

Formulary / Formulario

Healthy Advantage Plus HMO

2019

This formulary was updated on 12/01/2019. For more recent information or other questions, please contact Healthy Advantage Plus 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 12/01/2019. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Healthy Advantage Plus Servicios para los miembros, al (800) 665-3086. Los usuarios de TTY deben llamar al 711, 1 de octubre al 31 de marzo, los 7 días de la semana, de 8 a. m. a 8 p. m., hora local; del 1 de abril al 30 de septiembre, de lunes a viernes de 8 a. m. a 8 p. m., hora local., o visite MolinaHealthcare.com/Medicare

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HealthyAdvantage*Plus*



Healthy Advantage Plus HMO

2019 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 00019329, Version Number 18

This formulary was updated on 12/01/2019. For more recent information or other questions, please contact Healthy Advantage Plus 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](https://www.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 Healthy Advantage Plus.

This document includes list of the drugs (formulary) for our plan which is current as of 12/01/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

What is the Healthy Advantage Plus Formulary?

A formulary is a list of covered drugs selected by Healthy Advantage Plus 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. Healthy Advantage Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Healthy Advantage Plus 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?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Healthy Advantage Plus’s 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 or move a drug to a higher cost-sharing tier, 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.

The enclosed formulary is current as of 12/01/2019. To get updated information about the drugs covered by Healthy Advantage Plus, 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 below. 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 101. 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?

Healthy Advantage Plus 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:** Healthy Advantage Plus requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Healthy Advantage Plus before you fill your prescriptions. If you don't get approval, Healthy Advantage Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Healthy Advantage Plus limits the amount of the drug that Healthy Advantage Plus will cover. For example, Healthy Advantage Plus provides 60 tablets per 30 days per prescription for Lyrica 300 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Healthy Advantage Plus 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, Healthy Advantage Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Healthy Advantage Plus 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 a document 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 Healthy Advantage Plus 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 Healthy Advantage Plus'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 Healthy Advantage Plus does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Healthy Advantage Plus. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Healthy Advantage Plus.
- You can ask Healthy Advantage Plus 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 Healthy Advantage Plus's Formulary?

You can ask Healthy Advantage Plus 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, Healthy Advantage Plus 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, Healthy Advantage Plus 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 90 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 long-term care residents, the dispensing pharmacy may override transition fill eligible rejects and Refill Too Soon rejects for new admissions. Level of Care Transition Fills are allowed up to a 31 days supply except for oral brand solids which are limited to 14 day fills with exceptions as required by CMS guidance. These drug claims would otherwise reject for being Non-formulary or formulary with utilization management edits.

Level of Care Transition Fills are allowed per calendar day, per Beneficiary, per drug, per pharmacy, per plan for a cumulative days supply.

For all Beneficiaries who experience a Level of Care Change, if a dose change results in an “early refill” or Refill Too Soon reject, the pharmacy may call the Pharmacy Help Desk to obtain an override.

For more information

For more detailed information about your Healthy Advantage Plus prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Healthy Advantage Plus, 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>.

Healthy Advantage Plus’s Formulary

The formulary below provides coverage information about the drugs covered by Healthy Advantage Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 101.

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

The information in the Requirements/Limits column tells you if Healthy Advantage Plus has any special requirements for coverage of your drug.

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

LA stands for Limited Access Drug

NM stands for Non Mail Order Drug

PA stands for Prior Authorization

QL stands for Quantity Limits

ST stands for Step Therapy criteria

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

Healthy Advantage HMO

Formulario para 2019

(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 00019328, Version Number 18

Este formulario se actualizó el 12/01/2019. Para obtener información más reciente o si tiene otras preguntas, comuníquese con, Healthy Advantage 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 Healthcare. Cuando dice “plan” o “nuestro plan”, hace referencia a Healthy Advantage.

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 12/01/2019. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

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 2019 y periódicamente durante el año.

¿Qué es el Formulario de Healthy Advantage?

Un Formulario es una lista de medicamentos cubiertos seleccionados por Healthy Advantage 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, Healthy Advantage cubrirá los medicamentos incluidos en el formulario, siempre que el medicamento sea medicamento necesario, el medicamento con receta se obtenga en una farmacia de la red de Healthy Advantage 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)?

En general, si usted toma un medicamento de nuestro Formulario para 2019 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2019, excepto cuando esté disponible un nuevo medicamento genérico de menor costo, cuando se dé a conocer nueva información acerca de la seguridad o eficacia del medicamento, o el medicamento sea retirado del mercado. (Consulte los puntos a continuación para obtener más información sobre cambios que afectan a los miembros que actualmente toman el medicamento). Otros tipos de cambios en el Formulario, por ejemplo, la eliminación de un medicamento, no afectarán a los miembros que estén actualmente tomando el medicamento. Por el resto del año de cobertura, continuará disponible al mismo costo compartido para aquellos miembros que estén tomándolo. A continuación se incluyen cambios en la Lista de medicamentos que también afectarán a los miembros que actualmente toman un medicamento:

- **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. El aviso

que le proporcionaremos también incluirá información sobre los pasos que puede tomar para 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 Healthy Advantage’s?”.

- **Medicamentos retirados del mercado.** Si la Administración de Drogas y Alimentos 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, 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.

El Formulario adjunto está vigente a partir del 12/01/2019. Para recibir información actualizada sobre los medicamentos cubiertos por Healthy Advantage, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior.

¿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 “medicamentos cardiovasculares”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza a continuación. 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 101. 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?

Healthy Advantage 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:** Healthy Advantage exige que usted [o su médico] obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de Healthy Advantage antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que Healthy Advantage no cubra el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, Healthy Advantage limita la cantidad del medicamento que cubrirá. Por ejemplo, Healthy Advantage proporciona 60 tabletas por 30 días por receta para Lyrica 300 mg. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, Healthy Advantage 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 Healthy Advantage no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces Healthy Advantage cubrirá el medicamento B.

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

Puede pedirle a Healthy Advantage 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 solicito una excepción al Formulario de Healthy Advantage?” 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 Healthy Advantage 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 Healthy Advantage. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Healthy Advantage.
- Puede solicitar que Healthy Advantage 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 Healthy Advantage's?

Puede solicitarle a Healthy Advantage 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, Healthy Advantage 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, Healthy Advantage 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 están 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 90 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.

Los surtidos por Transición en Nivel de Cuidado se permiten por un día natural, por beneficiario, por droga, por farmacia, por plan para un suministro de días acumulativos.

Para todo beneficiario que pase por un Cambio en Nivel de Cuidado, si el cambio en dosis causa un "surtido temprano" o un rechazo por Surtido Muy Pronto, la farmacia puede llamar a la Línea de Ayuda Técnica Farmacéutica para obtener una anulación.

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de Healthy Advantage, consulte la Evidencia de cobertura y otra documentación del plan.

Si tiene alguna pregunta sobre Healthy Advantage, 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 la portada posterior.

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 Healthy Advantage

El formulario abajo proporciona información acerca de la cobertura de los medicamentos cubiertos por Healthy Advantage. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 101.

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 Healthy Advantage tiene algún requisito especial para la cobertura del medicamento.

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

LA significa "medicamento con acceso limitado"

NM significa "Medicamento no disponible para servicio por correo"

PA significa "autorización previa"

QL significa "Límite de cantidad"

ST significa "criterio de terapia escalonada"

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

MOLINA_CY19_6T_STND eff 12/01/2019

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

GOUT

<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
COLCRYS TAB 0.6MG	3	QL (120 tabs / 30 days)
<i>febuxostat tab 40 mg</i>	2	ST
<i>febuxostat tab 80 mg</i>	2	ST
MITIGARE CAP 0.6MG	3	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	2	
ULORIC TAB 40MG	3	ST
ULORIC TAB 80MG	3	ST

NSAIDS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium tab 275 mg</i>	2	
<i>naproxen sodium tab 550 mg</i>	2	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>piroxicam cap 10 mg</i>	2	
<i>piroxicam cap 20 mg</i>	2	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
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>	2	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	2	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	2	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	2	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	2	QL (4 patches / 28 days), PA
<i>butorphanol tartrate inj 1 mg/ml</i>	4	
<i>butorphanol tartrate inj 2 mg/ml</i>	4	
BUTRANS DIS 5MCG/HR	3	QL (4 patches / 28 days), PA
BUTRANS DIS 7.5/HR	3	QL (4 patches / 28 days), PA
BUTRANS DIS 10MCG/HR	3	QL (4 patches / 28 days), PA
BUTRANS DIS 15MCG/HR	3	QL (4 patches / 28 days), PA
BUTRANS DIS 20MCG/HR	3	QL (4 patches / 28 days), PA
<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>	2	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	5	NDS, QL (120 tabs / 30 days), PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	5	NDS, QL (120 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	5	NDS, QL (120 tabs / 30 days), PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	5	NDS, QL (120 tabs / 30 days), PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	5	NDS, QL (120 tabs / 30 days), PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	5	NDS, QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	QL (600 mL / 30 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab 2 mg</i>	2	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	2	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	2	QL (180 tabs / 30 days)
HYSINGLA ER TAB 20 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days), PA
<i>methadone con 10mg/ml</i>	2	QL (90 mL / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	2	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	2	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	2	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	2	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>	2	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	QL (750 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	2	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	2	QL (90 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab er 60 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	2	QL (60 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 (90 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>	2	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	2	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	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

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	2	
<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>	2	
<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>	2	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	2	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	2	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	2	

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
AZACTAM INJ 1GM	4	
AZACTAM INJ 2GM	4	
<i>aztreonam for inj 1 gm</i>	2	
<i>aztreonam for inj 2 gm</i>	2	
CAYSTON INH 75MG	5	NDS, LA, PA
<i>clindamycin hcl cap 75 mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin hcl cap 300 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
<i>clindamycin phosphate inj 9 gm/60ml</i>	2	
<i>clindamycin phosphate inj 300 mg/2ml</i>	2	
<i>clindamycin phosphate inj 600 mg/4ml</i>	2	
<i>clindamycin phosphate inj 900 mg/6ml</i>	2	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	2	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	2	
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>	2	
<i>dapsone tab 25 mg</i>	2	
<i>dapsone tab 100 mg</i>	2	
<i>daptomycin for iv soln 350 mg</i>	5	NDS
<i>daptomycin for iv soln 500 mg</i>	5	NDS
DAPTOMYCIN SOL 350MG	5	NDS
EMVERM CHW 100MG	5	NDS
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>ivermectin tab 3 mg</i>	2	
<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>	2	
<i>linezolid tab 600 mg</i>	5	NDS
<i>meropenem iv for soln 1 gm</i>	2	
<i>meropenem iv for soln 500 mg</i>	2	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
NEBUPENT INH 300MG	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	4	
<i>pentamidine isethionate for soln 300 mg</i>	2	
<i>praziquantel tab 600 mg</i>	2	
SIVEXTRO INJ 200MG	5	NDS
SIVEXTRO TAB 200MG	5	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SYNERCID INJ 500MG	5	NDS
<i>tigecycline for iv soln 50 mg</i>	5	NDS
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	5	NDS
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	2	
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>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>casposfungin acetate for iv soln 50 mg</i>	5	NDS
<i>casposfungin acetate for iv soln 70 mg</i>	5	NDS
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	2	
<i>flucytosine cap 250 mg</i>	5	NDS
<i>flucytosine cap 500 mg</i>	5	NDS
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg</i>	2	
<i>griseofulvin ultramicrosize tab 250 mg</i>	2	
<i>itraconazole cap 100 mg</i>	2	PA
<i>ketoconazole tab 200 mg</i>	2	PA
MYCAMINE INJ 50MG	5	NDS
MYCAMINE INJ 100MG	5	NDS
NOXAFIL SUS 40MG/ML	5	NDS, QL (630 mL / 30 days)
NOXAFIL TAB 100MG	5	NDS, QL (93 tabs / 30 days)
<i>nystatin tab 500000 unit</i>	2	
<i>posaconazole tab delayed release 100 mg</i>	5	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl tab 250 mg</i>	1	QL (90 tabs / year)
<i>voriconazole for inj 200 mg</i>	2	
<i>voriconazole for susp 40 mg/ml</i>	5	NDS
<i>voriconazole tab 50 mg</i>	5	NDS
<i>voriconazole tab 200 mg</i>	5	NDS
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl tab 250 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
PRIMAQUINE TAB 26.3MG	3	
<i>quinine sulfate cap 324 mg</i>	2	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	
APTIVUS CAP 250MG	5	NDS
APTIVUS SOL	5	NDS
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	5	NDS
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	5	NDS
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	5	NDS
CRIXIVAN CAP 200MG	4	
CRIXIVAN CAP 400MG	4	
<i>didanosine delayed release capsule 200 mg</i>	2	
<i>didanosine delayed release capsule 250 mg</i>	2	
<i>didanosine delayed release capsule 400 mg</i>	2	
EDURANT TAB 25MG	5	NDS
<i>efavirenz cap 50 mg</i>	2	
<i>efavirenz cap 200 mg</i>	5	NDS
<i>efavirenz tab 600 mg</i>	5	NDS
EMTRIVA CAP 200MG	3	
EMTRIVA SOL 10MG/ML	3	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	NDS
FUZEON INJ 90MG	5	NDS, NM
INTELENCE TAB 25MG	4	
INTELENCE TAB 100MG	5	NDS
INTELENCE TAB 200MG	5	NDS
INVIRASE TAB 500MG	5	NDS
ISENTRESS CHW 25MG	3	
ISENTRESS CHW 100MG	5	NDS
ISENTRESS HD TAB 600MG	5	NDS
ISENTRESS POW 100MG	3	
ISENTRESS TAB 400MG	5	NDS
<i>lamivudine oral soln 10 mg/ml</i>	2	
<i>lamivudine tab 150 mg</i>	2	
<i>lamivudine tab 300 mg</i>	2	
LEXIVA SUS 50MG/ML	4	
<i>nevirapine susp 50 mg/5ml</i>	2	
<i>nevirapine tab 200 mg</i>	2	
<i>nevirapine tab er 24hr 100 mg</i>	2	
<i>nevirapine tab er 24hr 400 mg</i>	2	
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	3	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	5	NDS, QL (240 tabs / 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
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>	2	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	
ODEFSEY TAB	5	NDS
PREZCOBIX TAB 800-150	5	NDS
STRIBILD TAB	5	NDS
SYMFI LO TAB	5	NDS
SYMFI TAB	5	NDS
SYMTUZA TAB	5	NDS
TEMIXYS TAB 300-300	5	NDS
TRIUMEQ TAB	5	NDS
TRUVADA TAB 100-150	5	NDS, QL (60 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>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	4	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
RIFATER TAB	4	
SIRTURO TAB 100MG	5	NDS, LA, PA
TRECTOR TAB 250MG	4	
ANTIVIRALS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	2	B/D
<i>acyclovir susp 200 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	5	NDS
BARACLUDE SOL	5	NDS
<i>entecavir tab 0.5 mg</i>	5	NDS
<i>entecavir tab 1 mg</i>	5	NDS
EPCLUSA TAB 400-100	5	NDS, NM, PA
EPIVIR HBV SOL 5MG/ML	4	
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
<i>ganciclovir sodium for inj 500 mg</i>	2	B/D
HARVONI TAB 90-400MG	5	NDS, NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	2	
MAVYRET TAB 100-40MG	5	NDS, NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	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>	2	NM
<i>ribavirin tab 200 mg</i>	2	NM
<i>rimantadine hydrochloride tab 100 mg</i>	2	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	2	
<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
ZEPATIER TAB 50-100MG	5	NDS, NM, PA
CEPHALOSPORINS		
<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
CEFACLOR ER TAB 500MG	4	
<i>cefaclor for susp 125 mg/5ml</i>	2	
<i>cefaclor for susp 250 mg/5ml</i>	2	
<i>cefaclor for susp 375 mg/5ml</i>	2	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil tab 1 gm</i>	2	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium for inj 1 gm</i>	2	
<i>cefazolin sodium for inj 10 gm</i>	2	
<i>cefazolin sodium for inj 500 mg</i>	2	
<i>cefazolin sodium for iv soln 1 gm</i>	2	
CEFAZOLIN SOL	3	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for inj 2 gm</i>	2	
<i>cefixime cap 400 mg</i>	2	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	
<i>cefotaxime sodium for inj 1 gm</i>	2	
<i>cefotaxime sodium for inj 500 mg</i>	2	
<i>cefoxitin sodium for inj 10 gm</i>	2	
<i>cefoxitin sodium for iv soln 1 gm</i>	2	
<i>cefoxitin sodium for iv soln 2 gm</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil tab 500 mg</i>	2	
<i>ceftazidime for inj 1 gm</i>	2	
<i>ceftazidime for inj 2 gm</i>	2	
<i>ceftazidime for inj 6 gm</i>	2	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium for inj 1 gm</i>	2	
<i>ceftriaxone sodium for inj 2 gm</i>	2	
<i>ceftriaxone sodium for inj 10 gm</i>	2	
<i>ceftriaxone sodium for inj 250 mg</i>	2	
<i>ceftriaxone sodium for inj 500 mg</i>	2	
<i>ceftriaxone sodium for iv soln 1 gm</i>	2	
<i>ceftriaxone sodium for iv soln 2 gm</i>	2	
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cefuroxime sodium for inj 7.5 gm</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	2	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	2	

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	2	
<i>ampicillin sodium for inj 2 gm</i>	2	
<i>ampicillin sodium for inj 125 mg</i>	2	
<i>ampicillin sodium for inj 250 mg</i>	2	
<i>ampicillin sodium for inj 500 mg</i>	2	
<i>ampicillin sodium for iv soln 1 gm</i>	2	
<i>ampicillin sodium for iv soln 2 gm</i>	2	
<i>ampicillin sodium for iv soln 10 gm</i>	2	
BICILLIN L-A INJ 600000	4	
BICILLIN L-A INJ 1200000	4	
BICILLIN L-A INJ 2400000	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
NAFCILLIN INJ 10GM	4	
<i>nafcillin sodium for inj 1 gm</i>	2	
<i>nafcillin sodium for inj 2 gm</i>	2	
<i>nafcillin sodium for iv soln 1 gm</i>	2	
<i>nafcillin sodium for iv soln 2 gm</i>	2	
<i>nafcillin sodium for iv soln 10 gm</i>	5	NDS
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	2	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	2	
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	5	NDS
PEN G PROC INJ 600000	4	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium for inj 5000000 unit</i>	2	
<i>penicillin g potassium for inj 20000000 unit</i>	2	
<i>penicillin g sodium for inj 5000000 unit</i>	2	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
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TETRACYCLINES

<i>doxy 100 inj 100mg</i>	2	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	2	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 100 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>tetracycline hcl cap 250 mg</i>	2	
<i>tetracycline hcl cap 500 mg</i>	2	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA INJ 100/4ML	5	NDS, B/D, NM
<i>cyclophosphamide cap 25 mg</i>	2	B/D
<i>cyclophosphamide cap 50 mg</i>	2	B/D
<i>cyclophosphamide for inj 1 gm</i>	5	NDS, B/D, NM
<i>cyclophosphamide for inj 2 gm</i>	5	NDS, B/D, NM
<i>cyclophosphamide for inj 500 mg</i>	5	NDS, B/D, NM
<i>dacarbazine for inj 100 mg</i>	2	B/D
EMCYT CAP 140MG	4	
GLEOSTINE CAP 10MG	4	
GLEOSTINE CAP 40MG	4	
GLEOSTINE CAP 100MG	4	
IFEX INJ 3GM	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	2	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	2	B/D
LEUKERAN TAB 2MG	5	NDS

ANTHRACYCLINES

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

Drug Name	Drug Tier	Requirements/Limits
ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	2	B/D
<i>bleomycin sulfate for inj 30 unit</i>	2	B/D
<i>mitomycin for iv soln 5 mg</i>	5	NDS, B/D
<i>mitomycin for iv soln 20 mg</i>	5	NDS, B/D
<i>mitomycin for iv soln 40 mg</i>	5	NDS, B/D
ANTIMETABOLITES		
<i>adrucil inj 2.5g/50m</i>	2	B/D
<i>adrucil inj 5gm/100m</i>	2	B/D
<i>adrucil inj 500/10ml</i>	2	B/D
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>	2	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	2	B/D
<i>gemcitabine hcl for inj 1 gm</i>	2	B/D
<i>gemcitabine hcl for inj 2 gm</i>	2	B/D
<i>gemcitabine hcl for inj 200 mg</i>	2	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	2	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	2	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	2	B/D
<i>mercaptopurine tab 50 mg</i>	2	
<i>methotrexate sodium for inj 1 gm</i>	2	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	B/D
PURIXAN SUS 20MG/ML	5	NDS, NM
TABLOID TAB 40MG	4	
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

Drug Name	Drug Tier	Requirements/Limits
<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
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>	2	B/D, NM
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	2	B/D, NM
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	2	B/D, NM
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	2	B/D, NM
TAXOTERE INJ 80MG/4ML	5	NDS, B/D, NM
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate inj 1 mg/ml</i>	2	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	2	B/D, NM
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	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 15MG	5	NDS, NM, LA, PA
FARYDAK CAP 20MG	5	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NDS, NM, PA
HERCEPTIN INJ 150MG	5	NDS, NM, PA
HERCEPTIN INJ 440MG	5	NDS, NM, PA
IBRANCE CAP 75MG	5	NDS, NM, LA, PA
IBRANCE CAP 100MG	5	NDS, NM, LA, PA
IBRANCE CAP 125MG	5	NDS, NM, LA, PA
IDHIFA TAB 50MG	5	NDS, NM, LA, PA
IDHIFA TAB 100MG	5	NDS, NM, LA, PA
KADCYLA INJ 100MG	5	NDS, B/D, NM
KADCYLA INJ 160MG	5	NDS, B/D, NM
KEYTRUDA INJ 100MG/4M	5	NDS, NM, PA
KEYTRUDA SOL 50MG	5	NDS, PA
KISQALI 200 PAK FEMARA	5	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
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
MYLOTARG INJ 4.5MG	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
RITUXAN INJ 100MG	5	NDS, NM, LA, PA
RITUXAN INJ 500MG	5	NDS, NM, LA, PA
RITUXAN INJ HYCELA	5	NDS, NM, LA, PA
RUBRACA TAB 200MG	5	NDS, NM, LA, PA
RUBRACA TAB 250MG	5	NDS, NM, LA, PA
RUBRACA TAB 300MG	5	NDS, NM, LA, PA
TALZENNA CAP 0.25MG	5	NDS, NM, LA, PA
TALZENNA CAP 1MG	5	NDS, NM, LA, PA
TECENTRIQ INJ 840/14	5	NDS, NM, LA, PA
TECENTRIQ INJ 1200/20	5	NDS, NM, LA, PA
TIBSOVO TAB 250MG	5	NDS, LA, PA
VELCADE INJ 3.5MG	5	NDS, NM, PA
VENCLEXTA TAB 10MG	4	LA, PA
VENCLEXTA TAB 50MG	4	LA, PA
VENCLEXTA TAB 100MG	5	NDS, LA, PA
VENCLEXTA TAB START PK	5	NDS, LA, PA
VERZENIO TAB 50MG	5	NDS, NM, LA, PA
VERZENIO TAB 100MG	5	NDS, NM, LA, PA
VERZENIO TAB 150MG	5	NDS, NM, LA, PA
VERZENIO TAB 200MG	5	NDS, NM, LA, PA
ZEJULA CAP 100MG	5	NDS, LA, PA
ZOLINZA CAP 100MG	5	NDS, NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	5	NDS, NM, PA
<i>anastrozole tab 1 mg</i>	2	
<i>bicalutamide tab 50 mg</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA TAB 60MG	5	NDS, NM, LA, PA
<i>exemestane tab 25 mg</i>	2	
FASLODEX INJ 250/5ML	5	NDS, B/D
<i>flutamide cap 125 mg</i>	2	
<i>fulvestrant inj 250 mg/5ml</i>	5	NDS, B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide acetate inj kit 5 mg/ml</i>	2	NM, PA
LUPRON DEPOT INJ 3.75MG	5	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	5	NDS, NM, PA
LYSODREN TAB 500MG	3	
<i>megestrol acetate susp 40 mg/ml</i>	4	
<i>megestrol acetate susp 625 mg/5ml</i>	4	PA
<i>megestrol acetate tab 20 mg</i>	3	
<i>megestrol acetate tab 40 mg</i>	3	
<i>nilutamide tab 150 mg</i>	5	NDS
NUBEQA TAB 300MG	5	NDS, LA, PA
SOLTAMOX SOL 10MG/5ML	5	NDS
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	NDS
TRELSTAR MIX INJ 3.75MG	5	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	5	NDS, NM, PA
XTANDI CAP 40MG	5	NDS, NM, LA, PA
ZYTIGA TAB 500MG	5	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	5	NDS, NM, LA, PA
POMALYST CAP 2MG	5	NDS, NM, LA, PA
POMALYST CAP 3MG	5	NDS, NM, LA, PA
POMALYST CAP 4MG	5	NDS, 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 (30 caps / 30 days), NM, PA
THALOMID CAP 100MG	5	NDS, QL (30 caps / 30 days), NM, PA
THALOMID CAP 150MG	5	NDS, QL (60 caps / 30 days), NM, PA
THALOMID CAP 200MG	5	NDS, QL (60 caps / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>KINASE INHIBITORS</i>		
AFINITOR DIS TAB 2MG	5	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	5	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	5	NDS, QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 2.5MG	5	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 5MG	5	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 7.5MG	5	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	5	NDS, QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	5	NDS, NM, LA, PA
ALUNBRIG PAK	5	NDS, NM, LA, PA
ALUNBRIG TAB 30MG	5	NDS, NM, LA, PA
ALUNBRIG TAB 90MG	5	NDS, NM, LA, PA
ALUNBRIG TAB 180MG	5	NDS, NM, LA, PA
BALVERSA TAB 3MG	5	NDS, LA, PA
BALVERSA TAB 4MG	5	NDS, LA, PA
BALVERSA TAB 5MG	5	NDS, LA, PA
BOSULIF TAB 100MG	5	NDS, NM, PA
BOSULIF TAB 400MG	5	NDS, NM, PA
BOSULIF TAB 500MG	5	NDS, NM, PA
BRAFTOVI CAP 75MG	5	NDS, LA, PA
CABOMETYX TAB 20MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 40MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 60MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAP 100MG	5	NDS, LA, PA
CAPRELSA TAB 100MG	5	NDS, LA, PA
CAPRELSA TAB 300MG	5	NDS, LA, PA
COMETRIQ KIT 60MG	5	NDS, LA, PA
COMETRIQ KIT 100MG	5	NDS, LA, PA
COMETRIQ KIT 140MG	5	NDS, LA, PA
COPIKTRA CAP 15MG	5	NDS, LA, PA
COPIKTRA CAP 25MG	5	NDS, LA, PA
COTELLIC TAB 20MG	5	NDS, NM, LA, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	NDS, QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 20MG	5	NDS, LA, PA
GILOTRIF TAB 30MG	5	NDS, LA, PA
GILOTRIF TAB 40MG	5	NDS, LA, PA
ICLUSIG TAB 15MG	5	NDS, LA, PA
ICLUSIG TAB 45MG	5	NDS, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	5	NDS, LA, PA
IMBRUVICA CAP 140MG	5	NDS, LA, PA
IMBRUVICA TAB 140MG	5	NDS, LA, PA
IMBRUVICA TAB 280MG	5	NDS, LA, PA
IMBRUVICA TAB 420MG	5	NDS, LA, PA
IMBRUVICA TAB 560MG	5	NDS, LA, PA
INLYTA TAB 1MG	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAP 100MG	5	NDS, LA, PA
IRESSA TAB 250MG	5	NDS, NM, LA, PA
JAKAFI TAB 5MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
LENVIMA CAP 4MG	5	NDS, NM, LA, PA
LENVIMA CAP 8 MG	5	NDS, NM, LA, PA
LENVIMA CAP 10 MG	5	NDS, NM, LA, PA
LENVIMA CAP 12MG	5	NDS, NM, LA, PA
LENVIMA CAP 14 MG	5	NDS, NM, LA, PA
LENVIMA CAP 18 MG	5	NDS, NM, LA, PA
LENVIMA CAP 20 MG	5	NDS, NM, LA, PA
LENVIMA CAP 24 MG	5	NDS, NM, LA, PA
LORBRENA TAB 25MG	5	NDS, NM, LA, PA
LORBRENA TAB 100MG	5	NDS, NM, LA, PA
MEKINIST TAB 0.5MG	5	NDS, NM, LA, PA
MEKINIST TAB 2MG	5	NDS, NM, LA, PA
MEKTOVI TAB 15MG	5	NDS, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
NERLYNX TAB 40MG	5	NDS, NM, LA, PA
NEXAVAR TAB 200MG	5	NDS, NM, LA, PA
PIQRAY 200MG TAB DOSE	5	NDS, NM, PA
PIQRAY 250MG TAB DOSE	5	NDS, NM, PA
PIQRAY 300MG TAB DOSE	5	NDS, NM, PA
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, NM, PA
SUTENT CAP 25MG	5	NDS, NM, PA
SUTENT CAP 37.5MG	5	NDS, NM, PA
SUTENT CAP 50MG	5	NDS, NM, PA
TAFINLAR CAP 50MG	5	NDS, NM, LA, PA
TAFINLAR CAP 75MG	5	NDS, NM, LA, PA
TAGRISSE TAB 40MG	5	NDS, NM, LA, PA
TAGRISSE TAB 80MG	5	NDS, NM, LA, PA
TARCEVA TAB 25MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
TARCEVA TAB 100MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
TARCEVA TAB 150MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA CAP 50MG	5	NDS, NM, PA
TASIGNA CAP 150MG	5	NDS, NM, PA
TASIGNA CAP 200MG	5	NDS, NM, PA
TURALIO CAP 200MG	5	NDS, LA, PA
TYKERB TAB 250MG	5	NDS, NM, LA, PA
VITRAKVI CAP 25MG	5	NDS, NM, LA, PA
VITRAKVI CAP 100MG	5	NDS, NM, LA, PA
VITRAKVI SOL 20MG/ML	5	NDS, NM, LA, PA
VIZIMPRO TAB 15MG	5	NDS, NM, LA, PA
VIZIMPRO TAB 30MG	5	NDS, NM, LA, PA
VIZIMPRO TAB 45MG	5	NDS, NM, LA, PA
VOTRIENT TAB 200MG	5	NDS, NM, LA, PA
XALKORI CAP 200MG	5	NDS, NM, LA, PA
XALKORI CAP 250MG	5	NDS, NM, LA, PA
XOSPATA TAB 40MG	5	NDS, LA, PA
ZELBORAF TAB 240MG	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
ZYDELIG TAB 100MG	5	NDS, NM, LA, PA
ZYDELIG TAB 150MG	5	NDS, NM, LA, PA
ZYKADIA CAP 150MG	5	NDS, NM, LA, PA
ZYKADIA TAB 150MG	5	NDS, LA, PA
MISCELLANEOUS		
<i>bexarotene cap 75 mg</i>	5	NDS, NM, PA
<i>hydroxyurea cap 500 mg</i>	2	
LONSURF TAB 15-6.14	5	NDS, NM, PA
LONSURF TAB 20-8.19	5	NDS, NM, PA
MATULANE CAP 50MG	5	NDS, LA
SYLATRON KIT 200MCG	5	NDS, NM, PA
SYLATRON KIT 300MCG	5	NDS, NM, PA
SYLATRON KIT 600MCG	5	NDS, NM, PA
SYNRIBO INJ 3.5MG	5	NDS, PA
<i>tretinoin cap 10 mg</i>	5	NDS
XPOVIO PAK 60MG	5	NDS, LA, PA
XPOVIO PAK 80MG	5	NDS, LA, PA
XPOVIO PAK 100MG	5	NDS, LA, PA
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	2	B/D, NM
<i>carboplatin iv soln 150 mg/15ml</i>	2	B/D, NM
<i>carboplatin iv soln 450 mg/45ml</i>	2	B/D, NM
<i>carboplatin iv soln 600 mg/60ml</i>	2	B/D, NM
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	B/D
<i>oxaliplatin for iv inj 50 mg</i>	5	NDS, B/D
<i>oxaliplatin for iv inj 100 mg</i>	5	NDS, B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	2	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	2	B/D
PROTECTIVE AGENTS		
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	5	NDS, B/D, NM
<i>leucovorin calcium for inj 50 mg</i>	2	B/D
<i>leucovorin calcium for inj 100 mg</i>	2	B/D
<i>leucovorin calcium for inj 200 mg</i>	2	B/D
<i>leucovorin calcium for inj 350 mg</i>	2	B/D
<i>leucovorin calcium for inj 500 mg</i>	2	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	2	B/D
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
MESNEX TAB 400MG	5	NDS
TOPOISOMERASE INHIBITORS		
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	2	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	2	B/D
<i>toposar inj 1gm/50ml</i>	2	B/D
<i>toposar inj 100/5ml</i>	2	B/D
<i>topotecan hcl for inj 4 mg (base equiv)</i>	5	NDS, B/D
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	5	NDS, B/D
TOPOTECAN INJ 4MG/4ML	5	NDS, B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	6	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	6	
<i>benazepril hcl tab 10 mg</i>	6	
<i>benazepril hcl tab 20 mg</i>	6	
<i>benazepril hcl tab 40 mg</i>	6	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	6	
<i>fosinopril sodium tab 20 mg</i>	6	
<i>fosinopril sodium tab 40 mg</i>	6	
<i>lisinopril tab 2.5 mg</i>	6	
<i>lisinopril tab 5 mg</i>	6	
<i>lisinopril tab 10 mg</i>	6	
<i>lisinopril tab 20 mg</i>	6	
<i>lisinopril tab 30 mg</i>	6	
<i>lisinopril tab 40 mg</i>	6	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	6	
<i>quinapril hcl tab 10 mg</i>	6	
<i>quinapril hcl tab 20 mg</i>	6	
<i>quinapril hcl tab 40 mg</i>	6	
<i>ramipril cap 1.25 mg</i>	6	
<i>ramipril cap 2.5 mg</i>	6	
<i>ramipril cap 5 mg</i>	6	
<i>ramipril cap 10 mg</i>	6	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	6	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	6	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	6	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	6	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	6	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	6	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	6	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan tab 75 mg</i>	6	
<i>irbesartan tab 150 mg</i>	6	
<i>irbesartan tab 300 mg</i>	6	
<i>losartan potassium tab 25 mg</i>	6	
<i>losartan potassium tab 50 mg</i>	6	
<i>losartan potassium tab 100 mg</i>	6	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	2	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	2	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	2	
<i>amiodarone hcl tab 100 mg</i>	2	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	4	
<i>disopyramide phosphate cap 150 mg</i>	4	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	NM
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>mexiletine hcl cap 150 mg</i>	2	
<i>mexiletine hcl cap 200 mg</i>	2	
<i>mexiletine hcl cap 250 mg</i>	2	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	
NORPACE CAP 150MG CR	4	
<i>pacerone tab 100mg</i>	2	
<i>pacerone tab 200mg</i>	1	
<i>pacerone tab 400mg</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	2	
<i>propafenone hcl cap er 12hr 325 mg</i>	2	
<i>propafenone hcl cap er 12hr 425 mg</i>	2	
<i>propafenone hcl tab 150 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>quinidine gluconate tab er 324 mg</i>	2	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>sorine tab 80mg</i>	2	
<i>sorine tab 120mg</i>	2	
<i>sorine tab 160mg</i>	2	
<i>sorine tab 240mg</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	6	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	6	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	6	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	6	
<i>lovastatin tab 10 mg</i>	6	
<i>lovastatin tab 20 mg</i>	6	
<i>lovastatin tab 40 mg</i>	6	
<i>pravastatin sodium tab 10 mg</i>	6	
<i>pravastatin sodium tab 20 mg</i>	6	
<i>pravastatin sodium tab 40 mg</i>	6	
<i>pravastatin sodium tab 80 mg</i>	6	
<i>rosuvastatin calcium tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	6	
<i>simvastatin tab 10 mg</i>	6	
<i>simvastatin tab 20 mg</i>	6	
<i>simvastatin tab 40 mg</i>	6	
<i>simvastatin tab 80 mg</i>	6	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	2	
<i>cholestyramine powder 4 gm/dose</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine powder packets 4 gm</i>	2	
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
<i>ezetimibe tab 10 mg</i>	2	
<i>fenofibrate micronized cap 67 mg</i>	2	
<i>fenofibrate micronized cap 134 mg</i>	2	
<i>fenofibrate micronized cap 200 mg</i>	2	
<i>fenofibrate tab 48 mg</i>	2	
<i>fenofibrate tab 54 mg</i>	2	
<i>fenofibrate tab 145 mg</i>	2	
<i>fenofibrate tab 160 mg</i>	2	
<i>gemfibrozil tab 600 mg</i>	1	
JUXTAPID CAP 5MG	5	NDS, LA, PA
JUXTAPID CAP 10MG	5	NDS, LA, PA
JUXTAPID CAP 20MG	5	NDS, LA, PA
JUXTAPID CAP 30MG	5	NDS, LA, PA
JUXTAPID CAP 40MG	5	NDS, LA, PA
JUXTAPID CAP 60MG	5	NDS, LA, PA
KYNAMRO INJ 200MG/ML	5	NDS, NM, PA
<i>niacin (antihyperlipidemic) tab 500 mg</i>	2	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	QL (90 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	
<i>niacor tab 500mg</i>	2	
PRALUENT INJ 75MG/ML	5	NDS, PA; Lower cost version - Tier 4
PRALUENT INJ 150MG/ML	5	NDS, PA; Lower cost version - Tier 4
<i>prevalite pow 4gm</i>	2	
<i>prevalite pow 4gm pk</i>	2	
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	2	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
BYSTOLIC TAB 2.5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	4	QL (60 tabs / 30 days)
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	2	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	2	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>pindolol tab 5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<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>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<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>	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	2	
<i>isradipine cap 5 mg</i>	2	
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	5	NDS
NYMALIZE SOL 30/10ML	5	NDS
<i>taztia xt cap 120mg/24</i>	2	
<i>taztia xt cap 180mg/24</i>	2	
<i>taztia xt cap 240mg/24</i>	2	
<i>taztia xt cap 300mg er</i>	2	
<i>taztia xt cap 360mg/24</i>	2	
<i>verapamil hcl cap er 24hr 100 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	
<i>verapamil hcl cap er 24hr 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 300 mg</i>	2	
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	2	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digitek tab 0.25mg</i>	2	PA; PA if 70 years and older
<i>digitek tab 0.125mg</i>	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin inj 0.25 mg/ml</i>	2	
<i>digoxin oral soln 0.05 mg/ml</i>	2	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

DIRECT RENIN INHIBITORS/COMBINATIONS

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	2	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	2	
TEKTURNA HCT TAB 150-12.5	4	
TEKTURNA HCT TAB 150-25MG	4	
TEKTURNA HCT TAB 300-12.5	4	
TEKTURNA HCT TAB 300-25MG	4	
TEKTURNA TAB 150MG	4	
TEKTURNA TAB 300MG	4	

DIURETICS

<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
<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>	2	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>chlorothiazide tab 250 mg</i>	2	
<i>chlorothiazide tab 500 mg</i>	2	
<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>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	2	
<i>indapamide tab 2.5 mg</i>	2	
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methyclothiazide tab 5 mg</i>	2	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>toremide tab 5 mg</i>	2	
<i>toremide tab 10 mg</i>	2	
<i>toremide tab 20 mg</i>	2	
<i>toremide tab 100 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	
CORLANOR SOL 5MG/5ML	4	
CORLANOR TAB 5MG	4	
CORLANOR TAB 7.5MG	4	
DEMSEER CAP 250MG	5	NDS, PA
<i>hydralazine hcl inj 20 mg/ml</i>	2	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
NORTHERA CAP 100MG	5	NDS, NM, LA, PA
NORTHERA CAP 200MG	5	NDS, NM, LA, PA
NORTHERA CAP 300MG	5	NDS, NM, LA, PA
<i>ranolazine tab er 12hr 500 mg</i>	2	
<i>ranolazine tab er 12hr 1000 mg</i>	2	
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide dinitrate tab er 40 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<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>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<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	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TAB 0.5MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 5 mg</i>	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 10 mg</i>	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan tab 62.5 mg</i>	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan tab 125 mg</i>	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
REMODULIN INJ 1MG/ML	5	NDS, NM, LA, PA
REMODULIN INJ 2.5MG/ML	5	NDS, NM, LA, PA
REMODULIN INJ 5MG/ML	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJ 10MG/ML	5	NDS, NM, LA, PA
<i>sildenafil citrate tab 20 mg</i>	2	QL (90 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	5	NDS, NM, LA, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	5	NDS, NM, LA, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	5	NDS, NM, LA, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	5	NDS, NM, LA, PA
VENTAVIS SOL 10MCG/ML	5	NDS, NM, PA
VENTAVIS SOL 20MCG/ML	5	NDS, NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 30 days)
<i>bupirone hcl tab 5 mg</i>	2	
<i>bupirone hcl tab 7.5 mg</i>	2	
<i>bupirone hcl tab 10 mg</i>	2	
<i>bupirone hcl tab 15 mg</i>	2	
<i>bupirone hcl tab 30 mg</i>	2	
<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>	2	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 (180 tabs / 30 days)
APTIOM TAB 400MG	5	NDS, QL (90 tabs / 30 days)
APTIOM TAB 600MG	5	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	5	NDS, QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	NDS, PA
BANZEL TAB 200MG	5	NDS, PA
BANZEL TAB 400MG	5	NDS, PA

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Drug Name	Drug Tier	Requirements/Limits
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>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	
CELONTIN CAP 300MG	4	
<i>clobazam suspension 2.5 mg/ml</i>	2	PA
<i>clobazam tab 10 mg</i>	2	PA
<i>clobazam tab 20 mg</i>	2	PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	2	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>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	4	
DIASTAT ACDL GEL 12.5-20	4	
DIASTAT PED GEL 2.5M GEL	4	
<i>diazepam con 5mg/ml</i>	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	2	
<i>diazepam rectal gel delivery system 10 mg</i>	2	
<i>diazepam rectal gel delivery system 20 mg</i>	2	
<i>diazepam tab 2 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	
EPIDIOLEX SOL 100MG/ML	5	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol tab 200mg</i>	2	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	5	NDS
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
FYCOMPA SUS 0.5MG/ML	5	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	4	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	5	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 6MG	5	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	5	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	5	NDS, QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 12MG	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	1	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	1	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	1	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	2	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	2	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	2	QL (120 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab er 24hr 25 mg</i>	2	
<i>lamotrigine tab er 24hr 50 mg</i>	2	
<i>lamotrigine tab er 24hr 100 mg</i>	2	
<i>lamotrigine tab er 24hr 200 mg</i>	2	
<i>lamotrigine tab er 24hr 250 mg</i>	2	
<i>lamotrigine tab er 24hr 300 mg</i>	2	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
LYRICA CAP 25MG	3	QL (120 caps / 30 days)
LYRICA CAP 50MG	3	QL (120 caps / 30 days)
LYRICA CAP 75MG	3	QL (120 caps / 30 days)
LYRICA CAP 100MG	3	QL (120 caps / 30 days)
LYRICA CAP 150MG	3	QL (120 caps / 30 days)
LYRICA CAP 200MG	3	QL (90 caps / 30 days)
LYRICA CAP 225MG	3	QL (60 caps / 30 days)
LYRICA CAP 300MG	3	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	3	QL (946 mL / 30 days)
NAYZILAM SPR 5MG	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg</i>	2	
<i>oxcarbazepine tab 300 mg</i>	2	
<i>oxcarbazepine tab 600 mg</i>	2	
PEGANONE TAB 250MG	4	
PHENOBARB INJ 65MG/ML	4	PA; PA if 70 years and older
<i>phenobarbital elixir 20 mg/5ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 30 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 60 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	3	PA; PA if 70 years and older
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin sodium inj 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg</i>	2	QL (120 caps / 30 days)
<i>pregabalin cap 50 mg</i>	2	QL (120 caps / 30 days)
<i>pregabalin cap 75 mg</i>	2	QL (120 caps / 30 days)
<i>pregabalin cap 100 mg</i>	2	QL (120 caps / 30 days)
<i>pregabalin cap 150 mg</i>	2	QL (120 caps / 30 days)
<i>pregabalin cap 200 mg</i>	2	QL (90 caps / 30 days)
<i>pregabalin cap 225 mg</i>	2	QL (60 caps / 30 days)
<i>pregabalin cap 300 mg</i>	2	QL (60 caps / 30 days)
<i>pregabalin soln 20 mg/ml</i>	2	QL (946 mL / 30 days)
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>roweepra xr tab 750mg xr</i>	2	
SPRITAM TAB 250MG	4	
SPRITAM TAB 500MG	4	
SPRITAM TAB 750MG	4	
SPRITAM TAB 1000MG	4	
SYMPAZAN MIS 5MG	4	PA
SYMPAZAN MIS 10MG	5	NDS, PA
SYMPAZAN MIS 20MG	5	NDS, PA
<i>tiagabine hcl tab 2 mg</i>	2	
<i>tiagabine hcl tab 4 mg</i>	2	
<i>tiagabine hcl tab 12 mg</i>	2	
<i>tiagabine hcl tab 16 mg</i>	2	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
<i>vigabatrin powd pack 500 mg</i>	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500 mg</i>	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone pow 500mg</i>	5	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	5	NDS
VIMPAT SOL 10MG/ML	5	NDS, QL (1200 mL / 30 days)
VIMPAT TAB 50MG	4	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	5	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	5	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	5	NDS, QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	2	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	2	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 21 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	2	PA; PA if < 30 yrs
NAMZARIC CAP	4	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	QL (30 patches / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	3	
<i>amitriptyline hcl tab 25 mg</i>	3	
<i>amitriptyline hcl tab 50 mg</i>	3	
<i>amitriptyline hcl tab 75 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tab 100 mg</i>	3	
<i>amitriptyline hcl tab 150 mg</i>	3	
<i>amoxapine tab 25 mg</i>	3	
<i>amoxapine tab 50 mg</i>	3	
<i>amoxapine tab 100 mg</i>	3	
<i>amoxapine tab 150 mg</i>	3	
<i>bupropion hcl tab 75 mg</i>	2	
<i>bupropion hcl tab 100 mg</i>	2	
<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>	2	
<i>bupropion hcl tab er 24hr 300 mg</i>	2	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>clomipramine hcl cap 25 mg</i>	4	PA
<i>clomipramine hcl cap 50 mg</i>	4	PA
<i>clomipramine hcl cap 75 mg</i>	4	PA
<i>desipramine hcl tab 10 mg</i>	4	
<i>desipramine hcl tab 25 mg</i>	4	
<i>desipramine hcl tab 50 mg</i>	4	
<i>desipramine hcl tab 75 mg</i>	4	
<i>desipramine hcl tab 100 mg</i>	4	
<i>desipramine hcl tab 150 mg</i>	4	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	2	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	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>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	2	QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	2	QL (120 caps / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	2	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>	2	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	4	QL (180 caps / 30 days), PA
FETZIMA CAP 40MG	4	QL (90 caps / 30 days), PA
FETZIMA CAP 80MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>imipramine hcl tab 10 mg</i>	3	
<i>imipramine hcl tab 25 mg</i>	3	
<i>imipramine hcl tab 50 mg</i>	3	
<i>maprotiline hcl tab 25 mg</i>	2	
<i>maprotiline hcl tab 50 mg</i>	2	
<i>maprotiline hcl tab 75 mg</i>	2	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	2	
<i>nefazodone hcl tab 100 mg</i>	2	
<i>nefazodone hcl tab 150 mg</i>	2	
<i>nefazodone hcl tab 200 mg</i>	2	
<i>nefazodone hcl tab 250 mg</i>	2	
<i>nortriptyline hcl cap 10 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN INJ 10MG/ML	5	NDS, QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	2	
<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>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<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>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone tab 200 mg</i>	2	
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	
NEUPRO DIS 8MG/24HR	4	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	
<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>	2	
<i>selegiline hcl tab 5 mg</i>	2	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAIN INJ 300MG	5	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	NDS, QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	NDS, QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	NDS, QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	2	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)

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Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ INITIO	5	NDS
CHLORPROMAZ INJ 25MG/ML	4	
CHLORPROMAZ INJ 50MG/2ML	4	
<i>chlorpromazine hcl tab 10 mg</i>	2	
<i>chlorpromazine hcl tab 25 mg</i>	2	
<i>chlorpromazine hcl tab 50 mg</i>	2	
<i>chlorpromazine hcl tab 100 mg</i>	2	
<i>chlorpromazine hcl tab 200 mg</i>	2	
<i>clozapine orally disintegrating tab 12.5 mg</i>	2	PA
<i>clozapine orally disintegrating tab 25 mg</i>	2	PA
<i>clozapine orally disintegrating tab 100 mg</i>	2	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	2	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	5	NDS, QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	2	
<i>clozapine tab 50 mg</i>	2	
<i>clozapine tab 100 mg</i>	2	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	2	QL (135 tabs / 30 days)
FANAPT PAK	4	
FANAPT TAB 1MG	4	QL (60 tabs / 30 days)
FANAPT TAB 2MG	4	QL (60 tabs / 30 days)
FANAPT TAB 4MG	4	QL (60 tabs / 30 days)
FANAPT TAB 6MG	4	QL (60 tabs / 30 days)
FANAPT TAB 8MG	4	QL (60 tabs / 30 days)
FANAPT TAB 10MG	4	QL (60 tabs / 30 days)
FANAPT TAB 12MG	4	QL (60 tabs / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	2	
<i>fluphenazine hcl tab 1 mg</i>	2	
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	
<i>fluphenazine hcl tab 10 mg</i>	2	
GEODON INJ 20MG	4	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	
<i>haloperidol tab 5 mg</i>	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available
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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
INVEGA SUST INJ 39/0.25	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	5	NDS, QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	5	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 410MG	5	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	5	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	5	NDS, QL (1 injection / 90 days)
LATUDA TAB 20MG	4	QL (60 tabs / 30 days)
LATUDA TAB 40MG	4	QL (30 tabs / 30 days)
LATUDA TAB 60MG	4	QL (60 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>	2	
<i>loxapine succinate cap 10 mg</i>	2	
<i>loxapine succinate cap 25 mg</i>	2	
<i>loxapine succinate cap 50 mg</i>	2	
<i>molindone hcl tab 5 mg</i>	2	
<i>molindone hcl tab 10 mg</i>	2	
<i>molindone hcl tab 25 mg</i>	2	
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
NUPLAZID TAB 17MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine for im inj 10 mg</i>	2	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	2	QL (240 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	2	QL (120 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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>	5	NDS, QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	5	NDS, QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	5	NDS, QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	5	NDS, QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	
<i>perphenazine tab 8 mg</i>	2	
<i>perphenazine tab 16 mg</i>	2	
PERSERIS INJ 90MG	5	NDS, QL (1 injection / 30 days)
PERSERIS INJ 120MG	5	NDS, QL (1 injection / 30 days)
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	
<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>	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	2	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	5	NDS, QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	5	NDS, QL (360 tabs / 30 days)
REXULTI TAB 1MG	5	NDS, QL (90 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)

Drug Name	Drug Tier	Requirements/Limits
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>	2	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	2	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 (240 tabs / 30 days)
SAPHRIS SUB 5MG	4	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	4	QL (60 tabs / 30 days)
<i>thioridazine hcl tab 10 mg</i>	2	
<i>thioridazine hcl tab 25 mg</i>	2	
<i>thioridazine hcl tab 50 mg</i>	2	
<i>thioridazine hcl tab 100 mg</i>	2	
<i>thiothixene cap 1 mg</i>	2	
<i>thiothixene cap 2 mg</i>	2	
<i>thiothixene cap 5 mg</i>	2	
<i>thiothixene cap 10 mg</i>	2	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	
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>	2	QL (60 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl cap 40 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	2	QL (60 caps / 30 days)
ZYPREXA RELP INJ 210MG	4	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	5	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	5	NDS, QL (1 vial / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	2	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	2	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	3	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	3	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	3	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	3	PA; PA if 70 years and older
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	2	QL (90 tabs / 30 days)
HYPNOTICS		
<i>eszopiclone tab 1 mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	5	NDS, LA, PA
SILENOR TAB 3MG	3	QL (60 tabs / 30 days)
SILENOR TAB 6MG	3	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 65 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

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate tab 10 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG INJ 70MG/ML	3	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	3	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	NDS
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	NDS, QL (8 mL / 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
EMGALITY INJ 120MG/ML	3	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	3	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	2	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	2	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	2	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 9MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 12MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<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 (90 tabs / 30 days), PA
LYRICA CR TAB 165MG	3	QL (90 tabs / 30 days), PA
LYRICA CR TAB 330MG	3	QL (60 tabs / 30 days), PA
NUDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>riluzole tab 50 mg</i>	2	
<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

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa inj 40mg/ml</i>	5	NDS, QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<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>	2	
<i>dantrolene sodium cap 50 mg</i>	2	
<i>dantrolene sodium cap 100 mg</i>	2	
<i>methocarbamol tab 500 mg</i>	3	PA; PA if 70 years and older
<i>methocarbamol tab 750 mg</i>	3	PA; PA if 70 years and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	2	QL (90 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	2	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	2	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	2	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	5	NDS, QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	2	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
CHANTIX PAK 0.5& 1MG	4	PA
CHANTIX PAK 1MG	4	PA
CHANTIX TAB 0.5MG	4	PA
CHANTIX TAB 1MG	4	PA
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	
<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>	2	
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>	2	PA
<i>oxandrolone tab 10 mg</i>	2	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	QL (300 grams / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	QL (300 grams / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	QL (300 grams / 30 days), PA

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	3	
BASAGLAR INJ 100UNIT	3	
BD ULTRAFINE INSULIN SYRINGE	3	

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Drug Name	Drug Tier	Requirements/Limits
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BC INJ 2/0.85ML	3	QL (4 pens / 28 days)
BYDUREON INJ 2MG	3	QL (4 vials / 28 days)
BYDUREON PEN INJ 2MG	3	QL (4 pens / 28 days)
BYETTA INJ 5MCG	4	QL (1 pen / 30 days)
BYETTA INJ 10MCG	4	QL (1 pen / 30 days)
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	NDS
HUMULIN R INJ U-500	5	NDS, B/D
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTUOC	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ FLEXPEN	3	(brand RELION not covered)
NOVOLIN N INJ U-100	3	(brand RELION not covered)
NOVOLIN R INJ U-100	3	(brand RELION not covered)
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
OZEMPIC INJ 2/1.5ML	3	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	3	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
TRULICITY INJ 0.75/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	3	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	3	QL (3 pens / 30 days)
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
ANTIDIABETICS, ORAL		
<i>acarbose tab 25 mg</i>	2	
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
FARXIGA TAB 5MG	3	QL (60 tabs / 30 days)
FARXIGA TAB 10MG	3	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride tab 1 mg</i>	6	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	6	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	6	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	6	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	6	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	6	QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	6	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	6	QL (60 tabs / 30 days)
<i>glipizide xl tab 2.5mg</i>	6	QL (240 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	6	QL (120 tabs / 30 days)
<i>glipizide xl tab 10mg</i>	6	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	2	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide micronized tab 3 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
<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
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)

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB XR	3	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	6	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	6	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	6	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	6	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	6	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	6	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	6	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	6	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tabs / 30 days)
SYNJARDY TAB	3	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	B/D
<i>pamidronate disodium for inj 30 mg</i>	2	B/D
<i>pamidronate disodium for inj 90 mg</i>	2	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	2	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	2	B/D
PAMIDRONATE INJ 6MG/ML	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	2	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	2	B/D, NM
CALCIUM RECEPTOR AGONISTS		
<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
SENSIPAR TAB 30MG	5	NDS, B/D, QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	5	NDS, B/D, QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	5	NDS, B/D, QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET CAP 100MG	4	
DEPEN TITRA TAB 250MG	5	NDS
JADENU SPRKL GRA 90MG	5	NDS, NM, LA, PA
JADENU SPRKL GRA 180MG	5	NDS, NM, LA, PA
JADENU SPRKL GRA 360MG	5	NDS, NM, LA, PA
JADENU TAB 90MG	5	NDS, NM, LA, PA
JADENU TAB 180MG	5	NDS, NM, LA, PA
JADENU TAB 360MG	5	NDS, NM, LA, PA
LOKELMA PAK 5GM	3	
LOKELMA PAK 10GM	3	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	2	
<i>sodium polystyrene sulfonate powder</i>	2	
<i>trientine hcl cap 250 mg</i>	5	NDS, PA
CONTRACEPTIVES		
<i>alyacen tab 1/35</i>	2	
<i>apri tab</i>	2	
<i>aranelle tab</i>	2	
<i>abra tab 0.1-0.02</i>	2	
<i>aviane tab</i>	2	
<i>balziva tab</i>	2	
<i>bekyree tab</i>	2	
<i>blisovi fe tab 1.5/30</i>	2	
<i>briellyn tab</i>	2	
<i>camila tab 0.35mg</i>	2	
<i>cryselle-28 tab 28 tabs</i>	2	
<i>cyclafem tab 1/35</i>	2	
<i>cyclafem tab 7/7/7</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dasetta tab 1/35</i>	2	
<i>dasetta tab 7/7/7</i>	2	
<i>deblitane tab 0.35mg</i>	2	
<i>delyla tab 0.1-0.02</i>	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
ELLA TAB 30MG	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 & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>falmina tab</i>	2	
<i>femynor tab 0.25-35</i>	2	
<i>heather tab 0.35mg</i>	2	
<i>incassia tab 0.35mg</i>	2	
<i>introvale tab</i>	2	
<i>isibloom tab</i>	2	
<i>jasmiel tab 3-0.02mg</i>	2	
<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 tab 1.5/30</i>	2	
<i>junel fe tab 1/20</i>	2	
<i>kariva tab 28 day</i>	2	
<i>kelnor 1/50 tab</i>	2	
<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>lessina tab</i>	2	
<i>levonest tab</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<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>	2	
<i>lutra tab</i>	2	
<i>lyza tab 0.35mg</i>	2	
<i>marlissa tab 0.15/30</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	2	
<i>mili tab 0.25/35</i>	2	
<i>myzilra tab</i>	2	
<i>necon tab 0.5/35</i>	2	
<i>necon tab 7/7/7</i>	2	
<i>nikki tab 3-0.02mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<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 tab 0.35 mg</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	
<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>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>norlyroc tab 0.35mg</i>	2	
<i>nortrel tab 0.5/35</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel tab 1/35</i>	2	
<i>nortrel tab 7/7/7</i>	2	
NUVARING MIS	4	
<i>orsythia tab</i>	2	
<i>philith tab 0.4-35</i>	2	
<i>pimtrea tab</i>	2	
<i>pirmella tab 1/35</i>	2	
<i>portia-28 tab</i>	2	
<i>previfem tab</i>	2	
<i>quasense tab</i>	2	
<i>reclipsen tab</i>	2	
<i>sharobel tab 0.35mg</i>	2	
<i>sprintec 28 tab 28 day</i>	2	
<i>tarina fe tab 1/20</i>	2	
<i>tri-estaryll tab</i>	2	
<i>tri-legest tab fe</i>	2	
<i>tri-lo- tab sprintec</i>	2	
<i>tri-mili tab</i>	2	
<i>tri-previfem tab</i>	2	
<i>tri-sprintec tab</i>	2	
<i>tri-vylibra tab</i>	2	
<i>tri-vylibra tab lo</i>	2	
<i>trinessa lo tab</i>	2	
<i>trinessa tab</i>	2	
<i>trivora-28 tab</i>	2	
<i>tulana tab 0.35mg</i>	2	
<i>velivet pak</i>	2	
<i>vienva tab 0.1-20</i>	2	
<i>viorele tab</i>	2	
<i>vyfemla tab 0.4-35</i>	2	
<i>vylibra tab 0.25-35</i>	2	
<i>zarah tab 3-0.03mg</i>	2	
<i>zovia 1/35e tab</i>	2	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
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

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Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAP 50MG	4	NM, LA, PA
CYSTAGON CAP 150MG	4	NM, LA, PA
FABRAZYME INJ 5MG	5	NDS, NM, LA, PA
FABRAZYME INJ 35MG	5	NDS, NM, LA, PA
KUVAN POW 100MG	5	NDS, NM, LA, PA
KUVAN POW 500MG	5	NDS, NM, LA, PA
KUVAN TAB 100MG	5	NDS, NM, LA, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	B/D
<i>levocarnitine tab 330 mg</i>	2	B/D
LUMIZYME INJ 50MG	5	NDS, NM, LA, PA
<i>miglustat cap 100 mg</i>	5	NDS, NM, PA
NAGLAZYME INJ 1MG/ML	5	NDS, NM, LA, PA
NITYR TAB 2MG	5	NDS, LA, PA
NITYR TAB 5MG	5	NDS, LA, PA
NITYR TAB 10MG	5	NDS, LA, PA
ORFADIN CAP 2MG	5	NDS, LA, PA
ORFADIN CAP 5MG	5	NDS, LA, PA
ORFADIN CAP 10MG	5	NDS, LA, PA
ORFADIN CAP 20MG	5	NDS, LA, PA
ORFADIN SUS 4MG/ML	5	NDS, LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	NDS, NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	NDS, NM, PA
ESTROGENS		
DELESTROGEN INJ 10MG/ML	4	
<i>estradiol tab 0.5 mg</i>	2	
<i>estradiol tab 1 mg</i>	2	
<i>estradiol tab 2 mg</i>	2	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
<i>fyavolv tab 0.5-2.5</i>	3	
<i>jinteli tab 1mg-5mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
GLUCOCORTICOIDS		
<i>cortisone acetate tab 25 mg</i>	2	
DEXAMETHASON CON 1MG/ML	4	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	2	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	2	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	2	B/D
<i>methylprednisolone tab 4 mg</i>	2	B/D
<i>methylprednisolone tab 8 mg</i>	2	B/D
<i>methylprednisolone tab 16 mg</i>	2	B/D
<i>methylprednisolone tab 32 mg</i>	2	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	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>	2	B/D
<i>prednisone tab 1 mg</i>	1	B/D
<i>prednisone tab 2.5 mg</i>	1	B/D
<i>prednisone tab 5 mg</i>	1	B/D
<i>prednisone tab 10 mg</i>	1	B/D
<i>prednisone tab 20 mg</i>	1	B/D
<i>prednisone tab 50 mg</i>	1	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN INJ HYPOKIT	3	
GLUCAGON KIT 1MG	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	2	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	B/D
FORTEO SOL 600/2.4	5	NDS, NM, PA
GENOTROPIN INJ 0.2MG	3	NM, PA
GENOTROPIN INJ 0.4MG	5	NDS, NM, PA
GENOTROPIN INJ 0.6MG	5	NDS, NM, PA
GENOTROPIN INJ 0.8MG	5	NDS, NM, PA
GENOTROPIN INJ 1.2MG	5	NDS, NM, PA
GENOTROPIN INJ 1.4MG	5	NDS, NM, PA
GENOTROPIN INJ 1.6MG	5	NDS, NM, PA
GENOTROPIN INJ 1.8MG	5	NDS, NM, PA
GENOTROPIN INJ 1MG	5	NDS, NM, PA
GENOTROPIN INJ 2MG	5	NDS, NM, PA
GENOTROPIN INJ 5MG	5	NDS, NM, PA
GENOTROPIN INJ 12MG	5	NDS, NM, PA
INCRELEX INJ 40MG/4ML	5	NDS, NM, LA, PA
KORLYM TAB 300MG	5	NDS, LA, PA
LUPR DEP-PED INJ 3M 30MG	5	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	5	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	5	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
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>	2	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	NDS, NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	NDS, NM, PA
PROLIA SOL 60MG/ML	4	QL (1 injection / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	2	
SIGNIFOR INJ 0.3MG/ML	5	NDS, LA, PA
SIGNIFOR INJ 0.6MG/ML	5	NDS, LA, PA
SIGNIFOR INJ 0.9MG/ML	5	NDS, LA, PA
SOMATULINE INJ 60/0.2ML	5	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	5	NDS, NM, PA
SOMATULINE INJ 120/.5ML	5	NDS, NM, PA
SOMAVERT INJ 10MG	5	NDS, NM, LA, PA
SOMAVERT INJ 15MG	5	NDS, NM, LA, PA
SOMAVERT INJ 20MG	5	NDS, NM, LA, PA
SOMAVERT INJ 25MG	5	NDS, NM, LA, PA
SOMAVERT INJ 30MG	5	NDS, NM, LA, PA
TYMLOS INJ	5	NDS, NM, PA
XGEVA INJ	5	NDS, NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	5	NDS, QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	QL (360 tabs / 30 days)
<i>sevelamer carbonate packet 0.8 gm</i>	5	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	5	NDS, QL (180 packets / 30 days)
<i>sevelamer carbonate tab 800 mg</i>	2	QL (540 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>norethindrone acetate tab 5 mg</i>	2	
THYROID AGENTS		
<i>levo-t tab 25mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levo-t tab 50mcg</i>	2	
<i>levo-t tab 75mcg</i>	2	
<i>levo-t tab 88mcg</i>	2	
<i>levo-t tab 100mcg</i>	2	
<i>levo-t tab 112mcg</i>	2	
<i>levo-t tab 125mcg</i>	2	
<i>levo-t tab 137mcg</i>	2	
<i>levo-t tab 150mcg</i>	2	
<i>levo-t tab 175mcg</i>	2	
<i>levo-t tab 200 mcg</i>	2	
<i>levo-t tab 300 mcg</i>	2	
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 300 mcg</i>	2	
<i>levoxyl tab 25mcg</i>	2	
<i>levoxyl tab 50mcg</i>	2	
<i>levoxyl tab 75mcg</i>	2	
<i>levoxyl tab 88mcg</i>	2	
<i>levoxyl tab 100mcg</i>	2	
<i>levoxyl tab 112mcg</i>	2	
<i>levoxyl tab 125mcg</i>	2	
<i>levoxyl tab 137mcg</i>	2	
<i>levoxyl tab 150mcg</i>	2	
<i>levoxyl tab 175mcg</i>	2	
<i>levoxyl tab 200mcg</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
SYNTHROID TAB 25MCG	4	
SYNTHROID TAB 50MCG	4	
SYNTHROID TAB 75MCG	4	
SYNTHROID TAB 88MCG	4	
SYNTHROID TAB 100MCG	4	

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 112MCG	4	
SYNTHROID TAB 125MCG	4	
SYNTHROID TAB 137MCG	4	
SYNTHROID TAB 150MCG	4	
SYNTHROID TAB 175MCG	4	
SYNTHROID TAB 200MCG	4	
SYNTHROID TAB 300MCG	4	
<i>unithroid tab 25mcg</i>	2	
<i>unithroid tab 50mcg</i>	2	
<i>unithroid tab 75mcg</i>	2	
<i>unithroid tab 88mcg</i>	2	
<i>unithroid tab 100mcg</i>	2	
<i>unithroid tab 112mcg</i>	2	
<i>unithroid tab 125mcg</i>	2	
<i>unithroid tab 137mcg</i>	2	
<i>unithroid tab 150mcg</i>	2	
<i>unithroid tab 175mcg</i>	2	
<i>unithroid tab 200mcg</i>	2	
<i>unithroid tab 300mcg</i>	2	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	2	NM
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	NM
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	2	NM
<i>desmopressin acetate tab 0.2 mg</i>	2	NM
STIMATE SOL 1.5MG/ML	5	NDS, NM
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule 40 mg</i>	2	B/D
<i>aprepitant capsule 80 mg</i>	2	B/D
<i>aprepitant capsule 125 mg</i>	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
<i>compro sup 25mg</i>	2	
<i>dronabinol cap 2.5 mg</i>	2	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	2	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	2	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	4	B/D
<i>granisetron hcl inj 1 mg/ml</i>	2	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	2	
<i>granisetron hcl tab 1 mg</i>	2	B/D
<i>meclizine hcl tab 12.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	2	B/D
<i>ondansetron hcl tab 4 mg</i>	2	B/D
<i>ondansetron hcl tab 8 mg</i>	2	B/D
<i>ondansetron hcl tab 24 mg</i>	2	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>	2	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	2	
<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
TRANSDERM-SC DIS 1.5MG	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>	2	
<i>glycopyrrolate tab 2 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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H2-RECEPTOR ANTAGONISTS

<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine inj 20 mg/2ml</i>	2	
<i>famotidine inj 40 mg/4ml</i>	2	
<i>famotidine inj 200 mg/20ml</i>	2	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	2	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	2	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	2	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	

INFLAMMATORY BOWEL DISEASE

APRISO CAP 0.375GM	3	QL (120 caps / 30 days)
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	5	NDS
DELZICOL CAP 400MG	4	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>mesalamine cap dr 400 mg</i>	2	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	2	

LAXATIVES

<i>constulose sol 10gm/15</i>	2	
<i>enulose sol 10gm/15</i>	2	
<i>gavilyte-c sol</i>	2	
<i>gavilyte-g sol</i>	2	
<i>gavilyte-n sol flav pk</i>	2	
<i>generlac sol 10gm/15</i>	2	
GOLYTELY SOL	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
MOVIPREP SOL	4	
NULYTELY SOL FLAV PKS	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL SOL PREP KIT	4	
<i>trilyte sol</i>	2	
MISCELLANEOUS		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	5	NDS, PA
<i>alose tron hcl tab 1 mg (base equiv)</i>	5	NDS, PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	5	NDS
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5MG	5	NDS, NM, LA, PA
LINZESS CAP 72MCG	3	QL (30 caps / 30 days)
LINZESS CAP 145MCG	3	QL (30 caps / 30 days)
LINZESS CAP 290MCG	3	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOVANTIK TAB 12.5MG	3	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	3	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	5	NDS, PA
RELISTOR INJ 12/0.6ML	5	NDS, PA
<i>sucalfate tab 1 gm</i>	2	
SYMPROIC TAB 0.2MG	3	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
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)

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	2	
<i>lansoprazole cap delayed release 15 mg</i>	2	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	2	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	2	
<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>	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	2	

MISCELLANEOUS

<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
<i>potassium citrate tab er 5 meq (540 mg)</i>	2	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	2	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	

URINARY ANTISPASMODICS

MYRBETRIQ TAB 25MG	4	QL (60 tabs / 30 days)
MYRBETRIQ TAB 50MG	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	QL (30 caps / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	2	ST
<i>tolterodine tartrate tab 2 mg</i>	2	ST
TOVIAZ TAB 4MG	3	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	3	QL (30 tabs / 30 days)
<i>trosipium chloride tab 20 mg</i>	2	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
<i>vandazole gel 0.75%</i>	2	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN TAB 1MG	3	
COUMADIN TAB 2.5MG	3	
COUMADIN TAB 2MG	3	
COUMADIN TAB 3MG	3	
COUMADIN TAB 4MG	3	
COUMADIN TAB 5MG	3	
COUMADIN TAB 6MG	3	
COUMADIN TAB 7.5MG	3	
COUMADIN TAB 10MG	3	
ELIQUIS ST P TAB 5MG	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	2	NM
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	2	NM
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	2	NM
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	2	NM
<i>enoxaparin sodium inj 100 mg/ml</i>	2	NM
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	2	NM
<i>enoxaparin sodium inj 150 mg/ml</i>	2	NM
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	NM
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	NM
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	NDS
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	NDS
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	NDS
HEP SOD/NACL INJ 25000UNT	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	3	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	3	
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
PRADAXA CAP 75MG	4	
PRADAXA CAP 110MG	4	
PRADAXA CAP 150MG	4	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	3	
XARELTO TAB 2.5MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX INJ 300/0.5	5	NDS, NM, PA
GRANIX INJ 300/1ML	5	NDS, NM, PA
GRANIX INJ 480/0.8	5	NDS, NM, PA
GRANIX INJ 480/1.6	5	NDS, NM, PA
NEUPOGEN INJ 300/0.5	5	NDS, NM, PA
NEUPOGEN INJ 300MCG	5	NDS, NM, PA
NEUPOGEN INJ 480/0.8	5	NDS, NM, PA
NEUPOGEN INJ 480MCG	5	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
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
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
BERINERT INJ 500UNIT	5	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	5	NDS, LA, PA
FIRAZYR INJ 30MG/3ML	5	NDS, QL (9 syringes / 30 days), NM, PA
HAEGARDA INJ 2000UNIT	5	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	5	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	5	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline tab er 400 mg</i>	2	
PROMACTA POW 12.5MG	5	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	5	NDS, QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	5	NDS, QL (90 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>	2	
<i>tranexamic acid tab 650 mg</i>	2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	3	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ZONTIVITY TAB 2.08MG	4	
IMMUNOLOGIC AGENTS		
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
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>	2	
<i>leflunomide tab 10 mg</i>	2	
<i>leflunomide tab 20 mg</i>	2	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
REMICADE INJ 100MG	5	NDS, 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
<i>IMMUNOGLOBULINS</i>		
BIVIGAM INJ 10%	5	NDS, NM, PA
CARIMUNE NF INJ 12GM	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

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Drug Name	Drug Tier	Requirements/Limits
GAMASTAN S/D INJ	3	B/D, NM
GAMMAGARD INJ 1GM/10ML	5	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	5	NDS, NM, PA
GAMMAGARD INJ 5GM/50ML	5	NDS, NM, PA
GAMMAGARD INJ 10GM/100	5	NDS, NM, PA
GAMMAGARD INJ 20GM/200	5	NDS, NM, PA
GAMMAGARD INJ 30GM/300	5	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	5	NDS, NM, PA
GAMMAGARD SD INJ 10GM HU	5	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	5	NDS, NM, PA
GAMMAKED INJ 2.5GM/25	5	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	5	NDS, NM, PA
GAMMAKED INJ 10GM/100	5	NDS, NM, PA
GAMMAKED INJ 20GM/200	5	NDS, NM, PA
GAMMAPLEX INJ 5%	5	NDS, NM, PA
GAMMAPLEX INJ 10%	5	NDS, NM, PA
GAMUNEX-C INJ 1GM/10ML	5	NDS, NM, PA
GAMUNEX-C INJ 2.5GM/25	5	NDS, NM, PA
GAMUNEX-C INJ 5GM/50ML	5	NDS, NM, PA
GAMUNEX-C INJ 10GM/100	5	NDS, NM, PA
GAMUNEX-C INJ 20GM/200	5	NDS, NM, PA
GAMUNEX-C INJ 40/400ML	5	NDS, NM, PA
OCTAGAM INJ 1GM	5	NDS, NM, PA
OCTAGAM INJ 2.5GM	5	NDS, NM, PA
OCTAGAM INJ 2GM/20ML	5	NDS, NM, PA
OCTAGAM INJ 5GM	5	NDS, NM, PA
OCTAGAM INJ 5GM/50ML	5	NDS, NM, PA
OCTAGAM INJ 10/100ML	5	NDS, NM, PA
OCTAGAM INJ 10GM	5	NDS, NM, PA
OCTAGAM INJ 20/200ML	5	NDS, NM, PA
OCTAGAM INJ 25GM	5	NDS, NM, PA
OCTAGAM INJ 30/300ML	5	NDS, PA
PANZYGA SOL 1GM/10ML	5	NDS, NM, PA
PANZYGA SOL 2.5/25ML	5	NDS, NM, PA
PANZYGA SOL 5GM/50ML	5	NDS, NM, PA
PANZYGA SOL 10/100ML	5	NDS, NM, PA
PANZYGA SOL 20/200ML	5	NDS, NM, PA
PANZYGA SOL 30/300ML	5	NDS, NM, PA
PRIVIGEN INJ 5 GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	5	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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>	2	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>	2	B/D
<i>cyclosporine cap 100 mg</i>	2	B/D
<i>cyclosporine iv soln 50 mg/ml</i>	2	B/D
<i>cyclosporine modified cap 25 mg</i>	2	B/D
<i>cyclosporine modified cap 50 mg</i>	2	B/D
<i>cyclosporine modified cap 100 mg</i>	2	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	B/D
<i>gengraf cap 25mg</i>	2	B/D
<i>gengraf cap 100mg</i>	2	B/D
<i>gengraf sol 100mg/ml</i>	2	B/D
<i>mycophenolate mofetil cap 250 mg</i>	2	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	NDS, B/D
<i>mycophenolate mofetil tab 500 mg</i>	2	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	B/D
NULOJIX INJ 250MG	5	NDS, B/D
PROGRAF GRA 0.2MG	4	B/D
PROGRAF GRA 1MG	4	B/D
RAPAMUNE SOL 1MG/ML	5	NDS, 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>	2	B/D
<i>sirolimus tab 1 mg</i>	2	B/D
<i>sirolimus tab 2 mg</i>	5	NDS, B/D
<i>tacrolimus cap 0.5 mg</i>	2	B/D
<i>tacrolimus cap 1 mg</i>	2	B/D
<i>tacrolimus cap 5 mg</i>	2	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	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available
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Drug Name	Drug Tier	Requirements/Limits
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	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB INJ	3	
PENTACEL INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	B/D
RECOMBIVA HB INJ 5MCG/0.5	3	B/D
RECOMBIVA HB INJ 10MCG/ML	3	B/D
RECOMBIVA-HB INJ 40MCG/ML	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX INJ 50MCG	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
YF-VAX INJ	3	
ZOSTAVAX INJ	3	QL (1 vial per lifetime)

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

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>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	3	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride powder packet 20 meq</i>	2	
<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>	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
<i>tpn electrol inj</i>	4	B/D
IV NUTRITION		
<i>amino acid infusion 6%</i>	2	B/D
AMINOSYN II INJ 10%	4	B/D

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF INJ 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D25	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 5%/D25W	4	B/D
CLINOLIPID EMU 20%	4	B/D
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D
<i>hepatamine sol 8%</i>	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE INJ 5.4%	4	B/D
NUTRILIPID EMU 20%	4	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.3%	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	
<i>dextrose inj 5%</i>	2	
<i>dextrose inj 10%</i>	2	
<i>dextrose inj 50%</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB INJ D5W	4	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	
<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>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
<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	3	
<i>lactated ringer's solution</i>	2	
NORMOSOL -M INJ /D5W	4	
NORMOSOL -R INJ /D5W	4	
NORMOSOL-R INJ PH 7.4	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	2	
POTASSIUM CHLORIDE INJ 10 MEQ/50ML	2	
POTASSIUM CHLORIDE INJ 10 MEQ/100ML	2	
POTASSIUM CHLORIDE INJ 20 MEQ/50ML	2	
POTASSIUM CHLORIDE INJ 20 MEQ/100ML	2	
POTASSIUM CHLORIDE INJ 40 MEQ/100ML	2	
<i>sodium chloride iv soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	2	
<i>sodium chloride iv soln 3%</i>	2	
<i>sodium chloride iv soln 5%</i>	2	
VITAMINS		
<i>calcitriol cap 0.5 mcg</i>	2	B/D
<i>calcitriol cap 0.25 mcg</i>	2	B/D
<i>calcitriol inj 1 mcg/ml</i>	2	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	2	B/D
M-NATAL PLUS TAB	3	
<i>paricalcitol cap 1 mcg</i>	2	B/D
<i>paricalcitol cap 2 mcg</i>	2	B/D
<i>paricalcitol cap 4 mcg</i>	2	B/D
PNV FOLIC AC TAB + IRON	3	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL PLUS	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
RAYALDEE CAP 30MCG	5	NDS
TRICARE TAB PRENATAL	3	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
BLEPHAMIDE OIN S.O.P.	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

AZASITE SOL 1%	4	
<i>bacitracin ophth oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUS 0.6%	3	
CILOXAN OIN 0.3% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentak oin 0.3% op</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
MOXEZA SOL 0.5%	3	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN SUS 5% OP	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium ophth oint 10%</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>trifluridine ophth soln 1%</i>	2	
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
ALREX SUS 0.2%	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
BROMSITE DRO 0.075%	4	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
DUREZOL EMU 0.05%	3	
<i>fluorometholone ophth susp 0.1%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
ILEVRO DRO 0.3% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
<i>loteprednol etabonate ophth susp 0.5%</i>	2	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	2	
PROLENSA SOL 0.07%	3	
ANTIALLERGICS		
<i>azelastine hcl ophth soln 0.05%</i>	2	
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
LASTACAPT SOL 0.25%	4	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	2	
PAZEO DRO 0.7%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT SUS 1% OP	3	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl ophth soln 2%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	
PHOSPHOLINE SOL 0.125%OP	4	
<i>pilocarpine hcl ophth soln 1%</i>	2	
<i>pilocarpine hcl ophth soln 2%</i>	2	
<i>pilocarpine hcl ophth soln 4%</i>	2	
RHOPRESSA SOL 0.02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	1	
TRAVATAN Z DRO 0.004%	3	
MISCELLANEOUS		
ATROPINE SUL SOL 1% OP	3	
CYSTARAN SOL 0.44%	5	NDS, LA, PA
<i>proparacaine hcl ophth soln 0.5%</i>	2	
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)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	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>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ANTI-HISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	2	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<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>	2	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 10 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 25 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 50 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	2	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
BETA AGONISTS		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate tab 4 mg</i>	2	
<i>albuterol sulfate tab er 12hr 4 mg</i>	2	
<i>albuterol sulfate tab er 12hr 8 mg</i>	2	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	2	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	
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>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	
MAST CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	B/D
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	2	B/D
<i>acetylcysteine inhal soln 20%</i>	2	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>	2	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	2	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	2	(generic of Adrenaclick)
ESBRIET CAP 267MG	5	NDS, NM, PA
ESBRIET TAB 267MG	5	NDS, NM, PA
ESBRIET TAB 801MG	5	NDS, NM, PA
KALYDECO PAK 25MG	5	NDS, PA

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO PAK 50MG	5	NDS, PA
KALYDECO PAK 75MG	5	NDS, PA
KALYDECO TAB 150MG	5	NDS, 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>	2	
<i>theophylline tab er 12hr 300 mg</i>	2	
<i>theophylline tab er 12hr 450 mg</i>	2	
<i>theophylline tab er 24hr 400 mg</i>	2	
<i>theophylline tab er 24hr 600 mg</i>	2	
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>	2	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>	2	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	B/D
FLOVENT DISK AER 50MCG	3	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	3	QL (120 inhalations / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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>amneesteem cap 10mg</i>	2	PA
<i>amneesteem cap 20mg</i>	2	PA
<i>amneesteem cap 40mg</i>	2	PA
<i>avita cre 0.025%</i>	2	PA
<i>avita gel 0.025%</i>	2	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
<i>claravis cap 10mg</i>	2	PA
<i>claravis cap 20mg</i>	2	PA
<i>claravis cap 30mg</i>	2	PA
<i>claravis cap 40mg</i>	2	PA
<i>clindacin-p pad 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pads 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>isotretinoin cap 10 mg</i>	2	PA
<i>isotretinoin cap 20 mg</i>	2	PA
<i>isotretinoin cap 30 mg</i>	2	PA
<i>isotretinoin cap 40 mg</i>	2	PA
<i>myorisan cap 10mg</i>	2	PA
<i>myorisan cap 20mg</i>	2	PA
<i>myorisan cap 30mg</i>	2	PA
<i>myorisan cap 40mg</i>	2	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<i>tretinoin cream 0.1%</i>	2	PA
<i>tretinoin cream 0.05%</i>	2	PA
<i>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin gel 0.01%</i>	2	PA
<i>tretinoin gel 0.025%</i>	2	PA
<i>zenatane cap 10mg</i>	2	PA
<i>zenatane cap 20mg</i>	2	PA
<i>zenatane cap 30mg</i>	2	PA
<i>zenatane cap 40mg</i>	2	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>mupirocin oint 2%</i>	1	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cre 1%</i>	2	
SULFAMYLON CRE 85MG/GM	4	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
<i>ketoconazole cream 2%</i>	2	
<i>nyamyc pow 100000</i>	2	
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystop pow 100000</i>	2	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	5	NDS, PA
<i>acitretin cap 17.5 mg</i>	5	NDS, PA
<i>acitretin cap 25 mg</i>	5	NDS, PA
<i>calcipotriene cream 0.005%</i>	2	QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	2	QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	QL (120 mL / 30 days), PA
<i>tazarotene cream 0.1%</i>	2	PA
TAZORAC CRE 0.05%	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cre 1%</i>	1	
<i>ala-cort cre 2.5%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	2	
<i>alclometasone dipropionate oint 0.05%</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	
<i>betamethasone dipropionate cream 0.05%</i>	2	
<i>betamethasone dipropionate lotion 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	
ENSTILAR AER	4	PA
<i>fluocinolone acetonide cream 0.01%</i>	2	
<i>fluocinolone acetonide cream 0.025%</i>	2	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide cream 0.05%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide emulsified base cream 0.05%</i>	2	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	2	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	2	
<i>halobetasol propionate oint 0.05%</i>	2	
<i>hydrocortisone butyrate cream 0.1%</i>	2	
<i>hydrocortisone butyrate oint 0.1%</i>	2	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	2	
<i>hydrocortisone valerate oint 0.2%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	
TEXACORT SOL 2.5%	4	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo gel 2%</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	2	QL (50 mL / 30 days), PA
<i>lidocaine hcl urethral/mucosal gel 2%</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine oint 5%</i>	2	QL (50 grams / 30 days), PA
<i>lidocaine patch 5%</i>	2	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30 grams / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>diclofenac sodium gel 1%</i>	2	PA
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone rectal cream 2.5%</i>	2	
<i>imiquimod cream 5%</i>	2	
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
PANRETIN GEL 0.1%	5	NDS
PICATO GEL 0.05%	3	QL (2 tubes / 30 days)
PICATO GEL 0.015%	3	QL (3 tubes / 30 days)
<i>podofilox soln 0.5%</i>	2	
<i>procto-med cre hc 2.5%</i>	2	
<i>procto-pak cre 1%</i>	2	
<i>proctozone cre -hc 2.5%</i>	2	
<i>rosadan cre 0.75%</i>	2	
<i>tacrolimus oint 0.1%</i>	2	
<i>tacrolimus oint 0.03%</i>	2	
TARGRETIN GEL 1%	5	NDS, NM, PA
VALCHLOR GEL 0.016%	5	NDS, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation soln 0.25%</i>	2	
REGRANEX GEL 0.01%	5	NDS, PA
SANTYL OIN 250/GM	4	
<i>sodium chloride irrigation soln 0.9%</i>	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>periogard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
OTIC		
<i>acetic acid otic soln 2%</i>	2	
CIPRODEX SUS 0.3-0.1%	3	
<i>flac oil 0.01%</i>	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	

PART B

DIABETIC METERS AND TEST STRIPS

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

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A

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	9	ADACEL INJ	85
<i>abacavir sulfate tab 300 mg (base equiv)</i>	10	<i>adefovir dipivoxil tab 10 mg</i>	13
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	11	ADEMPAS TAB 0.5MG	39
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	11	ADEMPAS TAB 1.5MG	39
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ABILIFY MAIN INJ 300MG	51	ADEMPAS TAB 2.5MG	39
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<i>acamprosate calcium tab delayed release 333 mg</i>	60	<i>adrucil inj 500/10ml</i>	19
<i>acarbose tab 100 mg</i>	62	<i>adrucil inj 5gm/100m</i>	19
<i>acarbose tab 25 mg</i>	62	ADVAIR DISKU AER 100/50	95
<i>acarbose tab 50 mg</i>	62	ADVAIR DISKU AER 250/50	95
<i>acebutolol hcl cap 200 mg</i>	34	ADVAIR DISKU AER 500/50	95
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<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	ADVAIR HFA AER 230/21	95
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	ADVAIR HFA AER 45/21	95
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<i>acetazolamide tab 125 mg</i>	37	AFINITOR TAB 10MG	23
<i>acetazolamide tab 250 mg</i>	37	AFINITOR TAB 2.5MG	23
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<i>acetic acid otic soln 2%</i>	99	AFINITOR TAB 7.5MG	23
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<i>acetylcysteine inhal soln 20%</i>	93	AIMOVIG INJ 70MG/ML	58
<i>acitretin cap 10 mg</i>	97	<i>ala-cort cre 1%</i>	97
<i>acitretin cap 17.5 mg</i>	97	<i>ala-cort cre 2.5%</i>	97
<i>acitretin cap 25 mg</i>	97	<i>albendazole tab 200 mg</i>	6
ACTHIB INJ	84	<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	92
ACTIMMUNE INJ 2MU/0.5	83	<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	92
<i>acyclovir cap 200 mg</i>	12	<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	92
<i>acyclovir sodium iv soln 50 mg/ml</i>	12	<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	92
<i>acyclovir susp 200 mg/5ml</i>	12	<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	92
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ALECENSA CAP 150MG	<i>mg/ml)</i>	31
<i>alendronate sodium tab 10 mg</i>	<i>amiodarone hcl inj 450 mg/9ml (50</i>	
<i>alendronate sodium tab 35 mg</i>	<i>mg/ml)</i>	31
<i>alendronate sodium tab 40 mg</i>	<i>amiodarone hcl inj 900 mg/18ml (50</i>	
<i>alendronate sodium tab 5 mg</i>	<i>mg/ml)</i>	31
<i>alendronate sodium tab 70 mg</i>	<i>amiodarone hcl tab 100 mg</i>	31
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<i>amantadine hcl tab 100 mg.....</i>	<i>amlodipine besylate-benazepril hcl cap 5-</i>	
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<i>ambrisentan tab 5 mg</i>	<i>medoxomil tab 10-20 mg</i>	29
<i>amikacin sulfate inj 1 gm/4ml (250</i>	<i>amlodipine besylate-olmesartan</i>	
<i>mg/ml)</i>	<i>medoxomil tab 10-40 mg</i>	29
<i>amikacin sulfate inj 500 mg/2ml (250</i>	<i>amlodipine besylate-olmesartan</i>	
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<i>amlodipine besylate-valsartan tab 5-160 mg</i>	29	<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	16
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	29	<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	16
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	29	<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	16
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	29	<i>amoxicillin (trihydrate) tab 500 mg</i>	16
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	29	<i>amoxicillin (trihydrate) tab 875 mg</i>	16
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	29	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	56
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	29	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	56
<i>amnestem cap 10mg</i>	95	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	56
<i>amnestem cap 20mg</i>	95	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	56
<i>amnestem cap 40mg</i>	95	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	56
<i>amoxapine tab 100 mg</i>	47	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	56
<i>amoxapine tab 150 mg</i>	47	<i>amphetamine-dextroamphetamine tab 10 mg</i>	56
<i>amoxapine tab 25 mg</i>	47	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	56
<i>amoxapine tab 50 mg</i>	47	<i>amphetamine-dextroamphetamine tab 15 mg</i>	56
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	16	<i>amphetamine-dextroamphetamine tab 20 mg</i>	56
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	16	<i>amphetamine-dextroamphetamine tab 30 mg</i>	56
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	16	<i>amphetamine-dextroamphetamine tab 5 mg</i>	56
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	16	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	56
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	16	<i>amphotericin b for iv soln 50 mg</i>	8
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	16	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	16
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	16	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	16
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	16	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	16
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	16	<i>ampicillin cap 500 mg</i>	17
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	16	<i>ampicillin sodium for inj 1 gm</i>	17
<i>amoxicillin (trihydrate) cap 250 mg</i>	16	<i>ampicillin sodium for inj 125 mg</i>	17
<i>amoxicillin (trihydrate) cap 500 mg</i>	16	<i>ampicillin sodium for inj 2 gm</i>	17
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	16		
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	16		

<i>ampicillin sodium for inj 250 mg</i>	17	<i>armodafinil tab 250 mg</i>	60
<i>ampicillin sodium for inj 500 mg</i>	17	<i>armodafinil tab 50 mg</i>	60
<i>ampicillin sodium for iv soln 1 gm</i>	17	ARNUITY ELPT INH 100MCG	94
<i>ampicillin sodium for iv soln 10 gm</i>	17	ARNUITY ELPT INH 200MCG	94
<i>ampicillin sodium for iv soln 2 gm</i>	17	ARNUITY ELPT INH 50MCG	94
ANADROL-50 TAB 50MG	61	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	81
<i>anagrelide hcl cap 0.5 mg</i>	81	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	10
<i>anagrelide hcl cap 1 mg</i>	81	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	10
<i>anastrozole tab 1 mg</i>	21	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	10
ANDRODERM DIS 2MG/24HR.....	61	<i>atenolol & chlorthalidone tab 100-25 mg</i>	33
ANDRODERM DIS 4MG/24HR.....	61	<i>atenolol & chlorthalidone tab 50-25 mg</i>	33
ANORO ELLIPT AER 62.5-25	91	<i>atenolol tab 100 mg</i>	34
APOKYN INJ 10MG/ML	50	<i>atenolol tab 25 mg</i>	34
<i>aprepitant capsule 125 mg</i>	74	<i>atenolol tab 50 mg</i>	34
<i>aprepitant capsule 40 mg</i>	74	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	56
<i>aprepitant capsule 80 mg</i>	74	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	56
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	74	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	56
<i>apri tab</i>	65	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	56
APRISO CAP 0.375GM	76	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	56
APTIOM TAB 200MG	40	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	56
APTIOM TAB 400MG	40	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	56
APTIOM TAB 600MG	40	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	32
APTIOM TAB 800MG	40	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	32
APTIVUS CAP 250MG.....	10	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	32
APTIVUS SOL	10	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	32
ARALAST NP INJ 1000MG.....	93	<i>atovaquone susp 750 mg/5ml</i>	6
ARALAST NP INJ 500MG	93	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	9
<i>aranelle tab</i>	65	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	9
ARCALYST INJ 220MG	84	ATRIPLA TAB	11
<i>aripiprazole oral solution 1 mg/ml</i>	51		
<i>aripiprazole orally disintegrating tab 10 mg</i>	51		
<i>aripiprazole orally disintegrating tab 15 mg</i>	51		
<i>aripiprazole tab 10 mg</i>	51		
<i>aripiprazole tab 15 mg</i>	51		
<i>aripiprazole tab 2 mg</i>	51		
<i>aripiprazole tab 20 mg</i>	51		
<i>aripiprazole tab 30 mg</i>	51		
<i>aripiprazole tab 5 mg</i>	51		
ARISTADA INJ 1064MG.....	51		
ARISTADA INJ 441MG/1.	51		
ARISTADA INJ 662MG/2	51		
ARISTADA INJ 882MG/3	51		
ARISTADA INJ INITIO.....	52		
<i>armodafinil tab 150 mg</i>	60		
<i>armodafinil tab 200 mg</i>	60		

ATROPINE SUL SOL 1% OP	91	BASAGLAR INJ 100UNIT.....	61
ATROVENT HFA AER 17MCG	91	BCG VACCINE INJ	85
<i>aubra tab 0.1-0.02</i>	65	BD ULTRAFINE INSULIN SYRINGE	61
AURYXIA TAB 210MG	72	BD ULTRAFINE/NANO PEN NEEDLES ...	62
AUSTEDO TAB 12MG	59	<i>bekyree tab</i>	65
AUSTEDO TAB 6MG.....	59	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	27
AUSTEDO TAB 9MG.....	59	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	27
AVASTIN INJ	20	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	27
AVASTIN INJ 400/16ML	20	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	27
<i>aviane tab</i>	65	<i>benazepril hcl tab 10 mg</i>	28
<i>avita cre 0.025%</i>	95	<i>benazepril hcl tab 20 mg</i>	28
<i>avita gel 0.025%</i>	95	<i>benazepril hcl tab 40 mg</i>	28
<i>azacitidine for inj 100 mg</i>	19	<i>benazepril hcl tab 5 mg</i>	28
AZACTAM INJ 1GM.....	6	BENDEKA INJ 100/4ML	18
AZACTAM INJ 2GM.....	6	BENLYSTA INJ 120MG.....	84
AZASITE SOL 1%.....	89	BENLYSTA INJ 200MG/ML.....	84
<i>azathioprine tab 50 mg</i>	84	BENLYSTA INJ 400MG.....	84
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	92	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	95
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	92	<i>benztropine mesylate inj 1 mg/ml</i>	50
<i>azelastine hcl ophth soln 0.05%</i>	90	<i>benztropine mesylate tab 0.5 mg</i>	50
<i>azithromycin for susp 100 mg/5ml</i>	15	<i>benztropine mesylate tab 1 mg</i>	50
<i>azithromycin for susp 200 mg/5ml</i>	15	<i>benztropine mesylate tab 2 mg</i>	50
<i>azithromycin iv for soln 500 mg</i>	15	BEPREVE DRO 1.5%	90
<i>azithromycin powd pack for susp 1 gm</i>	15	BERINERT INJ 500UNIT.....	81
<i>azithromycin tab 250 mg</i>	15	BESIVANCE SUS 0.6%.....	89
<i>azithromycin tab 500 mg</i>	15	<i>betamethasone dipropionate augmented cream 0.05%</i>	97
<i>azithromycin tab 600 mg</i>	15	<i>betamethasone dipropionate augmented gel 0.05%</i>	97
AZOPT SUS 1% OP	90	<i>betamethasone dipropionate augmented lotion 0.05%</i>	97
<i>aztreonam for inj 1 gm</i>	6	<i>betamethasone dipropionate augmented oint 0.05%</i>	97
<i>aztreonam for inj 2 gm</i>	6	<i>betamethasone dipropionate cream 0.05%</i>	97
B		<i>betamethasone dipropionate lotion 0.05%</i>	97
<i>bacitracin ophth oint 500 unit/gm</i>	89	<i>betamethasone dipropionate oint 0.05%</i>	97
<i>bacitracin-polymyxin b ophth oint</i>	89	<i>betamethasone valerate cream 0.1% (base equivalent)</i>	97
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	89	<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	97
<i>baclofen tab 10 mg</i>	60		
<i>baclofen tab 20 mg</i>	60		
<i>balsalazide disodium cap 750 mg</i>	76		
BALVERSA TAB 3MG.....	23		
BALVERSA TAB 4MG.....	23		
BALVERSA TAB 5MG.....	23		
<i>balziva tab</i>	65		
BANZEL SUS 40MG/ML	40		
BANZEL TAB 200MG.....	40		
BANZEL TAB 400MG.....	40		
BARACLUDE SOL.....	13		

<i>betamethasone valerate oint 0.1% (base equivalent)</i>	97	BRIVIACT TAB 10MG	41
BETASERON INJ 0.3MG.....	59	BRIVIACT TAB 25MG	41
<i>betaxolol hcl ophth soln 0.5%</i>	90	BRIVIACT TAB 50MG	41
<i>bethanechol chloride tab 10 mg</i>	78	BRIVIACT TAB 75MG	41
<i>bethanechol chloride tab 25 mg</i>	78	<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	90
<i>bethanechol chloride tab 5 mg</i>	78	<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	50
<i>bethanechol chloride tab 50 mg</i>	78	<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	50
BETOPTIC-S SUS 0.25% OP	90	BROMSITE DRO 0.075%	90
BEVESPI AER 9-4.8MCG.....	91	<i>budesonide delayed release particles cap 3 mg</i>	76
<i>bexarotene cap 75 mg</i>	26	<i>budesonide inhalation susp 0.25 mg/2ml</i>	94
BEXSERO INJ	85	<i>budesonide inhalation susp 0.5 mg/2ml</i>	94
<i>bicalutamide tab 50 mg</i>	21	<i>bumetanide inj 0.25 mg/ml</i>	37
BICILLIN L-A INJ 1200000	17	<i>bumetanide tab 0.5 mg</i>	37
BICILLIN L-A INJ 2400000	17	<i>bumetanide tab 1 mg</i>	37
BICILLIN L-A INJ 600000	17	<i>bumetanide tab 2 mg</i>	37
BIKTARVY TAB.....	11	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	60
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	33	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	60
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	33	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	61
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	33	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	60
<i>bisoprolol fumarate tab 10 mg</i>	34	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	60
<i>bisoprolol fumarate tab 5 mg</i>	34	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	60
BIVIGAM INJ 10%.....	82	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	61
<i>bleomycin sulfate for inj 15 unit</i>	19	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	61
<i>bleomycin sulfate for inj 30 unit</i>	19	<i>buprenorphine td patch weekly 10 mcg/hr</i>	2
BLEPHAMIDE OIN S.O.P.....	89	<i>buprenorphine td patch weekly 15 mcg/hr</i>	2
<i>blisovi fe tab 1.5/30</i>	65	<i>buprenorphine td patch weekly 20 mcg/hr</i>	2
BOOSTRIX INJ.....	85	<i>buprenorphine td patch weekly 5 mcg/hr</i>	2
BORTEZOMIB INJ 3.5MG.....	20	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	2
<i>bosentan tab 125 mg</i>	39	<i>bupropion hcl (smoking deterrent) tab er</i>	
<i>bosentan tab 62.5 mg</i>	39		
BOSULIF TAB 100MG.....	23		
BOSULIF TAB 400MG.....	23		
BOSULIF TAB 500MG.....	23		
BRAFTOVI CAP 75MG	23		
BREO ELLIPTA INH 100-25.....	95		
BREO ELLIPTA INH 200-25.....	95		
<i>briellyn tab</i>	65		
BRILINTA TAB 60MG	81		
BRILINTA TAB 90MG	81		
<i>brimonidine tartrate ophth soln 0.15%</i> 90			
<i>brimonidine tartrate ophth soln 0.2%</i> ..90			
BRIVIACT INJ 50MG/5ML	41		
BRIVIACT SOL 10MG/ML.....	41		
BRIVIACT TAB 100MG	41		

<i>12hr 150 mg</i>	61
<i>bupropion hcl tab 100 mg</i>	47
<i>bupropion hcl tab 75 mg</i>	47
<i>bupropion hcl tab er 12hr 100 mg</i>	47
<i>bupropion hcl tab er 12hr 150 mg</i>	47
<i>bupropion hcl tab er 12hr 200 mg</i>	47
<i>bupropion hcl tab er 24hr 150 mg</i>	47
<i>bupropion hcl tab er 24hr 300 mg</i>	47
<i>buspirone hcl tab 10 mg</i>	40
<i>buspirone hcl tab 15 mg</i>	40
<i>buspirone hcl tab 30 mg</i>	40
<i>buspirone hcl tab 5 mg</i>	40
<i>buspirone hcl tab 7.5 mg</i>	40
<i>butorphanol tartrate inj 1 mg/ml</i>	2
<i>butorphanol tartrate inj 2 mg/ml</i>	2
BUTRANS DIS 10MCG/HR	2
BUTRANS DIS 15MCG/HR	2
BUTRANS DIS 20MCG/HR	2
BUTRANS DIS 5MCG/HR	2
BUTRANS DIS 7.5/HR.....	2
BYDUREON BC INJ 2/0.85ML	62
BYDUREON INJ 2MG.....	62
BYDUREON PEN INJ 2MG	62
BYETTA INJ 10MCG	62
BYETTA INJ 5MCG.....	62
BYSTOLIC TAB 10MG.....	34
BYSTOLIC TAB 2.5MG.....	34
BYSTOLIC TAB 20MG.....	34
BYSTOLIC TAB 5MG	34

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<i>cabergoline tab 0.5 mg</i>	71
CABOMETYX TAB 20MG	23
CABOMETYX TAB 40MG	23
CABOMETYX TAB 60MG	23
<i>calcipotriene cream 0.005%</i>	97
<i>calcipotriene oint 0.005%</i>	97
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	97
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	71
<i>calcitriol cap 0.25 mcg</i>	88
<i>calcitriol cap 0.5 mcg</i>	88
<i>calcitriol inj 1 mcg/ml</i>	88
<i>calcitriol oral soln 1 mcg/ml</i>	88
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	72
<i>calcium acetate (phosphate binder) tab 667 mg</i>	72

CALQUENCE CAP 100MG	23
<i>camila tab 0.35mg</i>	65
<i>candesartan cilexetil tab 16 mg</i>	30
<i>candesartan cilexetil tab 32 mg</i>	30
<i>candesartan cilexetil tab 4 mg</i>	30
<i>candesartan cilexetil tab 8 mg</i>	30
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	29
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	29
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	30
CAPRELSA TAB 100MG.....	23
CAPRELSA TAB 300MG.....	23
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	27
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	27
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	27
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	27
<i>captopril tab 100 mg</i>	28
<i>captopril tab 12.5 mg</i>	28
<i>captopril tab 25 mg</i>	28
<i>captopril tab 50 mg</i>	28
CARBAGLU TAB 200MG	68
<i>carbamazepine cap er 12hr 100 mg</i>	41
<i>carbamazepine cap er 12hr 200 mg</i>	41
<i>carbamazepine cap er 12hr 300 mg</i>	41
<i>carbamazepine chew tab 100 mg</i>	41
<i>carbamazepine susp 100 mg/5ml</i>	41
<i>carbamazepine tab 200 mg</i>	41
<i>carbamazepine tab er 12hr 100 mg</i>	41
<i>carbamazepine tab er 12hr 200 mg</i>	41
<i>carbamazepine tab er 12hr 400 mg</i>	41
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	50
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	50
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	50
<i>carbidopa & levodopa tab 10-100 mg</i> .	50
<i>carbidopa & levodopa tab 25-100 mg</i> .	50
<i>carbidopa & levodopa tab 25-250 mg</i> .	50
<i>carbidopa & levodopa tab er 25-100 mg</i>	50
<i>carbidopa & levodopa tab er 50-200 mg</i>	

.....	50	<i>cefixime cap 400 mg</i>	14
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefixime for susp 100 mg/5ml</i>	14
<i>12.5-50-200 mg</i>	50	<i>cefixime for susp 200 mg/5ml</i>	14
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefotaxime sodium for inj 1 gm</i>	14
<i>18.75-75-200 mg</i>	50	<i>cefotaxime sodium for inj 500 mg</i>	14
<i>carbidopa-levodopa-entacapone tabs 25-</i>		<i>cefoxitin sodium for inj 10 gm</i>	14
<i>100-200 mg</i>	50	<i>cefoxitin sodium for iv soln 1 gm</i>	14
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefoxitin sodium for iv soln 2 gm</i>	14
<i>31.25-125-200 mg</i>	50	<i>cefpodoxime proxetil for susp 100</i>	
<i>carbidopa-levodopa-entacapone tabs</i>		<i>mg/5ml</i>	14
<i>37.5-150-200 mg</i>	50	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	
<i>carbidopa-levodopa-entacapone tabs 50-</i>		.....	14
<i>200-200 mg</i>	50	<i>cefpodoxime proxetil tab 100 mg</i>	14
<i>carboplatin iv soln 150 mg/15ml</i>	26	<i>cefpodoxime proxetil tab 200 mg</i>	14
<i>carboplatin iv soln 450 mg/45ml</i>	26	<i>cefprozil for susp 125 mg/5ml</i>	14
<i>carboplatin iv soln 50 mg/5ml</i>	26	<i>cefprozil for susp 250 mg/5ml</i>	14
<i>carboplatin iv soln 600 mg/60ml</i>	26	<i>cefprozil tab 250 mg</i>	14
CARIMUNE NF INJ 12GM.....	82	<i>cefprozil tab 500 mg</i>	14
<i>carisoprodol tab 350 mg</i>	60	<i>ceftazidime for inj 1 gm</i>	14
<i>carteolol hcl ophth soln 1%</i>	90	<i>ceftazidime for inj 2 gm</i>	14
<i>carvedilol tab 12.5 mg</i>	34	<i>ceftazidime for inj 6 gm</i>	14
<i>carvedilol tab 25 mg</i>	34	CEFTAZIDIME/ SOL D5W 1GM	14
<i>carvedilol tab 3.125 mg</i>	34	CEFTAZIDIME/ SOL D5W 2GM	14
<i>carvedilol tab 6.25 mg</i>	34	<i>ceftriaxone sodium for inj 1 gm</i>	14
<i>casprofungin acetate for iv soln 50 mg</i> ..	9	<i>ceftriaxone sodium for inj 10 gm</i>	14
<i>casprofungin acetate for iv soln 70 mg</i> ..	9	<i>ceftriaxone sodium for inj 2 gm</i>	14
CAYSTON INH 75MG	6	<i>ceftriaxone sodium for inj 250 mg</i>	14
<i>cefaclor cap 250 mg</i>	13	<i>ceftriaxone sodium for inj 500 mg</i>	14
<i>cefaclor cap 500 mg</i>	13	<i>ceftriaxone sodium for iv soln 1 gm</i>	14
CEFACLOR ER TAB 500MG	13	<i>ceftriaxone sodium for iv soln 2 gm</i>	14
<i>cefaclor for susp 125 mg/5ml</i>	13	<i>cefuroxime axetil tab 250 mg</i>	14
<i>cefaclor for susp 250 mg/5ml</i>	13	<i>cefuroxime axetil tab 500 mg</i>	14
<i>cefaclor for susp 375 mg/5ml</i>	13	<i>cefuroxime sodium for inj 7.5 gm</i>	14
<i>cefadroxil cap 500 mg</i>	13	<i>cefuroxime sodium for inj 750 mg</i>	14
<i>cefadroxil for susp 250 mg/5ml</i>	13	<i>cefuroxime sodium for iv soln 1.5 gm</i> .	14
<i>cefadroxil for susp 500 mg/5ml</i>	13	<i>celecoxib cap 100 mg</i>	1
<i>cefadroxil tab 1 gm</i>	14	<i>celecoxib cap 200 mg</i>	1
CEFAZOLIN INJ 1GM/50ML.....	14	<i>celecoxib cap 400 mg</i>	1
<i>cefazolin sodium for inj 1 gm</i>	14	<i>celecoxib cap 50 mg</i>	1
<i>cefazolin sodium for inj 10 gm</i>	14	CELONTIN CAP 300MG.....	41
<i>cefazolin sodium for inj 500 mg</i>	14	<i>cephalexin cap 250 mg</i>	15
<i>cefazolin sodium for iv soln 1 gm</i>	14	<i>cephalexin cap 500 mg</i>	15
CEFAZOLIN SOL	14	<i>cephalexin for susp 125 mg/5ml</i>	15
<i>cefdinir cap 300 mg</i>	14	<i>cephalexin for susp 250 mg/5ml</i>	15
<i>cefdinir for susp 125 mg/5ml</i>	14	CERDELGA CAP 84MG	68
<i>cefdinir for susp 250 mg/5ml</i>	14	CEREZYME INJ 400UNIT.....	68
<i>cefepime hcl for inj 1 gm</i>	14	<i>cetirizine hcl oral soln 1 mg/ml (5</i>	
<i>cefepime hcl for inj 2 gm</i>	14	<i>mg/5ml)</i>	92

<i>cevimeline hcl cap 30 mg</i>	99	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	16
CHANTIX PAK 0.5& 1MG	61	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	16
CHANTIX PAK 1MG.....	61	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	16
CHANTIX TAB 0.5MG.....	61	.....	16
CHANTIX TAB 1MG.....	61	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> ..	26
CHEMET CAP 100MG	65	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> ..	26
<i>chlorhexidine gluconate soln 0.12%</i>	99	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	26
<i>chloroquine phosphate tab 250 mg</i>	9	<i>citalopram hydrobromide oral soln 10</i>	
<i>chloroquine phosphate tab 500 mg</i>	9	<i>mg/5ml</i>	47
<i>chlorothiazide tab 250 mg</i>	37	<i>citalopram hydrobromide tab 10 mg</i>	
<i>chlorothiazide tab 500 mg</i>	37	<i>(base equiv)</i>	47
CHLORPROMAZ INJ 25MG/ML.....	52	<i>citalopram hydrobromide tab 20 mg</i>	
CHLORPROMAZ INJ 50MG/2ML	52	<i>(base equiv)</i>	47
<i>chlorpromazine hcl tab 10 mg</i>	52	<i>citalopram hydrobromide tab 40 mg</i>	
<i>chlorpromazine hcl tab 100 mg</i>	52	<i>(base equiv)</i>	47
<i>chlorpromazine hcl tab 200 mg</i>	52	<i>claravis cap 10mg</i>	95
<i>chlorpromazine hcl tab 25 mg</i>	52	<i>claravis cap 20mg</i>	95
<i>chlorpromazine hcl tab 50 mg</i>	52	<i>claravis cap 30mg</i>	95
<i>chlorthalidone tab 25 mg</i>	37	<i>claravis cap 40mg</i>	95
<i>chlorthalidone tab 50 mg</i>	37	<i>clarithromycin for susp 125 mg/5ml</i> ...	15
<i>cholestyramine light powder 4 gm/dose</i>		<i>clarithromycin for susp 250 mg/5ml</i> ...	15
.....	32	<i>clarithromycin tab 250 mg</i>	15
<i>cholestyramine light powder packets 4</i>		<i>clarithromycin tab 500 mg</i>	15
<i>gm</i>	32	<i>clarithromycin tab er 24hr 500 mg</i>	15
<i>cholestyramine powder 4 gm/dose</i>	32	<i>clindacin-p pad 1%</i>	95
<i>cholestyramine powder packets 4 gm</i> ..	33	<i>clindamycin hcl cap 150 mg</i>	6
<i>ciclopirox gel 0.77%</i>	96	<i>clindamycin hcl cap 300 mg</i>	6
<i>ciclopirox olamine cream 0.77% (base</i>		<i>clindamycin hcl cap 75 mg</i>	6
<i>equiv)</i>	96	<i>clindamycin palmitate hcl for soln 75</i>	
<i>ciclopirox olamine susp 0.77% (base</i>		<i>mg/5ml (base equiv)</i>	7
<i>equiv)</i>	96	<i>clindamycin phosphate gel 1%</i>	95
<i>ciclopirox shampoo 1%</i>	96	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cilostazol tab 100 mg</i>	81	<i>300 mg/50ml</i>	7
<i>cilostazol tab 50 mg</i>	81	<i>clindamycin phosphate in d5w iv soln</i>	
CILOXAN OIN 0.3% OP.....	89	<i>600 mg/50ml</i>	7
CIMDUO TAB 300-300	11	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cinacalcet hcl tab 30 mg (base equiv)</i> ..	65	<i>900 mg/50ml</i>	7
<i>cinacalcet hcl tab 60 mg (base equiv)</i> ..	65	<i>clindamycin phosphate inj 300 mg/2ml</i> .	7
<i>cinacalcet hcl tab 90 mg (base equiv)</i> ..	65	<i>clindamycin phosphate inj 600 mg/4ml</i> .	7
CIPRODEX SUS 0.3-0.1%	99	<i>clindamycin phosphate inj 9 gm/60ml</i> ...	7
<i>ciprofloxacin 200 mg/100ml in d5w</i>	15	<i>clindamycin phosphate inj 900 mg/6ml</i> .	7
<i>ciprofloxacin 400 mg/200ml in d5w</i>	15	<i>clindamycin phosphate iv soln 300</i>	
<i>ciprofloxacin for oral susp 500 mg/5ml</i>		<i>mg/2ml</i>	7
<i>(10%) (10 gm/100ml)</i>	15	<i>clindamycin phosphate iv soln 900</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>		<i>mg/6ml</i>	7
<i>equivalent)</i>	89	<i>clindamycin phosphate lotion 1%</i>	95
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>			
.....	15		

<i>clindamycin phosphate soln 1%</i>	95	<i>0.05%</i>	96
<i>clindamycin phosphate swab 1%</i>	95	<i>clozapine orally disintegrating tab 100</i>	
<i>clindamycin phosphate vaginal cream 2%</i>		<i>mg</i>	52
.....	79	<i>clozapine orally disintegrating tab 12.5</i>	
CLINDMYC/NAC INJ 300/50ML.....	7	<i>mg</i>	52
CLINDMYC/NAC INJ 600/50ML.....	7	<i>clozapine orally disintegrating tab 150</i>	
CLINDMYC/NAC INJ 900/50ML.....	7	<i>mg</i>	52
CLINIMIX INJ 4.25/D10	87	<i>clozapine orally disintegrating tab 200</i>	
CLINIMIX INJ 4.25/D25	87	<i>mg</i>	52
CLINIMIX INJ 4.25/D5W	87	<i>clozapine orally disintegrating tab 25 mg</i>	
CLINIMIX INJ 5%/D15W	87	.....	52
CLINIMIX INJ 5%/D20W	87	<i>clozapine tab 100 mg</i>	52
CLINIMIX INJ 5%/D25W	87	<i>clozapine tab 200 mg</i>	52
CLINOLIPID EMU 20%	87	<i>clozapine tab 25 mg</i>	52
<i>clobazam suspension 2.5 mg/ml</i>	41	<i>clozapine tab 50 mg</i>	52
<i>clobazam tab 10 mg</i>	41	COARTEM TAB 20-120MG.....	9
<i>clobazam tab 20 mg</i>	41	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
<i>clomipramine hcl cap 25 mg</i>	47	.....	1
<i>clomipramine hcl cap 50 mg</i>	47	COLCRYS TAB 0.6MG.....	1
<i>clomipramine hcl cap 75 mg</i>	47	<i>colesevelam hcl packet for susp 3.75 gm</i>	
<i>clonazepam orally disintegrating tab</i>		.....	33
<i>0.125 mg</i>	41	<i>colesevelam hcl tab 625 mg</i>	33
<i>clonazepam orally disintegrating tab 0.25</i>		<i>colestipol hcl granule packets 5 gm</i>	33
<i>mg</i>	41	<i>colestipol hcl granules 5 gm</i>	33
<i>clonazepam orally disintegrating tab 0.5</i>		<i>colestipol hcl tab 1 gm</i>	33
<i>mg</i>	41	<i>colistimethate sod for inj 150 mg</i>	
<i>clonazepam orally disintegrating tab 1</i>		<i>(colistin base activity)</i>	7
<i>mg</i>	41	COMBIGAN SOL 0.2/0.5%	90
<i>clonazepam orally disintegrating tab 2</i>		COMBIVENT AER 20-100	91
<i>mg</i>	41	COMETRIQ KIT 100MG.....	23
<i>clonazepam tab 0.5 mg</i>	41	COMETRIQ KIT 140MG.....	23
<i>clonazepam tab 1 mg</i>	41	COMETRIQ KIT 60MG	23
<i>clonazepam tab 2 mg</i>	41	COMPLERA TAB.....	11
<i>clonidine hcl tab 0.1 mg</i>	38	<i>compro sup 25mg</i>	74
<i>clonidine hcl tab 0.2 mg</i>	38	<i>constulose sol 10gm/15</i>	76
<i>clonidine hcl tab 0.3 mg</i>	38	COPIKTRA CAP 15MG.....	23
<i>clonidine td patch weekly 0.1 mg/24hr</i>	38	COPIKTRA CAP 25MG.....	23
<i>clonidine td patch weekly 0.2 mg/24hr</i>	38	CORLANOR SOL 5MG/5ML	38
<i>clonidine td patch weekly 0.3 mg/24hr</i>	38	CORLANOR TAB 5MG	38
<i>clopidogrel bisulfate tab 75 mg (base</i>		CORLANOR TAB 7.5MG	38
<i>equiv)</i>	81	<i>cortisone acetate tab 25 mg</i>	70
<i>clorazepate dipotassium tab 15 mg</i>	41	COTELLIC TAB 20MG	23
<i>clorazepate dipotassium tab 3.75 mg</i> ..	41	COUMADIN TAB 10MG	79
<i>clorazepate dipotassium tab 7.5 mg</i>	41	COUMADIN TAB 1MG	79
<i>clotrimazole cream 1%</i>	96	COUMADIN TAB 2.5MG	79
<i>clotrimazole soln 1%</i>	96	COUMADIN TAB 2MG	79
<i>clotrimazole troche 10 mg</i>	99	COUMADIN TAB 3MG	79
<i>clotrimazole w/ betamethasone cream 1-</i>		COUMADIN TAB 4MG	79

COUMADIN TAB 5MG.....	79	DALIRESP TAB 500MCG	93
COUMADIN TAB 6MG.....	79	<i>danazol cap 100 mg</i>	68
COUMADIN TAB 7.5MG.....	79	<i>danazol cap 200 mg</i>	68
CREON CAP 12000UNT	77	<i>danazol cap 50 mg</i>	68
CREON CAP 24000UNT	77	<i>dantrolene sodium cap 100 mg</i>	60
CREON CAP 3000UNIT.....	77	<i>dantrolene sodium cap 25 mg</i>	60
CREON CAP 36000UNT	77	<i>dantrolene sodium cap 50 mg</i>	60
CREON CAP 6000UNIT.....	77	<i>dapsone tab 100 mg</i>	7
CRIXIVAN CAP 200MG	10	<i>dapsone tab 25 mg</i>	7
CRIXIVAN CAP 400MG	10	DAPTACEL INJ	85
<i>cromolyn sodium ophth soln 4%</i>	90	<i>daptomycin for iv soln 350 mg</i>	7
<i>cromolyn sodium oral conc 100 mg/5ml</i>		<i>daptomycin for iv soln 500 mg</i>	7
.....	77	DAPTOMYCIN SOL 350MG	7
<i>cromolyn sodium soln nebu 20 mg/2ml</i>		<i>dasetta tab 1/35</i>	66
.....	93	<i>dasetta tab 7/7/7</i>	66
<i>cryselle-28 tab 28 tabs</i>	65	DAURISMO TAB 100MG.....	20
<i>cyclafem tab 1/35</i>	65	DAURISMO TAB 25MG	20
<i>cyclafem tab 7/7/7</i>	65	<i>deblitane tab 0.35mg</i>	66
<i>cyclobenzaprine hcl tab 10 mg</i>	60	DELESTROGEN INJ 10MG/ML.....	69
<i>cyclobenzaprine hcl tab 5 mg</i>	60	DELSTRIGO TAB.....	11
<i>cyclophosphamide cap 25 mg</i>	18	<i>delyla tab 0.1-0.02</i>	66
<i>cyclophosphamide cap 50 mg</i>	18	DELZICOL CAP 400MG	76
<i>cyclophosphamide for inj 1 gm</i>	18	DEMSEER CAP 250MG	38
<i>cyclophosphamide for inj 2 gm</i>	18	DEPEN TITRA TAB 250MG	65
<i>cyclophosphamide for inj 500 mg</i>	18	DEPO-PROVERA INJ 400/ML	21
<i>cycloserine cap 250 mg</i>	12	DESCOVY TAB 200/25	11
<i>cyclosporine cap 100 mg</i>	84	<i>desipramine hcl tab 10 mg</i>	47
<i>cyclosporine cap 25 mg</i>	84	<i>desipramine hcl tab 100 mg</i>	47
<i>cyclosporine iv soln 50 mg/ml</i>	84	<i>desipramine hcl tab 150 mg</i>	47
<i>cyclosporine modified cap 100 mg</i>	84	<i>desipramine hcl tab 25 mg</i>	47
<i>cyclosporine modified cap 25 mg</i>	84	<i>desipramine hcl tab 50 mg</i>	47
<i>cyclosporine modified cap 50 mg</i>	84	<i>desipramine hcl tab 75 mg</i>	47
<i>cyclosporine modified oral soln 100</i>		<i>desmopressin acetate inj 4 mcg/ml</i>	74
<i>mg/ml</i>	84	<i>desmopressin acetate nasal spray soln</i>	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	92	<i>0.01%</i>	74
<i>cyproheptadine hcl tab 4 mg</i>	92	<i>desmopressin acetate nasal spray soln</i>	
CYSTADANE POW.....	68	<i>0.01% (refrigerated)</i>	74
CYSTAGON CAP 150MG	69	<i>desmopressin acetate tab 0.1 mg</i>	74
CYSTAGON CAP 50MG	69	<i>desmopressin acetate tab 0.2 mg</i>	74
CYSTARAN SOL 0.44%	91	<i>desogest-eth estrad & eth estrad tab</i>	
<i>cytarabine inj 20 mg/ml</i>	19	<i>0.15-0.02/0.01 mg(21/5)</i>	66
D		<i>desogest-ethin est tab 0.1-0.025/0.125-</i>	
D10W/NACL INJ 0.2%	87	<i>0.025/0.15-0.025mg-mg</i>	66
D5W/LYTES INJ #48	87	<i>desogestrel & ethinyl estradiol tab 0.15</i>	
D5W/NACL INJ 0.3%.....	87	<i>mg-30 mcg</i>	66
<i>dacarbazine for inj 100 mg</i>	18	<i>desvenlafaxine succinate tab er 24hr 100</i>	
<i>dalfampridine tab er 12hr 10 mg</i>	59	<i>mg (base equiv)</i>	47
DALIRESP TAB 250MCG	93	<i>desvenlafaxine succinate tab er 24hr 25</i>	

<i>mg (base equiv)</i>	47	<i>dextrose inj 5%</i>	87
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	47	<i>dextrose inj 50%</i>	87
DEXAMETHASON CON 1MG/ML	70	<i>dextrose inj 70%</i>	87
<i>dexamethasone elixir 0.5 mg/5ml</i>	70	DIASTAT ACDL GEL 12.5-20	41
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	70	DIASTAT ACDL GEL 5-10MG	41
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	70	DIASTAT PED GEL 2.5M GEL	41
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	70	<i>diazepam con 5mg/ml</i>	41
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	70	<i>diazepam inj 5 mg/ml</i>	41
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	70	<i>diazepam oral soln 1 mg/ml</i>	42
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	70	<i>diazepam rectal gel delivery system 10 mg</i>	42
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	90	<i>diazepam rectal gel delivery system 2.5 mg</i>	42
<i>dexamethasone soln 0.5 mg/5ml</i>	70	<i>diazepam rectal gel delivery system 20 mg</i>	42
<i>dexamethasone tab 0.5 mg</i>	70	<i>diazepam tab 10 mg</i>	42
<i>dexamethasone tab 0.75 mg</i>	70	<i>diazepam tab 2 mg</i>	42
<i>dexamethasone tab 1 mg</i>	70	<i>diazepam tab 5 mg</i>	42
<i>dexamethasone tab 1.5 mg</i>	70	<i>diclofenac potassium tab 50 mg</i>	1
<i>dexamethasone tab 2 mg</i>	70	<i>diclofenac sodium gel 1%</i>	98
<i>dexamethasone tab 4 mg</i>	70	<i>diclofenac sodium ophth soln 0.1%</i>	90
<i>dexamethasone tab 6 mg</i>	70	<i>diclofenac sodium tab delayed release 25 mg</i>	1
DEXILANT CAP 30MG DR	77	<i>diclofenac sodium tab delayed release 50 mg</i>	1
DEXILANT CAP 60MG DR	77	<i>diclofenac sodium tab delayed release 75 mg</i>	1
<i>dexmethylphenidate hcl tab 10 mg</i>	56	<i>diclofenac sodium tab er 24hr 100 mg</i> ..	1
<i>dexmethylphenidate hcl tab 2.5 mg</i>	56	<i>dicloxacillin sodium cap 250 mg</i>	17
<i>dexmethylphenidate hcl tab 5 mg</i>	56	<i>dicloxacillin sodium cap 500 mg</i>	17
<i>dextrazoxane hcl for inj 500 mg (base equivalent)</i>	26	<i>dicyclomine hcl cap 10 mg</i>	75
<i>dextrose 10% w/ sodium chloride 0.45%</i>	87	<i>dicyclomine hcl oral soln 10 mg/5ml</i> ...	75
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	87	<i>dicyclomine hcl tab 20 mg</i>	75
<i>dextrose 5% in lactated ringers</i>	87	<i>didanosine delayed release capsule 200 mg</i>	10
<i>dextrose 5% w/ sodium chloride 0.2%</i>	87	<i>didanosine delayed release capsule 250 mg</i>	10
<i>dextrose 5% w/ sodium chloride 0.225%</i>	87	<i>didanosine delayed release capsule 400 mg</i>	10
<i>dextrose 5% w/ sodium chloride 0.33%</i>	87	DIFICID TAB 200MG	15
<i>dextrose 5% w/ sodium chloride 0.45%</i>	87	<i>diflunisal tab 500 mg</i>	1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	87	<i>digitek tab 0.125mg</i>	36
<i>dextrose inj 10%</i>	87	<i>digitek tab 0.25mg</i>	36
		<i>digoxin inj 0.25 mg/ml</i>	37
		<i>digoxin oral soln 0.05 mg/ml</i>	37
		<i>digoxin tab 125 mcg (0.125 mg)</i>	37
		<i>digoxin tab 250 mcg (0.25 mg)</i>	37
		<i>dihydroergotamine mesylate inj 1 mg/ml</i>	

.....	58	<i>mg/5ml</i>	77
<i>dihydroergotamine mesylate nasal spray</i>		<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
<i>4 mg/ml</i>	58	<i>mg</i>	77
DILANTIN CAP 100MG	42	<i>disopyramide phosphate cap 100 mg</i> ..	31
DILANTIN CAP 30MG	42	<i>disopyramide phosphate cap 150 mg</i> ..	31
DILANTIN CHW 50MG.....	42	<i>disulfiram tab 250 mg</i>	61
DILANTIN-125 SUS 125/5ML.....	42	<i>disulfiram tab 500 mg</i>	61
<i>diltiazem hcl cap er 12hr 120 mg</i>	35	<i>divalproex sodium cap delayed release</i>	
<i>diltiazem hcl cap er 12hr 60 mg</i>	35	<i>sprinkle 125 mg</i>	42
<i>diltiazem hcl cap er 12hr 90 mg</i>	35	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl cap er 24hr 120 mg</i>	35	<i>125 mg</i>	42
<i>diltiazem hcl cap er 24hr 180 mg</i>	35	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl cap er 24hr 240 mg</i>	35	<i>250 mg</i>	42
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab delayed release</i>	
<i>120 mg</i>	35	<i>500 mg</i>	42
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab er 24 hr 250 mg</i>	
<i>180 mg</i>	35	.....	42
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab er 24 hr 500 mg</i>	
<i>240 mg</i>	35	.....	42
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>docetaxel for inj conc 160 mg/8ml (20</i>	
<i>300 mg</i>	35	<i>mg/ml)</i>	20
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>docetaxel for inj conc 20 mg/ml</i>	19
<i>360 mg</i>	35	<i>docetaxel for inj conc 80 mg/4ml (20</i>	
<i>diltiazem hcl extended release beads cap</i>		<i>mg/ml)</i>	19
<i>er 24hr 120 mg</i>	35	DOCETAXEL INJ 160/16ML	20
<i>diltiazem hcl extended release beads cap</i>		DOCETAXEL INJ 160/8ML	20
<i>er 24hr 180 mg</i>	35	DOCETAXEL INJ 200/10	20
<i>diltiazem hcl extended release beads cap</i>		DOCETAXEL INJ 20MG/2ML	20
<i>er 24hr 240 mg</i>	35	DOCETAXEL INJ 80MG/4ML	20
<i>diltiazem hcl extended release beads cap</i>		DOCETAXEL INJ 80MG/8ML	20
<i>er 24hr 300 mg</i>	35	<i>docetaxel soln for iv infusion 160</i>	
<i>diltiazem hcl extended release beads cap</i>		<i>mg/16ml</i>	20
<i>er 24hr 360 mg</i>	35	<i>docetaxel soln for iv infusion 20 mg/2ml</i>	
<i>diltiazem hcl extended release beads cap</i>		.....	20
<i>er 24hr 420 mg</i>	35	<i>docetaxel soln for iv infusion 80 mg/8ml</i>	
<i>diltiazem hcl iv soln 125 mg/25ml (5</i>		.....	20
<i>mg/ml)</i>	36	<i>dofetilide cap 125 mcg (0.125 mg)</i>	31
<i>diltiazem hcl iv soln 25 mg/5ml (5</i>		<i>dofetilide cap 250 mcg (0.25 mg)</i>	31
<i>mg/ml)</i>	36	<i>dofetilide cap 500 mcg (0.5 mg)</i>	31
<i>diltiazem hcl iv soln 50 mg/10ml (5</i>		<i>donepezil hydrochloride orally</i>	
<i>mg/ml)</i>	36	<i>disintegrating tab 10 mg</i>	46
<i>diltiazem hcl tab 120 mg</i>	36	<i>donepezil hydrochloride orally</i>	
<i>diltiazem hcl tab 30 mg</i>	36	<i>disintegrating tab 5 mg</i>	46
<i>diltiazem hcl tab 60 mg</i>	36	<i>donepezil hydrochloride tab 10 mg</i>	46
<i>diltiazem hcl tab 90 mg</i>	36	<i>donepezil hydrochloride tab 5 mg</i>	46
DIP/TET PED INJ 25-5LFU	85	<i>dorzolamide hcl ophth soln 2%</i>	90
<i>diphenhydramine hcl inj 50 mg/ml</i>	92	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>soln 22.3-6.8 mg/ml</i>	91

DOVATO TAB 50-300MG	11
<i>doxazosin mesylate tab 1 mg</i>	29
<i>doxazosin mesylate tab 2 mg</i>	29
<i>doxazosin mesylate tab 4 mg</i>	29
<i>doxazosin mesylate tab 8 mg</i>	29
<i>doxepin hcl cap 10 mg</i>	47
<i>doxepin hcl cap 100 mg</i>	47
<i>doxepin hcl cap 150 mg</i>	47
<i>doxepin hcl cap 25 mg</i>	47
<i>doxepin hcl cap 50 mg</i>	47
<i>doxepin hcl cap 75 mg</i>	47
<i>doxepin hcl conc 10 mg/ml</i>	47
<i>doxorubicin hcl for inj 50 mg</i>	18
<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 150 mg</i> .	18
<i>doxycycline monohydrate tab 50 mg</i> ...	18
<i>doxycycline monohydrate tab 75 mg</i> ...	18
<i>dronabinol cap 10 mg</i>	74
<i>dronabinol cap 2.5 mg</i>	74
<i>dronabinol cap 5 mg</i>	74
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	66
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	66
DROXIA CAP 200MG.....	81
DROXIA CAP 300MG.....	81
DROXIA CAP 400MG.....	81
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	47
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	47
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	48
DUREZOL EMU 0.05%	90
<i>dutasteride cap 0.5 mg</i>	78
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	78

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EDURANT TAB 25MG	10
<i>efavirenz cap 200 mg</i>	10
<i>efavirenz cap 50 mg</i>	10
<i>efavirenz tab 600 mg</i>	10
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	58
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	58
ELIQUIS ST P TAB 5MG	79
ELIQUIS TAB 2.5MG	79
ELIQUIS TAB 5MG	79
ELLA TAB 30MG	66
EMCYT CAP 140MG.....	18
EMEND SUS 125MG.....	74
EMGALITY INJ 120MG/ML.....	58
<i>emoquette tab</i>	66
EMSAM DIS 12MG/24H	48
EMSAM DIS 6MG/24HR	48
EMSAM DIS 9MG/24HR	48
EMTRIVA CAP 200MG.....	10
EMTRIVA SOL 10MG/ML.....	10
EMVERM CHW 100MG	7
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	27
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	27
<i>enalapril maleate tab 10 mg</i>	28
<i>enalapril maleate tab 2.5 mg</i>	28
<i>enalapril maleate tab 20 mg</i>	28
<i>enalapril maleate tab 5 mg</i>	28
ENDARI POW 5GM.....	81
ENGERIX-B INJ 10/0.5ML.....	85
ENGERIX-B INJ 20MCG/ML.....	85
<i>enoxaparin sodium inj 100 mg/ml</i>	79
<i>enoxaparin sodium inj 120 mg/0.8ml..</i>	79
<i>enoxaparin sodium inj 150 mg/ml</i>	79
<i>enoxaparin sodium inj 30 mg/0.3ml</i> ...	79
<i>enoxaparin sodium inj 300 mg/3ml</i>	79
<i>enoxaparin sodium inj 40 mg/0.4ml</i> ...	79
<i>enoxaparin sodium inj 60 mg/0.6ml</i> ...	79
<i>enoxaparin sodium inj 80 mg/0.8ml</i> ...	79
<i>enpresse-28 tab</i>	66
<i>enskyce tab</i>	66
ENSTILAR AER.....	97
<i>entacapone tab 200 mg</i>	50
<i>entecavir tab 0.5 mg</i>	13
<i>entecavir tab 1 mg</i>	13

ENTRESTO TAB 24-26MG	30	<i>mg</i>	15
ENTRESTO TAB 49-51MG	30	<i>erythromycin tab delayed release 500</i>	
ENTRESTO TAB 97-103MG	30	<i>mg</i>	15
<i>enulose sol 10gm/15</i>	76	<i>erythromycin w/ delayed release</i>	
EPCLUSA TAB 400-100	13	<i>particles cap 250 mg</i>	15
EPIDIOLEX SOL 100MG/ML	42	ESBRIET CAP 267MG	93
<i>epinephrine solution auto-injector 0.15</i>		ESBRIET TAB 267MG	93
<i>mg/0.15ml (1:1000)</i>	93	ESBRIET TAB 801MG	93
<i>epinephrine solution auto-injector 0.15</i>		<i>escitalopram oxalate soln 5 mg/5ml</i>	
<i>mg/0.3ml (1:2000)</i>	93	<i>(base equiv)</i>	48
<i>epinephrine solution auto-injector 0.3</i>		<i>escitalopram oxalate tab 10 mg (base</i>	
<i>mg/0.3ml (1:1000)</i>	93	<i>equiv)</i>	48
<i>epirubicin hcl iv soln 200 mg/100ml (2</i>		<i>escitalopram oxalate tab 20 mg (base</i>	
<i>mg/ml)</i>	18	<i>equiv)</i>	48
<i>epirubicin hcl iv soln 50 mg/25ml (2</i>		<i>escitalopram oxalate tab 5 mg (base</i>	
<i>mg/ml)</i>	18	<i>equiv)</i>	48
<i>epitol tab 200mg</i>	42	<i>esomeprazole magnesium cap delayed</i>	
EPIVIR HBV SOL 5MG/ML	13	<i>release 20 mg (base eq)</i>	78
<i>eplerenone tab 25 mg</i>	29	<i>esomeprazole magnesium cap delayed</i>	
<i>eplerenone tab 50 mg</i>	29	<i>release 40 mg (base eq)</i>	78
<i>ergotamine w/ caffeine tab 1-100 mg</i> ..	58	<i>esomeprazole sodium for intravenous</i>	
ERIVEDGE CAP 150MG	20	<i>soln 40 mg (base equiv)</i>	78
ERLEADA TAB 60MG	21	<i>estradiol tab 0.5 mg</i>	69
<i>erlotinib hcl tab 100 mg (base</i>		<i>estradiol tab 1 mg</i>	69
<i>equivalent)</i>	23	<i>estradiol tab 2 mg</i>	69
<i>erlotinib hcl tab 150 mg (base</i>		<i>estradiol td patch weekly 0.025 mg/24hr</i>	
<i>equivalent)</i>	24	.....	69
<i>erlotinib hcl tab 25 mg (base equivalent)</i>		<i>estradiol td patch weekly 0.0375</i>	
.....	23	<i>mg/24hr (37.5 mcg/24hr)</i>	69
<i>errin tab 0.35mg</i>	66	<i>estradiol td patch weekly 0.05 mg/24hr</i>	
<i>ertapenem sodium for inj 1 gm (base</i>		.....	69
<i>equivalent)</i>	7	<i>estradiol td patch weekly 0.06 mg/24hr</i>	
<i>ery-tab tab 250mg ec</i>	15	.....	69
<i>ery-tab tab 333mg ec</i>	15	<i>estradiol td patch weekly 0.075 mg/24hr</i>	
<i>ery-tab tab 500mg ec</i>	15	.....	69
ERYTHROCIN INJ 500MG	15	<i>estradiol td patch weekly 0.1 mg/24hr</i>	69
<i>erythrocin tab 250mg</i>	15	<i>estradiol vaginal cream 0.1 mg/gm</i>	69
<i>erythromycin ethylsuccinate tab 400 mg</i>		<i>estradiol vaginal tab 10 mcg</i>	69
.....	15	<i>estradiol valerate im in oil 20 mg/ml</i> ..	69
<i>erythromycin gel 2%</i>	96	<i>estradiol valerate im in oil 40 mg/ml</i> ..	69
<i>erythromycin ophth oint 5 mg/gm</i>	89	<i>eszopiclone tab 1 mg</i>	57
<i>erythromycin pads 2%</i>	96	<i>eszopiclone tab 2 mg</i>	57
<i>erythromycin soln 2%</i>	96	<i>eszopiclone tab 3 mg</i>	57
<i>erythromycin tab 250 mg</i>	15	<i>ethambutol hcl tab 100 mg</i>	12
<i>erythromycin tab 500 mg</i>	15	<i>ethambutol hcl tab 400 mg</i>	12
<i>erythromycin tab delayed release 250</i>		<i>ethosuximide cap 250 mg</i>	42
<i>mg</i>	15	<i>ethosuximide soln 250 mg/5ml</i>	42
<i>erythromycin tab delayed release 333</i>		<i>ethynodiol diacetate & ethinyl estradiol</i>	

<i>tab 1 mg-35 mcg</i>	66
<i>ethynodiol diacetate & ethinyl estradiol</i>	
<i>tab 1 mg-50 mcg</i>	66
<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>etoposide inj 100 mg/5ml (20 mg/ml)</i> .	27
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	
.....	27
EVOTAZ TAB 300-150.....	12
<i>exemestane tab 25 mg</i>	21
<i>ezetimibe tab 10 mg</i>	33
F	
FABRAZYME INJ 35MG	69
FABRAZYME INJ 5MG.....	69
<i>falmina tab</i>	66
<i>famciclovir tab 125 mg</i>	13
<i>famciclovir tab 250 mg</i>	13
<i>famciclovir tab 500 mg</i>	13
<i>famotidine for susp 40 mg/5ml</i>	76
<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>mg/50ml</i>	76
<i>famotidine inj 20 mg/2ml</i>	76
<i>famotidine inj 200 mg/20ml</i>	76
<i>famotidine inj 40 mg/4ml</i>	76
<i>famotidine tab 20 mg</i>	76
<i>famotidine tab 40 mg</i>	76
FANAPT PAK	52
FANAPT TAB 10MG	52
FANAPT TAB 12MG	52
FANAPT TAB 1MG	52
FANAPT TAB 2MG.....	52
FANAPT TAB 4MG	52
FANAPT TAB 6MG.....	52
FANAPT TAB 8MG	52
FARXIGA TAB 10MG	62
FARXIGA TAB 5MG	62
FARYDAK CAP 10MG	20
FARYDAK CAP 15MG.....	20
FARYDAK CAP 20MG.....	20
FASLODEX INJ 250/5ML.....	21
<i>febuxostat tab 40 mg</i>	1
<i>febuxostat tab 80 mg</i>	1
<i>felbamate susp 600 mg/5ml</i>	42

<i>felbamate tab 400 mg</i>	42
<i>felbamate tab 600 mg</i>	42
<i>felodipine tab er 24hr 10 mg</i>	36
<i>felodipine tab er 24hr 2.5 mg</i>	36
<i>felodipine tab er 24hr 5 mg</i>	36
<i>femynor tab 0.25-35</i>	66
<i>fenofibrate micronized cap 134 mg</i>	33
<i>fenofibrate micronized cap 200 mg</i>	33
<i>fenofibrate micronized cap 67 mg</i>	33
<i>fenofibrate tab 145 mg</i>	33
<i>fenofibrate tab 160 mg</i>	33
<i>fenofibrate tab 48 mg</i>	33
<i>fenofibrate tab 54 mg</i>	33
<i>fentanyl citrate buccal tab 100 mcg (base</i>	
<i>equiv)</i>	2
<i>fentanyl citrate buccal tab 200 mcg (base</i>	
<i>equiv)</i>	2
<i>fentanyl citrate buccal tab 400 mcg (base</i>	
<i>equiv)</i>	3
<i>fentanyl citrate buccal tab 600 mcg (base</i>	
<i>equiv)</i>	3
<i>fentanyl citrate buccal tab 800 mcg (base</i>	
<i>equiv)</i>	3
<i>fentanyl citrate lozenge on a handle 1200</i>	
<i>mcg</i>	3
<i>fentanyl citrate lozenge on a handle 1600</i>	
<i>mcg</i>	3
<i>fentanyl citrate lozenge on a handle 200</i>	
<i>mcg</i>	3
<i>fentanyl citrate lozenge on a handle 400</i>	
<i>mcg</i>	3
<i>fentanyl citrate lozenge on a handle 600</i>	
<i>mcg</i>	3
<i>fentanyl citrate lozenge on a handle 800</i>	
<i>mcg</i>	3
<i>fentanyl td patch 72hr 100 mcg/hr</i>	3
<i>fentanyl td patch 72hr 12 mcg/hr</i>	3
<i>fentanyl td patch 72hr 25 mcg/hr</i>	3
<i>fentanyl td patch 72hr 50 mcg/hr</i>	3
<i>fentanyl td patch 72hr 75 mcg/hr</i>	3
FENTORA TAB 100MCG	3
FENTORA TAB 200MCG	3
FENTORA TAB 400MCG	3
FENTORA TAB 600MCG	3
FENTORA TAB 800MCG	3
FETZIMA CAP 120MG	48
FETZIMA CAP 20MG.....	48
FETZIMA CAP 40MG.....	48

FETZIMA CAP 80MG	48	0.05%	98
FETZIMA CAP TITRATIO	48	fluocinonide gel 0.05%	98
FIASP FLEX INJ TOUCH.....	62	fluocinonide soln 0.05%	98
FIASP INJ 100/ML	62	fluorometholone ophth susp 0.1%	90
<i>finasteride tab 5 mg</i>	78	fluorouracil cream 5%	98
FIRAZYR INJ 30MG/3ML.....	81	fluorouracil iv soln 1 gm/20ml (50	
<i>flac oil 0.01%</i>	99	mg/ml)	19
FLEBOGAMMA INJ 10/100ML	82	fluorouracil iv soln 2.5 gm/50ml (50	
FLEBOGAMMA INJ 10/200ML	82	mg/ml)	19
FLEBOGAMMA INJ 20/200ML	82	fluorouracil iv soln 5 gm/100ml (50	
FLEBOGAMMA INJ 20/400ML	82	mg/ml)	19
FLEBOGAMMA INJ 5GM/50ML	82	fluorouracil iv soln 500 mg/10ml (50	
FLEBOGAMMA INJ DIF 5%	82	mg/ml)	19
<i>flecainide acetate tab 100 mg</i>	31	fluorouracil soln 2%.....	98
<i>flecainide acetate tab 150 mg</i>	31	fluorouracil soln 5%.....	98
<i>flecainide acetate tab 50 mg</i>	31	fluoxetine hcl cap 10 mg	48
FLOVENT DISK AER 100MCG	94	fluoxetine hcl cap 20 mg	48
FLOVENT DISK AER 250MCG	95	fluoxetine hcl cap 40 mg	48
FLOVENT DISK AER 50MCG	94	fluoxetine hcl solution 20 mg/5ml	48
FLOVENT HFA AER 110MCG.....	95	fluphenazine decanoate inj 25 mg/ml .	52
FLOVENT HFA AER 220MCG.....	95	fluphenazine hcl elixir 2.5 mg/5ml.....	52
FLOVENT HFA AER 44MCG	95	fluphenazine hcl inj 2.5 mg/ml.....	52
<i>fluconazole for susp 10 mg/ml</i>	9	fluphenazine hcl oral conc 5 mg/ml	52
<i>fluconazole for susp 40 mg/ml</i>	9	fluphenazine hcl tab 1 mg	52
<i>fluconazole in nacl 0.9% inj 200</i>		fluphenazine hcl tab 10 mg	52
<i>mg/100ml</i>	9	fluphenazine hcl tab 2.5 mg	52
<i>fluconazole in nacl 0.9% inj 400</i>		fluphenazine hcl tab 5 mg	52
<i>mg/200ml</i>	9	flurbiprofen sodium ophth soln 0.03%	90
<i>fluconazole tab 100 mg</i>	9	flurbiprofen tab 100 mg	1
<i>fluconazole tab 150 mg</i>	9	flurbiprofen tab 50 mg	1
<i>fluconazole tab 200 mg</i>	9	flutamide cap 125 mg	21
<i>fluconazole tab 50 mg</i>	9	fluticasone propionate cream 0.05%...	98
<i>flucytosine cap 250 mg</i>	9	fluticasone propionate nasal susp 50	
<i>flucytosine cap 500 mg</i>	9	mcg/act	94
<i>fludrocortisone acetate tab 0.1 mg</i>	70	fluticasone propionate oint 0.005%	98
<i>flunisolide nasal soln 25 mcg/act</i>		fluvoxamine maleate tab 100 mg	40
<i>(0.025%)</i>	94	fluvoxamine maleate tab 25 mg	40
<i>fluocinolone acetonide (otic) oil 0.01%</i>	99	fluvoxamine maleate tab 50 mg	40
<i>fluocinolone acetonide cream 0.01%</i> ...	97	fondaparinux sodium subcutaneous inj	
<i>fluocinolone acetonide cream 0.025%</i> .	97	10 mg/0.8ml	79
<i>fluocinolone acetonide oil 0.01% (body</i>		fondaparinux sodium subcutaneous inj	
<i>oil)</i>	97	2.5 mg/0.5ml	79
<i>fluocinolone acetonide oil 0.01% (scalp</i>		fondaparinux sodium subcutaneous inj 5	
<i>oil)</i>	97	mg/0.4ml	79
<i>fluocinolone acetonide oint 0.025%</i>	97	fondaparinux sodium subcutaneous inj	
<i>fluocinolone acetonide soln 0.01%</i>	97	7.5 mg/0.6ml	79
<i>fluocinonide cream 0.05%</i>	97	FORTEO SOL 600/2.4	71
<i>fluocinonide emulsified base cream</i>		<i>fosamprenavir calcium tab 700 mg (base</i>	

<i>equiv</i>)	10	GAMMAGARD INJ 20GM/200	83
<i>fosinopril sodium & hydrochlorothiazide</i>		GAMMAGARD INJ 30GM/300	83
<i>tab 10-12.5 mg</i>	27	GAMMAGARD INJ 5GM/50ML	83
<i>fosinopril sodium & hydrochlorothiazide</i>		GAMMAGARD SD INJ 10GM HU	83
<i>tab 20-12.5 mg</i>	27	GAMMAGARD SD INJ 5GM HU	83
<i>fosinopril sodium tab 10 mg</i>	28	GAMMAKED INJ 10GM/100	83
<i>fosinopril sodium tab 20 mg</i>	28	GAMMAKED INJ 1GM/10ML	83
<i>fosinopril sodium tab 40 mg</i>	28	GAMMAKED INJ 2.5GM/25	83
FREAMINE HBC INJ 6.9%	87	GAMMAKED INJ 20GM/200	83
FREAMINE III INJ 10%	87	GAMMAKED INJ 5GM/50ML	83
<i>fulvestrant inj 250 mg/5ml</i>	21	GAMMAPLEX INJ 10%	83
<i>furosemide inj 10 mg/ml</i>	37	GAMMAPLEX INJ 5%	83
<i>furosemide oral soln 10 mg/ml</i>	37	GAMUNEX-C INJ 10GM/100	83
<i>furosemide oral soln 8 mg/ml</i>	37	GAMUNEX-C INJ 1GM/10ML	83
<i>furosemide tab 20 mg</i>	37	GAMUNEX-C INJ 2.5GM/25	83
<i>furosemide tab 40 mg</i>	37	GAMUNEX-C INJ 20GM/200	83
<i>furosemide tab 80 mg</i>	37	GAMUNEX-C INJ 40/400ML	83
FUZEON INJ 90MG	10	GAMUNEX-C INJ 5GM/50ML	83
<i>fyavolv tab 0.5-2.5</i>	69	<i>ganciclovir sodium for inj 500 mg</i>	13
FYCOMPA SUS 0.5MG/ML	42	GARDASIL 9 INJ	85
FYCOMPA TAB 10MG	42	<i>gatifloxacin ophth soln 0.5%</i>	89
FYCOMPA TAB 12MG	43	GATTEX KIT 5MG	77
FYCOMPA TAB 2MG	42	GAUZE PADS 2	62
FYCOMPA TAB 4MG	42	<i>gavilyte-c sol</i>	76
FYCOMPA TAB 6MG	42	<i>gavilyte-g sol</i>	76
FYCOMPA TAB 8MG	42	<i>gavilyte-n sol flav pk</i>	76
G		<i>gemcitabine hcl for inj 1 gm</i>	19
<i>gabapentin cap 100 mg</i>	43	<i>gemcitabine hcl for inj 2 gm</i>	19
<i>gabapentin cap 300 mg</i>	43	<i>gemcitabine hcl for inj 200 mg</i>	19
<i>gabapentin cap 400 mg</i>	43	<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>	
<i>gabapentin oral soln 250 mg/5ml</i>	43	<i>mg/ml) (base equiv)</i>	19
<i>gabapentin tab 600 mg</i>	43	<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>	
<i>gabapentin tab 800 mg</i>	43	<i>mg/ml) (base equiv)</i>	19
<i>galantamine hydrobromide cap er 24hr</i>		<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>	
<i>16 mg</i>	46	<i>mg/ml) (base equiv)</i>	19
<i>galantamine hydrobromide cap er 24hr</i>		<i>gemfibrozil tab 600 mg</i>	33
<i>24 mg</i>	46	<i>generlac sol 10gm/15</i>	76
<i>galantamine hydrobromide cap er 24hr 8</i>		<i>gengraf cap 100mg</i>	84
<i>mg</i>	46	<i>gengraf cap 25mg</i>	84
<i>galantamine hydrobromide oral soln 4</i>		<i>gengraf sol 100mg/ml</i>	84
<i>mg/ml</i>	46	GENOTROPIN INJ 0.2MG	71
<i>galantamine hydrobromide tab 12 mg</i>	46	GENOTROPIN INJ 0.4MG	71
<i>galantamine hydrobromide tab 4 mg</i>	46	GENOTROPIN INJ 0.6MG	71
<i>galantamine hydrobromide tab 8 mg</i>	46	GENOTROPIN INJ 0.8MG	71
GAMASTAN S/D INJ	83	GENOTROPIN INJ 0.8MG	71
GAMMAGARD INJ 10GM/100	83	GENOTROPIN INJ 1.2MG	71
GAMMAGARD INJ 1GM/10ML	83	GENOTROPIN INJ 1.4MG	71
GAMMAGARD INJ 2.5GM/25	83	GENOTROPIN INJ 1.6MG	71
		GENOTROPIN INJ 1.8MG	71

GENOTROPIN INJ 12MG.....	71	<i>glyburide micronized tab 1.5 mg</i>	63
GENOTROPIN INJ 1MG.....	71	<i>glyburide micronized tab 3 mg</i>	63
GENOTROPIN INJ 2MG.....	71	<i>glyburide micronized tab 6 mg</i>	63
GENOTROPIN INJ 5MG.....	71	<i>glyburide tab 1.25 mg</i>	63
<i>gentak oin 0.3% op</i>	89	<i>glyburide tab 2.5 mg</i>	63
<i>gentamicin in saline inj 0.8 mg/ml</i>	6	<i>glyburide tab 5 mg</i>	63
<i>gentamicin in saline inj 1 mg/ml</i>	6	<i>glycopyrrolate tab 1 mg</i>	75
<i>gentamicin in saline inj 1.2 mg/ml</i>	6	<i>glycopyrrolate tab 2 mg</i>	75
<i>gentamicin in saline inj 1.6 mg/ml</i>	6	<i>glydo gel 2%</i>	98
<i>gentamicin in saline inj 2 mg/ml</i>	6	GOLYTELY SOL.....	76
<i>gentamicin sulfate cream 0.1%</i>	96	<i>granisetron hcl inj 1 mg/ml</i>	74
<i>gentamicin sulfate inj 10 mg/ml</i>	6	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	74
<i>gentamicin sulfate inj 40 mg/ml</i>	6	<i>granisetron hcl tab 1 mg</i>	74
<i>gentamicin sulfate oint 0.1%</i>	96	GRANIX INJ 300/0.5.....	80
<i>gentamicin sulfate ophth soln 0.3%</i> ...	89	GRANIX INJ 300/1ML.....	80
GENVOYA TAB	12	GRANIX INJ 480/0.8.....	80
GEODON INJ 20MG	52	GRANIX INJ 480/1.6.....	80
GILENYA CAP 0.5MG	59	<i>griseofulvin microsize susp 125 mg/5ml</i> 9	
GILOTRIF TAB 20MG	24	<i>griseofulvin microsize tab 500 mg</i>	9
GILOTRIF TAB 30MG	24	<i>griseofulvin ultramicrosize tab 125 mg</i> ..	9
GILOTRIF TAB 40MG	24	<i>griseofulvin ultramicrosize tab 250 mg</i> ..	9
<i>glatiramer acetate soln prefilled syringe</i> <i>20 mg/ml</i>	59	<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i>	56
<i>glatiramer acetate soln prefilled syringe</i> <i>40 mg/ml</i>	59	<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i>	56
<i>glatopa inj 20mg/ml</i>	59	<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i>	56
<i>glatopa inj 40mg/ml</i>	60	<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i>	57
GLEOSTINE CAP 100MG.....	18	H	
GLEOSTINE CAP 10MG	18	HAEGARDA INJ 2000UNIT	81
GLEOSTINE CAP 40MG	18	HAEGARDA INJ 3000UNIT	81
<i>glimepiride tab 1 mg</i>	63	<i>halobetasol propionate cream 0.05%</i> ..	98
<i>glimepiride tab 2 mg</i>	63	<i>halobetasol propionate oint 0.05%</i>	98
<i>glimepiride tab 4 mg</i>	63	<i>haloperidol decanoate im soln 100 mg/ml</i>	52
<i>glipizide tab 10 mg</i>	63	<i>haloperidol decanoate im soln 50 mg/ml</i>	52
<i>glipizide tab 5 mg</i>	63	<i>haloperidol lactate inj 5 mg/ml</i>	52
<i>glipizide tab er 24hr 10 mg</i>	63	<i>haloperidol lactate oral conc 2 mg/ml</i> .	52
<i>glipizide tab er 24hr 2.5 mg</i>	63	<i>haloperidol tab 0.5 mg</i>	52
<i>glipizide tab er 24hr 5 mg</i>	63	<i>haloperidol tab 1 mg</i>	52
<i>glipizide xl tab 10mg</i>	63	<i>haloperidol tab 10 mg</i>	53
<i>glipizide xl tab 2.5mg</i>	63	<i>haloperidol tab 2 mg</i>	52
<i>glipizide xl tab 5mg</i>	63	<i>haloperidol tab 20 mg</i>	53
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	63	<i>haloperidol tab 5 mg</i>	52
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	63	HARVONI TAB 90-400MG	13
<i>glipizide-metformin hcl tab 5-500 mg</i> ..	63		
GLUCAGEN INJ HYPOKIT.....	71		
GLUCAGON KIT 1MG	71		

HAVRIX INJ 1440UNIT.....	85
HAVRIX INJ 720UNIT.....	85
heather tab 0.35mg	66
HEP SOD/NACL INJ 25000UNT.....	79
heparin sodium (porcine) 100 unit/ml in d5w	80
heparin sodium (porcine) inj 1000 unit/ml	80
heparin sodium (porcine) inj 10000 unit/ml	80
heparin sodium (porcine) inj 20000 unit/ml	80
heparin sodium (porcine) inj 5000 unit/ml	80
heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	80
heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%	80
HEPARIN/NACL INJ 25000UNT.....	80
hepatamine sol 8%	87
HERCEP HYLEC SOL 60-10000	20
HERCEPTIN INJ 150MG.....	20
HERCEPTIN INJ 440MG.....	20
HETLIOZ CAP 20MG	57
HIBERIX SOL 10MCG.....	85
HUMIRA INJ 10/0.1ML	82
HUMIRA INJ 10MG/0.2	82
HUMIRA INJ 20/0.2ML	82
HUMIRA INJ 40/0.4ML	82
HUMIRA KIT 20MG/0.4	82
HUMIRA KIT 40MG/0.8	82
HUMIRA PEDIA INJ CROHNS.....	82
HUMIRA PEN INJ 40/0.4ML.....	82
HUMIRA PEN INJ 40MG/0.8	82
HUMIRA PEN INJ CD/UC/HS	82
HUMIRA PEN INJ PS/UV	82
HUMIRA PEN KIT CD/UC/HS	82
HUMIRA PEN KIT PS/UV.....	82
HUMULIN R INJ U-500	62
hydralazine hcl inj 20 mg/ml	38
hydralazine hcl tab 10 mg	38
hydralazine hcl tab 100 mg	38
hydralazine hcl tab 25 mg.....	38
hydralazine hcl tab 50 mg.....	38
hydrochlorothiazide cap 12.5 mg	37
hydrochlorothiazide tab 12.5 mg.....	37
hydrochlorothiazide tab 25 mg	37
hydrochlorothiazide tab 50 mg	37

hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....	3
hydrocodone-acetaminophen tab 10-325 mg	3
hydrocodone-acetaminophen tab 5-325 mg	3
hydrocodone-acetaminophen tab 7.5-325 mg	3
hydrocodone-ibuprofen tab 7.5-200 mg	3
hydrocortisone butyrate cream 0.1% ..	98
hydrocortisone butyrate oint 0.1%	98
hydrocortisone cream 1%	98
hydrocortisone cream 2.5%.....	98
hydrocortisone enema 100 mg/60ml ..	76
hydrocortisone lotion 2.5%.....	98
hydrocortisone oint 2.5%	98
hydrocortisone rectal cream 2.5%.....	99
hydrocortisone tab 10 mg	70
hydrocortisone tab 20 mg	70
hydrocortisone tab 5 mg	70
hydrocortisone valerate cream 0.2% ..	98
hydrocortisone valerate oint 0.2%.....	98
hydromorphone hcl liqd 1 mg/ml.....	3
hydromorphone hcl preservative free (pf) inj 10 mg/ml	3
hydromorphone hcl tab 2 mg	4
hydromorphone hcl tab 4 mg.....	4
hydromorphone hcl tab 8 mg.....	4
hydroxychloroquine sulfate tab 200 mg	82
hydroxyurea cap 500 mg	26
hydroxyzine hcl im soln 25 mg/ml	92
hydroxyzine hcl im soln 50 mg/ml	92
hydroxyzine hcl syrup 10 mg/5ml.....	92
hydroxyzine hcl tab 10 mg	92
hydroxyzine hcl tab 25 mg	92
hydroxyzine hcl tab 50 mg	92
hydroxyzine pamoate cap 25 mg.....	92
hydroxyzine pamoate cap 50 mg.....	92
HYSINGLA ER TAB 100 MG	4
HYSINGLA ER TAB 120 MG	4
HYSINGLA ER TAB 20 MG.....	4
HYSINGLA ER TAB 30 MG.....	4
HYSINGLA ER TAB 40 MG.....	4
HYSINGLA ER TAB 60 MG.....	4
HYSINGLA ER TAB 80 MG.....	4

I

ibandronate sodium tab 150 mg (base

<i>equivalent</i>)	64	INREBIC CAP 100MG	24
IBRANCE CAP 100MG	20	INSULIN PEN NEEDLE	62
IBRANCE CAP 125MG	20	INSULIN SAFETY NEEDLES	62
IBRANCE CAP 75MG	20	INSULIN SYRINGE	62
<i>ibuprofen susp 100 mg/5ml</i>	1	INTELENCE TAB 100MG	10
<i>ibuprofen tab 400 mg</i>	1	INTELENCE TAB 200MG	10
<i>ibuprofen tab 600 mg</i>	1	INTELENCE TAB 25MG	10
<i>ibuprofen tab 800 mg</i>	1	INTRALIPID INJ 20%	87
<i>icatibant acetate inj 30 mg/3ml (base</i> <i>equivalent)</i>	81	INTRALIPID INJ 30%	87
ICLUSIG TAB 15MG	24	INTRON A INJ 10MU	84
ICLUSIG TAB 45MG	24	INTRON A INJ 18MU	84
IDHIFA TAB 100MG	20	INTRON A INJ 25MU	84
IDHIFA TAB 50MG	20	INTRON A INJ 50MU	84
IFEX INJ 3GM	18	<i>introvale tab</i>	66
IFOSFAMIDE INJ 3GM	18	INVEGA SUST INJ 117/0.75	53
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	18	INVEGA SUST INJ 156MG/ML	53
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	18	INVEGA SUST INJ 234/1.5	53
ILEVRO DRO 0.3% OP	90	INVEGA SUST INJ 39/0.25	53
<i>imatinib mesylate tab 100 mg (base</i> <i>equivalent)</i>	24	INVEGA SUST INJ 78/0.5ML	53
<i>imatinib mesylate tab 400 mg (base</i> <i>equivalent)</i>	24	INVEGA TRINZ INJ 273MG	53
IMBRUVICA CAP 140MG	24	INVEGA TRINZ INJ 410MG	53
IMBRUVICA CAP 70MG	24	INVEGA TRINZ INJ 546MG	53
IMBRUVICA TAB 140MG	24	INVEGA TRINZ INJ 819MG	53
IMBRUVICA TAB 280MG	24	INVIRASE TAB 500MG	10
IMBRUVICA TAB 420MG	24	IONOSOL-MB INJ D5W	87
IMBRUVICA TAB 560MG	24	IPOL INJ INACTIVE	85
<i>imipenem-cilastatin intravenous for soln</i> <i>250 mg</i>	7	<i>ipratropium bromide inhal soln 0.02%</i> <i>ipratropium bromide nasal soln 0.03%</i> <i>(21 mcg/spray)</i>	91
<i>imipenem-cilastatin intravenous for soln</i> <i>500 mg</i>	7	<i>ipratropium bromide nasal soln 0.06%</i> <i>(42 mcg/spray)</i>	91
<i>imipramine hcl tab 10 mg</i>	48	<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	91
<i>imipramine hcl tab 25 mg</i>	48	<i>irbesartan tab 150 mg</i>	31
<i>imipramine hcl tab 50 mg</i>	48	<i>irbesartan tab 300 mg</i>	31
<i>imiquimod cream 5%</i>	99	<i>irbesartan tab 75 mg</i>	31
IMOVAX RABIE INJ 2.5/ML	85	<i>irbesartan-hydrochlorothiazide tab 150-</i> <i>12.5 mg</i>	30
<i>incassia tab 0.35mg</i>	66	<i>irbesartan-hydrochlorothiazide tab 300-</i> <i>12.5 mg</i>	30
INCRELEX INJ 40MG/4ML	71	IRESSA TAB 250MG	24
INCRUSE ELPT INH 62.5MCG	91	<i>irinotecan hcl inj 100 mg/5ml (20</i> <i>mg/ml)</i>	27
<i>indapamide tab 1.25 mg</i>	37	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	27
<i>indapamide tab 2.5 mg</i>	37	<i>irinotecan hcl inj 500 mg/25ml (20</i> <i>mg/ml)</i>	27
INFANRIX INJ	85	ISENTRESS CHW 100MG	10
INLYTA TAB 1MG	24		
INLYTA TAB 5MG	24		

ISENTRESS CHW 25MG	10	<i>jantoven tab 3mg</i>	80
ISENTRESS HD TAB 600MG.....	10	<i>jantoven tab 4mg</i>	80
ISENTRESS POW 100MG.....	10	<i>jantoven tab 5mg</i>	80
ISENTRESS TAB 400MG.....	10	<i>jantoven tab 6mg</i>	80
<i>isibloom tab</i>	66	<i>jantoven tab 7.5mg</i>	80
ISOLYTE-P INJ /D5W	87	JANUMET TAB 50-1000	63
ISOLYTE-S INJ.....	87	JANUMET TAB 50-500MG	63
<i>isoniazid syrup 50 mg/5ml</i>	12	JANUMET XR TAB 100-1000.....	63
<i>isoniazid tab 100 mg</i>	12	JANUMET XR TAB 50-1000	63
<i>isoniazid tab 300 mg</i>	12	JANUMET XR TAB 50-500MG.....	63
<i>isosorbide dinitrate tab 10 mg</i>	38	JANUVIA TAB 100MG.....	63
<i>isosorbide dinitrate tab 20 mg</i>	39	JANUVIA TAB 25MG.....	63
<i>isosorbide dinitrate tab 30 mg</i>	39	JANUVIA TAB 50MG.....	63
<i>isosorbide dinitrate tab 5 mg</i>	38	JARDIANCE TAB 10MG	63
<i>isosorbide dinitrate tab er 40 mg</i>	39	JARDIANCE TAB 25MG.....	63
<i>isosorbide mononitrate tab 10 mg</i>	39	<i>jasmiel tab 3-0.02mg</i>	66
<i>isosorbide mononitrate tab 20 mg</i>	39	JENTADUETO TAB 2.5-1000.....	63
<i>isosorbide mononitrate tab er 24hr 120</i>		JENTADUETO TAB 2.5-500	63
<i>mg</i>	39	JENTADUETO TAB 2.5-850	63
<i>isosorbide mononitrate tab er 24hr 30</i>		JENTADUETO TAB XR.....	63, 64
<i>mg</i>	39	<i>jinteli tab 1mg-5mcg</i>	69
<i>isosorbide mononitrate tab er 24hr 60</i>		<i>jolivette tab 0.35mg</i>	66
<i>mg</i>	39	<i>juleber tab</i>	66
<i>isotretinoin cap 10 mg</i>	96	JULUCA TAB 50-25MG.....	12
<i>isotretinoin cap 20 mg</i>	96	<i>junel 1.5/30 tab</i>	66
<i>isotretinoin cap 30 mg</i>	96	<i>junel 1/20 tab</i>	66
<i>isotretinoin cap 40 mg</i>	96	<i>junel fe tab 1.5/30</i>	66
<i>isradipine cap 2.5 mg</i>	36	<i>junel fe tab 1/20</i>	66
<i>isradipine cap 5 mg</i>	36	JUXTAPID CAP 10MG	33
<i>itraconazole cap 100 mg</i>	9	JUXTAPID CAP 20MG	33
<i>ivermectin tab 3 mg</i>	7	JUXTAPID CAP 30MG	33
IXIARO INJ	85	JUXTAPID CAP 40MG	33
J		JUXTAPID CAP 5MG.....	33
JADENU SPRKL GRA 180MG	65	JUXTAPID CAP 60MG	33
JADENU SPRKL GRA 360MG	65	K	
JADENU SPRKL GRA 90MG	65	KADCYLA INJ 100MG	20
JADENU TAB 180MG.....	65	KADCYLA INJ 160MG	20
JADENU TAB 360MG.....	65	KALETRA TAB 100-25MG.....	12
JADENU TAB 90MG.....	65	KALETRA TAB 200-50MG.....	12
JAKAFI TAB 10MG	24	KALYDECO PAK 25MG	93
JAKAFI TAB 15MG	24	KALYDECO PAK 50MG	93
JAKAFI TAB 20MG	24	KALYDECO PAK 75MG	94
JAKAFI TAB 25MG	24	KALYDECO TAB 150MG	94
JAKAFI TAB 5MG.....	24	<i>kariva tab 28 day</i>	66
<i>jantoven tab 10mg</i>	80	<i>kcl 10 meq/l (0.075%) in dextrose 5% &</i>	
<i>jantoven tab 1mg</i>	80	<i>nacl 0.45% inj</i>	87
<i>jantoven tab 2.5mg</i>	80	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
<i>jantoven tab 2mg</i>	80	<i>nacl 0.2% inj</i>	87

<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	88	<i>12%</i>	99
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	88	<i>lactic acid (ammonium lactate) lotion 12%</i>	99
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	88	<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	76
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	88	<i>lactulose solution 10 gm/15ml</i>	76
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	88	<i>lamivudine oral soln 10 mg/ml</i>	10
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	88	<i>lamivudine tab 100 mg (hbv)</i>	13
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	88	<i>lamivudine tab 150 mg</i>	10
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	88	<i>lamivudine tab 300 mg</i>	10
<i>KCL/D5W/NACL INJ 0.15/0.2</i>	88	<i>lamivudine-zidovudine tab 150-300 mg</i>	12
<i>KCL/D5W/NACL INJ 0.3/0.9%</i>	88	<i>lamotrigine tab 100 mg</i>	43
<i>kelnor 1/50 tab</i>	66	<i>lamotrigine tab 150 mg</i>	43
<i>kelnor tab 1/35</i>	66	<i>lamotrigine tab 200 mg</i>	43
<i>ketoconazole cream 2%</i>	96	<i>lamotrigine tab 25 mg</i>	43
<i>ketoconazole shampoo 2%</i>	97	<i>lamotrigine tab chewable dispersible 25 mg</i>	43
<i>ketoconazole tab 200 mg</i>	9	<i>lamotrigine tab chewable dispersible 5 mg</i>	43
<i>ketorolac tromethamine ophth soln 0.4%</i>	90	<i>lamotrigine tab er 24hr 100 mg</i>	43
<i>ketorolac tromethamine ophth soln 0.5%</i>	90	<i>lamotrigine tab er 24hr 200 mg</i>	43
<i>KEYTRUDA INJ 100MG/4M</i>	20	<i>lamotrigine tab er 24hr 25 mg</i>	43
<i>KEYTRUDA SOL 50MG</i>	20	<i>lamotrigine tab er 24hr 250 mg</i>	43
<i>KINRIX INJ</i>	85	<i>lamotrigine tab er 24hr 300 mg</i>	43
<i>KISQALI 200 PAK FEMARA</i>	20	<i>lamotrigine tab er 24hr 50 mg</i>	43
<i>KISQALI 400 PAK FEMARA</i>	21	<i>lansoprazole cap delayed release 15 mg</i>	78
<i>KISQALI 600 PAK FEMARA</i>	21	<i>lansoprazole cap delayed release 30 mg</i>	78
<i>KISQALI TAB 200DOSE</i>	21	<i>larin fe tab 1.5/30</i>	66
<i>KISQALI TAB 400DOSE</i>	21	<i>larin fe tab 1/20</i>	66
<i>KISQALI TAB 600DOSE</i>	21	<i>larin tab 1.5/30</i>	66
<i>klor-con 10 tab 10meq er</i>	86	<i>larin tab 1/20</i>	66
<i>klor-con 8 tab 8meq er</i>	86	<i>LASTACRAFT SOL 0.25%</i>	90
<i>KORLYM TAB 300MG</i>	71	<i>latanoprost ophth soln 0.005%</i>	91
<i>kurvelo tab 0.15/30</i>	66	<i>LATUDA TAB 120MG</i>	53
<i>KUVAN POW 100MG</i>	69	<i>LATUDA TAB 20MG</i>	53
<i>KUVAN POW 500MG</i>	69	<i>LATUDA TAB 40MG</i>	53
<i>KUVAN TAB 100MG</i>	69	<i>LATUDA TAB 60MG</i>	53
<i>KYNAMRO INJ 200MG/ML</i>	33	<i>LATUDA TAB 80MG</i>	53
L		<i>leflunomide tab 10 mg</i>	82
<i>labetalol hcl tab 100 mg</i>	34	<i>leflunomide tab 20 mg</i>	82
<i>labetalol hcl tab 200 mg</i>	34	<i>LENVIMA CAP 10 MG</i>	24
<i>labetalol hcl tab 300 mg</i>	34	<i>LENVIMA CAP 12MG</i>	24
<i>lactated ringer's solution</i>	88	<i>LENVIMA CAP 14 MG</i>	24
<i>lactic acid (ammonium lactate) cream</i>		<i>LENVIMA CAP 18 MG</i>	24
		<i>LENVIMA CAP 20 MG</i>	24

LENVIMA CAP 24 MG	24	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	16
LENVIMA CAP 4MG.....	24	<i>levofloxacin in d5w iv soln 500</i>	16
LENVIMA CAP 8 MG.....	24	<i>mg/100ml</i>	16
<i>lessina tab</i>	66	<i>levofloxacin in d5w iv soln 750</i>	16
<i>letrozole tab 2.5 mg.....</i>	22	<i>mg/150ml</i>	16
<i>leucovorin calcium for inj 100 mg</i>	26	<i>levofloxacin iv soln 25 mg/ml</i>	16
<i>leucovorin calcium for inj 200 mg</i>	26	<i>levofloxacin oral soln 25 mg/ml.....</i>	16
<i>leucovorin calcium for inj 350 mg</i>	26	<i>levofloxacin tab 250 mg</i>	16
<i>leucovorin calcium for inj 50 mg</i>	26	<i>levofloxacin tab 500 mg</i>	16
<i>leucovorin calcium for inj 500 mg</i>	26	<i>levofloxacin tab 750 mg</i>	16
<i>leucovorin calcium inj 500 mg/50ml (10</i>	26	<i>levonest tab</i>	66
<i>mg/ml)</i>	26	<i>levonorgestrel & ethinyl estradiol (91-</i>	67
<i>leucovorin calcium tab 10 mg</i>	26	<i>day) tab 0.15-0.03 mg</i>	67
<i>leucovorin calcium tab 15 mg</i>	26	<i>levonorgestrel & ethinyl estradiol tab 0.1</i>	67
<i>leucovorin calcium tab 25 mg</i>	26	<i>mg-20 mcg</i>	67
<i>leucovorin calcium tab 5 mg.....</i>	26	<i>levonorgestrel & ethinyl estradiol tab</i>	67
LEUKERAN TAB 2MG.....	18	<i>0.15 mg-30 mcg</i>	67
<i>leuprolide acetate inj kit 5 mg/ml</i>	22	<i>levonorgestrel-eth estra tab 0.05-</i>	67
<i>levallbuterol hcl soln nebu 1.25 mg/3ml</i>	93	<i>30/0.075-40/0.125-30mg-mcg</i>	67
<i>(base equiv).....</i>	93	<i>levora-28 tab 0.15/30.....</i>	67
<i>levallbuterol hcl soln nebu conc 1.25</i>	93	<i>levo-t tab 100mcg</i>	73
<i>mg/0.5ml (base equiv)</i>	93	<i>levo-t tab 112mcg</i>	73
<i>levallbuterol tartrate inhal aerosol 45</i>	93	<i>levo-t tab 125mcg</i>	73
<i>mcg/act (base equiv)</i>	93	<i>levo-t tab 137mcg</i>	73
LEVEMIR INJ	62	<i>levo-t tab 150mcg</i>	73
LEVEMIR INJ FLEXTOUC.....	62	<i>levo-t tab 175mcg</i>	73
<i>levetiracetam in sodium chloride iv soln</i>	43	<i>levo-t tab 200 mcg</i>	73
<i>1000 mg/100ml.....</i>	43	<i>levo-t tab 25mcg.....</i>	72
<i>levetiracetam in sodium chloride iv soln</i>	43	<i>levo-t tab 300 mcg</i>	73
<i>1500 mg/100ml.....</i>	43	<i>levo-t tab 50mcg.....</i>	73
<i>levetiracetam in sodium chloride iv soln</i>	43	<i>levo-t tab 75mcg.....</i>	73
<i>500 mg/100ml</i>	43	<i>levo-t tab 88mcg.....</i>	73
<i>levetiracetam inj 500 mg/5ml (100</i>	43	<i>levothyroxine sodium tab 100 mcg</i>	73
<i>mg/ml)</i>	43	<i>levothyroxine sodium tab 112 mcg</i>	73
<i>levetiracetam oral soln 100 mg/ml</i>	43	<i>levothyroxine sodium tab 125 mcg</i>	73
<i>levetiracetam tab 1000 mg</i>	43	<i>levothyroxine sodium tab 137 mcg</i>	73
<i>levetiracetam tab 250 mg</i>	43	<i>levothyroxine sodium tab 150 mcg</i>	73
<i>levetiracetam tab 500 mg</i>	43	<i>levothyroxine sodium tab 175 mcg</i>	73
<i>levetiracetam tab 750 mg</i>	43	<i>levothyroxine sodium tab 200 mcg</i>	73
<i>levetiracetam tab er 24hr 500 mg</i>	43	<i>levothyroxine sodium tab 25 mcg</i>	73
<i>levetiracetam tab er 24hr 750 mg</i>	43	<i>levothyroxine sodium tab 300 mcg</i>	73
<i>levobunolol hcl ophth soln 0.5%</i>	91	<i>levothyroxine sodium tab 50 mcg</i>	73
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	69	<i>levothyroxine sodium tab 75 mcg</i>	73
<i>.....</i>	69	<i>levothyroxine sodium tab 88 mcg</i>	73
<i>levocarnitine tab 330 mg</i>	69	<i>levoxyl tab 100mcg</i>	73
<i>levocetirizine dihydrochloride soln 2.5</i>	92	<i>levoxyl tab 112mcg</i>	73
<i>mg/5ml (0.5 mg/ml)</i>	92	<i>levoxyl tab 125mcg</i>	73
<i>levocetirizine dihydrochloride tab 5 mg</i>	92		

<i>levoxyl tab 137mcg</i>	73	<i>lithium carbonate cap 150 mg</i>	59
<i>levoxyl tab 150mcg</i>	73	<i>lithium carbonate cap 300 mg</i>	59
<i>levoxyl tab 175mcg</i>	73	<i>lithium carbonate cap 600 mg</i>	59
<i>levoxyl tab 200mcg</i>	73	<i>lithium carbonate tab 300 mg</i>	59
<i>levoxyl tab 25mcg</i>	73	<i>lithium carbonate tab er 300 mg</i>	59
<i>levoxyl tab 50mcg</i>	73	<i>lithium carbonate tab er 450 mg</i>	59
<i>levoxyl tab 75mcg</i>	73	LITHIUM SOL 8MEQ/5ML.....	59
<i>levoxyl tab 88mcg</i>	73	LOKELMA PAK 10GM.....	65
LEXIVA SUS 50MG/ML.....	10	LOKELMA PAK 5GM.....	65
<i>lidocaine hcl local inj 0.5%</i>	5	LONSURF TAB 15-6.14.....	26
<i>lidocaine hcl local inj 1%</i>	5	LONSURF TAB 20-8.19.....	26
<i>lidocaine hcl local inj 2%</i>	6	<i>loperamide hcl cap 2 mg</i>	77
<i>lidocaine hcl local preservative free (pf)</i> <i>inj 0.5%</i>	6	<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> <i>(80-20 mg/ml)</i>	12
<i>lidocaine hcl local preservative free (pf)</i> <i>inj 1%</i>	6	<i>lorazepam conc 2 mg/ml</i>	40
<i>lidocaine hcl local preservative free (pf)</i> <i>inj 1.5%</i>	6	<i>lorazepam inj 2 mg/ml</i>	40
<i>lidocaine hcl soln 4%</i>	98	<i>lorazepam inj 4 mg/ml</i>	40
<i>lidocaine hcl urethral/mucosal gel 2%</i>	98	<i>lorazepam tab 0.5 mg</i>	40
<i>lidocaine hcl viscous soln 2%</i>	99	<i>lorazepam tab 1 mg</i>	40
<i>lidocaine oint 5%</i>	98	<i>lorazepam tab 2 mg</i>	40
<i>lidocaine patch 5%</i>	98	LORBRENA TAB 100MG.....	24
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	98	LORBRENA TAB 25MG.....	24
<i>linezolid for susp 100 mg/5ml</i>	7	<i>loryna tab 3-0.02mg</i>	67
<i>linezolid in sodium chloride iv soln 600</i> <i>mg/300ml-0.9%</i>	7	<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-12.5 mg</i>	30
<i>linezolid iv soln 600 mg/300ml (2</i> <i>mg/ml)</i>	7	<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	30
<i>linezolid tab 600 mg</i>	7	<i>losartan potassium & hydrochlorothiazide</i> <i>tab 50-12.5 mg</i>	30
LINZESS CAP 145MCG.....	77	<i>losartan potassium tab 100 mg</i>	31
LINZESS CAP 290MCG.....	77	<i>losartan potassium tab 25 mg</i>	31
LINZESS CAP 72MCG.....	77	<i>losartan potassium tab 50 mg</i>	31
<i>liothyronine sodium tab 25 mcg</i>	73	LOTEMAX GEL 0.5%.....	90
<i>liothyronine sodium tab 5 mcg</i>	73	LOTEMAX OIN 0.5%.....	90
<i>liothyronine sodium tab 50 mcg</i>	73	LOTEMAX SUS 0.5%.....	90
<i>lisinopril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	28	<i>loteprednol etabonate ophth susp 0.5%</i>	90
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	28	<i>lovastatin tab 10 mg</i>	32
<i>lisinopril & hydrochlorothiazide tab 20-25</i> <i>mg</i>	28	<i>lovastatin tab 20 mg</i>	32
<i>lisinopril tab 10 mg</i>	28	<i>lovastatin tab 40 mg</i>	32
<i>lisinopril tab 2.5 mg</i>	28	<i>loxapine succinate cap 10 mg</i>	53
<i>lisinopril tab 20 mg</i>	28	<i>loxapine succinate cap 25 mg</i>	53
<i>lisinopril tab 30 mg</i>	28	<i>loxapine succinate cap 5 mg</i>	53
<i>lisinopril tab 40 mg</i>	28	<i>loxapine succinate cap 50 mg</i>	53
<i>lisinopril tab 5 mg</i>	28	LUMIGAN SOL 0.01%.....	91
		LUMIZYME INJ 50MG.....	69
		LUPR DEP-PED INJ 11.25MG.....	71
		LUPR DEP-PED INJ 15MG.....	72

LUPR DEP-PED INJ 3M 30MG	71	<i>meclizine hcl tab 12.5 mg</i>	74
LUPR DEP-PED INJ 7.5MG	71	<i>meclizine hcl tab 25 mg</i>	75
LUPRON DEPOT INJ 11.25MG	22	<i>medroxyprogesterone acetate im susp</i>	
LUPRON DEPOT INJ 3.75MG	22	<i>150 mg/ml</i>	67
<i>luteru tab.....</i>	67	<i>medroxyprogesterone acetate im susp</i>	
LYNPARZA TAB 100MG	21	<i>prefilled syr 150 mg/ml.....</i>	67
LYNPARZA TAB 150MG	21	<i>medroxyprogesterone acetate tab 10 mg</i>	
LYRICA CAP 100MG.....	43	<i>.....</i>	72
LYRICA CAP 150MG.....	43	<i>medroxyprogesterone acetate tab 2.5</i>	
LYRICA CAP 200MG.....	43	<i>mg</i>	72
LYRICA CAP 225MG.....	43	<i>medroxyprogesterone acetate tab 5 mg</i>	
LYRICA CAP 25MG	43	<i>.....</i>	72
LYRICA CAP 300MG.....	43	<i>mefloquine hcl tab 250 mg</i>	9
LYRICA CAP 50MG	43	<i>megestrol acetate susp 40 mg/ml</i>	22
LYRICA CAP 75MG	43	<i>megestrol acetate susp 625 mg/5ml ...</i>	22
LYRICA CR TAB 165MG.....	59	<i>megestrol acetate tab 20 mg</i>	22
LYRICA CR TAB 330MG.....	59	<i>megestrol acetate tab 40 mg</i>	22
LYRICA CR TAB 82.5MG.....	59	MEKINIST TAB 0.5MG.....	24
LYRICA SOL 20MG/ML	43	MEKINIST TAB 2MG.....	24
LYSODREN TAB 500MG.....	22	MEKTOVI TAB 15MG	24
<i>lyza tab 0.35mg</i>	67	<i>meloxicam tab 15 mg</i>	1
M		<i>meloxicam tab 7.5 mg</i>	1
MAGNESIUM SU INJ 20/500ML	86	<i>memantine hcl cap er 24hr 14 mg</i>	46
MAGNESIUM SU INJ 2GM/50ML	86	<i>memantine hcl cap er 24hr 21 mg</i>	46
MAGNESIUM SU INJ 40G/1000	86	<i>memantine hcl cap er 24hr 28 mg</i>	46
MAGNESIUM SU INJ 4G/100ML.....	86	<i>memantine hcl cap er 24hr 7 mg.....</i>	46
MAGNESIUM SU INJ 80MG/ML	86	<i>memantine hcl oral solution 2 mg/ml..</i>	46
<i>magnesium sulfate in dextrose 5% iv</i>		<i>memantine hcl tab 10 mg</i>	46
<i>soln 1 gm/100ml</i>	86	<i>memantine hcl tab 5 mg</i>	46
<i>magnesium sulfate inj 50%.....</i>	86	MENACTRA INJ	85
<i>magnesium sulfate iv soln 2 gm/50ml</i>		MENVEO INJ	85
<i>(40 mg/ml)</i>	86	<i>mercaptopurine tab 50 mg</i>	19
<i>magnesium sulfate iv soln 20 gm/500ml</i>		<i>meropenem iv for soln 1 gm</i>	7
<i>(40 mg/ml)</i>	86	<i>meropenem iv for soln 500 mg</i>	7
<i>magnesium sulfate iv soln 4 gm/100ml</i>		<i>mesalamine cap dr 400 mg</i>	76
<i>(40 mg/ml)</i>	86	<i>mesalamine enema 4 gm</i>	76
<i>magnesium sulfate iv soln 4 gm/50ml</i>		<i>mesalamine rectal enema 4 gm &</i>	
<i>(80 mg/ml)</i>	86	<i>cleanser wipe kit</i>	76
<i>magnesium sulfate iv soln 40 gm/1000ml</i>		<i>mesalamine suppos 1000 mg.....</i>	76
<i>(40 mg/ml)</i>	86	<i>mesalamine tab delayed release 800 mg</i>	
<i>malathion lotion 0.5%</i>	99	<i>.....</i>	76
<i>maprotiline hcl tab 25 mg</i>	48	MESNEX TAB 400MG.....	27
<i>maprotiline hcl tab 50 mg</i>	48	<i>metformin hcl tab 1000 mg</i>	64
<i>maprotiline hcl tab 75 mg</i>	48	<i>metformin hcl tab 500 mg</i>	64
<i>marlissa tab 0.15/30</i>	67	<i>metformin hcl tab 850 mg</i>	64
MARPLAN TAB 10MG	48	<i>metformin hcl tab er 24hr 500 mg.....</i>	64
MATULANE CAP 50MG	26	<i>metformin hcl tab er 24hr 750 mg.....</i>	64
MAVYRET TAB 100-40MG	13	<i>methadone con 10mg/ml</i>	4

<i>methadone hcl soln 10 mg/5ml</i>	4	<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	75
<i>methadone hcl soln 5 mg/5ml</i>	4	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	75
<i>methadone hcl tab 10 mg</i>	4	<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	75
<i>methadone hcl tab 5 mg</i>	4	<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	75
<i>methazolamide tab 25 mg</i>	37	<i>metolazone tab 10 mg</i>	38
<i>methazolamide tab 50 mg</i>	37	<i>metolazone tab 2.5 mg</i>	38
<i>methenamine hippurate tab 1 gm</i>	7	<i>metolazone tab 5 mg</i>	38
<i>methimazole tab 10 mg</i>	73	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	34
<i>methimazole tab 5 mg</i>	73	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	34
<i>methocarbamol tab 500 mg</i>	60	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	33
<i>methocarbamol tab 750 mg</i>	60	<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	34
<i>methotrexate sodium for inj 1 gm</i>	19	<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	34
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	19	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	34
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	19	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	34
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	19	<i>metoprolol tartrate iv soln 5 mg/5ml ..</i>	34
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	19	<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	34
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	19	<i>metoprolol tartrate tab 100 mg</i>	34
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	82	<i>metoprolol tartrate tab 25 mg</i>	34
<i>methyclothiazide tab 5 mg</i>	38	<i>metoprolol tartrate tab 50 mg</i>	34
<i>methylphenidate hcl soln 10 mg/5ml</i>	57	<i>metronidazole cream 0.75%</i>	99
<i>methylphenidate hcl soln 5 mg/5ml</i>	57	<i>metronidazole gel 0.75%</i>	99
<i>methylphenidate hcl tab 10 mg</i>	57	<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	7
<i>methylphenidate hcl tab 20 mg</i>	57	<i>metronidazole lotion 0.75%</i>	99
<i>methylphenidate hcl tab 5 mg</i>	57	<i>metronidazole tab 250 mg</i>	7
<i>methylphenidate hcl tab er 10 mg</i>	57	<i>metronidazole tab 500 mg</i>	7
<i>methylphenidate hcl tab er 20 mg</i>	57	<i>metronidazole vaginal gel 0.75%</i>	79
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	70	<i>mexiletine hcl cap 150 mg</i>	31
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	70	<i>mexiletine hcl cap 200 mg</i>	31
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	70	<i>mexiletine hcl cap 250 mg</i>	31
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	70	<i>MG SO4/D5W INJ 10MG/ML</i>	86
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	70	<i>midodrine hcl tab 10 mg</i>	38
<i>methylprednisolone tab 16 mg</i>	70	<i>midodrine hcl tab 2.5 mg</i>	38
<i>methylprednisolone tab 32 mg</i>	70	<i>midodrine hcl tab 5 mg</i>	38
<i>methylprednisolone tab 4 mg</i>	70	<i>miglustat cap 100 mg</i>	69
<i>methylprednisolone tab 8 mg</i>	70	<i>mili tab 0.25/35</i>	67
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	70		

<i>minitran dis 0.1mg/hr</i>	39
<i>minitran dis 0.2mg/hr</i>	39
<i>minitran dis 0.4mg/hr</i>	39
<i>minitran dis 0.6mg/hr</i>	39
<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>	38
<i>minoxidil tab 2.5 mg</i>	38
<i>mirtazapine orally disintegrating tab 15 mg</i>	48
<i>mirtazapine orally disintegrating tab 30 mg</i>	48
<i>mirtazapine orally disintegrating tab 45 mg</i>	48
<i>mirtazapine tab 15 mg</i>	48
<i>mirtazapine tab 30 mg</i>	48
<i>mirtazapine tab 45 mg</i>	48
<i>mirtazapine tab 7.5 mg</i>	48
<i>misoprostol tab 100 mcg</i>	77
<i>misoprostol tab 200 mcg</i>	77
MITIGARE CAP 0.6MG.....	1
<i>mitomycin for iv soln 20 mg</i>	19
<i>mitomycin for iv soln 40 mg</i>	19
<i>mitomycin for iv soln 5 mg</i>	19
M-M-R II INJ	85
M-NATAL PLUS TAB.....	88
<i>moexipril hcl tab 15 mg</i>	28
<i>moexipril hcl tab 7.5 mg</i>	28
<i>molindone hcl tab 10 mg</i>	53
<i>molindone hcl tab 25 mg</i>	53
<i>molindone hcl tab 5 mg</i>	53
<i>mometasone furoate cream 0.1%</i>	98
<i>mometasone furoate oint 0.1%</i>	98
<i>mometasone furoate solution 0.1% (lotion)</i>	98
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	93
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	93
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	93
<i>montelukast sodium tab 10 mg (base equiv)</i>	93
MORPHINE SUL INJ 10MG/ML.....	4
MORPHINE SUL INJ 2MG/ML.....	4
MORPHINE SUL INJ 4MG/ML.....	4
MORPHINE SUL INJ 5MG/ML.....	4

MORPHINE SUL INJ 8MG/ML	4
<i>morphine sulfate iv soln 1 mg/ml</i>	4
<i>morphine sulfate iv soln pf 10 mg/ml</i>	4
<i>morphine sulfate iv soln pf 4 mg/ml</i>	4
<i>morphine sulfate iv soln pf 8 mg/ml</i>	4
<i>morphine sulfate oral soln 10 mg/5ml</i> ... 4	
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	4
<i>morphine sulfate oral soln 20 mg/5ml</i> ... 4	
<i>morphine sulfate tab 15 mg</i>	4
<i>morphine sulfate tab 30 mg</i>	4
<i>morphine sulfate tab er 100 mg</i>	5
<i>morphine sulfate tab er 15 mg</i>	4
<i>morphine sulfate tab er 200 mg</i>	5
<i>morphine sulfate tab er 30 mg</i>	4
<i>morphine sulfate tab er 60 mg</i>	5
MOVANTIK TAB 12.5MG	77
MOVANTIK TAB 25MG.....	77
MOVIPREP SOL	76
MOXEZA SOL 0.5%	89
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	89
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	16
MULTAQ TAB 400MG.....	31
<i>mupirocin oint 2%</i>	96
MYCAMINE INJ 100MG	9
MYCAMINE INJ 50MG.....	9
<i>mycophenolate mofetil cap 250 mg</i>	84
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	84
<i>mycophenolate mofetil tab 500 mg</i>	84
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	84
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	84
MYLOTARG INJ 4.5MG.....	21
<i>myorisan cap 10mg</i>	96
<i>myorisan cap 20mg</i>	96
<i>myorisan cap 30mg</i>	96
<i>myorisan cap 40mg</i>	96
MYRBETRIQ TAB 25MG	78
MYRBETRIQ TAB 50MG	78
<i>myzilra tab</i>	67

N

<i>nabumetone tab 500 mg</i>	1
<i>nabumetone tab 750 mg</i>	1
<i>nadolol tab 20 mg</i>	34

<i>nadolol tab 40 mg</i>	34	<i>nefazodone hcl tab 50 mg</i>	48
<i>nadolol tab 80 mg</i>	34	<i>neomycin sulfate tab 500 mg</i>	6
NAFCILLIN INJ 10GM.....	17	<i>neomycin-bacitrac zn-polymyx</i>	
<i>nafcillin sodium for inj 1 gm</i>	17	<i>5(3.5)mg-400unt-10000unt op oin</i>	89
<i>nafcillin sodium for inj 2 gm</i>	17	<i>neomycin-polymy-gramicid op sol 1.75-</i>	
<i>nafcillin sodium for iv soln 1 gm</i>	17	<i>10000-0.025mg-unt-mg/ml</i>	89
<i>nafcillin sodium for iv soln 10 gm</i>	17	<i>neomycin-polymyxin-dexamethasone</i>	
<i>nafcillin sodium for iv soln 2 gm</i>	17	<i>ophth oint 0.1%</i>	89
NAGLAZYME INJ 1MG/ML	69	<i>neomycin-polymyxin-dexamethasone</i>	
<i>nalbuphine hcl inj 10 mg/ml</i>	2	<i>ophth susp 0.1%</i>	89
<i>nalbuphine hcl inj 20 mg/ml</i>	2	<i>neomycin-polymyxin-hc ophth susp</i>	89
<i>naloxone hcl inj 0.4 mg/ml</i>	61	<i>neomycin-polymyxin-hc otic soln 1%</i> ..	99
<i>naloxone hcl inj 4 mg/10ml</i>	61	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i> ..	61	<i>mg/ml-10000 unit/ml-1%</i>	100
<i>naloxone hcl soln prefilled syringe 2</i>		NEPHRAMINE INJ 5.4%.....	87
<i>mg/2ml</i>	61	NERLYNX TAB 40MG	25
<i>naltrexone hcl tab 50 mg</i>	61	NEUPOGEN INJ 300/0.5	80
NAMZARIC CAP.....	46	NEUPOGEN INJ 300MCG.....	80
NAMZARIC CAP 14-10MG	46	NEUPOGEN INJ 480/0.8	80
NAMZARIC CAP 21-10MG.....	46	NEUPOGEN INJ 480MCG.....	80
NAMZARIC CAP 28-10MG	46	NEUPRO DIS 1MG/24HR.....	50
NAMZARIC CAP 7-10MG.....	46	NEUPRO DIS 2MG/24HR.....	50
<i>naproxen dr tab 375mg</i>	1	NEUPRO DIS 3MG/24HR.....	50
<i>naproxen dr tab 500mg</i>	1	NEUPRO DIS 4MG/24HR.....	50
<i>naproxen sodium tab 275 mg</i>	2	NEUPRO DIS 6MG/24HR.....	50
<i>naproxen sodium tab 550 mg</i>	2	NEUPRO DIS 8MG/24HR.....	50
<i>naproxen tab 250 mg</i>	2	<i>nevirapine susp 50 mg/5ml</i>	10
<i>naproxen tab 375 mg</i>	2	<i>nevirapine tab 200 mg</i>	10
<i>naproxen tab 500 mg</i>	2	<i>nevirapine tab er 24hr 100 mg</i>	10
<i>naratriptan hcl tab 1 mg (base equiv)</i> ..	58	<i>nevirapine tab er 24hr 400 mg</i>	10
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>		NEXAVAR TAB 200MG.....	25
.....	58	<i>niacin (antihyperlipidemic) tab 500 mg</i> 33	
NARCAN SPR.....	61	<i>niacin tab er 1000 mg</i>	
NATACYN SUS 5% OP	89	<i>(antihyperlipidemic)</i>	33
<i>nateglinide tab 120 mg</i>	64	<i>niacin tab er 500 mg (antihyperlipidemic)</i>	
<i>nateglinide tab 60 mg</i>	64	.....	33
NATPARA INJ 100MCG	72	<i>niacin tab er 750 mg (antihyperlipidemic)</i>	
NATPARA INJ 25MCG.....	72	.....	33
NATPARA INJ 50MCG.....	72	<i>niacor tab 500mg</i>	33
NATPARA INJ 75MCG.....	72	<i>nicardipine hcl cap 20 mg</i>	36
NAYZILAM SPR 5MG	43	<i>nicardipine hcl cap 30 mg</i>	36
NEBUPENT INH 300MG	7	NICOTROL INH	61
<i>necon tab 0.5/35</i>	67	NICOTROL NS SPR 10MG/ML	61
<i>necon tab 7/7/7</i>	67	<i>nifedipine tab er 24hr 30 mg</i>	36
<i>nefazodone hcl tab 100 mg</i>	48	<i>nifedipine tab er 24hr 60 mg</i>	36
<i>nefazodone hcl tab 150 mg</i>	48	<i>nifedipine tab er 24hr 90 mg</i>	36
<i>nefazodone hcl tab 200 mg</i>	48	<i>nifedipine tab er 24hr osmotic release 30</i>	
<i>nefazodone hcl tab 250 mg</i>	48	<i>mg</i>	36

<i>nifedipine tab er 24hr osmotic release 60 mg</i>	36	<i>35/1-35/0.5-35 mg-mcg</i>	67
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	36	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	67
<i>nikki tab 3-0.02mg</i>	67	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	67
<i>nilutamide tab 150 mg</i>	22	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	67
<i>nimodipine cap 30 mg</i>	36	<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	67
<i>NINLARO CAP 2.3MG</i>	21	<i>norlyroc tab 0.35mg</i>	67
<i>NINLARO CAP 3MG</i>	21	<i>NORMOSOL -M INJ /D5W</i>	88
<i>NINLARO CAP 4MG</i>	21	<i>NORMOSOL -R INJ /D5W</i>	88
<i>NITRO-BID OIN 2%</i>	39	<i>NORMOSOL-R INJ PH 7.4</i>	88
<i>NITRO-DUR DIS 0.3MG/HR</i>	39	<i>NORPACE CAP 100MG CR</i>	31
<i>NITRO-DUR DIS 0.8MG/HR</i>	39	<i>NORPACE CAP 150MG CR</i>	31
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	8	<i>NORTHERA CAP 100MG</i>	38
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	8	<i>NORTHERA CAP 200MG</i>	38
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	8	<i>NORTHERA CAP 300MG</i>	38
<i>nitroglycerin sl tab 0.3 mg</i>	39	<i>nortrel tab 0.5/35</i>	67
<i>nitroglycerin sl tab 0.4 mg</i>	39	<i>nortrel tab 1/35</i>	68
<i>nitroglycerin sl tab 0.6 mg</i>	39	<i>nortrel tab 7/7/7</i>	68
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> ..	39	<i>nortriptyline hcl cap 10 mg</i>	48
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> ..	39	<i>nortriptyline hcl cap 25 mg</i>	49
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> ..	39	<i>nortriptyline hcl cap 50 mg</i>	49
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> ..	39	<i>nortriptyline hcl cap 75 mg</i>	49
<i>NITYR TAB 10MG</i>	69	<i>nortriptyline hcl soln 10 mg/5ml</i>	49
<i>NITYR TAB 2MG</i>	69	<i>NORVIR POW 100MG</i>	10
<i>NITYR TAB 5MG</i>	69	<i>NORVIR SOL 80MG/ML</i>	10
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	67	<i>NOVOLIN INJ 70/30</i>	62
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	67	<i>NOVOLIN INJ FLEXPEN</i>	62
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	67	<i>NOVOLIN N INJ U-100</i>	62
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	67	<i>NOVOLIN R INJ U-100</i>	62
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	67	<i>NOVOLOG INJ 100/ML</i>	62
<i>norethindrone acetate tab 5 mg</i>	72	<i>NOVOLOG INJ FLEXPEN</i>	62
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	69	<i>NOVOLOG INJ PENFILL</i>	62
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	69	<i>NOVOLOG MIX INJ 70/30</i>	62
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	67	<i>NOVOLOG MIX INJ FLEXPEN</i>	62
<i>norethindrone tab 0.35 mg</i>	67	<i>NOXAFIL SUS 40MG/ML</i>	9
<i>norethindrone-eth estradiol tab 0.5-</i>		<i>NOXAFIL TAB 100MG</i>	9
		<i>NUBEQA TAB 300MG</i>	22
		<i>NUCYNTA ER TAB 100MG</i>	5
		<i>NUCYNTA ER TAB 150MG</i>	5
		<i>NUCYNTA ER TAB 200MG</i>	5
		<i>NUCYNTA ER TAB 250MG</i>	5
		<i>NUCYNTA ER TAB 50MG</i>	5
		<i>NUEDEXTA CAP 20-10MG</i>	59
		<i>NULOJIX INJ 250MG</i>	84
		<i>NULYTELY SOL FLAV PKS</i>	76

NUPLAZID CAP 34MG	53
NUPLAZID TAB 10MG	53
NUPLAZID TAB 17MG	53
NUTRILIPID EMU 20%	87
NUVARING MIS.....	68
<i>nyamyc pow 100000</i>	96
NYMALIZE SOL 30/10ML.....	36
<i>nystatin cream 100000 unit/gm</i>	96
<i>nystatin oint 100000 unit/gm</i>	96
<i>nystatin susp 100000 unit/ml</i>	99
<i>nystatin tab 500000 unit</i>	9
<i>nystatin topical powder 100000 unit/gm</i>	96
O	
OCTAGAM INJ 10/100ML.....	83
OCTAGAM INJ 10GM.....	83
OCTAGAM INJ 1GM	83
OCTAGAM INJ 2.5GM.....	83
OCTAGAM INJ 20/200ML.....	83
OCTAGAM INJ 25GM.....	83
OCTAGAM INJ 2GM/20ML.....	83
OCTAGAM INJ 30/300ML.....	83
OCTAGAM INJ 5GM	83
OCTAGAM INJ 5GM/50ML.....	83
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	72
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	72
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	72
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	72
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	72
ODEFSEY TAB.....	12
ODOMZO CAP 200MG	21
OFEV CAP 100MG	94
OFEV CAP 150MG	94
<i>ofloxacin ophth soln 0.3%</i>	89
<i>ofloxacin otic soln 0.3%</i>	100
<i>olanzapine for im inj 10 mg</i>	53
<i>olanzapine orally disintegrating tab 10 mg</i>	53
<i>olanzapine orally disintegrating tab 15 mg</i>	53
<i>olanzapine orally disintegrating tab 20 mg</i>	53

<i>olanzapine orally disintegrating tab 5 mg</i>	53
<i>olanzapine tab 10 mg</i>	54
<i>olanzapine tab 15 mg</i>	54
<i>olanzapine tab 2.5 mg</i>	53
<i>olanzapine tab 20 mg</i>	54
<i>olanzapine tab 5 mg</i>	53
<i>olanzapine tab 7.5 mg</i>	53
<i>olmesartan medoxomil tab 20 mg</i>	31
<i>olmesartan medoxomil tab 40 mg</i>	31
<i>olmesartan medoxomil tab 5 mg</i>	31
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i> ...	30
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i> ...	30
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>	30
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>	30
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	30
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i> .	30
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	30
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i> ...	30
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	90
<i>omeprazole cap delayed release 10 mg</i>	78
<i>omeprazole cap delayed release 20 mg</i>	78
<i>omeprazole cap delayed release 40 mg</i>	78
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	75
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	75
<i>ondansetron hcl oral soln 4 mg/5ml</i>	75
<i>ondansetron hcl tab 24 mg</i>	75
<i>ondansetron hcl tab 4 mg</i>	75
<i>ondansetron hcl tab 8 mg</i>	75
<i>ondansetron orally disintegrating tab 4 mg</i>	75
<i>ondansetron orally disintegrating tab 8 mg</i>	75
OPSUMIT TAB 10MG	39
ORFADIN CAP 10MG	69
ORFADIN CAP 20MG	69

ORFADIN CAP 2MG	69	<i>mg</i>	5
ORFADIN CAP 5MG	69	<i>oxycodone w/ acetaminophen tab 2.5-</i>	
ORFADIN SUS 4MG/ML	69	<i>325 mg</i>	5
ORKAMBI GRA 100-125	94	<i>oxycodone w/ acetaminophen tab 5-325</i>	
ORKAMBI GRA 150-188	94	<i>mg</i>	5
ORKAMBI TAB 100-125	94	<i>oxycodone w/ acetaminophen tab 7.5-</i>	
ORKAMBI TAB 200-125	94	<i>325 mg</i>	5
<i>orsythia tab</i>	68	OXYCONTIN TAB 10MG CR	5
<i>oseltamivir phosphate cap 30 mg (base</i>		OXYCONTIN TAB 15MG CR	5
<i>equiv)</i>	13	OXYCONTIN TAB 20MG CR	5
<i>oseltamivir phosphate cap 45 mg (base</i>		OXYCONTIN TAB 30MG CR	5
<i>equiv)</i>	13	OXYCONTIN TAB 40MG CR	5
<i>oseltamivir phosphate cap 75 mg (base</i>		OXYCONTIN TAB 60MG CR	5
<i>equiv)</i>	13	OXYCONTIN TAB 80MG CR	5
<i>oseltamivir phosphate for susp 6 mg/ml</i>		OZEMPIC INJ 2/1.5ML.....	62
<i>(base equiv)</i>	13	P	
<i>oxacillin sodium for inj 1 gm (base</i>		<i>pacerone tab 100mg</i>	31
<i>equivalent)</i>	17	<i>pacerone tab 200mg</i>	31
<i>oxacillin sodium for inj 10 gm (base</i>		<i>pacerone tab 400mg</i>	31
<i>equivalent)</i>	17	<i>paclitaxel iv conc 100 mg/16.7ml (6</i>	
<i>oxacillin sodium for inj 2 gm (base</i>		<i>mg/ml)</i>	20
<i>equivalent)</i>	17	<i>paclitaxel iv conc 150 mg/25ml (6</i>	
<i>oxaliplatin for iv inj 100 mg</i>	26	<i>mg/ml)</i>	20
<i>oxaliplatin for iv inj 50 mg</i>	26	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	
<i>oxaliplatin iv soln 100 mg/20ml</i>	26	.....	20
<i>oxaliplatin iv soln 50 mg/10ml</i>	26	<i>paclitaxel iv conc 300 mg/50ml (6</i>	
<i>oxandrolone tab 10 mg</i>	61	<i>mg/ml)</i>	20
<i>oxandrolone tab 2.5 mg</i>	61	<i>paliperidone tab er 24hr 1.5 mg</i>	54
<i>oxcarbazepine susp 300 mg/5ml (60</i>		<i>paliperidone tab er 24hr 3 mg</i>	54
<i>mg/ml)</i>	44	<i>paliperidone tab er 24hr 6 mg</i>	54
<i>oxcarbazepine tab 150 mg</i>	44	<i>paliperidone tab er 24hr 9 mg</i>	54
<i>oxcarbazepine tab 300 mg</i>	44	<i>pamidronate disodium for inj 30 mg ...</i>	64
<i>oxcarbazepine tab 600 mg</i>	44	<i>pamidronate disodium for inj 90 mg ...</i>	64
<i>oxybutynin chloride syrup 5 mg/5ml ...</i>	78	<i>pamidronate disodium iv soln 3 mg/ml</i>	64
<i>oxybutynin chloride tab 5 mg</i>	78	<i>pamidronate disodium iv soln 9 mg/ml</i>	64
<i>oxybutynin chloride tab er 24hr 10 mg</i>	78	PAMIDRONATE INJ 6MG/ML.....	64
<i>oxybutynin chloride tab er 24hr 15 mg</i>	78	PANRETIN GEL 0.1%	99
<i>oxybutynin chloride tab er 24hr 5 mg</i> ..	78	<i>pantoprazole sodium ec tab 20 mg (base</i>	
<i>oxycodone hcl cap 5 mg</i>	5	<i>equiv)</i>	78
<i>oxycodone hcl conc 100 mg/5ml (20</i>		<i>pantoprazole sodium ec tab 40 mg (base</i>	
<i>mg/ml)</i>	5	<i>equiv)</i>	78
<i>oxycodone hcl soln 5 mg/5ml</i>	5	<i>pantoprazole sodium for iv soln 40 mg</i>	
<i>oxycodone hcl tab 10 mg</i>	5	<i>(base equiv)</i>	78
<i>oxycodone hcl tab 15 mg</i>	5	PANZYGA SOL 10/100ML.....	83
<i>oxycodone hcl tab 20 mg</i>	5	PANZYGA SOL 1GM/10ML.....	83
<i>oxycodone hcl tab 30 mg</i>	5	PANZYGA SOL 2.5/25ML	83
<i>oxycodone hcl tab 5 mg</i>	5	PANZYGA SOL 20/200ML.....	83
<i>oxycodone w/ acetaminophen tab 10-325</i>		PANZYGA SOL 30/300ML.....	83

PANZYGA SOL 5GM/50ML	83	<i>permethrin cream 5%</i>	99
<i>paricalcitol cap 1 mcg</i>	88	<i>perphenazine tab 16 mg</i>	54
<i>paricalcitol cap 2 mcg</i>	88	<i>perphenazine tab 2 mg</i>	54
<i>paricalcitol cap 4 mcg</i>	88	<i>perphenazine tab 4 mg</i>	54
<i>paromomycin sulfate cap 250 mg</i>	6	<i>perphenazine tab 8 mg</i>	54
<i>paroxetine hcl tab 10 mg</i>	49	PERSERIS INJ 120MG	54
<i>paroxetine hcl tab 20 mg</i>	49	PERSERIS INJ 90MG	54
<i>paroxetine hcl tab 30 mg</i>	49	<i>phenelzine sulfate tab 15 mg</i>	49
<i>paroxetine hcl tab 40 mg</i>	49	PHENOBARB INJ 65MG/ML	44
PASER GRA 4GM.....	12	<i>phenobarbital elixir 20 mg/5ml</i>	44
PAXIL SUS 10MG/5ML	49	<i>phenobarbital sodium inj 130 mg/ml</i> ..	44
PAZEO DRO 0.7%	90	<i>phenobarbital tab 100 mg</i>	44
PEDIARIX INJ 0.5ML.....	85	<i>phenobarbital tab 15 mg</i>	44
PEDVAX HIB INJ	85	<i>phenobarbital tab 16.2 mg</i>	44
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> <i>for soln 236 gm</i>	76	<i>phenobarbital tab 30 mg</i>	44
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> <i>for soln 240 gm</i>	76	<i>phenobarbital tab 32.4 mg</i>	44
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm</i>	76	<i>phenobarbital tab 60 mg</i>	44
PEGANONE TAB 250MG	44	<i>phenobarbital tab 64.8 mg</i>	44
PEGASYS INJ.....	13	<i>phenobarbital tab 97.2 mg</i>	44
PEGASYS INJ 180MCG/M	13	PHENYTEK CAP 200MG.....	44
PEGASYS INJ PROCLICK	13	PHENYTEK CAP 300MG.....	44
PEN G PROC INJ 600000.....	17	<i>phenytoin chew tab 50 mg</i>	44
PEN GK/DEXTR INJ 40000/ML	17	<i>phenytoin sodium extended cap 100 mg</i>	44
PEN GK/DEXTR INJ 60000/ML	17	<i>phenytoin sodium extended cap 200 mg</i>	44
<i>penicillin g potassium for inj 20000000</i> <i>unit</i>	17	<i>phenytoin sodium extended cap 300 mg</i>	44
<i>penicillin g potassium for inj 5000000</i> <i>unit</i>	17	<i>phenytoin sodium inj 50 mg/ml</i>	44
<i>penicillin g sodium for inj 5000000 unit</i>	17	<i>phenytoin susp 125 mg/5ml</i>	44
<i>penicillin v potassium for soln 125</i> <i>mg/5ml</i>	17	<i>philith tab 0.4-35</i>	68
<i>penicillin v potassium for soln 250</i> <i>mg/5ml</i>	17	PHOSPHOLINE SOL 0.125%OP.....	91
<i>penicillin v potassium tab 250 mg</i>	17	PICATO GEL 0.015%	99
<i>penicillin v potassium tab 500 mg</i>	17	PICATO GEL 0.05%	99
PENTACEL INJ	85	PIFELTRO TAB 100MG.....	10
PENTAM 300 INJ 300MG	8	<i>pilocarpine hcl ophth soln 1%</i>	91
<i>pentamidine isethionate for soln 300 mg</i>	8	<i>pilocarpine hcl ophth soln 2%</i>	91
<i>pentoxifylline tab er 400 mg</i>	81	<i>pilocarpine hcl ophth soln 4%</i>	91
<i>perindopril erbumine tab 2 mg</i>	28	<i>pilocarpine hcl tab 5 mg</i>	99
<i>perindopril erbumine tab 4 mg</i>	28	<i>pilocarpine hcl tab 7.5 mg</i>	99
<i>perindopril erbumine tab 8 mg</i>	28	<i>pimozide tab 1 mg</i>	54
<i>periogard sol 0.12%</i>	99	<i>pimozide tab 2 mg</i>	54
		<i>pimtrea tab</i>	68
		<i>pindolol tab 10 mg</i>	35
		<i>pindolol tab 5 mg</i>	34
		<i>pioglitazone hcl tab 15 mg (base equiv)</i>	64
		<i>pioglitazone hcl tab 30 mg (base equiv)</i>	

.....64	MEQ/100ML..... 88
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	<i>potassium chloride microencapsulated</i>
.....64	<i>crys er tab 10 meq</i> 86
<i>piperacillin sod-tazobactam na for inj</i>	<i>potassium chloride microencapsulated</i>
<i>3.375 gm (3-0.375 gm)</i>.....17	<i>crys er tab 15 meq</i> 86
<i>piperacillin sod-tazobactam sod for inj</i>	<i>potassium chloride microencapsulated</i>
<i>13.5 gm (12-1.5 gm)</i> .....17	<i>crys er tab 20 meq</i> 86
<i>piperacillin sod-tazobactam sod for inj</i>	<i>potassium chloride oral soln 10% (20</i>
<i>2.25 gm (2-0.25 gm)</i> .....17	<i>meq/15ml)</i> 86
<i>piperacillin sod-tazobactam sod for inj</i>	<i>potassium chloride oral soln 20% (40</i>
<i>4.5 gm (4-0.5 gm)</i>.....17	<i>meq/15ml)</i> 86
<i>piperacillin sod-tazobactam sod for inj</i>	<i>potassium chloride powder packet 20</i>
<i>40.5 gm (36-4.5 gm)</i> .....17	<i>meq</i> 86
PIQRAY 200MG TAB DOSE .....25	<i>potassium chloride tab er 10 meq</i> 86
PIQRAY 250MG TAB DOSE .....25	<i>potassium chloride tab er 20 meq (1500</i>
PIQRAY 300MG TAB DOSE .....25	<i>mg)</i> 86
<i>pirmella tab 1/35</i> .....68	<i>potassium chloride tab er 8 meq (600</i>
<i>piroxicam cap 10 mg</i> 2	<i>mg)</i> 86
<i>piroxicam cap 20 mg</i> 2	<i>potassium citrate tab er 10 meq (1080</i>
PLASMA-LYTE INJ -148 .....88	<i>mg)</i> 78
PLASMA-LYTE INJ -A .....88	<i>potassium citrate tab er 15 meq (1620</i>
PNV FOLIC AC TAB + IRON .....88	<i>mg)</i> 78
<i>podofilox soln 0.5%</i> .....99	<i>potassium citrate tab er 5 meq (540 mg)</i>
<i>polymyxin b-trimethoprim ophth soln</i>	..... 78
<i>10000 unit/ml-0.1%</i> .....89	PRADAXA CAP 110MG 80
POMALYST CAP 1MG .....22	PRADAXA CAP 150MG 80
POMALYST CAP 2MG .....22	PRADAXA CAP 75MG 80
POMALYST CAP 3MG .....22	PRALUENT INJ 150MG/ML 33
POMALYST CAP 4MG .....22	PRALUENT INJ 75MG/ML 33
<i>portia-28 tab</i> .....68	<i>pramipexole dihydrochloride tab 0.125</i>
<i>posaconazole tab delayed release 100</i>	<i>mg</i> 51
<i>mg</i> 9	<i>pramipexole dihydrochloride tab 0.25 mg</i>
<i>potassium chloride 20 meq/l (0.15%) in</i>	..... 50
<i>dextrose 5% inj</i>.....88	<i>pramipexole dihydrochloride tab 0.5 mg</i>
<i>potassium chloride 40 meq/l (0.3%) in</i>	..... 50
<i>dextrose 5% inj</i>.....88	<i>pramipexole dihydrochloride tab 0.75 mg</i>
<i>potassium chloride cap er 10 meq</i>.....86	..... 51
<i>potassium chloride cap er 8 meq</i> .....86	<i>pramipexole dihydrochloride tab 1 mg</i> 51
POTASSIUM CHLORIDE INJ 10	<i>pramipexole dihydrochloride tab 1.5 mg</i>
MEQ/100ML .....88	..... 51
POTASSIUM CHLORIDE INJ 10	<i>prasugrel hcl tab 10 mg (base equiv)..</i> 81
MEQ/50ML .....88	<i>prasugrel hcl tab 5 mg (base equiv) ...</i> 81
<i>potassium chloride inj 2 meq/ml</i> .....88	<i>pravastatin sodium tab 10 mg</i> 32
POTASSIUM CHLORIDE INJ 20	<i>pravastatin sodium tab 20 mg</i> 32
MEQ/100ML .....88	<i>pravastatin sodium tab 40 mg</i> 32
POTASSIUM CHLORIDE INJ 20	<i>pravastatin sodium tab 80 mg</i> 32
MEQ/50ML .....88	<i>praziquantel tab 600 mg</i> 8
POTASSIUM CHLORIDE INJ 40	<i>prazosin hcl cap 1 mg</i> 29

<i>prazosin hcl cap 2 mg</i>	29	PREZISTA TAB 600MG	11
<i>prazosin hcl cap 5 mg</i>	29	PREZISTA TAB 75MG	10
PRED SOD PHO SOL 1% OP	90	PREZISTA TAB 800MG	11
<i>prednisolone acetate ophth susp 1% ...</i>	90	PRIFTIN TAB 150MG	12
<i>prednisolone sod phosph oral soln 6.7</i>		<i>primaquine phosphate tab 26.3 mg (15</i>	
<i>mg/5ml (5 mg/5ml base)</i>	70	<i>mg base)</i>	9
<i>prednisolone sod phosphate oral soln 15</i>		PRIMAQUINE TAB 26.3MG	9
<i>mg/5ml (base equiv)</i>	70	<i>primidone tab 250 mg</i>	44
<i>prednisolone sodium phosphate oral soln</i>		<i>primidone tab 50 mg</i>	44
<i>25 mg/5ml (base eq)</i>	71	PRIVIGEN INJ 10GRAMS	83
<i>prednisolone syrup 15 mg/5ml (usp</i>		PRIVIGEN INJ 20GRAMS	83
<i>solution equivalent)</i>	71	PRIVIGEN INJ 40GRAMS	83
PREDNISON CON 5MG/ML	71	PRIVIGEN INJ 5 GRAMS	83
<i>prednisone oral soln 5 mg/5ml</i>	71	<i>probenecid tab 500 mg</i>	1
<i>prednisone tab 1 mg</i>	71	PROCALAMINE INJ 3%.....	87
<i>prednisone tab 10 mg</i>	71	<i>prochlorperazine edisylate inj 10 mg/2ml</i>	
<i>prednisone tab 2.5 mg</i>	71	.....	75
<i>prednisone tab 20 mg</i>	71	<i>prochlorperazine maleate tab 10 mg</i>	
<i>prednisone tab 5 mg</i>	71	<i>(base equivalent)</i>	75
<i>prednisone tab 50 mg</i>	71	<i>prochlorperazine maleate tab 5 mg (base</i>	
<i>prednisone tab therapy pack 10 mg (21)</i>		<i>equivalent)</i>	75
.....	71	<i>prochlorperazine suppos 25 mg</i>	75
<i>prednisone tab therapy pack 10 mg (48)</i>		PROCRIT INJ 10000/ML.....	81
.....	71	PROCRIT INJ 2000/ML	81
<i>prednisone tab therapy pack 5 mg (21)</i>		PROCRIT INJ 20000/ML.....	81
.....	71	PROCRIT INJ 3000/ML	81
<i>prednisone tab therapy pack 5 mg (48)</i>		PROCRIT INJ 4000/ML	81
.....	71	PROCRIT INJ 40000/ML.....	81
<i>pregabalin cap 100 mg</i>	44	<i>procto-med cre hc 2.5%</i>	99
<i>pregabalin cap 150 mg</i>	44	<i>procto-pak cre 1%</i>	99
<i>pregabalin cap 200 mg</i>	44	<i>proctozone cre -hc 2.5%</i>	99
<i>pregabalin cap 225 mg</i>	44	PROGLYCEM SUS 50MG/ML	71
<i>pregabalin cap 25 mg</i>	44	PROGRAF GRA 0.2MG	84
<i>pregabalin cap 300 mg</i>	44	PROGRAF GRA 1MG.....	84
<i>pregabalin cap 50 mg</i>	44	PROLASTIN-C INJ 1000MG	94
<i>pregabalin cap 75 mg</i>	44	PROLENSA SOL 0.07%.....	90
<i>pregabalin soln 20 mg/ml</i>	44	PROLIA SOL 60MG/ML	72
PREMASOL SOL 10%.....	87	PROMACTA POW 12.5MG.....	81
PRENATAL PLUS.....	89	PROMACTA TAB 12.5MG.....	81
PRENATAL TAB 27-1MG	89	PROMACTA TAB 25MG	81
PRENATAL TAB PLUS	89	PROMACTA TAB 50MG	81
PRENATAL VIT TAB LOW IRON.....	89	PROMACTA TAB 75MG	81
<i>prevalite pow 4gm</i>	33	<i>promethazine hcl inj 25 mg/ml</i>	75
<i>prevalite pow 4gm pk</i>	33	<i>promethazine hcl inj 50 mg/ml</i>	75
<i>previfem tab</i>	68	<i>promethazine hcl syrup 6.25 mg/5ml..</i>	75
PREZCOBIX TAB 800-150	12	<i>promethazine hcl tab 12.5 mg</i>	75
PREZISTA SUS 100MG/ML.....	10	<i>promethazine hcl tab 25 mg</i>	75
PREZISTA TAB 150MG	10	<i>promethazine hcl tab 50 mg</i>	75

<i>propafenone hcl cap er 12hr 225 mg</i> ...	31
<i>propafenone hcl cap er 12hr 325 mg</i> ...	31
<i>propafenone hcl cap er 12hr 425 mg</i> ...	31
<i>propafenone hcl tab 150 mg</i>	31
<i>propafenone hcl tab 225 mg</i>	32
<i>propafenone hcl tab 300 mg</i>	32
<i>propracaine hcl ophth soln 0.5%</i>	91
<i>propranolol & hydrochlorothiazide tab</i> <i>40-25 mg</i>	34
<i>propranolol & hydrochlorothiazide tab</i> <i>80-25 mg</i>	34
<i>propranolol hcl cap er 24hr 120 mg</i>	35
<i>propranolol hcl cap er 24hr 160 mg</i>	35
<i>propranolol hcl cap er 24hr 60 mg</i>	35
<i>propranolol hcl cap er 24hr 80 mg</i>	35
<i>propranolol hcl oral soln 20 mg/5ml</i>	35
<i>propranolol hcl oral soln 40 mg/5ml</i>	35
<i>propranolol hcl tab 10 mg</i>	35
<i>propranolol hcl tab 20 mg</i>	35
<i>propranolol hcl tab 40 mg</i>	35
<i>propranolol hcl tab 60 mg</i>	35
<i>propranolol hcl tab 80 mg</i>	35
<i>propylthiouracil tab 50 mg</i>	73
PROQUAD INJ.....	85
PROSOL INJ 20%	87
<i>protriptyline hcl tab 10 mg</i>	49
<i>protriptyline hcl tab 5 mg</i>	49
PULMICORT INH 180MCG.....	95
PULMICORT INH 90MCG	95
PULMOZYME SOL 1MG/ML.....	94
PURIXAN SUS 20MG/ML.....	19
<i>pyrazinamide tab 500 mg</i>	12
<i>pyridostigmine bromide tab 60 mg</i>	59
Q	
QUADRACEL INJ	85
<i>quasense tab</i>	68
<i>quetiapine fumarate tab 100 mg</i>	54
<i>quetiapine fumarate tab 200 mg</i>	54
<i>quetiapine fumarate tab 25 mg</i>	54
<i>quetiapine fumarate tab 300 mg</i>	54
<i>quetiapine fumarate tab 400 mg</i>	54
<i>quetiapine fumarate tab 50 mg</i>	54
<i>quetiapine fumarate tab er 24hr 150 mg</i>	54
<i>quetiapine fumarate tab er 24hr 200 mg</i>	54
<i>quetiapine fumarate tab er 24hr 300 mg</i>	54

<i>quetiapine fumarate tab er 24hr 400 mg</i>	54
<i>quetiapine fumarate tab er 24hr 50 mg</i>	54
<i>quinapril hcl tab 10 mg</i>	28
<i>quinapril hcl tab 20 mg</i>	28
<i>quinapril hcl tab 40 mg</i>	28
<i>quinapril hcl tab 5 mg</i>	28
<i>quinapril-hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	28
<i>quinapril-hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	28
<i>quinapril-hydrochlorothiazide tab 20-25</i> <i>mg</i>	28
<i>quinidine gluconate tab er 324 mg</i>	32
<i>quinidine sulfate tab 200 mg</i>	32
<i>quinidine sulfate tab 300 mg</i>	32
<i>quinine sulfate cap 324 mg</i>	9
R	
RABAVERT INJ	85
<i>rabeprazole sodium ec tab 20 mg</i>	78
<i>raloxifene hcl tab 60 mg</i>	72
<i>ramipril cap 1.25 mg</i>	28
<i>ramipril cap 10 mg</i>	28
<i>ramipril cap 2.5 mg</i>	28
<i>ramipril cap 5 mg</i>	28
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	76
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	76
<i>ranitidine hcl syrup 15 mg/ml (75</i> <i>mg/5ml)</i>	76
<i>ranitidine hcl tab 150 mg</i>	76
<i>ranitidine hcl tab 300 mg</i>	76
<i>ranolazine tab er 12hr 1000 mg</i>	38
<i>ranolazine tab er 12hr 500 mg</i>	38
RAPAMUNE SOL 1MG/ML.....	84
<i>rasagiline mesylate tab 0.5 mg (base</i> <i>equiv)</i>	51
<i>rasagiline mesylate tab 1 mg (base</i> <i>equiv)</i>	51
RAYALDEE CAP 30MCG	89
<i>reclipsen tab</i>	68
RECOMBIVA HB INJ 10MCG/ML	85
RECOMBIVA HB INJ 5MCG/0.5	85
RECOMBIVA-HB INJ 40MCG/ML.....	85
REGANEX GEL 0.01%	99
RELENZA MIS DISKHALE	13

RELISTOR INJ 12/0.6ML	77	<i>risperidone orally disintegrating tab 3 mg</i>	55
RELISTOR INJ 8/0.4ML	77	<i>risperidone orally disintegrating tab 4 mg</i>	55
REMICADE INJ 100MG	82	<i>risperidone soln 1 mg/ml</i>	55
REMODULIN INJ 10MG/ML	40	<i>risperidone tab 0.25 mg</i>	55
REMODULIN INJ 1MG/ML	39	<i>risperidone tab 0.5 mg</i>	55
REMODULIN INJ 2.5MG/ML	39	<i>risperidone tab 1 mg</i>	55
REMODULIN INJ 5MG/ML	39	<i>risperidone tab 2 mg</i>	55
<i>repaglinide tab 0.5 mg</i>	64	<i>risperidone tab 3 mg</i>	55
<i>repaglinide tab 1 mg</i>	64	<i>risperidone tab 4 mg</i>	55
<i>repaglinide tab 2 mg</i>	64	<i>ritonavir tab 100 mg</i>	11
RESCRIPTOR TAB 200MG	11	RITUXAN INJ 100MG	21
RESTASIS EMU 0.05%	91	RITUXAN INJ 500MG	21
RESTASIS MUL EMU 0.05%	91	RITUXAN INJ HYCELA	21
REVLIMID CAP 10MG	22	<i>rivastigmine tartrate cap 1.5 mg (base</i>	46
REVLIMID CAP 15MG	22	<i>equivalent)</i>	46
REVLIMID CAP 2.5MG	22	<i>rivastigmine tartrate cap 3 mg (base</i>	46
REVLIMID CAP 20MG	22	<i>equivalent)</i>	46
REVLIMID CAP 25MG	22	<i>rivastigmine tartrate cap 4.5 mg (base</i>	46
REVLIMID CAP 5MG	22	<i>equivalent)</i>	46
REXULTI TAB 0.25MG	54	<i>rivastigmine tartrate cap 6 mg (base</i>	46
REXULTI TAB 0.5MG	54	<i>equivalent)</i>	46
REXULTI TAB 1MG	54	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	46
REXULTI TAB 2MG	54	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	46
REXULTI TAB 3MG	54	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	46
REXULTI TAB 4MG	54	<i>rizatRIPTAN benzoate oral disintegrating</i>	58
REYATAZ POW 50MG	11	<i>tab 10 mg (base eq)</i>	58
RHOPRESSA SOL 0.02%	91	<i>rizatRIPTAN benzoate oral disintegrating</i>	58
<i>ribavirin cap 200 mg</i>	13	<i>tab 5 mg (base eq)</i>	58
<i>ribavirin tab 200 mg</i>	13	<i>rizatRIPTAN benzoate tab 10 mg (base</i>	58
<i>rifabutin cap 150 mg</i>	12	<i>equivalent)</i>	58
<i>rifampin cap 150 mg</i>	12	<i>rizatRIPTAN benzoate tab 5 mg (base</i>	58
<i>rifampin cap 300 mg</i>	12	<i>equivalent)</i>	58
<i>rifampin for inj 600 mg</i>	12	<i>ropinirole hydrochloride tab 0.25 mg</i> ..	51
RIFATER TAB	12	<i>ropinirole hydrochloride tab 0.5 mg</i>	51
<i>riluzole tab 50 mg</i>	59	<i>ropinirole hydrochloride tab 1 mg</i>	51
<i>rimantadine hydrochloride tab 100 mg</i>	13	<i>ropinirole hydrochloride tab 2 mg</i>	51
RISPERDAL INJ 12.5MG	54	<i>ropinirole hydrochloride tab 3 mg</i>	51
RISPERDAL INJ 25MG	55	<i>ropinirole hydrochloride tab 4 mg</i>	51
RISPERDAL INJ 37.5MG	55	<i>ropinirole hydrochloride tab 5 mg</i>	51
RISPERDAL INJ 50MG	55	<i>rosadan cre 0.75%</i>	99
<i>risperidone orally disintegrating tab 0.25</i>	55	<i>rosuvastatin calcium tab 10 mg</i>	32
<i>mg</i>	55	<i>rosuvastatin calcium tab 20 mg</i>	32
<i>risperidone orally disintegrating tab 0.5</i>	55	<i>rosuvastatin calcium tab 40 mg</i>	32
<i>mg</i>	55		
<i>risperidone orally disintegrating tab 1 mg</i>	55		
.....	55		
<i>risperidone orally disintegrating tab 2 mg</i>	55		
.....	55		

<i>rosuvastatin calcium tab 5 mg</i>	32
ROTARIX SUS.....	85
ROTATEQ SOL	85
<i>roweepra tab 1000mg</i>	45
<i>roweepra tab 500mg</i>	45
<i>roweepra tab 750mg</i>	45
<i>roweepra xr tab 500mg xr</i>	45
<i>roweepra xr tab 750mg xr</i>	45
ROZLYTREK CAP 100MG	25
ROZLYTREK CAP 200MG	25
RUBRACA TAB 200MG	21
RUBRACA TAB 250MG	21
RUBRACA TAB 300MG	21
RYDAPT CAP 25MG.....	25
S	
SANDIMMUNE SOL 100MG/ML	84
SANTYL OIN 250/GM	99
SAPHRIS SUB 10MG.....	55
SAPHRIS SUB 2.5MG.....	55
SAPHRIS SUB 5MG.....	55
<i>scopolamine td patch 72hr 1 mg/3days</i>	75
<i>selegiline hcl cap 5 mg</i>	51
<i>selegiline hcl tab 5 mg</i>	51
<i>selenium sulfide lotion 2.5%</i>	97
SELZENTRY SOL 20MG/ML	11
SELZENTRY TAB 150MG.....	11
SELZENTRY TAB 25MG	11
SELZENTRY TAB 300MG.....	11
SELZENTRY TAB 75MG	11
SENSIPAR TAB 30MG	65
SENSIPAR TAB 60MG	65
SENSIPAR TAB 90MG	65
SEREVENT DIS AER 50MCG.....	93
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	49
<i>sertraline hcl tab 100 mg</i>	49
<i>sertraline hcl tab 25 mg</i>	49
<i>sertraline hcl tab 50 mg</i>	49
<i>sevelamer carbonate packet 0.8 gm</i>	72
<i>sevelamer carbonate packet 2.4 gm</i>	72
<i>sevelamer carbonate tab 800 mg</i>	72
<i>sharobel tab 0.35mg</i>	68
SHINGRIX INJ 50MCG	85
SIGNIFOR INJ 0.3MG/ML	72
SIGNIFOR INJ 0.6MG/ML	72
SIGNIFOR INJ 0.9MG/ML	72
<i>sildenafil citrate tab 20 mg</i>	40

SILENOR TAB 3MG	57
SILENOR TAB 6MG	57
<i>silver sulfadiazine cream 1%</i>	96
SIMBRINZA SUS 1-0.2%.....	91
<i>simvastatin tab 10 mg</i>	32
<i>simvastatin tab 20 mg</i>	32
<i>simvastatin tab 40 mg</i>	32
<i>simvastatin tab 5 mg</i>	32
<i>simvastatin tab 80 mg</i>	32
<i>sirolimus oral soln 1 mg/ml</i>	84
<i>sirolimus tab 0.5 mg</i>	84
<i>sirolimus tab 1 mg</i>	84
<i>sirolimus tab 2 mg</i>	84
SIRTURO TAB 100MG	12
SIVEXTRO INJ 200MG.....	8
SIVEXTRO TAB 200MG.....	8
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	86
<i>sodium chloride irrigation soln 0.9%</i> ...	99
<i>sodium chloride iv soln 0.45%</i>	88
<i>sodium chloride iv soln 0.9%</i>	88
<i>sodium chloride iv soln 3%</i>	88
<i>sodium chloride iv soln 5%</i>	88
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	86
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	69
<i>sodium phenylbutyrate tab 500 mg</i>	69
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	65
<i>sodium polystyrene sulfonate powder</i> .	65
<i>solifenacin succinate tab 10 mg</i>	78
<i>solifenacin succinate tab 5 mg</i>	78
SOLIQUA INJ 100/33	62
SOLTAMOX SOL 10MG/5ML	22
SOLU-CORTEF INJ 1000MG	71
SOLU-CORTEF INJ 100MG	71
SOLU-CORTEF INJ 250MG	71
SOLU-CORTEF INJ 500MG	71
SOMATULINE INJ 120/.5ML	72
SOMATULINE INJ 60/0.2ML	72
SOMATULINE INJ 90/0.3ML	72
SOMAVERT INJ 10MG	72
SOMAVERT INJ 15MG	72
SOMAVERT INJ 20MG	72
SOMAVERT INJ 25MG	72
SOMAVERT INJ 30MG	72
<i>sorine tab 120mg</i>	32

<i>sorine tab 160mg</i>	32	<i>80 mg</i>	8
<i>sorine tab 240mg</i>	32	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	8
<i>sorine tab 80mg</i>	32	SULFAMYLLON CRE 85MG/GM	96
<i>sotalol hcl (afib/af) tab 120 mg</i>	32	<i>sulfasalazine tab 500 mg</i>	76
<i>sotalol hcl (afib/af) tab 160 mg</i>	32	<i>sulfasalazine tab delayed release 500 mg</i>	76
<i>sotalol hcl (afib/af) tab 80 mg</i>	32	<i>sulindac tab 150 mg</i>	2
<i>sotalol hcl tab 120 mg</i>	32	<i>sulindac tab 200 mg</i>	2
<i>sotalol hcl tab 160 mg</i>	32	<i>sumatriptan nasal spray 20 mg/act</i>	58
<i>sotalol hcl tab 240 mg</i>	32	<i>sumatriptan nasal spray 5 mg/act</i>	58
<i>sotalol hcl tab 80 mg</i>	32	<i>sumatriptan succinate inj 6 mg/0.5ml</i> .	58
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	38	<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	58
<i>spironolactone tab 100 mg</i>	29	<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	58
<i>spironolactone tab 25 mg</i>	29	<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	58
<i>spironolactone tab 50 mg</i>	29	<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	58
<i>sprintec 28 tab 28 day</i>	68	<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	58
SPRITAM TAB 1000MG.....	45	<i>sumatriptan succinate tab 100 mg</i>	59
SPRITAM TAB 250MG	45	<i>sumatriptan succinate tab 25 mg</i>	58
SPRITAM TAB 500MG	45	<i>sumatriptan succinate tab 50 mg</i>	59
SPRITAM TAB 750MG	45	SUPRAX CHW 100MG.....	15
SPRYCEL TAB 100MG	25	SUPRAX CHW 200MG.....	15
SPRYCEL TAB 140MG	25	SUPRAX SUS 500/5ML	15
SPRYCEL TAB 20MG	25	SUPREP BOWEL SOL PREP KIT	77
SPRYCEL TAB 50MG	25	SUTENT CAP 12.5MG	25
SPRYCEL TAB 70MG	25	SUTENT CAP 25MG.....	25
SPRYCEL TAB 80MG	25	SUTENT CAP 37.5MG	25
<i>ssd cre 1%</i>	96	SUTENT CAP 50MG.....	25
<i>stavudine cap 15 mg</i>	11	SYLATRON KIT 200MCG	26
<i>stavudine cap 20 mg</i>	11	SYLATRON KIT 300MCG	26
<i>stavudine cap 30 mg</i>	11	SYLATRON KIT 600MCG	26
<i>stavudine cap 40 mg</i>	11	SYMBICORT AER 160-4.5	95
STIMATE SOL 1.5MG/ML.....	74	SYMBICORT AER 80-4.5.....	95
STIVARGA TAB 40MG	25	SYMDEKO TAB 100-150	94
<i>streptomycin sulfate for inj 1 gm</i>	6	SYMDEKO TAB 50-75MG	94
STRIBILD TAB	12	SYMFI LO TAB.....	12
<i>sucralfate tab 1 gm</i>	77	SYMFI TAB	12
<i>sulfacetamide sodium lotion 10% (acne)</i>	96	SYMJEPI INJ 0.15MG	94
<i>sulfacetamide sodium ophth oint 10%</i> .	90	SYMJEPI INJ 0.3MG	94
<i>sulfacetamide sodium ophth soln 10%</i> .	90	SYMPAZAN MIS 10MG.....	45
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	89	SYMPAZAN MIS 20MG.....	45
SULFADIAZINE TAB 500MG.....	6	SYMPAZAN MIS 5MG	45
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	8	SYMPROIC TAB 0.2MG	77
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	8		
<i>sulfamethoxazole-trimethoprim tab 400-</i>			

SYMTUZA TAB	12	TASIGNA CAP 200MG	25
SYNAREL SOL 2MG/ML	68	TASIGNA CAP 50MG	25
SYNERCID INJ 500MG	8	TAXOTERE INJ 80MG/4ML	20
SYNJARDY TAB	64	<i>tazarotene cream 0.1%</i>	97
SYNJARDY TAB 12.5-500	64	<i>tazicef inj 1gm</i>	15
SYNJARDY TAB 5-1000MG	64	<i>tazicef inj 2gm</i>	15
SYNJARDY TAB 5-500MG	64	<i>tazicef inj 6gm</i>	15
SYNJARDY XR TAB	64	TAZORAC CRE 0.05%	97
SYNJARDY XR TAB 10-1000	64	<i>taztia xt cap 120mg/24</i>	36
SYNJARDY XR TAB 25-1000	64	<i>taztia xt cap 180mg/24</i>	36
SYNJARDY XR TAB 5-1000MG	64	<i>taztia xt cap 240mg/24</i>	36
SYNRIBO INJ 3.5MG	26	<i>taztia xt cap 300mg er</i>	36
SYNTHROID TAB 100MCG	73	<i>taztia xt cap 360mg/24</i>	36
SYNTHROID TAB 112MCG	74	TDVAX INJ 2-2 LF	85
SYNTHROID TAB 125MCG	74	TECENTRIQ INJ 1200/20	21
SYNTHROID TAB 137MCG	74	TECENTRIQ INJ 840/14	21
SYNTHROID TAB 150MCG	74	TEFLARO INJ 400MG	15
SYNTHROID TAB 175MCG	74	TEFLARO INJ 600MG	15
SYNTHROID TAB 200MCG	74	TEKTURNA HCT TAB 150-12.5	37
SYNTHROID TAB 25MCG	73	TEKTURNA HCT TAB 150-25MG	37
SYNTHROID TAB 300MCG	74	TEKTURNA HCT TAB 300-12.5	37
SYNTHROID TAB 50MCG	73	TEKTURNA HCT TAB 300-25MG	37
SYNTHROID TAB 75MCG	73	TEKTURNA TAB 150MG	37
SYNTHROID TAB 88MCG	73	TEKTURNA TAB 300MG	37
T		<i>telmisartan tab 20 mg</i>	31
TABLOID TAB 40MG	19	<i>telmisartan tab 40 mg</i>	31
<i>tacrolimus cap 0.5 mg</i>	84	<i>telmisartan tab 80 mg</i>	31
<i>tacrolimus cap 1 mg</i>	84	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
<i>tacrolimus cap 5 mg</i>	84	<i>12.5 mg</i>	30
<i>tacrolimus oint 0.03%</i>	99	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>tacrolimus oint 0.1%</i>	99	<i>12.5 mg</i>	30
TAFINLAR CAP 50MG	25	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
TAFINLAR CAP 75MG	25	<i>25 mg</i>	30
TAGRISSO TAB 40MG	25	<i>temazepam cap 15 mg</i>	57
TAGRISSO TAB 80MG	25	<i>temazepam cap 7.5 mg</i>	57
TALZENNA CAP 0.25MG	21	TEMIXYS TAB 300-300	12
TALZENNA CAP 1MG	21	TENIVAC INJ 5-2LF	85
<i>tamoxifen citrate tab 10 mg (base</i>		<i>tenofovir disoproxil fumarate tab 300 mg</i>	
<i>equivalent)</i>	22	.....	11
<i>tamoxifen citrate tab 20 mg (base</i>		<i>terazosin hcl cap 1 mg (base equivalent)</i>	
<i>equivalent)</i>	22	.....	29
<i>tamsulosin hcl cap 0.4 mg</i>	78	<i>terazosin hcl cap 10 mg (base</i>	
TARCEVA TAB 100MG	25	<i>equivalent)</i>	29
TARCEVA TAB 150MG	25	<i>terazosin hcl cap 2 mg (base equivalent)</i>	
TARCEVA TAB 25MG	25	.....	29
TARGRETIN GEL 1%	99	<i>terazosin hcl cap 5 mg (base equivalent)</i>	
<i>tarina fe tab 1/20</i>	68	.....	29
TASIGNA CAP 150MG	25	<i>terbinafine hcl tab 250 mg</i>	9

<i>terbutaline sulfate tab 2.5 mg</i>	93	<i>timolol maleate ophth gel forming soln</i>	
<i>terbutaline sulfate tab 5 mg</i>	93	<i>0.5%</i>	91
<i>terconazole vaginal cream 0.4%</i>	79	<i>timolol maleate ophth soln 0.25%</i>	91
<i>terconazole vaginal cream 0.8%</i>	79	<i>timolol maleate ophth soln 0.5%</i>	91
<i>terconazole vaginal suppos 80 mg</i>	79	<i>timolol maleate ophth soln 0.5% (once-</i>	
<i>testosterone cypionate im inj in oil 100</i>		<i>daily)</i>	91
<i>mg/ml</i>	61	<i>timolol maleate tab 10 mg</i>	35
<i>testosterone cypionate im inj in oil 200</i>		<i>timolol maleate tab 20 mg</i>	35
<i>mg/ml</i>	61	<i>timolol maleate tab 5 mg</i>	35
<i>testosterone enanthate im inj in oil 200</i>		TIVICAY TAB 10MG.....	11
<i>mg/ml</i>	61	TIVICAY TAB 25MG.....	11
<i>testosterone td gel 12.5 mg/act (1%)</i> ..	61	TIVICAY TAB 50MG.....	11
<i>testosterone td gel 25 mg/2.5gm (1%)</i> ..	61	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	
<i>testosterone td gel 50 mg/5gm (1%)</i> ..	61	.....	60
<i>tetrabenazine tab 12.5 mg</i>	59	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	
<i>tetrabenazine tab 25 mg</i>	59	.....	60
<i>tetracycline hcl cap 250 mg</i>	18	TOBRADEX OIN 0.3-0.1%	89
<i>tetracycline hcl cap 500 mg</i>	18	TOBRADEX ST SUS 0.3-0.05.....	89
TEXACORT SOL 2.5%	98	<i>tobramycin nebu soln 300 mg/5ml</i>	6
THALOMID CAP 100MG	22	<i>tobramycin ophth soln 0.3%</i>	90
THALOMID CAP 150MG	22	<i>tobramycin sulfate for inj 1.2 gm</i>	6
THALOMID CAP 200MG	22	<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>	
THALOMID CAP 50MG	22	<i>mg/ml) (base equiv)</i>	6
THEO-24 CAP 100MG CR.....	94	<i>tobramycin sulfate inj 10 mg/ml (base</i>	
THEO-24 CAP 200MG CR.....	94	<i>equivalent)</i>	6
THEO-24 CAP 300MG CR.....	94	<i>tobramycin sulfate inj 2 gm/50ml (40</i>	
THEO-24 CAP 400MG ER.....	94	<i>mg/ml) (base equiv)</i>	6
<i>theophylline soln 80 mg/15ml</i>	94	<i>tobramycin sulfate inj 80 mg/2ml (40</i>	
<i>theophylline tab er 12hr 300 mg</i>	94	<i>mg/ml) (base equiv)</i>	6
<i>theophylline tab er 12hr 450 mg</i>	94	<i>tobramycin-dexamethasone ophth susp</i>	
<i>theophylline tab er 24hr 400 mg</i>	94	<i>0.3-0.1%</i>	89
<i>theophylline tab er 24hr 600 mg</i>	94	<i>tolterodine tartrate cap er 24hr 2 mg.</i> ..	78
<i>thioridazine hcl tab 10 mg</i>	55	<i>tolterodine tartrate cap er 24hr 4 mg.</i> ..	79
<i>thioridazine hcl tab 100 mg</i>	55	<i>tolterodine tartrate tab 1 mg</i>	79
<i>thioridazine hcl tab 25 mg</i>	55	<i>tolterodine tartrate tab 2 mg</i>	79
<i>thioridazine hcl tab 50 mg</i>	55	<i>topiramate sprinkle cap 15 mg</i>	45
<i>thiothixene cap 1 mg</i>	55	<i>topiramate sprinkle cap 25 mg</i>	45
<i>thiothixene cap 10 mg</i>	55	<i>topiramate tab 100 mg</i>	45
<i>thiothixene cap 2 mg</i>	55	<i>topiramate tab 200 mg</i>	45
<i>thiothixene cap 5 mg</i>	55	<i>topiramate tab 25 mg</i>	45
<i>tiagabine hcl tab 12 mg</i>	45	<i>topiramate tab 50 mg</i>	45
<i>tiagabine hcl tab 16 mg</i>	45	<i>toposar inj 100/5ml</i>	27
<i>tiagabine hcl tab 2 mg</i>	45	<i>toposar inj 1gm/50ml</i>	27
<i>tiagabine hcl tab 4 mg</i>	45	<i>topotecan hcl for inj 4 mg (base equiv)</i> ..	27
TIBSOVO TAB 250MG	21	<i>topotecan hcl inj 4 mg/4ml (base equiv)</i>	
<i>tigecycline for iv soln 50 mg</i>	8	<i>(for infusion)</i>	27
<i>timolol maleate ophth gel forming soln</i>		TOPOTECAN INJ 4MG/4ML.....	27
<i>0.25%</i>	91	<i>toremifene citrate tab 60 mg (base</i>	

<i>equivalent</i>)	22	<i>triamcinolone acetonide cream 0.025%</i>	98
<i>torseamide tab 10 mg</i>	38	<i>triamcinolone acetonide cream 0.1%</i> ..	98
<i>torseamide tab 100 mg</i>	38	<i>triamcinolone acetonide cream 0.5%</i> ..	98
<i>torseamide tab 20 mg</i>	38	<i>triamcinolone acetonide dental paste</i>	
<i>torseamide tab 5 mg</i>	38	<i>0.1%</i>	99
TOVIAZ TAB 4MG.....	79	<i>triamcinolone acetonide lotion 0.025%</i>	98
TOVIAZ TAB 8MG.....	79	<i>triamcinolone acetonide lotion 0.1%</i> ...	98
<i>tqn electrol inj</i>	86	<i>triamcinolone acetonide oint 0.025%</i> ..	98
TRACLEER TAB 125MG	40	<i>triamcinolone acetonide oint 0.1%</i>	98
TRACLEER TAB 62.5MG	40	<i>triamcinolone acetonide oint 0.5%</i>	98
TRADJENTA TAB 5MG	64	<i>triamterene & hydrochlorothiazide cap</i>	
<i>tramadol hcl tab 50 mg</i>	2	<i>37.5-25 mg</i>	38
<i>tramadol-acetaminophen tab 37.5-325</i>		<i>triamterene & hydrochlorothiazide tab</i>	
<i>mg</i>	2	<i>37.5-25 mg</i>	38
<i>trandolapril tab 1 mg</i>	28	<i>triamterene & hydrochlorothiazide tab</i>	
<i>trandolapril tab 2 mg</i>	28	<i>75-50 mg</i>	38
<i>trandolapril tab 4 mg</i>	28	TRICARE TAB PRENATAL	89
<i>tranexamic acid iv soln 1000 mg/10ml</i>		<i>trientine hcl cap 250 mg</i>	65
<i>(100 mg/ml)</i>	81	<i>tri-estaryll tab</i>	68
<i>tranexamic acid tab 650 mg</i>	81	<i>trifluoperazine hcl tab 1 mg (base</i>	
TRANSDERM-SC DIS 1.5MG	75	<i>equivalent)</i>	55
<i>tranylcypramine sulfate tab 10 mg</i>	49	<i>trifluoperazine hcl tab 10 mg (base</i>	
TRAVASOL INJ 10%	87	<i>equivalent)</i>	55
TRAVATAN Z DRO 0.004%	91	<i>trifluoperazine hcl tab 2 mg (base</i>	
<i>trazodone hcl tab 100 mg</i>	49	<i>equivalent)</i>	55
<i>trazodone hcl tab 150 mg</i>	49	<i>trifluoperazine hcl tab 5 mg (base</i>	
<i>trazodone hcl tab 50 mg</i>	49	<i>equivalent)</i>	55
TRECATOR TAB 250MG.....	12	<i>trifluridine ophth soln 1%</i>	90
TRELEGY AER ELLIPTA.....	91	<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	51
TRELSTAR MIX INJ 11.25MG	22	<i>trihexyphenidyl hcl tab 2 mg</i>	51
TRELSTAR MIX INJ 3.75MG	22	<i>trihexyphenidyl hcl tab 5 mg</i>	51
<i>treprostinil inj soln 100 mg/20ml (5</i>		<i>tri-legend tab fe</i>	68
<i>mg/ml)</i>	40	<i>tri-lo- tab sprintec</i>	68
<i>treprostinil inj soln 20 mg/20ml (1</i>		<i>trilyte sol</i>	77
<i>mg/ml)</i>	40	<i>trimethoprim tab 100 mg</i>	8
<i>treprostinil inj soln 200 mg/20ml (10</i>		<i>tri-mili tab</i>	68
<i>mg/ml)</i>	40	<i>trimipramine maleate cap 100 mg</i>	49
<i>treprostinil inj soln 50 mg/20ml (2.5</i>		<i>trimipramine maleate cap 25 mg</i>	49
<i>mg/ml)</i>	40	<i>trimipramine maleate cap 50 mg</i>	49
TRESIBA FLEX INJ 100UNIT	62	<i>trinessa lo tab</i>	68
TRESIBA FLEX INJ 200UNIT	62	<i>trinessa tab</i>	68
TRESIBA INJ 100UNIT	62	TRINTELLIX TAB 10MG	49
<i>tretinoin cap 10 mg</i>	26	TRINTELLIX TAB 20MG	49
<i>tretinoin cream 0.025%</i>	96	TRINTELLIX TAB 5MG	49
<i>tretinoin cream 0.05%</i>	96	<i>tri-previfem tab</i>	68
<i>tretinoin cream 0.1%</i>	96	<i>tri-sprintec tab</i>	68
<i>tretinoin gel 0.01%</i>	96	TRIUMEQ TAB.....	12
<i>tretinoin gel 0.025%</i>	96		

<i>trivora-28 tab</i>	68	<i>equivalent</i>).....	13
<i>tri-vylibra tab</i>	68	<i>valproate sodium inj 100 mg/ml</i>	45
<i>tri-vylibra tab lo</i>	68	<i>valproate sodium oral soln 250 mg/5ml</i>	
TROGARZO INJ 150MG/ML.....	11	<i>(base equiv)</i>	45
TROPHAMINE INJ 10%	87	<i>valproic acid cap 250 mg</i>	45
<i>trosipium chloride tab 20 mg</i>	79	<i>valsartan tab 160 mg</i>	31
TRUE METRIX KIT AIR	100	<i>valsartan tab 320 mg</i>	31
TRUE METRIX KIT METER.....	100	<i>valsartan tab 40 mg</i>	31
TRUE METRIX STRIPS.....	100	<i>valsartan tab 80 mg</i>	31
TRULICITY INJ 0.75/0.5.....	62	<i>valsartan-hydrochlorothiazide tab 160-</i>	
TRULICITY INJ 1.5/0.5	62	<i>12.5 mg</i>	30
TRUMENBA INJ	85	<i>valsartan-hydrochlorothiazide tab 160-25</i>	
TRUVADA TAB 100-150	12	<i>mg</i>	30
TRUVADA TAB 133-200	12	<i>valsartan-hydrochlorothiazide tab 320-</i>	
TRUVADA TAB 167-250	12	<i>12.5 mg</i>	30
TRUVADA TAB 200-300	12	<i>valsartan-hydrochlorothiazide tab 320-25</i>	
<i>tulana tab 0.35mg</i>	68	<i>mg</i>	30
TURALIO CAP 200MG	25	<i>valsartan-hydrochlorothiazide tab 80-</i>	
TWINRIX INJ	85	<i>12.5 mg</i>	30
TYBOST TAB 150MG.....	11	<i>vancomycin hcl cap 125 mg (base</i>	
TYKERB TAB 250MG	25	<i>equivalent)</i>	8
TYMLOS INJ	72	<i>vancomycin hcl cap 250 mg (base</i>	
TYPHIM VI INJ	85	<i>equivalent)</i>	8
U		<i>vancomycin hcl for iv soln 1 gm (base</i>	
ULORIC TAB 40MG.....	1	<i>equivalent)</i>	8
ULORIC TAB 80MG.....	1	<i>vancomycin hcl for iv soln 10 gm (base</i>	
<i>unithroid tab 100mcg</i>	74	<i>equivalent)</i>	8
<i>unithroid tab 112mcg</i>	74	<i>vancomycin hcl for iv soln 5 gm (base</i>	
<i>unithroid tab 125mcg</i>	74	<i>equivalent)</i>	8
<i>unithroid tab 137mcg</i>	74	<i>vancomycin hcl for iv soln 500 mg (base</i>	
<i>unithroid tab 150mcg</i>	74	<i>equivalent)</i>	8
<i>unithroid tab 175mcg</i>	74	<i>vancomycin hcl for iv soln 750 mg (base</i>	
<i>unithroid tab 200mcg</i>	74	<i>equivalent)</i>	8
<i>unithroid tab 25mcg</i>	74	VANCOMYCIN INJ 1 GM.....	8
<i>unithroid tab 300mcg</i>	74	VANCOMYCIN INJ 500MG	8
<i>unithroid tab 50mcg</i>	74	VANCOMYCIN INJ 750MG	8
<i>unithroid tab 75mcg</i>	74	<i>vandazole gel 0.75%</i>	79
<i>unithroid tab 88mcg</i>	74	VAQTA INJ 25/0.5ML	85
<i>ursodiol cap 300 mg</i>	77	VAQTA INJ 50UNT/ML.....	85
<i>ursodiol tab 250 mg</i>	77	VARIVAX INJ	85
<i>ursodiol tab 500 mg</i>	77	VASCEPA CAP 0.5GM	33
V		VASCEPA CAP 1GM.....	33
<i>valacyclovir hcl tab 1 gm</i>	13	VELCADE INJ 3.5MG	21
<i>valacyclovir hcl tab 500 mg</i>	13	<i>velivet pak</i>	68
VALCHLOR GEL 0.016%.....	99	VEMLIDY TAB 25MG	13
<i>valganciclovir hcl for soln 50 mg/ml</i>		VENCLEXTA TAB 100MG.....	21
<i>(base equiv)</i>	13	VENCLEXTA TAB 10MG.....	21
<i>valganciclovir hcl tab 450 mg (base</i>		VENCLEXTA TAB 50MG.....	21

VENCLEXTA TAB START PK	21	VIIBRYD TAB 20MG	49
<i>venlafaxine hcl cap er 24hr 150 mg</i>		VIIBRYD TAB 40MG	49
<i>(base equivalent)</i>	49	VIMPAT INJ 200MG/20	45
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>		VIMPAT SOL 10MG/ML	45
<i>(base equivalent)</i>	49	VIMPAT TAB 100MG	45
<i>venlafaxine hcl cap er 24hr 75 mg (base</i>		VIMPAT TAB 150MG	45
<i>equivalent)</i>	49	VIMPAT TAB 200MG	45
<i>venlafaxine hcl tab 100 mg (base</i>		VIMPAT TAB 50MG	45
<i>equivalent)</i>	49	<i>vinblastine sulfate inj 1 mg/ml</i>	20
<i>venlafaxine hcl tab 25 mg (base</i>		<i>vincristine sulfate iv soln 1 mg/ml</i>	20
<i>equivalent)</i>	49	<i>vinorelbine tartrate inj 10 mg/ml (base</i>	
<i>venlafaxine hcl tab 37.5 mg (base</i>		<i>equiv)</i>	20
<i>equivalent)</i>	49	<i>vinorelbine tartrate inj 50 mg/5ml (10</i>	
<i>venlafaxine hcl tab 50 mg (base</i>		<i>mg/ml) (base equiv)</i>	20
<i>equivalent)</i>	49	<i>viorele tab</i>	68
<i>venlafaxine hcl tab 75 mg (base</i>		VIRACEPT TAB 250MG	11
<i>equivalent)</i>	49	VIRACEPT TAB 625MG	11
VENTAVIS SOL 10MCG/ML	40	VIRAMUNE SUS 50MG/5ML	11
VENTAVIS SOL 20MCG/ML	40	VIREAD POW 40MG/GM	11
VENTOLIN HFA AER	93	VIREAD TAB 150MG	11
<i>verapamil hcl cap er 24hr 100 mg</i>	36	VIREAD TAB 200MG	11
<i>verapamil hcl cap er 24hr 120 mg</i>	36	VIREAD TAB 250MG	11
<i>verapamil hcl cap er 24hr 180 mg</i>	36	VITRAKVI CAP 100MG	25
<i>verapamil hcl cap er 24hr 200 mg</i>	36	VITRAKVI CAP 25MG	25
<i>verapamil hcl cap er 24hr 240 mg</i>	36	VITRAKVI SOL 20MG/ML	25
<i>verapamil hcl cap er 24hr 300 mg</i>	36	VIVITROL INJ 380MG	61
<i>verapamil hcl cap er 24hr 360 mg</i>	36	VIZIMPRO TAB 15MG	25
<i>verapamil hcl iv soln 2.5 mg/ml</i>	36	VIZIMPRO TAB 30MG	25
<i>verapamil hcl tab 120 mg</i>	36	VIZIMPRO TAB 45MG	25
<i>verapamil hcl tab 40 mg</i>	36	<i>voriconazole for inj 200 mg</i>	9
<i>verapamil hcl tab 80 mg</i>	36	<i>voriconazole for susp 40 mg/ml</i>	9
<i>verapamil hcl tab er 120 mg</i>	36	<i>voriconazole tab 200 mg</i>	9
<i>verapamil hcl tab er 180 mg</i>	36	<i>voriconazole tab 50 mg</i>	9
<i>verapamil hcl tab er 240 mg</i>	36	VOSEVI TAB	13
VERSACLOZ SUS 50MG/ML	55	VOTRIENT TAB 200MG	25
VERZENIO TAB 100MG	21	VRAYLAR CAP 1.5-3MG	55
VERZENIO TAB 150MG	21	VRAYLAR CAP 1.5MG	55
VERZENIO TAB 200MG	21	VRAYLAR CAP 3MG	55
VERZENIO TAB 50MG	21	VRAYLAR CAP 4.5MG	55
VICTOZA INJ 18MG/3ML	62	VRAYLAR CAP 6MG	55
VIDEX EC CAP 125MG	11	<i>vyfemla tab 0.4-35</i>	68
VIDEX SOL 2GM	11	<i>vylibra tab 0.25-35</i>	68
<i>vienva tab 0.1-20</i>	68	W	
<i>vigabatrin powd pack 500 mg</i>	45	<i>warfarin sodium tab 1 mg</i>	80
<i>vigabatrin tab 500 mg</i>	45	<i>warfarin sodium tab 10 mg</i>	80
<i>vigadrone pow 500mg</i>	45	<i>warfarin sodium tab 2 mg</i>	80
VIIBRYD KIT STARTER	49	<i>warfarin sodium tab 2.5 mg</i>	80
VIIBRYD TAB 10MG	49	<i>warfarin sodium tab 3 mg</i>	80

<i>warfarin sodium tab 4 mg</i>	80
<i>warfarin sodium tab 5 mg</i>	80
<i>warfarin sodium tab 6 mg</i>	80
<i>warfarin sodium tab 7.5 mg</i>	80
<i>water for irrigation, sterile irrigation soln</i>	99

X

XALKORI CAP 200MG	25
XALKORI CAP 250MG	25
XARELTO STAR TAB 15/20MG.....	80
XARELTO TAB 10MG.....	80
XARELTO TAB 15MG.....	80
XARELTO TAB 2.5MG.....	80
XARELTO TAB 20MG.....	80
XATMEP SOL 2.5MG/ML	82
XELJANZ TAB 10MG	82
XELJANZ TAB 5MG	82
XELJANZ XR TAB 11MG.....	82
XGEVA INJ	72
XIFAXAN TAB 550MG	77
XIGDUO XR TAB 10-1000	64
XIGDUO XR TAB 10-500MG.....	64
XIGDUO XR TAB 2.5-1000	64
XIGDUO XR TAB 5-1000MG.....	64
XIGDUO XR TAB 5-500MG	64
XOLAIR INJ 150MG/ML	94
XOLAIR INJ 75/0.5.....	94
XOLAIR SOL 150MG	94
XOSPATA TAB 40MG	25
XPOVIO PAK 100MG	26
XPOVIO PAK 60MG.....	26
XPOVIO PAK 80MG.....	26
XTANDI CAP 40MG.....	22
XULTOPHY INJ 100/3.6.....	62
XYREM SOL 500MG/ML	60

Y

YF-VAX INJ	85
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Z

<i>zafirlukast tab 10 mg</i>	93
<i>zafirlukast tab 20 mg</i>	93
<i>zarah tab 3-0.03mg</i>	68
ZEJULA CAP 100MG.....	21
ZELBORAF TAB 240MG	25
ZEMAIRA INJ 1000MG	94
<i>zenatane cap 10mg</i>	96
<i>zenatane cap 20mg</i>	96
<i>zenatane cap 30mg</i>	96
<i>zenatane cap 40mg</i>	96

ZENPEP CAP 10000UNT.....	77
ZENPEP CAP 15000UNT.....	77
ZENPEP CAP 20000UNT.....	77
ZENPEP CAP 25000	77
ZENPEP CAP 3000UNIT	77
ZENPEP CAP 40000	77
ZENPEP CAP 5000UNIT	77
ZEPATIER TAB 50-100MG.....	13
<i>zidovudine cap 100 mg</i>	11
<i>zidovudine syrup 10 mg/ml</i>	11
<i>zidovudine tab 300 mg</i>	11
<i>ziprasidone hcl cap 20 mg</i>	55
<i>ziprasidone hcl cap 40 mg</i>	56
<i>ziprasidone hcl cap 60 mg</i>	56
<i>ziprasidone hcl cap 80 mg</i>	56
ZIRGAN GEL 0.15%.....	90
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i>	65
<i>zoledronic acid iv soln 5 mg/100ml</i>	65
ZOLINZA CAP 100MG.....	21
<i>zolmitriptan orally disintegrating tab 2.5</i> <i>mg</i>	59
<i>zolmitriptan orally disintegrating tab 5</i> <i>mg</i>	59
<i>zolmitriptan tab 2.5 mg</i>	59
<i>zolmitriptan tab 5 mg</i>	59
<i>zolpidem tartrate tab 10 mg</i>	58
<i>zolpidem tartrate tab 5 mg</i>	57
<i>zonisamide cap 100 mg</i>	45
<i>zonisamide cap 25 mg</i>	45
<i>zonisamide cap 50 mg</i>	45
ZONTIVITY TAB 2.08MG.....	82
ZORTRESS TAB 0.25MG	84
ZORTRESS TAB 0.5MG.....	84
ZORTRESS TAB 0.75MG	84
ZORTRESS TAB 1MG.....	84
ZOSTAVAX INJ.....	85
<i>zovia 1/35e tab</i>	68
ZYDELIG TAB 100MG.....	26
ZYDELIG TAB 150MG.....	26
ZYKADIA CAP 150MG.....	26
ZYKADIA TAB 150MG.....	26
ZYLET SUS 0.5-0.3%.....	89
ZYPREXA RELP INJ 210MG.....	56
ZYPREXA RELP INJ 300MG.....	56
ZYPREXA RELP INJ 405MG.....	56
ZYTIGA TAB 500MG.....	22

Healthy Advantage Plus HMO is a Health Plan with a Medicare Contract. Enrollment in Healthy Advantage Plus depends on contract renewal.

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Healthy Advantage Plus HMO es un plan de salud con un contrato con Medicare. La inscripción en Healthy Advantage Plus depende de la renovación del contrato.

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This formulary was updated on 12/01/2019. For more recent information or other questions, please contact Healthy Advantage Plus 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 12/01/2019. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Healthy Advantage Plus 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.

HealthyAdvantagePlus



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