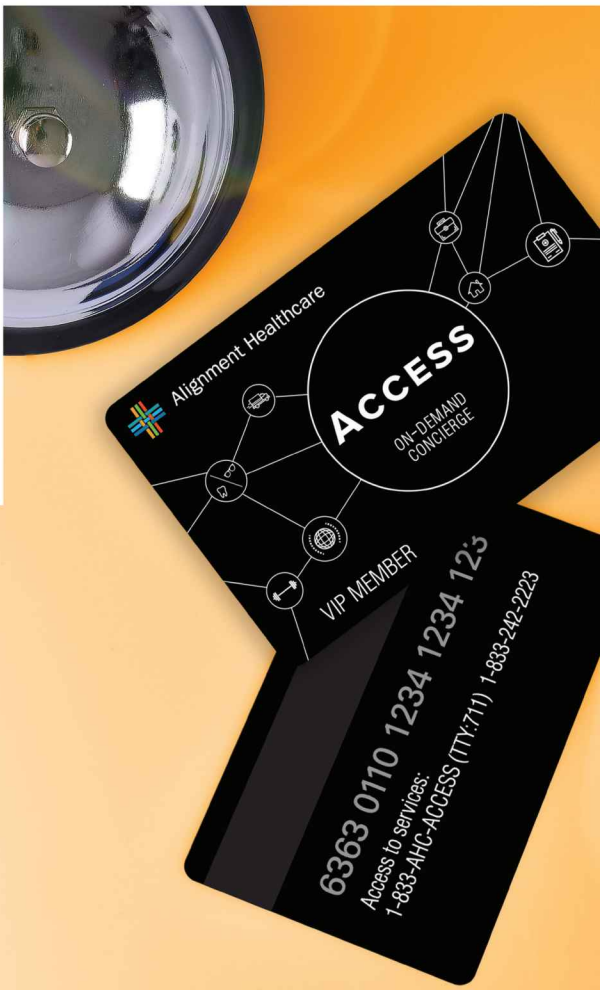
2022 ENROLLMENT BOOK

ALIGNMENT
HEALTH PLAN

Sutter Advantage (HMO)
My Choice (PPO)

Placer, Sacramento, San Francisco, Santa Clara, Santa Cruz, San Mateo, Sonoma, and Yolo Counties

24/7



CARE

CONCIERGE

A MESSAGE FROM ALIGNMENT HEALTHPLAN

Alignment Health Plan takes pride in the products and services we design specifically to improve our members health. From quality of care to quality of life, we provide what you need, when you need it. When COVID-19 hit the United States, we immediately thought of our members and how we could provide quick and impactful support to those who needed it. As the virus developed and built momentum, we communicated with our members on a regular basis, we delivered thousands of meals to members so that they could remain safely at home and we provided tens of thousands of face masks and hand sanitizers to our members.

We know that you have a lot of choices when it comes to selecting a health plan.

Alignment Health Plan's mission is to provide you with effective, coordinated and affordable care that you deserve and to care for you especially in times of crisis.

We promise to make health care as convenient as possible by offering access to concierge-level care 24 hours a day, 7 days a week, 365 days a year.

The information in this book will help you explore the benefits of becoming an Alignment Health Plan member. We encourage you to review the Summary of Benefits, which provides detailed coverage information regarding the plan(s) we offer.

If you have any questions or need further assistance with completing the enrollment form or choosing a doctor, give us a call.

We look forward to serving you now and many years to come.

Dawn Maroney

Dawn Maroney
President, Markets of Alignment Healthcare

Table of Contents

ALIGNMENT HEALTH PLAN - H3815
2021 MEDICARE STAR RATINGS*

ALIGNMENT HEALTH PLAN

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Ratings that focus on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2021, Alignment Health Plan received the following **OVERALL STAR RATING** from Medicare.

★★★★
4 Stars

We received the following Summary Star Rating for Alignment Health Plan's health/drug plan services:

HEALTH PLAN SERVICES: ★★★★
4 Stars

DRUG PLAN SERVICES: ★★★★★
5 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 888-979-2247 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time.

Current members please call 866-634-2247 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

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ALIGNMENT HEALTH PLAN - H4961
2021 MEDICARE STAR RATINGS*

ALIGNMENT HEALTH PLAN

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Ratings that focus on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2021, Alignment Health Plan received the following **OVERALL STAR RATING** from Medicare.

Plan too new to be measured

We received the following Summary Star Rating for Alignment Health Plan's health/drug plan services:

Plan too new to be measured

HEALTH PLAN SERVICES: Plan too new to be measured

DRUG PLAN SERVICES: Plan too new to be measured

The number of stars shows how well our plan performs.

★★★★★ 5 stars - excellent

★★★★ 4 stars - above average

★★★ 3 stars - average

★★ 2 stars - below average

★ 1 star - poor

*Some plans do not have enough data to rate performance.

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 888-979-2247 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time.

Current members please call 866-634-2247 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

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ALIGNMENT
HEALTH PLAN

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

Medicare Advantage Plans (Part C) and Cost Plans

☐ Medicare Health Maintenance Organization (HMO)

A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

☐ Medicare Preferred Provider Organization (PPO) Plan

A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.

☐ Medicare Point of Service (POS) Plan

A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

☐ Medicare Special Needs Plan (SNP)

A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____ Signature Date: _____

If you are the Authorized Representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be completed by Agent

Agent Name: MATTHEW SOHN	Agent Phone: (408) 384-8150
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact (Indicate here if beneficiary was a walk-in.):	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
Plan Use Only:	

*Scope of Appointment documentation is subject to CMS record retention requirements.
*Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

_____

_____

_____

Alignment Health Plan is an HMO, HMO POS, HMO C-SNP, HMO D-SNP and PPO plan with a Medicare contract and a contract with the California, Nevada and North Carolina Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ACCESS ON-DEMAND CONCIERGE

Alignment Health Plan offers benefits that are not covered under Original Medicare. We are excited to offer you more coverage at no additional cost.

ACCESS ON-DEMAND CONCIERGE

The ACCESS On-Demand Concierge black card gives you access to concierge service 24 hours a day, 7 days a week. It is accepted at 50,000+ locations nationwide and works like a debit card to pay for items, including over-the-counter (OTC) items and Alignment Health Plan Healthy Rewards Program items*.

24/7 ACCESS ON-DEMAND CONCIERGE TEAM

1-833-242-2223 (TTY 711)

24/7 ACCESS On-Demand Concierge team, dedicated to helping members navigate the services and benefits available to you with speed, ease and efficiency. It's all to help you get connected to the concierge level experience you deserve.

24/7 ACCESS TO A DOCTOR

1-844-227-6955 (TTY 711)

Alignment Health Plan members have access to board-certified doctors and/or clinicians 24 hours a day, 7 days a week. Services include general medical, dermatology, behavioral health consultations, even prescriptions, if needed.

ONLINE MEMBER ACCOUNT

ALIGNMENTHEALTHPLAN.COM/MEMBERS

Alignment Health Plan members can activate their online member account to review benefits, view claims, contact the concierge team, check their ACCESS card balance and more!

MOBILE APP

Search "Alignment Health Plan" on the iOS App or Google Play store. Use our app to view your ID card on the go, access benefits, and message your concierge team.

ALIGNMENT MEMBER REWARDS PROGRAM

As part of ACCESS On-Demand Concierge, Alignment Health Plan members who qualify may also use their black card to redeem rewards for completing select wellness activities and preventive screenings, such as getting a flu shot, mammogram or colorectal cancer screening. This is available at no additional cost.

*Monthly spending allowances vary by plan.

For more information call, **1-888-979-2247** (TTY: 711) 8 a.m. – 8 p.m. Monday through Friday.

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN

Being an Alignment Health Plan member, just got better!

OVER-THE-COUNTER (OTC) ALLOWANCE

1-833-242-2223 (TTY 711)

Select plans include a monthly OTC benefit that allows members to use their ACCESS black card to buy eligible items at participating retailers. The monthly allowance reloads onto the card every month and any amount that is not spent each month is forfeited.

ACUPUNCTURE & CHIROPRACTIC SERVICES

For acupuncture and chiropractic benefits, plans that offer coverage of routine visits at $0 copay, these benefits are offered through American Specialty Health. To find a participating provider, go to www.ashlink.com/ash/AHC.

FITNESS

1-844-499-5632 (TTY 711)

8 a.m. - 8 p.m. Monday through Sunday, Local Time (excluding holidays)

As an Alignment Health Plan member, you receive a no-cost membership at participating fitness centers and access to at-home workouts offered through PeerFit Move. For more information, go to peerfitmove.com.

DENTAL

1-866-454-3008 (TTY 711)

8 a.m. - 5 p.m. Monday through Friday, Local Time (excluding holidays)

Alignment Health Plan offers dental coverage for most HMO plans that include no monthly premium, no deductibles and low-cost copayments. Embedded dental coverage is offered through Liberty Dental in California and DentaQuest in Arizona, Nevada and North Carolina. Members are also offered the Enhanced Dental Option coverage for an additional monthly premium and additional coverage, offered through Delta Dental in California, and DentaQuest for Arizona, Nevada and North Carolina. For more information about network dental providers in your area, go to providersearch.alignmenthealthcare.com.

VISION

1-800-877-7195 (TTY 711)

8 a.m. - 6 p.m. Monday through Friday, 7 a.m. - 5 p.m. Saturday/Sunday, Local Time (excluding holidays)

VSP Advantage provides Alignment Health Plan members with vision benefits including exams and glasses and/or contact lenses. Coverage allowances vary by plan. Visit vsp.com to create an account and get started. To find a network eye doctor, go to providersearch.alignmenthealthcare.com.

Please refer to the Summary of Benefits in this book for specific plan coverage.

HEARING

1-844-667-3713 (TTY 711)

8 a.m. - 5 p.m. Monday through Friday, Local Time (excluding holidays)

NationsHearing provides members with hearing exams and if needed hearing aid fittings. Some plans provide coverage for hearing aids. Please refer to the Summary of Benefits in this book for specific plan coverage.

DENTAL BENEFITS

ALIGNMENT HEALTH PLAN

My Choice (HMO), Platinum (HMO), Heart & Diabetes (HMO C-SNP), smartHMO (HMO), AVA (HMO), Harmony (HMO), Select (HMO), ESRD Balance (HMO C-SNP), **Sutter Advantage (HMO)**

Plan Type	Embedded
Monthly Premium	$0
Deductible	$0
Provider	Liberty Dental (In-Network Only)

*Covered Dental Services	Member Responsibility	Benefit Limitations
Diagnostic and Preventive Services		
Oral Evaluation	$0	One every six months
X-Rays (Full Mouth or Pano)	$0	One every three years
X-Rays (Bitewings)	$0	One per calendar year
Routine Cleaning (Prophy)	$0	One every six months
Fluoride Treatment	$0	One every six months
Restorative		
Amalgam Restorations (Silver Fillings)	$29-$44	One per tooth every two years
Composite Resin Restorations (White Fillings)	$25-$165	One per tooth every two years
Crowns	$250-$350	One per tooth every five years
Endodontics, Periodontics and Prosthodontics		
Root Canal Therapy	$195-$295	Once per tooth per lifetime
Periodontal Maintenance	$40	One every six months
Complete Dentures	$385	One every five years
Partial Dentures	$360-$425	One every five years
Denture Relines / Repairs	$20-$165	Two per calendar year
Oral/Maxillofacial Surgery and Adjunctive Services		
Simple Extractions	$35	Once per tooth per lifetime
Surgical Extractions	$48-$140	Once per tooth per lifetime
Palliative Emergency Treatment	$20	Two per calendar year

*Covered dental services are subject to exclusions and limitations. The chart above provides a summary of common dental procedures and corresponding copays. For a complete list of dental codes and procedures covered under this plan, please refer to the dental guide. The dental guide can be found at **alignmenthealthplan.com > Members > Member Forms & Resources** Member cost-sharing portion may vary if member obtains services from a specialist provider.

Alignment Health Plan is an HMO, HMO POS, HMO C-SNP, HMO D-SNP and PPO plan with a Medicare contract and a contract with the California, Nevada and North Carolina Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This information is not a complete description of benefits. Call 1-888-979-2247 (TTY: 711), 8 a.m. - 8 p.m. Monday through Friday, for more information.

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DENTAL BENEFITS

ALIGNMENT HEALTH PLAN

My Choice (HMO), Platinum (HMO), Heart & Diabetes (HMO C-SNP), smartHMO (HMO), AVA (HMO), Harmony (HMO), Select (HMO), ESRD Balance (HMO C-SNP), **Sutter Advantage (HMO)**

Plan Type	Enhanced
Monthly Premium	$29
Deductible	$0
Maximum Benefit	$1,500
Provider	Delta Dental (In-Network Only)

*Covered Dental Services	Member Responsibility	Benefit Limitations
Diagnostic and Preventive Services		
Oral Evaluation	$0	One every six months
X-Rays (Full Mouth or Pano)	$0	One every three years
X-Rays (Bitewings)	$0	One per calendar year
Routine Cleaning (Prophy)	$0	One every six months
Fluoride Treatment	$0	One every six months
Restorative Services		
Amalgam Restorations (Silver Fillings)	50%	One per tooth every two years
Composite Resin Restorations (White Fillings)	50%	One per tooth every two years
Crowns	70%	One per tooth every five years
Endodontics, Periodontics and Prosthodontics		
Root Canal Therapy	70%	One per tooth per lifetime
Periodontal Maintenance	0%	One every six months
Complete Dentures	70%	One every five years
Partial Dentures	70%	One every five years
Denture Relines / Repairs	70%	One every six months (Included within six months of initial placement)
Oral/Maxillofacial Surgery and Adjunctive Services		
Simple Extractions	50%	One per tooth per lifetime
Surgical Extractions	70%	One per tooth per lifetime
Palliative Emergency Treatment	50%	Two per calendar year

*Covered dental services are subject to exclusions and limitations. The chart above provides a summary of common dental procedures and corresponding copays. For a complete list of dental codes and procedures covered under this plan, please refer to the dental guide. The dental guide can be found at **alignmenthealthplan.com > Members > Member Forms & Resources**

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DENTAL BENEFITS

ALIGNMENT HEALTH PLAN

My Choice (PPO), Balance (PPO)

Plan Type	Enhanced
Monthly Premium	$29
Deductible	$0
Maximum Benefit	$1,500
Provider	Delta Dental (In-Network and Out-of-Network)

*Covered Dental Services	Member Responsibility		Benefit Limitations
Diagnostic and Preventive Services			
	In-Network	Out-of-Network	
Oral Evaluation	0%	50%	One every six months
X-Rays (Full Mouth or Pano)	0%	50%	One every three years
X-Rays (Bitewings)	0%	50%	One every calendar year
Routine Cleaning (Prophy)	0%	50%	One every six months
Fluoride Treatment	0%	50%	One every six months
Restorative Services			
	In-Network	Out-of-Network	
Amalgam Restorations (Silver Fillings)	50%	55%	One per tooth every two years
Composite Resin Restorations (White Fillings)	50%	55%	One per tooth every two years
Crowns	70%	75%	One per tooth every five years
Endodontics, Periodontics and Prosthodontics			
	In-Network	Out-of-Network	
Root Canal Therapy	70%	75%	Once per tooth per lifetime
Periodontal Maintenance	0%	50%	One every six months
Complete Dentures	50%	55%	One every five years
Partial Dentures	70%	75%	One every five years
Denture Relines / Repairs	70%	75%	One every six months (Included within six months of initial placement)

Oral/Maxillofacial Surgery and Adjunctive Services			
	In-Network	Out-of-Network	
Simple Extractions	50%	55%	Once per tooth per lifetime
Surgical Extractions	70%	75%	Once per tooth per lifetime
Palliative Emergency Treatment	50%	55%	Two per calendar year

*Covered dental services are subject to exclusions and limitations. The chart above provides a summary of common dental procedures and corresponding copays. For a complete list of dental codes and procedures covered under this plan, please refer to the dental guide. The dental guide can be found at **alignmenthealthplan.com > Members > Member Forms & Resources**

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2022 SUMMARY OF BENEFITS

ALIGNMENT HEALTH PLAN | Sutter Advantage HMO

Sutter Advantage (HMO)

Placer, Sacramento, San Francisco, Santa Clara, Santa Cruz, San Mateo, Sonoma & Yolo Counties

This is a summary of drug and health services benefits covered by Alignment Health Plan for January 1, 2022 - December 31, 2022.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the Evidence of Coverage by calling our Member Services Department at the phone number listed in this document or online at www.alignmenthealthplan.com.

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	Sutter Advantage (HMO) 019 Placer, Sacramento & Yolo Counties	**Sutter Advantage (HMO) 020** Santa Clara County	**Sutter Advantage (HMO) 021** Santa Cruz County	**Sutter Advantage (HMO) 023** Sonoma, San Mateo & San Francisco Counties
Premiums and Benefits				
Monthly Plan Premium • Part C & Part D	$19	$49	$59	$48
Deductible	$0	$0	$0	$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$4,900	$4,900	$4,900	$3,900
Inpatient Hospital[1,2]	$150 per days 1-5, $0 per days 6-90 (unlimited days per admission)	$225 per days 1-5, $0 per days 6-90 (unlimited days per admission)	$225 per days 1-5, $0 per days 6-90 (unlimited days per admission)	$225 per days 1-5, $0 per days 6-90 (unlimited days per admission)
Outpatient Hospital[1] • Hospital Services • Observation Services	$195 $0	$325 $0	$325 $0	$250 $0
Ambulatory Surgical Center	$0	$0	$0	$0
Doctor Visits • Primary • Specialists[1,2]	$5 $25	$5 $20	$5 $20	$5 $25
Preventive Care (e.g., flu vaccine, diabetic screenings)	$0	$0	$0	$0
Emergency Care/ Post-Stabilization Care	$90 (NOT waived if admitted)	$90 (NOT waived if admitted)	$90 (NOT waived if admitted)	$90 (NOT waived if admitted)
Urgently Needed Services	$0	$0	$0	$0

	Sutter Advantage (HMO) 019 Placer, Sacramento & Yolo Counties	**Sutter Advantage (HMO) 020** Santa Clara County	**Sutter Advantage (HMO) 021** Santa Cruz County	**Sutter Advantage (HMO) 023** Sonoma, San Mateo & San Francisco Counties
Outpatient Diagnostic[1,2]				
• Procedures, tests, lab services	$0	$0	$0	$0
• X-Ray	$15	$15	$15	$15
• Diagnostic	$150	$150	$150	$150
• Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Hearing Services[1,2]				
• Routine hearing exam	$0 Medicare covered benefits and 1 exam/fitting/ evaluation per year	$0 Medicare covered benefits and 1 exam/fitting/ evaluation per year	$0 Medicare covered benefits and 1 exam/fitting/ evaluation per year	$0 Medicare covered benefits and 1 exam/fitting/ evaluation per year
• Hearing aid allowance	not covered	not covered	not covered	not covered
Dental Services[1,2]				
Preventive:				
• Exam & Cleaning 1 every 6 months	$0	$0	$0	$0
• Fluoride treatment 1 every 6 months	$0	$0	$0	$0
• X-Ray 1 every 3 years	$0	$0	$0	$0
Comprehensive:				
• Restorative	$20-$350	$20-$350	$20-$350	$20-$350
• Endodontics	$15-$295	$15-$295	$15-$295	$15-$295
• Periodontics	$15-$375	$15-$375	$15-$375	$15-$375
• Extractions	$25-$140	$25-$140	$25-$140	$25-$140
• Prosthodontics	$20-$425	$20-$425	$20-$425	$20-$425

	Sutter Advantage (HMO) 019 Placer, Sacramento & Yolo Counties	**Sutter Advantage (HMO) 020** Santa Clara County	**Sutter Advantage (HMO) 021** Santa Cruz County	**Sutter Advantage (HMO) 023** Sonoma, San Mateo & San Francisco Counties
Vision Services • Routine exam	$0 Medicare covered eye exams/1 routine eye exam per year	$0 Medicare covered eye exams/1 routine eye exam per year	$0 Medicare covered eye exams/1 routine eye exam per year	$0 Medicare covered eye exams/1 routine eye exam per year
• Eyewear	$150 coverage limit for glasses/ contacts every 2 years	$150 coverage limit for glasses/ contacts every 2 years	$150 coverage limit for glasses/ contacts every 2 years	$150 coverage limit for glasses/ contacts every 2 years
Mental Health Services[1,2]	$0	$0	$0	$0
Skilled Nursing Facility[1,2]	$0 per days 1-20 $160 per days 21-51 $0 per days 52-100 (no prior hospital stay required)	$0 per days 1-20 $160 per days 21-57 $0 per days 58-100 (no prior hospital stay required)	$0 per days 1-20 $160 per days 21-62 $0 per days 63-100 (no prior hospital stay required)	$0 per days 1-20 $160 per days 21-51 $0 per days 52-100 (no prior hospital stay required)
Physical & Speech Therapy	$0	$0	$0	$0
Ground and Air Ambulance Services[1]	$250 (waived if admitted)	$250 (waived if admitted)	$250 (waived if admitted)	$250 (waived if admitted)
Transportation	not covered	not covered	not covered	not covered
Medicare Part B Drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance

	Sutter Advantage (HMO) 019, 020, 021, 023 Placer, Sacramento, San Francisco, Santa Clara, Santa Cruz, San Mateo, Sonoma & Yolo Counties	
Outpatient Prescription Drugs		
Part D Deductible	$0	
Initial Coverage Limit	$4,430	
Part D Out of Pocket Threshold	$7,050	
	Retail Standard 30-day supply	**Mail Order 100-day supply**
Initial Coverage		
Tier 1: Preferred Generic	$0	$0
Tier 2: Generic	$5	$15
Tier 3: Preferred Brand	$40	$120
Tier 4: Non-Preferred	$100	$300
Tier 5: Specialty Tier	33% coinsurance	not covered
Tier 6: Select Care	$5	$0
Gap Coverage	Tier 6: All Drugs	

Sutter Advantage (HMO) 019, 020, 021, 023	
Cost-Sharing	May change depending on the pharmacy you choose and when you enter another of the four phases of the Part D benefit. If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy for a 31-day supply.
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach $7,050, you pay the greater of: • 5% of the cost, or • $3.95 copay for generic (including drugs that are treated like a generic) and $9.85 copay for all other drugs.
Bonus Drugs	Generic Viagra, Finasteride, Folic Acid. For complete list and coverage details, refer to Bonus Drug List.

NOTE:
Services with a 1 may require prior authorization.
Services with a 2 may require a referral from your doctor.
Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

For more information on the pharmacy-specific copays, please call Alignment Health Plan Member Services Department at the phone number in this document or access your Evidence of Coverage at www.alignmenthealthplan.com.

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN

	Sutter Advantage (HMO) 019 Placer, Sacramento & Yolo Counties	**Sutter Advantage (HMO) 020** Santa Clara County	**Sutter Advantage (HMO) 021** Santa Cruz County	**Sutter Advantage (HMO) 023** Sonoma, San Mateo & San Francisco Counties
Extra Benefits				
ACCESS On-Demand Black Card	$0			
Enhanced Dental Option Monthly Premium	$29			
Enhanced Dental Option Coverage	$1,500 coverage limit per year			
• Diagnostic Services	0% coinsurance			
• Restorative	50-70% coinsurance			
• Endodontics	70% coinsurance			
• Periodontics	0-70% coinsurance			
• Extractions	50-70% coinsurance			
• Prosthodontics	70% coinsurance			
Fitness	$0			
Chiropractic	$0 Medicare covered			
Acupuncture	$0 Medicare covered			
Podiatry Services	$0 Medicare covered			
Over-The-Counter (OTC)	$15 spending allowance per month (no rollover)			
Telehealth	$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services			
Worldwide Emergency/ Urgent Coverage	$0 $7,500 coverage limit			

Alignment Health Plan offers a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

For coverage and costs of original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other languages and formats.

For more information, please call Alignment Health Plan Member Services Department at the phone number in this document.

To Join Alignment, you must:	Be enrolled in Medicare Part A and Part B Live in one of the counties listed on the cover of this booklet.
Alignment Health Plan Members	1-866-634-2247 (TTY 711)
Non-Members	1-888-979-2247 (TTY 711)
Hours of Operation	**October 1 – March 31:** seven days a week, from 8:00 a.m. to 8:00 p.m. except for Thanksgiving and Christmas Day. **April 1 – September 30:** Monday through Friday, (except holidays) from 8:00 a.m. to 8:00 p.m.
Website	alignmenthealthplan.com

2022 SUMMARY OF BENEFITS

ALIGNMENT
HEALTH PLAN

My Choice (PPO)

Placer, Sacramento, San Joaquin, San Mateo, Santa Cruz, Sonoma, Stanislaus & Yolo Counties

This is a summary of drug and health services benefits covered by Alignment Health Plan for January 1, 2022 - December 31, 2022.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the Evidence of Coverage by calling our Member Services Department at the phone number listed in this document or online at www.alignmenthealthplan.com.

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	My Choice (PPO) 001 Placer, Sacramento, San Joaquin, Santa Cruz, Stanislaus & Yolo Counties	**My Choice (PPO) 003** San Mateo & Sonoma Counties
Premiums and Benefits		
Monthly Plan Premium • Part C & Part D	$79	$97
Maximum Out-of-Pocket Responsibility (does not include prescription drugs) In-Network Out-of-Network	 $4,200 $6,000 combined	 $4,200 $6,000 combined
Inpatient Hospital[1,2] In-Network Out-of-Network	 $150 per days 1-5, $0 per days 6-90 (unlimited days per admission) 30% coinsurance	 $225 per days 1-5, $0 per days 6-90 (unlimited days per admission) 30% coinsurance
Outpatient Hospital[1] In-Network • Hospital Services • Observation Services Out-of-Network	 $195 $0 25% coinsurance	 $250 $0 25% coinsurance
Ambulatory Surgical Center In-Network Out-of-Network	 $0 30% coinsurance	 $0 30% coinsurance
Doctor Visits In-Network • Primary • Specialists[1,2] Out-of-Network	 $5 $35 25% coinsurance	 $5 $35 25% coinsurance
Preventive Care (e.g., flu vaccine, diabetic screenings) In-Network Out-of-Network	 $0 30% coinsurance	 $0 30% coinsurance
Emergency Care/Post-Stabilization Care	$85 (NOT waived if admitted)	$85 (NOT waived if admitted)
Urgently Needed Services	$0	$0

	My Choice (PPO) 001 Placer, Sacramento, San Joaquin, Santa Cruz, Stanislaus & Yolo Counties	**My Choice (PPO) 003** San Mateo & Sonoma Counties
Outpatient Diagnostic[1,2] In-Network		
• Procedures, tests, lab services	$0	$0
• X-Ray	$15	$15
• Diagnostic	$150	$150
• Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance	20% coinsurance
Out-of-Network	30% coinsurance	30% coinsurance
Hearing Services[1,2] In-Network		
• Routine hearing exam	$0 Medicare covered benefits and 1 exam/fitting/ evaluation per year	$0 Medicare covered benefits and 1 exam/fitting/ evaluation per year
Out-of-Network	30% coinsurance	30% coinsurance
• Hearing aid allowance	not covered	not covered
Dental Services[1,2]		
Preventive: In-Network	$0 Medicare covered only	$0 Medicare covered only
Comprehensive: In-Network	$0 Medicare covered only	$0 Medicare covered only
Out-of-Network	30% coinsurance Medicare covered only	30% coinsurance Medicare covered only
Vision Services In-Network		
• Routine exam	$0 Medicare covered eye exams/1 routine eye exam per year	$0 Medicare covered eye exams/1 routine eye exam per year
• Eyewear	$150 coverage limit for glasses/ contacts every 2 years	$150 coverage limit for glasses/ contacts every year
Out-of-Network	30% coinsurance	30% coinsurance
Mental Health Services[1,2] In-Network	$0	$0
Out-of-Network	30% coinsurance	30% coinsurance

	My Choice (PPO) 001 Placer, Sacramento, San Joaquin, Santa Cruz, Stanislaus & Yolo Counties	**My Choice (PPO) 003** San Mateo & Sonoma Counties
Skilled Nursing Facility[1,2] In-Network Out-of-Network	$0 per days 1-20 $160 per days 21-51 $0 per days 52-100 (no prior hospital stay required) 30% coinsurance	$0 per days 1-20 $160 per days 21-51 $0 per days 52-100 (no prior hospital stay required) 30% coinsurance
Physical & Speech Therapy In-Network Out-of-Network	$0 30% coinsurance	$0 30% coinsurance
Ground and Air Ambulance Services[1] In-Network Out-of-Network	$250 (waived if admitted) 30% coinsurance	$250 (waived if admitted) 30% coinsurance
Transportation	not covered	not covered
Medicare Part B Drugs In-Network Out-of-Network	20% coinsurance 30% coinsurance	20% coinsurance 30% coinsurance

	My Choice (PPO) 001, 003 Placer, Sacramento, San Joaquin, San Mateo, Santa Cruz, Sonoma, Stanislaus & Yolo Counties	
Outpatient Prescription Drugs		
Part D Deductible	$0	
Initial Coverage Limit	$4,430	
Part D Out of Pocket Threshold	$7,050	
	Retail Standard 30-day supply	**Mail Order 100-day supply**
Initial Coverage		
Tier 1: Preferred Generic	$0	$0
Tier 2: Generic	$5	$15
Tier 3: Preferred Brand	$40	$120
Tier 4: Non-Preferred	$100	$300
Tier 5: Specialty Tier	33% coinsurance	not covered
Tier 6: Select Care	$5	$0
Gap Coverage	Tier 6: All Drugs	

My Choice (PPO) 001, 003	
Cost-Sharing	May change depending on the pharmacy you choose and when you enter another of the four phases of the Part D benefit. If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy for a 31-day supply.
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach $7,050, you pay the greater of: • 5% of the cost, or • $3.95 copay for generic (including drugs that are treated like a generic) and $9.85 copay for all other drugs.
Bonus Drugs	Generic Viagra, Finasteride, Folic Acid. For complete list and coverage details, refer to Bonus Drug List.

NOTE:
Services with a 1 may require prior authorization.
Services with a 2 may require a referral from your doctor.
Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

For more information on the pharmacy-specific copays, please call Alignment Health Plan Member Services Department at the phone number in this document or access your Evidence of Coverage at www.alignmenthealthplan.com.

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN

	My Choice (PPO) 001 Placer, Sacramento, San Joaquin, Santa Cruz, Stanislaus & Yolo Counties	**My Choice (PPO) 003** San Mateo & Sonoma Counties
Extra Benefits		
ACCESS On-Demand Black Card	$0	$0
Enhanced Dental Option Monthly Premium	$29	$29
Enhanced Dental Option Coverage	$1,500 coverage limit per year	$1,500 coverage limit per year
• Diagnostic Services	0% coinsurance	0% coinsurance
• Restorative	50-70% coinsurance	50-70% coinsurance
• Endodontics	70% coinsurance	70% coinsurance
• Periodontics	0-70% coinsurance	0-70% coinsurance
• Extractions	50-70% coinsurance	50-70% coinsurance
• Prosthodontics	70% coinsurance	70% coinsurance
Fitness	$0	$0
Chiropractic In-Network Out-of-Network	 $0 Medicare covered 30% coinsurance Medicare covered	 $0 Medicare covered 30% coinsurance Medicare covered
Acupuncture In-Network Out-of-Network	 $0 Medicare covered 30% coinsurance Medicare covered	 $0 Medicare covered 30% coinsurance Medicare covered
Podiatry Services In-Network Out-of-Network	 $0 30% coinsurance	 $0 30% coinsurance
Over-The-Counter (OTC)	$15 spending allowance per month (no rollover)	$15 spending allowance per month (no rollover)

	My Choice (PPO) 001 Placer, Sacramento, San Joaquin, Santa Cruz, Stanislaus & Yolo Counties	**My Choice (PPO) 003** San Mateo & Sonoma Counties
Telehealth In-Network	$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services
Out-of-Network	30% coinsurance	30% coinsurance
Worldwide Emergency/ Urgent Coverage	$0 $25,000 coverage limit per year	$0 $25,000 coverage limit per year

Alignment Health Plan offers a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

For coverage and costs of original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other languages and formats.

For more information, please call Alignment Health Plan Member Services Department at the phone number in this document.

To Join Alignment, you must:	Be enrolled in Medicare Part A and Part B Live in one of the following counties listed on the cover of this booklet.
Alignment Health Plan Members	1-866-634-2247 (TTY 711)
Non-Members	1-888-979-2247 (TTY 711)
Hours of Operation	**October 1 – March 31:** seven days a week, from 8:00 a.m. to 8:00 p.m. except for Thanksgiving and Christmas Day. **April 1 – September 30:** Monday through Friday, (except holidays) from 8:00 a.m. to 8:00 p.m.
Website	alignmenthealthplan.com

UNDERSTANDING THE BENEFITS & RULES

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at:

1-888-979-2247 (TTY 711)

8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8 a.m. to 8 p.m. Monday through Friday (except holidays) from April 1 through September 30.

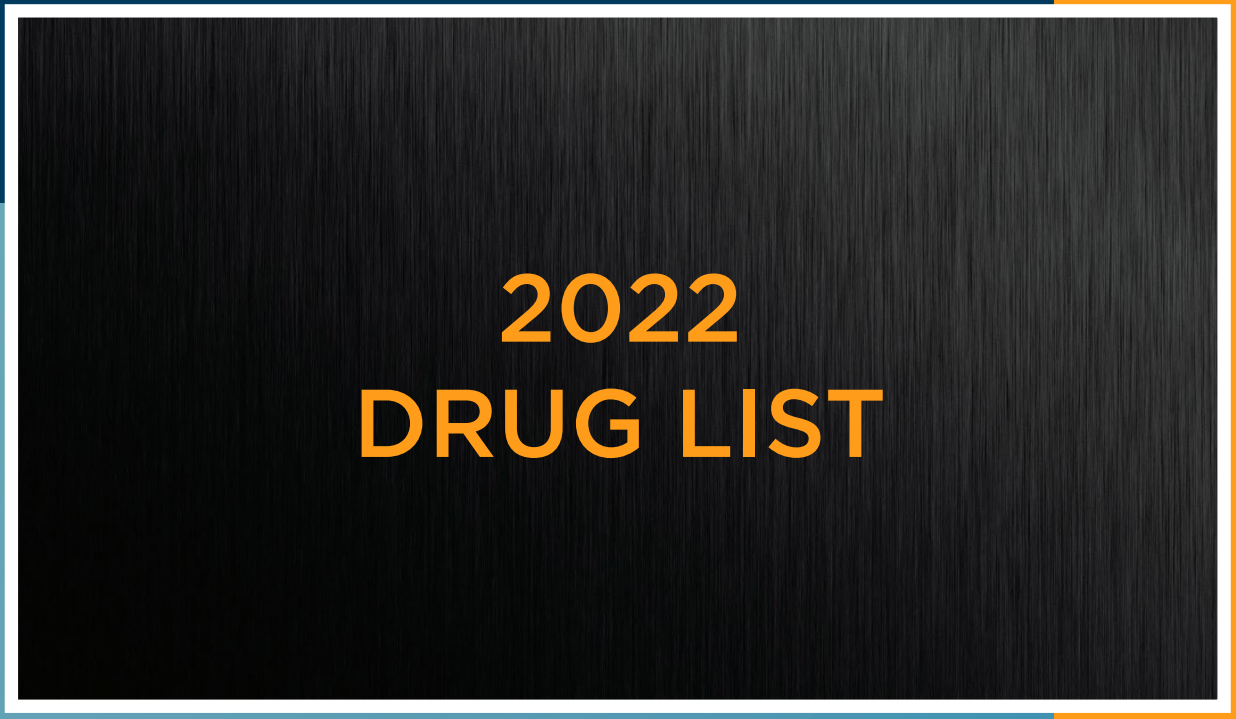
Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **alignmenthealthplan.com** or call **1-866-634-2247 (TTY 711)** for a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor. Visit **alignmenthealthplan.com** or call **1-866-634-2247 (TTY 711)** for a list of Alignment Health Plan network providers.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions. Visit **alignmenthealthplan.com** or call **1-866-634-2247 (TTY 711)** for the Alignment Health Plan list of covered medications.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory) for all Sutter Advantage (HMO) plans.
- ☐ My Choice (PPO) allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.

Alignment Health Plan is an HMO, HMO POS, HMO C-SNP, HMO D-SNP and PPO plan with a Medicare contract and a contract with the California, Nevada and North Carolina Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. This information is not a complete description of benefits. Call 1-888-979-2247 (TTY: 711), 8 a.m. to 8 p.m. Monday through Friday, for more information.



2022 DRUG LIST

BONUS, ALTERNATIVE, AND COVERED DRUGS INCLUDED

Alignment Health Plan is an HMO, HMO POS, HMO C-SNP, HMO D-SNP and PPO plan with a Medicare contract and a contract with the California, Nevada and North Carolina Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. The formulary, and/or pharmacy network may change at any time. You will receive notice when necessary.

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2022 ALTERNATIVE COVERED DRUGS

Alignment Health Plan covers over 30,000 drugs on our formulary. If a member is currently on a drug that is not covered, there are alternative drugs on our formulary that the member could try. This is a partial list of drugs that are not covered by the plan along with alternative drugs that are covered. Members can talk to their doctor to see if the formulary alternatives listed below are appropriate.

DRUG(S) NOT COVERED ON THE FORMULARY	DRUG(S) COVERED ON THE FORMULARY	TIER (RESTRICTIONS)
Amitiza	Linzess	3 (QL)
Benicar	Olmesartan	6 (QL)
Cequa	Restasis	3 (PA, QL)
Crestor	Atorvastatin Rosuvastatin	6 (QL) 6 (QL)
Eucrisa	Pimecrolimus cream Tacrolimus ointment	4 (PA) 4 (PA)
Farxiga	Invokana Jardiance	3 (QL) 3 (QL)
Horizant	Gabapentin cap Pregabalin	1 (QL) 2 (QL)
Kombiglyze XR	Janumet/ Janumet XR Jentadueto/Jentadueto XR	3 (QL) 3 (QL)
Lotemax	Dexamethasone sodium phosphate ophthalmic solution Fluorometholone ophthalmic suspension Prednisolone acetate ophthalmic suspension	3 2 3
Lyrica	Pregabalin	2 (QL)
Neupro	Pramipexole (immediate release) Ropinirole (immediate release)	1 2
Novolin R vial	Humulin R vial	1 (QL)
Novolin N vial	Humulin N vial	1 (QL)
Novolin 70/30 FlexPen or vial	Humulin 70/30 vial	1 (QL)
Novolog FlexPen, cartridge, or vial	Humulin R vial	1 (QL)
Novolog Mix 70/30 FlexPen or vial	Humulin 70/30 vial	1 (QL)

DRUG(S) NOT COVERED ON THE FORMULARY	DRUG(S) COVERED ON THE FORMULARY	TIER (RESTRICTIONS)
Onglyza	Januvia Tradjenta	3 (QL) 3 (QL)
Oxycontin	Oxycodone tab (immediate release) Xtampza ER	2 (QL) 3 (QL)
Praluent	Repatha	3 (PA, QL)
Proventil HFA	Albuterol sulfate HFA (generics for ProAir HFA and Proventil HFA) Ventolin HFA	2 (QL) 3 (QL)
Travatan Z	Travoprost	3 (QL)
Trulance	Linzess	3 (QL)
Xiidra	Restasis	3 (PA, QL)
Zetia	Ezetimibe	2 (QL)
Test Strips & Meters: Contour, OneTouch, Accu-Chek, TrueMetrix, other brands	Freestyle Test Strips & Meters	Part B –$0 Copay

BONUS DRUG LIST
(SUPPLEMENTAL NON-PART D ELIGIBLE DRUG LIST)

Alignment Health Plan offers a Supplemental Non-Part D Eligible Drug List, also known as a Bonus Drug List, to provide additional coverage to your Part D benefit. The Bonus Drug List includes certain prescription drugs that are not normally covered in a Medicare Prescription Drug Plan. The amount you will pay will be determined by the drug tier. If you receive Extra Help from Medicare to pay for your prescriptions, you will not get extra help to pay for these drugs.

The amount you pay when you fill a prescription for these drugs does not count toward your deductible or "total drug costs" (your payments plus any Part D plan's payments that help you qualify for catastrophic coverage). In addition, tiering exceptions do not apply to these drugs. Drugs available over-the-counter are not covered. Limitations and restrictions may apply. The Bonus Drug List is subject to change at any time.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Cough and Cold		
benzonatate cap 100 mg	4	
benzonatate cap 150 mg	4	
benzonatate cap 200 mg	4	
promethazine w/ codeine syrup 6.25-10 mg/5ml	4	
promethazine-dm syrup 6.25-15 mg/5ml	4	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	4	
Hair Loss		
finasteride tab 1 mg	4	
Prescription Vitamins		
cyanocobalamin inj 1000 mcg/ml	4	
ergocalciferol cap 1.25 mg (50000 unit)	3	
folic acid tab 1 mg	3	
Sexual Dysfunction		
sildenafil citrate tab 25 mg (generic for Viagra)	3	QL (6 tablets/30 days)
sildenafil citrate tab 50 mg (generic for Viagra)	3	QL (6 tablets/30 days)
sildenafil citrate tab 100 mg (generic for Viagra)	3	QL (6 tablets/30 days)
Weight Loss		
phentermine hcl cap 15 mg	4	
phentermine hcl cap 30 mg	4	
phentermine hcl cap 37.5 mg	4	
phentermine hcl tab 37.5 mg	4	

COVERED DRUGS

A

abaca/lamivu tab 600-300, T4, QL
abacav/lamiv tab /zidovud, T5, QL
abacavir sol 20mg/ml, T3, QL
abacavir tab 300mg, T3, QL
abiraterone tab 250mg, T5, PA, QL
acampro cal tab 333mg, T3
acarbose tab 100mg, T2, QL
acarbose tab 25mg, T2, QL
acarbose tab 50mg, T2, QL
accutane cap 20mg, T4
accutane cap 30mg, T4
accutane cap 40mg, T4
acebutolol cap 200mg, T2
acebutolol cap 400mg, T2
acetazolamid cap 500mg er, T3
acetazolamid tab 125mg, T2
acetazolamid tab 250mg, T2
acetic acid sol 2% otic, T2
acetylcyst sol 10%, T3, PA
acetylcyst sol 20%, T2, PA
acitretin cap 10mg, T4
acitretin cap 17.5mg, T5
acitretin cap 25mg, T4
ACTHAR INJ 80UNIT, T5, PA
ACTHIB INJ, T3
ACTIMMUNE INJ 2MU/0.5, T5, PA
acyclovir cap 200mg, T2
acyclovir oin 5%, T4, PA
acyclovir sus 200/5ml, T3
acyclovir tab 400mg, T2
acyclovir tab 800mg, T2
acyclovir na inj 50mg/ml, T4, PA
ADACEL INJ, T3
adefov dipiv tab 10mg, T5
ADEMPAS TAB 0.5MG, T5, PA, QL
ADEMPAS TAB 1.5MG, T5, PA, QL
ADEMPAS TAB 1MG, T5, PA, QL
ADEMPAS TAB 2.5MG, T5, PA, QL
ADEMPAS TAB 2MG, T5, PA, QL
ADVAIR DISKU AER 100/50, T3, QL
ADVAIR DISKU AER 250/50, T3, QL
ADVAIR DISKU AER 500/50, T3, QL
ADVAIR HFA AER 115/21, T3, QL
ADVAIR HFA AER 230/21, T3, QL
ADVAIR HFA AER 45/21, T3, QL
AFINITOR DIS TAB 2MG, T5, PA, QL
AFINITOR DIS TAB 3MG, T5, PA, QL
AFINITOR DIS TAB 5MG, T5, PA, QL
AIMOVIG INJ 140MG/ML, T3, PA, QL
AIMOVIG INJ 70MG/ML, T3, PA, QL
ala-cort cre 1%, T2, QL
ala-cort cre 2.5%, T2, QL
albendazole tab 200mg, T5
albuterol aer hfa, T2, QL
albuterol neb 0.083%, T2, PA
albuterol neb 0.5%, T2, PA
albuterol neb 0.63mg/3, T2, PA
albuterol neb 1.25mg/3, T2, PA
albuterol syp 2mg/5ml, T1
albuterol tab 2mg, T4
albuterol tab 4mg, T4
ALBUTEROL TAB 4MG ER, T3
ALBUTEROL TAB 8MG ER, T3
alclometason cre 0.05%, T2, QL
alclometason oin 0.05%, T2, QL
ALCOHOL PREP PAD, T2
ALECENSA CAP 150MG, T5, PA, QL
alendronate tab 10mg, T1, QL
alendronate tab 35mg, T1, QL
alendronate tab 70mg, T1, QL
alfuzosin tab 10mg er, T1, QL
ALINIA SUS 100/5ML, T5, QL
aliskiren tab 150mg, T6, QL
aliskiren tab 300mg, T6, QL
allopurinol tab 100mg, T1
allopurinol tab 300mg, T1
alosetron tab 0.5mg, T5, PA, QL
alosetron tab 1mg, T5, PA, QL
ALPHAGAN P SOL 0.1%, T3
alprazolam tab 0.25 odt, T3, QL
alprazolam tab 0.25mg, T1, QL
alprazolam tab 0.5mg, T1, QL
alprazolam tab 0.5mg er, T3, QL
alprazolam tab 0.5mg od, T3, QL
alprazolam tab 1mg, T1, QL
alprazolam tab 1mg er, T3, QL

ACRONYM GUIDE:

PA= Prior Authorization
QL= Quantity Limits
ST= Step Therapy
T1= Preferred Generic Drugs
T2= Generic Drugs
T3= Preferred Brand Drugs
T4= Non-Preferred Drugs
T5= Specialty Drugs
T6= Select Care Drugs

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

alprazolam tab 1mg odt, T3, QL
alprazolam tab 2mg, T1, QL
alprazolam tab 2mg er, T3, QL
alprazolam tab 2mg odt, T3, QL
alprazolam tab 3mg er, T3, QL
altavera tab, T2
ALUNBRIG PAK, T5, PA, QL
ALUNBRIG TAB 180MG, T5, PA, QL
ALUNBRIG TAB 30MG, T5, PA, QL
ALUNBRIG TAB 90MG, T5, PA, QL
alyacen tab 1/35, T2
alyq tab 20mg, T5, PA, QL
amabelz tab 0.5-0.1, T3
amabelz tab 1-0.5mg, T3
amantadine cap 100mg, T2
amantadine syp 50mg/5ml, T2
amantadine tab 100mg, T2
AMBISOME INJ 50MG, T5, PA
ambrisentan tab 10mg, T5, PA, QL
ambrisentan tab 5mg, T5, PA, QL
amethia tab, T2
amikacin inj 500/2ml, T4
amilor/hctz tab 5-50, T2
amiloride tab 5mg, T2
amiodarone tab 100mg, T4
amiodarone tab 200mg, T1
amiodarone tab 400mg, T4
amitriptylin tab 100mg, T2
amitriptylin tab 10mg, T2
amitriptylin tab 150mg, T2
amitriptylin tab 25mg, T2
amitriptylin tab 50mg, T2
amitriptylin tab 75mg, T2
amlod/atorva tab 10-10mg, T6
amlod/atorva tab 10-20mg, T6
amlod/atorva tab 10-40mg, T6
amlod/atorva tab 10-80mg, T6
amlod/atorva tab 2.5-10mg, T6
amlod/atorva tab 2.5-20mg, T6
amlod/atorva tab 2.5-40mg, T6
amlod/atorva tab 5-10mg, T6
amlod/atorva tab 5-20mg, T6
amlod/atorva tab 5-40mg, T6
amlod/atorva tab 5-80mg, T6
amlod/benazp cap 10-20mg, T6
amlod/benazp cap 10-40mg, T6
amlod/benazp cap 2.5-10mg, T6
amlod/benazp cap 5-10mg, T6
amlod/benazp cap 5-20mg, T6
amlod/benazp cap 5-40mg, T6
amlod/olmesa tab 10-20mg, T6, QL
amlod/olmesa tab 10-40mg, T6, QL
amlod/olmesa tab 5-20mg, T6, QL
amlod/olmesa tab 5-40mg, T6, QL
amlod/valsar tab /hctz, T6, QL
amlod/valsar tab 10-160mg, T6, QL
amlod/valsar tab 10-320mg, T6, QL
amlod/valsar tab 5-160mg, T6, QL
amlod/valsar tab 5-320mg, T6, QL
amlodipine tab 10mg, T1
amlodipine tab 2.5mg, T1
amlodipine tab 5mg, T1
ammonium lac cre 12%, T2
ammonium lac lot 12%, T2
amnesteem cap 10mg, T4
amnesteem cap 20mg, T4
amnesteem cap 40mg, T4
AMOX/K CLAV CHW 200MG, T3
AMOX/K CLAV CHW 400MG, T3
amox/k clav sus 200/5ml, T2
amox/k clav sus 400/5ml, T2
amox/k clav sus 600/5ml, T2
amox/k clav tab 250-125, T2
amox/k clav tab 500-125, T1
amox/k clav tab 875-125, T1
AMOXAPINE TAB 100MG, T3, PA
AMOXAPINE TAB 150MG, T3, PA
AMOXAPINE TAB 25MG, T3, PA
AMOXAPINE TAB 50MG, T3, PA
amoxicillin cap 250mg, T1
amoxicillin cap 500mg, T1
amoxicillin sus 125/5ml, T1
amoxicillin sus 200/5ml, T1
amoxicillin sus 250/5ml, T1
amoxicillin sus 400/5ml, T1
amoxicillin tab 500mg, T1
amoxicillin tab 875mg, T1
amphet/dextr cap 10mg er, T3, QL
amphet/dextr cap 15mg er, T3, QL
amphet/dextr cap 20mg er, T3, QL
amphet/dextr cap 25mg er, T3, QL
amphet/dextr cap 30mg er, T3, QL
amphet/dextr cap 5mg er, T3, QL
amphet/dextr tab 10mg, T2, QL
amphet/dextr tab 12.5mg, T2, QL
amphet/dextr tab 15mg, T2, QL
amphet/dextr tab 20mg, T2, QL
amphet/dextr tab 30mg, T2, QL
amphet/dextr tab 5mg, T2, QL
amphet/dextr tab 7.5mg, T2, QL
AMPHOTERICIN INJ 50MG, T3, PA
AMPICILLIN CAP 500MG, T2
ampicillin inj 10gm, T4
ampicillin inj 1gm, T4
amp-sulbacta inj 3gm, T4
anagrelide cap 0.5mg, T2
anagrelide cap 1mg, T3
anastrozole tab 1mg, T1
ANDRODERM DIS 2MG/24HR, T4, PA, QL
ANDRODERM DIS 4MG/24HR, T4, PA, QL
ANORO ELLIPT AER 62.5-25, T3, QL

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apap/codeine sol 120-12/5, T2, QL
apap/codeine tab 300-15mg, T2, QL
apap/codeine tab 300-30mg, T2, QL
apap/codeine tab 300-60mg, T2, QL
APOKYN INJ 10MG/ML, T5, PA, QL
aprepitant cap 125mg, T4, PA
aprepitant cap 40mg, T4, PA
aprepitant cap 80mg, T4, PA
aprepitant pak 80 & 125, T4, PA
apri tab, T2
APTIOM TAB 200MG, T5
APTIOM TAB 400MG, T5
APTIOM TAB 600MG, T5
APTIOM TAB 800MG, T5
APTIVUS CAP 250MG, T5, QL
APTIVUS SOL, T5, QL
aranelle tab, T2
ARANESP INJ 100MCG, T5, PA
ARANESP INJ 10MCG, T4, PA
ARANESP INJ 150MCG, T5, PA
ARANESP INJ 200MCG, T5, PA
ARANESP INJ 25MCG, T4, PA
ARANESP INJ 300MCG, T5, PA
ARANESP INJ 40MCG, T4, PA
ARANESP INJ 500MCG, T5, PA
ARANESP INJ 60MCG, T5, PA
ARCALYST INJ 220MG, T5, PA
aripiprazole sol 1mg/ml, T4, PA, QL
aripiprazole tab 10mg, T2, QL
aripiprazole tab 10mg odt, T5, PA, QL
aripiprazole tab 15mg, T2, QL
aripiprazole tab 15mg odt, T5, PA, QL
aripiprazole tab 20mg, T2, QL
aripiprazole tab 2mg, T2, QL
aripiprazole tab 30mg, T2, QL
aripiprazole tab 5mg, T2, QL
ARISTADA INJ 1064MG, T5, QL
ARISTADA INJ 441MG/1., T5, QL
ARISTADA INJ 662MG/2, T5, QL
ARISTADA INJ 882MG/3, T5, QL
ARISTADA INJ INITIO, T5, QL
armodafinil tab 150mg, T3, PA, QL
armodafinil tab 200mg, T3, PA, QL
armodafinil tab 250mg, T3, PA, QL
armodafinil tab 50mg, T3, PA, QL
ARNUITY ELPT INH 100MCG, T3, QL
ARNUITY ELPT INH 200MCG, T3, QL
ARNUITY ELPT INH 50MCG, T3, QL
asa/dipyrida cap 25-200mg, T4
ascomp/cod cap 30mg, T3, QL
asenapine sub 10mg, T4, PA, QL
asenapine sub 2.5mg, T4, PA, QL
asenapine sub 5mg, T4, PA, QL
ashlyna tab, T2
ASMANEX 120 AER 220MCG, T3, QL
ASMANEX 30 AER 110MCG, T3, QL
ASMANEX 30 AER 220MCG, T3, QL
ASMANEX 60 AER 220MCG, T3, QL
ASMANEX HFA AER 100 MCG, T3, QL
ASMANEX HFA AER 200 MCG, T3, QL
ASMANEX HFA AER 50MCG, T3, QL
atazanavir cap 150mg, T4, QL
atazanavir cap 200mg, T4, QL
atazanavir cap 300mg, T4, QL
atenol/chlor tab 100-25mg, T1
atenol/chlor tab 50-25mg, T1
atenolol tab 100mg, T1
atenolol tab 25mg, T1
atenolol tab 50mg, T1
atomoxetine cap 100mg, T3, QL
atomoxetine cap 10mg, T3, QL
atomoxetine cap 18mg, T3, QL
atomoxetine cap 25mg, T3, QL
atomoxetine cap 40mg, T3, QL
atomoxetine cap 60mg, T3, QL
atomoxetine cap 80mg, T3, QL
atorvastatin tab 10mg, T6, QL
atorvastatin tab 20mg, T6, QL
atorvastatin tab 40mg, T6, QL
atorvastatin tab 80mg, T6, QL
atovaq/progu tab 250-100, T3
atovaq/progu tab 62.5-25, T2
atovaquone sus 750/5ml, T5, PA, QL
ATROPINE SUL SOL 1% OP, T2
ATROVENT HFA AER 17MCG, T4, QL
aubra eq tab 0.1-0.02, T2
aug betamet cre 0.05%, T2, QL
AUG BETAMET GEL 0.05%, T3, QL
aug betamet lot 0.05%, T3, QL
aug betamet oin 0.05%, T3, QL
AURYXIA TAB 210MG, T5, PA, QL
aviane tab, T2
avita cre 0.025%, T3
avita gel 0.025%, T3
AVONEX PEN KIT 30MCG, T5, PA, QL
AVONEX PREFL KIT 30MCG, T5, PA, QL
AYVAKIT TAB 100MG, T5, PA, QL
AYVAKIT TAB 200MG, T5, PA, QL
AYVAKIT TAB 300MG, T5, PA, QL
azathioprine tab 50mg, T2, PA
azelaic acid gel 15%, T4
azelastine dro 0.05%, T2
azelastine spr 0.1%, T2, QL
azelastine spr 0.15%, T2, QL
azithromycin inj 500mg, T4

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AZITHROMYCIN POW 1GM PAK, T3
azithromycin sus 100/5ml, T2
azithromycin sus 200/5ml, T2
azithromycin tab 250mg, T1
azithromycin tab 500mg, T1
azithromycin tab 600mg, T2
aztreonam inj 1gm, T4

B

bacit/polymy oin op, T2
BACITRACIN OIN OP, T3
baclofen tab 10mg, T2
baclofen tab 20mg, T2
baclofen tab 5mg, T2
balsalazide cap 750mg, T3
BALVERSA TAB 3MG, T5, PA, QL
BALVERSA TAB 4MG, T5, PA, QL
BALVERSA TAB 5MG, T5, PA, QL
balziva tab, T2
BANZEL TAB 200MG, T4
BANZEL TAB 400MG, T5
BAQSIMI ONE POW 3MG/DOSE, T4, QL
BARACLUDE SOL, T5
BASAGLAR INJ 100UNIT, T4, QL
BCG VACCINE INJ, T3
BD PEN NEEDL MIS 29GX12.7, T2
benazep/hctz tab 10-12.5, T6
benazep/hctz tab 20-12.5, T6
benazep/hctz tab 20-25mg, T6
BENAZEP/HCTZ TAB 5-6.25, T6
benazepril tab 10mg, T6
benazepril tab 20mg, T6
benazepril tab 40mg, T6
benazepril tab 5mg, T6
BENLYSTA INJ 200MG/ML, T5, PA
BENZNIDAZOLE TAB 100MG, T4
BENZNIDAZOLE TAB 12.5MG, T4
benztropine tab 0.5mg, T2
benztropine tab 1mg, T2
benztropine tab 2mg, T2
BESIVANCE SUS 0.6%, T3
betameth dip cre 0.05%, T3, QL
betameth dip lot 0.05%, T2, QL
betameth dip oin 0.05%, T3, QL
betameth val cre 0.1%, T2, QL
betameth val lot 0.1%, T3, QL
betameth val oin 0.1%, T2, QL
BETASERON INJ 0.3MG, T5, PA, QL
betaxolol sol 0.5% op, T2
betaxolol tab 10mg, T2
betaxolol tab 20mg, T2
bethanechol tab 10mg, T2
bethanechol tab 25mg, T2
bethanechol tab 50mg, T2
bethanechol tab 5mg, T2
BETOPTIC-S SUS 0.25% OP, T4
bexarotene cap 75mg, T5, PA
BEXSERO INJ, T3
bicalutamide tab 50mg, T2
BICILLIN L-A INJ 1200000, T4
BICILLIN L-A INJ 2400000, T4
BICILLIN L-A INJ 600000, T4
BIKTARVY TAB, T5, QL
bimatoprost sol 0.03%, T3, QL
bisoprl/hctz tab 10/6.25, T1
bisoprl/hctz tab 2.5/6.25, T1
bisoprl/hctz tab 5-6.25mg, T1
bisoprol fum tab 10mg, T2
bisoprol fum tab 5mg, T2
blisovi 24 tab fe 1/20, T2
blisovi fe tab 1.5/30, T2
BOOSTRIX INJ, T3
bosentan tab 125mg, T5, PA, QL
bosentan tab 62.5mg, T5, PA, QL
BOSULIF TAB 100MG, T5, PA, QL
BOSULIF TAB 400MG, T5, PA, QL
BOSULIF TAB 500MG, T5, PA, QL
BRAFTOVI CAP 75MG, T5, PA, QL
BREO ELLIPTA INH 100-25, T3, QL
BREO ELLIPTA INH 200-25, T3, QL
briellyn tab, T2
BRILINTA TAB 60MG, T3
BRILINTA TAB 90MG, T3
brimonidine sol 0.15%, T3
brimonidine sol 0.2% op, T1
brinzolamide sus 1%, T4
BRIVIACT SOL 10MG/ML, T5
BRIVIACT TAB 100MG, T5
BRIVIACT TAB 10MG, T5
BRIVIACT TAB 25MG, T5
BRIVIACT TAB 50MG, T5
BRIVIACT TAB 75MG, T5
bromfenac sol 0.09% op, T4
bromocriptin cap 5mg, T3
bromocriptin tab 2.5mg, T3
BRUKINSA CAP 80MG, T5, PA, QL
budesonide cap 3mg dr, T4, QL
budesonide sus 0.25mg/2, T3, PA
budesonide sus 0.5mg/2, T3, PA
budesonide sus 1mg/2ml, T3, PA
budesonide tab er 9mg, T5, PA, QL
bumetanide inj 0.25/ml, T4
bumetanide tab 0.5mg, T2
bumetanide tab 1mg, T2
bumetanide tab 2mg, T2
bupren/nalox mis 12-3mg, T2, QL
bupren/nalox mis 2-0.5mg, T2, QL
bupren/nalox mis 4-1mg, T2, QL
bupren/nalox mis 8-2mg, T2, QL
bupren/nalox sub 2-0.5mg, T2, QL
bupren/nalox sub 8-2mg, T2, QL
buprenorphin sub 2mg, T2, QL
buprenorphin sub 8mg, T2, QL
bupropion tab 100mg, T2, QL
bupropion tab 100mg sr, T2, QL
bupropion tab 150mg sr, T2, QL
bupropion tab 150mg sr (smoking deterrent), T2
bupropion tab 200mg sr, T2, QL
bupropion tab 75mg, T2, QL
bupropn hcl tab 150mg xl, T2, QL

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bupropn hcl tab 300mg xl, T2, QL
buspirone tab 10mg, T1
buspirone tab 15mg, T1
buspirone tab 30mg, T2
buspirone tab 5mg, T1
buspirone tab 7.5mg, T2
but/apap/caf cap, T3, QL
but/apap/caf cap codeine, T3, QL
but/apap/caf tab, T3, QL
but/asa/caf/ cap codeine, T3, QL
but/asa/caff cap, T3, QL
butal/apap tab 50-325mg, T3, QL
butorphanol sol 10mg/ml, T3, QL
BYDUREON BC INJ 2/0.85ML, T3, QL, ST
BYSTOLIC TAB 10MG, T4
BYSTOLIC TAB 2.5MG, T4
BYSTOLIC TAB 20MG, T4
BYSTOLIC TAB 5MG, T4

C

cabergoline tab 0.5mg, T3
CABOMETYX TAB 20MG, T5, PA, QL
CABOMETYX TAB 40MG, T5, PA, QL
CABOMETYX TAB 60MG, T5, PA, QL
calc acetate cap 667mg, T2
calc acetate tab 667mg, T2
calcipotrien cre 0.005%, T4, QL
calcipotrien oin 0.005%, T4, QL
calcipotrien sol 0.005%, T3, QL
calcitonin spr 200/act, T2
calcitriol cap 0.25mcg, T2
calcitriol cap 0.5mcg, T2
calcitriol sol 1mcg/ml, T3
CALQUENCE CAP 100MG, T5, PA, QL
camila tab 0.35mg, T2
camrese lo tab, T2
candesa/hctz tab 16-12.5, T6, QL
candesa/hctz tab 32-12.5, T6, QL
candesa/hctz tab 32-25mg, T6, QL
candesartan tab 16mg, T6, QL
candesartan tab 32mg, T6, QL
candesartan tab 4mg, T6, QL
candesartan tab 8mg, T6, QL
CAPLYTA CAP 42MG, T5, PA, QL
CAPRELSA TAB 100MG, T5, PA, QL
CAPRELSA TAB 300MG, T5, PA, QL
captopril tab 100mg, T6
captopril tab 12.5mg, T6
captopril tab 25mg, T6
captopril tab 50mg, T6
CARB/LEVO TAB 10-100MG, T2
CARB/LEVO TAB 25-100MG, T2
CARB/LEVO TAB 25-250MG, T2
CARB/LEVO 50 TAB /ENTACAP, T4
CARB/LEVO 75 TAB /ENTACAP, T4
carb/levo er tab 25-100mg, T2
carb/levo er tab 50-200mg, T2
CARB/LEVO100 TAB / ENTACAP, T4
CARB/LEVO125 TAB /ENTACAP, T4
CARB/LEVO150 TAB /ENTACAP, T4
CARB/LEVO200 TAB / ENTACAP, T4
CARBAGLU TAB 200MG, T5, PA
carbamazepin cap 100mg er, T3
carbamazepin cap 200mg er, T3
carbamazepin cap 300mg er, T3
carbamazepin chw 100mg, T2
carbamazepin sus 100/5ml, T2
carbamazepin tab 100mger, T3
carbamazepin tab 200mg, T2
carbamazepin tab 200mg er, T3
carbamazepin tab 400mg er, T3
carbidopa tab 25mg, T5
carisoprodol tab 350mg, T2
CARTEOLOL SOL 1% OP, T1
cartia xt cap 120/24hr, T2
cartia xt cap 180/24hr, T2
cartia xt cap 240/24hr, T2
cartia xt cap 300/24hr, T2
carvedilol cap 10mg er, T4
carvedilol cap 20mg er, T4
carvedilol cap 40mg er, T4
carvedilol cap 80mg er, T4
carvedilol tab 12.5mg, T1
carvedilol tab 25mg, T1
carvedilol tab 3.125mg, T1
carvedilol tab 6.25mg, T1
caspofungin inj 50mg, T5
caspofungin inj 70mg, T4
caziant pak, T2
CEFACLOR CAP 250MG, T2
CEFACLOR CAP 500MG, T2
cefadroxil cap 500mg, T2
cefadroxil sus 250/5ml, T2
cefadroxil sus 500/5ml, T2
CEFADROXIL TAB 1GM, T2
cefazolin inj 10gm, T4
cefazolin inj 1gm, T4
cefazolin inj 500mg, T4
cefdinir cap 300mg, T2
cefdinir sus 125/5ml, T2
cefdinir sus 250/5ml, T2
cefepime inj 1gm, T4
cefepime inj 2gm, T4
cefixime cap 400mg, T4
cefoxitin inj 10gm, T4
cefoxitin inj 1gm, T4
cefoxitin inj 2gm, T4
cefpodo prox sus 100/5ml, T3
cefpodo prox sus 50mg/5ml, T2
cefpodoxime tab 100mg, T3
cefpodoxime tab 200mg, T3
cefprozil sus 125/5ml, T2
cefprozil sus 250/5ml, T3
cefprozil tab 250mg, T2
cefprozil tab 500mg, T2
ceftazidime inj 1gm, T4
ceftazidime inj 2gm, T4
ceftazidime inj 6gm, T4

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ceftriaxone inj 10gm, T4
ceftriaxone inj 1gm, T4
ceftriaxone inj 250mg, T4
ceftriaxone inj 2gm, T4
ceftriaxone inj 500mg, T4
cefuroxime inj 1.5gm, T4
cefuroxime inj 750mg, T4
cefuroxime tab 250mg, T2
cefuroxime tab 500mg, T2
celecoxib cap 100mg, T2, QL
celecoxib cap 200mg, T2, QL
celecoxib cap 400mg, T2, QL
celecoxib cap 50mg, T2, QL
CELONTIN CAP 300MG, T4
cephalexin cap 250mg, T1
cephalexin cap 500mg, T1
cephalexin cap 750mg, T3
cephalexin sus 125/5ml, T2
cephalexin sus 250/5ml, T2
cevimeline cap 30mg, T4
CHANTIX PAK 0.5& 1MG, T3
CHANTIX PAK 1MG, T3
CHANTIX TAB 0.5MG, T3
CHANTIX TAB 1MG, T3
CHEMET CAP 100MG, T5
CHENODAL TAB 250MG, T5, PA
chlordiazep cap 10mg, T1, QL
chlordiazep cap 25mg, T1, QL
chlordiazep cap 5mg, T1, QL
chlorhex glu sol 0.12%, T1
chloroquine tab 250mg, T2
CHLOROQUINE TAB 500MG, T2
chlorpromaz tab 100mg, T4, PA
chlorpromaz tab 10mg, T4, PA
chlorpromaz tab 200mg, T4, PA
chlorpromaz tab 25mg, T4, PA
chlorpromaz tab 50mg, T4, PA
chlorthalid tab 25mg, T2
chlorthalid tab 50mg, T2
cholestyram pow 4gm, T2
cholestyram pow 4gm lite, T2
ciclopirox cre 0.77%, T2
ciclopirox gel 0.77%, T3
ciclopirox sha 1%, T3
ciclopirox sol 8%, T2, QL
ciclopirox sus 0.77%, T2
cilostazol tab 100mg, T2
cilostazol tab 50mg, T2
CIMDUO TAB 300-300, T5, QL
cimetidine sol 300/5ml, T2
cimetidine tab 200mg, T1
cimetidine tab 300mg, T2
cimetidine tab 400mg, T2
cimetidine tab 800mg, T2
cinacalcet tab 30mg, T4, PA
cinacalcet tab 60mg, T5, PA
cinacalcet tab 90mg, T5, PA
CINRYZE SOL 500 UNIT, T5, PA, QL
cipro/dexa sus 0.3-0.1%, T4
ciprofloxacn inj 200mg, T2
ciprofloxacn sol 0.3% op, T1
CIPROFLOXACN TAB 100MG, T3
ciprofloxacn tab 250mg, T1
ciprofloxacn tab 500mg, T1
ciprofloxacn tab 750mg, T1
citalopram sol 10mg/5ml, T3, QL
citalopram tab 10mg, T1, QL
citalopram tab 20mg, T1, QL
citalopram tab 40mg, T1, QL
claravis cap 10mg, T4
claravis cap 20mg, T4
claravis cap 30mg, T4
claravis cap 40mg, T4
CLARITHROMYC SUS 125/5ML, T2
CLARITHROMYC SUS 250/5ML, T3
clarithromyc tab 250mg, T2
clarithromyc tab 500mg, T2
clarithromyc tab 500mg er, T2
CLEMASTINE TAB 2.68MG, T3, PA
clindacin-p pad 1%, T3
clindamy/ben gel 1-5%, T4
clindamy/d5w inj 300/50ml, T4
clindamy/d5w inj 600/50ml, T4
clindamy/d5w inj 900/50ml, T4
clindamycin cap 150mg, T2
clindamycin cap 300mg, T2
clindamycin cap 75mg, T2
clindamycin cre 2% vag, T3
clindamycin gel 1%, T4
clindamycin inj 300/2ml, T4
clindamycin inj 600/4ml, T4
clindamycin inj 900/6ml, T4
clindamycin lot 10mg/ml, T3
clindamycin mis 1%, T3
clindamycin sol 1%, T3
clobazam sus 2.5mg/ml, T3, PA, QL
clobazam tab 10mg, T3, PA, QL
clobazam tab 20mg, T3, PA, QL
clobetasol cre 0.05%, T4, QL
clobetasol gel 0.05%, T4, QL
clobetasol lot 0.05%, T4, QL
clobetasol oin 0.05%, T4, QL
clobetasol sha 0.05%, T4, QL
clobetasol sol 0.05%, T4, QL
clobetasol e cre 0.05%, T4, QL
clodan sha 0.05%, T4, QL
clomipramine cap 25mg, T3, PA
clomipramine cap 50mg, T3, PA
clomipramine cap 75mg, T3, PA
clonazep odt tab 0.125mg, T3, QL
clonazep odt tab 0.25mg, T3, QL
clonazep odt tab 0.5mg, T3, QL
clonazep odt tab 1mg, T3, QL
clonazep odt tab 2mg, T3, QL
clonazepam tab 0.5mg, T1, QL
clonazepam tab 1mg, T1, QL
clonazepam tab 2mg, T1, QL
clonidine dis 0.1/24hr, T3
clonidine dis 0.2/24hr, T3
clonidine dis 0.3/24hr, T3
clonidine tab 0.1mg, T1
clonidine tab 0.1mg er, T3, QL
clonidine tab 0.2mg, T1
clonidine tab 0.3mg, T1
clopidogrel tab 75mg, T1
cloraz dipot tab 15mg, T2, QL
cloraz dipot tab 3.75mg, T2, QL

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cloraz dipot tab 7.5mg, T2, QL
clotrim/beta cre diprop, T2
clotrim/beta lot diprop, T3
clotrimazole cre 1%, T2
clotrimazole sol 1%, T2
clotrimazole tro 10mg, T2
clovique cap 250mg, T5, PA, QL
clozapine tab 100/odt, T4, QL
clozapine tab 100mg, T2, QL
CLOZAPINE TAB 12.5/ODT, T3, QL
clozapine tab 200mg, T2, QL
clozapine tab 25mg, T2, QL
clozapine tab 25mg odt, T3, QL
clozapine tab 50mg, T2, QL
COARTEM TAB 20-120MG, T4
CODEINE SULF TAB 15MG, T3, QL
CODEINE SULF TAB 30MG, T3, QL
CODEINE SULF TAB 60MG, T3, QL
colchicine tab 0.6mg, T3
colesevelam pak 3.75, T4, QL
colesevelam tab 625mg, T4, QL
colestipol gra 5gm, T2
colestipol tab 1gm, T2
colistimeth inj 150mg, T5
COMBIGAN SOL 0.2/0.5%, T3
COMBIPATCH DIS, T4
COMBIVENT AER 20-100, T4, QL
COMETRIQ KIT 100MG, T5, PA, QL
COMETRIQ KIT 140MG, T5, PA, QL
COMETRIQ KIT 60MG, T5, PA, QL
COMPLERA TAB, T5, QL
compro sup 25mg, T3
constulose sol 10gm/15, T2
COPAXONE INJ 20MG/ML, T5, PA, QL
COPAXONE INJ 40MG/ML, T5, PA, QL
COPIKTRA CAP 15MG, T5, PA, QL
COPIKTRA CAP 25MG, T5, PA, QL
CORLANOR SOL 5MG/5ML, T3, PA, QL
CORLANOR TAB 5MG, T3, PA, QL
CORLANOR TAB 7.5MG, T3, PA, QL
COSENTYX INJ 300DOSE, T5, PA
COSENTYX PEN INJ 300DOSE, T5, PA
COTELLIC TAB 20MG, T5, PA, QL
CREON CAP 12000UNT, T3
CREON CAP 24000UNT, T3
CREON CAP 3000UNIT, T3
CREON CAP 36000UNT, T3
CREON CAP 6000UNIT, T3
CRESEMBA CAP 186 MG, T5, PA
cromolyn sod con 100/5ml, T3
cromolyn sod neb 20mg/2ml, T3, PA
cromolyn sod sol 4% op, T1
cryselle-28 tab 28 tabs, T2
CURITY GAUZE PAD 2"X2", T2
cyclafem tab 1/35, T2
cyclafem tab 7/7/7, T2
cyclobenzapr tab 10mg, T1
cyclobenzapr tab 5mg, T1
CYCLOPHOSPH CAP 25MG, T3, PA
CYCLOPHOSPH CAP 50MG, T3, PA
CYCLOPHOSPH TAB 25MG, T3, PA
CYCLOPHOSPH TAB 50MG, T3, PA
CYCLOSET TAB 0.8MG, T4, QL
cyclosporine cap 100mg, T3, PA
cyclosporine cap 100mg md, T3, PA
cyclosporine cap 25mg, T3, PA
cyclosporine cap 25mg mod, T3, PA
cyclosporine cap 50mg mod, T3, PA
cyclosporine sol modified, T3, PA
cyproheptad tab 4mg, T4
cyred eq tab, T2
CYSTADANE POW, T5
CYSTAGON CAP 150MG, T4, PA
CYSTAGON CAP 50MG, T4, PA
CYSTARAN SOL 0.44%, T5, PA

D

D2.5W/NACL INJ 0.45%, T2
d5w/nacl inj 0.2%, T3
d5w/nacl inj 0.45%, T4
d5w/nacl inj 0.9%, T4
dalfampridin tab 10mg er, T5, PA
DALIRESP TAB 250MCG, T4, PA, QL
DALIRESP TAB 500MCG, T4, PA, QL
DALVANCE SOL 500MG, T5
danazol cap 100mg, T3, PA
danazol cap 200mg, T3, PA
danazol cap 50mg, T3, PA
dantrolene cap 100mg, T3
dantrolene cap 25mg, T3
dantrolene cap 50mg, T3
dapsone tab 100mg, T3
dapsone tab 25mg, T3
DAPTACEL INJ, T3
daptomycin inj 500mg, T5
DAURISMO TAB 100MG, T5, PA, QL
DAURISMO TAB 25MG, T5, PA, QL
deblitane tab 0.35mg, T2
deferasirox gra 180mg, T5, PA
deferasirox gra 360mg, T5, PA
deferasirox gra 90mg, T5, PA
deferasirox tab 125mg, T5, PA
deferasirox tab 180mg, T5, PA
deferasirox tab 250mg, T5, PA

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deferasirox tab 360mg, T5, PA
deferasirox tab 500mg, T5, PA
deferasirox tab 90mg, T5, PA
DELSTRIGO TAB, T5, QL
demeclocycl tab 150mg, T4
demeclocycl tab 300mg, T4
DENAVIR CRE 1%, T5
DESCOVY TAB 200/25MG, T5, QL
desipramine tab 100mg, T3
desipramine tab 10mg, T3
desipramine tab 150mg, T3
desipramine tab 25mg, T3
desipramine tab 50mg, T3
desipramine tab 75mg, T3
desloratadin tab 5mg, T2
desmopressin spr 0.01%, T3
desmopressin tab 0.1mg, T2
desmopressin tab 0.2mg, T2
deso/ethinyl tab estradio, T2
desonide cre 0.05%, T4, QL
desonide lot 0.05%, T3, QL
desonide oin 0.05%, T3, QL
desoximetas cre 0.05%, T4, QL
desoximetas cre 0.25%, T3, QL
desoximetas gel 0.05%, T4, QL
desoximetas oin 0.25%, T3, QL
desvenlafax tab 100mg er, T2, QL
desvenlafax tab 25mg er, T2, QL
desvenlafax tab 50mg er, T2, QL
DEXAMETH PHO SOL 0.1% OP, T3
dexamethason elx 0.5/5ml, T2
dexamethason tab 0.5mg, T2
dexamethason tab 0.75mg, T2
dexamethason tab 1.5mg, T2
DEXAMETHASON TAB 1MG, T2
DEXAMETHASON TAB 2MG, T2
dexamethason tab 4mg, T2
dexamethason tab 6mg, T2
DEXILANT CAP 30MG DR, T4, QL
DEXILANT CAP 60MG DR, T4, QL
dexmethylph tab 10mg, T2, QL
dexmethylph tab 2.5mg, T2, QL
dexmethylph tab 5mg, T2, QL
dextroamphet cap 10mg er, T3, QL
dextroamphet cap 15mg er, T3, QL
dextroamphet cap 5mg er, T2, QL
dextroamphet tab 10mg, T3, QL
dextroamphet tab 5mg, T3, QL
dextrose inj 10%, T4
dextrose inj 5%, T4
DIACOMIT CAP 250MG, T5
DIACOMIT CAP 500MG, T5
DIACOMIT PAK 250MG, T5
DIACOMIT PAK 500MG, T5
DIASTAT ACDL GEL 12.5-20, T4, QL
DIASTAT ACDL GEL 5-10MG, T4, QL
DIASTAT PED GEL 2.5M GEL, T4, QL
diazepam con 5mg/ml, T2, PA, QL
DIAZEPAM GEL 10MG, T4, QL
DIAZEPAM GEL 2.5MG, T4, QL
DIAZEPAM GEL 20MG, T4, QL
diazepam sol 5mg/5ml, T3, PA, QL
diazepam tab 10mg, T1, QL
diazepam tab 2mg, T1, QL
diazepam tab 5mg, T1, QL
diazoxide sus 50mg/ml, T4
diclo/misopr tab 50-0.2mg, T3, QL
diclo/misopr tab 75-0.2mg, T3, QL
diclofen pot tab 50mg, T2, QL
diclofenac gel 1%, T3
diclofenac sol 0.1% op, T2
diclofenac tab 100mg er, T2, QL
diclofenac tab 25mg dr, T2, QL
diclofenac tab 50mg dr, T2, QL
diclofenac tab 75mg dr, T2, QL
dicloxacill cap 250mg, T2
dicloxacill cap 500mg, T2
dicyclomine cap 10mg, T2
dicyclomine tab 20mg, T2
DIFICID SUS, T5, QL
DIFICID TAB 200MG, T5, QL
diflorasone oin 0.05%, T5, QL
digitek tab 0.125mg, T2, QL
digitek tab 0.25mg, T2, QL
digox tab 0.125mg, T2, QL
digox tab 0.25mg, T2, QL
DIGOXIN SOL 50MCG/ML, T3, QL
digoxin tab 0.125mg, T2, QL
digoxin tab 0.25mg, T2, QL
dihydroergot spr 4mg/ml, T5, QL
DILANTIN CAP 30MG, T2
diltiazem cap 120mg er, T2
diltiazem cap 180mg er, T2
diltiazem cap 240mg er, T2
diltiazem cap 300mg er, T2
diltiazem cap 360mg er, T2
diltiazem cap 420mg/24, T2
diltiazem cap 60mg er, T2
diltiazem cap 90mg er, T2
diltiazem tab 120mg, T2
diltiazem tab 30mg, T2
diltiazem tab 60mg, T2
diltiazem tab 90mg, T2
diltiazem er tab 180mg, T3
diltiazem er tab 240mg, T3
diltiazem er tab 300mg, T3
diltiazem er tab 360mg, T3
dilt-xr cap 120mg, T2
dilt-xr cap 180mg, T2
dilt-xr cap 240mg, T2
dimethyl fum cap 120mg dr, T5, PA, QL
dimethyl fum cap 240mg dr, T5, PA, QL
dimethyl fum mis starter, T5, PA, QL
DIP/TET PED INJ 25-5LFU, T3
DIPENTUM CAP 250MG, T5
diphen/atrop tab 2.5mg, T2
dipyridamole tab 25mg, T2

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dipyridamole tab 50mg, T2
dipyridamole tab 75mg, T2
disulfiram tab 250mg, T3
disulfiram tab 500mg, T2
divalproex cap 125mg, T2
divalproex tab 125mg dr, T2
divalproex tab 250mg dr, T2
divalproex tab 250mg er, T2
divalproex tab 500mg dr, T2
divalproex tab 500mg er, T2
DIVIGEL GEL 0.5MG, T4, PA
dofetilide cap 125mcg, T4
dofetilide cap 250mcg, T4
dofetilide cap 500mcg, T4
dolishale tab 90-20mcg, T2
donepezil tab 10mg, T1
donepezil tab 10mg odt, T2
donepezil tab 5mg, T1
donepezil tab 5mg odt, T2
donepezil tab hcl 23mg, T3
dorzol/timol sol 2%-0.5%, T4
dorzol/timol sol 22.3-6.8, T2
dorzolamide sol 2% op, T2
dotti dis 0.025mg, T3
dotti dis 0.0375mg, T3
dotti dis 0.05mg, T3
dotti dis 0.075mg, T3
dotti dis 0.1mg, T3
DOVATO TAB 50-300MG, T5, QL
doxazosin tab 1mg, T2, QL
doxazosin tab 2mg, T2, QL
doxazosin tab 4mg, T2, QL
doxazosin tab 8mg, T2, QL
doxepin tab 3mg, T3, QL
doxepin tab 6mg, T3, QL
doxepin hcl cap 100mg, T2
doxepin hcl cap 10mg, T2
DOXEPIN HCL CAP 150MG, T2
doxepin hcl cap 25mg, T2
doxepin hcl cap 50mg, T2
doxepin hcl cap 75mg, T2
doxepin hcl con 10mg/ml, T2
doxy 100 inj 100mg, T4
doxycyc mono cap 100mg, T2
doxycyc mono cap 150mg, T3
doxycyc mono cap 50mg, T2
doxycyc mono cap 75mg, T3
doxycyc mono tab 100mg, T2
doxycyc mono tab 150mg, T3
doxycyc mono tab 50mg, T2
doxycyc mono tab 75mg, T2
doxycycl hyc cap 100mg, T2
doxycycl hyc cap 50mg, T2
doxycycl hyc tab 100mg, T2
doxycycline tab 20mg, T2
DRIZALMA CAP 20MG DR, T4, QL
DRIZALMA CAP 30MG DR, T4, QL
DRIZALMA CAP 40MG DR, T4, QL
DRIZALMA CAP 60MG DR, T4, QL
dronabinol cap 10mg, T4, PA
dronabinol cap 2.5mg, T4, PA
dronabinol cap 5mg, T4, PA
drospir/ethi tab 3-0.03mg, T2
drospire/eth tab estr/lev, T2
drospirenone tab ethy est, T2
droxidopa cap 100mg, T5, PA
droxidopa cap 200mg, T5, PA
droxidopa cap 300mg, T5, PA
DUAVEE TAB 0.45-20, T4, PA
DULERA AER 100-5MCG, T3, QL
DULERA AER 200-5MCG, T3, QL
DULERA AER 50-5MCG, T3, QL
duloxetine cap 20mg, T2, QL
duloxetine cap 30mg, T2, QL
duloxetine cap 40mg, T4, QL
duloxetine cap 60mg, T2, QL
DUPIXENT INJ 200/1.14, T5, PA
DUPIXENT INJ 300/2ML, T5, PA
DUREZOL EMU 0.05%, T3
dutast/tamsu cap 0.5-0.4, T3, QL
dutasteride cap 0.5mg, T1, QL

E

econazole cre 1%, T4
EDURANT TAB 25MG, T5, QL
efavir/emtri tab tenofovi, T5, QL
efavir/lamiv tab tenofovi, T5, QL
efavirenz cap 200mg, T4, QL
efavirenz cap 50mg, T2, QL
efavirenz tab 600mg, T4, QL
EGRIFTA SV INJ 2MG, T5, PA
eletriptan tab 20mg, T3, QL
eletriptan tab 40mg, T3, QL
ELIGARD INJ 22.5MG, T4, PA
ELIGARD INJ 30MG, T4, PA
ELIGARD INJ 45MG, T4, PA
ELIGARD INJ 7.5MG, T4, PA
ELIQUIS TAB 2.5MG, T3, QL
ELIQUIS TAB 5MG, T3, QL
ELIQUIS ST P TAB 5MG, T3, QL
ELMIRON CAP 100MG, T5, PA
EMCYT CAP 140MG, T5
EMGALITY INJ 100MG/ML, T3, PA, QL
EMGALITY INJ 120MG/ML, T3, PA, QL
emoquette tab, T2
EMSAM DIS 12MG/24H, T5, PA, QL
EMSAM DIS 6MG/24HR, T5, PA, QL
EMSAM DIS 9MG/24HR, T5, PA, QL
emtr/ten df tab 100-150, T5, QL
emtr/ten df tab 133-200, T5, QL
emtr/ten df tab 167-250, T5, QL
emtr/tenofov tab 200-300, T5, QL
emtricitabin cap 200mg, T4, QL
EMTRIVA SOL 10MG/ML, T4, QL
enalapr/hctz tab 10-25mg, T6
enalapr/hctz tab 5-12.5mg, T6
enalapril tab 10mg, T6
enalapril tab 2.5mg, T6
enalapril tab 20mg, T6
enalapril tab 5mg, T6
ENBREL INJ 25/0.5ML, T5, PA
ENBREL INJ 25MG, T5, PA
ENBREL INJ 50MG/ML, T5, PA
ENBREL MINI INJ 50MG/ML, T5, PA

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ENBREL SRCLK INJ 50MG/ML, T5, PA
endocet tab 10-325mg, T3, QL
endocet tab 5-325mg, T2, QL
endocet tab 7.5-325, T2, QL
ENGERIX-B INJ 10/0.5ML, T3, PA
ENGERIX-B INJ 20MCG/ML, T3, PA
enoxaparin inj 100mg/ml, T3, QL
enoxaparin inj 120/0.8, T4, QL
enoxaparin inj 150mg/ml, T4, QL
enoxaparin inj 30/0.3ml, T3, QL
enoxaparin inj 40/0.4ml, T3, QL
enoxaparin inj 60/0.6ml, T3, QL
enoxaparin inj 80/0.8ml, T3, QL
enpresse-28 tab, T2
enskyce tab, T2
entacapone tab 200mg, T4
entecavir tab 0.5mg, T4
entecavir tab 1mg, T4
ENTRESTO TAB 24-26MG, T3, QL
ENTRESTO TAB 49-51MG, T3, QL
ENTRESTO TAB 97-103MG, T3, QL
enulose sol 10gm/15, T2
EPCLUSA TAB 200-50MG, T5, PA
EPCLUSA TAB 400-100, T5, PA
EPIDIOLEX SOL 100MG/ML, T5, PA
epinastine dro 0.05%, T2
epinephrine inj 0.15mg, T4
epinephrine inj 0.3mg, T3
epitol tab 200mg, T2
EPIVIR HBV SOL 5MG/ML, T3
eplerenone tab 25mg, T3
eplerenone tab 50mg, T3
EPOGEN INJ 10000/ML, T4, PA
EPOGEN INJ 2000/ML, T4, PA
EPOGEN INJ 20000/ML, T5, PA
EPOGEN INJ 3000/ML, T4, PA
EPOGEN INJ 4000/ML, T4, PA
ERGOLOID MES TAB 1MG ORAL, T3
ergot/caffen tab 1-100mg, T3
ERIVEDGE CAP 150MG, T5, PA, QL
ERLEADA TAB 60MG, T5, PA, QL
erlotinib tab 100mg, T5, PA, QL
erlotinib tab 150mg, T5, PA, QL
erlotinib tab 25mg, T5, PA, QL
errin tab 0.35mg, T2
ertapenem inj 1gm, T4
ERY PAD 2%, T2
ery/benzoyl gel 5-3%, T4
ERYTHROCIN INJ 500MG, T4
erythrom eth sus 200/5ml, T4
erythrom eth sus 400/5ml, T4
erythromycin oin 5mg/gm, T2
erythromycin sol 2%, T2
erythromycin tab 250mg bs, T4
erythromycin tab 500mg bs, T4
ESBRIET CAP 267MG, T5, PA, QL
ESBRIET TAB 267MG, T5, PA, QL
ESBRIET TAB 801MG, T5, PA, QL
escitalopram sol 5mg/5ml, T3, QL
escitalopram tab 10mg, T1, QL
escitalopram tab 20mg, T1, QL
escitalopram tab 5mg, T1, QL
esomepra mag cap 20mg dr, T2, QL
esomepra mag cap 40mg dr, T2, QL
esomeprazole gra 10mg dr, T4, QL
esomeprazole gra 20mg dr, T4, QL
esomeprazole gra 40mg dr, T4, QL
estarylla tab 0.25-35, T2
estra/noreth tab 0.5-0.1, T3
estra/noreth tab 1-0.5mg, T3
estradiol cre 0.01%, T2
estradiol dis 0.025mg, T3
estradiol dis 0.0375mg, T3
estradiol dis 0.05mg, T3
estradiol dis 0.06mg, T3
estradiol dis 0.075mg, T3
estradiol dis 0.1mg, T3
estradiol tab 0.5mg, T1
estradiol tab 10mcg, T3
estradiol tab 1mg, T1
estradiol tab 2mg, T1
eszopiclone tab 1mg, T2, QL
eszopiclone tab 2mg, T2, QL
eszopiclone tab 3mg, T2, QL
ethambutol tab 100mg, T2
ethambutol tab 400mg, T2
ethosuximide cap 250mg, T3
ethosuximide sol 250/5ml, T2
ethy eth est tab 1-35, T2
ethynodiol tab 1-50, T2
etodolac cap 200mg, T2, QL
etodolac cap 300mg, T2, QL
etodolac tab 400mg, T2, QL
etodolac tab 500mg, T2, QL
etodolac er tab 400mg, T2, QL
etodolac er tab 500mg, T2, QL
etodolac er tab 600mg, T2, QL
euthyrox tab 100mcg, T1
euthyrox tab 112mcg, T1
euthyrox tab 125mcg, T1
euthyrox tab 137mcg, T1
euthyrox tab 150mcg, T1
euthyrox tab 175mcg, T1
euthyrox tab 200mcg, T1
euthyrox tab 25mcg, T1
euthyrox tab 50mcg, T1
euthyrox tab 75mcg, T1
euthyrox tab 88mcg, T1
everolimus tab 0.25mg, T5, PA
everolimus tab 0.5 mg, T5, PA
everolimus tab 0.75mg, T5, PA
everolimus tab 2.5mg, T5, PA, QL
everolimus tab 5mg, T5, PA, QL
everolimus tab 7.5mg, T5, PA, QL
EVOTAZ TAB 300-150, T5, QL
exemestane tab 25mg, T3
ezetim/simva tab 10-10mg, T6, QL
ezetim/simva tab 10-20mg, T6, QL

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ezetim/simva tab 10-40mg, T6, QL
ezetim/simva tab 10-80mg, T6, QL
ezetimibe tab 10mg, T2, QL

F

falmina tab, T2
famciclovir tab 125mg, T2
famciclovir tab 250mg, T2
famciclovir tab 500mg, T2
famotidine sus 40mg/5ml, T3
famotidine tab 20mg, T1
famotidine tab 40mg, T1
FANAPT PAK, T4, PA, QL
FANAPT TAB 10MG, T5, PA, QL
FANAPT TAB 12MG, T5, PA, QL
FANAPT TAB 1MG, T4, PA, QL
FANAPT TAB 2MG, T4, PA, QL
FANAPT TAB 4MG, T4, PA, QL
FANAPT TAB 6MG, T5, PA, QL
FANAPT TAB 8MG, T5, PA, QL
FARYDAK CAP 10MG, T5, PA, QL
FARYDAK CAP 15MG, T5, PA, QL
FARYDAK CAP 20MG, T5, PA, QL
FASENRA INJ 30MG/ML, T5, PA
FASENRA PEN INJ 30MG/ML, T5, PA
febuxostat tab 40mg, T3, QL, ST
febuxostat tab 80mg, T3, QL, ST
felbamate sus 600/5ml, T5
felbamate tab 400mg, T3
felbamate tab 600mg, T3
felodipine tab 10mg er, T2
felodipine tab 2.5mg er, T2
felodipine tab 5mg er, T2
femynor tab 0.25-35, T2
fenofibrate cap 130mg, T2, QL
fenofibrate cap 134mg, T2, QL
fenofibrate cap 200mg, T2, QL
fenofibrate cap 43mg, T2, QL
fenofibrate cap 67mg, T2, QL
fenofibrate tab 145mg, T2, QL
fenofibrate tab 160mg, T2, QL
fenofibrate tab 48mg, T2, QL
fenofibrate tab 54mg, T2, QL
fenofibric cap 135mg dr, T2, QL
fenofibric cap 45mg dr, T2, QL
fentanyl dis 100mcg/h, T4, PA, QL
fentanyl dis 12mcg/hr, T4, PA, QL
fentanyl dis 25mcg/hr, T4, PA, QL
fentanyl dis 37.5mcg, T4, PA, QL
fentanyl dis 50mcg/hr, T4, PA, QL
fentanyl dis 62.5mcg, T4, PA, QL
fentanyl dis 75mcg/hr, T4, PA, QL
fentanyl ot loz 1200mcg, T5, PA, QL
fentanyl ot loz 1600mcg, T5, PA, QL
fentanyl ot loz 200mcg, T4, PA, QL
fentanyl ot loz 400mcg, T5, PA, QL
fentanyl ot loz 600mcg, T5, PA, QL
fentanyl ot loz 800mcg, T5, PA, QL
FETZIMA CAP 120MG, T4, QL
FETZIMA CAP 20MG, T4, QL
FETZIMA CAP 40MG, T4, QL
FETZIMA CAP 80MG, T4, QL
FETZIMA CAP TITRATIO, T4, QL
finasteride tab 5mg, T1, QL
FINTEPLA SOL 2.2MG/ML, T5, PA, QL
FIRMAGON INJ 120MG, T5
FIRMAGON INJ 80MG, T4
flac oil 0.01%, T3
flecainide tab 100mg, T2
flecainide tab 150mg, T2
flecainide tab 50mg, T2
FLOVENT DISK AER 100MCG, T3, QL
FLOVENT DISK AER 250MCG, T3, QL
FLOVENT DISK AER 50MCG, T3, QL
FLOVENT HFA AER 110MCG, T3, QL
FLOVENT HFA AER 220MCG, T3, QL
FLOVENT HFA AER 44MCG, T3, QL
fluconazole sus 10mg/ml, T3
fluconazole sus 40mg/ml, T3
fluconazole tab 100mg, T2
fluconazole tab 150mg, T2
fluconazole tab 200mg, T2
fluconazole tab 50mg, T2
fluconazole/ inj nacl 200, T4
fluconazole/ inj nacl 400, T4
flucytosine cap 250mg, T5
flucytosine cap 500mg, T5
fludrocort tab 0.1mg, T2
FLUNISOLIDE SPR 0.025%, T2, QL
fluocin acet cre 0.01%, T3, QL
fluocin acet cre 0.025%, T3, QL
fluocin acet oil 0.01%, T3
fluocin acet oil 0.01% sc, T3, QL
fluocin acet oin 0.025%, T3, QL
fluocin acet sol 0.01%, T3, QL
fluocinonide cre 0.05%, T3, QL
fluocinonide cre 0.1%, T4, QL
fluocinonide cre e 0.05%, T3, QL
fluocinonide gel 0.05%, T3, QL
fluocinonide oin 0.05%, T3, QL
fluocinonide sol 0.05%, T3, QL
fluoromethol sus 0.1% op, T2
FLUOROURACIL CRE 0.5%, T5
fluorouracil cre 5%, T4
FLUOROURACIL SOL 2%, T3
FLUOROURACIL SOL 5%, T3
fluoxetine cap 10mg, T1, QL
fluoxetine cap 20mg, T1, QL
fluoxetine cap 40mg, T1, QL
FLUOXETINE CAP 90MG DR, T3, QL
fluoxetine sol 20mg/5ml, T2, QL
fluoxetine tab 10mg, T2, QL
fluoxetine tab 20mg, T2, QL
fluphenaz de inj 25mg/ml, T4

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FLUPHENAZINE CON 5MG/ML, T3, PA
FLUPHENAZINE ELX 2.5/5ML, T3, PA
FLUPHENAZINE INJ 2.5MG/ML, T4, PA
fluphenazine tab 10mg, T3, PA
fluphenazine tab 1mg, T3, PA
fluphenazine tab 2.5mg, T3, PA
fluphenazine tab 5mg, T3, PA
FLURBIPROFEN SOL 0.03% OP, T3
flurbiprofen tab 100mg, T2, QL
FLUTAMIDE CAP 125MG, T4
FLUTIC/SALME INH 113/14, T3, QL
FLUTIC/SALME INH 232/14, T3, QL
FLUTIC/SALME INH 55/14, T3, QL
fluticasone cre 0.05%, T2, QL
fluticasone oin 0.005%, T2, QL
fluticasone spr 50mcg, T2, QL
fluvastatin cap 20mg, T6, QL
fluvastatin cap 40mg, T6, QL
fluvastatin tab 80mg er, T6, QL
fluvoxamine tab 100mg, T2, QL
fluvoxamine tab 25mg, T2, QL
fluvoxamine tab 50mg, T2, QL
fondaparinux inj 10/0.8ml, T5, QL
fondaparinux inj 2.5/0.5, T4, QL
fondaparinux inj 5/0.4ml, T5, QL
fondaparinux inj 7.5/0.6, T5, QL
FORTEO INJ 620/2.48, T5, PA
fosamprenavi tab 700mg, T5, QL
fosinop/hctz tab 10/12.5, T6
fosinop/hctz tab 20/12.5, T6
fosinopril tab 10mg, T6
fosinopril tab 20mg, T6
fosinopril tab 40mg, T6
FOSRENOL POW 1000MG, T5, QL
FOSRENOL POW 750MG, T5, QL
FOTIVDA CAP 0.89MG, T5, PA, QL
FOTIVDA CAP 1.34MG, T5, PA, QL
FULPHILA INJ 6/0.6ML, T5, PA
furosemide inj 100/10ml, T4
furosemide inj 10mg/ml, T4
furosemide sol 10mg/ml, T2
furosemide tab 20mg, T1
furosemide tab 40mg, T1
furosemide tab 80mg, T1
FUZEON INJ 90MG, T5, QL
FYCOMPA SUS 0.5MG/ML, T5
FYCOMPA TAB 10MG, T5
FYCOMPA TAB 12MG, T5
FYCOMPA TAB 2MG, T4
FYCOMPA TAB 4MG, T5
FYCOMPA TAB 6MG, T5
FYCOMPA TAB 8MG, T5

G

gabapentin cap 100mg, T1, QL
gabapentin cap 300mg, T1, QL
gabapentin cap 400mg, T1, QL
gabapentin sol 250/5ml, T2, QL
gabapentin tab 600mg, T2, QL
gabapentin tab 800mg, T2, QL
galantamine cap 16mg er, T3
galantamine cap 24mg er, T3
galantamine cap 8mg er, T3
GALANTAMINE SOL 4MG/ML, T3
galantamine tab 12mg, T2
galantamine tab 4mg, T2
galantamine tab 8mg, T2
GAMMAGARD INJ 2.5GM/25, T5, PA
GAMMAGARD SD INJ 10GM HU, T5, PA
GAMMAGARD SD INJ 5GM HU, T5, PA
GAMMAPLEX INJ 10%, T5, PA
GAMMAPLEX INJ 5%, T5, PA
GAMUNEX-C INJ 1GM/10ML, T5, PA
GARDASIL 9 INJ, T3
gatifloxacin sol 0.5%, T3
GATTEX KIT 5MG, T5, PA
GAVILYTE-C SOL, T2
gavilyte-g sol, T2
gavilyte-n sol flav pk, T2
GAVRETO CAP 100MG, T5, PA, QL
gemfibrozil tab 600mg, T1, QL
generlac sol 10gm/15, T2
gengraf cap 100mg, T3, PA
gengraf cap 25mg, T3, PA
gengraf sol 100mg/ml, T3, PA
GENTAK OIN 0.3% OP, T2
GENTAM/NACL INJ 100MG, T4
gentam/nacl inj 60mg, T4
GENTAM/NACL INJ 80MG, T4
gentamicin cre 0.1%, T2
gentamicin inj 40mg/ml, T4
gentamicin oin 0.1%, T3
gentamicin sol 0.3% op, T2
GENVOYA TAB, T5, QL
GILOTRIF TAB 20MG, T5, PA, QL
GILOTRIF TAB 30MG, T5, PA, QL
GILOTRIF TAB 40MG, T5, PA, QL
glatiramer inj 20mg/ml, T5, PA, QL
glatiramer inj 40mg/ml, T5, PA, QL
glatopa inj 20mg/ml, T5, PA, QL
glatopa inj 40mg/ml, T5, PA, QL
glimepiride tab 1mg, T6, QL
glimepiride tab 2mg, T6, QL
glimepiride tab 4mg, T6, QL
glip/metform tab 2.5-250m, T6, QL
glip/metform tab 2.5-500m, T6, QL
glip/metform tab 5-500mg, T6, QL
glipizide tab 10mg, T6, QL
glipizide tab 5mg, T6, QL
glipizide er tab 10mg, T6, QL
glipizide er tab 2.5mg, T6, QL
glipizide er tab 5mg, T6, QL
GLUCAGEN INJ HYPOKIT, T3, QL

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GLUCAGON KIT 1MG, T4, QL
glyb/metform tab 1.25-250, T6, QL
glyb/metform tab 2.5-500, T6, QL
glyb/metform tab 5-500mg, T6, QL
glyburid mcr tab 1.5mg, T6, QL
glyburid mcr tab 3mg, T6, QL
glyburid mcr tab 6mg, T6, QL
glyburide tab 1.25mg, T6, QL
glyburide tab 2.5mg, T6, QL
glyburide tab 5mg, T6, QL
glycopyrrol tab 1mg, T2
glycopyrrol tab 2mg, T2
GLYXAMBI TAB 10-5 MG, T4, QL
GLYXAMBI TAB 25-5 MG, T4, QL
granisetron tab 1mg, T2, PA
GRANIX INJ 300/0.5, T5, PA
GRANIX INJ 300/1ML, T5, PA
GRANIX INJ 480/0.8, T5, PA
GRANIX INJ 480/1.6, T5, PA
griseofulvin sus 125/5ml, T3
griseofulvin tab ultr 125, T3
griseofulvin tab ultr 250, T3
GUANIDINE TAB 125MG, T3
GVOKE HYPO 2 INJ .5/.1ML, T4, QL
GVOKE HYPO 2 INJ 1MG/.2ML, T4, QL
GVOKE PFS INJ, T4, QL

H

HAEGARDA INJ 2000UNIT, T5, PA, QL
HAEGARDA INJ 3000UNIT, T5, PA, QL
hailey 24 tab fe, T2
halobetasol cre 0.05%, T4, QL
halobetasol oin 0.05%, T3, QL
haloper dec inj 100mg/ml, T2
haloper dec inj 50mg/ml, T2
haloper lac inj 5mg/ml, T4
haloperidol con 2mg/ml, T2
haloperidol tab 0.5mg, T2
haloperidol tab 10mg, T2
haloperidol tab 1mg, T2
haloperidol tab 20mg, T2
haloperidol tab 2mg, T2
haloperidol tab 5mg, T2
HARVONI PAK, T5, PA
HARVONI PAK 45-200MG, T5, PA
HARVONI TAB 90-400MG, T5, PA
HAVRIX INJ 1440UNIT, T3
HAVRIX INJ 720UNIT, T3
HC BUTYRATE CRE 0.1%, T3, QL
hc butyrate oin 0.1%, T3, QL
HC BUTYRATE SOL 0.1%, T3, QL
hc valerate cre 0.2%, T3, QL
hc valerate oin 0.2%, T3, QL
hc/acet acid sol otic, T3
HEMADY TAB 20MG, T4
heparin sod inj 1000/ml, T4
heparin sod inj 10000/ml, T4
heparin sod inj 20000/ml, T4
heparin sod inj 5000/ml, T4
HEPATAMINE SOL 8%, T3, PA
HETLIOZ CAP 20MG, T5, PA, QL
HIBERIX SOL 10MCG, T3
HUMALOG INJ 100/ML, T3, QL
HUMALOG JR INJ 100/ML, T3, QL
HUMALOG KWIK INJ 100/ML, T3, QL
HUMALOG KWIK INJ 200/ML, T3, QL
HUMALOG MIX INJ 50/50, T3, QL
HUMALOG MIX INJ 50/50KWP, T3, QL
HUMALOG MIX INJ 75/25KWP, T3, QL
HUMALOG MIX SUS 75/25, T3, QL
HUMIRA INJ 10/0.1ML, T5, PA
HUMIRA INJ 20/0.2ML, T5, PA
HUMIRA INJ 40/0.4ML, T5, PA
HUMIRA KIT 40MG/0.8, T5, PA
HUMIRA PEDIA INJ CROHNS, T5, PA
HUMIRA PEN INJ 40/0.4ML, T5, PA
HUMIRA PEN INJ 40MG/0.8, T5, PA
HUMIRA PEN INJ 80/0.8ML, T5, PA
HUMIRA PEN INJ CD/UC/HS, T5, PA
HUMIRA PEN INJ PS/UV, T5, PA
HUMIRA PEN KIT CD/UC/HS, T5, PA
HUMIRA PEN KIT PED UC, T5, PA
HUMIRA PEN KIT PS/UV, T5, PA
HUMULIN INJ 70/30, T1, QL
HUMULIN N INJ U-100, T1, QL
HUMULIN R INJ U-100, T1, QL
HUMULIN INJ 70/30KWP, T3, QL
HUMULIN N INJ U-100KWP, T3, QL
HUMULIN R INJ U-500 (PEN), T3, QL
HUMULIN R INJ U-500 (VIAL), T3, PA
hydralazine tab 100mg, T1
hydralazine tab 10mg, T1
hydralazine tab 25mg, T1
hydralazine tab 50mg, T1
hydrochlorot cap 12.5mg, T1
hydrochlorot tab 12.5mg, T1
hydrochlorot tab 25mg, T1
hydrochlorot tab 50mg, T1
hydroco/apap sol 7.5-325, T3, QL
hydroco/apap tab 10-300mg, T3, QL
hydroco/apap tab 10-325mg, T2, QL
hydroco/apap tab 5-300mg, T3, QL
hydroco/apap tab 5-325mg, T2, QL
hydroco/apap tab 7.5-300, T3, QL

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hydroco/apap tab 7.5-325, T2, QL
hydrocod/ibu tab 10-200mg, T2, QL
HYDROCOD/IBU TAB 5-200MG, T2, QL
hydrocod/ibu tab 7.5-200, T2, QL
HYDROCODONE CAP 10MG ER, T4, PA, QL
HYDROCODONE CAP 15MG ER, T4, PA, QL
HYDROCODONE CAP 20MG ER, T4, PA, QL
HYDROCODONE CAP 30MG ER, T4, PA, QL
HYDROCODONE CAP 40MG ER, T4, PA, QL
HYDROCODONE CAP 50MG ER, T4, PA, QL
hydrocort cre 1%, T2, QL
hydrocort ene 100mg, T3
hydrocort lot 2.5%, T2, QL
hydrocort oin 1%, T1, QL
hydrocort oin 2.5%, T1, QL
hydrocort tab 10mg, T2
hydrocort tab 20mg, T2
hydrocort tab 5mg, T2
hydrocortiso cre 2.5%, T2, QL
hydromorphon inj 10mg/ml, T4, PA
hydromorphon liq 1mg/ml, T3, QL
hydromorphon tab 2mg, T3, QL
hydromorphon tab 4mg, T3, QL
hydromorphon tab 8mg, T3, QL
hydroxychlor tab 200mg, T2
hydroxyurea cap 500mg, T2
hydroxyz hcl syp 10mg/5ml, T2
hydroxyz hcl tab 10mg, T2
hydroxyz hcl tab 25mg, T2
hydroxyz hcl tab 50mg, T2
hydroxyz pam cap 25mg, T2
hydroxyz pam cap 50mg, T2

I

ibandronate tab 150mg, T2, QL
IBRANCE CAP 100MG, T5, PA, QL
IBRANCE CAP 125MG, T5, PA, QL
IBRANCE CAP 75MG, T5, PA, QL
IBRANCE TAB 100MG, T5, PA, QL
IBRANCE TAB 125MG, T5, PA, QL
IBRANCE TAB 75MG, T5, PA, QL
ibu tab 600mg, T1, QL
ibu tab 800mg, T1, QL
ibuprofen sus 100/5ml, T2
ibuprofen tab 400mg, T1, QL
ibuprofen tab 600mg, T1, QL
ibuprofen tab 800mg, T1, QL
icatibant inj 30mg/3ml, T5, PA, QL
iclevia tab, T2
ICLUSIG TAB 10MG, T5, PA, QL
ICLUSIG TAB 15MG, T5, PA, QL
ICLUSIG TAB 30MG, T5, PA, QL
ICLUSIG TAB 45MG, T5, PA, QL
icosapent cap 1gm, T3
IDHIFA TAB 100MG, T5, PA, QL
IDHIFA TAB 50MG, T5, PA, QL
ILEVRO DRO 0.3% OP, T3
imatinib mes tab 100mg, T5, PA, QL
imatinib mes tab 400mg, T5, PA, QL
IMBRUVICA CAP 140MG, T5, PA, QL
IMBRUVICA CAP 70MG, T5, PA, QL
IMBRUVICA TAB 420MG, T5, PA, QL
IMBRUVICA TAB 560MG, T5, PA, QL
IMIPENEM/CIL INJ 250MG, T4
imipenem/cil inj 500mg, T4
imipram hcl tab 10mg, T2
imipram hcl tab 25mg, T2
imipram hcl tab 50mg, T2
imiquimod cre 5%, T4
IMOVAX RABIE INJ 2.5/ML, T3, PA
IMPAVIDO CAP 50MG, T5
incassia tab 0.35mg, T2
INCRELEX INJ 40MG/4ML, T5
INCRUSE ELPT INH 62.5MCG, T3, QL
indapamide tab 1.25mg, T2
indapamide tab 2.5mg, T2
indomethacin cap 25mg, T2, QL
indomethacin cap 50mg, T2, QL
indomethacin cap 75mg er, T3, QL
INFANRIX INJ, T3
INLYTA TAB 1MG, T5, PA, QL
INLYTA TAB 5MG, T5, PA, QL
INQOVI TAB 35-100MG, T5, PA, QL
INREBIC CAP 100MG, T5, PA, QL
INSULIN SYRG MIS 0.3/31G, T2
INSULIN SYRG MIS 0.5/30G, T2
INSULIN SYRG MIS 1ML/29G, T2
INSULIN SYRG MIS 1ML/31G, T2
INTELENCE TAB 100MG, T5, QL
INTELENCE TAB 200MG, T5, QL
INTELENCE TAB 25MG, T4, QL
INTRALIPID INJ 20%, T4, PA
INTRON A INJ 10MU, T5
INTRON A INJ 18MU, T5
INTRON A INJ 25MU, T5
INTRON A INJ 50MU, T5
introvale tab, T2
INVEGA SUST INJ 117/0.75, T5, QL
INVEGA SUST INJ 156MG/ML, T5, QL
INVEGA SUST INJ 234/1.5, T5, QL
INVEGA SUST INJ 39/0.25, T4, QL
INVEGA SUST INJ 78/0.5ML, T5, QL
INVEGA TRINZ INJ 273MG, T5, QL
INVEGA TRINZ INJ 410MG, T5, QL

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INVEGA TRINZ INJ 546MG, T5, QL
INVEGA TRINZ INJ 819MG, T5, QL
INVELTYS SUS 1%, T4
INVIRASE TAB 500MG, T5, QL
INVOKAMET TAB 150-1000, T3, QL
INVOKAMET TAB 150-500, T3, QL
INVOKAMET TAB 50-1000, T3, QL
INVOKAMET TAB 50-500MG, T3, QL
INVOKAMET XR TAB 150-1000, T3, QL
INVOKAMET XR TAB 150-500, T3, QL
INVOKAMET XR TAB 50-1000, T3, QL
INVOKAMET XR TAB 50-500MG, T3, QL
INVOKANA TAB 100MG, T3, QL
INVOKANA TAB 300MG, T3, QL
IPOL INJ INACTIVE, T3
ipratropium sol 0.02%inh, T2, PA
ipratropium spr 0.03%, T2, QL
ipratropium spr 0.06%, T2, QL
irbesar/hctz tab 150-12.5, T6, QL
irbesar/hctz tab 300-12.5, T6, QL
irbesartan tab 150mg, T6, QL
irbesartan tab 300mg, T6, QL
irbesartan tab 75mg, T6, QL
IRESSA TAB 250MG, T5, PA, QL
ISENTRESS CHW 100MG, T3, QL
ISENTRESS CHW 25MG, T3, QL
ISENTRESS POW 100MG, T4, QL
ISENTRESS TAB 400MG, T5, QL
ISENTRESS HD TAB 600MG, T5, QL
isibloom tab, T2
ISONIAZID TAB 100MG, T1
isoniazid tab 300mg, T1
isosorb din tab 10mg, T2
isosorb din tab 20mg, T2
isosorb din tab 30mg, T2
isosorb din tab 5mg, T2
isosorb mono tab 10mg, T2
isosorb mono tab 120mg er, T1
isosorb mono tab 20mg, T2
isosorb mono tab 30mg er, T1
isosorb mono tab 60mg er, T1
isotretinoin cap 10mg, T4
isotretinoin cap 20mg, T4
isotretinoin cap 30mg, T4
isotretinoin cap 40mg, T4
isradipine cap 2.5mg, T2
isradipine cap 5mg, T2
itraconazole cap 100mg, T4, QL
ivermectin tab 3mg, T2
IXIARO INJ, T3

J

JAKAFI TAB 10MG, T5, PA, QL
JAKAFI TAB 15MG, T5, PA, QL
JAKAFI TAB 20MG, T5, PA, QL
JAKAFI TAB 25MG, T5, PA, QL
JAKAFI TAB 5MG, T5, PA, QL
jantoven tab 10mg, T1
jantoven tab 1mg, T1
jantoven tab 2.5mg, T1
jantoven tab 2mg, T1
jantoven tab 3mg, T1
jantoven tab 4mg, T1
jantoven tab 5mg, T1
jantoven tab 6mg, T1
jantoven tab 7.5mg, T1
JANUMET TAB 50-1000, T3, QL
JANUMET TAB 50-500MG, T3, QL
JANUMET XR TAB 100-1000, T3, QL
JANUMET XR TAB 50-1000, T3, QL
JANUMET XR TAB 50-500MG, T3, QL
JANUVIA TAB 100MG, T3, QL
JANUVIA TAB 25MG, T3, QL
JANUVIA TAB 50MG, T3, QL
JARDIANCE TAB 10MG, T3, QL
JARDIANCE TAB 25MG, T3, QL
jasmiel tab 3-0.02mg, T2
JENTADUETO TAB 2.5-1000, T3, QL
JENTADUETO TAB 2.5-500, T3, QL
JENTADUETO TAB 2.5-850, T3, QL
JENTADUETO TAB XR, T3, QL
juleber tab, T2
JULUCA TAB 50-25MG, T5, QL
junel 1.5/30 tab, T2
junel 1/20 tab, T2
junel fe tab 1.5/30, T2
junel fe tab 1/20, T2
junel fe 24 tab 1/20, T2

K

kaitlib fe chw, T2
KALETRA TAB 100-25MG, T4, QL
KALETRA TAB 200-50MG, T5, QL
KALYDECO PAK 25MG, T5, PA, QL
KALYDECO PAK 50MG, T5, PA, QL
KALYDECO PAK 75MG, T5, PA, QL
KALYDECO TAB 150MG, T5, PA, QL
kariva tab 28 day, T2
KCL/D5W/LACT INJ 20MEQ/L, T3
kcl/d5w/nacl inj, T4
kcl/d5w/nacl inj 0.15/0.2, T4
kcl/d5w/nacl inj 0.3/0.45, T4
kelnor tab 1/35, T2
kelnor 1/50 tab, T2
ketoconazole cre 2%, T3
ketoconazole sha 2%, T2
ketoconazole tab 200mg, T2
ketorolac sol 0.4%, T2
ketorolac sol 0.5%, T2
ketorolac tab 10mg, T2

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KINERET INJ, T5, PA
KINRIX INJ, T3
KISQALI TAB 200DOSE, T5, PA, QL
KISQALI TAB 400DOSE, T5, PA, QL
KISQALI TAB 600DOSE, T5, PA, QL
KISQALI 200 PAK FEMARA, T5, PA, QL
KISQALI 400 PAK FEMARA, T5, PA, QL
KISQALI 600 PAK FEMARA, T5, PA, QL
klor-con pak 20meq, T4
klor-con 10 tab 10meq er, T2
klor-con 8 tab 8meq er, T2
klor-con m10 tab 10meq er, T2
klor-con m20 tab 20meq er, T2
KORLYM TAB 300MG, T5, PA, QL
KOSELUGO CAP 10MG, T5, PA, QL
KOSELUGO CAP 25MG, T5, PA, QL
kurvelo tab 0.15/30, T2

L

labetalol tab 100mg, T2
labetalol tab 200mg, T2
labetalol tab 300mg, T2
LACRISERT MIS 5MG OP, T4
lactulose sol 10gm/15, T2
lamivud/zido tab 150-300, T3, QL
lamivudine sol 10mg/ml, T3, QL
lamivudine tab 100mg, T3
lamivudine tab 150mg, T3, QL
lamivudine tab 300mg, T3, QL
lamotrigine chw 25mg, T1
lamotrigine chw 5mg, T1
lamotrigine tab 100mg, T1
lamotrigine tab 150mg, T1
lamotrigine tab 200mg, T1
lamotrigine tab 25mg, T1
lansoprazole cap 15mg dr, T2, QL
lansoprazole cap 30mg dr, T2, QL
lanthanum chw 1000mg, T5, QL
lanthanum chw 500mg, T5, QL
lanthanum chw 750mg, T5, QL
LANTUS INJ 100/ML, T3, QL
LANTUS SOLOS INJ 100/ML, T3, QL
lapatinib tab 250mg, T5, PA, QL
larin tab 1.5/30, T2
larin tab 1/20, T2
larin fe tab 1.5/30, T2
larin fe tab 1/20, T2
larissia tab, T2
latanoprost sol 0.005%, T1, QL
LATUDA TAB 120MG, T5, QL
LATUDA TAB 20MG, T5, QL
LATUDA TAB 40MG, T5, QL
LATUDA TAB 60MG, T5, QL
LATUDA TAB 80MG, T5, QL
layolis fe chw, T2
leena tab, T2
leflunomide tab 10mg, T2
leflunomide tab 20mg, T2
LENVIMA CAP 10 MG, T5, PA, QL
LENVIMA CAP 12MG, T5, PA, QL
LENVIMA CAP 14 MG, T5, PA, QL
LENVIMA CAP 18 MG, T5, PA, QL
LENVIMA CAP 20 MG, T5, PA, QL
LENVIMA CAP 24 MG, T5, PA, QL
LENVIMA CAP 4MG, T5, PA, QL
LENVIMA CAP 8 MG, T5, PA, QL
lessina tab, T2
letrozole tab 2.5mg, T2
leucovor ca tab 10mg, T3
leucovor ca tab 15mg, T3
leucovor ca tab 25mg, T3
leucovor ca tab 5mg, T3
LEUKERAN TAB 2MG, T5
LEUKINE INJ 250MCG, T5, PA
leuprolide inj 1mg/0.2, T5, PA
LEVEMIR INJ, T3, QL
LEVEMIR INJ FLEXTOUC, T3, QL
levetiraceta sol 100mg/ml, T2
levetiraceta tab 1000mg, T2
levetiraceta tab 250mg, T2
levetiraceta tab 500mg, T2
levetiraceta tab 500mg er, T2
levetiraceta tab 750mg, T2
levetiraceta tab 750mg er, T2
LEVOBUNOLOL SOL 0.5% OP, T1
levocarnitin sol 1gm/10ml, T2
levocarnitin tab 330mg, T3
levocetirizi tab 5mg, T1
levo-eth est tab 90-20mcg, T2
levoflox/d5w inj 500/100m, T4
levoflox/d5w inj 750/150, T4
levofloxacin inj 25mg/ml, T4
levofloxacin sol 25mg/ml, T3
levofloxacin tab 250mg, T1
levofloxacin tab 500mg, T1
levofloxacin tab 750mg, T1
levonest tab, T2
levonor/ethi tab, T2
levonor/ethi tab 0.1-0.02, T2
levonor/ethi tab estradio, T2
levora-28 tab 0.15/30, T2
levo-t tab 100mcg, T1
levo-t tab 112mcg, T1
levo-t tab 125mcg, T1
levo-t tab 137mcg, T1
levo-t tab 150mcg, T1
levo-t tab 175mcg, T1
levo-t tab 200 mcg, T1
levo-t tab 25mcg, T1
levo-t tab 300 mcg, T1
levo-t tab 50mcg, T1
levo-t tab 75mcg, T1
levo-t tab 88mcg, T1
levothyroxin tab 100mcg, T1
levothyroxin tab 112mcg, T1
levothyroxin tab 125mcg, T1
levothyroxin tab 137mcg, T1
levothyroxin tab 150mcg, T1
levothyroxin tab 175mcg, T1
levothyroxin tab 200mcg, T1
levothyroxin tab 25mcg, T1
levothyroxin tab 300mcg, T1

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levothyroxin tab 50mcg, T1
levothyroxin tab 75mcg, T1
levothyroxin tab 88mcg, T1
levoxyl tab 100mcg, T1
levoxyl tab 112mcg, T1
levoxyl tab 125mcg, T1
levoxyl tab 137mcg, T1
levoxyl tab 150mcg, T1
levoxyl tab 175mcg, T1
levoxyl tab 200mcg, T1
levoxyl tab 25mcg, T1
levoxyl tab 50mcg, T1
levoxyl tab 75mcg, T1
levoxyl tab 88mcg, T1
LEXIVA SUS 50MG/ML, T4, QL
lido/prilocn cre 2.5-2.5%, T4, PA, QL
lidocaine oin 5%, T4, PA, QL
lidocaine pad 5%, T4, PA, QL
lidocaine sol 2% visc, T2
lidocaine sol 4%, T4, PA, QL
LINDANE SHA 1%, T3
linezolid inj 2mg/ml, T4
linezolid sus 100/5ml, T5, PA
linezolid tab 600mg, T4
LINZESS CAP 145MCG, T3, QL
LINZESS CAP 290MCG, T3, QL
LINZESS CAP 72MCG, T3, QL
liothyronine tab 25mcg, T2
liothyronine tab 50mcg, T2
liothyronine tab 5mcg, T2
lisinop/hctz tab 10-12.5, T6
lisinop/hctz tab 20-12.5, T6
lisinop/hctz tab 20-25mg, T6
lisinopril tab 10mg, T6
lisinopril tab 2.5mg, T6
lisinopril tab 20mg, T6
lisinopril tab 30mg, T6
lisinopril tab 40mg, T6
lisinopril tab 5mg, T6
LITHIUM SOL 8MEQ/5ML, T3
lithium carb cap 150mg, T1
lithium carb cap 300mg, T1
LITHIUM CARB CAP 600MG, T1
lithium carb tab 300mg, T1
lithium carb tab 300mg er, T2
lithium carb tab 450mg er, T2
loestrin tab 1/20-21, T2
loestrin 21 tab 1.5/30, T2
loestrin fe tab 1.5/30, T2
loestrin fe tab 1/20, T2
LONSURF TAB 15-6.14, T5, PA, QL
LONSURF TAB 20-8.19, T5, PA, QL
loperamide cap 2mg, T2
lopin/riton sol 80-20/ml, T4, QL
lorazepam con 2mg/ml, T2, QL
lorazepam tab 0.5mg, T1, QL
lorazepam tab 1mg, T1, QL
lorazepam tab 2mg, T1, QL
LORBRENA TAB 100MG, T5, PA, QL
LORBRENA TAB 25MG, T5, PA, QL
loryna tab 3-0.02mg, T2
losartan pot tab 100mg, T6, QL
losartan pot tab 25mg, T6, QL
losartan pot tab 50mg, T6, QL
losartan/hct tab 100-12.5, T6, QL
losartan/hct tab 100-25, T6, QL
losartan/hct tab 50-12.5, T6, QL
lovastatin tab 10mg, T6, QL
lovastatin tab 20mg, T6, QL
lovastatin tab 40mg, T6, QL
low-ogestrel tab, T2
loxapine cap 10mg, T2
loxapine cap 25mg, T2
loxapine cap 50mg, T2
loxapine cap 5mg, T2
LUBIPROSTONE CAP 24MCG, T4, QL
LUBIPROSTONE CAP 8MCG, T4, QL
LUMIGAN SOL 0.01%, T3, QL
LUPRON DEPOT INJ 11.25MG, T5, PA
LUPRON DEPOT INJ 22.5MG, T5, PA
LUPRON DEPOT INJ 3.75MG, T5, PA
LUPRON DEPOT INJ 30MG, T5, PA
LUPRON DEPOT INJ 45MG, T5, PA
LUPRON DEPOT INJ 7.5MG, T5, PA
lutera tab, T2
lyleq tab 0.35mg, T2
lyllana dis 0.025mg, T3
lyllana dis 0.0375mg, T3
lyllana dis 0.05mg, T3
lyllana dis 0.075mg, T3
lyllana dis 0.1mg, T3
LYNPARZA TAB 100MG, T5, PA, QL
LYNPARZA TAB 150MG, T5, PA, QL
LYSODREN TAB 500MG, T5
lyza tab 0.35mg, T2

M

magnesium su inj 50%, T4
malathion lot 0.5%, T3
MAPROTILINE TAB 25MG, T3, QL
MAPROTILINE TAB 50MG, T3, QL
MAPROTILINE TAB 75MG, T3, QL
marlissa tab 0.15/30, T2
MARPLAN TAB 10MG, T4
MATULANE CAP 50MG, T5, PA
matzim la tab 180mg/24, T3
matzim la tab 240mg/24, T3
matzim la tab 300mg/24, T3
matzim la tab 360mg/24, T3
matzim la tab 420mg/24, T3
meclizine tab 12.5mg, T2
meclizine tab 25mg, T2
medroxypr ac inj 150mg/ml, T2
medroxypr ac tab 10mg, T1
medroxypr ac tab 2.5mg, T1
medroxypr ac tab 5mg, T1

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MEFLOQUINE TAB 250MG, T2
megestrol ac sus 40mg/ml, T2
megestrol ac tab 20mg, T2
megestrol ac tab 40mg, T2
MEKINIST TAB 0.5MG, T5, PA, QL
MEKINIST TAB 2MG, T5, PA, QL
MEKTOVI TAB 15MG, T5, PA, QL
meloxicam tab 15mg, T1, QL
meloxicam tab 7.5mg, T1, QL
memant titra pak 5-10mg, T3, PA
memantine tab hcl 10mg, T2, PA
memantine tab hcl 5mg, T2, PA
memantine hc cap 14mg er, T4, PA
memantine hc cap 21mg er, T4, PA
memantine hc cap 28mg er, T4, PA
memantine hc cap 7mg er, T4, PA
memantine hc sol 2mg/ml, T4, PA
MENACTRA INJ, T3
MENEST TAB 0.3MG, T3
MENEST TAB 0.625MG, T3
MENEST TAB 1.25MG, T3
MENQUADFI INJ, T3
MENVEO INJ, T3
mercaptopur tab 50mg, T3
meropenem inj 1gm, T4
meropenem inj 500mg, T4
mesalamine cap 0.375gm, T4, QL
mesalamine cap 400mg dr, T4, QL
mesalamine ene 4gm, T4
mesalamine sup 1000mg, T4
mesalamine tab 1.2gm, T4, QL
mesalamine tab 800mg dr, T4, QL
MESNEX TAB 400MG, T5
metformin tab 1000mg, T6, QL
metformin tab 500mg, T6, QL
metformin tab 500mg er, T6, QL
metformin tab 750mg er, T6, QL
metformin tab 850mg, T6, QL
methadone tab 10mg, T2, QL
methadone tab 5mg, T2, QL
methazolamid tab 25mg, T4
methazolamid tab 50mg, T4
methenam hip tab 1gm, T3
methimazole tab 10mg, T1
methimazole tab 5mg, T1
methocarbam tab 500mg, T2
methocarbam tab 750mg, T2
methotrexate inj 25mg/ml, T4
methotrexate inj 50mg/2ml, T4
methotrexate tab 2.5mg, T2
METHOXSALEN CAP 10MG, T5
methscopolam tab 2.5mg, T2
methscopolam tab 5mg, T3
methylphenid tab 10mg, T2, QL
methylphenid tab 20mg, T2, QL
methylphenid tab 20mg er, T3, QL
methylphenid tab 5mg, T2, QL
methylpred tab 16mg, T2
methylpred tab 32mg, T3
methylpred tab 4mg, T2
methylpred tab 8mg, T2
METHYLTESTOS CAP 10MG, T5, PA
metoclopram sol 5mg/5ml, T2
metoclopram tab 10mg, T1
metoclopram tab 5mg, T1
metolazone tab 10mg, T2
metolazone tab 2.5mg, T2
metolazone tab 5mg, T2
metoprl/hctz tab 100-25mg, T2
metoprl/hctz tab 50-25mg, T2
metoprol suc tab 100mg er, T1
metoprol suc tab 200mg er, T1
metoprol suc tab 25mg er, T1
metoprol suc tab 50mg er, T1
metoprol tar tab 100mg, T1
metoprol tar tab 25mg, T1
metoprol tar tab 50mg, T1
metron/nacl inj 500mg, T4
metronidazol cap 375mg, T3
metronidazol cre 0.75%, T3
metronidazol gel 0.75%, T3
metronidazol gel 0.75%vag, T3
metronidazol gel 1%, T4
metronidazol lot 0.75%, T3
metronidazol tab 250mg, T2
metronidazol tab 500mg, T2
metyrosine cap 250mg, T5
mexiletine cap 150mg, T3
mexiletine cap 200mg, T3
mexiletine cap 250mg, T3
micafungin inj 100mg, T5
micafungin inj 50mg, T5
microgestin tab 1.5/30, T2
microgestin tab 1/20, T2
microgestin tab fe 1/20, T2
microgestin tab fe1.5/30, T2
midodrine tab 10mg, T2
midodrine tab 2.5mg, T2
midodrine tab 5mg, T2
MIGERGOT SUP 2/100, T5
miglustat cap 100mg, T5, PA, QL
mili tab 0.25/35, T2
mimvey tab 1-0.5mg, T3
minitran dis 0.1mg/hr, T2
minitran dis 0.2mg/hr, T2
minitran dis 0.4mg/hr, T2
minitran dis 0.6mg/hr, T2
minocycline cap 100mg, T2
minocycline cap 50mg, T2
minocycline cap 75mg, T2
minocycline tab 100mg, T3
minocycline tab 50mg, T3
minocycline tab 75mg, T3
minoxidil tab 10mg, T2
minoxidil tab 2.5mg, T2
mirtazapine tab 15mg, T1, QL
mirtazapine tab 15mg odt, T2, QL
mirtazapine tab 30mg, T1, QL
mirtazapine tab 30mg odt, T2, QL
mirtazapine tab 45mg, T2, QL
mirtazapine tab 45mg odt, T2, QL
mirtazapine tab 7.5mg, T2, QL
misoprostol tab 100mcg, T2

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misoprostol tab 200mcg, T2
M-M-R II INJ, T3
modafinil tab 100mg, T3, PA, QL
modafinil tab 200mg, T3, PA, QL
moexipril tab 15mg, T6
moexipril tab 7.5mg, T6
MOLINDONE TAB HCL 10MG, T3, PA
MOLINDONE TAB HCL 25MG, T3, PA
MOLINDONE TAB HCL 5MG, T3, PA
mometasone cre 0.1%, T2, QL
mometasone oin 0.1%, T2, QL
mometasone sol 0.1%, T2, QL
mometasone spr 50mcg, T4, QL
mondoxyne nl cap 100mg, T2
mondoxyne nl cap 75mg, T3
montelukast chw 4mg, T1
montelukast chw 5mg, T1
montelukast gra 4mg, T2
montelukast tab 10mg, T1
morphine sul sol 100/5ml, T3, QL
morphine sul sol 10mg/5ml, T3, QL
morphine sul sol 20mg/5ml, T3, QL
morphine sul tab 100mg er, T3, QL
MORPHINE SUL TAB 15MG, T3, QL
morphine sul tab 15mg er, T3, QL
morphine sul tab 200mg er, T3, QL
MORPHINE SUL TAB 30MG, T3, QL
morphine sul tab 30mg er, T3, QL
morphine sul tab 60mg er, T3, QL
MOVANTIK TAB 12.5MG, T3, PA
MOVANTIK TAB 25MG, T3, PA
MOXIFLOXACIN INJ 400/250, T4
moxifloxacin sol hcl 0.5%, T2
moxifloxacin tab 400mg, T3
MULTAQ TAB 400MG, T4
mupirocin oin 2%, T2, QL
MYALEPT INJ 11.3MG, T5, PA
mycophenolat cap 250mg, T2, PA
mycophenolat sus 200mg/ml, T5, PA
mycophenolat tab 500mg, T2, PA
mycophenolic tab 180mg dr, T4, PA
mycophenolic tab 360mg dr, T4, PA
myorisan cap 10mg, T4
myorisan cap 20mg, T4
myorisan cap 30mg, T4
myorisan cap 40mg, T4
MYRBETRIQ TAB 25MG, T3, QL
MYRBETRIQ TAB 50MG, T3, QL

N

nabumetone tab 500mg, T2, QL
nabumetone tab 750mg, T2, QL
nadolol tab 20mg, T2
nadolol tab 40mg, T2
nadolol tab 80mg, T2
nafcillin inj 10gm, T5
nafcillin inj 1gm, T4
nafcillin inj 2gm, T4
naloxone inj 0.4mg/ml, T2
NALOXONE INJ 0.4MG/ML (CARTRIDGE), T3
naloxone inj 1mg/ml, T2
naltrexone tab 50mg, T2
naproxen sus 125/5ml, T4, QL
naproxen tab 250mg, T1, QL
naproxen tab 375mg, T1, QL
naproxen tab 500mg, T1, QL
naproxen dr tab 375mg, T3, QL
naproxen dr tab 500mg, T3, QL
naproxen sod tab 275mg, T3, QL
naproxen sod tab 550mg, T3, QL
naratriptan tab 1mg, T2, QL
naratriptan tab 2.5mg, T3, QL
NARCAN SPR, T4
NATACYN SUS 5% OP, T4
nateglinide tab 120mg, T6, QL
nateglinide tab 60mg, T6, QL
NATPARA INJ 100MCG, T5, PA, QL
NATPARA INJ 25MCG, T5, PA, QL
NATPARA INJ 50MCG, T5, PA, QL
NATPARA INJ 75MCG, T5, PA, QL
NAYZILAM SPR 5MG, T4, QL
necon tab 0.5/35, T2
NEFAZODONE TAB 100MG, T3
NEFAZODONE TAB 150MG, T3
NEFAZODONE TAB 200MG, T3
NEFAZODONE TAB 250MG, T3
NEFAZODONE TAB 50MG, T3
neo/bac/poly oin op, T2
neo/poly/bac oin /hc 1%op, T2
neo/poly/dex oin 0.1% op, T2
neo/poly/dex sus 0.1% op, T2
NEO/POLY/GRA SOL OP, T2
neo/poly/hc sol 1% otic, T3
neo/poly/hc sus 1% otic, T3
neomycin tab 500mg, T2
NERLYNX TAB 40MG, T5, PA, QL
nevirapine sus 50mg/5ml, T4, QL
NEVIRAPINE TAB 100MG, T3, QL
nevirapine tab 200mg, T2, QL
nevirapine tab 400mg er, T3, QL
NEXAVAR TAB 200MG, T5, PA, QL
NEXIUM GRA 2.5MG DR, T4, QL
NEXIUM GRA 5MG DR, T4, QL
niacin er tab 1000mg, T2, QL
niacin er tab 500mg, T2, QL
niacin er tab 750mg, T2, QL
nicardipine cap 20mg, T2
nicardipine cap 30mg, T3
NICOTROL INH, T4
NICOTROL NS SPR 10MG/ML, T4
nifedipine cap 10mg, T2
nifedipine cap 20mg, T2
nifedipine tab 30mg er, T2

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nifedipine tab 60mg er, T2
nifedipine tab 90mg er, T2
nikki tab 3-0.02mg, T2
nilutamide tab 150mg, T5
nimodipine cap 30mg, T4
NINLARO CAP 2.3MG, T5, PA, QL
NINLARO CAP 3MG, T5, PA, QL
NINLARO CAP 4MG, T5, PA, QL
nisoldipine tab 17mg er, T3
NISOLDIPINE TAB 25.5MG, T3
nisoldipine tab 34mg er, T3
nisoldipine tab 8.5mg er, T3
nitazoxanide tab 500mg, T5, QL
nitisinone cap 10mg, T5
nitisinone cap 2mg, T5
nitisinone cap 5mg, T5
NITRO-BID OIN 2%, T2
nitrofur mac cap 100mg, T3
nitrofur mac cap 50mg, T3
nitrofurantn cap 100mg, T3
nitrofurantn sus 25mg/5ml, T5
nitroglycer dis 0.1mg/hr, T2
nitroglycer dis 0.2mg/hr, T2
nitroglycer dis 0.4mg/hr, T2
nitroglycer dis 0.6mg/hr, T2
nitroglyceri sub 0.6mg, T2
nitroglycern sub 0.3mg, T2
nitroglycern sub 0.4mg, T2
nitroglycrn spr 0.4mg, T3
NIVESTYM INJ 300/0.5, T5, PA
NIVESTYM INJ 300MCG, T5, PA
NIVESTYM INJ 480/0.8, T5, PA
NIVESTYM INJ 480MCG, T5, PA
NIZATIDINE CAP 150MG, T2
NIZATIDINE CAP 300MG, T2
nora-be tab 0.35mg, T2
nore/eth/fer chw 0.4mg-35, T2
noreth/ethin chw fe, T2
noreth/ethin tab 1/20, T2
norethin ace tab 5mg, T2
norethindron tab 0.35mg, T2
norgest/ethi tab 0.25/35, T2
norgest/ethi tab estradio, T2
nortrel tab 0.5/35, T2
nortrel tab 1/35, T2
nortrel tab 7/7/7, T2
nortriptylin cap 10mg, T1
nortriptylin cap 25mg, T1
nortriptylin cap 50mg, T1
nortriptylin cap 75mg, T2
NORTRIPTYLIN SOL 10MG/5ML, T2
NORVIR POW 100MG, T4, QL
NORVIR SOL 80MG/ML, T4, QL
NOXAFIL SUS 40MG/ML, T5, PA
NUBEQA TAB 300MG, T5, PA, QL
NUCYNTA ER TAB 100MG, T3, PA, QL
NUCYNTA ER TAB 150MG, T3, PA, QL
NUCYNTA ER TAB 200MG, T3, PA, QL
NUCYNTA ER TAB 250MG, T3, PA, QL
NUCYNTA ER TAB 50MG, T3, PA, QL
NUEDEXTA CAP 20-10MG, T3, PA, QL
NUPLAZID CAP 34MG, T5, PA, QL
NUPLAZID TAB 10MG, T5, PA, QL

NURTEC TAB 75MG ODT, T3, PA, QL
NUTRILIPID EMU 20%, T4, PA
nyamyc pow 100000, T3
nylia tab 7/7/7, T2
nymyo tab 0.25-35, T2
nystat/triam cre, T4
nystat/triam oin, T4
nystatin cre 100000, T2
nystatin oin 100000, T2
nystatin pow 100000, T3
nystatin sus 100000, T2
nystatin tab 500000, T2
nystop pow 100000, T3

O

OCALIVA TAB 10MG, T5, PA, QL
OCALIVA TAB 5MG, T5, PA, QL
ocella tab 3-0.03mg, T2
octreotide inj 1000mcg, T5, PA
octreotide inj 100mcg, T4, PA
octreotide inj 200mcg, T4, PA
octreotide inj 500mcg, T5, PA
octreotide inj 50mcg/ml, T4, PA
ODEFSEY TAB, T5, QL
ODOMZO CAP 200MG, T5, PA, QL
OFEV CAP 100MG, T5, PA, QL
OFEV CAP 150MG, T5, PA, QL
ofloxacin dro 0.3% op, T2
ofloxacin dro 0.3%otic, T3
ofloxacin tab 400mg, T2
olanzapine inj 10mg, T4, PA, QL
olanzapine tab 10mg, T2, QL
olanzapine tab 10mg odt, T3, QL
olanzapine tab 15mg, T2, QL
olanzapine tab 15mg odt, T3, QL
olanzapine tab 2.5mg, T2, QL
olanzapine tab 20mg, T2, QL
olanzapine tab 20mg odt, T3, QL
olanzapine tab 5mg, T2, QL
olanzapine tab 5mg odt, T3, QL
olanzapine tab 7.5mg, T2, QL
olm med/amlo tab /hctz, T6, QL
olm med/hctz tab 20-12.5, T6, QL
olm med/hctz tab 40-12.5, T6, QL
olm med/hctz tab 40-25mg, T6, QL
olmesa medox tab 20mg, T6, QL
olmesa medox tab 40mg, T6, QL
olmesa medox tab 5mg, T6, QL
olopatadine dro 0.1%, T2
olopatadine sol 0.2%, T3
olopatadine spr 0.6%, T3, QL
omega-3-acid cap 1gm, T2
omeprazole cap 10mg, T1, QL
omeprazole cap 20mg, T1, QL
omeprazole cap 40mg, T1, QL
OMNITROPE INJ 10/1.5ML, T5, PA
OMNITROPE INJ 5.8MG, T5, PA

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OMNITROPE INJ 5/1.5ML, T5, PA
ondansetron sol 4mg/5ml, T3, PA
ONDANSETRON TAB 24MG, T3, PA
ondansetron tab 4mg, T3, PA
ondansetron tab 4mg odt, T2, PA
ondansetron tab 8mg, T3, PA
ondansetron tab 8mg odt, T2, PA
ONUREG TAB 200MG, T5, PA, QL
ONUREG TAB 300MG, T5, PA, QL
OPSUMIT TAB 10MG, T5, PA, QL
ORACEA CAP 40MG, T4
ORALAIR SUB 300 IR, T4, PA, QL
ORENCIA INJ 125MG/ML, T5, PA
ORENCIA INJ 50/0.4ML, T5, PA
ORENCIA INJ 87.5/0.7, T5, PA
ORENCIA CLCK INJ 125MG/ML, T5, PA
ORFADIN CAP 20MG, T5
ORFADIN SUS 4MG/ML, T5
ORGOVYX TAB 120MG, T5, PA, QL
ORKAMBI GRA 100-125, T5, PA, QL
ORKAMBI GRA 150-188, T5, PA, QL
ORKAMBI TAB 100-125, T5, PA, QL
ORKAMBI TAB 200-125, T5, PA, QL
orsythia tab, T2
oseltamivir cap 30mg, T3, QL
oseltamivir cap 45mg, T3, QL
oseltamivir cap 75mg, T3, QL
oseltamivir sus 6mg/ml, T3, QL
OTEZLA TAB 10/20/30, T5, PA
OTEZLA TAB 30MG, T5, PA
oxandrolone tab 10mg, T4, PA
oxandrolone tab 2.5mg, T3, PA
oxaprozin tab 600mg, T3, QL
oxcarbazepin sus 300mg/5m, T3
oxcarbazepin tab 150mg, T2
oxcarbazepin tab 300mg, T2
oxcarbazepin tab 600mg, T2
oxybutynin syp 5mg/5ml, T2, QL
oxybutynin tab 10mg er, T2, QL
oxybutynin tab 15mg er, T2, QL
oxybutynin tab 5mg, T2, QL
oxybutynin tab 5mg er, T2, QL
oxycod/apap tab 10-325mg, T3, QL
oxycod/apap tab 2.5-325, T3, QL
oxycod/apap tab 5-325mg, T2, QL
oxycod/apap tab 7.5-325, T2, QL
OXYCOD/ASA TAB, T3, QL
oxycodone tab 10mg, T2, QL
oxycodone tab 15mg, T2, QL
oxycodone tab 20mg, T2, QL
oxycodone tab 30mg, T2, QL
oxycodone tab 5mg, T2, QL
OZEMPIC INJ 2/1.5ML, T3, QL, ST
OZEMPIC INJ 4MG/3ML, T3, QL, ST

P

pacerone tab 100mg, T4
pacerone tab 200mg, T1
pacerone tab 400mg, T4
paliperidone tab er 1.5mg, T4, PA, QL
paliperidone tab er 3mg, T4, PA, QL
paliperidone tab er 6mg, T4, PA, QL
paliperidone tab er 9mg, T4, PA, QL
PALYNZIQ INJ 10/0.5ML, T5, PA
PALYNZIQ INJ 2.5/0.5, T5, PA
PALYNZIQ INJ 20MG/ML, T5, PA
pantoprazole tab 20mg, T1, QL
pantoprazole tab 40mg, T1, QL
paricalcitol cap 1 mcg, T3
paricalcitol cap 2 mcg, T3
paricalcitol cap 4 mcg, T3
paromomycin cap 250mg, T3
paroxetin er tab 12.5mg, T4, QL
paroxetin er tab 37.5mg, T4, QL
paroxetine cap 7.5mg, T4, QL
paroxetine tab 10mg, T1, QL
paroxetine tab 20mg, T1, QL
paroxetine tab 25mg er, T4, QL
paroxetine tab 30mg, T1, QL
paroxetine tab 40mg, T1, QL
PASER GRA 4GM, T3
PAXIL SUS 10MG/5ML, T4, PA, QL
PEDIARIX INJ 0.5ML, T3
PEDVAX HIB INJ, T3
peg/nasul/c/ sol nacl/pot, T3
peg-3350 sol electrol, T2
peg-3350/kcl sol /sodium, T2
PEGASYS INJ, T5, PA
PEGASYS INJ 180MCG/M, T5, PA
PEMAZYRE TAB 13.5MG, T5, PA, QL
PEMAZYRE TAB 4.5MG, T5, PA, QL
PEMAZYRE TAB 9MG, T5, PA, QL
PEN G SODIUM INJ 5000000, T4
PEN GK/DEXTR INJ 40000/ML, T4
PEN GK/DEXTR INJ 60000/ML, T4
penicillamin tab 250mg, T5
penicilln gk inj 20mu, T4
PENICILLN VK SOL 125/5ML, T2
PENICILLN VK SOL 250/5ML, T2
penicilln vk tab 250mg, T1
penicilln vk tab 500mg, T1
pentamidine inh 300mg, T4, PA
pentamidine inj 300mg, T4
PENTASA CAP 250MG CR, T5, QL
PENTASA CAP 500MG CR, T5, QL
pentoxifylli tab 400mg er, T2
perindopril tab 2mg, T6
perindopril tab 4mg, T6
perindopril tab 8mg, T6

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periogard sol 0.12%, T1
permethrin cre 5%, T3
perphenazine tab 16mg, T3
perphenazine tab 2mg, T3
perphenazine tab 4mg, T3
perphenazine tab 8mg, T3
PERSERIS INJ 120MG, T5, QL
PERSERIS INJ 90MG, T5, QL
phenelzine tab 15mg, T2
phenobarb elx 20mg/5ml, T2
phenobarb tab 100mg, T2
phenobarb tab 15mg, T2
phenobarb tab 16.2mg, T2
phenobarb tab 30mg, T2
phenobarb tab 32.4mg, T2
phenobarb tab 60mg, T2
phenobarb tab 64.8mg, T2
phenobarb tab 97.2mg, T2
phenoxybenza cap 10mg, T5
phenylbutyra pow sodium, T5, PA
phenytoin chw 50mg, T2
phenytoin sus 125/5ml, T2
phenytoin ex cap 100mg, T2
phenytoin ex cap 200mg, T2
phenytoin ex cap 300mg, T2
PHOSLYRA SOL, T3
PHOSPHOLINE SOL 0.125%OP, T4
PICATO GEL 0.015%, T3, QL
PICATO GEL 0.05%, T3, QL
PIFELTRO TAB 100MG, T5, QL
pilocarpine sol 1% op, T2
pilocarpine sol 2% op, T2
pilocarpine sol 4% op, T2
pilocarpine tab 5mg, T3
pilocarpine tab 7.5mg, T3
pimecrolimus cre 1%, T4, PA
PIMOZIDE TAB 1MG, T2
PIMOZIDE TAB 2MG, T2
pimtrea tab, T2
pindolol tab 10mg, T2
pindolol tab 5mg, T2
pioglit/glim tab 30-2mg, T6, QL
pioglit/glim tab 30-4mg, T6, QL
pioglita/met tab 15-500mg, T6, QL
pioglita/met tab 15-850mg, T6, QL
pioglitazone tab 15mg, T6, QL
pioglitazone tab 30mg, T6, QL
pioglitazone tab 45mg, T6, QL
piper/tazoba inj 2-0.25gm, T4
piper/tazoba inj 3-0.375g, T4
piper/tazoba inj 4-0.5gm, T4
PIQRAY 200MG TAB DOSE, T5, PA, QL
PIQRAY 250MG TAB DOSE, T5, PA, QL
PIQRAY 300MG TAB DOSE, T5, PA, QL
pirmella tab 1/35, T2
piroxicam cap 10mg, T3, QL
piroxicam cap 20mg, T3, QL
PLEGRIDY INJ, T5, PA, QL
PLEGRIDY INJ PEN, T5, PA, QL
podofilox sol 0.5%, T3
polymyxin b/ sol trimethp, T1
POMALYST CAP 1MG, T5, PA, QL
POMALYST CAP 2MG, T5, PA, QL
POMALYST CAP 3MG, T5, PA, QL
POMALYST CAP 4MG, T5, PA, QL
portia-28 tab, T2
posaconazole tab 100mg dr, T5, PA
pot chl/d5w inj 20meq/l, T4
POT CHL/NACL INJ 20MEQ/L, T4
POT CHL/NACL INJ 40MEQ/L, T4
pot chloride cap 10meq er, T2
pot chloride cap 8meq er, T2
pot chloride inj 2meq/ml, T4
pot chloride pow 20meq, T4
pot chloride sol 10%, T4
pot chloride tab 10meq er, T2
pot chloride tab 20meq er, T2
pot chloride tab 8meq er, T2
pot citra er tab 1080mg, T3
pot citra er tab 1620mg, T3
pot citra er tab 540mg, T3
pot cl micro tab 10meq er, T2
pot cl micro tab 20meq er, T2
PRADAXA CAP 110MG, T4, QL
PRADAXA CAP 150MG, T4, QL
PRADAXA CAP 75MG, T4, QL
pramipexole tab 0.125mg, T1
pramipexole tab 0.25mg, T1
pramipexole tab 0.5mg, T1
pramipexole tab 0.75mg, T1
pramipexole tab 1.5mg, T1
pramipexole tab 1mg, T1
prasugrel tab 10mg, T2
prasugrel tab 5mg, T2
pravastatin tab 10mg, T6, QL
pravastatin tab 20mg, T6, QL
pravastatin tab 40mg, T6, QL
pravastatin tab 80mg, T6, QL
praziquantel tab 600mg, T4
prazosin hcl cap 1mg, T2
prazosin hcl cap 2mg, T2
prazosin hcl cap 5mg, T2
pred sod pho sol 5mg/5ml, T3
PREDNICARBAT CRE 0.1%, T3, QL
PREDNICARBAT OIN 0.1%, T2, QL
PREDNISOLONE SOL 15MG/5ML, T2
PREDNISOLONE SUS 1% OP, T3
prednisone pak 10mg, T1
prednisone pak 5mg, T1
PREDNISONE SOL 5MG/5ML, T2
prednisone tab 10mg, T1
prednisone tab 1mg, T1
prednisone tab 2.5mg, T1
prednisone tab 20mg, T1
prednisone tab 50mg, T1
prednisone tab 5mg, T1
pregabalin cap 100mg, T2, QL
pregabalin cap 150mg, T2, QL
pregabalin cap 200mg, T2, QL
pregabalin cap 225mg, T2, QL
pregabalin cap 25mg, T2, QL

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pregabalin cap 300mg, T2, QL
pregabalin cap 50mg, T2, QL
pregabalin cap 75mg, T2, QL
pregabalin sol 20mg/ml, T3, QL
PREMARIN TAB 0.3MG, T3
PREMARIN TAB 0.45MG, T3
PREMARIN TAB 0.625MG, T3
PREMARIN TAB 0.9MG, T3
PREMARIN TAB 1.25MG, T3
PREMARIN VAG CRE 0.625MG, T3
PREMPHASE TAB, T3
PREMPRO TAB, T3
PREMPRO TAB 0.3-1.5, T3
PREMPRO TAB 0.45-1.5, T3
PREMPRO TAB 0.625-5, T3
prevalite pow 4gm pk, T2
previfem tab, T2
PREVYMIS TAB 240MG, T5, QL
PREVYMIS TAB 480MG, T5, QL
PREZCOBIX TAB 800-150, T5, QL
PREZISTA SUS 100MG/ML, T5, QL
PREZISTA TAB 150MG, T4, QL
PREZISTA TAB 600MG, T5, QL
PREZISTA TAB 75MG, T4, QL
PREZISTA TAB 800MG, T5, QL
PRIFTIN TAB 150MG, T4
PRIMAQUINE TAB 26.3MG, T3
primidone tab 250mg, T2
primidone tab 50mg, T2
proben/colch tab 500-0.5, T2
probenecid tab 500mg, T2
prochlorper sup 25mg, T3
prochlorper tab 10mg, T2
prochlorper tab 5mg, T2
PROCRIT INJ 10000/ML, T4, PA
PROCRIT INJ 2000/ML, T4, PA
PROCRIT INJ 20000/ML, T5, PA
PROCRIT INJ 3000/ML, T4, PA
PROCRIT INJ 4000/ML, T4, PA
PROCRIT INJ 40000/ML, T5, PA
procto-med cre hc 2.5%, T2, QL
procto-pak cre 1%, T2, QL
proctosol hc cre 2.5%, T2, QL
proctozone cre -hc 2.5%, T2, QL
progesterone cap 100mg, T2
progesterone cap 200mg, T2
PROGRAF GRA 0.2MG, T4, PA
PROGRAF GRA 1MG, T4, PA
PROLASTIN-C INJ 1000MG, T5, PA
PROLENSA SOL 0.07%, T4
PROLIA SOL 60MG/ML, T4, PA
PROMACTA PAK 25MG, T5, PA
PROMACTA POW 12.5MG, T5, PA
PROMACTA TAB 12.5MG, T5, PA
PROMACTA TAB 25MG, T5, PA
PROMACTA TAB 50MG, T5, PA
PROMACTA TAB 75MG, T5, PA
promethazine sup 12.5mg, T4
promethazine sup 25mg, T4
promethazine syp 6.25/5ml, T2
promethazine tab 12.5mg, T2
promethazine tab 25mg, T2
promethazine tab 50mg, T2
promethegan sup 25mg, T4
propafenone cap 225mg er, T4
propafenone cap 325mg er, T4
propafenone cap 425mg er, T4
propafenone tab 150mg, T2
propafenone tab 225mg, T2
propafenone tab 300mg, T2
propranolol cap 120mg er, T2
propranolol cap 160mg er, T2
propranolol cap 60mg er, T2
propranolol cap 80mg er, T2
propranolol tab 10mg, T2
propranolol tab 20mg, T2
propranolol tab 40mg, T2
propranolol tab 60mg, T2
propranolol tab 80mg, T2
propylthiour tab 50mg, T2
PROQUAD INJ, T3
protriptylin tab 10mg, T3, PA
protriptylin tab 5mg, T3, PA
PULMOZYME SOL 1MG/ML, T5, PA
PURIXAN SUS 20MG/ML, T5
PYLERA CAP, T5
pyrazinamide tab 500mg, T3
pyridostigm tab 60mg, T2
pyridostigmi sol 60mg/5ml, T5
pyridostigmi tab er 180mg, T4
pyrimethamin tab 25mg, T5, PA

Q

QINLOCK TAB 50MG, T5, PA, QL
qnapril/hctz tab 10-12.5, T6
qnapril/hctz tab 20-12.5, T6
qnapril/hctz tab 20-25mg, T6
QUADRACEL INJ, T3
quetiapine tab 100mg, T1, QL
quetiapine tab 150mg er, T2, QL
quetiapine tab 200mg, T1, QL
quetiapine tab 200mg er, T2, QL
quetiapine tab 25mg, T1, QL
quetiapine tab 300mg, T1, QL
quetiapine tab 300mg er, T2, QL
quetiapine tab 400mg, T1, QL
quetiapine tab 400mg er, T2, QL
quetiapine tab 50mg, T1, QL
quetiapine tab 50mg er, T2, QL
quinapril tab 10mg, T6
quinapril tab 20mg, T6
quinapril tab 40mg, T6
quinapril tab 5mg, T6
quinidine gl tab 324mg cr, T4
QUINIDINE SU TAB 200MG, T2
QUINIDINE SU TAB 300MG, T2
QVAR REDIHA AER 80MCG, T3, QL
QVAR REDIHAL AER 40MCG, T3, QL

R

RABAVERT INJ, T3, PA
rabeprazole tab 20mg, T2, QL
raloxifene tab 60mg, T2
ramelteon tab 8mg, T4, QL
ramipril cap 1.25mg, T6
ramipril cap 10mg, T6
ramipril cap 2.5mg, T6
ramipril cap 5mg, T6

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ranolazine tab 1000mg, T3, QL
ranolazine tab 500mg er, T3, QL
rasagiline tab 0.5mg, T4
rasagiline tab 1mg, T4
REBIF INJ 22/0.5, T5, PA, QL
REBIF INJ 44/0.5, T5, PA, QL
REBIF REBIDO INJ 22/0.5, T5, PA, QL
REBIF REBIDO INJ 44/0.5, T5, PA, QL
REBIF REBIDO INJ TITRATN, T5, PA, QL
REBIF TITRTN INJ PACK, T5, PA, QL
reclipsen tab, T2
RECOMBIVA HB INJ 10MCG/ML, T3, PA
RECOMBIVA HB INJ 5MCG/0.5, T3, PA
RECOMBIVA-HB INJ 40MCG/ML, T3, PA
RECTIV OIN 0.4%, T4
REGRANEX GEL 0.01%, T5, PA, QL
RELENZA MIS DISKHALE, T4, QL
RELISTOR INJ 12/0.6ML, T5, PA
RELISTOR INJ 8/0.4ML, T5, PA
RELISTOR TAB 150MG, T5, PA
repaglinide tab 0.5mg, T6, QL
repaglinide tab 1mg, T6, QL
repaglinide tab 2mg, T6, QL
REPATHA INJ 140MG/ML, T3, PA, QL
REPATHA PUSH INJ 420/3.5, T3, PA, QL
REPATHA SURE INJ 140MG/ML, T3, PA, QL
RESTASIS EMU 0.05%, T3, PA, QL
RETACRIT INJ 10000UNT, T4, PA
RETACRIT INJ 20000UNI, T4, PA
RETACRIT INJ 2000UNIT, T4, PA
RETACRIT INJ 3000UNIT, T4, PA
RETACRIT INJ 40000UNT, T4, PA
RETACRIT INJ 4000UNIT, T4, PA
RETEVMO CAP 40MG, T5, PA, QL
RETEVMO CAP 80MG, T5, PA, QL
REVLIMID CAP 10MG, T5, PA, QL
REVLIMID CAP 15MG, T5, PA, QL
REVLIMID CAP 2.5MG, T5, PA, QL
REVLIMID CAP 20MG, T5, PA, QL
REVLIMID CAP 25MG, T5, PA, QL
REVLIMID CAP 5MG, T5, PA, QL
REXULTI TAB 0.25MG, T5, PA, QL
REXULTI TAB 0.5MG, T5, PA, QL
REXULTI TAB 1MG, T5, PA, QL
REXULTI TAB 2MG, T5, PA, QL
REXULTI TAB 3MG, T5, PA, QL
REXULTI TAB 4MG, T5, PA, QL
REYATAZ POW 50MG, T5, QL
RHOPRESSA SOL 0.02%, T3, PA
ribavirin cap 200mg, T2
ribavirin tab 200mg, T2
RIDAURA CAP 3MG, T5
rifabutin cap 150mg, T4
rifampin cap 150mg, T2
rifampin cap 300mg, T2
rifampin inj 600 mg, T4
riluzole tab 50mg, T3
RINVOQ TAB 15MG ER, T5, PA
risedron sod tab 35mg dr, T3, QL
risedronate tab 150mg, T2, QL
risedronate tab 30mg, T3, QL
risedronate tab 35mg, T2, QL
risedronate tab 5mg, T3, QL
RISPERDAL INJ 12.5MG, T4, QL
RISPERDAL INJ 25MG, T5, QL
RISPERDAL INJ 37.5MG, T5, QL
RISPERDAL INJ 50MG, T5, QL
risperidone sol 1mg/ml, T3, QL
RISPERIDONE TAB 0.25 ODT, T3, QL
risperidone tab 0.25mg, T1, QL
risperidone tab 0.5mg, T1, QL
risperidone tab 0.5mg od, T3, QL
risperidone tab 1mg, T1, QL
risperidone tab 1mg odt, T3, QL
risperidone tab 2mg, T1, QL
risperidone tab 2mg odt, T3, QL
risperidone tab 3mg, T1, QL
risperidone tab 3mg odt, T3, QL
risperidone tab 4mg, T1, QL
risperidone tab 4mg odt, T3, QL
ritonavir tab 100mg, T3, QL
rivastigmine cap 1.5mg, T3
rivastigmine cap 3mg, T3
rivastigmine cap 4.5mg, T3
rivastigmine cap 6mg, T3
rivastigmine dis 13.3/24, T4
rivastigmine dis 4.6mg/24, T4
rivastigmine dis 9.5mg/24, T4
rizatriptan tab 10mg, T2, QL
rizatriptan tab 10mg odt, T2, QL
rizatriptan tab 5mg, T2, QL
rizatriptan tab 5mg odt, T2, QL
ropinirole tab 0.25mg, T2
ropinirole tab 0.5mg, T2
ropinirole tab 1mg, T2
ropinirole tab 2mg, T2
ropinirole tab 3mg, T2
ropinirole tab 4mg, T2
ropinirole tab 5mg, T2
rosuvastatin tab 10mg, T6, QL
rosuvastatin tab 20mg, T6, QL
rosuvastatin tab 40mg, T6, QL
rosuvastatin tab 5mg, T6, QL
ROTARIX SUS, T3
ROTATEQ SOL, T3
roweepra tab 500mg, T2
ROZLYTREK CAP 100MG, T5, PA, QL
ROZLYTREK CAP 200MG, T5, PA, QL
RUBRACA TAB 200MG, T5, PA, QL
RUBRACA TAB 250MG, T5, PA, QL
RUBRACA TAB 300MG, T5, PA, QL

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rufinamide sus 40mg/ml, T5
RUKOBIA TAB 600MG ER, T5, QL
RYBELSUS TAB 14MG, T3, QL, ST
RYBELSUS TAB 3MG, T3, QL, ST
RYBELSUS TAB 7MG, T3, QL, ST
RYDAPT CAP 25MG, T5, PA, QL

S

SAMSCA TAB 15MG, T5, PA
SANDIMMUNE SOL 100MG/ML, T4, PA
SANTYL OIN 250/GM, T3, QL
sapropterin pow 100mg, T5, PA
sapropterin pow 500mg, T5, PA
sapropterin tab 100mg, T5, PA
scopolamine dis 1mg/3day, T3
SECUADO DIS 3.8MG, T5, PA, QL
SECUADO DIS 5.7MG, T5, PA, QL
SECUADO DIS 7.6MG, T5, PA, QL
selegiline cap 5mg, T3
SELEGILINE TAB 5MG, T3
selenium sul lot 2.5%, T2
SELZENTRY SOL 20MG/ML, T5, QL
SELZENTRY TAB 150MG, T5, QL
SELZENTRY TAB 25MG, T4, QL
SELZENTRY TAB 300MG, T5, QL
SELZENTRY TAB 75MG, T5, QL
SEREVENT DIS AER 50MCG, T3, QL
sertraline con 20mg/ml, T2, QL
sertraline tab 100mg, T1, QL
sertraline tab 25mg, T1, QL
sertraline tab 50mg, T1, QL
setlakin tab, T2
sevelamer pow 0.8gm, T5, QL
sevelamer pow 2.4gm, T5, QL
sevelamer tab 800mg, T4, QL
sharobel tab 0.35mg, T2
SHINGRIX INJ 50/0.5ML, T3, QL
SIGNIFOR INJ 0.3MG/ML, T5, PA
SIGNIFOR INJ 0.6MG/ML, T5, PA
SIGNIFOR INJ 0.9MG/ML, T5, PA
sildenafil tab 20mg, T3, PA, QL
silodosin cap 4mg, T3, QL
silodosin cap 8mg, T3, QL
silver sulfa cre 1%, T2
SIMBRINZA SUS 1-0.2%, T3
simvastatin tab 10mg, T6, QL
simvastatin tab 20mg, T6, QL
simvastatin tab 40mg, T6, QL
simvastatin tab 5mg, T6, QL
simvastatin tab 80mg, T6, QL
sirolimus sol 1mg/ml, T5, PA
sirolimus tab 0.5mg, T3, PA
sirolimus tab 1mg, T3, PA
sirolimus tab 2mg, T5, PA
SIRTURO TAB 100MG, T5
SIRTURO TAB 20MG, T5
SIVEXTRO INJ 200MG, T5
SIVEXTRO TAB 200MG, T5, PA
smz/tmp ds tab 800-160, T1
smz-tmp sus 200-40/5, T3
smz-tmp tab 400-80mg, T1
sod chloride inj 0.45%, T4
sod chloride inj 0.9%, T4
sod poly sul pow, T2
sodium chlor sol 0.9% irr, T4
sodium pheny tab 500mg, T5, PA
solifenacin tab 10mg, T2, QL
solifenacin tab 5mg, T2, QL
SOLTAMOX SOL 10MG/5ML, T5
SOMAVERT INJ 10MG, T5, PA
SOMAVERT INJ 15MG, T5, PA
SOMAVERT INJ 20MG, T5, PA
SOMAVERT INJ 25MG, T5, PA
SOMAVERT INJ 30MG, T5, PA
sorine tab 120mg, T2
sorine tab 160mg, T2
sorine tab 240mg, T2
sorine tab 80mg, T2
sotalol af tab 120mg, T2
sotalol af tab 160mg, T2
sotalol af tab 80mg, T2
sotalol hcl tab 120mg, T2
sotalol hcl tab 160mg, T2
sotalol hcl tab 240mg, T2
sotalol hcl tab 80mg, T2
SOVALDI PAK 150MG, T5, PA
SOVALDI PAK 200MG, T5, PA
SOVALDI TAB 400MG, T5, PA
SPIRIVA AER 1.25MCG, T3, QL
SPIRIVA CAP HANDIHLR, T3, QL
SPIRIVA SPR 2.5MCG, T3, QL
spirono/hctz tab 25/25, T2
spironolact tab 100mg, T1
spironolact tab 25mg, T1
spironolact tab 50mg, T1
sprintec 28 tab 28 day, T2
SPRITAM TAB 1000MG, T4
SPRITAM TAB 250MG, T4
SPRITAM TAB 500MG, T4
SPRITAM TAB 750MG, T4
SPRYCEL TAB 100MG, T5, PA, QL
SPRYCEL TAB 140MG, T5, PA, QL
SPRYCEL TAB 20MG, T5, PA, QL
SPRYCEL TAB 50MG, T5, PA, QL
SPRYCEL TAB 70MG, T5, PA, QL
SPRYCEL TAB 80MG, T5, PA, QL
SPS SUS 15GM/60, T2
sronyx tab, T2
ssd cre 1%, T2
STELARA INJ 45MG/0.5, T5, PA
STELARA INJ 90MG/ML, T5, PA
STIOLTO AER 2.5-2.5, T3, QL
STIVARGA TAB 40MG, T5, PA, QL
STREPTOMYCIN INJ 1GM, T4
STRIBILD TAB, T5, QL
sucralfate tab 1gm, T2
SULF/PRED NA SOL OP, T2
sulfacet sod sol 10% op, T2
sulfacetamid lot 10%, T3
SULFADIAZINE TAB 500MG, T3
sulfasalazin tab 500mg, T2
sulfasalazin tab 500mg dr, T2
sulindac tab 150mg, T2, QL
sulindac tab 200mg, T2, QL
sumatriptan inj 4mg/0.5, T4, QL
sumatriptan inj 6mg/0.5, T4, QL

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sumatriptan spr 20mg/act, T4, QL
sumatriptan spr 5mg/act, T4, QL
sumatriptan tab 100mg, T2, QL
sumatriptan tab 25mg, T2, QL
sumatriptan tab 50mg, T2, QL
SUPRAX CHW 100MG, T3
SUPRAX CHW 200MG, T3
SUPREP BOWEL SOL PREP KIT, T4
SUTENT CAP 12.5MG, T5, PA, QL
SUTENT CAP 25MG, T5, PA, QL
SUTENT CAP 37.5MG, T5, PA, QL
SUTENT CAP 50MG, T5, PA, QL
syeda tab 3-0.03mg, T2
SYMBICORT AER 160-4.5, T3, QL
SYMBICORT AER 80-4.5, T3, QL
SYMDEKO TAB 100-150, T5, PA, QL
SYMDEKO TAB 50-75MG, T5, PA, QL
SYMLINPEN 60 INJ 1000MCG, T5
SYMLNPEN 120 INJ 1000MCG, T5
SYMPAZAN MIS 10MG, T5, PA, QL
SYMPAZAN MIS 20MG, T5, PA, QL
SYMPAZAN MIS 5MG, T5, PA, QL
SYMTUZA TAB, T5, QL
SYNAREL SOL 2MG/ML, T5
SYNJARDY TAB, T3, QL
SYNJARDY TAB 12.5-500, T3, QL
SYNJARDY TAB 5-1000MG, T3, QL
SYNJARDY TAB 5-500MG, T3, QL
SYNJARDY XR TAB, T3, QL
SYNJARDY XR TAB 10-1000, T3, QL
SYNJARDY XR TAB 25-1000, T3, QL
SYNJARDY XR TAB 5-1000MG, T3, QL
SYNRIBO INJ 3.5MG, T5, PA
SYNTHROID TAB 100MCG, T3
SYNTHROID TAB 112MCG, T3
SYNTHROID TAB 125MCG, T3
SYNTHROID TAB 137MCG, T3
SYNTHROID TAB 150MCG, T3
SYNTHROID TAB 175MCG, T3
SYNTHROID TAB 200MCG, T3
SYNTHROID TAB 25MCG, T3
SYNTHROID TAB 300MCG, T3
SYNTHROID TAB 50MCG, T3
SYNTHROID TAB 75MCG, T3
SYNTHROID TAB 88MCG, T3

T

TABLOID TAB 40MG, T4
TABRECTA TAB 150MG, T5, PA, QL
TABRECTA TAB 200MG, T5, PA, QL
tacrolimus cap 0.5mg, T3, PA
tacrolimus cap 1mg, T3, PA
tacrolimus cap 5mg, T3, PA
tacrolimus oin 0.03%, T4, PA
tacrolimus oin 0.1%, T4, PA
tadalafil tab 20mg, T5, PA, QL
TAFINLAR CAP 50MG, T5, PA, QL
TAFINLAR CAP 75MG, T5, PA, QL
TAGRISSO TAB 40MG, T5, PA, QL
TAGRISSO TAB 80MG, T5, PA, QL
TALZENNA CAP 0.25MG, T5, PA, QL
TALZENNA CAP 1MG, T5, PA, QL
tamoxifen tab 10mg, T2
tamoxifen tab 20mg, T2
tamsulosin cap 0.4mg, T1, QL
TARGRETIN GEL 1%, T5, PA
tarina 24 fe tab, T2
tarina fe tab 1/20 eq, T2
TASIGNA CAP 150MG, T5, PA, QL
TASIGNA CAP 200MG, T5, PA, QL
TASIGNA CAP 50MG, T5, PA, QL
tazarotene cre 0.1%, T4, PA
tazicef inj 1gm, T4
tazicef inj 2gm, T4
tazicef inj 6gm, T4
TAZORAC CRE 0.05%, T4, PA
TAZORAC GEL 0.05%, T4, PA
TAZORAC GEL 0.1%, T4, PA
taztia xt cap 120mg/24, T2
taztia xt cap 180mg/24, T2
taztia xt cap 240mg/24, T2
taztia xt cap 300mg er, T2
taztia xt cap 360mg/24, T2
TAZVERIK TAB 200MG, T5, PA, QL
TDVAX INJ 2-2 LF, T3, PA
TEFLARO INJ 400MG, T5
TEFLARO INJ 600MG, T5
TEKTURNA HCT TAB 150-12.5, T3, QL
TEKTURNA HCT TAB 150-25MG, T3, QL
TEKTURNA HCT TAB 300-12.5, T3, QL
TEKTURNA HCT TAB 300-25MG, T3, QL
telmis/amlod tab 40-10mg, T6, QL
telmis/amlod tab 40-5mg, T6, QL
telmis/amlod tab 80-10mg, T6, QL
telmis/amlod tab 80-5mg, T6, QL
telmisa/hctz tab 40-12.5, T6, QL
telmisa/hctz tab 80-12.5, T6, QL
telmisa/hctz tab 80-25mg, T6, QL
telmisartan tab 20mg, T6, QL
telmisartan tab 40mg, T6, QL
telmisartan tab 80mg, T6, QL
temazepam cap 15mg, T1, QL
temazepam cap 22.5mg, T4, QL
temazepam cap 30mg, T1, QL
temazepam cap 7.5mg, T4, QL

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TEMIXYS TAB 300-300, T5, QL
TENCON TAB 50-325MG, T3, PA, QL
TENIVAC INJ 5-2LF, T3, PA
tenofovir tab 300mg, T4, QL
TEPMETKO TAB 225MG, T5, PA, QL
terazosin cap 10mg, T1, QL
terazosin cap 1mg, T1, QL
terazosin cap 2mg, T1, QL
terazosin cap 5mg, T1, QL
terbinafine tab 250mg, T1, QL
terbutaline tab 2.5mg, T3
terbutaline tab 5mg, T3
terconazole cre 0.4%, T3
terconazole cre 0.8%, T3
terconazole sup 80mg, T3
testost cyp inj 100mg/ml, T2
testost cyp inj 200mg/ml, T2
TESTOST ENAN INJ 200MG/ML, T3
testosterone gel 1%(25mg), T4, PA, QL
testosterone gel 1%(50mg), T4, PA, QL
testosterone gel 1.62%, T4, PA, QL
testosterone gel pump 1%, T4, PA, QL
testosterone sol 30mg/act, T4, PA, QL
tetrabenazin tab 12.5mg, T5, PA, QL
tetrabenazin tab 25mg, T5, PA, QL
tetracycline cap 250mg, T4
tetracycline cap 500mg, T4
THALOMID CAP 100MG, T5, PA, QL
THALOMID CAP 150MG, T5, PA, QL
THALOMID CAP 200MG, T5, PA, QL
THALOMID CAP 50MG, T5, PA, QL
THEOPHYLLINE TAB 300MG ER, T2
theophylline tab 400mg er, T2
theophylline tab 600mg er, T2
thioridazine tab 100mg, T2
thioridazine tab 10mg, T2
thioridazine tab 25mg, T2
thioridazine tab 50mg, T2
thiothixene cap 10mg, T3
thiothixene cap 1mg, T3
thiothixene cap 2mg, T3
thiothixene cap 5mg, T3
tiadylt cap 120mg/24, T2
tiadylt cap 180mg/24, T2
tiadylt cap 240mg/24, T2
tiadylt cap 300mg/24, T2
tiadylt cap 360mg/24, T2
tiadylt cap 420mg/24, T2
tiagabine tab 12mg, T3
tiagabine tab 16mg, T3
tiagabine tab 2mg, T3
tiagabine tab 4mg, T3
TIBSOVO TAB 250MG, T5, PA, QL
TIGECYCLINE INJ 50MG, T5
tilia fe tab, T2
timolol gel sol 0.25% op, T3
timolol gel sol 0.5% op, T3
timolol mal sol 0.25% op, T1
timolol mal sol 0.5% op, T1
TIMOLOL MAL TAB 10MG, T3
timolol mal tab 20mg, T3
timolol mal tab 5mg, T2
timolol male sol 0.5%, T3
TIVICAY TAB 10MG, T4, QL
TIVICAY TAB 25MG, T5, QL
TIVICAY TAB 50MG, T5, QL
TIVICAY PD TAB 5MG, T5, QL
tizanidine cap 2mg, T3
tizanidine cap 4mg, T3
tizanidine cap 6mg, T3
tizanidine tab 2mg, T2
tizanidine tab 4mg, T2
tobra/dexame sus 0.3-0.1%, T3
TOBRADEX OIN 0.3-0.1%, T4
TOBRAMYCIN INJ 10MG/ML, T4
tobramycin inj 40mg/ml, T4
tobramycin neb 300/5ml, T5, PA
tobramycin sol 0.3% op, T2
tolcapone tab 100mg, T5
TOLMETIN SOD CAP 400MG, T3, QL
tolterodine cap 2mg er, T2, QL
tolterodine cap 4mg er, T2, QL
tolterodine tab 1mg, T2, QL
tolterodine tab 2mg, T2, QL
tolvaptan tab 30mg, T5, PA
topiramate cap 15mg, T3
topiramate cap 25mg, T2
topiramate tab 100mg, T1
topiramate tab 200mg, T1
topiramate tab 25mg, T1
topiramate tab 50mg, T1
toremifene tab 60mg, T5
torsemide tab 100mg, T1
torsemide tab 10mg, T1
torsemide tab 20mg, T1
torsemide tab 5mg, T1
TOUJEO MAX INJ 300IU/ML, T3, QL
TOUJEO SOLO INJ 300IU/ML, T3, QL
TRACLEER TAB 32MG, T5, PA, QL
TRADJENTA TAB 5MG, T3, QL
tramadl/apap tab 37.5-325, T3, QL
tramadol hcl tab 100mg er, T3, QL
tramadol hcl tab 200mg er, T3, QL
tramadol hcl tab 300mg er, T3, PA, QL
tramadol hcl tab 50mg, T1, QL
trando/verap tab 2-180 er, T6
trando/verap tab 2-240 er, T6
trando/verap tab 4-240 er, T6
trandolapril tab 1mg, T6
trandolapril tab 2mg, T6
trandolapril tab 4mg, T6

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tranex acid tab 650mg, T3
tranylcyprom tab 10mg, T3
TRAVASOL INJ 10%, T4, PA
travoprost dro 0.004%, T3, QL
trazodone tab 100mg, T1
trazodone tab 150mg, T1
trazodone tab 300mg, T3
trazodone tab 50mg, T1
TRECATOR TAB 250MG, T4
TRELEGY AER ELLIPTA, T3, QL
TRELSTAR MIX INJ 11.25MG, T5, PA
TRELSTAR MIX INJ 22.5MG, T5, PA
TRELSTAR MIX INJ 3.75MG, T5, PA
TRESIBA INJ 100UNIT, T3, QL
TRESIBA FLEX INJ 100UNIT, T3, QL
TRESIBA FLEX INJ 200UNIT, T3, QL
tretinoin cap 10mg, T5, PA
tretinoin cre 0.025%, T3
tretinoin cre 0.05%, T3
tretinoin cre 0.1%, T3
tretinoin gel 0.01%, T3
tretinoin gel 0.025%, T3
triamcinolon cre 0.025%, T2, QL
triamcinolon cre 0.1%, T1, QL
triamcinolon cre 0.5%, T2, QL
triamcinolon lot 0.025%, T2, QL
triamcinolon lot 0.1%, T2, QL
triamcinolon oin 0.025%, T2, QL
triamcinolon oin 0.1%, T2, QL
triamcinolon oin 0.5%, T2, QL
triamcinolon pst den 0.1%, T3
triamt/hctz cap 37.5-25, T1
triamt/hctz tab 37.5-25, T1
triamt/hctz tab 75-50mg, T1
triazolam tab 0.25mg, T3, QL
triderm cre 0.1%, T1, QL
triderm cre 0.5%, T2, QL
trientine cap 250mg, T5, PA, QL
tri-estaryll tab, T2
trifluoperaz tab 10mg, T3
trifluoperaz tab 1mg, T3
trifluoperaz tab 2mg, T3
trifluoperaz tab 5mg, T3
TRIFLURIDINE SOL 1% OP, T3
trihexyphen tab 2mg, T2
trihexyphen tab 5mg, T2
TRIKAFTA TAB, T5, PA, QL
tri-legest tab fe, T2
tri-lo tab estaryll, T2
tri-lo- tab sprintec, T2
trilyte sol, T2
trimethoprim tab 100mg, T2
tri-mili tab, T2
trimipramine cap 100mg, T3, PA
trimipramine cap 25mg, T3, PA
trimipramine cap 50mg, T3, PA
TRINTELLIX TAB 10MG, T4, QL
TRINTELLIX TAB 20MG, T4, QL
TRINTELLIX TAB 5MG, T4, QL
tri-nymyo tab, T2
tri-previfem tab, T2
tri-sprintec tab, T2
TRIUMEQ TAB, T5, QL
trivora-28 tab, T2
tri-vylibra tab, T2
tri-vylibra tab lo, T2
TROPHAMINE INJ 10%, T4, PA
trospium chl cap 60mg er, T2, QL
trospium cl tab 20mg, T2, QL
TRULICITY INJ 0.75/0.5, T3, QL, ST
TRULICITY INJ 1.5/0.5, T3, QL, ST
TRULICITY INJ 3/0.5, T3, QL, ST
TRULICITY INJ 4.5/0.5, T3, QL, ST
TRUMENBA INJ, T3
TUKYSA TAB 150MG, T5, PA, QL
TUKYSA TAB 50MG, T5, PA, QL
TURALIO CAP 200MG, T5, PA, QL
TWINRIX INJ, T3
TYBOST TAB 150MG, T3, QL
tydemy tab, T3
TYMLOS INJ, T5, PA
TYPHIM VI INJ, T3

U

UBRELVY TAB 100MG, T3, PA, QL
UBRELVY TAB 50MG, T3, PA, QL
UDENYCA INJ 6MG/.6ML, T5, PA
UKONIQ TAB 200MG, T5, PA, QL
unithroid tab 100mcg, T1
unithroid tab 112mcg, T1
unithroid tab 125mcg, T1
unithroid tab 137mcg, T1
unithroid tab 150mcg, T1
unithroid tab 175mcg, T1
unithroid tab 200mcg, T1
unithroid tab 25mcg, T1
unithroid tab 300mcg, T1
unithroid tab 50mcg, T1
unithroid tab 75mcg, T1
unithroid tab 88mcg, T1
UPTRAVI TAB 1000MCG, T5, PA, QL
UPTRAVI TAB 1200MCG, T5, PA, QL
UPTRAVI TAB 1400MCG, T5, PA, QL
UPTRAVI TAB 1600MCG, T5, PA, QL
UPTRAVI TAB 200/800, T5, PA, QL
UPTRAVI TAB 200MCG, T5, PA, QL
UPTRAVI TAB 400MCG, T5, PA, QL
UPTRAVI TAB 600MCG, T5, PA, QL
UPTRAVI TAB 800MCG, T5, PA, QL
ursodiol cap 300mg, T3
ursodiol tab 250mg, T3
ursodiol tab 500mg, T3

V

valacyclovir tab 1gm, T2
valacyclovir tab 500mg, T2
VALCHLOR GEL 0.016%, T5

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valganciclov sol 50mg/ml, T5
valganciclov tab 450mg, T3
valproic acd cap 250mg, T2
valproic acd sol 250/5ml, T2
valsart/hctz tab 160-12.5, T6, QL
valsart/hctz tab 160-25mg, T6, QL
valsart/hctz tab 320-12.5, T6, QL
valsart/hctz tab 320-25mg, T6, QL
valsart/hctz tab 80-12.5, T6, QL
valsartan tab 160mg, T6, QL
valsartan tab 320mg, T6, QL
valsartan tab 40mg, T6, QL
valsartan tab 80mg, T6, QL
VALTOCO LIQ 15MG, T4, QL
VALTOCO LIQ 20MG, T4, QL
VALTOCO SPR 10MG, T4, QL
VALTOCO SPR 5MG, T4, QL
vancomycin cap 125mg, T4, QL
vancomycin cap 250mg, T4, QL
vancomycin inj 1 gm, T4
vancomycin inj 10gm, T4
VANCOMYCIN INJ 250MG, T4
vancomycin inj 500mg, T4
vancomycin inj 750mg, T4
vandazole gel 0.75%, T3
VAQTA INJ 25/0.5ML, T3
VAQTA INJ 50UNT/ML, T3
VARIVAX INJ, T3
VASCEPA CAP 0.5GM, T3
velivet pak, T2
VELTASSA POW 16.8GM, T3
VELTASSA POW 25.2GM, T3
VELTASSA POW 8.4GM, T3
VENCLEXTA TAB 100MG, T5, PA, QL
VENCLEXTA TAB 10MG, T4, PA, QL
VENCLEXTA TAB 50MG, T5, PA, QL
VENCLEXTA TAB START PK, T5, PA, QL
venlafaxine cap 150mg er, T1, QL
venlafaxine cap 37.5 er, T1, QL
venlafaxine cap 75mg er, T1, QL
venlafaxine tab 100mg, T2, QL
venlafaxine tab 150mg er, T4, QL
venlafaxine tab 225mg er, T4, QL
venlafaxine tab 25mg, T2, QL
venlafaxine tab 37.5 er, T4, QL
venlafaxine tab 37.5mg, T2, QL
venlafaxine tab 50mg, T2, QL
venlafaxine tab 75mg, T2, QL
venlafaxine tab 75mg er, T4, QL
VENTAVIS SOL 10MCG/ML, T5, PA, QL
VENTAVIS SOL 20MCG/ML, T5, PA, QL
VENTOLIN HFA AER, T3, QL
VERAPAMIL CAP 100MG ER, T2
verapamil cap 120mg sr, T2
verapamil cap 180mg sr, T2
VERAPAMIL CAP 200MG ER, T2
verapamil cap 240mg sr, T2
VERAPAMIL CAP 300MG ER, T2
VERAPAMIL CAP 360MG SR, T2
verapamil tab 120mg, T1
verapamil tab 120mg er, T1
verapamil tab 180mg er, T1
verapamil tab 240mg er, T1
verapamil tab 40mg, T1
verapamil tab 80mg, T1
VERSACLOZ SUS 50MG/ML, T5, PA, QL
VERZENIO TAB 100MG, T5, PA, QL
VERZENIO TAB 150MG, T5, PA, QL
VERZENIO TAB 200MG, T5, PA, QL
VERZENIO TAB 50MG, T5, PA, QL
vestura tab 3-0.02mg, T2
VIBERZI TAB 100MG, T5, PA, QL
VIBERZI TAB 75MG, T5, PA, QL
VICTOZA INJ 18MG/3ML, T3, QL, ST
VIEKIRA PAK TAB, T5, PA
vienva tab 0.1-20, T2
vigabatrin pak 500mg, T5, QL
vigabatrin tab 500mg, T5, QL
vigadrone pow 500mg, T5, QL
VIIBRYD KIT STARTER, T4, QL
VIIBRYD TAB 10MG, T4, QL
VIIBRYD TAB 20MG, T4, QL
VIIBRYD TAB 40MG, T4, QL
VIMPAT SOL 10MG/ML, T4
VIMPAT TAB 100MG, T4
VIMPAT TAB 150MG, T4
VIMPAT TAB 200MG, T4
VIMPAT TAB 50MG, T4
VIRACEPT TAB 250MG, T5, QL
VIRACEPT TAB 625MG, T5, QL
VIREAD POW 40MG/GM, T5, QL
VIREAD TAB 150MG, T5, QL
VIREAD TAB 200MG, T5, QL
VIREAD TAB 250MG, T5, QL
VITRAKVI CAP 100MG, T5, PA, QL
VITRAKVI CAP 25MG, T5, PA, QL

VITRAKVI SOL 20MG/ML, T5, PA, QL
VIVITROL INJ 380MG, T5
VIZIMPRO TAB 15MG, T5, PA, QL
VIZIMPRO TAB 30MG, T5, PA, QL
VIZIMPRO TAB 45MG, T5, PA, QL
voriconazole inj 200mg, T4, PA
voriconazole sus 40mg/ml, T5, PA
voriconazole tab 200mg, T5, PA
voriconazole tab 50mg, T4, PA
VOSEVI TAB, T5, PA
VOTRIENT TAB 200MG, T5, PA, QL
VRAYLAR CAP 1.5MG, T5, QL
VRAYLAR CAP 3MG, T5, QL
VRAYLAR CAP 4.5MG, T5, QL
VRAYLAR CAP 6MG, T5, QL
VUMERITY CAP 231MG, T5, PA, QL
vyfemla tab 0.4-35, T2
vylibra tab 0.25-35, T2

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VYNDAMAX CAP 61MG, T5, PA, QL
VYNDAQEL CAP 20MG, T5, PA, QL

W

warfarin tab 10mg, T1
warfarin tab 1mg, T1
warfarin tab 2.5mg, T1
warfarin tab 2mg, T1
warfarin tab 3mg, T1
warfarin tab 4mg, T1
warfarin tab 5mg, T1
warfarin tab 6mg, T1
warfarin tab 7.5mg, T1
wymzya fe chw 0.4mg-35, T2

X

XALKORI CAP 200MG, T5, PA, QL
XALKORI CAP 250MG, T5, PA, QL
XARELTO TAB 10MG, T3, QL
XARELTO TAB 15MG, T3, QL
XARELTO TAB 2.5MG, T3, QL
XARELTO TAB 20MG, T3, QL
XARELTO STAR TAB 15/20MG, T3, QL
XATMEP SOL 2.5MG/ML, T4, PA
XCOPRI PAK 12.5-25, T4
XCOPRI PAK 150-200, T5
XCOPRI PAK 50-100MG, T5
XCOPRI PAK 50-200MG, T5
XCOPRI TAB 100MG, T5
XCOPRI TAB 150MG, T5
XCOPRI TAB 200MG, T5
XCOPRI TAB 50MG, T5
XELJANZ SOL 1MG/ML, T5, PA
XELJANZ TAB 10MG, T5, PA
XELJANZ TAB 5MG, T5, PA
XELJANZ XR TAB 11MG, T5, PA
XELJANZ XR TAB 22MG, T5, PA
XGEVA INJ, T5, PA
XIFAXAN TAB 550MG, T5, PA, QL
XOFLUZA TAB 20MG, T4, QL
XOFLUZA TAB 40MG, T4, QL
XOLAIR INJ 150MG/ML, T5, PA
XOLAIR INJ 75/0.5, T5, PA
XOLAIR SOL 150MG, T5, PA
XOPENEX HFA AER, T4, QL
XOSPATA TAB 40MG, T5, PA, QL
XPOVIO PAK 100MG, T5, PA, QL
XPOVIO PAK 40MG, T5, PA, QL
XPOVIO PAK 60MG, T5, PA, QL
XPOVIO PAK 80MG, T5, PA, QL
XTAMPZA ER CAP 13.5MG, T3, QL
XTAMPZA ER CAP 18MG, T3, QL
XTAMPZA ER CAP 27MG, T3, QL
XTAMPZA ER CAP 36MG, T3, QL
XTAMPZA ER CAP 9MG, T3, QL
XTANDI CAP 40MG, T5, PA, QL
XTANDI TAB 40MG, T5, PA, QL
XTANDI TAB 80MG, T5, PA, QL
XYREM SOL 500MG/ML, T5, PA, QL
XYWAV SOL 0.5GM/ML, T5, PA, QL

Y

YF-VAX INJ, T3
yuvafem tab 10mcg, T3

Z

zafirlukast tab 10mg, T3
zafirlukast tab 20mg, T3
zaleplon cap 10mg, T2, QL
zaleplon cap 5mg, T2, QL
zarah tab 3-0.03mg, T2
zebutal cap, T3, QL
ZEJULA CAP 100MG, T5, PA, QL
ZELBORAF TAB 240MG, T5, PA, QL
zenatane cap 10mg, T4
zenatane cap 20mg, T4
zenatane cap 30mg, T4
zenatane cap 40mg, T4
ZENPEP CAP 10000UNT, T3
ZENPEP CAP 15000UNT, T3
ZENPEP CAP 20000UNT, T3
ZENPEP CAP 25000, T3
ZENPEP CAP 3000UNIT, T3
ZENPEP CAP 40000, T3
ZENPEP CAP 5000UNIT, T3
zenzedi tab 10mg, T3, QL
zenzedi tab 5mg, T3, QL
ZEPATIER TAB 50-100MG, T5, PA
zidovudine cap 100mg, T2, QL
zidovudine syp 50mg/5ml, T3, QL
zidovudine tab 300mg, T2, QL
ZIEXTENZO INJ 6/0.6ML, T5, PA
ziprasidone cap 20mg, T2, QL
ziprasidone cap 40mg, T2, QL
ziprasidone cap 60mg, T2, QL
ziprasidone cap 80mg, T2, QL
ziprasidone inj 20mg, T3, PA, QL
ZOLINZA CAP 100MG, T5, PA, QL
zolpidem tab 10mg, T1, QL
zolpidem tab 5mg, T1, QL
zolpidem er tab 12.5mg, T3, QL
zolpidem er tab 6.25mg, T3, QL
zonisamide cap 100mg, T2
zonisamide cap 25mg, T2
zonisamide cap 50mg, T2
ZONTIVITY TAB 2.08MG, T4
ZORTRESS TAB 1MG, T5, PA
zovia 1/35 tab, T2
ZYDELIG TAB 100MG, T5, PA, QL
ZYDELIG TAB 150MG, T5, PA, QL
ZYKADIA TAB 150MG, T5, PA, QL
ZYPREXA RELP INJ 210MG, T5, PA, QL,

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

HOW TO ENROLL

When it's time for you to enroll with Alignment Health Plan, you have several options! The following are the ways in which you can complete the enrollment application:

1. **Work directly with your agent** who can help you complete the enrollment application.
2. **Call us** and we will help you complete the enrollment application.

   1-888-979-2247 (TTY 711), 8am – 8pm seven days a week from October 15 – December 7 and 8am – 8pm Monday through Friday December 8 – October 14.
3. **Enroll online** at enroll.alignmenthealthplan.com.

1

FIND & SELECT A PLAN

- Go to **enroll.alignmenthealthplan.com**

- After entering your zip code, **Compare** available plans

2

FILL IN APPLICATION ONLINE

- **Fill in** Applicant Information. Be sure to have your Medicare ID number
- **Confirm** Medicare Advantage Enrollment Eligibility
- **Choose** a Primary Care Provider (optional for PPO products)
- Provide an **email** to receive plan updates and notifications. You can opt out at any time.

3

SUBMIT YOUR APPLICATION

- **Review** Enrollment Application
- Provide Electronic **Signature** and **Date**
- Click "**Submit**"!

For more information call, **1-888-979-2247** (TTY: 711) 8 a.m. – 8 p.m. Monday through Friday.

WHAT TO EXPECT NEXT

Once your enrollment is received by Alignment Health Plan we will begin the immediate processing of your enrollment into the Medicare Advantage plan you have selected.

CONFIRMATION

Within 10 days of enrollment, you will receive a confirmation of enrollment letter. This letter will also serve as confirmation that Medicare has approved your enrollment form.

ENROLLMENT VERIFICATION NOTICE

Within 15 days of enrollment, you will receive a notification by mail or phone explaining the guidelines and procedures of enrolling into a Medicare Advantage plan, this is called the "Outbound Enrollment and Verification Requirements."

MEMBER ID CARD

Within 10 days of your confirmed enrollment, you will receive your Member ID card. Bring your new Member ID card with you to all your doctor, hospital, and pharmacy visits.

ACCESS ON-DEMAND CONCIERGE BLACK CARD

Within 15 days of your confirmed enrollment, you will receive a black ACCESS On-Demand Concierge card that works as a debit card, accepted at more than 50,000 locations nationwide. With this card, you can connect with a concierge agent dedicated to serving your health care needs, 24 hours a day, seven days a week.

WELCOME TO YOUR NEW HEALTH PLAN

You will receive an envelope containing important plan documents. The envelope will include a Member Resource Guide and information on how to access or request your Evidence of Coverage, Provider Directory, Dental Directory or Pharmacy Directory, on-line or by mail.

EXTRA HELP

If you qualify for "Extra Help" from the state, you will receive an "LIS" (Low Income Subsidy) letter within 10 days of verified enrollment.

ALIGNMENT
HEALTH PLAN

1100 W. Town and Country Rd.
Suite 1600
Orange, CA 92868

For Enrollment questions please call:

1-888-979-2247 (TTY 711)

8 a.m. - 8 p.m. seven days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8 a.m. - 8 p.m. Monday through Friday (except holidays) from April 1 through September 30.

ALIGNMENTHEALTHPLAN.COM

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