



Formulary / Formulario

Molina Medicare Complete Care HMO SNP

2020

This formulary was updated on 10/15/2019. For more recent information or other questions, please contact Molina Medicare Complete Care Member Services, at (800) 665-3086 or, for TTY users, 711, October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time, or visit

MolinaHealthcare.com/Medicare

Este formulario se actualizó el 10/15/2019. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Molina Medicare Complete Care Servicios para los miembros, al (800) 665-3086. Los usuarios de TTY deben llamar al 711, 1 de octubre al 31 de marzo, los 7 días de la semana, de 8 a. m. a 8 p. m., hora local; del 1 de abril al 30 de septiembre, de lunes a viernes de 8 a. m. a 8 p. m., hora local, o visite

MolinaHealthcare.com/Medicare

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Molina Medicare Complete Care HMO SNP

2020 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00020368, Version Number 6

This formulary was updated on 09/01/2019. For more recent information or other questions, please contact Molina Medicare Complete Care Member Services, at (800) 665-3086 or, for TTY users, 711, October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time, or visit MolinaHealthcare.com/Medicare.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Molina Healthcare. When it refers to “plan” or “our plan,” it means Molina Medicare Complete Care.

This document includes list of the drugs (formulary) for our plan which is current as of 09/01/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the Molina Medicare Complete Care Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Molina Medicare Complete Care may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Molina Medicare Complete Care Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing

tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Molina Medicare Complete Care Formulary?”

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

The enclosed formulary is current as of 09/01/2019. To get updated information about the drugs covered by Molina Medicare Complete Care, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “cardiovascular drugs”. If you know what your drug is used for, look for the category name in the list that begins 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 100. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Molina Medicare Complete Care covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Molina Medicare Complete Care requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Molina Medicare Complete Care before you fill your prescriptions. If you don't get approval, Molina Medicare Complete Care may not cover the drug.
- **Quantity Limits:** For certain drugs, Molina Medicare Complete Care limits the amount of the drug that Molina Medicare Complete Care will cover. For example, Molina Medicare Complete Care provides 30 tablets per 30 days per prescription for esomeprazole 40 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Molina Medicare Complete Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Molina Medicare Complete Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Molina Medicare Complete Care will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Molina Medicare Complete Care to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Molina Medicare Complete Care's formulary?" on page v for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Molina Medicare Complete Care does not cover your drug, you have two options:

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

How do I request an exception to the Molina Medicare Complete Care's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Molina Medicare Complete Care limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31 day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For more information

For more detailed information about your Molina Medicare Complete Care prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Molina Medicare Complete Care, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Molina Medicare Complete Care's Formulary

The formulary below provides coverage information about the drugs covered by Molina Medicare Complete Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 100.

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

The information in the Requirements/Limits column tells you if Molina Medicare Complete Care has any special requirements for coverage of your drug.

B/D stands for this drug may be covered under Medicare Part B or D depending upon the circumstances

LA stands for Limited Access Drug

NM stands for Non Mail Order Drug

PA stands for Prior Authorization

QL stands for Quality Limits

ST stands for Step Therapy criteria

GC stands for this drug we provider coverage in the coverage gap

Molina Medicare Complete Care HMO SNP

Formulario para 2020

(Lista de medicamentos cubiertos)

**LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN
ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

HPMS Approved Formulary File Submission ID 00020368, Version Number 6

Este formulario resumido se actualizó el 09/01/2019. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Molina Medicare Complete Care Servicios para los miembros, al (800) 665-3086. Los usuarios de TTY deben llamar al 711, 1 de octubre al 31 de marzo, los 7 días de la semana, de 8 a. m. a 8 p. m., hora local; del 1 de abril al 30 de septiembre, de lunes a viernes de 8 a. m. a 8 p. m., hora local , o visite MolinaHealthcare.com/Medicare.

Nota para los miembros actuales: este Formulario ha cambiado con respecto al año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta Lista de medicamentos (Formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a Molina Medicare Complete Care. Cuando dice “plan” o “nuestro plan”, hace referencia a Molina Medicare Complete Care.

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 09/01/2019. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y contraportada.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 1 de enero de 2020 y periódicamente durante el año.

¿Qué es el Formulario de Molina Medicare Complete Care?

Un Formulario es una lista de medicamentos cubiertos seleccionados por Molina Medicare Complete Care con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se considera que son parte necesaria de un programa de tratamiento de calidad. Normalmente, Molina Medicare Complete Care cubrirá los medicamentos incluidos en el formulario, siempre que el medicamento sea medicamento necesario, el medicamento con receta se obtenga en una farmacia de la red de Molina Medicare Complete Care y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de los medicamentos ocurren el 1 de enero, pero Molina Medicare Complete Care podría agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios.

Cambios que pueden afectarlo este año: en los casos a continuación, usted se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
 - Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Molina Medicare Complete Care?”.

- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente. O bien, podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, [o] agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado en un medicamento: o si pasamos un medicamento a un nivel superior de costo compartido, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para [31] días.
 - Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Molina Medicare Complete Care?”.

Cambios que no lo afectarán si actualmente toma el medicamento. En general, si usted toma un medicamento de nuestro Formulario para 2020 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2020, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos.

El Formulario adjunto es vigente a partir 09/01/2019. Para recibir información actualizada sobre los medicamentos cubiertos por Molina Medicare Complete Care, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y contraportada.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Afección médica

El Formulario comienza en la página 1. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría “cardiovascular drugs”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 1. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 100. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar

información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Molina Medicare Complete Care cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Normalmente, los medicamentos genéricos cuestan menos que los de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales de cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Molina Medicare Complete Care exige que usted [o su médico] obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de Molina Medicare Complete Care antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que Molina Medicare Complete Care no cubra el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, Molina Medicare Complete Care limita la cantidad del medicamento que cubrirá. Por ejemplo, Molina Medicare Complete Care proporciona 30 tabletas por 30 días por receta para esomeprazole 40 mg. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, Molina Medicare Complete Care requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que Molina Medicare Complete Care no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces Molina Medicare Complete Care cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 1. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explica(n) nuestra(s) restricciones de autorización previa y tratamiento escalonado. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y contraportada.

Puede pedirle a Molina Medicare Complete Care que haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo puedo solicitar que se haga una excepción al Formulario de Molina Medicare Complete Care?” en la página xi para obtener información acerca de cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios para los miembros y preguntar si su medicamento está cubierto.

Si resulta que Molina Medicare Complete Care no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a Servicios para los miembros una lista de medicamentos similares que estén cubiertos por Molina Medicare Complete Care. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Molina Medicare Complete Care.
- Puede solicitar que Molina Medicare Complete Care haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo puedo solicitar que se haga una excepción al Formulario de Molina Medicare Complete Care?

Puede solicitarle a Molina Medicare Complete Care que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor si este medicamento no está incluido en el nivel de medicamentos especializados. Si se aprueba, esto reduciría el monto que usted debe pagar por su medicamento.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, Molina Medicare Complete Care limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, Molina Medicare Complete Care solo aprobará su pedido de excepción si los medicamentos alternativos incluidos en el Formulario del plan, el medicamento de menor costo compartido o las restricciones de uso adicionales no fueran tan efectivos para tratar su afección o pudieran causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al Formulario, o a la restricción de uso. **Cuando solicita una excepción al Formulario, o a la restricción de uso, debe presentar una declaración de su médico o de la persona autorizada a dar recetas que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si se le concede el trámite rápido de la excepción, debemos comunicarle nuestra decisión a más tardar dentro de las 24 horas después de haber recibido la declaración de respaldo de su médico o de otra persona autorizada a dar recetas.

¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?

Como miembro nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el Formulario. También es posible que esté tomando un medicamento incluido en el Formulario, pero su capacidad de conseguirlo sea limitada. Por ejemplo, puede necesitar nuestra autorización previa antes de poder obtener su medicamento con receta. Debe consultar con su médico para decidir si debe cambiar su medicamento por uno apropiado que nosotros cubramos o solicitar una excepción al formulario para que le cubramos el medicamento que toma. Mientras evalúa con su médico el procedimiento adecuado para seguir en su caso, podemos cubrir su medicamento, en ciertos casos, durante los primeros <90> días en que usted sea miembro de nuestro plan.

Para cada uno de los medicamentos que no estén incluidos en el Formulario, o si su capacidad para conseguir los medicamentos es limitada, cubriremos un suministro temporal para 31 días. Si su receta está indicada para menos días, permitiremos que realice resurtidos por un máximo de hasta 31 días del medicamento. Después del primer suministro para 31 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días mientras solicita la excepción al formulario.

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de Molina Medicare Complete Care, consulte la Evidencia de cobertura y otra documentación del plan.

Si tiene alguna pregunta sobre Molina Medicare Complete Care, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y contraportada.

Si tiene preguntas generales sobre su cobertura para medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>.

Formulario de Molina Medicare Complete Care

El formulario a continuación proporciona información acerca de la cobertura de los medicamentos cubiertos por Molina Medicare Complete Care. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 100.

La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (por ejemplo, CLEOCIN), y los medicamentos genéricos están en letra minúscula y cursiva (por ejemplo, *clindamycin*).

La información incluida en la columna de Requisitos/límites indica si Molina Medicare Complete Care tiene algún requisito especial para la cobertura del medicamento.

B / D significa "Este medicamento puede ser cubierto bajo Medicare Parte B o Parte D, dependiendo de las circunstancias"

LA significa "medicamento con acceso limitado"

NM significa "Medicamento no disponible para servicio por correo"

PA significa "autorización previa"

QL significa "Límite de cantidades"

ST significa "criterio de terapia escalonada"

GC es la cobertura de este medicamento que proveemos nosotros en la brecha de cobertura

MOLINA_CY20_5T_SNP eff 01/01/2020

Drug Name **Drug Tier** **Requirements/Limits**
ANALGESICS

GOUT

<i>allopurinol tab 100 mg</i>	2	
<i>allopurinol tab 300 mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
COLCRYS TAB 0.6MG	3	QL (120 tabs / 30 days)
MITIGARE CAP 0.6MG	3	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	2	

NSAIDS

<i>celecoxib cap 50 mg</i>	3	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	3	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	3	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	3	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	3	
<i>diflunisal tab 500 mg</i>	3	
<i>etodolac cap 200 mg</i>	3	
<i>etodolac cap 300 mg</i>	3	
<i>etodolac tab 400 mg</i>	3	
<i>etodolac tab 500 mg</i>	3	
<i>etodolac tab er 24hr 400 mg</i>	3	
<i>etodolac tab er 24hr 500 mg</i>	3	
<i>etodolac tab er 24hr 600 mg</i>	3	
<i>flurbiprofen tab 50 mg</i>	2	
<i>flurbiprofen tab 100 mg</i>	2	
<i>ibuprofen susp 100 mg/5ml</i>	3	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	2	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen dr tab 375mg</i>	2	
<i>naproxen dr tab 500mg</i>	2	
<i>naproxen sodium tab 275 mg</i>	3	
<i>naproxen sodium tab 550 mg</i>	3	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available
at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** -
Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen tab 500 mg</i>	1	
<i>piroxicam cap 10 mg</i>	3	
<i>piroxicam cap 20 mg</i>	3	
<i>sulindac tab 150 mg</i>	2	
<i>sulindac tab 200 mg</i>	2	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (180 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	3	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	3	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	3	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	3	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	3	QL (4 patches / 28 days), PA
<i>butorphanol tartrate inj 1 mg/ml</i>	4	
<i>butorphanol tartrate inj 2 mg/ml</i>	4	
<i>nalbuphine hcl inj 10 mg/ml</i>	4	
<i>nalbuphine hcl inj 20 mg/ml</i>	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	4	QL (600 mL / 30 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	4	B/D
<i>hydromorphone hcl tab 2 mg</i>	3	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	3	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	3	QL (180 tabs / 30 days)
HYSINGLA ER TAB 20 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days), PA
<i>methadone con 10mg/ml</i>	3	QL (90 mL / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	3	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	3	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	3	QL (90 tabs / 30 days), PA
MORPHINE SUL INJ 2MG/ML	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
MORPHINE SUL INJ 5MG/ML	4	B/D
MORPHINE SUL INJ 8MG/ML	4	B/D
MORPHINE SUL INJ 10MG/ML	4	B/D
MORPHINE SUL INJ 150/30ML	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate inj 8 mg/ml</i>	4	B/D
<i>morphine sulfate inj 10 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln 1 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln pf 10 mg/ml</i>	4	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	3	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	3	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	3	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	3	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	3	QL (180 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	3	QL (90 tabs / 30 days), PA
NUCYNTA ER TAB 50MG	3	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 100MG	3	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 150MG	3	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 200MG	3	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 250MG	3	QL (60 tabs / 30 days), PA
<i>oxycodone hcl cap 5 mg</i>	4	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	4	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	4	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
OXYCONTIN TAB 10MG CR	3	QL (60 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TAB 15MG CR	3	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG CR	3	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG CR	3	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG CR	3	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG CR	3	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG CR	3	QL (60 tabs / 30 days), PA

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl local inj 0.5%</i>	2	B/D
<i>lidocaine hcl local inj 1%</i>	2	B/D
<i>lidocaine hcl local inj 2%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	2	B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	4	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	4	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate inj 10 mg/ml</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>paromomycin sulfate cap 250 mg</i>	4	
<i>streptomycin sulfate for inj 1 gm</i>	5	NDS
SULFADIAZINE TAB 500MG	4	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	NDS, NM, PA
<i>tobramycin sulfate for inj 1.2 gm</i>	5	NDS
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	3	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	3	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	3	
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole tab 200 mg</i>	5	NDS
ALINIA SUS 100/5ML	5	NDS
ALINIA TAB 500MG	5	NDS
<i>atovaquone susp 750 mg/5ml</i>	5	NDS
<i>aztreonam for inj 1 gm</i>	4	
<i>aztreonam for inj 2 gm</i>	4	
CAYSTON INH 75MG	5	NDS, LA, PA
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	4	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
<i>clindamycin phosphate inj 9 gm/60ml</i>	3	
<i>clindamycin phosphate inj 300 mg/2ml</i>	3	
<i>clindamycin phosphate inj 600 mg/4ml</i>	3	
<i>clindamycin phosphate inj 900 mg/6ml</i>	3	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	3	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	3	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	4	
<i>dapsone tab 25 mg</i>	3	
<i>dapsone tab 100 mg</i>	3	
<i>daptomycin for iv soln 500 mg</i>	5	NDS
DAPTOMYCIN SOL 350MG	5	NDS
EMVERM CHW 100MG	5	NDS, QL (12 tabs / 365 days)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	4	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	3	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	3	
<i>ivermectin tab 3 mg</i>	3	
<i>linezolid for susp 100 mg/5ml</i>	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	4	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	4	
<i>linezolid tab 600 mg</i>	4	
<i>meropenem iv for soln 1 gm</i>	4	
<i>meropenem iv for soln 500 mg</i>	4	
<i>methenamine hippurate tab 1 gm</i>	3	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
NEBUPENT INH 300MG	4	B/D
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	3	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	3	
PENTAM 300 INJ 300MG	4	
<i>pentamidine isethionate for soln 300 mg</i>	4	
<i>praziquantel tab 600 mg</i>	3	
SIVEXTRO INJ 200MG	5	NDS
SIVEXTRO TAB 200MG	5	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SYNERCID INJ 500MG	5	NDS
<i>tigecycline for iv soln 50 mg</i>	5	NDS
<i>trimethoprim tab 100 mg</i>	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	4	QL (120 caps / 30 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	5	NDS, QL (240 caps / 30 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET INJ 5MG/ML	5	NDS, B/D
AMBISOME INJ 50MG	5	NDS, B/D
<i>amphotericin b for iv soln 50 mg</i>	4	B/D
<i>casprofungin acetate for iv soln 50 mg</i>	5	NDS
<i>casprofungin acetate for iv soln 70 mg</i>	5	NDS
<i>fluconazole for susp 10 mg/ml</i>	3	
<i>fluconazole for susp 40 mg/ml</i>	3	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>fluconazole tab 50 mg</i>	3	
<i>fluconazole tab 100 mg</i>	3	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	3	
<i>flucytosine cap 250 mg</i>	5	NDS
<i>flucytosine cap 500 mg</i>	5	NDS
<i>griseofulvin microsize susp 125 mg/5ml</i>	4	
<i>griseofulvin microsize tab 500 mg</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg</i>	4	
<i>griseofulvin ultramicrosize tab 250 mg</i>	4	
<i>itraconazole cap 100 mg</i>	4	PA
<i>ketoconazole tab 200 mg</i>	3	PA
MYCAMINE INJ 50MG	5	NDS
MYCAMINE INJ 100MG	5	NDS
NOXAFIL SUS 40MG/ML	5	NDS, QL (630 mL / 30 days)
NOXAFIL TAB 100MG	5	NDS, QL (93 tabs / 30 days)
<i>nystatin tab 500000 unit</i>	3	
<i>terbinafine hcl tab 250 mg</i>	1	QL (90 tabs / year)
<i>voriconazole for inj 200 mg</i>	5	NDS, PA
<i>voriconazole for susp 40 mg/ml</i>	5	NDS, PA
<i>voriconazole tab 50 mg</i>	4	
<i>voriconazole tab 200 mg</i>	5	NDS
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate tab 250 mg</i>	3	
<i>chloroquine phosphate tab 500 mg</i>	3	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl tab 250 mg</i>	3	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	3	
PRIMAQUINE TAB 26.3MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinine sulfate cap 324 mg</i>	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	4	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	3	
APTIVUS CAP 250MG	5	NDS
APTIVUS SOL	5	NDS
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	4	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	4	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	4	
CRIXIVAN CAP 200MG	4	
CRIXIVAN CAP 400MG	4	
<i>didanosine delayed release capsule 200 mg</i>	4	
<i>didanosine delayed release capsule 250 mg</i>	4	
<i>didanosine delayed release capsule 400 mg</i>	4	
EDURANT TAB 25MG	5	NDS
<i>efavirenz cap 50 mg</i>	4	
<i>efavirenz cap 200 mg</i>	5	NDS
<i>efavirenz tab 600 mg</i>	5	NDS
EMTRIVA CAP 200MG	3	
EMTRIVA SOL 10MG/ML	3	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	NDS
FUZEON INJ 90MG	5	NDS, NM
INTELENCE TAB 25MG	4	
INTELENCE TAB 100MG	5	NDS
INTELENCE TAB 200MG	5	NDS
INVIRASE TAB 500MG	5	NDS
ISENTRESS CHW 25MG	3	
ISENTRESS CHW 100MG	5	NDS
ISENTRESS HD TAB 600MG	5	NDS
ISENTRESS POW 100MG	3	
ISENTRESS TAB 400MG	5	NDS
<i>lamivudine oral soln 10 mg/ml</i>	3	
<i>lamivudine tab 150 mg</i>	3	
<i>lamivudine tab 300 mg</i>	3	
LEXIVA SUS 50MG/ML	4	
<i>nevirapine susp 50 mg/5ml</i>	4	
<i>nevirapine tab 200 mg</i>	3	
<i>nevirapine tab er 24hr 100 mg</i>	4	
<i>nevirapine tab er 24hr 400 mg</i>	4	
NORVIR POW 100MG	4	
NORVIR SOL 80MG/ML	4	
PIFELTRO TAB 100MG	5	NDS
PREZISTA SUS 100MG/ML	5	NDS, QL (400 mL / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA TAB 75MG	4	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	5	NDS, QL (240 tabs / 30 days)
PREZISTA TAB 600MG	5	NDS, QL (60 tabs / 30 days)
PREZISTA TAB 800MG	5	NDS, QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG	4	
REYATAZ POW 50MG	5	NDS
<i>ritonavir tab 100 mg</i>	3	
SELZENTRY SOL 20MG/ML	5	NDS
SELZENTRY TAB 25MG	4	
SELZENTRY TAB 75MG	5	NDS
SELZENTRY TAB 150MG	5	NDS
SELZENTRY TAB 300MG	5	NDS
<i>stavudine cap 15 mg</i>	3	
<i>stavudine cap 20 mg</i>	3	
<i>stavudine cap 30 mg</i>	3	
<i>stavudine cap 40 mg</i>	3	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	3	
TIVICAY TAB 10MG	3	
TIVICAY TAB 25MG	5	NDS
TIVICAY TAB 50MG	5	NDS
TROGARZO INJ 150MG/ML	5	NDS, LA
TYBOST TAB 150MG	4	
VIDEX EC CAP 125MG	4	
VIDEX SOL 2GM	4	
VIDEX SOL 4GM	4	
VIRACEPT TAB 250MG	5	NDS
VIRACEPT TAB 625MG	5	NDS
VIREAD POW 40MG/GM	5	NDS
VIREAD TAB 150MG	5	NDS
VIREAD TAB 200MG	5	NDS
VIREAD TAB 250MG	5	NDS
<i>zidovudine cap 100 mg</i>	4	
<i>zidovudine syrup 10 mg/ml</i>	4	
<i>zidovudine tab 300 mg</i>	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	NDS
ATRIPLA TAB	5	NDS
BIKTARVY TAB	5	NDS
CIMDUO TAB 300-300	5	NDS
COMPLERA TAB	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO TAB	5	NDS
DESCOVY TAB 200/25	5	NDS
DOVATO TAB 50-300MG	5	NDS
EVOTAZ TAB 300-150	5	NDS
GENVOYA TAB	5	NDS
JULUCA TAB 50-25MG	5	NDS
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	NDS
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	
ODEFSEY TAB	5	NDS
PREZCOBIX TAB 800-150	5	NDS
STRIBILD TAB	5	NDS
SYMFI LO TAB	5	NDS
SYMFI TAB	5	NDS
SYMTUZA TAB	5	NDS
TRIUMEQ TAB	5	NDS
TRUVADA TAB 100-150	5	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 133-200	5	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	NDS, QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine cap 250 mg</i>	5	NDS
<i>ethambutol hcl tab 100 mg</i>	3	
<i>ethambutol hcl tab 400 mg</i>	3	
<i>isoniazid syrup 50 mg/5ml</i>	4	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	4	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	4	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg</i>	3	
<i>rifampin cap 300 mg</i>	3	
<i>rifampin for inj 600 mg</i>	4	
RIFATER TAB	4	
SIRTURO TAB 100MG	5	NDS, LA, PA
TRECTOR TAB 250MG	4	
ANTIVIRALS		
<i>acyclovir cap 200 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	B/D
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	5	NDS
BARACLUDGE SOL .05MG/ML	5	NDS
<i>entecavir tab 0.5 mg</i>	4	
<i>entecavir tab 1 mg</i>	4	
EPCLUSA TAB 400-100	5	NDS, NM, PA
EPIVIR HBV SOL 5MG/ML	4	
<i>famciclovir tab 125 mg</i>	3	
<i>famciclovir tab 250 mg</i>	3	
<i>famciclovir tab 500 mg</i>	3	
<i>ganciclovir sodium for inj 500 mg</i>	4	B/D
HARVONI TAB 90-400MG	5	NDS, NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	4	
MAVYRET TAB 100-40MG	5	NDS, NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	3	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	3	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	3	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	3	QL (1080 mL / year)
PEGASYS INJ	5	NDS, NM, PA
PEGASYS INJ 180MCG/M	5	NDS, NM, PA
PEGASYS INJ PROCLICK	5	NDS, NM, PA
REBETOL SOL 40MG/ML	5	NDS, NM
RELENZA MIS DISKHALE	3	QL (6 inhalers / year)
<i>ribasphere cap 200mg</i>	3	NM
<i>ribasphere tab 200mg</i>	4	NM
<i>ribasphere tab 600mg</i>	5	NDS, NM
<i>ribavirin cap 200 mg</i>	3	NM
<i>ribavirin tab 200 mg</i>	4	NM
<i>rimantadine hydrochloride tab 100 mg</i>	3	
<i>valacyclovir hcl tab 1 gm</i>	3	
<i>valacyclovir hcl tab 500 mg</i>	3	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	5	NDS
VEMLIDY TAB 25MG	5	NDS
VOSEVI TAB	5	NDS, NM, PA
CEPHALOSPORINS		
<i>cefaclor cap 250 mg</i>	3	
<i>cefaclor cap 500 mg</i>	3	
CEFACLOR ER TAB 500MG	4	
<i>cefaclor for susp 125 mg/5ml</i>	4	

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<i>cefaclor for susp 250 mg/5ml</i>	4	
<i>cefaclor for susp 375 mg/5ml</i>	4	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml</i>	3	
<i>cefadroxil for susp 500 mg/5ml</i>	3	
<i>cefadroxil tab 1 gm</i>	4	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium for inj 1 gm</i>	3	
<i>cefazolin sodium for inj 10 gm</i>	3	
<i>cefazolin sodium for inj 20 gm</i>	3	
<i>cefazolin sodium for inj 500 mg</i>	3	
<i>cefazolin sodium for iv soln 1 gm</i>	3	
CEFAZOLIN SOL	3	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	4	
<i>cefdinir for susp 250 mg/5ml</i>	4	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for inj 2 gm</i>	4	
<i>cefixime for susp 100 mg/5ml</i>	4	
<i>cefixime for susp 200 mg/5ml</i>	4	
<i>cefoxitin sodium for inj 10 gm</i>	4	
<i>cefoxitin sodium for iv soln 1 gm</i>	4	
<i>cefoxitin sodium for iv soln 2 gm</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	4	
<i>cefpodoxime proxetil tab 100 mg</i>	3	
<i>cefpodoxime proxetil tab 200 mg</i>	3	
<i>cefprozil for susp 125 mg/5ml</i>	3	
<i>cefprozil for susp 250 mg/5ml</i>	3	
<i>cefprozil tab 250 mg</i>	3	
<i>cefprozil tab 500 mg</i>	3	
<i>ceftazidime for inj 1 gm</i>	3	
<i>ceftazidime for inj 2 gm</i>	3	
<i>ceftazidime for inj 6 gm</i>	3	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium for inj 1 gm</i>	3	
<i>ceftriaxone sodium for inj 2 gm</i>	3	
<i>ceftriaxone sodium for inj 10 gm</i>	3	
<i>ceftriaxone sodium for inj 250 mg</i>	3	
<i>ceftriaxone sodium for inj 500 mg</i>	3	
<i>ceftriaxone sodium for iv soln 1 gm</i>	3	
<i>ceftriaxone sodium for iv soln 2 gm</i>	3	
<i>cefuroxime axetil tab 250 mg</i>	3	
<i>cefuroxime axetil tab 500 mg</i>	3	

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<i>cefuroxime sodium for inj 7.5 gm</i>	3	
<i>cefuroxime sodium for inj 750 mg</i>	3	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	3	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	3	
<i>cephalexin for susp 250 mg/5ml</i>	3	
<i>tazicef inj 1gm</i>	3	
<i>tazicef inj 2gm</i>	3	
<i>tazicef inj 6gm</i>	3	
TEFLARO INJ 400MG	5	NDS
TEFLARO INJ 600MG	5	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	3	
<i>azithromycin for susp 200 mg/5ml</i>	3	
<i>azithromycin iv for soln 500 mg</i>	3	
<i>azithromycin powd pack for susp 1 gm</i>	3	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	4	
<i>clarithromycin for susp 250 mg/5ml</i>	4	
<i>clarithromycin tab 250 mg</i>	3	
<i>clarithromycin tab 500 mg</i>	3	
<i>clarithromycin tab er 24hr 500 mg</i>	3	
DIFICID TAB 200MG	5	NDS
<i>ery-tab tab 250mg ec</i>	4	
<i>ery-tab tab 333mg ec</i>	4	
<i>ery-tab tab 500mg ec</i>	4	
ERYTHROCIN INJ 500MG	4	
<i>erythrocin tab 250mg</i>	4	
<i>erythromycin ethylsuccinate tab 400 mg</i>	4	
<i>erythromycin tab 250 mg</i>	4	
<i>erythromycin tab 500 mg</i>	4	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	4	
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	4	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	4	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	
<i>levofloxacin iv soln 25 mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	4	
PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	4	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	4	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	4	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	4	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	4	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for inj 15 (10-5) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin cap 500 mg</i>	2	

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<i>ampicillin sodium for inj 1 gm</i>	4	
<i>ampicillin sodium for inj 2 gm</i>	4	
<i>ampicillin sodium for inj 10 gm</i>	4	
<i>ampicillin sodium for inj 125 mg</i>	4	
<i>ampicillin sodium for inj 250 mg</i>	4	
<i>ampicillin sodium for inj 500 mg</i>	4	
<i>ampicillin sodium for iv soln 1 gm</i>	4	
<i>ampicillin sodium for iv soln 2 gm</i>	4	
<i>ampicillin sodium for iv soln 10 gm</i>	4	
BICILLIN L-A INJ 600000	4	
BICILLIN L-A INJ 1200000	4	
BICILLIN L-A INJ 2400000	4	
<i>dicloxacillin sodium cap 250 mg</i>	3	
<i>dicloxacillin sodium cap 500 mg</i>	3	
NAFCILLIN INJ 10GM	4	
<i>nafcillin sodium for inj 1 gm</i>	4	
<i>nafcillin sodium for inj 2 gm</i>	4	
<i>nafcillin sodium for iv soln 1 gm</i>	4	
<i>nafcillin sodium for iv soln 2 gm</i>	4	
<i>nafcillin sodium for iv soln 10 gm</i>	5	NDS
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	4	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	4	
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	5	NDS
PEN G PROC INJ 600000	4	
PENICILL GK/ INJ DEX 2MU	4	
PENICILL GK/ INJ DEX 3MU	4	
<i>penicillin g potassium for inj 5000000 unit</i>	4	
<i>penicillin g potassium for inj 20000000 unit</i>	4	
<i>penicillin g sodium for inj 5000000 unit</i>	4	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	
TETRACYCLINES		
<i>doxy 100 inj 100mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate cap 50 mg</i>	3	
<i>doxycycline hyclate cap 100 mg</i>	3	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg</i>	3	
<i>doxycycline hyclate tab 100 mg</i>	3	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	3	
<i>doxycycline monohydrate tab 75 mg</i>	3	
<i>doxycycline monohydrate tab 100 mg</i>	3	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>tetracycline hcl cap 250 mg</i>	4	
<i>tetracycline hcl cap 500 mg</i>	4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA INJ 100/4ML	5	NDS, B/D, NM
<i>cyclophosphamide cap 25 mg</i>	3	B/D
CYCLOPHOSPHAMIDE CAP 25 MG	4	B/D
<i>cyclophosphamide cap 50 mg</i>	3	B/D
CYCLOPHOSPHAMIDE CAP 50 MG	4	B/D
<i>cyclophosphamide for inj 1 gm</i>	5	NDS, B/D, NM
<i>cyclophosphamide for inj 2 gm</i>	5	NDS, B/D, NM
<i>cyclophosphamide for inj 500 mg</i>	5	NDS, B/D, NM
EMCYT CAP 140MG	4	
GLEOSTINE CAP 10MG	4	
GLEOSTINE CAP 40MG	5	NDS
GLEOSTINE CAP 100MG	5	NDS
LEUKERAN TAB 2MG	5	NDS

ANTHRACYCLINES

<i>adriamycin inj 20mg</i>	4	B/D, NM
<i>doxorubicin hcl inj 2 mg/ml</i>	4	B/D, NM
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	NDS, B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	4	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	4	B/D

ANTIMETABOLITES

ALIMTA INJ 100MG	5	NDS, B/D
ALIMTA INJ 500MG	5	NDS, B/D
<i>azacitidine for inj 100 mg</i>	5	NDS, B/D, NM
<i>cytarabine inj 20 mg/ml</i>	3	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	3	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	3	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	3	B/D
<i>gemcitabine hcl for inj 1 gm</i>	4	B/D
<i>gemcitabine hcl for inj 2 gm</i>	4	B/D
<i>gemcitabine hcl for inj 200 mg</i>	4	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	4	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	4	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	4	B/D
<i>mercaptopurine tab 50 mg</i>	3	
<i>methotrexate sodium for inj 1 gm</i>	2	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	B/D
PURIXAN SUS 20MG/ML	5	NDS, NM
TABLOID TAB 40MG	5	NDS
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	5	NDS, B/D
<i>docetaxel for inj conc 20 mg/ml</i>	5	NDS, B/D, NM
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	NDS, B/D, NM
DOCETAXEL INJ 20MG/2ML	5	NDS, B/D, NM
DOCETAXEL INJ 80MG/4ML	5	NDS, B/D, NM
DOCETAXEL INJ 80MG/8ML	5	NDS, B/D, NM
DOCETAXEL INJ 160/8ML	5	NDS, B/D, NM
DOCETAXEL INJ 160/16ML	5	NDS, B/D, NM
DOCETAXEL INJ 200/10	5	NDS, B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	5	NDS, B/D, NM
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	5	NDS, B/D, NM
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	5	NDS, B/D, NM
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	4	B/D, NM
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	4	B/D, NM
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	4	B/D, NM
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	4	B/D, NM
TAXOTERE INJ 80MG/4ML	5	NDS, B/D, NM
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	3	B/D, NM
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	3	B/D, NM
<i>BIOLGIC RESPONSE MODIFIERS</i>		
AVASTIN INJ	5	NDS, NM, LA, PA
AVASTIN INJ 400/16ML	5	NDS, NM, LA, PA
BORTEZOMIB INJ 3.5MG	5	NDS, NM, PA
DAURISMO TAB 25MG	5	NDS, NM, LA, PA
DAURISMO TAB 100MG	5	NDS, NM, LA, PA
ERIVEDGE CAP 150MG	5	NDS, NM, LA, PA
FARYDAK CAP 10MG	5	NDS, NM, LA, PA
FARYDAK CAP 15MG	5	NDS, NM, LA, PA
FARYDAK CAP 20MG	5	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NDS, NM, PA
HERCEPTIN INJ 150MG	5	NDS, NM, PA
HERCEPTIN INJ 440MG	5	NDS, NM, PA
IBRANCE CAP 75MG	5	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 100MG	5	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 125MG	5	NDS, QL (21 caps / 28 days), NM, LA, PA
IDHIFA TAB 50MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TAB 100MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
KADCYLA INJ 100MG	5	NDS, B/D, NM
KADCYLA INJ 160MG	5	NDS, B/D, NM
KEYTRUDA INJ 100MG/4M	5	NDS, NM, PA
KISQALI 200 PAK FEMARA	5	NDS, NM, PA
KISQALI 400 PAK FEMARA	5	NDS, NM, PA
KISQALI 600 PAK FEMARA	5	NDS, NM, PA
KISQALI TAB 200DOSE	5	NDS, NM, PA
KISQALI TAB 400DOSE	5	NDS, NM, PA
KISQALI TAB 600DOSE	5	NDS, NM, PA
LYNPARZA TAB 100MG	5	NDS, NM, LA, PA
LYNPARZA TAB 150MG	5	NDS, NM, LA, PA
NINLARO CAP 2.3MG	5	NDS, NM, PA
NINLARO CAP 3MG	5	NDS, NM, PA
NINLARO CAP 4MG	5	NDS, NM, PA
ODOMZO CAP 200MG	5	NDS, NM, LA, PA
RITUXAN INJ 100MG	5	NDS, NM, LA, PA
RITUXAN INJ 500MG	5	NDS, NM, LA, PA
RITUXAN INJ HYCELA	5	NDS, NM, LA, PA
RUBRACA TAB 200MG	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA TAB 250MG	5	NDS, NM, LA, PA
RUBRACA TAB 300MG	5	NDS, NM, LA, PA
TALZENNA CAP 0.25MG	5	NDS, NM, LA, PA
TALZENNA CAP 1MG	5	NDS, NM, LA, PA
TECENTRIQ INJ 840/14	5	NDS, NM, LA, PA
TECENTRIQ INJ 1200/20	5	NDS, NM, LA, PA
TIBSOVO TAB 250MG	5	NDS, LA, PA
VELCADE INJ 3.5MG	5	NDS, NM, PA
VENCLEXTA TAB 10MG	4	LA, PA
VENCLEXTA TAB 50MG	5	NDS, LA, PA
VENCLEXTA TAB 100MG	5	NDS, LA, PA
VENCLEXTA TAB START PK	5	NDS, LA, PA
VERZENIO TAB 50MG	5	NDS, NM, LA, PA
VERZENIO TAB 100MG	5	NDS, NM, LA, PA
VERZENIO TAB 150MG	5	NDS, NM, LA, PA
VERZENIO TAB 200MG	5	NDS, NM, LA, PA
ZEJULA CAP 100MG	5	NDS, LA, PA
ZOLINZA CAP 100MG	5	NDS, NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	5	NDS, NM, PA
<i>anastrozole tab 1 mg</i>	1	
<i>bicalutamide tab 50 mg</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA TAB 60MG	5	NDS, NM, LA, PA
<i>exemestane tab 25 mg</i>	4	
FASLODEX INJ 250/5ML	5	NDS, B/D
<i>flutamide cap 125 mg</i>	3	
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	3	NM, PA
LUPRON DEPOT INJ 3.75MG	5	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	5	NDS, NM, PA
LYSODREN TAB 500MG	3	
<i>megestrol acetate susp 40 mg/ml</i>	3	
<i>megestrol acetate susp 625 mg/5ml</i>	4	PA
<i>megestrol acetate tab 20 mg</i>	3	
<i>megestrol acetate tab 40 mg</i>	3	
<i>nilutamide tab 150 mg</i>	5	NDS
SOLTAMOX SOL 10MG/5ML	5	NDS
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	NDS
TRELSTAR MIX INJ 3.75MG	5	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	5	NDS, NM, PA
XTANDI CAP 40MG	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
ZYTIGA TAB 500MG	5	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	5	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 2MG	5	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 3MG	5	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAP 4MG	5	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAP 2.5MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	5	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAP 100MG	5	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAP 150MG	5	NDS, QL (56 caps / 28 days), NM, PA
THALOMID CAP 200MG	5	NDS, QL (56 caps / 28 days), NM, PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	5	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	5	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	5	NDS, QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 2.5MG	5	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 5MG	5	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 7.5MG	5	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	5	NDS, QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	5	NDS, NM, LA, PA
ALUNBRIG PAK	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TAB 30MG	5	NDS, NM, LA, PA
ALUNBRIG TAB 90MG	5	NDS, NM, LA, PA
ALUNBRIG TAB 180MG	5	NDS, NM, LA, PA
BALVERSA TAB 3MG	5	NDS, LA, PA
BALVERSA TAB 4MG	5	NDS, LA, PA
BALVERSA TAB 5MG	5	NDS, LA, PA
BOSULIF TAB 100MG	5	NDS, NM, PA
BOSULIF TAB 400MG	5	NDS, NM, PA
BOSULIF TAB 500MG	5	NDS, NM, PA
BRAFTOVI CAP 75MG	5	NDS, LA, PA
CABOMETYX TAB 20MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 40MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 60MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAP 100MG	5	NDS, LA, PA
CAPRELSA TAB 100MG	5	NDS, LA, PA
CAPRELSA TAB 300MG	5	NDS, LA, PA
COMETRIQ KIT 60MG	5	NDS, LA, PA
COMETRIQ KIT 100MG	5	NDS, LA, PA
COMETRIQ KIT 140MG	5	NDS, LA, PA
COPIKTRA CAP 15MG	5	NDS, LA, PA
COPIKTRA CAP 25MG	5	NDS, LA, PA
COTELLIC TAB 20MG	5	NDS, NM, LA, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 20MG	5	NDS, LA, PA
GILOTRIF TAB 30MG	5	NDS, LA, PA
GILOTRIF TAB 40MG	5	NDS, LA, PA
ICLUSIG TAB 15MG	5	NDS, LA, PA
ICLUSIG TAB 45MG	5	NDS, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	5	NDS, LA, PA
IMBRUVICA CAP 140MG	5	NDS, LA, PA
IMBRUVICA TAB 140MG	5	NDS, LA, PA
IMBRUVICA TAB 280MG	5	NDS, LA, PA
IMBRUVICA TAB 420MG	5	NDS, LA, PA
IMBRUVICA TAB 560MG	5	NDS, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
INLYTA TAB 1MG	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
IRESSA TAB 250MG	5	NDS, NM, LA, PA
JAKAFI TAB 5MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
LENVIMA CAP 4MG	5	NDS, NM, LA, PA
LENVIMA CAP 8 MG	5	NDS, NM, LA, PA
LENVIMA CAP 10 MG	5	NDS, NM, LA, PA
LENVIMA CAP 12MG	5	NDS, NM, LA, PA
LENVIMA CAP 14 MG	5	NDS, NM, LA, PA
LENVIMA CAP 18 MG	5	NDS, NM, LA, PA
LENVIMA CAP 20 MG	5	NDS, NM, LA, PA
LENVIMA CAP 24 MG	5	NDS, NM, LA, PA
LORBRENA TAB 25MG	5	NDS, NM, LA, PA
LORBRENA TAB 100MG	5	NDS, NM, LA, PA
MEKINIST TAB 0.5MG	5	NDS, NM, LA, PA
MEKINIST TAB 2MG	5	NDS, NM, LA, PA
MEKTOVI TAB 15MG	5	NDS, LA, PA
NERLYNX TAB 40MG	5	NDS, NM, LA, PA
NEXAVAR TAB 200MG	5	NDS, NM, LA, PA
PIQRAY 200MG TAB DOSE	5	NDS, NM, PA
PIQRAY 250MG TAB DOSE	5	NDS, NM, PA
PIQRAY 300MG TAB DOSE	5	NDS, NM, PA
RYDAPT CAP 25MG	5	NDS, NM, PA
SPRYCEL TAB 20MG	5	NDS, NM, PA
SPRYCEL TAB 50MG	5	NDS, NM, PA
SPRYCEL TAB 70MG	5	NDS, NM, PA
SPRYCEL TAB 80MG	5	NDS, NM, PA
SPRYCEL TAB 100MG	5	NDS, NM, PA
SPRYCEL TAB 140MG	5	NDS, NM, PA
STIVARGA TAB 40MG	5	NDS, NM, LA, PA
SUTENT CAP 12.5MG	5	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAP 25MG	5	NDS, QL (30 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
SUTENT CAP 37.5MG	5	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAP 50MG	5	NDS, QL (30 caps / 30 days), NM, PA
TAFINLAR CAP 50MG	5	NDS, NM, LA, PA
TAFINLAR CAP 75MG	5	NDS, NM, LA, PA
TAGRISSE TAB 40MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
TAGRISSE TAB 80MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA CAP 50MG	5	NDS, NM, PA
TASIGNA CAP 150MG	5	NDS, NM, PA
TASIGNA CAP 200MG	5	NDS, NM, PA
TYKERB TAB 250MG	5	NDS, NM, LA, PA
VITRAKVI CAP 25MG	5	NDS, NM, LA, PA
VITRAKVI CAP 100MG	5	NDS, NM, LA, PA
VITRAKVI SOL 20MG/ML	5	NDS, NM, LA, PA
VIZIMPRO TAB 15MG	5	NDS, NM, LA, PA
VIZIMPRO TAB 30MG	5	NDS, NM, LA, PA
VIZIMPRO TAB 45MG	5	NDS, NM, LA, PA
VOTRIENT TAB 200MG	5	NDS, NM, LA, PA
XALKORI CAP 200MG	5	NDS, NM, LA, PA
XALKORI CAP 250MG	5	NDS, NM, LA, PA
XOSPATA TAB 40MG	5	NDS, LA, PA
ZELBORAF TAB 240MG	5	NDS, NM, LA, PA
ZYDELIG TAB 100MG	5	NDS, NM, LA, PA
ZYDELIG TAB 150MG	5	NDS, NM, LA, PA
ZYKADIA CAP 150MG	5	NDS, NM, LA, PA
ZYKADIA TAB 150MG	5	NDS, LA, PA
MISCELLANEOUS		
<i>bexarotene cap 75 mg</i>	5	NDS, NM, PA
<i>hydroxyurea cap 500 mg</i>	2	
LONSURF TAB 15-6.14	5	NDS, NM, PA
LONSURF TAB 20-8.19	5	NDS, NM, PA
MATULANE CAP 50MG	5	NDS, LA
SYLATRON KIT 200MCG	5	NDS, NM, PA
SYLATRON KIT 300MCG	5	NDS, NM, PA
SYLATRON KIT 600MCG	5	NDS, NM, PA
SYNRIBO INJ 3.5MG	5	NDS, PA
<i>tretinoin cap 10 mg</i>	5	NDS
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	3	B/D, NM
<i>carboplatin iv soln 150 mg/15ml</i>	3	B/D, NM
<i>carboplatin iv soln 450 mg/45ml</i>	3	B/D, NM
<i>carboplatin iv soln 600 mg/60ml</i>	3	B/D, NM

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Drug Name	Drug Tier	Requirements/Limits
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	3	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	3	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	3	B/D
<i>oxaliplatin for iv inj 50 mg</i>	5	NDS, B/D
<i>oxaliplatin for iv inj 100 mg</i>	5	NDS, B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	4	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	B/D
PROTECTIVE AGENTS		
<i>leucovorin calcium for inj 50 mg</i>	4	B/D
<i>leucovorin calcium for inj 100 mg</i>	4	B/D
<i>leucovorin calcium for inj 200 mg</i>	4	B/D
<i>leucovorin calcium for inj 350 mg</i>	4	B/D
<i>leucovorin calcium for inj 500 mg</i>	4	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	4	B/D
<i>leucovorin calcium tab 5 mg</i>	3	
<i>leucovorin calcium tab 10 mg</i>	3	
<i>leucovorin calcium tab 15 mg</i>	4	
<i>leucovorin calcium tab 25 mg</i>	4	
MESNEX TAB 400MG	5	NDS
TOPOISOMERASE INHIBITORS		
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	3	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	3	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	B/D
<i>toposar inj 1gm/50ml</i>	3	B/D
<i>toposar inj 100/5ml</i>	3	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	3	
<i>eplerenone tab 50 mg</i>	3	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>prazosin hcl cap 1 mg</i>	3	
<i>prazosin hcl cap 2 mg</i>	3	
<i>prazosin hcl cap 5 mg</i>	3	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available
at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS -
Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>eprosartan mesylate tab 600 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	2	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	2	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	2	
<i>amiodarone hcl tab 100 mg</i>	4	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	4	
<i>disopyramide phosphate cap 100 mg</i>	4	
<i>disopyramide phosphate cap 150 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide cap 125 mcg (0.125 mg)</i>	4	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	NM
<i>flecainide acetate tab 50 mg</i>	3	
<i>flecainide acetate tab 100 mg</i>	3	
<i>flecainide acetate tab 150 mg</i>	3	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	
NORPACE CAP 150MG CR	4	
<i>pacerone tab 100mg</i>	4	
<i>pacerone tab 200mg</i>	1	
<i>pacerone tab 400mg</i>	4	
<i>propafenone hcl cap er 12hr 225 mg</i>	4	
<i>propafenone hcl cap er 12hr 325 mg</i>	4	
<i>propafenone hcl cap er 12hr 425 mg</i>	4	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>sorine tab 80mg</i>	2	
<i>sorine tab 120mg</i>	2	
<i>sorine tab 160mg</i>	2	
<i>sorine tab 240mg</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>lovastatin tab 10 mg</i>	1	
<i>lovastatin tab 20 mg</i>	1	
<i>lovastatin tab 40 mg</i>	1	
<i>pravastatin sodium tab 10 mg</i>	1	
<i>pravastatin sodium tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tab 40 mg</i>	1	
<i>pravastatin sodium tab 80 mg</i>	1	
<i>rosuvastatin calcium tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	
<i>simvastatin tab 10 mg</i>	1	
<i>simvastatin tab 20 mg</i>	1	
<i>simvastatin tab 40 mg</i>	1	
<i>simvastatin tab 80 mg</i>	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light powder 4 gm/dose</i>	3	
<i>cholestyramine light powder packets 4 gm</i>	4	
<i>cholestyramine powder 4 gm/dose</i>	3	
<i>cholestyramine powder packets 4 gm</i>	3	
<i>colesevelam hcl packet for susp 3.75 gm</i>	4	
<i>colesevelam hcl tab 625 mg</i>	4	
<i>colestipol hcl granule packets 5 gm</i>	4	
<i>colestipol hcl granules 5 gm</i>	4	
<i>colestipol hcl tab 1 gm</i>	3	
<i>ezetimibe tab 10 mg</i>	3	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	3	
<i>fenofibrate micronized cap 134 mg</i>	3	
<i>fenofibrate micronized cap 200 mg</i>	3	
<i>fenofibrate tab 48 mg</i>	3	
<i>fenofibrate tab 54 mg</i>	3	
<i>fenofibrate tab 145 mg</i>	3	
<i>fenofibrate tab 160 mg</i>	3	
<i>gemfibrozil tab 600 mg</i>	1	
JUXTAPID CAP 5MG	5	NDS, LA, PA
JUXTAPID CAP 10MG	5	NDS, LA, PA
JUXTAPID CAP 20MG	5	NDS, LA, PA
JUXTAPID CAP 30MG	5	NDS, LA, PA
JUXTAPID CAP 40MG	5	NDS, LA, PA
JUXTAPID CAP 60MG	5	NDS, LA, PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	4	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	4	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	4	
<i>niacor tab 500mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
PRALUENT INJ 75MG/ML	4	NM, PA
PRALUENT INJ 150MG/ML	4	NM, PA
<i>prevalite pow 4gm</i>	3	
<i>prevalite pow 4gm pk</i>	4	
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	3	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	3	
<i>betaxolol hcl tab 20 mg</i>	3	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
BYSTOLIC TAB 2.5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	4	QL (60 tabs / 30 days)
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	3	
<i>labetalol hcl tab 200 mg</i>	3	
<i>labetalol hcl tab 300 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	3	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	3	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	3	
<i>nadolol tab 40 mg</i>	3	
<i>nadolol tab 80 mg</i>	3	
<i>pindolol tab 5 mg</i>	3	
<i>pindolol tab 10 mg</i>	3	
<i>propranolol hcl cap er 24hr 60 mg</i>	3	
<i>propranolol hcl cap er 24hr 80 mg</i>	3	
<i>propranolol hcl cap er 24hr 120 mg</i>	3	
<i>propranolol hcl cap er 24hr 160 mg</i>	3	
<i>propranolol hcl oral soln 20 mg/5ml</i>	3	
<i>propranolol hcl oral soln 40 mg/5ml</i>	3	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	3	
<i>timolol maleate tab 10 mg</i>	3	
<i>timolol maleate tab 20 mg</i>	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	4	
<i>diltiazem hcl cap er 12hr 90 mg</i>	4	
<i>diltiazem hcl cap er 12hr 120 mg</i>	4	
<i>diltiazem hcl cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl cap er 24hr 180 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	4	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	3	
<i>isradipine cap 5 mg</i>	3	
<i>nicardipine hcl cap 20 mg</i>	4	
<i>nicardipine hcl cap 30 mg</i>	4	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	5	NDS
NYMALIZE SOL 60/20ML	5	NDS
<i>verapamil hcl cap er 24hr 100 mg</i>	4	
<i>verapamil hcl cap er 24hr 120 mg</i>	3	
<i>verapamil hcl cap er 24hr 180 mg</i>	3	
<i>verapamil hcl cap er 24hr 200 mg</i>	4	
<i>verapamil hcl cap er 24hr 240 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cap er 24hr 300 mg</i>	4	
<i>verapamil hcl cap er 24hr 360 mg</i>	4	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	4	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	2	
<i>verapamil hcl tab er 180 mg</i>	2	
<i>verapamil hcl tab er 240 mg</i>	2	
DIGITALIS GLYCOSIDES		
<i>digitek tab 0.25mg</i>	2	PA; PA if 70 years and older
<i>digitek tab 0.125mg</i>	2	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	4	
<i>digoxin oral soln 0.05 mg/ml</i>	4	PA; PA if 70 years and older
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	PA; PA if 70 years and older
DIURETICS		
<i>acetazolamide cap er 12hr 500 mg</i>	4	
<i>acetazolamide tab 125 mg</i>	3	
<i>acetazolamide tab 250 mg</i>	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>bumetanide inj 0.25 mg/ml</i>	3	
<i>bumetanide tab 0.5 mg</i>	3	
<i>bumetanide tab 1 mg</i>	3	
<i>bumetanide tab 2 mg</i>	3	
<i>chlorothiazide tab 250 mg</i>	3	
<i>chlorothiazide tab 500 mg</i>	3	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	2	
<i>indapamide tab 2.5 mg</i>	2	

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Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide tab 25 mg</i>	4	
<i>methazolamide tab 50 mg</i>	4	
<i>metolazone tab 2.5 mg</i>	3	
<i>metolazone tab 5 mg</i>	3	
<i>metolazone tab 10 mg</i>	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>toremide tab 5 mg</i>	2	
<i>toremide tab 10 mg</i>	2	
<i>toremide tab 20 mg</i>	2	
<i>toremide tab 100 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	4	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	4	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	4	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	4	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	4	
CORLANOR TAB 5MG	4	
CORLANOR TAB 7.5MG	4	
DEMSER CAP 250MG	5	NDS, PA
<i>hydralazine hcl inj 20 mg/ml</i>	4	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	3	
<i>midodrine hcl tab 5 mg</i>	3	
<i>midodrine hcl tab 10 mg</i>	3	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
NORTHERA CAP 100MG	5	NDS, QL (90 caps / 30 days), NM, LA, PA
NORTHERA CAP 200MG	5	NDS, QL (180 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
NORTHERA CAP 300MG	5	NDS, QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine tab er 12hr 500 mg</i>	4	
<i>ranolazine tab er 12hr 1000 mg</i>	4	
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	3	
<i>isosorbide dinitrate tab 10 mg</i>	3	
<i>isosorbide dinitrate tab 20 mg</i>	3	
<i>isosorbide dinitrate tab 30 mg</i>	3	
<i>isosorbide dinitrate tab er 40 mg</i>	4	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
<i>minitran dis 0.1mg/hr</i>	2	
<i>minitran dis 0.2mg/hr</i>	2	
<i>minitran dis 0.4mg/hr</i>	2	
<i>minitran dis 0.6mg/hr</i>	2	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin sl tab 0.3 mg</i>	3	
<i>nitroglycerin sl tab 0.4 mg</i>	3	
<i>nitroglycerin sl tab 0.6 mg</i>	3	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	4	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TAB 0.5MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 5 mg</i>	5	NDS, QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>ambrisentan tab 10 mg</i>	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan tab 62.5 mg</i>	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan tab 125 mg</i>	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate tab 20 mg</i>	3	QL (90 tabs / 30 days), NM, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	5	NDS, NM, LA, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	5	NDS, NM, LA, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	5	NDS, NM, LA, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	5	NDS, NM, LA, PA
VENTAVIS SOL 10MCG/ML	5	NDS, NM, PA
VENTAVIS SOL 20MCG/ML	5	NDS, NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 30 days)
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	3	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	3	
<i>fluvoxamine maleate tab 25 mg</i>	2	
<i>fluvoxamine maleate tab 50 mg</i>	2	
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam conc 2 mg/ml</i>	3	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	2	
<i>lorazepam inj 4 mg/ml</i>	2	
<i>lorazepam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	2	QL (150 tabs / 30 days)

ANTICONVULSANTS

APTIOM TAB 200MG	5	NDS, QL (60 tabs / 30 days)
APTIOM TAB 400MG	5	NDS, QL (60 tabs / 30 days)
APTIOM TAB 600MG	5	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	5	NDS, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BANZEL SUS 40MG/ML	5	NDS, PA
BANZEL TAB 200MG	5	NDS, PA
BANZEL TAB 400MG	5	NDS, PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	NDS, PA
BRIVIACT TAB 10MG	5	NDS, PA
BRIVIACT TAB 25MG	5	NDS, PA
BRIVIACT TAB 50MG	5	NDS, PA
BRIVIACT TAB 75MG	5	NDS, PA
BRIVIACT TAB 100MG	5	NDS, PA
<i>carbamazepine cap er 12hr 100 mg</i>	4	
<i>carbamazepine cap er 12hr 200 mg</i>	4	
<i>carbamazepine cap er 12hr 300 mg</i>	4	
<i>carbamazepine chew tab 100 mg</i>	3	
<i>carbamazepine susp 100 mg/5ml</i>	4	
<i>carbamazepine tab 200 mg</i>	3	
<i>carbamazepine tab er 12hr 100 mg</i>	4	
<i>carbamazepine tab er 12hr 200 mg</i>	4	
<i>carbamazepine tab er 12hr 400 mg</i>	4	
CELONTIN CAP 300MG	4	
<i>clobazam suspension 2.5 mg/ml</i>	4	PA
<i>clobazam tab 10 mg</i>	4	PA
<i>clobazam tab 20 mg</i>	4	PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	3	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	3	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	3	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	3	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	3	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	2	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	4	
DIASTAT ACDL GEL 12.5-20	4	
DIASTAT PED GEL 2.5M GEL	4	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam conc 5 mg/ml</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	3	
<i>diazepam oral soln 1 mg/ml</i>	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	4	
<i>diazepam rectal gel delivery system 10 mg</i>	4	
<i>diazepam rectal gel delivery system 20 mg</i>	4	
<i>diazepam tab 2 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	4	
<i>divalproex sodium tab delayed release 125 mg</i>	3	
<i>divalproex sodium tab delayed release 250 mg</i>	3	
<i>divalproex sodium tab delayed release 500 mg</i>	3	
<i>divalproex sodium tab er 24 hr 250 mg</i>	3	
<i>divalproex sodium tab er 24 hr 500 mg</i>	3	
EPIDIOLEX SOL 100MG/ML	5	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol tab 200mg</i>	3	
<i>ethosuximide cap 250 mg</i>	4	
<i>ethosuximide soln 250 mg/5ml</i>	4	
<i>felbamate susp 600 mg/5ml</i>	5	NDS
<i>felbamate tab 400 mg</i>	4	
<i>felbamate tab 600 mg</i>	4	
FYCOMPA SUS 0.5MG/ML	5	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	4	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	5	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 6MG	5	NDS, QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 8MG	5	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	5	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	2	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	2	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	2	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	3	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	3	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	3	QL (120 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	3	
<i>lamotrigine tab chewable dispersible 25 mg</i>	3	
<i>lamotrigine tab er 24hr 25 mg</i>	4	
<i>lamotrigine tab er 24hr 50 mg</i>	4	
<i>lamotrigine tab er 24hr 100 mg</i>	4	
<i>lamotrigine tab er 24hr 200 mg</i>	4	
<i>lamotrigine tab er 24hr 250 mg</i>	4	
<i>lamotrigine tab er 24hr 300 mg</i>	4	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	4	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	3	
<i>levetiracetam tab er 24hr 750 mg</i>	3	
LYRICA CAP 25MG	4	QL (120 caps / 30 days), PA
LYRICA CAP 50MG	4	QL (120 caps / 30 days), PA
LYRICA CAP 75MG	4	QL (120 caps / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
LYRICA CAP 100MG	4	QL (120 caps / 30 days), PA
LYRICA CAP 150MG	4	QL (120 caps / 30 days), PA
LYRICA CAP 200MG	4	QL (90 caps / 30 days), PA
LYRICA CAP 225MG	4	QL (60 caps / 30 days), PA
LYRICA CAP 300MG	4	QL (60 caps / 30 days), PA
LYRICA SOL 20MG/ML	4	QL (900 mL / 30 days), PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	4	
<i>oxcarbazepine tab 150 mg</i>	3	
<i>oxcarbazepine tab 300 mg</i>	3	
<i>oxcarbazepine tab 600 mg</i>	3	
PEGANONE TAB 250MG	4	
PHENOBARB INJ 65MG/ML	4	PA; PA if 70 years and older
<i>phenobarbital elixir 20 mg/5ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 30 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 60 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	3	PA; PA if 70 years and older
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
<i>phenytoin chew tab 50 mg</i>	3	
<i>phenytoin sodium extended cap 100 mg</i>	3	
<i>phenytoin sodium extended cap 200 mg</i>	3	
<i>phenytoin sodium extended cap 300 mg</i>	3	
<i>phenytoin sodium inj 50 mg/ml</i>	3	
<i>phenytoin susp 125 mg/5ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>roweepra tab 500mg</i>	2	
<i>roweepra tab 750mg</i>	2	
<i>roweepra tab 1000mg</i>	2	
<i>roweepra xr tab 500mg xr</i>	3	
<i>roweepra xr tab 750mg xr</i>	3	
SPRITAM TAB 250MG	4	
SPRITAM TAB 500MG	4	
SPRITAM TAB 750MG	4	
SPRITAM TAB 1000MG	4	
SYMPAZAN MIS 5MG	4	PA
SYMPAZAN MIS 10MG	5	NDS, PA
SYMPAZAN MIS 20MG	5	NDS, PA
<i>tiagabine hcl tab 2 mg</i>	4	
<i>tiagabine hcl tab 4 mg</i>	4	
<i>tiagabine hcl tab 12 mg</i>	4	
<i>tiagabine hcl tab 16 mg</i>	4	
<i>topiramate sprinkle cap 15 mg</i>	3	
<i>topiramate sprinkle cap 25 mg</i>	3	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium inj 100 mg/ml</i>	3	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	3	
<i>valproic acid cap 250 mg</i>	3	
<i>vigabatrin powd pack 500 mg</i>	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500 mg</i>	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone pow 500mg</i>	5	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	5	NDS
VIMPAT SOL 10MG/ML	5	NDS, QL (1200 mL / 30 days)
VIMPAT TAB 50MG	4	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	5	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	5	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	5	NDS, QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide cap 100 mg</i>	2	
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	4	
<i>galantamine hydrobromide tab 4 mg</i>	3	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	3	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	3	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	4	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	4	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 21 mg</i>	4	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	4	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	3	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	4	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	3	PA; PA if < 30 yrs
NAMZARIC CAP	4	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	4	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	4	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	4	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	4	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	QL (30 patches / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tab 25 mg</i>	3	
<i>amitriptyline hcl tab 50 mg</i>	3	
<i>amitriptyline hcl tab 75 mg</i>	3	
<i>amitriptyline hcl tab 100 mg</i>	3	
<i>amitriptyline hcl tab 150 mg</i>	3	
<i>amoxapine tab 25 mg</i>	3	
<i>amoxapine tab 50 mg</i>	3	
<i>amoxapine tab 100 mg</i>	3	
<i>amoxapine tab 150 mg</i>	3	
<i>bupropion hcl tab 75 mg</i>	3	
<i>bupropion hcl tab 100 mg</i>	3	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 150 mg</i>	2	
<i>bupropion hcl tab er 12hr 200 mg</i>	2	
<i>bupropion hcl tab er 24hr 150 mg</i>	3	
<i>bupropion hcl tab er 24hr 300 mg</i>	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	3	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>clomipramine hcl cap 25 mg</i>	4	PA
<i>clomipramine hcl cap 50 mg</i>	4	PA
<i>clomipramine hcl cap 75 mg</i>	4	PA
<i>desipramine hcl tab 10 mg</i>	4	
<i>desipramine hcl tab 25 mg</i>	4	
<i>desipramine hcl tab 50 mg</i>	4	
<i>desipramine hcl tab 75 mg</i>	4	
<i>desipramine hcl tab 100 mg</i>	4	
<i>desipramine hcl tab 150 mg</i>	4	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	4	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	4	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl cap 10 mg</i>	3	
<i>doxepin hcl cap 25 mg</i>	3	
<i>doxepin hcl cap 50 mg</i>	3	
<i>doxepin hcl cap 75 mg</i>	3	
<i>doxepin hcl cap 100 mg</i>	3	
<i>doxepin hcl cap 150 mg</i>	3	
<i>doxepin hcl conc 10 mg/ml</i>	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	3	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	3	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	3	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	5	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	5	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	4	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	4	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	4	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	2	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>imipramine hcl tab 10 mg</i>	2	
<i>imipramine hcl tab 25 mg</i>	2	
<i>imipramine hcl tab 50 mg</i>	2	
<i>maprotiline hcl tab 25 mg</i>	3	
<i>maprotiline hcl tab 50 mg</i>	3	
<i>maprotiline hcl tab 75 mg</i>	3	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	3	
<i>mirtazapine orally disintegrating tab 30 mg</i>	3	
<i>mirtazapine orally disintegrating tab 45 mg</i>	3	
<i>mirtazapine tab 7.5 mg</i>	3	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	4	
<i>nefazodone hcl tab 100 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl tab 150 mg</i>	4	
<i>nefazodone hcl tab 200 mg</i>	4	
<i>nefazodone hcl tab 250 mg</i>	4	
<i>nortriptyline hcl cap 10 mg</i>	2	
<i>nortriptyline hcl cap 25 mg</i>	2	
<i>nortriptyline hcl cap 50 mg</i>	2	
<i>nortriptyline hcl cap 75 mg</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml</i>	4	
<i>paroxetine hcl tab 10 mg</i>	2	
<i>paroxetine hcl tab 20 mg</i>	2	
<i>paroxetine hcl tab 30 mg</i>	2	
<i>paroxetine hcl tab 40 mg</i>	2	
PAXIL SUS 10MG/5ML	4	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	3	
<i>protriptyline hcl tab 5 mg</i>	4	
<i>protriptyline hcl tab 10 mg</i>	4	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	4	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	4	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	4	QL (240 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	4	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	4	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	4	QL (120 tabs / 30 days), PA
TRINTELLIX TAB 10MG	4	QL (60 tabs / 30 days), PA
TRINTELLIX TAB 20MG	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD KIT STARTER	4	PA
VIIBRYD TAB 10MG	4	QL (30 tabs / 30 days), PA
VIIBRYD TAB 20MG	4	QL (30 tabs / 30 days), PA
VIIBRYD TAB 40MG	4	QL (30 tabs / 30 days), PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	3	QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	3	
APOKYN INJ 10MG/ML	5	NDS, QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	4	
<i>benztropine mesylate tab 0.5 mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	4	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	4	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	3	
<i>carbidopa & levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone tab 200 mg</i>	4	
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	
NEUPRO DIS 8MG/24HR	4	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	4	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	4	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAIN INJ 300MG	5	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	NDS, QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	NDS, QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	NDS, QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	4	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole tab 10 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	4	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	5	NDS, QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	5	NDS, QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	5	NDS, QL (1 injection / 28 days)
ARISTADA INJ 1064MG	5	NDS, QL (1 injection / 56 days)
ARISTADA INJ INITIO	5	NDS
CHLORPROMAZ INJ 25MG/ML	4	
CHLORPROMAZ INJ 50MG/2ML	4	
<i>chlorpromazine hcl tab 10 mg</i>	4	
<i>chlorpromazine hcl tab 25 mg</i>	4	
<i>chlorpromazine hcl tab 50 mg</i>	4	
<i>chlorpromazine hcl tab 100 mg</i>	4	
<i>chlorpromazine hcl tab 200 mg</i>	4	
<i>clozapine orally disintegrating tab 12.5 mg</i>	4	PA
<i>clozapine orally disintegrating tab 25 mg</i>	4	PA
<i>clozapine orally disintegrating tab 100 mg</i>	4	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	4	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	4	QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	3	
<i>clozapine tab 50 mg</i>	3	
<i>clozapine tab 100 mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	4	QL (135 tabs / 30 days)
FANAPT PAK	4	PA
FANAPT TAB 1MG	4	QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	4	QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	4	QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	4	QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	4	QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
FANAPT TAB 12MG	4	QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	4	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	4	
<i>fluphenazine hcl tab 1 mg</i>	4	
<i>fluphenazine hcl tab 2.5 mg</i>	4	
<i>fluphenazine hcl tab 5 mg</i>	4	
<i>fluphenazine hcl tab 10 mg</i>	4	
GEODON INJ 20MG	4	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	3	
<i>haloperidol decanoate im soln 100 mg/ml</i>	3	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	3	
<i>haloperidol tab 1 mg</i>	3	
<i>haloperidol tab 2 mg</i>	3	
<i>haloperidol tab 5 mg</i>	3	
<i>haloperidol tab 10 mg</i>	3	
<i>haloperidol tab 20 mg</i>	3	
INVEGA SUST INJ 39/0.25	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	5	NDS, QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	5	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 410MG	5	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	5	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	5	NDS, QL (1 injection / 90 days)
LATUDA TAB 20MG	4	QL (30 tabs / 30 days)
LATUDA TAB 40MG	4	QL (30 tabs / 30 days)
LATUDA TAB 60MG	4	QL (30 tabs / 30 days)
LATUDA TAB 80MG	4	QL (60 tabs / 30 days)
LATUDA TAB 120MG	4	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	3	
<i>loxapine succinate cap 10 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate cap 25 mg</i>	3	
<i>loxapine succinate cap 50 mg</i>	3	
<i>molindone hcl tab 5 mg</i>	4	
<i>molindone hcl tab 10 mg</i>	4	
<i>molindone hcl tab 25 mg</i>	4	
NUPLAZID CAP 34MG	5	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TAB 10MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine for im inj 10 mg</i>	4	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	4	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	4	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	4	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	4	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	4	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	3	
<i>perphenazine tab 4 mg</i>	3	
<i>perphenazine tab 8 mg</i>	3	
<i>perphenazine tab 16 mg</i>	3	
PERSERIS INJ 90MG	5	NDS, QL (1 injection / 30 days)
PERSERIS INJ 120MG	5	NDS, QL (1 injection / 30 days)
<i>pimozide tab 1 mg</i>	4	
<i>pimozide tab 2 mg</i>	4	
<i>quetiapine fumarate tab 25 mg</i>	2	
<i>quetiapine fumarate tab 50 mg</i>	2	
<i>quetiapine fumarate tab 100 mg</i>	2	
<i>quetiapine fumarate tab 200 mg</i>	2	
<i>quetiapine fumarate tab 300 mg</i>	2	
<i>quetiapine fumarate tab 400 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	4	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab er 24hr 200 mg</i>	4	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	4	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	5	NDS, QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	5	NDS, QL (60 tabs / 30 days)
REXULTI TAB 1MG	5	NDS, QL (60 tabs / 30 days)
REXULTI TAB 2MG	5	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	5	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	5	NDS, QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	NDS, QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	NDS, QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	4	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	4	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	3	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	2	
<i>risperidone tab 0.25 mg</i>	2	
<i>risperidone tab 1 mg</i>	2	
<i>risperidone tab 2 mg</i>	2	
<i>risperidone tab 3 mg</i>	2	
<i>risperidone tab 4 mg</i>	2	
SAPHRIS SUB 2.5MG	4	QL (60 tabs / 30 days)
SAPHRIS SUB 5MG	4	QL (60 tabs / 30 days)
SAPHRIS SUB 10MG	4	QL (60 tabs / 30 days)
<i>thioridazine hcl tab 10 mg</i>	3	
<i>thioridazine hcl tab 25 mg</i>	3	
<i>thioridazine hcl tab 50 mg</i>	3	
<i>thioridazine hcl tab 100 mg</i>	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available
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Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene cap 1 mg</i>	4	
<i>thiothixene cap 2 mg</i>	4	
<i>thiothixene cap 5 mg</i>	4	
<i>thiothixene cap 10 mg</i>	4	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	3	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	3	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	3	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	3	
VERSACLOZ SUS 50MG/ML	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	4	PA
VRAYLAR CAP 1.5MG	5	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAP 3MG	5	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 4.5MG	5	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	5	NDS, QL (30 caps / 30 days), PA
<i>ziprasidone hcl cap 20 mg</i>	4	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	4	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	4	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	4	QL (60 caps / 30 days)
ZYPREXA RELP INJ 210MG	4	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	5	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	5	NDS, QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (120 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	4	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	4	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	3	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	3	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	3	QL (60 tabs / 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	3	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	3	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	3	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	3	PA; PA if 70 years and older
<i>methylphenidate hcl soln 5 mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	4	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	4	QL (90 tabs / 30 days)
HYPNOTICS		
<i>eszopiclone tab 1 mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	5	NDS, LA, PA
SILENOR TAB 3MG	3	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SILENOR TAB 6MG	3	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 5 mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 10 mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG INJ 70MG/ML	3	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	3	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	NDS
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	NDS, QL (8 mL / 30 days), PA
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	4	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	4	QL (12 tabs / 30 days)
EMGALITY INJ 120MG/ML	3	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	3	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	4	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	3	QL (12 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	4	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	4	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 9MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 12MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
LITHIUM SOL 8MEQ/5ML	4	

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Drug Name	Drug Tier	Requirements/Limits
LYRICA CR TAB 82.5MG	3	QL (60 tabs / 30 days), PA
LYRICA CR TAB 165MG	3	QL (60 tabs / 30 days), PA
LYRICA CR TAB 330MG	3	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	3	
<i>riluzole tab 50 mg</i>	3	
<i>tetrabenazine tab 12.5 mg</i>	5	NDS, QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ 0.3MG	5	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine tab er 12hr 10 mg</i>	5	NDS, NM, PA
GILENYA CAP 0.5MG	5	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa inj 20mg/ml</i>	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa inj 40mg/ml</i>	5	NDS, QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 10 mg</i>	3	
<i>baclofen tab 20 mg</i>	3	
<i>carisoprodol tab 350 mg</i>	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	3	PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	3	PA; PA if 70 years and older
<i>dantrolene sodium cap 25 mg</i>	4	
<i>dantrolene sodium cap 50 mg</i>	4	
<i>dantrolene sodium cap 100 mg</i>	4	
<i>methocarbamol tab 500 mg</i>	3	PA; PA if 70 years and older
<i>methocarbamol tab 750 mg</i>	3	PA; PA if 70 years and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	3	QL (90 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	3	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	3	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	3	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	5	NDS, QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	3	
CHANTIX PAK 0.5& 1MG	4	PA
CHANTIX PAK 1MG	4	PA
CHANTIX TAB 0.5MG	4	PA
CHANTIX TAB 1MG	4	PA
<i>disulfiram tab 250 mg</i>	3	
<i>disulfiram tab 500 mg</i>	3	
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	3	
NARCAN SPR	3	
NICOTROL INH	4	

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SPR 10MG/ML	4	
VIVITROL INJ 380MG	5	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50 TAB 50MG	5	NDS, PA
ANDRODERM DIS 2MG/24HR	4	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	4	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	3	PA
<i>oxandrolone tab 10 mg</i>	4	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	3	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	3	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	3	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	4	QL (300 grams / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	4	QL (300 grams / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	4	QL (300 grams / 30 days), PA
ANTIDIABETICS, INJECTABLE		
BASAGLAR INJ 100UNIT	3	
BD ALCOHOL SWABS	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BC INJ 2/0.85ML	3	QL (4 pens / 28 days)
BYDUREON PEN INJ 2MG	3	QL (4 pens / 28 days)
BYETTA INJ 5MCG	4	QL (1 pen / 30 days)
BYETTA INJ 10MCG	4	QL (1 pen / 30 days)
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	NDS
HUMULIN R INJ U-500	5	NDS, B/D
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTUOC	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ FLEXPEN	3	(brand RELION not covered)
NOVOLIN N INJ U-100	3	(brand RELION not covered)

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NOVOLIN R INJ U-100	3	(brand RELION not covered)
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
OZEMPIC INJ 2/1.5ML	3	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	3	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
TRULICITY INJ 0.75/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	3	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	3	QL (3 pens / 30 days)
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
ANTIDIABETICS, ORAL		
<i>acarbose tab 25 mg</i>	3	
<i>acarbose tab 50 mg</i>	3	
<i>acarbose tab 100 mg</i>	3	
FARXIGA TAB 5MG	3	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	3	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	2	QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	2	QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	2	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide xl tab 2.5mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide xl tab 10mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	2	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide micronized tab 3 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide micronized tab 6 mg</i>	2	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 1.25 mg</i>	2	QL (480 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 2.5 mg</i>	2	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 5 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 1.25-250 mg</i>	2	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 2.5-500 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 5-500 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	3	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR	3	QL (30 tabs / 30 days)
JENTADUETO TAB XR	3	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tabs / 30 days)
SYNJARDY TAB	3	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium oral soln 70 mg/75ml</i>	4	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 40 mg</i>	3	
<i>alendronate sodium tab 70 mg</i>	1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	3	B/D
<i>pamidronate disodium for inj 30 mg</i>	3	B/D
<i>pamidronate disodium for inj 90 mg</i>	3	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	3	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	3	B/D
PAMIDRONATE INJ 6MG/ML	3	B/D
<i>risedronate sodium tab 5 mg</i>	4	
<i>risedronate sodium tab 35 mg</i>	4	
<i>risedronate sodium tab 150 mg</i>	4	
<i>risedronate sodium tab delayed release 35 mg</i>	4	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	B/D, NM
CHELATING AGENTS		
CHEMET CAP 100MG	4	
DEPEN TITRA TAB 250MG	5	NDS

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JADENU SPRKL GRA 90MG	5	NDS, NM, LA, PA
JADENU SPRKL GRA 180MG	5	NDS, NM, LA, PA
JADENU SPRKL GRA 360MG	5	NDS, NM, LA, PA
JADENU TAB 90MG	5	NDS, NM, LA, PA
JADENU TAB 180MG	5	NDS, NM, LA, PA
JADENU TAB 360MG	5	NDS, NM, LA, PA
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	3	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>trientine hcl cap 250 mg</i>	5	NDS, PA
CONTRACEPTIVES		
<i>alyacen tab 1/35</i>	2	
<i>amethia lo tab</i>	3	
<i>amethia tab</i>	3	
<i>apri tab</i>	2	
<i>aranelle tab</i>	3	
<i>ashlyna tab</i>	3	
<i>aubra tab 0.1-0.02</i>	2	
<i>aviane tab</i>	2	
<i>balziva tab</i>	3	
<i>bekyree tab</i>	3	
<i>blisovi 24 tab fe 1/20</i>	3	
<i>blisovi fe tab 1.5/30</i>	2	
<i>briellyn tab</i>	3	
<i>camila tab 0.35mg</i>	2	
<i>camrese lo tab</i>	3	
<i>cryselle-28 tab 28 tabs</i>	2	
<i>cyclafem tab 1/35</i>	2	
<i>cyclafem tab 7/7/7</i>	2	
<i>dasetta tab 1/35</i>	2	
<i>dasetta tab 7/7/7</i>	2	
<i>deblitane tab 0.35mg</i>	2	
<i>delyla tab 0.1-0.02</i>	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	4	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	4	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
ELLA TAB 30MG	3	
<i>emoquette tab</i>	2	
<i>enpresse-28 tab</i>	2	
<i>enskyce tab</i>	2	
<i>errin tab 0.35mg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>falmina tab</i>	2	
<i>fayosim tab</i>	3	
<i>femynor tab 0.25-35</i>	2	
<i>hailey 24 tab fe</i>	3	
<i>incassia tab 0.35mg</i>	2	
<i>introvale tab</i>	3	
<i>isibloom tab</i>	2	
<i>jasmiel tab 3-0.02mg</i>	3	
<i>jolivette tab 0.35mg</i>	2	
<i>juleber tab</i>	2	
<i>junel 1.5/30 tab</i>	2	
<i>junel 1/20 tab</i>	2	
<i>junel fe 24 tab 1/20</i>	3	
<i>junel fe tab 1.5/30</i>	2	
<i>junel fe tab 1/20</i>	2	
<i>kaitlib fe chw</i>	4	
<i>kariva tab 28 day</i>	3	
<i>kelnor 1/50 tab</i>	3	
<i>kelnor tab 1/35</i>	2	
<i>kurvelo tab 0.15/30</i>	2	
<i>larin fe tab 1.5/30</i>	2	
<i>larin fe tab 1/20</i>	2	
<i>larin tab 1.5/30</i>	2	
<i>larin tab 1/20</i>	2	
<i>layolis fe chw</i>	4	
<i>lessina tab</i>	2	
<i>levonest tab</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	3	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora-28 tab 0.15/30</i>	2	
<i>loryna tab 3-0.02mg</i>	3	
<i>lutra tab</i>	2	
<i>lyza tab 0.35mg</i>	2	
<i>marlissa tab 0.15/30</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	2	
<i>melodetta chw 24 fe</i>	4	
<i>mibelas 24 chw fe</i>	4	
<i>mili tab 0.25/35</i>	2	
<i>necon tab 0.5/35</i>	3	
<i>nikki tab 3-0.02mg</i>	3	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	4	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	3	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	4	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	4	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	3	
<i>norethindrone tab 0.35 mg</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	3	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>norlyroc tab 0.35mg</i>	2	
<i>nortrel tab 0.5/35</i>	3	
<i>nortrel tab 1/35</i>	2	
<i>nortrel tab 7/7/7</i>	2	
NUVARING MIS	4	
<i>orsythia tab</i>	2	
<i>philith tab 0.4-35</i>	3	
<i>pimtrea tab</i>	3	
<i>pirmella tab 1/35</i>	2	
<i>portia-28 tab</i>	2	
<i>previfem tab</i>	2	
<i>reclipsen tab</i>	2	
<i>rivelsa tab</i>	3	
<i>sharobel tab 0.35mg</i>	2	
<i>sprintec 28 tab 28 day</i>	2	
<i>tarina 24 fe tab</i>	3	
<i>tarina fe tab 1/20</i>	2	
<i>tri-estaryll tab</i>	2	
<i>tri-legest tab fe</i>	3	
<i>tri-lo- tab sprintec</i>	3	
<i>tri-mili tab</i>	2	
<i>tri-previfem tab</i>	2	
<i>tri-sprintec tab</i>	2	
<i>tri-vylibra tab</i>	2	
<i>tri-vylibra tab lo</i>	3	
<i>trivora-28 tab</i>	2	
<i>tulana tab 0.35mg</i>	2	
<i>tydemy tab</i>	4	
<i>velivet pak</i>	2	
<i>vienva tab 0.1-20</i>	2	
<i>viorele tab</i>	3	
<i>vyfemla tab 0.4-35</i>	3	
<i>vylibra tab 0.25-35</i>	2	
<i>wymzya fe chw 0.4mg-35</i>	3	
<i>zovia 1/35e tab</i>	2	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	4	
<i>danazol cap 100 mg</i>	4	
<i>danazol cap 200 mg</i>	4	
SYNAREL SOL 2MG/ML	5	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
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ENZYME REPLACEMENTS

ALDURAZYME INJ 2.9MG/5M	5	NDS, NM, LA, PA
CARBAGLU TAB 200MG	5	NDS, LA, PA
CERDELGA CAP 84MG	5	NDS, NM, PA
CEREZYME INJ 400UNIT	5	NDS, NM, LA, PA
CYSTADANE POW	5	NDS, LA
CYSTAGON CAP 50MG	4	NM, LA, PA
CYSTAGON CAP 150MG	4	NM, LA, PA
FABRAZYME INJ 5MG	5	NDS, NM, LA, PA
FABRAZYME INJ 35MG	5	NDS, NM, LA, PA
KUVAN POW 100MG	5	NDS, NM, LA, PA
KUVAN POW 500MG	5	NDS, NM, LA, PA
KUVAN TAB 100MG	5	NDS, NM, LA, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	B/D
<i>levocarnitine tab 330 mg</i>	4	B/D
LUMIZYME INJ 50MG	5	NDS, NM, LA, PA
<i>miglustat cap 100 mg</i>	5	NDS, NM, PA
NAGLAZYME INJ 1MG/ML	5	NDS, NM, LA, PA
NITYR TAB 2MG	5	NDS, LA, PA
NITYR TAB 5MG	5	NDS, LA, PA
NITYR TAB 10MG	5	NDS, LA, PA
ORFADIN CAP 2MG	5	NDS, LA, PA
ORFADIN CAP 5MG	5	NDS, LA, PA
ORFADIN CAP 10MG	5	NDS, LA, PA
ORFADIN CAP 20MG	5	NDS, LA, PA
ORFADIN SUS 4MG/ML	5	NDS, LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	NDS, NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	NDS, NM, PA

ESTROGENS

DELESTROGEN INJ 10MG/ML	4	
<i>estradiol tab 0.5 mg</i>	2	
<i>estradiol tab 1 mg</i>	2	
<i>estradiol tab 2 mg</i>	2	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
<i>estradiol vaginal tab 10 mcg</i>	4	
<i>estradiol valerate im in oil 20 mg/ml</i>	4	
<i>estradiol valerate im in oil 40 mg/ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>fyavolv tab 0.5-2.5</i>	3	
<i>jinteli tab 1mg-5mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
GLUCOCORTICOIDS		
<i>cortisone acetate tab 25 mg</i>	4	
DEXAMETHASON CON 1MG/ML	4	
<i>dexamethasone elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	3	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	3	
<i>hydrocortisone tab 10 mg</i>	3	
<i>hydrocortisone tab 20 mg</i>	3	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	3	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	3	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	3	B/D
<i>methylprednisolone tab 4 mg</i>	3	B/D
<i>methylprednisolone tab 8 mg</i>	3	B/D
<i>methylprednisolone tab 16 mg</i>	3	B/D
<i>methylprednisolone tab 32 mg</i>	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	4	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	4	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	2	B/D
PREDNISONE CON 5MG/ML	4	B/D
<i>prednisone oral soln 5 mg/5ml</i>	4	B/D
<i>prednisone tab 1 mg</i>	1	B/D
<i>prednisone tab 2.5 mg</i>	1	B/D
<i>prednisone tab 5 mg</i>	1	B/D
<i>prednisone tab 10 mg</i>	1	B/D
<i>prednisone tab 20 mg</i>	1	B/D
<i>prednisone tab 50 mg</i>	1	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	3	
<i>prednisone tab therapy pack 5 mg (48)</i>	3	
<i>prednisone tab therapy pack 10 mg (21)</i>	3	
<i>prednisone tab therapy pack 10 mg (48)</i>	3	
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN INJ HYPOKIT	3	
GLUCAGON KIT 1MG	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	3	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	3	B/D
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	5	NDS, B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	5	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	NDS, B/D, QL (120 tabs / 30 days), NM
FORTEO SOL 600/2.4	5	NDS, NM, PA
GENOTROPIN INJ 0.2MG	3	NM, PA
GENOTROPIN INJ 0.4MG	5	NDS, NM, PA
GENOTROPIN INJ 0.6MG	5	NDS, NM, PA
GENOTROPIN INJ 0.8MG	5	NDS, NM, PA
GENOTROPIN INJ 1.2MG	5	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN INJ 1.4MG	5	NDS, NM, PA
GENOTROPIN INJ 1.6MG	5	NDS, NM, PA
GENOTROPIN INJ 1.8MG	5	NDS, NM, PA
GENOTROPIN INJ 1MG	5	NDS, NM, PA
GENOTROPIN INJ 2MG	5	NDS, NM, PA
GENOTROPIN INJ 5MG	5	NDS, NM, PA
GENOTROPIN INJ 12MG	5	NDS, NM, PA
INCRELEX INJ 40MG/4ML	5	NDS, NM, LA, PA
KORLYM TAB 300MG	5	NDS, LA, PA
LUPR DEP-PED INJ 3M 30MG	5	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	5	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	5	NDS, NM, PA
LUPR DEP-PED INJ 15MG	5	NDS, NM, PA
NATPARA INJ 25MCG	5	NDS, NM, PA
NATPARA INJ 50MCG	5	NDS, NM, PA
NATPARA INJ 75MCG	5	NDS, NM, PA
NATPARA INJ 100MCG	5	NDS, NM, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	NDS, NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	NDS, NM, PA
PROLIA SOL 60MG/ML	4	QL (1 injection / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	3	
SIGNIFOR INJ 0.3MG/ML	5	NDS, LA, PA
SIGNIFOR INJ 0.6MG/ML	5	NDS, LA, PA
SIGNIFOR INJ 0.9MG/ML	5	NDS, LA, PA
SOMATULINE INJ 60/0.2ML	5	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	5	NDS, NM, PA
SOMATULINE INJ 120/.5ML	5	NDS, NM, PA
SOMAVERT INJ 10MG	5	NDS, NM, LA, PA
SOMAVERT INJ 15MG	5	NDS, NM, LA, PA
SOMAVERT INJ 20MG	5	NDS, NM, LA, PA
SOMAVERT INJ 25MG	5	NDS, NM, LA, PA
SOMAVERT INJ 30MG	5	NDS, NM, LA, PA
TYMLOS INJ	5	NDS, NM, PA
XGEVA INJ	5	NDS, NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	5	NDS, QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) tab 667 mg</i>	3	QL (360 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate packet 0.8 gm</i>	5	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	5	NDS, QL (180 packets / 30 days)
<i>sevelamer carbonate tab 800 mg</i>	4	QL (540 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>norethindrone acetate tab 5 mg</i>	3	
THYROID AGENTS		
<i>levo-t tab 25mcg</i>	2	
<i>levo-t tab 50mcg</i>	2	
<i>levo-t tab 75mcg</i>	2	
<i>levo-t tab 88mcg</i>	2	
<i>levo-t tab 100mcg</i>	2	
<i>levo-t tab 112mcg</i>	2	
<i>levo-t tab 125mcg</i>	2	
<i>levo-t tab 137mcg</i>	2	
<i>levo-t tab 150mcg</i>	2	
<i>levo-t tab 175mcg</i>	2	
<i>levo-t tab 200 mcg</i>	2	
<i>levo-t tab 300 mcg</i>	2	
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 300 mcg</i>	2	
<i>levoxyl tab 25mcg</i>	2	
<i>levoxyl tab 50mcg</i>	2	
<i>levoxyl tab 75mcg</i>	2	
<i>levoxyl tab 88mcg</i>	2	
<i>levoxyl tab 100mcg</i>	2	
<i>levoxyl tab 112mcg</i>	2	
<i>levoxyl tab 125mcg</i>	2	
<i>levoxyl tab 137mcg</i>	2	
<i>levoxyl tab 150mcg</i>	2	
<i>levoxyl tab 175mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl tab 200mcg</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	3	
<i>liothyronine sodium tab 25 mcg</i>	3	
<i>liothyronine sodium tab 50 mcg</i>	3	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	3	
SYNTHROID TAB 25MCG	4	
SYNTHROID TAB 50MCG	4	
SYNTHROID TAB 75MCG	4	
SYNTHROID TAB 88MCG	4	
SYNTHROID TAB 100MCG	4	
SYNTHROID TAB 112MCG	4	
SYNTHROID TAB 125MCG	4	
SYNTHROID TAB 137MCG	4	
SYNTHROID TAB 150MCG	4	
SYNTHROID TAB 175MCG	4	
SYNTHROID TAB 200MCG	4	
SYNTHROID TAB 300MCG	4	
<i>unithroid tab 25mcg</i>	2	
<i>unithroid tab 50mcg</i>	2	
<i>unithroid tab 75mcg</i>	2	
<i>unithroid tab 88mcg</i>	2	
<i>unithroid tab 100mcg</i>	2	
<i>unithroid tab 112mcg</i>	2	
<i>unithroid tab 125mcg</i>	2	
<i>unithroid tab 137mcg</i>	2	
<i>unithroid tab 150mcg</i>	2	
<i>unithroid tab 175mcg</i>	2	
<i>unithroid tab 200mcg</i>	2	
<i>unithroid tab 300mcg</i>	2	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	4	NM
<i>desmopressin acetate nasal spray soln 0.01%</i>	4	NM
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	4	
<i>desmopressin acetate tab 0.1 mg</i>	3	NM
<i>desmopressin acetate tab 0.2 mg</i>	3	NM
STIMATE SOL 1.5MG/ML	5	NDS, NM
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule 40 mg</i>	4	B/D
<i>aprepitant capsule 80 mg</i>	4	B/D
<i>aprepitant capsule 125 mg</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>dronabinol cap 2.5 mg</i>	4	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	4	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	4	B/D
<i>granisetron hcl inj 1 mg/ml</i>	3	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	3	
<i>granisetron hcl tab 1 mg</i>	4	B/D
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	4	B/D
<i>ondansetron hcl tab 4 mg</i>	3	B/D
<i>ondansetron hcl tab 8 mg</i>	3	B/D
<i>ondansetron hcl tab 24 mg</i>	3	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	2	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	2	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	4	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	4	
<i>promethazine hcl inj 25 mg/ml</i>	4	PA; PA if 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	4	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 50 mg</i>	2	PA; PA if 70 years and older

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Drug Name	Drug Tier	Requirements/Limits
<i>scopolamine td patch 72hr 1 mg/3days</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl cap 10 mg</i>	3	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	4	
<i>dicyclomine hcl tab 20 mg</i>	3	
<i>glycopyrrolate tab 1 mg</i>	3	
<i>glycopyrrolate tab 2 mg</i>	3	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine for susp 40 mg/5ml</i>	4	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine inj 20 mg/2ml</i>	2	
<i>famotidine inj 40 mg/4ml</i>	2	
<i>famotidine inj 200 mg/20ml</i>	2	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	3	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	3	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	3	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	3	
<i>budesonide delayed release particles cap 3 mg</i>	4	
<i>hydrocortisone enema 100 mg/60ml</i>	4	
<i>mesalamine cap dr 400 mg</i>	4	
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	4	
<i>mesalamine suppos 1000 mg</i>	5	NDS
<i>mesalamine tab delayed release 1.2 gm</i>	4	
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	3	
LAXATIVES		
<i>constulose sol 10gm/15</i>	3	
<i>enulose sol 10gm/15</i>	3	
<i>gavilyte-c sol</i>	2	
<i>gavilyte-g sol</i>	2	
<i>gavilyte-n sol flav pk</i>	2	
<i>generlac sol 10gm/15</i>	3	
GOLYTELY SOL	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose solution 10 gm/15ml</i>	3	
NULYTELY SOL FLAV PKS	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
<i>trilyte sol</i>	2	
MISCELLANEOUS		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	5	NDS, PA
<i>alose tron hcl tab 1 mg (base equiv)</i>	5	NDS, PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	5	NDS
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5MG	5	NDS, NM, LA, PA
LINZESS CAP 72MCG	4	QL (30 caps / 30 days)
LINZESS CAP 145MCG	4	QL (30 caps / 30 days)
LINZESS CAP 290MCG	4	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	3	
<i>misoprostol tab 100 mcg</i>	3	
<i>misoprostol tab 200 mcg</i>	3	
MOVANTIK TAB 12.5MG	3	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	3	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	5	NDS, PA
RELISTOR INJ 12/0.6ML	5	NDS, PA
<i>sucrafate tab 1 gm</i>	2	
<i>ursodiol cap 300 mg</i>	3	
<i>ursodiol tab 250 mg</i>	4	
<i>ursodiol tab 500 mg</i>	4	
XIFAXAN TAB 550MG	5	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000	4	
ZENPEP CAP 40000	4	
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR	4	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	4	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	4	QL (30 caps / 30 days), ST
<i>lansoprazole cap delayed release 15 mg</i>	3	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	3	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	4	
<i>rabeprazole sodium ec tab 20 mg</i>	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	2	
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	3	
<i>bethanechol chloride tab 10 mg</i>	3	
<i>bethanechol chloride tab 25 mg</i>	3	
<i>bethanechol chloride tab 50 mg</i>	3	
<i>potassium citrate tab er 5 meq (540 mg)</i>	4	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	4	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	4	
URINARY ANTISPASMODICS		
MYRBETRIQ TAB 25MG	4	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	3	
<i>oxybutynin chloride tab 5 mg</i>	3	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tab er 24hr 15 mg</i>	3	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	4	ST
<i>tolterodine tartrate tab 2 mg</i>	4	ST
TOVIAZ TAB 4MG	3	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	3	QL (30 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	3	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	3	
<i>metronidazole vaginal gel 0.75%</i>	4	
<i>terconazole vaginal cream 0.4%</i>	3	
<i>terconazole vaginal cream 0.8%</i>	3	
<i>terconazole vaginal suppos 80 mg</i>	3	
<i>vandazole gel 0.75%</i>	4	

HEMATOLOGIC

ANTICOAGULANTS

COUMADIN TAB 1MG	3	
COUMADIN TAB 2.5MG	3	
COUMADIN TAB 2MG	3	
COUMADIN TAB 3MG	3	
COUMADIN TAB 4MG	3	
COUMADIN TAB 5MG	3	
COUMADIN TAB 6MG	3	
COUMADIN TAB 7.5MG	3	
COUMADIN TAB 10MG	3	
ELIQUIS ST P TAB 5MG	3	QL (74 tabs / 30 days)
ELIQUIS TAB 2.5MG	3	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	4	NM
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	4	NM
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	4	NM
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	4	NM
<i>enoxaparin sodium inj 100 mg/ml</i>	4	NM
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	4	NM
<i>enoxaparin sodium inj 150 mg/ml</i>	4	NM
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	NM
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	NM
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	NDS
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	NDS
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	3	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	3	
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
PRADAXA CAP 75MG	4	QL (60 caps / 30 days)
PRADAXA CAP 110MG	4	QL (60 caps / 30 days)
PRADAXA CAP 150MG	4	QL (60 caps / 30 days)
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	3	QL (60 tabs / 30 days)
XARELTO TAB 10MG	3	QL (30 tabs / 30 days)
XARELTO TAB 15MG	3	QL (30 tabs / 30 days)
XARELTO TAB 20MG	3	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 2000/ML	3	NM, PA
PROCRIT INJ 3000/ML	3	NM, PA
PROCRIT INJ 4000/ML	3	NM, PA
PROCRIT INJ 10000/ML	3	NM, PA
PROCRIT INJ 20000/ML	5	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 40000/ML	5	NDS, NM, PA
ZARXIO INJ 300/0.5	5	NDS, NM, PA
ZARXIO INJ 480/0.8	5	NDS, NM, PA
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	4	
<i>anagrelide hcl cap 1 mg</i>	4	
BERINERT INJ 500UNIT	5	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	5	NDS, LA, PA
FIRAZYR INJ 30MG/3ML	5	NDS, QL (9 syringes / 30 days), NM, PA
HAEGARDA INJ 2000UNIT	5	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	5	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline tab er 400 mg</i>	2	
PROMACTA POW 12.5MG	5	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	4	
<i>tranexamic acid tab 650 mg</i>	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	3	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	3	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	3	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA INJ 10/0.1ML	5	NDS, QL (2 injections / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 10MG/0.2	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	5	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	5	NDS, QL (6 injections / 28 days), NM, PA
HUMIRA KIT 20MG/0.4	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NDS, NM, PA
HUMIRA PEN INJ 40/0.4ML	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	5	NDS, NM, PA
HUMIRA PEN INJ PS/UV	5	NDS, NM, PA
HUMIRA PEN KIT CD/UC/HS	5	NDS, NM, PA
HUMIRA PEN KIT PS/UV	5	NDS, NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	3	
<i>leflunomide tab 10 mg</i>	3	QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	3	QL (30 tabs / 30 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	3	
REMICADE INJ 100MG	5	NDS, NM, PA
RENFLEXIS INJ 100MG	5	NDS, NM, LA, PA
STELARA INJ 45MG/0.5	5	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA INJ 45MG/0.5	5	NDS, QL (1 syringe / 28 days), NM, PA
STELARA INJ 90MG/ML	5	NDS, QL (1 syringe / 28 days), NM, PA
XATMEP SOL 2.5MG/ML	4	B/D
XELJANZ TAB 5MG	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	5	NDS, QL (30 tabs / 30 days), NM, PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	5	NDS, NM, PA
GAMASTAN S/D INJ	3	B/D, NM
GAMMAGARD INJ 1GM/10ML	5	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	5	NDS, NM, PA
GAMMAGARD INJ 5GM/50ML	5	NDS, NM, PA
GAMMAGARD INJ 10GM/100	5	NDS, NM, PA
GAMMAGARD INJ 20GM/200	5	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD INJ 30GM/300	5	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	5	NDS, NM, PA
GAMMAGARD SD INJ 10GM HU	5	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	5	NDS, NM, PA
GAMMAKED INJ 2.5GM/25	5	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	5	NDS, NM, PA
GAMMAKED INJ 10GM/100	5	NDS, NM, PA
GAMMAKED INJ 20GM/200	5	NDS, NM, PA
GAMMAPLEX INJ 5%	5	NDS, NM, PA
GAMMAPLEX INJ 10%	5	NDS, NM, PA
GAMUNEX-C INJ 1GM/10ML	5	NDS, NM, PA
GAMUNEX-C INJ 2.5GM/25	5	NDS, NM, PA
GAMUNEX-C INJ 5GM/50ML	5	NDS, NM, PA
GAMUNEX-C INJ 10GM/100	5	NDS, NM, PA
GAMUNEX-C INJ 20GM/200	5	NDS, NM, PA
GAMUNEX-C INJ 40/400ML	5	NDS, NM, PA
OCTAGAM INJ 1GM	5	NDS, NM, PA
OCTAGAM INJ 2.5GM	5	NDS, NM, PA
OCTAGAM INJ 2GM/20ML	5	NDS, NM, PA
OCTAGAM INJ 5GM	5	NDS, NM, PA
OCTAGAM INJ 5GM/50ML	5	NDS, NM, PA
OCTAGAM INJ 10/100ML	5	NDS, NM, PA
OCTAGAM INJ 10GM	5	NDS, NM, PA
OCTAGAM INJ 20/200ML	5	NDS, NM, PA
OCTAGAM INJ 25GM	5	NDS, NM, PA
PANZYGA SOL 1GM/10ML	5	NDS, NM, PA
PANZYGA SOL 2.5/25ML	5	NDS, NM, PA
PANZYGA SOL 5GM/50ML	5	NDS, NM, PA
PANZYGA SOL 10/100ML	5	NDS, NM, PA
PANZYGA SOL 20/200ML	5	NDS, NM, PA
PANZYGA SOL 30/300ML	5	NDS, NM, PA
PRIVIGEN INJ 5 GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	5	NDS, NM, LA, PA
ARCALYST INJ 220MG	5	NDS, NM, PA
INTRON A INJ 10MU	5	NDS, B/D, NM
INTRON A INJ 18MU	5	NDS, B/D, NM
INTRON A INJ 25MU	5	NDS, B/D, NM
INTRON A INJ 50MU	5	NDS, B/D, NM
IMMUNOSUPPRESSANTS		
<i>azathioprine tab 50 mg</i>	3	B/D

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BENLYSTA INJ 120MG	5	NDS, NM, PA
BENLYSTA INJ 200MG/ML	5	NDS, NM, PA
BENLYSTA INJ 400MG	5	NDS, NM, PA
<i>cyclosporine cap 25 mg</i>	4	B/D
<i>cyclosporine cap 100 mg</i>	4	B/D
<i>cyclosporine iv soln 50 mg/ml</i>	4	B/D
<i>cyclosporine modified cap 25 mg</i>	4	B/D
<i>cyclosporine modified cap 50 mg</i>	4	B/D
<i>cyclosporine modified cap 100 mg</i>	4	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	B/D
<i>gengraf cap 25mg</i>	4	B/D
<i>gengraf cap 100mg</i>	4	B/D
<i>gengraf sol 100mg/ml</i>	4	B/D
<i>mycophenolate mofetil cap 250 mg</i>	3	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	NDS, B/D
<i>mycophenolate mofetil tab 500 mg</i>	3	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	4	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	4	B/D
NULOJIX INJ 250MG	5	NDS, B/D
PROGRAF GRA 0.2MG	4	B/D
PROGRAF GRA 1MG	4	B/D
SANDIMMUNE SOL 100MG/ML	3	B/D
<i>sirolimus oral soln 1 mg/ml</i>	5	NDS, B/D
<i>sirolimus tab 0.5 mg</i>	4	B/D
<i>sirolimus tab 1 mg</i>	4	B/D
<i>sirolimus tab 2 mg</i>	5	NDS, B/D
<i>tacrolimus cap 0.5 mg</i>	4	B/D
<i>tacrolimus cap 1 mg</i>	4	B/D
<i>tacrolimus cap 5 mg</i>	4	B/D
ZORTRESS TAB 0.5MG	5	NDS, B/D
ZORTRESS TAB 0.25MG	5	NDS, B/D
ZORTRESS TAB 0.75MG	5	NDS, B/D
ZORTRESS TAB 1MG	5	NDS, B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 INJ	3	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB INJ	3	
PENTACEL INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	B/D
RECOMBIVA HB INJ 5MCG/0.5	3	B/D
RECOMBIVA HB INJ 10MCG/ML	3	B/D
RECOMBIVA-HB INJ 40MCG/ML	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX INJ 50MCG	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
YF-VAX INJ	3	
ZOSTAVAX INJ	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>klor-con 8 tab 8meq er</i>	2	
<i>klor-con 10 tab 10meq er</i>	2	
MAGNESIUM SU INJ 2GM/50ML	3	
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	
MAGNESIUM SU INJ 80MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
<i>potassium chloride cap er 8 meq</i>	3	
<i>potassium chloride cap er 10 meq</i>	3	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	4	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	4	
<i>potassium chloride powder packet 20 meq</i>	4	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TPN ELECTROL INJ	4	B/D
IV NUTRITION		
AMINOSYN II INJ 10%	4	B/D
AMINOSYN-PF INJ 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
FAT EMULSION PLANT BASED IV EMULSION 20%	4	B/D
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available
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Drug Name	Drug Tier	Requirements/Limits
hepatamine sol 8%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE INJ 5.4%	4	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.3%	4	
D10W/NACL INJ 0.2%	3	
dextrose 2.5% w/ sodium chloride 0.45%	2	
dextrose 5% in lactated ringers	2	
dextrose 5% w/ sodium chloride 0.2%	2	
dextrose 5% w/ sodium chloride 0.9%	2	
dextrose 5% w/ sodium chloride 0.33%	2	
dextrose 5% w/ sodium chloride 0.45%	2	
dextrose 5% w/ sodium chloride 0.225%	2	
dextrose 10% w/ sodium chloride 0.45%	2	
dextrose inj 5%	2	
dextrose inj 10%	2	
dextrose inj 50%	2	
dextrose inj 70%	2	
IONOSOL-MB INJ D5W	4	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	2	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	2	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	

Drug Name	Drug Tier	Requirements/Limits
KCL/D5W/NAACL INJ 0.15/0.2	4	
<i>lactated ringer's solution</i>	2	
NORMOSOL -M INJ /D5W	4	
NORMOSOL -R INJ /D5W	4	
NORMOSOL-R INJ PH 7.4	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>potassium chloride inj 10 meq/50ml</i>	2	
<i>potassium chloride inj 10 meq/100ml</i>	2	
<i>potassium chloride inj 20 meq/50ml</i>	2	
<i>potassium chloride inj 20 meq/100ml</i>	2	
<i>potassium chloride inj 40 meq/100ml</i>	2	
<i>sodium chloride iv soln 0.9%</i>	3	
<i>sodium chloride iv soln 0.45%</i>	3	
<i>sodium chloride iv soln 3%</i>	3	
<i>sodium chloride iv soln 5%</i>	3	
VITAMINS		
<i>calcitriol cap 0.5 mcg</i>	2	B/D
<i>calcitriol cap 0.25 mcg</i>	2	B/D
<i>calcitriol inj 1 mcg/ml</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
M-NATAL PLUS TAB	3	
<i>paricalcitol cap 1 mcg</i>	4	B/D
<i>paricalcitol cap 2 mcg</i>	4	B/D
<i>paricalcitol cap 4 mcg</i>	4	B/D
PNV FOLIC AC TAB + IRON	3	
PRENATAL PLUS	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
RAYALDEE CAP 30MCG	5	NDS
TRICARE TAB PRENATAL	3	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
BLEPHAMIDE OIN S.O.P.	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
AZASITE SOL 1%	4	
<i>bacitracin ophth oint 500 unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUS 0.6%	3	
CILOXAN OIN 0.3% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>gatifloxacin ophth soln 0.5%</i>	3	
<i>gentak oin 0.3% op</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
MOXEZA SOL 0.5%	3	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	3	
NATACYN SUS 5% OP	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
<i>sulfacetamide sodium ophth oint 10%</i>	3	
<i>sulfacetamide sodium ophth soln 10%</i>	3	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>trifluridine ophth soln 1%</i>	3	
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
ALREX SUS 0.2%	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	4	
BROMSITE DRO 0.075%	4	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	3	
<i>diclofenac sodium ophth soln 0.1%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
DUREZOL EMU 0.05%	3	
<i>fluorometholone ophth susp 0.1%</i>	3	
<i>flurbiprofen sodium ophth soln 0.03%</i>	3	
ILEVRO DRO 0.3% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	3	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
<i>loteprednol etabonate ophth susp 0.5%</i>	3	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	3	
PROLENSA SOL 0.07%	3	
ANTIALLERGICS		
<i>azelastine hcl ophth soln 0.05%</i>	3	
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
LASTACRAFT SOL 0.25%	4	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	4	
PAZEO DRO 0.7%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT SUS 1% OP	3	
<i>betaxolol hcl ophth soln 0.5%</i>	3	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	4	
<i>carteolol hcl ophth soln 1%</i>	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophth soln 0.005%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	
PHOSPHOLINE SOL 0.125%OP	4	
<i>pilocarpine hcl ophth soln 1%</i>	3	
<i>pilocarpine hcl ophth soln 2%</i>	3	
<i>pilocarpine hcl ophth soln 4%</i>	3	
RHOPRESSA SOL 0.02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate ophth gel forming soln 0.5%</i>	4	
<i>timolol maleate ophth gel forming soln 0.25%</i>	4	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophth soln 0.25%</i>	1	
TRAVATAN Z DRO 0.004%	4	
MISCELLANEOUS		
ATROPINE SUL SOL 1% OP	3	
CYSTARAN SOL 0.44%	5	NDS, LA, PA
<i>proparacaine hcl ophth soln 0.5%</i>	3	
RESTASIS EMU 0.05%	4	QL (60 single use vials / 30 days)
RESTASIS MUL EMU 0.05%	3	QL (1 bottle / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	4	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	3	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	3	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	3	
ANTI-HISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	3	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	3	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	2	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	3	PA; PA if 70 years and older
<i>cyproheptadine hcl tab 4 mg</i>	3	PA; PA if 70 years and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	3	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	4	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 10 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 25 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 50 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	4	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
BETA AGONISTS		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	3	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	3	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	3	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg</i>	4	
<i>albuterol sulfate tab 4 mg</i>	4	
<i>albuterol sulfate tab er 12hr 4 mg</i>	3	
<i>albuterol sulfate tab er 12hr 8 mg</i>	3	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	4	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	4	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	4	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	4	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	3	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate tab 5 mg</i>	4	
VENTOLIN HFA AER	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	4	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	3	
<i>zafirlukast tab 20 mg</i>	3	
MAST CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	3	B/D
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	3	B/D
<i>acetylcysteine inhal soln 20%</i>	3	B/D
ARALAST NP INJ 500MG	5	NDS, NM, LA, PA
ARALAST NP INJ 1000MG	5	NDS, NM, LA, PA
DALIRESP TAB 250MCG	4	
DALIRESP TAB 500MCG	4	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	3	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	3	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	3	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	3	(generic of Adrenaclick)
ESBRIET CAP 267MG	5	NDS, NM, PA
ESBRIET TAB 267MG	5	NDS, NM, PA
ESBRIET TAB 801MG	5	NDS, NM, PA
KALYDECO PAK 25MG	5	NDS, PA
KALYDECO PAK 50MG	5	NDS, PA
KALYDECO PAK 75MG	5	NDS, PA
KALYDECO TAB 150MG	5	NDS, PA
NUCALA INJ 100MG	5	NDS, NM, LA, PA
NUCALA INJ 100MG/ML	5	NDS, LA, PA
OFEV CAP 100MG	5	NDS, NM, PA
OFEV CAP 150MG	5	NDS, NM, PA
ORKAMBI GRA 100-125	5	NDS, PA
ORKAMBI GRA 150-188	5	NDS, PA
ORKAMBI TAB 100-125	5	NDS, PA
ORKAMBI TAB 200-125	5	NDS, PA

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Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INJ 1000MG	5	NDS, LA, PA
PROLASTIN-C INJ 1000MG	5	NDS, NM, LA, PA
PULMOZYME SOL 1MG/ML	5	NDS, NM, PA
SYMDEKO TAB 100-150	5	NDS, LA, PA
THEO-24 CAP 100MG CR	4	
THEO-24 CAP 200MG CR	4	
THEO-24 CAP 300MG CR	4	
THEO-24 CAP 400MG ER	4	
<i>theophylline soln 80 mg/15ml</i>	4	
<i>theophylline tab er 12hr 100 mg</i>	2	
<i>theophylline tab er 12hr 200 mg</i>	2	
<i>theophylline tab er 12hr 300 mg</i>	4	
<i>theophylline tab er 12hr 450 mg</i>	4	
<i>theophylline tab er 24hr 400 mg</i>	3	
<i>theophylline tab er 24hr 600 mg</i>	3	
XOLAIR INJ 75/0.5	5	NDS, NM, LA, PA
XOLAIR INJ 150MG/ML	5	NDS, NM, LA, PA
XOLAIR SOL 150MG	5	NDS, NM, LA, PA
ZEMAIRA INJ 1000MG	5	NDS, NM, LA, PA
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELPT INH 50MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	3	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	4	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	4	B/D
FLOVENT DISK AER 50MCG	3	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	3	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	3	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	3	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	4	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
PULMICORT INH 180MCG	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>amnestem cap 10mg</i>	4	PA
<i>amnestem cap 20mg</i>	4	PA
<i>amnestem cap 40mg</i>	4	PA
<i>avita cre 0.025%</i>	4	QL (45 grams / 30 days), PA
<i>avita gel 0.025%</i>	4	QL (45 grams / 30 days), PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	
<i>claravis cap 10mg</i>	4	PA
<i>claravis cap 20mg</i>	4	PA
<i>claravis cap 30mg</i>	4	PA
<i>claravis cap 40mg</i>	4	PA
<i>clindamycin phosphate gel 1%</i>	4	QL (75 grams / 30 days)
<i>clindamycin phosphate lotion 1%</i>	3	
<i>clindamycin phosphate soln 1%</i>	4	QL (60 mL / 30 days)
<i>erythromycin gel 2%</i>	4	
<i>erythromycin pads 2%</i>	3	
<i>erythromycin soln 2%</i>	3	
<i>isotretinoin cap 10 mg</i>	4	PA
<i>isotretinoin cap 20 mg</i>	4	PA
<i>isotretinoin cap 30 mg</i>	4	PA
<i>isotretinoin cap 40 mg</i>	4	PA
<i>myorisan cap 10mg</i>	4	PA
<i>myorisan cap 20mg</i>	4	PA
<i>myorisan cap 30mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>myorisan cap 40mg</i>	4	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	4	
<i>tretinoin cream 0.1%</i>	4	QL (45 grams / 30 days), PA
<i>tretinoin cream 0.05%</i>	4	QL (45 grams / 30 days), PA
<i>tretinoin cream 0.025%</i>	4	QL (45 grams / 30 days), PA
<i>tretinoin gel 0.01%</i>	4	QL (45 grams / 30 days), PA
<i>tretinoin gel 0.025%</i>	4	QL (45 grams / 30 days), PA
<i>zenatane cap 30mg</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	4	
<i>gentamicin sulfate oint 0.1%</i>	3	
<i>mupirocin oint 2%</i>	2	QL (220 grams / 30 days)
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cre 1%</i>	2	
SULFAMYLON CRE 85MG/GM	4	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	3	QL (90 grams / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	3	QL (60 mL / 30 days)
<i>clotrimazole cream 1%</i>	3	
<i>clotrimazole soln 1%</i>	3	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	
<i>ketoconazole cream 2%</i>	3	QL (60 grams / 30 days)
<i>nyamyc pow 100000</i>	3	QL (60 grams / 30 days)
<i>nystatin cream 100000 unit/gm</i>	3	
<i>nystatin oint 100000 unit/gm</i>	3	
<i>nystatin topical powder 100000 unit/gm</i>	3	QL (60 grams / 30 days)
<i>nystop pow 100000</i>	3	QL (60 grams / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	4	PA
<i>acitretin cap 17.5 mg</i>	4	PA
<i>acitretin cap 25 mg</i>	4	PA
<i>calcipotriene cream 0.005%</i>	4	QL (120 grams / 30 days), PA
<i>calcipotriene oint 0.005%</i>	4	QL (120 grams / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	4	QL (120 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene cream 0.1%</i>	3	QL (60 grams / 30 days), PA
TAZORAC CRE 0.05%	4	QL (60 grams / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	2	
<i>selenium sulfide lotion 2.5%</i>	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cre 1%</i>	1	
<i>ala-cort cre 2.5%</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	4	
<i>alclometasone dipropionate oint 0.05%</i>	3	
<i>betamethasone dipropionate augmented cream 0.05%</i>	3	
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	4	
<i>betamethasone dipropionate augmented oint 0.05%</i>	4	
<i>betamethasone dipropionate cream 0.05%</i>	3	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate oint 0.05%</i>	4	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	3	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	3	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	3	
ENSTILAR AER	4	QL (120 grams / 30 days), PA
<i>fluocinolone acetonide cream 0.01%</i>	3	
<i>fluocinolone acetonide cream 0.025%</i>	3	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	4	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	4	
<i>fluocinolone acetonide oint 0.025%</i>	3	
<i>fluocinolone acetonide soln 0.01%</i>	4	QL (90 mL / 30 days)
<i>fluocinonide cream 0.05%</i>	4	QL (120 grams / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	4	QL (120 grams / 30 days)
<i>fluocinonide gel 0.05%</i>	4	QL (60 grams / 30 days)
<i>fluocinonide oint 0.05%</i>	4	QL (60 grams / 30 days)
<i>fluocinonide soln 0.05%</i>	4	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate oint 0.005%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate cream 0.05%</i>	4	QL (50 grams / 30 days)
<i>halobetasol propionate oint 0.05%</i>	4	QL (50 grams / 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	4	QL (45 grams / 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	4	QL (45 grams / 30 days)
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	3	
<i>hydrocortisone oint 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	3	
<i>mometasone furoate oint 0.1%</i>	3	
<i>mometasone furoate solution 0.1% (lotion)</i>	3	
TEXACORT SOL 2.5%	4	
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (454 grams / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	3	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide oint 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.025%</i>	2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo gel 2%</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	3	QL (50 mL / 30 days), PA
<i>lidocaine hcl urethral/mucosal gel 2%</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine oint 5%</i>	4	QL (50 grams / 30 days), PA
<i>lidocaine patch 5%</i>	4	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	3	QL (30 grams / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>diclofenac sodium gel 1%</i>	3	QL (1000 grams / 30 days), PA
<i>fluorouracil cream 5%</i>	4	QL (40 grams / 30 days)
<i>fluorouracil soln 2%</i>	3	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	3	QL (10 mL / 30 days)
<i>hydrocortisone rectal cream 2.5%</i>	3	
<i>imiquimod cream 5%</i>	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole cream 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	
PANRETIN GEL 0.1%	5	NDS, QL (60 grams / 30 days)
PICATO GEL 0.05%	4	QL (2 tubes / 30 days)
PICATO GEL 0.015%	4	QL (3 tubes / 30 days)
<i>podofilox soln 0.5%</i>	3	
<i>procto-med cre hc 2.5%</i>	3	
<i>procto-pak cre 1%</i>	3	
<i>proctozone cre -hc 2.5%</i>	3	
RECTIV OIN 0.4%	4	QL (30 grams / 30 days)
<i>tacrolimus oint 0.1%</i>	4	QL (100 grams / 30 days)
<i>tacrolimus oint 0.03%</i>	4	QL (100 grams / 30 days)
TARGRETIN GEL 1%	5	NDS, QL (60 grams / 30 days), NM, PA
VALCHLOR GEL 0.016%	5	NDS, QL (60 grams / 30 days), LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	

DERMATOLOGY, WOUND CARE AGENTS

<i>acetic acid irrigation soln 0.25%</i>	2	
REGANEX GEL 0.01%	5	NDS, QL (30 grams / 30 days), PA
SANTYL OIN 250/GM	4	
<i>sodium chloride irrigation soln 0.9%</i>	2	
<i>water for irrigation, sterile irrigation soln</i>	2	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl cap 30 mg</i>	4	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	4	
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>nystatin susp 100000 unit/ml</i>	3	
<i>periogard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	4	
<i>pilocarpine hcl tab 7.5 mg</i>	4	
<i>triamcinolone acetonide dental paste 0.1%</i>	3	

OTIC

<i>acetic acid otic soln 2%</i>	3	
CIPRODEX SUS 0.3-0.1%	3	
<i>flac oil 0.01%</i>	4	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin otic soln 0.3%</i>	4	

PART B

DIABETIC METERS AND TEST STRIPS

TRUE METRIX KIT AIR	0	
TRUE METRIX KIT METER	0	
TRUE METRIX STRIPS	0	

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A

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	9	ADACEL INJ	83
<i>abacavir sulfate tab 300 mg (base equiv)</i>	9	<i>adefovir dipivoxil tab 10 mg</i>	12
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	10	ADEMPAS TAB 0.5MG	37
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	10	ADEMPAS TAB 1.5MG	37
ABELCET INJ 5MG/ML	8	ADEMPAS TAB 1MG	37
ABILIFY MAIN INJ 300MG	49	ADEMPAS TAB 2.5MG	37
ABILIFY MAIN INJ 400MG	49	ADEMPAS TAB 2MG	37
<i>abiraterone acetate tab 250 mg</i>	20	<i>adriamycin inj 20mg</i>	17
ABRAXANE INJ 100MG	18	ADVAIR DISKU AER 100/50	94
<i>acamprosate calcium tab delayed release 333 mg</i>	59	ADVAIR DISKU AER 250/50	94
<i>acarbose tab 100 mg</i>	61	ADVAIR DISKU AER 500/50	94
<i>acarbose tab 25 mg</i>	61	ADVAIR HFA AER 115/21	94
<i>acarbose tab 50 mg</i>	61	ADVAIR HFA AER 230/21	94
<i>acebutolol hcl cap 200 mg</i>	32	ADVAIR HFA AER 45/21	94
<i>acebutolol hcl cap 400 mg</i>	32	AFINITOR DIS TAB 2MG	21
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	AFINITOR DIS TAB 3MG	21
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	AFINITOR DIS TAB 5MG	21
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	AFINITOR TAB 10MG	21
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	AFINITOR TAB 2.5MG	21
<i>acetazolamide cap er 12hr 500 mg</i>	35	AFINITOR TAB 5MG	21
<i>acetazolamide tab 125 mg</i>	35	AFINITOR TAB 7.5MG	21
<i>acetazolamide tab 250 mg</i>	35	AIMOVIG INJ 140MG/ML	56
<i>acetic acid irrigation soln 0.25%</i>	98	AIMOVIG INJ 70MG/ML	56
<i>acetic acid otic soln 2%</i>	98	<i>ala-cort cre 1%</i>	96
<i>acetylcysteine inhal soln 10%</i>	92	<i>ala-cort cre 2.5%</i>	96
<i>acetylcysteine inhal soln 20%</i>	92	<i>albendazole tab 200 mg</i>	6
<i>acitretin cap 10 mg</i>	95	<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	91
<i>acitretin cap 17.5 mg</i>	95	<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	91
<i>acitretin cap 25 mg</i>	95	<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	91
ACTHIB INJ	83	<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	91
ACTIMMUNE INJ 2MU/0.5	82	<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	91
<i>acyclovir cap 200 mg</i>	11	<i>albuterol sulfate syrup 2 mg/5ml</i>	91
<i>acyclovir sodium iv soln 50 mg/ml</i>	12	<i>albuterol sulfate tab 2 mg</i>	91
<i>acyclovir susp 200 mg/5ml</i>	12	<i>albuterol sulfate tab 4 mg</i>	91
<i>acyclovir tab 400 mg</i>	12	<i>albuterol sulfate tab er 12hr 4 mg</i>	91
<i>acyclovir tab 800 mg</i>	12	<i>albuterol sulfate tab er 12hr 8 mg</i>	91
		<i>alclometasone dipropionate cream 0.05%</i>	96
		<i>alclometasone dipropionate oint 0.05%</i>	96
		ALDURAZYME INJ 2.9MG/5M	68

ALECENSA CAP 150MG	21	AMINOSYN-PF INJ 10%.....	85
<i>alendronate sodium oral soln 70</i>		AMINOSYN-PF INJ 7%	85
<i>mg/75ml</i>	63	<i>amiodarone hcl inj 150 mg/3ml (50</i>	
<i>alendronate sodium tab 10 mg</i>	63	<i>mg/ml)</i>	29
<i>alendronate sodium tab 35 mg</i>	63	<i>amiodarone hcl inj 450 mg/9ml (50</i>	
<i>alendronate sodium tab 40 mg</i>	63	<i>mg/ml)</i>	29
<i>alendronate sodium tab 5 mg</i>	63	<i>amiodarone hcl inj 900 mg/18ml (50</i>	
<i>alendronate sodium tab 70 mg</i>	63	<i>mg/ml)</i>	29
<i>alfuzosin hcl tab er 24hr 10 mg</i>	77	<i>amiodarone hcl tab 100 mg</i>	29
ALIMTA INJ 100MG	17	<i>amiodarone hcl tab 200 mg</i>	29
ALIMTA INJ 500MG	17	<i>amiodarone hcl tab 400 mg</i>	29
ALINIA SUS 100/5ML	6	AMITIZA CAP 24MCG	76
ALINIA TAB 500MG	6	AMITIZA CAP 8MCG.....	76
<i>aliskiren fumarate tab 150 mg (base</i>		<i>amitriptyline hcl tab 10 mg</i>	44
<i>equivalent)</i>	36	<i>amitriptyline hcl tab 100 mg</i>	45
<i>aliskiren fumarate tab 300 mg (base</i>		<i>amitriptyline hcl tab 150 mg</i>	45
<i>equivalent)</i>	36	<i>amitriptyline hcl tab 25 mg</i>	45
<i>allopurinol tab 100 mg</i>	1	<i>amitriptyline hcl tab 50 mg</i>	45
<i>allopurinol tab 300 mg</i>	1	<i>amitriptyline hcl tab 75 mg</i>	45
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	.76	<i>amlodipine besylate tab 10 mg (base</i>	
<i>alose tron hcl tab 1 mg (base equiv)</i>	....76	<i>equivalent)</i>	33
ALPHAGAN P SOL 0.1%	89	<i>amlodipine besylate tab 2.5 mg (base</i>	
<i>alprazolam tab 0.25 mg</i>	38	<i>equivalent)</i>	33
<i>alprazolam tab 0.5 mg</i>	38	<i>amlodipine besylate tab 5 mg (base</i>	
<i>alprazolam tab 1 mg</i>	38	<i>equivalent)</i>	33
<i>alprazolam tab 2 mg</i>	38	<i>amlodipine besylate-benazepril hcl cap</i>	
ALREX SUS 0.2%	88	<i>10-20 mg</i>	25
ALUNBRIG PAK	21	<i>amlodipine besylate-benazepril hcl cap</i>	
ALUNBRIG TAB 180MG	22	<i>10-40 mg</i>	25
ALUNBRIG TAB 30MG	22	<i>amlodipine besylate-benazepril hcl cap</i>	
ALUNBRIG TAB 90MG	22	<i>2.5-10 mg</i>	25
<i>alyacen tab 1/35</i>	64	<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>amantadine hcl cap 100 mg</i>	48	<i>10 mg</i>	25
<i>amantadine hcl syrup 50 mg/5ml</i>	48	<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>amantadine hcl tab 100 mg</i>	48	<i>20 mg</i>	25
AMBISOME INJ 50MG	8	<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>ambrisentan tab 10 mg</i>	38	<i>40 mg</i>	25
<i>ambrisentan tab 5 mg</i>	37	<i>amlodipine besylate-olmesartan</i>	
<i>amethia lo tab</i>	64	<i>medoxomil tab 10-20 mg</i>	27
<i>amethia tab</i>	64	<i>amlodipine besylate-olmesartan</i>	
<i>amikacin sulfate inj 1 gm/4ml (250</i>		<i>medoxomil tab 10-40 mg</i>	27
<i>mg/ml)</i>	5	<i>amlodipine besylate-olmesartan</i>	
<i>amikacin sulfate inj 500 mg/2ml (250</i>		<i>medoxomil tab 5-20 mg</i>	27
<i>mg/ml)</i>	5	<i>amlodipine besylate-olmesartan</i>	
<i>amiloride & hydrochlorothiazide tab 5-50</i>		<i>medoxomil tab 5-40 mg</i>	27
<i>mg</i>	35	<i>amlodipine besylate-valsartan tab 10-</i>	
<i>amiloride hcl tab 5 mg</i>	35	<i>160 mg</i>	28
AMINOSYN II INJ 10%.....	85	<i>amlodipine besylate-valsartan tab 10-</i>	

320 mg	28	amoxicillin (trihydrate) for susp 125	15
amlodipine besylate-valsartan tab 5-160		mg/5ml.....	15
mg	27	amoxicillin (trihydrate) for susp 200	
amlodipine besylate-valsartan tab 5-320		mg/5ml.....	15
mg	27	amoxicillin (trihydrate) for susp 250	
amlodipine-valsartan-hydrochlorothiazide		mg/5ml.....	15
tab 10-160-12.5 mg.....	28	amoxicillin (trihydrate) for susp 400	
amlodipine-valsartan-hydrochlorothiazide		mg/5ml.....	15
tab 10-160-25 mg	28	amoxicillin (trihydrate) tab 500 mg	15
amlodipine-valsartan-hydrochlorothiazide		amoxicillin (trihydrate) tab 875 mg	15
tab 10-320-25 mg	28	amphetamine-dextroamphetamine cap er	
amlodipine-valsartan-hydrochlorothiazide		24hr 10 mg	54
tab 5-160-12.5 mg	28	amphetamine-dextroamphetamine cap er	
amlodipine-valsartan-hydrochlorothiazide		24hr 15 mg	54
tab 5-160-25 mg	28	amphetamine-dextroamphetamine cap er	
amnestem cap 10mg	94	24hr 20 mg	54
amnestem cap 20mg	94	amphetamine-dextroamphetamine cap er	
amnestem cap 40mg	94	24hr 25 mg	54
amoxapine tab 100 mg.....	45	amphetamine-dextroamphetamine cap er	
amoxapine tab 150 mg.....	45	24hr 30 mg	54
amoxapine tab 25 mg.....	45	amphetamine-dextroamphetamine cap er	
amoxapine tab 50 mg.....	45	24hr 5 mg	54
amoxicillin & k clavulanate chew tab 200-		amphetamine-dextroamphetamine tab	
28.5 mg	15	10 mg.....	54
amoxicillin & k clavulanate chew tab 400-		amphetamine-dextroamphetamine tab	
57 mg	15	12.5 mg.....	54
amoxicillin & k clavulanate for susp 200-		amphetamine-dextroamphetamine tab	
28.5 mg/5ml	15	15 mg.....	55
amoxicillin & k clavulanate for susp 250-		amphetamine-dextroamphetamine tab	
62.5 mg/5ml	15	20 mg.....	55
amoxicillin & k clavulanate for susp 400-		amphetamine-dextroamphetamine tab	
57 mg/5ml.....	15	30 mg.....	55
amoxicillin & k clavulanate for susp 600-		amphetamine-dextroamphetamine tab 5	
42.9 mg/5ml	15	mg	54
amoxicillin & k clavulanate tab 250-125		amphetamine-dextroamphetamine tab	
mg.....	15	7.5 mg.....	54
amoxicillin & k clavulanate tab 500-125		amphotericin b for iv soln 50 mg.....	8
mg.....	15	ampicillin & sulbactam sodium for inj 1.5	
amoxicillin & k clavulanate tab 875-125		(1-0.5) gm	15
mg.....	15	ampicillin & sulbactam sodium for inj 15	
amoxicillin & k clavulanate tab er 12hr		(10-5) gm	15
1000-62.5 mg	15	ampicillin & sulbactam sodium for inj 3	
amoxicillin (trihydrate) cap 250 mg.....	15	(2-1) gm.....	15
amoxicillin (trihydrate) cap 500 mg.....	15	ampicillin & sulbactam sodium for iv soln	
amoxicillin (trihydrate) chew tab 125 mg		15 (10-5) gm.....	15
.....	15	ampicillin cap 500 mg	15
amoxicillin (trihydrate) chew tab 250 mg		ampicillin sodium for inj 1 gm	16
.....	15	ampicillin sodium for inj 10 gm	16

<i>ampicillin sodium for inj 125 mg</i>	16	<i>armodafinil tab 200 mg</i>	59
<i>ampicillin sodium for inj 2 gm</i>	16	<i>armodafinil tab 250 mg</i>	59
<i>ampicillin sodium for inj 250 mg</i>	16	<i>armodafinil tab 50 mg</i>	59
<i>ampicillin sodium for inj 500 mg</i>	16	ARNUITY ELPT INH 100MCG	93
<i>ampicillin sodium for iv soln 1 gm</i>	16	ARNUITY ELPT INH 200MCG	93
<i>ampicillin sodium for iv soln 10 gm</i>	16	ARNUITY ELPT INH 50MCG	93
<i>ampicillin sodium for iv soln 2 gm</i>	16	<i>ashlyna tab</i>	64
ANADROL-50 TAB 50MG	60	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	80
<i>anagrelide hcl cap 0.5 mg</i>	80	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	9
<i>anagrelide hcl cap 1 mg</i>	80	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	9
<i>anastrozole tab 1 mg</i>	20	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	9
ANDRODERM DIS 2MG/24HR.....	60	<i>atenolol & chlorthalidone tab 100-25 mg</i>	32
ANDRODERM DIS 4MG/24HR.....	60	<i>atenolol & chlorthalidone tab 50-25 mg</i>	32
ANORO ELLIPT AER 62.5-25	90	<i>atenolol tab 100 mg</i>	32
APOKYN INJ 10MG/ML	48	<i>atenolol tab 25 mg</i>	32
<i>aprepitant capsule 125 mg</i>	73	<i>atenolol tab 50 mg</i>	32
<i>aprepitant capsule 40 mg</i>	73	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	55
<i>aprepitant capsule 80 mg</i>	73	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	55
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	74	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	55
<i>apri tab</i>	64	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	55
APTIOM TAB 200MG	38	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	55
APTIOM TAB 400MG	38	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	55
APTIOM TAB 600MG	38	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	55
APTIOM TAB 800MG	38	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	30
APTIVUS CAP 250MG.....	9	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	30
APTIVUS SOL	9	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	30
ARALAST NP INJ 1000MG.....	92	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	30
ARALAST NP INJ 500MG	92	<i>atovaquone susp 750 mg/5ml</i>	6
<i>aranelle tab</i>	64	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	8
ARCALYST INJ 220MG	82	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
<i>aripiprazole oral solution 1 mg/ml</i>	49		
<i>aripiprazole orally disintegrating tab 10 mg</i>	49		
<i>aripiprazole orally disintegrating tab 15 mg</i>	49		
<i>aripiprazole tab 10 mg</i>	50		
<i>aripiprazole tab 15 mg</i>	50		
<i>aripiprazole tab 2 mg</i>	49		
<i>aripiprazole tab 20 mg</i>	50		
<i>aripiprazole tab 30 mg</i>	50		
<i>aripiprazole tab 5 mg</i>	49		
ARISTADA INJ 1064MG.....	50		
ARISTADA INJ 441MG/1.	50		
ARISTADA INJ 662MG/2	50		
ARISTADA INJ 882MG/3	50		
ARISTADA INJ INITIO.....	50		
<i>armodafinil tab 150 mg</i>	59		

<i>mg</i>	8
ATRIPLA TAB.....	10
ATROPINE SUL SOL 1% OP.....	90
ATROVENT HFA AER 17MCG.....	90
<i>abra tab 0.1-0.02</i>	64
AURYXIA TAB 210MG.....	71
AUSTEDO TAB 12MG.....	57
AUSTEDO TAB 6MG.....	57
AUSTEDO TAB 9MG.....	57
AVASTIN INJ.....	19
AVASTIN INJ 400/16ML.....	19
<i>aviane tab</i>	64
<i>avita cre 0.025%</i>	94
<i>avita gel 0.025%</i>	94
<i>azacitidine for inj 100 mg</i>	17
AZASITE SOL 1%.....	88
<i>azathioprine tab 50 mg</i>	82
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	90
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	90
<i>azelastine hcl ophth soln 0.05%</i>	89
<i>azithromycin for susp 100 mg/5ml</i>	14
<i>azithromycin for susp 200 mg/5ml</i>	14
<i>azithromycin iv for soln 500 mg</i>	14
<i>azithromycin powd pack for susp 1 gm</i>	14
<i>azithromycin tab 250 mg</i>	14
<i>azithromycin tab 500 mg</i>	14
<i>azithromycin tab 600 mg</i>	14
AZOPT SUS 1% OP.....	89
<i>aztreonam for inj 1 gm</i>	6
<i>aztreonam for inj 2 gm</i>	6
B	
<i>bacitracin ophth oint 500 unit/gm</i>	88
<i>bacitracin-polymyxin b ophth oint</i>	88
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	87
<i>baclofen tab 10 mg</i>	58
<i>baclofen tab 20 mg</i>	58
<i>balsalazide disodium cap 750 mg</i>	75
BALVERSA TAB 3MG.....	22
BALVERSA TAB 4MG.....	22
BALVERSA TAB 5MG.....	22
<i>balziva tab</i>	64
BANZEL SUS 40MG/ML.....	39
BANZEL TAB 200MG.....	39
BANZEL TAB 400MG.....	39
BARACLUDE SOL .05MG/ML.....	12

BASAGLAR INJ 100UNIT.....	60
BCG VACCINE INJ.....	83
BD ALCOHOL SWABS.....	60
BD ULTRAFINE INSULIN SYRINGE.....	60
BD ULTRAFINE/NANO PEN NEEDLES... ..	60
<i>bekyree tab</i>	64
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	26
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	26
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	26
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	25
<i>benazepril hcl tab 10 mg</i>	26
<i>benazepril hcl tab 20 mg</i>	26
<i>benazepril hcl tab 40 mg</i>	26
<i>benazepril hcl tab 5 mg</i>	26
BENDEKA INJ 100/4ML.....	17
BENLYSTA INJ 120MG.....	83
BENLYSTA INJ 200MG/ML.....	83
BENLYSTA INJ 400MG.....	83
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	94
<i>benztropine mesylate inj 1 mg/ml</i>	48
<i>benztropine mesylate tab 0.5 mg</i>	48
<i>benztropine mesylate tab 1 mg</i>	48
<i>benztropine mesylate tab 2 mg</i>	48
BEPREVE DRO 1.5%.....	89
BERINERT INJ 500UNIT.....	80
BESIVANCE SUS 0.6%.....	88
<i>betamethasone dipropionate augmented cream 0.05%</i>	96
<i>betamethasone dipropionate augmented gel 0.05%</i>	96
<i>betamethasone dipropionate augmented lotion 0.05%</i>	96
<i>betamethasone dipropionate augmented oint 0.05%</i>	96
<i>betamethasone dipropionate cream 0.05%</i>	96
<i>betamethasone dipropionate lotion 0.05%</i>	96
<i>betamethasone dipropionate oint 0.05%</i>	96
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	96
<i>betamethasone valerate lotion 0.1%</i>	

<i>(base equivalent)</i>	96	BRIVIACT SOL 10MG/ML	39
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	96	BRIVIACT TAB 100MG.....	39
BETASERON INJ 0.3MG.....	58	BRIVIACT TAB 10MG	39
<i>betaxolol hcl ophth soln 0.5%</i>	89	BRIVIACT TAB 25MG	39
<i>betaxolol hcl tab 10 mg</i>	32	BRIVIACT TAB 50MG	39
<i>betaxolol hcl tab 20 mg</i>	32	BRIVIACT TAB 75MG	39
<i>bethanechol chloride tab 10 mg</i>	77	<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	88
<i>bethanechol chloride tab 25 mg</i>	77	<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	48
<i>bethanechol chloride tab 5 mg</i>	77	<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	48
<i>bethanechol chloride tab 50 mg</i>	77	BROMSITE DRO 0.075%	88
BETOPTIC-S SUS 0.25% OP	89	<i>budesonide delayed release particles cap 3 mg</i>	75
BEVESPI AER 9-4.8MCG.....	90	<i>budesonide inhalation susp 0.25 mg/2ml</i>	93
<i>bexarotene cap 75 mg</i>	24	<i>budesonide inhalation susp 0.5 mg/2ml</i>	93
BEXSERO INJ	83	<i>bumetanide inj 0.25 mg/ml</i>	35
<i>bicalutamide tab 50 mg</i>	20	<i>bumetanide tab 0.5 mg</i>	35
BICILLIN L-A INJ 1200000	16	<i>bumetanide tab 1 mg</i>	35
BICILLIN L-A INJ 2400000	16	<i>bumetanide tab 2 mg</i>	35
BICILLIN L-A INJ 600000	16	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	59
BIKTARVY TAB.....	10	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	59
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	32	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	59
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	32	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	59
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	32	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	59
<i>bisoprolol fumarate tab 10 mg</i>	32	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	59
<i>bisoprolol fumarate tab 5 mg</i>	32	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	59
BIVIGAM INJ 10%.....	81	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	59
BLEPHAMIDE OIN S.O.P.....	87	<i>buprenorphine td patch weekly 10 mcg/hr</i>	2
<i>blisovi 24 tab fe 1/20</i>	64	<i>buprenorphine td patch weekly 15 mcg/hr</i>	2
<i>blisovi fe tab 1.5/30</i>	64	<i>buprenorphine td patch weekly 20 mcg/hr</i>	2
BOOSTRIX INJ.....	83	<i>buprenorphine td patch weekly 5 mcg/hr</i>	2
BORTEZOMIB INJ 3.5MG.....	19	<i>buprenorphine td patch weekly 7.5</i>	
<i>bosentan tab 125 mg</i>	38		
<i>bosentan tab 62.5 mg</i>	38		
BOSULIF TAB 100MG.....	22		
BOSULIF TAB 400MG.....	22		
BOSULIF TAB 500MG.....	22		
BRAFTOVI CAP 75MG	22		
BREO ELLIPTA INH 100-25.....	94		
BREO ELLIPTA INH 200-25.....	94		
<i>briellyn tab</i>	64		
BRILINTA TAB 60MG	80		
BRILINTA TAB 90MG	80		
<i>brimonidine tartrate ophth soln 0.15%</i> 89			
<i>brimonidine tartrate ophth soln 0.2%</i> ..89			
BRIVIACT INJ 50MG/5ML	39		

<i>mcg/hr</i>	2
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	59
<i>bupropion hcl tab 100 mg</i>	45
<i>bupropion hcl tab 75 mg</i>	45
<i>bupropion hcl tab er 12hr 100 mg</i>	45
<i>bupropion hcl tab er 12hr 150 mg</i>	45
<i>bupropion hcl tab er 12hr 200 mg</i>	45
<i>bupropion hcl tab er 24hr 150 mg</i>	45
<i>bupropion hcl tab er 24hr 300 mg</i>	45
<i>bupirone hcl tab 10 mg</i>	38
<i>bupirone hcl tab 15 mg</i>	38
<i>bupirone hcl tab 30 mg</i>	38
<i>bupirone hcl tab 5 mg</i>	38
<i>bupirone hcl tab 7.5 mg</i>	38
<i>butorphanol tartrate inj 1 mg/ml</i>	2
<i>butorphanol tartrate inj 2 mg/ml</i>	2
BYDUREON BC INJ 2/0.85ML	60
BYDUREON PEN INJ 2MG	60
BYETTA INJ 10MCG	60
BYETTA INJ 5MCG	60
BYSTOLIC TAB 10MG	32
BYSTOLIC TAB 2.5MG	32
BYSTOLIC TAB 20MG	32
BYSTOLIC TAB 5MG	32

C

<i>cabergoline tab 0.5 mg</i>	70
CABOMETYX TAB 20MG	22
CABOMETYX TAB 40MG	22
CABOMETYX TAB 60MG	22
<i>calcipotriene cream 0.005%</i>	95
<i>calcipotriene oint 0.005%</i>	95
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	95
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	70
<i>calcitriol cap 0.25 mcg</i>	87
<i>calcitriol cap 0.5 mcg</i>	87
<i>calcitriol inj 1 mcg/ml</i>	87
<i>calcitriol oral soln 1 mcg/ml</i>	87
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	71
<i>calcium acetate (phosphate binder) tab 667 mg</i>	71
CALQUENCE CAP 100MG	22
<i>camila tab 0.35mg</i>	64
<i>camrese lo tab</i>	64
<i>candesartan cilexetil tab 16 mg</i>	29

<i>candesartan cilexetil tab 32 mg</i>	29
<i>candesartan cilexetil tab 4 mg</i>	29
<i>candesartan cilexetil tab 8 mg</i>	29
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	28
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	28
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	28
CAPRELSA TAB 100MG	22
CAPRELSA TAB 300MG	22
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	26
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	26
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	26
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	26
<i>captopril tab 100 mg</i>	26
<i>captopril tab 12.5 mg</i>	26
<i>captopril tab 25 mg</i>	26
<i>captopril tab 50 mg</i>	26
CARBAGLU TAB 200MG	68
<i>carbamazepine cap er 12hr 100 mg</i>	39
<i>carbamazepine cap er 12hr 200 mg</i>	39
<i>carbamazepine cap er 12hr 300 mg</i>	39
<i>carbamazepine chew tab 100 mg</i>	39
<i>carbamazepine susp 100 mg/5ml</i>	39
<i>carbamazepine tab 200 mg</i>	39
<i>carbamazepine tab er 12hr 100 mg</i>	39
<i>carbamazepine tab er 12hr 200 mg</i>	39
<i>carbamazepine tab er 12hr 400 mg</i>	39
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	48
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	48
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	48
<i>carbidopa & levodopa tab 10-100 mg</i>	48
<i>carbidopa & levodopa tab 25-100 mg</i>	48
<i>carbidopa & levodopa tab 25-250 mg</i>	48
<i>carbidopa & levodopa tab er 25-100 mg</i>	48
<i>carbidopa & levodopa tab er 50-200 mg</i>	48
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	48

<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefoxitin sodium for iv soln 1 gm</i>	13
18.75-75-200 mg	48	<i>cefoxitin sodium for iv soln 2 gm</i>	13
<i>carbidopa-levodopa-entacapone tabs 25-</i>		<i>cefpodoxime proxetil for susp 100</i>	
<i>100-200 mg</i>	48	<i>mg/5ml</i>	13
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	
<i>31.25-125-200 mg</i>	48	.....	13
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefpodoxime proxetil tab 100 mg</i>	13
<i>37.5-150-200 mg</i>	48	<i>cefpodoxime proxetil tab 200 mg</i>	13
<i>carbidopa-levodopa-entacapone tabs 50-</i>		<i>cefprozil for susp 125 mg/5ml</i>	13
<i>200-200 mg</i>	49	<i>cefprozil for susp 250 mg/5ml</i>	13
<i>carboplatin iv soln 150 mg/15ml</i>	24	<i>cefprozil tab 250 mg</i>	13
<i>carboplatin iv soln 450 mg/45ml</i>	24	<i>cefprozil tab 500 mg</i>	13
<i>carboplatin iv soln 50 mg/5ml</i>	24	<i>ceftazidime for inj 1 gm</i>	13
<i>carboplatin iv soln 600 mg/60ml</i>	24	<i>ceftazidime for inj 2 gm</i>	13
<i>carisoprodol tab 350 mg</i>	58	<i>ceftazidime for inj 6 gm</i>	13
<i>carteolol hcl ophth soln 1%</i>	89	CEFTAZIDIME/ SOL D5W 1GM	13
<i>carvedilol tab 12.5 mg</i>	32	CEFTAZIDIME/ SOL D5W 2GM	13
<i>carvedilol tab 25 mg</i>	32	<i>ceftriaxone sodium for inj 1 gm</i>	13
<i>carvedilol tab 3.125 mg</i>	32	<i>ceftriaxone sodium for inj 10 gm</i>	13
<i>carvedilol tab 6.25 mg</i>	32	<i>ceftriaxone sodium for inj 2 gm</i>	13
<i>caspofungin acetate for iv soln 50 mg</i> ..	8	<i>ceftriaxone sodium for inj 250 mg</i>	13
<i>caspofungin acetate for iv soln 70 mg</i> ..	8	<i>ceftriaxone sodium for inj 500 mg</i>	13
CAYSTON INH 75MG	6	<i>ceftriaxone sodium for iv soln 1 gm</i>	13
<i>cefaclor cap 250 mg</i>	12	<i>ceftriaxone sodium for iv soln 2 gm</i>	13
<i>cefaclor cap 500 mg</i>	12	<i>cefuroxime axetil tab 250 mg</i>	13
CEFACLOR ER TAB 500MG	12	<i>cefuroxime axetil tab 500 mg</i>	13
<i>cefaclor for susp 125 mg/5ml</i>	12	<i>cefuroxime sodium for inj 7.5 gm</i>	14
<i>cefaclor for susp 250 mg/5ml</i>	13	<i>cefuroxime sodium for inj 750 mg</i>	14
<i>cefaclor for susp 375 mg/5ml</i>	13	<i>cefuroxime sodium for iv soln 1.5 gm</i> .	14
<i>cefadroxil cap 500 mg</i>	13	<i>celecoxib cap 100 mg</i>	1
<i>cefadroxil for susp 250 mg/5ml</i>	13	<i>celecoxib cap 200 mg</i>	1
<i>cefadroxil for susp 500 mg/5ml</i>	13	<i>celecoxib cap 400 mg</i>	1
<i>cefadroxil tab 1 gm</i>	13	<i>celecoxib cap 50 mg</i>	1
CEFAZOLIN INJ 1GM/50ML.....	13	CELONTIN CAP 300MG.....	39
<i>cefazolin sodium for inj 1 gm</i>	13	<i>cephalexin cap 250 mg</i>	14
<i>cefazolin sodium for inj 10 gm</i>	13	<i>cephalexin cap 500 mg</i>	14
<i>cefazolin sodium for inj 20 gm</i>	13	<i>cephalexin for susp 125 mg/5ml</i>	14
<i>cefazolin sodium for inj 500 mg</i>	13	<i>cephalexin for susp 250 mg/5ml</i>	14
<i>cefazolin sodium for iv soln 1 gm</i>	13	CERDELGA CAP 84MG.....	68
CEFAZOLIN SOL	13	CEREZYME INJ 400UNIT.....	68
<i>cefdinir cap 300 mg</i>	13	<i>cetirizine hcl oral soln 1 mg/ml (5</i>	
<i>cefdinir for susp 125 mg/5ml</i>	13	<i>mg/5ml)</i>	90
<i>cefdinir for susp 250 mg/5ml</i>	13	<i>cevimeline hcl cap 30 mg</i>	98
<i>cefepime hcl for inj 1 gm</i>	13	CHANTIX PAK 0.5& 1MG	59
<i>cefepime hcl for inj 2 gm</i>	13	CHANTIX PAK 1MG	59
<i>cefixime for susp 100 mg/5ml</i>	13	CHANTIX TAB 0.5MG	59
<i>cefixime for susp 200 mg/5ml</i>	13	CHANTIX TAB 1MG	59
<i>cefoxitin sodium for inj 10 gm</i>	13	CHEMET CAP 100MG.....	63

<i>chlorhexidine gluconate soln 0.12%</i> ....98	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> 25
<i>chloroquine phosphate tab 250 mg</i> 8	<i>citalopram hydrobromide oral soln 10 mg/5ml</i> 45
<i>chloroquine phosphate tab 500 mg</i> 8	<i>citalopram hydrobromide tab 10 mg (base equiv)</i> 45
<i>chlorothiazide tab 250 mg</i>.....35	<i>citalopram hydrobromide tab 20 mg (base equiv)</i> 45
<i>chlorothiazide tab 500 mg</i>.....35	<i>citalopram hydrobromide tab 40 mg (base equiv)</i> 45
CHLORPROMAZ INJ 25MG/ML.....50	<i>claravis cap 10mg</i> 94
CHLORPROMAZ INJ 50MG/2ML .....50	<i>claravis cap 20mg</i> 94
<i>chlorpromazine hcl tab 10 mg</i> .....50	<i>claravis cap 30mg</i> 94
<i>chlorpromazine hcl tab 100 mg</i>.....50	<i>claravis cap 40mg</i> 94
<i>chlorpromazine hcl tab 200 mg</i>.....50	<i>clarithromycin for susp 125 mg/5ml</i> ... 14
<i>chlorpromazine hcl tab 25 mg</i> .....50	<i>clarithromycin for susp 250 mg/5ml</i> ... 14
<i>chlorpromazine hcl tab 50 mg</i> .....50	<i>clarithromycin tab 250 mg</i> 14
<i>chlorthalidone tab 25 mg</i> .....35	<i>clarithromycin tab 500 mg</i> 14
<i>chlorthalidone tab 50 mg</i> .....35	<i>clarithromycin tab er 24hr 500 mg</i> 14
<i>cholestyramine light powder 4 gm/dose</i> .....31	<i>clindamycin hcl cap 150 mg</i> 6
<i>cholestyramine light powder packets 4 gm</i>.....31	<i>clindamycin hcl cap 300 mg</i> 6
<i>cholestyramine powder 4 gm/dose</i>.....31	<i>clindamycin hcl cap 75 mg</i> 6
<i>cholestyramine powder packets 4 gm</i> ..31	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> 6
<i>ciclopirox olamine cream 0.77% (base equiv)</i> .....95	<i>clindamycin phosphate gel 1%</i> 94
<i>ciclopirox olamine susp 0.77% (base equiv)</i> .....95	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> 6
<i>cilostazol tab 100 mg</i> .....80	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> 6
<i>cilostazol tab 50 mg</i> .....80	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> 6
CILOXAN OIN 0.3% OP.....88	<i>clindamycin phosphate inj 300 mg/2ml</i> .6
CIMDUO TAB 300-300 .....10	<i>clindamycin phosphate inj 600 mg/4ml</i> .6
<i>cinacalcet hcl tab 30 mg (base equiv)</i> ..70	<i>clindamycin phosphate inj 9 gm/60ml</i> ... 6
<i>cinacalcet hcl tab 60 mg (base equiv)</i> ..70	<i>clindamycin phosphate inj 900 mg/6ml</i> .6
<i>cinacalcet hcl tab 90 mg (base equiv)</i> ..70	<i>clindamycin phosphate iv soln 300 mg/2ml</i> 6
CIPRODEX SUS 0.3-0.1% .....98	<i>clindamycin phosphate iv soln 900 mg/6ml</i> 6
<i>ciprofloxacin 200 mg/100ml in d5w</i> ....14	<i>clindamycin phosphate lotion 1%</i> 94
<i>ciprofloxacin 400 mg/200ml in d5w</i> ....14	<i>clindamycin phosphate soln 1%</i> 94
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>.....14	<i>clindamycin phosphate vaginal cream 2%</i> 78
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> .....88	CLINDMYC/NAC INJ 300/50ML 6
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i> .....14	CLINDMYC/NAC INJ 600/50ML 6
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> .....14	CLINDMYC/NAC INJ 900/50ML 6
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> .....14	CLINIMIX INJ 4.25/D10 85
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i> .....14	CLINIMIX INJ 4.25/D5W 85
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .25	CLINIMIX INJ 5%/D15W 85
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .25	

CLINIMIX INJ 5%/D20W	85	<i>clozapine tab 25 mg</i>	50
<i>clobazam suspension 2.5 mg/ml</i>	39	<i>clozapine tab 50 mg</i>	50
<i>clobazam tab 10 mg</i>	39	COARTEM TAB 20-120MG.....	8
<i>clobazam tab 20 mg</i>	39	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1
<i>clomipramine hcl cap 25 mg</i>	45	COLCRYS TAB 0.6MG.....	1
<i>clomipramine hcl cap 50 mg</i>	45	<i>colesevelam hcl packet for susp 3.75 gm</i>	31
<i>clomipramine hcl cap 75 mg</i>	45	<i>colesevelam hcl tab 625 mg</i>	31
<i>clonazepam orally disintegrating tab</i> <i>0.125 mg</i>	39	<i>colestipol hcl granule packets 5 gm</i>	31
<i>clonazepam orally disintegrating tab 0.25</i> <i>mg</i>	39	<i>colestipol hcl granules 5 gm</i>	31
<i>clonazepam orally disintegrating tab 0.5</i> <i>mg</i>	39	<i>colestipol hcl tab 1 gm</i>	31
<i>clonazepam orally disintegrating tab 1</i> <i>mg</i>	39	<i>colistimethate sod for inj 150 mg</i> <i>(colistin base activity)</i>	6
<i>clonazepam orally disintegrating tab 2</i> <i>mg</i>	39	COMBIGAN SOL 0.2/0.5%	89
<i>clonazepam tab 0.5 mg</i>	39	COMBIVENT AER 20-100	90
<i>clonazepam tab 1 mg</i>	39	COMETRIQ KIT 100MG.....	22
<i>clonazepam tab 2 mg</i>	39	COMETRIQ KIT 140MG.....	22
<i>clonidine hcl tab 0.1 mg</i>	36	COMETRIQ KIT 60MG	22
<i>clonidine hcl tab 0.2 mg</i>	36	COMPLERA TAB.....	10
<i>clonidine hcl tab 0.3 mg</i>	36	<i>constulose sol 10gm/15</i>	75
<i>clonidine td patch weekly 0.1 mg/24hr</i>	36	COPIKTRA CAP 15MG.....	22
<i>clonidine td patch weekly 0.2 mg/24hr</i>	36	COPIKTRA CAP 25MG.....	22
<i>clonidine td patch weekly 0.3 mg/24hr</i>	36	CORLANOR TAB 5MG	36
<i>clopidogrel bisulfate tab 75 mg (base</i> <i>equiv)</i>	80	CORLANOR TAB 7.5MG	36
<i>clorazepate dipotassium tab 15 mg</i>	39	<i>cortisone acetate tab 25 mg</i>	69
<i>clorazepate dipotassium tab 3.75 mg</i> ..	39	COTELLIC TAB 20MG	22
<i>clorazepate dipotassium tab 7.5 mg</i>	39	COUMADIN TAB 10MG	78
<i>clotrimazole cream 1%</i>	95	COUMADIN TAB 1MG	78
<i>clotrimazole soln 1%</i>	95	COUMADIN TAB 2.5MG	78
<i>clotrimazole troche 10 mg</i>	98	COUMADIN TAB 2MG	78
<i>clotrimazole w/ betamethasone cream 1-</i> <i>0.05%</i>	95	COUMADIN TAB 3MG	78
<i>clozapine orally disintegrating tab 100</i> <i>mg</i>	50	COUMADIN TAB 4MG	78
<i>clozapine orally disintegrating tab 12.5</i> <i>mg</i>	50	COUMADIN TAB 5MG	78
<i>clozapine orally disintegrating tab 150</i> <i>mg</i>	50	COUMADIN TAB 6MG	78
<i>clozapine orally disintegrating tab 200</i> <i>mg</i>	50	COUMADIN TAB 7.5MG	78
<i>clozapine orally disintegrating tab 25 mg</i>	50	CREON CAP 12000UNT.....	76
<i>clozapine tab 100 mg</i>	50	CREON CAP 24000UNT.....	76
<i>clozapine tab 200 mg</i>	50	CREON CAP 3000UNIT	76
		CREON CAP 36000UNT.....	76
		CREON CAP 6000UNIT	76
		CRIXIVAN CAP 200MG	9
		CRIXIVAN CAP 400MG	9
		<i>cromolyn sodium ophth soln 4%</i>	89
		<i>cromolyn sodium oral conc 100 mg/5ml</i>	76
		<i>cromolyn sodium soln nebu 20 mg/2ml</i>	92

<i>cryselle-28 tab 28 tabs</i>	64	DAURISMO TAB 100MG	19
<i>cyclafem tab 1/35</i>	64	DAURISMO TAB 25MG	19
<i>cyclafem tab 7/7/7</i>	64	<i>deblitane tab 0.35mg</i>	64
<i>cyclobenzaprine hcl tab 10 mg</i>	58	DELESTROGEN INJ 10MG/ML	68
<i>cyclobenzaprine hcl tab 5 mg</i>	58	DELSTRIGO TAB	11
<i>cyclophosphamide cap 25 mg</i>	17	<i>delyla tab 0.1-0.02</i>	64
CYCLOPHOSPHAMIDE CAP 25 MG	17	DEMSEER CAP 250MG	36
<i>cyclophosphamide cap 50 mg</i>	17	DEPEN TITRA TAB 250MG	63
CYCLOPHOSPHAMIDE CAP 50 MG	17	DEPO-PROVERA INJ 400/ML	20
<i>cyclophosphamide for inj 1 gm</i>	17	DESCOVY TAB 200/25	11
<i>cyclophosphamide for inj 2 gm</i>	17	<i>desipramine hcl tab 10 mg</i>	45
<i>cyclophosphamide for inj 500 mg</i>	17	<i>desipramine hcl tab 100 mg</i>	45
<i>cycloserine cap 250 mg</i>	11	<i>desipramine hcl tab 150 mg</i>	45
<i>cyclosporine cap 100 mg</i>	83	<i>desipramine hcl tab 25 mg</i>	45
<i>cyclosporine cap 25 mg</i>	83	<i>desipramine hcl tab 50 mg</i>	45
<i>cyclosporine iv soln 50 mg/ml</i>	83	<i>desipramine hcl tab 75 mg</i>	45
<i>cyclosporine modified cap 100 mg</i>	83	<i>desmopressin acetate inj 4 mcg/ml</i>	73
<i>cyclosporine modified cap 25 mg</i>	83	<i>desmopressin acetate nasal spray soln</i>	
<i>cyclosporine modified cap 50 mg</i>	83	<i>0.01%</i>	73
<i>cyclosporine modified oral soln 100</i>		<i>desmopressin acetate nasal spray soln</i>	
<i>mg/ml</i>	83	<i>0.01% (refrigerated)</i>	73
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	90	<i>desmopressin acetate tab 0.1 mg</i>	73
<i>cyproheptadine hcl tab 4 mg</i>	90	<i>desmopressin acetate tab 0.2 mg</i>	73
CYSTADANE POW	68	<i>desogest-eth estrad & eth estrad tab</i>	
CYSTAGON CAP 150MG	68	<i>0.15-0.02/0.01 mg(21/5)</i>	64
CYSTAGON CAP 50MG	68	<i>desogest-ethin est tab 0.1-0.025/0.125-</i>	
CYSTARAN SOL 0.44%	90	<i>0.025/0.15-0.025mg-mg</i>	64
<i>cytarabine inj 20 mg/ml</i>	17	<i>desogestrel & ethinyl estradiol tab 0.15</i>	
D		<i>mg-30 mcg</i>	64
D10W/NAACL INJ 0.2%	86	<i>desvenlafaxine succinate tab er 24hr 100</i>	
D5W/LYTES INJ #48	86	<i>mg (base equiv)</i>	45
D5W/NAACL INJ 0.3%	86	<i>desvenlafaxine succinate tab er 24hr 25</i>	
<i>dalfampridine tab er 12hr 10 mg</i>	58	<i>mg (base equiv)</i>	45
DALIRESP TAB 250MCG	92	<i>desvenlafaxine succinate tab er 24hr 50</i>	
DALIRESP TAB 500MCG	92	<i>mg (base equiv)</i>	45
<i>danazol cap 100 mg</i>	67	DEXAMETHASON CON 1MG/ML	69
<i>danazol cap 200 mg</i>	67	<i>dexamethasone elixir 0.5 mg/5ml</i>	69
<i>danazol cap 50 mg</i>	67	<i>dexamethasone sod phosphate</i>	
<i>dantrolene sodium cap 100 mg</i>	58	<i>preservative free inj 10 mg/ml</i>	69
<i>dantrolene sodium cap 25 mg</i>	58	<i>dexamethasone sodium phosphate inj 10</i>	
<i>dantrolene sodium cap 50 mg</i>	58	<i>mg/ml</i>	69
<i>dapsone tab 100 mg</i>	6	<i>dexamethasone sodium phosphate inj</i>	
<i>dapsone tab 25 mg</i>	6	<i>100 mg/10ml</i>	69
DAPTACEL INJ	83	<i>dexamethasone sodium phosphate inj</i>	
<i>daptomycin for iv soln 500 mg</i>	6	<i>120 mg/30ml</i>	69
DAPTOMYCIN SOL 350MG	6	<i>dexamethasone sodium phosphate inj 20</i>	
<i>dasetta tab 1/35</i>	64	<i>mg/5ml</i>	69
<i>dasetta tab 7/7/7</i>	64	<i>dexamethasone sodium phosphate inj 4</i>	

<i>mg/ml</i>	69	<i>diclofenac potassium tab 50 mg</i>	1
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	88	<i>diclofenac sodium gel 1%</i>	97
<i>dexamethasone soln 0.5 mg/5ml</i>	69	<i>diclofenac sodium ophth soln 0.1%</i>	88
<i>dexamethasone tab 0.5 mg</i>	69	<i>diclofenac sodium tab delayed release 25 mg</i>	1
<i>dexamethasone tab 0.75 mg</i>	69	<i>diclofenac sodium tab delayed release 50 mg</i>	1
<i>dexamethasone tab 1 mg</i>	69	<i>diclofenac sodium tab delayed release 75 mg</i>	1
<i>dexamethasone tab 1.5 mg</i>	69	<i>diclofenac sodium tab er 24hr 100 mg</i> ..	1
<i>dexamethasone tab 2 mg</i>	69	<i>dicloxacillin sodium cap 250 mg</i>	16
<i>dexamethasone tab 4 mg</i>	69	<i>dicloxacillin sodium cap 500 mg</i>	16
<i>dexamethasone tab 6 mg</i>	69	<i>dicyclomine hcl cap 10 mg</i>	75
DEXILANT CAP 30MG DR	77	<i>dicyclomine hcl oral soln 10 mg/5ml</i> ...	75
DEXILANT CAP 60MG DR	77	<i>dicyclomine hcl tab 20 mg</i>	75
<i>dexmethylphenidate hcl tab 10 mg</i>	55	<i>didanosine delayed release capsule 200 mg</i>	9
<i>dexmethylphenidate hcl tab 2.5 mg</i>	55	<i>didanosine delayed release capsule 250 mg</i>	9
<i>dexmethylphenidate hcl tab 5 mg</i>	55	<i>didanosine delayed release capsule 400 mg</i>	9
<i>dextrose 10% w/ sodium chloride 0.45%</i>	86	DIFICID TAB 200MG	14
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	86	<i>diflunisal tab 500 mg</i>	1
<i>dextrose 5% in lactated ringers</i>	86	<i>digitek tab 0.125mg</i>	35
<i>dextrose 5% w/ sodium chloride 0.2%</i> 86		<i>digitek tab 0.25mg</i>	35
<i>dextrose 5% w/ sodium chloride 0.225%</i>	86	<i>digoxin inj 0.25 mg/ml</i>	35
<i>dextrose 5% w/ sodium chloride 0.33%</i>	86	<i>digoxin oral soln 0.05 mg/ml</i>	35
<i>dextrose 5% w/ sodium chloride 0.45%</i>	86	<i>digoxin tab 125 mcg (0.125 mg)</i>	35
<i>dextrose 5% w/ sodium chloride 0.9%</i> 86		<i>digoxin tab 250 mcg (0.25 mg)</i>	35
<i>dextrose inj 10%</i>	86	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	56
<i>dextrose inj 5%</i>	86	<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	56
<i>dextrose inj 50%</i>	86	DILANTIN CAP 100MG	40
<i>dextrose inj 70%</i>	86	DILANTIN CAP 30MG	40
DIASTAT ACDL GEL 12.5-20.....	39	DILANTIN CHW 50MG	40
DIASTAT ACDL GEL 5-10MG.....	39	DILANTIN-125 SUS 125/5ML	40
DIASTAT PED GEL 2.5M GEL	39	<i>diltiazem hcl cap er 12hr 120 mg</i>	33
<i>diazepam conc 5 mg/ml</i>	40	<i>diltiazem hcl cap er 12hr 60 mg</i>	33
<i>diazepam inj 5 mg/ml</i>	40	<i>diltiazem hcl cap er 12hr 90 mg</i>	33
<i>diazepam oral soln 1 mg/ml</i>	40	<i>diltiazem hcl cap er 24hr 120 mg</i>	33
<i>diazepam rectal gel delivery system 10 mg</i>	40	<i>diltiazem hcl cap er 24hr 180 mg</i>	33
<i>diazepam rectal gel delivery system 2.5 mg</i>	40	<i>diltiazem hcl cap er 24hr 240 mg</i>	34
<i>diazepam rectal gel delivery system 20 mg</i>	40	<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	34
<i>diazepam tab 10 mg</i>	40	<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	34
<i>diazepam tab 2 mg</i>	40	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam tab 5 mg</i>	40		

240 mg	34	.....	40
diltiazem hcl coated beads cap er 24hr		docetaxel for inj conc 20 mg/ml	18
300 mg	34	docetaxel for inj conc 80 mg/4ml (20	
diltiazem hcl coated beads cap er 24hr		mg/ml)	18
360 mg	34	DOCETAXEL INJ 160/16ML	18
diltiazem hcl extended release beads cap		DOCETAXEL INJ 160/8ML	18
er 24hr 120 mg	34	DOCETAXEL INJ 200/10	18
diltiazem hcl extended release beads cap		DOCETAXEL INJ 20MG/2ML	18
er 24hr 180 mg	34	DOCETAXEL INJ 80MG/4ML	18
diltiazem hcl extended release beads cap		DOCETAXEL INJ 80MG/8ML	18
er 24hr 240 mg	34	docetaxel soln for iv infusion 160	
diltiazem hcl extended release beads cap		mg/16ml	18
er 24hr 300 mg	34	docetaxel soln for iv infusion 20 mg/2ml	
diltiazem hcl extended release beads cap		.....	18
er 24hr 360 mg	34	docetaxel soln for iv infusion 80 mg/8ml	
diltiazem hcl extended release beads cap		.....	18
er 24hr 420 mg	34	dofetilide cap 125 mcg (0.125 mg)	30
diltiazem hcl iv soln 125 mg/25ml (5		dofetilide cap 250 mcg (0.25 mg)	30
mg/ml)	34	dofetilide cap 500 mcg (0.5 mg)	30
diltiazem hcl iv soln 25 mg/5ml (5		donepezil hydrochloride orally	
mg/ml)	34	disintegrating tab 10 mg	44
diltiazem hcl iv soln 50 mg/10ml (5		donepezil hydrochloride orally	
mg/ml)	34	disintegrating tab 5 mg	44
diltiazem hcl tab 120 mg	34	donepezil hydrochloride tab 10 mg	44
diltiazem hcl tab 30 mg	34	donepezil hydrochloride tab 5 mg	44
diltiazem hcl tab 60 mg	34	dorzolamide hcl ophth soln 2%	89
diltiazem hcl tab 90 mg	34	dorzolamide hcl-timolol maleate ophth	
DIP/TET PED INJ 25-5LFU	83	soln 22.3-6.8 mg/ml	89
diphenhydramine hcl inj 50 mg/ml	90	DOVATO TAB 50-300MG	11
diphenoxylate w/ atropine liq 2.5-0.025		doxazosin mesylate tab 1 mg	27
mg/5ml	76	doxazosin mesylate tab 2 mg	27
diphenoxylate w/ atropine tab 2.5-0.025		doxazosin mesylate tab 4 mg	27
mg	76	doxazosin mesylate tab 8 mg	27
disopyramide phosphate cap 100 mg	29	doxepin hcl cap 10 mg	45
disopyramide phosphate cap 150 mg	29	doxepin hcl cap 100 mg	45
disulfiram tab 250 mg	59	doxepin hcl cap 150 mg	45
disulfiram tab 500 mg	59	doxepin hcl cap 25 mg	45
divalproex sodium cap delayed release		doxepin hcl cap 50 mg	45
sprinkle 125 mg	40	doxepin hcl cap 75 mg	45
divalproex sodium tab delayed release		doxepin hcl conc 10 mg/ml	45
125 mg	40	doxorubicin hcl inj 2 mg/ml	17
divalproex sodium tab delayed release		doxorubicin hcl liposomal inj (for iv	
250 mg	40	infusion) 2 mg/ml	17
divalproex sodium tab delayed release		doxy 100 inj 100mg	16
500 mg	40	doxycycline hyclate cap 100 mg	17
divalproex sodium tab er 24 hr 250 mg		doxycycline hyclate cap 50 mg	17
.....	40	doxycycline hyclate for inj 100 mg	17
divalproex sodium tab er 24 hr 500 mg		doxycycline hyclate tab 100 mg	17

<i>doxycycline hyclate tab 20 mg</i>	17
<i>doxycycline monohydrate cap 100 mg</i> .	17
<i>doxycycline monohydrate cap 50 mg</i> ...	17
<i>doxycycline monohydrate tab 100 mg</i> .	17
<i>doxycycline monohydrate tab 50 mg</i> ...	17
<i>doxycycline monohydrate tab 75 mg</i> ...	17
<i>dronabinol cap 10 mg</i>	74
<i>dronabinol cap 2.5 mg</i>	74
<i>dronabinol cap 5 mg</i>	74
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	64
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	64
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	64
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	64
DROXIA CAP 200MG.....	80
DROXIA CAP 300MG.....	80
DROXIA CAP 400MG.....	80
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	46
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	46
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	46
DUREZOL EMU 0.05%	89
<i>dutasteride cap 0.5 mg</i>	77
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	77
E	
EDURANT TAB 25MG	9
<i>efavirenz cap 200 mg</i>	9
<i>efavirenz cap 50 mg</i>	9
<i>efavirenz tab 600 mg</i>	9
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	56
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	56
ELIQUIS ST P TAB 5MG	78
ELIQUIS TAB 2.5MG	78
ELIQUIS TAB 5MG.....	78
ELLA TAB 30MG.....	65
EMCYT CAP 140MG	17
EMEND SUS 125MG.....	74
EMGALITY INJ 120MG/ML	56
<i>emoquette tab</i>	65
EMSAM DIS 12MG/24H.....	46

EMSAM DIS 6MG/24HR	46
EMSAM DIS 9MG/24HR	46
EMTRIVA CAP 200MG.....	9
EMTRIVA SOL 10MG/ML.....	9
EMVERM CHW 100MG	6
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	26
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	26
<i>enalapril maleate tab 10 mg</i>	26
<i>enalapril maleate tab 2.5 mg</i>	26
<i>enalapril maleate tab 20 mg</i>	26
<i>enalapril maleate tab 5 mg</i>	26
ENDARI POW 5GM.....	80
ENGERIX-B INJ 10/0.5ML.....	83
ENGERIX-B INJ 20MCG/ML.....	83
<i>enoxaparin sodium inj 100 mg/ml</i>	78
<i>enoxaparin sodium inj 120 mg/0.8ml.</i> ..	78
<i>enoxaparin sodium inj 150 mg/ml</i>	78
<i>enoxaparin sodium inj 30 mg/0.3ml</i> ...	78
<i>enoxaparin sodium inj 300 mg/3ml</i>	78
<i>enoxaparin sodium inj 40 mg/0.4ml</i> ...	78
<i>enoxaparin sodium inj 60 mg/0.6ml</i> ...	78
<i>enoxaparin sodium inj 80 mg/0.8ml</i> ...	78
<i>enpresse-28 tab</i>	65
<i>enskyce tab</i>	65
ENSTILAR AER.....	96
<i>entacapone tab 200 mg</i>	49
<i>entecavir tab 0.5 mg</i>	12
<i>entecavir tab 1 mg</i>	12
ENTRESTO TAB 24-26MG	28
ENTRESTO TAB 49-51MG	28
ENTRESTO TAB 97-103MG	28
<i>enulose sol 10gm/15</i>	75
EPCLUSA TAB 400-100	12
EPIDIOLEX SOL 100MG/ML.....	40
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	92
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	92
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	92
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	17
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	17
<i>epitol tab 200mg</i>	40
EPIVIR HBV SOL 5MG/ML.....	12

<i>eplerenone tab 25 mg</i>	27	<i>estradiol td patch weekly 0.025 mg/24hr</i>	68
<i>eplerenone tab 50 mg</i>	27	<i>estradiol td patch weekly 0.0375</i> <i>mg/24hr (37.5 mcg/24hr)</i>	68
<i>eprosartan mesylate tab 600 mg</i>	29	<i>estradiol td patch weekly 0.05 mg/24hr</i>	68
<i>ergotamine w/ caffeine tab 1-100 mg</i> ..	56	<i>estradiol td patch weekly 0.06 mg/24hr</i>	68
ERIVEDGE CAP 150MG	19	<i>estradiol td patch weekly 0.075 mg/24hr</i>	68
ERLEADA TAB 60MG.....	20	<i>estradiol td patch weekly 0.1 mg/24hr</i> 68	
<i>erlotinib hcl tab 100 mg (base</i> <i>equivalent)</i>	22	<i>estradiol vaginal cream 0.1 mg/gm</i>	68
<i>erlotinib hcl tab 150 mg (base</i> <i>equivalent)</i>	22	<i>estradiol vaginal tab 10 mcg</i>	68
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	22	<i>estradiol valerate im in oil 20 mg/ml</i> ..	68
<i>errin tab 0.35mg</i>	65	<i>estradiol valerate im in oil 40 mg/ml</i> ..	68
<i>ertapenem sodium for inj 1 gm (base</i> <i>equivalent)</i>	6	<i>eszopiclone tab 1 mg</i>	55
<i>ery-tab tab 250mg ec</i>	14	<i>eszopiclone tab 2 mg</i>	55
<i>ery-tab tab 333mg ec</i>	14	<i>eszopiclone tab 3 mg</i>	55
<i>ery-tab tab 500mg ec</i>	14	<i>ethambutol hcl tab 100 mg</i>	11
ERYTHROCIN INJ 500MG	14	<i>ethambutol hcl tab 400 mg</i>	11
<i>erythrocine tab 250mg</i>	14	<i>ethosuximide cap 250 mg</i>	40
<i>erythromycin ethylsuccinate tab 400 mg</i>	14	<i>ethosuximide soln 250 mg/5ml</i>	40
<i>erythromycin gel 2%</i>	94	<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	65
<i>erythromycin ophth oint 5 mg/gm</i>	88	<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	65
<i>erythromycin pads 2%</i>	94	<i>etodolac cap 200 mg</i>	1
<i>erythromycin soln 2%</i>	94	<i>etodolac cap 300 mg</i>	1
<i>erythromycin tab 250 mg</i>	14	<i>etodolac tab 400 mg</i>	1
<i>erythromycin tab 500 mg</i>	14	<i>etodolac tab 500 mg</i>	1
<i>erythromycin w/ delayed release</i> <i>particles cap 250 mg</i>	14	<i>etodolac tab er 24hr 400 mg</i>	1
ESBRIET CAP 267MG.....	92	<i>etodolac tab er 24hr 500 mg</i>	1
ESBRIET TAB 267MG.....	92	<i>etodolac tab er 24hr 600 mg</i>	1
ESBRIET TAB 801MG.....	92	<i>etoposide inj 100 mg/5ml (20 mg/ml)</i> 25	
<i>escitalopram oxalate soln 5 mg/5ml</i> <i>(base equiv)</i>	46	<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	25
<i>escitalopram oxalate tab 10 mg (base</i> <i>equiv)</i>	46	EVOTAZ TAB 300-150.....	11
<i>escitalopram oxalate tab 20 mg (base</i> <i>equiv)</i>	46	<i>exemestane tab 25 mg</i>	20
<i>escitalopram oxalate tab 5 mg (base</i> <i>equiv)</i>	46	<i>ezetimibe tab 10 mg</i>	31
<i>esomeprazole magnesium cap delayed</i> <i>release 20 mg (base eq)</i>	77	<i>ezetimibe-simvastatin tab 10-10 mg</i> ... 31	
<i>esomeprazole magnesium cap delayed</i> <i>release 40 mg (base eq)</i>	77	<i>ezetimibe-simvastatin tab 10-20 mg</i> ... 31	
<i>estradiol tab 0.5 mg</i>	68	<i>ezetimibe-simvastatin tab 10-40 mg</i> ... 31	
<i>estradiol tab 1 mg</i>	68	<i>ezetimibe-simvastatin tab 10-80 mg</i> ... 31	
<i>estradiol tab 2 mg</i>	68	F	
		FABRAZYME INJ 35MG	68
		FABRAZYME INJ 5MG	68
		<i>falmina tab</i>	65
		<i>famciclovir tab 125 mg</i>	12

<i>famciclovir tab 250 mg</i>	12	<i>mcg</i>	2
<i>famciclovir tab 500 mg</i>	12	<i>fentanyl citrate lozenge on a handle 600</i>	
<i>famotidine for susp 40 mg/5ml</i>	75	<i>mcg</i>	2
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>fentanyl citrate lozenge on a handle 800</i>	
<i>mg/50ml</i>	75	<i>mcg</i>	2
<i>famotidine inj 20 mg/2ml</i>	75	<i>fentanyl td patch 72hr 100 mcg/hr</i>	3
<i>famotidine inj 200 mg/20ml</i>	75	<i>fentanyl td patch 72hr 12 mcg/hr</i>	2
<i>famotidine inj 40 mg/4ml</i>	75	<i>fentanyl td patch 72hr 25 mcg/hr</i>	2
<i>famotidine tab 20 mg</i>	75	<i>fentanyl td patch 72hr 50 mcg/hr</i>	2
<i>famotidine tab 40 mg</i>	75	<i>fentanyl td patch 72hr 75 mcg/hr</i>	3
FANAPT PAK	50	FETZIMA CAP 120MG.....	46
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FANAPT TAB 6MG.....	50	FIASP INJ 100/ML	60
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FARYDAK CAP 10MG.....	19	<i>flecainide acetate tab 100 mg</i>	30
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<i>felodipine tab er 24hr 10 mg</i>	34	<i>fluconazole for susp 40 mg/ml</i>	8
<i>felodipine tab er 24hr 2.5 mg</i>	34	<i>fluconazole in nacl 0.9% inj 200</i>	
<i>felodipine tab er 24hr 5 mg</i>	34	<i>mg/100ml</i>	8
<i>femynor tab 0.25-35</i>	65	<i>fluconazole in nacl 0.9% inj 400</i>	
<i>fenofibrate micronized cap 134 mg</i>	31	<i>mg/200ml</i>	8
<i>fenofibrate micronized cap 200 mg</i>	31	<i>fluconazole tab 100 mg</i>	8
<i>fenofibrate micronized cap 67 mg</i>	31	<i>fluconazole tab 150 mg</i>	8
<i>fenofibrate tab 145 mg</i>	31	<i>fluconazole tab 200 mg</i>	8
<i>fenofibrate tab 160 mg</i>	31	<i>fluconazole tab 50 mg</i>	8
<i>fenofibrate tab 48 mg</i>	31	<i>flucytosine cap 250 mg</i>	8
<i>fenofibrate tab 54 mg</i>	31	<i>flucytosine cap 500 mg</i>	8
<i>fentanyl citrate lozenge on a handle 1200</i>		<i>fludrocortisone acetate tab 0.1 mg</i>	69
<i>mcg</i>	2	<i>flunisolide nasal soln 25 mcg/act</i>	
<i>fentanyl citrate lozenge on a handle 1600</i>		<i>(0.025%)</i>	93
<i>mcg</i>	2	<i>fluocinolone acetonide (otic) oil 0.01%</i> 98	
<i>fentanyl citrate lozenge on a handle 200</i>		<i>fluocinolone acetonide cream 0.01%</i> ..	96
<i>mcg</i>	2	<i>fluocinolone acetonide cream 0.025%</i> .96	
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<i>oil).....</i>	96	<i>fondaparinux sodium subcutaneous inj 5</i>	
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<i>fluocinolone acetonide soln 0.01%</i>	96	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluocinonide cream 0.05%.....</i>	96	<i>7.5 mg/0.6ml</i>	78
<i>fluocinonide emulsified base cream</i>		<i>FORTEO SOL 600/2.4</i>	70
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<i>fluocinonide oint 0.05%.....</i>	96	<i>fosinopril sodium & hydrochlorothiazide</i>	
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<i>mg/ml).....</i>	17	<i>fosinopril sodium tab 20 mg</i>	26
<i>fluorouracil iv soln 2.5 gm/50ml (50</i>		<i>fosinopril sodium tab 40 mg</i>	26
<i>mg/ml).....</i>	17	<i>FREAMINE HBC INJ 6.9%</i>	85
<i>fluorouracil iv soln 5 gm/100ml (50</i>		<i>FREAMINE III INJ 10%.....</i>	85
<i>mg/ml).....</i>	18	<i>furosemide inj 10 mg/ml.....</i>	35
<i>fluorouracil iv soln 500 mg/10ml (50</i>		<i>furosemide oral soln 10 mg/ml</i>	35
<i>mg/ml).....</i>	18	<i>furosemide oral soln 8 mg/ml</i>	35
<i>fluorouracil soln 2%</i>	97	<i>furosemide tab 20 mg.....</i>	35
<i>fluorouracil soln 5%</i>	97	<i>furosemide tab 40 mg.....</i>	35
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<i>fluticasone propionate oint 0.005%</i>	96	<i>galantamine hydrobromide cap er 24hr</i>	
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61	<i>unit/ml</i>	79
<i>glyburide micronized tab 6 mg</i>	<i>heparin sodium (porcine) inj 10000</i>	
62	<i>unit/ml</i>	79
<i>glyburide tab 1.25 mg</i>	<i>heparin sodium (porcine) inj 20000</i>	
62	<i>unit/ml</i>	79
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62	<i>unit/ml</i>	79
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<i>equiv)</i>		
55		
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<i>equiv)</i>		
55		
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<i>equiv)</i>		
55		
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<i>irinotecan hcl inj 100 mg/5ml (20</i>		JAKAFI TAB 20MG	23
<i>mg/ml)</i>	25	JAKAFI TAB 25MG	23
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>		JAKAFI TAB 5MG	23
<i>.....</i>	25	<i>jantoven tab 10mg</i>	79
<i>irinotecan hcl inj 500 mg/25ml (20</i>		<i>jantoven tab 1mg</i>	79
<i>mg/ml)</i>	25	<i>jantoven tab 2.5mg</i>	79
ISENTRESS CHW 100MG.....	9	<i>jantoven tab 2mg</i>	79
ISENTRESS CHW 25MG	9	<i>jantoven tab 3mg</i>	79
ISENTRESS HD TAB 600MG.....	9	<i>jantoven tab 4mg</i>	79
ISENTRESS POW 100MG.....	9	<i>jantoven tab 5mg</i>	79
ISENTRESS TAB 400MG.....	9	<i>jantoven tab 6mg</i>	79
<i>isibloom tab</i>	65	<i>jantoven tab 7.5mg</i>	79
ISOLYTE-P INJ /D5W	86	JANUMET TAB 50-1000	62

JANUMET TAB 50-500MG	62	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	86
JANUMET XR TAB 100-1000	62	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	86
JANUMET XR TAB 50-1000	62	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	86
JANUMET XR TAB 50-500MG	62	<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	86
JANUVIA TAB 100MG.....	62	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	86
JANUVIA TAB 25MG	62	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj ..</i>	86
JANUVIA TAB 50MG	62	KCL/D5W/NACL INJ 0.15/0.2	87
JARDIANCE TAB 10MG.....	62	KCL/D5W/NACL INJ 0.3/0.9%.....	86
JARDIANCE TAB 25MG.....	62	<i>kelnor 1/50 tab</i>	65
<i>jasmiel tab 3-0.02mg</i>	65	<i>kelnor tab 1/35</i>	65
JENTADUETO TAB 2.5-1000	62	<i>ketoconazole cream 2%</i>	95
JENTADUETO TAB 2.5-500	62	<i>ketoconazole shampoo 2%</i>	96
JENTADUETO TAB 2.5-850	62	<i>ketoconazole tab 200 mg</i>	8
JENTADUETO TAB XR	62	<i>ketorolac tromethamine ophth soln 0.4%</i>	89
<i>jinteli tab 1mg-5mcg</i>	69	<i>ketorolac tromethamine ophth soln 0.5%</i>	89
<i>jolivette tab 0.35mg</i>	65	KEYTRUDA INJ 100MG/4M.....	19
<i>juleber tab</i>	65	KINRIX INJ.....	84
JULUCA TAB 50-25MG	11	KISQALI 200 PAK FEMARA.....	19
<i>junel 1.5/30 tab</i>	65	KISQALI 400 PAK FEMARA.....	19
<i>junel 1/20 tab</i>	65	KISQALI 600 PAK FEMARA.....	19
<i>junel fe 24 tab 1/20</i>	65	KISQALI TAB 200DOSE	19
<i>junel fe tab 1.5/30</i>	65	KISQALI TAB 400DOSE	19
<i>junel fe tab 1/20</i>	65	KISQALI TAB 600DOSE	19
JUXTAPID CAP 10MG.....	31	<i>klor-con 10 tab 10meq er</i>	84
JUXTAPID CAP 20MG.....	31	<i>klor-con 8 tab 8meq er</i>	84
JUXTAPID CAP 30MG.....	31	KORLYM TAB 300MG.....	71
JUXTAPID CAP 40MG.....	31	<i>kurvelo tab 0.15/30</i>	65
JUXTAPID CAP 5MG.....	31	KUVAN POW 100MG	68
JUXTAPID CAP 60MG.....	31	KUVAN POW 500MG	68
K		KUVAN TAB 100MG	68
KADCYLA INJ 100MG.....	19	L	
KADCYLA INJ 160MG.....	19	<i>labetalol hcl tab 100 mg</i>	32
<i>kaitlib fe chw</i>	65	<i>labetalol hcl tab 200 mg</i>	32
KALETRA TAB 100-25MG	11	<i>labetalol hcl tab 300 mg</i>	32
KALETRA TAB 200-50MG	11	<i>lactated ringer's solution</i>	87
KALYDECO PAK 25MG.....	92	<i>lactic acid (ammonium lactate) cream 12%</i>	97
KALYDECO PAK 50MG.....	92	<i>lactic acid (ammonium lactate) lotion 12%</i>	97
KALYDECO PAK 75MG.....	92	<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	75
KALYDECO TAB 150MG.....	92	<i>lactulose solution 10 gm/15ml</i>	76
<i>kariva tab 28 day</i>	65		
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	86		
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	86		
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	86		
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	86		

<i>lamivudine oral soln 10 mg/ml</i>	9	<i>leucovorin calcium for inj 100 mg</i>	25
<i>lamivudine tab 100 mg (hbv)</i>	12	<i>leucovorin calcium for inj 200 mg</i>	25
<i>lamivudine tab 150 mg</i>	9	<i>leucovorin calcium for inj 350 mg</i>	25
<i>lamivudine tab 300 mg</i>	9	<i>leucovorin calcium for inj 50 mg</i>	25
<i>lamivudine-zidovudine tab 150-300 mg</i>	11	<i>leucovorin calcium for inj 500 mg</i>	25
<i>lamotrigine tab 100 mg</i>	41	<i>leucovorin calcium inj 500 mg/50ml (10</i> <i>mg/ml)</i>	25
<i>lamotrigine tab 150 mg</i>	41	<i>leucovorin calcium tab 10 mg</i>	25
<i>lamotrigine tab 200 mg</i>	41	<i>leucovorin calcium tab 15 mg</i>	25
<i>lamotrigine tab 25 mg</i>	41	<i>leucovorin calcium tab 25 mg</i>	25
<i>lamotrigine tab chewable dispersible 25</i> <i>mg</i>	41	<i>leucovorin calcium tab 5 mg</i>	25
<i>lamotrigine tab chewable dispersible 5</i> <i>mg</i>	41	LEUKERAN TAB 2MG	17
<i>lamotrigine tab er 24hr 100 mg</i>	41	<i>leuprolide acetate inj kit 5 mg/ml</i>	20
<i>lamotrigine tab er 24hr 200 mg</i>	41	<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i> <i>(base equiv)</i>	91
<i>lamotrigine tab er 24hr 25 mg</i>	41	<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	91
<i>lamotrigine tab er 24hr 250 mg</i>	41	<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	91
<i>lamotrigine tab er 24hr 300 mg</i>	41	<i>levalbuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml (base equiv)</i>	91
<i>lamotrigine tab er 24hr 50 mg</i>	41	<i>levalbuterol tartrate inhal aerosol 45</i> <i>mcg/act (base equiv)</i>	91
<i>lansoprazole cap delayed release 15 mg</i>	77	LEVEMIR INJ	60
<i>lansoprazole cap delayed release 30 mg</i>	77	LEVEMIR INJ FLEXTOUC	60
<i>larin fe tab 1.5/30</i>	65	<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	41
<i>larin fe tab 1/20</i>	65	<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	41
<i>larin tab 1.5/30</i>	65	<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	41
<i>larin tab 1/20</i>	65	<i>levetiracetam inj 500 mg/5ml (100</i> <i>mg/ml)</i>	41
LASTACRAFT SOL 0.25%	89	<i>levetiracetam oral soln 100 mg/ml</i>	41
<i>latanoprost ophth soln 0.005%</i>	89	<i>levetiracetam tab 1000 mg</i>	41
LATUDA TAB 120MG	51	<i>levetiracetam tab 250 mg</i>	41
LATUDA TAB 20MG	51	<i>levetiracetam tab 500 mg</i>	41
LATUDA TAB 40MG	51	<i>levetiracetam tab 750 mg</i>	41
LATUDA TAB 60MG	51	<i>levetiracetam tab er 24hr 500 mg</i>	41
LATUDA TAB 80MG	51	<i>levetiracetam tab er 24hr 750 mg</i>	41
<i>layolis fe chw</i>	65	<i>levobunolol hcl ophth soln 0.5%</i>	89
<i>leflunomide tab 10 mg</i>	81	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	68
<i>leflunomide tab 20 mg</i>	81	<i>levocarnitine tab 330 mg</i>	68
LENVIMA CAP 10 MG	23	<i>levocetirizine dihydrochloride soln 2.5</i> <i>mg/5ml (0.5 mg/ml)</i>	91
LENVIMA CAP 12MG	23	<i>levocetirizine dihydrochloride tab 5 mg</i>	91
LENVIMA CAP 14 MG	23	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	
LENVIMA CAP 18 MG	23		
LENVIMA CAP 20 MG	23		
LENVIMA CAP 24 MG	23		
LENVIMA CAP 4MG	23		
LENVIMA CAP 8 MG	23		
<i>lessina tab</i>	65		
<i>letrozole tab 2.5 mg</i>	20		

.....	15	levothyroxine sodium tab 75 mcg	72
levofloxacin in d5w iv soln 500 mg/100ml	15	levothyroxine sodium tab 88 mcg	72
levofloxacin in d5w iv soln 750 mg/150ml	15	levoxyl tab 100mcg	72
levofloxacin iv soln 25 mg/ml	15	levoxyl tab 112mcg	72
levofloxacin oral soln 25 mg/ml	15	levoxyl tab 125mcg	72
levofloxacin tab 250 mg	15	levoxyl tab 137mcg	72
levofloxacin tab 500 mg	15	levoxyl tab 150mcg	72
levofloxacin tab 750 mg	15	levoxyl tab 175mcg	72
levonest tab	65	levoxyl tab 200mcg	73
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	65	levoxyl tab 25mcg	72
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	65	levoxyl tab 50mcg	72
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	66	levoxyl tab 75mcg	72
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	66	levoxyl tab 88mcg	72
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	66	LEXIVA SUS 50MG/ML	9
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	65	lidocaine hcl local inj 0.5%	5
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	65	lidocaine hcl local inj 1%	5
levora-28 tab 0.15/30	66	lidocaine hcl local inj 2%	5
levo-t tab 100mcg	72	lidocaine hcl local preservative free (pf) inj 0.5%	5
levo-t tab 112mcg	72	lidocaine hcl local preservative free (pf) inj 1%	5
levo-t tab 125mcg	72	lidocaine hcl local preservative free (pf) inj 1.5%	5
levo-t tab 137mcg	72	lidocaine hcl soln 4%	97
levo-t tab 150mcg	72	lidocaine hcl urethral/mucosal gel 2%	97
levo-t tab 175mcg	72	lidocaine hcl viscous soln 2%	98
levo-t tab 200 mcg	72	lidocaine oint 5%	97
levo-t tab 25mcg	72	lidocaine patch 5%	97
levo-t tab 300 mcg	72	lidocaine-prilocaine cream 2.5-2.5%	97
levo-t tab 50mcg	72	linezolid for susp 100 mg/5ml	6
levo-t tab 75mcg	72	linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	7
levo-t tab 88mcg	72	linezolid iv soln 600 mg/300ml (2 mg/ml)	7
levothyroxine sodium tab 100 mcg	72	linezolid tab 600 mg	7
levothyroxine sodium tab 112 mcg	72	LINZESS CAP 145MCG	76
levothyroxine sodium tab 125 mcg	72	LINZESS CAP 290MCG	76
levothyroxine sodium tab 137 mcg	72	LINZESS CAP 72MCG	76
levothyroxine sodium tab 150 mcg	72	liothyronine sodium tab 25 mcg	73
levothyroxine sodium tab 175 mcg	72	liothyronine sodium tab 5 mcg	73
levothyroxine sodium tab 200 mcg	72	liothyronine sodium tab 50 mcg	73
levothyroxine sodium tab 25 mcg	72	lisinopril & hydrochlorothiazide tab 10-12.5 mg	26
levothyroxine sodium tab 300 mcg	72	lisinopril & hydrochlorothiazide tab 20-12.5 mg	26
levothyroxine sodium tab 50 mcg	72	lisinopril & hydrochlorothiazide tab 20-25 mg	26
		lisinopril tab 10 mg	26

<i>lisinopril tab 2.5 mg</i>	26	LUPR DEP-PED INJ 11.25MG	71
<i>lisinopril tab 20 mg</i>	26	LUPR DEP-PED INJ 15MG	71
<i>lisinopril tab 30 mg</i>	26	LUPR DEP-PED INJ 3M 30MG	71
<i>lisinopril tab 40 mg</i>	26	LUPR DEP-PED INJ 7.5MG	71
<i>lisinopril tab 5 mg</i>	26	LUPRON DEPOT INJ 11.25MG.....	20
<i>lithium carbonate cap 150 mg</i>	57	LUPRON DEPOT INJ 3.75MG	20
<i>lithium carbonate cap 300 mg</i>	57	<i>lutra tab</i>	66
<i>lithium carbonate cap 600 mg</i>	57	LYNPARZA TAB 100MG.....	19
<i>lithium carbonate tab 300 mg</i>	57	LYNPARZA TAB 150MG.....	19
<i>lithium carbonate tab er 300 mg</i>	57	LYRICA CAP 100MG	42
<i>lithium carbonate tab er 450 mg</i>	57	LYRICA CAP 150MG	42
LITHIUM SOL 8MEQ/5ML.....	57	LYRICA CAP 200MG	42
LONSURF TAB 15-6.14	24	LYRICA CAP 225MG	42
LONSURF TAB 20-8.19	24	LYRICA CAP 25MG	41
<i>loperamide hcl cap 2 mg</i>	76	LYRICA CAP 300MG	42
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> <i>(80-20 mg/ml)</i>	11	LYRICA CAP 50MG	41
<i>lorazepam conc 2 mg/ml</i>	38	LYRICA CAP 75MG	41
<i>lorazepam inj 2 mg/ml</i>	38	LYRICA CR TAB 165MG	58
<i>lorazepam inj 4 mg/ml</i>	38	LYRICA CR TAB 330MG	58
<i>lorazepam tab 0.5 mg</i>	38	LYRICA CR TAB 82.5MG	58
<i>lorazepam tab 1 mg</i>	38	LYRICA SOL 20MG/ML.....	42
<i>lorazepam tab 2 mg</i>	38	LYSODREN TAB 500MG	20
LORBRENA TAB 100MG.....	23	<i>lyza tab 0.35mg</i>	66
LORBRENA TAB 25MG	23	M	
<i>loryna tab 3-0.02mg</i>	66	MAGNESIUM SU INJ 20/500ML.....	84
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-12.5 mg</i>	28	MAGNESIUM SU INJ 2GM/50ML.....	84
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	28	MAGNESIUM SU INJ 40G/1000	84
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 50-12.5 mg</i>	28	MAGNESIUM SU INJ 4G/100ML	84
<i>losartan potassium tab 100 mg</i>	29	MAGNESIUM SU INJ 80MG/ML	84
<i>losartan potassium tab 25 mg</i>	29	<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	85
<i>losartan potassium tab 50 mg</i>	29	<i>magnesium sulfate inj 50%</i>	85
LOTEMAX GEL 0.5%	89	<i>magnesium sulfate iv soln 2 gm/50ml</i> <i>(40 mg/ml)</i>	85
LOTEMAX OIN 0.5%	89	<i>magnesium sulfate iv soln 20 gm/500ml</i> <i>(40 mg/ml)</i>	85
<i>loteprednol etabonate ophth susp 0.5%</i>	89	<i>magnesium sulfate iv soln 4 gm/100ml</i> <i>(40 mg/ml)</i>	85
<i>lovastatin tab 10 mg</i>	30	<i>magnesium sulfate iv soln 4 gm/50ml</i> <i>(80 mg/ml)</i>	85
<i>lovastatin tab 20 mg</i>	30	<i>magnesium sulfate iv soln 40 gm/1000ml</i> <i>(40 mg/ml)</i>	85
<i>lovastatin tab 40 mg</i>	30	<i>malathion lotion 0.5%</i>	98
<i>loxapine succinate cap 10 mg</i>	51	<i>maprotiline hcl tab 25 mg</i>	46
<i>loxapine succinate cap 25 mg</i>	52	<i>maprotiline hcl tab 50 mg</i>	46
<i>loxapine succinate cap 5 mg</i>	51	<i>maprotiline hcl tab 75 mg</i>	46
<i>loxapine succinate cap 50 mg</i>	52	<i>marlissa tab 0.15/30</i>	66
LUMIGAN SOL 0.01%	89	MARPLAN TAB 10MG.....	46
LUMIZYME INJ 50MG	68		

MATULANE CAP 50MG	24	<i>metformin hcl tab 500 mg</i>	62
MAVYRET TAB 100-40MG	12	<i>metformin hcl tab 850 mg</i>	62
<i>meclizine hcl tab 12.5 mg</i>	74	<i>metformin hcl tab er 24hr 500 mg.....</i>	62
<i>meclizine hcl tab 25 mg</i>	74	<i>metformin hcl tab er 24hr 750 mg.....</i>	62
<i>medroxyprogesterone acetate im susp</i>		<i>methadone con 10mg/ml</i>	3
<i>150 mg/ml.....</i>	66	<i>methadone hcl soln 10 mg/5ml.....</i>	3
<i>medroxyprogesterone acetate im susp</i>		<i>methadone hcl soln 5 mg/5ml.....</i>	3
<i>prefilled syr 150 mg/ml</i>	66	<i>methadone hcl tab 10 mg</i>	3
<i>medroxyprogesterone acetate tab 10 mg</i>		<i>methadone hcl tab 5 mg</i>	3
<i>.....</i>	72	<i>methazolamide tab 25 mg.....</i>	36
<i>medroxyprogesterone acetate tab 2.5</i>		<i>methazolamide tab 50 mg.....</i>	36
<i>mg.....</i>	72	<i>methenamine hippurate tab 1 gm</i>	7
<i>medroxyprogesterone acetate tab 5 mg</i>		<i>methimazole tab 10 mg</i>	73
<i>.....</i>	72	<i>methimazole tab 5 mg</i>	73
<i>mefloquine hcl tab 250 mg.....</i>	8	<i>methocarbamol tab 500 mg.....</i>	58
<i>megestrol acetate susp 40 mg/ml</i>	20	<i>methocarbamol tab 750 mg.....</i>	58
<i>megestrol acetate susp 625 mg/5ml ...</i>	20	<i>methotrexate sodium for inj 1 gm</i>	18
<i>megestrol acetate tab 20 mg.....</i>	20	<i>methotrexate sodium inj 250 mg/10ml</i>	
<i>megestrol acetate tab 40 mg.....</i>	20	<i>(25 mg/ml)</i>	18
MEKINIST TAB 0.5MG.....	23	<i>methotrexate sodium inj 50 mg/2ml (25</i>	
MEKINIST TAB 2MG	23	<i>mg/ml)</i>	18
MEKTOVI TAB 15MG.....	23	<i>methotrexate sodium inj pf 1000</i>	
<i>melodetta chw 24 fe.....</i>	66	<i>mg/40ml (25 mg/ml).....</i>	18
<i>meloxicam tab 15 mg.....</i>	1	<i>methotrexate sodium inj pf 250 mg/10ml</i>	
<i>meloxicam tab 7.5 mg.....</i>	1	<i>(25 mg/ml)</i>	18
<i>memantine hcl cap er 24hr 14 mg</i>	44	<i>methotrexate sodium inj pf 50 mg/2ml</i>	
<i>memantine hcl cap er 24hr 21 mg</i>	44	<i>(25 mg/ml)</i>	18
<i>memantine hcl cap er 24hr 28 mg</i>	44	<i>methotrexate sodium tab 2.5 mg (base</i>	
<i>memantine hcl cap er 24hr 7 mg</i>	44	<i>equiv).....</i>	81
<i>memantine hcl oral solution 2 mg/ml ..</i>	44	<i>methylphenidate hcl soln 10 mg/5ml ..</i>	55
<i>memantine hcl tab 10 mg</i>	44	<i>methylphenidate hcl soln 5 mg/5ml....</i>	55
<i>memantine hcl tab 5 mg.....</i>	44	<i>methylphenidate hcl tab 10 mg.....</i>	55
<i>memantine hcl tab 5 mg (28) & 10 mg</i>		<i>methylphenidate hcl tab 20 mg.....</i>	55
<i>(21) titration pak</i>	44	<i>methylphenidate hcl tab 5 mg.....</i>	55
MENACTRA INJ	84	<i>methylphenidate hcl tab er 10 mg</i>	55
MENVEO INJ.....	84	<i>methylphenidate hcl tab er 20 mg</i>	55
<i>mercaptopurine tab 50 mg.....</i>	18	<i>methylprednisolone acetate inj susp 40</i>	
<i>meropenem iv for soln 1 gm</i>	7	<i>mg/ml</i>	69
<i>meropenem iv for soln 500 mg</i>	7	<i>methylprednisolone acetate inj susp 80</i>	
<i>mesalamine cap dr 400 mg</i>	75	<i>mg/ml</i>	69
<i>mesalamine enema 4 gm.....</i>	75	<i>methylprednisolone sod succ for inj 1000</i>	
<i>mesalamine rectal enema 4 gm &</i>		<i>mg (base equiv).....</i>	69
<i>cleanser wipe kit.....</i>	75	<i>methylprednisolone sod succ for inj 125</i>	
<i>mesalamine suppos 1000 mg</i>	75	<i>mg (base equiv).....</i>	69
<i>mesalamine tab delayed release 1.2 gm</i>		<i>methylprednisolone sod succ for inj 40</i>	
<i>.....</i>	75	<i>mg (base equiv).....</i>	69
MESNEX TAB 400MG	25	<i>methylprednisolone tab 16 mg.....</i>	69
<i>metformin hcl tab 1000 mg.....</i>	62	<i>methylprednisolone tab 32 mg.....</i>	69

<i>methylprednisolone tab 4 mg</i>	69	<i>miglustat cap 100 mg</i>	68
<i>methylprednisolone tab 8 mg</i>	69	<i>mili tab 0.25/35</i>	66
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	70	<i>minitran dis 0.1mg/hr</i>	37
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	74	<i>minitran dis 0.2mg/hr</i>	37
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	74	<i>minitran dis 0.4mg/hr</i>	37
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	74	<i>minitran dis 0.6mg/hr</i>	37
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	74	<i>minocycline hcl cap 100 mg</i>	17
<i>metolazone tab 10 mg</i>	36	<i>minocycline hcl cap 50 mg</i>	17
<i>metolazone tab 2.5 mg</i>	36	<i>minocycline hcl cap 75 mg</i>	17
<i>metolazone tab 5 mg</i>	36	<i>minoxidil tab 10 mg</i>	36
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	32	<i>minoxidil tab 2.5 mg</i>	36
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	32	<i>mirtazapine orally disintegrating tab 15 mg</i>	46
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	32	<i>mirtazapine orally disintegrating tab 30 mg</i>	46
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	33	<i>mirtazapine orally disintegrating tab 45 mg</i>	46
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	33	<i>mirtazapine tab 15 mg</i>	46
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	33	<i>mirtazapine tab 30 mg</i>	46
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	33	<i>mirtazapine tab 45 mg</i>	46
<i>metoprolol tartrate iv soln 5 mg/5ml</i> ...	33	<i>mirtazapine tab 7.5 mg</i>	46
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	33	<i>misoprostol tab 100 mcg</i>	76
<i>metoprolol tartrate tab 100 mg</i>	33	<i>misoprostol tab 200 mcg</i>	76
<i>metoprolol tartrate tab 25 mg</i>	33	MITIGARE CAP 0.6MG	1
<i>metoprolol tartrate tab 50 mg</i>	33	M-M-R II INJ	84
<i>metronidazole cream 0.75%</i>	98	M-NATAL PLUS TAB	87
<i>metronidazole gel 0.75%</i>	98	<i>moexipril hcl tab 15 mg</i>	27
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	7	<i>moexipril hcl tab 7.5 mg</i>	27
<i>metronidazole lotion 0.75%</i>	98	<i>molindone hcl tab 10 mg</i>	52
<i>metronidazole tab 250 mg</i>	7	<i>molindone hcl tab 25 mg</i>	52
<i>metronidazole tab 500 mg</i>	7	<i>molindone hcl tab 5 mg</i>	52
<i>metronidazole vaginal gel 0.75%</i>	78	<i>mometasone furoate cream 0.1%</i>	97
MG SO4/D5W INJ 10MG/ML	85	<i>mometasone furoate oint 0.1%</i>	97
<i>mibelas 24 chw fe</i>	66	<i>mometasone furoate solution 0.1% (lotion)</i>	97
<i>midodrine hcl tab 10 mg</i>	36	<i>montelukast sodium chew tab 4 mg (base equiv)</i>	92
<i>midodrine hcl tab 2.5 mg</i>	36	<i>montelukast sodium chew tab 5 mg (base equiv)</i>	92
<i>midodrine hcl tab 5 mg</i>	36	<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	92
		<i>montelukast sodium tab 10 mg (base equiv)</i>	92
		MORPHINE SUL INJ 10MG/ML	3
		MORPHINE SUL INJ 150/30ML	3
		MORPHINE SUL INJ 2MG/ML	3
		MORPHINE SUL INJ 4MG/ML	3
		MORPHINE SUL INJ 5MG/ML	3

MORPHINE SUL INJ 8MG/ML.....	3	<i>nadolol tab 80 mg</i>	33
<i>morphine sulfate inj 10 mg/ml</i>	4	NAFCILLIN INJ 10GM	16
<i>morphine sulfate inj 8 mg/ml</i>	4	<i>nafcillin sodium for inj 1 gm</i>	16
<i>morphine sulfate iv soln 1 mg/ml</i>	4	<i>nafcillin sodium for inj 2 gm</i>	16
<i>morphine sulfate iv soln pf 10 mg/ml</i> ...	4	<i>nafcillin sodium for iv soln 1 gm</i>	16
<i>morphine sulfate iv soln pf 4 mg/ml</i>	4	<i>nafcillin sodium for iv soln 10 gm</i>	16
<i>morphine sulfate iv soln pf 8 mg/ml</i>	4	<i>nafcillin sodium for iv soln 2 gm</i>	16
<i>morphine sulfate oral soln 10 mg/5ml</i> ..	4	NAGLAZYME INJ 1MG/ML	68
<i>morphine sulfate oral soln 100 mg/5ml</i> (20 mg/ml)	4	<i>nalbuphine hcl inj 10 mg/ml</i>	2
<i>morphine sulfate oral soln 20 mg/5ml</i> ..	4	<i>nalbuphine hcl inj 20 mg/ml</i>	2
<i>morphine sulfate tab 15 mg</i>	4	<i>naloxone hcl inj 0.4 mg/ml</i>	59
<i>morphine sulfate tab 30 mg</i>	4	<i>naloxone hcl inj 4 mg/10ml</i>	59
<i>morphine sulfate tab er 100 mg</i>	4	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	59
<i>morphine sulfate tab er 15 mg</i>	4	<i>naloxone hcl soln prefilled syringe 2</i> <i>mg/2ml</i>	59
<i>morphine sulfate tab er 200 mg</i>	4	<i>naltrexone hcl tab 50 mg</i>	59
<i>morphine sulfate tab er 30 mg</i>	4	NAMZARIC CAP	44
<i>morphine sulfate tab er 60 mg</i>	4	NAMZARIC CAP 14-10MG	44
MOVANTIK TAB 12.5MG.....	76	NAMZARIC CAP 21-10MG	44
MOVANTIK TAB 25MG	76	NAMZARIC CAP 28-10MG	44
MOXEZA SOL 0.5%	88	NAMZARIC CAP 7-10MG	44
<i>moxifloxacin hcl ophth soln 0.5% (base</i> <i>equiv)</i>	88	<i>naproxen dr tab 375mg</i>	1
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	15	<i>naproxen dr tab 500mg</i>	1
MULTAQ TAB 400MG	30	<i>naproxen sodium tab 275 mg</i>	1
<i>mupirocin oint 2%</i>	95	<i>naproxen sodium tab 550 mg</i>	1
MYCAMINE INJ 100MG.....	8	<i>naproxen tab 250 mg</i>	1
MYCAMINE INJ 50MG	8	<i>naproxen tab 375 mg</i>	1
<i>mycophenolate mofetil cap 250 mg</i>	83	<i>naproxen tab 500 mg</i>	2
<i>mycophenolate mofetil for oral susp 200</i> <i>mg/ml</i>	83	<i>naratriptan hcl tab 1 mg (base equiv)</i> .	56
<i>mycophenolate mofetil tab 500 mg</i>	83	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	57
<i>mycophenolate sodium tab dr 180 mg</i> (mycophenolic acid equiv).....	83	NARCAN SPR	59
<i>mycophenolate sodium tab dr 360 mg</i> (mycophenolic acid equiv).....	83	NATACYN SUS 5% OP.....	88
<i>myorisan cap 10mg</i>	94	<i>nateglinide tab 120 mg</i>	63
<i>myorisan cap 20mg</i>	94	<i>nateglinide tab 60 mg</i>	62
<i>myorisan cap 30mg</i>	94	NATPARA INJ 100MCG	71
<i>myorisan cap 40mg</i>	95	NATPARA INJ 25MCG	71
MYRBETRIQ TAB 25MG	77	NATPARA INJ 50MCG	71
MYRBETRIQ TAB 50MG	77	NATPARA INJ 75MCG	71
N		NEBUPENT INH 300MG	7
<i>nabumetone tab 500 mg</i>	1	<i>necon tab 0.5/35</i>	66
<i>nabumetone tab 750 mg</i>	1	<i>nefazodone hcl tab 100 mg</i>	46
<i>nadolol tab 20 mg</i>	33	<i>nefazodone hcl tab 150 mg</i>	47
<i>nadolol tab 40 mg</i>	33	<i>nefazodone hcl tab 200 mg</i>	47
		<i>nefazodone hcl tab 250 mg</i>	47
		<i>nefazodone hcl tab 50 mg</i>	46
		<i>neomycin sulfate tab 500 mg</i>	5
		<i>neomycin-bacitrac zn-polymyx</i>	

<i>5(3.5)mg-400unt-10000unt op oin</i>	88	NINLARO CAP 3MG	19
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	88	NINLARO CAP 4MG	19
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	87	NITRO-BID OIN 2%	37
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	88	NITRO-DUR DIS 0.3MG/HR	37
<i>neomycin-polymyxin-hc ophth susp</i>	88	NITRO-DUR DIS 0.8MG/HR	37
<i>neomycin-polymyxin-hc otic soln 1%</i>	99	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	7
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	99	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	7
NEPHRAMINE INJ 5.4%	86	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	7
NERLYNX TAB 40MG	23	<i>nitroglycerin sl tab 0.3 mg</i>	37
NEUPRO DIS 1MG/24HR	49	<i>nitroglycerin sl tab 0.4 mg</i>	37
NEUPRO DIS 2MG/24HR	49	<i>nitroglycerin sl tab 0.6 mg</i>	37
NEUPRO DIS 3MG/24HR	49	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> .	37
NEUPRO DIS 4MG/24HR	49	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> .	37
NEUPRO DIS 6MG/24HR	49	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .	37
NEUPRO DIS 8MG/24HR	49	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> .	37
<i>nevirapine susp 50 mg/5ml</i>	9	<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	37
<i>nevirapine tab 200 mg</i>	9	NITYR TAB 10MG	68
<i>nevirapine tab er 24hr 100 mg</i>	9	NITYR TAB 2MG	68
<i>nevirapine tab er 24hr 400 mg</i>	9	NITYR TAB 5MG	68
NEXAVAR TAB 200MG	23	<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	66
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	31	<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	66
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	31	<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	66
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	31	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	66
<i>niacor tab 500mg</i>	31	<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	66
<i>nicardipine hcl cap 20 mg</i>	34	<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	66
<i>nicardipine hcl cap 30 mg</i>	34	<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	66
NICOTROL INH	59	<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	66
NICOTROL NS SPR 10MG/ML	60	<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	66
<i>nifedipine tab er 24hr 30 mg</i>	34	<i>norethindrone acetate tab 5 mg</i>	72
<i>nifedipine tab er 24hr 60 mg</i>	34	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	69
<i>nifedipine tab er 24hr 90 mg</i>	34	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	69
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	34	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	66
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	34		
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	34		
<i>nikki tab 3-0.02mg</i>	66		
<i>nilutamide tab 150 mg</i>	20		
<i>nimodipine cap 30 mg</i>	34		
NINLARO CAP 2.3MG	19		

<i>norethindrone tab 0.35 mg</i>	66	NUEDEXTA CAP 20-10MG	58
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	66	NULOJIX INJ 250MG	83
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	66	NULYTELY SOL FLAV PKS	76
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	66	NUPLAZID CAP 34MG.....	52
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	67	NUPLAZID TAB 10MG.....	52
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	67	NUVARING MIS	67
<i>norlyroc tab 0.35mg</i>	67	<i>nyamyc pow 100000</i>	95
NORMOSOL -M INJ /D5W	87	NYMALIZE SOL 60/20ML	34
NORMOSOL -R INJ /D5W	87	<i>nystatin cream 100000 unit/gm</i>	95
NORMOSOL-R INJ PH 7.4	87	<i>nystatin oint 100000 unit/gm</i>	95
NORPACE CAP 100MG CR.....	30	<i>nystatin susp 100000 unit/ml</i>	98
NORPACE CAP 150MG CR.....	30	<i>nystatin tab 500000 unit</i>	8
NORTHERA CAP 100MG	36	<i>nystatin topical powder 100000 unit/gm</i>	95
NORTHERA CAP 200MG	36	.....	95
NORTHERA CAP 300MG	37	<i>nystop pow 100000</i>	95
<i>nortrel tab 0.5/35</i>	67	o	
<i>nortrel tab 1/35</i>	67	OCTAGAM INJ 10/100ML.....	82
<i>nortrel tab 7/7/7</i>	67	OCTAGAM INJ 10GM	82
<i>nortriptyline hcl cap 10 mg</i>	47	OCTAGAM INJ 1GM.....	82
<i>nortriptyline hcl cap 25 mg</i>	47	OCTAGAM INJ 2.5GM.....	82
<i>nortriptyline hcl cap 50 mg</i>	47	OCTAGAM INJ 20/200ML.....	82
<i>nortriptyline hcl cap 75 mg</i>	47	OCTAGAM INJ 25GM	82
<i>nortriptyline hcl soln 10 mg/5ml</i>	47	OCTAGAM INJ 2GM/20ML.....	82
NORVIR POW 100MG.....	9	OCTAGAM INJ 5GM.....	82
NORVIR SOL 80MG/ML	9	OCTAGAM INJ 5GM/50ML.....	82
NOVOLIN INJ 70/30	60	<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	71
NOVOLIN INJ FLEXPEN	60	<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	71
NOVOLIN N INJ U-100	60	<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	71
NOVOLIN R INJ U-100	61	<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	71
NOVOLOG INJ 100/ML	61	<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	71
NOVOLOG INJ FLEXPEN	61	ODEFSEY TAB	11
NOVOLOG INJ PENFILL	61	ODOMZO CAP 200MG	19
NOVOLOG MIX INJ 70/30.....	61	OFEV CAP 100MG.....	92
NOVOLOG MIX INJ FLEXPEN.....	61	OFEV CAP 150MG.....	92
NOXAFIL SUS 40MG/ML.....	8	<i>ofloxacin ophth soln 0.3%</i>	88
NOXAFIL TAB 100MG.....	8	<i>ofloxacin otic soln 0.3%</i>	99
NUCALA INJ 100MG.....	92	<i>olanzapine for im inj 10 mg</i>	52
NUCALA INJ 100MG/ML	92	<i>olanzapine orally disintegrating tab 10 mg</i>	52
NUCYNTA ER TAB 100MG	4	<i>olanzapine orally disintegrating tab 15 mg</i>	52
NUCYNTA ER TAB 150MG	4	<i>olanzapine orally disintegrating tab 20 mg</i>	52
NUCYNTA ER TAB 200MG	4		
NUCYNTA ER TAB 250MG	4		
NUCYNTA ER TAB 50MG.....	4		

<i>olanzapine orally disintegrating tab 5 mg</i>	ORFADIN CAP 2MG.....	68
.....52	ORFADIN CAP 5MG.....	68
<i>olanzapine tab 10 mg</i>.....52	ORFADIN SUS 4MG/ML	68
<i>olanzapine tab 15 mg</i>.....52	ORKAMBI GRA 100-125	92
<i>olanzapine tab 2.5 mg</i>.....52	ORKAMBI GRA 150-188	92
<i>olanzapine tab 20 mg</i>.....52	ORKAMBI TAB 100-125.....	92
<i>olanzapine tab 5 mg</i>.....52	ORKAMBI TAB 200-125.....	92
<i>olanzapine tab 7.5 mg</i>.....52	<i>orsythia tab</i>	67
<i>olmesartan medoxomil tab 20 mg</i>.....29	<i>oseltamivir phosphate cap 30 mg (base</i>	
<i>olmesartan medoxomil tab 40 mg</i>.....29	<i>equiv)</i>	12
<i>olmesartan medoxomil tab 5 mg</i>.....29	<i>oseltamivir phosphate cap 45 mg (base</i>	
<i>olmesartan medoxomil-</i>	<i>equiv)</i>	12
<i>hydrochlorothiazide tab 20-12.5 mg</i>....28	<i>oseltamivir phosphate cap 75 mg (base</i>	
<i>olmesartan medoxomil-</i>	<i>equiv)</i>	12
<i>hydrochlorothiazide tab 40-12.5 mg</i>....28	<i>oseltamivir phosphate for susp 6 mg/ml</i>	
<i>olmesartan medoxomil-</i>	<i>(base equiv)</i>	12
<i>hydrochlorothiazide tab 40-25 mg</i>.....28	<i>oxacillin sodium for inj 1 gm (base</i>	
<i>olmesartan-amlodipine-</i>	<i>equivalent)</i>	16
<i>hydrochlorothiazide tab 20-5-12.5 mg</i> .28	<i>oxacillin sodium for inj 10 gm (base</i>	
<i>olmesartan-amlodipine-</i>	<i>equivalent)</i>	16
<i>hydrochlorothiazide tab 40-10-12.5 mg</i>	<i>oxacillin sodium for inj 2 gm (base</i>	
.....28	<i>equivalent)</i>	16
<i>olmesartan-amlodipine-</i>	<i>oxaliplatin for iv inj 100 mg</i>	25
<i>hydrochlorothiazide tab 40-10-25 mg</i> ..28	<i>oxaliplatin for iv inj 50 mg</i>	25
<i>olmesartan-amlodipine-</i>	<i>oxaliplatin iv soln 100 mg/20ml</i>	25
<i>hydrochlorothiazide tab 40-5-12.5 mg</i> .28	<i>oxaliplatin iv soln 50 mg/10ml</i>	25
<i>olmesartan-amlodipine-</i>	<i>oxandrolone tab 10 mg</i>	60
<i>hydrochlorothiazide tab 40-5-25 mg</i>....28	<i>oxandrolone tab 2.5 mg</i>	60
<i>olopatadine hcl ophth soln 0.2% (base</i>	<i>oxcarbazepine susp 300 mg/5ml (60</i>	
<i>equivalent)</i>	<i>mg/ml)</i>	42
.....89	<i>oxcarbazepine tab 150 mg</i>	42
<i>omeprazole cap delayed release 10 mg</i> 77	<i>oxcarbazepine tab 300 mg</i>	42
<i>omeprazole cap delayed release 20 mg</i> 77	<i>oxcarbazepine tab 600 mg</i>	42
<i>omeprazole cap delayed release 40 mg</i> 77	<i>oxybutynin chloride syrup 5 mg/5ml</i> ... 77	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	<i>oxybutynin chloride tab 5 mg</i>	77
.....74	<i>oxybutynin chloride tab er 24hr 10 mg</i> 77	
<i>ondansetron hcl inj 40 mg/20ml (2</i>	<i>oxybutynin chloride tab er 24hr 15 mg</i> 78	
<i>mg/ml)</i>.....74	<i>oxybutynin chloride tab er 24hr 5 mg</i> . 77	
<i>ondansetron hcl oral soln 4 mg/5ml</i> ....74	<i>oxycodone hcl cap 5 mg</i>	4
<i>ondansetron hcl tab 24 mg</i>.....74	<i>oxycodone hcl conc 100 mg/5ml (20</i>	
<i>ondansetron hcl tab 4 mg</i>.....74	<i>mg/ml)</i>	4
<i>ondansetron hcl tab 8 mg</i>.....74	<i>oxycodone hcl soln 5 mg/5ml</i>	4
<i>ondansetron orally disintegrating tab 4</i>	<i>oxycodone hcl tab 10 mg</i>	4
<i>mg</i>.....74	<i>oxycodone hcl tab 15 mg</i>	4
<i>ondansetron orally disintegrating tab 8</i>	<i>oxycodone hcl tab 20 mg</i>	4
<i>mg</i>.....74	<i>oxycodone hcl tab 30 mg</i>	4
OPSUMIT TAB 10MG.....38	<i>oxycodone hcl tab 5 mg</i>	4
ORFADIN CAP 10MG.....68	<i>oxycodone w/ acetaminophen tab 10-325</i>	
ORFADIN CAP 20MG.....68		

<i>mg</i>	4	PANZYGA SOL 5GM/50ML.....	82
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	4	<i>paricalcitol cap 1 mcg</i>	87
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	4	<i>paricalcitol cap 2 mcg</i>	87
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	4	<i>paricalcitol cap 4 mcg</i>	87
OXYCONTIN TAB 10MG CR.....	4	<i>paromomycin sulfate cap 250 mg</i>	5
OXYCONTIN TAB 15MG CR.....	5	<i>paroxetine hcl tab 10 mg</i>	47
OXYCONTIN TAB 20MG CR.....	5	<i>paroxetine hcl tab 20 mg</i>	47
OXYCONTIN TAB 30MG CR.....	5	<i>paroxetine hcl tab 30 mg</i>	47
OXYCONTIN TAB 40MG CR.....	5	<i>paroxetine hcl tab 40 mg</i>	47
OXYCONTIN TAB 60MG CR.....	5	PASER GRA 4GM	11
OXYCONTIN TAB 80MG CR.....	5	PAXIL SUS 10MG/5ML.....	47
OZEMPIC INJ 2/1.5ML	61	PAZEO DRO 0.7%	89
P		PEDIARIX INJ 0.5ML.....	84
<i>pacerone tab 100mg</i>	30	PEDVAX HIB INJ.....	84
<i>pacerone tab 200mg</i>	30	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	76
<i>pacerone tab 400mg</i>	30	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	76
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	18	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	76
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	18	PEGANONE TAB 250MG.....	42
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	18	PEGASYS INJ	12
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	18	PEGASYS INJ 180MCG/M.....	12
<i>paliperidone tab er 24hr 1.5 mg</i>	52	PEGASYS INJ PROCLICK.....	12
<i>paliperidone tab er 24hr 3 mg</i>	52	PEN G PROC INJ 600000	16
<i>paliperidone tab er 24hr 6 mg</i>	52	PENICILL GK/ INJ DEX 2MU.....	16
<i>paliperidone tab er 24hr 9 mg</i>	52	PENICILL GK/ INJ DEX 3MU.....	16
<i>pamidronate disodium for inj 30 mg</i>	63	<i>penicillin g potassium for inj 20000000 unit</i>	16
<i>pamidronate disodium for inj 90 mg</i>	63	<i>penicillin g potassium for inj 5000000 unit</i>	16
<i>pamidronate disodium iv soln 3 mg/ml</i> 63		<i>penicillin g sodium for inj 5000000 unit</i>	16
<i>pamidronate disodium iv soln 9 mg/ml</i> 63		.....	16
PAMIDRONATE INJ 6MG/ML.....	63	<i>penicillin v potassium for soln 125 mg/5ml</i>	16
PANRETIN GEL 0.1%	98	<i>penicillin v potassium for soln 250 mg/5ml</i>	16
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	77	<i>penicillin v potassium tab 250 mg</i>	16
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	77	<i>penicillin v potassium tab 500 mg</i>	16
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	77	PENTACEL INJ.....	84
PANZYGA SOL 10/100ML	82	PENTAM 300 INJ 300MG.....	7
PANZYGA SOL 1GM/10ML	82	<i>pentamidine isethionate for soln 300 mg</i>	7
PANZYGA SOL 2.5/25ML.....	82	<i>pentoxifylline tab er 400 mg</i>	80
PANZYGA SOL 20/200ML	82	<i>perindopril erbumine tab 2 mg</i>	27
PANZYGA SOL 30/300ML	82	<i>perindopril erbumine tab 4 mg</i>	27
		<i>perindopril erbumine tab 8 mg</i>	27
		<i>periogard sol 0.12%</i>	98

<i>permethrin cream 5%</i>	98	.....	63
<i>perphenazine tab 16 mg</i>	52	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	63
<i>perphenazine tab 2 mg</i>	52	.....	63
<i>perphenazine tab 4 mg</i>	52	PIPER/TAZOBA INJ 12-1.5GM	16
<i>perphenazine tab 8 mg</i>	52	<i>piperacillin sod-tazobactam na for inj</i>	
PERSERIS INJ 120MG	52	<i>3.375 gm (3-0.375 gm)</i>	16
PERSERIS INJ 90MG	52	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>phenelzine sulfate tab 15 mg</i>	47	<i>2.25 gm (2-0.25 gm)</i>	16
PHENOBARB INJ 65MG/ML	42	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>phenobarbital elixir 20 mg/5ml</i>	42	<i>4.5 gm (4-0.5 gm)</i>	16
<i>phenobarbital sodium inj 130 mg/ml</i> ...	42	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>phenobarbital tab 100 mg</i>	42	<i>40.5 gm (36-4.5 gm)</i>	16
<i>phenobarbital tab 15 mg</i>	42	PIQRAY 200MG TAB DOSE	23
<i>phenobarbital tab 16.2 mg</i>	42	PIQRAY 250MG TAB DOSE	23
<i>phenobarbital tab 30 mg</i>	42	PIQRAY 300MG TAB DOSE	23
<i>phenobarbital tab 32.4 mg</i>	42	<i>pirmella tab 1/35</i>	67
<i>phenobarbital tab 60 mg</i>	42	<i>piroxicam cap 10 mg</i>	2
<i>phenobarbital tab 64.8 mg</i>	42	<i>piroxicam cap 20 mg</i>	2
<i>phenobarbital tab 97.2 mg</i>	42	PLASMA-LYTE INJ -148	87
PHENYTEK CAP 200MG	42	PLASMA-LYTE INJ -A.....	87
PHENYTEK CAP 300MG	42	PLENVU SOL	76
<i>phenytoin chew tab 50 mg</i>	42	PNV FOLIC AC TAB + IRON.....	87
<i>phenytoin sodium extended cap 100 mg</i>		<i>podofilox soln 0.5%</i>	98
.....	42	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>phenytoin sodium extended cap 200 mg</i>		<i>10000 unit/ml-0.1%</i>	88
.....	42	POMALYST CAP 1MG	21
<i>phenytoin sodium extended cap 300 mg</i>		POMALYST CAP 2MG	21
.....	42	POMALYST CAP 3MG	21
<i>phenytoin sodium inj 50 mg/ml</i>	42	POMALYST CAP 4MG	21
<i>phenytoin susp 125 mg/5ml</i>	42	<i>portia-28 tab</i>	67
<i>philith tab 0.4-35</i>	67	<i>potassium chloride 20 meq/l (0.15%) in</i>	
PHOSPHOLINE SOL 0.125%OP	89	<i>dextrose 5% inj</i>	87
PICATO GEL 0.015%	98	<i>potassium chloride 40 meq/l (0.3%) in</i>	
PICATO GEL 0.05%	98	<i>dextrose 5% inj</i>	87
PIFELTRO TAB 100MG	9	<i>potassium chloride cap er 10 meq</i>	85
<i>pilocarpine hcl ophth soln 1%</i>	89	<i>potassium chloride cap er 8 meq</i>	85
<i>pilocarpine hcl ophth soln 2%</i>	89	<i>potassium chloride inj 10 meq/100ml</i> .	87
<i>pilocarpine hcl ophth soln 4%</i>	89	<i>potassium chloride inj 10 meq/50ml</i> ...	87
<i>pilocarpine hcl tab 5 mg</i>	98	<i>potassium chloride inj 2 meq/ml</i>	87
<i>pilocarpine hcl tab 7.5 mg</i>	98	<i>potassium chloride inj 20 meq/100ml</i> .	87
<i>pimozide tab 1 mg</i>	52	<i>potassium chloride inj 20 meq/50ml</i> ...	87
<i>pimozide tab 2 mg</i>	52	<i>potassium chloride inj 40 meq/100ml</i> .	87
<i>pimtrea tab</i>	67	<i>potassium chloride microencapsulated</i>	
<i>pindolol tab 10 mg</i>	33	<i>crys er tab 10 meq</i>	85
<i>pindolol tab 5 mg</i>	33	<i>potassium chloride microencapsulated</i>	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>		<i>crys er tab 15 meq</i>	85
.....	63	<i>potassium chloride microencapsulated</i>	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>		<i>crys er tab 20 meq</i>	85

<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	85	<i>mg/5ml (base equiv)</i>	70
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	85	<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	70
<i>potassium chloride powder packet 20 meq</i>	85	<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	70
<i>potassium chloride tab er 10 meq</i>	85	<i>PREDNISONE CON 5MG/ML</i>	70
<i>potassium chloride tab er 20 meq (1500 mg)</i>	85	<i>prednisone oral soln 5 mg/5ml</i>	70
<i>potassium chloride tab er 8 meq (600 mg)</i>	85	<i>prednisone tab 1 mg</i>	70
<i>potassium citrate tab er 10 meq (1080 mg)</i>	77	<i>prednisone tab 10 mg</i>	70
<i>potassium citrate tab er 15 meq (1620 mg)</i>	77	<i>prednisone tab 2.5 mg</i>	70
<i>potassium citrate tab er 5 meq (540 mg)</i>	77	<i>prednisone tab 20 mg</i>	70
<i>PRADAXA CAP 110MG</i>	79	<i>prednisone tab 5 mg</i>	70
<i>PRADAXA CAP 150MG</i>	79	<i>prednisone tab 50 mg</i>	70
<i>PRADAXA CAP 75MG</i>	79	<i>prednisone tab therapy pack 10 mg (21)</i>	70
<i>PRALUENT INJ 150MG/ML</i>	32	<i>prednisone tab therapy pack 10 mg (48)</i>	70
<i>PRALUENT INJ 75MG/ML</i>	32	<i>prednisone tab therapy pack 5 mg (21)</i>	70
<i>pramipexole dihydrochloride tab 0.125 mg</i>	49	<i>prednisone tab therapy pack 5 mg (48)</i>	70
<i>pramipexole dihydrochloride tab 0.25 mg</i>	49	<i>PREMASOL SOL 10%</i>	86
<i>pramipexole dihydrochloride tab 0.5 mg</i>	49	<i>PRENATAL PLUS</i>	87
<i>pramipexole dihydrochloride tab 0.75 mg</i>	49	<i>PRENATAL TAB 27-1MG</i>	87
<i>pramipexole dihydrochloride tab 1 mg</i>	49	<i>PRENATAL TAB PLUS</i>	87
<i>pramipexole dihydrochloride tab 1.5 mg</i>	49	<i>PRENATAL VIT TAB LOW IRON</i>	87
<i>prasugrel hcl tab 10 mg (base equiv)</i> ..	80	<i>prevalite pow 4gm</i>	32
<i>prasugrel hcl tab 5 mg (base equiv)</i>	80	<i>prevalite pow 4gm pk</i>	32
<i>pravastatin sodium tab 10 mg</i>	30	<i>previfem tab</i>	67
<i>pravastatin sodium tab 20 mg</i>	30	<i>PREZCOBIX TAB 800-150</i>	11
<i>pravastatin sodium tab 40 mg</i>	31	<i>PREZISTA SUS 100MG/ML</i>	9
<i>pravastatin sodium tab 80 mg</i>	31	<i>PREZISTA TAB 150MG</i>	10
<i>praziquantel tab 600 mg</i>	7	<i>PREZISTA TAB 600MG</i>	10
<i>prazosin hcl cap 1 mg</i>	27	<i>PREZISTA TAB 75MG</i>	10
<i>prazosin hcl cap 2 mg</i>	27	<i>PREZISTA TAB 800MG</i>	10
<i>prazosin hcl cap 5 mg</i>	27	<i>PRIFTIN TAB 150MG</i>	11
<i>PRED SOD PHO SOL 1% OP</i>	89	<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	8
<i>prednisolone acetate ophth susp 1%</i> ...	89	<i>PRIMAQUINE TAB 26.3MG</i>	8
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	70	<i>primidone tab 250 mg</i>	43
<i>prednisolone sod phosphate oral soln 15</i>		<i>primidone tab 50 mg</i>	43
		<i>PRIVIGEN INJ 10GRAMS</i>	82
		<i>PRIVIGEN INJ 20GRAMS</i>	82
		<i>PRIVIGEN INJ 40GRAMS</i>	82
		<i>PRIVIGEN INJ 5 GRAMS</i>	82
		<i>probenecid tab 500 mg</i>	1
		<i>PROCALAMINE INJ 3%</i>	86
		<i>prochlorperazine edisylate inj 10 mg/2ml</i>	

.....	74
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	74
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	74
<i>prochlorperazine suppos 25 mg</i>	74
PROCRIT INJ 10000/ML	79
PROCRIT INJ 2000/ML	79
PROCRIT INJ 20000/ML	79
PROCRIT INJ 3000/ML	79
PROCRIT INJ 4000/ML	79
PROCRIT INJ 40000/ML	80
<i>procto-med cre hc 2.5%</i>	98
<i>procto-pak cre 1%</i>	98
<i>proctozone cre -hc 2.5%</i>	98
PROGLYCEM SUS 50MG/ML	70
PROGRAF GRA 0.2MG.....	83
PROGRAF GRA 1MG.....	83
PROLASTIN-C INJ 1000MG.....	93
PROLENSA SOL 0.07%	89
PROLIA SOL 60MG/ML	71
PROMACTA POW 12.5MG	80
PROMACTA TAB 12.5MG	80
PROMACTA TAB 25MG	80
PROMACTA TAB 50MG	80
PROMACTA TAB 75MG	80
<i>promethazine hcl inj 25 mg/ml</i>	74
<i>promethazine hcl inj 50 mg/ml</i>	74
<i>promethazine hcl syrup 6.25 mg/5ml</i> ..	74
<i>promethazine hcl tab 12.5 mg</i>	74
<i>promethazine hcl tab 25 mg</i>	74
<i>promethazine hcl tab 50 mg</i>	74
<i>propafenone hcl cap er 12hr 225 mg</i> ...	30
<i>propafenone hcl cap er 12hr 325 mg</i> ...	30
<i>propafenone hcl cap er 12hr 425 mg</i> ...	30
<i>propafenone hcl tab 150 mg</i>	30
<i>propafenone hcl tab 225 mg</i>	30
<i>propafenone hcl tab 300 mg</i>	30
<i>proparacaine hcl ophth soln 0.5%</i>	90
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	32
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	32
<i>propranolol hcl cap er 24hr 120 mg</i>	33
<i>propranolol hcl cap er 24hr 160 mg</i>	33
<i>propranolol hcl cap er 24hr 60 mg</i>	33
<i>propranolol hcl cap er 24hr 80 mg</i>	33
<i>propranolol hcl oral soln 20 mg/5ml</i>	33

<i>propranolol hcl oral soln 40 mg/5ml</i> ...	33
<i>propranolol hcl tab 10 mg</i>	33
<i>propranolol hcl tab 20 mg</i>	33
<i>propranolol hcl tab 40 mg</i>	33
<i>propranolol hcl tab 60 mg</i>	33
<i>propranolol hcl tab 80 mg</i>	33
<i>propylthiouracil tab 50 mg</i>	73
PROQUAD INJ	84
PROSOL INJ 20%	86
<i>protriptyline hcl tab 10 mg</i>	47
<i>protriptyline hcl tab 5 mg</i>	47
PULMICORT INH 180MCG	94
PULMICORT INH 90MCG.....	93
PULMOZYME SOL 1MG/ML	93
PURIXAN SUS 20MG/ML.....	18
<i>pyrazinamide tab 500 mg</i>	11
<i>pyridostigmine bromide tab 60 mg</i>	58

Q

QUADRACEL INJ.....	84
<i>quetiapine fumarate tab 100 mg</i>	52
<i>quetiapine fumarate tab 200 mg</i>	52
<i>quetiapine fumarate tab 25 mg</i>	52
<i>quetiapine fumarate tab 300 mg</i>	52
<i>quetiapine fumarate tab 400 mg</i>	52
<i>quetiapine fumarate tab 50 mg</i>	52
<i>quetiapine fumarate tab er 24hr 150 mg</i>	52
<i>quetiapine fumarate tab er 24hr 200 mg</i>	53
<i>quetiapine fumarate tab er 24hr 300 mg</i>	53
<i>quetiapine fumarate tab er 24hr 400 mg</i>	53
<i>quetiapine fumarate tab er 24hr 50 mg</i>	52
<i>quinapril hcl tab 10 mg</i>	27
<i>quinapril hcl tab 20 mg</i>	27
<i>quinapril hcl tab 40 mg</i>	27
<i>quinapril hcl tab 5 mg</i>	27
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	26
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	26
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	26
<i>quinidine sulfate tab 200 mg</i>	30
<i>quinidine sulfate tab 300 mg</i>	30
<i>quinine sulfate cap 324 mg</i>	9

R	
RABAVERT INJ.....	84
<i>rabeprazole sodium ec tab 20 mg</i>	77
<i>raloxifene hcl tab 60 mg</i>	71
<i>ramipril cap 1.25 mg</i>	27
<i>ramipril cap 10 mg</i>	27
<i>ramipril cap 2.5 mg</i>	27
<i>ramipril cap 5 mg</i>	27
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	75
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	75
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	75
<i>ranitidine hcl tab 150 mg</i>	75
<i>ranitidine hcl tab 300 mg</i>	75
<i>ranolazine tab er 12hr 1000 mg</i>	37
<i>ranolazine tab er 12hr 500 mg</i>	37
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	49
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	49
RAYALDEE CAP 30MCG	87
REBETOL SOL 40MG/ML.....	12
<i>reclipsen tab</i>	67
RECOMBIVA HB INJ 10MCG/ML.....	84
RECOMBIVA HB INJ 5MCG/0.5.....	84
RECOMBIVA-HB INJ 40MCG/ML	84
RECTIV OIN 0.4%	98
REGANEX GEL 0.01%	98
RELENZA MIS DISKHALE.....	12
RELISTOR INJ 12/0.6ML	76
RELISTOR INJ 8/0.4ML	76
REMICADE INJ 100MG	81
RENFLEXIS INJ 100MG	81
<i>repaglinide tab 0.5 mg</i>	63
<i>repaglinide tab 1 mg</i>	63
<i>repaglinide tab 2 mg</i>	63
RESCRIPTOR TAB 200MG	10
RESTASIS EMU 0.05%.....	90
RESTASIS MUL EMU 0.05%.....	90
REVLIMID CAP 10MG.....	21
REVLIMID CAP 15MG.....	21
REVLIMID CAP 2.5MG.....	21
REVLIMID CAP 20MG.....	21
REVLIMID CAP 25MG.....	21
REVLIMID CAP 5MG	21
REXULTI TAB 0.25MG.....	53
REXULTI TAB 0.5MG	53
REXULTI TAB 1MG	53
REXULTI TAB 2MG	53
REXULTI TAB 3MG	53
REXULTI TAB 4MG	53
REYATAZ POW 50MG	10
RHOPRESSA SOL 0.02%	89
<i>ribasphere cap 200mg</i>	12
<i>ribasphere tab 200mg</i>	12
<i>ribasphere tab 600mg</i>	12
<i>ribavirin cap 200 mg</i>	12
<i>ribavirin tab 200 mg</i>	12
<i>rifabutin cap 150 mg</i>	11
<i>rifampin cap 150 mg</i>	11
<i>rifampin cap 300 mg</i>	11
<i>rifampin for inj 600 mg</i>	11
RIFATER TAB	11
<i>riluzole tab 50 mg</i>	58
<i>rimantadine hydrochloride tab 100 mg</i> 12	
<i>risedronate sodium tab 150 mg</i>	63
<i>risedronate sodium tab 35 mg</i>	63
<i>risedronate sodium tab 5 mg</i>	63
<i>risedronate sodium tab delayed release 35 mg</i>	63
RISPERDAL INJ 12.5MG	53
RISPERDAL INJ 25MG	53
RISPERDAL INJ 37.5MG	53
RISPERDAL INJ 50MG	53
<i>risperidone orally disintegrating tab 0.25 mg</i>	53
<i>risperidone orally disintegrating tab 0.5 mg</i>	53
<i>risperidone orally disintegrating tab 1 mg</i>	53
<i>risperidone orally disintegrating tab 2 mg</i>	53
<i>risperidone orally disintegrating tab 3 mg</i>	53
<i>risperidone orally disintegrating tab 4 mg</i>	53
<i>risperidone soln 1 mg/ml</i>	53
<i>risperidone tab 0.25 mg</i>	53
<i>risperidone tab 0.5 mg</i>	53
<i>risperidone tab 1 mg</i>	53
<i>risperidone tab 2 mg</i>	53
<i>risperidone tab 3 mg</i>	53
<i>risperidone tab 4 mg</i>	53
<i>ritonavir tab 100 mg</i>	10

RITUXAN INJ 100MG	19
RITUXAN INJ 500MG	19
RITUXAN INJ HYCELA	19
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	44
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	44
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	44
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	44
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	44
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	44
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	44
<i>rivelsa tab</i>	67
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	57
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	57
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	57
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	57
<i>ropinirole hydrochloride tab 0.25 mg</i> ...	49
<i>ropinirole hydrochloride tab 0.5 mg</i>	49
<i>ropinirole hydrochloride tab 1 mg</i>	49
<i>ropinirole hydrochloride tab 2 mg</i>	49
<i>ropinirole hydrochloride tab 3 mg</i>	49
<i>ropinirole hydrochloride tab 4 mg</i>	49
<i>ropinirole hydrochloride tab 5 mg</i>	49
<i>rosuvastatin calcium tab 10 mg</i>	31
<i>rosuvastatin calcium tab 20 mg</i>	31
<i>rosuvastatin calcium tab 40 mg</i>	31
<i>rosuvastatin calcium tab 5 mg</i>	31
ROTARIX SUS.....	84
ROTATEQ SOL	84
<i>roweepra tab 1000mg</i>	43
<i>roweepra tab 500mg</i>	43
<i>roweepra tab 750mg</i>	43
<i>roweepra xr tab 500mg xr</i>	43
<i>roweepra xr tab 750mg xr</i>	43
RUBRACA TAB 200MG	19
RUBRACA TAB 250MG	20
RUBRACA TAB 300MG	20
RYDAPT CAP 25MG.....	23

S

SANDIMMUNE SOL 100MG/ML	83
SANTYL OIN 250/GM	98
SAPHRIS SUB 10MG	53
SAPHRIS SUB 2.5MG	53
SAPHRIS SUB 5MG.....	53
<i>scopolamine td patch 72hr 1 mg/3days</i>	75
<i>selegiline hcl cap 5 mg</i>	49
<i>selegiline hcl tab 5 mg</i>	49
<i>selenium sulfide lotion 2.5%</i>	96
SELZENTRY SOL 20MG/ML	10
SELZENTRY TAB 150MG	10
SELZENTRY TAB 25MG.....	10
SELZENTRY TAB 300MG	10
SELZENTRY TAB 75MG.....	10
SEREVENT DIS AER 50MCG	91
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	47
<i>sertraline hcl tab 100 mg</i>	47
<i>sertraline hcl tab 25 mg</i>	47
<i>sertraline hcl tab 50 mg</i>	47
<i>sevelamer carbonate packet 0.8 gm</i> ...	72
<i>sevelamer carbonate packet 2.4 gm</i> ...	72
<i>sevelamer carbonate tab 800 mg</i>	72
<i>sharobel tab 0.35mg</i>	67
SHINGRIX INJ 50MCG.....	84
SIGNIFOR INJ 0.3MG/ML.....	71
SIGNIFOR INJ 0.6MG/ML.....	71
SIGNIFOR INJ 0.9MG/ML.....	71
<i>sildenafil citrate tab 20 mg</i>	38
SILENOR TAB 3MG	55
SILENOR TAB 6MG	56
<i>silver sulfadiazine cream 1%</i>	95
SIMBRINZA SUS 1-0.2%.....	89
<i>simvastatin tab 10 mg</i>	31
<i>simvastatin tab 20 mg</i>	31
<i>simvastatin tab 40 mg</i>	31
<i>simvastatin tab 5 mg</i>	31
<i>simvastatin tab 80 mg</i>	31
<i>sirolimus oral soln 1 mg/ml</i>	83
<i>sirolimus tab 0.5 mg</i>	83
<i>sirolimus tab 1 mg</i>	83
<i>sirolimus tab 2 mg</i>	83
SIRTURO TAB 100MG	11
SIVEXTRO INJ 200MG.....	7
SIVEXTRO TAB 200MG.....	7
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	

.....	85	SPRITAM TAB 750MG.....	43
<i>sodium chloride irrigation soln 0.9%</i> ...	98	SPRYCEL TAB 100MG.....	23
<i>sodium chloride iv soln 0.45%</i>	87	SPRYCEL TAB 140MG.....	23
<i>sodium chloride iv soln 0.9%</i>	87	SPRYCEL TAB 20MG.....	23
<i>sodium chloride iv soln 3%</i>	87	SPRYCEL TAB 50MG.....	23
<i>sodium chloride iv soln 5%</i>	87	SPRYCEL TAB 70MG.....	23
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	85	SPRYCEL TAB 80MG.....	23
<i>sodium phenylbutyrate oral powder 3</i> <i>gm/teaspoonful</i>	68	<i>ssd cre 1%</i>	95
<i>sodium phenylbutyrate tab 500 mg</i>	68	<i>stavudine cap 15 mg</i>	10
<i>sodium polystyrene sulfonate oral susp</i> <i>15 gm/60ml</i>	64	<i>stavudine cap 20 mg</i>	10
<i>sodium polystyrene sulfonate powder</i> ..	64	<i>stavudine cap 30 mg</i>	10
SOLIQUA INJ 100/33.....	61	<i>stavudine cap 40 mg</i>	10
SOLTAMOX SOL 10MG/5ML	20	STELARA INJ 45MG/0.5.....	81
SOLU-CORTEF INJ 1000MG	70	STELARA INJ 90MG/ML	81
SOLU-CORTEF INJ 100MG.....	70	STIMATE SOL 1.5MG/ML	73
SOLU-CORTEF INJ 250MG	70	STIVARGA TAB 40MG	23
SOLU-CORTEF INJ 500MG.....	70	<i>streptomycin sulfate for inj 1 gm</i>	5
SOMATULINE INJ 120/.5ML.....	71	STRIBILD TAB.....	11
SOMATULINE INJ 60/0.2ML.....	71	<i>sucralfate tab 1 gm</i>	76
SOMATULINE INJ 90/0.3ML.....	71	<i>sulfacetamide sodium lotion 10% (acne)</i>	95
SOMAVERT INJ 10MG	71	<i>sulfacetamide sodium ophth oint 10%</i>	88
SOMAVERT INJ 15MG	71	<i>sulfacetamide sodium ophth soln 10%</i>	88
SOMAVERT INJ 20MG	71	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	88
SOMAVERT INJ 25MG	71	SULFADIAZINE TAB 500MG	5
SOMAVERT INJ 30MG	71	<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	7
<i>sorine tab 120mg</i>	30	<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	7
<i>sorine tab 160mg</i>	30	<i>sulfamethoxazole-trimethoprim tab 400-</i> <i>80 mg</i>	7
<i>sorine tab 240mg</i>	30	<i>sulfamethoxazole-trimethoprim tab 800-</i> <i>160 mg</i>	7
<i>sorine tab 80mg</i>	30	SULFAMYLON CRE 85MG/GM	95
<i>sotalol hcl (afib/af) tab 120 mg</i>	30	<i>sulfasalazine tab 500 mg</i>	75
<i>sotalol hcl (afib/af) tab 160 mg</i>	30	<i>sulfasalazine tab delayed release 500 mg</i>	75
<i>sotalol hcl (afib/af) tab 80 mg</i>	30	<i>sulindac tab 150 mg</i>	2
<i>sotalol hcl tab 120 mg</i>	30	<i>sulindac tab 200 mg</i>	2
<i>sotalol hcl tab 160 mg</i>	30	<i>sumatriptan nasal spray 20 mg/act</i>	57
<i>sotalol hcl tab 240 mg</i>	30	<i>sumatriptan nasal spray 5 mg/act</i>	57
<i>sotalol hcl tab 80 mg</i>	30	<i>sumatriptan succinate inj 6 mg/0.5ml</i> .	57
<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	36	<i>sumatriptan succinate solution auto-</i> <i>injector 4 mg/0.5ml</i>	57
<i>spironolactone tab 100 mg</i>	27	<i>sumatriptan succinate solution auto-</i> <i>injector 6 mg/0.5ml</i>	57
<i>spironolactone tab 25 mg</i>	27	<i>sumatriptan succinate solution cartridge</i>	
<i>spironolactone tab 50 mg</i>	27		
<i>sprintec 28 tab 28 day</i>	67		
SPRITAM TAB 1000MG.....	43		
SPRITAM TAB 250MG	43		
SPRITAM TAB 500MG	43		

4 mg/0.5ml.....	57
sumatriptan succinate solution cartridge	
6 mg/0.5ml.....	57
sumatriptan succinate solution prefilled	
syringe 6 mg/0.5ml.....	57
sumatriptan succinate tab 100 mg	57
sumatriptan succinate tab 25 mg	57
sumatriptan succinate tab 50 mg	57
SUPREP BOWEL SOL PREP KIT.....	76
SUTENT CAP 12.5MG.....	23
SUTENT CAP 25MG	23
SUTENT CAP 37.5MG.....	24
SUTENT CAP 50MG	24
SYLATRON KIT 200MCG.....	24
SYLATRON KIT 300MCG.....	24
SYLATRON KIT 600MCG.....	24
SYMBICORT AER 160-4.5.....	94
SYMBICORT AER 80-4.5.....	94
SYMDEKO TAB 100-150.....	93
SYMFI LO TAB	11
SYMFI TAB	11
SYMPAZAN MIS 10MG	43
SYMPAZAN MIS 20MG	43
SYMPAZAN MIS 5MG	43
SYMTUZA TAB	11
SYNAREL SOL 2MG/ML	67
SYNERCID INJ 500MG	7
SYNJARDY TAB	63
SYNJARDY TAB 12.5-500	63
SYNJARDY TAB 5-1000MG	63
SYNJARDY TAB 5-500MG	63
SYNJARDY XR TAB	63
SYNJARDY XR TAB 10-1000	63
SYNJARDY XR TAB 25-1000	63
SYNJARDY XR TAB 5-1000MG.....	63
SYNRIBO INJ 3.5MG.....	24
SYNTHROID TAB 100MCG	73
SYNTHROID TAB 112MCG	73
SYNTHROID TAB 125MCG	73
SYNTHROID TAB 137MCG	73
SYNTHROID TAB 150MCG	73
SYNTHROID TAB 175MCG	73
SYNTHROID TAB 200MCG	73
SYNTHROID TAB 25MCG.....	73
SYNTHROID TAB 300MCG	73
SYNTHROID TAB 50MCG.....	73
SYNTHROID TAB 75MCG.....	73
SYNTHROID TAB 88MCG.....	73

T

TABLOID TAB 40MG	18
tacrolimus cap 0.5 mg	83
tacrolimus cap 1 mg	83
tacrolimus cap 5 mg	83
tacrolimus oint 0.03%	98
tacrolimus oint 0.1%	98
TAFINLAR CAP 50MG	24
TAFINLAR CAP 75MG	24
TAGRISSE TAB 40MG	24
TAGRISSE TAB 80MG	24
TALZENNA CAP 0.25MG	20
TALZENNA CAP 1MG.....	20
tamoxifen citrate tab 10 mg (base	
equivalent).....	20
tamoxifen citrate tab 20 mg (base	
equivalent).....	20
tamsulosin hcl cap 0.4 mg.....	77
TARGRETIN GEL 1%	98
tarina 24 fe tab.....	67
tarina fe tab 1/20.....	67
TASIGNA CAP 150MG	24
TASIGNA CAP 200MG	24
TASIGNA CAP 50MG	24
TAXOTERE INJ 80MG/4ML	18
tazarotene cream 0.1%	96
tazicef inj 1gm.....	14
tazicef inj 2gm.....	14
tazicef inj 6gm.....	14
TAZORAC CRE 0.05%	96
TDVAX INJ 2-2 LF.....	84
TECENTRIQ INJ 1200/20	20
TECENTRIQ INJ 840/14.....	20
TEFLARO INJ 400MG.....	14
TEFLARO INJ 600MG.....	14
telmisartan tab 20 mg	29
telmisartan tab 40 mg	29
telmisartan tab 80 mg	29
telmisartan-amlodipine tab 40-10 mg .	29
telmisartan-amlodipine tab 40-5 mg ...	29
telmisartan-amlodipine tab 80-10 mg .	29
telmisartan-amlodipine tab 80-5 mg ...	29
telmisartan-hydrochlorothiazide tab 40-	
12.5 mg.....	29
telmisartan-hydrochlorothiazide tab 80-	
12.5 mg.....	29
telmisartan-hydrochlorothiazide tab 80-	
25 mg.....	29

<i>temazepam cap 15 mg</i>	56	<i>thioridazine hcl tab 10 mg</i>	53
<i>temazepam cap 7.5 mg</i>	56	<i>thioridazine hcl tab 100 mg</i>	53
TENIVAC INJ 5-2LF	84	<i>thioridazine hcl tab 25 mg</i>	53
<i>tenofovir disoproxil fumarate tab 300 mg</i>	10	<i>thioridazine hcl tab 50 mg</i>	53
<i>terazosin hcl cap 1 mg (base equivalent)</i>	27	<i>thiothixene cap 1 mg</i>	54
<i>terazosin hcl cap 10 mg (base equivalent)</i>	27	<i>thiothixene cap 10 mg</i>	54
<i>terazosin hcl cap 2 mg (base equivalent)</i>	27	<i>thiothixene cap 2 mg</i>	54
<i>terazosin hcl cap 5 mg (base equivalent)</i>	27	<i>thiothixene cap 5 mg</i>	54
<i>terbinafine hcl tab 250 mg</i>	8	<i>tiagabine hcl tab 12 mg</i>	43
<i>terbutaline sulfate tab 2.5 mg</i>	91	<i>tiagabine hcl tab 16 mg</i>	43
<i>terbutaline sulfate tab 5 mg</i>	92	<i>tiagabine hcl tab 2 mg</i>	43
<i>terconazole vaginal cream 0.4%</i>	78	<i>tiagabine hcl tab 4 mg</i>	43
<i>terconazole vaginal cream 0.8%</i>	78	TIBSOVO TAB 250MG	20
<i>terconazole vaginal suppos 80 mg</i>	78	<i>tigecycline for iv soln 50 mg</i>	7
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	60	<i>timolol maleate ophth gel forming soln 0.25%</i>	89
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	60	<i>timolol maleate ophth gel forming soln 0.5%</i>	89
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	60	<i>timolol maleate ophth soln 0.25%</i>	90
<i>testosterone td gel 12.5 mg/act (1%)</i> ..60		<i>timolol maleate ophth soln 0.5%</i>	89
<i>testosterone td gel 25 mg/2.5gm (1%)</i> ..60		<i>timolol maleate ophth soln 0.5% (once-daily)</i>	89
<i>testosterone td gel 50 mg/5gm (1%)</i> ..60		<i>timolol maleate tab 10 mg</i>	33
<i>tetrabenazine tab 12.5 mg</i>	58	<i>timolol maleate tab 20 mg</i>	33
<i>tetrabenazine tab 25 mg</i>	58	<i>timolol maleate tab 5 mg</i>	33
<i>tetracycline hcl cap 250 mg</i>	17	TIVICAY TAB 10MG.....	10
<i>tetracycline hcl cap 500 mg</i>	17	TIVICAY TAB 25MG.....	10
TEXACORT SOL 2.5%	97	TIVICAY TAB 50MG.....	10
THALOMID CAP 100MG	21	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	58
THALOMID CAP 150MG	21	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	59
THALOMID CAP 200MG	21	TOBRADEX OIN 0.3-0.1%	88
THALOMID CAP 50MG.....	21	TOBRADEX ST SUS 0.3-0.05.....	88
THEO-24 CAP 100MG CR.....	93	<i>tobramycin nebu soln 300 mg/5ml</i>	5
THEO-24 CAP 200MG CR.....	93	<i>tobramycin ophth soln 0.3%</i>	88
THEO-24 CAP 300MG CR.....	93	<i>tobramycin sulfate for inj 1.2 gm</i>	5
THEO-24 CAP 400MG ER.....	93	<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	5
<i>theophylline soln 80 mg/15ml</i>	93	<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	5
<i>theophylline tab er 12hr 100 mg</i>	93	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	5
<i>theophylline tab er 12hr 200 mg</i>	93	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	6
<i>theophylline tab er 12hr 300 mg</i>	93	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	88
<i>theophylline tab er 12hr 450 mg</i>	93	<i>tolterodine tartrate cap er 24hr 2 mg</i> ..	78
<i>theophylline tab er 24hr 400 mg</i>	93		
<i>theophylline tab er 24hr 600 mg</i>	93		

<i>tolterodine tartrate cap er 24hr 4 mg</i> ..78	TRESIBA FLEX INJ 100UNIT..... 61
<i>tolterodine tartrate tab 1 mg</i> .....78	TRESIBA FLEX INJ 200UNIT..... 61
<i>tolterodine tartrate tab 2 mg</i> .....78	TRESIBA INJ 100UNIT 61
<i>topiramate sprinkle cap 15 mg</i> .....43	<i>tretinoin cap 10 mg</i> 24
<i>topiramate sprinkle cap 25 mg</i> .....43	<i>tretinoin cream 0.025%</i> 95
<i>topiramate tab 100 mg</i>.....43	<i>tretinoin cream 0.05%</i> 95
<i>topiramate tab 200 mg</i>.....43	<i>tretinoin cream 0.1%</i> 95
<i>topiramate tab 25 mg</i>.....43	<i>tretinoin gel 0.01%</i> 95
<i>topiramate tab 50 mg</i>.....43	<i>tretinoin gel 0.025%</i> 95
<i>toposar inj 100/5ml</i> .....25	<i>triamcinolone acetonide cream 0.025%</i>
<i>toposar inj 1gm/50ml</i>.....25	..... 97
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....20	<i>triamcinolone acetonide cream 0.1%</i> .. 97
<i>toremide tab 10 mg</i> .....36	<i>triamcinolone acetonide cream 0.5%</i> .. 97
<i>toremide tab 100 mg</i> .....36	<i>triamcinolone acetonide dental paste 0.1%</i> 98
<i>toremide tab 20 mg</i> .....36	<i>triamcinolone acetonide lotion 0.025%</i> 97
<i>toremide tab 5 mg</i>.....36	<i>triamcinolone acetonide lotion 0.1%</i> ... 97
TOVIAZ TAB 4MG .....78	<i>triamcinolone acetonide oint 0.025%</i> .. 97
TOVIAZ TAB 8MG .....78	<i>triamcinolone acetonide oint 0.1%</i> 97
TPN ELECTROL INJ .....85	<i>triamcinolone acetonide oint 0.5%</i> 97
TRADJENTA TAB 5MG .....63	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> 36
<i>tramadol hcl tab 50 mg</i> 2	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> 36
<i>tramadol-acetaminophen tab 37.5-325 mg</i> 2	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> 36
<i>trandolapril tab 1 mg</i>.....27	TRICARE TAB PRENATAL 87
<i>trandolapril tab 2 mg</i>.....27	<i>trientine hcl cap 250 mg</i> 64
<i>trandolapril tab 4 mg</i>.....27	<i>tri-estaryll tab</i> 67
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> .....80	<i>trifluoperazine hcl tab 1 mg (base equivalent)</i> 54
<i>tranexamic acid tab 650 mg</i> .....80	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i> 54
<i>tranylcypromine sulfate tab 10 mg</i>.....47	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i> 54
TRAVASOL INJ 10% .....86	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i> 54
TRAVATAN Z DRO 0.004% .....90	<i>trifluridine ophth soln 1%</i> 88
<i>trazodone hcl tab 100 mg</i> .....47	<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i> ... 49
<i>trazodone hcl tab 150 mg</i> .....47	<i>trihexyphenidyl hcl tab 2 mg</i> 49
<i>trazodone hcl tab 50 mg</i> .....47	<i>trihexyphenidyl hcl tab 5 mg</i> 49
TRECTOR TAB 250MG .....11	<i>tri-legend tab fe</i> 67
TRELEGY AER ELLIPTA.....90	<i>tri-lo- tab sprintec</i> 67
TRELSTAR MIX INJ 11.25MG .....20	<i>trilyte sol</i> 76
TRELSTAR MIX INJ 3.75MG .....20	<i>trimethoprim tab 100 mg</i> 7
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i> .....38	<i>tri-mili tab</i> 67
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i> .....38	<i>trimipramine maleate cap 100 mg</i> 47
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i> .....38	<i>trimipramine maleate cap 25 mg</i> 47
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i> .....38	

<i>trimipramine maleate cap 50 mg</i>	47	<i>valacyclovir hcl tab 500 mg</i>	12
TRINTELLIX TAB 10MG	47	VALCHLOR GEL 0.016%	98
TRINTELLIX TAB 20MG	47	<i>valganciclovir hcl for soln 50 mg/ml</i>	
TRINTELLIX TAB 5MG	47	(base equiv)	12
<i>tri-previfem tab</i>	67	<i>valganciclovir hcl tab 450 mg (base</i>	
<i>tri-sprintec tab</i>	67	<i>equivalent)</i>	12
TRIUMEQ TAB.....	11	<i>valproate sodium inj 100 mg/ml</i>	43
<i>trivora-28 tab</i>	67	<i>valproate sodium oral soln 250 mg/5ml</i>	
<i>tri-vylibra tab</i>	67	(base equiv)	43
<i>tri-vylibra tab lo</i>	67	<i>valproic acid cap 250 mg</i>	43
TROGARZO INJ 150MG/ML.....	10	<i>valsartan tab 160 mg</i>	29
TROPHAMINE INJ 10%	86	<i>valsartan tab 320 mg</i>	29
<i>tropium chloride tab 20 mg</i>	78	<i>valsartan tab 40 mg</i>	29
TRUE METRIX KIT AIR	99	<i>valsartan tab 80 mg</i>	29
TRUE METRIX KIT METER.....	99	<i>valsartan-hydrochlorothiazide tab 160-</i>	
TRUE METRIX STRIPS.....	99	<i>12.5 mg</i>	29
TRULICITY INJ 0.75/0.5.....	61	<i>valsartan-hydrochlorothiazide tab 160-25</i>	
TRULICITY INJ 1.5/0.5	61	<i>mg</i>	29
TRUMENBA INJ	84	<i>valsartan-hydrochlorothiazide tab 320-</i>	
TRUVADA TAB 100-150	11	<i>12.5 mg</i>	29
TRUVADA TAB 133-200	11	<i>valsartan-hydrochlorothiazide tab 320-25</i>	
TRUVADA TAB 167-250	11	<i>mg</i>	29
TRUVADA TAB 200-300	11	<i>valsartan-hydrochlorothiazide tab 80-</i>	
<i>tulana tab 0.35mg</i>	67	<i>12.5 mg</i>	29
TWINRIX INJ	84	<i>vancomycin hcl cap 125 mg (base</i>	
TYBOST TAB 150MG	10	<i>equivalent)</i>	7
<i>tydemy tab</i>	67	<i>vancomycin hcl cap 250 mg (base</i>	
TYKERB TAB 250MG	24	<i>equivalent)</i>	7
TYMLOS INJ	71	<i>vancomycin hcl for iv soln 1 gm (base</i>	
TYPHIM VI INJ	84	<i>equivalent)</i>	7
U		<i>vancomycin hcl for iv soln 10 gm (base</i>	
<i>unithroid tab 100mcg</i>	73	<i>equivalent)</i>	7
<i>unithroid tab 112mcg</i>	73	<i>vancomycin hcl for iv soln 5 gm (base</i>	
<i>unithroid tab 125mcg</i>	73	<i>equivalent)</i>	7
<i>unithroid tab 137mcg</i>	73	<i>vancomycin hcl for iv soln 500 mg (base</i>	
<i>unithroid tab 150mcg</i>	73	<i>equivalent)</i>	7
<i>unithroid tab 175mcg</i>	73	<i>vancomycin hcl for iv soln 750 mg (base</i>	
<i>unithroid tab 200mcg</i>	73	<i>equivalent)</i>	7
<i>unithroid tab 25mcg</i>	73	VANCOMYCIN INJ 1 GM.....	7
<i>unithroid tab 300mcg</i>	73	VANCOMYCIN INJ 500MG	7
<i>unithroid tab 50mcg</i>	73	VANCOMYCIN INJ 750MG	8
<i>unithroid tab 75mcg</i>	73	<i>vandazole gel 0.75%</i>	78
<i>unithroid tab 88mcg</i>	73	VAQTA INJ 25/0.5ML	84
<i>ursodiol cap 300 mg</i>	76	VAQTA INJ 50UNT/ML	84
<i>ursodiol tab 250 mg</i>	76	VARIVAX INJ	84
<i>ursodiol tab 500 mg</i>	76	VASCEPA CAP 0.5GM	32
V		VASCEPA CAP 1GM	32
<i>valacyclovir hcl tab 1 gm</i>	12	VELCADE INJ 3.5MG	20

<i>velivet pak</i>	67	<i>vienva tab 0.1-20</i>	67
VEMLIDY TAB 25MG	12	<i>vigabatrin powd pack 500 mg</i>	43
VENCLEXTA TAB 100MG	20	<i>vigabatrin tab 500 mg</i>	43
VENCLEXTA TAB 10MG	20	<i>vigadrone pow 500mg</i>	43
VENCLEXTA TAB 50MG	20	VIIBRYD KIT STARTER	48
VENCLEXTA TAB START PK	20	VIIBRYD TAB 10MG	48
<i>venlafaxine hcl cap er 24hr 150 mg</i> <i>(base equivalent)</i>	47	VIIBRYD TAB 20MG	48
<i>venlafaxine hcl cap er 24hr 37.5 mg</i> <i>(base equivalent)</i>	47	VIIBRYD TAB 40MG	48
<i>venlafaxine hcl cap er 24hr 75 mg (base</i> <i>equivalent)</i>	47	VIMPAT INJ 200MG/20.....	43
<i>venlafaxine hcl tab 100 mg (base</i> <i>equivalent)</i>	47	VIMPAT SOL 10MG/ML	43
<i>venlafaxine hcl tab 25 mg (base</i> <i>equivalent)</i>	47	VIMPAT TAB 100MG.....	43
<i>venlafaxine hcl tab 37.5 mg (base</i> <i>equivalent)</i>	47	VIMPAT TAB 150MG.....	43
<i>venlafaxine hcl tab 50 mg (base</i> <i>equivalent)</i>	47	VIMPAT TAB 200MG.....	43
<i>venlafaxine hcl tab 75 mg (base</i> <i>equivalent)</i>	47	VIMPAT TAB 50MG	43
VENTAVIS SOL 10MCG/ML	38	<i>vincristine sulfate iv soln 1 mg/ml</i>	18
VENTAVIS SOL 20MCG/ML	38	<i>vinorelbine tartrate inj 10 mg/ml (base</i> <i>equiv)</i>	19
VENTOLIN HFA AER.....	92	<i>vinorelbine tartrate inj 50 mg/5ml (10</i> <i>mg/ml) (base equiv)</i>	19
<i>verapamil hcl cap er 24hr 100 mg</i>	34	<i>viorele tab</i>	67
<i>verapamil hcl cap er 24hr 120 mg</i>	34	VIRACEPT TAB 250MG	10
<i>verapamil hcl cap er 24hr 180 mg</i>	34	VIRACEPT TAB 625MG	10
<i>verapamil hcl cap er 24hr 200 mg</i>	34	VIREAD POW 40MG/GM	10
<i>verapamil hcl cap er 24hr 240 mg</i>	34	VIREAD TAB 150MG	10
<i>verapamil hcl cap er 24hr 300 mg</i>	35	VIREAD TAB 200MG	10
<i>verapamil hcl cap er 24hr 360 mg</i>	35	VIREAD TAB 250MG	10
<i>verapamil hcl iv soln 2.5 mg/ml</i>	35	VITRAKVI CAP 100MG.....	24
<i>verapamil hcl tab 120 mg</i>	35	VITRAKVI CAP 25MG	24
<i>verapamil hcl tab 40 mg</i>	35	VITRAKVI SOL 20MG/ML	24
<i>verapamil hcl tab 80 mg</i>	35	VIVITROL INJ 380MG.....	60
<i>verapamil hcl tab er 120 mg</i>	35	VIZIMPRO TAB 15MG.....	24
<i>verapamil hcl tab er 180 mg</i>	35	VIZIMPRO TAB 30MG.....	24
<i>verapamil hcl tab er 240 mg</i>	35	VIZIMPRO TAB 45MG.....	24
VERSACLOZ SUS 50MG/ML	54	<i>voriconazole for inj 200 mg</i>	8
VERZENIO TAB 100MG	20	<i>voriconazole for susp 40 mg/ml</i>	8
VERZENIO TAB 150MG	20	<i>voriconazole tab 200 mg</i>	8
VERZENIO TAB 200MG	20	<i>voriconazole tab 50 mg</i>	8
VERZENIO TAB 50MG.....	20	VOSEVI TAB	12
VICTOZA INJ 18MG/3ML	61	VOTRIENT TAB 200MG.....	24
VIDEX EC CAP 125MG	10	VRAYLAR CAP 1.5-3MG	54
VIDEX SOL 2GM	10	VRAYLAR CAP 1.5MG	54
VIDEX SOL 4GM	10	VRAYLAR CAP 3MG	54
		VRAYLAR CAP 4.5MG	54
		VRAYLAR CAP 6MG	54
		<i>vyfemla tab 0.4-35</i>	67
		<i>vylibra tab 0.25-35</i>	67
		W	
		<i>warfarin sodium tab 1 mg</i>	79

<i>warfarin sodium tab 10 mg</i>	79	ZEMAIRA INJ 1000MG.....	93
<i>warfarin sodium tab 2 mg</i>	79	<i>zenatane cap 30mg</i>	95
<i>warfarin sodium tab 2.5 mg</i>	79	ZENPEP CAP 10000UNT.....	76
<i>warfarin sodium tab 3 mg</i>	79	ZENPEP CAP 15000UNT.....	76
<i>warfarin sodium tab 4 mg</i>	79	ZENPEP CAP 20000UNT.....	77
<i>warfarin sodium tab 5 mg</i>	79	ZENPEP CAP 25000	77
<i>warfarin sodium tab 6 mg</i>	79	ZENPEP CAP 3000UNIT	76
<i>warfarin sodium tab 7.5 mg</i>	79	ZENPEP CAP 40000	77
<i>water for irrigation, sterile irrigation soln</i>	98	ZENPEP CAP 5000UNIT	76
<i>wymzya fe chw 0.4mg-35</i>	67	<i>zidovudine cap 100 mg</i>	10
X		<i>zidovudine syrup 10 mg/ml</i>	10
XALKORI CAP 200MG	24	<i>zidovudine tab 300 mg</i>	10
XALKORI CAP 250MG	24	<i>ziprasidone hcl cap 20 mg</i>	54
XARELTO STAR TAB 15/20MG.....	79	<i>ziprasidone hcl cap 40 mg</i>	54
XARELTO TAB 10MG.....	79	<i>ziprasidone hcl cap 60 mg</i>	54
XARELTO TAB 15MG.....	79	<i>ziprasidone hcl cap 80 mg</i>	54
XARELTO TAB 2.5MG.....	79	ZIRGAN GEL 0.15%.....	88
XARELTO TAB 20MG.....	79	<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i>	63
XATMEP SOL 2.5MG/ML	81	<i>zoledronic acid iv soln 5 mg/100ml</i>	63
XELJANZ TAB 10MG	81	ZOLINZA CAP 100MG.....	20
XELJANZ TAB 5MG	81	<i>zolmitriptan orally disintegrating tab 2.5</i> <i>mg</i>	57
XELJANZ XR TAB 11MG.....	81	<i>zolmitriptan orally disintegrating tab 5</i> <i>mg</i>	57
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This formulary was updated on 09/01/2019. For more recent information or other questions, please contact Molina Medicare Complete Care Member Services, at (800) 665-3086 or, for TTY users, 711, October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time, or visit MolinaHealthcare.com/Medicare.

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