syringe	49	MOZOBIL 24 MG/1.2 ML VIAL	29	nadolol 20 mg tablet	16
morphine 5 mg/ml vial	49	MULTAQ 400 MG TABLET	9	nadolol 40 mg tablet	16
morphine 8 mg/ml isecure syrng	49	mupirocin 2% cream	65	nadolol 80 mg tablet	16
morphine 8 mg/ml syringe	49	mupirocin 2% ointment	65	nadolol-bendroflu 40-5 mg tab	16
morphine sulf 10 mg/5 ml soln	49	MYCAMINE 100 MG VIAL	13	nafcillin 1 gm add-van vial	54
morphine sulf 100 mg/5 ml conc	49	MYCAMINE 50 MG VIAL	13	nafcillin 1 gm vial	54
morphine sulf 20 mg/5 ml soln	49	mycophenolate 200 mg/ml susp	22	nafcillin 10 gm bulk vial	54
morphine sulf er 100 mg tablet	49	mycophenolate 250 mg capsule	22	nafcillin 2 gm add-vant vial	54
morphine sulf er 15 mg tablet	49	mycophenolate 500 mg tablet	22	nafcillin 2 gm vial	54
morphine sulf er 200 mg tablet	49	mycophenolate 500 mg vial	22	naftifine hcl 1% cream	66
morphine sulf er 30 mg tablet	49	mycophenolic acid dr 180 mg tb	22	naftifine hcl 2% cream	66
morphine sulf er 60 mg tablet	49	mycophenolic acid dr 360 mg tb	22	NAFTIN 1% GEL	66
morphine sulfate 1 mg/ml vial	49	MYLOTARG 4.5 MG VIAL	22	NAFTIN 2% GEL	66
morphine sulfate 10 mg/ml vial	49	MYORISAN 10 MG CAPSULE	64	NAGLAZYME 5 MG/5 ML VIAL	44
morphine sulfate 4 mg/ml vial	49	MYORISAN 20 MG CAPSULE	64	nalbuphine 100 mg/10 ml vial	49
morphine sulfate 5 mg/ml vial	49	MYORISAN 30 MG CAPSULE	64	nalbuphine 200 mg/10 ml vial	49
morphine sulfate 8 mg/ml vial	49	MYORISAN 40 MG CAPSULE	64	naloxone 0.4 mg/ml vial	50
morphine sulfate ir 15 mg tab	49	MYRBETRIQ ER 25 MG TABLET	10	naloxone 2 mg/2 ml syringe	50
morphine sulfate ir 30 mg tab	49	MYRBETRIQ ER 50 MG TABLET	10	naltrexone 50 mg tablet	50



NAMZARIC TITRATION PACK	45	nefazodone hcl 200 mg tablet	58	NEUPRO 8 MG/24 HR PATCH	25
naproxen 125 mg/5 ml suspension	50	nefazodone hcl 250 mg tablet	58	nevirapine 200 mg tablet	27
naproxen 250 mg tablet	50	nefazodone hcl 50 mg tablet	58	nevirapine 50 mg/5 ml susp	27
naproxen 375 mg tablet	50	neo-bacit-poly-hc eye ointment	63	nevirapine er 100 mg tablet	27
naproxen 500 mg tablet	51	neomyc-bacit-polymix eye oint	10	nevirapine er 400 mg tablet	27
naproxen dr 375 mg tablet	51	neomycin 500 mg tablet	40	NEXAVAR 200 MG TABLET	22
naproxen dr 500 mg tablet	51	neomycin-poly-hc eye drops	63	niacin 500 mg tablet	37
naproxen sodium 275 mg tab	51	neomycin-polymyxin-hc ear soln	54	niacin er 1,000 mg tablet	37
naproxen sodium 550 mg tab	51	neomycin-polymyxin-hc ear susp	54	niacin er 500 mg tablet	37
naratriptan hcl 1 mg tablet	38	neomyc-polym-dexamet eye ointm	63	niacin er 750 mg tablet	37
naratriptan hcl 2.5 mg tablet	38	neomyc-polym- dexameth eye drop	63	NIACOR 500 MG TABLET	37
NARCAN 4 MG NASAL SPRAY	51	neomyc-polym-gramicid eye drop	10	nicardipine 20 mg capsule	16
NATACYN EYE DROPS	10	neomy-polymyxin b 40 mg/ml amp	40	nicardipine 25 mg/10 ml vial	16
nateglinide 120 mg tablet	33	NEO-POLYCIN EYE OINTMENT	10	nicardipine 30 mg capsule	16
nateglinide 60 mg tablet	33	NEO-POLYCIN HC EYE OINTMENT	63	NICOTROL CARTRIDGE INHALER	63
NATPARA 100 MCG DOSE CARTRIDGE	44	NEPHRAMINE 5.4% IV SOLUTION	46	NICOTROL NS 10 MG/ML SPRAY	63
NATPARA 25 MCG DOSE CARTRIDGE	44	NERLYNX 40 MG TABLET	22	nifedipine er 30 mg tablet	16
NATPARA 50 MCG DOSE CARTRIDGE	44	NEUPRO 1 MG/24 HR PATCH	25	nifedipine er 60 mg tablet	16
NATPARA 75 MCG DOSE CARTRIDGE	44	NEUPRO 2 MG/24 HR PATCH	25	nifedipine er 90 mg tablet	16
NEBUPENT 300 MG INHAL POWDER	40	NEUPRO 3 MG/24 HR PATCH	25	nilutamide 150 mg tablet	22
NECON 0.5-35-28 TABLET	52	NEUPRO 4 MG/24 HR PATCH	25	nimodipine 30 mg capsule	16
nefazodone hcl 100 mg tablet	58	NEUPRO 6 MG/24 HR PATCH	25	NINLARO 2.3 MG CAPSULE	22
nefazodone hcl 150 mg tablet	58			NINLARO 3 MG CAPSULE	22
				NINLARO 4 MG CAPSULE	22

nisoldipine er 17 mg tablet	16	nizatidine 300 mg capsule	67	nortriptyline 10 mg/5 ml soln	58
nisoldipine er 20 mg tablet	16	NORA-BE TABLET	36	nortriptyline hcl 10 mg cap	58
nisoldipine er 25.5 mg tablet	16	noreth-estradiol-fe 1-0.02(21)-75	52	nortriptyline hcl 25 mg cap	58
nisoldipine er 30 mg tablet	16	norethind-eth estradiol 0.5-2.5	36	nortriptyline hcl 50 mg cap	58
nisoldipine er 34 mg tablet	16	norethind-eth estradiol 1-0.02 mg	52	nortriptyline hcl 75 mg cap	58
nisoldipine er 40 mg tablet	16	norethindrone 0.35 mg tablet	36	NORVIR 100 MG POWDER PACKET	27
nisoldipine er 8.5 mg tablet	16	norethindrone 5 mg tablet	36	NORVIR 100 MG TABLET	27
nitrofurantoin 25 mg/5 ml susp	67	norg-ee 0.18-0.215-0.25/0.035	52	NORVIR 80 MG/ML SOLUTION	27
nitrofurantoin mcr 100 mg cap	67	norg-ethin estradiol 0.25-0.035 mg	52	NOVOFINE 32G NEEDLES	33
nitrofurantoin mcr 25 mg cap	67	NORLYROC 0.35 MG TABLET	36	NOVOFINE AUTOCOVER 30G NEEDLE	33
nitrofurantoin mcr 50 mg cap	67	NORMOSOL-M AND DEXTROSE 5%	46	NOVOTWIST NEEDLE 32G 5MM	33
nitrofurantoin mono-mcr 100 mg	67	NORMOSOL-R IV SOLUTION	34	NOXAFIL 40 MG/ML SUSPENSION	13
nitroglycerin 0.1 mg/hr patch	50	NORMOSOL-R PH 7.4 IV SOLUTION	46	NOXAFIL DR 100 MG TABLET	13
nitroglycerin 0.2 mg/hr patch	50	NORMOSOL-R-DEXTROSE 5% IV SOLN	34	NUEDEXTA 20-10 MG CAPSULE	45
nitroglycerin 0.3 mg tablet sl	50	NORTHERA 100 MG CAPSULE	39	NULOJIX 250 MG VIAL	22
nitroglycerin 0.4 mg tablet sl	50	NORTHERA 200 MG CAPSULE	39	NUPLAZID 10 MG TABLET	58
nitroglycerin 0.4 mg/hr patch	50	NORTHERA 300 MG CAPSULE	39	NUPLAZID 17 MG TABLET	58
nitroglycerin 0.6 mg tablet sl	50	NORTREL 0.5-35-28 TABLET	52	NUPLAZID 34 MG CAPSULE	58
nitroglycerin 0.6 mg/hr patch	50	NORTREL 1-35 21 TABLET	52	NUTRILIPID 20% IV FAT EMULSION	46
nitroglycerin 5 mg/ml vial	50	NORTREL 1-35 28 TABLET	52	NUZYRA 100 MG VIAL	64
nitroglycerin lingual 0.4 mg	50	NORTREL 7-7-7-28 TABLET	52	NUZYRA 150 MG TABLET	64
nizatidine 150 mg capsule	67			NUZYRA 150 MG TABLET-7 DAY	64

NUZYRA 150 MG-7 DAY WITH LOAD	64	olanzapine 10 mg vial	59	omeprazole dr 10 mg capsule	67
NYAMYC 100,000 UNITS/GM POWDER	66	olanzapine 15 mg tablet	59	omeprazole dr 20 mg capsule	67
nystatin 100,000 unit/gm cream	66	olanzapine 2.5 mg tablet	59	omeprazole dr 40 mg capsule	67
nystatin 100,000 unit/gm oint	66	olanzapine 20 mg tablet	59	OMNIPOD 5 PACK	33
nystatin 100,000 unit/gm powd	66	olanzapine 5 mg tablet	59	OMNIPOD DASH 5 PACK POD	33
nystatin 100,000 unit/ml susp	13	olanzapine 7.5 mg tablet	59	OMNIPOD STARTER KIT	33
nystatin 500,000 unit oral tab	13	olanzapine odt 10 mg tablet	59	ondansetron 4 mg/2 ml isecure	43
nystatin-triamcinolone cream	66	olanzapine odt 15 mg tablet	59	ondansetron 4 mg/5 ml solution	43
nystatin-triamcinolone ointm	66	olanzapine odt 20 mg tablet	59	ondansetron 40 mg/20 ml vial	43
NYSTOP 100,000 UNITS/GM POWDER	66	olanzapine odt 5 mg tablet	59	ondansetron hcl 24 mg tablet	43
octreotide 1,000 mcg/ml vial	22	olanzapine-fluoxetine 12-25 mg	59	ondansetron hcl 4 mg tablet	43
octreotide acet 0.05 mg/ml vl	22	olanzapine-fluoxetine 12-50 mg	59	ondansetron hcl 4 mg/2 ml vial	43
octreotide acet 100 mcg/ml vl	22	olanzapine-fluoxetine 3-25 mg	59	ondansetron hcl 8 mg tablet	43
octreotide acet 200 mcg/ml vl	22	olanzapine-fluoxetine 6-25 mg	59	ondansetron odt 4 mg tablet	43
octreotide acet 500 mcg/ml vl	22	olanzapine-fluoxetine 6-50 mg	59	ondansetron odt 8 mg tablet	43
ODEFSEY TABLET	27	olmesartan medoxomil 20 mg tab	16	OPDIVO 100 MG/10 ML VIAL	22
ODOMZO 200 MG CAPSULE	22	olmesartan medoxomil 40 mg tab	16	OPDIVO 240 MG/24 ML VIAL	22
OFEV 100 MG CAPSULE	62	olmesartan medoxomil 5 mg tab	16	OPDIVO 40 MG/4 ML VIAL	22
OFEV 150 MG CAPSULE	62	olmesartan-hctz 20-12.5 mg tab	16	OPSUMIT 10 MG TABLET	62
ofloxacin 0.3% ear drops	10	olmesartan-hctz 40-12.5 mg tab	16	ORALONE 0.1% PASTE	39
ofloxacin 0.3% eye drops	10	olmesartan-hctz 40-25 mg tab	16	ORBACTIV 400 MG VIAL	40
OGESTREL TABLET	52	olopatadine hcl 0.1% eye drops	46	ORENCIA 125 MG/ML SYRINGE	54
olanzapine 10 mg tablet	59	olopatadine hcl 0.2% eye drop	46		
		omega-3 ethyl esters 1 gm cap	37		

ORENCIA 50 MG/0.4 ML SYRINGE	54	oxacillin 2 gm vial	54	oxycodone hcl 30 mg tablet	49
ORENCIA 87.5 MG/0.7 ML SYRINGE	54	oxandrolone 10 mg tablet	44	oxycodone hcl 5 mg tablet	49
ORENCIA CLICKJECT 125 MG/ML	54	oxandrolone 2.5 mg tablet	44	oxycodone hcl 5 mg/5 ml soln	49
ORFADIN 10 MG CAPSULE	39	oxaprozin 600 mg tablet	51	oxycodone-acetaminophen 10-325	49
ORFADIN 2 MG CAPSULE	39	oxazepam 10 mg capsule	59	oxycodone-acetaminophen 5-325	49
ORFADIN 20 MG CAPSULE	39	oxazepam 15 mg capsule	59	oxycodone-aspirin 4.8355-325	49
ORFADIN 4 MG/ML SUSPENSION	39	oxazepam 30 mg capsule	59	oxycodone-ibuprofen 5-400 tab	49
ORFADIN 5 MG CAPSULE	39	oxcarbazepine 150 mg tablet	11	OZEMPIC 0.25-0.5 MG DOSE PEN	33
ORKAMBI 100 MG-125 MG TABLET	62	oxcarbazepine 300 mg tablet	11	OZEMPIC 1 MG DOSE PEN	33
ORKAMBI 100-125 MG GRANULE PKT	62	oxcarbazepine 300 mg/5 ml susp	11	PACERONE 100 MG TABLET	9
ORKAMBI 150-188 MG GRANULE PKT	62	oxcarbazepine 600 mg tablet	11	PACERONE 200 MG TABLET	9
ORKAMBI 200 MG-125 MG TABLET	62	oxybutynin 5 mg tablet	10	PACERONE 400 MG TABLET	9
ORSYTHIA-28 TABLET	52	oxybutynin 5 mg/5 ml syrup	10	paclitaxel 100 mg/16.7 ml vial	22
OSCIMIN 0.125 MG ODT	13	oxybutynin cl er 10 mg tablet	10	paclitaxel 150 mg/25 ml vial	22
OSCIMIN 0.125 MG TABLET	13	oxybutynin cl er 15 mg tablet	10	paclitaxel 30 mg/5 ml vial	22
OSCIMIN SL 0.125 MG TABLET	13	oxybutynin cl er 5 mg tablet	10	paclitaxel 300 mg/50 ml vial	22
oseltamivir 6 mg/ml suspension	27	oxycodon-acetaminophen 2.5-325	49	paliperidone er 1.5 mg tablet	59
oseltamivir phos 30 mg capsule	27	oxycodon-acetaminophen 7.5-325	49	paliperidone er 3 mg tablet	59
oseltamivir phos 45 mg capsule	27	oxycodone hcl 10 mg tablet	49	paliperidone er 6 mg tablet	59
oseltamivir phos 75 mg capsule	27	oxycodone hcl 100 mg/5 ml conc	49	paliperidone er 9 mg tablet	59
OSMOPREP TABLET	43	oxycodone hcl 15 mg tablet	49	palonosetron 0.25 mg/5 ml vial	43
oxacillin 1 gm vial	54	oxycodone hcl 20 mg tablet	49		
oxacillin 10 gm vial	54				

pamidronate 30 mg/10 ml vial	44	PAZEO 0.7% EYE DROPS	46	perindopril erbumine 4 mg tab	16
pamidronate 60 mg/10 ml vial	44	PEDIARIX 0.5 ML SYRINGE	68	perindopril erbumine 8 mg tab	16
pamidronate 90 mg/10 ml vial	44	PEDVAXHIB VACCINE VIAL	68	PERJETA 420 MG/14 ML VIAL	22
pamidronate disod 30 mg vial	44	peg 3350 electrolyte soln	43	permethrin 5% cream	67
pamidronate disod 90 mg vial	44	peg 3350-electrolyte solution	43	perphen-amitrip 2 mg-10 mg tab	59
PANRETIN 0.1% GEL	42	peg-3350 and electrolytes soln	43	perphen-amitrip 2 mg-25 mg tab	59
pantoprazole sod dr 20 mg tab	67	PEGANONE 250 MG TABLET	11	perphen-amitrip 4 mg-10 mg tab	59
pantoprazole sod dr 40 mg tab	67	penicillamine 250 mg capsule	54	perphen-amitrip 4 mg-25 mg tab	59
paricalcitol 1 mcg capsule	44	penicillin g k 5 million unit	54	perphen-amitrip 4 mg-50 mg tab	59
paricalcitol 2 mcg capsule	44	penicillin gk 20 million unit	54	perphenazine 16 mg tablet	59
paricalcitol 4 mcg capsule	44	penicillin vk 125 mg/5 ml soln	54	perphenazine 2 mg tablet	59
PAROEX 0.12% ORAL RINSE	39	penicillin vk 250 mg tablet	54	perphenazine 4 mg tablet	59
paromomycin 250 mg capsule	40	penicillin vk 250 mg/5 ml soln	54	perphenazine 8 mg tablet	59
paroxetine er 12.5 mg tablet	59	penicillin vk 500 mg tablet	54	PERSERIS ER 120 MG SYRINGE KIT	59
paroxetine er 25 mg tablet	59	PENTAM 300 VIAL	40	PERSERIS ER 90 MG SYRINGE KIT	59
paroxetine er 37.5 mg tablet	59	pentamidine 300 mg vial	40	PFIZERPEN 20 MILLION UNIT VIAL	54
paroxetine hcl 10 mg tablet	59	PENTASA 250 MG CAPSULE	43	PFIZERPEN 5 MILLION UNIT VIAL	54
paroxetine hcl 20 mg tablet	59	PENTASA 500 MG CAPSULE	43	PHENADOZ 12.5 MG SUPPOSITORY	13
paroxetine hcl 30 mg tablet	59	pentoxifylline er 400 mg tab	31	PHENADOZ 25 MG SUPPOSITORY	13
paroxetine hcl 40 mg tablet	59	PERFOROMIST 20 MCG/2 ML SOLN	62	phenazopyridine 100 mg tab	46
PASER GRANULES 4 GM PACKET	40	PERIKABIVEN IV EMULSION	46	phenazopyridine 200 mg tab	46
PAXIL 10 MG/5 ML SUSPENSION	59	perindopril erbumine 2 mg tab	16	phenelzine sulfate 15 mg tab	59

phenobarbital 100 mg tablet	11	PICATO 0.05% GEL	42	PIQRAY 250 MG DAILY DOSE	22
phenobarbital 15 mg tablet	11	PIFELTRO 100 MG TABLET	27	PIQRAY 300 MG DAILY DOSE	22
phenobarbital 16.2 mg tablet	12	pilocarpine 1% eye drops	46	PIRMELLA 1-35-28 TABLET	52
phenobarbital 20 mg/5 ml elix	12	pilocarpine 2% eye drops	46	PIRMELLA 7-7-7-28 TABLET	52
phenobarbital 30 mg tablet	12	pilocarpine 4% eye drops	46	PLENAMINE 15% SOLUTION	46
phenobarbital 32.4 mg tablet	12	pilocarpine hcl 5 mg tablet	39	PLENVU POWDER PACKETS	43
phenobarbital 60 mg tablet	12	pilocarpine hcl 7.5 mg tablet	39	podofilox 0.5% topical soln	42
phenobarbital 64.8 mg tablet	12	pimecrolimus 1% cream	42	POLYCIN EYE OINTMENT	10
phenobarbital 97.2 mg tablet	12	pimozide 1 mg tablet	59	polymyxin b sulfate vial	40
phenoxybenzamine hcl 10 mg cap	17	pimozide 2 mg tablet	59	polymyxin b-tmp eye drops	10
phenytoin 125 mg/5 ml susp	12	PIMTREA 28 DAY TABLET	52	POMALYST 1 MG CAPSULE	22
phenytoin 50 mg infatab	12	pindolol 10 mg tablet	17	POMALYST 2 MG CAPSULE	22
phenytoin 50 mg tablet chew	12	pindolol 5 mg tablet	17	POMALYST 3 MG CAPSULE	22
phenytoin sod ext 100 mg cap	12	pioglitazone hcl 15 mg tablet	33	POMALYST 4 MG CAPSULE	22
phenytoin sod ext 200 mg cap	12	pioglitazone hcl 30 mg tablet	33	PORTIA-28 TABLET	52
phenytoin sod ext 300 mg cap	12	pioglitazone hcl 45 mg tablet	33	potassium citrate er 10 meq tb	46
PHILITH 0.4-0.035 MG TABLET	52	pioglitazone-metformin 15-500	33	potassium citrate er 15 meq tb	46
PHOSLYRA 667 MG/5 ML SOLUTION	34	pioglitazone-metformin 15-850	33	potassium citrate er 5 meq tab	46
PHOSPHOLINE IODIDE 0.125%	46	piperacil-tazobact 13.5 gm vl	54	potassium cl 10 meq/100 ml sol	34
PHYSIOLYTE IRRIGATION SOLN	39	piperacil-tazobact 2.25 gm vl	54	potassium cl 10% (20 meq/15ml)	35
PHYSIOSOL IRRIGATION SOLN	39	piperacil-tazobact 3.375 gm vl	55	potassium cl 2 meq/ml vial	35
PICATO 0.015% GEL	42	piperacil-tazobact 4.5 gm vial	55	potassium cl 20 meq packet	35
		piperacil-tazobact 40.5 gram	55		
		PIQRAY 200 MG DAILY DOSE	22		

potassium cl 20 meq/100 ml sol	35	pramipexole er 1.5 mg tablet	26	prednisolone sod ph 25 mg/5 ml	9
potassium cl 20 meq-0.45% nacl	35	pramipexole er 2.25 mg tablet	26	prednisone 1 mg tablet	9
potassium cl 20% (40 meq/15ml)	35	pramipexole er 3 mg tablet	26	prednisone 10 mg tab dose pack	9
potassium cl 40 meq/100 ml sol	35	pramipexole er 3.75 mg tablet	26	prednisone 10 mg tablet	9
potassium cl 40 meq/20 ml conc	35	pramipexole er 4.5 mg tablet	26	prednisone 2.5 mg tablet	9
potassium cl er 10 meq capsule	35	prasugrel 10 mg tablet	31	prednisone 20 mg tablet	9
potassium cl er 10 meq tablet	35	prasugrel 5 mg tablet	31	prednisone 5 mg tab dose pack	9
potassium cl er 20 meq tablet	35	pravastatin sodium 10 mg tab	37	prednisone 5 mg tablet	9
potassium cl er 8 meq capsule	35	pravastatin sodium 20 mg tab	37	prednisone 5 mg/5 ml solution	9
potassium cl er 8 meq tablet	35	pravastatin sodium 40 mg tab	37	prednisone 50 mg tablet	9
POTELIGEO 20 MG/5 ML VIAL	22	pravastatin sodium 80 mg tab	37	PREDNISONE INTENSOL 5 MG/ML	9
PRADAXA 110 MG CAPSULE	31	praziquantel 600 mg tablet	40	pregabalin 100 mg capsule	12
PRADAXA 150 MG CAPSULE	31	prazosin 1 mg capsule	17	pregabalin 150 mg capsule	12
PRADAXA 75 MG CAPSULE	31	prazosin 2 mg capsule	17	pregabalin 20 mg/ml solution	12
pramipexole 0.125 mg tablet	25	prazosin 5 mg capsule	17	pregabalin 200 mg capsule	12
pramipexole 0.25 mg tablet	26	PRED MILD 0.12% EYE DROPS	63	pregabalin 225 mg capsule	12
pramipexole 0.5 mg tablet	26	PRED-G 1% EYE DROPS	63	pregabalin 25 mg capsule	12
pramipexole 0.75 mg tablet	26	PRED-G S.O.P. EYE OINTMENT	63	pregabalin 300 mg capsule	12
pramipexole 1 mg tablet	26	prednicarbate 0.1% ointment	67	pregabalin 50 mg capsule	12
pramipexole 1.5 mg tablet	26	prednisolone 15 mg/5 ml soln	9	pregabalin 75 mg capsule	12
pramipexole er 0.375 mg tablet	26	prednisolone 5 mg/5 ml soln	9	PREMARIN 0.3 MG TABLET	36
pramipexole er 0.75 mg tablet	26	prednisolone ac 1% eye drop	63	PREMARIN 0.45 MG TABLET	37
		prednisolone sod 1% eye drop	63	PREMARIN 0.625 MG TABLET	37
				PREMARIN 0.9 MG TABLET	37

PREMARIN 1.25 MG TABLET	37	prochlorperazine 10 mg tab	43	PROMACTA 50 MG TABLET	31
PREMARIN 25 MG VIAL	37	prochlorperazine 10 mg/2 ml vl	43	PROMACTA 75 MG TABLET	31
PREMARIN VAGINAL CREAM-APPL	37	prochlorperazine 25 mg supp	43	promethazine 12.5 mg suppos	13
PREMASOL 10% IV SOLUTION	46	prochlorperazine 5 mg tablet	43	promethazine 12.5 mg tablet	13
PREMASOL 6% IV SOLUTION	46	PROCTO-MED HC 2.5% CREAM	43	promethazine 25 mg suppository	13
PREVALITE PACKET	37	PROCTO-PAK 1% CREAM	43	promethazine 25 mg tablet	13
PREVALITE POWDER	37	PROCTOSOL-HC 2.5% CREAM	43	promethazine 50 mg suppository	13
PREVIFEM TABLET	52	PROCTOZONE-HC 2.5% CREAM	43	promethazine 50 mg tablet	13
PREZCOBIX 800 MG-150 MG TABLET	27	progesterone 100 mg capsule	37	promethazine 6.25 mg/5 ml soln	13
PREZISTA 100 MG/ML SUSPENSION	27	progesterone 200 mg capsule	37	promethazine 6.25 mg/5 ml syrp	13
PREZISTA 150 MG TABLET	27	PROGLYCEM 50 MG/ML ORAL SUSP	33	PROMETHEGAN 12.5 MG SUPPOS	13
PREZISTA 600 MG TABLET	27	PROGRAF 0.2 MG GRANULE PACKET	22	PROMETHEGAN 25 MG SUPPOSITORY	14
PREZISTA 75 MG TABLET	27	PROGRAF 1 MG GRANULE PACKET	22	PROMETHEGAN 50 MG SUPPOSITORY	14
PREZISTA 800 MG TABLET	27	PROGRAF 5 MG/ML AMPULE	22	propafenone hcl 150 mg tablet	9
PRIFTIN 150 MG TABLET	40	PROLASTIN C 1,000 MG VIAL	39	propafenone hcl 225 mg tab	9
primaquine 26.3 mg tablet	40	PROLASTIN C 1,000 MG/20 ML VL	62	propafenone hcl 300 mg tab	9
primidone 250 mg tablet	12	PROLENSA 0.07% EYE DROPS	51	propafenone hcl er 225 mg cap	9
primidone 50 mg tablet	12	PROLIA 60 MG/ML SYRINGE	53	propafenone hcl er 325 mg cap	9
PRIMSOL 50 MG/5 ML ORAL SOLN	67	PROMACTA 12.5 MG SUSPEN PACKET	31	propafenone hcl er 425 mg cap	9
PROAIR HFA 90 MCG INHALER	62	PROMACTA 12.5 MG TABLET	31	propranethline 15 mg tablet	13
PROAIR RESPICLICK INHAL POWDER	62	PROMACTA 25 MG TABLET	31	propranolol 10 mg tablet	17
probenecid 500 mg tablet	37			propranolol 20 mg tablet	17
probenecid-colchicine tablet	37				
PROCALAMINE IV SOLUTION	46				



propranolol 20 mg/5 ml soln	17	quetiapine er 150 mg tablet	59	ramipril 1.25 mg capsule	17
propranolol 40 mg tablet	17	quetiapine er 200 mg tablet	59	ramipril 10 mg capsule	17
propranolol 40 mg/5 ml soln	17	quetiapine er 300 mg tablet	59	ramipril 2.5 mg capsule	17
propranolol 60 mg tablet	17	quetiapine er 400 mg tablet	59	ramipril 5 mg capsule	17
propranolol 80 mg tablet	17	quetiapine er 50 mg tablet	59	ranitidine 15 mg/ml syrup	67
propranolol er 120 mg capsule	17	quetiapine fumarate 100 mg tab	59	ranitidine 150 mg tablet	67
propranolol er 160 mg capsule	17	quetiapine fumarate 200 mg tab	59	ranitidine 300 mg tablet	67
propranolol er 60 mg capsule	17	quetiapine fumarate 25 mg tab	59	ranolazine er 1,000 mg tablet	41
propranolol er 80 mg capsule	17	quetiapine fumarate 300 mg tab	59	ranolazine er 500 mg tablet	41
propranolol-hctz 40-25 mg tab	17	quetiapine fumarate 400 mg tab	59	RAPAMUNE 1 MG/ML ORAL SOLN	23
propranolol-hctz 80-25 mg tab	17	quetiapine fumarate 50 mg tab	59	rasagiline mesylate 0.5 mg tab	26
propylthiouracil 50 mg tablet	26	quinapril 10 mg tablet	17	rasagiline mesylate 1 mg tab	26
PROQUAD VIAL	68	quinapril 20 mg tablet	17	REBIF 22 MCG/0.5 ML SYRINGE	29
PROSOL 20% INJECTION	46	quinapril 40 mg tablet	17	REBIF 44 MCG/0.5 ML SYRINGE	29
protriptyline hcl 10 mg tablet	59	quinapril 5 mg tablet	17	REBIF REBIDOSE 22 MCG/0.5 ML	29
protriptyline hcl 5 mg tablet	59	quinapril-hctz 10-12.5 mg tab	17	REBIF REBIDOSE 44 MCG/0.5 ML	29
PULMOZYME 1 MG/ML AMPUL	62	quinapril-hctz 20-12.5 mg tab	17	REBIF REBIDOSE TITRATION PACK	29
PURIXAN 20 MG/ML ORAL SUSP	22	quinapril-hctz 20-25 mg tab	17	REBIF TITRATION PACK	29
pyrazinamide 500 mg tablet	40	quinidine sulfate 200 mg tab	9	RECLIPSEN 28 DAY TABLET	52
pyridostigmine br 60 mg tablet	47	quinidine sulfate 300 mg tab	9	RECOMBIVAX HB 10 MCG/ML SYR	68
pyridostigmine er 180 mg tab	47	quinine sulfate 324 mg capsule	40	RECOMBIVAX HB 10 MCG/ML VIAL	68
QUADRACEL DTAP-IPV VIAL	68	RABAVERT RABIES VACC W-DILUENT	68	RECOMBIVAX HB 40 MCG/ML VIAL	68
QUASENSE 0.15-0.03 MG TABLET	52	raloxifene hcl 60 mg tablet	53	RECOMBIVAX HB 5 MCG/0.5 ML SYR	68
				RECTIV 0.4% OINTMENT	43

REGONOL 10 MG/2 ML AMPUL	47	RETACRIT 3,000 UNIT/ML VIAL	29	rimantadine hcl 100 mg tablet	28
REGRANEX 0.01% GEL	42	RETACRIT 4,000 UNIT/ML VIAL	29	ringers irrigation solution	39
RELISTOR 12 MG/0.6 ML SYRINGE	43	RETACRIT 40,000 UNIT/ML VIAL	29	ringer's iv solution	35
RELISTOR 12 MG/0.6 ML VIAL	43	RETROVIR 200 MG/20 ML VIAL	27	RIOMET 500 MG/5 ML SOLUTION	33
RELISTOR 8 MG/0.4 ML SYRINGE	43	REVLIMID 10 MG CAPSULE	23	risedronate sodium 150 mg tab	53
REMODULIN 1 MG/ML VIAL	17	REVLIMID 15 MG CAPSULE	23	risedronate sodium 30 mg tab	53
REMODULIN 10 MG/ML VIAL	17	REVLIMID 2.5 MG CAPSULE	23	risedronate sodium 35 mg tab	53
REMODULIN 2.5 MG/ML VIAL	17	REVLIMID 20 MG CAPSULE	23	risedronate sodium 5 mg tablet	53
REMODULIN 5 MG/ML VIAL	17	REVLIMID 25 MG CAPSULE	23	RISPERDAL CONSTA 12.5 MG SYR	59
RENFLEXIS 100 MG VIAL	43	REVLIMID 5 MG CAPSULE	23	RISPERDAL CONSTA 25 MG SYR	59
RENVELA 0.8 GM POWDER PACKET	39	REVLIMID 5 MG CAPSULE	23	RISPERDAL CONSTA 37.5 MG SYR	59
RENVELA 2.4 GM POWDER PACKET	39	REXULTI 0.25 MG TABLET	59	RISPERDAL CONSTA 50 MG SYR	60
RENVELA 800 MG TABLET	39	REXULTI 0.5 MG TABLET	59	risperidone 0.25 mg odt	60
repaglinide 0.5 mg tablet	33	REXULTI 1 MG TABLET	59	risperidone 0.25 mg tablet	60
repaglinide 1 mg tablet	33	REXULTI 2 MG TABLET	59	risperidone 0.5 mg odt	60
repaglinide 2 mg tablet	33	REXULTI 3 MG TABLET	59	risperidone 0.5 mg tablet	60
REPATHA 140 MG/ML SURECLICK	37	REXULTI 4 MG TABLET	59	risperidone 1 mg odt	60
REPATHA 140 MG/ML SYRINGE	37	REYATAZ 50 MG POWDER PACKET	27	risperidone 1 mg tablet	60
REPATHA 420 MG/3.5ML PUSHTRONX	37	ribavirin 200 mg capsule	27	risperidone 1 mg/ml solution	60
RESCRIPTOR 200 MG TABLET	27	ribavirin 200 mg tablet	27	risperidone 2 mg odt	60
RETACRIT 10,000 UNIT/ML VIAL	29	RIDAURA 3 MG CAPSULE	54	risperidone 2 mg tablet	60
RETACRIT 2,000 UNIT/ML VIAL	29	rifabutin 150 mg capsule	40	risperidone 3 mg odt	60
		rifampin 150 mg capsule	41	risperidone 3 mg tablet	60
		rifampin 300 mg capsule	41	risperidone 4 mg odt	60
		rifampin iv 600 mg vial	41	risperidone 4 mg tablet	60
		RIFATER TABLET	41	ritonavir 100 mg tablet	28
		riluzole 50 mg tablet	39	RITUXAN 100 MG/10 ML VIAL	23

RITUXAN 500 MG/50 ML VIAL	23	rosuvastatin calcium 40 mg tab	38	SANCUSO 3.1 MG/24 HR PATCH	43
RITUXAN HYCELA 1,400 MG-23,400	23	rosuvastatin calcium 5 mg tab	38	SANDIMMUNE 100 MG/ML SOLN	23
RITUXAN HYCELA 1,600 MG-26,800	23	ROTARIX VACCINE SUSPENSION	68	SANDOSTATIN LAR DEPOT 10 MG KT	23
rivastigmine 1.5 mg capsule	45	ROTATEQ VACCINE	68	SANDOSTATIN LAR DEPOT 20 MG KT	23
rivastigmine 13.3 mg/24hr ptch	45	ROWEEPRA 1,000 MG TABLET	12	SANDOSTATIN LAR DEPOT 30 MG KT	23
rivastigmine 3 mg capsule	45	ROWEEPRA 500 MG TABLET	12	SANTYL OINTMENT	42
rivastigmine 4.5 mg capsule	45	ROWEEPRA 750 MG TABLET	12	SAPHRIS 10 MG TAB SUBLINGUAL	60
rivastigmine 4.6 mg/24hr patch	45	ROWEEPRA XR 500 MG TABLET	12	SAPHRIS 2.5 MG TAB SUBLINGUAL	60
rivastigmine 6 mg capsule	45	ROWEEPRA XR 750 MG TABLET	12	SAPHRIS 5 MG TAB SUBLINGUAL	60
rivastigmine 9.5 mg/24hr patch	45	RUBRACA 200 MG TABLET	23	scopolamine 1 mg/3 day patch	43
rizatriptan 10 mg odt	38	RUBRACA 250 MG TABLET	23	selegiline hcl 5 mg capsule	26
rizatriptan 10 mg tablet	38	RUBRACA 300 MG TABLET	23	selegiline hcl 5 mg tablet	26
rizatriptan 5 mg odt	38	RUCONEST 2,100 UNIT VIAL	62	selenium sulfide 2.5% lotion	26
rizatriptan 5 mg tablet	38	RYDAPT 25 MG CAPSULE	23	SELZENTRY 150 MG TABLET	28
romidepsin 10 mg kit	23	RYTARY ER 23.75 MG-95 MG CAP	26	SELZENTRY 20 MG/ML ORAL SOLN	28
ropinirole hcl 0.25 mg tablet	26	RYTARY ER 36.25 MG-145 MG CAP	26	SELZENTRY 25 MG TABLET	28
ropinirole hcl 0.5 mg tablet	26	RYTARY ER 48.75 MG-195 MG CAP	26	SELZENTRY 300 MG TABLET	28
ropinirole hcl 1 mg tablet	26	RYTARY ER 61.25 MG-245 MG CAP	26	SELZENTRY 75 MG TABLET	28
ropinirole hcl 2 mg tablet	26	salsalate 500 mg tablet	51	SENSIPAR 30 MG TABLET	44
ropinirole hcl 3 mg tablet	26	salsalate 750 mg tablet	51	SENSIPAR 60 MG TABLET	44
ropinirole hcl 4 mg tablet	26	SAMSCA 15 MG TABLET	44	SENSIPAR 90 MG TABLET	44
ropinirole hcl 5 mg tablet	26	SAMSCA 30 MG TABLET	44	SEREVENT DISKUS 50 MCG	62
ROSADAN 0.75% CREAM	64				
ROSADAN 0.75% GEL	64				
rosuvastatin calcium 10 mg tab	37				
rosuvastatin calcium 20 mg tab	38				

sertraline 20 mg/ml oral conc	60	simvastatin 80 mg tablet	38	SOLTAMOX 20 MG/10 ML SOLN	23
sertraline hcl 100 mg tablet	60	sirolimus 0.5 mg tablet	23	SOLU-CORTEF 1,000 MG ACT-O-VL	9
sertraline hcl 25 mg tablet	60	sirolimus 1 mg tablet	23	SOLU-CORTEF 100 MG ACT-O-VIAL	9
sertraline hcl 50 mg tablet	60	sirolimus 1 mg/ml solution	23	SOLU-CORTEF 250 MG ACT-O-VIAL	9
SETLAKIN 0.15 MG-0.03 MG TAB	52	sirolimus 2 mg tablet	23	SOLU-CORTEF 500 MG ACT-O-VIAL	9
sevelamer 0.8 gm powder packet	39	SIRTURO 100 MG TABLET	41	SOMATULINE DEPOT 120 MG/0.5 ML	23
sevelamer 2.4 gm powder packet	39	SIVEXTRO 200 MG TABLET	41	SOMATULINE DEPOT 60 MG/0.2 ML	23
sevelamer carbonate 800 mg tab	39	SIVEXTRO 200 MG VIAL	41	SOMATULINE DEPOT 90 MG/0.3 ML	23
SHAROBEL 0.35 MG TABLET	37	SKYRIZI 150 MG DOSE KIT-2 SYRN	26	SOMAVERT 10 MG VIAL	44
SHINGRIX VIAL KIT	68	sodium bicarb 7.5% abboject	35	SOMAVERT 15 MG VIAL	44
SIGNIFOR 0.3 MG/ML AMPULE	23	sodium bicarb 8.4% abboject	35	SOMAVERT 20 MG VIAL	44
SIGNIFOR 0.6 MG/ML AMPULE	23	sodium chloride 0.45% soln	35	SOMAVERT 25 MG VIAL	44
SIGNIFOR 0.9 MG/ML AMPULE	23	sodium chloride 0.9% irrig.	39	SOMAVERT 30 MG VIAL	44
sildenafil 20 mg tablet (generic for revatio)	62	sodium chloride 0.9% solution	39	SORINE 120 MG TABLET	9
SILENOR 3 MG TABLET	60	sodium chloride 100 meq/40 ml	35	SORINE 160 MG TABLET	9
SILENOR 6 MG TABLET	60	sodium chloride 3% iv soln	35	SORINE 240 MG TABLET	9
silver sulfadiazine 1% cream	42	sodium chloride 5% iv soln	35	SORINE 80 MG TABLET	9
SIMBRINZA 1%-0.2% EYE DROPS	53	sodium fluoride 1 mg (2.2 mg)	68	sotalol 120 mg tablet	9
SIMULECT 10 MG VIAL	23	sodium lactate 50 meq/10 ml vl	35	sotalol 160 mg tablet	9
SIMULECT 20 MG VIAL	23	sodium phenylbutyrate 500mg tb	39	sotalol 240 mg tablet	9
simvastatin 10 mg tablet	38	sodium phenylbutyrate powder	39	sotalol 80 mg tablet	9
simvastatin 20 mg tablet	38	sodium polystyrene sulf powder	39	sotalol af 120 mg tablet	9
simvastatin 40 mg tablet	38	SOLQUA 100 UNIT-33 MCG/ML PEN	33	sotalol af 160 mg tablet	10
simvastatin 5 mg tablet	38			sotalol af 80 mg tablet	10

spironolactone 100 mg tablet	17	STELARA 45 MG/0.5 ML SYRINGE	26	SULFATRIM PEDIATRIC SUSPENSION	63
spironolactone 25 mg tablet	17	STELARA 45 MG/0.5 ML VIAL	26	sulf-pred 10-0.23% eye drops	46
spironolactone 50 mg tablet	17	STELARA 90 MG/ML SYRINGE	26	sulindac 150 mg tablet	51
spironolactone-hctz 25-25 tab	17	sterile water for irrigation	39	sulindac 200 mg tablet	51
SPRINTEC 28 DAY TABLET	52	STIMATE 1.5 MG/ML NASAL SPRAY	44	sumatriptan 20 mg nasal spray	38
SPRITAM 1,000 MG TABLET	12	STIVARGA 40 MG TABLET	23	sumatriptan 4 mg/0.5 ml cart	38
SPRITAM 250 MG TABLET	12	streptomycin sulf 1 gm vial	41	sumatriptan 4 mg/0.5 ml inject	38
SPRITAM 500 MG TABLET	12	STRIBILD TABLET	28	sumatriptan 5 mg nasal spray	38
SPRITAM 750 MG TABLET	12	SUBOXONE 12 MG-3 MG SL FILM	51	sumatriptan 6 mg/0.5 ml inject	38
SPRYCEL 100 MG TABLET	23	SUBOXONE 2 MG-0.5 MG SL FILM	51	sumatriptan 6 mg/0.5 ml refill	38
SPRYCEL 140 MG TABLET	23	SUBOXONE 4 MG-1 MG SL FILM	51	sumatriptan 6 mg/0.5 ml syrng	38
SPRYCEL 20 MG TABLET	23	SUBOXONE 8 MG-2 MG SL FILM	51	sumatriptan 6 mg/0.5 ml vial	38
SPRYCEL 50 MG TABLET	23	sucralfate 1 gm tablet	67	sumatriptan succ 100 mg tablet	38
SPRYCEL 70 MG TABLET	23	sulfacetamide 10% eye drops	46	sumatriptan succ 25 mg tablet	38
SPRYCEL 80 MG TABLET	23	sulfacetamide sod 10% top susp	65	sumatriptan succ 50 mg tablet	38
sps 15 gm/60 ml suspension	39	sulfadiazine 500 mg tablet	63	SUPRAX 500 MG/5 ML SUSPENSION	30
sps 30 gm/120 ml enema	39	sulfamethoxazole-tmp ds tablet	63	SUPREP BOWEL PREP KIT	43
SRONYX 0.10-0.02 MG TABLET	52	sulfamethoxazole-tmp inj vial	63	SUTENT 12.5 MG CAPSULE	23
SSD 1% CREAM	42	sulfamethoxazole-tmp ss tablet	63	SUTENT 25 MG CAPSULE	23
STAMARIL VIAL	68	sulfamethoxazole-tmp susp	63	SUTENT 37.5 MG CAPSULE	23
stavudine 15 mg	28	sulfasalazine 500 mg tablet	43	SUTENT 50 MG CAPSULE	23
stavudine 20 mg	28	sulfasalazine dr 500 mg tab	43	SYLATRON 200 MCG KIT	29
stavudine 30 mg	28				
stavudine 40 mg	28				

SYLATRON 300 MCG KIT	29	SYNRIBO 3.5 MG/ML VIAL	23	TAGRISSO 80 MG TABLET	24
SYLATRON 600 MCG KIT	29	SYNTHROID 100 MCG TABLET	65	TALZENNA 0.25 MG CAPSULE	24
SYMFI 600-300-300 MG TABLET	28	SYNTHROID 112 MCG TABLET	65	TALZENNA 1 MG CAPSULE	24
SYMFI LO 400-300-300 MG TABLET	28	SYNTHROID 125 MCG TABLET	65	tamoxifen 10 mg tablet	24
SYMLINPEN 120 PEN INJECTOR	33	SYNTHROID 137 MCG TABLET	65	tamoxifen 20 mg tablet	24
SYMLINPEN 60 PEN INJECTOR	33	SYNTHROID 150 MCG TABLET	65	tamsulosin hcl 0.4 mg capsule	28
SYMPAZAN 10 MG FILM	12	SYNTHROID 175 MCG TABLET	65	TARGRETIN 1% GEL	24
SYMPAZAN 20 MG FILM	12	SYNTHROID 200 MCG TABLET	65	TARINA FE 1-20 TABLET	52
SYMPAZAN 5 MG FILM	12	SYNTHROID 25 MCG TABLET	65	TASIGNA 150 MG CAPSULE	24
SYMTUZA 800-150-200-10 MG TAB	28	SYNTHROID 300 MCG TABLET	65	TASIGNA 200 MG CAPSULE	24
SYNAGIS 100 MG/1 ML VIAL	29	SYNTHROID 50 MCG TABLET	65	TASIGNA 50 MG CAPSULE	24
SYNAGIS 50 MG/0.5 ML VIAL	29	SYNTHROID 75 MCG TABLET	65	tazarotene 0.1% cream	64
SYNAREL 2 MG/ML NASAL SPRAY	44	SYNTHROID 88 MCG TABLET	65	TAZICEF 1 GM ADD-VANTAGE VIAL	30
SYNERCID 500 MG VIAL	41	TABLOID 40 MG TABLET	23	TAZICEF 1 GRAM VIAL	30
SYNJARDY 12.5-1,000 MG TABLET	33	tacrolimus 0.03% ointment	42	TAZICEF 2 GM ADD-VANTAGE VIAL	30
SYNJARDY 12.5-500 MG TABLET	33	tacrolimus 0.1% ointment	42	TAZICEF 2 GRAM VIAL	30
SYNJARDY 5-1,000 MG TABLET	33	tacrolimus 0.5 mg capsule	23	TAZICEF 6 GRAM VIAL	30
SYNJARDY 5-500 MG TABLET	33	tacrolimus 1 mg capsule	23	TAZORAC 0.05% CREAM	64
SYNJARDY XR 10-1,000 MG TABLET	33	tacrolimus 5 mg capsule	23	TAZORAC 0.05% GEL	64
SYNJARDY XR 12.5-1,000 MG TAB	33	TAFINLAR 50 MG CAPSULE	23	TAZORAC 0.1% CREAM	64
SYNJARDY XR 25-1,000 MG TABLET	33	TAFINLAR 75 MG CAPSULE	24	TAZORAC 0.1% GEL	64
SYNJARDY XR 5-1,000 MG TABLET	34	TAGRISSO 40 MG TABLET	24	TAZTIA XT 120 MG CAPSULE	17
				TAZTIA XT 180 MG CAPSULE	17
				TAZTIA XT 240 MG CAPSULE	17
				TAZTIA XT 300 MG CAPSULE	17

tdvax vial	68	telmisartan-hctz 40-12.5 mg tb	17	testosterone 50 mg/5 gram pkt	44
TECENTRIQ 1,200 MG/20 ML VIAL	24	telmisartan-hctz 80-12.5 mg tb	17	testosterone cyp 200 mg/ml	44
TECENTRIQ 840 MG/14 ML VIAL	24	telmisartan-hctz 80-25 mg tab	17	tetrabenazine 12.5 mg tablet	45
TECFIDERA DR 120 MG CAPSULE	45	temazepam 15 mg capsule	60	tetrabenazine 25 mg tablet	45
TECFIDERA DR 240 MG CAPSULE	45	temazepam 22.5 mg capsule	60	tetracycline 250 mg capsule	64
TECFIDERA STARTER PACK	45	temazepam 30 mg capsule	60	tetracycline 500 mg capsule	64
TECHLITE PEN NEEDLE 31GX1/4"	34	temazepam 7.5 mg capsule	60	THALOMID 100 MG CAPSULE	24
TECHLITE PEN NEEDLE 31GX5/16"	34	TENIVAC SYRINGE	68	THALOMID 150 MG CAPSULE	24
TECHLITE PEN NEEDLE 32GX1/4"	34	tenofovir disop fum 300 mg tb	28	THALOMID 200 MG CAPSULE	24
TECHLITE PEN NEEDLE 32GX5/16"	34	terazosin 1 mg capsule	17	THALOMID 50 MG CAPSULE	24
TECHLITE PEN NEEDLE 32GX5/32"	34	terazosin 10 mg capsule	17	THEO-24 ER 100 MG CAPSULE	62
TEFLARO 400 MG VIAL	30	terazosin 2 mg capsule	17	THEO-24 ER 200 MG CAPSULE	62
TEFLARO 600 MG VIAL	30	terazosin 5 mg capsule	17	THEO-24 ER 300 MG CAPSULE	62
TEKTURNA HCT 150-12.5 MG TAB	17	terbinafine hcl 250 mg tablet	13	THEO-24 ER 400 MG CAPSULE	62
TEKTURNA HCT 150-25 MG TABLET	17	terbutaline sulf 1 mg/ml vial	62	theophylline er 100 mg tablet	62
TEKTURNA HCT 300-12.5 MG TAB	17	terbutaline sulfate 2.5 mg tab	62	theophylline er 200 mg tablet	62
TEKTURNA HCT 300-25 MG TABLET	17	terbutaline sulfate 5 mg tab	62	theophylline er 300 mg tab	62
telmisartan 20 mg tablet	17	terconazole 0.4% cream	46	theophylline er 400 mg tablet	62
telmisartan 40 mg tablet	17	terconazole 0.8% cream	46	theophylline er 450 mg tab	62
telmisartan 80 mg tablet	17	terconazole 80 mg suppository	46	theophylline er 600 mg tablet	62
telmisartan-amlodipine 40-10	17	testosteron cyp 1,000 mg/10 ml	44	thioridazine 10 mg tablet	60
telmisartan-amlodipine 40-5 mg	17	testosteron enan 1,000 mg/5 ml	44	thioridazine 100 mg tablet	60
telmisartan-amlodipine 80-10	17	testosterone 12.5 mg/1.25 gram	44		
telmisartan-amlodipine 80-5 mg	17	testosterone 25 mg/2.5 gm pkt	44		

thioridazine 25 mg tablet	60	timolol maleate 5 mg tablet	17	tolterodine tartrate 2 mg tab	10
thioridazine 50 mg tablet	60	TIS-U-SOL	39	topiramate 100 mg tablet	12
thiotepa 15 mg vial	24	PENTALYTE IRRIG SOLN		topiramate 15 mg sprinkle cap	12
thiothixene 1 mg	60	TIVICAY 10 MG TABLET	28	topiramate 200 mg tablet	12
thiothixene 10 mg capsule	60	TIVICAY 25 MG TABLET	28	topiramate 25 mg sprinkle cap	12
thiothixene 2 mg	60	TIVICAY 50 MG TABLET	28	topiramate 25 mg tablet	12
thiothixene 5 mg	60	tizanidine hcl 2 mg capsule	47	topiramate 50 mg tablet	12
THYROLAR-1 STRENGTH TABLET	65	tizanidine hcl 2 mg tablet	47	TOPOSAR 1,000 MG/50 ML VIAL	24
THYROLAR-1/2 STRENGTH TAB	65	tizanidine hcl 4 mg capsule	47	TOPOSAR 100 MG/5 ML VIAL	24
THYROLAR-1/4 STRENGTH TAB	65	tizanidine hcl 4 mg tablet	47	TOPOSAR 500 MG/25 ML VIAL	24
THYROLAR-2 STRENGTH TABLET	65	tizanidine hcl 6 mg capsule	47	topotecan hcl 4 mg vial	24
THYROLAR-3 STRENGTH TABLET	65	TOBI PODHALER 28 MG INHALE CAP	41	toremifene citrate 60 mg tab	24
tiagabine hcl 12 mg tablet	12	TOBRADEX EYE OINTMENT	63	TORISEL 25 MG KIT	24
tiagabine hcl 16 mg tablet	12	tobramycin 0.3% eye drop	10	torsemide 10 mg tablet	17
tiagabine hcl 2 mg tablet	12	tobramycin 1.2 gm vial	41	torsemide 100 mg tablet	17
tiagabine hcl 4 mg tablet	12	tobramycin 10 mg/ml vial	41	torsemide 20 mg tablet	17
TIBSOVO 250 MG TABLET	24	tobramycin 300 mg/5 ml ampule	41	torsemide 5 mg tablet	17
tigecycline 50 mg vial	41	tobramycin 40 mg/ml vial	41	TOUJEO MAX SOLOSTAR 300UNIT/ML	34
TILIA FE 28 TABLET	52	tobramycin-dexameth ophth susp	63	TOUJEO SOLOSTAR 300 UNIT/ML	34
timolol 0.25% gfs gel-solution	28	TOBREX 0.3% EYE OINTMENT	10	TOVIAZ ER 4 MG TABLET	10
timolol 0.5% gfs gel-solution	28	TOLAK 4% CREAM	42	TOVIAZ ER 8 MG TABLET	10
timolol maleate 0.25% eye drop	28	tolcapone 100 mg tablet	26	TPN ELECTROLYTES VIAL	35
timolol maleate 0.5% eye drops	28	tolterodine tart er 2 mg cap	10	TRACLEER 32 MG TABLET FOR SUSP	62
timolol maleate 10 mg tablet	17	tolterodine tart er 4 mg cap	10	TRADJENTA 5 MG TABLET	34
timolol maleate 20 mg tablet	17	tolterodine tartrate 1 mg tab	10		



tramadol hcl 50 mg tablet	51	tretinoin 0.05% cream	64	TRI-ESTARYLLA TABLET	52
tramadol-acetaminophn 37.5-325	51	tretinoin 0.05% gel	64	trifluoperazine 1 mg tablet	60
trandolapril 1 mg tablet	17	tretinoin 0.1% cream	64	trifluoperazine 10 mg tablet	60
trandolapril 2 mg tablet	17	tretinoin 10 mg capsule	24	trifluoperazine 2 mg tablet	60
trandolapril 4 mg tablet	17	tretinoin gel micro 0.04% pump	64	trifluoperazine 5 mg tablet	60
tranexamic acid 650 mg tablet	46	tretinoin gel micro 0.04% tube	65	trifluridine 1% eye drops	28
tranylcypromine sulf 10 mg tab	60	tretinoin gel micro 0.1% pump	65	trihexyphenidyl 2 mg tablet	26
TRAVASOL 10% SOLN VIAFLEX	46	tretinoin gel micro 0.1% tube	65	trihexyphenidyl 2 mg/5 ml elx	26
TRAVATAN Z 0.004% EYE DROP	53	triamcinolone 0.025% cream	67	trihexyphenidyl 5 mg tablet	26
trazodone 100 mg tablet	60	triamcinolone 0.025% lotion	67	TRI-LEGEST FE-28 DAY TABLET	52
trazodone 150 mg tablet	60	triamcinolone 0.025% oint	67	TRI-LINYAH TABLET	52
trazodone 300 mg tablet	60	triamcinolone 0.1% cream	67	TRILYTE WITH FLAVOR PACKETS	43
trazodone 50 mg tablet	60	triamcinolone 0.1% lotion	67	trimethoprim 100 mg tablet	67
TREANDA 100 MG VIAL	24	triamcinolone 0.1% ointment	67	TRI-MILI 28 TABLET	52
TREANDA 25 MG VIAL	24	triamcinolone 0.1% paste	39	trimipramine maleate 100 mg cp	60
TRECTOR 250 MG TABLET	41	triamcinolone 0.5% cream	67	trimipramine maleate 25 mg cap	60
TRELEGY ELLIPTA 100-62.5-25	62	triamcinolone 0.5% ointment	67	trimipramine maleate 50 mg cap	60
TRELSTAR 11.25 MG VIAL	24	triamcinolone acet 40mg/ml vl	9	TRINESSA TABLET	52
TRELSTAR 22.5 MG VIAL	24	triamterene-hctz 37.5-25 mg cp	17	TRINTELLIX 10 MG TABLET	60
TRELSTAR 3.75 MG VIAL	24	triamterene-hctz 37.5-25 mg tb	17	TRINTELLIX 20 MG TABLET	60
TRESIBA 100 UNIT/ML VIAL	34	triamterene-hctz 75-50 mg tab	17	TRINTELLIX 5 MG TABLET	60
TRESIBA FLEXTOUCH 100 UNIT/ML	34	TRIDERM 0.1% CREAM	67	TRI-PREVIFEM TABLET	52
TRESIBA FLEXTOUCH 200 UNIT/ML	34	trientine hcl 250 mg capsule	39	TRIPTODUR 22.5 MG KIT	24
tretinoin 0.01% gel	64				
tretinoin 0.025% cream	64				
tretinoin 0.025% gel	64				

TRISENOX 12 MG/6 ML VIAL	24	TWINRIX VACCINE SYRINGE	68	ursodiol 300 mg capsule	43
TRI-SPRINTEC TABLET	52	TYBOST 150 MG TABLET	28	ursodiol 500 mg tablet	43
TRIUMEQ 600-50-300 MG TABLET	28	TYDEMY TABLET	52	valacyclovir hcl 1 gram tablet	28
TRIVORA-28 TABLET	52	TYKERB 250 MG TABLET	24	valacyclovir hcl 500 mg tablet	28
TRI-VYLIBRA 28 TABLET	52	TYMLOS 80 MCG DOSE PEN INJECTR	53	VALCHLOR 0.016% GEL	42
TROGARZO 200 MG/1.33 ML VIAL	28	TYPHIM VI 25 MCG/0.5 ML SYRNG	68	valganciclovir 450 mg tablet	28
TROKENDI XR 100 MG CAPSULE	12	TYPHIM VI 25 MCG/0.5 ML VIAL	68	valganciclovir hcl 50 mg/ml	28
TROKENDI XR 200 MG CAPSULE	12	TYSABRI 300 MG/15 ML VIAL	45	valproic acid 250 mg capsule	12
TROKENDI XR 25 MG CAPSULE	12	UNITHROID 100 MCG TABLET	65	valproic acid 250 mg/5 ml soln	12
TROKENDI XR 50 MG CAPSULE	12	UNITHROID 112 MCG TABLET	65	valsartan 160 mg tablet	17
TROPHAMINE 10% IV SOLUTION	46	UNITHROID 125 MCG TABLET	65	valsartan 320 mg tablet	17
TROPHAMINE 6% IV SOLUTION	46	UNITHROID 137 MCG TABLET	65	valsartan 40 mg tablet	17
tropicamide 0.5% eye drops	46	UNITHROID 150 MCG TABLET	65	valsartan 80 mg tablet	18
tropicamide 1% eye drops	46	UNITHROID 175 MCG TABLET	65	valsartan-hctz 160-12.5 mg tab	18
TRULANCE 3 MG TABLET	43	UNITHROID 200 MCG TABLET	65	valsartan-hctz 160-25 mg tab	18
TRULICITY 0.75 MG/0.5 ML PEN	34	UNITHROID 25 MCG TABLET	65	valsartan-hctz 320-12.5 mg tab	18
TRULICITY 1.5 MG/0.5 ML PEN	34	UNITHROID 300 MCG TABLET	65	valsartan-hctz 320-25 mg tab	18
TRUMENBA 120 MCG/0.5 ML VACCIN	68	UNITHROID 50 MCG TABLET	65	valsartan-hctz 80-12.5 mg tab	18
TRUVADA 100 MG-150 MG TABLET	28	UNITHROID 75 MCG TABLET	65	vanco 500 mg/100 ml-0.9% nacl	41
TRUVADA 133 MG-200 MG TABLET	28	UNITHROID 88 MCG TABLET	65	vanco 750 mg/150 ml-0.9% nacl	41
TRUVADA 167 MG-250 MG TABLET	28	UNITUXIN 17.5 MG/ 5 ML VIAL	24	vancomycin 1 g/200ml-0.9% nacl	41
TRUVADA 200 MG-300 MG TABLET	28	ursodiol 250 mg tablet	43	vancomycin 1 gm vial	41
				vancomycin 500 mg vial	41
				vancomycin 750 mg/150 ml bag	41

vancomycin hcl 1.25 gram vial	41	VELPHORO 500 MG CHEWABLE TAB	39	verapamil 5 mg/2 ml vial	18
vancomycin hcl 10 gm vial	41	VELTASSA 16.8 GM POWDER PACKET	39	verapamil 80 mg tablet	18
vancomycin hcl 125 mg capsule	41	VELTASSA 25.2 GM POWDER PACKET	39	verapamil er 120 mg capsule	18
vancomycin hcl 1g/200 ml bag	41	VELTASSA 8.4 GM POWDER PACKET	39	verapamil er 120 mg tablet	18
vancomycin hcl 250 mg capsule	41	VENCLEXTA 10 MG TABLET	24	verapamil er 180 mg capsule	18
vancomycin hcl 250 mg vial	41	VENCLEXTA 100 MG TABLET	24	verapamil er 180 mg tablet	18
vancomycin hcl 5 gm vial	41	VENCLEXTA 50 MG TABLET	24	verapamil er 240 mg capsule	18
vancomycin hcl 750 mg vial	41	VENCLEXTA STARTING PACK	24	verapamil er 240 mg tablet	18
vancomycin-d5w 500 mg/100 ml	41	venlafaxine hcl 100 mg tablet	60	verapamil er pm 100 mg capsule	18
VANDAZOLE VAGINAL 0.75% GEL	46	venlafaxine hcl 25 mg tablet	60	verapamil er pm 200 mg capsule	18
VAQTA 25 UNITS/0.5 ML SYRINGE	68	venlafaxine hcl 37.5 mg tablet	60	verapamil er pm 300 mg capsule	18
VAQTA 25 UNITS/0.5 ML VIAL	68	venlafaxine hcl 50 mg tablet	60	verapamil sr 120 mg capsule	18
VAQTA 50 UNITS/ML SYRINGE	68	venlafaxine hcl 75 mg tablet	60	verapamil sr 180 mg capsule	18
VAQTA 50 UNITS/ML VIAL	68	venlafaxine hcl er 150 mg cap	60	verapamil sr 240 mg capsule	18
VARIVAX VACCINE WITH DILUENT	68	venlafaxine hcl er 37.5 mg cap	60	VERSACLOZ 50 MG/ML SUSPENSION	60
VARIZIG 125 UNIT/1.2 ML VIAL	68	venlafaxine hcl er 75 mg cap	60	VERZENIO 100 MG TABLET	24
VASCEPA 0.5 GM CAPSULE	38	VENTAVIS 10 MCG/1 ML SOLUTION	62	VERZENIO 150 MG TABLET	24
VASCEPA 1 GM CAPSULE	38	VENTAVIS 20 MCG/1 ML SOLUTION	62	VERZENIO 200 MG TABLET	24
VECTIBIX 100 MG/5 ML VIAL	24	VENTOLIN HFA 90 MCG INHALER	63	VERZENIO 50 MG TABLET	24
VECTIBIX 400 MG/20 ML VIAL	24	verapamil 120 mg tablet	18	V-GO 20 DISPOSABLE DEVICE	34
VELCADE 3.5 MG VIAL	24	verapamil 360 mg cap pellet	18	V-GO 30 DISPOSABLE DEVICE	34
VELIVET 28 DAY TABLET	52	verapamil 40 mg tablet	18	V-GO 40 DISPOSABLE DEVICE	34

VIBERZI 100 MG TABLET	43	VINCASAR PFS 1 MG/ML VIAL	24	VOTRIENT 200 MG TABLET	25
VIBERZI 75 MG TABLET	43	vincristine 1 mg/ml vial	24	VP-PNV-DHA SOFTGEL	68
VICODIN ES 7.5-300 MG TABLET	49	vinorelbine 10 mg/ml vial	24	VRAYLAR 1.5 MG CAPSULE	60
VICODIN HP 10-300 MG TABLET	49	vinorelbine 50 mg/5 ml vial	24	VRAYLAR 1.5 MG-3 MG PACK	60
VICTOZA 3-PAK 18 MG/3 ML PEN	34	VIORELE 28 DAY TABLET	53	VRAYLAR 3 MG CAPSULE	60
VIDEX 2 GM PEDIATRIC SOLN	28	VIRACEPT 250 MG TABLET	28	VRAYLAR 4.5 MG CAPSULE	61
VIDEX 4 GM PEDIATRIC SOLN	28	VIRACEPT 625 MG TABLET	28	VRAYLAR 6 MG CAPSULE	61
VIDEX EC 125 MG CAPSULE	28	VIREAD 150 MG TABLET	28	VYFEMLA 28 TABLET	53
VIENVA-28 TABLET	53	VIREAD 200 MG TABLET	28	VYLIBRA 28 TABLET	53
vigabatrin 500 mg powder packt	12	VIREAD 250 MG TABLET	28	VYXEOS 44 MG-100 MG VIAL	25
vigabatrin 500 mg tablet	12	VIREAD POWDER	28	warfarin sodium 1 mg tablet	31
VIGADRONE 500 MG POWDER PACKET	12	VITRAKVI 100 MG CAPSULE	24	warfarin sodium 10 mg tablet	31
VIIBRYD 10 MG TABLET	60	VITRAKVI 20 MG/ML SOLUTION	24	warfarin sodium 2 mg tablet	31
VIIBRYD 10-20 MG STARTER PACK	60	VITRAKVI 25 MG CAPSULE	24	warfarin sodium 2.5 mg tablet	31
VIIBRYD 20 MG TABLET	60	VIVITROL 380 MG VIAL + DILUENT	51	warfarin sodium 3 mg tablet	31
VIIBRYD 40 MG TABLET	60	VIZIMPRO 15 MG TABLET	25	warfarin sodium 4 mg tablet	31
VIMPAT 10 MG/ML SOLUTION	12	VIZIMPRO 30 MG TABLET	25	warfarin sodium 5 mg tablet	31
VIMPAT 100 MG TABLET	12	VIZIMPRO 45 MG TABLET	25	warfarin sodium 6 mg tablet	31
VIMPAT 150 MG TABLET	12	voriconazole 200 mg tablet	13	warfarin sodium 7.5 mg tablet	32
VIMPAT 200 MG TABLET	12	voriconazole 200 mg vial	13	WERA 0.5/0.035 MG 28 TABLET	53
VIMPAT 200 MG/20 ML VIAL	12	voriconazole 40 mg/ml susp	13	XALKORI 200 MG CAPSULE	25
VIMPAT 50 MG TABLET	12	voriconazole 50 mg tablet	13	XALKORI 250 MG CAPSULE	25
		VOSEVI 400-100-100 MG TABLET	28		

XARELTO 10 MG TABLET	32	XOLAIR 75 MG/0.5 ML SYRINGE	63	ZELBORAF 240 MG TABLET	25
XARELTO 15 MG TABLET	32	XOSPATA 40 MG TABLET	25	ZEMAIRA 1,000 MG VIAL	39
XARELTO 2.5 MG TABLET	32	XTAMPZA ER 13.5 MG CAPSULE	49	ZENATANE 10 MG CAPSULE	65
XARELTO 20 MG TABLET	32	XTAMPZA ER 18 MG CAPSULE	50	ZENATANE 20 MG CAPSULE	65
XARELTO STARTER PACK	32	XTAMPZA ER 27 MG CAPSULE	50	ZENATANE 30 MG CAPSULE	65
XATMEP 2.5 MG/ML ORAL SOLUTION	25	XTAMPZA ER 36 MG CAPSULE	50	ZENATANE 40 MG CAPSULE	65
XELJANZ 10 MG TABLET	54	XTAMPZA ER 9 MG CAPSULE	50	ZENPEP DR 10,000 UNIT CAPSULE	43
XELJANZ 5 MG TABLET	54	XTANDI 40 MG CAPSULE	25	ZENPEP DR 15,000 UNIT CAPSULE	43
XELJANZ XR 11 MG TABLET	54	XULTOPHY 100 UNIT-3.6MG/ML PEN	34	ZENPEP DR 20,000 UNIT CAPSULE	43
XGEVA 120 MG/1.7 ML VIAL	8	XYREM 500 MG/ML ORAL SOLUTION	61	ZENPEP DR 25,000 UNIT CAPSULE	43
XHANCE 93 MCG NASAL SPRAY	63	YERVOY 200 MG/40 ML VIAL	25	ZENPEP DR 3,000 UNIT CAPSULE	43
XIFAXAN 550 MG TABLET	41	YERVOY 50 MG/10 ML VIAL	25	ZENPEP DR 40,000 UNIT CAPSULE	43
XIGDUO XR 10 MG-1,000 MG TAB	34	YF-VAX 1 DOSE VIAL	68	ZENPEP DR 5,000 UNIT CAPSULE	43
XIGDUO XR 10 MG-500 MG TABLET	34	YONDELIS 1 MG VIAL	25	zidovudine 100 mg capsule	28
XIGDUO XR 2.5 MG-1,000 MG TAB	34	YONSA 125 MG TABLET	25	zidovudine 300 mg tablet	28
XIGDUO XR 5 MG-1,000 MG TABLET	34	YUVAFEM 10 MCG VAGINAL INSERT	37	zidovudine 50 mg/5 ml syrup	28
XIGDUO XR 5 MG-500 MG TABLET	34	zafirlukast 10 mg tablet	63	ZIOPTAN 0.0015% EYE DROPS	53
XIIDRA 5% EYE DROPS	46	zafirlukast 20 mg tablet	63	ziprasidone hcl 20 mg capsule	61
XOFLUZA 20 MG TAB (40 MG DOSE)	28	zaleplon 10 mg capsule	61	ziprasidone hcl 40 mg capsule	61
XOFLUZA 40 MG TAB (80 MG DOSE)	28	zaleplon 5 mg capsule	61	ziprasidone hcl 60 mg capsule	61
XOLAIR 150 MG VIAL	63	ZARXIO 300 MCG/0.5 ML SYRINGE	29	ziprasidone hcl 80 mg capsule	61
XOLAIR 150 MG/ML SYRINGE	63	ZARXIO 480 MCG/0.8 ML SYRINGE	29		
		ZEBUTAL 50-325-40 MG CAPSULE	50		
		ZEJULA 100 MG CAPSULE	25		

ZIRGAN 0.15% OPHTHALMIC GEL	28	ZUBSOLV 5.7-1.4 MG TABLET SL	51
zoledronic acid 4 mg/5 ml vial	44	ZUBSOLV 8.6-2.1 MG TABLET SL	51
zoledronic acid 5 mg/100 ml	39	ZYDELIG 100 MG TABLET	25
ZOLINZA 100 MG CAPSULE	25	ZYDELIG 150 MG TABLET	25
zolpidem tartrate 10 mg tablet	61	ZYKADIA 150 MG CAPSULE	25
zolpidem tartrate 5 mg tablet	61	ZYKADIA 150 MG TABLET	25
zonisamide 100 mg capsule	12	ZYLET EYE DROPS	63
zonisamide 25 mg capsule	12	ZYPREXA RELPREVV 210 MG VL KIT	61
zonisamide 50 mg capsule	12	ZYPREXA RELPREVV 300 MG VL KIT	61
ZORTRESS 0.25 MG TABLET	25	ZYPREXA RELPREVV 405 MG VL KIT	61
ZORTRESS 0.5 MG TABLET	25	ZYTIGA 500 MG TABLET	25
ZORTRESS 0.75 MG TABLET	25		
ZORTRESS 1 MG TABLET	25		
ZOSTAVAX VIAL	68		
ZOSYN 2.25 GM/50 ML GALAXY BAG	55		
ZOSYN 3.375 GM/50 ML GALAXY	55		
ZOSYN 4.5 GM/100 ML GALAXY BAG	55		
ZOVIA 1-35E TABLET	53		
ZUBSOLV 0.7-0.18 MG TABLET SL	51		
ZUBSOLV 1.4-0.36 MG TABLET SL	51		
ZUBSOLV 11.4-2.9 MG TABLET SL	51		
ZUBSOLV 2.9-0.71 MG TABLET SL	51		



Help is always here. If you have any questions, customer service is here to help. We go above and beyond to make sure you have everything you need to understand and get the most from your plan.

**1-888-281-7867 (TTY 711)**

October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays. Customer service also has free language interpreter services available for non-English speakers.



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This drug list was updated September 2019.

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