



Formulary / Formulario

Molina Medicare Complete Care HMO SNP Texas

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 7

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.

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 10/15/2019. 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 10/15/2019. 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 104. 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 104.

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 Quantity Limits

ST stands for Step Therapy criteria

GC stands for this drug we provide 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 7

Este formulario resumido 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.

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 10/15/2019. 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 médicamente 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 10/15/2019. 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 104. 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 104.

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 cantidad"

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_TX-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	GC
<i>ibuprofen tab 600 mg</i>	1	GC
<i>ibuprofen tab 800 mg</i>	1	GC
<i>meloxicam tab 7.5 mg</i>	1	GC
<i>meloxicam tab 15 mg</i>	1	GC
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen tab 250 mg</i>	1	GC
<i>naproxen tab 375 mg</i>	1	GC
<i>naproxen tab 500 mg</i>	1	GC
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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

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Drug Name	Drug Tier	Requirements/Limits
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
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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
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

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Drug Name	Drug Tier	Requirements/Limits
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	
<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	GC
<i>clindamycin hcl cap 150 mg</i>	1	GC
<i>clindamycin hcl cap 300 mg</i>	1	GC
<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 350 mg</i>	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>daptomycin for iv soln 500 mg</i>	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
<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	GC
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	GC
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)

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Drug Name	Drug Tier	Requirements/Limits
<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	
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>caspofungin acetate for iv soln 50 mg</i>	5	NDS
<i>caspofungin 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	GC
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl tab 250 mg</i>	1	GC, 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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
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)
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	

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Drug Name	Drug Tier	Requirements/Limits
VIDEX SOL 2GM	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
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)

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Drug Name	Drug Tier	Requirements/Limits
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	GC
<i>isoniazid tab 300 mg</i>	1	GC
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
TRECATOR TAB 250MG	4	
ANTIVIRALS		
<i>acyclovir cap 200 mg</i>	2	
<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
BARACLUDE 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)

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Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	GC
<i>cephalexin cap 500 mg</i>	1	GC
<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
<i>ERYTHROMYCINS/MACROLIDES</i>		
<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	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tab 500 mg</i>	1	GC
<i>azithromycin tab 600 mg</i>	1	GC
<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 tab delayed release 250 mg</i>	4	
<i>erythromycin tab delayed release 333 mg</i>	4	
<i>erythromycin tab delayed release 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	GC
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	GC
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	GC
<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	GC
<i>levofloxacin tab 500 mg</i>	1	GC
<i>levofloxacin tab 750 mg</i>	1	GC
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	4	
PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<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	GC
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	GC
<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	GC
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	GC
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	GC
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	GC
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	GC
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	GC
<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 iv soln 15 (10-5) gm</i>	4	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	4	
<i>ampicillin sodium for inj 2 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	
<i>BICILLIN L-A INJ 600000</i>	4	
<i>BICILLIN L-A INJ 1200000</i>	4	
<i>BICILLIN L-A INJ 2400000</i>	4	
<i>dicloxacillin sodium cap 250 mg</i>	3	

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<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	GC
<i>penicillin v potassium tab 500 mg</i>	1	GC
<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 13.5 gm (12-1.5 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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>cyclophosphamide cap 50 mg</i>	3	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
<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)</i> (base equiv)	4	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i> (base equiv)	4	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i> (base equiv)	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<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
<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
BIOLOGIC RESPONSE MODIFIERS		
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

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Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
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	GC
<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	
<i>flutamide cap 125 mg</i>	3	
<i>fulvestrant inj 250 mg/5ml</i>	5	NDS, B/D
<i>letrozole tab 2.5 mg</i>	1	GC
<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
NUBEQA TAB 300MG	5	NDS, LA, PA
SOLTAMOX SOL 10MG/5ML	5	NDS
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	GC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	GC
<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
ZYTIGA TAB 500MG	5	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	5	NDS, QL (21 caps / 21 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
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
<i>KINASE INHIBITORS</i>		
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
ALUNBRIG TAB 30MG	5	NDS, NM, LA, PA
ALUNBRIG TAB 90MG	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
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
INREBIC CAP 100MG	5	NDS, 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

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Drug Name	Drug Tier	Requirements/Limits
SUTENT CAP 25MG	5	NDS, QL (30 caps / 30 days), NM, PA
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
TAGRISSO TAB 40MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
TAGRISSO 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
TURALIO CAP 200MG	5	NDS, LA, 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

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK 60MG	5	NDS, LA, PA
XPOVIO PAK 80MG	5	NDS, LA, PA
XPOVIO PAK 100MG	5	NDS, LA, PA
PLATINUM-BASED AGENTS		
carboplatin iv soln 50 mg/5ml	3	B/D, NM
carboplatin iv soln 150 mg/15ml	3	B/D, NM
carboplatin iv soln 450 mg/45ml	3	B/D, NM
carboplatin iv soln 600 mg/60ml	3	B/D, NM
cisplatin inj 50 mg/50ml (1 mg/ml)	3	B/D
cisplatin inj 100 mg/100ml (1 mg/ml)	3	B/D
cisplatin inj 200 mg/200ml (1 mg/ml)	3	B/D
oxaliplatin for iv inj 50 mg	5	NDS, B/D
oxaliplatin for iv inj 100 mg	5	NDS, B/D
oxaliplatin iv soln 50 mg/10ml	4	B/D
oxaliplatin iv soln 100 mg/20ml	4	B/D
PROTECTIVE AGENTS		
leucovorin calcium for inj 50 mg	4	B/D
leucovorin calcium for inj 100 mg	4	B/D
leucovorin calcium for inj 200 mg	4	B/D
leucovorin calcium for inj 350 mg	4	B/D
leucovorin calcium for inj 500 mg	4	B/D
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	4	B/D
leucovorin calcium tab 5 mg	3	
leucovorin calcium tab 10 mg	3	
leucovorin calcium tab 15 mg	4	
leucovorin calcium tab 25 mg	4	
MESNEX TAB 400MG	5	NDS
TOPOISOMERASE INHIBITORS		
etoposide inj 100 mg/5ml (20 mg/ml)	3	B/D
etoposide inj 500 mg/25ml (20 mg/ml)	3	B/D
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	4	B/D
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	4	B/D
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	4	B/D
toposar inj 1gm/50ml	3	B/D
toposar inj 100/5ml	3	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	GC
amlodipine besylate-benazepril hcl cap 5-10 mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	GC
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	1	GC
<i>benazepril hcl tab 10 mg</i>	1	GC
<i>benazepril hcl tab 20 mg</i>	1	GC
<i>benazepril hcl tab 40 mg</i>	1	GC
<i>captopril tab 12.5 mg</i>	1	GC
<i>captopril tab 25 mg</i>	1	GC
<i>captopril tab 50 mg</i>	1	GC
<i>captopril tab 100 mg</i>	1	GC
<i>enalapril maleate tab 2.5 mg</i>	1	GC
<i>enalapril maleate tab 5 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate tab 10 mg</i>	1	GC
<i>enalapril maleate tab 20 mg</i>	1	GC
<i>fosinopril sodium tab 10 mg</i>	1	GC
<i>fosinopril sodium tab 20 mg</i>	1	GC
<i>fosinopril sodium tab 40 mg</i>	1	GC
<i>lisinopril tab 2.5 mg</i>	1	GC
<i>lisinopril tab 5 mg</i>	1	GC
<i>lisinopril tab 10 mg</i>	1	GC
<i>lisinopril tab 20 mg</i>	1	GC
<i>lisinopril tab 30 mg</i>	1	GC
<i>lisinopril tab 40 mg</i>	1	GC
<i>moexipril hcl tab 7.5 mg</i>	1	GC
<i>moexipril hcl tab 15 mg</i>	1	GC
<i>perindopril erbumine tab 2 mg</i>	1	GC
<i>perindopril erbumine tab 4 mg</i>	1	GC
<i>perindopril erbumine tab 8 mg</i>	1	GC
<i>quinapril hcl tab 5 mg</i>	1	GC
<i>quinapril hcl tab 10 mg</i>	1	GC
<i>quinapril hcl tab 20 mg</i>	1	GC
<i>quinapril hcl tab 40 mg</i>	1	GC
<i>ramipril cap 1.25 mg</i>	1	GC
<i>ramipril cap 2.5 mg</i>	1	GC
<i>ramipril cap 5 mg</i>	1	GC
<i>ramipril cap 10 mg</i>	1	GC
<i>trandolapril tab 1 mg</i>	1	GC
<i>trandolapril tab 2 mg</i>	1	GC
<i>trandolapril tab 4 mg</i>	1	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	3	
<i>eplerenone tab 50 mg</i>	3	
<i>spironolactone tab 25 mg</i>	1	GC
<i>spironolactone tab 50 mg</i>	1	GC
<i>spironolactone tab 100 mg</i>	1	GC
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	GC
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	GC
<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	GC
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	GC
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	GC
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	GC
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	GC
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	GC
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	GC
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	GC
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	GC
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	GC
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	GC
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	GC
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	GC
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	GC
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	GC
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	GC
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	GC
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	GC
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	GC
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	GC
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	1	GC
<i>candesartan cilexetil tab 8 mg</i>	1	GC
<i>candesartan cilexetil tab 16 mg</i>	1	GC
<i>candesartan cilexetil tab 32 mg</i>	1	GC
<i>eprosartan mesylate tab 600 mg</i>	1	GC
<i>irbesartan tab 75 mg</i>	1	GC
<i>irbesartan tab 150 mg</i>	1	GC
<i>irbesartan tab 300 mg</i>	1	GC
<i>losartan potassium tab 25 mg</i>	1	GC
<i>losartan potassium tab 50 mg</i>	1	GC
<i>losartan potassium tab 100 mg</i>	1	GC
<i>olmesartan medoxomil tab 5 mg</i>	1	GC
<i>olmesartan medoxomil tab 20 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil tab 40 mg</i>	1	GC
<i>telmisartan tab 20 mg</i>	1	GC
<i>telmisartan tab 40 mg</i>	1	GC
<i>telmisartan tab 80 mg</i>	1	GC
<i>valsartan tab 40 mg</i>	1	GC
<i>valsartan tab 80 mg</i>	1	GC
<i>valsartan tab 160 mg</i>	1	GC
<i>valsartan tab 320 mg</i>	1	GC
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	GC
<i>amiodarone hcl tab 400 mg</i>	4	
<i>disopyramide phosphate cap 100 mg</i>	4	
<i>disopyramide phosphate cap 150 mg</i>	4	
<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	GC
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	GC
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	GC
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	GC
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	GC
<i>lovastatin tab 10 mg</i>	1	GC
<i>lovastatin tab 20 mg</i>	1	GC
<i>lovastatin tab 40 mg</i>	1	GC
<i>pravastatin sodium tab 10 mg</i>	1	GC
<i>pravastatin sodium tab 20 mg</i>	1	GC
<i>pravastatin sodium tab 40 mg</i>	1	GC
<i>pravastatin sodium tab 80 mg</i>	1	GC
<i>rosuvastatin calcium tab 5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	GC
<i>simvastatin tab 10 mg</i>	1	GC
<i>simvastatin tab 20 mg</i>	1	GC
<i>simvastatin tab 40 mg</i>	1	GC
<i>simvastatin tab 80 mg</i>	1	GC, 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl tab 1 gm</i>	3	
<i>ezetimibe tab 10 mg</i>	3	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	GC
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	GC
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	GC
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	GC
<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	GC
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 (antihyperlipidemic) tab 500 mg</i>	4	
<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	
PRALUENT INJ 75MG/ML	4	PA
PRALUENT INJ 150MG/ML	4	PA
<i>prevalite pow 4gm</i>	3	
<i>prevalite pow 4gm pk</i>	4	
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	
<i>BETA-BLOCKER/DIURETIC COMBINATIONS</i>		
<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	GC
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	GC
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<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	GC
<i>atenolol tab 50 mg</i>	1	GC
<i>atenolol tab 100 mg</i>	1	GC
<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	GC
<i>carvedilol tab 6.25 mg</i>	1	GC
<i>carvedilol tab 12.5 mg</i>	1	GC
<i>carvedilol tab 25 mg</i>	1	GC
<i>labetalol hcl tab 100 mg</i>	3	
<i>labetalol hcl tab 200 mg</i>	3	
<i>labetalol hcl tab 300 mg</i>	3	
<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	GC
<i>metoprolol tartrate tab 50 mg</i>	1	GC
<i>metoprolol tartrate tab 100 mg</i>	1	GC
<i>nadolol tab 20 mg</i>	3	
<i>nadolol tab 40 mg</i>	3	
<i>nadolol tab 80 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<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	GC
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	GC
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	GC
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	GC
<i>verapamil hcl tab 80 mg</i>	1	GC
<i>verapamil hcl tab 120 mg</i>	1	GC
<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	
<i>DIGITALIS GLYCOSIDES</i>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	GC
<i>furosemide tab 40 mg</i>	1	GC
<i>furosemide tab 80 mg</i>	1	GC
<i>hydrochlorothiazide cap 12.5 mg</i>	1	GC
<i>hydrochlorothiazide tab 12.5 mg</i>	1	GC
<i>hydrochlorothiazide tab 25 mg</i>	1	GC
<i>hydrochlorothiazide tab 50 mg</i>	1	GC
<i>indapamide tab 1.25 mg</i>	2	
<i>indapamide tab 2.5 mg</i>	2	
<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>torsemide tab 5 mg</i>	2	
<i>torsemide tab 10 mg</i>	2	
<i>torsemide tab 20 mg</i>	2	
<i>torsemide tab 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	GC
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	GC
<i>clonidine hcl tab 0.2 mg</i>	1	GC
<i>clonidine hcl tab 0.3 mg</i>	1	GC
<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 SOL 5MG/5ML	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
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	

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Drug Name	Drug Tier	Requirements/Limits
<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	GC
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	GC
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	GC
<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
<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

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Drug Name	Drug Tier	Requirements/Limits
<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

ANTIANXIETY

<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>buspirone hcl tab 5 mg</i>	1	GC
<i>buspirone hcl tab 7.5 mg</i>	3	
<i>buspirone hcl tab 10 mg</i>	1	GC
<i>buspirone hcl tab 15 mg</i>	1	GC
<i>buspirone 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)
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

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Drug Name	Drug Tier	Requirements/Limits
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	
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
FYCOMPA TAB 8MG	5	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	5	NDS, QL (30 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
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	GC
<i>lamotrigine tab 100 mg</i>	1	GC
<i>lamotrigine tab 150 mg</i>	1	GC
<i>lamotrigine tab 200 mg</i>	1	GC
<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	
<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

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>pregabalin cap 25 mg</i>	3	QL (120 caps / 30 days), PA
<i>pregabalin cap 50 mg</i>	3	QL (120 caps / 30 days), PA
<i>pregabalin cap 75 mg</i>	3	QL (120 caps / 30 days), PA
<i>pregabalin cap 100 mg</i>	3	QL (120 caps / 30 days), PA
<i>pregabalin cap 150 mg</i>	3	QL (120 caps / 30 days), PA
<i>pregabalin cap 200 mg</i>	3	QL (90 caps / 30 days), PA
<i>pregabalin cap 225 mg</i>	3	QL (60 caps / 30 days), PA
<i>pregabalin cap 300 mg</i>	3	QL (60 caps / 30 days), PA
<i>pregabalin soln 20 mg/ml</i>	4	QL (900 mL / 30 days), PA
<i>primidone tab 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide cap 50 mg</i>	2	
<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)

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Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	3	
<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	GC
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	GC
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	GC
<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	

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<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	
<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	GC
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	GC
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	GC
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	GC
<i>fluoxetine hcl cap 20 mg</i>	1	GC
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tab 7.5 mg</i>	3	
<i>mirtazapine tab 15 mg</i>	1	GC
<i>mirtazapine tab 30 mg</i>	1	GC
<i>mirtazapine tab 45 mg</i>	1	GC
<i>nefazodone hcl tab 50 mg</i>	4	
<i>nefazodone hcl tab 100 mg</i>	4	
<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	GC
<i>sertraline hcl tab 50 mg</i>	1	GC
<i>sertraline hcl tab 100 mg</i>	1	GC
<i>tranylcypromine sulfate tab 10 mg</i>	4	
<i>trazodone hcl tab 50 mg</i>	1	GC
<i>trazodone hcl tab 100 mg</i>	1	GC
<i>trazodone hcl tab 150 mg</i>	1	GC
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	GC
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	GC
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	GC
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	GC
<i>pramipexole dihydrochloride tab 1 mg</i>	1	GC
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	GC
<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

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Drug Name	Drug Tier	Requirements/Limits
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)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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
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)

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Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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

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Drug Name	Drug Tier	Requirements/Limits
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)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
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

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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	GC
<i>lithium carbonate cap 300 mg</i>	1	GC
<i>lithium carbonate cap 600 mg</i>	1	GC
<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	
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

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
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

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>ANTIDIABETICS, INJECTABLE</i>		
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 FLEXTouc	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)
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	

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Drug Name	Drug Tier	Requirements/Limits
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	GC, QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	GC, QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	GC, QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>glipizide xl tab 2.5mg</i>	1	GC, QL (90 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	1	GC, QL (90 tabs / 30 days)
<i>glipizide xl tab 10mg</i>	1	GC, QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	GC, 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

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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	GC, QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	GC, QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tab er 24hr 750 mg</i>	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	1	GC, QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	GC, QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	GC, QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	GC, QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	GC, QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	1	GC, 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	GC
<i>alendronate sodium tab 10 mg</i>	1	GC
<i>alendronate sodium tab 35 mg</i>	1	GC
<i>alendronate sodium tab 40 mg</i>	3	
<i>alendronate sodium tab 70 mg</i>	1	GC
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ELLA TAB 30MG</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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
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

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Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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
<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	GC, B/D
<i>prednisone tab 2.5 mg</i>	1	GC, B/D
<i>prednisone tab 5 mg</i>	1	GC, B/D
<i>prednisone tab 10 mg</i>	1	GC, B/D
<i>prednisone tab 20 mg</i>	1	GC, B/D
<i>prednisone tab 50 mg</i>	1	GC, 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	

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Drug Name	Drug Tier	Requirements/Limits
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
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

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<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)
<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	GC
<i>medroxyprogesterone acetate tab 5 mg</i>	1	GC
<i>medroxyprogesterone acetate tab 10 mg</i>	1	GC
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	GC
<i>methimazole tab 10 mg</i>	1	GC
<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	

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Drug Name	Drug Tier	Requirements/Limits
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
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	GC
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	GC
<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
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine inj 40 mg/4ml</i>	2	
<i>famotidine inj 200 mg/20ml</i>	2	
<i>famotidine tab 20 mg</i>	1	GC
<i>famotidine tab 40 mg</i>	1	GC
<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	GC
<i>ranitidine hcl tab 300 mg</i>	1	GC
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	
<i>GOLYTELY SOL</i>	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	3	
<i>lactulose solution 10 gm/15ml</i>	3	
<i>NULYTELY SOL FLAV PKS</i>	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	
<i>PLENVU SOL</i>	4	
<i>SUPREP BOWEL SOL PREP KIT</i>	4	
<i>trilyte sol</i>	2	
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	5	NDS, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>alosetron 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>sucralfate 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	
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

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Drug Name	Drug Tier	Requirements/Limits
<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	GC
<i>omeprazole cap delayed release 20 mg</i>	1	GC
<i>omeprazole cap delayed release 40 mg</i>	1	GC
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	GC
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	GC
<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	GC
<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)
<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)

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<i>trospium 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
<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

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Drug Name	Drug Tier	Requirements/Limits
<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	GC
<i>jantoven tab 2.5mg</i>	1	GC
<i>jantoven tab 2mg</i>	1	GC
<i>jantoven tab 3mg</i>	1	GC
<i>jantoven tab 4mg</i>	1	GC
<i>jantoven tab 5mg</i>	1	GC
<i>jantoven tab 6mg</i>	1	GC
<i>jantoven tab 7.5mg</i>	1	GC
<i>jantoven tab 10mg</i>	1	GC
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	GC
<i>warfarin sodium tab 2 mg</i>	1	GC
<i>warfarin sodium tab 2.5 mg</i>	1	GC
<i>warfarin sodium tab 3 mg</i>	1	GC
<i>warfarin sodium tab 4 mg</i>	1	GC
<i>warfarin sodium tab 5 mg</i>	1	GC
<i>warfarin sodium tab 6 mg</i>	1	GC
<i>warfarin sodium tab 7.5 mg</i>	1	GC
<i>warfarin sodium tab 10 mg</i>	1	GC
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
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	

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Drug Name	Drug Tier	Requirements/Limits
<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
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>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	5	NDS, QL (9 syringes / 30 days), NM, 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	GC
<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
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

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Drug Name	Drug Tier	Requirements/Limits
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
GAMMAGARD INJ 30GM/300	5	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	5	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
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
OCTAGAM INJ 30/300ML	5	NDS, 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		
azathioprine tab 50 mg	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
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>engraf cap 25mg</i>	4	B/D
<i>engraf cap 100mg</i>	4	B/D
<i>engraf 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</i> <i>(mycophenolic acid equiv)</i>	4	B/D
<i>mycophenolate sodium tab dr 360 mg</i> <i>(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

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Drug Name	Drug Tier	Requirements/Limits
ENERGIX-B INJ 10/0.5ML	3	B/D
ENERGIX-B INJ 20MCG/ML	3	B/D
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	

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Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SU INJ 40G/1000	3	
MAGNESIUM SU INJ 80MG/ML	3	
<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

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Drug Name	Drug Tier	Requirements/Limits
CLINOLIPID EMU 20%	4	B/D
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D
<i>hepatamine sol 8%</i>	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE INJ 5.4%	4	B/D
NUTRILIPID EMU 20%	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	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	
<i>dextrose inj 5%</i>	2	
<i>dextrose inj 10%</i>	2	
<i>dextrose inj 50%</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB INJ D5W	4	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL 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

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Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
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	GC
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	GC
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	GC
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	4	
<i>timolol maleate ophth soln 0.25%</i>	1	GC
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	

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Drug Name	Drug Tier	Requirements/Limits
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
<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	

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<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	
<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	GC
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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
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 50-75MG	5	NDS, LA, PA
SYMDEKO TAB 100-150	5	NDS, LA, PA
SYMJEPI INJ 0.3MG	4	
SYMJEPI INJ 0.15MG	4	
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 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
<i>NASAL STEROIDS</i>		
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>STEROID INHALANTS</i>		
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)
PULMICORT INH 180MCG	4	QL (2 inhalers / 30 days)
<i>STEROID/BETA-AGONIST COMBINATIONS</i>		
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		
<i>DERMATOLOGY, ACNE</i>		
<i>amnestem cap 10mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>amnesteem cap 20mg</i>	4	PA
<i>amnesteem 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
<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	

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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
<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	GC
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	GC
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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	
REGRANEX 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	GC
<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	GC
<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	
<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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<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	9
<i>abacavir sulfate tab 300 mg (base equiv)</i>	9
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	11
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	11
ABELCET INJ 5MG/ML	8
ABILIFY MAIN INJ 300MG	52
ABILIFY MAIN INJ 400MG	52
<i>abiraterone acetate tab 250 mg</i>	21
ABRAXANE INJ 100MG	19
<i>acamprosate calcium tab delayed release 333 mg</i>	61
<i>acarbose tab 100 mg</i>	64
<i>acarbose tab 25 mg</i>	64
<i>acarbose tab 50 mg</i>	64
<i>acebutolol hcl cap 200 mg</i>	34
<i>acebutolol hcl cap 400 mg</i>	34
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2
<i>acetazolamide cap er 12hr 500 mg</i>	37
<i>acetazolamide tab 125 mg</i>	37
<i>acetazolamide tab 250 mg</i>	37
<i>acetic acid irrigation soln 0.25%</i>	103
<i>acetic acid otic soln 2%</i>	103
<i>acetylcysteine inhal soln 10%</i>	96
<i>acetylcysteine inhal soln 20%</i>	96
<i>acitretin cap 10 mg</i>	100
<i>acitretin cap 17.5 mg</i>	100
<i>acitretin cap 25 mg</i>	100
ACTHIB INJ	87
ACTIMMUNE INJ 2MU/0.5	86
<i>acyclovir cap 200 mg</i>	12
<i>acyclovir sodium iv soln 50 mg/ml</i>	12
<i>acyclovir susp 200 mg/5ml</i>	12
<i>acyclovir tab 400 mg</i>	12
<i>acyclovir tab 800 mg</i>	12
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<i>adefovir dipivoxil tab 10 mg</i>	12
ADEMPAS TAB 0.5MG	39
ADEMPAS TAB 1.5MG	39
ADEMPAS TAB 1MG	39
ADEMPAS TAB 2.5MG	39
ADEMPAS TAB 2MG	39
<i>adriamycin inj 20mg</i>	18
ADVAIR DISKU AER 100/50	98
ADVAIR DISKU AER 250/50	98
ADVAIR DISKU AER 500/50	98
ADVAIR HFA AER 115/21	98
ADVAIR HFA AER 230/21	98
ADVAIR HFA AER 45/21	98
AFINITOR DIS TAB 2MG	22
AFINITOR DIS TAB 3MG	22
AFINITOR DIS TAB 5MG	22
AFINITOR TAB 10MG	22
AFINITOR TAB 2.5MG	22
AFINITOR TAB 5MG	22
AFINITOR TAB 7.5MG	22
AIMOVIG INJ 140MG/ML	59
AIMOVIG INJ 70MG/ML	59
<i>ala-cort cre 1%</i>	100
<i>ala-cort cre 2.5%</i>	100
<i>albendazole tab 200 mg</i>	6
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	95
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	95
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	95
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	95
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	95
<i>albuterol sulfate syrup 2 mg/5ml</i>	95
<i>albuterol sulfate tab 2 mg</i>	96
<i>albuterol sulfate tab 4 mg</i>	96
<i>albuterol sulfate tab er 12hr 4 mg</i>	96
<i>albuterol sulfate tab er 12hr 8 mg</i>	96
<i>alclometasone dipropionate cream 0.05%</i>	100
<i>alclometasone dipropionate oint 0.05%</i>	100
ALDURAZYME INJ 2.9MG/5M	71
ALECENSA CAP 150MG	22
<i>alendronate sodium oral soln 70</i>	

<i>mg/75ml</i>	66	<i>amiodarone hcl inj 150 mg/3ml (50</i>	
<i>alendronate sodium tab 10 mg</i>	66	<i>mg/ml)</i>	31
<i>alendronate sodium tab 35 mg</i>	66	<i>amiodarone hcl inj 450 mg/9ml (50</i>	
<i>alendronate sodium tab 40 mg</i>	66	<i>mg/ml)</i>	31
<i>alendronate sodium tab 5 mg</i>	66	<i>amiodarone hcl inj 900 mg/18ml (50</i>	
<i>alendronate sodium tab 70 mg</i>	66	<i>mg/ml)</i>	31
<i>alfuzosin hcl tab er 24hr 10 mg</i>	81	<i>amiodarone hcl tab 100 mg</i>	31
ALIMTA INJ 100MG	18	<i>amiodarone hcl tab 200 mg</i>	31
ALIMTA INJ 500MG	18	<i>amiodarone hcl tab 400 mg</i>	31
ALINIA SUS 100/5ML	6	AMITIZA CAP 24MCG	80
ALINIA TAB 500MG	6	AMITIZA CAP 8MCG	80
<i>aliskiren fumarate tab 150 mg (base</i>		<i>amitriptyline hcl tab 10 mg</i>	47
<i>equivalent)</i>	38	<i>amitriptyline hcl tab 100 mg</i>	47
<i>aliskiren fumarate tab 300 mg (base</i>		<i>amitriptyline hcl tab 150 mg</i>	47
<i>equivalent)</i>	38	<i>amitriptyline hcl tab 25 mg</i>	47
<i>allopurinol tab 100 mg</i>	1	<i>amitriptyline hcl tab 50 mg</i>	47
<i>allopurinol tab 300 mg</i>	1	<i>amitriptyline hcl tab 75 mg</i>	47
<i>alosetron hcl tab 0.5 mg (base equiv)</i> .	79	<i>amlodipine besylate tab 10 mg (base</i>	
<i>alosetron hcl tab 1 mg (base equiv)</i>	80	<i>equivalent)</i>	35
ALPHAGAN P SOL 0.1%	93	<i>amlodipine besylate tab 2.5 mg (base</i>	
<i>alprazolam tab 0.25 mg</i>	40	<i>equivalent)</i>	35
<i>alprazolam tab 0.5 mg</i>	40	<i>amlodipine besylate tab 5 mg (base</i>	
<i>alprazolam tab 1 mg</i>	40	<i>equivalent)</i>	35
<i>alprazolam tab 2 mg</i>	40	<i>amlodipine besylate-benazepril hcl cap</i>	
ALREX SUS 0.2%	93	<i>10-20 mg</i>	27
ALUNBRIG PAK	22	<i>amlodipine besylate-benazepril hcl cap</i>	
ALUNBRIG TAB 180MG	23	<i>10-40 mg</i>	27
ALUNBRIG TAB 30MG	22	<i>amlodipine besylate-benazepril hcl cap</i>	
ALUNBRIG TAB 90MG	22	<i>2.5-10 mg</i>	26
<i>alyacen tab 1/35</i>	67	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amantadine hcl cap 100 mg</i>	50	<i>5-10 mg</i>	26
<i>amantadine hcl syrup 50 mg/5ml</i>	50	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amantadine hcl tab 100 mg</i>	50	<i>5-20 mg</i>	27
AMBISOME INJ 50MG	8	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>ambrisentan tab 10 mg</i>	39	<i>5-40 mg</i>	27
<i>ambrisentan tab 5 mg</i>	39	<i>amlodipine besylate-olmesartan</i>	
<i>amethia lo tab</i>	67	<i>medoxomil tab 10-20 mg</i>	29
<i>amethia tab</i>	67	<i>amlodipine besylate-olmesartan</i>	
<i>amikacin sulfate inj 1 gm/4ml (250</i>		<i>medoxomil tab 10-40 mg</i>	29
<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>	29
<i>mg/ml)</i>	5	<i>amlodipine besylate-olmesartan</i>	
<i>amiloride & hydrochlorothiazide tab 5-50</i>		<i>medoxomil tab 5-40 mg</i>	29
<i>mg</i>	37	<i>amlodipine besylate-valsartan tab</i>	
<i>amiloride hcl tab 5 mg</i>	37	<i>10-160 mg</i>	29
AMINOSYN II INJ 10%	89	<i>amlodipine besylate-valsartan tab</i>	
AMINOSYN-PF INJ 10%	89	<i>10-320 mg</i>	29
AMINOSYN-PF INJ 7%	89	<i>amlodipine besylate-valsartan tab 5-160</i>	

mg	29
amlodipine besylate-valsartan tab 5-320 mg	29
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	29
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	29
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	29
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	29
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	29
amnesteem cap 10mg	98
amnesteem cap 20mg	99
amnesteem cap 40mg	99
amoxapine tab 100 mg	47
amoxapine tab 150 mg	47
amoxapine tab 25 mg	47
amoxapine tab 50 mg	47
amoxicillin & k clavulanate chew tab 200-28.5 mg	15
amoxicillin & k clavulanate chew tab 400-57 mg	16
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	16
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	16
amoxicillin & k clavulanate for susp 400-57 mg/5ml	16
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	16
amoxicillin & k clavulanate tab 250-125 mg	16
amoxicillin & k clavulanate tab 500-125 mg	16
amoxicillin & k clavulanate tab 875-125 mg	16
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	16
amoxicillin (trihydrate) cap 250 mg	16
amoxicillin (trihydrate) cap 500 mg	16
amoxicillin (trihydrate) chew tab 125 mg	16
amoxicillin (trihydrate) chew tab 250 mg	16
amoxicillin (trihydrate) for susp 125 mg/5ml	16

amoxicillin (trihydrate) for susp 200 mg/5ml	16
amoxicillin (trihydrate) for susp 250 mg/5ml	16
amoxicillin (trihydrate) for susp 400 mg/5ml	16
amoxicillin (trihydrate) tab 500 mg	16
amoxicillin (trihydrate) tab 875 mg	16
amphetamine-dextroamphetamine cap er 24hr 10 mg	57
amphetamine-dextroamphetamine cap er 24hr 15 mg	57
amphetamine-dextroamphetamine cap er 24hr 20 mg	57
amphetamine-dextroamphetamine cap er 24hr 25 mg	57
amphetamine-dextroamphetamine cap er 24hr 30 mg	57
amphetamine-dextroamphetamine cap er 24hr 5 mg	57
amphetamine-dextroamphetamine tab 10 mg	57
amphetamine-dextroamphetamine tab 12.5 mg	57
amphetamine-dextroamphetamine tab 15 mg	57
amphetamine-dextroamphetamine tab 20 mg	57
amphetamine-dextroamphetamine tab 30 mg	57
amphetamine-dextroamphetamine tab 5 mg	57
amphetamine-dextroamphetamine tab 7.5 mg	57
amphotericin b for iv soln 50 mg	8
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	16
ampicillin & sulbactam sodium for inj 3 (2-1) gm	16
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	16
ampicillin cap 500 mg	16
ampicillin sodium for inj 1 gm	16
ampicillin sodium for inj 125 mg	16
ampicillin sodium for inj 2 gm	16
ampicillin sodium for inj 250 mg	16
ampicillin sodium for inj 500 mg	16
ampicillin sodium for iv soln 1 gm	16

<i>ampicillin sodium for iv soln 10 gm</i>	16	ARNUITY ELPT INH 50MCG	98
<i>ampicillin sodium for iv soln 2 gm</i>	16	<i>ashlyna tab</i>	67
ANADROL-50 TAB 50MG	62	<i>aspirin-dipyridamole cap er 12hr 25-200</i>	
<i>anagrelide hcl cap 0.5 mg</i>	83	<i>mg</i>	84
<i>anagrelide hcl cap 1 mg</i>	84	<i>atazanavir sulfate cap 150 mg (base</i>	
<i>anastrozole tab 1 mg</i>	21	<i>equiv)</i>	9
ANDRODERM DIS 2MG/24HR	62	<i>atazanavir sulfate cap 200 mg (base</i>	
ANDRODERM DIS 4MG/24HR	62	<i>equiv)</i>	9
ANORO ELLIPT AER 62.5-25	94	<i>atazanavir sulfate cap 300 mg (base</i>	
APOKYN INJ 10MG/ML	50	<i>equiv)</i>	9
<i>aprepitant capsule 125 mg</i>	77	<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>aprepitant capsule 40 mg</i>	77	.....	33
<i>aprepitant capsule 80 mg</i>	77	<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>aprepitant capsule therapy pack 80 &</i>		.....	33
<i>125 mg</i>	77	<i>atenolol tab 100 mg</i>	34
<i>apri tab</i>	67	<i>atenolol tab 25 mg</i>	34
APTIOM TAB 200MG	40	<i>atenolol tab 50 mg</i>	34
APTIOM TAB 400MG	40	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	
APTIOM TAB 600MG	40	.....	57
APTIOM TAB 800MG	40	<i>atomoxetine hcl cap 100 mg (base</i>	
APTIVUS CAP 250MG	9	<i>equiv)</i>	57
APTIVUS SOL	9	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	
ARALAST NP INJ 1000MG	96	.....	57
ARALAST NP INJ 500MG	96	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	
<i>aranelle tab</i>	67	.....	57
ARCALYST INJ 220MG	86	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	
<i>aripiprazole oral solution 1 mg/ml</i>	52	.....	57
<i>aripiprazole orally disintegrating tab 10</i>		<i>atomoxetine hcl cap 60 mg (base equiv)</i>	
<i>mg</i>	52	.....	57
<i>aripiprazole orally disintegrating tab 15</i>		<i>atomoxetine hcl cap 80 mg (base equiv)</i>	
<i>mg</i>	52	.....	57
<i>aripiprazole tab 10 mg</i>	52	<i>atorvastatin calcium tab 10 mg (base</i>	
<i>aripiprazole tab 15 mg</i>	52	<i>equivalent)</i>	32
<i>aripiprazole tab 2 mg</i>	52	<i>atorvastatin calcium tab 20 mg (base</i>	
<i>aripiprazole tab 20 mg</i>	52	<i>equivalent)</i>	32
<i>aripiprazole tab 30 mg</i>	52	<i>atorvastatin calcium tab 40 mg (base</i>	
<i>aripiprazole tab 5 mg</i>	52	<i>equivalent)</i>	32
ARISTADA INJ 1064MG	52	<i>atorvastatin calcium tab 80 mg (base</i>	
ARISTADA INJ 441MG/1.	52	<i>equivalent)</i>	32
ARISTADA INJ 662MG/2	52	<i>atovaquone susp 750 mg/5ml</i>	6
ARISTADA INJ 882MG/3	52	<i>atovaquone-proguanil hcl tab 250-100</i>	
ARISTADA INJ INITIO	52	<i>mg</i>	9
<i>armodafinil tab 150 mg</i>	61	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
<i>armodafinil tab 200 mg</i>	61	<i>mg</i>	9
<i>armodafinil tab 250 mg</i>	61	ATRIPLA TAB	11
<i>armodafinil tab 50 mg</i>	61	ATROPINE SUL SOL 1% OP	94
ARNUITY ELPT INH 100MCG	98	ATROVENT HFA AER 17MCG	94
ARNUITY ELPT INH 200MCG	98	<i>aubra tab 0.1-0.02</i>	67

AURYXIA TAB 210MG	75
AUSTEDO TAB 12MG	60
AUSTEDO TAB 6MG	60
AUSTEDO TAB 9MG	60
AVASTIN INJ	19
AVASTIN INJ 400/16ML	19
aviane tab.....	67
avita cre 0.025%	99
avita gel 0.025%	99
azacitidine for inj 100 mg	18
AZASITE SOL 1%.....	92
azathioprine tab 50 mg.....	86
azelastine hcl nasal spray 0.1% (137 mcg/spray)	95
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	95
azelastine hcl ophth soln 0.05%	93
azithromycin for susp 100 mg/5ml	14
azithromycin for susp 200 mg/5ml	14
azithromycin iv for soln 500 mg	14
azithromycin powd pack for susp 1 gm	14
azithromycin tab 250 mg	14
azithromycin tab 500 mg	15
azithromycin tab 600 mg	15
AZOPT SUS 1% OP	93
aztreonam for inj 1 gm	6
aztreonam for inj 2 gm	6
B	
bacitracin ophth oint 500 unit/gm	92
bacitracin-polymyxin b ophth oint	92
bacitracin-polymyxin-neomycin-hc ophth ointment 1%	92
baclofen tab 10 mg	61
baclofen tab 20 mg	61
balsalazide disodium cap 750 mg	79
BALVERSA TAB 3MG.....	23
BALVERSA TAB 4MG.....	23
BALVERSA TAB 5MG.....	23
balziva tab	67
BANZEL SUS 40MG/ML	40
BANZEL TAB 200MG.....	40
BANZEL TAB 400MG.....	40
BARACLUDE SOL .05MG/ML	12
BASAGLAR INJ 100UNIT	63
BCG VACCINE INJ	87
BD ALCOHOL SWABS	63
BD ULTRAFINE INSULIN SYRINGE.....	63
BD ULTRAFINE/NANO PEN NEEDLES....	63

bekyree tab	67
benazepril & hydrochlorothiazide tab 10-12.5 mg	27
benazepril & hydrochlorothiazide tab 20-12.5 mg	27
benazepril & hydrochlorothiazide tab 20-25 mg	27
benazepril & hydrochlorothiazide tab 5-6.25 mg	27
benazepril hcl tab 10 mg	27
benazepril hcl tab 20 mg	27
benazepril hcl tab 40 mg	27
benazepril hcl tab 5 mg.....	27
BENDEKA INJ 100/4ML	18
BENLYSTA INJ 120MG.....	87
BENLYSTA INJ 200MG/ML.....	87
BENLYSTA INJ 400MG.....	87
benzoyl peroxide-erythromycin gel 5-3%	99
benztropine mesylate inj 1 mg/ml	50
benztropine mesylate tab 0.5 mg	50
benztropine mesylate tab 1 mg	50
benztropine mesylate tab 2 mg	50
BEPREVE DRO 1.5%	93
BERINERT INJ 500UNIT.....	84
BESIVANCE SUS 0.6%	92
betamethasone dipropionate augmented cream 0.05%.....	100
betamethasone dipropionate augmented gel 0.05%	100
betamethasone dipropionate augmented lotion 0.05%	100
betamethasone dipropionate augmented ointment 0.05%	101
betamethasone dipropionate cream 0.05%	101
betamethasone dipropionate lotion 0.05%	101
betamethasone dipropionate oint 0.05%	101
betamethasone valerate cream 0.1% (base equivalent)	101
betamethasone valerate lotion 0.1% (base equivalent)	101
betamethasone valerate oint 0.1% (base equivalent)	101
BETASERON INJ 0.3MG	60
betaxolol hcl ophth soln 0.5%	93

<i>betaxolol hcl tab 10 mg</i>	34	<i>BRIVIACT TAB 75MG</i>	41
<i>betaxolol hcl tab 20 mg</i>	34	<i>bromfenac sodium ophth soln 0.09%</i> <i>(base equiv) (once-daily)</i>	93
<i>bethanechol chloride tab 10 mg</i>	81	<i>bromocriptine mesylate cap 5 mg (base</i> <i>equivalent)</i>	50
<i>bethanechol chloride tab 25 mg</i>	81	<i>bromocriptine mesylate tab 2.5 mg (base</i> <i>equivalent)</i>	50
<i>bethanechol chloride tab 5 mg</i>	81	<i>BROMSITE DRO 0.075%</i>	93
<i>bethanechol chloride tab 50 mg</i>	81	<i>budesonide delayed release particles cap</i> <i>3 mg</i>	79
<i>BETOPTIC-S SUS 0.25% OP</i>	93	<i>budesonide inhalation susp 0.25 mg/2ml</i>	98
<i>BEVESPI AER 9-4.8MCG</i>	94	<i>budesonide inhalation susp 0.5 mg/2ml</i>	98
<i>bexarotene cap 75 mg</i>	25	<i>bumetanide inj 0.25 mg/ml</i>	37
<i>BEXSERO INJ</i>	87	<i>bumetanide tab 0.5 mg</i>	37
<i>bicalutamide tab 50 mg</i>	21	<i>bumetanide tab 1 mg</i>	37
<i>BICILLIN L-A INJ 1200000</i>	16	<i>bumetanide tab 2 mg</i>	37
<i>BICILLIN L-A INJ 2400000</i>	16	<i>buprenorphine hcl sl tab 2 mg (base</i> <i>equiv)</i>	62
<i>BICILLIN L-A INJ 600000</i>	16	<i>buprenorphine hcl sl tab 8 mg (base</i> <i>equiv)</i>	62
<i>BIKTARVY TAB</i>	11	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>12-3 mg (base equiv)</i>	62
<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	33	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>2-0.5 mg (base equiv)</i>	62
<i>bisoprolol & hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i>	33	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>4-1 mg (base equiv)</i>	62
<i>bisoprolol & hydrochlorothiazide tab</i> <i>5-6.25 mg</i>	33	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>8-2 mg (base equiv)</i>	62
<i>bisoprolol fumarate tab 10 mg</i>	34	<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>2-0.5 mg (base equiv)</i>	62
<i>bisoprolol fumarate tab 5 mg</i>	34	<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>8-2 mg (base equiv)</i>	62
<i>BIVIGAM INJ 10%</i>	85	<i>buprenorphine td patch weekly 10</i> <i>mcg/hr</i>	2
<i>BLEPHAMIDE OIN S.O.P</i>	92	<i>buprenorphine td patch weekly 15</i> <i>mcg/hr</i>	2
<i>blisovi 24 tab fe 1/20</i>	67	<i>buprenorphine td patch weekly 20</i> <i>mcg/hr</i>	2
<i>blisovi fe tab 1.5/30</i>	67	<i>buprenorphine td patch weekly 5 mcg/hr</i>	2
<i>BOOSTRIX INJ</i>	87	<i>buprenorphine td patch weekly 7.5</i> <i>mcg/hr</i>	2
<i>BORTEZOMIB INJ 3.5MG</i>	19	<i>bupropion hcl (smoking deterrent) tab er</i> <i>12hr 150 mg</i>	62
<i>bosentan tab 125 mg</i>	39	<i>bupropion hcl tab 100 mg</i>	47
<i>bosentan tab 62.5 mg</i>	39	<i>bupropion hcl tab 75 mg</i>	47
<i>BOSULIF TAB 100MG</i>	23		
<i>BOSULIF TAB 400MG</i>	23		
<i>BOSULIF TAB 500MG</i>	23		
<i>BRAFTOVI CAP 75MG</i>	23		
<i>BREO ELLIPTA INH 100-25</i>	98		
<i>BREO ELLIPTA INH 200-25</i>	98		
<i>briellyn tab</i>	67		
<i>BRILINTA TAB 60MG</i>	84		
<i>BRILINTA TAB 90MG</i>	84		
<i>brimonidine tartrate ophth soln 0.15%</i>	93		
<i>brimonidine tartrate ophth soln 0.2%</i>	93		
<i>BRIVIACT INJ 50MG/5ML</i>	40		
<i>BRIVIACT SOL 10MG/ML</i>	40		
<i>BRIVIACT TAB 100MG</i>	41		
<i>BRIVIACT TAB 10MG</i>	40		
<i>BRIVIACT TAB 25MG</i>	41		
<i>BRIVIACT TAB 50MG</i>	41		

<i>bupropion hcl tab er 12hr 100 mg</i>	47
<i>bupropion hcl tab er 12hr 150 mg</i>	47
<i>bupropion hcl tab er 12hr 200 mg</i>	47
<i>bupropion hcl tab er 24hr 150 mg</i>	47
<i>bupropion hcl tab er 24hr 300 mg</i>	47
<i>buspirone hcl tab 10 mg</i>	40
<i>buspirone hcl tab 15 mg</i>	40
<i>buspirone hcl tab 30 mg</i>	40
<i>buspirone hcl tab 5 mg</i>	40
<i>buspirone hcl tab 7.5 mg</i>	40
<i>butorphanol tartrate inj 1 mg/ml</i>	2
<i>butorphanol tartrate inj 2 mg/ml</i>	2
BYDUREON BC INJ 2/0.85ML	63
BYDUREON PEN INJ 2MG	63
BYETTA INJ 10MCG	63
BYETTA INJ 5MCG	63
BYSTOLIC TAB 10MG	34
BYSTOLIC TAB 2.5MG	34
BYSTOLIC TAB 20MG	34
BYSTOLIC TAB 5MG	34

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<i>cabergoline tab 0.5 mg</i>	74
CABOMETYX TAB 20MG	23
CABOMETYX TAB 40MG	23
CABOMETYX TAB 60MG	23
<i>calcipotriene cream 0.005%</i>	100
<i>calcipotriene oint 0.005%</i>	100
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	100
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	74
<i>calcitriol cap 0.25 mcg</i>	91
<i>calcitriol cap 0.5 mcg</i>	91
<i>calcitriol inj 1 mcg/ml</i>	91
<i>calcitriol oral soln 1 mcg/ml</i>	91
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	75
<i>calcium acetate (phosphate binder) tab 667 mg</i>	75
CALQUENCE CAP 100MG	23
<i>camila tab 0.35mg</i>	67
<i>camrese lo tab</i>	67
<i>candesartan cilexetil tab 16 mg</i>	30
<i>candesartan cilexetil tab 32 mg</i>	30
<i>candesartan cilexetil tab 4 mg</i>	30
<i>candesartan cilexetil tab 8 mg</i>	30
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	29

<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	29
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	29
CAPRELSA TAB 100MG	23
CAPRELSA TAB 300MG	23
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	27
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	27
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	27
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	27
<i>captopril tab 100 mg</i>	27
<i>captopril tab 12.5 mg</i>	27
<i>captopril tab 25 mg</i>	27
<i>captopril tab 50 mg</i>	27
CARBAGLU TAB 200MG	71
<i>carbamazepine cap er 12hr 100 mg</i>	41
<i>carbamazepine cap er 12hr 200 mg</i>	41
<i>carbamazepine cap er 12hr 300 mg</i>	41
<i>carbamazepine chew tab 100 mg</i>	41
<i>carbamazepine susp 100 mg/5ml</i>	41
<i>carbamazepine tab 200 mg</i>	41
<i>carbamazepine tab er 12hr 100 mg</i>	41
<i>carbamazepine tab er 12hr 200 mg</i>	41
<i>carbamazepine tab er 12hr 400 mg</i>	41
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	50
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	50
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	50
<i>carbidopa & levodopa tab 10-100 mg</i> .	50
<i>carbidopa & levodopa tab 25-100 mg</i> .	50
<i>carbidopa & levodopa tab 25-250 mg</i> .	50
<i>carbidopa & levodopa tab er 25-100 mg</i>	50
<i>carbidopa & levodopa tab er 50-200 mg</i>	50
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	51
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	51
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	51
<i>carbidopa-levodopa-entacapone tabs</i>	

31.25-125-200 mg.....	51	.....	14
carbidopa-levodopa-entacapone tabs		cefpodoxime proxetil tab 100 mg	14
37.5-150-200 mg	51	cefpodoxime proxetil tab 200 mg	14
carbidopa-levodopa-entacapone tabs		cefprozil for susp 125 mg/5ml	14
50-200-200 mg	51	cefprozil for susp 250 mg/5ml	14
carboplatin iv soln 150 mg/15ml.....	26	cefprozil tab 250 mg.....	14
carboplatin iv soln 450 mg/45ml.....	26	cefprozil tab 500 mg.....	14
carboplatin iv soln 50 mg/5ml	26	ceftazidime for inj 1 gm	14
carboplatin iv soln 600 mg/60ml.....	26	ceftazidime for inj 2 gm	14
carisoprodol tab 350 mg	61	ceftazidime for inj 6 gm	14
carteolol hcl ophth soln 1%	93	CEFTAZIDIME/ SOL D5W 1GM	14
carvedilol tab 12.5 mg	34	CEFTAZIDIME/ SOL D5W 2GM	14
carvedilol tab 25 mg	34	ceftriaxone sodium for inj 1 gm	14
carvedilol tab 3.125 mg	34	ceftriaxone sodium for inj 10 gm.....	14
carvedilol tab 6.25 mg.....	34	ceftriaxone sodium for inj 2 gm	14
caspofungin acetate for iv soln 50 mg ..	8	ceftriaxone sodium for inj 250 mg	14
caspofungin acetate for iv soln 70 mg ..	8	ceftriaxone sodium for inj 500 mg	14
CAYSTON INH 75MG	6	ceftriaxone sodium for iv soln 1 gm	14
cefaclor cap 250 mg.....	13	ceftriaxone sodium for iv soln 2 gm	14
cefaclor cap 500 mg.....	13	cefuroxime axetil tab 250 mg	14
CEFACLOR ER TAB 500MG	13	cefuroxime axetil tab 500 mg	14
cefaclor for susp 125 mg/5ml	13	cefuroxime sodium for inj 7.5 gm.....	14
cefaclor for susp 250 mg/5ml	13	cefuroxime sodium for inj 750 mg	14
cefaclor for susp 375 mg/5ml	13	cefuroxime sodium for iv soln 1.5 gm .	14
cefadroxil cap 500 mg	13	celecoxib cap 100 mg	1
cefadroxil for susp 250 mg/5ml	13	celecoxib cap 200 mg	1
cefadroxil for susp 500 mg/5ml	13	celecoxib cap 400 mg	1
cefadroxil tab 1 gm	13	celecoxib cap 50 mg	1
CEFAZOLIN INJ 1GM/50ML.....	13	CELONTIN CAP 300MG.....	41
cefazolin sodium for inj 1 gm.....	13	cephalexin cap 250 mg	14
cefazolin sodium for inj 10 gm.....	13	cephalexin cap 500 mg	14
cefazolin sodium for inj 20 gm.....	13	cephalexin for susp 125 mg/5ml	14
cefazolin sodium for inj 500 mg	13	cephalexin for susp 250 mg/5ml	14
cefazolin sodium for iv soln 1 gm	13	CERDELGA CAP 84MG.....	71
CEFAZOLIN SOL	13	CEREZYME INJ 400UNIT.....	71
cefdinir cap 300 mg	13	cetirizine hcl oral soln 1 mg/ml (5	
cefdinir for susp 125 mg/5ml.....	13	mg/5ml)	95
cefdinir for susp 250 mg/5ml.....	13	cevimeline hcl cap 30 mg	103
cefepime hcl for inj 1 gm	13	CHANTIX PAK 0.5& 1MG	62
cefepime hcl for inj 2 gm	13	CHANTIX PAK 1MG	62
cefixime for susp 100 mg/5ml	13	CHANTIX TAB 0.5MG	62
cefixime for susp 200 mg/5ml	13	CHANTIX TAB 1MG	62
cefoxitin sodium for inj 10 gm	14	CHEMET CAP 100MG.....	67
cefoxitin sodium for iv soln 1 gm	14	chlorhexidine gluconate soln 0.12%..	103
cefoxitin sodium for iv soln 2 gm	14	chloroquine phosphate tab 250 mg.....	9
cefpodoxime proxetil for susp 100		chloroquine phosphate tab 500 mg.....	9
mg/5ml	14	chlorothiazide tab 250 mg.....	37
cefpodoxime proxetil for susp 50 mg/5ml		chlorothiazide tab 500 mg	37

CHLORPROMAZ INJ 25MG/ML.....	52	<i>citalopram hydrobromide tab 20 mg</i>	
CHLORPROMAZ INJ 50MG/2ML	52	(base equiv)	47
<i>chlorpromazine hcl tab 10 mg</i>	52	<i>citalopram hydrobromide tab 40 mg</i>	
<i>chlorpromazine hcl tab 100 mg</i>	52	(base equiv)	47
<i>chlorpromazine hcl tab 200 mg</i>	52	<i>claravis cap 10mg</i>	99
<i>chlorpromazine hcl tab 25 mg</i>	52	<i>claravis cap 20mg</i>	99
<i>chlorpromazine hcl tab 50 mg</i>	52	<i>claravis cap 30mg</i>	99
<i>chlorthalidone tab 25 mg</i>	37	<i>claravis cap 40mg</i>	99
<i>chlorthalidone tab 50 mg</i>	37	<i>clarithromycin for susp 125 mg/5ml ...</i>	15
<i>cholestyramine light powder 4 gm/dose</i>		<i>clarithromycin for susp 250 mg/5ml ...</i>	15
.....	32	<i>clarithromycin tab 250 mg</i>	15
<i>cholestyramine light powder packets 4</i>		<i>clarithromycin tab 500 mg</i>	15
<i>gm</i>	32	<i>clarithromycin tab er 24hr 500 mg</i>	15
<i>cholestyramine powder 4 gm/dose</i>	32	<i>clindamycin hcl cap 150 mg</i>	6
<i>cholestyramine powder packets 4 gm ..</i>	32	<i>clindamycin hcl cap 300 mg</i>	6
<i>ciclopirox olamine cream 0.77% (base</i>		<i>clindamycin hcl cap 75 mg</i>	6
<i>equiv)</i>	100	<i>clindamycin palmitate hcl for soln 75</i>	
<i>ciclopirox olamine susp 0.77% (base</i>		<i>mg/5ml (base equiv)</i>	6
<i>equiv)</i>	100	<i>clindamycin phosphate gel 1%</i>	99
<i>cilostazol tab 100 mg</i>	84	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cilostazol tab 50 mg</i>	84	<i>300 mg/50ml</i>	6
CILOXAN OIN 0.3% OP.....	92	<i>clindamycin phosphate in d5w iv soln</i>	
CIMDUO TAB 300-300	11	<i>600 mg/50ml</i>	6
<i>cinacalcet hcl tab 30 mg (base equiv)</i> ..	74	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cinacalcet hcl tab 60 mg (base equiv)</i> ..	74	<i>900 mg/50ml</i>	6
<i>cinacalcet hcl tab 90 mg (base equiv)</i> ..	74	<i>clindamycin phosphate inj 300 mg/2ml .</i>	6
CIPRODEX SUS 0.3-0.1%	103	<i>clindamycin phosphate inj 600 mg/4ml .</i>	6
<i>ciprofloxacin 200 mg/100ml in d5w</i>	15	<i>clindamycin phosphate inj 9 gm/60ml...</i>	6
<i>ciprofloxacin 400 mg/200ml in d5w</i>	15	<i>clindamycin phosphate inj 900 mg/6ml .</i>	6
<i>ciprofloxacin for oral susp 500 mg/5ml</i>		<i>clindamycin phosphate iv soln 300</i>	
<i>(10%) (10 gm/100ml)</i>	15	<i>mg/2ml</i>	6
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>		<i>clindamycin phosphate iv soln 900</i>	
<i>equivalent)</i>	92	<i>mg/6ml</i>	6
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>		<i>clindamycin phosphate lotion 1%</i>	99
.....	15	<i>clindamycin phosphate soln 1%</i>	99
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>		<i>clindamycin phosphate vaginal cream 2%</i>	
.....	15	.....	82
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>		CLINDMYC/NAC INJ 300/50ML	6
.....	15	CLINDMYC/NAC INJ 600/50ML	6
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>		CLINDMYC/NAC INJ 900/50ML	6
.....	15	CLINIMIX INJ 4.25/D10	89
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .	26	CLINIMIX INJ 4.25/D5W	89
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .	26	CLINIMIX INJ 5%/D15W	89
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	26	CLINIMIX INJ 5%/D20W	89
<i>citalopram hydrobromide oral soln 10</i>		CLINOLIPID EMU 20%	90
<i>mg/5ml</i>	47	<i>clobazam suspension 2.5 mg/ml</i>	41
<i>citalopram hydrobromide tab 10 mg</i>		<i>clobazam tab 10 mg</i>	41
(base equiv).....	47	<i>clobazam tab 20 mg</i>	41

<i>clomipramine hcl cap 25 mg</i>	47	.....	1
<i>clomipramine hcl cap 50 mg</i>	47	COLCRYS TAB 0.6MG.....	1
<i>clomipramine hcl cap 75 mg</i>	47	<i>colesevelam hcl packet for susp 3.75 gm</i>	
<i>clonazepam orally disintegrating tab</i>		.....	32
<i>0.125 mg</i>	41	<i>colesevelam hcl tab 625 mg</i>	32
<i>clonazepam orally disintegrating tab 0.25</i>		<i>colestipol hcl granule packets 5 gm</i>	32
<i>mg</i>	41	<i>colestipol hcl granules 5 gm</i>	32
<i>clonazepam orally disintegrating tab 0.5</i>		<i>colestipol hcl tab 1 gm</i>	33
<i>mg</i>	41	<i>colistimethate sod for inj 150 mg</i>	
<i>clonazepam orally disintegrating tab 1</i>		<i>(colistin base activity)</i>	6
<i>mg</i>	41	COMBIGAN SOL 0.2/0.5%	93
<i>clonazepam orally disintegrating tab 2</i>		COMBIVENT AER 20-100	94
<i>mg</i>	41	COMETRIQ KIT 100MG.....	23
<i>clonazepam tab 0.5 mg</i>	41	COMETRIQ KIT 140MG.....	23
<i>clonazepam tab 1 mg</i>	41	COMETRIQ KIT 60MG	23
<i>clonazepam tab 2 mg</i>	41	COMPLERA TAB.....	11
<i>clonidine hcl tab 0.1 mg</i>	38	<i>constulose sol 10gm/15</i>	79
<i>clonidine hcl tab 0.2 mg</i>	38	COPIKTRA CAP 15MG.....	23
<i>clonidine hcl tab 0.3 mg</i>	38	COPIKTRA CAP 25MG.....	23
<i>clonidine td patch weekly 0.1 mg/24hr</i>	38	CORLANOR SOL 5MG/5ML	38
<i>clonidine td patch weekly 0.2 mg/24hr</i>	38	CORLANOR TAB 5MG	38
<i>clonidine td patch weekly 0.3 mg/24hr</i>	38	CORLANOR TAB 7.5MG	38
<i>clopidogrel bisulfate tab 75 mg (base</i>		<i>cortisone acetate tab 25 mg</i>	72
<i>equiv)</i>	84	COTELLIC TAB 20MG	23
<i>clorazepate dipotassium tab 15 mg</i>	41	COUMADIN TAB 10MG	82
<i>clorazepate dipotassium tab 3.75 mg</i> ..	41	COUMADIN TAB 1MG	82
<i>clorazepate dipotassium tab 7.5 mg</i>	41	COUMADIN TAB 2.5MG	82
<i>clotrimazole cream 1%</i>	100	COUMADIN TAB 2MG	82
<i>clotrimazole soln 1%</i>	100	COUMADIN TAB 3MG	82
<i>clotrimazole troche 10 mg</i>	103	COUMADIN TAB 4MG	82
<i>clotrimazole w/ betamethasone cream</i>		COUMADIN TAB 5MG	82
<i>1-0.05%</i>	100	COUMADIN TAB 6MG	82
<i>clozapine orally disintegrating tab 100</i>		COUMADIN TAB 7.5MG	82
<i>mg</i>	52	CREON CAP 12000UNT.....	80
<i>clozapine orally disintegrating tab 12.5</i>		CREON CAP 24000UNT.....	80
<i>mg</i>	52	CREON CAP 3000UNIT	80
<i>clozapine orally disintegrating tab 150</i>		CREON CAP 36000UNT.....	80
<i>mg</i>	52	CREON CAP 6000UNIT	80
<i>clozapine orally disintegrating tab 200</i>		CRIXIVAN CAP 200MG	9
<i>mg</i>	52	CRIXIVAN CAP 400MG	9
<i>clozapine orally disintegrating tab 25 mg</i>		<i>cromolyn sodium ophth soln 4%</i>	93
.....	52	<i>cromolyn sodium oral conc 100 mg/5ml</i>	
<i>clozapine tab 100 mg</i>	52	.....	80
<i>clozapine tab 200 mg</i>	53	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
<i>clozapine tab 25 mg</i>	52	.....	96
<i>clozapine tab 50 mg</i>	52	<i>cryselle-28 tab 28 tabs</i>	67
COARTEM TAB 20-120MG	9	<i>cyclafem tab 1/35</i>	67
<i>colchicine w/ probenecid tab 0.5-500 mg</i>		<i>cyclafem tab 7/7/7</i>	67

<i>cyclobenzaprine hcl tab 10 mg</i>	61
<i>cyclobenzaprine hcl tab 5 mg</i>	61
<i>cyclophosphamide cap 25 mg</i>	18
<i>cyclophosphamide cap 50 mg</i>	18
<i>cyclophosphamide for inj 1 gm</i>	18
<i>cyclophosphamide for inj 2 gm</i>	18
<i>cyclophosphamide for inj 500 mg</i>	18
<i>cycloserine cap 250 mg</i>	12
<i>cyclosporine cap 100 mg</i>	87
<i>cyclosporine cap 25 mg</i>	87
<i>cyclosporine iv soln 50 mg/ml</i>	87
<i>cyclosporine modified cap 100 mg</i>	87
<i>cyclosporine modified cap 25 mg</i>	87
<i>cyclosporine modified cap 50 mg</i>	87
<i>cyclosporine modified oral soln 100 mg/ml</i>	87
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	95
<i>cyproheptadine hcl tab 4 mg</i>	95
CYSTADANE POW	71
CYSTAGON CAP 150MG	71
CYSTAGON CAP 50MG	71
CYSTARAN SOL 0.44%	94
<i>cytarabine inj 20 mg/ml</i>	18

D

D10W/NACL INJ 0.2%	90
D5W/LYTES INJ #48	90
D5W/NACL INJ 0.3%	90
<i>dalfampridine tab er 12hr 10 mg</i>	61
DALIRESP TAB 250MCG	96
DALIRESP TAB 500MCG	96
<i>danazol cap 100 mg</i>	71
<i>danazol cap 200 mg</i>	71
<i>danazol cap 50 mg</i>	71
<i>dantrolene sodium cap 100 mg</i>	61
<i>dantrolene sodium cap 25 mg</i>	61
<i>dantrolene sodium cap 50 mg</i>	61
<i>dapsone tab 100 mg</i>	6
<i>dapsone tab 25 mg</i>	6
DAPTACEL INJ	87
<i>daptomycin for iv soln 350 mg</i>	6
<i>daptomycin for iv soln 500 mg</i>	7
<i>dasetta tab 1/35</i>	67
<i>dasetta tab 7/7/7</i>	68
DAURISMO TAB 100MG	19
DAURISMO TAB 25MG	19
<i>deblitane tab 0.35mg</i>	68
DELESTROGEN INJ 10MG/ML	72
DELSTRIGO TAB	11

<i>delyla tab 0.1-0.02</i>	68
DEMSER CAP 250MG	38
DEPEN TITRA TAB 250MG	67
DEPO-PROVERA INJ 400/ML	21
DESCOVY TAB 200/25	11
<i>desipramine hcl tab 10 mg</i>	47
<i>desipramine hcl tab 100 mg</i>	47
<i>desipramine hcl tab 150 mg</i>	47
<i>desipramine hcl tab 25 mg</i>	47
<i>desipramine hcl tab 50 mg</i>	47
<i>desipramine hcl tab 75 mg</i>	47
<i>desmopressin acetate inj 4 mcg/ml</i>	77
<i>desmopressin acetate nasal spray soln 0.01%</i>	77
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	77
<i>desmopressin acetate tab 0.1 mg</i>	77
<i>desmopressin acetate tab 0.2 mg</i>	77
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	68
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	68
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	68
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	47
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	47
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	47
DEXAMETHASON CON 1MG/ML	72
<i>dexamethasone elixir 0.5 mg/5ml</i>	72
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	72
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	72
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	72
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	72
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	72
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	72
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	93
<i>dexamethasone soln 0.5 mg/5ml</i>	72

dexamethasone tab 0.5 mg.....	72	mg	1
dexamethasone tab 0.75 mg	73	diclofenac sodium tab delayed release 50	
dexamethasone tab 1 mg	73	mg	1
dexamethasone tab 1.5 mg	73	diclofenac sodium tab delayed release 75	
dexamethasone tab 2 mg	73	mg	1
dexamethasone tab 4 mg	73	diclofenac sodium tab er 24hr 100 mg ..	1
dexamethasone tab 6 mg	73	dicloxacillin sodium cap 250 mg	16
DEXILANT CAP 30MG DR	80	dicloxacillin sodium cap 500 mg	17
DEXILANT CAP 60MG DR	80	dicyclomine hcl cap 10 mg	78
dexmethylphenidate hcl tab 10 mg	57	dicyclomine hcl oral soln 10 mg/5ml ...	78
dexmethylphenidate hcl tab 2.5 mg	57	dicyclomine hcl tab 20 mg	78
dexmethylphenidate hcl tab 5 mg	57	didanosine delayed release capsule 200	
dextrose 10% w/ sodium chloride 0.45%		mg	9
.....	90	didanosine delayed release capsule 250	
dextrose 2.5% w/ sodium chloride		mg	9
0.45%	90	didanosine delayed release capsule 400	
dextrose 5% in lactated ringers	90	mg	9
dextrose 5% w/ sodium chloride 0.2% 90		DIFICID TAB 200MG	15
dextrose 5% w/ sodium chloride 0.225%		diflunisal tab 500 mg	1
.....	90	digitek tab 0.125mg	36
dextrose 5% w/ sodium chloride 0.33%		digitek tab 0.25mg	36
.....	90	digoxin inj 0.25 mg/ml.....	36
dextrose 5% w/ sodium chloride 0.45%		digoxin oral soln 0.05 mg/ml	37
.....	90	digoxin tab 125 mcg (0.125 mg)	37
dextrose 5% w/ sodium chloride 0.9% 90		digoxin tab 250 mcg (0.25 mg).....	37
dextrose inj 10%	90	dihydroergotamine mesylate inj 1 mg/ml	
dextrose inj 5%	90	.....	59
dextrose inj 50%	90	dihydroergotamine mesylate nasal spray	
dextrose inj 70%	90	4 mg/ml.....	59
DIASTAT ACDL GEL 12.5-20.....	41	DILANTIN CAP 100MG	42
DIASTAT ACDL GEL 5-10MG.....	41	DILANTIN CAP 30MG	42
DIASTAT PED GEL 2.5M GEL	41	DILANTIN CHW 50MG	42
diazepam conc 5 mg/ml.....	41	DILANTIN-125 SUS 125/5ML	42
diazepam inj 5 mg/ml	41	diltiazem hcl cap er 12hr 120 mg	35
diazepam oral soln 1 mg/ml	41	diltiazem hcl cap er 12hr 60 mg	35
diazepam rectal gel delivery system 10		diltiazem hcl cap er 12hr 90 mg	35
mg	42	diltiazem hcl cap er 24hr 120 mg	35
diazepam rectal gel delivery system 2.5		diltiazem hcl cap er 24hr 180 mg	35
mg	42	diltiazem hcl cap er 24hr 240 mg	35
diazepam rectal gel delivery system 20		diltiazem hcl coated beads cap er 24hr	
mg	42	120 mg	35
diazepam tab 10 mg	42	diltiazem hcl coated beads cap er 24hr	
diazepam tab 2 mg	42	180 mg	35
diazepam tab 5 mg	42	diltiazem hcl coated beads cap er 24hr	
diclofenac potassium tab 50 mg.....	1	240 mg	35
diclofenac sodium gel 1%	102	diltiazem hcl coated beads cap er 24hr	
diclofenac sodium ophth soln 0.1%	93	300 mg	35
diclofenac sodium tab delayed release 25		diltiazem hcl coated beads cap er 24hr	

360 mg	35	DOCETAXEL INJ 160/16ML	19
diltiazem hcl extended release beads cap		DOCETAXEL INJ 160/8ML	19
er 24hr 120 mg	35	DOCETAXEL INJ 200/10	19
diltiazem hcl extended release beads cap		DOCETAXEL INJ 20MG/2ML	19
er 24hr 180 mg	35	DOCETAXEL INJ 80MG/4ML	19
diltiazem hcl extended release beads cap		DOCETAXEL INJ 80MG/8ML	19
er 24hr 240 mg	35	docetaxel soln for iv infusion 160	
diltiazem hcl extended release beads cap		mg/16ml	19
er 24hr 300 mg	35	docetaxel soln for iv infusion 20 mg/2ml	
diltiazem hcl extended release beads cap		.....	19
er 24hr 360 mg	35	docetaxel soln for iv infusion 80 mg/8ml	
diltiazem hcl extended release beads cap		.....	19
er 24hr 420 mg	36	dofetilide cap 125 mcg (0.125 mg)	31
diltiazem hcl iv soln 125 mg/25ml (5		dofetilide cap 250 mcg (0.25 mg)	31
mg/ml)	36	dofetilide cap 500 mcg (0.5 mg)	31
diltiazem hcl iv soln 25 mg/5ml (5		donepezil hydrochloride orally	
mg/ml)	36	disintegrating tab 10 mg	46
diltiazem hcl iv soln 50 mg/10ml (5		donepezil hydrochloride orally	
mg/ml)	36	disintegrating tab 5 mg	46
diltiazem hcl tab 120 mg	36	donepezil hydrochloride tab 10 mg	46
diltiazem hcl tab 30 mg	36	donepezil hydrochloride tab 5 mg	46
diltiazem hcl tab 60 mg	36	dorzolamide hcl ophth soln 2%	93
diltiazem hcl tab 90 mg	36	dorzolamide hcl-timolol maleate ophth	
DIP/TET PED INJ 25-5LFU	87	soln 22.3-6.8 mg/ml	93
diphenhydramine hcl inj 50 mg/ml	95	DOVATO TAB 50-300MG	11
diphenoxylate w/ atropine liq 2.5-0.025		doxazosin mesylate tab 1 mg	28
mg/5ml	80	doxazosin mesylate tab 2 mg	28
diphenoxylate w/ atropine tab 2.5-0.025		doxazosin mesylate tab 4 mg	28
mg	80	doxazosin mesylate tab 8 mg	28
disopyramide phosphate cap 100 mg ..	31	doxepin hcl cap 10 mg	47
disopyramide phosphate cap 150 mg ..	31	doxepin hcl cap 100 mg	48
disulfiram tab 250 mg	62	doxepin hcl cap 150 mg	48
disulfiram tab 500 mg	62	doxepin hcl cap 25 mg	47
divalproex sodium cap delayed release		doxepin hcl cap 50 mg	47
sprinkle 125 mg	42	doxepin hcl cap 75 mg	48
divalproex sodium tab delayed release		doxepin hcl conc 10 mg/ml	48
125 mg	42	doxorubicin hcl inj 2 mg/ml	18
divalproex sodium tab delayed release		doxorubicin hcl liposomal inj (for iv	
250 mg	42	infusion) 2 mg/ml	18
divalproex sodium tab delayed release		doxy 100 inj 100mg	17
500 mg	42	doxycycline hyclate cap 100 mg	17
divalproex sodium tab er 24 hr 250 mg		doxycycline hyclate cap 50 mg	17
.....	42	doxycycline hyclate for inj 100 mg	17
divalproex sodium tab er 24 hr 500 mg		doxycycline hyclate tab 100 mg	17
.....	42	doxycycline hyclate tab 20 mg	17
docetaxel for inj conc 20 mg/ml	19	doxycycline monohydrate cap 100 mg ..	17
docetaxel for inj conc 80 mg/4ml (20		doxycycline monohydrate cap 50 mg ..	17
mg/ml)	19	doxycycline monohydrate tab 100 mg ..	17

<i>doxycycline monohydrate tab 50 mg</i> ...	17
<i>doxycycline monohydrate tab 75 mg</i> ...	17
<i>dronabinol cap 10 mg</i>	77
<i>dronabinol cap 2.5 mg</i>	77
<i>dronabinol cap 5 mg</i>	77
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	68
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	68
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	68
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	68
DROXIA CAP 200MG	84
DROXIA CAP 300MG	84
DROXIA CAP 400MG	84
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	48
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	48
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	48
DUREZOL EMU 0.05%	93
<i>dutasteride cap 0.5 mg</i>	81
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	81
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>	59
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	59
ELIQUIS ST P TAB 5MG	82
ELIQUIS TAB 2.5MG	82
ELIQUIS TAB 5MG	82
ELLA TAB 30MG	68
EMCYT CAP 140MG	18
EMEND SUS 125MG	77
EMGALITY INJ 120MG/ML	59
<i>emoquette tab</i>	68
EMSAM DIS 12MG/24H	48
EMSAM DIS 6MG/24HR	48
EMSAM DIS 9MG/24HR	48
EMTRIVA CAP 200MG	9
EMTRIVA SOL 10MG/ML	9

EMVERM CHW 100MG	7
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	27
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	27
<i>enalapril maleate tab 10 mg</i>	28
<i>enalapril maleate tab 2.5 mg</i>	27
<i>enalapril maleate tab 20 mg</i>	28
<i>enalapril maleate tab 5 mg</i>	27
ENDARI POW 5GM	84
ENGERIX-B INJ 10/0.5ML	88
ENGERIX-B INJ 20MCG/ML	88
<i>enoxaparin sodium inj 100 mg/ml</i>	82
<i>enoxaparin sodium inj 120 mg/0.8ml</i> ..	82
<i>enoxaparin sodium inj 150 mg/ml</i>	82
<i>enoxaparin sodium inj 30 mg/0.3ml</i> ...	82
<i>enoxaparin sodium inj 300 mg/3ml</i>	82
<i>enoxaparin sodium inj 40 mg/0.4ml</i> ...	82
<i>enoxaparin sodium inj 60 mg/0.6ml</i> ...	82
<i>enoxaparin sodium inj 80 mg/0.8ml</i> ...	82
<i>enpresse-28 tab</i>	68
<i>enskyce tab</i>	68
ENSTILAR AER	101
<i>entacapone tab 200 mg</i>	51
<i>entecavir tab 0.5 mg</i>	12
<i>entecavir tab 1 mg</i>	12
ENTRESTO TAB 24-26MG	29
ENTRESTO TAB 49-51MG	29
ENTRESTO TAB 97-103MG	29
<i>enulose sol 10gm/15</i>	79
EPCLUSA TAB 400-100	12
EPIDIOLEX SOL 100MG/ML	42
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	97
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	97
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	96
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	18
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	18
<i>epitol tab 200mg</i>	42
EPIVIR HBV SOL 5MG/ML	12
<i>eplerenone tab 25 mg</i>	28
<i>eplerenone tab 50 mg</i>	28
<i>eprosartan mesylate tab 600 mg</i>	30
<i>ergotamine w/ caffeine tab 1-100 mg</i> .	59

ERIVEDGE CAP 150MG	20	estradiol tab 1 mg	72
ERLEADA TAB 60MG.....	21	estradiol tab 2 mg	72
erlotinib hcl tab 100 mg (base equivalent)	23	estradiol td patch weekly 0.025 mg/24hr	72
erlotinib hcl tab 150 mg (base equivalent)	23	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	72
erlotinib hcl tab 25 mg (base equivalent)	23	estradiol td patch weekly 0.05 mg/24hr	72
errin tab 0.35mg	68	estradiol td patch weekly 0.06 mg/24hr	72
ertapenem sodium for inj 1 gm (base equivalent)	7	estradiol td patch weekly 0.075 mg/24hr	72
ery-tab tab 250mg ec.....	15	estradiol td patch weekly 0.1 mg/24hr	72
ery-tab tab 333mg ec.....	15	estradiol vaginal cream 0.1 mg/gm	72
ery-tab tab 500mg ec.....	15	estradiol vaginal tab 10 mcg.....	72
ERYTHROCIN INJ 500MG	15	estradiol valerate im in oil 20 mg/ml ..	72
erythrocin tab 250mg.....	15	estradiol valerate im in oil 40 mg/ml ..	72
erythromycin ethylsuccinate tab 400 mg	15	eszopiclone tab 1 mg.....	58
erythromycin gel 2%.....	99	eszopiclone tab 2 mg.....	58
erythromycin ophth oint 5 mg/gm.....	92	eszopiclone tab 3 mg.....	58
erythromycin pads 2%	99	ethambutol hcl tab 100 mg.....	12
erythromycin soln 2%	99	ethambutol hcl tab 400 mg.....	12
erythromycin tab 250 mg.....	15	ethosuximide cap 250 mg	42
erythromycin tab 500 mg.....	15	ethosuximide soln 250 mg/5ml	42
erythromycin tab delayed release 250 mg.....	15	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	68
erythromycin tab delayed release 333 mg.....	15	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	68
erythromycin tab delayed release 500 mg.....	15	etodolac cap 200 mg	1
erythromycin w/ delayed release particles cap 250 mg	15	etodolac cap 300 mg	1
ESBRIET CAP 267MG.....	97	etodolac tab 400 mg.....	1
ESBRIET TAB 267MG.....	97	etodolac tab 500 mg.....	1
ESBRIET TAB 801MG.....	97	etodolac tab er 24hr 400 mg	1
escitalopram oxalate soln 5 mg/5ml (base equiv).....	48	etodolac tab er 24hr 500 mg	1
escitalopram oxalate tab 10 mg (base equiv)	48	etodolac tab er 24hr 600 mg	1
escitalopram oxalate tab 20 mg (base equiv)	48	etoposide inj 100 mg/5ml (20 mg/ml)	26
escitalopram oxalate tab 5 mg (base equiv)	48	etoposide inj 500 mg/25ml (20 mg/ml)	26
esomeprazole magnesium cap delayed release 20 mg (base eq).....	80	EVOTAZ TAB 300-150.....	11
esomeprazole magnesium cap delayed release 40 mg (base eq).....	80	exemestane tab 25 mg	21
estradiol tab 0.5 mg.....	72	ezetimibe tab 10 mg.....	33
		ezetimibe-simvastatin tab 10-10 mg...	33
		ezetimibe-simvastatin tab 10-20 mg...	33
		ezetimibe-simvastatin tab 10-40 mg...	33
		ezetimibe-simvastatin tab 10-80 mg...	33
		F	
		FABRAZYME INJ 35MG	71
		FABRAZYME INJ 5MG.....	71

<i>falmina tab</i>	68	<i>fentanyl citrate lozenge on a handle 600 mcg</i>	2
<i>famciclovir tab 125 mg</i>	12	<i>fentanyl citrate lozenge on a handle 800 mcg</i>	2
<i>famciclovir tab 250 mg</i>	12	<i>fentanyl td patch 72hr 100 mcg/hr</i>	3
<i>famciclovir tab 500 mg</i>	12	<i>fentanyl td patch 72hr 12 mcg/hr</i>	2
<i>famotidine for susp 40 mg/5ml</i>	78	<i>fentanyl td patch 72hr 25 mcg/hr</i>	3
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	78	<i>fentanyl td patch 72hr 50 mcg/hr</i>	3
<i>famotidine inj 20 mg/2ml</i>	78	<i>fentanyl td patch 72hr 75 mcg/hr</i>	3
<i>famotidine inj 200 mg/20ml</i>	79	FETZIMA CAP 120MG	48
<i>famotidine inj 40 mg/4ml</i>	79	FETZIMA CAP 20MG	48
<i>famotidine tab 20 mg</i>	79	FETZIMA CAP 40MG	48
<i>famotidine tab 40 mg</i>	79	FETZIMA CAP 80MG	48
FANAPT PAK	53	FETZIMA CAP TITRATIO	48
FANAPT TAB 10MG	53	FIASP FLEX INJ TOUCH	63
FANAPT TAB 12MG	53	FIASP INJ 100/ML	63
FANAPT TAB 1MG	53	<i>finasteride tab 5 mg</i>	81
FANAPT TAB 2MG	53	<i>flac oil 0.01%</i>	103
FANAPT TAB 4MG	53	<i>flecainide acetate tab 100 mg</i>	31
FANAPT TAB 6MG	53	<i>flecainide acetate tab 150 mg</i>	31
FANAPT TAB 8MG	53	<i>flecainide acetate tab 50 mg</i>	31
FARXIGA TAB 10MG	64	FLOVENT DISK AER 100MCG	98
FARXIGA TAB 5MG	64	FLOVENT DISK AER 250MCG	98
FARYDAK CAP 10MG	20	FLOVENT DISK AER 50MCG	98
FARYDAK CAP 15MG	20	FLOVENT HFA AER 110MCG	98
FARYDAK CAP 20MG	20	FLOVENT HFA AER 220MCG	98
<i>fayosim tab</i>	68	FLOVENT HFA AER 44MCG	98
<i>felbamate susp 600 mg/5ml</i>	42	<i>fluconazole for susp 10 mg/ml</i>	8
<i>felbamate tab 400 mg</i>	42	<i>fluconazole for susp 40 mg/ml</i>	8
<i>felbamate tab 600 mg</i>	42	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	8
<i>felodipine tab er 24hr 10 mg</i>	36	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	8
<i>felodipine tab er 24hr 2.5 mg</i>	36	<i>fluconazole tab 100 mg</i>	8
<i>felodipine tab er 24hr 5 mg</i>	36	<i>fluconazole tab 150 mg</i>	8
<i>femynor tab 0.25-35</i>	68	<i>fluconazole tab 200 mg</i>	8
<i>fenofibrate micronized cap 134 mg</i>	33	<i>fluconazole tab 50 mg</i>	8
<i>fenofibrate micronized cap 200 mg</i>	33	<i>flucytosine cap 250 mg</i>	8
<i>fenofibrate micronized cap 67 mg</i>	33	<i>flucytosine cap 500 mg</i>	8
<i>fenofibrate tab 145 mg</i>	33	<i>fludrocortisone acetate tab 0.1 mg</i>	73
<i>fenofibrate tab 160 mg</i>	33	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	97
<i>fenofibrate tab 48 mg</i>	33	<i>fluocinolone acetonide (otic) oil 0.01%</i>	103
<i>fenofibrate tab 54 mg</i>	33	<i>fluocinolone acetonide cream 0.01%</i>	101
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	2	<i>fluocinolone acetonide cream 0.025%</i>	101
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	2	<i>fluocinolone acetonide oil 0.01% (body oil)</i>	101
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	2		
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	2		

<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	101	<i>2.5 mg/0.5ml</i>	82
<i>fluocinolone acetonide oint 0.025%</i> ...	101	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	82
<i>fluocinolone acetonide soln 0.01%</i>	101	<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	82
<i>fluocinonide cream 0.05%</i>	101	<i>FORTEO SOL 600/2.4</i>	74
<i>fluocinonide emulsified base cream 0.05%</i>	101	<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	9
<i>fluocinonide gel 0.05%</i>	101	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	27
<i>fluocinonide oint 0.05%</i>	101	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	27
<i>fluocinonide soln 0.05%</i>	101	<i>fosinopril sodium tab 10 mg</i>	28
<i>fluorometholone ophth susp 0.1%</i>	93	<i>fosinopril sodium tab 20 mg</i>	28
<i>fluorouracil cream 5%</i>	102	<i>fosinopril sodium tab 40 mg</i>	28
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	18	<i>FREAMINE HBC INJ 6.9%</i>	90
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	18	<i>FREAMINE III INJ 10%</i>	90
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	18	<i>fulvestrant inj 250 mg/5ml</i>	21
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	18	<i>furosemide inj 10 mg/ml</i>	37
<i>fluorouracil soln 2%</i>	102	<i>furosemide oral soln 10 mg/ml</i>	37
<i>fluorouracil soln 5%</i>	102	<i>furosemide oral soln 8 mg/ml</i>	37
<i>fluoxetine hcl cap 10 mg</i>	48	<i>furosemide tab 20 mg</i>	37
<i>fluoxetine hcl cap 20 mg</i>	48	<i>furosemide tab 40 mg</i>	37
<i>fluoxetine hcl cap 40 mg</i>	48	<i>furosemide tab 80 mg</i>	37
<i>fluoxetine hcl solution 20 mg/5ml</i>	48	<i>FUZEON INJ 90MG</i>	9
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<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	53	<i>FYCOMPA SUS 0.5MG/ML</i>	42
<i>fluphenazine hcl inj 2.5 mg/ml</i>	53	<i>FYCOMPA TAB 10MG</i>	42
<i>fluphenazine hcl oral conc 5 mg/ml</i>	53	<i>FYCOMPA TAB 12MG</i>	43
<i>fluphenazine hcl tab 1 mg</i>	53	<i>FYCOMPA TAB 2MG</i>	42
<i>fluphenazine hcl tab 10 mg</i>	53	<i>FYCOMPA TAB 4MG</i>	42
<i>fluphenazine hcl tab 2.5 mg</i>	53	<i>FYCOMPA TAB 6MG</i>	42
<i>fluphenazine hcl tab 5 mg</i>	53	<i>FYCOMPA TAB 8MG</i>	42
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<i>flurbiprofen tab 100 mg</i>	1	<i>gabapentin cap 100 mg</i>	43
<i>flurbiprofen tab 50 mg</i>	1	<i>gabapentin cap 300 mg</i>	43
<i>flutamide cap 125 mg</i>	21	<i>gabapentin cap 400 mg</i>	43
<i>fluticasone propionate cream 0.05%</i> ..	101	<i>gabapentin oral soln 250 mg/5ml</i>	43
<i>fluticasone propionate nasal susp 50 mcg/act</i>	97	<i>gabapentin tab 600 mg</i>	43
<i>fluticasone propionate oint 0.005%</i> ...	101	<i>gabapentin tab 800 mg</i>	43
<i>fluvoxamine maleate tab 100 mg</i>	40	<i>galantamine hydrobromide cap er 24hr 16 mg</i>	46
<i>fluvoxamine maleate tab 25 mg</i>	40	<i>galantamine hydrobromide cap er 24hr 24 mg</i>	46
<i>fluvoxamine maleate tab 50 mg</i>	40	<i>galantamine hydrobromide cap er 24hr 8 mg</i>	46
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	82	<i>galantamine hydrobromide oral soln 4 mg/ml</i>	46
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GAMMAKED INJ 2.5GM/2586	<i>gentamicin in saline inj 1.2 mg/ml</i> 5
GAMMAKED INJ 20GM/20086	<i>gentamicin in saline inj 1.6 mg/ml</i> 5
GAMMAKED INJ 5GM/50ML86	<i>gentamicin in saline inj 2 mg/ml</i> 5
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GAMUNEX-C INJ 10GM/10086	<i>gentamicin sulfate inj 40 mg/ml</i> 5
GAMUNEX-C INJ 1GM/10ML86	<i>gentamicin sulfate oint 0.1%</i> 99
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<i>gavilyte-g sol</i>79	<i>40 mg/ml</i> 61
<i>gavilyte-n sol flav pk</i>79	<i>glatopa inj 20mg/ml</i> 61
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<i>gemcitabine hcl for inj 2 gm</i>18	GLEOSTINE CAP 100MG 18
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<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>	GLEOSTINE CAP 40MG 18
<i>mg/ml) (base equiv)</i>18	<i>glimepiride tab 1 mg</i> 64
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>	<i>glimepiride tab 2 mg</i> 64
<i>mg/ml) (base equiv)</i>18	<i>glimepiride tab 4 mg</i> 64
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>	<i>glipizide tab 10 mg</i> 64
<i>mg/ml) (base equiv)</i>18	<i>glipizide tab 5 mg</i> 64
<i>gemfibrozil tab 600 mg</i>33	<i>glipizide tab er 24hr 10 mg</i> 64
<i>generlac sol 10gm/15</i>79	<i>glipizide tab er 24hr 2.5 mg</i> 64
<i>gengraf cap 100mg</i>87	<i>glipizide tab er 24hr 5 mg</i> 64
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<i>glipizide-metformin hcl tab 2.5-500 mg</i>	53
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<i>glipizide-metformin hcl tab 5-500 mg</i>	53
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<i>glyburide micronized tab 1.5 mg</i>64	12
<i>glyburide micronized tab 3 mg</i>64	88
<i>glyburide micronized tab 6 mg</i>65	88
<i>glyburide tab 1.25 mg</i> .....65	82
<i>glyburide tab 2.5 mg</i> .....65	82
<i>glyburide tab 5 mg</i>.....65	82
<i>glyburide-metformin tab 1.25-250 mg</i>.....65	82
<i>glyburide-metformin tab 2.5-500 mg</i> ..65	82
<i>glyburide-metformin tab 5-500 mg</i> ....65	82
<i>glycopyrrolate tab 1 mg</i>78	82
<i>glycopyrrolate tab 2 mg</i>78	83
<i>glydo gel 2%</i>102	82
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<i>granisetron hcl inj 1 mg/ml</i>77	82
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	83
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<i>granisetron hcl tab 1 mg</i>77	82
<i>griseofulvin microsize susp 125 mg/5ml</i> 8	83
<i>griseofulvin microsize tab 500 mg</i> 8	90
<i>griseofulvin ultramicrosize tab 125 mg</i> . 8	20
<i>griseofulvin ultramicrosize tab 250 mg</i> . 8	20
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> .....57	20
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> .....57	58
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>57	88
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>57	84
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HAEGARDA INJ 3000UNIT.....84	84
<i>hailey 24 tab fe</i>68	85
<i>halobetasol propionate cream 0.05%</i> 101	85
<i>halobetasol propionate oint 0.05%</i> 101	85
<i>haloperidol decanoate im soln 100 mg/ml</i>	85
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<i>haloperidol decanoate im soln 50 mg/ml</i>	85
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<i>haloperidol lactate inj 5 mg/ml</i>53	85
<i>haloperidol lactate oral conc 2 mg/ml</i> ..53	85
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<i>hydralazine hcl tab 25 mg</i>	38
<i>hydralazine hcl tab 50 mg</i>	38
<i>hydrochlorothiazide cap 12.5 mg</i>	37
<i>hydrochlorothiazide tab 12.5 mg</i>	37
<i>hydrochlorothiazide tab 25 mg</i>	37
<i>hydrochlorothiazide tab 50 mg</i>	37
<i>hydrocodone-acetaminophen soln</i> <i>7.5-325 mg/15ml</i>	3
<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i>	3
<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	3
<i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i>	3
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3
<i>hydrocortisone butyrate cream 0.1%</i>	101
<i>hydrocortisone butyrate oint 0.1%</i>	101
<i>hydrocortisone cream 1%</i>	101
<i>hydrocortisone cream 2.5%</i>	101
<i>hydrocortisone enema 100 mg/60ml</i> ...	79
<i>hydrocortisone lotion 2.5%</i>	101
<i>hydrocortisone oint 2.5%</i>	101
<i>hydrocortisone rectal cream 2.5%</i>	102
<i>hydrocortisone tab 10 mg</i>	73
<i>hydrocortisone tab 20 mg</i>	73
<i>hydrocortisone tab 5 mg</i>	73
<i>hydromorphone hcl liqd 1 mg/ml</i>	3
<i>hydromorphone hcl preservative free (pf)</i> <i>inj 10 mg/ml</i>	3
<i>hydromorphone hcl tab 2 mg</i>	3
<i>hydromorphone hcl tab 4 mg</i>	3
<i>hydromorphone hcl tab 8 mg</i>	3
<i>hydroxychloroquine sulfate tab 200 mg</i>	85
<i>hydroxyurea cap 500 mg</i>	25
<i>hydroxyzine hcl im soln 25 mg/ml</i>	95
<i>hydroxyzine hcl im soln 50 mg/ml</i>	95
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	95
<i>hydroxyzine hcl tab 10 mg</i>	95
<i>hydroxyzine hcl tab 25 mg</i>	95
<i>hydroxyzine hcl tab 50 mg</i>	95
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HYSINGLA ER TAB 20 MG.....	3
HYSINGLA ER TAB 30 MG.....	3
HYSINGLA ER TAB 40 MG.....	3

HYSINGLA ER TAB 60 MG.....	3
HYSINGLA ER TAB 80 MG.....	3
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<i>ibandronate sodium tab 150 mg (base</i> <i>equivalent)</i>	66
IBRANCE CAP 100MG.....	20
IBRANCE CAP 125MG.....	20
IBRANCE CAP 75MG	20
<i>ibuprofen susp 100 mg/5ml</i>	1
<i>ibuprofen tab 400 mg</i>	1
<i>ibuprofen tab 600 mg</i>	1
<i>ibuprofen tab 800 mg</i>	1
<i>icatibant acetate inj 30 mg/3ml (base</i> <i>equivalent)</i>	84
ICLUSIG TAB 15MG	23
ICLUSIG TAB 45MG	23
IDHIFA TAB 100MG	20
IDHIFA TAB 50MG	20
ILEVRO DRO 0.3% OP	93
<i>imatinib mesylate tab 100 mg (base</i> <i>equivalent)</i>	23
<i>imatinib mesylate tab 400 mg (base</i> <i>equivalent)</i>	23
IMBRUVICA CAP 140MG	23
IMBRUVICA CAP 70MG.....	23
IMBRUVICA TAB 140MG	23
IMBRUVICA TAB 280MG	23
IMBRUVICA TAB 420MG	23
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<i>imipenem-cilastatin intravenous for soln</i> <i>250 mg</i>	7
<i>imipenem-cilastatin intravenous for soln</i> <i>500 mg</i>	7
<i>imipramine hcl tab 10 mg</i>	48
<i>imipramine hcl tab 25 mg</i>	48
<i>imipramine hcl tab 50 mg</i>	48
<i>imiquimod cream 5%</i>	102
IMOVAX RABIE INJ 2.5/ML	88
<i>incassia tab 0.35mg</i>	68
INCRELEX INJ 40MG/4ML	74
INCRUSE ELPT INH 62.5MCG	94
<i>indapamide tab 1.25 mg</i>	37
<i>indapamide tab 2.5 mg</i>	37
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INLYTA TAB 1MG.....	24
INLYTA TAB 5MG.....	24
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INTELENCE TAB 200MG	9	ISOLYTE-P INJ /D5W	90
INTELENCE TAB 25MG	9	ISOLYTE-S INJ.....	90
INTRALIPID INJ 20%.....	90	<i>isoniazid syrup 50 mg/5ml</i>	12
INTRALIPID INJ 30%.....	90	<i>isoniazid tab 100 mg</i>	12
INTRON A INJ 10MU.....	86	<i>isoniazid tab 300 mg</i>	12
INTRON A INJ 18MU.....	86	<i>isosorbide dinitrate tab 10 mg</i>	38
INTRON A INJ 25MU.....	86	<i>isosorbide dinitrate tab 20 mg</i>	38
INTRON A INJ 50MU.....	86	<i>isosorbide dinitrate tab 30 mg</i>	39
<i>introvale tab</i>	68	<i>isosorbide dinitrate tab 5 mg</i>	38
INVEGA SUST INJ 117/0.75	53	<i>isosorbide dinitrate tab er 40 mg</i>	39
INVEGA SUST INJ 156MG/ML	53	<i>isosorbide mononitrate tab 10 mg</i>	39
INVEGA SUST INJ 234/1.5	54	<i>isosorbide mononitrate tab 20 mg</i>	39
INVEGA SUST INJ 39/0.25	53	<i>isosorbide mononitrate tab er 24hr 120</i>	
INVEGA SUST INJ 78/0.5ML	53	<i>mg</i>	39
INVEGA TRINZ INJ 273MG	54	<i>isosorbide mononitrate tab er 24hr 30</i>	
INVEGA TRINZ INJ 410MG	54	<i>mg</i>	39
INVEGA TRINZ INJ 546MG	54	<i>isosorbide mononitrate tab er 24hr 60</i>	
INVEGA TRINZ INJ 819MG	54	<i>mg</i>	39
INVIRASE TAB 500MG	9	<i>isotretinoin cap 10 mg</i>	99
IONOSOL-MB INJ D5W	90	<i>isotretinoin cap 20 mg</i>	99
IPOL INJ INACTIVE.....	88	<i>isotretinoin cap 30 mg</i>	99
<i>ipratropium bromide inhal soln 0.02%</i>	94	<i>isotretinoin cap 40 mg</i>	99
<i>ipratropium bromide nasal soln 0.03%</i>		<i>isradipine cap 2.5 mg</i>	36
<i>(21 mcg/spray)</i>	94	<i>isradipine cap 5 mg</i>	36
<i>ipratropium bromide nasal soln 0.06%</i>		<i>itraconazole cap 100 mg</i>	8
<i>(42 mcg/spray)</i>	94	<i>ivermectin tab 3 mg</i>	7
<i>ipratropium-albuterol nebu soln</i>		IXIARO INJ.....	88
<i>0.5-2.5(3) mg/3ml</i>	94	J	
<i>irbesartan tab 150 mg</i>	30	JADENU SPRKL GRA 180MG.....	67
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<i>irbesartan tab 75 mg</i>	30	JADENU SPRKL GRA 90MG	67
<i>irbesartan-hydrochlorothiazide tab</i>		JADENU TAB 180MG	67
<i>150-12.5 mg</i>	29	JADENU TAB 360MG	67
<i>irbesartan-hydrochlorothiazide tab</i>		JADENU TAB 90MG	67
<i>300-12.5 mg</i>	29	JAKAFI TAB 10MG	24
IRESSA TAB 250MG	24	JAKAFI TAB 15MG	24
<i>irinotecan hcl inj 100 mg/5ml (20</i>		JAKAFI TAB 20MG	24
<i>mg/ml)</i>	26	JAKAFI TAB 25MG	24
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>		JAKAFI TAB 5MG	24
<i>.....</i>	26	<i>jantoven tab 10mg</i>	83
<i>irinotecan hcl inj 500 mg/25ml (20</i>		<i>jantoven tab 1mg</i>	83
<i>mg/ml)</i>	26	<i>jantoven tab 2.5mg</i>	83
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ISENTRESS CHW 25MG	9	<i>jantoven tab 3mg</i>	83
ISENTRESS HD TAB 600MG.....	10	<i>jantoven tab 4mg</i>	83

<i>jantoven tab 5mg</i>	83
<i>jantoven tab 6mg</i>	83
<i>jantoven tab 7.5mg</i>	83
JANUMET TAB 50-1000	65
JANUMET TAB 50-500MG	65
JANUMET XR TAB 100-1000	65
JANUMET XR TAB 50-1000	65
JANUMET XR TAB 50-500MG	65
JANUVIA TAB 100MG	65
JANUVIA TAB 25MG	65
JANUVIA TAB 50MG	65
JARDIANCE TAB 10MG	65
JARDIANCE TAB 25MG	65
<i>jasmiel tab 3-0.02mg</i>	68
JENTADUETO TAB 2.5-1000	65
JENTADUETO TAB 2.5-500	65
JENTADUETO TAB 2.5-850	65
JENTADUETO TAB XR	65
<i>jinteli tab 1mg-5mcg</i>	72
<i>jolivette tab 0.35mg</i>	68
<i>juleber tab</i>	68
JULUCA TAB 50-25MG	11
<i>junel 1.5/30 tab</i>	68
<i>junel 1/20 tab</i>	68
<i>junel fe 24 tab 1/20</i>	68
<i>junel fe tab 1.5/30</i>	68
<i>junel fe tab 1/20</i>	68
JUXTAPID CAP 10MG	33
JUXTAPID CAP 20MG	33
JUXTAPID CAP 30MG	33
JUXTAPID CAP 40MG	33
JUXTAPID CAP 5MG	33
JUXTAPID CAP 60MG	33
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KADCYLA INJ 100MG	20
KADCYLA INJ 160MG	20
<i>kaitlib fe chw</i>	68
KALETRA TAB 100-25MG	11
KALETRA TAB 200-50MG	11
KALYDECO PAK 25MG	97
KALYDECO PAK 50MG	97
KALYDECO PAK 75MG	97
KALYDECO TAB 150MG	97
<i>kariva tab 28 day</i>	68
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	90
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	90

<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	90
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	90
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	90
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	91
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	90
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	91
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	91
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> ..	91
KCL/D5W/NACL INJ 0.15/0.2	91
KCL/D5W/NACL INJ 0.3/0.9%	91
<i>kelnor 1/50 tab</i>	68
<i>kelnor tab 1/35</i>	68
<i>ketoconazole cream 2%</i>	100
<i>ketoconazole shampoo 2%</i>	100
<i>ketoconazole tab 200 mg</i>	8
<i>ketorolac tromethamine ophth soln 0.4%</i>	93
<i>ketorolac tromethamine ophth soln 0.5%</i>	93
KEYTRUDA INJ 100MG/4M	20
KINRIX INJ	88
KISQALI 200 PAK FEMARA	20
KISQALI 400 PAK FEMARA	20
KISQALI 600 PAK FEMARA	20
KISQALI TAB 200DOSE	20
KISQALI TAB 400DOSE	20
KISQALI TAB 600DOSE	20
<i>klor-con 10 tab 10meq er</i>	88
<i>klor-con 8 tab 8meq er</i>	88
KORLYM TAB 300MG	74
<i>kurvelo tab 0.15/30</i>	68
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<i>labetalol hcl tab 100 mg</i>	34
<i>labetalol hcl tab 200 mg</i>	34
<i>labetalol hcl tab 300 mg</i>	34
<i>lactated ringer's solution</i>	91
<i>lactic acid (ammonium lactate) cream 12%</i>	102
<i>lactic acid (ammonium lactate) lotion</i>	

12%.....	102	LENVIMA CAP 4MG	24
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	<i>79</i>	LENVIMA CAP 8 MG	24
<i>lactulose solution 10 gm/15ml.....</i>	<i>79</i>	<i>lessina tab.....</i>	<i>69</i>
<i>lamivudine oral soln 10 mg/ml</i>	<i>10</i>	<i>letrozole tab 2.5 mg</i>	<i>21</i>
<i>lamivudine tab 100 mg (hbv)</i>	<i>12</i>	<i>leucovorin calcium for inj 100 mg</i>	<i>26</i>
<i>lamivudine tab 150 mg</i>	<i>10</i>	<i>leucovorin calcium for inj 200 mg</i>	<i>26</i>
<i>lamivudine tab 300 mg</i>	<i>10</i>	<i>leucovorin calcium for inj 350 mg</i>	<i>26</i>
<i>lamivudine-zidovudine tab 150-300 mg</i>	<i>11</i>	<i>leucovorin calcium for inj 50 mg</i>	<i>26</i>
<i>lamotrigine tab 100 mg</i>	<i>43</i>	<i>leucovorin calcium for inj 500 mg</i>	<i>26</i>
<i>lamotrigine tab 150 mg</i>	<i>43</i>	<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	<i>26</i>
<i>lamotrigine tab 200 mg</i>	<i>43</i>	<i>leucovorin calcium tab 10 mg</i>	<i>26</i>
<i>lamotrigine tab 25 mg</i>	<i>43</i>	<i>leucovorin calcium tab 15 mg</i>	<i>26</i>
<i>lamotrigine tab chewable dispersible 25 mg</i>	<i>43</i>	<i>leucovorin calcium tab 25 mg</i>	<i>26</i>
<i>lamotrigine tab chewable dispersible 5 mg</i>	<i>43</i>	<i>leucovorin calcium tab 5 mg</i>	<i>26</i>
<i>lamotrigine tab er 24hr 100 mg</i>	<i>43</i>	LEUKERAN TAB 2MG	18
<i>lamotrigine tab er 24hr 200 mg</i>	<i>43</i>	<i>leuprolide acetate inj kit 5 mg/ml</i>	<i>21</i>
<i>lamotrigine tab er 24hr 25 mg</i>	<i>43</i>	<i>levabuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	<i>96</i>
<i>lamotrigine tab er 24hr 250 mg</i>	<i>43</i>	<i>levabuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	<i>96</i>
<i>lamotrigine tab er 24hr 300 mg</i>	<i>43</i>	<i>levabuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	<i>96</i>
<i>lamotrigine tab er 24hr 50 mg</i>	<i>43</i>	<i>levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	<i>96</i>
<i>lansoprazole cap delayed release 15 mg</i>	<i>81</i>	<i>levabuterol tartrate inhal aerosol 45 mcg/act (base equiv).....</i>	<i>96</i>
<i>lansoprazole cap delayed release 30 mg</i>	<i>81</i>	LEVEMIR INJ.....	63
<i>larin fe tab 1.5/30.....</i>	<i>69</i>	LEVEMIR INJ FLEXTouc	63
<i>larin fe tab 1/20</i>	<i>69</i>	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	<i>43</i>
<i>larin tab 1.5/30</i>	<i>69</i>	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	<i>43</i>
<i>larin tab 1/20</i>	<i>69</i>	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml.....</i>	<i>43</i>
LASTACFT SOL 0.25%	93	<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	<i>43</i>
<i>latanoprost ophth soln 0.005%.....</i>	<i>93</i>	<i>levetiracetam oral soln 100 mg/ml</i>	<i>43</i>
LATUDA TAB 120MG	54	<i>levetiracetam tab 1000 mg.....</i>	<i>43</i>
LATUDA TAB 20MG	54	<i>levetiracetam tab 250 mg</i>	<i>43</i>
LATUDA TAB 40MG	54	<i>levetiracetam tab 500 mg</i>	<i>43</i>
LATUDA TAB 60MG	54	<i>levetiracetam tab 750 mg</i>	<i>43</i>
LATUDA TAB 80MG	54	<i>levetiracetam tab er 24hr 500 mg</i>	<i>43</i>
<i>layolis fe chw</i>	<i>69</i>	<i>levetiracetam tab er 24hr 750 mg</i>	<i>43</i>
<i>leflunomide tab 10 mg.....</i>	<i>85</i>	<i>levobunolol hcl ophth soln 0.5%.....</i>	<i>94</i>
<i>leflunomide tab 20 mg.....</i>	<i>85</i>	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	<i>71</i>
LENVIMA CAP 10 MG	24	<i>levocarnitine tab 330 mg.....</i>	<i>71</i>
LENVIMA CAP 12MG	24		
LENVIMA CAP 14 MG	24		
LENVIMA CAP 18 MG	24		
LENVIMA CAP 20 MG	24		
LENVIMA CAP 24 MG	24		

<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	95	<i>levothyroxine sodium tab 175 mcg</i>	76
<i>levocetirizine dihydrochloride tab 5 mg</i> 95		<i>levothyroxine sodium tab 200 mcg</i>	76
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	15	<i>levothyroxine sodium tab 25 mcg</i>	76
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	15	<i>levothyroxine sodium tab 300 mcg</i>	76
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	15	<i>levothyroxine sodium tab 50 mcg</i>	76
<i>levofloxacin iv soln 25 mg/ml</i>	15	<i>levothyroxine sodium tab 75 mcg</i>	76
<i>levofloxacin oral soln 25 mg/ml</i>	15	<i>levothyroxine sodium tab 88 mcg</i>	76
<i>levofloxacin tab 250 mg</i>	15	<i>levoxyl tab 100mcg</i>	76
<i>levofloxacin tab 500 mg</i>	15	<i>levoxyl tab 112mcg</i>	76
<i>levofloxacin tab 750 mg</i>	15	<i>levoxyl tab 125mcg</i>	76
<i>levonest tab</i>	69	<i>levoxyl tab 137mcg</i>	76
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	69	<i>levoxyl tab 150mcg</i>	76
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	69	<i>levoxyl tab 175mcg</i>	76
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	69	<i>levoxyl tab 200mcg</i>	76
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	69	<i>levoxyl tab 25mcg</i>	76
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> ...	69	<i>levoxyl tab 50mcg</i>	76
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	69	<i>levoxyl tab 75mcg</i>	76
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	69	<i>levoxyl tab 88mcg</i>	76
<i>levora-28 tab 0.15/30</i>	69	<i>LEXIVA SUS 50MG/ML</i>	10
<i>levo-t tab 100mcg</i>	75	<i>lidocaine hcl local inj 0.5%</i>	5
<i>levo-t tab 112mcg</i>	75	<i>lidocaine hcl local inj 1%</i>	5
<i>levo-t tab 125mcg</i>	75	<i>lidocaine hcl local inj 2%</i>	5
<i>levo-t tab 137mcg</i>	76	<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	5
<i>levo-t tab 150mcg</i>	76	<i>lidocaine hcl local preservative free (pf) inj 1%</i>	5
<i>levo-t tab 175mcg</i>	76	<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	5
<i>levo-t tab 200 mcg</i>	76	<i>lidocaine hcl soln 4%</i>	102
<i>levo-t tab 25mcg</i>	75	<i>lidocaine hcl urethral/mucosal gel 2%</i> 102	
<i>levo-t tab 300 mcg</i>	76	<i>lidocaine hcl viscous soln 2%</i>	103
<i>levo-t tab 50mcg</i>	75	<i>lidocaine oint 5%</i>	102
<i>levo-t tab 75mcg</i>	75	<i>lidocaine patch 5%</i>	102
<i>levo-t tab 88mcg</i>	75	<i>lidocaine-prilocaine cream 2.5-2.5%.</i> 102	
<i>levothyroxine sodium tab 100 mcg</i>	76	<i>linezolid for susp 100 mg/5ml</i>	7
<i>levothyroxine sodium tab 112 mcg</i>	76	<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	7
<i>levothyroxine sodium tab 125 mcg</i>	76	<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	7
<i>levothyroxine sodium tab 137 mcg</i>	76	<i>linezolid tab 600 mg</i>	7
<i>levothyroxine sodium tab 150 mcg</i>	76	<i>LINZESS CAP 145MCG</i>	80
		<i>LINZESS CAP 290MCG</i>	80
		<i>LINZESS CAP 72MCG</i>	80
		<i>liothyronine sodium tab 25 mcg</i>	76
		<i>liothyronine sodium tab 5 mcg</i>	76
		<i>liothyronine sodium tab 50 mcg</i>	76
		<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	27

<i>lisinopril & hydrochlorothiazide tab</i>		<i>loxapine succinate cap 25 mg</i>	54
<i>20-12.5 mg</i>	27	<i>loxapine succinate cap 5 mg</i>	54
<i>lisinopril & hydrochlorothiazide tab 20-25</i>		<i>loxapine succinate cap 50 mg</i>	54
<i>mg</i>	27	LUMIGAN SOL 0.01%	94
<i>lisinopril tab 10 mg</i>	28	LUMIZYME INJ 50MG	71
<i>lisinopril tab 2.5 mg</i>	28	LUPR DEP-PED INJ 11.25MG	74
<i>lisinopril tab 20 mg</i>	28	LUPR DEP-PED INJ 15MG	74
<i>lisinopril tab 30 mg</i>	28	LUPR DEP-PED INJ 3M 30MG	74
<i>lisinopril tab 40 mg</i>	28	LUPR DEP-PED INJ 7.5MG	74
<i>lisinopril tab 5 mg</i>	28	LUPRON DEPOT INJ 11.25MG.....	21
<i>lithium carbonate cap 150 mg</i>	60	LUPRON DEPOT INJ 3.75MG	21
<i>lithium carbonate cap 300 mg</i>	60	<i>lutra tab</i>	69
<i>lithium carbonate cap 600 mg</i>	60	LYNPARZA TAB 100MG.....	20
<i>lithium carbonate tab 300 mg</i>	60	LYNPARZA TAB 150MG.....	20
<i>lithium carbonate tab er 300 mg</i>	60	LYRICA CR TAB 165MG	60
<i>lithium carbonate tab er 450 mg</i>	60	LYRICA CR TAB 330MG	60
LITHIUM SOL 8MEQ/5ML.....	60	LYRICA CR TAB 82.5MG	60
LONSURF TAB 15-6.14	25	LYSODREN TAB 500MG	21
LONSURF TAB 20-8.19	25	<i>lyza tab 0.35mg</i>	69
<i>loperamide hcl cap 2 mg</i>	80	M	
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>		MAGNESIUM SU INJ 20/500ML.....	88
<i>(80-20 mg/ml)</i>	11	MAGNESIUM SU INJ 2GM/50ML.....	88
<i>lorazepam conc 2 mg/ml</i>	40	MAGNESIUM SU INJ 40G/1000	89
<i>lorazepam inj 2 mg/ml</i>	40	MAGNESIUM SU INJ 4G/100ML	88
<i>lorazepam inj 4 mg/ml</i>	40	MAGNESIUM SU INJ 80MG/ML	89
<i>lorazepam tab 0.5 mg</i>	40	<i>magnesium sulfate in dextrose 5% iv</i>	
<i>lorazepam tab 1 mg</i>	40	<i>soln 1 gm/100ml</i>	89
<i>lorazepam tab 2 mg</i>	40	<i>magnesium sulfate inj 50%</i>	89
LORBRENA TAB 100MG.....	24	<i>magnesium sulfate iv soln 2 gm/50ml</i>	
LORBRENA TAB 25MG	24	<i>(40 mg/ml)</i>	89
<i>loryna tab 3-0.02mg</i>	69	<i>magnesium sulfate iv soln 20 gm/500ml</i>	
<i>losartan potassium & hydrochlorothiazide</i>		<i>(40 mg/ml)</i>	89
<i>tab 100-12.5 mg</i>	29	<i>magnesium sulfate iv soln 4 gm/100ml</i>	
<i>losartan potassium & hydrochlorothiazide</i>		<i>(40 mg/ml)</i>	89
<i>tab 100-25 mg</i>	29	<i>magnesium sulfate iv soln 4 gm/50ml</i>	
<i>losartan potassium & hydrochlorothiazide</i>		<i>(80 mg/ml)</i>	89
<i>tab 50-12.5 mg</i>	29	<i>magnesium sulfate iv soln 40 gm/1000ml</i>	
<i>losartan potassium tab 100 mg</i>	30	<i>(40 mg/ml)</i>	89
<i>losartan potassium tab 25 mg</i>	30	<i>malathion lotion 0.5%</i>	103
<i>losartan potassium tab 50 mg</i>	30	<i>maprotiline hcl tab 25 mg</i>	48
LOTEMAX GEL 0.5%	93	<i>maprotiline hcl tab 50 mg</i>	48
LOTEMAX OIN 0.5%	93	<i>maprotiline hcl tab 75 mg</i>	48
<i>loteprednol etabonate ophth susp 0.5%</i>		<i>marlissa tab 0.15/30</i>	69
.....	93	MARPLAN TAB 10MG.....	48
<i>lovastatin tab 10 mg</i>	32	MATULANE CAP 50MG.....	25
<i>lovastatin tab 20 mg</i>	32	MAVYRET TAB 100-40MG	12
<i>lovastatin tab 40 mg</i>	32	<i>meclizine hcl tab 12.5 mg</i>	77
<i>loxapine succinate cap 10 mg</i>	54	<i>meclizine hcl tab 25 mg</i>	77

<i>medroxyprogesterone acetate im susp</i>		<i>methadone con 10mg/ml</i>	3
<i>150 mg/ml.....</i>	69	<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>	69	<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>	75	<i>methazolamide tab 25 mg.....</i>	37
<i>medroxyprogesterone acetate tab 2.5</i>		<i>methazolamide tab 50 mg.....</i>	37
<i>mg.....</i>	75	<i>methenamine hippurate tab 1 gm</i>	7
<i>medroxyprogesterone acetate tab 5 mg</i>		<i>methimazole tab 10 mg</i>	76
<i>.....</i>	75	<i>methimazole tab 5 mg</i>	76
<i>mefloquine hcl tab 250 mg.....</i>	9	<i>methocarbamol tab 500 mg.....</i>	61
<i>megestrol acetate susp 40 mg/ml</i>	21	<i>methocarbamol tab 750 mg.....</i>	61
<i>megestrol acetate susp 625 mg/5ml ...</i>	21	<i>methotrexate sodium for inj 1 gm</i>	19
<i>megestrol acetate tab 20 mg.....</i>	21	<i>methotrexate sodium inj 250 mg/10ml</i>	
<i>megestrol acetate tab 40 mg.....</i>	21	<i>(25 mg/ml)</i>	19
<i>MEKINIST TAB 0.5MG.....</i>	24	<i>methotrexate sodium inj 50 mg/2ml (25</i>	
<i>MEKINIST TAB 2MG</i>	24	<i>mg/ml)</i>	19
<i>MEKTOVI TAB 15MG.....</i>	24	<i>methotrexate sodium inj pf 1000</i>	
<i>melodetta chw 24 fe.....</i>	69	<i>mg/40ml (25 mg/ml).....</i>	19
<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>	19
<i>memantine hcl cap er 24hr 14 mg</i>	46	<i>methotrexate sodium inj pf 50 mg/2ml</i>	
<i>memantine hcl cap er 24hr 21 mg</i>	46	<i>(25 mg/ml)</i>	19
<i>memantine hcl cap er 24hr 28 mg</i>	46	<i>methotrexate sodium tab 2.5 mg (base</i>	
<i>memantine hcl cap er 24hr 7 mg</i>	46	<i>equiv).....</i>	85
<i>memantine hcl oral solution 2 mg/ml ..</i>	46	<i>methylphenidate hcl soln 10 mg/5ml ..</i>	57
<i>memantine hcl tab 10 mg</i>	46	<i>methylphenidate hcl soln 5 mg/5ml....</i>	57
<i>memantine hcl tab 5 mg</i>	46	<i>methylphenidate hcl tab 10 mg</i>	58
<i>memantine hcl tab 5 mg (28) & 10 mg</i>		<i>methylphenidate hcl tab 20 mg.....</i>	58
<i>(21) titration pak</i>	46	<i>methylphenidate hcl tab 5 mg.....</i>	58
<i>MENACTRA INJ</i>	88	<i>methylphenidate hcl tab er 10 mg</i>	58
<i>MENVEO INJ.....</i>	88	<i>methylphenidate hcl tab er 20 mg</i>	58
<i>mercaptopurine tab 50 mg.....</i>	19	<i>methylprednisolone acetate inj susp 40</i>	
<i>meropenem iv for soln 1 gm</i>	7	<i>mg/ml</i>	73
<i>meropenem iv for soln 500 mg</i>	7	<i>methylprednisolone acetate inj susp 80</i>	
<i>mesalamine cap dr 400 mg</i>	79	<i>mg/ml</i>	73
<i>mesalamine enema 4 gm.....</i>	79	<i>methylprednisolone sod succ for inj 1000</i>	
<i>mesalamine rectal enema 4 gm &</i>		<i>mg (base equiv).....</i>	73
<i>cleanser wipe kit.....</i>	79	<i>methylprednisolone sod succ for inj 125</i>	
<i>mesalamine suppos 1000 mg</i>	79	<i>mg (base equiv).....</i>	73
<i>mesalamine tab delayed release 1.2 gm</i>		<i>methylprednisolone sod succ for inj 40</i>	
<i>.....</i>	79	<i>mg (base equiv).....</i>	73
<i>MESNEX TAB 400MG</i>	26	<i>methylprednisolone tab 16 mg.....</i>	73
<i>metformin hcl tab 1000 mg.....</i>	65	<i>methylprednisolone tab 32 mg.....</i>	73
<i>metformin hcl tab 500 mg.....</i>	65	<i>methylprednisolone tab 4 mg</i>	73
<i>metformin hcl tab 850 mg.....</i>	65	<i>methylprednisolone tab 8 mg</i>	73
<i>metformin hcl tab er 24hr 500 mg</i>	65	<i>methylprednisolone tab therapy pack 4</i>	
<i>metformin hcl tab er 24hr 750 mg</i>	66	<i>mg (21)</i>	73

<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	77	<i>minitran dis 0.4mg/hr</i>	39
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	78	<i>minitran dis 0.6mg/hr</i>	39
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	78	<i>minocycline hcl cap 100 mg</i>	18
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	78	<i>minocycline hcl cap 50 mg</i>	18
<i>metolazone tab 10 mg</i>	37	<i>minocycline hcl cap 75 mg</i>	18
<i>metolazone tab 2.5 mg</i>	37	<i>minoxidil tab 10 mg</i>	38
<i>metolazone tab 5 mg</i>	37	<i>minoxidil tab 2.5 mg</i>	38
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	33	<i>mirtazapine orally disintegrating tab 15 mg</i>	48
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	34	<i>mirtazapine orally disintegrating tab 30 mg</i>	48
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	33	<i>mirtazapine orally disintegrating tab 45 mg</i>	48
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	34	<i>mirtazapine tab 15 mg</i>	49
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	34	<i>mirtazapine tab 30 mg</i>	49
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	34	<i>mirtazapine tab 45 mg</i>	49
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	34	<i>mirtazapine tab 7.5 mg</i>	49
<i>metoprolol tartrate iv soln 5 mg/5ml</i> ...	34	<i>misoprostol tab 100 mcg</i>	80
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	34	<i>misoprostol tab 200 mcg</i>	80
<i>metoprolol tartrate tab 100 mg</i>	34	<i>MITIGARE CAP 0.6MG</i>	1
<i>metoprolol tartrate tab 25 mg</i>	34	<i>M-M-R II INJ</i>	88
<i>metoprolol tartrate tab 50 mg</i>	34	<i>M-NATAL PLUS TAB</i>	91
<i>metronidazole cream 0.75%</i>	102	<i>moexipril hcl tab 15 mg</i>	28
<i>metronidazole gel 0.75%</i>	102	<i>moexipril hcl tab 7.5 mg</i>	28
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	7	<i>molindone hcl tab 10 mg</i>	54
<i>metronidazole lotion 0.75%</i>	102	<i>molindone hcl tab 25 mg</i>	54
<i>metronidazole tab 250 mg</i>	7	<i>molindone hcl tab 5 mg</i>	54
<i>metronidazole tab 500 mg</i>	7	<i>mometasone furoate cream 0.1%</i>	101
<i>metronidazole vaginal gel 0.75%</i>	82	<i>mometasone furoate oint 0.1%</i>	101
<i>MG SO4/D5W INJ 10MG/ML</i>	89	<i>mometasone furoate solution 0.1% (lotion)</i>	101
<i>mibelas 24 chw fe</i>	69	<i>montelukast sodium chew tab 4 mg (base equiv)</i>	96
<i>midodrine hcl tab 10 mg</i>	38	<i>montelukast sodium chew tab 5 mg (base equiv)</i>	96
<i>midodrine hcl tab 2.5 mg</i>	38	<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	96
<i>midodrine hcl tab 5 mg</i>	38	<i>montelukast sodium tab 10 mg (base equiv)</i>	96
<i>miglustat cap 100 mg</i>	71	<i>MORPHINE SUL INJ 10MG/ML</i>	4
<i>mili tab 0.25/35</i>	69	<i>MORPHINE SUL INJ 150/30ML</i>	4
<i>minitran dis 0.1mg/hr</i>	39	<i>MORPHINE SUL INJ 2MG/ML</i>	3
<i>minitran dis 0.2mg/hr</i>	39	<i>MORPHINE SUL INJ 4MG/ML</i>	4
		<i>MORPHINE SUL INJ 5MG/ML</i>	4
		<i>MORPHINE SUL INJ 8MG/ML</i>	4
		<i>morphine sulfate inj 10 mg/ml</i>	4
		<i>morphine sulfate inj 8 mg/ml</i>	4
		<i>morphine sulfate iv soln 1 mg/ml</i>	4

<i>morphine sulfate iv soln pf 10 mg/ml ...</i>	4	<i>nafcillin sodium for iv soln 1 gm</i>	17
<i>morphine sulfate iv soln pf 4 mg/ml</i>	4	<i>nafcillin sodium for iv soln 10 gm</i>	17
<i>morphine sulfate iv soln pf 8 mg/ml</i>	4	<i>nafcillin sodium for iv soln 2 gm</i>	17
<i>morphine sulfate oral soln 10 mg/5ml ..</i>	4	<i>NAGLAZYME INJ 1MG/ML</i>	71
<i>morphine sulfate oral soln 100 mg/5ml</i>		<i>nalbuphine hcl inj 10 mg/ml</i>	2
<i>(20 mg/ml)</i>	4	<i>nalbuphine hcl inj 20 mg/ml</i>	2
<i>morphine sulfate oral soln 20 mg/5ml ..</i>	4	<i>naloxone hcl inj 0.4 mg/ml</i>	62
<i>morphine sulfate tab 15 mg</i>	4	<i>naloxone hcl inj 4 mg/10ml</i>	62
<i>morphine sulfate tab 30 mg</i>	4	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	62
<i>morphine sulfate tab er 100 mg</i>	4	<i>naloxone hcl soln prefilled syringe 2</i>	
<i>morphine sulfate tab er 15 mg</i>	4	<i>mg/2ml</i>	62
<i>morphine sulfate tab er 200 mg</i>	4	<i>naltrexone hcl tab 50 mg</i>	62
<i>morphine sulfate tab er 30 mg</i>	4	<i>NAMZARIC CAP</i>	46
<i>morphine sulfate tab er 60 mg</i>	4	<i>NAMZARIC CAP 14-10MG</i>	46
<i>MOVANTIK TAB 12.5MG</i>	80	<i>NAMZARIC CAP 21-10MG</i>	46
<i>MOVANTIK TAB 25MG</i>	80	<i>NAMZARIC CAP 28-10MG</i>	46
<i>MOXEZA SOL 0.5%</i>	92	<i>NAMZARIC CAP 7-10MG</i>	46
<i>moxifloxacin hcl ophth soln 0.5% (base</i>		<i>naproxen dr tab 375mg</i>	1
<i>equiv)</i>	92	<i>naproxen dr tab 500mg</i>	1
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>		<i>naproxen sodium tab 275 mg</i>	1
<i>.....</i>	15	<i>naproxen sodium tab 550 mg</i>	1
<i>MULTAQ TAB 400MG</i>	31	<i>naproxen tab 250 mg</i>	2
<i>mupirocin oint 2%</i>	99	<i>naproxen tab 375 mg</i>	2
<i>MYCAMINE INJ 100MG</i>	8	<i>naproxen tab 500 mg</i>	2
<i>MYCAMINE INJ 50MG</i>	8	<i>naratriptan hcl tab 1 mg (base equiv) .</i>	59
<i>mycophenolate mofetil cap 250 mg</i>	87	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	
<i>mycophenolate mofetil for oral susp 200</i>		<i>.....</i>	59
<i>mg/ml</i>	87	<i>NARCAN SPR</i>	62
<i>mycophenolate mofetil tab 500 mg</i>	87	<i>NATACYN SUS 5% OP</i>	92
<i>mycophenolate sodium tab dr 180 mg</i>		<i>nateglinide tab 120 mg</i>	66
<i>(mycophenolic acid equiv)</i>	87	<i>nateglinide tab 60 mg</i>	66
<i>mycophenolate sodium tab dr 360 mg</i>		<i>NATPARA INJ 100MCG</i>	74
<i>(mycophenolic acid equiv)</i>	87	<i>NATPARA INJ 25MCG</i>	74
<i>myorisan cap 10mg</i>	99	<i>NATPARA INJ 50MCG</i>	74
<i>myorisan cap 20mg</i>	99	<i>NATPARA INJ 75MCG</i>	74
<i>myorisan cap 30mg</i>	99	<i>NEBUPENT INH 300MG</i>	7
<i>myorisan cap 40mg</i>	99	<i>necon tab 0.5/35</i>	69
<i>MYRBETRIQ TAB 25MG</i>	81	<i>nefazodone hcl tab 100 mg</i>	49
<i>MYRBETRIQ TAB 50MG</i>	81	<i>nefazodone hcl tab 150 mg</i>	49
N		<i>nefazodone hcl tab 200 mg</i>	49
<i>nabumetone tab 500 mg</i>	1	<i>nefazodone hcl tab 250 mg</i>	49
<i>nabumetone tab 750 mg</i>	1	<i>nefazodone hcl tab 50 mg</i>	49
<i>nadolol tab 20 mg</i>	34	<i>neomycin sulfate tab 500 mg</i>	5
<i>nadolol tab 40 mg</i>	34	<i>neomycin-bacitrac zn-polymyx</i>	
<i>nadolol tab 80 mg</i>	34	<i>5(3.5)mg-400unt-10000unt op oin</i>	92
<i>NAFCILLIN INJ 10GM</i>	17	<i>neomycin-polymy-gramicid op sol</i>	
<i>nafcillin sodium for inj 1 gm</i>	17	<i>1.75-10000-0.025mg-unt-mg/ml</i>	92
<i>nafcillin sodium for inj 2 gm</i>	17	<i>neomycin-polymyxin-dexamethasone</i>	

<i>ophth oint 0.1%</i>	92	NITRO-DUR DIS 0.3MG/HR.....	39
<i>neomycin-polymyxin-dexamethasone</i>		NITRO-DUR DIS 0.8MG/HR.....	39
<i>ophth susp 0.1%</i>	92	<i>nitrofurantoin macrocrystalline cap 100</i>	
<i>neomycin-polymyxin-hc ophth susp</i> ...	92	<i>mg</i>	7
<i>neomycin-polymyxin-hc otic soln 1%</i>	103	<i>nitrofurantoin macrocrystalline cap 50</i>	
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>mg</i>	7
<i>mg/ml-10000 unit/ml-1%</i>	103	<i>nitrofurantoin monohydrate</i>	
NEPHRAMINE INJ 5.4%	90	<i>macrocrystalline cap 100 mg</i>	7
NERLYNX TAB 40MG.....	24	<i>nitroglycerin sl tab 0.3 mg</i>	39
NEUPRO DIS 1MG/24HR	51	<i>nitroglycerin sl tab 0.4 mg</i>	39
NEUPRO DIS 2MG/24HR	51	<i>nitroglycerin sl tab 0.6 mg</i>	39
NEUPRO DIS 3MG/24HR	51	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> .	39
NEUPRO DIS 4MG/24HR	51	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> .	39
NEUPRO DIS 6MG/24HR	51	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .	39
NEUPRO DIS 8MG/24HR	51	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> .	39
<i>nevirapine susp 50 mg/5ml</i>	10	<i>nitroglycerin tl soln 0.4 mg/spray (400</i>	
<i>nevirapine tab 200 mg</i>	10	<i>mcg/spray)</i>	39
<i>nevirapine tab er 24hr 100 mg</i>	10	NITYR TAB 10MG	71
<i>nevirapine tab er 24hr 400 mg</i>	10	NITYR TAB 2MG	71
NEXAVAR TAB 200MG.....	24	NITYR TAB 5MG	71
<i>niacin (antihyperlipidemic) tab 500 mg</i>	33	<i>norelgestromin-ethinyl estradiol td ptwk</i>	
<i>niacin tab er 1000 mg</i>		<i>150-35 mcg/24hr</i>	69
<i>(antihyperlipidemic)</i>	33	<i>norethindrone & ethinyl estradiol-fe chew</i>	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>		<i>tab 0.4 mg-35 mcg</i>	69
.....	33	<i>norethindrone & ethinyl estradiol-fe chew</i>	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>		<i>tab 0.8 mg-25 mcg</i>	69
.....	33	<i>norethindrone ace & ethinyl estradiol tab</i>	
<i>niacor tab 500mg</i>	33	<i>1 mg-20 mcg</i>	70
<i>nicardipine hcl cap 20 mg</i>	36	<i>norethindrone ace & ethinyl estradiol tab</i>	
<i>nicardipine hcl cap 30 mg</i>	36	<i>1.5 mg-30 mcg</i>	70
NICOTROL INH	62	<i>norethindrone ace & ethinyl estradiol-fe</i>	
NICOTROL NS SPR 10MG/ML.....	62	<i>tab 1 mg-20 mcg</i>	70
<i>nifedipine tab er 24hr 30 mg</i>	36	<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>nifedipine tab er 24hr 60 mg</i>	36	<i>tab 1.5 mg-30 mcg</i>	70
<i>nifedipine tab er 24hr 90 mg</i>	36	<i>norethindrone ace-eth estradiol-fe chew</i>	
<i>nifedipine tab er 24hr osmotic release 30</i>		<i>tab 1 mg-20 mcg (24)</i>	70
<i>mg</i>	36	<i>norethindrone ace-ethinyl estradiol-fe</i>	
<i>nifedipine tab er 24hr osmotic release 60</i>		<i>tab 1 mg-20 mcg (24)</i>	70
<i>mg</i>	36	<i>norethindrone acetate tab 5 mg</i>	75
<i>nifedipine tab er 24hr osmotic release 90</i>		<i>norethindrone acetate-ethinyl estradiol</i>	
<i>mg</i>	36	<i>tab 0.5 mg-2.5 mcg</i>	72
<i>nikki tab 3-0.02mg</i>	69	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>nilutamide tab 150 mg</i>	21	<i>tab 1 mg-5 mcg</i>	72
<i>nimodipine cap 30 mg</i>	36	<i>norethindrone ac-ethinyl estrad-fe tab</i>	
NINLARO CAP 2.3MG.....	20	<i>1-20/1-30/1-35 mg-mcg</i>	69
NINLARO CAP 3MG.....	20	<i>norethindrone tab 0.35 mg</i>	70
NINLARO CAP 4MG.....	20	<i>norethindrone-eth estradiol tab</i>	
NITRO-BID OIN 2%	39	<i>0.5-35/1-35/0.5-35 mg-mcg</i>	70

<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	70	NULYTELY SOL FLAV PKS	79
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	70	NUPLAZID CAP 34MG.....	54
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	70	NUPLAZID TAB 10MG.....	54
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	70	NUTRILIPID EMU 20%	90
<i>norlyroc tab 0.35mg</i>	70	NUVARING MIS	70
NORMOSOL -M INJ /D5W	91	<i>nyamyc pow 100000</i>	100
NORMOSOL -R INJ /D5W	91	NYMALIZE SOL 60/20ML	36
NORMOSOL-R INJ PH 7.4	91	<i>nystatin cream 100000 unit/gm</i>	100
NORPACE CAP 100MG CR.....	31	<i>nystatin oint 100000 unit/gm</i>	100
NORPACE CAP 150MG CR.....	31	<i>nystatin susp 100000 unit/ml</i>	103
NORTHERA CAP 100MG	38	<i>nystatin tab 500000 unit</i>	8
NORTHERA CAP 200MG	38	<i>nystatin topical powder 100000 unit/gm</i>	100
NORTHERA CAP 300MG	38	<i>nystop pow 100000</i>	100
<i>nortrel tab 0.5/35</i>	70	O	
<i>nortrel tab 1/35</i>	70	OCTAGAM INJ 10/100ML.....	86
<i>nortrel tab 7/7/7</i>	70	OCTAGAM INJ 10GM	86
<i>nortriptyline hcl cap 10 mg</i>	49	OCTAGAM INJ 1GM.....	86
<i>nortriptyline hcl cap 25 mg</i>	49	OCTAGAM INJ 2.5GM	86
<i>nortriptyline hcl cap 50 mg</i>	49	OCTAGAM INJ 20/200ML	86
<i>nortriptyline hcl cap 75 mg</i>	49	OCTAGAM INJ 25GM	86
<i>nortriptyline hcl soln 10 mg/5ml</i>	49	OCTAGAM INJ 2GM/20ML	86
NORVIR POW 100MG.....	10	OCTAGAM INJ 30/300ML.....	86
NORVIR SOL 80MG/ML	10	OCTAGAM INJ 5GM.....	86
NOVOLIN INJ 70/30	63	OCTAGAM INJ 5GM/50ML.....	86
NOVOLIN INJ FLEXPEN	63	<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	74
NOVOLIN N INJ U-100	63	<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	75
NOVOLIN R INJ U-100	63	<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	74
NOVOLOG INJ 100/ML	63	<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	74
NOVOLOG INJ FLEXPEN	63	<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	75
NOVOLOG INJ PENFILL	63	ODEFSEY TAB	11
NOVOLOG MIX INJ 70/30	63	ODOMZO CAP 200MG	20
NOVOLOG MIX INJ FLEXPEN	63	OFEV CAP 100MG.....	97
NOXAFIL SUS 40MG/ML.....	8	OFEV CAP 150MG.....	97
NOXAFIL TAB 100MG.....	8	<i>ofloxacin ophth soln 0.3%</i>	92
NUBEQA TAB 300MG	21	<i>ofloxacin otic soln 0.3%</i>	103
NUCALA INJ 100MG.....	97	<i>olanzapine for im inj 10 mg</i>	54
NUCALA INJ 100MG/ML	97	<i>olanzapine orally disintegrating tab 10 mg</i>	54
NUCYNTA ER TAB 100MG	4	<i>olanzapine orally disintegrating tab 15 mg</i>	54
NUCYNTA ER TAB 150MG	4	<i>olanzapine orally disintegrating tab 20 mg</i>	54
NUCYNTA ER TAB 200MG	4		
NUCYNTA ER TAB 250MG	4		
NUCYNTA ER TAB 50MG.....	4		
NUEDEXTA CAP 20-10MG.....	60		
NULOJIX INJ 250MG.....	87		

<i>olanzapine orally disintegrating tab 5 mg</i>	ORFADIN CAP 10MG	71
.....54	ORFADIN CAP 20MG	72
<i>olanzapine tab 10 mg</i>.....54	ORFADIN CAP 2MG.....	71
<i>olanzapine tab 15 mg</i>.....54	ORFADIN CAP 5MG.....	71
<i>olanzapine tab 2.5 mg</i>.....54	ORFADIN SUS 4MG/ML	72
<i>olanzapine tab 20 mg</i>.....54	ORKAMBI GRA 100-125	97
<i>olanzapine tab 5 mg</i>.....54	ORKAMBI GRA 150-188	97
<i>olanzapine tab 7.5 mg</i>.....54	ORKAMBI TAB 100-125.....	97
<i>olmesartan medoxomil tab 20 mg</i>.....30	ORKAMBI TAB 200-125.....	97
<i>olmesartan medoxomil tab 40 mg</i>.....31	<i>orsythia tab</i>	70
<i>olmesartan medoxomil tab 5 mg</i>.....30	<i>oseltamivir phosphate cap 30 mg (base</i>	
<i>olmesartan</i>	<i>equiv)</i>	12
<i>medoxomil-hydrochlorothiazide tab</i>	<i>oseltamivir phosphate cap 45 mg (base</i>	
<i>20-12.5 mg</i>.....30	<i>equiv)</i>	12
<i>olmesartan</i>	<i>oseltamivir phosphate cap 75 mg (base</i>	
<i>medoxomil-hydrochlorothiazide tab</i>	<i>equiv)</i>	12
<i>40-12.5 mg</i>.....30	<i>oseltamivir phosphate for susp 6 mg/ml</i>	
<i>olmesartan</i>	<i>(base equiv)</i>	12
<i>medoxomil-hydrochlorothiazide tab</i>	<i>oxacillin sodium for inj 1 gm (base</i>	
<i>40-25 mg</i>.....30	<i>equivalent)</i>	17
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	<i>oxacillin sodium for inj 10 gm (base</i>	
<i>de tab 20-5-12.5 mg</i>.....30	<i>equivalent)</i>	17
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	<i>oxacillin sodium for inj 2 gm (base</i>	
<i>de tab 40-10-12.5 mg</i>.....30	<i>equivalent)</i>	17
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	<i>oxaliplatin for iv inj 100 mg</i>	26
<i>de tab 40-10-25 mg</i>.....30	<i>oxaliplatin for iv inj 50 mg</i>	26
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	<i>oxaliplatin iv soln 100 mg/20ml</i>	26
<i>de tab 40-5-12.5 mg</i>.....30	<i>oxaliplatin iv soln 50 mg/10ml</i>	26
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	<i>oxandrolone tab 10 mg</i>	62
<i>de tab 40-5-25 mg</i>.....30	<i>oxandrolone tab 2.5 mg</i>	62
<i>olopatadine hcl ophth soln 0.2% (base</i>	<i>oxcarbazepine susp 300 mg/5ml (60</i>	
<i>equivalent)</i>.....93	<i>mg/ml)</i>	43
<i>omeprazole cap delayed release 10 mg</i> 81	<i>oxcarbazepine tab 150 mg</i>	43
<i>omeprazole cap delayed release 20 mg</i> 81	<i>oxcarbazepine tab 300 mg</i>	43
<i>omeprazole cap delayed release 40 mg</i> 81	<i>oxcarbazepine tab 600 mg</i>	43
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	<i>oxybutynin chloride syrup 5 mg/5ml...</i>	81
.....78	<i>oxybutynin chloride tab 5 mg</i>	81
<i>ondansetron hcl inj 40 mg/20ml (2</i>	<i>oxybutynin chloride tab er 24hr 10 mg</i>	81
<i>mg/ml)</i>.....78	<i>oxybutynin chloride tab er 24hr 15 mg</i>	81
<i>ondansetron hcl oral soln 4 mg/5ml</i> ...78	<i>oxybutynin chloride tab er 24hr 5 mg</i> .	81
<i>ondansetron hcl tab 24 mg</i>.....78	<i>oxycodone hcl cap 5 mg</i>	4
<i>ondansetron hcl tab 4 mg</i>.....78	<i>oxycodone hcl conc 100 mg/5ml (20</i>	
<i>ondansetron hcl tab 8 mg</i>.....78	<i>mg/ml)</i>	4
<i>ondansetron orally disintegrating tab 4</i>	<i>oxycodone hcl soln 5 mg/5ml</i>	4
<i>mg</i>.....78	<i>oxycodone hcl tab 10 mg</i>	4
<i>ondansetron orally disintegrating tab 8</i>	<i>oxycodone hcl tab 15 mg</i>	4
<i>mg</i>.....78	<i>oxycodone hcl tab 20 mg</i>	4
<i>OPSUMIT TAB 10MG</i>.....39	<i>oxycodone hcl tab 30 mg</i>	5

<i>oxycodone hcl tab 5 mg</i>	4
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	5
OXYCONTIN TAB 10MG CR.....	5
OXYCONTIN TAB 15MG CR.....	5
OXYCONTIN TAB 20MG CR.....	5
OXYCONTIN TAB 30MG CR.....	5
OXYCONTIN TAB 40MG CR.....	5
OXYCONTIN TAB 60MG CR.....	5
OXYCONTIN TAB 80MG CR.....	5
OZEMPIC INJ 2/1.5ML	63

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<i>pacerone tab 100mg</i>	31
<i>pacerone tab 200mg</i>	31
<i>pacerone tab 400mg</i>	31
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	19
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	19
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	19
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	19
<i>paliperidone tab er 24hr 1.5 mg</i>	54
<i>paliperidone tab er 24hr 3 mg</i>	54
<i>paliperidone tab er 24hr 6 mg</i>	54
<i>paliperidone tab er 24hr 9 mg</i>	54
<i>pamidronate disodium for inj 30 mg</i>	66
<i>pamidronate disodium for inj 90 mg</i>	66
<i>pamidronate disodium iv soln 3 mg/ml</i> 67	
<i>pamidronate disodium iv soln 9 mg/ml</i> 67	
PAMIDRONATE INJ 6MG/ML.....	67
PANRETIN GEL 0.1%	102
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	81
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	81
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	81
PANZYGA SOL 10/100ML	86
PANZYGA SOL 1GM/10ML	86
PANZYGA SOL 2.5/25ML	86

PANZYGA SOL 20/200ML.....	86
PANZYGA SOL 30/300ML.....	86
PANZYGA SOL 5GM/50ML.....	86
<i>paricalcitol cap 1 mcg</i>	91
<i>paricalcitol cap 2 mcg</i>	91
<i>paricalcitol cap 4 mcg</i>	91
<i>paromomycin sulfate cap 250 mg</i>	5
<i>paroxetine hcl tab 10 mg</i>	49
<i>paroxetine hcl tab 20 mg</i>	49
<i>paroxetine hcl tab 30 mg</i>	49
<i>paroxetine hcl tab 40 mg</i>	49
PASER GRA 4GM	12
PAXIL SUS 10MG/5ML.....	49
PAZEO DRO 0.7%	93
PEDIARIX INJ 0.5ML	88
PEDVAX HIB INJ.....	88
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	79
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	79
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	79
PEGANONE TAB 250MG.....	43
PEGASYS INJ	13
PEGASYS INJ 180MCG/M.....	13
PEGASYS INJ PROCLICK.....	13
PEN G PROC INJ 600000	17
PENICILL GK/ INJ DEX 2MU	17
PENICILL GK/ INJ DEX 3MU	17
<i>penicillin g potassium for inj 20000000 unit</i>	17
<i>penicillin g potassium for inj 5000000 unit</i>	17
<i>penicillin g sodium for inj 5000000 unit</i>	17
<i>penicillin v potassium for soln 125 mg/5ml</i>	17
<i>penicillin v potassium for soln 250 mg/5ml</i>	17
<i>penicillin v potassium tab 250 mg</i>	17
<i>penicillin v potassium tab 500 mg</i>	17
PENTACEL INJ.....	88
PENTAM 300 INJ 300MG.....	7
<i>pentamidine isethionate for soln 300 mg</i>	7
<i>pentoxifylline tab er 400 mg</i>	84
<i>perindopril erbumine tab 2 mg</i>	28
<i>perindopril erbumine tab 4 mg</i>	28

<i>perindopril erbumine tab 8 mg</i>	28	.....	66
<i>perlogard sol 0.12%</i>	103	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	66
<i>permethrin cream 5%</i>	103	.....	66
<i>perphenazine tab 16 mg</i>	55	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	66
<i>perphenazine tab 2 mg</i>	54	.....	66
<i>perphenazine tab 4 mg</i>	54	<i>piperacillin sod-tazobactam na for inj</i>	
<i>perphenazine tab 8 mg</i>	54	<i>3.375 gm (3-0.375 gm)</i>	17
<i>PERSERIS INJ 120MG</i>	55	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>PERSERIS INJ 90MG</i>	55	<i>13.5 gm (12-1.5 gm)</i>	17
<i>phenelzine sulfate tab 15 mg</i>	49	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>PHENOBARB INJ 65MG/ML</i>	43	<i>2.25 gm (2-0.25 gm)</i>	17
<i>phenobarbital elixir 20 mg/5ml</i>	43	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>phenobarbital sodium inj 130 mg/ml</i> ...	44	<i>4.5 gm (4-0.5 gm)</i>	17
<i>phenobarbital tab 100 mg</i>	44	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>phenobarbital tab 15 mg</i>	44	<i>40.5 gm (36-4.5 gm)</i>	17
<i>phenobarbital tab 16.2 mg</i>	44	<i>PIQRAY 200MG TAB DOSE</i>	24
<i>phenobarbital tab 30 mg</i>	44	<i>PIQRAY 250MG TAB DOSE</i>	24
<i>phenobarbital tab 32.4 mg</i>	44	<i>PIQRAY 300MG TAB DOSE</i>	24
<i>phenobarbital tab 60 mg</i>	44	<i>pirmella tab 1/35</i>	70
<i>phenobarbital tab 64.8 mg</i>	44	<i>piroxicam cap 10 mg</i>	2
<i>phenobarbital tab 97.2 mg</i>	44	<i>piroxicam cap 20 mg</i>	2
<i>PHENYTEK CAP 200MG</i>	44	<i>PLASMA-LYTE INJ -148</i>	91
<i>PHENYTEK CAP 300MG</i>	44	<i>PLASMA-LYTE INJ -A</i>	91
<i>phenytoin chew tab 50 mg</i>	44	<i>PLENVU SOL</i>	79
<i>phenytoin sodium extended cap 100 mg</i>		<i>PNV FOLIC AC TAB + IRON</i>	91
.....	44	<i>podofilox soln 0.5%</i>	102
<i>phenytoin sodium extended cap 200 mg</i>		<i>polymyxin b-trimethoprim ophth soln</i>	
.....	44	<i>10000 unit/ml-0.1%</i>	92
<i>phenytoin sodium extended cap 300 mg</i>		<i>POMALYST CAP 1MG</i>	21
.....	44	<i>POMALYST CAP 2MG</i>	22
<i>phenytoin sodium inj 50 mg/ml</i>	44	<i>POMALYST CAP 3MG</i>	22
<i>phenytoin susp 125 mg/5ml</i>	44	<i>POMALYST CAP 4MG</i>	22
<i>philith tab 0.4-35</i>	70	<i>portia-28 tab</i>	70
<i>PHOSPHOLINE SOL 0.125%OP</i>	94	<i>potassium chloride 20 meq/l (0.15%) in</i>	
<i>PICATO GEL 0.015%</i>	102	<i>dextrose 5% inj</i>	91
<i>PICATO GEL 0.05%</i>	102	<i>potassium chloride 40 meq/l (0.3%) in</i>	
<i>PIFELTRO TAB 100MG</i>	10	<i>dextrose 5% inj</i>	91
<i>pilocarpine hcl ophth soln 1%</i>	94	<i>potassium chloride cap er 10 meq</i>	89
<i>pilocarpine hcl ophth soln 2%</i>	94	<i>potassium chloride cap er 8 meq</i>	89
<i>pilocarpine hcl ophth soln 4%</i>	94	<i>potassium chloride inj 10 meq/100ml</i> .	91
<i>pilocarpine hcl tab 5 mg</i>	103	<i>potassium chloride inj 10 meq/50ml</i> ...	91
<i>pilocarpine hcl tab 7.5 mg</i>	103	<i>potassium chloride inj 2 meq/ml</i>	91
<i>pimozide tab 1 mg</i>	55	<i>potassium chloride inj 20 meq/100ml</i> .	91
<i>pimozide tab 2 mg</i>	55	<i>potassium chloride inj 20 meq/50ml</i> ...	91
<i>pimtrea tab</i>	70	<i>potassium chloride inj 40 meq/100ml</i> .	91
<i>pindolol tab 10 mg</i>	35	<i>potassium chloride microencapsulated</i>	
<i>pindolol tab 5 mg</i>	35	<i>crys er tab 10 meq</i>	89
<i>pioglitazone hcl tab 15 mg (base equiv)</i>		<i>potassium chloride microencapsulated</i>	

<i>crys er tab 15 meq</i>	89	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	73
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	89	<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	73
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	89	<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	73
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	89	<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	73
<i>potassium chloride powder packet 20 meq</i>	89	PREDNISON CON 5MG/ML	73
<i>potassium chloride tab er 10 meq</i>	89	<i>prednisone oral soln 5 mg/5ml</i>	73
<i>potassium chloride tab er 20 meq (1500 mg)</i>	89	<i>prednisone tab 1 mg</i>	73
<i>potassium chloride tab er 8 meq (600 mg)</i>	89	<i>prednisone tab 10 mg</i>	73
<i>potassium citrate tab er 10 meq (1080 mg)</i>	81	<i>prednisone tab 2.5 mg</i>	73
<i>potassium citrate tab er 15 meq (1620 mg)</i>	81	<i>prednisone tab 20 mg</i>	73
<i>potassium citrate tab er 5 meq (540 mg)</i>	81	<i>prednisone tab 5 mg</i>	73
PRADAXA CAP 110MG.....	83	<i>prednisone tab 50 mg</i>	73
PRADAXA CAP 150MG.....	83	<i>prednisone tab therapy pack 10 mg (21)</i>	73
PRADAXA CAP 75MG	83	<i>prednisone tab therapy pack 10 mg (48)</i>	73
PRALUENT INJ 150MG/ML	33	<i>prednisone tab therapy pack 5 mg (21)</i>	73
PRALUENT INJ 75MG/ML.....	33	<i>prednisone tab therapy pack 5 mg (48)</i>	73
<i>pramipexole dihydrochloride tab 0.125 mg</i>	51	<i>pregabalin cap 100 mg</i>	44
<i>pramipexole dihydrochloride tab 0.25 mg</i>	51	<i>pregabalin cap 150 mg</i>	44
<i>pramipexole dihydrochloride tab 0.5 mg</i>	51	<i>pregabalin cap 200 mg</i>	44
<i>pramipexole dihydrochloride tab 0.75 mg</i>	51	<i>pregabalin cap 225 mg</i>	44
<i>pramipexole dihydrochloride tab 1 mg</i>	51	<i>pregabalin cap 25 mg</i>	44
<i>pramipexole dihydrochloride tab 1.5 mg</i>	51	<i>pregabalin cap 300 mg</i>	44
<i>prasugrel hcl tab 10 mg (base equiv)</i> ..	84	<i>pregabalin cap 50 mg</i>	44
<i>prasugrel hcl tab 5 mg (base equiv)</i>	84	<i>pregabalin cap 75 mg</i>	44
<i>pravastatin sodium tab 10 mg</i>	32	<i>pregabalin soln 20 mg/ml</i>	44
<i>pravastatin sodium tab 20 mg</i>	32	PREMASOL SOL 10%	90
<i>pravastatin sodium tab 40 mg</i>	32	PRENATAL PLUS.....	91
<i>pravastatin sodium tab 80 mg</i>	32	PRENATAL TAB 27-1MG.....	91
<i>praziquantel tab 600 mg</i>	7	PRENATAL TAB PLUS	91
<i>prazosin hcl cap 1 mg</i>	28	PRENATAL VIT TAB LOW IRON	91
<i>prazosin hcl cap 2 mg</i>	28	<i>prevalite pow 4gm</i>	33
<i>prazosin hcl cap 5 mg</i>	28	<i>prevalite pow 4gm pk</i>	33
PRED SOD PHO SOL 1% OP	93	<i>previfem tab</i>	70
<i>prednisolone acetate ophth susp 1%</i> ...	93	PREZCOBIX TAB 800-150.....	11
		PREZISTA SUS 100MG/ML.....	10
		PREZISTA TAB 150MG	10
		PREZISTA TAB 600MG	10
		PREZISTA TAB 75MG	10
		PREZISTA TAB 800MG	10
		PRIFTIN TAB 150MG	12

<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	9
PRIMAQUINE TAB 26.3MG.....	9
<i>primidone tab 250 mg</i>	45
<i>primidone tab 50 mg</i>	44
PRIVIGEN INJ 10GRAMS	86
PRIVIGEN INJ 20GRAMS	86
PRIVIGEN INJ 40GRAMS	86
PRIVIGEN INJ 5 GRAMS	86
<i>probenecid tab 500 mg</i>	1
PROCALAMINE INJ 3%.....	90
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	78
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	78
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	78
<i>prochlorperazine suppos 25 mg</i>	78
PROCRIT INJ 10000/ML	83
PROCRIT INJ 2000/ML	83
PROCRIT INJ 20000/ML	83
PROCRIT INJ 3000/ML	83
PROCRIT INJ 4000/ML	83
PROCRIT INJ 40000/ML	83
<i>procto-med cre hc 2.5%</i>	102
<i>procto-pak cre 1%</i>	102
<i>proctozone cre -hc 2.5%</i>	102
PROGLYCEM SUS 50MG/ML	74
PROGRAF GRA 0.2MG.....	87
PROGRAF GRA 1MG.....	87
PROLASTIN-C INJ 1000MG.....	97
PROLENSA SOL 0.07%	93
PROLIA SOL 60MG/ML	75
PROMACTA POW 12.5MG	84
PROMACTA TAB 12.5MG	84
PROMACTA TAB 25MG	84
PROMACTA TAB 50MG	84
PROMACTA TAB 75MG	84
<i>promethazine hcl inj 25 mg/ml</i>	78
<i>promethazine hcl inj 50 mg/ml</i>	78
<i>promethazine hcl syrup 6.25 mg/5ml</i> ..	78
<i>promethazine hcl tab 12.5 mg</i>	78
<i>promethazine hcl tab 25 mg</i>	78
<i>promethazine hcl tab 50 mg</i>	78
<i>propafenone hcl cap er 12hr 225 mg</i> ...	31
<i>propafenone hcl cap er 12hr 325 mg</i> ...	31
<i>propafenone hcl cap er 12hr 425 mg</i> ...	31
<i>propafenone hcl tab 150 mg</i>	31
<i>propafenone hcl tab 225 mg</i>	31
<i>propafenone hcl tab 300 mg</i>	31
<i>proparacaine hcl ophth soln 0.5%</i>	94
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	34
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	34
<i>propranolol hcl cap er 24hr 120 mg</i>	35
<i>propranolol hcl cap er 24hr 160 mg</i>	35
<i>propranolol hcl cap er 24hr 60 mg</i>	35
<i>propranolol hcl cap er 24hr 80 mg</i>	35
<i>propranolol hcl oral soln 20 mg/5ml</i> ...	35
<i>propranolol hcl oral soln 40 mg/5ml</i> ...	35
<i>propranolol hcl tab 10 mg</i>	35
<i>propranolol hcl tab 20 mg</i>	35
<i>propranolol hcl tab 40 mg</i>	35
<i>propranolol hcl tab 60 mg</i>	35
<i>propranolol hcl tab 80 mg</i>	35
<i>propylthiouracil tab 50 mg</i>	76
PROQUAD INJ	88
PROSOL INJ 20%	90
<i>protriptyline hcl tab 10 mg</i>	49
<i>protriptyline hcl tab 5 mg</i>	49
PULMICORT INH 180MCG	98
PULMICORT INH 90MCG.....	98
PULMOZYME SOL 1MG/ML	97
PURIXAN SUS 20MG/ML.....	19
<i>pyrazinamide tab 500 mg</i>	12
<i>pyridostigmine bromide tab 60 mg</i>	60
Q	
QUADRACEL INJ.....	88
<i>quetiapine fumarate tab 100 mg</i>	55
<i>quetiapine fumarate tab 200 mg</i>	55
<i>quetiapine fumarate tab 25 mg</i>	55
<i>quetiapine fumarate tab 300 mg</i>	55
<i>quetiapine fumarate tab 400 mg</i>	55
<i>quetiapine fumarate tab 50 mg</i>	55
<i>quetiapine fumarate tab er 24hr 150 mg</i>	55
<i>quetiapine fumarate tab er 24hr 200 mg</i>	55
<i>quetiapine fumarate tab er 24hr 300 mg</i>	55
<i>quetiapine fumarate tab er 24hr 400 mg</i>	55
<i>quetiapine fumarate tab er 24hr 50 mg</i>	55
<i>quinapril hcl tab 10 mg</i>	28

<i>quinapril hcl tab 20 mg</i>	28
<i>quinapril hcl tab 40 mg</i>	28
<i>quinapril hcl tab 5 mg</i>	28
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	27
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	27
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	27
<i>quinidine sulfate tab 200 mg</i>	31
<i>quinidine sulfate tab 300 mg</i>	31
<i>quinine sulfate cap 324 mg</i>	9
R	
<i>RABAVERT INJ</i>	88
<i>rabeprazole sodium ec tab 20 mg</i>	81
<i>raloxifene hcl tab 60 mg</i>	75
<i>ramipril cap 1.25 mg</i>	28
<i>ramipril cap 10 mg</i>	28
<i>ramipril cap 2.5 mg</i>	28
<i>ramipril cap 5 mg</i>	28
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	79
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	79
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	79
<i>ranitidine hcl tab 150 mg</i>	79
<i>ranitidine hcl tab 300 mg</i>	79
<i>ranolazine tab er 12hr 1000 mg</i>	38
<i>ranolazine tab er 12hr 500 mg</i>	38
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	51
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	51
<i>RAYALDEE CAP 30MCG</i>	91
<i>REBETOL SOL 40MG/ML</i>	13
<i>reclipsen tab</i>	70
<i>RECOMBIVA HB INJ 10MCG/ML</i>	88
<i>RECOMBIVA HB INJ 5MCG/0.5</i>	88
<i>RECOMBIVA-HB INJ 40MCG/ML</i>	88
<i>RECTIV OIN 0.4%</i>	102
<i>REGRANEX GEL 0.01%</i>	103
<i>RELENZA MIS DISKHALE</i>	13
<i>RELISTOR INJ 12/0.6ML</i>	80
<i>RELISTOR INJ 8/0.4ML</i>	80
<i>REMICADE INJ 100MG</i>	85
<i>RENFLEXIS INJ 100MG</i>	85
<i>repaglinide tab 0.5 mg</i>	66

<i>repaglinide tab 1 mg</i>	66
<i>repaglinide tab 2 mg</i>	66
<i>RESCRIPTOR TAB 200MG</i>	10
<i>RESTASIS EMU 0.05%</i>	94
<i>RESTASIS MUL EMU 0.05%</i>	94
<i>REVLIMID CAP 10MG</i>	22
<i>REVLIMID CAP 15MG</i>	22
<i>REVLIMID CAP 2.5MG</i>	22
<i>REVLIMID CAP 20MG</i>	22
<i>REVLIMID CAP 25MG</i>	22
<i>REVLIMID CAP 5MG</i>	22
<i>REXULTI TAB 0.25MG</i>	55
<i>REXULTI TAB 0.5MG</i>	55
<i>REXULTI TAB 1MG</i>	55
<i>REXULTI TAB 2MG</i>	55
<i>REXULTI TAB 3MG</i>	55
<i>REXULTI TAB 4MG</i>	55
<i>REYATAZ POW 50MG</i>	10
<i>RHOPRESSA SOL 0.02%</i>	94
<i>ribasphere cap 200mg</i>	13
<i>ribasphere tab 200mg</i>	13
<i>ribasphere tab 600mg</i>	13
<i>ribavirin cap 200 mg</i>	13
<i>ribavirin tab 200 mg</i>	13
<i>rifabutin cap 150 mg</i>	12
<i>rifampin cap 150 mg</i>	12
<i>rifampin cap 300 mg</i>	12
<i>rifampin for inj 600 mg</i>	12
<i>RIFATER TAB</i>	12
<i>riluzole tab 50 mg</i>	60
<i>rimantadine hydrochloride tab 100 mg</i>	13
<i>risedronate sodium tab 150 mg</i>	67
<i>risedronate sodium tab 35 mg</i>	67
<i>risedronate sodium tab 5 mg</i>	67
<i>risedronate sodium tab delayed release 35 mg</i>	67
<i>RISPERDAL INJ 12.5MG</i>	55
<i>RISPERDAL INJ 25MG</i>	55
<i>RISPERDAL INJ 37.5MG</i>	55
<i>RISPERDAL INJ 50MG</i>	55
<i>risperidone orally disintegrating tab 0.25 mg</i>	55
<i>risperidone orally disintegrating tab 0.5 mg</i>	55
<i>risperidone orally disintegrating tab 1 mg</i>	56
<i>risperidone orally disintegrating tab 2 mg</i>	56

<i>risperidone orally disintegrating tab 3 mg</i>	56	<i>rosuvastatin calcium tab 5 mg</i>	32
<i>risperidone orally disintegrating tab 4 mg</i>	56	ROTARIX SUS	88
<i>risperidone soln 1 mg/ml</i>	56	ROTATEQ SOL.....	88
<i>risperidone tab 0.25 mg</i>	56	<i>roweepra tab 1000mg</i>	45
<i>risperidone tab 0.5 mg</i>	56	<i>roweepra tab 500mg</i>	45
<i>risperidone tab 1 mg</i>	56	<i>roweepra tab 750mg</i>	45
<i>risperidone tab 2 mg</i>	56	<i>roweepra xr tab 500mg xr</i>	45
<i>risperidone tab 3 mg</i>	56	<i>roweepra xr tab 750mg xr</i>	45
<i>risperidone tab 4 mg</i>	56	RUBRACA TAB 200MG.....	20
<i>ritonavir tab 100 mg</i>	10	RUBRACA TAB 250MG.....	20
RITUXAN INJ 100MG	20	RUBRACA TAB 300MG.....	20
RITUXAN INJ 500MG	20	RYDAPT CAP 25MG	24
RITUXAN INJ HYCELA.....	20	S	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	46	SANDIMMUNE SOL 100MG/ML	87
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	46	SANTYL OIN 250/GM	103
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	46	SAPHRIS SUB 10MG	56
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	46	SAPHRIS SUB 2.5MG	56
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	46	SAPHRIS SUB 5MG.....	56
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	46	<i>scopolamine td patch 72hr 1 mg/3days</i>	78
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	46	<i>selegiline hcl cap 5 mg</i>	51
<i>rivelsa tab</i>	70	<i>selegiline hcl tab 5 mg</i>	51
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	59	<i>selenium sulfide lotion 2.5%</i>	100
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	59	SELZENTRY SOL 20MG/ML	10
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	59	SELZENTRY TAB 150MG.....	10
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	59	SELZENTRY TAB 25MG.....	10
<i>ropinirole hydrochloride tab 0.25 mg</i> ...	51	SELZENTRY TAB 300MG.....	10
<i>ropinirole hydrochloride tab 0.5 mg</i>	51	SELZENTRY TAB 75MG.....	10
<i>ropinirole hydrochloride tab 1 mg</i>	51	SEREVENT DIS AER 50MCG	96
<i>ropinirole hydrochloride tab 2 mg</i>	51	<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	49
<i>ropinirole hydrochloride tab 3 mg</i>	51	<i>sertraline hcl tab 100 mg</i>	49
<i>ropinirole hydrochloride tab 4 mg</i>	51	<i>sertraline hcl tab 25 mg</i>	49
<i>ropinirole hydrochloride tab 5 mg</i>	51	<i>sertraline hcl tab 50 mg</i>	49
<i>rosuvastatin calcium tab 10 mg</i>	32	<i>sevelamer carbonate packet 0.8 gm</i> ...	75
<i>rosuvastatin calcium tab 20 mg</i>	32	<i>sevelamer carbonate packet 2.4 gm</i> ...	75
<i>rosuvastatin calcium tab 40 mg</i>	32	<i>sevelamer carbonate tab 800 mg</i>	75
		<i>sharobel tab 0.35mg</i>	70
		SHINGRIX INJ 50MCG.....	88
		SIGNIFOR INJ 0.3MG/ML.....	75
		SIGNIFOR INJ 0.6MG/ML.....	75
		SIGNIFOR INJ 0.9MG/ML.....	75
		<i>sildenafil citrate tab 20 mg</i>	40
		SILENOR TAB 3MG	58
		SILENOR TAB 6MG	58
		<i>silver sulfadiazine cream 1%</i>	99
		SIMBRINZA SUS 1-0.2%.....	94
		<i>simvastatin tab 10 mg</i>	32

<i>simvastatin tab 20 mg</i>	32	<i>sotalol hcl tab 160 mg</i>	32
<i>simvastatin tab 40 mg</i>	32	<i>sotalol hcl tab 240 mg</i>	32
<i>simvastatin tab 5 mg</i>	32	<i>sotalol hcl tab 80 mg</i>	32
<i>simvastatin tab 80 mg</i>	32	<i>spironolactone & hydrochlorothiazide tab</i>	
<i>sirolimus oral soln 1 mg/ml</i>	87	<i>25-25 mg</i>	37
<i>sirolimus tab 0.5 mg</i>	87	<i>spironolactone tab 100 mg</i>	28
<i>sirolimus tab 1 mg</i>	87	<i>spironolactone tab 25 mg</i>	28
<i>sirolimus tab 2 mg</i>	87	<i>spironolactone tab 50 mg</i>	28
SIRTURO TAB 100MG	12	<i>sprintec 28 tab 28 day</i>	70
SIVEXTRO INJ 200MG	7	SPRITAM TAB 1000MG.....	45
SIVEXTRO TAB 200MG	7	SPRITAM TAB 250MG.....	45
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>		SPRITAM TAB 500MG.....	45
.....	89	SPRITAM TAB 750MG.....	45
<i>sodium chloride irrigation soln 0.9%</i> .	103	SPRYCEL TAB 100MG.....	24
<i>sodium chloride iv soln 0.45%</i>	91	SPRYCEL TAB 140MG.....	24
<i>sodium chloride iv soln 0.9%</i>	91	SPRYCEL TAB 20MG.....	24
<i>sodium chloride iv soln 3%</i>	91	SPRYCEL TAB 50MG.....	24
<i>sodium chloride iv soln 5%</i>	91	SPRYCEL TAB 70MG.....	24
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>		SPRYCEL TAB 80MG.....	24
<i>mg/ml soln</i>	89	<i>ssd cre 1%</i>	99
<i>sodium phenylbutyrate oral powder 3</i>		<i>stavudine cap 15 mg</i>	10
<i>gm/teaspoonful</i>	72	<i>stavudine cap 20 mg</i>	10
<i>sodium phenylbutyrate tab 500 mg</i>	72	<i>stavudine cap 30 mg</i>	10
<i>sodium polystyrene sulfonate oral susp</i>		<i>stavudine cap 40 mg</i>	10
<i>15 gm/60ml</i>	67	STELARA INJ 45MG/0.5.....	85
<i>sodium polystyrene sulfonate powder</i> ..	67	STELARA INJ 90MG/ML	85
SOLQUA INJ 100/33.....	63	STIMATE SOL 1.5MG/ML	77
SOLTAMOX SOL 10MG/5ML	21	STIVARGA TAB 40MG	24
SOLU-CORTEF INJ 1000MG	74	<i>streptomycin sulfate for inj 1 gm</i>	5
SOLU-CORTEF INJ 100MG	74	STRIBILD TAB.....	11
SOLU-CORTEF INJ 250MG	74	<i>sucralfate tab 1 gm</i>	80
SOLU-CORTEF INJ 500MG	74	<i>sulfacetamide sodium lotion 10% (acne)</i>	
SOMATULINE INJ 120/.5ML.....	75	.....	99
SOMATULINE INJ 60/0.2ML.....	75	<i>sulfacetamide sodium ophth oint 10%</i>	92
SOMATULINE INJ 90/0.3ML.....	75	<i>sulfacetamide sodium ophth soln 10%</i>	92
SOMAVERT INJ 10MG	75	<i>sulfacetamide sodium-prednisolone</i>	
SOMAVERT INJ 15MG	75	<i>ophth soln 10-0.23(0.25)%</i>	92
SOMAVERT INJ 20MG	75	SULFADIAZINE TAB 500MG	6
SOMAVERT INJ 25MG	75	<i>sulfamethoxazole-trimethoprim iv soln</i>	
SOMAVERT INJ 30MG	75	<i>400-80 mg/5ml</i>	7
<i>sorine tab 120mg</i>	31	<i>sulfamethoxazole-trimethoprim susp</i>	
<i>sorine tab 160mg</i>	31	<i>200-40 mg/5ml</i>	7
<i>sorine tab 240mg</i>	31	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sorine tab 80mg</i>	31	<i>400-80 mg</i>	7
<i>sotalol hcl (afib/afl) tab 120 mg</i>	31	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	32	<i>800-160 mg</i>	7
<i>sotalol hcl (afib/afl) tab 80 mg</i>	31	SULFAMYLON CRE 85MG/GM	100
<i>sotalol hcl tab 120 mg</i>	32	<i>sulfasalazine tab 500 mg</i>	79

<i>sulfasalazine tab delayed release 500 mg</i>	79	SYNJARDY XR TAB 25-1000.....	66
<i>sulindac tab 150 mg</i>	2	SYNJARDY XR TAB 5-1000MG	66
<i>sulindac tab 200 mg</i>	2	SYNRIBO INJ 3.5MG	25
<i>sumatriptan nasal spray 20 mg/act</i>	59	SYNTHROID TAB 100MCG	76
<i>sumatriptan nasal spray 5 mg/act</i>	59	SYNTHROID TAB 112MCG	76
<i>sumatriptan succinate inj 6 mg/0.5ml</i> .	59	SYNTHROID TAB 125MCG	76
<i>sumatriptan succinate solution</i>		SYNTHROID TAB 137MCG	76
<i>auto-injector 4 mg/0.5ml</i>	59	SYNTHROID TAB 150MCG	76
<i>sumatriptan succinate solution</i>		SYNTHROID TAB 175MCG	77
<i>auto-injector 6 mg/0.5ml</i>	59	SYNTHROID TAB 200MCG	77
<i>sumatriptan succinate solution cartridge</i>		SYNTHROID TAB 25MCG	76
<i>4 mg/0.5ml</i>	60	SYNTHROID TAB 300MCG	77
<i>sumatriptan succinate solution cartridge</i>		SYNTHROID TAB 50MCG	76
<i>6 mg/0.5ml</i>	60	SYNTHROID TAB 75MCG	76
<i>sumatriptan succinate solution prefilled</i>		SYNTHROID TAB 88MCG	76
<i>syringe 6 mg/0.5ml</i>	60	T	
<i>sumatriptan succinate tab 100 mg</i>	60	TABLOID TAB 40MG	19
<i>sumatriptan succinate tab 25 mg</i>	60	<i>tacrolimus cap 0.5 mg</i>	87
<i>sumatriptan succinate tab 50 mg</i>	60	<i>tacrolimus cap 1 mg</i>	87
SUPREP BOWEL SOL PREP KIT	79	<i>tacrolimus cap 5 mg</i>	87
SUTENT CAP 12.5MG.....	24	<i>tacrolimus oint 0.03%</i>	103
SUTENT CAP 25MG	25	<i>tacrolimus oint 0.1%</i>	102
SUTENT CAP 37.5MG.....	25	TAFINLAR CAP 50MG	25
SUTENT CAP 50MG	25	TAFINLAR CAP 75MG	25
SYLATRON KIT 200MCG.....	25	TAGRISSO TAB 40MG	25
SYLATRON KIT 300MCG.....	25	TAGRISSO TAB 80MG	25
SYLATRON KIT 600MCG.....	25	TALZENNA CAP 0.25MG	20
SYMBICORT AER 160-4.5.....	98	TALZENNA CAP 1MG.....	20
SYMBICORT AER 80-4.5.....	98	<i>tamoxifen citrate tab 10 mg (base</i>	
SYMDEKO TAB 100-150.....	97	<i>equivalent)</i>	21
SYMDEKO TAB 50-75MG.....	97	<i>tamoxifen citrate tab 20 mg (base</i>	
SYMFI LO TAB	11	<i>equivalent)</i>	21
SYMFI TAB	11	<i>tamsulosin hcl cap 0.4 mg</i>	81
SYMJEPI INJ 0.15MG	97	TARGRETIN GEL 1%	103
SYMJEPI INJ 0.3MG.....	97	<i>tarina 24 fe tab</i>	70
SYMPAZAN MIS 10MG	45	<i>tarina fe tab 1/20</i>	70
SYMPAZAN MIS 20MG	45	TASIGNA CAP 150MG	25
SYMPAZAN MIS 5MG	45	TASIGNA CAP 200MG	25
SYMTUZA TAB	11	TASIGNA CAP 50MG	25
SYNAREL SOL 2MG/ML	71	TAXOTERE INJ 80MG/4ML	19
SYNERCID INJ 500MG	7	<i>tazarotene cream 0.1%</i>	100
SYNJARDY TAB	66	<i>tazicef inj 1gm</i>	14
SYNJARDY TAB 12.5-500	66	<i>tazicef inj 2gm</i>	14
SYNJARDY TAB 5-1000MG	66	<i>tazicef inj 6gm</i>	14
SYNJARDY TAB 5-500MG	66	TAZORAC CRE 0.05%	100
SYNJARDY XR TAB	66	TDVAX INJ 2-2 LF.....	88
SYNJARDY XR TAB 10-1000	66	TECENTRIQ INJ 1200/20	20
		TECENTRIQ INJ 840/14.....	20

TEFLARO INJ 400MG	14	THALOMID CAP 100MG	22
TEFLARO INJ 600MG	14	THALOMID CAP 150MG	22
<i>telmisartan tab 20 mg</i>	31	THALOMID CAP 200MG	22
<i>telmisartan tab 40 mg</i>	31	THALOMID CAP 50MG	22
<i>telmisartan tab 80 mg</i>	31	THEO-24 CAP 100MG CR.....	97
<i>telmisartan-amlodipine tab 40-10 mg</i> ..	30	THEO-24 CAP 200MG CR.....	97
<i>telmisartan-amlodipine tab 40-5 mg</i> ...	30	THEO-24 CAP 300MG CR.....	97
<i>telmisartan-amlodipine tab 80-10 mg</i> ..	30	THEO-24 CAP 400MG ER	97
<i>telmisartan-amlodipine tab 80-5 mg</i> ...	30	<i>theophylline soln 80 mg/15ml</i>	97
<i>telmisartan-hydrochlorothiazide tab</i>		<i>theophylline tab er 12hr 300 mg</i>	97
<i>40-12.5 mg</i>	30	<i>theophylline tab er 12hr 450 mg</i>	97
<i>telmisartan-hydrochlorothiazide tab</i>		<i>theophylline tab er 24hr 400 mg</i>	97
<i>80-12.5 mg</i>	30	<i>theophylline tab er 24hr 600 mg</i>	97
<i>telmisartan-hydrochlorothiazide tab</i>		<i>thioridazine hcl tab 10 mg</i>	56
<i>80-25 mg</i>	30	<i>thioridazine hcl tab 100 mg</i>	56
<i>temazepam cap 15 mg</i>	58	<i>thioridazine hcl tab 25 mg</i>	56
<i>temazepam cap 7.5 mg</i>	58	<i>thioridazine hcl tab 50 mg</i>	56
TENIVAC INJ 5-2LF	88	<i>thiothixene cap 1 mg</i>	56
<i>tenofovir disoproxil fumarate tab 300 mg</i>		<i>thiothixene cap 10 mg</i>	56
.....	10	<i>thiothixene cap 2 mg</i>	56
<i>terazosin hcl cap 1 mg (base equivalent)</i>		<i>thiothixene cap 5 mg</i>	56
.....	28	<i>tiagabine hcl tab 12 mg</i>	45
<i>terazosin hcl cap 10 mg (base</i>		<i>tiagabine hcl tab 16 mg</i>	45
<i>equivalent)</i>	29	<i>tiagabine hcl tab 2 mg</i>	45
<i>terazosin hcl cap 2 mg (base equivalent)</i>		<i>tiagabine hcl tab 4 mg</i>	45
.....	28	TIBSOVO TAB 250MG	20
<i>terazosin hcl cap 5 mg (base equivalent)</i>		<i>tigecycline for iv soln 50 mg</i>	7
.....	29	<i>timolol maleate ophth gel forming soln</i>	
<i>terbinafine hcl tab 250 mg</i>	9	<i>0.25%</i>	94
<i>terbutaline sulfate tab 2.5 mg</i>	96	<i>timolol maleate ophth gel forming soln</i>	
<i>terbutaline sulfate tab 5 mg</i>	96	<i>0.5%</i>	94
<i>terconazole vaginal cream 0.4%</i>	82	<i>timolol maleate ophth soln 0.25%</i>	94
<i>terconazole vaginal cream 0.8%</i>	82	<i>timolol maleate ophth soln 0.5%</i>	94
<i>terconazole vaginal suppos 80 mg</i>	82	<i>timolol maleate ophth soln 0.5%</i>	
<i>testosterone cypionate im inj in oil 100</i>		<i>(once-daily)</i>	94
<i>mg/ml</i>	62	<i>timolol maleate tab 10 mg</i>	35
<i>testosterone cypionate im inj in oil 200</i>		<i>timolol maleate tab 20 mg</i>	35
<i>mg/ml</i>	62	<i>timolol maleate tab 5 mg</i>	35
<i>testosterone enanthate im inj in oil 200</i>		TIVICAY TAB 10MG.....	10
<i>mg/ml</i>	63	TIVICAY TAB 25MG.....	10
<i>testosterone td gel 12.5 mg/act (1%)</i> .	63	TIVICAY TAB 50MG.....	10
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	63	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	
<i>testosterone td gel 50 mg/5gm (1%)</i> ..	63	.....	61
<i>tetrabenazine tab 12.5 mg</i>	60	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	
<i>tetrabenazine tab 25 mg</i>	60	.....	61
<i>tetracycline hcl cap 250 mg</i>	18	TOBRADEX OIN 0.3-0.1%	92
<i>tetracycline hcl cap 500 mg</i>	18	TOBRADEX ST SUS 0.3-0.05.....	92
TEXACORT SOL 2.5%	101	<i>tobramycin nebu soln 300 mg/5ml</i>	6

<i>tobramycin ophth soln 0.3%</i>	92	<i>trazodone hcl tab 50 mg</i>	49
<i>tobramycin sulfate for inj 1.2 gm</i>	6	TRECTOR TAB 250MG	12
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	6	TRELEGY AER ELLIPTA	94
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	6	TRELSTAR MIX INJ 11.25MG	21
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	6	TRELSTAR MIX INJ 3.75MG	21
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	6	<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	40
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	92	<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	40
<i>tolterodine tartrate cap er 24hr 2 mg</i> ..	81	<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	40
<i>tolterodine tartrate cap er 24hr 4 mg</i> ..	81	<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	40
<i>tolterodine tartrate tab 1 mg</i>	81	TRESIBA FLEX INJ 100UNIT	63
<i>tolterodine tartrate tab 2 mg</i>	81	TRESIBA FLEX INJ 200UNIT	64
<i>topiramate sprinkle cap 15 mg</i>	45	TRESIBA INJ 100UNIT	64
<i>topiramate sprinkle cap 25 mg</i>	45	<i>tretinoin cap 10 mg</i>	25
<i>topiramate tab 100 mg</i>	45	<i>tretinoin cream 0.025%</i>	99
<i>topiramate tab 200 mg</i>	45	<i>tretinoin cream 0.05%</i>	99
<i>topiramate tab 25 mg</i>	45	<i>tretinoin cream 0.1%</i>	99
<i>topiramate tab 50 mg</i>	45	<i>tretinoin gel 0.01%</i>	99
<i>toposar inj 100/5ml</i>	26	<i>tretinoin gel 0.025%</i>	99
<i>toposar inj 1gm/50ml</i>	26	<i>triamcinolone acetonide cream 0.025%</i>	101
<i>toremifene citrate tab 60 mg (base equivalent)</i>	21	<i>triamcinolone acetonide cream 0.1%</i> ..	101
<i>torsemide tab 10 mg</i>	37	<i>triamcinolone acetonide cream 0.5%</i> ..	101
<i>torsemide tab 100 mg</i>	37	<i>triamcinolone acetonide dental paste 0.1%</i>	103
<i>torsemide tab 20 mg</i>	37	<i>triamcinolone acetonide lotion 0.025%</i>	102
<i>torsemide tab 5 mg</i>	37	<i>triamcinolone acetonide lotion 0.1%</i> ..	102
TOVIAZ TAB 4MG	81	<i>triamcinolone acetonide oint 0.025%</i> ..	102
TOVIAZ TAB 8MG	81	<i>triamcinolone acetonide oint 0.1%</i> ...	102
TPN ELECTROL INJ	89	<i>triamcinolone acetonide oint 0.5%</i> ...	102
TRADJENTA TAB 5MG	66	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	38
<i>tramadol hcl tab 50 mg</i>	2	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	38
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	38
<i>trandolapril tab 1 mg</i>	28	TRICARE TAB PRENATAL	92
<i>trandolapril tab 2 mg</i>	28	<i>trientine hcl cap 250 mg</i>	67
<i>trandolapril tab 4 mg</i>	28	<i>tri-estaryll tab</i>	70
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	84	<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	56
<i>tranexamic acid tab 650 mg</i>	84	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	56
<i>tranylcypromine sulfate tab 10 mg</i>	49	<i>trifluoperazine hcl tab 2 mg (base</i>	
TRAVASOL INJ 10%	90		
TRAVATAN Z DRO 0.004%	94		
<i>trazodone hcl tab 100 mg</i>	49		
<i>trazodone hcl tab 150 mg</i>	49		

<i>equivalent</i>)	56
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	56
<i>trifluridine ophth soln 1%</i>	93
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	51
<i>trihexyphenidyl hcl tab 2 mg</i>	51
<i>trihexyphenidyl hcl tab 5 mg</i>	51
<i>tri-legest tab fe</i>	70
<i>tri-lo- tab sprintec</i>	70
<i>trilyte sol</i>	79
<i>trimethoprim tab 100 mg</i>	7
<i>tri-mili tab</i>	70
<i>trimipramine maleate cap 100 mg</i>	49
<i>trimipramine maleate cap 25 mg</i>	49
<i>trimipramine maleate cap 50 mg</i>	49
TRINTELLIX TAB 10MG	49
TRINTELLIX TAB 20MG	49
TRINTELLIX TAB 5MG	49
<i>tri-previfem tab</i>	71
<i>tri-sprintec tab</i>	71
TRIUMEQ TAB.....	11
<i>trivora-28 tab</i>	71
<i>tri-vylibra tab</i>	71
<i>tri-vylibra tab lo</i>	71
TROGARZO INJ 150MG/ML	10
TROPHAMINE INJ 10%	90
<i>trospium chloride tab 20 mg</i>	82
TRUE METRIX KIT AIR	103
TRUE METRIX KIT METER.....	103
TRUE METRIX STRIPS.....	103
TRULICITY INJ 0.75/0.5.....	64
TRULICITY INJ 1.5/0.5	64
TRUMENBA INJ	88
TRUVADA TAB 100-150	11
TRUVADA TAB 133-200	11
TRUVADA TAB 167-250	11
TRUVADA TAB 200-300	12
<i>tulana tab 0.35mg</i>	71
TURALIO CAP 200MG	25
TWINRIX INJ	88
TYBOST TAB 150MG.....	10
<i>tydemy tab</i>	71
TYKERB TAB 250MG	25
TYMLOS INJ	75
TYPHIM VI INJ	88

U

<i>unithroid tab 100mcg</i>	77
<i>unithroid tab 112mcg</i>	77

<i>unithroid tab 125mcg</i>	77
<i>unithroid tab 137mcg</i>	77
<i>unithroid tab 150mcg</i>	77
<i>unithroid tab 175mcg</i>	77
<i>unithroid tab 200mcg</i>	77
<i>unithroid tab 25mcg</i>	77
<i>unithroid tab 300mcg</i>	77
<i>unithroid tab 50mcg</i>	77
<i>unithroid tab 75mcg</i>	77
<i>unithroid tab 88mcg</i>	77
<i>ursodiol cap 300 mg</i>	80
<i>ursodiol tab 250 mg</i>	80
<i>ursodiol tab 500 mg</i>	80

V

<i>valacyclovir hcl tab 1 gm</i>	13
<i>valacyclovir hcl tab 500 mg</i>	13
VALCHLOR GEL 0.016%	103
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	13
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	13
<i>valproate sodium inj 100 mg/ml</i>	45
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	45
<i>valproic acid cap 250 mg</i>	45
<i>valsartan tab 160 mg</i>	31
<i>valsartan tab 320 mg</i>	31
<i>valsartan tab 40 mg</i>	31
<i>valsartan tab 80 mg</i>	31
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	30
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	7
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	8
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	8
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	8
<i>vancomycin hcl for iv soln 5 gm (base</i>	

<i>equivalent</i>)	8	<i>verapamil hcl tab 120 mg</i>	36
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	8	<i>verapamil hcl tab 40 mg</i>	36
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	8	<i>verapamil hcl tab 80 mg</i>	36
VANCOMYCIN INJ 1 GM	8	<i>verapamil hcl tab er 120 mg</i>	36
VANCOMYCIN INJ 500MG.....	8	<i>verapamil hcl tab er 180 mg</i>	36
VANCOMYCIN INJ 750MG.....	8	<i>verapamil hcl tab er 240 mg</i>	36
<i>vandazole gel 0.75%</i>	82	VERSACLOZ SUS 50MG/ML.....	56
VAQTA INJ 25/0.5ML.....	88	VERZENIO TAB 100MG.....	21
VAQTA INJ 50UNT/ML.....	88	VERZENIO TAB 150MG.....	21
VARIVAX INJ	88	VERZENIO TAB 200MG.....	21
VASCEPA CAP 0.5GM.....	33	VERZENIO TAB 50MG	21
VASCEPA CAP 1GM	33	VICTOZA INJ 18MG/3ML	64
VELCADE INJ 3.5MG.....	21	VIDEX EC CAP 125MG.....	10
<i>velivet pak</i>	71	VIDEX SOL 2GM.....	11
VEMLIDY TAB 25MG	13	<i>vienva tab 0.1-20</i>	71
VENCLEXTA TAB 100MG	21	<i>vigabatrin powd pack 500 mg</i>	45
VENCLEXTA TAB 10MG	21	<i>vigabatrin tab 500 mg</i>	45
VENCLEXTA TAB 50MG	21	<i>vigadrone pow 500mg</i>	45
VENCLEXTA TAB START PK	21	VIIBRYD KIT STARTER.....	50
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	50	VIIBRYD TAB 10MG	50
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	49	VIIBRYD TAB 20MG	50
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	50	VIIBRYD TAB 40MG	50
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	50	VIMPAT INJ 200MG/20.....	45
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	50	VIMPAT SOL 10MG/ML	45
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	50	VIMPAT TAB 100MG.....	45
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	50	VIMPAT TAB 150MG.....	45
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	50	VIMPAT TAB 200MG.....	45
VENTAVIS SOL 10MCG/ML	40	VIMPAT TAB 50MG	45
VENTAVIS SOL 20MCG/ML	40	<i>vincristine sulfate iv soln 1 mg/ml</i>	19
VENTOLIN HFA AER.....	96	<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	19
<i>verapamil hcl cap er 24hr 100 mg</i>	36	<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	19
<i>verapamil hcl cap er 24hr 120 mg</i>	36	<i>vioarele tab</i>	71
<i>verapamil hcl cap er 24hr 180 mg</i>	36	VIRACEPT TAB 250MG	11
<i>verapamil hcl cap er 24hr 200 mg</i>	36	VIRACEPT TAB 625MG	11
<i>verapamil hcl cap er 24hr 240 mg</i>	36	VIREAD POW 40MG/GM	11
<i>verapamil hcl cap er 24hr 300 mg</i>	36	VIREAD TAB 150MG	11
<i>verapamil hcl cap er 24hr 360 mg</i>	36	VIREAD TAB 200MG	11
<i>verapamil hcl iv soln 2.5 mg/ml</i>	36	VIREAD TAB 250MG	11
		VITRAKVI CAP 100MG.....	25
		VITRAKVI CAP 25MG	25
		VITRAKVI SOL 20MG/ML	25
		VIVITROL INJ 380MG.....	62
		VIZIMPRO TAB 15MG.....	25
		VIZIMPRO TAB 30MG.....	25
		VIZIMPRO TAB 45MG.....	25
		<i>voriconazole for inj 200 mg</i>	9

<i>voriconazole for susp 40 mg/ml</i>	9
<i>voriconazole tab 200 mg</i>	9
<i>voriconazole tab 50 mg</i>	9
VOSEVI TAB	13
VOTRIENT TAB 200MG	25
VRAYLAR CAP 1.5-3MG	56
VRAYLAR CAP 1.5MG	56
VRAYLAR CAP 3MG	56
VRAYLAR CAP 4.5MG	56
VRAYLAR CAP 6MG	56
<i>vyfemla tab 0.4-35</i>	71
<i>vylibra tab 0.25-35</i>	71

W

<i>warfarin sodium tab 1 mg</i>	83
<i>warfarin sodium tab 10 mg</i>	83
<i>warfarin sodium tab 2 mg</i>	83
<i>warfarin sodium tab 2.5 mg</i>	83
<i>warfarin sodium tab 3 mg</i>	83
<i>warfarin sodium tab 4 mg</i>	83
<i>warfarin sodium tab 5 mg</i>	83
<i>warfarin sodium tab 6 mg</i>	83
<i>warfarin sodium tab 7.5 mg</i>	83
<i>water for irrigation, sterile irrigation soln</i>	103
<i>wymzya fe chw 0.4mg-35</i>	71

X

XALKORI CAP 200MG	25
XALKORI CAP 250MG	25
XARELTO STAR TAB 15/20MG	83
XARELTO TAB 10MG	83
XARELTO TAB 15MG	83
XARELTO TAB 2.5MG	83
XARELTO TAB 20MG	83
XATMEP SOL 2.5MG/ML	85
XELJANZ TAB 10MG	85
XELJANZ TAB 5MG	85
XELJANZ XR TAB 11MG	85
XGEVA INJ	75
XIFAXAN TAB 550MG	80
XIGDUO XR TAB 10-1000	66
XIGDUO XR TAB 10-500MG	66
XIGDUO XR TAB 2.5-1000	66
XIGDUO XR TAB 5-1000MG	66
XIGDUO XR TAB 5-500MG	66
XOLAIR INJ 150MG/ML	97
XOLAIR INJ 75/0.5	97
XOLAIR SOL 150MG	97
XOSPATA TAB 40MG	25

XPOVIO PAK 100MG	26
XPOVIO PAK 60MG	26
XPOVIO PAK 80MG	26
XTANDI CAP 40MG	21
XULTOPHY INJ 100/3.6	64
XYREM SOL 500MG/ML	61

Y

YF-VAX INJ	88
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Z

<i>zafirlukast tab 10 mg</i>	96
<i>zafirlukast tab 20 mg</i>	96
<i>zaleplon cap 10 mg</i>	58
<i>zaleplon cap 5 mg</i>	58
ZARXIO INJ 300/0.5	83
ZARXIO INJ 480/0.8	83
ZEJULA CAP 100MG	21
ZELBORAF TAB 240MG	25
ZEMAIRA INJ 1000MG	97
<i>zenatane cap 30mg</i>	99
ZENPEP CAP 10000UNT	80
ZENPEP CAP 15000UNT	80
ZENPEP CAP 20000UNT	80
ZENPEP CAP 25000	80
ZENPEP CAP 3000UNIT	80
ZENPEP CAP 40000	80
ZENPEP CAP 5000UNIT	80
<i>zidovudine cap 100 mg</i>	11
<i>zidovudine syrup 10 mg/ml</i>	11
<i>zidovudine tab 300 mg</i>	11
<i>ziprasidone hcl cap 20 mg</i>	56
<i>ziprasidone hcl cap 40 mg</i>	56
<i>ziprasidone hcl cap 60 mg</i>	56
<i>ziprasidone hcl cap 80 mg</i>	56
ZIRGAN GEL 0.15%	93
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i>	67
<i>zoledronic acid iv soln 5 mg/100ml</i>	67
ZOLINZA CAP 100MG	21
<i>zolmitriptan orally disintegrating tab 2.5</i> <i>mg</i>	60
<i>zolmitriptan orally disintegrating tab 5</i> <i>mg</i>	60
<i>zolmitriptan tab 2.5 mg</i>	60
<i>zolmitriptan tab 5 mg</i>	60
<i>zolpidem tartrate tab 10 mg</i>	59
<i>zolpidem tartrate tab 5 mg</i>	59
<i>zonisamide cap 100 mg</i>	46
<i>zonisamide cap 25 mg</i>	45

<i>zonisamide cap 50 mg</i>	46	ZYDELIG TAB 150MG.....	25
ZORTRESS TAB 0.25MG.....	87	ZYKADIA CAP 150MG.....	25
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