



Formulary / Formulario

Molina Medicare Complete Care HMO SNP
Texas

2020

This formulary was updated on 12/01/2020. 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 12/01/2020. 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

MolinaHealthcare.com/Medicare

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 18

This formulary was updated on 12/01/2020. 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 12/01/2020. 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 12/01/2020. 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 110. 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 110.

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

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

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

LA stands for Limited Access Drug

NM stands for Non Mail Order Drug

PA stands for Prior Authorization

QL stands for Quality Limits

ST stands for Step Therapy criteria

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

Molina Medicare Complete Care HMO SNP

Formulario para 2020

(Lista de medicamentos cubiertos)

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

HPMS Approved Formulary File Submission ID 00020368, Version Number 18

Este formulario resumido se actualizó el 12/01/2020. 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 12/01/2020. 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 médicalemente 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 discontiñuaremos 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 12/01/2020. 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 110. 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 envíemos 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 110.

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

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

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

LA significa "medicamento con acceso limitado"

NM significa "Medicamento no disponible para servicio por correo"

PA significa "autorización previa"

QL significa "Límite de cantidades"

ST significa "criterio de terapia escalonada"

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

MOLINA_CY20_5T_SNP_TX-SNP eff 12/01/2020**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	
<i>COLCRYSTAL TAB 0.6MG</i>	3	QL (120 tabs / 30 days)
<i>MITIGARE CAP 0.6MG</i>	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>ec-naproxen tab 375mg</i>	2	
<i>ec-naproxen tab 500mg</i>	2	
<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 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	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **NDS** - Non-Extended Days Supply

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

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Drug Name	Drug Tier	Requirements/Limits
fentanyl td patch 72hr 12 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 25 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 50 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 75 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 100 mcg/hr	4	QL (10 patches / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	3	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl liqd 1 mg/ml	4	QL (600 mL / 30 days)
hydromorphone hcl preservative free (pf) inj 10 mg/ml	4	B/D
hydromorphone hcl tab 2 mg	3	QL (180 tabs / 30 days)
hydromorphone hcl tab 4 mg	3	QL (180 tabs / 30 days)
hydromorphone hcl tab 8 mg	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
methadone con 10mg/ml	3	QL (90 mL / 30 days), PA
methadone hcl soln 5 mg/5ml	3	QL (450 mL / 30 days), PA
methadone hcl soln 10 mg/5ml	3	QL (450 mL / 30 days), PA
methadone hcl tab 5 mg	3	QL (90 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tab 10 mg</i>	3	QL (90 tabs / 30 days), PA
MORPHINE SUL INJ 2MG/ML	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
MORPHINE SUL INJ 5MG/ML	4	B/D
MORPHINE SUL INJ 8MG/ML	4	B/D
MORPHINE SUL INJ 10MG/ML	4	B/D
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab 20 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
OXYCONTIN TAB 10MG CR	3	QL (60 tabs / 30 days), PA
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>streptomycin sulfate for inj 1 gm</i>	5	NDS
SULFADIAZINE TAB 500MG	4	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	NDS, NM, PA
<i>tobramycin sulfate for inj 1.2 gm</i>	5	NDS
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	3	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	3	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	3	
<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, NM, 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	
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
<i>EMVERM CHW 100MG</i>	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	
<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	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4	B/D
<i>pentamidine isethionate for soln 300 mg</i>	4	
<i>praziquantel tab 600 mg</i>	3	
<i>SIVEXTRO INJ 200MG</i>	5	NDS
<i>SIVEXTRO TAB 200MG</i>	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
<i>SYNERCID INJ 500MG</i>	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
<i>micafungin sodium for iv soln 50 mg</i>	5	NDS
<i>micafungin sodium for iv soln 100 mg</i>	5	NDS
MYCAMINE INJ 50MG	5	NDS
MYCAMINE INJ 100MG	5	NDS
NOXAFIL SUS 40MG/ML	5	NDS, QL (630 mL / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
nystatin tab 500000 unit	3	
posaconazole tab delayed release 100 mg	5	NDS, QL (93 tabs / 30 days)
terbinafine hcl tab 250 mg	1	GC, QL (90 tabs / year)
voriconazole for inj 200 mg	5	NDS, PA
voriconazole for susp 40 mg/ml	5	NDS, PA
voriconazole tab 50 mg	4	
voriconazole tab 200 mg	5	NDS
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	4	
atovaquone-proguanil hcl tab 250-100 mg	4	
chloroquine phosphate tab 250 mg	3	
chloroquine phosphate tab 500 mg	3	
COARTEM TAB 20-120MG	4	
mefloquine hcl tab 250 mg	3	
primaquine phosphate tab 26.3 mg (15 mg base)	3	
PRIMAQUINE TAB 26.3MG	3	
quinine sulfate cap 324 mg	4	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate soln 20 mg/ml (base equiv)	4	
abacavir sulfate tab 300 mg (base equiv)	3	
APTIVUS CAP 250MG	5	NDS
APTIVUS SOL	5	NDS
atazanavir sulfate cap 150 mg (base equiv)	4	
atazanavir sulfate cap 200 mg (base equiv)	4	
atazanavir sulfate cap 300 mg (base equiv)	4	
CRIXIVAN CAP 200MG	4	
CRIXIVAN CAP 400MG	4	
didanosine delayed release capsule 200 mg	4	
didanosine delayed release capsule 250 mg	4	
didanosine delayed release capsule 400 mg	4	
EDURANT TAB 25MG	5	NDS
efavirenz cap 50 mg	4	
efavirenz cap 200 mg	5	NDS
efavirenz tab 600 mg	5	NDS
emtricitabine caps 200 mg	3	
EMTRIVA CAP 200MG	3	
EMTRIVA SOL 10MG/ML	3	
fosamprenavir calcium tab 700 mg (base equiv)	5	NDS
FUZEON INJ 90MG	5	NDS, NM

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Drug Name	Drug Tier	Requirements/Limits
INTELENCE TAB 25MG	4	
INTELENCE TAB 100MG	5	NDS
INTELENCE TAB 200MG	5	NDS
INVIRASE TAB 500MG	5	NDS
ISENTRESS CHW 25MG	3	
ISENTRESS CHW 100MG	5	NDS
ISENTRESS HD TAB 600MG	5	NDS
ISENTRESS POW 100MG	3	
ISENTRESS TAB 400MG	5	NDS
<i>lamivudine oral soln 10 mg/ml</i>	3	
<i>lamivudine tab 150 mg</i>	3	
<i>lamivudine tab 300 mg</i>	3	
LEXIVA SUS 50MG/ML	4	
<i>nevirapine susp 50 mg/5ml</i>	4	
<i>nevirapine tab 200 mg</i>	3	
<i>nevirapine tab er 24hr 100 mg</i>	4	
<i>nevirapine tab er 24hr 400 mg</i>	4	
NORVIR POW 100MG	4	
NORVIR SOL 80MG/ML	4	
PIFELTRO TAB 100MG	5	NDS
PREZISTA SUS 100MG/ML	5	NDS, QL (400 mL / 30 days)
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)
REYATAZ POW 50MG	5	NDS
<i>ritonavir tab 100 mg</i>	3	
RUKOBIA TAB 600MG ER	5	NDS
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 PD TAB 5MG	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
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 200-25MG	5	NDS
DOVATO TAB 50-300MG	5	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	NDS, QL (30 tabs / 30 days)
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

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Drug Name	Drug Tier	Requirements/Limits
STRIBILD TAB	5	NDS
SYMFI LO TAB	5	NDS
SYMFI TAB	5	NDS
SYMTUZA TAB	5	NDS
TEMIXYS TAB 300-300	5	NDS
TRIUMEQ TAB	5	NDS
TRUVADA TAB 100-150	5	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 133-200	5	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	NDS, QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

<i>cycloserine cap 250 mg</i>	5	NDS
<i>ethambutol hcl tab 100 mg</i>	3	
<i>ethambutol hcl tab 400 mg</i>	3	
<i>isoniazid syrup 50 mg/5ml</i>	4	
<i>isoniazid tab 100 mg</i>	1	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	
SIRTURO TAB 20MG	5	NDS, LA, PA
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	5	NDS
<i>entecavir tab 0.5 mg</i>	4	
<i>entecavir tab 1 mg</i>	4	
EPCLUSIA TAB 200-50MG	5	NDS, PA

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Drug Name	Drug Tier	Requirements/Limits
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 PAK	5	NDS, PA
HARVONI PAK 45-200MG	5	NDS, PA
HARVONI TAB 45-200MG	5	NDS, PA
HARVONI TAB 90-400MG	5	NDS, NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	4	
MAVYRET TAB 100-40MG	5	NDS, NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	3	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	3	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	3	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	3	QL (1080 mL / year)
PEGASYS INJ	5	NDS, NM, PA
PEGASYS INJ 180MCG/M	5	NDS, NM, PA
PEGASYS INJ PROCLICK	5	NDS, NM, PA
RELENZA MIS DISKHALE	3	QL (6 inhalers / year)
<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	

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Drug Name	Drug Tier	Requirements/Limits
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 500 mg</i>	3	
<i>cefazolin sodium for iv soln 1 gm</i>	3	
CEFAZOLIN SOL	3	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	4	
<i>cefdinir for susp 250 mg/5ml</i>	4	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for inj 2 gm</i>	4	
<i>cefixime for susp 100 mg/5ml</i>	4	
<i>cefixime for susp 200 mg/5ml</i>	4	
<i>cefoxitin sodium for inj 10 gm</i>	4	
<i>cefoxitin sodium for iv soln 1 gm</i>	4	
<i>cefoxitin sodium for iv soln 2 gm</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	4	
<i>cefpodoxime proxetil tab 100 mg</i>	3	
<i>cefpodoxime proxetil tab 200 mg</i>	3	
<i>ceprozil for susp 125 mg/5ml</i>	3	
<i>ceprozil for susp 250 mg/5ml</i>	3	
<i>ceprozil tab 250 mg</i>	3	
<i>ceprozil 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

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Drug Name	Drug Tier	Requirements/Limits
cephalexin cap 500 mg	1	GC
cephalexin for susp 125 mg/5ml	3	
cephalexin for susp 250 mg/5ml	3	
tazicef inj 1gm	3	
tazicef inj 2gm	3	
tazicef inj 6gm	3	
TEFLARO INJ 400MG	5	NDS
TEFLARO INJ 600MG	5	NDS
ERYTHROMYCINS/MACROLIDES		
azithromycin for susp 100 mg/5ml	3	
azithromycin for susp 200 mg/5ml	3	
azithromycin iv for soln 500 mg	3	
azithromycin powd pack for susp 1 gm	3	
azithromycin tab 250 mg	1	GC
azithromycin tab 500 mg	1	GC
azithromycin tab 600 mg	1	GC
clarithromycin for susp 125 mg/5ml	4	
clarithromycin for susp 250 mg/5ml	4	
clarithromycin tab 250 mg	3	
clarithromycin tab 500 mg	3	
clarithromycin tab er 24hr 500 mg	3	
DIFICID TAB 200MG	5	NDS
ery-tab tab 250mg ec	4	
ery-tab tab 333mg ec	4	
ery-tab tab 500mg ec	4	
ERYTHROCIN INJ 500MG	4	
erythrocin tab 250mg	4	
erythromycin ethylsuccinate tab 400 mg	4	
erythromycin tab 250 mg	4	
erythromycin tab 500 mg	4	
erythromycin tab delayed release 250 mg	4	
erythromycin tab delayed release 333 mg	4	
erythromycin tab delayed release 500 mg	4	
erythromycin w/ delayed release particles cap 250 mg	4	
FLUOROQUINOLONES		
CIPRO (10%) SUS 500MG/5	4	
ciprofloxacin 200 mg/100ml in d5w	3	
ciprofloxacin 400 mg/200ml in d5w	3	
ciprofloxacin hcl tab 100 mg (base equiv)	4	
ciprofloxacin hcl tab 250 mg (base equiv)	1	GC
ciprofloxacin hcl tab 500 mg (base equiv)	1	GC

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

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>dicloxacillin sodium cap 500 mg</i>	3	
<i>NAFCILLIN INJ 10GM</i>	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 iv soln 10 gm (base equivalent)</i>	5	NDS
<i>PEN G PROC INJ 600000</i>	4	
<i>PEN GK/DEXTR INJ 40000/ML</i>	4	
<i>PEN GK/DEXTR INJ 60000/ML</i>	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	

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piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	4	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	4	
TETRACYCLINES		
doxy 100 inj 100mg	4	
doxycycline hyclate cap 50 mg	3	
doxycycline hyclate cap 100 mg	3	
doxycycline hyclate for inj 100 mg	4	
doxycycline hyclate tab 20 mg	3	
doxycycline hyclate tab 100 mg	3	
doxycycline monohydrate cap 50 mg	2	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate tab 50 mg	3	
doxycycline monohydrate tab 75 mg	3	
doxycycline monohydrate tab 100 mg	3	
minocycline hcl cap 50 mg	2	
minocycline hcl cap 75 mg	2	
minocycline hcl cap 100 mg	2	
tetracycline hcl cap 250 mg	4	
tetracycline hcl cap 500 mg	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA INJ 100/4ML	5	NDS, B/D, NM
CYCLOPHOSPH INJ 1GM	5	NDS, B/D
CYCLOPHOSPHA INJ 500MG	5	NDS, B/D
cyclophosphamide cap 25 mg	3	B/D
cyclophosphamide cap 50 mg	3	B/D
cyclophosphamide for inj 1 gm	5	NDS, B/D, NM
cyclophosphamide for inj 2 gm	5	NDS, B/D, NM
cyclophosphamide for inj 500 mg	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		
adriamycin inj 20mg	4	B/D, NM
doxorubicin hcl inj 2 mg/ml	4	B/D, NM
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	5	NDS, B/D
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<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) (base equiv)</i>	4	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	4	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	4	B/D
<i>mercaptopurine tab 50 mg</i>	3	
<i>methotrexate sodium for inj 1 gm</i>	2	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	B/D
ONUREG TAB 200MG	5	NDS, LA, PA
ONUREG TAB 300MG	5	NDS, LA, PA
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
<i>docetaxel for inj conc 160 mg/8ml (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

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Drug Name	Drug Tier	Requirements/Limits
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
ERIVEDGE CAP 150MG	5	NDS, NM, LA, PA
FARYDAK CAP 10MG	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
HERZUMA INJ 150MG	5	NDS, PA
HERZUMA INJ 420MG	5	NDS, 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
IBRANCE TAB 75MG	5	NDS, QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 100MG	5	NDS, QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 125MG	5	NDS, QL (21 tabs / 28 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
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
KANJINTI INJ 420MG	5	NDS, PA
KANJINTI SOL 150MG	5	NDS, PA
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
MVASI INJ 100MG	5	NDS, LA, PA
MVASI INJ 400MG	5	NDS, 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
OGIVRI INJ 150MG	5	NDS, PA
OGIVRI INJ 420MG	5	NDS, PA
ONTRUZANT INJ 150MG	5	NDS, PA
ONTRUZANT INJ 420MG	5	NDS, PA
PHESGO SOL	5	NDS, 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
RUXIENCE INJ 100/10ML	5	NDS, NM, PA
RUXIENCE INJ 500/50ML	5	NDS, NM, 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
TRAZIMERA INJ 420MG	5	NDS, PA

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Drug Name	Drug Tier	Requirements/Limits
TRUXIMA INJ 100/10ML	5	NDS, PA
TRUXIMA INJ 500/50ML	5	NDS, PA
VELCADE INJ 3.5MG	5	NDS, NM, PA
VENCLEXTA TAB 10MG	4	LA, PA
VENCLEXTA TAB 50MG	5	NDS, LA, PA
VENCLEXTA TAB 100MG	5	NDS, LA, PA
VENCLEXTA TAB START PK	5	NDS, LA, PA
VERZENIO TAB 50MG	5	NDS, NM, LA, PA
VERZENIO TAB 100MG	5	NDS, NM, LA, PA
VERZENIO TAB 150MG	5	NDS, NM, LA, PA
VERZENIO TAB 200MG	5	NDS, NM, LA, PA
ZEJULA CAP 100MG	5	NDS, LA, PA
ZIRABEV INJ 100/4ML	5	NDS, PA
ZIRABEV INJ 400/16ML	5	NDS, 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	
<i>DEPO-PROVERA INJ 400/ML</i>	4	B/D
<i>ERLEADA TAB 60MG</i>	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
<i>LUPRON DEPOT INJ 3.75MG</i>	5	NDS, NM, PA
<i>LUPRON DEPOT INJ 11.25MG</i>	5	NDS, NM, PA
<i>LYSODREN TAB 500MG</i>	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
<i>NUBEQA TAB 300MG</i>	5	NDS, LA, PA
<i>SOLTAMOX SOL 10MG/5ML</i>	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
<i>TRELSTAR MIX INJ 3.75MG</i>	5	NDS, NM, PA
<i>TRELSTAR MIX INJ 11.25MG</i>	5	NDS, NM, PA
<i>XTANDI CAP 40MG</i>	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
ZYTIGA TAB 500MG	5	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	5	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 2MG	5	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 3MG	5	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAP 4MG	5	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAP 2.5MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	5	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAP 100MG	5	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAP 150MG	5	NDS, QL (56 caps / 28 days), NM, PA
THALOMID CAP 200MG	5	NDS, QL (56 caps / 28 days), NM, PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	5	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	5	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	5	NDS, QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 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
ALUNBRIG TAB 180MG	5	NDS, NM, LA, PA

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AYVAKIT TAB 100MG	5	NDS, QL (30 tabs / 30 days), LA, PA
AYVAKIT TAB 200MG	5	NDS, QL (30 tabs / 30 days), LA, PA
AYVAKIT TAB 300MG	5	NDS, QL (30 tabs / 30 days), 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
BRUKINSA CAP 80MG	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
<i>everolimus tab 2.5 mg</i>	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 5 mg</i>	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 7.5 mg</i>	5	NDS, QL (30 tabs / 30 days), NM, PA
GAVRETO CAP 100MG	5	NDS, LA, PA
GILOTrif TAB 20MG	5	NDS, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
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
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
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	NDS, NM, 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

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Drug Name	Drug Tier	Requirements/Limits
MEKTOVI TAB 15MG	5	NDS, LA, PA
NERLYNX TAB 40MG	5	NDS, NM, LA, PA
NEXAVAR TAB 200MG	5	NDS, NM, LA, PA
PEMAZYRE TAB 4.5MG	5	NDS, LA, PA
PEMAZYRE TAB 9MG	5	NDS, LA, PA
PEMAZYRE TAB 13.5MG	5	NDS, 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
QINLOCK TAB 50MG	5	NDS, LA, PA
RETEVMO CAP 40MG	5	NDS, LA, PA
RETEVMO CAP 80MG	5	NDS, LA, PA
ROZLYTREK CAP 100MG	5	NDS, LA, PA
ROZLYTREK CAP 200MG	5	NDS, LA, PA
RYDAPT CAP 25MG	5	NDS, NM, PA
SPRYCEL TAB 20MG	5	NDS, NM, PA
SPRYCEL TAB 50MG	5	NDS, NM, PA
SPRYCEL TAB 70MG	5	NDS, NM, PA
SPRYCEL TAB 80MG	5	NDS, NM, PA
SPRYCEL TAB 100MG	5	NDS, NM, PA
SPRYCEL TAB 140MG	5	NDS, NM, PA
STIVARGA TAB 40MG	5	NDS, NM, LA, PA
SUTENT CAP 12.5MG	5	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAP 25MG	5	NDS, QL (30 caps / 30 days), NM, PA
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
TABRECTA TAB 150MG	5	NDS, PA
TABRECTA TAB 200MG	5	NDS, 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
TUKYSA TAB 50MG	5	NDS, LA, PA
TUKYSA TAB 150MG	5	NDS, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
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 TAB 150MG	5	NDS, NM, LA, PA
MISCELLANEOUS		
bexarotene cap 75 mg	5	NDS, NM, PA
hydroxyurea cap 500 mg	2	
INQOVI TAB 35-100MG	5	NDS, LA, PA
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
SYNRIBO INJ 3.5MG	5	NDS, PA
TAZVERIK TAB 200MG	5	NDS, LA, PA
tretinoin cap 10 mg	5	NDS
XPOVIO PAK 40MG	5	NDS, LA, PA
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

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<i>oxaliplatin iv soln 50 mg/10ml</i>	4	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	B/D
PROTECTIVE AGENTS		
<i>leucovorin calcium for inj 50 mg</i>	4	B/D
<i>leucovorin calcium for inj 100 mg</i>	4	B/D
<i>leucovorin calcium for inj 200 mg</i>	4	B/D
<i>leucovorin calcium for inj 350 mg</i>	4	B/D
<i>leucovorin calcium for inj 500 mg</i>	4	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	4	B/D
<i>leucovorin calcium tab 5 mg</i>	3	
<i>leucovorin calcium tab 10 mg</i>	3	
<i>leucovorin calcium tab 15 mg</i>	4	
<i>leucovorin calcium tab 25 mg</i>	4	
MESNEX TAB 400MG	5	NDS
TOPOISOMERASE INHIBITORS		
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	3	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	3	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	B/D
<i>toposar inj 1gm/50ml</i>	3	B/D
<i>toposar inj 100/5ml</i>	3	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	GC
<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

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Drug Name	Drug Tier	Requirements/Limits
<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 20-25 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
<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

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

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>ENTRESTO TAB 24-26MG</i>	3	
<i>ENTRESTO TAB 49-51MG</i>	3	
<i>ENTRESTO TAB 97-103MG</i>	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
<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

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Drug Name	Drug Tier	Requirements/Limits
olmesartanamlodipinehydrochlorothiazide tab 40-5-12.5 mg	1	GC
olmesartanamlodipinehydrochlorothiazide tab 40-5-25 mg	1	GC
olmesartanamlodipinehydrochlorothiazide tab 40-10-12.5 mg	1	GC
olmesartanamlodipinehydrochlorothiazide tab 40-10-25 mg	1	GC
telmisartanamlodipine tab 40-5 mg	1	GC
telmisartanamlodipine tab 40-10 mg	1	GC
telmisartanamlodipine tab 80-5 mg	1	GC
telmisartanamlodipine tab 80-10 mg	1	GC
telmisartanhydrochlorothiazide tab 40-12.5 mg	1	GC
telmisartanhydrochlorothiazide tab 80-12.5 mg	1	GC
telmisartanhydrochlorothiazide tab 80-25 mg	1	GC
valsartanhydrochlorothiazide tab 80-12.5 mg	1	GC
valsartanhydrochlorothiazide tab 160-12.5 mg	1	GC
valsartanhydrochlorothiazide tab 160-25 mg	1	GC
valsartanhydrochlorothiazide tab 320-12.5 mg	1	GC
valsartanhydrochlorothiazide tab 320-25 mg	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartancilexetil tab 4 mg	1	GC
candesartancilexetil tab 8 mg	1	GC
candesartancilexetil tab 16 mg	1	GC
candesartancilexetil tab 32 mg	1	GC
irbesartantab 75 mg	1	GC
irbesartantab 150 mg	1	GC
irbesartantab 300 mg	1	GC
losartanpotassium tab 25 mg	1	GC
losartanpotassium tab 50 mg	1	GC
losartanpotassium tab 100 mg	1	GC
olmesartanmedoxomil tab 5 mg	1	GC
olmesartanmedoxomil tab 20 mg	1	GC
olmesartanmedoxomil tab 40 mg	1	GC
telmisartantab 20 mg	1	GC
telmisartantab 40 mg	1	GC
telmisartantab 80 mg	1	GC
valsartantab 40 mg	1	GC
valsartantab 80 mg	1	GC
valsartantab 160 mg	1	GC
valsartantab 320 mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	2	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	2	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	2	
amiodarone hcl tab 100 mg	4	
amiodarone hcl tab 200 mg	1	GC
amiodarone hcl tab 400 mg	4	
disopyramide phosphate cap 100 mg	4	
disopyramide phosphate cap 150 mg	4	
dofetilide cap 125 mcg (0.125 mg)	4	NM
dofetilide cap 250 mcg (0.25 mg)	4	NM
dofetilide cap 500 mcg (0.5 mg)	4	NM
flecainide acetate tab 50 mg	3	
flecainide acetate tab 100 mg	3	
flecainide acetate tab 150 mg	3	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	
NORPACE CAP 150MG CR	4	
pacerone tab 100mg	4	
pacerone tab 200mg	1	GC
pacerone tab 400mg	4	
propafenone hcl cap er 12hr 225 mg	4	
propafenone hcl cap er 12hr 325 mg	4	
propafenone hcl cap er 12hr 425 mg	4	
propafenone hcl tab 150 mg	2	
propafenone hcl tab 225 mg	2	
propafenone hcl tab 300 mg	2	
quinidine sulfate tab 200 mg	2	
quinidine sulfate tab 300 mg	2	
sorine tab 80mg	2	
sorine tab 120mg	2	
sorine tab 160mg	2	
sorine tab 240mg	2	
sotalol hcl (afib/afl) tab 80 mg	2	
sotalol hcl (afib/afl) tab 120 mg	2	
sotalol hcl (afib/afl) tab 160 mg	2	
sotalol hcl tab 80 mg	2	
sotalol hcl tab 120 mg	2	
sotalol hcl tab 160 mg	2	
sotalol hcl tab 240 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
ANTI-LIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	1	GC
atorvastatin calcium tab 20 mg (base equivalent)	1	GC
atorvastatin calcium tab 40 mg (base equivalent)	1	GC
atorvastatin calcium tab 80 mg (base equivalent)	1	GC
lovastatin tab 10 mg	1	GC
lovastatin tab 20 mg	1	GC
lovastatin tab 40 mg	1	GC
pravastatin sodium tab 10 mg	1	GC
pravastatin sodium tab 20 mg	1	GC
pravastatin sodium tab 40 mg	1	GC
pravastatin sodium tab 80 mg	1	GC
rosuvastatin calcium tab 5 mg	1	GC, QL (30 tabs / 30 days)
rosuvastatin calcium tab 10 mg	1	GC, QL (30 tabs / 30 days)
rosuvastatin calcium tab 20 mg	1	GC, QL (30 tabs / 30 days)
rosuvastatin calcium tab 40 mg	1	GC, QL (30 tabs / 30 days)
simvastatin tab 5 mg	1	GC
simvastatin tab 10 mg	1	GC
simvastatin tab 20 mg	1	GC
simvastatin tab 40 mg	1	GC
simvastatin tab 80 mg	1	GC, QL (30 tabs / 30 days)
ANTI-LIPEMICS, MISCELLANEOUS		
cholestyramine light powder 4 gm/dose	3	
cholestyramine light powder packets 4 gm	4	
cholestyramine powder 4 gm/dose	3	
cholestyramine powder packets 4 gm	3	
colesevelam hcl packet for susp 3.75 gm	4	
colesevelam hcl tab 625 mg	4	
colestipol hcl granule packets 5 gm	4	
colestipol hcl granules 5 gm	4	
colestipol hcl tab 1 gm	3	
ezetimibe tab 10 mg	3	
ezetimibe-simvastatin tab 10-10 mg	1	GC
ezetimibe-simvastatin tab 10-20 mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<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
<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	3	PA
PRALUENT INJ 150MG/ML	3	PA
<i>prevalite pow 4gm</i>	3	
<i>prevalite pow 4gm pk</i>	4	
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKERS		
acebutolol hcl cap 200 mg	2	
acebutolol hcl cap 400 mg	2	
atenolol tab 25 mg	1	GC
atenolol tab 50 mg	1	GC
atenolol tab 100 mg	1	GC
betaxolol hcl tab 10 mg	3	
betaxolol hcl tab 20 mg	3	
bisoprolol fumarate tab 5 mg	2	
bisoprolol fumarate tab 10 mg	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)
carvedilol tab 3.125 mg	1	GC
carvedilol tab 6.25 mg	1	GC
carvedilol tab 12.5 mg	1	GC
carvedilol tab 25 mg	1	GC
labetalol hcl tab 100 mg	3	
labetalol hcl tab 200 mg	3	
labetalol hcl tab 300 mg	3	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	2	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	2	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	2	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	2	
metoprolol tartrate iv soln 5 mg/5ml	3	
metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)	3	
metoprolol tartrate tab 25 mg	1	GC
metoprolol tartrate tab 50 mg	1	GC
metoprolol tartrate tab 100 mg	1	GC
nadolol tab 20 mg	3	
nadolol tab 40 mg	3	
nadolol tab 80 mg	3	
pindolol tab 5 mg	3	
pindolol tab 10 mg	3	
propranolol hcl cap er 24hr 60 mg	3	
propranolol hcl cap er 24hr 80 mg	3	
propranolol hcl cap er 24hr 120 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	2	
diltiazem hcl tab 30 mg	2	
diltiazem hcl tab 60 mg	2	
diltiazem hcl tab 90 mg	2	
diltiazem hcl tab 120 mg	2	
felodipine tab er 24hr 2.5 mg	2	
felodipine tab er 24hr 5 mg	2	
felodipine tab er 24hr 10 mg	2	
isradipine cap 2.5 mg	3	
isradipine cap 5 mg	3	
nicardipine hcl cap 20 mg	4	
nicardipine hcl cap 30 mg	4	
nifedipine tab er 24hr 30 mg	2	
nifedipine tab er 24hr 60 mg	2	
nifedipine tab er 24hr 90 mg	2	
nifedipine tab er 24hr osmotic release 30 mg	2	
nifedipine tab er 24hr osmotic release 60 mg	2	
nifedipine tab er 24hr osmotic release 90 mg	2	
nimodipine cap 30 mg	5	NDS
NYMALIZE SOL	5	NDS
NYMALIZE SOL 60/20ML	5	NDS
tiadylt cap 120mg/24	2	
tiadylt cap 180mg/24	2	
tiadylt cap 240mg/24	2	
tiadylt cap 300mg/24	2	
tiadylt cap 360mg/24	2	
tiadylt cap 420mg/24	2	
verapamil hcl cap er 24hr 100 mg	4	
verapamil hcl cap er 24hr 120 mg	3	
verapamil hcl cap er 24hr 180 mg	3	
verapamil hcl cap er 24hr 200 mg	4	
verapamil hcl cap er 24hr 240 mg	3	
verapamil hcl cap er 24hr 300 mg	4	
verapamil hcl cap er 24hr 360 mg	4	
verapamil hcl iv soln 2.5 mg/ml	4	
verapamil hcl tab 40 mg	1	GC
verapamil hcl tab 80 mg	1	GC
verapamil hcl tab 120 mg	1	GC
verapamil hcl tab er 120 mg	2	
verapamil hcl tab er 180 mg	2	
verapamil hcl tab er 240 mg	2	

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

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Drug Name	Drug Tier	Requirements/Limits
spironolactone & hydrochlorothiazide tab 25-25 mg	3	
torsemide tab 5 mg	2	
torsemide tab 10 mg	2	
torsemide tab 20 mg	2	
torsemide tab 100 mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	GC
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	GC
triamterene & hydrochlorothiazide tab 75-50 mg	1	GC
MISCELLANEOUS		
aliskiren fumarate tab 150 mg (base equivalent)	4	
aliskiren fumarate tab 300 mg (base equivalent)	4	
clonidine hcl tab 0.1 mg	1	GC
clonidine hcl tab 0.2 mg	1	GC
clonidine hcl tab 0.3 mg	1	GC
clonidine td patch weekly 0.1 mg/24hr	4	
clonidine td patch weekly 0.2 mg/24hr	4	
clonidine td patch weekly 0.3 mg/24hr	4	
CORLANOR SOL 5MG/5ML	4	
CORLANOR TAB 5MG	4	
CORLANOR TAB 7.5MG	4	
DEMSER CAP 250MG	5	NDS, PA
hydralazine hcl inj 20 mg/ml	4	
hydralazine hcl tab 10 mg	2	
hydralazine hcl tab 25 mg	2	
hydralazine hcl tab 50 mg	2	
hydralazine hcl tab 100 mg	2	
metyrosine cap 250 mg	5	NDS, PA
midodrine hcl tab 2.5 mg	3	
midodrine hcl tab 5 mg	3	
midodrine hcl tab 10 mg	3	
minoxidil tab 2.5 mg	2	
minoxidil tab 10 mg	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

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Drug Name	Drug Tier	Requirements/Limits
NORTHERA CAP 300MG	5	NDS, QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine tab er 12hr 500 mg</i>	4	
<i>ranolazine tab er 12hr 1000 mg</i>	4	
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	3	
<i>isosorbide dinitrate tab 10 mg</i>	3	
<i>isosorbide dinitrate tab 20 mg</i>	3	
<i>isosorbide dinitrate tab 30 mg</i>	3	
<i>isosorbide 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

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

CENTRAL NERVOUS SYSTEM

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)

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Drug Name	Drug Tier	Requirements/Limits
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
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	

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Drug Name	Drug Tier	Requirements/Limits
DIASTAT ACDL GEL 12.5-20	4	
DIASTAT PED GEL 2.5M GEL	4	
diazepam conc 5 mg/ml	3	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam inj 5 mg/ml	3	
diazepam oral soln 1 mg/ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
diazepam rectal gel delivery system 2.5 mg	4	
diazepam rectal gel delivery system 10 mg	4	
diazepam rectal gel delivery system 20 mg	4	
diazepam tab 2 mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam tab 5 mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam tab 10 mg	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	
divalproex sodium cap delayed release sprinkle 125 mg	4	
divalproex sodium tab delayed release 125 mg	3	
divalproex sodium tab delayed release 250 mg	3	
divalproex sodium tab delayed release 500 mg	3	
divalproex sodium tab er 24 hr 250 mg	3	
divalproex sodium tab er 24 hr 500 mg	3	
EPIDIOLEX SOL 100MG/ML	5	NDS, QL (600 mL / 30 days), NM, LA, PA
epitol tab 200mg	3	
ethosuximide cap 250 mg	4	
ethosuximide soln 250 mg/5ml	4	
felbamate susp 600 mg/5ml	5	NDS
felbamate tab 400 mg	4	
felbamate tab 600 mg	4	
FINTEPLA SOL 2.2MG/ML	5	NDS, QL (360 mL / 30 days), LA, PA
FYCOMPA SUS 0.5MG/ML	5	NDS, QL (720 mL / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
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
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tab er 24hr 500 mg</i>	3	
<i>levetiracetam tab er 24hr 750 mg</i>	3	
<i>NAYZILAM SPR 5MG</i>	4	
<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	
<i>PEGANONE TAB 250MG</i>	4	
<i>phenobarbital elixir 20 mg/5ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 30 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 60 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	3	PA; PA if 70 years and older
<i>PHENYTEK CAP 200MG</i>	3	
<i>PHENYTEK CAP 300MG</i>	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

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<i>SPRITAM TAB 250MG</i>	4	
<i>SPRITAM TAB 500MG</i>	4	
<i>SPRITAM TAB 750MG</i>	4	
<i>SPRITAM TAB 1000MG</i>	4	
<i>SYMPAZAN MIS 5MG</i>	4	PA
<i>SYMPAZAN MIS 10MG</i>	5	NDS, PA
<i>SYMPAZAN MIS 20MG</i>	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>VALTOCO LIQ 15MG</i>	4	
<i>VALTOCO LIQ 20MG</i>	4	
<i>VALTOCO SPR 5MG</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO SPR 10MG	4	
vigabatrin powd pack 500 mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
vigabatrin tab 500 mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
vigadroner 500mg	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)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 150-200	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 150-200	5	NDS, QL (56 tabs / 28 days)
XCOPRI TAB 50-200MG	5	NDS, QL (56 tabs / 28 days)
XCOPRI TAB 50MG	5	NDS, QL (90 tabs / 30 days)
XCOPRI TAB 100MG	5	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 150MG	5	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	5	NDS, QL (60 tabs / 30 days)
zonisamide cap 25 mg	2	
zonisamide cap 50 mg	2	
zonisamide cap 100 mg	2	
ANTIDEMENTIA		
donepezil hydrochloride orally disintegrating tab 5 mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	2	
donepezil hydrochloride tab 5 mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride tab 10 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
galantamine hydrobromide cap er 24hr 8 mg	3	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 16 mg	3	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 24 mg	3	QL (30 caps / 30 days)
galantamine hydrobromide oral soln 4 mg/ml	4	
galantamine hydrobromide tab 4 mg	3	QL (60 tabs / 30 days)
galantamine hydrobromide tab 8 mg	3	QL (60 tabs / 30 days)
galantamine hydrobromide tab 12 mg	3	QL (60 tabs / 30 days)
memantine hcl cap er 24hr 7 mg	4	PA; PA if < 30 yrs
memantine hcl cap er 24hr 14 mg	4	PA; PA if < 30 yrs
memantine hcl cap er 24hr 21 mg	4	PA; PA if < 30 yrs
memantine hcl cap er 24hr 28 mg	4	PA; PA if < 30 yrs
memantine hcl oral solution 2 mg/ml	4	PA; PA if < 30 yrs
memantine hcl tab 5 mg	3	PA; PA if < 30 yrs
memantine hcl tab 10 mg	3	PA; PA if < 30 yrs
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	4	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	
rivastigmine tartrate cap 1.5 mg (base equivalent)	4	QL (90 caps / 30 days)
rivastigmine tartrate cap 3 mg (base equivalent)	4	QL (90 caps / 30 days)
rivastigmine tartrate cap 4.5 mg (base equivalent)	4	QL (60 caps / 30 days)
rivastigmine tartrate cap 6 mg (base equivalent)	4	QL (60 caps / 30 days)
rivastigmine td patch 24hr 4.6 mg/24hr	4	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	4	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	4	QL (30 patches / 30 days)

ANTIDEPRESSANTS

amitriptyline hcl tab 10 mg	3
amitriptyline hcl tab 25 mg	3
amitriptyline hcl tab 50 mg	3
amitriptyline hcl tab 75 mg	3
amitriptyline hcl tab 100 mg	3
amitriptyline hcl tab 150 mg	3
amoxapine tab 25 mg	3

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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>DRIZALMA CAP 20MG DR</i>	4	QL (60 caps / 30 days), PA
<i>DRIZALMA CAP 30MG DR</i>	4	QL (60 caps / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
DRIZALMA CAP 40MG DR	4	QL (90 caps / 30 days), PA
DRIZALMA CAP 60MG DR	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base equiv)</i>	3	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base equiv)</i>	3	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base equiv)</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
mirtazapine tab 7.5 mg	3	
mirtazapine tab 15 mg	1	GC
mirtazapine tab 30 mg	1	GC
mirtazapine tab 45 mg	1	GC
nefazodone hcl tab 50 mg	4	
nefazodone hcl tab 100 mg	4	
nefazodone hcl tab 150 mg	4	
nefazodone hcl tab 200 mg	4	
nefazodone hcl tab 250 mg	4	
nortriptyline hcl cap 10 mg	2	
nortriptyline hcl cap 25 mg	2	
nortriptyline hcl cap 50 mg	2	
nortriptyline hcl cap 75 mg	2	
nortriptyline hcl soln 10 mg/5ml	4	
paroxetine hcl tab 10 mg	2	
paroxetine hcl tab 20 mg	2	
paroxetine hcl tab 30 mg	2	
paroxetine hcl tab 40 mg	2	
PAXIL SUS 10MG/5ML	4	QL (900 mL / 30 days)
phenelzine sulfate tab 15 mg	3	
protriptyline hcl tab 5 mg	4	
protriptyline hcl tab 10 mg	4	
sertraline hcl oral concentrate for solution 20 mg/ml	4	
sertraline hcl tab 25 mg	1	GC
sertraline hcl tab 50 mg	1	GC
sertraline hcl tab 100 mg	1	GC
tranylcypromine sulfate tab 10 mg	4	
trazodone hcl tab 50 mg	1	GC
trazodone hcl tab 100 mg	1	GC
trazodone hcl tab 150 mg	1	GC
trimipramine maleate cap 25 mg	4	QL (240 caps / 30 days)
trimipramine maleate cap 50 mg	4	QL (120 caps / 30 days)
trimipramine maleate cap 100 mg	4	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	4	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	4	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	4	QL (30 tabs / 30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	2	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	2	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	2	

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

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>NEUPRO DIS 1MG/24HR</i>	4	
<i>NEUPRO DIS 2MG/24HR</i>	4	
<i>NEUPRO DIS 3MG/24HR</i>	4	
<i>NEUPRO DIS 4MG/24HR</i>	4	
<i>NEUPRO DIS 6MG/24HR</i>	4	
<i>NEUPRO DIS 8MG/24HR</i>	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 oral soln 0.4 mg/ml</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
<i>ABILIFY MAIN INJ 300MG</i>	5	NDS, QL (1 injection / 28 days)
<i>ABILIFY MAIN INJ 400MG</i>	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	NDS, QL (900 mL / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ariPIPRAZOLE orally disintegrating tab 10 mg	5	NDS, QL (60 tabs / 30 days)
ariPIPRAZOLE orally disintegrating tab 15 mg	5	NDS, QL (60 tabs / 30 days)
ariPIPRAZOLE tab 2 mg	4	QL (30 tabs / 30 days)
ariPIPRAZOLE tab 5 mg	4	QL (30 tabs / 30 days)
ariPIPRAZOLE tab 10 mg	4	QL (30 tabs / 30 days)
ariPIPRAZOLE tab 15 mg	4	QL (30 tabs / 30 days)
ariPIPRAZOLE tab 20 mg	4	QL (30 tabs / 30 days)
ariPIPRAZOLE tab 30 mg	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
CAPLYTA CAP 42MG	4	QL (30 caps / 30 days)
chlorpromazine hcl inj 25 mg/ml	4	
chlorpromazine hcl inj 50 mg/2ml	4	
chlorpromazine hcl tab 10 mg	4	
chlorpromazine hcl tab 25 mg	4	
chlorpromazine hcl tab 50 mg	4	
chlorpromazine hcl tab 100 mg	4	
chlorpromazine hcl tab 200 mg	4	
clozapine orally disintegrating tab 12.5 mg	4	PA
clozapine orally disintegrating tab 25 mg	4	PA
clozapine orally disintegrating tab 100 mg	4	QL (270 tabs / 30 days), PA
clozapine orally disintegrating tab 150 mg	4	QL (180 tabs / 30 days), PA
clozapine orally disintegrating tab 200 mg	4	QL (135 tabs / 30 days), PA
clozapine tab 25 mg	3	
clozapine tab 50 mg	3	
clozapine tab 100 mg	4	QL (270 tabs / 30 days)
clozapine tab 200 mg	4	QL (135 tabs / 30 days)
FANAPT PAK	4	PA
FANAPT TAB 1MG	4	QL (60 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
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)
INVEGA SUST INJ 234/1.5	5	NDS, QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	5	NDS, QL (1 injection / 90 days)

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>perphenazine tab 16 mg</i>	3	
PERSERIS INJ 90MG	5	NDS, QL (1 injection / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
SECUADO DIS 3.8MG	4	QL (30 patches / 30 days)
SECUADO DIS 5.7MG	4	QL (30 patches / 30 days)
SECUADO DIS 7.6MG	4	QL (30 patches / 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)

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Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl cap 60 mg	4	QL (60 caps / 30 days)
ziprasidone hcl cap 80 mg	4	QL (60 caps / 30 days)
ziprasidone mesylate for inj 20 mg (base equivalent)	4	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	4	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	5	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	5	NDS, QL (1 vial / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine cap er 24hr 5 mg	4	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	4	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	3	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	3	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	3	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days)
atomoxetine hcl cap 10 mg (base equiv)	4	QL (120 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	4	QL (120 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	4	QL (120 caps / 30 days)
atomoxetine hcl cap 40 mg (base equiv)	4	QL (60 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	4	QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	4	QL (30 caps / 30 days)
atomoxetine hcl cap 100 mg (base equiv)	4	QL (30 caps / 30 days)
dexmethylphenidate hcl tab 2.5 mg	3	QL (120 tabs / 30 days)
dexmethylphenidate hcl tab 5 mg	3	QL (120 tabs / 30 days)
dexmethylphenidate hcl tab 10 mg	3	QL (60 tabs / 30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)	3	PA; PA if 70 years and older

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Drug Name	Drug Tier	Requirements/Limits
guanfacine hcl tab er 24hr 2 mg (base equiv)	3	PA; PA if 70 years and older
guanfacine hcl tab er 24hr 3 mg (base equiv)	3	PA; PA if 70 years and older
guanfacine hcl tab er 24hr 4 mg (base equiv)	3	PA; PA if 70 years and older
methylphenidate hcl soln 5 mg/5ml	4	QL (1800 mL / 30 days)
methylphenidate hcl soln 10 mg/5ml	4	QL (900 mL / 30 days)
methylphenidate hcl tab 5 mg	3	QL (180 tabs / 30 days)
methylphenidate hcl tab 10 mg	3	QL (180 tabs / 30 days)
methylphenidate hcl tab 20 mg	3	QL (90 tabs / 30 days)
methylphenidate hcl tab er 10 mg	4	QL (90 tabs / 30 days)
methylphenidate hcl tab er 20 mg	4	QL (90 tabs / 30 days)
HYPNOTICS		
BELSOMRA TAB 5MG	4	QL (30 tabs / 30 days)
BELSOMRA TAB 10MG	4	QL (30 tabs / 30 days)
BELSOMRA TAB 15MG	4	QL (30 tabs / 30 days)
BELSOMRA TAB 20MG	4	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 3 mg (base equiv)	3	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 6 mg (base equiv)	3	QL (30 tabs / 30 days)
eszopiclone tab 1 mg	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
eszopiclone tab 2 mg	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
eszopiclone tab 3 mg	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
temazepam cap 7.5 mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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Drug Name	Drug Tier	Requirements/Limits
<i>temazepam cap 15 mg</i>	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 5 mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 10 mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>AIMOVIG INJ 70MG/ML</i>	3	QL (1 pen / 30 days), PA
<i>AIMOVIG INJ 140MG/ML</i>	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)
<i>EMGALITY INJ 120MG/ML</i>	3	QL (2 pens / 30 days), PA
<i>EMGALITY INJ 120MG/ML</i>	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)

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Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	4	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	4	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TAB 9MG	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO TAB 12MG	5	NDS, QL (120 tabs / 30 days), NM, PA
INGREZZA CAP 40-80MG	5	NDS, QL (28 caps / 28 days), PA
INGREZZA CAP 40MG	5	NDS, QL (30 caps / 30 days), PA
INGREZZA CAP 80MG	5	NDS, QL (30 caps / 30 days), PA
<i>lithium carbonate cap 150 mg</i>	1	GC
<i>lithium carbonate cap 300 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<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
<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	

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Drug Name	Drug Tier	Requirements/Limits
dantrolene sodium cap 50 mg	4	
dantrolene sodium cap 100 mg	4	
methocarbamol tab 500 mg	3	PA; PA if 70 years and older
methocarbamol tab 750 mg	3	PA; PA if 70 years and older
tizanidine hcl tab 2 mg (base equivalent)	2	
tizanidine hcl tab 4 mg (base equivalent)	2	
vanadom tab 350mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
NARCOLEPSY/CATAPLEXY		
armodafinil tab 50 mg	3	QL (90 tabs / 30 days), PA
armodafinil tab 150 mg	3	QL (30 tabs / 30 days), PA
armodafinil tab 200 mg	3	QL (30 tabs / 30 days), PA
armodafinil tab 250 mg	3	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	5	NDS, QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium tab delayed release 333 mg	4	
buprenorphine hcl sl tab 2 mg (base equiv)	3	QL (90 tabs / 30 days), PA
buprenorphine hcl sl tab 8 mg (base equiv)	3	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	3	
CHANTIX PAK 0.5& 1MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
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
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	3	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	4	QL (300 grams / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	4	QL (300 grams / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	4	QL (300 grams / 30 days), PA

ANTIDIABETICS, INJECTABLE

BASAGLAR INJ 100UNIT	3	
BD ALCOHOL SWABS	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BC INJ 2/0.85ML	3	QL (4 pens / 28 days)
BYDUREON PEN INJ 2MG	3	QL (4 pens / 28 days)
BYETTA INJ 5MCG	4	QL (1 pen / 30 days)
BYETTA INJ 10MCG	4	QL (1 pen / 30 days)
FIASP FLEX INJ TOUCH	3	

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Drug Name	Drug Tier	Requirements/Limits
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	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 FLEXTOUCH	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	3	(brand RELION not covered)
NOVOLIN N INJ U-100	3	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	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	
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)
TRULICITY INJ 3/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 4.5/0.5	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		
acarbose tab 25 mg	3	
acarbose tab 50 mg	3	
acarbose tab 100 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
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
<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

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Drug Name	Drug Tier	Requirements/Limits
glyburide-metformin tab 1.25-250 mg	2	QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 2.5-500 mg	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 5-500 mg	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
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)
metformin hcl tab 500 mg	1	GC, QL (150 tabs / 30 days)
metformin hcl tab 850 mg	1	GC, QL (90 tabs / 30 days)
metformin hcl tab 1000 mg	1	GC, QL (75 tabs / 30 days)
metformin hcl tab er 24hr 500 mg	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl tab er 24hr 750 mg	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
nateglinide tab 60 mg	1	GC, QL (90 tabs / 30 days)
nateglinide tab 120 mg	1	GC, QL (90 tabs / 30 days)
pioglitazone hcl tab 15 mg (base equiv)	1	GC, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>RYBELSUS TAB 3MG</i>	3	QL (30 tabs / 30 days)
<i>RYBELSUS TAB 7MG</i>	3	QL (30 tabs / 30 days)
<i>RYBELSUS TAB 14MG</i>	3	QL (30 tabs / 30 days)
<i>SYNJARDY TAB</i>	3	QL (60 tabs / 30 days)
<i>SYNJARDY TAB 5-500MG</i>	3	QL (120 tabs / 30 days)
<i>SYNJARDY TAB 5-1000MG</i>	3	QL (60 tabs / 30 days)
<i>SYNJARDY TAB 12.5-500</i>	3	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB</i>	3	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB 5-1000MG</i>	3	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB 10-1000</i>	3	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB 25-1000</i>	3	QL (30 tabs / 30 days)
<i>TRADJENTA TAB 5MG</i>	3	QL (30 tabs / 30 days)
<i>TRIJARDY XR TAB</i>	3	QL (30 tabs / 30 days)
<i>TRIJARDY XR TAB</i>	3	QL (60 tabs / 30 days)
<i>XIGDUO XR TAB 2.5-1000</i>	3	QL (60 tabs / 30 days)
<i>XIGDUO XR TAB 5-500MG</i>	3	QL (60 tabs / 30 days)
<i>XIGDUO XR TAB 5-1000MG</i>	3	QL (60 tabs / 30 days)
<i>XIGDUO XR TAB 10-500MG</i>	3	QL (30 tabs / 30 days)
<i>XIGDUO XR TAB 10-1000</i>	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
<i>pamidronate disodium iv soln 3 mg/ml</i>	3	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	3	B/D
<i>PAMIDRONATE INJ 6MG/ML</i>	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
risedronate sodium tab 5 mg	4	
risedronate sodium tab 35 mg	4	
risedronate sodium tab 150 mg	4	
risedronate sodium tab delayed release 35 mg	4	
zoledronic acid inj conc for iv infusion 4 mg/5ml	4	B/D, NM
zoledronic acid iv soln 4 mg/100ml	4	B/D, NM
zoledronic acid iv soln 5 mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAP 100MG	4	
clovique cap 250mg	5	NDS, PA
deferasirox granules packet 90 mg	5	NDS, NM, PA
deferasirox granules packet 180 mg	5	NDS, NM, PA
deferasirox granules packet 360 mg	5	NDS, NM, PA
deferasirox tab 90 mg	5	NDS, NM, PA
deferasirox tab 180 mg	5	NDS, NM, PA
deferasirox tab 360 mg	5	NDS, NM, PA
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 180MG	5	NDS, NM, LA, PA
LOKELMA PAK 5GM	3	
LOKELMA PAK 10GM	3	
penicillamine tab 250 mg	5	NDS
sodium polystyrene sulfonate oral susp 15 gm/60ml	3	
sodium polystyrene sulfonate powder	3	
trientine hcl cap 250 mg	5	NDS, PA
VELTASSA POW 8.4GM	4	PA
VELTASSA POW 16.8GM	4	PA
VELTASSA POW 25.2GM	4	PA
CONTRACEPTIVES		
alyacen tab 1/35	2	
amethia lo tab	3	
amethia tab	3	
apri tab	2	
aranelle tab	3	
ashlyna tab	3	
aubra tab 0.1-0.02	2	
aviane tab	2	
balziva tab	3	
bekyree tab	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>blisovi 24 tab fe 1/20</i>	3	
<i>blisovi fe tab 1.5/30</i>	2	
<i>briellyn tab</i>	3	
<i>camila tab 0.35mg</i>	2	
<i>camrese lo tab</i>	3	
<i>cryselle-28 tab 28 tabs</i>	2	
<i>cyclafem tab 1/35</i>	2	
<i>cyclafem tab 7/7/7</i>	2	
<i>dasetta tab 1/35</i>	2	
<i>dasetta tab 7/7/7</i>	2	
<i>deblitane tab 0.35mg</i>	2	
<i>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 & ethynodiol estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethynodiol estradiol-levomefolate tab 3-0.02-0.451 mg</i>	4	
<i>drospirenone-ethynodiol estradiol-levomefolate tab 3-0.03-0.451 mg</i>	4	
<i>drospirenone-ethynodiol estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethynodiol estradiol tab 3-0.03 mg</i>	3	
<i>ELLA TAB 30MG</i>	3	
<i>eluryng mis</i>	4	
<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 & ethynodiol estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethynodiol estradiol tab 1 mg-50 mcg</i>	3	
<i>etonogestrel-ethynodiol estradiol va ring 0.120-0.015 mg/24hr</i>	4	
<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	

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<i>jolivette tab 0.35mg</i>	2	
<i>juleber tab</i>	2	
<i>junel 1.5/30 tab</i>	2	
<i>junel 1/20 tab</i>	2	
<i>junel fe 24 tab 1/20</i>	3	
<i>junel fe tab 1.5/30</i>	2	
<i>junel fe tab 1/20</i>	2	
<i>kaitlib fe chw</i>	4	
<i>kariva tab 28 day</i>	3	
<i>kelnor 1/50 tab</i>	3	
<i>kelnor tab 1/35</i>	2	
<i>kurvelo tab 0.15/30</i>	2	
<i>larin fe tab 1.5/30</i>	2	
<i>larin fe tab 1/20</i>	2	
<i>larin tab 1.5/30</i>	2	
<i>larin tab 1/20</i>	2	
<i>layolis fe chw</i>	4	
<i>lessina tab</i>	2	
<i>levonest tab</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	3	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<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>lutera 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>mibelas 24 chw fe</i>	4	
<i>mili tab 0.25/35</i>	2	
<i>necon tab 0.5/35</i>	3	
<i>nikki tab 3-0.02mg</i>	3	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	4	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	3	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	4	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	4	
<i>norethindrone 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>nortrel tab 0.5/35</i>	3	
<i>nortrel tab 1/35</i>	2	
<i>nortrel tab 7/7/7</i>	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
sharobel tab 0.35mg	2	
sprintec 28 tab 28 day	2	
tarina 24 fe tab	3	
tarina fe tab 1/20	2	
tri-estarryl tab	2	
tri-legest tab fe	3	
tri-lo- tab sprintec	3	
tri-mili tab	2	
tri-previfem tab	2	
tri-sprintec tab	2	
tri-vylibra tab	2	
tri-vylibra tab lo	3	
trivora-28 tab	2	
tulana tab 0.35mg	2	
tydemy tab	4	
velivet pak	2	
vienna tab 0.1-20	2	
viorele tab	3	
vyfemla tab 0.4-35	3	
vylibra tab 0.25-35	2	
wymzya fe chw 0.4mg-35	3	
zovia 1/35e tab	2	
ENDOMETRIOSIS		
danazol cap 50 mg	4	
danazol cap 100 mg	4	
danazol cap 200 mg	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
levocarnitine oral soln 1 gm/10ml (10%)	4	B/D
levocarnitine tab 330 mg	4	B/D

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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
<i>nitisinone cap 2 mg</i>	5	NDS, PA
<i>nitisinone cap 5 mg</i>	5	NDS, PA
<i>nitisinone cap 10 mg</i>	5	NDS, PA
NITYR TAB 2MG	5	NDS, LA, PA
NITYR TAB 5MG	5	NDS, LA, PA
NITYR TAB 10MG	5	NDS, LA, PA
ORFADIN CAP 2MG	5	NDS, LA, PA
ORFADIN CAP 5MG	5	NDS, LA, PA
ORFADIN CAP 10MG	5	NDS, LA, PA
ORFADIN CAP 20MG	5	NDS, LA, PA
ORFADIN SUS 4MG/ML	5	NDS, LA, PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	NDS, NM, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	NDS, NM, PA
<i>sapropterin dihydrochloride soluble tab 100 mg</i>	5	NDS, NM, 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	

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norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	
GLUCOCORTICOIDS		
cortisone acetate tab 25 mg	4	
DEXAMETHASON CON 1MG/ML	4	
dexamethasone elixir 0.5 mg/5ml	3	
dexamethasone sod phosphate preservative free inj 10 mg/ml	2	
dexamethasone sodium phosphate inj 4 mg/ml	2	
dexamethasone sodium phosphate inj 10 mg/ml	2	
dexamethasone sodium phosphate inj 20 mg/5ml	2	
dexamethasone sodium phosphate inj 100 mg/10ml	2	
dexamethasone sodium phosphate inj 120 mg/30ml	2	
dexamethasone soln 0.5 mg/5ml	3	
dexamethasone tab 0.5 mg	2	
dexamethasone tab 0.75 mg	2	
dexamethasone tab 1 mg	2	
dexamethasone tab 1.5 mg	2	
dexamethasone tab 2 mg	2	
dexamethasone tab 4 mg	2	
dexamethasone tab 6 mg	2	
fludrocortisone acetate tab 0.1 mg	2	
hydrocortisone tab 5 mg	3	
hydrocortisone tab 10 mg	3	
hydrocortisone tab 20 mg	3	
methylprednisolone acetate inj susp 40 mg/ml	2	B/D
methylprednisolone acetate inj susp 80 mg/ml	2	B/D
methylprednisolone sod succ for inj 40 mg (base equiv)	3	B/D
methylprednisolone sod succ for inj 125 mg (base equiv)	3	B/D
methylprednisolone sod succ for inj 1000 mg (base equiv)	3	B/D
methylprednisolone tab 4 mg	3	B/D
methylprednisolone tab 8 mg	3	B/D
methylprednisolone tab 16 mg	3	B/D
methylprednisolone tab 32 mg	3	B/D
methylprednisolone tab therapy pack 4 mg (21)	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide susp 50 mg/ml</i>	4	
GLUCAGEN INJ HYPOKIT	3	
GLUCAGON KIT 1MG	3	
GVOKE HYPO 2 INJ 1MG/.2ML	3	
GVOKE HYPO 2 INJ .5/.1ML	3	
GVOKE PFS INJ	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

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Drug Name	Drug Tier	Requirements/Limits
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
<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
OSPHENA TAB 60MG	3	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

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Drug Name	Drug Tier	Requirements/Limits
XGEVA INJ	5	NDS, NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	5	NDS, QL (360 tabs / 30 days), PA
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	3	QL (360 caps / 30 days)
calcium acetate (phosphate binder) tab 667 mg	3	QL (360 tabs / 30 days)
sevelamer carbonate packet 0.8 gm	5	NDS, QL (540 packets / 30 days)
sevelamer carbonate packet 2.4 gm	5	NDS, QL (180 packets / 30 days)
sevelamer carbonate tab 800 mg	4	QL (540 tabs / 30 days)
PROGESTINS		
medroxyprogesterone acetate tab 2.5 mg	1	GC
medroxyprogesterone acetate tab 5 mg	1	GC
medroxyprogesterone acetate tab 10 mg	1	GC
norethindrone acetate tab 5 mg	3	
THYROID AGENTS		
euthyrox tab 25mcg	2	
euthyrox tab 50mcg	2	
euthyrox tab 75mcg	2	
euthyrox tab 88mcg	2	
euthyrox tab 100mcg	2	
euthyrox tab 112mcg	2	
euthyrox tab 125mcg	2	
euthyrox tab 137mcg	2	
euthyrox tab 150mcg	2	
euthyrox tab 175mcg	2	
euthyrox tab 200mcg	2	
levo-t tab 25mcg	2	
levo-t tab 50mcg	2	
levo-t tab 75mcg	2	
levo-t tab 88mcg	2	
levo-t tab 100mcg	2	
levo-t tab 112mcg	2	
levo-t tab 125mcg	2	
levo-t tab 137mcg	2	
levo-t tab 150mcg	2	
levo-t tab 175mcg	2	
levo-t tab 200 mcg	2	
levo-t tab 300 mcg	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>SYNTHROID TAB 25MCG</i>	4	
<i>SYNTHROID TAB 50MCG</i>	4	
<i>SYNTHROID TAB 75MCG</i>	4	
<i>SYNTHROID TAB 88MCG</i>	4	
<i>SYNTHROID TAB 100MCG</i>	4	
<i>SYNTHROID TAB 112MCG</i>	4	
<i>SYNTHROID TAB 125MCG</i>	4	
<i>SYNTHROID TAB 137MCG</i>	4	
<i>SYNTHROID TAB 150MCG</i>	4	
<i>SYNTHROID TAB 175MCG</i>	4	
<i>SYNTHROID TAB 200MCG</i>	4	
<i>SYNTHROID TAB 300MCG</i>	4	
<i>unithroid tab 25mcg</i>	2	

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<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
<i>STIMATE SOL 1.5MG/ML</i>	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)
<i>EMEND SUS 125MG</i>	4	B/D
<i>gransetron hcl inj 1 mg/ml</i>	3	
<i>gransetron hcl inj 4 mg/4ml (1 mg/ml)</i>	3	
<i>gransetron hcl tab 1 mg</i>	4	B/D
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>famotidine inj 40 mg/4ml</i>	2
<i>famotidine inj 200 mg/20ml</i>	2

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famotidine tab 20 mg	1	GC
famotidine tab 40 mg	1	GC
nizatidine cap 150 mg	3	
nizatidine cap 300 mg	3	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium cap 750 mg	3	
budesonide delayed release particles cap 3 mg	4	
hydrocortisone enema 100 mg/60ml	4	
mesalamine cap dr 400 mg	4	
mesalamine enema 4 gm	4	
mesalamine rectal enema 4 gm & cleanser wipe kit	4	
mesalamine suppos 1000 mg	5	NDS
mesalamine tab delayed release 1.2 gm	4	
sulfasalazine tab 500 mg	2	
sulfasalazine tab delayed release 500 mg	3	
LAXATIVES		
constulose sol 10gm/15	3	
enulose sol 10gm/15	3	
gavilyte-c sol	2	
gavilyte-g sol	2	
gavilyte-n sol flav pk	2	
generlac sol 10gm/15	3	
GOLYTELY SOL	3	
lactulose (encephalopathy) solution 10 gm/15ml	3	
lactulose solution 10 gm/15ml	3	
NULYTELY SOL FLAV PKS	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
PLENUVU SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
trilyte sol	2	
MISCELLANEOUS		
alosetron hcl tab 0.5 mg (base equiv)	5	NDS, PA
alosetron hcl tab 1 mg (base equiv)	5	NDS, PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
cromolyn sodium oral conc 100 mg/5ml	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	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)
loperamide hcl cap 2 mg	3	
misoprostol tab 100 mcg	3	
misoprostol tab 200 mcg	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
sucralfate tab 1 gm	2	
ursodiol cap 300 mg	3	
ursodiol tab 250 mg	4	
ursodiol tab 500 mg	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)
esomeprazole magnesium cap delayed release 20 mg (base eq)	4	QL (30 caps / 30 days), ST
esomeprazole magnesium cap delayed release 40 mg (base eq)	4	QL (30 caps / 30 days), ST
lansoprazole cap delayed release 15 mg	3	QL (30 caps / 30 days)
lansoprazole cap delayed release 30 mg	3	QL (30 caps / 30 days)
omeprazole cap delayed release 10 mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<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

<i>MYRBETRIQ TAB 25MG</i>	4	QL (30 tabs / 30 days)
<i>MYRBETRIQ TAB 50MG</i>	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
<i>TOVIAZ TAB 4MG</i>	3	QL (30 tabs / 30 days)
<i>TOVIAZ TAB 8MG</i>	3	QL (30 tabs / 30 days)
<i>trospium chloride tab 20 mg</i>	3	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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		
<i>ELIQUIS ST P TAB 5MG</i>	3	QL (74 tabs / 30 days)
<i>ELIQUIS TAB 2.5MG</i>	3	QL (60 tabs / 30 days)
<i>ELIQUIS TAB 5MG</i>	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	
<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
<i>HEP SOD/NACL INJ 25000UNT</i>	3	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	3	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	3	
<i>HEPARIN/NACL INJ 25000UNT</i>	3	
<i>jantoven tab 1mg</i>	1	GC
<i>jantoven tab 2.5mg</i>	1	GC
<i>jantoven tab 2mg</i>	1	GC

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jantoven tab 3mg	1	GC
jantoven tab 4mg	1	GC
jantoven tab 5mg	1	GC
jantoven tab 6mg	1	GC
jantoven tab 7.5mg	1	GC
jantoven tab 10mg	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)
warfarin sodium tab 1 mg	1	GC
warfarin sodium tab 2 mg	1	GC
warfarin sodium tab 2.5 mg	1	GC
warfarin sodium tab 3 mg	1	GC
warfarin sodium tab 4 mg	1	GC
warfarin sodium tab 5 mg	1	GC
warfarin sodium tab 6 mg	1	GC
warfarin sodium tab 7.5 mg	1	GC
warfarin sodium tab 10 mg	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		
anagrelide hcl cap 0.5 mg	4	
anagrelide hcl cap 1 mg	4	
BERINERT INJ 500UNIT	5	NDS, QL (24 boxes / 30 days), NM, LA, PA
cilostazol tab 50 mg	2	
cilostazol tab 100 mg	2	
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	

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Drug Name	Drug Tier	Requirements/Limits
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 PAK 25MG	5	NDS, QL (180 packets / 30 days), LA, PA
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)

ENBREL INJ 25/0.5ML	5	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL INJ 25MG	5	NDS, QL (16 vials / 28 days), PA
ENBREL INJ 25MG	5	NDS, QL (16 vials / 28 days), NM, PA
ENBREL INJ 50MG/ML	5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI INJ 50MG/ML	5	NDS, QL (8 injections / 28 days), NM, PA
ENBREL SRCLK INJ 50MG/ML	5	NDS, QL (8 injections / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
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
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
RINVOQ TAB 15MG ER	5	NDS, QL (30 tabs / 30 days), PA
SKYRIZI INJ 150DOSE	5	NDS, QL (7 kits / year), NM, 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

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TAB 22MG	5	NDS, QL (30 tabs / 30 days), PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	5	NDS, NM, PA
FLEBOGAMMA INJ 5GM/50ML	5	NDS, NM, PA
FLEBOGAMMA INJ 10/100ML	5	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	5	NDS, NM, PA
FLEBOGAMMA INJ 20/200ML	5	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	5	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	5	NDS, NM, PA
GAMASTAN 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
GAMMAGARD SD INJ 10GM HU	5	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	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, NM, PA
PANZYGA SOL 1GM/10ML	5	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
PANZYGA SOL 2.5/25ML	5	NDS, NM, PA
PANZYGA SOL 5GM/50ML	5	NDS, NM, PA
PANZYGA SOL 10/100ML	5	NDS, NM, PA
PANZYGA SOL 20/200ML	5	NDS, NM, PA
PANZYGA SOL 30/300ML	5	NDS, NM, PA
PRIVIGEN INJ 5 GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	5	NDS, NM, LA, PA
ARCALYST INJ 220MG	5	NDS, NM, PA
INTRON A INJ 10MU	5	NDS, B/D, NM
INTRON A INJ 18MU	5	NDS, B/D, NM
INTRON A INJ 25MU	5	NDS, B/D, NM
INTRON A INJ 50MU	5	NDS, B/D, NM
IMMUNOSUPPRESSANTS		
<i>azathioprine tab 50 mg</i>	3	B/D
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>everolimus tab 0.5 mg</i>	5	NDS, B/D
<i>everolimus tab 0.25 mg</i>	4	B/D
<i>everolimus tab 0.75 mg</i>	5	NDS, B/D
<i>gengraf cap 25mg</i>	4	B/D
<i>gengraf cap 100mg</i>	4	B/D
<i>gengraf sol 100mg/ml</i>	4	B/D
<i>mycophenolate mofetil cap 250 mg</i>	3	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	NDS, B/D
<i>mycophenolate mofetil tab 500 mg</i>	3	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	4	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	4	B/D
NULOJIX INJ 250MG	5	NDS, B/D

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PROGRAF GRA 0.2MG	4	B/D
PROGRAF GRA 1MG	4	B/D
SANDIMMUNE SOL 100MG/ML	3	B/D
<i>sirolimus oral soln 1 mg/ml</i>	5	NDS, B/D
<i>sirolimus tab 0.5 mg</i>	4	B/D
<i>sirolimus tab 1 mg</i>	4	B/D
<i>sirolimus tab 2 mg</i>	5	NDS, B/D
<i>tacrolimus cap 0.5 mg</i>	4	B/D
<i>tacrolimus cap 1 mg</i>	4	B/D
<i>tacrolimus cap 5 mg</i>	4	B/D
ZORTRESS TAB 0.5MG	5	NDS, B/D
ZORTRESS TAB 0.25MG	5	NDS, B/D
ZORTRESS TAB 0.75MG	5	NDS, B/D
ZORTRESS TAB 1MG	5	NDS, B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
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	
IPOP INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB INJ	3	
PENTACEL INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	

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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 50/0.5ML	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
YF-VAX INJ	3	
ZOSTAVAX INJ	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

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

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Drug Name	Drug Tier	Requirements/Limits
<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		
<i>AMINOSYN II INJ 10%</i>	4	B/D
<i>AMINOSYN-PF INJ 7%</i>	4	B/D
<i>CLINIMIX INJ 4.25/D5W</i>	4	B/D
<i>CLINIMIX INJ 4.25/D10</i>	4	B/D
<i>CLINIMIX INJ 5%/D15W</i>	4	B/D
<i>CLINIMIX INJ 5%/D20W</i>	4	B/D
<i>clinisol sf inj 15%</i>	4	B/D
<i>CLINOLIPID EMU 20%</i>	4	B/D
<i>FREAMINE HBC INJ 6.9%</i>	4	B/D
<i>FREAMINE III INJ 10%</i>	4	B/D
<i>hepatamine sol 8%</i>	4	B/D
<i>INTRALIPID INJ 20%</i>	4	B/D
<i>INTRALIPID INJ 30%</i>	4	B/D
<i>NEPHRAMINE INJ 5.4%</i>	4	B/D
<i>NUTRILIPID EMU 20%</i>	4	B/D
<i>plenamine inj 15%</i>	4	B/D
<i>PREMASOL SOL 10%</i>	4	B/D
<i>PROCALAMINE INJ 3%</i>	4	B/D
<i>PROSOL INJ 20%</i>	4	B/D
<i>TRAVASOL INJ 10%</i>	4	B/D
<i>TROPHAMINE INJ 10%</i>	4	B/D
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	3	

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Drug Name	Drug Tier Requirements/Limits
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 0.45%</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
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 0.45% inj</i>	3
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2
<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
PLASMA-LYTE INJ -148	4
PLASMA-LYTE INJ -A	4
POT CHLORIDE INJ 10MEQ	2
POT CHLORIDE INJ 20MEQ	2
POT CHLORIDE INJ 40MEQ	2
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2
<i>potassium chloride inj 2 meq/ml</i>	2
<i>sodium chloride iv soln 0.9%</i>	3
<i>sodium chloride iv soln 0.45%</i>	3

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Drug Name	Drug Tier	Requirements/Limits
sodium chloride iv soln 3%	3	
sodium chloride iv soln 5%	3	
VITAMINS		
calcitriol cap 0.5 mcg	2	B/D
calcitriol cap 0.25 mcg	2	B/D
calcitriol inj 1 mcg/ml	4	B/D
calcitriol oral soln 1 mcg/ml	4	B/D
M-NATAL PLUS TAB	3	
paricalcitol cap 1 mcg	4	B/D
paricalcitol cap 2 mcg	4	B/D
paricalcitol cap 4 mcg	4	B/D
PNV FOLIC AC TAB + IRON	3	
PRENATAL PLUS	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
RAYALDEE CAP 30MCG	5	NDS
TRICARE TAB PRENATAL	3	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
BLEPHAMIDE OIN S.O.P.	4	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	4	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
AZASITE SOL 1%	4	
bacitracin ophth oint 500 unit/gm	3	
bacitracin-polymyxin b ophth oint	2	
BESIVANCE SUS 0.6%	3	
CILOXAN OIN 0.3% OP	3	

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Drug Name	Drug Tier Requirements/Limits
<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
<i>MOXEZA SOL 0.5%</i>	3
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	3
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	3
<i>NATACYN SUS 5% OP</i>	4
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3
<i>neomycin-polomyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3
<i>ofloxacin ophth soln 0.3%</i>	2
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2
<i>sulfacetamide sodium ophth oint 10%</i>	3
<i>sulfacetamide sodium ophth soln 10%</i>	3
<i>tobramycin ophth soln 0.3%</i>	2
<i>trifluridine ophth soln 1%</i>	3
<i>ZIRGAN GEL 0.15%</i>	4
ANTI-INFLAMMATORIES	
<i>ALREX SUS 0.2%</i>	3
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	4
<i>BROMSITE DRO 0.075%</i>	4
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	3
<i>diclofenac sodium ophth soln 0.1%</i>	3
<i>DUREZOL EMU 0.05%</i>	3
<i>FLAREX SUS 0.1% OP</i>	4
<i>fluorometholone ophth susp 0.1%</i>	3
<i>flurbiprofen sodium ophth soln 0.03%</i>	3
<i>ILEVRO DRO 0.3% OP</i>	3
<i>ketorolac tromethamine ophth soln 0.4%</i>	3
<i>ketorolac tromethamine ophth soln 0.5%</i>	2
<i>LOTEMAX GEL 0.5%</i>	3
<i>LOTEMAX OIN 0.5%</i>	3
<i>loteprednol etabonate ophth susp 0.5%</i>	3
<i>PRED SOD PHO SOL 1% OP</i>	3
<i>prednisolone acetate ophth susp 1%</i>	3

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Drug Name	Drug Tier	Requirements/Limits
PROLENSA SOL 0.07%	3	
ANTIALLERGICS		
azelastine hcl ophth soln 0.05%	3	
BEPREVE DRO 1.5%	3	
cromolyn sodium ophth soln 4%	1	GC
LASTACRAFT SOL 0.25%	4	
olopatadine hcl ophth soln 0.2% (base equivalent)	4	
PAZEO DRO 0.7%	3	
ZERVIATE DRO 0.24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT SUS 1% OP	3	
betaxolol hcl ophth soln 0.5%	3	
BETOPTIC-S SUS 0.25% OP	3	
brimonidine tartrate ophth soln 0.2%	1	GC
brimonidine tartrate ophth soln 0.15%	4	
carteolol hcl ophth soln 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl ophth soln 2%	2	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	2	
latanoprost ophth soln 0.005%	2	
levobunolol hcl ophth soln 0.5%	2	
LUMIGAN SOL 0.01%	3	
PHOSPHOLINE SOL 0.125%OP	4	
pilocarpine hcl ophth soln 1%	3	
pilocarpine hcl ophth soln 2%	3	
pilocarpine hcl ophth soln 4%	3	
RHOPRESSA SOL 0.02%	3	
SIMBRINZA SUS 1-0.2%	3	
timolol maleate ophth gel forming soln 0.5%	4	
timolol maleate ophth gel forming soln 0.25%	4	
timolol maleate ophth soln 0.5%	1	GC
timolol maleate ophth soln 0.5% (once-daily)	4	
timolol maleate ophth soln 0.25%	1	GC
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	4	
MISCELLANEOUS		
ATROPINE SUL SOL 1% OP	3	
CYSTARAN SOL 0.44%	5	NDS, LA, PA
proparacaine hcl ophth soln 0.5%	3	

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Drug Name	Drug Tier	Requirements/Limits
RESTASIS EMU 0.05%	3	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)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (4 inhalers / 28 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	
ANTIHISTAMINES		
<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

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

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Drug Name	Drug Tier	Requirements/Limits
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)
<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
FASENRA INJ 30MG/ML	5	NDS, NM, LA, PA
FASENRA PEN INJ 30MG/ML	5	NDS, LA, 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

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Drug Name	Drug Tier	Requirements/Limits
NUCALA INJ 100MG/ML	5	NDS, NM, 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	
TRIKAFTA TAB	5	NDS, LA, PA
XOLAIR INJ 75/0.5	5	NDS, NM, LA, PA
XOLAIR INJ 150MG/ML	5	NDS, NM, LA, PA
XOLAIR SOL 150MG	5	NDS, NM, LA, PA
ZEMAIRA INJ 1000MG	5	NDS, NM, LA, PA
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELPT INH 50MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	3	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	4	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	4	B/D
FLOVENT DISK AER 50MCG	3	QL (120 inhalations / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>amnesteem cap 10mg</i>	4	PA
<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

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>SULFAMYLON CRE 85MG/GM</i>	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)

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>TAZORAC CRE 0.05%</i>	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>alclometasone dipropionate cream 0.05%</i>	4	
<i>alclometasone dipropionate oint 0.05%</i>	3	
<i>betamethasone dipropionate augmented cream 0.05%</i>	3	
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	4	
<i>betamethasone dipropionate augmented oint 0.05%</i>	4	
<i>betamethasone dipropionate cream 0.05%</i>	3	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate oint 0.05%</i>	4	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	3	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	3	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
<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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<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 perianal 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	
<i>PANRETIN GEL 0.1%</i>	5	NDS, QL (60 grams / 30 days)
<i>PICATO GEL 0.05%</i>	4	QL (2 tubes / 30 days)
<i>PICATO GEL 0.015%</i>	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	
<i>RECTIV OIN 0.4%</i>	4	QL (30 grams / 30 days)
<i>tacrolimus oint 0.1%</i>	4	QL (100 grams / 30 days)
<i>tacrolimus oint 0.03%</i>	4	QL (100 grams / 30 days)
<i>TARGRETIN GEL 1%</i>	5	NDS, QL (60 grams / 30 days), NM, PA
<i>VALCHLOR GEL 0.016%</i>	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	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
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REGRANEX GEL 0.01%	5	NDS, QL (30 grams / 30 days), PA
SANTYL OIN 250/GM	4	
sodium chloride irrigation soln 0.9%	2	
water for irrigation, sterile irrigation soln	2	
MOUTH/THROAT/DENTAL AGENTS		
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chlorhexidine gluconate soln 0.12%	1	GC
clotrimazole troche 10 mg	4	
lidocaine hcl viscous soln 2%	2	
nystatin susp 100000 unit/ml	3	
periogard sol 0.12%	1	GC
pilocarpine hcl tab 5 mg	4	
pilocarpine hcl tab 7.5 mg	4	
triamcinolone acetonide dental paste 0.1%	3	
OTIC		
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TRUE METRIX KIT METER	0	
TRUE METRIX STRIPS	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **NDS** - Non-Extended Days Supply 109

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BETOPTIC-S SUS 0.25% OP	99
BEVESPI AER 9-4.8MCG	100
<i>bexarotene cap 75 mg</i>	27
BEXZERO INJ.....	93
<i>bicalutamide tab 50 mg</i>	22
BICILLIN L-A INJ 1200000.....	17
BICILLIN L-A INJ 2400000.....	17
BICILLIN L-A INJ 600000	17
BIKTARVY TAB	11
<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>10-6.25 mg</i>	35
<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>2.5-6.25 mg</i>	35
<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
<i>6.25 mg</i>	35
<i>bisoprolol fumarate tab 10 mg</i>	36
<i>bisoprolol fumarate tab 5 mg</i>	36
BIVIGAM INJ 10%	91
BLEPHAMIDE OIN S.O.P.	97
<i>blisovi 24 tab fe 1/20</i>	72
<i>blisovi fe tab 1.5/30</i>	72
BOOSTRIX INJ	93
BORTEZOMIB INJ 3.5MG	20
<i>bosentan tab 125 mg</i>	42
<i>bosentan tab 62.5 mg</i>	42
BOSULIF TAB 100MG	24
BOSULIF TAB 400MG	24
BOSULIF TAB 500MG	24
BRAFTOVI CAP 75MG	24
BREO ELLIPTA INH 100-25	104
BREO ELLIPTA INH 200-25	104
BREZTRI AERO AER SPHERE.....	100
<i>briellyn tab</i>	72
BRILINTA TAB 60MG.....	89
BRILINTA TAB 90MG.....	89
<i>brimonidine tartrate ophth soln 0.15%</i>	
.....	99
<i>brimonidine tartrate ophth soln 0.2%</i>	99
BRIVIACT INJ 50MG/5ML	43
BRIVIACT SOL 10MG/ML	43
BRIVIACT TAB 100MG.....	43
BRIVIACT TAB 10MG	43
BRIVIACT TAB 25MG	43
BRIVIACT TAB 50MG	43
BRIVIACT TAB 75MG	43
<i>bromfenac sodium ophth soln 0.09%</i>	
<i>(base equiv) (once-daily)</i>	98
<i>bromocriptine mesylate cap 5 mg (base</i>	
<i>equivalent)</i>	53
<i>bromocriptine mesylate tab 2.5 mg</i>	
<i>(base equivalent)</i>	53
BROMSITE DRO 0.075%	98
BRUKINSA CAP 80MG	24
<i>budesonide delayed release particles</i>	
<i>cap 3 mg</i>	84
<i>budesonide inhalation susp 0.25</i>	
<i>mg/2ml</i>	103
<i>budesonide inhalation susp 0.5 mg/2ml</i>	
.....	103
<i>bumetanide inj 0.25 mg/ml</i>	39
<i>bumetanide tab 0.5 mg</i>	39
<i>bumetanide tab 1 mg</i>	39
<i>bumetanide tab 2 mg</i>	39
<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>equiv)</i>	65
<i>buprenorphine hcl sl tab 8 mg (base</i>	
<i>equiv)</i>	65

buprenorphine hcl-naloxone hcl sl film	
12-3 mg (base equiv)	65
buprenorphine hcl-naloxone hcl sl film	
2-0.5 mg (base equiv)	65
buprenorphine hcl-naloxone hcl sl film	
4-1 mg (base equiv)	65
buprenorphine hcl-naloxone hcl sl film	
8-2 mg (base equiv)	65
buprenorphine hcl-naloxone hcl sl tab	
2-0.5 mg (base equiv)	65
buprenorphine hcl-naloxone hcl sl tab	
8-2 mg (base equiv)	65
buprenorphine td patch weekly 10 mcg/hr	2
buprenorphine td patch weekly 15 mcg/hr	2
buprenorphine td patch weekly 20 mcg/hr	2
buprenorphine td patch weekly 5 mcg/hr	2
buprenorphine td patch weekly 7.5 mcg/hr	2
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	65
bupropion hcl tab 100 mg	50
bupropion hcl tab 75 mg	50
bupropion hcl tab er 12hr 100 mg	50
bupropion hcl tab er 12hr 150 mg	50
bupropion hcl tab er 12hr 200 mg	50
bupropion hcl tab er 24hr 150 mg	50
bupropion hcl tab er 24hr 300 mg	50
buspirone hcl tab 10 mg.....	42
buspirone hcl tab 15 mg.....	42
buspirone hcl tab 30 mg.....	42
buspirone hcl tab 5 mg	42
buspirone hcl tab 7.5 mg.....	42
butorphanol tartrate inj 1 mg/ml	2
butorphanol tartrate inj 2 mg/ml	2
BYDUREON BC INJ 2/0.85ML	66
BYDUREON PEN INJ 2MG.....	66
BYETTA INJ 10MCG.....	66
BYETTA INJ 5MCG	66
BYSTOLIC TAB 10MG	36
BYSTOLIC TAB 2.5MG	36
BYSTOLIC TAB 20MG	36
BYSTOLIC TAB 5MG	36

C

cabergoline tab 0.5 mg	78
CABOMETYX TAB 20MG.....	24
CABOMETYX TAB 40MG.....	24
CABOMETYX TAB 60MG.....	24
calcipotriene cream 0.005%	106
calcipotriene oint 0.005%.....	106
calcipotriene soln 0.005% (50 mcg/ml)	106
calcitonin (salmon) nasal soln 200 unit/act	78
calcitriol cap 0.25 mcg	97
calcitriol cap 0.5 mcg	97
calcitriol inj 1 mcg/ml	97
calcitriol oral soln 1 mcg/ml.....	97
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....	80
calcium acetate (phosphate binder) tab 667 mg	80
CALQUENCE CAP 100MG	24
camila tab 0.35mg	72
camrese lo tab	72
candesartan cilexetil tab 16 mg.....	32
candesartan cilexetil tab 32 mg.....	32
candesartan cilexetil tab 4 mg	32
candesartan cilexetil tab 8 mg	32
candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg	31
candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg	31
candesartan cilexetil- hydrochlorothiazide tab 32-25 mg .31	31
CAPLYTA CAP 42MG.....	55
CAPRELSA TAB 100MG.....	24
CAPRELSA TAB 300MG.....	24
captotril & hydrochlorothiazide tab 25- 15 mg	29
captotril & hydrochlorothiazide tab 25- 25 mg	29
captotril & hydrochlorothiazide tab 50- 15 mg	29
captotril & hydrochlorothiazide tab 50- 25 mg	29
captotril tab 100 mg	29
captotril tab 12.5 mg	29

<i>captoril tab 25 mg</i>	29
<i>captoril tab 50 mg</i>	29
CARBAGLU TAB 200MG	75
<i>carbamazepine cap er 12hr 100 mg</i> ..43	
<i>carbamazepine cap er 12hr 200 mg</i> ..43	
<i>carbamazepine cap er 12hr 300 mg</i> ..43	
<i>carbamazepine chew tab 100 mg</i> ..43	
<i>carbamazepine susp 100 mg/5ml</i> ....43	
<i>carbamazepine tab 200 mg</i>	43
<i>carbamazepine tab er 12hr 100 mg</i> ..43	
<i>carbamazepine tab er 12hr 200 mg</i> ..43	
<i>carbamazepine tab er 12hr 400 mg</i> ..43	
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 10-100 mg</i>.....53	
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 25-100 mg</i>.....53	
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 25-250 mg</i>.....53	
<i>carbidopa & levodopa tab 10-100 mg</i> 53	
<i>carbidopa & levodopa tab 25-100 mg</i> 53	
<i>carbidopa & levodopa tab 25-250 mg</i> 53	
<i>carbidopa & levodopa tab er 25-100</i>	
<i>mg</i>	53
<i>carbidopa & levodopa tab er 50-200</i>	
<i>mg</i>	53
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>12.5-50-200 mg</i>	53
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>18.75-75-200 mg</i>	53
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>25-100-200 mg</i>	53
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>31.25-125-200 mg</i>	54
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>37.5-150-200 mg</i>	54
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>50-200-200 mg</i>	54
<i>carboplatin iv soln 150 mg/15ml</i>	27
<i>carboplatin iv soln 450 mg/45ml</i>	27
<i>carboplatin iv soln 50 mg/5ml</i>.....27	
<i>carboplatin iv soln 600 mg/60ml</i>	27
<i>carisoprodol tab 350 mg</i>.....64	
<i>carteolol hcl ophth soln 1%</i>	99
<i>carvedilol tab 12.5 mg</i>	36
<i>carvedilol tab 25 mg</i>	36
<i>carvedilol tab 3.125 mg</i>	36
<i>carvedilol tab 6.25 mg</i>	36

<i>caspofungin acetate for iv soln 50 mg</i> 8	
<i>caspofungin acetate for iv soln 70 mg</i> 8	
CAYSTON INH 75MG.....	6
<i>cefaclor cap 250 mg</i>	13
<i>cefaclor cap 500 mg</i>	13
CEFACLOR ER TAB 500MG.....	13
<i>cefaclor for susp 125 mg/5ml</i>	13
<i>cefaclor for susp 250 mg/5ml</i>	13
<i>cefaclor for susp 375 mg/5ml</i>	13
<i>cefadroxil cap 500 mg</i>	13
<i>cefadroxil for susp 250 mg/5ml</i>	13
<i>cefadroxil for susp 500 mg/5ml</i>	13
<i>cefadroxil tab 1 gm</i>	13
CEFAZOLIN INJ 1GM/50ML	14
<i>cefazolin sodium for inj 1 gm</i>	14
<i>cefazolin sodium for inj 10 gm</i>	14
<i>cefazolin sodium for inj 500 mg</i>	14
<i>cefazolin sodium for iv soln 1 gm</i>	14
CEFAZOLIN SOL.....	14
<i>cefdinir cap 300 mg</i>	14
<i>cefdinir for susp 125 mg/5ml</i>	14
<i>cefdinir for susp 250 mg/5ml</i>	14
<i>cefepime hcl for inj 1 gm</i>	14
<i>cefepime hcl for inj 2 gm</i>	14
<i>cefixime for susp 100 mg/5ml</i>	14
<i>cefixime for susp 200 mg/5ml</i>	14
<i>cefoxitin sodium for inj 10 gm</i>	14
<i>cefoxitin sodium for iv soln 1 gm</i>	14
<i>cefoxitin sodium for iv soln 2 gm</i>	14
<i>cefpodoxime proxetil for susp 100</i>	
<i>mg/5ml</i>	14
<i>cefpodoxime proxetil for susp 50</i>	
<i>mg/5ml</i>	14
<i>cefpodoxime proxetil tab 100 mg</i>	14
<i>cefpodoxime proxetil tab 200 mg</i>	14
<i>ceprozil for susp 125 mg/5ml</i>	14
<i>ceprozil for susp 250 mg/5ml</i>	14
<i>ceprozil tab 250 mg</i>	14
<i>ceprozil tab 500 mg</i>	14
<i>ceftazidime for inj 1 gm</i>	14
<i>ceftazidime for inj 2 gm</i>	14
<i>ceftazidime for inj 6 gm</i>	14
CEFTAZIDIME/ SOL D5W 1GM	14
CEFTAZIDIME/ SOL D5W 2GM	14
<i>ceftriaxone sodium for inj 1 gm</i>	14
<i>ceftriaxone sodium for inj 10 gm</i>	14
<i>ceftriaxone sodium for inj 2 gm</i>	14

<i>ceftriaxone sodium for inj 250 mg</i>	14
<i>ceftriaxone sodium for inj 500 mg</i>	14
<i>ceftriaxone sodium for iv soln 1 gm</i> ..	14
<i>ceftriaxone sodium for iv soln 2 gm</i> ..	14
<i>cefuroxime axetil tab 250 mg</i>	14
<i>cefuroxime axetil tab 500 mg</i>	14
<i>cefuroxime sodium for inj 7.5 gm</i>	14
<i>cefuroxime sodium for inj 750 mg</i>	14
<i>cefuroxime sodium for iv soln 1.5 gm</i>	
.....	14
<i>celecoxib cap 100 mg</i>	1
<i>celecoxib cap 200 mg</i>	1
<i>celecoxib cap 400 mg</i>	1
<i>celecoxib cap 50 mg</i>	1
<i>CELONTIN CAP 300MG</i>	43
<i>cephalexin cap 250 mg</i>	14
<i>cephalexin cap 500 mg</i>	15
<i>cephalexin for susp 125 mg/5ml</i>	15
<i>cephalexin for susp 250 mg/5ml</i>	15
<i>CERDELGA CAP 84MG</i>	75
<i>CEREZYME INJ 400UNIT</i>	75
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	100
<i>cevimeline hcl cap 30 mg</i>	109
<i>CHANTIX PAK 0.5& 1MG</i>	65
<i>CHANTIX PAK 1MG</i>	66
<i>CHANTIX TAB 0.5MG</i>	66
<i>CHANTIX TAB 1MG</i>	66
<i>CHEMET CAP 100MG</i>	71
<i>chlorhexidine gluconate soln 0.12%</i> 109	
<i>chloroquine phosphate tab 250 mg</i>	9
<i>chloroquine phosphate tab 500 mg</i>	9
<i>chlorothiazide tab 250 mg</i>	39
<i>chlorothiazide tab 500 mg</i>	39
<i>chlorpromazine hcl inj 25 mg/ml</i>	55
<i>chlorpromazine hcl inj 50 mg/2ml</i>	55
<i>chlorpromazine hcl tab 10 mg</i>	55
<i>chlorpromazine hcl tab 100 mg</i>	55
<i>chlorpromazine hcl tab 200 mg</i>	55
<i>chlorpromazine hcl tab 25 mg</i>	55
<i>chlorpromazine hcl tab 50 mg</i>	55
<i>chlorthalidone tab 25 mg</i>	39
<i>chlorthalidone tab 50 mg</i>	39
<i>cholestyramine light powder 4 gm/dose</i>	
.....	34
<i>cholestyramine light powder packets 4 gm</i>	34
<i>cholestyramine powder 4 gm/dose</i> ...	34
<i>cholestyramine powder packets 4 gm</i> 34	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	105
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	105
<i>cilostazol tab 100 mg</i>	88
<i>cilostazol tab 50 mg</i>	88
<i>CILOXAN OIN 0.3% OP</i>	97
<i>CIMDUO TAB 300-300</i>	11
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	
.....	78
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	
.....	78
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	
.....	78
<i>CIPRO (10%) SUS 500MG/5</i>	15
<i>CIPRODEX SUS 0.3-0.1%</i>	109
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	15
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	15
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	98
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	15
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	15
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	15
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	16
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	109
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	
.....	27
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	
.....	27
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..	27
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	50
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	50
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	50
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	50
<i>claravis cap 10mg</i>	104
<i>claravis cap 20mg</i>	104

<i>claravis cap 30mg</i>	104
<i>claravis cap 40mg</i>	105
<i>clarithromycin for susp 125 mg/5ml</i>	15
<i>clarithromycin for susp 250 mg/5ml</i>	15
<i>clarithromycin tab 250 mg</i>	15
<i>clarithromycin tab 500 mg</i>	15
<i>clarithromycin tab er 24hr 500 mg</i> ...	15
<i>clindamycin hcl cap 150 mg</i>	6
<i>clindamycin hcl cap 300 mg</i>	6
<i>clindamycin hcl cap 75 mg</i>	6
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	6
<i>clindamycin phosphate gel 1%</i>	105
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	6
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	6
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	6
<i>clindamycin phosphate inj 300 mg/2ml</i>	6
<i>clindamycin phosphate inj 600 mg/4ml</i>	6
<i>clindamycin phosphate inj 9 gm/60ml</i>	6
<i>clindamycin phosphate inj 900 mg/6ml</i>	6
<i>clindamycin phosphate lotion 1%</i> ...	105
<i>clindamycin phosphate soln 1%</i>	105
<i>clindamycin phosphate vaginal cream 2%</i>	87
<i>CLINDMYC/NAC INJ 300/50ML</i>	6
<i>CLINDMYC/NAC INJ 600/50ML</i>	6
<i>CLINDMYC/NAC INJ 900/50ML</i>	6
<i>CLINIMIX INJ 4.25/D10</i>	95
<i>CLINIMIX INJ 4.25/D5W</i>	95
<i>CLINIMIX INJ 5%/D15W</i>	95
<i>CLINIMIX INJ 5%/D20W</i>	95
<i>clinisol sf inj 15%</i>	95
<i>CLINOLIPID EMU 20%</i>	95
<i>clobazam suspension 2.5 mg/ml</i>	43
<i>clobazam tab 10 mg</i>	43
<i>clobazam tab 20 mg</i>	43
<i>clomipramine hcl cap 25 mg</i>	50
<i>clomipramine hcl cap 50 mg</i>	50
<i>clomipramine hcl cap 75 mg</i>	50
<i>clonazepam orally disintegrating tab 0.125 mg</i>	43
<i>clonazepam orally disintegrating tab 0.25 mg</i>	43
<i>clonazepam orally disintegrating tab 0.5 mg</i>	43
<i>clonazepam orally disintegrating tab 1 mg</i>	43
<i>clonazepam orally disintegrating tab 2 mg</i>	43
<i>clonazepam tab 0.5 mg</i>	43
<i>clonazepam tab 1 mg</i>	43
<i>clonazepam tab 2 mg</i>	43
<i>clonidine hcl tab 0.1 mg</i>	40
<i>clonidine hcl tab 0.2 mg</i>	40
<i>clonidine hcl tab 0.3 mg</i>	40
<i>clonidine td patch weekly 0.1 mg/24hr</i>	40
<i>clonidine td patch weekly 0.2 mg/24hr</i>	40
<i>clonidine td patch weekly 0.3 mg/24hr</i>	40
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	89
<i>clorazepate dipotassium tab 15 mg</i> ..	43
<i>clorazepate dipotassium tab 3.75 mg</i>	43
<i>clorazepate dipotassium tab 7.5 mg</i> ..	43
<i>clotrimazole cream 1%</i>	105
<i>clotrimazole soln 1%</i>	105
<i>clotrimazole troche 10 mg</i>	109
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	105
<i>clovique cap 250mg</i>	71
<i>clozapine orally disintegrating tab 100 mg</i>	55
<i>clozapine orally disintegrating tab 12.5 mg</i>	55
<i>clozapine orally disintegrating tab 150 mg</i>	55
<i>clozapine orally disintegrating tab 200 mg</i>	55
<i>clozapine orally disintegrating tab 25 mg</i>	55
<i>clozapine tab 100 mg</i>	55
<i>clozapine tab 200 mg</i>	55
<i>clozapine tab 25 mg</i>	55
<i>clozapine tab 50 mg</i>	55
<i>COARTEM TAB 20-120MG</i>	9

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1
COLCRYS TAB 0.6MG	1
<i>colesevelam hcl packet for susp 3.75 gm</i>	34
<i>colesevelam hcl tab 625 mg</i>	34
<i>colestipol hcl granule packets 5 gm</i> ..	34
<i>colestipol hcl granules 5 gm</i>	34
<i>colestipol hcl tab 1 gm</i>	34
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	6
COMBIGAN SOL 0.2/0.5%	99
COMBIVENT AER 20-100	100
COMETRIQ KIT 100MG	24
COMETRIQ KIT 140MG	24
COMETRIQ KIT 60MG.....	24
COMPLERA TAB	11
<i>constulose sol 10gm/15</i>	84
COPIKTRA CAP 15MG.....	24
COPIKTRA CAP 25MG.....	24
CORLANOR SOL 5MG/5ML	40
CORLANOR TAB 5MG	40
CORLANOR TAB 7.5MG	40
<i>cortisone acetate tab 25 mg</i>	77
COTELLIC TAB 20MG	24
CREON CAP 12000UNT.....	85
CREON CAP 24000UNT.....	85
CREON CAP 3000UNIT	85
CREON CAP 36000UNT.....	85
CREON CAP 6000UNIT	85
CRIXIVAN CAP 200MG	9
CRIXIVAN CAP 400MG	9
<i>cromolyn sodium ophth soln 4%</i>	99
<i>cromolyn sodium oral conc 100 mg/5ml</i>	84
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	102
<i>cryselle-28 tab 28 tabs</i>	72
<i>cyclafem tab 1/35</i>	72
<i>cyclafem tab 7/7/7</i>	72
<i>cyclobenzaprine hcl tab 10 mg</i>	64
<i>cyclobenzaprine hcl tab 5 mg</i>	64
CYCLOPHOSPH INJ 1GM	18
CYCLOPHOSPHA INJ 500MG.....	18
<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>	92
<i>cyclosporine cap 25 mg</i>	92
<i>cyclosporine iv soln 50 mg/ml</i>	92
<i>cyclosporine modified cap 100 mg</i>	92
<i>cyclosporine modified cap 25 mg</i>	92
<i>cyclosporine modified cap 50 mg</i>	92
<i>cyclosporine modified oral soln 100 mg/ml</i>	92
<i>cyproheptadine hcl syrup 2 mg/5ml</i> 100	
<i>cyproheptadine hcl tab 4 mg</i>	100
CYSTADANE POW	75
CYSTAGON CAP 150MG.....	75
CYSTAGON CAP 50MG	75
CYSTARAN SOL 0.44%.....	99
<i>cytarabine inj 20 mg/ml</i>	19
D	
D10W/NACL INJ 0.2%	96
D5W/LYTES INJ #48.....	95
D5W/NACL INJ 0.3%	96
<i>dalfampridine tab er 12hr 10 mg</i>	64
DALIRESP TAB 250MCG	102
DALIRESP TAB 500MCG	102
<i>danazol cap 100 mg</i>	75
<i>danazol cap 200 mg</i>	75
<i>danazol cap 50 mg</i>	75
<i>dantrolene sodium cap 100 mg</i>	65
<i>dantrolene sodium cap 25 mg</i>	64
<i>dantrolene sodium cap 50 mg</i>	65
<i>dapsone tab 100 mg</i>	6
<i>dapsone tab 25 mg</i>	6
DAPTACEL INJ	93
<i>daptomycin for iv soln 350 mg</i>	6
<i>daptomycin for iv soln 500 mg</i>	7
<i>dasetta tab 1/35</i>	72
<i>dasetta tab 7/7/7</i>	72
DAURISMO TAB 100MG.....	20
DAURISMO TAB 25MG	20
<i>deblitane tab 0.35mg</i>	72
<i>deferasirox granules packet 180 mg</i> .71	
<i>deferasirox granules packet 360 mg</i> .71	
<i>deferasirox granules packet 90 mg</i> ..71	
<i>deferasirox tab 180 mg</i>	71
<i>deferasirox tab 360 mg</i>	71
<i>deferasirox tab 90 mg</i>	71

DELESTROGEN INJ 10MG/ML	76
DELSTRIGO TAB.....	11
DEM SER CAP 250MG.....	40
DEPO-PROVERA INJ 400/ML	22
DESCOVY TAB 200-25MG	11
<i>desipramine hcl tab 10 mg</i>	50
<i>desipramine hcl tab 100 mg</i>	50
<i>desipramine hcl tab 150 mg</i>	50
<i>desipramine hcl tab 25 mg</i>	50
<i>desipramine hcl tab 50 mg</i>	50
<i>desipramine hcl tab 75 mg</i>	50
<i>desmopressin acetate inj 4 mcg/ml ..</i>	82
<i>desmopressin acetate nasal spray soln 0.01%.....</i>	82
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated).....</i>	82
<i>desmopressin acetate tab 0.1 mg</i>	82
<i>desmopressin acetate tab 0.2 mg</i>	82
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	72
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025mg-mg</i>	72
<i>desogestrel & ethynil estradiol tab 0.15 mg-30 mcg</i>	72
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv).....</i>	50
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	50
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	50
DEXAMETHASON CON 1MG/ML	77
<i>dexamethasone elixir 0.5 mg/5ml</i>	77
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	77
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	77
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	77
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	77
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	77
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	77
<i>dexamethasone sodium phosphate ophth soln 0.1%.....</i>	98
<i>dexamethasone soln 0.5 mg/5ml</i>	77
<i>dexamethasone tab 0.5 mg</i>	77
<i>dexamethasone tab 0.75 mg</i>	77
<i>dexamethasone tab 1 mg</i>	77
<i>dexamethasone tab 1.5 mg</i>	77
<i>dexamethasone tab 2 mg</i>	77
<i>dexamethasone tab 4 mg</i>	77
<i>dexamethasone tab 6 mg</i>	77
DEXILANT CAP 30MG DR.....	85
DEXILANT CAP 60MG DR.....	85
<i>dexamethylphenidate hcl tab 10 mg</i>	60
<i>dexamethylphenidate hcl tab 2.5 mg</i>	60
<i>dexamethylphenidate hcl tab 5 mg</i>	60
<i>dextrose 10% w/ sodium chloride 0.45%</i>	96
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	96
<i>dextrose 5% in lactated ringers</i>	96
<i>dextrose 5% w/ sodium chloride 0.2%</i>	96
<i>dextrose 5% w/ sodium chloride 0.45%</i>	96
<i>dextrose 5% w/ sodium chloride 0.9%</i>	96
<i>dextrose inj 10%</i>	96
<i>dextrose inj 5%</i>	96
<i>dextrose inj 50%</i>	96
<i>dextrose inj 70%</i>	96
DIASTAT ACDL GEL 12.5-20	44
DIASTAT ACDL GEL 5-10MG	43
DIASSTAT PED GEL 2.5M GEL.....	44
<i>diazepam conc 5 mg/ml</i>	44
<i>diazepam inj 5 mg/ml</i>	44
<i>diazepam oral soln 1 mg/ml</i>	44
<i>diazepam rectal gel delivery system 10 mg</i>	44
<i>diazepam rectal gel delivery system 2.5 mg</i>	44
<i>diazepam rectal gel delivery system 20 mg</i>	44
<i>diazepam tab 10 mg</i>	44
<i>diazepam tab 2 mg</i>	44
<i>diazepam tab 5 mg</i>	44
<i>diazoxide susp 50 mg/ml</i>	78
<i>diclofenac potassium tab 50 mg</i>	1
<i>diclofenac sodium gel 1%.....</i>	108
<i>diclofenac sodium ophth soln 0.1%</i>	98

<i>diclofenac sodium tab delayed release</i>	
<i>25 mg</i>	1
<i>diclofenac sodium tab delayed release</i>	
<i>50 mg</i>	1
<i>diclofenac sodium tab delayed release</i>	
<i>75 mg</i>	1
<i>diclofenac sodium tab er 24hr 100 mg</i> 1	
<i>dicloxacillin sodium cap 250 mg</i>	17
<i>dicloxacillin sodium cap 500 mg</i>	17
<i>dicyclomine hcl cap 10 mg</i>	83
<i>dicyclomine hcl oral soln 10 mg/5ml</i> .83	
<i>dicyclomine hcl tab 20 mg</i>	83
<i>didanosine delayed release capsule 200 mg</i>	9
<i>didanosine delayed release capsule 250 mg</i>	9
<i>didanosine delayed release capsule 400 mg</i>	9
<i>DIFICID TAB 200MG</i>	15
<i>diflunisal tab 500 mg</i>	1
<i>digitek tab 0.125mg</i>	39
<i>digitek tab 0.25mg</i>	39
<i>digoxin inj 0.25 mg/ml</i>	39
<i>digoxin oral soln 0.05 mg/ml</i>	39
<i>digoxin tab 125 mcg (0.125 mg)</i>	39
<i>digoxin tab 250 mcg (0.25 mg)</i>	39
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	62
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	62
<i>DILANTIN CAP 100MG</i>	44
<i>DILANTIN CAP 30MG</i>	44
<i>DILANTIN CHW 50MG</i>	44
<i>DILANTIN-125 SUS 125/5ML</i>	44
<i>diltiazem hcl cap er 12hr 120 mg</i>	37
<i>diltiazem hcl cap er 12hr 60 mg</i>	37
<i>diltiazem hcl cap er 12hr 90 mg</i>	37
<i>diltiazem hcl cap er 24hr 120 mg</i>	37
<i>diltiazem hcl cap er 24hr 180 mg</i>	37
<i>diltiazem hcl cap er 24hr 240 mg</i>	37
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	37
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	37
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	37
<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>300 mg</i>	37
<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>360 mg</i>	37
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	37
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	37
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	37
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	37
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	37
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	37
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	38
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	37
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	37
<i>diltiazem hcl tab 120 mg</i>	38
<i>diltiazem hcl tab 30 mg</i>	38
<i>diltiazem hcl tab 60 mg</i>	38
<i>diltiazem hcl tab 90 mg</i>	38
<i>DIP/TET PED INJ 25-5LFU</i>	93
<i>diphenhydramine hcl inj 50 mg/ml</i> .100	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	85
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	85
<i>disopyramide phosphate cap 100 mg</i> 33	
<i>disopyramide phosphate cap 150 mg</i> 33	
<i>disulfiram tab 250 mg</i>	66
<i>disulfiram tab 500 mg</i>	66
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	44
<i>divalproex sodium tab delayed release 125 mg</i>	44
<i>divalproex sodium tab delayed release 250 mg</i>	44
<i>divalproex sodium tab delayed release 500 mg</i>	44
<i>divalproex sodium tab er 24 hr 250 mg</i>	44

<i>divalproex sodium tab er 24 hr 500 mg</i>	.....	44
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	.....	19
<i>docetaxel for inj conc 20 mg/ml</i>	.....	19
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	.....	19
DOCETAXEL INJ 160/16ML	.....	20
DOCETAXEL INJ 160/8ML	.....	20
DOCETAXEL INJ 200/10	.....	20
DOCETAXEL INJ 20MG/2ML	.....	19
DOCETAXEL INJ 80MG/4ML	.....	19
DOCETAXEL INJ 80MG/8ML	.....	19
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	.....	20
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	.....	20
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	.....	20
dofetilide cap 125 mcg (0.125 mg)	....	33
dofetilide cap 250 mcg (0.25 mg)	....	33
dofetilide cap 500 mcg (0.5 mg)	....	33
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	.....	48
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	.....	48
<i>donepezil hydrochloride tab 10 mg</i>	....	48
<i>donepezil hydrochloride tab 5 mg</i>	....	48
<i>dorzolamide hcl ophth soln 2%</i>	.....	99
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	.....	99
DOVATO TAB 50-300MG	.....	11
<i>doxazosin mesylate tab 1 mg</i>	.....	30
<i>doxazosin mesylate tab 2 mg</i>	.....	30
<i>doxazosin mesylate tab 4 mg</i>	.....	30
<i>doxazosin mesylate tab 8 mg</i>	.....	30
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	.....	61
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	.....	61
<i>doxepin hcl cap 10 mg</i>	.....	50
<i>doxepin hcl cap 100 mg</i>	.....	50
<i>doxepin hcl cap 150 mg</i>	.....	50
<i>doxepin hcl cap 25 mg</i>	.....	50
<i>doxepin hcl cap 50 mg</i>	.....	50
<i>doxepin hcl cap 75 mg</i>	.....	50
<i>doxepin hcl conc 10 mg/ml</i>	.....	50
<i>doxorubicin hcl inj 2 mg/ml</i>	.....	18
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	.....	18
<i>doxy 100 inj 100mg</i>	.....	18
<i>doxycycline hyclate cap 100 mg</i>	.....	18
<i>doxycycline hyclate cap 50 mg</i>	.....	18
<i>doxycycline hyclate for inj 100 mg</i>	....	18
<i>doxycycline hyclate tab 100 mg</i>	.....	18
<i>doxycycline hyclate tab 20 mg</i>	.....	18
<i>doxycycline monohydrate cap 100 mg</i>	.....	18
<i>doxycycline monohydrate cap 50 mg</i>	18	
<i>doxycycline monohydrate tab 100 mg</i>	.....	18
<i>doxycycline monohydrate tab 50 mg</i>	18	
<i>doxycycline monohydrate tab 75 mg</i>	18	
DRIZALMA CAP 20MG DR	.....	50
DRIZALMA CAP 30MG DR	.....	50
DRIZALMA CAP 40MG DR	.....	51
DRIZALMA CAP 60MG DR	.....	51
<i>dronabinol cap 10 mg</i>	.....	82
<i>dronabinol cap 2.5 mg</i>	.....	82
<i>dronabinol cap 5 mg</i>	.....	82
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	.....	72
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	.....	72
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	72	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	72	
DROXIA CAP 200MG	.....	88
DROXIA CAP 300MG	.....	88
DROXIA CAP 400MG	.....	88
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	.....	51
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	.....	51
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	.....	51
DUREZOL EMU 0.05%	.....	98
<i>dutasteride cap 0.5 mg</i>	.....	86
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	.....	86
E		
<i>ec-naproxen tab 375mg</i>	.....	1
<i>ec-naproxen tab 500mg</i>	.....	1

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>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	11
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	11
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	11
<i>eletiptan hydrobromide tab 20 mg (base equivalent)</i>	62
<i>eletiptan hydrobromide tab 40 mg (base equivalent)</i>	62
ELIQUIS ST P TAB 5MG	87
ELIQUIS TAB 2.5MG	87
ELIQUIS TAB 5MG	87
ELLA TAB 30MG	72
<i>eluryng mis</i>	72
EMCYT CAP 140MG.....	18
EMEND SUS 125MG	82
EMGALITY INJ 120MG/ML.....	62
<i>emoquette tab</i>	72
EMSAM DIS 12MG/24H	51
EMSAM DIS 6MG/24HR	51
EMSAM DIS 9MG/24HR	51
<i>emtricitabine caps 200 mg</i>	9
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	11
EMTRIVA CAP 200MG.....	9
EMTRIVA SOL 10MG/ML	9
EMVERM CHW 100MG	7
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg.....</i>	29
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....</i>	29
<i>enalapril maleate tab 10 mg</i>	29
<i>enalapril maleate tab 2.5 mg</i>	29
<i>enalapril maleate tab 20 mg</i>	29
<i>enalapril maleate tab 5 mg</i>	29
ENBREL INJ 25/0.5ML	89
ENBREL INJ 25MG	89
ENBREL INJ 50MG/ML	89
ENBREL MINI INJ 50MG/ML	89
ENBREL SRCLK INJ 50MG/ML.....	89
ENDARI POW 5GM.....	89
ENGERIX-B INJ 10/0.5ML	93
ENGERIX-B INJ 20MCG/ML	93
<i>exoxaparin sodium inj 100 mg/ml</i>	87
<i>exoxaparin sodium inj 120 mg/0.8ml</i>	87
<i>exoxaparin sodium inj 150 mg/ml</i>	87
<i>exoxaparin sodium inj 30 mg/0.3ml</i>	.87
<i>exoxaparin sodium inj 300 mg/3ml</i>	.87
<i>exoxaparin sodium inj 40 mg/0.4ml</i>	.87
<i>exoxaparin sodium inj 60 mg/0.6ml</i>	.87
<i>exoxaparin sodium inj 80 mg/0.8ml</i>	.87
<i>enpresse-28 tab</i>	72
<i>enskyce tab</i>	72
ENSTILAR AER	107
entacapone tab 200 mg	54
<i>entecavir tab 0.5 mg</i>	12
<i>entecavir tab 1 mg</i>	12
ENTRESTO TAB 24-26MG	31
ENTRESTO TAB 49-51MG	31
ENTRESTO TAB 97-103MG	31
<i>enulose sol 10gm/15</i>	84
EPCLUSA TAB 200-50MG.....	12
EPCLUSA TAB 400-100	13
EPIDIOLEX SOL 100MG/ML.....	44
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000).....</i>	102
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	102
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	102
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	19
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	18
<i>epitol tab 200mg</i>	44
EPIVIR HBV SOL 5MG/ML	13
<i>eplerenone tab 25 mg</i>	30
<i>eplerenone tab 50 mg</i>	30
<i>ergotamine w/ caffeine tab 1-100 mg</i>	62
ERIVEDGE CAP 150MG.....	20
ERLEADA TAB 60MG	22
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	24
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	24
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	24
<i>errin tab 0.35mg</i>	72

<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	7
<i>ery-tab tab 250mg ec</i>	15
<i>ery-tab tab 333mg ec</i>	15
<i>ery-tab tab 500mg ec</i>	15
ERYTHROCIN INJ 500MG	15
<i>erythrocin tab 250mg</i>	15
<i>erythromycin ethylsuccinate tab 400 mg</i>	15
<i>erythromycin gel 2%</i>	105
<i>erythromycin ophth oint 5 mg/gm</i>	98
<i>erythromycin pads 2%</i>	105
<i>erythromycin soln 2%</i>	105
<i>erythromycin tab 250 mg</i>	15
<i>erythromycin tab 500 mg</i>	15
<i>erythromycin tab delayed release 250 mg</i>	15
<i>erythromycin tab delayed release 333 mg</i>	15
<i>erythromycin tab delayed release 500 mg</i>	15
<i>erythromycin w/ delayed release particles cap 250 mg</i>	15
ESBRIET CAP 267MG	102
ESBRIET TAB 267MG	102
ESBRIET TAB 801MG	102
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	51
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	51
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	51
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	51
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	85
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	85
<i>estradiol tab 0.5 mg</i>	76
<i>estradiol tab 1 mg</i>	76
<i>estradiol tab 2 mg</i>	76
<i>estradiol td patch weekly 0.025 mg/24hr</i>	76
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	76
<i>estradiol td patch weekly 0.05 mg/24hr</i>	76
<i>estradiol td patch weekly 0.06 mg/24hr</i>	76
<i>estradiol td patch weekly 0.075 mg/24hr</i>	76
<i>estradiol td patch weekly 0.1 mg/24hr</i>	76
<i>estradiol vaginal cream 0.1 mg/gm</i> ..76	
<i>estradiol vaginal tab 10 mcg</i>	76
<i>estradiol valerate im in oil 20 mg/ml</i> 76	
<i>estradiol valerate im in oil 40 mg/ml</i> 76	
<i>eszopiclone tab 1 mg</i>	61
<i>eszopiclone tab 2 mg</i>	61
<i>eszopiclone tab 3 mg</i>	61
<i>ethambutol hcl tab 100 mg</i>	12
<i>ethambutol hcl tab 400 mg</i>	12
<i>ethosuximide cap 250 mg</i>	44
<i>ethosuximide soln 250 mg/5ml</i>	44
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	72
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	72
<i>etodolac cap 200 mg</i>	1
<i>etodolac cap 300 mg</i>	1
<i>etodolac tab 400 mg</i>	1
<i>etodolac tab 500 mg</i>	1
<i>etodolac tab er 24hr 400 mg</i>	1
<i>etodolac tab er 24hr 500 mg</i>	1
<i>etodolac tab er 24hr 600 mg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	72
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	28
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	28
<i>euthyrox tab 100mcg</i>	80
<i>euthyrox tab 112mcg</i>	80
<i>euthyrox tab 125mcg</i>	80
<i>euthyrox tab 137mcg</i>	80
<i>euthyrox tab 150mcg</i>	80
<i>euthyrox tab 175mcg</i>	80
<i>euthyrox tab 200mcg</i>	80
<i>euthyrox tab 25mcg</i>	80
<i>euthyrox tab 50mcg</i>	80
<i>euthyrox tab 75mcg</i>	80
<i>euthyrox tab 88mcg</i>	80
<i>everolimus tab 0.25 mg</i>	92
<i>everolimus tab 0.5 mg</i>	92

everolimus tab 0.75 mg	92
everolimus tab 2.5 mg	24
everolimus tab 5 mg	24
everolimus tab 7.5 mg	24
EVOTAZ TAB 300-150	11
exemestane tab 25 mg	22
ezetimibe tab 10 mg	34
ezetimibe-simvastatin tab 10-10 mg ..	34
ezetimibe-simvastatin tab 10-20 mg ..	34
ezetimibe-simvastatin tab 10-40 mg ..	35
ezetimibe-simvastatin tab 10-80 mg ..	35
F	
FABRAZYME INJ 35MG	75
FABRAZYME INJ 5MG	75
falmina tab	72
famciclovir tab 125 mg	13
famciclovir tab 250 mg	13
famciclovir tab 500 mg	13
famotidine for susp 40 mg/5ml	83
famotidine in nacl 0.9% iv soln 20 mg/50ml	83
famotidine inj 20 mg/2ml	83
famotidine inj 200 mg/20ml	83
famotidine inj 40 mg/4ml	83
famotidine tab 20 mg	84
famotidine tab 40 mg	84
FANAPT PAK	55
FANAPT TAB 10MG	56
FANAPT TAB 12MG	56
FANAPT TAB 1MG	55
FANAPT TAB 2MG	56
FANAPT TAB 4MG	56
FANAPT TAB 6MG	56
FANAPT TAB 8MG	56
FARXIGA TAB 10MG.....	68
FARXIGA TAB 5MG	68
FARYDAK CAP 10MG	20
FARYDAK CAP 20MG	20
FASENRA INJ 30MG/ML.....	102
FASENRA PEN INJ 30MG/ML	102
fayosim tab	72
felbamate susp 600 mg/5ml	44
felbamate tab 400 mg	44
felbamate tab 600 mg.....	44
felodipine tab er 24hr 10 mg	38
felodipine tab er 24hr 2.5 mg	38
felodipine tab er 24hr 5 mg	38

femynor tab 0.25-35	72
fenofibrate micronized cap 134 mg...35	35
fenofibrate micronized cap 200 mg...35	35
fenofibrate micronized cap 67 mg....35	35
fenofibrate tab 145 mg	35
fenofibrate tab 160 mg	35
fenofibrate tab 48 mg	35
fenofibrate tab 54 mg	35
fentanyl citrate lozenge on a handle 1200 mcg	2
fentanyl citrate lozenge on a handle 1600 mcg	2
fentanyl citrate lozenge on a handle 200 mcg.....	2
fentanyl citrate lozenge on a handle 400 mcg.....	2
fentanyl citrate lozenge on a handle 600 mcg.....	2
fentanyl citrate lozenge on a handle 800 mcg.....	2
fentanyl td patch 72hr 100 mcg/hr	3
fentanyl td patch 72hr 12 mcg/hr.....	3
fentanyl td patch 72hr 25 mcg/hr.....	3
fentanyl td patch 72hr 50 mcg/hr.....	3
fentanyl td patch 72hr 75 mcg/hr.....	3
FETZIMA CAP 120MG	51
FETZIMA CAP 20MG.....	51
FETZIMA CAP 40MG.....	51
FETZIMA CAP 80MG.....	51
FETZIMA CAP TITRATIO	51
FIASP FLEX INJ TOUCH	66
FIASP INJ 100/ML	67
FIASP PENFIL INJ U-100	67
finasteride tab 5 mg	86
FINTEPLA SOL 2.2MG/ML	44
flac oil 0.01%	109
FLAREX SUS 0.1% OP.....	98
FLEBOGAMMA INJ 10/100ML	91
FLEBOGAMMA INJ 10/200ML	91
FLEBOGAMMA INJ 20/200ML	91
FLEBOGAMMA INJ 20/400ML	91
FLEBOGAMMA INJ 5GM/50ML	91
FLEBOGAMMA INJ DIF 5%.....	91
flecainide acetate tab 100 mg	33
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FLOVENT DISK AER 100MCG	104

FLOVENT DISK AER 250MCG	104
FLOVENT DISK AER 50MCG	103
FLOVENT HFA AER 110MCG	104
FLOVENT HFA AER 220MCG	104
FLOVENT HFA AER 44MCG.....	104
<i>fluconazole for susp 10 mg/ml</i>	8
<i>fluconazole for susp 40 mg/ml</i>	8
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	8
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	8
<i>fluconazole tab 100 mg</i>	8
<i>fluconazole tab 150 mg</i>	8
<i>fluconazole tab 200 mg</i>	8
<i>fluconazole tab 50 mg.....</i>	8
<i>flucytosine cap 250 mg</i>	8
<i>flucytosine cap 500 mg</i>	8
<i>fludrocortisone acetate tab 0.1 mg ...</i>	77
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	103
<i>fluocinolone acetonide (otic) oil 0.01%</i>	109
<i>fluocinolone acetonide cream 0.01%</i>	107
<i>fluocinolone acetonide cream 0.025%</i>	107
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	107
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	107
<i>fluocinolone acetonide oint 0.025% ..</i>	107
<i>fluocinolone acetonide soln 0.01%..</i>	107
<i>fluocinonide cream 0.05%</i>	107
<i>fluocinonide emulsified base cream 0.05%.....</i>	107
<i>fluocinonide gel 0.05%</i>	107
<i>fluocinonide oint 0.05%</i>	107
<i>fluocinonide soln 0.05%</i>	107
<i>fluorometholone ophth susp 0.1% ...</i>	98
<i>fluorouracil cream 5%.....</i>	108
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	19
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	19
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	19
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	19
<i>fluorouracil soln 2%.....</i>	108
<i>fluorouracil soln 5%.....</i>	108
<i>fluoxetine hcl cap 10 mg</i>	51
<i>fluoxetine hcl cap 20 mg</i>	51
<i>fluoxetine hcl cap 40 mg</i>	51
<i>fluoxetine hcl solution 20 mg/5ml</i>	51
<i>fluphenazine decanoate inj 25 mg/ml/56 fluphenazine hcl elixir 2.5 mg/5ml....</i>	56
<i>fluphenazine hcl inj 2.5 mg/ml</i>	56
<i>fluphenazine hcl oral conc 5 mg/ml ..</i>	56
<i>fluphenazine hcl tab 1 mg</i>	56
<i>fluphenazine hcl tab 10 mg</i>	56
<i>fluphenazine hcl tab 2.5 mg</i>	56
<i>fluphenazine hcl tab 5 mg</i>	56
<i>flurbiprofen sodium ophth soln 0.03%</i>	98
<i>flurbiprofen tab 100 mg</i>	1
<i>flutamide cap 125 mg</i>	22
<i>fluticasone propionate cream 0.05%</i>	107
<i>fluticasone propionate nasal susp 50 mcg/act</i>	103
<i>fluticasone propionate oint 0.005% ..</i>	107
<i>fluvoxamine maleate tab 100 mg</i>	42
<i>fluvoxamine maleate tab 25 mg</i>	42
<i>fluvoxamine maleate tab 50 mg</i>	42
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml.....</i>	87
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....</i>	87
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	87
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml.....</i>	87
<i>FORTEO SOL 600/2.4</i>	78
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	9
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	29
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	29
<i>fosinopril sodium tab 10 mg</i>	29
<i>fosinopril sodium tab 20 mg</i>	29
<i>fosinopril sodium tab 40 mg</i>	29
<i>FREAMINE HBC INJ 6.9%</i>	95

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<i>fulvestrant inj 250 mg/5ml</i>	22
<i>furosemide inj 10 mg/ml</i>	39
<i>furosemide oral soln 10 mg/ml</i>	39
<i>furosemide oral soln 8 mg/ml</i>	39
<i>furosemide tab 20 mg</i>	39
<i>furosemide tab 40 mg</i>	39
<i>furosemide tab 80 mg</i>	39
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<i>fyavolv tab 0.5-2.5</i>	76
FYCOMPA SUS 0.5MG/ML	44
FYCOMPA TAB 10MG.....	45
FYCOMPA TAB 12MG.....	45
FYCOMPA TAB 2MG.....	45
FYCOMPA TAB 4MG.....	45
FYCOMPA TAB 6MG.....	45
FYCOMPA TAB 8MG.....	45
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<i> gabapentin cap 100 mg</i>	45
<i> gabapentin cap 300 mg</i>	45
<i> gabapentin cap 400 mg</i>	45
<i> gabapentin oral soln 250 mg/5ml</i>	45
<i> gabapentin tab 600 mg</i>	45
<i> gabapentin tab 800 mg</i>	45
<i> galantamine hydrobromide cap er 24hr 16 mg</i>	49
<i> galantamine hydrobromide cap er 24hr 24 mg</i>	49
<i> galantamine hydrobromide cap er 24hr 8 mg</i>	49
<i> galantamine hydrobromide oral soln 4 mg/ml</i>	49
<i> galantamine hydrobromide tab 12 mg</i>	49
<i> galantamine hydrobromide tab 4 mg</i> 49	
<i> galantamine hydrobromide tab 8 mg</i> 49	
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GAMMAGARD INJ 1GM/10ML	91
GAMMAGARD INJ 2.5GM/25.....	91
GAMMAGARD INJ 20GM/200.....	91
GAMMAGARD INJ 30GM/300.....	91
GAMMAGARD INJ 5GM/50ML	91
GAMMAGARD SD INJ 10GM HU	91
GAMMAGARD SD INJ 5GM HU	91
GAMMAKED INJ 10GM/100	91
GAMMAKED INJ 1GM/10ML.....	91

GAMMAKED INJ 20GM/200	91
GAMMAKED INJ 5GM/50ML.....	91
GAMMAPLEX INJ 10%	91
GAMMAPLEX INJ 5%.....	91
GAMUNEX-C INJ 10GM/100	91
GAMUNEX-C INJ 1GM/10ML.....	91
GAMUNEX-C INJ 2.5GM/25	91
GAMUNEX-C INJ 20GM/200	91
GAMUNEX-C INJ 40/400ML.....	91
GAMUNEX-C INJ 5GM/50ML.....	91
<i>ganciclovir sodium for inj 500 mg</i>	13
GARDASIL 9 INJ.....	93
<i>gatifloxacin ophth soln 0.5%</i>	98
GATTEX KIT 5MG	85
GAUZE PADS 2	67
<i>gavilyte-c sol</i>	84
<i>gavilyte-g sol</i>	84
<i>gavilyte-n sol flav pk</i>	84
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<i>gemcitabine hcl for inj 1 gm</i>	19
<i>gemcitabine hcl for inj 2 gm</i>	19
<i>gemcitabine hcl for inj 200 mg</i>	19
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	19
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	19
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	19
gemfibrozil tab 600 mg	35
generlac sol 10gm/15	84
gengraf cap 100mg	92
gengraf cap 25mg	92
gengraf sol 100mg/ml.....	92
GENOTROPIN INJ 0.2MG	78
GENOTROPIN INJ 0.4MG	79
GENOTROPIN INJ 0.6MG	79
GENOTROPIN INJ 0.8MG	79
GENOTROPIN INJ 1.2MG	79
GENOTROPIN INJ 1.4MG	79
GENOTROPIN INJ 1.6MG	79
GENOTROPIN INJ 1.8MG	79
GENOTROPIN INJ 12MG	79
GENOTROPIN INJ 1MG	79
GENOTROPIN INJ 2MG	79
GENOTROPIN INJ 5MG	79
<i>gentak oin 0.3% op</i>	98
<i>gentamicin in saline inj 0.8 mg/ml</i>	5

<i>gentamicin in saline inj 1 mg/ml</i>	5	<i>glyburide tab 5 mg</i>	68
<i>gentamicin in saline inj 1.2 mg/ml</i>	5	<i>glyburide-metformin tab 1.25-250 mg</i>	69
<i>gentamicin in saline inj 1.6 mg/ml</i>	5	<i>glyburide-metformin tab 2.5-500 mg</i>	69
<i>gentamicin in saline inj 2 mg/ml</i>	5	<i>glyburide-metformin tab 5-500 mg</i>	69
<i>gentamicin sulfate cream 0.1%</i>	105	<i>glycopyrrolate tab 1 mg</i>	83
<i>gentamicin sulfate inj 10 mg/ml</i>	5	<i>glycopyrrolate tab 2 mg</i>	83
<i>gentamicin sulfate inj 40 mg/ml</i>	5	<i>glydo gel 2%</i>	107
<i>gentamicin sulfate oint 0.1%</i>	105	<i>GLYXAMBI TAB 10-5 MG</i>	69
<i>gentamicin sulfate ophth soln 0.3%</i>	98	<i>GLYXAMBI TAB 25-5 MG</i>	69
<i>GENVOYA TAB</i>	11	<i>GOLYTELY SOL</i>	84
<i>GEODON INJ 20MG</i>	56	<i>granisetron hcl inj 1 mg/ml</i>	82
<i>GILENYA CAP 0.5MG</i>	64	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	82
<i>GILOTTRIF TAB 20MG</i>	24	<i>granisetron hcl tab 1 mg</i>	82
<i>GILOTTRIF TAB 30MG</i>	25	<i>griseofulvin microsize susp 125 mg/5ml</i>	8
<i>GILOTTRIF TAB 40MG</i>	25	<i>griseofulvin microsize tab 500 mg</i>	8
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	64	<i>griseofulvin ultramicrosize tab 125 mg</i>	8
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	64	<i>griseofulvin ultramicrosize tab 250 mg</i>	8
<i>glatopa inj 20mg/ml</i>	64	<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	60
<i>glatopa inj 40mg/ml</i>	64	<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	61
<i>GLEOSTINE CAP 100MG</i>	18	<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	61
<i>GLEOSTINE CAP 10MG</i>	18	<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	61
<i>GLEOSTINE CAP 40MG</i>	18	<i>GVOKE HYPO 2 INJ .5/.1ML</i>	78
<i>glimepiride tab 1 mg</i>	68	<i>GVOKE HYPO 2 INJ 1MG/.2ML</i>	78
<i>glimepiride tab 2 mg</i>	68	<i>GVOKE PFS INJ</i>	78
<i>glimepiride tab 4 mg</i>	68	H	
<i>glipizide tab 10 mg</i>	68	<i>HAEGARDA INJ 2000UNIT</i>	89
<i>glipizide tab 5 mg</i>	68	<i>HAEGARDA INJ 3000UNIT</i>	89
<i>glipizide tab er 24hr 10 mg</i>	68	<i>hailey 24 tab fe</i>	72
<i>glipizide tab er 24hr 2.5 mg</i>	68	<i>halobetasol propionate cream 0.05%</i>	
<i>glipizide tab er 24hr 5 mg</i>	68	<i>halobetasol propionate oint 0.05%</i>	107
<i>glipizide xl tab 10mg</i>	68	<i>haloperidol decanoate im soln 100 mg/ml</i>	56
<i>glipizide xl tab 2.5mg</i>	68	<i>haloperidol decanoate im soln 50 mg/ml</i>	56
<i>glipizide xl tab 5mg</i>	68	<i>haloperidol lactate inj 5 mg/ml</i>	56
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	68	<i>haloperidol lactate oral conc 2 mg/ml</i>	56
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	68	<i>haloperidol tab 0.5 mg</i>	56
<i>glipizide-metformin hcl tab 5-500 mg</i>	68	<i>haloperidol tab 1 mg</i>	56
<i>GLUCAGEN INJ HYPOKIT</i>	78	<i>haloperidol tab 10 mg</i>	56
<i>GLUCAGON KIT 1MG</i>	78		
<i>glyburide micronized tab 1.5 mg</i>	68		
<i>glyburide micronized tab 3 mg</i>	68		
<i>glyburide micronized tab 6 mg</i>	68		
<i>glyburide tab 1.25 mg</i>	68		
<i>glyburide tab 2.5 mg</i>	68		

<i>haloperidol tab 2 mg</i>	56
<i>haloperidol tab 20 mg</i>	56
<i>haloperidol tab 5 mg</i>	56
HARVONI PAK.....	13
HARVONI PAK 45-200MG	13
HARVONI TAB 45-200MG	13
HARVONI TAB 90-400MG	13
HAVRIX INJ 1440UNIT	93
HAVRIX INJ 720UNIT	93
HEP SOD/NACL INJ 25000UNT	87
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	87
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	87
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	87
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	87
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	87
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	87
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	87
HEPARIN/NACL INJ 25000UNT	87
<i>hepatamine sol 8%</i>	95
HERCEP HYLEC SOL 60-10000	20
HERCEPTIN INJ 150MG	20
HERCEPTIN INJ 440MG	20
HERZUMA INJ 150MG	20
HERZUMA INJ 420MG	20
HETLIOZ CAP 20MG.....	61
HIBERIX SOL 10MCG	93
HUMIRA INJ 10/0.1ML	90
HUMIRA INJ 10MG/0.2	90
HUMIRA INJ 20/0.2ML	90
HUMIRA INJ 40/0.4ML	90
HUMIRA KIT 20MG/0.4.....	90
HUMIRA KIT 40MG/0.8.....	90
HUMIRA PEDIA INJ CROHNS	90
HUMIRA PEN INJ 40/0.4ML	90
HUMIRA PEN INJ 40MG/0.8	90
HUMIRA PEN INJ CD/UC/HS.....	90
HUMIRA PEN INJ PS/UV	90
HUMIRA PEN KIT CD/UC/HS	90
HUMIRA PEN KIT PS/UV	90
HUMULIN R INJ U-500	67
<i>hydralazine hcl inj 20 mg/ml</i>	40
<i>hydralazine hcl tab 10 mg</i>	40
<i>hydralazine hcl tab 100 mg</i>	40
<i>hydralazine hcl tab 25 mg</i>	40
<i>hydralazine hcl tab 50 mg</i>	40
<i>hydrochlorothiazide cap 12.5 mg</i>	39
<i>hydrochlorothiazide tab 12.5 mg</i>	39
<i>hydrochlorothiazide tab 25 mg</i>	39
<i>hydrochlorothiazide tab 50 mg</i>	39
<i>hydrocodone-acetaminophen soln 7.5- 325 mg/15ml</i>	3
<i>hydrocodone-acetaminophen tab 10- 325 mg</i>	3
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3
<i>hydrocodone-acetaminophen tab 7.5- 325 mg</i>	3
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3
<i>hydrocortisone butyrate cream 0.1%</i>	107
<i>hydrocortisone butyrate oint 0.1%</i> .	107
<i>hydrocortisone cream 1%</i>	107
<i>hydrocortisone cream 2.5%</i>	107
<i>hydrocortisone enema 100 mg/60ml</i> .	84
<i>hydrocortisone lotion 2.5%</i>	107
<i>hydrocortisone oint 2.5%</i>	107
<i>hydrocortisone perianal cream 2.5%</i>	108
<i>hydrocortisone tab 10 mg</i>	77
<i>hydrocortisone tab 20 mg</i>	77
<i>hydrocortisone tab 5 mg</i>	77
<i>hydromorphone hcl liqd 1 mg/ml</i>	3
<i>hydromorphone hcl preservative free (pf) 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>	90
<i>hydroxyurea cap 500 mg</i>	27
<i>hydroxyzine hcl im soln 25 mg/ml</i> ..	100
<i>hydroxyzine hcl im soln 50 mg/ml</i> ..	100
<i>hydroxyzine hcl syrup 10 mg/5ml</i> ...	101
<i>hydroxyzine hcl tab 10 mg</i>	101
<i>hydroxyzine hcl tab 25 mg</i>	101
<i>hydroxyzine hcl tab 50 mg</i>	101

<i>hydroxyzine pamoate cap 25 mg</i>	101
<i>hydroxyzine pamoate cap 50 mg</i>	101
HYSINGLA ER TAB 100 MG	3
HYSINGLA ER TAB 120 MG	3
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
I	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	70
IBRANCE CAP 100MG	20
IBRANCE CAP 125MG	20
IBRANCE CAP 75MG	20
IBRANCE TAB 100MG	20
IBRANCE TAB 125MG	20
IBRANCE TAB 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 equivalent)</i>	89
ICLUSIG TAB 15MG	25
ICLUSIG TAB 45MG	25
IDHIFA TAB 100MG	21
IDHIFA TAB 50MG	21
ILEVRO DRO 0.3% OP	98
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	25
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	25
IMBRUWICA CAP 140MG	25
IMBRUWICA CAP 70MG	25
IMBRUWICA TAB 140MG	25
IMBRUWICA TAB 280MG	25
IMBRUWICA TAB 420MG	25
IMBRUWICA TAB 560MG	25
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	7
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	7
<i>imipramine hcl tab 10 mg</i>	51
<i>imipramine hcl tab 25 mg</i>	51
<i>imipramine hcl tab 50 mg</i>	51
<i>imiquimod cream 5%</i>	108

IMOVA RABIE INJ 2.5/ML	93
<i>incassia tab 0.35mg</i>	72
INCRELEX INJ 40MG/4ML	79
INCRUSE ELPT INH 62.5MCG	100
<i>indapamide tab 1.25 mg</i>	39
<i>indapamide tab 2.5 mg</i>	39
INFANRIX INJ	93
INGREZZA CAP 40-80MG	63
INGREZZA CAP 40MG	63
INGREZZA CAP 80MG	63
INLYTA TAB 1MG	25
INLYTA TAB 5MG	25
INQOVI TAB 35-100MG	27
INREBIC CAP 100MG	25
INSULIN PEN NEEDLE	67
INSULIN SAFETY NEEDLES	67
INSULIN SYRINGE	67
INTELENCE TAB 100MG	10
INTELENCE TAB 200MG	10
INTELENCE TAB 25MG	10
INTRALIPID INJ 20%	95
INTRALIPID INJ 30%	95
INTRON A INJ 10MU	92
INTRON A INJ 18MU	92
INTRON A INJ 25MU	92
INTRON A INJ 50MU	92
<i>introvale tab</i>	72
INVEGA SUST INJ 117/0.75	56
INVEGA SUST INJ 156MG/ML	56
INVEGA SUST INJ 234/1.5	56
INVEGA SUST INJ 39/0.25	56
INVEGA SUST INJ 78/0.5ML	56
INVEGA TRINZ INJ 273MG	56
INVEGA TRINZ INJ 410MG	57
INVEGA TRINZ INJ 546MG	57
INVEGA TRINZ INJ 819MG	57
INVIRASE TAB 500MG	10
IPOL INJ INACTIVE	93
<i>ipratropium bromide inhal soln 0.02%</i>	100
<i>ipratropium bromide nasal soln 0.03%</i>	
<i>(21 mcg/spray)</i>	100
<i>ipratropium bromide nasal soln 0.06%</i>	
<i>(42 mcg/spray)</i>	100
<i>ipratropium-albuterol nebu soln 0.5-</i>	
<i>2.5(3) mg/3ml</i>	100
<i>irbesartan tab 150 mg</i>	32

<i>irbesartan tab 300 mg</i>	32
<i>irbesartan tab 75 mg</i>	32
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	31
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	31
IRESSA TAB 250MG.....	25
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	28
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	28
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	28
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	28
ISENTRESS CHW 100MG	10
ISENTRESS CHW 25MG.....	10
ISENTRESS HD TAB 600MG	10
ISENTRESS POW 100MG	10
ISENTRESS TAB 400MG	10
<i>isibloom tab</i>	72
ISOLYTE-P INJ /D5W	96
ISOLYTE-S INJ	96
<i>isoniazid syrup 50 mg/5ml</i>	12
<i>isoniazid tab 100 mg</i>	12
<i>isoniazid tab 300 mg</i>	12
<i>isosorbide dinitrate tab 10 mg</i>	41
<i>isosorbide dinitrate tab 20 mg</i>	41
<i>isosorbide dinitrate tab 30 mg</i>	41
<i>isosorbide dinitrate tab 5 mg</i>	41
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<i>isosorbide mononitrate tab er 24hr 120 mg</i>	41
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	41
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	41
<i>isotretinoin cap 10 mg</i>	105
<i>isotretinoin cap 20 mg</i>	105
<i>isotretinoin cap 30 mg</i>	105
<i>isotretinoin cap 40 mg</i>	105
<i>isradipine cap 2.5 mg</i>	38
<i>isradipine cap 5 mg</i>	38
<i>itraconazole cap 100 mg</i>	8
<i>ivermectin tab 3 mg</i>	7
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JADENU SPRKL GRA 180MG.....	71
JADENU SPRKL GRA 360MG.....	71
JADENU SPRKL GRA 90MG	71
JADENU TAB 180MG	71
JAKAFI TAB 10MG	25
JAKAFI TAB 15MG	25
JAKAFI TAB 20MG	25
JAKAFI TAB 25MG	25
JAKAFI TAB 5MG	25
<i>jantoven tab 10mg</i>	88
<i>jantoven tab 1mg</i>	87
<i>jantoven tab 2.5mg</i>	87
<i>jantoven tab 2mg</i>	87
<i>jantoven tab 3mg</i>	88
<i>jantoven tab 4mg</i>	88
<i>jantoven tab 5mg</i>	88
<i>jantoven tab 6mg</i>	88
<i>jantoven tab 7.5mg</i>	88
JANUMET TAB 50-1000	69
JANUMET TAB 50-500MG	69
JANUMET XR TAB 100-1000.....	69
JANUMET XR TAB 50-1000	69
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JANUVIA TAB 100MG	69
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JANUVIA TAB 50MG	69
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<i>jasmiel tab 3-0.02mg</i>	72
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<i>jolivette tab 0.35mg</i>	73
<i>juleber tab</i>	73
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<i>junel 1.5/30 tab</i>	73
<i>junel 1/20 tab</i>	73
<i>junel fe 24 tab 1/20</i>	73
<i>junel fe tab 1.5/30</i>	73
<i>junel fe tab 1/20</i>	73
JUXTAPIID CAP 10MG	35
JUXTAPIID CAP 20MG	35
JUXTAPIID CAP 30MG	35
JUXTAPIID CAP 5MG	35

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KADCYLA INJ 100MG	21
KADCYLA INJ 160MG	21
kaitlib fe chw	73
KALETRA TAB 100-25MG	11
KALETRA TAB 200-50MG	11
KALYDECO PAK 25MG	102
KALYDECO PAK 50MG	102
KALYDECO PAK 75MG	102
KALYDECO TAB 150MG	102
KANJINTI INJ 420MG	21
KANJINTI SOL 150MG	21
kariva tab 28 day	73
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	96
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	96
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	96
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	96
kcl 20 meq/l (0.15%) in nacl 0.45% inj	96
kcl 20 meq/l (0.15%) in nacl 0.9% inj	96
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	96
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	96
kcl 40 meq/l (0.3%) in nacl 0.9% inj	96
KCL/D5W/NACL INJ 0.15/0.2	96
KCL/D5W/NACL INJ 0.3/0.9%	96
kelnor 1/50 tab	73
kelnor tab 1/35	73
ketoconazole cream 2%	105
ketoconazole shampoo 2%	106
ketoconazole tab 200 mg	8
ketorolac tromethamine ophth soln 0.4%	98
ketorolac tromethamine ophth soln 0.5%	98
KEYTRUDA INJ 100MG/4M	21
KINRIX INJ	93
KISQALI 200 PAK FEMARA	21
KISQALI 400 PAK FEMARA	21
KISQALI 600 PAK FEMARA	21
KISQALI TAB 200DOSE	21

KISQALI TAB 400DOSE	21
KISQALI TAB 600DOSE	21
klor-con 10 tab 10meq er	94
klor-con 8 tab 8meq er	94
KORLYM TAB 300MG	79
kurvelo tab 0.15/30	73
KUVAN POW 100MG	75
KUVAN POW 500MG	75
KUVAN TAB 100MG	75
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labetalol hcl tab 100 mg	36
labetalol hcl tab 200 mg	36
labetalol hcl tab 300 mg	36
lactated ringer's solution	96
lactic acid (ammonium lactate) cream 12%	108
lactic acid (ammonium lactate) lotion 12%	108
lactulose (encephalopathy) solution 10 gm/15ml	84
lactulose solution 10 gm/15ml	84
lamivudine oral soln 10 mg/ml	10
lamivudine tab 100 mg (hbv)	13
lamivudine tab 150 mg	10
lamivudine tab 300 mg	10
lamivudine-zidovudine tab 150-300 mg	11
lamotrigine tab 100 mg	45
lamotrigine tab 150 mg	45
lamotrigine tab 200 mg	45
lamotrigine tab 25 mg	45
lamotrigine tab chewable dispersible 25 mg	45
lamotrigine tab chewable dispersible 5 mg	45
lamotrigine tab er 24hr 100 mg	45
lamotrigine tab er 24hr 200 mg	45
lamotrigine tab er 24hr 25 mg	45
lamotrigine tab er 24hr 250 mg	45
lamotrigine tab er 24hr 300 mg	45
lamotrigine tab er 24hr 50 mg	45
lansoprazole cap delayed release 15 mg	85
lansoprazole cap delayed release 30 mg	85
lapatinib ditosylate tab 250 mg (base equiv)	25

<i>larin fe tab 1.5/30</i>	73
<i>larin fe tab 1/20</i>	73
<i>larin tab 1.5/30</i>	73
<i>larin tab 1/20</i>	73
LASTACRAFT SOL 0.25%.....	99
<i>latanoprost ophth soln 0.005%</i>	99
LATUDA TAB 120MG	57
LATUDA TAB 20MG.....	57
LATUDA TAB 40MG	57
LATUDA TAB 60MG	57
LATUDA TAB 80MG.....	57
<i>layolis fe chw</i>	73
<i>leflunomide tab 10 mg</i>	90
<i>leflunomide tab 20 mg</i>	90
LENVIMA CAP 10 MG	25
LENVIMA CAP 12MG	25
LENVIMA CAP 14 MG	25
LENVIMA CAP 18 MG	25
LENVIMA CAP 20 MG	25
LENVIMA CAP 24 MG	25
LENVIMA CAP 4MG	25
LENVIMA CAP 8 MG	25
<i>lessina tab</i>	73
<i>letrozole tab 2.5 mg</i>	22
<i>leucovorin calcium for inj 100 mg</i>	28
<i>leucovorin calcium for inj 200 mg</i>	28
<i>leucovorin calcium for inj 350 mg</i>	28
<i>leucovorin calcium for inj 50 mg</i>	28
<i>leucovorin calcium for inj 500 mg</i>	28
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	28
<i>leucovorin calcium tab 10 mg</i>	28
<i>leucovorin calcium tab 15 mg</i>	28
<i>leucovorin calcium tab 25 mg</i>	28
<i>leucovorin calcium tab 5 mg</i>	28
LEUKERAN TAB 2MG	18
<i>leuprolide acetate inj kit 5 mg/ml</i>	22
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	101
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	101
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	101
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	101
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	101
LEVEMIR INJ.....	67
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<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	45
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	45
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	45
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	45
<i>levetiracetam oral soln 100 mg/ml</i>	45
<i>levetiracetam tab 1000 mg</i>	45
<i>levetiracetam tab 250 mg</i>	45
<i>levetiracetam tab 500 mg</i>	45
<i>levetiracetam tab 750 mg</i>	45
<i>levetiracetam tab er 24hr 500 mg</i>	46
<i>levetiracetam tab er 24hr 750 mg</i>	46
<i>levobunolol hcl ophth soln 0.5%</i>	99
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	75
<i>levocarnitine tab 330 mg</i>	75
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	101
<i>levocetirizine dihydrochloride tab 5 mg</i>	101
levofloxacin in d5w iv soln 250 mg/50ml	16
levofloxacin in d5w iv soln 500 mg/100ml	16
levofloxacin in d5w iv soln 750 mg/150ml	16
levofloxacin iv soln 25 mg/ml	16
levofloxacin oral soln 25 mg/ml.....	16
levofloxacin tab 250 mg	16
levofloxacin tab 500 mg	16
levofloxacin tab 750 mg	16
<i>levonest tab</i>	73
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg & eth est 0.01 mg</i>	73
<i>levonorgestrel & ethinyl estradiol (91- day) tab 0.15-0.03 mg</i>	73
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	73
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	73

<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>30/0.075-40/0.125-30mg-mcg</i>	73
<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	
<i>eth est tab 0.01mg(7).....</i>	73
<i>levonorg-eth est tab 0.15-0.03mg(84)</i>	
<i>& eth est tab 0.01mg(7).....</i>	73
<i>levora-28 tab 0.15/30.....</i>	73
<i>levo-t tab 100mcg</i>	80
<i>levo-t tab 112mcg</i>	80
<i>levo-t tab 125mcg</i>	80
<i>levo-t tab 137mcg</i>	80
<i>levo-t tab 150mcg</i>	80
<i>levo-t tab 175mcg</i>	80
<i>levo-t tab 200 mcg</i>	80
<i>levo-t tab 25mcg</i>	80
<i>levo-t tab 300 mcg</i>	80
<i>levo-t tab 50mcg</i>	80
<i>levo-t tab 75mcg</i>	80
<i>levothyroxine sodium tab 100 mcg ...</i>	81
<i>levothyroxine sodium tab 112 mcg ...</i>	81
<i>levothyroxine sodium tab 125 mcg ...</i>	81
<i>levothyroxine sodium tab 137 mcg ...</i>	81
<i>levothyroxine sodium tab 150 mcg ...</i>	81
<i>levothyroxine sodium tab 175 mcg ...</i>	81
<i>levothyroxine sodium tab 200 mcg ...</i>	81
<i>levothyroxine sodium tab 25 mcg</i>	81
<i>levothyroxine sodium tab 300 mcg ...</i>	81
<i>levothyroxine sodium tab 50 mcg</i>	81
<i>levothyroxine sodium tab 75 mcg</i>	81
<i>levothyroxine sodium tab 88 mcg</i>	81
<i>levoxyl tab 100mcg</i>	81
<i>levoxyl tab 112mcg</i>	81
<i>levoxyl tab 125mcg</i>	81
<i>levoxyl tab 137mcg</i>	81
<i>levoxyl tab 150mcg</i>	81
<i>levoxyl tab 175mcg</i>	81
<i>levoxyl tab 200mcg</i>	81
<i>levoxyl tab 25mcg</i>	81
<i>levoxyl tab 50mcg</i>	81
<i>levoxyl tab 75mcg</i>	81
<i>levoxyl tab 88mcg</i>	81
<i>LEXIVA SUS 50MG/ML</i>	10
<i>lidocaine hcl local inj 0.5%</i>	5
<i>lidocaine hcl local inj 1%</i>	5
<i>lidocaine hcl local inj 2%</i>	5
<i>lidocaine hcl local preservative free (pf)</i>	
<i>inj 0.5%</i>	5
<i>lidocaine hcl local preservative free (pf)</i>	
<i>inj 1%.....</i>	5
<i>lidocaine hcl local preservative free (pf)</i>	
<i>inj 1.5%</i>	5
<i>lidocaine hcl soln 4%</i>	107
<i>lidocaine hcl urethral/mucosal gel 2%</i>	
<i>.....</i>	108
<i>lidocaine hcl viscous soln 2%</i>	109
<i>lidocaine oint 5%</i>	108
<i>lidocaine patch 5%</i>	108
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
<i>.....</i>	108
<i>linezolid for susp 100 mg/5ml</i>	7
<i>linezolid in sodium chloride iv soln 600</i>	
<i>mg/300ml-0.9%</i>	7
<i>linezolid iv soln 600 mg/300ml (2</i>	
<i>mg/ml)</i>	7
<i>linezolid tab 600 mg</i>	7
<i>LINZESS CAP 145MCG</i>	85
<i>LINZESS CAP 290MCG</i>	85
<i>LINZESS CAP 72MCG</i>	85
<i>liothyronine sodium tab 25 mcg</i>	81
<i>liothyronine sodium tab 5 mcg</i>	81
<i>liothyronine sodium tab 50 mcg</i>	81
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>12.5 mg</i>	29
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>12.5 mg</i>	29
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>25 mg</i>	29
<i>lisinopril tab 10 mg.....</i>	29
<i>lisinopril tab 2.5 mg</i>	29
<i>lisinopril tab 20 mg.....</i>	29
<i>lisinopril tab 30 mg.....</i>	29
<i>lisinopril tab 40 mg.....</i>	29
<i>lisinopril tab 5 mg</i>	29
<i>lithium carbonate cap 150 mg.....</i>	63
<i>lithium carbonate cap 300 mg.....</i>	63
<i>lithium carbonate cap 600 mg.....</i>	64
<i>lithium carbonate tab 300 mg.....</i>	64
<i>lithium carbonate tab er 300 mg</i>	64
<i>lithium carbonate tab er 450 mg</i>	64
<i>LITHIUM SOL 8MEQ/5ML.....</i>	64
<i>LOKELMA PAK 10GM</i>	71
<i>LOKELMA PAK 5GM.....</i>	71

LONSURF TAB 15-6.14	27
LONSURF TAB 20-8.19	27
loperamide hcl cap 2 mg	85
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	11
lorazepam conc 2 mg/ml	42
lorazepam inj 2 mg/ml	42
lorazepam inj 4 mg/ml	42
lorazepam tab 0.5 mg	42
lorazepam tab 1 mg	42
lorazepam tab 2 mg	42
LORBRENA TAB 100MG	25
LORBRENA TAB 25MG	25
loryna tab 3-0.02mg	73
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	31
losartan potassium & hydrochlorothiazide tab 100-25 mg	31
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	31
losartan potassium tab 100 mg	32
losartan potassium tab 25 mg	32
losartan potassium tab 50 mg	32
LOTEMAX GEL 0.5%	98
LOTEMAX OIN 0.5%	98
loteprednol etabonate ophth susp 0.5%	98
lovastatin tab 10 mg	34
lovastatin tab 20 mg	34
lovastatin tab 40 mg	34
loxapine succinate cap 10 mg	57
loxapine succinate cap 25 mg	57
loxapine succinate cap 5 mg	57
loxapine succinate cap 50 mg	57
LUMIGAN SOL 0.01%.....	99
LUMIZYME INJ 50MG	76
LUPR DEP-PED INJ 11.25MG	79
LUPR DEP-PED INJ 15MG.....	79
LUPR DEP-PED INJ 3M 30MG	79
LUPR DEP-PED INJ 7.5MG.....	79
LUPRON DEPOT INJ 11.25MG.....	22
LUPRON DEPOT INJ 3.75MG	22
lulera tab	73
LYNPARZA TAB 100MG.....	21
LYNPARZA TAB 150MG.....	21
LYRICA CR TAB 165MG	64
LYRICA CR TAB 330MG	64
LYRICA CR TAB 82.5MG	64
LYSODREN TAB 500MG	22
lyza tab 0.35mg	73
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MAGNESIUM SU INJ 20/500ML.....	94
MAGNESIUM SU INJ 2GM/50ML.....	94
MAGNESIUM SU INJ 40G/1000	94
MAGNESIUM SU INJ 4G/100ML	94
MAGNESIUM SU INJ 80MG/ML	94
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	94
magnesium sulfate inj 50%	94
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml).....	94
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	94
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml).....	94
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml).....	94
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	94
malathion lotion 0.5%	108
maprotiline hcl tab 25 mg	51
maprotiline hcl tab 50 mg	51
maprotiline hcl tab 75 mg	51
marlissa tab 0.15/30	73
MARPLAN TAB 10MG.....	51
MATULANE CAP 50MG.....	27
MAVYRET TAB 100-40MG	13
meclizine hcl tab 12.5 mg	82
meclizine hcl tab 25 mg	82
medroxyprogesterone acetate im susp 150 mg/ml	73
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	73
medroxyprogesterone acetate tab 10 mg	80
medroxyprogesterone acetate tab 2.5 mg	80
medroxyprogesterone acetate tab 5 mg	80
mefloquine hcl tab 250 mg	9
megestrol acetate susp 40 mg/ml	22
megestrol acetate susp 625 mg/5ml.	22

megestrol acetate tab 20 mg	22
megestrol acetate tab 40 mg	22
MEKINIST TAB 0.5MG	25
MEKINIST TAB 2MG.....	25
MEKTOVI TAB 15MG	26
melodetta chw 24 fe	73
meloxicam tab 15 mg	1
meloxicam tab 7.5 mg	1
memantine hcl cap er 24hr 14 mg	49
memantine hcl cap er 24hr 21 mg	49
memantine hcl cap er 24hr 28 mg	49
memantine hcl cap er 24hr 7 mg.....	49
memantine hcl oral solution 2 mg/ml	49
memantine hcl tab 10 mg.....	49
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	49
memantine hcl tab 5 mg	49
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MENQUADFI INJ	93
MENVEO INJ	93
mercaptopurine tab 50 mg	19
meropenem iv for soln 1 gm	7
meropenem iv for soln 500 mg	7
mesalamine cap dr 400 mg	84
mesalamine enema 4 gm	84
mesalamine rectal enema 4 gm & cleaner wipe kit	84
mesalamine suppos 1000 mg.....	84
mesalamine tab delayed release 1.2 gm	84
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metformin hcl tab 1000 mg	69
metformin hcl tab 500 mg	69
metformin hcl tab 850 mg	69
metformin hcl tab er 24hr 500 mg....	69
metformin hcl tab er 24hr 750 mg....	69
methadone con 10mg/ml	3
methadone hcl soln 10 mg/5ml	3
methadone hcl soln 5 mg/5ml.....	3
methadone hcl tab 10 mg.....	4
methadone hcl tab 5 mg	3
methazolamide tab 25 mg	39
methazolamide tab 50 mg	39
methenamine hippurate tab 1 gm.....	7
methimazole tab 10 mg	81
methimazole tab 5 mg	81
methocarbamol tab 500 mg	65
methocarbamol tab 750 mg.....	65
methotrexate sodium for inj 1 gm	19
methotrexate sodium inj 250 mg/10ml (25 mg/ml).....	19
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	19
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	19
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	19
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....	19
methotrexate sodium tab 2.5 mg (base equiv)	90
methylphenidate hcl soln 10 mg/5ml	61
methylphenidate hcl soln 5 mg/5ml..	61
methylphenidate hcl tab 10 mg	61
methylphenidate hcl tab 20 mg	61
methylphenidate hcl tab 5 mg	61
methylphenidate hcl tab er 10 mg	61
methylphenidate hcl tab er 20 mg	61
methylprednisolone acetate inj susp 40 mg/ml.....	77
methylprednisolone acetate inj susp 80 mg/ml.....	77
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methylprednisolone sod succ for inj 125 mg (base equiv).....	77
methylprednisolone sod succ for inj 40 mg (base equiv)	77
methylprednisolone tab 16 mg.....	77
methylprednisolone tab 32 mg.....	77
methylprednisolone tab 4 mg	77
methylprednisolone tab 8 mg	77
methylprednisolone tab therapy pack 4 mg (21)	77
metoclopramide hcl inj 5 mg/ml (base equivalent)	82
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	82
metoclopramide hcl tab 10 mg (base equivalent)	83
metoclopramide hcl tab 5 mg (base equivalent)	82
metolazone tab 10 mg	39
metolazone tab 2.5 mg	39

<i>metolazone tab 5 mg</i>	39
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	35
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	35
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	35
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	36
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	36
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	36
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	36
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	36
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	36
<i>metoprolol tartrate tab 100 mg</i>	36
<i>metoprolol tartrate tab 25 mg</i>	36
<i>metoprolol tartrate tab 50 mg</i>	36
<i>metronidazole cream 0.75%</i>	108
<i>metronidazole gel 0.75%</i>	108
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	7
<i>metronidazole lotion 0.75%</i>	108
<i>metronidazole tab 250 mg</i>	7
<i>metronidazole tab 500 mg</i>	7
<i>metronidazole vaginal gel 0.75%</i>	87
<i>metyrosine cap 250 mg</i>	40
<i>MG SO4/D5W INJ 10MG/ML</i>	94
<i>mibelas 24 chw fe</i>	74
<i>micafungin sodium for iv soln 100 mg</i>	8
<i>micafungin sodium for iv soln 50 mg</i>	8
<i>midodrine hcl tab 10 mg</i>	40
<i>midodrine hcl tab 2.5 mg</i>	40
<i>midodrine hcl tab 5 mg</i>	40
<i>miglustat cap 100 mg</i>	76
<i>mili tab 0.25/35</i>	74
<i>minitran dis 0.1mg/hr</i>	41
<i>minitran dis 0.2mg/hr</i>	41
<i>minitran dis 0.4mg/hr</i>	41
<i>minitran dis 0.6mg/hr</i>	41
<i>minocycline hcl cap 100 mg</i>	18
<i>minocycline hcl cap 50 mg</i>	18
<i>minocycline hcl cap 75 mg</i>	18
<i>minoxidil tab 10 mg</i>	40
<i>minoxidil tab 2.5 mg</i>	40
<i>mirtazapine orally disintegrating tab 15 mg</i>	51
<i>mirtazapine orally disintegrating tab 30 mg</i>	51
<i>mirtazapine orally disintegrating tab 45 mg</i>	51
<i>mirtazapine tab 15 mg</i>	52
<i>mirtazapine tab 30 mg</i>	52
<i>mirtazapine tab 45 mg</i>	52
<i>mirtazapine tab 7.5 mg</i>	52
<i>misoprostol tab 100 mcg</i>	85
<i>misoprostol tab 200 mcg</i>	85
<i>MITIGARE CAP 0.6MG</i>	1
<i>M-M-R II INJ</i>	93
<i>M-NATAL PLUS TAB</i>	97
<i>moexipril hcl tab 15 mg</i>	30
<i>moexipril hcl tab 7.5 mg</i>	30
<i>molindone hcl tab 10 mg</i>	57
<i>molindone hcl tab 25 mg</i>	57
<i>molindone hcl tab 5 mg</i>	57
<i>mometasone furoate cream 0.1%</i>	107
<i>mometasone furoate oint 0.1%</i>	107
<i>mometasone furoate solution 0.1% (lotion)</i>	107
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	102
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	102
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	102
<i>montelukast sodium tab 10 mg (base equiv)</i>	102
<i>MORPHINE SUL INJ 10MG/ML</i>	4
<i>MORPHINE SUL INJ 2MG/ML</i>	4
<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>morpheine sulfate iv soln 1 mg/ml</i>	4
<i>morpheine sulfate iv soln pf 10 mg/ml</i>	4
<i>morpheine sulfate iv soln pf 4 mg/ml</i>	4
<i>morpheine sulfate iv soln pf 8 mg/ml</i>	4
<i>morpheine sulfate oral soln 10 mg/5ml</i>	4
<i>morpheine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	4
<i>morpheine sulfate oral soln 20 mg/5ml</i>	4
<i>morpheine sulfate tab 15 mg</i>	4

<i>morphine sulfate tab 30 mg</i>	4
<i>morphine sulfate tab er 100 mg</i>	4
<i>morphine sulfate tab er 15 mg</i>	4
<i>morphine sulfate tab er 200 mg</i>	4
<i>morphine sulfate tab er 30 mg</i>	4
<i>morphine sulfate tab er 60 mg</i>	4
MOVANTIK TAB 12.5MG	85
MOVANTIK TAB 25MG	85
MOXEZA SOL 0.5%.....	98
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	98
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	98
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	16
MULTAQ TAB 400MG.....	33
<i>mupirocin oint 2%</i>	105
MVASI INJ 100MG	21
MVASI INJ 400MG	21
MYCAMINE INJ 100MG	8
MYCAMINE INJ 50MG	8
<i>mycophenolate mofetil cap 250 mg</i> ..92	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	92
<i>mycophenolate mofetil tab 500 mg</i> ...92	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	92
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	92
<i>myorisan cap 10mg</i>	105
<i>myorisan cap 20mg</i>	105
<i>myorisan cap 30mg</i>	105
<i>myorisan cap 40mg</i>	105
MYRBETRIQ TAB 25MG	86
MYRBETRIQ TAB 50MG	86
N	
<i>nabumetone tab 500 mg</i>	1
<i>nabumetone tab 750 mg</i>	1
<i>nadolol tab 20 mg</i>	36
<i>nadolol tab 40 mg</i>	36
<i>nadolol tab 80 mg</i>	36
NAFCILLIN INJ 10GM	17
<i>nafcillin sodium for inj 1 gm</i>	17
<i>nafcillin sodium for inj 2 gm</i>	17
<i>nafcillin sodium for iv soln 1 gm</i>.....17	
<i>nafcillin sodium for iv soln 10 gm</i>	17
<i>nafcillin sodium for iv soln 2 gm</i>	17
NAGLAZYME INJ 1MG/ML	76
<i>nalbuphine hcl inj 10 mg/ml</i>	2
<i>nalbuphine hcl inj 20 mg/ml</i>	2
<i>naloxone hcl inj 0.4 mg/ml</i>.....66	
<i>naloxone hcl inj 4 mg/10ml</i>	66
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	66
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>.....66	
<i>naltrexone hcl tab 50 mg</i>	66
NAMZARIC CAP	49
NAMZARIC CAP 14-10MG	49
NAMZARIC CAP 21-10MG	49
NAMZARIC CAP 28-10MG	49
NAMZARIC CAP 7-10MG	49
<i>naproxen dr tab 375mg</i>	1
<i>naproxen dr tab 500mg</i>	1
<i>naproxen sodium tab 275 mg</i>	1
<i>naproxen sodium tab 550 mg</i>	1
<i>naproxen tab 250 mg</i>	2
<i>naproxen tab 375 mg</i>	2
<i>naproxen tab 500 mg</i>	2
<i>naratriptan hcl tab 1 mg (base equiv)</i>	62
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	62
NARCAN SPR	66
NATACYN SUS 5% OP	98
<i>nateglinide tab 120 mg</i>	69
<i>nateglinide tab 60 mg</i>	69
NATPARA INJ 100MCG	79
NATPARA INJ 25MCG	79
NATPARA INJ 50MCG	79
NATPARA INJ 75MCG	79
NAYZILAM SPR 5MG	46
<i>necon tab 0.5/35</i>	74
<i>nefazodone hcl tab 100 mg</i>	52
<i>nefazodone hcl tab 150 mg</i>	52
<i>nefazodone hcl tab 200 mg</i>	52
<i>nefazodone hcl tab 250 mg</i>	52
<i>nefazodone hcl tab 50 mg</i>	52
<i>neomycin sulfate tab 500 mg</i>.....5	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> 98	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> ..98	

<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	97	NINLARO CAP 2.3MG	21
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	97	NINLARO CAP 3MG	21
<i>neomycin-polymyxin-hc ophth susp.</i>	97	NINLARO CAP 4MG	21
<i>neomycin-polymyxin-hc otic soln 1%</i>	109	<i>nitisinone cap 10 mg</i>	76
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	109	<i>nitisinone cap 2 mg</i>	76
NEPHRAMINE INJ 5.4%	95	<i>nitisinone cap 5 mg</i>	76
NERLYNX TAB 40MG	26	NITRO-BID OIN 2%	41
NEUPRO DIS 1MG/24HR	54	NITRO-DUR DIS 0.3MG/HR	41
NEUPRO DIS 2MG/24HR	54	NITRO-DUR DIS 0.8MG/HR	41
NEUPRO DIS 3MG/24HR	54	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	7
NEUPRO DIS 4MG/24HR	54	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	7
NEUPRO DIS 6MG/24HR	54	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	7
NEUPRO DIS 8MG/24HR	54	<i>nitroglycerin sl tab 0.3 mg</i>	41
<i>nevirapine susp 50 mg/5ml</i>	10	<i>nitroglycerin sl tab 0.4 mg</i>	41
<i>nevirapine tab 200 mg</i>	10	<i>nitroglycerin sl tab 0.6 mg</i>	41
<i>nevirapine tab er 24hr 100 mg</i>	10	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	41
<i>nevirapine tab er 24hr 400 mg</i>	10	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	41
NEXAVAR TAB 200MG	26	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	41
<i>niacin (antihyperlipidemic) tab 500 mg</i>	35	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	41
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	35	<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	41
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	35	NITYR TAB 10MG	76
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	35	NITYR TAB 2MG	76
<i>niacor tab 500mg</i>	35	NITYR TAB 5MG	76
<i>nicardipine hcl cap 20 mg</i>	38	<i>nizatidine cap 150 mg</i>	84
<i>nicardipine hcl cap 30 mg</i>	38	<i>nizatidine cap 300 mg</i>	84
NICOTROL INH	66	<i>norelgestromin-ethynodiol-estradiol td ptwk 150-35 mcg/24hr</i>	74
NICOTROL NS SPR 10MG/ML	66	<i>norethindrone & ethynodiol-estradiol-fe chew tab 0.4 mg-35 mcg</i>	74
<i>nifedipine tab er 24hr 30 mg</i>	38	<i>norethindrone & ethynodiol-estradiol-fe chew tab 0.8 mg-25 mcg</i>	74
<i>nifedipine tab er 24hr 60 mg</i>	38	<i>norethindrone ace & ethynodiol-estradiol tab 1 mg-20 mcg</i>	74
<i>nifedipine tab er 24hr 90 mg</i>	38	<i>norethindrone ace & ethynodiol-estradiol tab 1.5 mg-30 mcg</i>	74
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	38	<i>norethindrone ace & ethynodiol-estradiol tab 1 mg-20 mcg</i>	74
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	38	<i>norethindrone ace & ethynodiol-estradiol tab 1.5 mg-30 mcg</i>	74
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	38		
<i>nikki tab 3-0.02mg</i>	74		
<i>nilutamide tab 150 mg</i>	22		
<i>nimodipine cap 30 mg</i>	38		

<i>norethindrone ace-eth estradiol-fe</i>	
<i>chew tab 1 mg-20 mcg (24)</i>	74
<i>norethindrone acetate tab 5 mg</i>	80
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>tab 0.5 mg-2.5 mcg</i>	76
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>tab 1 mg-5 mcg</i>	77
<i>norethindrone ac-ethinyl estrad-fe tab</i>	
<i>1-20/1-30/1-35 mg-mcg</i>	74
<i>norethindrone tab 0.35 mg</i>	74
<i>norethindrone-eth estradiol tab 0.5-</i>	
<i>35/1-35/0.5-35 mg-mcg</i>	74
<i>norgestimate & ethinyl estradiol tab</i>	
<i>0.25 mg-35 mcg</i>	74
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>25/0.215-25/0.25-25 mg-mcg</i>	74
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>35/0.215-35/0.25-35 mg-mcg</i>	74
<i>norgestrel & ethinyl estradiol tab 0.3</i>	
<i>mg-30 mcg</i>	74
<i>NORMOSOL -M INJ /D5W</i>	96
<i>NORPACE CAP 100MG CR</i>	33
<i>NORPACE CAP 150MG CR</i>	33
<i>NORTHERA CAP 100MG</i>	40
<i>NORTHERA CAP 200MG</i>	40
<i>NORTHERA CAP 300MG</i>	41
<i>nortrel tab 0.5/35</i>	74
<i>nortrel tab 1/35</i>	74
<i>nortrel tab 7/7/7</i>	74
<i>nortriptyline hcl cap 10 mg</i>	52
<i>nortriptyline hcl cap 25 mg</i>	52
<i>nortriptyline hcl cap 50 mg</i>	52
<i>nortriptyline hcl cap 75 mg</i>	52
<i>nortriptyline hcl soln 10 mg/5ml</i>	52
<i>NORVIR POW 100MG</i>	10
<i>NORVIR SOL 80MG/ML</i>	10
<i>NOVOLIN INJ 70/30</i>	67
<i>NOVOLIN INJ 70/30 FP</i>	67
<i>NOVOLIN N INJ 100 UNIT</i>	67
<i>NOVOLIN N INJ U-100</i>	67
<i>NOVOLIN R INJ 100 UNIT</i>	67
<i>NOVOLIN R INJ U-100</i>	67
<i>NOVOLOG INJ 100/ML</i>	67
<i>NOVOLOG INJ FLEXPEN</i>	67
<i>NOVOLOG INJ PENFILL</i>	67
<i>NOVOLOG MIX INJ 70/30</i>	67
<i>NOVOLOG MIX INJ FLEXPEN</i>	67
<i>NOXAFIL SUS 40MG/ML</i>	8
<i>NUBEQA TAB 300MG</i>	22
<i>NUCALA INJ 100MG</i>	102
<i>NUCALA INJ 100MG/ML</i>	103
<i>NUCYNTA ER TAB 100MG</i>	4
<i>NUCYNTA ER TAB 150MG</i>	4
<i>NUCYNTA ER TAB 200MG</i>	4
<i>NUCYNTA ER TAB 250MG</i>	4
<i>NUCYNTA ER TAB 50MG</i>	4
<i>NUEDEXTA CAP 20-10MG</i>	64
<i>NULOJIX INJ 250MG</i>	92
<i>NULYTELY SOL FLAV PKS</i>	84
<i>NUPLAZID CAP 34MG</i>	57
<i>NUPLAZID TAB 10MG</i>	57
<i>NUTRILIPID EMU 20%</i>	95
<i>nyamyc pow 100000</i>	106
<i>NYMALIZE SOL</i>	38
<i>NYMALIZE SOL 60/20ML</i>	38
<i>nystatin cream 100000 unit/gm</i>	106
<i>nystatin oint 100000 unit/gm</i>	106
<i>nystatin susp 100000 unit/ml</i>	109
<i>nystatin tab 500000 unit</i>	9
<i>nystatin topical powder 100000</i>	
<i>unit/gm</i>	106
<i>nystop pow 100000</i>	106
O	
<i>OCTAGAM INJ 10/100ML</i>	91
<i>OCTAGAM INJ 10GM</i>	91
<i>OCTAGAM INJ 1GM</i>	91
<i>OCTAGAM INJ 2.5GM</i>	91
<i>OCTAGAM INJ 20/200ML</i>	91
<i>OCTAGAM INJ 25GM</i>	91
<i>OCTAGAM INJ 2GM/20ML</i>	91
<i>OCTAGAM INJ 30/300ML</i>	91
<i>OCTAGAM INJ 5GM</i>	91
<i>OCTAGAM INJ 5GM/50ML</i>	91
<i>octreotide acetate inj 100 mcg/ml (0.1</i>	
<i>mg/ml)</i>	79
<i>octreotide acetate inj 1000 mcg/ml (1</i>	
<i>mg/ml)</i>	79
<i>octreotide acetate inj 200 mcg/ml (0.2</i>	
<i>mg/ml)</i>	79
<i>octreotide acetate inj 50 mcg/ml (0.05</i>	
<i>mg/ml)</i>	79
<i>octreotide acetate inj 500 mcg/ml (0.5</i>	
<i>mg/ml)</i>	79
<i>ODEFSEY TAB</i>	11

ODOMZO CAP 200MG	21
OFEV CAP 100MG	103
OFEV CAP 150MG	103
<i>ofloxacin ophth soln 0.3%</i>	98
<i>ofloxacin otic soln 0.3%</i>	109
OGIVRI INJ 150MG	21
OGIVRI INJ 420MG	21
<i>olanzapine for im inj 10 mg</i>	57
<i>olanzapine orally disintegrating tab 10 mg</i>	57
<i>olanzapine orally disintegrating tab 15 mg</i>	57
<i>olanzapine orally disintegrating tab 20 mg</i>	57
<i>olanzapine orally disintegrating tab 5 mg</i>	57
<i>olanzapine tab 10 mg</i>	57
<i>olanzapine tab 15 mg</i>	57
<i>olanzapine tab 2.5 mg</i>	57
<i>olanzapine tab 20 mg</i>	57
<i>olanzapine tab 5 mg</i>	57
<i>olanzapine tab 7.5 mg</i>	57
<i>olmesartan medoxomil tab 20 mg</i>	32
<i>olmesartan medoxomil tab 40 mg</i>	32
<i>olmesartan medoxomil tab 5 mg</i>	32
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	31
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	31
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>	31
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>	31
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	32
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	32
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	32
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	32
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	99
<i>omeprazole cap delayed release 10 mg</i>	85
<i>omeprazole cap delayed release 20 mg</i>	86
<i>omeprazole cap delayed release 40 mg</i>	86
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	83
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	83
<i>ondansetron hcl oral soln 4 mg/5ml</i>	83
<i>ondansetron hcl tab 24 mg</i>	83
<i>ondansetron hcl tab 4 mg</i>	83
<i>ondansetron hcl tab 8 mg</i>	83
<i>ondansetron orally disintegrating tab 4 mg</i>	83
<i>ondansetron orally disintegrating tab 8 mg</i>	83
ONTRUZANT INJ 150MG	21
ONTRUZANT INJ 420MG	21
ONUREG TAB 200MG	19
ONUREG TAB 300MG	19
OPSUMIT TAB 10MG	42
ORFADIN CAP 10MG	76
ORFADIN CAP 20MG	76
ORFADIN CAP 2MG	76
ORFADIN CAP 5MG	76
ORFADIN SUS 4MG/ML	76
ORKAMBI GRA 100-125	103
ORKAMBI GRA 150-188	103
ORKAMBI TAB 100-125	103
ORKAMBI TAB 200-125	103
<i>orsythia tab</i>	74
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	13
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	13
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	13
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	13
OSPHENA TAB 60MG	79

<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	17
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	17
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	17
<i>oxaliplatin for iv inj 100 mg</i>	27
<i>oxaliplatin for iv inj 50 mg</i>	27
<i>oxaliplatin iv soln 100 mg/20ml</i>	28
<i>oxaliplatin iv soln 50 mg/10ml</i>	28
<i>oxandrolone tab 10 mg</i>	66
<i>oxandrolone tab 2.5 mg</i>	66
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	46
<i>oxcarbazepine tab 150 mg</i>	46
<i>oxcarbazepine tab 300 mg</i>	46
<i>oxcarbazepine tab 600 mg</i>	46
<i>oxybutynin chloride syrup 5 mg/5ml</i>	86
<i>oxybutynin chloride tab 5 mg</i>	86
<i>oxybutynin chloride tab er 24hr 10 mg</i>	86
<i>oxybutynin chloride tab er 24hr 15 mg</i>	86
<i>oxybutynin chloride tab er 24hr 5 mg</i>	86
<i>oxycodone hcl cap 5 mg</i>	4
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	4
<i>oxycodone hcl soln 5 mg/5ml</i>	4
<i>oxycodone hcl tab 10 mg</i>	4
<i>oxycodone hcl tab 15 mg</i>	4
<i>oxycodone hcl tab 20 mg</i>	5
<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
<i>OXYCONTIN TAB 10MG CR</i>	5
<i>OXYCONTIN TAB 15MG CR</i>	5
<i>OXYCONTIN TAB 20MG CR</i>	5
<i>OXYCONTIN TAB 30MG CR</i>	5
<i>OXYCONTIN TAB 40MG CR</i>	5
<i>OXYCONTIN TAB 60MG CR</i>	5
<i>OXYCONTIN TAB 80MG CR</i>	5
<i>OZEMPIC INJ 2/1.5ML</i>	67
P	
<i>pacerone tab 100mg</i>	33
<i>pacerone tab 200mg</i>	33
<i>pacerone tab 400mg</i>	33
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	20
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	20
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	20
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	20
<i>paliperidone tab er 24hr 1.5 mg</i>	57
<i>paliperidone tab er 24hr 3 mg</i>	57
<i>paliperidone tab er 24hr 6 mg</i>	57
<i>paliperidone tab er 24hr 9 mg</i>	57
<i>pamidronate disodium for inj 30 mg</i>	70
<i>pamidronate disodium for inj 90 mg</i>	70
<i>pamidronate disodium iv soln 3 mg/ml</i>	70
<i>pamidronate disodium iv soln 9 mg/ml</i>	70
<i>PAMIDRONATE INJ 6MG/ML</i>	70
<i>PANRETIN GEL 0.1%</i>	108
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	86
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	86
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	86
<i>PANZYGA SOL 10/100ML</i>	92
<i>PANZYGA SOL 1GM/10ML</i>	91
<i>PANZYGA SOL 2.5/25ML</i>	92
<i>PANZYGA SOL 20/200ML</i>	92
<i>PANZYGA SOL 30/300ML</i>	92
<i>PANZYGA SOL 5GM/50ML</i>	92
<i>paricalcitol cap 1 mcg</i>	97
<i>paricalcitol cap 2 mcg</i>	97
<i>paricalcitol cap 4 mcg</i>	97
<i>paromomycin sulfate cap 250 mg</i>	5
<i>paroxetine hcl tab 10 mg</i>	52
<i>paroxetine hcl tab 20 mg</i>	52
<i>paroxetine hcl tab 30 mg</i>	52
<i>paroxetine hcl tab 40 mg</i>	52

PASER GRA 4GM	12	perphenazine tab 4 mg	57
PAXIL SUS 10MG/5ML.....	52	perphenazine tab 8 mg	57
PAZEO DRO 0.7%	99	PERSERIS INJ 120MG	58
PEDIARIX INJ 0.5ML	93	PERSERIS INJ 90MG	57
PEDVAX HIB INJ.....	93	<i>phenelzine sulfate tab 15 mg</i>	52
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	84	<i>phenobarbital elixir 20 mg/5ml</i>	46
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm.....	84	<i>phenobarbital sodium inj 130 mg/ml</i>	46
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	84	<i>phenobarbital sodium inj 65 mg/ml ..</i>	46
PEGANONE TAB 250MG.....	46	<i>phenobarbital tab 100 mg</i>	46
PEGASYS INJ	13	<i>phenobarbital tab 15 mg</i>	46
PEGASYS INJ 180MCG/M.....	13	<i>phenobarbital tab 16.2 mg</i>	46
PEGASYS INJ PROCLICK	13	<i>phenobarbital tab 30 mg</i>	46
PEMAZYRE TAB 13.5MG	26	<i>phenobarbital tab 32.4 mg</i>	46
PEMAZYRE TAB 4.5MG	26	<i>phenobarbital tab 60 mg</i>	46
PEMAZYRE TAB 9MG	26	<i>phenobarbital tab 64.8 mg</i>	46
PEN G PROC INJ 600000	17	<i>phenobarbital tab 97.2 mg</i>	46
PEN GK/DEXTR INJ 40000/ML.....	17	PHENYTEK CAP 200MG.....	46
PEN GK/DEXTR INJ 60000/ML.....	17	PHENYTEK CAP 300MG.....	46
<i>penicillamine tab 250 mg</i>	71	<i>phenytoin chew tab 50 mg</i>	46
<i>penicillin g potassium for inj 20000000 unit</i>	17	<i>phenytoin sodium extended cap 100 mg</i>	46
<i>penicillin g potassium for inj 5000000 unit</i>	17	<i>phenytoin sodium extended cap 200 mg</i>	46
<i>penicillin g sodium for inj 5000000 unit</i>	17	<i>phenytoin sodium extended cap 300 mg</i>	46
<i>penicillin v potassium for soln 125 mg/5ml</i>	17	<i>phenytoin sodium inj 50 mg/ml</i>	46
<i>penicillin v potassium for soln 250 mg/5ml</i>	17	<i>phenytoin susp 125 mg/5ml</i>	46
<i>penicillin v potassium tab 250 mg</i>	17	PHESGO SOL	21
<i>penicillin v potassium tab 500 mg</i>	17	<i>philith tab 0.4-35</i>	74
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<i>pentamidine isethionate for nebulization soln 300 mg.....</i>	7	PICATO GEL 0.015%	108
<i>pentamidine isethionate for soln 300 mg</i>	7	PICATO GEL 0.05%	108
<i>pentoxifylline tab er 400 mg</i>	89	PIFELTRO TAB 100MG.....	10
<i>perindopril erbumine tab 2 mg</i>	30	<i>pilocarpine hcl ophth soln 1%</i>	99
<i>perindopril erbumine tab 4 mg</i>	30	<i>pilocarpine hcl ophth soln 2%</i>	99
<i>perindopril erbumine tab 8 mg</i>	30	<i>pilocarpine hcl ophth soln 4%</i>	99
<i>periogard sol 0.12%</i>	109	<i>pilocarpine hcl tab 5 mg</i>	109
<i>permethrin cream 5%.....</i>	108	<i>pilocarpine hcl tab 7.5 mg</i>	109
<i>perphenazine tab 16 mg</i>	57	<i>pimozide tab 1 mg</i>	58
<i>perphenazine tab 2 mg</i>	57	<i>pimozide tab 2 mg</i>	58
		<i>pimtrea tab</i>	74
		<i>pindolol tab 10 mg</i>	36
		<i>pindolol tab 5 mg</i>	36
		<i>pioglitazone hcl tab 15 mg (base equiv)</i>	69
		<i>pioglitazone hcl tab 30 mg (base equiv)</i>	70

<i>pioglitazone hcl tab 45 mg (base equiv)</i>	70
<i>piperacillin sod-tazobactam na for inj</i>	
<i>3.375 gm (3-0.375 gm)</i>	17
<i>piperacillin sod-tazobactam sod for inj</i>	
<i>13.5 gm (12-1.5 gm)</i>	18
<i>piperacillin sod-tazobactam sod for inj</i>	
<i>2.25 gm (2-0.25 gm)</i>	17
<i>piperacillin sod-tazobactam sod for inj</i>	
<i>4.5 gm (4-0.5 gm)</i>	17
<i>piperacillin sod-tazobactam sod for inj</i>	
<i>40.5 gm (36-4.5 gm)</i>	18
PIQRAY 200MG TAB DOSE	26
PIQRAY 250MG TAB DOSE	26
PIQRAY 300MG TAB DOSE	26
<i>pirmella tab 1/35</i>	74
<i>piroxicam cap 10 mg</i>	2
<i>piroxicam cap 20 mg</i>	2
PLASMA-LYTE INJ -148	96
PLASMA-LYTE INJ -A	96
<i>plenamine inj 15%</i>	95
PLENUV SOL	84
PNV FOLIC AC TAB + IRON	97
<i>podofilox soln 0.5%</i>	108
<i>polymyxin b-trimethoprim ophth soln</i>	
<i>10000 unit/ml-0.1%</i>	98
POMALYST CAP 1MG	23
POMALYST CAP 2MG	23
POMALYST CAP 3MG	23
POMALYST CAP 4MG	23
<i>portia-28 tab</i>	74
<i>posaconazole tab delayed release 100</i>	
<i>mg</i>	9
POT CHLORIDE INJ 10MEQ	96
POT CHLORIDE INJ 20MEQ	96
POT CHLORIDE INJ 40MEQ	96
<i>potassium chloride 20 meq/l (0.15%)</i>	
<i>in dextrose 5% inj</i>	96
<i>potassium chloride cap er 10 meq</i>	94
<i>potassium chloride cap er 8 meq</i>	94
<i>potassium chloride inj 2 meq/ml</i>	96
<i>potassium chloride microencapsulated</i>	
<i>crys er tab 10 meq</i>	95
<i>potassium chloride microencapsulated</i>	
<i>crys er tab 15 meq</i>	95
<i>potassium chloride microencapsulated</i>	
<i>crys er tab 20 meq</i>	95
<i>potassium chloride oral soln 10% (20</i>	
<i>meq/15ml)</i>	95
<i>potassium chloride oral soln 20% (40</i>	
<i>meq/15ml)</i>	95
<i>potassium chloride powder packet 20</i>	
<i>meq</i>	95
<i>potassium chloride tab er 10 meq</i>	95
<i>potassium chloride tab er 20 meq</i>	
<i>(1500 mg)</i>	95
<i>potassium chloride tab er 8 meq (600</i>	
<i>mg)</i>	95
<i>potassium citrate tab er 10 meq (1080</i>	
<i>mg)</i>	86
<i>potassium citrate tab er 15 meq (1620</i>	
<i>mg)</i>	86
<i>potassium citrate tab er 5 meq (540</i>	
<i>mg)</i>	86
PRADAXA CAP 110MG	88
PRADAXA CAP 150MG	88
PRADAXA CAP 75MG	88
PRALUENT INJ 150MG/ML	35
PRALUENT INJ 75MG/ML	35
<i>pramipexole dihydrochloride tab 0.125</i>	
<i>mg</i>	54
<i>pramipexole dihydrochloride tab 0.25</i>	
<i>mg</i>	54
<i>pramipexole dihydrochloride tab 0.5</i>	
<i>mg</i>	54
<i>pramipexole dihydrochloride tab 0.75</i>	
<i>mg</i>	54
<i>pramipexole dihydrochloride tab 1 mg</i>	
<i>.....</i>	54
<i>pramipexole dihydrochloride tab 1.5</i>	
<i>mg</i>	54
<i>prasugrel hcl tab 10 mg (base equiv)</i>	89
<i>prasugrel hcl tab 5 mg (base equiv)</i>	.89
<i>pravastatin sodium tab 10 mg</i>	34
<i>pravastatin sodium tab 20 mg</i>	34
<i>pravastatin sodium tab 40 mg</i>	34
<i>pravastatin sodium tab 80 mg</i>	34
<i>praziquantel tab 600 mg</i>	7
<i>prazosin hcl cap 1 mg</i>	30
<i>prazosin hcl cap 2 mg</i>	30
<i>prazosin hcl cap 5 mg</i>	30
PRED SOD PHO SOL 1% OP	98
<i>prednisolone acetate ophth susp 1%</i>	98

<i>prednisolone sod phosph oral soln</i> 6.7 mg/5ml (5 mg/5ml base)	78
<i>prednisolone sod phosphate oral soln</i> 15 mg/5ml (base equiv)	78
<i>prednisolone sodium phosphate oral soln</i> 25 mg/5ml (base eq)	78
<i>prednisolone syrup</i> 15 mg/5ml (usp solution equivalent)	78
PREDNISONE CON 5MG/ML	78
<i>prednisone oral soln</i> 5 mg/5ml	78
<i>prednisone tab</i> 1 mg	78
<i>prednisone tab</i> 10 mg	78
<i>prednisone tab</i> 2.5 mg	78
<i>prednisone tab</i> 20 mg	78
<i>prednisone tab</i> 5 mg	78
<i>prednisone tab</i> 50 mg	78
<i>prednisone tab therapy pack</i> 10 mg (21)	78
<i>prednisone tab therapy pack</i> 10 mg (48)	78
<i>prednisone tab therapy pack</i> 5 mg (21)	78
<i>prednisone tab therapy pack</i> 5 mg (48)	78
<i>pregabalin cap</i> 100 mg	47
<i>pregabalin cap</i> 150 mg	47
<i>pregabalin cap</i> 200 mg	47
<i>pregabalin cap</i> 225 mg	47
<i>pregabalin cap</i> 25 mg	46
<i>pregabalin cap</i> 300 mg	47
<i>pregabalin cap</i> 50 mg	46
<i>pregabalin cap</i> 75 mg	46
<i>pregabalin soln</i> 20 mg/ml	47
PREMASOL SOL 10%	95
PRENATAL PLUS	97
PRENATAL TAB 27-1MG	97
PRENATAL TAB PLUS	97
PRENATAL VIT TAB LOW IRON	97
<i>prevalite pow</i> 4gm	35
<i>prevalite pow</i> 4gm pk	35
<i>previfem tab</i>	74
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</i> 26.3 mg (15 mg base)	9
PRIMAQUINE TAB 26.3MG	9
<i>primidone tab</i> 250 mg	47
<i>primidone tab</i> 50 mg	47
PRIVIGEN INJ 10GRAMS	92
PRIVIGEN INJ 20GRAMS	92
PRIVIGEN INJ 40GRAMS	92
PRIVIGEN INJ 5 GRAMS	92
<i>probenecid tab</i> 500 mg	1
PROCALAMINE INJ 3%	95
<i>prochlorperazine edisylate inj</i> 10 mg/2ml	83
<i>prochlorperazine maleate tab</i> 10 mg (base equivalent)	83
<i>prochlorperazine maleate tab</i> 5 mg (base equivalent)	83
<i>prochlorperazine suppos</i> 25 mg	83
PROCRT INJ 10000/ML	88
PROCRT INJ 2000/ML	88
PROCRT INJ 20000/ML	88
PROCRT INJ 3000/ML	88
PROCRT INJ 4000/ML	88
PROCRT INJ 40000/ML	88
<i>procto-med cre hc</i> 2.5%	108
<i>procto-pak cre</i> 1%	108
<i>proctozone cre -hc</i> 2.5%	108
PROGLYCEM SUS 50MG/ML	78
PROGRAF GRA 0.2MG	93
PROGRAF GRA 1MG	93
PROLASTIN-C INJ 1000MG	103
PROLENSA SOL 0.07%	99
PROLIA SOL 60MG/ML	79
PROMACTA PAK 25MG	89
PROMACTA POW 12.5MG	89
PROMACTA TAB 12.5MG	89
PROMACTA TAB 25MG	89
PROMACTA TAB 50MG	89
PROMACTA TAB 75MG	89
<i>promethazine hcl inj</i> 25 mg/ml	83
<i>promethazine hcl inj</i> 50 mg/ml	83
<i>promethazine hcl syrup</i> 6.25 mg/5ml	83
<i>promethazine hcl tab</i> 12.5 mg	83
<i>promethazine hcl tab</i> 25 mg	83
<i>promethazine hcl tab</i> 50 mg	83
<i>propafenone hcl cap er</i> 12hr 225 mg	33

propafenone hcl cap er 12hr 325 mg 33
propafenone hcl cap er 12hr 425 mg 33
propafenone hcl tab 150 mg33
propafenone hcl tab 225 mg33
propafenone hcl tab 300 mg33
proparacaine hcl ophth soln 0.5%99
propranolol & hydrochlorothiazide tab
40-25 mg35
propranolol & hydrochlorothiazide tab
80-25 mg35
propranolol hcl cap er 24hr 120 mg ..36
propranolol hcl cap er 24hr 160 mg ..37
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propranolol hcl cap er 24hr 80 mg36
propranolol hcl oral soln 20 mg/5ml..37
propranolol hcl oral soln 40 mg/5ml..37
propranolol hcl tab 10 mg37
propranolol hcl tab 20 mg37
propranolol hcl tab 40 mg37
propranolol hcl tab 60 mg37
propranolol hcl tab 80 mg37
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PROSOL INJ 20%95
protriptyline hcl tab 10 mg52
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PULMICORT INH 90MCG104
PULMOZYME SOL 1MG/ML103
PURIXAN SUS 20MG/ML19
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quetiapine fumarate tab 25 mg58
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quetiapine fumarate tab 400 mg58
quetiapine fumarate tab 50 mg58
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mg58
quetiapine fumarate tab er 24hr 200
mg58
quetiapine fumarate tab er 24hr 300
mg58

quetiapine fumarate tab er 24hr 400
mg58
quetiapine fumarate tab er 24hr 50 mg
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quinapril hcl tab 10 mg30
quinapril hcl tab 20 mg30
quinapril hcl tab 40 mg30
quinapril hcl tab 5 mg30
quinapril-hydrochlorothiazide tab 10-
12.5 mg29
quinapril-hydrochlorothiazide tab 20-
12.5 mg29
quinapril-hydrochlorothiazide tab 20-25
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quinidine sulfate tab 300 mg33
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ramipril cap 10 mg30
ramipril cap 2.5 mg30
ramipril cap 5 mg30
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equiv)54
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RECOMBIVA HB INJ 5MCG/0.594
RECOMBIVA-HB INJ 40MCG/ML.....94
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REGRANEX GEL 0.01%109
RELENZA MIS DISKHALE13
RELISTOR INJ 12/0.6ML85
RELISTOR INJ 8/0.4ML85
REMICADE INJ 100MG90
RENFLEXIS INJ 100MG.....90
repaglinide tab 0.5 mg.....70
repaglinide tab 1 mg.....70
repaglinide tab 2 mg.....70
RESTASIS EMU 0.05%100

RESTASIS MUL EMU 0.05%	100
RETEVMO CAP 40MG.....	26
RETEVMO CAP 80MG.....	26
REVLIMID CAP 10MG	23
REVLIMID CAP 15MG	23
REVLIMID CAP 2.5MG	23
REVLIMID CAP 20MG	23
REVLIMID CAP 25MG	23
REVLIMID CAP 5MG	23
REXULTI TAB 0.25MG	58
REXULTI TAB 0.5MG	58
REXULTI TAB 1MG	58
REXULTI TAB 2MG	58
REXULTI TAB 3MG	58
REXULTI TAB 4MG	58
REYATAZ POW 50MG	10
RHOPRESA SOL 0.02%	99
<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>riluzole tab 50 mg</i>	64
<i>rimantadine hydrochloride tab 100 mg</i>	13
RINVOQ TAB 15MG ER	90
<i>risedronate sodium tab 150 mg</i>	71
<i>risedronate sodium tab 35 mg</i>	71
<i>risedronate sodium tab 5 mg</i>	71
<i>risedronate sodium tab delayed release 35 mg</i>	71
RISPERDAL INJ 12.5MG	58
RISPERDAL INJ 25MG	58
RISPERDAL INJ 37.5MG	58
RISPERDAL INJ 50MG	58
<i>risperidone orally disintegrating tab 0.25 mg</i>	58
<i>risperidone orally disintegrating tab 0.5 mg</i>	58
<i>risperidone orally disintegrating tab 1 mg</i>	58
<i>risperidone orally disintegrating tab 2 mg</i>	58
<i>risperidone orally disintegrating tab 3 mg</i>	59
<i>risperidone orally disintegrating tab 4 mg</i>	59
<i>risperidone soln 1 mg/ml</i>	59
<i>risperidone tab 0.25 mg</i>	59
<i>risperidone tab 0.5 mg</i>	59
<i>risperidone tab 1 mg</i>	59
<i>risperidone tab 2 mg</i>	59
<i>risperidone tab 3 mg</i>	59
<i>risperidone tab 4 mg</i>	59
<i>ritonavir tab 100 mg</i>	10
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<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	49
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	49
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	49
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	49
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	49
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	49
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	49
<i>rivelsa tab</i>	74
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	63
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	62
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	63
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	63
<i>ropinirole hydrochloride tab 0.25 mg</i>	54
<i>ropinirole hydrochloride tab 0.5 mg</i>	54
<i>ropinirole hydrochloride tab 1 mg</i>	54
<i>ropinirole hydrochloride tab 2 mg</i>	54
<i>ropinirole hydrochloride tab 3 mg</i>	54
<i>ropinirole hydrochloride tab 4 mg</i>	54
<i>ropinirole hydrochloride tab 5 mg</i>	54
<i>rosuvastatin calcium tab 10 mg</i>	34
<i>rosuvastatin calcium tab 20 mg</i>	34
<i>rosuvastatin calcium tab 40 mg</i>	34
<i>rosuvastatin calcium tab 5 mg</i>	34

ROTARIX SUS	94	sertraline hcl tab 100 mg	52
ROTATEQ SOL.....	94	sertraline hcl tab 25 mg	52
<i>roweepra tab 1000mg.....</i>	47	sertraline hcl tab 50 mg	52
<i>roweepra tab 500mg</i>	47	sevelamer carbonate packet 0.8 gm .80	
<i>roweepra tab 750mg</i>	47	sevelamer carbonate packet 2.4 gm .80	
<i>roweepra xr tab 500mg xr.....</i>	47	sevelamer carbonate tab 800 mg ....80	
<i>roweepra xr tab 750mg xr.....</i>	47	sharobel tab 0.35mg	75
ROZLYTREK CAP 100MG.....	26	SHINGRIX INJ 50/0.5ML	94
ROZLYTREK CAP 200MG.....	26	SIGNIFOR INJ 0.3MG/ML.....	79
RUBRACA TAB 200MG	21	SIGNIFOR INJ 0.6MG/ML.....	79
RUBRACA TAB 250MG	21	SIGNIFOR INJ 0.9MG/ML.....	79
RUBRACA TAB 300MG	21	sildenafil citrate tab 20 mg	42
RUKOBIA TAB 600MG ER.....	10	silver sulfadiazine cream 1%	105
RUXIENCE INJ 100/10ML.....	21	SIMBRINZA SUS 1-0.2%	99
RUXIENCE INJ 500/50ML.....	21	simvastatin tab 10 mg	34
RYBELSUS TAB 14MG	70	simvastatin tab 20 mg	34
RYBELSUS TAB 3MG	70	simvastatin tab 40 mg	34
RYBELSUS TAB 7MG	70	simvastatin tab 5 mg	34
RYDAPT CAP 25MG	26	simvastatin tab 80 mg	34
S		<i>sirolimus oral soln 1 mg/ml</i>	93
SANDIMMUNE SOL 100MG/ML	93	<i>sirolimus tab 0.5 mg.....</i>	93
SANTYL OIN 250/GM	109	<i>sirolimus tab 1 mg</i>	93
SAPHRIS SUB 10MG	59	<i>sirolimus tab 2 mg</i>	93
SAPHRIS SUB 2.5MG	59	SIRTURO TAB 100MG	12
SAPHRIS SUB 5MG	59	SIRTURO TAB 20MG	12
<i>sapropterin dihydrochloride powder</i>		SIVEXTRO INJ 200MG.....	7
<i>packet 100 mg</i>	76	SIVEXTRO TAB 200MG.....	7
<i>sapropterin dihydrochloride powder</i>		SKYRIZI INJ 150DOSE	90
<i>packet 500 mg</i>	76	<i>sodium chloride inj 2.5 meq/ml</i>	
<i>sapropterin dihydrochloride soluble tab</i>		<i>(14.6%)</i>	95
<i>100 mg</i>	76	<i>sodium chloride irrigation soln 0.9%</i>	
<i>scopolamine td patch 72hr 1 mg/3days</i>		.....	109
.....	83	<i>sodium chloride iv soln 0.45%</i>	96
SECUADO DIS 3.8MG.....	59	<i>sodium chloride iv soln 0.9%</i>	96
SECUADO DIS 5.7MG.....	59	<i>sodium chloride iv soln 3%.....</i>	97
SECUADO DIS 7.6MG.....	59	<i>sodium chloride iv soln 5%.....</i>	97
<i>selegiline hcl cap 5 mg</i>	54	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
<i>selegiline hcl tab 5 mg</i>	54	<i>mg/ml soln</i>	95
<i>selenium sulfide lotion 2.5%</i>	106	<i>sodium phenylbutyrate oral powder 3</i>	
SELZENTRY SOL 20MG/ML.....	10	<i>gm/teaspoonful</i>	76
SELZENTRY TAB 150MG	10	<i>sodium phenylbutyrate tab 500 mg ..76</i>	
SELZENTRY TAB 25MG	10	<i>sodium polystyrene sulfonate oral susp</i>	
SELZENTRY TAB 300MG	10	<i>15 gm/60ml.....</i>	71
SELZENTRY TAB 75MG	10	<i>sodium polystyrene sulfonate powder</i>	
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<i>solution 20 mg/ml</i>	52	SOLTAMOX SOL 10MG/5ML	22

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SOLU-CORTEF INJ 100MG	78
SOLU-CORTEF INJ 250MG	78
SOLU-CORTEF INJ 500MG	78
SOMATULINE INJ 120/.5ML	79
SOMATULINE INJ 60/0.2ML	79
SOMATULINE INJ 90/0.3ML	79
SOMAVERT INJ 10MG	79
SOMAVERT INJ 15MG	79
SOMAVERT INJ 20MG	79
SOMAVERT INJ 25MG	79
SOMAVERT INJ 30MG	79
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<i>sorine tab 240mg</i>	33
<i>sorine tab 80mg.....</i>	33
<i>sotalol hcl (afib/afl) tab 120 mg</i>	33
<i>sotalol hcl (afib/afl) tab 160 mg</i>	33
<i>sotalol hcl (afib/afl) tab 80 mg</i>	33
<i>sotalol hcl tab 120 mg</i>	33
<i>sotalol hcl tab 160 mg</i>	33
<i>sotalol hcl tab 240 mg</i>	33
<i>sotalol hcl tab 80 mg</i>	33
<i>spironolactone & hydrochlorothiazide</i> <i>tab 25-25 mg.....</i>	40
<i>spironolactone tab 100 mg</i>	30
<i>spironolactone tab 25 mg</i>	30
<i>spironolactone tab 50 mg</i>	30
<i>sprintec 28 tab 28 day</i>	75
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SPRITAM TAB 250MG.....	47
SPRITAM TAB 500MG.....	47
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SPRYCEL TAB 20MG.....	26
SPRYCEL TAB 50MG.....	26
SPRYCEL TAB 70MG.....	26
SPRYCEL TAB 80MG.....	26
<i>ssd cre 1%</i>	105
<i>stavudine cap 15 mg</i>	10
<i>stavudine cap 20 mg</i>	10
<i>stavudine cap 30 mg</i>	10
<i>stavudine cap 40 mg</i>	10
STELARA INJ 45MG/0.5.....	90
STELARA INJ 90MG/ML	90
STIMATE SOL 1.5MG/ML	82
STIVARGA TAB 40MG	26
<i>streptomycin sulfate for inj 1 gm.....</i>	6
STRIBILD TAB.....	12
<i>sucralfate tab 1 gm</i>	85
<i>sulfacetamide sodium lotion 10%</i> <i>(acne).....</i>	105
<i>sulfacetamide sodium ophth oint 10%</i>	98
<i>sulfacetamide sodium ophth soln 10%</i>	98
<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	97
SULFADIAZINE TAB 500MG	6
<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	7
<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	7
<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	7
<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	7
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<i>sulfasalazine tab 500 mg.....</i>	84
<i>sulfasalazine tab delayed release 500</i> <i>mg</i>	84
<i>sulindac tab 150 mg</i>	2
<i>sulindac tab 200 mg</i>	2
<i>sumatriptan nasal spray 20 mg/act ..</i>	63
<i>sumatriptan nasal spray 5 mg/act ..</i>	63
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	63
<i>sumatriptan succinate solution auto-</i> <i>injector 4 mg/0.5ml</i>	63
<i>sumatriptan succinate solution auto-</i> <i>injector 6 mg/0.5ml</i>	63
<i>sumatriptan succinate solution</i> <i>cartridge 4 mg/0.5ml</i>	63
<i>sumatriptan succinate solution</i> <i>cartridge 6 mg/0.5ml</i>	63
<i>sumatriptan succinate solution prefilled</i> <i>syringe 6 mg/0.5ml</i>	63
<i>sumatriptan succinate tab 100 mg ..</i>	63
<i>sumatriptan succinate tab 25 mg ..</i>	63
<i>sumatriptan succinate tab 50 mg ..</i>	63
SUPREP BOWEL SOL PREP KIT	84
SUTENT CAP 12.5MG	26
SUTENT CAP 25MG	26

SUTENT CAP 37.5MG	26
SUTENT CAP 50MG	26
SYLATRON KIT 200MCG	27
SYLATRON KIT 300MCG	27
SYMBICORT AER 160-4.5	104
SYMBICORT AER 80-4.5	104
SYMDEKO TAB 100-150	103
SYMDEKO TAB 50-75MG	103
SYMFI LO TAB.....	12
SYMFI TAB	12
SYMJEPI INJ 0.15MG.....	103
SYMJEPI INJ 0.3MG	103
SYMPAZAN MIS 10MG	47
SYMPAZAN MIS 20MG	47
SYMPAZAN MIS 5MG.....	47
SYMTUZA TAB.....	12
SYNAREL SOL 2MG/ML.....	75
SYNERCID INJ 500MG.....	7
SYNJARDY TAB.....	70
SYNJARDY TAB 12.5-500.....	70
SYNJARDY TAB 5-1000MG	70
SYNJARDY TAB 5-500MG.....	70
SYNJARDY XR TAB.....	70
SYNJARDY XR TAB 10-1000.....	70
SYNJARDY XR TAB 25-1000	70
SYNJARDY XR TAB 5-1000MG	70
SYNRIBO INJ 3.5MG	27
SYNTROID TAB 100MCG.....	81
SYNTROID TAB 112MCG.....	81
SYNTROID TAB 125MCG.....	81
SYNTROID TAB 137MCG.....	81
SYNTROID TAB 150MCG.....	81
SYNTROID TAB 175MCG.....	81
SYNTROID TAB 200MCG.....	81
SYNTROID TAB 25MCG	81
SYNTROID TAB 300MCG.....	81
SYNTROID TAB 50MCG	81
SYNTROID TAB 75MCG	81
SYNTROID TAB 88MCG	81
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TABLOID TAB 40MG.....	19
TABRECTA TAB 150MG.....	26
TABRECTA TAB 200MG.....	26
<i>tacrolimus cap 0.5 mg</i>	93
<i>tacrolimus cap 1 mg</i>	93
<i>tacrolimus cap 5 mg</i>	93
<i>tacrolimus oint 0.03%.....</i>	108
<i>tacrolimus oint 0.1%</i>	108
TAFINLAR CAP 50MG	26
TAFINLAR CAP 75MG	26
TAGRISSO TAB 40MG	26
TAGRISSO TAB 80MG	26
TALZENNA CAP 0.25MG	21
TALZENNA CAP 1MG	21
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	22
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	22
<i>tamsulosin hcl cap 0.4 mg</i>	86
TARGETIN GEL 1%	108
<i>tarina 24 fe tab</i>	75
<i>tarina fe tab 1/20</i>	75
TASIGNA CAP 150MG	26
TASIGNA CAP 200MG	26
TASIGNA CAP 50MG	26
TAXOTERE INJ 80MG/4ML	20
<i>tazarotene cream 0.1%</i>	106
<i>tazicef inj 1gm</i>	15
<i>tazicef inj 2gm</i>	15
<i>tazicef inj 6gm</i>	15
TAZORAC CRE 0.05%	106
TAZVERIK TAB 200MG	27
TDVAX INJ 2-2 LF.....	94
TECENTRIQ INJ 1200/20	21
TECENTRIQ INJ 840/14.....	21
TEFLARO INJ 400MG.....	15
TEFLARO INJ 600MG.....	15
<i>telmisartan tab 20 mg</i>	32
<i>telmisartan tab 40 mg</i>	32
<i>telmisartan tab 80 mg</i>	32
<i>telmisartan-amlodipine tab 40-10 mg</i>	32
<i>telmisartan-amlodipine tab 40-5 mg</i>	32
<i>telmisartan-amlodipine tab 80-10 mg</i>	32
<i>telmisartan-amlodipine tab 80-5 mg</i>	32
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	32
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	32
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	32
<i>temazepam cap 15 mg</i>	62
<i>temazepam cap 7.5 mg</i>	61

TEMIXYS TAB 300-300	12
TENIVAC INJ 5-2LF.....	94
<i>tenofovir disoproxil fumarate tab 300 mg</i>	10
<i>terazosin hcl cap 1 mg (base equivalent)</i>	30
<i>terazosin hcl cap 10 mg (base equivalent)</i>	30
<i>terazosin hcl cap 2 mg (base equivalent)</i>	30
<i>terazosin hcl cap 5 mg (base equivalent)</i>	30
terbinafine hcl tab 250 mg.....	9
terbutaline sulfate tab 2.5 mg.....	102
terbutaline sulfate tab 5 mg.....	102
terconazole vaginal cream 0.4%	87
terconazole vaginal cream 0.8%	87
terconazole vaginal suppos 80 mg	87
testosterone cypionate im inj in oil 100 mg/ml.....	66
testosterone cypionate im inj in oil 200 mg/ml.....	66
testosterone enanthate im inj in oil 200 mg/ml.....	66
testosterone td gel 12.5 mg/act (1%)	66
testosterone td gel 25 mg/2.5gm (1%)	66
testosterone td gel 50 mg/5gm (1%)	66
tetrabenazine tab 12.5 mg	64
tetrabenazine tab 25 mg	64
tetracycline hcl cap 250 mg	18
tetracycline hcl cap 500 mg	18
TEXACORT SOL 2.5%	107
THALOMID CAP 100MG	23
THALOMID CAP 150MG	23
THALOMID CAP 200MG	23
THALOMID CAP 50MG	23
THEO-24 CAP 100MG CR	103
THEO-24 CAP 200MG CR	103
THEO-24 CAP 300MG CR	103
THEO-24 CAP 400MG ER	103
<i>theophylline soln 80 mg/15ml</i>	103
<i>theophylline tab er 12hr 300 mg</i>	103
<i>theophylline tab er 12hr 450 mg</i>	103
<i>theophylline tab er 24hr 400 mg</i>	103
<i>theophylline tab er 24hr 600 mg</i>	103
<i>thioridazine hcl tab 10 mg</i>	59
<i>thioridazine hcl tab 100 mg</i>	59
<i>thioridazine hcl tab 25 mg</i>	59
<i>thioridazine hcl tab 50 mg</i>	59
<i>thiothixene cap 1 mg</i>	59
<i>thiothixene cap 10 mg</i>	59
<i>thiothixene cap 2 mg</i>	59
<i>thiothixene cap 5 mg</i>	59
<i>tiadylt cap 120mg/24</i>	38
<i>tiadylt cap 180mg/24</i>	38
<i>tiadylt cap 240mg/24</i>	38
<i>tiadylt cap 300mg/24</i>	38
<i>tiadylt cap 360mg/24</i>	38
<i>tiadylt cap 420mg/24</i>	38
<i>tiagabine hcl tab 12 mg</i>	47
<i>tiagabine hcl tab 16 mg</i>	47
<i>tiagabine hcl tab 2 mg</i>	47
<i>tiagabine hcl tab 4 mg</i>	47
TIBSOVO TAB 250MG	21
<i>tigecycline for iv soln 50 mg</i>	7
<i>timolol maleate ophth gel forming soln 0.25%</i>	99
<i>timolol maleate ophth gel forming soln 0.5%</i>	99
<i>timolol maleate ophth soln 0.25%</i>	99
<i>timolol maleate ophth soln 0.5%....</i>	99
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	99
<i>timolol maleate tab 10 mg</i>	37
<i>timolol maleate tab 20 mg</i>	37
<i>timolol maleate tab 5 mg</i>	37
TIVICAY PD TAB 5MG	10
TIVICAY TAB 10MG.....	11
TIVICAY TAB 25MG.....	11
TIVICAY TAB 50MG.....	11
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	65
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	65
TOBRADEX OIN 0.3-0.1%	97
TOBRADEX ST SUS 0.3-0.05.....	97
<i>tobramycin nebu soln 300 mg/5ml</i>	6
<i>tobramycin ophth soln 0.3%.....</i>	98
<i>tobramycin sulfate for inj 1.2 gm</i>	6
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	6

<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	6
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	6
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	6
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	97
<i>tolterodine tartrate cap er 24hr 2 mg</i>	86
<i>tolterodine tartrate cap er 24hr 4 mg</i>	86
<i>tolterodine tartrate tab 1 mg</i>	86
<i>tolterodine tartrate tab 2 mg</i>	86
<i>topiramate sprinkle cap 15 mg</i>	47
<i>topiramate sprinkle cap 25 mg</i>	47
<i>topiramate tab 100 mg</i>	47
<i>topiramate tab 200 mg</i>	47
<i>topiramate tab 25 mg</i>	47
<i>topiramate tab 50 mg</i>	47
<i>toposar inj 100/5ml</i>	28
<i>toposar inj 1gm/50ml</i>	28
<i>toremifene citrate tab 60 mg (base equivalent)</i>	22
<i>torsemide tab 10 mg</i>	40
<i>torsemide tab 100 mg</i>	40
<i>torsemide tab 20 mg</i>	40
<i>torsemide tab 5 mg</i>	40
<i>TOVIAZ TAB 4MG</i>	86
<i>TOVIAZ TAB 8MG</i>	86
<i>TPN ELECTROL INJ</i>	95
<i>TRADJENTA TAB 5MG</i>	70
<i>tramadol hcl tab 50 mg</i>	2
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2
<i>trandolapril tab 1 mg</i>	30
<i>trandolapril tab 2 mg</i>	30
<i>trandolapril tab 4 mg</i>	30
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	89
<i>tranexamic acid tab 650 mg</i>	89
<i>tranylcypromine sulfate tab 10 mg</i>	52
<i>TRAVASOL INJ 10%</i>	95
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	99
<i>TRAZIMERA INJ 420MG</i>	21
<i>trazodone hcl tab 100 mg</i>	52
<i>trazodone hcl tab 150 mg</i>	52
<i>trazodone hcl tab 50 mg</i>	52
<i>TRECATOR TAB 250MG</i>	12
<i>TRELEGY AER ELLIPTA</i>	100
<i>TRELSTAR MIX INJ 11.25MG</i>	22
<i>TRELSTAR MIX INJ 3.75MG</i>	22
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	42
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	42
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	42
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	42
<i>TRESIBA FLEX INJ 100UNIT</i>	67
<i>TRESIBA FLEX INJ 200UNIT</i>	67
<i>TRESIBA INJ 100UNIT</i>	67
<i>tretinoin cap 10 mg</i>	27
<i>tretinoin cream 0.025%</i>	105
<i>tretinoin cream 0.05%</i>	105
<i>tretinoin cream 0.1%</i>	105
<i>tretinoin gel 0.01%</i>	105
<i>tretinoin gel 0.025%</i>	105
<i>triamcinolone acetonide cream 0.025%</i>	107
<i>triamcinolone acetonide cream 0.1%</i>	107
<i>triamcinolone acetonide cream 0.5%</i>	107
<i>triamcinolone acetonide dental paste 0.1%</i>	109
<i>triamcinolone acetonide lotion 0.025%</i>	107
<i>triamcinolone acetonide lotion 0.1%</i>	107
<i>triamcinolone acetonide oint 0.025%</i>	107
<i>triamcinolone acetonide oint 0.1%</i>	107
<i>triamcinolone acetonide oint 0.5%</i>	107
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	40
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	40
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	40
<i>TRICARE TAB PRENATAL</i>	97
<i>trientine hcl cap 250 mg</i>	71
<i>tri-estaryll tab</i>	75

<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	59	TRUXIMA INJ 100/10ML	22
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	59	TRUXIMA INJ 500/50ML	22
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	59	TUKYSA TAB 150MG	26
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	59	TUKYSA TAB 50MG	26
<i>trifluridine ophth soln 1%</i>	98	<i>tulana tab 0.35mg</i>	75
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	54	TURALIO CAP 200MG	27
<i>trihexyphenidyl hcl tab 2 mg</i>	54	TWINRIX INJ	94
<i>trihexyphenidyl hcl tab 5 mg</i>	54	TYBOST TAB 150MG	11
TRIJARDY XR TAB.....	70	<i>tydemy tab</i>	75
TRIKAFTA TAB	103	TYKERB TAB 250MG	27
<i>tri-legest tab fe</i>	75	TYMLOS INJ.....	79
<i>tri-lo- tab sprintec</i>	75	TYPHIM VI INJ	94
<i>trilyte sol</i>	84	U	
<i>trimethoprim tab 100 mg</i>	7	<i>unithroid tab 100mcg</i>	82
<i>tri-mili tab</i>	75	<i>unithroid tab 112mcg</i>	82
<i>trimipramine maleate cap 100 mg</i>	52	<i>unithroid tab 125mcg</i>	82
<i>trimipramine maleate cap 25 mg</i>	52	<i>unithroid tab 137mcg</i>	82
<i>trimipramine maleate cap 50 mg</i>	52	<i>unithroid tab 150mcg</i>	82
TRINTELLIX TAB 10MG.....	52	<i>unithroid tab 175mcg</i>	82
TRINTELLIX TAB 20MG.....	52	<i>unithroid tab 200mcg</i>	82
TRINTELLIX TAB 5MG	52	<i>unithroid tab 25mcg</i>	81
<i>tri-previfem tab</i>	75	<i>unithroid tab 300mcg</i>	82
<i>tri-sprintec tab</i>	75	<i>unithroid tab 50mcg</i>	82
TRIUMEQ TAB	12	<i>unithroid tab 75mcg</i>	82
<i>trivora-28 tab</i>	75	<i>unithroid tab 88mcg</i>	82
<i>tri-vylibra tab</i>	75	<i>ursodiol cap 300 mg</i>	85
<i>tri-vylibra tab lo</i>	75	<i>ursodiol tab 250 mg</i>	85
TROGARZO INJ 150MG/ML	11	<i>ursodiol tab 500 mg</i>	85
TROPHAMINE INJ 10%.....	95	V	
<i>trospium chloride tab 20 mg</i>	86	<i>valacyclovir hcl tab 1 gm</i>	13
TRUE METRIX KIT AIR.....	109	<i>valacyclovir hcl tab 500 mg</i>	13
TRUE METRIX KIT METER	109	VALCHLOR GEL 0.016%	108
TRUE METRIX STRIPS	109	<i>valganciclovir hcl for soln 50 mg/ml</i> (base equiv)	13
TRULICITY INJ 0.75/0.5	67		
TRULICITY INJ 1.5/0.5	67	<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	13
TRULICITY INJ 3/0.5.....	67		
TRULICITY INJ 4.5/0.5	67	<i>valproate sodium inj 100 mg/ml</i>	47
TRUMENBA INJ	94	<i>valproate sodium oral soln 250 mg/5ml</i> (base equiv)	47
TRUVADA TAB 100-150.....	12		
TRUVADA TAB 133-200.....	12	<i>valproic acid cap 250 mg</i>	47
TRUVADA TAB 167-250.....	12		
TRUVADA TAB 200-300.....	12	<i>valsartan tab 160 mg</i>	32
		<i>valsartan tab 320 mg</i>	32
		<i>valsartan tab 40 mg</i>	32
		<i>valsartan tab 80 mg</i>	32
		<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i>	32

<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	32
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	32
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	32
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	32
VALTOCO LIQ 15MG	47
VALTOCO LIQ 20MG	47
VALTOCO SPR 10MG	48
VALTOCO SPR 5MG.....	47
<i>vanadom tab 350mg</i>	65
<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 equivalent)</i>	8
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	8
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	8
VANCOMYCIN INJ 1 GM.....	8
VANCOMYCIN INJ 500MG	8
VANCOMYCIN INJ 750MG	8
<i>vandazole gel 0.75%</i>	87
VAQTA INJ 25/0.5ML	94
VAQTA INJ 50UNT/ML	94
VARIVAX INJ.....	94
VASCEPA CAP 0.5GM	35
VASCEPA CAP 1GM	35
VELCADE INJ 3.5MG	22
<i>velvet pak</i>	75
VELTASSA POW 16.8GM.....	71
VELTASSA POW 25.2GM.....	71
VELTASSA POW 8.4GM.....	71
VEMLIDY TAB 25MG.....	13
VENCLEXTA TAB 100MG.....	22
VENCLEXTA TAB 10MG.....	22
VENCLEXTA TAB 50MG.....	22
VENCLEXTA TAB START PK.....	22
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	52
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	52
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	52
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	53
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	53
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	53
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	53
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	53
VENTAVIS SOL 10MCG/ML	42
VENTAVIS SOL 20MCG/ML	42
VENTOLIN HFA AER	102
<i>verapamil hcl cap er 24hr 100 mg</i>	38
<i>verapamil hcl cap er 24hr 120 mg</i>	38
<i>verapamil hcl cap er 24hr 180 mg</i>	38
<i>verapamil hcl cap er 24hr 200 mg</i>	38
<i>verapamil hcl cap er 24hr 240 mg</i>	38
<i>verapamil hcl cap er 24hr 300 mg</i>	38
<i>verapamil hcl cap er 24hr 360 mg</i>	38
<i>verapamil hcl iv soln 2.5 mg/ml</i>	38
<i>verapamil hcl tab 120 mg</i>	38
<i>verapamil hcl tab 40 mg</i>	38
<i>verapamil hcl tab 80 mg</i>	38
<i>verapamil hcl tab er 120 mg</i>	38
<i>verapamil hcl tab er 180 mg</i>	38
<i>verapamil hcl tab er 240 mg</i>	38
VERSACLOZ SUS 50MG/ML.....	59
VERZENIO TAB 100MG.....	22
VERZENIO TAB 150MG.....	22
VERZENIO TAB 200MG.....	22
VERZENIO TAB 50MG	22
VICTOZA INJ 18MG/3ML	67
<i>vienna tab 0.1-20</i>	75
<i>vigabatrin powd pack 500 mg</i>	48
<i>vigabatrin tab 500 mg</i>	48
<i>vigadrone pow 500mg</i>	48
VIIBRYD KIT STARTER	53
VIIBRYD TAB 10MG	53
VIIBRYD TAB 20MG	53
VIIBRYD TAB 40MG	53

VIMPAT INJ 200MG/20	48
VIMPAT SOL 10MG/ML	48
VIMPAT TAB 100MG.....	48
VIMPAT TAB 150MG.....	48
VIMPAT TAB 200MG.....	48
VIMPAT TAB 50MG	48
<i>vincristine sulfate iv soln 1 mg/ml</i>	20
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	20
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	20
<i>vioresle tab</i>	75
VIRACEPT TAB 250MG	11
VIRACEPT TAB 625MG	11
VIREAD POW 40MG/GM	11
VIREAD TAB 150MG.....	11
VIREAD TAB 200MG.....	11
VIREAD TAB 250MG.....	11
VITRAKVI CAP 100MG.....	27
VITRAKVI CAP 25MG.....	27
VITRAKVI SOL 20MG/ML	27
VIVITROL INJ 380MG	66
VIZIMPRO TAB 15MG	27
VIZIMPRO TAB 30MG	27
VIZIMPRO TAB 45MG	27
<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	27
VRAYLAR CAP 1.5-3MG	59
VRAYLAR CAP 1.5MG	59
VRAYLAR CAP 3MG	59
VRAYLAR CAP 4.5MG	59
VRAYLAR CAP 6MG	59
<i>vyfemla tab 0.4-35</i>	75
<i>vylitra tab 0.25-35</i>	75
W	
<i>warfarin sodium tab 1 mg</i>	88
<i>warfarin sodium tab 10 mg</i>	88
<i>warfarin sodium tab 2 mg</i>	88
<i>warfarin sodium tab 2.5 mg</i>	88
<i>warfarin sodium tab 3 mg</i>	88
<i>warfarin sodium tab 4 mg</i>	88
<i>warfarin sodium tab 5 mg</i>	88
<i>warfarin sodium tab 6 mg</i>	88

<i>warfarin sodium tab 7.5 mg</i>	88
<i>water for irrigation, sterile irrigation soln</i>	109
<i>wymzya fe chw 0.4mg-35</i>	75
X	
XALKORI CAP 200MG.....	27
XALKORI CAP 250MG.....	27
XARELTO STAR TAB 15/20MG	88
XARELTO TAB 10MG	88
XARELTO TAB 15MG	88
XARELTO TAB 2.5MG	88
XARELTO TAB 20MG	88
XATMEP SOL 2.5MG/ML	90
XCOPRI PAK 12.5-25	48
XCOPRI PAK 150-200	48
XCOPRI PAK 50-100MG.....	48
XCOPRI TAB 100MG	48
XCOPRI TAB 150MG	48
XCOPRI TAB 200MG	48
XCOPRI TAB 50-200MG.....	48
XCOPRI TAB 50MG	48
XELJANZ TAB 10MG.....	90
XELJANZ TAB 5MG	90
XELJANZ XR TAB 11MG	90
XELJANZ XR TAB 22MG	91
XGEVA INJ	80
XIFAXAN TAB 550MG.....	85
XIGDUO XR TAB 10-1000.....	70
XIGDUO XR TAB 10-500MG	70
XIGDUO XR TAB 2.5-1000.....	70
XIGDUO XR TAB 5-1000MG	70
XIGDUO XR TAB 5-500MG	70
XOLAIR INJ 150MG/ML	103
XOLAIR INJ 75/0.5	103
XOLAIR SOL 150MG	103
XOSPATA TAB 40MG	27
XPOVIO PAK 100MG	27
XPOVIO PAK 40MG	27
XPOVIO PAK 60MG	27
XPOVIO PAK 80MG	27
XTANDI CAP 40MG	22
XULTOPHY INJ 100/3.6	67
XYREM SOL 500MG/ML	65
Y	
YF-VAX INJ.....	94
Z	
<i>zafirlukast tab 10 mg</i>	102

zafirlukast tab 20 mg	102
zaleplon cap 10 mg	62
zaleplon cap 5 mg	62
ZARXIO INJ 300/0.5	88
ZARXIO INJ 480/0.8	88
ZEJULA CAP 100MG	22
ZELBORAF TAB 240MG	27
ZEMAIRA INJ 1000MG	103
zenatane cap 30mg	105
ZENPEP CAP 10000UNT	85
ZENPEP CAP 15000UNT	85
ZENPEP CAP 20000UNT	85
ZENPEP CAP 25000	85
ZENPEP CAP 3000UNIT	85
ZENPEP CAP 40000	85
ZENPEP CAP 5000UNIT	85
ZERVIADE DRO 0.24%	99
zidovudine cap 100 mg	11
zidovudine syrup 10 mg/ml	11
zidovudine tab 300 mg	11
ziprasidone hcl cap 20 mg	59
ziprasidone hcl cap 40 mg	59
ziprasidone hcl cap 60 mg	60
ziprasidone hcl cap 80 mg	60
ziprasidone mesylate for inj 20 mg (base equivalent)	60
ZIRABEV INJ 100/4ML	22
ZIRABEV INJ 400/16ML	22
ZIRGAN GEL 0.15%	98

zoledronic acid inj conc for iv infusion 4 mg/5ml	71
zoledronic acid iv soln 4 mg/100ml ...	71
zoledronic acid iv soln 5 mg/100ml ...	71
ZOLINZA CAP 100MG	22
zolmitriptan orally disintegrating tab 2.5 mg	63
zolmitriptan orally disintegrating tab 5 mg	63
zolmitriptan tab 2.5 mg	63
zolmitriptan tab 5 mg	63
zolpidem tartrate tab 10 mg	62
zolpidem tartrate tab 5 mg	62
zonisamide cap 100 mg	48
zonisamide cap 25 mg	48
zonisamide cap 50 mg	48
ZORTRESS TAB 0.25MG	93
ZORTRESS TAB 0.5MG	93
ZORTRESS TAB 0.75MG	93
ZORTRESS TAB 1MG	93
ZOSTAVAX INJ	94
zovia 1/35e tab	75
ZYDELIG TAB 100MG	27
ZYDELIG TAB 150MG	27
ZYKADIA TAB 150MG	27
ZYLET SUS 0.5-0.3%	97
ZYPREXA RELP INJ 210MG	60
ZYPREXA RELP INJ 300MG	60
ZYPREXA RELP INJ 405MG	60
ZYTIGA TAB 500MG	23

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Molina Medicare Complete Care Member Services, at (800) 665-3086 or, for TTY users, 711, October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time, or visit MolinaHealthcare.com/Medicare.

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